

Willapa Harbor Hospital  
**Community Health  
Needs Assessment**

2025 – 2027



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# About Willapa Harbor Hospital

Willapa Harbor Hospital (“WHH”) is a community-owned and operated Critical Access Hospital (“CAH”) and Rural Health Clinic (“RHC”) located in South Bend, Washington. Public Hospital District No. 1 of Pacific County was formed in 1946 and, at the time, consisted of Willapa Harbor Hospital in South Bend and Ocean Beach Hospital in Ilwaco. The hospital’s Alder Street location was built in 1954 to meet the needs of northern Pacific County residents, and in 1996, Pacific County Public Hospital District No. 2 was formed, doing business as Willapa Harbor Hospital.

To learn more about Willapa Harbor Hospital, [www.willapaharborhospital.com](http://www.willapaharborhospital.com).

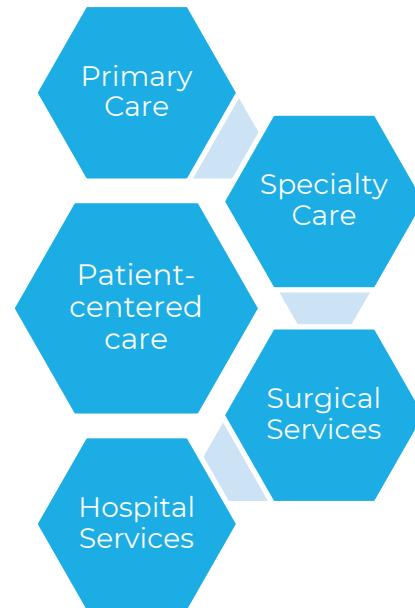
## Our Mission

WHH’s mission is “*caring for you, for life*”. Through our core values of compassion, accountability, respect, trust, and teamwork, we strive to provide excellent healthcare services to our community each and every time.

## Our Services

WHH provides an extensive array of inpatient and outpatient services, including primary care (Willapa Medical Clinic), emergency medicine, laboratory, diagnostic radiology/imaging, surgery, pulmonary rehabilitation, cardiac rehabilitation, and diabetes care. The staff consist of a mix of primary care and specialty providers.

As a CAH, WHH serves as the sole provider of care in a predominately rural community with limited access to healthcare services. People that live in rural communities face a higher degree of socio-economic and health disparities compared to their urban counterparts. Every three years, WHH assesses the health status of the community to identify unmet health needs in the primary service area based on population trends, health indicators, socio-economic factors, and leading causes of death.



# Our Community

As a public hospital district of Pacific County, WHH receives community support to provide healthcare services to its geographically rural community. WHH's primary service area consist of the boundaries of the Pacific County Public Hospital District No. 2, which generally consists of the ZIP codes that include the communities of South Bend, Raymond, Tokeland, Bay Center/Nemah, and Frances/Menlo/Lebam. The entirety of the communities in the service area can be found within Pacific County, Washington.

Service Area	
98586 (South Bend)	98577 (Raymond)
98590 (Tokeland)	



Primary service area ("PSA")  
Willapa Harbor Hospital

In 2023, our hospital and clinic provided approximately:



# Methodology

## Our Process

WHH engaged Wipfli LLP (“Wipfli”) to help conduct the CHNA. Wipfli utilized the following process to analyze the health needs of the community and develop the priorities of the needs assessment:



Review previous need assessment	Define our community	Gather and analyze data	Prioritize needs	Implement strategy
<ul style="list-style-type: none"><li>Assess impact of previous CHNA</li></ul>	<ul style="list-style-type: none"><li>Review patient origin</li><li>Assign geographic boundaries</li></ul>	<ul style="list-style-type: none"><li>From primary and secondary data sources</li><li>Summarize key health needs</li></ul>	<ul style="list-style-type: none"><li>Develop prioritization criteria</li><li>Select priorities</li></ul>	<ul style="list-style-type: none"><li>Identify strategies</li><li>Identify collaboration opportunities</li><li>Develop implementation plan</li></ul>

This process was overseen by the Community Health Needs Assessment (“CHNA”) Advisory Committee, which consists of leadership from the hospital who represent the broad interests of the community. Committee members were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The committee consists of the following members:



**MATTHEW  
KEMPTON,  
CHIEF  
EXECUTIVE  
OFFICER**



**KIMBERLY  
POLANCO,  
CHIEF  
FINANCIAL  
OFFICER**



**RENEE  
CLEMENTS,  
CHIEF  
OPERATIONS  
OFFICER**



**CHELSEA  
MACINTYRE,  
CHIEF  
NURSING  
OFFICER**



**KATHY  
SPOOR,  
BOARD  
CHAIR**



**KRISY  
FUNKHOUSER,  
HR DIRECTOR**

The process used to complete this needs assessment is in full compliance with section 501(r)(3) of the Internal Revenue Code. This needs assessment was approved by the Willapa Harbor Hospital Board of Directors on November 19, 2024.

# Data Collection

Information was collected from primary and secondary data sources to identify unmet needs within the community. Information was summarized into key themes, which served as the basis of the community's unmet health needs.

## **PRIMARY DATA**

Primary data represents information that was collected first-hand from stakeholders within WHH's community. This data was collected to validate secondary data findings as they pertain to the service area, identify issues that were not represented in the secondary data, and understand what specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted from August 2024 – September 2024 with people who best represented the broad interests, experiences, and needs of the community, particularly persons who represent the medically underserved and vulnerable populations within the community. A complete list of the interview participants can be found in the Acknowledgments.

The interviews were designed to solicit information pertaining to the following topics:

- ▶ Significant health care issues or needs
- ▶ Social, behavioral, and environmental factors that contribute to health needs
- ▶ Barriers to care within the community
- ▶ Vulnerable populations who experience disparities

- ▶ Suggestions or ideas to address the community's needs
- ▶ Potential resources/infrastructure to support health, social, behavioral, or environmental needs
- ▶ Areas for collaboration to address health needs

## **SECONDARY DATA**

Secondary data was collected from statistical data sources available from local, regional, state, and national organizations. The secondary data provides a profile of the social, economic, and health characteristics of the community.

Sources of data include:

- ▶ ESRI Business Information Solutions (American Community Survey and U.S. Census)
- ▶ County Health Rankings
- ▶ Washington State Department of Health
- ▶ Health Resources & Services Administration ("HRSA")
- ▶ Medicare.gov
- ▶ U.S. Department of Health & Human Services (Substance Abuse and Mental Health Services Administration)
- ▶ Definitive Healthcare
- ▶ Washington Ambulance Association
- ▶ Pacific Transit System

# Prioritization of Community Needs

Once the primary and secondary data was gathered, the information was collectively analyzed to identify key themes that represented the unmet health and health-related needs within the community. The Advisory Committee convened as a group to rate the unmet health needs to determine which needs would be prioritized by WHH over the next three years. The Advisory Committee rated the unmet health needs based on the following criteria:

## Scope

- How many individuals are touched by this issue?

## Significance

- How significantly does the issue impact those touched by it?

## Impact

- How much of an impact can WHH have on addressing this issue?

Each committee member individually rated the identified needs along these criteria, and then convened as a group to identify which needs would be prioritized by WHH over the next three years.

## Limitations

WHH, in collaboration with Wipfli LLP, has engaged in an extensive process to develop a health needs assessment that is rooted in the most detailed information available at the time of the writing of this report.

However, WHH recognizes that the responses reflected in the interviews represent the opinions of the respondents and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as the perspectives and opinions of these participants may not be fully representative of those in the service area. Additionally, county-level data is featured in this report when more local data pertaining to the service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

WHH's emphasis on recruiting a set of diverse stakeholders and using local or regional data when available to determine the social, economic, and health needs of the community demonstrates WHH's commitment to understanding and meeting the needs of their service area.

# Community Health Priorities

The 2024 community health priorities, in no particular order, are:



Additional context regarding the selection of these health needs as priorities for WHH is provided below:

## Access to Primary Care

 The Issue	 The Impact	 The Needs
Lack of primary care providers and lack of access to primary care services  Lack of physical clinic space to support efficiency/growth	Inaccessibility of primary and preventive care  Mis-utilization of emergency services or foregoing preventive care  Poorer health outcomes	More primary care providers and better access to primary care services  Broader scope of primary care services

The majority of stakeholders interviewed (86%, 12/14) indicated that the lack of primary care providers and timely access to preventative care services is a major issue within the community. According to County Health Rankings, Pacific County faces a significant shortage of primary care providers, with over 3x the number of people per primary care physician compared to state and national benchmarks. The Health Resources & Services Administration reports that low-income individuals specifically lack access to providers, with Pacific County needing an additional 2 providers to compensate for current shortages (down from a shortage of 2.8 in 2022). A lack of primary care providers to support the population can result in long wait-times for appointments and inaccessibility of primary care services, which can result in patients foregoing needed care. Per the Washington State Department of Health, over a quarter of people in the Cascade Pacific Action Alliance

(“CPAA”), a region which includes Pacific County, do not have a personal physician and did not receive a medical checkup in the past year.

People who lack access to primary and preventative care services, such as annual wellness check-ups and health screenings, may experience higher rates of chronic disease and poorer overall health. According to County Health Rankings, the rate of preventable health screenings and vaccinations in Pacific County is lower than state and national benchmarks and self-reported health status amongst adults is similarly poorer. Consequently, per the Washington State Department of Health, rates of chronic disease such as asthma, COPD, diabetes, and coronary heart disease are significantly higher in the CPAA compared to state benchmarks. While WHH has expanded access to same-day/walk-in care at its Medical Clinic in recent years to create better access to services and providers for patients with emergent health needs, lack of timely access to primary care services can also result in the mis-utilization of emergency services, resulting in higher financial burden for the patient and the hospital.

Another significant barrier impacting the access to primary care services in WHH’s service area is the lack of physical space to support expanding/growing services. WHH’s current medical clinic is at capacity today, with very limited potential to expand or re-design space in a way to allow providers to be more efficient and see more patients in a given day. The clinic also lacks the physical space on its current campus to support the recruitment of additional providers, all of which impede access to primary care services.

## Access to Specialty Care



### The Issue

Lack of specialty providers and specialty services  
Challenges with patients navigating specialty care access  
Lack of physical space to support additional specialists/services



### The Impact

Inaccessibility to specialty services, especially for the aging population  
Patients must travel outside the county or state which can be an accessibility barrier  
Deferral of needed specialty care



### The Needs

Better access to specialty providers and specialty services  
Better access to case management/referral coordination services

The majority of stakeholders interviewed (86%, 12/14) indicated that the lack of access to specialty services is a major issue in the community. Stakeholders report that few specialists are accessible in South Bend, which often requires members of the community to travel beyond the county to access these services. Stakeholders specifically reported a need for the key specialties required to support an aging population, such as cardiology, dialysis, orthopedics, oncology and cancer care, and dermatology. While WHH has made recent strides in partnering with physician groups to enhance local access to services such

as cardiology, stakeholders continue to cite challenges with recruiting specialty providers, even on an outreach or visiting basis, given the small size of the community and the geographic proximity from major healthcare hubs where supply of such specialists is higher. Patients who lack access to specialists may defer or forego care due to access, transportation, or financial barriers, which results in poorer health outcomes.

An additional need cited by stakeholders is the need for enhanced case management and referral coordination services to help support patients who receive referrals for specialty care and need to leave the community in order to access those services. Stakeholders indicated that navigating the system of care beyond WHH can be complex, particularly for patients with multiple comorbid health conditions. Having someone to help patients schedule specialty appointments, navigate any healthcare services/testing that needs to be completed before the appointment, and ensuring any diagnoses from those specialty appointments are communicated back to the patient's primary care provider would be highly beneficial for members of the community.

## Access to Behavioral Health



### The Issue

Shortage of behavioral health providers in the community  
Recruitment challenges



### The Impact

Inaccessibility to behavioral health services  
Poor and worsening mental health outcomes, resulting in patients in crisis



### The Needs

Better access to behavioral health providers and the full spectrum of behavioral health services (outpatient, substance use treatment, crisis intervention, inpatient)

Over half of stakeholders interviewed (64%, 9/14) indicated that lack of access to behavioral health services is a major issue in the community. Data from County Health Rankings indicates that mental health outcomes have steadily worsened in recent years, with adults in Pacific County reporting an average of 5.8 mentally unhealthy days per month (compared to 4.8-5.2 days at the state/national levels). Stakeholders reported an overall shortage of providers in the community, resulting in perceived long wait times for appointments (upwards of 6 months). The Health Resources & Services Administration reports that Pacific County falls within a Health Professional Shortage Area for mental health services, with the county needing an additional provider to compensate for current shortages. The lack of behavioral health providers within the community ultimately drives lack of access to treatment services, including outpatient therapy/counseling, substance use treatment (including medication-assisted treatment for alcohol and opioid use disorders), crisis intervention services, and inpatient psychiatric services.

Inaccessibility of mental health and substance use services over time can result in outcomes worsening, which can push patients towards crisis. In particular, stakeholders identified challenges with navigating the complex needs of a community member in crisis, including collaborating between multiple involved entities such as WHH, the behavioral health service provider, local law enforcement, and emergency medical services. Pacific County lacks a behavioral health crisis center, so patients in crisis are often transferred to the emergency department which may lack the resources and expertise to treat the needs of these patients fully. Patients that require inpatient hospitalization often need to be transferred outside of the county, which disrupts the system of support that is required for their successful re-entry to the community after their hospitalization. Overall, stakeholders indicated a lack of resources to support the complex needs of patients with behavioral health conditions, including the social determinants of health such as housing, food security, and accessing healthcare services. Further, improving access to behavioral health services “upstream” of a patient’s needs would reduce the need for crisis intervention services later on.

## Other Identified Needs

The following health needs were identified throughout the community health need assessment process but were not selected by the CHNA Advisory Committee as the committee felt that WHH has neither the expertise nor the resources to lead efforts in these areas. WHH will continue to engage in and support community partnerships with other organizations in the community with expertise in these areas.

### **AFFORDABLE AND ACCESSIBLE HOUSING**

Approximately 75% (8/14) of community stakeholders identified access to affordable housing as a key factor impacting health outcomes in the community. Access to housing is a significant issue, with only 6.2% of vacant housing in the service area being available to buy or rent by members of the community. While access to housing is a significant social determinant of health, the Advisory Committee elected to not prioritize this need due to its limited ability to meaningfully impact this issue within its scope of resources as a Critical Access Hospital. WHH will continue to engage in community advocacy efforts to provide a voice for its patients regarding this issue.

### **TRANSPORTATION**

While 43% (6/14) of community stakeholders identified transportation, which was identified as a priority in the prior CHNA conducted by WHH, as a key factor impacting health outcomes in the community, a higher percentage of respondents indicated other issues as more significant priorities in this needs assessment. WHH has made great strides in mitigating transportation as a barrier to care amongst its patient population by recruiting additional specialists to practice locally (reducing the need to travel for care) and by partnering with transportation authorities in Pacific County to improve available options for patients.

# CHNA Implementation Plan

With collaboration from Wipfli and the Advisory Committee, WHH has developed an implementation plan to address the health needs that were prioritized through this needs assessment as part of our organizational strategic plan, which was updated in early 2025. The plan addresses the following for each prioritized health need:

## Strategic Objectives

- What overarching goals does WHH wish to achieve in addressing this issue?

## Tactics

- What specific strategies or tactics will WHH explore to achieve its goals?

## Access to Primary Care

### Strategic Objectives

- Expand access to full spectrum of primary care services, particularly women's health and pediatrics
- Improve primary care provider retention/reduce provider turnover

### Tactics

- Recruit 1-2 additional primary care providers to increase access to primary care services locally and reduce patient wait times; continue offering locums coverage until providers can be recruited
- Examine current space available for care delivery and articulate future space needed to accommodate growth in providers/services
- Explore enhancing benefits to recruit and retain additional providers - flexible work schedules, competitive salaries and benefits
- Offer NHSC tuition reimbursement for provider recruits and advertise through the Health Resources & Services Administration
- Explore leveraging the J-1 Visa Waiver Program to expand the recruitment pool
- Explore ways to optimize scheduling and improve throughput so providers can see more patients
- Develop a strong provider engagement/collaboration model to enhance recruitment and help support newly employed providers
- Implement workflows to proactively schedule preventative care visits (Welcome to Medicare visits, Annual Wellness visits, preventative visits, child wellness visits) and pursue chronic care visits

# Access to Specialty Care

## Strategic Objectives

- Grow the community's utilization of current specialty care programs offered by WHH
- Research opportunities to partner with organizations to expand access to specialty care locally, focusing efforts on high-need specialties such as general medicine, ophthalmology, oncology, orthopedics, and behavioral health

## Tactics

- Examine current space available for care delivery and articulate future space needed to accommodate growth in providers/services
- Explore opportunities to partner with other care systems to increase availability of high-need specialties locally, including in-person or tele/mobile/visiting options for service delivery
- Pursue recruitment of a shared orthopedic surgeon with a partner organization
- Explore developing infusion/oncology service line with enhanced facility capabilities; explore oncology physician partnership
- Explore partnership opportunities/alternative hospitalist models to maintain inpatient staffing and grow specialty/acute capabilities locally and reduce patient transfers
- Explore opportunities to enhance access to rehabilitative therapy services - facility needs, recruitment needs, etc.

# Access to Behavioral Health

## Strategic Objectives

- Increase integration of behavioral health services throughout the continuum of care, ranging from outpatient service delivery to emergency department support

## Tactics

- Explore the feasibility of developing a behavioral health program inclusive of a social worker and/or other mental health professionals
- Examine current space available for care delivery and articulate future space needed to accommodate growth in providers/services
- Consider partnering with other behavioral health service providers or virtual/tele-behavioral health providers to build program or provide services
- Collaborate with other healthcare facilities to understand program requirements and model operational best practices

# References and Acknowledgments

## Primary Data Sources

This report was made possible through the contribution of the following organizations, who participated in the community input process of this needs assessment:

- City of Raymond
- Coastal Community Action Program
- Crisis Support Network
- Pacific County Department of Health and Human Services
- Pacific County Sheriff's Office
- Raymond Fire Department
- Willapa Behavioral Health
- Willapa Harbor Hospital

## Secondary Data Sources

Secondary data was collected from the following sources:

- ESRI Business Information Solutions (American Community Survey and U.S. Census)
- County Health Rankings
- Washington State Department of Health
- Health Resources & Services Administration (“HRSA”)
- Medicare.gov
- U.S. Department of Health & Human Services (Substance Abuse and Mental Health Services Administration)
- Definitive Healthcare
- Washington Ambulance Association
- Pacific Transit System

## Consulting Expertise

Wipfli LLP (“Wipfli”), a national certified public accounting and consulting firm, assisted WHH with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process, and compilation of the needs assessment report.

# Evaluation of Previous Community Health Improvement Plan (2022 - 2024)

## Previous CHNA Priorities

WHH conducts a community health needs assessment every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Transportation
- ▶ Access to primary care
- ▶ Access to specialty care

## Impact Evaluation

The following summarizes WHH's effort in carrying out the previous CHNA's improvement plan for the identified priorities:

### Transportation

- Negotiated new transportation agreements with Sky Harbor Shuttle and Olympic Ambulance to help transport patients who need general or acute medical care outside of the region.
- Enhanced partnerships with Air Lift and Life Flight to ensure patients can be transferred to other hospital facilities for acute medical crises.
- Continued to coordinate with the Pacific Transit System to expand public transportation options.
- Began recruiting for a care coordinator position for the clinic to help patients with challenges related to the social determinants of health. Once hired, this individual will work with patients and their family members to connect and facilitate transportation to medical appointments to ensure patients can access care.
- Provided qualifying assistance with grant dollars to patients to help assist patients struggling with access to food, housing, transportation, and costs of healthcare.

## Access to Primary Care

- Expanded service hours in the primary care clinic to include Friday evenings and select hours on Saturdays and Sundays.
- Continued recruitment efforts to bring additional primary care providers to South Bend. With Pacific County's designation as a Health Professional Shortage Area, providers now qualify for educational loan forgiveness, which will help with recruitment.
- Space in the existing clinic is a major limitation in the ability to recruit additional primary care providers and expand access to care. WHH continues to work on executing its Master Facility Plan, which includes plans to replace the existing hospital and clinic on a new site with sufficient space to accommodate growth in providers. This new site will also enhance the system's attractiveness for providers to work at WHH.

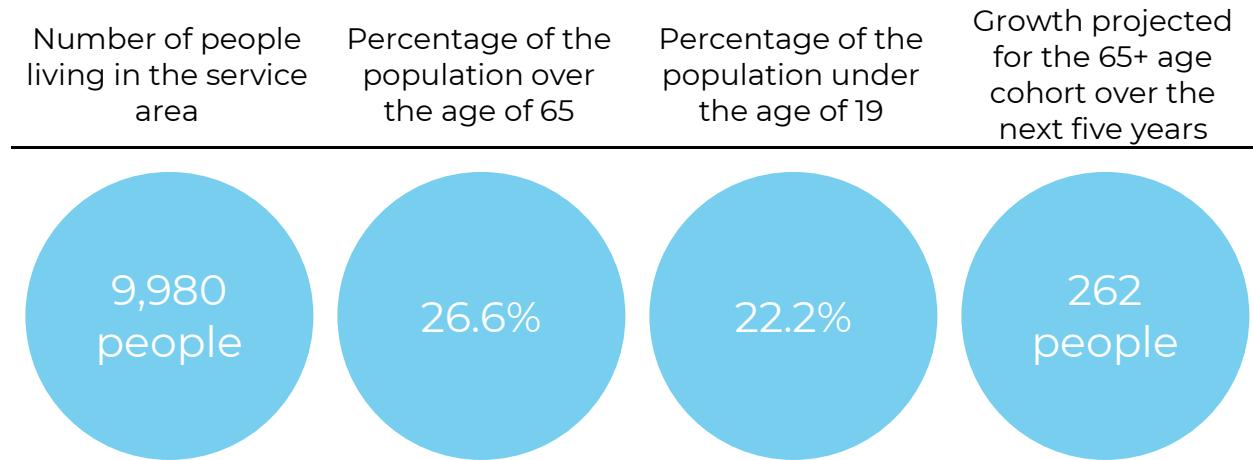
## Access to Specialty Care

- Partnered with Olympia Health LLC, a cardiology physician group, to provide cardiology consultations and diagnostic testing one day per week in South Bend, which reduces the need for patients to travel for these services.
- WHH is also finalizing a partnership with a pain management provider group to provide access to this service locally as well.
- Deployed an outpatient diabetic education program, which includes an ADCES-certified nurse and a registered dietitian, to improve care outcomes for members of the community with diabetes.
- Began recruiting for a referral coordinator position to ensure smooth care transitions with other healthcare providers outside of the region.
- Finalized an agreement with a tele-behavioral health provider group so that psychiatric evaluations can be provided to patients in the emergency department in crisis.
- Nursing leadership at WHH also connects monthly with other behavioral health providers in the community on shared goals. This consortium has developed a Recovery Navigator program to identify high-risk patients and help connect these patients to treatment.

# Community Profile

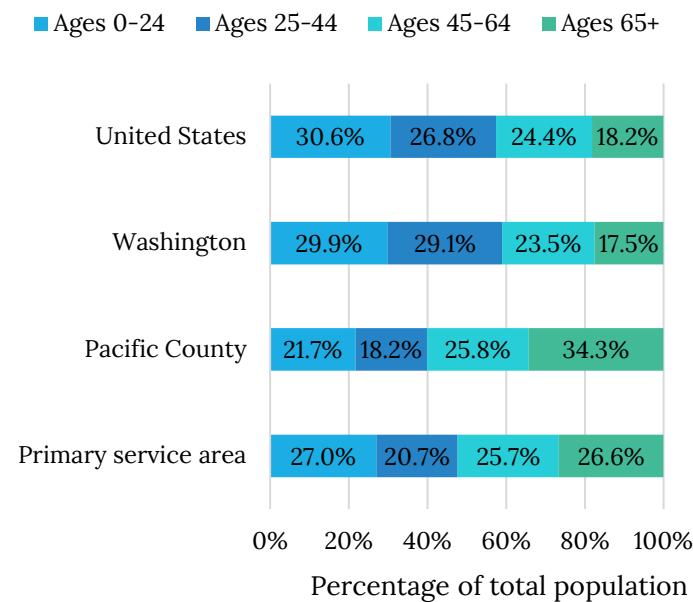
## Demographic Indicators

### COMMUNITY PROFILE AT-A-GLANCE



The estimated population of WHH's service area is 9,980 people, with population projections estimating that WHH's service area will grow by 3.5% over the next five years. Approximately 40% of Pacific County's population base resides in WHH's service area. The fastest growing segment of WHH's service area is projected to be the 75 and older age cohort, which is projected to grow by 27% over the next five years. An aging population typically requires more resources to support the community due to a higher prevalence of chronic conditions such as heart disease, diabetes, and cancer.

### Population distribution by major age cohort



Source: ESRI Business Information Solutions, 2024

	2024 Population				2029 Population			
	Primary service area	Pacific County	Washington	United States	Primary service area	Pacific County	Washington	United States
<b>Number of People</b>								
Under 19 years old	2,218	4,332	1,883,575	80,575,458	2,122	4,242	1,879,755	78,218,43
20 - 24 years old	481	979	513,176	23,042,298	489	968	513,369	22,503,74
25 - 34 years old	949	1,960	1,160,705	45,855,074	1,078	2,173	1,138,628	46,365,45
35 - 44 years old	1,115	2,492	1,172,567	45,083,154	1,119	2,511	1,218,601	46,465,16
45 - 64 years old	2,566	6,319	1,889,242	82,485,679	2,612	6,327	1,954,829	81,616,32
65 - 74 years old	1,565	5,040	818,962	35,242,851	1,532	4,856	869,762	38,012,27
Over 75 years old	1,086	3,349	585,461	26,156,440	1,381	4,273	737,985	31,692,00
<b>Total</b>	<b>9,980</b>	<b>24,471</b>	<b>8,023,688</b>	<b>338,440,954</b>	<b>10,333</b>	<b>25,350</b>	<b>8,312,929</b>	<b>344,873,41</b>
<b>% of Total Population</b>								
Under 19 years old	22.2%	17.7%	23.5%	23.8%	20.5%	16.7%	22.6%	22.7%
20 - 24 years old	4.8%	4.0%	6.4%	6.8%	4.7%	3.8%	6.2%	6.5%
25 - 34 years old	9.5%	8.0%	14.5%	13.5%	10.4%	8.6%	13.7%	13.4%
35 - 44 years old	11.2%	10.2%	14.6%	13.3%	10.8%	9.9%	14.7%	13.5%
45 - 64 years old	25.7%	25.8%	23.5%	24.4%	25.3%	25.0%	23.5%	23.7%
65 - 74 years old	15.7%	20.6%	10.2%	10.4%	14.8%	19.2%	10.5%	11.0%
Over 75 years old	10.9%	13.7%	7.3%	7.8%	13.5%	16.8%	8.8%	9.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

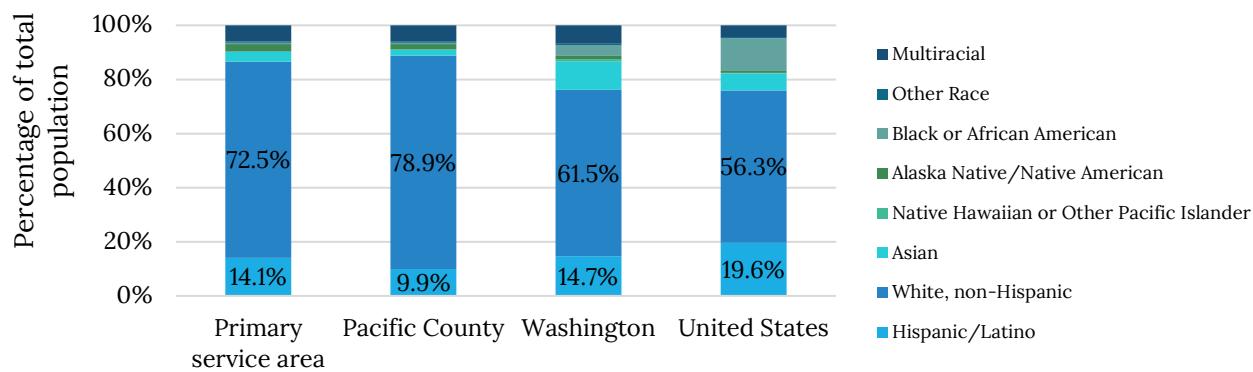
Source: ESRI Business Information Solutions

## RACE AND ETHNICITY

Race and ethnicity is an important socioeconomic determinant of health because it can influence a person's exposure to social and economic conditions that can impact their health outcomes. Research has shown that racial and ethnic minority groups are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poor health outcomes. These disparities can be attributed to a range of factors, including differences in access to healthcare, educational and economic opportunities, exposure to environmental hazards, and experiences of discrimination and racism.

WHH's service area is predominantly white, with 72.5% of the population made up of white alone. This is followed by the Hispanic population at 14.1% of the population. The PSA maintains a slightly more diverse racial distribution than the Pacific County, although both of these areas are less diverse than the state of Washington and nationally.

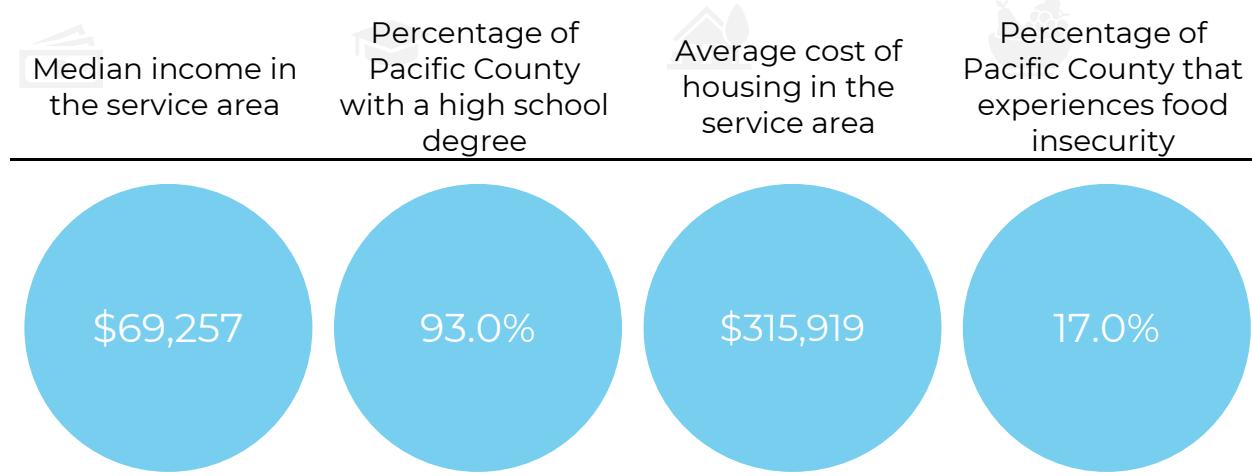
## Population distribution by race/ethnicity category



Source: ESRI Business Information Solutions, 2024

# Socioeconomic Indicators

## COMMUNITY PROFILE AT-A-GLANCE



## INCOME AND POVERTY

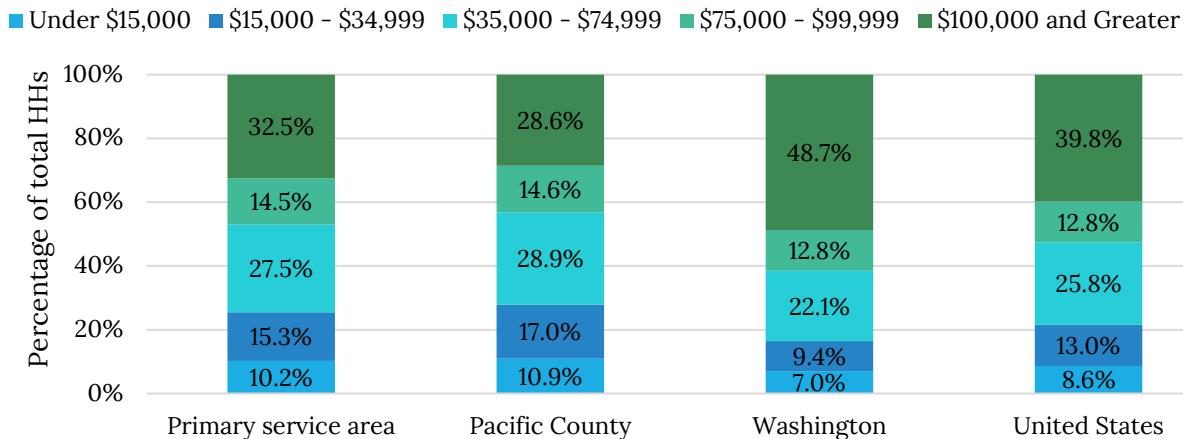
Research has consistently shown that individuals and families with lower incomes are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poorer health outcomes. These individuals may also face greater challenges in accessing healthcare services, obtaining healthy food options, and living in safe and stable environments, all of which can negatively impact health outcomes. Thus, household income is an important metric that can influence a range of factors that contribute to individual and population health outcomes.

Income data was analyzed for the service area and compared to county, state, and national benchmarks. The most recent data indicates that poverty levels in Pacific County and the service area are higher than the state of Washington. Income data indicates that the median household (HH) income, average household income, and per capita income for the service area and Pacific County are significantly lower than Washington and the USA, with a higher percentage of households falling in the under \$75,000 cohort. Pacific County also exhibits higher rates of income inequality compared to state benchmarks, indicating greater disparities between poor and wealthy constituents.

	Primary service area	Washington
<b>2024</b>		
Median HH Income	\$69,257	\$97,013
Average HH Income	\$86,143	\$136,115
Per Capita Income	\$34,873	\$52,812
<b>2029</b>		
Median HH Income	\$80,004	\$112,273
Average HH Income	\$98,724	\$159,737
Per Capita Income	\$39,869	\$62,117

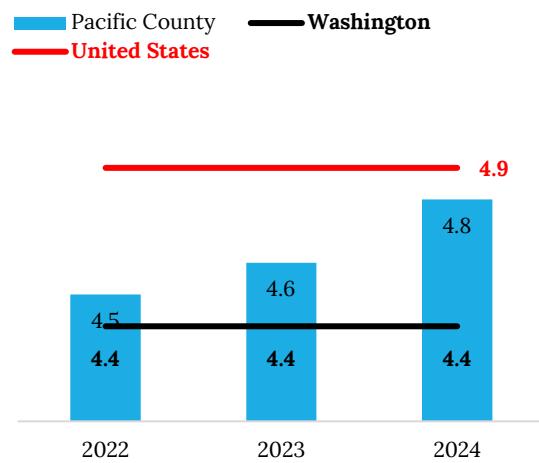
Source: ESRI Business Information Solutions

## Household income by income level



Source: ESRI Business Information Solutions, 2024

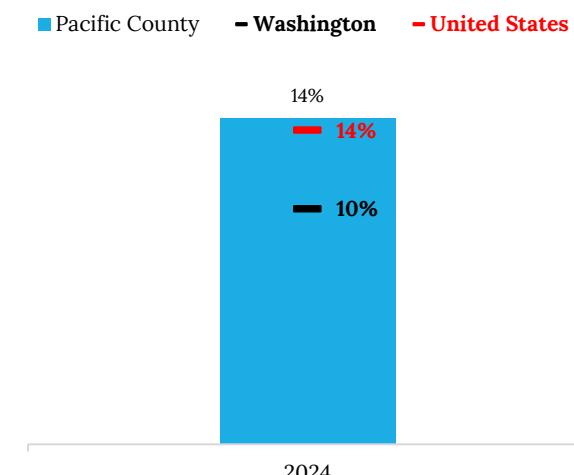
## Income inequality ratio



Source: County Health Rankings

Metric: Ratio of household income at the 80th percentile to income at the 20th percentile.

## Poverty rate



Source: Census Reporter

## EDUCATIONAL ATTAINMENT

Educational attainment is another socioeconomic variable that plays a significant role in community health given its association with household income and poverty levels. Educational attainment data indicates that WHH's service area population generally attains lower educational achievement compared to state and national benchmarks, with approximately 9.7% of the population lacking a high school diploma/GED and only about 29.7% of the population earning a degree of higher education (Associate's or higher).

## Educational attainment by degree type



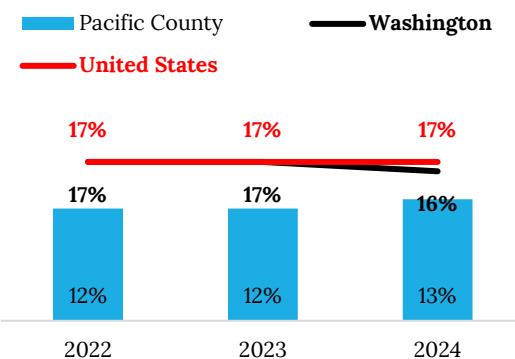
Source: ESRI Business Information Solutions, 2024

## AFFORDABLE AND ACCESSIBLE HOUSING

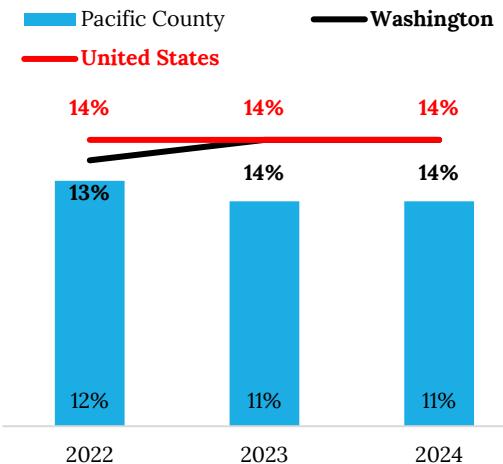
Housing is an important socioeconomic determinant of community health. Access to affordable housing increases the availability of financial resources to pay for other things, such as healthcare, transportation, and food.

Housing in Pacific County is generally more affordable relative to state and national benchmarks: the average home value for a home in Pacific County is approximately \$435,275, while the average home value for a home in the state of Washington is \$733,306. However, housing costs are still a significant burden on the 11.0% of households in Pacific County that spend 30.0% or more of their income on housing, versus the national benchmark of 14.0%. As a result, Pacific County exhibits a greater shortfall of affordable housing relative to national benchmarks.

## Percent of households experiencing severe housing problems



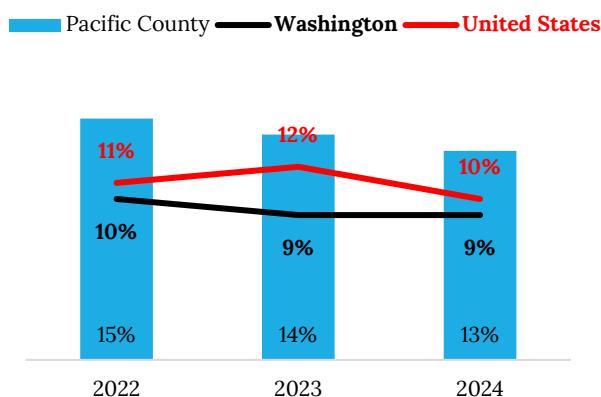
## Housing cost burden



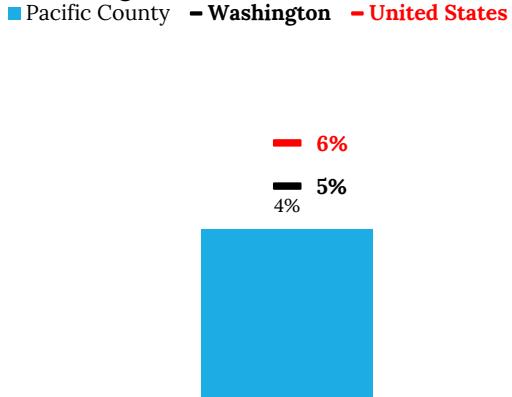
## FOOD SECURITY

Access to healthy food options and consuming healthy foods are essential components of a healthy lifestyle, with greater access associated with reduced risk of chronic diseases and optimal growth and development. However, many people who reside in rural regions lack access to healthy food options, particularly those who are in poverty. In Pacific County, approximately 13.0-15.0% of the population base lacks adequate access to food, which is slightly higher than state and national benchmarks.

### Food insecurity rate



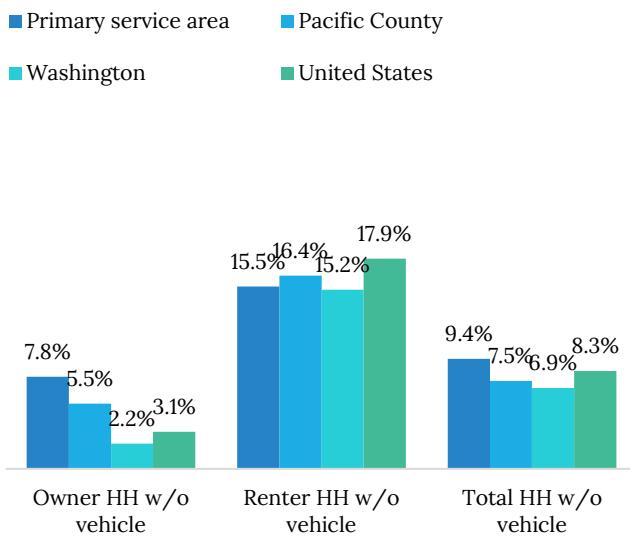
### Limited access to healthy foods



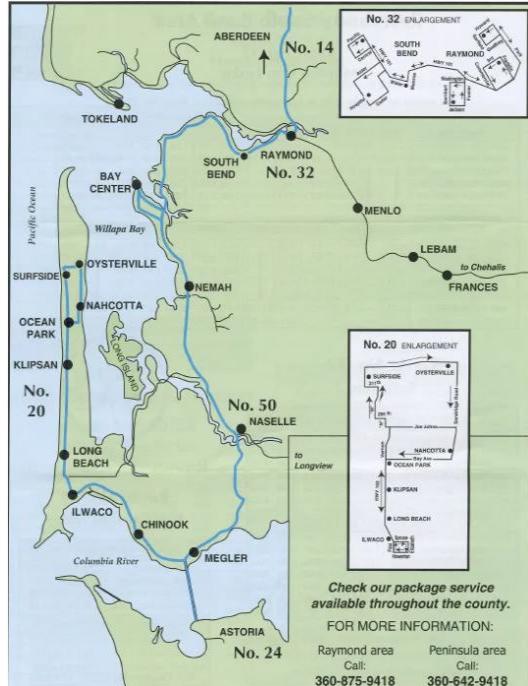
## TRANSPORTATION

Transportation is a major issue not only for the community but also for patients without reliable access to transportation that need to access healthcare services. Approximately 9.4% of households within WHH's service area do not have access to a vehicle, which places a disproportionate burden on health outcomes.

### Percentage of households with no vehicle



Source: American Community Survey, 2022



Source: Pacific County Transit System

For households that lack access to a vehicle, public transportation and ride-sharing options are limited. According to the Pacific County Transit System, there is only one bus route that stops at WHH, with time intervals between buses varying between an hour and nearly two and a half hours. The farthest north the buses travel is to Aberdeen, Washington, which requires two different busses. Pacific County Transit does offer a Dial-A-Ride program, but this program only applies to certain constituents (ADA Certified/disabled individuals, seniors) that live beyond  $\frac{1}{4}$  of a mile from an existing bus route. There are no other ridesharing or cab options in Pacific County.

Transportation also applies to patient transfers from WHH to other facilities. According to the Washington Ambulance Association, there are 23 non-fire based ground and ambulance services licensed in the state of Washington. There are three ground ambulances that serve Pacific County, as well as two air ambulances (Air Lift and Life Flight) that serve South Bend, Washington.



**Effective July 21, 2024**

Route 32 Raymond-Menlo-South Bend *Monday-Friday*

Howard & Garfield	---	7:40	---	9:15		11:45	---	2:15	---	---	6:05	---	6:55
<b>Fifth &amp; Commercial</b>	5:50	7:55	7:50	9:20		11:50	<b>12:50</b>	<b>2:20</b>	<b>3:50</b>	<b>3:55</b>	<b>6:10</b>	<b>6:15</b>	
Menlo Store	---	8:10	---	---		---	<b>1:05</b>	<b>2:35</b>	---	---	---	---	<b>6:30</b>
<b>Fifth &amp; Commercial</b>	---	8:25	---	---		---	<b>1:20</b>	<b>2:50</b>	---	---	---	---	<b>6:45</b>
Howard & Garfield	---	---	---	---		---	<b>1:25</b>	---	---	---	---	---	
<b>Fifth &amp; Commercial</b>	---	---	---	---		---	<b>1:30</b>	---	---	---	---	---	
McDonald's	---	8:30	---	9:25		11:55	<b>1:35</b>	<b>2:55</b>	<b>3:55</b>	---	<b>6:15</b>		
Barnhart & Jackson	---	8:32	---	9:27		11:57	<b>1:37</b>	<b>2:57</b>	<b>3:57</b>	---	<b>6:17</b>		
Monroe & Water	---	8:38	---	9:33		<b>12:03</b>	<b>1:43</b>	<b>3:03</b>	<b>4:03</b>	---	<b>6:23</b>		
<b>Pacific &amp; Hwy. 101</b>	6:00	8:45	7:55	9:40		<b>12:10</b>	<b>1:50</b>	<b>3:10</b>	<b>4:10</b>	<b>4:05</b>	<b>6:30</b>		
<b>Pacific &amp; Hwy. 101</b>	6:00	8:45		9:40	11:30	<b>12:10</b>	<b>1:50</b>	<b>3:10</b>	<b>4:10</b>	<b>5:45</b>	<b>6:30</b>		
Willapa Harbor Hospital	---	8:47			9:42	---	<b>12:12</b>	<b>1:52</b>	<b>3:12</b>	<b>4:12</b>	---	<b>6:32</b>	
Monroe & Water	6:05	8:51			9:46	---	<b>12:15</b>	<b>1:56</b>	<b>3:16</b>	<b>4:16</b>	---	<b>6:36</b>	
Fowler & Hwy. 101	6:10	8:58			9:53	---	<b>12:22</b>	<b>2:04</b>	<b>3:24</b>	<b>4:23</b>	---	<b>6:43</b>	
Barnhart & Jackson	---	9:00			9:55	---	<b>12:24</b>	<b>2:06</b>	<b>3:26</b>	<b>4:25</b>	---	<b>6:45</b>	
<b>Fifth &amp; Commercial</b>	6:15	9:10			10:00	11:40	<b>12:30</b>	<b>2:10</b>	<b>3:30</b>	<b>4:30</b>	<b>5:55</b>	<b>6:50</b>	
Howard & Garfield	---	---			10:05	---	---	<b>2:15</b>	<b>3:35</b>	---	---	---	
<b>Fifth &amp; Commercial</b>	---	---			10:10	---	---	<b>2:20</b>	<b>3:40</b>	---	---	---	

Times in **BOLD** are p.m.

Source: Pacific Transit System Weekday Schedule



**Effective July 21, 2024**

**Saturday & Sunday**

Route 32 Raymond to South Bend

5th & Comm-R	9:55	11:05	<b>12:15</b>	<b>2:10</b>	<b>3:15</b>	<b>4:25</b>
Howard & Garfield-RD	10:00	11:10	<b>12:20</b>	<b>2:13</b>	<b>3:20</b>	<b>4:30</b>
5th & Comm-R	10:05	11:15	<b>12:25</b>	<b>2:15</b>	<b>3:25</b>	<b>4:35</b>
McDonald's-R	10:10	11:20	<b>12:30</b>	<b>2:20</b>	<b>3:30</b>	<b>4:40</b>
Barnhart & Jackson	10:12	11:22	<b>12:32</b>	<b>2:22</b>	<b>3:32</b>	<b>4:42</b>
Monroe & Water-SB	10:18	11:28	<b>12:38</b>	<b>2:28</b>	<b>3:38</b>	<b>4:48</b>
Pacific & 101-SB	10:25	11:32	<b>12:42</b>	<b>2:32</b>	<b>3:45</b>	<b>4:55</b>
Pacific & 101-SB	10:35	11:45	<b>12:55</b>	<b>2:45</b>	<b>3:55</b>	<b>5:05</b>
Willapa Hospital-SB	10:37	11:47	<b>12:57</b>	<b>2:47</b>	<b>3:57</b>	<b>5:07</b>
Monroe & Water-SB	10:41	11:51	<b>1:01</b>	<b>2:51</b>	<b>4:01</b>	<b>5:11</b>
Fowler & 101-R	10:48	11:58	<b>1:08</b>	<b>2:58</b>	<b>4:08</b>	<b>5:18</b>
Barnhart & Jackson	10:50	<b>12:00</b>	<b>1:10</b>	<b>3:00</b>	<b>4:10</b>	<b>5:20</b>
5th & Comm-R	10:55	<b>12:05</b>	<b>1:15</b>	<b>3:05</b>	<b>4:15</b>	<b>5:25</b>
Howard & Garfield-RD	---	---	<b>1:20</b>	---	---	<b>5:30</b>

Times listed in **BOLD** are p.m.

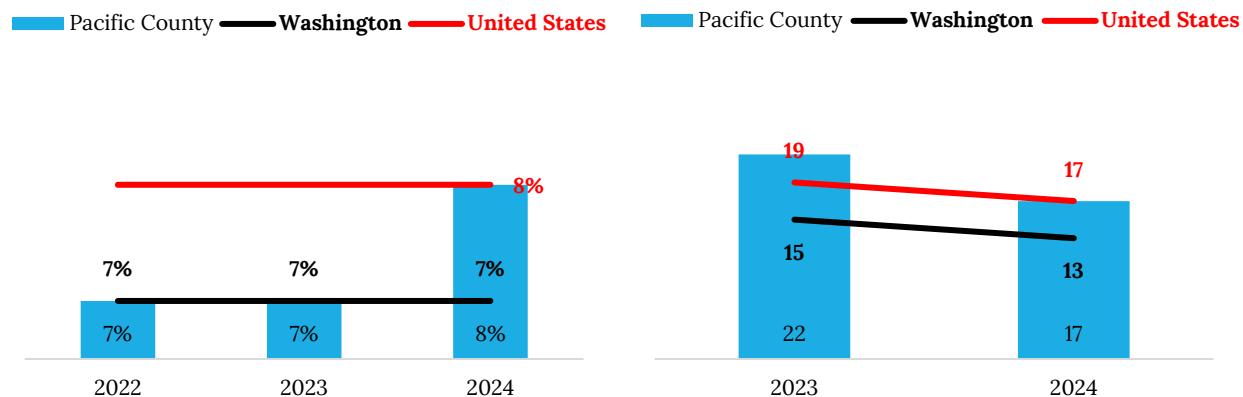
Source: Pacific Transit System Weekend Schedule

# Health and Disease Indicators

## BIRTH OUTCOMES

Newborn birthweight is a strong predictor of newborn health and survival. Rates of low birthweight in a community are often associated with poor maternal health. Low birthweights can lead to higher rates of fetal mortality, stunted growth, impaired cognitive developments, and chronic disease in later life. Low birthweight percentages in Pacific County increased slightly since 2022 to 8.0% but have historically not exceeded state and national benchmarks. Similarly, the rate of teen births has declined since 2023, but remains slightly higher than state benchmarks.

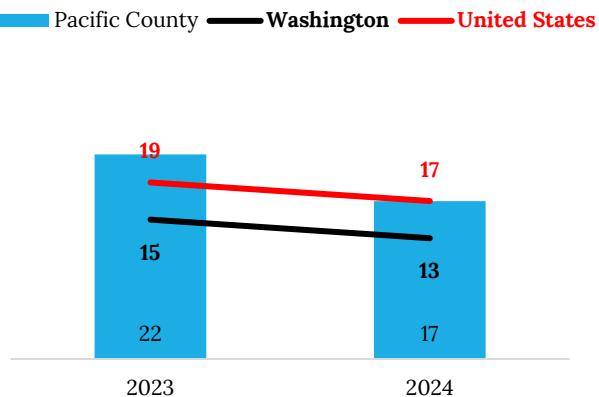
### Percent of total births with low birthweight



Source: County Health Rankings

Metric: Percentage of live births with low birthweight (< 2,500 grams).

### Number of teen births per 1,000 females



Source: County Health Rankings

Metric: Number of births per 1,000 female population ages 15-19.

## TOP CAUSES OF MORTALITY

Knowing a community's top causes of mortality is essential in assessing health needs because it helps identify the most significant health issues affecting the community, which can guide health promotion efforts and prioritize public health initiatives.

The leading causes of death in Pacific County have historically been diseases of the heart, malignant neoplasms (e.g., cancer), and accidents. In 2021, death rates were heightened due to the COVID-19 pandemic, and while COVID-related death rates have since declined, it still remains in the top five causes of death for Pacific County.

Rank	2020		2021		2022	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Diseases of the heart	217.0	Diseases of the heart	216.0	Diseases of the heart	179.5
2	Malignant neoplasms	195.1	Malignant neoplasms	181.7	Malignant neoplasms	147.5
3	Accidents	57.5	Accidents	82.6	Accidents	131.1
4	Cerebrovascular disease	37.2	COVID-19	82.7	Chronic lower respiratory disease	43.8
5	Chronic lower respiratory disease	31.8	Cerebrovascular disease	38.8	COVID-19	35.8

Source: Washington State Department of Health  
 Metric: Age-adjusted deaths per 100,000 population.

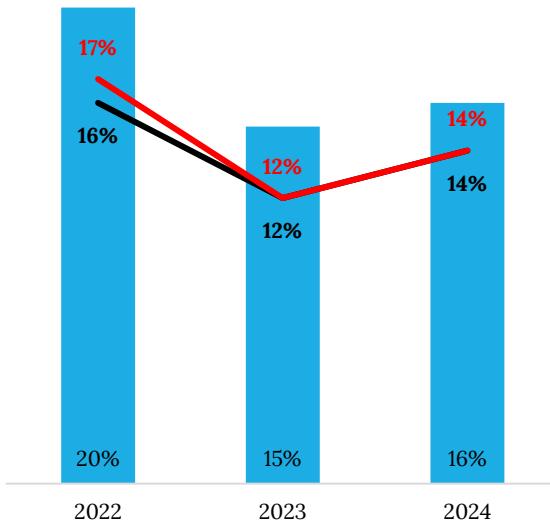
## POPULATION HEALTH AND CHRONIC DISEASE

Physical health can be impacted by a multitude of factors including age, gender, race, socioeconomic status, physical activity, and chronic disease. Data from County Health Rankings indicates that adults in Pacific County are generally feeling better about their self-reported health status since 2022, but overall, the percent of adults that report poor or fair health are higher in Pacific County compared to state and national benchmarks.

Chronic disease can also have a profound impact on communities and physical health outcomes. According to the Center for Disease Control and Prevention, chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from a combination of genetic, lifestyle, and environmental factors. Over time, exposure to risk factors increases the likelihood of developing chronic disease, which disproportionately impacts the elderly. Rates of chronic disease in the Cascade Pacific Action Alliance, which includes Pacific County as well as neighboring counties in the state of Washington, generally trend higher than rates of chronic disease in the state of Washington overall. Rural communities generally exhibit rates of lifestyle diseases at a higher rate, typically due to poorer health outcomes and the tendency for rural communities to trend more elderly compared to urban communities.

### Percent of adults reporting poor or fair health

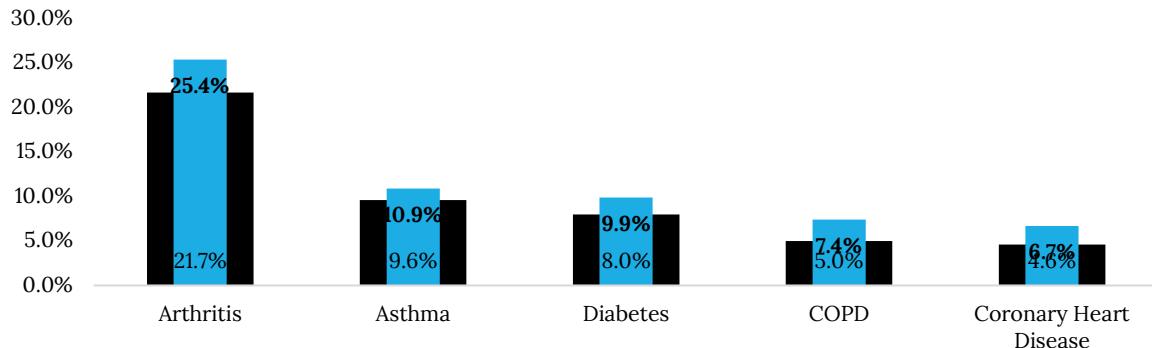
■ Pacific County ■ Washington ■ United States



Source: County Health Rankings  
 Metric: Percentage of adults reporting fair or poor health (age-adjusted).

## Chronic disease prevalence rate among adults ages 18+

■ Washington ■ Cascade Pacific Action Alliance



Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey, 2020

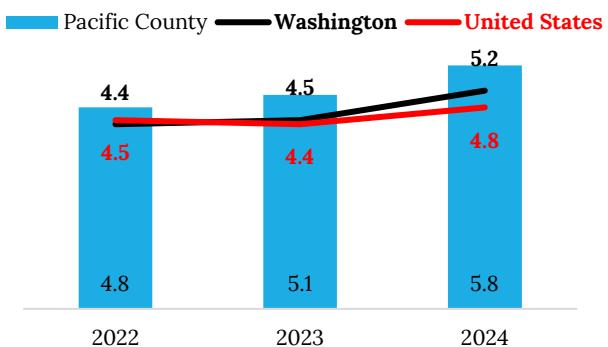
Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

## MENTAL HEALTH AND SUBSTANCE USE

The rising prevalence of mental health and substance abuse issues is of growing concern in rural communities across the country, who often disproportionately lack access to mental health services such as therapy, counseling, substance use treatment, and medication management. Mental health can have far-reaching effects on individuals, families, and communities, impacting physical health, social relationships, productivity, and community safety. Communities that lack access to mental health services often exhibit poorer mental health outcomes and higher rates of associated behaviors, such as alcohol or drug use and suicide.

Mental health outcomes in Pacific County, the state of Washington, and across the United States have generally worsened since 2022, with the average adult in Pacific County experiencing about 5.2 mentally unhealthy days in a month-long period. Worsening mental health outcomes have also been observed alongside an increase in drug poisoning deaths in Pacific County, although rates of binge drinking amongst adults in Pacific County has declined in recent years.

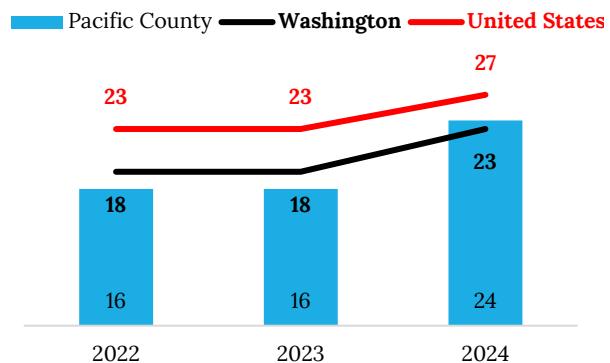
## Average number of mentally unhealthy days reported in the past month



Source: County Health Rankings

Metric: Average number of mentally unhealthy days reported by adults in the past month

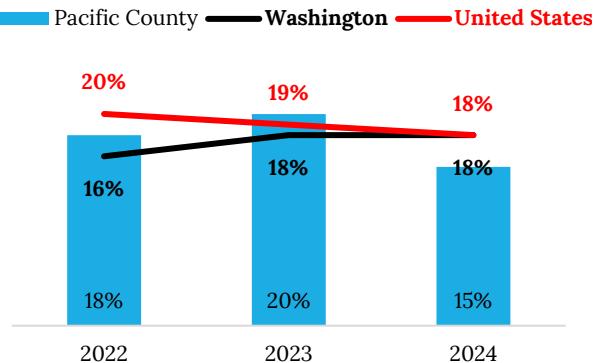
## Number of drug poisoning deaths per 100,000 population



Source: County Health Rankings

Metric: Number of drug poisoning deaths per 100,000 population.

## Percent of adults who report binge or heavy drinking



Source: County Health Rankings

Metric: Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).

According to the Health Resources and Services Administration, Pacific County is designated as a geographic health professional shortage area (“HPSA”) for mental care, which indicates that there is a shortage of mental health providers within the county to meet the needs of the population base. According to the U.S. Department of Health & Human Services’ Substance Abuse and Mental Health Services Administration (“SAMHSA”), there are six substance use and mental health facilities within Pacific County, Washington. These facilities, which are located in Raymond, Tokeland, Ocean Park, and Long Beach, offer outpatient services only and four accept Medicaid insurance. According to Medicare.gov, there are no psychiatrists within a 25-mile radius of South Bend, Washington, and only four clinical psychologists /therapists: one in Long Beach and five in Hoquiam. This indicates that mental health providers are relatively inaccessible for people in the service area.

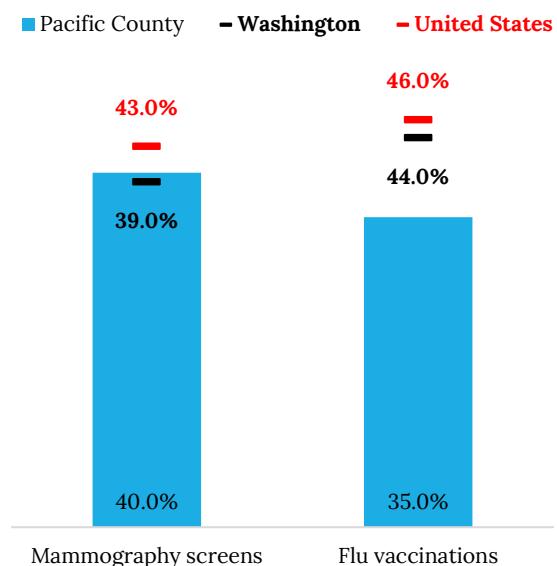
# Preventative Health and Wellness Indicators

## PREVENTATIVE HEALTH

Preventative health behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in maintaining and strengthening community health by promoting the early detection and prevention of diseases, reducing unnecessary healthcare utilization and costs, promoting healthy behaviors, and improving population health.

Overall, preventative health behaviors amongst adults who live in Pacific County generally fall in line with state and national benchmarks, apart from flu vaccination rates. However, approximately 26–28% of the adult population in Pacific County does not routinely engage in preventative health behaviors, such as having a personal physician or receiving a check up in the past year, which indicates opportunity to improve.

### Percent of seniors that engage in routine preventative care

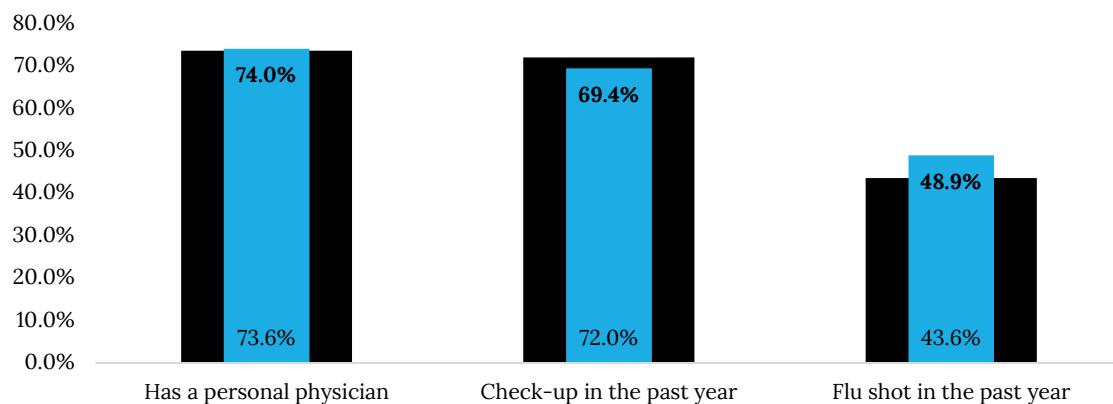


Source: County Health Rankings, 2024

Metric: Mammography screening denotes percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Flu vaccination rate denotes percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

## Preventative health and wellness behaviors

■ Cascade Pacific Action Alliance ■ Washington

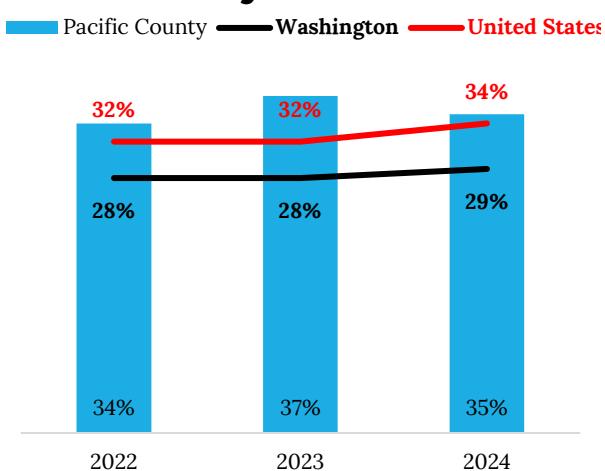


Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey, 2020

## ADULT OBESITY AND PHYSICAL ACTIVITY

Many chronic diseases such as diabetes, heart disease and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden of these chronic diseases in their populations. When compared to Washingtonians, adults in Pacific County generally exhibit higher rates of physical inactivity and obesity. However, rates of physical inactivity amongst adults in Pacific County have declined since 2022, which is a positive trend that indicates changing health-promoting behaviors.

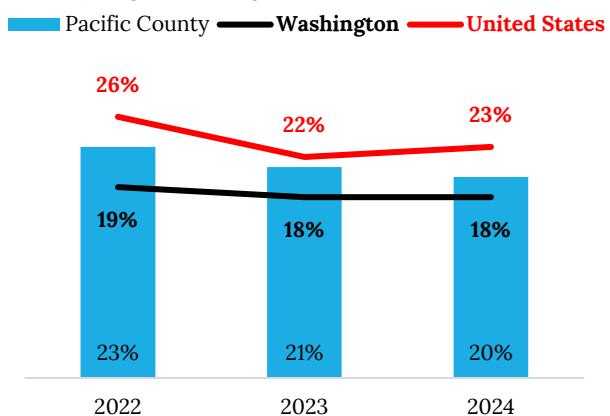
### Adult obesity rate



Source: County Health Rankings

Metric: Percentage of the adult population (age 20 and older) that reports a body mass index ("BMI") greater than or equal to 30 kg/m<sup>2</sup>.

### Percent of adults who are physically inactive



Source: County Health Rankings

Metric: Percentage of adults age 20 and over reporting no leisure-time physical activity.

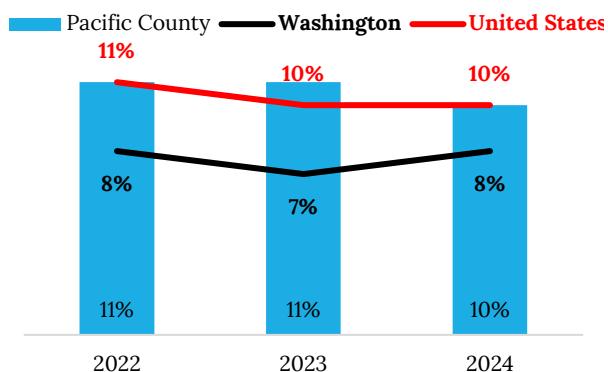
# Accessibility of Care Indicators

## INSURANCE AND COST OF CARE

Individuals without health insurance often forego care due to high costs, which can lead to a higher prevalence of chronic disease and poorer health outcomes. The uninsured rate in Pacific County has remained relatively stagnant at approximately 10% of the under 65 age cohort, which is slightly higher than state benchmarks.

The cost of healthcare can also be a barrier that patients experience when trying to access healthcare services. Delaying medical care due to the cost of care can have numerous repercussions such as worsening medical conditions, chronic health problems, reduced quality of life, and increased healthcare costs in the long run. In the counties that constitute the Cascade Pacific Action Alliance, approximately 10.9% of adults reported delaying medical care due to barriers associated with the cost of care, a rate which has declined since 2018 but remains slightly elevated over state benchmarks. Collectively, these results indicate that insurance and cost-related factors are more significant barriers for care for the community served by WHH compared to Washingtonians generally.

### Percent of population without health insurance

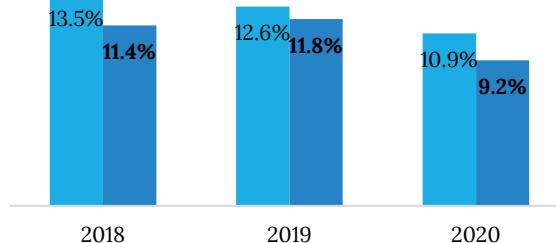


Source: County Health Rankings, 2024

Metric: Percentage of population under age 65 without health insurance.

### Percent of adults who delayed medical care due to cost

Cascade Pacific Action Alliance ■ Washington

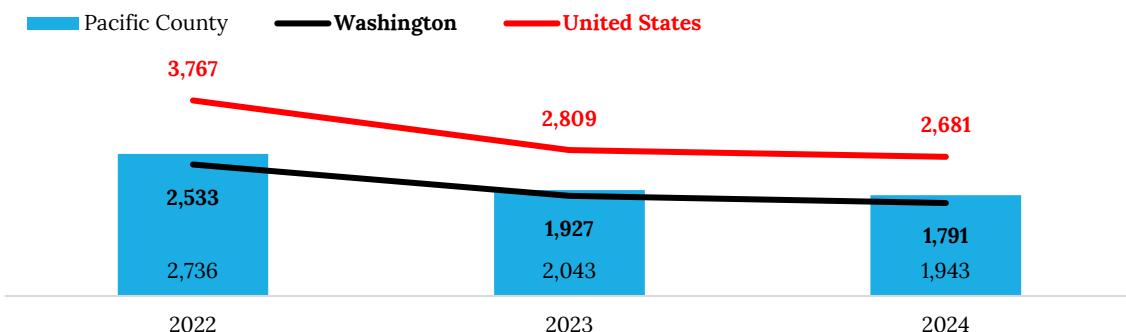


Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey

## PREVENTABLE HOSPITAL STAYS

Hospitalization for conditions treatable in an outpatient setting suggests that members of the community might not be seeking or receiving necessary preventive care, or that primary and preventative care services are inaccessible to the community. The rate of preventable hospital stays for Pacific County declined between 2022 and 2024, with rates observed in 2024 (1,943 preventable stays per 100,000 Medicare enrollees) well below national benchmarks. This indicates that while access barriers may exist in Pacific County, such barriers are likely not contributing to unnecessary or preventable utilization of hospital-based inpatient services.

### Number of preventable hospital stays per 100,000 Medicare enrollees



Source: County Health Rankings, 2024

Metric: Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

## PROVIDER ACCESSIBILITY

Having enough providers to support a community's needs is essential in maintaining access to healthcare services. Communities that lack access experience can be characterized by lower utilization of healthcare services and poorer health outcomes. Pacific County has a shortage of primary care physicians and dentists relative to state and national benchmarks. There are 4,790 people per primary care physician in Pacific County, which is nearly triple the rate of 1,330 people per provider nationally. Similarly, there are 3,440 people per dentist in Pacific County compared to 1,360 nationally.

### People per primary care physician in Pacific County

4,790 people

Higher than state benchmark  
Higher than national benchmark

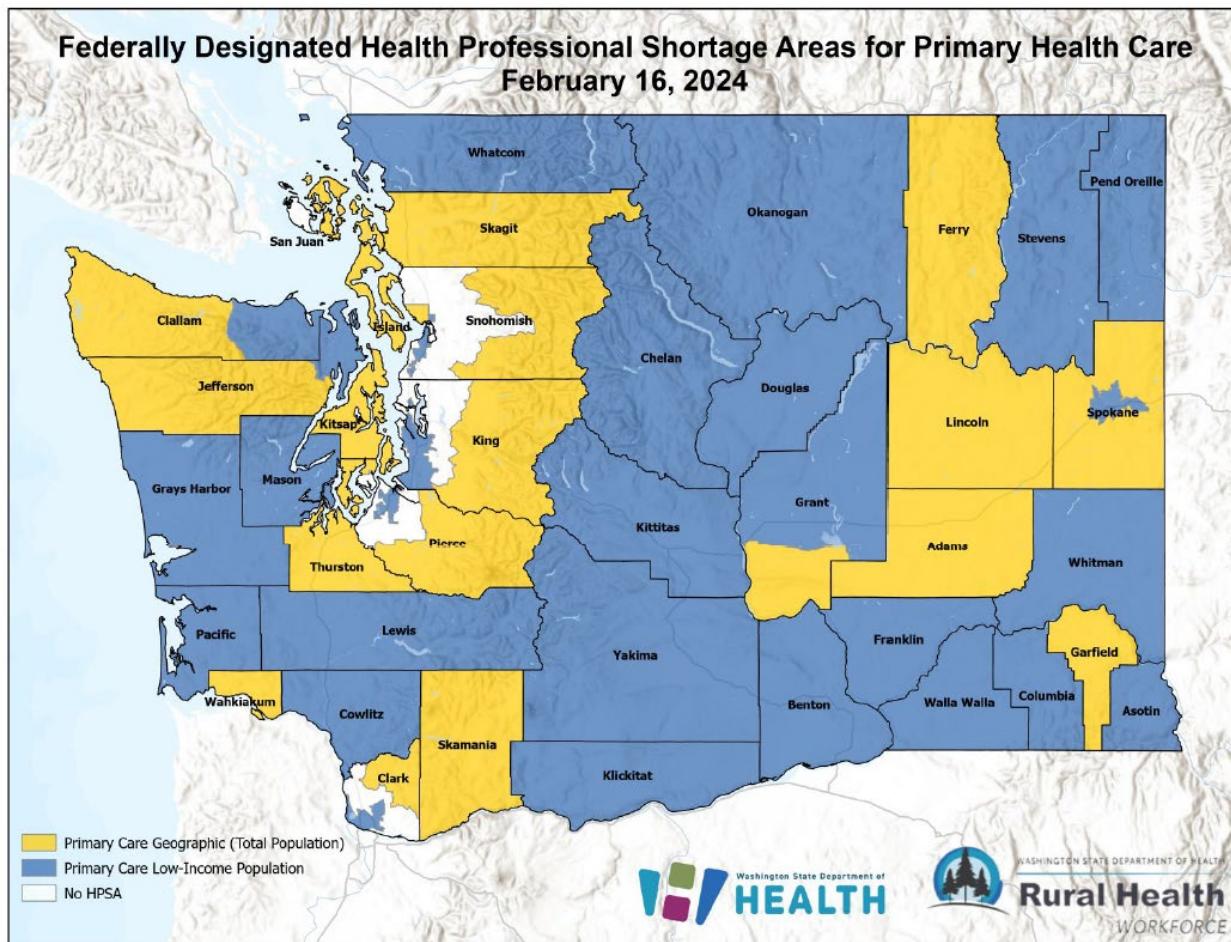
### People per dentist in Pacific County

3,440 people

Higher than state benchmark  
Higher than national benchmark

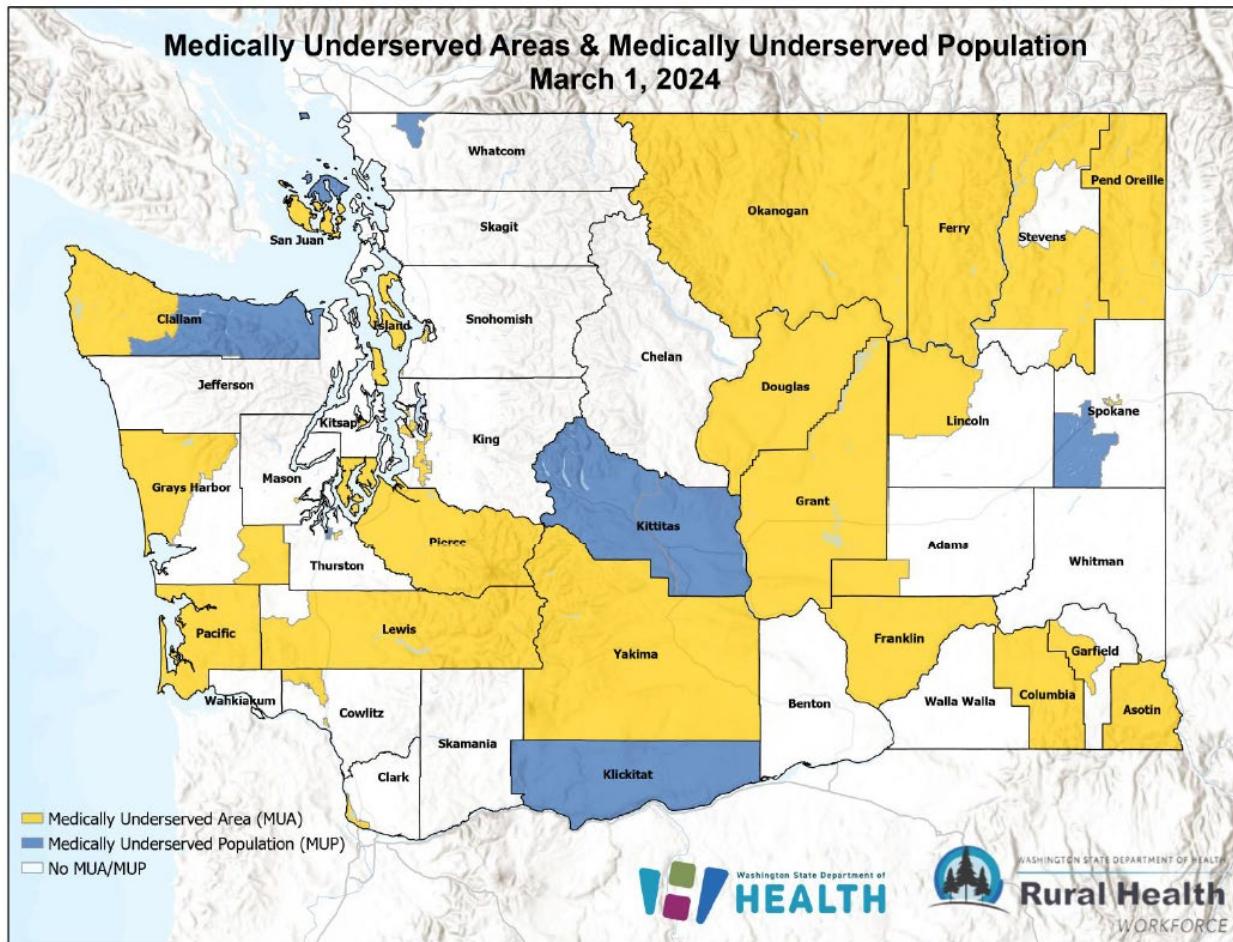
Source: County Health Rankings, 2024

According to the Washington State Department of Health, Pacific County is a federally designated health professional shortage area (“HPSA”) for primary care for the low-income population, which indicates that there is an insufficient number of primary care providers in Pacific County to provide healthcare services to those who are socioeconomically disadvantaged. Estimates from HRSA indicate that there is need for an additional 2 providers in Pacific County to eliminate current provider shortage area.



Source: Washington State Department of Health

Pacific County is also designated as a medically underserved area (“MUA”), which also indicates that there is an overall shortage of primary care providers in Pacific County.



Source: Washington State Department of Health

Access to specialty providers is also limited in Pacific County. According to Medicare.gov, the following data represents the types of specialty providers unavailable within a 25-mile radius of South Bend:

- Addiction medicine
- Allergy/ immunology
- Audiology
- Cardiac surgery
- Certified clinical nurse specialist
- Certified nurse midwife
- Critical care (intensivists)
- Dentist
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatric psychiatry
- Gynecological oncology
- Hematology
- Hospice/palliative care
- Interventional pain management
- Maxillofacial surgery
- Nephrology
- Neuropsychiatry
- Neurosurgery
- Otolaryngology
- Pain management
- Pediatric medicine
- Peripheral vascular disease
- Psychiatry
- Pulmonary Disease
- Plastic surgery
- Qualified speech language pathologist
- Radiation oncology
- Rheumatology
- Speech language pathologist
- Sports medicine
- Surgical oncology
- Thoracic surgery
- Urology

# Existing Healthcare and Community Resources

## Medical Providers

Name	Address	Phone	Description of services
Willapa Harbor Hospital	800 Alder St. South Bend, WA 98586	(360) 875-5526	Primary care, specialty services (cardiology, general surgery), hospital services, inpatient services
Willapa Medical Clinic	826 Alder St. South Bend, WA 98586	(360) 875-5579	Primary care
Valley View Health Center	300 Ocean Ave. Raymond, WA	(360) 942-3040	Medical, dental, and behavioral health
Shoalwater Wellness Center	2373 Old Tokeland Rd. Bldg. E Tokeland, WA 98590	(360) 267-0119	Medical, dental, mental health, chemical dependency, diabetic counseling, nutritional counseling

## Dental Providers

Name	Address	Phone	Description of services
Shoalwater Wellness Center	2373 Old Tokeland Rd. Bldg. E Tokeland, WA 98590	(360) 267-8103	Dental services
Valley View Health Center	300 Ocean Ave. Raymond, WA	(360) 942-3040	Dental services
Deep River Dental	416 Fourth Street, Raymond, WA	(360) 942-3600	Dental services

## Vision Providers

Name	Address	Phone	Description of services
Pacific Eye Clinic	500 Willapa PI Way, Raymond, WA 98577	(360) 942-5501	Optometry

## Mental Health Providers

Name	Address	Phone	Description of services
True North Student Assistance- ESD 113	1016 Commercial St. Raymond, WA 98577	(360) 942-3271	Provides assessments, outpatient and intensive outpatient drug and alcohol treatment services for youth in north Pacific County.
Community Integrated Health Services	335 3 <sup>rd</sup> Street, Raymond, WA 98577	(360) 261-6930	Mental health and substance abuse treatment services
Willapa Behavioral Health	300 Ocean Ave. Raymond, WA 98577	(360) 942-2303	Mental health and chemical dependency treatment.
Shoalwater Wellness Center	2373 Old Tokeland Rd. Bldg. E Tokeland, WA 98590	(360) 267-8141	Mental health and substance abuse treatment services.

This report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

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