

## **Executive Summary**

Asante Ashland Community Hospital conducted a comprehensive assessment of health needs in Jackson and Josephine Counties, partnering with Providence Medford Medical Center and local public health agencies. The assessment used a mixed-method approach combining quantitative data analysis and qualitative input from community surveys, stakeholder interviews, and listening sessions.

## **Key Findings**

Community members and stakeholders identified critical health needs including concerns about primary and specialty care provider availability, extensive wait times, cost barriers, insurance restrictions, and limited access for marginalized populations. 52% of survey respondents who completed the question on diagnosed conditions reported at least one mental health condition, with anxiety, depression and/or PTSD specified by name. Only 9% of survey respondents noted that they had never been diagnosed with one of the identified chronic illnesses surveyed.

## **Priority Health Needs**

Asante Ashland Community Hospital identified three priority areas:

**Priority 1: Access to Care.** Focus on availability of primary and specialty care providers through alternate access such as telehealth; intentional inclusivity of marginalized populations; reduced barriers to care; improved care coordination; and enhanced access for people without the means to pay for care.

**Priority 2: Chronic Conditions.** Focus on prevention and treatment of diabetes, hypertension, high cholesterol, asthma, cancer and other chronic conditions.

**Priority 3: Mental Health.** Focus on prevention, education and treatment for depression, anxiety and PTSD; increased availability of crisis care; stigma mitigation through community health education, improved access for youth and elders; and enhanced relationships with community partners to improve access to mental health care across community sectors.

## **Biggest Gaps in Service and Barriers to Care**

### **Access to Primary and Specialty Care**

There is a significant shortage of primary care providers and specialists, particularly neurologists, gastroenterologists, endocrinologists, rheumatologists, and pediatric specialists. Wait times are extensive, sometimes up to eight months for specialty appointments. Many providers have left the community or are not accepting new patients.

### **Workforce Challenges**

High costs of housing and lack of affordable childcare affect recruitment and retention of health care professionals. Staff turnover impacts continuity of care and contributes to longer wait times and provider burnout.

### **Barriers for Vulnerable Populations**

There is a lack of culturally responsive and linguistically appropriate care, including insufficient bilingual and bicultural providers for Latino/a/x and Native American communities. People with disabilities face barriers accessing specialists, durable medical equipment, and transitional care support. Transportation limitations affect older adults, rural residents, people experiencing homelessness, and those with disabilities.

### **Behavioral Health Services**

There is a severe shortage of mental health providers and substance use disorder treatment programs. Long wait times exist for behavioral health services, particularly for children and teens. Residential treatment centers and services for co-occurring mental health and substance use disorders are lacking.

**Cost and Insurance Issues**

High costs of care, insurance premiums, deductibles, copays, and prescription medications prevent people from seeking needed care. Insurance restrictions and authorization requirements create barriers to accessing services and medications.

**Systemic Barriers**

Administrative burden affects providers' ability to deliver quality care. Limited clinic hours, lengthy appointment scheduling processes, and poor care coordination create additional obstacles to accessing timely health care services.

**The Unique Needs of the Community****Wildfire Recovery and Housing Crisis**

The 2020 Alameda and Obenchain fires destroyed approximately 3,000 housing units, exacerbating an existing housing shortage. Recovery has been slow, and many homes remain unreplaced five years later. Wildfire danger also affects home insurability, deterring new residents and workforce recruitment.

**Rural and Geographic Challenges**

Community members in rural areas face increased barriers to accessing health care due to distance, limited local services, and transportation challenges. The geographic spread across Jackson and Josephine Counties creates service gaps for residents in more remote locations.

**Aging Population**

There is a growing population of older adults with increasing need for geriatric specialists, accessible housing, age-friendly health care services, and support for aging in place. The region sees higher proportions of older adults, particularly in Josephine County.

**Native American Community Needs**

Native American communities experience cultural disconnect from institutions, lack of culturally responsive care, insufficient representation of Native American providers, and long wait lists for accessing resources. There is need for spaces where Native American people can gather safely and practice cultural traditions.

**Spanish-Speaking Population**

There is significant need for qualified Spanish-speaking medical personnel with appropriate training, bilingual front-desk staff, and culturally competent behavioral health services. Language barriers prevent access to health care, mental health services, and navigation of complex systems.

**Migrant and Seasonal Workers**

This population may not be aware of local health care resources available and faces unique barriers to accessing care due to work schedules and mobility.

**Post-Fire Transitional Housing**

Community members continue to navigate temporary housing situations years after the wildfires, affecting stability and access to services.

**Strengths of the Community****Community Knowledge and Wisdom**

Community members share lived experiences and knowledge to help others navigate challenges. People with experience in homelessness, substance use disorders, and navigating social service systems support others facing similar situations. Elders and Native American parents pass on tribal knowledge, gifts, and guidance to younger generations.

**Collaborative Relationships Between Organizations**

Strong partnerships exist between nonprofits, churches, schools, and agencies throughout Jackson and Josephine Counties. Organizations know one another, build relationships, and work together to find creative solutions and braid funding to address complex needs. Behavioral health organizations actively coordinate and share information despite no formal coordinating entity.

### **Community Engagement and People Helping People**

Residents demonstrate a giving, engaged community spirit with high levels of volunteerism and in-kind contributions. People want to contribute their gifts and talents to help others. Community members came together after the Alameda Fire to recover and rebuild. Neighbors provide practical support like groceries and transportation for one another.

### **Resilience and Adaptability**

Community members overcome challenging circumstances and demonstrate hope even in difficult times. Young people show particular resilience. People with disabilities and injuries adapt to navigate the world in new ways and remain resourceful.

### **Available Organizations and Resources**

Numerous organizations support community health, including ACCESS, La Clinica, Rogue Community Health, food pantries, churches, libraries, YMCA, and many others providing essential services throughout the region.

## **Priorities and Goals**

### **Priority 1: Access to Care**

Increase the number of Asante-employed primary and specialty care providers and improve provider retention. Balance patient panels to ensure timely access for emergent needs and reduce wait times to establish care. Expand telemedicine capabilities, connecting on-site providers with specialists in real time. Provide clinical internships, externships, and licensure experiences for medical techs, nurses, and advanced providers. Support certified application counselors to help community members complete Oregon Health Care applications. Pursue Age-Friendly Health System designation to provide specialized care for community members aged 65 and above.

### **Priority 2: Chronic Conditions**

Expand locally available specialized cancer care through low and no-cost breast cancer screenings for uninsured and underinsured community members. Develop distribution channels for educational health content including Better Health, Asante Health Blog, webinars, and social media. Provide physician educational talks through partnerships with local university lifelong learning programs and Coffee and Conversation series focused on health topics for older adults.

### **Priority 3: Mental Health**

Embed social workers within service lines to facilitate access to support across the care continuum. Evaluate patient needs and identify deficits in social determinants of health, coordinating with outside agencies to secure essential needs. Expand telepsychiatry access in the emergency department and hospital. Provide wrap-around social, emotional, and mental health support through Asante Hospice for in-home end-of-life care and bereavement support. Direct funding to organizations providing mental health support to vulnerable populations.