



COMMUNITY HEALTH NEEDS ASSESSMENT

PEND OREILLE COUNTY

2022

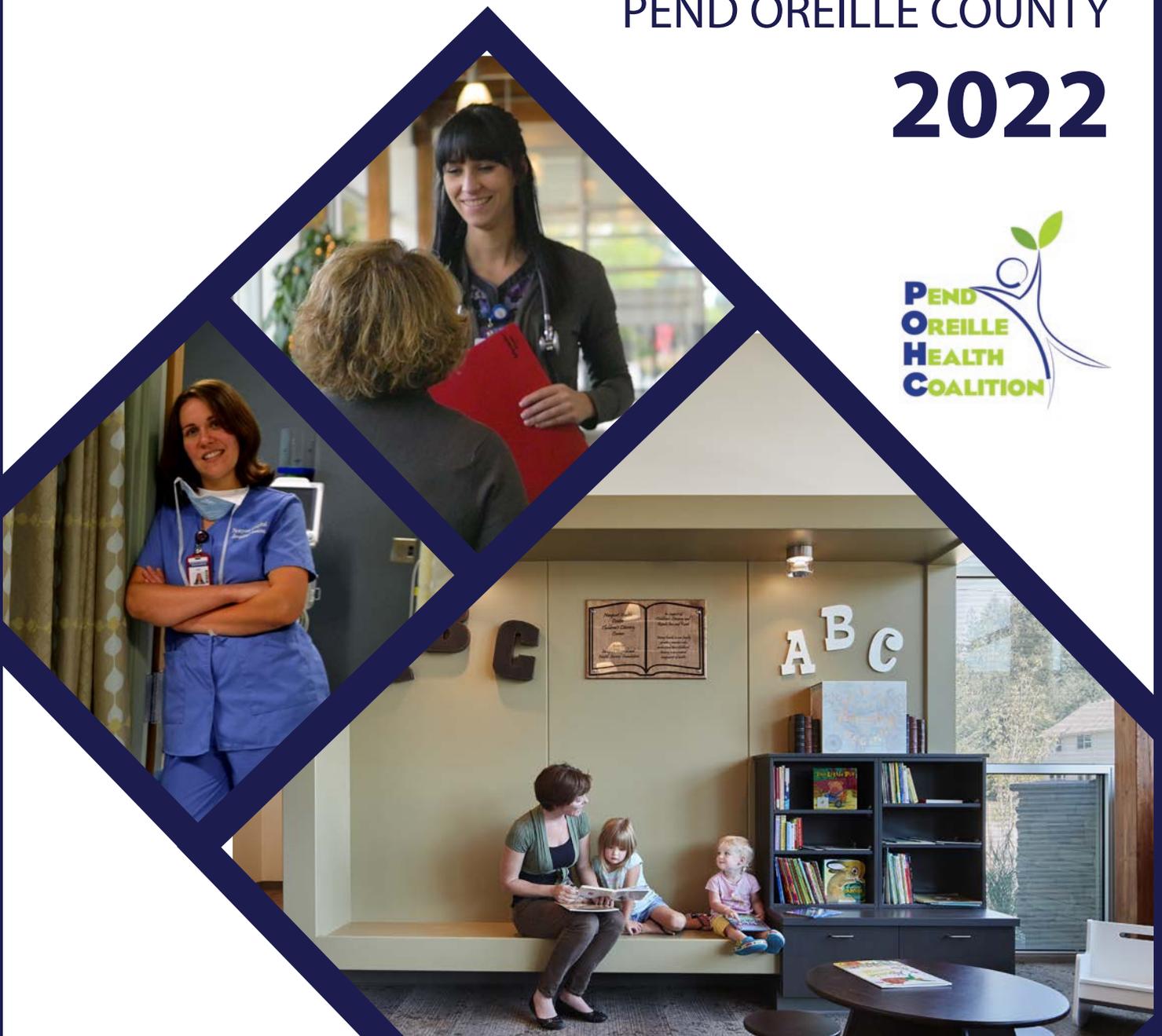


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Executive Summary:

In collaboration with the Pend Oreille Health Coalition and Spokane Regional Health District, Newport Hospital and Health Services (Pend Oreille County Public Hospital District #1) releases its 2022 Community Health Needs Assessment (CHNA). As we approach the third year of a global pandemic, the lenses we used to perceive the community health landscape of the past have changed. While continued focus on overall health improvement is paramount, the lessons learned during the COVID-19 pandemic provide a unique opportunity to look at the future of care delivery and equitable access to healthcare services.



About Newport Hospital & Health Services (NHHS):

Pend Oreille County Public Hospital District #1 is a municipal corporation established in 1954 and authorized to provide for “the health care needs of District residents and other persons.” Located in Newport, Pend Oreille County, Washington, the District owns and operates:

- Newport Hospital & Health Services, including Newport Community Hospital
- River Mountain Village Advanced Care (72-bed enhanced care Assisted Living Facility)
- River Mountain Village (42-unit Assisted Living Facility)
- Newport Health Center (Primary Care Clinic)
 - » Includes Primary Care Behavioral Health Services
- 24-bed Acute Care
- 24-hour Emergency Department
- Diagnostic Imaging (Radiology)
- Physical and Rehabilitative Therapy
- General, Orthopedic, and Gynecological Surgical Services
- Obstetrics Unit and 2 Private Birthing Rooms
- Laboratory Services

NHHS Mission & Values:

The staff at Newport Hospital and Health Services commits to be trusted as the first-choice healthcare provider for our community. We strive to be the Best Place for our Community to Receive Care, our Employees to Work, and our Physicians to Practice.

NHHS Service Area & Community:

The NHHS service area encompasses Pend Oreille County Public Hospital District #1 and a portion of Bonner County (Idaho). The target population includes every individual from birth to end-of-life. NHHS payer mix is: 24% Medicaid, 49% Medicare, 24% commercial, and 3% self-pay.

The median age in Pend Oreille County is 51 years old (Pend Oreille County, 2020), with 26% of the population 65 years or older. Pend Oreille County is not racially diverse (Pend Oreille County, 2021). Among county residents, 91% were white, 4% were American Indian/ Alaska Native, 3.7% were of two or more races, while all other groups made up less than 1% of the population. Pend Oreille County is a high-poverty county and classified as economically distressed (Distressed areas list, 2021).

As a distressed rural county (Distressed areas list, 2021), the public depends on local services to meet their healthcare needs. Lack of access to services increases health equity gaps for rural residents. “Traveling to receive healthcare services places the burden on patients. For individuals with low incomes, no paid time off of their jobs, physical limitations, acute conditions, or no personal transportation, these burdens can significantly affect their ability to access healthcare services,” (Healthcare Access in Rural Communities 2021).

About Pend Oreille Health Coalition:

The Pend Oreille Health Coalition (POHC) was developed in 2014 with the intent to break down operational silos affecting the ability of community partners to improve health and quality of life in Pend Oreille County. Member organizations (listed below) represent and serve a broad population that includes medically underserved, low-income, and minority populations who live in Pend Oreille County. Now into its eighth year, the POHC includes representatives from:



Newport Hospital and Health Services	Youth Emergency Services
Kalispel Tribe of Indians & Camas Center Clinic	Educational Service District (ESD) #101
Pend Oreille County Counseling Services	Washington State Health Care Authority
Pend Oreille County Commissioners	Pend Oreille County Economic Development Council
Northeast Tri County Health District	Northwest Rural Health Network
Rural Resources	Amerigroup
Cusick School District	Molina Healthcare
Newport School District	Coordinated Care
Selkirk School District	Community Health Plan of Washington
City of Newport	Local law enforcement, fire & rescue
Better Health Together (Accountable Community of Health)	Faith-based organizations
Family Crisis Network	Local media and many more organizations...
NEW Health Programs Association	

CHNA Survey - Audience & Methodology:

The 2022 Community Health Needs Assessment Survey includes responses from 46 community leaders representing more than eight industries in Pend Oreille County. The survey was designed to capture information about the clients served by each organization and their access to healthcare, behavioral healthcare, social determinants of health, and COVID-19 services. The survey was released to the Pend Oreille Health Coalition organizations for internal distribution to their program leaders. While not all organizations responded, the information gathered represents a broad spectrum of individuals served by NHHS and Pend Oreille Health Coalition member organizations.

- **Delivery:** 1) Online survey platform; 2) Digital PDF; 3) Paper copy returned via email or in-person
- **Time-frame:** October 19, 2021 - November 15, 2021

While the healthcare industry represented highest with responses (52%), the next highest industry response rate was County - Other (24%), followed by Criminal Justice partners. Remaining leader responses represented public health, faith-based organizations, universities, behavioral health organizations, and homelessness/housing (Question 1). The chart below represents the areas of service that each respondent represents, and they were allowed to mark all that apply (Question 21).

Open-ended responses were graphed according to response category, which varied across all responses. Due to this variance, response data did not often provide clear distinctions among responses. Other responses were graphed using survey platform survey analysis tools, various charts and graphs.

Figure 1 (CHNA Survey: Question 1)
Broad Community Leader Industry Representation

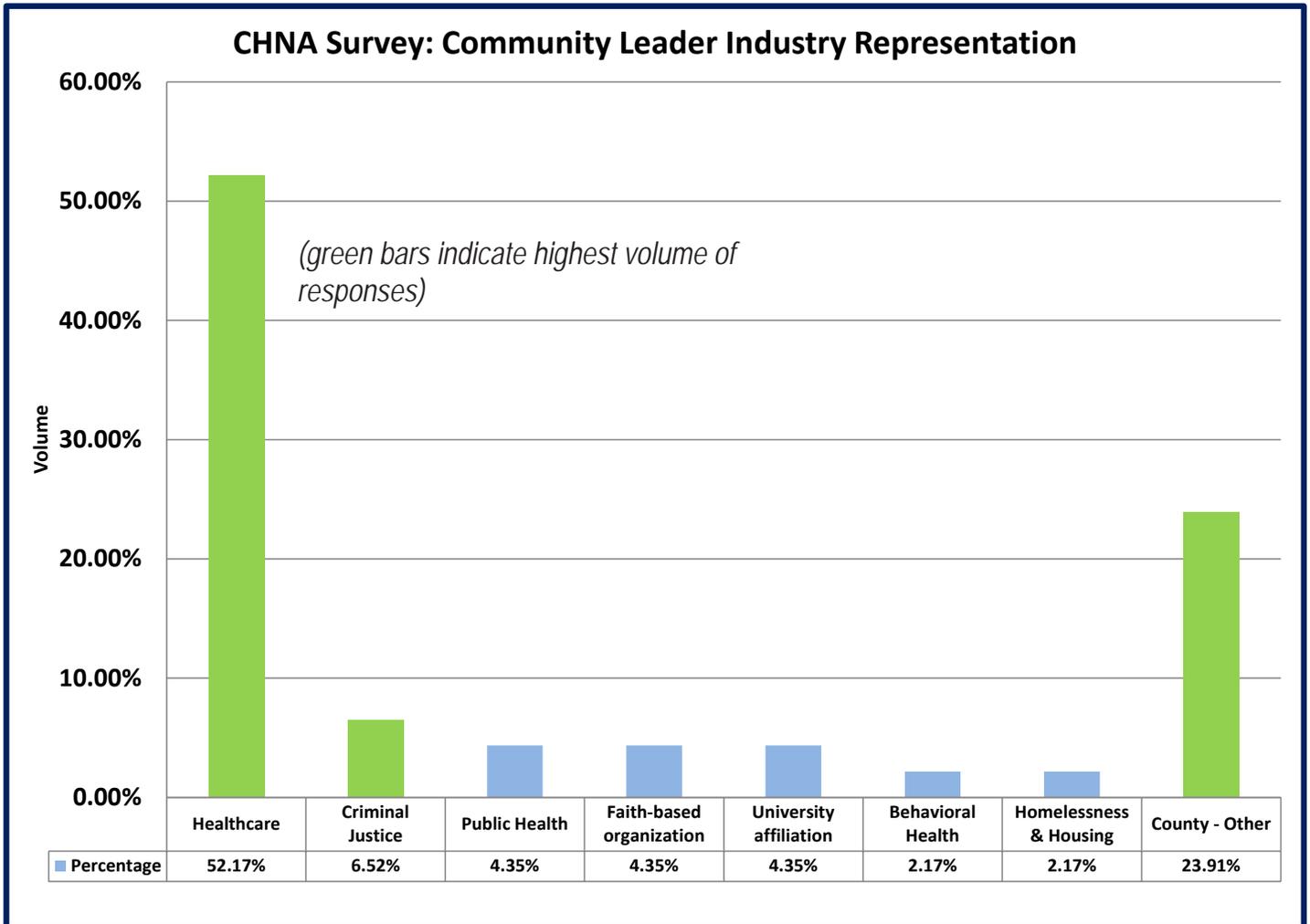


Figure 2 (CHNA Survey: Question 21)

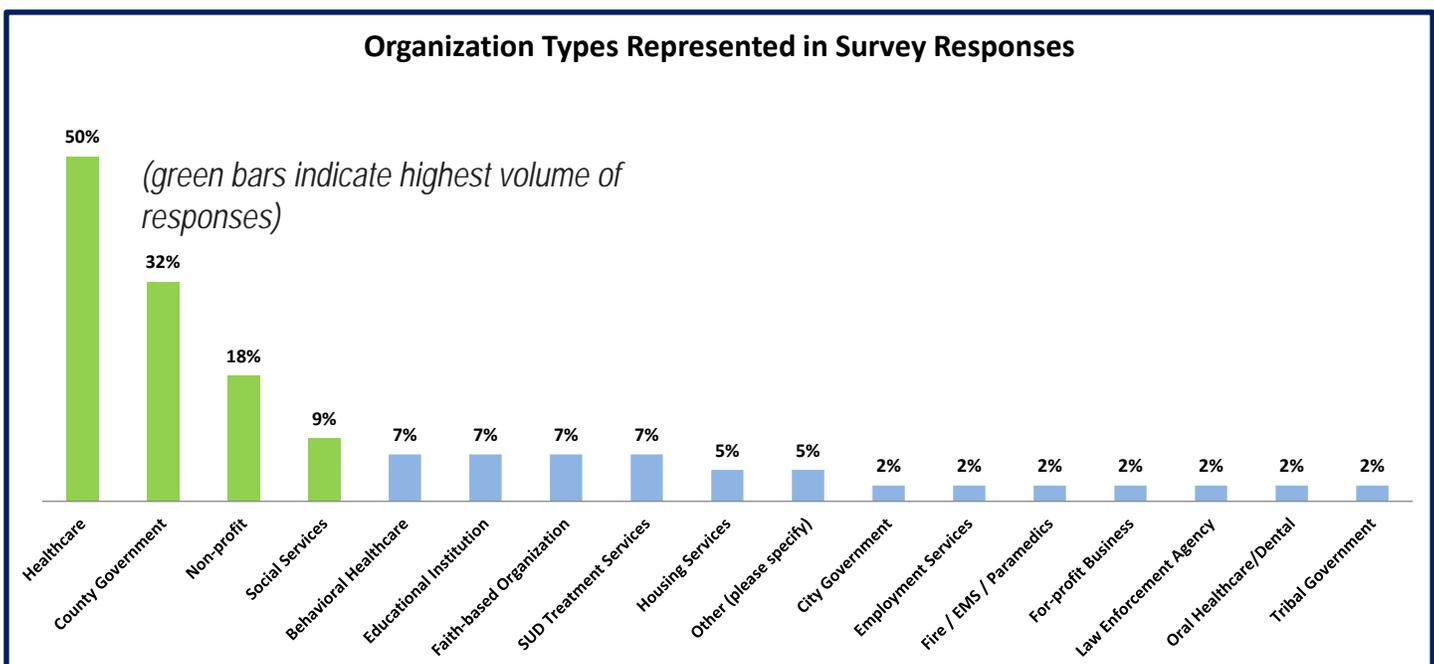


Figure 3 (CHNA Survey: Question 2)

As a leader in Pend Oreille County, you have a familiarity with the needs of our community. In your experience, what do you feel are the most important community health care service needs?

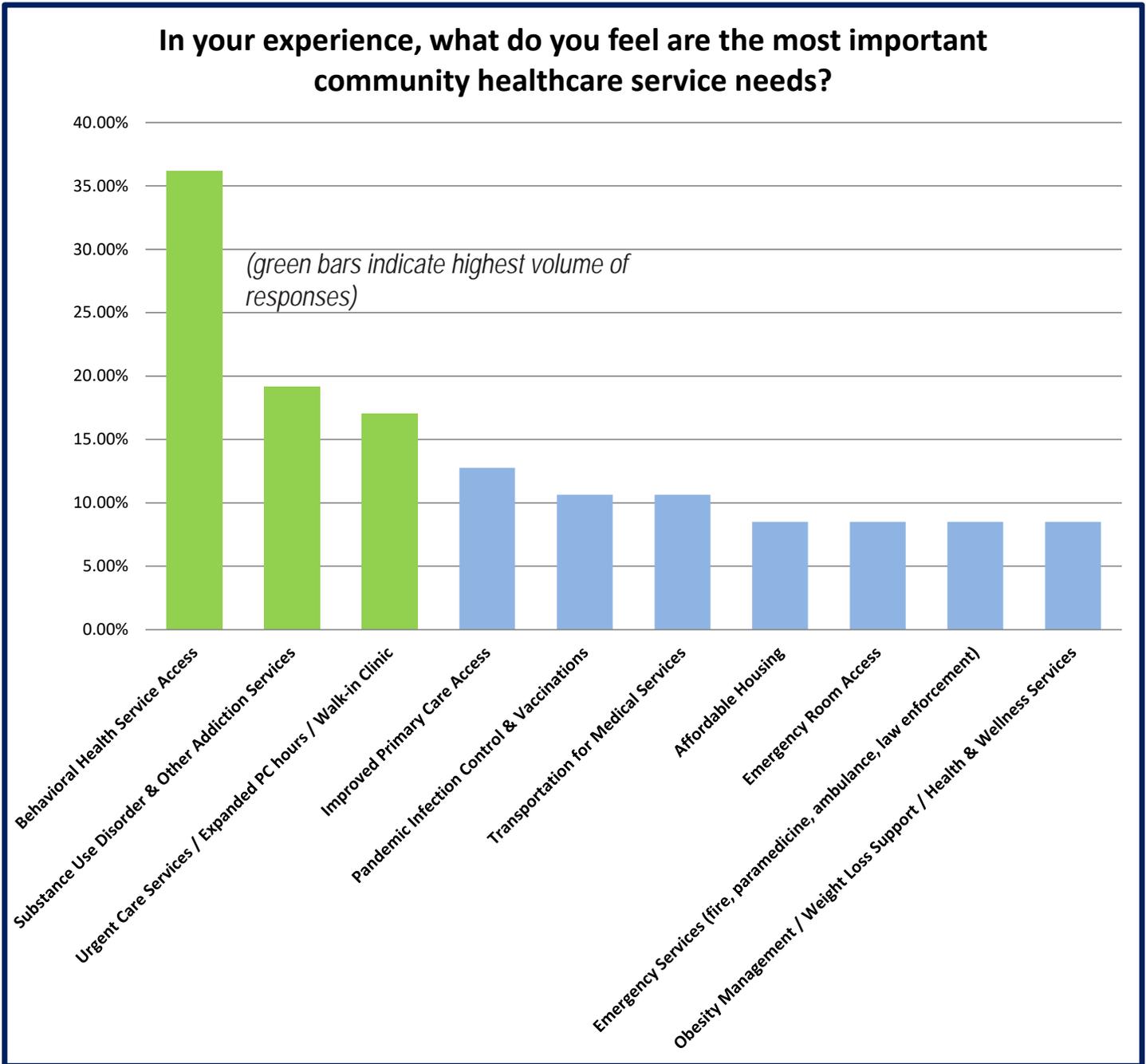


Figure 3 Insights: Behavioral Health Service Access received the most responses (36%). Substance Use Disorder & Addiction Services received 19% of the responses, and Urgent Care Services/ Expanded Primary Care Hours/Walk-in Clinic received 17%. Currently, there is no urgent care or walk-in primary care clinic in Pend Oreille County.

Figure 4 (CHNA Survey: Question 2b)

List the community populations most affected by these needs.

Survey responses showed populations most affected by these service needs were “All” (56%) with “Low Income” (23%) and “Elderly” (16%) receiving the next highest number of responses.

[“BH” = behavioral health]

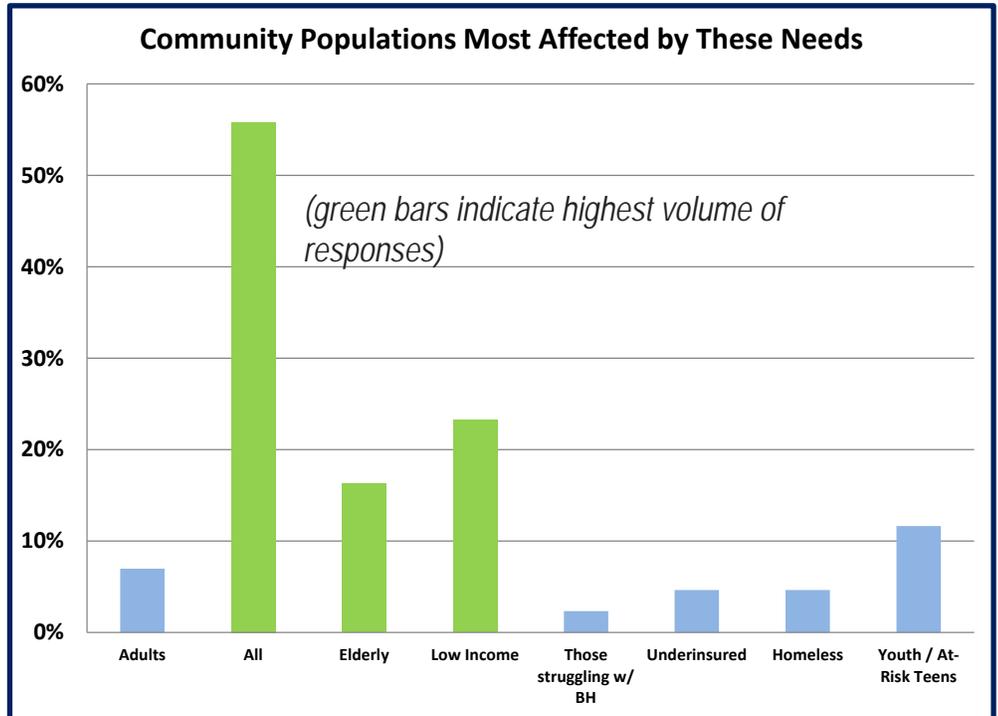
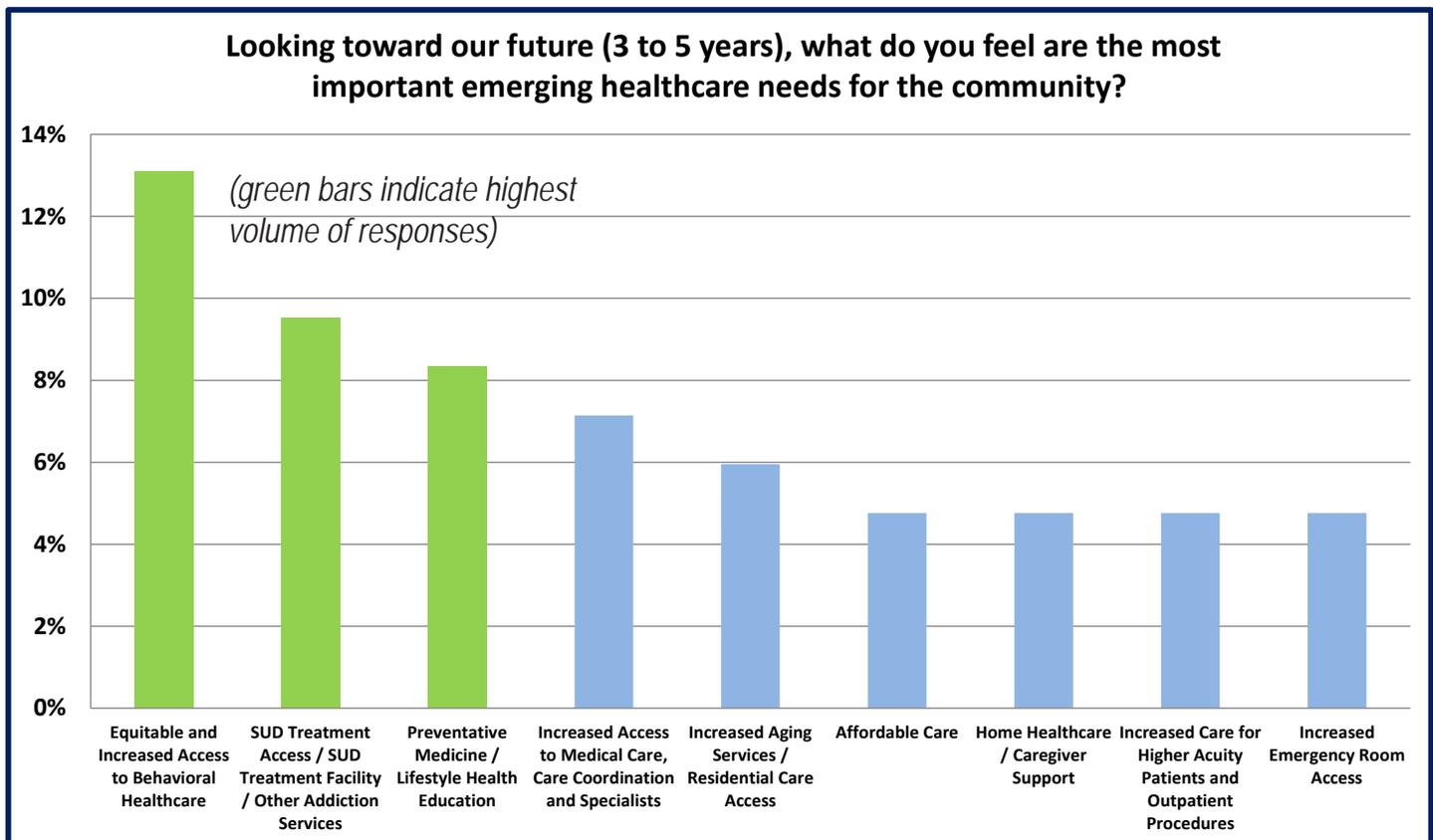


Figure 5 (CHNA Survey: Question 3)

Looking toward our future (3 to 5 years), what do you feel are the most important emerging healthcare needs for the community?



[“SUD” = Substance Use Disorder]

Figure 5 Insights: Access to care was clearly represented in survey responses, although there were 26 separate categories analyzed in Question 3 (open-ended). The highest response was 13% (n=11) for *Equitable and Increased Access to Behavioral Healthcare*. The next highest responses included *SUD Treatment Access / SUD Treatment Facility / Other Addiction Services* (10%, n=8) and *Preventative Medicine / Lifestyle Health Education* (8%, n=7).

Figure 6 (CHNA Survey: Question 4)

Are there any healthcare needs of the community that are unmet at the present or that you feel may arise as unmet needs in the future?

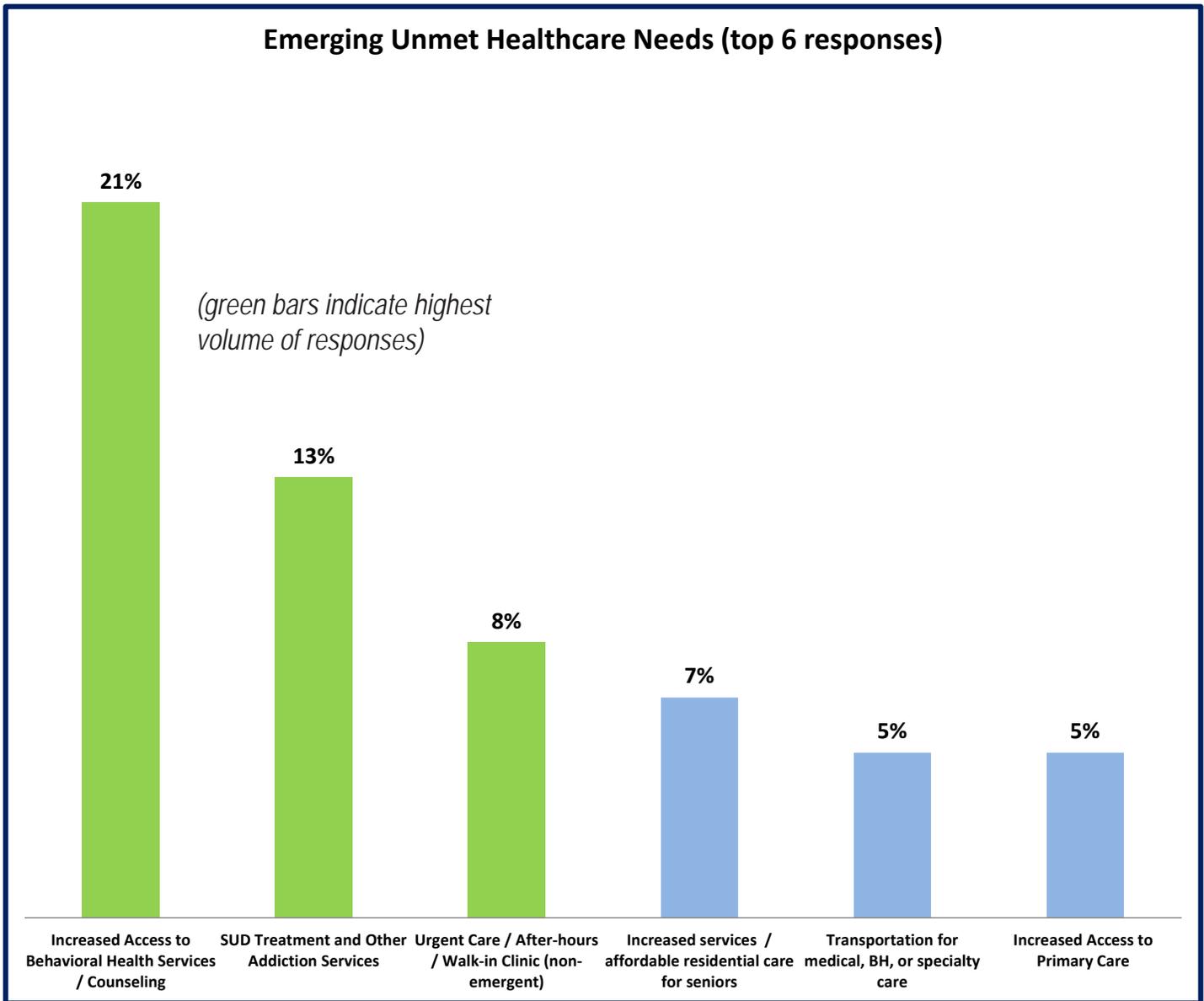


Figure 6 Insights: *Increased Access to Behavioral Health Services / Counseling* received 21% (n=13); *SUD Treatment and Other Addiction Services* received 13% (n=8); and *Urgent Care / After-hours / Walk-in Clinic (non-emergent)* received 8% (n=5). There were 27 separate categories analyzed in Question 4 (open-ended).

[“SUD” = Substance Use Disorder; “BH” = behavioral health]

Figure 7 (CHNA Survey: Question 5)

Please list any specific barriers that you feel prevent individuals from accessing healthcare resources or getting their healthcare needs met.

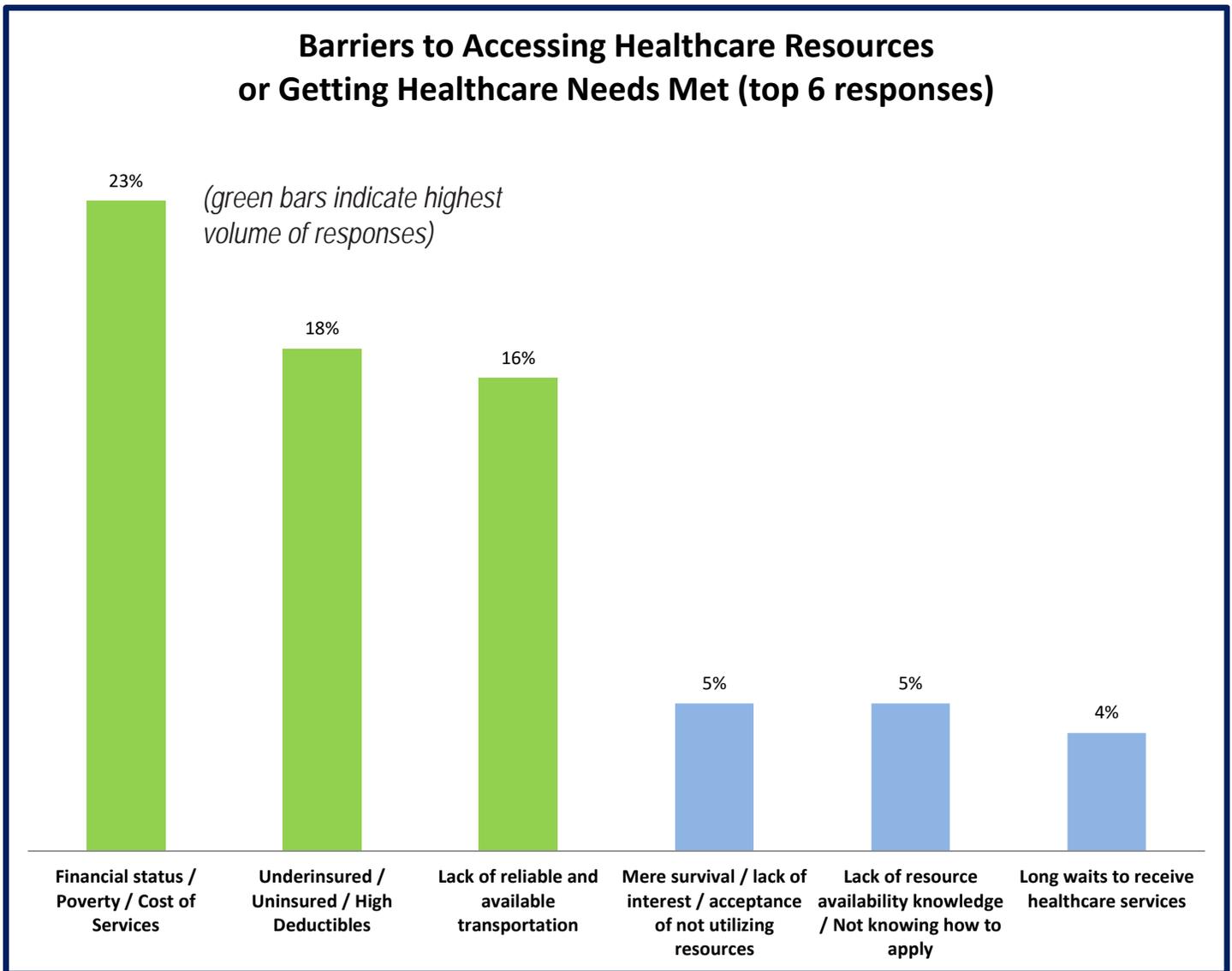


Figure 7 Insights: *Financial Status / Poverty / Cost of Care* received 23% (n=22); *Under-insured / Uninsured / High Deductibles* received 18% (n=17); and *Lack of Reliable & Available Transportation* received 16% (n=16). There were 26 separate categories analyzed in Question 5 (open-ended); the above figure represents the top six (6) responses received in these categories.

Currently, there is no public transportation in Pend Oreille County. Although there is some transportation for medical appointments, it is difficult to obtain and only available to residents receiving Medicaid coverage.

Corresponding Populations: Question 5 also requested organization leaders to identify corresponding populations most affected by these barriers: *Low Income* (20%; n=12); *All* (13%, n=8); *Elderly* (13%, n=8); and *People without Transportation* (13%, n=8).

Figure 8 (CHNA Survey: Question 6)

Are there any prevention / wellness services and supports you would like to see implemented within the community? If so, please list them.

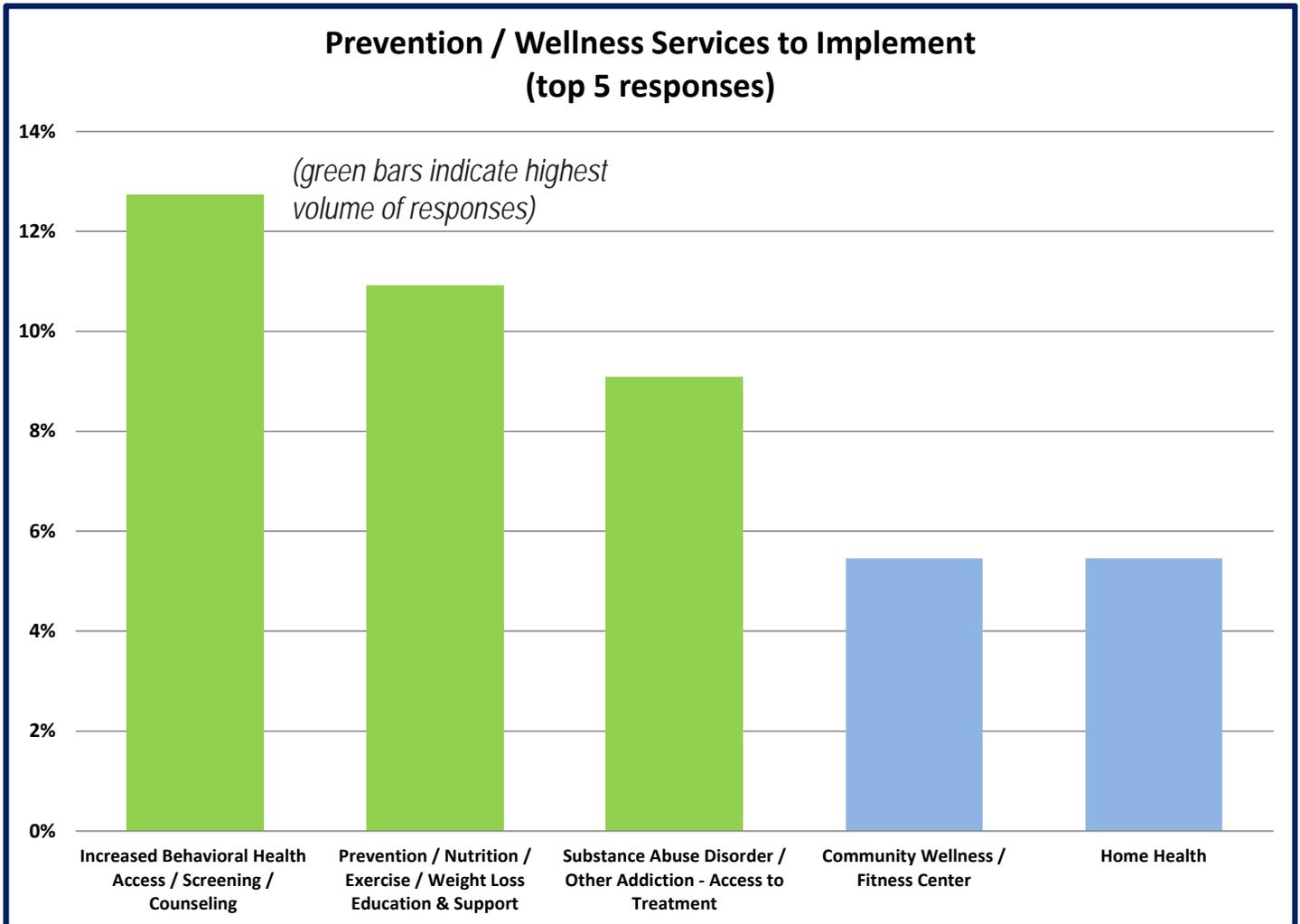


Figure 8 Insights: *Increased Behavioral Health Access / Screening / Counseling* received 13% (n=7); *Prevention / Nutrition / Exercise / Weight Loss Education & Support* received 11% (n=6); and *Substance Abuse Disorder / Other Addiction - Access to Treatment* received 9% (n=5). There were 28 separate categories analyzed in Question 6 (open-ended) with 55 responses; the above figure represents the top five (5) responses received in these categories.

Figure 9 (CHNA Survey: Question 7)

What contributions do you feel Newport Hospital & Health Services could/should make to the community?

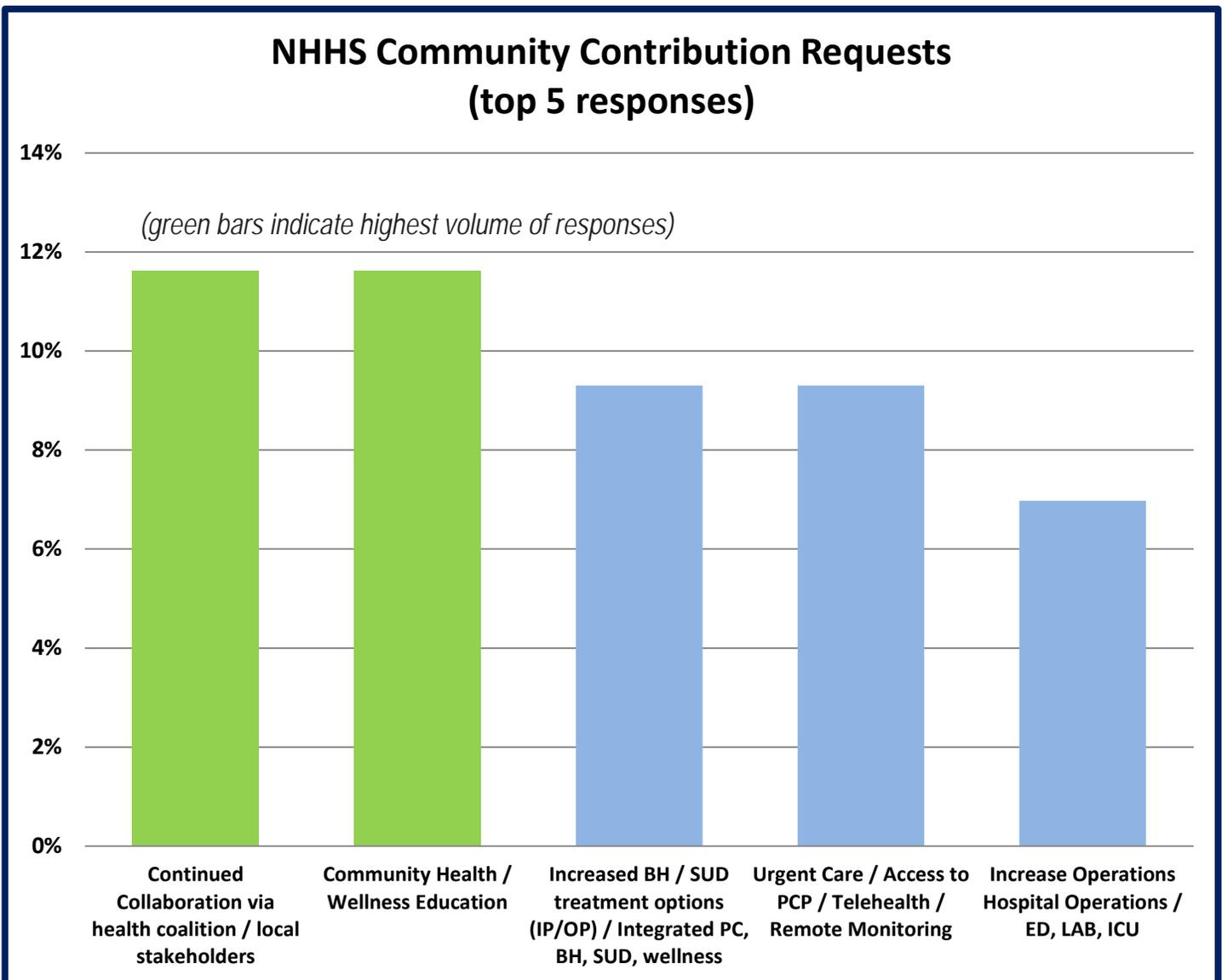


Figure 9 Insights: *Continued Collaboration via Health Coalition / Local Stakeholders* received 12% (n=5); *Community Health / Wellness Education* received 12% (n=5). *Increased Behavioral Health (BH) / Substance Use Disorder (SUD) Treatment Options / Integrated Primary Care (PC), Behavioral Health (BH), Substance Use Disorder (SUD), Wellness* received 9% (n=4); and *Urgent Care / Access to Primary Care Provider (PCP) / Telehealth / Remote Monitoring* received 9% (n=4). There were 21 separate categories analyzed in Question 7 (open-ended) with 43 responses; the above figure represents the top five (5) responses received in these categories.

Figure 10 (CHNA Survey: Question 8)

For each type of service offered, please tell us how important each service is for the organization or client population you serve.

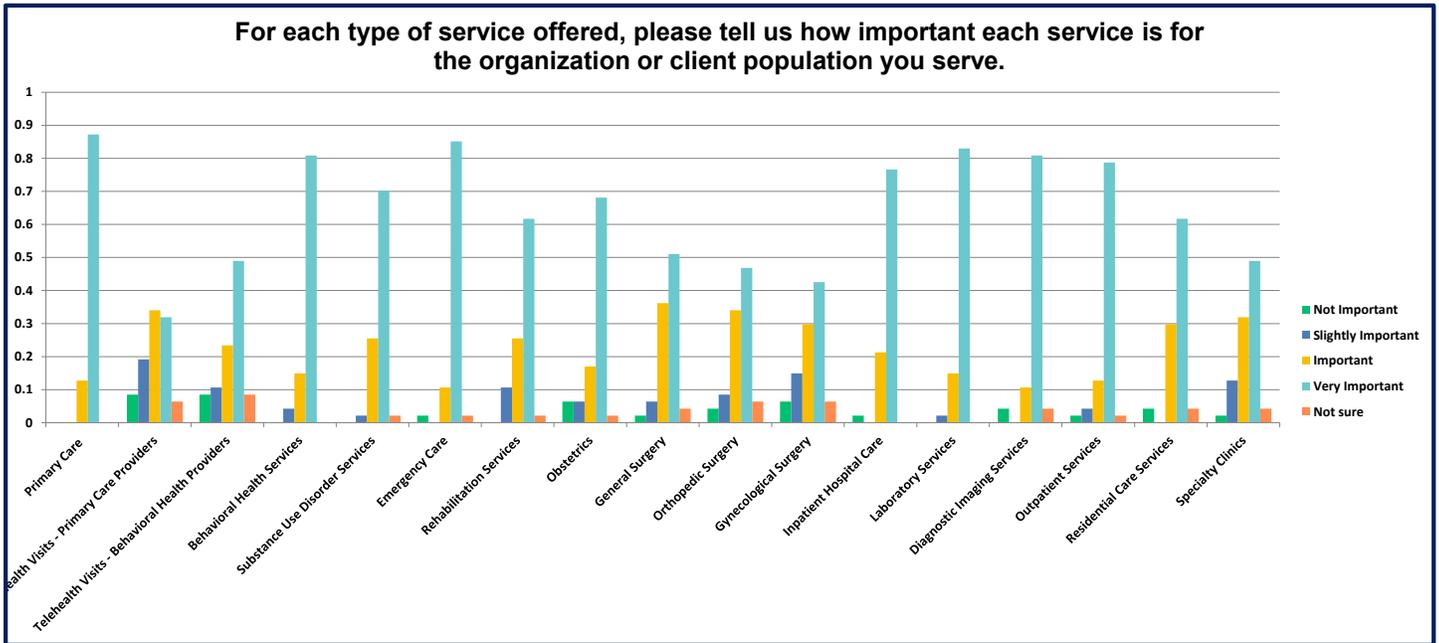


Figure 11 (CHNA Survey: Question 8)

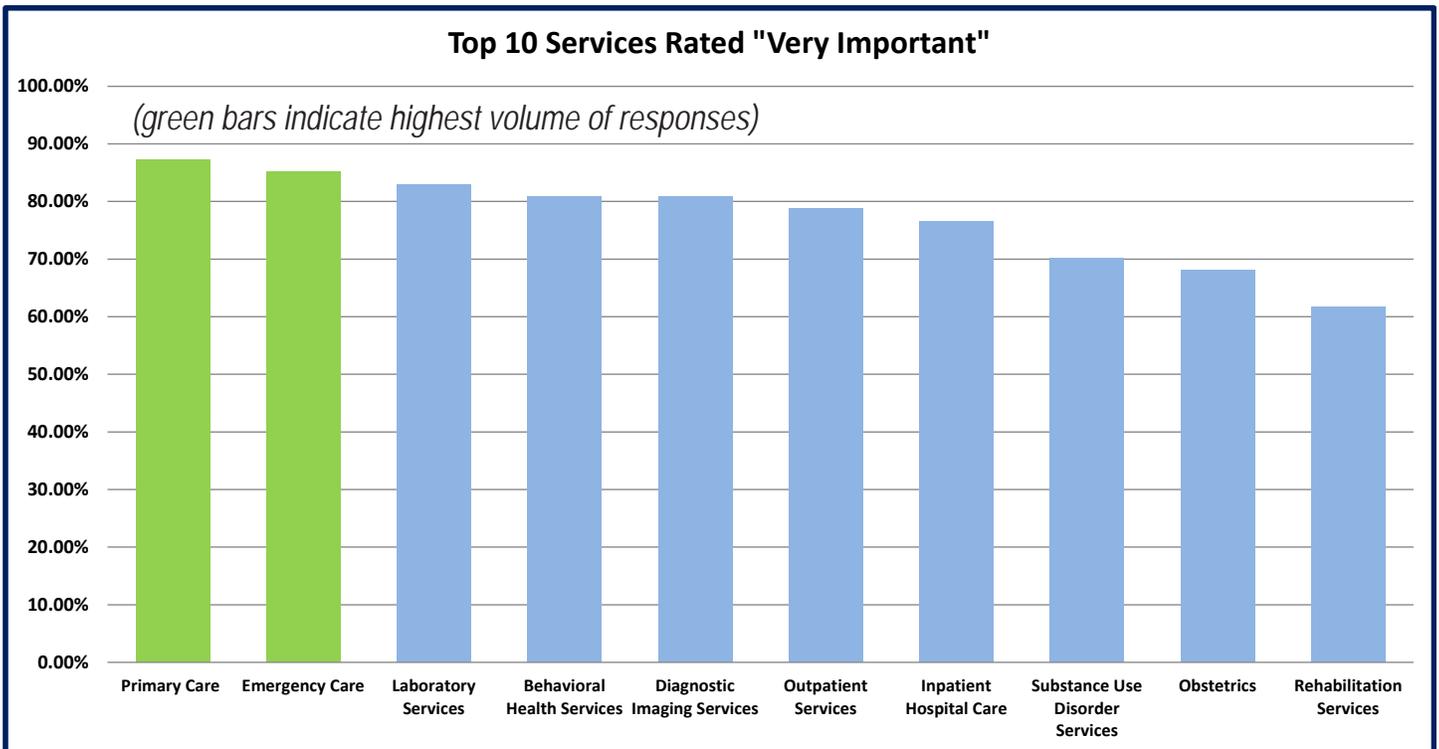
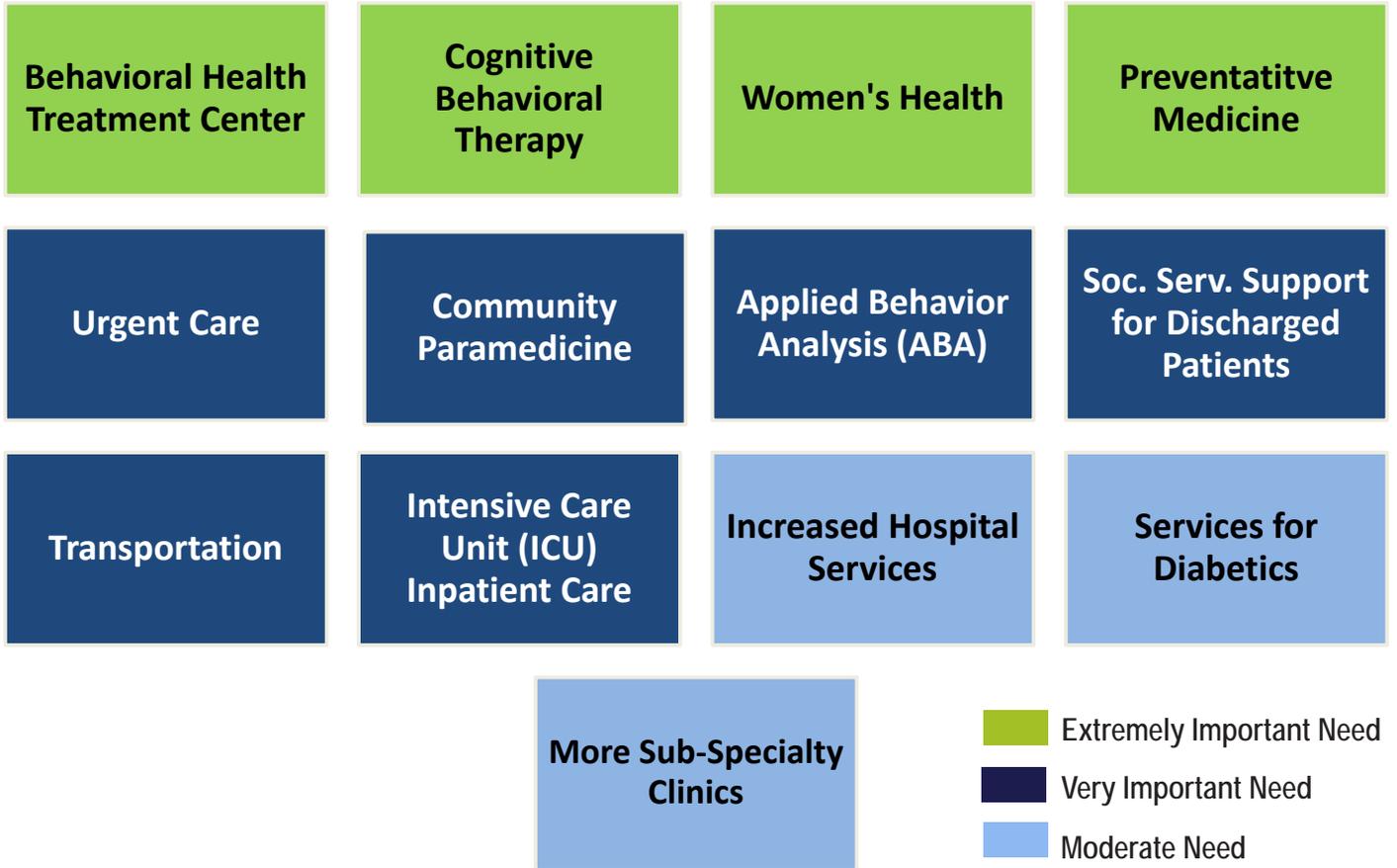


Figure 11 Insights: Primary Care received a Very Important rating response of 87% (n=41) and Emergency Care received 85% (n=40). Laboratory Services, Behavioral Health Services, Diagnostic Imaging Services, Outpatient Services, Inpatient Hospital Care, Substance Use Disorder Services, Obstetrics, and Rehabilitation Services completed the top ten response ratings.

Figure 12 (CHNA Survey: Question 9 - 11)

Is there a service you need that is not listed in the list of services above? If yes, please describe the service that your organization or client population needs that is not currently offered. Rate the level of need for the service you listed.



CHNA Survey: Community Health & Quality of Life

Figure 13 (CHNA Survey: Question 12)

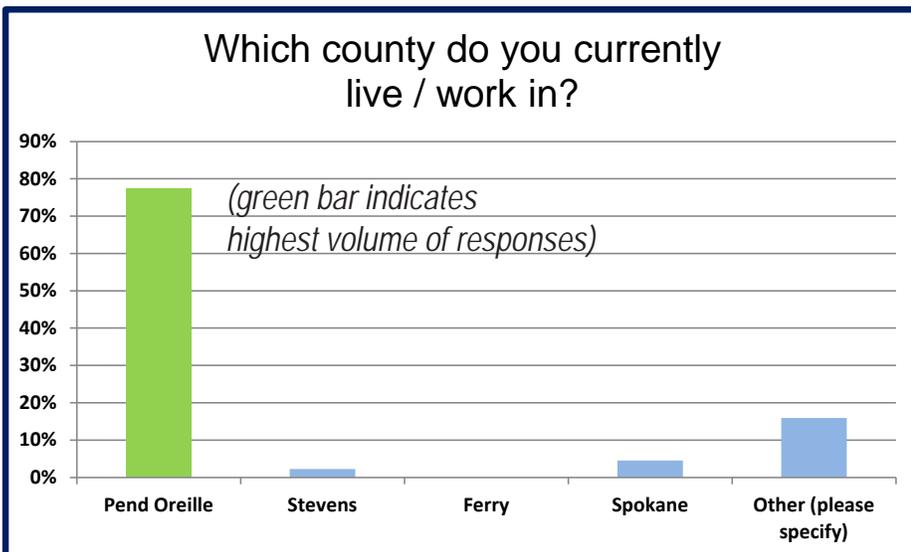


Figure 13 Insights:
 77% of survey respondents live or work in Pend Oreille County. The remaining 23% live in Spokane, Stevens County, or Bonner County.

Figure 14 (CHNA Survey: Question 13)

(green bars indicate highest volume of responses)

Figure 14 Insights: 39% Of survey respondents rated their quality of life as *Very Good* or *Good*. 14% Rated their quality of life as *Excellent*.

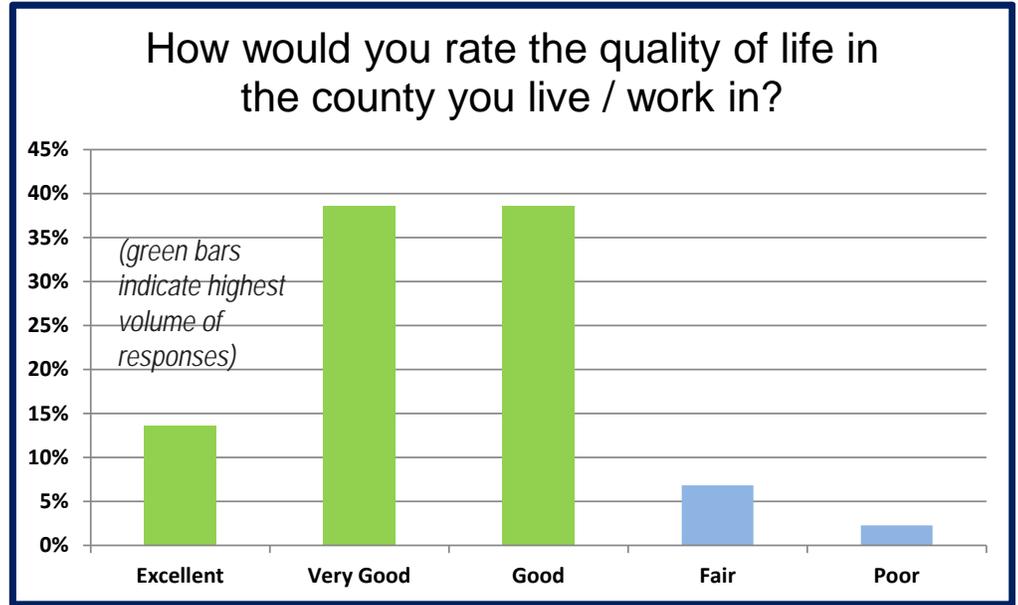


Figure 15 (CHNA Survey: Question 14)

How long have you lived / worked in Pend Oreille County?

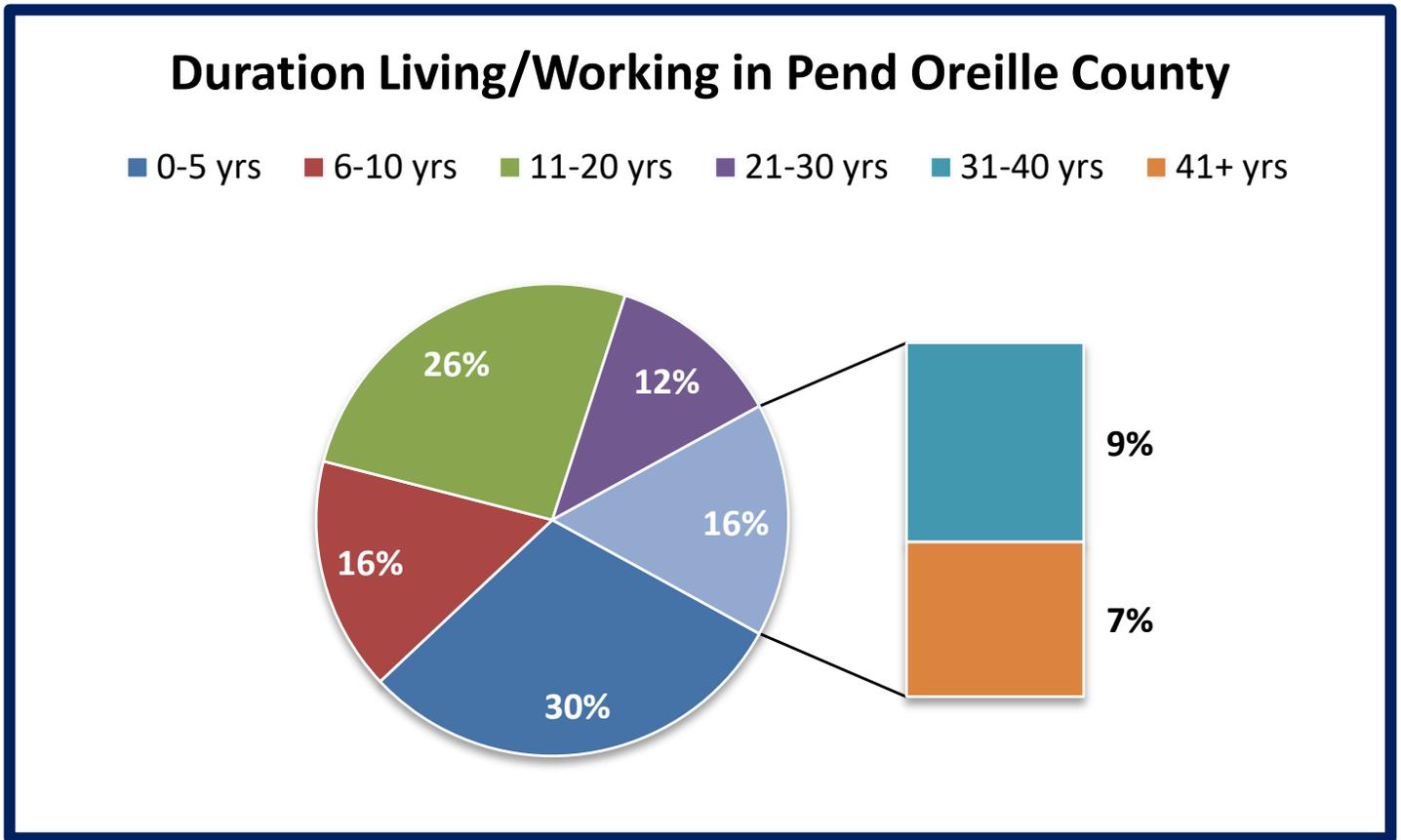


Figure 15 Insights: 54% of survey respondents have lived or worked in Pend Oreille County for more than 10 years. 30% have lived or worked in Pend Oreille County for 5 years or less.

Figure 16 (CHNA Survey: Question 15)

How satisfied are you with the following services in Pend Oreille County?

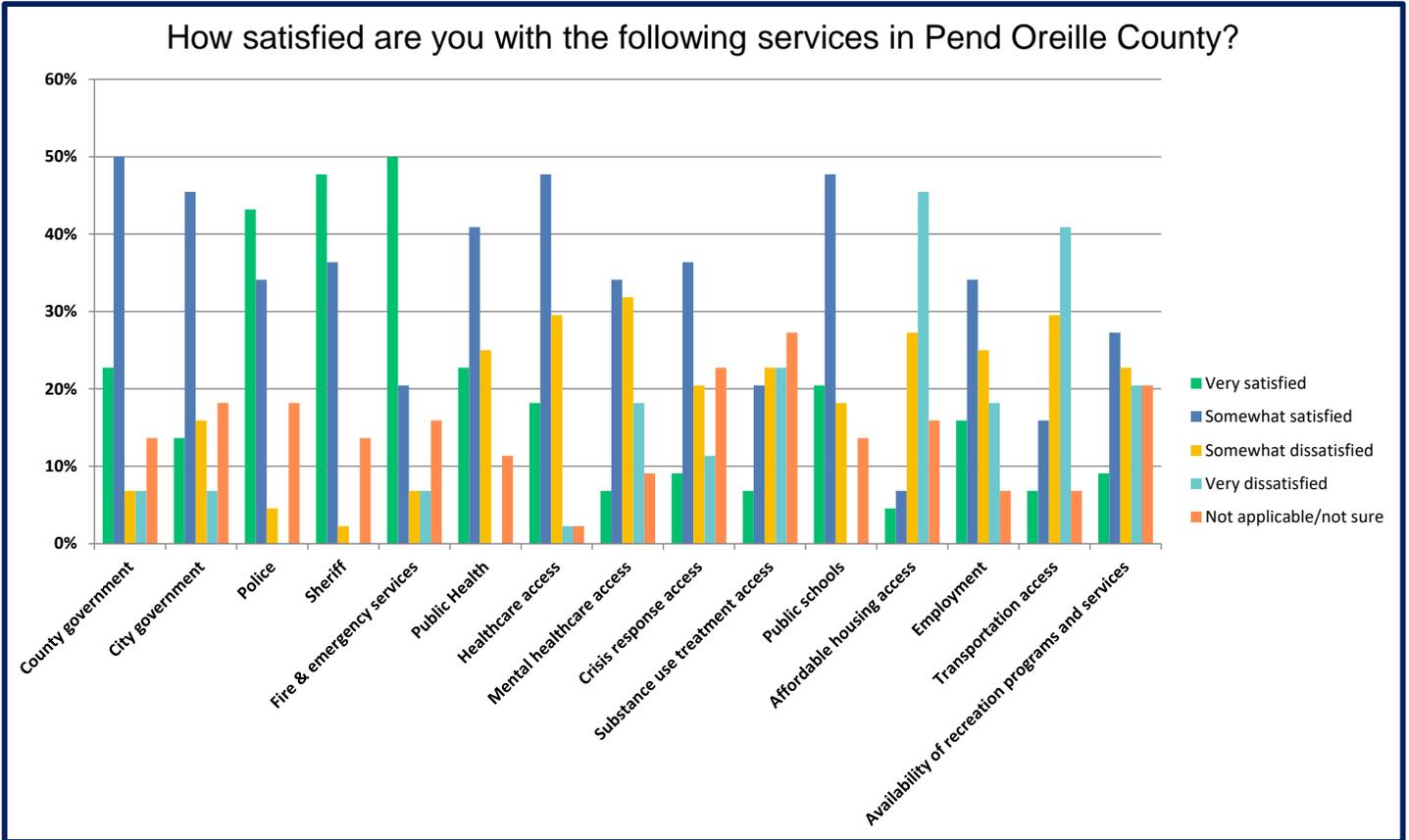


Figure 16 Insights: More than 43% of respondents said they are “very satisfied” with *Police, Sheriff, Fire & Emergency Services* in Pend Oreille County. Conversely, *Affordable Housing Access, Transportation Access, and Substance Use Treatment Access* rated highest under “very dissatisfied.” 27% of respondents also said they were “not sure” of their satisfaction level with *Substance Use Treatment Access*.

Figure 17 (CHNA Survey: Question 16)

Please elaborate if Pend Oreille County Services did not meet your satisfaction.

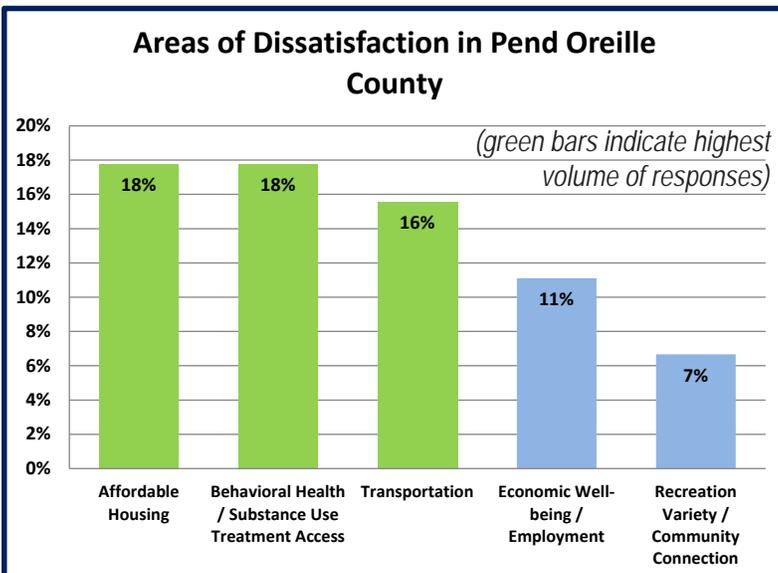


Figure 17 Insights: Additional areas of dissatisfaction include:

- *Economic Well-being / Employment*
- *Recreation Variety / Community Connection*
- *COVID Response / Vaccination Rates;*
- *Schools*
- *Community Paramedicine Access*
- *Hospital Community Involvement*
- *Leadership*
- *Inpatient Behavioral Health Services*
- *Insufficient Retail*
- *Limited Fire Service (Newport)*
- *Primary Care Access*
- *Roads / Sidewalks / Infrastructure*

Figure 18 (CHNA Survey: Question 17)

According to the client population you serve or organization you represent, do you see gaps in transportation services in Pend Oreille County?

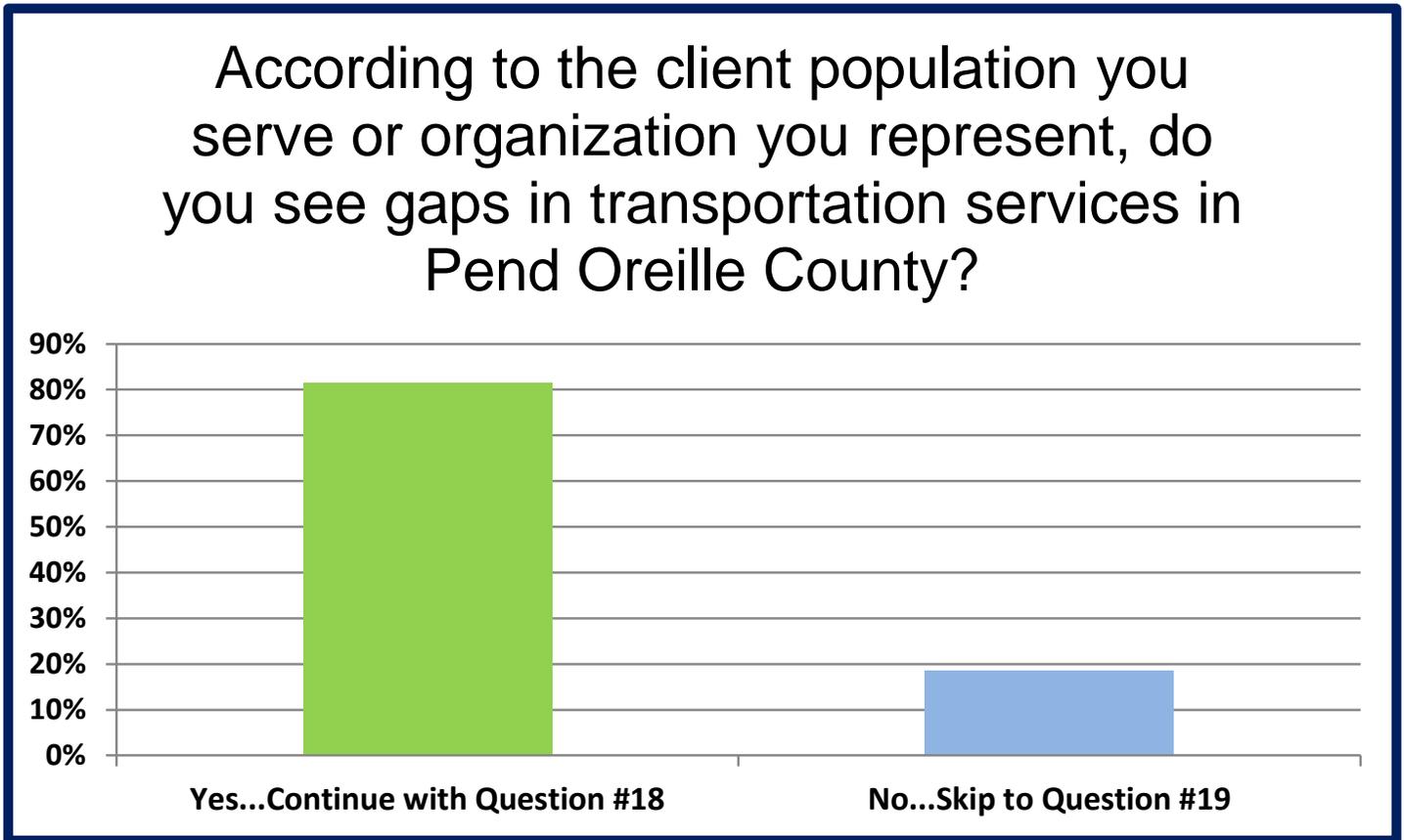


Figure 19 (CHNA Survey: Question 18)

Please elaborate on the types of transportation needed.

Figure 19 Insights: 39% of respondents listed a need for *Public Transportation / General* (n=22), while 30% (n=17) listed transportation *To / From Appointments, Emergency Department (ED), Surgery, Post-hospital Stay*.

Additional responses indicated a need for transportation outside the area or through a service such as Uber. There were 57 total responses for this question.

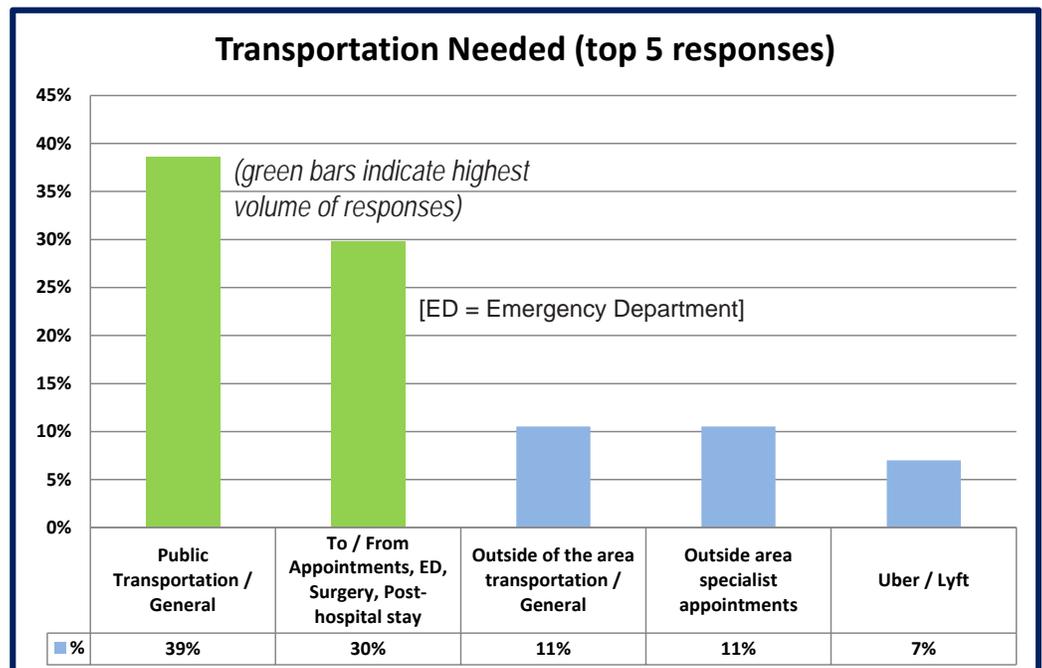


Figure 20 (CHNA Survey: Question 19)

According to the client population you serve or organization you represent, what is the most important issue facing Pend Oreille County today?

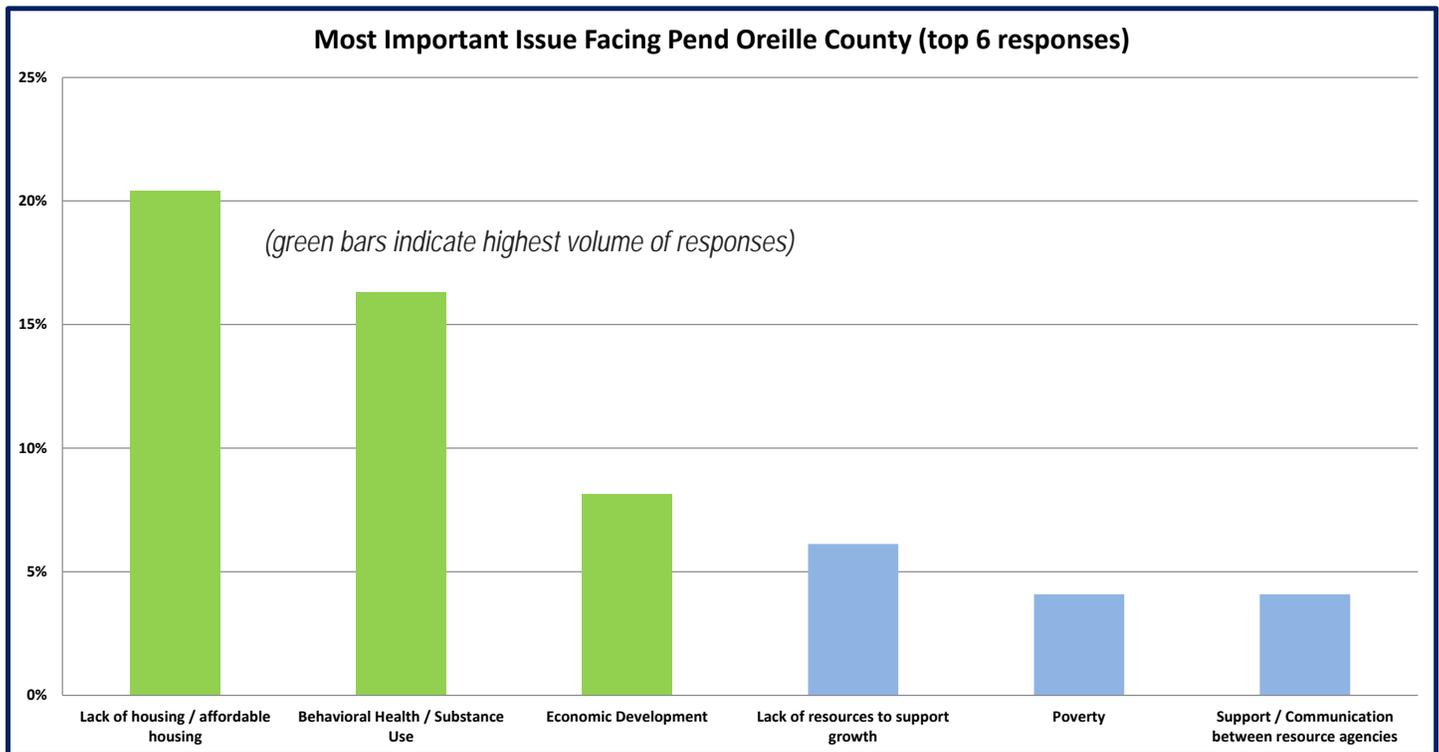


Figure 20 Insights: 20% (n=10) of respondents listed *Lack of Housing / Affordable Housing*, while 16% (n=9) listed *Behavioral Health / Substance Use*. There were 47 total open-ended responses for this question.

Additional responses listed:

- Lack of Resources to Support Growth (4%)
- Poverty (4%)
- Support / Communication Between Resource Agencies (4%)
- Ambulance / Emergency Medical Services (EMS) / Paramedicine
- Access to Healthcare / Healthcare Literacy
- Affordable Food
- Anti-Vaccine Sentiment
- Broadband Internet
- Childcare
- Comprehensive Wellness Supports / Prevention

- COVID-19
- Elderly Supports
- Lack of Recreation Activities in Town
- Lack of Tourism
- Lack of Vision
- Physician / Nursing Shortage
- Politics
- Sex Education
- Transportation
- Youth Homelessness

NOTE: The responses listed without percentages represent one (1) response in that category.

CHNA Survey: Primary Care Access

Figure 21 (CHNA Survey: Question 21)

Please rate the level of importance for each characteristic.

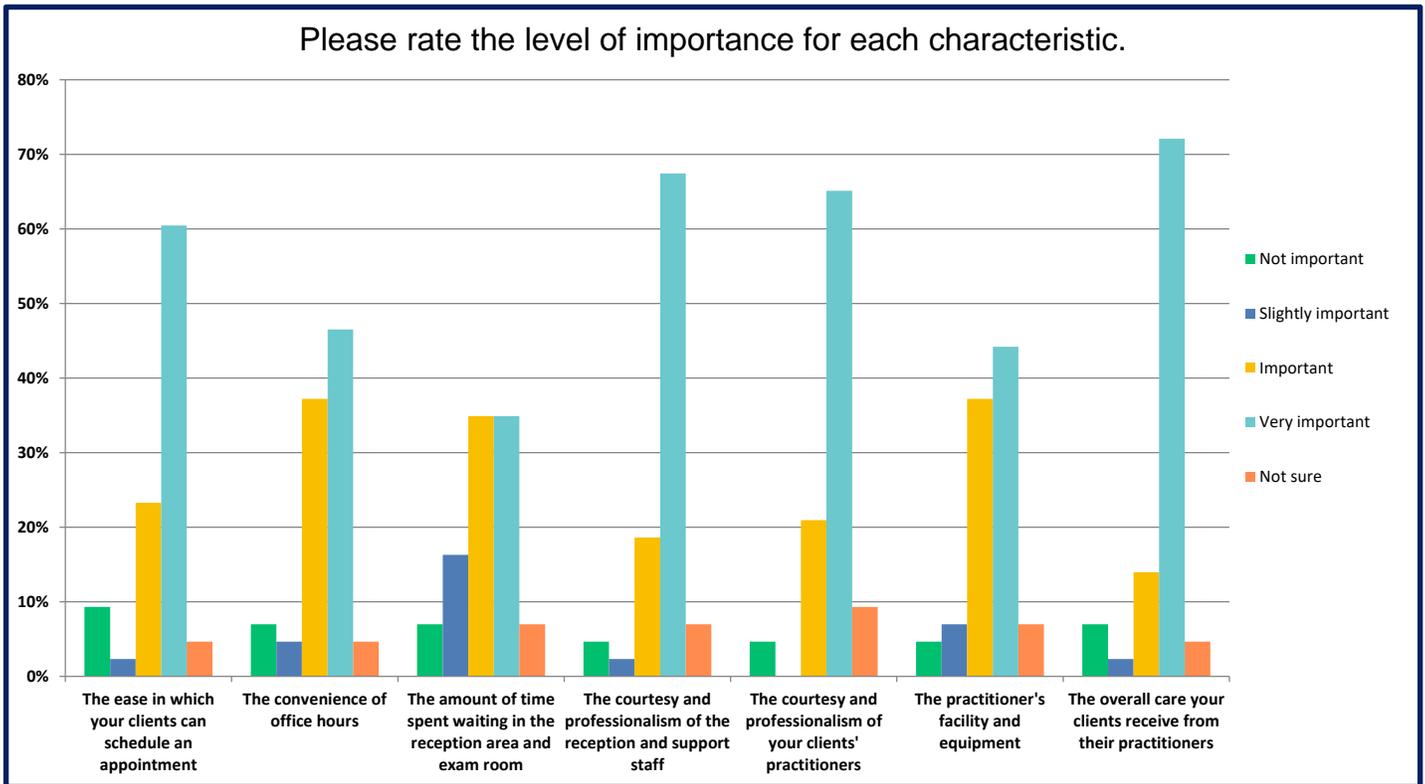


Figure 21 Insights: Overall, each characteristic represented rated highest as “very important.”

- *the overall care your clients receive from their practitioners* (72%; n=32)
- *the courtesy and professionalism of the reception and support staff* (67%; n=29)
- *the courtesy and professionalism of your clients' practitioners* (65%;
- *the ease in which your clients can schedule an appointment* (60%; n=26)
- *The amount of time spent waiting in the reception area and exam room* (35%; n=15). This characteristic was also listed as “important” (35%; n=15).

43 Respondents answered this question.

Figure 22 (CHNA Survey: Question 22)

As a whole, do the clients you represent have a problem accessing a medical provider when they need to?

Figure 22 Insights: There were 39 responses to this question. 82% (n=32) answered “yes” and 18% (n=7) answered “no.”

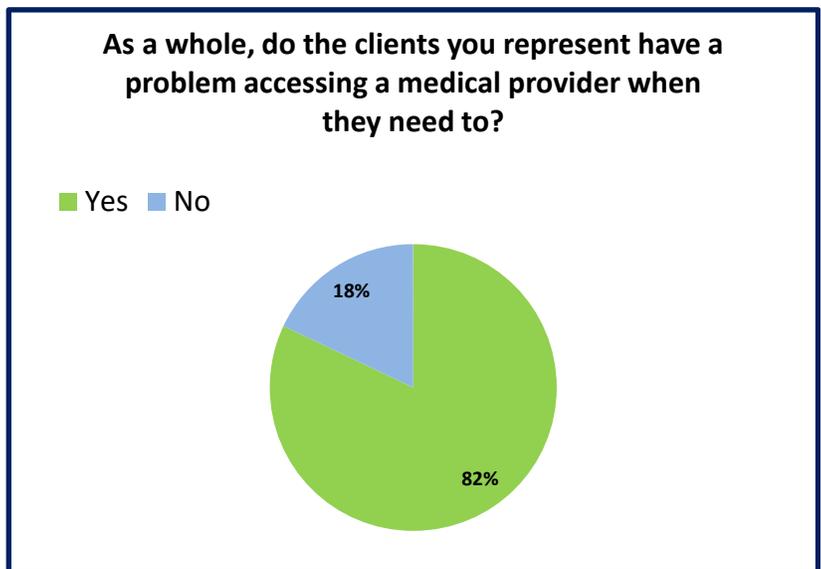


Figure 23 (CHNA Survey: Question 23)

If you answered "Yes" in Question #22, what are the reasons for problems? (Mark all that apply)

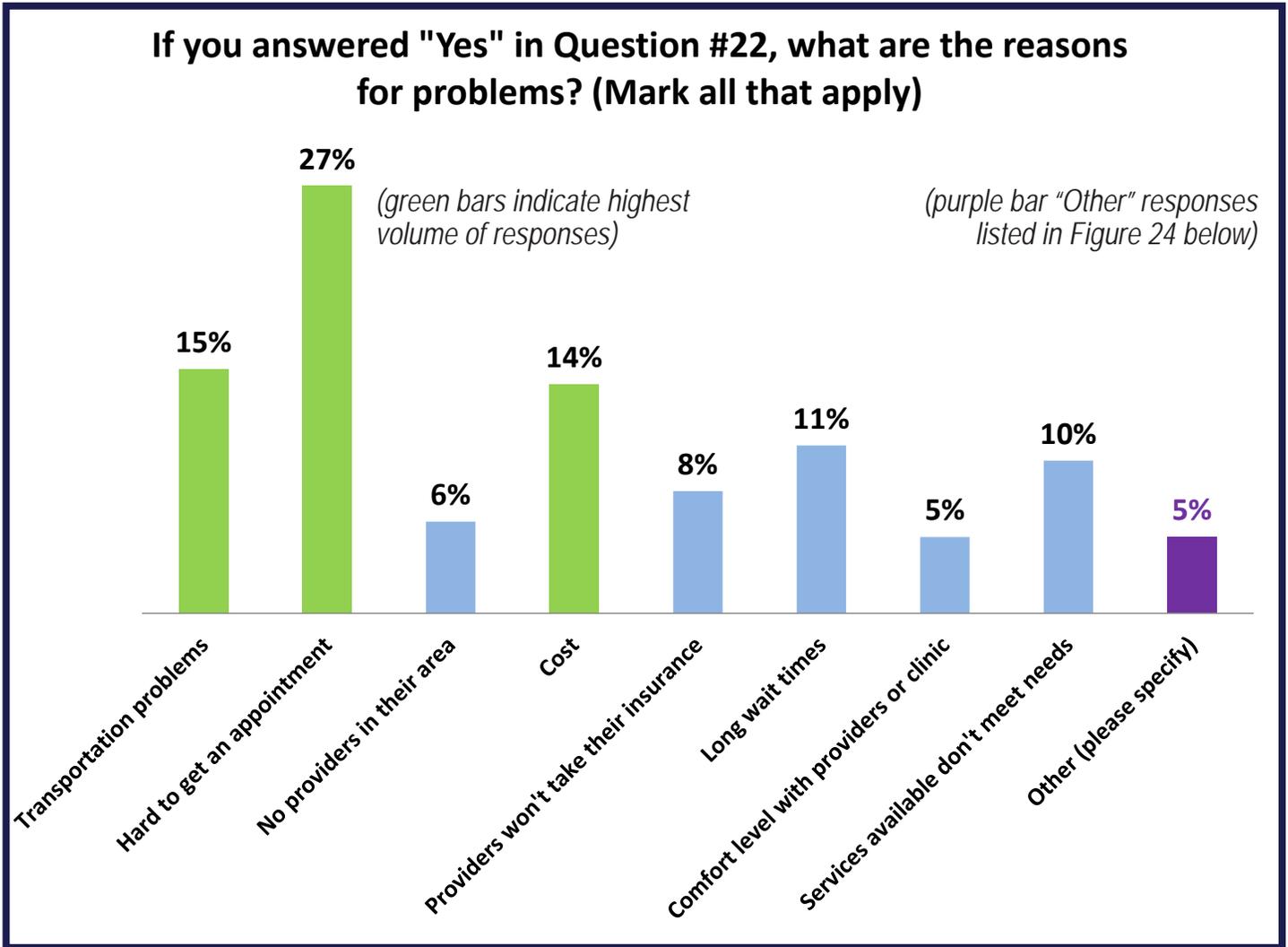


Figure 23

Insights:

Top concerns include *Hard to get an appointment*, *Transportation problems*, and *Cost*.

Figure 24

Insights: This represents the 15% in the "Other (please specify)" list of reasons in Question 23.

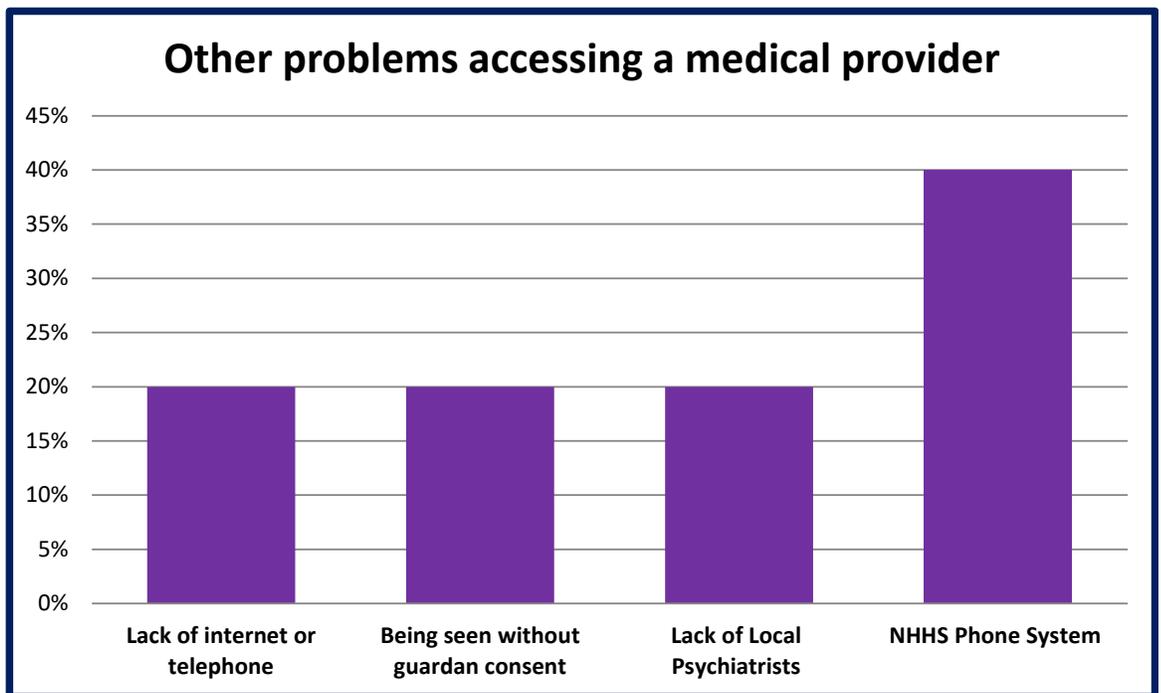


Figure 25 (CHNA Survey: Question 24)

Which specialty services do you believe to be the most important for the clients you serve (that they may be most likely to utilize) in the community? (Check the TOP 5 most important.)

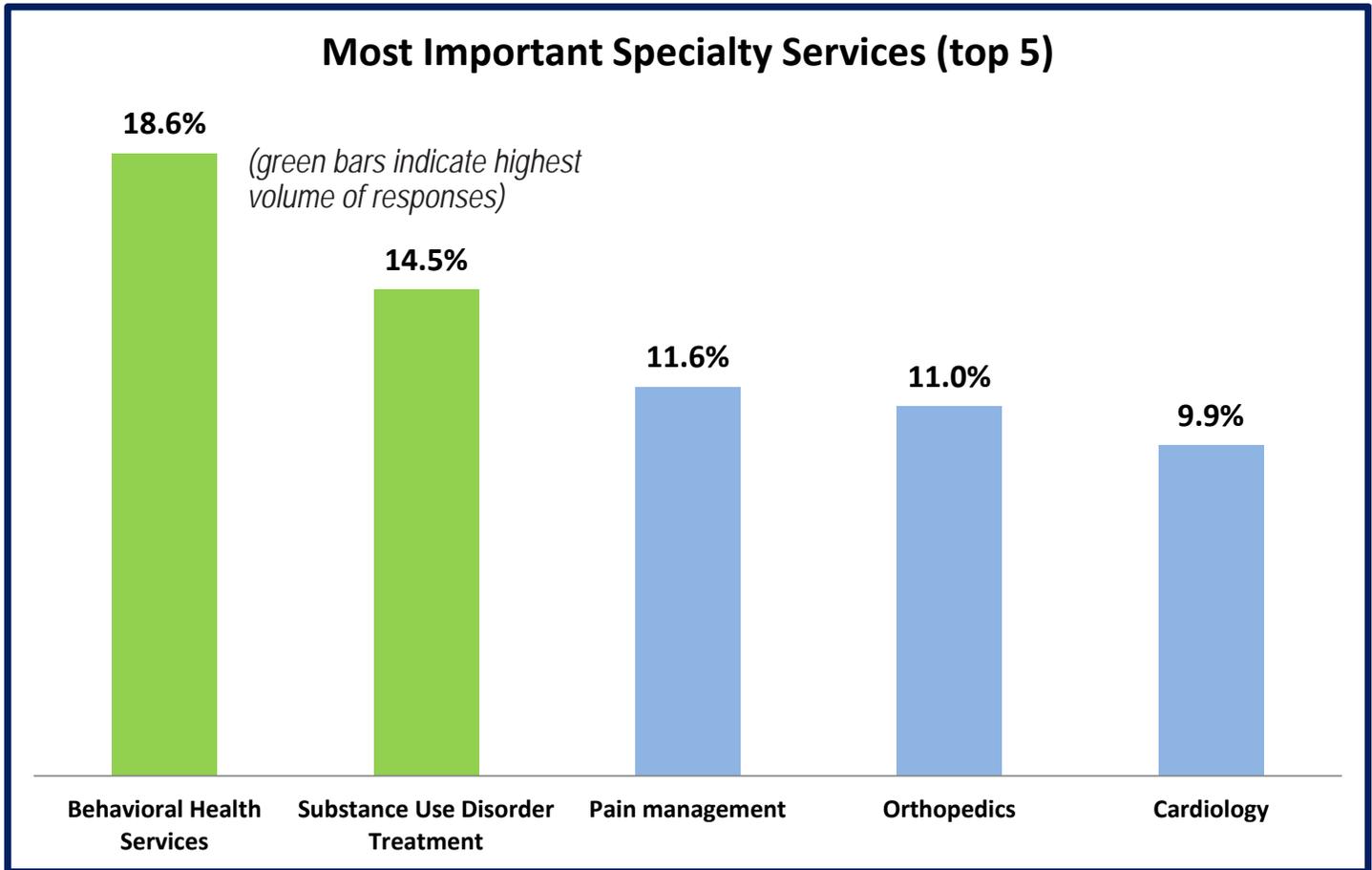
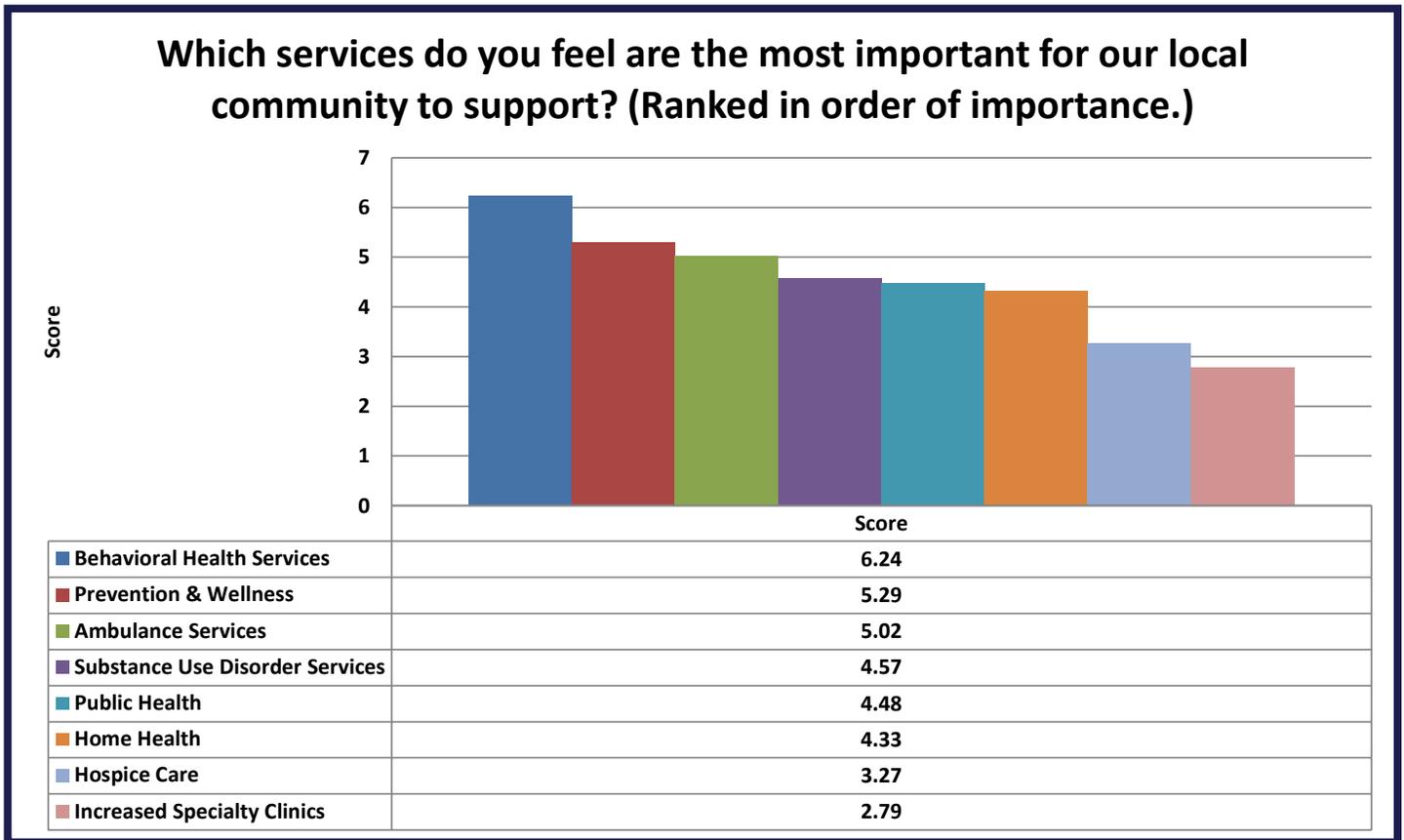


Figure 25 Insights: This Question had 172 responses. In addition the ratings above, other specialty services included in the ratings were:

- Orthopedics (11%; n=19)
 - Cardiology (9.9%; n=17)
 - Ear, Nose and Throat (5.2%; n=9)
 - Nephrology/Dialysis (5.2%; n=9)
 - Gynecology (4.1%; n=7)
 - Nurse Mid-wife (3.5%; n=6)
 - Pulmonology (3.5%; n=6)
 - Oncology (2.9%; n=5)
 - Dermatology (2.3%; n=4)
 - Opthamalogy (2.3%; n=4)
 - Naturopathy* (2.9%; n=5)
 - Urology (1.2%; n=2)
 - It would depend upon the MD/group (1.2%; n=2)
 - Psychiatry* (0.6%; n=1)
 - None. Stick to primary care services. (2.9%; n=5)
- * Services not listed as an option, but listed under Question 31.

Figure 26 (CHNA Survey: Question 25)

*Which services do you feel are the most important for our local community to support?
(Rank in order of importance)*



CHNA Survey: COVID-19 Pandemic Response

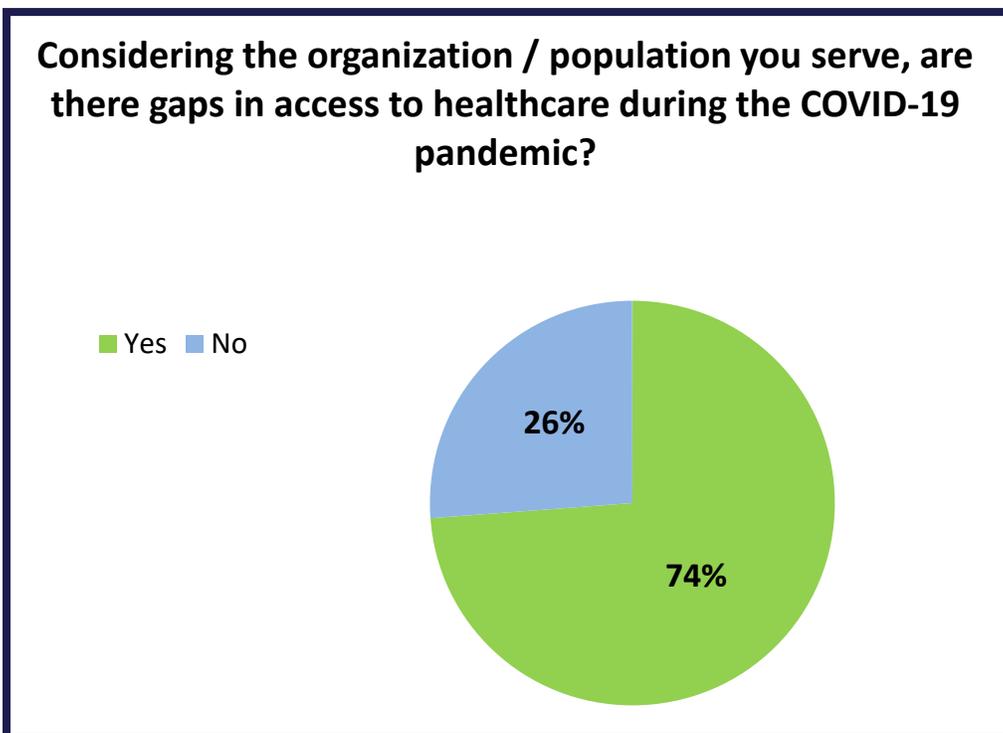


Figure 27 (CHNA Survey: Question 26)

Considering the organization / population you serve, are there gaps in access to healthcare during the COVID-19 pandemic?

Figure 27 Insights: There were 42 responses to this question. 74% (n=31) answered “Yes” and 26% (n=11) answered “No.”

Figure 28 (CHNA Survey: Question 27)
 Please check all concerns / gaps that apply.

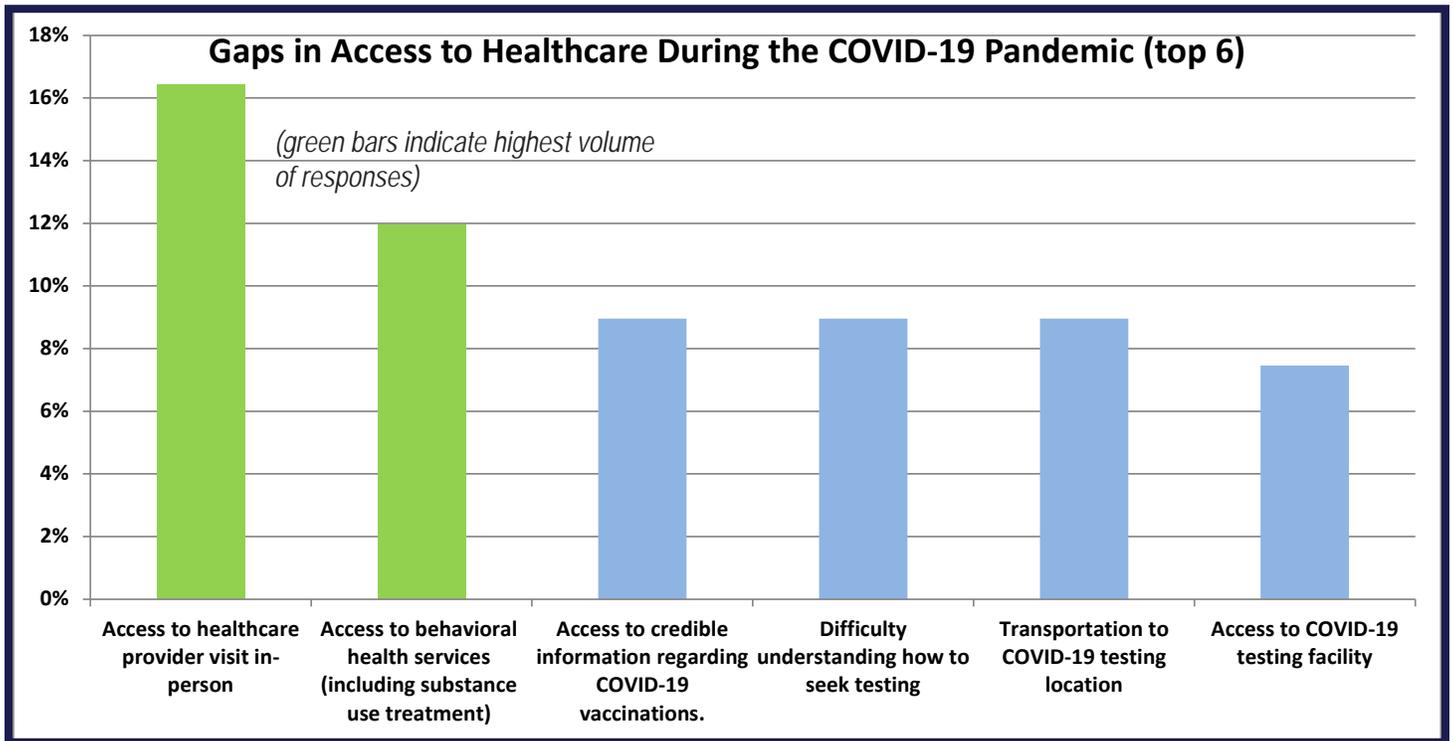


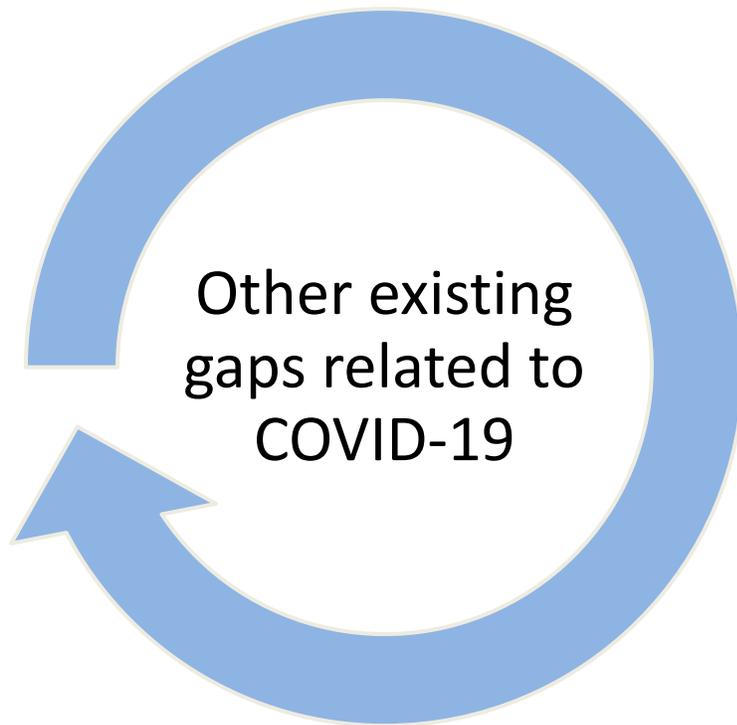
Figure 28 Insights: Question 27 included 134 responses from 31 community leaders. *Access to healthcare provider in-person visits* (16%; n=22) and *Access to behavioral health services* (12%; n=16) emerged as primary concerns/gaps. Additional gaps:

- *Access to credible information regarding COVID-19 vaccinations* (8.96%; n=12)
- *Difficulty understanding how to seek testing* (8.96%; n=12)
- *Transportation to COVID-19 testing location* (8.96%; n=12)
- *Access to COVID-19 testing facility* (7.46%; n=10)
- *Access to healthcare provider visit via telehealth using smart phone, tablet or computer* (6.72%; n=9)
- *Access to home health during the COVID-19 pandemic* (6.72%; n=9)
- *Access to safe isolation / quarantine environment* (5.22%; n=7)
- *Access to food during the COVID-19 pandemic* (4.48%; n=6)
- *Transportation to COVID-19 vaccination site* (3.73%; n=5)
- *Access to prescription medications during the COVID-19 pandemic* (2.99%; n=4)
- *Other (please specify)* (2.99%; n=4)*
- *Access to appropriate masks* (2.24%; n=3)
- *Access to COVID-19 vaccinations* (2.24%; n=3)

* Other gaps reflected in Figure 29 on page 22.

Figure 29 (CHNA Survey: Question 27)

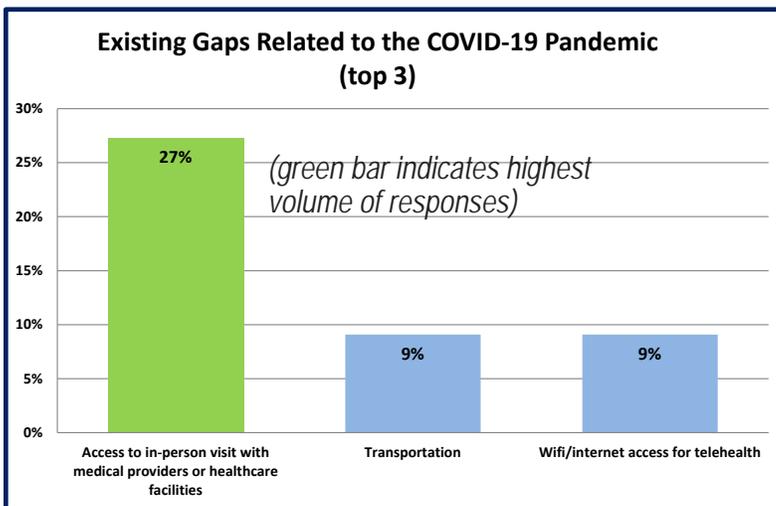
Other existing gaps related to COVID-19 (open-ended responses)



- **Access to language appropriate credible information regarding COVID-19**
- **Ability to afford hospital bill**

Figure 30 (CHNA Survey: Question 28)

If YES, please elaborate on existing gaps related to the pandemic.



- Access to hospital beds (6%)
- Access to in-person visit with behavioral health provider (6%)
- Community education (6%)
- Mandate enforcement & interpretation (6%)
- Misinformation (6%)
- Access to testing (3%)
- Access to timely medical appointments (3%)
- Drive through testing for Idaho residents (3%)
- Food insecurity (3%)
- Inappropriate use of Personal Protective Equipment (PPE) (3%)
- Service closure (3%)
- Did not understand the question (3%)
- N/A (2%)

Figure 30 Insights: There were 18 responses to this open-ended optional question.

- **Access to in-person visit with medical providers or healthcare facilities (27%)**
- **Transportation (9%)**
- **Wifi / internet access for telehealth (9%)**

Figure 31 (CHNA Survey: Question 29)

Are there any other pandemic response gaps that you're aware of? If so, please specify.



[NOTE: Gaps listed above are in no particular order.]

CHNA Survey: Final Thoughts

Figure 32 (CHNA Survey: Question 30)

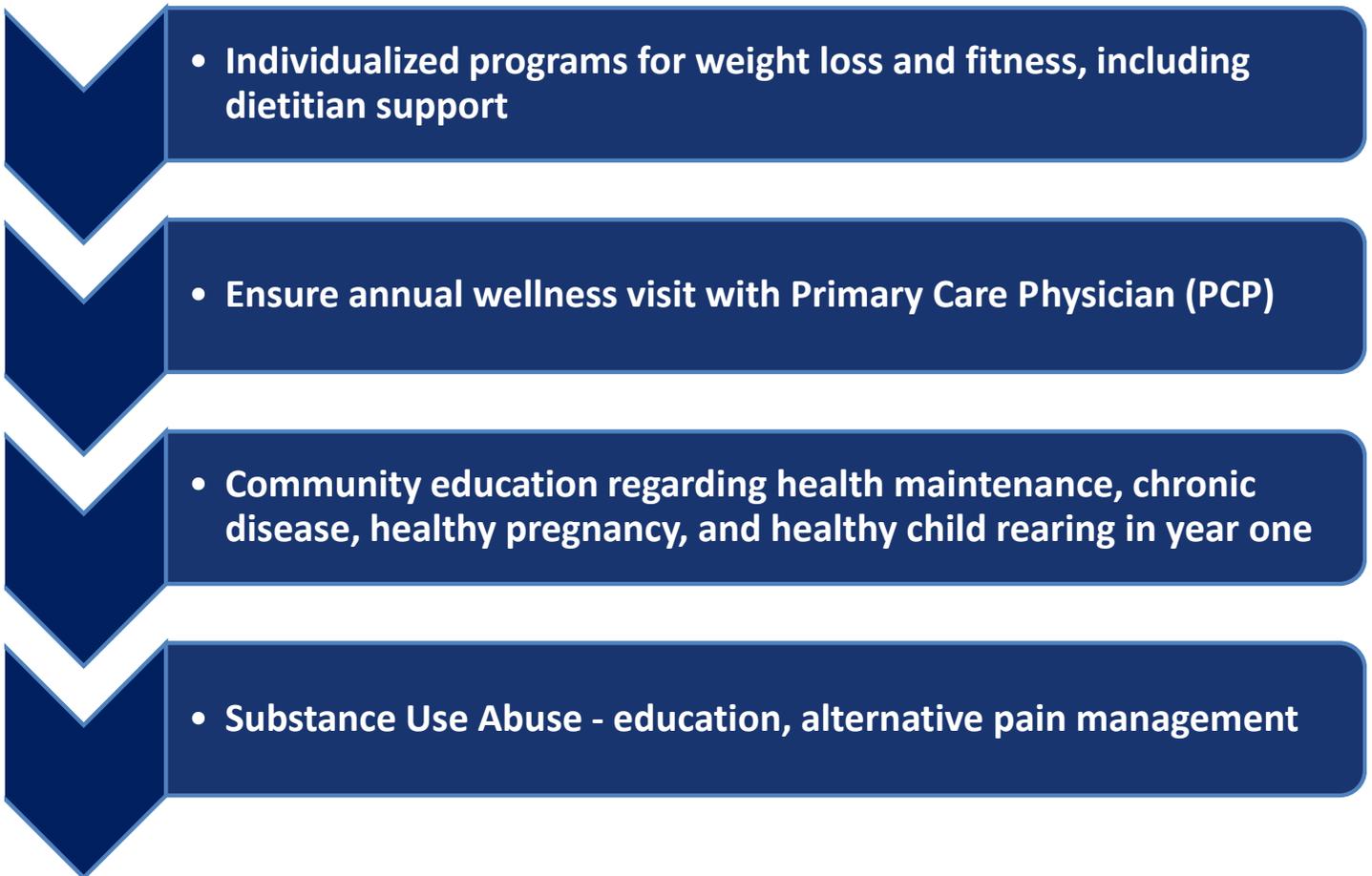
Is there anything else that should be considered as we are evaluating the healthcare needs of the local area? If so, please elaborate.

- Access to In-person medical provider visits / Urgent Care
- Combating healthcare misinformation
- Prevention and education
- Access to behavioral health services
- Affordable Housing
- Availability of services communicated better
- Changes in healthcare leadership
- COVID-19 division in workforce
- More well-rounded care
- Providing remote access, monitoring and contact with patients
- Longer patient appointments
- Homelessness
- Elder care
- Continued collaboration with Pend Oreille Health Coalition
- Childcare

[NOTE: Needs listed above are in no particular order.]

Figure 33 (CHNA Survey: Question 31)

Are there other services/wellness programs that are important to your organization and/or the population you serve that Newport Hospital & Health Services should consider providing?

- 
- **Individualized programs for weight loss and fitness, including dietitian support**
 - **Ensure annual wellness visit with Primary Care Physician (PCP)**
 - **Community education regarding health maintenance, chronic disease, healthy pregnancy, and healthy child rearing in year one**
 - **Substance Use Abuse - education, alternative pain management**

[NOTE: Program suggestions listed above are in no particular order.]

Newport Hospital & Health Services 2019 CHNA Implementation Plan

Based on NHHS's 2019 Community Health Needs Assessment, the District developed a collaborative plan across service lines and directly with the Pend Oreille Health Coalition.

Projects included:

Youth Mental Health Equity Project: All youth residents in Pend Oreille County have improved mental health outcomes. Equity Gap: 10th Grade youth

1. Integrating youth perspective, increase community connectivity and mentorship opportunities for adults and youth.
2. Integrating youth perspective, reduce stigma associated with mental health issues.
3. Integrating youth perspective, create and provide self care wellness program. Increase referral capacity and resources using peer networks.

[NOTE: This project experienced delays due to the pandemic's gathering restrictions and public safety concerns.]

School-based Primary Care Clinic: During the 2019 Community Health Needs Assessment, "access to healthcare" emerged as a priority indicator for future work. This project specifically identifies the Medicaid families that often do not access healthcare for preventative visits and/or existing chronic diseases. It also supports the Youth Mental Health Equity project with another avenue for identifying potential mental health concerns in students.

1. Beginning September 30, 2021 Newport School District (NSD) and Newport Health Center will offer provider-led medical exams to Washington Medicaid school-age students attending NSD to ensure that at least 10% of NSD students with Medicaid coverage will have at least one clinic visit each academic year. Measurement periods will include Academic Year 2021/22 and Academic Year 2022/23.
2. By November 30, 2023 illustrate program successes and challenges, including sustainability factors, reimbursement mechanism and evidence informing replicability for other rural school districts in Washington.

[NOTE: This project was delayed by almost two years due to pandemic operations in the school district and across Newport Hospital and Health Services.]

Bi-directional Integration of Medical / Behavioral Healthcare

1. Expand the number of Medicaid patients receiving personalized care coordination (patients with multiple chronic conditions and co-occurring behavioral health conditions).
2. Increase the number of integrated care hours in the primary care clinic.

Chronic Disease Management

1. Expand the number of patients receiving personalized care coordination
2. Fully implement joint medication management program in the primary care clinic for up to 50 patients who desire assistance with multiple chronic conditions

Addressing Opioid Crisis

1. Expand the number of patients receiving Medication Assisted Treatment (MAT) services under bi-directional Behavioral Health / Substance Use Disorder care coordination.
2. Develop complete, accurate, replicable listing of clients using opioids, by primary care provider, to ensure prescribing practices meet Washington State and/or Federal guidelines. Monitor and track with local pharmacies opioid equivalents prescribed.

Written Comments from 2019 Community Health Needs Assessment

There were no written comments received for the 2019 Community Health Needs Assessment.

2022 CHNA Significant Health Needs of the Community (prioritized)

- 1. Access to primary care services:** We will 1) Improve NHHS phone system trees; 2) Evaluate feasibility of urgent care / walk-in visits, and 3) Improve community education around telehealth access
- 2. Access to behavioral healthcare and Substance Use Disorder treatment services:** We will increase patient access to behavioral health visits in our rural health clinic.
- 3. Immunizations:** We will work with Northeast Tri County Health District and through the School-based Primary Care program to address solutions at all age levels.
- 4. Food Insecurity:** We will look at possible expansion of Healthy Kids Snack Bags program for children in Pend Oreille County.

[NOTE: Other significant needs identified in the survey included transportation, homelessness, and economic development. These are not feasible for NHHS to address alone. We will continue to work with our community partners to collaborate on improvements in these areas.]

Newport Hospital & Health Services 2022 CHNA Implementation Plan

Based on NHHS's 2022 Community Health Needs Assessment, the District developed a collaborative plan across service lines and directly with the Pend Oreille Health Coalition.

Continuing projects from 2019 (see page 26):

1. Youth Mental Health Equity Project
2. School-based Primary Care Project - officially kicked off primary care visits in November 2021.
3. Integrated Medication Management Project

New / Updated projects:

1. Bi-directional Integration of Medical / Behavioral Healthcare -

- » Working with Premera and University of Washington AIMS Center to train providers on the Collaborative Care Model (CoCM) implementation in the primary care clinic. Goals include:
 - Build an NHHS based integrated care program using the CoCM model to improve measurable mental health and clinical outcomes.
 - Train to CoCM Care Team best practices and integrate said throughout NHHS service delivery; improve/expand Behavioral Health / Substance Use Disorder service, access, and knowledge in our community.

2. Chronic Disease Management -

- » By December 31, 2022, NHHS will monitor Emergency Department utilization reports for up to 50 established patients of Newport Health Center with certain chronic conditions and attempt to form care coordination relations to better manage their health.
- » By July 31, 2022, NHHS will attempt to improve patient understanding and education for specific disease states (e.g. Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Diabetes, Hypertension, Dementia, Heart Disease, and Depression) through enhanced communication.

3. Addressing the Opioid Crisis -

- » By July 31, 2022, attempt to identify Opioid Use Disorder and Substance Use Disorder screening tool and place it within the electronic chart for patient completion during annual wellness visits.
- » By July 31, 2022, identify and distribute "naloxone distribution and use" patient education to at least 50 patients.

4. COVID-19 Operations

- » Based on the 2022 CHNA, we will be improving patient signage and communications regarding testing, vaccines, and public safety measures. Our main partner in this work is Northeast Tri County Health District (NETCHD).
- » We will also work with NETCHD to address testing and vaccine access issues noted in this report.

Sources

- Data Center. (2021). Demographics & Social Characteristics: Pend Oreille County, WA. Spokane: Spokane Regional Health District. Retrieved November 4, 2021, from County Health Insights: <https://countyhealthinsights.org/county/pend-oreille/indicators/demographics-3/>
- Data Center. (2021). Indicators Summary: Pend Oreille County, WA. Spokane: Spokane Regional Health District. Retrieved November 4, 2021, from County Health Insights: <https://countyhealthinsights.org/county/pend-oreille/indicators/>
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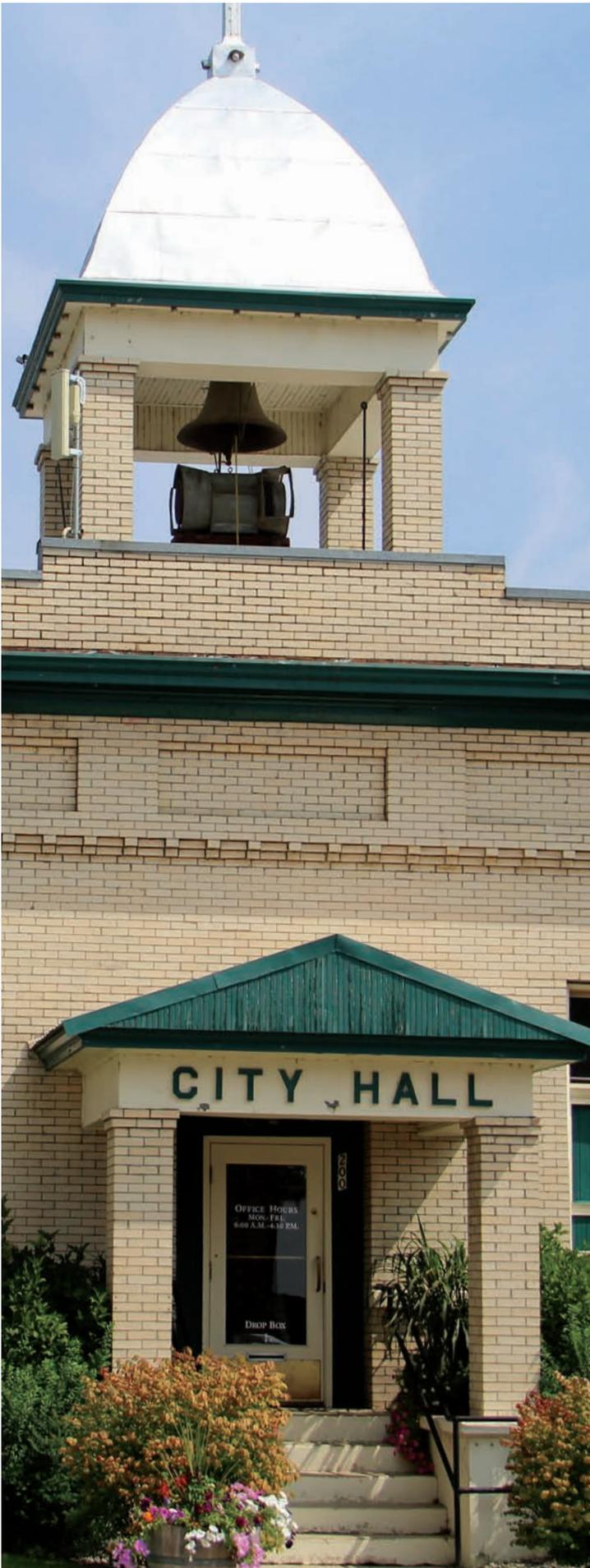
APPENDIX A

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Pend Oreille County, WA

2021





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POPULATION

Pend Oreille County is located in the northeast corner of Washington State bordering Canada to the north. In 2019, Pend Oreille County was the thirty-third most populous county in the state with 13,740 individuals. This accounted for less than 1% of the state’s population. Most of the population lives in unincorporated Pend Oreille, with only 16% living in the county’s largest city Newport. Of the 39 counties in Washington State, Pend Oreille County had the seventh lowest population density with a density of 9.81 individuals per square mile. The Washington State density for all counties was 113.56 individuals per square mile.¹

In 2019, adults 19 to 34 made up the smallest proportion of Pend Oreille County’s population. Pend Oreille County had smaller proportions of adults ages 19-34 and higher proportions of seniors ages 65 years or older than Washington State.

Population by Age Group, 2019

	Pend Oreille County	WA State
0-19 years	20.6%	24.8%
19-34 years	12.9%	20.6%
35-64 years	21.3%	38.3%
65+ years	45.2%	16.3%

Source: Washington State Office of Financial Management – April 1, 2020 Official Population Estimates

According to 2019 data, Pend Oreille County was not racially diverse. Among county residents, 91% were white, 4% were American Indian/ Alaska Native, 3.4% were of two or more races, while all other groups made up less than 1% of the population. Hispanics comprised 3.7% of the population, far lower than the statewide population with 13.2% identifying as Hispanic. Hispanics are included in all race categories.

Population by Race Alone, 2019

	Pend Oreille County	WA State
White	91%	78.8%
Black or African American	0.6%	4.2%
American Indian Alaskan Native	4%	1.8%
Asian	0.9%	9.3%
Native Hawaiian or other Pacific Islander	0.1%	0.8%
Two or more races	3.7%	5.1%

Source: Washington State Office of Financial Management – April 1, 2020 Official Population Estimates

Population 15 Years of Age and Older by Marital Status, 2015-2019

	Pend Oreille County	WA State
Total	11,385	100%
Married	6,207	54.5%
Widowed	791	6.9%
Divorced	1,470	12.9%
Separated	160	1.4%
Never married	2,757	21.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1201

Population by Nativity and Citizenship Status, 2015-2019

	Pend Oreille County	WA State
U.S. citizen, born in the U.S.	12,736	95.2%
U.S. citizen, born in Puerto Rico or U.S. island areas	0	0%
U.S. citizen, born abroad of American parent(s)	152	1.1%
U.S. citizen by naturalization	292	2.2%
Not a U.S. citizen	197	1.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table B05001

Geographical Mobility in Past Year for Current Residence, 2015-2019

	Count	Percent
Same house 1 year ago	11,774	88.3%
Moved within same county	366	2.7%
Moved from different county within same state	601	4.5%
Moved from different state	586	4.4%
Moved from abroad	0	0%

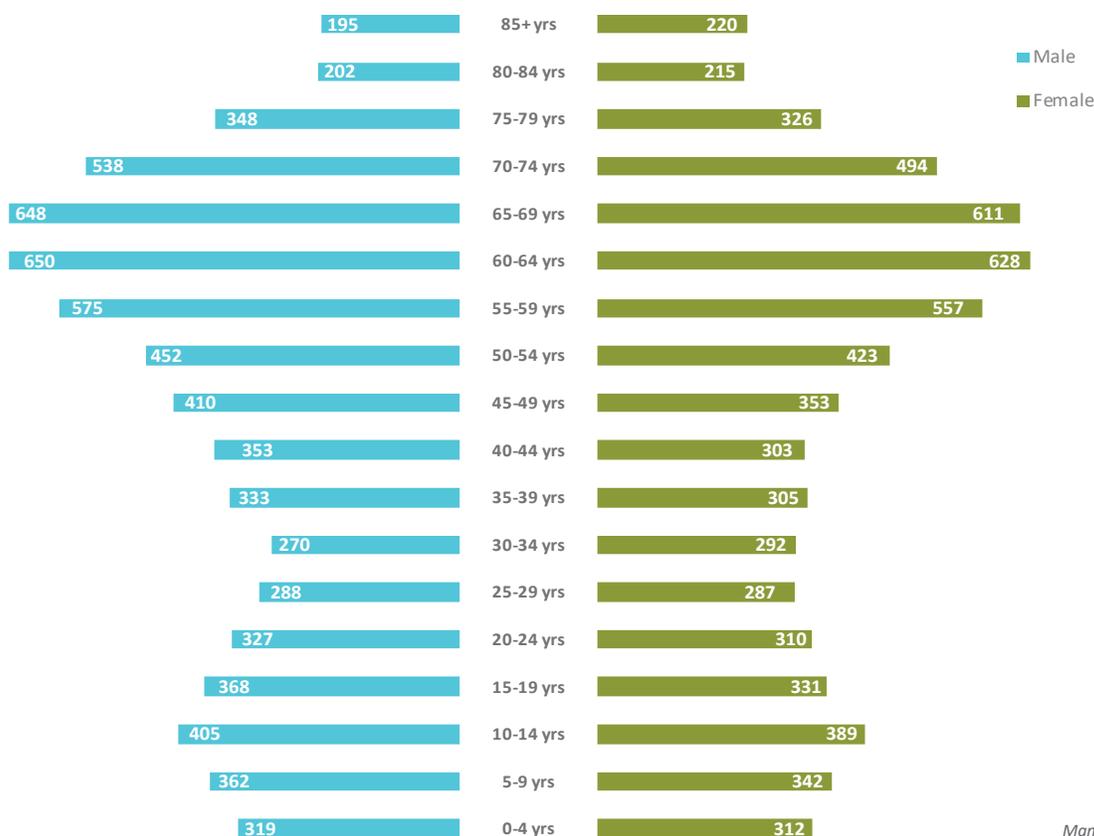
Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table B07001

Language Spoken at Home by Ability 2011-2015

Total	12,385
Speak only English	12,019
Speak English less than "very well"	75
Spanish or Spanish Creole	139
Other Native North American languages	68
German	49
Other Slavic languages	24
French (incl. Patois, Cajun)	23
Other Pacific Island languages	22
Italian	19
African languages	12
Polish	4
Serbo-Croatian	4
Laotian	2

Source: U.S. Census Bureau, American Community Survey, 2011-2015. Table B16001

Distribution of Population by Age and Sex, Pend Oreille County, 2019



Source: Washington State Office of Financial Management – April 1, 2020 Population Estimates

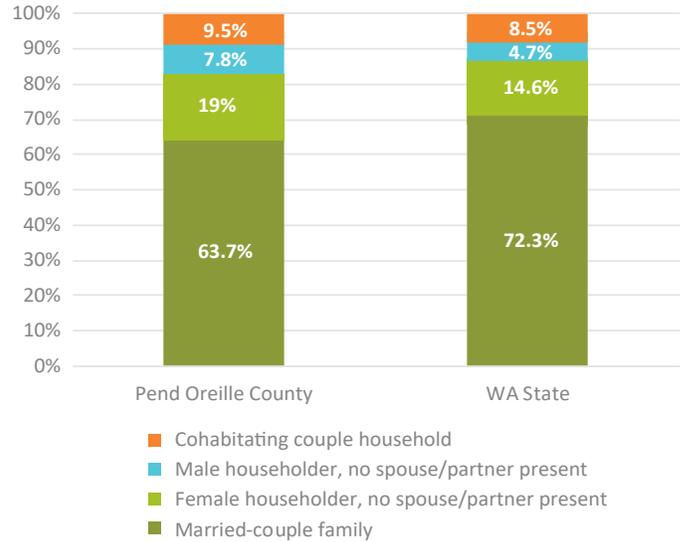
FAMILY STRUCTURE

Households by Type, Pend Oreille County, 2015-2019

Total Households	5,727	100%
Married-couple family	2,923	51%
With own children of the householder under 18 years	835	14.6%
Cohabiting couple household	344	6%
With own children of the householder under 18 years	124	2.2%
Male householder, no spouse/partner present	1,117	19.5%
With own children of the householder under 18 years	102	1.8%
Householder living alone	782	13.7%
65 years and over	297	5.2%
Female householder, no spouse/partner present	1,343	23.5%
With own children of the householder under 18 years	249	4.3%
Householder living alone	748	13.1%
65 years and over	460	8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table DP02

Families with Children Younger than 18 Years of Age by Household Type, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table DP02

EDUCATION

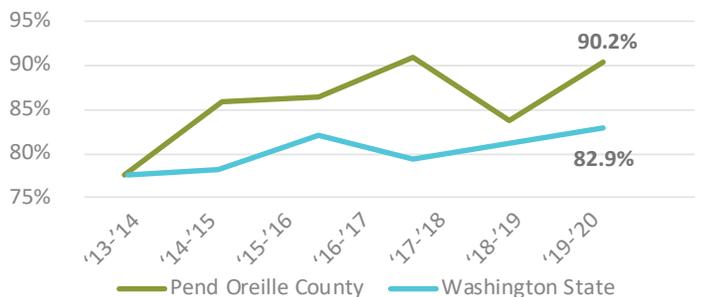
Educational Attainment among Adults 25 Years of Age or Older, 2015-2019

	Pend Oreille County	WA State
Population 25 years of age or older	10,000	100%
Less than ninth grade	231	2.3%
Ninth-12th grade, no diploma	655	6.6%
High school graduate/ GED	3,096	31%
Some college, no degree	2,744	27.4%
Associate's degree	1,196	12%
Bachelor's degree	1,394	13.9%
Graduate or professional degree	684	6.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1501

Among students who began ninth grade, 90.2% graduated from high school on time during the 2019/2020 school year. Another 3.7% continued high school beyond the traditional graduation date. Statewide, 82.9% of students graduated on time. Since the 2014/2015 school year, Pend Oreille County has consistently performed better than Washington State.

On-Time High School Graduation Rate



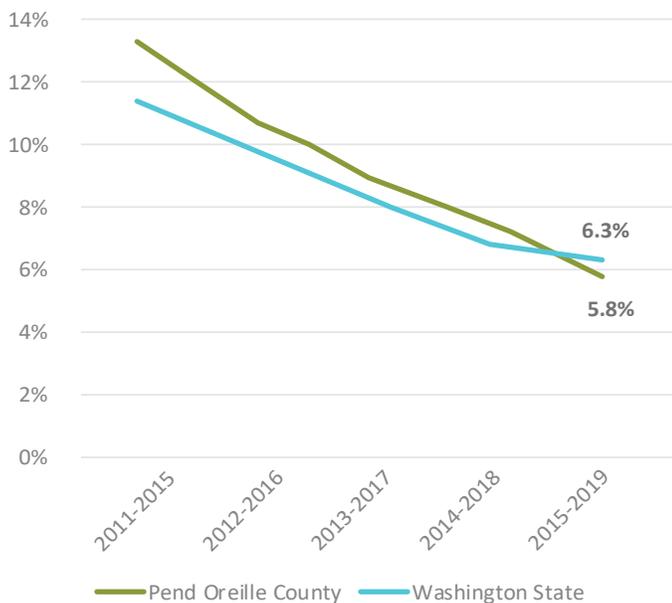
Source: Washington State Office of Superintendent of Public Instruction – Data and Reports 2020

HEALTH INSURANCE AND DISABILITY

For the 2015-2019 American Community Survey (ACS) estimate period, approximately 5.8% of Pend Oreille County's population was uninsured. The uninsured rate significantly decreased since 2011-2015, from 13.2% to 5.8%. Those who were 19 to 64 years of age, male, and American Indian Alaskan Native alone had the highest proportion of being uninsured in their respective demographic categories. The uninsured rate in Pend Oreille County was lower than Washington State.

In Pend Oreille County for the 2015-2019 ACS estimate period, 18.5% of the population had a disability. Disability includes those with hearing, vision, cognitive, ambulatory, self-care, or independent living difficulties. Among those with a disability, 51.7% were 75 years of age or older. Overall, Pend Oreille County had higher disability rates than the state.

Uninsured Rate Over Time



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2701

Percent of Uninsured, 2015-2019

BY AGE

	Pend Oreille County	WA State
0-17 years	5%	2.8%
18-34 years	8.7%	9%
35-64 years	0.4%	0.6%
65+ years	5.8%	6.3%
Total	5%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2701

BY SEX

	Pend Oreille County	WA State
Female	5.1%	5.4%
Male	6.6%	7.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2701

BY RACE

	Pend Oreille County	WA State
White	4.7%	5.3%
Black or African American	0%	7.4%
American Indian and Alaska Native	20.7%	14.3%
Asian	19.2%	4.9%
Native Hawaiian and Other Pacific Islander	0%	10.5%
Some other race	20.7%	23.7%
Two or more races	4.8%	5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2701

Percent of Population with a Disability by Age, 2015-2019

	Pend Oreille County	WA State
Under 5 years	0%	0.7%
5-17 years	5%	5.3%
18-34 years	9.6%	6.7%
35-64 years	19.3%	12.7%
65-74 years	24.5%	25.3%
75+ years	51.7%	50.3%
Total	18.5%	12.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2701

INCOME AND POVERTY

Estimates of median household income were based on the U.S. Census Bureau’s American Community Survey (ACS) estimates for 2015-2019 and census data from 2010. These model-based estimates may differ from other median household income data developed from the Washington State Office of Financial Management’s State Population Survey, Bureau of the Census estimates, or other sources.

The projected median household income in Pend Oreille County for 2019 was \$43,025, compared to \$74,992 statewide. The median household income has been increasing since 2018. For the 2015-2019 ACS estimate, approximately 17.8% of individuals in the county lived below 125% federal poverty level (FPL), and 34.2% lived below 200% FPL. The proportion of Pend Oreille County residents living in poverty (below 200% FPL) was higher than the statewide proportion (25.6%).

Median Household Income Over Time



Source: Washington State Office of Financial Management – Median Household Estimates by County, February 2019

Median Household Income Estimates

	Pend Oreille County	WA State
2008	\$ 37,680	\$ 57,858
2009	\$ 37,467	\$ 55,458
2010	\$ 37,005	\$ 54,888
2011	\$ 37,234	\$ 55,500
2012	\$ 37,755	\$ 56,444
2013	\$ 42,043	\$ 57,284
2014	\$ 39,886	\$ 60,153
2015	\$ 41,111	\$ 63,439
2016	\$42,391	\$65,500
2017	\$ 49,720	\$ 68,550
2018	\$ 42,161	\$ 73,294
Preliminary estimate		
2019 Projection	\$ 43,025	\$ 74,992

Source: Washington State Office of Financial Management – Median Household Estimates by County, February 2019

Individuals Living at or Below 100% FPL by Age Group, 2015-2019

	Pend Oreille County	WA State
<18	15.1%	13.6%
18-64 Years	14.5%	10.6%
65+ Years	6.8%	7.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1701

Population Living at or Below Various FPL, 2015-2019

	Pend Oreille County	WA State
50% FPL	7.4%	5%
125% FPL	17.8%	14.2%
150% FPL	24.3%	17.8%
185% FPL	30.4%	23.2%
200% FPL	34.2%	25.6%
300% FPL	55.5%	40.9%

Disclaimer: Percentages do not add up to 100% because categories may overlap. Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1701

Families with Children Living at or Below 100% FPL, 2015-2019

	Pend Oreille County	WA State
All families	8%	6.9%
Married-couple families	5.5%	3.4%
Single mothers	22.9%	22.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1702

Individuals Within Race and Hispanic Ethnicity Categories Living at or Below 100% FPL, 2015-2019

	Pend Oreille County	WA State
White	13.3%	9.5%
Black or African American	44.7%	20.4%
American Indian and Alaskan Native	5%	22.3%
Asian	10%	9.3%
Native Hawaiian and other Pacific Islander	0%	15.3%
Some other race	4%	20.2%
Two or more races	6.8%	13%
Hispanic ethnicity	7.7%	18.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1701



EMPLOYMENT

Of the estimated 5,074 individuals in the civilian labor force in Pend Oreille County in 2019, there were 4,674 individuals employed. The average unemployment rate in Pend Oreille in 2019 was 7.9%, compared to 4.3% in Washington State.²

Occupation of the Civilian-Employed Population 16 Years of Age or Older, 2015-2019

	Pend Oreille County	WA State
Total	4,743	100%
Management, business, science, and arts occupations	1,611	34%
Sales and office occupations	825	17.4%
Service occupations	876	18.5%
Natural resources, construction, and maintenance occupations	733	15.5%
Production, transportation, and materials moving occupations	698	14.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2401

Compared to Washington State, Pend Oreille County had a higher proportion of workers in sales and office occupations. Pend Oreille County had a lower proportion of workers in natural resources, construction, and maintenance occupations.

Industry of the Civilian-Employed Population 16 Years of Age or Older, 2015-2019

	Pend Oreille County		WA State
Total	4,743	100%	100%
Educational services, and health care and social assistance	1,035	21.8%	21.5%
Construction	463	9.8%	6.8%
Retail trade	427	9%	11.6%
Arts, entertainment, and recreation, and accommodation and food services	410	8.6%	9.2%
Public administration	400	8.4%	5%
Manufacturing	394	8.3%	9.9%
Professional, scientific, and management, and administrative and waste management services	388	8.2%	13.2%
Transportation and warehousing, and utilities	362	7.6%	5.4%
Finance and insurance, and real estate and rental and leasing	261	5.5%	5.3%
Agriculture, forestry, fishing and hunting, and mining	236	5%	2.6%
Other services except public administration	191	4%	4.6%
Information	125	2.6%	2.2%
Wholesale trade	51	1.1%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2403

HOUSING

For the 2015 to 2019 ACS estimate period, there were an estimated 8,260 housing units in Pend Oreille County. Of those, 30.7% were vacant. The majority of occupied housing were owner-occupied (77.9%) while the remaining housing units (22.1%) were renter-occupied. The homeowner vacancy rate was 2.6%, while the rental vacancy rate was 7% during this period.

The proportion of occupied housing lacking complete plumbing facilities and complete kitchen facilities was slightly higher in Pend Oreille County compared to Washington State. In Pend Oreille County, 1.2% of occupied housing lacked complete plumbing facilities and 1.5% lacked complete kitchen facilities. This is compared to only 0.4% of occupied housing in Washington State lacking complete plumbing facilities and 1% of occupied housing lacking complete kitchen facilities.³

In 2020 Quarter 4, the median price of homes in Pend Oreille County was \$256,700 compared to \$460,300 in Washington State. Estimates of median home prices vary greatly in smaller areas. The median price of home sales in

Pend Oreille County varied between \$188,500 to \$256,700 between 2018 Quarter 4 and 2020 Quarter 4. Housing affordability slightly decreased in Pend Oreille County while slightly increasing in Washington State. Housing affordability was estimated based on the National Association of Realtors' Housing Affordability Index, defined as the ability of a middle-income family to carry the mortgage payments on a median price home. Housing was consistently more affordable in Pend Oreille County than Washington State.⁴



Year Housing Units were Built, 2015-2019

	Pend Oreille County		WA State
Total Housing Units	8,260	100%	100%
Built 2014 or later	81	1%	3.5%
Built 2010 to 2013	270	3.3%	3.5%
Built 2000 to 2009	1,346	16.3%	15.4%
Built 1990 to 1999	1,259	15.2%	16.9%
Built 1980 to 1989	992	12%	13.1%
Built 1970 to 1979	1,475	17.9%	15.8%
Built 1960 to 1969	610	7.4%	9.3%
Built 1950 to 1959	911	11%	7.5%
Built 1940 to 1949	389	4.7%	4.8%
Built 1939 or earlier	927	11.2%	10.2%

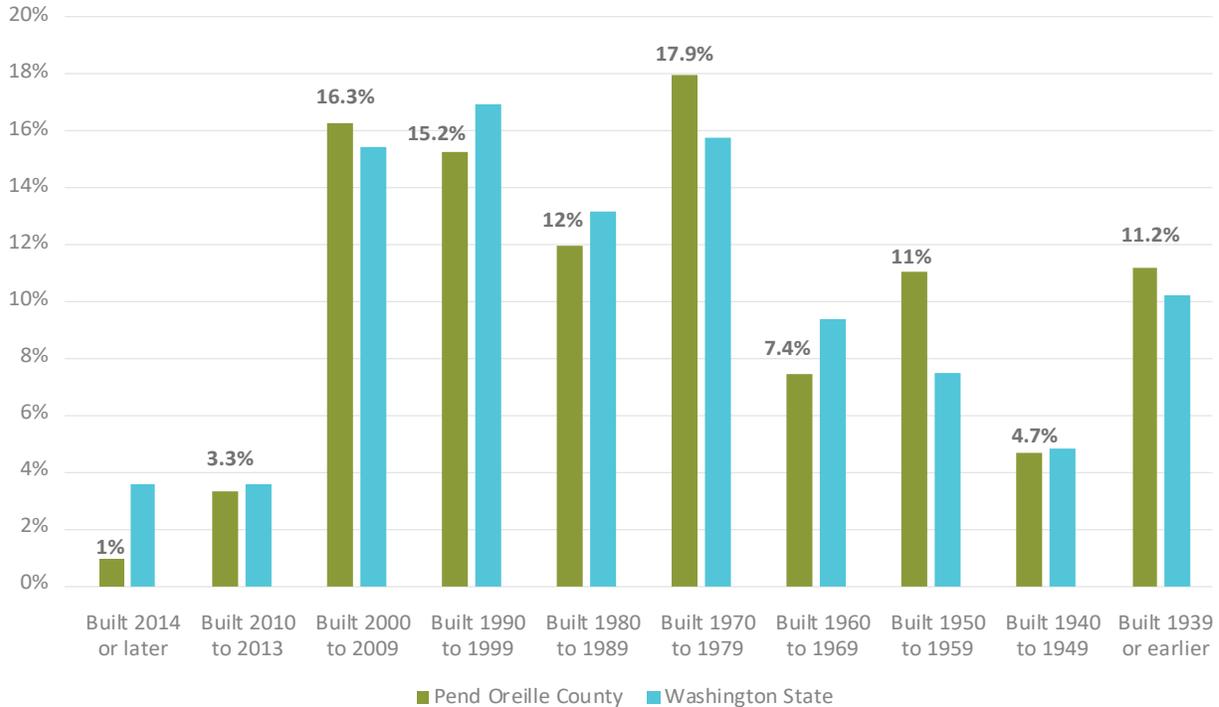
Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table DP04

House Heating Fuel in Occupied Housing, 2015-2019

	Pend Oreille County		WA State
Total Housing Units	5,727	100%	100%
Electricity	105	1.8%	3.9%
Wood	109	1.9%	55.8%
Utility gas	3,849	67.2%	3.1%
Bottled, tank, or LP gas	9	0.2%	1.7%
Other fuel	0	0%	0.6%
Fuel oil, kerosene, etc.	1,589	27.7%	34.5%
Coal or coke	0	0%	0.1%
Solar energy	96	1.7%	0.4%
No fuel used	20	0.3%	0%

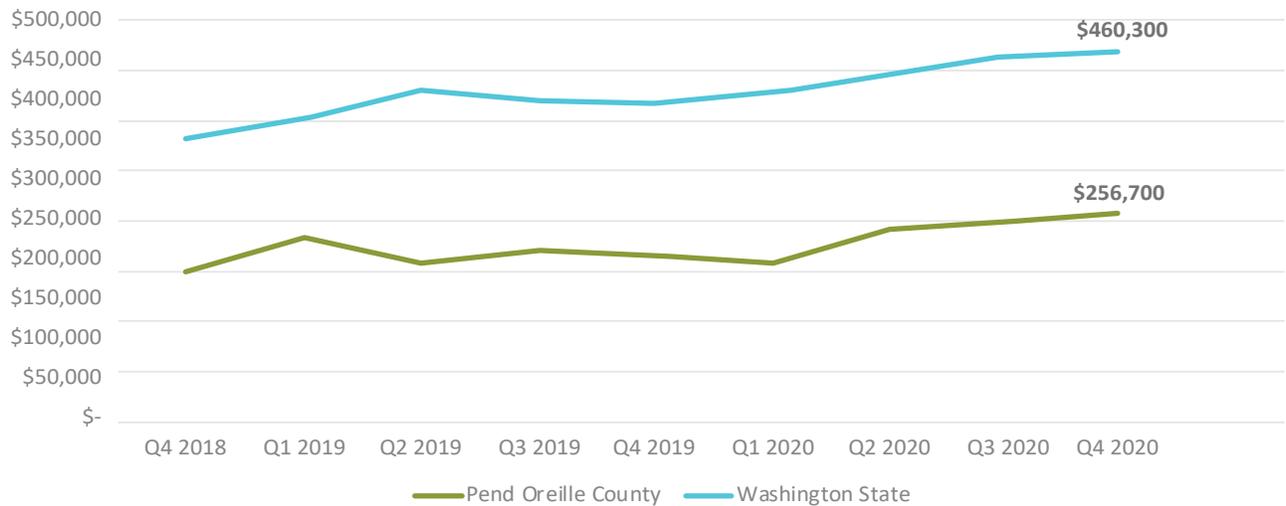
Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S2403

Age of Housing Stock, 2015-2019



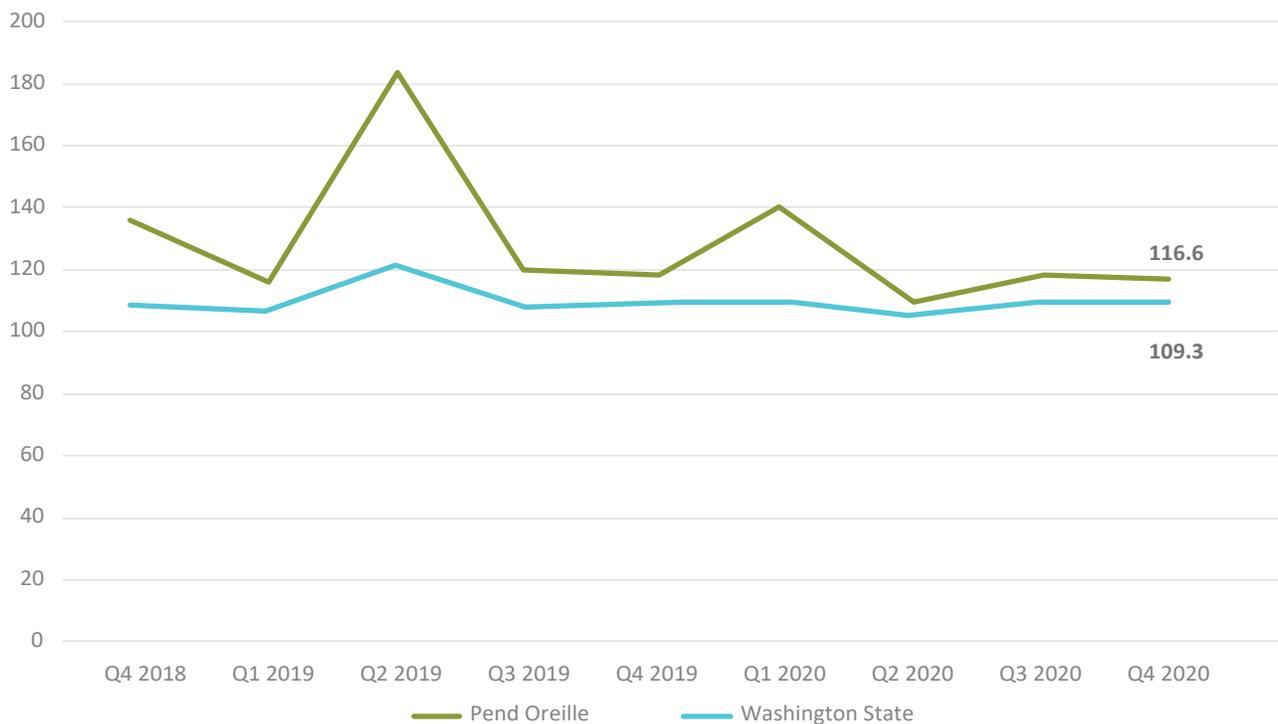
Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table DP04

Median Home Prices



Source: Runstad Center for Real Estate Studies, University of Washington. 2020 Q4

Housing Affordability Index



Source: Runstad Center for Real Estate Studies, University of Washington. 2020 Q4

Endnotes

1. Source: Washington State Office of Financial Management – Estimates of April 1, 2020 Population Density and Land Area by County
2. Source: Washington State Employment Security Department: Local Area Unemployment Statistics, accessed March 5, 2020.
3. Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table DP04
4. Source: Runstad Center for Real Estate Studies, University of Washington. 2020 Q4



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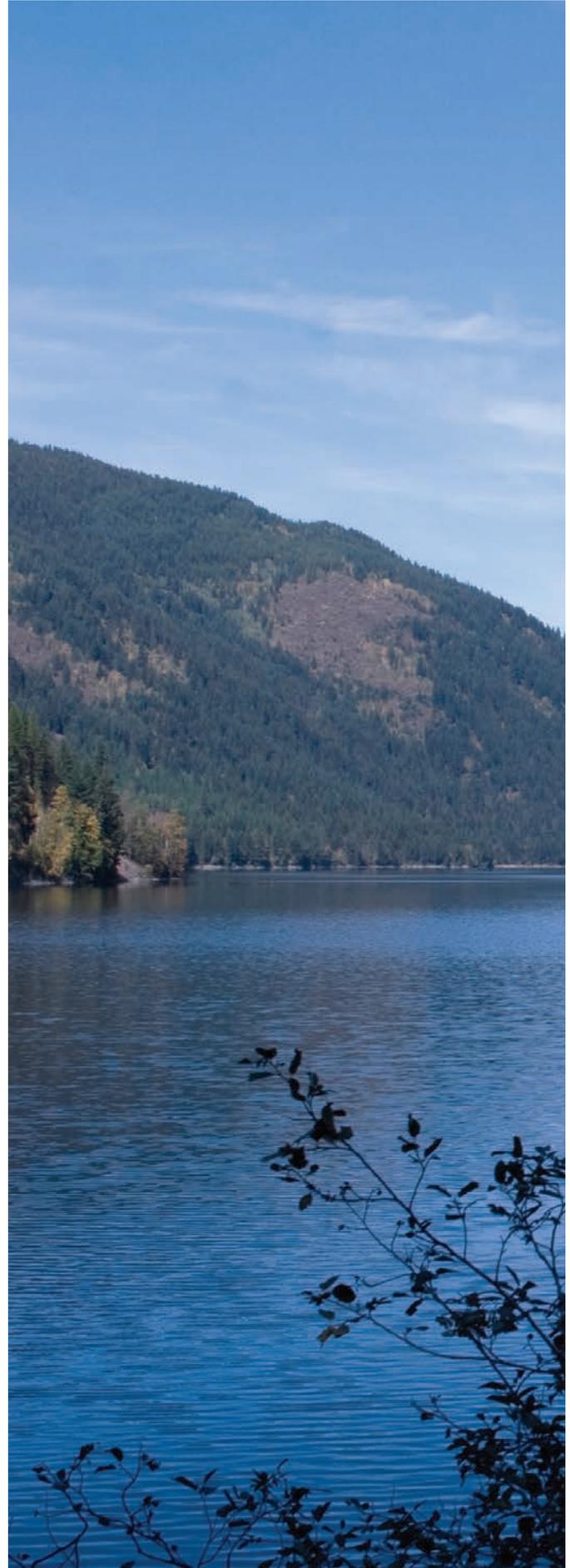
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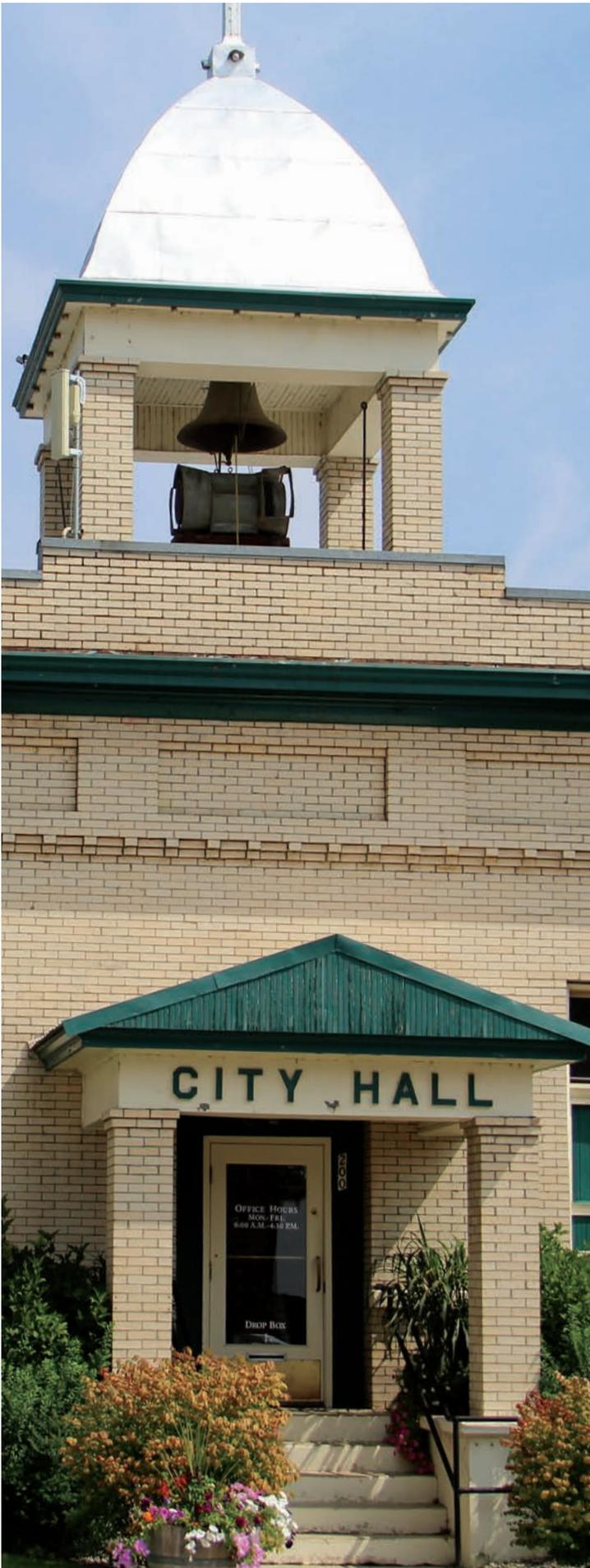
APPENDIX B

INDICATORS SUMMARY

Pend Oreille County, WA

2021





Data Center

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OVERVIEW

Pend Oreille County Indicators Summary provides data demonstrating the health status of Pend Oreille County residents and some individual risk behaviors that contribute to health outcomes. The indicators in this report are used to monitor the population’s health and are updated as new data becomes available.

Pend Oreille County Indicators Summary demonstrates changes within Pend Oreille County over time and, when available, make comparisons between Pend Oreille County, Washington State, and the United States. Additionally, lower socioeconomic status is often associated with poorer health outcomes. When available and appropriate, health indicators were analyzed by age, sex, race, education, and income to identify disparities.

The information in this document provides the community and local agencies information on health issues and affected populations. The information may help direct health and social interventions to areas of greatest need and build support for health policies, as well as educate the public, community organizations, and policymakers on the community’s health and well-being.

Up-to-date data, reports, and other information can be found at countyhealthinsights.org/county/pend-oreille.

HIGH SCORE or NOT MEETING EXPECTATIONS	Indicator	Score
HIGH SCORE or NOT MEETING EXPECTATIONS	FLU SHOT (ADULT)	17.0
	DEPRESSION (YOUTH)	16.0
	FOOD INSECURITY (YOUTH)	16.0
	INSURED (ADULT)	16.0
	MAMMOGRAM	16.0
	PRESCHOOL IMMUNIZATION	16.0
	BULLIED (YOUTH)	15.0
	DIABETES (ADULT)	15.0
	OVERWEIGHT (YOUTH)	15.0
	SMOKERS (ADULT)	15.0
	WELL WATER	15.0
YEARS POTENTIAL LIFE LOST AGE 65	15.0	
INTERMEDIATE SCORE	CHILD ABUSE	14.0
	DEATHS	14.0
	ILLCIT DRUG USE (YOUTH)	14.0
	LIFE EXPECTANCY	14.0
	MARIJUANA USE (YOUTH)	14.0
	MATERNAL SMOKING	14.0
	OBESITY (ADULT)	14.0
	PHYSICAL ABUSE (YOUTH)	14.0
	BREASTFEEDING	13.0
	CHILDHOOD DISABILITY	13.0
	DENTAL CHECK-UP	13.0
	GENERAL HEALTH (ADULT)	13.0
	INFANT MORTALITY	13.0
	PERSONAL DOCTOR (ADULT)	13.0
	PHYSICAL ACTIVITY (ADULT)	13.0
	PHYSICAL ACTIVITY (YOUTH)	13.0
	SERIOUS MENTAL ILLNESS	13.0
	SEXUALLY TRANSMITTED INFECTIONS	13.0
	SIGMOIDOSCOPY/ COLONOSCOPY	13.0
	SMOKERS (YOUTH)	13.0
	TEEN IMMUNIZATION	13.0
	TOOTH LOSS (ADULT)	13.0
	VAPING	13.0
ASTHMA (YOUTH)	12.0	
CANCER	12.0	
FRUIT AND VEGETABLE INTAKE (YOUTH)	12.0	
LOW BIRTH WEIGHT	12.0	
PREGNANCY	12.0	
SCHOOL AGE IMMUNIZATION	12.0	
UNINTENTIONAL INJURY	12.0	
LOW SCORE or MEETING EXPECTATIONS	BINGE DRINKING (YOUTH)	11.0
	FALLS	11.0
	POOR MENTAL HEALTH (ADULT)	11.0
	STROKE (ADULT)	11.0
	SUICIDE	11.0
	ABORTION	10.0
	DOMESTIC VIOLENCE	10.0
	DRUG RESISTANT INFECTION	10.0
	PRETERM BIRTH	10.0
	VACCINE PREVENTABLE DISEASES	10.0
BINGE DRINKING (ADULT)	8.0	
FOOD AND WATERBORNE DISEASE	8.0	

ENVIRONMENTAL

Food and waterborne disease Disease rate for campylobacteriosis, E. coli, giardiasis, listeriosis, salmonellosis, and shigellosis.
Well water Proportion of population using a private water system.

HEALTH BEHAVIOR

Binge drinking (adult) Percent of adults who binge drank in the last 30 days (5+ for men, 4+ for women).
Binge drinking (youth) Percent of youth who had 5+ drinks in a row in the last 2 weeks.
Breastfeeding Percent of births where the mother initiated breastfeeding.
Fruit and vegetable intake (youth) Percent of youth who ate fruit and vegetables 5+ times per day.
Illicit drug use (youth) Percent of youth who used illicit drugs in the last 30 days.
Marijuana use (youth) Percent of youth in grades 6, 8, 10, and 12 who have used marijuana one or more times in the last 30 days.
Maternal smoking Percent of births where the mother smoked during pregnancy.
Physical activity (adult) Percent of adults doing 150 minutes or more of physical activity per week.
Physical activity (youth) Percent of youth physically active 60 min/day on 5+ days per week.
Smokers (adult) Percent of adults who smoke cigarettes.
Smokers (youth) Percent of youth who smoke cigarettes.
Vaping (youth) Percent of youth who used an e-cigarette or vape pen in the last 30 days.

HEALTH CARE

Dental check-up Percent of adults who visited the dentist in the last 12 months.
Insured (adult) Percent of residents currently with medical insurance.
Mammogram Percent of women 40 years of age or older who have had a mammogram in the last year.
Personal doctor (adult) Percent of adults with a personal doctor or healthcare provider.
Sigmoidoscopy/colonoscopy Percent of adults 50+ years of age who have ever had a colonoscopy or sigmoidoscopy.

HEALTH STATUS

Asthma (youth) Percent of youth who currently have asthma.
Cancer Incidence of new cases of cancer.
Childhood disability Percent of children with a disability.
Depression (youth) Percent of youth who felt so sad or hopeless almost every day for 2 weeks or more in a row, that they stopped doing some of their usual activities.
Diabetes (adult) Percent of adults who have been diagnosed with diabetes.
Food insecurity (youth) Percent of youth who had to skip or cut the size of a meal in the last year.
General health (adult) Percent of adults reporting their general health status as excellent or very good.
Obesity (adult) Percent of adults with a BMI=30+.
Overweight (youth) Percent of youth that are overweight or obese.
Poor mental health (adult) Percent of adults with 14+ days of poor mental health in the last 30 days.
Serious mental illness Percent of adults who scored 10 or more on the Kessler 6 questions to identify serious mental illness.
Stroke (adult) Percent of adults that ever had a stroke.

INFECTIOUS DISEASE

Drug resistant infection	Rate of inpatient hospitalizations with infection with drug-resistant microorganisms (V09 and MRSA, diag 1-9).
Flu shot (adult)	Percent of adults who received a flu immunization in the last 12 months.
Preschool immunization	Percent of children 19-35 months of age with complete vaccination records on file in the Child Profile Immunization Registry (4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella, 4-PCV).
School age immunization	Vaccination personal exemption rate among school age children.
Sexually transmitted diseases.....	Rate of reported cases of chlamydia, gonorrhea, syphilis, and human immunodeficiency virus.
Teen immunization	Percent of youth 13-17 years of age with complete vaccination records on file in the WA Immunization Information System (WAIIIS) (1-Tdap, 1-MCV, 1-HPV).
Vaccine preventable diseases.....	Rate of cases of haemophilus influenza, acute hepatitis A, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and meningococcal disease.

INJURY AND VIOLENCE

Bullied (youth).....	Percent of youth that have been bullied in the last 30 days.
Child abuse	Rate of accepted CPS referrals for abuse or neglect among children 0-17 years of age.
Domestic violence	Rate of DV offenses reported to law enforcement.
Falls.....	Rate of hospitalizations for a fall.
Physical abuse (youth).....	Percent of youth who report an adult ever physically hurt them on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury.
Suicide	Rate of deaths from suicide.
Unintentional injury	Rate of unintentional injury hospitalizations.

REPRODUCTIVE HEALTH

Abortion	Percent of pregnancies that are terminated by an induced abortion.
Low birth weight	Percent of births with a birth weight <2500g.
Pregnancy.....	Rate of births, abortions, and fetal deaths.
Preterm birth.....	Percent of births with an estimated gestation age <37 weeks.

SUMMARY MEASURES OF HEALTH

Deaths	Rate of deaths from all causes.
Life expectancy.....	Number of years an individual is expected to live from birth.
Years Potential Life Lost Age 65	Number of years of potential life lost due to death before age 65 years.

	Measure	Trend score	Nat score	State score	HP 2030 score	Disparities score	Magnitude score	Total score (missing = 2)
Environmental								
Food & Waterborne Disease	7.4 per 100,000	2		1		1	0	8.0
Well Water	67%	2		3			4	15.0
Health Behavior								
Binge Drinking (Adult)	9%	1	1	2	1	1	2	8.0
Binge Drinking (Youth)	8%	2		2	2	1	2	11.0
Breastfeeding	89%	2		3	1	1	4	13.0
Fruit & Vegetable Intake (Youth)	19%	2		2		1	3	12.0
Illicit Drug Use (Youth)	13%	2		2	3	3	2	14.0
Marijuana Use (Youth)	13%	3		2		2	3	14.0
Maternal Smoking	12%	1		3	3	2	3	14.0
Physical Activity (Adult)	64%	2		2	1	2	4	13.0
Physical Activity (Youth)	70%	2		1		2	4	13.0
Smokers (Adult)	20%	2	3	2	3	2	3	15.0
Smokers (Youth)	7%	2		3	1	3	2	13.0
Vaping (Youth)	18%			2		2	3	13.0
Health Care								
Dental Check-up	59%	2		2	1	2	4	13.0
Insured (Adult)	91%	2	3	2	3	2	4	16.0
Mammogram	42%	3	3	2	3	1	4	16.0
Personal Doctor (Adult)	86%	2		1		2	4	13.0
Sigmoidoscopy/Colonoscopy	74%	2		2	2	1	4	13.0
Health Status								
Asthma (Youth)	10%	2		2		1	3	12.0
Cancer	501.1 per 100,000	2	3	2		2	1	12.0
Childhood Disability	4%		2	2		3	2	13.0
Depression (Youth)	40%	3		2		3	4	16.0
Diabetes (Adult)	10%	2	3	2	3	2	3	15.0
Food Insecurity (Youth)	17%	2	3	3	3	2	3	16.0
General Health (Adult)	43%	2		2		1	4	13.0
Obesity (Adult)	34%	2	3	3	1	1	4	14.0
Overweight (Youth)	34%	2		2	3	2	4	15.0
Poor Mental Health (Adult)	10%	2	1	2		1	3	11.0
Serious Mental Illness	3%	3		2		2	2	13.0
Stroke (Adult)	5%	2		2		1	2	11.0
Tooth Loss (Adult)	16%	2		2			3	13.0

INDICATORS SUMMARY

	Measure	Trend score	Nat score	State score	HP 2030 score	Disparities score	Magnitude score	Total score <i>(missing = 2)</i>
Infectious Disease								
Drug-Resistant Infection	63.5 per 100,000			2		1	1	10.0
Flu Shot (Adult)	36%	2	3	3	3	2	4	17.0
Preschool Immunization	40%	2		3	3		4	16.0
School-Age Immunization Exemption	6%	1		3			2	12.0
Sexually Transmitted Infections	302.8 per 100,000	3	3	1		3	1	13.0
Teen Immunization	18%	1		3			3	13.0
Vaccine-Preventable Diseases	7.4 per 100,000	1					1	10.0
Injury & Violence								
Bullied (Youth)	35%	2		3		2	4	15.0
Child Abuse	81.1 per 1,000	3		3	3		1	14.0
Domestic Violence	8.3 per 1,000	1		2			1	10.0
Falls	464.4 per 100,000	2		3		2	0	11.0
Physical Abuse (Youth)	29%	2		3		1	4	14.0
Suicide	22.4 per 100,000	2	3	2	3	1	0	11.0
Unintentional Injury	1,026.7 per 100,000	2		3		2	1	12.0
Reproductive Health								
Abortion	7%	2		1		1	2	10.0
Low Birth Weight	7%	2	3	2		1	2	12.0
Pregnancy	68.4 per 1,000	2		2		3	1	12.0
Preterm Birth	6%	2		2	1	1	2	10.0
Summary Measures								
Deaths	1,277.7 per 100,000	3		3		3	1	14.0
Infant Mortality	8.6 per 1,000	2	3	2	3		1	13.0
Life Expectancy	77.28		3	2		3		14.0
Years Potential Life Lost Age 65	6,405		3	3		3		15.0

Key

High Score or Not Meeting Expectations
 Intermediate Score
 Low Score or Meeting Expectations

Trend	(1) getting better	(2) no change	(3) getting worse		
Compared to WA	(1) POC better	(2) same	(3) POC worse		
Compared to US	(1) POC better	(2) same	(3) POC worse		
Compared to HP 2030	(1) POC better	(2) same	(3) POC worse		
Disparities (out of available demographic categories)	(1) none	(2) up to half	(3) more than half		
Magnitude (total population impacted)	(0) <0.01% (1/10,000)	(1) 0.01%-0.9%	(2) 1%-9.9%	(3) 10%-24.9%	(4) >25%



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