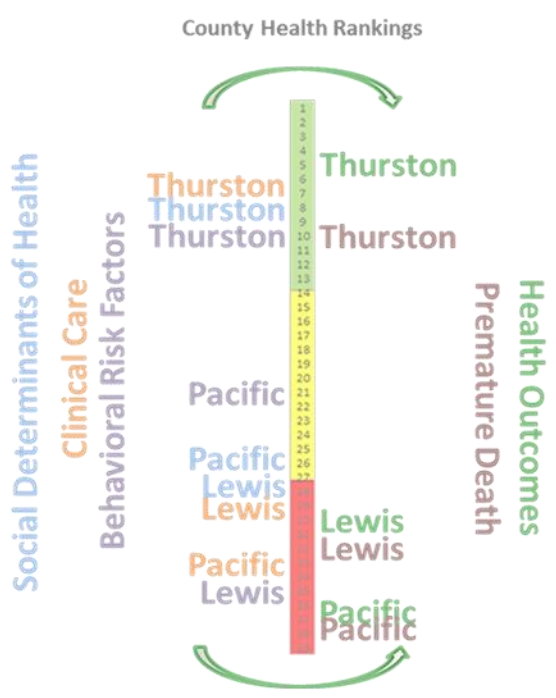


Community Health Needs Assessment 2019



Community Feedback



Community Health Needs Assessment

Lewis County Community Health Services
DBA Valley View Health Center

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Executive Summary

Lewis County Community Health Services, DBA Valley View Health Center (VVHC) is a Federally Qualified Health Center (FQHC), also known as a Community Health Center (CHC), providing quality integrated medical, dental, behavioral health and pharmacy services. VVHC started in 2004 and now has clinics in Lewis, Pacific and Thurston Counties. The Community Health Needs Assessment is completed every 3 years to guide our strategic plan and helps ground our activities to ensure we stay true to our charge as an FQHC and our mission; “To improve the health and well-being of the community by providing quality and compassionate health care services in a patient centered atmosphere, respecting individual and cultural diversity.”

Lewis and Pacific Counties are rural with limited public transportation options, severe shortages of health professionals, and are ranked in the bottom third of Washington State counties with respect to social determinants of health, behavioral risk factor, clinical care options and health outcomes. Thurston County is not classified as rural and ranks in the top third of Washington State counties with respect to social determinants of health, behavioral risk factor, clinical care options and health outcomes. However, there is a disparity between the Olympia-Lacey-Tumwater metro region and the rural parts of the county with respect to transportation and clinic care options.

Community feedback indicates the biggest concerns are access to care, especially local Primary Care and Specialist Provider shortages and transportation to health care; health care costs; quality of care; disease burden; lack of local social and support services, especially elder care; and substance use. The most desired local specialists include mental health/behavioral health, dental, Women’s Health and Ophthalmology and Optometry.

Key Findings: Health Ranking, Health Factors and Health Outcomes

County Health Rankings

Social Determinants of Health

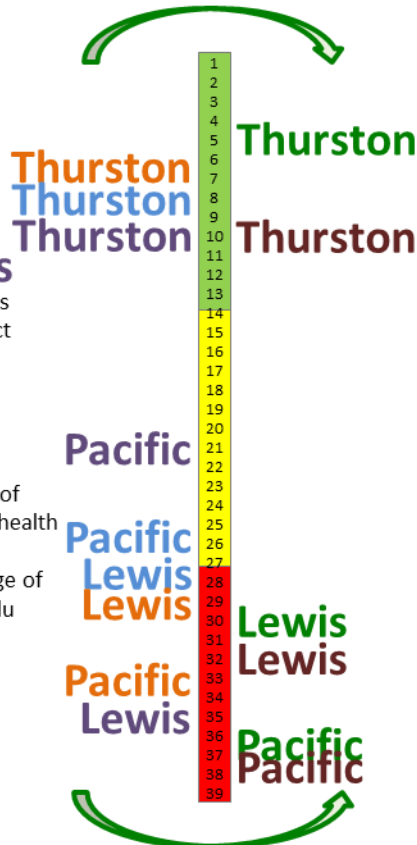
Based on the conditions under which people are born, grow, live, work and play significantly influence the health of a community and its residents.

Behavioral Risk Factors

Based on those personal behaviors or patterns of behavior which strongly yet adversely affect health thus increase the chance of developing a disease, disability or syndrome.

Clinical Care

Based on the number of uninsured, the ratio of primary care providers, dentists, and mental health providers per population, the number of preventable hospital stays, and the percentage of those getting mammography screening and flu vaccinations.

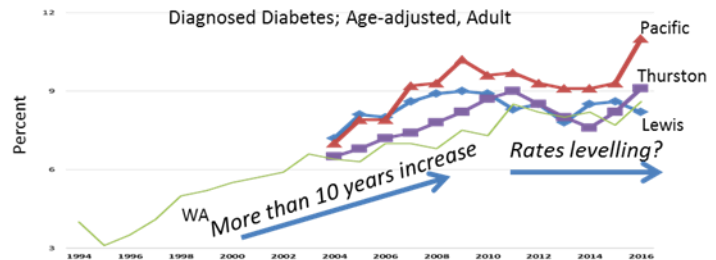


Health Outcomes

Based on how long people live and how healthy people feel while alive, rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birthweight.

Premature Death

Based on every death occurring before the age of 75 is premature and contributes to the total number of years of potential life lost.

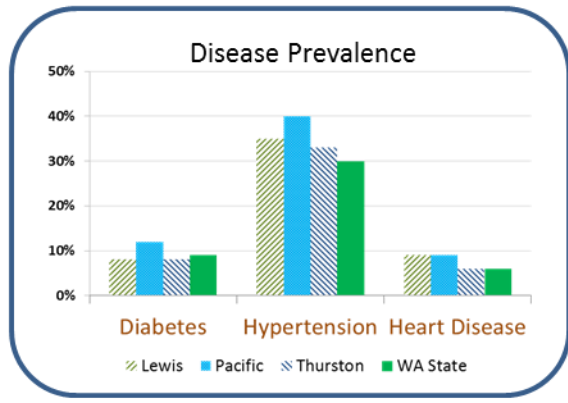


HealthCare Provider Shortage

1 PCP for ~1,000 in Thurston, WA state And top US
 ~2,000 in Lewis
 ~4,000 in Pacific

1 Dentist for ~1,500 Lewis Thurston WA State and top US
 ~3,000 Pacific

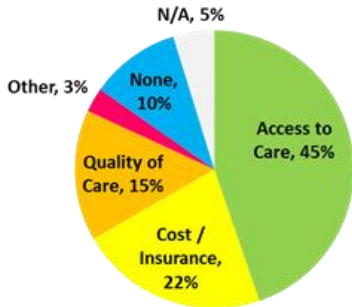
1 MHP for ~300-400 Lewis Pacific Thurston WA State and top US



Key Findings: Community Themes and Strengths

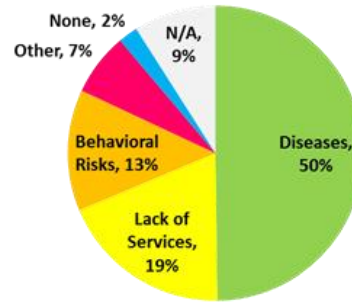
Biggest Challenge in Receiving Health Care:

Q1. All Surveys



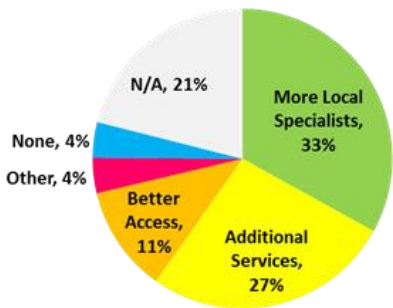
Health Problems Seen in Community:

Q2. All Surveys



Healthcare Service Wish:

Q3. All Surveys



Community Health Issues:



57% of surveyed community said lack of health-related services is biggest issue

- #1 Substance Use Disorder Treatment
- #2 Transportation to Health Care
- #3 More Local Specialists Needed**
- #4 Elder/Shut-in/Home Care

- #1 Mental Health
- #2 Women's/OBGYN
- #3 Dental
- #4 Unspecified
- #5 Primary Care (PCP)
- #6 Ophthalmology/Optometry

- VVHC Patients want:**
- #1 Dental
 - #2 Ophthalmology/Optometry
 - #3 Primary Care (PCP)
 - #4 Mental Health (MHP)
 - #5 Neurology
 - #6 Radiology

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Community Health Needs Assessment Purpose

Lewis County Community Health Services, DBA Valley View Health Center (VVHC), as a Federally Qualified Health Centers (FQHC), is required to complete a Community Health Needs Assessment every 3 years. Beyond meeting a requirement, the assessment guides our strategic plan and helps ground our activities to ensure we stay true to our charge as an FQHC and our mission to improve the health and well-being of the community.

The assessment provides the means by which VVHC will remain responsive to the needs of our target population of low income, uninsured and medically under-served residents of Lewis, Pacific and Thurston Counties in a patient centered atmosphere, respecting individual and cultural diversity.

The assessment identifies the community characteristics of the VVHC service area as well as key health indicators and health disparities, which include morbidity, mortality, and access to care and various social determinants of health. This snapshot of our community is derived from publically available local, state and nationally recognized secondary data sources. The assessment is developed alongside community stakeholders. It summarizes community perceptions of health needs and issues, and frames strategies to address known and emergent health care issues. Community perception data comes from surveys and key informant interviews conducted by VVHC staff.

The assessment is organized by the 3 counties that VVHC primarily serves: Lewis, Pacific and Thurston. These 3 counties have different demographics, socioeconomics, and health measures. Strategies to address health care issues may need to be county-specific. The last assessment was completed in 2016. The latest available data is used for this current assessment and comparisons are made to 2016 when possible.

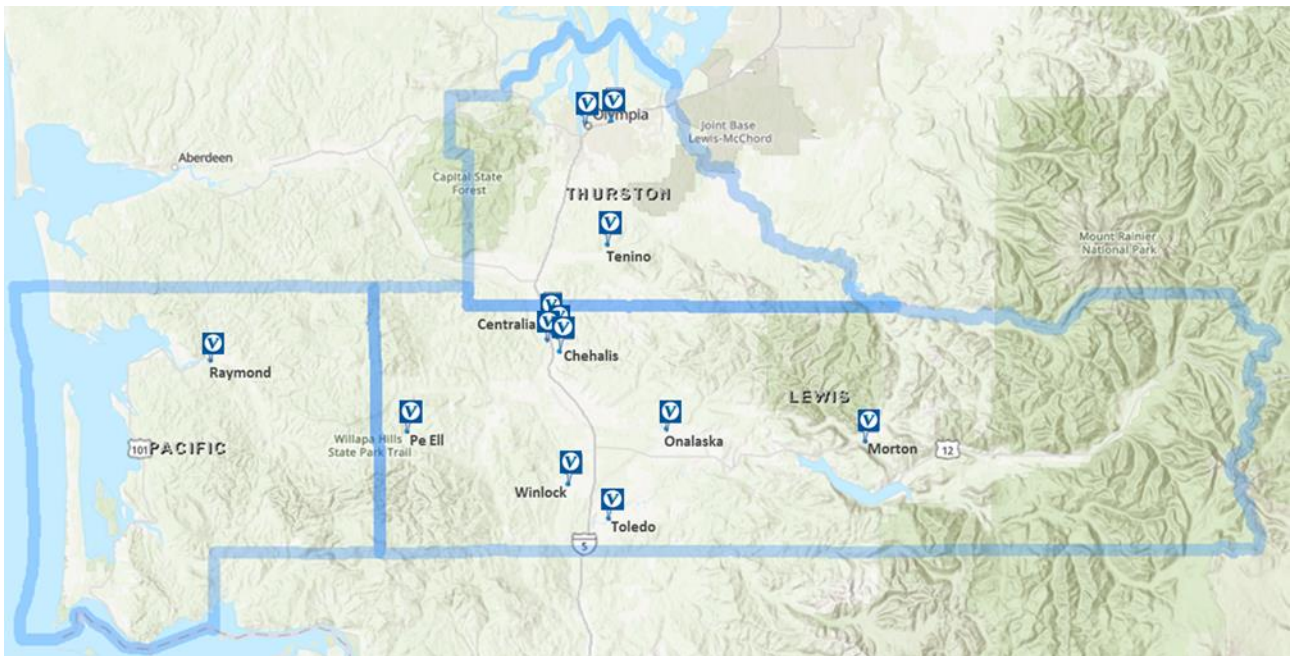
Acknowledgements

Valley View Health Center thanks the community members who assisted in this assessment by providing feedback through surveys and key informant interviews and reviewing drafts. Your time and thoughts are critical to understanding community health issues. Valley View Health Center also thanks our community partners and established community health forums.

VVHC Service Area

VVHC provides Primary Care, Dental, Behavioral Health and pharmaceutical services to residents of Southwest Washington since 2004. It originated out of discussions at the Lewis County Community Health Partnership for the need to reduce hospital emergency room visits from the uninsured. VVHC continues to grow and added three new clinic locations since the 2016 Community Needs Assessment for 13 current clinic sites. Nine of VVHC’s clinics are located in Lewis County, one is in Pacific County and three are in Thurston County.

Over 75% of all VVHC patients reside in just 9 zip codes within the 3 counties. VVHC has clinics in 8 of the 9 zip code areas: Olympia (98501), Centralia (98531), Chehalis (98532), Onalaska (98570), Raymond (98577), Tenino (98589), Toledo (98591), and Winlock (98596). The 9th zip code area is located in Rochester (98579).



Valley View Health Center Clinic Locations

Lewis County Clinics



Chehalis

Valley View Chehalis Clinic
- Medical, Dental,
Behavioral Health &
Pharmacy
2690 NE Kresky Ave
Chehalis, WA 98532



Toledo

Valley View Health
Center Toledo - Medical
and Behavioral Health
117 Ramsey Way
Toledo, WA 98591



Children's Dental

Valley View Children's
Dental
711 Harrison Ave
Centralia, WA 98531



Winlock

Valley View Health
Center Winlock -
Medical and
Behavioral Health
100 Cedar Crest Dr
Winlock, WA 98596



Centralia

Valley View Health Center
Centralia - Medical
2428 Reynolds Ave
Centralia, WA 98531

Pacific County Clinic



Raymond

Valley View Health
Center Raymond -
Medical, Dental &
Behavioral Health
300 Ocean Avenue
Raymond, WA 98577



Walk-In Centralia

Valley View Walk-in Clinic,
Centralia - Medical
1800 Cooks Hill Road,
Suite G
Centralia, WA 98531

Thurston County Clinics



Morton

Valley View Health Center
Morton - Dental
148 E Division
Morton, WA 98356



Olympia

Valley View Health
Center Olympia -
Medical, Dental &
Behavioral Health
3775 Martin Way E,
Suite A
Olympia, WA 98506



Onalaska

Valley View Health Center
Onalaska - Medical and
Behavioral Health
1810 Hwy 508
Onalaska, WA 98570



Community Care
Olympia

Community Care Clinic
Olympia - Medical
225 State Ave NE
Olympia, WA 98501



Pe Ell

Valley View Health Center
Pe Ell - Medical
402 N. Main Street
Pe Ell, WA 98572



Tenino

Valley View Health
Center Tenino -
Medical and
Behavioral Health
273 Sussex Ave E
Tenino, WA 98589

Lewis County

Characteristics

Lewis County is the 6th largest county in size in Washington State with a land area of 2,402 square miles. Lewis County is classified as rural with almost 60% of people living in unincorporated areas. Lewis County has 9 incorporated Cities/Towns: Centralia (population 17,170); Chehalis (pop. 7,535); Morton (pop. 1,125); Mossyrock (pop. 770), Napavine (pop. 1,980); Pe Ell (pop. 655); Toledo (pop. 720); Vader (pop. 625) and Winlock (1,340). VVHC has clinics located throughout the County in the cities of Centralia and Chehalis and the rural communities of Winlock, Toledo, Onalaska, Morton and Pe Ell.

There are approximately 33 people per square mile in Lewis County and it ranks 22nd in population density for Washington State counties.³¹ In comparison, the average population density for the whole state is almost 114 people per square mile. The 2019 estimated population of Lewis County is 79,480 and ranks 16th in population size for Washington State counties.³³ The Lewis County population has increased by 3.4% since 2016, whereas the state population increased by 5%. Over the next three years, it is estimated that the Washington State population will increase by approximately 15%.³²

Lewis County is predominately White - not Hispanic (83%), compared to Washington State at 68%.¹³ The Hispanic or Latino population (of any race) is 10% in Lewis County compared to Washington State at 13%.

The population is evenly divided between Female and Male, as is Washington State. Almost 22% of the total population is below 18 years of age, which is about the same as the state average. Over 21% of the population is 65 years of age or older. This is a notably larger aged population than the state average of 15% and National average of 16%. Lewis County also has a higher percentage of residents who are under 65 years of age with a disability (15%), compared to Washington State at 9%.

Transportation

Lewis County is the longest county in the State and takes roughly 2.5 hours to traverse by car from the farthest point East to the farthest point West, a distance of 120 miles on provincial roads. Lewis County has a limited number of major roads connecting it to other counties. Interstate 5 runs north to Thurston County and south to Cowlitz County. US Highway 12 runs east from Interstate 5 through the Cowlitz River Valley in the Cascade Mountains to Yakima County. State Route 7 runs North from US 12 to Pierce County and State Route 6 runs west from I5 through the coastal range to Pacific County. Within Lewis County, state routes and county roads primarily cover the Chehalis River Basin.

Public transportation is limited within Lewis County, especially in areas outlying areas. Twin Transit offers four fixed bus routes within Centralia and Chehalis. The bus stop closest to the main VVHC clinic on Kresky Avenue is located across a busy two lane street, making accessibility to the clinic difficult. Also, the total distance from the bus stop to the clinic entrance is 518 feet. The two Centralia Clinic locations reside along the main bus route. Twin Transit runs a Paratransit service for residents living within ¾ mile of the fixed bus routes, provided they have a referral from a health care professional certifying that services are necessary due to cognitive or physical impairments. There are 2 private taxi companies in Centralia and Chehalis.

L.E.W.I.S. Mountain Highway Transit provides transportation from the east end of Lewis County, specifically the communities of Packwood, Randall, Morton, Mossyrock and Onalaska, to the main cities of Centralia and Chehalis, roughly 75 miles one way. Passengers may request a stop at VVHC's main Chehalis Clinic.

There is no form of public transportation for those individuals living in the south end of the County which includes the cities of Winlock and Toledo.

In addition, transportation to and from medical and social service appointments is available to seniors, aged 60 or older, with no other means of transportation, through the Catholic Community Services Lewis County Senior Transportation Program.

Public transportation from Centralia to Olympia includes a rural bus (Rural Transit – rT), bus (Greyhound) and train (Amtrak). Rural Transit has a route from Centralia to the communities of Grand Mound and Tenino, with connections to routes to Olympia. Thus to travel from Chehalis to Olympia for a specialty procedure, someone would have to take a Twin Transit bus from Chehalis to Centralia, transfer to an rT bus to Tenino, transfer to another rT route to Tumwater and transfer to an InterCity bus to downtown Olympia, and transfer to another Intercity route to West Olympia or East Olympia/Lacey.

Lewis County Public Health & Social Services provides free bus passes for those in need of transportation to health services. VVHC provides free bus passes to VVHC patients on a case by case basis. VVHC purchased an average of almost 100 bus passes per month in Lewis County to date in 2019. VVHC will also pay for taxi services in hardship cases.

Health Resource Availability in Lewis County

Designated Healthcare Professional Shortage Area

Lewis County is designated both a Health Professional Shortage Area (HPSA) and a Medically Underserved Population and is ranked 29th out of the 39 Washington counties for available clinical care services (Appendix 1 and Reference 24). This means there are fewer health care professionals than is optimal for the population size and characteristics. Within the VVHC service area, the shortage has increased since 2013.⁶

There is an unmet need for primary care and dental health services specifically for low income, homeless, and migrant farmworkers in Lewis County.⁵ There is also a high need for Mental Health Services. There is only one Primary Care Physician for every 2,200 residents. This is twice that of Washington State as a whole where there is one Primary Care Physician for every 1,220 residents (Appendix 1). The ratios for Dentists (1 for every 1,450 residents) and Mental Health providers (1 for every 410 residents) are better, but both are still higher than Washington State average.⁵

Health Services

Health care providers serving the low-income population by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program are primarily Federally Qualified Health Centers (FQHC), Community Health Centers/Community Clinics, Rural Health Clinics, and Free Clinics.

VVHC is the only Federally Qualified Health Center (FQHC) with clinics in in Lewis County. Not surprisingly, VVHC has the largest share of the FQHC target population as patients in Lewis County.⁷ Residents also travel to FQHC clinics in other counties, primarily Thurston and Cowlitz counties. Sea-

Mar Community Health Center has the second largest share of patients in the communities of Centralia, and Onalaska. Cowlitz Family Health Center has the second largest share of patients in Chehalis, Toledo, and Winlock.

Lewis County has 9 Rural Health Clinics: 4 in Chehalis, 2 in Centralia, and 1 each in Randle, Morton and Mossyrock. There are 2 Community Health Centers/Community Clinics besides VVHC and 1 free clinic.

There is one immunization clinic serving children and approximately 10 providers in Lewis County other than VVHC that participate in the state Vaccines for Children Program, providing free vaccines to all children less than 6 years of age.²⁵ There are 4 Women's, Infants and Children (WIC) program clinics run by Lewis County Public Health & Social Services.

Lewis County has two hospitals, a regional Trauma Level 4 hospital in Centralia and a critical access Trauma Level 5 hospital in Morton.¹⁹ The nearest Trauma Level 3 hospital is in Olympia and the nearest Trauma Level 2 hospitals are in Tacoma.

Behavioral Health Services

Behavioral health services (Substance Use Disorder and Mental Health) which accept Medicaid or have sliding fees are limited in Lewis County with 7 providers in the Centralia-Chehalis area, 1 in Morton and 1 in Mossyrock.²⁶ VVHC provides behavioral health services at their Chehalis Clinic. VVHC also has an integrated care relationship with Cascade Mental Health to provide Primary Care to their patients at their facility in Centralia. According to a survey of licensed physicians from 2017-2019, only 4 psychiatrists have practice sites in Lewis County.³⁰

Dental Services

There are few dental providers in Lewis County specifically serving low-income populations by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program. The VVHC clinics in Centralia, Chehalis and Morton are the only dental clinics in Lewis County providing adult services to this population. There are 6 clinics, including 2 VVHC, participating in the Access to Baby & Child Dentistry (ABCD) program for children less than 6 years of age with parents or guardians enrolled in Apple Health.

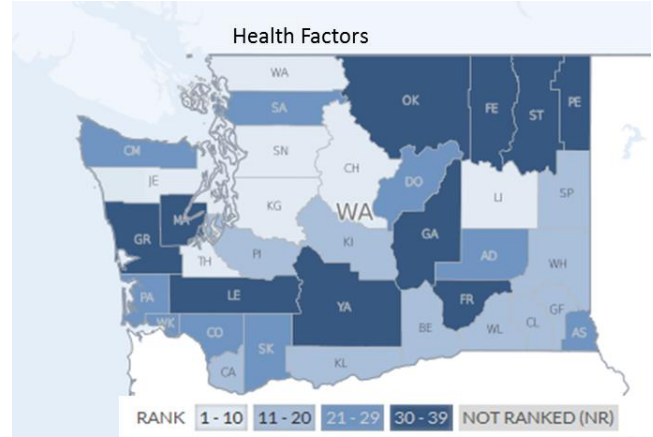
Other Agencies in Lewis County Serving Target Population

- Arbor Health (formerly Morton General Hospital and clinics)
- Cascade Mental Health
- CHOICE Regional Health Network
- Health and Hope Medical Outreach
- Lewis County Gospel Mission
- Lewis County Public Health & Social Services
- Northwest Pediatric Center
- Pope's Place (formerly Pope's Kids Place)
- Providence Centralia Women's Health Services
- Planned Parenthood
- Possibilities Women's Center
- Reliable Enterprises
- Union Gospel Mission

*Note: This is only a representation of available health-related services and not an exhaustive list.

Health Factors and Outcomes in Lewis County

Health Factors include Social Determinants of Health and Behavioral Risk Factors interacting to result in Health Outcomes. Social determinants of health - the conditions under which people are born, grow, live, work and play - significantly influence the health of a community and its residents. Behavioral Risk Factors - those personal behaviors or patterns of behavior which strongly yet adversely affect health - increase the chance of developing a disease, disability or syndrome. As summed up by the Washington State Department of Health, "Health and quality of life at all stages in life depend on the cumulative effects of behaviors and exposures earlier in life, and on social, genetic, and epigenetic effects that span generations".¹⁷



Social Determinants of Health

Lewis County is ranked 27th out of 39 Washington Counties for Social and Economic Factors (Appendix 1). These include education level, unemployment poverty levels, income inequality, social associations, violent crime, injury deaths and children in single-parent households.

Lewis County high school education rates (87%) are lower than to the state (91%), but are about equal to National rates (87%).¹³ The same percentage of females and males do not have a high school education. The rate for those with a Bachelor's degree or higher is about half of the state and National rates (15% Lewis County; 35% State; 31% US).

Almost 9% of people 5 years of age and older speak a language other than English at home.¹³ This is about half the state and national average. In addition, just over 4% of those reporting speaking English less than well.¹⁸ This is lower than the state average of almost 8%.

There are an estimated minimum of 450 homeless in Lewis County and 18% have severe housing problems (Appendix 1 and Reference 15). This compares to an estimated minimum of over 50,000 homeless in WA State and 18% of all residents are experiencing severe housing problems.

The primary labor markets of Lewis County include Government, Wholesale/Retail Trade, Health Care & Social Assistance, Manufacturing, and Accommodation & Food Services based on the percentage of labor employed in these industries.³³ Government, Health Care & Social Assistance, and manufacturing are the top 3 industries for the percentage of wages paid Lewis County is classified as an Economically Distressed Area, with an unemployment rate of almost 7% as of July 2019.²⁷ The unemployment rate has decreased since 2016, but is still higher than the state and National average of 4%. Slightly more males than females are unemployed, but it is not statistically significant.

The average annual wage in 2017 was \$40,500, with a median hourly wage of \$20.15. The per capita personal income in 2017 was \$40,041, ranking Lewis County 28th out of 39 Washington State counties in this category. In comparison, per capita income in Washington State was \$57,896 and the US average was \$51,640.²⁷ The Lewis County income metrics and the county rankings have improved since 2016.

An estimated 15% of Lewis County residents live below the Federal Poverty Level (FPL), compared to the State at 11% and the Nation at 12%.¹³ This population is eligible for the VVHC nominal fee if they are also uninsured. Over 22% of persons are living at or below 125% of FPL, which is above the state average of 16%.¹⁸ This population is eligible for the VVHC sliding fee scale schedule rates if they are also uninsured or covered under Medicaid.

In addition, almost 33% percent of Lewis County residents find it difficult to meet basic needs based on 2016 data.¹ These households earn more than the FPL, but less than the basic cost of living for the county. About 18% of Lewis County residents report having food insecurity, similar to the state rate, and 23% are enrolled in SNAP, which is higher than the state rate.¹⁷

Roughly 34% of Lewis County residents are on Apple Health, which is higher than the state 24% enrollment.²⁹ Lewis County Apple Health enrollees include 14,884 adults and 12,412 children as of July 2019. Almost 9% of Lewis County residents less than 65 years of age are estimated to not have health insurance as of 2018.¹³ This is currently higher than Washington State (7%), but lower than the United States (10%). The county uninsured rate has decreased since 2014 when it was 13%. Significantly more males (almost 12%) than females (almost 9%) do not have health insurance.

According to the Henry J. Kaiser Family Foundation, 48% of uninsured adults said the main reason they were uninsured was because the cost was too high, even under the Affordable Care Act.¹⁰ Uninsured adults are less likely than adults with any kind of health coverage to receive preventive and screening services and less likely to receive these services on a timely basis.¹¹

Behavioral Risk Factors

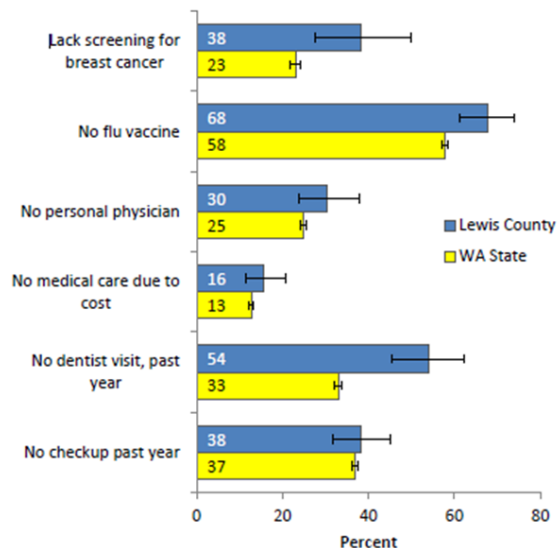
Lewis County is ranked 35th of the 39 Washington Counties for Health Behaviors (Appendix 1). Rates of adult smoking (17%), physical inactivity (22%), and alcohol-impaired driving deaths (38%) are all higher than the Washington State average. There is lower access to exercise opportunities (52%) than the state average. There are more teen births in Lewis County than the state average. The rate of excessive drinking (16%) is slightly lower than the state rate. The prevalence of sexually-transmitted infections is lower in Lewis County than the state average.

Preventive Care

Lewis County residents are doing worse than the state in seeking preventive health care. For example, 38% of residents have not been screened for breast cancer which is significantly more than the state average.¹⁷ Whereas almost 70% of Lewis County residents get screened for colorectal cancer.² Over one-third of residents also did not get a medical checkup in the last year.¹⁷

Immunizations

Receiving the appropriate vaccine on time is one of the best preventive health behaviors and one of the single most important way parents can protect their children against serious diseases.²³ Lewis County school aged children are doing well for meeting school-



entry immunization requirements: 88% of kindergartners; 83% of 6th graders; and 91% for all grades K-12.²⁰ These rates are just slightly higher but statistically significant than the state average.

In comparison, only 34% of children in Lewis County are considered fully immunized using the HEDIS Combo 10 measure, compared to the state average of 45%.²⁰ Only 16% of children 6 months-17 years old received influenza vaccine in 2018, compared to the state average of 25%. This is far below the Health People 2020 goal of 70%.³ The adolescent HPV immunization rate is 45% for at least 1 dose, but only 26% are up-to-date with a complete series. These rates are only slightly lower than the state at 49% and 29%, respectively.

Oral Health

Poor oral health is widespread in Washington State and the United States and disproportionately affects low-income populations.¹² Most low-income adults and children in Washington State receive dental coverage through Apple Health. Federal law mandates that Medicaid programs cover dental services for children under the age of 21, but there are no requirements for adult coverage. This is reflected in the rates of those eligible for Apple Health receiving dental services.²⁸ In Lewis County, only 22% of those adults (21 years and older) received a dental service in 2018, compared to 54% of children (20 years of age and younger). These both are slightly lower than the state utilization rate.

Overall, 54% of Lewis County adult residents report not seeing a dentist in the past year for any reason, compared to the state average of 33%.¹⁷ Lewis County is doing better on children’s oral health indicators than Washington State as a whole based on 2016 measures.²² For example, for children in Head Start/ECEAP, 33% had a tooth decay experience and 6% had untreated decay, compared with 45% and 25%, respectively in the state.

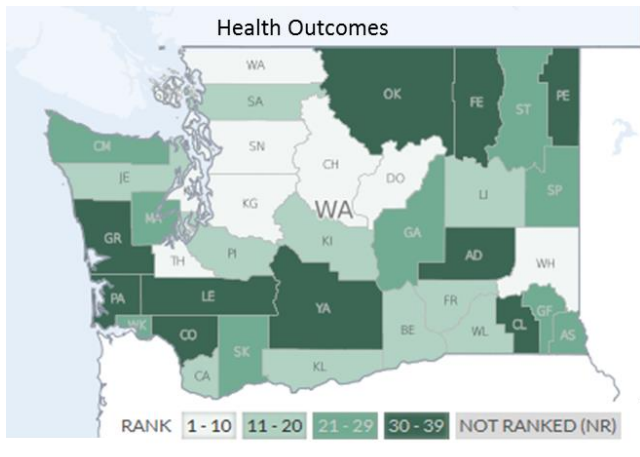
Opiate Use

Lewis County had a rate of 36 publicly-funded first treatment admissions and 25 hospitalizations for all opiates per 100,000 people.²¹ In the first quarter of 2019, the retail opioid prescription rate was 80 per 1,000 people.²¹ This is higher than the state rate of 61 per 1,000. This rate has been declining in Lewis County and the state from a high in 2014-2015.

Prior to treating chronic pain patients, VVHC requires they sign a narcotic pain prescription contract, specifying patient rules and responsibilities. It is VVHC’s policy to taper patients off opiate based pain medication. VVHC offers, on a case by case basis, alternative options to pain management that include a free membership to the local gym, medical massage or chiropractic treatments paid through charitable contributions.

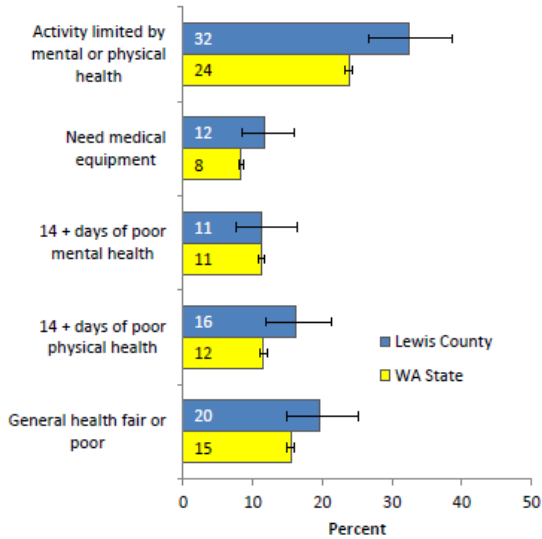
Health Outcomes

Lewis County is ranked 30th of the 39 Washington Counties for Health Outcomes.¹⁴ This is a picture of how long people live and how healthy people feel while alive. This ranking is based on the rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birth weight.



Social and Mental Health

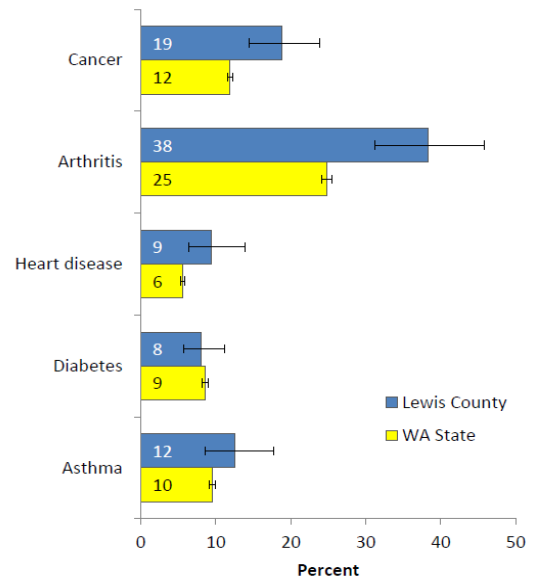
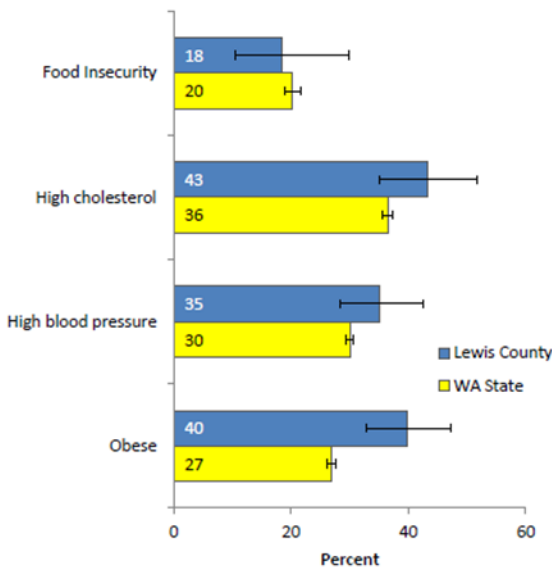
An estimated 20% of the US population has a diagnosable mental disorder in a given year, including 5 percent who have a serious mental illness such as schizophrenia or bipolar disorder.⁹ Only 42% of those adults diagnosed with a mental illness received mental health services. According to the Washington State Healthy Youth Survey in 2016, 36% of Lewis County youth reported being depressed and 22% reporting having suicide ideation.¹⁷ These are statistically the same rate as Washington State. Lewis County residents had an average of 4 poor mental health days per month and 13% of residents report frequent mental distress (Appendix 1 & 2).



Whether poor mental health leads to poor physical health, poor physical health leads to poor mental health, or both are caused by a common risk factor is not clear. More than 30% of surveyed Lewis County adults reported have their activities limited by mental or physical health and 20% reported their general health was fair or poor.¹⁷

Morbidity (Illness)

Lewis County adults have a higher or equal prevalence of cancer, arthritis, heart disease, and obesity than the state.¹⁷ Asthma, high cholesterol, high blood pressure and diabetes prevalence is about the same as the state.

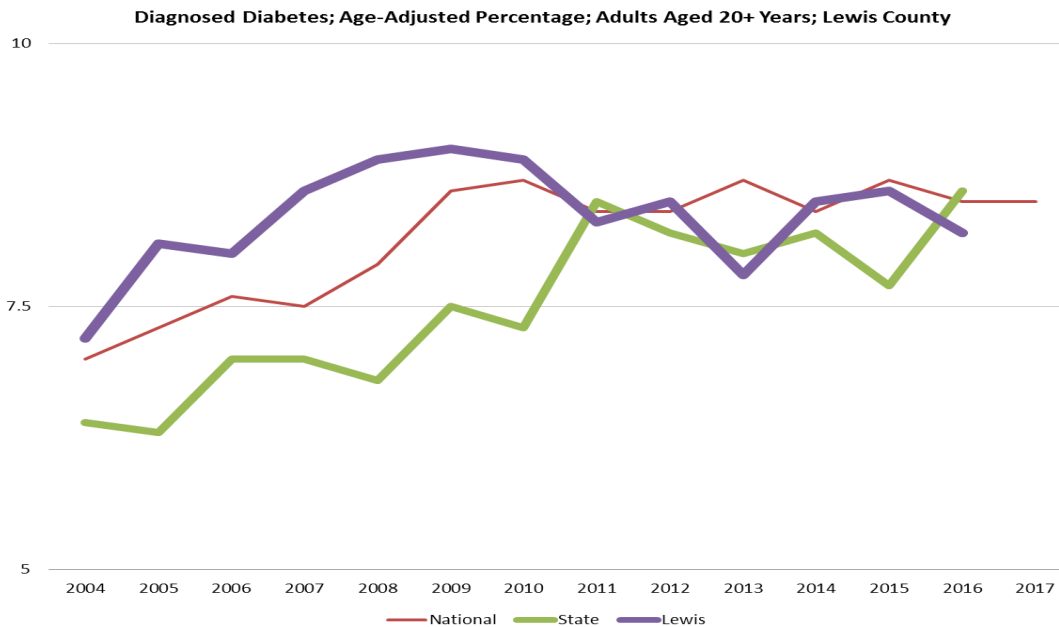


Specifically, as of 2016, the prevalence of diabetes in Lewis County is just over 8%.⁴ This is just below the state average, but is not statistically significant. Slightly more Lewis County females than males have diabetes, but it is not statistically significant.

As of 2017, at the national and state level, those aged 65 and older have the highest rates of diabetes about 20%, followed by those aged 45-64 at about 13%.⁴ Nationally and at the state level, those with

less than high school education have the highest rates at about 12-13%, followed by those with a high school education at about 10%. Nationally, Hispanics have the highest rate at over 12%, followed by Blacks at 11%, Asians at 9% and Whites at 8%. No age group, education or race/ethnicity data is available at the county level.

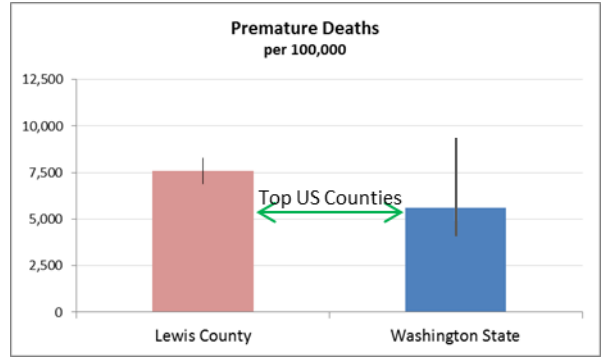
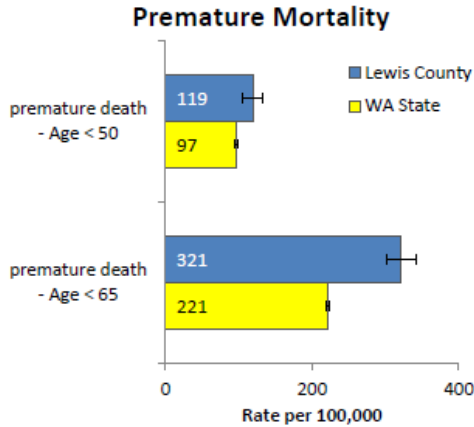
Statewide, the rate of newly diagnosed Diabetes Mellitus cases in adults has been decreasing over the past few years, while the mean age of diagnosis remains steady at about 52 years of age (regardless of gender, race/ethnicity or education level). Nationally, the incidence of new cases rose from a rate of 3.5 per 1,000 in 1980 to a high of 8.5 in 2010, and a decrease to 6.5 in 2017.⁴ At the state level, the current incidence is 5.7 per 1,000.



Mortality (Death)

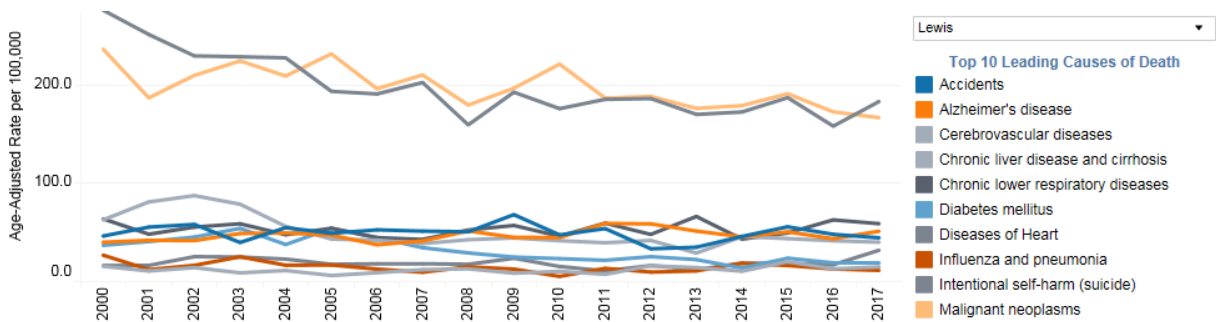
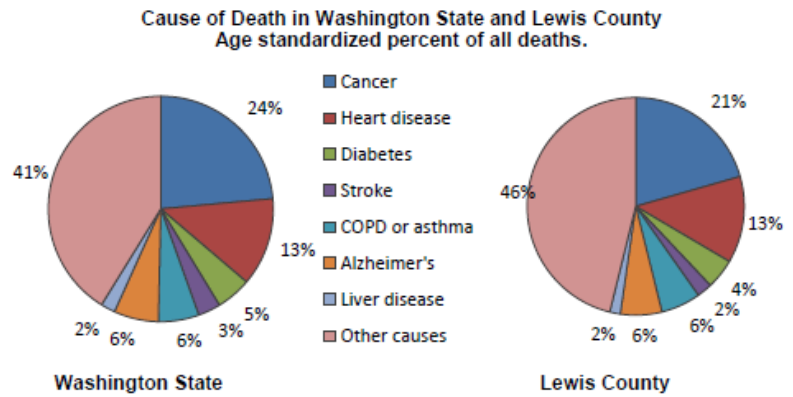
Leading causes of death in an area provides insight to the health status of a population. A high rate of deaths due to preventable causes indicates heightened disease burden or an unmet need for health care services. Every death occurring before the age of 75 is considered premature and contributes to the total number of years of potential life lost.

The average life expectancy of Lewis County residents is 77.6 years of age, lower than the Washington state average of 80 years of age (Appendix 2). Lewis County is also Ranked 32nd of the 39 Washington Counties with 7,600 premature deaths per 100,000 (Appendix 1). These rates have increased from 2016. In comparison, the Washington State average is 5,600 per 100,000 and the top healthiest US counties have rates of 5,400 per 100,000.¹⁴ Specifically, there are significantly more premature deaths in Lewis County than the state average for those between 50-65 years of age.¹⁷



The leading causes of non-accident death in Lewis are malignant neoplasms (cancers) and major cardiovascular diseases.^{16,17} This matches Washington State causes of death rates overall.

In general, death rates due to cancer have slowly decreased.¹⁶ lung cancer (lung, bronchus, and trachea) is most prevalent followed by colorectal and pancreas cancer. Death rates due to heart disease were also slowly falling except for an increase from 2016-2017, primarily due to a significant increase in female deaths.

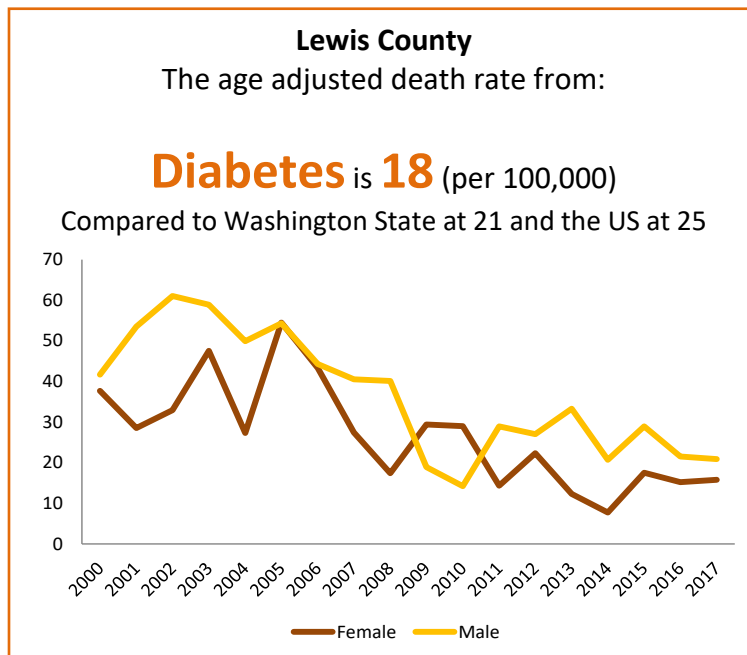
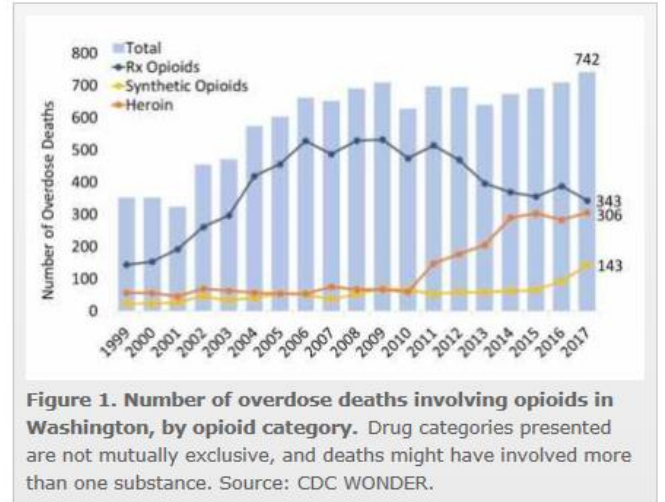
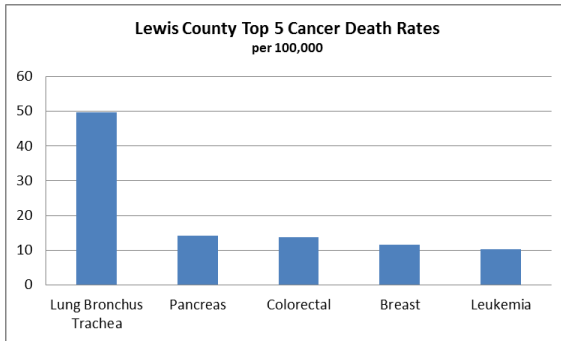


NR* = Not Reliable. Rates are not reliable due to counts less than 17.
 For technical notes, please click on the landing page: <https://www.doh.wa.gov/dataandstatistics/reports/healthdatavisualization/mortalitydashboards>
 Citation: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2000–2017, Community Health Assessment Tool (CHAT), September 2018.

The death rate due to diagnosed Diabetes Mellitus (all types) has significantly decreased in Lewis County since 2005. It is 18 per 100,000, which is lower than the state rate of 21 per 100,000.¹⁶ The death rate to due Alzheimer's has slowly increased in Lewis County and is 51 per 100,000. This is a little higher than the state rate of 45 per 100,000.¹⁶

Lewis County had an average annual opioid death rate of 8 per 100,000 population from 2013-2017.²¹ This is just below the state rate of about 10 deaths per 100,000 persons and less than the national rate

of almost 15 deaths per 100,000 persons.⁸ Overall, the prescription opioid death rate is declining, but is offset by the rise in heroin and synthetic opioid deaths.



Pacific County

Characteristics

Pacific County is the 10th smallest county in size in Washington State with a land area of 932 square miles. Pacific County is classified as rural with almost 70% of people living in unincorporated areas. Pacific County has 4 incorporated Cities/Towns: Ilwaco (population 965); Long Beach (pop. 1,455); Raymond (pop. 2,885) and South Bend (pop. 1,625). VVHC has a clinic in Raymond.

There are approximately 23 people per square mile and Pacific County ranks 26th in population density for Washington State counties.³¹ In comparison, the average population density for the whole state is almost 114 people per square mile. The 2019 estimated population of Pacific County is 21,640 and ranks 30th in population size for Washington State counties.³² The Pacific County population has increased by 2 % since 2016, whereas the state population increased by 5%. Over the next three years, it is estimated that the Washington State population will increase by approximately 15%.³²

Pacific County is predominately White - not Hispanic (82%), compared to Washington State at 68%.¹³ The Hispanic or Latino population (of any race) is 10% in Pacific County compared to Washington State at 13%.

The population is evenly divided between Female and Male, as is Washington State. Just over 16% of the total population is below 18 years of age, which is less than the state average of 22%. About 30% of the population is 65 years of age or older. This is a notably larger aged population than the state average of 15% and National average of 16%. Pacific County also has a much higher percentage of residents who are under 65 years of age with a disability (22 %), compared to Washington State at 9%.

Transportation

Pacific County is not particularly large in square miles but its geography limits the number of roads. US Highway 101 runs north and south along the coast, State Route 105 runs north into Grays Harbor County, State Route 6 runs east to Lewis County, and State Route 4 runs east to Wahkiakum County. Few county or secondary roads exist outside of the Long Beach, South Bend and Raymond communities.

Pacific Transit, serving the Peninsula and North Pacific County in Pacific County, also four fixed bus routes and a Dial-a-Ride Service. To qualify for Dial-a-Ride, individuals must be disabled and/or ADA certified, a senior 65 or older and located ¼ mile off the main bus route. There is no taxi service in Pacific County. The Shoalwater Bay Tribe provides shuttle services to their Casino, which is close to their Wellness Center in Tokeland.

VVHC provides free bus passes to patients on a case by case basis. VVHC has not purchased bus passes for Pacific County patients to date in 2019.

Health Resource Availability in Pacific County

Designated Healthcare Professional Shortage Area

Pacific County is designated both a Health Professional Shortage Area (HPSA) and a Medically Underserved Population and is ranked 33rd out of the 39 Washington counties for available clinical care services (Appendix 1 and Reference 24). This shortage is especially severe for dental services. This

means there are fewer health care professionals than is optimal for the population size and characteristics. Within the VVHC service area, the shortage has increased since 2013.⁶

There is an unmet need for primary care, dental and mental health services for all Pacific County.⁵ There is only one Primary Care Physician for every 4,250 residents. This is four times that of Washington State as a whole where there is one Primary Care Physician for every 1,220 residents (Appendix 1). There is only 1 dentist for every 3,090 residents, which is 3 times the state average. There is 1 Mental Health provider for every 390 residents, which is similar to the state average.⁵

Health Services

Health care providers serving the low-income population by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program are primarily Federally Qualified Health Centers (FQHC), Community Health Centers/Community Clinics, Rural Health Clinics (RHC), Free Clinics and some private providers.

There are 2 Federally Qualified Health Centers (FQHC) with clinics in Pacific County: VVHC and Cowlitz Family Health Center. Cowlitz Family Health Center has the largest share of the FQHC target population as patients in Pacific County.⁷ VVHC has the second largest share of all patients and the largest share in the communities Raymond and South Bend. Pacific County residents also travel to FQHC clinics in other counties, primarily Cowlitz County and Astoria, Oregon.

Pacific County has 3 Rural Health Clinics: 2 in Ilwaco and 1 in Naselle. There are 2 Community Health Center/Community Clinics besides VVHC and there are no free clinics in Pacific County. The Shoalwater Bay Tribe provides health care at their Wellness Center in Tokeland for tribal and non-tribal community members.

There are approximately 9 providers in Pacific County other than VVHC that participate in the state Vaccines for Children Program, providing free vaccines to all children less than 6 years of age.²⁵ There are 2 Women's, Infants and Children (WIC) program clinics in Pacific County. The Pacific County Health Department also runs the FIRST Steps and Maternal Support Services Programs and a Family Planning Clinic.

Pacific County has two critical access hospitals, a Trauma Level 5 in South Bend and a Trauma Level 4 in Ilwaco.¹⁹ The nearest Trauma Level 3 hospitals are in Aberdeen and Longview and the nearest Trauma Level 2 hospital is in Vancouver.

Behavioral Health Services

There are 2 clinics offering behavioral health services (Substance Use Disorder and Mental Health) and accepting Medicaid or have sliding fees in Pacific County.²⁶ According to a survey of licensed physicians from 2017-2019, there are psychiatrists with practice sites in Pacific County.³⁰

Dental Services

There are only two dental providers in Pacific County specifically serving low-income adults by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program. One is in Raymond in the north part of the county and one is in Ocean Park, out on the Long Beach peninsula. There is also only 1 clinic participating in the Access to Baby & Child Dentistry (ABCD) program for children less than 6 years of age with parents or guardians enrolled in Apple Health.

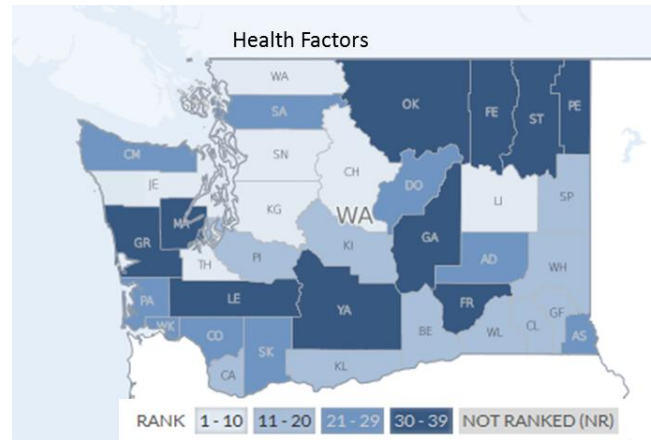
Other Agencies in Pacific County Serving Target Population

- CHOICE Regional Health Network
- Coastal Community Action Program
- Cowlitz Family Health Center
- Lifeline Connections
- Pacific County Health and Human Services
- Shoalwater Bay Tribe
- Union Gospel Mission
- Willapa Behavioral Health
- Willapa Counseling Center
- Willapa Harbor Hospital

*Note: This is only a representation of available health-related services and not an exhaustive list.

Health Factors and Outcomes in Pacific County

Health Factors include Social Determinants of Health and Behavioral Risk Factors interacting to result in Health Outcomes. Social determinants of health - the conditions under which people are born, grow, live, work and play - significantly influence the health of a community and its residents. Behavioral Risk Factors - those personal behaviors or patterns of behavior which strongly yet adversely affect health - increase the chance of developing a disease, disability or syndrome. As summed up by the Washington State Department of Health, "Health and quality of life at all stages in life depend on the cumulative effects of behaviors and exposures earlier in life, and on social, genetic, and epigenetic effects that span generations".¹⁷



Social Determinants of Health

Pacific County is ranked 26th out of 39 Washington Counties for Social and Economic Factors (Appendix 1). These include education level, unemployment poverty levels, income inequality, social associations, violent crime, injury deaths and children in single-parent households.

Pacific County high school education rates (88%) are lower than to the state (91%), but are equal to US rates.¹³ More males (8%) than females (6%) do not have a high school education, but the difference is not statistically significant. The rate of those with a Bachelor’s degree or higher is about half of the state and national rates (17% Pacific County; 35% State; 31% US).

About 11% of people 5 years of age and older speak a language other than English at home.¹³ This is about half the state and national average. In addition, almost 5% of those older than 5 years of age report speaking English less than well.¹⁸ This is lower than the state average of almost 8%.

There are an estimated minimum of 100 homeless in Pacific County and only 1% have severe housing problems (Appendix 1 and Reference 15). This compares to an estimated minimum of over 50,000 homeless in WA State and 18% of residents experiencing severe housing problems.

The primary labor markets of Pacific County include Government, Accommodation & Food Services, Manufacturing, Agriculture (Farming, Forestry, Fishing and Hunting), and Wholesale/Retail Trade based on the percentage of labor employed in these industries.³⁴ Government, Manufacturing and Agriculture are the top 3 industries for the percentage of wages paid. Pacific County is classified as an Economically Distressed Area, with an average 3 year unemployment rate of about 7% as of July 2019.²⁷ The unemployment rate has decreased since the 2016 Needs Assessment, but is still higher than the state and National average of 4%. Significantly more males (9%) than females (3%) are unemployed.

The average annual wage in 2017 was \$36,177, with a median hourly wage of \$18.83.²⁷ The per capita personal income in 2017 was \$40,150, ranking Pacific County 31st out of 39 Washington State counties in this category. In comparison, per capita income in Washington State was \$57,896 and the US average was \$51,640. The Pacific County income metrics and the county rankings have improved since 2016.

An estimated 17% of Pacific County residents live below the Federal Poverty Level (FPL), compared to the State at 11% and the Nation at 12%.¹³ This population is eligible for the VVHC nominal fee if they are also uninsured. Almost 24% of persons are living at or below 125% of FPL, which is above the state average of 16%.¹⁸ This population is eligible for the VVHC sliding fee scale schedule rates if they are also uninsured or covered under Medicaid.

In addition, almost 33% percent of Pacific County residents find it difficult to meet basic needs based on 2016 data.¹ These households earn more than the FPL, but less than the basic cost of living for the county. About one-third of Pacific County residents report having food insecurity and 23% are enrolled in SNAP, which is higher than the state rate.¹⁷

Roughly 32% of Pacific County residents are on Apple Health, which is higher than the state 24% enrollment.²⁹ Pacific County Apple Health enrollees include 4,295 adults and 6,935 children as of July 2019. This is higher than the state enrollment of 24% of total population. Almost 10% of Pacific County residents less than 65 years of age do not have health insurance as of 2018.¹³ This is higher than both Washington State and the United States. The county uninsured rate has decreased since 2014 when it was 15-20%. Significantly more males (11%) than females (7%) do not have health insurance.¹⁸

Behavioral Risk Factors

Pacific County is ranked 21st of the 39 Washington Counties for Health Behaviors (Appendix 1). Rates of adult smoking (15%), physical inactivity (23%), and alcohol-impaired driving deaths (56%) are all higher than Washington State averages. There is lower access to exercise opportunities (66%) than the state average. There are more teen births in Pacific County than in Washington as a whole. The rate of excessive drinking (15%) is slightly lower than the state. The prevalence of sexually-transmitted infections in Pacific County is lower than the state average.

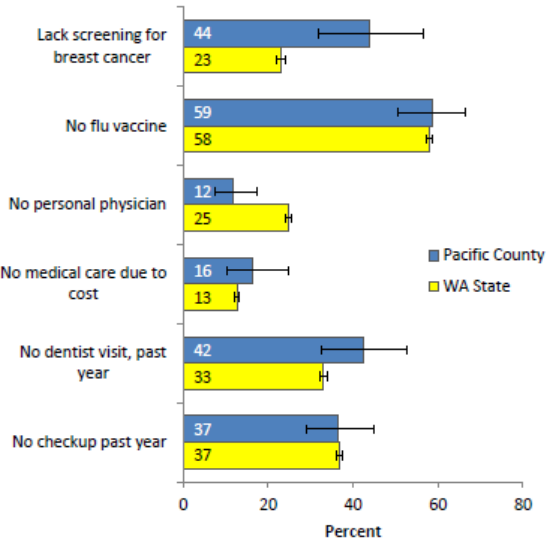
Preventive Care

Pacific County residents are doing worse than the state in seeking preventive health care. For example, 44% of residents have not been screened for breast cancer which is double the state average.¹⁷ Less than 70% of Pacific County residents get screened for colorectal cancer.² Over one-third of residents also did not get a checkup in the last year.¹⁷

Immunizations

Pacific County school aged children are doing well for meeting school-entry immunization requirements: 85% of kindergartners; 87% of 6th graders; and 87% for all grades K-12.²⁰

In comparison, only 19% of children in Pacific County are considered fully immunized using the HEDIS Combo 10 measure, compared to the state average of 45%.²⁰ Only 12% of children 6 months-17 years old received influenza vaccine in 2018, compared to the state average of 25%. This is far below the Healthy People 2020 goal of 70%.³ The adolescent HPV immunization rate is 30% for at least 1 dose, but only 15% were up-to-date with a complete series. These rates are lower than the state at 49% and 29%, respectively.



Oral Health

Overall, 42% of Pacific County adult residents report not seeing a dentist in the past year for any reason, compared to the state average of 33%.¹⁷

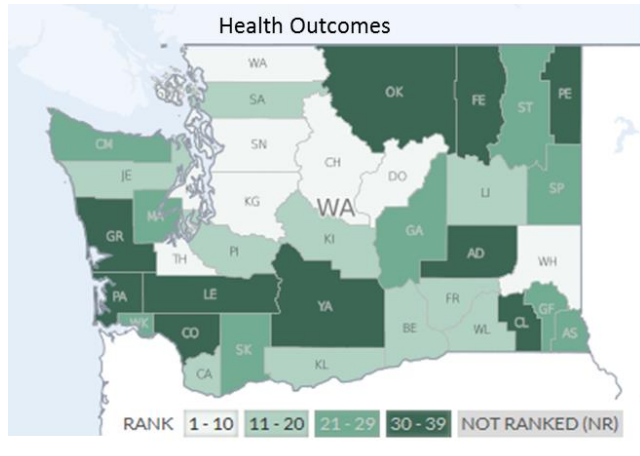
Only 21% of Apple Health eligible adults (21 years and older) received a dental service in 2018, compared to 55% of eligible children (20 years of age and younger). These are slightly lower than the state as a whole.

Opiate Use

There is no recent data for opioid admissions or hospitalizations in Pacific County. In the first quarter of 2019, the retail opioid prescription rate was 69 per 1,000 people.²¹ This is higher than the state rate of 61 per 1,000. This rate has been declining in Pacific County and the state from a high in 2014-2015.

Health Outcomes

Pacific County is ranked 37th of the 39 Washington Counties for Health Outcomes.¹⁴ This is a picture of how long people live and how healthy people feel while alive. This ranking is based on the rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birth weight.

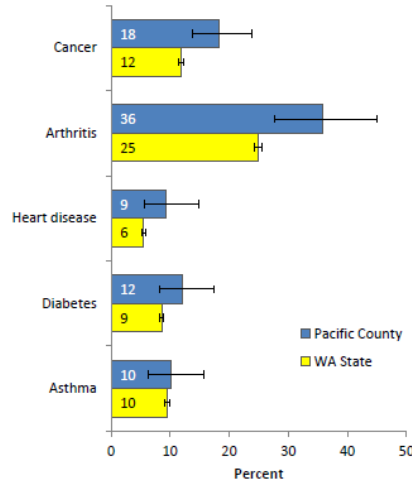
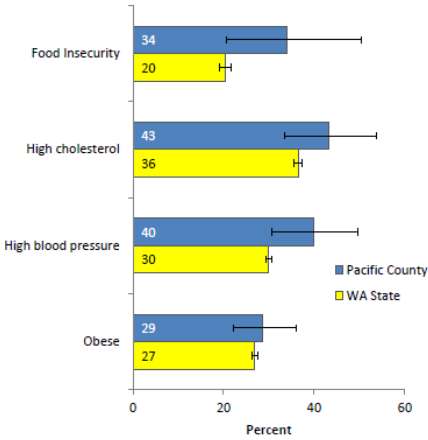


Social and Mental Health

Almost one-third of Pacific County youth reported being depressed and almost 20% reporting having suicide ideation.¹⁷ These are statistically the same rate as Washington State. Pacific County adults had an average of 4.5 poor mental health days per month and 14% of residents report frequent mental distress (Appendix 1 & 2). More than one-third of surveyed Pacific County adults reported have their activities limited by mental or physical health and 20% reported their general health was fair or poor.¹⁷

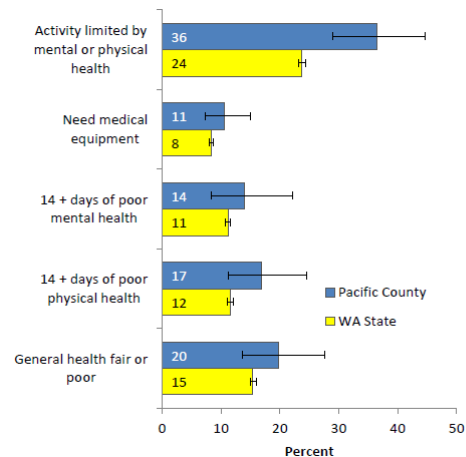
Morbidity (Illness)

Pacific County adults have a statistically higher prevalence of cancer and arthritis than the state. Heart disease, diabetes, asthma, high cholesterol, high blood pressure and obesity prevalence is about the same as the state.¹⁷

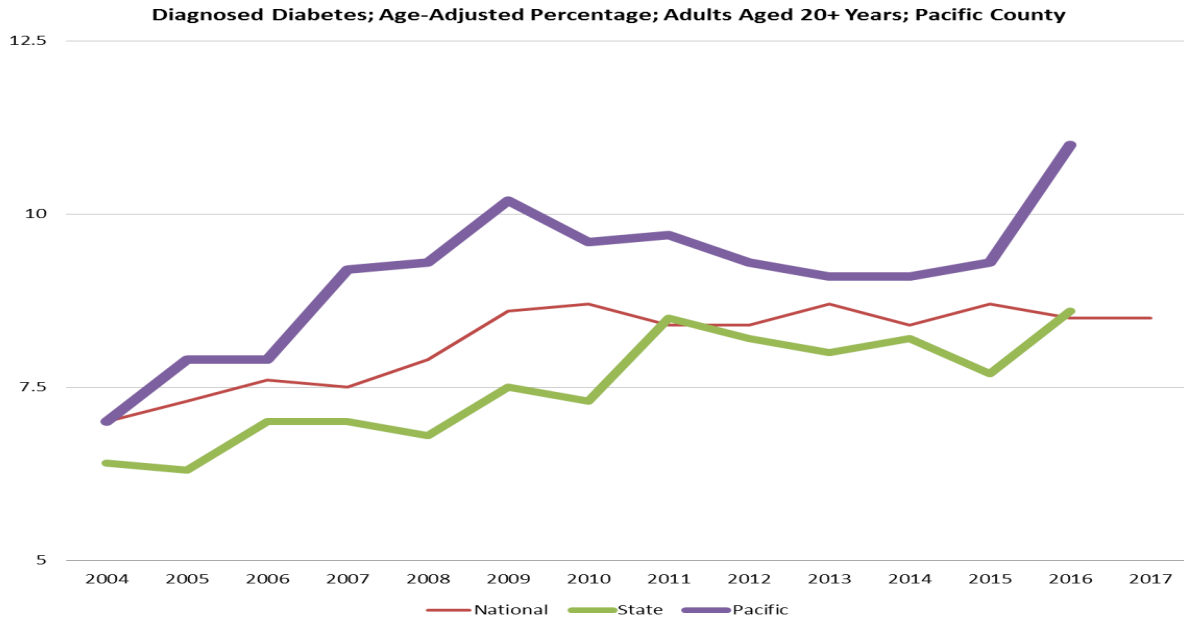


Specifically, as of 2016, the total number of diagnosed Diabetes Mellitus (all types) in adults in Pacific County is just over 11%.⁴ This is higher than the state average but not statistically significant. More Pacific County males than females have diabetes, but it is not statistically significant.

As of 2017, at the national and state level, those aged 65 and older have the highest rates of diabetes about 20%, followed by those aged 45-64 at about 13%.⁴ Nationally and at the state level, those with less than high school education have the highest rates at about 12-13%, followed by those with a high school education at about 10%. Nationally, Hispanics have the highest rate at over 12%, followed by Blacks at 11%, Asians at 9% and Whites at 8%. No age group, education or race/ethnicity data is available at the county level.



Statewide, the rate of newly diagnosed Diabetes Mellitus cases in adults has been decreasing over the past few years, while the mean age of diagnosis remains steady at about 52 years of age (regardless of gender, race/ethnicity or education level). Nationally, the incidence of new cases rose from a rate of 3.5 per 1,000 in 1980 to a high of 8.5 in 2010, and a decrease to 6.5 in 2017.⁴ At the state level, the current incidence is 5.7 per 1,000.

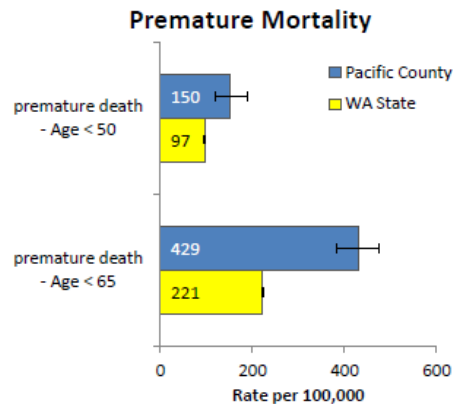
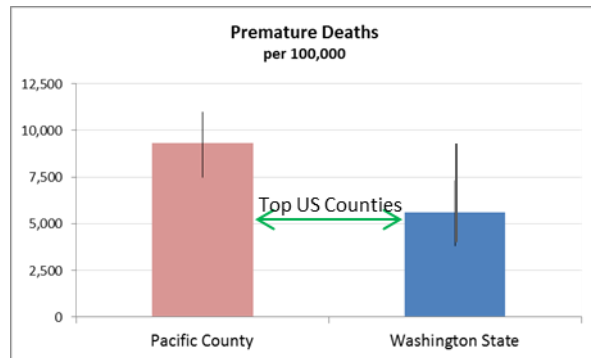


Mortality (Death)

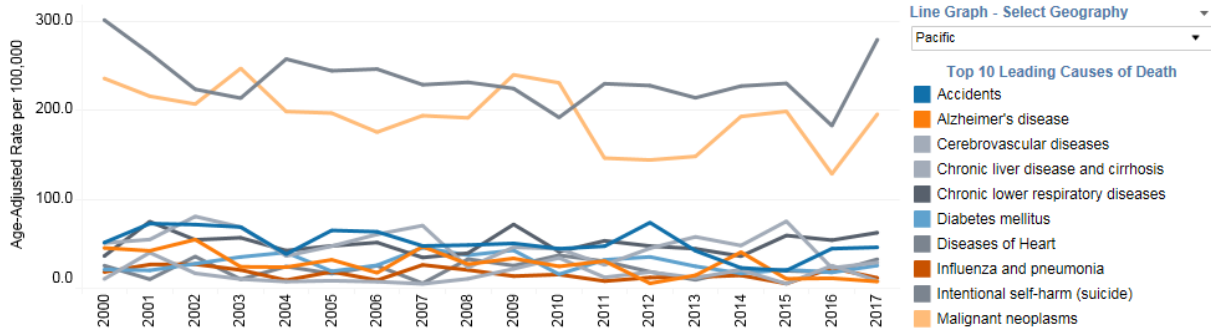
Leading causes of death in an area provides insight to the health status of a population. A high rate of deaths due to preventable causes indicates heightened disease burden or an unmet need for health care services. Every death occurring before the age of 75 is considered premature and contributes to the total number of years of potential life lost.

The average life expectancy of Pacific County residents is 76.4 years of age, lower than the Washington state average of 80 years of age (Appendix 2).

Pacific County is Ranked 37th of the 39 Washington Counties with 9,300 premature deaths per 100,000 (Appendix 1). These rates have increased from 2016. In comparison, the Washington State average is 5,600 per 100,000 and the top healthiest US counties have rates of 5,400 per 100,000.¹⁴ Specifically, there is twice the rate of premature deaths in Pacific County than the state average for those between 50-65 years of age.¹⁷



The leading causes of non-accident deaths in Pacific County are major cardiovascular diseases followed by malignant neoplasms (cancers).^{16,17}



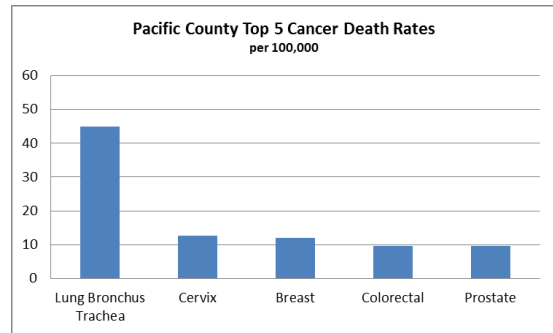
NR = Not Reliable. Rates are not reliable due to counts less than 17.

For more information, please click on the landing page: <https://www.doh.wa.gov/dataandstatisticalreports/healthdatavisualization/mortalitydashboards>

Citation: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2000–2017, Community Health Assessment Tool (CHAT), September 2018.

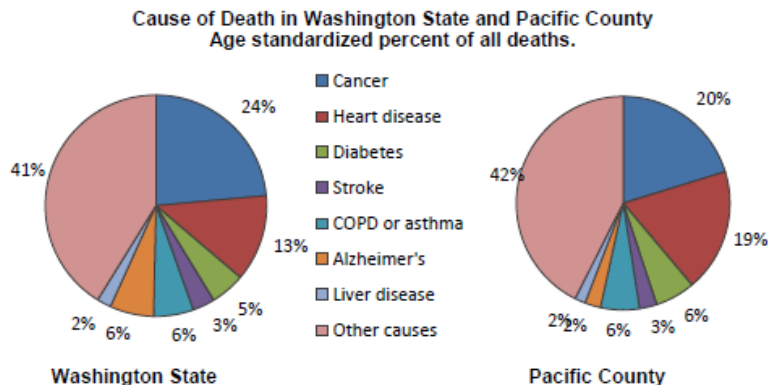


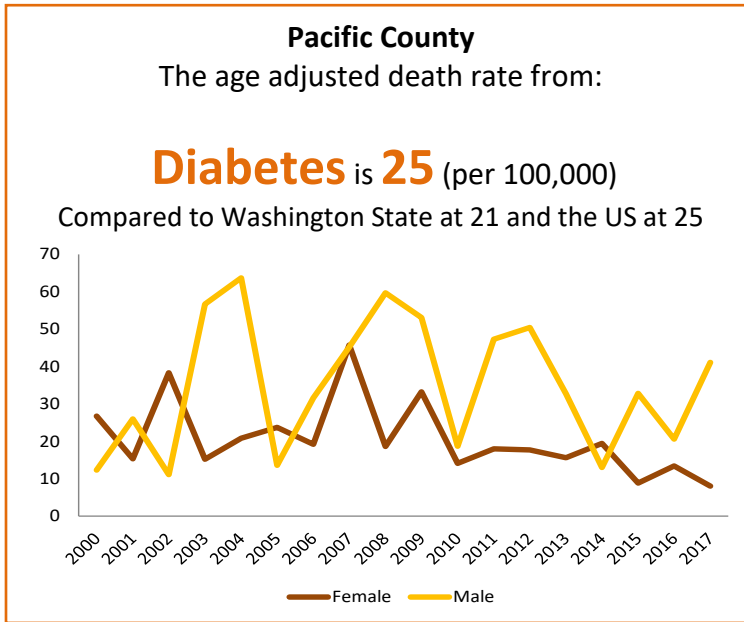
In general, death rates due to cancer have slowly decreased over the last 10 years, except for an increase from 2016-2017.¹⁶ Additional years of data are needed to determine if this is a new trend.¹⁶ Lung cancer (lung, bronchus, and trachea) is most prevalent followed by cervix, breast, colorectal and Prostate cancer. Death rates due to heart disease were slowly falling until a large increase from 2016-2017, primarily due to a significant increase in male deaths.



The death rate due to diagnosed Diabetes Mellitus has decreased since 2005 and is 25 per 100,000.¹⁶ This is higher than the state rate and the same as the US average.³³ The death rate to due Alzheimer’s has generally decreased in Pacific County and is 7 per 100,000. This is much lower than state rate of 45 per 100,000, but due to the small numbers of deaths, direct comparisons should be made with caution.

Pacific County had an average annual opioid death rate of 7 per 100,000 population from 2013-2017, but low counts make this rate unreliable.²¹ The state rate is about 10 deaths per 100,000 persons and the national rate is almost 15 deaths per 100,000 persons.⁸





Thurston County

Characteristics

Thurston County is the 8th smallest counties in size in Washington State with a land area of 722 square miles. Thurston County is not classified a rural county with equal numbers of people living in unincorporated and incorporated areas. Thurston County has 7 incorporated cities/towns: Bucoda (population 580); Lacey (pop. 51,270); Olympia (pop. 52,770); Rainier (pop. 2,110); Tenino (pop. 1,840); Tumwater (pop. 24,060); and Yelm (pop. 9,135). VVHC has 2 clinics in Olympia and 1 clinic in Tenino.

There are approximately 396 people per square mile and Thurston County ranks 6th in population density for Washington State counties.³¹ In comparison, the average population density for the whole state is 114 people per square mile. The 2019 estimated population of Thurston County is 285,800 and ranks 6th in population size for Washington State counties.³² The Thurston County population has increased by almost 5% since 2016, which is the same as the state. Over the next three years, it is estimated that the Washington State population will increase by approximately 15%.³²

Thurston County is predominately White - not Hispanic (75%), compared to Washington State at 68%.¹³ The Hispanic or Latino population (of any race) is 9% in Thurston County compared to Washington State at 13%.

The population is evenly divided between Female and Male, as is Washington State. Almost 22% of the total population is below 18 years of age, which is about the same as the state average. About 17% of the population is 65 years of age or older. This is about the same as the state and national averages. Thurston County has the percentage of residents who are under 65 years of age with a disability as the state (9 %).

Transportation

Thurston County has US Interstate 5 running North-South, US Highway 101 running from I5 Northwest to Mason County, State Highway 8 running from 101 West to Grays Harbor County, State highway 507 running north –south from Pierce County to Lewis County, and US Highway 12 from I5 to Grays Harbor County. The municipalities of Olympia, Lacey and Tumwater and the immediate surrounding areas have numerous county and city roads.

Intercity Transit serves the greater Olympia-Lacey-Tumwater area with extensive routes. One route serves the rural community of Yelm and 2 routes have service to Tacoma. Multiple private taxi companies and the ride share companies Uber and Lyft serve the greater Olympia-Lacey-Tumwater area. Rural Transit (rT) has routes between Tumwater and the South County communities of Rainier, Tenino, Bucoda, Grand Mound, and Rochester.

VVHC provides free bus passes to patients on a case by case basis. VVHC purchased an average of 45 bus passes per month in Thurston County in 2019 to date. VVHC will also pay for taxi services in hardship cases.

Health Resource Availability in Thurston County

Designated Healthcare Professional Shortage Area

Thurston County is designated a Health Professional Shortage Area (HPSA) for specific populations and is ranked 7th out of the 39 Washington counties for available clinical care services²⁴ (Appendix 1). This means there are fewer health care professionals than is optimal for the population size and characteristics. But the shortage is mostly due to the lack of Primary Care in the outlying regions from the Olympia-Lacey-Tumwater metro area. Within the VVHC service area, the shortage has increased since 2013.⁶

There is an unmet need for primary care, dental and mental health services for some populations and areas in Thurston County, especially rural Thurston and specific low-income populations in Olympia and Lacey.⁵ Overall, there is one Primary Care Physician for every 1,040, which is better than the one Primary Care Physician for every 1,220 residents (Appendix 1). The ratios for Dentists (1 for every 1,350 residents) and Mental Health providers (1 for every 350 residents) are both higher than the State average.⁵

Health Services

Health care providers serving the low-income population by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program are primarily Federally Qualified Health Centers (FQHC), Community Health Centers, Rural Health Clinics (RHC) and Free Clinics.

There are 2 Federally Qualified Health Centers (FQHC): VVHC and Sea-Mar Community Health Center. Sea-Mar Community Health Center has the largest share of the FQHC target population as patients in Thurston County by a large margin.⁷ VVHC has the largest share in the communities of Rochester, Tenino and Oakville, and the second largest share in Olympia, Lacey, and Rainier. Thurston County residents also travel to FQHC clinics in other counties, primarily Pierce County.

Thurston County has 2 Rural Health Clinics, both in Rochester. There are 4 Community Health Centers/Community Clinics besides VVHC and 3 free clinics.

There are 3 immunization clinics serving children and approximately 30 providers in Thurston County other than VVHC that participate in the state Vaccines for Children Program, providing free vaccines to all children less than 6 years of age.²⁵ There are 6 Women's, Infants and Children (WIC) program clinics in Thurston County.

Thurston County has two hospitals Providence St Peter (Trauma Level 3) and Capital Medical Center, an acute care facility.¹⁹ The nearest Trauma Level 2 hospitals are in Tacoma.

Behavioral Health Services

There are a number of behavioral health services (Substance Use Disorder and Mental Health) which accept Medicaid or have sliding fees in Thurston County.²⁶ VVHC has an integrated care relationship with Behavioral Health Resources to provide Primary Care and counseling services to their patients on their campus in Olympia. According to a survey of licensed physicians from 2017-2019, 21 psychiatrists have practice sites in Thurston County.³⁰

Dental Services

There are 4 dental clinics in Thurston County specifically serving low-income adults by accepting Apple Health (Medicaid), having a sliding fee scale or a reduced rate program. There are 15 clinics, including VVHC, participating in the Access to Baby & Child Dentistry (ABCD) program for children less than 6 years of age with parents or guardians enrolled in Apple Health.

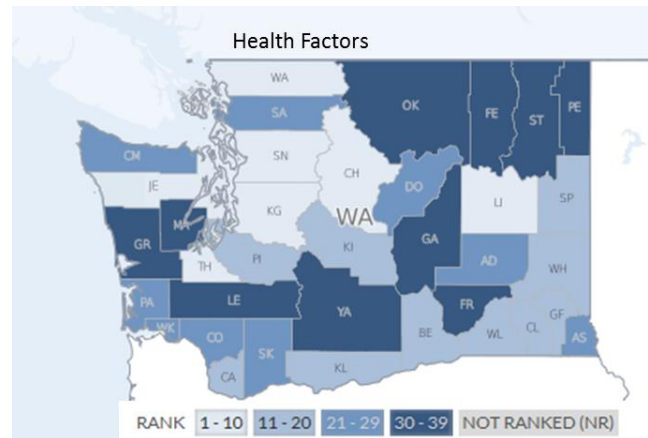
Other Agencies in Thurston County Serving Target Population

- Behavioral Health Resources
- CHOICE Regional Health Network
- Family Support Center
- Northwest Pediatric Center
- Planned Parenthood
- Providence Health & Services Washington
- Sea-Mar Community Health Center
- Thurston County Public Health & Social Services Department
- Union Gospel Mission

*Note: This is only a representation of available health-related services and not an exhaustive list.

Health Factors and Outcomes in Thurston County

Health Factors include Social Determinants of Health and Behavioral Risk Factors interacting to result in Health Outcomes. Social determinants of health - the conditions under which people are born, grow, live, work and play - significantly influence the health of a community and its residents. Behavioral Risk Factors - those personal behaviors or patterns of behavior which strongly yet adversely affect health - increase the chance of developing a disease, disability or syndrome. As summed up by the Washington State Department of Health, “Health and quality of life at all stages in life depend on the cumulative effects of behaviors and exposures earlier in life, and on social, genetic, and epigenetic effects that span generations”.¹⁷



Social Determinants of Health

Thurston County is ranked 8th out of 39 Washington Counties for Social and Economic Factors (Appendix 1). These include education level, unemployment poverty levels, income inequality, social associations, violent crime, injury deaths and children in single-parent households.

Thurston County high school education rates at almost 94% are higher than the state and US rates.¹³ Roughly the same percentage of females and males do not have a high school education. The rate of those with a Bachelor’s degree or higher is about equal to the state average and higher than the national rates.

Over 11% of people 5 years of age and older speak a language other than English at home.¹³ This is about half the state and national average. In addition, just over 4% of those older than 5 years of age report speaking English less than well.¹⁸ This is lower than the state average of almost 8%.

There are an estimated minimum of 2,000 homeless in Thurston County and 17% of residents have severe housing problems (Appendix 1 and Reference 15). This compares to an estimated minimum of over 50,000 homeless in WA State and 18% of residents experiencing severe housing problems.

The primary labor markets of Thurston County include Government, Wholesale/Retail Trade, Health Care & Social Assistance, Accommodation & Food Services, and Administrative & Waste Services based on the percentage of labor employed in these industries.³⁵ Government, Wholesale/Retail Trade, Health Care & Social Assistance are the top 3 industries for the percentage of wages paid. The Thurston County unemployment rate is just over 5% as of July 2019.²⁷ This is just above the state and National average of 4%. Slightly more males than females are unemployed, but it is not statistically significant.

The average annual wage in 2017 was \$49,176, with a median hourly wage of \$20.15.²⁷ The per capita personal income in 2017 was \$48,845, ranking Thurston County 11th out of 39 Washington State counties in this category. In comparison, per capita income in Washington State was \$57,896 and the US average was \$51,640.

Almost 11% of Thurston County residents live below the Federal Poverty Level (FPL), which is about the same as the State and National averages.¹³ This population is eligible for the VVHC nominal fee if they are also uninsured. Almost 15% of persons are living at or below 125% of FPL, which is just below the state average.¹⁸ This population is eligible for the VVHC sliding fee scale schedule rates if they are also uninsured or covered under Medicaid.

In addition, about 26% percent of Thurston County residents find it difficult to meet basic needs based on 2016 data.¹ These households earn more than the FPL, but less than the basic cost of living for the county. About 17% of Thurston County residents report having food insecurity and 14% are enrolled in SNAP, which are similar to state rates.¹⁷

Roughly 23% of Thurston County residents are on Apple Health, which is about the same as the state enrollment.²⁹ Thurston County Apple Health enrollees include 37,622 adults and 27,884 children as of July 2019. About 6% of Thurston County residents less than 65 years of age are estimated to not have health insurance as of 2018.¹³ This is lower than both Washington State and the United States. The county uninsured rate has decreased since 2014 when it was 9%. Significantly more males (8%) than females (6%) do not have health insurance.¹⁸

Behavioral Risk Factors

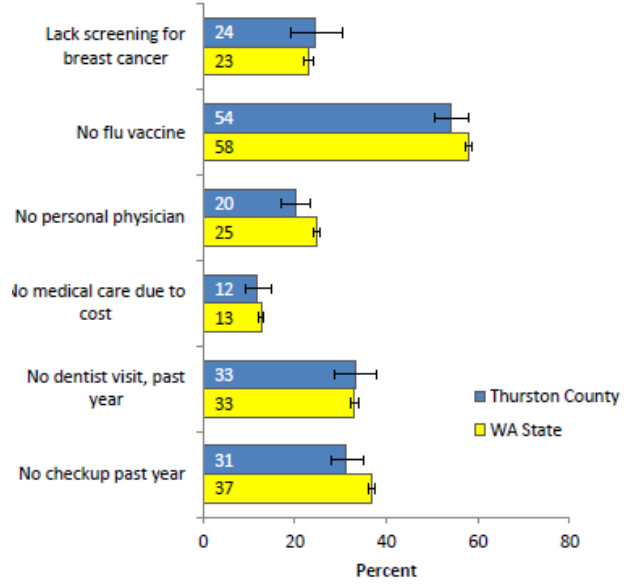
Thurston County is ranked 10th of the 39 Washington Counties for Health Behaviors (Appendix 1). Rates of adult smoking (13%), physical inactivity (15%), and alcohol-impaired driving deaths (25%) are all lower than the state average. There is lower access to exercise opportunities (73%) than the state average. There are slightly less teen births in Thurston County than the state average. The rate of excessive drinking (16%) and the prevalence of sexually-transmitted infections is about the same in Thurston County as state averages.

Preventive Care

Thurston County residents are doing about the same as the state average in seeking preventive health care. For example, about one-quarter of residents have not been screened for breast cancer and about one-third also did not get a medical checkup in the last year. Between 70-80% of Thurston County residents get screened for colorectal cancer.²

Immunizations

Thurston County school aged children are mostly doing well for meeting school-entry immunization requirements: 84% of kindergartners; 68% of 6th graders; and 83% for all grades K-12.²⁰ The 6th grade rate is much lower than the state average.



In comparison, only 39% of children in Thurston County are considered fully immunized using the HEDIS Combo 10 measure, compared to the state average of 45%.²⁰ Only 22% of children 6 months-17 years old received influenza vaccine in 2018, compared to the state average of 25%. This is far below the Health People 2020 goal of 70%.³ The adolescent HPV immunization rate was 47% for at least 1 dose, while 26% are up-to-date with a complete series. These rates are only slightly lower than the state at 49% and 29%, respectively.

Oral Health

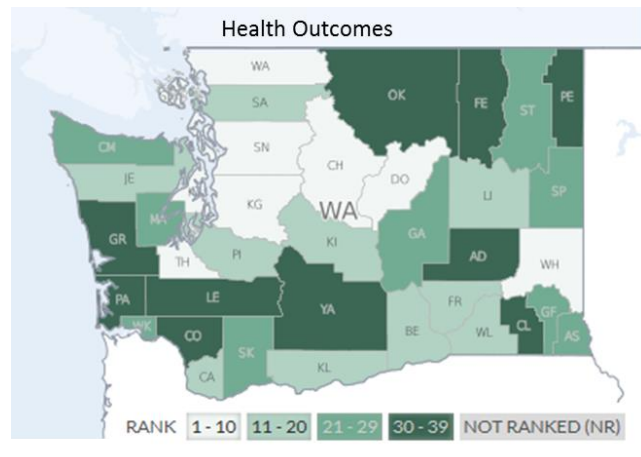
In Thurston County, about 20% of Apple Health eligible adults (21 years and older) received a dental service in 2018, compared to 47% of eligible children (20 years of age and younger). This is lower than the state utilization rate. Overall, about one-third of residents saw a dentist in the past year which is the same rate as the state.¹⁷

Opiate Use

Thurston County had a rate of 15 hospitalizations for all opiates per 100,000 people.²¹ In the first quarter of 2019, the retail opioid prescription rate was 59 per 1,000 people.²¹ This is just below the state rate of 61 per 1,000. This rate has been declining in Thurston County and the state from a high in 2014-2015.

Health Outcomes

Thurston County is ranked 5th of the 39 Washington Counties for Health Outcomes.¹⁴ This is a picture of how long people live and how healthy people feel while alive. This ranking is based on the rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birth weight.



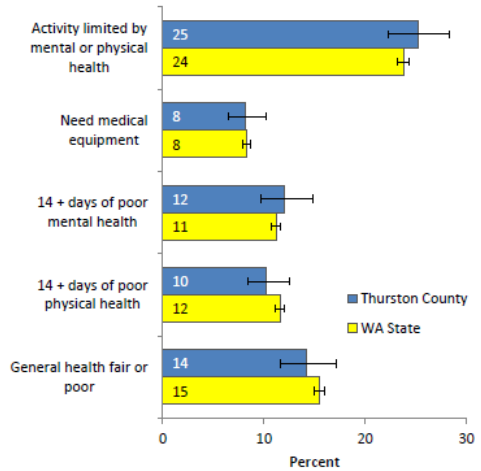
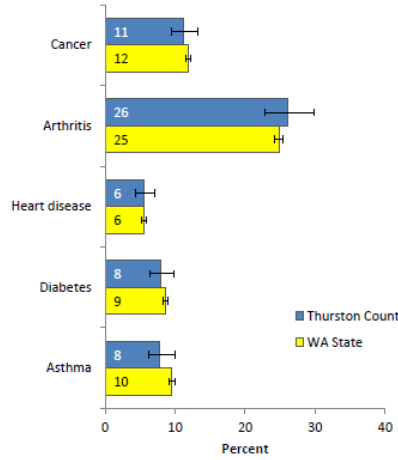
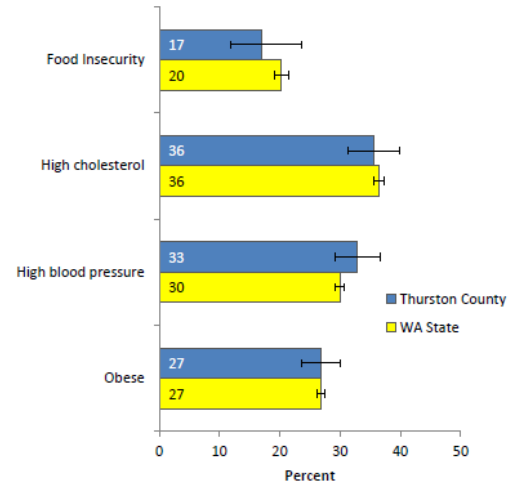
Social and Mental Health

Almost 40% of Thurston County youth reported being depressed and 24% reporting having suicide ideation.¹⁷ These are statistically the same rate as Washington State. Thurston County adults reported having an average of 3.6 poor mental health days per month and 11% of residents report frequent mental distress (Appendix 1 & 2). One-quarter of surveyed Thurston County adults reported have their activities limited by mental or physical health and 14% reported their general health was fair or poor.¹⁷

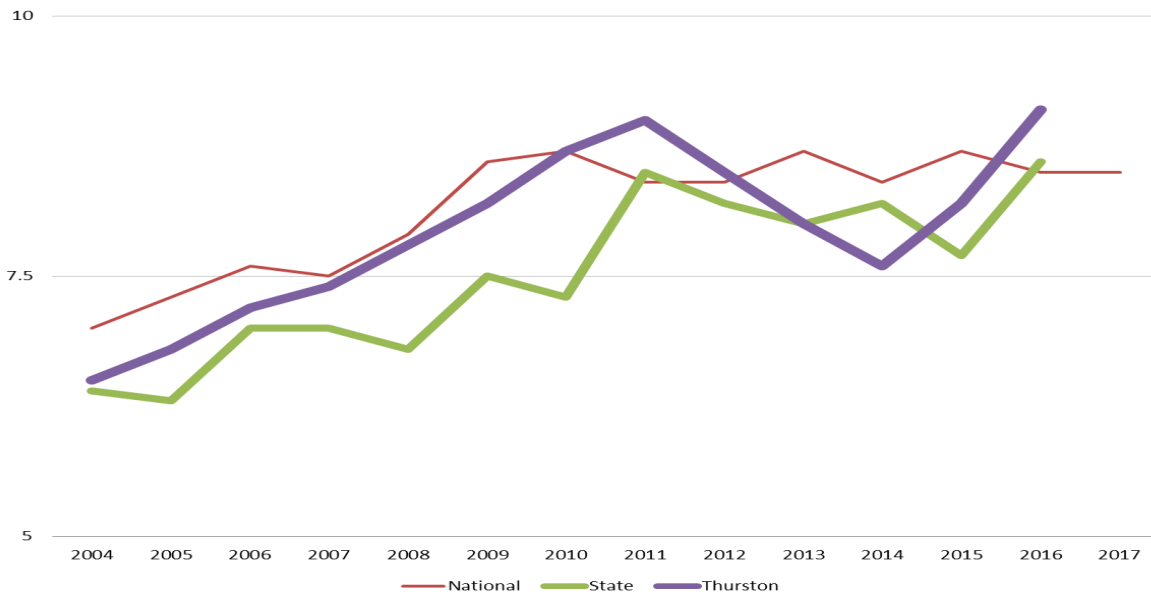
Morbidity (Illness)

Thurston County adults have the same prevalence of cancer, arthritis, heart disease, diabetes, asthma, high cholesterol, high pressure and obesity as the state.¹⁷

Specifically, the total number of diagnosed Diabetes Mellitus (all types) in adults in Thurston County is just over 9%.⁴ This is about the same rate as the state average. More Thurston County males than females have diabetes, but it is not statistically significant. For national and state trends of prevalence and incidence, see the section above, Lewis County *Morbidity (Illness)*.



Diagnosed Diabetes; Age-Adjusted Percentage; Adults Aged 20+ Years; Thurston County



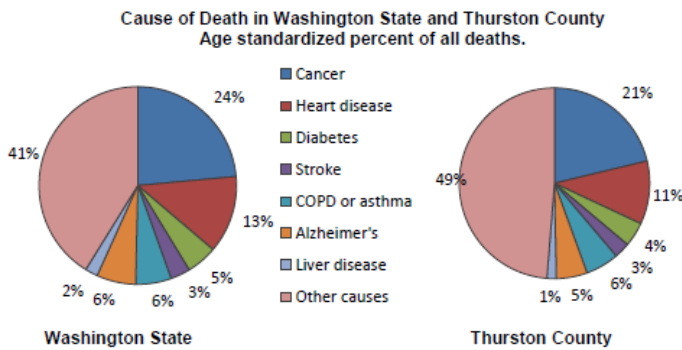
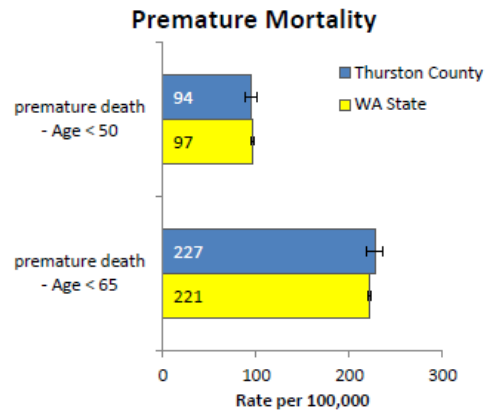
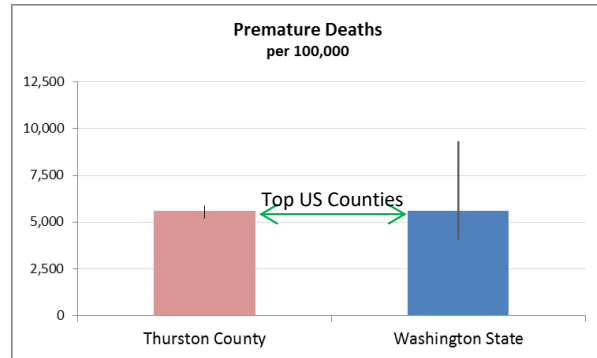
Mortality (Death)

Leading causes of death in an area provides insight to the health status of a population. A high rate of deaths due to preventable causes indicates heightened disease burden or an unmet need for health care services. Every death occurring before the age of 75 is considered premature and contributes to the total number of years of potential life lost.

The average life expectancy of Thurston County residents is 80.3 years of age, the same as the state average (Appendix 2).

Thurston County is Ranked 10th of the 39 Washington Counties with 5,600 premature deaths per 100,000 (Appendix 1). These rates are similar to the Washington State average and the top healthiest US counties.¹⁴

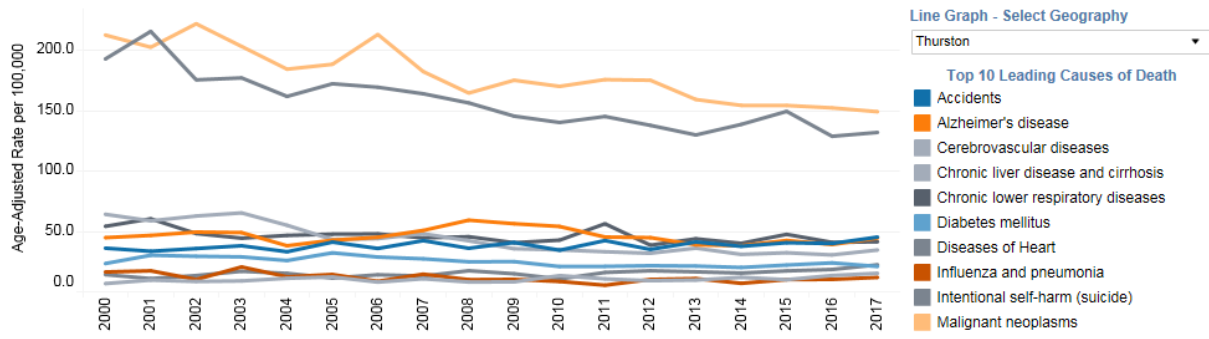
The leading cause of non-accident deaths in Thurston County are malignant neoplasms (cancers) followed by major cardiovascular diseases.^{16,17} This is similar to the state.



In general, death rates due to cancer have slowly decreased with a slight increase from 2016-2017 for males.¹⁶ Additional years of data are needed to determine if this is a new trend.¹⁶ Lung cancer (lung, bronchus, and trachea) is the most prevalent followed by colorectal and breast cancer. Death rates due to heart disease were also slowly falling except for an increase from 2016-2017, primarily due to a slight increase in female deaths.

The death rate to diagnosed Diabetes Mellitus has not changed much since 2010 and is 21 per 100,000, which is about the same as the state rate. The death rate to due Alzheimer's has generally stayed steady and is 44 per 100,000, which is lower than the state rate, but higher than the US average.¹⁶

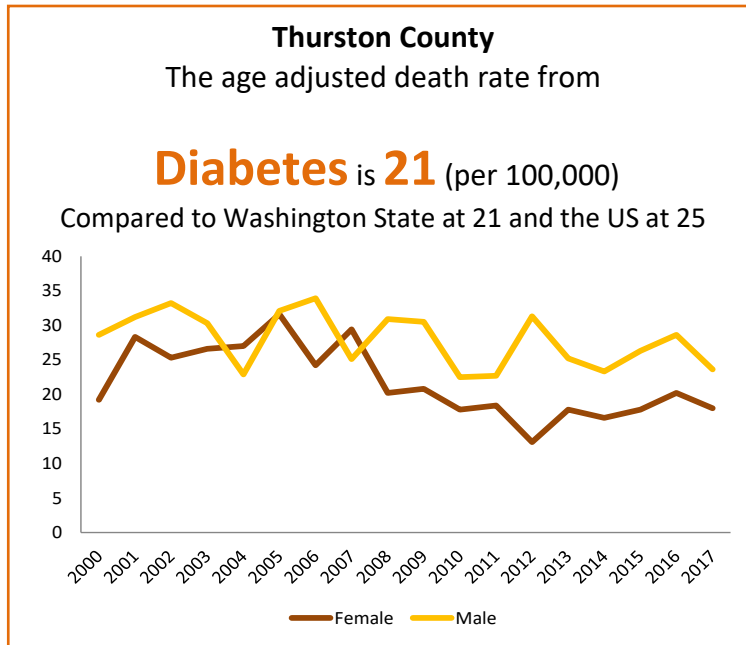
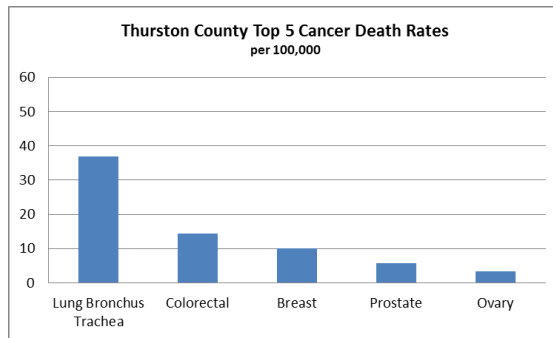
Thurston County had an average annual opioid death rate of 7 per 100,000 population from 2013-2017.²¹ This is below both the state and national rates.⁸



NR = Not Reliable. Rates are not reliable due to counts less than 17.

For more information, please click on the landing page: <https://www.doh.wa.gov/dataandstatisticalreports/healthdatavisualization/mortalitydashboards>

Citation: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2000–2017, Community Health Assessment Tool (CHAT), September 2018.



Community Themes and Strengths (Input From The Community)

Community feedback on perceptions of health issues and healthcare needs was solicited through surveys, in-person “voting” and key informant interviews.

Methods

Surveys were distributed to select venues and available in clinic lobbies and online from July-October 2019. Short presentations were given at 9 venues in Lewis County including 2 Senior Centers, 4 Service Clubs, a low-income apartment building, a hosted movie night and a meeting with local Fire Department officials. Surveys were shared by front desk staff at the Chehalis, Centralia, and Tenino clinics. The online survey was announced via the VVHC Facebook page and the Centralia-Chehalis Chamber of Commerce listserv. The surveys included 3 questions: 1) What is the biggest challenge you face when trying to use health care services; 2) What types of health problems do you see most often in our community; and 3) What is the health care service that you wish was offered in our community? The surveys also collect the respondent’s zip code, age and whether they were a VVHC patient. The survey was available in both English and Spanish.

In-person “voting” was done at 3 community events in Centralia (Lewis County), South Bend (Pacific County and Tenino (Thurston County). Attendees were asked to “vote” for their top 3 health issues if they had \$300.00 to spend on the issues.

Key informant interviews were conducted by the VVHC leadership with select community leaders and stakeholders. The interviews included 10 questions based on the MAPP Community Assessment Access Project by the Robert Wood Johnson Foundation to guide the conversation.

Qualitative methods were used to analyze the results. For the surveys and “voting”, the answers were coded to identify main themes and sub-themes within each theme. A total of three themes per question were selected for ease of grasp. Theme and sub-theme answers were counted. On the surveys, some answers did not fit into themes or sub-themes so were coded as “Other”. These included nonsensical answers and answers not related to the question. Some respondents also had answers of “None”, “Not Sure” and some questions were not answered. The answer “none” means the respondent indicated everything was fine and did not have a biggest challenge, problem, or desired service. Some respondents included multiple answers per question. Each answer was recorded. Thus, theme and sub-theme totals are greater than the total number of surveys.

Survey Results

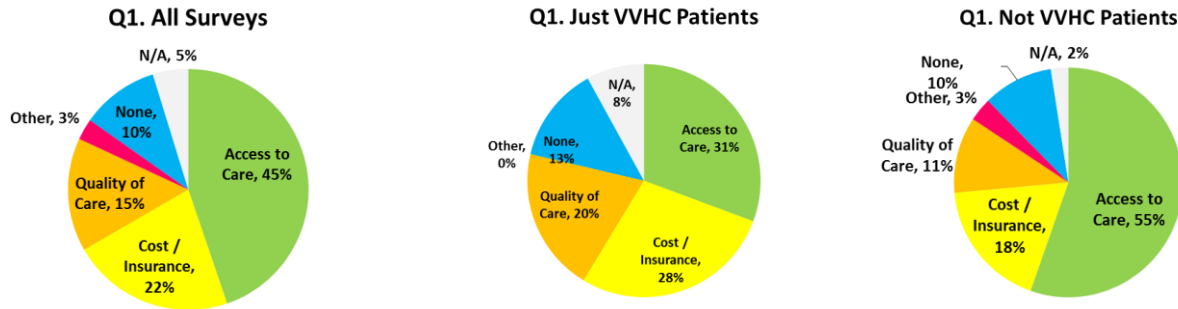
A total of 197 surveys were completed in-person or online. Three surveys were completed in Spanish. About 1/3rd of respondents self-identified as current or former VVHC patients, 2/3^{rds} were not patients and almost 7% did not identify as a patient or not.

Question 1 - What is the biggest challenge you face when trying to use health care services?

The main themes were:

- Access to Care
- Cost
- Quality of Care

Of the 210 total answers: 45% were Access to Care, 22% were Cost or Insurance, 15% were Quality of Care, 3% were “Other”, 10% were “None”, and 5% did not answer. VVHC patients were about evenly split between the top 3 themes: Access, Cost and Quality.



The Access to Care sub-themes were:

- Appointment Scheduling (33% of theme answers)
- Primary Care Provider Shortage (28%)
- Specialist Provider Shortage (13%)
- Transportation (9%)
- Personal & Work Related (7%)
- Days and Hours of Operation of Clinics (5%)
- Lack of Non-traditional Provider (1%)

Appointment scheduling included delays and not getting appointments in timely manner. Primary care provider shortage included not enough providers and providers not accepting new patients. Transportation included insufficient transportation options and long travel times. Personal & Work-related included not being able to find the time for medical appointments and not being able to take time off work for appointments.

The Cost sub-themes were “Cost” (58%) and Insurance (42%). “Cost” included “cost”, “money”, concern about not all costs being covered by insurance and concern for out-of-pocket expenses. Insurance included “insurance”, concern about insurance plans not being accepted by providers, lack of providers accepting Medicare and Medicaid plans and not having insurance.

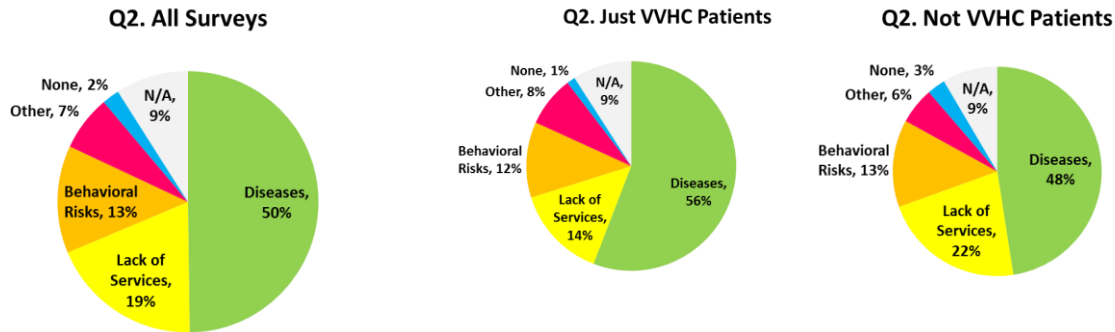
The top Quality of Care sub-theme was Good Customer Service (86%). This included slow response times when waiting for clinic return calls and referrals, inability or difficulty contacting nurses and providers, long telephone hold times, desire for compassionate and caring staff and providers, “good” providers who listen and want to help and trust. Other Quality of Care sub-themes included the provider visit restricted to one topic, not being able to have the same provider, respect for Native Americans and foreign born, lack of translation services and paperwork.

Question 2 - What types of health problems do you see most often in our community?

The main themes were:

- Diseases
- Lack of Local Services
- Behavioral Risk Factors.

Of the 223 total answers: 50% were Diseases; 19% were Lack of Services; 13% were Behavioral Risk Factors; 7% were “Other”; 2% were “None” and 9% did not answer. Some respondents appear to have answered per the intent of the question of what *community* issues they were aware of, while others appear to have answered with personal ailments. VVHC patient and non-patients answers were similar, except more non-VVHC patients selected Lack of Services.



The answers under the “Disease” theme were a list of acute and chronic diseases. The Diseases sub-themes were:

- Mental/Behavioral Health (22%)
- Bariatric-related, including acid reflux, obesity and weight (17%)
- Diabetes (12%)
- Respiratory-related, including Allergies, Asthma, Colds, Flu, and Ear Nose & Throat (11%)
- Addiction and dependency (7%)
- Cardiovascular, including high blood pressure (7%)
- Musculoskeletal, including back and joint injuries and chronic pain (6%)
- Dental (5%)
- Cancer (4%)
- Basic Health, including preventive care, age-related and unspecified chronic diseases (4%)

Other diseases answers included Infectious Disease, STD, UTI, vision/eye, autism, dementia, and failure to thrive.

The Lack of Local Services sub-themes were:

- Access to Care, including general basic health care (24%)
- Elder care, including shut-ins and home care (20%)
- EMT/Emergency services, including trauma care and using ED/emergency services as primary care provider and transportation (15%)
- Lack of Mental Health/Behavioral Health services (13%)
- Indigent Care, including underserved (11%)
- Transportation to Healthcare (6%)
- Pregnancy Prevention (4%)

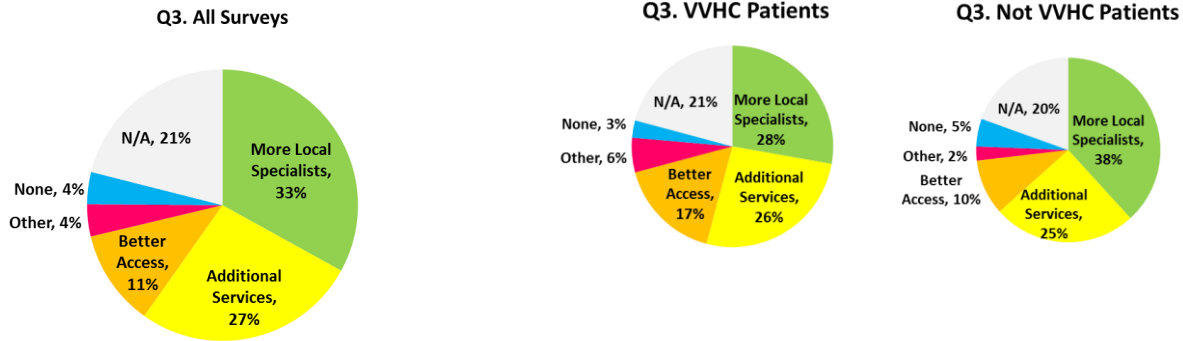
Other lack of local services answers included dental, health education, unspecified local specialists, and unspecified maternal & child health services.

The top Behavioral Risk Factor sub-themes were Substance Use, including alcohol, drugs and smoking (71%), followed by not seeking preventive care (16%), and poor diet (3%). Other answers included stress and lack of exercise.

Question 3 - What is the health care service that you wish was offered in our community?

The main themes were:

- More Local Specialists
- Additional Services
- Better Access



Of the 209 total answers: 33% were for More Local Specialists; 27% were Additional Services; 11% were for Better Access; 4% “Other”; 4% were “None”; and 21% did not answer or answered Not Sure. VVHC patients and non-patients answers were similar, except fewer VVHC patients answered more local specialists and more VVHC patients answered Better Access.

The top desire for Local Specialists sub-themes were:

- Mental/Behavioral Health, including counseling, trauma, and screening (26%)
- Dental, including additional dentists, emergency services and dentures (17%)
- Primary Care/Internal Medicine, including more options, quality care and less provider “churn” (13%)
- Unspecified Local Specialists (7%)
- Dermatology (6%)
- Ophthalmology and Optometry (6%)
- Alternative Medicine, including Holistic/Naturopaths (5%)
- Cardiovascular, including cardiac specialist and heart screening (5%)
- Women’s Health and OB/GYN (4%)
- Urology (4%)

Other desired local specialists included Neurology and Traumatic Brain Injury, Endocrinology, Allergy, Obesity, and radiology.

The top desired Services sub-themes were:

- Substance Use and Rehabilitation (17%)
- Community Health Workers, including paramedicine, Physician Assistants, mobile health services, and alternatives to the Emergency Department (15%)
- Elder Care, including shut-in and home care (13%)
- Physical Therapy, Occupational Therapy, and Chiropractic (11%)
- Shelters and homeless services (9%)
- Exercise facilities and options (6%)

Other desired local services included blood testing, chemotherapy, health education, especially nutrition, hearing aids, Hospice, family planning/pregnancy prevention/terminations, inpatient physical rehabilitation, navigators (additional resources and help with switching insurance coverage), pain center, preventive care, speech therapy and tribal physicians.

The top desired Access sub-themes were evenly split between Transportation, including shuttles and more options (30%), more Urgent Care / Walk-in options, including more hours and days open (30%), and better healthcare access for the under-insured & uninsured, including free clinics and more affordable care to all (30%). Other access sub-themes were healthy food, nurse helpline, veterans/VA contracted clinics.

“Voting” Results

A total of 141 participants “voted” for their top 3 community health issues resulting in a total of 423 votes. The themes were:

- Mental Health & Family Counseling (33%)
- Substance Abuse (18%)
- Transportation to Healthcare (15%)
- Women’s Health (9%)
- Local Specialty Care (8%)
- Access to Healthy Food (5%)
- Dentistry (5%)
- Housing & Homelessness (4%)

Other votes were for after-school programs, employment, family values, health insurance for all, higher prosecution for sex crimes, indoor children’s play area and senior services.

Key-Informant Interview Results

Discussions with select community leaders yielded similar concerns with health-related issues as the surveys. Namely, access to healthcare is a barrier. This includes a shortage of local Primary Care and Specialty Providers, and transportation to healthcare. Lack of elder care and mental/behavioral health and Substance Use Disorder providers and services is also a concern. Other concerns included the pervasiveness of people using the emergency medic system as their primary care provider and for transportation. Notable developments include approximately 13 primary care providers leaving practice in Lewis County in 2019. This increases the barriers to access because 1) there are fewer providers and 2) the existing providers have an increase in patient loads which delays getting appointments and referrals.

“There seems to be a poor understanding of where to go for primary and mental healthcare”

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Appendix 1

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

2019 Rankings	Washington State	Lewis County	Pacific County	Thurston County
Health Outcomes		30	37	5
Length of Life		32	37	10
Premature death	5,600	7,600	9,300	5,600
Quality of Life		24	38	6
Poor or fair health	14%	14%	18%	12%
Poor physical health days	3.7	4.1	4.4	3.3
Poor mental health days	3.8	4.0	4.5	3.6
Low birthweight	6%	7%	8%	6%
Health Factors		32	27	6
Health Behaviors		35	21	10
Adult smoking	14%	17%	15%	13%
Adult obesity	28%	34%	31%	30%
Food environment index	8.1	7.3	6.8	7.7
Physical inactivity	16%	22%	23%	15%
Access to exercise opportunities	87%	52%	66%	73%
Excessive drinking	18%	16%	15%	17%
Alcohol-impaired driving deaths	33%	38%	56%	25%
Sexually transmitted infections	435.9	332.1	244.6	432.2
Teen births	20	33	32	18
Clinical Care		29	33	7
Uninsured	7%	8%	10%	6%
Primary care physicians	1,220:1	2,200:1	4,250:1	1,040:1
Dentists	1,240:1	1,450:1	3,090:1	1,350:1
Mental health providers	310:1	410:1	390:1	350:1
Preventable hospital stays	2,914	3,353	3,402	2,733
Mammography screening	39%	33%	37%	34%
Flu vaccinations	44%	32%	38%	44%
Social & Economic Factors		27	26	8
High school graduation	79%	84%	89%	85%
Some college	70%	56%	54%	71%
Unemployment	4.8%	6.6%	7.0%	5.0%
Children in poverty	14%	21%	25%	13%
Income inequality	4.5	4.3	4.7	3.9
Children in single-parent households	28%	34%	30%	29%
Social associations	8.7	9.5	15.1	9.2
Violent crime	294	193	157	237
Injury deaths	64	82	85	68
Physical Environment		31	14	30
Air pollution - particulate matter	7.4	6.8	6.2	7.2
Drinking water violations		Yes	Yes	Yes
Severe housing problems	18%	18%	1%	17%
Driving alone to work	72%	78%	7%	80%
Long commute - driving alone	36%	36%	23%	32%

Note: Blank values reflect unreliable or missing data

Source: https://www.countyhealthrankings.org/app/washington/2019/compare/snapshot?counties=53_041%2053_049%2053_067

Accessed 9/20/2019

Appendix 2

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Compare Counties 2019 Additional Measures	Washington State	Lewis County	Pacific County	Thurston County
Length of Life				
Life expectancy	80.3	77.6	76.4	80.3
Premature age-adjusted mortality	290	380	420	290
Child mortality	40	60	70	40
Infant mortality	4	7		5
Quality of Life				
Frequent physical distress	11%	12%	13%	10%
Frequent mental distress	12%	13%	14%	11%
Diabetes prevalence	9%	11%	13%	9%
HIV prevalence	208	69	179	119
Health Behaviors				
Food insecurity	12%	15%	15%	13%
Limited access to healthy foods	6%	8%	13%	7%
Drug overdose deaths	15	15	22	12
Motor vehicle crash deaths	8	13	12	7
Insufficient sleep	31%	32%	30%	29%
Clinical Care				
Uninsured adults	8%	10%	11%	7%
Uninsured children	3%	3%	4%	3%
Other primary care providers	1,171:1	1,043:1	2,703:1	1,293:1
Social & Economic Factors				
Disconnected youth	7%	8%		8%
Median household income	\$70,900	\$50,100	\$45,500	\$71,400
Children eligible for free or reduced price lunch	44%	59%	60%	38%
Residential segregation - Black/White	59	69		43
Residential segregation - non-white/white	38	25	26	23
Homicides	3	3		2
Firearm fatalities	10	13	14	11
Physical Environment				
Homeownership	63%	69%	76%	64%
Severe housing cost burden	14%	14%	13%	14%
Demographics				
Population	7,405,743	78,200	21,626	280,588
% below 18 years of age	22.2%	21.6%	16.4%	21.6%
% 65 and older	15.1%	20.7%	29.7%	16.7%
% Non-Hispanic African American	3.8%	0.7%	0.9%	3.1%
% American Indian and Alaskan Native	1.9%	2.0%	2.9%	1.8%
% Asian	8.9%	1.2%	2.2%	6.1%
% Native Hawaiian/Other Pacific Islander	0.8%	0.2%	0.2%	1.0%
% Hispanic	12.7%	10.1%	9.7%	9.0%
% Non-Hispanic white	68.7%	83.6%	81.8%	75.1%
% not proficient in English	4%	2%	3%	2%
% Females	50.0%	50.0%	49.9%	51.1%
% Rural	16.0%	60.7%	64.8%	21.0%

Note: Blank values reflect unreliable or missing data

Source: https://www.countyhealthrankings.org/app/washington/2019/compare/additional?counties=53_041%2053_049%2053_067

Accessed 9/20/2019