Vancouver-based PeaceHealth Southwest Medical Center and Medical Group provide comprehensive specialty care for more than 275,000 patients annually in southwest Wash. As one of Clark County’s largest employers with over 3,200 caregivers and more than 850 active medical staff members, PeaceHealth Southwest offers dozens of medical specialty services and programs.

**Major Medical Services**

- Advanced Heart & Vascular Care
- Level II Trauma Center
- Modern Birthing Center, capabilities for high-risk pregnancies
- Outpatient Surgery Centers
- Cyberknife® Centers dedicated to treating brain, spine & other tumors
- Nationally-Certified Stroke Center
- Kearney Breast Center, Advanced Imaging Services, 3D Mammography
- Joint Replacement
- Neurosciences Center
- Cancer Care

**Facts & Figures (July 2016 to June 2017)**

- Total licensed beds: 450
- Average daily census: 247
- Average length of stay: 4.71 days
- Employees: 3,249
- Active medical staff: 850+
- Volunteers: 683
- Inpatient admissions: 19,154
- Outpatient clinic visits: 275,965
- Births: 2,102
- Surgeries: 11,306
- ED visits: 74,370

**Community Benefit**

- Charity Care: $4,807,000
- Unpaid Cost of State Programs: $28,746,000
- Total Community Benefit: $36,044,000

**PeaceHealth History**

As the region’s healthcare leader and steward for more than 155 years, PeaceHealth Southwest is a community-governed, not-for-profit organization established as the first permanent hospital in the Northwest Territories in 1858 by Sister Mother Joseph from the Sisters of Providence.

**Geography & Economy**

Vancouver is a city on the north bank of the Columbia River and the largest suburb of Portland, Oreg. With an estimated population of 174,826, it is the fourth largest city in Washington state, and forms part of the Portland-Vancouver metropolitan area.
Clark County Community Health Overview

Service Area Demographics
Clark County has approx. 467,018 residents. More than 37.8% of residents live in Vancouver, which has approx. 174,826 residents.

- **50.9%** adult females
- **49.1%** adult males
- **6.3%** under 5
- **24.6%** adults 18-24
- **16.6%** adults 25-34
- **17.2%** adults 35-44
- **17.9%** adults 45-54
- **17.4%** adults 55-64
- **19.9%** adults 65+
- **10.96%** Veterans (approx. 9,592)

Race/Ethnicity
- **9.3%** Hispanic
- **1.1%** American Indian/Alaska Native

Socioeconomics
- **33%** of all households are in poverty or cannot afford basic household expenses
- **91.2%** adults with high school diploma
- **$59,551** median household income
- **11.8%** live below the Federal Poverty Level

**Ranked 14 out of 39** for Wash. Counties on key health indicators

Top Community Health Concerns
- Adult and teen chronic diseases
- Opiate use/abuse
- Disparities in coverage and access to care based on race/ethnicity and for those who are undocumented
- Lack of affordable housing for homeless and low income families
- Poor outcomes for people who have chronic mental illness

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### Major Health Problems/Gaps, Key Health Indicators & Strategies

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Major Health Problems/Gaps*</th>
<th>Key Health Indicators^</th>
<th>Prioritized Evidence-Based Strategies</th>
</tr>
</thead>
</table>
| Healthy, Active Living            | • Adult and teen chronic diseases                    | Major issues identified include youth smoking and physical inactivity. The county is below the state average for both these measures. Adult obesity is 30% compared to the state at 27%. The 2011-2013 rate of opiate-related deaths was similar to the state’s overall rate. | • Community Health Worker programs  
• School nutrition programs       |
|                                  | • Social isolation                                    |                        |                                      |
|                                  | • Opiate use and abuse                                |                        |                                      |
| Child & Family Wellbeing         | • Housing affordability for homeless and low income families | Readiness to Learn among kindergarteners entering school and food insecurity among children are major concerns for children in Clark County. While these measures are similar to state rates, these are important factors to monitor to improve children’s lives. | • Prenatal and early childhood home visiting programs  
• Preschool programs with family support services |
|                                  | • Maternal/child health                              |                        |                                      |
|                                  | • Financial literacy/independence                     |                        |                                      |
|                                  | • Postpartum depression                              |                        |                                      |
|                                  | • Healthcare for women in recovery                   |                        |                                      |
| Health Delivery Systems          | • Healthcare still unaffordable for many despite insured status | Data show that there are significant differences in rates of being insured by race/ethnicity, and racial/ethnic differences in the quality of preventive care received by Medicare beneficiaries. Addressing these inequities is vital to the health of the community. | • Integration of behavioral health and primary care  
• Supported housing programs     |
|                                  | • Poor outcomes for people with chronic mental illness |                        |                                      |
|                                  | • Lack of healthcare access for people who are undocumented |                        |                                      |
| Equity                            | • Mass incarceration                                  | Affordable housing is a key component of financial wellbeing and stability, and forms the basis of good health. There are many pockets of people in Clark County burdened by high housing costs. Clark County has less income inequality than the majority of counties in the state, an important marker of community health resilience. | • School-based health centers  
• Expanded Housing First programs |
|                                  | • Cost-burdened housing                              |                        |                                      |
|                                  | • Poverty disparities by race/ethnicity               |                        |                                      |

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*Sources: U.S. Census Bureau, Clark County, 2016; PeaceHealth 2016 CHNA; CentraForce Health.

* Summarized from interviews with organizations throughout the county representing public health and minority health.

^ Based on primary data from Robert Wood Johnson’s 2016 County Health Rankings and other state sources.