Introduction & Methodology

The purpose of the Community Health Needs Assessment (CHNA) is to provide a population data-driven macro view of community health issues in the service area of Southern Coos Hospital & Health Center. The CHNA process identifies important health status, behaviors and needs of residents in the service area and identifies opportunities of focus that the hospital may support in the future. The document is meant to complement other community assessments, including the 2013 Coos County Community Health Assessment. It is also intended meet the Patient Protection and Affordable Care Act requirement for tax-exempt hospitals. Please reference the Appendix for review of IRS 990 Schedule H findings. The Southern Coos Hospital Community Health Improvement Plan (CHIP) will proceed from the CHNA and will be based on the findings in the CHNA.

The CHNA process began with gathering and reviewing recent community health assessments and reviewing applicable secondary data related to health of the service area. This CHNA utilizes mostly secondary data: data that other organizations, public health, statisticians and epidemiologists have already gathered. Relevant local and state data were collected and analyzed. Most data available and used is at the county level (for both Coos and Curry counties) although some zip code and census tract data was available and used, specifically for areas of Bandon, Coquille, Langlois and Port Orford.

The process also included primary data collection, via survey and community meetings and focus groups. Three community meetings/focus groups were organized, advertised and facilitated. An online survey was also implemented, with similar questions as the meetings. A summary of primary data process and findings is found at the end of the document, in the Appendices. Data related to services or quality of services at the hospital and/or health clinic were not assessed as it is beyond the scope of this particular CHNA.
People and Place
Demographics and Characteristics of Location

The **mission** of the Southern Coos Health District is to provide quality healthcare with a personal touch. The guiding philosophy is that patients, families, visitors and co-workers come first, with values of serving others with genuine respect, compassionate caring and passionate execution of roles and responsibilities.

The Southern Coos Health District is a municipal corporation organized under Oregon Statute and was originally formed in 1955 by public vote. The current hospital facility was constructed in 1999 and opened its doors for service in December of 1999. The hospital patient care services include an emergency department, surgical services, outpatient infusion and wound care, medical imaging services, laboratory services, respiratory therapy services and a multi-specialty health center with primary care, internal medicine, surgical and podiatry services. Rehabilitation services are contracted.

The hospital serves Southern Coos County and Northern Curry County. The primary service area is populated by approximately 10,000 residents, including areas of Bandon, Coquille, Port Orford and Langlois. The primary service area is populated by approximately 10,000 residents. The service area boundaries go East past Sitkum, South toward Illahe and North to Lakeside. The service area includes Coos County Oregon, which is comprised of approximately 62,475 (2014 census) residents and Curry County Oregon, which has a population of approximately 22,335 (2014 census) residents.

Both Coos and Curry Counties are rural counties located on the Southern Oregon Coast. The combined population of both counties is 84,810 residents (2014 estimate). The hospital service area serves approximately 12% of the populations from both counties. The combined county area is 3794 square miles, including many lakes, rivers, streams and a rugged and mountainous terrain. The county stretches from the mountains to the Pacific Ocean, with many isolated rural communities scattered between hundreds of hills, valleys, waterways and limited roads. Both counties are designated as a rural county, by the Oregon Office of Rural Health.

The majority of residents reside in unincorporated areas creating geographical barriers to accessing medical care and services. Transportation to services continues to be a challenge for many residents as mass transit is nearly non-existent and public transit is very limited.
Demographic Trends

Coos and Curry counties vary in their population growth, outmigration and immigration into the county. However, both counties have been well under the state averages of population growth, consistent with rural counties in the state. Both counties have seen negative percentages of population growth in the last decade, despite steady growth statewide.

Rate of Population Change
Coos & Curry Counties 2002-2016

[Graph showing population change rates for Oregon, Coos County, and Curry County from 2002 to 2016, indicating negative changes in certain periods.]
Cities in the service district also experience vacation/recreational populations coming and going throughout the year. This has an impact on health services utilized and the overall economy. In Bandon and Port Orford, the housing units occupied by recreational, seasonal or occasional use range from 46-50% of all housing units. Illustrating a high percentage of the population that are not permanent full time residents.

Housing Units used for Seasonal, Recreational or Occasional Use  
Southern Coos Hospital Service Area 2000, 2010

Coos County has similar demographics to its neighboring counties, including Curry County. Overall, the percentage of those over 60 is steadily increasing and is expected to continue to rise within the county while the percentage of residents in younger age groups is decreasing. According to census estimates, close to 30% of the county population was 60 years or older in 2010. That percentage is expected to increase to close to 40% by 2030. Population forecasting predicts this trend to continue into the future, driving changes in health and medical needs.

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Social Determinants of Health

Poverty rates are also consistently higher in both Coos and Curry counties. Five year estimates by the Census Bureau show that approximately 20% of all residents in Coos county live in poverty, and 1 in 4 (25%) of children in Coos County live in poverty. Curry County has slightly better poverty rates than Coos County, with an overall 17.7% poverty rate of all the population, yet both counties remain above the state average.
Food insecurity, also related to poverty, is also higher in Coos and Curry Counties than state and national averages. Nearly one in three children in both county experience food insecurity.

The number of residents in the service area on some kind of public health insurance, including the Veterans Administration (VA), Medicare or Medicaid is close to 50% in both counties. The percentage on Medicaid can be related to poverty levels, with higher percentages in areas with higher poverty levels.
Morbidity and Mortality

Mortality & Leading Causes of Death

Leading causes of death in Coos County have changed over the last several decades to be mostly chronic in nature. Chronic disease are the leading cause of mortality (death) in both Coos and Curry Counties now. The following leading causes of death are average death rates per 100,000 from 2011-2015. As seen below, cancer and heart disease are the leading causes of death in both counties, and higher than State rates and Healthy People goals.

Leading Causes of Death- Average 2011-2015
Coos County, Curry County, Oregon, Healthy People 2010

Mortality trends in specific geographic census tract areas tend to be very similar to county data sets. Prostate and breast cancer remain the most prevalent types of cancer in both counties, followed by lung cancer and colorectal cancer.

Leading Causes of Death, Average 2011-2015
Southern Coos Hospital Service Area
Mortality from diabetes shows an interesting trend difference between counties. The trend of death from diabetes has been decreasing in Curry County over the last decade while diabetes as a cause of death has been increasing in Coos County over the last decade.

![Graph showing mortality from diabetes in Coos and Curry counties](image)

Curry County has a decreasing trend of tobacco related deaths while Coos has an increasing trend of deaths from tobacco over the last decade.

![Graph showing tobacco-related mortality rate in Coos and Curry counties](image)
Morbidity & Chronic Conditions

Chronic conditions remain the highest cause of morbidity (disease/illness) in both counties. Nearly half of the population in Coos County (49%) live with one or more chronic diseases, over 60% of the population in Curry County live with one or more chronic diseases. Arthritis, disability and depression are among the most common types of chronic diseases in both counties.

Prevalence of Chronic Conditions Among Adults
Curry and Coos Counties, Oregon 2012-2015
Source: Oregon Behavioral Risk Factors Surveillance System 2012-2015 county combined; age-adjusted to the 2000 standard population

Behavioral Health & Addictions

Southern Coos Hospital & Health Center does not provide any specific mental or behavioral health services, but recognizes that mental health is a significant issue in the service area. Adult suicides continue to be significantly higher than state averages, with trends in both counties steadily increasing over the last 15 years.

Suicide Rates per 100,000
Coos County, Curry County, Oregon 200-2014
Source: Oregon Vital Statistics, Portland State University, Population Research Center
Within the Medicaid population, 34% of youth 12-17 years old, in both counties, had a mental health condition diagnosis in 2015. Depression in youth is also higher in both Coos and Curry Counties than in the State, with an increasing trend of depression in 8th and 11th graders from 2010-2016. A large minority of adults, 23% (aged 26 and over) on Medicaid in both counties had a mild to moderate mental health condition in 2015.

Identified Mental Health(MH) Conditions, Medicaid Population
Coos and Curry County 2015

Source: Avatar, DSSURS, HSD-Budget, OHA-Actuarial Unit, Oregon Employment Division, SAMHSA, US Census
Substance abuse also remains an issue in both counties. Illicit drug use, cocaine use and non-medical use of pain relievers remains consistent with state averages. 12.5% of those in the region (Coos, Curry, Douglas, Jackson, Josephine and Klamath Counties in the region) have used illicit drugs in the past month.

Drug Use for Individuals aged 12 years and up

National, State and Region 2012-14 Averages

- Needing But Not Receiving Treatment for Illicit Drug Use
- Illicit Drug Dependence or Abuse in the Past Year
- Nonmedical Use of Pain Relievers in the Past Year
- Cocaine Use in the Past Year
- Illicit Drug Use Other Than Marijuana in the Past Month
- Illicit Drug Use in the Past Month

Source: National Survey on Drug Use and Health: Annual Averages Based on 2012, 2013, and 2014
Obesity & Physical Activity

The percent of the population that is obese remains higher than the state average with trends of increasing obesity over the last decade. Curry County has over 40% of the population that is obese (2010-13), Coos County is slightly better with close to 29%, but still higher than the state average (of 25.9%). Only 13% of Coos County residents and 19.8 of Curry County residents meet the weekly CDC Physical Activity recommendations.

Obesity Trends, Coos, Curry and State of Oregon 2002-2013

Source: Oregon BRFSS County Combined Dataset 2010-13, Age-adjusted
Health Services Summary

As mentioned previously, the Southern Coos Health District is a municipal corporation organized under Oregon Statute and was originally formed in 1955 by public vote. The current hospital facility opened its doors for service in 1999. The hospital nursing services include a four-station emergency department, surgical services, endoscopic services and outpatient department, and medical imaging services. The hospital is currently reviewing and planning for increased primary care outpatient services.

Hospital leadership is also considering expansion of needed specialty services, including heart health, outpatient pharmacy services and behavioral health services. The hospital is also increasing outreach and health education while identifying areas to collaborate with other area hospitals, as well as local government and community organizations, such as schools.
Next Steps

The purpose of the Southern Coos CHNA was to provide a snapshot of health issues, trends and opportunities for improved health in the service area. Like most community health assessments, the document identifies critical issues and needs but is not inclusive of every possible related health issue or trend. Due to the service area being small in numbers and very rural, there are gaps in obtainable data. Specifically, general chronic disease, morbidity and mortality for specific areas within the service area would be ideal but not possible as there are limited zip and census tracts within the service area. Additional information on health disparities and social determinants of health, also specific to the service area would be useful.

Although the CHNA is limited in scope, it does provide helpful context for organization strategic planning and suggest needs for additional data collection. It also sets a stage for the Southern Coos Community Health Improvement Plan (CHIP). The natural next step after this assessment is to prioritize a hospital-based CHIP and then integrate it into other community efforts.

For copies of this report, please contact:
http://southerncoos.org
541-347-2426

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Vanessa A. Becker, M.P.H., Principal. V Consulting & Associates Inc.
www.vconsults.com
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<td>A definition of the community served by the hospital facility</td>
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<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
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<td><em>Information gaps that limit the hospital faculties ability to assess the community health needs</em></td>
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WE NEED YOUR INPUT

We want to know what you think about health in our community.

PLEASE

Join us for a community meeting

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE HOSPITAL FOUNDATION OFFICE @ 541-329-1040

Where: Bandon Library
When: May 22nd, 2017
12:00-1:30

Where: Langlois Library
When: May 22nd, 2017
3:30-5:00

Where: Southern Coos Hospital & Health Center
When: May 25th, 2017
3:30-5:00

The purpose of our meetings will be to hear your perceptions about health in our community.

Community input will be incorporated into our Community Health Needs Assessment.
WE NEED YOUR INPUT

We want to know what you think about health in our community.

PLEASE
Take a few minutes to complete our survey

https://www.surveymonkey.com/r/SouthernCoosCHNA2017

Feel free to forward this flyer or the link to your family and friends, the more ideas we collect the better!

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE HOSPITAL FOUNDATION OFFICE
@ 541-329-1040
Primary Data Collection Summary

Southern Coos Hospital & Health Center

Process & Methods

Several methods were used to solicit feedback and primary data from the community served. This CHNA completed both a survey and community meetings. The purpose of both were to gather perceptions about health priorities and general health of the community. Methods include public meetings and surveys (both online and paper available).

The community survey was written for easy reading and comprehension, resulting in a 98% completion rate. Survey questions mirrored the questions in the community groups. The survey was available online and in paper/hard copy format. The survey was advertised in multiple venues, including local utility bills, a local paper and flyers distributed via email and paper form.

Southern Coos Hospital and Health Center sponsored three community groups. These meetings were advertised and held in Bandon at the Hospital, another at the library in Langlois and a third at the library in Bandon. The meetings utilized an electronic audience response system that polled audience for their ideas, allowing participants an opportunity to provide their input anonymously. The public meetings also had additional dialogue questions at the end, mirroring the survey questions. Combined community input included over 245 unique comments and 178 individuals.

Qualitative excel data and all qualitative comments from the surveys and community meetings were reviewed for themes. Data and themes were then presented to staff and a summary is included here.

Summary Results & Themes

<table>
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<th>Total participants community survey:</th>
<th>157</th>
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<tr>
<td>Total participants public/community meetings:</td>
<td>22</td>
</tr>
<tr>
<td>Total comments from surveys and public/community meetings:</td>
<td>245</td>
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<tr>
<td>Completion rate:</td>
<td>98%</td>
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<tr>
<td>Survey open:</td>
<td>33 days</td>
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<tr>
<td>96% of participants lived in Coos County, 1% in Other and 3% in Curry County</td>
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<tr>
<td>66% of participants have been patients or have immediate family that have been patients at Southern Coos in the last 12 months</td>
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<tr>
<td>65% of participants rate their own health as healthy, whereas the same participants said that 81% of the community is unhealthy</td>
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Survey Themes

Risky Behaviors — Top Health Problems — Barriers to Health — Community Conditions

**What do you think the top 3 health problems are in our community?**

- Substance abuse
- Diabetes
- Heart disease

“Our community is demographically older than the rest of Oregon, so it stands to reason many of the health problems of older people are big problems in Bandon.” — Survey comment

**What do you think are the 3 biggest community conditions affecting health in our community?**

- Poverty & availability of jobs w/living wage
- Alcohol and drug abuse
- Lack of health care facilities and services

“Generational poverty, lack of family structure and poor economic conditions (lack of jobs) are contributing factors” — Survey comment

**What are the 3 most risky behaviors (related to health) in our community?**

- Lack of exercise or activity & being overweight
- Drug abuse
- Poor eating habits

“In Bandon, there aren’t enough choices for physical fitness. And with only one health food store that is mostly a cafe, there aren’t many choices for organic good quality vegetables, fruits and supplements” — Community group participant comment

**What are the 3 biggest barriers to individuals being healthy in our community?**

- Not having the kind of health care provider you need (here)
- Not being able to afford health care
- Not being able to pay for prescriptions

“Unfortunately, I hear frequently that this is area is very bad for health care. I have had good care and so I drive to Medford for my doctors. But during the snow season it is hard to get over the hill to that care. Also not being able to find a good chiropractor, naturopath or even an urgent care that is recommendable.” — Survey comment

**Additional comments**

- “We need non-emergency/urgent care.”
- “Need a covered place to walk in the rainy season, indoor exercise places.”
- “TV commercials—fast food and Rx advertisements are problems. Too much ‘screen time,’ at work and at home. Not enough individual self-discipline to cook healthy, rest enough, walk, instead of drive. Healthy city planning to promote walk, bike, swim, grow [our] own food in town.”