



Tri-State
Memorial Hospital &
Medical Campus



Community Health Needs Assessment

ADOPTED BY BOARD OF DIRECTORS DECEMBER 12, 2016

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Introduction/Overview

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 offers a number of specialty clinics and services including 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 Idaho. We serve residents of both Asotin County and adjoining Nez Perce County, Idaho. Collectively, these two counties account for close to 80% of TSMH's patients and are considered our Service Area Community (Community) for purposes of this Community Health Needs Assessment (CHNA).

Methodology

Beginning in late 2015, numerous organizations throughout the Valley came together to develop a Valley-wide Community Needs Assessment (CNA) focusing on health, education and income. In addition to TSMH, organizations including Public Health, United Way and St. Joseph Regional participated or otherwise supported the effort encompassing five counties in North-Central Idaho and Asotin County, Washington. Nearly 1,700 respondents provided input via a survey, and dozens of individuals provided input through community conversations and board meetings. A final report was published in mid-2016.

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
- Enroll America: percentage of population without health insurance

Figure 1 summarizes the top three needs identified by category from the CNA Health, Education & Income survey:

Figure 1: 2016 Valley-wide Community Needs Assessment

Assessed Needs	Health	Education	Income
Top Need	Overweight/ obesity & chronic Diseases (diabetes, heart Disease, obesity)	Post high school/ college opportunities	Affordable housing
2nd Highest	Health insurance	Tutoring for at-risk	Food assistance
3rd Highest	Mental health	Before & after school options	Managing finances/ Employment assistance

Source: 2016 CNA– Health Education & Income survey

Using the data and findings from the 2016 Valley-wide CNA, TSMH conducted four community forums in August 2016 and convened a group of community leaders in October 2016. More information about our specific community convening and the priorities identified is included later in this CHNA.

Our Community

Close to 80% of TSMH’s patients reside in either Asotin County, Washington or Nez Perce County, Idaho, and as such is the Community of focus for this CHNA. The Community, as seen in Figure 3, has a current population of more than 62,000 people.

Demographics

Demographic factors have a strong effect on health status, health care usage and access to health care services. About 92% of the population is white, with 20% over the age of 65. 16% live below the federal poverty level.

Figure 2: Service Area Map



Figure 3: Community Key Demographics

People QuickFacts July 1, 2014 (Unless otherwise indicated)	Asotin	Nez Perce	Total/Average
Population estimates, July 1, 2015	22,105	40,048	62,153
Median income per person (in 2014 dollars), 2010-2014	\$24,836	\$24,570	\$24,703
Median household income (in 2014 dollars), 2010-2014	\$42,689	\$46,608	\$44,649
Persons in poverty % below federal poverty level	16%	15%	16%
Persons under 18 years	21%	22%	22%
Persons 65 years and over	21%	19%	20%
Female persons	52%	51%	52%
White persons	94%	90%	92%
Persons without health insurance under age 65 years	15%	16%	16%

Source: 2016 Community Needs Assessment – Health Education & Income; US Census

Social Determinants

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 Figure 4, both Asotin and Nez Perce counties have higher rates of poverty, and Asotin has a lower rate of high school graduation. The percentage experiencing severe housing problems and violent crime rate are well below Washington State averages.

Figure 4: Social Determinants of Health

Metric	Asotin	Nez Perce	WA State
Socio-Economic Characteristics			
Percent high school graduate or higher	88%	91%	90%
Persons in poverty % below federal poverty level	16%	15%	13.5%
Percent with severe housing problems (Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)	12%	12%	18%
Violent crime rate per 100,000	192	151	301

Source: American Community Survey and County Health Rankings

The Valley-wide CNA also reported on children living in poverty. As depicted in Figure 5, the rate in Asotin County is significantly higher than in Washington State or neighboring Idaho.

Figure 5: Percent of Children in Poverty

County Health Rankings	Nez Perce	ID State	Asotin	WA State
Children in poverty				
Percent of children under age 18 in poverty	18%	19%	24%	18%

Source: County Health Rankings

2013 CHNA and Accomplishments

TSMH's 2013 CHNA was undertaken in close partnership with the Asotin County Health District, local school districts, tribes and other health providers, including behavioral health.

Our 2013 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 2013:

- Quality, accessible health care
- Reduce uninsured and assure adequate supply of primary care
- Increase behavioral health resources
- Expand patient centered medical homes
- Increase the supply of and affordability of housing
- Increase behavioral health resources
- Provide support and education for children, adolescents and teens on healthy lifestyles
- Provide education to support asthma prevention
- Increase access to healthy foods and healthy lifestyles to reduce obesity, diabetes and other chronic health care conditions

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

#1 Increasing Access to Affordable Health Care

Increase access to affordable health care by supporting active enrollment in Medicaid expansion and Exchange.

#2 Reducing the Impact of Obesity and Other Chronic Health Conditions

Providing/partnering with community organizations to develop community education classes aimed at healthy lifestyles and managing health conditions.

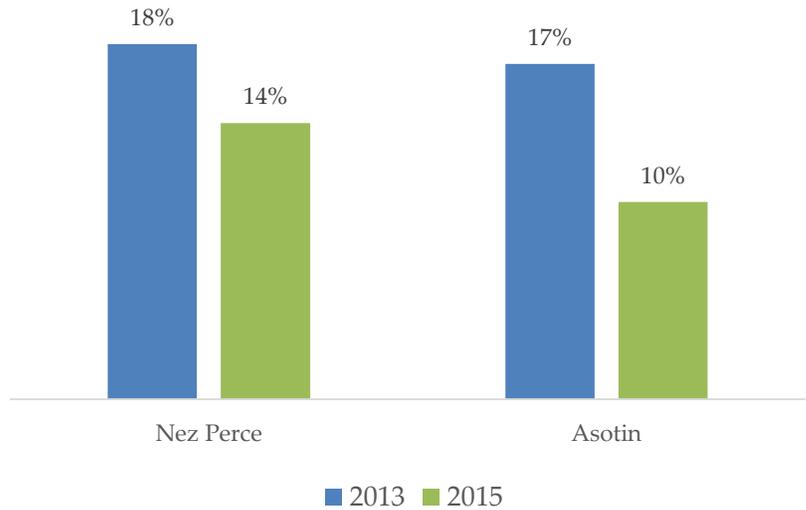
In terms of access to affordable care, Washington State is a Medicaid expansion state, while Idaho is not, though it does operate a State-based exchange. In terms of accomplishments, in Washington State we were able to significantly improve the number of Asotin County residents that have insurance by training and supporting in-person assisters to enroll and support the sign up of residents for both Medicaid and commercial health insurance. Since early 2014, more than 2,000 Asotin County residents have been enrolled. Figure 6 depicts that the uninsured rate in Asotin County has decreased by more than 41% since 2013. The rate in Nez Perce has declined as well, but not by the degree seen in Asotin.

In an additional effort to enhance access, TSMH successfully recruited a number of new primary care and specialty providers and worked on processes within our clinics to reduce wait times for new patient appointments. We also consolidated all primary care into a single location in June of 2015, received NCQA accreditation and placed a care coordinator in the emergency department to monitor frequent users and coordinate appropriate primary care.

Related to reducing the burden of chronic disease, the rates of obesity, diabetes, heart disease, asthma, etc. remain above the State average. While there is still much work to do, we developed and hosted more than 30 community education events.

Also, and at the request of Asotin Health Department, TSMH now provides 100% of all Asotin County immunizations and works in partnership with the Health Department to increase immunization rates to necessary community levels to prevent risk of outbreak. For example, we host back to school health events to help families get their children caught up on required vaccines.

Figure 6: Uninsured Rate, Nez Perce and Asotin Counties



Source: Enroll America

Health Status

Behavioral Risk Factors

Asotin County ranks 22 out of 39 counties in Washington State and Nez Perce ranks 26 out of 42 in Idaho in the County Health Rankings. These relatively low rankings mean that the service area has significantly higher rates of health risks compared to many other counties.

Data in Figure 7 shows detailed behavioral risk data from the Centers for Disease Control and Prevention (CDC). Community residents have significantly lower rates of heavy drinking and lower rates of depression when compared to the State. However, the rates of obesity, heart disease, asthma, and suicide are above Washington State average. For diabetes prevalence, Asotin County had the highest rate of all 39 counties in Washington State.

Figure 7: Service Area County Health Rankings, 2016

Metric	Asotin	Nez Perce	WA State	Trend Since 2012
Behavioral Risk Factors				
Percent Obese	32%	32%	27%	Worsened
Percent Diabetic	17%	--	8%	Stasis
Percent with a Past Heart Attack	10%	--	6%	--
Percent with Asthma	14%	--	10%	--
Percent who Binge Drink (5 more drinks in one session)	16%	17%	20%	Stasis
Mental Health				
Percent with Depressive Disorder (Ever told you have a depressive disorder)	20%	--	22%	--
Suicide Rates	24%	31%	16%	--

Source: County Health Rankings; Washington State Department of Health
 Shading Indicates Comparison to the State (Red-Worse, Green- Better). – Not available for Idaho counties.

The Valley-wide CNA looked at obesity, access to healthy food and access to exercise options. As Figure 8 depicts, both Asotin and Nez Perce counties have higher rates of adult obesity and lower rates of access to exercise opportunities.

Figure 8: Obesity, Healthy Food and Exercise Factors

Health Factors by County	Nez Perce	ID State	Asotin	WA State
Adult obesity Percent of adults that report a BMI >= 30	32%	28%	32%	27%
Food environment index measure ranging from 0 (worst) to 10 (best)	7.4	7.1	7.3	7.5
Access to exercise opportunities % of the population with adequate access to locations for physical activity	79%	75%	73%	88%
Diabetic monitoring — Percent of diabetic Medicare enrollees that receive HbA1c screening	84%	82%	82%	86%

Source: 2016 Community Needs Assessment – Health Education & Income; County Health Rankings

Behavioral health—both mental health and substance abuse—was identified as a major issue in TSMH’s 2013 CHNA, and affirmed as a continuing concern in our 2016 community convening. Figure 9, excerpted from the 2016 Valley-wide CNA notes in particular that, while poor mental health days do not differ considerably from either Washington State or Idaho overall, suicide rates are significantly higher.

Figure 9: Behavioral Health Factors

Health Factors by County	Nez Perce	ID State	Asotin	WA State
Poor mental health days Average number of mentally unhealthy days reported in past 30 days	3.6	3.7	3.5	3.4
Excessive drinking Binge plus heavy drinking	17%	18%	16%	20%
Mental health providers Ratio of population to mental health providers	470:1	460:1	520:1	380:1
Suicide rates (per 100,000) 5-year avg. annual rate 2010-2014	30.8	18.8	24.0*	15.9

Source: 2016 Community Needs Assessment – Health Education & Income; County Health Rankings

**Washington State Department of Health, Suicide Deaths in Washington, Sabel 2013 (2008-2012)*

Figure 10 depicts a number of measures from the Asotin County School District Healthy Youth Survey. These measures indicate that Asotin County adolescents have lower incidence rates of poor physical activity and alcohol use. However, suicide, depression, bullying, obesity, and tobacco use are above State averages. Data is aggregated for all school districts within Asotin County. Because data is not available at the county level for Idaho adolescents, state level data from the Idaho Youth Risk Behavior Survey is included for comparison.

Figure 10: Healthy Youth Survey Results, 10th Grade

Metric	Asotin	WA State	ID State*	Asotin Trend Since 2012
10th Grade Risk Factors				
Suicidal ideation	22%	20%	18%	Stasis
Depressed	42%	35%	30%	Stasis
Bullied	29%	23%	25%	Stasis
Obese	16%	11%	13%	Worsened
Poor physical activity	62%	76%	50%	Stasis
Drink alcohol	22%	21%	26%	Improved
Smoke cigarettes	9%	8%	8%	Improved

Source: Washington State Healthy Youth Survey, 2014; Idaho Youth Risk Behavior Survey, 2015
 Shading Indicates Comparison to the State (Red-Worse, Green- Better). – Not available for Idaho counties.
 *Data not available at the County or School District level

Primary Data

Using data and findings from the 2016 Valley-wide CNA as a starting place, TSMH conducted four community forums in August 2016 and convened a group of community leaders in October 2016. At the August forums, attendees were asked to define “health” for themselves and their families.

Overwhelmingly, attendees noted that being healthy means good access to care where co-pays and deductibles are not a deterrent. Identified community health needs/concerns are noted in the text box to the right. .

In October 2016, TSMH convened a group of community and business leaders to discuss community health needs. The meeting was followed up with an online survey, asking respondents to identify their top five concerns and to select three strategies to address those concerns. The survey had a 44% response rate, with the top five concerns identified as:

1. Higher rate of depression for adolescents
2. Poorer nutrition for adolescents
3. Higher rate of obesity for adolescents
4. Higher rate of suicide for adults
5. Higher rate of suicide for adolescents

The top three strategies were:

1. Community-based programs that partner with schools to focus on both diet and physical activity to prevent obesity in children
2. Partnerships with the schools to provide behavioral health support
3. Reduce the impact of obesity and other chronic health conditions through active partnerships with community organizations

Findings from Community Forums:

1. There was widespread consensus that the Valley, while having good primary care providers, simply does not have enough—timely access to care was a significant identified concern.
2. The lack of specialists was also a concern. There was real interest in more specialty services being offered locally and in reducing travel to Spokane (a distance of more than 100 miles).
3. Affordability of health care was identified as a deterrent to access.
4. Improved access to healthy food and exercise options.
5. A significant and growing behavioral health problem was also noted.

Findings and CHNA Priorities

This CHNA demonstrates that there continues to be significant health needs in the Community, particularly related to poverty, access, health status, behavioral health and at-risk children/adolescents. Figure 11 compares results from the three different 2016 CHNA convenings:

Figure 11: Community Convening Results

Rank	TSMH Community Forums	TSMH Community Leaders	2016 Valley-wide CHNA
#1	Access/ shortage of primary care	Behavioral health for adolescents	Overweight/obesity chronic diseases (diabetes, heart disease, obesity)
#2	Need for more specialists locally	Poor nutrition/obesity for adolescents	Health insurance
#3	Affordability of health care	Behavioral health for adults	Mental health
#4	Improved access to healthy food and exercise options		
#5	High behavioral health needs		

Based on the data, the various community convenings and the Board’s consideration of TSMH’s resources and expertise, TSMH has elected to continue to build off the 2013 CHNA priorities in our 2017-2019 priorities. We have selected as our overall priority *Support healthy families and community by reducing barriers to timely, affordable care.*

Specific strategies include:

- Recruit additional primary care providers
- Continue to implement processes that improve clinic effectiveness and support access
- Integrate behavioral health into primary care
- Evaluate a student health center to address needs of school-age children
- Use technology to improve access to specialty care
- Reduce costs and offer lower cost means of accessing care (i.e. virtual care)
- Create activities for adolescents 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.