

REGIONAL HEALTH IMPLEMENTATION STRATEGY

St. Charles Prineville
Community Benefit Department



2023-2025

Letter from leadership

Creating America's healthiest community, together, is St. Charles Health System's vision—our end goal. While it may seem far-fetched to some, we know that together with the people in our communities, it is achievable.

To accomplish this goal, we first conducted a Community Health Needs Assessment (CHNA) to generate a list of specific health needs that our community is concerned about and that are negatively impacting the health and well-being of the population. Those health needs were selected and prioritized based on:

- Severity of issue
- Ability to impact
- Community resources
- St. Charles Prineville Campus available resources and expertise
- St. Charles Health System strategic plan

The CHNA contained information that showed us that while some in our communities are thriving, we have populations that are struggling with the management of diseases and mental and behavioral health issues. These issues are compounded by many barriers to receiving care and the increased feeling of loneliness and isolation due to the COVID-19 pandemic. From this information, we have determined that our area of focus over the next three-year period will be to ***reduce feelings of loneliness and social isolation while fostering a sense of belonging in the communities we serve***. We hope that together with our communities we can develop and support innovative ways to improve access to care where needed, increase education and awareness of offerings that bring communities together, and increase opportunities to create a welcoming environment where individuals feel like they belong.

The St. Charles Health System Board of Directors reviewed, approved and adopted this implementation strategy on February 23, 2023 and with that, has set in motion our plan to improve the communities in which we all live, work and play. Please take the time to review this important document. We know that it will take all of us, working together, to build the healthiest community in the nation.

Sincerely,

Steve Gordon, MD
President and CEO

Matt Swafford
Chief Financial Officer

Overview

St. Charles Health System

Headquartered in Bend, Oregon, St. Charles Health System Inc. is a nonprofit, integrated delivery system that provides a full range of quality, evidence-based health care services within a 32,000-square-mile area in Central and Eastern Oregon. The health system owns and operates hospital campuses in Bend and Redmond, two Critical Access Hospitals in Madras and Prineville, family care clinics in Bend, La Pine, Madras, Prineville, Redmond and Sisters, a Center for Women's Health in Redmond, Urgent Care clinics in Bend, La Pine and Prineville, Cancer Centers in Bend and Redmond, a Heart & Lung Center in Bend and Behavioral Health clinics throughout Central Oregon.

St. Charles Prineville Campus

St. Charles Prineville is a not-for-profit, 16-bed Critical Access Hospital located in Prineville, Oregon. St. Charles Prineville is the only hospital located in Crook County and delivers a wide range of quality medical services to the residents throughout the region.

Summary of Community Health Needs Assessment (CHNA)

To prioritize the varied health needs of Crook County, the defined community served by St. Charles Prineville, an extensive review of existing data, community partner information and a professionally facilitated phone survey were conducted and completed as part of the CHNA research. Once the initial analysis of available secondary data was collated, the phone survey completed and input collected from key stakeholders, the Community Benefit department prioritized St. Charles Prineville's significant health needs as follows:

1. Stable Housing and Support
2. Address Poverty and Enhance Self Sufficiency
3. Upstream Prevention: Promotion of Individual Well-Being
4. Substance and Alcohol Misuse Prevention and Treatment
5. Behavioral Health: Increase Access and Coordination
6. Promote Enhanced Physical Health Across Communities

To review the 2023-2025 St. Charles Prineville Community Health Needs Assessment in its entirety, please visit <https://www.stcharleshealthcare.org/community-health/community-health-needs-assessment>.

For any questions, comments or concerns, please contact the Community Benefit department at communitybenefit@stcharleshealthcare.org.

Criteria determining needs to be addressed

When determining which of the above significant health needs would be selected as the health priorities to be addressed, St. Charles considered the following criteria:

- Severity of issue
- Ability to impact
- Community Resources
- St. Charles Prineville campus available resources and expertise
- St. Charles Health System strategic plan

St. Charles Prineville Prioritized Need(s)

The Community Health Needs Assessment (CHNA) identified that access to affordable housing, living wage jobs and mental health services would most improve the health of our community. After careful consideration, St. Charles Prineville campus will focus on efforts that **reduce feelings of loneliness and social isolation while fostering a sense of belonging** for the 2023-2025 regional health implementation strategy (RHIS) to start addressing mental health concerns and promoting individual well-being.

The CDC defines loneliness as the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.¹

About one in five Americans suffer from chronic loneliness, with a survey in 2020 revealing that young adults suffer the most. Older adults are also at higher risk for social isolation and loneliness due to changes in health and social connections that can come with growing older, hearing, vision, and memory loss, disability, trouble getting around and/or the loss of family and friends.

Loneliness has broader implications for our mental and physical health too. It's not difficult to understand how [loneliness leads to depression](#), a growing problem in the United States. Among older adults, loneliness increases the risk of developing [dementia, slows down](#) their walking speeds, interferes with their ability to take care of themselves, and increases their risk of [heart disease and stroke](#). Loneliness is even associated with [dying earlier](#). Among adolescents and young adults, loneliness increases the likelihood of [headaches, stomach aches, sleep disturbances](#), and [compulsive internet use](#).² Chronic loneliness is said to have similar impacts on health as smoking a pack of cigarettes a day.

Furthermore, according to Thomas Joiner, a leading expert on suicide, when people hold two specific psychological states in their minds simultaneously, and when they do so for long enough, they develop the desire for death. The two psychological states are perceived burdensomeness and *a sense of low belongingness or social alienation*.³ In 2017, Angus Deaton and Anne Case discovered that 158,000 Americans died through the process of addiction to alcohol, painkillers, or other drugs or by suicide and this number has grown year over year. They also attribute these statistics to social isolation or feeling disconnected.⁴

Acknowledging that mental health issues are complex and intertwined, creating opportunities for engagement and socialization outside of medical interventions is the first step to begin addressing the loneliness epidemic that was amplified by the COVID-19 pandemic. During our Regional Health Implementation Strategy (RHIS) key informant interviews, a majority of participants felt that loneliness was a major contributor to the mental and behavioral health issues in our communities.

When informants were asked if they had ideas to combat loneliness and social isolation, the ideas unanimously centered on the concept of creating opportunities for individuals and families to come together and rediscover what it means to belong within their own community.

Belonging is often defined as the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group and it has been identified as a pillar in Maslow's Hierarchy of Needs.

¹ [Loneliness and Social Isolation Linked to Serious Health Conditions](#)

² [Loneliness in America, Harvard Graduate School of Education](#)

³ [The interpersonal-psychological theory of suicidal behavior: Current empirical status](#)

⁴ Angus Deaton and Anne Case, *Deaths of Despair and the Future of Capitalism* (Princeton University Press, 2020)

Maslow's Hierarchy of Needs is the idea that our needs range from the very basic, such as the things required for our survival, through to higher goals such as altruism and spirituality. Maslow included social belonging because we need friendships, family connections and emotional intimacy with others. People in different societies meet this need in different ways: for some people, their need for social belonging might be met entirely within their extended family; for others, it might be organized activities such as a church community; for others, it might be a network of friendships and romantic relationships that meet this need. It's worth noting that meeting this need can enable us to overcome a lack of our basic needs through the strength of our relationships with others. We truly are stronger together than we are alone.⁵

To that end, St. Charles Health System aims to come alongside community members, partners, and caregivers to help older adults, youth and those who are feeling lonely establish a sense of belonging.

Needs not being addressed

The following are the significant health needs identified in the St. Charles Prineville Campus CHNA that will not be addressed in this implementation strategy:

- Behavioral Health
- Stable Housing and Supports
- Substance and Alcohol Misuse Prevention and Treatment
- Address Poverty and Enhance Self Sufficiency
- Promote Enhanced Physical Health Across Communities

To achieve real improvement, this plan will focus on issues the organization has the most ability to impact alongside our community partners. By selecting one priority, a more focused effort can be made by the caregivers at the St. Charles Prineville campus, in collaboration with local partners, to improve the health of those the health system serves.

While all of the needs listed above are important, St. Charles leaders have decided to focus Community Benefit resources and efforts on the issue of reducing loneliness and increasing belonging. Having a laser focus on this issue will ensure real progress is made. Work will also continue on each of the other identified needs listed above through internal St. Charles departments and through external community partners. In addition, focusing on belonging could ultimately positively impact these other identified needs.

Implementation Strategy

St. Charles Prineville's implementation strategy will systematically focus efforts across the entire community toward addressing its selected strategic priority – **reduce feelings of loneliness and social isolation while fostering a sense of belonging** – and will collaborate with and rely on our community partners to join the effort to improve our current health status and track and measure our results. The implementation strategy recognizes both where we are and where we would like to be.

⁵[The 5 Levels of Maslow's Hierarchy of Needs and How they Affect Your Life](#)

Actions the St. Charles Prineville campus intends to take to reduce feelings of loneliness and social isolation while fostering a sense of belonging

- Explore potential partnerships with local, state and national initiatives to measure loneliness among target populations, establish a baseline and develop metrics for tracking the resulting increased sense of belonging across Central Oregon
- Earmark grant dollars for partner organizations that are working to create opportunities for belonging and provide educational programs in the communities we serve
- Actively encourage St. Charles Health System to make in-kind donations, dedicate caregiver time and expertise to organizations with goal alignment (i.e. Central Oregon Suicide Prevention Alliance, public health departments, schools, community groups)
- Offer educational sessions and/or support groups related to physical or mental health conditions in a number of settings, including but not limited to, St. Charles Health System locations, schools, resource centers, health departments, etc. (i.e. suicide prevention, mental health first aid, cancer, family birthing, etc.)
- Review, analyze and align, where appropriate, RHIS work plans with local, state and national efforts on an annual basis

Resources the St. Charles Prineville Campus plan to commit:

- Community Benefit department grant funds
- Dedicate individuals from St. Charles Health System to volunteer at community events, representing the hospital and health system as experts in their field at local educational sessions
- Caregiver time for continuing education on loneliness, sense of belonging and improved health outcomes
- Hosting and/or working with community partners on mental health focused speaking/training events

Anticipated impact from intended actions

By committing to the actions listed above, and others to be determined, the St. Charles Prineville campus hopes to see and anticipate:

- Community members will be able to access several trainings related to mental health. (i.e. Mental Health First Aid, QPR, etc.)
- Community members will be able to support others in mental health crises
- Community members will have a toolkit to foster belonging in their own communities
- Community members will feel a stronger sense of belonging within the community where they most identify
- Community organizations identify sense of belonging as a need and commit to working on initiatives that foster a sense of belonging.

Potential collaborations

Uniting as a community is the most effective way to address health needs and strategic priorities. The health system, collaborating with community partners and stakeholders, can tackle complex issues and make a collective impact toward common strategic priorities of improving the health and well-being of our regional community. The following is a list of organizations and/or groups that caregivers from the St. Charles Prineville Campus may collaborate with on behavioral health initiatives throughout Crook County⁶:

- All St. Charles facilities and clinics
- Medical community
- Crook County Health Department
- Central Oregon Health Council (COHC)
- Communities Creating Health Groups
- Neighborhood Associations
- Schools
- Local organizations that work with marginalized communities
- Central Oregon Community College
- Family Resource Center
- Oregon State University (OSU) Cascades Campus
- Oregon Health & Science University (OHSU)
- Opportunity Foundation
- Family Resource Center
- Council on Aging of Central Oregon
- Best Care Treatment Center
- Restorative Justice & Equity Group, a project of Better Together Central Oregon
- Crook County on the Move
- PRIDEville
- Rimrock Trails
- Better Together Central Oregon
- Kids Club
- Lines for Life
- Local veterans' organizations
- Senior Centers
- Assisted living facilities
- Homeless organizations
- EMT/paramedics
- Law enforcement
- Teen groups
- Faith-based community

Next Steps

Once approved, representatives from the St. Charles Prineville campus will use this outline to create detailed work plans with specific objectives, strategies and collaborations. These documents will be monitored internally by the Community Benefit department and each respective work plan owner, i.e. Human Resources, Value-Based Care programs, Care Coordination, etc. Progress reports and updates will be presented on an annual basis through December 2025.

This plan will be made widely available to the public via the St. Charles Health System website and in hard copy upon request.

⁶ This listing is not meant to be all-encompassing but instead serves as a small sampling of potential resources related to the significant health need