

Community Health Improvement Plan

Executive Summary

This Community Health Improvement Plan exemplifies CHI Mercy Health's (Mercy) ongoing commitment to promote and support the health and wellbeing of our community members. Our 100+ year tradition of providing charitable aid to the poor and medically underserved and a focus on creating a healthier community is part of our legacy.

This report outlines our dedication to - and strategy for - optimizing the health of all of our County residents. We remain steadfast in our commitment to work collaboratively with local community partners to strengthen existing public health programs and advance evidence-based wellness initiatives. Additionally, Mercy will continue working to reinforce and expand health improvement and disease prevention services currently offered by the hospital. Our long-term goal is to promote greater levels of health, health awareness and wellness for everyone within our community.

At Mercy, we are committed to managing our resources and advancing our healing ministry in a manner that benefits the common good now and long into the future. Despite today's many challenges we see this as a time of great hope and opportunity for the future of health care.

We want to use this venue to also extend a special note of appreciation to the women and men who, with a spirit of collaboration, work alongside us to help address the health priorities of our community by offering an array of health and wellness programs and services. In accordance with policy, the Mercy Medical Center Board Members have reviewed and approved the annual Community Benefit Report and Community Health Needs Assessment work.

CHI Mercy Health Community Health Needs Assessment

CHI Mercy Health (Mercy) is a private, not-for-profit 174-bed medical center located on a 90-acre campus on the north side of Roseburg, Oregon. Mercy is affiliated with Catholic Health Initiatives (CHI), the second largest Catholic health network in the country. Founded in 1909 by the Sisters of Mercy, Mercy's core values are reverence, integrity, compassion, and excellence. Our mission is to nurture the health ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Mercy's specialized and comprehensive inpatient and outpatient care includes: A 24-hour emergency center; acute medical and surgical services; critical care (ICU and PCU); diabetes

education; diagnostic imaging; Shaw Heart and Vascular Center, including catheterization labs and interventional cardiology and peripheral; outpatient imaging center; Family BirthPlace, laboratory services, spiritual care, rehabilitation services, including physical, occupational and speech therapies, day surgery, hospice, home health and Linus Oakes as our Independent Living community. Gifts and grants to Mercy are received and administered by the Mercy Foundation, a 501(c)3, tax-exempt, non-private charitable foundation. Mercy's inpatient market share is 64.5%.

Community Description

Douglas County, Oregon extends west to east from sea levels at the Pacific Ocean to the 9,182 foot Mt. Thielsen in the Cascade Range. Douglas County covers an expansive 5,071 square miles and is comprised of 12 incorporated cities Roseburg – the county seat, Canyonville, Drain, Elkton, Glendale, Myrtle Creek, Oakland, Reedsport, Riddle, Sutherlin, Winston, and Yoncalla. Douglas County, as with many rural jurisdictions, faces the challenges of an in-migration of seniors as well as an aging baby boomer population, high rates of unemployment and poverty, few educational opportunities, high rates of tobacco and other drug use, and fewer local resources dedicated to addressing these and other known health risk factors. Nearly 70% of residents live outside the county seat of Roseburg, where most health services are provided. Douglas County is a federally designated medically underserved area, as well as a primary care shortage area.

Population

According to the 2014 US Census Bureau's American Community Survey, the demographics of Douglas County's 106,972 residents are as followed: 0-19 (21.3%), 20-64 (55.1%), and 65 and over (23.5%). About 89% of county's population is white non-Hispanic, as compared to 77% statewide, and approximately 5% of the population is Hispanic/Latino, followed by 3% American Indian, 1% Asian/Pacific Islander, and 1% African American. Over the last few years, we have experienced an approximately 25% out-migration rate of 20-45 year olds, with more seniors moving to our county because of the seasonal weather conditions and access to medical services.

Economy

Traditionally, the timber and wood product industries have been the major employers in Douglas County. Even with the downturn in the industry, they still remain one of the biggest sources of employment in the area. The largest timber supplier is Roseburg Forest Products. Other major employers include CHI Mercy Health (the largest employer in Roseburg proper), the Cow Creek Band of Umpqua Tribe of Indian, city and county and federal government

including the VA healthcare system, agriculture including our local Umpqua Valley Wine associations, the warehouse industry, building trades and education.

Income Level

Stagnant economic recovery continues to greatly impact the lives of all Douglas County residents, as it has one of the highest poverty and unemployment rates in Oregon - 6.4% (June 2016). Family-wage jobs have diminished with the dwindling timber industry over the last two decades. As a large county with many rural communities, our socio-economic profile is like that of Appalachian America. According to the 2014 American Community Survey¹, 15.5% of Douglas County resident over the age of 25 have a bachelor's degree or higher compared to the Oregon State average of 30.8%. The median household income is \$42,000 compared with the Oregon State average of \$51,075. 20.1% of all resident and 29.4% of children under 18 lived in poverty. 68% of children in schools located outside of Roseburg are on the free-and-reduced lunch program a widely held poverty indicator.

Community Input

Who was Involved in the Assessment

Since the implementation of CHI Mercy Health's 2013-2016 Community Health Improvement Plans, assessment of community needs and opportunities has been ongoing with Mercy leadership in partnership with community stakeholders. To ensure broad input from residents and partners for our new Health Improvement Plan, outreach was conducted via a Community Perception phone survey, on-line survey, public forum; and one-on-one interviews with key business, non-profit and government leaders.

Initial stakeholders participating in stakeholder focus groups are:

Health and Human Services Organizations

- CHI Mercy Health – David Price, Kathleen Nickel, Joan Sonnenburg, and Nancy Lehrbach
- Mercy Foundation – Lisa Platt and Trina Gwaltney
- ADAPT – Robin Stalcup, PhD
- ADAPT/South River Medical Clinic – Marilyn Carter and John Gardin, PhD.
- Battered Person's Advocacy – Melanie Plummer
- Greater Douglas United Way – Annette Rummell and Andrea Zielinski
- Cow Creek Health & Wellness – Dennis Eberhardt
- Umpqua Community Health Center – Donna Weisenfels and Kristen Sandfort
- Umpqua Training & Employment – Susan Buell
- UP2US Now Child Abuse Prevention Coalition Mercy Foundation – Marion Kotowski

¹ <http://www.census.gov/programs-surveys/acs/>

Education

- Douglas County Educational Services District – Kat Cooper, Pat Sublette, and Gillian Wesenberg
- Roseburg School District – Gerry Washburn
- Sutherlin School District – Diane Dunas
- Yoncalla School District – Jan Zarate
- Oregon State University Extension Services, SNAP ED – Amanda Hatfield
- Umpqua Community College – April Myler

Government

- Department of Health and Human Services – Richela Jenkins, and Heather Voss
- Roseburg Police Department – Pat Moore

Community Benefit Perception Survey

We conducted a Community Health Needs Assessment through phone and digital surveys. The survey assessed residents' views on current health needs. Mercy, in partnership with TMS Call Center, reached out to 8,169 residents and received responses from 377 residents via the phone survey with a completion rate of 13.77%. From the on-line survey the average response rate was 23%. To understand community needs we asked "Which of the following do you think Douglas County residents needs more education about?"

	Phone Results	On-line Results
Car Safety – Distracted Driving	70.30%	32.90%
Bike Safety	56.50%	16.13%
Domestic Violence	77.98%	45.81%
Nutrition/Exercise/Obesity Reduction	81.43%	62.58%
Teen/Adolescent Issues	85.94%	45.45%
Suicide Prevention	79.58%	33.50%
Tobacco Use	77.72%	49.68%
Substance Abuse	89.12%	66.45%
Parenting Skills Education	83.02%	54.84%
Other – Not Specified	11.14%	3.32%

Health Factors

Douglas County ranks 31 out of 34 Oregon counties overall for poor health with higher instances of major chronic diseases as compared to the state averages and poor health behaviors, as shown by the table below.²

² 2010-2013 *Oregon Behavioral Risk Factor Surveillance Survey*.

	Douglas County	Oregon
Fair or Poor Health Days	16%	15%
Adult Tobacco Usage (Cigarette, Smokeless)	18%	17%
Diabetes	11%	9%
Obesity	31%	26%
Risk for Hypertension	34.4%	27.7%
High Blood Cholesterol	41.3%	31.8%

Excessive drinking and alcohol-impaired driving deaths are consistent with the state at 19% and 22% respectively. Poor mental health days (4.1%) also track with state averages.

According to the July 2016 report by the University of Wisconsin Population Health Institute “County Health Rankings & Roadmaps” a stagnant economy and poverty have been found to have significant negative impacts on health, “as income increases or decreases, so does health.” For example, if someone has employer-based health insurance it can give them greater access to early prevention-based healthcare. Financial resources can support healthier lifestyle choices. Education also plays a role. People with higher rates of education live longer than those with less education. As illustrated below³, a distance of less than 200 miles can mean significant disparities in length and quality of life.

	Douglas County	Multnomah County (Portland)
HEALTH OUTCOMES	31	14
Length of Life	29	12
Quality of Life	27	19
HEALTH FACTORS	25	8
Healthy Behaviors	30	16
Clinical Care	11	6
Social & Economic Factors	27	11
Physical Environment	9	19

Community Benefit Needs Assessment Partner Forum

With the results of the Community Perception Survey analyzed, and the priorities needs narrowed to four, a partner forum was held with representatives from 16 community organizations. This public meeting enabled partners to come together to first brainstorm on identifying existing community resources that we could leverage; and, second identify continued needs and gaps in services associated with obesity, tobacco usage, domestic violence and child abuse and parenting education.

³ <http://www.countyhealthrankings.org/>

Initial Goal Setting Process

In order to determine the top three community needs for Mercy to focus on, four factors were used:

- 1) The size of the problem (number of people affected)
- 2) The seriousness of the problem
- 3) Community support (evidence that the issue is important to diverse community stakeholders)
- 4) Economic feasibility

Through analysis of survey results, an assessment of the work already underway, and a detailed review of the County level data, we have decided to continue focusing on our current three priorities: **Healthy Eating and Active Living** to help reduce obesity and manage chronic conditions; **Reducing tobacco use**; and **Reducing Domestic Violence and Child Abuse** and expand into one more area: **Parenting Education** with the objective of increasing parenting knowledge and providing parents with the necessary skill set from pre-natal education to higher education transitioning skills.

Chronic Disease

As more retirees move into our county and our community ages, there comes greater need for health services and particularly services related to chronic conditions. Because managing and preventing chronic conditions is a cooperative effort between providers and patient, health communication will need to be tailored to specific resident populations.

Tobacco

Tobacco usage remains high in Douglas County, as compared to state and national averages. We are seeing a rise in the usage of non-cigarette tobacco use, due in part to the low cost, ease of accessibility and myths that non-cigarette tobacco does not have the same negative health consequences as traditional tobacco products. According to the 2014 Douglas County Tobacco Fact Sheet⁴, 6,743 county residents had a serious illness caused by tobacco, 345 tobacco related deaths were reported and over \$68.8 million was spent on tobacco related medical care throughout the county.

2014 Age-Adjusted Prevalence of Tobacco Use		
	Douglas County	Oregon

⁴ <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-Douglas-TobaccoFactSheet.pdf>

Adults (Cigarette tobacco use)	26%*	19%
Adults (Non-Cigarette tobacco use)	10%*	7%
During Pregnancy	25%*	11%
8 th Grade (Cigarette tobacco use)	7.1%	4.3%
8 th Grade (Non-Cigarette tobacco use)	8.4%	5.7%
11 th Grade (Cigarette tobacco use)	13.7%	9.8%
11 th Grade (Non-Cigarette tobacco use)	24.7%*	16%
Source Oregon Health Authority – Tobacco Facts and Laws, 2014 *indicates significantly higher prevalence than the State		

Domestic Violence

Trauma from domestic violence has implications on the long-term financial well-being and physical and emotional health of its victims. In Douglas County, that impact is partially illustrated in these statistics:⁵

- In 2015, there were over 3,000 calls to the Oregon Sexual and Domestic Violence Program hotline with allegations of domestic violence, stalking, sexual assault and other concerns.
- 262 people sought shelter at a domestic violence shelter – including 109 children under 18 years of age – for a total of 2,792 nights

Parent Education

With 447 children in foster care, Children First for Oregon 2015⁶ ranked Douglas County 26th in their annual report on the health and well-being of children. Sadly many children are born to parents who have a limited understanding of what it takes to be a successful parent. Parent education and support can strengthen families. Creating a healthy family environment can have a positive impact on a child’s school success in school, life skills and better health.

Description of What Mercy will do to Address the Community Needs

Even with great challenges, Douglas County residents have a strong history of collaboration on initiatives to improve the health of our community members. In particular, stakeholder effort over the last three years has created new opportunities to form partnerships that have resulted in increasing community engagement. Stakeholders know that a healthier Douglas County is not the responsibility of a single entity, nor a single sector of the community; rather, achieving measurable health improvements requires broad community involvement and collective action

⁵ Douglas County Health Services, *Know the Facts about domestic and sexual violence. Battered Persons Advocacy, Domestic Violence: Everyone Deserves Peace at Home*

⁶ <http://www.cffo.org/wp-content/uploads/2015/09/2015-County-Data-Book.pdf>

across all sectors of our community.⁷ Partnerships and collaborations are the key to the success of any initiative undertaken by Mercy. Mercy will continue to support existing programs, and leverage community resources and expertise to build a more accessible and sustainable network of programs and services for the prevention, early detection and management of chronic disease.

In our efforts to improve the health of the community, Mercy will continue to use the model of *The Spectrum of Prevention*, “a fundamental model in public health acknowledging a broad range of factors play a role in health,” as we develop health improvement implementation plans for 2016-2019.

The Spectrum of Prevention



Mercy continues to work with community partners to develop our 2016-2019 Community Health Improvement Plan. Based on current work, we will continue an ongoing dialogue with stakeholders to collaborate together to implement strategies to address the four most pressing needs identified by our community and partners. We recognize that we live in an ever-changing environment, and as opportunities and challenges arise, adopting a willingness to be flexible will increase our capacity as an organization to best respond to community needs.

Wellness occurs when emotional, physical and social well-being is integrated. The objectives we are focusing on dovetail one another, yet each is a sound strategy on its own. For example, promoting Healthy Eating and Active Living with wellness coaches can support smoking cessation. Reducing domestic violence and child abuse builds healthy families.

⁷ LiveWell Douglas County Pathways to Healthier Communities, www.do.douglas.or.us/health/PH/livewell.asp

Mercy and its partners have created a strong infrastructure with systems in place that aim for sustainability resulting from community recognition of the benefits and value of health and wellbeing.

Objective 1

Reduce Obesity – Increase Healthy Eating and Active Living to Reduce Proportion of Childhood and Adult Obesity

Challenge

Mercy’s community needs assessment ranked chronic conditions such as diabetes and heart disease, as major concerns in Douglas County, along with obesity and tobacco use. Among the barriers preventing individuals who could benefit from education and support groups are a lack of knowledge about services, transportation, and social isolation. Food insecurity and food deserts contribute to the lack of access to nutritional foods. A fast-food culture where unhealthy choices are, or appear to be, less expensive and require less effort, dis-incentivizes selecting healthy choices. Education and learning new skills to prepare healthy meals can make a big difference.

School-based programs are playing an important role in combatting childhood obesity. It is a strategy that relies on successful partnerships. Mercy Foundation has developed key relationships with local Douglas County Schools and the OSU Extension, SNAP-Ed programs to deliver the Health Kids Outreach Program (HKOP). The foundation’s Healthy Kids Outreach Program is the only program providing school based basic health education and healthcare to underserved, rural school age children in Douglas County. HKOP provides health education, nutrition education with the Supplemental Nutritional Assistance Program (SNAP), Kids in the Kitchen (a middle school cooking and nutrition classroom series), on-site dental clinics, on-site wellness nurses, health resource referrals and direct medical care to children through our area schools.

Strategies:

Adults:

- I. Create a Wellness program that utilizes Wellness Coaches to help educate patients with chronic diseases such as diabetes; heart disease and pulmonary disease learn to better manage their chronic conditions.

Action Steps:

1. Seek funding to start a community-wide wellness program

2. Form a Community Wellness Program Coalition
 3. Identify an evidence-based wellness program
 4. If funding becomes available, hire a Wellness Coordinator to oversee the development of a wellness program
 5. If additional funding resources are available, hire Wellness Coaches who will help support patients with chronic conditions access smoking cessation programs
 - 6.
 7. Identify the barriers to patient participation in health and wellness programs
 8. Create a system to measure and monitor outcomes
 9. Develop criteria for standards for the project and Wellness Coaches
- II. Utilize Blue Zone strategies and work with restaurants to incorporate healthy choices in their menus and grocery stores to give people better access to healthier food options.

Action Steps:

1. We have applied for designation as a Blue Zone
2. We have reached out to a broad cross-section of community leaders to participate in a site visit
3. Ask grocery stores and/or food pantries to provide some lessons or information on how to cook healthy food at little cost

Children

- I. The Healthy Kids Outreach Program will continue to provide comprehensive health education at area schools, teaching kids how to stay healthy and make healthy choices about nutrition, exercise and heart health.

Action Steps:

1. Continue working with OSU Extension Services to provide SNAP-Ed in schools
2. Reach out to invite additional schools to participate
3. Continue outreach through Parent Events
4. Increase the number of schools for the *Kids in the Kitchen* cooking programs

Objective 2

Reduce Smoking in Adults and Young People

Challenge

The combined cost of money spent on tobacco-related medical care and in lost productivity in Douglas County is \$123.9 million dollars a year. The rate of smoking in pregnant women in Douglas County is twice that of the rest of the state and nearly three times higher than the rest of the U.S. Compounding the issue are some of the entrenched social acceptance of smoking, is

the proliferation of storefronts advertising tobacco products and ‘vaping’ (smokeless tobacco) shops who aggressively market their products.

Strategy:

- I. Promote and implement evidence-based smoking cessation programs

Action Steps:

1. We will make the BecomeAnEx smoking cessation program available for all Mercy employees and more broadly the residents of Douglas County
2. Mercy will continue to ask about tobacco use during intake history and will provide materials and resources to patients as requested including electronic referral to the Oregon Tobacco Quit Service
3. We will work with Community Education and community partners to expand smoking cessation support group opportunities
4. Mercy will work with Douglas County Independent Physician Association (DCIPA) and the Umpqua Health Alliance (UHA) to promote ongoing staff education on clinical best practices for tobacco use screenings, referral and treatment options
5. Mercy will continue to partner with ADAPT to promote the Oregon Tobacco Quit Line
6. HKOP’s Dental Learning Labs will include age appropriate lessons of the effect smoking can have on teeth, mouth, throat and appearance in their classroom presentations

Objective 3

Reducing Domestic Violence and Child Abuse

Challenge

Geography, limited resources, transportation, increased access to fire arms and lack of support services are barriers victims of domestic violence face. The Department of Justice estimates that 61% of domestic violence offenders also have problems with alcohol or drug abuse⁸. Domestic violence is also a leading indicator of child abuse. Training healthcare providers, educators and social service agencies to recognize the signs is key to helping people connect with help they need.

UP2US Now Violence Child Abuse Prevention Coalition Initiative is leading efforts to address this issue. The coalition is made up these agencies:

ADAPT
Community Health Alliance

Battered Persons’ Advocacy
Cow Creek Bank of Umpqua Tribe
of Indians

CASA
DCECPs/Parenting Brokerage

⁸ <https://www.ncjrs.gov/pdffiles1/nij/grants/194122.pdf>

Douglas County Commission on Children & Families	Douglas CARES	Douglas County District Attorney
Douglas County Sheriff's Office	Douglas County Homeless Youth Drop-In Center	Douglas County Juvenile Department
Douglas County Sheriff's Office	Douglas ESD	Family Development Center
Oregon Dept. of Human Services	Child Protective Services	Foster Parent Association
Healthy Families of Douglas County	Mercy Foundation	CHI Mercy
Option Counseling of Oregon	Peer Power	Phoenix School
Roseburg Police Dept.	Safe Haven Maternity Center	UCAN Head Start
Umpqua Community Health Center	Umpqua Training & Employment Veterans Administration	Umpqua Valley Boys & Girls Club

Strategy

- I. Continue to strengthen the work of the UP2US Now Violence Child Abuse Prevention Initiative to reduce child abuse by 10% by 2010 through its Supporting Families Project by increasing the number of referrals from DHS and identifying multiple entry points into the program.

Action Steps:

1. Continue supporting the work of the UP2US Now
2. Conduct child abuse and domestic violence screening trainings to identified local medical and social service providers of high-risk families
3. Expand use of Interagency Referral System to identify high-risk families and provide intervention services through the Supporting Families Project
4. Expand the Community Awareness campaign and training program to stop human trafficking
5. Develop Legislation proposals regarding Oregon State Domestic Violence laws
6. Promote drug take-back programs and drop off locations in patient discharge packets and public service campaign
7. Examine the usage of Rural volunteer coalitions to expand objectives and goals to the more rural sections of Douglas County

Objective 4
Parent Education

Challenge

Our foundational belief is that every parent wants what is best for their children. Yet, not all parents have developed the skills necessary to provide the care children need. Many have grown up in generational poverty and have had limited exposure to positive parenting models. Identifying at-risk families and providing these families with education, support and resources to learn how to be a better parent is necessary for the healthy development of children.

Working in conjunction with Douglas Education Service District (ESD), Mercy is supporting our communities Parenting Hub. The ESD has developed eleven workshops that address a range of issues parents face. Beginning with infant brain development and taming tantrums to helping children learn appropriate behavior and prepare for school our goal is to give parents confidence in their skills to be effective parents. Built into the project will be funds for childcare to remove barriers to parent participation.

Strategy

- I. Work in conjunction with community partners to support and expand the current curriculum of the Parenting Hub

Action Steps:

1. Recruit a Parent Educator (they already have a parent educator-are we going to fund an additional one)
 2. Offer positive parenting workshops (include on action plan)
 3. Provide childcare to encourage participation
- II. Use education and outreach to create an environment where parents feel comfortable reaching out and knowing they will be supported

Action Steps:

1. Mercy's Family Birthplace will work with the Parenting Hub to help educate new and first-time parents
2. Launch a new mom's support group, that provides support with education and the opportunity to learn from other mothers and experts within the community
3. Identify underserved groups who may not be aware of parenting resources
4. Encourage a cross-section of partners, organizations and employers to assist with outreach through their own established channels of communication
5. Create alternative formats to reach a wider population, for example Spanish language materials

Priority Community Health Needs Not Being Addressed with Health Improvement Plans by the Hospital and Reasons Why

In building capacity for a healthy community we recognize that while there are many issues impacting well-being, not all can be given the same priority. Mercy recognizes that shifting from a "Mercy-only" approach to one that is centered on community engagement maximizes resources and creates ownership among various stakeholders.

One of the issues facing communities across the country is substance abuse. To address this issue, an Opiate Task Force was formed in 2013. Mercy Foundation's UP2US Now is an active partner.

Approval

CHI Mercy Health is governed by an 11 member Board of Directors. The Board has designated the Mission Services to develop implementation plan objectives. The Board and Senior Management staff of CHI Mercy Health will direct, monitor strategies and will review progress on an annual basis.