



2019-2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth St. Joseph Medical Center Community Health Board



PeaceHealth
St. Joseph Medical Center

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I. Executive Summary

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 founding 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. Importantly, we also align our work to address prioritized CHNA needs.

PEACEHEALTH ST. JOSEPH MEDICAL CENTER

PeaceHealth St. Joseph Medical Center (PeaceHealth St. Joseph) is a 253-bed licensed tertiary acute care hospital in Bellingham, Washington. It is the sole hospital serving Whatcom County, providing, among other programs and services, a comprehensive array of general acute care, surgery and specialty services. This includes a cardiovascular center with a full range of prevention, diagnostic and treatment services; heart surgery; a joint replacement center; stroke program; cancer center including radiation therapy, chemotherapy and comprehensive education and support services for cancer patients and their families; a 24/7 emergency and level II trauma center; neurosurgery; brain and spine center; behavioral health services including inpatient psychiatric and chemical dependency treatment; childbirth center and pediatrics. In 2017, 15,650 individuals received inpatient care at PeaceHealth St. Joseph. PeaceHealth St. Joseph's 2,600 caregivers and more than 400 physicians provided almost \$33 million in community benefit in 2018, and over 20% of its patient days are to patients with Medicaid or self-pay. Based on midnight occupancy and licensed beds, PeaceHealth St. Joseph has the fifth highest census hospital in the state.

2019 CHNA PROCESS

PeaceHealth St. Joseph conducted its 2019 Community Health Needs Assessment (CHNA) process in coordination with its community partners, including, among others, the Whatcom County Health Department. The Health Department has been a leader in convening, informing, advocating, measuring and leading health behaviors and health status change in the county.

The Health Department updated its Community Health Assessment (CHA) in 2018. In the spring of 2019, PeaceHealth St. Joseph conducted key informant interviews and partnered with the Health Department in convening the community to look more closely at issues that emerged from the 2018 CHA and to understand how health and well-being are experienced in the county. At various times throughout the nearly eight-month CHNA process, data, findings and input was shared with PeaceHealth St. Joseph's Community Health Board (CHB).

Special Acknowledgement

Much of the data and images contained in this CHNA was graciously provided by the Whatcom County Health Department.

II. Key Takeaways From the 2019 CHNA

Key opportunity gaps that emerged during the interviews and the community convening include:

- **Presence of inequities:** Overall, people in Whatcom County continue to be generally healthy as compared to other counties in Washington on several health indicators. However, disparities in health by income, gender, age, race and ethnicity are evident. Indicators of health are worse across multiple data points for youth who are English language learners and for youth and adults who are low-income, homeless or people of color.
- **Homelessness and housing insecurity:** Child homelessness is on the rise and there is growing housing insecurity among seniors and lower income families. Low rates of vacancy, fixed incomes, few affordable housing options and rising rents contribute to growing housing insecurity.
- **Economic opportunity:** Lack of affordable, quality childcare has been identified as a major barrier for working families. Whatcom County qualifies as a childcare desert, with slots available for only four out of 10 children
- **Youth mental health:** Rates of anxiety, depression and suicide ideation are trending worse especially among female, LGBTQ+ and American Indian/Alaska Native youth.
- **Children with special healthcare needs:** Nearly 20% of Whatcom County school children qualify for special education services. Parents with children that would meet the definition of children with special healthcare needs report difficulty in accessing services.
- **Beyond the walls of the hospital and deeper into our communities:** Going where the people are holds great promise for reaching families and children in need.

The identified priorities directly align with PeaceHealth's identified focus areas of need. These 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.
- Behavioral health including the opioid epidemic.

PeaceHealth St. Joseph notes that the common thread running through the opportunity gaps requires a laser and deliberate focus on child and family wellness and health equity. Children and youth are being disproportionately affected when families are unable to afford or access the basic necessities of housing, food, childcare, healthcare and transportation. Accordingly, needs related to child and family wellness and health equity will be the focus of our 2019-2022 CHNA.

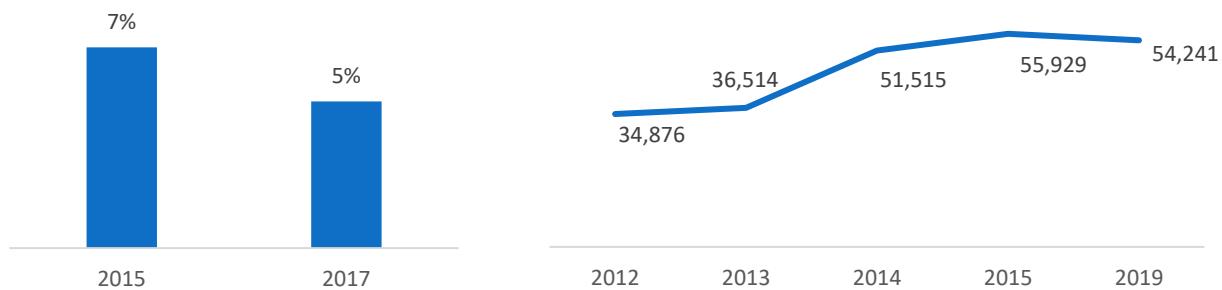
III. Prior CHNAs Implementation Plan Accomplishments

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

PeaceHealth St. Joseph's **2013** CHNA focused on healthcare delivery and access, and three objectives were established.

- The first related to assuring access to essential healthcare for all counties and metrics focused on reducing the number of people who are uninsured. Countywide efforts to sign residents up for commercial health insurance and Apple Health, i.e. Medicaid, were extremely successful, and as depicted in Figure 1, these efforts continue to benefit the community.

Figure 1: Percent Uninsured and Medicaid Enrollment, Whatcom County



Source: Healthcare Authority, State of Washington. Children are defined as under age 19.

- The second objective focused on better support to children, adults, and seniors with complex health needs. Implemented strategies included developing a community response to high-utilizing patients and integrating mental healthcare with primary medical care. Specifically, a hospital Community Connector program between PeaceHealth St. Joseph and the two area FQHCs, (Sea Mar Community Health Center and Unity Care NW) resulted in care coordinators embedded in the hospital emergency department and working in partnership with hospital caregivers to ensure appropriate primary care follow-up and social service linkage, particularly for higher-risk patients.
- The final objective focused on providing welcoming, culturally aware healthcare for every patient. While meetings with local area tribal members, area social service and healthcare providers and others has resulted in greater trust and improved operational relationships, we acknowledge that there is more work to do in this area.

PeaceHealth St. Joseph's 2016 priorities included behavioral health, care coordination for complex patients, housing and maternal child health. In adopting its implementation strategies, the PeaceHealth St. Joseph Community Health Board (CHB) considered the size of the

population impacted, the needs in relation to hospital capabilities, and the types of community partnerships that would be required to advance the need and available resources.

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, and 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: 2016 PeaceHealth St. Joseph Initiatives and Accomplishments since 2016

Initiatives		Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Develop Medication Assisted Treatment (MAT) system for those with opioid use disorder (OUD).	People with opioid use disorder.	Cascade Medical Advantage (CMA), Private physicians; Sea Mar and Unity Care NW; and others. <i>PeaceHealth Role: Co-lead</i>	PeaceHealth supports the grant-funded efforts of CMA in development of a network of providers throughout the North Sound region who deliver MAT.
	Implement whole person integrated primary care and behavioral health for the Medicaid population.	Those at risk.	Whatcom prevention task force; Chuckanut Health Foundation; North Sound ACH, Medical staff. <i>PeaceHealth Role: Support</i>	PeaceHealth has successfully implemented a nationally recognized care model for integration of behavioral health into primary care clinics.
	Increase crisis intervention and stabilization services for those with mental health and substance use conditions.	People in crisis not in need of inpatient treatment.	Whatcom County Health Department Human Services. <i>PeaceHealth Role: Support</i>	Whatcom County has received approval for the expansion of the Triage and Crisis Stabilization facility and is awaiting approval to advance.
Care Coordination for Complex Patients	Develop a cross organizational care coordination and case management system for familiar faces, i.e. people who are dealing with severe psychosocial conditions and are well known to healthcare, social service and law enforcement.	Familiar faces who have frequent utilization and are covered by Medicaid or uninsured.	Sea Mar; Unity Care NW; PHMG; private physicians; EMS; Northwest Regional Council; North Sound ACH; Whatcom Alliance for Health Advancement (WAHA). <i>PeaceHealth Role: Co-lead</i> .	In addition to the Community Connector program, PeaceHealth is a partner in GRACE (Ground-level Response and Coordinated Engagement). This is a co-sponsored collaborative linking social service, healthcare and law enforcement clients with a case worker. This provides better care while reducing unnecessary emergency visits, EMS calls and jail bookings.

Initiatives		Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Housing	Increase supportive housing options for vulnerable populations.	People experiencing homelessness or who are marginally housed.	Opportunity Council; Mercy Housing; Light House Mission; Unity Care NW, Sea Mar Community Health Center. <i>PeaceHealth Role: Lead</i>	PeaceHealth is collaborating with partners on the feasibility of a respite bed model for Whatcom County that would serve medically fragile individuals in need of temporary housing.
	Increase supportive housing options.	Seniors with low incomes and youth experiencing homelessness.	Opportunity Council; Mercy Housing; Light House Mission; NW Youth Services; <i>PeaceHealth Role: Support</i> .	With some support from PeaceHealth, both Eleanor Apartments (80 Units) and 22 North successfully (40 units) successfully opened quality, affordable service-enriched housing units.
Cultural Humility & Inclusion	Identify specific health disparities and outline intervention strategies.	Hispanic, American Indian/Alaskan Native, rural communities, and others.	Coordinate with PeaceHealth System Inclusion Committee <i>PeaceHealth Role: Lead</i> .	Adoption of PeaceHealth Statement of Commitment to Inclusivity, Respect for Diversity and Cultural Humility. Completion of leadership training in 2017.
	Research Community Health Worker programs and identify community- based opportunities.	Hispanic, American Indian/Alaskan Native, rural communities, and others.	Whatcom Center for Philanthropy; Whatcom Alliance for Health Advancement (WAHA); and others. <i>PeaceHealth Role: Co-lead</i> .	PeaceHealth has partnered with Chuckanut Health Foundation and others on the development of a Community Health Worker initiative.
Maternal Child Health & Childhood Development	Increase access to screening and preventative health services in partnership with public health and education.	Families with young children who are experiencing stressors.	Whatcom County Health Department; Whatcom Center for Philanthropy Leadership Group; Bellingham School District <i>PeaceHealth Role: Support</i>	Development of a PeaceHealth pediatrics service model with an emphasis on prevention and screening is underway. Plus, PeaceHealth participates on Generations Forward (Est. 2017), a thriving collaborative working to realize a future where all children and families thrive.

IV. State, Regional and Community CHNA Context

PeaceHealth St. Joseph'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.



Whatcom County 2018 Community Health Assessment

Assessment: The CHA conducted in 2018 contains the health data and information to provide an understanding of our county's health status. The CHA is organized using a population health framework that looks at the physical environment, social and economic factors, health behaviors, access to quality healthcare and health outcomes. The report presents a general picture of the health of the community, and an assessment of the capability of the public health and healthcare systems to address the health challenges in our community. The CHA expands and updates information about equity, support for young children and families, the opioid epidemic and support for those experiencing complex health issues.



The North Sound Accountable Community of Health (ACH)

(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. The NSACH is home to more than one million people, includes Island, San Juan, Snohomish, Skagit, and Whatcom counties, and eight tribal nations. The NSACH is a partner to the state's **Healthier Washington** initiative, and is working to advance health improvement by implementing strategies for the Medicaid Transformation Project together with partner organizations across our region.



ACHs are regional coalitions convened as part of the state's **Healthier Washington** initiative in 2015. The State Healthcare Authority (HCA) is supporting ACH development through guidance, technical assistance and funding. In late 2018 and in response to HCA's request, the ACH developed four initiatives:

- Care Coordination: Coordination and communication across settings and devising strategies on transition points of care and diversion from emergency department and jail.
- Care Integration: Aligning bidirectional integration with work plans to achieve integrated managed care by working with behavioral and physical health; and aligning oral health in primary care.

- Care Transformation: Implementing targeted initiatives that transform delivery of care in primary care, oral health and community-based settings.
- Capacity Building: Workforce, HIE/HIT, VBP and assessments that cross initiatives and partners across the region.

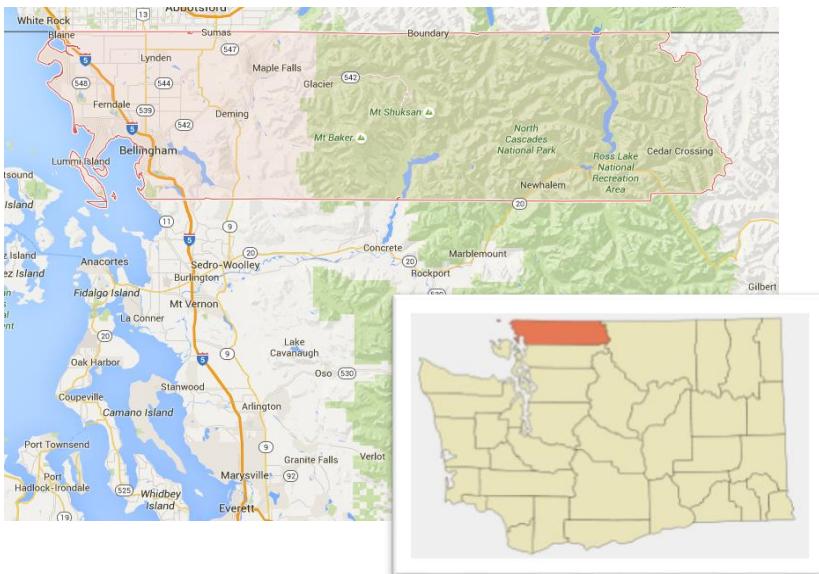
Community health improvement is all about taking on the most significant health challenges the community is facing in a collaborative way. Whatcom County has a team of people who are stewarding the process. The **Healthy Whatcom team** is a multi-stakeholder, collaborative workgroup that designs the process of community health improvement. The team is comprised of community partners from several agencies within Whatcom County and is convened by the Whatcom County Health Department. Sectors represented include business, community-based organizations, education, government, healthcare, philanthropy and public health.



V. Overview of the PeaceHealth St. Joseph Service Area

DEMOGRAPHIC AND SECONDARY DATA

About 85% of PeaceHealth St. Joseph inpatients come from Whatcom County. At approximately 2,106 square miles, Whatcom County ranks 12th out of 39 counties in land area and ninth in population with more than 212,700 residents. Bellingham is the largest city in the county representing nearly 42% of the county's population. The county is bordered by Canada on the north, Okanogan County on the east, Skagit County on the south, and the Strait of Georgia on the west. Whatcom County is territory of the People of the Salish Sea. Their presence is imbued in the waterways, shorelines, valleys and mountains of the traditional homelands of the Coast Salish People. Two tribes, the Lummi and Nooksack, are located within the county.



In terms of the socioeconomic determinants of health, Whatcom County has seen positive outcomes in overall health and compares favorably to Washington State on several health indicators. However, there are a few areas that show opportunity for improvement. 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.

WHATCOM COUNTY DEMOGRAPHIC PROFILE

11,682 (5.50%) are preschoolers under 5 years old

38,213 (17.96%) are 5-19 years old (compared to 18.69% statewide)

128,912 (60.60%) are adults age 20-64 (compared to 60.70% statewide)

33,931 (15.90%) are seniors age 65+ (compared to 14.35% statewide)

19,198 (9.0%) are Hispanic or Latino (compared to 12.30% statewide)

9,224 (4.30%) are American Indian and Alaska Native (compared to 3.0% statewide)

In Whatcom County, the impact of these social determinants is prevalent in housing, especially among youth. People experiencing homelessness, especially children, are more vulnerable to a broad range of acute and chronic illnesses. Additionally, individuals facing homelessness are more likely to have substance use and mental health concerns, which can be difficult to address without the stability a home provides.

Areas of the county also see a high percentage of ALICE households. 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 Whatcom County, 39% of households are either in poverty or ALICE households. While this is similar to the 37% of Washington, there are several areas of the county where the percentage is greater than 40%. Table 2 provides data by each of the cities in the county and shows the disparities between the cities, county and state on several social determinants of health.

SOCIOECONOMIC DETERMINANTS

High School Diploma Rate:
Whatcom County: 91.20%
Washington: 90.8%

Individuals Living Below the Federal Poverty Line:
Whatcom County: 15.3%
Washington: 12.2%

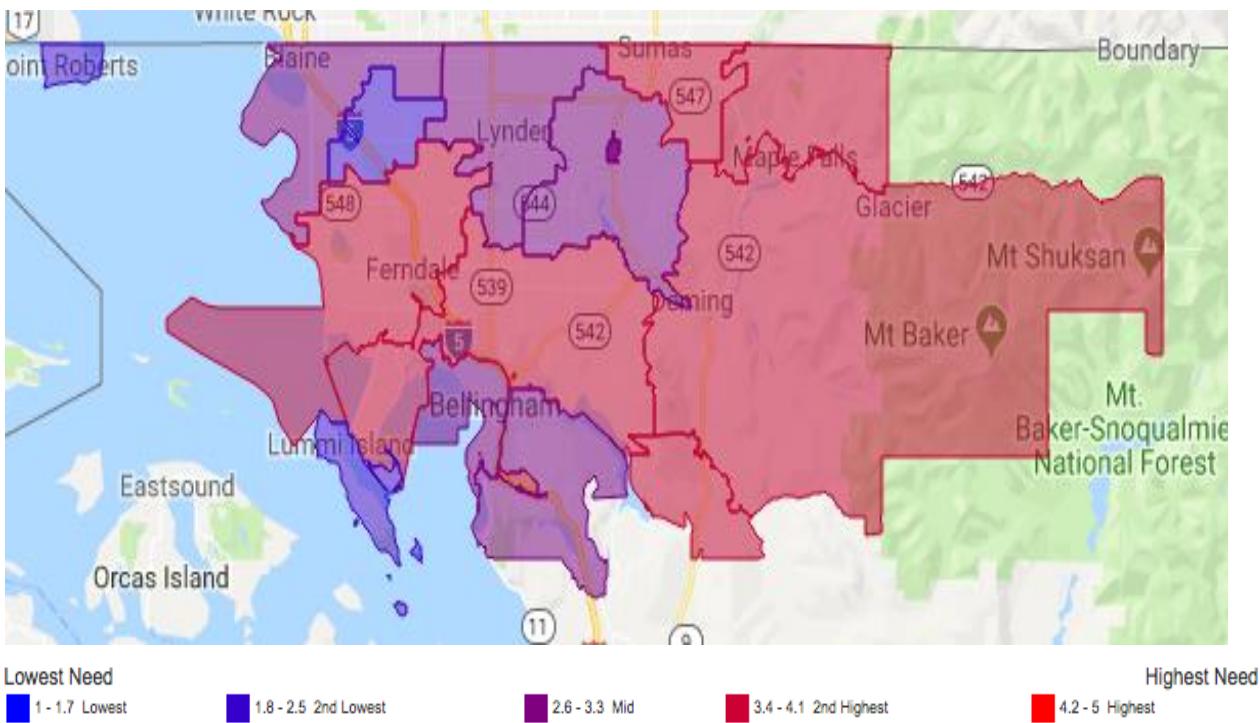
Households in Poverty or Unable to Afford Basic Household Expenses
Whatcom County: 8.6%
Washington: 8.0%

Table 2: Whatcom County Sociodemographic Profile

City	High school diploma (%)	Individuals living in poverty (%)	Median household income	People over age 5 who are linguistically isolated	ALICE (%) by subcounty area
Bellingham	93.6%	21.6%	\$47,886	4.5%	44%
Blaine	92.0%	7.2%	\$67,453	4.1%	33%
Everson	80.0%	18.9%	\$51,938	16.9%	42%
Ferndale	90.2%	10.7%	\$65,832	6.1%	34%
Lynden	91.8%	7.4%	\$62,478	3.7%	31%
Nooksack	84.3%	11.1%	\$64,853	9.4%	42%
Sumas	83.5%	10.2%	\$48,512	9.9%	41%
Whatcom County	92.3%	15.3%	\$56,419	4.3%	39%
Washington	90.8%	6.0%	\$66,174	7.6%	37%

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 Whatcom County, there are pockets of higher and lower need:

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



VI. 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 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 determinants 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 PeaceHealth in 2018.

These include:

- Family and childhood well-being including nutrition and food insecurity.
- Affordable housing including service enriched housing.
- Healthcare access and equity.
- 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 and Medicaid Services; and Community Commons.

WHATCOM RWJF RANKING

The data in Table 3 track Whatcom County's progress on the RWJF's metrics. Whatcom County has shown improvement since 2011 in areas of clinical care, health behaviors, and social and economic factors. Improvement is still needed in many areas including physical and environmental factors and quality of life.

Table 3: Whatcom County Health Rankings 2011-2019
 Ranking out of Washington's 39 Counties

Name	Measure	'11	'12	'13	'14	'15	'16	'17	'18	'19	Ranking Change 2011-2019
Health Outcomes	Mortality and morbidity	6	5	5	5	4	5	5	7	9	-3 ↓
Length of Life	Premature death	6	6	7	7	6	6	6	4	7	-1 ↓
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birthweight	4	3	3	3	4	7	5	9	10	-6 ↓
Health Factors	Health factors	6	5	5	8	6	9	7	6	7	-1 ↓
Clinical Care	Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings	11	10	11	17	14	17	8	9	11	0
Health Behaviors	Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, chlamydia, teen birth rate	5	3	3	6	6	5	4	4	4	+1 ↑
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support	10	8	7	9	9	9	7	8	9	+1 ↑

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 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.

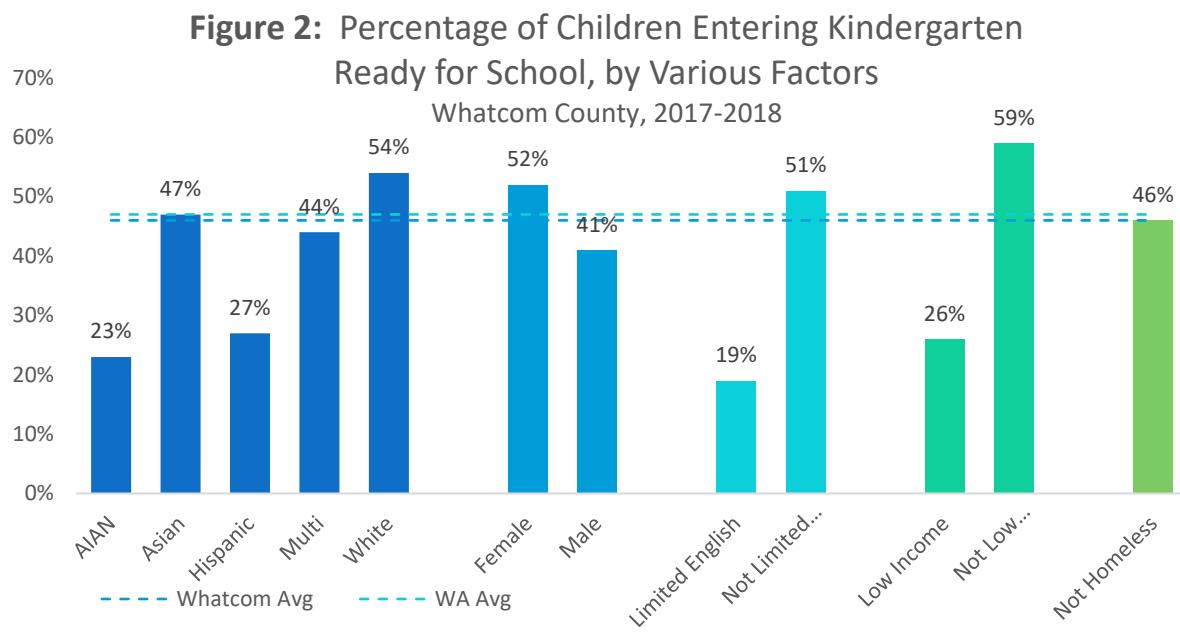
According to Feeding America, children who do not get enough to eat — especially during their first three years — begin life at a serious disadvantage. When they're hungry, children are more likely to be hospitalized and they face higher risks of health conditions like anemia and asthma. And as they 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 WHATCOM 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, social associations and unemployment, Whatcom County is ranked ninth out of 39 counties in Washington. For quality of life, Whatcom County is ranked 10th. It is succeeding in creating a community in which some families can maintain their health and wellness. However, there are disparities within those areas. The median household income among black households is only one-third that of overall households. Single parent households make up 26% of the population, and Hispanic teens have a birth rate nearly four times higher than white teens. Five percent of the population is unemployed, greater than that of Washington.

Whatcom County is considered a childcare desert. Six out of 10 children are without available childcare slots. Families of children with special healthcare needs and those in need of subsidized childcare are especially impacted by this deficiency. Kindergarten readiness has also been identified as a critical measure of childhood well-being and community health. In Whatcom County, on average 46% of children demonstrate kindergarten readiness, but there is variability in readiness when different factors are taken into consideration. Additionally, roughly one in five enrolled school aged children qualify for special education.

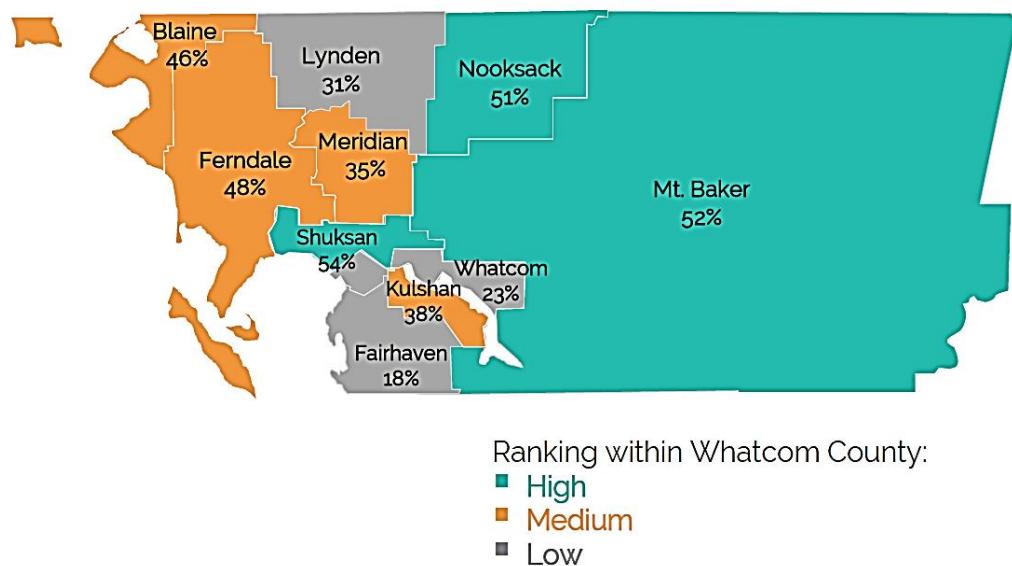


Whatcom County is ranked 38th out of 39 Washington counties for its **physical and environmental factors**, as well as adult behavioral health indicators such as excessive drinking and smoking. In addition to measures of air and water quality, health indicators of the physical environment include access to parks, food and recreation; commute modes; and the presence of disease-causing germs in the natural or built environment.

The **food environment index**, which measures access to healthy foods and incomes, for Whatcom County ranks lower (7.5) than that of Washington (8.1). According to Feeding America, 75% of households in Whatcom County are below the SNAP threshold of 200% poverty. Additionally, childhood food insecurity in Whatcom County is 17.8%, versus 17.5% for the state at large.

An additional measure of food insecurity is the percent of school children eligible for free and reduced lunch. While 39% of Whatcom County students are eligible for free and reduced-price lunch, there are some school districts where the percentage is as high as 54%.

Map 2: Free and Reduced Lunch Rates by School District, 2017-2018
(Includes middle school rates for Bellingham Public Schools)



Source: Washington State Office of Superintendent

Deeper Dive

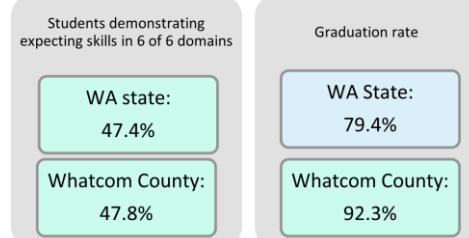
HIGH RATE OF MATERNAL SMOKING DURING PREGNANCY AND LOW BIRTH RATE

Pregnant women in Whatcom County are nearly 1.75 times as likely as pregnant women in Washington overall to smoke during pregnancy, and more unlikely to receive 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 Whatcom County.

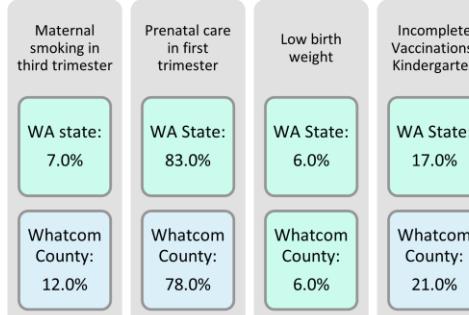
The percentage of live births with low birth weight (<2500 grams) is a key indicator of maternal-child health and well-being because it indicates long-term developmental health and well-being. The rate of low birth weight in Whatcom County is consistent with rates for Washington. However, if we look deeper into the population segments, we find it increases for black (8%) and Hispanic (7%) residents and decreases for white residents (5%).

FAMILY HEALTH AND WELL-BEING PROFILE

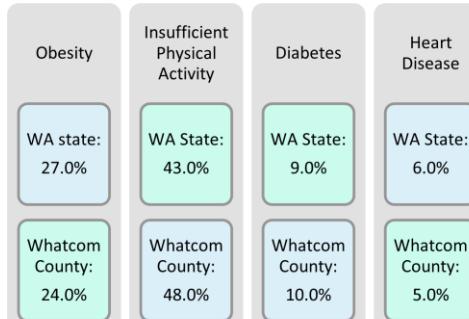
Educational Attainments



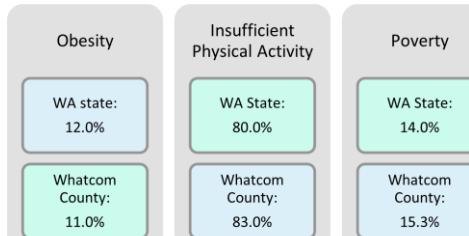
Maternal and Child Health

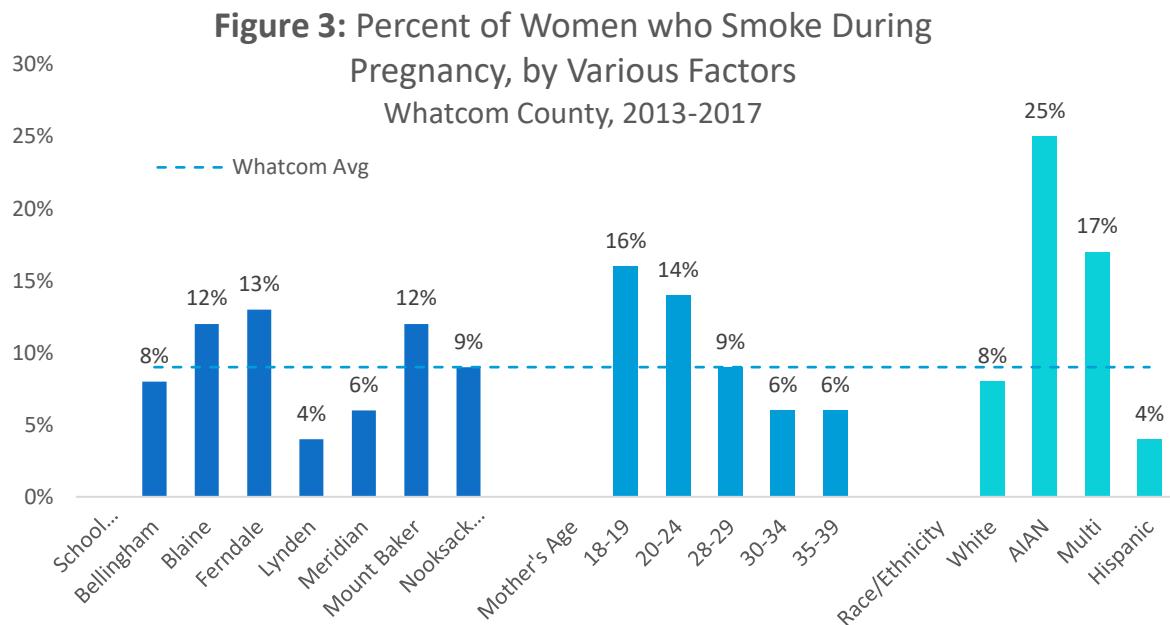


Adult Health



Youth Health



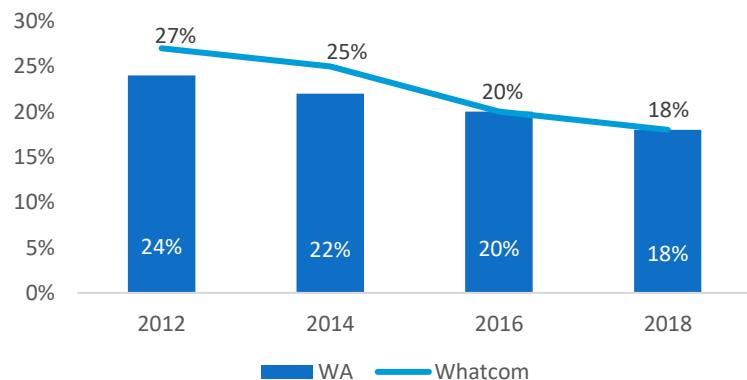


Source: Community Health Assessment Tool, Washington State Dept. of Health

OBESITY AND RELATED CHRONIC DISEASES

There is a clear connection between food insecurity and high levels of stress, which impact educational outcomes, as well as poor nutrition and chronic diet-related diseases, like obesity and diabetes. Looking at data collected over the past six years, a declining trend in the amount of fruits and vegetables (5+) eaten per day has prevailed among 10th-grade youth, dropping 9% from 27% to 18%. The data has also shown this trend in eating a full three meals a day, with 10th-grade youth often skipping breakfast.

Figure 4: Percent of 10th Graders who Eat at Least 5 Fruits and Vegetables a Day



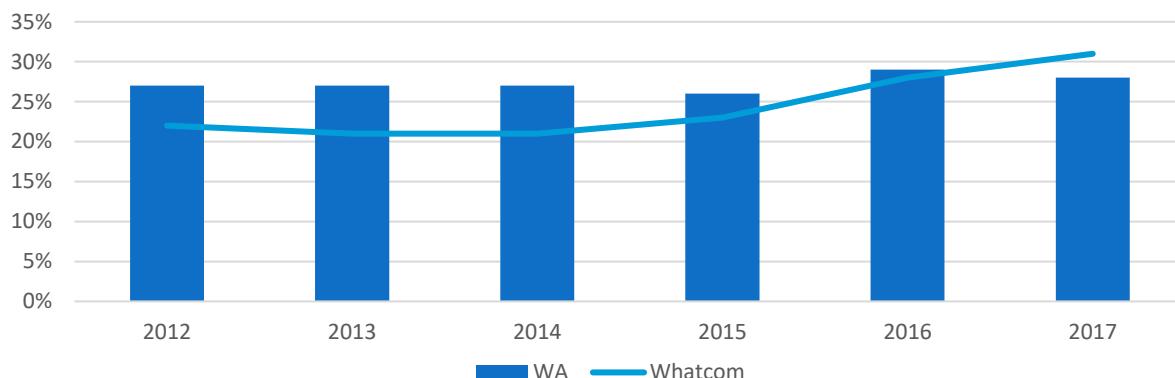
Source: Healthy Youth Survey, Washington State Department of Health

Nearly one in three Whatcom County adults are obese (31%), and 10% of Whatcom County adults have diabetes, compared to a 9% diabetes rate for Washington overall. In the Whatcom County children's population, 83% get an insufficient amount of physical activity.

Obesity and diabetes are a risk to the health of Whatcom County residents, lowering their life span, and putting enormous pressure on families and the healthcare system to provide long-

term care for aging relatives with avoidable chronic disease. In Whatcom County, 26% reported lowered activity due to mental and physical health furthering the trends of obesity and related chronic disease from inactivity.

Figure 5: Percent of Adults with a Body Mass Index of 35+



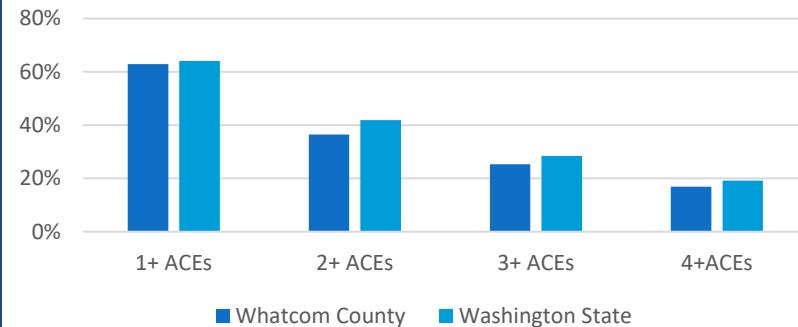
Source: Behavioral Risk Factor Surveillance Survey, Washington State Department of Health

ADVERSE CHILDHOOD EXPERIENCES

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.

Washington ACE data was only collected from 2009-2011. Over this three-year period, the number of ACEs reported in Whatcom County were just under that of Washington. The county ranked 26th out of 39 counties.

Figure 6: ACEs Reported by Adults in Whatcom County and WA State



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 on 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 is 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.

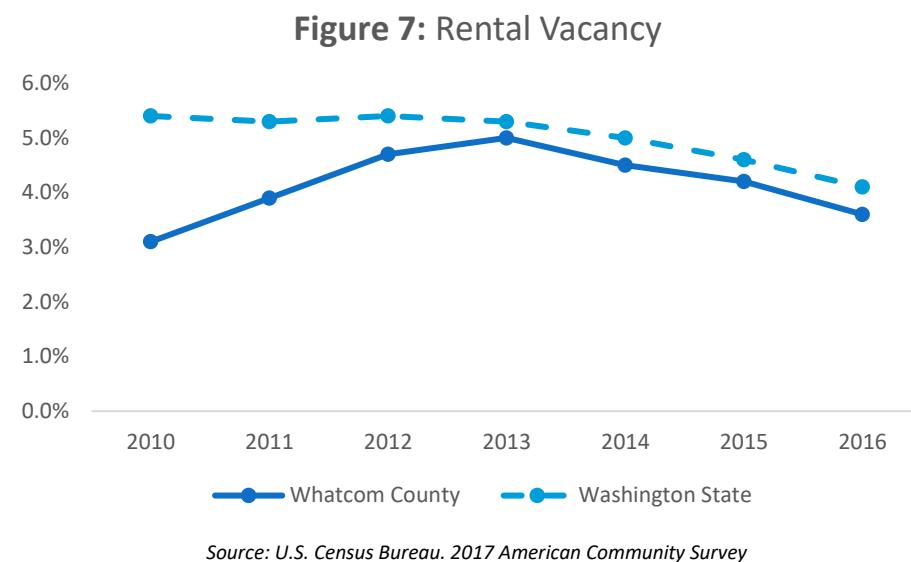
HOW DOES WHATCOM COUNTY FARE?

Whatcom County is among one of the Washington counties suffering the greatest impacts as a result of lack of affordable housing and housing instability. According to the 2018 Whatcom County Community Health Assessment, in areas where housing costs are high, low-income residents may be forced to select substandard living conditions with increased exposure to environmental hazards that impact health, such as lead or mold. Residents who lack complete kitchens are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities and overcrowding increases the risk of infectious disease.

In the key informant and community convening process, housing insecurity, affordable housing and homelessness was identified as one of three areas for countywide focus.

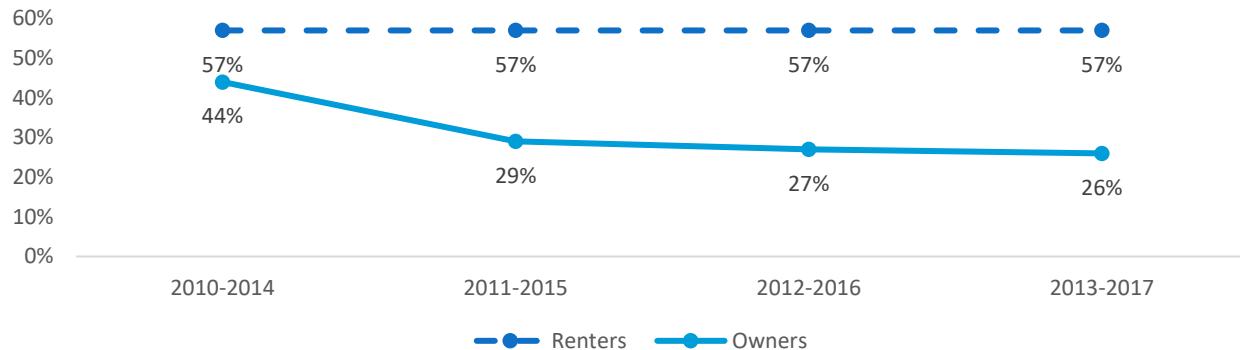
HOUSING AVAILABILITY AND AFFORDABILITY PROFILE

In Whatcom County, rental vacancy sits around 3.6% which is lower than the 4.1% vacancy rate in Washington. When rental vacancy is low, housing insecurity rates trend higher. This is similar for homeownership. When homeowner vacancy is low, rates will increase. Households that pay more for housing will spend less on essential items such as food, childcare, transportation and healthcare needs.



From 2014-2019, households experiencing a severe cost of housing burden has fluctuated between 20%-21%, higher than the average of Washington (18%). When looking at the overall cost-burdened households (those that spend more than 30% of income on housing), a disparity is found between those renting and those with owner occupied homes. Over 50% of households that rent are cost burdened.

Figure 8: Percentage of Households that are Cost-Burdened
 Whatcom County, 2010-2017, 5-year estimates



Source: American Community Survey, US Census Bureau

According to the 2019 County Health Rankings, the primary problem impacting housing in Whatcom County is the severe housing cost burden.

SEVERE HOUSING PROBLEMS

In 2019, Whatcom County (20%) is similar to Washington (18%), in that, 1 in 5 residents is impacted by severe housing problems. Severe housing problems is measured as an overall score, but includes four different types of housing problems:

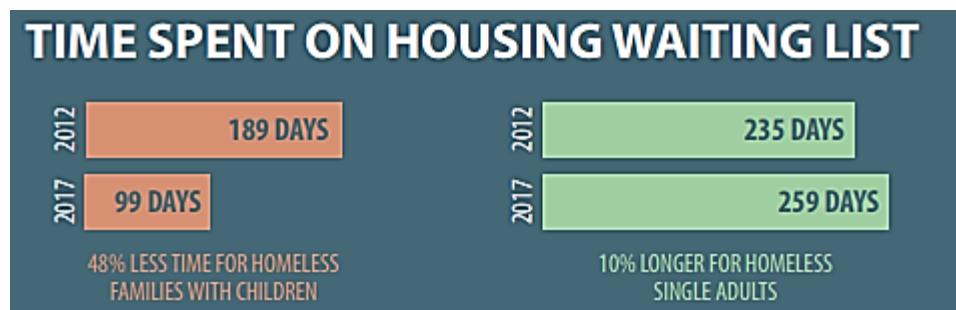
- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

Deeper Dive

ADULT HOMELESSNESS

According to Whatcom County's City of Bellingham State of Housing Report, an average of 742 individuals are experiencing homelessness per night with 815 homeless individuals per year. Out of those, 40% are considered "visible homeless" meaning they are staying outdoors, in cars or tents, etc. The remaining 60% are considered "hidden homeless" meaning they are staying in shelters, using hospital services for overnight stays, motels or other short-term sources of housing. Due to the low rental vacancy, many in need of housing are on long-term waiting lists for affordable homes.

Among the 815 total homeless individuals in Whatcom County, 174 (21.35%) were chronically homeless, this is just below the rest of Washington (22.7%). To be considered chronically homeless, as defined by the US Department of Housing and Urban Development, a person must be an unaccompanied individual who has been homeless for 12 months or more OR has had four or more episodes of homelessness in the last three years AND those episodes must total 12 months, AND has been sleeping in a place not meant for human habitation OR in emergency shelter, AND has one of the following disabling conditions (mental disorder, substance use disorder, permanent physical or developmental disability).

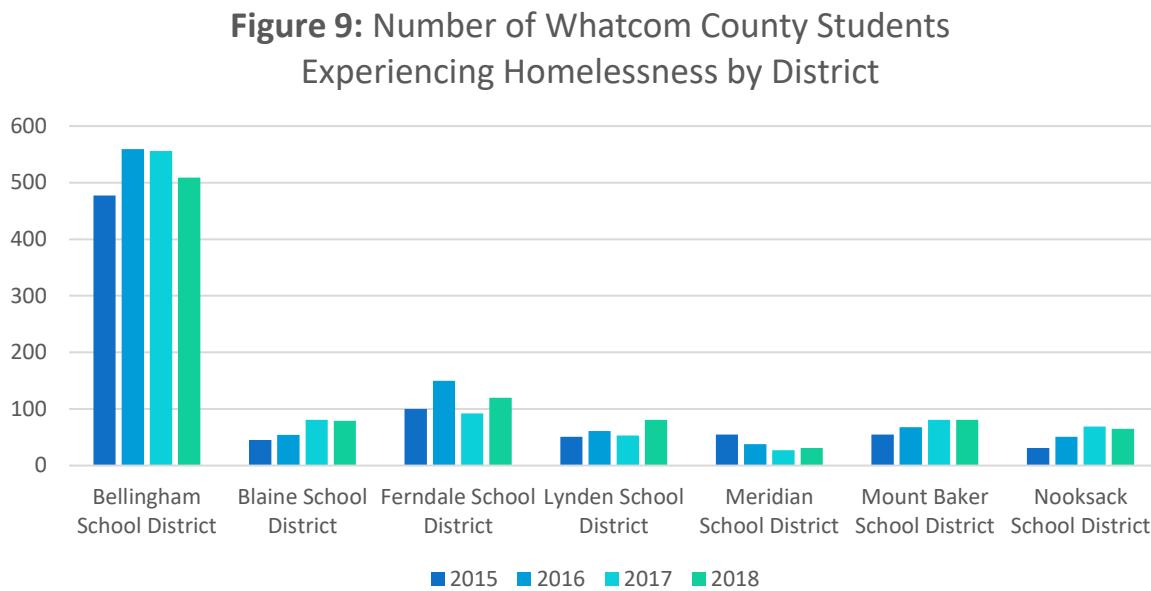


The number (and percent) of 572 counted households with any of the HUD characteristics of chronic homelessness include:

- 436 (76%) unaccompanied, single individuals.
- 251 (44%) who had been homeless for 12 months or more.
- 165 (29%) who had four or more episodes of homelessness in the last three years AND those episodes total at least 12 months.
- 398 (70%) households including a person with a disabling condition.
- 434 (76%) who slept in a place not meant for human habitation or in emergency shelter.

YOUTH HOMELESSNESS

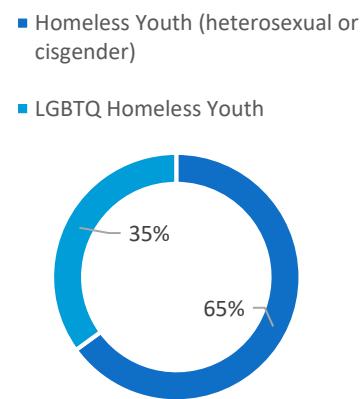
In Whatcom County, 18% of all homeless persons were youth. Several school districts have seen a rise in youth experiencing homelessness since 2015 (Figure 9). This number has risen to nearly 1,000 youths as reported by school districts in Whatcom County throughout the 2016-2017 school year. According to the 2018 Whatcom County Community Health Assessment, in addition to poorer health outcomes, youth experiencing homelessness are 28.7% less likely to graduate on time than those without housing insecurities. Only 49.8% of homeless youth will complete their high-school diploma in the traditional timeframe compared to 76.6% of those with stable housing.



Source: State of Washington Office of the Superintendent of Public Instruction

According to the 2018 Department of Commerce Homelessness in Washington State Annual Report, 40% of youth experiencing homelessness identify as LGBTQ, while only 3-5% of the national population identifying as LGBTQ. Data specific to Whatcom County is limited, however, the 2018 report from the Whatcom County Coalition to End Homelessness shows that 35% youths experiencing homelessness in the county identify as LGBTQ. This is a stark comparison to the 5.2% of the total population of Washington State reporting as LGBTQ.

Figure 10: LGBTQ Youth Homelessness In Whatcom County



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.



Fig 1: Equality and Equity. Credit to: Robert Wood Johnson Foundation

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. The ability to get healthcare when it's needed not only affects a person's ability to recover from disease or injury, it can also help maintain healthy development throughout life and prevent disease or injury in the first place.

HOW DOES WHATCOM COUNTY FARE?

Healthcare delivery factors including the ratio of physicians, dentists and mental health providers to the population, as well as certain measures of access to care (percentage of Medicare recipients receiving mammograms and flu shots), Whatcom County ranks 11th out of 39 counties in Washington for clinical care. However, this isn't the only factor which affects equity. To get a true measure of equity social and economic factors, including the percentage of children in poverty, violent crime, and income inequality must be considered.

Table 4: Whatcom County Health Equity System Profile

Topic	Whatcom County	Washington State
Primary Care Ratio	(1153:1)	(1218:1)
Dentist Ratio	(1401:1)	(1237:1)
Mental Health Ratio	(237:1)	(310:1)
Uninsured Rate	9%	7%
Uninsured Adults	10%	8%
Uninsured Children	4%	3%
Children in Poverty	13%	14%
Children Eligible for Free or Reduced-Price Lunch	41%	44%
Unemployment Rate	5%	4.8%
Mammography Screening	42%	39%
Flu Vaccination	43%	44%
Linguistically Isolated	4.3%	7.6%
Income Inequality	4.7%	4.5%

Areas of note in Whatcom County are uninsured, unemployed and income inequity.

Deeper Dive

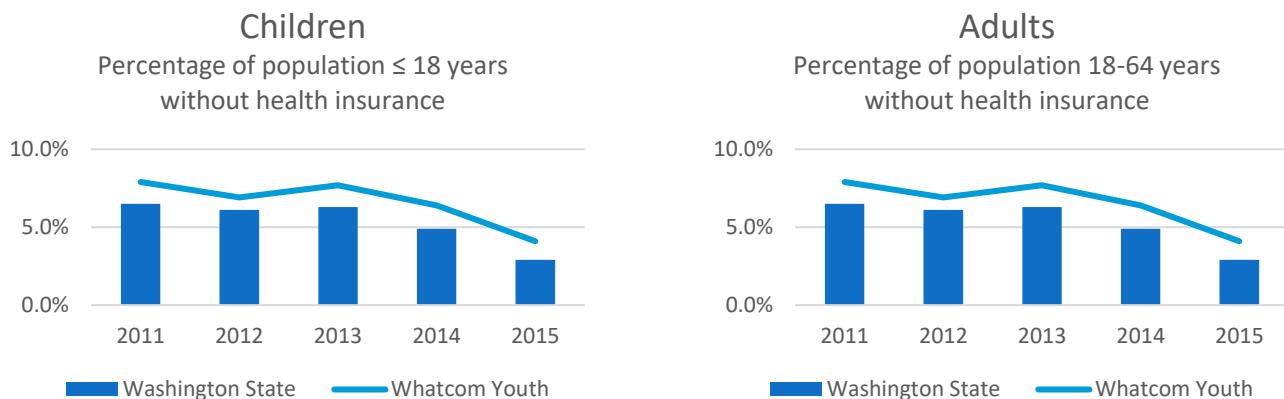
ACCESS TO CARE

According to the Whatcom County Community Health Assessment, the supply and accessibility of medical facilities and providers, having health insurance, cultural sensitivity in care, and limitations in insurance coverage all affect access. When community residents access preventive services, the number of emergency hospitalizations and costly treatments for disease are often reduced.

The total number of uninsured residents of Whatcom County is 9% trending higher than that of Washington State. Looking deeper into that population we find the following from the 2013-2017 American Community Survey five-year estimates for 2017:

- Total uninsured adults: 10%
- Total uninsured children: 4%
 - Under the age of 6: 2.3%
 - Ages 6-18: 10.1%
- Hispanic or Latino (of any race): 18.7%

Figure 11: Children and adults without health insurance, 2011-2015
 Whatcom County vs. Washington State



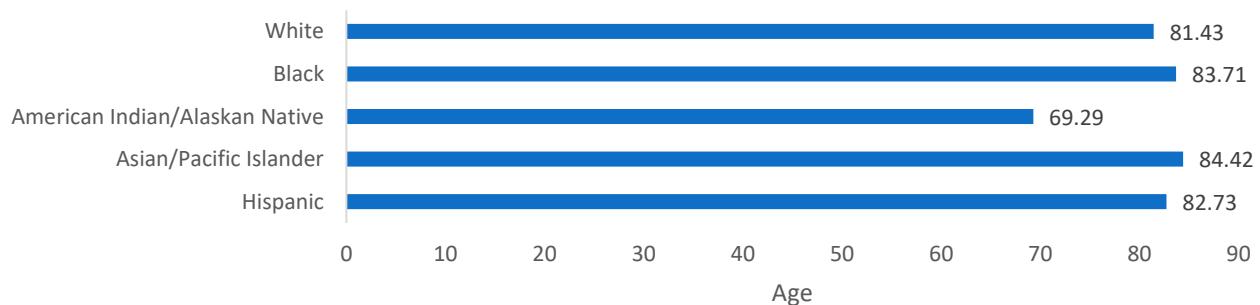
People without health insurance are less likely to receive preventative care and services for major health conditions and chronic diseases.

LIFE EXPECTANCY

A death is considered premature if it occurs prior to the age of 65. For Whatcom County, the average life expectancy at birth is 80.9 years. While this is higher than the state average of 80.4 years, disparities can be seen by race and gender.

4.3% of the Whatcom County population is American Indian/Alaska Native. This population shows the highest rates of premature deaths and shortest life expectancy.

Figure 12: Life Expectancy in Whatcom County by Race



The rate of premature death by gender for males in Whatcom County is nearly twice that of female residents.

SPECIAL NEEDS HEALTHCARE

The federal Maternal and Child Health Bureau defines children with special healthcare needs as “those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

In Whatcom County, 15% of all children are estimated to have disabilities requiring special education services or early intervention. This equates to more than 3,900 Whatcom County children. Additionally, 23% of Whatcom families are estimated to be caring for at least one child that would qualify as having a special healthcare need. Without equitable access to service and insurance coverage, this population risks declining health. Children with special needs experience long wait times, including developmental evaluation and therapy services (e.g., speech, OT, PT, autism therapy), or are referred outside of Whatcom County.

Figure 13: Whatcom County, Premature Deaths by Gender

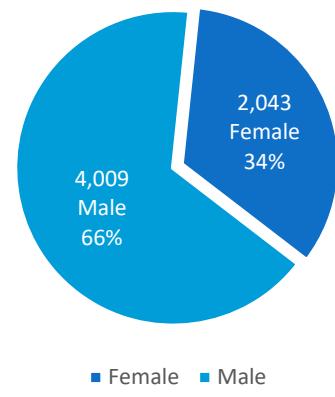


Figure 14: Special Healthcare Needs of Whatcom County

Whatcom Taking Action Data Snapshot

43,358

Children & Youth in Whatcom County

6,504

are estimated to have special health care needs

23%

of families have at least 1 child with a special health care need

This equates to:

4587

Whatcom Families

15%

of Whatcom students have disabilities requiring special education services or early intervention

This equates to:

3936

Whatcom Students

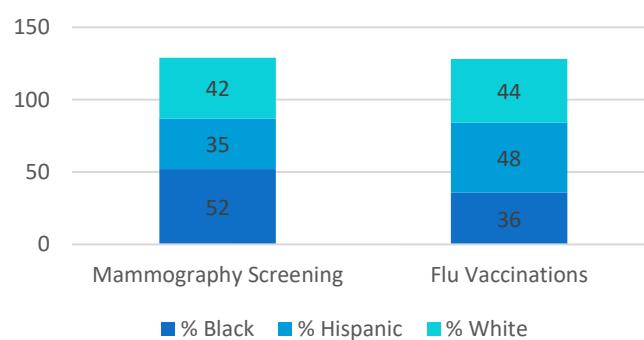
Significant disparities in access to care exist for CYSHCN who are racial or ethnic minorities or who are geographically or linguistically isolated.

PREVENTABLE HEALTH MEASURES INEQUALITIES

Preventable screenings and vaccines are key to not only preventing disease but also shortening the length of time or severity of which one is sick. Regular health screenings can identify diseases early on and vaccines can prevent them from ever occurring. By utilizing these services, health complications can be avoided.

Though Whatcom County's 2019 overall rates for mammogram screenings (42%) is higher than the state (39%), flu vaccinations are generally lower (43%) than Washington (44%). When broken down by race, disparities can be seen. For mammography, Hispanics have the lowest rate of screenings at 35%. Within flu vaccinations, black residents have the lowest rate at 36%.

Figure 15: Whatcom County Mammography Screenings and Flu Vaccinations by Race, 2019

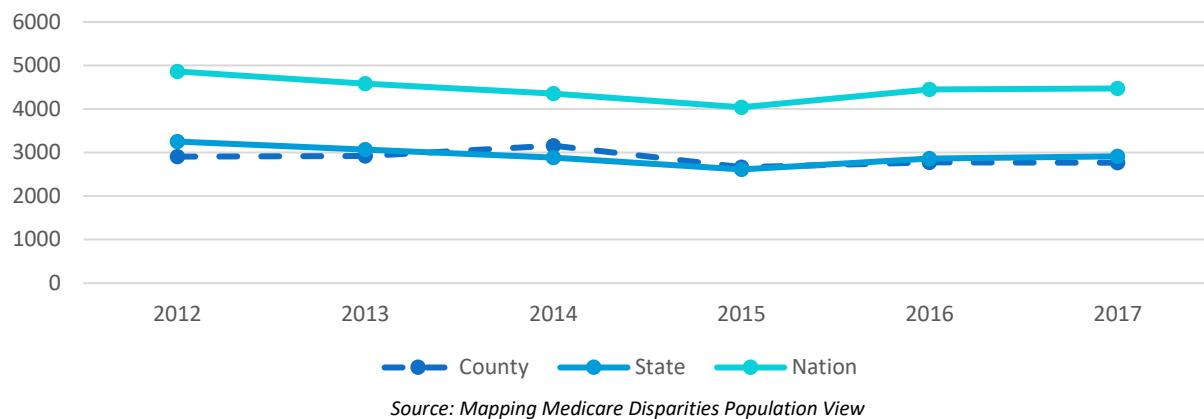


PREVENTABLE HOSPITAL STAYS

Hospitalization ambulatory-care sensitive conditions, which are diagnosed treatable in outpatient settings, may suggest that quality of care provided in the outpatient setting is less than ideal or underutilized by certain groups in Whatcom County. This measure may also represent a tendency to overuse 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. Among the population utilizing emergency rooms for potentially preventable stays, Medicaid insured patients are significantly higher (14%) than those with commercial insurance (10%)

The prevention quality indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. For all primary chronic conditions, Whatcom County is below both the nation and state, which indicates a positive trend of treating these preventable conditions outside a hospital setting.

Figure 16: Prevention Quality Indicator (PQI)
per 100,000 beneficiaries, per year



Disparities by race can be seen as displayed in Table 5. The rate of preventable hospital stays is highest among American Indian/Alaska Native and Hispanics. In 2017, American Indian/Alaska Natives had a rate over twice that of Whatcom County combined.

Table 5: Whatcom County PQI (per 100,000) beneficiaries, per year) by Race

	2012	2013	2014	2015	2016	2017
American Indian/Alaska Native	6,799	6,929	6,193	4,373	4,604	5,579
Black	2,513	3,896	4,839	2,083	1,633	4,155
Hispanic	1,607	3,130	3,885	3,453	2,817	4,819
White	2,880	2,847	3,067	2,659	2,765	2,646
Whatcom County	2,909	2,919	3,158	2,664	2,772	2,763

Source: Mapping Medicare Disparities Population View

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.

Table 6: Whatcom County Behavioral Health Profile

Topic	Whatcom County	Washington State
Mental Health Provider Ratio	(247:1)	(310:1)
Excessive Alcohol Use	21%	18%
Adult Smoking	13%	14%
10th Graders Smoking	7%	6%
10th Graders Vaping	12%	13%
Drug Overdose Death rate, per 1,000	15.88%	14.6%
Deaths Due to Any Opiate, per 1,000	6.45%	8.5%
Poor Mental Health	11.4%	11.2%
Average Number of Mentally Unhealthy Days	3.9	3.8
Adult Depression	19.7%	21%
10th Graders Depression	33%	34%
10th Graders Reporting 'Seriously Considering Suicide'	18%	21%

Source: County Health Rankings; Chronic Disease Profile, Whatcom County. DOH.

HOW DOES WHATCOM COUNTY FARE?

In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, Whatcom County ranks fourth out of 39 counties in Washington. While this makes Whatcom County one of the better performing Washington counties, community stakeholders have concerns with rising youth substance use rates, especially in the area of vaping.

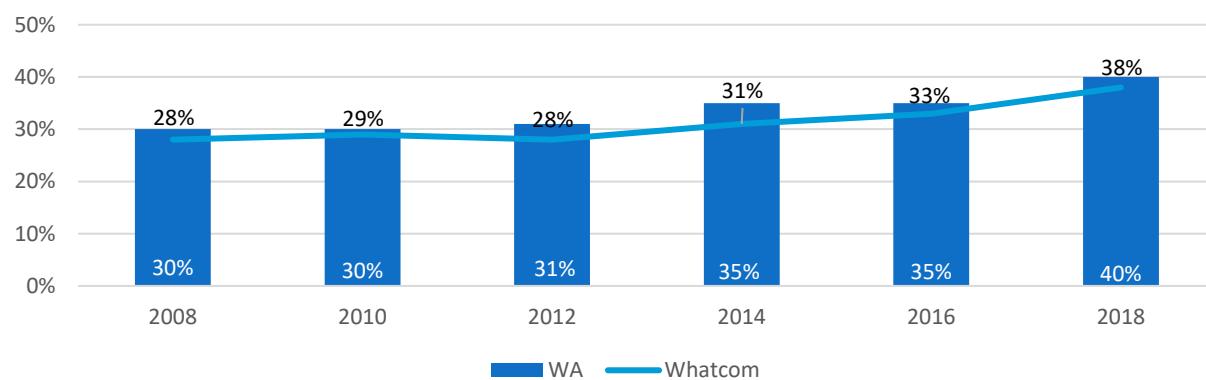
Excessive drinking and alcohol-impaired driving deaths are also areas for concern. 21% of Whatcom County reports excessive drinking compared to the state rate of 18%, and one-fifth of all driving deaths in the county are alcohol-related.

Deeper Dive

MENTAL HEALTH

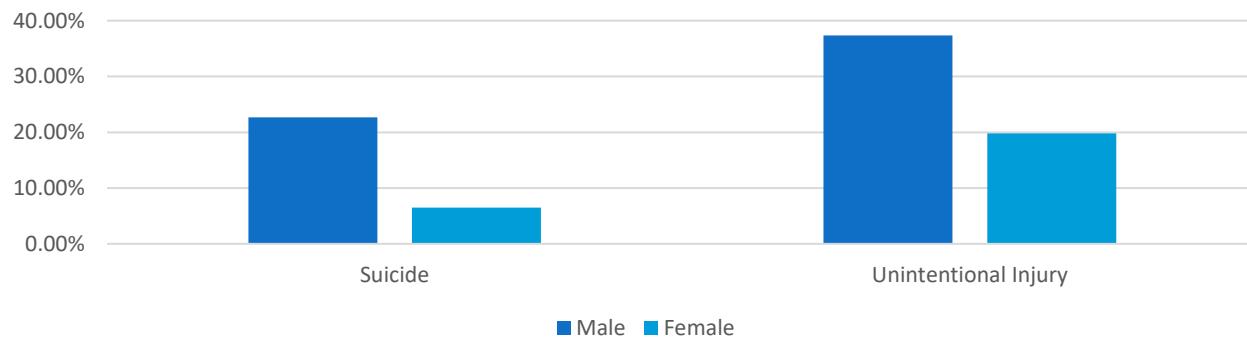
In Whatcom County, both adult (19.7%) and youth depression (38%) are rising at rates similar to Washington (34%). More people in Whatcom County experience poor mental health and a greater number of mentally unhealthy days (Figure 17). When looking at suicide rates by gender, there is a disparity between males and females. Similarly, males have a higher rate of injury than females.

Figure 17: 10th Graders Reporting Feeling Depression
Whatcom County vs. Washington, 2008-2018



According to the Whatcom County Community Health Assessment, unintentional injury deaths are highest among people ages 65 and older, with falls as the leading cause of injury.

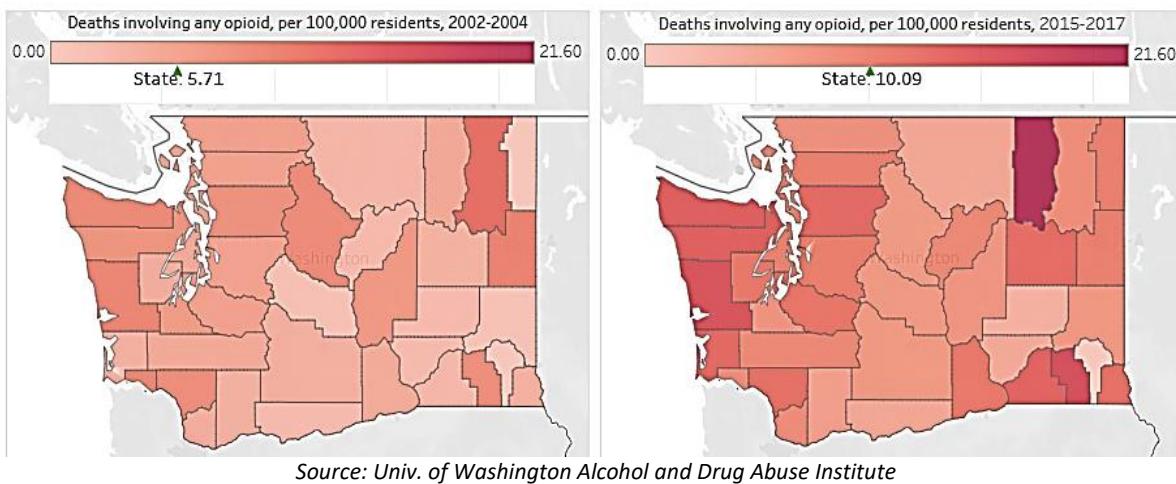
Figure 18: Deaths by Cause
per 100,000 persons



GROWTH OF OPIOID USE DISORDER

Between 2011 and 2016, the death rate from opiates in Whatcom County decreased from 7.91% to 6.45%. This improvement should be celebrated. However, when looking at the trends from 2002 to 2004 and from 2015 to 2017, an overall increase of 38.4% in use is seen as shown in Figure 19.

Figure 19: Rate of Deaths Attributed to any Opiate by County, WA State



Though trending down from the 2011-2016, specific populations are still seeing high rates of opioid use with opioid deaths being significantly higher among ages 35+ (8.3%). Opioid overdose hospitalizations have been relatively consistent since 2008-2010 through 2016 as shown in Figure 20.

Figure 20: Opioid Overdose Hospitalizations
Whatcom County vs. Washington, 2008-2016
Rate per 100,000 persons



Source: Univ. of Washington Alcohol and Drug Abuse Institute

VII. PeaceHealth Defined System Level Gaps

In 2018 PeaceHealth 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” who are working on community health initiatives. While these do not supplant the local CHNA process, they provide insight into potential focus areas. The four areas, their impact on community health, and 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, 10-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 nutritional assistance and education.
6. Educating and engaging through access to emergency assistance.

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



Low-income households that spend more than 50% of their income on housing costs in turn spend 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:

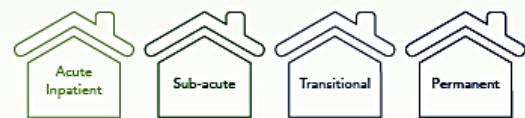
1. Partnering with others to provide emergency and transitional housing along with prescriptions, medical equipment and transportation assistance.
2. Collaborating to reduce the housing costs for families and patients seeking treatment.
3. Contributing to supporting the cost of resident services.

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.

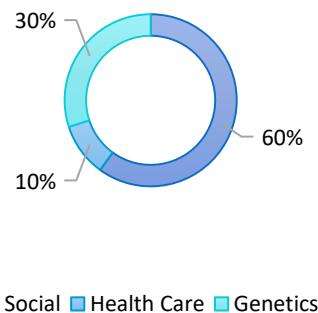


Impact on Community Health

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



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 address 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.

VIII. Community Input and Convening

Community input was secured in a number of ways. First, interviews of key informants and stakeholders were conducted. Secondly, PeaceHealth St. Joseph supported and actively participated in a five-hour, well attended data carousel, which used data gathered by Whatcom County Health Department staff through the 2018 Community Health Assessment (CHA) to prioritize county health issues.

KEY INFORMANT INTERVIEWS

The key informant interviews 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.
- Secondary data gathering for 2019 CHNA.

PeaceHealth St. Joseph surveyed and interviewed the community leaders from the following organizations:

- Bellingham Public Schools
- PeaceHealth Foundation
- Chuckanut Health Foundation
- Sea Mar Community Health Center
- Opportunity Council
- PeaceHealth Community Health Board
- Unity Care NW

Common themes included:

Behavioral and mental health is one area that is not being adequately addressed in our community.

- Access to psychiatry, social work, psychologists and licensed counselors is limited, particularly for children and families.
- Depression and suicidal ideation are not uncommon in the schools.
- The schools need more onsite crisis intervention and behavioral health services.
- Demand for mental health services for children has grown tremendously, but supply is not keeping up.

Progress has been made in care coordination.

- There are some promising initiatives including the GRACE initiative that provides service coordination for familiar faces in Whatcom County.
- Community Connector programs with community health centers and Cascade Medical Advantage (CMA) are also showing promising resulting.

Progress has been made on the housing front, but more work is needed.

- The silent issue that often gets stepped over has been maternal and child health. It is a key determinant of our future health as a community.
- Support for Mercy Housing and 22 North is making a difference.
- An emerging homeless population is senior citizens and it's challenging to find adequate housing to serve them.
- Cost of rents and vacancy rates are a key determinant of health. The first people to become homeless are often those with fixed incomes. If property taxes continue to rise, home ownership will be more and more out of reach for some families.

Cultural humility, inclusion and equity should not be forgotten. An increasing focus is needed on health equity for populations experiencing inequities (including but not limited to race, ethnicity, those living with disabilities, the LGBTQ community, seniors, youth, populations in rural low poverty areas).

Child and family well-being (especially very young children and starting with maternal health) should be the lens through which other issues are viewed.

- Maternal health and pediatrics need to be prioritized. Interviewees felt strongly that more investments are needed in this area.
- The health and wellness of our children is a predeterminant of future health; by focusing here, it will infiltrate into the other priorities.
- Schools were identified as potential sites for the infusion of more behavioral health and primary care services. Additionally, the group suggested continued connection with the Generations Forward collaborative.

COMMUNITY CONVENING:

A community data carousel process was intentionally designed so that the wisdom and experience of every person in the room could be infused into the priority selection process. To open the event, participants were guided through a "data walk." This was followed by a discussion that provided the opportunity to look more closely at issues that emerged from the data. Participants sought to understand how health and well-being are experienced in Whatcom County. The day ended with prioritization of a few relevant, actionable priorities that align with community needs and require the work of multiple agencies.

Attendees included a wide spectrum of the local community— schools, healthcare, early learning and childcare services, mental health, social services and basic needs providers, government, business and philanthropy.

Nine health topics were examined at the data carousel. Then, attendees were asked to identify three health topics that should be the focus for the community. When selecting health topics, attendees were asked to use a broad lens and consider:

- The impact it will have on equity in the community.
- The energy in the community to address the health topic.
- The relevance and timeliness of addressing the health topic.

IX. Next Steps

The top three recommendations for countywide focus are summarized below:

Health Topic	#1 Concern	Theory of Change
1. Housing and Homelessness	Child homelessness is high and increasing.	If we use a racial equity lens to increase the range and supply of affordable housing options, then we will have fewer kids experiencing homelessness.
2. Economic Opportunity	Childcare: An inventory of spaces, cost, compensation of workers, requirements, opportunity costs and business opportunities.	If we bring a diverse, comprehensive group of stakeholders to the table, then we can start addressing the complexity and issues of our childcare model.
3. Youth Mental Health	The reported rates of anxiety, depression, and suicide ideation are high and trending poorly, especially among female, LGBTQ and American Indian/Alaska Native youth.	If we increase the supportive services and program that address mental health for young people, then we improve the mental health of young people in our community.