St. Charles
HEALTH SYSTEM

470 NE A St., Madras, OR 97741

2026-2028

Community Health Needs Assessment

St. Charles Madras Community Benefit Department

At St. Charles Health System, we're working hard every day in our hospitals and clinics to improve the health of Central Oregonians by providing better access to care at the local level, working with patients on their health goals and identifying barriers that keep people from achieving them.

As part of role as the largest employer and the largest provider of health services in the region, we are proud to support community programs, wellness initiatives and efforts to improve access to care. More than ever, health care organizations like St. Charles understand that it isn't enough to just treat people who are injured or acutely ill — we must also work to prevent injury and illness in the first place. When we focus on education, prevention and reducing barriers to care, we can make an incredible difference at a time when every hospital bed, clinic room, caregiver and dose of medication counts.

St. Charles cannot care for Central Oregon on its own. We need partners every step of the way — partners who work in our communities, know our communities and understand the best ways to reach people and care for them where they are. These partnerships are absolutely vital, not only for the organizations involved, but for the communities we serve.

The information in this report will help our health system determine which nonprofit organizations we will support through donations of time, dollars and other resources. In turn, we will depend on those groups to provide safety net services throughout the region as we all work together to create a healthy community we are all proud to call home.

Sincerely,

Dr. Steve Gordon
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, pharmacies in Bend and Madras, Behavioral Health clinics throughout Central Oregon, a Center for Orthopedics and Neurosurgery in Bend, along with many other specialty clinics throughout the region.

St. Charles Madras

St. Charles Madras is a nonprofit, 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).

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 hybrid of phone and text-to-online survey was conducted and completed as part of the CHNA research. Respondents were also provided with the option to take the survey in Spanish.

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 hybrid of phone and text-to-online survey in the St. Charles Madras community during the first quarter of 2025 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. Alcohol, tobacco, and other drugs
2. Mental/Behavioral Health
3. Physical activity and weight status
4. Transportation
5. Housing
6. Access to and Quality of Health Care

Communication plan

In late October 2025, the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras CHNA.

The 2026 - 2028 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, 2025, 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 7.

For any questions related to the Community Benefit department or the Community Benefit task force, please email 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 2024, St. Charles Madras provided more than $4,958,495 in community benefit to the population it serves. This includes:

St. Charles Madras 2024 Community Benefit Totals	
Community Benefit Type	**Amount**
Charity Care at Cost	$1,029,113
Unreimbursed Cost of Medicaid	$2,224,395
Unreimbursed Cost of Other Public Programs	$935,279
Community Benefit Activity	$769,708
TOTAL	$4,958,495

Community health needs assessment overview

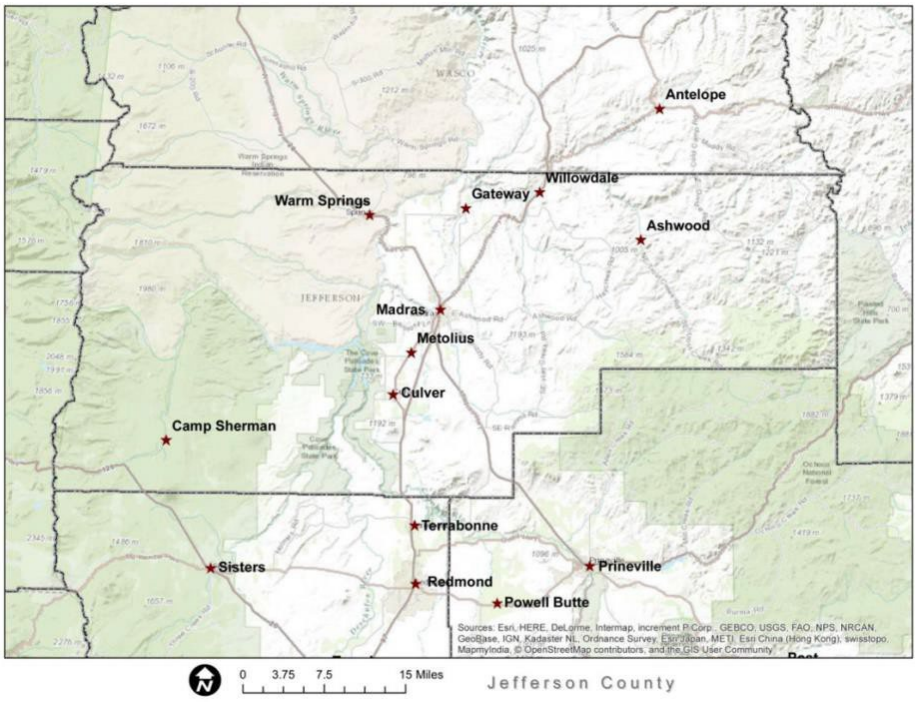
The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- 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.

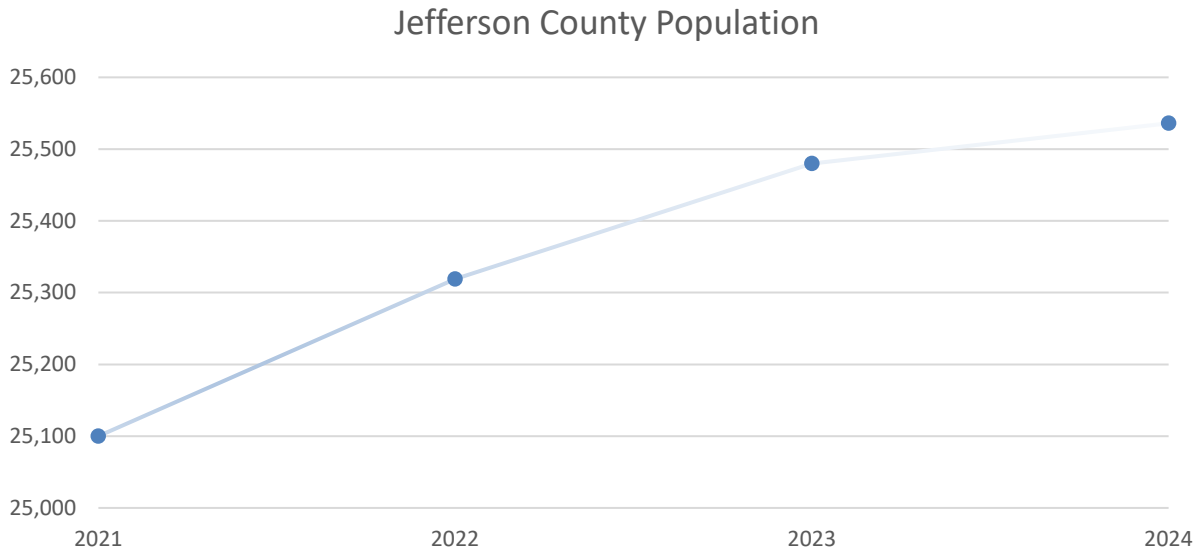


Demographics

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. Estimation is also done by some data sources, but we do not feel that this negates the results of the assessment.

Jefferson County facts:

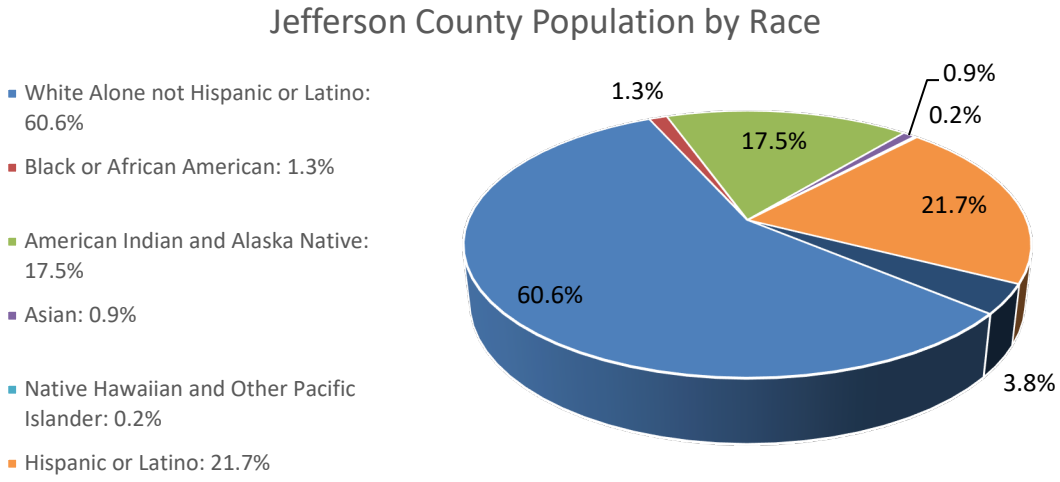
According to the United States Census Bureau, Jefferson County is an area of more than 1,781 square miles[1] located near the center of the state of Oregon. It is one of the counties in the "tri-county" region St. Charles serves along with Crook and Deschutes counties and is the smallest of the three.



Population estimates from July 1, 2024 are 25,536 which was an increase of 3.9% from April 1, 2020 census data of 24,502.[2] Jefferson County has a higher percentage of residents under the age of 18 years of age compared to the other Central Oregon counties at 22.2 percent, Crook County is 19.5 percent and 18.6 percent in Deschutes counties.[3]

A majority of the population falls under the *White alone not Hispanic or Latino* race category at 60.6 percent, with the second largest group falling under the Hispanic or Latino category at 21.7 percent.[4]

[1] U.S. Census Bureau QuickFacts: Jefferson County, Oregon; Crook County, Oregon; Deschutes County, Oregon
[2] Resident Population in Jefferson County, OR (ORJEFF1POP) | FRED | St. Louis Fed
[3] U.S. Census Bureau QuickFacts: Jefferson County, Oregon; Crook County, Oregon; Deschutes County, Oregon
[4] U.S. Census Bureau QuickFacts: Jefferson County, Oregon; Crook County, Oregon; Deschutes County, Oregon



The median household income in 2023 was $73,051. In comparison, in the same year, Deschutes County's median household income was $87,640 and Crook County's was $81,675.[5] The high school graduation rate in Jefferson County was at 87% percent in 2023 which is a decrease of 2% over the year before.[6] The life expectancy for Jefferson County was 73.6 years, 80.9 years for Deschutes County and 78 years for Crook County.[7]

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 a hybrid (phone and text-to-online) survey that included interviews of 700 residents throughout the communities (Crook, Deschutes and Jefferson Counties), served by a St. Charles facility to 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

[5] U.S. Census Bureau QuickFacts: Jefferson County, Oregon; Crook County, Oregon; Deschutes County, Oregon
[6] Oregon Online Report Card - Oregon Department of Education
[7] Jefferson, Oregon | County Health Rankings & Roadmaps

contacted from a list of registered voters. A live interviewer contacted telephone respondents, and text-to-online respondents received a text invitation directing them to an online survey. Various quality control measures were employed to gather responses, including questionnaire pre-testing and validation. Quotas were set by area, age, gender, and race and ethnicity, and the data was weighted by income to ensure a representative sample of the community. Respondents were also provided with the option to take the survey in Spanish. In the toplines and report, results may add up to 99% or 101% due to rounding. 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, Central Oregon Health Council's Steering Committee, 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 2024 Central Oregon Regional Health Assessment link which 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
- Federal Reserve Bank of St. Louis (FRED)
- Oregon Department of Education
- University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2025
- Central Oregon Health Council (COHC) 2024 Regional Health Assessment (RHA) and 2025- 2029 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). 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. St. Charles Madras did not receive any comments or questions related to its 2023 - 2025 CHNA or Regional Health Implementation Strategy.

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. Quotas were set by area, age, gender, and race and ethnicity, and the data was weighted by income to ensure a representative sample of the community. Respondents were also provided with the option to take the survey in Spanish.

Summary of key findings

2024 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 2024 Central Oregon Regional Health Assessment (CORHA), the document that precedes the 2025 - 2029 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 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 captured community members' experiences with health in Central Oregon.

- **Forces of Change Assessment:** Community focus groups identified external threats and opportunities, including 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 2025 - 2029 CORHIP priorities:

1. Alcohol, tobacco, and other drugs
2. Mental/Behavioral Health
3. Physical activity and weight status
4. Transportation
5. Housing
6. Access to and Quality of Health Care

To read ongoing work and report outs and view community data, please visit 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

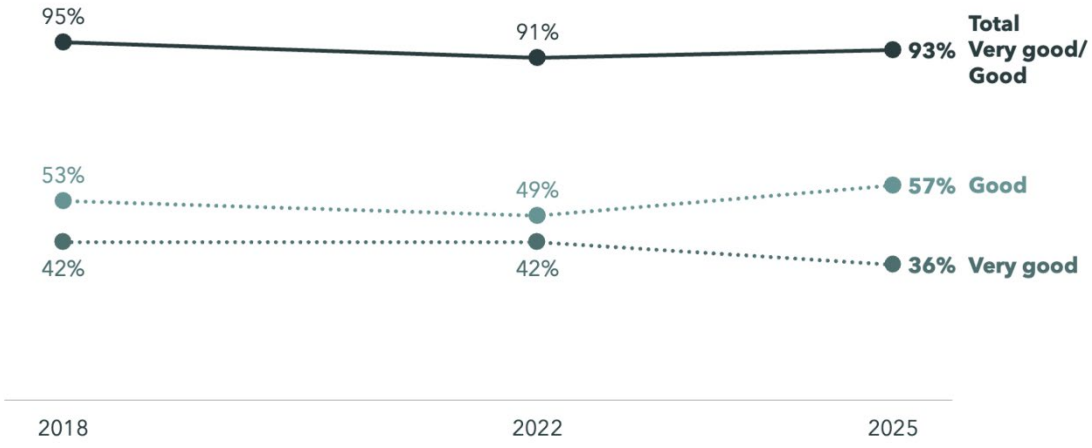
During the first quarter of 2025, St. Charles Health System contracted with DHM Research to perform a needs assessment to aid in determining the health-related priorities of the population residing in Central Oregon. Seven hundred hybrid (phone and text-to-online) surveys were conducted across the St. Charles Health System service region. These surveys took place during the month of January 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:

Central Oregon residents report an overall positive quality of life.

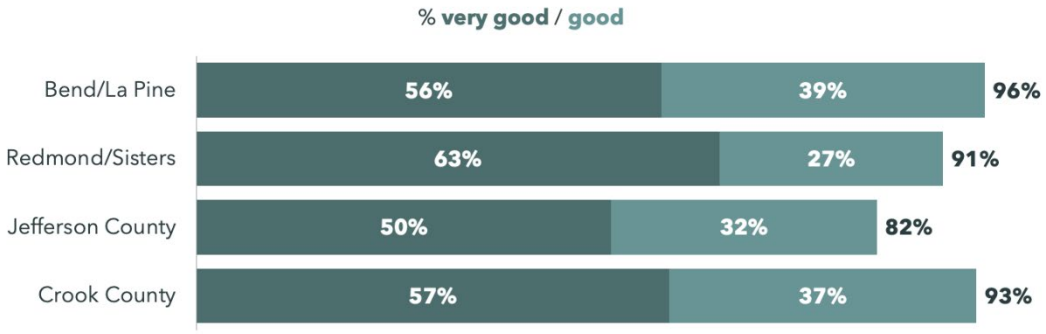
More than nine in 10 **Central Oregon** residents (93%) say their quality of life is very good or good (Q1). Residents from all areas **surveyed** share a positive outlook on quality of life. Jefferson County residents report a positive quality of life score of 82%.

Perceptions of Quality of Life: 2018-2025



As will be evident throughout the report, Jefferson County residents are more likely than other Central Oregon residents to **express lower positivity about access to health care and barriers to care.**

Perceptions of Quality of Life by Area: 2025



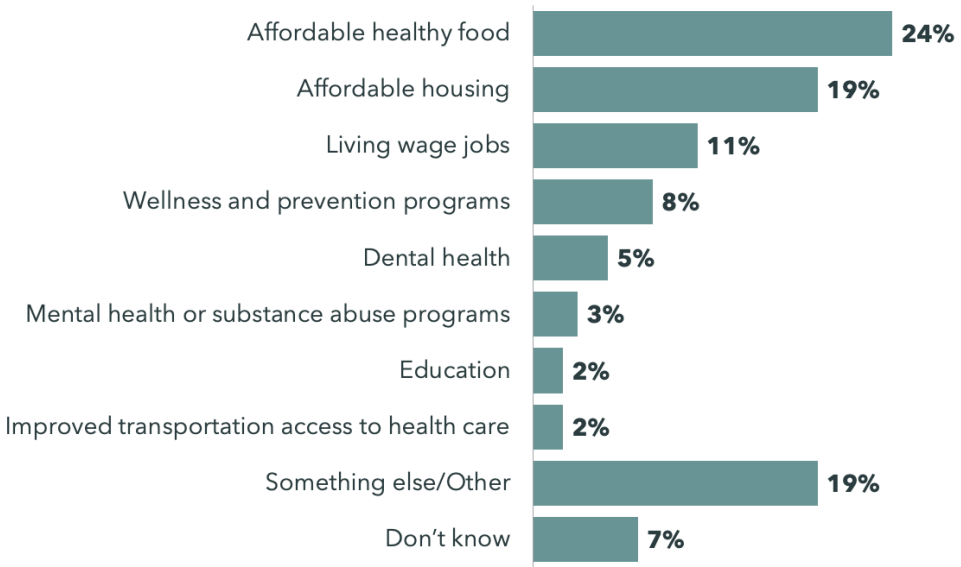
Higher-income residents, those with higher education levels, and those with the income to cover a more significant share of their housing costs are more likely to say their overall quality of life is very good or good. While 99% of residents with household incomes of $150k or more report a positive quality of life, that figure drops to 84% for residents with household incomes less than $50k. Among college graduates, 95% report a positive quality of life, compared to 85% of residents with a high school education or less.

White residents and those for whom English is the primary language spoken at home are also more likely to say their quality of life is very good or good. While 95% of white residents and 93% who primarily speak English at home report an overall positive quality of life, those percentages decline to 83% and 72%, respectively, for residents of color and those who speak a language other than English at home.

Residents say affordable healthy food and affordable housing are the two factors that would most improve their quality of life.

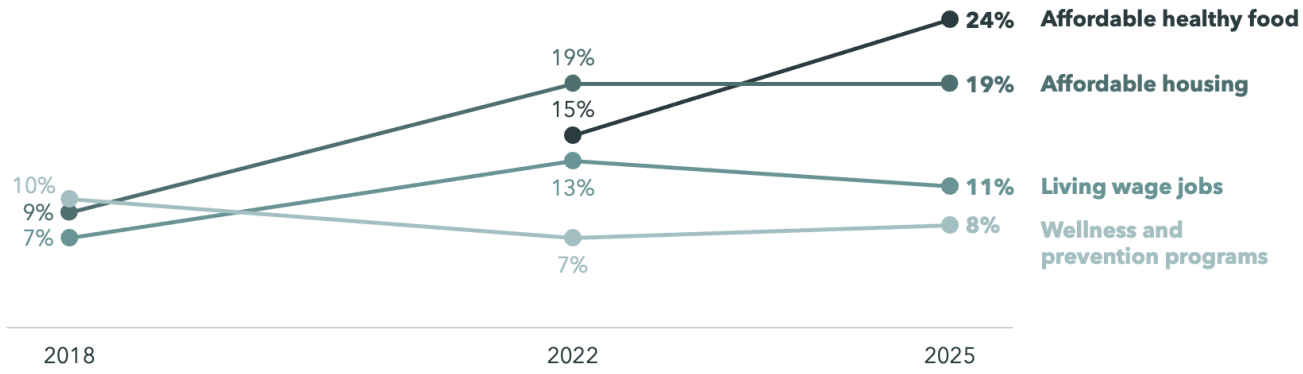
Residents were given a list of items that might improve their overall quality of life (Q2). Asked to select the most important factor, residents most often chose affordable healthy food (24%) and affordable housing (19%), followed by living wage jobs (11%) and wellness and prevention programs (8%).

Issue Most Likely to Improve Quality of Life: 2025



All four factors—affordable healthy food, affordable housing, living wage jobs, and wellness and prevention programs—have remained top factors over the years. Still, access to affordable healthy food has increased significantly as the most important factor since 2022.

Issue Most Likely to Improve Quality of Life: 2018-2025



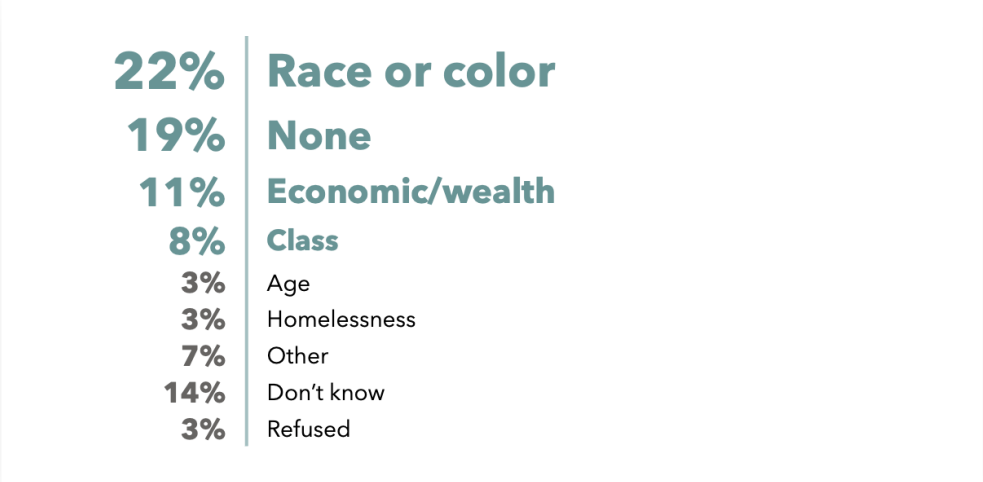
Residents in Jefferson County are even more likely to say affordable healthy food (33%) is the most important factor in improving overall quality of life. Bend/La Pine residents are the most likely (22%) to say affordable housing is the most important factor.

Central Oregon residents are equally likely to say that racial discrimination, class discrimination, or no discrimination at all are the most common forms of discrimination in their communities.

Asked what kind of discrimination, if any, is most common in their communities, residents are about equally likely to say racial (22%), economic or class (19%), or none at all (19%).

Type of Discrimination Most Common in Community: 2025

What kind of discrimination, if any, do you think is most common in your community?

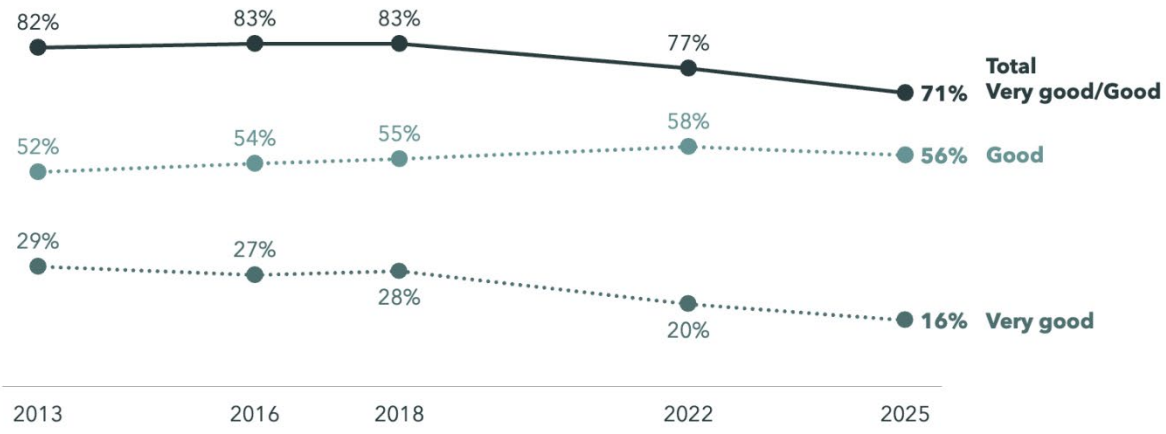


Younger residents ages 18-34 (32%) are the most likely to point to racial discrimination as the most common form of discrimination. Residents in households earning $50k-$75k (29%) and those who are burdened by housing costs (26%) are the most likely to cite some combination of economic or class discrimination. Residents in Crook County (28%) and Jefferson County (24%) and residents ages 55+ (28%) are the most likely to say no discrimination exists.

Although most Central Oregon residents rate health care quality in their communities positively, positive perceptions have declined since 2018.

Approximately seven in 10 residents (71%) rate health care quality in their communities as either very good or good, but these results show a 12-point drop in positivity since 2018 (Q3).

Perception of Health Care: 2013-2025



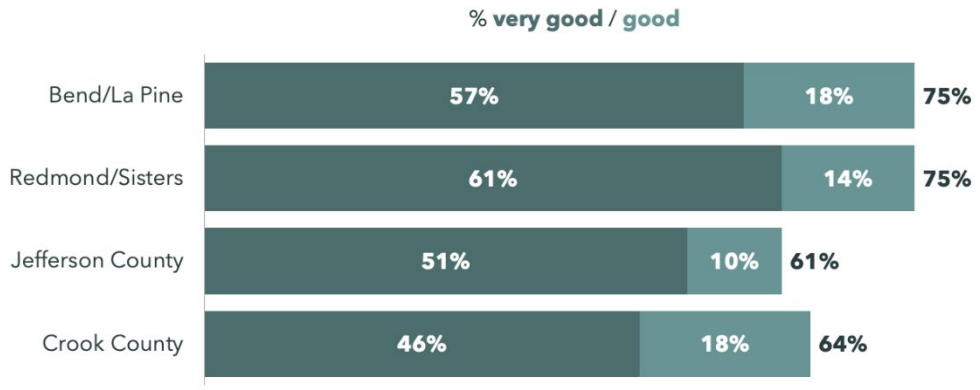
Perceptions of Health Care by Area: 2025

Residents in the Deschutes cities of Bend/La Pine and Redmond/Sisters are equally satisfied with the quality of health care in their communities (75%), with positive perceptions lower in Crook County (64%) and Jefferson County (61%).

Positive ratings for health care are lower among certain demographic groups. These groups include residents of color (60%), those who are burdened by housing costs (58%), and residents who speak a primary language other than English at home (42%),

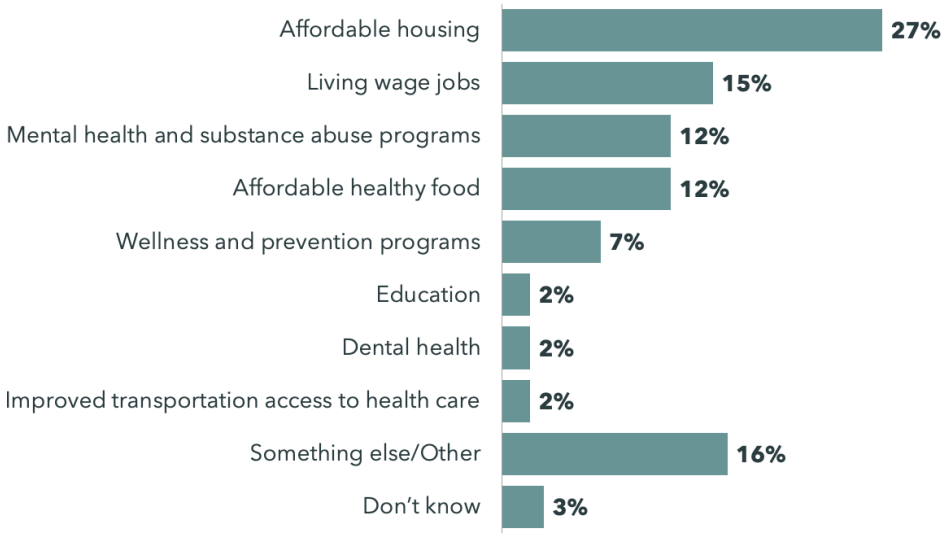
Residents say that affordable housing is the single greatest factor that would most improve the health of their communities.

Residents were provided with a list of items that might improve their communities' overall health (Q4). Asked to select the most important factor, residents most often chose affordable housing (27%),



followed by living wage jobs (15%), mental health and substance use programs (12%), and affordable healthy food (12%). While 16% of respondents mentioned “something else,” none of the specific responses within this category rose to a level above 3%.

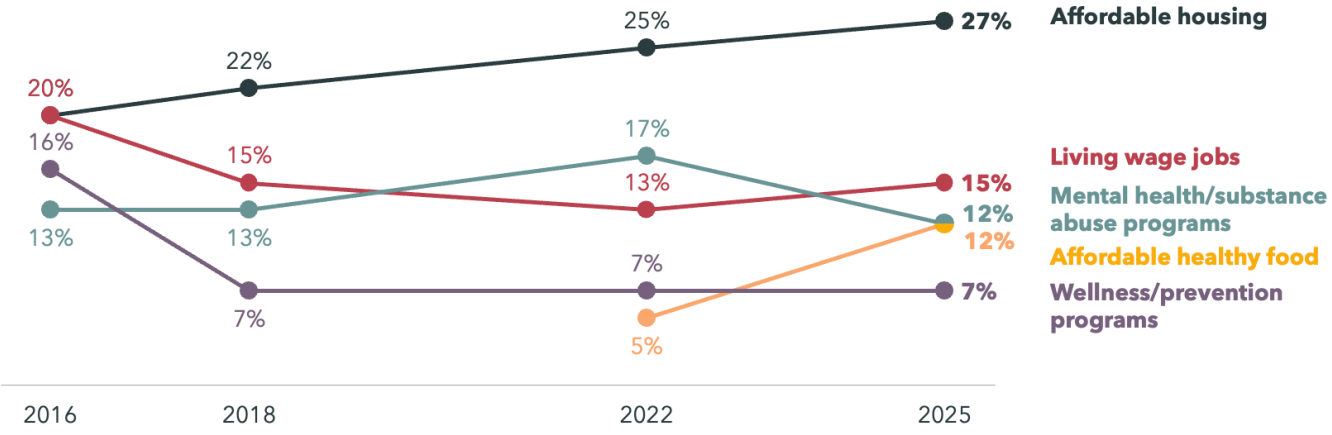
Issue Most Likely to Improve Health of Community: 2025



There is one key difference by area. Residents in Redmond/Sisters (34%) and Bend/La Pine (29%) are even more likely to say affordable housing is the most important factor in improving the health of their communities.

Affordable housing, living wage jobs, mental health and substance abuse programs, and affordable healthy food have remained top factors over the years. Still, access to affordable housing has increased as a key factor since 2016, as has affordable healthy food since 2022.

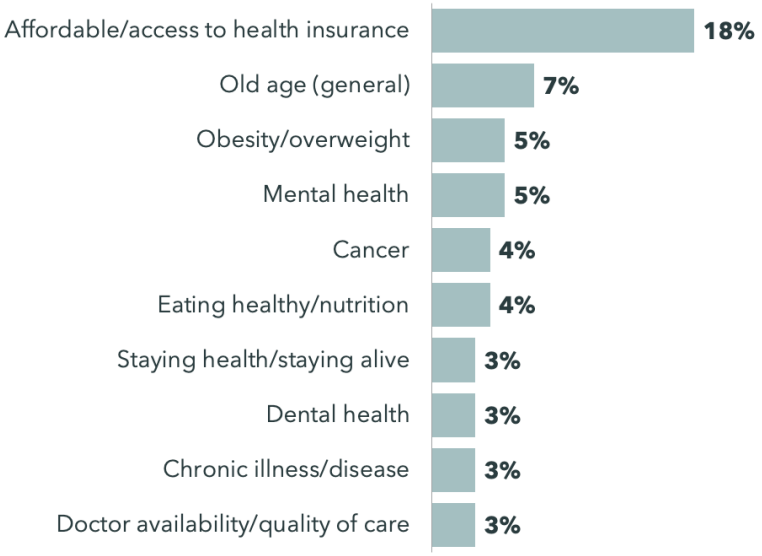
Issue Most Likely to Improve Health of Community: 2016-2025



Residents say access to affordable health insurance is the number one physical health concern for themselves and their families.

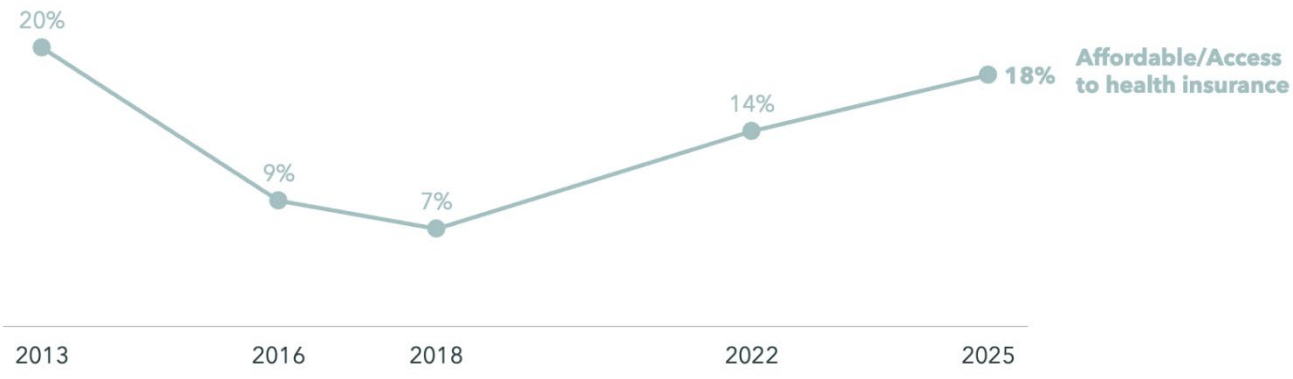
When asked to select their main physical health concern (Q5), a plurality of respondents chose access to affordable health insurance (18%), followed by old age (7%). All other factors were in the low single digits, including obesity (5%), mental health (5%), and cancer (4%).

#1 Physical Health Concern for Self and Family: 2025



Access to affordable health insurance has most often been cited as the main health concern for residents and their families, but while this concern dropped by 9 points between 2016 and 2018, it increased by 11 points between 2018 and 2025.

Affordable Access to Health Insurance as No.1 Physical Health Concern: 2013-2025

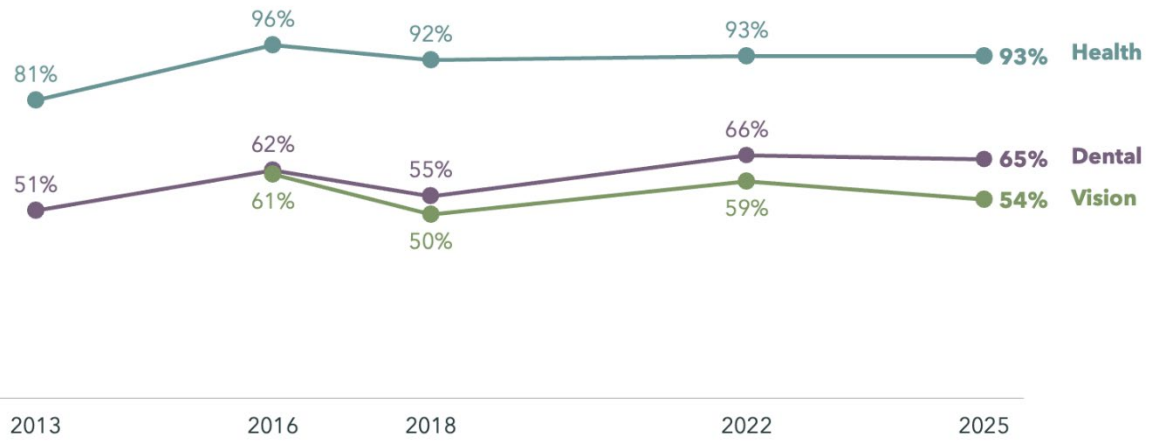


If there is one physical health issue that stands out by area, it is concern about obesity. In Jefferson County, 10% of residents cite it as their number one health concern, compared to 5% of residents overall.

Insurance coverage has remained relatively stable since 2016, but health coverage far surpasses dental and vision coverage.

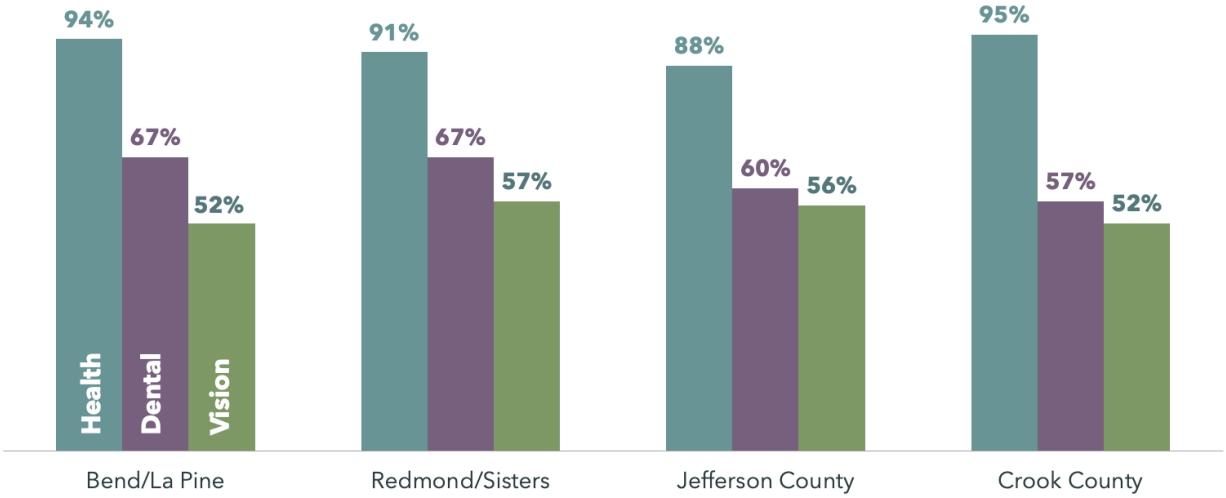
Approximately nine in 10 residents (93%) continue to have health insurance, but residents continue to have lower rates of coverage for dental (65%) and vision (54%) insurance (Q23).

Insurance Coverage: 2013-2025



Health coverage is lowest in Jefferson County (88%), and dental coverage is lowest in Jefferson County (60%) and Crook County (57%).

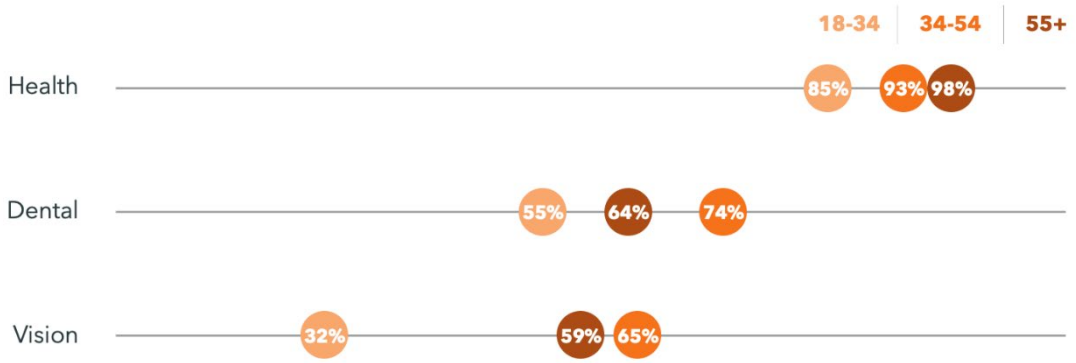
Insurance Coverage by Area: 2025



Certain groups consistently have lower coverage rates for all three insurance types: health, dental, and vision. These groups include younger residents, lower-income residents, and residents of color.

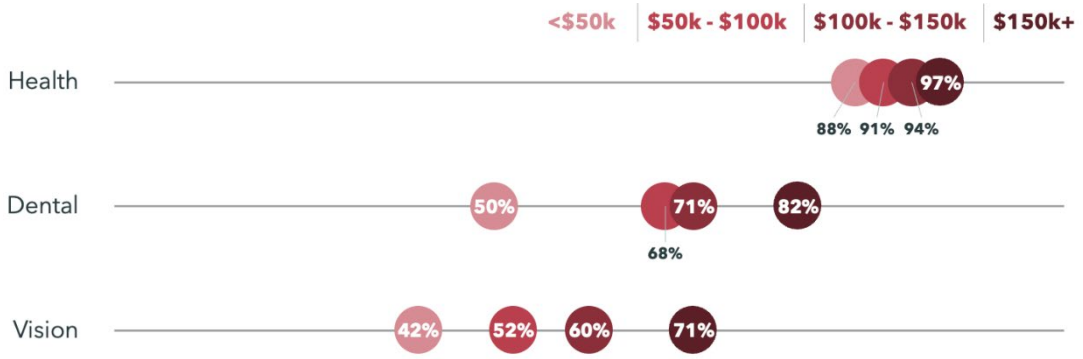
Younger residents aged 18-34 report lower health, dental and vision coverage rates than residents aged 35-54 and 55+.

Insurance Coverage by Age: 2025



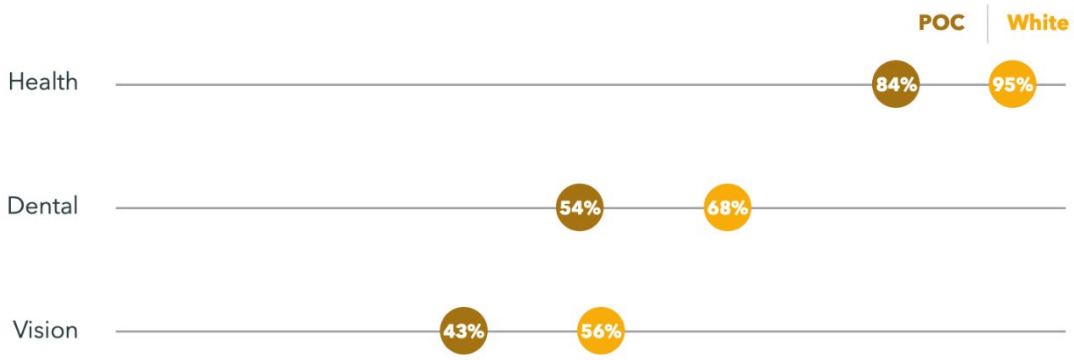
Household income is also a factor that helps explain coverage disparities. Residents of households earning less than $50k per year report lower rates of health, dental and vision coverage than residents with household incomes of $50k—$100k, $100k—$150k, and $150k+.

Insurance Coverage by Income: 2025



Disparities are also evident by race and ethnicity: residents of color report lower rates of health, dental and vision coverage than white residents.

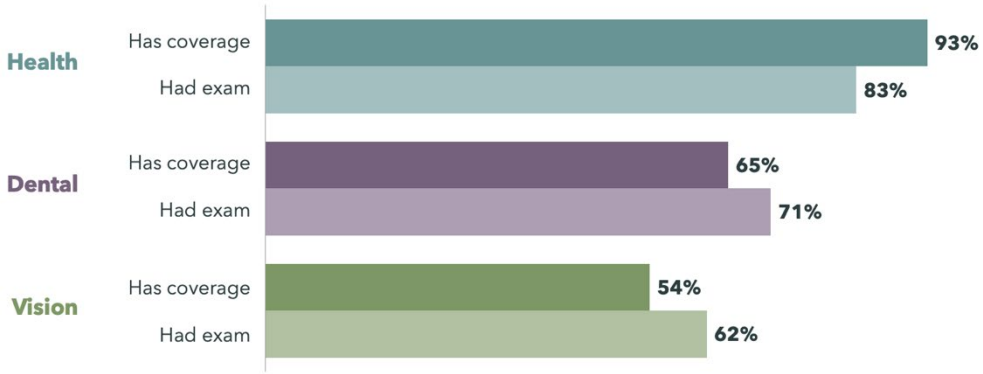
Insurance Coverage by Race/Ethnicity: 2025



Among Central Oregon residents, dental and vision exams exceed dental and vision coverage.

The proportion of residents with health insurance (93%) exceeds that of residents who have had at least one routine physical exam in the last two years (83%). The situation is reversed when it comes to the proportion with dental coverage (65%) and those who have had dental exams (71%), as well as those with vision coverage (54%) and those having vision exams (62%).

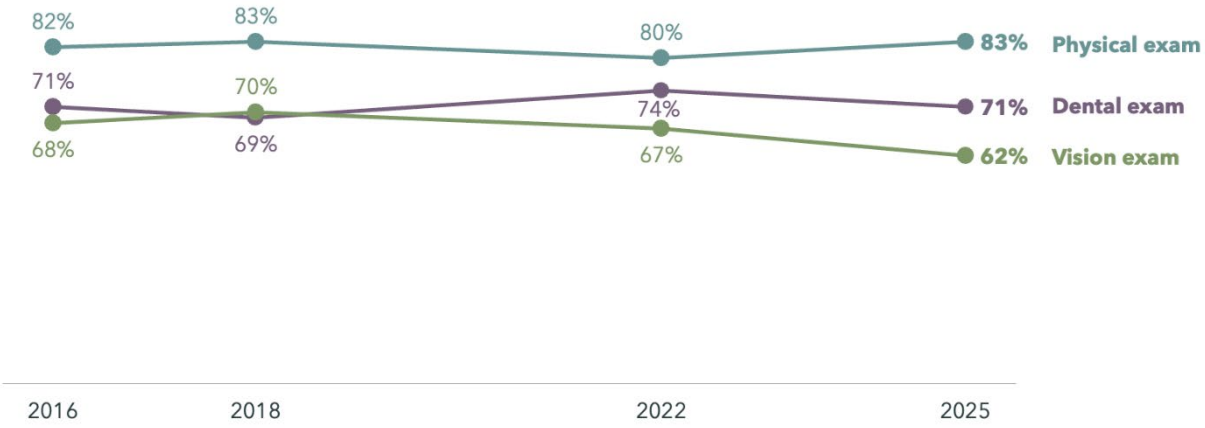
Comparison of Coverage Rates to Exam Rates: 2025



With exam rates for dental and vision care exceeding insurance coverage rates, residents may incur more costs for such care.

Since 2016, the proportion of residents getting routine physical and dental exams has remained stable, but the proportion of residents getting routine vision exams has declined (Q24).

Healthcare Exam Rates: 2016-2025



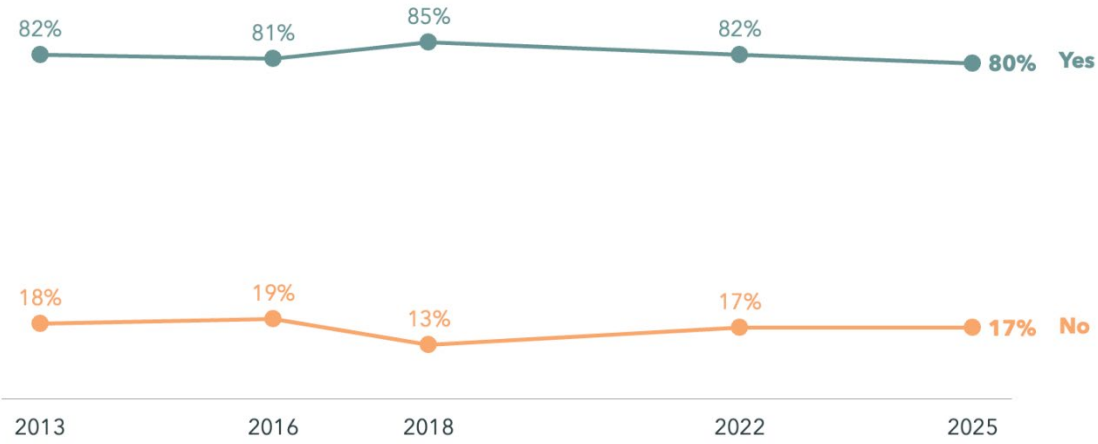
Disparities exist when getting routine physical, dental and vision exams. Residents in Crook County (61%) and Jefferson County (60%) are less likely to obtain routine dental exams. Younger residents are less likely to get physical (70%), dental (57%), and vision (34%) exams. Residents in households earning less than $50k are also less likely to get physical (73%), dental (53%), and vision (54%) exams.

Residents of color are also less likely to get physical (74%), dental (51%), and vision (51%) exams. Residents in households where English is not the primary language are also less likely to get physical (42%), dental (18%), and vision (48%) exams.

Access to family physicians or nurse practitioners has remained stable since 2016.

Eight in 10 residents (80%) say they have access to a family physician or nurse practitioner (Q19), and this level of access has remained fairly stable over time.

Have Family Physician or Nurse Practitioner: 2013-2025



However, residents in some areas and some groups are less likely to have a family physician or nurse practitioner. Among residents in Redmond/Sisters, 76% have access to a family physician or nurse practitioner. Some groups are also less likely to have a family physician or nurse practitioner: men (76%), those who need to travel for care (75%), those with a high school degree or less (69%), residents of color (69%), and younger residents ages 18-34 (61%).

Seven in 10 residents would seek needed, non-life-threatening medical care in person at a doctor's office or a walk-in clinic. About one in 10 would rely on telemedicine.

Seven in 10 residents say that if they need medical care that is not life-threatening, they would either visit a doctor's office in person (42%) or a walk-in clinic or urgent care (30%) (Q17). These top two preferences have remained stable since 2016. The third preference—a virtual visit—has remained stable since 2022. Notably, there has been a drop of 10 points in hospitals or emergency rooms as a first choice from 15% in 2016 to 5% in 2025.

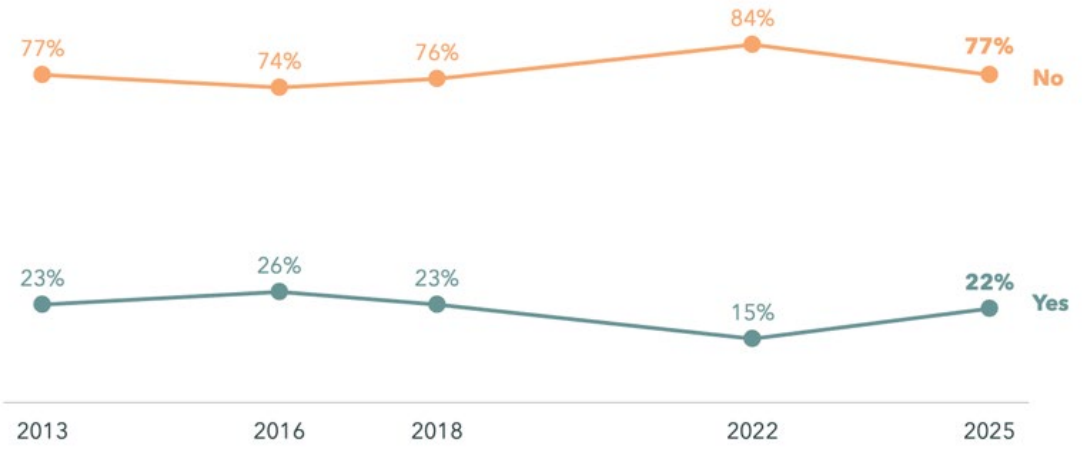
First Choice for Care that Is Not Life Threatening: 2025

There are some differences regarding how residents access needed care that is not life-threatening. White residents (45%), residents with household incomes above $150k (51%), and those who do not need to travel for care (45%) are more likely to visit their doctor or health professional in person. Residents who lack a family physician or nurse practitioner are more likely to go to a walk-in or urgent clinic (45%). Residents in households earning less than $50k annually (11%) are the most likely to visit a hospital or emergency room for non-life-threatening care.

Jefferson County, Crook County and Redmond/Sisters residents are more likely to need to travel outside their communities for primary care.

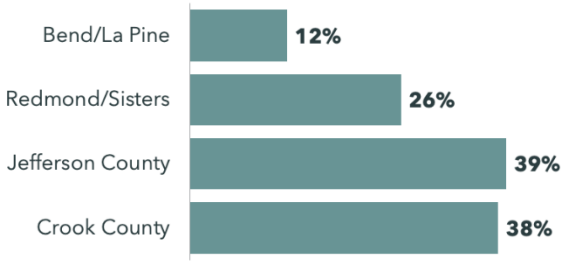
About two in 10 residents (22%) say they must travel outside their community for primary care (Q20). Only 15% said they needed to do so in 2022, an 8-point decrease from 2018. But by 2024, the proportion of residents needing to travel for primary care again increased 7 points.

Need to Travel Outside the Community for Primary Care



Jefferson County (39%), Crook County (38%), and Redmond/Sisters residents (26%) are far more likely than Bend/La Pine residents (12%) to need to travel outside their communities for primary care.

Need to Travel Outside the Community for Primary Care by Area

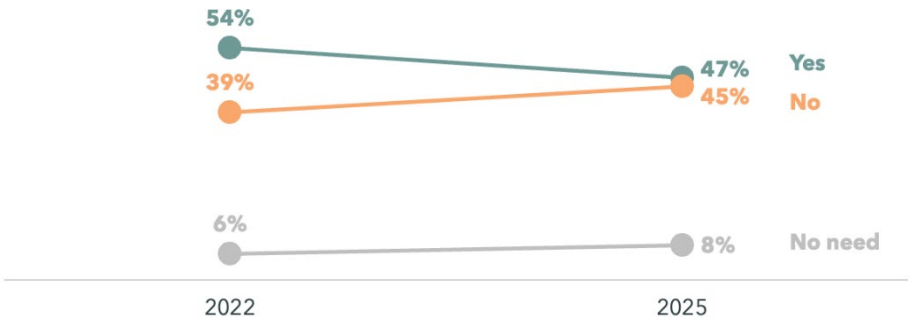


Residents among the following groups are also more likely to travel outside their communities for care: women (25%) and families with children under 5 (35%).

Since 2022, about half of residents have attended telemedicine or virtual visits.

About half of residents (47%) say they have attended a telemedicine or virtual visit in the last two years (Q25). The slight drop of 7 points since 2022 is partly offset by the increase of 2 points among those who say they have no need for such virtual visits.

Attended Telemedicine Visit in the Last Two Years: 2022-2025



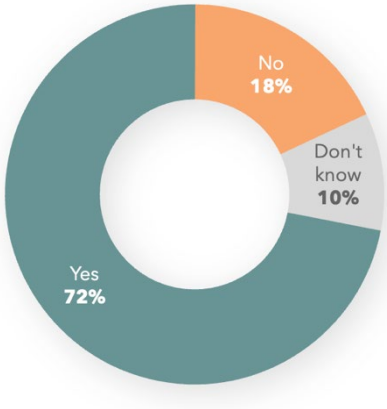
Some residents are less likely than others to utilize telemedicine: residents with a high school education or less (31%) and residents who primarily speak a language other than English at home (19%).

Among those who have relied on telemedicine (Q26), a majority (57%) say it is for general physical health, with fewer relying on it for specialty health (27%) or behavioral health (15%).

Access to behavioral health care is limited.

This is the first time the survey has asked about access to behavioral health care, so there is no baseline data from which to conduct a benchmark analysis. When residents were asked whether they or their families have access to behavioral health or mental health care, 72% responded in the affirmative, 18% responded no, and 10% were unsure.

Have Access to Behavioral Health Care: 2025



Residents in Crook County are even less likely to have access to behavioral health care. Only 64% of residents in Crook County have access to such care.

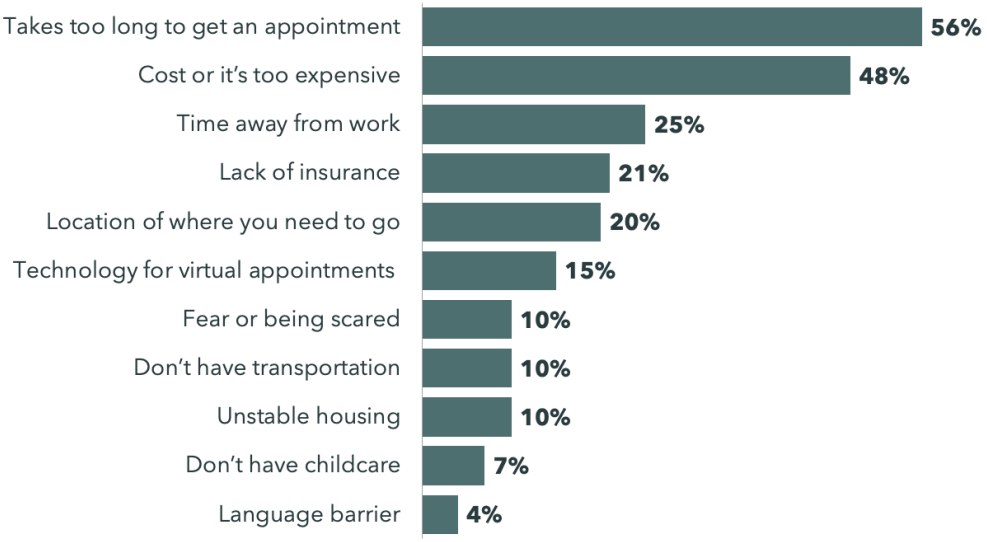
Residents of the following groups are also less likely to have such care: residents of color (69%), younger residents ages 18-34 (61%), residents in households earning less than $50k annually (58%)

or $50k-$75k annually (67%), those who are housing-burdened (63%), those with a high school degree or less (65%), and residents who speak a primary language other than English at home (46%).

The amount of time it takes to get an appointment and the cost of care are the two primary obstacles to obtaining medical care.

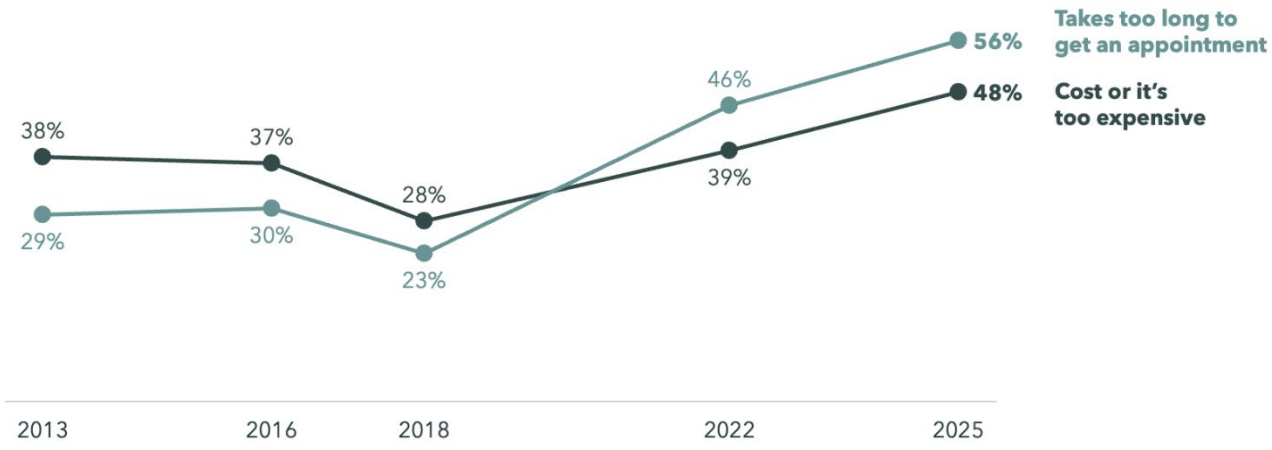
Residents are most likely to say that the time it takes to get an appointment (56%) and the cost of care (48%) are the factors that prevent them from receiving medical care (Q6-Q16).

Barriers to Care: 2025



Wait times and the cost of care have been the biggest barriers for residents since 2013, but in both cases, concerns about wait times and the cost of care have also soared since 2018.

Primary Barriers to Care: 2013-2025



Wait times as a perceived barrier to care are more common among certain groups: those who lack access to behavioral health care (72%), residents who lack a regular primary care physician or nurse practitioner (69%), those who need to travel for care (67%), and residents who are housing burdened (64%).

Cost as a barrier to care is especially pronounced among certain groups: residents in households that are housing burdened (69%), residents in households with children under age 5 (62%), residents in households earning less than $50k annually (60%), younger residents ages 18-34 (56%), and residents ages 35-54 (51%).

Jefferson County and Crook County residents are more likely to cite additional significant barriers to care.

When viewing the findings by area, it becomes evident that Jefferson County residents, and to a lesser extent Crook County residents, are more likely than residents of Deschutes cities to point to numerous factors as significant barriers to care.

Barriers to Care by Area: 2025

Response category	Bend/La Pine	Redmond/Sisters	Jefferson County	Crook County
Takes too long to get an appointment	55%	59%	61%	55%
Cost or it's too expensive	50%	45%	48%	44%
Time away from work	24%	22%	33%	25%
Lack of insurance	23%	15%	26%	20%
Location of where you need to go	16%	19%	28%	28%
Technology for virtual appointments	12%	18%	14%	21%
Fear or being scared	10%	11%	9%	11%
Don't have transportation	9%	10%	14%	12%
Unstable housing	9%	9%	11%	14%
Don't have childcare	8%	8%	5%	4%
Language barrier	4%	3%	6%	8%

While residents in all areas point to wait times and cost as significant barriers to care, Jefferson County residents are the most likely to cite the difficulty of obtaining time away from work (33%), the distant location of services (28%), the lack of insurance (26%), and challenges finding transportation as additional barriers to care. For Crook County residents, distance (28%), limited technology for virtual appointments (21%), and unstable housing (14%) are key additional barriers to care.

Getting time away from work, lack of insurance, and the distant location of services represent secondary barriers to care.

Among Central Oregon residents, 25% cite difficulty obtaining time away from work, 21% mention lack of insurance, and 20% point to the distant location of services as a significant barrier to care. All three have continued to remain secondary obstacles to care since 2016, but in all cases, they have increased for residents as barriers to care.

Secondary Barriers to Care: 2016-2025

These barriers impact certain groups harder, especially residents ages 18-34 and 35-55, residents in households earning $50k or less, residents burdened by housing costs, those with a high school education or less, and residents of color.

Other factors constitute a third and lower set of barriers to care.

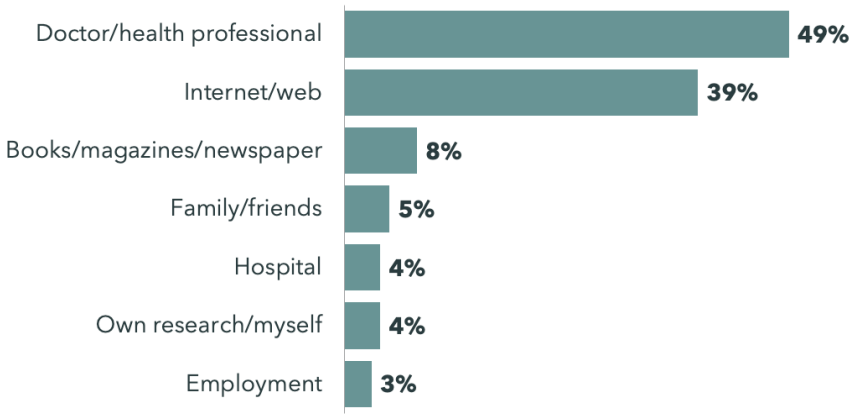
Fewer residents point to other factors as significant barriers to care: technology for virtual appointments (15%), lack of transportation (10%), unstable housing (10%), fear or being scared (10%), lack of childcare (7%), and language barriers (4%). All have remained comparatively low as significant barriers to care between 2016 and 2025. Still, some groups are more impacted:

- Residents who need to travel for care (25%), residents in households earning less than $50k annually (23%), and residents ages 55+ (18%) are more likely to cite limited technology for virtual appointments as a barrier.
- Residents who need to travel for care (19%) or who lack a regular physician or nurse practitioner (17%) are more likely to mention lack of transportation as a barrier to care.
- Residents needing to travel out of their communities for care (21%) and women (14%) are more likely to cite fear or being scared as obstacles to care.
- Families with children under the age of 5 (26%) are more likely to point to the absence of childcare as an obstacle.
- Residents who speak a primary language other than English at home (22%) and younger residents ages 18-34 (10%) are more likely to indicate language barriers as an obstacle to care.

Residents rely most on health professionals for their health information, but this reliance has declined since 2016.

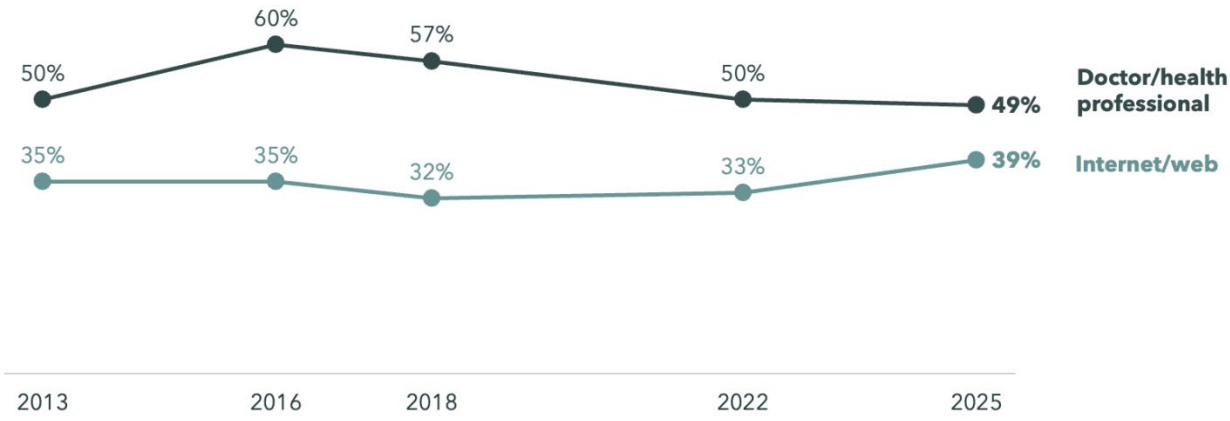
About five in 10 residents (49%) say they get most of their health information from their doctor or health professional (Q18). About four in 10 (39%) primarily get their information online. Far fewer (8%) mainly get their information from books, magazines or newspapers.

Primary Source of Health Information for Self and Family: 2025



The most notable change is the proportion of residents who get most of their health information from their doctor or health professional. Between 2016 and 2025, the proportion of residents who rely on health professionals for most of their information has declined by 11 points.

Primary Source of Health Information for Self and Family: 2013-2025



Residents in households earning more than $150k per year (57%), residents ages 55+ (55%), and college-educated residents (51%) are the most likely to get most of their health information from health professionals. Residents who lack a regular primary care physician or nurse practitioner are the most likely to use the internet as their primary source of health information (54%).

In conclusion of the phone survey:
St. Charles Madras community said their top-rated health issues include:

1) Affordable access to health insurance
2) Obesity/overweight
3) Old age (general)

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

1) Affordable healthy food

2) Affordable housing
3) Living wage jobs

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

1) Affordable healthy food
2) Mental health and substance abuse programs
3) Affordable housing

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. Mental/Behavioral Health
2. Physical activity and weight status
3. Alcohol, tobacco, and other drugs
4. Access to and Quality of Health Care
5. Housing
6. Transportation

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 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 Community Health	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 2026 - 2028 CHNA/RHIS cycle.

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5. Oregon Department of Education. Retrieved at Oregon Online Report Card - Oregon Department of Education

6. St. Charles Health System Telephone Survey, “Community Health Needs Assessment.” Retrieved at Community Health Needs Assessment | St. Charles Health

Appendices

Appendix I: Previous CHNA efforts and progress
On Oct. 27, 2022, the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras Campus 2023 - 2025 Community Health Needs Assessment and in February 2023 the board reviewed and adopted the Community Health Needs Assessment Implementation Strategy document. The priority identified for fiscal years 2023–2025 was to **reduce feelings of loneliness and social isolation while fostering a sense of belonging in the communities we serve.**

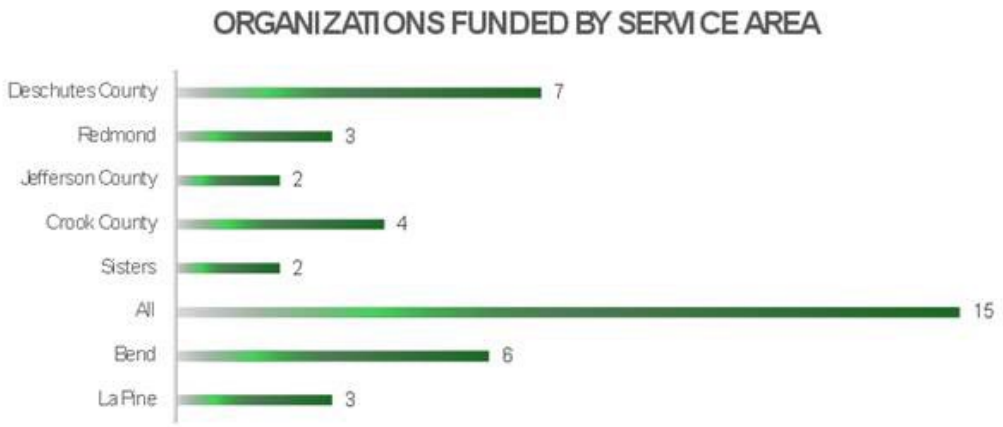
This section of the report provides an evaluation, including actions that were taken and activities that occurred between January 2023 and July 2025 to address the priority listed above.

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

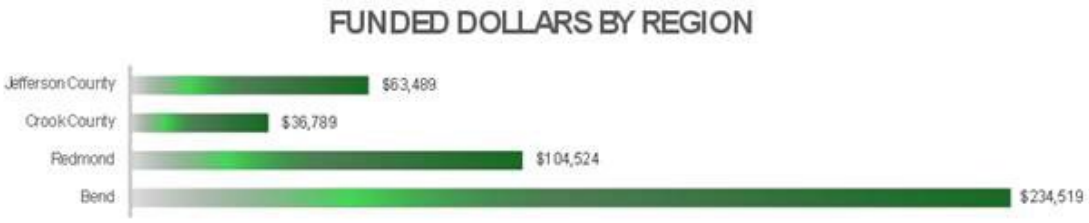
- *Gathering/Collaborating/Supporting community groups and individuals to help establish or reinforce efforts that focus on creating space where individuals can connect.*
    - Newly formed Bend-focused group
    - Citizens for Community
    - Crook County on the Move
    - Native Aspirations Coalition
    - Newberry Regional Partnership
- *Partnering with OHSU/OSU to establish a measurement tool for our tri-county area.*
    - Community Belonging Dissemination, Workgroup Development & Refinement of Re-measurement Tools
    - Trying to establish a metric to measure an individual's feeling of belonging in order to create programs/projects that foster belonging.

Earmark grant dollars for partner organizations that are working to create opportunities for belonging and provide educational programs in the communities we serve

- *42 organizations have been funded to support belonging programs/projects.*



- *Total funded dollar amounts by region:*



- *Per capita dollars by region:*

- *Number of participants in funded organization's events/activities:*

- *Number of activities held by funded organizations:*

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.)

- *Building Belonging: The Science of Connecting in a Lonely World*
    - Partnered with a local organization, Happy Brain Science, to create a presentation/training that talks about the importance of feeling like you belong, creating space where individuals feel like they belong, connecting with others, and reducing social isolation and feelings of loneliness. Three hundred sixty four individuals attended the presentation in the Tri-County area and an additional 220 individuals attended the that are outside of the Tri-County area.

Appendix II: IRS compliance

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

Appendix III: St. Charles Madras potential community resources[8]

Significant Need	Community Resource
Housing	Best Care Warm Spring Community Action Team Native Aspirations Coalition 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 Latino Community Association J Bar J Youth Services
Transportation	Cascade East Transit Central Oregon Community College Council on Aging Central Oregon Family Access Network (FAN) Warm Springs Indian Health Services Native Aspirations Coalition Central Oregon Intergovernmental Council Jefferson County Faith Based Network Jefferson County Public Health L.I.N.C. Local area school districts Local business community Local employment recruitment agencies NeighborImpact Oregon State University Cascades Oregon Department of Transportation Saving Grace Warm Spring Community Action Team Faith-based organizations

Alcohol, Tobacco, and Other Drugs	Best Care Treatment Services Faith-based organizations Jefferson County Public Health Local Law Enforcement Local area medical community Parks and Recreation St. Charles Health System facilities, clinics and providers Warm Springs Tribal Council Native Aspirations Coalition Warms Springs Community Action Team
Access to Quality Healthcare	Abilitree Faith-based organizations Family Resource Center High Desert Education Service District Jefferson County Public Health KIDS Center Latino Community Association Local area dental providers Local area medical providers Local area school districts Mtn. Star Family Relief Nursery Native Aspirations Coalition NeighborImpact Madras Aquatic Center and Recreation District Warm Spring Community Action Team Saving Grace St. Charles Health System facilities, clinics and providers United Way Central Oregon Council on Aging of Central Oregon Warm Springs Indian Health Services Family Access Network (FAN) J Bar J Youth Services
Mental/Behavioral Health	Abilitree Best Care Treatment Services Big Brothers Big Sisters of Central Oregon Family Resource Center Warm Spring Community Action Team Jefferson County Public Health Latino Community Association

Mental/Behavioral Health (cont.)	Local area medical community Native Aspirations Coalition Madras Aquatic Center and Recreation District St. Charles Health System facilities, clinics and providers Warm Springs Indian Health Services Council on Aging of Central Oregon Faith-based organizations Saving Grace High Desert Education Service District KIDS Center Mtn. Star Family Relief Nursery Warm Springs Indian Health Services Family Access Network (FAN) J Bar J Youth Services
Physical Activity and Weight Status	High Desert Food and Farm Alliance Jefferson County Public Health Latino Community Association Madras Aquatic Center and Recreation District St. Charles Health System facilities, clinics and providers Local Healthcare Providers Warm Spring Community Action Team

[8] 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.