



Salem Hospital

Oregon Health Authority Supplemental Narrative CBR-1 Fiscal Year July 2022- June 2023

About Salem Health

Salem Health Hospitals and Clinics has been the region’s leader in locally controlled health care since 1895, providing the community with award-winning care for generations. Salem Health facilities include Salem Hospital, West Valley Hospital in Dallas and Salem Health Medical and Specialty Clinics throughout the mid-Willamette Valley. Salem Health collectively serves Marion and Polk Counties as its primary service area, while also providing high-quality, sought-after care to those in the surrounding counties of Linn, Benton, Lincoln, and Yamhill.

Salem Health’s not-for-profit hospitals are licensed for a total of 670 beds (644 on the Salem campus and 26 at West Valley campus in Dallas). In July 2022, a new inpatient building opened on the Salem campus, adding 150 beds to meet the current and growing need. In June 2023, 19 beds were added to the Dallas campus.

Salem Hospital is the largest hospital in Oregon and operates the busiest emergency department between Seattle and San Francisco, with more than 105,000 visits in 2022. West Valley Hospital, Salem Health’s critical access hospital is a top performing critical access hospital which offers emergency services, swing beds and specialty care close to home for those living in rural Polk County.

Our mission is to improve the health and well-being of the people and communities we serve. We are proud to partner with the best physicians in the region to bring exceptional and compassionate care to our region.

In addition to inpatient care, primary care, urgent care, emergency care, and telehealth, Salem Health Hospitals and Clinics offers the following:

- Adult Psychiatric Medicine
- Advanced Wound Care
- Anticoagulation Clinics
- Infusion & Wound Care
- Pain Clinic
- Palliative Care
- Pulmonary

- Bariatric Surgery Center
- Breast Center
- Cancer Center
- Cardiology
- Family Birth Center
- Heart & Vascular
- Joint Replacement Center
- Laboratory
- Neurology
- Nutrition Therapy
- Occupational Medicine
- Outpatient Rehab
- Rehabilitation
- Sleep Center
- Spine Center
- Stroke Imaging
- Women's Health

Service Area

Marion and Polk Counties 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. 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.

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, and Willamina, as well as west Salem, the composite of which approximately 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.

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 regards 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 6 children were food insecure in this community and 87% of food insecure children in Marion and 76% in Polk were eligible for some form of assistance, increasing demand on charitable sources for food. In Marion, 41% of community members were living in a food desert compared to 18% in Polk. To be considered a food desert, a census tract must be designated as both low-income and have low access to supermarkets or large grocery stores where healthy foods are available. It was also difficult for some community members to obtain healthy foods due to affordability and low access to stores that sell them.

Key Findings for Marion & Polk Counties:

- A greater percentage of the community population is younger, under the age of 25, than Oregon.
- The community has a larger percentage of members that identified as Hispanic or Latinx than Oregon. About 27% identified as Hispanic/Latinx in Marion, compared to 14% in Polk and 13% in Oregon.
- The community has a higher percentage of members that speak a language other than English at home than Oregon. Roughly, 1 in 4 households (25%) in Marion speak a language other than English, compared with 12% in Polk and 15% in Oregon. The most common languages spoken after English were Spanish, various Asian or Pacific Islander languages, and Russian.
- About 15% of community members are living with a disability, which has been decreasing over time. The most common types of disabilities in the community were difficulties walking, living alone, or cognitive. The proportion of community members living with a disability differed by race and ethnicity.
- One third (33%) of Marion County community members lived outside of the five largest cities in Marion County. About 16% of Polk County community members lived outside of its largest cities.
- The community is growing, aging, and becoming more diverse, a trend that is predicted to continue. Population projections estimate that there will be 500,000 community members by 2035. Older adults will represent a greater proportion of the overall population in the future than they do currently.

Community Health Needs Assessment (CHNA)

A Community Health Needs Assessment was conducted & published in 2019; updated annually in 2021, 2022 and 2023. This process includes Salem Health Hospitals and Clinics, Santiam Hospital, Legacy Health Silverton, Kaiser Permanente, the Behavioral Care Network, PacificSource, 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 identified 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. The top three priority areas determined in the 2019 assessment and in the 2023 update are behavioral health support, substance use prevention, and within social determinants of health- housing. In FY23, Salem Health also chose to address diabetes and obesity.

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 Needs Assessment (CHNA), 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. Although the CHNA 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 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 CHNA.)

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 Needs Assessment](#). 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.

Significant Community Benefit Activities That Address Health Needs Identified In The CHNA

Priority Areas: Housing, Behavioral Health, Substance Abuse Prevention, Diabetes and Obesity.

Housing and healthcare 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, coupled with alcoholism and/or other substance use disorders can develop and worsen in such difficult situations.

Salem Health supports community partners and their efforts to address housing and homelessness and looks internally to support patient connections with service providers. For example, Salem Health worked with community partners to cover administrative costs of the Mid-Willamette Valley Homeless Alliance and supported a community database establishing a system for all providers to log onto the same shared information for youth homeless supports and coordination. In addition, Salem Health created a *Right Care at the Right Time* flyer to support homeless services providers access care and find the correct care for their clients.

Accompanying this flyer is the *Frequently Asked Questions* flyer for community homeless service providers. This flyer details how providers can support their clients while they are in care at the hospital, work with their client to access care information, and support a safer transition from hospital care back to the community for improved health outcomes.

Communitywide taskforces 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 taskforce 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, Salvation Army, the Boys and Girls Club, United Way, Liberty House, and Catholic Community Services.

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 rankings 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, 41% of Polk County 11th graders reported symptoms of depression and in Marion County, 33% of 11th graders reported symptoms. Eleventh grade students surveyed in Polk County reported that 26% were seriously considering suicide while in Marion County, 18% of 11th graders seriously considered suicide. Our community continues to be at or above the Oregon averages in depression and suicide markers.

On average, adult community members experienced 4 to 5 days each month where their mental health was unhealthy due to stress, depression, and/or problems with emotions, which was similar to the state (2012-2015). About 4 out of 10 adult community members experienced at least one day of unhealthy mental health each month, falling slightly below the state (2012-2015). Adults who experience frequent mental distress, which includes issues with mental health, stress, depression, and/or problems with emotions, for at least 14 days of the month was reported in 13.1% of Marion adults, 12.2% of Polk adults, and 13.7% of Oregon adults in 2016. 96 The percentage of adults reporting frequent mental distress has been increasing in recent years.

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, Question Persuade Refer, Life in Balance Exercise Class, Good Food Good Mood and health educators are part of a regional QPR suicide prevention effort. Salem Health Trauma Prevention team conducted presentations and classes on Self Care and Suicide Prevention in local schools. Salem Hospital's emergency department assesses all patients for suicide risk, and partners with Marion County Public Health to provide mental health evaluators in our emergency department. We also house Marion County Psychiatric Crisis Center (PCC) on our campus. The PCC and our emergency department work together closely to provide resources and assistance to those struggling with mental illness or substance abuse.

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.

Tobacco use in all of its various forms is still the number one cause of preventable deaths in Oregon. Every year about 7,500 people die from tobacco use in the state, which is equivalent to 1 out of every 5 deaths. Secondhand smoke is responsible for 650 additional deaths in Oregon each year. People who have lower income or identify as certain racial and ethnic groups are disproportionately affected both in terms of tobacco use and environmental exposure to smoke. Changing policies and the environment where smoking takes place can help to reduce to health burden of tobacco use.

The way tobacco is being consumed is changing in the state, as cigarette smoking has decreased, there has been an increase in electronic tobacco use for both adults and teens. In 2016, 4% of adults and 14% of 11th graders were currently using electronic tobacco in Oregon. The community had a lower percentage of current cigarette smokers than the state, but it's not currently meeting the Healthy People 2020 goal (12%). Males were more likely to be current smokers than females. Community members on Medicaid were more likely to report current smoking than the community as a whole.

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. In addition, the CHEC hosts community classes, and our Trauma Prevention team provides community education on DUIs, substance abuse, Meth addiction prevention, AA program and Al-Anon Support Groups, and minor in possession classes. Finally, Salem Health has a part time librarian is on staff to assist clinicians with the latest research and treatment options.

The Salem Health's Cancer Center offers free screenings several times a year for various cancers, including breast, colon, and lung and skin cancer. In addition, the Cancer Center offers educational opportunities in the community to learn about prevention, intervention, and treatment options for these cancer types.

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 2023 to enhance existing non-profit organizations' work to address identified community health needs. We invested over \$270,000 this year in the following organizations: Catholic Community Services, Church at the Park, Mid-Willamette Valley Homeless Alliance, Marion County Law Enforcement Assisted Diversion, Liberty House, Boys and Girls Club, Polk County Service Integration Teams, Salem Free Clinics, The Gate Youth Center, Salem Pastoral Counseling Center, and Salem-Keizer Coalition for Equality.

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. Investments that address individual health related social needs include:

- Salem Keizer Coalition for Equality's Forming Strong Families, Formando Familias Fuertes, offered year around project focused on mental and emotional health of family relationships. Included were parenting classes, family communication, family activities, monthly speakers, mentoring and peer support to build protective factors in families that contributes to the educational and life success of our children. 160 unduplicated families totally 540 individuals participated. Investment: \$30,000.
- Church at the Park used their community partner funding to hire community health case managers to support 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. 240 individuals received support with 13 actively engaged in the structured program. Those fully engaged experienced a decrease

in emergency health utilization. For example, one participant utilized emergency health services 36 times in the 6-month period prior to engagement and reduced to zero after being connected to services and supported with follow up. Investment: \$30,000.

- Liberty House added two therapists to provide trauma-informed, evidence-based counseling and mental health support to 89 youth and families who have experienced abuse and neglect. Investment: \$30,000.
- Salem Pastoral Counseling provided free or reduced counseling services to the financially marginalized in Marion/Polk Counties. 131 individuals were served by a total of 1,039 hours of counseling. Investment: \$15,000.

Investments that address systemic or root causes of health and health equity include:

- At the Boys & Girls Club, Salem Health invested in their program Triple Play. This program builds skills, attitudes, knowledge, and behaviors essential to an overall health lifestyle. Healthy eating, physical activity and relationship building are addressed in health habits, daily challenges, and social recreation. Together, the program helps young people learn to sustain the health of their mind, body, and soul. Overall, 550 youth participated in the program with 24% engaged in health eating habits classes and 148 participating in bike safety. Investment: \$30,000.
- Salem Free Clinic's (SFC) grant supported increasing access to healthcare, behavioral healthcare, and diabetes management care for uninsured/underinsured patients in Marion and Polk Counties. Over the grant award year SFC provided 5,500 free patient visits. Investment: \$80,000.
- Fostering Hope Initiative (FHI), Catholic Community Services used bilingual/bicultural community health workers to target 20 affordable housing and transitional living sites to connect with individuals and families who have insufficient access to health care services. Once identified, FHI assisted individuals and families to health care services needed, provided support to help them obtain needed services and ensured individuals and family follow up with health care referrals. 387 people participated in wellness events and 338 connections to services regarding social determinants of health were made. Investment: \$30,000.

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 as well as other health professionals. In addition, Salem Health is partnering with emerging health care professional curriculums in high school and giving opportunities to explore careers through engagement with health care professionals and onsite job shadows.

Salem Health leaders are continually engaged in advancing healthcare supports and workforce through statewide and national boards. Together, we work on initiatives and implement programs aimed at impacting and aligning key levers or strategies to produce outcomes that improve health and create a better healthcare system through system wide quality improvement, care management, consulting and research, and health information technology and analytics. Our CEO served on the Oregon Association of Hospitals and Health Systems; 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; and have employees who serve governmental advocacy for medical groups and policy support for patient services.

The hospital provides community basic health improvement services as requested in Marion and Polk counties. In 2023, these included biometric and diabetic screenings, and education and outreach on a variety of health topics. Expanding on this work, the Community Health Education Center (CHEC) has also worked intentionally with the Latinx community offering 20 medical screening days throughout the community and a number of these screenings were in collaboration with other organizations in Marion and Polk counties. Each of the 422 individuals (401 in Marion County, 21 in Polk County) who attended a screening was able to get their results on the same day and receive education on healthy lifestyle habits to help them improve or maintain their current lifestyle. Of all the health screenings, 66% of participants represented historically marginalized communities. 60% of the total participants were female. The majority, 61%, have a primary care provider and 59% have health insurance. A total of 84% received abnormal results. The goal with these screenings was to raise awareness of the risk for prediabetes/diabetes among our underserved populations and connect them with primary care providers. The CHEC is physically located on the hospital campus offering a health-related lending library, drop-in nursing consultation services and group instruction. 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. This body of work addressed both individual and systemic needs.

Finally, Salem Health operates an accredited Diabetic and Nutrition Center with registered dietitians and certified nurses through the National Certification Board for Diabetes Educators offering evidence-based practices and accepts referrals from all providers supporting patient's as they seek to improve their health living with diabetes. Services include comprehensive dietary evaluation and nutrition, medication management, and technology enhancements to improve the patient outcomes.

In conclusion, while significant outside forces continue to affect the health and well-being of the communities we serve 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.