

# Summary Report: Community Health Needs Assessment

## The Process:

Harney District Hospital (HDH) and representatives from the local community recently completed a Community Health Needs Assessment. This process was the collaborative effort of HDH and HEAL (Healthy Eating, Active Living) to address local issues regarding activity, nutrition and healthcare services. A diverse group of community members representing segments of the Harney County service area agreed to participate in this process as a Community Advisory Council (CAC) by attending three meetings, assisting with a survey process and providing input addressing local health needs. CAC meetings were conducted December 11<sup>th</sup>, January 15<sup>th</sup> and March 14<sup>th</sup> and were 1 to 1½ hours in length. Key to the assessment was a community survey regarding issues and attitudes about local activity, nutrition and healthcare opportunities. In addition, many community members not part of the council agreed to distribute and collect surveys for the assessment. The survey was available on-line as a link from HDH and Harney County Health Department websites, as well as a Facebook link. Over 600 surveys were completed. It is important to note this assessment dealt strictly with healthy eating, active living and general healthcare. It did not specifically include other health sectors like behavioral health or dental health.

## Economic Impact:

An economic impact study was conducted to indicate the value of health care to the local economy. The health care industry generally pays above average wages and the health care sector is growing, continuing to generate income and jobs. In addition, business and industry want to locate in areas with high quality medical facilities, as do retirees. In 2012, HDH employed 167 full and part-time workers with wages and benefits of over \$8 Million. The employment multiplier of 1.35 as determined by ECONorthwest indicates for each job created at HDH, another .35 jobs are created elsewhere in the community to provide services/goods to HDH employees, bringing the total employment impact of HDH to 225 jobs.

Additionally, the 1.42 income multiplier indicates for each \$1 created in payroll + benefits at HDH, another .42 is created in elsewhere in the community as hospital employees spend. This brings the total income impact of HDH to over \$11.3 Million. Adding Family Care, formerly High Desert Medical Center, to HDH has made the hospital one of the largest employers in Harney County. The hospital provides a vital positive economic impact to Harney County.

### Data for Hospital Economic Impact Study

EMPLOYMENT		INCOME (WAGES, SALARIES, BENEFITS)	
CATEGORIES	EMPLOYMENT <small>As of November 12, 2012</small>	CATEGORIES	Amounts <small>7/1/2011 – 6/30/2012</small>
Full – Time Employees	112	Wages & Salaries	\$6,190,488
Part – Time Employees	55	Employee Benefits	\$1,812,922
<b>Total</b>	<b>167</b>	<b>Total</b>	<b>\$8,003,370</b>

Harney District Hospital Human Resources Department.

Harney District Hospital Operating Fund Income Statement, year ending June 30, 2012.

### Average Income Impact of Harney District Hospital

Payroll + Benefits to Employees	Income Multiplier	Total Income Impact
<b>\$8,003,370</b>	<b>1.42</b>	<b>\$11,364,785</b>

Income multiplier indicates that for each \$1 created in payroll + benefits, another 0.42 is created in other businesses in the community.

ECONorthwest, Economic Contributions of Acute Care Hospitals in Oregon 2010, January 27, 2012.

## Economic and Demographic Data:

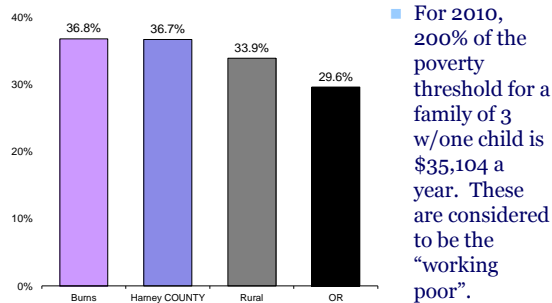
Economic and demographic data were compiled from many different sources including Bureau of Labor & Industry, Nielsen, Oregon Department of Human Services, Oregon Employment Division and the Oregon Office of Rural Health. In general, Harney County is experiencing a decreasing labor force, decreasing annual unemployment and increasing monthly unemployment. Population has remained relatively flat over the last 20 years but is shifting; residents aged 34 and under are declining, while those over 35 are increasing. Harney County exhibits a decidedly White population (90%) with lower Hispanic and Asian, and slightly higher Native American populations than the state average.

Other items of note:

- Higher rates of those below poverty and below 200% poverty levels than state average
- Higher rates of population 16-64 with disability (19.7%) and unable to work (56.3%) than state average
- Higher rates of government employees (49.8% vs. 18.3% state average)
- Higher rates of No Health Insurance (23.7% vs. 19.7% state average)
- Higher rates of Confirmed Victims of Child Abuse/Neglect (24.6 vs. 12.7 OR per 1,000 children)
- Higher rates of 25+ without High School Diploma (18.7% vs. 14.9% state average)

In addition, per capita and median household incomes in Harney County are lower than state and national averages.

### Percent Below 200% of Poverty Level



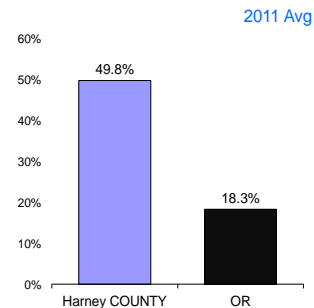
■ For 2010, 200% of the poverty threshold for a family of 3 w/one child is \$35,104 a year. These are considered to be the “working poor”.

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Source: 2000 Census

### Government Employment as a Percentage of Total Employment

■ Because everyone pays for the wages and benefits of government employees through taxes, this data MAY be used to encourage greater use of local health services by local government employees.



2011 Avg

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Source: Oregon Employment Dept.

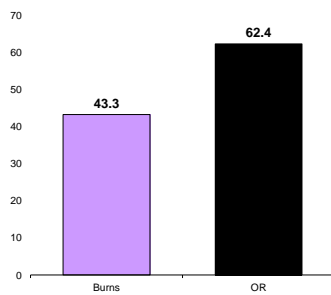
## Health Indicators/Health Outcomes:

The Harney County service area exhibits positive numbers in terms of Inadequate Prenatal Care and Average Low Birth Weight rates. These health issues have improved greatly since 2002 data and are firmly below state averages. The leading causes of death in this service area as determined by Oregon Department of Human Services are (1) Heart Disease, (2) Cancer, (3) Chronic Lower Respiratory Disease, (4) Unintended Injuries and (5) Diabetes. All numbers are higher than state crude death rates for those conditions. In general, adults in Harney County experience lower averages of Stroke and Alzheimers Disease. The service area is experiencing a decrease in good general health, physical health and mental health. Asthma and Diabetes are both showing increases while cigarette smoking has decreased dramatically. Local adults are not meeting guidelines for recommended physical activity or fruit and vegetable consumption.

## Average Inadequate Prenatal Care Rate (2005-2009, per 1000 births)



- Healthy babies start with healthy mothers who get early, regular, and high-quality prenatal care.
- Inadequate prenatal care is defined as: less than 5 prenatal visits, or care that didn't begin until the third trimester.



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Source: Oregon Dept. of Human Services

## Leading Causes of Death 2005-2009 (Crude Death Rates per 100,000)



	Burns	Harney COUNTY	Rural	OR
Cancer	222.0	223.5	232.7	191.4
Heart Disease	233.1	234.7	210.1	169.4
Cerebrovascular Disease (Stroke)	38.9	39.1	60.4	51.2
Chronic Lower Respiratory Disease	97.1	97.8	63.8	48.8
Unintended Injuries	69.4	69.8	50.0	41.0
Alzheimer's	16.7	16.8	35.9	32.0
Diabetes	41.6	41.9	33.7	28.4
Flu & Pneumonia	11.1	11.2	15.8	13.5
Suicide	13.9	14.0	18.0	15.3
Alcohol Induced	8.3	8.4	16.7	13.8

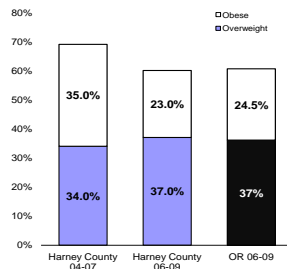
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Source: Oregon Dept. of Human Services

## Percent of Adults Classified as Overweight and Obese



- Excess weight is associated with an increased incidence of heart disease, stroke, high blood pressure, and diabetes, which is an incurable chronic illness that can lead to heart attack, blindness, kidney failure, and amputations.
- "Overweight" is defined by a body mass index over 25. A 5'10" man who weighs less than 175 lbs and a 5'4" woman under 145 lbs have a BMI less than 25.



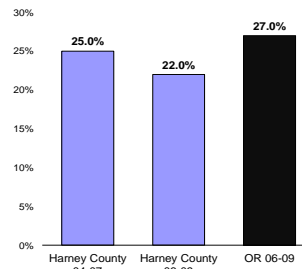
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Source: 2004-2007, 2006-2009 BRFSS

## Percent of Adults who Consume 5 Fruits and Vegetables a Day



- Good nutrition lowers a person's risk for many chronic diseases including coronary heart disease, stroke, some types of cancer, diabetes and osteoporosis. A diet that is low in saturated fats and includes five or more servings of fruits and vegetables each day plays a key role in maintaining good health and preventing chronic diseases.



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Source: 2004-2007 and 2006-2009 BRFSS

While HDH will continue to add services where prudent, many health and health-related issues we now see in Harney County often involve behavioral choices. For instance, tendencies toward being obese or overweight also tend to increase lower respiratory diseases, heart disease and diabetes among other serious health conditions. Addressing these issues involves the buy-in of the entire community, not just local healthcare. Improving general wellness opportunities and choices will improve this community's overall health, decreasing serious health issues.

As a community hospital, it is the mission of Harney District Hospital to provide community healthcare by remaining open and operational. While making money is nice, it is not the goal of a non-profit community hospital. Many services offered are provided on a break-even or small-loss basis. Yet there are still some services which simply do not provide a rate of return which can be supported by a small, rural hospital. However, HDH will continue to work with the community and hospital board to maximize the variety of services available to local healthcare consumers. They have built a state-of-the-art facility which provides many more services than other communities of this size. They have installed an electronic health records system and qualified for federal Meaningful Use incentives with its use. By continuing to maximize its service potential, Harney District Hospital has demonstrated rural health does not mean second-class care or services.

## Community Members Involved

- Harney District Hospital: CEO Jim Bishop
- Steering Committee: Denise Rose, Catherine White, Sonni Svejcar, Dana Ketcher, Toni Siegner
- Community Advisory Council: Carolyn Bauer (Burns Dental Group), Jim Bishop (HDH), Joe Bradach (Symmetry Care), Julie Burri (Harney County Hospice), Teri Cain (Harney County Commission), Sheryl Drushella (BLM), Ryan Dupuy (The Aspens), Annette Higle (Burns Catholic Church), Jen Hoke (Harney County Chamber of Commerce), Susan Hueckman (BLM), Angela Iturbide (Harney County Senior Center), Dana Ketcher (Harney County Health Department), Marilyn McBride (Burns-Hines School District), Verna Pettyjohn (Harney County Senior Center + SHIBA), Dag Robinson (Harney County Government), Denise Rose (HDH), Stacie Rothwell (HDH Family Care), Jeff Sceirine (Emergency Medicine), Sonni Svejcar (HEAL Grant), Melanie Thomas (Burns Paiute Tribe), Ann Vloedman (Health District Board) and Toni Siegner (Facilitator).

## Medical Service Area

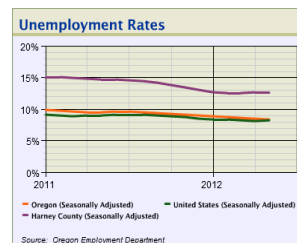
- Harney County
- Populations: 1990 – 7,127, 2000 – 7,662, 2012 – 7,207, projected 2017 – 7,028
- Population Demographics for Service Area (2009 Claritas vs. 2012 Nielsen)
  - 0-14; 17.1% vs. 17.3% - below OR
  - 15-20; 8.1% vs. 7.9% - below OR
  - 21-24; 4.5% vs. 4% - below OR
  - 25-34; 8.5% vs. 7.8% - below OR
  - 35-54; 42.6% vs. 43.2% - above OR
  - 65+; 19.1% vs. 19.8% - above OR
- Male vs. Female: 51% to 49%; Oregon 49% to 51%
- Race
  - Hispanic, 4% vs. 12.4% OR
  - Native American, 2.9% vs. 1.1% OR
  - Asian/Pacific Islander, .4% vs. 4.1% OR

## Populations by Age Group, Harney County & State of Oregon

	0-14	15-20	21-24	25-34	35-64	65+	Total
<b>Claritas, 2009</b>							
Service Area	1239	590	327	615	3091	1385	7247
Service Area %	17.1%	8.1%	4.5%	8.5%	42.6%	19.1%	99.9%
Oregon %	18.6%	8%	5.1%	13.8%	40.8%	13.7%	100%
<b>Nielsen, 2012</b>							
Service Area	1247	569	288	562	3114	1427	7207
Service Area %	17.3%	7.9%	4%	7.8%	43.2%	19.8%	100%
Oregon %	19%	8.2%	5.3%	12.4%	41.2%	13.9%	100%

Oregon Office of Rural Health, Service Area Profile, 2009 & 2012.

## Unemployment Rates (2011)



- High unemployment rates reflect a less diversified economic base and vulnerability to economic fluctuations. Beyond the obvious financial burden of unemployment, people without jobs have even greater difficulty accessing health care because of lack of insurance or other means to pay.

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Source: Oregon Employment Dept @ [www.olmis.org](http://www.olmis.org)

- SocioEconomics, 2000 Census
  - Below Poverty Level, 19.1% vs. 15.8% OR
  - Below 200% Poverty Level, 36.8% vs. 29.6% OR
  - Population 16-64 with Disability, 19.7% vs. 17.4% OR
    - Unable to work, 56.3% vs. 42.7% OR
  - Receiving Public Assistance, 3.2% vs. 3.6% OR
  - 25+ without High School Diploma, 18.7% vs. 14.9% OR
  - >5 speak English less than 'very well', 1.6% vs. 5.9% OR
  - Total OHP Eligible (March 2012), 17.6% vs. 17 OR
  - Children Eligible for Free/Reduced Lunch, 59.7% vs. 51.7% OR
  - Receiving Food Stamps, 21% vs. 20.9% OR
  - Government Employees as % Total Employment, 49.8% vs. 18.3%
  - No Health Insurance (2010 Census Small Area Health Ins. Est.) 23.7% vs. 19.7% OR
- Income
  - PerCapita \$28,463 vs. \$36,317 OR, vs. \$39,937 US
  - Median Household \$36,441 vs. \$46,536 OR, vs. \$50,046 US

## Community Meetings

- Meeting I
  - Agenda
    - Introduction – CEO, Harney District Hospital (HDH)
    - HEAL Grant Introduction – Sonni Svejcar, HDH
    - Overview of CHNA Process – Facilitator
    - Delineate Service Area
    - HDH Services/Community Benefits – CEO, HDH
    - Economic Impact of HDH – Facilitator
    - Survey Questionnaire – Facilitator
      - Complete
      - Take Surveys for Community Members
    - Next Steps
      - Meeting II: Tuesday, January 14<sup>th</sup>, Noon – 1:00 p.m.
      - Meeting III: Tuesday, March 12<sup>th</sup>, Noon – 1:30 p.m.
  - Reports
    - Services & Community Benefits; list of inpatient/outpatient/clinic/outreach/education services, community activities and community events HDH provides
    - Economic Impact; economic & employment benefits of healthcare to local economy
    - Survey Questionnaire; 37 question survey for completion and distribution
- Meeting II
  - Agenda
    - Introduction – CEO, Harney District Hospital (HDH)
    - Review of Meeting I – Facilitator
    - Collect Completed Surveys – Facilitator
    - Mental Health Survey – Facilitator
    - HEAL Grant Information – Sonni Svejcar, HDH
    - Economic & Demographic Data – Facilitator
    - Health Indicator & Outcome Data – Facilitator
    - Next Steps
      - Meeting III: Tuesday, March 12<sup>th</sup>, Noon – 1:30 p.m.
  - Reports
    - Service Area Demographics; Socio-economic and demographic data including population, ethnic characteristics, school completion, poverty level, insurance
    - Labor Force; employment numbers, non-farm payroll, compensation
    - Health Status; health data including causes of death, rates for diabetes/asthma/hypertension, weight classifications, veggie consumption, Oregon county health factors vs. health outcomes

- Meeting III
  - Agenda
    - Review Meetings I & II, Survey Process, Quantitative Data – Facilitator
    - Health Survey Results – Dana Ketcher & Facilitator
    - Develop Community Action Plan – Facilitator
      - List Health Issues
      - Discuss Resolutions
      - Summarize Recommendations
    - Next Steps
      - E-mail group recommendations, receive feedback
      - Report available
  - Reports
    - Survey Results; General results of survey

## Survey Respondents Noted the Following General Health Needs

### Activity & Nutrition

- Decreasing Fruit & Vegetable Intake
- Indoor Pool
- Lack of Indoor Exercise Opportunities
- Opportunities for Outdoor Activities

### General Wellness

- Develop Position to Coordinate Community Wellness
- Form a Wellness Committee

### Healthcare

- Awareness of Health Services Available Locally
- Cost of Care
- Dialysis Program
- Increasing Diabetes Rates
- Limited Customer Service Issues (12% negative responses vs. 83% positive & 5% neutral)
- Preventive Care & Prescription Assistance
- Smoking Cessation Programs

## Community Needs Recommendations

Address the decreasing rate of **Fruit & Vegetable Intake** – supported by **Group**

- Promote Bountiful Basket Program, Community Garden, Master Gardener, Farmer's Market through all avenues community wide
- Develop other options for rural areas

Address the lack of **Indoor Exercise Opportunities**

- Indoor Community Center – supported by **Grants ?**
- Indoor Pool Facility – supported by **Grants ?**
- Better Use of Senior Center, Local Schools, Other Resources

Address the **Cost of Care and Access to Care** – supported by **Harney District Hospital**

- Education regarding Financial Programs to aid patients in service payment
- Market availability of services and cost comparisons vs. similar-sized communities
- Market care quality vs. stereotype of rural providers/facilities
- Open House forum/tour regarding particular department or service?

Address an **Awareness of Health Services** available locally – supported by **Harney District Hospital**

- Address Limited Customer Service Items
- Did You Know? Campaign Regarding Services
- Education on Available Services



- Personal Relationship & Contact Regarding Services
- Radio Talk Show

Address development of a **Wellness Committee** - supported by **HEAL Grant**

- Form a Wellness Committee
- Goal: Improve General Health & Wellness in Community

Developing opportunities for **Outdoor Activity** – supported by **Group**

- Walking Group
- Safe Routes to School
- Making Parks More Attractive

While smoking is currently declining locally, developing a **Smoking Cessation** program

- Cessation Program – supported by **Harney County Health Department**

Address opportunities for using an **Indoor Pool** for exercise

- Collaboration With Local Motels
- Liability Issue
- Grants for New Facility

Develop position to coordinate wellness in our community – supported by **Harney District Hospital**

- Position to Coordinate & Collaborate Healthcare Activities, Groups, Etc...
- Radio Talk Show to Highlight Exercise Opportunities

Address **Increasing Diabetes Rates** – supported by **Harney District Hospital**

- Provide Diabetes Education
- Packaging Diabetes Testing, Education & Cooking Classes

Address issues of **Preventive Care & Prescriptions** – supported by **Senior Center (ADRC)**

- Outreach
- Education regarding funding availability for preventive exams and prescriptions
- Education regarding available preventive exams

## Hospital Implementation Plan

While many significant health needs were identified by the health assessment process and the Community Advisory Council (CAC), the following are being targeted by Harney District Hospital (HDH) in the 2013-2014 fiscal year.

**Awareness of Health Services Available Locally:** Educating the public on services which are available locally was identified as a significant healthcare need. Oftentimes, citizens believe particular services are simply not available due to the size of the community.

- 'Did You Know' campaign regarding available services
- Education about services
- Personal relationship and contact regarding services
- Market care quality vs. stereotype of rural provider/facility
- Open House forum/tour regarding particular department/service
  - **IMPACT:** Increase use of local health services, make community more comfortable with local healthcare
  - **EVALUATE:** COMPdata, Office of Rural Health statistics

**Cost of Care Information:** Cost of care was a significant healthcare concern of the community and is often seen as a reason to not receive preventive services, leading to even more serious health issues.

- Education regarding Financial Programs to aid patients in service payment
- Market cost comparisons of service costs vs. similar-sized communities
- Cost of preventive care vs. critical care
  - **IMPACT:** Increase use of Patient Financial Services, preventive care services
  - **EVALUATE:** Numbers of payment plans, decreasing collections

**Service & Customer Service Needs:** Keeping up with community service needs was seen as a significant healthcare concern. Harney District Hospital will continue to research and expand services to meet community needs where appropriate. In addition, limited customer service items were noted which Harney District Hospital will address in-house.

- Develop new services to meet community needs
- Expand existing services to meet community needs
- Address customer service needs noted by assessment survey
  - **IMPACT:** Add or expand services based on community need, improving in-house customer service where noted
  - **EVALUATE:** Service need, usage statistics, assessment responses in 2016

**Position to Coordinate Community Wellness:** Developing this position and a wellness approach to meet preventive health needs was seen as a significant healthcare concern. More and more local health issues are worsened by poor choices, not poor healthcare. Meeting these issues head-on with wellness activities and community collaboration will improve HDH's preventive care and meet many of the health issues identified by the assessment process.

- Facilitate a Wellness Committee
- Match wellness resources with community needs
  - Develop more interior exercise options using community resources
  - Develop outdoor activities: Walking groups, 'Safe Routes to School', etc...

- Improving Fruit & Vegetable Intake
  - Promote Bountiful Basket, Community Garden, etc...
  - Develop options for rural areas
- Promote Healthy Eating, Active Living
  - Education
  - Promotion: Talk Show format, Activity Calendar
  - Address Safety issues with local law enforcement
    - **IMPACT:** Improve community wellness through education events, better usage of fruits/veggies, more options for exercise programs, formation of programs to encourage activity
    - **EVALUATE:** Usage numbers of available food and activity programs, preventive care statistics, attendance at education opportunities and events

The following identified needs will not be addressed by Harney District Hospital in the 2013-2104 fiscal year:

**Dialysis Program:** While this is a need identified by the assessment survey, it is unfortunately one Harney District Hospital cannot address. The codes and standards of the Oregon Health Authority, Public Health Division in regards to building, staffing, policy and mechanical needs for an outpatient renal dialysis facility are simply too extensive for the limited number of local patients (10 or less per CHIP process, 2007) who require this service.

**Indoor Community Center & Indoor Pool:** These are infrastructure item requiring a community grant writer and fundraising. HDH may be involved peripherally.

**Preventive Care & Prescription Assistance:** While Harney District Hospital intends to address preventive care needs through their services and wellness outreach, this particular item will be addressed by the Harney County Senior & Community Services Center through their Senior Health Insurance Benefits Agency (SHIBA) and Prescription Assistance programs as they aid citizens by educating them on funding possibilities for preventive exams and prescriptions.

**Smoking Cessation Program:** This program will be developed and managed by the Harney County Health Department. Harney District Hospital's Respiratory Therapy Department will be a part of this program.

#### **Awareness of Assessment**

- Assessment Availability; This assessment report will be available on-line at [www.harneydh.com](http://www.harneydh.com) as well as the Harney District Hospital Facebook Page. A summary report will be given on the local radio station KBNH/KORC with instructions to receive more information. The report will also be physically available in the Harney District Hospital, HDH Family Care, Burns Dental Group, Harney County Health Department and Family Eyecare of Harney County waiting rooms.

In addition to being Community Advisory Council (CAC) members, the following ladies deserve special recognition for their efforts to improve the health of the Harney County community through this assessment process. They were energetic and enthusiastic partners in this endeavor and are greatly appreciated.

- **Harney County Health Departments Americorps VISTA (Volunteers in Service to America) Dana Ketcher provided vital assistance by capturing and compiling over 600 survey results, community outreach to receive surveys, and presenting data to the council**
- **Harney District Hospitals Sonni Svejcar applied for and received the HEAL (Healthy Eating, Active Living) Grant from Northwest Health Foundation which provided funds for the assessment and a survey incentive prize, as well as providing community outreach to encourage survey completion**