

COMMUNITY HEALTH NEEDS ASSESSMENT

SOUTHERN COOS HOSPITAL & HEALTH
CENTER

2023

Southern Coos

Hospital & Health Center



EMERGENCY

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BACKGROUND

ABOUT SOUTHERN COOS HOSPITAL & HEALTH CENTER

Like many rural hospitals, Southern Coos Hospital & Health Center (SCHHC) has a long history of fulfilling health needs in the community. Their history also demonstrates the unique challenges of rural hospitals. In 1912, a Coos County native, Dr. Roland V. Leep M.D. settled in Bandon, Oregon, and started his practice. Shortly after beginning his practice, he opened an Emergency Hospital across from the local Masonic Temple on the corner of Alabama and Wall Streets. His dream of starting a hospital was unfortunately cut short with his premature death from a hunting accident in 1929.

Dr. Leep's memory was not forgotten. In 1937 the R.V. Leep Memorial Hospital opened with two separate wards that had 3 beds each and one operating room. The building was originally the Red Cross Headquarters used to serve the survivors of the 1936 Bandon Fire but was converted to the hospital where it operated until 1955.

In July of 1955 the Southern Coos Health District was organized through a vote of registered voters within the District Boundaries. In February of 1956 a \$203,000 bond issue was passed, and construction of Southern Coos General Hospital was started. The Hospital officially opened in 1960 and remained open in that location until December of 1999 when the hospital moved to its current location.

"Since I moved to Bandon six months ago, I have had the best medical care. Everybody from my primary care doctor, to the pain clinic, to physical therapy

Located at 900 11th Street, SE in Bandon Oregon the Southern Coos Hospital & Health Center opened in its current location December of 1999 as a 21-bed hospital. The next year in November of 2000 it was granted Critical Access Hospital Status and continues to service the people of Southern Coos County and Northern Curry County.

Southern Coos Hospital & Health Center continues to operate in that location and has focused its efforts on bringing quality healthcare services to the people in the community. In its efforts to become a benefit to the community it has faced its difficulties. However, over the last year there has been a large push by leadership and staff to improve the facility, level

of care and the perception of those who would choose to receive their healthcare at Southern Coos Hospital & Health Center.

The results were evident in the comments of this year's Community Health Needs Assessment. Many community members commented on the efforts the hospital has made. They mentioned the different atmosphere, the efforts to bring in better doctors to replace the departing ones and they mentioned the improved culture that is beginning to show.

There is still work to be done and SCHHC Leadership they have taken the feedback from this survey to outline a plan to improve healthcare for the community, and to change their perception in the community. This effort to win back the community through relevant services, increasing the level of service, and increasing their connection to the community is now integrated into the SCHHC strategic plan and will guide the organization to meet their goal to provide the best health care to the community now and in the future.

ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS

The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospitals must satisfy to be described as a nonprofit 501(c)(3) hospital. It also included new reporting and an excise tax in the case of non-compliance.

These new requirements for charitable 501(c)(3) hospitals are articulated in section 501(r). The ACA imposed the following new rules on organizations that operate one or more hospital facilities (Hospital Organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies.
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy.
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial policy before engaging in extraordinary collection actions against the individual.
- Conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years.

These CHNA requirements are effective for tax years beginning after March 23, 2012. They carry the minimum requirement of once every three years; however, hospitals are not penalized for doing them more often.

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- Emergency room care is open to all, regardless of ability to pay.
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders.
- All available qualified physicians are privileged.

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for not-for-profit hospitals. Under this provision, not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years. The health needs identified in the CHNA must be addressed in an action or implementation plan. Other requirements of the new IRS provision include:

- The CHNA must consider the broad interests of the community.
- The Assessment must involve individuals with expertise in public health.
- The findings must be made widely available to the public.

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's fiscal year end in the year that it is due. In addition, an implementation plan must be created and adopted within the 6-month period following the fiscal year end. Failure to complete a CHNA could result in a \$50,000 excise tax and possible loss of tax-exempt status.

Southern Coos Hospital & Health Center (SCHHC) engaged Cycle of Business (COB) to:

- Complete a Community Health Needs Assessment
- Provide Southern Coos Hospital & Health Center with the requirement necessary to be compliant on the IRS Form 990
- Provide information needed for the hospital to issue an assessment of community health needs and to document how it intends to respond to the identified needs. This will be done in a Community Health Implementation Plan (CHIP) which will be part of this assessment and will also be incorporated in their Strategic Plan.

SERVICE AREA

The primary and secondary service areas for Southern Coos Hospital & Health Center cover the residents of Southern Coos County, Oregon and Northern Curry County, Oregon. When expanding to their secondary service area, SCHHC treats people who come in from as far north as Lakeside, extending east past Sitkum, and as far south to Illahe. However, the primary service area is comprised of residents of Bandon, Coquille, Port Orford and Langlois.

Community	Zip Code	Population-2015
Bandon, OR	97411	7,119
Lakeside, OR	97449	1,959
North Bend, OR	97459	15,218
Coos Bay, OR	97420	27,473
Coquille, OR	97423	6,654
Broadbent, OR	97414	273
Langlois, OR	97450	679
Port Orford, OR	97465	2,145
Agness, OR	97406	284
Estimated Potential for Total Service Area Population		61,804

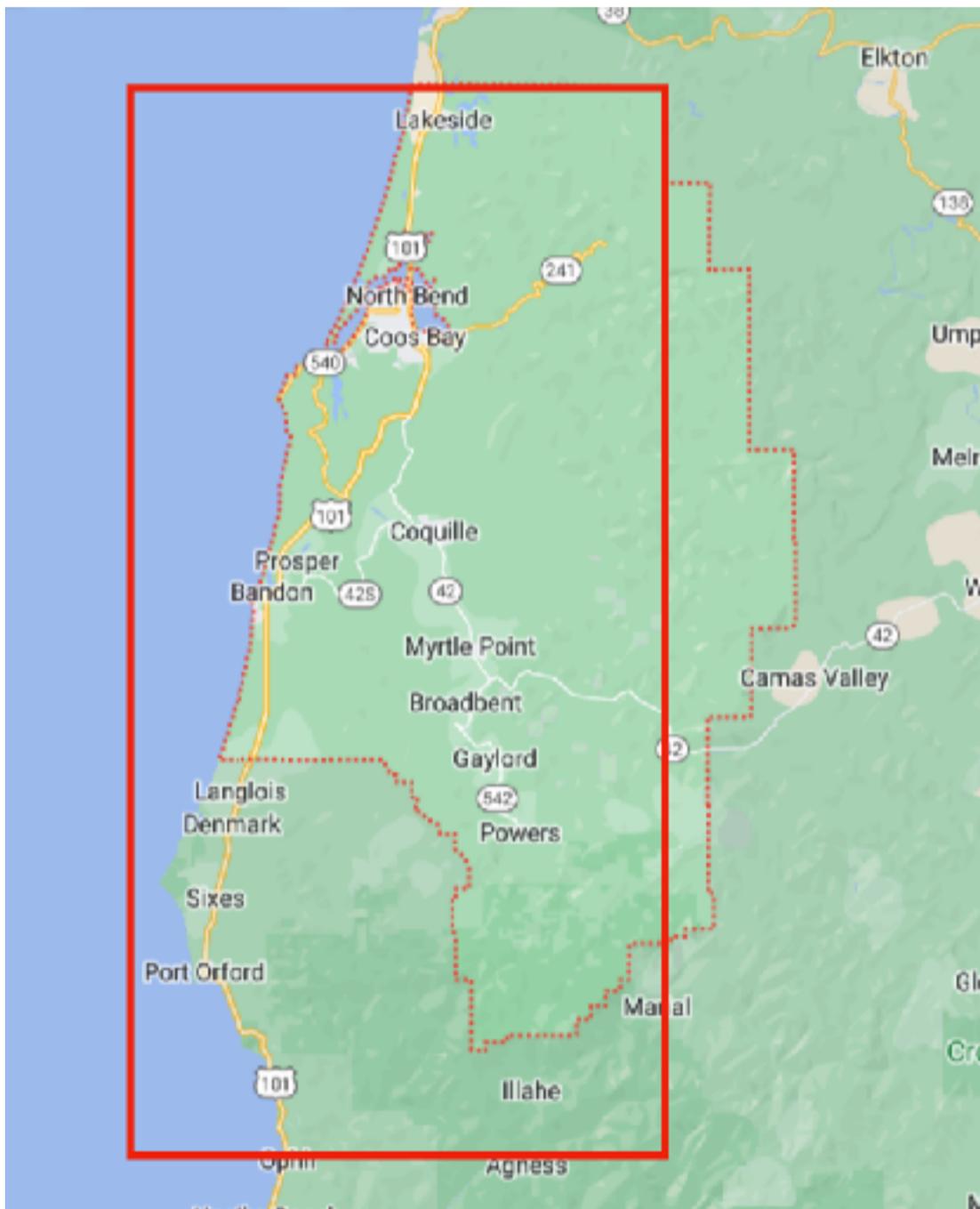
The population of the primary and secondary service areas for Southern Coos Hospital & Health Clinic is hovering around 60,000 to 62,000 people. This population is made up of nine main zip codes covering the cities of Bandon, Lakeside, North Bend, Coos Bay, Coquille, Broadbent, Langlois, Port Orford, and Agness. Within that area, there are several smaller towns that are included in the population of each ZIP code.

In addition to the residents of the area, the area lends itself to visitors during the summer months. Bandon is the home of the Bandon Dunes Golf Resort, a world-class golf destination featuring six (6) golf courses that attract people from all over the world. In addition to golf, there are other attributes of the area that make it a fantastic place for

tourists. Located on the Pacific Ocean, the region surrounding Bandon offers beaches, mountains, lakes, and other attractions for people who want a fantastic place to relax.

Given the region's recreational advantage the population of the area can expand during the summertime and include people from all over the world. Due to the recreational, tourist, and retirement demographics, SCHHC deals with multiple challenges other rural hospitals may not have to deal with.

The area is designated as a rural area by the Oregon Office of Rural Health and the Health Resources & Services Administration. Hospitals in rural areas of the country face some unique challenges.



Southern Coos Hospital & Health Center Total Service Area

Because of their importance in the overall health of the community they serve, they will often provide services that cover a large continuum of care from primary care to long-term care. Southern Coos Hospital & Health Center is no different. They play a vital role in the health and well-being of the community they serve. This community includes a large number of elderly patients. The population of the area is aging and as it does so, SCHHC finds itself in the unique position of focusing on the elderly and aging in the community.

The CHNA process, although

not intending to focus on the elderly, included many respondents that fell into the 55 and above age group. This gave SCHHC insight into this population that is expanding throughout the community.

PROCESSES AND METHODOLOGY

Completion of the Southern Coos Hospital & Health Center's Community Health Needs Assessment followed a modified outline designed by the Center for Rural Health the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA follow their suggested methodology of meetings with community members and healthcare professionals.

An initial meeting was held in person on May 26, 2023. This meeting was a general review of health information on a county level and a review of the survey that would be administered to the community. The people in this meeting were hand-picked by Southern Coos Hospital & Health Center based on the following criteria. First, they were chosen to represent a specific demographic of the community. Second, they would be able to help SCHHC get feedback from that demographic. Finally, members of the healthcare community were chosen to represent the hospital and the viability and sustainability of the programs that would ultimately come from the desires of the community.

After the initial meeting, the survey was revised by Cycle of Business and Southern Coos Hospital & Health Center to ensure the questions asked would include input from the community and help Executive Leadership and the Board of Directors decide on the best course of action for the SCHHC. Before the survey was distributed to the community, particular care was taken to ensure the verbiage was inclusive. In fact, the format for gender and race came from the Oregon Health Authority (OHA) guidelines for ensuring inclusivity and eliminating any bias in its language. In addition, the survey was translated into Spanish to reach out to the Hispanic/Latinx community.

Once the survey was complete, it was distributed to the community via email and other means with the help of the team members present in the first meeting. Respondents were given one week to fill out the survey and give their feedback. By setting a shorter timeline SCHHC and COB hoped to create an urgency in giving feedback through the survey. A total of 137 community members completed the survey and were representative of the community demographics.

Seventy-two percent (72%) of the respondents of the survey were between the ages of 55 and above. Women were the most common gender to respond with 72% of the people responding identifying themselves as female and 28% identifying as male. The community is mostly white with low minority numbers. While Caucasians were represented slightly higher than their demographic, we were able to receive feedback from Native American, Asian, and Hispanic communities. SCHHC did reach out to the South Coast Equity Council,

a local diversity and inclusion group, to ensure they understood the LGBTQIA+ community. It is evident that SCHHC was able to reach this community through feedback in some of the comments. Additionally, members of the focus group work directly with that community and were key in ensuring our ability to understand their needs. Continued work with this demographic will be done as SCHHC continues to refine their Community Health Implementation Plan.

The survey data was collected and analyzed by Cycle of Business and the organized data was then brought to the second meeting for discussion. Community members were given the opportunity for input and suggestions were made about what they felt were the most important things the hospital could do for the community.

As the survey was reviewed by the focus group from the hospital, direction and clarification were formulated. The Senior Executive Team wanted to ensure the CHNA was not only dealing with the opinions of the community, but they also wanted to make sure they had the data to make appropriate decisions. Hospital staff had a chance to review the data and community suggestion with COB. With the help of this information, staff members decided what would be feasible to do over the next few years and what would benefit the community and SCHHC alike. Finally, a revised CHNA was prepared and taken to the Southern Coos Health District Board of Directors for their input and approval.

RESOURCES AND SECONDARY INFORMATION

The CHNA for Southern Coos Hospital & Health Center utilized data from:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2023.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Coos County, Oregon was conducted in 2021.

Survey Conducted Through the Hospital and Community. A survey was designed in conjunction with Cycle of Business and Southern Coos Hospital & Health Center to gather information from the community on the immediate needs of the population.

Broad Interests of the Community Were Considered:

Care was used to find individuals who could help define the health care needs of the community representing the youth, the elderly, and varied cultures, which may not be fully represented in the region's demographics. Members of the focus group who specialize in equity and inclusion were relied upon to help make sure the survey would be inclusive and inspire minorities and people with alternative views to find their voice and help SCHHC understand their unique needs better. In addition, SCHHC has staff and leadership who participate in an equity and inclusion focus group, the South Coast Equity Council, and has made understanding that community an important part of their conduct at the hospital.

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general to give input on the survey. A link to the survey was sent out to the major employers in the community, disbursed via social media, posted to the hospital website, and emailed from the hospital to their patients and through the database of people to whom they send their regular newsletter.

PARAMETERS FOR DATA COLLECTION

COB and SCHHC used the most recent population and demographic information available to ensure the community needs were being met. The federal government also tracks certain health statistics across the U.S. by county. This information was compiled to give a good baseline of where certain health needs were being met and areas that needed improvement. The survey was used to identify the specific needs of the community that are not being tracked on a national basis. This data is more precisely designed to give the hospital an understanding from the community about services they currently offer, services they should investigate offering, and general opinion of the community toward the hospital.

By understanding this information, the hospital staff is better informed and able to meet the needs of the community.

DEMOGRAPHICS

The demographics for the area were collected using census data and other reports. The census data was as recent as 2021 American Community Survey (ACS) data. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

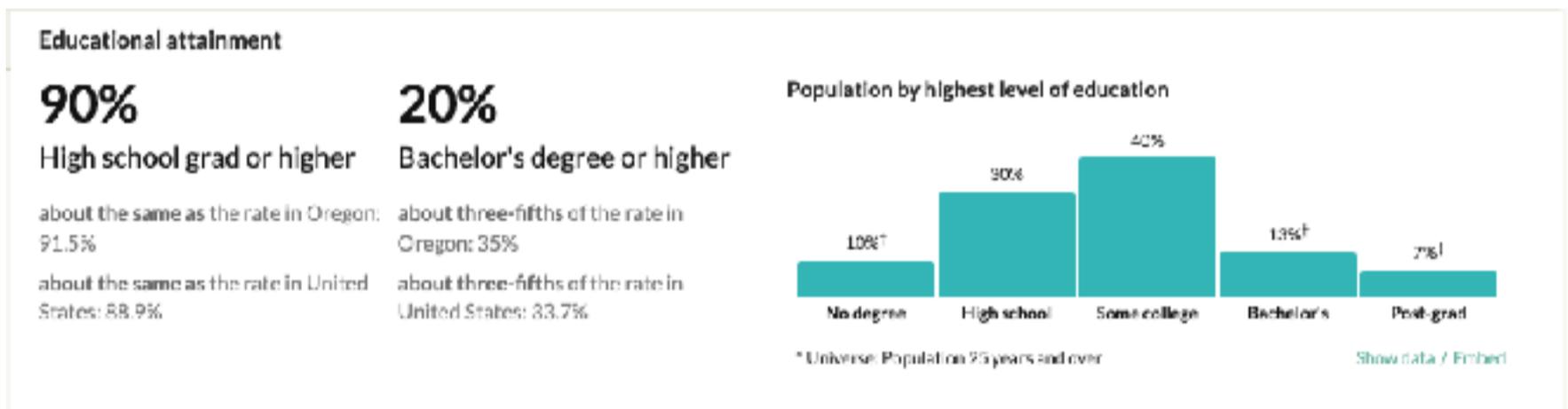
The population of Coos County, our primary service area, was approximately 65,000 people in 2021. As mentioned earlier the primary and secondary areas incorporate only a portion of Southern Coos County and Northern Curry County. Because Curry County is similar in makeup to Coos County except for its ranking slightly better in the national health records, COB decided to base the information on what we know from Coos County:

- 56% of the population are between the ages of 18 and 64.
- 35% are 60 or older.
- 51% of the population identify as women.
- 84% are white.
- 7% regard themselves as Hispanic.



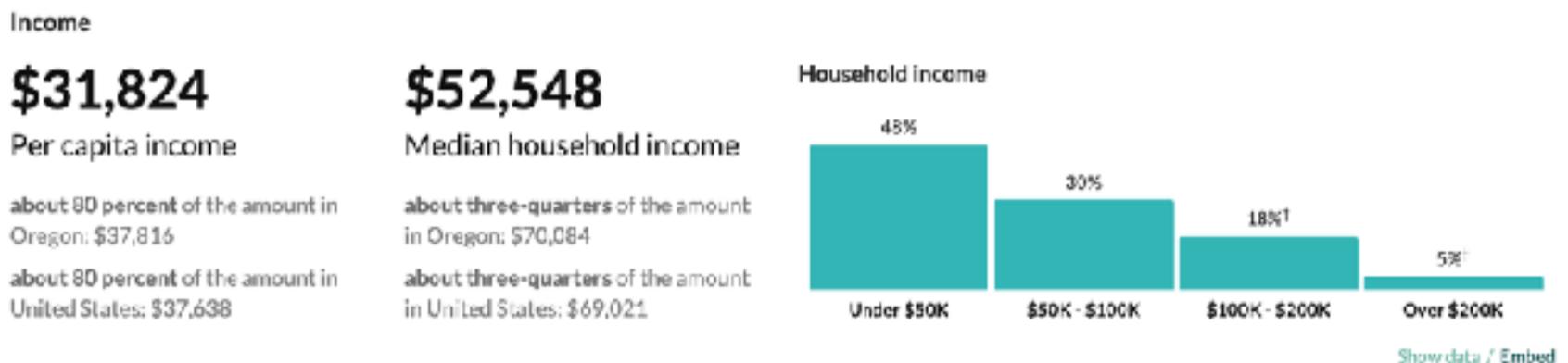
censusreporter.org

- 90% of Coos County residents have graduated from high school compared to the Oregon average of 91.5%.



censusreporter.org

- 20% of Coos County residents have a bachelor's degree or higher.
- This is three-fifths the rate of the State of Oregon which is around 35%.
- The median household income in Coos County is \$52,548.



censusreporter.org

- 16.3% of the population live in poverty, as opposed to 12.1% in the State of Oregon.
- 23% of children live in poverty.

Poverty

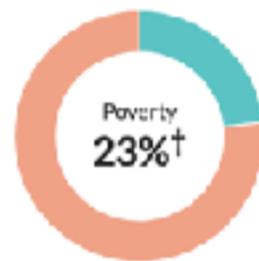
16.3%

Persons below poverty line

about 1.4 times the rate in Oregon: 12.1%

about 1.3 times the rate in United States: 12.6%

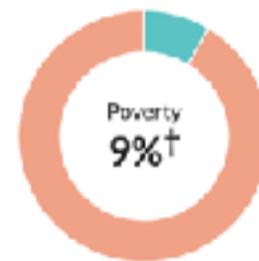
Children (Under 18)



■ Poverty
■ Non-poverty

Show data / Embed

Seniors (65 and over)



■ Poverty
■ Non-poverty

Show data / Embed

censusreporter.org

To get a better look at the community and how it ranks next to the rest of the counties in Oregon and the best performing counties in the US, we used countyhealthrankings.org. This data is collected nationally and compares counties across the United States to their state averages as well as how they compare to the best ranking counties. This data allows for benchmarking to see areas we might want to focus on for improvement.

For example, Coos County, Oregon, shows there is a ratio for Primary Care Physicians of 1,140:1, compared to the top performing counties in the U.S. have an average of 1,310:1 ratio of patients per physician. That means that SCHHC has more physicians per person than the best counties in the nation. Although Coos County ranks lower than many of the other counties in Oregon, they still rank as one of the better counties in the nation to live.

HEALTH STATISTICS

Coos County has some positive health factors that should be mentioned:

- Oregon appears to be a very active state. Coos County, although ranking slightly higher than the state for inactivity numbers, was still right around the same number as the top performing counties in the United States. Coos had a physical inactivity number of 21% compared to 18% at the State level and 22% for top performing Counties in the U.S.
- Although drug overdose is ranked lower than the state number of 16% and the top performing Counties of 22%, Coos County's number of 11% has changed since these numbers were last reported. In the last year there has been a large spike in that number.

Positive Health Statistics

- Another positive for the community in general is the number of healthcare providers in the area. Primary Care Physicians, Dentists, and Mental Health providers all were beating national Top Performer numbers.

	Coos County	Curry County	Top Performers	Oregon
Physical Inactivity	21%	19	22%	18%
Drug Overdose	11	14	23	16
Primary Care Physicians	1140:1	1660:1	1310:1	1061:1
Dentists	1120:1	1580:1	1380:1	1061:1
Mental Health	200:1	200:1	340:1	160:1

When it comes to comparing areas where

CHNA Survey Results

Coos County did not perform as well as the Top Performers in the nation, Coos County still was not significantly off from those top numbers. This made the survey and focus groups more relevant as they helped us understand where health needs could be better met.

- Adult Smoking was at 19% compared to 14% at the State level and 16% at the National level.
- Adult Obesity reported in at 34% compared to 28% at the State level and 32% at the National level.
- The number of children living in poverty was higher than we would like to see at 24% compared to 14% at the State level and 17% at the national level, however the hospital is limited in their ability to help in that arena.

Contributing Factors To Poor Health

	Coos County	Curry County	Top Performers	Oregon
Adult Smoking	19%	17%	16%	14%
Adult Obesity	34%	29%	32%	28%
Children in Poverty	24%	22%	17%	14%
Food Insecurity	15%	13%	12%	10%

- An outcome of children living in poverty is food insecurity. Coos County, Oregon is reporting 12% of their residents are experiencing food insecurity, compared to 12% in the Top Performing counties and 10% in the state of Oregon.

Other areas deserving review are:

- The uninsured population is at the same level as the top performing counties. This number, 12%, is slightly higher than the numbers in Oregon which is at 10%.
- Preventable hospital stays are below the Top Performing Counties, but still higher than the state of Oregon.

- Flu Vaccinations and Mammogram screenings are both lower than the State and Top Performing Counties numbers.

- Finally, Suicide is sitting at 25 per 100,000 people. This is much higher than 14 at the National Level and 19 at the State.

Other Areas To Review

	Coos County	Curry County	Top Performers	Oregon
Uninsured	12%	9%	12%	10%
Preventable Hospital Stays	2533	1351	2809	1884
Flu Vaccinations	43%	37%	51%	45%
Mammograms	34%	29%	37%	36%
Suicide	25	31	14	19

CHNA Survey Results

From the preliminary data we can see that healthcare in the county is in alignment with state and national numbers. None of the areas were so far away from the national numbers that they called for attention. Therefore, SCHHC used the information from the survey to better understand areas of concern for the direct members of their hospital service area. This data will lead to a Community Health Implementation Plan designed to address more specific needs.

THE ACTUAL PROCESS

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

INITIAL MEETING

On May 26, 2023, a meeting was held with members of the community. People representing the healthcare community as well as all demographics were invited to attend. This meant reaching out to large employers as well as special interest groups who would help ensure all demographics were well represented. Discussions took place to review a template of the survey to be distributed, and suggestions were made to ensure the survey would be acceptable to all potential respondents. The focus group recognized that health care needs may differ between genders, ethnicity, sexual orientation, gender identity and age. Care was taken to ensure all people would be represented in the results of the survey.

Many people were excited to contribute to the survey and added substantially to the questions on the survey. Cycle of Business and Southern Coos Hospital & Health Center were able to get great feedback, particularly with questions of gender affirming language, potential services that might be desired in the community, and inclusive language designed to help all respondents feel respected. As part of the process, COB and SHHC reviewed the initial survey and modified it as necessary to create an inclusive document that would give more insight into the health needs in the community.

The survey was written to go beyond the current national data that is readily available. SCHHC wanted to be able to specifically look at the results needed to meet the service needs of the community.

DISTRIBUTION OF SURVEY

After reviewing and revising the CHNA survey, SCHHC sent a link to the survey out to community members who represented the population at large and specific demographics within the community. The representatives then forwarded that link to their respective connections to ensure the population was appropriately represented in the answers of the survey.

Additional links to the survey were also placed on the hospital's website, Facebook page and community groups to make sure the community would know how to access the survey. The

Survey was translated into Spanish and that survey was specifically sent to native Spanish speakers.

After giving the community one week to respond to the survey, 137 people from the community had completed the survey giving feedback that was needed. The responses were gathered and analyzed to be presented to the community to ensure the needs of the population were met. The hospital leadership team met the next day to review the feedback and decide on next steps.

COMMUNITY ENGAGEMENT

Representatives from the community were involved in the process and their assistance was used to ensure the survey met the needs of the community they represented. Southern Coos Hospital & Health Center staff wanted to ensure any hospital needs were also included with the results of the survey when the results were shared with the community representatives. The initial focus group was invited back to review the results of the survey and input. In addition, the hospital will be taking the CHIP to certain members of the community to ensure minorities are benefiting from the areas SCHHC has chosen to improve.

Respondents to the survey covered all demographics of the community. Their feedback was enlisted to articulate the health needs of the community. They were candid in their responses and gave the hospital information that will assist SCHHC to improve their services to the community. Although there was significant effort to reach out to minorities and the LGBTQIA+ community, participation from people in those demographic groups was not easily visible. The survey did not ask a question on sexual orientation and participants were not required to answer questions they felt uncomfortable responding to.

The feedback from this survey was then utilized to create a Community Health Implementation Plan as well as incorporated into Southern Coos Hospital & Health Center's Strategic Plan for the year 2023-2025.

THE RESULTS

SURVEY RESULTS

Results of the survey centered around five key areas.

Expanding Access to Health Care: One of the challenges the community has is affordable healthcare during inconvenient times. Clinics in the area are open during regular work hours, however, one cannot always plan their illnesses. Often people arrive in the emergency department when there is not a real need for those services. This puts a burden on the



Dr. Paul Preslar in front of the clinic

Emergency Department as well as a financial burden on the patient. The challenge is how to make it work for the hospital.

SCHHC decided they would like to expand service to the community without undue financial strain on the hospital. One of challenges they face is helping people understand how to use expanded services. They will need to change the way the community thinks about after-hours care.

Currently after-hours care can only be received in the emergency department. Unfortunately, this comes with a higher price tag. To change the culture of the community, SCHHC plans to first expand the service hours in the clinic by one (1) hour in the evening. They are also looking to

promote an after-hours care hotline patients can call for help. If more personal care is needed than the hotline can provide, SCHHC is looking into the option of allocating on call staff that could meet patients at the clinic during off hours to provide in-person care. The hope is SCHHC will be able to track hours and create more standard clinic hours during high volume off hour times.

Assess Potential Specialties to Improve Local Access: In conjunction with expanded access, SCHHC realized there were several specialties community members wanted to receive locally. Some of these services the hospital already provides. Others were services that they would need to review to decide on the viability of those services.

Specialties: Eleven (11) specialties were identified in the survey and in discussion with the hospital leadership as potential new services to be offered at SCHHC. To decide what would be appropriate and profitable, more research is required to ensure the lines are feasible.

SCHHC will analyze these areas to discover whether they will be beneficial additions to the hospital's service lines. The 11 specialties are:

- Dermatology
- Urology
- Gynecology
- Endocrinology
- Ophthalmology
- Podiatry
- ENT
- Nephrology
- Pediatric
- Telemedicine
- Psychiatric Services



Southern Coos Hospital has an excellent imaging staff to take care of your needs.

Each of these services will need to be studied and viable specialties will be added to the services offered at the hospital.

Improve Service Areas for the Patients: Three service areas were identified in the CHNA as areas that could better service the community. They are areas where more attention was needed to help patients receive personalized service, including:

Chronic Care Management. Patients in need of this service need more attention to detail and additional contact with the providers. SCHHC felt that if they could improve the attention to the service offered to these patients, it would go a long way to improve their quality of life.

School Nurse Replacement. Currently SCHHC provides a nurse to address the needs of the School District. However, that nurse will be leaving soon. One of the top priorities of the hospital is to continue that care of the students in the area. SCHHC will be looking to replace that nurse and make a smooth transition to the new nurse.

Concierge Service. SCHHC is dedicated to ensuring their patients understand they are the priority. To ensure top quality service they will be creating a concierge service that will improve customer service through a more personalized approach. This concierge service will also be a reminder to the staff of the value SCHHC is placing on the patient and the benefit they are to the hospital.

Increase Community Awareness About SCHHC Services: One of the challenges to caring for the community comes in the perception of the hospital. SCHHC is currently under new leadership and is desirous to break away from old stereotypes and perceptions. To accomplish this goal SCHHC is in the process of rebranding their hospital and connecting more directly with residents and tourists alike. This rebranding process will take place with a new name, logo, and an extensive marketing campaign. The goal is to let the community know they are under new leadership, and they are bringing in new services that will help the community and personalize the service patients receive.

Staff Education: Finally, SCHHC leadership understands the need for training staff to create an accepting and caring culture for the hospital. This training consists of three areas.

The first step is the importance for staff to build their knowledge base to better serve the patient. Understanding of accepted insurances and processes utilized in the hospital will improve the experience for the patient.

Second, staff will undergo a cultural competency and trauma-informed care education program. This training will ensure the hospital staff is better equipped to offer all people, regardless of personal beliefs, gender orientation, or background, from receiving the care they need.

Finally, staff will take privacy training courses designed to help them understand and comply with HIPAA standards. SCHHC understands that keeping patients' medical needs private not only builds confidence and trust with the patients, but it's also the law. SCHHC wants to make sure their staff understand this is a vital component of proper health care.

TOP REQUESTED SERVICES FROM CHNA

When asked what services the respondent, a member of their family, or a person they know from the community needed for their own health, respondents prioritized the following as the top services. Many of these are already provided by SCHHC. Other specialties that ranked high on the list, were not already provided by Southern Coos Hospital & Health Center, and merited looking into are:

Top Services SCHHC Already Offers:

- Emergency Medical Services
- Diagnostic Lab, MRI and X-ray
- Primary Care Services
- Mammography
- Wellness Clinic
- Colonoscopy / Endoscopy

Top Services SCHHC Does Not Offer:

- Urgent Care/After-Hours Care
- Internal Medicine
- Dermatology
- Cardiology
- Ear, Nose, Throat
- Allergist



3D Mammography is improving care for women by finding issues sooner.

These and other areas were reviewed and will continue to be reviewed by the hospital and the physicians, to see how they will ultimately benefit the community.

Telemedicine:

Telemedicine has become more of a staple in healthcare because of the COVID-19 pandemic. Many healthcare professionals realized that they could treat certain patients using this technology. Some services have improved since the introduction of telemedicine. For example, dermatology is an area where the doctor can see the skin issues in more detail through zooming in on the areas of concern and see things they could not see with the natural eye.

Public perception of this technology is a factor in whether it will be used. When SCHHC asked if telemedicine was a technology their community would feel comfortable in using most people said they would. 58.4% said they would be OK with using telemedicine, while only 16% said they would not, and a little over 25.5 said they were unsure at this time.

With the community open to this form of treatment, SCHHC could open options for certain specialties that are difficult to find physicians to treat in person.

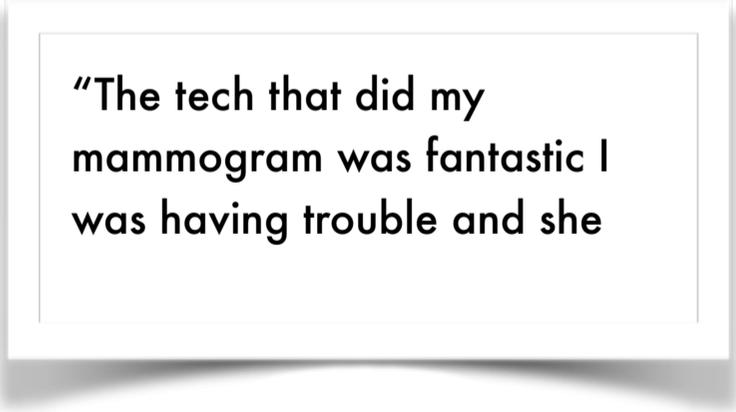
Supportive Services:

When asked how people felt about the supportive services SCHHC provides to their patients, the top five services where SCHHC was doing well were as follows:

1. Referral to Other Locations
2. Follow-up/Discharge Planning
3. Health Education
4. Help Understanding Recommended Medical Care
5. Care Management

However, there were areas where SCHHC could improve. These areas include:

1. Bariatric Services
2. Counseling/Assessment/Life Coaching
3. Help With Enrollment Services for Medicaid
4. Help Understanding Recommended Medical Care
5. Medical Supplies for In Home Use



“The tech that did my mammogram was fantastic I was having trouble and she

Demographic Services:

When looking at groups the community felt needed special attention from the hospital, three main categories appeared:

The first category was people who may have trouble paying. They showed up in the following categories:

1. People with minimal insurance
2. People with low income
3. People with no insurance
4. People who are eligible for Medicare

The second category was specialty groups SCHHC should make a concerted effort to ensure they are being cared for. They included:

1. The houseless
2. LGBTQIA+
3. People with disabilities
4. People with behavioral health or substance abuse issues

The third category was defined by the age of the individuals in need of care. They included:

1. Children
2. Youth
3. Adults
4. Seniors

When asked what aspects of healthcare are most important to the people personally, the top five most critical areas centered around convenience and patient experience. They were:

1. Fast track/same day clinic appointments
2. Convenient retail pharmacy
3. Weekend clinic availability
4. Evening clinic availability
5. More active care management

To Southern Coos Hospital & Health Center's credit, most of these are areas SCHHC was already working on based on the feedback from the systems they currently have in place. They were already in discussions on how to extend clinic hours. In addition, SCHHC has been working on a more personalized concierge approach to healthcare.



Southern Coos Hospital has a full-service state of the art laboratory.

Barriers to Using SCHHC:

When asked if there were barriers to using SCHHC, comments were very constructive. They fell into four main categories. They consisted of needs for specialty services, training for staff, improving processes, and financial concerns of the patient.

First there is a real need in the area for additional specialty services. With the demographic makeup and the challenges facing most rural hospitals it is difficult to bring in specialties in a profitable way. SCHHC is dedicated to finding a way to profitably serve the health needs of the community. As a result, they will be looking for ways to meet the specialty needs of the community.

The second area centered around issues with staff awareness and training. These comments covered areas like sensitivity training, customer service training, training around insurance coverage and more. SCHHC realizes that the experience the patient has in the hospital needs to be at the highest level and they are looking into the training necessary to achieve that level of care in their hospital and clinics.

The third area that became apparent in the through the comments were that some of the process staff are following needed to be revisited and improved. Certain areas of follow-up with the patient and transferring of information to other providers need to be improved. By doing so the patient experience would be greatly improved.

The fourth area of improvement came in financial concerns the patients voiced.

Questions arose on acceptance of insurance, payment plans, and even the cost of traveling to the hospital. For many of these people their overall concern was the cost of healthcare in general and not anything that the hospital was doing specifically.

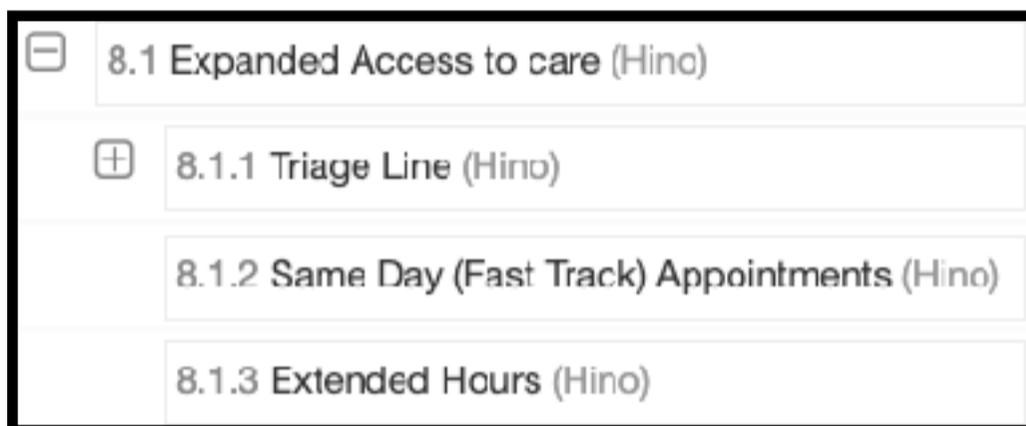
"I'm from out-of-state and was in need of an infusion. My doctor faxed the order and I was able to get in an get it in a timely manner. Everyone at the facility was very personable and friendly. They took great care of me

IMPLEMENTATION PLAN

According to the guidelines set forth by the IRS and the ACA, SCHHC must document a Community Health Implementation Plan no later than 6 months following their fiscal year end. This document will illustrate the initial plan as it stands, with the understanding that this plan will be refined over the next several months and that by incorporating it into their strategy for the hospital in may change slightly or grow over the next 3 years. Those changes and processes will be seen in the ActionStrategy web tool which is where their plan and CHIP will reside.

EXPANDED ACCESS TO CARE

Expanded access to care came through as an area that SCHHC needed to explore further. There are many healthcare organizations in the area where people can go to receive their healthcare. However, none have succeeded in bringing affordable after-hours care to the community. SCHHC realizes there is a need and that perhaps a new way to look at care is needed to fulfill that need.



One of the first steps will be to create a triage line that will aid in tracking hours of need as well as help service many of the patients who end up going to the emergency department to get treated for non-emergent medical issues.

In addition to the triage line, SCHHC would also like to create a system where you can call to set up fast-track appointments. These appointments will allow patients to see a healthcare provider working the day they realize they are in need.

Through tracking the needs of the community and looking at when the needs are greatest, SCHHC looks forward to understanding the flow of patients better and ultimately staff the clinic in a way that people could receive same day service when necessary. They will also know how they can profitably expand the clinic hours to provide extended hours to help patients who need assistance during the normal off hours for the clinic.

ACCESS TO SPECIALTIES

Southern Coos Hospital & Health Center reviewed the feedback from the community on the specialties they would like to see the hospital provide. SCHHC was already providing many of the most needed and desired services and will be promoting the availability of those services. SCHHC is also heavily involved in developing an Orthopedic program to the

hospital. There were, however, specialties that SCHHC does not currently provide which warrant a look. As a result of reviewing the current offerings, SCHHC is looking into the following specialties to better serve the people in their community:

- Dermatology
- Urology
- Gynecology
- Endocrinology
- Ophthalmology
- Podiatry
- ENT
- Nephrology
- Pediatrics
- Telemedicine
- Psychiatric services
- Orthopedics

SCHHC will research these specialties and decide whether they can responsibly be

offered at the hospital and or clinic. Some of these services may need to be incorporated through a tele-health program. The survey discovered that a majority of the community members who filled out the CHNA would in fact use a tele-medical option if it were offered.

IMPROVE SERVICE AREAS TO THE PATIENTS

The survey revealed a few service area opportunities to improve for the hospital. Some of these the hospital was already doing for the community and others were areas they were already working on.

For example, the Bandon School District School Nurse program is something that SCHHC has had in place for a while now. It has been a great benefit to the community and especially the school athlete program. However, the nurse who runs that program will be leaving soon

8.2 Assess Potential Specialties to improve local access (Hino)
8.2.1 Dermatology (Hino)
8.2.2 Urology (Hino)
8.2.3 Gynecology (Hino)
8.2.4 Endocrinology (Hino)
8.2.5 Ophthalmology (Cataracts) (Hino)
8.2.6 Podiatry (Hino)
8.2.7 ENT (Hino)
8.2.8 Nephrology (Hino)
8.2.9 Pediatric (Hino)
8.2.10 Telemedicine (Hino)
8.2.11 Psychiatric services (Hino)
8.2.12 Orthopedics (Hino)

and SCHHC wants to replace her with someone that will continue the same quality care the schools have been used to.

In addition, SCCHC's Chronic Care Management program will launch in July of 2023. SCHHC Leadership is designing a Concierge Service program will be designed to take care of those people who come to the hospital and clinics. It will improve customer service and confidence in the quality care patients receive at the hospital.

8.3 Improve Service Areas to the Patients (Hino)
8.3.1 Chronic Care Management (Hino)
8.3.2 School Nurse Replacement (Hino)
8.3.3 Concierge Service (Hino)

INCREASE COMMUNITY AWARENESS

To meet the needs of the community and service them better, the community needs to be aware of the hospital and how it has been improving. Some people in the community think of past experiences they had with the hospital and judge today's service based on past experience.

8.4 Increase community awareness about our services (Hino)
8.4.1 Google (Hino)
8.4.2 Employers (Hino)
> 8.4.3 Branding (Hino)
8.4.4 SEO (Hino)
8.4.5 Same Day Billboard (Hino)
8.4.6 Promote Pulmonary Disease Program (Hino)

However, Southern Coos is constantly improving and with the recent leadership change a huge focus has been placed on changing any past negative perceptions based on current levels of service.

SCHHC is going to be going through a complete branding experience to get the word out that things are changing for the better. Part of that is through marketing to help residents and visitors alike understand the level and commitment to service they receive at SCHHC.

Another part is in branding of the hospital. The city of Bandon Oregon has international recognition due to the world class golf courses that are located there. However, most visitors would not even know that Southern Coos Hospital & Health Center is located in Bandon, let alone located in Coos County. For someone visiting, they may never know that there is a hospital in Bandon because by the name of the hospital they did not understand the relation to the city. SCHHC is looking to rebrand and capitalize on the name recognition of Bandon to better serve the community.

STAFF EDUCATION

Southern Coos Hospital & Health Center has been on a quest to continually improve the care given at the hospital and the clinic. They were excited to get feedback from the community in areas they can improve that will help to win the community over. This feedback illustrated three areas where education needed to take place to improve their service to people in the area.

First was in making the process of using the hospital more convenient for the patient. Although almost all insurances are accepted by the hospital not all the staff are aware of which ones are accepted.

Patients find it easier to get to a live person at the hospital than their insurance company. SCHHC wants to make sure the patient can always get their answer while on the phone setting up their appointment.

No one wants to come to the hospital and feel like they are being judged or in an environment where they feel their caregiver may not understand them. For this reason, SCHHC will be putting their staff through a Cultural Competency and Trauma-Informed Care education program. This will help ensure patients feel safe and understood when receiving care in their facilities.

Finally, part of feeling safe is that you know that your care is confidential. SCHHC will be reviewing HIPAA requirements with their staff on confidentiality. They want to make sure that you come to the hospital so you can rest assured that you and your healthcare professional are the only ones who know your health issues.

Southern Coos Hospital & Health Center Executive Leadership will take an aggressive stance with their CHIP. They are dedicated to improving the health care of those in the community and especially the experience you will have when you enter either the hospital or one of the health centers. They have confidence they can achieve much of this plan because over the last year they have completed their aggressive strategic plan. The CHIP will be refined in over the next 6 months as SCHHC looks at the best ways to improve the health of the community. All future revisions to the CHIP will be reflected in ActionStrategy and incorporated in their Strategic Plan. They are looking forward to seeing their community thrive and being an integral part of a healthier community.



The image is a screenshot of a document with a black border. It contains a list of three items under the heading '8.5 Staff Education (Hino)'. The first item is '8.5.1 increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services (Hino)'. The second item is '8.5.2 Cultural Competency and trauma-informed care education (Hino)'. The third item is '8.5.3 Expanded Privacy training (Hino)'. There is a small square icon with a plus sign to the left of the first item.

8.5 Staff Education (Hino)	
+	8.5.1 increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services (Hino)
	8.5.2 Cultural Competency and trauma-informed care education (Hino)
	8.5.3 Expanded Privacy training (Hino)

APPENDIX

CHNA TEAM

Name	Company	Representing
Cori Valet	SCHHC	Healthcare
Scott McEachern	SCHHC	Healthcare
Steve Reber	SCHHC	Healthcare
Margaret Pounder	Chamber of Commerce	Local Businesses
Amy Moss Strong	SCHHC	Healthcare
Hank Holmes	CCHC	Healthcare
Dave Gilmore	CCHC	Healthcare
Dawn Gray	SCHHC	Healthcare
Joseph Bain	SCHHC Foundation	Community
Charlotte Carver	SCREL	Community/Diversity
Diana Pedregon	South Coast Equity Coalition	Community/Diversity
Ray Hino	SCHHC	Healthcare and Diversity
Jeremiah Dodrill	SCHHC	Healthcare
Carrie Okey	SCHHC	Healthcare

Southern Coos

Hospital & Health Center



EMERGENCY

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