



**COMMUNITY HEALTH NEEDS ASSESSMENT
OVERVIEW
MARCH 10, 2020**

**GCHA
COMMUNITY
HEALTH NEEDS
ASSESSMENT

(FUNDED BY HRSA
NETWORK
PLANNING
GRANT)**

- A Community Health Needs Assessment (CHNA) is a process of collecting health outcomes data and local perspectives to better understand the health needs of the community and to provide direction for healthcare and community organizations to focus their collaborative efforts.
- CHNAs are a federal requirement of not-for-profit hospitals under the Patient Protection and Affordable Care Act.
 - Required in annual 990 filings
- GCHA member organizations are conducting a joint CHNA covering the entirety of GCHA service area to understand community needs and collaborate in community health improvement efforts.

CHNAS POSTED TO MEMBER WEBSITES

- Samaritan: None
- Odessa: 2017-2019
- Othello: Website refers to Adams County CHNA
- East Adams: 2017-2019, plus Adams County CHNA
- Columbia Basin: None?
- Quincy: 2019-2021
- Grand Coulee: 2017-2020

RECENT CHNA PRIORITIES: ADAMS COUNTY, HOSPITALS & ACH

Adams County CHNA (2018)

- Housing
- Mental health services
- Treatment/support for substance use disorders
- Care for elderly/disabled

East Adams Rural Healthcare (2017-2019)

- Integrate behavioral health and primary care, and provide trauma-informed care training for staff
- Support elderly safely in their homes or a setting of their choice
- Partner with community organizations to support access to healthy food

RECENT CHINA PRIORITIES: GRANT COUNTY, HOSPITALS & ACH

- **Grant County (2015), indicators of note:**
 - Access to primary care, mental health care, health insurance
 - Reduce tobacco and alcohol use in adults and youth
 - Improve adult flu vaccination rate
 - Increase screening uptake (mammogram, pap, colonoscopy)
 - Improve diabetes rate/diabetes management, nutrition and physical activity
- **Coulee Medical Center (2017-2020)**
 - Chronic disease prevention & management
 - Behavioral health
 - Elderly care
- **Quincy Valley Medical Center (2019-2021)**
 - Access to care: primary care, health insurance, proximity to in-network providers
 - Address housing and transportation needs
 - Address insurance and financial barriers to care
 - Provide sports physicals
 - Recruit and retain providers

ACCOUNTABLE COMMUNITIES OF HEALTH: MEDICAID TRANSFORMATION INITIATIVES

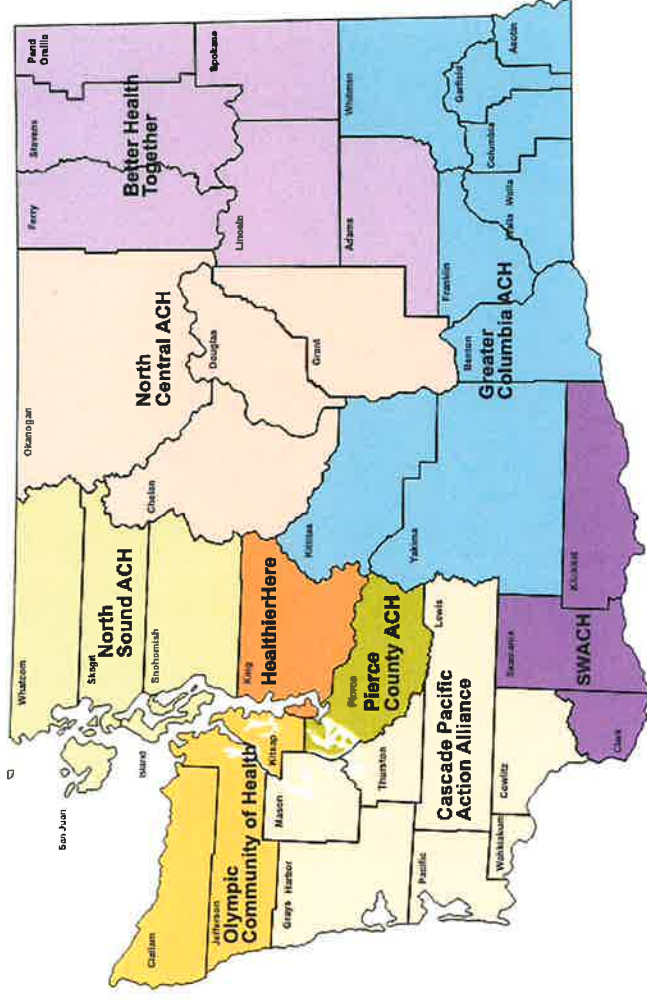
■ Grant County is part of the North Central ACH (met midpoint objectives, February 2020):

- Bi-directional integration of care
- Community-based care coordination
- Transitional care
- Diversions interventions
- Addressing the opioid use crisis
- Chronic disease prevention and control

■ Adams and Lincoln Counties are part of the Better Health Together ACH (met midpoint objectives, February 2020):

- Bi-directional integration of care
- Community-based care coordination
- Addressing the opioid use crisis
- Chronic disease prevention and control

ACH Regions Map



WAC 162-080 (2/18)

Okanogan and Klickitat are transitional counties based on Medicaid regional service areas.

RECENT CHINA PRIORITIES: LINCOLN COUNTY, HOSPITALS & ACH

Lincoln County CHA (2018),
indicators 'not meeting
expectations':

- Immunization rates: flu & childhood immunizations
- Youth bullying & overweight
- Maternal smoking

Odessa Memorial Health Care
Center CHNA (2017-2019):

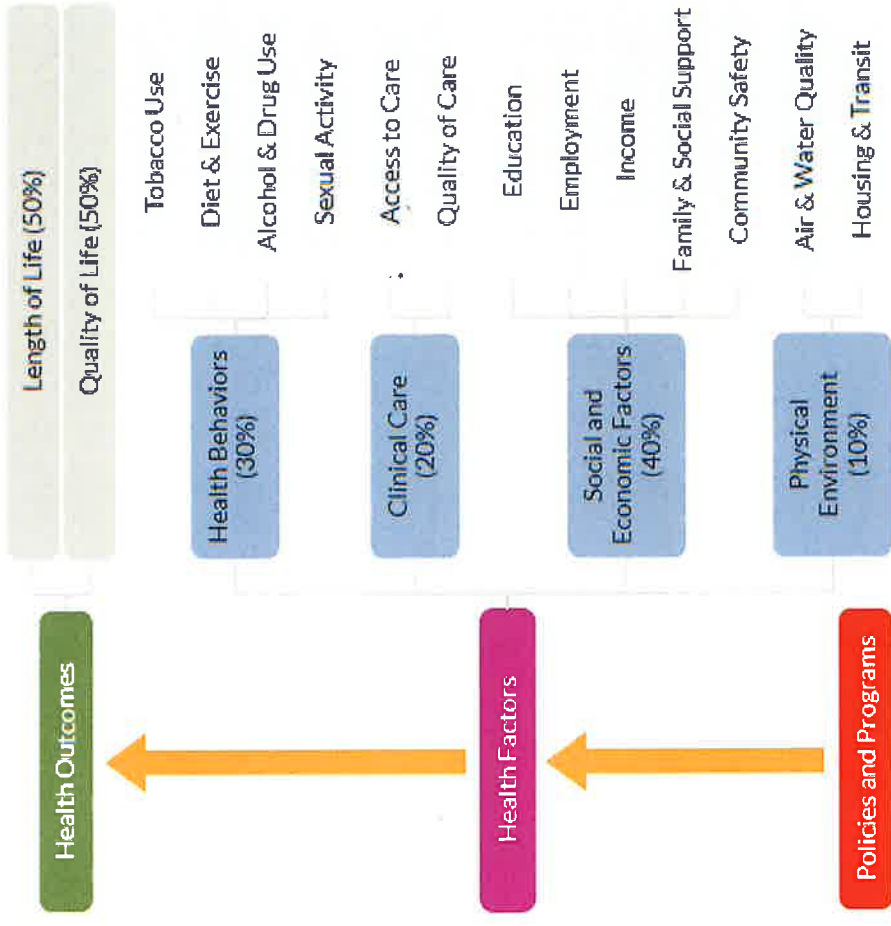
- Access to care, including preserve current services and retain and recruit providers
- Partner with community organizations to support healthy youth, lifestyles, and aging

CONSENSUS ITEMS ACROSS GCHA MEMBERS AND COUNTIES

- Improve access to behavioral health care/substance abuse care and integrate with primary care
- Manage chronic diseases through lifestyle shifts
- Improve preventive health via immunizations (particularly flu) and cancer screenings
- Support food security, housing, and other socioeconomic improvements for communities

WHAT INFLUENCES HEALTH?

- RWJF Model of Health
- Contributors to health:
 - Social & Economic Factors (40%)
 - Health Behaviors (30%)
 - Clinical Care (20%)
 - Physical Environment (10%)



OVERALL HEALTH OUTCOMES: LENGTH AND QUALITY OF LIFE

Health Outcomes Rankings in the GCHA, out of 39 Washington Counties (*lower is better*)

Composite Measure	Components	Adams County	Grant County	Lincoln County
Length of Life	Premature/early death	24	25	14
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birthweight births	39	28	15
Overall Health Outcomes	Combined length & quality of life	33	26	14

- Researchers at the Robert Wood Johnson Foundation measure length of life & quality of life (good or poor health) to create an 'overall health outcomes' measure that can be used to compare across counties and understand community gaps and strengths
- Adams County residents are greatly affected by poor mental and physical health
- Both Adams and Grant County residents show resilience in their length of life rankings, which are higher/more positive than their quality of life rankings

Social & Economic Factors that Influence Health, GCHA & Washington State

Hospital Service Area	Poverty (%)	Hispanic/ Latino (%)	Lang other than English spoken at home (%)	Median Household Income (\$)	High School Graduate or Higher (%)
Columbia Basin	10%	20%	17%	\$61,636	84%
Coulee Medical Center	17%	5%	3%	\$56,563	91%
East Adams Rural Healthcare	13%	5%	7%	\$54,306	91%
Odesa Memorial Healthcare	12%	7%	5%	\$52,130	87%
Othello Community Hospital	23%	73%	57%	\$49,308	59%
Quincy Valley Medical Center	20%	66%	54%	\$50,719	62%
Samaritan Healthcare	15%	31%	23%	\$51,977	82%
GCHA Service Area	17%	43%	35%	\$52,130	75%
Washington	12%	12%	19%	\$66,174	91%

Source: US Census, American FactFinder, 2013-2017 Estimates

- While there is a wide range in GCHA social & economic factors, the GCHA tends to have higher poverty rates, greater Hispanic/Latino populations, and lower education attainment than WA state
- Othello and Quincy Valley communities have large Hispanic/Latino community and highest poverty rates
- Poverty range from 10% (Ephrata) to 23% (Othello)
- Education range from 59% HS graduate (Othello) to 91% (Coulee, East Adams)

FOOD INSECURITY

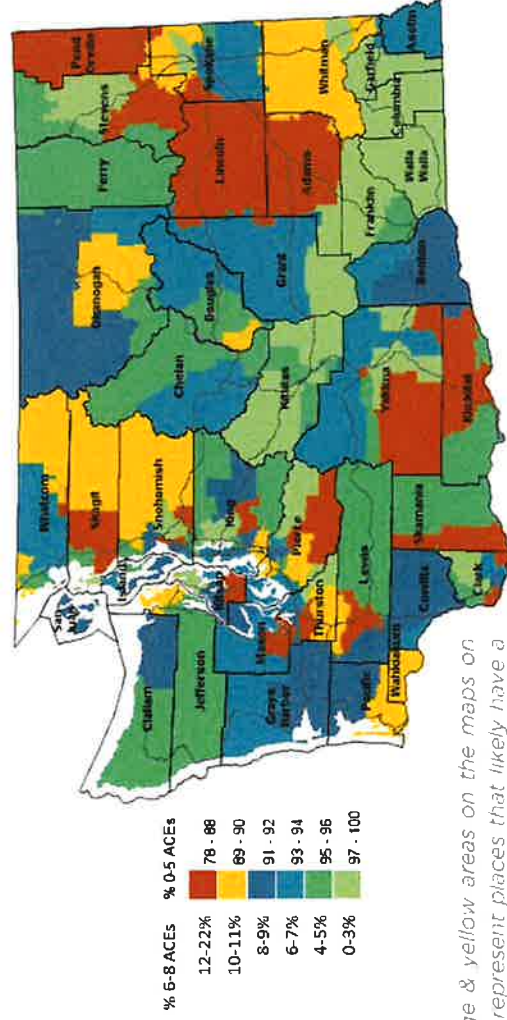
	Adams	Grant	Lincoln	Washington
Food-insecure individuals	8%	9%	12%	12%
Food-insecure children	20%	19%	21%	17%

- Food insecurity is 'a household's inability to provide enough food for every person to live a healthy, active life'
- One in five GCHA children are chronically food-insecure
- Children who live in food insecure households struggle to fully participate in school due to stress and hunger, and cannot achieve the same outcomes as well-fed children
- Food insecurity is a risk factor for obesity

Sources: *Feeding America, 2019, Healthy People 2020*

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adults Reporting 6 or more ACEs



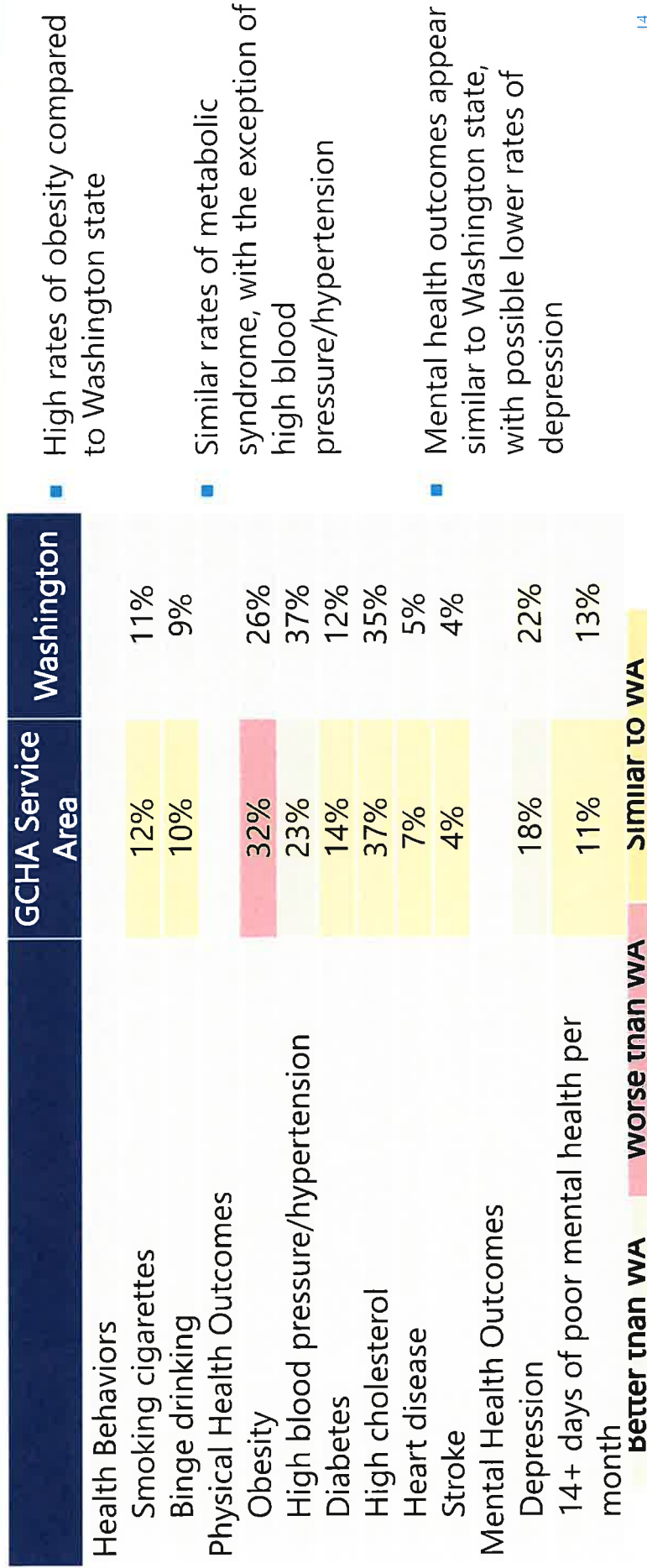
The orange & yellow areas on the maps on this page represent places that likely have a high proportion of people with ≥6 ACEs.

Source: Foundation for Healthy Generations, 2015

- ACEs are toxic stressors occurring in childhood that are linked to chronic health problems, mental illness, and substance misuse in adulthood.
- The more ACEs a person experiences during childhood, the greater their risk of developing mental and physical illness later in life.
- **GCHA adults in Adams and Lincoln County in particular have high rates of ACEs**
- Social & economic supports, early childhood interventions, and trauma-informed care can identify and mitigate ACEs and prevent adults from passing ACEs to children

HEALTH BEHAVIORS AND RELATED HEALTH OUTCOMES

Adult Health Behaviors & Related Outcomes, GCHA and Washington State



Source: Washington Behavioral Risk Factor Surveillance System

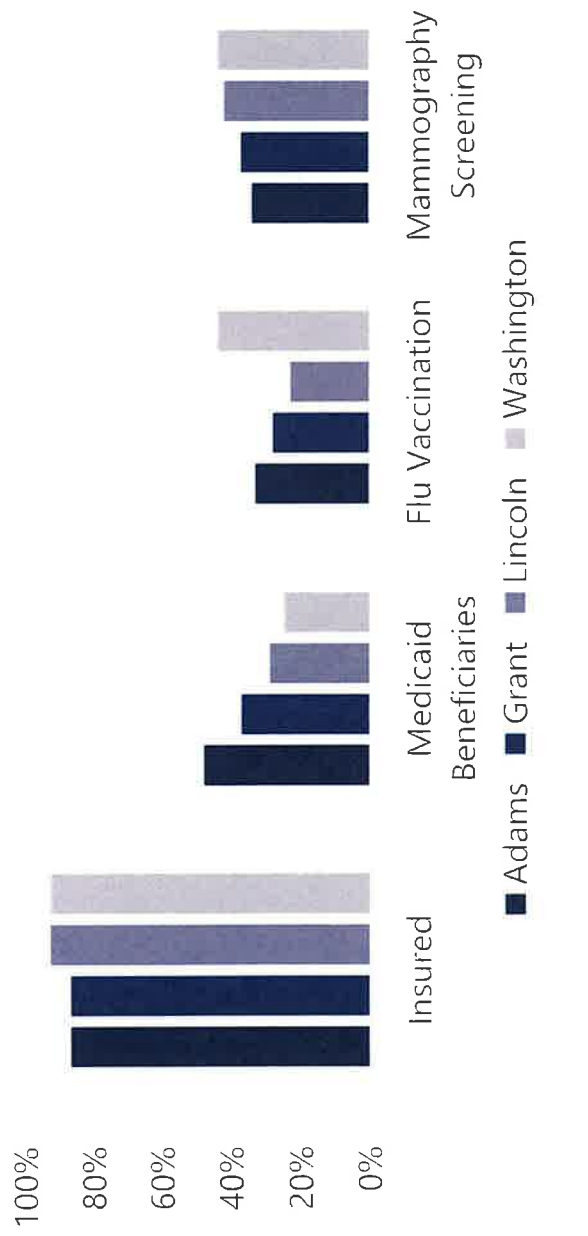
YOUTH HEALTH BEHAVIORS AND RELATED OUTCOMES

- Possible higher rates of cigarette and e-cigarette use compared to Washington state
- Higher rates of physical inactivity compared to Washington state (exception: Lincoln County)
- GCHA youth appear to have better mental health than Washington state youth

	Adams	Grant	Lincoln	WA
YOUTH HEALTH BEHAVIORS				
Smoking cigarettes	6%	7%	8%	5%
Using e-cigarettes/vaping	20%	22%	36%	21%
Physically inactive	20%	16%	9%	15%
YOUTH HEALTH OUTCOMES				
Obese	23%	13%	21%	14%
Depressed in past 12 months	36%	38%	31%	40%
Thoughts of suicide in past 12 months	16%	21%	20%	23%
	Better than WA	Worse than WA	Similar to WA	

Source: Healthy Youth Survey, 2018,

ACCESS TO CARE: PREVENTIVE CARE OUTCOMES



- Residents of Adams and Grant counties are less likely to have health insurance than residents of Lincoln County and Washington overall
- Residents of the GCHA are more likely to have Medicaid than Washingtonians overall, reflecting high poverty rates/low incomes
- Medicare beneficiaries in the GCHA area are less likely to have gotten a flu vaccine or a mammogram than Washington state residents

ACCESS, QUALITY, UTILIZATION: MEDICAID BENEFICIARIES

	Adams County	Grant County	Lincoln County	Washington
Access				
Adult Preventive Care Access	85%	83%	81%	78%
Child & Adolescent Preventive Care Access	97%	95%	92%	91%
Mental Health Treatment (6 yrs & up)	76%	58%	48%	55%
Substance Use Disorder Treatment (12 yrs & up)	27%	22%	27%	36%
Substance Use Disorder Treatment (Opioids, 18+ yrs)	36%	40%	33%	54%
Quality				
Potentially Avoidable ED Visits	16%	15%	16%	16%
Utilization				
Had a Dental Visit in the Past Year	62%	59%	47%	46%
Rx for High-Dose Chronic Opioid Therapy (>50 mg MED)	37%	38%	40%	35%

Better than WA

Worse than WA

Similar to WA

2020 OPPORTUNITIES FOR ACTION

- Health Care Access, Quality, Utilization:
 - Improve adult flu vaccination and mammography screening rates
 - Improve access to substance use disorder treatment for all ages
- Health Behaviors:
 - Increase youth and adult physical activity
 - Lower e-cigarette/vaping among teens
- Social & Economic Determinants of Health:
 - Improve childhood food security
 - Address ACEs through social & health care policies and interventions