

Ocean Beach Hospital & Medical  
Clinics

# Community Health Needs Assessment

2022 – 2024



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# About Ocean Beach Hospital & Medical Clinics

## Our Mission

Founded in 1934, Ocean Beach Hospital & Medical Clinics (“OBHMC”) is a community-owned and operated public health district, consisting of a 25-bed Critical Access Hospital (“CAH”) and clinic system. At OBHMC, our mission is to provide access to both routine and critical health care services for the people who live, work, and play in our community. Our purpose is to ease the pain and improve the health of the people who are in our care.

## Our Community

OBHMC is located in Ilwaco, Washington. OBHMC’s primary service area includes the following zip codes: 98614 (Chinook), 98624 (Ilwaco), 98631 (Long Beach), 98638 (Naselle), 98640 (Ocean Park), 98641 (Oysterville), and 98644 (Seaview). The primary service area was determined from the zip codes that reflect a majority of OBHMC’s patient discharges and clinic visits. The majority of cities and communities in the service area can be found in Pacific County.

### Service Area

- |                    |                     |
|--------------------|---------------------|
| 98614 (Chinook)    | 98640 (Ocean Park)  |
| 98624 (Ilwaco)     | 98641 (Oysterville) |
| 98631 (Long Beach) | 98644 (Seaview)     |
| 98638 (Naselle)    |                     |



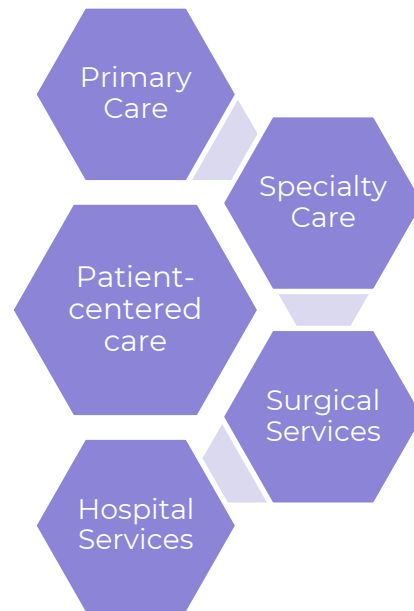
In 2020, our hospital and clinics served:



## Our Services

OBHMC provides an extensive array of inpatient and outpatient services, including emergency medicine, lab, imaging, physical therapy, surgery, pulmonary rehabilitation, cardiac rehabilitation, echocardiography, and swing bed services. The staff consist of a mix of the following specialties: family practice, internal medicine, physical and occupational therapy, surgery, women’s health, and cardiology.

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

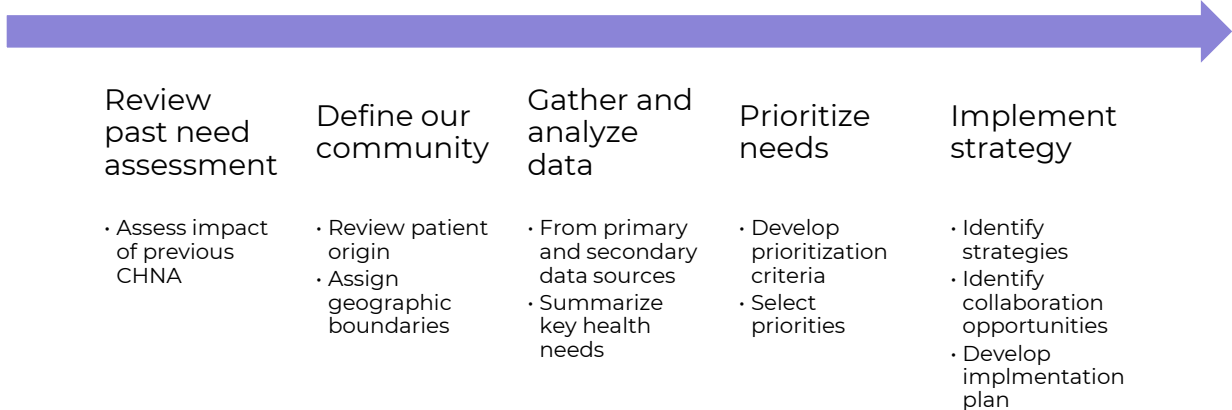


To learn more about Ocean Beach Hospital & Medical Clinics, visit [www.oceanbeachhospital.com](http://www.oceanbeachhospital.com).

# Methodology

## Our Process

The following explains the process followed to conduct the need assessment:



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

The committee consists of the following members:



**LARRY COHEN, CHIEF EXECUTIVE OFFICER**

Larry Cohen was named Chief Executive Officer of OBHMC in the fall of 2016. He worked for the organization in other capacities for approximately two years prior, having served as an independent consultant, Chief Operating Officer, and then interim CEO.

Cohen has more than 40 years of experience in healthcare management. He served as a System Director for growth and business development at PeaceHealth, where he was a principal in the CHI/Franciscan merger project and the Cascade Valley Hospital merger project, among other strategic collaborations. Cohen also developed PeaceHealth’s telemedicine/telestroke service.



**BRENDA SHARKEY, CHIEF NURSING OFFICER**

As OBHMC's Chief of Nursing, Brenda Sharkey is responsible for the nursing services provided in the hospital's inpatient, swing bed, surgery, and emergency departments. Sharkey also oversees the clinics, all physical therapy, and cardiac/pulmonology rehabilitation services. Sharkey possesses a Black Belt in Lean Management.



**BETH HASH, CONTROLLER AND BUSINESS OFFICE MANAGER**

Beth Hash joined OBHMC in 2013. She has more than 25 years of experience in healthcare revenue cycle, financial, and business management. She has worked in larger facilities across the country, but found her passion working with small rural or critical access hospitals. Hash believes strongly in community and is an advocate for affordable and quality healthcare on the Long Beach Peninsula.



**DEBORAH PERSIAN, CLINIC MANAGER**

Deborah Persian is the Clinic Manager for OBHMC. She manages and supervises the operational and administrative functions, activities, and projects of our primary care and specialty clinic(s). Persian has over 25 years of medical management including consulting, hospital, and clinic experience. She has an extensive background in financial and clinical operations in hospital, primary, pediatric, and specialty clinics. Persian's focus has always been to ensure excellent patient care and make a difference in the lives of the patients we serve.

**JULIE OAKES, COMPLIANCE OFFICER/RISK MANAGER**

Julie Oakes, RN, has had a long and distinguished career in service to South Pacific County and OBHMC. She currently manages OBHMC's insurance package, compliance with OBHMC's policies, procedures and license requirements, and manages OBHMC's health care access team that performs patient registration functions and answers/directs phone calls that come into the hospital. Oakes also supports OBHMC's responses and follow-ups to care/service concerns that are brought forward and/or entered into OBHMC's Action Cue system.

**STACEY BROWN, HUMAN RESOURCES MANAGER**

Stacey Brown, SHRM-SCP, is a strong HR professional with extensive experience in workforce leave administration, conflict management, training and development, coaching and encouragement, fostering a diverse workforce while monitoring inclusion efforts, collective bargaining and working with Union officials, program implementation,

project management, HR strategy, and staff development and has a deep understanding of all things HR. Her 13 years of HR experience have primarily been in the healthcare field.

The process used to complete this needs assessment is in full compliance with section 501(r)(3) of the Internal Revenue Code. This needs assessment was approved by the Public Hospital District No. 3 of Pacific County's Board of Commissioners.

# Data Collection

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

## PRIMARY DATA

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

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

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

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

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

## SECONDARY DATA

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

Sources of data include:

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



# Prioritization of Community Needs

Once the primary and secondary data were gathered, the data was analyzed to identify key themes that represented the unmet health needs within the community. The Advisory Committee prioritized the community needs based on the following criteria:

## Scope

- How many individuals are touched by this issue?

## Significance

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

## Impact

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

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

# Limitations

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

However, OBHMC recognizes that the responses reflected in the interviews represents the opinions of the respondents and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as there is no way to guarantee that the perspectives and opinions of these participants are fully representative of those in the service area. Additionally, county-level data is featured in this report when more local data pertaining to the hospital's service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

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

# Community Health Priorities

The 2022 community health priorities, in no particular order, are:



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

## **ACCESS TO PRIMARY CARE, CARE COORDINATION AND CHRONIC DISEASE**

Better access to primary care providers and services as well as chronic disease and wellness services. Improved coordination between different community organizations.

## **ACCESS TO SPECIALTY CARE**

Better access to specialty providers and specialty services.

## **MENTAL HEALTH AND SUBSTANCE ABUSE**

Better access to mental health providers and treatment for substance abuse and addiction.

# Access to Primary Care, Care Coordination, and Chronic Disease



## The Issue

Lack of primary care providers and urgent care services

Lack of coordination of services between organizations

Lack of chronic disease and wellness services



## The Impact

Patients are unable to access primary care and preventive services

Patients have a difficult time navigating and accessing services that they need



## The Needs

Better access to primary care providers and services as well as chronic disease and wellness services

Improved coordination between different community organizations

Lack of primary care and urgent care services, lack of coordination of services between different organizations in the community, and lack of chronic disease and wellness services are significant health issues in the community based on information from community stakeholders and secondary data sources. According to County Health Rankings, Pacific County faces a severe shortage of primary care providers relative to state and national benchmarks. The Health Resources & Services Administration reports that low-income individuals specifically lack access to providers, with Pacific County needing an additional 2.8 providers to compensate for current shortages. Insufficient provider coverage and lack of accessible care options, such as same-day/walk-in/urgent care services, create inaccessibility to primary care services, which may cause people to utilize the emergency department for non-emergent care or have to drive out of state to access the nearest urgent care clinic.

OBHMC also experiences challenges with recruiting, and retaining competent, highly qualified providers, which contributes to access challenges. Due to the rural nature of the community, some providers practice in Ilwaco long enough to pay off their student loans before moving to a larger city or town. Providers also find it challenging to find appropriate housing for them and their families, which negatively impacts retention. High provider turnover indicates that patients lack the opportunity to build a long-term relationship with their providers, impacting the quality and continuum of care received by the patient.

Stakeholders also reported a need for care coordination services which, according to the Agency for Healthcare Research and Quality, consists of services to share information and organize care activities among all people concerned with a patient's care in order to achieve better health outcomes. Stakeholders reported a need for care coordination not only within the healthcare system, but also between the healthcare system and other public assistance organizations to ensure that people are able to access the services that they need. The populations most in need of care coordination services are the elderly and low-income individuals. Stakeholders also reported that people lack awareness of what services the hospital offers, which indicates a need to improve marketing or advertising of services to the community.

Stakeholders also reported a lack of chronic disease and wellness services, particularly for medically complex patients with multiple comorbid diseases. According to County Health Rankings, adults in Pacific County exhibit a higher rate of chronic disease and preventable hospital stays compared to state and national benchmarks, while also exhibiting lower rates of preventative health screening and vaccinations. Preventive wellness, access to healthy foods, and living a healthier lifestyle helps to alleviate the prevalence of chronic disease. Currently, 38.0% of adults in Pacific County are obese and 26.0% are physically inactive, both of which are significant risk factors for chronic disease. Additionally, people in Pacific County report a higher degree of food insecurity, or lack of access or affordability of healthy food options, compared to state and national benchmarks, which also makes it more challenging for people in Ilwaco to live a healthy lifestyle.

# Access to Specialty Care



## The Issue

Lack of specialty providers and specialty services in the community



## The Impact

Inaccessibility of specialty services especially for the aging population

Patients must travel outside the county or state to access services, which can be a challenge for some demographics



## The Needs

Better access to specialty providers and specialty services

Community stakeholders identified the lack of access to specialty services as a major issue in the community. Stakeholders report that few specialists are accessible in Ilwaco, which often requires members of the community to travel outside of the county or even the state of Washington to access these services. Stakeholders specifically reported a need for the key specialties needed to support an aging population, such as cardiology, orthopedics, oncology and cancer care, and urology. Some stakeholders cited challenges with recruiting specialty providers, even on an outreach or visiting basis, given the small size of the community and the geographic proximity from major healthcare hubs such as Seattle or Portland. Patients who lack access to specialists may forego care due to access, transportation, or financial barriers, which results in poorer health outcomes.

Lack of specialty services in Ilwaco places a disproportionate burden on people without reliable access to transportation or people who are unable to travel for services, such as low-income families and the elderly. Insured and uninsured patients alike may also experience challenges finding specialty providers either at an affordable cost or within their insurance network, particularly for Medicaid patients given the limitations in coverage for out-of-state services.

# Mental Health and Substance Abuse



## The Issue

Lack of mental health and substance abuse providers  
Lack of substance abuse treatment



## The Impact

Patients may go untreated, resulting in poorer mental health and quality of life  
Patients must travel outside the county or state which can be a challenge for some demographics



## The Needs

Better access to mental health and substance abuse providers and services

Mental health and substance abuse are significant health issues in the community. According to County Health Rankings, adults in Pacific County exhibit higher rates of poor mental health, alcohol and drug abuse, suicide, and drug overdose deaths compared to state and national benchmarks. Per the Washington State Department of Health, adults in the Cascade Pacific Action Alliance (“CPAA”), a geographic designation that consists of a seven-county region including Pacific County, report higher rates of chronically poor mental health, depression, and drug use compared to state benchmarks. These statistics indicate a need for accessible mental health and substance abuse providers and treatment options in Ilwaco which, according to community stakeholders, is currently lacking.

Community stakeholders generally report that the behavioral health system is underfunded in Pacific County, with only one organization in the county currently offering mental health and substance abuse treatment, which results in a significant gap in care. Thus, there is a need to develop stronger referral partnerships with mental health and substance abuse organizations, and to train providers to offer mental health evaluations, medication management, and medication-assisted treatment (“MAT”) in the primary care setting, in order to facilitate better access to these services.

## Other Identified Needs

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

**HOME HEALTH, LONG TERM CARE, AND AGING AND/ELDERLY CARE**

**AFFORDABLE HOUSING**

# CHNA Implementation Plan

With collaboration from Wipfli and the Advisory Committee, OBHMC developed an implementation plan to address the health needs that were prioritized through this needs assessment. The plan addresses the following for each prioritized health need:

## Strategic Objectives

- How will OBHMC strategically address this issue?

## Tactics

- How will OBHMC tactically address this issue?

OBHMC will explore the following strategic objectives and tactics to address the prioritized health needs:

## Access to Primary Care, Care Coordination, and Chronic Disease

### Strategic Objectives

- Align care coordination with primary care and chronic disease support services

### Tactics

- Improve clinic work flow to increase patient access to care
- Explore and encourage provider interests in specialized areas of practice, such as chronic disease support, diabetes management, etc.
- Integrate care coordination with primary care
- Expand Ilwaco clinic footprint to accommodate additional providers/specialties (triple the square footage to include more workspace). Create a healing garden between the old and new buildings for a more holistic approach to wellness
- Leverage ACO workplans to facilitate care coordination initiatives
- Increase chronic disease group class frequency to pre Covid-19 pandemic numbers



## Access to Specialty Care

### Strategic Objectives

- Expand accessibility of specialty services closer to home

### Tactics

- Develop partnerships with other healthcare organizations to contract with outreach specialists
- Conduct a physician need assessment to determine the unmet need for providers, by specialty
- Explore the financial and operational feasibility of offering an outreach specialty program
- Utilize vacant office space for visiting specialists
- Develop strategies to support telemedicine implementation and utilization

## Mental Health and Substance Abuse

### Strategic Objectives

- Expand accessibility of mental health services and resources to our core patient base

### Tactics

- Integrate licensed clinical social worker into the primary care setting
- Implement provider training on how to recognize the early signs of mental health and substance abuse issues
- Develop informational tools for both providers and patients regarding services, resources, and treatment options available for mental health and substance abuse issues
- Work with the education department to provide classes and support groups
- Investigate the development of a program that supports patients going through alcohol withdrawal

# References and Acknowledgments

## Primary Data Sources

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

- Area Agency on Aging
- Lead to Results Consulting
- City of Long Beach, WA
- Pacific County
- Pacific County Public Health
- Adrift Hospitality
- Washington State Department of Social and Health Services
- Ocean Beach Hospital & Medical Clinics
- Peninsula Poverty Response

## Secondary Data Sources

Secondary data was collected from the following sources:

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

## Consulting Expertise

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

# Evaluation of Previous Community Health Improvement Plan (2019 - 2021)

## Previous CHNA Priorities

OBHMC conducts a community health needs assessment every three years in compliance with and as part of our ongoing efforts to address our community’s most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Access to Primary Care, Availability of Providers, and Coordination of Care
- ▶ Chronic Disease Support Services
- ▶ Mental Health and Substance Abuse
- ▶ Cancer Care Coordination
- ▶ Poverty’s Impact on Health

## Impact Evaluation

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

### Access to Primary Care, Availability of Providers, and Coordination of Care

- OBHMC increased the number of primary care providers employed in our clinics to reduce wait times for patients. OBHMC also extended our clinics’ operational hours and opened a Saturday clinic to provide more convenient care options for patients.
- OBHMC also added a lab station in our Ocean Park clinic to offer more convenience for patients.

### Chronic Disease Support Services

- OBHMC created policies and procedures regarding chronic disease management to improve communication and care coordination between chronic disease care staff and providers. OBHMC has also educated providers regarding the types of chronic disease support services available.
- The COVID-19 pandemic impacted OBHMC’s ability to host its free chronic disease support workshops due to the COVID-19 pandemic. Classes have since resumed and will continue to be offered to provide education that helps patients with chronic disease better manage their conditions.
- OBHMC began hosting an annual Health Fair to provide educational classes, free medical screenings, kid-friendly activities, and community health providers with information on health and safety services that are available locally.

### Mental Health and Substance Abuse

- OBHMC created a new clinical social worker position to facilitate better access to mental health and substance abuse services, including case management for these patients.
- OBHMC also improved access to DCRs (Designated Crisis Responder) through utilization of telehealth to decrease the amount of time it takes to get behavioral health services to patients.
- OBHMC staff have also been trained in patient de-escalation for mental health crises, as well as in suicide prevention to reduce adverse outcomes during an acute crisis.

### Cancer Care Coordination

- OBHMC has explored opportunities to collaborate with other healthcare facilities to improve accessibility to cancer care services in Ilwaco. However, much of these opportunities have been put on hold due to workforce and resource shortages due to the COVID-19 pandemic.

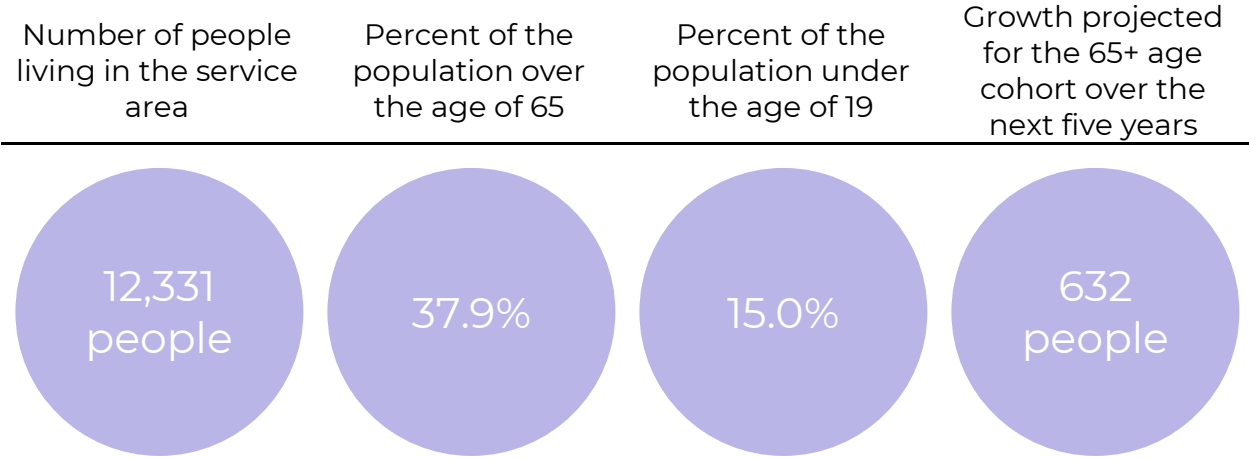
### Poverty's Impact on Health

- OBHMC's clinical social worker implemented standard patient questioning regarding whether patients can afford their medications, have access to transportation, and other barriers to care patients may be experiencing.

# Community Profile

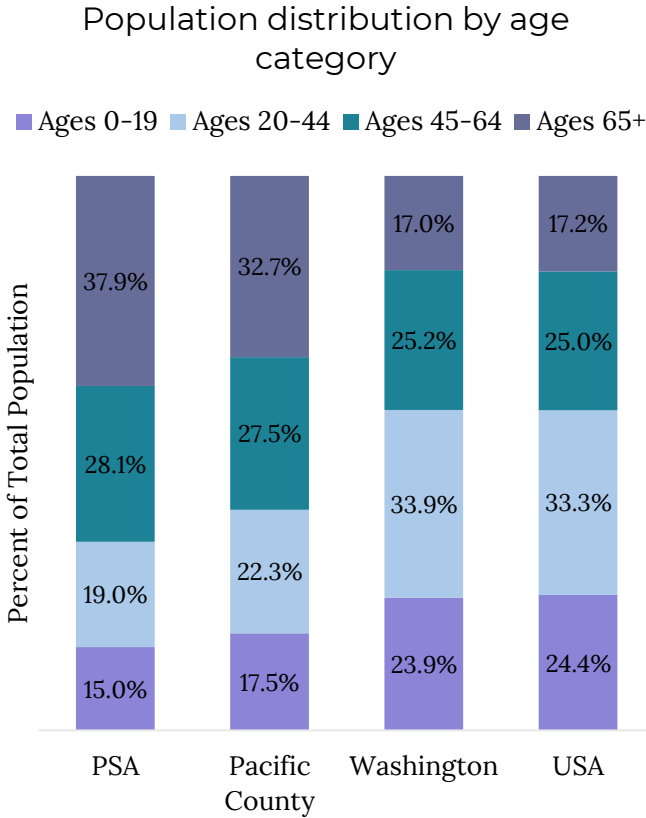
## Demographic Indicators

### COMMUNITY PROFILE AT-A-GLANCE



The service area population is 12,331 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 3.6% or 448 people. Washington is anticipated to grow at a significantly faster rate of 6.6% over the next five years, while the USA population is expected to grow by 3.6%.

There will also be a shift in the age distribution of the population. The 0-64 age group is projected to decline by 3.6% or 184 people over the next five years, while the over 65 age group is projected to increase by 3.6% or 632 people. Currently, 37.9% of the population is over the age of 65, which is higher than Pacific County, Washington, and the USA.



Source: ESRI Business Information Solutions, 2021

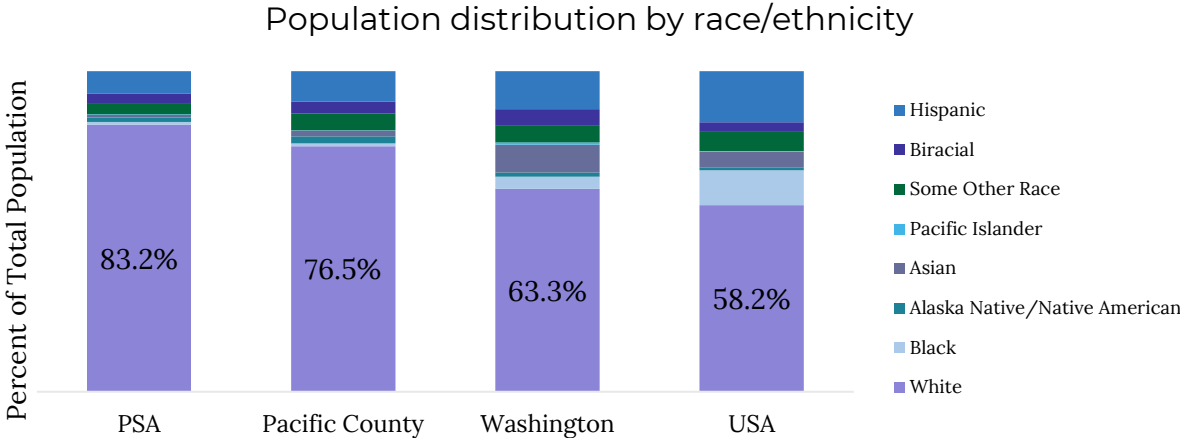
2021 Population								
	Primary Service Area		Pacific County		Washington		United States	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ages 0-19	1,845	15.0%	3,888	18%	1,862,476	23.9%	81,593,975	24.4%
Ages 20-44	2,344	19.0%	4,973	22%	2,641,963	33.9%	111,174,909	33.3%
Ages 45-64	3,470	28.1%	6,115	28%	1,968,990	25.2%	83,512,738	25.0%
Ages 65-74	2,903	23.5%	4,438	20%	810,586	10.4%	34,001,571	10.2%
Ages 75-84	1,376	11.2%	2,164	10%	369,309	4.7%	16,823,461	5.0%
Ages 85+	393	3.2%	694	3%	148,722	1.9%	6,827,458	2.0%
<b>Total</b>	<b>12,331</b>	<b>100.0%</b>	<b>22,272</b>	<b>100%</b>	<b>7,802,046</b>	<b>100.0%</b>	<b>333,934,112</b>	<b>99.9%</b>

2026 Population								
	Primary Service Area		Pacific County		Washington		United States	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ages 0-19	1,973	15.4%	4,109	18%	1,958,805	23.6%	83,573,756	24.2%
Ages 20-44	2,282	17.9%	4,859	21%	2,800,502	33.7%	114,229,526	33.0%
Ages 45-64	3,220	25.2%	5,734	25%	1,969,656	23.7%	81,663,828	23.6%
Ages 65-74	3,063	24.0%	4,701	21%	913,222	11.0%	37,398,003	10.8%
Ages 75-84	1,793	14.0%	2,762	12%	505,875	6.1%	21,582,428	6.2%
Ages 85+	448	3.5%	778	3%	167,310	2.0%	7,439,954	2.2%
<b>Total</b>	<b>12,779</b>	<b>100.0%</b>	<b>22,943</b>	<b>100%</b>	<b>8,315,370</b>	<b>100.1%</b>	<b>345,887,495</b>	<b>100.0%</b>

Source: ESRI Business Information Solutions

# RACE AND ETHNICITY

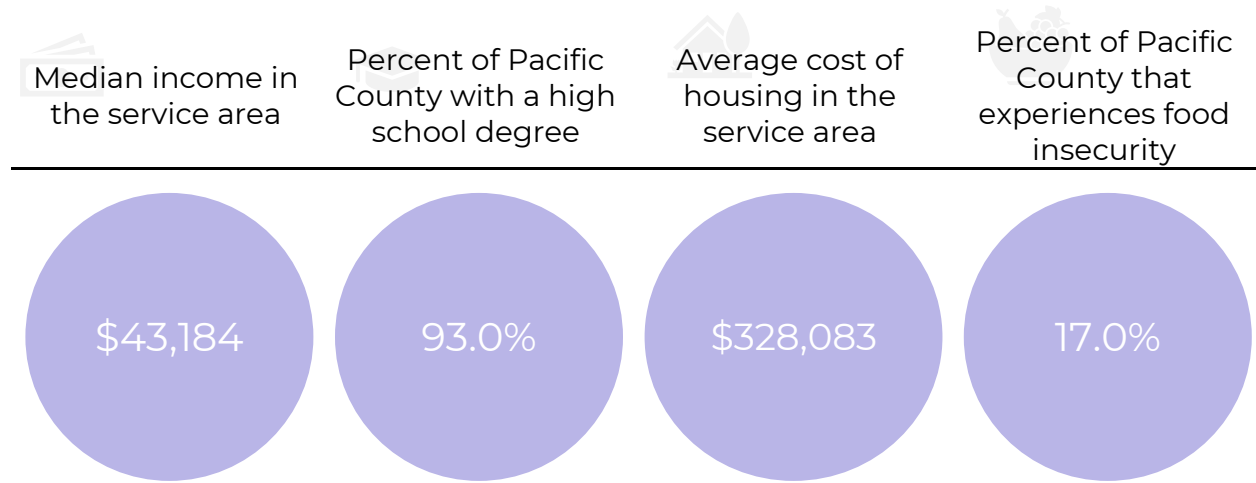
OBHMC's service area is predominantly white, with 83.2% of the population made up of white alone. This is followed by the Hispanic population at 7.1% of the population. Pacific County maintains a slightly more diverse racial distribution than the PSA. The racial distribution in both of these areas are less diverse than the state of Washington and nationally.



Source: ESRI Business Information Solutions, 2021

# Socioeconomic Indicators

## COMMUNITY PROFILE AT-A-GLANCE



## INCOME AND POVERTY



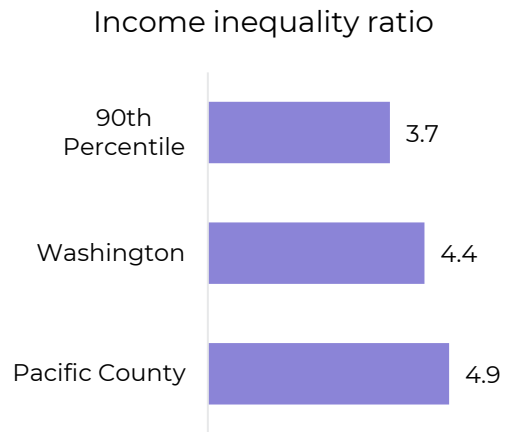
Income data was analyzed for the service area and Pacific County and compared to the state of Washington and the USA. 2021 data reveals that the median household income, average household income, and per capita income for the service area and Pacific County are significantly lower than Washington and the USA. Over the next five years, income levels are expected to rise in the service area, Pacific County, Washington, and the USA in line with inflation, indicating an overall healthy economy. Pacific County also exhibits higher rates of income inequality compared to state and the 90<sup>th</sup> percentile national benchmarks, indicating greater disparities between poor and wealthy constituents.

	2021			
	Primary Service Area	Pacific County	Washington	United States
Median Household Income	\$43,184	\$46,064	\$78,111	\$64,730
Average Household Income	\$63,921	\$63,737	\$106,220	\$92,435
Per Capita Income	\$31,494	\$29,214	\$41,358	\$35,106

	2026			
	Primary Service Area	Pacific County	Washington	United States
Median Household Income	\$46,334	\$49,993	\$88,474	\$72,932
Average Household Income	\$70,937	\$70,739	\$120,805	\$103,679
Per Capita Income	\$35,012	\$32,494	\$47,038	\$39,378

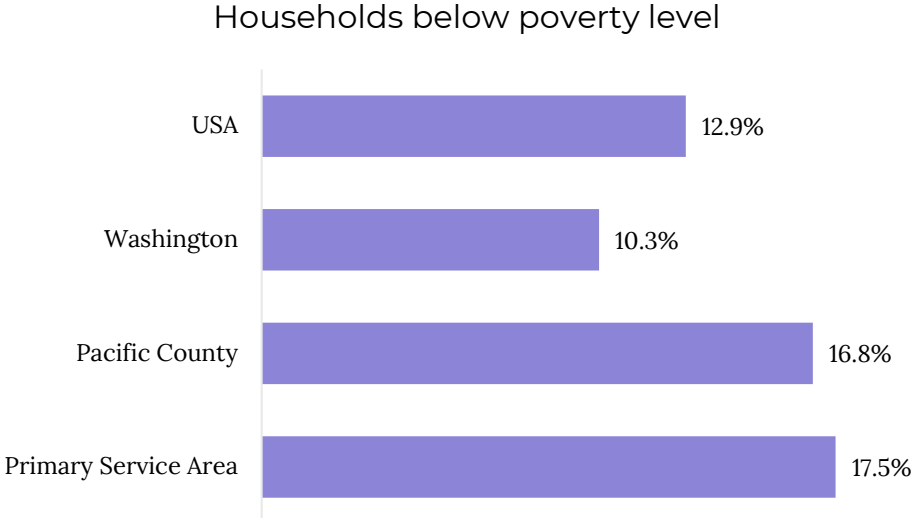
Source: ESRI Business Information Solutions



Source: County Health Rankings, 2021  
 Metric: Ratio of household income at the 80th percentile to income at the 20th percentile.



According to the 2019 American Community Survey, 17.5% of households in the primary service area are below the federal poverty level, which is higher than Pacific County's level of 16.8% as well as Washington and the USA.

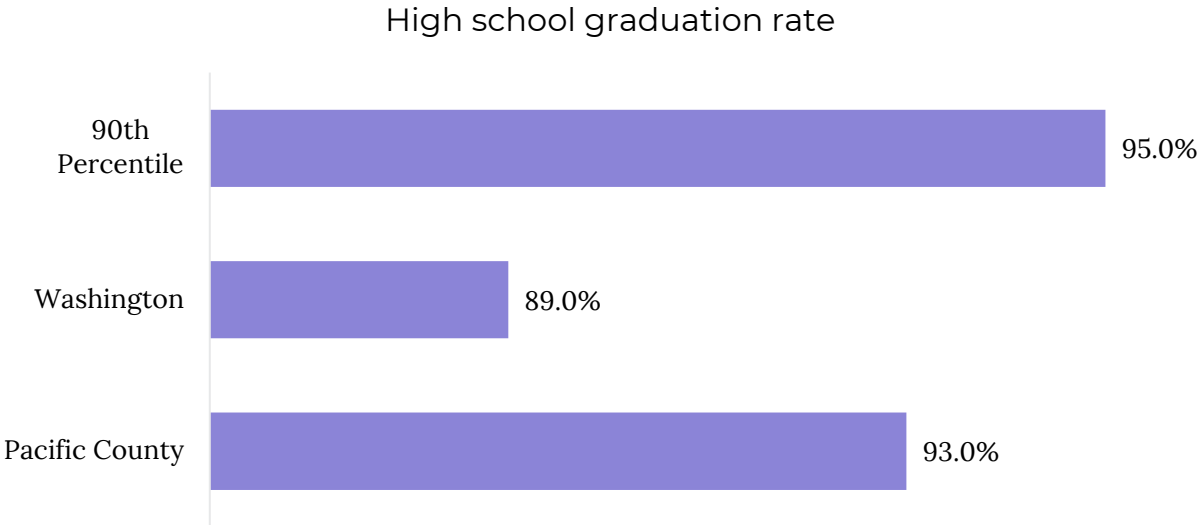


Source: American Community Survey, 2019

## EDUCATIONAL ATTAINMENT



Pacific County ranked higher in high school graduation rates than state benchmarks; however, both ranked slightly lower than the national benchmarks of 95.0%.



Source: County Health Rankings, 2021  
Metric: Percentage of ninth-grade cohort that graduates in four years.

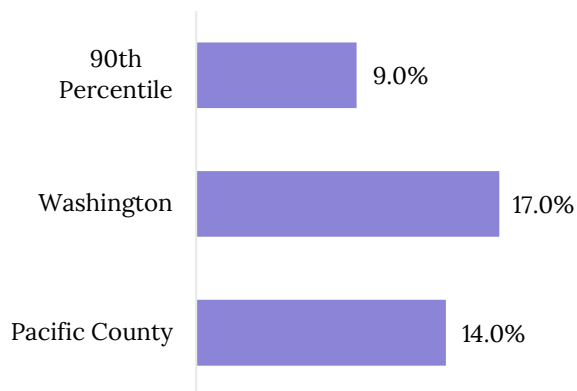
## AFFORDABLE AND ACCESSIBLE HOUSING



14.0% of households in Pacific County experience at least one in four housing problems such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. This rate is slightly lower than state benchmarks but 5.0% higher than the national benchmarks of 9.0%. According to the 2019 American Community Survey, there were 5,582 vacant housing units<sup>(1)</sup> in the primary service area, only 3.2% of which were available to purchase or rent. There were no vacant units for migrant workers. This indicates that there is an inaccessibility of adequate housing in the service area and regionally.

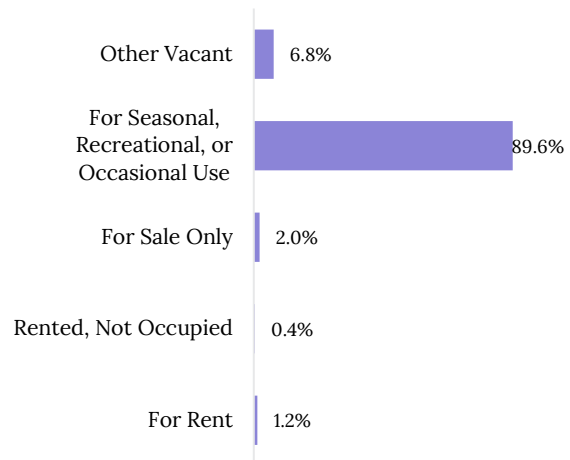
According to the 2019 American Community Survey, 7.5% of the households in the service area do not have internet access and per ESRI Business Information Solutions, 2.4% of households in 2021 do not own a cell phone. Also, according to County Health Rankings, 12.0% of households in Pacific County spend 50% or more of their household income on housing. This is slightly lower than the state benchmarks but almost double the national benchmarks, indicating that housing is more expensive and cost-prohibitive for people who live in Pacific County.

Percent of population who experience severe housing problems



Source: County Health Rankings, 2021  
 Metric: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

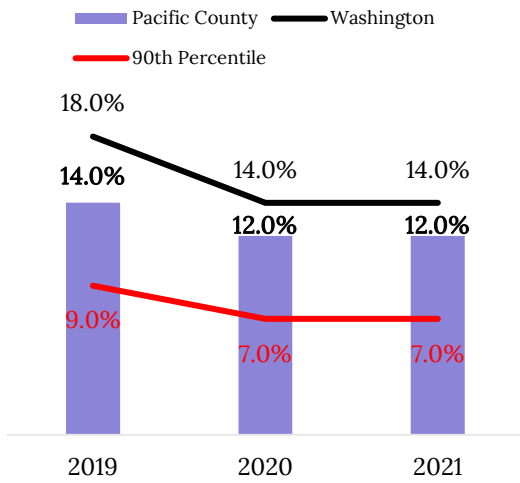
Vacant housing units by type



Source: American Community Survey, 2019

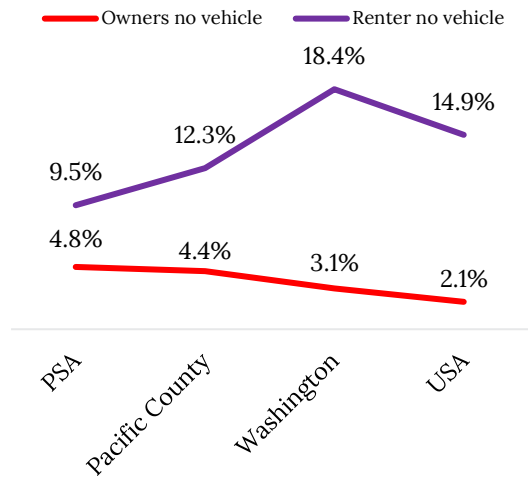
<sup>(1)</sup> According to the U.S. Census, a housing unit is vacant if no one is living in it at the time of interview. "Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied and are classified as vacant".

### Severe housing cost burden



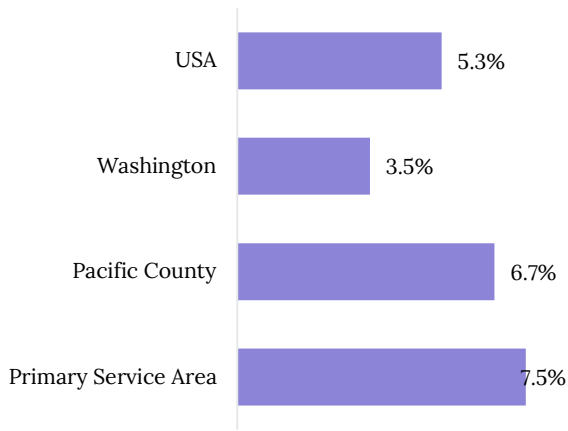
Source: County Health Rankings, 2021  
Metric: Percentage of households that spend 50% or more of their household income on housing

### Households with no vehicle



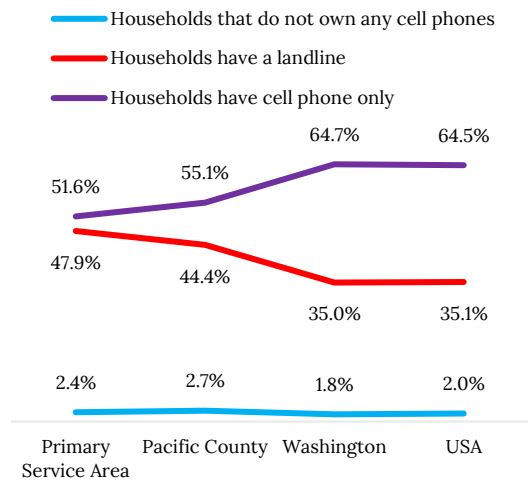
Source: American Community Survey, 2019

### Households with no internet access



Source: American Community Survey, 2019

### Phone access by household



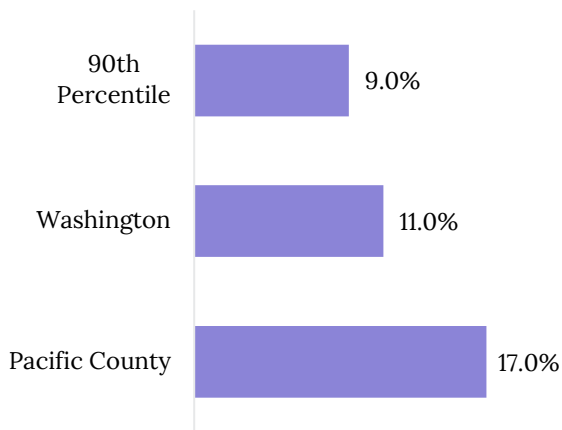
Source: ESRI Business Information Solutions, 2021

## FOOD SECURITY



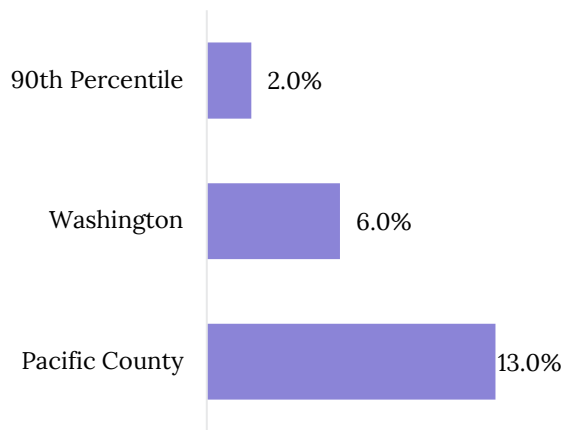
17.0% of the population in Pacific County lacks adequate access to healthy food which is 6.0% higher than state benchmarks and almost double the national benchmarks. Additionally, 13.0% of the population in Pacific County are low income and lack convenient access to a grocery store, which is double the state benchmarks and more than six times higher than the national benchmarks. According to the 2019 American Community Survey, 17.5% of households in the service area received food stamps and 3.1% received public assistance income.

Percent of population who experience food insecurity



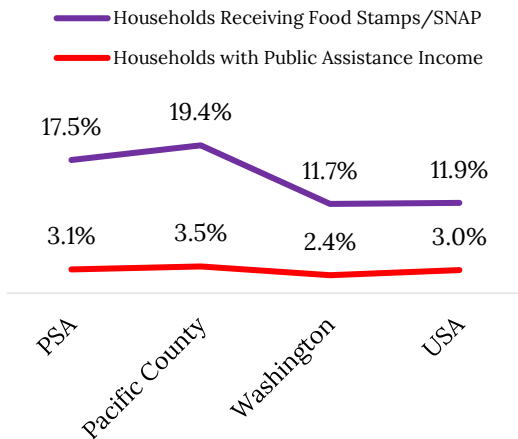
Source: County Health Rankings, 2021  
Metric: Percentage of population who lack adequate access to food.

Limited access to health foods



Source: County Health Rankings, 2021  
Metric: Percentage of population who are low-income and do not live close to a grocery store.

Households receiving assistance



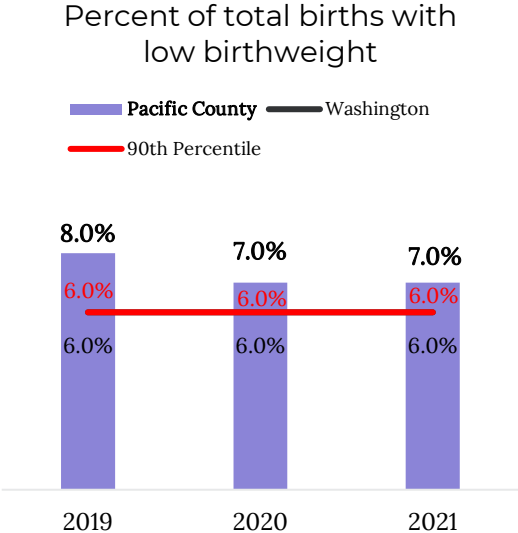
Source: American Community Survey, 2019

# Health and Wellness Indicators

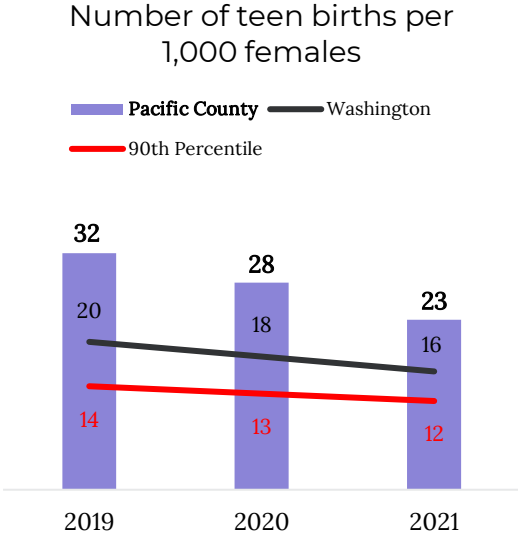
## BIRTH OUTCOMES

Newborn birthweight is a strong predictor of newborn health and survival. Rates of low birthweight in a community are often associated with poor maternal health. Low birthweights can lead to higher rates of fetal mortality, stunted growth, impaired cognitive developments, and chronic disease in later life. Low birthweight percentages in Pacific County decreased slightly since 2019 to 7.0% in 2021. This is 1.0% above state and national benchmarks.

Teen birth rates were also analyzed for Pacific County. While the rate has been steadily decreasing over the past three years, teen birth rates in the Pacific County are significantly higher than state benchmarks and almost double the national benchmarks.



Source: County Health Rankings, 2021  
 Metric: Percentage of live births with low birthweight (< 2,500 grams).

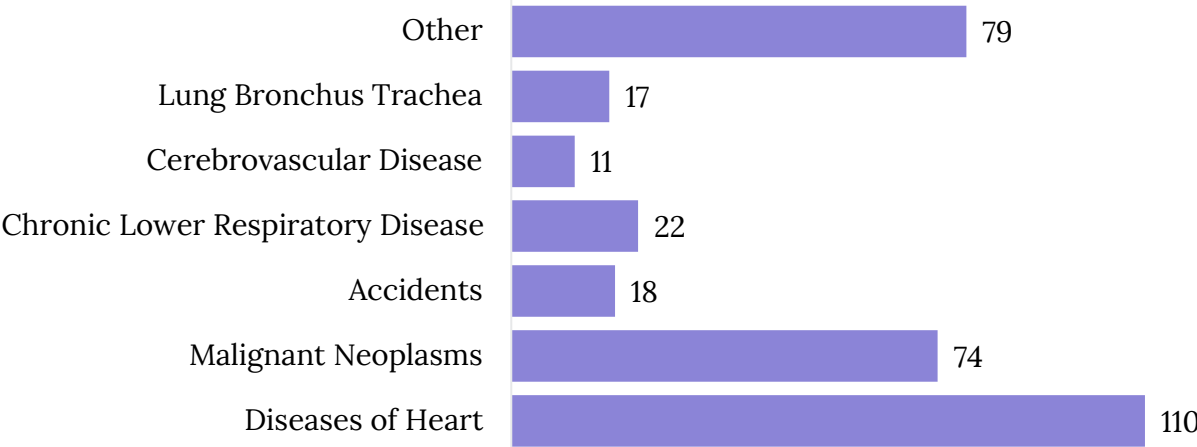


Source: County Health Rankings, 2021  
 Metric: Number of births per 1,000 female population ages 15-19.

# CAUSE OF DEATH

In 2019, the leading cause of death in Pacific County was diseases of heart, followed by malignant neoplasms (cancer), and chronic lower respiratory disease.

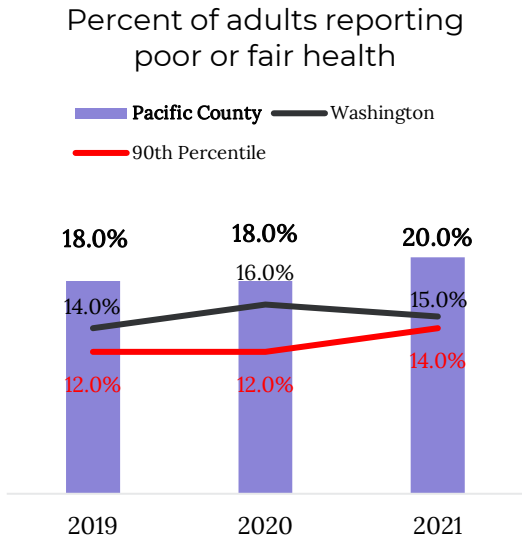
Top 10 leading causes of death in pacific county



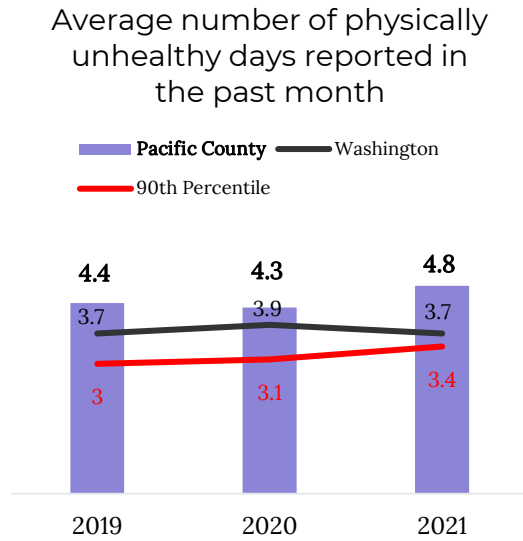
Source: Washington State Department of Health, 2019

# GENERAL POPULATION HEALTH

The number of people who report poor or fair health in Pacific County is 5.0% higher than Washington, and both Pacific County and Washington rates are higher than national benchmarks. A similar measure is poor physical health days, which refer to the number of days in which an individual does not feel well enough to perform daily physical tasks. Rates in Pacific County have increased since 2019, where the current rate of 4.8 days is greater than state and national benchmarks. Collectively, these results indicate that people in Pacific County are generally feeling worse physically and consider themselves to be less healthy than people in the state and nationally.



Source: County Health Rankings, 2021  
 Metric: Percentage of adults reporting fair or poor health (age-adjusted).

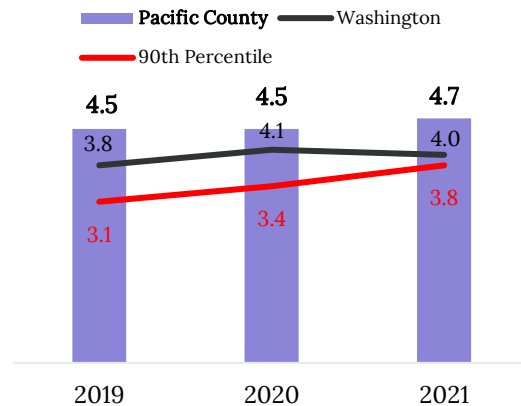


Source: County Health Rankings, 2021  
 Metric: Average number of physically unhealthy days reported in past 30 days (age-adjusted).

## MENTAL HEALTH

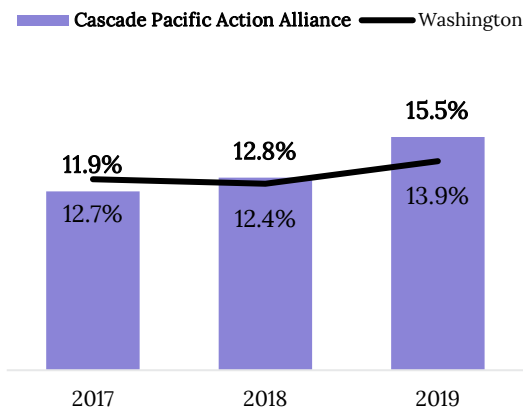
People in Pacific County report higher rates of mentally unhealthy days compared to state and national benchmarks. Rates have been steady in Pacific County since 2019 but have recently plateaued at 4.7 days in 2021, 0.7 and 0.9 days greater than state and national benchmarks, respectively. Mental health remains a challenge in many rural communities across the country.

Average number of mentally unhealthy days reported in the past month



Source: County Health Rankings, 2021  
Metric: Average number of mentally unhealthy days reported in past 30 days (age-adjusted).

14+ days of poor mental health reported by adults in the past month

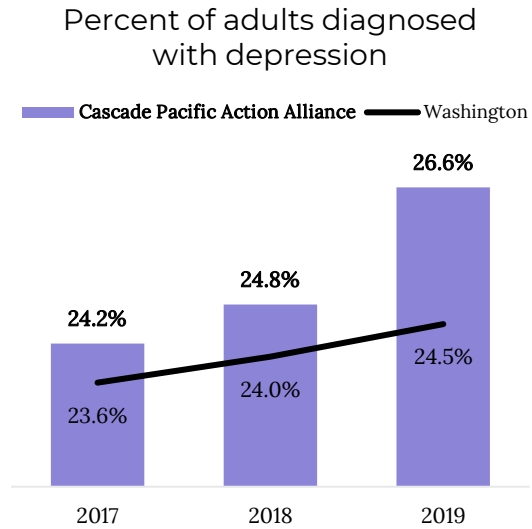


Source: Washington State Department of Health, 2019

According to the Washington State Department of Health, in 2019, 15.5% of adults in Cascade Pacific Action Alliance (“CPAA”), a designation that consists of the seven-county region of Central Western Washington which includes Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties, reported having more than 14 days of poor mental health in the past month. This is an increase of 2.7% from 2018 and is 1.6% higher than the state average. .

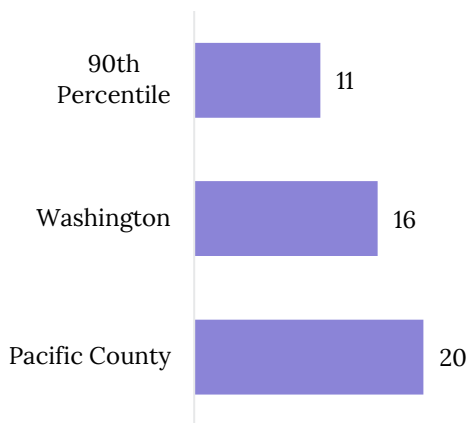


The Washington State Department of Health reported that in 2019, 26.6% of the adults in the CPAA were diagnosed with depression. Not only is this 2.1% higher than the state average but is also a 1.8% increase from the rate observed in 2018.



Source: Washington State Department of Health, 2019

### Suicide rate per 100,000 population



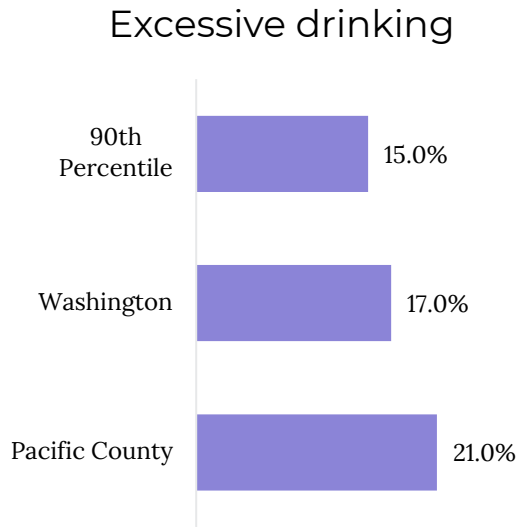
Source: County Health Rankings, 2021  
Metric: Number of deaths due to suicide per 100,000 population (age-adjusted).

According to County Health Rankings, suicide rates in Pacific County are higher than the state benchmarks and almost double the national benchmarks.

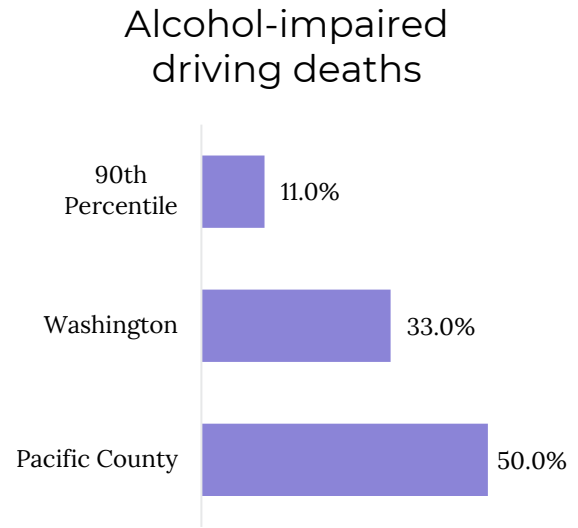
According to Medicare.gov, there is one psychiatrist within a 25-mile radius of Ilwaco located in Astoria, OR and three clinical psychologists also within a 25-mile radius of Ilwaco: one in Long Beach, WA and two in Astoria, OR. This indicates that mental health providers are relatively inaccessible for people in the service area.

## SUBSTANCE USE

Excessive drinking can be driven by several factors such as the desire to forget about problems, have fun, to test tolerance, or to rebel. The percentage of adults reporting excessive drinking in Pacific County is 21.0%, slightly higher than state and national benchmarks. Excessive drinking is also related to alcohol-impaired driving deaths, which account for 50.0% of driving deaths in Pacific County which is significantly higher than the state and national benchmarks.

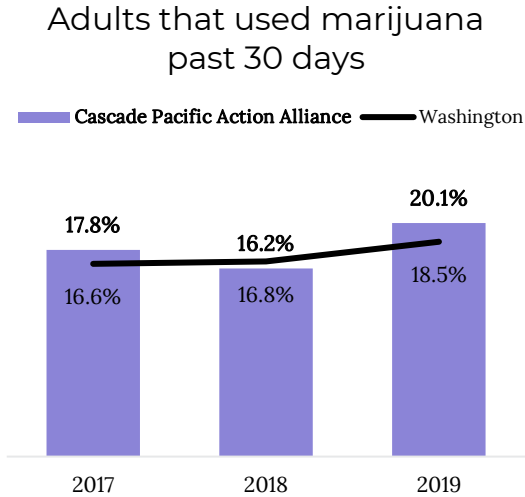


Source: County Health Rankings, 2021  
Metric: Percentage of adults reporting binge or heavy drinking (age-adjusted).

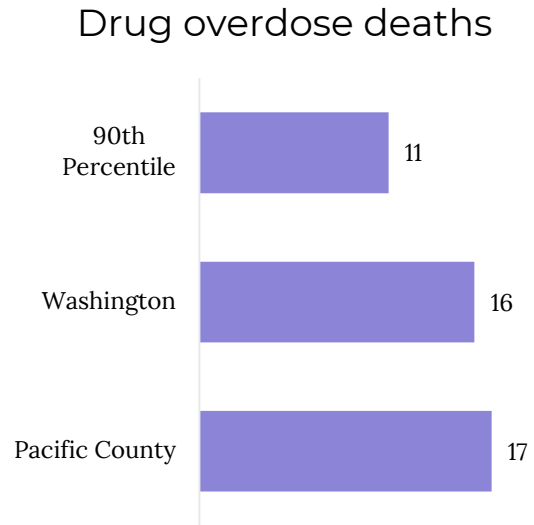


Source: County Health Rankings, 2021  
Metric: Percentage of driving deaths with alcohol involvement.

The CPAA reported that 20.1% of adults used marijuana in the past 30 days. This percentage has increased since 2018 but is lower than the state average. Drug overdose deaths in Pacific County are higher than the state and national benchmarks.



Source: Washington State Department of Health, 2019

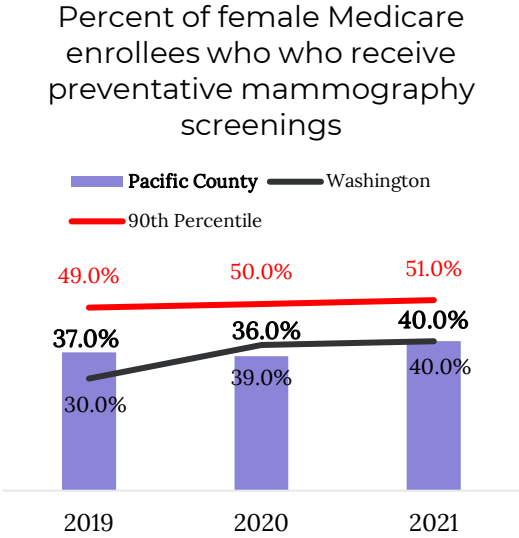


Source: County Health Rankings, 2021  
Metric: Number of drug poisoning deaths per 100,000 population.

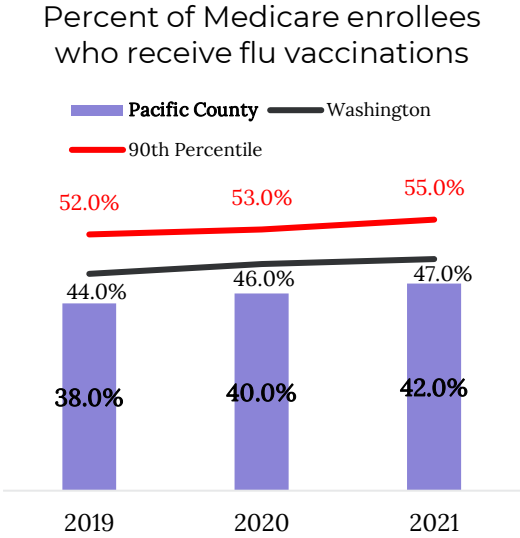
According to the U.S. Department of Health & Human Services’ Substance Abuse and Mental Health Services Administration (“SAMHSA”), there are 28 substance use and mental health facilities within a 50 mile radius of Ilwaco. Three offer inpatient services and are located in Long Beach, WA, Seaside, OR and Aberdeen, WA, and the remaining offer outpatient services only. Of the three inpatient facilities, only one located in Aberdeen, WA accepts Medicare and Medicaid . The remaining facilities accept private pay and private insurance ([Map - SAMHSA Behavioral Health Treatment Services Locator](#)).

# PREVENTATIVE WELLNESS

Mammography screening rates in Pacific County have remained relatively stagnant between 2019 and 2020, but recently increased to 40.0% in 2021, indicating that preventative health-seeking behaviors are increasing but are still significantly less than national benchmarks. The percentage of Medicare enrollees to receive the flu vaccination has also steadily increased in Pacific County since 2019. The current percentage of 42.0% is lower than the rate observed in Washington and nationally.

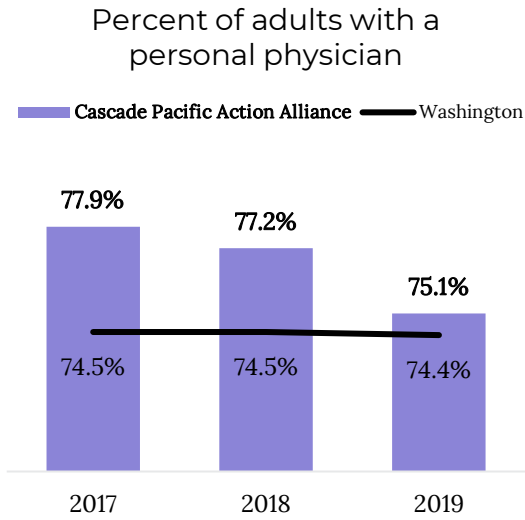


Source: County Health Rankings, 2021  
 Metric: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

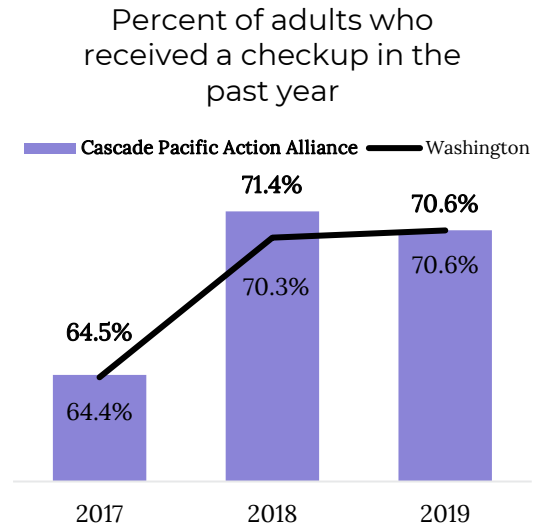


Source: County Health Rankings, 2021  
 Metric: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

According to the Washington State Department of Health, in 2019, 75.1% of the population in CCAA reported having a personal physician which is slightly higher than the state average of 74.4%. This number has decreased by 2.8% since 2017. Also, the percentage of population that reported having a checkup in the past year was in line with the state average and has increased by 6.1% since 2017.

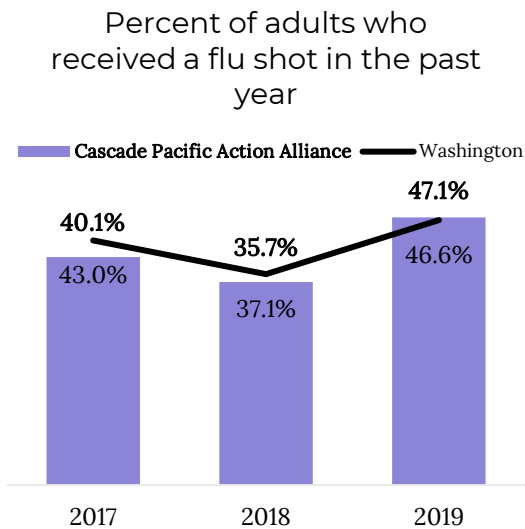


Source: Washington State Department of Health, 2019

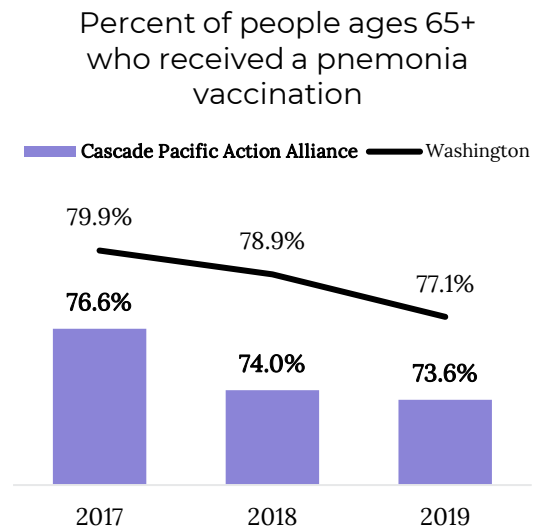


Source: Washington State Department of Health, 2019

According to the Washington State Department of Health, 47.1% of adults in CPAA reported receiving the flu shot in the past year which is slightly higher than the state average of 46.6%. While higher rates of people over the age of 65 reported receiving the pneumonia vaccination, pneumonia vaccination rates still fall below state benchmarks.



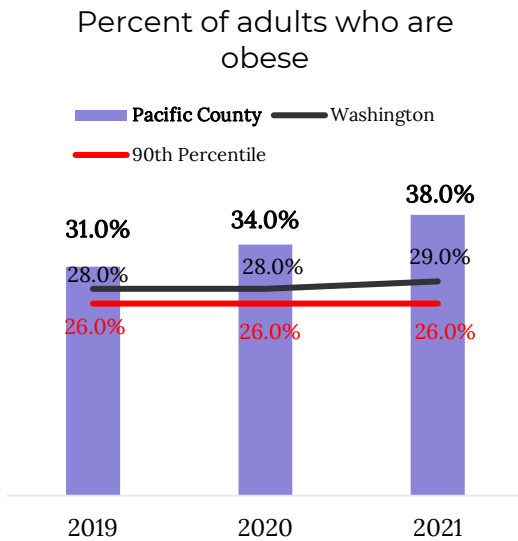
Source: Washington State Department of Health, 2019



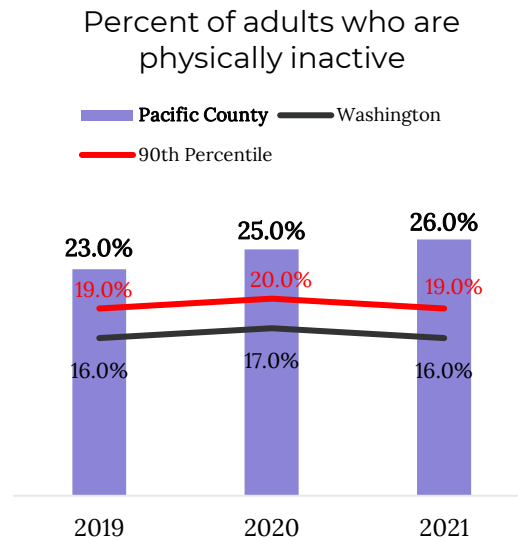
Source: Washington State Department of Health, 2019

## ADULT OBESITY AND PHYSICAL ACTIVITY

A measure of general health of the population is the rate of adult obesity in the community. Nationally, the 90th percentile benchmark rate has hovered at about 26.0% of the population. In Pacific County, the percentage of adults who are obese has significantly increased over the last two years from 31.0% to 38.0%. This rate is higher than Washington, where the obesity rate has remained steady between 28.0% and 29.0%. Similarly, the percentage of adults over 20 reporting no physical activity in Pacific County has slightly increased to 26.0% for the past year, 7.0% higher than state and 10% higher than the national benchmarks.



Source: County Health Rankings, 2021  
Metric: Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>.



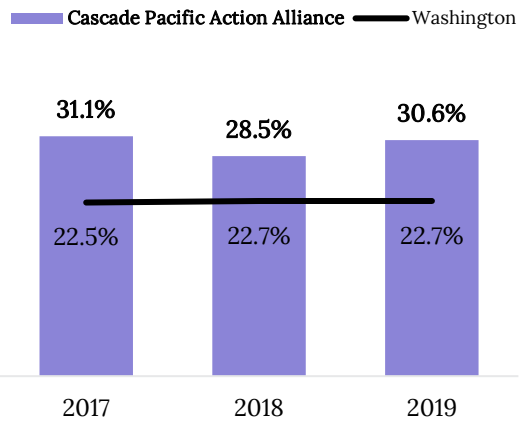
Source: County Health Rankings, 2021  
Metric: Percentage of adults age 20 and over reporting no leisure-time physical activity.

## Chronic Diseases

Another indication of health in the community is measuring the prevalence of chronic illnesses in comparison to state benchmarks. According to the Washington State Department of Health, in 2019 the percentage of the population in the CPAA that was diagnosed with a chronic illness was higher than what was reported statewide. According to the Centers for Disease Control and Prevention (“CDC”), chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. Tobacco use, poor nutrition, lack of physical activity and excessive alcohol use are some of the contributing causes of chronic diseases.

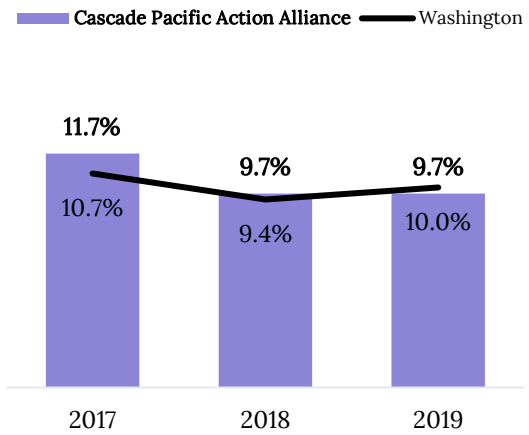
As seen below, the rate of chronic disease, including arthritis COPD, heart disease, and diabetes, as well as arthritis and cancer in the CPAA is higher than the state.

### Percentage of adults with arthritis



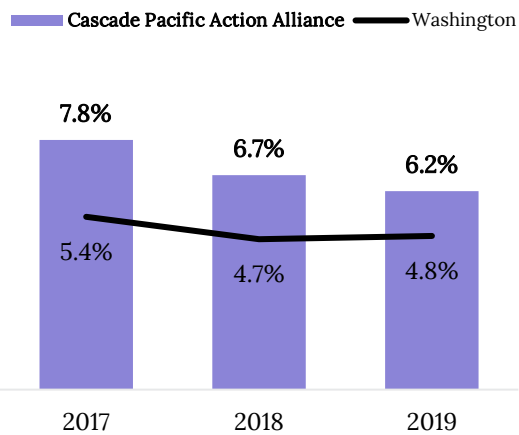
Source: Washington State Department of Health, 2019

### Percentage of adults with asthma



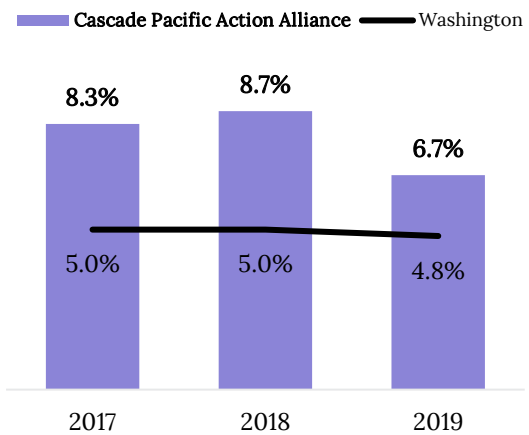
Source: Washington State Department of Health, 2019

### Percentage of adults with COPD



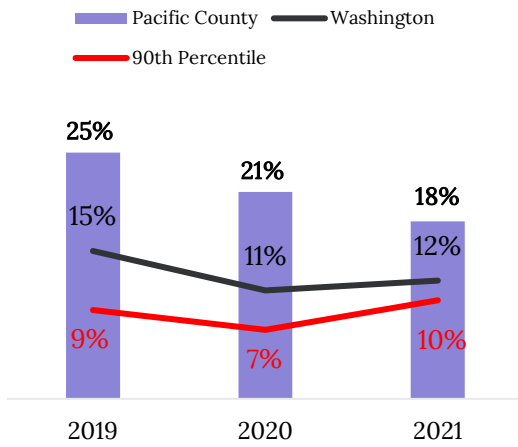
Source: Washington State Department of Health, 2019

### Percentage of adults with coronary heart disease



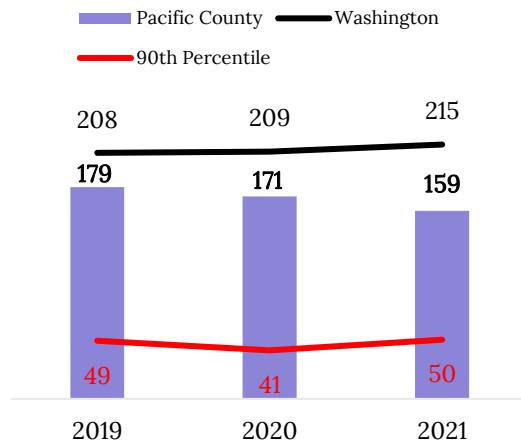
Source: Washington State Department of Health, 2019

### Percentage of adults with diabetes



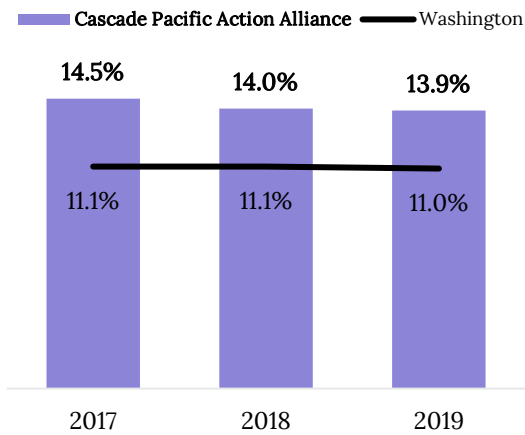
Source: County Health Rankings, 2021  
Metric: Percentage of adults aged 20 and above with diagnosed diabetes.

### People 13+ living with HIV per 100,000



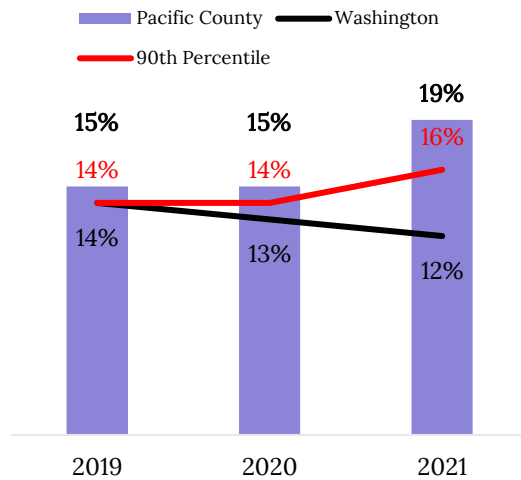
Source: County Health Ranking, 2021  
Metric: Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

### Percentage of adults diagnosed with cancer



Source: Washington State Department of Health, 2019

### Percentage of adults smoking



Source: County Health Rankings, 2021  
Metric: Percentage of adults who are current smokers.

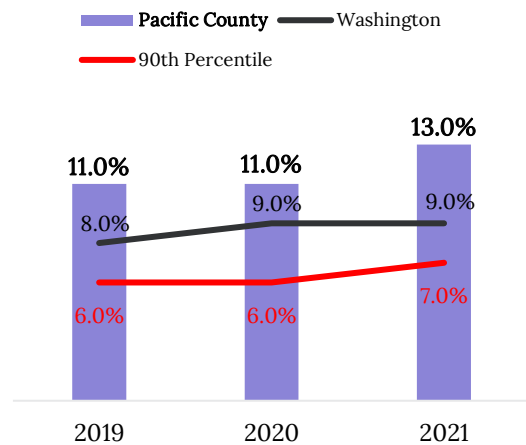


# Accessibility of Care Indicators

## INSURANCE

Individuals without health insurance often forego care due to high costs, which can lead to a higher prevalence of chronic disease and poorer health outcomes. The uninsured rate in Pacific County has increased over the last two years to 13.0%, which is higher than Washington's benchmark and almost double the national benchmark of 7.0%.

Percent of population without health insurance

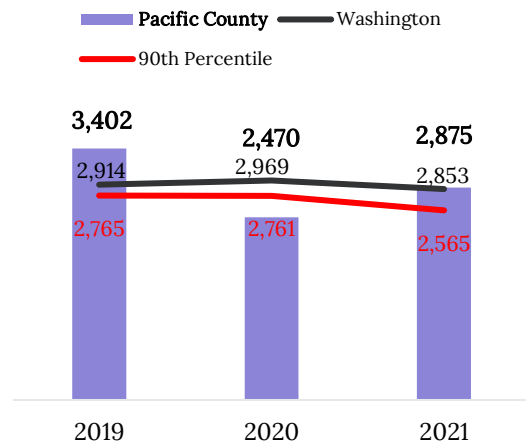


Source: County Health Rankings, 2021  
Metric: Percentage of population under age 65 without health insurance.

## PREVENTABLE HOSPITAL STAYS

Hospitalization for conditions treatable in an outpatient setting suggests that patients might not be seeking necessary preventive care, or that primary and preventative care services are inaccessible to patients. The rate of preventable hospital stays for Pacific County declined from 3,402 per 100,000 Medicare enrollees in 2019 to 2,875 per 100,000 in 2021.

Rate of preventable hospital stays



Source: County Health Rankings, 2021  
Metric: Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

## PROVIDER ACCESSIBILITY

Number of people per...

Primary care provider



Higher than state benchmark  
Higher than 90<sup>th</sup> percentile national benchmark

Dentist



Higher than state benchmark  
Higher than 90<sup>th</sup> percentile national benchmark

Mental health provider



In line with state benchmark  
Lower than 90<sup>th</sup> percentile national benchmark

Source: County Health Rankings

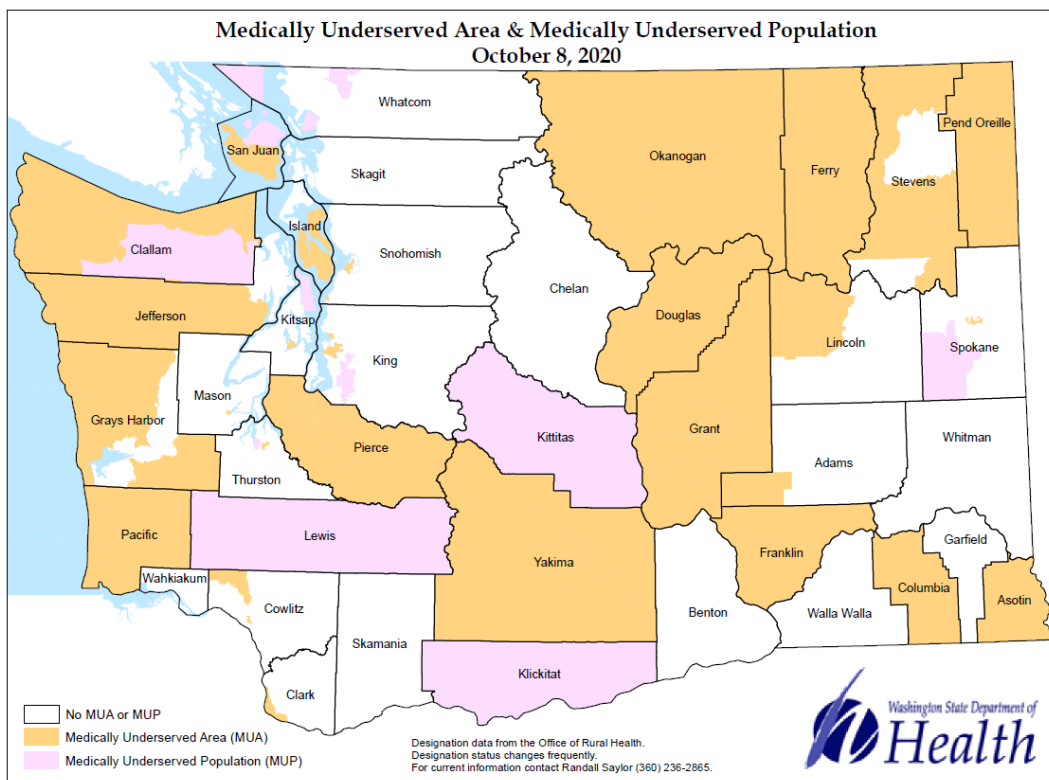
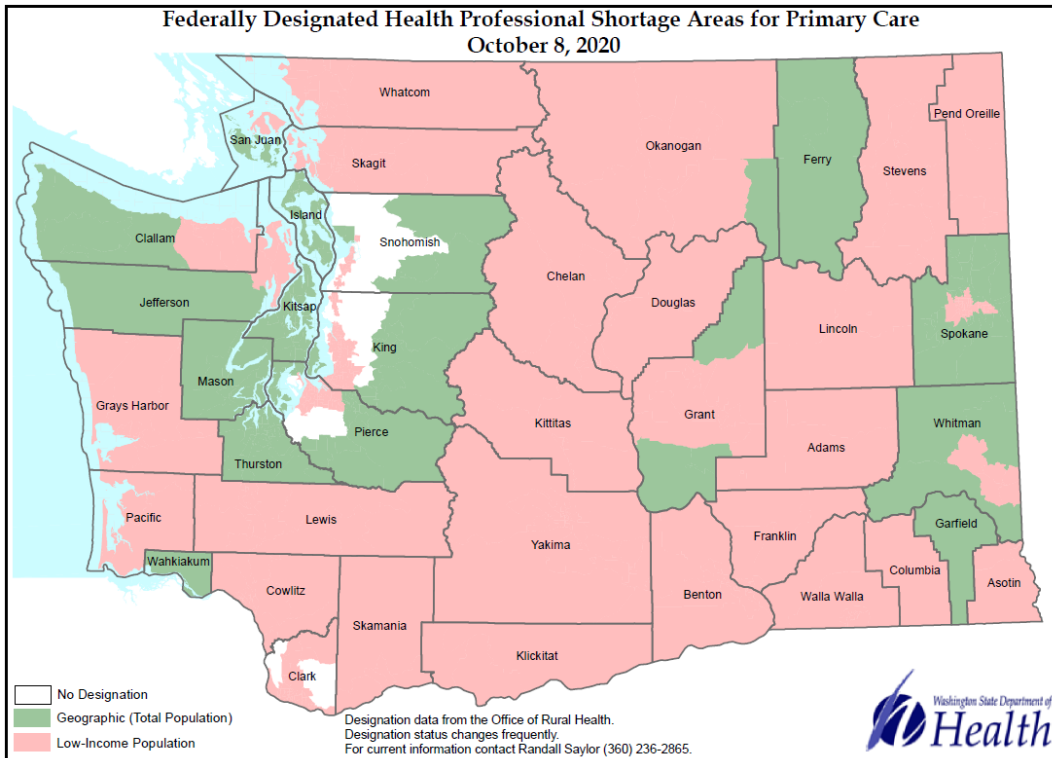
Pacific County has a shortage of primary care providers and dentists relative to state and national benchmarks. There are 3,670 people per primary care provider in Pacific County, which is more than triple the rate of 1,180 people per provider in Washington and 1,030 people per provider nationally. Similarly, there are 2,810 people per dentist in Pacific County compared to 1,200 for Washington and 1,210 nationally. Mental health providers are consistent with the state at 250 people per mental health providers and lower than the national benchmark of 270 people per provider.

According to Medicare.gov, the following data represents the number of specialty providers unavailable within a 25-mile radius of Ilwaco:

- Addiction medicine
- Allergy/immunology
- Anesthesiology
- Audiology
- Cardiac surgery
- Certified clinical nurse specialist (CNS)
- Certified nurse midwife (CNM)
- Critical care (intensivists)
- Dentist
- Endocrinology
- Gastroenterology
- Geriatric medicine
- Geriatric psychiatry
- Gynecological oncology
- Hand surgery
- Hematology
- Hospice/palliative care
- Infectious disease
- Interventional pain management
- Maxillofacial surgery
- Medical oncology
- Nephrology
- Neurology
- Neuropsychiatry
- Neurosurgery
- Occupational therapy
- Oral surgery
- Otolaryngology
- Pediatric medicine
- Peripheral vascular disease
- Qualified speech language pathologist
- Radiation oncology

- Rheumatology
- Speech language pathologist
- Sports medicine
- Surgical oncology
- Thoracic surgery

According to the Washington State Department of Health, Pacific County is a federally designated health professional shortage area for primary care for low-income population. Additionally, Pacific County is also designated as a medically underserved area.



# Existing Healthcare and Community Resources

## Medical Providers

Name	Address	Phone	Description of services
Ocean Beach Hospital Ilwaco Medical Clinic	174 1st Ave. N Ilwaco, WA 98624	(360) 642-3747	Family Medicine, Cardiology, Internal Medicine, General Surgery
Ocean Beach Hospital Naselle Medical Clinic	21 North Valley Rd. Naselle, WA 98638	(360) 484-7161	Family Medicine
Ocean Beach Hospital Ocean Park Medical Clinic	1501 Bay Ave., Suite 201 Ocean Park, WA 98640	(360) 642-6387	Family Medicine
Family Health Center at North Beach	21610 Pacific Hwy. Ocean Park, WA 98640	(360) 665-3000	Family Medicine

## Dental Providers

Name	Address	Phone	Description of services
Family Health Center at North Beach	21610 Pacific Hwy. Ocean Park, WA 98640	(360) 665-3000	Dental services

## Vision Providers

Name	Address	Phone	Description of services
Pacific Eye Clinic – Ilwaco	167 First Ave North Ilwaco, WA 98631	(360) 642-5501	Optometry
Coastal Eye Care	1703 Pacific Hwy S Long Beach, WA 98631	(360)-642-3214	Optometry

## Mental Health Providers

Name	Address	Phone	Description of services
Free by the Sea	25517 Park Ave. Ocean Park, WA 98640	(360) 665-4494	Residential drug addiction and rehabilitation center.
Pacific County Health Department	7013 Sandridge Rd. Long Beach, WA 98631	(360) 642-9349	Mental health for youth and adults.
Willapa Behavioral Health	2204 Pacific Ave. N Long Beach, WA 98631	(360) 642-3787	Mental health and chemical dependency treatment.

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

Prepared by: Ocean Beach Hospital & Medical Clinics

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Ilwaco, Washington 98624  
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With technical assistance from:

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