### MID-COLUMBIA MEDICAL CENTER

## **2022 Community Health Needs Assessment Executive Summary**

Mid-Columbia Medical Center was (MCMC) founded by local residents for local residents. We are proud of our community heritage and as so we are committed to improving the health of our diverse community in the Columbia Gorge region. Our mission is to provide exceptional health services and experiences through personcentered care by executing our values of compassion, integrity, wellness, teamwork, and quality. Additionally, MCMC is a nonprofit, community health care system serving the Columbia River Gorge that offers a 49-bed hospital, 24/7 emergency care, immediate, care center, cancer care, breast center, cardiovascular services, surgery childbirth, physical therapy, internal medicine, behavioral health, and more.

The Community Health Needs Assessment (CHNA) is an opportunity for Mid-Columbia Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At MCMC, this process informs our partnerships, programs, and investments. Improving the health of our communities is foundational to our Mission and a commitment deeply rooted in our heritage and purpose. Along with other community hospitals, clinics, and partners, MCMC participated in the Gorge CHNA Collaborative to work toward the common goal of creating a regional health assessment.

### OVERVIEW OF THE CHNA PARTNERSHIP

Mid-Columbia Medical Center is a not-for-profit organization dedicated to provide exceptional health services and experiences through person-centered care. Striving to offer the values of compassion, integrity, wellness, teamwork, and quality which are part of our Planetree Philosophy. MCMC operates both primary and specialty clinics along with a 49-bed hospital and immediate care center to serve the Columbia Gorge community.

Seven community health organizations worked together to complete a comprehensive assessment of our communities' most pressing needs. Each organization contributed meaningfully by attending planning meetings, translating documents, assisting with outreach, analyzing survey data, and much more. The seven community health organizations included: Klickitat Valley Health, Mid-Columbia Community Action Council, Mid-Columbia Medical Center, Once Community Health, Providence Hood River Memorial Hospital, Skamania County Public Health, and Skyline Health.

Before beginning this year's CHNA this process, these Principles of Collaboration were agreed to:

- Producing accurate and actionable products, as Partners agree on the needs within our region and communities and as we align our abilities to address those needs together.
- Avoid community partner burnout with respect to qualitative data collection through a coordinated approach to listening sessions and key stakeholder interviews.
- Maximize collective resources available for improving health in the region.
- The collaborative approach requires commitments of cash or in-kind resources from all Partners, using it to satisfy a regulatory requirement.

Our Principles of Collaboration outline our shared beliefs:

 A collaborative approach to the Community Health Needs Survey (CHNA) and subsequent Community Health Improvement Plans (CHIP) is better for our region, yielding more accurate and more actionable products, as community providers agree on the needs within our region and communities, and as we align our abilities to address those needs together.

- A collaborative approach to the CHNA and CHIP will maximize collective resources available for improving health in the region.
- The rest of this document illustrates our collaborative effort and our shared recognition of the greatest needs in the Columbia Gorge Region.

The 2022 CHNA was approved by the Gorge CHNA Collaborative on November 11<sup>th</sup>, 2022 and made publicly available by December 31st, 2022.

# GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Using quantitative and qualitative data through a mixed-methods approach, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings & Roadmaps, ESRi Updated Demographics, Oregon Health Authority, Oregon Student Wellness Survey, the COVID-19 Vaccine Tracker, and the U.S. Census. These sources provided insight into public health data regarding health behaviors, morbidity and mortality, rates of vaccination, illness, and death, and hospital-level data. To better understand the unique perspectives, opinions, experiences, and knowledge of community members, we conducted eight listening sessions with 66 community members who are from diverse communities, have lowincomes, and/or are medically underserved. All community input was collected between April and June of 2022. We also conducted 11 stakeholder interviews with 16 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. In addition, the Gorge CHNA Collaborative conducted an online and paper community health survey in English and Spanish that engaged 1,279 residents. Some key findings include the following:

- The primary strength identified by stakeholders was the collaboration and relationships between local organizations. Examples of this include the Bridges to Health Pathways program, the local Coordinated Care Organization, the Natives Along the Big River collaborative, COVID-19 response services, community-wide trauma-informed practices, and more.
- Stakeholders and listening session participants shared there is a desperate need
  for affordable housing as the cost of housing continues to increase. Housing
  stability is connected to health and economic security; the cost of housing is a
  burden for many families trying to meet their basic needs.
- Only 30% of community health survey respondents stated that they received all the mental health services they needed in the past year.
- 65% of community health survey respondents felt socially isolated or lonely at least some of the time over the last year, with 6% feeling isolated or lonely "all of the time."

While care was taken to select and gather data that would tell the story of the region's service area, it is important to recognize the limitations and gaps in information that naturally occur. A full accounting of data limitations can be found starting on page [25] of the full CHNA report. For more information related to the CHNA methods and process please see page [15] of the full CHNA report.

#### **IDENTIFYING COLLABORATIVE HEALTH PRIORITIES**

Through a collaborative process of data collection, analyzing community input, and cross referencing qualitative and quantitative data, the Gorge CHNA Collaborative identified the following key themes: homelessness and housing instability, behavioral health challenges and access to care, access to health care services, economic and food insecurity, and chronic conditions.

For a rank order list and a description of significant health needs, see page [39]. For a list of potential resources available to address the identified needs, see the end of each Key Theme description in the collaborative CHNA report.

#### Mid-Columbia Medical Center 2022 PRIORITY NEEDS

The Gorge Collaborative identified various prioritized needs. Considering MCMC's scope of practice, capabilities, community partnerships, and strategic initiatives we are committed to addressing the following priority areas:

Homelessness and Housing Instability: Housing costs have increased and community members are experiencing "housing-burden" trying to keep up with the rising costs.

Access to Health Care Services: Social Determinants of Health such as transportation have impacted people in accessing care, as well as a shortage of providers that offer culturally and linguistically centered care.

**Chronic Conditions:** Gorge Residents are experiencing unmanaged chronic conditions as a result of having to focus on how they will cover their other basic needs and the limited access there is to primary care providers and specialists.

Mid-Columbia Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs considering resources and community strengths and capacity. The 2023-2025 CHIP will be approved and made publicly available no later than 5/31/2023.

# MEASURING OUR SUCCESS: RESULTS FROM THE 2019 CHNA AND 2020-2022 CHIP

This report evaluates the impact of the 2020-2022 CHIP. Mid-Columbia Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. This summary includes just a few highlights of our efforts across the Columbia Gorge region. In addition, written comments were solicited on the 2019 CHNA and 2020-2022 CHIP reports, which were made widely available to the public via posting on the internet in December 2019 (CHNA) and May 2020 (CHIP), as well as through various channels with our community-based organization partners.

Below is a summary of the outcomes for each priority:

Table 2: Outcomes from 2020-2022 CHIP

| Priority<br>Need                        | Program or<br>Service Name                                 | Program or Service Description  | Results/Outcomes  |
|---|--|---|---|
| Access to Equitable Healthcare Services | Increase signage<br>and program<br>materials in<br>Spanish | Culturally and linguistically appropriate communication materials are made available (flyers, patient letters). | Since 2020, as a best practice all publicfacing signage is printed in Spanish and English.  8 Zone Tools were translated into Spanish.  Patient letters are translated into Spanish on an on-going basis. |
|   | Access to same-<br>day<br>appointments                     | Increased same-day appointment capacity at MCMC Immediate Care  | MCMC's Immediate Care center opened in April 2020. Current  |

|  |  | center. Baseline data was 375 appointments a month. Intended goal was 550 appointments a month.  | appointment capacity is 660 a month.   |
|--|--|--|--|
|  | Increase accessibility for timely care to clinic based Behavioral Health Services. | Increase capacity for internal mental health referral wait times. Baseline date was 10 days. Intended goal was 2 days.                           | Due to the COVID-19 pandemic this measure was not met as the pandemic exacerbated mental health conditions. However, MCMC did implement telemedicine appointments for patients who were not comfortable having an in-person appointment due to COVID-19. MCMC hired 1-2 new FTE to offer behavioral health services at our primary care clinics. |
|  | Increase PCP assignment  | Increase Medicaid assigned individuals from a baseline of 3,400 to a target of 4,500 by 2022.  | MCMC increased<br>Medicaid assigned<br>individuals up to 4,820.  |
|  | Food box<br>distribution   | Increase access to healthy food options for vulnerable populations such as low-income, un- insured, and migrant and seasonal farmworkers (MSFW). | Between June and July<br>2021, Community<br>Health Worker's<br>(CHW's) distributed 50<br>food boxes each week<br>during outreach events.   |

|              |                 |  | In June and July of 2022, CHWs distributed a total of 505 food boxes to MSFW.  In 2022, 15 patients that screened positive for food insecurity were identified and enrolled in the Gorge Grown Food Network's VeggieRx program. |
|--------------|-----------------|--|---|
| Social       | Persistent Pain | Our Persistent Pain  | There are 7 recorded  |
| Determinan   | Education       | Education program is a   | classes available on the  |
| ts of Health | Program         | series of presentations  | MCMC website.   |
|              |                 | that educate people in a comprehensive, pain-management approach. Each 90-minute talk is led by a different healthcare professional including a physical therapist, clinical psychologist, clinical pharmacist, sleep specialist, dietitian and therapeutic yoga instructor. | Between 2020 and 2021, 43 individuals benefited from this program.  |
| Patient      | PREVENT         | PREVENT is a free  | Between 2020 and  |
| Empowerin    | Program         | wellness program   | 2021, 22 individuals  |
| g Education  |                 | facilitated by a trained   | attended and benefited  |
|              |                 | lifestyle coach.   | from the PREVENT  |
|              |                 | Participants learn how to  | program.  |

| Mommy & Baby<br>Wellness<br>Program | make the lifestyle changes necessary to lose weight, prevent disease and increase overall health.  This program discusses important topics including, postpartum depression, fitness and yoga for moms, returning to sports activity, strengthening your pelvic floor, infant bonding and massage, scar management, birth control, baby sign language, bladder health and regaining your sex life after baby. | In 2021, eight individuals benefited from this program. |
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### **2022 CHNA Governance Approval**

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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email jasminh@mcmc.net.