

Executive Summary

This Community Health Needs Assessment (CHNA) identifies and prioritizes significant health needs in the community served by CHI Mercy Health. The assessment meets requirements of the Affordable Care Act and guides the hospital's community health improvement programs and collaborative efforts.

Community Definition

CHI Mercy Health serves Douglas County, Oregon, a predominantly rural region in southwestern Oregon. The service area encompasses 25 zip codes with approximately 112,373 residents. The community faces challenges related to geographic isolation, economic transitions from the decline of the timber industry, and persistent issues with poverty and health inequities.

Process and Methodology

The assessment combined quantitative secondary data analysis with qualitative primary data from community surveys, listening sessions, and stakeholder interviews. Over 60 community groups, organizations, and hospital leaders participated. Health needs were prioritized based on magnitude, severity, disparities, trends, and feasibility of impact.

Prioritized Significant Health Needs

1. Adolescent and Youth Health, Early Childhood Development and Engagement
2. Access to Affordable, Quality, and Equitable Health Care Services
3. Maternal, Fetal, Infant, and Children's Health
4. Substance Use and Alcohol Use Disorders

Other Health Needs of Concern

Additional areas identified include community infrastructure and social determinants of health, chronic diseases, wellness and physical activity, diabetes and weight status, mental health and generational trauma, and prevention, safety, and injury reduction.

Key Barriers to Care

Geographic isolation and limited transportation, workforce shortages and provider availability, affordability and insurance navigation challenges, lack of childcare, and care coordination gaps were identified as significant barriers affecting residents' ability to access health care services.

Biggest Gaps in Service and Barriers to Care

Geographic Isolation and Transportation

Residents in rural and remote areas outside Roseburg face long travel times to reach medical, dental, and behavioral health services. Limited affordable and reliable transportation options create significant barriers, particularly for older adults, people with disabilities, and families without personal vehicles.

Workforce Shortages and Provider Availability

Critical shortages exist across primary care providers, specialists, dentists, and mental health professionals throughout the county. Wait times for services are long, even for urgent needs, and continuity of care is disrupted by workforce turnover and recruitment challenges.

Affordability and Insurance Navigation

Many residents, especially those on Medicaid or without insurance, struggle to access care due to cost. Navigating eligibility, coverage, and out-of-pocket expenses for services like dental care, mental health treatment, and specialty care is complex and discouraging.

Limited Childcare and Competing Priorities

Lack of affordable childcare prevents many caregivers, particularly women, from seeking medical appointments or employment that offers insurance. Basic needs like food and housing insecurity often push health care to a lower priority.

System Navigation and Care Coordination Gaps

Families and individuals with complex needs struggle to navigate between health care, behavioral health, and social services. Lack of integration and communication across providers leads to care gaps, duplication, and missed opportunities for early intervention.

Service-Specific Gaps

The community lacks sufficient behavioral health services, including detox beds and longer-term residential treatment. Pediatric specialty care is limited, and there are gaps in early screening and wraparound services for vulnerable families following birth.

The Unique Needs of the Community

Rural Geography and Isolation

Douglas County's vast rural geography creates unique challenges with residents in outlying areas requiring long-distance travel for services. The region lacks adequate infrastructure including sidewalks, lighting, and internet access, with only 87.1% of households having internet subscriptions compared to 91.8% statewide.

Economic Transition and Generational Poverty

The decline of the timber industry has contributed to long-standing generational and situational poverty, underemployment, and health inequities. The median household income (\$59,292) is significantly lower than state and national levels, and 10.0% of families live below the poverty level.

Aging Population

The community has an older age distribution than the state, with 29% of the population between 55 and 74 years old. This creates increased demand for chronic disease management, specialty care, and services for older adults.

Youth Disengagement and Development

Chronic absenteeism, youth disengagement, and lack of structured opportunities for development are prominent concerns. The community lacks prosocial activities and youth-centered infrastructure, with teens not seeing the area as a place for their future.

Substance Use and Trauma Pipeline

Methamphetamine and opioid misuse compound problems related to trauma and poverty. The trauma-to-addiction pipeline affects families, community safety, and emergency services, with alcohol-impaired driving deaths at 35.4% compared to 27.4% statewide.

Oral Health Challenges

Significant oral health needs exist among youth, with 75.0% of 11th graders and 62.5% of 8th graders reporting cavities, both higher than state rates. Dental care access is limited for underserved populations.

Maternal and Child Health Vulnerabilities

Child food insecurity affects 23.3% of children compared to 17.3% statewide. Only 5.9 childcare centers exist per 1,000 population under age 5, lower than the state's 8.5. Teen pregnancy rates and substantiated child abuse rates are higher than state and national averages.

Cultural and Linguistic Services

The growing Hispanic population (7.4%) requires more culturally and linguistically appropriate services, including Spanish-language health care access and health education.

Housing and Workforce Crisis

Lack of affordable and stable housing affects health outcomes, workforce retention, and the ability to recruit and retain medical providers. This crisis was described as "compounding everything" in the community.

Provider Recruitment and Retention

The community struggles to attract and retain health care professionals due to housing costs, geographic isolation, and limited amenities, creating a cycle that perpetuates access barriers.

Strengths of the Community

Strong Collaboration and Community Engagement

The region benefits from dedicated leaders, community organizations, and residents who are actively engaged in advancing health through cross-sector collaboration. The CHNA process included over 60 community groups, organizations, and hospital leaders demonstrating widespread commitment to improvement.

Close-Knit Communities

Douglas County is characterized by close-knit communities with a longstanding culture of collaboration and shared commitment to improving health outcomes.

Natural Landscapes and Geography

The community's scenic rivers, forests, and proximity to the Oregon coast and mountains provide natural beauty and strong community identity.

Existing Health Care Infrastructure

CHI Mercy Health provides essential services including a birthing center and recently completed a 12-bed inpatient behavioral health unit. The hospital has successfully recruited physicians and clinical providers, opening a new clinic offering both primary care and urgent care in northern Douglas County.

School-Based Health Services

School-based behavioral health programming has been resumed after COVID-19 disruptions, and the hospital supports onsite school-based dental clinics and health learning labs in partnership with the hospital foundation.

Workforce Development Initiatives

Growth of local medical residency programs demonstrates commitment to building a sustainable health care workforce and improving access to care.

Prevention and Education Programs

Existing programs include the T1D Beyond the Diagnosis initiative for youth with diabetes, tobacco cessation programs ("Become an Ex") offered free to all Douglas County residents, and collaboration with Oregon State University Extension's SNAP-Ed program for health education.

Community Partnerships

Strong partnerships exist between CHI Mercy Health and organizations like Thrive Umpqua for promoting healthy eating and physical activity throughout the county.

Targeted Equity Initiatives

The hospital has initiated health equity-focused programs including an inpatient dental program with expanded practice dental hygienists and a food closet initiative ensuring patients are discharged with nutritious food and education.

Resilience and Commitment

Despite significant challenges, the community demonstrates resilience and ongoing commitment to addressing health needs through preventive strategies and integrated, coordinated systems of care.

Priorities and Goals

Prioritized Significant Health Needs

CHI Mercy Health has identified four priority health needs to guide community health improvement programs:

1. Adolescent and Youth Health, Early Childhood Development and Engagement
2. Access to Affordable, Quality, and Equitable Health Care Services
3. Maternal, Fetal, Infant, and Children's Health
4. Substance Use and Alcohol Use Disorders

Behavioral Health Expansion

Completed construction of a 12-bed inpatient behavioral health unit to provide essential psychiatric care to vulnerable populations. Resumed school-based behavioral health programming that was disrupted by COVID-19, and expanded telehealth services to connect youth in rural and remote areas to behavioral health care.

Access to Health Care Services

Successfully recruited physicians and other clinical providers, opening a new clinic offering both primary care and urgent care in northern Douglas County. Strengthened commitment to youth health by supporting onsite school-based dental clinics and health learning labs in partnership with the hospital foundation.

Health Education and Prevention

Expanded outreach programs including collaboration with Oregon State University Extension's SNAP-Ed program to support health education for youth and adults. Grew the T1D Beyond the Diagnosis initiative, reaching public, private, and homeschooled youth with diabetes education and support. Offered the "Become an Ex" tobacco cessation program free of charge to all Douglas County residents, including nicotine replacement therapies.

Addressing Social Determinants of Health

Initiated two health equity-focused programs: an Inpatient Dental Program providing preventive dental services through an expanded practice dental hygienist, and a Food Closet Initiative ensuring patients are discharged with nutritious food and education to support recovery and reduce readmission risk.

Nutrition and Physical Activity

Collaborated with Thrive Umpqua and the SNAP-Ed program to promote healthy eating and physical activity throughout the county. The Mercy Foundation provided additional support for youth with Type 1 diabetes and their families, emphasizing disease management, nutrition, and long-term wellness.

Violence Prevention

Deepened involvement in domestic violence and human trafficking prevention efforts, particularly in response to rising incidence of interpersonal violence along the I-5 corridor.

Community Partnership and Collaboration

Working with various community organizations, local health departments, and health care providers to address identified needs. Contracted with Conduent Healthy Communities Institute (HCI) to facilitate data collection, analysis, and community engagement efforts for the CHNA.

Implementation Strategy Development

The hospital's advisory board adopted this CHNA report in June 2025 to guide development of targeted interventions and programs designed to address gaps in care and improve health outcomes, particularly for vulnerable community members.