

Willapa Harbor Hospital

Community Health Needs Assessment

2022 – 2024



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About Willapa Harbor Hospital

Our Mission

Willapa Harbor Hospital (“WHH”) is a community-owned and operated Critical Access Hospital (“CAH”) and medical clinic located in South Bend, Washington. WHH was built in 1954 to meet the healthcare needs of the residents of north Pacific County. The hospital’s mission is “*caring for you, for life*”.

Our Community

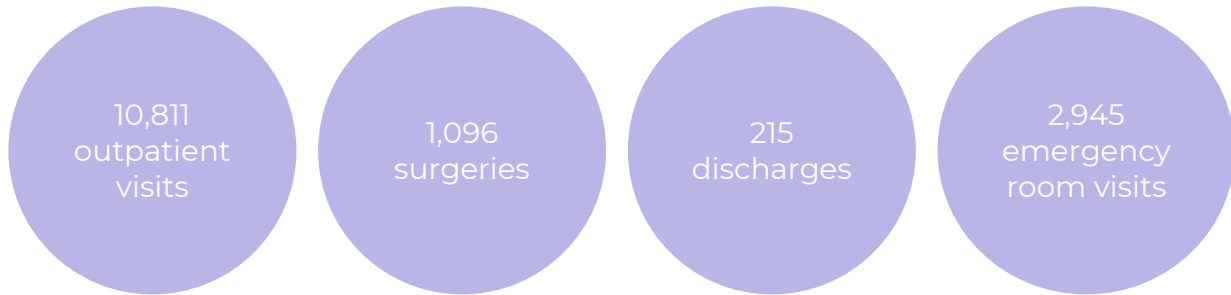
WHH’s primary service area includes the following zip codes, cities/communities: 98586 (South Bend), 98577 (Raymond), and 98590 (Tokeland). The primary service area was determined from the zip codes that reflect a majority WHH’s patient discharges and clinic visits. The majority of cities and communities in the service area can be found in Pacific County.

Service Area

98586 (South Bend) 98577 (Raymond)
98590 (Tokeland)



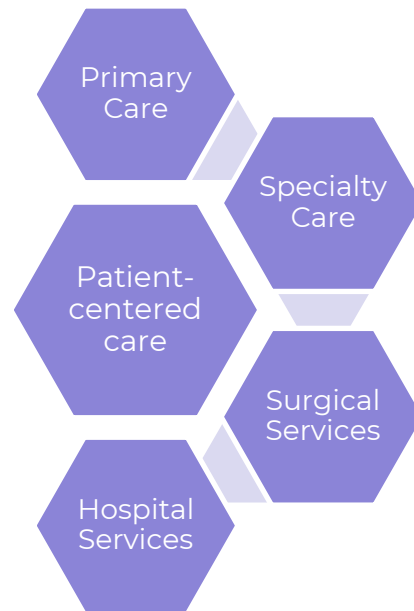
In 2020, our hospital and clinic provided:



Our Services

WHH provides an extensive array of inpatient and outpatient services, including primary care, emergency medicine, lab, imaging, surgery, pulmonary rehabilitation, cardiac rehabilitation, and diabetes care. The staff consist of a mix of primary care and surgical providers.

As a CAH, WHH serves as the sole provider of care in a predominately rural community with limited access to healthcare services. People that live in rural communities face a higher degree of socio-economic and health disparities compared to their urban counterparts. Every three years, WHH 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.

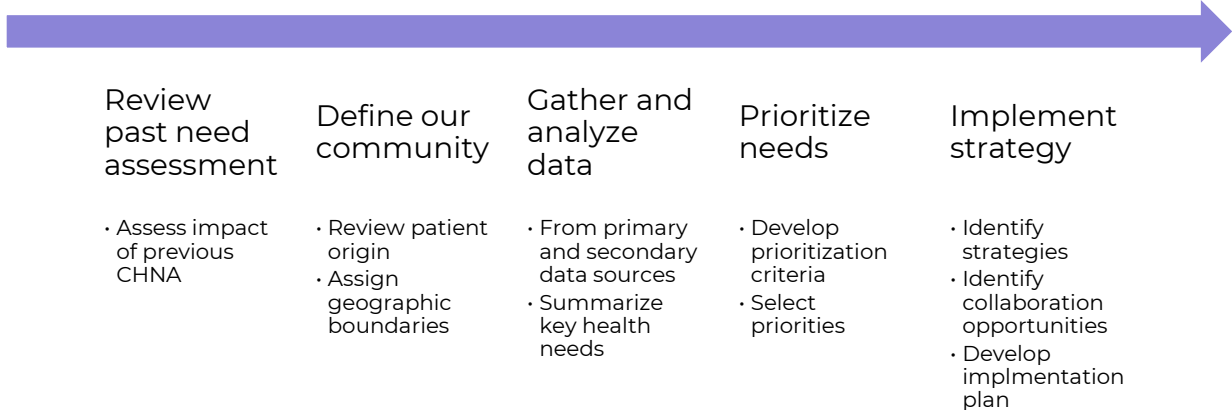


To learn more about Willapa Harbor Hospital, visit www.willapaharborhospital.com.

Methodology

Our Process

The following explains the process utilized 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:



MATTHEW KEMPTON,
MHA, CHIEF
EXECUTIVE OFFICER



SCOT ATTRIDGE,
CHIEF FINANCIAL
OFFICER



RENEE CLEMENTS,
CHIEF OPERATIONS
OFFICER



**CHELSEA
MACINTYRE, CHIEF
NURSING OFFICER**

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 Willapa Harbor Hospital Board of Directors.

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 WHH'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)

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 WHH 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 WHH over the next three years.

Limitations

WHH, in collaboration with Wipfli LLP, 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, WHH recognizes that the responses reflected in the interviews represent 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.

WHH'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 WHH'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 WHH is provided below:

TRANSPORTATION

Improve transportation to facilitate access to healthcare services within and beyond South Bend.

ACCESS TO PRIMARY CARE

More primary care providers and better access to primary care services.

ACCESS TO SPECIALTY CARE

Better access to specialty providers and specialty services.

Transportation



The Issue

Lack of transportation within the community
Lack of a reliable means to transport critically ill patients to other facilities



The Impact

Patients experience challenges with accessing healthcare services and specialty services



The Needs

Improve transportation to facilitate better access to healthcare, both within and beyond South Bend

Lack of accessible transportation within South Bend and between South Bend and other communities is a major barrier to accessing healthcare. All community stakeholders interviewed expressed concern regarding transportation within and outside of the community. According to Pacific Transit System, there is only one bus route that picks up and drops off at WHH, which only operates during certain hours during the week and on weekends, with time intervals between bus stops varying from one hour to over two hours. Pacific Transit System also offers a service called Dial-a-Ride, which is limited to individuals with disabilities and seniors over 65 years old. People who lack access to transportation may not be able to attend medical appointments or otherwise access care, which negatively impacts health and wellness. Elderly patients and low-income patients with limited means to travel are particularly impacted, resulting in these cohorts relocating to more urban areas where transportation is readily accessible. Lack of specialty services in the community also increases the need to travel to access healthcare, which places further strain on transportation.

Transportation between WHH and other healthcare facilities is also an issue. Stakeholders indicated a significant need for additional public, private, and medical (basic and advanced life support) transportation services in the service area. According to the Washington Ambulance Association, there are no private ambulance services that operate in Pacific County and only one air medical service that offers service to South Bend. Stakeholders indicated that if the hospital is unable to secure timely transportation to another facility, healthcare providers must attempt to stabilize the patient in the emergency department until transportation can be secured. This puts a significant amount of strain on the patient, the providers, and hospital resources, and can jeopardize the patient's long-term health outcome.

Access to Primary Care



The Issue

Lack of primary care providers and lack of access to primary care services



The Impact

Inaccessibility of primary and preventive care
Mis-utilization of emergency services or foregoing preventive care



The Needs

More primary care providers and better access to primary care services

The majority of stakeholders stated that the lack of primary care providers and timely access to primary and preventive care services are major issues within the community. 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. Lack of primary care providers to support the population can result in long wait-times for appointments and inaccessibility of primary care services, which can result in patients foregoing needed care. Per the Washington State Department of Health, over a quarter of people in the Cascade Pacific Action Alliance (“CPAA”) did not receive a medical checkup.

People who lack access to primary and preventative care services, such as annual wellness check-ups and health screenings, may experience higher rates of chronic disease and poorer overall health. According to County Health Rankings, the rate of preventable health screenings and vaccinations in Pacific County is lower than state and national benchmarks, while the rate of preventable hospital stays is higher. Consequently, per the Washington State Department of Health, rates of chronic disease such as asthma, COPD, cancer, and coronary heart disease are significantly higher in Pacific County compared to state benchmarks. Lack of timely access to primary care services can also result in the mis-utilization of emergency services, resulting in higher financial burden for the patient and the hospital. It may also cause patients to travel out of South Bend for urgent care, same-day, or walk-in services.

WHH 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 South Bend 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.

Access to Specialty Care



The Issue

Lack of specialty providers and specialty services



The Impact

Inaccessibility to specialty services especially for the aging population

Patients must travel outside the county or state 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 South Bend, 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 required 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 South Bend 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.

Other Identified Needs

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

MENTAL HEALTH AND SUBSTANCE ABUSE

HOME HEALTH, LONG TERM CARE AND AGING/ELDERLY CARE

COMMUNITY ENGAGEMENT AND CARE COORDINATION

CHNA Implementation Plan

With collaboration from Wipfli and the Advisory Committee, WHH 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 WHH strategically address this issue?

Tactics

- How will WHH tactically address this issue?

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

Transportation

Strategic Objectives

- Expand access to public and private transportation for medical transports

Tactics

- Lobby for expansion of Dial-a-Ride eligibility criteria
- Lobby for additional emergency medical service coverage to the Grays Harbor Emergency Medical Services & Trauma Care Council
- Explore feasibility of raising funds for an additional ambulance and paramedic staff to serve South Bend
- Ensure new transportation agreements include transportation of trauma patients

Access to Primary Care

Strategic Objectives

- Increase availability of primary care providers (both for scheduled appointments and unscheduled same-day/walk-in care)

Tactics

- Recruit an additional full-time primary care provider in 2022
- Open a weekend walk-in clinic that expands operational hours to weekends from 9:00am - 9:00pm, and weekdays from 5:00pm - 7:00pm

Access to Specialty Care

Strategic Objectives

- Increase accessibility of all levels of specialty care in South Bend

Tactics

- Develop partnerships with specialty providers across the state of Washington, potentially with Providence Health, to contract with outreach specialists
- Explore partnerships with local Critical Access Hospitals to co-recruit medical and surgical specialists
- Expand pharmacy capability to provide chemotherapy and infusion services
- Explore options to provide more MRI imaging services for all patient types, such as open MRI

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:

- Washington Department of Social and Health Services
- Raymond Fire Department
- South Bend School District
- Willapa Harbor Hospital
- Area Agency on Aging
- Lead to Results Consulting
- Pacific County
- Pacific County Public Health

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
- Washington Ambulance Association

Consulting Expertise

Wipfli LLP (Wipfli), a national certified public accounting and consulting firm, assisted WHH 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

WHH conducts a community health needs assessment every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Accessibility to support services for seniors
- ▶ Chronic disease support services
- ▶ Mental health/substance abuse

Impact Evaluation

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

Accessibility to support services for seniors

- In the past year, the only long-term care organization in the primary service area, Alder House, was closed due to financial constraints and resource-related issues driven by the COVID-19 pandemic. Alder House was owned by a nonprofit organization and managed by Willapa Harbor Hospital.
- WHH began offering swing-bed services to support senior patients who require an extended recovery from hospital-based inpatient stays. This program allows patients to recover from their inpatient stay at their own pace before being discharged to their home or a skilled nursing setting.
- WHH implemented a senior support program in January and February of 2021 to provide COVID-19 vaccinations to seniors
- WHH continues to operate COVID-19 drive-thru testing for all patients, including seniors, on the hospital campus.
- WHH opened a case management department to help assist all patients, including seniors, with care coordination and connection with other community resources.

Chronic disease support services

- WHH plans to provide a robust diabetes education in 2022 to support positive health outcomes for patients with diabetes.
- WHH began offering a cardiac rehab program, as well as outpatient cardiac monitoring, to support positive health outcomes for patients with cardiac ailments.
- WHH began offering a pulmonary function testing program.

- WHH began offering 3D mammography services, which increased preventative mammography screening rates amongst patients. WHH also implemented nursing protocols to improve patient awareness of preventative health screenings, including mammograms, colonoscopies, and endoscopies.
- WHH expanded the number of operational hours for surgery, increasing patient access to surgical services.
- WHH has secured approval to offer ambulatory blood pressure monitoring and home sleep studies for patients with these health ailments.

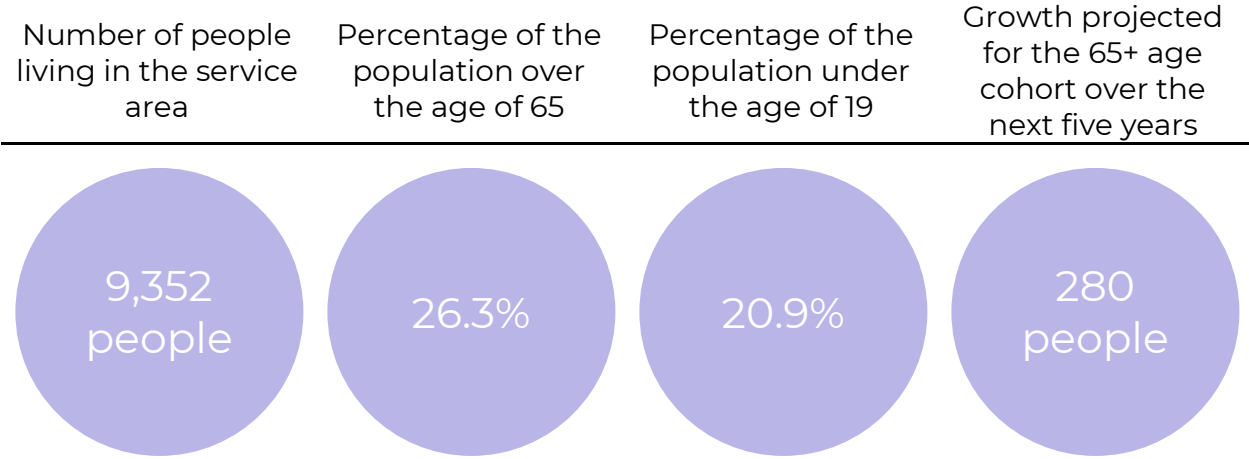
Mental Health / Substance Abuse

- WHH has not prioritized recruiting a mental health provider over the past three years, instead choosing to invest in primary care. WHH is exploring telehealth options to increase accessibility of psychiatric services in South Bend.
- WHH has added an additional provider in the primary care setting who can administer medication-assisted treatment (“MAT”) for opioid use disorder. WHH is working to ensure staff in the emergency department is also qualified to administer MAT.
- WHH continues to participate in mental health/substance abuse call with other entities that assist patients with mental health/substance abuse issues.

Community Profile

Demographic Indicators

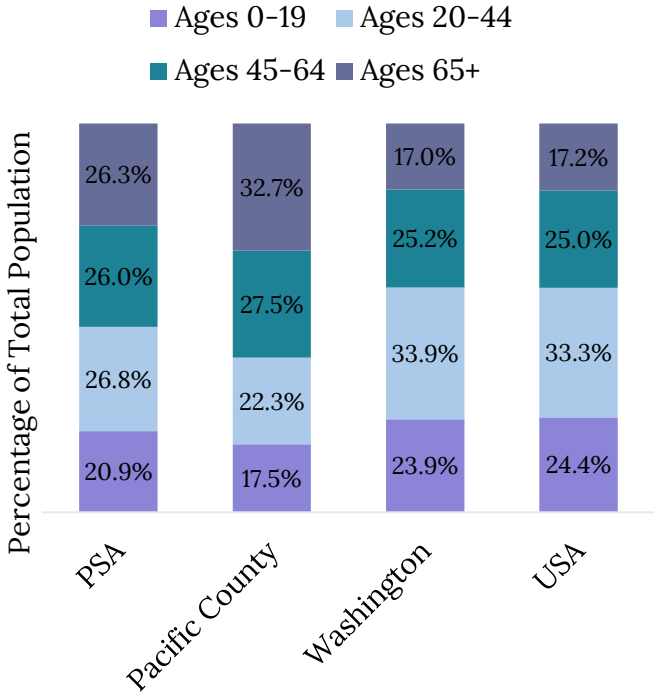
COMMUNITY PROFILE AT-A-GLANCE



The service area population is 9,352 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 3.0% or 186 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 2.4% or 94 people over the next five years, while the over 65 age group is projected to increase by 2.4% or 280 people. Currently, 26.3% of the population is over the age of 65, which is lower than Pacific County, and higher than Washington and the USA.

Population distribution by major age category



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 | 1,958 | 20.9% | 3,888 | 17.5% | 1,862,476 | 23.9% | 81,593,975 | 24.4% |
| Ages 20-44 | 2,502 | 26.8% | 4,973 | 22.3% | 2,641,963 | 33.9% | 111,174,909 | 33.3% |
| Ages 45-64 | 2,433 | 26.0% | 6,115 | 27.5% | 1,968,990 | 25.2% | 83,512,738 | 25.0% |
| Ages 65-74 | 1,424 | 15.2% | 4,438 | 19.9% | 810,586 | 10.4% | 34,001,571 | 10.2% |
| Ages 75-84 | 746 | 8.0% | 2,164 | 9.7% | 369,309 | 4.7% | 16,823,461 | 5.0% |
| Ages 85+ | 289 | 3.1% | 694 | 3.1% | 148,722 | 1.9% | 6,827,458 | 2.0% |
| Total | 9,352 | 100% | 22,272 | 100% | 7,802,046 | 100% | 333,934,112 | 100% |

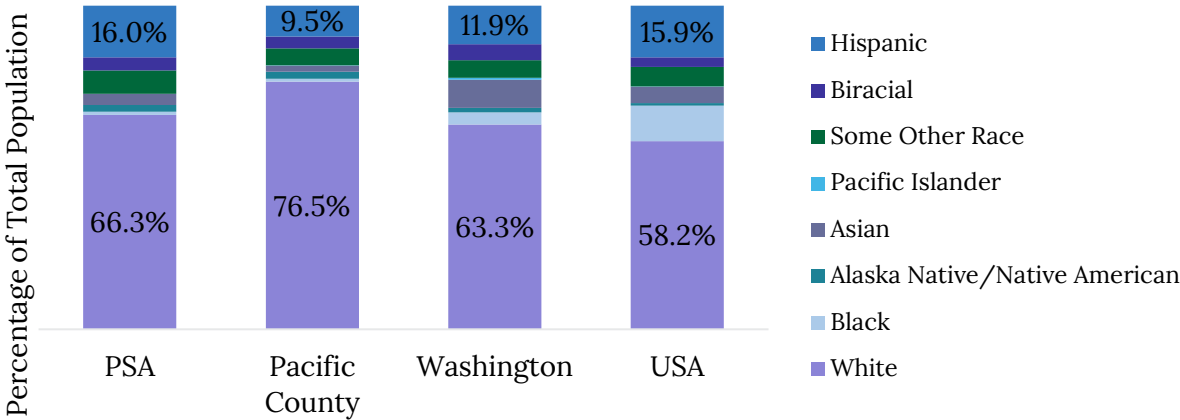
| 2026 Population | | | | | | | | |
|-----------------|----------------------|---------------|----------------|-------------|------------------|-------------|--------------------|-------------|
| | Primary Service Area | | Pacific County | | Washington | | United States | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Ages 0-19 | 2,051 | 21.5% | 4,109 | 17.9% | 1,958,805 | 23.6% | 83,573,756 | 24.2% |
| Ages 20-44 | 2,441 | 25.6% | 4,859 | 21.2% | 2,800,502 | 33.7% | 114,229,526 | 33.0% |
| Ages 45-64 | 2,307 | 24.2% | 5,734 | 25.0% | 1,969,656 | 23.7% | 81,663,828 | 23.6% |
| Ages 65-74 | 1,511 | 15.8% | 4,701 | 20.5% | 913,222 | 11.0% | 37,398,003 | 10.8% |
| Ages 75-84 | 915 | 9.6% | 2,762 | 12.0% | 505,875 | 6.1% | 21,582,428 | 6.2% |
| Ages 85+ | 313 | 3.3% | 778 | 3.4% | 167,310 | 2.0% | 7,439,954 | 2.2% |
| Total | 9,538 | 100.0% | 22,943 | 100% | 8,315,370 | 100% | 345,887,495 | 100% |

Source: ESRI Business Information Solutions

RACE AND ETHNICITY

WHH’s service area is predominantly white, with 66.3% of the population made up of white alone. This is followed by the Hispanic population at 16.0% of the population. The PSA maintains a slightly more diverse racial distribution than the Pacific County. The racial distribution in both of these areas are less diverse than the state of Washington and nationally.

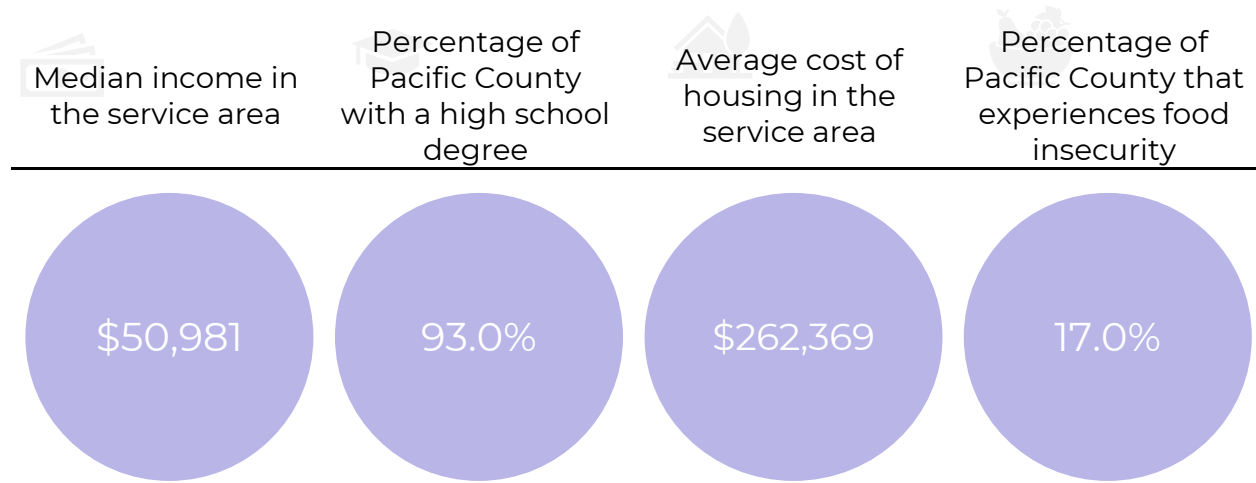
Population Distribution by Race/Ethnicity



Source: ESRI Business Information Solutions, 2021

Socioeconomic Indicators

COMMUNITY PROFILE AT-A-GLANCE



INCOME AND POVERTY

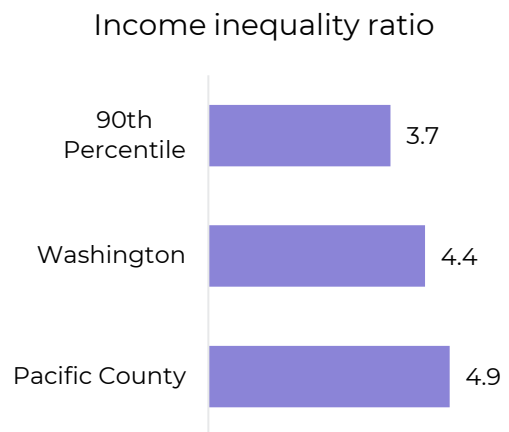


Income data was analyzed for the service area and compared to county, state, and national benchmarks. 2021 data reveals that the median household income, average household income, and per capita income for the service area and Pacific County are significantly lower than Washington and the USA. Over the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

| | 2021 | | | |
|--------------------------|----------------------|----------------|------------|---------------|
| | Primary Service Area | Pacific County | Washington | United States |
| Median Household Income | \$50,981 | \$46,064 | \$78,111 | \$64,730 |
| Average Household Income | \$64,096 | \$63,737 | \$106,220 | \$92,435 |
| Per Capita Income | \$26,372 | \$29,214 | \$41,358 | \$35,106 |

| | 2026 | | | |
|--------------------------|----------------------|----------------|------------|---------------|
| | Primary Service Area | Pacific County | Washington | United States |
| Median Household Income | \$54,542 | \$49,993 | \$88,474 | \$72,932 |
| Average Household Income | \$70,955 | \$70,739 | \$120,805 | \$103,679 |
| Per Capita Income | \$29,225 | \$32,494 | \$47,038 | \$39,378 |

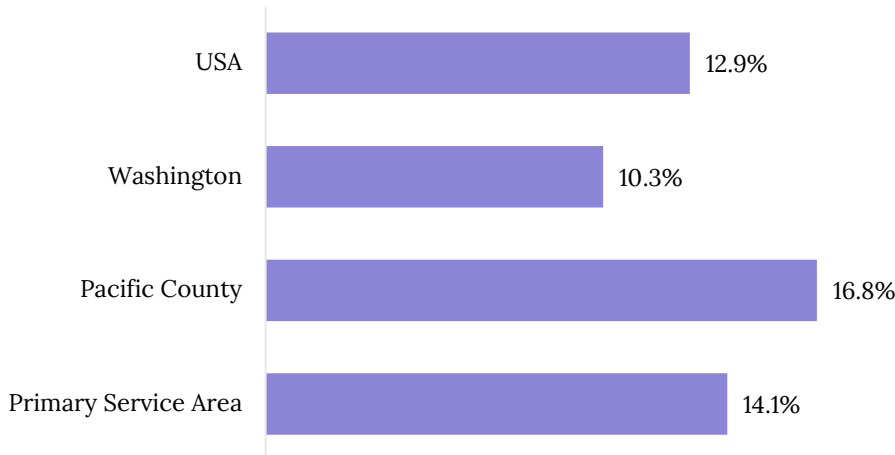
Source: ESRI Business Information Solutions



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, 14.1% of households in the primary service area fall below the federal poverty level, which is lower than Pacific County’s level of 16.8% but higher than Washington and the USA.

Households below poverty level



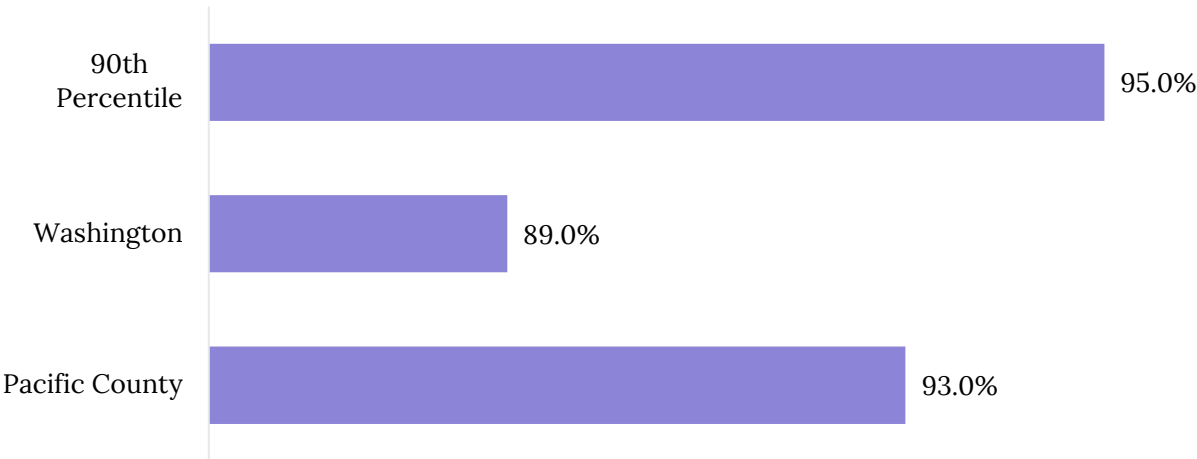
Source: American Community Survey, 2019

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%.

High school graduation rate



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

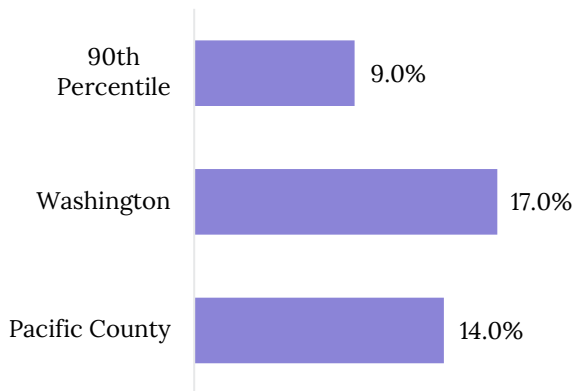
AFFORDABLE AND ACCESSIBLE HOUSING



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 benchmark of 9.0%. 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.

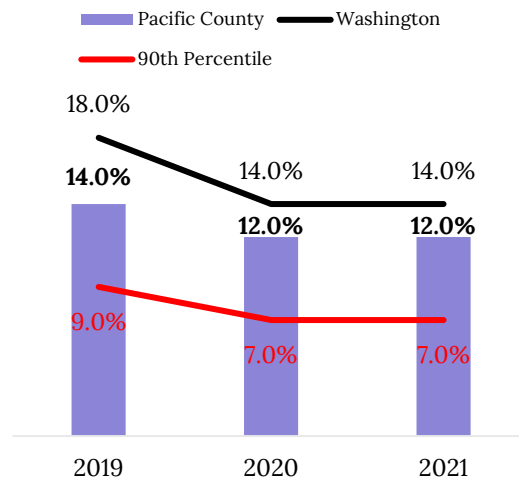
According to the 2019 American Community Survey, 15.4% of the households in the service area do not have internet access and per ESRI Business Information Solutions, 3.3% of households in 2021 do not own a cell phone.

Percentage of population who experience severe housing problems



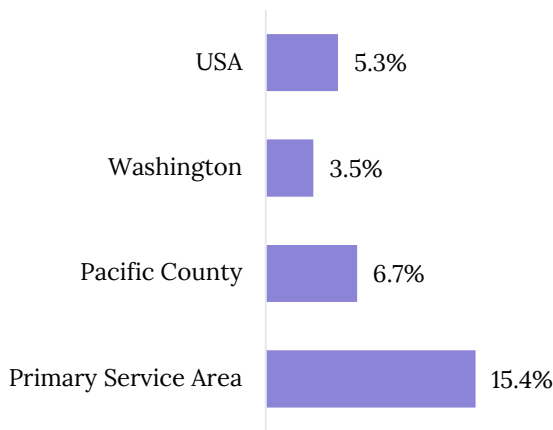
Source: County Health Rankings, 2021
 Metric: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Severe housing cost burden



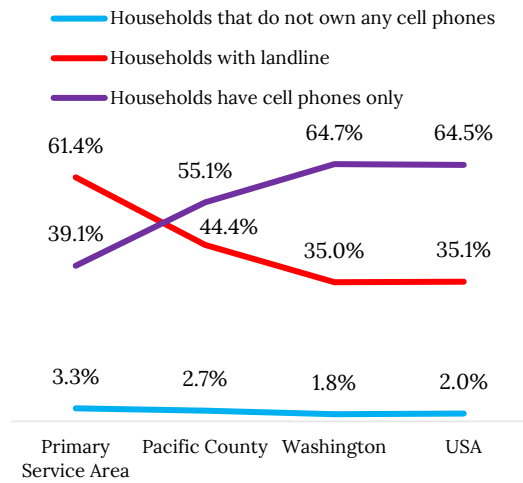
Source: County Health Rankings, 2021
 Metric: Percentage of households that spend 50% or more of their household income on housing

Households with no internet access



Source: American Community Survey, 2019

Phone access by household



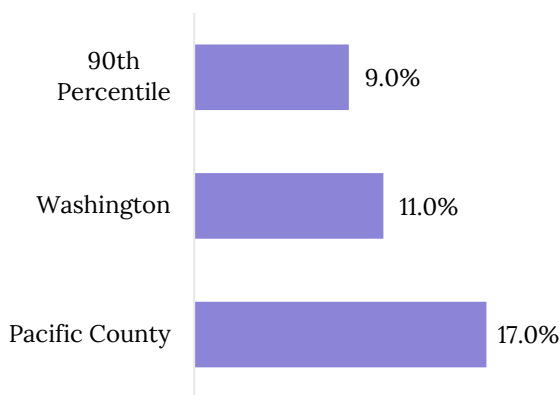
Source: ESRI Business Information Solutions, 2021

FOOD SECURITY



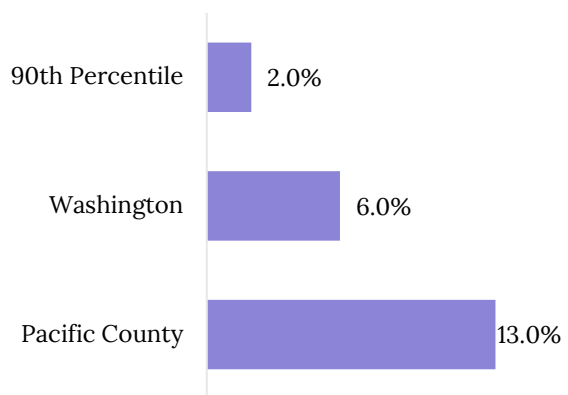
17.0% of the population in Pacific County lacks adequate access to healthy food which is 6.0% higher than state benchmarks and almost double the national benchmarks. Additionally, 13.0% of the population in Pacific County are low income and lack convenient access to a grocery store, which is double the state benchmarks and more than six times higher than the national benchmarks. According to the American Community Survey, in 2019 21.2% of households in the service area received food stamps and 4.3% received public assistance income.

Percentage of population who experience food insecurity



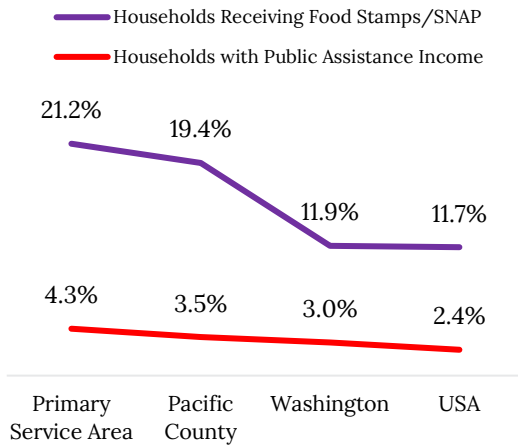
Source: County Health Rankings, 2021
Metric: Percentage of population who lack adequate access to food.

Percentage of population with 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 food assistance



Source: American Community Survey, 2019

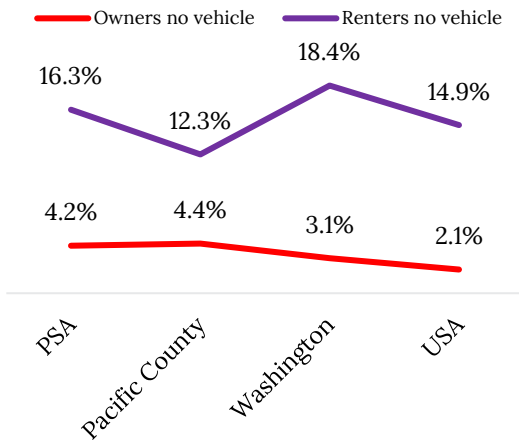
Transportation



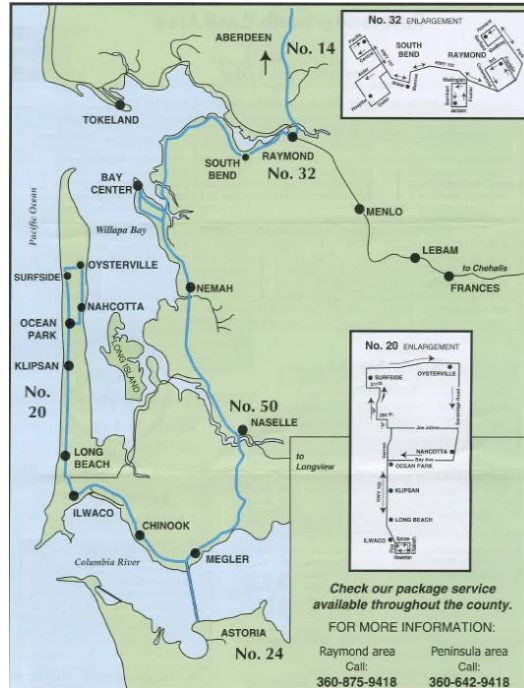
Transportation is a major issue not only for the community but also for patients. According to the Pacific County Transit System, there is only one bus route that stops at WHH. The time intervals between buses varies between an hour and close to two and a half hours. The farthest north the buses travel is to Aberdeen, WA and requires two different busses. 4.2% of owner households and 16.3% of renter households in the PSA do not have access to a vehicle.

Transportation also applies to patient transfers from WHH to other facilities. According to the Washington Ambulance Association, there are 22 non-fire based ground and ambulance services licensed in WA. There are no private ground ambulances in Pacific County, and only one air ambulance serves South Bend, WA.

Percentage of households with no vehicle



Source: American Community Survey, 2019



Source: Pacific County Transit System

Route 32 South Bend to Raymond

| | | | | | | | | | | | | |
|-------------------------|------|------|-----|-------|-------|-------|------|------|------|------|------|------|
| Pacific & Hwy. 101 | 6:00 | 8:15 | --- | 9:50 | 11:30 | 12:10 | 1:25 | 2:15 | 3:05 | 4:10 | 5:45 | 6:30 |
| Willapa Harbor Hospital | --- | 8:17 | --- | 9:52 | | 12:12 | 1:27 | 2:17 | 3:07 | 4:12 | --- | 6:32 |
| Monroe & Water | 6:05 | 8:21 | --- | 9:56 | | 12:15 | 1:31 | 2:21 | 3:11 | 4:16 | --- | 6:36 |
| Fowler & Hwy. 101 | 6:10 | 8:28 | --- | 10:03 | | 12:22 | 1:38 | 2:28 | 3:18 | 4:23 | --- | 6:43 |
| Barnhart & Jackson | --- | 8:30 | --- | 10:05 | | 12:24 | 1:40 | 2:30 | 3:20 | 4:25 | --- | 6:45 |
| Fifth & Commercial | 6:15 | 8:35 | --- | 10:10 | 11:40 | 12:30 | 1:45 | 2:35 | 3:25 | 4:30 | --- | 6:50 |
| Howard & Garfield | --- | --- | --- | 10:15 | 11:45 | --- | 1:50 | 2:40 | 3:30 | --- | --- | 6:55 |
| Fifth & Commercial | --- | --- | --- | 10:20 | 11:50 | --- | 1:55 | 2:45 | 3:35 | --- | 5:55 | --- |

Source: Pacific Transit System Weekday Schedule

Route 32 South Bend to Raymond

| | | | | | |
|----------------------|-------|-------|------|------|------|
| Pacific & 101-SB | 10:35 | 12:55 | 2:45 | 3:55 | 5:05 |
| Willapa Hospital-SB | 10:37 | 12:57 | 2:47 | 3:57 | 5:07 |
| Monroe & Water-SB | 10:41 | 1:01 | 2:51 | 4:01 | 5:11 |
| Fowler & 101-R | 10:48 | 1:08 | 2:58 | 4:08 | 5:18 |
| Barnhart & Jackson | 10:50 | 1:10 | 3:00 | 4:10 | 5:20 |
| 5th & Comm-R | 10:55 | 1:15 | 3:05 | 4:15 | 5:25 |
| Howard & Garfield-RD | --- | 1:20 | --- | --- | 5:30 |

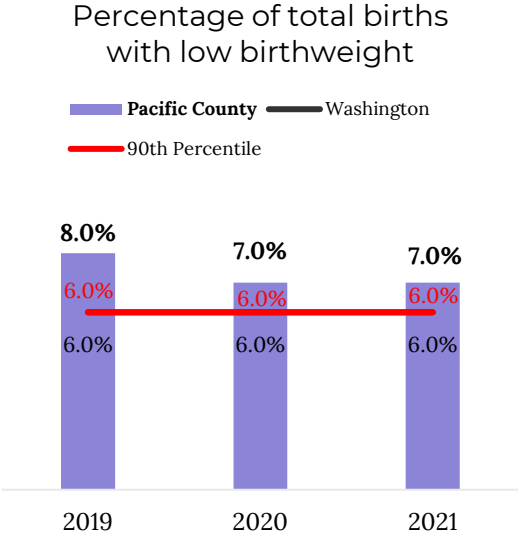
Source: Pacific Transit System Weekend Schedule

Health and Wellness Indicators

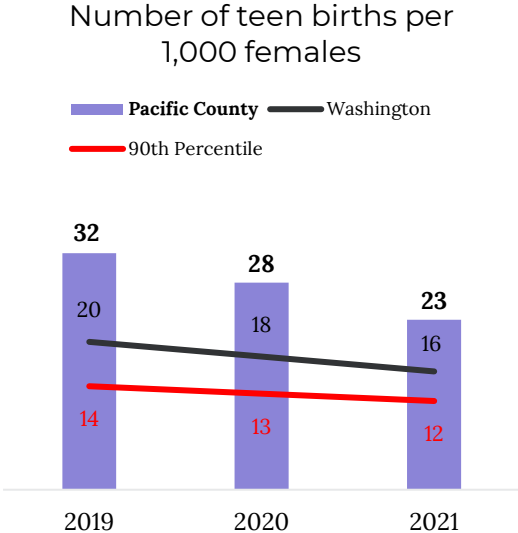
BIRTH OUTCOMES

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).

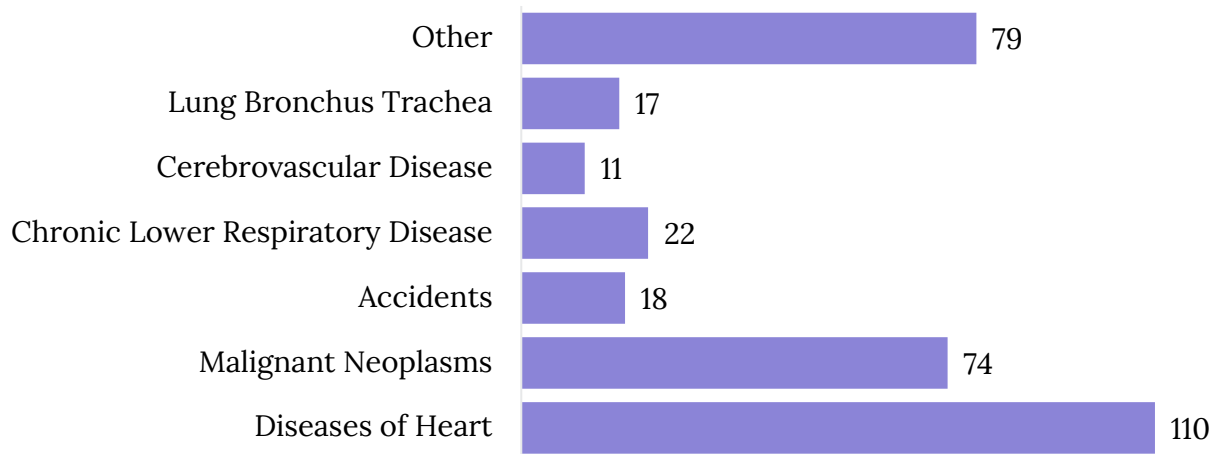


Source: County Health Rankings, 2021
 Metric: Number of births per 1,000 female population ages 15-19.

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.

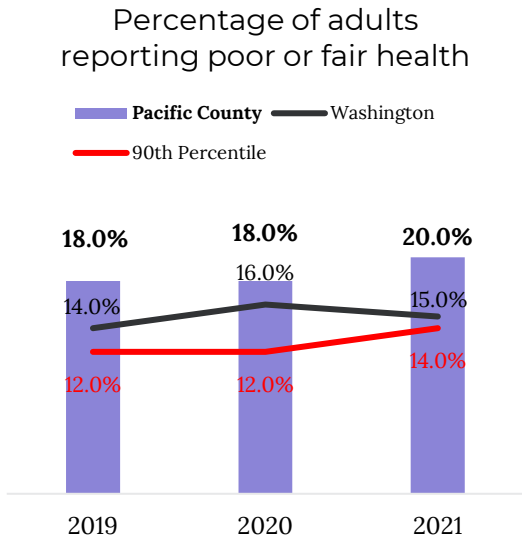
Top 10 leading causes of death in Pacific County



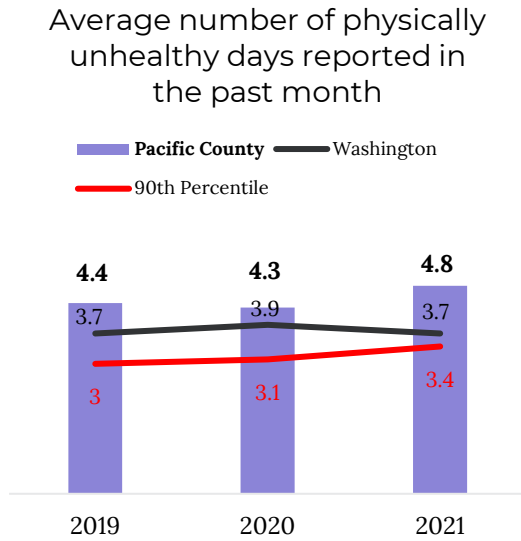
Source: Washington State Department of Health, 2019

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).

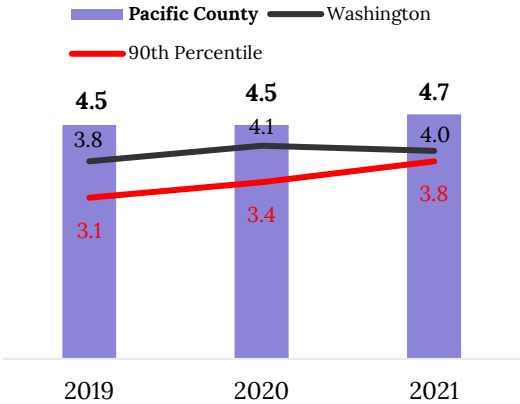


Source: County Health Rankings, 2021
 Metric: Average number of physically unhealthy days reported in past 30 days (age-adjusted).

MENTAL HEALTH

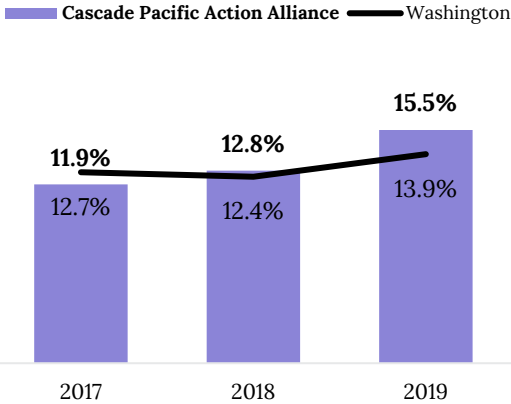
People in Pacific County report higher rates of mentally unhealthy days compared to state and national benchmarks. Rates have been steady in Pacific County since 2019, but have recently plateaued at 4.7 days in 2021, 0.7 and 0.9 days greater than state and national benchmarks, respectively. Mental health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

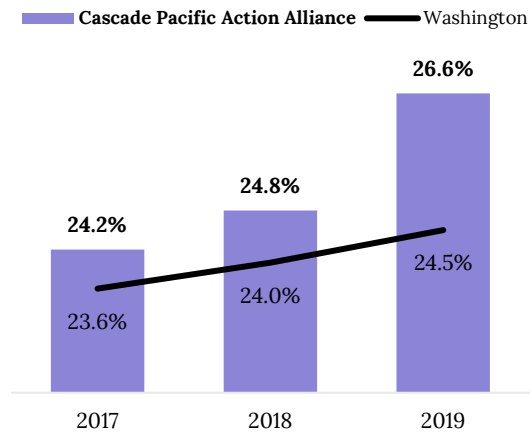


Source: Washington State Department of Health, 2019

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. .

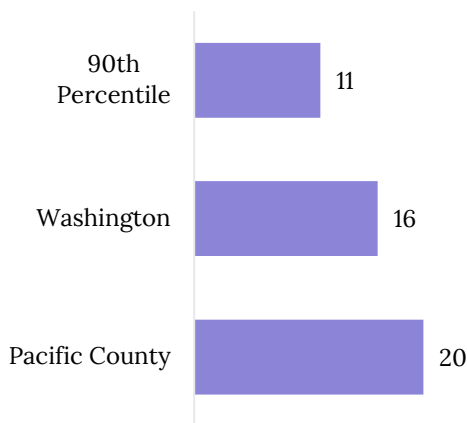
The Washington State Department of Health reported that in 2019, 26.6% of the adults in the CPAA were diagnosed with depression. Not only is this 2.1% higher than the state average but is also a 1.8% increase from the rate observed in 2018.

Percentage of adults diagnosed with depression



Source: Washington State Department of Health, 2019

Suicide rate per 100,000 population



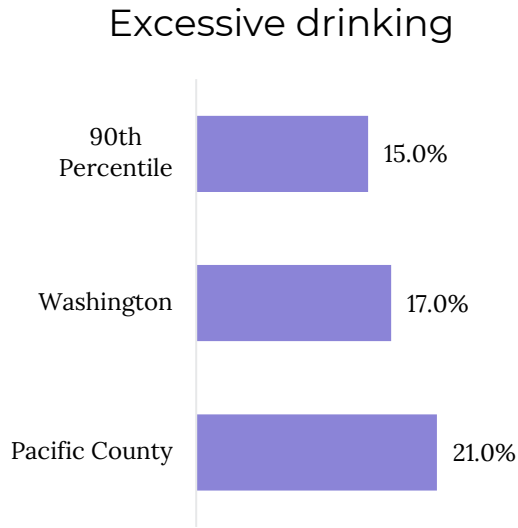
Source: County Health Rankings, 2021
Metric: Number of deaths due to suicide per 100,000 population (age-adjusted).

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

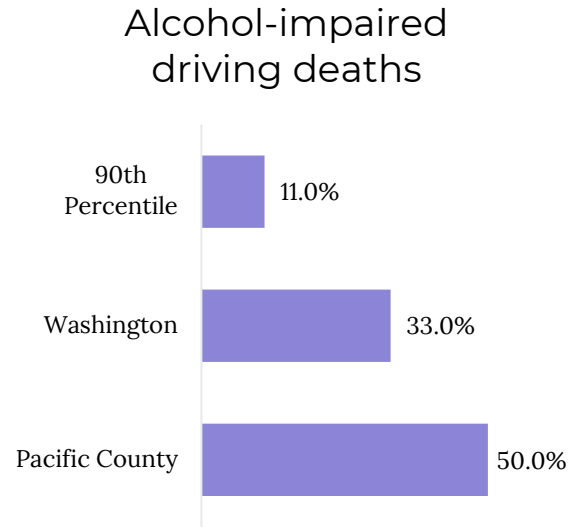
According to Medicare.gov, there are no psychiatrists within a 25-mile radius of South Bend, and four clinical psychologists also within a 25-mile radius of South Bend: one in Long Beach, WA and three in Aberdeen, WA. This indicates that mental health providers are relatively inaccessible for people 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.

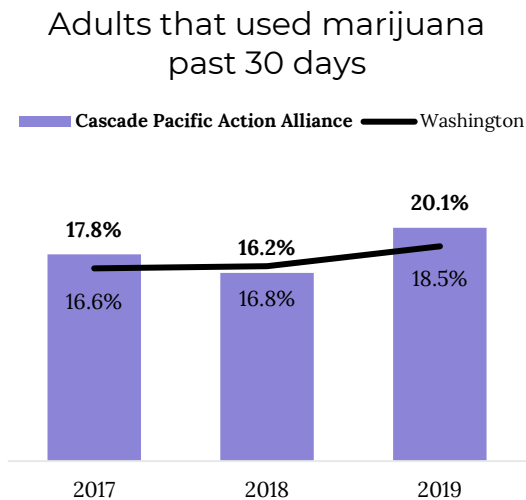


Source: County Health Rankings, 2021
Metric: Percentage of adults reporting binge or heavy drinking (age-adjusted).

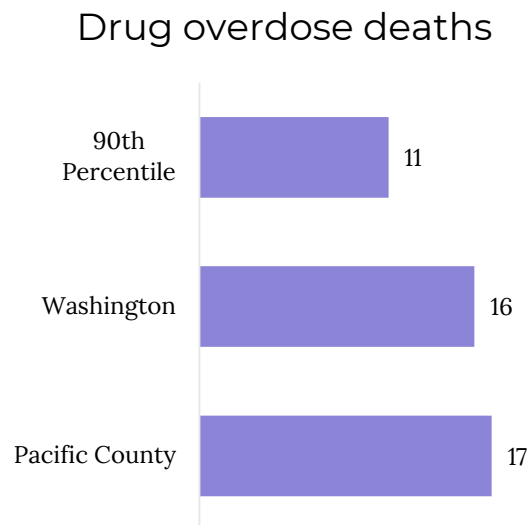


Source: County Health Rankings, 2021
Metric: Percentage of driving deaths with alcohol involvement.

The CPAA reported that in 2019, 20.1% of adults used marijuana over a month-long period. 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

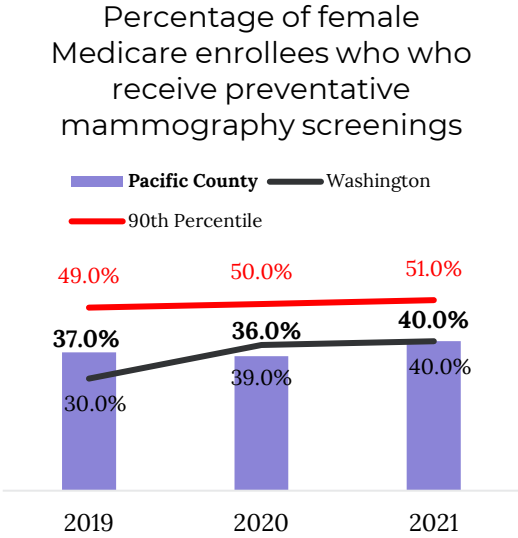


Source: County Health Rankings, 2021
Metric: Number of drug poisoning deaths per 100,000 population.

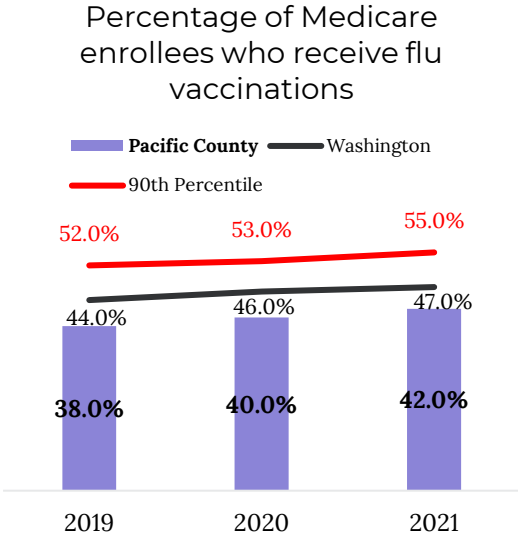
According to the U.S. Department of Health & Human Services’ Substance Abuse and Mental Health Services Administration (“SAMHSA”), there are 30 substance use and mental health facilities within a 50 mile radius of South Bend. Three offer inpatient services and are located in Long Beach, WA, Seaside, 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 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.



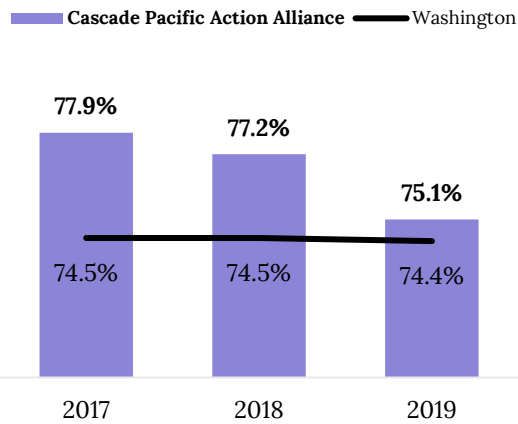
Source: County Health Rankings, 2021
 Metric: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.



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

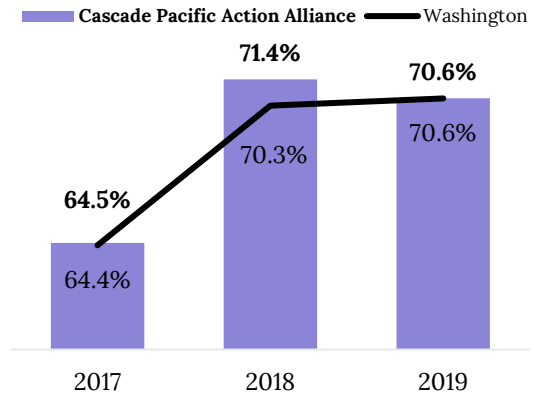
According to the Washington State Department of Health, in 2019, 75.1% of the population in the CPAA reported having a personal physician which is slightly higher than the state average of 74.4%. This number has decreased by 2.8% since 2017. Also, the percentage of population that reported having a checkup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

Percentage of adults with a personal physician



Source: Washington State Department of Health, 2019

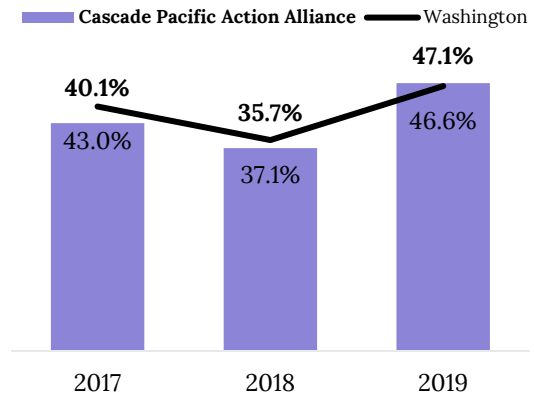
Percentage of adults who received a checkup in the past year



Source: Washington State Department of Health, 2019

According to the Washington State Department of Health, 47.1% of adults in the 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.

Percentage of adults who received a flu shot in the past year

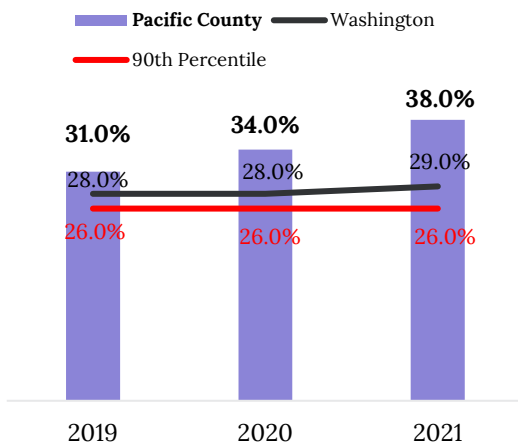


Source: Washington State Department of Health, 2019

ADULT OBESITY AND PHYSICAL ACTIVITY

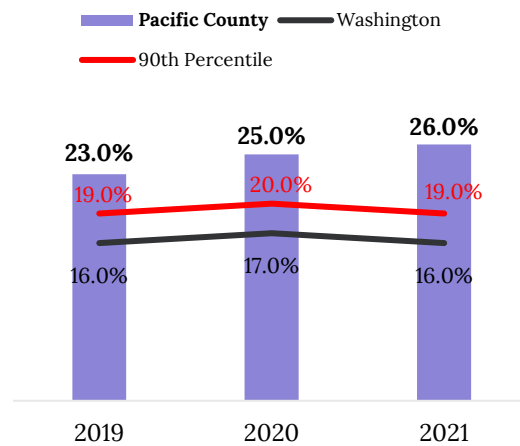
A measure of general health of the population is the rate of adult obesity in the community. Nationally, the 90th percentile benchmark rate has hovered at about 26.0% of the population. In Pacific County, the percentage of adults who are obese has significantly increased over the last two years from 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 reporting no physical activity in Pacific County has slightly increased to 26.0% for the past year, 7.0% higher than state and 10.0% higher than the national benchmarks.

Percentage of adults who are obese



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/m².

Percentage of adults who are physically inactive



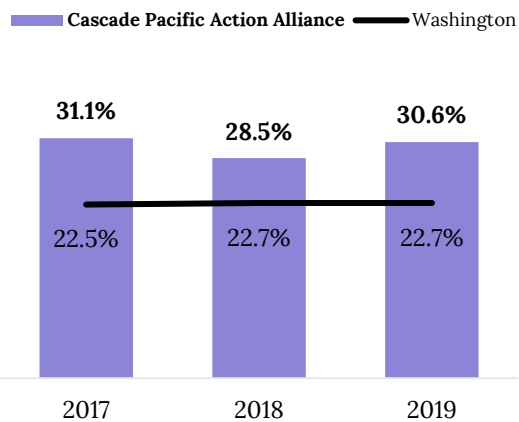
Source: County Health Rankings, 2021
 Metric: Percentage of adults age 20 and over reporting no leisure-time physical activity.

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.

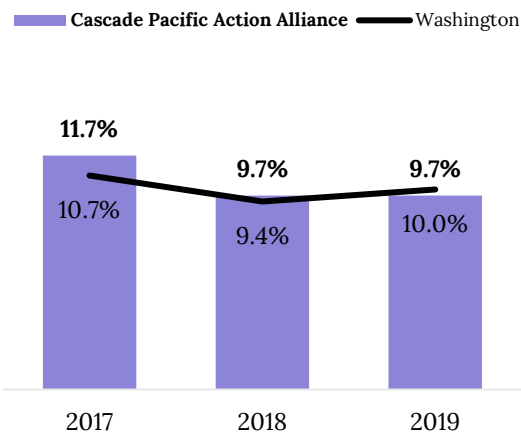
As seen below, the rate of chronic disease, including arthritis COPD, heart disease, diabetes, arthritis, and cancer in the CPAA is higher than the state.

Percentage of adults with arthritis



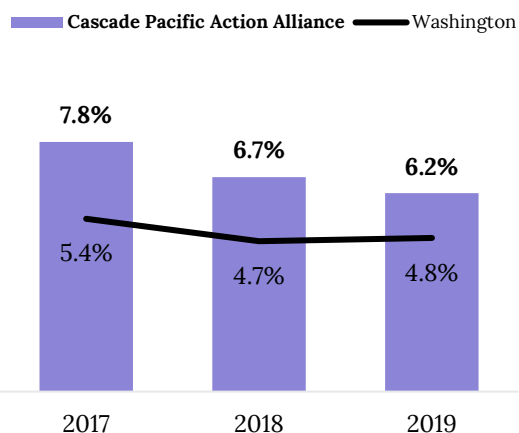
Source: Washington State Department of Health, 2019

Percentage of adults with asthma



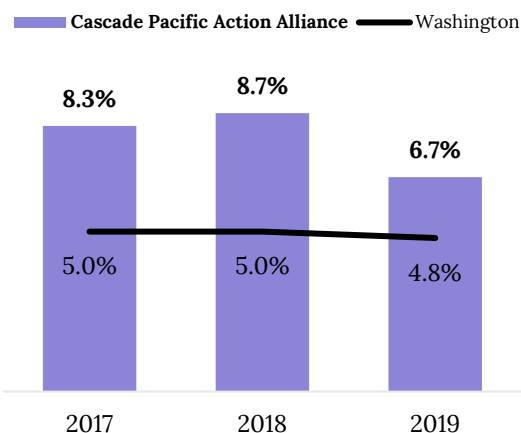
Source: Washington State Department of Health, 2019

Percentage of adults with COPD



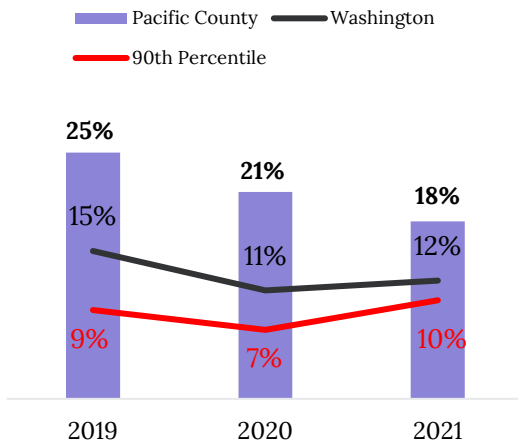
Source: Washington State Department of Health, 2019

Percentage of adults with coronary heart disease



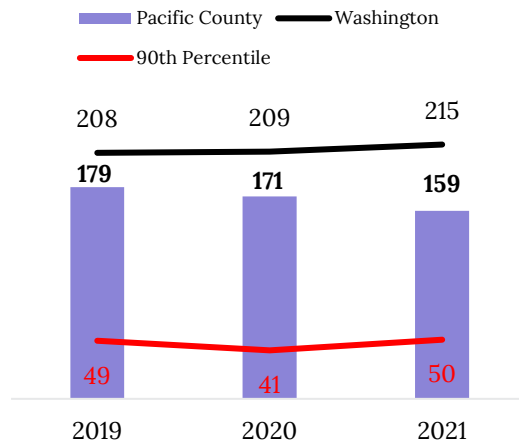
Source: Washington State Department of Health, 2019

Percentage of adults with diabetes



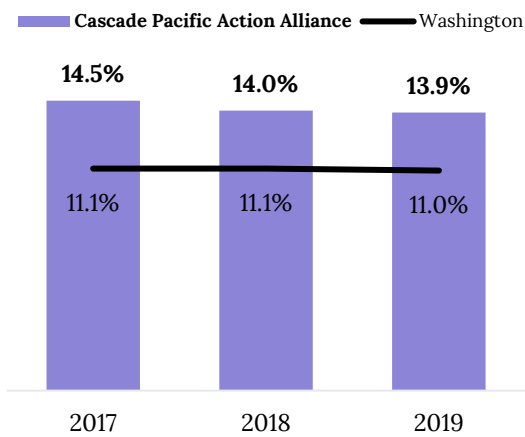
Source: County Health Rankings, 2021
Metric: Percentage of adults aged 20 and above with diagnosed diabetes.

People age 13+ living with HIV per 100,000



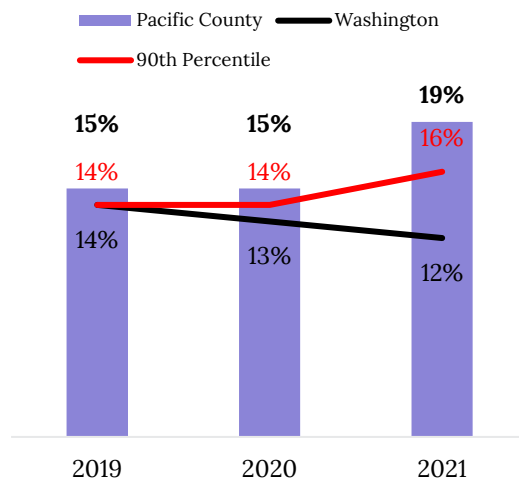
Source: County Health Ranking, 2021
Metric: Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

Percentage of adults diagnosed with cancer



Source: Washington State Department of Health, 2019

Percentage of adults smoking



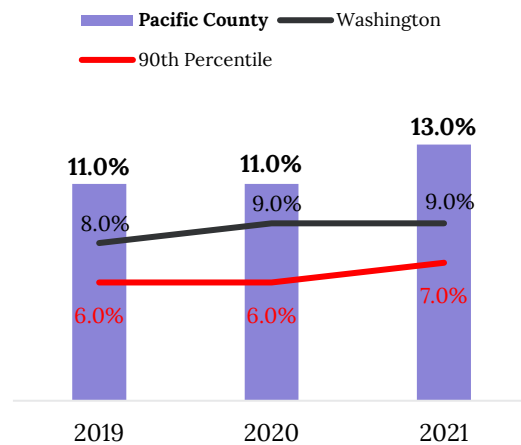
Source: County Health Rankings, 2021
Metric: Percentage of adults who are current smokers.

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%.

Percentage of population without health insurance

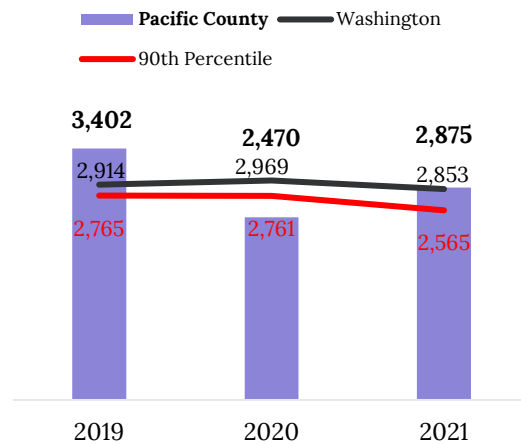


Source: County Health Rankings, 2021
Metric: Percentage of population under age 65 without health insurance.

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 90th percentile
national benchmark

Dentist



Higher than state benchmark
Higher than 90th percentile
national benchmark

Mental health provider



In line with state benchmark
Lower than 90th percentile national
benchmark

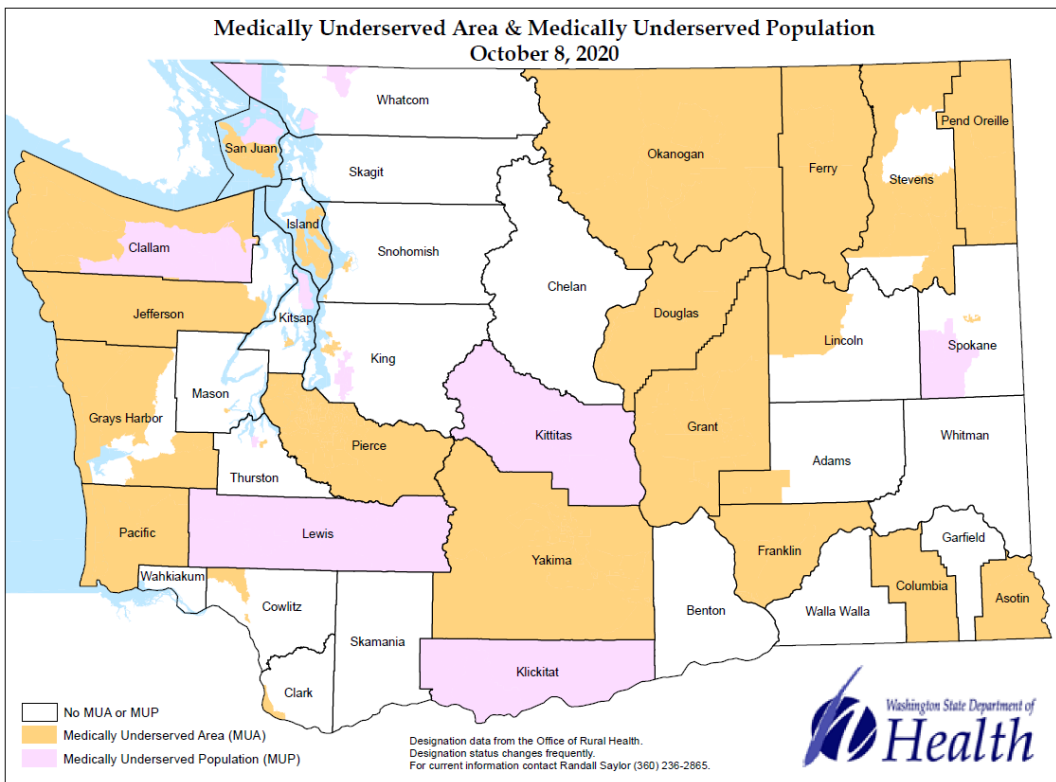
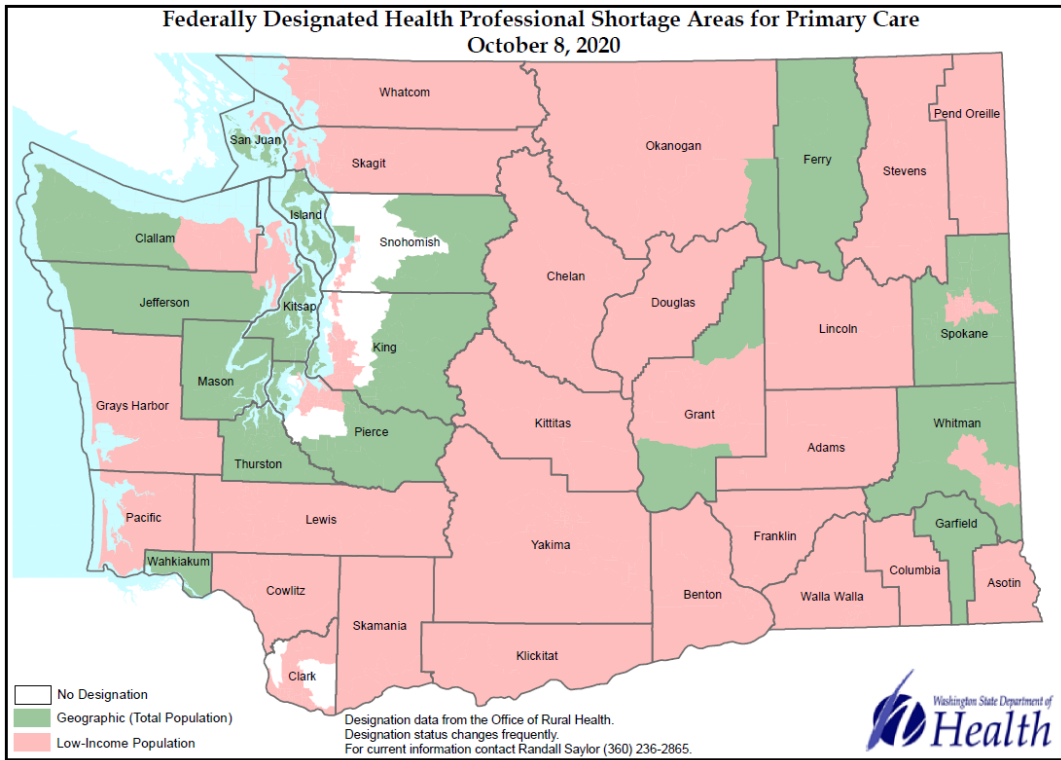
Source: County Health Rankings

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 South Bend:

- Addiction medicine
- Allergy/immunology
- Audiology
- Cardiac surgery
- Certified clinical nurse specialist (CNS)
- Certified nurse midwife (CNM)
- Critical care (intensivists)
- Dentist
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatric psychiatry
- Gynecological oncology
- Hematology
- Hospice/palliative care
- Infectious disease
- Interventional pain management
- Maxillofacial surgery
- Nephrology
- Neuropsychiatry
- Neurosurgery
- Otolaryngology
- Pain management
- Pediatric medicine
- Peripheral vascular disease
- Psychiatry
- Pulmonary 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 the 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 |
|------------------------------|--|----------------|---|
| Willapa Harbor Hospital | 800 Alder St. South Bend, WA 98586 | (360) 875-5526 | Family Medicine, Cardiology, Internal Medicine, General Surgery |
| Willapa Family Medicine | 810 Alder St. South Bend, WA 98586 | (360) 875-4502 | Family Medicine |
| Pacific Family Health Center | 826 Alder St. South Bend, WA 98586 | (360) 875-5579 | Family Medicine |
| Valley View Health Center | 300 Ocean Ave. Raymond, WA | (360) 942-3040 | Medical, dental, and behavioral health |
| Shoalwater Wellness Center | 2373 Old Tokeland Rd. Bldg. E Tokeland, WA 98590 | (360) 267-0119 | Medical, dental, mental health, chemical dependency, diabetic counseling, nutritional counseling |

Dental Providers

| Name | Address | Phone | Description of services |
|---|---|----------------|-------------------------|
| Shoalwater Bay Indian Tribe Behavioral Health & Wellness | 2373 Old Tokeland Rd. Tokeland, WA 98590 | (360) 267-8103 | Dental services |
| Valley View Health Center | 300 Ocean Ave. Raymond, WA | (360) 942-3040 | Dental services |

Vision Providers

| Name | Address | Phone | Description of services |
|--------------------|--|----------------|-------------------------|
| Pacific Eye Clinic | 500 Willapa Pl Way, Raymond, WA 98577 | (360) 942-5501 | Optometry |

Mental Health Providers

| Name | Address | Phone | Description of services |
|--|--|----------------|---|
| Lifeline Connections | 1006 Robert Bush Dr. W South Bend, WA 98586 | (360) 787-9319 | Mental health. |
| True North Student Assistance- ESD 113 | 1016 Commercial St. Raymond, WA 98577 | (360) 942-3271 | Provides assessments, outpatient and intensive outpatient drug and alcohol treatment services for youth in north Pacific County. |
| Willapa Behavioral Health | 300 Ocean Ave. Raymond, WA 98577 | (360) 942-2303 | Mental health and chemical dependency treatment. |
| Shoalwater Wellness Center- Behavioral Health | 2373 Old Tokeland Rd. Tokeland, WA 98590 | (360) 267-8141 | Mental health and substance abuse treatment services. |

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

Prepared by: Willapa Harbor Hospital

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South Bend, Washington 98586
Phone: (360) 875-5526