



Adams County Healthcare Collaborative



COMMUNITY HEALTH NEEDS ASSESSMENT

2024-2026



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I. Executive Summary

The Adams County Healthcare Collaborative (the Collaborative) is pleased to present this **2024-2026 Community Health Needs Assessment (CHNA)**, which details the socioeconomic characteristics of the diverse communities comprising our county. It also provides key health indicators and trends on health status, health outcomes, and health disparities in our communities. In addition to data, the CHNA process included a county-wide survey, led by Adams Integrated Health, that gained the insights and perceptions of community members. Nearly 40% of the surveys were completed by persons speaking a language other than English at home. This CHNA concludes by identifying the most pressing health needs in our respective service areas.

The Collaborative’s work over the past two years has been funded by *Better Health Together* (BHT), an Accountable Community of Health. BHT exists to improve access to integrated whole person care, to optimize the use of community resources, and to promote health equity for all, by all. In early 2024, the Collaborative will develop strategies to guide its work. Further, several members of the Collaborative, including Adams Integrated Health and East Adams Rural Health (EARH) have federal requirements related to Community Health Assessments and will use the data and findings incorporated here within to meet their respective obligations, and as required, to create and adopt implementation plans.

What is the Adams County Healthcare Collaborative?

The Collaborative is a diverse group of providers located in, and/or otherwise serving the health and social needs of Adams County residents. The vision of the Collaborative is to achieve a healthy community that advances wellness for all county residents and where individuals are supported to reach their highest potential for health.

The Collaborative’s envisioned delivery system:

- Provides local, accessible, convenient, and culturally-appropriate primary and behavioral health care.
- Partners to address the social determinants of health.
- Provides seamless, warm handoffs for all services, including those that are not available locally.
- Identifies and mitigates structural barriers that compromise diversity, inclusion, and health equity.

Collaborative members include:

- Adams County Public Hospital District #2, East Adams Rural Healthcare
- Adams County Public Hospital District #3, Othello Community Hospital
- Adams Integrated Health
- Aging and Adult Services of Central Washington
- Columbia Basin Health Association
- Community Health Plan of Washington
- Lind Ritzville Cooperative Schools
- Coordinated Care
- Molina Healthcare Washington
- Rural Resources Community Action

II. Adams County and Its Communities

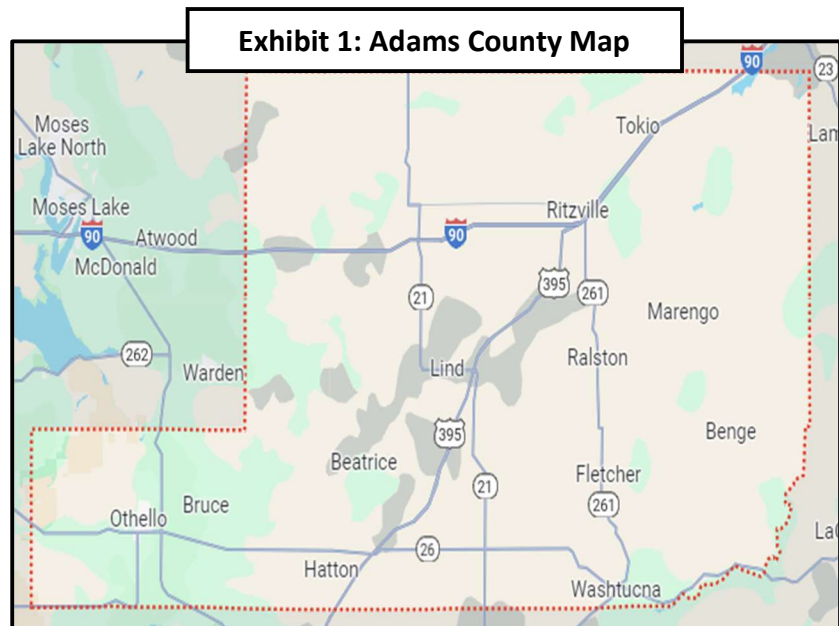
Founded in 1883, Adams County covers 1,925 square miles in southeastern Washington State. The county is primarily agricultural, with dry land wheat farming in the eastern portion and irrigated farming in the western portion. The county is considered a transportation hub, as it includes Interstate 90, U.S. 395, State Routes 17 and 26, Burlington Northern Santa Fe Railway, and the Columbia Basin Railroad.

Adams County Integrated Health, a division of Adams County, serves the entirety of the region with behavioral health, developmental disabilities programs, emergency housing, and public health services. Two public hospital districts (PHD) cover 100% of the county's land area: Public Hospital District #2 serves eastern Adams County, including the county seat of Ritzville. Public Hospital District #3 serves western Adams County, including the large and growing Othello community. Both PHDs operate critical access hospitals and provide 24/7 EMS coverage within their respective Districts. District #2 provides primary care, as does the Columbia Basin Health Association, a federally-qualified health center. Its main clinic is located in Othello.

The 1890 census recorded the county's population at 2,098 residents. The population more than doubled by the 1900 census, as agriculture became the primary industry in the area. At the time, Ritzville was described as the largest wheat exporter in the world. Between 1950 and 2010, the census recorded continued growth, with 18,729 residents listed in 2010. In 2018, the largest solar farm in Washington State was installed on 170 acres in Lind, WA, generating 28 MW of renewable energy annually.

Today, Adams County's population is just over 23,000. It grew by 10.5% between 2010 and 2020 and is projected to grow another 4.7% by 2029.

Adams County's two most populous cities are Othello and Ritzville. Ritzville, located in the northeastern corner of the county, lies at the junction of I-90 and U.S. 395, making it a convenient and popular transportation stop for travelers. It is just over an hour from Spokane. Ritzville is also the county seat and the location of all elected governmental county services.



Othello is a roughly one-hour drive from Ritzville. It is in the southwestern corner of the county where State Routes 26, 17, and 24 converge. Its central location places Othello about a one-hour drive from the Tri-Cities region, and a half-hour drive from Moses Lake.

Demographically and economically, the zip codes comprising the two largest communities of the county are very different. Almost one-quarter of the populations of Ritzville and the remainder of east Adams County is 65+ (22.2%) and more than 87% Caucasian. The population within the Ritzville zip code (99169) is expected to grow by only 2% between 2024 and 2029.

In contrast, Othello is one of the youngest zip codes in the state, with only 9.4% over the age of 65, and 75% of the population is Hispanic. It grew by 11.9% between the 2010 and 2020 census and is projected to grow by another 5.2% by 2029.

It is noted that both regions are growing. By 2029, Adams County, especially the western portion of the county, is projected to grow at a rate of around 5%, with eastern Adams County growing at a rate of 2%. The east Adams County Service Area is projected to continue to be much older, with the 65+ population of the eastern Service Area (25.6%) more than twice that of Othello (10.9%), and greater than the state average (19.9%) by 2029.

Western Adams County is more diverse, with almost 75% of the population identifying as Hispanic versus 6.2% in eastern Adams County, and only 13.5% in the state.

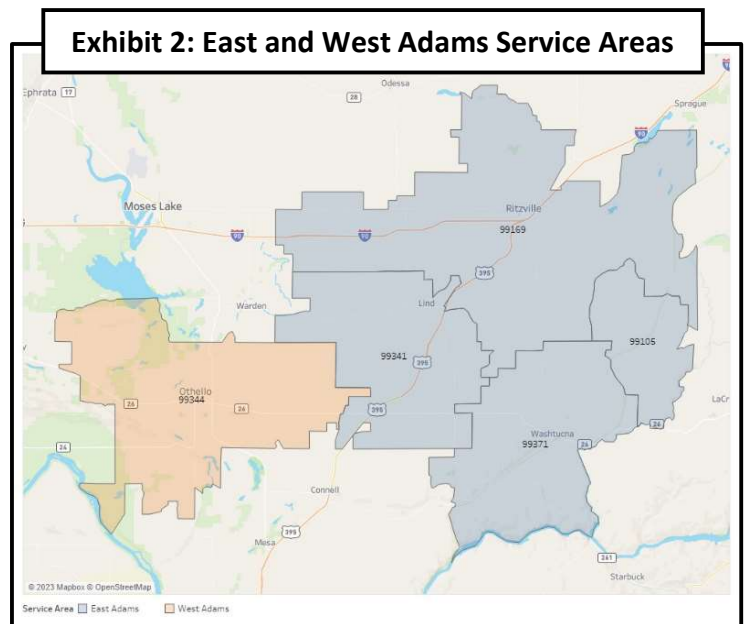
Due to the differences between the east and west regions of the county and given that a distinct Public Hospital District serves each, where data is available at the sub-county level, it is included in this CHNA.

The East Service Area (eastern Adams County) includes four zip codes:

- 99169 – Ritzville
- 99105 – Benge
- 99341 – Lind
- 99371 – Washtucna

The West Service Area (western Adams County) includes the two zip codes of Othello:

- 99344
- 99332



East Adams County/Ritzville Service Area and Demographics

Eastern Adams County has mostly dryland crops, including wheat, canola, camelina, and sunflowers. As seen in **Exhibit 3**, the population of the Service Area is just under 4,000. The Service Area’s population grew almost 4% between 2010 and 2020 and is expected to grow another 2% between 2024 and 2029. Of interest is the fact that the 65+ population grew at a rate of 12.5%, more than eight times faster than the 0-64 population (1.7%).

While growth is projected to slow between 2024-2029, a similar ratio is expected by 2029, with the under 64 population growing by less than one percent, while the 65+ is expected to grow by 6.3%.

Today, over 22% of the population is over the age of 65, and by 2029, this percentage is expected grow to almost 26%, or more than one of every four eastern Adams residents. Comparatively, in 2024, only 12% of the county’s population is age 65+, while 18% of the state’s population is age 65+.

Exhibit 3: East Adams County Population, 2010-2029 (projected)										
	2010 Pop.	2020 Pop.	Pct. of Tot. Pop.	Pct. Chg. 2010- 2020	2024, Est.	Pct. of Tot. Pop.	Pct. Chg. 2020- 2024	2029, Proj.	Pct. of Tot. Pop.	Pct. Chg. 2024- 2029
Total Pop.	3,758	3,905	100.0%	3.9%	3,925	100.0%	0.5%	4,002	100.0%	2.0%
Pop. by Age										
Total 0-64	2,989	3,040	77.8%	1.7%	2,962	75.5%	-2.6%	2,978	74.4%	0.5%
Total 65+	769	865	22.2%	12.5%	963	24.5%	11.3%	1,024	25.6%	6.3%
Hispanic	263	311	8.0%	18.3%	330	8.4%	6.1%	378	9.4%	14.5%
Fem. 15-44	539	580	14.9%	7.6%	579	14.8%	-0.2%	589	14.7%	1.7%

Source: Nielsen Claritas

West Adams County/Othello Service Area and Demographics

As **Exhibit 4** shows, the 2020 population of the Othello Service Area was just over 20,000. The population in western Adams County is growing faster than that of eastern Adams County. The Service Area’s population grew by nearly 12% between 2010 and 2020 and is expected to grow an additional 5% between 2024 and 2029.

The 0-64 population increased over 10% between 2010 and 2020, while the 65+ population grew by nearly 32% over the same time frame. By 2029, the 0-64 population is expected to grow an additional 4.3%, while the 65+ group is expected to grow by 14%. Today, 10% of the population is over the age of 65, and by 2029, this percentage is expected to grow to almost 14%.

Western Adams County is over 74% Hispanic (compared to less than 15% in the eastern part of the county, which is 85% White).

Exhibit 4: West Adams County Population, 2010-2029 (projected)										
	2010 Pop.	2020 Pop.	Pct. of Tot. Pop.	Pct. Chg. 2010- 2020	2024, Est.	Pct. of Tot. Pop.	Pct. Chg. 2020- 2024	2029, Proj.	Pct. of Tot. Pop.	Pct. Chg. 2024- 2029
Tot. Pop.	17,370	19,443	100.0%	11.9%	20,124	100.0%	3.5%	21,177	100.0%	5.2%
Pop. by Age										
Tot. 0-64	15,988	17,624	90.6%	10.2%	18,110	90.0%	2.8%	18,882	89.2%	4.3%
Tot. 65+	1,382	1,819	9.4%	31.6%	2,014	10.0%	10.7%	2,295	10.8%	14.0%
Hispanic	12,280	14,528	74.7%	18.3%	15,352	76.3%	5.7%	16,616	78.5%	8.2%
Fem. 15-44	3,586	4,323	22.2%	20.6%	4,450	22.1%	2.9%	4,589	21.7%	3.1%

Source: Nielsen Claritas

III. Prior Community Health Needs Assessments

Adams County Healthcare Collaborative: 2014-2015 and 2017-2018 Update

The 2014-2015 CHNA used the MAPP (Mobilizing for Action through Planning and Partnerships) process and CASPER (Community Assessment of Public Health Emergency Preparedness) as the tool for soliciting input from the community. Key findings from the survey are summarized below:

- Low income/poverty, drug/alcohol abuse, and unemployment rates/employment opportunities are the three major issues that affect the quality of life in Adams County.
- The top three issues that need the most improvement are positive teen activities, more affordable/better housing, and higher paying employment.
- The top three health behaviors people in our community need information about are childcare/parenting, exercising/fitness, and elder care.
- Sixty-one percent of respondents relate their health as “excellent” or “good.”
- Although 36% of adult respondents said they did not have health insurance in the last year, 95% of respondents relate their children did have insurance coverage in the last year.
- Eighty-two percent of respondents would choose getting their medical advice in Adams County.
- Eighty percent of respondents had visited their provider for a routine checkup in the last 1-2 years.
- Fifty percent of respondents had been to their dentist in the last 1-2 years.
- Forty-four percent of respondents related they needed someone to help them understand health related information, at least occasionally.
- Eighty-nine percent of respondents said they would evacuate in an emergency, if mandated.

The CHNA Plan was finalized in 2015 with the following goals:

- Community members will make healthier food choices.
- Community members will be more physically active.
- Mothers will breastfeed their infants.
- Teens will have opportunities for positive activities.
- Resources will be identified in the community for substance abuse prevention.

In 2018, the Collaborative updated and affirmed the CHNA goals noted above. Strategy refinement in 2018 included building on efforts of the Othello Healthy Communities Coalition and increasing funding to increase awareness of healthy eating, including working with local grocery stores to label healthy foods.

East Adams Healthcare: 2017 and 2020-2021

EARH completed a CHNA in 2017 for East Adams County and then updated it in 2020-2021. In addition to a community engagement process and the county-wide CHNA summarized above, other sources of data included:

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- American Community Survey (ACS), U.S. Census Bureau
- Robert Wood Johnson Foundation (RWJF) County Health Rankings
- Department of Health and Human Services National Vital Statistics System
- WA Department of Health Adams County Chronic Disease Profile 2017
- Washington Healthy Youth Survey 2016 Adams County
- Enroll America
- HRSA Data Warehouse
- Washington State Healthcare Authority

Top health concerns identified in eastern Adams County were very similar to the county-wide CHNA findings (behavioral health and lack of affordable healthy foods), but also included the need for more services to support elderly residents remaining safely at home. After consideration of its resources and expertise, as well as input from other community agencies and providers (along with their respective areas of expertise and programming), EARH's Board of Commissioners adopted three priorities in 2017, and reaffirmed them in 2021:

1. Further integrate behavioral health into primary care and provide trauma-informed care training for staff.
2. Support the elderly to remain safely in their homes or a setting of their choice.
3. Partner with other community organizations to support access to healthy food.

Other

In addition to the CHNAs referenced above, Better Health Together funded a Rural Equity Action/Advisory Team (REAT) that identified that women in Adams County are less likely to receive preventive medicine than men in Adams County. Priorities established from that work include:

- Increase access by extending after-hours appointments.
- Bring medicine to where women work, worship, and live.
- Increase care coordination efforts in Adams County, with a focus on decreasing barriers to care for women.

IV. Methodology

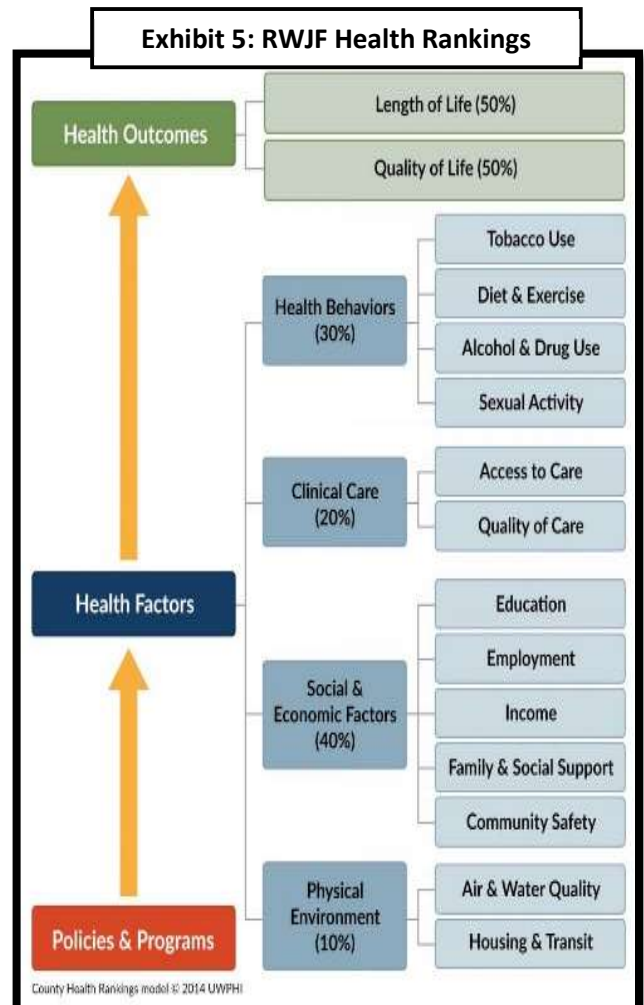
2023 Process

The Robert Wood Johnson Foundation’s Health Rankings Model, shown in **Exhibit 5**, was used to organize our CHNA work. This model emphasizes the many factors in population health that, if improved, can help make communities healthier places to live, learn, work, and play. In the Health Rankings Model, the current health status of a community is called health outcomes, which is calculated by rates of mortality (premature death) and morbidity (chronic diseases). In turn, these health outcomes are influenced by health factors in a community, ranked by a calculation of various health behaviors, clinical care, social and economic factors, and physical environment measures. Health factors represent what will influence the future health of a community, while health outcomes represent how healthy a community is today.

Both primary and secondary data collection were used to determine the health of Adams County. In addition to RWJF, data from several federal and state-level sources were used to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the two Service Areas and the county as a whole. Specific data sources included:

- Centers for Disease Control, Behavioral Risk Factor Surveillance Survey
- American Community Survey (ACS), U.S. Census Bureau
- Washington Healthy Youth Survey
- UDS Mapper HRSA Data Warehouse
- Claritas Population Data
- Community Convening Survey Data

When possible, data was analyzed at the Service Area level. Where Service Area data was unavailable, it is reported at the county level.



Additionally, the Adams County Healthcare Collaborative undertook a robust community survey process to assess, identify, and prioritize community needs across both Primary Service Areas and the county as a whole. Detailed outcomes from the survey are presented and discussed in the **Community Convening** Section.

The RWJF County Health Rankings compare counties within each state on more than 30 factors. Washington’s 39 counties are ranked according to a variety of health measures, and counties are ranked relative to the health of other counties in the state. The composite scores for Adams County, identified in **Exhibit 6**, show that Adams County is ranked in the lower middle range (25%-50%) of counties in Washington for Overall Health Outcomes (27 of 39) and in the lower quartile (0%-25%) for Overall Health Factors (36 of 39).

The Overall Health Outcomes composite score, driven by significant improvements in Length of Life measures, has moved the county up seven positions since 2018. However, Quality of Life measures, while improving two positions over the last five years, remain at or near the bottom of all counties in Washington State. When looking at Overall Health Factors and composite measures, Adams County has fallen three positions overall, declined in each measure, and, significantly, dropped five positions in measures of Health Behaviors.

Exhibit 6: RWJF County Health Rankings, 2018-2023						
<i>Name</i>	<i>Measure</i>	'18	'20	'22	'23	<i>Ranking Change 2018-2023</i>
Overall Health Outcomes		34	26	29	27	↑ 7
Length of Life	Premature death	24	15	16	16	↑ 8
Quality of Life	Poor or fair health, poor physical or mental health days, low birthweight	39	36	39	37	↑ 2
Overall Health Factors		33	30	32	36	↓ -3
Clinical Care	Uninsured adults, primary care provider ratio, preventable hospital stays, screenings	30	24	31	31	↓ -1
Health Behaviors	Smoking, obesity, binge drinking, motor vehicle crash deaths, teen births	30	27	35	35	↓ -5
Social and Economic Factors	High school graduation rate, college degrees, poverty, income inequality, social support	32	33	30	34	↓ -2
Physical Environment	Air and water quality, housing, and transit	34	27	26	32	↑ 2

V. Health Outcomes

Length of Life

Measuring how long people in a community live demonstrates whether people are dying too early, and it prompts evaluation of what is driving premature deaths. By exploring a county’s data related to Length of Life, important indicators about a community’s health can be highlighted.

Exhibit 7: Length of Life Measures				
Measure	Adams County			WA
	Total	Hispanic/Latino	White	
YPLL	6,000	4,700	8,700	5,800
Life Expectancy	80.0	80.9	77.9	80.2

Source: 2023 RWJ County Health Rankings

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people.

While the indicators for Length of Life have improved significantly between 2018-2023, **Exhibit 7** shows Adams County’s YPLL exceeds that of Washington State (6,000 per 100,000 people under age 75 versus 5,800 statewide). County data also shows that the premature death rate of the Hispanic/Latino population is significantly better than the overall county rate, and better than the county’s White population. The Hispanic/Latino population also has a slightly longer life expectancy than the White population of the county (80.9 years versus 77.9 years, respectively).

Quality of Life

Quality of Life data tells us about how people perceive their health. It tells us whether they feel healthy and satisfied. It is important to understand the perceived health of a community so we can distinguish patterns over time and identify risk factors and policies that address those risk factors.

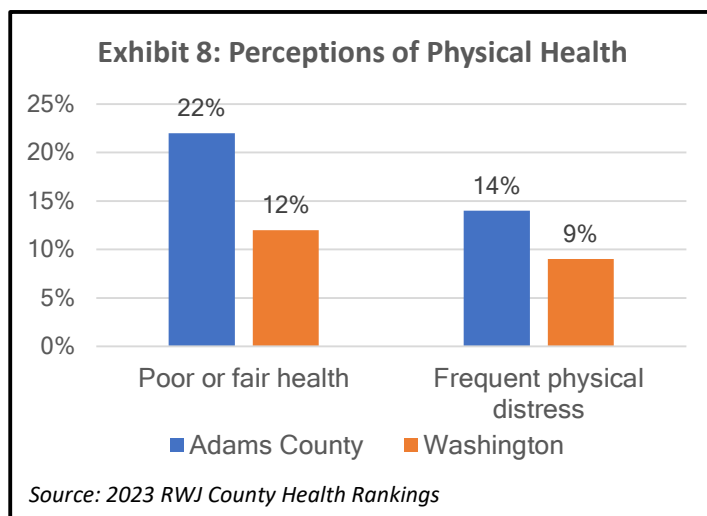


Exhibit 8 shows that significantly more residents (22%) of Adams

County report they are in “poor or fair health”, a measure of adults who rate their own health as poor or fair on a scale of poor, fair, good, very good, or excellent, than the state (12%).

Similarly, the percentage of residents reporting “frequent physical distress” (14%), defined as adults who reported their physical health was not good 14 or more days in the past 30 days,

was higher than the State (9%). County residents also report significantly more poor physical health days (4.3) in the past 30 days than state residents overall (2.9). This includes chronic conditions such as arthritis, asthma, cancer, diabetes, heart disease, and stroke, as well as acute conditions such as colds, flu, and injuries.

Chronic conditions impact quality of life, with significant impacts on physical, social, and mental well-being and cause significant morbidity and mortality.

Exhibit 9: Chronic Conditions	East	West	County	WA
Diabetes <i>(% of adults ever told they have diabetes)</i>	12%	12%	13%	8%
High Blood Pressure <i>(% of adults ever told they have high blood pressure)</i>	36%	29%	30%	30%
Asthma <i>(% of adults ever told they have asthma)</i>	26%	12%	15%	15%
Source: WA BRFSS, 2014-2018				

As identified in **Exhibit 9**, Adams County has higher rates of chronic conditions than Washington State. Both east and west county areas (12%), and Adams County as a whole (13%), have significantly higher rates of diabetes than the state (8%). For other chronic health conditions, disparities exist between the two sections of the county, with the percentage of eastern Adams County adults reporting having high blood pressure significantly higher than those of western Adams County, Adams County as a whole, and the state. Additionally, the percentage of eastern county residents reporting asthma is almost twice that of the western portion of the county, Adams County as a whole, and the state.

**Key Health Outcomes Takeaways
and Implications for the CHNA**

- The county is less well in measures of both Quality and Length of Life when compared to the state.
- More eastern county residents are burdened with chronic conditions, including high blood pressure and asthma, than western portions of the county, Adams County as a whole, or the state.
- White residents of Adams County have lower life expectancy and higher rates of premature death than the Hispanic/Latino population.

VI. Health Behaviors

In the United States, the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

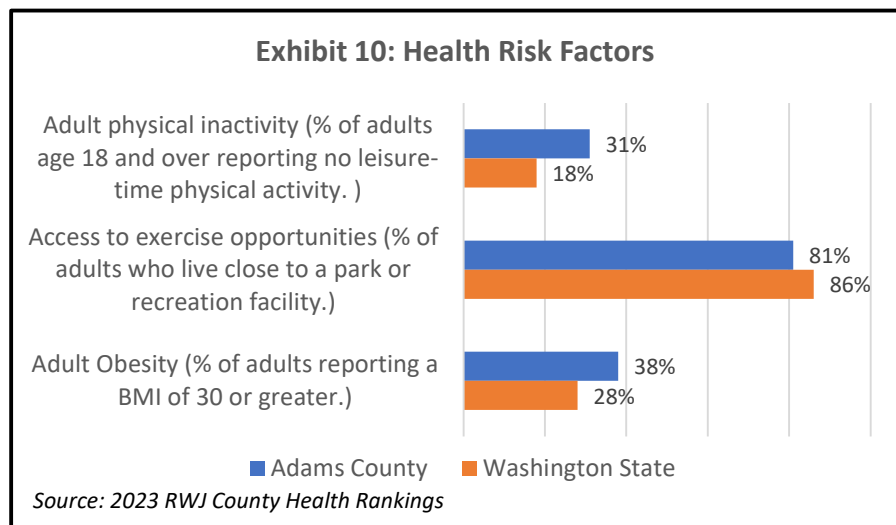
Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors, as well as ensuring that they can access nutritious food, safe spaces to be physically active, and supports to make healthy choices.

WHAT ARE HEALTH BEHAVIORS?

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. Health behaviors are modifiable.

Nutrition and Exercise

Diet and activity patterns are closely correlated with chronic disease. As shown in **Exhibit 10**, the percentage of the county population that is physically inactive (31%) is higher than the state percentage (18%). The percentage of adults who live close to exercise opportunities in the county is almost 6% lower than the statewide



percentage, and the percentage of the adult population who report being obese (a BMI of 30 or greater) is significantly higher (38%) than the state (28%).

Access to Healthy, Sufficient Food

The Food Environment Index measures factors that contribute to a healthy food environment from 0 (worst) to 10 (best). The RWJF County Health Rankings' measure of the food

environment accounts for both access to healthy foods (distance, location) and income (cost barriers). The lack of consistent access to adequate amounts of nutritious, balanced food is called “food insecurity.” According to Feeding America’s *Map the Meal Gap 2020, A Report on County and Congressional District Food Insecurity*, in addition to having negative impacts on the health of individuals at all ages (e.g., weight gain and premature mortality), this measure is correlated to higher prevalence for disease, and is a key social determinant of health. The percentage of a population who are low-income and do not live close to a grocery store are identified as having “limited access to healthy foods.” This, in turn, impacts overall health in the community.

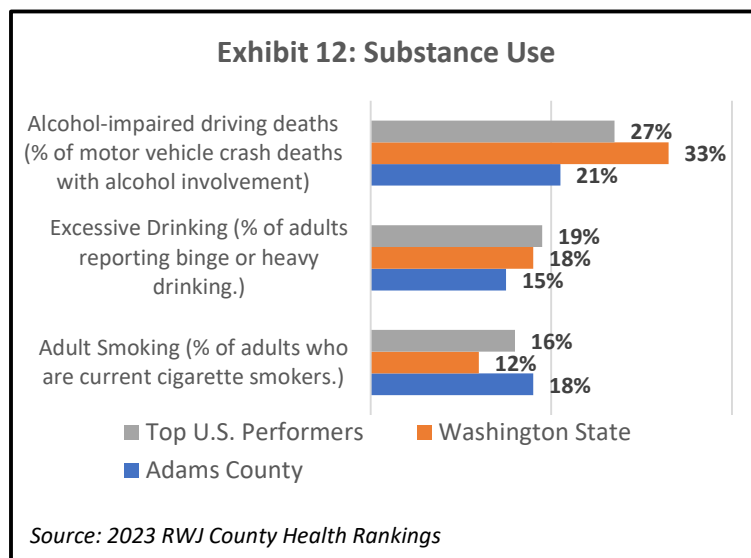
As shown in **Exhibit 11**, Adams County scored 6 out of a possible 10 on the Food Environment Index, underperforming against the state (8.4) and U.S. top performers (7.0). Importantly, the percentage of county residents with limited access to healthy foods is 23%, significantly worse than the state (5%) or U.S. top performers (6%).

Exhibit 11: Access to Healthy, Sufficient Food			
	Adams County	WA	U.S. Top Performers
Food Environment Index <i>(index of factors that contribute to a healthy food environment)</i>	6.0	8.4	7.0
Food Insecurity Rate <i>(% of population who lack adequate access to food)</i>	12%	9%	12%
Limited Access to Healthy Foods <i>(% of population who are low-income and do not live close to a grocery store)</i>	23%	5%	6%

Source: 2023 RWJF County Health Rankings

Substance Use

Tobacco use is the leading preventable cause of death and disease in the U.S., and according to the CDC, cigarette smoking alone kills more than 480,000 Americans each year. **Exhibit 12** shows that almost one-in-five Adams County adults (18%) report being current cigarette



smokers, a greater percentage than the state (12%) or U.S. top performers (16%).

Excessive alcohol consumption (binge drinking, heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weakening of the immune system. Alcohol-impaired driving

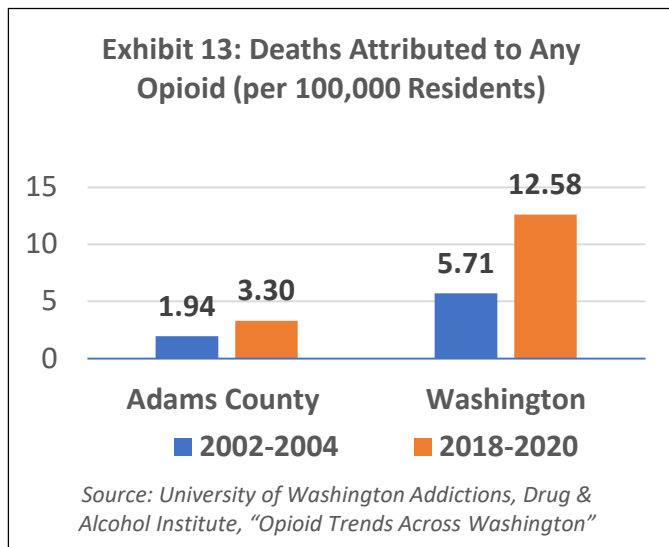
deaths significantly contribute to unintentional injuries (the only top cause of death in the county that is not directly related to chronic disease). One-third of all traffic-related deaths involve alcohol, and drunk driving is the number one cause of death among teenagers.

As shown in **Exhibit 12**, the rate of excessive drinking in Adams County (15%) is lower than the state (18%) and U.S. top performers (19%). Importantly, the percentage of alcohol-impaired driving deaths is significantly lower in the county (21%) than the state (33%).

Drug overdoses and opioid misuse are a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from prescription and illicit opioids have sharply increased since 1999. Nationwide, over 300,000 people have died from drug overdoses in the last 15 years. That's about 55 people per day.

Washington has experienced a similar trend. Between 2007 and 2021 (15 years), 17,502 Washington residents died from a drug overdose. Of those deaths, 68% involved an opioid. Since 2019, the annual number of opioid drug overdose deaths has nearly doubled, from 827 deaths in 2019 to 1,619 in 2021.

Exhibit 13 shows that county residents fare far better than the state on select opioid statistics.



The Healthy Youth Survey (HYS) is a biennial survey administered to 6th–12th grade students across the state. The HYS measures health risk behaviors that contribute to illness, death, and social problems among youth in Washington State, including alcohol and drug use, intentional and unintentional injuries, food and physical activity, mental health, school climate, and related risk and protective factors. The most recent 2021 survey was the 17th statewide survey, with 200,000 students participating from all 39 counties. Eighty-one percent of Adams County 8th graders and 80% of Adams County 10th graders took the 2021 survey.

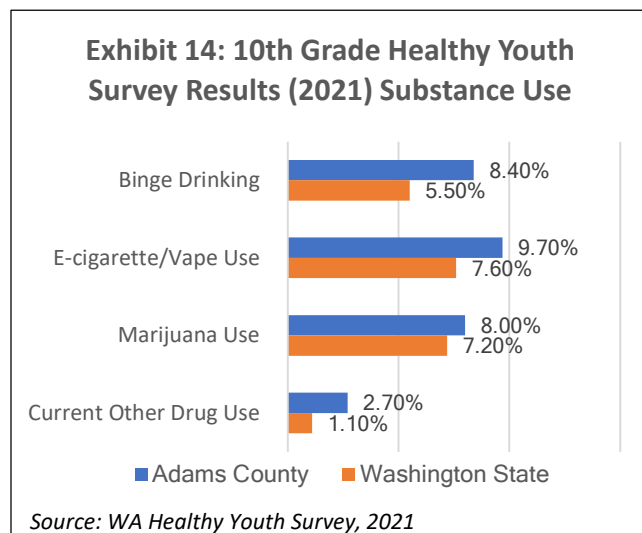


Exhibit 14 shows that in measures of alcohol, tobacco, and drug use, Adams County 10th graders report higher usage than state 10th graders in all categories. Eight percent of Adams County 10th graders

reported binge drinking (having five or more drinks in a row of alcohol in the last two weeks), compared to 7.6% statewide. E-cigarette/Vape Use (percentage of students who answered they used e-cigarettes or vapes “any days” during the past 30 days) and marijuana use (percentage of students who answered they used marijuana “any days” during the past 30 days) are also more prevalent among Adams County 10th graders than Washington State 10th graders, as is other drug use (any use of illegal drugs in the past 30 days).

Mental Health

Mental distress happens when a person feels stressed, sad, or depressed, or has problems with their emotions. Adults with mental distress have difficulty in the way

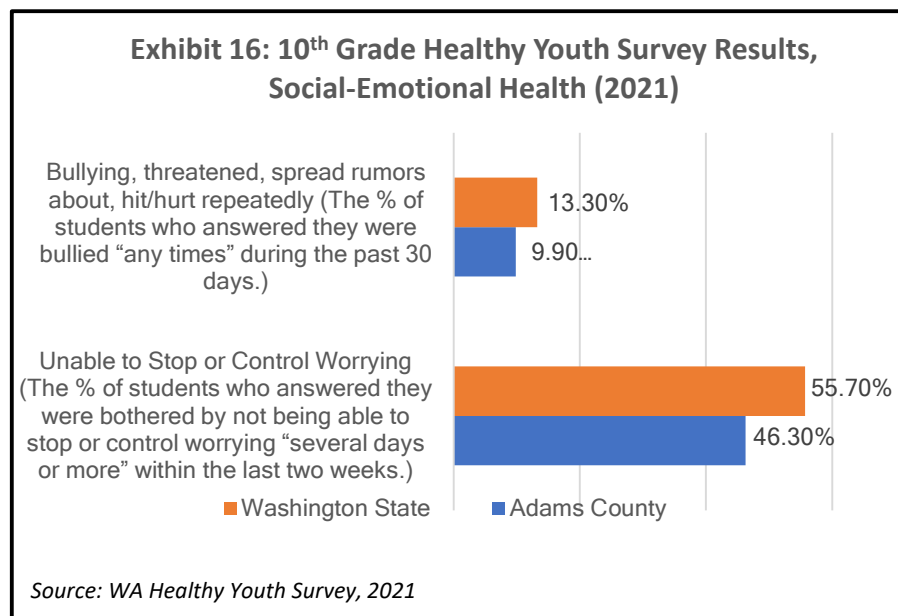
Exhibit 15: Adult Perceptions of Mental Health		
	Adams County	Washington
Frequent Mental Distress	16%	14%
Poor Mental Health Days	4.7	4.5

they think, feel, or behave. Frequent mental distress is defined as when a person feels emotionally unhealthy, or very sad, anxious, or troubled, for at least 14 out of 30 days. This distress can hurt a person’s relationships, their work, and other facets of their life. Adults with frequent mental distress are more likely than adults without frequent mental distress to:

- Have unhealthy behaviors, such as smoking or not sleeping enough.
- Have chronic (long-lasting) health conditions like heart disease or diabetes.
- Visit the doctor more.

As indicated in **Exhibit 15**, 16% of Adams County residents reported frequent mental distress, compared to 14% in the state. County residents also report more poor mental health days than the state, defined as the average number of mentally unhealthy days reported in past 30 days (age-adjusted).

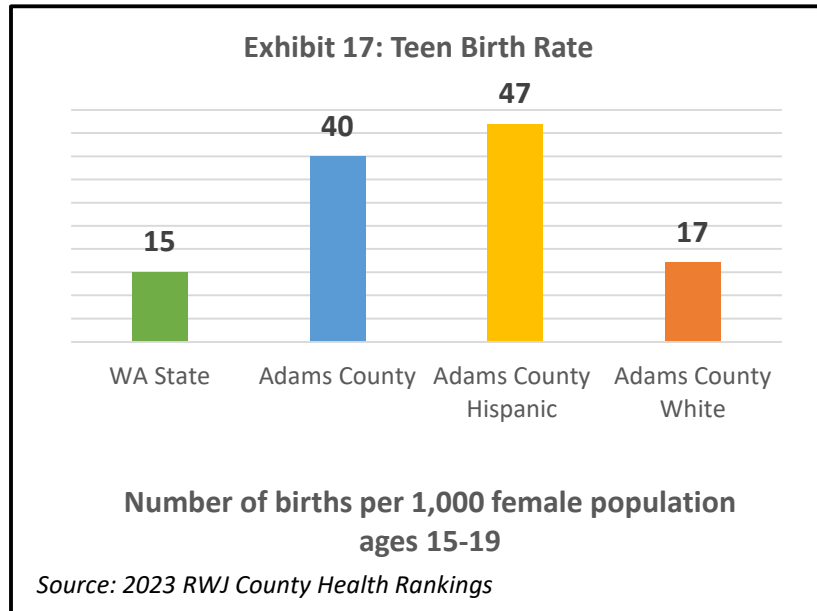
In contrast, youth in Adams County are faring better on mental health indicators than their peers across the state. As seen in **Exhibit 16**, fewer Adams County 10th graders report being bullied during the past 30 days and report fewer instances of being unable to stop or control worrying (not being able to stop or control worrying “several days or more” within the last two weeks).



Teen Pregnancy and Childbearing

According to the CDC, teen pregnancy and childbearing are associated with increased social and economic costs to teen parents and their children. These impacts include increased school dropout rates among teen mothers, lower school achievement for the children of teenage mothers, increased health problems, increased incarceration rates during adolescence, or giving birth as teens themselves. While the CDC reports the U.S. teen birth rate has been

declining since 1991, it remains higher than other western industrial nations and racial and geographic disparities in teen birth rates persist. As indicated in **Exhibit 17**, the number of teen births in Adams County significantly exceeds that of the state (40 per 1,000 females ages 15-19 compared to 15 for the State). **Exhibit 17** also shows the rate of teen pregnancy among Hispanic residents (who primarily reside in western Adams County) outpaces that of White residents (who primarily reside in eastern Adams County), the county overall, and the state.



Key Health Behavior Takeaways and Implications for the CHNA

- Adams County is significantly less active, more obese than WA.
- County adults perform better than WA adults in measures of alcohol consumption.
- County adults fare far better than the state on select opioid statistics.
- County 10th graders have higher measures of alcohol, tobacco, and drug use than their state counterparts.
- Hispanic teen birth rate driving county birth rate (five times greater than WA).
- County residents have less access to healthy foods and higher levels of food insecurity than the state.

VII. Clinical Care

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care in a community helps in understanding how the community can improve the health of its neighbors.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

WHAT IS INCLUDED IN CLINICAL CARE MEASURES?

Clinical care includes what people view as medicine: primary care providers, vaccines, screenings, etc. Access means making sure all people can get these services in convenient, timely, and affordable ways. There are many barriers to accessing health services, from financial to geographic limitations. Provider ratios per 1,000 residents and rates of insured are also important factors.

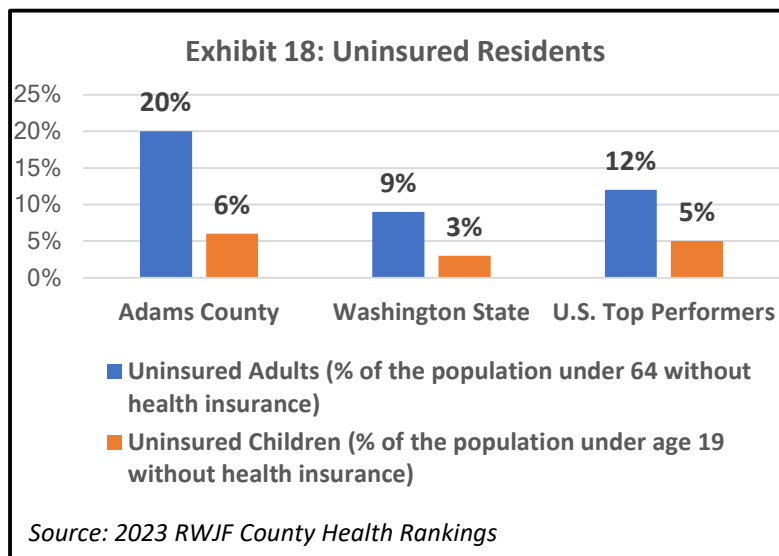
Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability of health insurance is considered a key driver of health status. Health insurance coverage helps patients get into the healthcare system. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor health status.

Exhibit 18 shows that 20% of county adults and 6% of county children were without health insurance in 2023, a rate much higher than their state peers (9% and 3%, respectively).



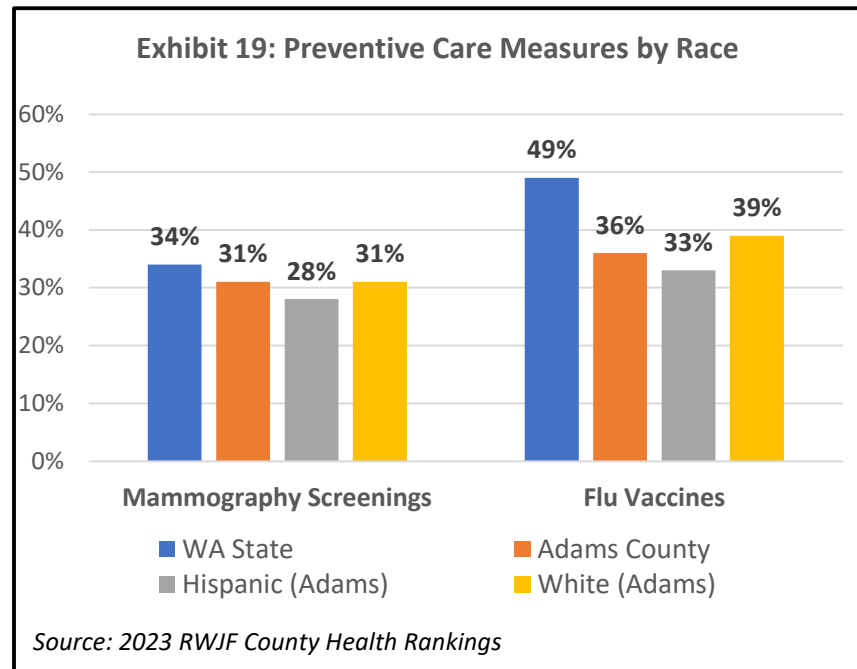
Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Vaccinations prevent many life-threatening illnesses from ever occurring, and preventive screenings catch disease processes early so that treatments are more effective. Yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised, and vaccines prevent people from getting severe flu.

As indicated in **Exhibit 19**, the rate of Medicare recipients in Adams County who receive annual flu vaccines compared to the state is significantly lower (36% versus 49%), while the rate of mammography screening is also lower in the county (31%) compared to the state (34%).

Additional disparities in these rates arise when broken down by race. Per **Exhibit 19**, the flu vaccine rate for Hispanic residents who are Medicare recipients

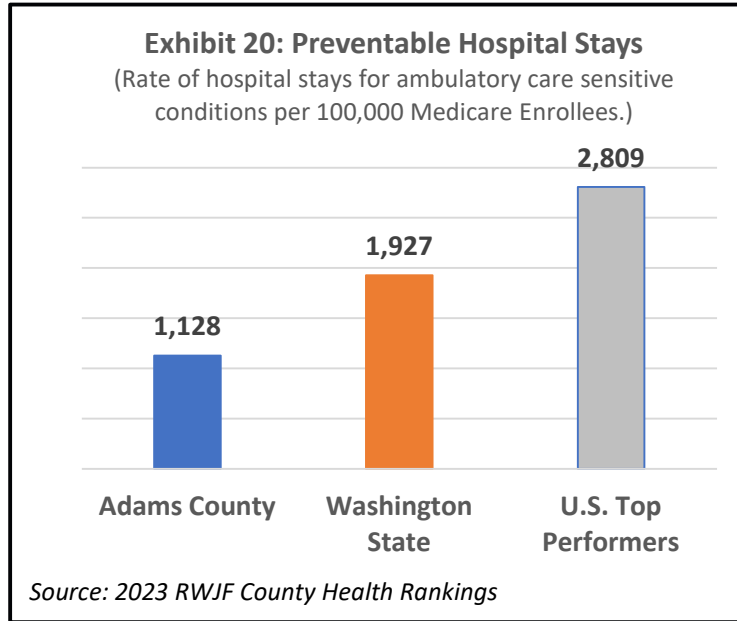
residing in Adams County is 17%, compared to 39% for the White population. Although less extreme, disparities can also be seen with mammography screening rates when broken down by race. Only 28% of the Hispanic population in Adams County received recommended mammography screenings, compared to 31% of the White population.



Preventable Hospital Stays

Preventable hospital stays are hospitalizations for ambulatory care sensitive conditions. These are conditions that, if diagnosed and treated in an outpatient setting, could have prevented a hospitalization. Preventable hospital stays can be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare. This measure may also represent a tendency to overuse hospitals as a main source of care.

As shown in **Exhibit 20**, Adams County is doing better than Washington State and U.S. top performers in terms of the rate of preventable hospital stays, with a rate of 1,128 per 100,000 compared to 1,927 for the state and 2,809 for U.S. top performers.



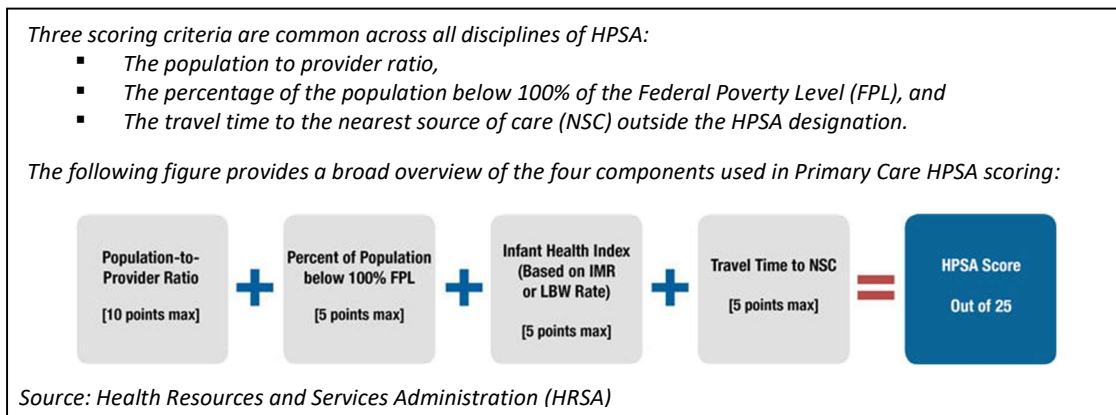
Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). Similarly, a HPSA designation identifies a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs, depending on whether shortages are widespread or limited to specific groups of people or facilities, including a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, Native Americans).

Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need (see **Exhibit 21**). HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care.

Exhibit 21: HPSA Scoring Criteria



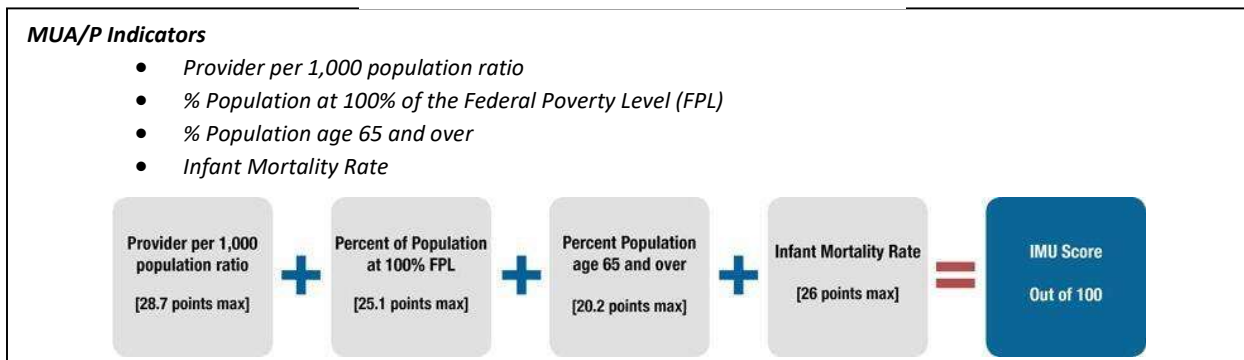
These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas. **Exhibit 22** reflects the county’s HPSA designations and scoring for the areas within the EARH and Othello Service Areas. Note that Adams County scores 14 or higher (out of a possible 26) in all three determiners, indicating high levels of need.

Exhibit 22: Adams County HPSA Designations				
HPSA	Area	Designation Type	Designation Date	Score
Primary Care	Adams County	Geographic	8/5/2021	15
Dental Care	Adams County	Low-income	8/1/2017	14
Mental Health	Adams County	Geographic	7/28/2017	19

Source: HRSA Data Warehouse – HPSA Find

HRSA’s MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. The MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. **Exhibit 23** outlines the criteria for MUA/P scores.

Exhibit 23: MUA/P Scoring Criteria



Source: Health Resources and Services Administration (HRSA)

As seen in **Exhibit 24**, the Othello Service Area is designated as a Medically Underserved Area by HRSA. **Exhibit 25** illustrates that Adams County residents also have significantly less access to both primary and mental health providers per capita.

Exhibit 24: Othello Service Area MUA/P Score			
Area	Designation Type	Designation Date	Score
Othello Service Area	MUA	7/14/1982	59.1

Source: Health Resources and Services Administration (HRSA)

Exhibit 25: Access to Care			
	Adams County	Washington State	U.S. Top Performers
Primary Care Physicians <i>(population to provider ratio)</i>	2,500:1	1,180:1	1,310:1
Other Primary Care Providers (NPs, PAs, Clinical Nurse Specialists) <i>(population to provider ratio)</i>	900:1	920:1	810:1
Mental Health Providers <i>(population to provider ratio)</i>	540:1	220:1	340:1
Dentists <i>(population to provider ratio)</i>	860:1	1,170:1	1,380:1
<i>Source: 2023 RWJF County Health Rankings</i>			

VIII. The Social Determinants: Social and Economic Factors

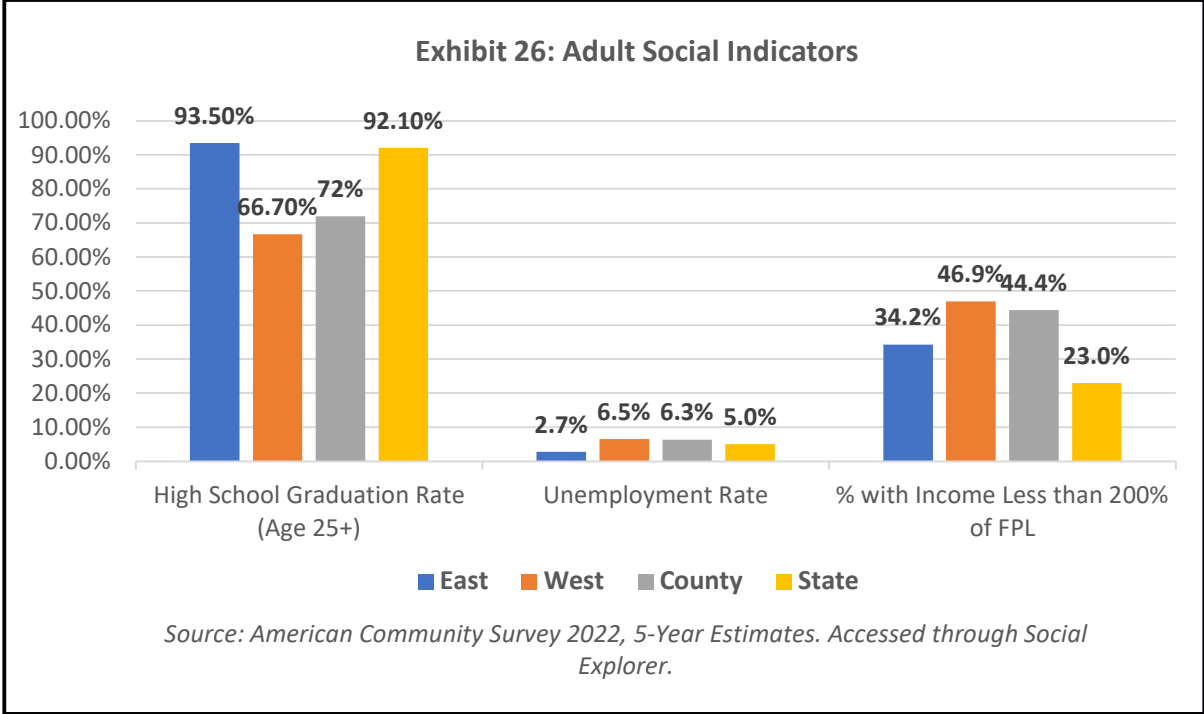
Our basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, family-wage employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have an even greater impact on health than many strategies traditionally associated with health improvement.

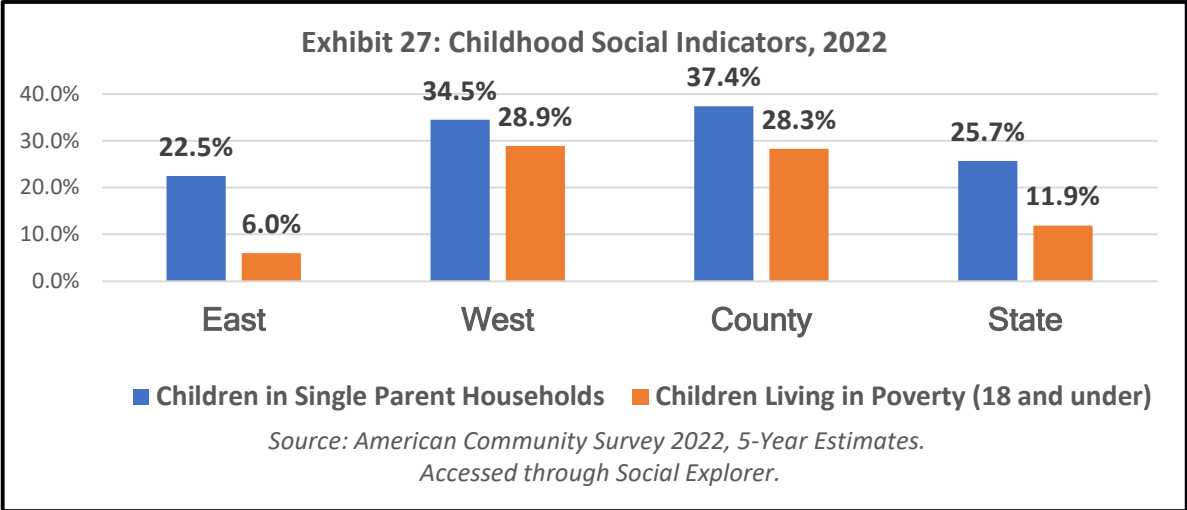
As seen in **Exhibit 26**, according to measures of social and economic factors, Adams County performs worse than the state across all indicators. Disparities in western Adams County are stark and drive the county’s overall performance relative to the state. Western Adams County residents are significantly less likely to graduate high school (66.7%) than their eastern county counterparts (93.5%) or their state peers (92.1%). Poverty levels for adults in the west (46.9%) are twice as high as the state (23%) and greater than eastern Adams County (34.2%). Western Adams County also faces significantly higher rates of unemployment (6.7%) than the state (5%) or eastern Adams County (2.7%).

WHAT ARE SOCIAL AND ECONOMIC FACTORS

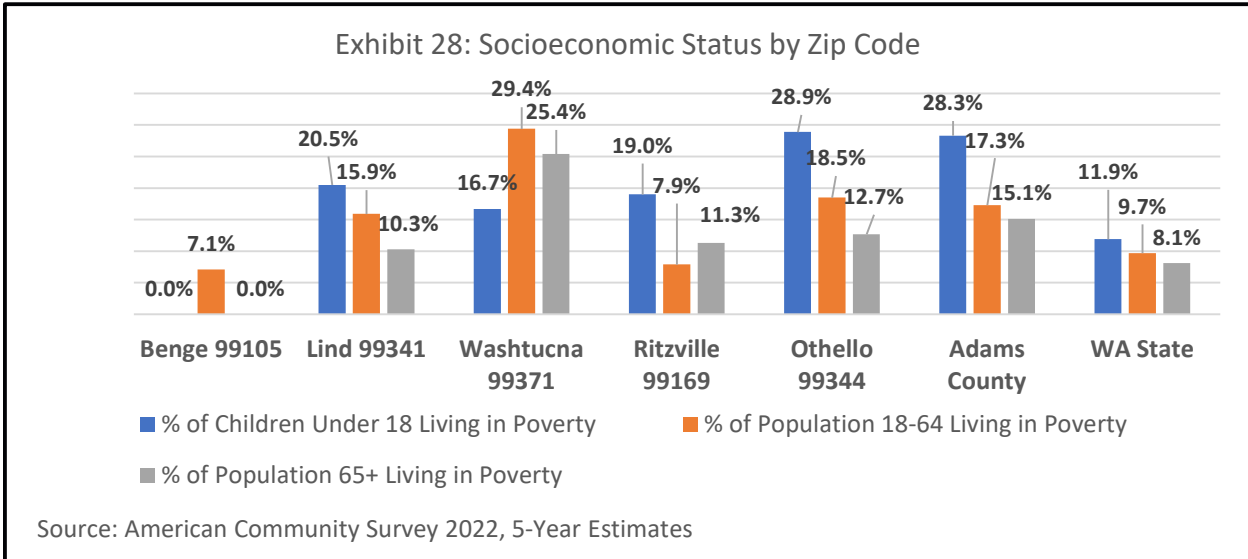
Social and economic factors such as income, education, employment, community safety, and social supports significantly affect how well and how long we live. These factors affect our ability to make healthy choices and to afford medical care and housing.



Looking at the intersection of social indicators and childhood, **Exhibit 27** indicates that one-in-four children (25.7%) across Washington State live in a single-parent home. The number of single-parent families in Adams County is significantly higher, at 37.4%. According to the Annie E. Casey Foundation, children growing up in single-parent families typically do not have the same social and economic resources as those who grow up in two-parent households. Children in single-parent households are at higher risk for social isolation, have an increased risk for illness and mental health problems, are more likely to drop out of school, are more likely to be involved in teen pregnancy, and are more likely to engage in unhealthy behaviors than their two-parent household counterparts.



According to the U.S. Census Bureau, the child poverty rate fell to its lowest recorded level in 2021, driven by the impact of anti-poverty programs during the COVID-19 pandemic. However, **Exhibit 27** shows that in Adams County, the childhood poverty rate in 2022 (28.3%) was over twice that of the state (11.9%). Disaggregating the data, eastern Adams County performed better than Washington State on both single-parent households (22.5%) and childhood poverty (6%) rates.



Poverty is defined by family size and income and is the primary measure of financial stability. However, many families living above the poverty line still cannot make ends meet. As seen in **Exhibit 28**, the 0-18 poverty rates for Othello in the western part of the county are higher than the other Service Area zip codes, the county, or the state.

**Key Social and Economic Factors Takeaways
and Implications for the CHNA**

- There are major differences in graduation rates, household income, poverty levels, and numbers of uninsured within the two regions of Adams County.
- More than 1 in 5 county household are limited English proficient, almost entirely centered in western Adams County.
- The number of children living in poverty is almost three times higher than the state.
- Uninsured rates and children living in single-parent households are significantly greater in western Adams County when compared to the eastern portion of the county and the state, overall.

IX. Physical Environment

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and increased risks of cancer.

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family, and when a large portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Housing

RWJF County Health Rankings data provides estimates of individuals who have “severe housing problems,” meaning individuals who live with at least one of four of the following conditions: overcrowding, high housing costs relative to income, lack of a kitchen, or lack of plumbing. Similarly, RWJF defines a “cost-burdened” household as a household that spends 30% or more of their household income on housing.

While **Exhibit 29** identifies that the county’s renters have fewer cost-burdened households than the state, it also notes that the county is in line with the state on cost-burdened homeowners. Also shown in **Exhibit 29**, one-in-four renters and almost one-in-three homeowners in Adams County are spending more than 30% of their household income on rent. Households experiencing these cost burdens face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, healthcare and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels, emotional strain, and disease.

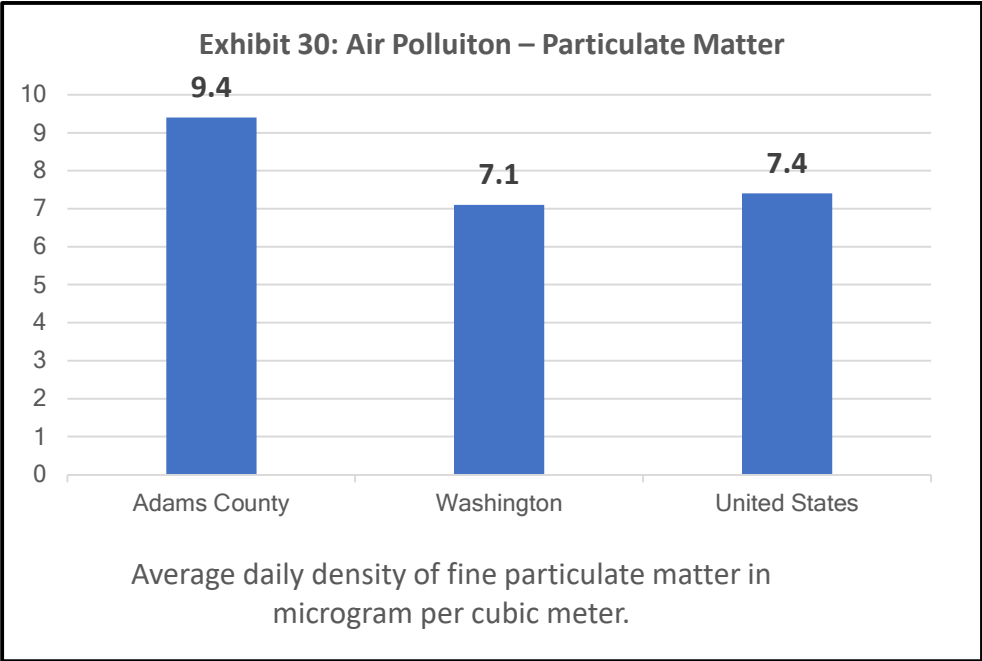
HOW DOES THE PHYSICAL ENVIRONMENT AFFECT HEALTH?

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environments affect our ability and that of our families and neighbors to live long and healthy lives.

Exhibit 29: Housing Metrics	Ritzville 99169	Othello 99344	Adams County	WA State
Renting				
Cost-Burdened <i>% of Renters Spending 30%-49% of Household Income on Rent</i>	10.0%	20.1%	18.6%	24.6%
Severe Cost-Burdened <i>% of Renters Spending 50% or More of Household Income on Rent</i>	13.8%	18.4%	19.0%	21.7%
Home Ownership				
Cost-Burdened <i>% of Homeowners Spending 30%-49% or More of Household Income on Home Ownership Costs</i>	18.4%	24.1%	23.8%	23.6%
Severe Cost-Burdened <i>% of Homeowners Spending 50% or More of Household Income on Home Ownership Costs</i>	5.6%	4.3%	4.5%	8.9%
<i>Source: American Community Survey 2022, 5-year Estimates. Accessed through Social Explorer.</i>				

Air and Water Quality

RWJF’s County Health Rankings measures air pollution by the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM_{2.5}).



As seen in **Exhibit 30**, Adams County fares worse than Washington State and U.S. top performers on this measure of air quality. In addition to clean air, ensuring the safety of drinking water is important to prevent illness, birth defects, and death. One method for measuring the safety of water in a community is to evaluate drinking water violations (defined as at least one community water system in the area receiving at least one health-based violation in the last year). Adams County received no drinking water violations in 2021.

Key Physical Environment Takeaways and Implications for the CHNA

- Data reports that 23% of county residents experience severe housing problems – defined as the percentage of households with at least one of four specific housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
- While faring better than the state, 28% of homeowners in Adams County still spend more than 30% of income on homeownership costs; and nearly 26% spend more than 30% on rent.
- Worse air quality and higher rates of asthma are reported for Adams County.

X. Community Convening

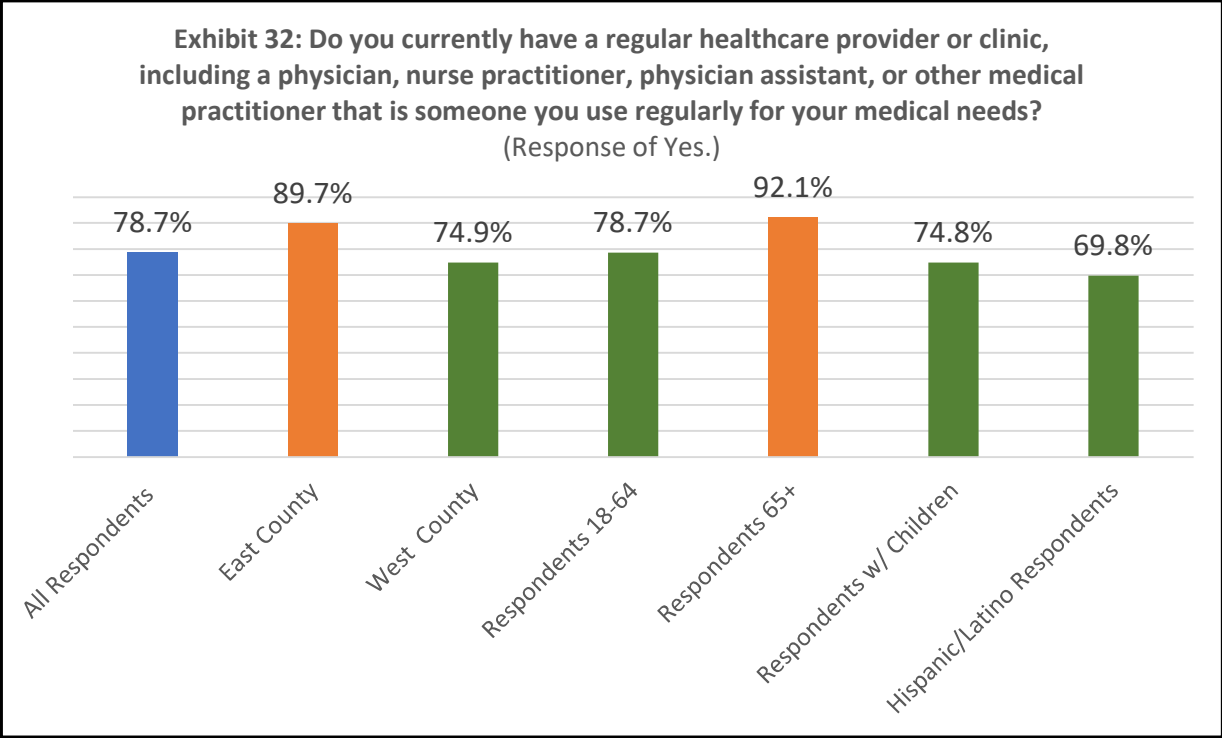
In 2023, the Adams County Healthcare Alliance conducted a rigorous community survey to gather information on the experiences, perceptions, and needs of the community related to healthcare, health status, and quality of life. The survey was purposefully short (22 questions) to keep the completion rate high and was drafted with input from Collaborative members. Adams County Integrated Health supported a final review of the survey and translated it into Spanish. Emails, flyers, posters, and social media posts that included survey links, QR codes, and options for completing phone or hard copy surveys were developed, allowing for multiple ways to access the survey, which ran from early June through September of 2023. The Rural Resources Community Action (RRCA) and East Adams Rural Healthcare staffed tables at RRCA community events over the summer, and the following organizations shared the survey via Listserv, email distribution, social media, and/or posting flyers at their locations:

- Lind/Ritzville School Districts
- East Adams Healthcare
- Othello Community Hospital
- Adams County Integrated Health Services
- Columbia Basin Health Association (CBHA)

Adams County Integrated Health staffed tables and supported community residents to complete the survey at numerous events and locations throughout the summer. By September of 2023, 462 community members had completed the survey. **Exhibit 31** highlights the response rates by age and race/ethnicity.

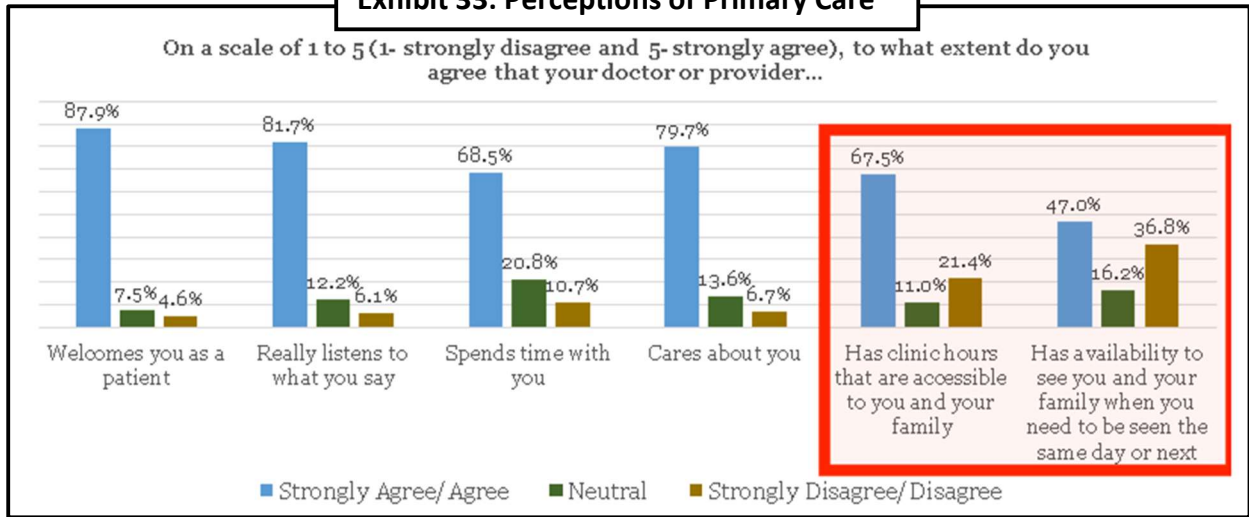
Exhibit 31: Responses by Age and Race/Ethnicity		
Respondents by Age	Percent of Respondents	vs. County Population
18-64	85%	80%
65+	13.6%	20%
Prefer not to answer	1.29%	n/a
Respondents by Race/Ethnicity	Percent of Respondents	vs. 2020 Census
White	44.37%	39%
Hispanic/Latino	48.7%	58%
Alaska Native/ America Indian	0.0%	6.2%

According to the data in **Exhibit 32**, the percentage of residents with a PCP is higher among east county respondents than west. This is driven by the demographics of each geography: the 65+ population is more likely to have a PCP than the younger respondents, those with children, and/or those who identify as Hispanic.



As shown in **Exhibit 33**, when asked about their perceptions of their provider, of those who had an opinion, the vast majority said they agreed or strongly agreed that their provider welcomed them as a patient, really listened to them, and genuinely cared about them. There were slightly less positive responses about whether the provider spends time with them, largely driven by neutral responses.

Exhibit 33: Perceptions of Primary Care



Negative perceptions about healthcare providers were highest with regard to the accessibility and availability of their provider, largely driven by the 65+ population, as detailed in **Exhibit 34**.

Exhibit 34: Response to: Provider has clinic hours that are accessible to you/your family?	
Respondent Type	“Disagree/Strongly Disagree”
All	21.4%
65+; N=63	31.3%
65+ (West County); N=28	50.0%
Hispanic/Latino	13.7%

More 65+ respondents found their clinic or provider to be inaccessible (31%) than total respondents. The 65+ perceptions in western Adams County were even more negative but reflect lower N-sizes. More work needs to be done in this area. While the Hispanic population was more positive in their responses, it is important to note that about 40% of Hispanic respondents said they did not know/preferred not to answer.

Exhibit 35 shows that while more than half of respondents reported no difficulty accessing services, and was as high as 63% for Hispanic respondents, for those experiencing concerns, urgent care and primary care were identified as the services most difficult to access. Respondents 65 and over reported the most problems accessing services overall.

Exhibit 35: Please indicate if you or your family have experienced any trouble or difficulty accessing the services listed below in the past two years.						
Answer Choices	All Responses		65+ Responses		Hispanic/Latino Responses	
None of the above	55.38%	247	44.44%	28	63.03%	133
Emergency care	7.17%	32	6.35%	4	8.06%	17
Urgent/Same-day care	20.40%	91	33.33%	21	11.37%	24
Regular medical care (primary care)	17.26%	77	30.16%	19	8.06%	17
Dental care	13.00%	58	14.29%	9	12.80%	27
Mental health care	11.43%	51	4.76%	3	9.95%	21
Disability care	3.81%	17	7.94%	5	4.27%	9
Filling a prescription	13.45%	60	15.87%	10	5.21%	11
Substance use/abuse treatment	3.81%	17	3.17%	2	3.79%	8
In-home services and support	4.48%	20	14.29%	9	2.37%	5
Other	7.40%		3.18%		9.48%	

Exhibit 36 details long wait times for appointments and lack of local services are key factors impacting access for all respondents, especially those 65+. Issues related to cost and health insurance were more prominent topics for respondents Hispanic and those with children.

Exhibit 36: What are the reasons that you or your family had trouble or difficulty accessing the services listed in the previous question? Please check all that apply. N=49								
Answer Choices	All Responses		Respondents 18-64 w/ Children		65+ Respondents		Hispanic/Latino Respondents	
	Unable to get needed transportation	4.48%	9	4.76%	5	2.86%	1	5.06%
Unable to get childcare	4.48%	9	7.62%	8	0.00%	0	3.80%	3
Translation services not available	1.49%	3	2.86%	3	0.00%	0	2.53%	2
Unable to get timely appointment when needed; the wait times are too long	55.72%	112	56.19%	59	62.86%	22	37.97%	30
Cost – no health insurance	12.94%	26	18.10%	19	5.71%	2	21.52%	17
Have health insurance but it does not cover the service cost	11.94%	24	14.29%	15	5.71%	2	13.92%	11
Services not available in Adams County	27.36%	55	26.67%	28	45.71%	16	17.72%	14
Do Not Know/Prefer Not To Answer	22.89%	46	20.95%	22	20.00%	7	31.65%	25

A slightly higher percentage of west county respondents felt they could not access good healthcare in Adams County than those in the east, as noted in **Exhibit 37**.

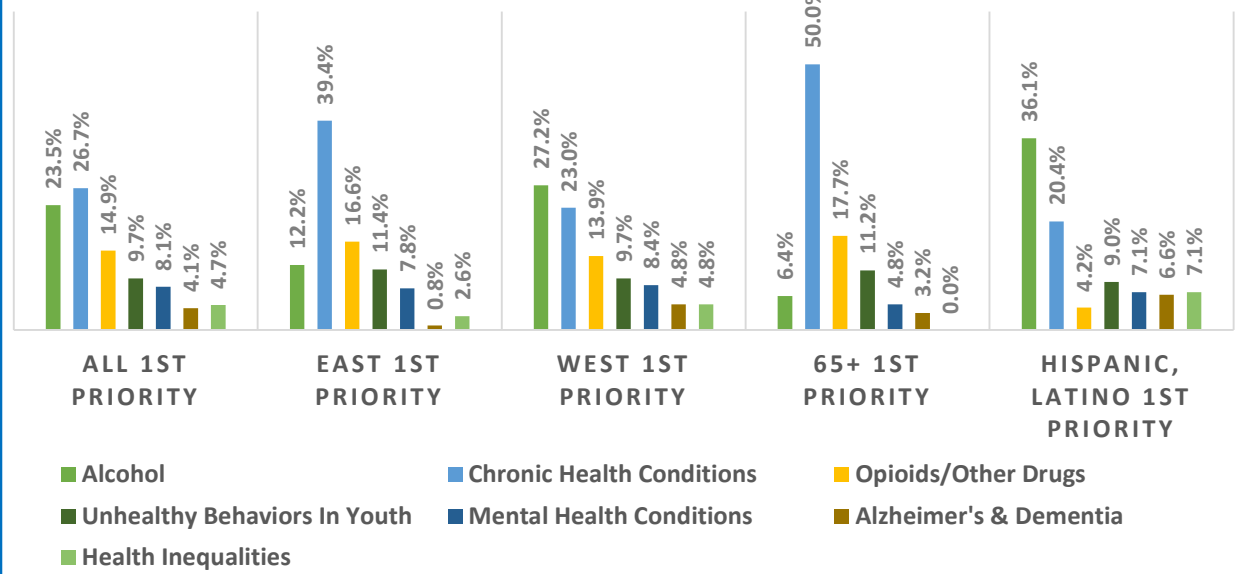
Exhibit 37: Response to Healthcare Access Question							
“Disagree” or “Strongly disagree”	All Respondents	East County	West County	18-64	65+	18-64 w/ Children	Hispanic/Latino
I can access good healthcare in Adams County (cost, quality, and availability)	31.5%	29.6%	33.0%	30.7%	34.9%	29.8%	25.7%

Survey participants (N=441) were also asked about their perceptions of the greatest health issues and priorities in the community. When all responses were considered, chronic health conditions, alcohol, unhealthy behaviors in youth, opioids/other drugs, and mental health conditions were identified the greatest number of times, as indicated in **Exhibit 38**.

Exhibit 38: Perceptions of Health Issues and Priorities in the Community	
From the following list, what do you think are the three greatest “health problems” in the community?	Total times selected
Chronic Health Conditions	243
Alcohol	203
Unhealthy Behaviors in Youth	178
Opioids/Other Drugs	169
Mental Health Conditions	166
Alzheimer's & Dementia	105
Health Inequalities	69
Unintentional Injuries	62
Impact of Loneliness on Youth (Associated with COVID)	43
Intentional Injuries	38
Low Vaccination Rate/Lack of Vaccine Confidence	29
Infectious Disease (e.g., Hepatitis, TB)	18

When looking at the issues selected by respondents as “1st priority”, perceptions varied by age, race/ethnicity, and geography as seen in **Exhibit 39**. Respondents age 65+ clearly favor Chronic Health Conditions as being a top priority, ranking Alcohol much lower, and not registering Health Inequalities at all. Hispanic residents ranked Alcohol significantly above Chronic Health Conditions, and Health Inequalities above Opioids/Other Drugs. East county residents have a higher focus on Chronic Health Conditions and west county residents selected Alcohol as a major health problem.

**EXHIBIT 39:
WHAT DO YOU THINK ARE THE THREE GREATEST "HEALTH PROBLEMS"
IN THE COMMUNITY? (1ST PRIORITY ONLY.)**

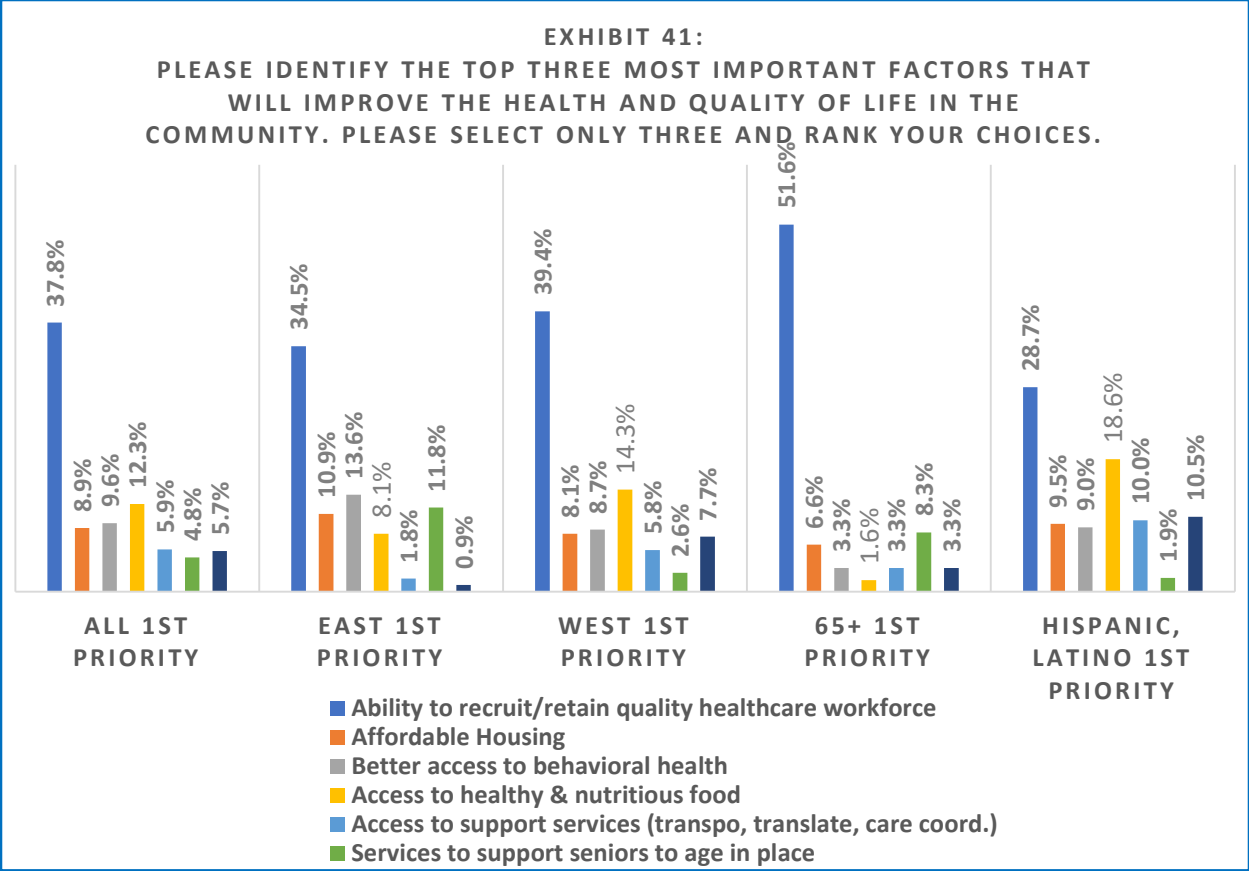


Survey participants were then asked about the most important factors to improve the health and quality of life in the community. When all responses were considered, the ability to recruit and retain a quality healthcare workforce, affordable housing, better access to behavioral health, access to healthy and nutritious food, and access to support services were seen as the most important factors. **Exhibit 40** outlines these results. (N=436)

Exhibit 40: The Most Important Factors to Improve the Health and Quality of Life in the Community

From the following list, what do you think are the most important factors to improve the and quality of life in the community?	Total times selected
Ability to recruit and retain a quality healthcare workforce	241
Affordable housing	146
Better access to behavioral health	141
Access to healthy and nutritious food	130
Access to support services (transportation, translation, care coordination)	126
Services to support seniors to age in place	102
Affordable childcare	89
Low crime/safe neighborhoods	87
School connectedness	79
Improved access to healthcare	62
Infrastructure that will support a healthy future	61
Health education and health prevention programs	44

When looking at just the first “1st Priority” selected for all respondents, **Exhibit 41** shows that healthcare workforce remained the top factor, but access to nutritious food and better access to behavioral health ranked above affordable housing. Factors also varied by geography and race/ethnicity, with west county and Hispanic/Latino respondents ranking nutritional food, childcare, and support services higher than east county respondents.



When asked, “Are you aware of any specific populations in the community that are less healthy or are experiencing greater inequalities?”, the most health inequities were reported for elderly and minorities, the homeless, and persons with substance use disorder.

Exhibit 42: Of those with a response (n=64), the percentages are reported:	
Seniors/Aging	25%
BIPOC services, issues	17%
Homelessness	14%
Substance use disorder	9%
Youth/food insecurity	8%
Middle class issues	6%
LGTBQ issues	5%
Healthcare infrastructure	5%
Poverty	3%
Disability issues	3%
Agricultural workers	23
Mental Health	2%

Key Community Survey Takeaways and Implications for the CHNA

- Access to care, by location, hours, and convenience, is lacking.
- When reported by age, 53% of those without a regular provider are age 18-34. The next highest group without a provider are those age 35-44.
- Over 23% of Hispanic respondents report not having a regular healthcare provider.
- County residents have differing perceptions of unmet needs.
- Disparities exist in perception and outcomes between geography, ethnicity, and age within the county.
- Sixty percent of respondents had children under 18 living in the home.
- Forty-eight percent (n=223) of respondents speak a language other than English in the home.
- Adams County seniors and Hispanic residents are underrepresented in the survey. There were no responses from Native Americans.

XI. Implementation Strategy

Consistent with 26 CFR § 1.501(r)-3, EARH and Othello will both independently adopt an Implementation Strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by May 15, 2024. Prior to this date, the Implementation Plan will be presented to each hospital’s board for review and consideration. Once approved, the Implementation Plans will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritizing and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities:

1. Providing local accessible, convenient, and culturally appropriate primary and behavioral health care; and reducing unnecessary outmigration for specialty services.
2. Partnering to address the social determinants of health.
3. Providing seamless/warm handoffs for all services, including those that are not available locally.
4. Reducing structural barriers and supporting diversity, inclusion, and health equity.