

Supplemental Narrative CBR-1
Salem Health
Fiscal Year July 2021- June 2022

A Community Health Needs Assessment was conducted in 2019 and updated in 2021. This process includes partners from both Polk and Marion County Health Departments, the local CCO, hospitals, community based organizations and education. The CHNA was conducted with Salem Health, Santiam Hospital, Legacy Health Silverton, Kaiser Permanente, the Behavioral Care Network, Chemeketa Community College, Cherriots, City of Woodburn, Community Action Agency, Community Advisory Council, Early Learning Hub, Legacy Health Silverton, Marion County Health & Human Services, Northwest Senior & Disability Services, Polk County Health Department, Western Oregon University, and Willamette Valley Community Health. Through this process Salem Health and West Valley Hospital identify the greatest health needs among each of its hospital's communities, enabling Salem Health to allocate resources toward services, outreach, prevention, education and wellness opportunities where the greatest impact can be realized. These needs are Behavioral Health, Substance Use, and Housing.

Process and method

A process referred to as Mobilizing for Action through Planning and Partnerships (MAPP) cycle is used to assess and improve the health of the community. MAPP is a flexible, evidenced based framework, created by the National Association of County and City Health Officials (NACCHO). Each community that utilizes MAPP conducts a Community Health Assessment (CHA), which casts a wide net collecting data in various ways to understand local health and why health conditions occur. This information is then used to identify key priority areas for improvement in the Community Health Improvement Plan (CHIP) over a designated period of time. Although the CHA strives to be comprehensive, it should not be thought of as an exhaustive compendium of every local measure that exists; rather, this document utilizes select measures that best capture the health of the community. MAPP builds off of previous work conducted by the community. A key takeaway from the last process was that three years is not enough time to make substantial gains in the CHIP priority areas. To make better use of resources, and to align more closely with the intent of MAPP, the community has shifted to a five year CHIP in the current and future iterations of this process. (Local non-profit hospitals operate on three year cycles to satisfy their requirements with alignment achieved through annual updates to the CHA.)

A full description of the collaborative process used to identify and prioritize health needs can be found in the introduction and methods section of the Marion-Polk Community Health Assessment [here](#). Surveys, community town halls, assessment of a variety of systems and casting a wide net to include a number of community partners, as well as extensive review and analysis of data from multiple sources were used to establish community needs. While the team strived to use the most reliable, valid, and up to date data available; it is important to acknowledge these limitations and seek to address them in future studies, as well as be nimble in responding to the constantly changing needs of our community.

Demographics

Marion and Polk County are located in the Willamette Valley and are the 5th and 13th most populous counties in Oregon respectively. This community spans about 1,950 square miles, of which 1,200 are in Marion and 750 are in Polk. In Marion, the five largest cities are Keizer, Salem, Silverton, Stayton, and Woodburn, which are home to 66% of the County's total population. The remaining 34% live in one of

the smaller 15 cities or on unincorporated land. In Polk, the largest cities are Dallas, Falls City, Independence, Monmouth, West Salem, and Willamina, of which about 84% of Polk's population resides. Those who live outside of the major population areas in the community may experience greater difficulty accessing resources like health care services and healthy foods. Transportation can be difficult given the limited public transportation in these rural areas.

As of 2020 there were approximately 433,353 people living in the community of Marion and Polk Counties, which is about 10% of the total state population. Of those, it is estimated that 344,920 people live in Marion and 87,433 live in Polk. Since 2010, the population has increased by 8% in Marion and 11% in Polk, which was similar to the increase in the state as a whole. There were also a larger number of people living per square mile in this community compared to the state and this was especially true for Marion County.

The community had a larger proportion of members between the ages of 0-24 years old than the Oregon average. There was also a smaller proportion of working age adults (25-64) in the community than the state. In 2020, the median age was 36.9 years in both counties, with Marion's median age slightly increasing and Polk's slightly decreasing in the prior three years. Both are younger than the state (39.2 years.) Additionally, more people have been migrating into this community as opposed to leaving, which is expected to continue during the forecast period. It is estimated that this community will exceed 500,000 members by 2035 and Polk will be growing at a faster rate than Marion. Shifts in age groups will be occurring over the next 50 year forecast period in this community, with a greater proportion of members falling into older age groups. This change is important, as it highlights the need to expand and prepare for the growing health needs of an aging population.

About 27% of community members in Marion County identified as Hispanic or Latina(o), which was higher than Polk County (14%) and Oregon (12%). Marion has a larger proportion of members who identified as Native Hawaiian or Pacific Islander than Polk and the state. About 1 out of 4 households (25%) in Marion spoke a language other than English at home than Polk (14%) and the state (15%).

Community members in Marion County had lower household median incomes and a higher percentage living in poverty, especially children, than Polk and the state. 14.2% of people in Marion County and 12.5% in Polk County are living below the federal poverty line. Roughly 25% of children were living in poverty in Marion County, compared to 17% in Polk County and 20% in Oregon overall. In the community, a higher proportion of females were living in poverty than males, and members who identified as a race or ethnicity other than White, non-Hispanic/Latina(o) had higher poverty rates as well.

Educational achievement has been improving in recent years as a higher percentage of community members have a high school diploma/GED. 85% of adults over 25 in Marion County and 91% of adults in Polk County have a high school diploma or GED. However, the percentages drop significantly for Latino populations which were 53% in Marion County and 61% in Polk County. Educational achievement in Marion County was lower than Polk and the state, especially with regard to college graduates. In Marion County 23% of people had a Bachelor's degree or higher, compared to 31% in Polk. Educational achievement differed by sex, race and ethnicity, geography, and disability status.

About 1 out of 5 children were food insecure in this community. It was also difficult for some community members to obtain healthy foods due to affordability and low access to stores that sell them.

The fiscal year 2021-2022 saw a continuation of the impact created by the pandemic. COVID-19 revealed and worsened health disparities in our community. Just as many were beginning to feel some hope emerging in the summer of 2021, the delta variant hit, creating higher levels of hospitalization than we had seen with the previous variant. Delta was followed by the highly contagious omicron, which led to increasing numbers of sick employees, impacting already strained staffing and higher volumes in Salem Hospital's emergency department, which has been the busiest ED between San Francisco and the Canadian border for more than five years. Additionally, the September 2020 wildfires in the Santiam Canyon and near Otis, on the way to the Oregon coast, continued to impact our community. The pandemic, severe weather, housing crisis and other societal challenges have taken a physical, emotional and mental toll on individuals, business and society in general.

Priority Areas – Behavioral Health, Substance Use, Housing

Behavioral health continues to be an area of focus and concern for our community, preventing/intervening in mental illness such as anxiety or depression and reducing suicide attempts and completions.

A CDC report in 2020 ranked Oregon the 13th in the country for deaths by suicide, two spots worse than 2017. Suicide continues to be the 2nd leading cause of death for ages 10-24. Marion and Polk Counties continue to have high risk factors for youth. In the most recent data from 2019, 33.8% of Polk County 11th graders reported symptoms of depression and in Marion County, 38.3% of 11th graders reported symptoms. Eleventh grade students surveyed in Polk County reported that 20.4% were seriously considering suicide and 7.7% had actually attempted suicide. In Marion County, 19.9% of 11th graders seriously considered suicide and attempts increased from 2017 to 10%. Our community continues to be at or above the Oregon averages in depression and suicide markers.

About 1 in 4 adults has been diagnosed with depression in the community, which was similar to the state. A higher percentage of females have been diagnosed with depression than males. About 13% of adults in Marion experienced frequent mental distress, compared to 12% in Polk and 14% in the state. Male community members and those who identified as American Indian/Alaska Native or White, non-Hispanic had higher mortality rates than their peers.

Salem Health has engaged in community wide initiatives to explore contributing factors to this increase. Salem Health Community Health Education Center (CHEC) hosts classes in mental health supports and strengths including: Burnout and Resilience, Life in Balance Exercise Class, Good Food Good Mood. Salem Health Trauma Prevention team conducted presentations and classes on Self Care and Suicide Prevention in local schools. We partner with Marion County Public Health to provide mental health evaluators in our emergency department and house Marion County Psychiatric Crisis Center on our campus. The PCC and our ED work together closely to provide resources and assistance to those struggling with mental illness or substance abuse.

COVID-19 pandemic highlighted health disparities impacting Latinos and immigrants in our community. Marion County has over twice the Hispanic population (27%) as the Oregon state average (13.3%). The

challenges around communication options in Spanish combined with a lack of a primary care provider (especially someone speaking Spanish) and other needs emerging during the pandemic, created high levels of toxic stress within the Latino community. Salem Health invests in Mano A Mano, a Latino led community non-profit, by providing a community health worker to break through barriers in a culturally specific way to increase decrease toxic stress through having a CHW assists families in accessing emergency food, utilizing health insurance and removing other healthcare barriers, housing, health education and community groups to support families.

In 2021, we had significant success partnering with Mano A Mano, PCUN and other community based organizations to distribute COVID vaccines to the Latina(o) community at churches, workplaces and other community events. We chose to build on that success and use our learnings to address chronic disease and risk indicators. Black, indigenous and people of color are disproportionately impacted by diabetes. African Americans and Hispanic/Latina(o)s are over 50% more likely to develop diabetes. In certain zip codes, the disparities increase significantly. The 97301 zip code has 35% residents who identify as Hispanic/Latina(o), and 23% who live there are below the poverty, compared with 13% in the rest of Salem. This zip code's median income is 25% less than the whole of Salem and has twice as many children living in poverty. Residents of 97301 also experience high blood pressure, diabetes, and obesity at higher levels, and fewer have health insurance. Armed with this information and the partnerships established, Salem Health began weekly community screenings with bi-lingual diabetes educators at events in the 97301 and 97305 zip codes. More than 400 people were screened, 90% identifying as Hispanic/Latina(o) and nearly every individual has risk factors. Our team partnered with multiple agencies and organizations to provide wrap around services, including signing up for health insurance, connecting with a primary care provider, health education classes, support groups, appointments with a dietitian and diabetes self-management classes offered in Spanish and on Saturdays or evenings to accommodate work and child care schedules.

In 2020 Family Building Blocks, a community non-profit that focuses on providing support to high risk parents of children under 5, introduced a pediatric mental health practitioner to their services. By 2021, the demand was so high, they added another two full time practitioners, including a bi-lingual therapist. About half of the families FBB serves are Latina(o). With help from a community partner grant from Salem Health, more than 90 children and their families were seen for services including individual psychotherapy, family and group psychotherapy and play therapy.

Another community partner grant was given to Catholic Community Services "Fostering Hope Initiative" which places outreach coordinators in low income housing to connect families with resources including clothing, food, access to health care and mental health counseling, and financial assistance. This grant was specific to the north portion of Marion county, about 56% Latina(o) and is often overlooked due to its rural nature. CCS was able to enroll 18 of 21 families referred to services, which included 32 adults and 41 children.

Substance use and abuse, including alcohol, tobacco, and drugs, remain primary sources of preventable death in the community, state, and the country. Co-occurring diagnoses for both mental illness and substance use disorders are common. In 2014, 20.2 million adults in the United States (8.4%) had a substance use disorder and of those 7.9 million had both a mental disorder and a substance use disorder. This significant overlap between substance abuse and mental health underscores the importance of capturing who is engaging in behaviors indicative of these disorders in the community.

The impact substance abuse has on our community is significant. About 33% of motor vehicle fatalities in Marion County involved alcohol, compared to 29% in Polk County and 32% in the state. The rate of deaths that involved alcohol has been increasing in the community in recent years. Roughly 14% of adult community members binge drink, compared to 18% of adults in the state. In Marion, 16% of adults were current cigarette smokers compared to 15% in Polk and 18% in the state. The community is not currently meeting the Healthy People 2020 goal for cigarette smoking.

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Marion and Polk counties continue to see a significant increase in tobacco use and has since 2011: Marion County has 19% of its residents using tobacco and Polk county reports 16.4%. Tobacco use contributes to many diseases, especially lung cancer, a disease from which Marion and Polk county residents die a higher rate than those in other parts of Oregon. With tobacco use comes a greater exposure to secondhand smoke for non-smokers, which may exacerbate a wide range of adverse health effects such as respiratory infections and asthma. Especially concerning is the increase of tobacco use during pregnancy which, although it has decreased in recent years is still far higher at 10% than the Health People 2020 goal of less than 2%.

Salem Health is a smoke free campus and has worked with the City of Salem to expand smoke free zones to neighboring sidewalks and city parks. The hospital screens 100% of its patients for tobacco use and provides all tobacco users with community cessation resource information. The American Lung Association's Freedom from Smoking curriculum is offered at no cost through our Community Health Education Center (CHEC) and the Health Education and Outreach teams provide community based education to schools related to tobacco prevention. Salem Health Trauma Prevention team conducted classes and presentations around substance abuse including marijuana and vaping use and methamphetamine use.

Salem Health's CHEC also holds classes on DUIs, substance abuse, Meth addiction prevention, AA program and Al-Anon Support Groups, and Minor in possession classes. No and low cost health education is available to the general public in the form of classes, outreach and access to research materials, online and in print. A part time librarian is on staff to assist clinicians with the latest research and treatment options. A staff of health educators presents to the public on various community health topics on request and attends wellness fairs, providing biometrics and health information.

The Salem Cancer Institute offers free screenings several times a year for various cancers, including breast, colon, lung and skin cancer. Staff and clinicians participate in dozens of health improvement committees, addressing social determinants of health such as homelessness, food insecurity, education and access to care. L

Workforce has emerged as a need not identified in previous assessments, but certainly an issue that impacts the community as a whole. Salem Health provides training for nursing students, clinical rotations for physical and occupational therapists, pharmacists and dietitians. Emerging health care professionals in high school are given opportunities to explore careers through job shadows.

Housing and health care work are critical partners in preventing and ending homelessness. Healthcare services are more effective and better delivered when a patient is stably housed. The rate of homelessness has been increasing both in the community and the state in recent years, including growing numbers of students in K-12 experiencing homelessness. This leads to inadequate care, difficult connecting to services, and contributing to chronic disease. Exposure to communicable disease increases, and chronic health conditions such as high blood pressure and diabetes become worse due to medication storage issues and difficulty maintaining a healthy diet. Behavioral health issues such as depression, alcoholism, or other substance use disorders can develop and/or are made worse in such difficult situations.

Salem Health supports community partners and their efforts to address housing and homelessness. For example, Salem Health worked with community partners to cover cost barriers establishing the Marion Polk Continuum of Care with HUD and supports a community database establishing a system for all providers to log onto the same shared information for youth homeless supports and coordination.

Community wide task forces are in place to address homelessness, which is deemed a critical issue in the two counties served by Salem Health. Representatives from appropriate areas of the hospital attend task force meetings and leverage hospital resources to positively impact health outcomes. Hospital leaders volunteer time to serve on community non-profit boards which mirror the mission of Salem Health and attend regional collaborative work groups that address social determinants of health. Examples include board positions on Salem Free Clinic, Family Building Blocks, Marion Polk Food Share, the Boys and Girls Club, United Way, Union Gospel Mission, Liberty House, and Catholic Community Services.

We are engaged in policy making and local governments committees. Our Chief Nursing Officer serves on the Oregon State Board of Nursing, whose goals are to protect the public by regulating nursing education, licensure, and practice. We also have employees who serve on the Marion County Budget Committee and the Marion County Public Safety Coordinating Council.

The hospital provides community basic health improvement services as requested in Marion and Polk counties. In 2022, these included health screenings, education and outreach. The Community Health Education Center offers a health related lending library, drop-in nursing consultation services and group instruction. Diabetic and nutrition counseling is also offered for patients newly diagnosed and unable to pay for these services. The CHEC provides space free of charge to community partners seeking to improve health outcomes. The rooms host classes, lectures, health fairs and support groups that are coordinated in partnership with community agencies.

Salem Health provided community partner grants in 2022 to enhance existing non-profit organizations' work that addresses needs identified in the community health needs assessment. We invested over \$300,000 this year in organizations that include Mid Willamette Valley Homeless Alliance; HOME Youth Services; LOVE, Inc. in north Marion County; Integrated Support for Living; Marion County Law Enforcement Assisted Diversion; Liberty House; St. Francis Family Shelter; United Gospel Mission; Catholic Community Services, Homeless Youth Services Database, Boys and Girls Club, Center 50+, Polk County Service Integration Teams, North Marion Service Integration Team, Woodburn Service Integration Team; Salem Police Foundation; Marion Polk Food Share; Mano a Mano; Polk County Court Appointed Special Advocates (CASA); Salem Free Clinics, and United Way.

Community partner grant recipients are selected with the identified community health needs in mind, but also social determinants of health, health disparities and vulnerable populations. For example, the funding provided to United Way allowed the organization to hire a 0.75FTE outreach coordinator for SafeSleep, a women's shelter. The position resulted in increased bed utilization and 33% of their clients housed in transitional or permanent housing over the course of the year.

A grant to Union Gospel Mission assisted with opening a medical clinic onsite at their Men's Downtown mission and hiring a mental health counselor. Over the course of the year, nearly 3,000 visits were made to the clinic, reducing the number of calls to 911 and visits to the emergency department.

Church at the Park used their community partner funding in a similar way, hiring coordinators whose goal was to support 30 individuals experiencing homelessness to establish Primary Care, sign up for OHP, understand the appropriate level of care to seek, reduce their use of emergency systems, stabilize health conditions, and transition from places not meant for human habitation to more stable housing. They were able to serve 39 individuals and reduced these individuals' utilization of emergency systems (ambulance, 911 calls and emergency department) by 100%.

These are just a few examples of how Salem Health collaborates with those on our community's front line to support and enhance the very important work of serving our most vulnerable populations. Additional financial grants are issued to non-profits that address access to health care for un-and-underinsured populations.

In conclusion, while significant outside forces continue to affect the health and well-being of our community and place increasing pressures on our health system and dedicated staff, partnerships continue to be formed and maintained for the benefit of our community. We continue to engage new community cohorts and increase levels of awareness which provide opportunities to improve upon effective strategies of health and community strength going forward.