

Providence Southwest Washington Region Community Health Needs Assessment 2014

Providence Centralia Hospital
Centralia, Washington

Providence St. Peter Hospital
Olympia, Washington

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2014 Community Health Needs Assessment

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Providence St. Peter Hospital
413 Lilly Road N.E.
Olympia, WA 98506

2014 EXECUTIVE SUMMARY

Community Health Needs Assessment

Providence Southwest Washington Region

SNAPSHOT

2 out of 5
adults at <138%
FPL are uninsured

21% of adults in
Grays Harbor
reported binge
drinking

29% of adults in
Lewis lack a
consistent source
of primary care

6.8% Population
with No High
School Diploma

7.6% Average
Rate for Annual
Unemployment

57.5 per 1,000
ACS rate in Grays
Harbor

23 Primary Care
Physicians per
100,000 Pop. In
Mason County
and 100% HPSA
for all areas

(Health Prof Shortage Area)

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with others of goodwill, we conducted a formal community health needs assessment to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals.

During this process we systematically collect data on key health indicators, morbidity, mortality, and various social determinants of health from publicly available local, state, and nationally recognized data sources. We also work with partner community and faith based organizations to survey our community—being sure to listen to those who may be medically underserved, low-income, or a member of a minority population.

After careful consideration of the data and input from our partner organizations and community, we identified the most pressing health needs for our community that we intend to address. Over the next three years, we plan to work collaboratively to address these needs and provide benefit to our community through our compassionate service.

KEY FINDINGS

With the exception of Thurston County, which more or less mirrors WA State, there are severe gaps in access to mental health and adult dentistry services throughout the region.

Poor physical health and poor mental health are more prevalent in rural counties. Chronic disease prevalence among adults reach unsafe levels in counties like Pacific and Grays Harbor.

Youth obesity rates are dropping in Pacific and Mason counties, but rising in Lewis and Grays Harbor counties.

HEALTH NEEDS



Advanced Care Planning: Following the Respecting Choices principle allows us to impact the community and cost of health care in a large scale.



Childhood Obesity: Targeting youth allows us to move upstream and teach healthy habits early.



Access to Mental Health Services: The Recovery Care Unit will allow us to provide care to patients who are in need medically as they begin recovery.

Acknowledgements

Summary of community input

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent health implementation plan. We would also like to acknowledge our community partners that participated in the community health improvement planning process for Lewis County. Our efforts resulted in a comprehensive Community Health Assessment Report that systematically identified the key drivers of health in our community (for the full report or summaries, please visit <http://lewiscountywa.gov/assessment>).

Providence Southwest Washington Region is a member of the Community Health Improvement Plan (CHIP) Committee. Between February and April, 2014 the CHIP Committee conducted two Lewis County community engagement assessments. The complete findings for the *Community Themes and Strengths Assessment* and the *Forces of Change Assessment* can be found in the 2014 Lewis County Community Health Assessment Report and a summary of the results can be found later in this document.

Partners in the CHIP Committee and Community Assessment Participants included various community based organizations that represent medically underserved, low-income and minority populations:

CHIP Committee Core Partners

- Lewis County Public Health and Social Services
- United Way of Lewis County
- Valley View Health Centers
- Child and Family Studies at Centralia College
- CHOICE regional health network
- Lewis County Juvenile Court
- Morton Hospital
- Providence Health & Services Southwest Washington Region

Community Assessment Participants

- Lewis County CHIP core partners
- Lewis County Community Health Partnership
- Lewis County Mental Health Coalition
- Lewis County Thrives
- Love INC
- Lewis County Board of Health
- Lewis County Chamber of Commerce
- Lewis County Community Development
- Community members at large in Pe El and Onalaska

Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with others of goodwill, we conducted a formal community health needs assessment to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals.

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$848 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2014.

Serving Southwest Washington Region

Providence Health & Services in southwest Washington touches more lives in Thurston, Mason, Lewis, Grays Harbor and Pacific counties than any other health care provider. Our ministries include Providence St. Peter Hospital, a 390-bed regional teaching hospital in Olympia, and Providence Centralia Hospital, a 128-bed community hospital. Providence Medical Group operates 32 primary and specialty care clinics in the region, with more than 175 providers. In 2014, we spent \$41,709,459 investing in community benefits. The figures on the right of this page offer a breakdown of how we invested in our community.

The Providence Mission reaches out beyond the walls of care settings to touch lives in the places where relief, comfort and care are needed. One important way we do this is through community benefit spending. Providence programs and funding not only enhance the health and well-being of our patients, but the whole community. Providence's community benefit connects families with preventive care to keep them healthy, fills gaps in community services and provides opportunities that bring hope in difficult times.

When the Sisters of Providence began our tradition of caring 160 years ago, their ministry greatly depended on partnering with others in the community who were committed to doing good. Today, we collaborate with social service and government agencies, charitable foundations, community organizations, universities and many other partners to identify the greatest needs and collaborate on solutions. Together with our partners, Providence is committed to supporting broader determinants of health beyond clinical care.

2014 Community Benefit Spending:
\$41,709,459

\$24,129,391 Unfunded portion of government-sponsored medical care:
Difference between the cost of care and what is paid for by state and federal government-does not include Medicare.

\$8,795,866 Free and discounted medical care for patients in need:
Financial assistance for those who are uninsured, underinsured or otherwise unable to pay for their health care.

\$375,841 Community health, grants, and donations:
Free services such as patient education, health screenings, immunizations and support groups, as well as donations to community partners.

\$4,108,606 Education and research programs:
Subsidies for medical residency programs, nursing and other education, and medical research.

\$4,299,755 Subsidized services:
Clinical and social services provided despite a financial loss because it meets an identified community need that is not met elsewhere in the community.

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 600 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employ more than 82,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Across the state of Washington, the Providence network includes 15 hospitals, physician clinics, care centers, hospice and home health programs and diverse community services. It also features several unique secular affiliations, including Swedish Health Services, Kadlec and Pacific Medical Centers. Together, more than 20,000 caregivers are working to provide quality care and services to those in need.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

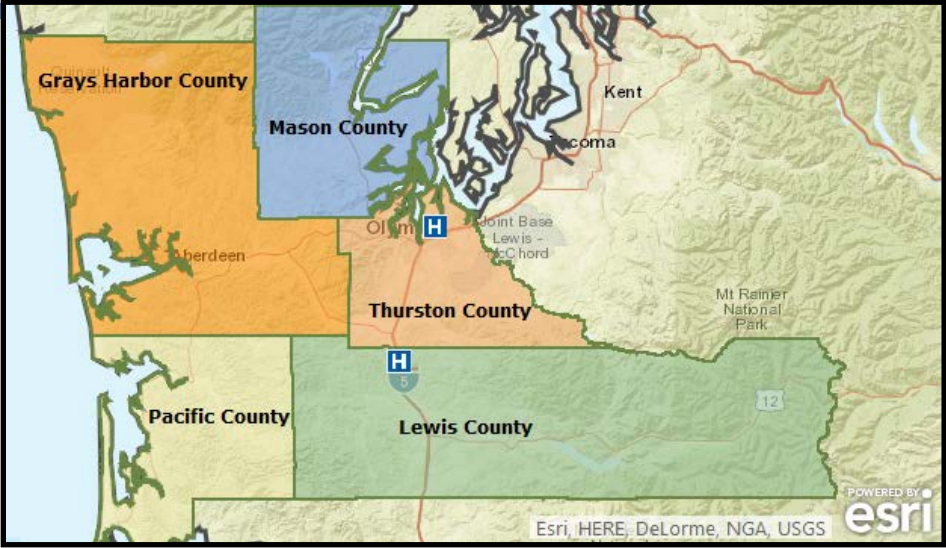
Simplify health for everyone

Our Promise

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way®

Description of community

This section provides a definition of the community served by the hospital, and how it was determined. It also includes a description of the medically underserved, low-income and minority populations.



Community profile

Providence Southwest Region’s service areas include Grays Harbor, Lewis, Mason, Pacific and Thurston Counties in Washington State.

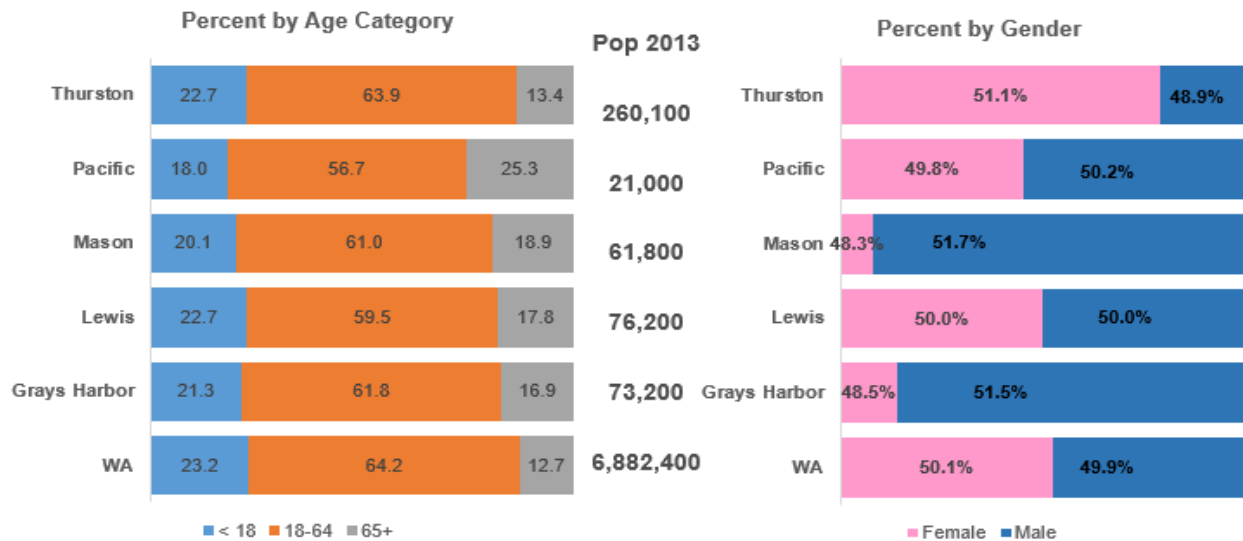
Population and age demographics

In 2013, the total population for our service area was approximately 493,613. In 2010, the Census count in the area was 482,135. The rate of change since 2010 was 0.45% annually. The five-year projection for the population in the area is 507,365 representing a change of 0.55% annually from 2015 to 2020. Currently, the population is 49.8% male and 50.2% female¹. A breakdown of the population by age and gender is provided in figure 1. Both areas have a Veteran population higher than both Washington State and National averages with the concentration occurring in persons aged 75 years or older².

Race and ethnicity

Persons who identify as non-Hispanic White, comprise the largest portion of the population for both service areas. The smallest group for both areas are comprised of individuals who identify as Native Hawaiian/Pacific Islander. Persons of Hispanic origin represent 9.2% of the population in the identified area compared to 17.6% of the U.S. population. Persons of Hispanic Origin may be of any race. The Diversity Index, which measures the probability that two people from the same area will be from different race/ethnic groups, is 43.2 in the identified area, compared to 63.0 for the U.S. as a whole¹. Overall, the White population is bigger in percentage in rural counties. Much of the Hispanic growth rate is experienced in the younger populations, and English proficiency range from 1.7% to 2.4%, very low percent compared to the state: 4%³.

Figure 1. Breakdown of Population by Age and Gender



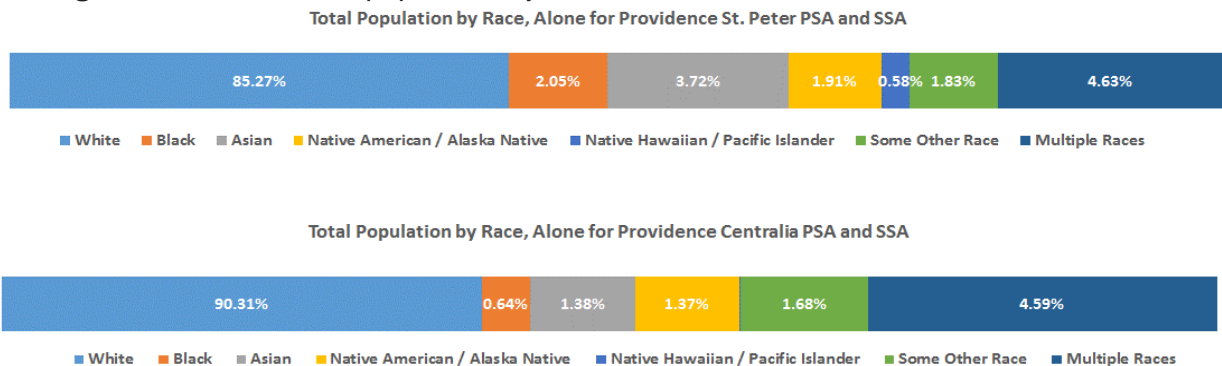
Source: US Census. County Health Rankings – Race, Ethnicity

Income levels and housing

The household count in this area has changed from 192,303 in 2010 to 197,938 in the current year, a change of 0.55% annually. The five-year projection of households is 203,938, a change of 0.60% annually from the current year total. Average household size is currently 2.44, compared to 2.45 in the year 2010. The number of families in the current year is 129,648 in the specified area¹.

Current median household income is \$52,245 in the area, compared to \$53,217 for all U.S. households. Median household income is projected to be \$59,558 in five years, compared to \$60,683 for all U.S. households. Current average household income is \$66,660 in this area, compared to \$74,699 for all U.S. households. Average household income is projected to be \$75,783 in five years, compared to \$84,910 for all U.S. households. Current per capita income is \$26,959 in the area, compared to the U.S. per capita income of \$28,597. The per capita income is projected to be \$30,688 in five years, compared to \$32,501 for all U.S. households¹.

Figure 2. Breakdown of population by race,

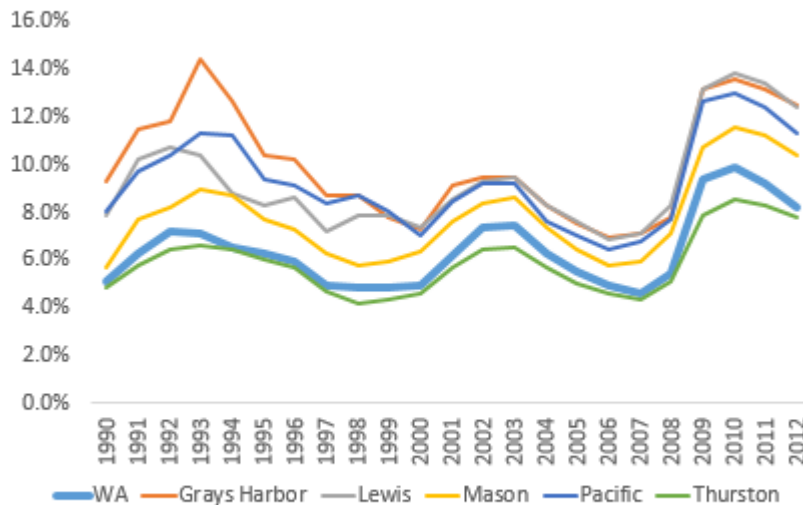


Note: Native Hawaiian/Pacific Islander = 0.02%

Data Source: US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Provided by custom community indicator report from Community Commons

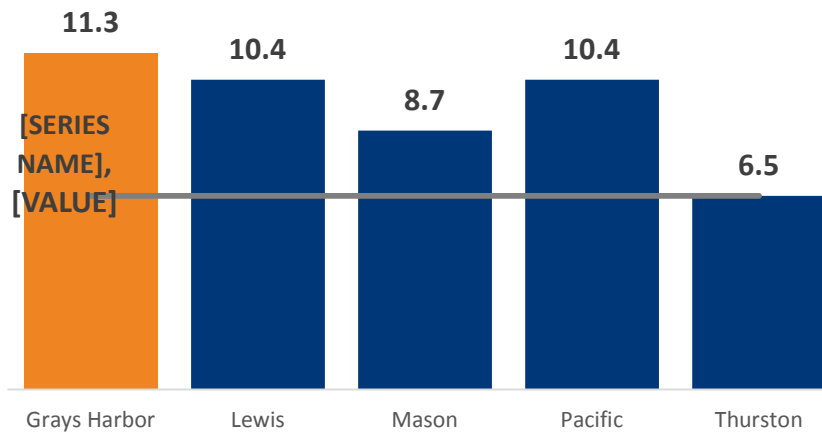
In November 2013, the average unemployment rate for the area was 7.6% In comparison the State average was 6.5%. Unemployment rates have historically been particularly high in Grays Harbor, Lewis, and Pacific Counties in comparison to neighboring counties.

Unemployment rates have historically been particularly high in Grays Harbor, Lewis and Pacific Counties



Source: Washington State Employment Security Department, Local Unemployment Statistics

In November 2013, **Gray Harbor** had the **highest unemployment rate** among the service areas



Currently, 56.8% of the 234,035 housing units in the area are owner occupied; 27.8%, renter occupied; and 15.4% are vacant. Currently, in the U.S., 55.7% of the housing units in the area are owner occupied; 32.8% are renter occupied; and 11.6% are vacant. In 2010, there were 225,463 housing units in the area - 58.8% owner occupied, 26.5% renter occupied, and 14.7% vacant. The annual rate of change in housing units since 2010 is 1.67%. Median home value in the area is \$224,865, compared to a median home value of \$200,006 for the U.S. In five years, median value is projected to change by 2.02% annually to \$248,467¹.

Process, participants and health indicators

This section provides a description of the processes and methods used to conduct the assessment; this section describes data and other information used in the assessment, the methods of collecting and analyzing the information, and any parties with whom we collaborated or contracted with for assistance. This section also provides a summary of how we solicited and took into account input received from persons who represent the broad interests of the community. This description includes the process and criteria used in identifying the health needs as significant.

Assessment process

Every three years, Providence Southwest Washington Region conducts a community health needs assessment for Providence Centralia and St. Peter, who share the same geographical areas. The CHNA is an evaluation of key health indicators of our communities and a method of identifying priority health needs that we must address.

Participants

A workgroup was convened to review the content of the community health needs assessment, community benefit plan and identify priority health needs. Workgroup members represented a variety of sectors in our community, including organizations that serve the medically underserved, low-income, or minority populations in our community:

- Peter Brennan, Executive Director Providence St. Peter Foundation
- Kevin Haughton, MD, United Way, Thurston Thrives, PMG
- Dan Keahey, Community Board Member
- Allen Rohr, Community Board President
- Mercy Mvundura, Board Member, Providence Centralia Foundation
- Leslie Torve, Community Board Member
- Daidre West, Community Board President
- Paul Wilkinson, Chief Operating Officer, PSPH

Data collection

Primary Data (new)

Primary data was collected in collaboration with the Lewis County Community Health Improvement Plan Committee in partnership with Lewis County Public Health & Social Services. The CHIP Committee conducted two Lewis County community engagement assessments between February and April, 2014. The complete findings for the *Community Themes and Strengths Assessment* and the *Forces of Change Assessment* can be found in the 2014 Lewis County Community Health Assessment Report.

Secondary Data (existing)

Secondary data sources included publicly available state and nationally recognized data sources. Data on key health indicators, morbidity, mortality, and various social determinants of health were obtained through custom indicator reports provided by Community Commons (www.communitycommons.org) and Esri Community Analyst®. Additional local data was secured through CHOICE Region Health Network, Thurston County Department of Health, and Lewis County Department of Health. The quantitative data includes County specific data, and if available, data disaggregated by service areas have been provided. When feasible, health

metrics have been further compared to national benchmarks, such as Healthy People 2020 objectives.

Identification of significant health needs

The Lewis County CHIP Committee utilized Mobilizing for Action through Planning and Partnerships (MAPP) framework to engage community partners in identifying and prioritizing strategic issues, formulating goals and strategies, and moving into the action cycle. MAPP is comprised of four key assessments that drive the community health improvement process:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health Systems Assessment
4. Community Health Status Assessment

Together, these four assessments provide a complete understanding of the factors that affect our community. After collection of relevant data, the Committee engaged in the following steps:

1. Identifying strategic issues

During this phase of the MAPP process, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the results of the four MAPP assessments and determining how those issues affect the achievement of the shared vision.

2. Formulating goals and strategies

During this phase of the MAPP process, participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. They then identify broad strategies for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements.

3. Action cycle

This phase links three activities—planning, implementation, and evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While this is the final phase of MAPP, it is by no means the end of the process. The efforts of the previous phases begin to produce results as the local public health system develops and implements an action plan for addressing priority goals and objectives.

Health indicators and trends

Primary data

Input from the community was collected in collaboration with the Lewis County CHIP Committee and Community Assessment Partners. Between February and April, 2014 the CHIP Committee conducted two Lewis County community engagement assessments. The complete findings for the *Community Themes and Strengths Assessment* and the *Forces of Change Assessment* can be found in the 2014 Lewis County Community Health Assessment Report and a summary of the results can be found later in this document.

The **Community Strengths and Themes Assessment** identified community issues and concerns that were prioritized and addressed by the Lewis County CHIP. It also helped identify community assets that must be leveraged and the community challenges that the CHIP must overcome. To conduct this assessment, the CHIP Committee administered an online and paper survey during March and April of 2014. The survey was completed by 570 individuals who either live or work in Lewis County. The purpose of the **Forces of Change Assessment (FOC)** was to lay the foundation for identifying strategies that will help address Lewis County's community health priorities, leverage opportunities and avoid threats. To conduct this assessment, participants at the seven community engagement meetings and four key leader interviews completed a FOC worksheet or answered interview questions. These two assessments were combined to help identify Lewis County's Community Health Priorities.

The top trends, factors or events that could impact the community included: legalization of marijuana, the passing of the 1/10th of 1% Sales and Use tax, enactment of the Affordable Care Act, geographical disparities within Lewis County, shift in employment industries/loss of jobs, and demographic trends and changes. For all of these top themes, there was an overarching concern within the community that these issues need to be addressed particularly in the youth/young adult populations and in vulnerable populations at risk for experiencing health challenges at disproportionate rates.

Summary of *Community Themes and Strengths Assessment*

The Community Themes and Strengths Assessment asks the following questions:

- A. What factors are most important to our community's health?
- B. What assets does Lewis County have that can be used to improve community health?
- C. What challenges exist in Lewis County that must be addressed to improve community health?
- D. What are the most important health issues and risky behaviors impacting our community?

A. What is important to our community's health?

When asked to rate a list of factors according to how important they are to community health, survey respondents rated the following as most important (in order of number of response):



In addition to the above survey responses, community meeting attendees and interviewees said that the following were important:

- A welcoming community in which people and organizations are involved in making it a better place to live
- Access to recreational, social and cultural activities
- Public/social services and systems in place that support and promote community health

As part of the assessment, community engagement activities focused on reaching youth/young adults, elderly populations and Hispanic/Latino community members. Survey responses, once ranked and themed, were filtered by age and ethnicity to compare how different populations answered the Community Themes and Strengths Assessment questions. Their answers showed that different populations have a majority of the same concerns and expectations of what a healthy community should be. However, among youth and young adults a “low level of child abuse” differed from the combined responses for all groups. Among the Hispanic population, “healthy behaviors and lifestyles” differed from the combined responses for all groups.

B. What assets does Lewis County have that support and improve community health?

The majority (more than 60%) of Lewis County survey takers reported that:

- Their personal health is “healthy to very healthy.”
- They are satisfied to very satisfied with the quality of life in Lewis County.
- They are satisfied to very satisfied with the natural environment in Lewis County.
- They are satisfied with the community support given to those in need.
- Lewis County is a safe place to live and raise a family.
- Residents feel they can make the community a better place to live.

C. What gaps or challenges exist within our community that must be addressed to improve community health? Or what factors exist that keep the community from being healthy?

Responses to this question showed:

- Nearly one-third said they were dissatisfied with the health care system in Lewis County.
- Just over one-fourth said they were dissatisfied with the built environment in Lewis County.
- Over half said that they were dissatisfied to very dissatisfied with the economic opportunities in Lewis County.
- One in five reported not being satisfied with Lewis County as a good place to grow old.
- One-fourth rated Lewis County as an overall “unhealthy” to “very unhealthy” community.
- Nearly one in three residences reported that they do not “always” have enough money to pay for basic essentials such as food, housing and medicine.

In addition to the above survey responses, community meeting attendees and interviewees expanded on the above themes and said that the following were also important:

1. **Lack of jobs and economic opportunity:** there are limited jobs, lack of living wage jobs, need for more locally owned successful businesses, and an undiversified economy (i.e. decrease in logging industry but increase in lower paying retail /service jobs). This especially includes opportunities for youth and young adults.
2. **Inadequate public transportation system:** there is a lack of infrastructure for safe walking and bicycling (shoulders, sidewalks and bike lanes), long commutes traveling in and out of the county to get to resources and jobs, limited public transportation (buses, shuttles, etc.), and geographical isolation that is made worse by lack of transportation (private and public).
3. **Built environment deficits:** this factor limits healthy living opportunities such as trails, parks, sidewalks, and bike lanes. It can be a barrier in connecting people to nature. It limits access to safe and affordable places to be active and healthy. There is also a lack of safe recreational opportunities within the built environment for family activities and youth recreation when the weather is not good.
4. **Disconnections in the social/public health systems:** there is a lack of collaboration and communication between health care, public health, social services, faith-based organizations, non-profits, law enforcement and public officials. Many residents and other service organizations are unaware of what resources and services are in the community. There is a need to establish a community system for continuity of care and the need for community collaboration around a shared vision and priorities.
5. **Availability of quality health care:** although there are a number of health care assets in Lewis County, there is a gap when it comes to specialized services (not general practice

Additional assets that are important to improving community health

The natural environment

Inviting outdoor recreation opportunities, access to nature and natural spaces.

Access to health care

Accessibility to Providence Centralia Hospital, Valley View Health Center, Morton General, and rural clinics.

Good community, people, and families

Lewis County is a community that works well in the height of crisis and during times of need, it has a sense of community; people help people; people are involved in the community.

Social and public resources and systems

There are a number of services provided by local public health, non-profits, faith-based organizations, school, hospitals, and libraries.

Education

There are good educational opportunities within public schools and libraries. Centralia Community College in Centralia and Morton provides academic and job training opportunities.

and emergency care), specifically mental health, substance abuse treatment and medical specialist. There is also a **lack of access to affordable health care and health insurance**, which limits access to medical care, mental health, substance abuse treatment and dental/oral health care. There is also a lack of coordinated care between providers and services.

6. **Education/Skill training:** there is a lack of educational programs in high school that not only prepare students for college, but also prepare them for good paying trade jobs. Local employers report that there is an inadequate job-ready workforce. There is a need to strengthen the community college's efforts in helping youth/young adults transition into the workforce (business programs, technical training and trade skills). There is also a gap in job training for older adults when a major labor industry leaves the community and new skills are needed. Rural communities may also lack adequate educational /job training resources.

D. What are the most important health problems and risky behaviors that impact our community's health?

The most important health problems in Lewis County

Lewis County Community Health Survey results by residents and community workers:

- Alcohol/Drug abuse
- Mental Health
- Obesity
- Child abuse/Neglect
- Housing that is inadequate, unsafe or unaffordable

The riskiest behaviors that have the greatest impact on community health

- Alcohol/drug use
- Dropping out of school
- Texting/cell phone use while driving
- Poor diet
- Inactivity

Summary of Forces of Change Assessment

The Forces of Change Assessment answers the following questions:

- a. What trends, factors, or events are occurring or might occur that affect Lewis's community health or the local public health system?
- b. What are the specific opportunities created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event improve community health in Lewis?
- c. What are the specific threats created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event do damage to community health in Lewis?

Trends, factors, or events	Opportunities created	Threats created
1. Legalization of marijuana (Washington Initiative 502)	Opportunities for jobs and revenue (tax and business) due to retail and growing operations. It also may reduce impact to the legal system (fewer arrests, court appearances and jail time).	Increase in government regulation. It is a gateway to other drugs and could increase impaired driving, youth access, substance abuse and addiction. Social problems may occur caused by use and addiction.
2. 1/10th of 1% Tax (Lewis County Chemical Dependency- Mental	Dedicated funds for mental health and substance abuse treatment (out and in-patient). With a dedicated	It could cause competition for funding between programs and services. A decrease in tax

Health - Therapeutic Courts Sales and Use Tax)	advisory board, more thought will be put into program functions. Services could be available in jails and courts. More training on mental health for first responders and emergency staff.	revenues will impact funding for services (tax dependency).
3. Affordable Care Act (ACA)	Will provide greater access to health insurance, more people will be covered. There could be growth in the healthcare industry, in turn more jobs. There will be behavioral health integration into the ACA resulting in more screenings.	There could be a provider shortage. There may be fewer benefits and increase in private costs, lower reimbursements and higher deductibles. A possibility of having increases in psychiatric holds and not enough in-patient beds.
4. Geographical disparities (Rural vs. Cities)	Consider different means to providing medicine in rural communities.	Access to services is a problem (issues with transportation). There is inequity in the amount of resources for cities vs. rural communities. There are fewer economic opportunities for rural communities. Rural communities have to run public water systems on tighter budgets. There is social and economic isolation for individuals in rural communities.
5. Shift in employment industries due to closures and market (ex. from higher paying skilled labor like logging to lower paying retail/service industries)	TransAlta Centralia could bring solar power jobs. The logging industry provides jobs, but with layoffs, employees need opportunities to be retrained for other jobs. Educational opportunities and skill training to better prepare the workforce for higher paying labor and tech jobs.	Closure of TransAlta, resulting in loss of jobs. Reduction on logging jobs is an on-going event. Logging can be dangerous and unstable resulting in high unemployment rates. This overall trend can impact job and economic opportunities.
6. Demographic trends (changes in populations by age and ethnicity) Migration of young adults out of the community, and increases in aging populations and minority residents.	The aging and increasingly diverse population creates opportunity for new partnerships, and can create <ul style="list-style-type: none"> ▪ chances to explore job training and education opportunities that would keep young adults in the area. ▪ need for jobs and services to provide specialized care for aging population. ▪ cultural diversity and promotion of tolerance. 	The aging population may result in increased health care costs, a different workforce, increased social isolation, and impact individual mobility. With the migration of young adults, there is less of a replacement workforce for skilled labor/ technical jobs. More minorities and immigration may increase difficult-to-reach populations who have language and culture barriers that keep them from accessing community resources and jobs.

Social and economic factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Education

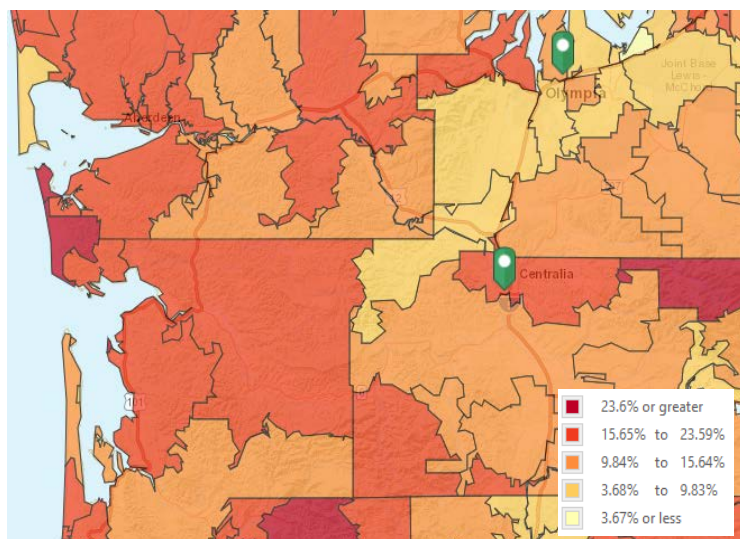
Education is an important factor in health status. Independent of its relation to behavior, education influences a person's ability to access and understand health information. Education is also correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, and diabetes, to name a few. Higher educational levels are associated with lower morbidity and mortality. Within all service areas, about 79% of students are receiving their high school diploma within four years (2013-2014 school year). In comparison, 80% of students in Washington State and 84% of students Nationally graduate high school on time².

Poverty

Poverty is a particularly strong risk factor for disease and death, especially among children. Children who grow up in poverty are eight times more likely to die from homicide, five times more likely to have a physical or mental health problem, and twice as likely to be killed in an accident. Family poverty is relentlessly correlated with high rates of teenage pregnancy, failure to earn a high school diploma, and violent crimes.

Generally, households in the area surrounding Providence Centralia have higher poverty rates than those in the areas surrounding Providence St. Peter. Overall, rural areas within the Southwest Washington Region tend to have higher poverty levels than urban areas¹.

Households with Income Below the Federal Poverty Level



Data Source: Esri Community Analyst Custom Community Profile

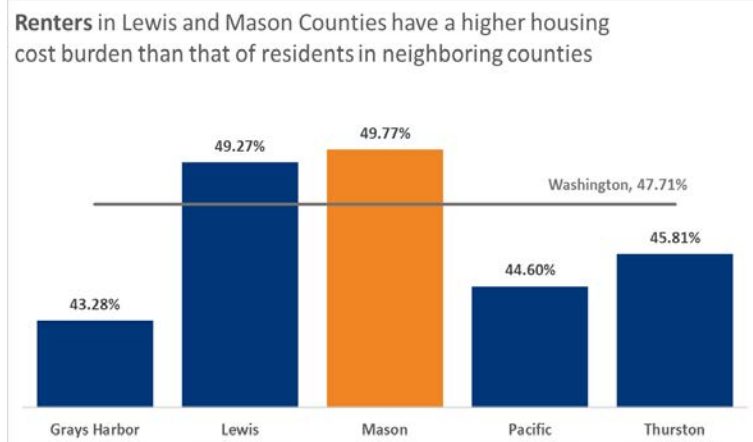
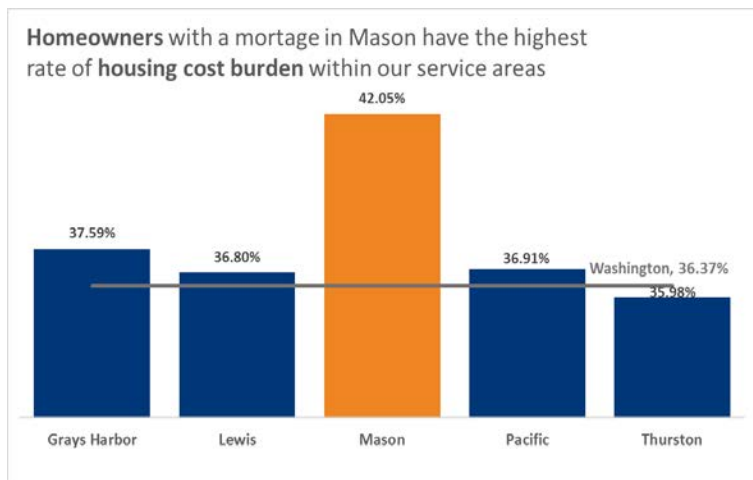
Recognizing that basic needs consume a higher fraction of income for lower income households, the US Department of Housing and Urban Development uses a definition of affordability that applies specifically to households with incomes at or below 80% of the area median family income. It currently calls housing affordable if housing for that income group costs no more than 30% of the household's income. Families who pay more than 30 percent of their income for housing are considered cost burdened. Families with cost burden may have difficulty affording necessities such as food, clothing, transportation and medical care. Within our service area, residents in Mason County are disproportionately affected by housing cost burden—both among owners and renters. Other areas fall slightly above or below the State average, with the exception of renters in Lewis County².

Food security

Food security refers to access by all people at all times to enough food for an active, healthy life. Food insecurity is lack of consistent access to food resulting in reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake. The food insecurity rate in our service areas ranges from 14% to 15%. In comparison, the rate for Washington is 14.6% and for the US 15.21%¹. Of note, Healthy People 2020 has set a goal to reduce household food insecurity to 6% and in doing so reduce hunger³.

Physical environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Residents of our community enjoy access to parks, good air quality, and beaches along the Pacific coast. We are also surrounded by forest lands that are open to the public, giving our community ample opportunities to enjoy outdoor spaces. Given the high quality and abundance of green spaces in our community, this section will instead focus on indicators associated with the built environment.



Data Source: Community Commons. US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org

quality, and beaches along the Pacific coast. We are also surrounded by forest lands that are open to the public, giving our community ample opportunities to enjoy outdoor spaces. Given the high quality and abundance of green spaces in our community, this section will instead focus on indicators associated with the built environment.

Food access

Grocery stores and fast food restaurants as an indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. This is particularly salient in rural areas where living close to a grocery store is defined as living less than 10 miles from the closest store. Overall, within our service area, populations have greater access to grocery stores and less access to fast food restaurants than the State estimate. However, across all areas there are less grocery stores per 100,000 populations than fast food establishments¹.

Substandard housing

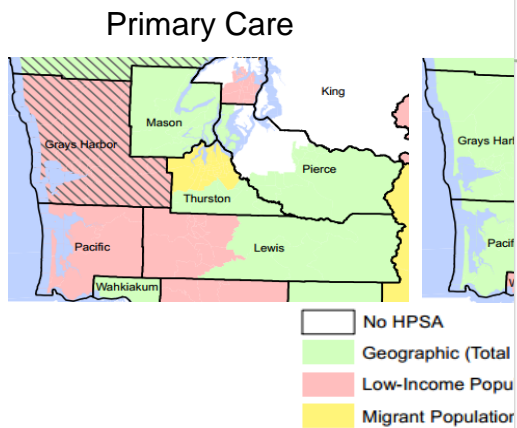
This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Latest estimates indicate that Mason County has the highest percentage of housing units with one or more substandard conditions at 35.5%. Pacific County has the lowest percent at 31.3%. In comparison, about 37% of housing units in Washington and 36% of housing units throughout the US had one or more substandard conditions².

Clinical care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

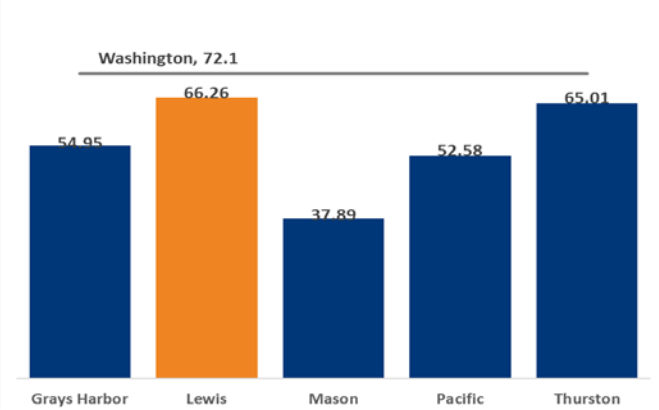
Access to health care

All of the five counties within our service area have been designated by the Health Resources and

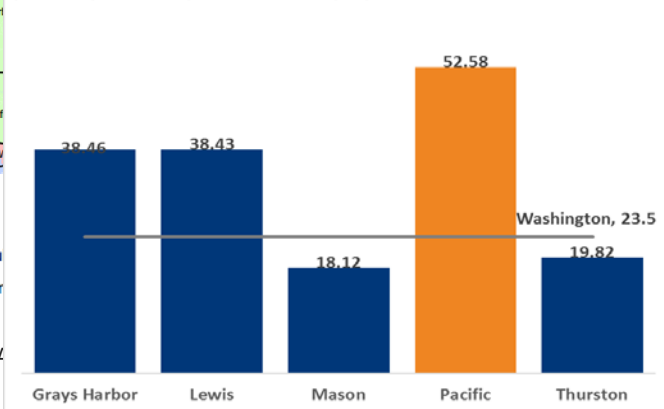


Data Source: Health Resources and Services A

Lewis County has the highest number of fast food restaurants per 100,000 population



Pacific County has the highest number of grocery stores per 100,000 population



Data Source: Community Commons. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org

Services Administration as a “health professional shortage area” for primary and mental health care. Four of the counties are designated as an HPSA for dental care.

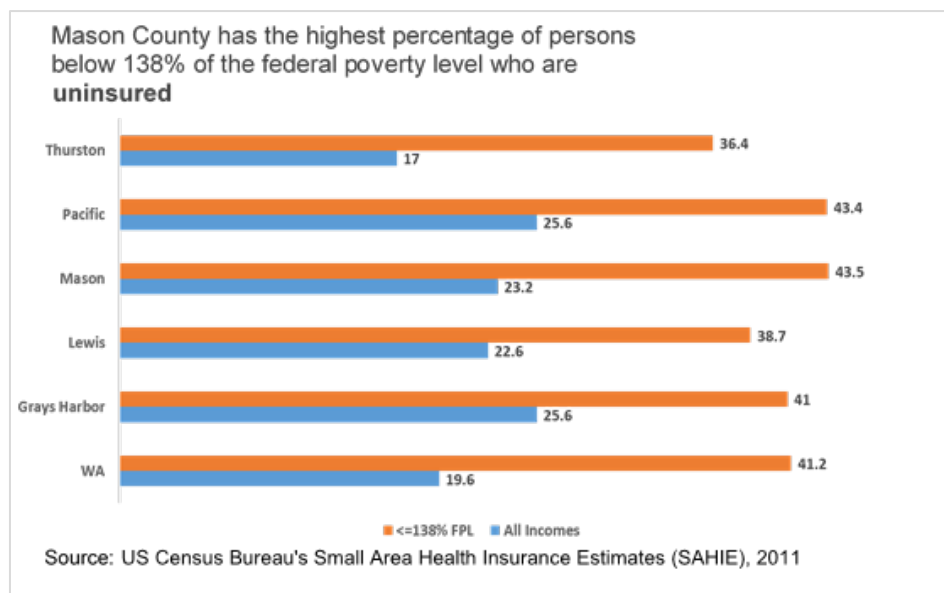
In terms of physician to population ratio, Thurston County has the highest rate of physicians, dentists, and mental health providers per 100,000 population in comparison to neighboring counties and State estimates (94 per 100,000; 63 per 100,000; 46 per 100,000). The lowest rates can be found in Mason County where there are 23 per 100,000 primary care physicians, 27 per 100,000 dentists, and 8 per 100,000 mental health providers¹. During the same time period, there were 82 per 100,000 primary care physicians, 70 per 100,000 dentists, and 39 per 100,000 population mental health providers estimated for Washington State.

Adults reporting a lack of a consistent source of primary care is the highest in Lewis County at 28.39% and lowest in Thurston County at 20.97%². In 2010, 26% of adults in Pacific County reported needing to see a doctor within the past year but could not due to cost. In comparison, 13% of adults statewide reported the same³. Trends indicate there is unequal access to health care services throughout the region and access is centered around population centers in Thurston, Lewis and Grays Harbor counties though there is some access to health care services throughout the region. With the exception of Thurston County, which more or less mirrors Washington State, there are severe gaps in access to mental health and adult dentistry services throughout the region.

Health insurance

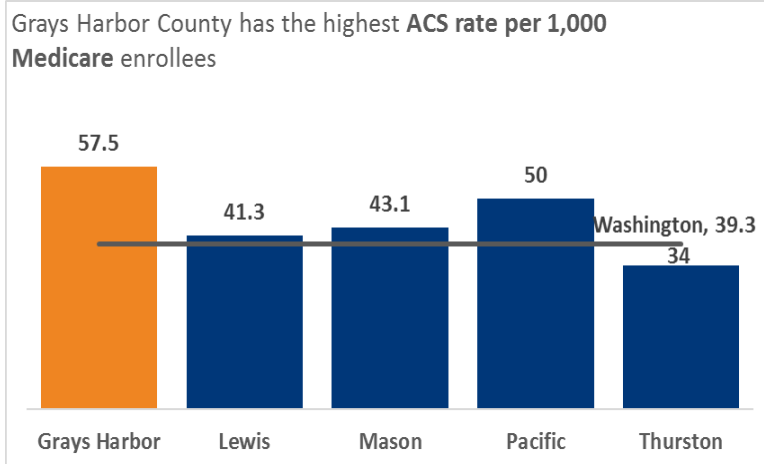
The lack of health insurance is considered a key driver of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. Access to health insurance is still a challenge for low income population, specifically for the

‘working age’ group, 18-64 years old: More than 2 out of every 5 poor adults (below 138% FPL) are uninsured. For the entire population, all income, it is just 1 uninsured adult out of every 5⁴. Health insurance coverage by and large mirrors Washington State performance throughout the region; however, a disproportionate number of poor are without health insurance.



Preventable hospitalizations

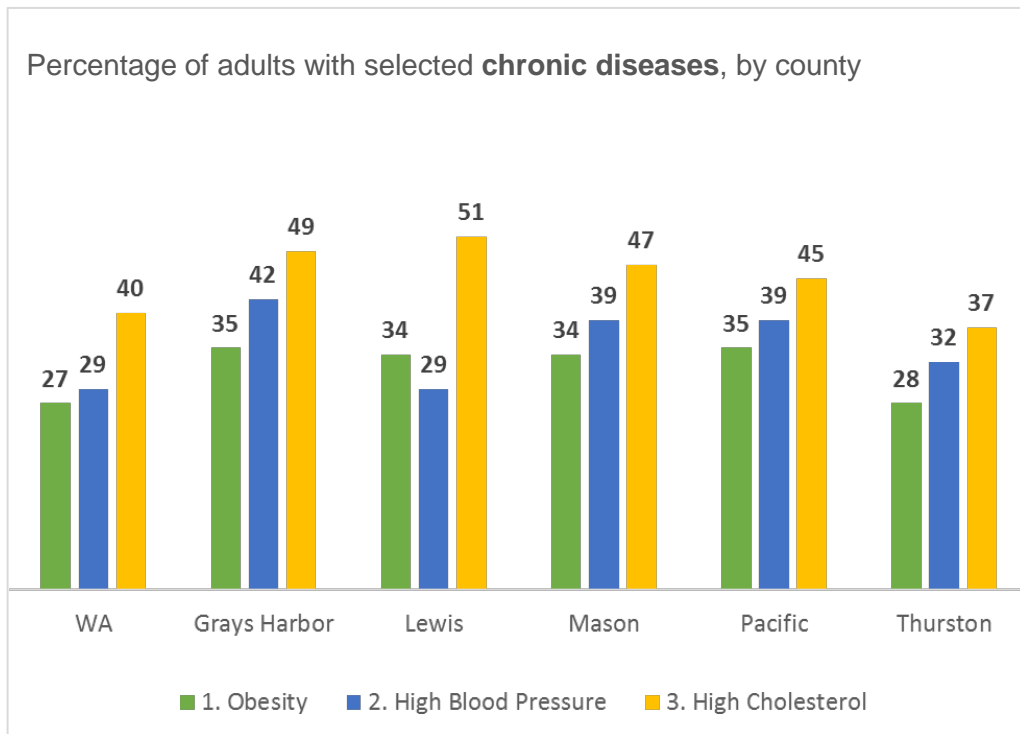
This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. All of the counties within the service area have a higher ACS rate per 1,000 Medicare enrollees than the State estimate. The highest rate can be found in Grays Harbor (57.5 per 1,000) and the lowest is in Thurston (34 per 1,000)⁵.



Data Source: Community Commons. Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Accessed from: communitycommons.org

Health status

Health status is a holistic concept that is determined by more than the presence or absence of any disease. It is often summarized by life expectancy or self-assessed health status, and more broadly includes measures of functioning, physical illness, and mental wellbeing. Poor physical health and poor mental health conditions are more prevalent in the rural counties. Chronic disease prevalence among adults, including obesity, high blood pressure, high cholesterol, asthma, diabetes and heart disease reach unsafe levels in counties like Pacific and Grays Harbor. Overall, rural counties report worse mental health and physical health status than mostly urban Thurston County, which by and large mirrors the State’s performance¹. Among the youth in our service area, obesity rates are dropping in Pacific and Mason counties, but rising in Lewis and Grays Harbor counties. Lewis County in particular is quickly deteriorating. Thurston Co. is mirroring the statewide average².



Data Source: Washington State Department of Health, Chronic Disease Profiles by County. WA Behavioral Risk Factor Surveillance System, 2009-2011

Health behaviors

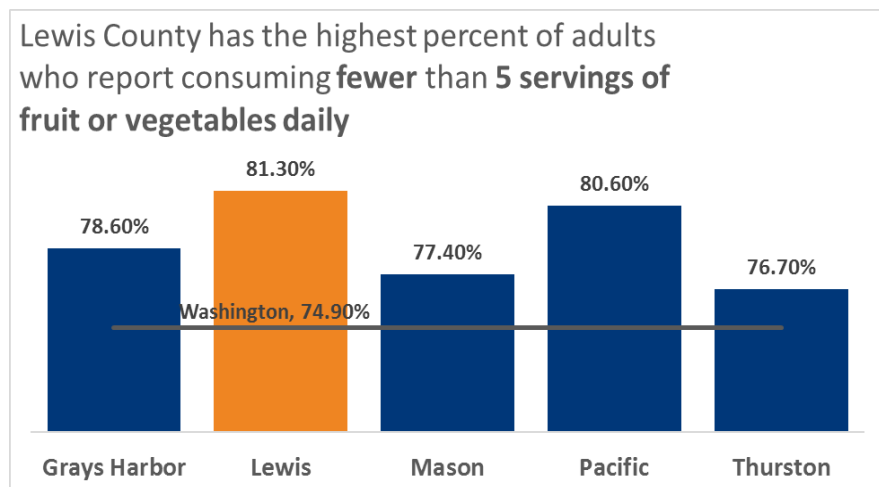
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Physical activity and nutrition

Physical activity and healthy food choices go hand-in-hand in maintaining or losing weight. Regular exercise can also provide stress relief and enhance mental well-being. Adults in Thurston County have the lowest percentage of adults without leisure time physical activities at 17%. This figure is on par with the State estimate of 18%. The highest percent of adults without leisure time physical activities reside in Grays Harbor County at 26.6%¹.

Research shows that eating 5 or more fruits and vegetables each day plays an important role in preventing heart disease, cancer, osteoporosis, high blood pressure, obesity, diabetes, stroke and birth defects.

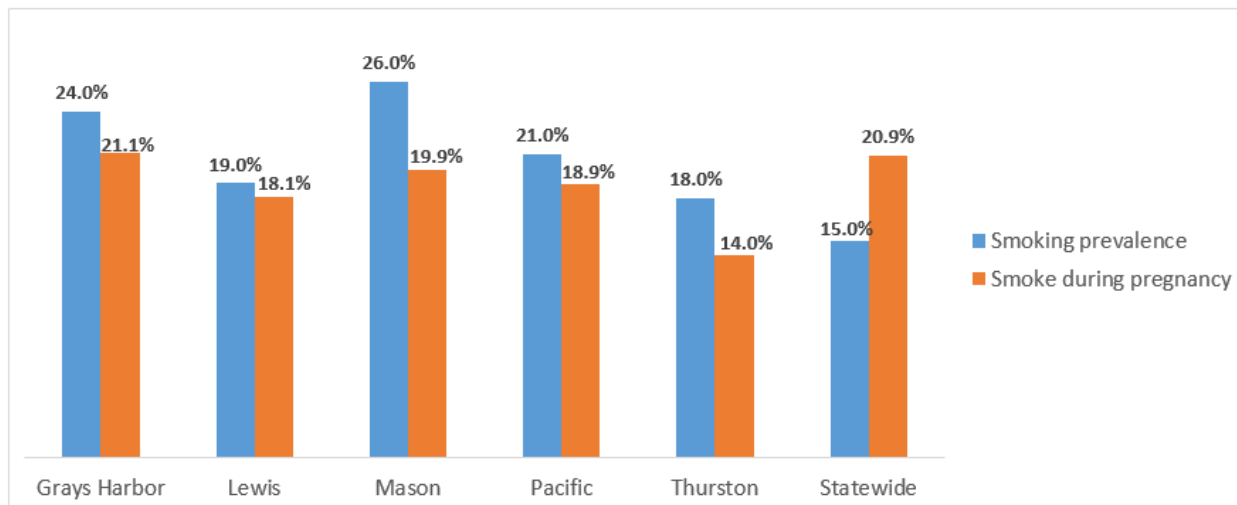
Healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity and lost lives. Adults across all five counties are performing below the State estimate for consumption of five or more fruits or vegetables daily².



Data Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2009. Accessed from the Health Indicators Warehouse

Alcohol and tobacco use

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. With the exception of Grays Harbor (21%), all counties are performing better than the State (17%) as a whole with regard to excessive drinking³.



Source: Washington State Department of Health. Tobacco Prevention and Control Program. Smoking prevalence: Behavioral Risk Factor Surveillance System (BRFSS). Smoke during pregnancy: 2009 Washington State Birth Certificates.

Tobacco use rates in all counties are higher than statewide with Mason and Grays Harbor County rates being particularly elevated (more than 10% above State average)⁴. Among teens, Mason County had the highest rate of smokeless tobacco use among 12th (12%), 10th (13%), and 8th (8%) grade students⁵. Grays Harbor County had the highest rate of smoking among teens. 24% of 12th grade students, 13% of 10th grade students, 6% of eighth grade students, and 2% of 6th grade students reported smoking cigars, cigarillos, or little cigars on one or more days in the past 30 days⁵.

Identified priority health needs

This section describes the significant priority health needs that were identified during the CHNA. This section also describes the process and criteria used to prioritize the needs. Potential resources in the community to address the significant health needs are also described in the section.

Prioritization process and criteria

After systematic collection of primary and secondary data Providence Southwest Washington and partners analyzed the data and considered each in terms of severity, burden, magnitude, existing resources, and impact on medically underserved, low-income, and minority population.

Priority health issues and baseline data

Priority Health Issue	Rationale/contributing factors
1. Advanced Care Planning	Advance Care Planning, following the Respecting Choices principle allows us to impact the community and cost of health care in a large scale. We will be partnering with others in the state and across Providence.
2. Childhood Obesity	Diabetes is becoming an epidemic in this country and in our community. Targeting youth allows us to move upstream and teach healthy habits early to ensure good health and wellness for future generations. This also allows for more purposeful partnering with other organizations in our community.
3. Access to Mental Health Services	Mental Health and Chemical Dependency are a challenge for the entire state. Providence currently provides Psychiatric Services, Chemical Dependency outpatient services to adults and adolescents. The Recovery Care Unit will allow us to provide care to patients who are in need medically as they go through withdrawals and provide a much needed resource for the community.

Addressing identified needs

This section describes how Providence will develop and adopt an implementation strategy (i.e. community health improvement plan) to address the prioritized community needs.

Plan development

Providence will consider the prioritized health needs identified through this community health needs assessment and develop a strategy to address each need. Strategies will be documented in a community health improvement plan. The CHIP will describe how Providence plans to address the health needs. If Providence does not intend to address a need, the CHIP will explain why.

The CHIP will describe the actions Providence intends to take to address the health need and the anticipated impact of these actions. Providence will also identify the resources the hospital plans to commit to address the health need. Because partnership is important to addressing health needs, the CHIP will describe any planned collaboration between Providence and other facilities or organizations in addressing the health need.

The improvement plan will be approved by the Providence Community Ministry Board no later than 15th day of the fifth month following completion of CHNA. When approved, the CHIP will be attached to this community health needs assessment report in the Appendix.

Resources potentially available to address the significant needs identified through the CHNA

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy of creating healthier communities together.

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. Below outlines a list of community resources potentially available to address identified community needs

Organization or Program	Description	Associated Community Need
Lewis County Public Health & Social Services	Lewis County Public Health and Social Services strives to promote, enhance, and protect the health and well-being of our community through partnerships, education, and prevention services.	Community Health
United Way of Lewis County	The mission of United Way of Lewis County is to improve, consistently and measurably, the quality of life for all the people of Lewis County by raising and distributing funds, mobilizing resources, and encouraging innovative solutions to the community's health and human service needs.	Early education, financial literacy, support services through partnerships
Valley View Health Centers	Valley View Health Center, with headquarters in Chehalis, Washington, provides medical, dental, and behavioral health services to Lewis, Pacific, and Thurston County residents, primarily to the uninsured and under-insured.	Primary, dental, and mental health services; uninsured and underinsured populations
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.	Access to care, consumer education, care coordination and integration, health system planning and transformation
Morton Hospital	Morton Hospital in Taunton is a full-service, 120-bed acute care hospital serving patients and families in southeastern Massachusetts. In addition to a compassionate and	Acute care

	skilled team of caregivers who treat patients like family, we provide comprehensive health care services including maternity services, state-of-the-art imaging services, weight loss surgery and MAKOplasty robotic assisted knee and hip surgery.	
Lewis County Mental Health Coalition	The Mental Health Coalition, made up of service providers, educators, counselors, and community members, has been meeting monthly since October 2008. Their goal is to address the mental and behavioral health needs of our community.	Behavioral health
Lewis County Thrives	Cross-sector collective working toward cradle to career possibilities for our residents.	Career and education
Love INC	Love INC is a proven model whereby local affiliates network together local churches, church volunteers and community organizations to help people who lack resources.	Faith-based, social and support services for low-income and vulnerable populations
Thurston County Public Health & Social Services	Thurston County Public Health & Social Services works for a safer and healthier community through provision of social services, disease control and prevention, and guarding environmental health.	Community health
Thurston Thrives	Thurston Thrives is a project aimed at bringing together community partners of Thurston County around the work we share. One of the main focuses of the project is to ensure that our county is thriving through the collaboration on the public health and social services that we bring to our community, to honor those who make Thurston County a healthy and safe place to live, and to align efforts to make an even bigger difference in the health of our community.	Community health and coalition building
Thurston Mason Behavioral Health Organization	The TMBHO coordinates services for Thurston and Mason County residents who are experiencing signs or symptoms of a substance use disorder. Services are available to low income individuals and persons with no income who receive Apple Health or other publically funded services.	Substance abuse, behavioral health
Thurston County's Housing & Community Renewal	Thurston County's Housing & Community Renewal's purpose is threefold: (1) Create and preserve	Homelessness, affordable and safe housing

	decent affordable housing; (2) End homelessness; and (3) provide capital investments which improve the viability, livability, and economic stability of Thurston County communities, particularly low-and moderate-income communities. The work is accomplished in partnership with the county's housing and social service providers and in cooperation with cities.	
Thurston County Development Disabilities Program	The Developmental Disabilities Program contracts with agencies in Thurston and Mason Counties to provide employment, community access and other supportive services to adults with developmental disabilities and their family members.	Supportive and career services for persons with developmental disabilities
Veterans' Assistance Fund	The Thurston County Veterans' Assistance Fund helps eligible veterans or family members with housing services including rent, mortgage, and shelter.	Supportive services for Veterans
Ocean Beach Hospital	OBHMC provides its community a 24/7 Emergency Department staffed by trained emergency medicine physicians. As a Critical Access Hospital, OBHMC is licensed for 25 inpatient beds and boasts an active "Swing Bed" program – where patients needing a lower acuity care setting can rehabilitate (if medical necessity is met) from surgeries, hospital stays and other healthcare events.	Critical Access Hospital
Willapa Harbor Hospital	Willapa Harbor Hospital is a Critical Access Hospital located in South Bend, Washington serving northern Pacific County and the greater Willapa Harbor area in Southwest Washington. Our goal is to provide quality, cost effective healthcare to our residents and visitors. WHH is a community owned and operated facility.	Critical Access Hospital
Summit Pacific Hospital	Summit Pacific Medical Center is a Critical Access Hospital with a level IV Trauma Designation. We offer 24-hour emergency services including a full service laboratory and diagnostic imaging department. Our Emergency Department is staffed 24 hours, 7 days a week by an ED Physician.	Critical Access Hospital

Mason General Hospital	Mason General Hospital & Family of Clinics provides exceptional patient-centered healthcare, as well as emergency services.	Critical Access Hospital
Steck Medical Clinic	Clinical services, imaging, and lab services; urgent care	Rural Health Clinic
Grays Harbor Community Hospital	Grays Harbor Community Hospital's healthcare team consists of physicians, nurses, other healthcare professionals, and students of the health sciences.	Acute care

2014 CHNA approval

This community health needs assessment was adopted on May 25, 2014 by the Community Health Needs Assessment and Community Benefit Planning Committee for Providence Southwest Washington Region. The final report was made widely available¹ on May 26, 2014.

Medrice Coluccio
Chief Executive
Southwest Washington Region

Angela Wolle
Vice President Mission Integration
Southwest Washington Region

Jeff Roberts
Chief Strategic Officer

Rik Emaus, D.O.
Chief Executive Providence Medical Group

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <http://washington.providence.org/hospitals/centralia-hospital/about/community-health-needs-assessment/> or <http://washington.providence.org/hospitals/st-peter/about/community-health-needs-assessment/>

¹ Per § 1.501(r)-3 IRS Requirements

Data sources

Community Profile	1. Esri Community Analyst. Custom community profile provided using the Community Analyst Tool.
	2. Community Commons. US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org
	3. County Health Rankings & Roadmaps. County Demographics for 5-County Region, 2014. Accessed from: countyhealthrankings.org
	4. Washington State Employment Security Department. Local Unemployment Statistics, 2013
Social and Economic Factors	1. Community Commons. US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org
	2. Esri Community Analyst. Custom community profile provided using the Community Analyst Tool.
	3. Community Commons. Feeding American, Food Insecurity estimates by county, 2013. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org
Physical Environment	1. Community Commons. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org
	2. Community Commons. US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Additional data analysis by CARES. 2013. Accessed from: communitycommons.org
Clinical Care	1. County Health Rankings & Roadmaps. Primary care physicians, dentists, and mental health providers, 2011-2012. Accessed from: countyhealthrankings.org.
	2. Community Commons. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Accessed from: communitycommons.org
	3. Washington State Local Public Health Indicators. Adults with Unmet Medical Need, 2010.
	4. US Census Bureau. Small Area Health Insurance Estimates (SAHIE), 2011
	5. Data Source: Community Commons. Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Accessed from: communitycommons.org
Health Status	1. Data Source: Washington State Department of Health, Chronic Disease Profiles by County. WA Behavioral Risk Factor Surveillance System, 2009-2011
	2. Washington State Local Public Health Indicators. Teen Overweight and Obesity, 2010.
Health Behaviors	1. Community Commons. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Accessed from: communitycommons.org
	2. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2009. Accessed from the Health Indicators Warehouse
	3. County Health Rankings & Roadmaps. Excessive drinking, 2005-2011. Accessed from: countyhealthrankings.org.
	4. Washington State Department of Health. Tobacco Prevention and Control Program. Smoking prevalence: Behavioral Risk Factor Surveillance System. Smoke during pregnancy: 2009 Washington State Birth Certificates.
	5. Washington State Department of Health. Healthy Youth Survey, 2012



Community Health Improvement Plan 2014-2016

Providence Centralia Hospital
Centralia, WA

Providence St. Peter Hospital
Olympia, WA

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Community Health Improvement Plan 2014-2016

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Providence Centralia Hospital
914 S. Scheuber Road
Centralia, WA 98531

Providence St. Peter Hospital
413 Lilly Road N.E.
Olympia, WA 98506

Executive summary

Community Health Improvement Plan

Providence St. Peter Hospital
Providence Centralia Hospital

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with others of goodwill, we conducted a formal community health needs assessment to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals. This assessment helped us develop the collaborative solutions outlined in this community health improvement plan to fulfill unmet needs while continuing to strengthen local resources. This CHIP guides our community benefit and other investments, not only for our own programs but also for many partners, toward improving the health of entire populations.

Overview of purpose

Every three years, Providence Southwest Washington Region conducts a CHNA for Providence Centralia and Providence St. Peter hospitals, which serve the same geographical areas. The CHNA is an evaluation of key health indicators of our communities and identifies the priority health needs that are addressed in this CHIP. Guided by our Mission and this plan, we will use community benefit investments to not only enhance the health and well-being of our patients, but the whole community. As part of this work, Providence is committed to supporting broader social determinants of health beyond clinical care. These strategies guide Providence's community benefit to connect individuals and families with preventive care to keep them healthy, fills gaps in community services and provide opportunities that bring hope in difficult times.

Summary of prioritized needs and associated action plans

Providence Southwest Washington Region is a member of the Community Health Improvement Plan Committee. Between February and April 2014, the CHIP Committee conducted two Lewis County community engagement assessments. The complete findings for the Community Themes and Strengths Assessment and the Forces of Change Assessment can be found in the 2014 Lewis County Community Health Assessment Report. Partners in the CHIP Committee and community assessment participants included community-based organizations that represent medically underserved, low-income and minority populations:

CHIP Committee Core Partners

- Lewis County Public Health and Social Services
- United Way of Lewis County
- Valley View Health Centers
- Child and Family Studies at Centralia College
- CHOICE Regional Health Network
- Lewis County Juvenile Court
- Morton Hospital

Community Assessment Participants

- Lewis County CHIP core partners
- Lewis County Community Health Partnership
- Lewis County Mental Health Coalition
- Lewis County Thrives
- Love INC
- Lewis County Board of Health
- Lewis County Chamber of Commerce

- Providence Health & Services Southwest Washington Region

- Lewis County Community Development
- Community members at large in Pe Ell and Onalaska

The Lewis County CHIP Committee utilized Mobilizing for Action through Planning and Partnerships framework to engage community partners in identifying and prioritizing strategic issues, formulating goals and strategies, and moving into the action cycle. After collection of relevant data, the committee engaged in the following activities:

1. Identifying strategic issues,
2. Formulating goals and strategies, and
3. Finalizing next steps

Following a thorough review, committee members identified the followed priority areas:

Advance care planning

Advance care planning, following the Respecting Choices principle, allows us to affect the community and cost of health care on a large scale. We will be partnering with others in the state and across Providence.

Childhood obesity

Diabetes is becoming an epidemic in communities all across the U.S. including those we serve. Targeting youth allows us to move upstream and teach healthy habits early to ensure good health and wellness for future generations. Targeting youth also allows for more purposeful partnerships with other organizations in our community.

Access to mental health services

Mental health and chemical dependency are challenging for the entire state. Providence currently provides psychiatric services and chemical dependency outpatient services to adults and adolescents. The addition of a Recovery Care Unit in Providence Centralia will allow us to provide medical care to patients as they go through withdrawals and a much-needed resource for our community.

Next steps

We will create initiative teams to frame the project and next steps for each of these priority areas. Funding and partnerships for each of these initiatives will be pursued. Progress updates on each initiative will be provided to community boards.

Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$950 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2013.

Serving Southwest Washington

Providence Health & Services in southwest Washington touches more lives in Thurston, Mason, Lewis, Grays Harbor and Pacific counties than any other health care provider. Our ministries include Providence St. Peter Hospital, a 390-bed regional teaching hospital in Olympia, and Providence Centralia Hospital, a 128-bed community hospital. Providence Medical Group operates 32 primary and specialty care clinics in the region, with more than 175 providers. In 2013, we spent \$59,218,206 investing in community benefit.

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started nearly 160 years ago when they answered a call for help from a new pioneer community in the West.

Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Vision

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way.®

Values

Respect, Compassion, Justice, Excellence, Stewardship

Purpose of this plan

In 2014, Providence St. Peter and Providence Centralia hospitals conducted a community health needs assessment. This community health improvement plan is designed to address key health needs identified in that assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work with our community partners in both Lewis and Thurston counties, we determined that emphasis on these needs would have the greatest effect on the community's overall health with significant opportunities for collaboration. These are:

Providence prioritized needs
<ul style="list-style-type: none">• ADVANCE CARE PLANNING• CHILDHOOD OBESITY• ACCESS TO MENTAL HEALTH SERVICES

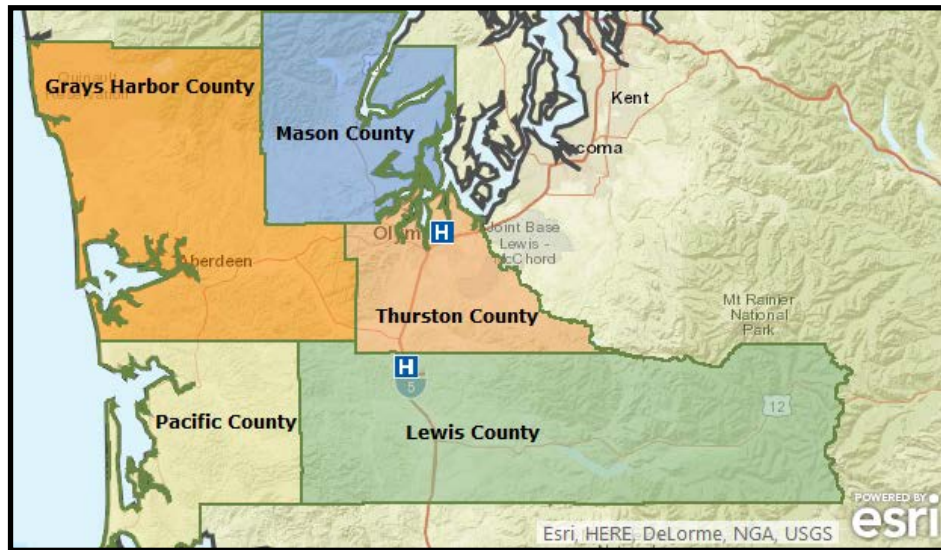
Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence St. Peter and Providence Centralia hospitals. The plan will target the community, and specific population groups including minorities and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through our mission services, with assistance from key staff in various departments. This plan will address all three of the identified priorities from the CHNA. No need will go unaddressed over the next three years.

Community profile

Providence Southwest Washington Region's service areas include Grays Harbor, Lewis, Mason, Pacific and Thurston counties.



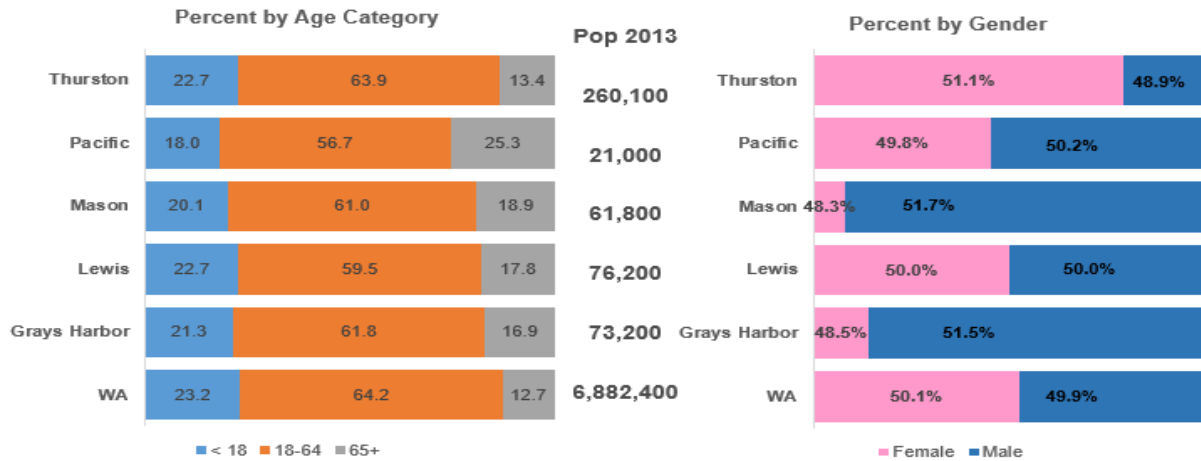
Population and age demographics

In 2013, the total population for our service area was approximately 493,613. In 2010, the Census count in the area was 482,135. The rate of change since 2010 was 0.45 percent annually. The five-year projection for the population in the area is 507,365, representing a change of 0.55 percent annually from 2015 to 2020. Currently, the population is 49.8 percent male and 50.2 percent female¹. A breakdown of the population by age and gender is provided in figure 1. Both areas have a veteran population higher than both Washington State and national averages, with the concentration occurring in persons aged 75 years or older¹.

Ethnicity

Persons who identify as non-Hispanic white comprise the largest portion of the population for both service areas. The smallest group for both areas are comprised of individuals who identify as Native Hawaiian or other Pacific Islander. Persons of Hispanic origin represent 9.2 percent of the population in the identified area, compared to 17.6 percent of the U.S. population. The Diversity Index, which measures the probability that two people from the same area will be from different race or ethnic groups, is 43.2 in the identified area, compared to 63.0 for the U.S. as a whole². Overall, the white population is bigger in percentage in rural counties. Much of the Hispanic growth rate is experienced in the younger populations, and English proficiency ranges from 1.7 to 2.4 percent, compared to the state at 4 percent³.

Figure 1. Breakdown of population by age and gender



Source: US Census. County Health Rankings – Race, Ethnicity

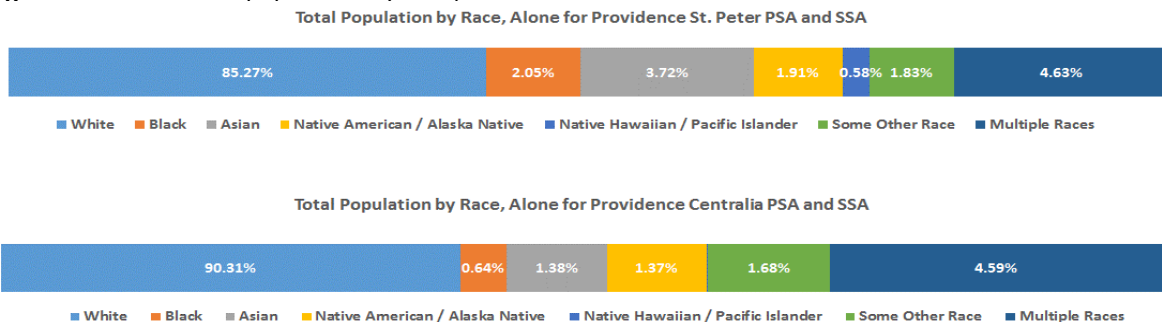
Income levels and housing

The household count in this area has changed from 192,303 in 2010 to 197,938 in 2014, a change of 0.55 percent annually. The five-year projection of households is 203,938, a change of 0.60 percent annually from 2014. Average household size is currently 2.44, compared to 2.45 in the year 2010. The number of families in the current year is 129,648 in the specified area¹.

Current median household income is \$52,245 in the area, compared to \$53,217 for all U.S. households. Median household income is projected to be \$59,558 in five years, compared to \$60,683 for all U.S. households. Current average household income is \$66,660 in this area, compared to \$74,699 for all U.S. households. Average household income is projected to be \$75,783 in five years, compared to \$84,910 for all U.S. households. Current per capita income is \$26,959 in the area, compared to the U.S. per capita income of \$28,597. The per capita income is projected to be \$30,688 in five years, compared to \$32,501 for all U.S. households¹.

In November 2013, the average unemployment rate for the area was 7.6 percent. In comparison, the state average was 6.5 percent. Unemployment rates have historically been particularly high in Grays Harbor, Lewis and Pacific Counties, in comparison to neighboring counties.

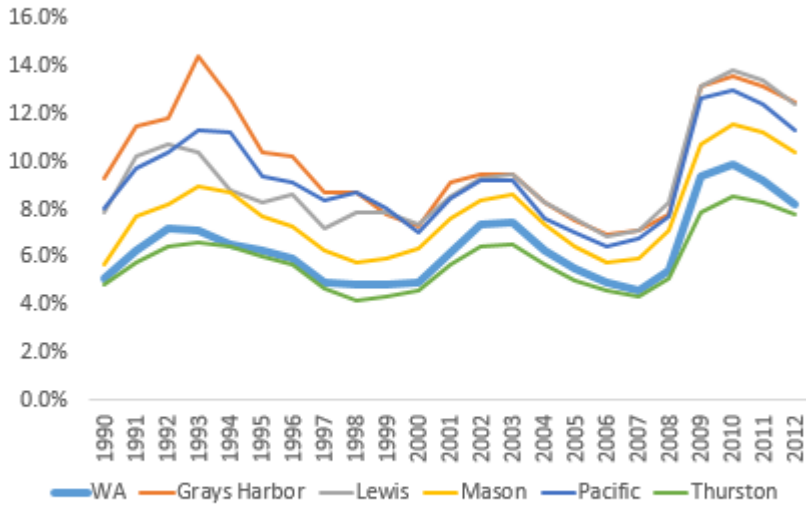
Figure 2. Breakdown of population by Race, Alone



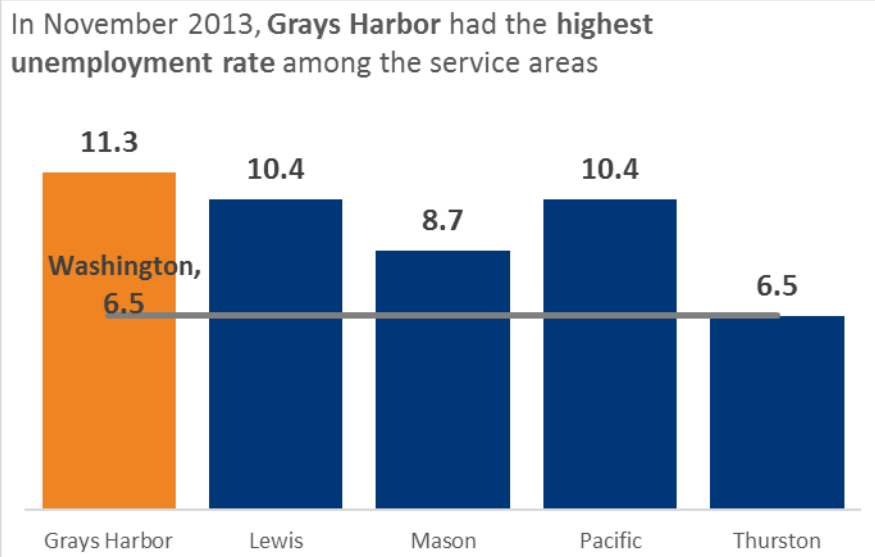
Note: Native Hawaiian/Pacific Islander = 0.02%

Data Source: US Census Bureau, American Community Survey 5-Year Estimates 2009-2013. Provided by custom community indicator report from Community Commons

Unemployment rates have historically been particularly high in Grays Harbor, Lewis and Pacific Counties



Source: Washington State Employment Security Department, Local Unemployment Statistics



Currently, 56.8 percent of the 234,035 housing units in the area are owner occupied; 27.8 percent are renter occupied; and 15.4 percent are vacant. Comparatively in the U.S., 55.7 percent of housing units are owner occupied; 32.8 percent are renter occupied; and 11.6 percent are vacant. In 2010, there were 225,463 housing units in the area; 58.8 percent were owner occupied, 26.5% were renter occupied; and 14.7 percent were vacant. The annual rate of change in housing units since 2010 is 1.67 percent. Median home value in the area is \$224,865, compared to a median home value of \$200,006 for the U.S. In five years, median value is projected to change by 2.02 percent annually to \$248,467¹.

Summary of community needs health assessment

Providence Southwest Washington Region participated with CHOICE Regional Health Network and Lewis County Public Health and Social Services in conducting the 2014 CHNA between February and April that year. The process engaged the CHIP Committee in Lewis County, which conducted two Lewis County community engagement assessments. The complete findings for the Community Themes and Strengths Assessment and the Forces of Change Assessment can be found in the 2014 Lewis County Community Health Assessment Report.

Partners in the CHIP Committee and Community Assessment Participants included various community based organizations that represent medically underserved, low-income and minority populations:

CHIP Committee Core Partners

- Lewis County Public Health and Social Services
- United Way of Lewis County
- Valley View Health Centers
- Child and Family Studies at Centralia College
- CHOICE regional health network
- Lewis County Juvenile Court
- Morton Hospital
- Providence Health & Services Southwest Washington Region

Community Assessment Participants

- Lewis County CHIP core partners
- Lewis County Community Health Partnership
- Lewis County Mental Health Coalition
- Lewis County Thrives
- Love INC
- Lewis County Board of Health
- Lewis County Chamber of Commerce
- Lewis County Community Development
- Community members at large in Pe Ell and Onalaska

Participants

An advisory group for each county was convened to review the content of the community health needs assessment and community benefit plan, and to identify priority health needs. Advisory group members represented a variety of sectors in our community, including organizations that serve the medically underserved, low-income, or minority populations in our community:

Thurston County

- Peter Brennan, Executive Director, Providence St. Peter Foundation
- Kevin Haughton, M.D., United Way, Thurston Thrives, PMG
- Leslie Torve, Providence St. Peter Hospital Community Board Member
- Daidre West, Providence St. Peter Hospital, Community Board President
- Paul Wilkinson, Chief Operating Officer, Providence St. Peter Hospital
- Rik Emaus, D.O., Chief Executive Providence Medical Group

Lewis County

- Dan Keahey, Providence Centralia Hospital Community Board Member
- Allen Rohr, Providence Centralia Hospital, Community Board President
- Mercy Mvundura, Providence Centralia Foundation, Board Member
- Kevin Caserta, M.D., Chief Medical Officer, Providence Centralia Hospital

Data collection

Primary data

Primary data was collected in collaboration with the Lewis County Community Health Improvement Plan Committee in partnership with Lewis County Public Health & Social Services. The CHIP Committee conducted two Lewis County community engagement assessments between February and April 2014. The complete findings for the Community Themes and Strengths Assessment and the Forces of Change Assessment can be found in the 2014 Lewis County Community Health Assessment Report.

Secondary data

Secondary data sources included publicly available state and nationally recognized data sources. Data on key health indicators, morbidity, mortality, and various social determinants of health were obtained through custom indicator reports provided by Community Commons (www.communitycommons.org) and Esri Community Analyst®. Additional local data was secured through CHOICE Region Health Network, Thurston County Department of Health and Lewis County Department of Health. The quantitative data provided include county specific data, and if available, data disaggregated by service areas. When feasible, health metrics have been further compared to national benchmarks, such as Healthy People 2020 objectives.

Identification of significant health needs

The Lewis County CHIP Committee utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework to engage community partners in identifying and prioritizing strategic issues, formulating goals and strategies, and moving into the action cycle. MAPP is comprised of four key assessments that drive the community health improvement process:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health Systems Assessment
4. Community Health Status Assessment

Together, these four assessments provide a complete understanding of the factors that affect our community. After collection of relevant data, the committee engaged in the following steps:

1. Identifying strategic issues

During this phase of the MAPP process, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the results of the four MAPP assessments and determining how those issues affect the achievement of the shared vision.

2. Formulating Goals and Strategies

During this phase of the MAPP process, participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. They then identify broad strategies for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements.

3. Action Cycle

This phase links three activities — planning, implementation and evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While this is the final phase of MAPP, it is by no means the end of the process. The efforts of the previous phases begin to produce results as the local public health system develops and implements an action plan for addressing priority goals and objectives.

Summary of Providence prioritized needs and associated action plans

Following a thorough review of the data, the workgroup identified the following priority needs to address over the next three years.

Advance care planning

Advance Care Planning (ACP), following the Respecting Choices principle allows us to affect the community and cost of health care on a large scale. We will be partnering with others in the state and across Providence.

Childhood obesity

Diabetes is becoming an epidemic in this country and in our community. Targeting youth allows us to move upstream and teach healthy habits early to ensure good health and wellness for future generations. This also allows for more purposeful partnering with other organizations in our community.

Access to mental health services

Mental Health and chemical dependency are a challenge for the entire state. Providence currently provides psychiatric services and chemical dependency outpatient services to adults and adolescents. The Recovery Care Unit will allow us to provide medical care to patients as they go through withdrawals and a much-needed resource for the community.

Priority health need: Advance care planning

This section outlines Providence's plan to end-of-life care issues through advance care planning, and measurable and achievable goals over a three-year period.

Community needs addressed

- The advisory group selected this particular focus as they reflected upon:
 - Demographics of the aging population;
 - Emotional angst that takes a toll on families, patients and staff;
 - Stewardship and cost of resources;
 - Gap in addressing this issue across the community; and
 - Impact and success that other communities have had.

Goal

The advance care planning Initiative at Providence Southwest Washington Region will help individuals plan for future health care and identify a person to speak for them if they cannot. It will also help our health systems provide care that honors personal goals, values and preferences.

Objectives

- Caregiver awareness
 - Encourage Providence caregivers to address advance care planning for themselves
 - Develop capacity to provide high-quality, patient-centered ACP conversations with patients
- ACP implementation pilots
 - Integrate advance care planning into patient processes along the care continuum
- Community outreach
 - Raise ACP awareness throughout community
 - Collaborate and partner in ways to find common ground, and create progressive growth in knowledge and understanding of ACP
- Infrastructure
 - Create sustainable framework and approach that facilitates provision of care and honors personal goals, values, and preferences

Action plan

- Provide workshops for caregivers
- Implement ACP pilots in a clinical setting
- Host community events to raise ACP awareness
- Partner with other community organizations to raise ACP awareness
- Work with partners to create a sustainable framework

Partners in collaboration

- Providence St. Peter Foundation
- Gunderson Health System
- Senior Services for the South Sound
- Physicians of Southwest Washington
 - Kevin Haughton, M.D.
 - Melanie Matthews
- Honoring Choices Pacific Northwest
- Washington State Medical Association
- Washington State Hospital Association
- Respecting Choices
- Panorama Retirement Community
- Lewis-Mason-Thurston Area Agency on Aging
- Additional “partnering” is secondary via ACP facilitation within other organizations.
 - DSHS Aging and Long-Term Support Administration
 - Health Care Authority
 - Family Education and Support Services

Measurement

Objective	Measures
Caregiver awareness	<ul style="list-style-type: none"> • Number of ACP workshops • ACP workshop attendees who report better ACP understanding
ACP Implementation Pilots	<ul style="list-style-type: none"> • Number of ACP pilots initiated • Number of ACP conversions and completed plans
Community outreach	<ul style="list-style-type: none"> • Number of activities • Number of participants • Number of participants that demonstrate increased knowledge
Infrastructure	<ul style="list-style-type: none"> • Work with Honoring Choices Pacific Northwest to achieve statewide coordination • Train 24 ACP facilitators • Develop a resource guide on ACP • Improved ACP capabilities within EPIC and other EMR systems

Priority health need: Childhood obesity

This section outlines Providence Southwest Washington Region's plan to address childhood obesity and wellness in our community with measurable and achievable goals over a three-year period.

Community need addressed

To address childhood obesity in our community, we will partner with local school districts to implement the Sqord Go! Program.

Goal

The goal of this project is to enhance physical activity of students in the North Thurston School District (NTSD) and Washington Elementary School (WES). This will be accomplished through a collaboration between Providence St. Peter Hospital and Sqord, a manufacturer of wearable activity trackers designed for youth. Together they will create and implement a program focused on building a unique kid community platform, where students can share and compare exercise results with friends, and win awards. The intent is to make playing and exercising fun for kids.

The scope is limited to sixth graders attending public middle school in the NTSD and the fourth grade class at WES. The program duration will be three years.

Objectives

- Enroll students and families into the Sqord Go! Program
- Increase physical activity among Sqord Go! participants

Continued on next page

Action plan

Sqord Project Implementation	
Program Oversight and Funding:	Hold Group bi-monthly meetings
	Hold Oversight Committee meetings
	Pursue funding through "Ready to Go" grant
	Pilot update to Providence St. Peter Hospital Foundation Board; solicit funds for full implementation
Supply Management:	Order Sqord Boosters for pilot distribution (150)
	Receive Sqord Boosters
	Order Sqord Boosters for fall distribution (1,000)
Program Development:	Hold teacher education and Everett site visit
	Plan expansion of program to North Mason Schools and Aspire
	Kick-off project at CMS
	Develop training material and integrate into curriculum
	Schedule training event for August
	Train and Aspire teachers
	Kick-off fall project
Parent/Student/Community Material:	Develop and implement community information plan with Providence St. Peter Hospital liaison
	Develop websites for spring pilot
	Distribute introductory information to parents of 6th graders
	Distribute and receive participation consent forms
	Develop list of summer activities for continued physical activity
	Develop and distribute brochure for parents with summer resources
	Develop, distribute and analyze parent survey (several key questions/comments)
	Develop websites for summer activities
	Develop websites for fall roll out
	Distribute introductory information to parents of all 6th graders
Program Evaluation:	Develop pre/post activity survey
	Work with Sqord to identify options for activity assessment and evaluation
	Administer pre survey
	Obtain 2014 Healthy Youth Survey (HYS) data for 6th graders
	Assess results for district
	Track individual activity levels
	Administer post survey
	Assess Sqord activity data; create analysis and summary

Partners in collaboration

- North Thurston School District
- Centralia School District
- Sqord
- Providence St. Peter Foundation

Measurement

Objective	Measures
Enroll students and families into the Sqord Go! Program	<ul style="list-style-type: none"> • Number of players who received a Sqord device • Number of players registered
Increase physical activity among Sqord Go! participants	<ul style="list-style-type: none"> • Average daily activity for registered players • Average time on wrist • Percent of students syncing data on weekend • Time spend on weekend syncing data • Minutes spent engaging in moderate to vigorous activity

Priority health need: Access to mental health

This section outlines Providence Southwest Washington Region's plan to address unmet mental health care needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- The Recovery Care Unit will provide mental health and substance abuse services to adults and adolescents in our community.
- The Recovery Care Unit will provide a safe place to patients experiencing withdrawal symptoms, while also attending to physical, mental and spiritual needs.
- Some long length-of-stay patients in Olympia can be seen in Centralia, and some Emergency Center patients in Olympia can be direct-admitted to the Medical Surgery Unit or other units in Centralia.

Goal

To provide inpatient alcohol detoxification services, move opioid detoxification services to the appropriate standard of care in the outpatient setting, and help level the load of patients within the Southwest Washington Region.

Objectives

- Provide intensive inpatient withdrawal management to patients recovering from addictions to alcohol, benzodiazepine and opioids who meet American Society of Addiction Medicine (ASAM) Level 4.0 Withdrawal Management criteria.

Action plan

- A care coordinator will provide the patient with education and brief intervention around their substance use disorder.
- Ensure patients are discharged to appropriate community resources.

Partners in collaboration

- Cascade Mental Health
- Timberland Regional Support Network
- Valley View Health Center
- Lewis County Department of Health
- Washington State: Division of Behavioral Health and Recovery
- Lewis County Drug & Alcohol Division
- Providence St. Peter Crisis Clinic
- Lewis County law enforcement
- Lewis County Commissioners
- Centralia City Council

Measurement

Objective	Measures
Provide intensive inpatient withdrawal management to patients recovering from addictions to alcohol, benzodiazepine, and opioids who meet ASAM Level 4.0 Withdrawal Management criteria.	<ul style="list-style-type: none">• Number of patients in Detox Unit• Number of returning patients• Total number of patients served

Creating healthier communities together

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy for creating healthier communities together.

Providence and its partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. Below outlines a list of community resources potentially available to address identified community needs:

Organization or Program	Description	Associated Community Need
Lewis County Public Health & Social Services	Lewis County Public Health and Social Services strives to promote, enhance and protect the health and well-being of our community through partnerships, education and prevention services.	Community Health
United Way of Lewis County	The mission of United Way of Lewis County is to improve, consistently and measurably, the quality of life for all the people of Lewis County by raising and distributing funds, mobilizing resources, and encouraging innovative solutions to the community's health and human service needs.	Early education, financial literacy, support services through partnerships
Valley View Health Centers	Valley View Health Center, with headquarters in Chehalis, Wash., provides medical, dental, and behavioral health services to Lewis, Pacific and Thurston County residents, primarily to the uninsured and under-insured.	Primary, dental and mental health services for uninsured and underinsured populations
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.	Access to care, consumer education, care coordination and integration, health system planning and transformation
Morton Hospital	Morton Hospital in Taunton is a full-service, 120-bed acute care hospital serving patients and families in Southeastern Massachusetts. In addition to a compassionate and skilled team of caregivers who treat patients like family, it provides comprehensive health care services, including maternity services, state-of-the-art imaging services, weight loss surgery and MAKOpasty robotic assisted knee and hip surgery.	Acute care
Lewis County Mental Health Coalition	The Mental Health Coalition, made up of service providers, educators, counselors and community members, has met monthly since October 2008. Their goal is to address the mental and behavioral health needs of our community.	Behavioral health

Lewis County Thrives	Cross-sector collective working toward cradle to career possibilities for our residents.	Career and education
Love INC	Love INC is a proven model whereby local affiliates network together local churches, church volunteers and community organizations to help people who lack resources.	Faith-based, social and support services for low-income and vulnerable populations
Thurston County Public Health & Social Services	Thurston County Public Health & Social Services works for a safer and healthier community through provision of social services, disease control and prevention, and guarding environmental health.	Community health
Thurston Thrives	Thurston Thrives is a project aimed at bringing together community partners of Thurston County around the work we share. One of the main focuses of the project is to ensure that our county is thriving through the collaboration on the public health and social services that we bring to our community, to honor those who make Thurston County a healthy and safe place to live, and to align efforts to make an even bigger difference in the health of our community.	Community health and coalition building
Thurston Mason Behavioral Health Organization (TMBHO)	The TMBHO coordinates services for Thurston and Mason County residents who are experiencing signs or symptoms of a substance use disorder. Services are available to low-to-no income individuals and persons who receive Apple Health or other publicly funded services.	Substance abuse, behavioral health
Thurston County's Housing & Community Renewal	Thurston County's Housing & Community Renewal's purpose is threefold: (1) create and preserve decent affordable housing; (2) end homelessness; and (3) provide capital investments that improve the viability, livability and economic stability of Thurston County communities, particularly low-and moderate-income communities. The work is accomplished in partnership with the county's housing and social service providers, and in cooperation with cities.	Homelessness, affordable and safe housing
Thurston County Development Disabilities Program	The Thurston County Developmental Disabilities Program contracts with agencies in Thurston and Mason Counties to provide employment, community access and other supportive services to adults with developmental disabilities and their family members.	Supportive and career services for persons with developmental disabilities
Thurston County Veterans' Assistance Fund	The Thurston County Veterans' Assistance Fund helps eligible veterans or family members with housing services such as rent, mortgage and shelter.	Supportive services for Veterans
Ocean Beach Hospital & Medical Clinics (OBHMC)	OBHMC provides its community a 24/7 emergency department staffed by trained emergency medicine physicians. As a critical access hospital, OBHMC is licensed for 25 inpatient beds and boasts an active "Swing Bed" program, where patients needing a lower acuity care setting can rehabilitate (if medical necessity is met) from surgeries, hospital stays and other health care events.	Critical Access Hospital
Willapa Harbor Hospital (WHH)	WHH is a critical access hospital located in South Bend, Wash., serving northern Pacific County and the greater Willapa Harbor area in Southwest Washington. Its goal is to provide quality, cost effective health care to our residents and visitors. WHH is a community owned and operated facility.	Critical Access Hospital

Summit Pacific Medical Center	Summit Pacific Medical Center is a critical access hospital with a level IV Trauma Center designation. It offers 24-hour emergency services, including a full-service laboratory and diagnostic imaging department. Its emergency department (ED) is staffed seven days a week by an ED physician.	Critical Access Hospital
Mason General Hospital & Family of Clinics	Mason General Hospital & Family of Clinics provides exceptional patient-centered health care, as well as emergency services.	Critical Access Hospital
Steck Medical Clinic	Steck Medical Clinic provides clinical, imaging and lab services, and urgent care.	Rural Health Clinic
Grays Harbor Community Hospital	Grays Harbor Community Hospital's health care team consists of physicians, nurses, other health care professionals, and students of the health sciences.	Acute care
Lewis County Public Health and Social Services	Lewis County Public Health and Social Services strives to promote, enhance and protect the health and well-being of its community through partnerships, education and prevention services.	Community Health
United Way of Lewis County	The mission of United Way of Lewis County is to improve, consistently and measurably, the quality of life for all the people of Lewis County by raising and distributing funds, mobilizing resources, and encouraging innovative solutions to the community's health and human service needs.	Early education, financial literacy, support services through partnerships
Valley View Health Centers	Valley View Health Centers, with headquarters in Chehalis, Wash., provides medical, dental and behavioral health services to Lewis, Pacific and Thurston County residents, primarily to the uninsured and under-insured.	Primary, dental, and mental health services for uninsured and underinsured populations
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.	Access to care, consumer education, care coordination and integration, health system planning and transformation