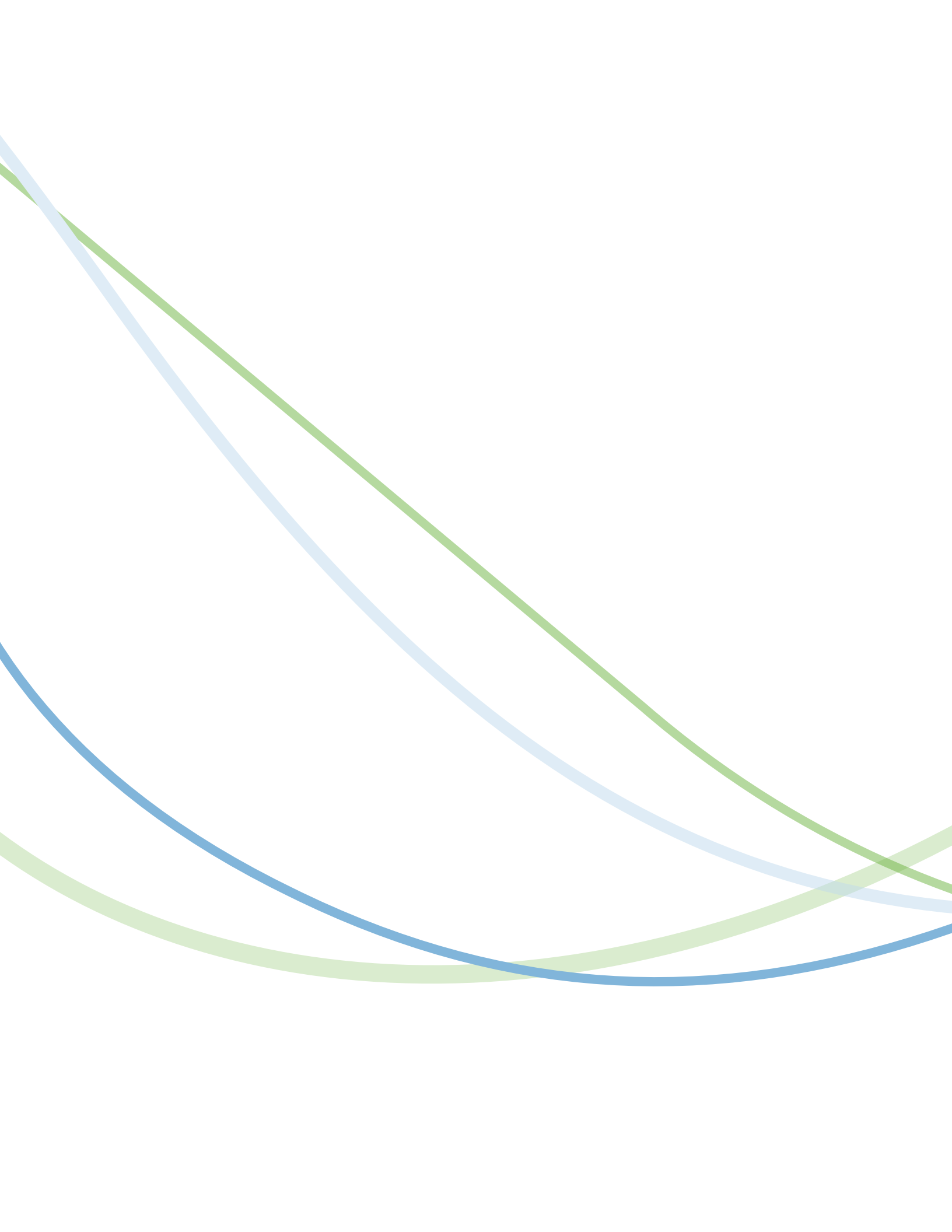
Silverton Health

Community **Health**

NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

2013-2014

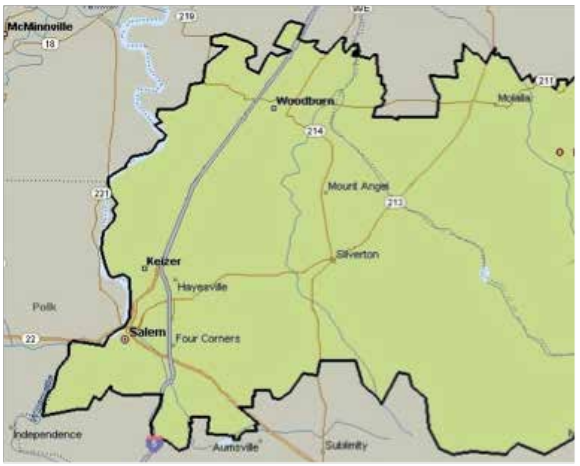


Executive **Summary**

Silverton Health participated in a community health needs assessment (CHNA) and developed an implementation plan with strategies to address identified needs. The plan summarizes the health needs findings and proposed implementation strategies for Marion County and a small section of Clackamas County. The assessment is focused primarily on Marion County which represents 94 percent of the Silverton Health (SH) primary service area. The assessment is a compilation of data from 3 main sources: 1) a partnership with the Marion County Health Department in collaboration with Salem Health and Santiam Hospital that includes contracting with Healthy Communities Institute (HCI) for health related data; 2) data compiled from stakeholder interviews and collaborative partnerships and 3) information gathered from focus groups representing community members of underserved populations. Needs were then prioritized and an implementation plan was developed to address the needs. The assessment and its implementation plan were reviewed and approved by the SH Governing Board on 10/30/2013.

Description of Community Served by Silverton Health

Silverton Health's primary service area covers 1,000 square miles and represents a population of almost 275,000.



The communities are in the heart of the Willamette Valley, known for its agriculture. It is a very diverse population in age and race/ethnicity. Many of the communities see a seasonal influx of migrant farm workers. The youth (under age 18) population represents over 26 percent of the population and age 55 and older represents almost 25 percent of the population. Both segments continue to grow. The Latino population also continues to grow and is the majority population in two of the communities (Woodburn and Gervais). Young Latinos represent the fastest growing segment of the primary service area population. (see Addendum A)

COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS (CHIP)

Marion County Community Health Improvement Partnership

- Marion County Health Department
- Santiam Hospital
- Salem Health
- Oregon Child Development Coalition
- Silver Falls School District
- Woodburn School District
- Silverton Area Community Aid
- City of Silverton
- City of Woodburn
- French Prairie Nursing Home
- NW Senior and Disabilities Services
- Yakima Valley Farmworkers
- Bridgeway
- OSU Extension Services
- Marion County Children and Family Commission
- Woodburn Pediatrics Clinic
- Silverton Senior Center
- Marion County Health Advisory Board
- Silverton Together
- Willamette Valley Hospice
- Silver Falls Family YMCA
- Local business owners and community members

Stakeholders/Collaborative Partners

- Clackamas County Public Health Department
- Willamette Valley Community Health
- Atrio
- Capital Dental
- Mid Valley Behavioral
- WVP Health Authority (WVP)
- Northwest Human Services
- Salem Clinic
- Salem Health
- Santiam Memorial Hospital
- Silverton Health
- West Valley Hospital
- Yakima Valley Farm-workers
- Marion County Commissioners
- Polk County Public Health Department

ACCESS TO CARE

SH's primary service area contains segments of the population well below the national poverty level (e.g. 20.8 percent of people residing in Woodburn, the most populous city in the service area, are below the national poverty level as compared to the 14.3 percent national average). This results in a high level of care provided to those uninsured and underinsured as well as a higher than average number of those receiving government sponsored healthcare (Medicaid). SH's Charity Care is defined as "free or discounted services provided to those who cannot afford to pay and meet all the criteria for financial assistance". Over the past 3 years, SH has provided Charity Care through a variety of programs including the Community Outreach Clinic, discounted prenatal care, and transportation to medical services. The following chart illustrates the number of people served and the total cost of care. While Charity Care has remained relatively unchanged over the last three years, the shortfall created by Medicaid payments that are less than the cost of care for the Medicaid population continues to rise.

FISCAL YEAR	COST OF CHARITY CARE	PERSONS SERVED
2010	$4,068,117	4043
2011	$3,952,014	3390
2012	$3,531,419	3026

FISCAL YEAR	UNPAID COST OF MEDICAID	PERSONS SERVED
2010	$860,386	17,497
2011	$2,438,141	20,740
2012	$3,454,027	20,564

CURRENT HEALTH DISPARITIES IN LOCAL SERVICE AREA

Because of the diversity within Marion County, it was also important to assess data at the city/town level when it was available. When reviewing health indicator data by zip code provided by HCI the following disparities for the SH service area were identified:

- Hospitalization rates due to diabetes
- Hospitalization rates due to long term complication of diabetes
- Hospitalization rates due to congestive heart failure
- Hospitalization rates due to urinary tract infections
- Hospitalization rates due to alcohol abuse

SILVERTON HEALTH ACCOUNTABLE CARE PRIORITIES

CCO: In the 2011 Oregon state legislative session, house bill 3650 was passed into law creating Coordinated Care Organizations (CCO) to manage Oregon's Medical population. Silverton Health is one of 13 partners of Willamette Valley Community Health (WVCH) which provides care for approximately 70,000 Medical members in Marion and Polk counties. The Oregon Health Authority has created metrics that will measure CCO's quality of care, access to care and health outcomes and are the backbone of WVCH's priorities. (http://www.oregon.gov/oha/OHPB/docs/cco-metrics.pdf)

PHO: In order to provide a coordinated effort to provide services to the current Medicaid population being served by Silverton Health's medical staff, Silverton Health helped form the Physician Hospital Organization (PHO), Silverton Health Partners, LLC. This new corporation is made up of all employed and independent primary care providers currently credentialed by Silverton Health. Although initially formed to manage the Medicaid population, all PHO member patients are managed within a patient centered primary care model. The priorities of the PHO are in concert with WVCH priorities for quality, access and health outcomes.

Community Health Needs Assessment Process

The SH Health Needs Assessment process started with the development of the Marion County Community Health Improvement Partnership (CHIP) in 2011. The CHIP initiative was a collaborative community-based process that was facilitated by the Marion County Health Department in collaboration with Silverton Health, Salem Health and Santiam Hospital. A steering committee was established and agreed that the diversity of Marion County communities would be best served if the processes occurred at the regional level. Silverton Health was the lead organization for two of the four regions: Silverton/Mt.Angel/Scotts Mills and Woodburn/North County. SH contracted with Healthy Community Institute (HCI) to create health indicator dashboards. Silverton Health's Community Health Dashboard can be found online at http://silvertonhealth.org/in-the-community/healthy-communities/.

Community partners were invited to participate in the review of community-level data, including surveys of community residents and health, education and social service providers and county–level data including demographics, socio-economic and health indicators. The regional groups prioritized the top 10 health indicators, set goals, identified strategies and developed a plan for improving the health of the community. The results of this assessment and its process are published in the 2012 CHIP Report found on-line at www.co.marion.or.us/HLT/chip.htm.

Although not an active partner in the 2012 Clackamas County Community Health Improvement Plan process, SH interviewed Clackamas County public health officials and reviewed the county-wide assessment and plan. The county health indicators and data measures and be found at http://www.clackamas.us/publichealth/dashboard.html and www.clackamas.us/publichealth/documents/clackamas_chip.pdf).

Identified Community Needs and Priorities CHIP

The 10 county-wide health measures of concern identified in the CHIP initiative include:

- Adult obesity
- Adult physical activity levels
- Adult asthma
- Rates of Colorectal Cancer
- Mothers who receive prenatal care
- Pneumonia vaccine rates
- Teen fruit and vegetable consumption
- Teen pregnancy rates
- Teen physical activity levels
- Teen marijuana usage

PRIORITIZATION PROCESS

For both regional workgroups, the CHIP participants prioritized the health measures and identified the leading needs for which action plans would be developed. As part of the assessment process, each region evaluated the assets, opportunities and challenges related to the prioritized health indicators.

- The Silverton regional group prioritized adult physical activity, teen fruit and vegetable consumption and teen physical activities as their key health needs.
- The Woodburn/North Marion County regional workgroup prioritized adult physical activity, teen pregnancy and had a tie for third place between teen fruit and vegetable consumption and teen physical activity.

Silverton Health

Silverton Health's current strategic objectives are fundamentally based on the accountable care "Triple Aim": improved health of the population, improved quality and experience of care and improved affordability by reducing per capita costs of health care.

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PRIORITY AREA	RATIONALE	TARGET POPULATION
Access to Care	27.2% of Marion County residents do not have health insurance	Adults and children without health insurance
Poverty	13% of Marion County families live below the federal poverty level	Families below poverty level
Adult Diabetes	8.3% of adults in Marion County have diabetes. Higher than average hospitalization rate for diabetes and complications related to diabetes	Adults with diabetes
Heart Failure	Primary service area residents have higher than usual hospitalization rates due to heart failure	Adults
Smoking Cessation	15.5% of adults 18+ report they are smoking (Healthy People 2020 goal 12%)	Smokers
Adult Urinary Tract Infections	Primary service area residents have higher than usual hospitalization rate due to urinary tract infections	Adults
Adult Obesity (BMI >/= 30)	28.3% of Marion County residents have a BMI >/= 30	Adults
Adult Physical Activity Levels	53.6% of Marion County adults engage in regular physical activity	Adults
Adult Asthma	10% of Marion County adults have asthma	Adults
Rates of Colorectal Cancer/ Colerectal Screening	The age adjusted rate of colorectal cancer is 21.0% and only 55.5 percent of adults in Marion County age 50 and over have had a colonoscopy or sigmoidoscopy. within the past five years.	Adults
Mothers who Receive Prenatal Care	59.8% of Mothers in Marion Co received prental care in their first trimester	Pregnant teens and women
Pneumonia Vaccine Rates	68.4% of adults 65+ have received a pneumonia vaccine	Adults 65+
Teen Fruit and Vegetable Consumption	19% of 11th grade students consumed 5 or more F&V in preceeding week	Teens
Teen Pregnancy Rates	40.6 pregnancies/1000 females aged 15-17	Teens
Teen Physical Activity Levels	49.5% 11th grade students were physcially active	Teens
Teen Marijuana Usage	14.2% of 11th grade students reported using marijuana one or more times in the last 30 days	Teens
Alcohol Abuse	Higher than average hospitalizations (8.1 /10,000) due to alcohol abuse	Adults
Diversity	Latino population is greater than 50% in largest city in primary service area. SH is not healthcare provider of choice for local senior population	Latinos, seniors

STRATEGY AND MEASUREMENT

Provide access to healthcare for the uninsured (1200 clinic visits) through the Community Outreach Clinic. Train clinic staff to enroll community members in the newly established health insurance exchange, Cover Oregon.
No Silverton Health trend to measure. Health navigators assisting high risk patients with housing needs.
Implement PHO care managment strategies to decrease diabetes hospitalization and complication rates. CHIP initiative- Increase physical activity by conduct monthly "Walk with a Doc" sessions in Woodburn/Silverton and/or Keizer.
Implement risk stratification tool (LACE) at Silverton Hospital to identify patients at high risk for rehospitalization. Implement PHO care management strategies.
Key metric for PHO quality metrics. Implement referral strategies to SH sponsored smoking cessation program. Subsidization of smoking cessation program.
Not currently on prioritization list for prevention activities due to non-significant cost of care for total population.
Participate in Marion County CHIP. As part of CHIP initiative, SH is the work-group lead for employer-based 5210 program development. Create worksite 5210 toolkit. Conduct 2 trainings for community groups and employers.
Work-group lead for employer-based 5210 program development. Conduct 2 trainings for community groups and employers. Conduct monthly "Walk with a Doc" sessions in Woodburn/Silverton and/or Keizer.
Not currently on prioritization list for prevention activities due to non-significant cost of care for total population. At PHO level, implement care managment plan for those with high ED utilization rates. Provide key messaging for patients with COPD/Asthma on SH primary care after-visit-summaries.
Partner with CCO on pilot plan for improving early detection. Screen up to 2,000 Medicaid members.
Provide discounted prenatal care for up to 120 uninsured mothers thought the Marion Polk Community Care Project . Partner with CCO to track rate. Partner with CCO as a member of work group and development and implementation of pilot project.
Track pneumonia vaccination rates for 1,200 clinic patients with diabetes.
Partner on school-based 5210 education programs in Silver Falls School District, Woodburn School District, Mt. Angel School District and Molalla River School District.
Not addressing/Not area of expertise
Partner/Fund School-based 5210 education programs in SFSD, WSD, MASD. Conduct 2 school based 5210 presentations. Conduct monthly "Walk with a Doc" sessions in Woodburn/Silverton/and/or Keizer.
Not addressing/Not area of expertise; unable to assess for trend
Implement SBIRT(Screening Brief Intervention Referral to Treatment) at SH clinics (up to 300 patients) for potential substance abuse.
Provide spanish translation at all SH community health lectures. Partner with CAPACES to provide information on appropriate healthcare access and utilitization to un and underinsured Latinos. Develop written materials for disuribution and conduct 2 community presentations. Provide 2 community health events targeted to senior health needs.

FOCUS GROUP FINDINGS

In 2012 and 2013, Silverton Health partnered with outside agencies to conduct a series of focus groups targeted towards three important markets: Latinos (with and without health insurance), women and seniors. Silverton Health's service area includes a significant Latino population, some served by the local Federal Qualified Health Center (FQHC) for primary care. Focus groups were conducted in the greater Woodburn area to better understand the needs and preferences of the Latino population to meet our Accountable Care Triple Aim objectives. Silverton Health is building a new primary care clinic with some specialist care in Keizer, Oregon. Since women are the main driver for most family healthcare decisions, a focus group was conducted with women from Keizer to help in final business planning as well as health needs assessment. Seniors (ages 55 and above) are a large and ever-growing segment of the SH primary service area, especially in Woodburn. A Woodburn senior focus group was conducted to determine the best way to meet their local healthcare needs. The results of the focus groups were reviewed to assess the specific health needs of key members of the community, including those under-served.

Latino Focus Group Findings

- Participants expressed a significant need and desire for free and/or affordable health education classes in Spanish and at locations that they could easily access.
- Participants suggested locations that were easy to access for health education— schools, places of worship, and social service organizations.
- Participants preferred to read and hear healthcare information and advertising in Spanish.
- Participants regularly sought health care information as well as advertising for events and classes from their places of worship, social service organizations, and from family and friends.
- Participants named diabetes as their number one concern, followed by high cholesterol and breast cancer.
- Participants expressed the need for open and effective two-way communication between providers and patients, desiring to be comfortable expressing their feelings, questions and needs to their health care providers about the health care system, specific diagnoses and treatment plans.
- Participants who needed interpretation stated that the gender of interpreters was a critical factor in getting appropriate care from the doctor.
- Participants claimed that they did not understand the health care system in general and felt intimidated by the process.
- Participants claimed that the high cost of health care and prescription drugs caused many to delay or avoid medical services. They also neglected to follow-up on medical care after their first visit for themselves and their families.
- Participants expressed a strong need for non-emergency immediate care during later hours of the evening, nights and weekends.

Women in Keizer, OR *(location of new primary care clinic schedule to open early 2014)*

- Participants suggested that the clinic offer a range of medical services for the entire family.
- Participants expressed that the services should including mental health, laboratory, diagnostic imaging and nutrition education.
- Participants suggested that the clinic have extended weekday hours and be open on weekends.

Seniors in Woodburn, OR

- Participants expressed the need for the following services in Woodburn: a local hospital, increased access to Immediate Care, additional male practitioners, additional appointment time in evenings and weekends, specialists availability more than one day/week, dental care, cardiology, gerontology providers and chemotherapy.
- Participants desired health education opportunities on a variety of subjects including diabetes education and cooking classes, nutrition for seniors, yoga for seniors, heart disease, arthritis, Alzheimer's disease, bone health and information on healthcare insurance.
- Participants expressed a desire to receive health screenings for: bone density, hearing, vision, Alzheimer's disease, dermatology and balance – fall risk assessment.

COMMUNITY HEALTH PRIORITIES IDENTIFIED FROM FOCUS GROUPS

- Improve Latino customer experience in clinics and hospital
- Create strategies to provide health education in the communities in both English and Spanish
- Create strategies to improve access to care in Keizer and after hours in Woodburn
- Create strategies to provide health education and screening opportunities for seniors

SILVERTON HEALTH PRIORITIZATION PROCESS

Prioritizations of the needs were made based on the following criteria: 1) the number of people impacted; 2) the severity of the need; 3) Silverton Health's ability to affect the need; and 4) whether other organizations were already fulfilling the need.

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Addendum A - **Community Demographics**

SOURCE: NIELSON- CLARITAS

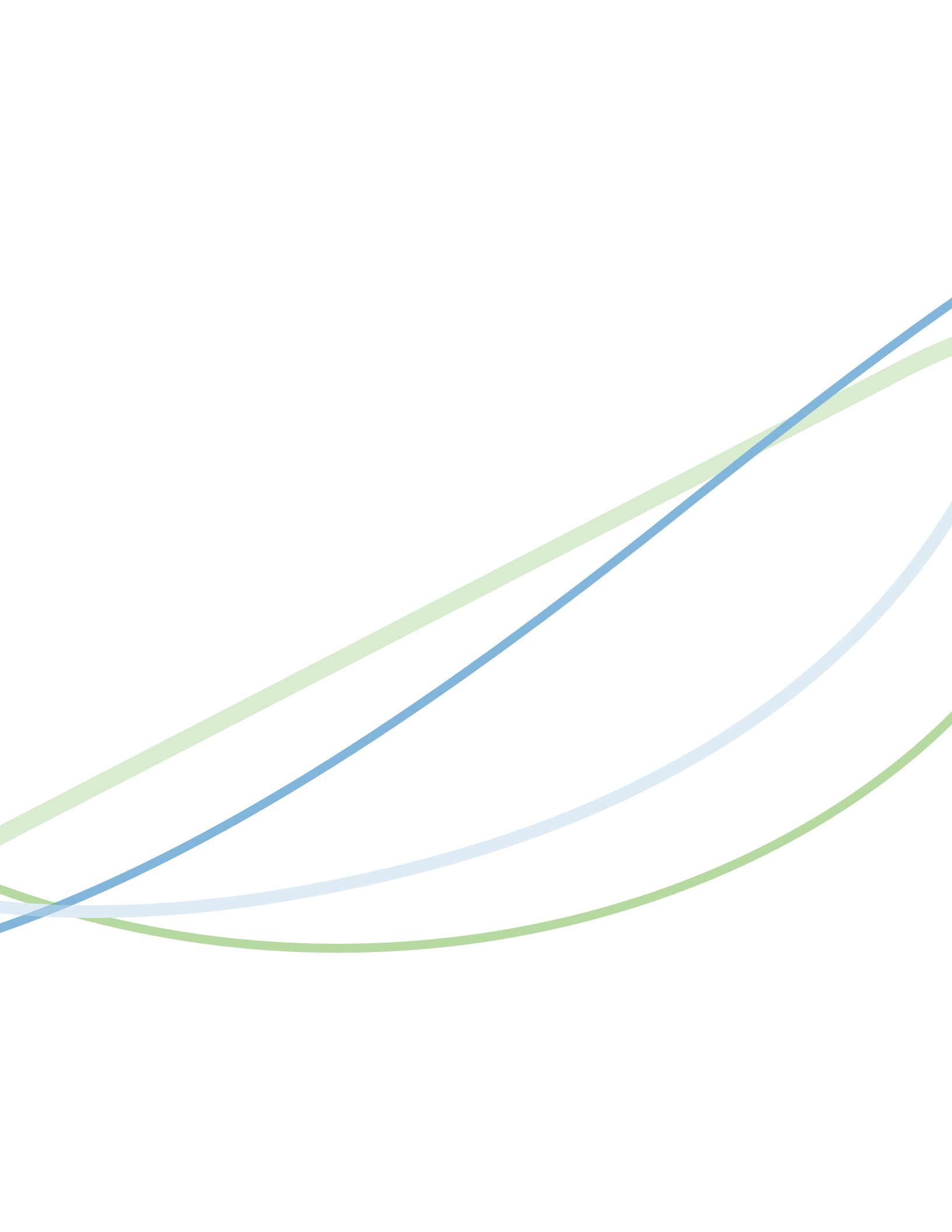
PROJECTED FROM 2010 CENSUS DATA

		TOTAL	SILVERTON	MT ANGEL	WOODBURN	SCOTTS MILLS	MOLALLA
			93781	97362	97071	97375	97038
Population	2013	273,481	15,148	4570	29,640	1247	15,442
	2018	284,770	15,681	4731	30,873	1270	15,869
	Change	4.1%	3.5%	3.5%	4.2%	1.8%	2.8%
Median Age	2013	36.1	38.0	38.1	35.2	41	36.4
Percent Age Under 18	2013	26.74%	26.82%	27.22%	30.27%	21.41%	26.76%
	2018	26.80%	26.50%	27.60%	30.30%	19.80%	26.00%
Percent age over 55	2013	24.42%	29.32%	27.98%	23.96%	33.92%	24.52%
	2018	26.50%	30.40%	27.90%	24.10%	37.80%	26.60%
Percent Population by Race	Caucasian	64.10%	86.0%	69.10%	40.60%	93.00%	84.90%
	African American	1.00%	0.2%	0.5%	0.4%	0.2%	0.3%
	Hispanic	28.90%	10.5%	26.8%	56.5%	3.8%	11.5%
	Asian	1.80%	1.0%	0.9%	0.7%	0.7%	0.6%
	All others	4.30%	2.3%	2.60%	1.70%	2.20%	2.70%
Average Household Income		$ 55,160	$ 63,741	$ 51,584	$ 52,584	$ 72,885	$ 58,291

(Average Household income level in Oregon $49,850, in US $52,762)

PROJECTED FROM 2010 CENSUS DATA

		TOTAL	SALEM	SALEM	KEIZER	SALEM	SALEM	GERVAIS	HUBBARD
			97301	97302	97303	97305	97317	97026	97032
Population	2013	273,481	55,046	37,541	39,877	41,216	25,003	3,864	4,887
	2018	284,770	56,869	38,866	42,304	43,176	25982.0%	4,046	5,067
	Change	4.1%	3.3%	3.5%	6.2%	4.8%	3.9%	4.7%	3.7%
Median Age	2013	36.1	34.3	39.5	36.90%	34.10%	36.9	31.6	33.9
Percent Age Under 18	2013	26.74%	25.83%	22.97%	26.99%	29.32%	23.98%	32.89%	30.86%
	2018	26.80%	26.20%	23.50%	26.70%	29.70%	24.10%	32.40%	31.20%
Percent age over 55	2013	24.42%	20.19%	30.55%	25.56%	21.88%	25.32%	16.31%	20.73%
	2018	26.50%	21.60%	31.80%	26.90%	22.40%	26.60%	18.30%	22.10%
Percent Population by Race	Caucasian	64.10%	56.70%	81.50%	73.50%	49.10%	66.40%	41.30%	66.70%
	African American	1.00%	1.6%	1.2%	0.7%	0.9%	1.5%	0.5%	0.3%
	Hispanic	28.90%	34.5%	10.2%	19.9%	41.0%	25.2%	55.4%	28.8%
	Asian	1.80%	1.8%	1.9%	1.6%	3.7%	1.8%	0.5%	1.1%
	All others	4.30%	5.40%	5.20%	4.3%	5.2%	5.1%	2.2%	3.1%
Average Household Income		$ 55,160	$ 43,079	$ 63,995	$ 62,837	$ 47,986	$ 57,936	$ 58,953	$ 58,406



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1475 Mt. Hood Avenue
Woodburn, Oregon

silvertonhealth.org