PROVIDENCE
Health & Services
Southwest Washington

Southwest Washington Community Health Needs Assessment 2017-2019

Providence St. Peter Hospital
Olympia, Wash.

Providence Centralia Hospital
Centralia, Wash.

Serving Thurston and Lewis counties

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2017-2019 Community Health Needs Assessment

Providence Centralia Hospital

914 S Scheuber Rd,

Centralia, WA 98531

Providence St. Peter Hospital

413 Lilly Rd NE

Olympia, WA 98506

Executive summary

2017 Community Health Needs Assessment

Providence Centralia Hospital
Providence St. Peter Hospital

Creating healthier communities, together

As health care continues to evolve and systems of care become more complex, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with many community organizations, we are committed to addressing the most pressing health needs in our community. Every three years, Providence Centralia Hospital and Providence St. Peter Hospital conduct a community health needs assessment for the communities in Southwest Washington. The CHNA is conducted as part of our tradition of care to discern the needs of those we serve and create partnerships that respond in effective ways. In addition, it meets requirements outlined in section 501(r)(3) of the IRS Code. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that have an impact on health
- Identify community resources and collaboration opportunities with community partners
- Establish findings, including prioritized health needs, that can be used to develop and implement a 2017-2019 community health improvement plan

Our starting point: Gathering community health data and input

Providence Centralia and Providence St. Peter hospitals conducted key participant interviews, focus groups, and an online survey with community-based organizations and the community at large to gather more insight through data and to aid in describing the community. Secondary data sources included publicly-available state and nationally-recognized data sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, Community Commons, Nielsen, and other state and federal databases. Further details on health indicators from secondary data sources are located on pages 17-56, and information from our interviews, focus groups and survey begins on page 57. A summary of the priorities derived from this information is included in the table that follows.

Priority health issues and baseline data

Prioritized need	Rationale/contributing factors
Access to primary and specialty care	▪ Secondary data indicates all counties in the primary and secondary service areas are designated as health professional shortage areas for primary care. ▪ The rate of uninsured remain higher than state estimates. ▪ Key participants, focus groups and survey results identified major areas of need for access to acute mental health services, substance abuse treatment programs, and primary care.

Chronic disease	▪ The percent of adults diagnosed with COPD increased from 2011. ▪ 2015 data indicates all counties in the defined service area have a higher percentage of adults with high blood pressure than state estimates.
Poverty, economic opportunities and job growth	▪ Four of the five counties in the service areas have a high percentage of households living below the federal poverty level.
Homelessness	▪ The 2016 Point in Time Count found there were 1,431 homeless persons, both sheltered and unsheltered, across the five-county region. ▪ Key participants frequently noted homelessness among top social issues.
Mental health services (including substance abuse services)	▪ Mental health services, including substance abuse, was the social need most frequently mentioned by key participants and focus groups across the counties sampled. ▪ Four of the counties in the five-county region had higher drug-related hospitalization rates than the state. ▪ All five counties in the region had a higher percentage of adults who have had 14 or more days of poor mental health or distress in the past 30 days, in comparison to the state.
Physical activity and nutrition	▪ All five counties in the region had higher percentages of adults with no leisure time activity, in comparison to the state. ▪ All five counties in the region had lower percentages of adults who consumed fruit at least once or more per day in comparison to the state. ▪ Lewis County had the lowest percentage of adults who consume vegetables at least once or more per day, in comparison to the four other counties and the state.
Healthy aging	▪ Older adults, age 65 and older, comprise an average of 21% of the total population across the five-county region. By 2025, the greatest growth in this population is expected in Thurston, Grays Harbor, and Mason counties. ▪ Both Lewis and Pacific counties had the highest percentage of older adults who had 14 or more poor physical health days in the past month in comparison to the four other counties and state.

Identifying top health priorities, together

Dozens of participants provided valuable input to this assessment including:

- Behavioral Health Resources
- Cascade Mental Health
- City of Centralia - Public officials
- Centralia School District
- Fire department and district representatives from:
  - Centralia
  - Lacey
  - Olympia
- Lewis County Public and Social Services
- Lewis County Community Group RISE: Resource Integration Service Education
- Senior Services for South Sound
- Thurston County Food Bank
- Thurston County Public and Social Services
- Thurston Thrives
- United Way

Following a review of the data associated with the top community health needs, members of an oversight committee prioritized the needs identified in the CHNA. The committee used a

prioritization matrix and specific criteria to rank the needs in the community. All criteria are detailed on page 76-78. The top priority identified was “mental health services (including substance abuse services).”

Providence top priority health need for 2017-2019	Mental health services - including substance abuse services

Measuring our success: Results from our 2014 CHNA

This report also evaluates results from our most recent CHNA in 2014. Identified prioritized needs were: Advanced care planning, childhood obesity and access to mental health services. Providence responded by making investments of time, resources and funding to programs that were most likely to have an impact on these needs. This summary includes just a few highlights from pages 82-86.

Prioritized Need #1: Advance care planning

Providence Southwest Washington Region began its Advance Care Planning Initiative in mid-2015 with funding from Providence St. Peter Foundation. This initiative helps individuals plan for future health care and identify a person to speak for them if they cannot. It also helps health systems provide care that honors personal goals, values, and preferences. The region is on track to reach all of the initiative’s targets aligned with its goals.

Prioritized Need #2: Childhood obesity

Providence Southwest Washington Region partnered with North Thurston and Centralia school districts and Sqord, a manufacturer of wearable activity trackers designed for youth, to design and implement a program that directly responds to this need.

Sqord devices were distributed to 616 kids for the 2015-16 school year, and 674 devices for the 2016-17 school year. As of June 2017, reports show that 51% of North Thurston Students in the program and 61% of Centralia students in the program had an average of 45 minutes or more Moderate to Vigorous Physical Activity (MVPA) per day.

Providence continues to partner with both school districts and Sqord to measure impact and determine next steps.

Prioritized Need #3: Access to mental health services

Providence continues to evaluate ways to meet the ongoing and profound mental health and substance abuse needs of the communities we serve. A dedicated Recovery Care Unit was established at Providence Centralia Hospital from June 2015 to September 2016, which served 674 patients during that time. The Detox Unit supported patients in their readiness for change, engaged them in treatment, and connected them with resources in a peaceful environment that allowed them to concentrate on healing.

Beginning October 1, 2016, the unit was transitioned to an 18-bed Medical Unit. Medical detox services continue to be available at the hospital for those with a medical necessity. In addition, benzodiazepine and opioids detoxification standard of care is provided at a level of intensive outpatient care at the Providence St. Peter Chemical Dependency Center.

Providence will explore further opportunities to meet mental health and substance abuse needs as a key priority identified in our current CHNA.

This assessment helps and guides our community benefit investments, not only for our own programs but also for many nonprofit partners. Please join us in making our communities healthier, together.

Summary of community input

This section describes how the hospitals took into account input from persons who represent the broad interests of the community. It summarizes in general terms the input provided, including how and over what time period such input was provided.

Providence Centralia Hospital and Providence St. Peter Hospital conducted key informant interviews, focus groups, and an online survey to gather more insight through data and to aid in describing the community.

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent community health improvement plan.

Summary of key participant input

A total of 15 key participant interviews took place in February and March of 2017. Key participants were invited to interviews based on their expertise in working with low-income, medically underserved, minority, or otherwise vulnerable populations. Interviews were transcribed and reviewed for key themes of identified needs. A list of key participants can be found on pages 13-14. More detailed information regarding the valuable input gathered from our key participant interviews can be found in the primary data section that begins on page 58. Appendix I shows the list of questions used to guide the interviews.

Summary of focus group input

Two focus group discussions were held on Feb. 13, 2017, one in Lewis County and one in Thurston County. Focus groups considered end-user experiences and needs. Appendix II shows the list of questions used to guide our focus group conversations.

Summary of survey data collected

In February 2017, Providence conducted an online survey to collect input regarding community health needs. A total of 178 responses were received. Most respondents resided or served in Lewis and Thurston counties, with the remaining respondents from surrounding counties. The online survey was distributed in a variety of ways including by email to key community stakeholders representing vulnerable populations and end users, social media, and media releases. A summary of survey results can be found in Appendix III.

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 conduct 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 $1.2 billion in community benefit across Alaska, California, Montana, Oregon and Washington during 2016.

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 31 primary and specialty care clinics in 37 locations in the region, with more than 200 providers. During 2016 our region provided $53.4 million in community benefit in response to unmet needs and to improve the health and well-being of those we serve in southwest Washington

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About us

Providence Health & Services is committed to improving the health of the communities it serves, especially for those who are poor and vulnerable. In 2016, Providence provided nearly $1.2 billion in community benefit to help meet the needs of its communities, both today and into the future. Providence Health & Services is a part of Providence St. Joseph Health, a family of organizations that includes 50 hospitals, 829 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its partners employ more than 111,000 caregivers serving communities across seven states – Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. Along with Saint Joseph Health, PSJH includes: in California, Facey Medical Foundation, Hoag Memorial Hospital Presbyterian and St. Joseph Heritage Healthcare; in Washington, Kadlec Regional Medical Center, Pacific Medical Centers and Swedish Health Services; and in Texas, Covenant Health and Covenant Medical Group. Learn more at psjhealth.org.

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 Promise

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

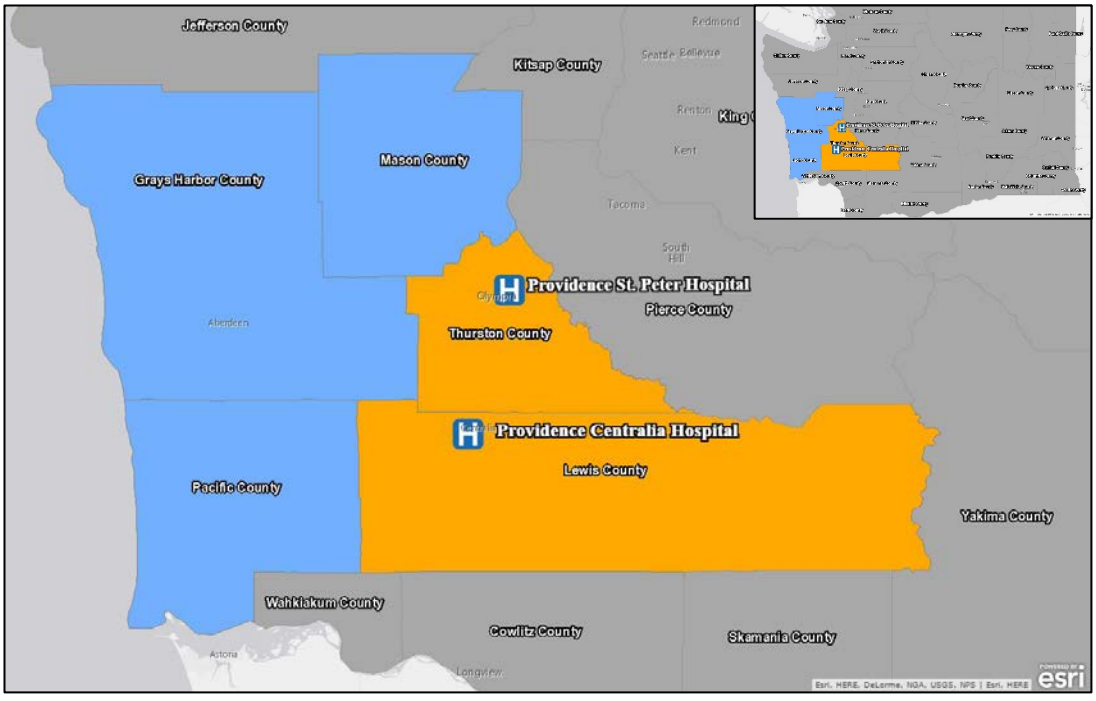
Description of community

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

The community served by Providence St. Peter and Providence Centralia hospitals, the Southwest Washington Service Area, consists of five counties with a total population of approximately 506,000. Within this geographical area, Thurston and Lewis Counties are designated as the primary service area for the two hospitals. The secondary service area includes Grays Harbor, Mason, and Pacific Counties.

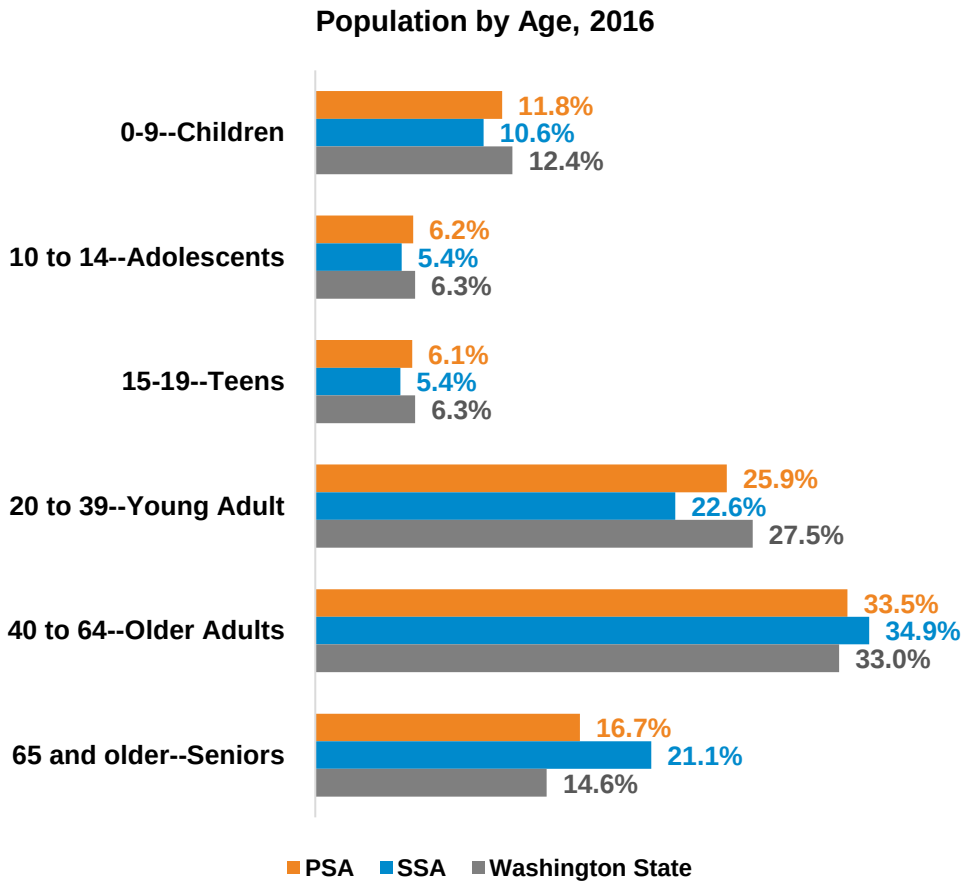
Many Southwest Washington communities retain a small-town feel but boast the resources and amenities of much larger populations. Housing costs are reasonable, particularly in comparison to other cities on the West Coast. Washington scores favorably in national tax-impact surveys. Residents enjoy no state income tax, a modest property tax and a sales tax with generous exemptions. It is hard to envision a better place to raise families than Southwest Washington – most schools have an excellent reputation, the pace of life is slower, streets are safe, and the communities are close knit.



Population and age demographics

Total population for the PSA is 346,611. In 2010, the Census count in the area was 327,719. The rate of change since 2010 was 0.90 percent annually. Age demographics show about 79 percent of the population is age 18 years or older and the median age for the PSA is 40.1, compared to U.S. median age of 38.0. In 2016 the population comprised:

- 11.8 percent children (0-9 years)
- 6.2 percent adolescents (10-14 years)
- 6.1 percent teens (15-19 years)
- 25.9 percent young adult (20-39 years)
- 33.5 percent older adult (40-64 years)
- 16.7 percent seniors (65 years and older)



Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

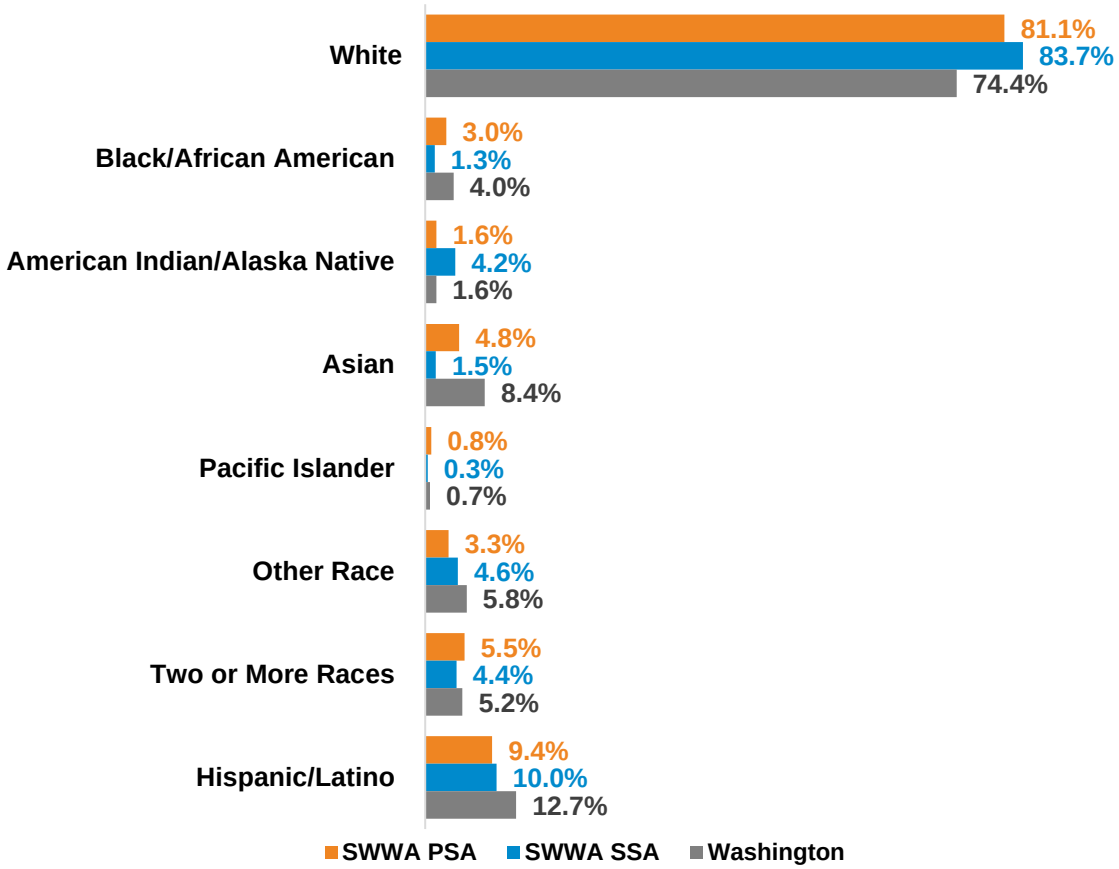
About 90 percent of population in the PSA, across all age groups, speak English only. According to the 2010-2014 American Community Survey 5-Year estimates, about 2 percent of households in Lewis (2.1 percent) and Thurston County (2.3 percent) are living in limited English-speaking households. A “limited English-speaking household” is one in which no member 14 years old and over: 1) speaks only English at home; or 2) speaks a language other than English at home and speaks English “very well.” Comparatively, 4 percent of households across Washington state would be considered a “limited English-speaking household”.

In addition, about 4 percent of households in Lewis (4.2 percent) and Thurston counties (4.4 percent) are considered to have limited English proficiency. Those who have limited English proficiency are typically defined as persons age 5 and older who speak a language other than English at home and speak English less than "very well." Comparatively, 8 percent of the population across Washington State would be considered to have “limited English proficiency.”

Ethnicity

Among residents of our primary service area, in 2016, 81 percent were white, 5 percent Asian, 2 percent were Alaska Native or American Indian, 3 percent were African American or black, 1 percent were Native Hawaiian or other Pacific Islander, 3 percent were of some other race, 6 percent were of two or more races, and 9 percent were Hispanic or Latino (any race).

Population by Race and Ethnicity, 2016



Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

Income levels and housing

In 2016, the median household income for the PSA was $59,321, and the average household income was $76,508. Comparatively, the median household income for all U.S. households was $54,149 and the average household income was $77,008. The following table gives additional estimates for the primary and secondary service areas and for Washington state.

	Median household income	Average household income
Primary service area (two counties)	$59,321	$76,508
Secondary service area (three counties)	$45,378	$57,769
Washington state	$60,959	$83,718

Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

The number of households in the PSA has grown from 130,393 in 2010 to 137,219 in 2016, with a change of 0.82 percent annually. The average household size is currently 2.49, compared to 2.47 in 2010. The majority of homes in the PSA are owner occupied (66 percent), with a smaller percentage of renters (34 percent). The median home value in the PSA is $251,474. The table below gives additional estimates for the SSA and Washington State.

	Owner occupied housing units	Renter occupied housing units	Vacant housing units	Median home value
PSA (two counties)	66.4%	33.6%	9.0%	$251,474
SSA (three counties)	71.4%	28.6%	28.1%	$188,756
Washington state	62.7%	37.4%	9.5%	$296,396

Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

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 Centralia and Providence St. Peter hospitals conduct a community health needs assessment for the communities in Southwest Washington. The CHNA is conducted as part of our tradition of care to discern the needs of those we serve and create partnerships that respond in effective ways. In addition, it meets requirements outlined in section 501(r)(3) of the IRS Code. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
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- Identify community resources and collaboration opportunities with community partners
- Establish findings, including prioritized health needs, that can be used to develop and implement a 2017-2019 community health improvement plan

Beginning with the 2014 CHNA, the hospitals agreed to conduct a joint CHNA in accordance with §1.501(r)-3(b)(6)(v) of the Federal IRS code 26 CFR Parts 1, 53, and 602 ("Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return; Final Rule"). Accordingly, representatives of both medical centers agreed to participate on an oversight committee authorized by the Community Ministry Board. In collaboration with community representatives, the oversight group considered primary and secondary data collected, and prioritized community needs as described herein below.

Participants

The organizations listed below represent the key participants who contributed to this CHNA. These individuals represent a variety of low-income, medically underserved, and minority populations throughout the southwest Washington community.

Key participant and title	Organization	Organization description / community representation
Laurie Tebo, CEO	Behavioral Health Resources	Multi-county provider of mental health and addiction recovery services with locations in Thurston, Mason, and Grays Harbor.

Key participant and title	Organization	Organization description / community representation
Dr. Rachel Wood, Health Officer	Thurston County Public Health and Social Services	Public health for Thurston County residents.
Robert Coit, Executive Director	Thurston County Food Bank	Working to end hunger in Thurston County.
Liz Davis, Community Coordinator	Thurston Thrives	County-wide initiative designed to engage the entire community using a cross-sector approach to improve public health and safety in Thurston County.
Richard Stride, Chief Executive Officer Matt Patten, Chief Clinical Officer	Cascade Mental Health	Non-profit Community Mental Health Center serving Lewis and surrounding counties.
Winfried Danke, Executive Director	CHOICE	Non-profit collaborative of health care leaders in a five-county region that includes Grays Harbor, Lewis, Mason, Pacific, and Thurston counties. Mission is to improve community health through the collective planning and action of health care leaders.
Danette York, Director	Lewis County Public Health and Social Services	Promoting health for Lewis County residents.
Bonnie Canaday, Mayor	City of Centralia	Public service, Lewis County
Lee Coumbs, City Councilor	City of Centralia	Public service, Lewis County
Mark Davalos, Superintendent	Centralia School District 401	Public Schools, Lewis County
Debbie Campbell, Executive Director	United Way of Lewis County	Philanthropic organization in service to Lewis County community's health and human service needs.
Paul Knox, Executive Director	United Way of Thurston County	Philanthropic organization in service to Thurston County community's health and human service needs.
Greg Wright, Deputy Fire Chief	Olympia Fire Departmcent	Emergency Services, Thurston County
Steve Brooks, Fire Chief	Lacey Fire	Emergency Services, Thurston County
Richard Mack, Assistant Chief Fire Marshall	Riverside Fire Authority	Emergency Services, Lewis County
Vincent Perez, Outreach Coordinator	Association of WA Student Leadership, Latinx Leadership	Lewis County, Latino outreach

Oversight Committee

The following individuals reviewed the data collected and helped our hospitals prioritize the top health needs for 2017-19:

Name	Title	Organization
Peter Brennan	Director	Providence Foundation
Amber Lewis	Board Member	Community Board
Liz Davis	Board Member	Community Board
Michelle James	Chief Nursing Officer	Providence Southwest Washington
Dr. Kevin Haughton	Physician	Providence Medical Group – Southwest Washington
Christine Dickinson	Board Member	Community Board
Eileen McKenzie-Sullivan	Board Member	Community Board
Denise Marroni	Chief Financial Officer	Providence Southwest Washington
Angie Wolle	Vice President of Mission	Providence Southwest Washington
Jennifer Houk	Director, Accountable Care	Providence Southwest Washington

Outside Consultant: HC^2 Strategies, Inc.

Providence Centralia and Providence St. Peter hospitals contracted HC^2 Strategies, Inc. to assist in conducting and documenting this community health needs assessment. HC^2 Strategies, Inc. is a health care consulting firm with expertise in health care systems, strategy and innovation, community health needs assessments, and program evaluation (www.hc2strategies.com). HC^2's Healthcare Intelligence Director, Jessica L.A. Jackson, worked directly with both hospitals to determine appropriate indicators, research methods, and prioritization methods.

Key contributors:

Lewis County Public Health and Social Services
Thurston County Public Health and Social Services

Providence Centralia and Providence St. Peter hospitals invited key leaders within our local county Public Health and Social Services Departments to inform our community health needs assessment. Danette York, director of Lewis County Public Health and Social Services, and Mary Ann O'Garro, epidemiologist with Thurston County Public Health and Social Services, worked directly with Providence Centralia and Providence St. Peter hospitals to share key information regarding health indicators, specialized focus reports, and offer guidance to our oversight team.

Data collection

CHNA framework

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our community. The CHNA ensures that we can target our community investments into interventions that best address the needs of our community. Our hospital is transitioning from a process evaluation-based system to a more inclusive and regional focus of metrics. This requires being in alignment with statewide and national indicators, such as Healthy People 2020 and The County Health Rankings & Roadmaps. The domains used in this assessment encompass the same type of national and state community health indicators. We recognize that health status is a product of multiple factors. Each domain influences the next, and through systematic and collective action, improved health can be achieved. The four key indicators used in our assessment are described below.

Social and economic environment: *Indicators that provide information on social structures and economic systems. Examples include: poverty, educational attainment, and workforce development.*

Health system: *Indicators that provide information on health system structure, function, and access. Examples include: health professional shortage areas, health coverage, and vital statistics.*

Public health and prevention: *Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include: cigarette smoking, diabetes rates, substance abuse, physical activity, and motor vehicle crashes.*

Physical environment: *Indicators that provide information on natural resources, climate change, and the built environment.*

Primary data

Providence Centralia and Providence St. Peter hospitals conducted key participant interviews, focus groups, and an online survey to gather more insight through data and to aid in describing the community. Key participants were selected based on their expertise in working with low-income, medically underserved, minority, or otherwise vulnerable populations. Focus groups considered end-user experiences and needs. The online survey was targeted to community-based safety net organizations and focused on service needs among clients. The full results of the qualitative analysis and description of groups and process can be found later in this document.

Secondary data

Secondary data sources included publicly-available state and nationally recognized data sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. Many of the indicators are presented according to county with orange color coding indicating primary service area, blue for secondary service area, and green for Washington State.

Data limitations and gaps

It should be noted that the survey results are not based on a stratified random sample of organizations throughout Thurston and Lewis counties. The perspectives captured in this data simply represent the partners who agreed to participate. In addition, this assessment relies on several local, national, and state entities with publicly-available data. All limitations inherent in these sources remain present for this assessment.

Identification of significant health needs

The criteria selected for determining significant health needs were chosen per the IRS 501(r) regulations for conducting community health needs assessments and developing implementation plans. The Oversight Committee used these criteria in a prioritization matrix to determine the final list of prioritized needs.

The prioritization matrix uses a mathematical process whereby participants assign a priority ranking to issues based on how they measure against established criteria. Weighting of each criteria was selected based on input from the panel of experts at HC^2 Strategies, Inc. that included public health professionals, persons with expertise in hospital administration, and persons with expertise in conducting community health needs assessments from Providence Centralia and Providence St. Peter hospitals. More information on the criteria used and identified priority areas will be presented later in this document.

Health indicators and trends

Social and economic environment

This section will detail indicators related to social and economic factors in our community that play a role in maintaining good health. Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and support available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans generally are not as healthy as they could be.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

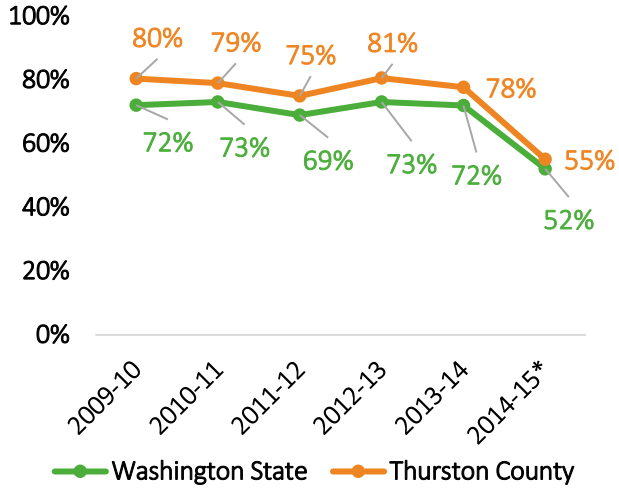
Education

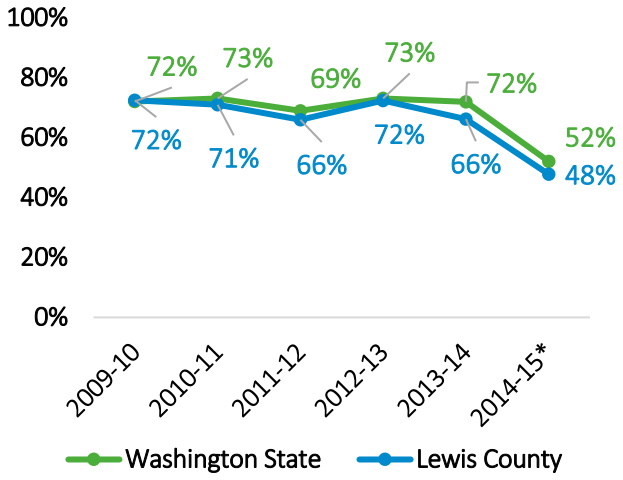
Education is an important factor in health status. Independent of its relation to behavior, education influences a person’s ability to access and understand health information. Education is also correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, and diabetes, to name a few. Higher educational levels are associated with lower morbidity and mortality.

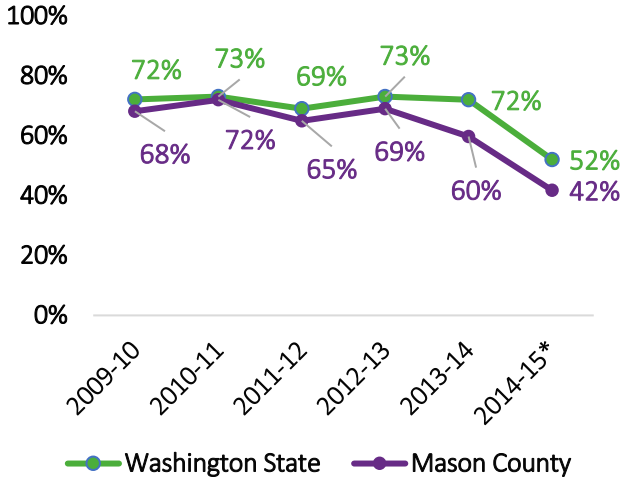
3rd grade reading scores

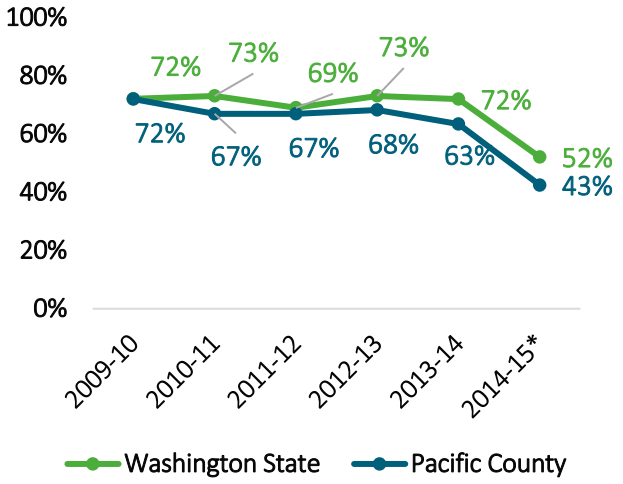
A report published by the Anne E. Casey Foundation, found that children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than proficient readers. That same report found that early-grade reading proficiency in the U.S. is unacceptably low for lower-income students and students of color. This achievement gap is persistent, and does not diminish over time with a much larger share of low-income and students of color scoring below proficient on the National Assessment of Educational Progress Reading Exam. These students are more likely to drop out into a cycle of poverty and reduced access to employment opportunities.

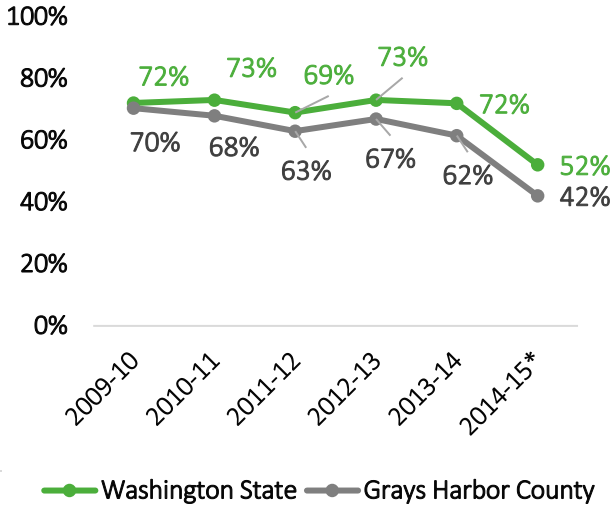
3rd Graders Meeting or Exceeding Reading Standards (MSP)









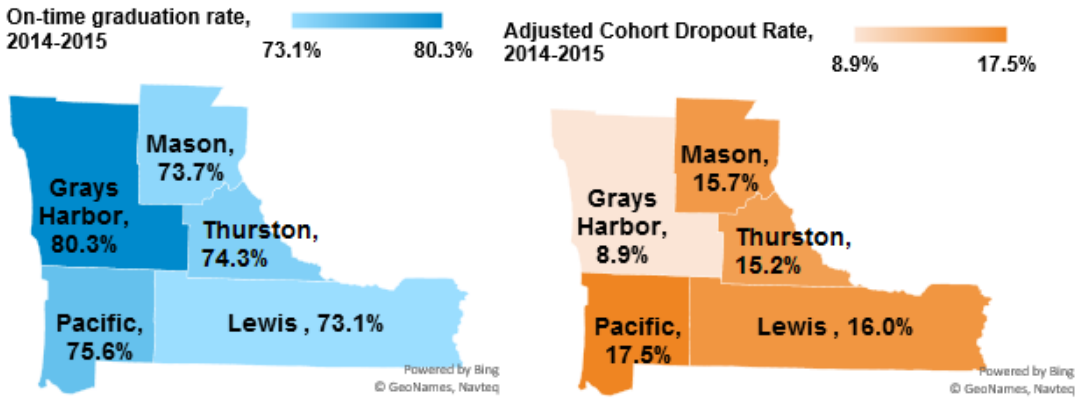


Historically, reading scores for 3rd graders in Thurston and Lewis Counties have been above scores for all of Washington State. Comparatively, the other counties in the service area have historically had reading scores lower than that of Washington State. For example, the Mason and Grays Harbor Counties have the lowest percentage of 3rd graders meeting or exceeding reading standards in comparison to the other counties and state.

Note: * Testing instrument changed 2014-2015. Data Source: Annie E. Casey Foundation (2017). Kids Count Data Center, Education, Test Scores. Geography: County. Retrieved from www.datacenter.kidscount.org.

High school graduation

Earning a high school diploma or greater often translates into better jobs, higher wages and better benefits. A recent report from the Bureau of Labor Statistics found that a full-time American worker, 25 years or older, who didn't graduate from high school had median weekly earnings of $504 in late 2016. Someone with a high school diploma, but no college education, earned $700 a week. That earnings gap of $196 per week translates into $10,192 over the course of a year.



Data Source: Annie E. Casey Foundation (2017). Kids Count Data Center, Education Indicators, School Age. Geography: County. Retrieved from www.datacenter.kidscount.org.

The on-time graduation rate for Washington State during the 2014-2015 school year was 78.1 percent. When looking at our service areas, Grays Harbor County had the highest on-time graduation rate in comparison to the other counties and state estimate (WA State, 78.1 percent). When looking at the adjusted cohort dropout rate, Pacific County had the highest rate in comparison to the other counties and state estimate (WA State, 11.9 percent). Among those who dropped out in Pacific County, 33.3 percent were English language learners, 23.9 percent were special education, and 22.2 percent qualified for free and reduced lunch (low-income).

Thurston County has the lowest percentage of adults age 25 years or older without a high school diploma, in comparison to the other counties and the state. Comparatively, Lewis County has the highest percentage of adults without a high school diploma.

Adults (25+) without a high school diploma		
PSA	Lewis County	**12.89%**
	Thurston County	**6.59%**
SSA	Grays Harbor County	**12.09%**
	Mason County	**12.41%**
	Pacific County	**12.56%**
	Washington State	**9.56%**

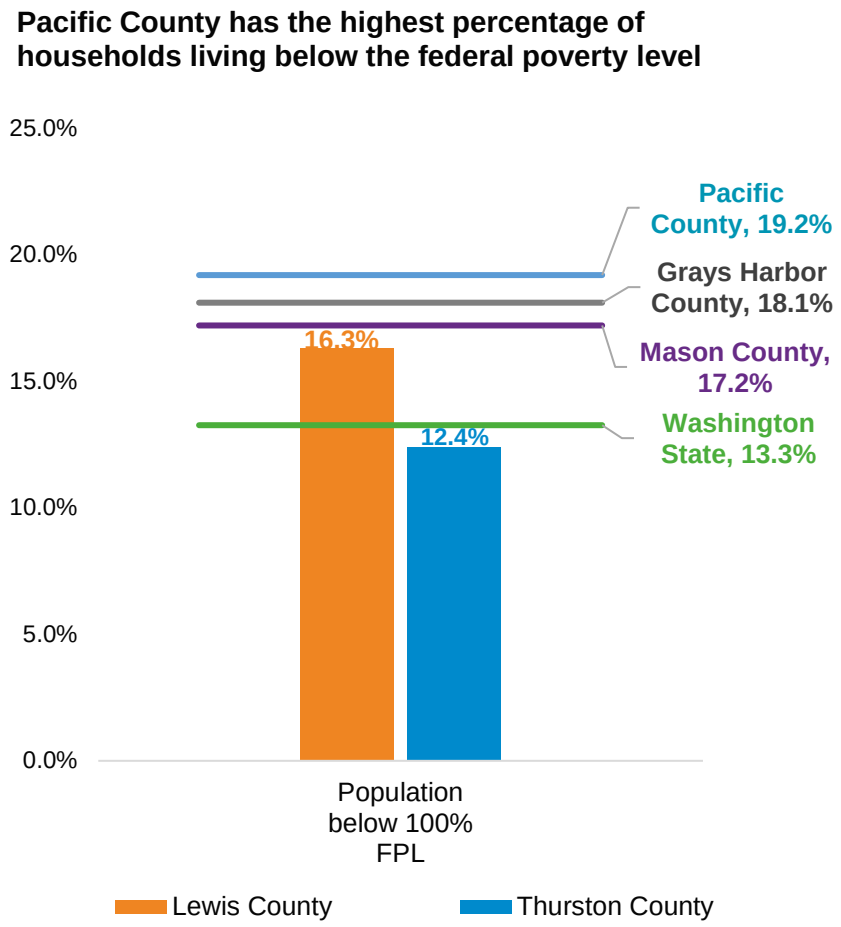
Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons. US Census Bureau, American Community Survey. 2011-15. Source geography: Tract. Retrieved from www.communitycommons.org.

When looking at post-graduate education, Thurston County also has the highest percentage (33.4 percent) of adults aged 25 or older with a Bachelor's Degree or higher, in comparison to the other counties and the state (32.9 percent). For comparison, 14.8 percent of the adult population in Grays Harbor County has a Bachelor's

Degree or higher; 15.4 percent in Lewis County; 17.8 percent in Mason County; and 16.8 percent in Pacific County.

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 die in an accident. Family poverty is relentlessly correlated with high rates of teenage pregnancy, failure to earn a high school diploma, and violent crimes.

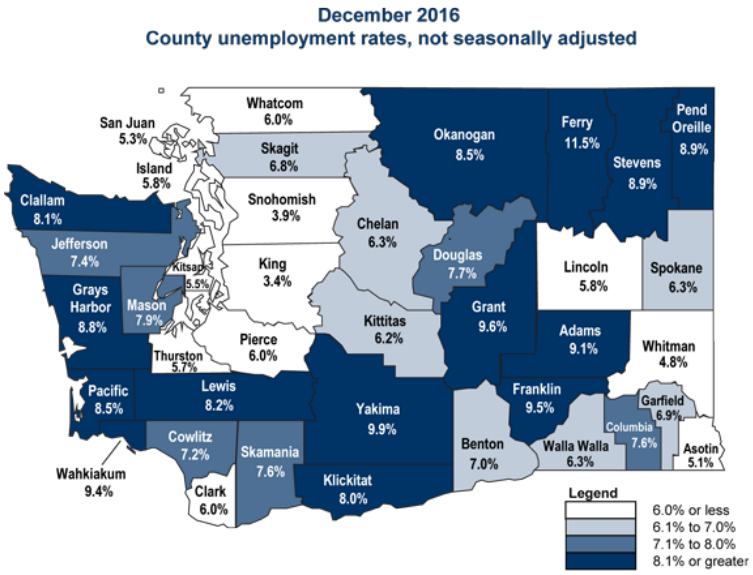


Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons. US Census Bureau, American Community Survey. 2011-15. Source geography: Tract. Retrieved from www.communitycommons.org.

Pacific County has the highest percentage of households living below the federal poverty level, in comparison to the other counties and state. In comparison, Thurston County has the lowest percentage of population below the FPL at 12.4 percent.

Workforce development

Addressing unemployment levels is important to community development, because unemployment can lead to financial instability and serve as a barrier to health care access and utilization. Many people secure health insurance through an employer; however, even with Medicaid expansion, without gainful employment some may not be able to afford deductibles, certain office visits, procedures, or medications. Equally important to health are the concepts of underemployment and earning a living wage.



Data Source: Washington State Employment Security Department (2016). Monthly employment report. Retrieved from https://esd.wa.gov/labormarketinfo/monthly-employment-report

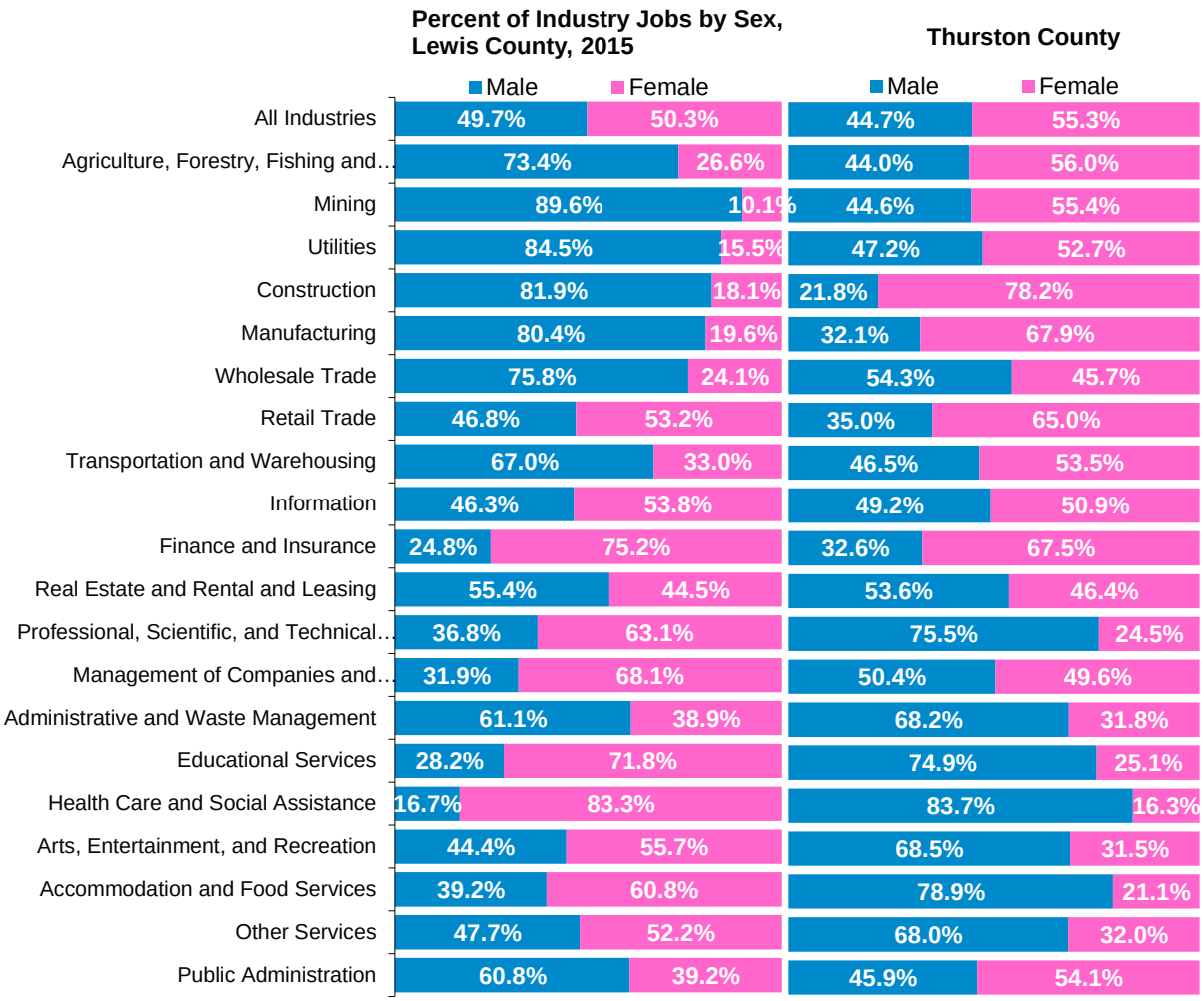
Underemployment is the condition in which people in a labor force are employed at less than full-time or at inadequate jobs with respect to their training or economic needs. Being in a state of underemployment may force some workers to work multiple jobs and increased hours throughout the week, while still not receiving the full benefits associated with full-time employment or living wage to support a household.

As of December 2016, the unemployment rate for Lewis County was 8.2 percent and 5.7 percent for Thurston County. Comparatively, rates were higher in neighboring counties: 8.5 percent for Pacific, 8.8 percent for Grays Harbor, and 7.9 percent for Mason. A total of 6,700 jobs were gained statewide in December and the unemployment rate dropped to 5.2 percent. However, when counting the unemployed, other marginally attached workers, and part-time employees, one finds that 10.7 percent of the potential labor force is being underutilized (Q3 December 2016). So while jobs were added during this time period, there is still a sizeable portion of the population in the labor market that is either under or unemployed.

According to Esri's 2016 Employment Projections, the majority of the population in the PSA age 16 years and older are employed in white collar occupations (61.3 percent) and a smaller portion are employed in blue collar occupations (20.8 percent). For those employed in white collar occupations, the most popular field is "professional" at 22.2 percent. For those employed

in blue collar occupations, the most popular field is “transportation/material moving” at 6.5 percent.

When looking at occupational trends by gender, one finds that in Lewis County more women tend to work in professional jobs (i.e. health care and social assistance, educational services, finance and insurance), in comparison to men. However, the opposite tends to be true in Thurston County where more women tend to work in blue collar and service jobs (i.e. construction, manufacturing, retail), in comparison to men.



Data Source: Washington State Employment Security Department (2016). County profile: Lewis and Thurston Counties. Retrieved from https://esd.wa.gov/labormarketinfo

When looking at occupational trends among young adults, one finds that “accommodation and food service” jobs are the most popular across both counties. The second most popular category of positions for young adults is “arts, entertainment, and recreation” jobs in Lewis County and in Thurston County it is retail jobs.

Top 5 Industries for Young Adults (16-24), Lewis County	
Accommodation and food services	31.4%
Arts, Entertainment, and Recreation	29.4%
Retail	21.7%
Administrative Waste	18.7%
Construction	13.0%

Top 5 Industries for Young Adults (16-24), Thurston County	
Accommodation and food services	35.5%
Retail	21.8%
Arts, Entertainment, and Recreation	16.9%
Administrative Waste	14.8%
Other Services	14.1%

Data Source: Washington State Employment Security Department (2016). County profile: Lewis and Thurston Counties. Retrieved from **https://esd.wa.gov/labormarketinfo**

In 2015, young adults in Thurston County employed in accommodations and food service jobs earned $17,500 annually. Their counterparts in Lewis County earned $17,432 annually. Young adults living in Lewis County and employed in arts, entertainment, and recreation jobs earned significantly less than their counterparts in Thurston County, and significantly less in comparison to their counterparts working in other fields.

Median Salaries, Young Adults (16-24), Lewis County	
Accommodation and food services	$17,432
Arts, Entertainment, and Recreation	$10,227
Retail	$27,359
Administrative Waste	$35,872
Construction	$42,086

Median Salaries, Young Adults (16-24), Thurston County	
Accommodation and food services	$17,500
Retail	$28,931
Arts, Entertainment, and Recreation	$18,659
Administrative Waste	$32,122
Other Services	$35,995

Data Source: Washington State Employment Security Department (2016). County profile: Lewis and Thurston Counties. Retrieved from **https://esd.wa.gov/labormarketinfo**

Analysis of median income demonstrates that having a job is not sufficient to afford the cost of living and healthcare services. For example, the median income for a young adult working in retail Thurston County is $28,931. Using the living wage calculator from MIT, it was found that a household with one adult and one child in Thurston County would need to earn $23.56 hourly ($45,235 annually) to maintain a normal standard of living. In Lewis County, this same household would need to earn $22.66 hourly ($43,507 annually) to maintain a normal standard of living.

5 Industries for Older Adults (55+), Lewis County	
Mining	43.0%
Utilities	39.7%
Educational services	38.0%
Transportation and warehousing	34.5%
Real estate and rental and leasing	32.6%

Top 5 Industries for Older Adults (55+), Thurston County	
Educational services	34.3%
Public administration	32.8%
Utilities	32.4%%
Transportation and warehousing	32.1%
Real estate and rental and leasing	27.4%

Data Source: Washington State Employment Security Department (2016). County profile: Lewis and Thurston Counties. Retrieved from **https://esd.wa.gov/labormarketinfo**

When looking at occupational trends among older adults, one finds that "mining" jobs are the most popular in Lewis County and "educational services" in Thurston County. The second most popular category of positions for older adults are "utilities" jobs in Lewis County and "public administration" in Thurston County.

Median Salaries, Older Adults, (55+), Lewis County	
Mining	$61,661
Utilities	$46,798
Educational services	$60,301
Transportation and warehousing	$38,090
Real estate and rental and leasing	$33,288

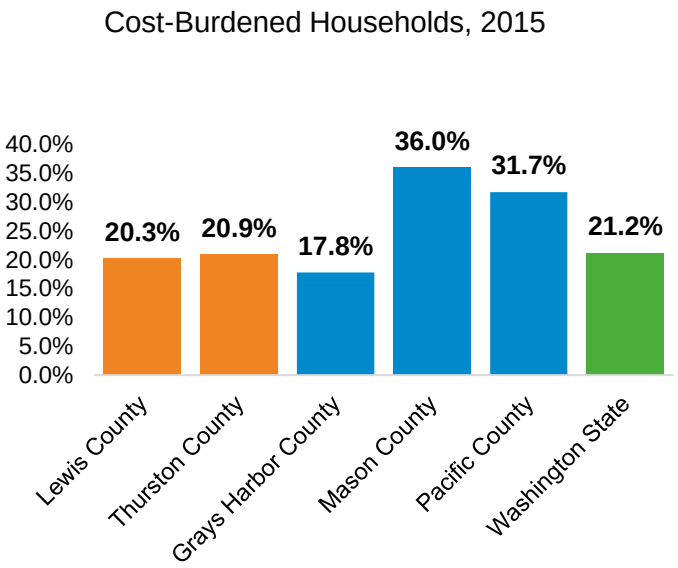
Median Salaries, Older Adults, (55+), Thurston County	
Educational services	$59,419
Public administration	$38,816
Utilities	
Transportation and warehousing	$35,472
Real estate and rental and leasing	$68,900

Data Source: Washington State Employment Security Department (2016). County profile: Lewis and Thurston Counties. Retrieved from **https://esd.wa.gov/labormarketinfo**

In 2015, older adults in Thurston County employed in educational services earned a median salary of $59,419 annually. Their counterparts in Lewis County earned $60,301 annually. Older adults living in Lewis County and employed as real estate agents earned significantly less than their counterparts in Thurston County.

Housing affordability

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 percent of the area median family income. It currently calls housing affordable if housing for that income group costs no more than 30 percent of the household's income. Families with cost burden may have difficulty affording necessities such as food, clothing, transportation, and medical care.



Data Source: Washington State Employment Security Department (2016). County profile: Grays Harbor, Lewis, Mason, Pacific, and Thurston Counties. Retrieved from https://esd.wa.gov/labormarketinfo

	Fair Market Rent and Median Family Income (MFI), 4 people/ 3 bedrooms		
		Fair Market Rent	Required Income (MFI)
PSA	Lewis County	$1,014	$40,560
	Thurston County	$1,304	$52,160
SSA	Grays Harbor County	$967	$38,680
	Mason County	$1,076	$43,040
	Pacific County	$976	$30,040

Fair Market Rent and Median Family Income (MFI), 1 person/ 1 bedroom		
	Fair Market Rent	Required Income (MFI)
Lewis County	$631	$25,240
Thurston County	$703	$28,120
Grays Harbor County	$523	$20,920
Mason County	$657	$26,280
Pacific County	$525	$21,000

Data Source: State of Washington Department of Commerce (2016). Affordable Housing Needs Study—2015, County profiles. Retrieved from http://www.commerce.wa.gov/housing-needs-assessment/

Housing cost burden is the highest in Mason County at 36 percent among both renters and home owners. Comparatively, Grays Harbor County has the lowest percentage of cost-burdened households at 17.8 percent. Looking at burden among renters, one finds the greatest

burden in Thurston County. For example, the median income for a young adult working in retail in Thurston County is $28,931. This is barely above the required income to afford a one bedroom apartment ($28,120) at $703 per month. In this situation, choosing between adequate housing, other expenses, and food may become a tough choice.

Homelessness

A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness. The lack of affordable housing leads to high rent burdens (rents which absorb a high proportion of income), overcrowding, and substandard housing. These phenomena, in turn, have not only forced many people to become homeless, they have put a large and growing number of people at risk of becoming homeless.

The point in time count gives a glimpse into who may be homeless and basic reasons why. The 2016 count found that there were 1,431 persons across the five county region (Lewis, Thurston, Grays Harbor, Pacific, and Mason), who were homeless on a night in January 2016.

Of the counties, Thurston had the greatest number of homeless persons counted; comparatively, Pacific County had the least. When looking at the sheltered versus unsheltered population across all five counties, a sizeable portion consists of individuals (households without minors), who are unsheltered (38.2 percent). Among those seeking shelter, the larger portion tends to be households with an adult and a minor.

	2016 Point in Time Count	Sheltered	Unsheltered	Total
PSA	Lewis County	45	105	150
	Thurston County	397	189	586
SSA	Grays Harbor County	101	102	203
	Mason County	127	289	416
	Pacific County	7	69	76
	Total	677	754	**1,431**

Data Source: State of Washington Department of Commerce (2016). Annual Point in Time Count, 2016 Count Results. Retrieved from http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/

		Sheltered		Unsheltered		Total
	2016 Point in Time Count	Households without minors	Households with adults and minor	Households without minors	Households with adults and minor	
PSA	Lewis County	**14%** *(21)*	**16%** *(24)*	**61.3%** *(92)*	**8.7%** *(13)*	**100%** *(150)*
	Thurston County	**32.1%** *(188)*	**34.3%** *(201)*	**32.3%** *(189)*	**0%** *(0)*	**98.7%*** *(586)*
SSA	Grays Harbor County	**37.9%** *(77)*	**11.8%** *(24)*	**48.8%** *(99)*	**1.5%** *(3)*	**100%** *(203)*
	Mason County	**4.6%** *(19)*	**25.9%** *(108)*	**25.5%** *(106)*	**44%** *(183)*	**100%** *(416)*
	Pacific County	**9.2%** *(7)*	**0%** *(0)*	**80.3%** *(61)*	**10.5%** *(8)*	**100%** *(76)*

Total	**21.8%** *(312)*	**24.9%** *(357)*	**38.2%** *(547)*	**14.5%** *(207)*	**99.5%*** *(1431)*

*Note: While, not included on this table as a category, Thurston County did have eight sheltered individuals counted as “households with only minors”. None of the other counties had individuals fall into this category.
Note: Raw numbers are presented in parentheses.
Data Source: State of Washington Department of Commerce (2016). Annual Point in Time Count, 2016 Count Results. Retrieved from http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/

Health system

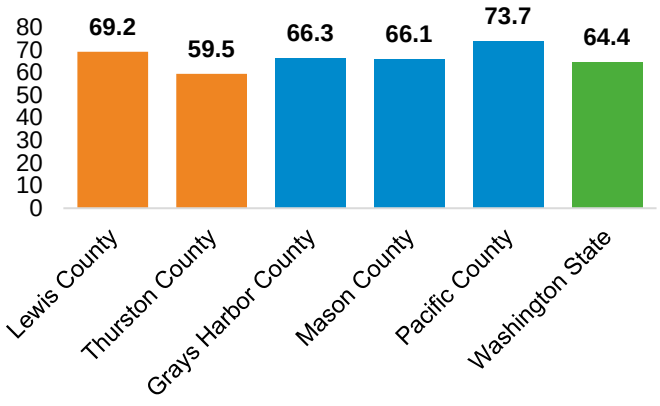
Birth indicators

Rate of births are an indication of population growth and demand on a community's existing resources, infrastructure, schools, and the health care system/services. It is critical to understand current birth trends to ensure adequate availability of needed resources, particularly among low-income families and young mothers. Pacific County has the highest birth rate per 1,000 women of childbearing age (15-44), in comparison to the other counties and state.

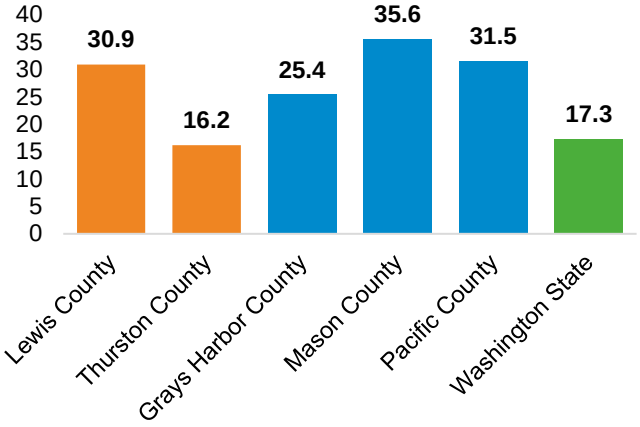
Rates of birth among teenage girls (ages 15-19) are important to track, because this population is especially vulnerable to the effects of poverty, low educational attainment, and reduced economic opportunities. This indicator is also reflective of access to health care, health education, and family planning services. Mason County has the highest rate of teen births, in comparison to the other counties and state.

Low birth weight is indicative of the general health of newborns and often a key determinant of survival, health, and development. Understanding such data is critical as infants born at low birth weights are at a heightened risk of complications, including infections, neurological disorders, learning disabilities, and even chronic diseases. The Healthy People 2020 goal is for 7.8 percent or less of infants to be born with weights below 2,500 grams. Pacific County has the highest percentage of low birth-weight babies, in comparison to the other counties and state.

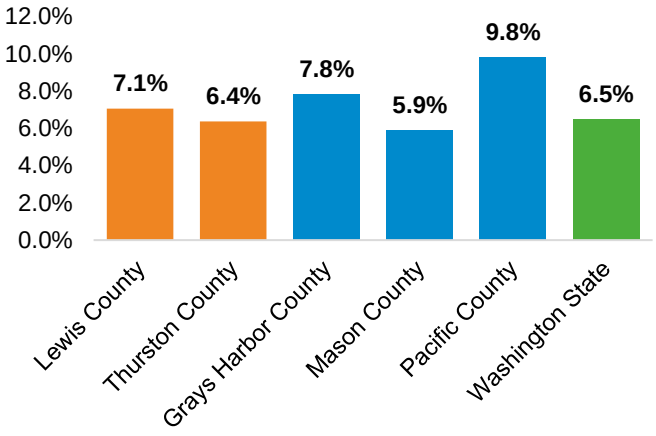
Birth Rate per 1,000 Women



Teen Birth Rate per 1,000 Teenage Girls (15-19)

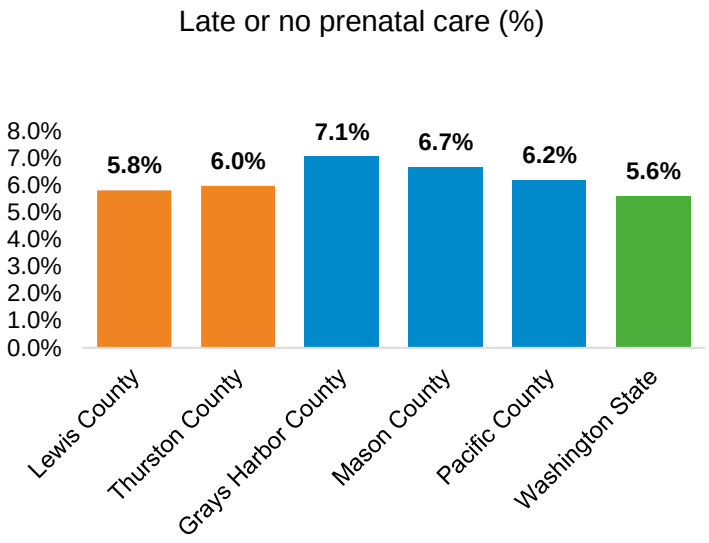


Low birth weight (<2,500g)

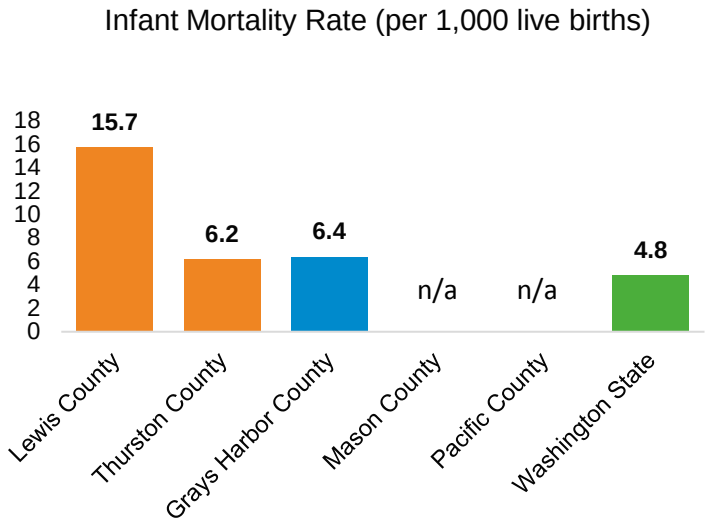


Data Source: Washington State Department of Health (2017). Birth tables by topic. Retrieved from http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/Birth/BirthTablesbyTopic

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy. Preconception and prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy. Grays Harbor has the highest percentage of women who received late (3rd trimester) or no prenatal care, in comparison to the other counties and state.

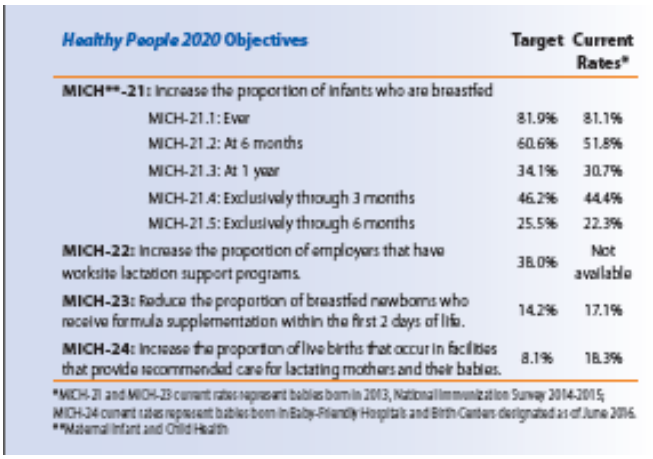


Infant mortality rate is critical as it is indicative of the existence of broader issues pertaining to access to care and maternal child health. Such rates can further provide us metrics of community health outcomes and areas of needed services and interventions. Lewis County has an infant mortality rate over twice that of Thurston County, Grays Harbor County, and Washington State.



Note: Infant mortality data not calculated for Mason and Pacific Counties, because number of deaths was less than five.
Data Source: Washington State Department of Health (2017). Birth tables by topic. Retrieved from http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/Birth/BirthTablesbyTopic

Breastfeeding supports public health as it offers many health benefits for infants, children, and mothers. The American Academy of Pediatrics recommends that infants are breastfed exclusively for 6 months, with continued breastfeeding as other foods are introduced for at least one year. One of the goals within Healthy People 2020 is to increase the number of infants who are breastfed nationally.



Healthy People 2020 Objectives	Target	Current Rates*
MICH**-21: Increase the proportion of infants who are breastfed		
MICH-21.1: Ever	81.9%	81.1%
MICH-21.2: At 6 months	60.6%	51.8%
MICH-21.3: At 1 year	34.1%	30.7%
MICH-21.4: Exclusively through 3 months	46.2%	44.4%
MICH-21.5: Exclusively through 6 months	25.5%	22.3%
MICH-22: Increase the proportion of employers that have worksite lactation support programs.	38.0%	Not available
MICH-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%	17.1%
MICH-24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%	18.3%

*MICH-21 and MICH-23 current rates represent babies born in 2013, National Immunization Survey 2014-2015; MICH-24 current rates represent babies born in Baby-Friendly Hospitals and Birth Centers designated as of June 2016.
**Maternal Infant and Child Health

According to the CDC National Immunization Survey (NIS) 2014-15, among 2013 births, Washington State ranked higher than most states in breast feeding rates:

Washington State	
Ever Breastfed	87.4%
Breastfeeding at 6 months	63.7%
Breastfeeding at 12 months	39.4%
Exclusive breastfeeding at 3 months	51.7%
Exclusive breastfeeding at 6 months	28.0%

Birth certificate data shows that all counties in our PSA and SSA have lower than the Washington State average for Breastfeeding initiation. Those counties in our PSA where our hospitals reside are performing better overall than the SSA.

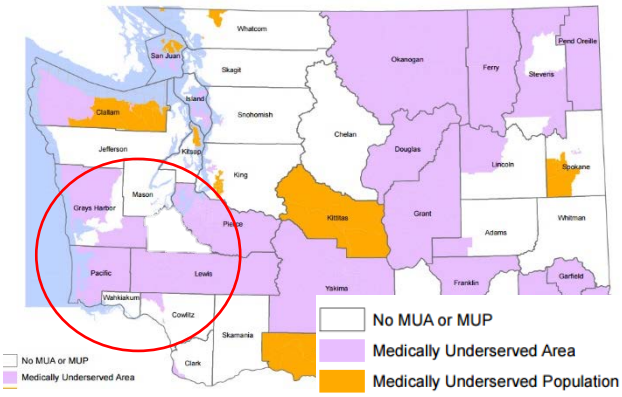
2015 Birth Certificate Data	Breastfeeding Initiation	Rank (out of 32 counties with data)
Washington State	95%	
Thurston	**93%**	**19th**
Lewis	**90%**	**26th**
Mason	89%	27th
Pacific	85%	30th
Grays Harbor	81%	32nd

Health professional shortage and medically underserved areas/populations

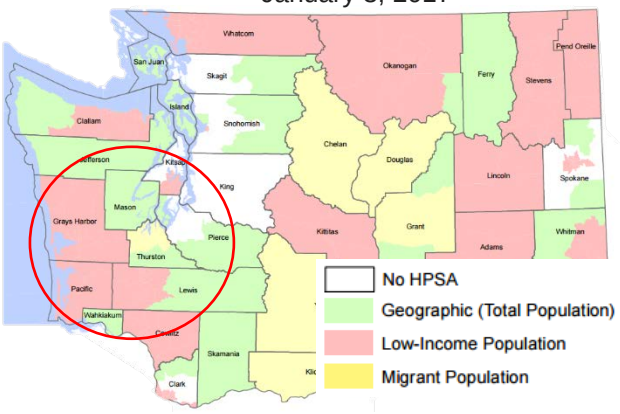
A health professional shortage area is a geographic area, population group, or health care facility that has been designated by the federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals).

The latest designations from the Washington State Department of Health show medically underserved areas in Grays Harbor, Pacific, and Lewis Counties. All the counties in the five-county region are designated as primary care HPSAs. Grays Harbor, Pacific, and a portion of Lewis counties have been designated as primary care HPSAs due to barriers experienced by low-income populations. Mason, Thurston, and a portion of Lewis counties earned designation due to barriers experienced by migrant populations and overall geographical barriers. Also of note, all the counties in the five-county region are designated as mental health HPSAs due to geographical barriers, and as dental HPSAs due to barriers experienced by low-income populations (except for Thurston County).

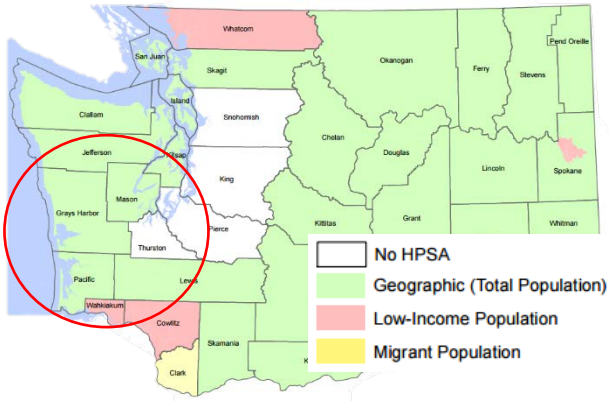
Medically Underserved Area & Medically Underserved Population
January 3, 2017



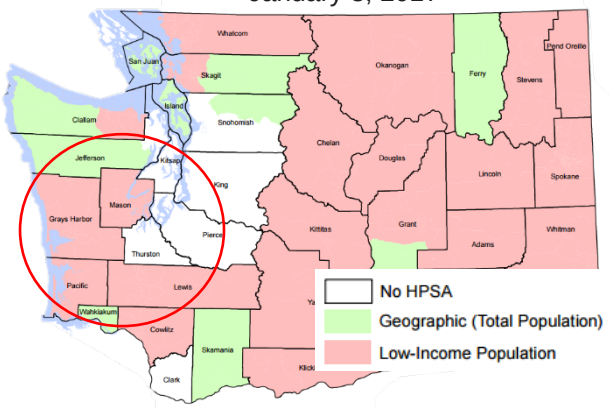
HPSA—Primary Care
January 3, 2017



HPSA—Mental Health Care
January 3, 2017



HPSA—Dental Care
January 3, 2017

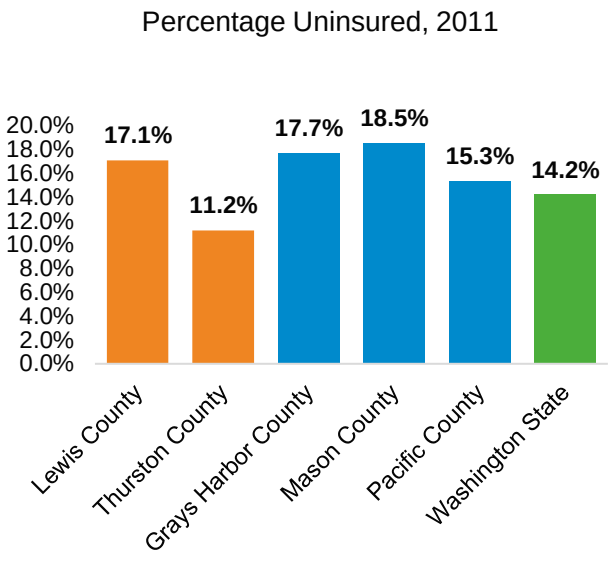


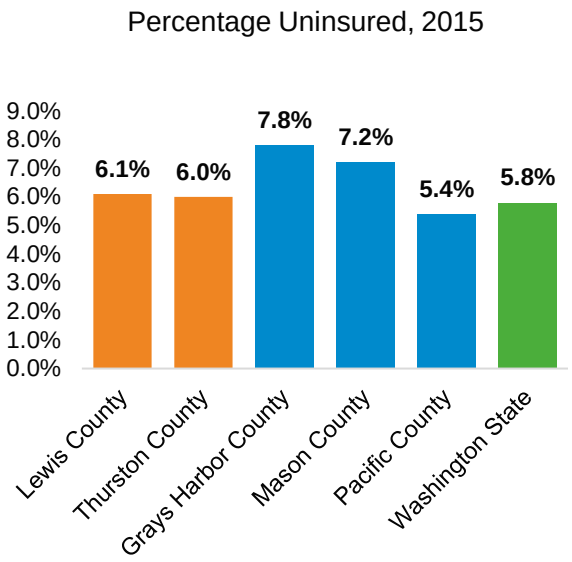
Data Source: Washington State Department of Health (2017). Hard copy maps: Primary Care Shortage Areas, Mental Health Care Shortage Areas, Dental Health Care Shortage Areas, and Medically Underserved Areas. Retrieved from http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/GeographicInformationSystem/HardcopyMaps

Health care coverage and access

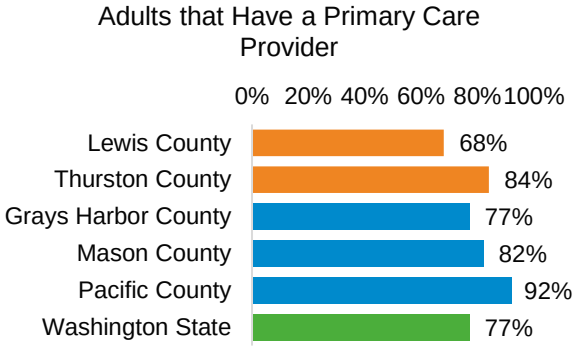
Access to health care is arguably the most critical component of measuring community health. Access can be measured at both the individual level (i.e. health insurance coverage, affording services) and at the system level (i.e. primary care provider rate, Medicaid expansion). When an individual has the means to secure treatment and quality comprehensive treatment is readily available, then access to health care is highest.

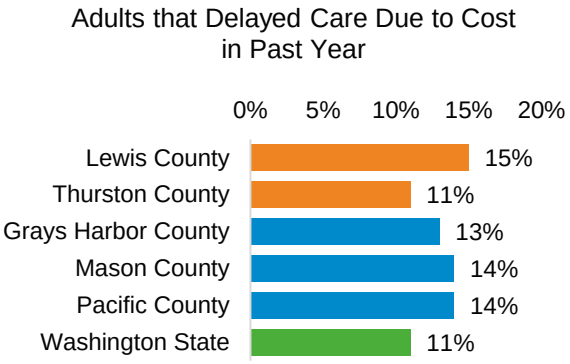
The state's uninsured rate dropped from 14.0 percent in 2013, the year before the rollout of major coverage provisions of the ACA, to 8.2 percent in 2014 and to 5.8 percent in 2015, the latest year of data available. Similarly, rates decreased substantially throughout the five county region, as shown in the figures below. In 2011, Mason County had the highest rate of uninsured, in comparison to the other counties and state, at 18.5 percent. Thurston County had the lowest at 11.2 percent. In 2015, Grays Harbor County had the highest rate of uninsured, in comparison to the other counties and state, at 7.8 percent. Pacific County had the lowest at 5.4 percent.

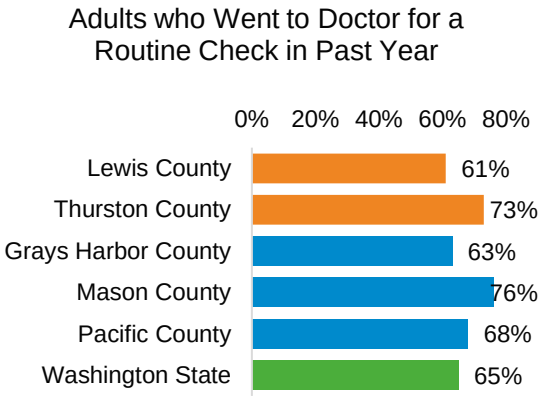


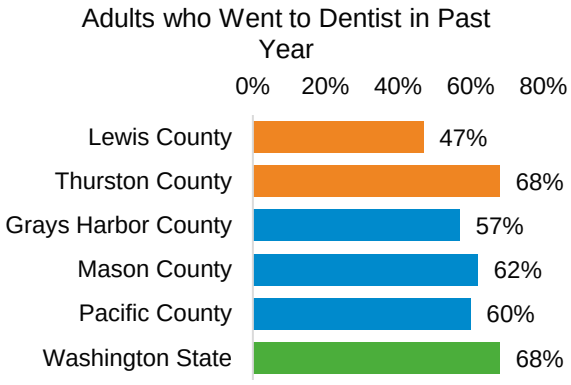


Data Source: Office of Financial Management, Washington State (2017). 2011-15 County Uninsured Rates Chart Book. Retrieved from www.ofm.wa.gov/healthcare/default.asp









Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047 -1 through 4 (2012-2015) and 3U58SO000047-SO14-1401. Analysis conducted by Thurston County Public Health & Social Services Department

When looking at indicators related to access, Pacific County has the highest percent of adults that have a primary care provider, while Mason County had the highest percent of adults who went to a doctor for a routine check within the past year. Comparatively, Lewis County had the highest percent of adults that delayed care due to cost in the past year. Finally, Thurston County had the highest percent of adults who went to the dentist in the past year.

Leading causes of death

The leading causes of death in the U. S. are overwhelmingly the result of chronic and preventable diseases. For example, in 2014 the leading cause of death in the U.S. was heart disease, followed by cancer. Similarly, heart disease and cancer constitute the first and second leading causes of death in Lewis and Thurston Counties. Also of note, age-adjusted death rates in Lewis County, exceeded state estimates for each cause presented.

Age-Adjusted Rates for 10 Leading Causes of Death for Residents, 2006-2015

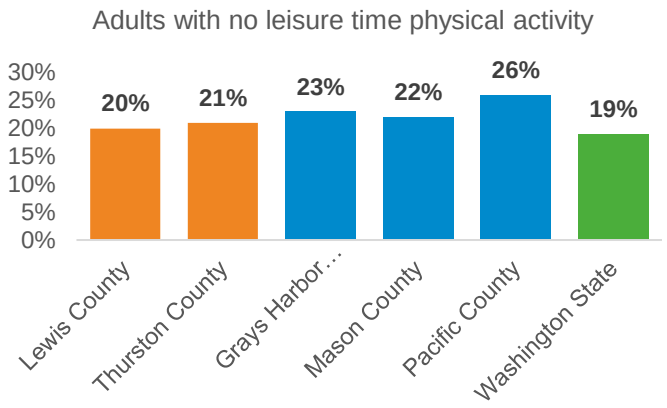
Rate per 100,000 population	Lewis County	Thurston County	Washington State
Heart Disease	186.3	149.0	138.3
Cancer	190.3	154.0	157.0
Stroke	43.1	31.9	34.4
COPD	48.9	47.2	39.9
Unintentional Injury	55.2	40.0	42.5
Alzheimer's Disease	50.0	42.1	44.9
Diabetes	23.2	21.7	22.5
Flu and Pneumonia	15.7	9.7	10.7
Suicide	18.0	16.9	15.6
Liver Disease	19.6	9.6	12.4

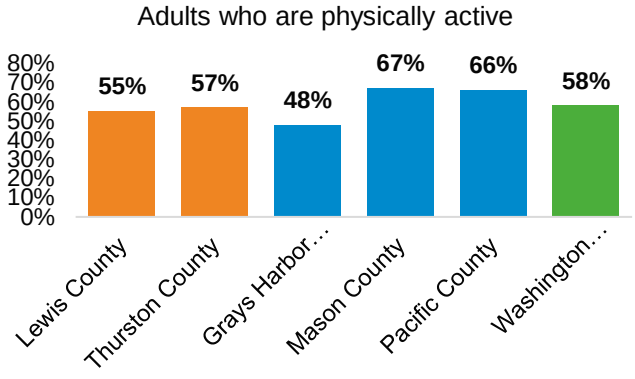
Data Source: Washington State Department of Health (2015). Death tables by topic. Retrieved from http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/Death/DeathTablesbyTopic

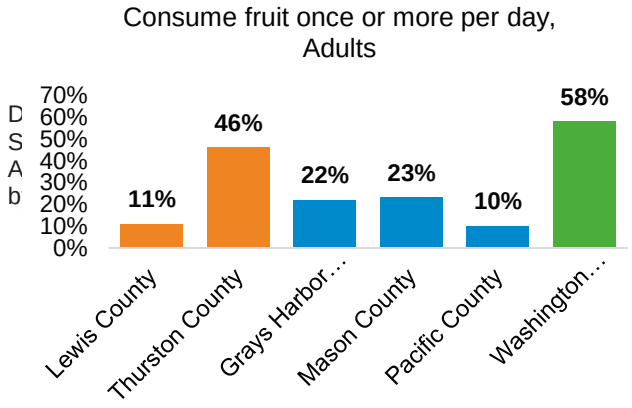
Public health and prevention

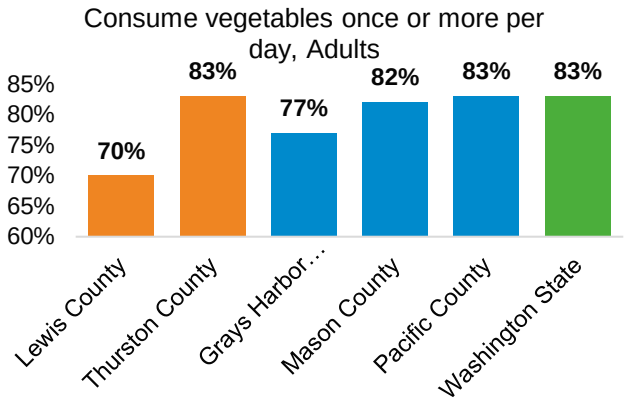
Physical activity, nutrition, and weight

Making healthy food choices is important to losing or maintaining weight and fueling physical activity. Thurston County has the highest percentage of adults who consumed fruits and vegetables more than once per day, in comparison to the other counties. In terms of physical activity, Mason County has the highest percentage of adults who are physically active, in comparison to the other counties and state. Grays Harbor County had the highest percentage of adults who have not met physical activity guidelines, in comparison to the other counties and state. Finally, Grays Harbor County has the highest percentage of adults who are overweight or obese, in comparison to the other counties and state.









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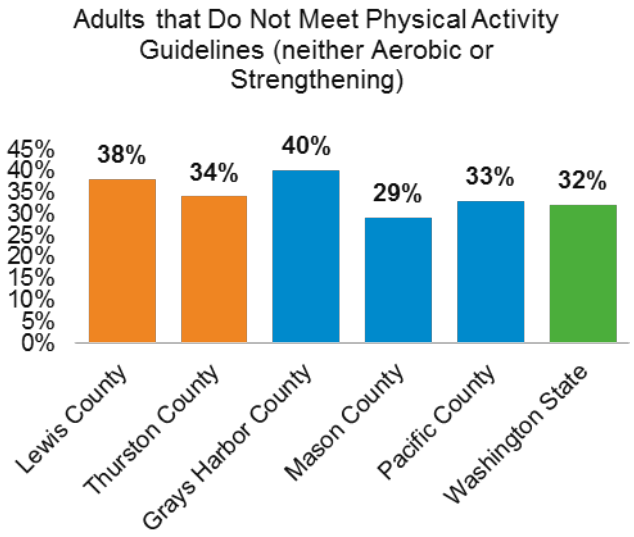
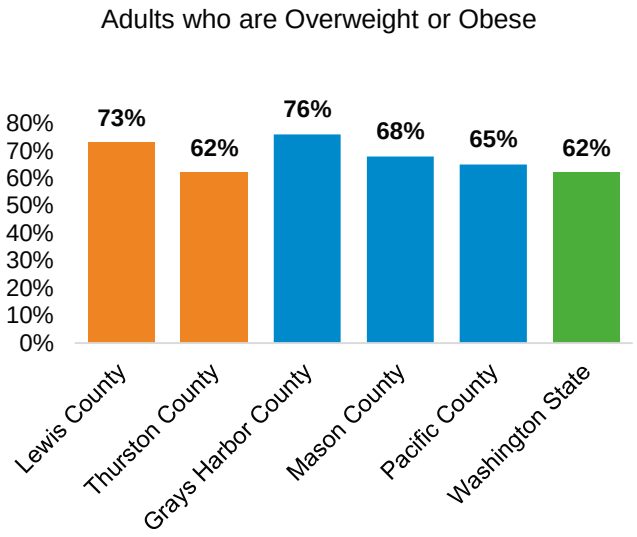


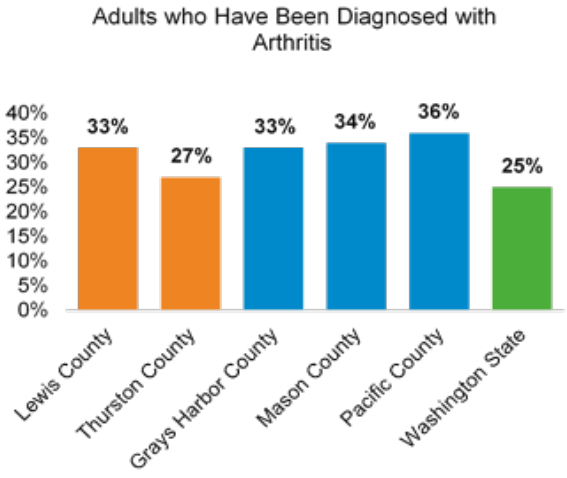


Chronic disease

Chronic diseases and conditions are among the most common, costly, and preventable of all health problems. The Centers for Disease Control and Prevention estimate that as of 2012, about half of all adults—117 million people—had one or more chronic health conditions and one of four adults had two or more chronic health conditions.

Arthritis

Arthritis includes more than 100 rheumatic diseases and conditions that affect joints, the tissues that surround the joint and other connective tissue. The pattern, severity and location of symptoms can vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly. Certain rheumatic conditions can also involve the immune system and various internal organs of the body. Currently, an estimated 54.4 million U.S. adults have arthritis. As our nation's population ages, the prevalence is expected to increase.



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Asthma

When a doctor makes a diagnosis of asthma in people older than age 20, it is known as adult-onset asthma. Among those who may be more likely to get adult-onset asthma are:

- Women who are having hormonal changes, such as those who are pregnant or who are experiencing menopause
- Women who take estrogen following menopause for 10 years or longer
- People who have just had certain viruses or illnesses, such as a cold or flu
- People with allergies, especially to cats
- People who have GERD, a type of chronic heartburn with reflux

- People who are exposed to environmental irritants, such as tobacco smoke, mold, dust, feather beds, or perfume

		% of Adults who Currently Have Asthma, 2015	% of Adults who Currently Have Asthma, 2011-2012	Change
PSA	Lewis County	13%	18%	-5%
	Thurston County	9%	16%	-7%
SSA	Grays Harbor County	12%	19%	-7%
	Mason County	9%	13%	-4%
	Pacific County	6%	19%	-13%
	Washington State	9%	15%	-6%

Data Sources: 1. Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047 -1 through 4 (2012-2015) and 3U58SO000047-SO14-1401. Analysis conducted by Thurston County Public Health & Social Services Department
2. Community Commons (2012). Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Current estimates indicate, that Lewis County (13 percent) and Grays Harbor County (12 percent) have the highest percentage of adults who currently have asthma, in comparison to the other counties and state. While rates decreased significantly in Pacific County, rates in other counties only decreased slightly and remain higher than the state estimate.

COPD

Chronic obstructive pulmonary disease, which includes chronic bronchitis and emphysema, is a lung disease that makes breathing difficult. The disease is increasingly common, affecting millions of Americans, and is the third leading cause of death in the U.S. In 2015, Mason County had the highest percentage of adults who have been diagnosed with COPD, in comparison to the other counties and state.

		% of Adults who have been Diagnosed with COPD, 2011	% of Adults who have been Diagnosed with COPD, 2015	Change
PSA	Lewis County	6%	13%	+7%
	Thurston County	3%	6%	-3%
SSA	Grays Harbor County	6%	10%	+4%
	Mason County	3%	15%	+12%
	Pacific County	10%	9%	-1%
	Washington State	4%	6%	+2%

Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047 -1 through 4 (2012-2015) and 3U58SO000047-SO14-1401. Analysis conducted by Thurston County Public Health & Social Services Department

When looking at the COPD mortality rate, while Mason County has a higher percentage of adults diagnosed, Pacific County has the highest COPD mortality rate for all ages. This may be indicative of an issue of access and late diagnosis.

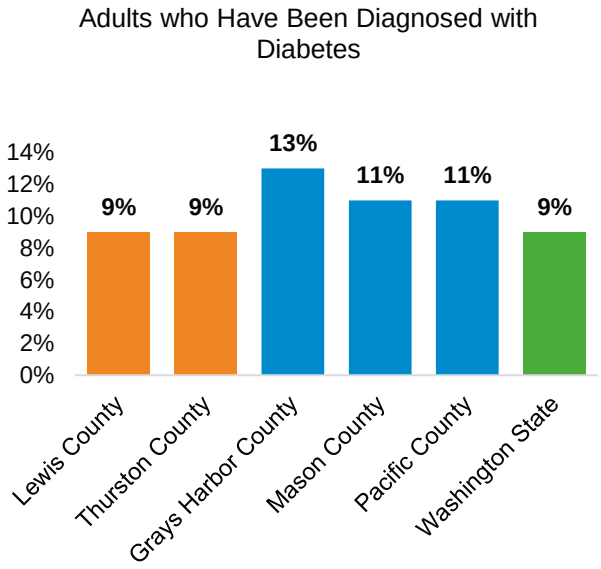
COPD Mortality Rate for Residents of All Ages , 2015		
PSA	Lewis County	47.3
	Thurston County	45.6
SSA	Grays Harbor County	47.8
	Mason County	54.2
	Pacific County	58.5
	Washington State	38.1

Data Source: 2015 Death Certificates ICD 10 Codes J40-J44. Age-adjusted rate per 100,000.

Diabetes

Diabetes affects an estimated 23.6 million people in the U.S. and is the 7th leading cause of death. Diabetes lowers life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. It is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

Within the five-county region, Grays Harbor County has the highest percentage of adults who have diabetes.



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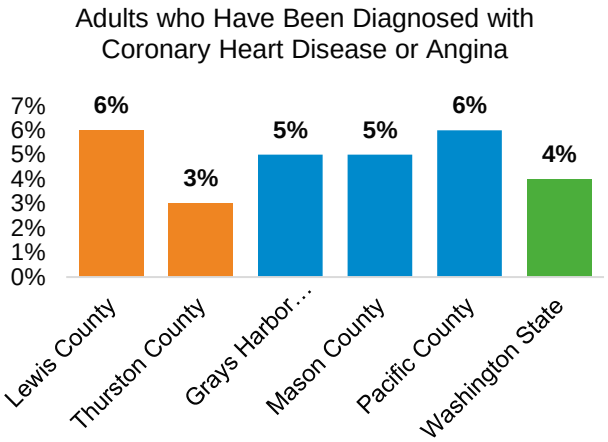
Heart Disease

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Lewis and Pacific Counties have the highest percentage of adults who have been diagnosed with coronary heart disease or angina.



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Health Status

Adults in Fair or Poor Health		
PSA	Lewis County	22%
	Thurston County	16%
SSA	Grays Harbor County	21%
	Mason County	25%
	Pacific County	15%
	Washington State	15%

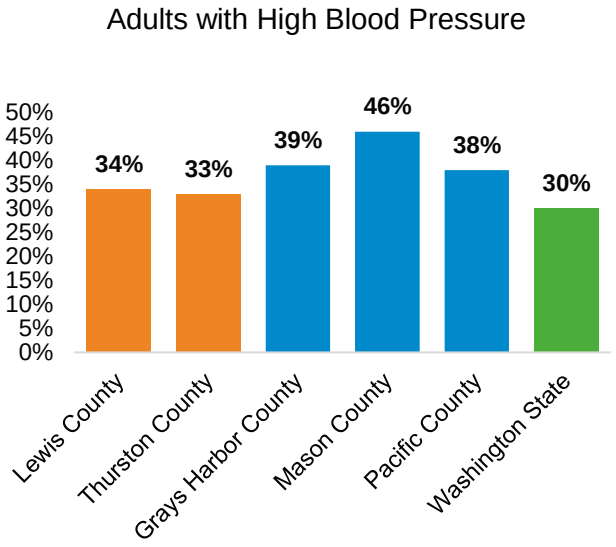
Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047 -1 through 4 (2012-2015) and 3U58SO000047-SO14-1401. Analysis conducted by Thurston County Public Health & Social Services Department

Self-reported health status is a general measure of health-related quality of life in a population. This measure is based on survey responses to the question: “In general, would you say that your health is excellent, very good, good, fair, or poor?” When looking at health status among adults throughout the five-county region, one finds that Mason County has the highest percentage of adults reporting fair or poor health status.

High Blood Pressure

About one of every three U.S. adults—or about 75 million people—have high blood pressure. Only about half (54 percent) of these people have their high blood pressure under control. This common condition increases the risk for heart disease and stroke, two of the leading causes of death for Americans. Within the five-county region, Mason County has the highest percentage of adults with high blood pressure, in comparison to the other counties and state.

Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047 -1 through 4 (2012-2015) and 3U58SO000047-SO14-1401. Analysis conducted by Thurston County Public Health & Social Services Department

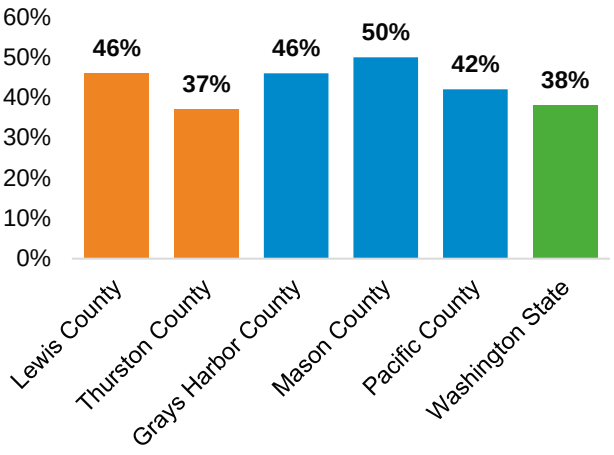


High Cholesterol

Cholesterol is a waxy, fat-like substance that the body needs. When a person has too much cholesterol in the blood, it can build up on artery walls. Too much cholesterol puts people at risk for heart disease and stroke, two leading causes of death in the U.S. Within the five-county region, Mason County has

the highest percentage of adults who have been diagnosed with high cholesterol in the past year.

Adults with High Cholesterol



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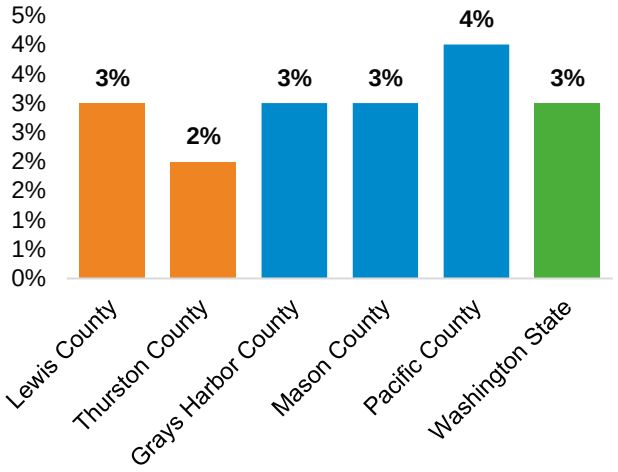
Stroke

Stroke is the fifth leading cause of death in the U.S. and is a major cause of serious disability for adults. About 795,000 people in the U.S. have a stroke each year. Within the five-county region, Pacific County has the highest percentage of adults who have had a stroke within the past year, in comparison to the

Adults who Have Had a Stroke



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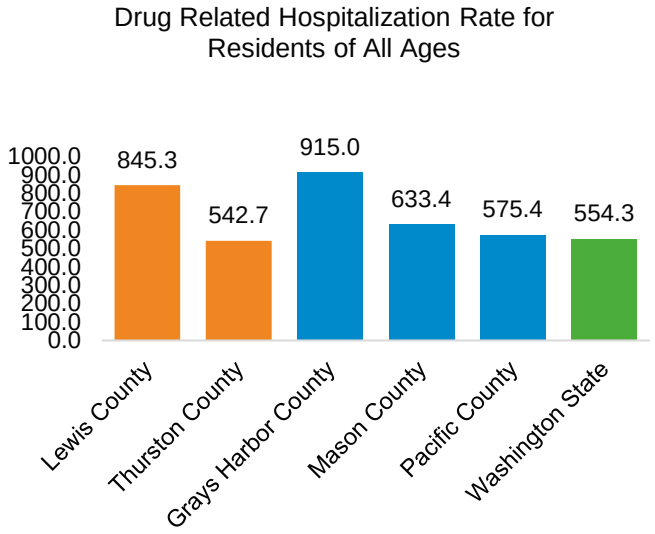
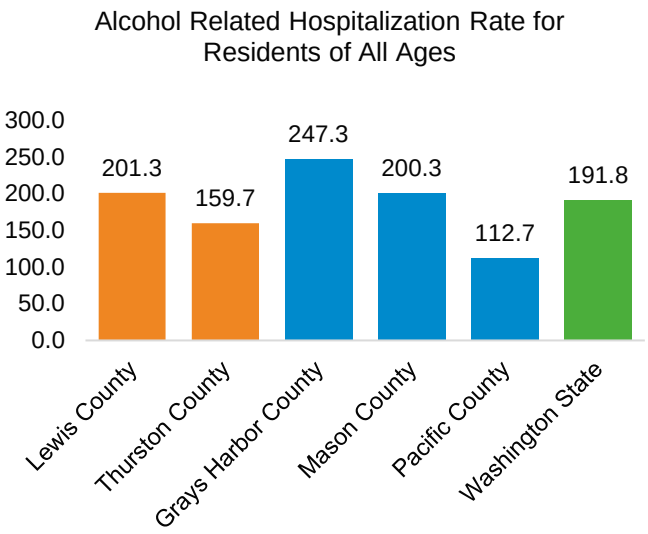
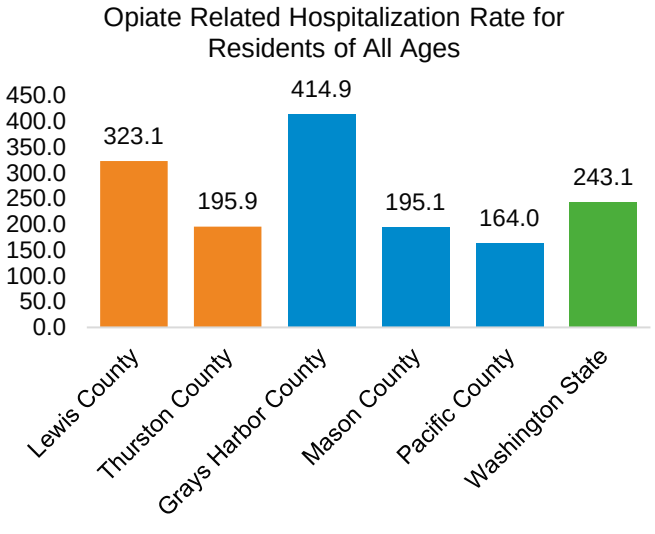
other counties and state.

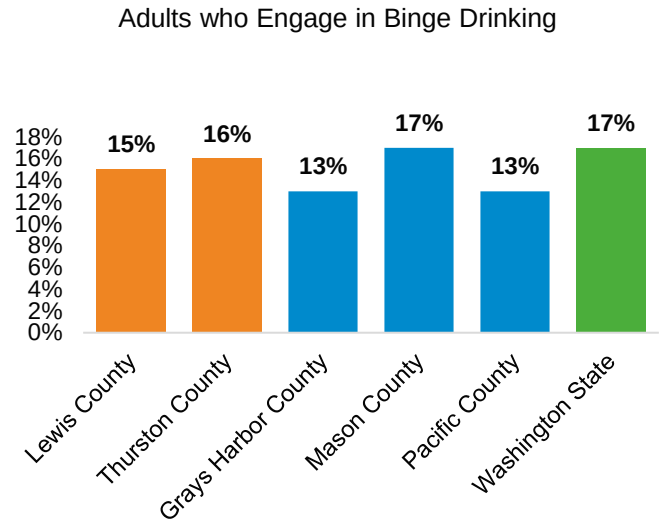
Substance abuse

Substance abuse has a major impact on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental, and public health problems. When looking at hospitalizations related to substance abuse, Grays Harbor County has the highest percentage of drug, alcohol, and opiate related hospitalizations in comparison to the other counties and state. Mason County has the highest percentage of adults who have engaged in binge drinking and heavy drinking in the past 30 days, in comparison to the other counties. Finally, Thurston County has the highest percentage of adults who have used marijuana in the past 30 days, in comparison to the other counties and state.









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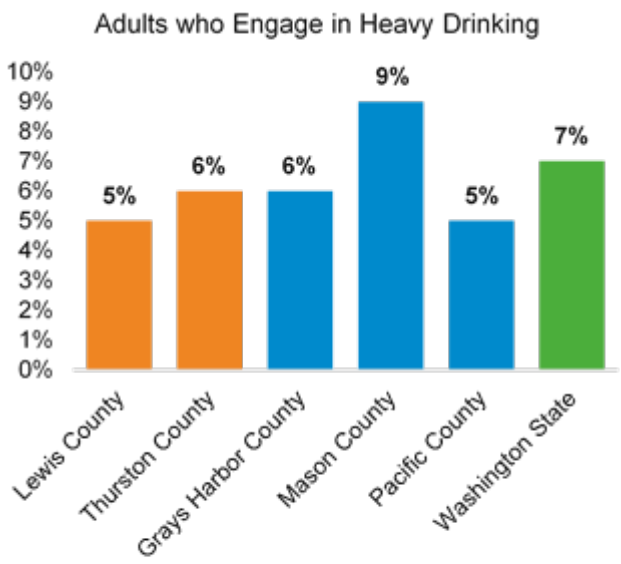

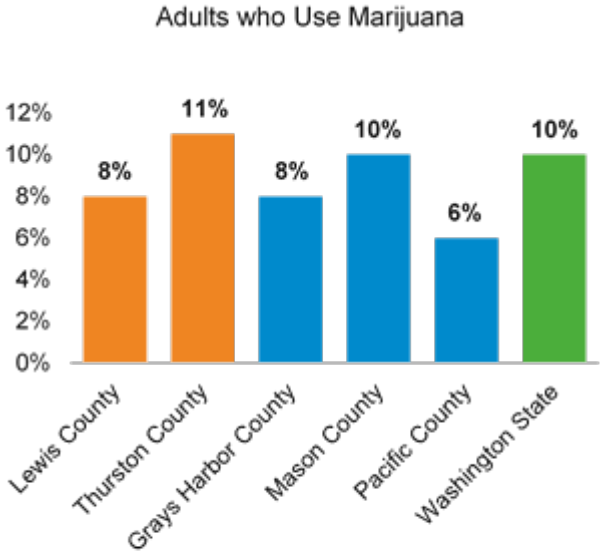

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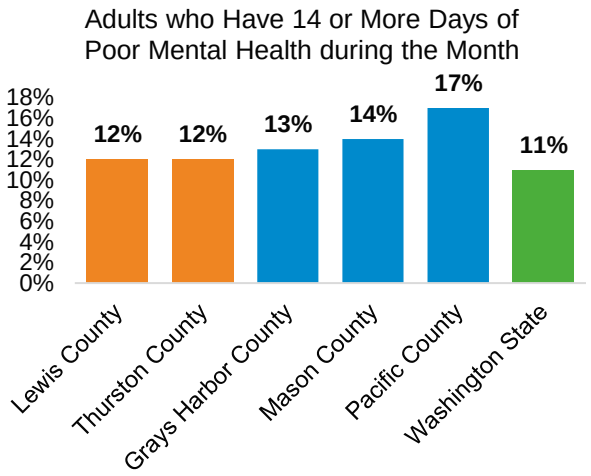
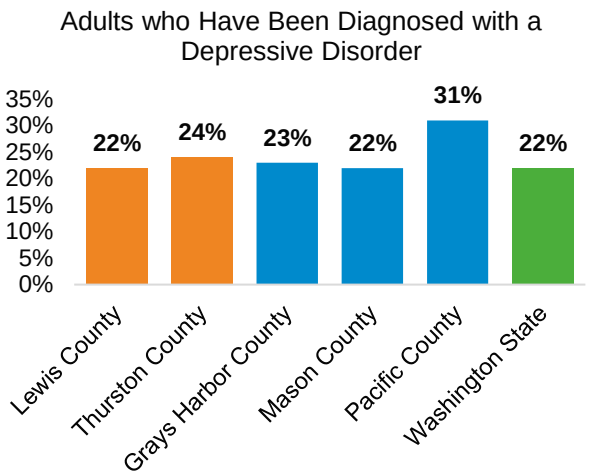
Mental health

Optimal mental health is a state of successful performance of cognitive and mental function. This results in productive activities, fulfilling relationships with other people, and the ability to change and to cope with challenges. Good mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to one's community or society as a whole. Maintaining mental health means not only seeking treatment for mental illnesses, but also having access to systems of social support through meaningful relationships.





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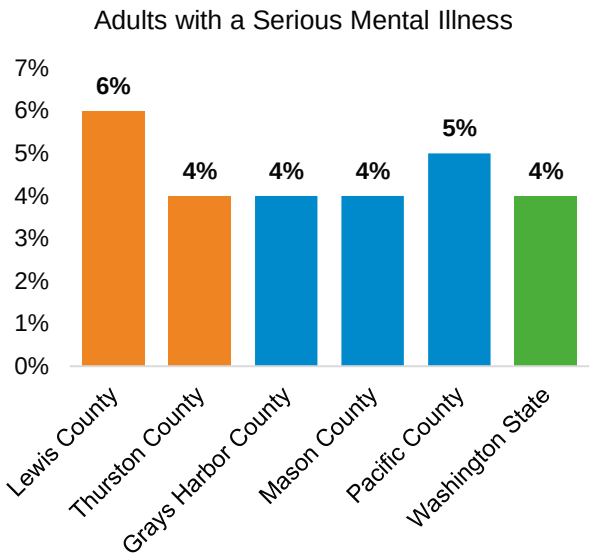

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All the counties in the five-county region had a higher percentage of adults who have had 14 or more days of poor mental health or distress in the past 30 days, in comparison to the state. Additionally, all of the counties either equaled or exceeded the state estimate for adults who have been diagnosed with a depressive disorder.

Thurston County had the highest percentage of adults with a serious mental illness, in comparison to the other counties and state.

Mental health care access

In reviewing the service area gaps, one perspective is to view mental health challenges as existing on a continuum, from pre-acute, with opportunity existing to detect and treat prior to significant life impact and then continuing along the progression to acute hospitalization followed by post-acute and chronic illness management. **In our assessment, significant gaps were identified along the entire continuum.** At the level of prevention the ability to screen for and identify indicators of declining or emerging mental illness and substance abuse has not been established at a meaningful level. The tools exist, but the staffing resources do not. In addition, the clinical resources necessary to help those screening at a high-risk level lack capacity to provide timely intervention to prevent progression of symptoms. This is true for both adolescent and adult populations. Patients are frequently unable to access a prescriber to obtain medications to prevent progression of symptoms.

With progressing symptoms, patients seek services through the acute care access points including the Emergency Centers at Providence St. Peter and Providence Centralia hospitals. Patients seeking access through crisis services at PSPH has doubled in the last five years. Increasing numbers of patients are boarded in the Emergency Center (EC) and hospital due to the lack of inpatient resources to allow for safe disposition. Many are involuntarily detained in the EC as the local Evaluation and Treatment Unit is at capacity. In an effort to manage these patients, a psychiatrist is employed full time in the EC. Patients presenting to the EC with substance use disorders, and in need of detoxification are most often discharged back into the community without resources. There are no dedicated detox services in the region to serve patients covered by publicly-funded insurance. Inpatient and outpatient services for children and adolescent are nearly non-existent.

Too few beds

There is a severe lack of acute care beds for psychiatric care. Nationwide, there is an average of 26.1 psychiatric beds per 100,000 persons. Washington state and Thurston County's current (2016) bed ratios are 19.4 beds and 7.4 beds per 100,000 residents respectively, based on the 2016 population estimates for residents of all ages. Please see Table 1 below for a list of all

Washington state counties with inpatient psychiatric beds and their associated bed-to-population ratios. Table 1 clearly shows that Thurston County's bed ratio is well below the state average and has the lowest bed ratio of all counties in Washington state that have psychiatric beds. As will be discussed below, in all of its recent decisions, the Department of Health has approved use of a ratio of 27.3 psychiatric beds per 100,000 residents.

Table 1. Projected Ratio of Psychiatric Beds by Year and County in Washington State, 2015-2030.

County	Number of Psychiatric Beds	Total Population Estimate (2016)	Beds to Population Ratio (Per 100,000 Residents)
King	607	2,031,620	29.9
Spokane	144	494,431	29.1
Snohomish	216	761,734	28.4
Cowlitz	22	105,814	20.8
Pierce	173	840,654	20.6
Walla Walla	12	60,343	19.9
Clark	88	453,499	19.4
Benton	32	187,492	17.1
Skagit	15	122,945	12.2
Yakima	28	258,730	10.8
Whatcom	20	213,303	9.4
Thurston	**20**	**270,918**	**7.4**
Statewide Total	1,377	7,100,451	19.4

*Population source: OFM Medium Series 2010-2040 Projections
**Bed supply sources: (1) 2012 DOH Acute Care Bed Survey; (2) Department's October 17, 2014 Evaluation regarding CN #1536; (3) Department's September 6, 2013 Evaluation regarding CN #13-39; (4) Department's October 22, 2012 Evaluation regarding CN #12-13; (5) Department's March 23,2015 decision; CN #1532R; (6) Yakima Valley Memorial Hospital's 2013 End of Year Hospital Report to the Department; (7) Navos' 2013 End of Year Hospital Report to the Department; (8) Department's August 9, 2011 Evaluation regarding CN #11-29; (9) Lourdes Counseling Center's 2013 Budgeting Report to the Department; (10) Department's April 21, 2015 Approving regarding CN #1542; (11) Department's April 21, 2015 Approving regarding CN #1543; (12) Department's June 15, 2015 Evaluation regarding CN #15-12; (13) Department's June 29, 2015 approval regarding CN #1550; (14) Department's June 29, 2015 approval regarding CN #1551; (15) Department's June 29, 2015 approval regarding CN #1552; (16) Department's October 6, 2015 Evaluation regarding CN #15-20; (17) Department's January 15, 2016 Evaluation regarding CN #15-19; (18) Department's February 8, 2016 Evaluation regarding CN #15-32; and (19) 2015 end-of-year- license update.

Given the limited number of psychiatric beds for a population the size of Thurston County, residents are forced to out-migrate to receive needed inpatient psychiatric services. Table 2 below provides actual utilization by Thurston County residents in 2015 receiving psychiatric care and demonstrates that over 40 percent of patient days were provided in hospitals or psychiatric units outside of the planning area.

Further, given the lack of psychiatric providers in Grays Harbor, Lewis, and Mason counties, there also is considerable in-migration to the planning area's only psychiatric unit at PSPH. As Table 2 below shows, a third of all patient days occurring at PSPH's psychiatric unit are from patients outside of Thurston County. Table 2 below shows PSPH's relative market share for Thurston County and the surrounding counties of Grays Harbor, Mason, and Lewis. This demonstrates PSPH is a relied upon source of psychiatric care for residents in those counties.

Table 2. 2015 In-/Out- Migration to and from Thurston County (Ages 5+) and Providence St. Peter Hospital Market Share in Thurston, Mason, Lewis, and Grays Harbor Counties (2015)

	Discharges	Patient Days
Providence St. Peter (Psych Unit) - Regardless of Patient Residence	680	5,695
Providence St. Peter (Psych Unit) - Thurston County Residents	460	3,902
Thurston County Residents - All WA State Providers	771	6,754
In-Migration	32.4%	31.5%
Out-Migration	40.3%	42.2%

*MDC 19 (Psychiatric Services) Utilization Only
**Ages 5 Years and Older
Source: CHARS 2015

County	Total Psychiatric Patient Days by County Residents	County Resident Days at PSPH	PSPH Market Share
Thurston	6,754	4,231	62.6%
Mason	1,006	371	36.9%
Lewis	1,626	425	26.1%
Grays Harbor	2,959	358	12.1%

*MDC 19 (Psychiatric Services) Utilization Only
**Ages 5 Years and Older
Source: CHARS 2015

At the outpatient level for those patients not requiring post discharge from inpatient acute care, the resources exist but are not sufficient to meet the needs of the population. Washington overall is designated a Health Professional Shortage Area with mental health providers meeting 46.2 percent of the need. Chemical dependency professionals have reached a critical low as well with the agencies in our region continuously struggling to hire and retain clinical staff.

Healthy Youth

The Washington State Healthy Youth Survey is an effort to measure health risk behaviors that contribute to morbidity, mortality, and social problems among youth in Washington State. These behaviors include alcohol, marijuana, tobacco and other drug use; behaviors that result in intentional and unintentional injuries (e.g., violence); dietary behaviors and physical activity; mental health; school climate; and related risk and protective factors. The 2016 administration of this survey was the fifteenth such statewide survey of Washington students and participation has been steadily increasing over time. In 2016, over 230,000 students from all 39 counties participated in the survey.

The tables below present selected indicators related to substance abuse, health conditions, and nutrition.

Substance Abuse							
Grade 8	Lewis County	Thurston County	Grays Harbor County	Mason County	Pacific County	Washington State	Summary
Smoked cigarettes in past 30 days	6.5%	5.2%	6.7%	6.6%	4.0%	4.0%	All counties, except Pacific are above the state average.
Drank alcohol in past 30 days	12.4%	8.3%	12.3%	14.5%	7.9%	8.1%	Mason County has the highest percentage of 8th graders who drank alcohol in the past 30 days.
Used marijuana or hashish in past 30 days	10.9%	8.1%	13.8%	13.4%	6.7%	7.3%	Grays Harbor had the highest percentage of 8th graders who used marijuana in the past 30 days.
Binge drinking in past two weeks	6.8%	5.1%	8.9%	10.1%	2.0%	4.5%	Mason County has the highest percentage of 8th graders who binge drank in the past two weeks.

Data Source: Office of the Superintendent of Public Instruction; Washington State Department of Health; Washington State Department of Social and Health Service, Division of Behavioral Health and Recovery; and Washington State Liquor and Cannabis Board (2015). Washington State Healthy Youth Survey 2014, Retrieved from http://www.askhys.net/Reports.

Health Conditions							
Grade 8	**Lewis County**	**Thurston County**	**Grays Harbor County**	**Mason County**	**Pacific County**	**Washington State**	**Summary**
Currently has asthma	9.4%	11.8%	9.2%	9.7%	9.7%	9.9%	Thurston County has the highest percentage of 8th graders who have asthma.
Obese	12.4%	9.0%	16.6%	14.1%	14.3%	9.3%	Grays Harbor County has the highest percentage of 8th graders who are considered obese..
Overweight	17.7%	16.4%	21.8%	15.5%	21.4%	13.6%	Grays Harbor County has the highest percentage of 8th graders who are considered overweight.
Physically active for at least 60 minutes (5 days, past week)	15.4%	18.1%	20.2%	17.8%	29.3%	16.8%	Pacific County has the highest percentage of 8th graders who are physically active for a least 60 minutes on 5 days in the past week

Data Source: Office of the Superintendent of Public Instruction; Washington State Department of Health; Washington State Department of Social and Health Service, Division of Behavioral Health and Recovery; and Washington State Liquor and Cannabis Board (2015). Washington State Healthy Youth Survey 2014, Retrieved from http://www.askhys.net/Reports.

Nutrition							
Grade 8	Lewis County	Thurston County	Grays Harbor County	Mason County	Pacific County	Washington State	Summary
Family had to cut meal size or skip meals due to cost, almost every month during the past 12 months	5.0%	3.8%	3.3%	3.7%	3.3%	3.8%	Lewis County has the highest percentage of 8th graders reporting having to cut meal size or skip meals due to cost.
5 or more servings of fruits and vegetables per day	20.6%	24.8%	27.2%	28.8%	16.4%	24.5%	Mason County has the highest percentage of 8h graders who consume 5 or more servings of fruit and vegetables, daily.
Drank soda 4 or more times per day, in the past 7 days	3.9%	3.4%	6.1%	3.8%	2.7%	3.3%	Grays Harbor County has the highest percentage of 8th graders who drank soda four or more times in the past week.
Eats dinner with family, most of the time	32.7%	33.8%	38.4%	31.9%	37.8%	33.3%	Grays Harbor County has the highest percentage of 8th graders who eat dinner with their family, most of the time.

Data Source: Office of the Superintendent of Public Instruction; Washington State Department of Health; Washington State Department of Social and Health Service, Division of Behavioral Health and Recovery; and Washington State Liquor and Cannabis Board (2015). Washington State Healthy Youth Survey 2014, Retrieved from http://www.askhys.net/Reports.

Mental Health							
Grade 8	Lewis County	Thurston County	Grays Harbor County	Mason County	Pacific County	Washington State	Summary
Feeling sad or hopeless every day for two weeks or more	30.3%	30.5%	31.9%	36.3%	27.0%	27.2%	Mason County has the highest percentage of students who reported feeling hopeless or sad for two weeks or more.
Seriously considered suicide, past 12 months	20.0%	19.0%	22.8%	21.1%	13.8%	16.1%	Grays Harbor County has the highest percentage of students who considered suicide in the past year.
Made a plan to attempt suicide, past 12 months	14.8%	15.8%	21.2%	18.3%	6.6%	13.9%	Grays Harbor County has the highest percentage of students made a plan to attempt suicide in the past year.
Attempted suicide once in the past 12 months	8.4%	6.0%	5.8%	5.1%	2.6%	5.2%	Lewis County has the highest percentage of students who attempted suicide once, in the past year.

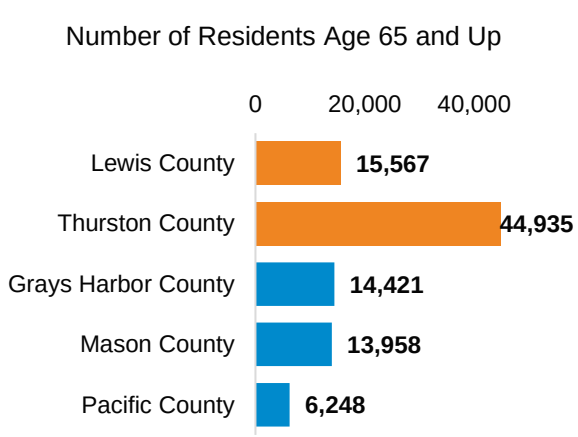
Data Source: Office of the Superintendent of Public Instruction; Washington State Department of Health; Washington State Department of Social and Health Service, Division of Behavioral Health and Recovery; and Washington State Liquor and Cannabis Board (2015). Washington State Healthy Youth Survey 2014, Retrieved from http://www.askhys.net/Reports.

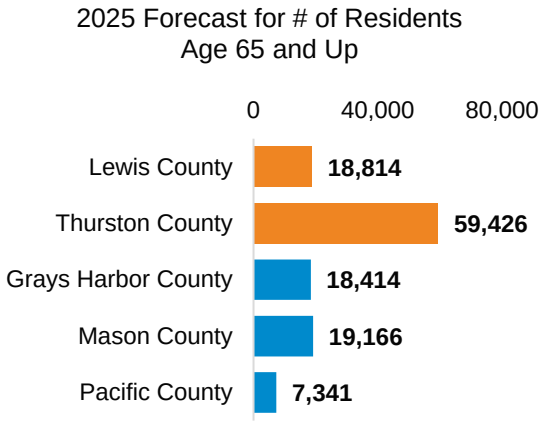
Active aging

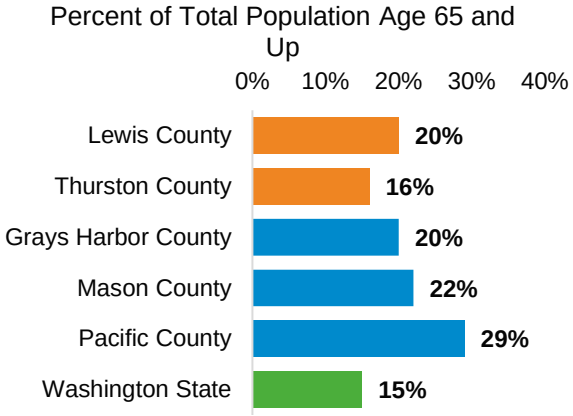
According to the World Health Organization, active aging is the process of optimizing opportunities for health, participation and security to enhance quality of life as people age. It applies to both individuals and population groups. Active aging allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when needed.

Demographics

Understanding current population estimates and forecasts are important to planning of health resources and provision of services. Currently, Thurston County has the greatest number of residents age 65 and older and is projected to have the greatest increase in residents age 65 and older by 2025. However, when looking at the share of the total population occupied by this age group, one finds that Pacific County has the highest percentage of persons age 65 and older in comparison to the total population.



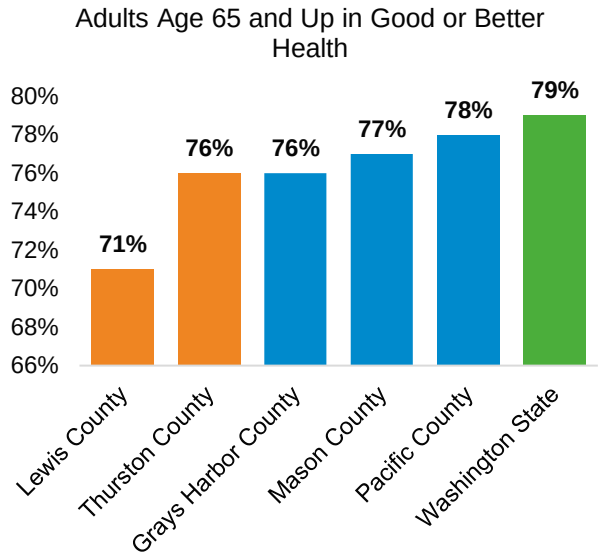


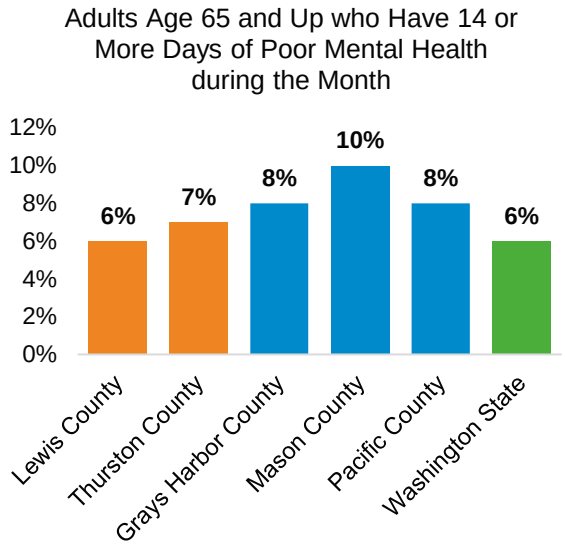


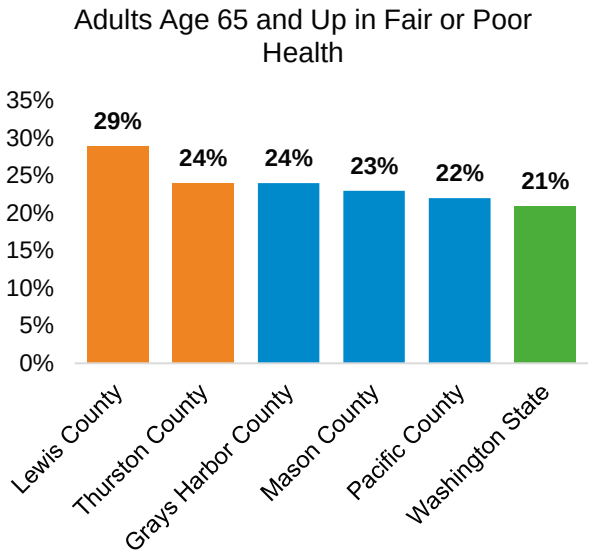
(1) 2016 Washington State Office of Financial Management, Small Area Demographic Estimates by Age, Sex, Race and Hispanic Origin. (2) Washington State Office of Financial Management, Medium Series History 2010, Projections 2015 to 2040 Age 65 and Over.

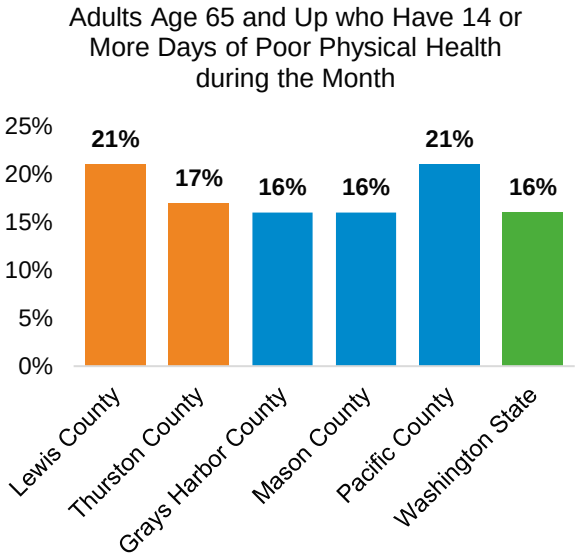
Health status

Self-assessed health status is a measure of how an individual perceives his or her health—rating it as excellent, very good, good, fair, or poor. Self-assessed health status has been validated as a useful indicator of health for a variety of populations and allows for broad comparisons across different conditions and populations. In 2015, Pacific County had the highest percentage of adults age 65 and older in good or better health and the lowest percentage of adults in fair or poor health, in comparison to the other counties.









(3) 2011-2015 Behavioral Risk Factor Surveillance Survey. Estimates are for adults age 65 and up.

Physically and mentally unhealthy days measure the number of days in the past 30 days that individuals rated their physical or mental health as not good. In 2015, Mason County had the highest percentage of adults age 65 and older who had 14 or more poor mental health days, in the past month in comparison to the other counties and state. Both Lewis and Pacific counties had the highest percentage of older adults who had 14 or more poor physical health days in the past month in comparison to the other counties and state.

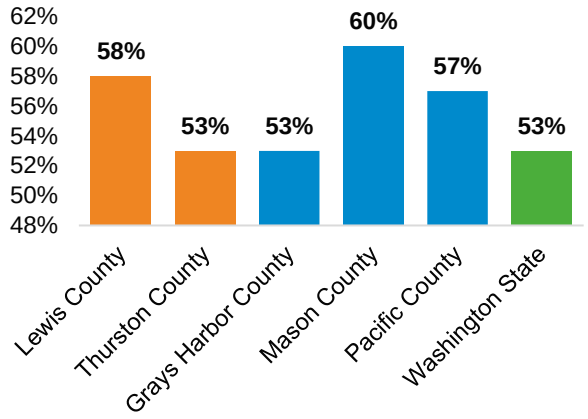
Chronic disease

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. The Centers for Disease Control and Prevention estimate that as of 2012, about half of all adults—117 million people—had one or more chronic health conditions and one of four adults had two or more chronic health conditions. In 2015, Mason County had the highest percentage of adults age 65 and older who had been diagnosed with arthritis in our overall Service Area; Lewis County had the highest percentage of older adults who had been diagnosed with heart disease; and Grays Harbor County had the highest percentage of adults diagnosed with diabetes.

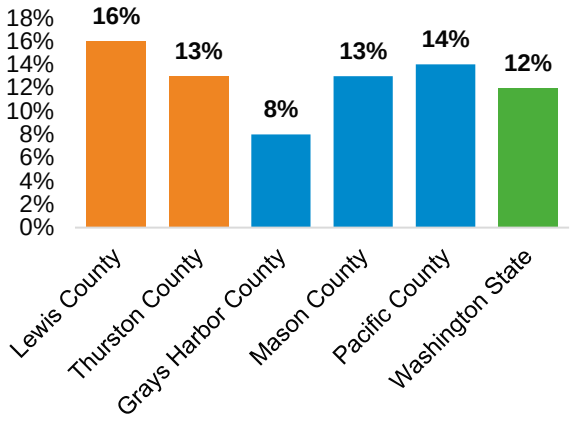
Activities of daily living

Activities of daily living are routine activities that people tend do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence. One of the keys to ensuring health and active aging is maintaining independence and living well in one's own home.

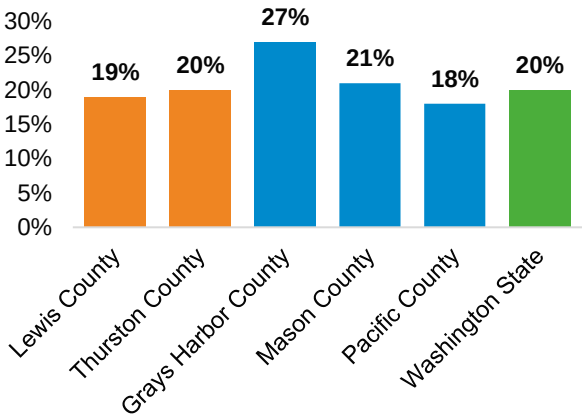
Adults Age 65 and Up who Have Been Diagnosed with Arthritis



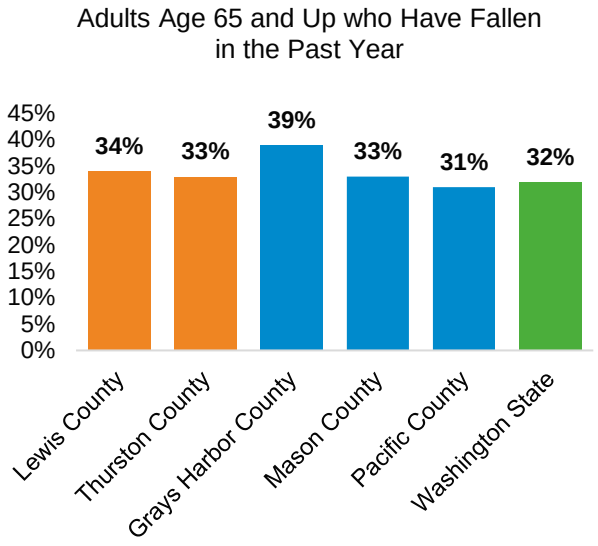
Adults Age 65 and Up who Have Been Diagnosed with Coronary Heart Disease or Angina

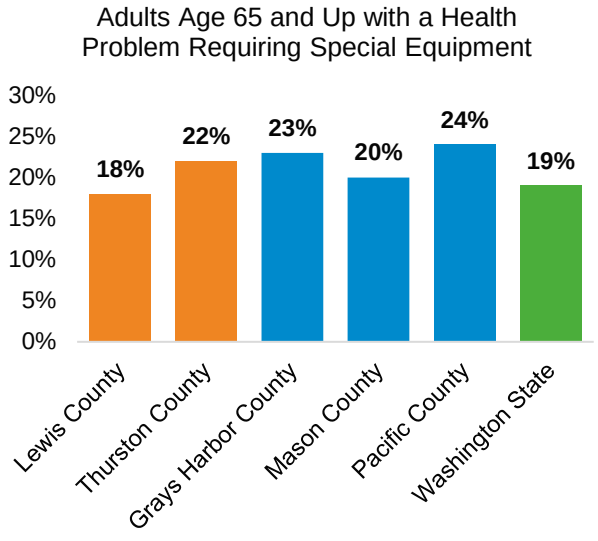


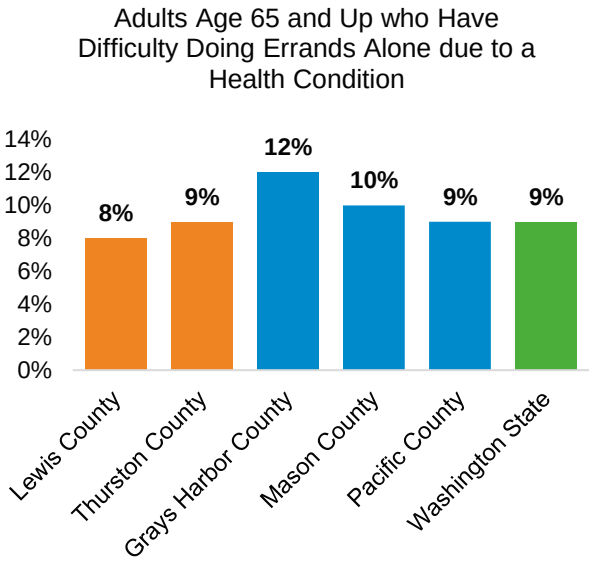
Adults Age 65 and Up who Have Been Diagnosed with Diabetes

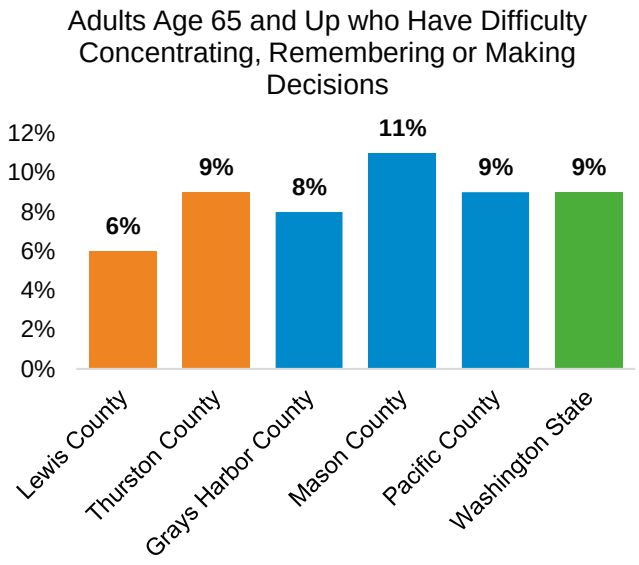


(3) 2011-2015 Behavioral Risk Factor Surveillance Survey. Estimates are for adults age 65 and up.









(3) 2011-2015 Behavioral Risk Factor Surveillance Survey. Estimates are for adults age 65 and up. (5) 2013-2015 Behavioral Risk Factor Surveillance Survey. Estimates are for adults age 65 and up.

In 2015, Grays Harbor County had the highest percent of older adults who fell in the past year, and who had difficulties doing an errand alone due to a health condition, in comparison to the other 4 counties in our service area and state-wide figures. Pacific County had the highest percentage of adults age 65 and older with a health problem requiring special equipment. In that same year, Mason County had the highest percentage of adults who have difficulty concentrating, remembering, or making decisions, in comparison to the other 4 counties and state.

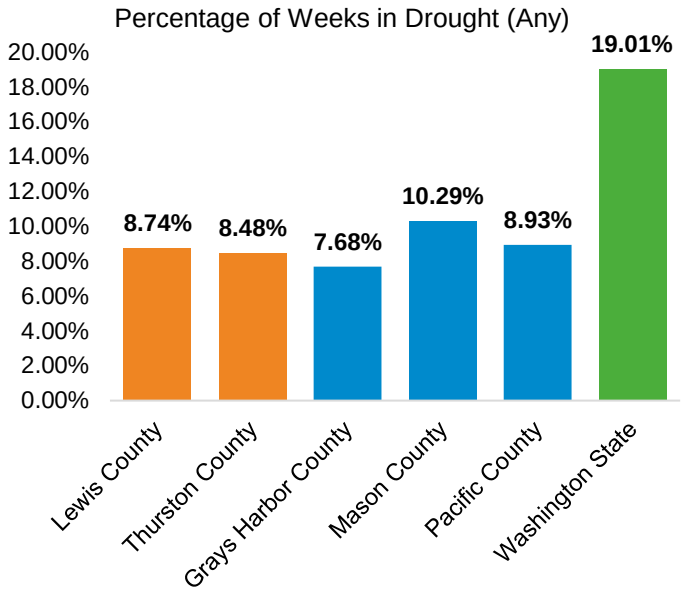
Physical environment

We interact with the environment constantly. As such, our physical environment can affect our health behaviors, quality of life, years of healthy life lived, and health disparities. The World Health Organization defines environment as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This can include air quality and exposure to toxic substances, as well as factors such as the built environment and housing. Climate change and the resulting increases in temperature, air pollution, extreme weather events, and rising seas will have profound impacts on the health of our population, particularly the most vulnerable (seniors, children, and lower income individuals).[1] [2] These changes in our environment will likely exacerbate some of our current health priorities, including: obesity, diabetes, cardiovascular risks, asthma, respiratory risks, mental health concerns and violence. Our community benefit investments are an opportunity to address health priorities using strategies that also reduce greenhouse gas emissions, mitigating the health risks of a changing climate. Providence Centralia and St. Peter hospitals will explore such opportunities as we develop our implementation strategies.

Drought severity

Drought affects all parts of our environment and the health of our communities. Drought often has environmental, economic, and social impacts. Economic impacts are those impacts of drought that cost people (or businesses) money. Drought also affects the environment in many different ways. Plants and animals depend on water. When a drought occurs, their food supply can shrink and their habitat can be damaged. Social impacts of drought are ways that drought affects people's health and safety. Social impacts include public safety, health, conflicts between people when there isn't enough water to go around, and changes in lifestyle.

When looking at the five-county region, one finds that Mason County has the highest percentage of weeks spent in drought (of any type). Comparatively, Grays Harbor County had the lowest percentage of weeks spent in drought.



Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons. US Drought Monitor. 2012-14. Source geography: County. Retrieved from www.communitycommons.org.

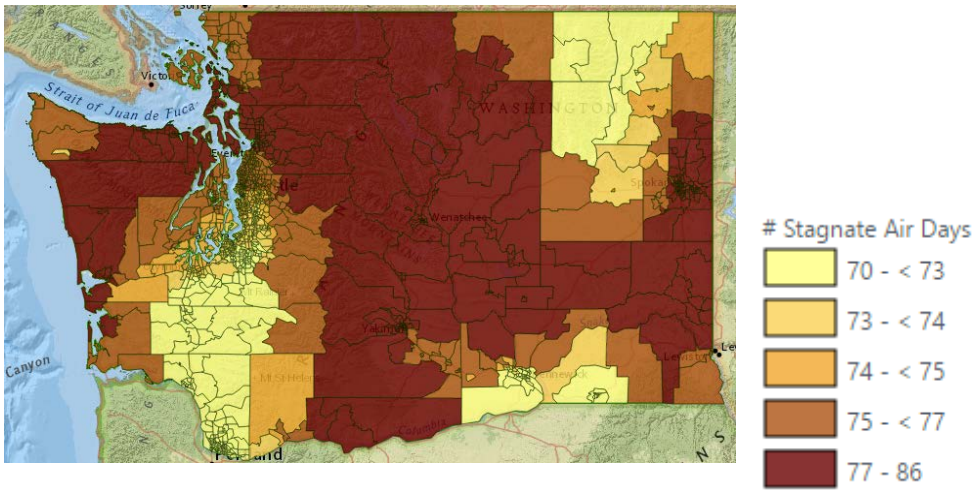
[1] Watts N, Adgar WN, et al. 2015. Health and climate change: policy responses to protect public health. *The Lancet*, June 2015.
[2] EPA. 2015. Climate Change in the United States: Benefits of Global Action. United States Environmental Protection Agency, Office of Atmospheric Programs, EPA 430-R-15-001.

Air stagnation

Stagnate air is characterized by conditions of light or no wind, low amounts of mixing in the atmosphere, and no precipitation. These conditions interact to create days where air moves and mixes very little, and air with pollution, especially ozone, remains trapped close to the ground. These environmental conditions can worsen the negative health effects of air pollution.

In 2015, Grays Harbor and northwestern Pacific County experienced 77 to 86 stagnate air days. Comparatively, areas of Thurston and Lewis County experienced fewer stagnate air days, with a range of 70 to 73.

Number of Stagnate Air Days, 2015



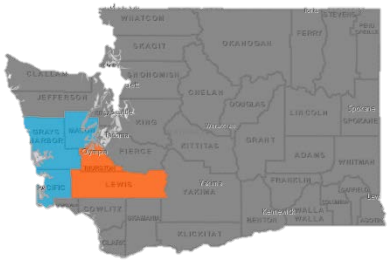
Data Source: Washington State Department of Health (2017). Washington Tracking Network, Mapping Tool. Geography: Tract. Retrieved from https://fortress.wa.gov/doh/wtn/WTNPortal/#!q0=874

Food insecurity

Food security refers to access by all people at all times to enough food for an active, healthy life. Food insecurity, therefore, is lack of consistent access to food resulting in reduced quality, variety, or desirability of diet. Food insecurity results in multiple indications of disrupted eating patterns and reduced food intake.

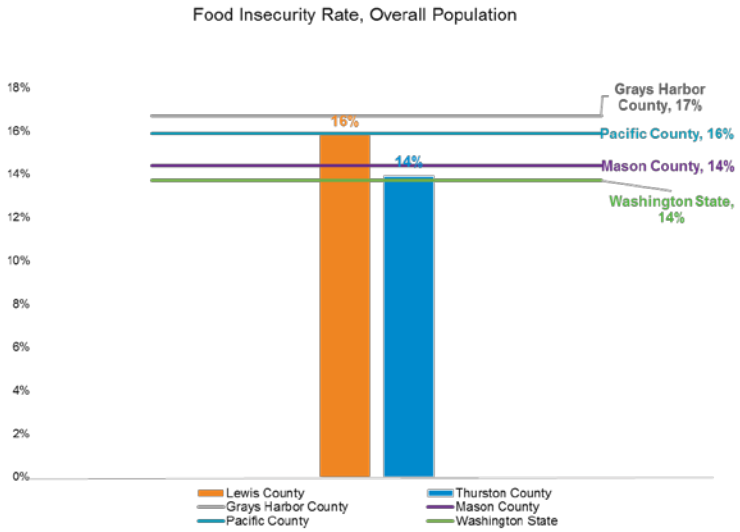
Number of food insecure people in Washington

970,150



Lewis County 11,930

Thurston County 35,950



Food insecurity among children		
Lewis County, WA	↑	25.7%
Thurston County, WA	↓	21.5%
Grays Harbor County, WA	↑	27.6%
Mason County, WA	↑	25.6%
Pacific County, WA	↑	27.5%
Washington State	↓	21.0%
United States	↓	20.9%

Thurston County has the lowest food insecurity rate among both the overall population and children, in comparison to the other service areas (13.9% overall; 21.5% children).

Grays Harbor County has the highest food insecurity rate among both the overall population and children, in comparison to the other service areas (16.7% overall, 27.6% children).

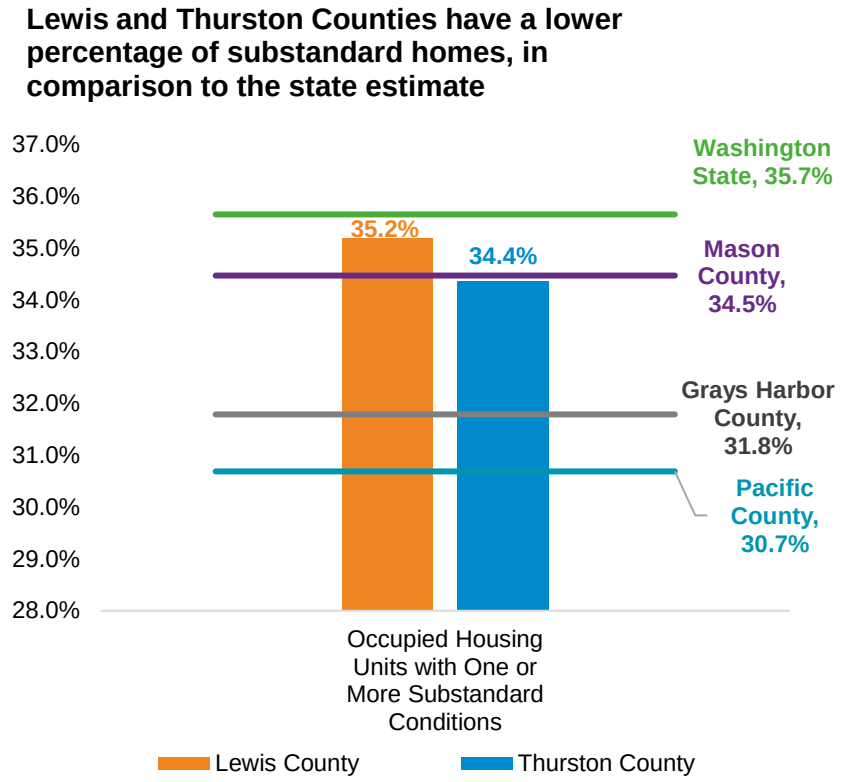
Data Source: Feeding America (2014). Map the Meal Gap mapping tool. Geography: County, state. Retrieved from http://map.feedingamerica.org/county/2014/overall/washington.

Housing quality

Homes that are considered “substandard” are defined as the 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%
5) gross rent as a percentage of household income greater than 30%.

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.

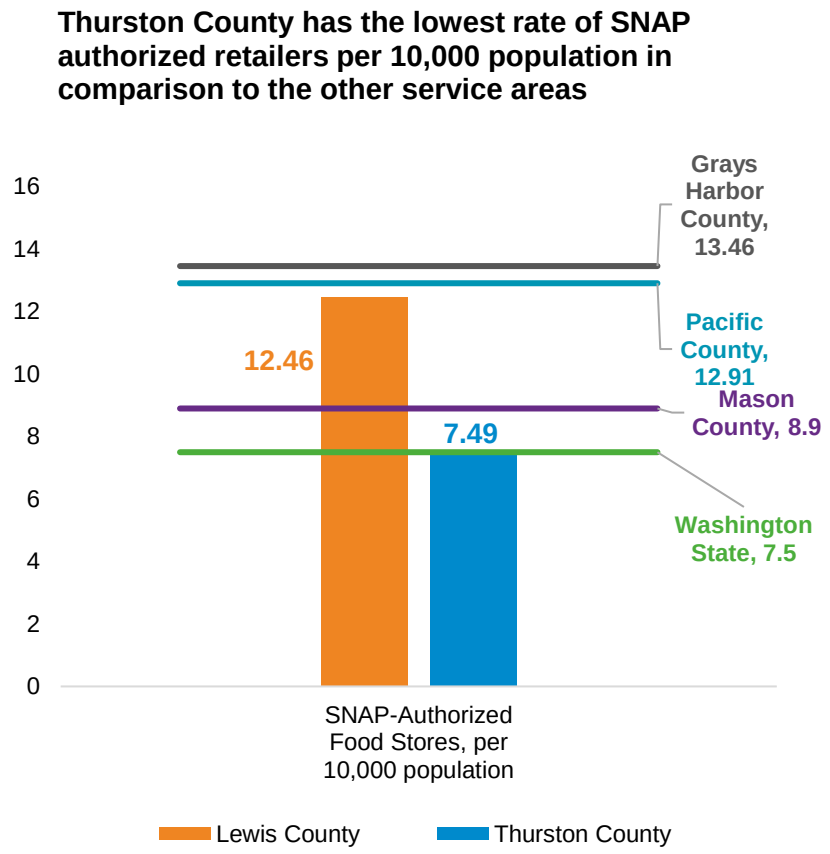


Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons CHNA indicator report, US Census Bureau, American Community Survey. 2011-15. Source geography: Tract. Retrieved from www.communitycommons.org.

About 35 percent of homes in Lewis and Thurston Counties, have homes that are considered substandard. The lowest percentage can be found in Pacific County, at 31 percent. Of note, all service areas fall below the state estimate of 37 percent.

SNAP-authorized food stores

This indicator reports the number of Supplemental Nutrition Assistance Program authorized food stores as a rate per 10,000 population. SNAP authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits.



Data Source: Community Commons (2017). Custom community health needs assessment report courtesy of Community Commons CHNA indicator report, US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2016. Source geography: Tract www.communitycommons.org.

Thurston County has a comparable rate of SNAP-authorized retailers per 10,000 population to that of Washington State (7.49 and 7.5, per 10,000 population). In comparison, Grays Harbor County has the highest rate of SNAP-authorized retailers per 10,000 population in comparison to the other service areas (13.46 per 10,000 population).

Primary data

Service area

In the surveys, key informant interviews, and focus groups most of the respondents were from Lewis and Thurston counties. There were a total of 15 key participants and 2 focus groups who provided information regarding the health of the communities in which they live and serve. The surveys received 178 responses from individuals and organizations in various counties. Table A below shows the number of responses by organization's or individual's county of residence and the counties, which they serve.

Table A. Survey responses by county

Individual/Organization County of Residence	County Serviced	Number of responses
Lewis County	Lewis, Mason, Thurston	91
Thurston	Thurston	63
Individual or N/A	No response	8
Multiple counties (including Lewis, Thurston, Grays Harbor, Mason, Pierce)	Lewis, Thurston, Grays Harbor, Mason, Pierce	6
Mason	Mason, Lewis, Thurston	4
Grays Harbor	Grays Harbor	2
Other Counties	No response	4

Focus group participants

There were two separate focus group discussions, one taking place in Thurston County (n9) and the second in Lewis County (n9).

Thurston County focus group participants were recruited by the Thurston County director of senior services. Participants for this particular focus group included individuals within the community that provided services such as meals on wheels, adult day programs, housing programs to the aging populations. Participants also included those that were caregivers to individuals with cognitive and other disabilities among seniors and non-seniors. This focus group discussion was held on Feb. 13, 2017 at the Olympia Center.

Participants for the Lewis County focus group discussion were recruited by one of the Lewis County community organization leaders, the organization is known as RISE- Resource Integration, Service Education. Focus group participants were recruited from the RISE organization and local churches. Participants worked in nonprofit organizations, volunteered in the community, and worked in local government positions. This focus group discussion was held on Feb. 13, 2017 at St. John Lutheran Church in Chehalis, Wash.

Survey participants

There were a total of 178 survey respondents. Survey participants were recruited using various outlets such as social media, local radio stations and journal and news outlets. Social media outlets consisted on Facebook and Twitter announcements. The survey link was posted on the Providence St. Peter Hospital page and the Providence Centralia Hospital page. A total of 2446 people were reached from the use of this outlet. There media releases were disseminated to local radio stations such as KELA, KITI and KGY, news outlets such as Nisqually Valley News, Lewis County News, Thurston Talk, Lewis Talk, Thurston-Mason Senior News, Chronicle, Olympian, Puget Sound Business Journal, Tenino Independent and Catholic Health World. The media

release was also distributed to the Thurston County and Centralia-Chehalis County chambers, as well as emailed directly to key community stakeholders including:

- Olympia and Lacey police chiefs
- Interfaith works
- Community Care Center Advisory Team
- SEAMAR
- Valley View Health Center
- Cascade Pacific Action Alliance
- Pope's House
- Thurston-Mason Dental Society
- CHOICE board
- Olympia Free Clinic
- Health and Hope Clinic
- Chehalis Tribe
- Nisqually Tribe
- Monarch Therapy program
- CIELO
- Lacey Rotary
- Lewis County Sherriff

Organizational service type

The types of organizations provided in the key informant interviews and surveys included public health and social services, United Way, behavioral health services, fire departments, Thurston Thrives, school systems, venture philanthropy, and nonprofit organizations. The surveys provided information about services by county level.

In Lewis County, most of the respondents answered in the "other" category for service type. Insurance providers, law enforcement, court, volunteer services, domestic violence, sexual assault victim advocacy were indicated as most common "other" service types. Social services and medical were the next listed, followed by education, public service and housing.

In Thurston County, most of the respondents were in medical service. There were only four respondents who listed public service, education, social service or other – low barrier shelter and warming center program.

For the multiple county and other county respondents, the majority type was medical and education. There were also housing and public health among those who provided responses.

Vision of a healthy community

When key participants were questioned about their vision of a healthy community, resiliency of a community was often mentioned. Emerging themes included health and wellness and resources for low-income families. When health and wellness were explored, it included access to quality health care, healthy kids, access to parks, healthier eating options and increased physical activity. Examples of comments reflective of themes include:

- *Better health for everyone at less cost. Not population specific. Entire community is our target population.*

- *Kids are not healthy; our suicide rates are high…that's health. Trying to integrate that into…early childhood development going on and how do we get that started at an early age.*

Resources were also commonly mentioned. Having safe housing options for low-income families, access to good jobs and resources and good schools were included in participants' visions for a healthy community.

- *Well I would love to see people have housing that doesn't take more than 40 percent of their income.*

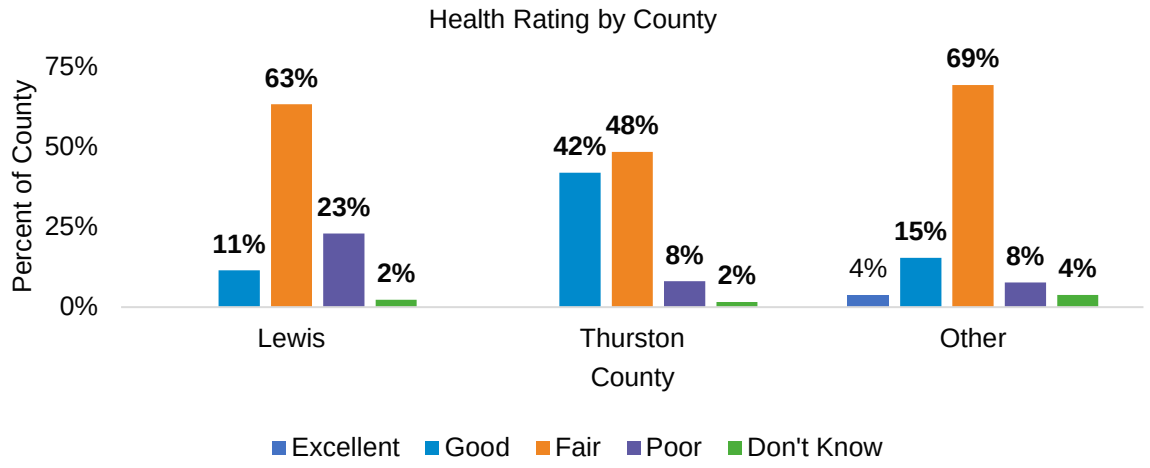
- *…economics has to fit into it; you have to find jobs and places to live. If you're talking about healthy meaning just vibrant community, growth and job security and something you can plan on for the future.*

- *A community that has resources available to them regardless of their circumstance and need.*

Community health rating

The survey respondents provided ratings of the community's health on a scale of: excellent, good, fair, poor and do not know. In Lewis, Thurston and other counties, the majority response was fair. However, in Thurston County almost the same proportion of respondents felt the community's health status was good. A respondent from Grays County was the only excellent rating given.

Figure A. Community Health Rating by County



Aspects of respondent's community that contribute to health

Survey respondents were asked to describe aspects of the community that contribute to people's health both positively and negatively.

Positive aspects

Across all counties, access to healthy foods, and parks and recreation were among the top three positive aspects in communities.

In Lewis County non-organizational respondents said that access to health foods (n=36) was the top aspect that contributes positively to health. Additional top aspects identified include: the faith community (n=34), parks and recreation (n=34), community education (n=28) and farmers' markets (n=23). A few respondents mentioned other aspects such as senior centers and access to quality mental health care.

In Thurston County, access to healthy foods (n=33) was indicated as the top aspect that contributes positively to health. Additional top aspects identified include: parks and recreation (n=22), community education (n=20), farmers' market (n=20) and natural resources (n=13). The Olympia free clinic, and community walk and bike paths were mentioned as positive aspects.

Among organizational respondents across multiple counties and other responses, parks and recreation (n=14) was indicated as the top aspect that contributes positively to health. Additional top aspects include: access to healthy foods (n=11), gyms and group fitness activities (n=7), natural resources (n7), and faith communities (n=6). An honorable mention was the culture of generosity such as the cancer walk and youth sport programs.

Negative aspects

Across all counties, lack of mental health resources, illegal drug use, and homelessness were among the top three negative aspects in communities.

In Lewis County, illegal drug use (n=62), lack of employment opportunities (n=48), and lack of mental health resources (n=42) are the top three negative factors influencing the health of the community. One surprising aspect not seen commonly throughout the data, but mentioned here was a high rate of teen pregnancy.

In Thurston County, the most indicated negative aspects were lack of mental health resources (n=39), homelessness (n36), and illegal drug use (n=26).

Respondents from other counties indicated lack of mental health resources (n=14), illegal drug use (n=13), and crime (n=7) as the top negative influences on the community's health.

Other commonly mentioned negative aspects in both the key informant interviews and surveys were lack of resources, especially for low-income populations.

Community health and social issues

Surveys and key participant interviews included questions regarding the biggest health and social issues in the community among the population in which they work with. Table B provides the top 3 health and social issues selected by the survey respondents by county. Mental health services (including substance abuse) and economic factors were mentioned in almost every county's top three responses.

Table B. Top Three Health and Social Issues in Community

Counties	First	Second	Third
Lewis County	Poverty	Mental Health services (including substance abuse)	Economic opportunities and job growth
Thurston	Mental health services (including substance abuse)	Homelessness	Poverty
Multi County	Poverty	Mental health services (including substance abuse)	Economic opportunities and job growth
Mason	Education	Mental health services (including substance abuse)	Access to health; health education and outreach; poverty; economic opportunity and job

			growth
Grays Harbor	Mental health services (including substance abuse)	Other (Chronic and extreme shortage of primary care providers - pediatrics, family practice, OB/GYN; Lack of affordable housing)	Access to health care and poverty
Individual/NA	Access to health care	Dental Care	Health Insurance

Commonly mentioned themes among the key informants were similar to the survey respondents in that access to health services and economic factors are issues.

Access to health responses included health equity, behavioral health – mental and substance abuse, access to health care for low-income and in poverty, and the public perception regarding the mentally ill. Examples of comments reflective of themes include:

- *…if it's a mental health issue, all of a sudden it's tied automatically to what that person did in a negative frame.*

- *I guess just the stigma of mental health…homeless population, that's the first thing people think. Mental health – they are either going to jail, or just got out of jail…that's the biggest factor in our area.*

Economic factors included increased homelessness including nutritional issues and support of that population, education dropout rates, lack of good paying jobs, and poverty.

- *With the homeless organization around we always have families and those homeless families usually have nutritional issues, health issues, mental health issues also.*

- *Homelessness…as a very visible and challenging problem, not just here, but many places, but we have to deal with it here.*

- *The dropout rate is high if you just get a humanities degree and you know it's not going to help you.*

- *There's not an easy solution…uncertainty and change in jobs availability.*

Along with the health and social issues key participants noted populations that were disproportionately affected by these issues. The aging, Hispanic, homeless, those living in poverty, and non-English speaking populations were mentioned. The reasons for disproportionate affect are difficulty of finding safe and affordable housing for low-income persons, barriers in communication and reaching the Hispanic populations, closing senior centers, and lack of housing for seniors.

Examples of comments reflective of themes include:

- *Their health insurance coverage may be Medicare and Medicare doesn't pay for a lot of the services that Medicaid pays for…the lack of health coverage for particular types of treatment.*

- *There is a real common opinion…that the Hispanic community that are not citizens, get free medical services and the rest of us have to pay for it. You have a tremendous outreach for some, but all of these people are not a drain on our economy and our people.*

Aging population

The aging population is among the populations most disproportionately affected by health and social issues in the communities identified. In addition to the lack of affordable housing and closing of senior centers, there is a lack of mental health services, especially for people with dementia. Many respondents provided examples of how dementia has been treated as just a problem that elderly people have and are referred to hospitals in larger cities but not something the community handles well. The aging population, especially those with dementia and their caretakers, have issues with the lack of care coordination, avoidance of the issue by health care providers and neurologists, inability to afford care, lack of day care, centers and resources, support groups without resources, fear of applying for Medicaid, and patients with dementia not allowing people to care for them.

- *…dementia is the unrecognized epidemic that is coming and its exponential impacts, its societal impacts we are just starting to see the tip of the iceberg on that. Unless something changes on treatment or cures we will see a lot more people with it as people live longer.*

- *…if I apply for Medicaid they're going to take my house, they're going to take my care, they're going to take everything out of the bank and I'm going to be poor and live this destitute life. That's what we see time and time again. We kind of have to break down these myths of what is and what isn't.*

- *You really need to get someone with a passion and a heart for dementia in this community.*

Societal factors

Societal factors that have an influence on the issues were discussed in the key participant interviews. Economic and geographic aspects were commonly mentioned. Some mentioned were lack of adequate transportation, geographic location with difficulties to resources and services, lack of jobs, low-income families, lack of positive activities for kids, and unskilled and untrained members in the community. Low self-motivation, drive and commitment among younger generation emerged as an economic aspect in the discussion of social factors.

- *Poverty, obviously generational poverty.*

- *We have issues with our geographic location, how the county is laid out, so people on the east side of the county are much more rural and don't have, have fewer access to services, and transportation.*

- *Our community has a pretty limited job market, unless you're in the service industry.*

There isn't a lot manufacturing here.

Challenges in addressing health needs

Transportation and access to quality health and behavioral care were repeated themes indicated as challenges. Emerging challenges mentioned included access to dental care services and lack of sharing information about available resources within the community. One respondent suggested community workers collaborate to avoid duplicating services and communicate across agencies so as to not waste, but maximize resources and time.

- *…Even though it's not an individual health issue I think that it's a systemic problem that would make individual health better.*

- *Competing interests are also a big problem, for instance in the housing industry there is a lot of turf and prospective organizations pushing their agendas and how they believe the problem can best be solved.*

Top health care gaps

Access to primary and specialty care

Again, mental health services were among the top mentioned gap in health care access. Additionally, substance abuse, specialty services, and abuse treatment for child, domestic, elder, and sexual assault were gaps mentioned in this section. Table C provides the top three selected gaps by the survey respondents.

Table C. Top Three Healthcare Gaps for Access to Primary and Specialty Care by County

Counties	First	Second	Third
Lewis County	Acute mental health services	Primary care medical services (a regular place to go for health care that is accessible and affordable)	Substance abuse treatment programs
Thurston County	Acute mental health services	Substance abuse treatment programs	Primary care medical services (a regular place to go for health care that is accessible and affordable)
Multi County	Specialty medical services (i.e. cardiology, dermatology, orthopedics, endocrinology, neurology, etc)	Acute mental health services	Dental care that is affordable
Mason	Abuse treatment (i.e. child, domestic elder, sexual assault)	Acute mental health services	Substance abuse treatment programs

Grays Harbor	Acute mental health services	Primary care medical services (a regular place to go for health care that is accessible and affordable)	Dental care that is affordable
Individual/NA	Specialty medical services (i.e. cardiology, dermatology, orthopedics, endocrinology, neurology, etc)	Other: Emergency care; a coordinated system of care for the elderly and disabled. many services are available but not in a managed system; hospital beds	Primary care; dental care; abuse treatment

Wellness education

The question about wellness education gaps in health care resulted in mental health education and coping skills most commonly being mentioned. Education in navigating the health care system, violence prevention programs, nutrition and parenting were called out as well.

Table D. Top Three Healthcare Gaps for Wellness Education by County

Counties	First	Second	Third
Lewis County	Mental health education/coping skills	Substance abuse prevention programs	Violence prevention/anger management programs; Physical activity/physical fitness (goal setting, classes, etc.)
Thurston County	Mental health education/coping skills	Education about navigating the health care system	Substance abuse prevention programs
Multi County	Mental health education/coping skills	Education about navigating the health care system	Nutrition skills education (healthy choices, counting carbs, reading labels, etc.)
Mason	Substance abuse prevention programs	Mental health education/coping skills	Self-care education programs after diagnosis (i.e. diabetes, blood pressure, asthma); Nutrition skills education (healthy choices, counting carbs, reading labels, etc.); Parenting education
Grays Harbor	Parenting education	Mental health education/coping skills	Self-care education programs after diagnosis (i.e. diabetes, blood pressure,

			asthma); Nutrition skills education (healthy choices, counting carbs, reading labels, etc.)
Individual/NA	Education about navigating the health care system	Substance abuse prevention programs	Mental health education/coping skills

Connecting people to services

Commonly indicated among all counties was having affordable housing, access to medical services outside of regular business hours and a sliding scale or free services for low-income.

Table E. Top Three Healthcare Gaps for Connecting People to Services

Counties	First	Second	Third
Lewis County	Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)	Providers who accept Medicaid	Specialized testing and mental health services for children
Thurston County	Providers who accept Medicaid	Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)	Sliding scale or free services for low-income
Multi County	Affordable housing	Specialized testing and mental health services for children	Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)
Mason	Affordable housing	Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)	Outreach and enrollment into health insurance
Grays Harbor	Affordable housing	Sliding scale or free services for low-income	Providers who accept Medicaid
Individual/NA	Affordable housing	Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)	Sliding scale or free services for low-income

Existing community assets and resources

Key participant interviews provided insight into several assets and resources which could be used to address health issues and inequities in their communities.

Asset or Resource	Mission/Program
Alder House	Trying to set up a care facility
Reliable Enterprises	Work opportunities and disadvantaged people get home kits
Valley View	Health
United Way	Local government, drawing on governmental dollars, non-profit
Schools	Get them more involved in conversation
Mental health providers/social workers	*…Helping people stay housed and safe and that. Or mental health providers looking out for them and keeping them up with whatever they need, meds or whatever, counseling… affordable housing with other subsidies.*
Safety Net Council	Community coalition
CIELO	Education, ESL for adults
Lewis County App	Access to resources and services, information, church communities, emergency efforts
Housing organizations	Attempt to work with people to get housing
System 211	Call 211 for services, referrals to services
Health and Hope Clinic	Doctors volunteer 1 night a week for free care
Evaluation Treatment Center in 2018	Hospital diversion house – 16 bed inpatient unit, 6 beds for hospital diversion
Downtown Community Care Center	Social cohesion of organizations and resources
CHOICE	Asset to community, impacting community by addressing health issues and inequities
Thurston Thrives	Action team of providers and primary stakeholders
South Food Systems Council	Farmers, ranchers
School based health clinic	For everyone
SeaMar	Healthcare counseling, mental health counseling, school counselors
FD Cares	Identifies people having difficulty sitting or standing, Preventing falls
Assured Home Health	Resources to help address needs, aging population
Thurston County Food Bank	Basic food, baby food, nutritionals, holiday meal baskets, The Emergency Food Assistance Program, The Commodities Supplemental Food Program, For Kids program, Winter Community Supported Agriculture, Summer school lunch program, summer mobile meal program, basic food program education and outreach, basic food program nutrition education, food tasting, birthday bags, school garden project, and the gleaning program for harvesting fresh produce from local farms

Opportunities for systems-level partnerships

Opportunities were discussed for systems-level partnerships between Providence and community-based organizations to address the challenges in addressing health needs. One respondent indicated that co-leadership is important within the community.

- *Building co-leadership is also important…*

- *Would love to see, at a systems level, that both the health department, the hospitals, **Sisters of Providence and Morton General and the FQHC** try to get together and align these community health assessments, and partner and share in the cost, so that we only do one and combine payments to make it a good one.*

According to answers in our interviews and surveys, organizations available in the community for system-level partnership are:

- Morton General
- FQHC
- RISE
- Human Response Network and other sexual assault/domestic violence agencies
- Lewiscountyuw.com under agencies
- Catholic Community Services
- Youth advocacy center
- Various school districts
- Emergency Department Consistent Care Program
- Acute detox at mental health or behavioral health centers
- Community Care Center
- Cascade Pacific Island Alliance
- Safety Net Council
- School based health clinics
- Lewis County Thrives
- Business sector
- Educational sector
- Faith-Based organizations
- Social sector, county, non-profit

Additional comments and suggestions for improving health

Survey respondents and key participants provided additional comments and suggestions for improving the health in their community. The break-out by county below sets out comments and suggestions.

Lewis County

Although many comments were offered, most were related to increasing access to quality health and mental health services, especially for seniors and low-income individuals. Encouraging healthy behavior was often suggested as well. Communication about community activities, improvement in medical services in rural areas, a single-payer health system and high teen pregnancy rates were new comments not mentioned in interviews and focus groups.

Topic Area	Comments/Suggestions
Access to health care	• Primary care provider accepting new patients without long waits • improve medical in a rural area • Ability to obtain inpatient & outpatient treatment • More types of specialists • More primary care providers that accept insurance and new patients • Cheaper healthcare, more access to healthcare • Single-payer healthcare system • Easily available-up to date catalog of local health care services. Including closest "Out of area" clinics/doctor specialty areas
Communication	• Community activities, advertisement

Health programming/access to affordable gym memberships and exercise classes	• Classes for low-income families, addition of child/adolescent mentor programs or centers that offer recreational/educational/social support activities, i.e. Boys and Girls Club, Big Brothers Big Sisters, etc • Lack of free weekly exercise opportunities, such as hiking, walking groups education of how to cook healthy with low income, how to properly feed a family on food stamps • Having the people involved in the programs, being accountable for making sure people they are helping understand what they have to do and why • High rate of teen pregnancy • Lack of education about healthy living • Help navigating and finding assistance programs • Agribusiness - farm stands • Raised bed gardening and cooking classes
Access to mental health	• Mental health and drug counseling are the least likely to travel 30-60 miles • Access to quality mental health care
Economic	• More money • Generational poverty is difficult to break • Poverty
Transportation	• Bus service in the evenings (up to 9pm) around hospital
Senior services	• More and better senior services, transportation, better health care, better senior center support • Senior centers
Community Initiation	• County wide initiative that focuses on healthy living in our county
Drug abuse	• *We need to stop the drug abuse*

Thurston County

Access to health care, mental and behavioral health services was the most commonly mentioned issues in Thurston County. An emerging topic was the lack of consideration towards gay populations. One respondent commented

- *Thurston county health care is sorely lacking in its attention to the needs of its gay population in particular… Please begin offering services immediately to triage gay folks' needs.*

Topic Area	Comments/Suggestions
Health care	▪ Get rid of political correctness that is rampant in the local health care industry ▪ Expand the hospital ▪ ER services in this city (Yelm) due to increase size ▪ PSPH inpatient bed capacity needs to expand. Walk in clinics that can provide IV infusions for clients that have gastroenteritis, treat uncomplicated injuries and other non-emergent cases. The present ER is at more than capacity. Also, need increase in available psychological service, so ER and inpatient beds are available ▪ Build another tower/room to support the increase in hospital admissions, there is not enough room to support our growing community ▪ Providence could fight repeal of Affordable Care Act ▪ Prescription coverage is also an issue

	▪ Access to health care ▪ Access to primary care, access to mental health care
Programming, services, education	▪ Get to children in helping to build health knowledge and habits ▪ Programs for disabled adults to live independently ▪ Services for families at risk of child abuse ▪ Better nutrition education ▪ Adequate Housing ▪ Housing is the number one healthcare issue ▪ Supportive services for all people ▪ Nonprofit assistance
Access to mental and behavioral health	▪ More mental health ▪ Pediatric mental health access ▪ Acknowledgment Conversation and Treatment stressed soldiers/families via JBLM ongoing War ▪ Access to harm reduction based substance use treatment programs including suboxone, naltrexone and other non-abstinence based treatment programs ▪ Social services for homelessness and mental health ▪ Access to mental health care
Transportation	▪ This is not health related but: PLEASE get the county to put a dedicated left turn arrow (on the traffic light) at the entrance to the Hospital from Lilly Road. It is almost impossible to turn left from Lilly at almost any time, but especially during rush hour.
Political	▪ personal freedom without governmental oppression
Dental care	▪ no access for adult dental for Medicaid
Drug use	▪ Tackling the illegal drug use and

Other counties and individuals

Health access and health education were also common topics among individual respondents and those from other counties who answered the survey.

Grays Harbor:

- *The availability of resources to address health needs has been declining over the past two decades. There is a trend to try to deliver services from the state or regional level that is typically not effective at the local level. A return to DOH's previous model of prioritizing resources to local communities would improve our ability to address issues.*

Individuals:

- *Chronically ill, disabled or elderly need so many out of hospital services. Ideally there would be a case management system for them [& their families]. Acute care and primary care are handled but it breaks down with outpatient specialty care, support services, home care, eligibility for benefits, financial assistance. A disabled Medicare patient's out of hospital needs can be quite extensive and often there's no one to help.*

- *Primarily, we need more primary care providers!*

Mason:

- *Educating people that they are responsible for their health choices. I.e. Lifestyle causes health issues.*

- *Access to medical appointments, access to grocery shopping. Help with supporting*

someone to continue to live independently safely in their own home.

Multiple counties:

- *More medical specialists that serve Medicaid clients in the areas. Have Dial a Lift branch out further to more rural areas.*

The key participants also provided additional comments and suggestions for improving health in their communities. Many of the responses were thematic to community education and empowerment to improve their own health and pooling of community and organizational integration and support.

- *Movement toward school-based interventions and using the child as the mechanism to help the family because it's very easy to recognize the needs of kids in schools.*

- *We have people who are now buying houses and fixing them up and reselling them, which is a good thing. They're not sitting there vacant.*

- *The social services providers needed to know what each other are doing and trying to make sure we're not duplicating efforts and using funding to do things similarly; use it for something we really need.*

- *Capacity has many dimensions: money and bandwidth of leadership. Leaders only have so much time to dedicate to work outside of their organization.*

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

On April 6, 2017, the members of the Oversight Committee met to debrief on the findings of the CHNA and prioritize the needs identified through the CHNA process. The table below describes the top needs identified and the rationale for selections.

Priority health issues and baseline data

Priority Health Issue	Rationale/contributing factors
1. Access to primary and specialty care	• As of January 3, 2017, all counties in the five-county region have been designated as health professional shortage areas for primary care. • The percentage of those uninsured, has decreased dramatically since 2011 but rates remained higher than the state estimate for four of the five counties: o WA=5.8%; Lewis=6.1%; Thurston=6%; Grays Harbor=7.8%; Mason=7.2% • All counties either exceeded or equaled the state estimate for adults that delayed care in the past year due to cost o WA=11%; Lewis=15%; Thurston=11%; Grays Harbor=13%; Mason=14%; Pacific=14% • Using the key informant interviews, focus groups, and survey, the top three gaps for "access to primary and specialty care" were identified as: o Lewis County: 1). Acute mental health services 2). Primary care medical services 3). Substance abuse treatment programs o Thurston County: 1). Acute mental health services 2). Substance abuse treatment programs 3). Primary care medical services

2. Chronic disease	• From 2011 to 2015, the percent of adults diagnosed with COPD increased in the following counties: Lewis (+7%, current estimate=13%), Grays Harbor (+4%, current estimate=10%), and Mason (+12, current estimate=15%) • In 2015, all of the counties in the five-county region had a mortality death rate from COPD that exceeded the rate for the state. o WA: 38.1 per 100,000; Lewis: 47.3 per 100,000; Thurston: 45.6 per 100,000; Grays Harbor: 47.8 per 100,000; Mason 54.2 per 100,000; Pacific: 58.5 per 100,000 • In 2015, all of the counties in the five county region had a higher percentage of adults with high blood pressure than the state estimate. o WA: 30%; Lewis: 34%; Thurston: 33%; Grays Harbor: 39%; Mason: 46%; Pacific: 38%) • In 2015, four of the counties in the five-county region had a higher percentage of adults diagnosed with high cholesterol than the state estimate. o WA: 38%; Lewis: 46%; Thurston: 37%; Grays Harbor: 46%; Mason: 50%, Pacific: 42%
3. Poverty, economic opportunities and job growth	• Four out of the five counties in the five-county region have a higher percentage of households living below the federal poverty level, in comparison to the state. o WA: 13.3%; Lewis: 16.3%; Thurston: 12.4%; Grays Harbor: 18.1%; Mason: 17.2%; Pacific: 19.2% • As of December 2016, the unemployment rate for Lewis County was 8.2% and 5.7% for Thurston County. Comparatively, rates were higher in neighboring counties; 8.5% for Pacific, 8.8% for Grays Harbor, and 7.9% for Mason. • Housing cost burden is the highest in Mason County at 36% among both renters and home owners. Second highest is in Pacific at 31.7%, and then Thurston at 21%.

4. Homelessness	▪ According to the 2016 Point in Time Count, there were 1,431 homeless persons, both sheltered and unsheltered, across the five-county region: o Lewis (n=150, 10.5%); Thurston (n=586, 41%), Grays Harbor (n=203, 14.2%); Mason (n=416, 29.1%), Pacific (n=76, 5.3%) ▪ Key informants frequently noted homelessness as one of the top social issues o *"With the homeless organization around we always have families and those homeless families usually have nutritional issues, health issues, mental health issues also."* o *"Homelessness…as a very visible and challenging problem, not just here, but many places, but we have to deal with it here."*
5. Mental health services (including substance abuse services)	• Mental health services, including substance abuse services was the most frequently mentioned social need across the counties sampled, by key informants and focus groups. Mental health services were also among the top mentioned gap in health care access, as noted by survey respondents. • Four of the counties in the five-county region had higher drug related hospitalization rates than the state. o WA: 554.3 per 100,000; Lewis 845.3 per 100,000; Thurston: 542.7 per 100,000; Grays Harbor 915.0 per 100,000; Mason: 633.4 per 100,000; Pacific: 575.4 per 100,000 • Grays Harbor and Lewis County had opiate related hospitalization rates that exceeded the state estimate: o WA: 243.1 per 100,000; Lewis: 323.1 per 100,000; Thurston: 195.9 per 100,000; Mason: 195.1 per 100,000; Pacific: 164.0 per 100,000 • All the counties in the five-county region had a higher percentage of adults who have had 14 or more days of poor mental health or distress in the past 30 days, in comparison to the state.

6. Physical activity and nutrition	• All of the counties in the five-county region had higher percentages of adults with no leisure time activity, in comparison to the state. o WA: 19%; Lewis: 20%; Thurston: 21%; Grays Harbor: 23%; Mason: 22%; Pacific: 26% • All of the counties in the five-county region, had lower percentages of adults that consumed fruit at least once or more per day, in comparison to the state. o WA: 58%; Lewis: 11%; Thurston: 46%; Grays Harbor: 22%; Mason: 23%; Pacific: 10% • Lewis County had the lowest percentage of adults who consume vegetables at least once or more per day, in comparison to the other counties and state. o WA: 83%; Lewis: 70%; Thurston: 83%; Grays Harbor: 77%; Mason: 82%; Pacific: 83%
7. Healthy aging	• The older adult population, age 65 and older, occupies an average of 21% of the total population across the five-county region. The greatest growth in this population is expected in Thurston, Grays Harbor, and Mason Counties, by 2025. • Both Lewis and Pacific Counties had the highest percentage of older adults who had 14 or more poor physical health days, in the past month in comparison to the other counties and state. o WA: 16%; Lewis: 21%; Thurston: 17%; Grays Harbor: 16%; Mason: 16%; Pacific: 21% • Four of the five counties in the five-county region had higher percentages of adults age 65 and older who have been diagnosed with coronary heart disease or angina. o WA: 12%; Lewis: 16%; Thurston: 13%; Grays Harbor: 8%; Mason: 13%; Pacific: 14%

Following a review of the data associated with the top community health needs, time was allocated for board members to ask clarifying questions or additional data-related questions. The facilitator, Jessica L.A. Jackson of HC^2 Strategies Inc., then led the group in a discussion of the criteria used to determine the importance of each priority, the rationale for weighting, and instructions on how to complete the prioritization matrix. The criteria used for determining priority needs are outlined below:

- **Input from community:** Derived from the qualitative data, these are the highest-ranking priorities indicated through key informant interviews, focus groups and surveys.
- **Severity and magnitude:** Derived from the secondary data. Severity refers to the degree to which the indicator deviates from the norm or benchmark. Magnitude refers to the extent,

or how widespread, the issue may be.

- **Community readiness:** This is degree to which the community has capacity and will to address this issue. For example, are there structures and processes to support work in this area? Is there leadership and communal energy?
- **Addresses disparities of subpopulations:** This criterion refers to the extent to which addressing an indicator would affect outcomes/disparities among certain vulnerable subpopulations. The IRS mandates that the needs and input from medically underserved, low-income, and minority populations must be taken into account in the CHNA. However, other subpopulations such as seniors, children, and those with disabilities are also suitable subpopulations for consideration.
- **Lack of existing resources and programs:** This criterion refers to existing resources and programs in a community. A lack of such programs to address a particular need, is important to consider when choosing potential priority areas and considering community partners.
- **Mission alignment and resources of hospital:** This criterion refers to a hospital's mission, values, current programming, and resources to implement interventions in response to an indicator.
- **Opportunities for partnership:** This criterion refers to the extent to which selecting an indicator, would lend itself to new partnerships with NGOs/NFP/Governmental agencies. Potential partners may be new or existing.

Prioritization Matrix

Board members were then instructed on how to use the prioritization matrix, pictured below. For each need presented, Board members were asked to rank each need against each criterion, using the following system:

- 1=Strongly Disagree
- 2=Disagree
- 3=Agree
- 4=Strongly Agree

Identified Need	Input from community (.75)	Severity and magnitude (.75)	Community Readiness (.5)	Addresses disparities underserved populations (.5)	Lack of existing resources and programs (.25)	Mission alignment and resources of hospital (.75)	Opportunity for partnership (.25)	Priority Score
1. Access to primary and specialty care	4	4						
2. Chronic disease	1	4						
3. Poverty, Economic opportunities and job growth	3	4						
4. Homelessness	3	3						
5. Mental health services (including substance abuse services)	4	4						
6. Physical activity and nutrition	3	3						
7. Healthy aging	3	3						

Once the Board members completed ranking each need against each criterion, the facilitator used an Excel spreadsheet to calculate scores and the final ranking of needs. Once each worksheet was input into Excel, and priority scores calculated, the scores were averaged to obtain the final ranking.

Final Rankings for Identified Needs, April 6, 2017

Identified Need	Final Summed Scaled Score	Rank
Mental health services (including substance abuse services)	14	1
Access to primary and specialty services	13.292	2
Poverty, economic development, and job growth	12.292	3
Homelessness	10.958	4
Physical activity and nutrition	10.875	5
Healthy aging	10.833	6
Chronic disease	10.375	7

Of note, three board members were absent from the April 6 meeting, but their input was solicited electronically. The three absentee members were presented with a similar worksheet that provided the identified needs and rationale, criteria, and a place to rank priorities 1 through 7, with one being the most important and seven being the least important. To incorporate their responses, points were added to the final score based on ranking. For example, if a participant noted “mental health” as her top need, then seven points were added to the final score. This process was repeated for each member relating to each identified need. As such, the final ranking changed slightly; however the top priority remains “mental health services (including substance abuse services)”.

Ranking by Absentees	Points Added to Final Score
1	7
2	6
3	5
4	4
5	3
6	2
7	1

Final Rankings for Identified Needs, With Absentee Votes

Identified Need	Final Summed Scaled Score	Member 1 (Points)	Member 2 (Points)	Member 3 (Points)	Final Score	Final Rank
Mental health services (including substance abuse services)	14	7	7	7	35	1
Access to primary and specialty services	13.292	6	4	4	27.292	2
Physical activity and nutrition	10.875	1	1	1	25.958	3

Final Rankings for Identified Needs, With Absentee Votes						
Identified Need	Final Summed Scaled Score	Member 1 (Points)	Member 2 (Points)	Member 3 (Points)	Final Score	Final Rank
Poverty, economic development, and job growth	12.292	5	5	3	25.292	4
Chronic disease	10.375	4	2	2	20.833	5
Healthy aging	10.833	2	3	5	13.875	6
Homelessness	10.958	3	6	6	18.375	7

Existing community assets and resources

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. In addition to the resources identified by key participant interviews on page 71, below outlines a list of additional resources potentially available to address identified community needs. This list is not considered to be exhaustive.

Asset or Resource	Mission/Program
Behavioral Health Resources	Multi-county provider of mental health and addiction recovery services with locations in Thurston, Mason, and Grays Harbor.
Cascade Mental Health	Non-profit Community Mental health center. Serving Lewis County and surrounding area.
Housing Resource Center of Lewis County	Volunteer organization providing shelter as well as housing and supportive services.
Housing Authority of Thurston County	Mission to provide safe, decent, and affordable housing and services to persons with disabilities, low income and at-risk individuals and families.
SideWalk	Mission to end homelessness in Thurston County.
Senior Services for South Sound	Wide range of services for seniors and their families, including adult day care, Meals on Wheels, community dining, transportation, caregiver, social services, health programs, adult learning, and independent living programs.
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.
Thurston County Public Health	Public health for Thurston County residents.
United Way of Lewis County	Philanthropic organization in service to Lewis County community's health and human service needs.
United Way of Thurston County	Philanthropic organization in service to Thurston County community's health and human service needs.
Lewis & Thurston County Food Banks	Working to end hunger in Lewis and Thurston counties.
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.

Asset or Resource	Mission/Program
Thurston-Mason Behavioral Health Organization	Oversees and manages integrated state-funded mental health and substance use disorder programs serving Thurston and Mason counties.
Lewis County Community Health Partnership	Cross-sector coalition to improve health and well-being of Lewis County residents.
CHOICE Regional Health Network	Non-profit collaborative of community health care leaders in a five-county region that includes Grays Harbor, Lewis, Mason, Pacific, and Thurston.
Thurston Thrives	Cross-sector coalition to improve public health and safety in Thurston County.
Valley View Health Center	Provides medical, dental, and behavioral health services to Lewis, Pacific, and Thurston counties, primarily to the uninsured and under-insured.
SeaMar Community Health Center	Community-based organization providing health, human and housing services to diverse communities.
Ocean Beach Hospital	Critical Access Hospital
Willapa Harbor Hospital	Critical Access Hospital
Summit Pacific Hospital	Critical Access Hospital
Mason General Hospital	Critical Access Hospital
Steck Medical Clinic	Rural Health Clinic
Grays Harbor Community Hospital	Acute Care

Addressing identifed 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[3].

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 by May 15, 2018. When approved, the CHIP will be attached to this community health needs assessment report in Appendix V.

Providence prioritized needs

As previously noted, our CHNA identified 7 community needs that were prioritized in the order shown below.

1. Mental health services (including substance abuse services)
2. Access to primary and specialty services
3. Physical activity and nutrition
4. Poverty, economic development and job growth
5. Chronic disease
6. Healthy aging
7. Homelessness

Through careful consideration and evaluation of the quantitative and qualitative data as well as community input and experience, Providence will be focusing on the single top prioritized need for the 2017-19 CHIP. The overwhelming need for mental health including substance abuse services in the communities we serve is apparent. Our goal will be to focus our available resources on this top need in the development of our 2017-19 CHIP in order to have maximum impact in this area for our community.

[3]Reasons may include resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to address the need, the need being a relatively low priority, and/or a lack of identified effective interventions to address the need.

Providence top prioritized need – 2017-19 CHIP Focus
1. Mental health services (including substance abuse services)

Evaluation of impact from 2014 Community Health Improvement Plan

This section evaluates the impact of actions that were taken to address the significant health needs identified in the prior community health needs assessment and associated implementation strategy (i.e. community health improvement plan).

Following the prior CHNA, Providence collaborated with community partners to develop a community health improvement plan to address the needs identified below. The top health issues for the 2014 CHNA/CHIP were:

1. Advance care planning
2. Childhood obesity
3. Access to mental health services

The following is an overview that evaluates our CHIP outcomes and impact on the identified needs.

Prioritized Need #1 – Advance care planning

The Advance Care Planning Initiative at Providence Southwest Washington started in mid-2015 with funding from Providence St. Peter Foundation. ACP helps individuals plan for future health care and identify a person to speak for them if they cannot. It also helps health systems provide care that honors personal goals, values, and preferences.

STATUS: ● On Track ▲ Greater Focus ◆ Concern

Goals	2016 PROGRESS TOWARDS GOALS – through December 2016 (Year End Report)	STATUS
Caregiver Awareness: • Encourage Providence Caregivers to address advance care planning for themselves • Develop capacity to provide high quality patient-centered ACP conversations with patients	• Provided ACP Workshops including customizing to complement department meetings. • Encouraged caregiver action following 2016 Health Incentive activity and National Healthcare Decisions Day. • Attended Wellness Fairs at hospitals and shared advance care planning materials. ***MEASURE: # of ACP Workshops for Caregivers (threshold 8 / target 12)*** *[Held 17 ACP Workshops for Caregivers and community members]* ***MEASURE: % of ACP Workshops Attendees who report better ACP understanding*** *[95% of workshop attendees report increase in understanding of ACP]*	●

Goals	2016 PROGRESS TOWARDS GOALS – through December 2016 (Year End Report)	STATUS
ACP Implementation Pilots: • Integrate ACP into patient processes along the care continuum	• Initiated ACP pilot efforts in four clinics – three internal medicine and one specialty • Focused work of Honoring Choices Pacific Northwest (HCPNW) initiative on one clinic for purposes of helping develop the statewide framework and reporting. ***MEASURE: # of ACP pilots initiated (threshold 2 / target 4); # of ACP Conversations and Completed Plans*** *[Initiated four ACP pilots; Completed 21 ACP Conversations with clinic patients]*	
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	• Presented ACP facet of Aging with Mastery Program hosted by Senior Services for South Sound (twice). • Hosted three *Being Mortal* screening and discussion events with Senior Services for South Sound (two), and Lewis County Senior Programs (one) • Provided community ACP workshops at Panorama and Senior Centers in Olympia and Lacey (116 attendees). • Trained and certified 22 Community First Steps ACP Facilitators. • Supported work of community ACP Facilitators who provided activities in their work places and community. ***MEASURES: # of activities and # of individuals participating; Assess improved ACP understanding*** *[Participated in 20 distinct activities with over 420 participants, 90%-99% report improved understanding]*	

Goals	2016 PROGRESS TOWARDS GOALS – through December 2016 (Year End Report)	STATUS
Infrastructure • Create sustainable framework and approach that facilitates provision of care that honors personal goals, values, and preferences:	• Continued work with Honoring Choices Pacific Northwest for statewide coordination and focus. • Collaborated with key players to address processes/systems (Epic, health information systems, palliative care, admitting, emergency department, clinics, home health, hospice, ACP Resources, and ACP Facilitations) ***MEASURES: Successful complete of first year of Honoring Choices PNW Program, 24 ACP facilitators, Completion of appropriate resources, improved ACP capabilities within Epic and other EMR systems*** *[Have 42 active Certified ACP Facilitators- Providence and Community; Developed ACP Brochure, Glossary, and Resource List; Met 1/1 deadline for new Providence Advance Directive in WA that complies with new law]*	

STATUS:  On Track  Greater Focus  Concern

Prioritized Need #2 – Childhood obesity

Health is a vital factor in a child's ability to learn. Every two years Thurston County schools participate in the Healthy Youth Survey. Results repeatedly show an inverse relationship between grade levels and physical activity.

Moderate to Vigorous Physical Activity (MVPA) is a standard measure of physical activity. Moderate activities are those such as riding a bike and games that require catching and throwing. Vigorous activities are those such as running and playing soccer. The US Department of Health and Human Services provides recommendations for daily minutes of MVPA. Current guidelines state that youth can achieve substantial health benefits by doing MVPA for periods of time that add up to 60 minutes or more each day.

Beginning in 2015, Providence partnered with North Thurston and Centralia School districts to distribute wearable activity devices to 6th and 4th grade students, respectively. Sqord Booster is a device designed for adolescents that not only tracks users' physical activity but also provides them with a highly social experience, offering additional draw for all children, including those less active.

The goal of this project is to make playing and exercising fun for kids and enhance physical activity of students in North Thurston and Centralia School districts.

Impact:

Sqord devices were distributed to 616 kids during the 2015-16 school year, and 674 kids during the 2016-17 school year.

School and Year	Number of Players who received a SQORD Device
North Thurston (2016-2017)	405
North Thurston (2015-2016)	472
Washington Elementary (Centralia) (2016-2017)	269
Washington Elementary (Centralia) (2015-2016)	144

Outcomes:

Daily MVPA Activity Level – 2016-17 School Year	% Inactive	% Players with <30 min. MVPA	% Players with 45-60 min. MVPA	% Players with > 60 min. MVPA
North Thurston (6th graders)	20.0%	29.0%	18.1%	32.9%
Centralia (4th graders)	14.2%	18.1%	38.6%	29.1%

Throughout the program, students have been engaged in activity and encouraging each other in the Sqord community. Providence continues to partner with both school districts and Sqord to measure impact and determine next steps.

Prioritized Need #3 – Access to mental health services

Providence Southwest Washington Region established the recovery care unit at Providence Centralia Hospital in 2015 to meet the mental health and substance abuse needs of the community.

The dedicated 10-bed detox unit was open from June 22, 2015 to October 1, 2016, serving 674 patients during that time. The Detox Unit supported patients in their readiness for change, engaged them in treatment, and connected them with resources. The program provided patients with a calm, peaceful environment that allowed them to concentrate on healing. This level of care is provided for patients withdrawing from alcohol, benzodiazepine and opioids. Patients admitted to this unit need to be medically managed while withdrawing from substances, as detoxing on their own without medical supervision can be very dangerous, even fatal.

Beginning October 1, 2016, the unit was transitioned to an 18-bed Medical Unit. Due to the unique nature of medical inpatient detox and the specific admissions criteria involved, the dedicated medical detox unit experienced many difficulties in admitting patients. Transitioning to a Medical Unit allowed for more flexibility, both in the type of patients admitted and in the services provided. Patients experiencing severe withdrawal symptoms continue to be admitted, provided they meet admission criteria to be hospitalized on a Medical Unit. Medical detox services continue to be offered for those with a medical necessity. In addition, the standard of care for benzodiazepine and opioids detoxification is intensive outpatient care, which we provide at the St. Peter Chemical Dependency Center.

Providence continues to focus on mental health including substance abuse services and will explore further opportunities to meet this need as a key priority identified in our current CHNA.

2017-2019 CHNA approval

This community health needs assessment was adopted in May 2017 by the Community Ministry Boards for Providence St. Peter and Providence Centralia hospitals. The final report was made widely available[4] in July 2017.

Medrice Coluccio
Chief Administrative Officer
Southwest Washington

Martin Meyer
Chair
Providence St. Peter Hospital Community Ministry Board

Dan Keahey
Chair
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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: http://communitybenefit.providence.org/community-health-needs-assessments/

[4] Per § 1.501(r)-3 IRS Requirements

Appendix I – Key Informant Interview Questionnaire

2017 Community Health Needs Assessment
Key Informant Interview

Name:
Date:
Organization:
Title:

1. Please share your role within your organization and a brief description of your organization.

2. What geographic area do you primarily serve?

3. What is your vision of a healthy community?

4. From your perspective, what are the biggest health and social issues in your community (or among the population you work with)? Why?
    a. Any populations disproportionately affected?

5. Are you aware of societal factors that have influence on the issues we've discussed for your community? If so, what societal issues have the biggest influence on these issues?

6. What are the challenges your community faces in addressing health needs?

7. What existing community assets and resources could be used to address these health issues and inequities?

8. Do you see opportunities for systems-level partnerships that could help address the challenges discussed? (Ex. Between Providence and your/other organizations in your community)

Thank you for the information you've shared with me on issues in your community and potential solutions. Is there anything else you would like to add that we haven't discussed?

Appendix II – Focus Group Guide and Questions

2017 Community Health Needs Assessment
Community Focus Group

Name:
Location:
Date:

Introduction
We want to thank you for agreeing to be a part of this discussion, which will last about 60-90 minutes. We are currently in the process of completing the 2017 community health needs assessment. This means collecting information on the community, including input from those who matter most—our community members. We will then use the results of the assessment to develop and implement a plan to improve community health.

The information we gather today will help Providence Health and Services in Southwest Washington determine the most pressing health needs in our communities and what we can do to improve them. Everything we talk about today is confidential and no one will be identified by name or know that you participated. However, we will summarize and identify the key themes of our discussion to incorporate into the final report.

Before we begin, we'd like to talk about a few guidelines for our discussions:

- There are no right or wrong answers. We want your honest opinions about the issues facing you, your families, and greater community.
- Every opinion counts. We will respect other's opinions.
- Everyone should have an equal chance to speak. Please speak one at a time and do not interrupt anyone else.
- Do not hesitate to ask questions if you are not sure what we mean by something.
- We'd also like to record our conversation. Our note taker will be taking notes so that we remember what people had to say. If you are not comfortable with this, please let us know now.
- Your personal comments will be kept confidential, however, we will be aggregating all feedback into a final report without identifying sources.

Do you have any questions?

Focus Group Question Guide

1. Let's start by introducing ourselves. Please tell us very briefly your first name, the town/city you live in, and one thing that you are proud of about your community.
2. What is your vision of a healthy community?
3. From your perspective, what are the biggest health and social issues in your community? Why?
    a. Any populations disproportionately affected?

4. In your opinion, what health services are lacking for you and the people you know? (Probes: family medicine, specialized services, mental health services, community clinics, dental, etc.)
5. What are some of the barriers you have experienced in trying to get health care or social services for either yourself or your family?
6. Outside of health care, what resources exist in your community to help you and the people you know to live healthier lives?
7. What other types of services would you be interested in receiving for either yourself or you're your family?
8. What are the barriers to accessing these resources? What resources are missing?
9. What is your perception of Providence and current programs/services?
    a. What are we currently doing well that we can do more of?
    b. What needs to be improved?
10. Is there anything else you would like to share with our team about the health of your community that hasn't already been addressed?

Appendix III— Online Survey Questionnaire & Summary Results

2017 Community Health Needs Assessment
Community Survey

For generations, Providence has been committed to providing for the needs of the communities it serves – especially the poor and vulnerable. We collaborate with social service and government agencies, charitable foundations, community organizations, schools and many other partners to identify the greatest needs through community health needs assessments. We are currently in the process of completing the 2017 assessment. An essential component of this process is gathering input from members of our community. Your participation will help Providence Health & Services in Southwest Washington determine the most pressing health needs in our communities and what we can do to improve them. Thank you for your participation!

Questions

1. Please identify whether you are filling this form out as an individual or on behalf of an organization.

   Individual Organization

   If individual, please list county of residence:_____ If organization, please list county(s) served:_____

2. If organization, please select sector that is most applicable:
   a. Education
   b. Housing
   c. Dental
   d. Mental & Behavioral Health
   e. Social Services
   f. Medical
   g. Public Service
   h. Religious
   i. Other (please specify)_____

3. What are the **TOP 3** aspects of your community contribute to people's health in a positive way?
   a. Access to healthy foods
   b. Farmers Markets
   c. Culture and Art
   d. Faith Community
   e. Parks and Recreation
   f. Political Advocacy
   g. Support groups
   h. Natural resources
   i. Community Education
   j. Gyms and group fitness activities
   k. Volunteer Groups
   l. Accessible parks
   m. Neighborhood Associations
   n. Higher Education
   o. Health Fairs
   p. Other _____

4. What are the **TOP 3** aspects of your community contribute to people's health in a negative way?
    a. Crime
    b. Lack of parks
    c. Environmental pollution
    d. Lack of access to nutritious foods
    e. Drug use
    f. Homelessness
    g. Lack of mental health resources
    h. Lack of employment opportunities
    i. Lack of education opportunities
    j. Adult Literacy
    k. Lack of workforce development
    l. Affordable Housing
    m. Lack of resources for specialized populations – children, geriatric,
    n. Child abuse and maltreatment
    o. Primary care shortage
    p. Other _____

5. How would you rate your community's average health status?
    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know

6. What do you believe are the **TOP 3** health or social issues for your community?
    a. Access to health care
    b. Health education and outreach
    c. Help navigating assistance programs
    d. Poverty
    e. Education
    f. Homelessness
    g. Food insecurity
    h. Health insurance
    i. Dental care
    j. Mental health services (including substance abuse services)
    k. Pediatric care
    l. Geriatric care
    m. Access to healthy foods
    n. Early childhood education/daycare
    o. Economic opportunities and job growth
    p. Other _____

7. Please select the **TOP 3** healthcare gaps for **Access to Primary and Specialty Care:**
    a. Abuse treatment (i.e. child, domestic elder, sexual assault
    b. Acute mental health services
    c. Advanced diagnostic procedures (MRI, CAT, ultrasound)
    d. Dental care that is affordable
    e. Screening for acute/chronic conditions (i.e. diabetes, blood pressure, asthma, high cholesterol)
    f. Home care, hospice, long term care
    g. Optometry services that are affordable
    h. Primary care medical services (a regular place to go for health care that is accessible and affordable)
    i. Specialty medical services (i.e. cardiology, dermatology, orthopedics, endocrinology, neurology, etc)
    j. Substance abuse treatment programs
    k. Other (please specify) _____

8. Please select the **TOP 3** health care gaps for **Wellness Education:**
    a. Self-care education programs after diagnosis (i.e. diabetes, blood pressure, asthma)
    b. Education about navigating the health care system
    c. Mental health education/coping skills
    d. Nutrition skills education (healthy choices, counting carbs, reading labels, etc)
    e. Parenting education
    f. Physical activity/physical fitness (goal setting, classes, etc)
    g. Substance abuse prevention programs
    h. Violence prevention/anger management programs
    i. Other (please specify) _____

9. Please select the **TOP 3** health care gaps for **Connecting People to Services:**
    a. Cultural and language barriers to obtaining health care
    b. Affordable housing
    c. Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)
    d. Sliding scale or free services for low-income
    e. Outreach and enrollment into health insurance
    f. Services for persons with developmental disabilities
    g. Specialized testing and mental health services for children
    h. Providers who accept Medicaid
    i. Services that allow seniors to live at home
    j. Affordable medical transportation
    k. Linkage to affordable prescriptions
    l. Other (please specify) _____

10. Do you have any additional comments or suggestions that would improve health in your community?

11. Please provide your information below. We will use this information to better understand our participants and inform our assessment.

    Your Name:_____

    Your Title:_____

    Your organization (if applicable):_____

    Email address:_____

Summary of Survey Results:

Please identify whether you are filling this survey out as an individual or on behalf of an organization.

Answer Options	Response Percent	Response Count
If individual, please list county of residence:	86.0%	153
If organization, please list county(s) served:	28.1%	50
answered question		178
skipped question		0

If you are filling this out on behalf of an organization, please select the sector which is most applicable.

Answer Options	Response Percent	Response Count
Education	14.0%	7
Housing	4.0%	2
Dental	0.0%	0
Mental and Behavioral Health	8.0%	4
Social Services	18.0%	9
Medical	28.0%	14
Public Service	6.0%	3
Religious	0.0%	0
Other (please specify)	22.0%	11
answered question		50
skipped question		128

What are the top 3 aspects of your community that contribute to people's health in a positive way?

Answer Options	Response Percent	Response Count
Access to healthy foods	45.1%	79
Farmers markets	24.0%	42
Culture and art	5.7%	10
Faith community	28.0%	49
Parks and recreation	38.3%	67
Political advocacy	3.4%	6
Support groups	21.1%	37
Natural resources	21.7%	38
Community education	30.3%	53
Gyms and group fitness activities	23.4%	41
Volunteer groups	18.3%	32
Neighborhood associations	4.0%	7
Higher education	9.7%	17
Health fairs	8.6%	15
Other (please specify)	14.3%	25
answered question		175

skipped question	3

What are the top 3 aspects of your community contribute to people's health in a negative way?

Answer Options	Response Percent	Response Count
Crime	24.2%	43
Lack of parks	3.4%	6
Environmental pollution	2.2%	4
Lack of access to nutritious foods	11.2%	20
Drug use	57.9%	103
Homelessness	38.8%	69
Lack of mental health resources	53.9%	96
Lack of employment opportunities	32.0%	57
Lack of education opportunities	2.8%	5
Adult illiteracy	4.5%	8
Lack of workforce development	4.5%	8
Lack of affordable housing	24.2%	43
Lack of resources for specialized populations (Ie. Children, Elderly, Special needs)	17.4%	31
Child abuse and maltreatment	9.6%	17
Primary care shortage	11.8%	21
Other (please specify)	8.4%	15
answered question		178
skipped question		0

How would you rate your community's average health status?

Answer Options	Response Percent	Response Count
Excellent	0.6%	1
Good	22.7%	40
Fair	58.5%	103
Poor	15.9%	28
Don't know	2.3%	4
answered question		176
skipped question		2

What do you believe are the top 3 health or social issues for your community?

Answer Options	Response Percent	Response Count
Access to health care	22.6%	40
Health education and outreach	10.2%	18
Help navigating assistance programs	17.5%	31
Poverty	49.7%	88
Education	7.9%	14
Homelessness	28.8%	51

Food insecurity	9.0%	16
Health insurance	20.3%	36
Dental care	11.3%	20
Mental health services (including substance abuse services)	57.6%	102
Pediatric care	1.7%	3
Geriatric care	7.9%	14
Access to healthy foods	5.6%	10
Early childhood education/ daycare	4.5%	8
Economic opportunities and job growth	32.8%	58
Other (please specify)	11.9%	21
	answered question	177
	skipped question	1

Please select the top 3 health care gaps for access to primary and specialty care.

Answer Options	Response Percent	Response Count
Abuse treatment (i.e. child, domestic elder, sexual assault	21.7%	38
Acute mental health services	64.6%	113
Advanced diagnostic procedures (MRI, CAT, ultrasound)	4.0%	7
Dental care that is affordable	33.7%	59
Screening for acute/chronic conditions (i.e. diabetes, blood pressure, asthma, high cholesterol)	10.3%	18
Home care, hospice, long term care	20.0%	35
Optometry services that are affordable	7.4%	13
Primary care medical services (a regular place to go for health care that is accessible and affordable)	42.9%	75
Specialty medical services (i.e. cardiology, dermatology, orthopedics, endocrinology, neurology, etc)	33.7%	59
Substance abuse treatment programs	44.0%	77
Other (please specify)	13.7%	24
	answered question	175
	skipped question	3

Please select the top 3 health care gaps for wellness education.

Answer Options	Response Percent	Response Count
Self-care education programs after diagnosis (i.e. diabetes, blood pressure, asthma)	26.1%	46
Education about navigating the health care system	38.6%	68
Mental health education/coping skills	60.2%	106
Nutrition skills education (healthy choices, counting carbs, reading labels, etc)	33.0%	58
Parenting education	31.8%	56

Physical activity/physical fitness (goal setting, classes, etc)	28.4%	50
Substance abuse prevention programs	45.5%	80
Violence prevention/anger management programs	29.0%	51
Other (please specify)	2.8%	5
	answered question	176
	skipped question	2

Please select the top 3 health care gaps for connecting people to services.

Answer Options	Response Percent	Response Count
Cultural and language barriers to obtaining health care	18.6%	33
Affordable housing	30.5%	54
Access to medical services outside of regular business hours (i.e. after 5:00 pm during the week or on weekends)	44.1%	78
Sliding scale or free services for low-income	36.2%	64
Outreach and enrollment into health insurance	18.1%	32
Services for persons with developmental disabilities	12.4%	22
Specialized testing and mental health services for children	27.7%	49
Providers who accept Medicaid	40.7%	72
Services that allow seniors to live at home	17.5%	31
Affordable medical transportation	14.1%	25
Linkage to affordable prescriptions	24.3%	43
Other (please specify)	9.6%	17
	answered question	177
	skipped question	1

Do you have any additional comments or suggestions that would improve health in your community?

Answer Options	Response Count
	45
answered question	45
skipped question	133

Appendix IV—Glossary of Terms

Benchmark
A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. A "benchmark" indicates a standard by which a community can determine whether well the community is performing well in comparison to the standard for specific health outcomes.

Community asset
Community assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Federal poverty level
The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services and used to determine financial eligibility for certain federal programs. One can calculate various percentage multiples of the guidelines by taking the current guidelines and multiplying each number by 1.25 for 125 percent, 1.50 for 150 percent, etc. 150%, 200%, and 400% are included in the table below.

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia				
Persons in Family/ Household	Poverty Guideline (Level)	150% of the FPL	300% of the FPL	400% of the FPL
1	$11,880	$17,820	$35,640	$47,520
2	$16,020	$24,030	$48,064	$64,080
3	$20,160	$30,240	$60,480	$80,640
4	$24,300	$36,450	$72,900	$97,200
5	$28,400	$42,660	$85,200	$113,760
6	$32,580	$48,870	$97,740	$130,320
7	$36,730	$55,095	$110,190	$146,920
8	$40,890	$61,335	$122,670	$163,560
For families/households with more than 8 persons, add $4,160 for each additional person				

Focus group
A group of people questioned together about their opinions on an issue. For this CHNA, focus groups answered questions related to components of a healthy community and issues in their community.

Food insecurity
A 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.

Housing cost burden
Measures the percentage of household income spent on mortgage costs or gross rent. The US Department of Housing and Urban Development currently defines housing as affordable if housing for that income group costs no more than 30 percent of the household's income. Families who pay more than 30 percent of their income for housing are considered cost

burdened; families who pay more than 50 percent of their income for housing are severely cost burdened.

Health indicator

A single measure that is reported on regularly and that provides relevant and actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information, as well as track progress and performance over time.

Health professional shortage area

A HPSA is a geographic area, population group, or health care facility that has been designated by the federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals).

HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care; 5,000 to 1 for dental health care; and 30,000 to 1 for mental health care.

There are several different types of HPSAs depending on whether shortages are widespread or limited to specific groups of people or facilities.

Type of designation	Requirements
Geographic HPSA	The entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused.
Population HPSA	Within a certain area, some groups of people have difficult accessing healthcare providers. Groups eligible for consideration are: - Low-income individuals - Migrant farmworkers and their non-farm working family members - Native Americans Other populations facing access barriers due to language, culture or disability
Facility HPSA	Certain types of health care facilities including federally qualified health centers and rural health clinics are eligible for designation specific to the organization.
Federally recognized tribes	All federally-recognized tribes are automatically eligible for HPSA designation.
Federal and state correctional facilities	The facility must be maximum or medium security.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Inadequate prenatal care
Expressed as a rate per 1,000 births, inadequate prenatal care refers to an expectant mother having less than five prenatal visits (or none), or care began in the third trimester. This could also be expressed as a percentage.

Infant mortality rate
Expressed as a rate per 1,000 births, this is defined as the death of a child prior to its first birthday (should be read, for example, as 7.8 infant deaths for every 1,000 births).

Live or crude birth rate
Expressed as a rate per 1,000 births, this is calculated by dividing the total number of births by women of childbearing age (15-44) in a given year by the total population of childbearing women.

Low birth weight
Expressed as a rate per 1,000 births, this refers to infants born with a weight between 1,500 and 2,500 grams or between 3.3 and 5.5 pounds. Very low birth weight infants are born with a weight less than 1,500 grams.

Medically underserved area
Designation involves application of the Index of Medical Underservice to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.
The IMU involves four variables: ratio of primary medical care physicians per 1,000 population; infant mortality rate; percentage of the population with incomes below the poverty level; and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, per established criteria. The four values are summed to obtain the area's IMU score.

Medically underserved population
Designation involves application of the Index of Medical Underservice to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services. This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs; however, the population is now the population of the requested group within the area rather than the total resident civilian population of the area.

Primary data
Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this CHNA, primary data were collected through focus groups and key informant interviews.

Secondary data
Data that has already been collected and published by another party. Typically, secondary data collected for CHNAs is quantitative (numerical) in nature (for example, data collected by a local or state department of health, the Centers for Disease Control and Prevention, or a state

department of education).

Stakeholder/key informant

A person, group, or organization that has an interest or concern in an organization and its actions. Stakeholders can be upstream (those who worked on the design, implementation, or management of an intervention) or downstream (immediate recipients of an intervention or service or others who did not directly benefit from an intervention or service but are affected nonetheless).

Teen birth rate

Expressed as a rate per 1,000 births, this refers to the quantity of live births by teenagers who are between the ages of 15 and 19.

Appendix V—Community Health Improvement Plan

(To be attached pending development in May 2018)

Community Health Improvement Plan
2018-2020

Providence Centralia Hospital
Centralia, WA

Providence St. Peter Hospital
Olympia, WA

Table of contents

Community Health Improvement Plan
2018-2020

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 our Community Health Needs Assessment

Our starting point: Gathering community health data and input

Providence Centralia and Providence St. Peter hospitals conducted key participant interviews, focus groups, and an online survey with community-based organizations and the community at large to gather more insight through data and to aid in describing the community. Secondary data sources included publicly-available state and nationally-recognized data sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, Community Commons, Nielsen, and other state and federal databases. Further details on health indicators from secondary data sources are located on pages 17-56, and information from our interviews, focus groups and survey begins on page 57. A summary of the priorities derived from this information is included in the table that follows.

Priority health issues and baseline data

Prioritized need	Rationale/contributing factors
Access to primary and specialty care	▪ Secondary data indicates all counties in the primary and secondary service areas are designated as health professional shortage areas for primary care. ▪ The rate of uninsured remain higher than state estimates. ▪ Key participants, focus groups and survey results identified major areas of need for access to acute mental health services, substance abuse treatment programs, and primary care.
Chronic disease	▪ The percent of adults diagnosed with COPD increased from 2011. ▪ 2015 data indicates all counties in the defined service area have a higher percentage of adults with high blood pressure than state estimates.
Poverty, economic opportunities and job growth	▪ Four of the five counties in the service areas have a high percentage of households living below the federal poverty level.
Homelessness	▪ The 2016 Point in Time Count found there were 1,431 homeless persons, both sheltered and unsheltered, across the five-county region. ▪ Key participants frequently noted homelessness among top social issues.
Mental health services (including substance abuse services)	▪ Mental health services, including substance abuse, was the social need most frequently mentioned by key participants and focus groups across the counties sampled. ▪ Four of the counties in the five-county region had higher drug-related hospitalization rates than the state. ▪ All five counties in the region had a higher percentage of adults who have had 14 or more days of poor mental health or distress in the past 30 days, in comparison to the state.
Physical activity and nutrition	▪ All five counties in the region had higher percentages of adults with no leisure time activity, in comparison to the state. ▪ All five counties in the region had lower percentages of adults who consumed fruit at least once or more per day in comparison to the state. ▪ Lewis County had the lowest percentage of adults who consume vegetables at least once or more per day, in comparison to the four other counties and the state.
Healthy aging	▪ Older adults, age 65 and older, comprise an average of 21% of the total population across the five-county region. By 2025, the greatest growth in this population is expected in Thurston, Grays Harbor, and Mason counties. ▪ Both Lewis and Pacific counties had the highest percentage of older adults who had 14 or more poor physical health days in the past month in comparison to the four other counties and state.

Identifying top health priorities, together

Dozens of participants provided valuable input to this assessment including:

- Behavioral Health Resources
- Cascade Mental Health
- City of Centralia - Public officials
- Centralia School District
- Fire department and district representatives from:
  - Centralia
  - Lacey
  - Olympia
- Lewis County Public and Social Services
- Lewis County Community Group RISE: Resource Integration Service Education
- Senior Services for South Sound
- Thurston County Food Bank
- Thurston County Public and Social Services
- Thurston Thrives
- United Way

Following a review of the data associated with the top community health needs, members of an oversight committee prioritized the needs identified in the CHNA. The committee used a prioritization matrix and specific criteria to rank the needs in the community. All criteria are detailed on page 76-78. The top priority identified was “mental health services (including substance abuse services).”

Providence top priority health need for 2017-2019	Mental health services - including substance abuse services

Next steps

We will work with other community partners to enhance and support Mental Health services in our Southwest Washington area. Specifically we will be working with community partners to maximize the impact of shared resources. In focusing upon our work around the Community Care Center, we will continue to learn, enhance and modify the services as the organization evolves and specific community needs continue to arise.

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 conduct 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 $1.2 billion in community benefit across Alaska, California, Montana, Oregon and Washington during 2016.

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 31 primary and specialty care clinics in 37 locations in the region, with more than 200 providers. During 2016 our region provided $53.4 million in community benefit in response to unmet needs and to improve the health and well-being of those we serve in southwest Washington

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About us

Providence Health & Services is committed to improving the health of the communities it serves, especially for those who are poor and vulnerable. In 2016, Providence provided nearly $1.2 billion in community benefit to help meet the needs of its communities, both today and into the future. Providence Health & Services is a part of Providence St. Joseph Health, a family of organizations that includes 50 hospitals, 829 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its partners employ more than 111,000 caregivers serving communities across seven states – Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. Along with Saint Joseph Health, PSJH includes: in California, Facey Medical Foundation, Hoag Memorial Hospital Presbyterian and St. Joseph Heritage Healthcare; in Washington, Kadlec Regional Medical Center, Pacific Medical Centers and Swedish Health Services; and in Texas, Covenant Health and Covenant Medical Group. Learn more at psjhealth.org.

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 Promise

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

Purpose of this plan

In 2017, 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 need was 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 this need would have the greatest effect on the community's overall health with significant opportunities for collaboration.

Providence top priority health need for 2017-2019

MENTAL HEALTH SERVICES (INCLUDING SUBSTANCE ABUSE 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 working with our community partners and utilizing various components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers.

Community profile

The community served by Providence St. Peter and Providence Centralia hospitals, the Southwest Washington Service Area, consists of five counties with a total population of approximately 506,000. Within this geographical area, Thurston and Lewis Counties are designated as the primary service area for the two hospitals. The secondary service area includes Grays Harbor, Mason, and Pacific Counties.

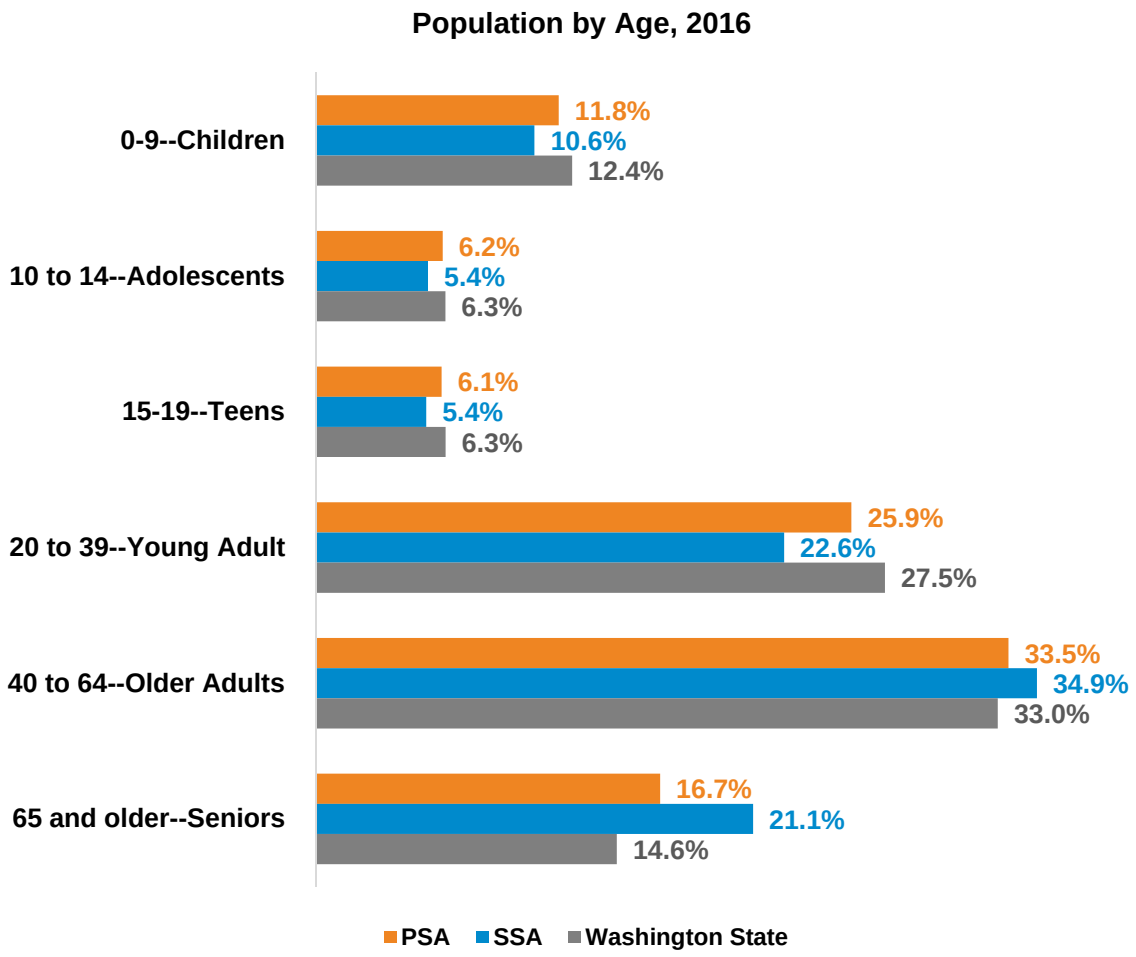
Many Southwest Washington communities retain a small-town feel but boast the resources and amenities of much larger populations. Housing costs are reasonable, particularly in comparison to other cities on the West Coast. Washington scores favorably in national tax-impact surveys. Residents enjoy no state income tax, a modest property tax and a sales tax with generous exemptions. It is hard to envision a better place to raise families than Southwest Washington – most schools have an excellent reputation, the pace of life is slower, streets are safe, and the communities are close knit.

Population and age demographics

Total population for the PSA is 346,611. In 2010, the Census count in the area was 327,719. The rate of change since 2010 was 0.90 percent annually. Age demographics show about 79 percent of the population is age 18 years or older and the median age for the PSA is 40.1,

compared to U.S. median age of 38.0. In 2016 the population comprised:

- 11.8 percent children (0-9 years)
- 6.2 percent adolescents (10-14 years)
- 6.1 percent teens (15-19 years)
- 25.9 percent young adult (20-39 years)
- 33.5 percent older adult (40-64 years)
- 16.7 percent seniors (65 years and older)



Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

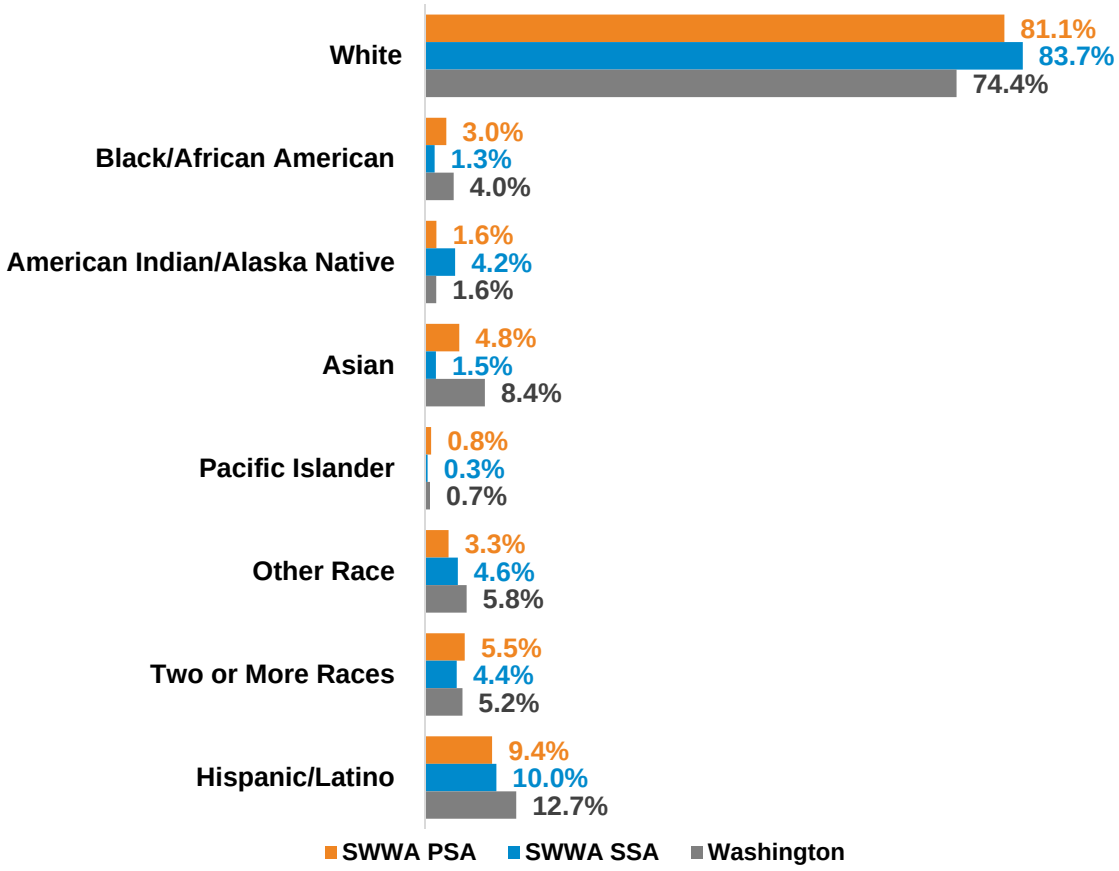
About 90 percent of population in the PSA, across all age groups, speak English only. According to the 2010-2014 American Community Survey 5-Year estimates, about 2 percent of households in Lewis (2.1 percent) and Thurston County (2.3 percent) are living in limited English-speaking households. A “limited English-speaking household” is one in which no member 14 years old and over: 1) speaks only English at home; or 2) speaks a language other than English at home and speaks English “very well.” Comparatively, 4 percent of households across Washington state would be considered a “limited English-speaking household”.

In addition, about 4 percent of households in Lewis (4.2 percent) and Thurston counties (4.4 percent) are considered to have limited English proficiency. Those who have limited English proficiency are typically defined as persons age 5 and older who speak a language other than English at home and speak English less than "very well." Comparatively, 8 percent of the population across Washington State would be considered to have “limited English proficiency.”

Ethnicity

Among residents of our primary service area, in 2016, 81 percent were white, 5 percent Asian, 2 percent were Alaska Native or American Indian, 3 percent were African American or black, 1 percent were Native Hawaiian or other Pacific Islander, 3 percent were of some other race, 6 percent were of two or more races, and 9 percent were Hispanic or Latino (any race).

Population by Race and Ethnicity, 2016



Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

Income levels and housing

In 2016, the median household income for the PSA was $59,321, and the average household income was $76,508. Comparatively, the median household income for all U.S. households was $54,149 and the average household income was $77,008. The following table gives additional estimates for the primary and secondary service areas and for Washington state.

	Median household income	Average household income
Primary service area (two counties)	$59,321	$76,508
Secondary service area (three counties)	$45,378	$57,769
Washington state	$60,959	$83,718

Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

The number of households in the PSA has grown from 130,393 in 2010 to 137,219 in 2016, with a change of 0.82 percent annually. The average household size is currently 2.49, compared to 2.47 in 2010. The majority of homes in the PSA are owner occupied (66 percent), with a smaller percentage of renters (34 percent). The median home value in the PSA is $251,474. The table below gives additional estimates for the SSA and Washington State.

	Owner occupied housing units	Renter occupied housing units	Vacant housing units	Median home value
PSA (two counties)	66.4%	33.6%	9.0%	$251,474
SSA (three counties)	71.4%	28.6%	28.1%	$188,756
Washington state	62.7%	37.4%	9.5%	$296,396

Source: Esri, Inc. (2017). US Census Bureau, American Community Survey 5-year estimates, 2010-2014. Custom community profiles created using Esri Community Analyst®. Geography: county, state.

Summary of community needs health assessment

Process, participants and health indicators

Assessment process

Every three years, Providence Centralia and Providence St. Peter hospitals conduct a community health needs assessment for the communities in Southwest Washington. The CHNA is conducted as part of our tradition of care to discern the needs of those we serve and create partnerships that respond in effective ways. In addition, it meets requirements outlined in section 501(r)(3) of the IRS Code. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that have an impact on health
- Identify community resources and collaboration opportunities with community partners
- Establish findings, including prioritized health needs, that can be used to develop and implement a 2017-2019 community health improvement plan

Beginning with the 2014 CHNA, the hospitals agreed to conduct a joint CHNA in accordance with §1.501(r)-3(b)(6)(v) of the Federal IRS code 26 CFR Parts 1, 53, and 602 ("Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return; Final Rule"). Accordingly, representatives of both medical centers agreed to participate on an oversight committee authorized by the Community Ministry Board. In collaboration with community representatives, the oversight group considered primary and secondary data collected, and prioritized community needs as described herein below.

Participants

The organizations listed below represent the key participants who contributed to this CHNA. These individuals represent a variety of low-income, medically underserved, and minority populations throughout the southwest Washington community.

Key participant and title	Organization	Organization description / community representation
Laurie Tebo, CEO	Behavioral Health Resources	Multi-county provider of mental health and addiction recovery services with locations in Thurston, Mason, and Grays Harbor.
Dr. Rachel Wood, Health Officer	Thurston County Public Health and Social Services	Public health for Thurston County residents.
Robert Coit, Executive	Thurston County Food Bank	Working to end hunger in Thurston County.

Key participant and title	Organization	Organization description / community representation
Director		
Liz Davis, Community Coordinator	Thurston Thrives	County-wide initiative designed to engage the entire community using a cross-sector approach to improve public health and safety in Thurston County.
Richard Stride, Chief Executive Officer **Matt Patten, Chief Clinical Officer**	Cascade Mental Health	Non-profit Community Mental Health Center serving Lewis and surrounding counties.
Winfried Danke, Executive Director	CHOICE	Non-profit collaborative of health care leaders in a five-county region that includes Grays Harbor, Lewis, Mason, Pacific, and Thurston counties. Mission is to improve community health through the collective planning and action of health care leaders.
Danette York, Director	Lewis County Public Health and Social Services	Promoting health for Lewis County residents.
Bonnie Canaday, Mayor	City of Centralia	Public service, Lewis County
Lee Coumbs, City Councilor	City of Centralia	Public service, Lewis County
Mark Davalos, Superintendent	Centralia School District 401	Public Schools, Lewis County
Debbie Campbell, Executive Director	United Way of Lewis County	Philanthropic organization in service to Lewis County community's health and human service needs.
Paul Knox, Executive Director	United Way of Thurston County	Philanthropic organization in service to Thurston County community's health and human service needs.
Greg Wright, Deputy Fire Chief	Olympia Fire Departmcent	Emergency Services, Thurston County
Steve Brooks, Fire Chief	Lacey Fire	Emergency Services, Thurston County
Richard Mack, Assistant Chief Fire Marshall	Riverside Fire Authority	Emergency Services, Lewis County
Vincent Perez, Outreach Coordinator	Association of WA Student Leadership, Latinx Leadership	Lewis County, Latino outreach

Oversight Committee

The following individuals reviewed the data collected and helped our hospitals prioritize the top health needs for 2017-19:

Name	Title	Organization
Peter Brennan	Director	Providence Foundation
Amber Lewis	Board Member	Community Board
Liz Davis	Board Member	Community Board
Michelle James	Chief Nursing Officer	Providence Southwest Washington
Dr. Kevin Haughton	Physician	Providence Medical Group – Southwest Washington
Christine Dickinson	Board Member	Community Board
Eileen McKenzie-Sullivan	Board Member	Community Board
Denise Marroni	Chief Financial Officer	Providence Southwest Washington
Angie Wolle	Vice President of Mission	Providence Southwest Washington
Jennifer Houk	Director, Accountable Care	Providence Southwest Washington

Outside Consultant: HC^2 Strategies, Inc.

Providence Centralia and Providence St. Peter hospitals contracted HC^2 Strategies, Inc. to assist in conducting and documenting this community health needs assessment. HC^2 Strategies, Inc. is a health care consulting firm with expertise in health care systems, strategy and innovation, community health needs assessments, and program evaluation (www.hc2strategies.com). HC^2's Healthcare Intelligence Director, Jessica L.A. Jackson, worked directly with both hospitals to determine appropriate indicators, research methods, and prioritization methods.

Key contributors:

Lewis County Public Health and Social Services
Thurston County Public Health and Social Services

Providence Centralia and Providence St. Peter hospitals invited key leaders within our local county Public Health and Social Services Departments to inform our community health needs assessment. Danette York, director of Lewis County Public Health and Social Services, and Mary Ann O'Garro, epidemiologist with Thurston County Public Health and Social Services, worked directly with Providence Centralia and Providence St. Peter hospitals to share key information regarding health indicators, specialized focus reports, and offer guidance to our oversight team.

Data collection

CHNA framework

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our community. The CHNA ensures that we can target our community investments into interventions that best address the needs of our community. Our hospital is transitioning from a process evaluation-based system to a more inclusive and regional focus of metrics. This requires being in alignment with statewide and national indicators, such as Healthy People 2020 and The County Health Rankings & Roadmaps. The domains used in this assessment encompass the same type of national and state community health indicators. We recognize that health status is a product of multiple factors. Each domain influences the next, and through systematic and collective action, improved health can be achieved. The four key indicators used in our assessment are described below.

Social and economic environment: *Indicators that provide information on social structures and economic systems. Examples include: poverty, educational attainment, and workforce development.*

Health system: *Indicators that provide information on health system structure, function, and access. Examples include: health professional shortage areas, health coverage, and vital statistics.*

Public health and prevention: *Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include: cigarette smoking, diabetes rates, substance abuse, physical activity, and motor vehicle crashes.*

Physical environment: *Indicators that provide information on natural resources, climate change, and the built environment.*

Primary data

Providence Centralia and Providence St. Peter hospitals conducted key participant interviews, focus groups, and an online survey to gather more insight through data and to aid in describing the community. Key participants were selected based on their expertise in working with low-income, medically underserved, minority, or otherwise vulnerable populations. Focus groups considered end-user experiences and needs. The online survey was targeted to community-based safety net organizations and focused on service needs among clients. The full results of the qualitative analysis and description of groups and process can be found later in this document.

Secondary data

Secondary data sources included publicly-available state and nationally recognized data sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. Many of the indicators are presented according to county with orange color coding indicating primary service area, blue for secondary service area, and green for Washington State.

Data limitations and gaps

It should be noted that the survey results are not based on a stratified random sample of organizations throughout Thurston and Lewis counties. The perspectives captured in this data simply represent the partners who agreed to participate. In addition, this assessment relies on several local, national, and state entities with publicly-available data. All limitations inherent in these sources remain present for this assessment.

Identification of significant health needs

The criteria selected for determining significant health needs were chosen per the IRS 501(r) regulations for conducting community health needs assessments and developing implementation plans. The Oversight Committee used these criteria in a prioritization matrix to determine the final list of prioritized needs.

The prioritization matrix uses a mathematical process whereby participants assign a priority ranking to issues based on how they measure against established criteria. Weighting of each criteria was selected based on input from the panel of experts at HC^2 Strategies, Inc. that included public health professionals, persons with expertise in hospital administration, and persons with expertise in conducting community health needs assessments from Providence Centralia and Providence St. Peter hospitals. More information on the criteria used and identified priority areas will be presented later in this document.

Summary of Providence prioritized needs and associated action plans

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

Mental health services including (substance abuse services)

These are the Community Health Improvement Plan initiatives and action plans to address this need.

Initiative Name: Providence Community Care Center

Community needs addressed - Mental Health Services

Community needs addressed The Providence Community Care Center in downtown Olympia brings together already existing organizations to work collaboratively and provide a single point of access for vulnerable individuals; connecting them with the basic building blocks of healthy living: food and shelter, mental and physical health care.

By providing this social services hub – including opportunities for health care, housing, education and employment services – we can help raise up those suffering from challenges such as mental health issues, substance abuse and/or homelessness; decreasing their numbers in our community.

Goal(s)

The goal of the Providence Community Care Center is to have a community partnership able to respond to the needs of marginalized individuals to ensure those needs are met where they are

Providence Community Care Center, is a social services hub, providing a single point of access for street-dependent individuals needing behavioral health, substance use counseling, housing, and many other services. Working collaboratively to maximize outcomes, Providence staff and local non-profits assist in navigating complex systems to guide clients into the services they need in order to break a pervasive cycle and provide the essential components for healthy living.

Objectives

1. With our partner agencies we strive to decrease homelessness, and those suffering from mental health and substance use issues in our community
2. Assess and connect individuals with needed services

Action plan

Tactics

- Meet individuals where they are … bring services that existed in silos together under one roof – provide staff to engage with individuals
- Reduce barriers, help navigate health care and social service systems
- Continue to learn and adapt, using evidence-based practice and client/community feedback

- Meet individuals where they are … bring services that existed in silos together under one roof – provide staff to engage with individuals
- Reach out and engage social services agencies to provide services in the CCC
- Reduce barriers, help navigate health care and social service systems
- Admit guests to Outpatient Behavioral Health services
- Continue to learn and adapt, using evidence-based practice and client/community feedback
- Obtain feedback from the community (both guests and neighbors) to enhance services and establish positive relationships
- Maintain safety of clients, staff and community. We will operate in a manner consistent with trauma-informed care
- Establish and maintain ongoing partnerships with local police and EMS – have ongoing meetings
- Provide hygiene services to promote healthy living and human dignity
- Provide tools to access the basic building blocks of healthy living: food and shelter, mental and physical health care, and human dignity

Partners in collaboration

- Providence St. Peter Hospital
- Interfaith Works
- SideWalk
- Behavioral Health Resources
- Sea Mar Community Health Centers
- Safeplace
- Veterans Affairs
- Community Youth Organization
- The Olympia Free Clinic (Medical and wound care)
- Capital Recovery Center
- Home & Community Services
- NAMI Thurston/Mason
- Safeplace
- Housing and Essential Needs Program (DSHS HEN)
- VA med Clinic
- Covenant Creatures

Measurement

Number of individuals receiving services.

Number of services individuals accessed at the CCC

Number of individuals coming to PSPH ED for mental health and substance use disorder treatment/stabilization

Initiative Name: Integration of Behavioral Health in Primary Care

Community needs addressed - Mental Health Services

Goal(s)

Increase access to behavioral health services through expanding behavioral health program that aligns with the core principles the Patient Centered Homes in primary care.

Objectives

Address the needs of our patient population by providing integrated behavioral health care within designated primary care setting.

Action plan

Tactics

- **Explore best practice models which could include**:
  - Systematic Screening
    - Universal/routine screening for mental illness and substance use
  - Evidence-Based Approaches
    - Integrated Models: Collaborative Care and Screening, Brief Intervention, Referral Therapy (SBIRT);
    - Treat-to-Target: Measurement-based tools used to track outcomes and make clinical decisions
    - Therapeutic Interventions: Behavioral (Problem-Solving Therapy, Motivational Interviewing, etc.) and Psychopharmacology
  - Patient-Centered Treatment Teams
    - Behavioral health clinician is embedded within the primary care clinic and plays an integral role on treatment team
    - Systematic communication method for shared medical records and treatment planning
    - Access to a consulting psychiatrist to assist Primary Care Physicians (PCPs) with expanding knowledge and comfort with prescribing psychiatric medications
  - Coordinated care for patients with severe mental illness and/or substance use disorders
    - System for enhanced and proactive collaboration/communication with behavioral health providers and specialists in the community

- Plan for Sustainability
    - Ongoing assessment and quality improvement
        - Value Measures: clinical outcomes, patient and provider satisfaction
    - Mapping out the financial costs and revenue sources for behavioral health integration
- Explore Partnerships with in the community.

Partners in collaboration

- Providence St. Peter Hospital
- Fairfax
- Behavioral Health Resources
- Sea Mar Community Health Centers
- Cascade Mental Health

Measurement

1. Mental Health Treatment Penetration
2. Depression Screening and Follow-up for Adolescents and adults
3. Antidepressant Medication Management
4. Substance Use Disorder Treatment Penetration
5. Follow-up After Discharge from ED for Mental Health, Alcohol or Other Drug Dependence
6. Follow-up After Hospitalization for Mental Illness

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 MAKOplasty 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 Country 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	Summit Pacific Medical Center is a critical access hospital with a	Critical Access Hospital

Medical Center	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.	
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

2018 CHIP approval

This community health improvement plan was adopted on February 22, 2018 by the Providence St. Peter Hospital Community Board. The final report was made widely available May 1, 2018.

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Martin Meyer
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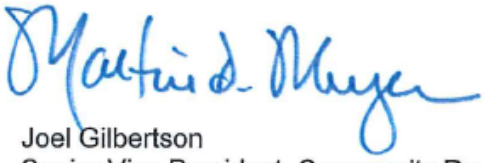

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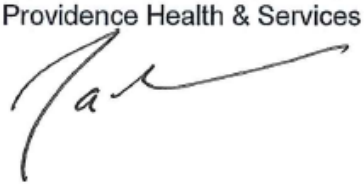

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2018 CHIP approval

This community health improvement plan was adopted on February 26, 2018 by the Providence Centralia Community Board. The final report was made widely available May 1, 2018.

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