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## APPENDIX 1: COMMUNITY HEALTH RESOURCES

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</thead>
</table>
EXECUTIVE SUMMARY

Purpose

A Community Health Needs Assessment (CHNA) for the Columbia Memorial Hospital (CMH) service area is compiled every three years and is an essential research tool for developing the CMH strategic and community benefits plans. The CHNA is conducted not only to fulfill the requirement of the Patient Protection and Affordable Care Act of 2010 (H.R.3590) for non-profit hospitals, but in response to the CMH mission “To provide excellence, leadership, and compassion in the enhancement of health for those we serve.”

As a Planetree Designated patient-centered care hospital, we subscribe to the philosophy that we can best serve our patients and the community by providing a healing, nurturing environment. We believe in peaceful, comfortable surroundings, warm and supportive caregivers and access to health information and education to help our patients get well faster and stay well longer. CMH extends activities outside the walls of the organization in ways that positively impact the health of the community we serve by:

- Providing wellness programs, including chronic disease prevention and management programs to maximize the quality of life for all members of the community.
- Regularly assessing the interests and needs of the community and developing a plan to improve community health.
- Facilitating active involvement of the external community in the life of the internal CMH community. Examples include volunteers programs, Patient & Family Advisory Councils, and a Community Leadership Council.
- Collaborating with other local healthcare providers across the continuum of care to improve care coordination, communication, and information exchanges around the needs of each patient and family, especially during transitions of care.
- Collaborating with local schools in providing a Health Occupations course for students.
- Collaborating with Clatsop Community College in supporting the Nursing Program.

Information Gaps

Both primary and secondary data were utilized in the CHNA development. Primary data is original data compiled by or on behalf of CMH, specifically for CMH purposes. Secondary data is existing data that has been collected by someone else, typically for purposes other than those planned by CMH. It should also be noted that the perspectives captured in the Community Opinion Survey data simply represent the community members who agreed to participate and have an interest in health care while excluding healthcare employees. In addition, this assessment relies on publicly available data included in both primary and secondary data sources and all limitations inherent in these public resources remain present for this assessment.
Sources

There are several sources of primary and secondary data for the CHNA on which the goals and outcomes of this report are based:

Primary Data:

- **Environment Assessment** – Conducted in June 2013 by an independent consultant, Stroudwater Associates, this assessment updated the Environment and Provider Need assessment data gathered in 2011 in support of the development of Columbia Memorial Hospital’s 2014 to 2016 Strategic Plan.

- **Community Opinion Survey and Provider Need Assessment** – Conducted in July 2011 by an independent consultant, Health Facilities Planning & Development, this survey and assessment data provides insight into community awareness, perceptions and priorities for the local health system.

- **Key Informant Interviews** – Face-to-face interviews with both independent and employed providers were conducted in 2011, 2012, and 2013 to assess the needs of the community from the provider perspective. In addition, a community leadership round table was held in 2011 and included representatives from the City of Astoria, U.S. Coast Guard, Clatsop County Health Department, Coastal Family Health Clinic, Clatsop Care Center and others.

- **Focus Groups, Patient & Family Advisory Council, and Community Leadership Council** -
  - Patient focus groups consisting of previous inpatient, emergency, outpatient, and clinic patients were conducted in both September of 2011 and December of 2012 to gather information about awareness, patient-centered practices, and opinions about opportunities for improvement for local healthcare.
  - A Patient & Family Advisory Council (PFAC) was established in 2012 to form a continuous feedback loop to identify opportunities.
  - A Community Leadership Council representing local government, school districts, and local businesses was recently established in late 2013 to support the next steps in creating a healthier community.

Secondary Data:

- **Clatsop County Community Assessment July 2013**, this assessment creates a foundation of shared knowledge about the community health and well-being in Clatsop County. At least 75% of CMH patients reside in Clatsop County, with the remainder largely residing in Pacific County, Washington.
Key Findings

- Access to primary care services specifically for Medicare and Medicaid patients, as well as patients without insurance could be improved in our community.

- Access to local specialty care services could also be improved. Specific specialty services include Oncology (Medical and Radiation), Cardiology, Cardiac and Pulmonary Rehabilitation, Endocrinology, General Surgery, and Orthopedics.

- The CMH service area’s 65 and over population is projected to grow 14% or 1,571 people between 2012 and 2017. The higher percentage of age 65+ is expected to significantly increase the demand for healthcare services such as the need for specialty care services for ailments and chronic conditions that affect elderly populations.

- The vast majority of deaths in Clatsop County, as in Oregon and the US, stem from chronic noninfectious diseases such as heart disease, diabetes, and cancer.

- Obesity is prevalent in Clatsop County as well as in Oregon and the US, and is a primary contributor to many chronic conditions.

- In Clatsop County, the greatest access issue to healthcare services is lack of insurance. Behavioral/mental health, substance abuse, and dental care are also viewed as limited in the county and represent an area for improvement.
Columbia Memorial Hospital Priorities

After conducting the CHNA and reviewing the key findings, the following top priorities were identified for CMH implementation planning:

- **Access to Primary Care Services**
  - Medicare/Medicaid patients
  - Underinsured/Uninsured patients

- **Access to local Specialty Care Services**
  - Cancer Prevention and Treatment
  - Cardiology
  - Cardiac and Pulmonary Rehabilitation
  - Endocrinology
  - General Surgery
  - Orthopedics

- **Chronic Disease Management**
  - High Blood Pressure
  - Heart Disease
  - Diabetes

- **Promotion of Health and Wellness**
  - Community Collaboration for Health & Wellness

Additional areas of need were identified. However, other local service agencies have been working to improve these needs. CMH will continue to support those agencies through collaboration and participation where needed.

- Behavioral/Mental Health
- Substance abuse
- Access to Dental Care
ABOUT COLUMBIA MEMORIAL HOSPITAL

At Columbia Memorial Hospital we are committed to providing compassionate health care in a healing environment and to providing leadership to improve the health of the community we serve. We are a full-service, 25-bed, critical access, not-for-profit, Level IV trauma center, Planetree Designated, hospital in northwest Oregon, where the Columbia River meets the Pacific Ocean. We have served the people of the Lower Columbia since 1880.

Health care in Astoria, Oregon has grown substantially since the region’s first hospital, St. Mary’s Hospital, opened in 1880. St. Mary’s Hospital served as the region’s only hospital until the early 1900s, when Columbia Hospital opened.

In more recent history, CMH has grown in outpatient services with the addition of several specialty outpatient services including a Women’s Center, Pediatric Clinic, Orthopedic, Urology, General Surgery, and Urgent Care Clinics located in the CMH Health & Wellness Pavilion adjacent to the hospital (built in 2008).

In 2009 and 2010, the Surgical Services department was expanded to include a state-of-the-art outpatient endoscopy center that provides a more comfortable, private patient experience. Our three existing operating rooms were also renovated and equipped with the latest technology. In addition, Siker Imaging located in the Park Medical building was acquired by CMH to provide the latest in MRI and CT scanning technology and a seamless integration of diagnostic care for the community.

Since 2011, a Cardiology and Medical Oncology Clinic were established in collaboration with Oregon Health & Science University (OHSU) in Portland, Oregon. The CMH Cardiac Rehabilitation program has also grown significantly since the opening of the Cardiology Clinic and in 2012 a Pulmonary Rehabilitation program was added.

In 2013, CMH opened an ENT (ear, nose, and throat) Clinic, an Endocrinology Clinic, and a Pulmonology Clinic in Astoria, Oregon. In addition, a Primary Care and Urgent Care Clinic were also opened in Warrenton, Oregon.

**Our Mission Statement:** To provide excellence, leadership, and compassion in the enhancement of health for those we serve.

**Our Vision Statement:** We provide exceptional patient-centered care utilizing best practices. We are the provider of choice of appropriate clinical services within our service area. We grow select clinical services through partnership opportunities and remain an independent, non-profit, community health care organization. We provide access to primary and specialty care, enhance our facilities, and remain fiscally responsible. We provide the best place to work for our employees, professional staff and volunteers in a safe environment.
ENVIRONMENTAL ASSESSMENT

Stroudwater Associates, an independent consulting group, was engaged in 2013 by CMH to update the CMH environmental assessment including service area demographics for the 2014 to 2016 strategic planning process. Highlights from this assessment are presented below.

Overview of the Service Area

CMH is located in the deep-water port city of Astoria, the county seat of Clatsop County, near the mouth of the Columbia River. A 2012 estimate put the city population at 16,952. The city is connected to neighboring Washington state via the Astoria-Megler bridge. The CMH service area includes portions of Pacific County in Washington State.

The primary service area is the 8-ZIP Code region encompassing the coastal areas north and south of CMH that has consistently accounted for 90+% of inpatient admissions as well as outpatient, clinic, and hospice/home health services. This area serves as the main focus of the following analyses.

CMH identified Providence Seaside Hospital in Seaside, OR and Ocean Beach Hospital in Ilwaco, WA across the border as the closest nearby hospitals. The market analysis indicates that in addition to these two hospitals, PeaceHealth St. John (Longview, WA), Providence St. Vincent, and Oregon Health Sciences University Hospital (both in Portland) draw discharges from the area for various inpatient services.

Outpatient clinics not owned by CMH in the service area include, in addition to Providence Seaside Hospital and Ocean Beach Hospital, the Providence outpatient primary care clinic in Warrenton and Cardiology clinic in Astoria. Coast Family Health Clinic, a Federally Qualified Health Center (FQHC) is also located in Astoria.
CMH is not owned or managed by any other entity, but has a transfer agreement for Critical Access Hospitals (CAH) network partnership with Legacy Health System and two successful clinical affiliations with OHSU (Oncology & Cardiology). Larger hospitals in Portland (Legacy Emanuel, Providence St. Vincent, and OHSU) represent the major referral centers for the service area. Portland is approximately 1 hour and 50 minutes away.

**Drive Time Analysis**

Stroudwater uses drive time analysis as a more precise indication of a hospital’s current or potential service area rather than other distance measures such as radius or proximity by miles. The Census Bureau, as part of its economic indicators for each county in the US, includes average commute time for workers. This average commute time for work serves as a reasonable expectation of commute time for health services.

<table>
<thead>
<tr>
<th>Population by Drive Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>11,187</td>
</tr>
<tr>
<td>18 min</td>
<td>20,784</td>
</tr>
<tr>
<td>30 min</td>
<td>34,406</td>
</tr>
<tr>
<td>45 min</td>
<td>46,425</td>
</tr>
</tbody>
</table>

Stroudwater uses mapping software that can mimic travel along a network of roads. The Census Bureau’s average commute time in Clatsop County is 18 minutes. The analysis below, which includes additional bands of 10, 30, and 45 minutes, indicates that the CMH service area can reasonably be expected to be in a 30-45 minute drive of the hospital in Astoria.

Once the drive time polygons have been established, the population within each can be determined using the most recent available Census Block population data. Roughly 46,400 people are within a 45 minute drive of the hospital.
Service Area Demographics

Population by Age and ZIP Code

The CMH primary service area permanent population is roughly 48,000, based on a 2012 estimate. An additional 13,368 persons reside in the secondary area, bringing the total to just over 61,000. The percentage of persons in the service area aged 45-64 (32%) and 65+ (19%) exceeds the state and United States average, while the percentages for persons 44 and younger (49%) are below state estimates (58%).

Table 1. Population Estimate by Age

<table>
<thead>
<tr>
<th>Service Area Name</th>
<th>00-17</th>
<th>18-44</th>
<th>45-64</th>
<th>65+</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTORIA</td>
<td>3,755</td>
<td>5,502</td>
<td>5,040</td>
<td>2,655</td>
<td>16,952</td>
<td>28%</td>
</tr>
<tr>
<td>HAMMOND</td>
<td>438</td>
<td>483</td>
<td>421</td>
<td>222</td>
<td>1,564</td>
<td>3%</td>
</tr>
<tr>
<td>SEASIDE</td>
<td>2,048</td>
<td>3,216</td>
<td>3,561</td>
<td>2,052</td>
<td>10,877</td>
<td>18%</td>
</tr>
<tr>
<td>TOLOVANA PARK</td>
<td>171</td>
<td>330</td>
<td>408</td>
<td>277</td>
<td>1,186</td>
<td>2%</td>
</tr>
<tr>
<td>WARRENTON</td>
<td>1,182</td>
<td>1,761</td>
<td>1,835</td>
<td>929</td>
<td>5,707</td>
<td>9%</td>
</tr>
<tr>
<td>ILWACO</td>
<td>212</td>
<td>318</td>
<td>465</td>
<td>296</td>
<td>1,291</td>
<td>2%</td>
</tr>
<tr>
<td>LONG BEACH</td>
<td>603</td>
<td>898</td>
<td>1,384</td>
<td>1,101</td>
<td>3,986</td>
<td>6%</td>
</tr>
<tr>
<td>NASELLE</td>
<td>458</td>
<td>576</td>
<td>768</td>
<td>436</td>
<td>2,238</td>
<td>4%</td>
</tr>
<tr>
<td>OCEAN PARK</td>
<td>524</td>
<td>776</td>
<td>1,433</td>
<td>1,444</td>
<td>4,177</td>
<td>7%</td>
</tr>
</tbody>
</table>

PSA Total            | 9,391 | 13,860| 15,315| 9,412| 47,978| 78%        |

<table>
<thead>
<tr>
<th>Service Area Name</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLATSKANIE</td>
<td>10%</td>
</tr>
<tr>
<td>VERNONIA</td>
<td>6%</td>
</tr>
<tr>
<td>CATHLAMET</td>
<td>4%</td>
</tr>
<tr>
<td>GRAYS RIVER</td>
<td>0%</td>
</tr>
<tr>
<td>ROSBURG</td>
<td>1%</td>
</tr>
<tr>
<td>SKAMOKAWA</td>
<td>1%</td>
</tr>
</tbody>
</table>

SSA Total            | 3,099 | 3,871 | 4,256 | 2,142| 13,368| 22%        |

Total Service Area   | 12,490| 17,731| 19,571|11,554| 61,346|

Source: Truven Health Analytics
The service area population distribution, shown below for the state of Oregon plus the coastal Washington counties, is clustered around US-101 and US-30 travel corridors, as well as north of Ilwaco in Long Beach and Ocean Park. There is a notable drop-off in density in the northern and southern sections of the primary service area. Each dot represents 20 persons.

In the primary service area, the Astoria area has the highest concentration of population.
Population Growth by ZIP Code
The primary service area population is projected to grow 2% between 2012 and 2017, which represents approximately 1,056 people.

This is a much lower rate of growth than the state and national averages. Both the primary and secondary service areas are expected to grow at 2%, but the actual number change in the primary is 1,056 versus 49 in the secondary.

<table>
<thead>
<tr>
<th>Primary Service Area</th>
<th>Name</th>
<th>2012 Estimate</th>
<th>2017 Projection</th>
<th>Change</th>
<th>Ab. Change</th>
<th>% Growth</th>
<th>Share of Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>97103</td>
<td>ASTORIA</td>
<td>16,962</td>
<td>17,044</td>
<td>1%</td>
<td>92</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>97121</td>
<td>HAMMOND</td>
<td>1,564</td>
<td>1,678</td>
<td>7%</td>
<td>114</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>97138</td>
<td>SEASIDE</td>
<td>10,877</td>
<td>11,249</td>
<td>3%</td>
<td>372</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>97145</td>
<td>TOLOVANA PARK</td>
<td>1,186</td>
<td>1,270</td>
<td>3%</td>
<td>34</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>97146</td>
<td>WARBINGTON</td>
<td>5,707</td>
<td>5,929</td>
<td>4%</td>
<td>202</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>98624</td>
<td>ILWACO</td>
<td>1,291</td>
<td>1,286</td>
<td>0%</td>
<td>-5</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>98631</td>
<td>LONG BEACH</td>
<td>3,986</td>
<td>4,037</td>
<td>1%</td>
<td>51</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>98638</td>
<td>NASELLE</td>
<td>2,238</td>
<td>2,289</td>
<td>2%</td>
<td>51</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>98640</td>
<td>OCEAN PARK</td>
<td>4,177</td>
<td>4,322</td>
<td>3%</td>
<td>145</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>PSA Total</td>
<td></td>
<td>47,978</td>
<td>49,034</td>
<td>2%</td>
<td>1,056</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Secondary Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>2012 Estimate</th>
<th>2017 Projection</th>
<th>Change</th>
<th>Ab. Change</th>
<th>% Growth</th>
<th>Share of PSA Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clatskanie</td>
<td>6,170</td>
<td>6,131</td>
<td>-1%</td>
<td>-39</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Vernonia</td>
<td>3,411</td>
<td>3,381</td>
<td>-1%</td>
<td>-30</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Cathlamet</td>
<td>2,757</td>
<td>2,846</td>
<td>4%</td>
<td>109</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Grays River</td>
<td>269</td>
<td>270</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Rosburg</td>
<td>354</td>
<td>355</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Skamokawa</td>
<td>407</td>
<td>414</td>
<td>2%</td>
<td>7</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>SSA Total</td>
<td>13,368</td>
<td>13,417</td>
<td>0%</td>
<td>49</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>61,346</td>
<td>62,451</td>
<td>2%</td>
<td>1,105</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Population Growth by Age Cohort
The service area’s 65 and over population is projected to grow 91% or 1,571 people between 2012 and 2017. The 0-17 and the 45-64 population is expected to have zero growth and the 18-44 age is to grow 9%.

Longer term, the higher percentage of elderly (age 65+) in the service area is expected to significantly increase the demand for healthcare services such as the need for specialty care services for ailments and chronic conditions that affect elderly populations.
**Median Household Income**

The state of Oregon’s median household income (MHHI) is $43,646, which is lower than the U.S. average.

Household incomes for the primary service area are 93% of the state average. Areas with the highest percentages are Tolovana Park and Warrenton. Both exceed the state.

The secondary area MHHI is 108% of the state, due to some higher wealth ZIP Codes, including Vernonia, Clatskanie, and Cathlamet.

The map below shows the MHHI by ZIP Code as a percentage of the state average. Washington incomes are calculated as a percentage of the Oregon MHHI for uniform comparison purposes. MHHI as a percentage of the state, are highest in the eastern part of the service area.

![Map of Median Household Income by ZIP Code as Percentage of State Average](image)

---

**Table 4. Median Household Income**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Name</th>
<th>Median Household Income</th>
<th>% of State</th>
<th>% of US</th>
</tr>
</thead>
<tbody>
<tr>
<td>97103</td>
<td>ASTORIA</td>
<td>$40,499</td>
<td>93%</td>
<td>82%</td>
</tr>
<tr>
<td>97121</td>
<td>HAMMOND</td>
<td>$38,929</td>
<td>89%</td>
<td>79%</td>
</tr>
<tr>
<td>97138</td>
<td>SEASIDE</td>
<td>$41,017</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>97145</td>
<td>TOLOVANA PARK</td>
<td>$44,656</td>
<td>102%</td>
<td>90%</td>
</tr>
<tr>
<td>97146</td>
<td>WARRENTON</td>
<td>$46,394</td>
<td>106%</td>
<td>94%</td>
</tr>
<tr>
<td>98624</td>
<td>ILWACO</td>
<td>$36,410</td>
<td>83%</td>
<td>73%</td>
</tr>
<tr>
<td>98631</td>
<td>LONG BEACH</td>
<td>$38,167</td>
<td>87%</td>
<td>77%</td>
</tr>
<tr>
<td>98638</td>
<td>NASELLE</td>
<td>$40,486</td>
<td>93%</td>
<td>82%</td>
</tr>
<tr>
<td>98640</td>
<td>OCEAN PARK</td>
<td>$34,517</td>
<td>79%</td>
<td>70%</td>
</tr>
<tr>
<td>PSA Weighted</td>
<td></td>
<td>$40,543</td>
<td>93%</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Name</th>
<th>Median Household Income</th>
<th>% of State</th>
<th>% of US</th>
</tr>
</thead>
<tbody>
<tr>
<td>97016</td>
<td>CLATSKANIE</td>
<td>$46,085</td>
<td>106%</td>
<td>93%</td>
</tr>
<tr>
<td>97064</td>
<td>VERNONIA</td>
<td>$50,627</td>
<td>116%</td>
<td>102%</td>
</tr>
<tr>
<td>98612</td>
<td>CATHLAMET</td>
<td>$46,313</td>
<td>106%</td>
<td>93%</td>
</tr>
<tr>
<td>98621</td>
<td>GRAYS RIVER</td>
<td>$41,322</td>
<td>95%</td>
<td>84%</td>
</tr>
<tr>
<td>98643</td>
<td>ROSBURG</td>
<td>$41,500</td>
<td>95%</td>
<td>84%</td>
</tr>
<tr>
<td>98646</td>
<td>SHAMOKAWA</td>
<td>$40,962</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>PSA Weighted</td>
<td></td>
<td>$46,022</td>
<td>108%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Total Weighted Service Area**

- **Oregon**: $43,883 (96%) **85%**
- **United States**: $49,559 (100%) **88%**

Source: Truven Health Analytics
Unemployment
Clatsop County unemployment is lower than the current state and national rates, while unemployment is higher in Washington counties than in Oregon.

Figure 6: Economic trends in Oregon Counties

Not seasonally adjusted
Patient Origin and Discharge Analysis
CMH internal data shows that 48% percent of inpatient admissions originated from the Astoria ZIP Code in 2012 and another 13% came from Warrenton. Beyond those two areas, inpatient volume declines.

Table 5. Patient Origin and Cumulative Percent

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>City</th>
<th>Records</th>
<th>Percent</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>97103</td>
<td>Astoria</td>
<td>745</td>
<td>47.5%</td>
<td>47.5%</td>
</tr>
<tr>
<td>97146</td>
<td>Warrenton</td>
<td>204</td>
<td>13.0%</td>
<td>60.6%</td>
</tr>
<tr>
<td>98640</td>
<td>Ocean Park</td>
<td>111</td>
<td>7.1%</td>
<td>67.6%</td>
</tr>
<tr>
<td>97138</td>
<td>Seaside</td>
<td>98</td>
<td>6.3%</td>
<td>73.9%</td>
</tr>
<tr>
<td>98631</td>
<td>Long Beach</td>
<td>93</td>
<td>5.9%</td>
<td>79.8%</td>
</tr>
<tr>
<td>98638</td>
<td>Naselle</td>
<td>68</td>
<td>4.3%</td>
<td>84.2%</td>
</tr>
<tr>
<td>97121</td>
<td>Hammond</td>
<td>57</td>
<td>3.6%</td>
<td>87.8%</td>
</tr>
<tr>
<td>98624</td>
<td>Ilwaco</td>
<td>35</td>
<td>2.2%</td>
<td>90.0%</td>
</tr>
<tr>
<td>All Others</td>
<td></td>
<td>156</td>
<td>10.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Grand Total: 1,567 100.0%

Source: Administration
Excludes Normal Newborns

Figure 7. Patient Origin by ZIP Code
PROCESS AND COMMUNITY VOICES

CMH began gathering information for the CHNA in July of 2011 with a telephone community opinion survey conducted by a third party, Health Facilities Planning & Development. Over the next three years, focus groups and patient and community council input were also accumulated to further discover the opinions and perspectives of community members. Most recently, CMH utilized the previously outlined June 2013 Environmental Assessment conducted by, Stroudwater Associates, to gain insight into the service area, population trends, and other key demographics. Finally, a recent Clatsop County Community Assessment report posted by the county from July 2013 was utilized to gain a better understanding of the social and economic factors contributing to healthcare needs in the community.

The CHNA process is dynamic and key findings and priorities may be updated annually over the three year period. The CMH 3-year strategic plan is also a dynamic process that allows for annual updates including the incorporation of key CHNA findings for implementation in any given year. Consequently, some of the implementation plans were immediately incorporated into the CMH 2011 to 2013 Strategic Plan and have already been fully executed. For any key findings that have not yet been fully executed by December 31, 2013, they have been incorporated into the next 3-year CMH Strategic Plan for 2014 to 2016.

Community Opinion Survey

This survey was conducted in July 2011 by an independent third party, Health Facilities Planning & Development, to provide insight into community awareness, perceptions, and priorities for the local health system. Findings from the community opinion survey are listed below:

- **Calling Period:** May 1 through May 12 2011
- **Identify/Test:**
  - Awareness of Columbia Memorial vis-à-vis other providers.
  - Perceptions and priorities for the local health system
  - Specific perceptions of CMH
  - 2005 survey by HFPD allows for some comparisons of findings over time for comparison with 2011 results
- **Those working in healthcare were excluded (9% of those willing to take survey)**
- Service area, as well as Clatskanie and Tolovana Park were surveyed
- 454 total completed surveys
- Maximum error rate for all respondents at 95% level of confidence < 5%
- 219 respondents gave names and addresses for follow up focus groups
97% of all respondents said they are full time residents of the area, and 85% said they have some type of health insurance (range: 75% in WA, 94% in Clatskanie). The insured percent for most areas is unchanged from the 2005 survey, but WA has declined from 88% to 75%, while Warrenton/Hammond has increased from 80% to 90%. (89-90% is typical in a survey).

Among all survey respondents on the specific awareness/preference items tested, CMH was mentioned most often. CMH polled strongest on convenience, the ‘high touch’ items of personalized and compassionate care and on reputation.
Having enough primary care physicians, universal access to care, and updated facilities/equipment ranked as the most important healthcare issues for the community.

46% of all respondent households have used urgent or emergency care in the past 12 months. Urgent/emergency utilization in all areas is up from the rates HFPD found in 2005 (usually 35-40% in HFPD surveys). This higher rate could be indicative of access issues.
Together, CMH and its Urgent Care Clinic provide 44% of all the emergent and urgent care in the service area, including 77% for Astoria residents. In 2005, the Hospital by itself provided 42% of the care throughout the service area, including 91% in Astoria.

The overwhelming majority of long term residents (5 or more years living in the area) with an opinion, believe that CMH is doing a better job at meeting the community’s healthcare needs than it did 5 years ago.

- 22% of all respondents “didn’t know” how CMH is doing, ranging from only 6% in Warrenton/Hammond, up to 61% in Clatskanie.
- The percentage who think CMH is doing better is up in all areas from when this same question was asked in 2005, ranging to +16 points in Seaside to +30 points in Warrenton/Hammond.
Provider Need Assessment

Healthcare Facilities Planning and Development also called all local physician practices to collect information on patient appointment availability and access. Each provider’s office appointment schedule and the “next and third available appointment” for new patients, established patients, and urgent appointments by payer were discerned. While Astoria’s pediatric practices are “wide open”, about half or more of Family Practices are closed to new Medicare or Medicaid patients, and all Internal Medicine practices are closed to new Medicaid patients.

Multiple closed primary care practices for Medicare and Medicaid patients represents a problem for the community, particularly when coupled with high number of physicians for the year round population. CMH will need to engage primary care physicians, with one-on-one meetings regarding specific services offered and to focus on internal medicine growth.

Table 6. Primary Care Supply and Demand

<table>
<thead>
<tr>
<th>Primary Care</th>
<th># Physicians and Providers</th>
<th>P/T</th>
<th>Accept New Patients</th>
<th>Accept New Medicare</th>
<th>Accept New Medicaid</th>
<th>New Pt. Appt Wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>13</td>
<td></td>
<td>1 (7%) CLOSED</td>
<td>6 (46%) CLOSED</td>
<td>8 (62%) CLOSED</td>
<td>1.4 wks</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>5</td>
<td></td>
<td>5 (100%) Limited</td>
<td>1 (20%) Limited</td>
<td>5 (100%) CLOSED</td>
<td>1 wk</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3</td>
<td></td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td>2 wks</td>
</tr>
</tbody>
</table>

In addition to primary care physicians, local specialist needs were also identified including:

- Cardiology
- Ophthalmologist
- OB/GYN
- Gastroenterologist

Future supply needs were also examined by reviewing physicians who are age 55 or older and may be planning to scale back or retire in the next 5 to 10 years. This perspective added several more physician needs to the list including:

- General Surgery
- Internal Medicine
- OB/GYN
- Allergy
- ENT (Ear, Nose, Throat)
- Podiatry
- Urology
In reviewing the regional physician supply and demand, it becomes clear that the majority of physician practices are located in the Astoria area and the need for Internal Medicine, Pediatricians, and Specialists for the region becomes even more pronounced.

**Key Informant Interviews**

Face-to-face interviews with both independent and employed providers were conducted in 2011, 2012, and 2013 to assess the needs of the community from the provider perspective. In addition, a community leadership round table was held in 2011 and included representatives from the City of Astoria, U.S. Coast Guard, Clatsop County Health Department, Coastal Family Health Clinic, Clatsop Care Center and others.

In 2011, 36 independent and employed providers were interviewed with face-to-face surveys conducted by the CMH CEO and a Board of Trustees representative. Both primary care and specialty care providers were represented in the survey. Multiple questions were included in the interview and ranged from asking details about the health of each practice to perceptions about community need. Key findings from these interviews include:

- Need for new affordable Electronic Health Record software and support from the hospital for implementation and integration
- Improve customer service and turn-around times
- 12% of respondents planning to retire in next 5 years
- 30% of respondents are over age 60
- Provider need includes:
  - Dermatology
  - Neurology
  - Orthopedics
  - Psychiatry
  - Geriatrics
  - Other suggestions include ENT, Family Medicine, Infectious Disease, Rheumatology, Plastic Surgery, OB/GYN

In 2012, 9 primary care provider face-to-face interviews were conducted to further investigate the access issues identified in the 2011 provider needs assessment. Key findings from these interviews include:

- All respondents are accepting new patients.
- 55% are accepting new Medicare patients
- 33% are accepting new Medicaid patients
- 44% feel that an additional Internal Medicine provider is needed for the community
- 0% are interested in becoming employed by the hospital, which would improve access to services for Medicare, Medicaid, and uninsured patients
- 67% were not interested in partnering or establishing a group primary care practice
In 2013, 33 independent and employed providers were interviewed with face-to-face surveys conducted again by the CEO and a Board of Trustees representative. Both primary care and specialty care providers were represented in the survey. Most of the same questions asked in 2011 were repeated in 2013 in order to allow for trended results over time. Key findings from these interviews include:

- Continued need for affordable Electronic Health Record software and support from the hospital for implementation and integration.
- Support with marketing and advertising
- Customer service has improved in many areas of the hospital, but continues to be a detriment in some departments
- 25% of respondents are planning to retire in the next 5 years
- 50% of respondents are over age 60
- Provider need includes:
  - Dermatology
  - Neurology
  - Orthopedics
  - Endocrinology
  - Psychiatry
  - Other suggestions include ENT, Rheumatology, Gastroenterology, Pulmonology, Radiation Oncology
- Would like to see collaborative and increased focus on community health including obesity, nutrition, physical activity, smoking cessation, and drug awareness.

**Focus Groups**

In September 2011, several stake holder focus groups were interviewed by Planetree consultants for a patient-centered care site assessment that included some community perception and need information. The Interviews included:

- 23 patients (inpatient, outpatient, emergency, and clinic services)
- 47 CMH caregivers
- 9 Providers
- 30 Other groups (leadership, community members, council members)

Strengths Identified:

- Valuable strategic partnerships to promote local healthcare (OHSU affiliation)
- Strong relationships and partnerships in the community and increased trust with providers

“CMH actively assesses the needs of its community and utilizes this data to inform its strategic plan to improve community health and access to services locally. Patients spoke highly of the new partnerships with OHSU for both cancer and cardiology care. Tele-
Radiology services were mentioned by staff as vital to good patient care. Well-planned community education and support groups are offered routinely. CMH collaborates with its community through active partnerships with Clatsop Community College and the City of Astoria.”

Opportunities:

- Concern process for patients and caregivers
- Improve communication internal & external
- Physician engagement in patient-centered care initiatives
- Grow volunteer program and consider partnering with local high schools for young volunteers wishing to gain experience inside a hospital

In December 2012, Planetree consultants returned for the official Planetree Designation Site Assessment for patient-centered care implementation and again conducted multiple focus group interviews that included community perception and need information. The interviews included:

- 24 patients (inpatient, outpatient, emergency, and clinic services)
- 42 CMH caregivers
- 11 Providers
- 48 Other groups (leadership, community members, council members)

Strengths Identified:

- Engaged Board of Trustees (volunteer community members)
- Passionate Patient & Family Advisory Council (PFAC)
- Physicians are engaged with patient-centered initiatives
- Improved concern process for patients and caregivers
- Strong partnerships and connections with OHSU
- Health fairs and community wellness initiatives
- Community health education
- Growth of Volunteer programs
“I have been involved in Cardiac Rehabilitation. It’s a 15 on a scale of 10. It was educational, I got my health back, they make me want to get well.” – Patient

Opportunities:

- Provide proactive and upfront cost information to patients and identify available resources
- Improve coordination of care across settings
- Increase communication and utilization of Care Partner program for inpatients

**Patient & Family Advisory Council**

In January of 2012, the first CMH Patient & Family Advisory Council (PFAC) was established to maintain focus on community health needs, patient perspectives, and patient suggestions on an on-going monthly basis. The membership included 15 patients from both Clatsop and Pacific County and represented patient experiences including acute care, maternity, pediatrics, surgery, emergency, urgent care, and other outpatient services.

CMH has found the PFAC to be a highly valuable and popular monthly meeting. A Trustee member from our board, physicians, hospital leadership, and nursing representatives rotate through and attend the monthly meetings. Accomplishments to-date include:

- Improved patient concern process
- Improved patient satisfaction surveys
- Improved Emergency Department signage
- Improved communication materials for proactive and upfront cost and identification of patient billing resources
- Design of new patient billing statements for software implementation in 2014
- Participated in patient portal development for implementation in 2014
- Served on patient advocacy volunteer committee
- Participated in nurse competency day
- Reviewed and gave feedback for patient guidebook

**Clatsop County Community Assessment**

In July of 2013 the Clatsop County Public Health Department, Clatsop County Juvenile Department, Oregon State University and Oregon Health & Science University collaborated to publish the Clatsop County Community Assessment. This document was written to create a foundation of shared knowledge about community health and well-being in Clatsop County.

Contributors include:

- Steven Blakesley, Health Promotion Specialist, Clatsop County Public Health
- Janet Evans, Director, Clatsop County Juvenile Department
- Margo Lalich, Past Director, Clatsop County Public Health
- Jill Quackenbush, Prevention Supervisor, Clatsop County Juvenile Department

Technical Consultants include:
- Viktor Bovbjerg, Oregon State University
- Emily Masri, Oregon Health and Science University

Since at least 75% of CMH patients reside in Clatsop County, this report is an excellent resource for the social and economic demographics in the CMH service area.

Key findings from the document include:
- The vast majority of deaths in Clatsop County, as in Oregon and the US, stem from chronic noninfectious diseases such as heart disease, diabetes, and cancer.
- Obesity is prevalent in Clatsop County as well as in Oregon and the US, and is a primary contributor to many chronic conditions.
- In Clatsop County, the greatest access issue to healthcare services is lack of insurance. Non-medical care – dental care, behavior health is viewed as limited in the county and represents an area for improvement.

To read the full report, click here.
CMH PRIORITIES AND IMPLEMENTATION STRATEGY

CMH Priority #1 – Access to Primary Care Services

The 2011 community opinion survey ranked “Having enough Primary Care MDs” as the most important health care issue for the community. Although pure supply and demand of primary care physicians appeared adequate for the population, we discovered that the larger issue was access for Medicare, Medicaid, and uninsured patients. According to the survey information, 11% of respondents indicated they leave the community for primary care services.

Utilization of Urgent and Emergency Care in the community had risen extensively between 2005 and 2012, also demonstrating the lack of primary care resources available. Input from the CMH Urgent Care providers indicated that ongoing services were being provided to many people who did not have a primary care provider. If an additional primary care provider could be established for these patients, it would reduce the need for episodic care in more costly venues.

Although the overall population of the North Coast service area is expected to grow slowly over the next 5 years (0.5% annual growth), the growth in the Medicare-eligible cohort (over 65 years of age) is anticipated to grow by 13% and comprise 22% of the service area’s population. Historically, this age cohort has shown an increase in utilization of healthcare services.

Because of the new Coordinated Care Organizations (CCO) many patients that were previously uninsured will now qualify for Medicaid coverage and will be served by those providers that choose to contract with the CCOs. CMH and Coastal Family Health Care in Astoria are expected to be the main local providers having established contracts with the CCO.

Key Informant interviews with local providers and the Provider Need Assessment conducted in 2011 and 2012 identified a significant physician shortage within the Internal Medicine specialty for the region. The analysis also identified at least one of the four existing, Astoria based, Internal Medicine physicians was contemplating retirement in the next 3 to 5 years creating the need to develop a solid transition strategy to ensure on-going patient continuity.

In conclusion, the combined community opinion, local physician need, provider perspectives, and population data for the CMH service area all support the need for improved access to primary care services.
Implementation Strategy:
The following Strategic Plan action items were added to the CMH 2011-2013 Strategic Plan document:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Measurement/Deliverable</th>
<th>Person Responsible</th>
<th>Begin Date</th>
<th>Goal Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Access to Primary Care</td>
<td>Develop &amp; submit a plan for approval.</td>
<td>Chief Executive Officer</td>
<td>11/15/11</td>
<td>06/30/12</td>
<td>06/28/12</td>
</tr>
<tr>
<td>Open Primary Care Clinic - Warrenton</td>
<td>Recruit full-time Internal Medicine Physician and open new clinic in Warrenton</td>
<td>Chief Operations Officer</td>
<td>08/01/12</td>
<td>05/01/13</td>
<td>06/10/13</td>
</tr>
</tbody>
</table>

A primary care business plan was developed and submitted for Board of Trustee approval on June 28th, 2012 and was officially approved by the Board on July 5th, 2012.

Location
The business plan identified Warrenton as the preferred location for the new clinic. Previously, Warrenton was exclusively served by Providence Medical Group, affiliated with Providence Seaside Hospital. The population of Warrenton and Hammond suggest that between 2 and 3 primary care physicians are needed and were being served by only one physician and two nurse practitioners. While Warrenton has shown itself to be the retail and commercial growth center of the service area, it is also considered a designated Health Professional Shortage Area (HPSA) by the Centers for Medicare and Medicaid Services (CMS).

Operation Plan
The business plan included 2,700 square feet of retail space converted to medical office space in a new commercial development area next to Staples and Petco. It includes 6 exam rooms and 1 x-ray room. The hours of operation for appointments with the Internal Medicine physician are Monday to Friday from 9 a.m. to 5 p.m. A Nurse Practitioner is also available for walk-in needs 7 days a week from 9 a.m. to 7 p.m.

Plan Execution
The CMH Primary Care & Urgent Care Clinic in Warrenton opened in June 2013 after recruitment of an Internal Medicine physician, Dr. Brian Cox and was initially opened only 5 days per week for primary care appointments. Since August of 2013, the clinic is now also available to walk-in or urgent care patients and is opened 7 days a week from 9am to 7pm.
CMH Priority #2 – Access to local Specialty Care Services

Providing access to specialty care services in the Lower Columbia region is another challenge for the community. Often residents must drive at least 1-2 hours over either US Hwy 26 or US Hwy 30 to reach Longview, Washington or Portland, Oregon for specialty care services. According to the CMH Environmental Assessment conducted in 2013, the analysis indicates that PeaceHealth St. John (Longview, WA), Providence St. Vincent, and Oregon Health Sciences University Hospital (both in Portland) draw a large portion of discharges from the local area for various inpatient and specialty services.

Although access to specialty care services may be challenging overall, CMH is committed to providing access to appropriate services as stated in the CMH Vision Statement:

“We are the provider of choice of appropriate clinical services within our service area. We grow select clinical services through partnership opportunities….”

In defining “appropriate clinical services within our service area” data is reviewed to determine the community need and the following key findings are major contributing factors:

- The CMH service area’s 65 and over population is projected to grow 14% or 1,571 people between 2012 and 2017. The higher percentage of age 65+ is expected to significantly increase the demand for healthcare services such as the need for specialty care services for ailments and chronic conditions that affect elderly populations.
- The vast majority of deaths in Clatsop County, as in Oregon and the US, stem from chronic noninfectious diseases such as heart disease, diabetes, and cancer.
- Obesity is prevalent in Clatsop County as well as in Oregon and the US, and is a primary contributor to many chronic conditions.

Because it is even more difficult for elderly populations with chronic conditions to travel for specialty services, CMH has made many recent strides in providing these services locally. For example, since 2011 CMH has partnered with Oregon Health & Science University (OHSU) for both Cardiology and Medical Oncology services and established Astoria based clinics to treat chronic conditions such as heart disease and certain types of cancer thereby reducing the need for local patients to travel. When services for these chronic conditions exceed the level of care offered by CMH, for example heart surgery, patients are referred back to OHSU in Portland for surgery. Once the surgical procedure is completed and the patient returns home for recovery, because of the connection between the two facilities, they are able to stay home for follow-up appointments at the CMH/OHSU Cardiology Clinic in Astoria.

CMH has also focused efforts on providing General Surgery and Orthopedic specialty services locally over the past three to four years. Since 2010, two General Surgeons were recruited to the CMH Specialty Clinic located in the CMH Health and Wellness Pavilion next to the hospital. In 2011, an Orthopedic Surgeon was also hired and joined the clinic. However, with anticipation of physicians retiring and other factors, it has been difficult to maintain the right
mix and number of physicians to fully meet the community need. CMH is committed to this challenge and continues to actively recruit General Surgery and Orthopedic Physicians.

**Implementation Strategy:**
The following Strategic Plan action items were added to the 2011-2013 CMH Strategic Plan document and carried over into the plan for 2014:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Measurement/Deliverable</th>
<th>Person Responsible</th>
<th>Begin Date</th>
<th>Goal Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiologist</strong></td>
<td>Recruit a permanent full-time community Cardiologist to CMH/OHSU Cardiology Clinic</td>
<td>Chief Executive Officer</td>
<td>8/01/10</td>
<td>12/31/10</td>
<td>12/01/10</td>
</tr>
<tr>
<td><strong>Expand Cardiology Services</strong></td>
<td>Echocardiography services to include transesophageal echocardiograms (TEE) and stress echocardiograms (STRESS ECHO)</td>
<td>Director of Ancillary Services</td>
<td>12/01/10</td>
<td>5/31/11</td>
<td>4/22/11</td>
</tr>
<tr>
<td><strong>Oncologist</strong></td>
<td>Recruit a permanent full-time community Oncologist to CMH/OHSU Oncology Clinic</td>
<td>Chief Executive Officer</td>
<td>12/01/10</td>
<td>12/31/13</td>
<td>05/31/13</td>
</tr>
<tr>
<td><strong>General Surgeon</strong></td>
<td>Recruit an additional full-time general surgeon</td>
<td>Chief Executive Officer</td>
<td>1/01/10</td>
<td>1/01/11</td>
<td>1/01/11</td>
</tr>
<tr>
<td><strong>General Surgeon</strong></td>
<td>Succession Planning and Recruitment of additional full-time general surgeon</td>
<td>Chief Executive Officer</td>
<td>01/01/14</td>
<td>12/31/14</td>
<td></td>
</tr>
<tr>
<td><strong>Orthopedic Surgeon</strong></td>
<td>Recruit Orthopedic Surgeon to CMH Specialty Clinic</td>
<td>Chief Executive Officer</td>
<td>1/01/10</td>
<td>7/01/11</td>
<td>7/15/11</td>
</tr>
<tr>
<td><strong>Orthopedic Surgeon</strong></td>
<td>Recruit a 2nd Orthopedic Surgeon to CMH Specialty Clinic</td>
<td>Chief Executive Officer</td>
<td>01/01/14</td>
<td>12/31/14</td>
<td></td>
</tr>
</tbody>
</table>
CMH Priority #3 – Chronic Disease Management

According to the Clatsop County Community Assessment report from July 2013, the vast majority of deaths in Clatsop County, as in Oregon and the United States, stem from chronic infectious diseases such as heart disease, diabetes, and cancer. For the most part, these chronic conditions are strongly associated with increased age and with individual and social behavior. Dietary patterns, physical activity, and tobacco for example are major contributing factors to high blood pressure, diabetes, and heart disease.

CMH is committed to supporting the community need for chronic disease management through the CMH and OHSU Cardiology Clinic, the CMH Cardiac and Pulmonary Rehabilitation Program, the CMH Diabetes Education program, and in 2013 with the opening of the CMH Endocrinology Clinic.

The CMH and OHSU Cardiology Clinic was established in 2011 and now averages over 200 patient visits per month. The Cardiology clinic has also supported the expansion of the Cardiac Rehabilitation program from an average of 201 patient visits per month in 2011 to an average of 772 patient visits per month in 2013 (this includes the addition of a new Pulmonary Rehabilitation program and it’s patients).

In 2012, the region’s only local Endocrinologist in town left the area. CMH was able to recruit and employ a replacement physician for a clinic opening in June 2013. Endocrinologists manage and treat significant diseases such as diabetes and thyroid disease. CMH offers diabetes education to meet individual needs. Group classes and individual appointments are available with trained diabetes nurses and clinical dietitians. Diabetes support groups and foot clinics are also available.

In addition, CMH regularly sponsors a six week course entitled “Living Well with Chronic Conditions.” The six week course provides individuals with the tools for living a healthy life with a chronic condition such as arthritis, asthma, cancer, diabetes, COPD, heart disease and more. Topics include relaxation techniques, managing emotions, fitness, nutrition, and communication.
Implementation Strategy:

The following Strategic Plan action items were added to the 2011-2013 CMH Strategic Plan document:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Measurement/Deliverable</th>
<th>Person Responsible</th>
<th>Begin Date</th>
<th>Goal Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>Evaluate/Implement Pulmonary Rehabilitation Program</td>
<td>Director of Ancillary Services</td>
<td>11/01/11</td>
<td>03/31/12</td>
<td>3/31/12</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Evaluate/implement a Endocrinology partnership</td>
<td>Chief Operations Officer</td>
<td>01/01/12</td>
<td>12/31/13</td>
<td>05/31/13</td>
</tr>
<tr>
<td>Update &amp; Upgrade Areas</td>
<td>Expand Cardiac Rehabilitation Clinic space</td>
<td>Facilities Manager</td>
<td>1/01/14</td>
<td>12/31/14</td>
<td></td>
</tr>
</tbody>
</table>
CMH Priority #4 – Promotion of Health and Wellness

The Clatsop County Community Assessment report also noted the following:

“Individual actions, both freely chosen and influenced socially or environmentally, are strongly associated with health and well-being.”

The report also listed tobacco use, other addictions, diet, physical activity, and crime as contributing social and environmental factors influencing health and wellness in Clatsop County.

Since 2011, CMH has made it a priority to promote health and wellness in the community through health and wellness fairs, clinic services, rehabilitation services, community education classes, and support groups. Some examples of classes offered at the CMH Community Center over the past few years include:

- Touch for Health
- Spirituality in Healthcare
- The Art of Being a Healing Presence
- Healthy Relationships
- Living Well with Chronic Conditions
- Dealing with Loss
- Self-Care for the Self-Aware
- Healthy Cooking
- Tai Chi & Qigong
- Kick-boxing
- Tobacco Cessation
- Aromatherapy
- Reflexology
- Stress and Health
- Strong Bones
- Get a Grasp on Medicare
- A Matter of Balance: Managing Concerns about Falls

CMH now proactively collaborates with the Astoria School District, Astoria Parks and Recreation, and Clatsop Community College to provide health and wellness courses.

Community Leadership Council

In October 2013, a Community Leadership Council was established with the following mission:

“To share with the Educational, Business, and Civic leaders of Clatsop County, information as it pertains to the healthcare of the Lower Columbia Region and CMH.”
To-date the Community Leadership Council membership includes community representatives from:

- City of Astoria
- City of Warrenton
- Astoria Chamber of Commerce
- Clatsop County Public Health
- Clatsop Community College
- Clatsop Care Center
- U.S. Coast Guard
- Astoria School District
- Warrenton School District
- Historical Society
- Ocean Crest Chevrolet
- Lum’s Auto Center
- Pacific Power (regional office)
- US Bank

**Implementation Plan:**
The following Strategic Plan action items were added to the 2011-2013 CMH Strategic Plan document:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Measurement/Deliverable</th>
<th>Person Responsible</th>
<th>Begin Date</th>
<th>Goal Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Community Outreach &amp; Education</td>
<td>Increase community outreach and educational opportunities at the CMH Community Center and through other community partnerships. Establish a Community Leadership Council.</td>
<td>Chief Operations Officer</td>
<td>01/01/12</td>
<td>12/31/13</td>
<td>10/31/13</td>
</tr>
</tbody>
</table>

The 2013 CHNA document will be reviewed by the Community Leadership Council in 2014 to help establish a baseline of where we are today and to explore new opportunities for the promotion of health and wellness in Clatsop County. The council membership will support CMH in updating the CHNA for the next 3 year period in collaboration with the CMH Patient and Family Advisory Council (PFAC).
APPENDIX 1: COMMUNITY HEALTH RESOURCES

Columbia Memorial Hospital

EMERGENCY SERVICES
2111 Exchange Street
Astoria, Oregon
(503) 325-4321

CMH Center for Orthopedics and Sports Medicine
2265 Exchange Street
Astoria, Oregon
(503) 338-4075

CMH/OHSU Cancer Care & Infusion Center
2158 Exchange Street, Suite 107
Astoria, Oregon
(503) 338-4085

CMH/OHSU Cardiology Clinic
2095 Exchange Street, Suite 301
Astoria, OR
(503) 338-4087

CMH ENT/Cosmetic Surgery Clinic
2095 Exchange Street, Suite 201
Astoria, OR
(503) 338-4529

CMH Endocrinology Clinic & Diabetes Education
2158 Exchange Street, Suite 205
Astoria, Oregon
(503) 338-4531

Lower Columbia Hospice & CMH Home Health Care
2158 Exchange Street, Suite 206
Astoria, Oregon
(503) 338-6230

CMH Pediatric Clinic
2265 Exchange Street
Astoria, Oregon
(503) 325-7337

CMH Primary Care Clinic
1639 SE Ensign Lane, Ste B103
Warrenton, Oregon
(503) 338-4500

CMH Outpatient Pharmacy
2120 Exchange Street, Suite 101
Astoria, Oregon

CMH Rehabilitation Services
2265 Exchange Street
Astoria, Oregon
(503) 338-7555

CMH Specialty Clinics
2265 Exchange Street
Astoria, Oregon
(503) 338-4075

CMH Women’s Center
2265 Exchange Street
Astoria, Oregon
(503) 338-7595

CMH Urgent Care
2265 Exchange Street
Astoria, Oregon
-or-
1639 SE Ensign Lane, Ste B103
Warrenton, Oregon
(503) 338-4500
Other CMH Services
Breast Health
Cardiac & Pulmonary Rehabilitation
Chaplain Services
Critical Care
Imaging Services
Laboratory
Maternity
Medical Surgical
Pulmonary Rehabilitation
Respiratory Therapy
Surgical Services
Tobacco Cessation

Please call (503)325-4321 for more information about CMH services.

OTHER COMMUNITY RESOURCES AND CONTACT INFORMATION

Clatsop Behavioral Health Care
503-325-5724

Clatsop County Health Department
503-325-8500

Alcohol & Drug Rehabilitation
Astoria Pointe
877-435-7790
The Rosebriar For Women
877-435-7790

Loaves & Fishes
503-325-3871

Lutheran Family Services
503-325-6754

Meals on Wheels
503-325-9693

Medix Ambulance/Wheelchair Van
503-861-1990

Ocean Beach Hospital
360- 642-3181

Ombudsman
1-800-522-2602

Oregon Dept. of Health & Human Services
503-325-2021

Paid Caregiver Agencies
Caring for the Coast
503-290-6676
Clatsop In Home Care Services
503-325-0313

Parks & Recreation
Astoria
503-741-3035
Seaside
503-738-3311

Providence Seaside Hospital
503-717-7000

Senior & Disabled Services
1-800-442-8614

Social Security Office
1-800-772-1212

Women’s Resource Center
503-325-3426

Veterans Assistance Office
1-800-828-8801
REFERENCES

1. Columbia Memorial Hospital Strategic Plan (June 2013). Custom data set. Purchased from Stroudwater Associates utilizing Truven Health Analytics

2. Columbia Memorial Hospital Opinion Survey, Environmental Assessment, and Provider Need (July 2011). Custom data set. Purchased from Health Facilities Planning &Development


This document was written by Stephanie Brenden, Columbia Memorial Hospital Chief Financial Officer, and compiled by Stephanie Meadows, Columbia Memorial Hospital Planetree Coordinator.