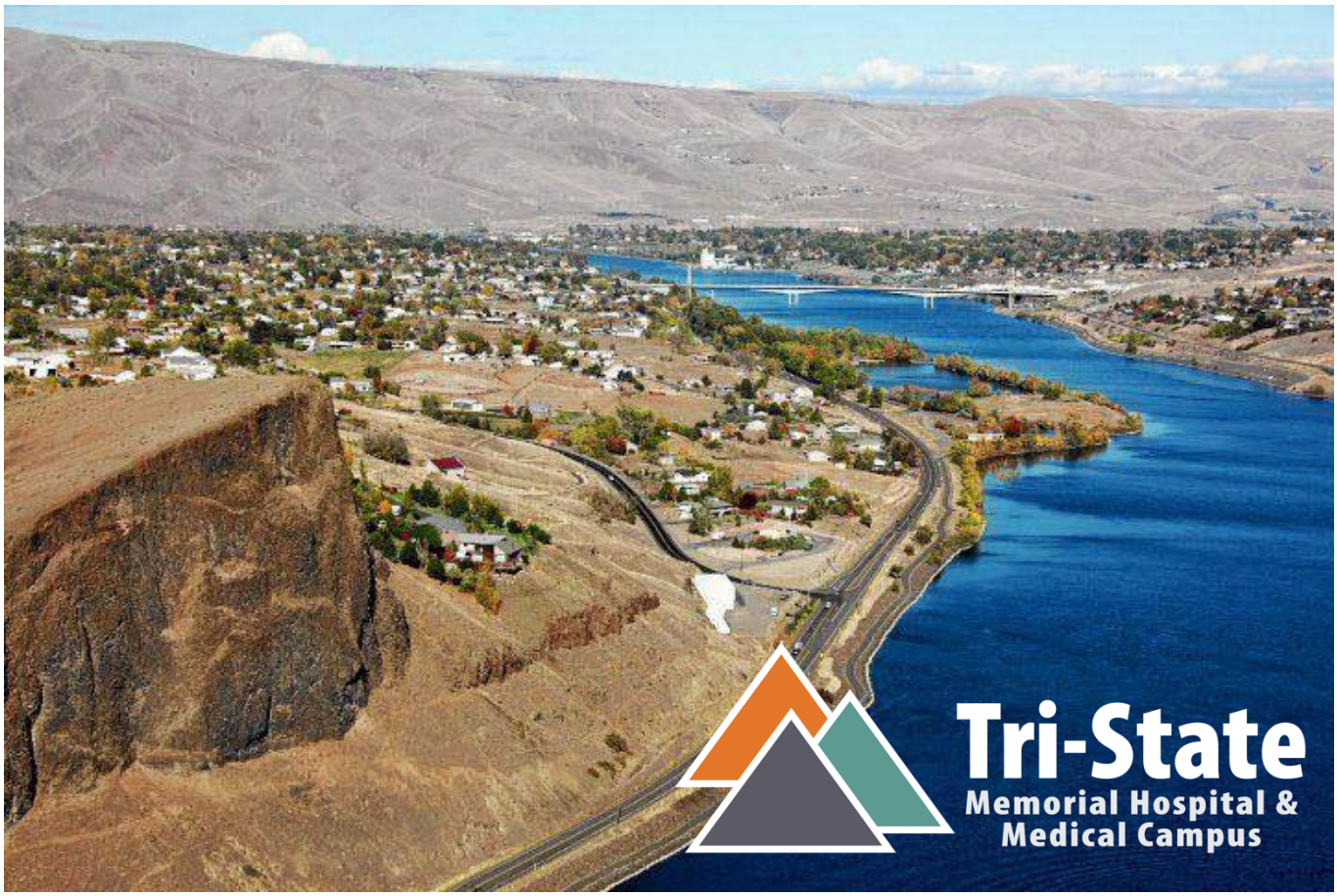


# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2019-2022

*ADOPTED BY BOARD OF DIRECTORS*
*DECEMBER 17, 2019*

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Tri-State
Memorial Hospital &
Medical Campus

## TRI-STATE OVERVIEW AND SERVICE AREA

Tri-State Memorial Hospital (TSMH) is a 25-bed critical access hospital located in Clarkston (Asotin County), Washington. TSMH plays a vital role in supporting the community's health, offering a range of services including inpatient care, 24-hour emergency services, primary and specialty care, laboratory, pharmacy, imaging, surgery and physical therapy. In addition, TSMH's specialty clinics and services include an end-stage renal disease facility, sleep lab, wound center, pain clinic and ambulatory surgery center.

TSMH is located in the Lewis-Clark Valley (the Valley), at the confluence of the Snake and Clearwater rivers in the Southeastern most corner of Washington State. The city of Clarkston is contiguous to the city of Lewiston in neighboring Nez Perce County in Idaho. TSMH serves residents of both Asotin County and adjoining Nez Perce County. Collectively, these two counties account for close to 80% of TSMH's patients and are considered the Service Area Community (Community) for purposes of this Community Health Needs Assessment (CHNA).

## CHNA METHODS AND DATA SOURCES

Information was compiled and analyzed from a multitude of sources to create a comprehensive understanding of the health, health status and health care needs of the service area. Demographics, health behaviors, mortality and access to health care were among the health status indicators examined. Specific data sources included, but were not limited to the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS): conducted by states on behalf of the Centers for Disease Control and Prevention, tracks health status and behaviors in community
- US Census and the American Community Survey (ACS): demographic data
- Washington Healthy Youth Survey and Idaho Youth Risk Behavior Survey: youth behavioral risk factor data
- United Way ALICE report: financial hardship data
- Robert Wood Johnson Foundation's County Health Rankings: health behaviors and socioeconomic factors

In addition, TSMH's 2019-2022 CHNA process was undertaken concurrent with, and sharing and using data from a number of local/regional community health needs assessment surveys, including:

- SE Washington Health Partnership
- Greater Columbia Accountable Communities of Health – Asotin County CHNA

In 2017, the Lewis-Clark Healthcare Foundation was formed and endowed with $25 million after the sale of St. Joseph Regional Medical Center (SJMC) in Lewiston, ID (in Nez Perce County and the Lewis-Clark Valley, part of the TSMH service area) to a for-profit entity. SJMC had been a partner in our previous CHNA work. The purpose of the Foundation is to benefit residents of the nine-county historical service area of the Hospital by supporting regional health needs. The work and expertise of the new Foundation was also considered in this CHNA update.

As part of our 2019-2022 CHNA, we both participated in, and supported the work of SE Washington Health Partnership and the Greater Columbia Accountable Communities of Health. Their findings and priorities informed our own process. Other organizations that contributed their time and perspectives to this CHNA through key informant surveys include: the City of Clarkston, City of Lewiston, the Asotin County Health District, local school districts, Twin County United Way, the Salvation Army-Lewiston, Northwest Children's Home, the YWCA, TSMH Family Practice Group, Lewis-Clark Valley Chamber of Commerce, the local behavioral health and aging and disability providers as well as other key employers and civic leaders in the Lewis-Clark Valley community.

Survey results demonstrate that key informants perceive:

- Great improvement in access to affordable primary care since 2016, and consensus that it continues to be a high priority for the 2019 implementation plan
- Great improvement in expansion and integration of behavioral health care into primary care since 2016, and consensus that it remains a high priority for the 2019 implementation plan
- No improvement in the impact of obesity and chronic diseases since 2016, and consensus that it continues to be a high priority for the 2019 implementation plan

Key informants were also given a list of community health issues to rank in order of importance, and the top three issues that informants perceived as the most urgent community needs are, in order of importance:

- Access to care/preventive health care
- Substance abuse
- Immunizations

Other health-related needs that they perceived as less urgent were childhood food insecurity and bullying.

## SUMMARY OF RESULTS

Based on the data, the key informant surveys, and the Board's consideration of TSMH's resources and expertise, TSMH has elected to continue to build off the 2016 CHNA priorities in our 2019-2022 priorities. We have selected as our overall priority ***Support individuals and families through access to care and comprehensive primary-care based preventive wellness programming.***

The top health needs/priorities selected by TSMH to address for 2019-2022 include:

**Table 1: 2019 Tri-State Memorial Hospital CHNA Priorities**

| | Program Priorities |
|---|---|
| **Top Need** | Community mental health: poor mental health days, suicide and opioid overdose deaths |
| **2nd Highest** | Primary Care, with specific focus on diabetes prevention and management and support of at-risk youth |

*Source: 2019 CHNA*

More information about the strategies under consideration to address these priorities is included later in this CHNA.

## 2016 CHNA AND ACCOMPLISHMENTS

TSMH's 2016 CHNA included input and support from St. Joseph Regional Medical Center, the Asotin County Health District, local school districts, tribes and other health providers, including behavioral health.

The 2016 CHNA identified significant health needs in the community in terms of health status, health behaviors and access to health services. After reviewing available data and convening the community and Public Health to discuss the data, the following community health needs were identified in 2016:

- Quality, accessible healthcare
- Greater health insurance coverage
- Behavioral/mental health for adolescents and adults
- Overweight/obesity, chronic diseases (such as diabetes and heart disease)
- Poor nutrition/access to healthy food
- Poor access to exercise options

Based on the hospital's expertise and resources, TSMH identified the following two CHNA priority focus areas and three broad strategies:

### #1 QUALITY, AFFORDABLE HEALTH CARE

- Ensure an adequate supply of affordable primary health care
  - Strategies: increase access to primary care by retaining current providers and recruiting new providers to the area.
- Expand and integrate behavioral health care
  - Strategies: train providers in behavioral health care and integrate behavioral health care screenings into usual primary care

### #2 SUPPORT HEALTHY CHILDREN, FAMILIES, AND SENIORS THROUGH EDUCATION AND PREVENTION PROGRAMS

- Reduce the impact of obesity and other chronic health conditions
  - Strategies: offer community education classes aimed at healthy lifestyles and managing health conditions, and disseminate education via active partnership with community

Related to focus area #1, over the past three years, TSMH expended considerable resources to expand access to care, with particular focus on behavioral health. TSMH now employs both an Addiction Specialist and a Psychiatrist and has established a dedicated behavioral health clinic. The Clinic and providers offer comprehensive evaluation and treatment of substance use and mental health conditions including:

- Medication-Assisted Treatment (MAT) for alcohol and substance use disorder
  - MAT combines behavioral therapy and medications to treat substance abuse disorders, including opioid use disorders. MAT provides treatment for the entire patient.
- Psychiatric care for all ages - including pediatric and adolescent
- Detoxification both in-patient and out-patient
- Pharmacotherapy for addiction and mental health

The lag time between data collection and the new CHNA cycle makes current 3-year trend data difficult to source, but the most recent data show only a slight difference in the number of poor mental health days experienced by Asotin County adults when compared to Washington adults, and no statistically significant difference in the proportion of Asotin County youths that experience depression and suicidal thoughts vs. Washington youths that experience the same

In addition, the same data shows that the ratio of population to primary care providers has slightly increased/worsened in Asotin County since 2010; however, the ratio of population to primary care providers in Asotin County is lower/better than the same ratio in Washington and the nation overall.

In terms of focus area #2, TSMH expanded its prevention programming and classes and is in process of establishing a Diabetes Prevention Program. However, obesity remains a persistent chronic condition in Asotin and Nez Perce Counties, and yet nearly 100% of Asotin adults report easy access to exercise opportunities, a potential asset for upcoming diabetes and chronic disease strategies.

## THE TRISTATE COMMUNITY

Close to 80% of TSMH's patients reside in either Asotin County, Washington or Nez Perce County, Idaho, and as such this region is the is the community of focus for this CHNA. The community, as seen in Table 2, has a current population of more than 62,000 people.

**Figure 1: Service Area Map**


## DEMOGRAPHICS

Demographic factors greatly impact health status, health care usage and access to health care services. In the Tri-State service area, 94% of the population is white, and 1 in 5 people are over the age of 65; about 14% of people in the service area live in poverty.

**Table 2: Demographic Overview**

| | Asotin | Nez Perce | Total/Average |
|---|---|---|---|
| Population estimates, 2017 | 22,259 | 40,014 | 62,273 |
| Median income per person (in 2017 dollars), 2013-2017 | $29,659 | $29,906 | $29,783 |
| Median household income (in 2017 dollars), 2013-2017 | $47,483 | $51,804 | $49,644 |
| Persons in poverty<br>% below federal poverty level | 13.5% | 14.4% | 14.1% |
| Persons under 18 years | 20.8% | 21.5% | 21.2% |
| Persons 65 years and over | 21.6% | 19.% | 20.0% |
| White persons | 96.5% | 92.4% | 93.9% |
| Persons without health insurance under age 65 years | 8.0% | 10.1% | 9.2% |

*Source: US Census*

# HEALTH OVERVIEW

## SOCIAL DETERMINANTS OF HEALTH

The 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 and families. As seen in Table 3, both Asotin and Nez Perce counties have higher rates of poverty. The percentage of people experiencing severe housing problems and violent crime rate are well below Washington state averages.

**Table 3: Social Determinants of Health**

| | Asotin | Nez Perce | WA |
|---|---|---|---|
| Persons with high school education or higher (%) (9th grade cohort that graduates in four years) | 78% | 85% | 79% |
| Persons in poverty (%) | 14% | 14% | 12% |
| Persons with severe housing problems (Households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities) (%) | 14% | 12% | 18% |
| Violent crime (incidents rate per 100,000 people) | 211 | 145 | 294 |

*Sources: US Census American Community Survey and County Health Rankings*

Growing up in poverty can harm children over the life course. As seen in Table 4, 1 in 5 children in Asotin County lives in poverty—with a significantly higher percentage in Asotin County than in Nez Perce.

**Table 4: Percent of Children in Poverty**

| | Nez Perce | ID | Asotin | WA |
|---|---|---|---|---|
| Children in poverty<br>Percent of children under age 18 in poverty | 16% | 18% | 21% | 14% |

*Sources: County Health Rankings, US Census American Fact Finder*

## PHYSICAL AND MENTAL HEALTH RISK FACTORS AND OUTCOMES

For overall health outcomes of residents, with 1 being the county with the best health outcomes in a state, Asotin County ranks 24 out of 39 counties in Washington and Nez Perce ranks 15 out of 42 in Idaho in the County Health Rankings. These rankings demonstrate that Nez Perce is in the top-third of Idaho counties, while 60% of Washington's Counties do better than Asotin.

Data in Table 5 (page 9) demonstrate foundational health behaviors and mental and physical health outcomes. Because the community is small, true differences in rates of disease and conditions are difficult to detect. Our data show that community residents have similar rates of excessive drinking compared to Washington rates, but appear more likely to smoke, be physically inactive, obese, to have diabetes, and to have a greater number of poor mental health days.

**Table 5: Adult Health Behaviors and Health Outcomes, 2019**

| | Asotin | Nez Perce | Washington | Asotin trend since 2012 |
|---|---|---|---|---|
| **Health Behaviors** | | | | |
| Smoking cigarettes | 16% | 15% | 14% | * |
| Excessive drinking | 18% | 17% | 18% | * |
| Physical inactivity | 22% | 22% | 16% | * |
| **Health Outcomes** | | | | |
| Obese | 32% | 32% | 28% | ↑ |
| Diabetes | 12% | 10% | 9% | → |
| Heart disease death rate (per 100,000 population) | 81.4 | 155.4 | 137.2 | ↓ |
| **Mental Health Outcomes** | | | | |
| Poor mental health days | 4.1 | 3.8 | 3.8 | * |
| Drug overdose deaths (per 100,000 population) | 27 | 17 | 15 | → |
| Suicide deaths (rate per 100,000 population) | 26 | 40-59.9** | 15 | data not available |

*Source: County Health Rankings; Washington State Department of Health, CDC Diabetes Interactive Atlas, Idaho Department of Health, Greater Columbia Accountable Communities of Health – Asotin County CHNA*
**reporting method changed so trend data not possible to show*
***actual 5-year rate is between 40-59.9 suicide deaths per 100,000 population*

Troublingly, the rate of suicide in both Asotin and Nez Perce Counties is much higher than in Washington state overall, indicating a need for increased focus on mental health and wellness.

Asotin County youth appear to confront significant mental and physical health challenges. While the data are too small to show a true statistically significant difference between Asotin 10th graders and overall Washington 10th graders, it appears that, in the last year, over 40% of Asotin 10th graders felt depressed, and nearly a third contemplated suicide. The proportion of youths using e-cigarettes/vape pens has risen dramatically in Asotin County since 2012, mirroring state and national trends, and the rate of obesity among Asotin adolescents has also risen since 2012.

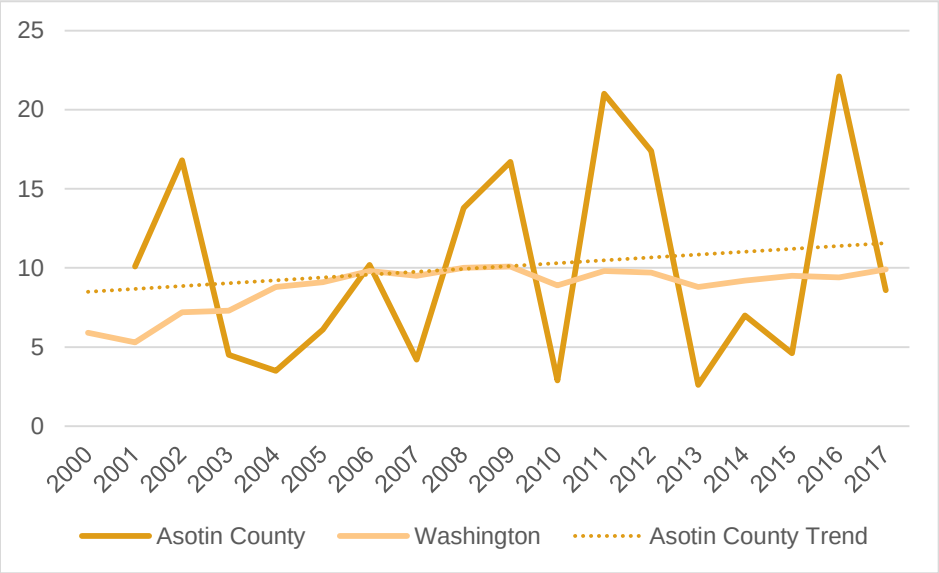
**Table 6: Youth Health Risks and Outcomes, 2018**

| | Asotin | Washington | Idaho* | Asotin trend since 2012 |
|---|---|---|---|---|
| Suicidal ideation | 32% | 23% | 22% | → |
| Depressed | 42% | 40% | 35% | → |
| Bullied | 25% | 19% | 26% | → |
| Obese | 15% | 14% | 26% | ↑ |
| Physically inactive | 10% | 15% | ** | → |
| Drink alcohol | 25% | 19% | 27% | → |
| Smoke cigarettes | 8% | 5% | 9% | ↓ |
| Use e-cigarettes/vape pens | 33% | 21% | 14% | ↑ |

*Source: Washington State Healthy Youth Survey, 2018; Idaho Youth Risk Behavior Survey, 2017*
**9th, 10th, 11th, 12th grades combined in Idaho; Asotin & Washington are 10th grade alone*
***not available*

The opioid epidemic has wrought painful consequences in Asotin County, which, while fluctuating between years due to small "n's" does trend with higher rates of deaths from opioid overdoses than Washington state overall. In Nez Perce County, the 2017 rate of overall drug overdose deaths was 17 per 100,000 population, compared with 27 per 100,000 population in Asotin County.

**Figure 2: Opioid Overdose Death Rate, 2000-2017**




*Source: Washington State Department of Health*

Key informants perceived primary care access, a critical factor in diabetes prevention and management, and mental health and substance use/abuse care as urgent needs in the community.

## CLINICAL CARE FACTORS

Access to affordable, quality, and timely health care can prevent disease by detecting and addressing health concerns early. Understanding clinical care in our community helps us understand how we might improve the health of our neighbors.

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

Despite these advances, many individuals do not have access to a primary care provider or health insurance. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Out of 39 Washington counties, Asotin is ranked 5th in its clinical care outcomes by the Robert Wood Johnson Foundation, meaning that our community receives very good clinical care relative to most Washington counties. Out of 42 ranked counties in Idaho (Clark and Camas excluded), Nez Perce is ranked 10th in its clinical care outcomes—again, a bright spot in our relative performance. Despite these strengths, our key informants perceived access to affordable health care as an urgent, ongoing need in our community.

Idaho's Medicaid expansion has lagged (starting January 2020), and so uninsured rates in Nez Perce remain higher than those of Asotin and Washington. Among Medicare enrollees, residents of Nez Perce appear to suffer greater consequences from lack of quality primary care in the form of high numbers of preventable hospital stays. The rates of flu vaccination and mammography screening among Medicare enrollees appear similar across the service area and states.

Unvaccinated children and adults in a community can put infants, children, pregnant women, cancer patients, and the elderly at risk of serious disease and even death. 1 in 5 Asotin County kindergartners are not fully vaccinated, and in Nez Perce County, as many as 59% of students at some schools may not be fully vaccinated.

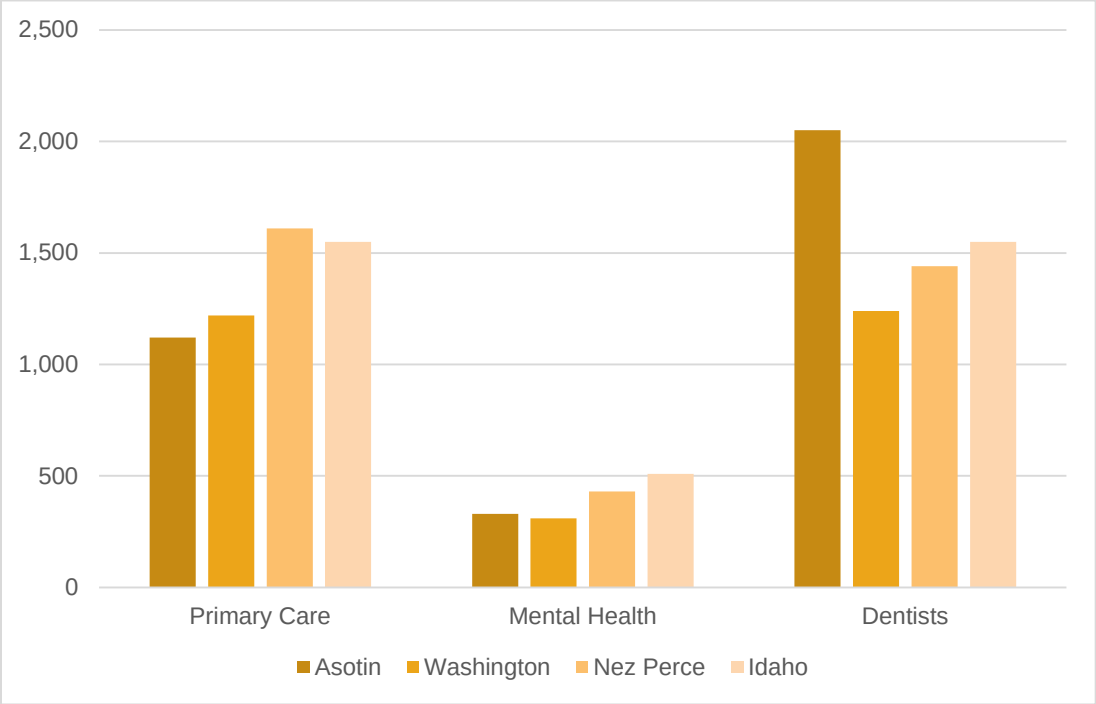
**Table 7: Access to Health Care**

| | Asotin | Washington | Nez Perce | Idaho |
|---|---|---|---|---|
| Uninsured (%) | 7% | 7% | 11% | 12% |
| Preventable Hospital Stays (rate of stays per 100,000 Medicare enrollees) | 2,676 | 2,914 | 3,168 | 2,696 |
| Flu vaccination | 43% | 44% | 42% | 39% |
| Mammography screening | 44% | 39% | 42% | 39% |

*Source: County Health Rankings*

The availability of care providers impacts the ability of area residents to access adequate medical, mental health, and dental care. According to Figure 3, the ratio of the population to primary care and mental health care in Asotin County is similar to Washington overall, while there appears to be a significant shortage of dentists in Asotin County relative to all other areas. Despite these relatively positive data, key informants continued to perceive access to health care as a major priority for the TSMH service area, and high rates of diabetes, suicide, and drug/opioid overdose deaths indicate additional community needs in access to care and wellness services.

**Figure 3. Ratio of Population to Providers**




*Source: County Health Rankings*

## COMMUNITY HEALTH ENVIRONMENT FACTORS

### ACCESS TO FOOD AND EXERCISE OPPORTUNITIES

The lack of consistent access to a nutritious, balanced, sufficient amount food is called “Food Insecurity,” and is related to negative health outcomes such as weight gain and premature mortality. In addition to assessing the consistency of food availability in the past year, the food insecurity measure also measures the access of individuals and families to balanced meals. The consumption of fruits and vegetables is important, but it is equally important to have reliable access to a sufficient amount of food. In the Tri-State service area, it appears that nearly 1 in 5 children are food-insecure, and over 1 in 10 people overall, similar levels to Washington.

In addition to food insecurity, the ability to access healthy food options and areas to exercise influences health on a population level. As Table 8 shows, both Asotin and Nez Perce counties appear to have less access to healthy food, but Asotin residents report plenty of access to exercise opportunities, while not necessarily indicating that they are utilizing these opportunities.

**Table 8: Community Health Environment Factors**

| | Nez Perce | ID | Asotin | WA |
|---|---|---|---|---|
| Food insecure people | 13% | 12% | 13% | 12% |
| Food insecure children | 17% | 16% | 20% | 17% |
| Food environment index measure ranging from 0 (worst) to 10 (best) | 7.9 | 7.2 | 7.7 | 8.1 |
| Access to exercise opportunities (% of the population with adequate access to locations for physical activity) | 61% | 78% | 98% | 87% |

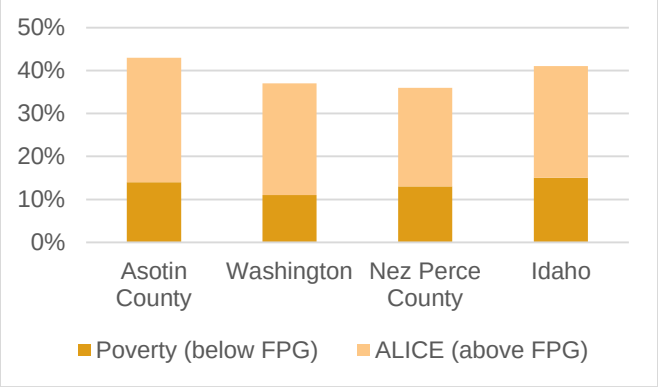
*Source: Feeding America, County Health Rankings*

## ALICE HOUSEHOLDS

ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE is a new way of defining and understanding households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. Despite being employed, these households struggle to afford their basic needs - housing, food, transportation, childcare, health care, and necessary technology.

Figure 4 shows that the proportion of families that are employed and struggling to make ends meet is high in both Asotin and Nez Perce Counties. Over a third of the Tri-State service area is either living in poverty or cannot afford a basic household budget.

**Figure 4: Poverty and ALICE Households, 2016**




*Source: United Way ALICE Report*

## KEY INFORMANTS

After considering and using data and findings from the 2017-2019 Tri-State CHNA, the SE Washington Health Partnership, the Greater Columbia Accountable Communities of Health – Asotin County CHNA and Lewis-Clark Healthcare Foundation, TSMH surveyed key informants to better understand which issues were most urgent to our community. Those surveyed represented civic leaders, the Health Department, United Way, local School Districts, the lead behavioral health organization serving the County, Aging and Adult Services, community organizations, business leaders and clinicians.

**Table 9: Key Informants Participating in the 2019 CHNA**

| Organization | Role |
|---|---|
| City of Clarkston | Mayor and Chief of Police |
| City of Lewiston | Mayor and Chief of Police |
| Asotin Co. Health District | Community Health Educator |
| Twin County United Way | Executive Director |
| Salvation Army – Lewiston | President |
| Northwest Children's Home | Director of Operations and Development |
| YWCA | Director of Community Engagement |
| TSMH Family Practice | Primary Care Provider |
| LC Valley Chamber of Commerce | Business |
| Asotin County | Commissioners |
| Nez Perce County | Commissioners |
| Lewiston School District | Superintendent |
| Clarkston School Board | President |
| Clarkston School Board | Vice President |
| Clarkston School Board | Directors |
| Quality Behavioral Health | Coalition Coordinator |
| Aging/Disability Resource Center | Asotin County Director |
| Tri-State Behavioral Health Clinic | Physicians |
| Interlink | Director |

Survey results from 29 respondents demonstrate that key informants perceive:

- Great improvement in access to affordable primary care since 2016, and consensus that it continues to be a high priority for the 2019 implementation plan
- Great improvement in expansion and integration of behavioral health care into primary care since 2016, and consensus that it remains a high priority for the 2019 implementation plan
- No improvement in the impact of obesity and chronic diseases since 2016, and consensus that it continues to be a high priority for the 2019 implementation plan

Key informants were also given a list of community health issues to rank in order of importance, and the top three issues that informants perceived as the most urgent community needs are, in order of importance are:

- Access to care/preventive health care
- Substance abuse
- Immunizations

## 2019 - 2020 COMMUNITY NEEDS AND PRIORITIES

This CHNA demonstrates that there continue to be significant health needs in the community, particularly related to behavioral health/health behaviors, primary care/preventive care, and at-risk children/adolescents.

After consideration of the secondary data and key informant surveys, along with consideration of our resources, expertise and the other assets in the service area, the top health needs/priorities selected by TSMH to address for 2019-2022 include:

**Table 10: 2019 Tri-State Memorial Hospital CHNA Results, 2019**

| Assessed Needs | Health Status |
|---|---|
| **Top Need** | Community mental health: poor mental health days, suicide and opioid overdose deaths |
| **2nd Highest** | Diabetes prevention and management |

*Source: 2019 CHNA*

Based on the data, the key informant surveys, and the Board's consideration of TSMH's resources and expertise, TSMH has elected to continue to build off the 2016 CHNA priorities in our 2019-2022 priorities. We have selected as our overall priority ***Support individuals and families through access to care and comprehensive primary-care based preventive wellness programming.***

Specific strategies carried over from 2017-2019 include

- Recruit additional primary care providers
- Continue growth of behavioral health services
- Develop and offer lower cost means of accessing care (i.e. virtual care)
- Partner with community organizations to educate, inform and support youth and adults around healthy living

The final IRS regulations (published in the Federal Register on December 31, 2014) allow hospitals an additional four and a half months to adopt an implementation strategy. These regulations specifically require an authorized body of the hospital facility to adopt an implementation strategy to meet the health needs identified through a CHNA on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. TSMH will use this allowed time to develop an implementation plan that supports its CHNA priorities.

Additional strategies for consideration and implementation in 2020-2022 will be finalized in our Implemental Plan. Strategies being considered include

Enhanced mental/behavioral health strategies:

- Recruit additional mental health care providers, including mid-level providers
- Improve rate of screening for mental health and substance abuse disorders in primary care, and rate of referrals for mental health/substance abuse disorders
- Partner with local organizations to implement community-based suicide prevention strategies

Children and Youth

- Work with partners to implement strategies to reduce childhood food insecurity, including food backpacks in schools and in-kind donations to local food banks
- Work with schools and local businesses to implement and evaluate anti-vaping campaigns and toolkits