

# **Wallowa Memorial Hospital Community Health Needs Assessment April 2016**



**For Review 18 April 2016 -**

## Table of Contents

Introduction .....	3
Socio-Demographics .....	8
Current Health Status .....	13
Methodology .....	16
Primary Data Source and community partners .....	16
Secondary Data .....	18
Perspective on the Survey .....	19
Community Survey .....	20
Health Care Gaps or Needs in the Community with Conclusions / Recommendations .....	27

**Wallowa Memorial Hospital (WMH)**  
**Community Health Needs Assessment**  
**April 2016**

**Introduction**

Wallowa Memorial Hospital is a 25-bed Critical Access Hospital (CAH) with: a Swing Bed program; an Outpatient Infusion service, a Respite Program; a Cardiopulmonary Service; and Emergency Medical Services with a hospital-based ambulance services. WMH recently acquired a Primary Health Clinic with three Family Medicine Physicians and one Nurse Practitioner. The hospital also provides general surgery, obstetrical, and pain clinic services. Additionally there are services provided on a rotating basis for orthopedics, cardiology, oncology, and ENT.

Wallowa Memorial Hospital has adopted these guiding principles in its endeavor to deliver healthcare to the residents and visitors of Wallowa County.

**Mission Statement:** To provide premier health care.

**Vision:** Wallowa Memorial Hospital will be a recognized leader in mission focus, quality care, and fiscal strength.

**Values:**

**Compassion** – Empathy and understanding

**Respect** – Human dignity and individuality

**Integrity** – Absolute integrity in all relationships and dealings

**Quality** – Excellence in clinical and service quality

**Stewardship** – Responsible resource management in serving our communities

**Family** – Supportive members of a caring family

The primary service area for Wallowa Memorial Hospital is Wallowa County, located in the northeast corner of Oregon along the Washington and Idaho borders. The county is mostly mountainous and forms the headwaters for several important tributaries to the Columbia/Snake River System. The county comprises 3,153 square miles with four incorporated cities and several small unincorporated areas. It has a population of 6,911 (2015 study) with a population density of 2.2 persons per square mile.

According to the latest economic data, the county unemployment rate in December 2014



was 10.2%. The Median Family Income for a family of three in 2014 was \$41,522, while the state Median Family Income for three was \$50,521 (Fig. 1). Currently in Wallowa County 11.1% of all families are below the Federal Poverty Level compared to the US at 5.8%.

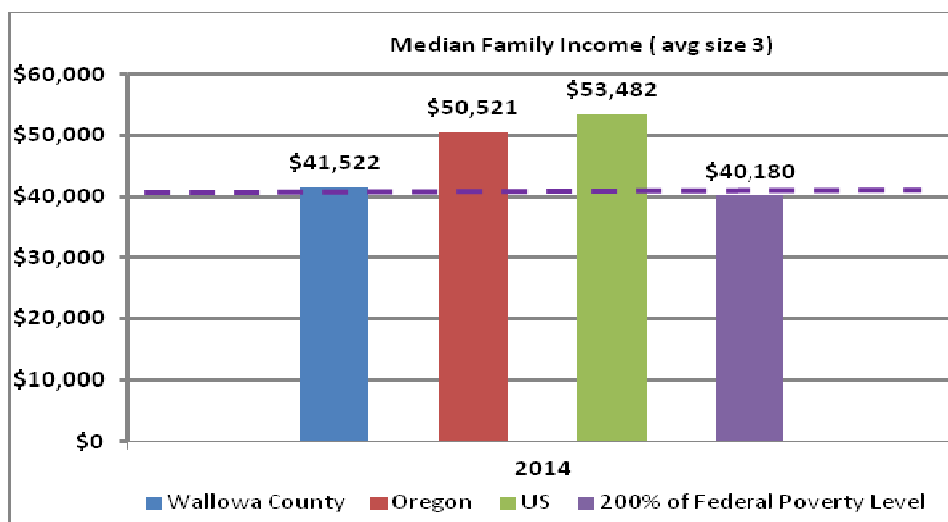


Fig. 1

The Oregon office of Rural Health recently published the report “Areas of Unmet Health Care Need (AUHCN) in Rural Oregon”. Wallowa County was evaluated and ranked along with 103 other rural primary care service areas.

The Areas of Unmet Care Need in Rural Oregon is published annually to determine how rural communities compare to each other, and the state as a whole, in terms of unmet healthcare need. Each of the 104 rural primary care service areas are scored based on:

- Primary care capacity

- Preventable hospitalizations

- Low birth weight

- Mortality ratio

- Time travel to the nearest hospital

Those with a cumulative score below the mean are deemed areas of unmet health care need. The statistical manner to arrive at the mean for each of these categories and then a summation is a deep and complicated process. In 2016 the mean was 50 and Wallowa County’s score was 56 which was above the limit (mean) to be designated as an Area of Unmet Care Needs in rural Oregon.

However, Wallowa County was designated a Health Care Shortage Area recently by the Oregon Office of Rural Health during this annual review and comparisons of the 104 rural primary care service areas. This designation is via the Oregon Governor's Health Care Shortage Area Designation which was created in 2006 to address the fragile health care situation in Oregon's rural areas that do not meet Health Professional Shortage Area (HPSA) or the Medically Underserved Area (MUA) designation criteria. It specifically targets the most remote and least dense locations of the state and expands eligibility of Rural Health Clinic certification in these areas.

Areas may qualify for a Governor's Health Care Shortage Area designation in one of the following three ways:

1. All primary care service areas within a frontier county will automatically be designated Governor's Health Care Shortage Areas
2. If the primary care service area does not meet the level one criterion, but the area has a population-to-physician ratio equal to or greater than 2,400:1 (where the physician full time equivalency (FTE) is calculated with one physician FTE subtracted), the area will automatically be designated a Governor's Health Care Shortage Area
3. If the primary care service area does not meet the level one or level two criteria, the service area will be eligible for designation as a Governor's Health Care Shortage Area if:
  - a. The area has a population-to-physician ratio equal to or greater than 1,500:1 (where the physician FTE is calculated with one physician FTE subtracted); and
  - b. At least two of the following three conditions are met:
    - i. The service area is defined by the Office of Rural Health as an Area of Unmet Health Care Need;
    - ii. The area contains a population of people age 65 and older that is at least 20% greater than the rate of the State of Oregon;
    - iii. The area contains a population with incomes at or below 200% federal poverty level that is 30% or higher than the rate of the State of Oregon.

While Wallowa County was not identified as qualifying as an Area of Unmet Health Care Need, the Governor's Health Care Shortage Area designation distinguishes that Wallowa

County health care and its consumers are at risk. The Community Health Needs Assessment Survey done in January 2016 characterizes many at risk issues for those receiving healthcare in Wallowa County. The Health Needs assessment for Wallowa County was all encompassing for both adults and children for prevention, mental health, physical health, education, family health, and in all life pathways.

## Socio-Demographics of the Service Area

In order to assess the healthcare needs of the service area population, it is imperative to identify significant socio-demographic factors of the population that impact the need for healthcare services. These factors are summarized below.

The population for the service area is 6,911, with the highest concentration of the population in 4 cities along Oregon State Highway 82 – Enterprise, Joseph, Wallowa, and Lostine. Wallowa County has been experiencing decline in its population over the last several years, while the statewide rural population has been experiencing a growth. Wallowa County is projected to reverse the trend ever so slightly by the year 2020 (Fig. 2).

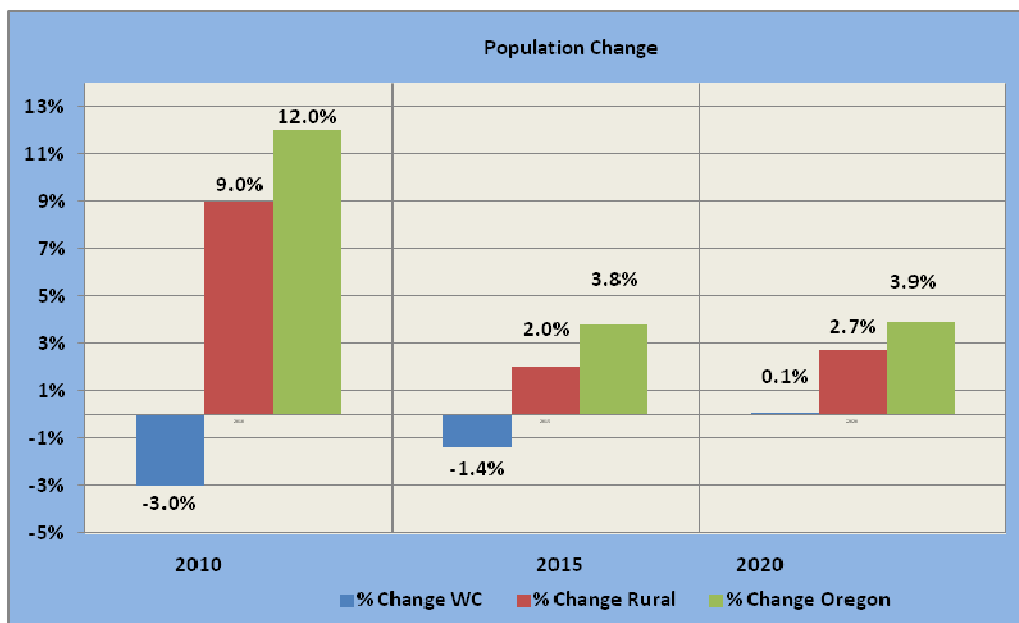


Fig. 2

The age population (Fig. 3) shows the distribution of ages with 45 and older accounting for



59% of the population base for Wallowa County.

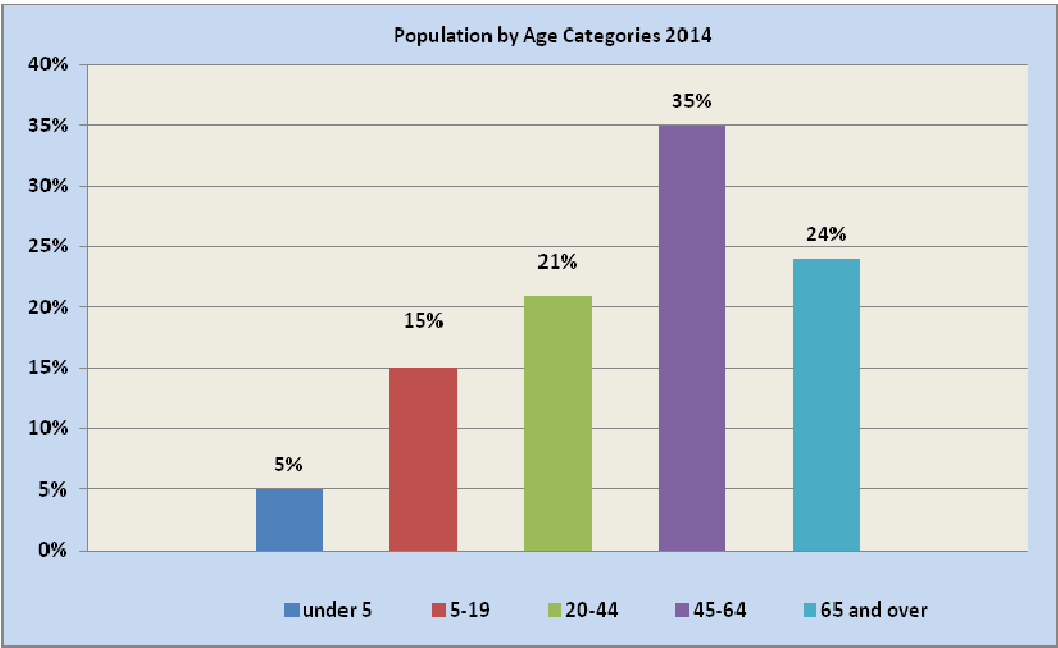


Fig. 3

The median age (Fig. 4) in Wallowa County is significantly higher compared to state or national median ages. This gap lends itself to more chronic conditions and impacts of wear and tear on the human body.

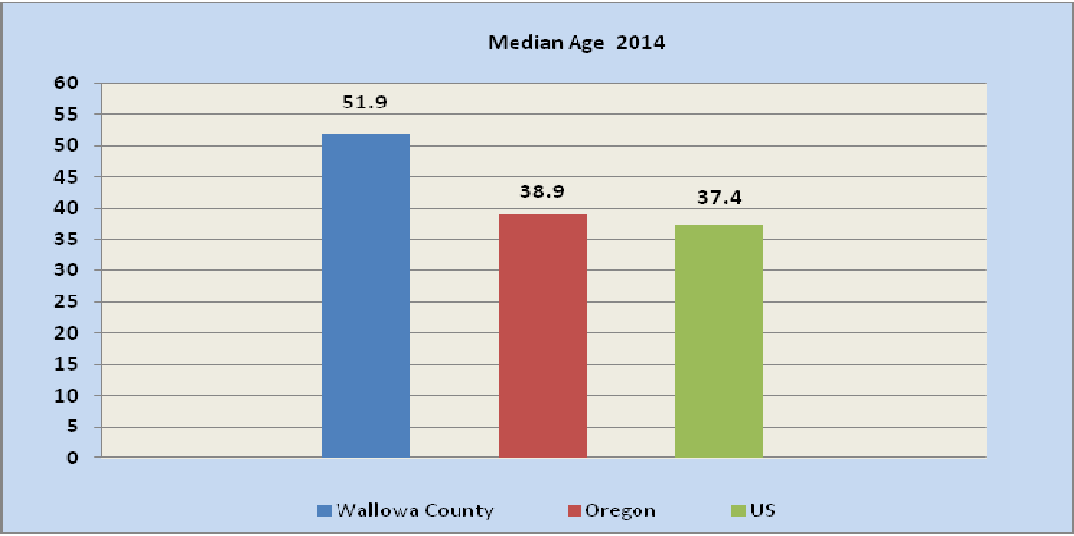


Fig. 4

In 2014 percentage of those receiving Social Security benefits (Fig. 5) in Wallowa County for all categories of support was 45 %. This is a substantial percentage of the

population and is up from 39% in the 2010 assessment.

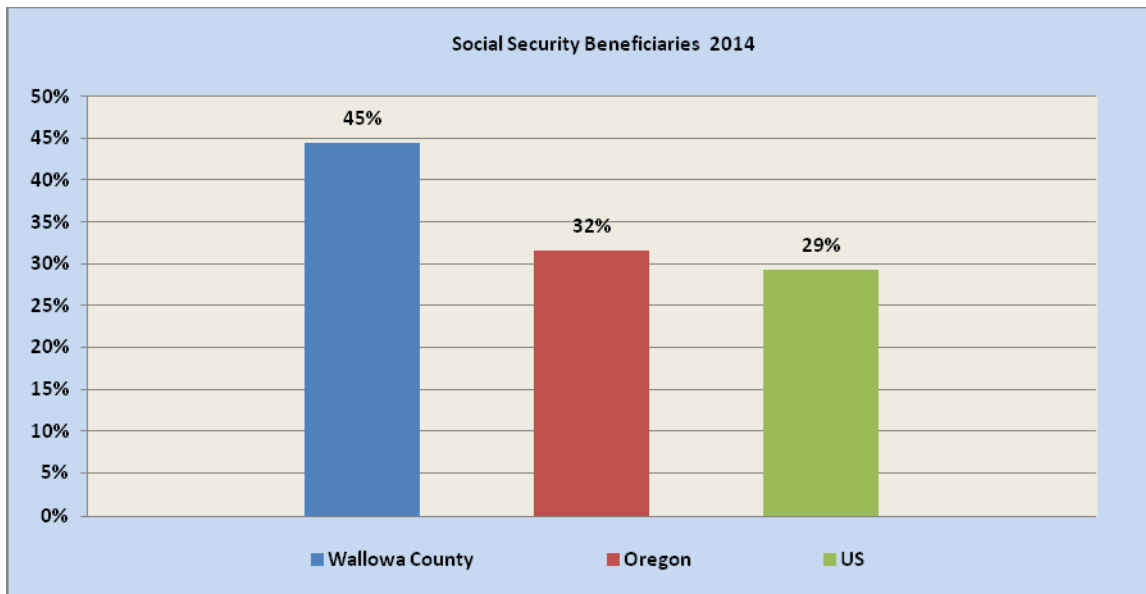


Fig. 5

The per capita income (Fig. 6) during the 12 months of 2014 was \$23,996.

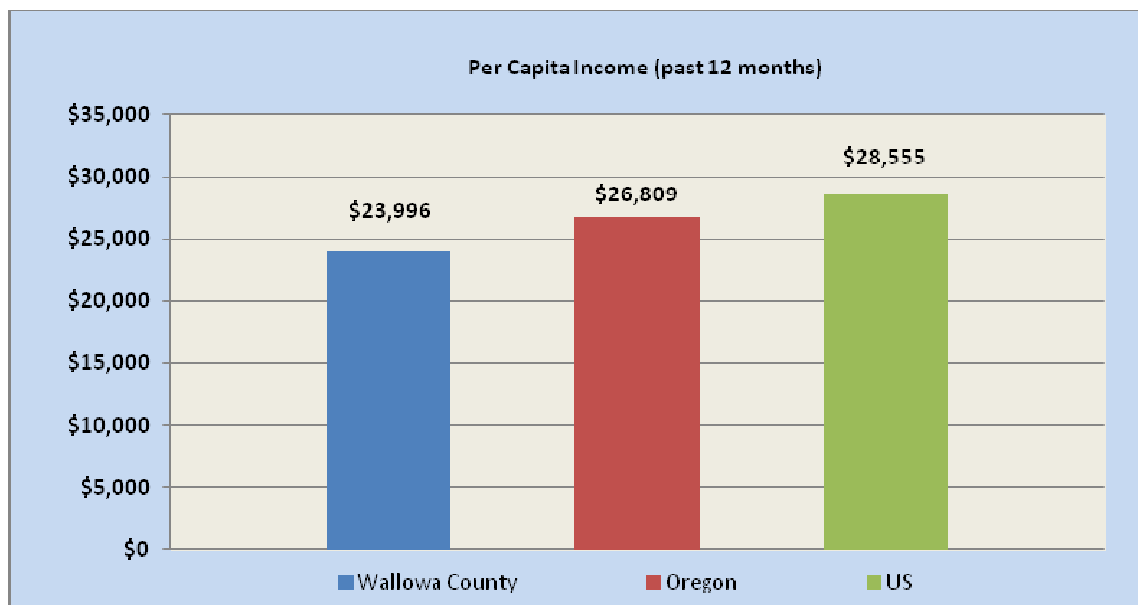


Fig 6

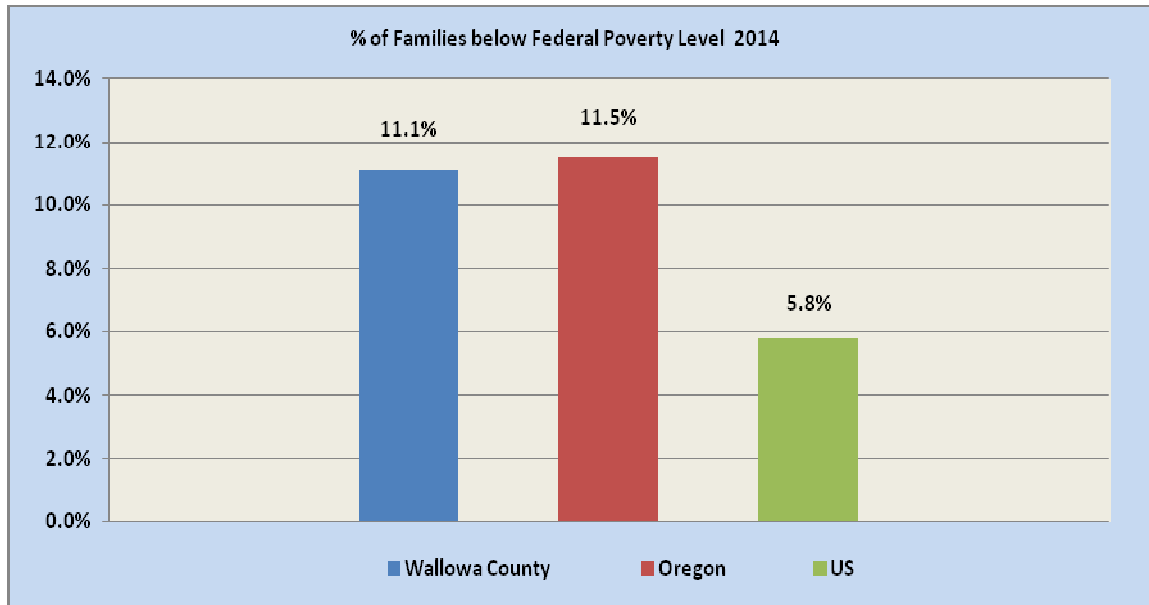


Fig. 7

While the population is declining and with 11.1% of Wallowa County residents below the Federal Poverty Level threshold in 2014, (Fig. 7) the housing / rental market rate (Fig. 8) remains well above the state and national median rate. This factor impacts not only those below the Federal Poverty Level but those in the middle who have part-time or even full time employment. These individuals often struggle to remain in Wallowa County due to the high cost of rental housing and an inability to purchase a house. Housing consumes a considerable portion of their monthly income.

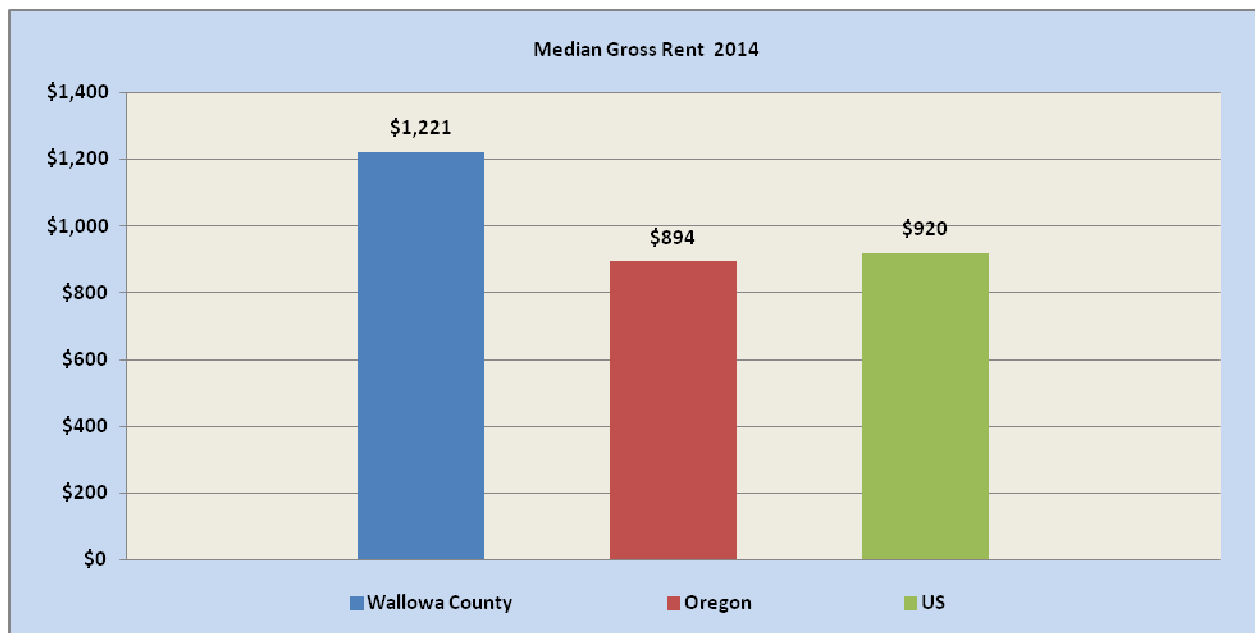


Fig. 8

In summary, although the population of the service area is under 7,000, there is a high percentage of individuals aged 45 to 64 and nearly one quarter of the population over 65. This older population as a segment often requires significant portion of available healthcare resources for chronic conditions, multiple morbidities, and complex health issues.

While a portion of the healthcare resources may sustain a good quality of life, a considerable amount is devoted to the final year or two or even months of life. Demand for healthcare services, specifically geriatric oriented services is noteworthy and will only increase.

The growing emphasis to maintain or return an individual during convalescence or rehabilitation sooner from tertiary health facilities has also impacted the hospital. These returning patients are requiring more sophisticated health care and equipment to rehabilitate or maintain status quo.

A subset of residents are who are profoundly disabled continues to require considerable healthcare resources when confronted with illnesses or a worsening of their disability.

Additionally, the underinsured and low-income populations also impact the demand for healthcare. They often lack healthcare literacy and are unable to fully comprehend healthcare literature which would enable them to take advantage of self help healing approaches. These populations tend to present only for acute healthcare problems as opposed to participating in preventive healthcare opportunities. Healthy life styles and preventive habits and practices are often not a part of this population's experience and knowledge base.

## Current Health Status

In addition to socio-demographic factors, a disparity in health status for the service area population also provides an indication of healthcare needs. These disparities are summarized below.

In 2014, Wallowa County average death per 1,000 population (Fig. 9) was 12.4 compared to the state average of 8.3. The leading causes of death in Wallowa County include heart disease, cancer, and chronic lower respiratory disease (such as flu and pneumonia in the elderly).

### Cause Specific Crude Death Rate per 100,000, year 2014

	County	OR	U.S.
<b>Total</b>	1221	831	822
<b>Cancer</b>	167	284	195
<b>Heart Disease</b>	179	284	159
<b>Cerebrovascular Disease</b>	66	75	45
<b>Unintended Injuries</b>	75	45	41
<b>Alzheimer's</b>	15	34	27
<b>Diabetes</b>	38	28	24
<b>Suicide</b>	29	18	13
<b>Flu and Pneumonia</b>	17	11	18

Fig. 9

Chronic disease key health care findings (see below Fig. 10):

- Asthma for Oregon Health Plan (OHP) participants and the uninsured
- COPD/Lower Respiratory Disease
- Mental Health
- Oral Health Disease
- Substance Abuse

Age adusted Health Risk Factors Prevalence Mod Chronic Disease Factors			
	County	OR	U.S.
% of adults who smoke	13.0%	16.0%	21.0%
Smokless tobacco (male)	11.7%	7.7%	n/a
% of adults classified as obese	25.0%	27.0%	31.0%
% of Adults with High Blood Pressure	51.6%	36.0%	n/a
Depression	20.8%	24.8%	n/a
Alcohol-impaired driving deaths	40.0%	31.0%	41.5%

Fig. 10

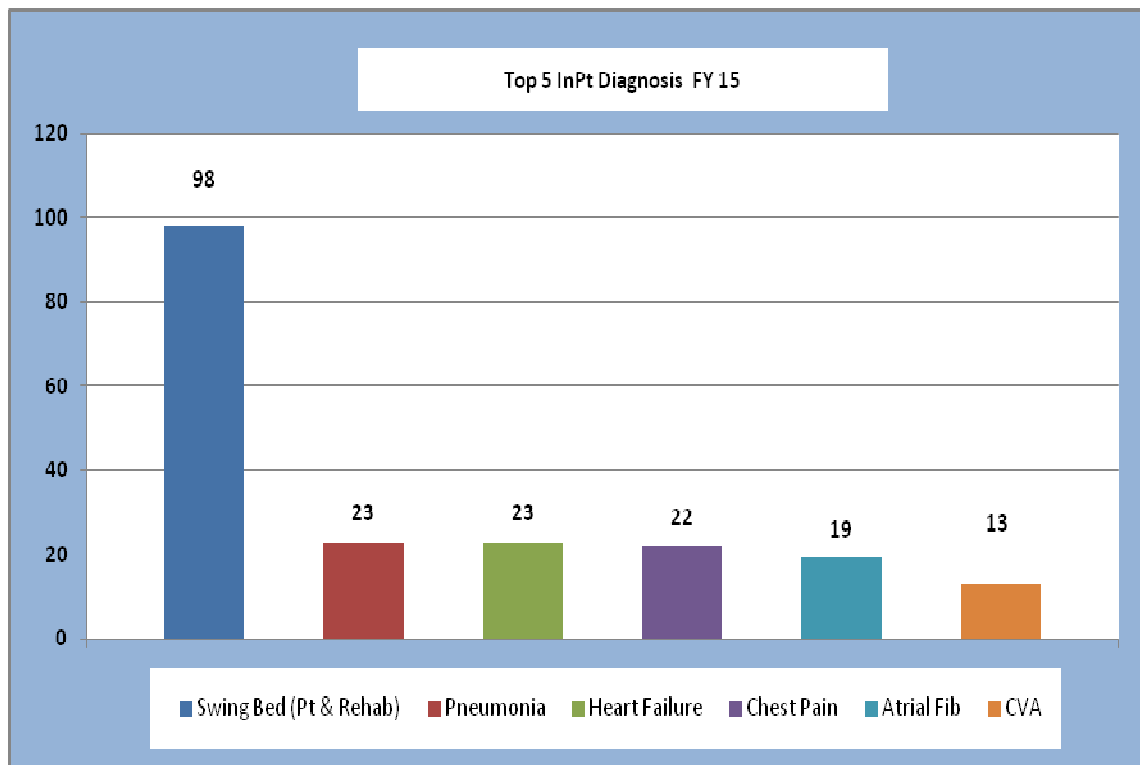


Fig. 11

Specific social determinants of health as assessed on the Northeast Oregon Network Community Needs Assessment Survey are:

- Not having enough money to pay for housing
- Not having enough money to pay for medical insurance
- Not having enough money to pay for a doctor
- Not having enough money to pay for a dentist
- Not being able to get help when stressed, depressed, or anxious (Oregon Health Plan population)
- Children in poverty
- Adults 200% of Federal Poverty Level and under

Other identified social determinants are;

- Not enough money for food
- Not enough money for utilities
- Not enough money for prescriptions
- Health literacy: not being able to read or understand condition specific information well enough

These findings connote that there are multiple social determinant factors which impact the health and consequently healthcare needs of Wallowa County residents. Simply adding services for those identified items will not address nor solve the healthcare needs. A robust cross-agency effort must be orchestrated to successfully tackle the demonstrated needs. When agencies servicing these populations can agree upon a common vision for providing a comprehensive approach, then these populations will have greater chance for improvement. Wallowa Memorial Hospital is a key participant in bringing county agencies and healthcare delivery organizations together.

The Eastern Oregon Coordinated Care Organization (EOCCO) along with the local Community Advisory Council (CAC) for Wallowa County are the central agencies to affect change, leadership, assessment, planning, implementation, and evaluation during critical phases of change.

## **METHODOLOGY**

The methodology for assessing Wallowa County healthcare needs was divided into a primary component of a direct survey which was mailed to residents in Wallowa County, in January 2016, and a secondary data review from The Office of Rural Health at Oregon Health Sciences University (OHSU), the Northeast Oregon Network (NEON) data bank, and several informal opportunities.

### **Primary Source Community Survey**

Wallowa Memorial Hospital contracted with NEON to develop and implement the survey. The community survey effort was expanded to include several community partners (see list below). The primary source for obtaining community health needs understanding was through a direct mailing of a nine page survey which was sent to one thousand households within Wallowa County. This approach required two mailings to achieve the necessary numbers of returns for a statistically relevant survey. A total of 484 responses were received. The returns were from two sources; the actual mailed random set of 410 returned responses which were sufficient to meet the statistical requirements for this study, and a smaller subset of 74 returned non-random surveys. The non-random surveys were provided at several of the community partner's service locations and the respondents often required assistance in completing the survey. The non-random surveys were evaluated and identified separately from the 410 mailed responses to maintain validity of the random responses.

### **Community Partners:**

Northeast Oregon Network (NEON) is a community health collaborative working in the three rural Northeastern counties of Oregon: Baker, Union, and Wallowa. NEON's mission is to increase access to integrated healthcare for northeast Oregon residents by identifying system gaps, facilitating community developed solutions, and advocating for health care policy changes.

The Wallowa Valley Center for Wellness is a full service community mental health center providing outpatient services, and Alcohol, Drug & Developmental Disability Services.

Winding Waters Medical Clinic's mission is: To Improve the Health of Wallowa County, and the clinic's vision is: The Best Health for All. The clinic has incorporated 7 values: Accountability, Accessibility, Collaboration, Empowerment, Integrity, Leadership, and Passion.

Building Health Families (BHF) is an independent, nonprofit family support organization, offering personalized universal family support and education programs for parents, caregivers, parents-to-be, students and children through diversified programming.



Wallowa County Local Advisory Committee to the Eastern Oregon Coordinated Care Organization (EOCCO) advocates for preventive care practice, to oversee and collaborate with community partners on a Community Needs Assessment, and to develop, implement and report on a Community Health Improvement Plan.

Wallowa County Public Health Services provides nutritional educational and support with the WIC program, home visiting for child development screening, support for families with children living with disabilities, family planning and pregnancy prevention services, childhood and adult immunizations, planning for emergencies within the county, community tobacco prevention, and restaurant/food service inspection and licensures.

Although primary in nature Wallowa Memorial Hospital also assesses the health care needs of the county through several informal processes. The hospital conducts a memorial walk / race in June and sponsors a health fair booth during the event. At the booth, health information is provided and interests and ideas are collected concerning individual health needs. Several hospital staff members participate in other human services delivery systems as board members, participants in activities, or as volunteers. Those serving as board members have the capacity to bring needs and concerns identified by those outside organizations directly to the hospital's executive committee for consideration.

The hospital also works directly with agencies in the county such as the Health Department, Wallowa Valley Center for Wellness (mental health), and Community Connections of Wallowa County (senior services, children, low-income persons, and persons with disabilities) to assist in developing comprehensive services for disadvantaged clients. Through these collaborative processes Wallowa Memorial Hospital is able to identify potential needs.

## Secondary Data

The information collected for the secondary data analysis was obtained from the Oregon Office of Rural Health (ORH) and NEON. ORH's mission is to improve the quality, availability, and accessibility of health care for rural Oregonians. The Office partnered with Oregon Health & Science University in 1989 to increase its ability to bring statewide resources to rural areas. The office engages in four principal activities:

- **Planning, Policy Development and Advocacy** - The state legislature has charged the office with “coordinating” the provision of healthcare to rural Oregonians and developing legislative proposals to benefit the health of rural Oregonians.
- **Information Clearinghouse** - The office operates an information clearinghouse, which provides rural health information to healthcare providers, elected officials and government agencies, educators and members of the public.
- **Provider Recruitment and Retention** - Our Provider Recruitment and Retention Services help rural communities recruit and retain primary care providers.
- **Technical Assistance to Communities** - The office offers assistance to rural communities, often on-site, to strengthen their healthcare delivery systems.

## Perspective on the survey

As with many surveys of this nature there is bias which is very hard to control, but if acknowledged when evaluating the data, can be somewhat mitigated. The surveys went to an address (no homeless input). Often recipients have many competing demands (children, more than one job, and caretaker) and they just never get around to responding. Those over 65 often have available time and are of the generation which feels it's their responsibility to respond. The graph (Fig. 12) indicates 196 of the respondents were over 65, with a response rate of 43%.

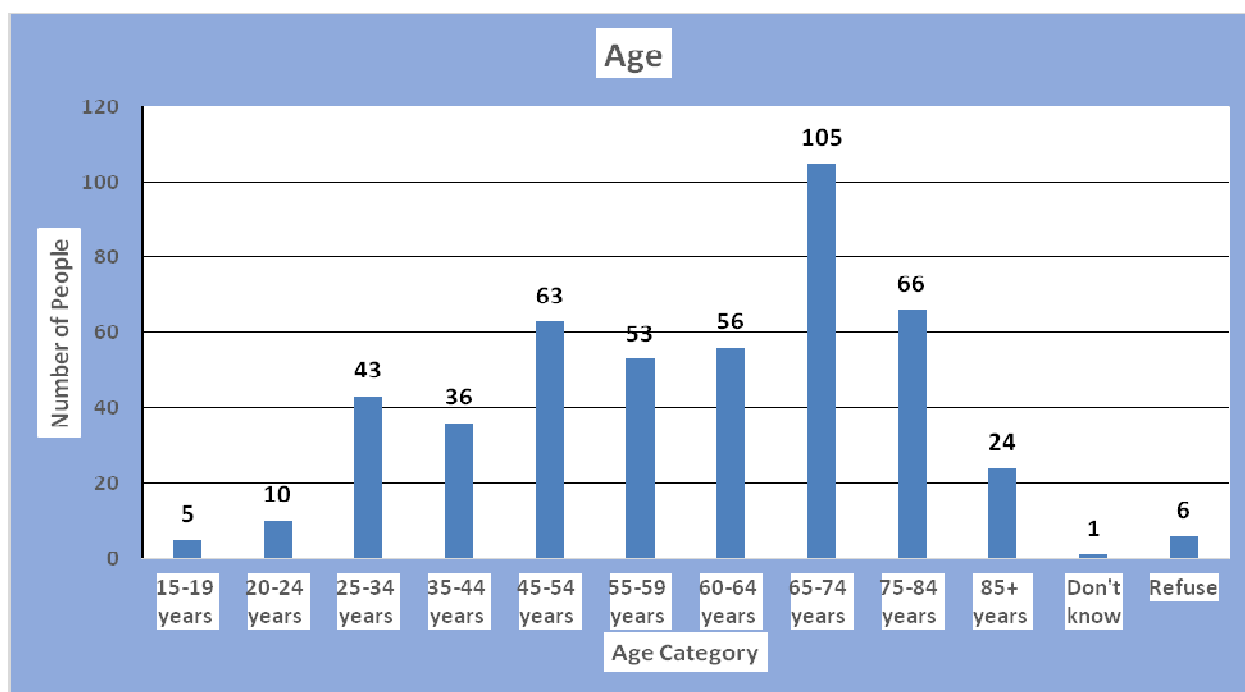


Fig. 12

## Health Care Gaps or Needs in the Community

The following slide (Fig. 13) information is presented either as the entire set of returns, or some as stratified among 65+, Low Income, kids at home, or assisted (those individuals where the surveys were provided at the agencies location and often the respondents required assistance).

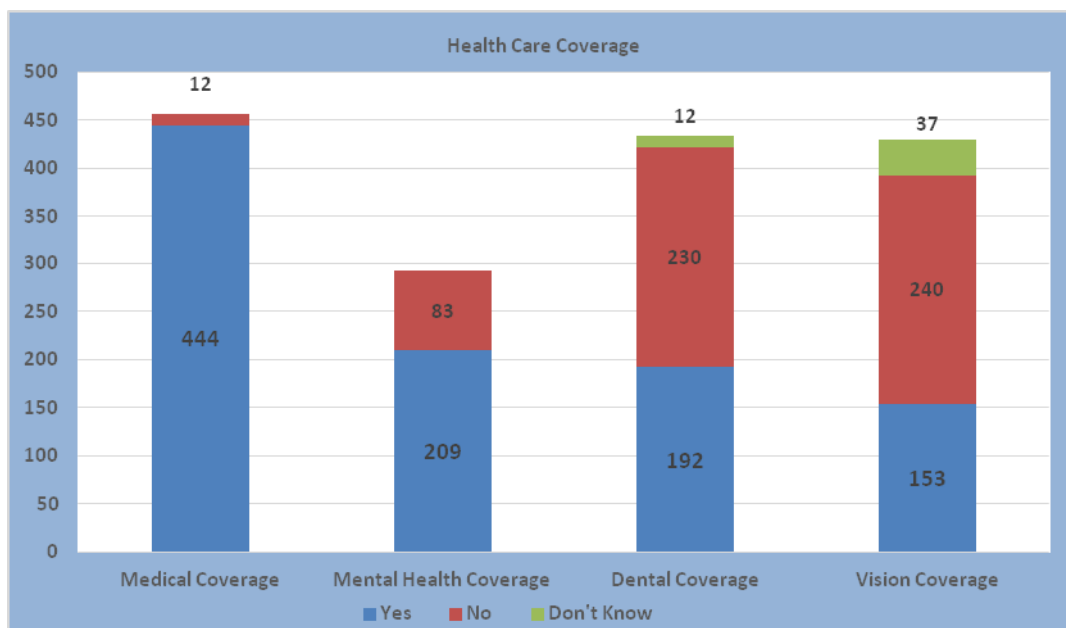


Fig. 13

The survey was structured to elicit information through 3 major avenues:

- Primary Care Services
- Mental Health Services
- Dental Care Services

This does not imply other needed health services are not important but rather can be a subset of these 3 categories.

## Access to Primary Care Services

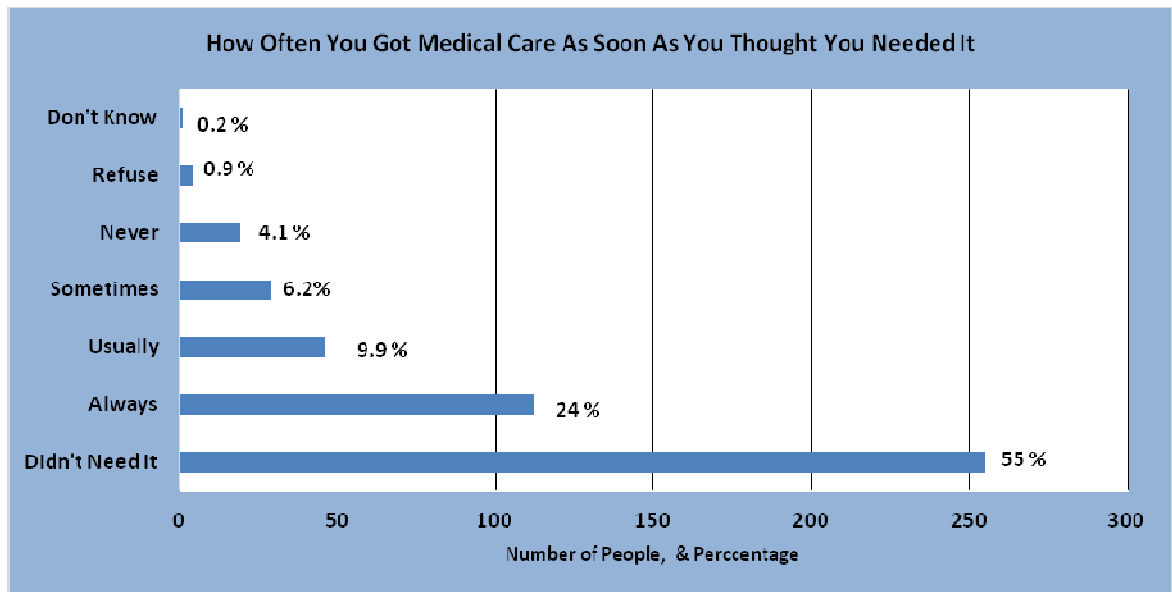


Fig 14

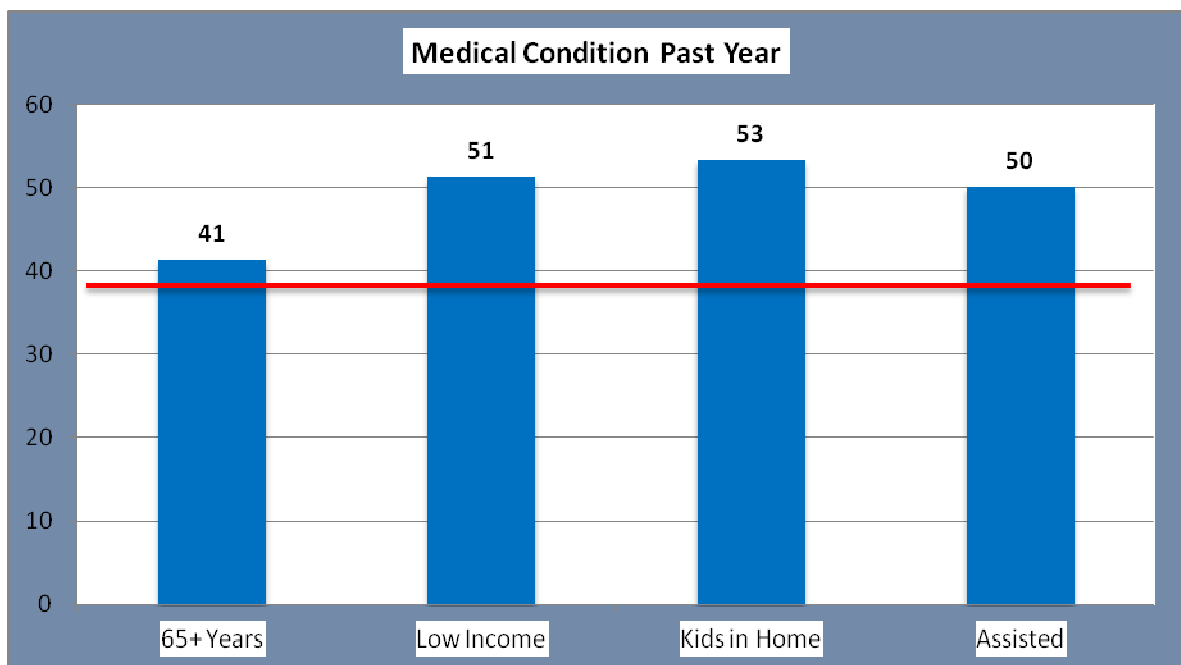


Fig. 15

Among all respondents, about 40% indicated that they had sometimes, usually, or always had a medical condition in the past year.

## Access to Mental Health Services

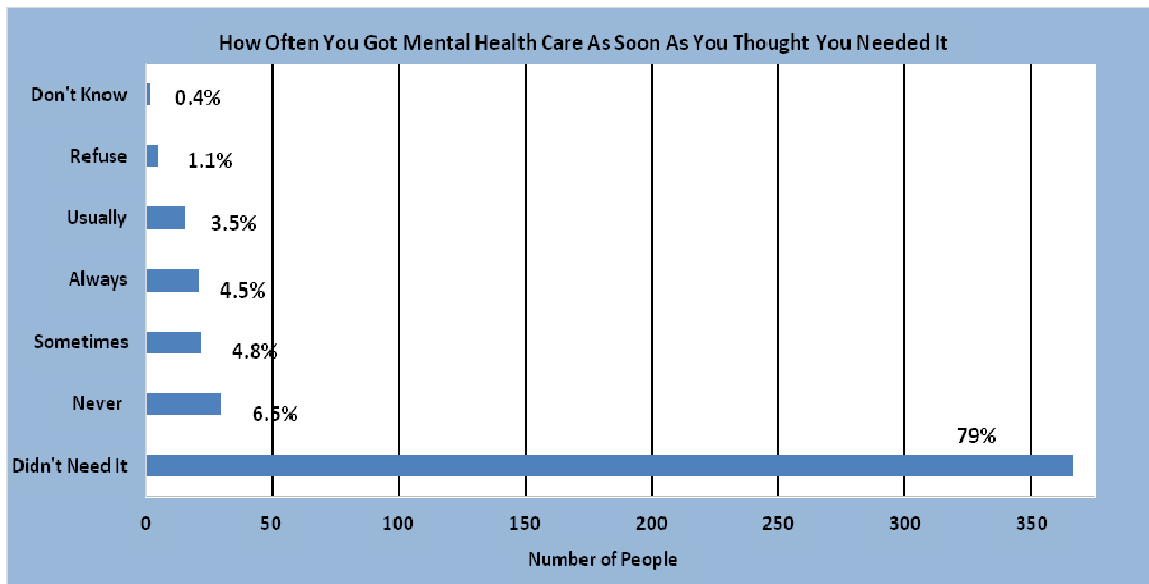


Fig. 16

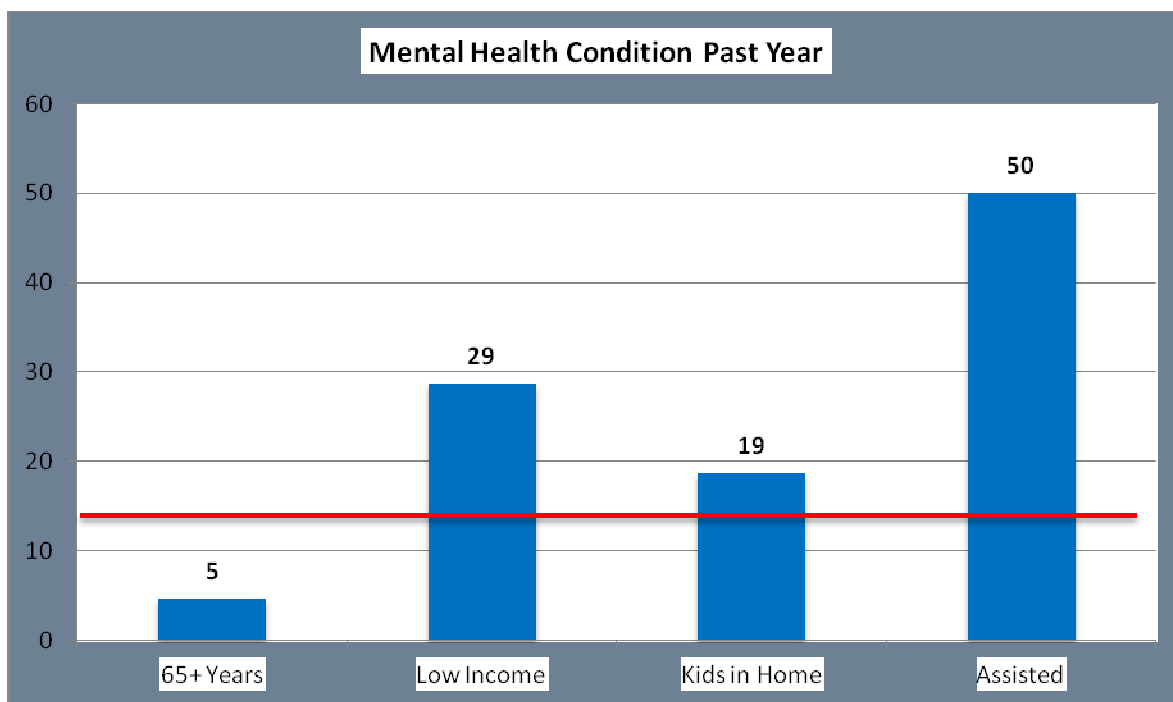


Fig. 17

Among all respondents 13% indicated that they had sometimes, usually, or always had a mental health condition in the past year.

### Access to Dental Health Services

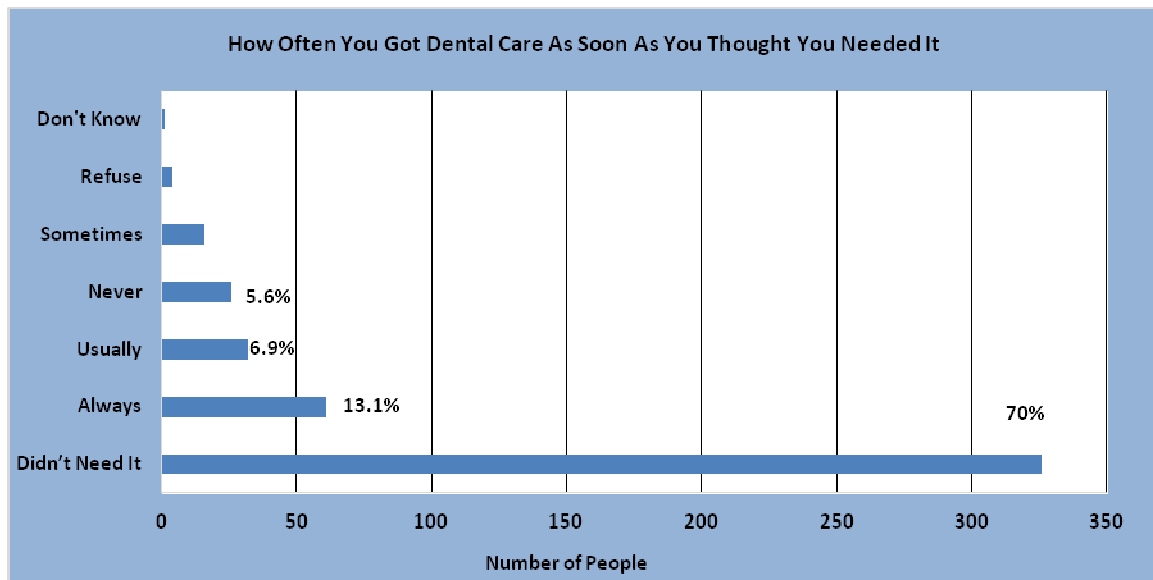


Fig. 18

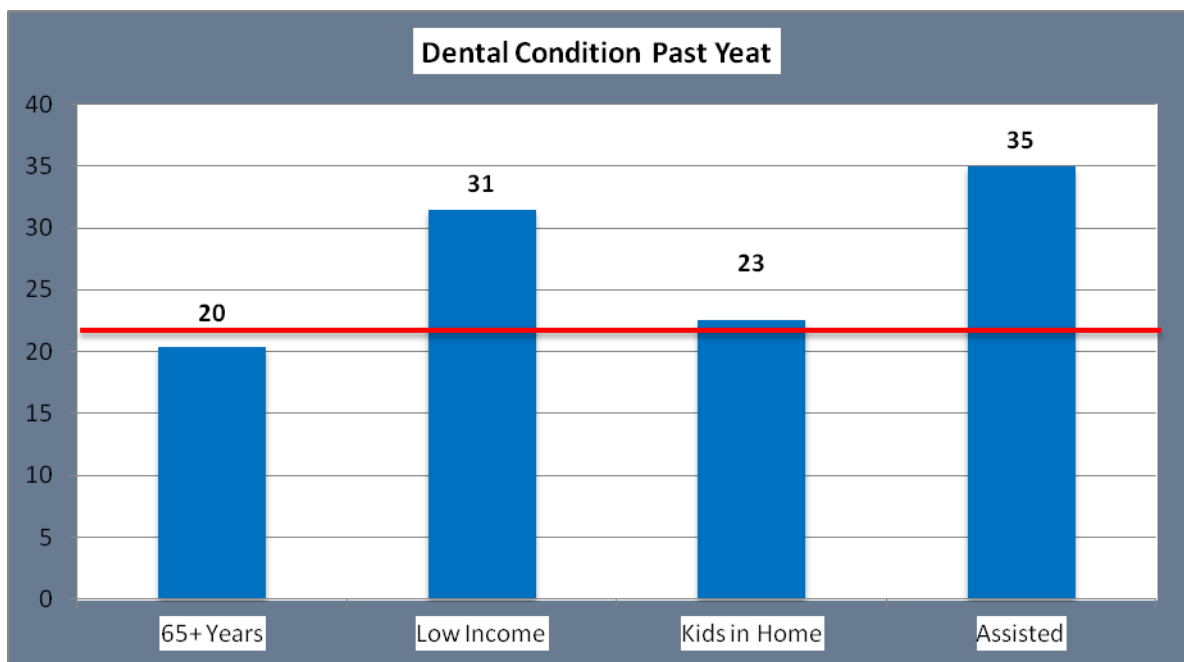


Fig. 19

Among all respondents, about 23% indicated that they had sometimes, usually, or always had a dental condition in the past year.

**Other factors impacting on respondents ability to obtain healthcare —**

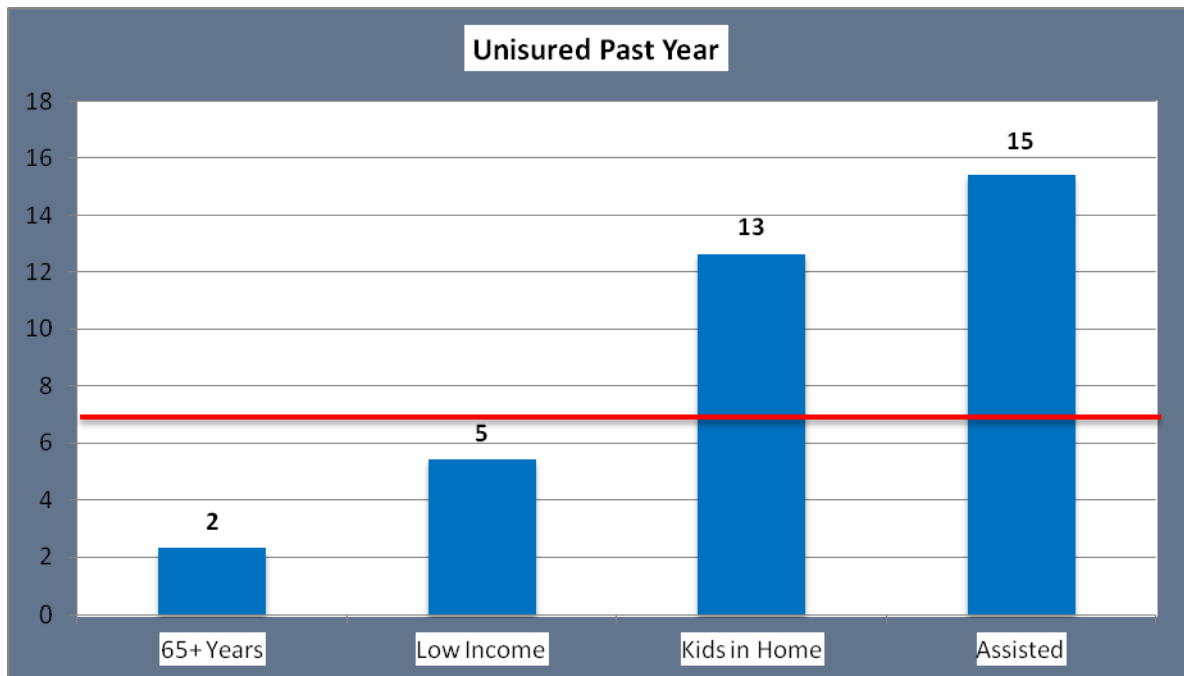


Fig. 20

Among all respondents 7% reported being uninsured in the past year. Because of how the “low-income” group was defined, most are on OHP, and may have had coverage all year.

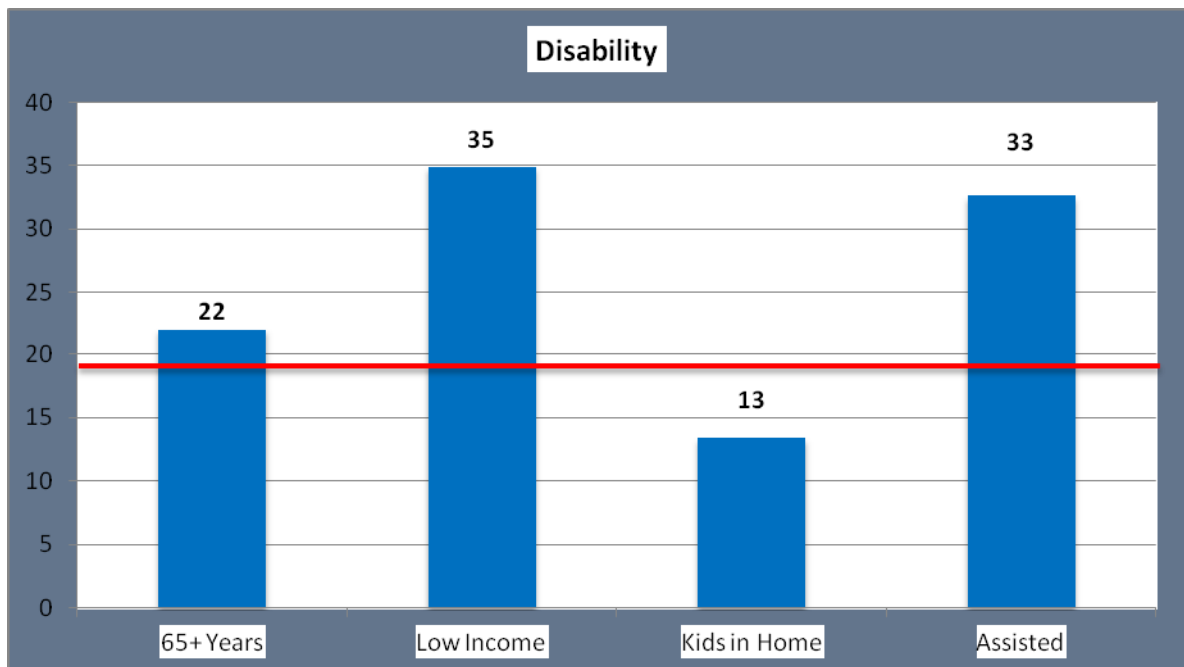


Fig. 21

Among all respondents, 19% reported they had a disability



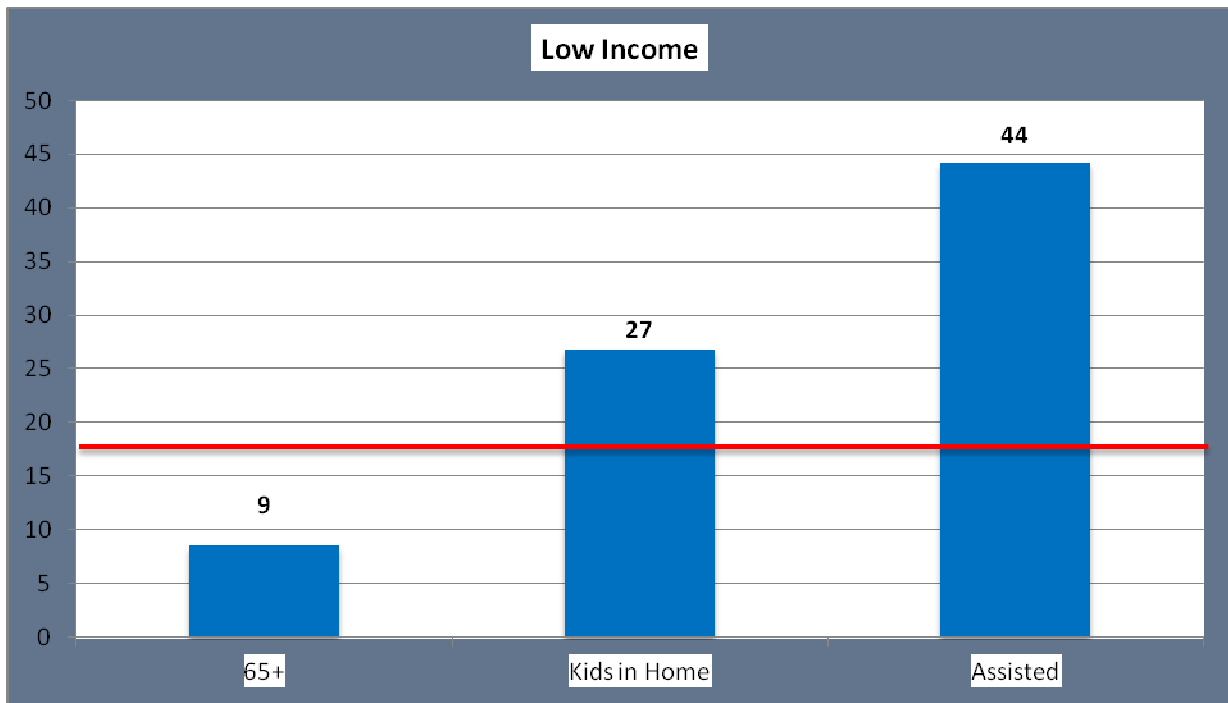


Fig. 22

Among all respondents, 17% were categorized as being “low-income”. Low-income was defined as being on OHP and/or having an annual income less than \$20,000.

#### Respondents with kids <18 in the home:

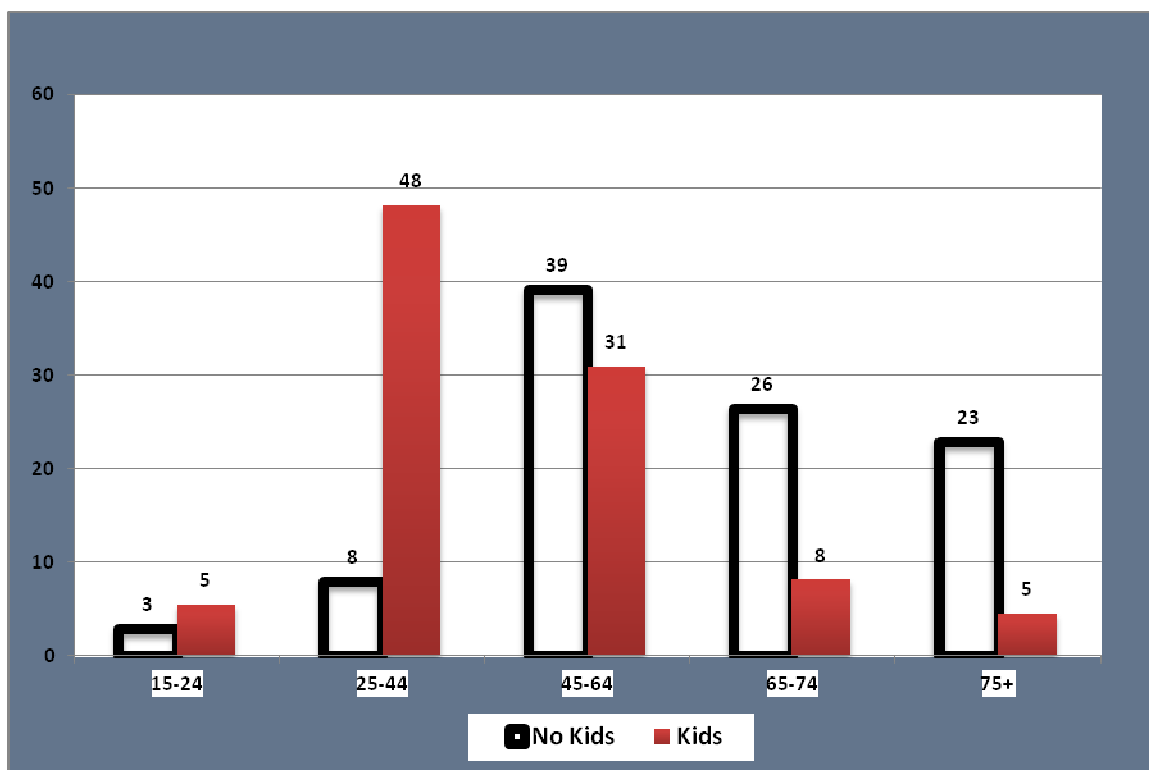


Fig. 23

### Population 65+

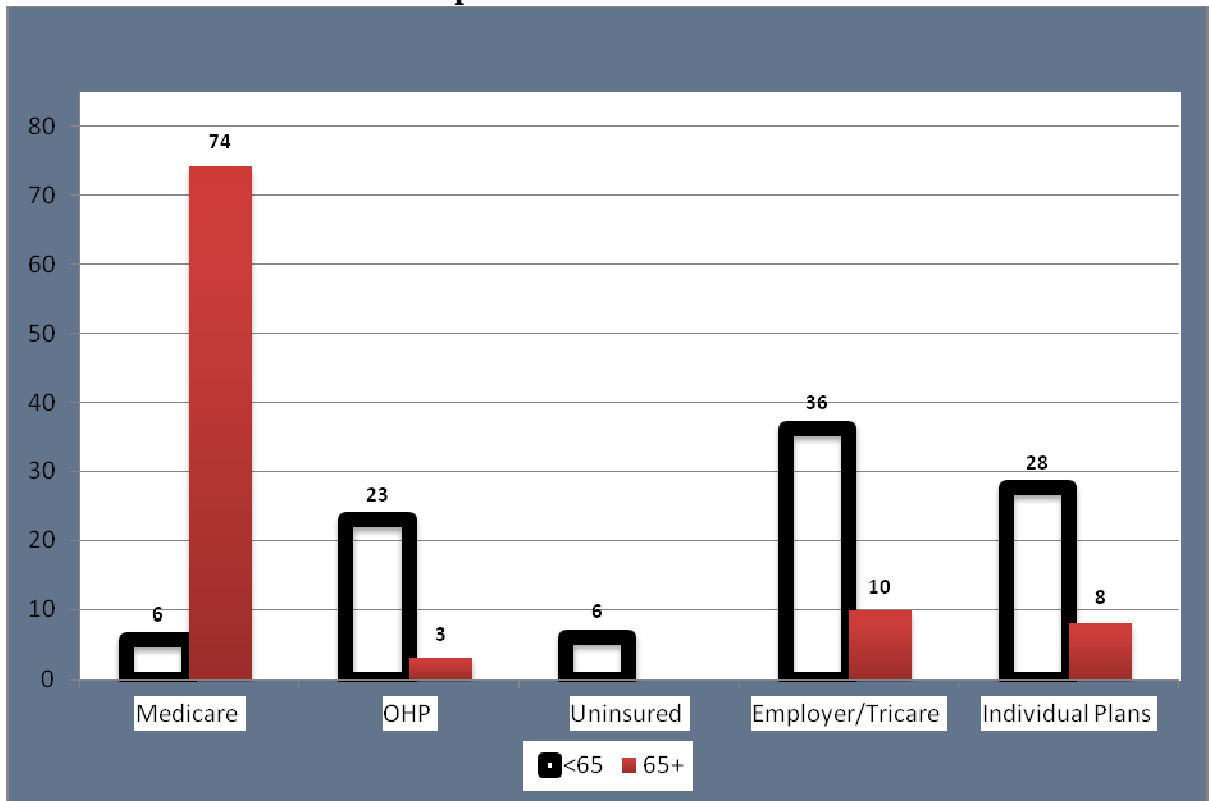


Fig. 24

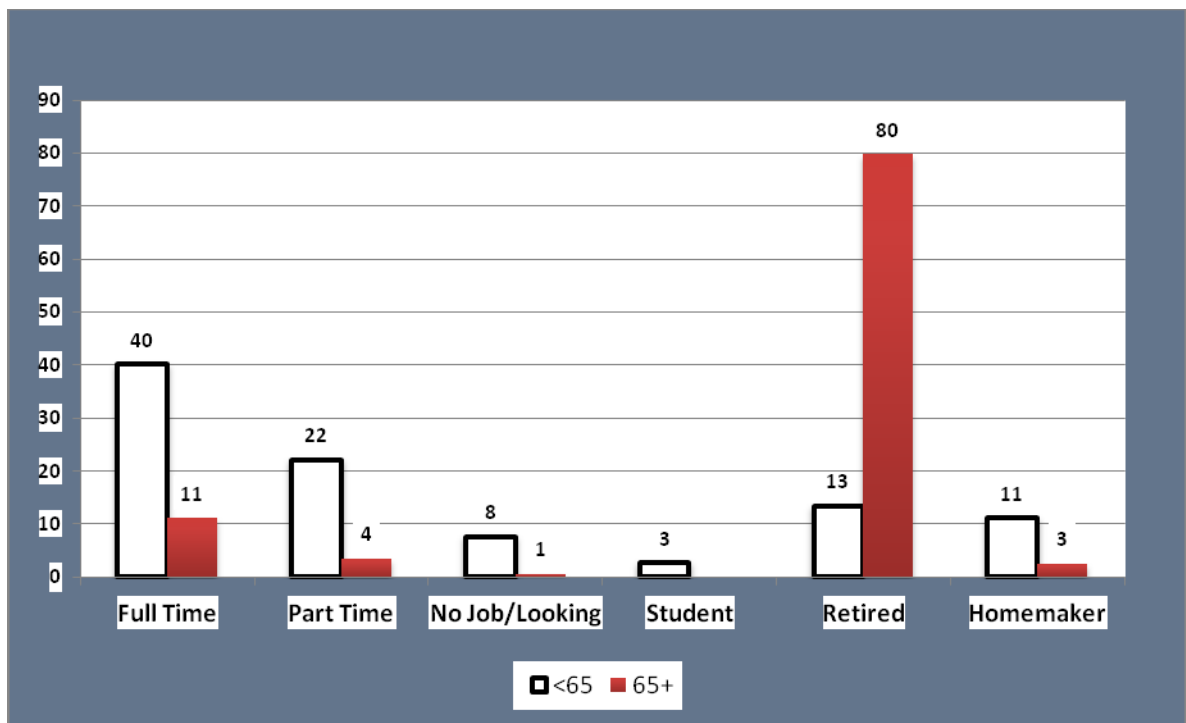


Fig. 25

## **Observations from the survey responses for Primary Care, Mental Health, and Dental Health**

### **Access to Primary Care**

Results of the community survey and analysis of the secondary data indicate an improving use and access of primary care services.

- Wallowa Memorial Hospital's Emergency Room utilization has remained steady however; the patient acuity and number of ambulance runs have increased. There has been a concerted effort to direct those presenting with non-urgent or emergent problems to a office visit.
- There are only two unaffiliated Primary Care clinics in Wallowa County: Winding Waters Clinic with three Family Medicine physicians, a Physician Assistant, and one nurse practitioner; and Olive Branch Family Medical Clinic with one nurse practitioner. These clinics rely on the hospital for radiology, laboratory and physical therapy support.
- During the last year Wallowa Memorial Hospital acquired Wallowa Mountain Medical with three Family Medicine physicians and one nurse practitioner.
- Wallowa County is designated as a Health Professional Shortage Areas for primary care.
- One clinic, Winding Waters Clinic, in conjunction with Wallowa Memorial Hospital, has in the last year expanded their hours of operations to include evening hours and weekends. This clinic provides opportunities for individuals seeking urgent/routine primary care level care who cannot miss work or who experience healthcare issues on the weekend. This effort has reduced the hospital's emergency room utilization for acute primary care visits, which enable the hospital ER to focus on those patients seeking care for truly emergent care.

### **Conclusions/Recommendations**

Access to primary care remains an issue for Wallowa County which Wallowa Memorial Hospital can help improve by providing expanded primary care as it hires additional primary care providers. This issue should be explored with regard to the other multi-physician Primary Care Clinics in the county.

## **Access to Mental Health Services**

As with primary care, Wallowa Memorial Hospital's emergency room continues to be utilized by many in the county as their immediate portal for mental health services, regardless of the severity of illness at the time.

Wallowa Memorial Hospital and Wallowa Valley Center for Wellness (WVCW) are collaborating to provide avenues and safety nets for patients needing mental health services. Individuals seeking mental health services could be better educated to seek care at WVCW first..

The NEON identified population seeking mental health services indicated in the survey results that transportation is a major factor in their ability to access timely mental health services, and only when their situation becomes critical do they seek assistance. The lack of early intervention through normal primary care processes delays treatment and escalates their condition.

- One clinic, Winding Waters Clinic, in conjunction with the Wallowa Valley Center for Wellness, has had great success in the last year through an integrated model of care. When the Winding Waters Clinic located their office space in the new Medical Office Building, the Wallowa Valley Center for Wellness co-located a team of behavioral specialists to provide a wrap-around care envelope for those clients identified as potentially benefiting from a referral. This cooperative effort has proven very successful.
- Additionally, the Wallowa Valley Center for Wellness leased office space in the new Medical Office Building provides a second location for clients to access their services. To further reduce barriers for the Center's clients, the two clinics share the same "check-in" reception process so there isn't a perceived stigmatism of having to check-in with a mental health receptionist.
- The Wallowa Valley Center for Wellness has recently completed remodeling of some of its office space in their main building for primary care visits support by a family medicine physician.

- **Conclusions/Recommendations**

Access to mental health services continues to be an issue for Wallowa Memorial Hospital. However, utilization of the ER as a primary step for those needing mental health services has been on the decline. While Wallowa Memorial Hospital doesn't provide these services directly, it has a supporting role since it provides hospital care for individuals who are unable to be maintained in the community, and those awaiting admission to a psychiatric facility. Continued collaborative ventures will reduce mental health demands on Wallowa Memorial Hospital.

## **Access to Dental Health Services**

Nearly 35% of Wallowa County respondents to the NEON Survey indicated that it had been at least a year since their last visit to a dentist or dental clinic. Of that 35%, 11% responded with a more than 5 years since their last visit to a dentist or dental clinic.

- There are three solo dentists practicing dentistry in their clinics in Wallowa County: one in Joseph and two in Enterprise. There are varying practices among them as to seeing patients without dental insurance, and there are only a small number of appointments available for charity care.
- The emergency room at Wallowa Memorial Hospital continues as a safety net for these citizens. Many of these individuals are also without health insurance and a visit to the hospital ER is the last resort and often with severe dental pain and or an abscess.
- Winding Waters Health Clinic has recently obtained funding to assist with those needing and unable to afford dental care. This support is currently only for their clients which leave an element underserved.
- Each Wallowa County dentist and clinic is supportive of providing dental care for those experiencing emergency dental needs. As with primary care, the driving issue is providing preventive dental care and teaching for routine matters.

## **Conclusions/Recommendations**

Access to dental services is an issue that Wallowa Memorial Hospital should explore further, particularly for the low-income population. While Wallowa Memorial Hospital doesn't provide dental services directly, it has a supporting role in that it provides hospital care for individuals who access the emergency room in pain or with serious infection. These emergency room visits are expensive, usually preventable with early dental intervention, and require a great deal more resources to fix than to prevent. A collaborative effort among the agencies that provide assistance to low income families and the healthcare community (all disciplines) is one identified method of obtaining an understanding of the magnitude and potential solutions. Wallowa Memorial Hospital is once again the stop gap response to these dental issues within the context of populations with limited resources via the emergency room. The added poor understanding of the individual's ability to help themselves, through proper dental hygiene and personal practices, compounds the dilemma. The Local Coordinating Care Council may become the forum to begin to develop "wrap around services" for all healthcare and dental issues and Wallowa Memorial Hospital should be a key participant.