



2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth Southwest Medical Center Community Health Board

Table of Contents

I. Executive Summary	1
II. Prior CHNAs: Implementation Plan Progress and Accomplishments	4
III. State, Regional and Community CHNA Context.....	7
IV. Overview of the PeaceHealth Southwest Service Area.....	9
V. Health Status	12
VI. PeaceHealth System Defined System Level Gaps	27
VII. Community Input and Convening	31
VIII. Next Steps:.....	33



I. Executive Summary and Key Takeaways

Overview

PEACEHEALTH

Caring for those in our communities is not new to PeaceHealth. It has been a constant since the Sisters of St. Joseph of Peace, PeaceHealth's founders, arrived in Fairhaven, Washington, to serve the needs of the loggers, mill workers, fishermen and their families in 1890. Even then, the Sisters knew that strong, healthy communities benefit individuals and society, and that social and economic factors can make some community members especially vulnerable. The Sisters believed they had a responsibility to care for the vulnerable, and that ultimately, healthier communities enable all of us to rise to a better life. This thinking continues to inspire and guide us toward creating a better future for the communities we serve.

Today, PeaceHealth is a 10-hospital, integrated, not-for-profit system serving communities in Alaska, Washington and Oregon. PeaceHealth is a Catholic healthcare ministry with a Mission to *carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.*


PeaceHealth has embraced the Community Health Needs Assessment (CHNA) process as a means of realizing our Mission and engaging and partnering with the community in identifying disparities and prioritizing health needs. We also align our work to address prioritized CHNA needs.

PEACEHEALTH SOUTHWEST MEDICAL CENTER

PeaceHealth Southwest Medical Center (PeaceHealth Southwest) is a 450-bed licensed acute care tertiary hospital in Vancouver, Washington. Among other programs and services it offers a comprehensive array of general acute care and specialty services including advanced Heart & Vascular Care, Level II Trauma, OB and capabilities for high-risk pregnancies, a NICU, cyberknife center for the treatment of brain, spine and other tumors, stroke center, breast center, advanced imaging Services, 3D mammography, joint replacement, a neurosciences center and cancer care. With more than 275,000 patients annually, PeaceHealth Southwest is one of Clark County's largest employers with over 3,200 caregivers and more than 850 active medical staff. PeaceHealth Southwest provided \$35,463,000 in community benefit in 2018.

2019 CHNA PROCESS

PeaceHealth Southwest conducted its 2019 CHNA process in coordination with, and in awareness of, assessment updates and community convenings being conducted by community partners, including Clark County Public Health, Healthy Columbia Willamette, and the Southwest Washington Accountable Community of Health.



For this CHNA, both primary and secondary data were collected and analyzed. The input of key informants was solicited and a community open house in which needs were identified and prioritized was conducted. At various times throughout the nearly eight-month CHNA process, data, findings and input was shared with PeaceHealth Southwest's Community Health Board (CHB).


Key themes, gaps and needs that emerged during the process included:

- **Behavioral health including substance use/mental health:** More housing and supportive services for persons with complex behavioral health substance use disorder is needed.
- **Youth and adolescent health behaviors:** Tobacco, specifically vaping products is a significantly larger issue than in 2016.
- **Child and family health:** There is a need to provide tools and resources to support children and youth to manage stress and anxiety and address mental health needs; increase immunization rates and reduce "opt outs;" expand the Nurse Family Partnership, support families at risk of eviction to remain housed; focus on ACES and build individual and community resiliency.
- **Healthcare delivery:** Provide care coordination and support for special populations including our aging residents and complex patients; integrate primary care and behavioral health.
- **Inclusion/equity:** Use community health workers to connect the County's underserved to health and social services. Increase health literacy.

The community's prioritization of the need is as follows. Note that two tied for #3:

- #1 - Access to behavioral health services and combating the opioid epidemic
- #2 - Affordable housing including service enriched housing
- #3 - Nutrition and food insecurity
- #3 - Engaging patients beyond the walls of the hospital to address factors that affect impact access and equity
- #4 - Cultural humility and inclusion
- #5 - Maternal child health and childhood development

The community's identified priorities directly align with the PeaceHealth System's identified four focus areas of need. These four focus areas were identified as common to each of the communities PeaceHealth serves across three States, and include:

- 
- Family and childhood well-being including nutrition and food insecurity
 - Affordable housing including service enriched housing
 - Healthcare access and equity; and
 - Behavioral health including the opioid epidemic

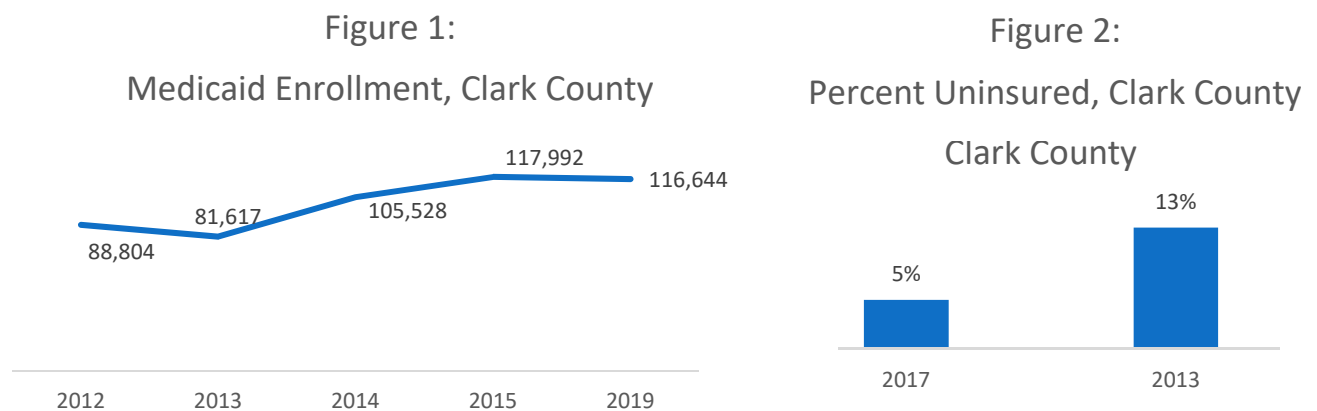
Of the identified community priorities, PeaceHealth Southwest has selected the following priorities:

- Access to behavioral health services inclusive of the opioid epidemic
- Affordable housing including service enriched housing
- Child and family well-being with a focus on food insecurity
- Engaging patients beyond the walls of the hospital to improve healthcare access, equity and inclusion

II. Prior CHNAs: Implementation Plan Progress and Accomplishments

This 2019 CHNA is the third CHNA developed by PeaceHealth Southwest since the implementation of the Affordable Care Act's CHNA requirement.

In 2013, access to healthcare and the lack of insurance coverage was selected as the major focus area. PeaceHealth was an active member of the community coalitions that were formed across the State for the purpose of helping people sign up for commercial health insurance and Apple Health, i.e. Medicaid. By any and all measures, and as depicted in Figures 1 and 2 below, these efforts were extremely successful, and continue to benefit the community.



In its 2016 CHNA, PeaceHealth Southwest selected four focus areas:

- Behavioral health
- Housing and support programs and emergency shelter
- Cultural humility and inclusion
- Maternal Child Health & Childhood Development

In adopting its Implementation Strategies, the PeaceHealth Southwest Community Health Board (CHB) considered the size of the population impacted, the needs in relation to hospital competencies and the types of community partnerships that would be required to advance the need and available resources. Note that in developing the implementation plan, the priority needs and identified initiatives under the care coordination focus area were targeted towards children, so those initiatives were rolled into the Maternal Child Health & Childhood Development focus area.

The final 2016 Implementation Plan is restated in Table 1. For each need, a set of initiatives was noted, as was a listing of potential partners. The expected degree of PeaceHealth engagement was framed in terms of “lead,” “co-lead” or “support.” While the work is ongoing, progress and accomplishments to date are summarized in the Table.

Table 1: PeaceHealth Southwest 2016 CHNA - Selected Priorities and Initiatives

	Initiatives	Target Populations	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Participate in SW WA RHA behavioral health and primary care integration discussions and implementation	Children, adults and seniors	SW WA RHA <i>PeaceHealth Southwest Role: Support</i>	Created a hospital-based opioid treatment network and participated in a Hub and Spoke treatment system in conjunction with partner Lifeline Connections. Developed program to immediately connect people with medication treatment and recovery services.
	Support creation of a behavioral health crisis triage and stabilization center	People with high behavioral health needs	SW WA RHA; Clark County Public Health Dept.; Legislators; others TBD <i>PeaceHealth Southwest Role: Co-Lead Support</i>	Funded Vancouver public Schools Foundation to support Eisenhower Elementary School CLEAR program to address ACES. Funded YWCA Independent Living Skills Program to support the needs of foster children transitioning into adulthood. Funded Share House's harm reduction program for homeless individuals who have substance use disorder.
Housing	Support programs that provide housing and emergency shelter for people who have physical or behavioral health conditions	People who have physical or behavioral health conditions and housing instability	Vancouver Housing Authority; Council for the Homeless; Share; Janus Youth Programs; WHO <i>PeaceHealth Southwest Role: Support</i>	Closed the funding gap for the construction of The Pacific apartments, 18 units for chronically homeless with chronic mental health and other disabilities.
	PeaceHealth Southwest Medical Center surplus food distribution.	Children, adults and seniors	<i>Share</i> and other food banks/ pantries TBD <i>PeaceHealth Southwest Role: Co-Lead</i>	Funded the Housing Diversion program provided by the Council for the Homeless.

Cultural Humility and Inclusion	Partner with Healthy Living Collaborative Community Health Worker program to reach out to vulnerable people needing social and health services	Children, adults and seniors	Healthy Living Collaborative (Lead); Free Clinic of SW WA; Clark County Public Health Dept.; Council for the Homeless; Vancouver Housing Authority; others TBD <i>PeaceHealth Southwest Role: Support</i>	Funded the Community Health Worker program provided by Council for the Homeless. Hosted a community roundtable discussion to build understanding and reach of community health worker work force.
Maternal Child Health & Childhood Development	Support sustainability and possible expansion of the Nurse Family Partnership Program led by Clark County Public Health Department, supported by community partners	Pregnant women, new mothers, babies to age two years and family	Clark County Public Health Dept. (Lead); Washington health plans; healthcare organizations; others TBD <i>PeaceHealth Southwest Role: Support</i>	Fully funded the Nurse Family Partnership program provided by Clark County Public Health for 2018, 2019, 2020. Funded YWCA Y's Care preschool program and supplemental family nutrition education program for low income families.

III. State, Regional and Community CHNA Context

PeaceHealth Southwest's 2019 CHNA process was undertaken within the context, and with the knowledge of other existing, recent or concurrent community health improvement planning efforts in the State, Region and County, including:

The Washington State Health Improvement Plan (2014-2018 *Creating a Culture of Health in Washington*) provides a statewide framework for health improvement efforts. This Plan will be updated again in 2020.



Clark County Public Health: The most recent Community Health Assessment (CHA) conducted in 2015, involved significant community involvement in selecting priorities. To be selected as a priority area, the health issue needed to be identified by the following criteria:

- Was identified by at least two of the three community engagement activities (i.e., Community Themes & Strengths Assessment, Local Community Health System & Forces of Change Assessment and Community Listening Sessions);
- Was identified as a health issue (with indicators) through the Health Status Assessment
- Was one of the top five most expensive issues in the metropolitan statistical areas in western U.S.†
- Has shown to improve as a result of at least one type of evidence-based practice



The following three priorities were selected

- Access to healthcare
- Behavior health (combination of mental health and substance abuse categories)
- Chronic disease (related to physical activity and healthy eating)

In addition, in 2016-2017, an assessment of people who are low-income was conducted by the Community Action, Housing and Development unit, or CHAD, of Clark County Community Services, with support from Clark County Community Action Advisory Board. Direct feedback from people and households with low incomes was collected through a comprehensive survey covering six areas of need. Nearly 1,200 responses were received, and as result of this process, three needs were identified as the most crucial in Clark County, ranked in order of importance:

- Food assistance
- Housing assistance, and
- Employment services

Southwest Washington Accountable Community of Health (SWACH), the regional Accountable Community of Health (ACH):



Its purpose is to improve community health and safety while advancing the Triple Aim: improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing per capita healthcare costs. In addition to Clark, SWACH includes Klickitat and Skamania counties.

ACHs are regional coalitions convened as part of the State's **Healthier Washington Initiative** in 2015. The State Health Care Authority (HCA) is supporting ACH development through guidance, technical assistance (TA), and funding. In late 2018 and in response to HCA's request, SWACH submitted a successful Project Plan portfolio for three project areas:

- Addressing the opioid crisis
- Coordinating care
- Clinical integration

PeaceHealth is participating in two projects with SWACH. This first is a Health Engagement Team to develop a Community Care Coordination pilot with three partners representing Supportive Housing, Behavioral Health, and a Federally Qualified Health Center to address individual needs with whole person care. The second project will create connections with community health workers for patients who live in the Rose Village Neighborhood and seek care in our Family Medicine Southwest primary care clinic.

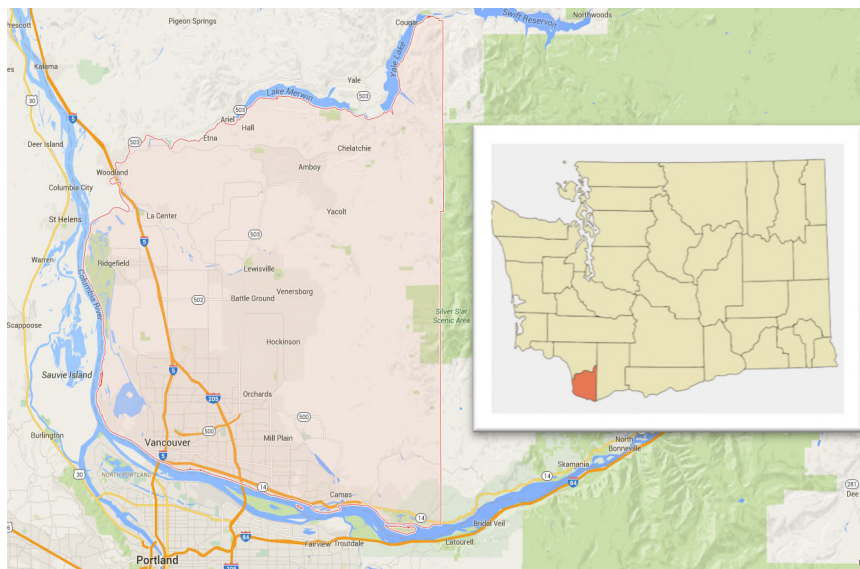
Healthy Living Collaborative of Southwest Washington (HLC): A program that focuses on shaping policy, improving health and amplifying community voices. With a strong commitment to health equity, HLC supports the development of a skilled Community Health Worker workforce, increasing availability of affordable housing and improving the health and stability of all residents in Southwest Washington by incorporating health considerations into decision making across all sectors, systems and policy areas to prevent and mitigate chronic disease and poverty.



IV. Overview of the PeaceHealth Southwest Service Area

DEMOGRAPHIC AND SECONDARY DATA

Nearly 84% of PeaceHealth Southwest's inpatients come from Clark County. At approximately 629 square miles, Clark County ranks 35th smallest out of 39th in land area and fifth largest in population with more than 480,000 residents. Vancouver is the largest city in the County representing nearly 37% of the County's population. The County has grown faster than the rest of the State for the majority of the past decade and is slightly younger than the rest of the State with 84.6% of its population under the age of 65.



CLARK COUNTY CURRENT DEMOGRAPHIC PROFILE

29,529 (6.2%) are preschoolers under five years old

133,837 (27.9%) are five-19 years old (compared to 18.7% statewide)

271,383 (56.7%) are adults age 20-64 (compared to 60.7% statewide)

73,740 (15.4%) are seniors age 65+ (compared to 14.4% statewide)

47,073 (9.8%) are Hispanic or Latino (compared to 12.3% statewide)

4,083 (0.9%) are American Indian and Alaska Native (compared to 3.0% statewide)

In terms of social determinants of health, Clark County has made significant progress, but continues to fare worse than the State in two measures, homelessness and access to nutritious foods.. Social determinants of health include access to social and economic opportunities; resources and supports available at home, neighborhoods and communities; the quality of schooling; the safety of workplaces; the cleanliness of water, food and air; and the nature of social interactions and relationships. In Clark County the impact of social determinants of health are reflected in, poverty rates, less access to nutritious food and higher rates of homelessness.

The County also has a higher percentage of ALICE households than the rest of the State. ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed families. The United Ways of the Pacific Northwest ALICE report summarizes the ALICE families as families that work hard and earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation and healthcare. Most do not qualify for Medicaid coverage.

In Clark County, 38% of all households are either in poverty or are ALICE households. This is similar to Washington state overall, wherein 37% of all households are either ALICE or in poverty.

SOCIOECONOMIC DETERMINANTS

High School Graduation Rate

Clark County = 92.0%

Washington state: 90.8%

Individuals Living Below the Federal Poverty Line

Clark County = 10.3%

Washington state: 12.2%

Median Household Income

Clark County = \$67,832

Washington state = \$66,174

% Without Reliable Access to a Sufficient Quantity of Affordable, Nutritious Food

Clark County = 12.4%

Washington state: 12.0%

Opioid Deaths per 100,000

Clark County = 8.4%

Washington state: 10.1%

Point in Time Homelessness Rate

Clark County = 1:602

Washington state: 1:346

Table 2: Clark County Poverty and Alice Households

	2010	2016
Clark County		
% ALICE	20%	30%
% Poverty	10%	8%
Total ALICE and Poverty	30%	38%
WA State		
% ALICE	22%	26%
% Poverty	12%	11%
Total ALICE and Poverty	34%	37%

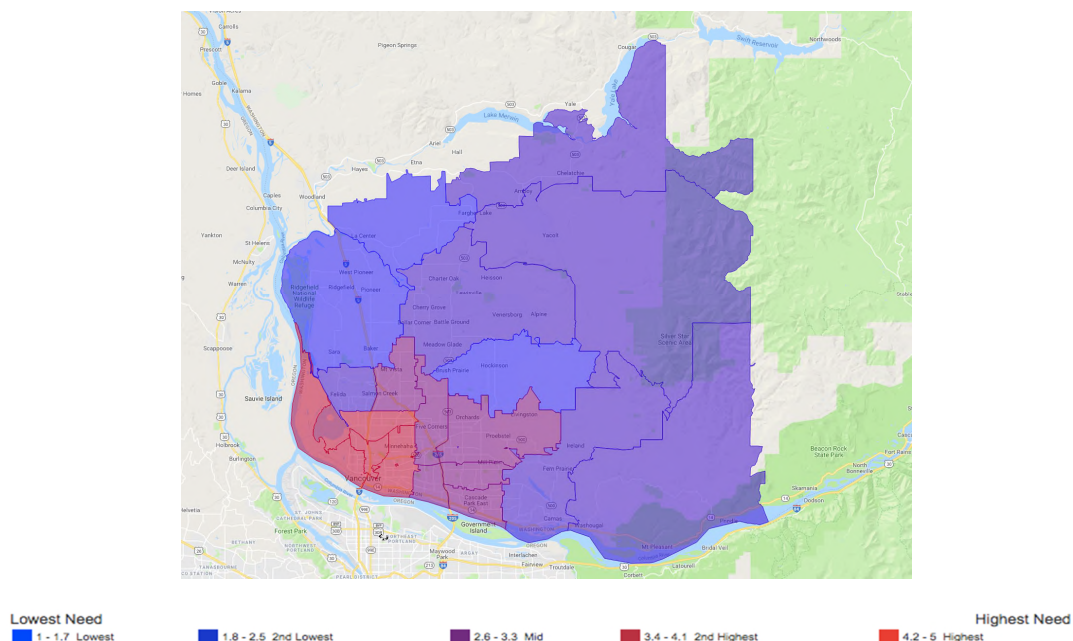
Table 3 provides data by each of the cities in the County, demonstrating disparities between cities on the social determinants of health throughout the County.

Table 3: Clark County Sociodemographic Profile by City

City	High school diploma (%)	Individuals living below the FPL (%)	Median Household Income	People over age 5 who are linguistically isolated
Battleground	92.3%	10.4%	\$64,888	5.7%
Camas	94.5%	3.7%	\$101,167	2.6%
La Center	96.3%	5.4%	\$88,173	2.2%
Ridgefield	96.3%	4.4%	\$93,958	6.1%
Salmon Creek	93.4%	9.8%	\$76,861	3.3%
Vancouver	90.3%	14.0%	\$55,593	8.4%
Washougal	93.7%	9.1%	\$76,998	2.0%
Woodland	86.7%	14.5%	\$63,933	10.6%
Yacolt	88.7%	11.2%	\$59,219	0.3%
Clark County	92.0%	10.3%	\$67,832	5.8%
Washington State	90.8%	12.2%	\$66,174	7.6%

The Community Need Index (CNI), a tool created by Dignity Health, measures a community's social and economic health on five measures: income, cultural diversity, education level, unemployment, health insurance and housing. The CNI demonstrates that within Clark County, there are pockets of higher and lower need:

Map 1: Clark County, WA Community Need Index Map, 2018



Source: Dignity Health

V. Health Status

The Health Status indicators identified in this section are from primary data from Robert Wood Johnson Foundation's (RWJF) *County Health Rankings*. RWJF's county health rankings data compare counties within each state on more than 30 factors. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Counties are ranked relative to the health of other counties in the same state.

This is a nationally recognized data set for measuring key social determinates of health and health status. RWJF measures and reports this data annually. The remaining data in this section is organized into four areas defined as priorities by the PeaceHealth System in 2018. These include:

- Family and childhood well-being including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

Data in this section is supplemented and expanded with sources from State, regional and local sources, including Behavioral Risk Factor Surveillance System; Washington Healthy Youth Survey; Washington Department of Health, Vital Statistics; US Census Bureau; The University of Washington's Alcohol and Drug Abuse Institute; Washington State WIC; Washington Office of the Superintendent for Public Instruction; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; Community Commons. Note: Most health-related data is not available at a level below the County. When data for the service area was available, they were used.

CLARK RWJF RANKING

The data in Table 4 tracks Clark County's progress on the RWJF's metrics. Clark County is generally in the top quartile. And, Clark County has made considerable improvement except for the physical environment. The greatest improvement is in social and economic factors.

Table 4: County Health Rankings 2011-2019
Ranking out of Washington's 39 Counties

<i>Measure</i>	'11	'12	'13	'14	'15	'16	'17	'18	'19	<i>Ranking Change 11-19</i>
Health Outcomes	9	8	11	10	14	12	14	9	11	-2 ↓
Mortality and Morbidity										
Length of Life										
<i>Premature death</i>	9	7	11	11	13	14	14	13	9	0
Quality of Life	13	14	10	13	14	14	15	8	8	+5 ↑
<i>Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight</i>										
Health Factors	18	21	17	15	14	14	12	12	12	+6 ↑
Clinical Care	25	22	22	23	23	24	17	21	19	+6 ↑
<i>Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings</i>										
Health Behaviors	17	18	16	12	14	13	13	12	12	+5 ↑
<i>Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, Chlamydia, Teen Birth Rate</i>										
Social and Economic Factors	17	20	17	11	14	10	10	9	10	+7 ↑
<i>High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support</i>										

Family and childhood well-being, nutrition and food insecurity



WHAT IS CHILD AND FAMILY WELL-BEING?

Child and family well-being is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and well-being later in life. Well-being is envisioned as a community where all pregnant women, infants, children, adolescents and families are well-fed, safe and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation and through the rest of their lives.

WHAT IS FOOD INSECURITY?

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Hunger and food insecurity are closely related, but distinct, concepts. Hunger refers to a **personal, physical sensation** of discomfort, while food insecurity refers to a **lack of available financial resources** for food at the level of the household. Poverty and food insecurity are closely related. In 2017, an estimated one in eight Americans were food insecure, including more than 12 million children.

According to Feeding America, children who do not get enough to eat - especially during their first three years - begin life at a serious disadvantage. When they're hungry, children are more likely to be hospitalized and they face higher risks of health conditions like anemia and asthma. And as they grow up, children struggling to get enough to eat are more likely to have problems in school and other social situations; they are more likely to repeat a grade in elementary school, experience developmental impairments in areas including language and motor skills and have more social and behavioral problems.

Children struggling with food insecurity and hunger, come from families who are struggling, too. 84% of households Feeding America serves report buying the cheapest food - instead of healthy food - in order to provide enough to eat.

HOW DOES CLARK COUNTY FARE?

In social and economic factors, including the percentage of adults who have completed high school and have some college education, as well as the percentage of babies born to single mothers, Clark County is ranked 10th out of 39 counties in Washington and is ranked 12th for adult behavioral health indicators such as excessive drinking and smoking. For its food environment, Clark County is equal (8.1) to that of Washington State (8.1). According to Feeding America, 68% of households in Clark County are below the Snap threshold of 200% poverty. Additionally, childhood food insecurity in Clark is 17.7%, versus: 17.5% for the State at large. This means that Clark is on par with the State.

In the key informant and community convening open house process, family and child well-being ranked #5 and food insecurity ranked #3.

Deeper dive

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on one's parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce or having an incarcerated member of the household.

Washington state's ACEs data was only collected from 2009-2011. It identifies ways that childhood trauma affects the life cycle. By reviewing indicators self-reported by adults, a relationship between poor health and social outcomes and ACEs indicators can be seen.

Figure 3: Association between ACEs and Negative Outcomes

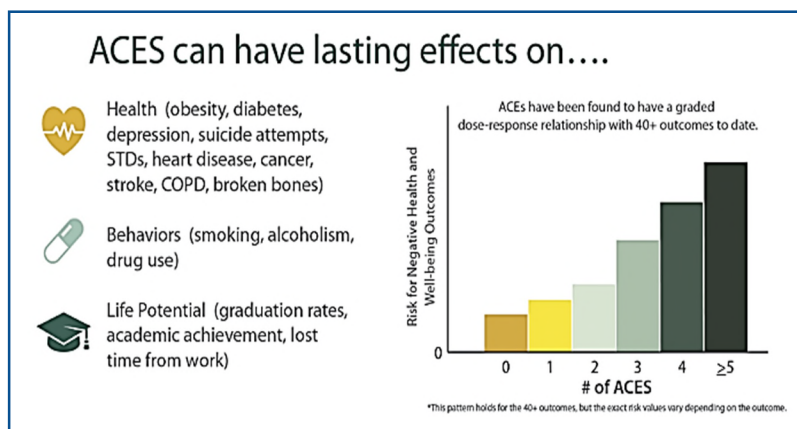
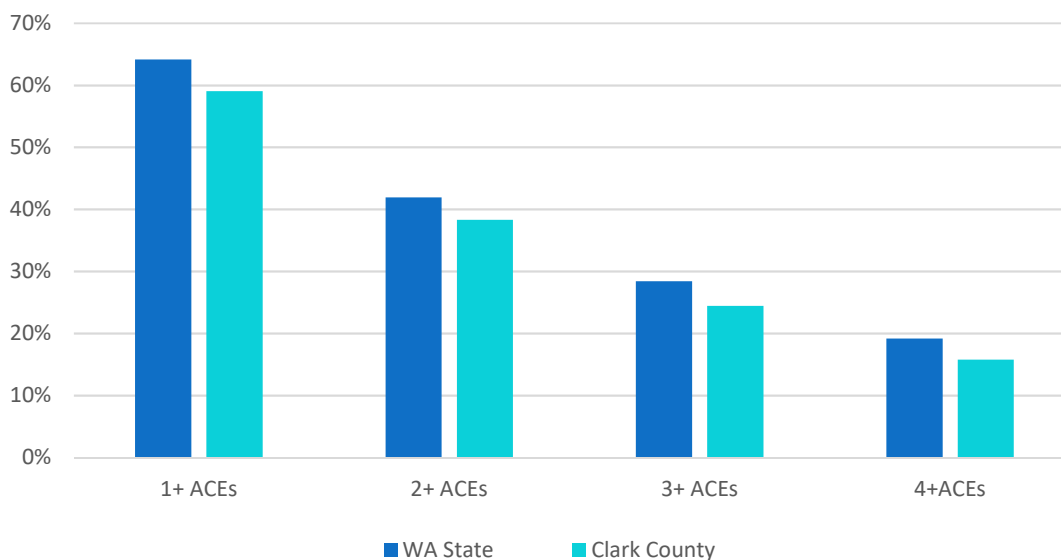


Table 5: Association between ACEs and Negative Outcomes



HIGH RATE OF MATERNAL SMOKING DURING PREGNANCY AND LOW BIRTH RATE

Pregnant women in Clark County are nearly 1.5 times as likely as pregnant women in Washington overall to smoke during pregnancy, despite being just as likely to receive appropriate prenatal care in the first trimester of pregnancy. Smoking during pregnancy imperils the health of women and babies alike and contributes to the high rate of babies born at low birth weight in Clark County. The percentage of live births with low birth weight (<2500 grams) is a key indicator of maternal-child health and well-being because it indicates long-term developmental health and well-being. The rate of low birth weight in Clark County is consistent with rates for Washington state.

OBESITY AND RELATED CHRONIC DISEASES

There is a clear connection between food insecurity and high levels of stress, poor nutrition and chronic diet-related diseases, like obesity and diabetes. Looking at data collected over the past seven years, a declining trend in the amount of fruits and vegetables (five+) eaten per day has prevailed among 10th grade youth with only 18% of youth eating five+ fruits and vegetables which is similar to the State rate of 17%. The data has also shown this trend in eating a full three meals a day, with 40% of 10th grade youth often skipping breakfast, compared to 41% across the State.

About a quarter of Clark County adults are obese (28%), and 10% of Clark County adults have diabetes, compared to a 9% diabetes rate for Washington state overall. Obesity and diabetes imperil the health of Clark County residents, lower their life span and put enormous pressure on families and the healthcare system to provide long-term care for aging relatives with avoidable chronic disease.

FAMILY HEALTH & WELLBEING PROFILE

Educational Attainments

Students demonstrating expecting skills in 6 of 6 domains

WA state:
47.4%

Clark County:
12.8%

Graduation rate

WA State:
79.4%

Clark County:
84.0%

Maternal and Child Health

Maternal smoking in third trimester

WA state:
7.0%

Clark County:
10.0%

Prenatal care in first trimester

WA State:
83.0%

Clark County:
84.0%

Low birth weight

WA State:
6.0%

Clark County:
6.0%

Incomplete Vaccinations-Kindergarten

WA State:
11.0%

Clark County:
23.0%

Nutrition

WIC women with high nutrition risk

WA state:
47.8%

Clark County:
44.0%

WIC infants with high nutrition risk

WA State:
49.9%

Clark County:
45.5%

Adult Health

Obesity

WA state:
28.0%

Clark County:
28.0%

Physical Inactivity

WA State:
16.0%

Clark County:
18.0%

Diabetes

WA State:
9.0%

Clark County:
10.0%

Heart Disease

WA State:
6.0%

Clark County:
6.0%

Youth Health

Obesity

WA state:
14.0%

Clark County:
17.0%

Physical Inactivity

WA State:
78.0%

Clark County:
78.0%

Poverty

WA State:
14.0%

Clark County:
12.0%

Heart disease, a common comorbidity of obesity among Clark County adults (6%) is similar to that of Washington state. Additionally, this data shows a reduction in quality of life with 11% of the County reporting lowered activity due to mental and physical health furthering the trends of obesity and related chronic disease from inactivity. Children show a disproportionate rate of obesity compared to adults. Among Clark County youth, 17% are obese compared to 14% of other Washington state youth.

Affordable housing, housing insecurity, homelessness and enriched services



Safe and stable housing is a key component of financial well-being and helps form the basis of good health. Housing challenges occur alongside poverty and food insecurity, together imperiling the well-being of affected households and the community as a whole. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health.

WHAT IS HOUSING INSECURITY?

More than 19 million households in America (or about 30 percent of all renters) pay more than half of their monthly income for housing. This is a key factor in what the government now refers to as “housing insecurity” — a condition in which a person or family’s living situation lacks security as the result of high **housing** costs relative to income, poor or substandard **housing** quality, unstable neighborhoods, overcrowding (too many people living in the house or apartment for everyone to live safely and/or homeless (having no place to live, sleeping on the streets or in shelters).

HOW IS HOMELESSNESS DEFINED?

There are a number of definitions. For this CHNA, the U.S. Department of Health and Human Services (HHS) definition used, which is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle or in any other unstable or non-permanent situation.

WHAT IS SERVICE ENRICHED HOUSING?

Service enriched housing is permanent, basic rental housing in which social services are available onsite or by referral through a supportive services program or service coordinator. Programs often support low income families, seniors, people with disabilities or veterans.

In the key informant and community convening open house process, housing insecurity, affordable housing and homelessness ranked as the second highest priority.

HOW DOES CLARK COUNTY FARE?

While Clark County is overall comparable with Washington as a whole, the community expressed concern over the growing trend and increased visibility.

AFFORDABLE HOUSING PROFILE

- Households with severe housing problems, including cost-burdened housing: 16% (<WA: 18%).
- 2,593 households were homeless in 2017 with 2,077 households requesting emergency shelter and 2,459 requesting help with rental assistance, housing placement and support services.
- In the Vancouver, Washington school district, 827 children in grades K-12 are reported from homeless families (sheltered – 136; unsheltered – 100; motel/hotel - 37) or doubled up (living with other families - 554).

SEVERE HOUSING PROBLEMS

Clark County is slightly better than Washington state, in that, 16% of Clark County households currently experience severe housing problems compared to Washington state at 18%. Severe housing problems is measured as an overall score, but includes four different types of housing problems:

- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

In Clark County, nearly 50% of residents who are renters cannot afford a basic household stability budget, largely caused by a lack of affordable housing. The 2010 Census for Clark County listed the rental vacancy rate at 6.1%, but in 2017 the rental vacancy rate dropped 3.1%. Clark County's low rental vacancy rates drive up demand for and costs of rental housing, resulting in residents spending more of their income on rent. When households who pay more for rent have less to spend on essential items such as food, childcare, transportation and healthcare needs, it impacts their health.

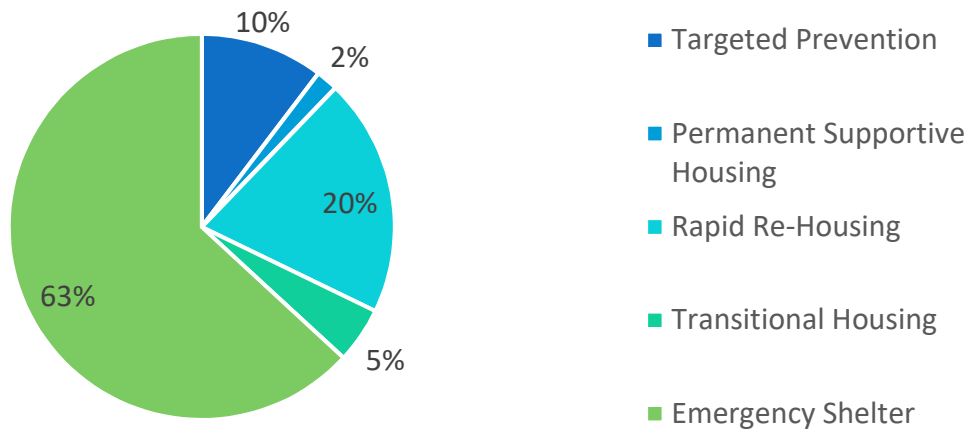
Deeper dive

ADULT HOMELESSNESS

Clark County's Annual Point in Time Count of homeless reported an average of 718 individuals experiencing homelessness per year over the course of the last five years. Over the most recent three years, there has been an increase with 692 people counted in 2016, 749 people counted in 2017, and 795 people counted in 2018. Among the 795 total homeless individuals in Clark County, 374 (47%) were sheltered and 421 (53%) were unsheltered. Chart 1 below illustrates the number of individuals served through each housing type in Clark County in 2018.



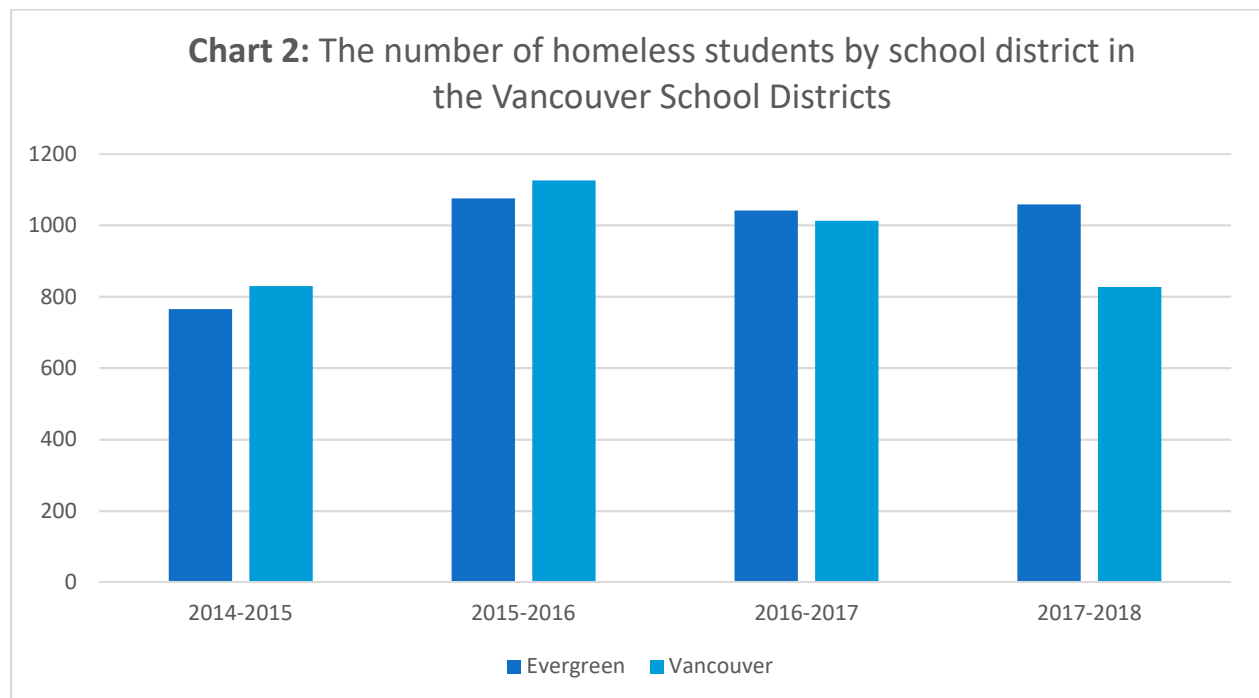
Chart 1: Individual Entries by Housing Type



STUDENT/YOUTH HOMELESSNESS

For the two largest school districts in Clark County, the number of homeless students increased by about one third between the 2014 to 2015 school years. Since then, the Vancouver School District's counts have dropped back to the 2014 level while the Evergreen School District numbers have remained about the same since 2015. The Battle Ground School District has reported approximately 375 homeless students in 2018 school year; compared to 325 in 2014.

Chart 2: The number of homeless students by school district in the Vancouver School Districts



Healthcare access and equity



Access to quality, affordable, comprehensive care throughout the life course is an important facet of community wellness. We envision a community where all people have access to quality, affordable preventive and acute care, including mental health and dentistry, throughout the life course. Many disparities in health are rooted in inequities in the opportunities and resources needed to be as healthy as possible. The determinants of health include living and working conditions, education, income, neighborhood characteristic, social inclusion and medical care. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.

WHAT IS HEALTHCARE EQUITY?

The RWJF states that health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.

HOW IS HEALTHCARE ACCESS DEFINED?

Access means ensuring that all people have the opportunity to get the medical, public health and social services they need to live healthier lives. Access includes affordability.

In the key informant and community convening open house process, access and equity ranked third and cultural humility and inclusion ranked fourth in priority.

HOW DOES CLARK COUNTY FARE?

Healthcare delivery factors including the ratio of physicians, dentists and mental health providers to Clark County Residents, and certain measures of access to care (percentage of Medicare recipients receiving mammograms and flu shots), Clark County ranks 19th out of 39 counties in Washington. In social and economic factors, including the percentage of children in poverty, violent crime and income inequality, Clark County is ranked 10th of 39 counties in Washington. Clark County residents, in general are at the 25th-50th percentile related to obstacles to social and economic well-being in Washington.

Table 6: Health Equity System Profile

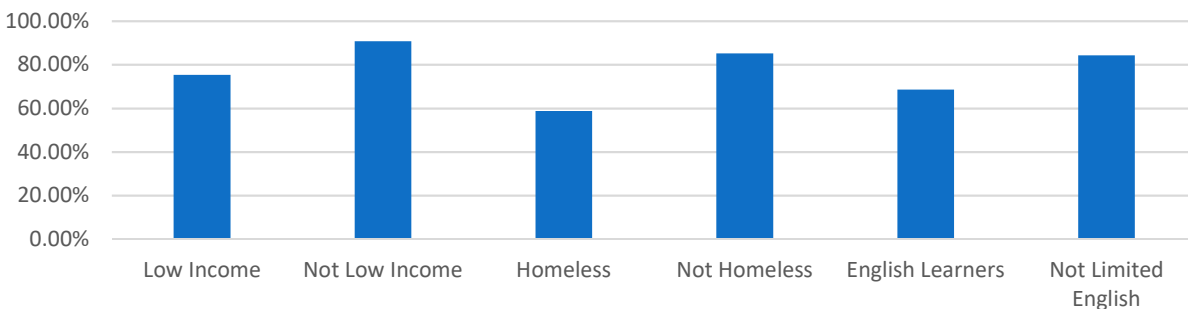
Topic	Clark	Washington
Primary Care Ratio	(1,511:1)	(1,218:1)
Dentist Ratio	(1,469:1)	(1,237:1)
Mental Health Ratio	(328:1)	(310:1)
Uninsured Rate	7%	7%
Uninsured Adults	8%	8%
Uninsured Children	3%	3%
Children in Poverty	14%	14%
Children Eligible for Free or Reduced-Price Lunch	41%	44%
Unemployment Rate	5.0%	4.8%
Mammography Screening	43%	39%
Linguistically Isolated	5.8%	7.6%
Income Inequality	3.9%	4.5%

Deeper dive

GRADUATION RATES:

High school graduation rates for different population groups are lower than the Clark County overall rate as seen in Chart 3.

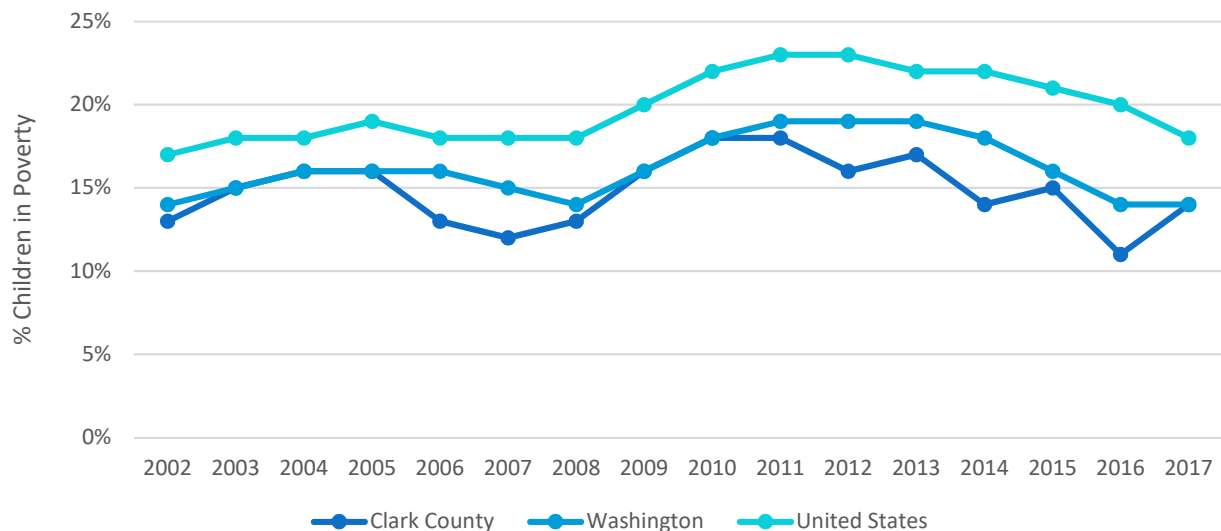
Chart 3: Graduation Rate, Class of 2018 (4 Year)



CHILDREN IN POVERTY

Clark County's percentage of children in poverty is similar to the State and is trending worse. In addition, rates are even higher for minority populations with 29% of Black children and 22% of Hispanic children living in poverty.

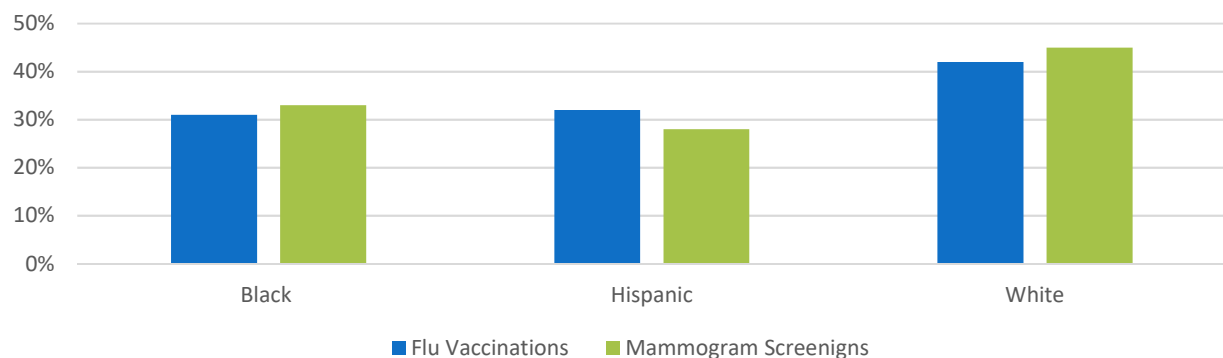
Chart 4: Children in Poverty in Clark County, WA
County, State, and National Trends



PREVENTATIVE HEALTH MEASURE INEQUITIES

Though Clark County's overall rates for mammogram screenings are generally better than the state and flu vaccinations are similar, 2017 rates are lower for minority populations as depicted in Chart 5.

Chart 5: Flu Vaccination and Mammogram Screening Rates



PREVENTABLE HOSPITAL STAYS

Hospitalization for ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to over-use hospitals as a main source of care. Preventable hospital stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary healthcare.

Ambulatory care-sensitive conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection and dehydration. This measure is age-adjusted.

Lower numbers on this measure are the goal. Clark County ranks well below the nation but is higher than the Washington state average. In 2019, County health rankings reported preventable hospital stays by race. Data for the Black populations in Clark County were higher than the overall County rates (4,809 for Blacks and 3,696 for Hispanics and 3,774 for Whites).

Chart 6: Preventable Hospital Stays in Clark County, WA
County, State, and National Trends

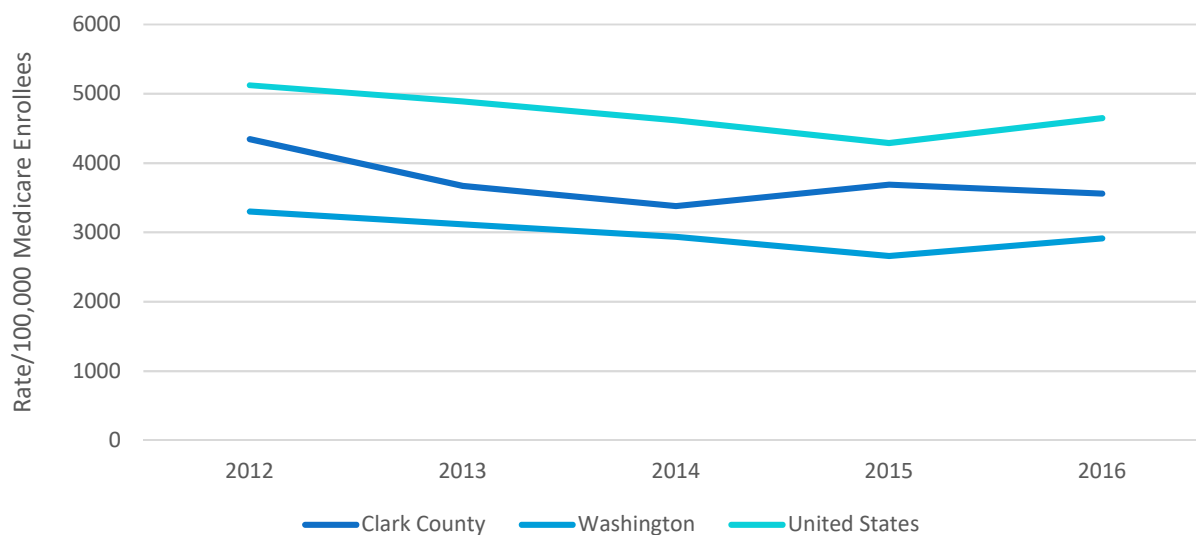


Table 7 below compares Clark County to the State on many additional access and equity indicators, with Clark County faring better or equal on the majority, but worse than the State on three of the nine indicators.

Table 7: Additional Access and Equity Indicators

	Better	Equal	Worse
Primary care provider to resident ratio			●
Dentists to resident ratio			●
Uninsured adults		●	
Child and adolescent access to primary care		●	
Saw a dentist for checkup, cleaning, or other work in past year (10th graders)		●	
Individuals living below the poverty line			●
Individuals over age five in linguistic isolation	●		
Unemployment rate		●	
Income inequality	●		

Behavioral health and the opioid epidemic



WHAT IS BEHAVIORAL HEALTH?

Behavioral health is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms and health behaviors. Behavioral health issues can negatively impact physical health, leading to an increased risk of some conditions.

WHAT ARE OPIOIDS?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine and many others. When used correctly under a healthcare provider's direction, prescription pain medicines are helpful. However, misusing prescription opioids risks dependence and addiction.

HOW DOES CLARK COUNTY FARE?

In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, Clark County ranks 12th out of 39 counties in Washington—among the upper third of all Washington counties.

Clark County residents use alcohol, smoke, experience drug overdose and opiate related deaths at rates similar to the rest of the State.

In the key informant and community convening open house process, access to behavioral health services and combating the opioid epidemic was the top priority.

Clark County Behavioral Health Profile

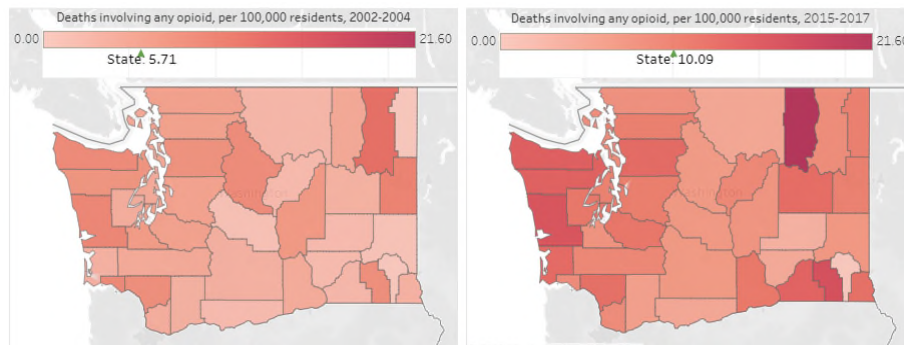
- Ratio of care providers to residents:
 - Mental health: 328:1 (>WA: 310:1)
- Excessive alcohol use: 18% (=WA: 18%)
- Adult smoking: 14% (=WA: 14%)
- Drug overdose death rate per 100,000: 15 (=WA: 15)
- Deaths due to any opiate per 100,000: 8.4 (<WA: 10:1)
- 10th graders smoking cigarettes: 6% (>WA: 5%)
- 10th graders reporting use of vapor products: 21% (=WA: 21%)
- Adults' average mentally unhealthy days: 3.8 (=WA: 3.8)
- 10th graders reporting 'seriously considering suicide': 22% (<WA: 23%)

Deeper dive

GROWTH OF OPIATE ABUSE

Clark County's death rate is lower than the rest of Washington at 8.4 deaths per 100,000 population compared to 10.1 deaths per 100,000 population in Washington state. The death rate from opiates in Clark County has grown 114% from 2002-2004 to 2015-2017, as shown in Figure 4.

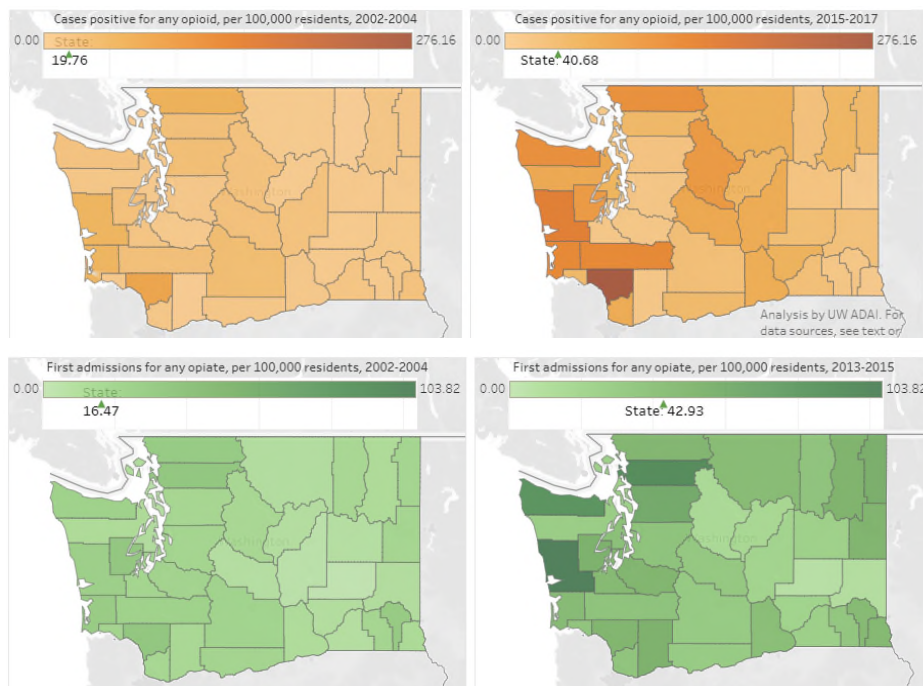
Figure 4: Rate of Deaths Attributed to any Opiate by County, WA State



Source: Univ. of Washington Alcohol & Drug Abuse Institute

Accordingly, there is a high rate of opiate-related crime in Clark County at 66.31 cases per 100,000 population (compared to 40.68 per 100,000 population in Washington state). In response, Clark County has seen higher rates of treatment for opiate abuse.

Figure 5: Rate of Opiate-Related Crime and Rate of Treatment for Opiate Abuse by County, WA State



Source: Univ. of Washington Alcohol & Drug Abuse Institute

Opiate use in Clark County is a public health emergency and a high priority among all health issues facing our community.

VI. PeaceHealth System Defined System Level Gaps

In 2018 the PeaceHealth System identified four primary pillars of a healthy community, that appear universal in the communities across the three States in which PeaceHealth provides care. These needs were confirmed through key informant interviews which allowed feedback from the individuals “on the ground” in providing community health initiatives. While these do not supplant the local CHNA process they are insightful and provide insight into potential focus areas and identify needs.

The four areas and their impact on community health are summarized below. Possible action steps for PeaceHealth are summarized below.

Family and childhood well-being, nutrition and food insecurity

More than 215,000 individuals in the PeaceHealth three-state, ten-county service area are food insecure, and 25% of them earn too much to qualify for assistance. Making food insecurity a systemwide community health priority is crucial to ensuring the well-being of the communities served and fulfills PeaceHealth’s Mission and Core Value of Social Justice.



Taking Action:

1. Expanding successful partnerships in the area of food insecurity and nutrition, broadening PeaceHealth’s participation wherever possible.
2. Identifying program gaps to make a meaningful difference.
3. Empowering caregivers to be community-based and trained with skills to identify food and nutrition related issues.
4. Partnering with others to improve nutrition and nourish the community.
5. Advocating for programs that provide nutrition assistance and education.
6. Educating and engaging through access to emergency assistance to the PeaceHealth family and community.

Impact on Community Health

- There is a clear connection between food insecurity and diet-related disease.
- Children can suffer a lifetime of consequences including a higher risk of chronic diseases, learning difficulties and social and behavioral problems.



DIABETES



HYPERTENSION



HEART DISEASE



OBESITY

Affordable housing, housing insecurity, homelessness and enriched services



Overall, individuals living in PeaceHealth areas of service are unable to secure a stable basic household budget due to the lack of affordable housing options. Low-income households that spend more than 50% of their income on housing costs are spending 41% less on food and describe their health as fair or poor. Social determinants, including poverty and housing instability, make up 60% of health outcomes.

Taking Action:

1. Partnering with others to provide emergency and transitional housing along with prescriptions, medical equipment and transportation assistance.
2. Collaborate to reduce the housing costs for families and patients seeking treatment.
3. Contribute to supporting the cost of resident services.

Deeper Dive

Unaffordable housing impacts other areas of health, with research showing:

- As a state's average rent increases, the food insecurity rate also increases.
- Low-income households that spend more than 50% of their incomes on housing costs spend 41% less on food each month than similar households.
- Adults living in unaffordable housing are more likely than other adults to describe their health as fair or poor.
- Living in unaffordable housing is associated with higher levels of stress, depression and anxiety.
- Stable housing is a key intervention for people who experience serious mental illness.

What are the different types of housing in play?



Healthcare access and equity

Many of the patients served by PeaceHealth have difficulty managing care at home due to lacking adequate home care support. To bridge the gap between providers and patients, community health workers (CHWs) offer support. CHWs assist patients in developing the skills and relationships needed to manage their own health and navigate the healthcare system, which makes for more equitable access to care.



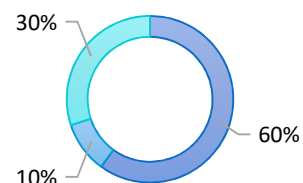
Impact on Community Health

CHWs are frontline public health workers who are trusted members of the community with shared experiences and a close understanding of those they serve. They are effective in bridging care because they are able to respond creatively to the unique needs of diverse individuals and communities. This results in:

- Improved health outcomes;
- Reduced readmissions and emergency room visits; and
- Educated and empowered patients and families.



Determinants of Health



■ Social ■ Health Care ■ Genetics

Taking Action:

1. Employing Patient Health Navigators, Care Management, Behavioral Health, and caregivers
2. Contracting with Community Connector Programs and Care Navigators
3. Connecting patients to contacts that will assist in setting appointments and other health needs
4. Partnering with community services to collaborate on health, dental and social services for children, families and pregnant women



Behavioral health and the opioid epidemic

PeaceHealth is using a multidisciplinary approach to halt the opioid epidemic and heal patients and families suffering from substance use disorders and chronic pain. Focusing on prevention through “fire proofing,” PeaceHealth is implementing a strategic plan to curtail opioid use and treat behavioral health disorders stemming from substance abuse.



Taking action:

1. Creating standard guidelines and alternatives to opioids, such as acupuncture and yoga for the treatment of chronic pain.
2. Implementing new tools to document and report opioid usage.
3. Holding physicians and prescribers accountable with peer reviews.
4. Preventing and treating by creating Narcan (naloxone) policies and procedures, treatment programs and prescribing suboxone to treat addiction.
5. Partnering with behavioral health centers for treatment of substance abuse disorders.

The Need

“The current opioid epidemic is the deadliest drug crisis in American history.” — *The New York Times*, 10/26/2017

- Overdoses, fueled by opioids, are the leading cause of death for Americans under 50 years old.
- Declared a public health emergency in October, 2017, this epidemic impacts every segment of our society — young and old, rich and poor, urban and rural.
- It has its roots in the over-prescription and misuse of opioid painkillers, and now the availability of inexpensive, illegal opioids (like heroin and fentanyl), is rapidly adding fuel to this fire.

Facts & Faces of Opioid Addiction

4.3 million Americans use opioids for non-medical purposes. — National Survey on Drug Use and Health	77% 21–35 year olds represent the majority of opioid use disorder patients entering treatment. ¹
78 people die each day from prescription painkiller overdose. — Centers for Disease Control	70% of patients with dependency on opioids, opiates or heroin entering treatment are male. ²
21.2 years is the average age for first-time use of prescription painkillers in the past year. — National Survey on Drug Use and Health	1.6x likelihood that a patient in treatment for opioid use disorder has chronic pain. ³

^{1, 2, 3} MAP Health Management analyzed data for 30 substance abuse treatment facilities nationwide, including 734 individuals entering treatment during 2015–16.

VII. Community Input and Convening

Community input was secured in two ways. First, an in-depth survey/interviewing of key informants was conducted. Secondly, PeaceHealth Southwest held a community open house on March 26, 2019.

KEY INFORMANT INTERVIEWS AND SURVEYS

PeaceHealth Southwest surveyed community leaders from organizations throughout the County representing perspectives from public health and medically underserved and vulnerable groups. The key informant interviews and surveys were designed to collect input on the following:

- Health needs and gaps of the community;
- Feedback on the 2016 CHNA priorities and accomplishments to date; and
- Secondary data gathering for 2019 CHNA


Table 8 details the organizations that participated in the key informant interviews

Table 8: Key Informant Interview Participants by Organization, 2019 CHNA

Organization	Population Served
Council for the Homeless	Homeless
Community Services- Clark Co.	Low Income vulnerable populations
Clark Co. Public Health	Whole Community
Educational Service District 112	Whole Community
Clark County Food Bank	Food Insecure
Southwest Washington Accountable Community of Health	Medicaid
Health Living Collaborative	Whole Community
Evergreen Public Schools	Whole Community
Vancouver Public Schools	Whole Community
YWCA	Low Income focus on equity
Share	Homeless
FISH	Food Insecure

COMMUNITY CONVENING OPEN HOUSE

In late March, PeaceHealth Southwest held an all-day community open house. As with the key informant interviews, participants were guided through a three-part process: 1) a look back to the 2016 CHNA and progress to date; 2) a review of updated primary and secondary data gathered for the 2019 CHNA including a summary of the PeaceHealth system defined unmet




needs and key informant interview themes; and 3) they were asked to provide their input into priorities and, importantly provide input on anything that may have been missing. The input was provided both verbally and within a written survey. The process was specifically designed to provide flexibility for participants. Twenty-five persons from a wide range of community organizations attended the open house and completed a follow up survey.

Community leaders from local and regional public health, health and social services, business, schools and law enforcement attended, representing the following organizations:

- SWACH
- Clark County Public Health
- Vaughan
- YWCA
- Stephen's Place
- Lifeline Connections
- Patient and Family Advisory Council
- Clark County Sexual Assault Program
- Clark County Community Services
- PeaceHealth Patient Advisory Board
- Healthy Living Collaborative
- Foundation for Vancouver Public Schools
- Housing and Health Innovation Partnership
- Family Medicine Southwest
- Clark County Food Bank
- Henrietta Lacks High School

The top needs/gaps identified in the key informant interviews and community open house are summarized as:

- **Behavioral health including substance use/mental health:** More housing and supportive services for persons with complex behavioral health substance use disorder is needed.
- **Youth and adolescent health behaviors:** Tobacco, specifically vaping products is a significantly larger issue than in 2016.
- **Child and family health:** There is a need to provide tools and resources to support children and youth in managing stress and anxiety and to address mental health needs; increase immunization rates and reduce “opt outs”; expand the Nurse Family Partnership; support families at risk of eviction to remain housed; focus on ACES and build individual and community resiliency.

- 
- **Healthcare delivery:** Provide care coordination and support for special populations including our aging residents and complex patients; integrate primary care and behavioral health.
 - **Inclusion/equity:** Use community health workers to connect the County's underserved to health and social services. Increase health literacy.

VIII. Next Steps:

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth Southwest will adopt an Implementation Strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by November 15, 2019. Prior to this date, the Implementation Plan will be presented to the Community Health Board for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as PeaceHealth Southwest's guidance for the next three years in prioritizing and decision-making regarding resources and will guide the development of an annual plan that operationalizes each initiative.