



2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth United General Medical Center Community Health Board



PeaceHealth
United General 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 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 UNITED GENERAL MEDICAL CENTER

PeaceHealth United General Medical Center (PeaceHealth United General) is a 25-bed critical access hospital located in Sedro-Woolley in Skagit County. In addition to general acute care, a 24/7 Level IV emergency department, surgery, swing beds and diagnostic imaging, it provides a number of specialty services including breast care, cardiology, a cancer center, diagnostic imaging, gastroenterology, neurology, pulmonary rehabilitation, pulmonology and orthopedics. In 2017, PeaceHealth United General experienced more than 600 inpatient admissions, performed, had nearly 25,000 outpatient clinic visits, 12,300 emergency room visits and about 1,400 surgeries.

2019 CHNA PROCESS

PeaceHealth United General conducted its 2019 Community Health Needs Assessment (CHNA) process in coordination with its community partners including, among others, the Skagit County Health Department and the Population Health Trust.

In the Spring of 2019, PeaceHealth United General conducted a number of key informant interviews and held a community convening to identify needs, discuss progress to date and to prioritize areas for the future. In addition, and at various times throughout the nearly eight-month CHNA process, data, findings and input was shared with PeaceHealth United General's Community Health Board (CHB).



Key Takeaways:

Key themes that emerged during the local key informant and community included:

- **Substance use, including opioids:** Recovery and prescribing practices were identified as concerns.
- **Family and child well-being:** Unmet social and emotional needs were identified as was food insecurity, support for healthy eating and active living (HEAL), use of food prescriptions and the need to increase vaccination rates. A report of the Population Health Trust on the first 1,000 days (a focus on child and family) contains additional needs. Concerns were expressed regarding rapid increase in vaping.
- **Housing insecurity, wrap-around services and equity:** East County is particularly affected by homelessness. There is a growing number of families with children that are housing insecure and there is also growing housing insecurity and homelessness in the senior population. Isolation of seniors was also identified as a growing concern.
- **School-based behavioral health:** There was high interest in embedding behavioral health into the schools, and to increasing school-based health services.
- **Better coordination between health, social service and other organizations:** Shared messaging around prevention, services, programs, etc. was seen as beneficial.
- **Care coordination and navigation for patients with complex needs:** Including children with special healthcare needs and the elderly.

The identified priorities directly align with the PeaceHealth System'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

II. Prior CHNAs: Implementation Plan Accomplishments

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

Consistent with IRS requirements, PeaceHealth United General, in close coordination with the community conducted and adopted a CHNA in December 2014, its first year of operation as a PeaceHealth hospital. Its focus areas included healthcare delivery and access, and specifically assuring access to essential healthcare for all. Countywide efforts to sign residents up for commercial health insurance and Apple Health, i.e. Medicaid, were successful. Figure 1 and 2 however; shows a decreasing number of Medicaid enrolment and a slight increase in the percent uninsured in recent years.

Figure 1: Medicaid Enrolment, Skagit County

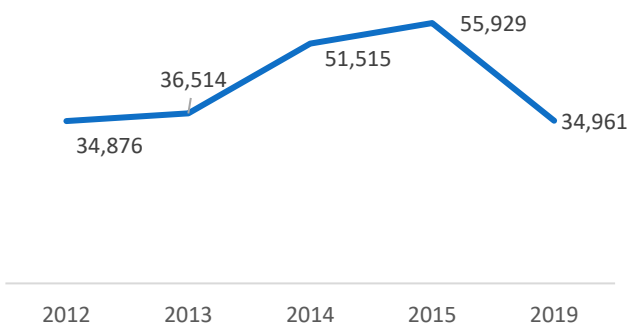
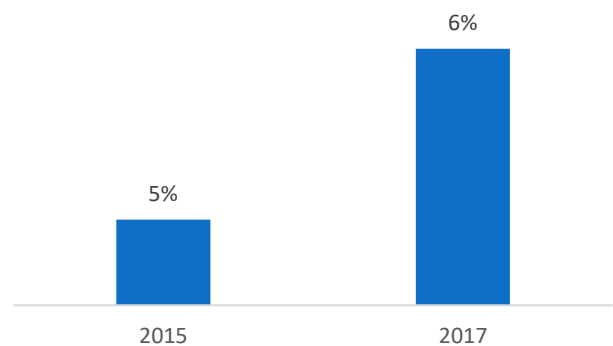


Figure 2: Percent Uninsured, Skagit County



PeaceHealth United General's 2016 priorities included behavioral health, care coordination for complex patients, housing, maternal child health and childhood development. In adopting its Implementation Strategies, the PeaceHealth United General Community Health Board (CHB) considered the size of the population impacted, the needs in relation to hospital capabilities, 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 United General Initiatives and Accomplishments

	Initiatives	Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Develop Emergency Department (ED) assessment and tele-psych service	Underserved within ED	PHMG; EM Care. <i>PeaceHealth United General Role: Lead.</i>	Develop ED assessment and tele-psychiatry services.
	Complete regional behavioral health assessment that builds on CHNA findings and develop local improvement plan that includes treatment options and transition services for district residents	Individuals with mental health instabilities	Skagit County Health Department; BHO; Compass Health. <i>PeaceHealth United General Role: Lead.</i>	Complete regional behavioral health assessment that builds on CHNA findings and develops a local plan for treatment options and transition services.
	Support the plans being developed by the Population Health Trust Opioid Workgroup Leadership Team (OWLT)	Individuals with substance abuse issues	County Health Department and wide range of Population Trust members. <i>PeaceHealth United General Role: Co-Lead.</i>	Support the opioid intervention plans being developed by the Population Health Trust Opioid Workgroup Leadership Team (OWLT).
Care Coordination for Complex Patients	Initiate and implement food prescription program within community	Individuals with food insecurities and identified chronic disease states (i.e. diabetes, cardiovascular disease)	District #304 Community Outreach Programs; UGMC Auxiliary; Community Vendors. <i>PeaceHealth United General Role: Co-Lead.</i>	Initiation and implementation of a food prescription program within community.
Maternal Child Health & Childhood	Provide school-based healthcare for students of Sedro-Woolley High School	Students of Sedro-Woolley High School	Skagit County Health Department; SW school district; Behavioral Health Organization. <i>PeaceHealth United General Role: Lead.</i>	An agreement has been reached for PeaceHealth to provide school-based healthcare for students of Sedro-Woolley High School.

III. State, Regional and Community CHNA Context

PeaceHealth United General'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.



The North Sound 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. The

NSACH is, home to more than one million people, includes Island, San Juan, Snohomish, Skagit, and Whatcom counties, and eight tribal nations. The North Sound ACH 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 coalition 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, 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; 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.



Skagit County Public Health/Population Health Trust: In 2015, the Skagit County Board of Health appointed an advisory committee to guide Public Health and the community working together for health improvement. This committee is now known as the Population Health Trust Advisory Committee (the Trust). The Trust is staffed by Public Health and focuses on collective impact. The Trust launched a Community Health Needs Assessment in 2015. Data was collected through a variety of methods, including more than 1,500 residents survey responses.

After analysis and a series of community forums, a final list of 10 priorities was established. The priorities include:

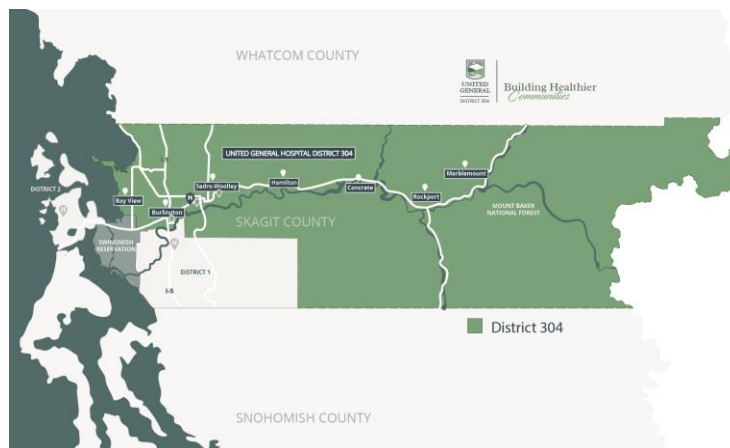
HEALTH BEHAVIORS	CLINICAL CARE	SOCIAL & ECONOMIC FACTORS	PHYSICAL ENVIRONMENT
Nutrition, Weight & Physical Activity	Access to Health Care	Youth Safety	Affordable Housing
Youth Mental Health	Maternal & Child Health	Living Wage Jobs	
Youth Substance Abuse			
Chlamydia			
Opioid Misuse and Abuse			

IV. Overview of the PeaceHealth United General Service Area

Map 1: Primary Service Area (PSA)

DEMOGRAPHIC AND SECONDARY DATA

The primary service area (PSA) is defined as the boundaries of Skagit County Public Hospital District #304. As shown in the map, this includes the communities of Sedro-Wooley, Burlington, Concrete, Bow, Lyman, Marblemount, Rockport, Clear Lake and Hamilton, and parallels the boundaries of Public Hospital District #304. The remainder of Skagit County is considered a secondary service area.



The PSA represents more than 40% of the County's total population.

Today the PSA includes about 52,000 residents. It grew by 6.6% since 2010, and is rapidly aging, with the 65+ cohort representing 18.3% of the population and having grown by nearly 40% since 2010. The Hispanic population has also grown and represents 15.2% of the PSA population, with continued growth projected of over 10% by 2023.

Table 2: Service Area Sociodemographic Profile

	2010	Percent of Total Pop.	2018 Estimate	Percent of Total Pop.	Percent Change 10-18	2023 Projections	Percent of Total Pop.	Percent Change 18-23
Tot. Pop.	48,545	100.0%	51,733	100.0%	6.6%	54,125	100.0%	4.6%
Pop. By Age								
0-17	11,745	24.2%	11,368	22.0%	-3.2%	11,701	21.6%	2.9%
18-44	16,186	33.3%	17,150	33.2%	6.0%	17,840	33.0%	4.0%
45-64	13,847	28.5%	13,748	26.6%	-0.7%	13,408	24.8%	-2.5%
65-74	3,793	7.8%	5,885	11.4%	55.2%	7,212	13.3%	22.5%
75-84	2,070	4.3%	2,533	4.9%	22.4%	2,826	5.2%	11.6%
85+	904	1.9%	1,049	2.0%	16.0%	1,138	2.1%	8.5%
Tot. 0-64	41,778	86.1%	42,266	81.7%	1.2%	42,949	79.4%	1.6%
Tot. 65 +	6,767	13.9%	9,467	18.3%	39.9%	11,176	20.6%	18.1%
Fem.								
15-44	8,965	18.5%	9,309	18.0%	3.8%	9,700	17.9%	4.2%
Hispanic	6,684	13.8%	7,863	15.2%	17.6%	8,720	16.1%	10.9%
AI/AN	844	1.7%	894	1.7%	5.9%	926	1.7%	3.6%

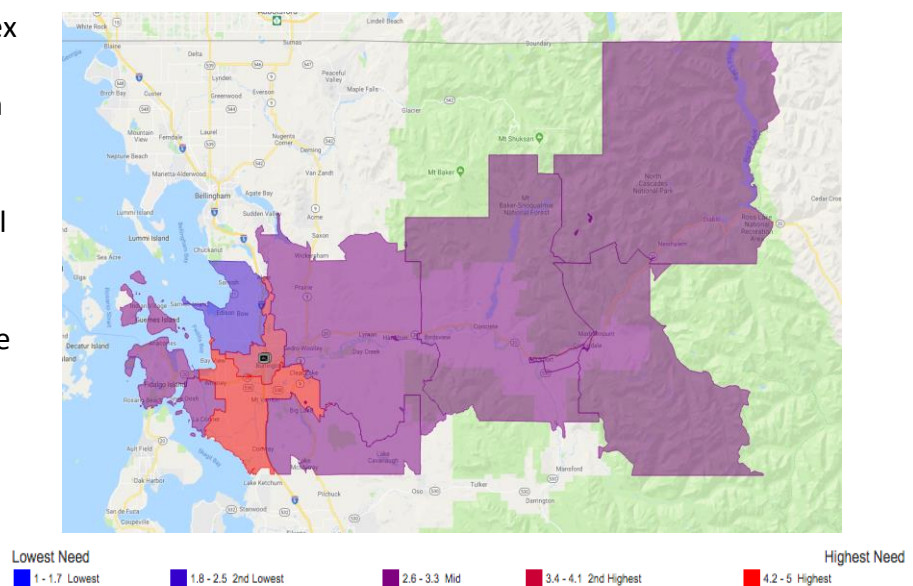
In the service area, housing affordability is a significant concern, and poverty levels are higher than the rest of the County and statewide. In addition to poverty, Skagit County has a slightly higher percentage of ALICE households than the State. ALICE is an acronym that stands for Asset Limited, Income 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. Table 3 provides data for the PSA and County and compares it to the State.

Table 3: PSA and Skagit 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
Bow	91.8%	15.2%	\$71,875	13.6%	39%
Burlington	88.9%	19.1%	\$56,875	8.3%	51%
Clear Lake	92.1%	41.1%	\$23,125	0.0%	-
Concrete	87.0%	20.2%	\$52,235	0.7%	53%
Hamilton	68.6%	35.6%	\$31,750	0.0%	-
Marblemount	86.1%	52.4%	\$12,034	-	85%
Rockport	92.1%	37.3%	-	2.8%	59%
Sedro-Woolley	92.0%	14.7%	57,089	2.2%	48%
Service Area	90.4%	14.6%	-		49%
Skagit County	89.3%	14.3%	\$59,263	7.3%	34%
Washington State	90.8%	6.0%	\$66,174	7.6%	37%

Map 2: Skagit County Community Need Index Map, 2018

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 varying needs within the County, with the area commonly referred to as East County having some of the greatest needs.



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 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; 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; WA Office of the Superintendent for Public Instruction; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; Community Commons.

Note: Most health-related data are not available at a level below the County. When data for the service area was available, they were used.

SKAGIT RWJF RANKING

The data in Table 4 track Skagit County's progress on the RWJF's metrics. Skagit County has not shown improvement since 2011 except in the area of health behaviors, demonstrating that improvement is still needed in many areas.

Table 4: Skagit 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 11-19
Health Outcomes	Mortality and Morbidity	11	10	14	16	16	13	9	16	19	-8 ↓
Length of Life	Premature death	11	13	17	17	17	19	18	18	19	-8 ↓
Quality of Life	Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	12	6	11	8	12	10	7	13	13	-1 ↓
Health Factors	Health Factors	19	17	18	18	20	23	23	23	23	-4 ↓
Clinical Care	Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings	16	15	19	20	13	16	15	20	16	0
Health Behaviors	Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, Chlamydia, Teen Birth Rate	22	15	14	11	12	17	9	17	18	+4 ↑
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support	19	18	20	20	20	22	24	21	22	-3 ↓

Child and Family 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 SKAGIT 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, Skagit County is ranked 22nd out of 39 counties in Washington. For quality of life, Skagit County is ranked 13th which is among the upper counties in Washington state.

Portions of Skagit County are considered a **childcare desert** as there are limited to no childcare providers to support the population. Sedro-Woolley is among the portions in Skagit County that are considered a childcare desert. Six out of ten children in need are without available childcare slots.

The **food environment index**, which measures access to healthy foods and incomes, Skagit County ranks similar (7.9) to that of Washington State (8.1). According to Feeding America, 83% of households in Skagit County are below the SNAP threshold of 200% poverty, compared to only 67% of other state residents. Additionally, childhood food insecurity in Skagit County is 20.4%, versus 17.5% for the State at large. Out of that, 74% of students are eligible for free or reduced school lunches.

Deeper dive

HIGH RATE OF MATERNAL SMOKING DURING PREGNANCY AND LOW BIRTH RATE

Smoking rates in pregnant women in Skagit County (10%) are higher than pregnant women in Washington (7%) overall who 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 rate of babies born at low birth weight in Skagit County (6%). 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.

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 slightly worsening trend in the amount of fruits and vegetables (<five) eaten per day has prevailed among 10th grade youth, increasing from 73% to 82%. The data has also shown a slightly negative trend in eating a full three meals a day, with 10th grade youth often skipping breakfast (now at 40%; compared to 38% in 2014).

FAMILY HEALTH AND WELL-BEING PROFILE

Educational Attainments

Students demonstrating expecting skills in 6 of 6 domains

WA state:
47.4%

Skagit County:
43.0%

Graduation rate

WA State:
79.4%

Skagit County:
75.0%

Maternal and Child Health

Maternal smoking in third trimester

WA state:
7.0%

Skagit County:
10.0%

Prenatal care in first trimester

WA State:
83.0%

Skagit County:
78.0%

Low birth weight

WA State:
6.0%

Skagit County:
6.0%

Incomplete Vaccinations-Kindergarten

WA State:
17.0%

Skagit County:
14.0%

Adult Health

Obesity

WA state:
27.0%

Skagit County:
28.0%

Physical Inactivity

WA State:
17.0%

Skagit County:
16.0%

Diabetes

WA State:
9.0%

Skagit County:
10.0%

Heart Disease

WA State:
6.0%

Skagit County:
6.0%

Youth Health

Obesity

WA state:
12.0%

Skagit County:
16.0%

Insufficient Physical Activity

WA State:
80.0%

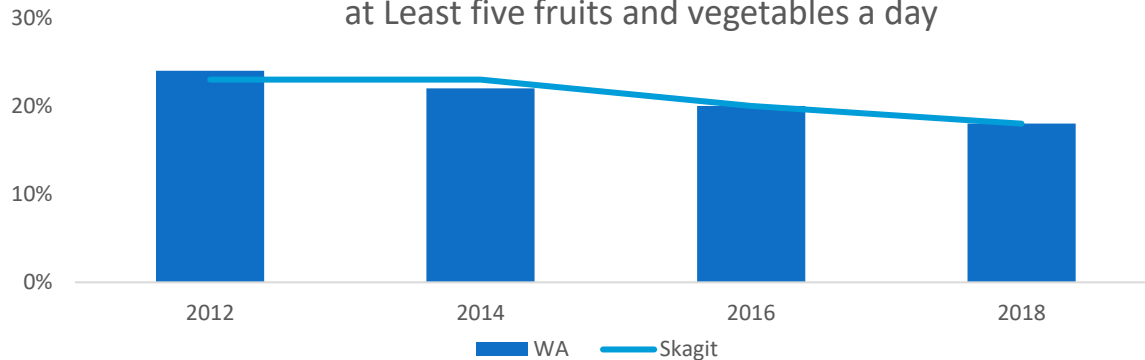
Skagit County:
80.0%

Poverty

WA State:
14.0%

Skagit County:
16.0%

Figure 3: Percent of 10th Graders who eat at Least five fruits and vegetables a day



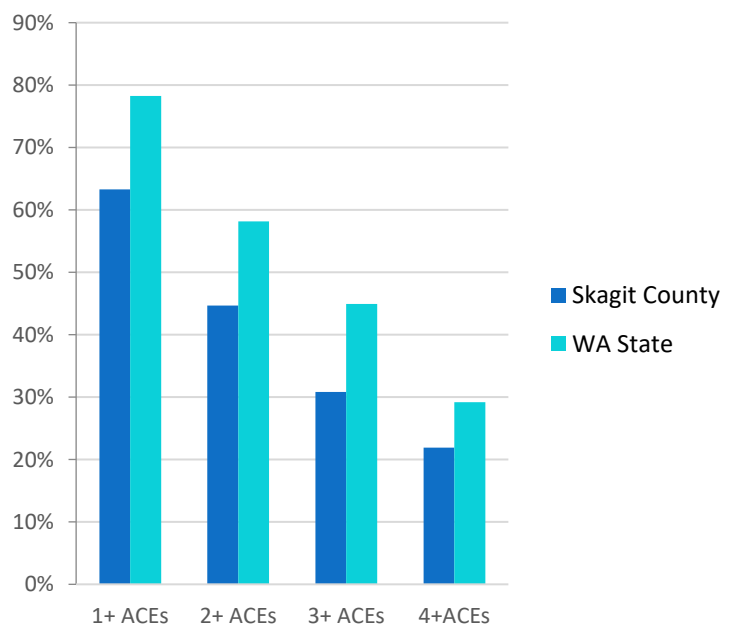
28% of Skagit County adults are obese, and 10% of Skagit County adults have diabetes, compared to a 9% diabetes rate for Washington state overall. In Skagit County children’s population, 80% get an insufficient amount of physical activity (similar to Washington State).

Obesity and diabetes are a risk to the health of Skagit 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 Skagit County, 12% reported lowered activity due to mental and physical health furthering the trends of obesity and related chronic disease from inactivity.

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 State’s ACEs data was only collected from 2009-2011. Over this three-year period, the number of ACEs reported in Skagit County were lower to that of Washington State.

Figure 4: ACEs Reported by Adults in Skagit 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 homelessness. 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 SKAGIT COUNTY FARE?

Skagit County is among those counties most impacted by a lack of affordable housing and housing instability looking across PeaceHealth communities. The 2018 Skagit County’s Affordable Housing Report found:

- Housing production in Skagit County since 2010 has been slower than any decade in the last 40 years.
- Economic recovery from the Great Recession has been uneven, with most household growth occurring at lower income levels.

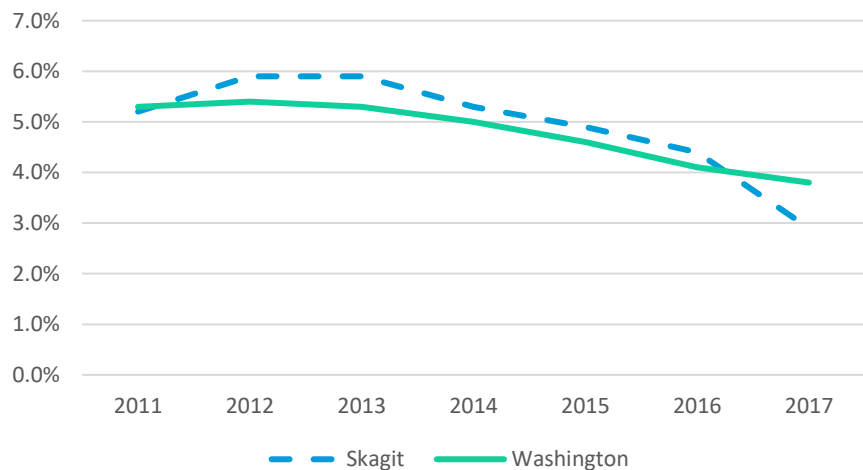
- Skagit County's existing housing stock does not meet the needs of Skagit County residents. 18% of county housing stock is multi-family while 42%-60% of the county population has incomes that suggest the need for a multi-family solution.

In addition, while it has improved, the housing wage gap in Skagit County is still an issue as households report severe difficulty in accessing and maintaining affordable housing.

HOUSING AVAILABILITY AND AFFORDABILITY PROFILE

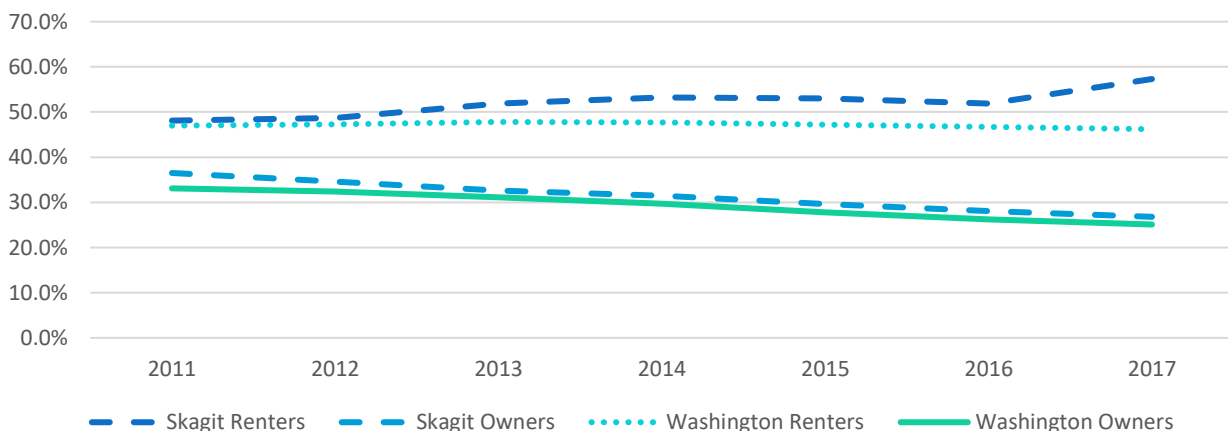
In Skagit County, rental vacancy sits around 3.0% which is lower than the 3.8% vacancy rate in Washington State. When rental vacancy is low, housing insecurity rates trend higher. This is similar for homeownership. When homeowner vacancy is low, rental rates increase. Households that pay more for housing will spend less on essential items such as food, childcare, transportation and healthcare needs

Figure 5: Rental Vacancy Rates



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. Nearly 60% of households that rent in Skagit County are cost burdened.

Figure 6: Housing Cost-Burdened



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

SEVERE HOUSING PROBLEMS

In 2019, Skagit County (21%) is similar to Washington State (18%), in that, one in five residents is impacted by severe housing problems. Severe housing problems is measured as an overall score, but includes four different types of housing problems:

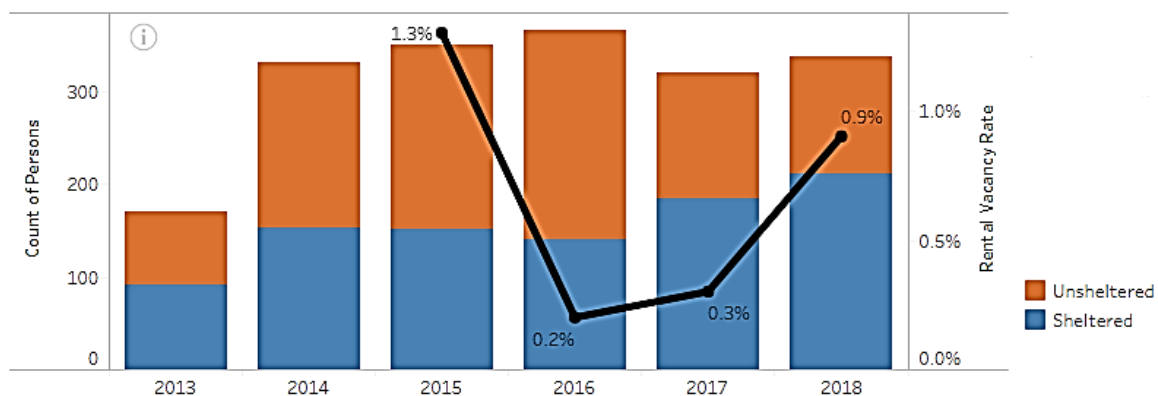
- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

Deeper dive

ADULT HOMELESSNESS

According to the Skagit County Homeless System Dashboard, there were about 1,500 individuals who qualified for homeless services in 2017, with a 'Point in Time Count' of 321. For the 2019 Point in Time Count, there were nearly 300 homeless individuals; representing nearly 200 households. Of this number, about 48 were chronically homeless and another 156 were in either emergency shelter or transitional housing. This included households with and without minors. The vacancy rate in Figure 6 is lower than Figure 4 and is likely due to different statistics.

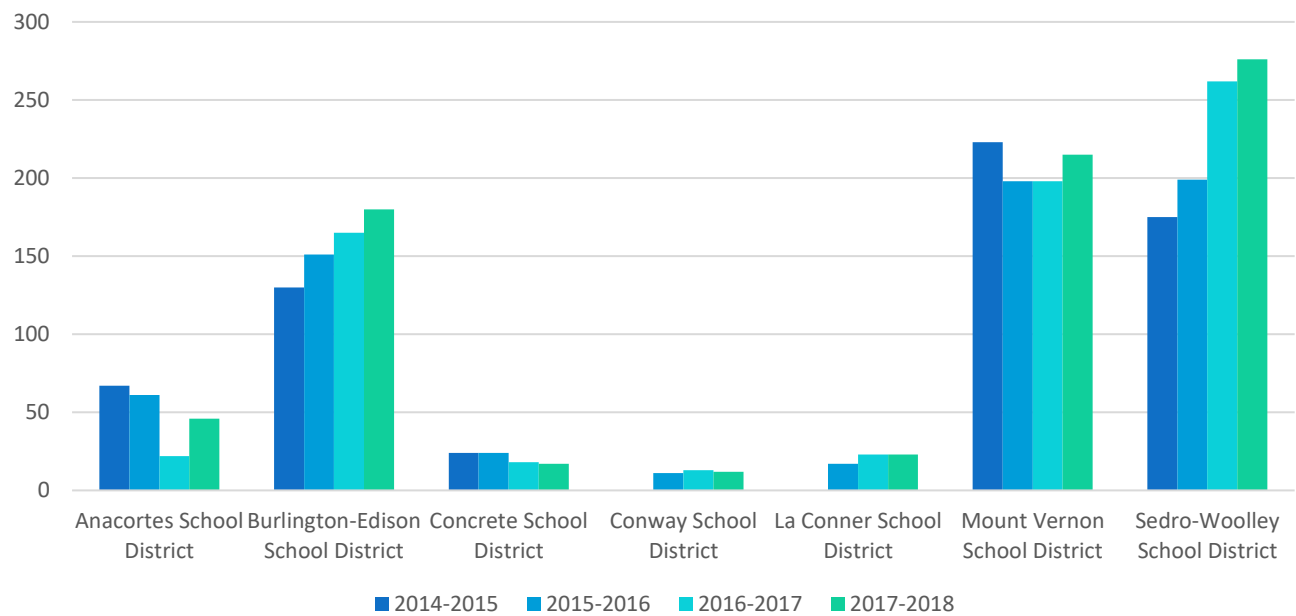
Figure 7: Point in Time (PIT) County and Rental Vacancy Rates in Skagit County



YOUTH HOMELESSNESS

In Skagit County, the number of homeless students, particularly in the Sedro-Woolley School District has increased since 2014-2015. And, in fact, the Sedro-Woolley School District reports a higher number of homeless students than the Mt. Vernon School District which is about 50% larger.

Figure 8: Number of Homeless Students in Skagit County School Districts



Health Care 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. 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 SKAGIT 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), Skagit County now ranks 16th 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.

HEALTH EQUITY SYSTEM PROFILE

Table 5: Skagit County Health Equity Profile

Topic	Skagit County	Washington State
Primary Care Ratio	(1,056:1)	(1,218:1)
Dentist Ratio	(1,366:1)	(1,237:1)
Mental Health Ratio	(400:1)	(310:1)
Uninsured Rate	9%	7%
Uninsured Adults	10%	8%
Uninsured Children	3%	3%
Children in Poverty	16%	14%
Children Eligible for Free or Reduced-Price Lunch	52%	44%
Unemployment Rate	5.5%	4.8%
Mammography Screening	38%	39%
Flu Vaccination	44%	44%
Linguistically Isolated	7.3%	7.6%
Income Inequality Ratio	4.3	4.5

Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. According to county health rankings “Income inequality within US communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.

Areas of note in Skagit County are uninsured, unemployed, and ratio of mental health providers.

Deeper dive

ACCESS TO CARE

The total number of uninsured residents of Skagit County is 9% trending higher than that of Washington State. People without health insurance are less likely to receive preventative care and services for major health conditions and chronic diseases.

LIFE EXPECTANCY

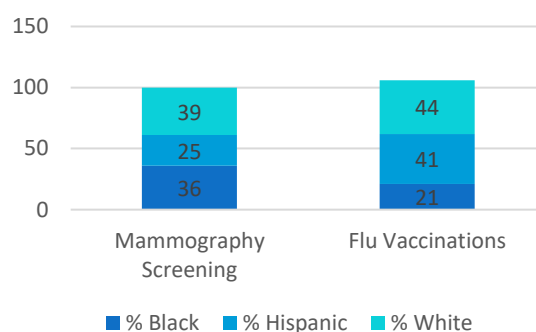
A death is considered premature if it occurs prior to the age of 65. For Skagit County, the average life expectancy at birth is 79.6 years; which is similar to the State average of 80.4 years.

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 every occurring. By utilizing these services, health complications can be avoided.

Skagit County's 2019 overall rates for mammogram screenings (38%) is similar to the state (39%). The similarity is also true for flu vaccinations in Skagit County (44%) and Washington State (44%). When broken down by race, disparities can be seen. For mammography, Hispanics have the lowest rate of screenings at 25%. Within flu vaccinations, Black residents have the lowest rate at 21%.

Figure 9: Skagit County, Mammography Screenings and Flu Vaccinations by Race, 2019

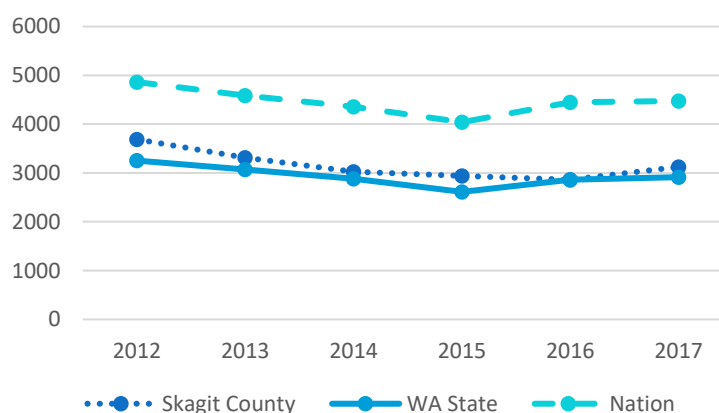


PREVENTABLE HOSPITAL STAYS

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 Skagit 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, Skagit County is below both the national level and similar to the State, which indicates a positive trend of treating these preventable conditions outside a hospital setting.

Figure 10: Prevention Quality Indicator (PQI) per 100,000 beneficiaries, per year



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.

BEHAVIORAL HEALTH PROFILE

Table 6: Skagit County Behavioral Health Profile

Topic	Skagit County	Washington
Mental Health Provider Ratio	(266:1)	(310:1)
Excessive Alcohol Use	19%	18%
Adult Smoking	15%	14%
10th Graders Smoking	6%	6%
10th Graders Vaping	18%	13%
Average Number of Mentally Unhealthy Days	3.8	3.8
10th Graders Depression	38%	40%
10th Graders Reporting 'Seriously Considering Suicide'	22%	23%

HOW DOES SKAGIT COUNTY FARE?

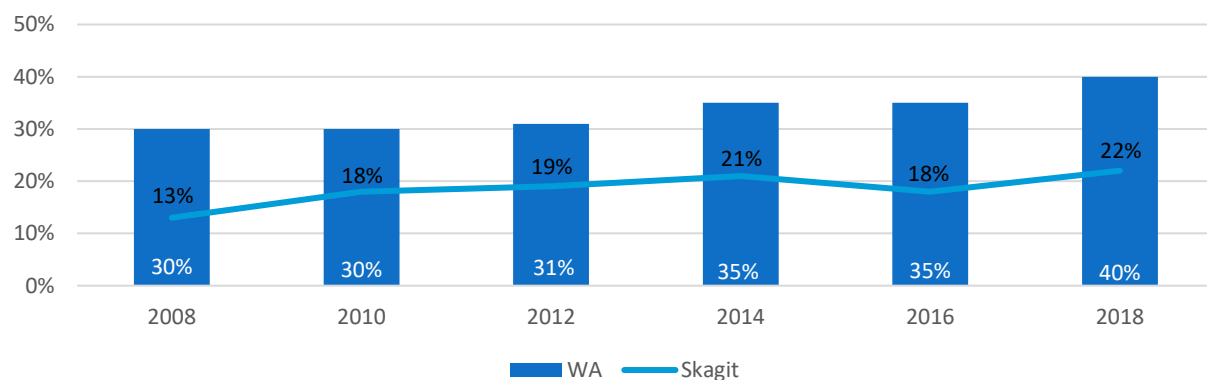
In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, Skagit County ranks 18th out of 39 counties in Washington—among the middle of all Washington counties. Skagit County residents smoke less, and experience alcohol, drug and opioid related deaths at similar rates than the rest of the State.

Deeper dive

MENTAL HEALTH

In Skagit County, residents have better access to mental health providers than other Washington residents. However, residents experience poor mental health days similar to the rest of the State (3.8). Additionally, as shown in Figure 9, among youth, while similar to the State, more 10th graders are reporting slightly more suicidal ideations than 2012 (22% compared to 19%).

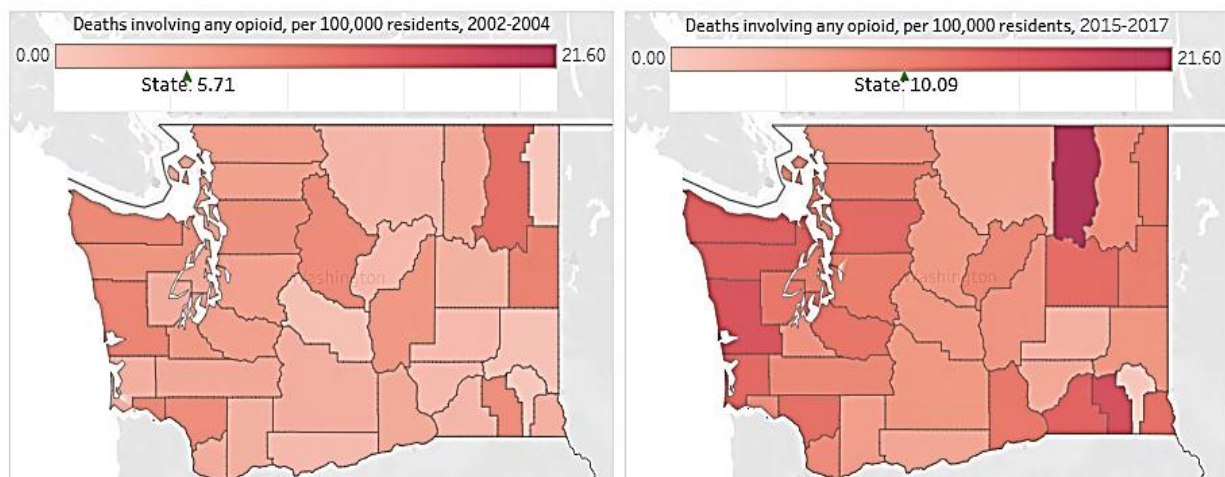
Figure 11: 10th Graders Reporting Feeling Depression
Skagit County vs. Washington, 2008-2018



GROWTH OF OPIOID USE DISORDER

The death rate from opiates in Skagit County slightly decreased from 2011 to 2016 from 11.6 per 100,000 to 10.1. However, when looking at the trends 2002-2004 to 2015-2017, an overall increase of 79.8% in use is seen as shown in Figure 12. In 2017, the opioid overdose hospitalization rate per 100,000 was 15.0 similar to the 2013 rate of 13.9.

Figure 12: Rate of Deaths Attributed to any Opiate by County, WA State



Source: Univ. of Washington Alcohol and Drug Abuse Institute

VI. 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” in providing 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.

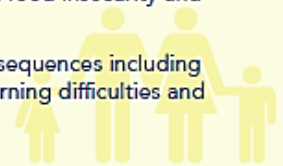


Taking Action:

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.



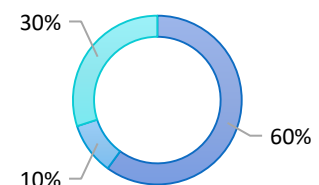
Impact on Community Health

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



■ 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 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

78 people

die each day from prescription painkiller overdose.

— Centers for Disease Control

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

77%

21–35 year olds represent the majority of opioid use disorder patients entering treatment.¹

70%

of patients with dependency on opioids, opiates or heroin entering treatment are male.²

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 a number of ways. First, interviews of key informants and stakeholders were conducted. Secondly, PeaceHealth United General convened a community meeting to review data and discuss priorities.

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; and
- Secondary data gathering for 2019 CHNA.

PeaceHealth United General surveyed and interviewed the community leaders from the following organizations:


Organizations
Skagit County Public Health/Department of Health
Sedro-Woolley School District
Skagit County Public Hospital District #304
Community Action Committee
Upper Skagit Tribe

COMMUNITY CONVENING

PeaceHealth United General convened a community meeting on March 26, 2019. The convening brought community members together to:

- Review results of the 2016 CHNA;
- Review current information driving the 2019 CHNA;
- Share knowledge about the community and its healthcare needs; and
- Give feedback that will help drive the CHNA priorities for the next three years.

Attendees at the community convening represented the school districts in Burlington and Sedro-Woolley, United Way of Skagit County, the Economic Development of Skagit County, Children's Council of Skagit County, City of Sedro-Woolley, PeaceHealth United General Auxiliary, Skagit County Public Hospital District No. 304 and PeaceHealth St. Joseph, a tertiary referral partner in adjacent Whatcom County.



Common themes through both the key informant interviews and the community convening included:

- **Substance use, including opioids:** Recovery and prescribing practices were identified as concerns.
- **Family and child well-being:** Unmet social and emotional needs were identified and was food insecurity, support for healthy eating and active living (HEAL), use of food prescriptions and the need to increase vaccination rates. A report of the Population Health Trust on first 1,000 days (a focus on child and family) contains additional needs. Concerns were expressed regarding rapid increase in vaping.
- **Housing insecurity, wrap-around services and equity:** East County is particularly affected by homelessness. There is a growing number of families with children that are experiencing housing insecurity and there is also growing housing insecurity and homelessness in the senior population. Isolation of seniors was also identified as a growing concern.
- **School-based behavioral health:** There was high interest in embedding behavioral health in schools and increasing school-based health services.
- **Better coordination between health, social service and other organizations:** Shared messaging around prevention, services, programs, etc. was seen as beneficial.
- **Care coordination and navigation for patients with complex needs:** Including children with special healthcare needs and the elderly.

The identified priorities directly align with the PeaceHealth System'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

VIII. NEXT STEPS

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth United General 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 United General'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.