

# 2019-2021 Community Health Needs Assessment Implementation Plan



# CHNA Implementation Planning - Priorities

## 1. Accessibility to Support Services for Seniors

- The lack of accessibility to senior support services was a significant unmet health need identified through stakeholder interviews.
- Stakeholders identified that demand for home care, assisted living, and minimal care assistance options for seniors in the community is outstripping the current supply of these services.
- According to County Health Rankings data, 39% of seniors in Pacific County have difficulty performing daily activities and 28% of seniors have difficulty walking, 8% and 4% higher than state benchmarks
- Limited transportation options in the community

## 2. Chronic Disease Support Services

- Community members in Pacific County report significantly poorer physical health (6%) compared to the national benchmark (12%), adult obesity (32% versus 26%), food insecurity (34% versus 20%), high cholesterol (43% versus 36%), high blood pressure (40% versus 30%), diabetes (12% versus 9%), heart disease (9% versus 6%), and arthritis (36% versus 25%).
- The lack of preventative patient education and access to healthy lifestyle choices may also contribute to poor chronic disease outcomes.
- Pacific County exhibits lower rates of diabetes screening, breast cancer screenings, and vaccinations compared to national benchmarks,
- Multiple stakeholders reported that more preventative health education and community wellness initiatives would help patients learn to engage in preventative healthy behaviors, such as exercise, and maintain a healthy lifestyle.

# CHNA Implementation Planning - Priorities

## 3. Mental Health / Substance Abuse

- The average number of poor mental health days for Pacific County is 4.5 per month, 1.4 days higher than the national benchmark.
- Suicide is a significant problem in Pacific County, where the suicide rate per 23.8 deaths per 100,000 people, 8 deaths higher than state benchmarks.
- Inappropriate substance use, such as alcohol, can contribute to risky behaviors
- Stakeholder interviews revealed that there are a limited number of providers and options for substance use treatment, particularly inpatient and detoxification services.
- Stakeholders identified that the lack of funding for such programs and shortage of behavioral health professionals (especially outside operating hours) are key contributors and lead to overuse of ED
- Stakeholders also reported that there is a disconnect between physical health and mental health services, which could be improved by coordinating services between physical and mental health providers.
- Similarly, stakeholders reported that improving case management services for mental health would better help connect patients with mental health resources in the community.

# CHNA Implementation Plan

## 1. Accessibility to support services for seniors

- Objective/Strategy, tactics, and programs/resources to commit
  - Explore partnership with hospice program to provide hospice services in the hospital, and feasibility of partnership
    - i.e. Willapa Harbor Home Health and Hospice
  - Engage with care coordinators and discharge planners to ensure awareness of senior services within the community, and require participation of these groups in Willapa Community Network meetings
  - Explore swing bed program

# CHNA Implementation Plan

## 2. Chronic disease support services

- Objective/Strategy, tactics, and programs/resources to commit
  - WHH current staffs two active diabetic education staff members, one who is a dietician; currently host healthy cooking classes for patients with diabetes once per month
  - Engage in quality improvement metrics to enhance best practices in screening and management of chronic diseases
  - Explore growth in cardiology and cardiac rehab programs
  - Improve marketing and community awareness of wellness programs and preventative health and disease screening

# CHNA Implementation Plan

## 3. Mental health and substance abuse

- Objective/Strategy, tactics, and programs/resources to commit
  - Explore behavioral health integration within the on-campus RHC
    - Explore opportunities to integrate telepsychiatry into clinical and hospital settings
  - Improve accessibility of medication-assisted treatment (MAT) in the emergency department; WHH currently staffs one MAT-waivered physician, who serves ~20 patients
  - Continue reporting for suicide attempts and OUD in the ED, and improving patient awareness of and integration into community services
  - Establish stronger relationships with local behavioral health providers and develop a standardized “warm handoff” protocol