

Ocean Beach Hospital & Medical Clinics Ilwaco, Washington

Community Health Needs Assessment



2016

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Introduction

Ocean Beach Hospital & Medical Clinics (“OBHMC”) is committed to providing you with quality, patient focused care. Our team of skilled healthcare professionals is here to help meet your medical needs and answer questions you may have about your care.

OBHMC provides its community a 24/7 Emergency Department staffed by trained emergency medicine physicians. As a Critical Access Hospital, OBHMC is licensed for 25 inpatient beds and boasts an active “Swing Bed” program – where patients needing a lower acuity care setting can rehabilitate (if medical necessity is met) from surgeries, hospital stays and other healthcare events. Some of the other services offered at OBHMC include: Primary Care, General Surgery, Orthopedic Surgery, Oncology, Cardiopulmonary Rehabilitation, Nuclear Medicine, Express Care for unexpected illnesses and injuries, Well Child Exams, Women’s Health, Diabetes Management, Community Education, Lab/Microbiology, Imaging Services, Life Flight, and Department of Transportation/Coast Guard Physicals.

Methods

Wipfli’s Role

Wipfli LLP (“Wipfli”) facilitated the 2016 community health needs assessment (“CHNA”) process on behalf Ocean Beach Hospital & Medical Clinics. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

CHNA Process

The following outline explains the process that Wipfli followed to conduct the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by OBHMC
3. Data collection and Analysis
 - a. Demographics of the community
 - b. Primary data
 - c. Secondary data/Demographics
 - d. Existing health care facilities and resources
4. Identification and prioritization of community health needs and services to meet community health needs

CHNA Advisory Committee

Leadership at OBHMC formed the CHNA Advisory Committee. Advisory committee member selection was based on each member's history and knowledge of the community, hospital role, and unique vantage point in guiding the process of the CHNA. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, which included identifying health issues and prioritizing health needs within the community.

The committee consisted of the following members:

- Larry Cohen, Chief Executive Officer, Ocean Beach Hospital & Medical Clinics
- Linda Kaino, Chief Nursing Officer, Ocean Beach Hospital & Medical Clinics
- Mindy Stokes, Marketing / Public Relations, Ocean Beach Hospital & Medical Clinics
- Tammie Jefferies, Executive Assistant, Ocean Beach Hospital & Medical Clinics

Community Served Determination

For the purposes of this CHNA, the defined service area for OBHMC was identified as Pacific County, Washington. Accordingly, every effort was made to ensure that the Community Health Needs Assessment is representative of the community served by OBHMC. In addition, some demographic information was collected for Southern Pacific County ("Service Area"), including the communities of Chinook, Ilwaco, Long Beach, Naselle, Ocean Park, Oysterville and Seaview.

Data Collection and Analysis

Primary Data

Informational interviews were conducted with stakeholders and members of the community served by OBHMC. The CHNA Advisory Committee identified these individuals based on their qualifications to represent the broad interest of the community served. Generally, the stakeholders included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations in Pacific County. The stakeholders who were interviewed represented the following range of organizations:

- City of Long Beach, WA – Community Development
- Cowlitz Family Health Center – Federally Qualified Health Center
- Ocean Beach Hospital & Medical Clinics – Board of Directors
- Ocean Beach Hospital & Medical Clinics – Chief Medical Officer
- Ocean Beach Hospital & Medical Clinics – Emergency Department Medical Director
- Ocean Beach Hospital & Medical Clinics – Foundation
- Pacific County Public Health and Human Services
- Police Department – City of Long Beach, Washington
- Port of Ilwaco
- Willapa Behavioral Health Center

Each stakeholder participated in a phone interview with Wipfli LLP. The purpose of the interview was to gather input regarding the health needs that exist within Pacific County and the community OBHMC serves. Stakeholders were asked their role in the community and their input on the most significant health needs, barriers to accessing healthcare services, groups or communities that are underserved from a healthcare perspective, and strengths and weaknesses of the healthcare system in the community. Responses were summarized and used to develop the key findings, and prioritize the most significant healthcare needs.

Demographic and Secondary Data Collection

Demographic and secondary data was collected from these major sources:

- County Health Rankings
- ESRI, 2016 (Based on US Census Data)
- Healthier Washington
- Pacific County Resource Directory
- Washington Bureau of Vital Statistics
- Washington State Department of Health

The secondary data includes a variety of county, state, and national measures to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented for the Service Area, Pacific County, and wherever possible, compared to Washington and National Benchmarks. Results of the demographic and secondary data can be found in Appendix 1.

The next section of this report presents a summary that highlights the data findings, and presents the key priorities identified through the CHNA.

Information Gaps

Primary data was collected via surveys and a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available mainly at the County level. Therefore, to the extent that health status differs significantly between Northern Pacific County and Southern Pacific County, health information was not available at that granularity.

Prioritization of Key Findings

Results from the three data collection methods including demographic data, primary data, and secondary data were analyzed. Significant findings were grouped into distinct categories with similar themes and related health challenges. These categories were prioritized by the CHNA Advisory Committee.

In December of 2016, members of the CHNA Advisory Committee were asked to rate the health issues identified previously according to three key variables, including:

- **SIZE** = How significant is the scope of the health issue - number of people affected?
- **SERIOUSNESS** = How severe are the negative impacts of this issue on individuals, families, and the community?
- **ABILITY TO IMPACT** = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

The committee convened after individually rating the health issues to come up with the top priorities as a group. The following four priorities were identified by the CHNA Advisory Committee:

1. Primary Care / Preventive Health / Unscheduled and Urgent Care

Primary care shortages were reported as a significant healthcare challenge in the stakeholder interviews. It was reported that recruitment of primary care providers who are willing to relocate to a small community can be difficult. There has also been some turnover in providers in the community, which creates a lack of continuity for patients. Healthier Washington data for Pacific County reveals that access to primary care for Commercial and Medicaid insured patients is either on par with or worse than the Washington State average.

Stakeholder interview respondents also indicated that there is a need for more prevention-oriented care, to respond to high rates of obesity and diabetes in the community. Rates of obesity in Pacific County (35%) are significantly higher than Washington (27%) according to 2016 County Health Rankings data. This is even more challenging due to the fact that Pacific County has higher rates of uninsured adults (21%) compared to Washington (16%) according to 2016 County Health Rankings data. Stakeholder interviews revealed that many patients do not engage in preventive care due to cost or insurance, and many end up in the emergency room.

Some stakeholder interview respondents indicated a desire for more unscheduled urgent care and walk-in primary care access, which may reduce out-migration of patients into neighboring communities.

2. Mental Health / Substance Abuse

Stakeholder interview respondents frequently reported mental health and substance abuse as a top healthcare need within the community. Specifically, the need for behavioral health providers (counselors and providers who can prescribe medication), as well as inpatient care for mental illness and substance abuse treatment. Healthier Washington data reveals that 37% of Pacific County adults report activity being limited by mental or physical health, compared to 26% for Washington State.

3. Access to Care / Patient Out-Migration

Access to care was reported by many stakeholder interview respondents as a major issue in the community. They report a lack of specialist availability, including more popular specialties such as cardiology, dermatology, endocrinology, obstetrics, orthopedics, pediatrics, and urology. Respondents indicate that many people leave the community for specialty care. Some respondents also indicated that in the past, some specialty providers may not have accepted all insurance plans, which limited access to these services

4. Education / Awareness of Services

Stakeholder interview respondents frequently noted that the community may not be well informed or educated regarding the services available at OBHMC. Respondents believe that some patients may be leaving the community due to a lack of awareness that services exist at OBHMC. They also indicated that while OBHMC is providing a broad array of services and expanding services, such as clinic services, they could be communicated more widely.

Other Key Findings

In addition to the four priority areas, the needs assessment also identified the elderly population and pediatric population as underserved groups within the community. The CHNA Advisory Committee recognizes the need to continue providing services and access to these two groups, and felt that these groups would be served within the framework of the services OBHMC already offers and through future efforts to respond to the four priorities listed above.

Existing Health Care and other Facilities and Resources

Appendix 2 contains a complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services.

Evaluation of Previous Community Health Improvement Plan

OBHMC participated as a key stakeholder in the Pacific County Public Health and Human Services “Healthy Communities” assessment. The Healthy Communities Coalition Members prioritized physical activity, healthy nutrition, healthy environments, worksite wellness, and school health as the top needs based on the assessment.

Results of the “Healthy Communities” assessment can be found here:

<http://pacificcountyhealthdepartment.com/health-promotion/healthy-communities/>

OBHMC also participated in the development of a Community Health Improvement Plan for Pacific County, Washington. Both quantitative and qualitative data was analyzed and community priorities were established. The priorities included behavioral health improvement, individual health behaviors, quality local health care, employment opportunities, and housing options.

OBHMC has made progress in response to the health-related priorities identified in both of these assessments through some of the following key activities:

1. Expanded access by recruiting two primary care Family Practice Nurse Practitioner providers (2.0 FTE),
2. Expanded access by recruiting a Cardiologist to serve the cardiac health needs of the community on a visiting basis (2 days per month),
3. Expanded access by recruiting an Orthopedic Surgeon (.5 FTE) to serve the physical and orthopedic needs of the community on a visiting basis,
4. Expanded services by adding Cardiovascular Ultrasound services at the hospital (2 days per month),
5. Expanded access to the underserved by providing a Nurse Practitioner to the County to offer Family Planning services (1 day per month),
6. Expanded access by recruiting an Ophthalmologist (one day per month) to perform Cataract/Lens Replacement Surgery,
7. Expanded access to mental health services by training a Nurse Practitioner to provide/monitor behavioral health medications,
8. Expanded access by adding a Nutrition/Weight Management program at the main hospital clinic,
9. These activities have been successful in expanding both services and access in the areas of health that are needed most in the community served by OBHMC.

Appendix 1

Demographic Data Results

Population

The population for the service area is 11,118. According to future projections provided by ESRI for the service area, the population is expected to decline slightly over the next five years, by 1% or 111 people. Washington is anticipated to grow by 5.7% or 407,884 people over the next five years, while the US population is expected to grow by 4.2%.

2016 and 2021 Population

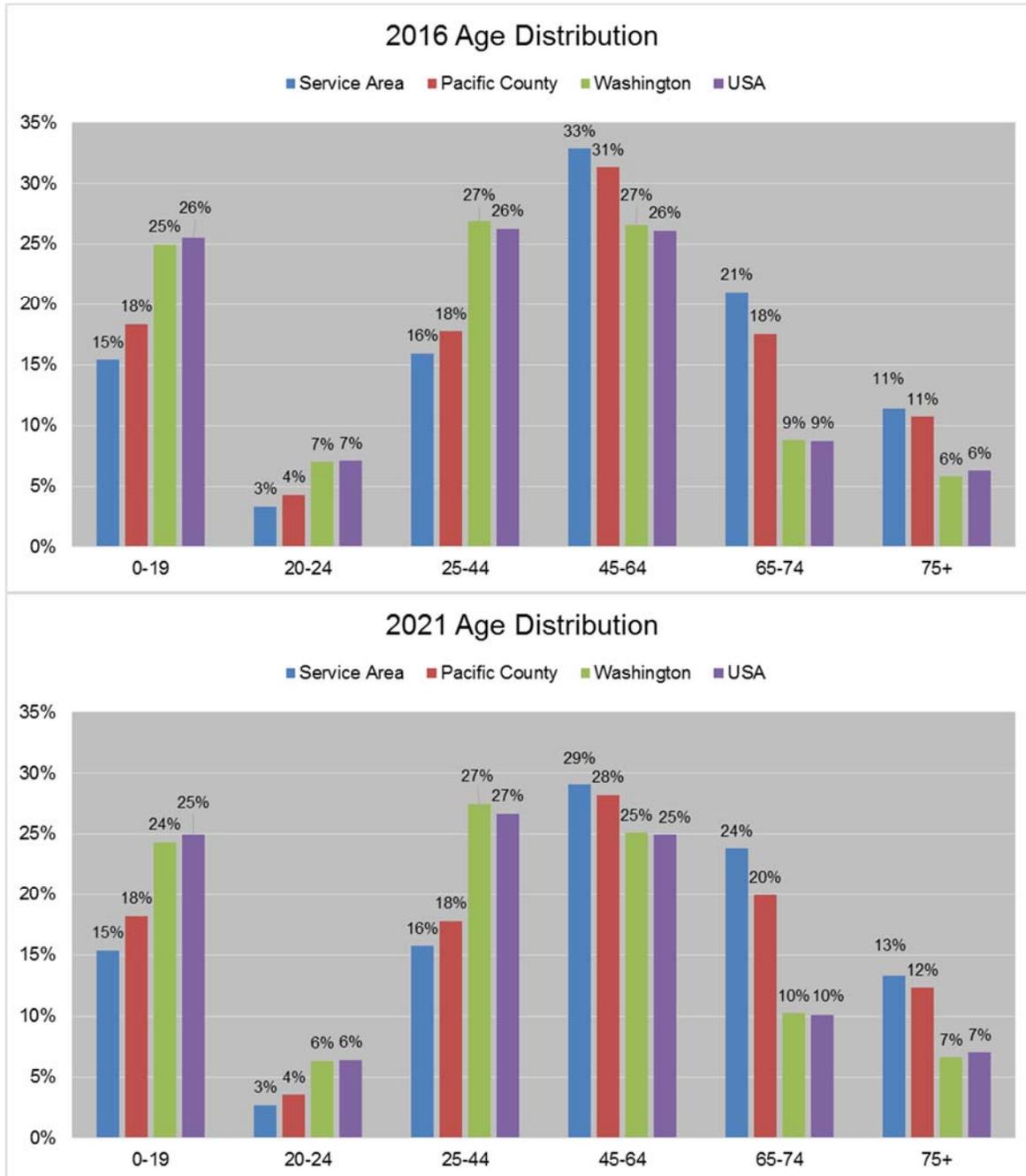
	2016	2021	% Change	Change
			(2016-2021)	(2016-2021)
Service Area	11,118	11,007	-1.0%	(111)
Pacific County	20,676	20,541	-0.7%	(135)
Washington	7,177,994	7,585,878	5.7%	407,884
USA	323,580,626	337,326,118	4.2%	13,745,492

ESRI Business Information Solutions, 2016

Population by Age

Population was grouped into major age categories for comparison. In general, the Service area has a higher proportion of people ages 45-64 and 65-74 than Washington and the Nation. Conversely, the proportion of people ages 0-19 and 25-44 is lower than Washington and the Nation. The service area population is expected to continue aging over the next five years, as the proportion of people ages 65-74 continues to rise. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

2016 and 2021 Population Age Distribution



ESRI Business Information Solutions, 2016

Population by Race and Ethnicity

OBHMC's Service Area is predominantly white, with 90% of the population made up of white alone. The multiracial population makes up roughly 6% of the population, followed by Native Americans equating to roughly 2% of the population. Pacific County maintains a similar racial distribution to the service area of Southern Pacific County. The racial distribution in both of these areas are less diverse than the State of Washington.

2016 and 2021 Population by Race

2016 Population by Race	Service Area		Pacific County		Washington		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	9,997	90%	17,500	85%	5,340,384	74%	228,182,245	71%
Black Alone	95	1%	172	1%	286,549	4%	41,395,671	13%
American Indian Alone	189	2%	585	3%	111,330	2%	3,141,471	1%
Asian Alone	101	1%	454	2%	599,370	8%	17,654,809	5%
Pacific Islander Alone	27	0%	35	0%	48,906	1%	609,829	0%
Some Other Race Alone	374	3%	1,107	5%	417,287	6%	21,863,524	7%
Two or More Races	335	3%	823	4%	374,168	5%	10,733,077	3%

2021 Population by Race	Service Area		Pacific County		Washington		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	9,666	87%	16,861	82%	5,454,267	76%	232,415,076	72%
Black Alone	138	1%	247	1%	327,168	5%	43,697,993	14%
American Indian Alone	212	2%	653	3%	117,572	2%	3,333,389	1%
Asian Alone	108	1%	468	2%	714,566	10%	20,602,906	6%
Pacific Islander Alone	39	0%	51	0%	57,667	1%	677,072	0%
Some Other Race Alone	465	4%	1,343	6%	482,375	7%	24,293,565	8%
Two or More Races	379	3%	918	4%	432,263	6%	12,306,117	4%

ESRI Business Information Solutions, 2016

Income

Income data was analyzed for the Service Area and Pacific County, and compared to the state of Washington and the Nation. 2016 census data reveals that median household income for the service area and Pacific County is lower than Washington and the Nation. Average household income as well as per capita income in Service Area and Pacific County is also lower than Washington and the Nation. Over the next five years, income levels are expected to rise in the Service Area, Washington, and the Nation in line with inflation.

2016 and 2021 Income Levels

2016	Service Area	Pacific County	Washington	USA
	Number	Number	Number	Number
Median Household Income	\$40,190	\$39,918	\$60,959	\$54,149
Average Household Income	\$52,511	\$53,390	\$83,718	\$77,008
Per Capita Income	\$25,780	\$24,568	\$32,829	\$29,472
2021	Service Area	Pacific County	Washington	USA
	Number	Number	Number	Number
Median Household Income	\$44,354	\$44,725	\$69,214	\$59,476
Average Household Income	\$57,008	\$58,811	\$91,802	\$84,021
Per Capita Income	\$27,576	\$27,034	\$35,840	\$32,025

ESRI Business Information Solutions, 2016

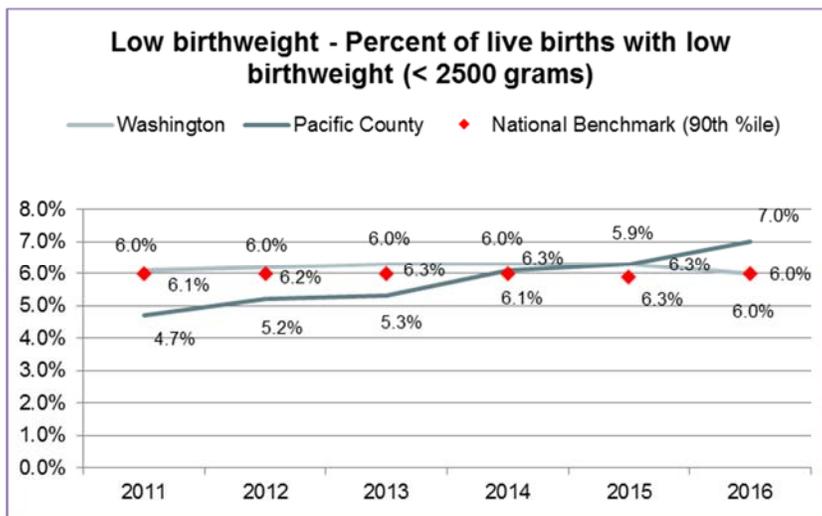
Secondary Data Results

The County Health Rankings display health rankings of nearly every county in the nation and what influences the health of a county. They measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A subset of the major health rankings are analyzed in this report.

Overall, Pacific County ranked 35th out of 39 Counties ranked in the state for health outcomes based on the data collected by County Health Rankings.

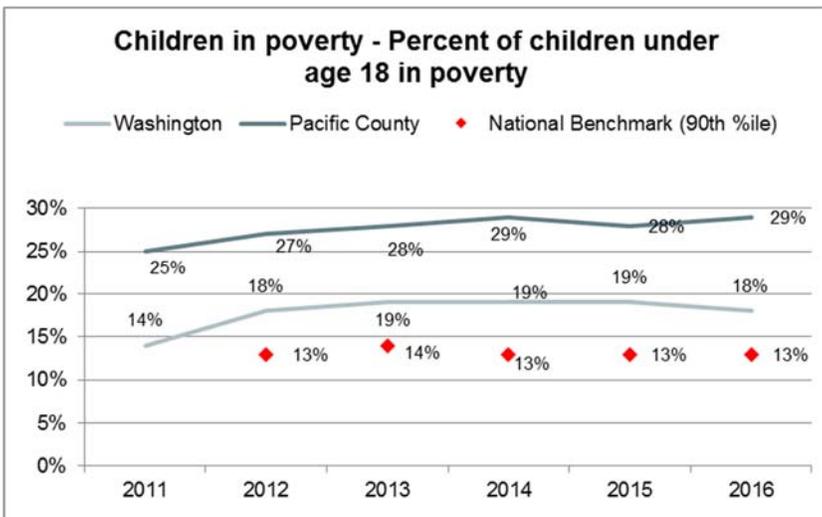
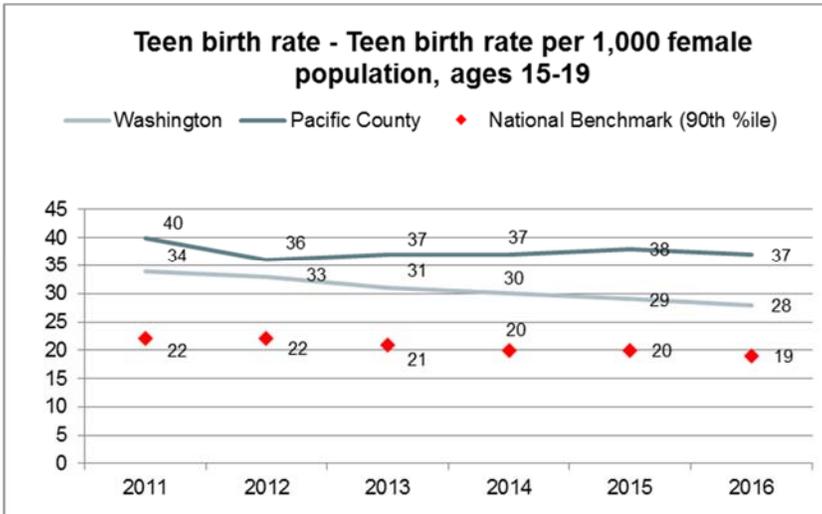
Birth Statistics

Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in Pacific County have been slightly lower than the state and national benchmark from 2011-2013, however in 2016 the percentage of low birthweight births increased above the national benchmark.



County Health Rankings, 2016

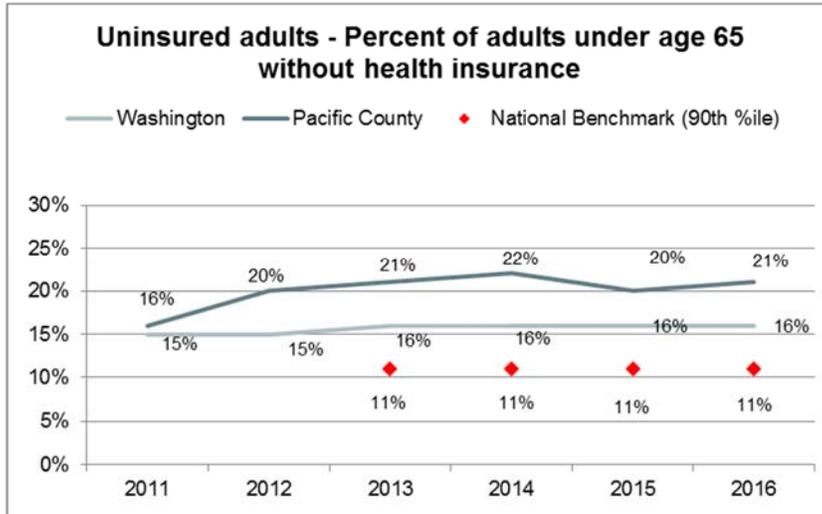
Teen birth rates were also analyzed for the Pacific County and compared to Washington and the Nation. Teen birth rates in the Pacific County are significantly higher than Washington and national benchmarks. The rate has been steadily decreasing over the past six years. The percentage of children in poverty in Pacific County is significantly higher than in Washington and the national benchmark, though trending up slightly over the past six years. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood.



County Health Rankings, 2016

Insurance

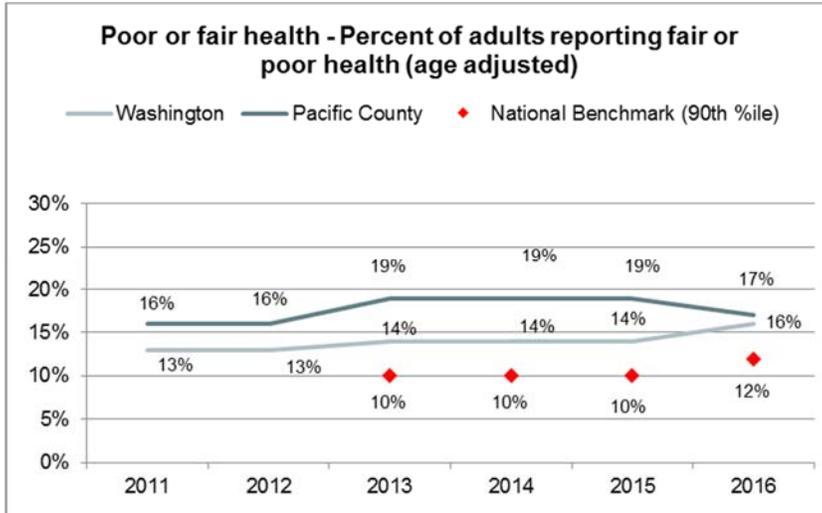
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The uninsured rate in Pacific County is 21%, which is higher than Washington, and almost double the national benchmark.



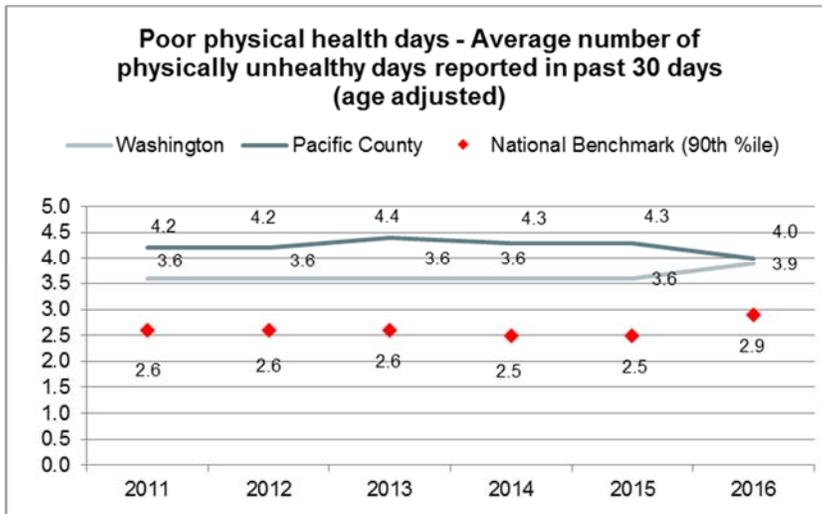
County Health Rankings, 2016

General Population Health

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in Pacific County was slightly higher than Washington, and both are higher than the Nation. What this means is that the population in Pacific County considers themselves to be almost as healthy in general compared to Washington.

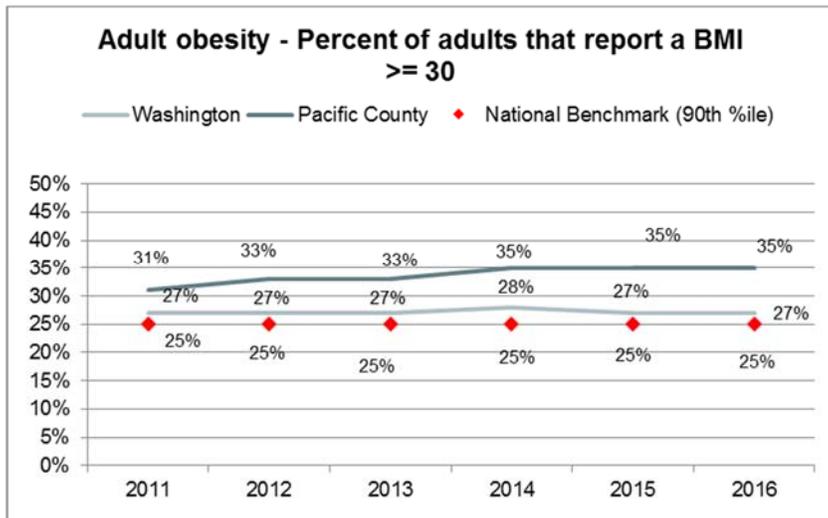


A similar self-reported measure is “poor physical health days”, which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in Pacific County are slightly above Washington and above the Nation. This is a negative indication as people in Pacific County are reporting feeling worse physically, compared to Washington. However, this rate has decreased slightly over the past three years.



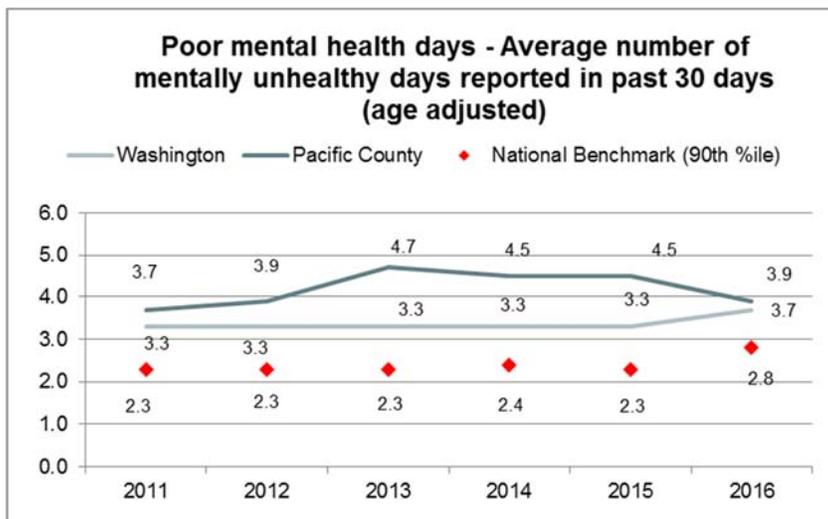
County Health Rankings, 2016

A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 25% of the population. In Pacific County, the percentage of adults who are obese has remained consistent over the last three years at 35%. The percentage is higher than Washington, where the obesity rate has remained fairly steady at 27%.



County Health Rankings, 2016

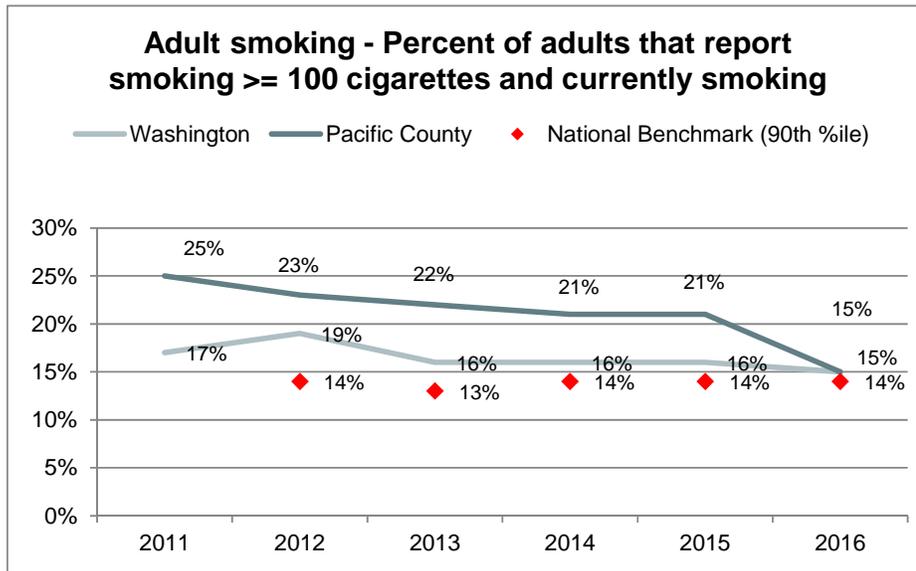
Another indicator, “Poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Pacific County are higher than Washington and the national benchmark. Mental health has come into the spotlight nationally as an area where continued focus and improvement efforts are warranted.



County Health Rankings, 2016

Adult Smoking

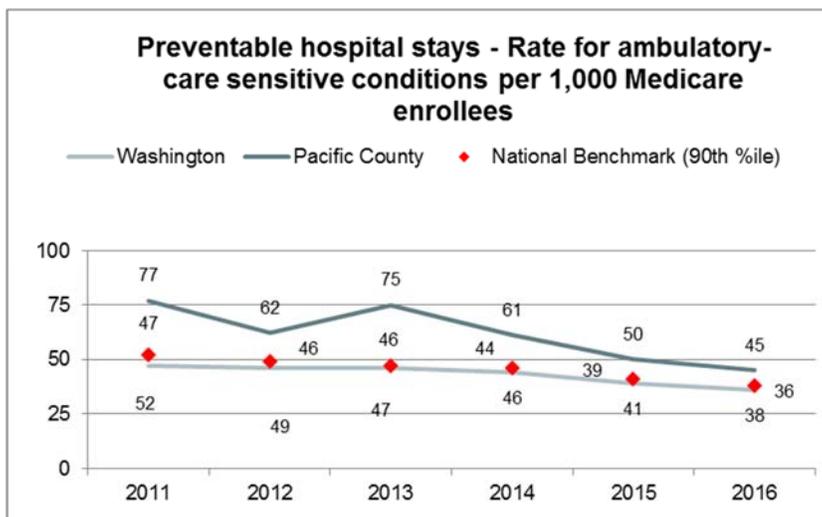
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in Pacific County has declined from 25% in 2011 to 15% in 2016. These rates are the same as Washington, though they remain slightly above the national benchmark rate of 14%.



County Health Rankings, 2016

Preventable Hospital Stays

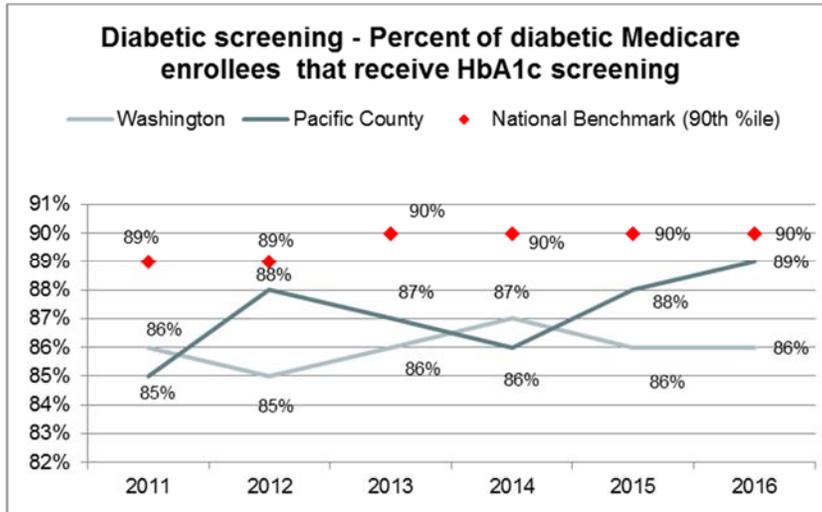
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for Pacific County have varied over the past four years, to 45 per 1,000 Medicare enrollees in 2016. The rate has been consistently higher than the rate for Washington, and above the national benchmark of 38 per 1,000 Medicare enrollees.



County Health Rankings, 2016

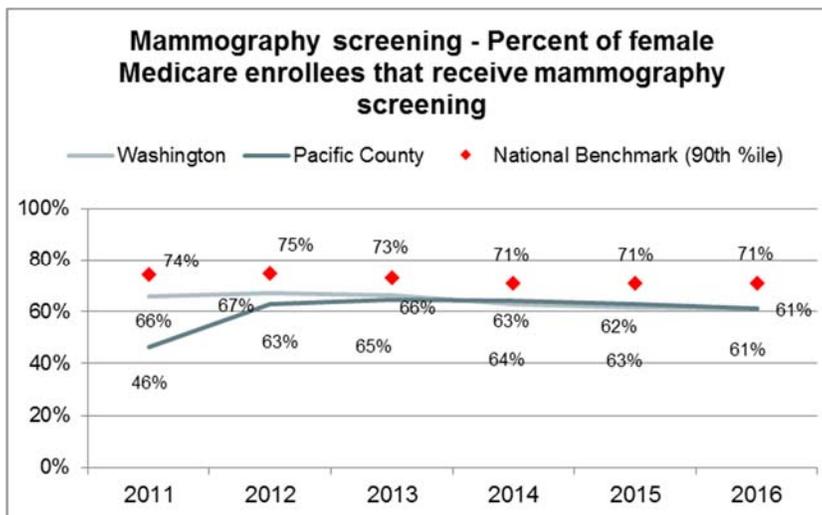
Screening

Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in Pacific County have risen consistently over the past three years from 86% to 89%, which surpasses the Washington rate of 86%. The national benchmark rate for Diabetic screening is 90%.



County Health Rankings, 2016

Mammography screening rates in Pacific County have increased from 46% in 2011 up to 61% in 2016, which is in line with the Washington rate and significantly below the National Benchmark rate of 71%.

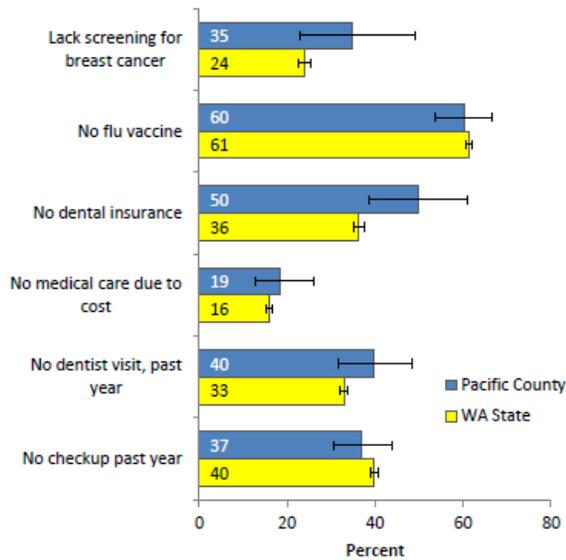


County Health Rankings, 2016

Preventive Care

Adult preventive care markers, including screening, flu vaccine, dental insurance, care avoidance, and dental utilization were all slightly less favorable for Pacific County compared to Washington State, with the exception of checkup utilization, which favored Pacific County by 3% compared to Washington State.

Adult (Age 18+) Preventive Care

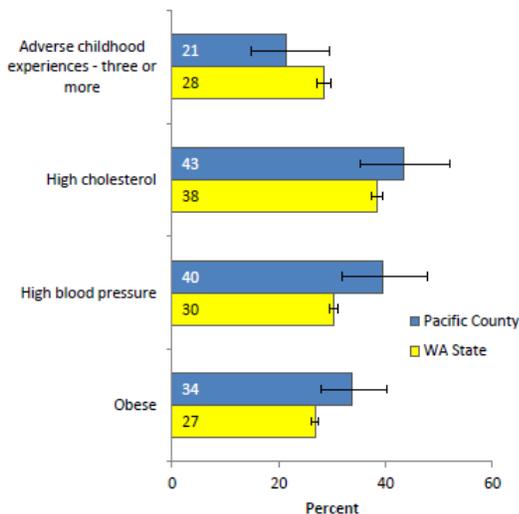


Washington Behavioral Risk Factor Surveillance System 2011-2013

Health Risk Conditions

Health risk condition markers, including high cholesterol, high blood pressure and obesity all scored unfavorably for Pacific County compared to Washington State, with rates in these categories 5% to 10% above Pacific County.

Adult (Age 18+) Health Risk Conditions

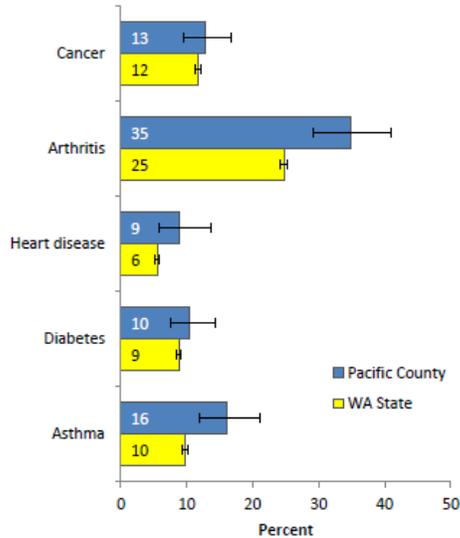


Washington Behavioral Risk Factor Surveillance System 2011-2013

Chronic Disease

Chronic disease rates, including cancer, arthritis, heart disease, diabetes, and asthma are all higher in Pacific County compared to Washington State.

Adult (Age 18+) Chronic Disease

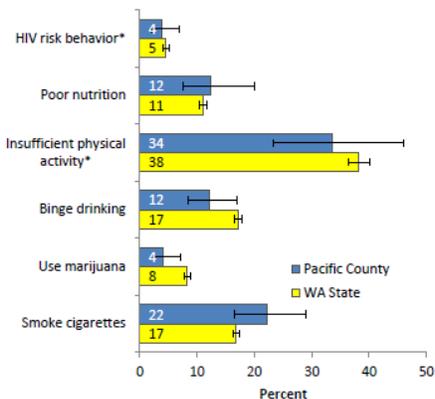


Washington Behavioral Risk Factor Surveillance System 2011-2013

Health Risk Behaviors

Pacific County had more favorable rates of HIV risk behavior, physical activity levels, binge drinking, and marijuana use compared to Washington State, however in terms of nutrition and cigarette use, Pacific County had less favorable rates.

Adult (Age 18+) Health Risk Behaviors



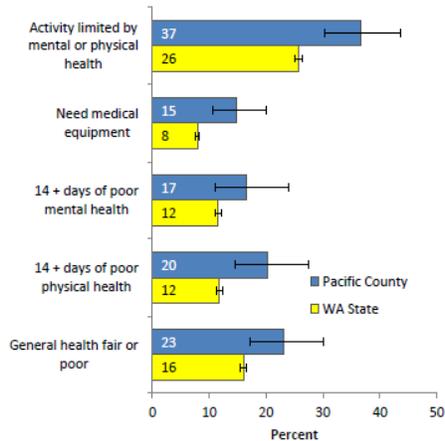
*Insufficient data for county level analysis; estimates are for multi-county regions (See Map 1).

Washington Behavioral Risk Factor Surveillance System 2011-2013

Quality of Life

Across all of the quality of life measures, Pacific County fared less favorably compared to Washington State, including activity limitations due to mental or physical health, medical equipment needs, poor mental and physical health days, and general health considered fair or poor.

Adult (Age 18+) Quality of Life

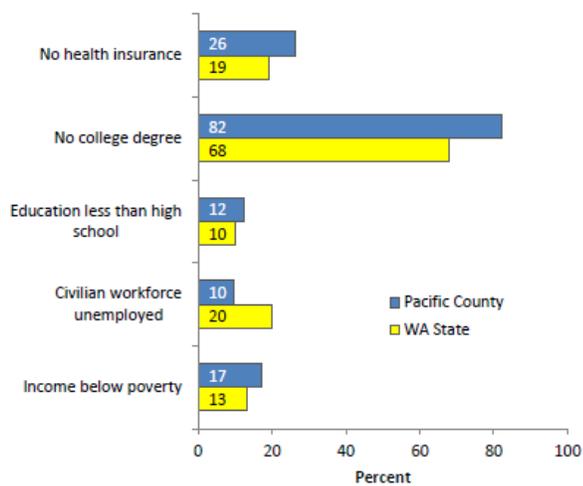


Washington Behavioral Risk Factor Surveillance System 2011-2013

Social and Economic Risk Factors

With the exception of low unemployment levels, Pacific County had unfavorable rates compared to Washington State in rates of health insurance, college degrees, education less than high school, and income below the poverty level.

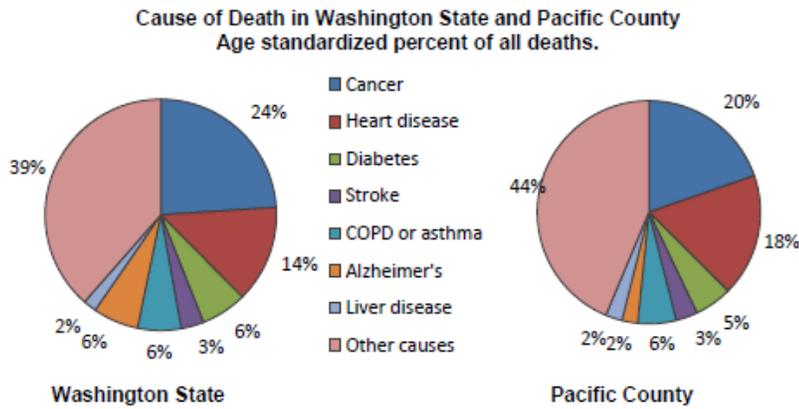
Social and Economic Risk Factors



Washington Behavioral Risk Factor Surveillance System 2011-2013

Cause of Death in Washington State and Pacific County

Generally, the leading causes of death in Pacific County and Washington State are similar, however Pacific County has a higher percentage of deaths due to other causes. The leading causes of death include other causes, cancer, heart disease, diabetes, Alzheimer's, and liver disease.



Washington Behavioral Risk Factor Surveillance System 2011-2013

Access to Primary Care (Commercial Insurance)

Pacific County falls within Washington State averages in terms of access to primary care among most age groups, however for 2-6 year olds and 7-11 year olds Pacific County measures less favorably.

PACIFIC COUNTY

Commercial Insurance

Measure	Rate	Score	State Average
Access to primary care (ages 12-19 years)	88%	AVERAGE	90%
Access to primary care (ages 20-44)	92%	AVERAGE	92%
Access to primary care (ages 2-6 years)	81%	WORSE	89%
Access to primary care (ages 45-64)	94%	AVERAGE	96%
Access to primary care (ages 65+)	97%	AVERAGE	98%
Access to primary care (ages 7-11 years)	81%	WORSE	90%

Healthier Washington 2016 Community Checkup Results

Access to Primary Care (Medicaid Insurance)

Similar to the commercially insured population, Pacific County measures less favorably than Washington State in terms of access to primary care for 2-6 and 7-11 year olds. Pacific County also measures less favorably for 12-19 year olds compared to Washington State.

PACIFIC COUNTY Medicaid Insurance

Measure	Rate	Score	State Average
Access to primary care (ages 12–19 years)	81%	▼ WORSE	86%
Access to primary care (ages 12–24 months)	87%	■ AVERAGE	89%
Access to primary care (ages 20–44)	68%	■ AVERAGE	71%
Access to primary care (ages 2–6 years)	67%	▼ WORSE	75%
Access to primary care (ages 45–64)	82%	■ AVERAGE	75%
Access to primary care (ages 65+)	81%	■ AVERAGE	84%
Access to primary care (ages 7–11 years)	76%	▼ WORSE	86%

Healthier Washington 2016 Community Checkup Results

Appendix 2

Existing healthcare resources:

- **Willapa Harbor Hospital:** 360.875.5526. 800 Alder St • PO Box 438 • South Bend WA 98586
<http://willapaharborhospital.com/>. A critical care hospital.
- **DaVita Seaview Dialysis Center:** 360-642-3442 101 18th St. South Long Beach, WA In-center and home care Hemodialysis including peritoneal and hemodialysis to patients with End State Renal Disease (“ESRD”). Patient must be diagnosed with ESRD and require dialysis as determined by their nephrologist
- **Harbors Home Health and Hospice Hoquiam:** 360-532-5454, 201 7th St Long Beach: 360-642-3623, 1600 S. Pacific Ave Home Care Services Physical Therapy, Occupational therapy, nursing care, and speech/language therapies provided in the home for those who are acutely, chronically or terminally ill, or disabled Home Health Aides Provide personal care. Medical Social Workers Assist in arranging other services needed, financial assistance and counsel patients and family.
- **Olympic Area Agency on Aging:** 1715A Pacific Hwy. North Long Beach, WA 888-571-6558 or 360-642-3634 430 3rd. Street Raymond, WA 888-571-6557 or 360-942-2177. Washington Health Benefit Exchange (“HBE”) WA Healthplan finder for assistance signing up for ACA insurance plans. Family Caregiver Support Services.
- **Family Health Center-North Beach Clinic:** 360-665-3000. 21610 Pacific Hwy, Ocean Park, WA.
www.cowlitzfamilyhealth.org. Medical. Dental. Family Planning. Integrated Behavioral Health. Health Insurance Enrollment Assistance.
- **Shoalwater Wellness Center:** 360-267-0119. 2373 Old Tokeland Rd. Bldg. E Tokeland, WA. Family practice, dental, behavioral health. Wellness center is open to the public, no cost for enrolled Tribal members (provide proof). Provide referral to other agencies if they do not have the services.
- **Valley View Health Center:** 360-942-3040 300 Ocean Ave. Raymond, WA Family practice-Sliding fee requirements; medical flat rate, General dentistry, Behavioral Health Services. Discount prescriptions available to the under or uninsured with an inability to pay for their medications. Supply is limited and medications are offered for \$5, \$10, \$15, or \$20.
- **Willapa Family Medicine:** 360-875-4502. 810 Alder St. South Bend, WA 98586. Family practice as well as inpatient care at Willapa Harbor Hospital.
- **True North Student Assistance-** ESD 113 True North Student Assistance and Treatment: 1016 Commercial Street Raymond Phone: (360) 942-2474 ext. 2141. Provides Assessments, Outpatient and Intensive Outpatient drug & alcohol treatment services for youth in north Pacific County.
- **Free by the Sea:** 800-272-9199. 25517 Park Ave. Ocean Park, WA 98640. Residential drug addiction and rehab center.
- **KLEAN:** 360-244-7919. 211 Pioneer Rd. W. Long Beach, WA 98631. Male residential drug addiction and rehabilitation center.
- **Shoalwater Wellness Center- Behavioral Health:** 360-267-8141. 2373 Old Tokeland Road, Tokeland, WA. Mental health and Substance Abuse Treatment services.
- **Willapa Behavioral Health:** 360-642-3787. 2204 Pacific Ave. N. Long Beach, WA 98631. Community Mental Health and Chemical Dependency (Drug & Alcohol) treatment and support services. Outpatient, intensive outpatient, case management, alcohol drug information school (ADIS), referral to inpatient.
www.willapabh.org

- **Evergreen Treatment Services:** 804 Levee St, Hoquiam, WA. 360-209-6339
- **Pacific County Public Health & Human Services:** 360-642-9349
South County Health Department-7013 Sandridge Road Long Beach, WA.
www.pacificcountyhealthdepartment.com.
- **Department of Social & Health Services (“DSHS”):** 1-877-501-2233.
South County-2601 Pacific Avenue N. Long Beach, WA. www.washingtonconnection.org.
- **Long Beach Chiropractic Clinic:** (360) 642-8588. 1108 Pacific Ave., Long Beach, WA.
- **Kent Chiropractic Clinic PS:** (360) 642-4390. 4403 Pacific Way, Long Beach, WA.
- **Willapa Chiropractic & Massage:** (360) 942-2414. 326 E. Commercial St., Raymond, WA.
- **Mark M. Eschbach, DC. Chiropractor:** 360-942-2414. 326 E. Commercial St., Raymond, WA.
- **Coastal Eye Care:** 360-642-3214. 1703 S. Pacific Hwy., Long Beach, WA 98631.
eyecare@willapabay.org. Monday - Thursday 8:00am - 5:00pm. Friday 8:00am - 4:00pm.
- **Pacific Eye Clinic:** 360-942-5501. 500 Willapa Place, Raymond, WA 98577.