



COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

2017-2019

Adopted by the Board of Commissioners
December 27, 2016

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Introduction/Overview

Pacific County Public Hospital District No. 2, Willapa Harbor Hospital is a public hospital district (the District) operating a Critical Access Hospital (CAH). Services include 24/7 emergency care services, acute care, laboratory, imaging, respiratory therapy and primary care. The hospital is located in South Bend, Washington. The District primarily serves residents of North Pacific County.

This Community Health Needs Assessment (CHNA) was prepared in partnership with Pacific County Public Health and numerous community and civic organizations, including the Willapa Community Network.

Where possible, data was collected specific to the District or North Pacific County, and where not, County level data was used. The data shows that social and economic factors—the social determinants that can contribute to poorer health—are less positive within the boundaries of the District and Pacific County than in many other areas of Washington State. Most notably, poverty levels are considerably higher than the State average. When combining households living in poverty and Asset Limited, Income Constrained, Employed (ALICE) households, approximately half of District households cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation. This is higher than Pacific County and Washington State overall, wherein 42% and 32% of households are either ALICE or below the poverty level. In addition, and despite very positive gains, uninsured levels remain significantly higher than the State average (10% in Pacific County versus 8% in Washington State).

When we developed our 2013 CHNA, Robert Wood Johnson's County Health Rankings listed Pacific County as 37th out of Washington's 39 Counties for overall health outcomes and 36th for overall health factors. Today, Pacific County ranks 35th out of 39 for overall health outcomes and 28th for overall health factors. While we celebrate the improvements, these rankings demonstrate that there is still real work to do: the County has significantly higher rates of obesity, high blood pressure, high cholesterol and diabetes than the rest of the State. The County also has higher rates of smoking and asthma. Rates of drug use, specifically opiates are also high.

Mission

Willapa Harbor Hospital, in partnership with our physicians, provides state of the art, personalized diagnostic and medical treatment as well as health education to individuals who seek or need quality health care services.

Vision

Our vision is to work together for a healthier community.

After reviewing and evaluating the data, input from community leaders and after consideration of its resources and expertise, the Board of Commissioners adopted this CHNA and opted to continue with its 2013 CHNA priorities, which are ***Improve Access to Health Care and Support Healthy Aging*** and ***Promote Healthier Living, Healthy Families and Increase Awareness of Health Concerns***. While specific strategies to “move the needle” will differ, the Board was encouraged by the progress and the partnerships that are, or have been, put into place to address community health needs.

Next steps include developing, in partnership with other community providers, an Implementation Plan that strategically applies resources and expertise to address the selected community health priorities.

Methodology

A Mobilizing for Action through Planning and Partnerships (MAPP) framework was used for this CHNA process, and involved engaging community partners in identifying and prioritizing strategic issues and formulating priorities. The District partnered with Pacific County Public Health, as well the Willapa Community Network to complete this CHNA.

Information was compiled and analyzed from a multitude of sources. Both primary and secondary data were collected and incorporated to create a comprehensive understanding of the District's health, health status and health care needs. Demographics, health behaviors, mortality and access to health care were among the health status indicators that were examined.

Willapa Community Network

Willapa Community Network is a formal network comprised of community businesses, organizations and volunteers. Its mission is to enhance quality of life in North Pacific County by encouraging communication and collaboration among service providers, businesses, and volunteers in order to enhance the leveraging of resources and services within the community.

Specific data sources included, but were not limited to the following:

- 2012-2014 Behavioral Risk Factor Surveillance Survey (BRFSS)
- Pacific County Public Health 2014 Community Health Improvement Plan (CHIP)
- CHOICE Regional Health Network, Community Health Needs Assessment, 2014
- 2011-2015 American Community Survey (ACS), US Census Bureau
- 2013 and 2016 Robert Wood Johnson County Health Rankings
- 2014 Washington Healthy Youth Survey
- 2015 United Way ALICE Report for the Pacific Northwest
- Washington Health Care Authority and Enroll America
- HRSA Data Warehouse, HPSA designations
- University of Washington Alcohol & Drug Abuse Institute

As noted earlier, and where possible, data was collected specific to the District, as defined in Figure 2. Throughout the report, the District has been compared to Pacific County at large and to the State.

Pacific County Public Health's 2014 CHIP and the CHOICE Network's 2014 CHNA were reviewed and their data and sources considered closely. Pacific County Public Health's priorities, based on health data and the input of more than 270 County residents gleaned from a combination of focus groups, key informant meetings and a survey are identified below.

Pacific County Public Health Community Health Improvement Plan Priorities

- *Behavioral Health Improvement: drug abuse, alcohol abuse, parenting & role models*
- *Individual Health behaviors: tobacco use, exercise, nutrition*
- *Quality, Local Health Care: providers, screening, treatment*
- *More Employment Opportunities*

2013 CHNA and Accomplishments

Willapa Harbor Hospital's 2013 CHNA identified significant health needs related to access, health status and health behaviors in Pacific County in general, as well as in the District/North Pacific County, in particular. Priorities identified by the community in 2013 included access to care, more and better behavioral health treatment services and transportation. The community also noted that efforts to recruit and retain providers (mental health and primary care) are stymied by the low HPSA score in the region. Drug use and education/outreach about healthy living were also identified as community level priorities.

The District's final 2013 CHNA priorities included:

1. Improve Access to Health Care and Support Healthy Aging
2. Promote Healthier Living, Healthy Families and Increase Awareness of Health Concerns

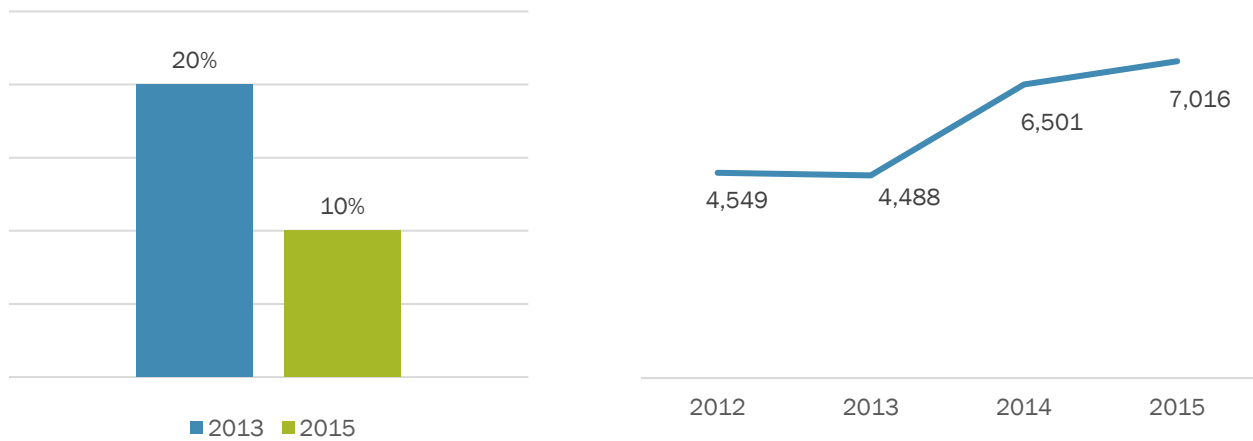
In terms of successes, and as a result of Washington's Medicaid expansion and Exchange efforts, the community, led by the CHOICE Network (a close partner of the District) deployed navigators and in-person assisters. These robust efforts resulted in a more than 35% increase in residents with Medicaid insurance. In addition, the percent of uninsured adults in the County has been reduced by 50% (20% in 2013 vs. 10% in 2015). This information is depicted in Figure 1.

CHOICE Regional Health Network

CHOICE Regional Health Network is a nonprofit collaborative of health care leaders in a five-county region that includes Grays Harbor, Lewis, Mason, Pacific, and Thurston counties. The organization was founded in 1995 with the mission to improve community health in Central Western Washington through the collective planning and action of health care leaders. The organization's board of directors consists of CEO-level executives from hospitals, community health centers, public health, and behavioral health agencies, and the region's leading medical home.

CHOICE works in three core program areas, which include improving access to care and consumer education; care coordination and integration; and health system planning and transformation.

Figure 1. Percent Uninsured and Total Medicaid Enrollment, Pacific County



Sources: WA Health Care Authority; Enroll America

Other notable community successes include:

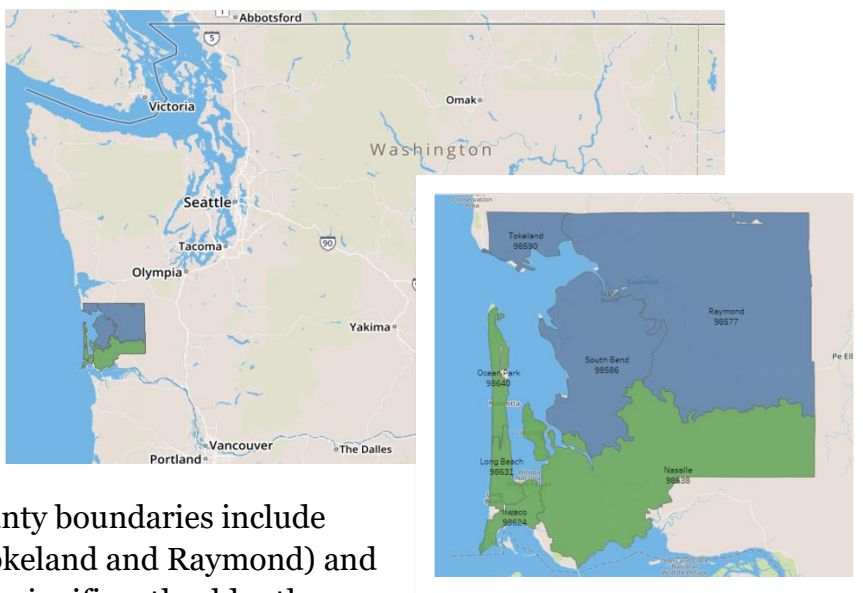
- Significantly increased programming and prevention efforts in the schools around drugs and alcohol
- County approval of the 1/10 of 1% sales tax for behavioral health programming
- Since the 2013 CHNA, Pacific County has received a dental care HPSA designation for the low-income population and a mental health HPSA for the entire population.
- In October of 2016 a new physician was hired in the Pacific Family Health Clinic, which is a rural health clinic. This physician will be replacing the physician who will be retiring in June of 2017. A new search for his replacement will begin in 2017.

Our Community and People

The District encompasses northern Pacific County, located along the southwestern coast and Willapa Bay and River in Washington State. The hospital itself is in the city of South Bend. Approximately 90.5% of the District’s patients live within the District’s boundaries, shaded blue in Figure 2.

Figure 2. District and County Map

Pacific County (South County is highlighted in green and the District/North County is highlighted in blue) has a current population of approximately 20,600 people. Per Figure 3, County residents are significantly older than the State overall, with 26.8% 65 or older (nearly double the 13.6% Statewide).



The District’s North Pacific County boundaries include three zip codes (South Bend, Tokeland and Raymond) and nearly 9,000 residents. It too is significantly older than the State at large with 22.5% of the population 65 or older.

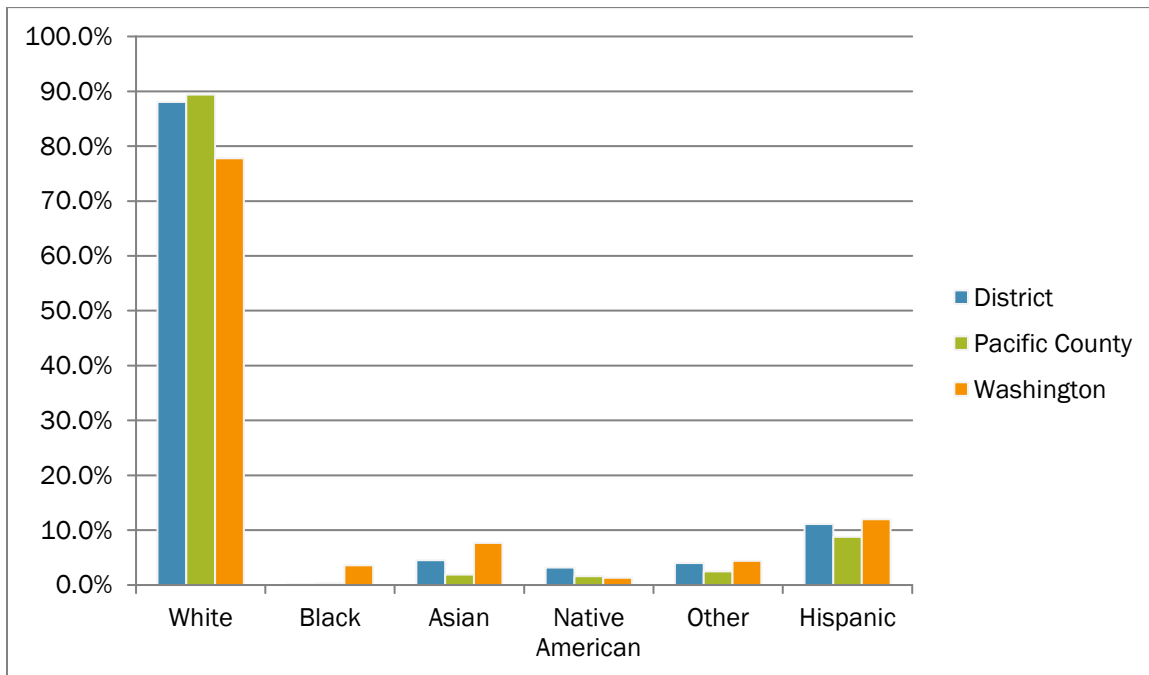
Figure 3. District and County Demographics

Population	District	%	Pacific County	%	WA State	%
Total Population	8,905		20,645		6,985,464	
Under Age 5	523	5.9%	957	4.6%	445,803	6.4%
5-17 Years Old	1,202	13.5%	2,684	13.0%	1,145,616	16.4%
Adults 18-64	5,180	58.2%	11,458	55.5%	4,435,770	63.5%
Seniors 65+	2,000	22.5%	5,540	26.8%	948,316	13.6%
Hispanic	990	11.1%	1,807	8.8%	835,488	12.0%
Other Asian	248	2.9%	248	1.2%	2,411,452	0.8%

Source: 2011-2015 American Community Survey, U.S. Census Bureau. District defined as zip codes 98577, 98586 and 98590.

Demographic factors have a strong effect on health status, health care usage and access to health care services. At 11.1%, the Hispanic population in the District is comparable to the State overall (12.0%), but higher than Pacific County overall (8.8%). The District also has a relatively high percentage of Cambodian and Laotian residents compared to both Washington and Pacific County, which is reflected in the US Census category of Other Asian (2.9% in the District vs. 1.2% in Pacific County and 0.8% Statewide). Both the Hispanic and Southeast Asian population in the District have remained relatively constant for the past few years.

Figure 4. Racial Diversity



Source: 2011-2015 American Community Survey, U.S. Census Bureau. District defined as zip codes 98577, 98586 and 98590.

Social Determinants, County Rankings and Shortage Designations

Social Determinants

The social determinants of health—the conditions under which people are born, grow, live, work and play—greatly influence the health of a community and its residents. As seen in Figure 5, median household incomes are significantly lower in the District and County as compared to the State. Both the District and the County have a higher rate of poverty (defined as percent whose income in the past 12 month is below the federal poverty level) and lower high school graduation rates than the State. Compared to Pacific County overall, the District has a higher concentration of those who speak a language other than English at home.

Figure 5. Socioeconomic Characteristics

Area	High School Graduate or Higher	Poverty Rate	Median Household Income	Language Other than English Spoken at Home
Raymond (98577)	85.9%	19.4%	41,494	12.7%
South Bend (98586)	80.8%	28.2%	34,792	19.4%
Tokeland (98590)	89.9%	27.5%	37,500	8.8%
District	85.0%	21.7%	--	14.0%
Pacific County	87.4%	19.2%	37,684	10.4%
WA State	90.4%	13.3%	61,062	18.9%

Source: 2011-2015 American Community Survey, U.S. Census Bureau. District defined as zip codes 98577, 98586 and 98590.

Of concern, Figure 6 identifies that one of every three children in the District lives in poverty—a rate higher than both the County and the State. This trend has also worsened over the past decade. Data at the community level is not available on housing, but County level severe housing problem rates are slightly below the State level (better), while food insecurity (the percentage of the population who did not have access to a reliable source of food during the past year) is one percentage point higher, or worse, in the County than in the rest of the State.

Figure 6. Additional Socioeconomic Characteristics

Metric	District	Pacific County	State of WA	Pacific County Trend
Children in Poverty	33%	26%	18%	Worsening
Severe Housing Problems	--	16%	18%	--
Violent Crime Rate per 100,000	--	128	301	Improving
Food Insecurity	--	16%	15%	--

Sources: BRFSS Survey, 2012-14, 2011-2015 American Community Survey, U.S. Census Bureau, County Health Rankings, 2016. District defined as zip codes 98577, 98586 and 98590.

Worse Compared to WA State	Better Compared to WA State
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Poverty is a critical predictor of poor mental and physical health outcomes. A 2015 United Ways of the Pacific Northwest report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are working families that earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, child care, food, transportation, and health care. Most do not qualify for Medicaid coverage. ALICE households as a percentage of total households in the District and County are identified in Figure 7. When combining households living in poverty and ALICE households, approximately half (50% in South Bend and 46% in Raymond) of District households cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation. This is higher than Pacific County and Washington state overall, wherein 42% and 32% of households are either ALICE or in poverty.

Figure 7. ALICE Households

Area	Total HH	% ALICE or Poverty
District (North Pacific County)		
South Bend	758	50%
Raymond	1,125	46%
Other Pacific County		
Ocean Park	612	52%
Naselle	176	32%
Long Beach	806	52%
Ilwaco	488	43%
Chinook	102	73%
Pacific County	9,165	42%
WA State	2,648,033	32%

Source: 2015 United Way ALICE Report for the Pacific Northwest (data from 2013)

*No data available for Tokeland

County Health Rankings

The Robert Wood Johnson Foundation’s County Health Rankings compare counties within each state on more than 30 factors. Counties in each state are ranked according to summaries of a variety of health measures, and counties are ranked relative to the health of other counties in the same state. The 2013 and 2016 summary composite scores for Pacific County are identified in Figure 8. As the table shows, there has been considerable improvement in all but one of the composite measures, but in general Pacific County still ranks in the lower quartile out of Washington’s 39 total counties.

Figure 8. County Health Ranking Scores, Pacific County 2013 vs. 2016

Composite Score	2013	2016	Change 2013-2016
Overall Health Outcomes	37	35	+2
Length of Life	38	35	+3
Quality of Life	31	32	-1
Overall Health Factors	36	28	+8
Health Behaviors	32	26	+6
Clinical Care	36	34	+2
Social & Economic Factors	35	33	+2
Physical Environment	13	8	+5

Source: County Health Rankings, 2016

Shortage Designations

The Federal Health Resources & Service Administration (HRSA) deems geographies and populations as either Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) and/or Health Professional Shortage Areas (HPSAs). MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. Similarly, a HPSA designation identifies a critical shortage of providers in one or more clinical areas.

There are also several different types of HPSAs depending on whether shortages are wide spread or limited to specific groups of people or facilities including: a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused; or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g. low-income, migrant farmworkers, Native Americans).

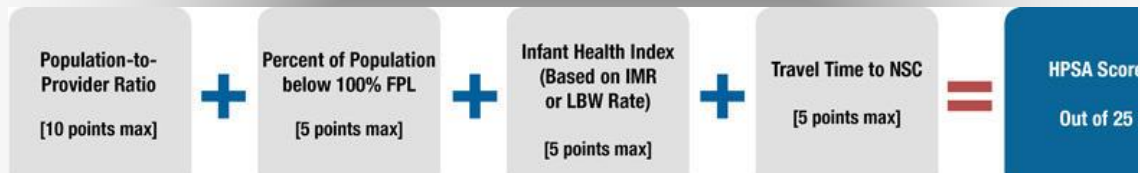
Once designated, HRSA scores HPSAs on a scale of 0-26 for primary care and mental health, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care and mental health care.

Three scoring criteria are common across all disciplines of HPSA:

- The population to provider ratio,
- The percentage of the population below 100% of the Federal Poverty Level (FPL), and
- The travel time to the nearest source of care (NSC) outside the HPSA designation.

You can review the HPSA scoring methodology, differentiated by discipline, below:

The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:



The entirety of Pacific County has been declared MUA/MUP as well as a primary care and dental health HPSA for the low-income population and a mental health HPSA for the entire population of Pacific County. These designations are important for several reasons and more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference as a way to increase the number of physicians and other health professionals who practice in those designated areas. Figure 9 reflects Pacific County’s HPSA designations and scoring

Figure 9. Pacific County HPSA Designations

HPSA	Designation Type	Approval Date	Score
Primary Care	Population: Low-income	11/21/2012	12
Dental Care	Population: Low-income	3/5/2014	11
Mental Health	Geographic: Entire County	3/14/2014	17

Source: Federal Health Resources & Service Administration

Behavioral Risk Factors

The most common behavioral contributors to chronic disease, morbidity or mortality include the use of alcohol, tobacco, firearms, and motor vehicles; diet and activity patterns; sexual behavior; and illicit use of drugs. Importantly, the social and economic costs related to these behaviors can all be greatly reduced by changes in individuals' behaviors. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual survey that measures changes in the health of people in our state. It is the longest continuously running phone survey in the world.

Data on behavioral risk factors can be found in Figure 10. Compared to State averages, the incidence of obesity and diabetes are higher in the District. Cigarette smoking rates are comparable to the State, while binge drinking is lower. Of concern, trends related to obesity and diabetes worsened over the period of 2012 to 2014 (most recent data available).

Figure 10. Behavioral Risk Factors

Metric	District	Pacific County	State of WA	Pacific County Trend
Behavioral Risk Factors (%)**				
Obese	34%	33%	28%	Worsening
Diabetic	20%	16%	8%	Worsening
Asthma	10%	17%	10%	Improving
Smokes Cigarettes	17%	16%	15%	Improving
Not Getting 30 minutes of Exercise Most Days	--	28%	18%	Improving
Binge Drink	9%	11%	19%	Worsening

Sources: BRFSS Survey, 2012-14, 2011-2015 American Community Survey, U.S. Census Bureau, County Health Rankings. District defined as zip codes 98577, 98586 and 98590.

*Measured by the USDA and Feeding America, and characterized by a lack of consistent, sufficient, and varied nutrition.

** Small Sample Sizes for Service Area. High variability in mean values

Worse Compared
to WA State

Better Compared
to WA State

Youth Behavioral Risk Factors

Specific to youth, the Washington’s Healthy Youth Survey (HYS), a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board, provides important information about youth. Students in each school district in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

As depicted in Figure 11, 10th grade adolescents in Pacific County have lower rates of depression and are more likely to get adequate exercise compared to the rest of Washington. However, the percentage of students who are obese or overweight, use alcohol and smoke cigarettes are higher than the State average.

Figure 11. Pacific County Healthy Youth Survey Results, 10th Graders

Metric	Pacific County	State of WA
10th Grade Risk Factors (%)		
Suicidal Ideation	21%	20%
Depressed	30%	35%
Bullied	24%	23%
Obese or Overweight	29%	25%
Poor Nutrition	77%	78%
Poor Physical Activity	60%	76%
Drink Alcohol	23%	21%
Smoke Cigarettes	13%	8%

Source: Healthy Youth Survey, 2014, Pacific County, Grade 10

Worse Compared
to WA State

Better Compared
to WA State

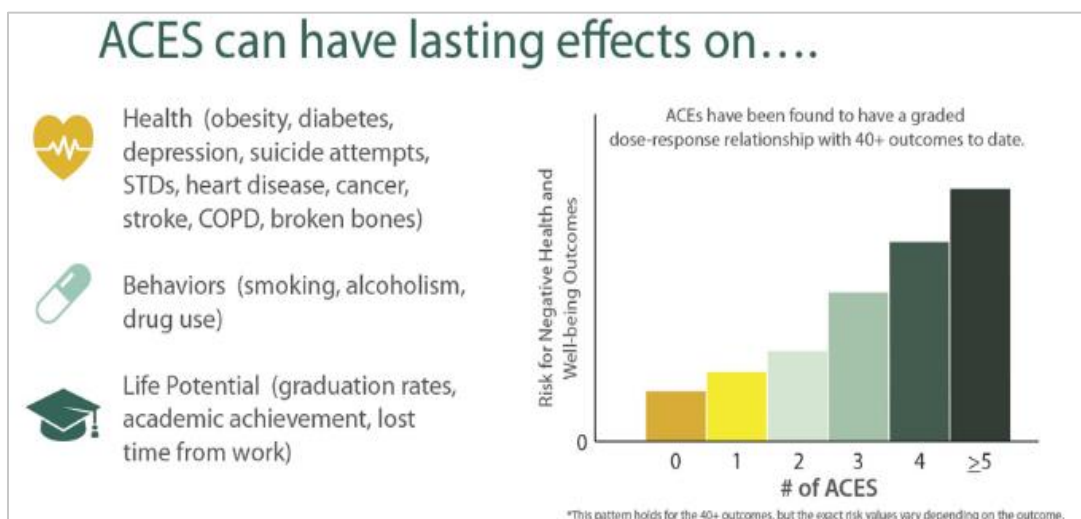
Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse; emotional or physical neglect; seeing intimate partner violence inflicted on one's parent; having mental illness or substance abuse in a household; enduring a parental separation or divorce; and having an incarcerated member of the household.

Why is research on Adverse Childhood Experiences (ACEs) Important?

- *Negative childhood experiences are related to major risk factors for the leading causes of illness and death and poor quality of life among adults.*
- *ACEs are common among all segments of the population.*
- *ACEs are connected. People who report any ACE are likely to experience adversity.*

Figure 12. Association between ACEs and Negative Health Outcomes



Source: Centers for Disease Control & Prevention, "Association Between ACEs and Negative Outcomes"

ACE burden is defined as the number of ACEs an adult was exposed to during childhood. The highest ACE score is 8. In Washington, 62% of adults 18-64 have at least one ACE; 26.5% have 3 or more; 5% have 6 or more. Compared to the State, fewer adults in the District experienced 3 or more ACEs, but a higher percentage experienced 6 or more ACEs. In addition, and as shown in Figure 14, the District has a relatively high percentage of intergenerational transmission of 2 or more ACEs.

Figure 13. ACE Burden on Adults

Burden	District	State of WA
Adult Population with 3+ ACEs	22-26%	26.5%
Adult Population with 6+ ACEs	8-9%	5%
Percent of Adult Population Transmitting 2+ ACEs to Children	19-35%	--

Source: Foundation for Healthy Generations, "Health, Safety & Resilience: Foundations for Health Equity," 2014/2015 (data from 2009-2011)

Figure 14. Percent of Adult Population Transmitting 2+ ACEs to Children



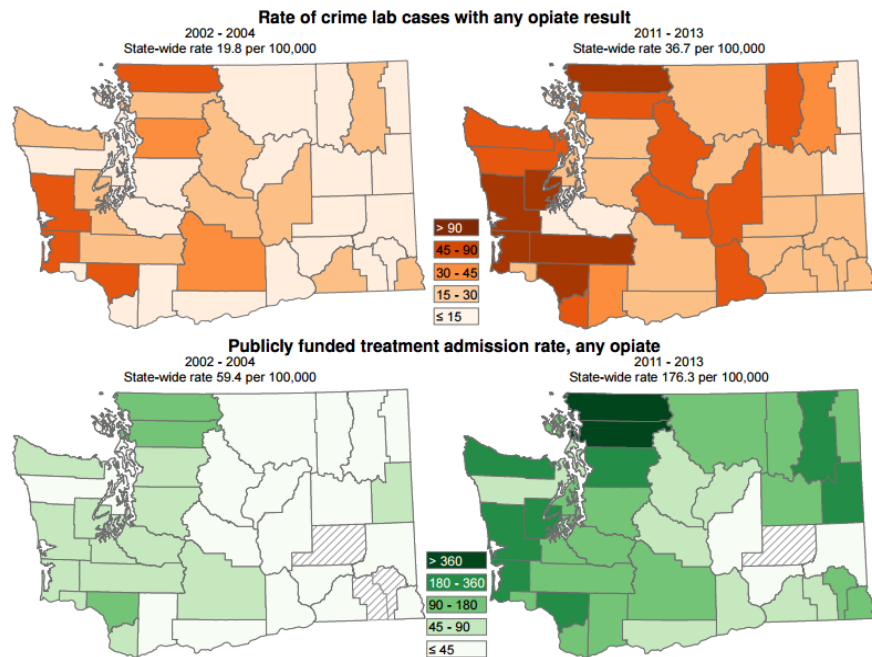
Source: Foundation for Healthy Generations, "Health, Safety & Resilience: Foundations for Health Equity," 2014/2015 (data from 2009-2011)

Heroin/Opiate Use and Abuse

As reported in our 2013 CHNA, Pacific County, like most of Washington State, has seen increases in the use of heroin in the past decade. For example, the rate of heroin substance detected in police crime labs in Pacific County during the 2011-2012 timeframe was one of the highest in the State, with more than 80 per 100,000.

Overall opiate abuse, including heroin and prescription opiates, has grown steadily in the past fifteen years as well. Several measures, including the rate of Pacific County crime lab results related to an opiate and the rate of residents treated for opiate addiction, have increased in Pacific County from 2002-2004 to 2011-2013. Heroin and overall opiate use and abuse are significant health issues in Pacific County.

Figure 15. Opiate Use and Abuse Growth over Time, Washington State, 2002-2004 to 2011-2013



Source: Univ. of WA Alcohol & Drug Abuse Institute

Community Convening

The Willapa Community Network’s meetings are hosted by Willapa Harbor Hospital, and Pacific County Public Health plays an active role on the Committee. In December of 2016, this group, along with other community and health care leaders (45 persons total) participated in identifying and prioritizing community needs. After reviewing health status and socioeconomic data, the following questions were posed

- Identify the top 5 areas that you believe need to be addressed to improve the health of the community?
- Were any key needs missed?
- What 3 strategies do you believe would help address unmet needs? Be sure to consider community receptiveness and existing community assets.

Figure 16. Top 5 Identified Needs to Improve Community Health and Highest Rated Strategies to Address Unmet Needs

Identified Need	Rank	Strategy	Rank
Obesity	1	Recruit new providers	1
Provider Supply	2/3	Expand educational programming to youth on smoking, alcohol and healthy lifestyles	2
Poverty	2/3	Increase behavioral health service availability in the community	3
Youth Alcohol Use	4		
Youth Nutrition	5		

Additional needs that the committee and other health leaders thought should be addressed included drug use, youth behavioral risk factors, mental health, suicide prevention, and housing instability/homelessness.

CHNA Priorities

Using the data contained in this CHNA and in full consideration of the community input and the District's resources and expertise, the Board of Commissioners has opted to continue and build on our 2013 CHNA priorities into the next 3 years. While implementation strategies will likely differ, access to care and promotion of healthier living hold great promise for advancing the health of our community.

Our 2016-2019 priorities are as follows:

- 1. Improve Access to Health Care and Support Healthy Aging:** Increasing access will provide more opportunities for local residents to obtain timely care. Because of transportation limitations in the community, where feasible, care should be local.

Strategies being considered for the Implementation Plan include:

- Recruit and retain additional primary care providers.
- Coordinate with the State Office of Rural Health to update our current primary care HPSA (has not been updated since 2012 and the current low score is a barrier to recruitment).
- Continue to implement processes that improve clinic efficiency and throughput, including same day access.
- Integrate behavioral health into primary care, and add care coordinators
- Use telehealth to improve access to specialty care.
- Reduce costs and offer lower cost means of accessing care (i.e. virtual care).
- Evaluate paramedicine or community health worker programs.
- Support development of crisis response services in the community.
- Educate providers and others about ACEs and trauma informed care

- 2. Promote Healthier Living, Healthy Families and Increase Awareness of Health Concerns:** Promoting healthier lifestyle choices, including drinking, smoking, nutrition and exercise will ultimately improve the community's health.

Specific strategies being considered for Implementation include:

- Work in partnership with public health and the schools to add more programming for children and adolescents around healthy living.
- Use clinic time and providers to educate and inform about the impact of individual behaviors on health. Expand classes and education.

The final IRS regulations (published in the Federal Register on December 31, 2014) allow hospitals an additional four and a half months to adopt an implementation strategy, specifically requiring an authorized body of the hospital facility to adopt an implementation strategy to meet the health needs identified through a CHNA on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. Willapa Harbor Hospital will use this allowed time to develop an implementation plan that supports its CHNA priorities. In addition, and at this time, a countywide meeting (the two hospitals and public health among others) is being considered that would support selecting one or more strategies that could be deployed countywide.