

Ocean Beach Hospital & Medical Clinics

Ilwaco, Washington

Community Health Needs Assessment



Prepared for 2019 - 2021



Table of Contents

| | |
|--|---|
| Introduction | 1 |
| Methods | 1 |
| CHNA Process | 1 |
| CHNA Advisory Committee | 2 |
| Community Served Determination | 3 |
| Data Collection and Analysis..... | 4 |
| Prioritization of Key Findings..... | 6 |
| Existing Health Care and other Facilities and Resources..... | 9 |
| Evaluation of Previous Community Health Improvement Plan | 9 |
| Appendix 1 – List of Interviewees for Community Input | |
| Appendix 2 – Demographic, Primary, and Secondary Data | |
| Appendix 3 – Existing Healthcare Resources | |

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 2019 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 and demographics
 - d. Existing health care facilities and resources
4. Identification and prioritization of community health needs and services to meet these needs

CHNA Advisory Committee

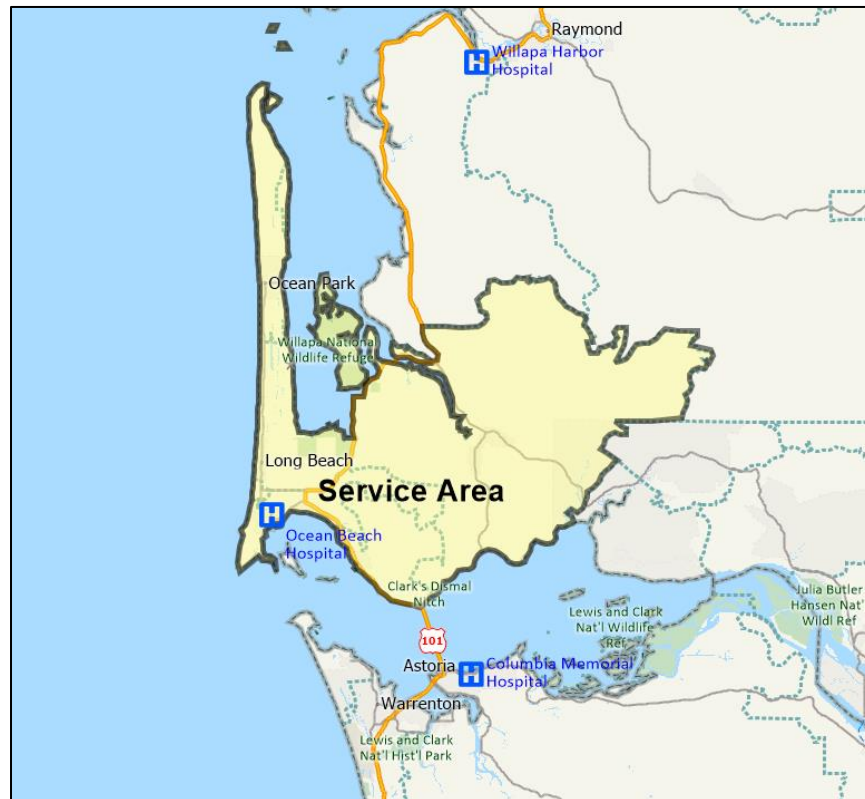
Leadership at OBHMC formed the CHNA Advisory Committee. Advisory committee member selection was based on each member's history and knowledge of the community, hospital role, and unique vantage point in guiding the process of the CHNA. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, which included 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
- Beth Hash, Controller and Business Office Manager, Ocean Beach Hospital & Medical Clinics
- Tammie Jefferies, Executive Assistant, Ocean Beach Hospital & Medical Clinics
- Valrie Brown, Clinic Manager, Ocean Beach Hospital & Medical Clinics
- Brenda Slagle, Education and Community Outreach Manager, Ocean Beach Hospital & Medical Clinics

Community Served Determination

For the purposes of complying with the Affordable Care Act, the defined service area for OBHMC was identified as the following zip codes and their corresponding cities in Southern Pacific County: 98614 (Chinook), 98624 (Ilwaco), 98631 (Long Beach), 98638 (Naselle), 98640 (Ocean Park), 98641 (Oysterville), and 98644 (Seaview). The service area is represented by the map below:



Maptitude, 2019

Zip-code-level data from the cities that defined the service area was utilized for analyses when such data was accessible. When inaccessible, county-level data from Pacific County was used instead. Accordingly, every effort was made to ensure that the CHNA is representative of the service area.

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:

- Area Agency on Aging
- Pacific County Health and Human Services
- OBHMC Board of Commissioners
- Adrift Hotel/Pickled Fish Restaurant
- Peninsula Pharmacy
- Willapa Behavioral Health
- Port of Ilwaco/Chinook
- Grays Harbor Community College
- Pacific County Department of Health
- Pacific County Fire District One
- MEDIX
- Jack's Country Store
- Great Rivers Behavioral Health

Each stakeholder participated in a phone interview with Wipfli. 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 about 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, 2019 (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 and Pacific County. Wherever possible, these findings were compared to Washington and National Benchmarks. Results of the demographic and secondary data can be found in Appendix 2.

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 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 June of 2019, 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 five priorities were identified by the CHNA Advisory Committee:

1. Access to Primary Care, Availability of Providers, and Coordination of Care

Limited availability of primary care providers remains a significant challenge for the community. This can lead to difficulty scheduling appointments when care is needed, extended wait times for appointments, and a lack of same-day appointment options for the community. These barriers to accessing care may contribute to the misutilization of emergency and urgent care services or may cause patients to seek care outside of the community. Limited access to specialty care is especially significant. Services such as physical therapy and occupational therapy, dermatology, urology, podiatry, orthopedics, oncology, and dental services often require transportation outside of the community. Moreover, access to women's services, including pre- and post-natal care, maternity care, and labor and delivery care is limited. Inaccessibility to these services may also contribute to poorer birth-related outcomes compared to state benchmarks, such as lower rates of well-child visits in the first 15 months after birth, and higher rates of low birthweight newborns.

Interviews indicated that this lack of accessibility is likely driven by several factors, including difficulty retaining medical professionals; limited transportation options; cost as a barrier to health care; and the lack of patient volume to sustain specialty care. Rural hospitals often have difficulty with recruiting and retaining high-quality medical professionals. Transportation is another barrier that was indicated during the CHNA process. Limited access to transportation options, especially for youth, the elderly, those in poverty, and after-hours, limits the ability for patients to seek and receive care in a timely and convenient manner.

Beyond accessibility, the lack of coordinated care and case management among local healthcare providers is also an issue. Lack of accessibility to specialty care makes coordinated case management much more problematic as referrals are difficult for patients to manage themselves, especially when outside of the service area. Additionally, interviews pointed to a lack of coordinated care amongst providers. Some interview respondents believed that coordinating care would also help better integrate both physical and mental health treatment goals.

2. Chronic Disease Support Services

The lack of accessibility to chronic disease support services is most strongly demonstrated in the significant health risk outcomes that characterize the community. Community members in Pacific County report significantly poorer physical health and higher rates of poor health indicators, particularly for adult obesity, food insecurity, high cholesterol, high blood pressure, diabetes, heart disease, and arthritis.

While inaccessibility to support services negatively affects treatment for chronic disease, the lack of awareness regarding preventative patient education services in the community may also contribute to poor chronic disease outcomes. Pacific County exhibits lower rates of diabetes screening, indicating poorer preventative care efforts for chronic disease. Interview respondents reported that more preventative health education and community wellness initiatives would help patients learn to engage in preventative healthy behaviors, such as physical activity, and maintain a healthy lifestyle. Moreover, stakeholders also noted that investing in efforts to connect patients with the right health care options and community resources could not only help manage existing chronic disease, but prevent it from occurring in the first place. Community members may also have a lack of awareness of the medical services offered at the hospital, and communicating services more widely to the general public could improve overall access.

3. Mental Health / Substance Abuse

Poor mental health and inaccessibility to treatment and resources for mental health and substance use profoundly impacts health in the community. The average number of poor mental health days for Pacific County is higher than the national benchmark. Constituents of Pacific County reported experiencing more days of poor mental health in the past year compared to state benchmarks. Interviews revealed that mental health and substance use particularly afflicts vulnerable youth populations in the community.

Interviews revealed that there are limited options for substance use treatment, particularly inpatient and detoxification services, which may deter patients from seeking care. Interviews also revealed that there is a disconnect between physical health and mental health services, which could be improved by coordinating services between physical and mental health providers. Similarly, community stakeholders reported that improving case management services for mental health would better help connect patients with mental health resources in the community.

4. Cancer Care Coordination

Cancer is the highest single cause of death in Pacific County, constituting about 20% of the reported deaths in the county each year. This risk is also evident in the higher cancer rate in Pacific County compared to the rest of the state of Washington (18% versus 12%). High cancer rates could be the result of the lack of standard screening and preventative care efforts in the community. This disparity is significant for breast cancer prevention, as mammography screening occurs at significantly lower rates in Pacific County (59%) compared to state benchmarks (71%). Some stakeholders also reported limited accessibility to oncology treatment options in the service area, meaning that patients must travel outside the community to utilize these services.

5. Poverty's Impact on Health

The negative impact of socioeconomic determinants on health are prominent in the community. Overall, the median household income in the service area is about \$22,737 lower than the state average, which represents a significant financial disparity in the community. Adults in Pacific County also exhibit poorer education outcomes compared to state benchmarks. Low-income community members and the homeless were identified by stakeholders as vulnerable members of the service area. Children are particularly vulnerable as Pacific County's rate of children in poverty is double the national benchmark (24% versus 12%). Additionally, cultural and linguistic barriers in the health system, particularly for the Hispanic community, also result in this group being underserved in regard to their health care needs.

Cost is a significant barrier to accessing health care in the service area that specifically affects financially vulnerable community members. Community stakeholders often reported that the lack of affordable health insurance or insufficient insurance coverage greatly increases the cost of care for low-income individuals. This disparity is reflected in the high uninsurance rate in Pacific County compared to national benchmarks (12% versus 7%). Financial barriers may cause individuals to avoid seeking care; specifically, in Pacific County, 16% of individuals forego medical care due to financial constraints, 3% higher than state benchmarks. Moreover, the lack of low-cost or free medical care for those in poverty was often reported by stakeholders. While some health care systems provide free or affordable care through annual health clinics, these opportunities are not enough to meet the growing need for low-cost health care services.

Existing Health Care and other Facilities and Resources

Appendix 3 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

The previous community health needs assessment included the following priorities:

1. Primary Care / Preventive Health / Unscheduled and Urgent Care
2. Mental Health / Substance Abuse
3. Access to Care / Patient Out-Migration
4. Education / Awareness of Services

OBHMC has made progress in response to the health-related priorities identified in the previous community health needs assessment. Specifically, the hospital has taken key steps to respond to each priority area as follows:

1. Primary Care / Preventive Health / Unscheduled and Urgent Care
 - Opened up a multi-provider clinic in Ocean Park community to increase access for patients
 - Hired a new physician assistant to staff the Ocean Park clinic and provide additional access for new patients
 - OBHMC is actively recruiting an additional physician for the community
 - OBHMC increased walk-in visits by adding new providers, however additional recruitment will support additional walk-in volume
 - OBHMC is committed to serving all patients including Medicaid patients, who are accepted by all providers
2. Mental Health / Substance Abuse
 - OBHMC offers limited mental health services, mainly relating to patients requiring emergency services
 - OBHMC developed a partnership with the county health department to address gaps in mental health and substance abuse care
 - Willapa Behavioral Health has doubled their staff since the previous CHNA, though funding continues to be a challenge
 - OBHMC has been involved in discussion with Willapa Behavioral Health and Willapa Harbor Hospital regarding enhanced collaboration around mental health and substance abuse
3. Access to Care / Patient Out-Migration
 - Visiting urologist, podiatrist and ophthalmologist have reduced frequency of visits to the community which has been a challenge for access
 - OBHMC added a part-time orthopedic surgeon
 - OBHMC added tele-speech and tele-registered dietitian services
 - Increased same day walk ins with the hiring of a new provider
 - Added pulmonary rehabilitation services
 - OBHMC is considering further expansion of cardiology services and dermatology services

4. Education / Awareness of Services

- OBHMC tripled its marketing of services through newspaper advertising and deployed a calendar magnet to better educate community on services
- Expanded advertising into local theater
- OBHMC revamped its website, which included creating a more mobile-device-friendly interface
- Increased education staff and added additional education programming, which has resulted in additional education attendance
- Executive team members regularly attend local chamber meetings, special events, human services advisory board, and Pacific County economic council meetings

Appendix 1

List of Participating Organizations for Community Input

The following are a list of organizations that had representatives who participated in the community input process of the CHNA.

- Area Agency on Aging
- Pacific County Health and Human Services
- OBHMC Board of Commissioners
- Adrift Hotel/Pickled Fish Restaurant
- Peninsula Pharmacy (3 locations)
- Willapa Behavioral Health
- Port of Ilwaco/Chinook
- Grays Harbor Community College
- Pacific County Department of Health
- Pacific County Fire District One
- MEDIX
- Jack's Country Store
- Great Rivers Behavioral Health

Appendix 2

Demographic Data Results

Population

The population for the service area is 11,500 people. According to future projections provided by ESRI for the service area, the population is expected to increase slightly over the next five years, by 3.1% or 356 people. Washington is anticipated to grow at a significantly faster rate of 6.7% or 498,827 people over the next five years, while the US population is expected to grow by 4.2%.

2018 and 2023 Population

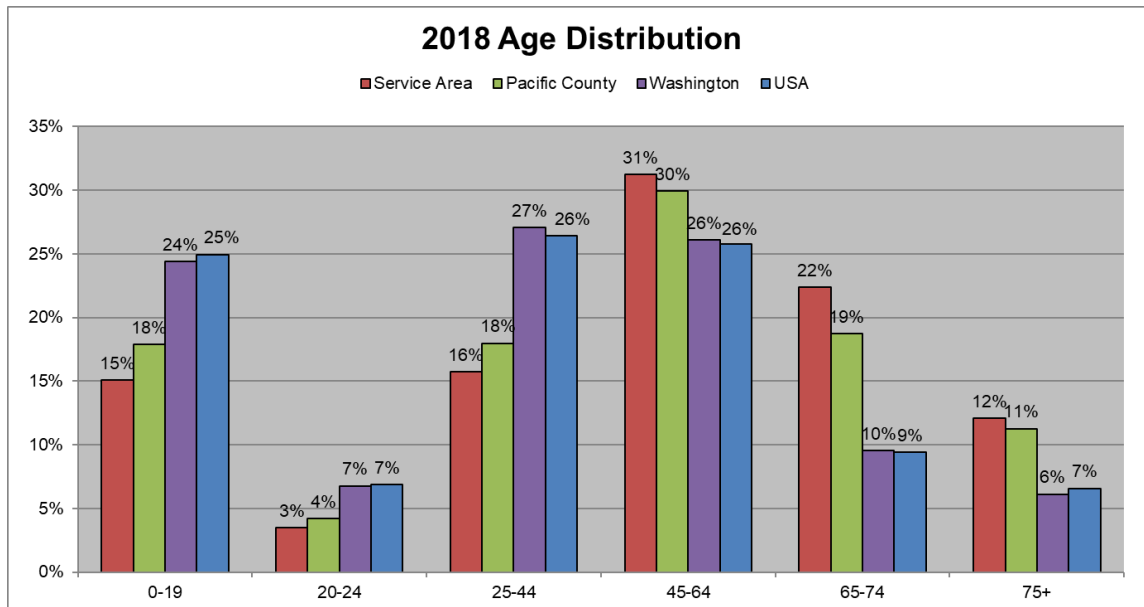
| | 2010 | 2018 | 2023 | % Change | Change |
|----------------|-------------|-------------|-------------|-------------|-------------|
| | | | | (2018-2023) | (2018-2023) |
| Service Area | 11,333 | 11,500 | 11,856 | 3.1% | 356 |
| Pacific County | 20,920 | 21,222 | 21,895 | 3.2% | 673 |
| Washington | 6,724,540 | 7,452,102 | 7,950,929 | 6.7% | 498,827 |
| USA | 308,745,538 | 330,088,686 | 343,954,683 | 4.2% | 13,865,997 |

ESRI Business Information Solutions, 2019

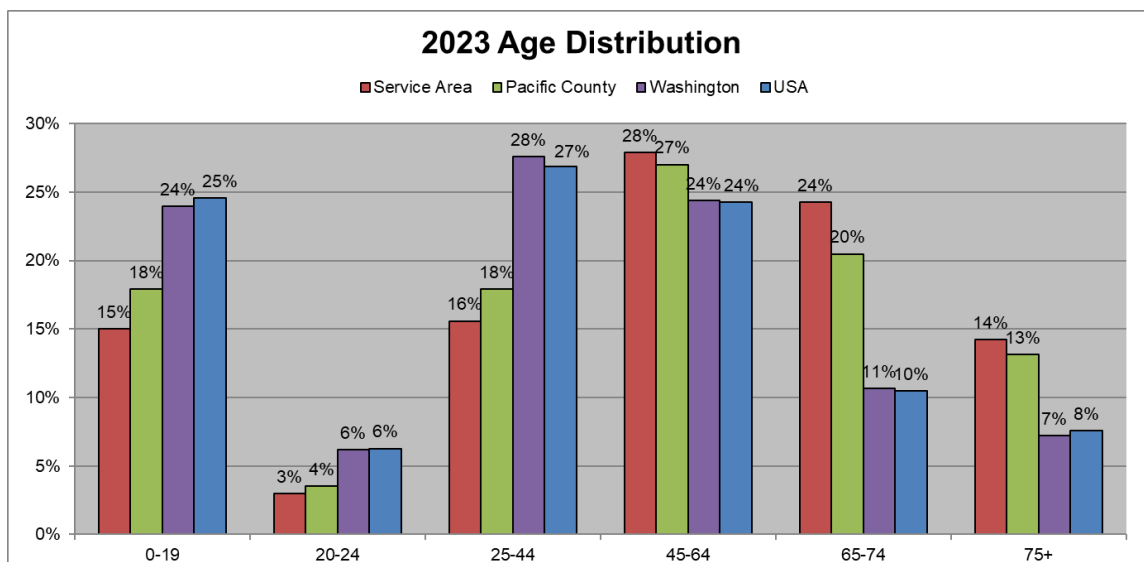
Population by Age

Population was grouped into major age categories for comparison. In general, the service area has a higher proportion of people ages 45-64, 65-74 and 75+ than Washington and the Nation. Conversely, the proportion of people in all other age groups 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 and 75+ continues to slightly 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.

2018 and 2023 Population Age Distribution



ESRI Business Information Solutions, 2019



ESRI Business Information Solutions, 2019

Population by Race and Ethnicity

OBHMC's service area is predominantly white, with 90% of the population made up of white alone. The other race alone population makes up roughly 4% of the population, followed by multicultural individuals who comprise roughly 3% of the population. Pacific County maintains a slightly more diverse 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.

2018 and 2023 Population by Race

| 2018 - Population by Race | Service Area | | Pacific County | | Washington | | USA | |
|---------------------------|--------------|---------|----------------|---------|------------|---------|-------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| White Alone | 10,380 | 90% | 18,044 | 85% | 5,488,203 | 74% | 230,883,783 | 70% |
| Black Alone | 46 | 0% | 85 | 0% | 302,097 | 4% | 42,469,207 | 13% |
| American Indian Alone | 190 | 2% | 579 | 3% | 115,501 | 2% | 3,227,356 | 1% |
| Asian Alone | 97 | 1% | 432 | 2% | 652,760 | 9% | 18,749,288 | 6% |
| Pacific Islander Alone | 22 | 0% | 30 | 0% | 54,161 | 1% | 638,630 | 0% |
| Some Other Race Alone | 406 | 4% | 1,182 | 6% | 439,010 | 6% | 22,771,094 | 7% |
| Two or More Races | 359 | 3% | 870 | 4% | 400,370 | 5% | 11,349,328 | 3% |

| 2023 - Population by Race | Service Area | | Pacific County | | Washington | | USA | |
|---------------------------|--------------|---------|----------------|---------|------------|---------|-------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| White Alone | 10,505 | 89% | 18,165 | 83% | 5,694,800 | 72% | 234,680,011 | 68% |
| Black Alone | 53 | 0% | 96 | 0% | 338,553 | 4% | 44,840,269 | 13% |
| American Indian Alone | 213 | 2% | 646 | 3% | 123,802 | 2% | 3,434,892 | 1% |
| Asian Alone | 105 | 1% | 441 | 2% | 772,357 | 10% | 21,946,693 | 6% |
| Pacific Islander Alone | 29 | 0% | 40 | 0% | 62,383 | 1% | 709,553 | 0% |
| Some Other Race Alone | 526 | 5% | 1,497 | 7% | 501,412 | 6% | 25,285,784 | 7% |
| Two or More Races | 425 | 4% | 1,010 | 5% | 457,622 | 6% | 13,057,481 | 4% |

ESRI Business Information Solutions, 2019

Income

Income data was analyzed for the service area and Pacific County, then compared to the state of Washington and the Nation. 2018 data reveals that median household income for the service area and Pacific County is significantly 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, Pacific County, Washington, and the Nation in line with inflation.

2018 and 2023 Income Levels

| 2018 | Service Area | Pacific County | Washington | USA |
|--------------------------|--------------|----------------|------------|--------|
| | Number | Number | Number | Number |
| Median Household Income | 45,997 | 46,630 | 68,734 | 58,100 |
| Average Household Income | 59,030 | 59,744 | 94,203 | 83,694 |
| Per Capita Income | 29,136 | 27,432 | 36,796 | 31,950 |

| 2023 | Service Area | Pacific County | Washington | USA |
|--------------------------|--------------|----------------|------------|--------|
| | Number | Number | Number | Number |
| Median Household Income | 52,705 | 53,286 | 79,382 | 65,727 |
| Average Household Income | 65,823 | 67,226 | 108,557 | 96,109 |
| Per Capita Income | 32,444 | 30,827 | 42,225 | 36,530 |

ESRI Business Information Solutions, 2019

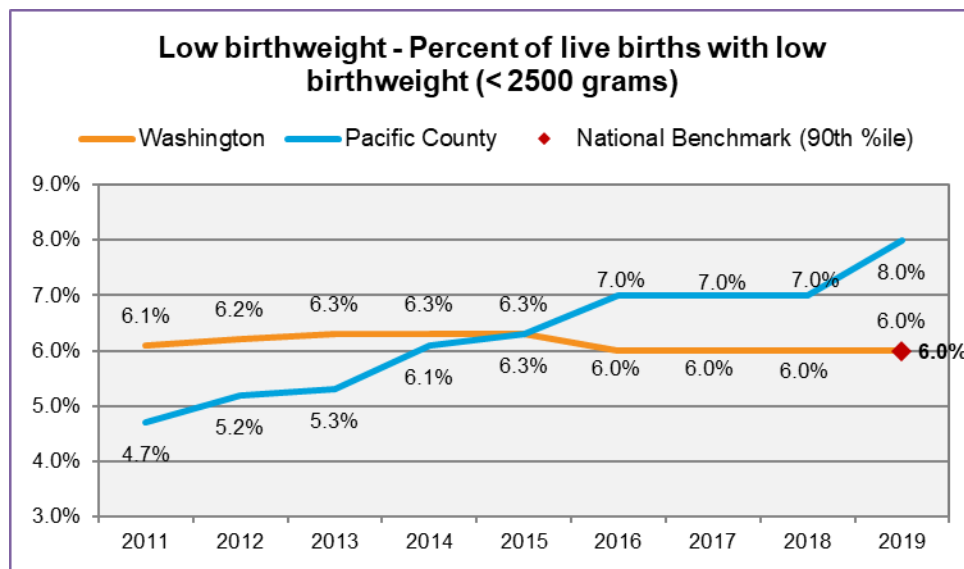
Secondary Data Results

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 is analyzed in this report.

Overall, Pacific County ranked 37th out of 39 Counties ranked in the state for health outcomes based on the data collected by County Health Rankings. This ranking is slightly poorer than the 2016 ranking of 35 out of 39 Counties.

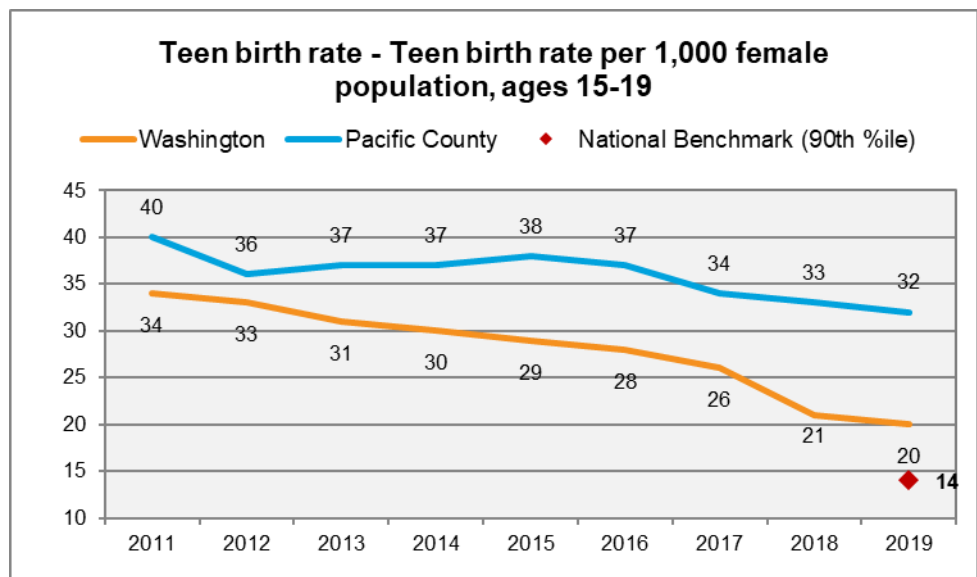
Birth Statistics

Rates of low birthweight in a community are often associated with poor maternal health. Low birthweights can lead to higher incidences of fetal mortality, stunted growth, impaired cognitive developments, and higher risk of chronic disease in later life. Newborn birthweight is a strong predictor of newborn health and survival. Low birthweight percentages in Pacific County have been growing since 2011, reaching 8% of all newborn births in 2019. This is 2% above Washington and the national benchmark.

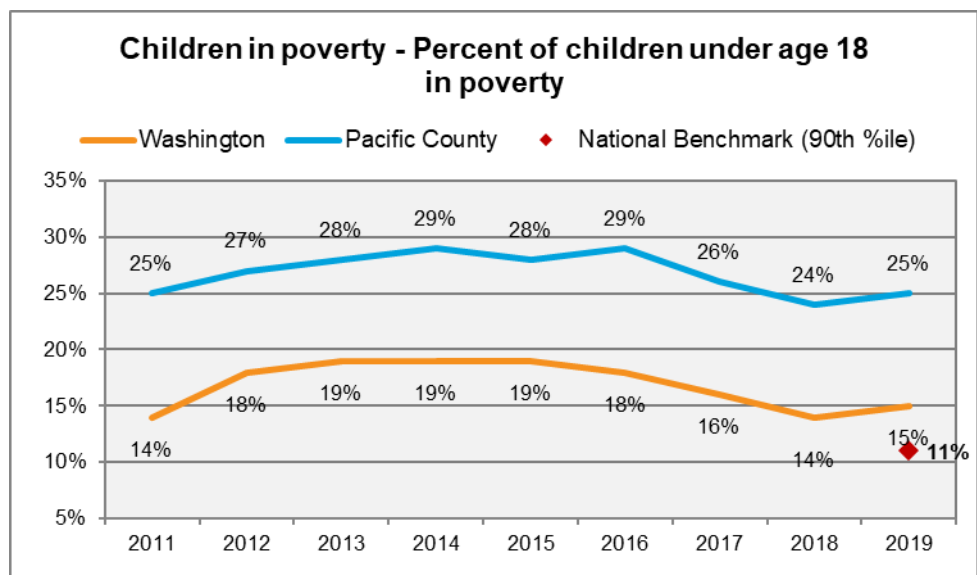


County Health Rankings, 2019

Teen birth rates were also analyzed for Pacific County. While the rate has been steadily decreasing over the past four years, teen birth rates in the Pacific County are significantly higher than Washington and over double the national benchmark. Similarly, the percentage of children in poverty in Pacific County is significantly higher than in Washington and the national benchmark, with a recent uptick observed in 2019. Children in poverty is an important metric as poverty among children can often be associated with many negative health consequences throughout childhood and adulthood.



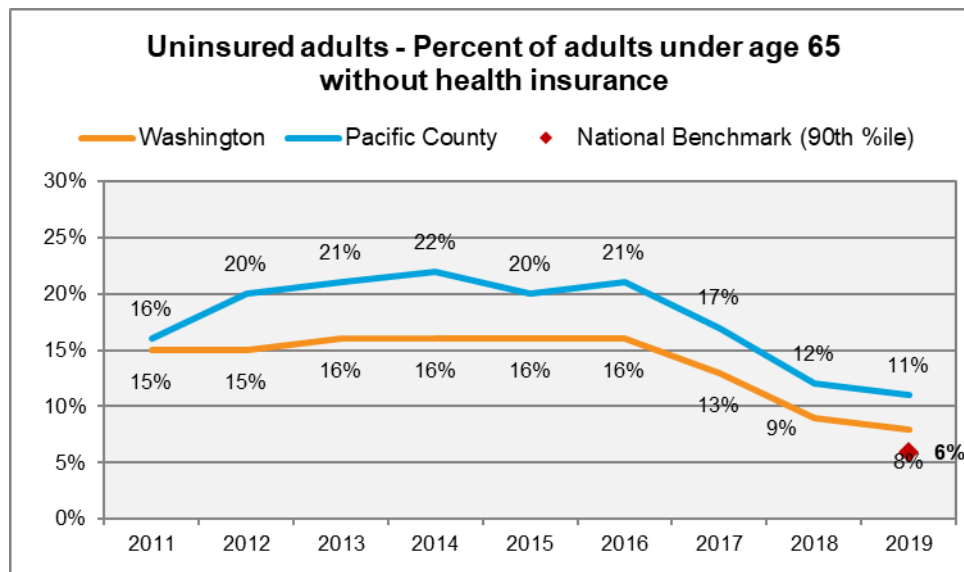
County Health Rankings, 2019



County Health Rankings, 2019

Insurance

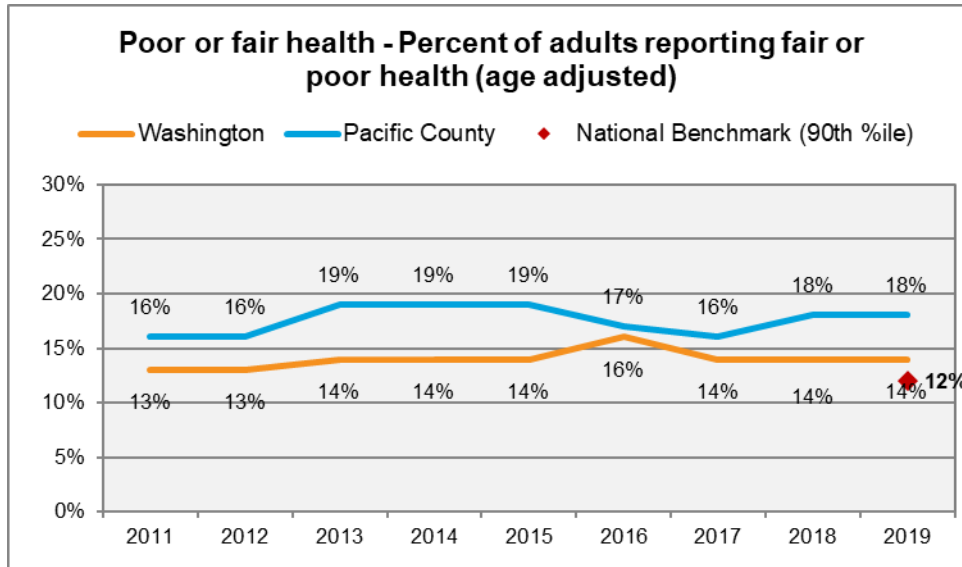
Individuals without health insurance often forego care due to high costs, which can lead to a higher prevalence of chronic conditions. The uninsured rate in Pacific County has decreased over the last three years to 11%, which is higher than Washington's benchmark and almost double the national benchmark of 6%.



County Health Rankings, 2019

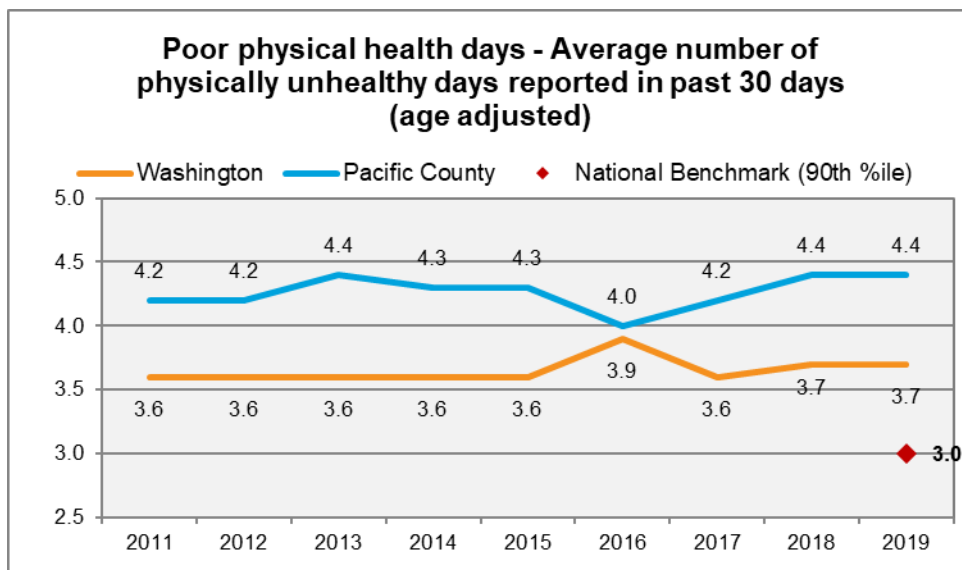
General Population Health

One measure of health among the community included in the County Health Rankings is reported general well-being. Reported “poor or fair health” in Pacific County was 4% higher than Washington, and both Pacific County and Washington rates are higher than the Nation. What this means is that the population in Pacific County considers themselves to be less healthy in general compared to state and national benchmarks.



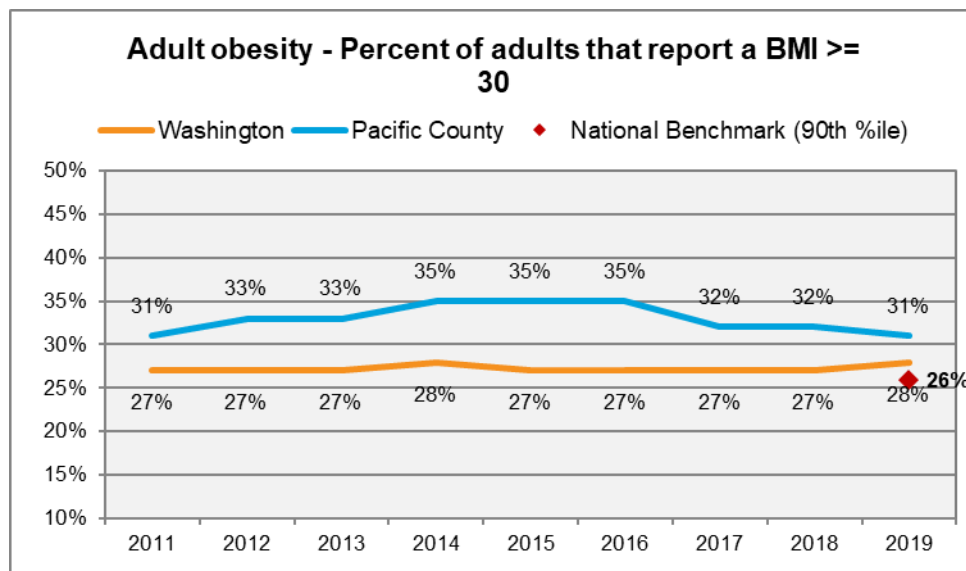
County Health Rankings, 2019

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 0.7 days above Washington and 1.4 days above the Nation. The rate has also been climbing in Pacific County since 2016, although no additional growth was observed in 2019. This is a negative indicator as people in Pacific County are reporting feeling worse physically compared to state and national benchmarks.

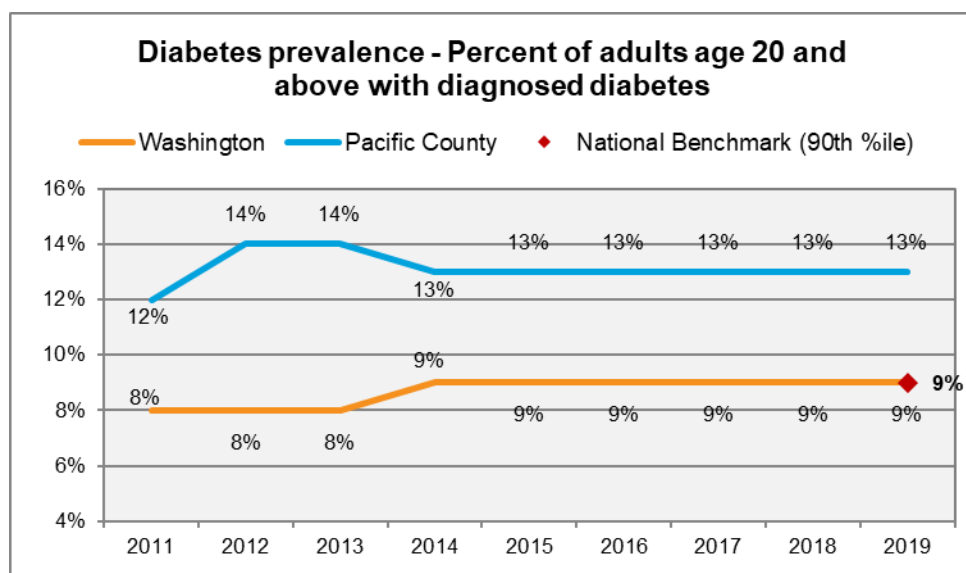


County Health Rankings, 2019

A third measure of general health of the population is the rate of adult obesity in the community. Nationally, the 90th percentile benchmark rate has been around 26% of the population. In Pacific County, the percentage of adults who are obese has remained fairly consistent over the last two years at about 31-32%. This rate is higher than Washington, where the obesity rate has remained steady at 27-28%. Similarly, diabetes prevalence in Pacific County has remained stagnant at 13% for the past 6 years, 4% higher than state and national benchmarks.

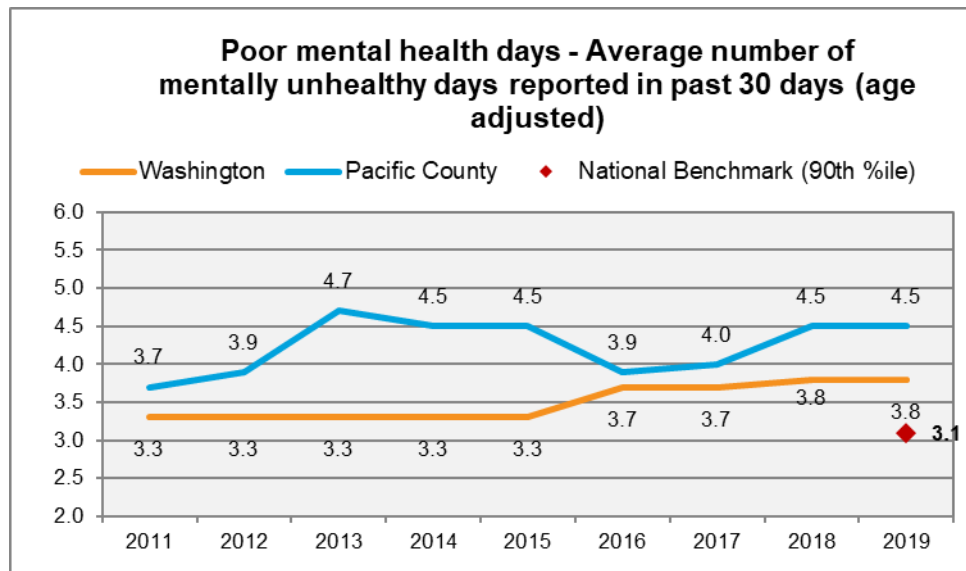


County Health Rankings, 2019



County Health Rankings, 2019

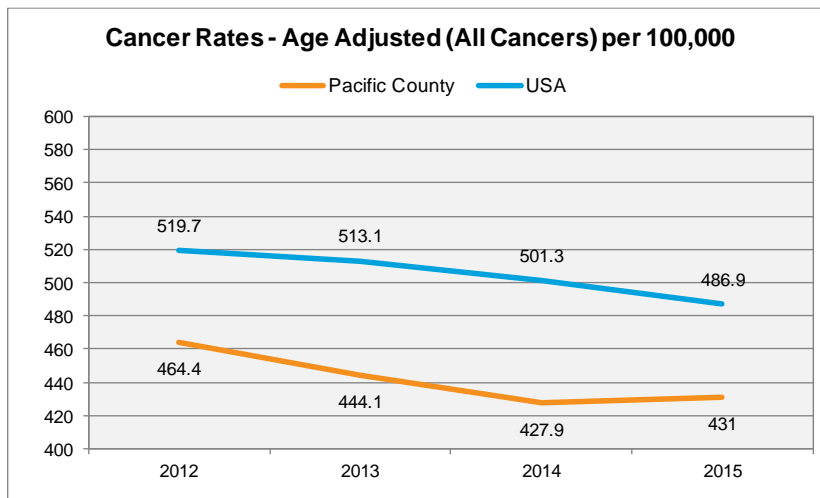
Another indicator, “Poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Pacific County are higher than Washington and the national benchmark. Rates have been trending upward in Pacific County since 2016 but have recently plateaued at 4.5 days in 2018 and 2019, 0.7 and 1.4 days greater than state and national benchmarks, respectively. Mental health remains a challenge in many communities across the country and is often associated with other negative health behaviors.



County Health Rankings, 2019

Cancer Rates

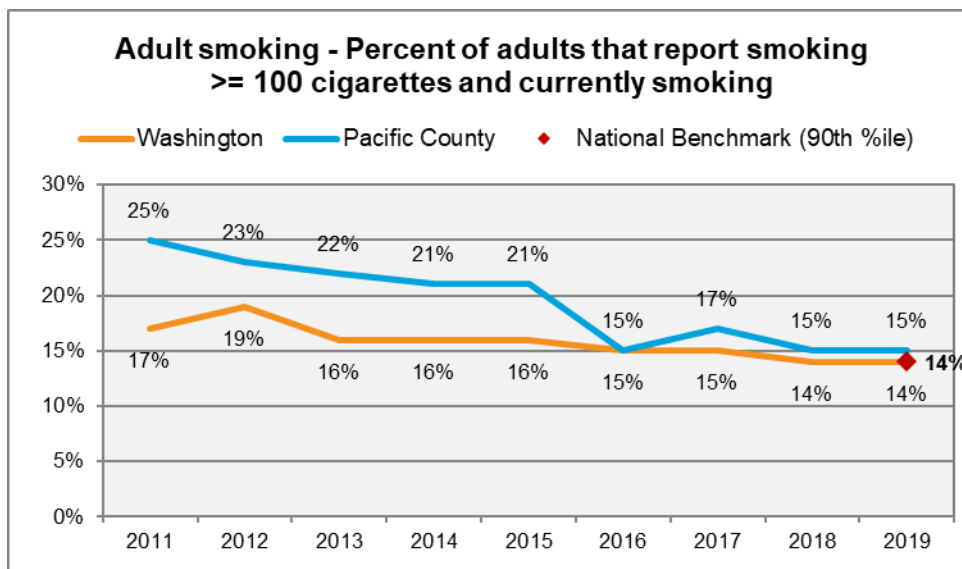
Data is collected nationally for cancer rates through cancer registries. Cancer rates for all cancers in Pacific County are 431, which is lower than national rates, though the cancer rate went up slightly in 2015, the most recent year reported.



Washington State Cancer Incidence Data: Washington State Department of Health, Washington State Cancer Registry, 2018

Adult Smoking

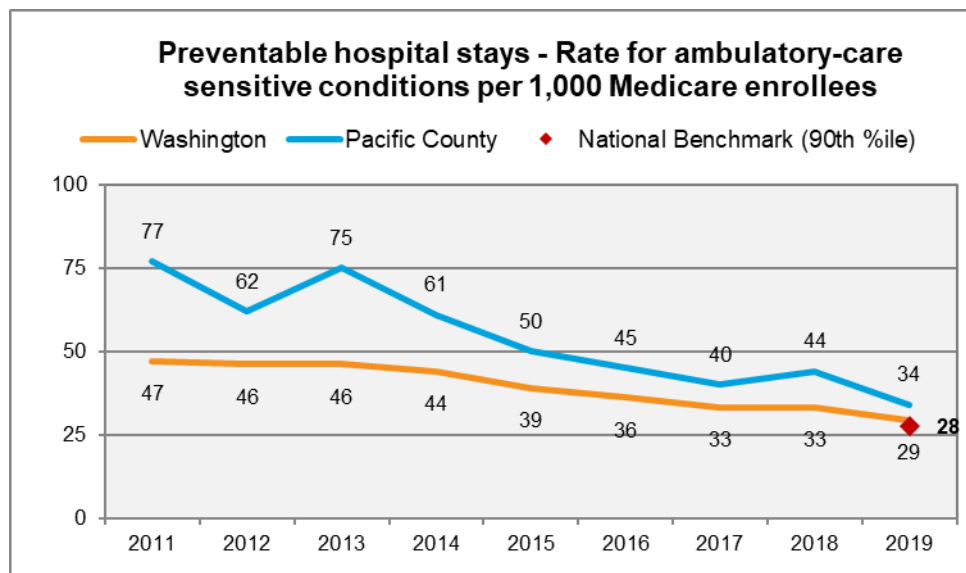
Cigarette smoking is a strong causal factor of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential downstream health outcomes and can be valuable for assessing either 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 2019. These rates are slightly above Washington and the national benchmark rate of 14%.



County Health Rankings, 2019

Preventable Hospital Stays

Hospitalization for diagnoses treatable in outpatient services suggests that patients might not be seeking necessary preventive care, or that they are being admitted into the hospital for conditions that may be more appropriately treated on an outpatient basis. Rates for Pacific County declined from a high of 75 per 1,000 Medicare enrollees in 2013 to 34 per 1,000 in 2019. The rate has been consistently higher than the rate for Washington, and above the national benchmark of 28 per 1,000 Medicare enrollees.

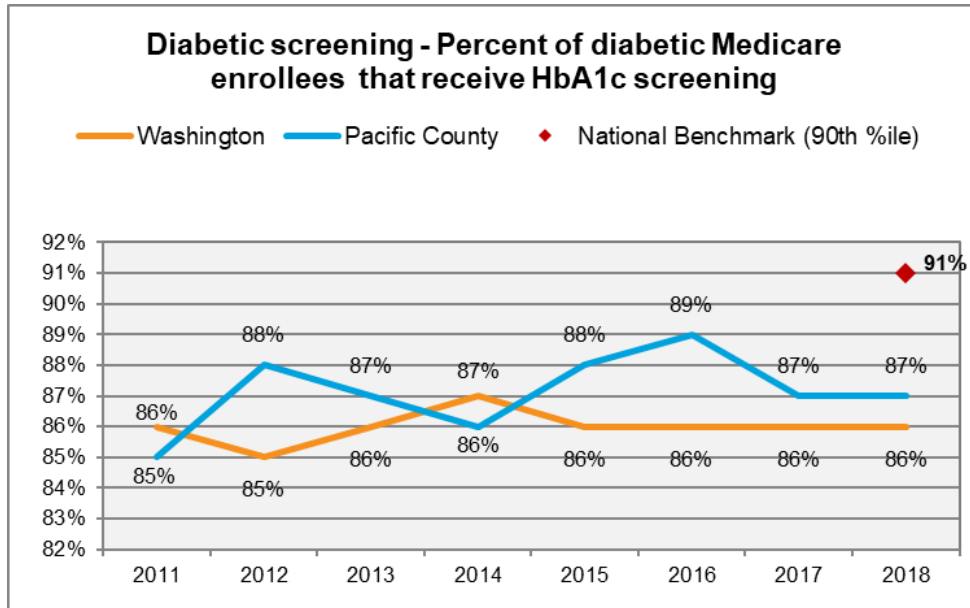


County Health Rankings, 2019

*In 2019, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. In previous years, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. The 2019 rates were converted to the standard rate manually to allow for cross-comparison

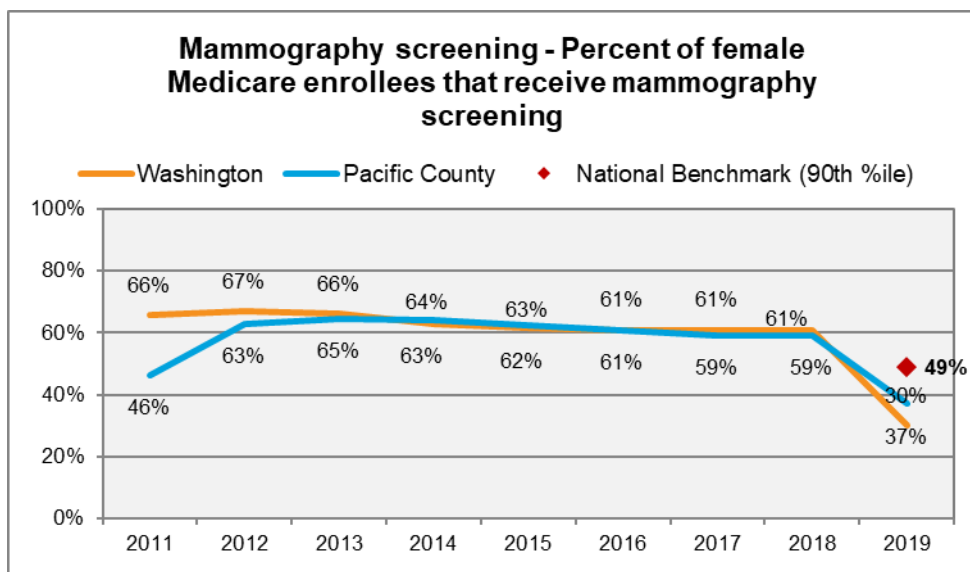
Screening

Screening for potential health issues is a preventive measure that can detect early signs of medical problems before they progress. Diabetes is one of the major health issues impacting our society today. Diabetes screening rates in Pacific County have decreased over the past three years from 89% in 2016 to 87% in 2019. While the rate is slightly higher than the Washington rate of 86%, it is well below the national benchmark rate of 91%.



County Health Rankings, 2019

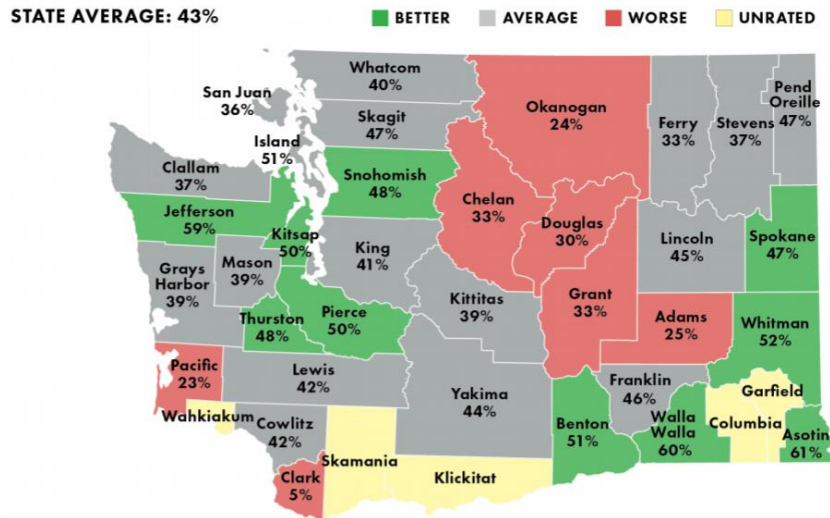
In 2019, the way mammography screening is measured was changed from previous years. Mammography screening is currently based on the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. In prior years, it was based on the percentage of female Medicare enrollees ages 67-69 that received mammography screening. This expanded age range may contribute to the substantially lower screening rates observed in 2019. Mammography screening rates in Pacific County have remained relatively stagnant between 2016 and 2018, but recently decreased to 37% in 2019. These rates are slightly above the state benchmark of 30% and below the national benchmark of 49%. This is a negative indication as screening rates should ideally be rising.



County Health Rankings, 2019

Well-Child Visits (in the first 15 months) for Medicaid Insurance

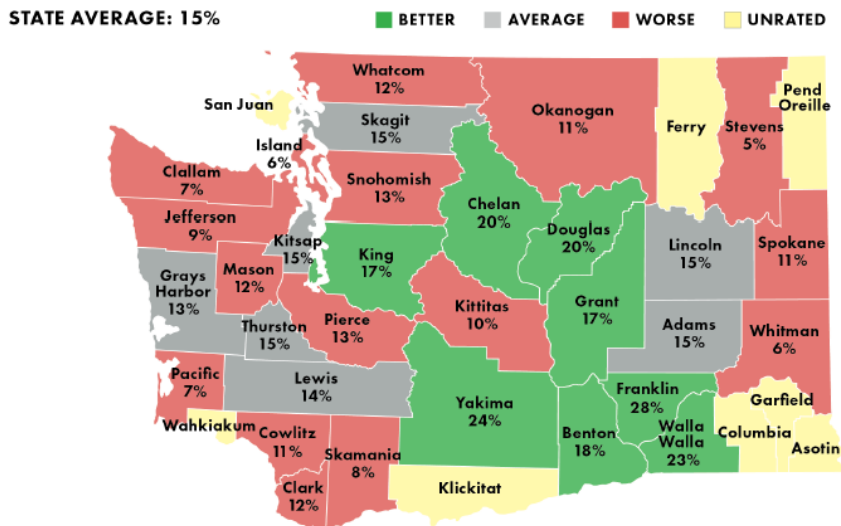
The percentage of well-child visits in the first 15 months in Pacific County is 23%, which is significantly lower than the state average of 43%.



Healthier Washington, 2017

Immunizations by Age 13

The percentage of youth receiving immunizations by age 13 in Pacific County is 7%, which is lower than the state average of 15%.

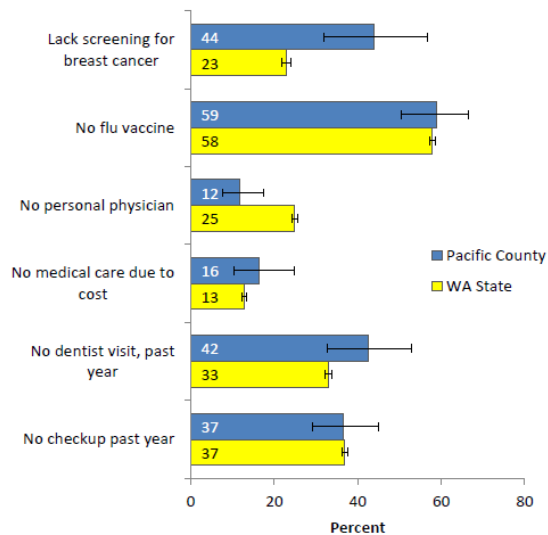


Healthier Washington, 2017

Preventive Care

Adult preventive care markers, including disease screening, flu vaccination rates, health insurance, care avoidance, and dental utilization, all scored unfavorably for Pacific County compared to Washington State, with the exception of having a personal physician which favored Pacific County by 13% compared to Washington, and checkup utilization, which is in line with Washington.

Adult (Age 18+) Preventive Care

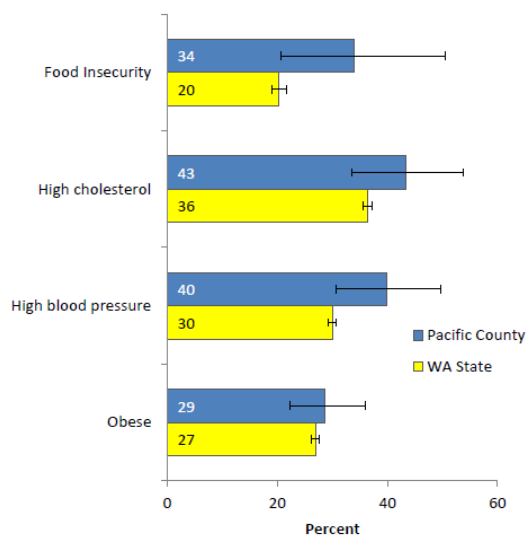


Washington Behavioral Risk Factor Surveillance System 2013-2015

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 food insecurity topping the list at 14% higher than the state.

Adult (Age 18+) Health Risk Conditions

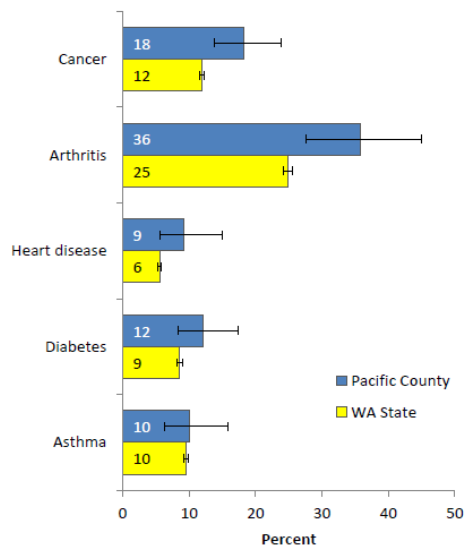


Washington Behavioral Risk Factor Surveillance System 2013-2015

Chronic Disease

Chronic disease rates, including cancer, arthritis, heart disease, and diabetes, are all higher in Pacific County compared to Washington State, with the exception of asthma prevalence being in line with state benchmark rates.

Adult (Age 18+) Chronic Disease

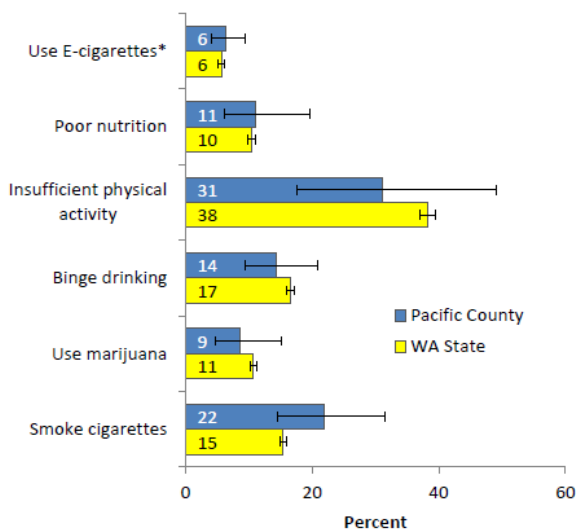


Washington Behavioral Risk Factor Surveillance System 2013-2015

Health Risk Behaviors

Pacific County had more favorable rates of physical activity levels, binge drinking, and marijuana use compared to Washington State. In terms of cigarette use, Pacific County had significantly less favorable rates.

Adult (Age 18+) Health Risk Behaviors

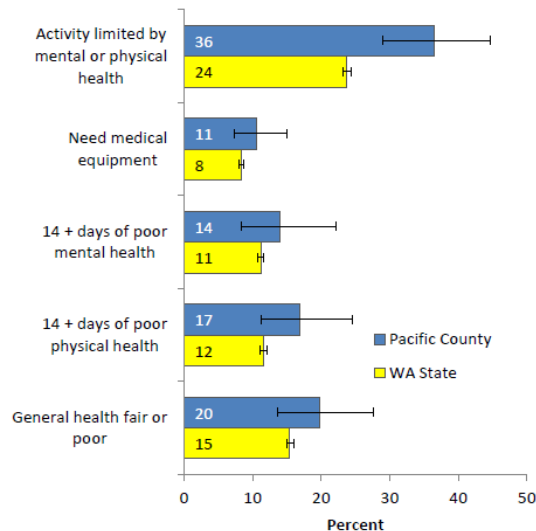


Washington Behavioral Risk Factor Surveillance System 2013-2015

Quality of Life

Across all 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

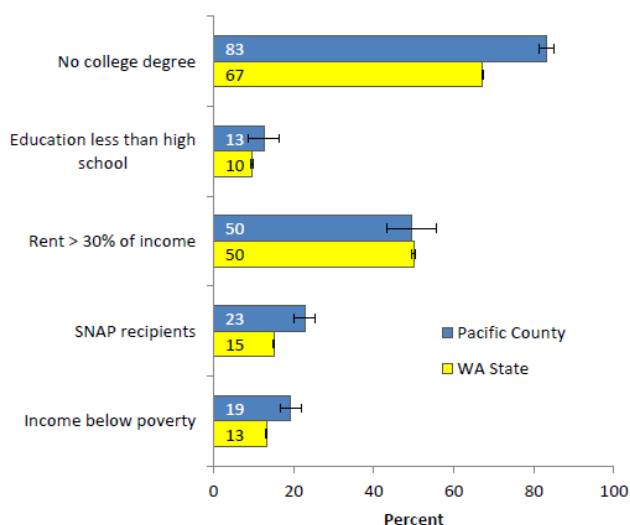


Washington Behavioral Risk Factor Surveillance System 2013-2015

Social and Economic Risk Factors

With the exception of rent > 30% of income levels, Pacific County had unfavorable rates compared to Washington State in rates of health insurance, college degrees, education less than high school, recipients of food assistance, and income below the poverty level.

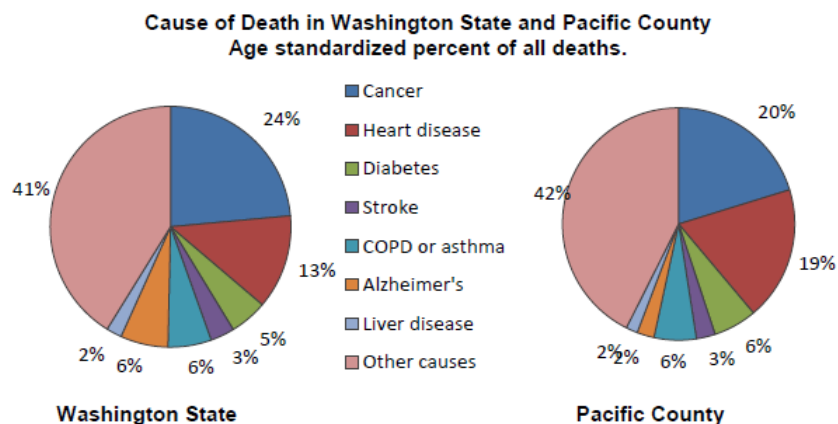
Social and Economic Risk Factors



Washington Behavioral Risk Factor Surveillance System 2013-2015

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 slightly higher percentage of deaths due to other causes. The leading causes of death include other causes, cancer, heart disease, diabetes, COPD or asthma, Alzheimer's, and liver disease.



Washington Behavioral Risk Factor Surveillance System 2013-2015

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, Pacific County measures less favorably for the 2-6-year olds and 7-11-year olds age groups.

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 3

Existing health care resources:

- **Ocean Beach Hospital**
174 1st Avenue N. Ilwaco, WA, 98624
360-642-3181
- **Willapa Harbor Hospital**
800 Alder St. PO Box 438. South Bend, WA, 98586
3600-875-5526.
<http://willapaharborhospital.com/>
- **DaVita Seaview Dialysis Center**
101 18th St. South. Long Beach, WA, 98631
360-642-3442
Services offered: 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**
201 7th St. Hoquiam, WA, 98550
360-532-5454
Services offered: 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 Ave. North. Long Beach, WA, 98631
888-571-6558 or 360-642-3634
430 3rd. Street Raymond, WA, 98577
888-571-6557 or 360-942-2177
Services provided: 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**
21610 Pacific Way. Ocean Park, WA, 98640
360-665-3000
www.cowlitzfamilyhealth.org.
Services provided: Medical. Dental. Family Planning. Integrated Behavioral Health. Health Insurance Enrollment Assistance.
- **Shoalwater Wellness Center**
2373 Old Tokeland Rd. Tokeland, WA, 98590
360-267-0119
Services provided: 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**
300 Ocean Ave. Raymond, WA, 98577
360-942-3040
Services provided: 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.
- **Willapa Family Medicine**
810 Alder St. South Bend, WA, 98586.
360-875-4502
Services provided: Family practice as well as inpatient care at Willapa Harbor Hospital.
- **True North Student Assistance**
1016 Commercial St. Raymond, WA, 98577
360-942-2474 ext. 2141
Services provided: Provides Assessments, Outpatient and Intensive Outpatient drug & alcohol treatment services for youth in north Pacific County.
- **Free by the Sea**
25517 Park Ave. Ocean Park, WA, 98640.
800-272-9199
Services provided: Residential drug addiction and rehab center.
- **Discovery Recovery**
800 Washington Street N. Long Beach, WA, 98631
844-288-4672
Services provided: Drug and alcohol treatment center. Detoxification. Residential treatment facility.
- **Shoalwater Wellness Center - Behavioral Health**
2373 Old Tokeland Rd. Tokeland, WA, 98590
360-267-8141
Services provided: Mental health and Substance Abuse Treatment services.
- **Willapa Behavioral Health:**
2204 Pacific Ave. N. Long Beach, WA, 98631
360-642-3787
www.willapabh.org
Services provided: 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.
- **Evergreen Treatment Center**
804 Levee St. Hoquiam, WA, 98550
360-209-6339
- **Pacific County Public Health & Human Services**
South County Health Department. 7013 Sandridge Rd. Long Beach, WA, 98631

360-642-9349

www.pacificcountyhealthdepartment.com

- **Department of Social & Health Services (“DSHS”)**

2601 Pacific Avenue N. Long Beach, WA, 98631

1-877-501-2233

www.washingtonconnection.org

- **Long Beach Chiropractic Clinic**

1108 Pacific Ave. Long Beach, WA, 98631

(360) 642-8588

- **Kent Chiropractic Clinic PS**

4403 Pacific Way. Long Beach, WA, 98631

360-642-4390

- **Willapa Chiropractic & Massage**

326 E. Commercial St. Raymond, WA, 98577

360-942-2414

- **Coastal Eye Care**

1703 S. Pacific Hwy. Long Beach, WA, 98631

360-642-3214

- **Pacific Eye Clinic**

500 Willapa Place. Raymond, WA, 98577

360-942-5501

- **Ocean Beach Medical Group – Ocean Park**

1501 Bay Avenue, Ocean Park, WA, 98640

- **Ocean Beach Medical Group – Ilwaco**

176 First Avenue N. Ilwaco, WA, 98624

- **Ocean Beach Medical Group – Naselle**

21 N. Valley Rd. Naselle, WA, 98638