



Community Health Needs Assessment

North Pacific County
Willapa Harbor Hospital

December 2013



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Introduction

Pacific County Public Hospital District No. 2, Willapa Harbor Hospital is a public hospital district (the District) operating a Critical Access Hospital (CAH) located in South Bend, Washington. The District primarily serves residents of North Pacific County and plays a vital role in the health of the community, providing a number of services and programs to residents including 24/7 emergency care services, acute care services, as well as specialty clinics. This Community Health Needs Assessment (CHNA) was prepared in partnership with the Pacific County Public Health Department and numerous community and civic organizations, including the Willapa Community Network.

Of the many health indicators examined, Pacific County performs well in the areas of diabetic screening and adult alcohol consumption. Adolescents enjoy lower rates for use of alcohol, cigarettes, and marijuana compared to the State, and rates have actually improved over the 2002 to 2010 timeframe.

However, Pacific County ranks 37 out of 39 counties in Washington State in County Health Rankings, meaning that 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 and very high rates of uninsured and high rates of meth and heroin use.

After reviewing and evaluating the data, after consideration of the comments and input received at a December 4 Willapa Community Network meeting, and after consideration of its resources and expertise, the Board of Commissioners adopted this CHNA and selected ***Improve Access to Health Care and Support Healthy Aging*** and Promote ***Healthier Living, Healthy Families and Increase Awareness of Health Concerns*** as the CHNA focus.

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.



Study

Defined Study Area

The boundaries of Public County Public Hospital District #2 (the District) include most of northern Pacific County, located along the coastal southwestern corner of Washington State. The hospital itself is located in the city of South Bend. Approximately 90% of the District's patients live within the District's boundaries, shaded in green in Figure 1.

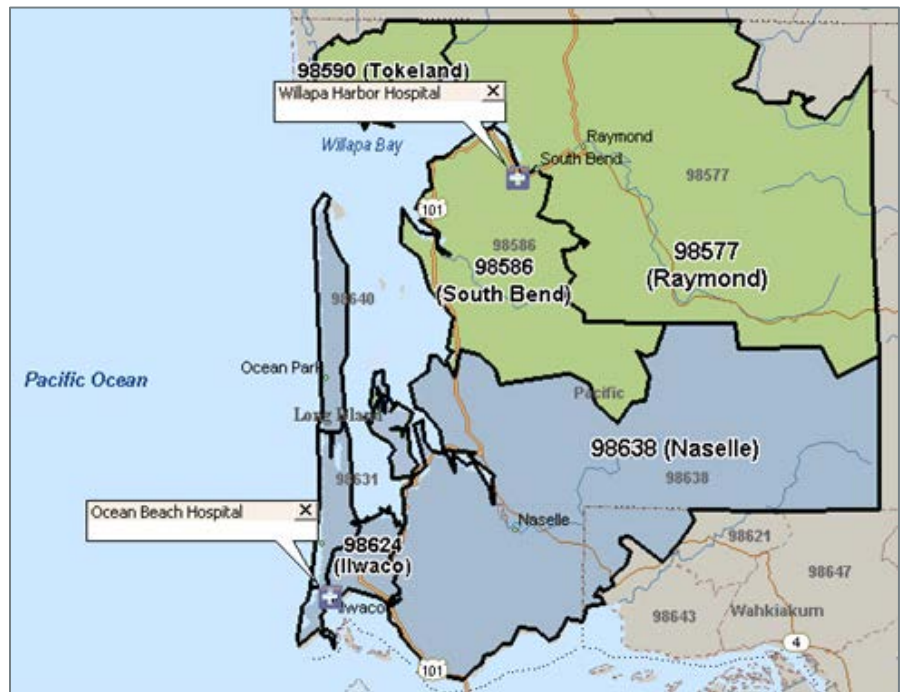
Pacific County (highlighted in blue and green) has a current population of nearly 21,000 people. It is significantly older than the State at large, with 26% of residents age 65 and older (vs. 13.4% Statewide). The District's North Pacific County boundaries include almost 9,000 residents (2013). It too is significantly older than the State at large with 21.6% of the Service Area's population over 65 years of age.

The District is expected to experience a projected growth of residents age 18-44 over the next 5 years (3.7% vs. 2.1% Statewide).

At 11.4%, the Hispanic population is higher in the District than it is in either Pacific County (5.1%) or the County at large (7.5%).

The Service Area 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 (3.1% in North Pacific vs. 1.0% Statewide).

Figure 1: Service Area Map





Overview of Assessment Methods

The District partnered with Pacific County Public Health, as well the Willapa Community Network to complete this CHNA. A wide variety of health and social service organizations participated in the process, weighing in on the data findings and providing insight to the health status and priority needs of the community.

Information was compiled and analyzed from a multitude of sources 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. Specific data sources included, but were not limited to the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS): tool conducted by the Washington State on behalf of the Centers for Disease Control and Prevention (CDC) that tracks health status and behaviors in community
- Pacific County Public Health Department: health status and outcome data + leading causes of death
- 2010 US Census and the American Community Survey (ACS)- demographic data
- Thomson/Reuters: Community Needs Index (CNI) scores
- Pacific County: Youth Survey- youth behavioral risk factor data

Where possible, data was collected specific to the District, as defined in Figure 1. Throughout the report, the District has been compared to South Pacific County, served by Public Hospital District #3. When data specific to the District was not available, Pacific County level was referenced.

Participants:

- Pacific County Health Department (Mary Goelz, Katie Lindstrom, and Sharon Block)
- Willapa Behavioral Health (Eric Cummins and Kristine Clouse)
- First Lutheran Church (Laurie Johnson)
- Willapa Community Development Association (Dave Gauger)
- Grays Harbor College (Erin Frasier)
- Pacific County EDC (Paul Philpot)
- Timberland Regional Library (Emily Popovich)
- Long Term Care Ombudsman (Judy Dawe)
- United Way (Nora LeBlanc)
- ABC (Jewel Hardy)
- Peninsula Poverty Response (Alanna Shea)
- Willapa Harbor Hospital (Carole Halsan, and

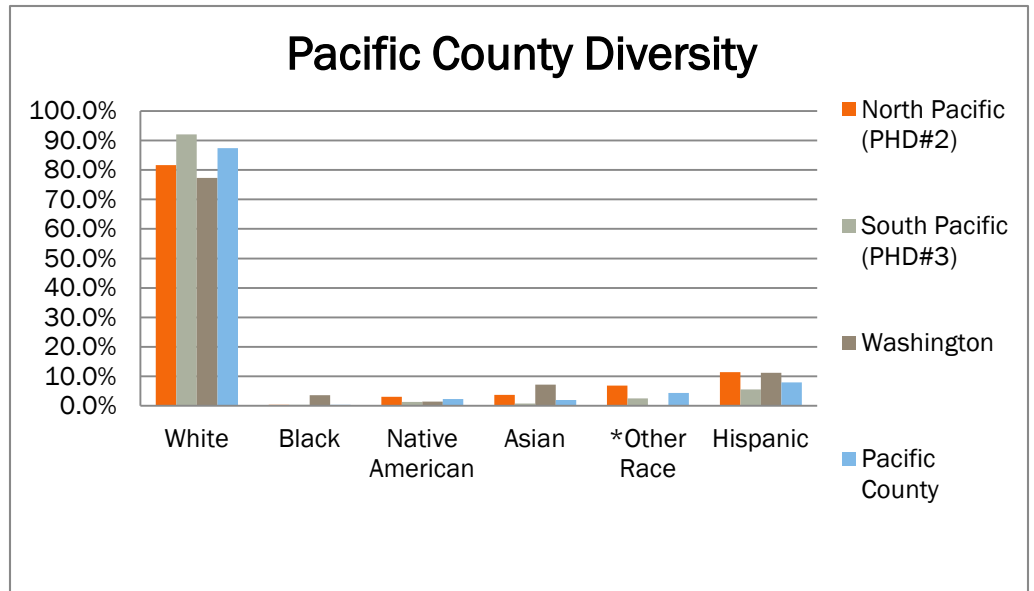


Findings

Demographics

Demographic factors have a strong effect on health status, health care usage and access to health care services. Pacific County is less diverse than Washington State, but North Pacific County is more diverse than the South part of the County, as seen in Figure 2. At 11.4%, the percent of Hispanic residents is higher than South Pacific County (5.1%) and the County at large (7.5%). The Service Area 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 (3.1% in North Pacific vs. 1.0% Statewide).

Figure 2: Service Area Diversity, 2013



Source: 2010 US Census

Social Determinants

The social determinants of health—the conditions under which people are born, grow, live, work and play—significantly influence the health of a community and its residents. As seen in Table 1, the District has a significantly higher rate of foreign born and language other than English spoken at home compared to South Pacific County. Pacific County median household income is significantly lower compared to the State. It also has a higher rate of poverty and lower rates of high school graduation.

**Table 1: Service Area Demographics**

Area		Population	Foreign Born	Language other than English spoken at home	Per Capita Income	Median Household Income	Percent High School Graduate or Higher**	Poverty Rate*
North Pacific County	98577 (Raymond)	6,338	8.41%	12.3%	\$22,381	\$45,345	84.1%	11.0%
	98586 (South Bend)	1,944	13.2%	24.1%	\$19,843	\$30,779	78.9%	16.7%
	98590 (Tokeland)	356	9.1%	0.4%	\$37,458	\$52,361	79.0%	12.1%
North Pacific County Total		8,638	9.3%	14.4%	\$29,922	\$42,828	N/A	N/A
South Pacific County	98640 (Ocean Park)	4,380	2.6%	2.8%	\$23,827	\$40,650	84.8%	18.9%
	98631 (Long Beach)	3,243	3.8%	3.6%	\$25,077	\$37,786	87.1%	8.5%
	98624 (Illwaco)	1,532	3.5%	6.5%	\$23,274	\$43,583	89.8%	13.7%
	98638 (Nasalle)	1,525	0.9%	5.2%	\$22,416	\$52,273	95.2%	19.4%
South Pacific County Total		10,680	2.8%	3.6%	\$23,193	\$43,573	N/A	N/A
Pacific County		20,920	5.4%	8.5%	\$23,193	\$40,599	85.9%	12.9%
Washington		6,724,537	12.8%	17.8%	\$30,481	\$58,890	89.8%	8.4%

Source: U.S. Census Bureau, 2007-2011 American Community Survey

*Poverty Rate: % of families whose income in the past 12 month is below the poverty level

**Percent High School Graduate or Higher includes GED

Health Status

The Community Needs Index (CNI) is a tool that measures a combination of social indicators including poverty rates for elderly and single women with children, population without high



school diploma, population that is minority, population with limited English, uninsured rates and population of residents that rent their home vs. own. The output of the tool is a score from 1 to 5, with a higher score indicating greater need. As shown in Table 2, the CNI scores for the District indicate that North Pacific County likely has unmet need based on measured variables. The North Pacific County communities comprising the District are at the second highest quintile of need compared to Washington State with a score in the mid quintile.

Table 2: Community Needs Index

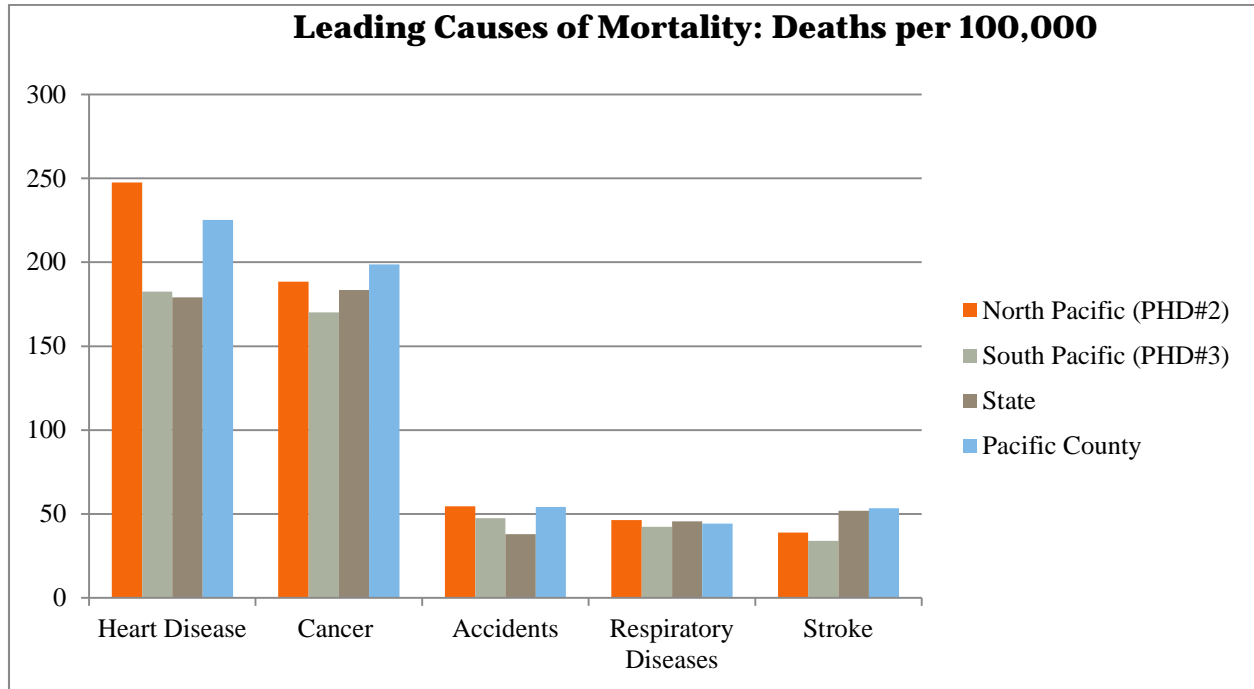
	Zip Code	Area	CNI Score	Quintile
North Pacific	98577	Raymond	4	Second Highest Quintile
	98586	South Bend	4	Second Highest Quintile
	98590	Tokeland	3.8	Second Highest Quintile
	Zip Code	Area	CNI Score	Quintile
South Pacific	98640	Ocean Park	3.4	Second Highest Quintile
	98631	Long Beach	3.2	Mid Quintile
	98624	Illwaco	3.2	Mid Quintile
	98638	Nasalle	3	Mid Quintile
Pacific County			3.6	Second Highest Quintile
WA State			3.2	Mid Quintile

Source: Catholic Healthcare West/Thomson Reuters, 2013



Data on the leading causes of death in an area can provide insight to the health status of the population. A high rate of deaths due to preventable causes may indicate heightened disease burden or an unmet need for health care services. As seen in Figure 3, North Pacific’s leading causes of death are higher than the State and South Pacific County for Heart Disease, Cancer, Accidents and Respiratory Diseases, with lower rates than the State for Stroke.

Figure 3: Service Area Leading Causes of Mortality

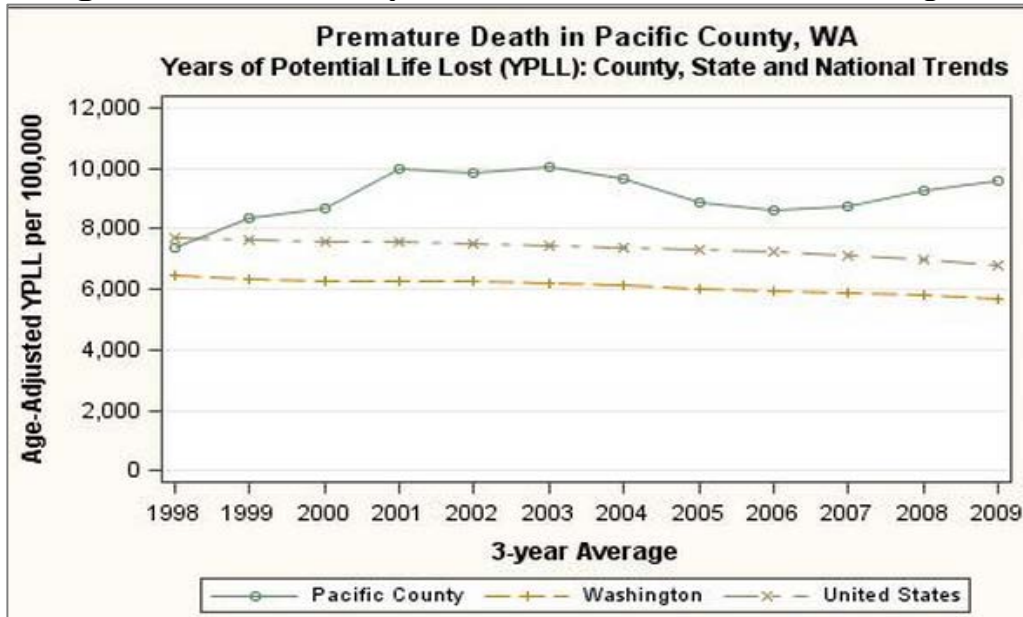


Source: Washington State Department of Health, Rates are age-adjusted.

Years of Potential Years of Life Lost (YPYLL) measures premature mortality (as opposed to overall mortality) and includes suicide, accidents, injuries, etc. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. As seen in Figure 4, the Pacific County’s YPLL is higher than Washington State, and the trend worsened from 2006-2009.



Figure 4: Pacific County Years of Potential Life Lost Before Age 75



Source: County Health Rankings, Pacific County 2013 Report. Years of Data Used: 2008-2010. Age-adjusted to the 2000 US population

Access

Health insurance coverage is an important determinant of access to health care. As seen in Table 3, recent data suggests that an estimated 21% of residents under the age of 65 living in Pacific County have no health insurance. People without coverage are more likely to delay seeking treatment or may avoid care all together because of the burden of medical bills. Pacific County has a significantly higher rate of uninsured, far fewer providers and higher rates of preventable stays than the State.



Table 3: Access to Health Care

	Pacific County	Washington	National Benchmark**
Uninsured (% under 65 without health insurance)	21%	16%	11%
Ratio of population to primary care physicians	2,322:1	1,222:1	1,067:1
Ratio of population to dentists	3,521:1	1,435:1	1,516:1
Preventable hospital stays*	75	46	47
Diabetic screening	87%	86%	90%
Mammography screening	65%	66%	73%

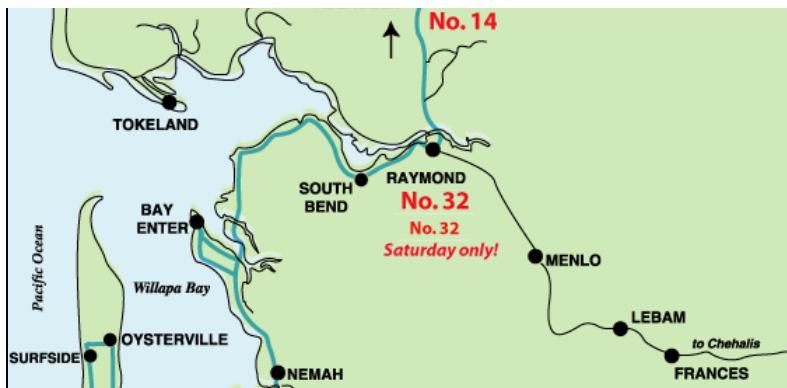
Source: County Health Rankings, Pacific County 2013

*Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

** National Benchmark: 90th percentile, i.e. only 10% are better

Residents who depend on public transportation undoubtedly face additional challenges in accessing health care services. While there is hourly weekday service between Raymond and South Bend, public transportation in the outlying portions of the County is limited, as seen in Figure 5. There are no scheduled bus routes on weekends; however, Dial-A-Ride service is available to senior and disabled residents.

Figure 5: Pacific County Transit System Route Map





Behavioral Risk Factors

Pacific County ranks 37 out of 39 counties in Washington State in County Health Rankings, meaning that the North and South Pacific County regions have significantly higher rates of obesity, high blood pressure, high cholesterol and diabetes. The County also has higher rates of smoking and asthma. As seen in Table 4, Residents in North County have significantly lower rates of heavy drinking compared to South Pacific County and the State.

Table 4: Service Area County Health Rankings

Measure	Definition	North	South	WA State
Rates of Obesity	BMI>30	31.5%	31.1%	25.6%
Current Smoker	Current smoking status	21.9%	21.8%	15.7%
Heavy Drinking	Consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the last 30 days	2.5%	6.2%	5.6%
Low Physical Activity	Insufficient moderate or vigorous exercise	40.0%	42.5%	37.2%
Physical Inactivity	No moderate or vigorous exercise	13.1%	14.5%	9.0%
High Blood Pressure	Ever been told you have high blood pressure	33.3%	37.6%	25.6%
High Cholesterol	Ever been told you have high cholesterol	50.4%	42.0%	37.2%
Asthma	Ever been told you have asthma	12.7%	11.8%	9.2%
Diabetes	Ever been told you have diabetes	12.2%	13.1%	7.2%
Heart Disease	Ever been told you have coronary heart disease or angina	4.1%	5.1%	3.4%
Poor Mental Health	Seven or more poor mental health days per month	15.1%	18.9%	14.6%

Source: County Health Rankings and Washington State Department of Health
 Shading Indicates Comparison to the State (Red-Worse, Green- Better)



Pacific County, like most of Washington State, has seen increases in the use of heroin in the past decade. As seen in the map below (Figure 6) the rate of heroin substance detected in police crime labs in Pacific County is one of the highest in the State, with more than 80 per 100,000.

Figure 6: Heroin in police evidence annual average 2011-2012 in Washington State

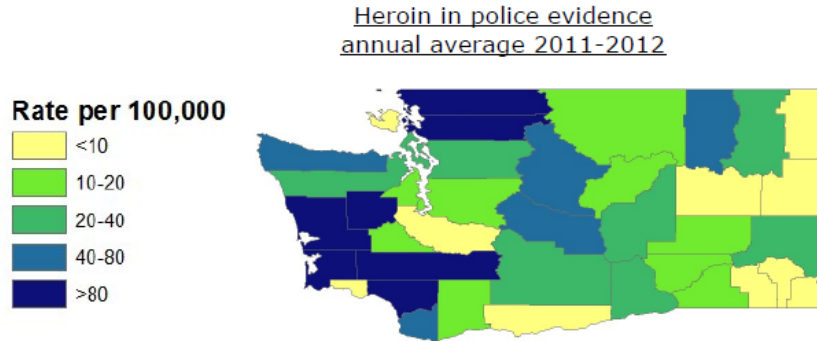


Table 5 depicts a number of measures from The Pacific County School District Healthy Youth Survey. Results indicate that the County’s adolescents have lower rates for use of alcohol, cigarettes, and marijuana compared to the State and that from 2002 to 2010 use rates have declined. The local Healthy Youth Survey indicated that while resident 10th graders are slightly more likely to experience depression they are less likely to have had suicidal thoughts compared to the State. Data is reported as an aggregate of all school districts within Pacific County.

Table 5: Pacific County Healthy Youth Survey Results

Risk Factor	Pacific County School District	WA State	Pacific County Trend 2002-2010
Current (past 30 days) Alcohol Use, 10th graders	18%	23%	Improving
Current (past 30 days) Cigarette Use, 12th graders	15%	16%	Improving
Current (past 30 days) Marijuana Use, 12th graders	20%	27%	Improving
Overweight or Obese, 10th graders	27.3%	24.3%	N/A
Suicide: Ever seriously consider attempting suicide, 10th graders	12.3%	17.6%	N/A
Depression: 2 or more weeks in a single month of having sad/hopeless feelings, 10th graders	30.2%	29.8%	N/A

Source: Pacific County, Healthy Youth Survey. Data is reported as an aggregate of all school districts within Pacific County.



Conclusion:

This CHNA demonstrates that there are significant health needs in Pacific County in general, and the District/North Pacific County, in particular, related to access, health status and health behaviors.

Though the community has significant needs, it also enjoys significant strengths and resources. Most importantly, community leaders and organizations universally recognize that there is great benefit in improving access and are committed to achieving a healthier community. This was evident in the December 4 Willapa Community Network meeting during which this CHNA was reviewed and discussed. Priorities for the group included access, more and better behavioral health treatment services and transportation. The group also reiterated that efforts to recruit and retain providers (mental health and primary care) are stymied by the low HPSA score in the region. Finally, there was also consensus that strategies be designed and carried out collectively to succeed and achieve sustainability.

Based on the data, the community discussion and the Board's consideration of the District's resources and expertise, the District's CHNA priorities include:

1. Improve Access to Health Care and Support Healthy Aging

IMPACT: Increasing access will provide more opportunities for local residents to obtain care. Because of transportation limitations in the community, where feasible, care should be local. When care is accessible, chronic health conditions and behavioral health issues can be treated at earlier, less devastating stages and improved access to preventive care can help avoid health issues.

To optimize success with this priority, the factors influencing the relatively low HPSA score for the County should be reviewed and discussed with the State Office of Rural Health. Community health workers should be considered for their value in supporting residents, including the elderly in maintaining independence.

2. Promote Healthier Living, Healthy Families and Increase Awareness of Health Concerns

IMPACT: Promoting healthier lifestyle choices, including drinking, smoking, nutrition and exercise will ultimately improve the community's health.

The County has experienced increasing rates of heroin and meth use in recent years, and while outpatient behavioral health is available, the continuum of services needed to support individuals, especially during crisis are seriously lagging. In the service area, opportunities to educate and inform should be developed collectively and solutions to the lack of behavioral health treatment should be developed.