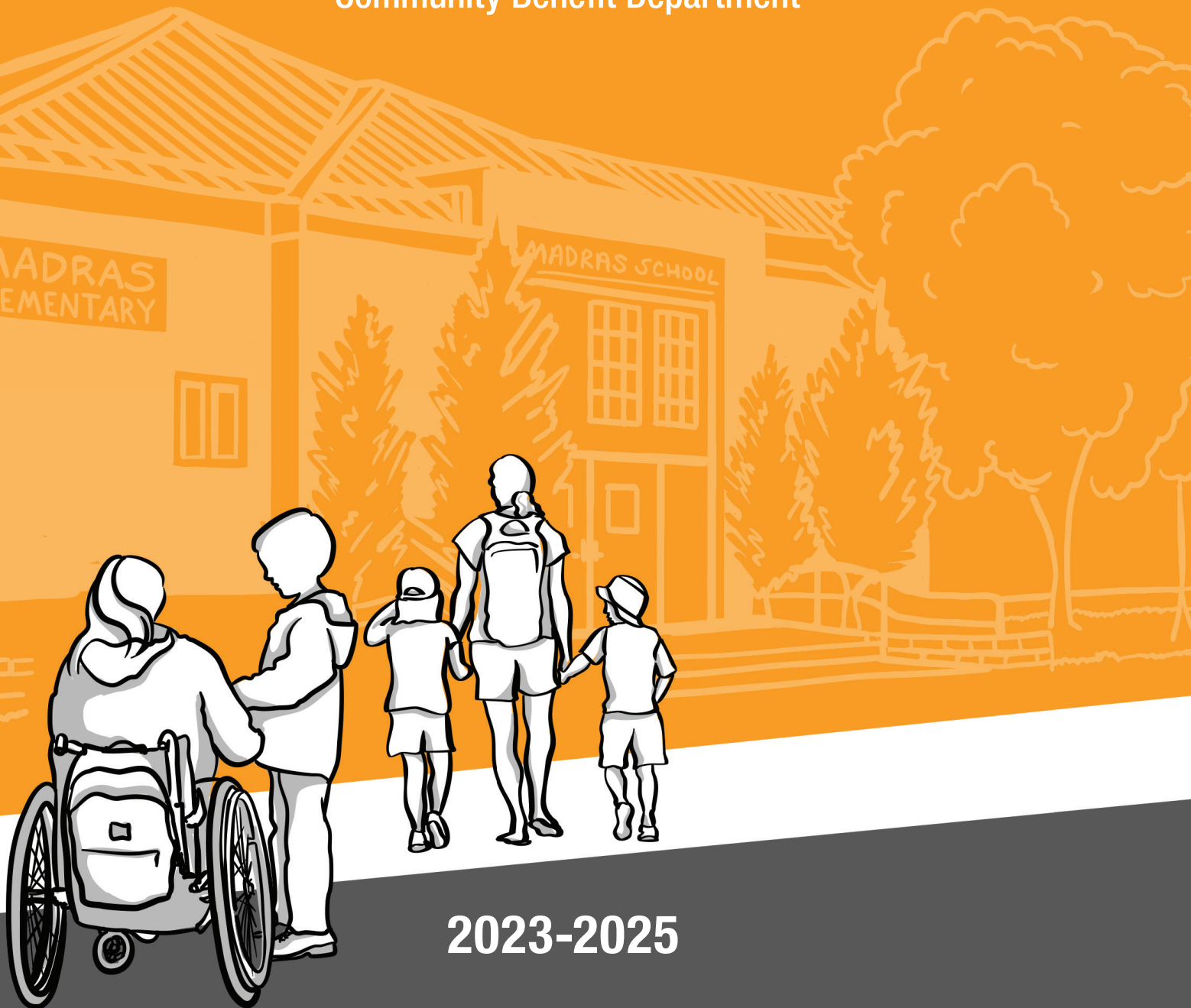


# COMMUNITY HEALTH NEEDS ASSESSMENT

St. Charles Madras  
Community Benefit Department



2023-2025

## Message from Leadership

St. Charles Health System has a bold organizational vision: Creating America's healthiest community, together.

This vision is our destination. It is the end-goal we are attempting to reach where we can proudly say that to live in Central Oregon is to live in a place where health comes first. We know that to achieve this vision, we must first look hard at the barriers to health that exist in our communities today and do all that we can to address them through our support of community programs, of wellness initiatives and by looking at ways to improve access to care. This work goes hand in hand with the efforts we are making inside our health system to build a culture of continuous improvement. We are striving every day to make our processes more efficient and the care we provide safer for those in need.

Throughout the past two years of a global pandemic, we have witnessed firsthand the importance of routine health care and healthy lifestyles in prevention of serious illness. Our health care heroes have learned that it isn't enough to be there when people are acutely ill – preventing illness in the first place makes an incredible difference when every bed, every caregiver, every dose of medication counts.

Of course, St. Charles can't impact the health of the entire Central Oregon region on its own. We need our community partners with us every step of the way.

The information presented in the following pages helps us determine which nonprofit organizations we will support through donations of time, dollars and supplies. In turn, we depend on those groups to provide safety net services throughout the region as we all work together toward making our vision a reality.

Sincerely,

Dr. Steve Gordon  
Interim President and CEO  
St. Charles Health System

Matt Swafford  
Chief Financial Officer  
St. Charles Health System

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## Executive Summary

### 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 Madras

St. Charles Madras is a not-for-profit, 25-bed Critical Access Hospital located in Madras, Oregon. St. Charles Madras is the only hospital located in Jefferson County and delivers a wide range of quality medical services to the residents throughout the region.

## Identifying significant health needs

### Background

As defined by federal regulations of the Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010, each not-for-profit hospital facility must complete a Community Health Needs Assessment (CHNA) and accompanying CHNA implementation strategy once every three years. The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- identify strengths and needs of a community
- enable the community-wide establishment of health priorities
- facilitate collaborative action planning directed at improving community health status and quality of life

In 2014, the above-mentioned regulations were updated. The updated final rules were issued on Dec. 31, 2014 and applied only to taxable years beginning after Dec. 29, 2015. One of the major updates to these guidelines relates to what must be included in the CHNA. In short and most notably:

- when data is obtained from an external source, the CHNA report may cite the source material rather than describe the method by which the data was collected
- in the event the hospital solicits but cannot obtain input from a source, the CHNA report must describe the hospital's efforts to solicit input from such sources

- the report must include an evaluation of the impact of any actions taken since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in that hospital's prior CHNA(s)
- hospitals no longer must include a description of potential measures to address the significant needs that have been identified, but must still include a description of potential resources identified through the CHNA to address the needs

Although this document in full reflects and meets all of the updated regulations, the above is not a full description of those regulations. To see all of the updated requirements, please visit [Community Health Needs Assessment for Charitable Hospital Organizations - Section 501\(r\)\(3\) | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501(r)(3)).

### **Methodology**

In order to prioritize the varied health needs of Jefferson County, the defined community served by St. Charles Madras, an extensive review of existing health data and a professionally facilitated phone and text message survey was conducted and completed as part of the CHNA research.

The St. Charles Health System Community Benefit department began the CHNA process by first compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. Once the initial analysis of the secondary data was complete, the team continued the process by performing a phone survey in the St. Charles Madras community during the second quarter of 2022 through a contractual partnership with Davis, Hibbits and Midghall (DHM) Research. In addition, the CHNA was developed with data, input and information that was gathered via collaboration between the St. Charles Community Benefit department and Central Oregon Health Council.

### **St. Charles Madras significant health needs**

At the end of this process, St. Charles Madras representatives reviewed the available information, including:

- Most recent health data
- Input from community members with expertise in their field and this region
- Community survey results
- Community assets available to address needs

Health needs were identified as follows:

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

## Communication plan

On Oct. 27, 2022 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras CHNA.

The 2023 - 2025 CHNA will be made widely available to the public via our St. Charles Health System website, digital platforms and internally via our intranet, along with the immediately preceding CHNA, prior to Dec. 31, 2022, and in hardcopy format when requested. All who participated in the CHNA research along with other community partners will be notified of the finalized document, provided instructions on how to garner a copy of the assessment and will be encouraged to share it with their constituents.

## Introduction

### Mission, vision and values

**Our Vision:** Creating America's healthiest community, together.

**Our Mission:** In the spirit of love and compassion, better health, better care, better value.

**Our Values:**

- Accountability
- Caring
- Teamwork

Recognizing that St. Charles Health System has grown and changed dramatically over the past two decades, the St. Charles Board of Directors adopted a new vision, mission and values in 2013 that outlines the organization's path for the future. The bold vision statement is our ultimate destination. Our values are the tools we will use each day to achieve our vision and our mission is the heart that drives our actions and keeps us committed to caring for our community.

### Community Benefit

St. Charles Health System officially created the Community Benefit department in early 2012. Each of the facilities in the system has always had programs and services designed to improve health, increase access, provide treatment and promote health and healing for the populations served. The Community Benefit department was created to ensure the system and each of its facilities were tracking and reporting these programs and how they were meeting the other state and federal guidelines for tax-exempt organizations.

This department is dedicated to providing solid research methodology and community involvement to determine the unmet health needs of the communities we serve. The Community Benefit task force, the group that approves the health system's community benefit expenditures, is also chaired from this department. The Community Benefit department tracks each hospital facility's annual community benefit totals and submits these numbers to required government agencies. The St. Charles Madras Community Benefit expenditures are detailed on page 6.

For any questions related to the Community Benefit department or the Community Benefit task force, please email [communitybenefit@stcharleshealthcare.org](mailto:communitybenefit@stcharleshealthcare.org).

## St. Charles Madras

For more than four decades, Mountain View Hospital was a dedicated, dependable health care provider. Founded in Madras in 1967, Mountain View Hospital was an active partner in the growth and development of surrounding communities. After providing management services to the hospital for many years, St. Charles Health System acquired Mountain View Hospital District in January 2013 through an asset transfer agreement. The decision to become part of St. Charles Health System was made for the Madras hospital to gain access to resources necessary to upgrade the facility and implement an electronic health record. At that time, the facility was renamed St. Charles Madras.

In 2021, St. Charles Madras provided more than \$6,072,976 in community benefit to the population it serves. This includes:

<b>St. Charles Madras 2021 Community Benefit Totals</b>	
<b>Community Benefit Type</b>	<b>Amount</b>
Charity Care at Cost	\$994,456
Unreimbursed Cost of Medicaid	\$3,583,302
Unreimbursed Cost of Other Public Programs	\$999,570
Community Benefit Activity	\$495,648
<b>TOTAL</b>	<b>\$6,072,976</b>

## Community health needs assessment overview

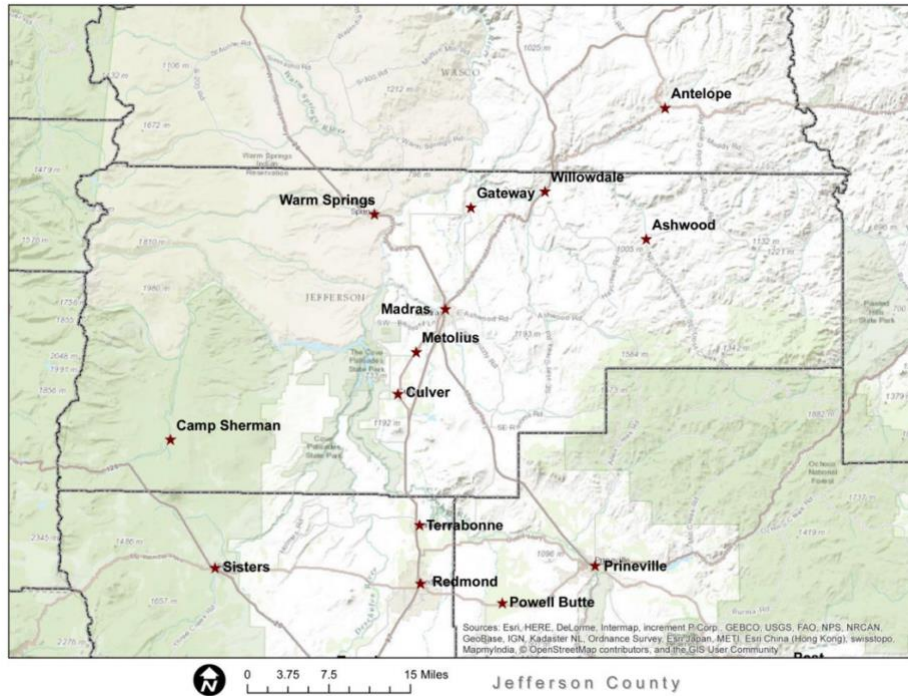
The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- Identify the strengths, the greatest needs and the health care service gaps of the communities served by St. Charles Health System and position St. Charles in a way to best leverage its strengths to respond to these needs
- Enable community-wide establishment of health priorities and seek to identify actions that will lead to measurable health improvements
- Determine which community organizations and nonprofits will further the mission of St. Charles through partnerships
- Facilitate collaborative action planning with the community directed at improving community health status and quality of life

The CHNA takes into account the health status of the population throughout a community relying on both primary and secondary data and statistics. After identifying key data, the health needs are then prioritized and the hospital recommends a strategy to address these needs and improve the overall health of the population. This will be the foundation for the St. Charles Madras community benefit efforts for the next three years.

## Community defined

The St. Charles Madras community has been defined as Jefferson County which includes the communities of Ashwood, Camp Sherman, Culver, Madras, Metolius and Warm Springs. Below is a map of Jefferson County, which is neighbored by Crook County to the southeast and Deschutes County to the southwest.



When reviewing data points and other documented material, it became clear that in order to pull meaningful information, accurately, with the ability to compare our defined community's health status to other communities, defining our facility communities by geographic counties made the most sense. By doing so, information such as the Robert Wood Johnson Foundation County Health Rankings & Roadmaps, could be utilized for county health comparison and overall planning and goal setting in relation to the facility CHNA and implementation strategy, as well as linked to our health system's overall strategic goals and direction.

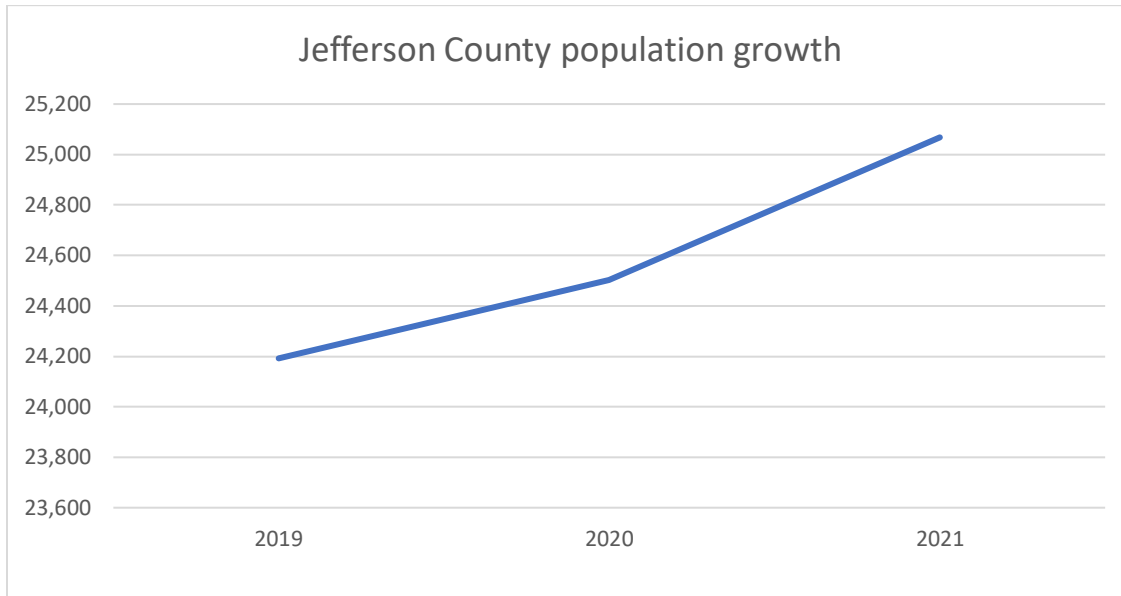
## Demographics

The St. Charles Madras community, as stated previously, is represented by Jefferson County data/information. Although information is available at the county level for most indicators, much of that information is not current—i.e. from the current or immediately preceding year—which does create an information gap. Due to the COVID-19 pandemic, data collection over the last two years has been difficult and some data dates back to 2019. Estimation is also done by some data sources but we do not feel that this negates the results of the assessment.



## Jefferson County facts:

According to the United States Census Bureau, Jefferson County is an area of more than 1,780 square miles<sup>1</sup> located near the center of the state of Oregon. It is one of the counties in the “tri-county” region St. Charles serves along with Crook and Deschutes counties and is the smallest of the three.



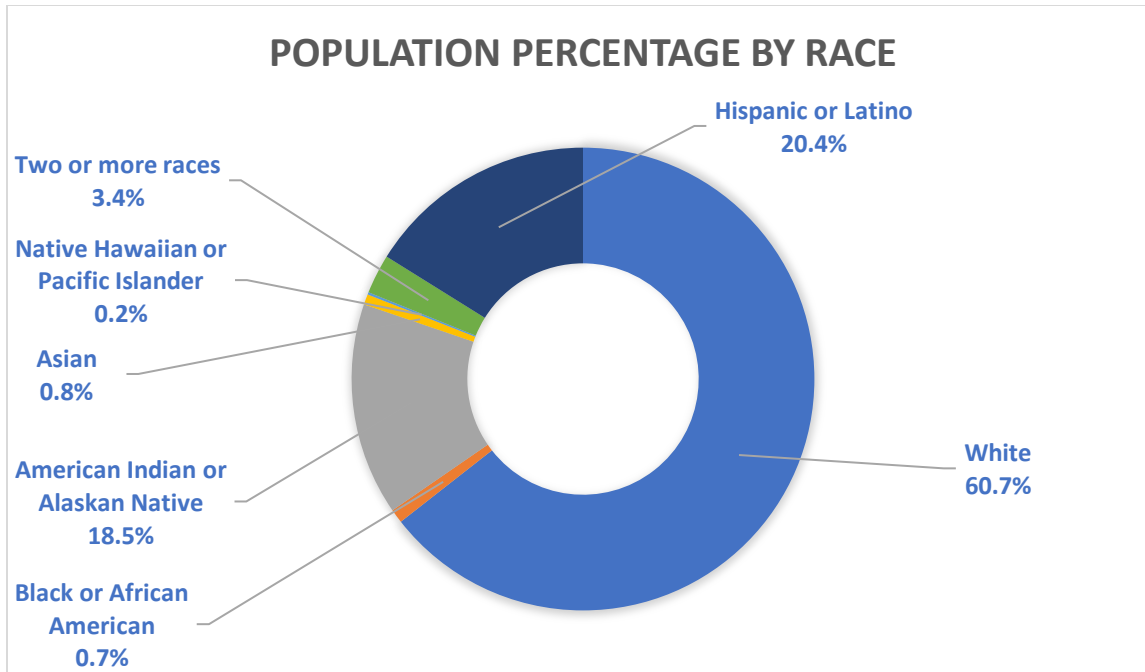
Jefferson County’s population continues to have steady growth with approximately 876 new residents to the county from our last CHNA in 2019 which reported 24,192 residents. In 2021, the population rose to 25,068. Jefferson County has a higher proportion of residents under the age of 18 years than the other Central Oregon counties at 23.3 percent, compared to 19.8 percent in Crook and Deschutes counties.<sup>2</sup>

A majority of the population falls under the *White alone* race category at 60.7 percent, with the second largest group falling under the Hispanic or Latino category at 20.4 percent.<sup>3</sup>

<sup>1</sup> Visit [U.S. Census Bureau QuickFacts: Jefferson County, Oregon](#) for more information.

<sup>2</sup> Visit [U.S. Census Bureau QuickFacts: Jefferson County, Oregon](#) for more information.

<sup>3</sup> RWJF County Health Ranking 2022, [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)



The median household income in 2020 was \$55,844 – up from \$ 48,464 in 2017. In comparison, in the same year, Deschutes County’s median household income was \$68,937 and Crook County’s was \$59,000<sup>4</sup>. The high school graduation rate in Jefferson County was at 88.3% percent in 2021. The life expectancy at birth for Jefferson County was 76 years, 81.7 years for Deschutes and 79.3 years for Crook County<sup>5</sup>.

The violent crime index, represented at the county level, indicates a wide variation in crime levels across the tri-county region. The crime index for Jefferson County remained static from our previous CHNA, at 189 violent crimes per 100,000 population.

## Community health needs assessment background and collaboration

St. Charles conducted this CHNA to analyze the health status of the communities it serves in Central Oregon. Based on research outcomes, programs and services will be aligned to address, identify and prioritize local and regional health concerns.

### Data collection and analysis methods

#### Methodology—primary research

The CHNA was conducted using many forms of data collection and analysis including the following primary research:

**Surveys:** DHM Research conducted telephone interviews of 700 residents throughout the communities (Crook, Deschutes and Jefferson Counties), served by a St. Charles facility to

<sup>4</sup> Visit [U.S. Census Bureau QuickFacts: Jefferson County, Oregon](#) for more information.

<sup>5</sup> RWJF County Health Ranking 2022, [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)

determine the health-related priorities of the population residing in Central Oregon. The survey was designed to establish a baseline of importance, priorities and needs around health and wellness, including access, quality and cost. Respondents were contacted from a list of registered voters, which included cell phones. In gathering responses, a variety of quality control measures were employed, including questionnaire pre-testing and validation. A link to the full DHM Research questionnaire and results can be found in the References page.

**Community Input:** Community input was gathered via a collaboration between the St. Charles Health System Community Benefit department and Central Oregon Health Council. The CHNA was developed with data, input, and information from a wide variety of health and community-based organizations, stakeholders and community members. The input was gathered from the Central Oregon Health Council's Community Advisory Council, a number of health-related advisory boards and groups, and via numerous community focus groups throughout the region. Individuals (such as traditional health workers/peer support specialists/community health workers) and organizations were asked to share their expertise through a health equity and social determinants of health lens. You can see a list of contributors by accessing the 2019 Central Oregon Regional Health Assessment, link is provided in the Reference page section of this CHNA.

### **Methodology—secondary research**

The process began by compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. All information used in this report was taken from the most recent information available from the listed resources. Secondary information sources included:

- United States Census Bureau, Quick Facts
- The Robert Wood Johnson Foundation's 2022 County Health Rankings
- Central Oregon Health Council (COHC) 2019 Regional Health Assessment and 2020-2024 Central Oregon Regional Health Improvement Plan (CORHIP)

### **Additional Methodology**

Previous CHNA reports were made available on the St. Charles Health System website at [Community Health Needs Assessment | St. Charles Health \(stcharleshealthcare.org\)](https://www.stcharleshealthcare.org/community-health-needs-assessment). Feedback was solicited and readers were encouraged to provide comments and questions regarding the documents by emailing the Community Benefit department at [communitybenefit@stcharleshealthcare.org](mailto:communitybenefit@stcharleshealthcare.org). St. Charles Madras did not receive any comments or questions related to its 2019 - 2022 CHNA or Implementation Plan.

### **Information gaps**

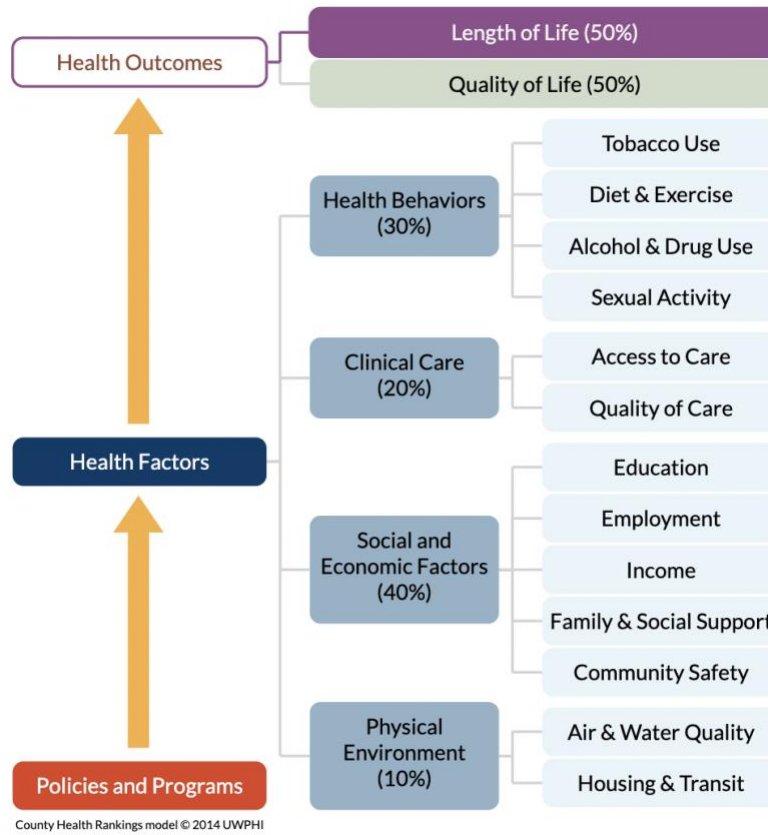
The most current data available drove the comparison and analysis process for the Community Benefit team. However, the secondary public data available was often not current, with some information gaps and sample sizes so small they may provide statistically unreliable estimates. Primary data was collected via survey. The responses reflect the opinions of the survey and respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available at the county level. Furthermore, as it becomes harder to reach residents by phone, particularly in rural areas and under the age of 35, the respondents of the phone survey are more likely than in years past to be 55 years of age or older.

## Summary of key findings

### 2022 County Health Rankings Health Indicators

The rankings are based on the latest data publicly available for each county and are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

The following diagram shows the basic methodology used for the County Health Rankings.



The 2022 County Health Rankings list Jefferson County as the 34<sup>th</sup> healthiest county in the state of Oregon, out of the 35 ranked. It moved up four counties in health factors since the 2019 CHNA; which shows that the work community partners is doing is working and will continue to take time to affect the health outcomes. These two scores were averaged together to get the overall ranking:

- Health outcomes are based on how long people live (mortality) and how healthy people feel while alive (morbidity).
- Health factors include health behaviors, clinical care, social, economic and physical environment.

Jefferson County Rankings <sup>6</sup>		
	2019 ranking out of 35 counties	2022 ranking out of 35 counties
Health Outcomes	34	34
Health Factors	34	30
Overall Ranking	34	34

The following list shows which health factors should still be examined more closely in Jefferson County, based on data trends over the last three years from the Healthy Communities Rankings. The factors are listed in no particular order.

- Adult smoking
- Adult obesity
- Excessive drinking
- Sexually transmitted diseases
- Teen births
- Physical inactivity
- Mammography screenings
- Severe housing problems

### 2019 Central Oregon Regional Health Assessment

In 2010, public and private health leaders in Central Oregon came together to form a tri-county public/private consortium of providers, payers, public health and safety net interests serving primarily the Medicaid population. The 2011 Legislature passed SB 204 which provided the legal platform for a public/private partnership to exist and formalized the process for a four-year Regional Health Improvement Plan that would replace all state mandated strategic plans and assessments for public health, mental health, alcohol and drug and children’s services within the three counties. Known now as the Central Oregon Health Council, this body serves as the governance entity for the region’s Coordinated Care Organization, the payer for the region’s Managed Medicaid population. St. Charles Health System was a founding member of the Council, and still serves as a key board member and strategic driver of its mission.

Under the direction of the COHC, the public health departments of Crook, Deschutes and Jefferson counties and St. Charles Health System collaborated with many other regional partners to create the 2019 Central Oregon Regional Health Assessment (CORHA), the document that precedes the 2020 - 2024 Central Oregon Regional Health Improvement Plan (CORHIP). Participating on the council are each of the county health department executive directors, as well as leaders from other local organizations, who are acknowledged as experts in their fields for their particular communities. These individuals represent the populations of their

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<sup>6</sup> RWJF County Health Ranking 2022, Oregon | County Health Rankings & Roadmaps

communities and bring the needs of these populations to the forefront of the discussion. Their populations include all socioeconomic levels, minorities and the underserved.

Four types of assessments were used to collect more broad, inclusive and representative data to be used in the development of the CORHA. The four assessments are Health Status, Themes and Strengths, Forces of Change, and Public Health System assessments. These assessments help provide an overview of topics addressed by the regional health delivery system. Here is a brief description of each assessment:

- **Health Status Assessment:** Quantitative health indicators describing the health status of communities in Central Oregon.
- **Themes and Strengths Assessment:** Community focus groups hosted to capture community members' experiences with health in Central Oregon.
- **Forces of Change Assessment:** Targeted focus groups hosted to identify external threats and opportunities. These include political and social issues affecting Central Oregon.
- **Public Health System Assessment:** Public Health Modernization Assessment Gaps Analysis.

After reviewing all the data presented to them, the COHC Board of Directors and Community Advisory Council selected the following 2020 - 2024 CORHIP priorities on Sept.12, 2019:

1. Stable Housing and Supports
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 read ongoing work and report outs and view community data, please visit [cohealthcouncil.org](http://cohealthcouncil.org).

St. Charles Madras worked in partnership with these organizations and others to craft the implementation strategy—the action plan resulting from the CHNA—for the St. Charles Madras community. These partnerships will help to meet these needs through current and enhanced programming, new initiative development and increased prioritization of community health needs.

## Surveys

During the first quarter of 2022, St. Charles Health System contracted with DHM Research to perform a needs assessment to aid in determining the health-related priorities of the population residing in Central Oregon. More than 700 telephone and text message surveys were conducted across the St. Charles Health System service region. These surveys took place during the month of March and respondents were contacted from multiple lists including cell phones. The sampling included individuals from all age, employment, ethnicity, income and education segments. A full description of the survey process and a listing of the survey questions can be found by clicking on the link provided in the References page of this CHNA.

The DHM report provided valuable information for St. Charles Health System and the CHNA. The summary and recommendations from the report, including observations specific to St. Charles Madras include the following:

**Generally, Jefferson County residents report a positive quality of life.**

- Jefferson County residents' satisfaction was 89 percent.
  - Those who are rent burdened and spend more than one-third of their take-home pay on housing are less likely to share this positivity when compared to residents who are not rent burdened (83% to 94%).

**Residents say affordable housing, affordable healthy foods and living wage jobs are the factors that would most improve their quality of life.**

Community members were provided with a short list of items that might improve the overall quality of life. Regionally, they were most likely to select affordable housing (19%) as the thing that would *most* improve the community's health, followed by affordable healthy food (15%), and living wage jobs (13%). Furthermore, residents who are rent burdened and residents with household incomes less than \$55,000 are even more likely to say affordable housing is the issue most likely to improve quality of life (27% and 25%); these groups are also the most likely to say living wage jobs would most be the most important means to an improved quality of life (23% and 17%).

This is also true for Jefferson County residents. Of those who completed the survey their top three factors are as follows:

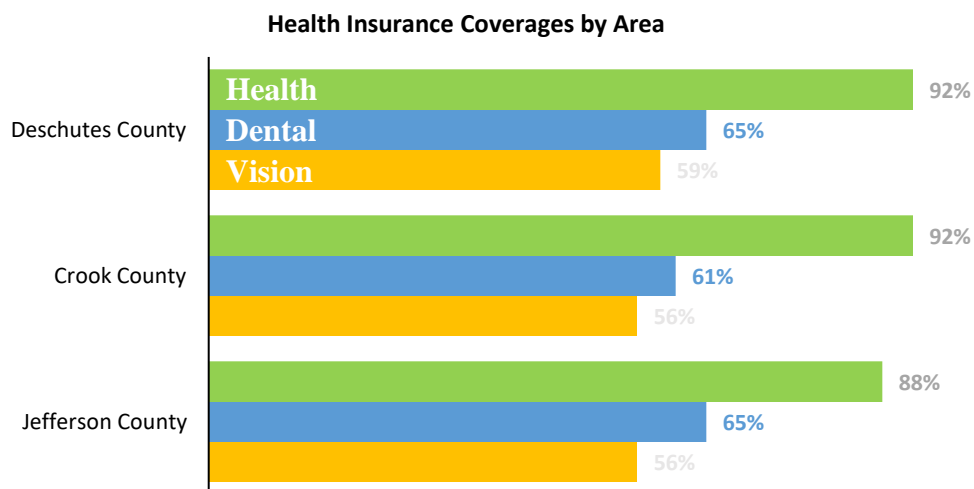
- Affordable housing (22%)
- Living wage jobs (12%)
- Affordable healthy food (11%)

The belief that mental health and substance abuse programs will most improve community health has also remained fairly stable over time, but the view is more pronounced in Jefferson County. In Jefferson County, 23% of residents view mental health and substance abuse programs (on par with affordable housing at 22%) as the way to most improve community mental health. In Crook County, 13% of residents say mental health and substance abuse programs would most improve community health, while in Deschutes County 16% of residents say mental health and substance abuse programs would most improve community health.

**Health insurance coverage remains high overall, but dental and vision insurance rates lag far behind, especially for low-income residents.**

Across the region, 93% of residents report carrying health insurance, a figure that has remained stable since 2016, but also an increase of 12 points from 2013. By contrast, only about six in ten residents have dental (66%) and vision (59%) insurance, but this also represents an increase of 11 points for dental and nine points for vision since 2018.

Insurance rates are similar across the four areas, but there are differences by demographic group. Low-income residents are less likely to carry health (87%), dental (56%), and vision (45%) insurance. Older residents age 65+ are also less likely (44%) to carry dental insurance.



Source: DHM Research, March 2022

**Like in 2019, the greatest barriers to care are wait times for appointments and cost of care. The proportion of residents who cite wait times and cost as barriers to care has increased dramatically in the last few years.**

Since 2018, residents have consistently reported wait times for appointments and cost as the two biggest barriers to care, but the proportion of residents who cite these as barriers to care has increased significantly. Residents are most likely to say that wait times to get an appointment almost always or many times prevented them from seeking care (46%)—an increase of 23 points since 2018. Similarly, about one in four residents say that cost prevents them from seeking care almost always or many times (39%)—an increase of 12 points over the same period.

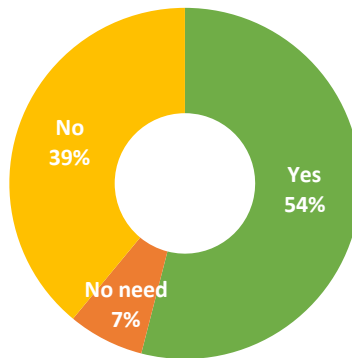
Wait times as barriers to care are especially pronounced for people of color (56%), women (53%), and residents with children under the age of five in their households (60%). Cost as a barrier to care is also especially high among for people of color (48%), as well as for lower-income (44%) and middle-income (45%) residents.

**Despite wait times for appointments, in the past two years more than half of residents have attended a telemedicine, or virtual visit as an alternate way to access care.**

More than half of residents (54%) say they have attended a telemedicine, or virtual visit, in the last two years.



**Attended a Telemedicine Visit  
in Last Two Years**

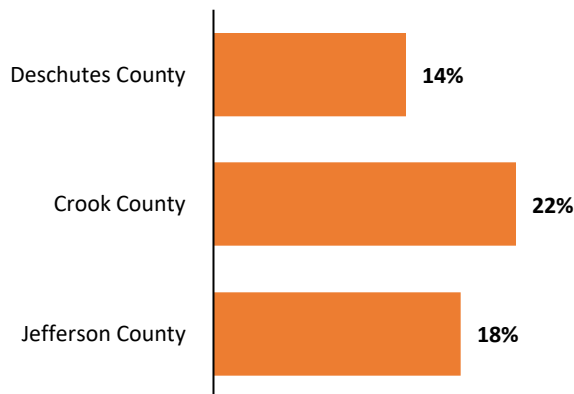


Source: DHM Research, March 2022

While there are no significant differences by area when it comes to utilizing telemedicine, there are differences by income and gender. Residents in households earning \$85,000 or more (62%) are more likely to access telemedicine than residents in households earning either \$55,000–\$85,000 (54%) or less than \$55,000 (46%). Also, women (60%) are more likely than men (47%) to access care remotely.

Given the greater reliance on virtual appointments during the COVID-19 pandemic, this year marked the first time that survey respondents were asked if lack of technology for virtual appointments served as a barrier to care. Approximately 14% of residents cited technology as a barrier to care either almost always or many times. Crook County residents were the most likely to cite technology as a barrier to care for virtual visits.

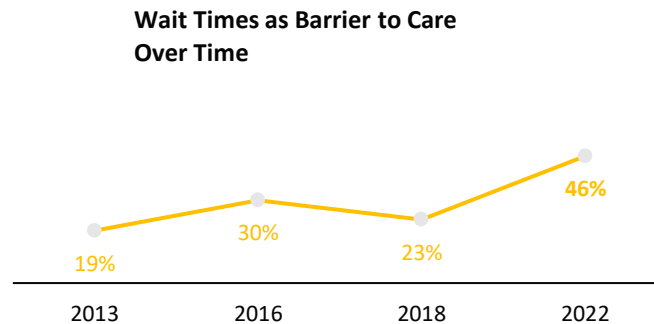
**Lack of Technology for Virtual Appointments as  
Barrier to Care by Area**



Source: DHM Research, March 2022

In summary, the percentage of Central Oregon residents who say wait times are the biggest barrier to care has increased dramatically, by 23 points, since 2018, most likely due to the reduced access to care caused by the COVID-19 pandemic. Even though more than half of residents attended a telemedicine

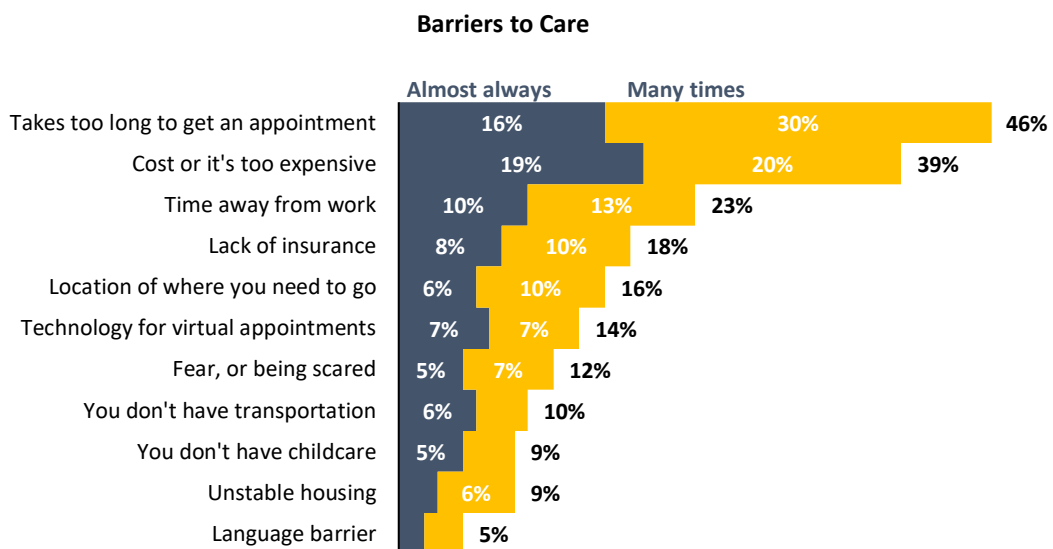
visit in the last two years, a factor that may have allowed more health care access than otherwise possible, concerns about wait times nevertheless soared. See the trends below:



**Secondary barriers to care are time away from work and lack of insurance. A larger proportion of residents also cite these two factors as barriers to care compared to 2018.**

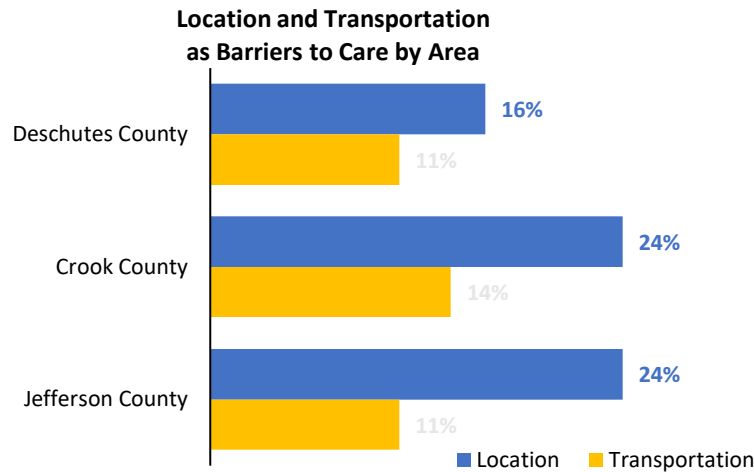
Time away from work prevents 23% of residents from getting care many times or always—an increase of 15 points since 2018. Similarly, 18% of residents now cite lack of insurance as a barrier to care, an increase of 6 points since 2018.

Time away from work as a barrier to care is especially difficult for women (27%) and for residents with young children (39%). Lack of insurance as a barrier to care has a disproportional impact by income, race, and region. People of color (25%), residents in both lower-income and middle-income households (22%), and residents of Jefferson County (26%) are more likely to say that lack of insurance prevents them from seeking care many times or often. For a complete list of barriers to care cited, see the graph below:



Though lower on the barrier list, residents of Crook and Jefferson Counties are more likely to cite location and transportation as barriers to care. Following a trend we see in Jefferson County regarding overall satisfaction with quality of life, overall satisfaction in Jefferson County with health care is also lower (72%).

Among Central Oregon residents, 16% cite location of where they need to go as a barrier to care and 10% also say transportation is a barrier (Q7 & Q9).



Source: DHM Research, March 2022

**Residents primarily turn to their doctor or a local clinic when they need medical care that is not life threatening, and half of residents rely primarily on their doctor for information about health.**

A plurality of residents say they would first visit their doctor’s office if they needed medical care (42%), followed by a walk-in clinic (29%). These preferences have remained consistent since 2013.

What is new is that about one in ten (11%) now say they would visit their doctor or health professional via virtual visit if they needed care that is not life threatening. Another new development is that only 4% say they would visit an emergency room for care that is not life threatening, down 10 points since 2018.

Residents also rely predominantly on their doctor or a health professional for information about health (50%). The internet is also a popular choice for this type of information (33%). These two sources have remained the two most common sources over time, with minimal changes year to year.

In conclusion of the phone survey:

St. Charles Madras community said their top-rated health issues include:

- 1) Affordable access to health insurance
- 2) Chronic Pain
- 3) Diabetes/other

When asked what would improve their overall quality of life, the top-rated issues include:

- 1) Affordable housing
- 2) Living wage jobs
- 3) Affordable healthy foods

When asked what would improve the health of the community, the top-rated issues include:

- 1) Mental Health/Substance use services
- 2) Affordable housing
- 3) Living wage jobs

### St. Charles Madras identified and prioritized health needs

After both the secondary and primary research components were complete, all available information was reviewed, and based on all of the facts and circumstances present, a list of community needs important to the St. Charles Madras community was compiled and prioritized. The following significant health needs were selected and prioritized as such:

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

### Clinical resources available to address significant health needs

The St. Charles Madras community— Jefferson County—has a number of resources and health care-related organizations that address many of the community’s identified needs. Below you will find a listing of those resources and a brief description of their purpose.

Resource/Facility	Description/Purpose
St. Charles Madras	25 bed Critical Access Hospital (CAH) located in Madras, Oregon
St. Charles Medical Group	The provider employment arm of St. Charles Health System, that includes physicians and medical providers in specialties including primary care, neonatology, pulmonology, oncology, general surgery, sleep medicine and more
Mosaic Medical	Federally qualified health center (FQHC) with a sliding scale for patients with limited or no medical insurance, OHP, private insurance and Medicare
Madras Medical Group	Medical group offering full range of primary care services, women’s health, occupational health and other services

Jefferson County Health Department	Mental and physical health programs, public health, child and family services and maternal health services
BestCare Treatment Services	Addiction services and rehabilitation
Warm Springs Indian Health Service	Located in the Warm Springs Health and Wellness Center and dedicated to providing quality health care to all eligible American Indians and Alaska Natives in the Warm Springs Service Unit Area
Advantage Dental	Largest provider of dental care services for Medicaid and indigent adults and children in the tri-county region

The above table is not meant to be all-encompassing, but instead an example of potential resources. In addition to medically based health care facilities, Jefferson County has a number of local organizations that serve the needs and support the populations of the St. Charles Madras defined community. For a more in-depth list of potential community resources and assets, please see Appendix III: St. Charles Madras potential community resources.

**Next steps: Implementation strategy**

The St. Charles Madras CHNA identified and prioritized needs that will be the basis for the subsequent St. Charles Madras Regional Health Implementation Strategy (RHIS). The implementation strategy is the written action plan resulting from the CHNA that addresses and responds to each of the needs identified for each of the St. Charles hospital facilities. In this plan, a description of how St. Charles intends to meet its prioritized needs will be included, as well as a description of the health needs that St. Charles does not intend to meet—and why. The needs that St. Charles Madras intends to work toward improving, become the St. Charles Madras priorities for the 2023 - 2025 CHNA/RHIS cycle. This plan will showcase plans to improve upon the selected priorities and move the dial toward community health improvement.

**References**

1. 2019 Central Oregon Regional Health Assessment. Retrieved at <http://cohealthcouncil.org/regional-assessments/>.
2. Robert Wood Johnson Foundation, “2022 County Health Rankings.” Retrieved at [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)
3. United States Census Bureau, “Jefferson County, Oregon.” Retrieved at [U.S. Census Bureau QuickFacts: Jefferson County, Oregon](#).
4. St. Charles Health System Telephone Survey, “Community Health Needs Assessment.”

## Appendices

### Appendix I: Previous CHNA efforts and progress

On Dec. 12, 2019 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Bend Campus and St. Charles Redmond Campus 2020 - 2022 Community Health Needs Assessment and in April 2020 the board reviewed and adopted the Community Health Needs Assessment Implementation Strategy document. The priority identified for fiscal years 2020– 2022 was **Alcohol Misuse Prevention**.

This section of the report provides an evaluation, including actions that were taken and activities that occurred between January 2020 and September 2022 to address the priority listed above.

Three months into program design and implementation, COVID-19 placed a lot of our work and our community partners' work on hold. Resources and staff time were diverted to scaling back operations to prepare and manage surges, mass vaccination clinics and safe engagement.

While our community engagement campaigns were cancelled, St. Charles Health System was able to achieve the following:

- Implementation of a new policy that the organization no longer sponsors events where alcohol consumption is a main component of the event. For example: wine tasting fundraisers, beer-themed 5K/10K runs, etc.
- Provided \$2,953 to non-profit organizations working on alcohol misuse prevention projects and donated 3.16 hours to the Jefferson County community.

## Appendix II: IRS compliance

The below table indicates each IRS Schedule H (Form 990) regulation and the corresponding page where it can be found.

Definition of community_____	7
Demographics of community_____	7
Description of process and methods used to conduct assessment_____	9
Information gaps limiting hospital’s ability to assess community needs _____	10
Description of how hospital solicited/took into account input from persons who represent broad interests of the community _____	10
Prioritized description of significant health needs including description of process and criteria used in identification and prioritization of such needs_____	19
Description of potential resources identified to address significant health needs _____	19, 22
Input received on the hospital facility’s most recently conducted CHNA_____	10
An evaluation of the impact of any actions taken since completion of preceding CHNA_____	21
Adoption by authorized body of hospital facility_____	5
Made widely available to the public_____	5

Appendix III: St. Charles Madras potential community resources<sup>7</sup>

Significant Need	Community Resource
Stable Housing and Supports	Best Care Bethlehem Inn Central Oregon Intergovernmental Council Central Oregon Veteran Outreach Council on Aging of Central Oregon Faith-based organizations Grandma’s House of Central Oregon Habitat for Humanity Heart of Oregon Housing Works NeighborImpact Saving Grace United Way of Central Oregon
Address Poverty and Enhancing Self Sufficiency	Abilitree Better Together Central Oregon Central Oregon Community College Council on Aging Central Oregon Family Access Network Houseless liaisons Housing Works Jefferson County Faith Based Network Jefferson County Food Network Jefferson County Public Health Jobs for Life L.I.N.C. Local area school districts Local business community Local employment recruitment agencies NeighborImpact Oregon State University Cascades State of Oregon Employment Department WORKSOURCE of Oregon
Substance and Alcohol Misuse Prevention and Treatment	Best Care Treatment Services Faith-based organizations Jefferson County Public Health Local Law Enforcement

<sup>7</sup> This listing is not meant to be all-encompassing but instead serves as a small sampling of potential resources related to each significant health need.



	<p>Local area medical community  Parks and Recreation  St. Charles Health System facilities, clinics and providers  Warm Springs Tribal Council</p>
<p>Upstream Prevention:  Promotion of Individual Well-Being</p>	<p>Abilitree  Big Brothers Big Sisters of Central Oregon  Faith-based organizations  Family Resource Center  Healthy Beginnings  High Desert Education Service District  Jefferson County Public Health  KIDS Center  Kiwanis Club  Latino Community Association  Local area dental providers  Local area medical providers  Local area school districts  Mtn. Star Family Relief Nursery  Native Aspirations Coalition  NeighborImpact  Parks and Recreation District  Rotary Club  Saving Grace  St. Charles Health System facilities, clinics and providers  The Center Foundation  United Way Central Oregon  Warm Springs Indian Health Services</p>
<p>Behavioral Health: Increase Access and Coordination</p>	<p>Best Care Treatment Services  Family Resource Center  JeffCo Connects  Jefferson County Public Health  Latino Community Association  Local area medical community  Native Aspirations Coalition  Parks and Recreation District  St. Charles Health System facilities, clinics and providers  Warm Springs Indian Health Services</p>
<p>Promote Enhanced Physical Health Across Communities</p>	<p>High Desert Food and Farm Alliance  Jefferson County Public Health  Kids Club</p>

	Local area dental providers Local area medical providers Native Aspirations Coalition NeighborImpact Parks and Recreation District St. Charles Health System facilities, clinics and providers Warm Springs Indian Health Services
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