Arbor Health

Morton Hospital

Mossyrock Clinic

Morton Clinic

Randle Clinic

Specialty Clinic

Community Health Needs Assessment and Implementation Plan

2020-2022


Adopted by Lewis County Public Hospital District No. 1 Board of Commissioners

May 6, 2020

Table of Contents

Introduction and Brief History

More than 80 years ago, and as it was called then, Morton General Hospital opened as a privately owned hospital to serve the healthcare needs of the hard-working settlers of East Lewis County. The goal was to care for those whose work in the timber industry helped build the Pacific Northwest. Over the decades to follow, the community grew and in 1978, a public hospital district was formed to ensure the community a healthy future for generations more to follow. Lewis County Public Hospital District No. 1 (a municipal corporation) then purchased the hospital.

In 1992, the hospital district constructed a 30-bed Long Term Care Center addition to the hospital. The wing was later converted to serve as the hospital's inpatient rooms. The 1952 brick hospital structure served the community until 2006 when a new, modern facility was completed. The community celebrated the grand opening of the new hospital in January 2007. The new construction provided much-needed space for advancements in imaging and laboratory services and the cafeteria.

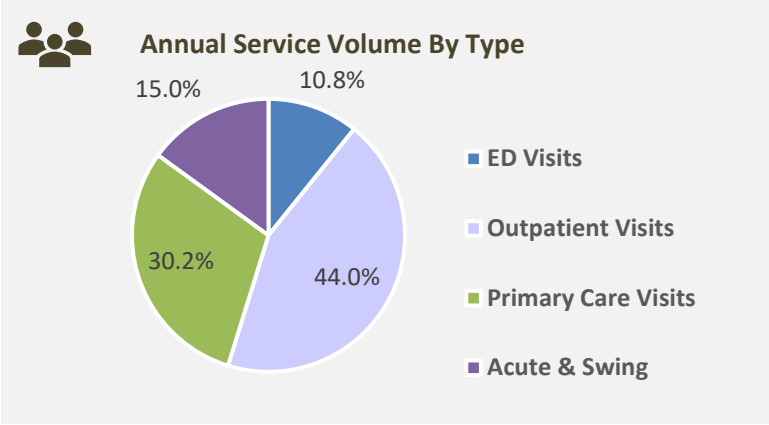
The hospital district extends east to White Pass, just southeast of Mt. Rainier National Park. It extends west to Mayfield Lake, encompassing the towns of Mossyrock and Cinebar; and north to include the town of Mineral. The land area is more than 900 square miles and includes elevations as high as 4,500 feet.

Morton Hospital, a 25-bed, 501c(3) Critical Access Hospital (CAH) provides a range of services as noted in Graphic 1 below. It touches more than 110 patients on a typical day, including patients needing outpatient, primary care, emergency and long-term care services.

Graphic 1: Services and Volumes

Services Offered

- Trauma Level V
- Emergency Cardiac Level II
- Emergency Stroke Level III
- Inpatient & outpatient surgery
- Swing beds
- Mammography
- MRI
- Occupational therapy
- Respiratory therapy
- Physical therapy
- Laboratory
- CT scanning
- Ultrasound
- X-Ray
- Endoscopy
- Emergency



In terms of Clinics, Arbor Health operates four clinics: the Randle Clinic is located 20 miles east of the Hospital and the Mossyrock Clinic is located 12 miles west. Morton primary care and specialty clinics are located adjacent to the Hospital.

In January 2019, the district adopted a new parent name, Arbor Health, reflecting the philosophy that our network of care is truly, better together, ensuring compassionate, professional health care right here at home. Our new name pays tribute to our timber industry and community: With a canopy formed by trees and with fall-themed colors of cranberry and gold.

The purpose of a public hospital district under RCW 70.44 includes, among other factors, *to provide hospital services and other health care services for the residents of the District and others*. The District sees the Community Health Needs Assessment (CHNA) process as a vital tool for quantifying resident need. The intent is to use this CHNA for strategic and operational planning and as we engage the community in various health improvement efforts.

Methodology and Summary of Community Health Planning Activities within the District

A number of entities whose service areas fully or partially incorporate the District were actively engaged in community health planning and needs/gaps identification in 2019. These organizations include Lewis County Community Health Partnership, whose work was sponsored by the Cascade Pacific Action Alliance (a 7 County, Accountable Community of Health), and Valley View Health Center, a federally qualified health center.

Arbor Health was an active participant in each of these processes. A high- level summary of each process and priorities established are summarized below:

Lewis County Community Health Partnership

Lewis County Public Health & Social Services coordinated a 2019 Community Health Assessment (CHA) designed to both update the previous CHA completed in 2014 and to see what new opportunities and challenges exist five years later. The Partnership – a group of public and private agencies that support the County's health served as the Steering Committee 2019 for the CHA effort. Funding came from the Cascade Pacific Action Alliance. The *Mobilizing for Action through Planning and Partnerships (MAPP*) tool created by the National Association of County and City Health Officials (CPAA) was the selected methodology.

A smaller group of community partners representing hospitals, clinics, emergency medical services, non-profit agencies, education, community development, and the faith community formed the Core Team guiding the work of the CHA. The process was designed to reveal key strengths in the county, as well as help identify and prioritize strategic issues, top concerns raised by county residents, and trends affecting the health and vitality of Lewis County.

As of the writing of this CHNA, a new Community Health Improvement Plan (CHIP) is being finalized to coordinate activities designed to address the identified issues. It will also consider and re-evaluate the status of priorities and strategies developed in the 2015 process. For context, the 2015 priorities are restated below:

- Increase Economic Opportunities,
- Improve Educational Opportunities and Job Training, and
- Improve Awareness of Available (social and health) Services.

The strategies developed in response to the priorities included:

- Strategic Issue I: Improve Economic and Educational Opportunities
  - Goal 1: Improve educational and skill training opportunities
  - Goal 2: Improve knowledge of employment and/or skill training opportunities within the public, commercial and educational sectors
- Strategic Issue II: Improve Access to and Awareness of Available Services
  - Goal 1: Improve service provider knowledge of opportunities and gaps in services

Valley View Health Center

Lewis County Community Health Services, DBA Valley View Health Center (VVHC) is a Federally Qualified Health Center (FQHC) providing Primary Care, Dental, Behavioral Health and Pharmaceutical services to residents of Southwest Washington since 2004. Its Community Health Needs Assessment was conducted in partnership with health care providers, public health and community leaders from Lewis, Pacific and Thurston Counties.

Community convening was accomplished through on-line and paper surveys, community events and key informant interviews. Surveys were distributed to select venues and available in clinic lobbies. Short presentations were given at 9 venues in Lewis County including 2 senior centers, 4 service clubs, a low-income apartment building, a hosted movie night and a meeting with local fire department officials. Surveys were shared by front desk staff at the Chehalis, Centralia, and Tenino clinics. The online survey was announced via the VVHC Facebook page and the Chehalis Chamber of Commerce listserv.

The surveys included three questions. Results are summarized below:

Question 1 - What is the biggest challenge you face when trying to use health care services? The main themes were:

- Access to Care (45%)
- Cost (22%)
- Quality of Care (15%)

Question 2 - What types of health problems do you see most often in our community? The main themes were:

- Diseases (50%)
- Lack of Local Services (19%)
- Behavioral Risk Factors (13%)

Question 3 - What is the health care service that you wish was offered in our community? The main themes were:

- More Local Specialists - behavioral health, dental and primary care/internal medicine (33%)
- Additional Services (27%)
- Better Access (11%)

In-person "voting" was done at three community events where participants were asked to "vote" for their top 3 health issues.

The themes were:

- Mental Health & Family Counseling (33%)
- Substance Abuse (18%)
- Transportation to Healthcare (15%)
- Women's Health (9%)
- Local Specialty Care (8%)
- Access to Healthy Food (5%)
- Dentistry (5%)
- Housing & Homelessness (4%)

Key informant interviews were conducted with select community leaders and stakeholders. The interviews included 10 questions. These interviews yielded similar concerns with health-related issues as the surveys: namely, access to healthcare is a barrier. This includes a shortage of local primary care and specialty providers, and transportation to healthcare. Lack of elder care and mental/behavioral health and substance use disorder providers and services were also identified as top concerns.

Arbor Health was an active participant in both the Lewis County Public Health Partnership and the Valley View processes and has elected to use health factors and outcomes data and health care needs information collected and discussed during these two processes to develop our own CHNA. Arbor Health also held focus groups to expand on the convenings conducted by the other processes, and consistent with IRS requirements, developed its own priorities and Implementation Plan.

Where available, data was collected specific to the District, and where not, Lewis County level data was used. Specific data sources used included:

- ALICE. Asset Limited, Income Constrained, Employed Project.
- DHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion
- DHHS, NIDA, Washington Opioid Summary.
- DHHS, NIH, NIMH, Mental Health Information Statistics.
- US Census Bureau, 2018 Quick Facts.
- University of Wisconsin, County Health Rankings & Roadmaps Program.
- WA Depart. of Commerce. Washington State Department of Commerce Annual Point in Time Count.
- WA Dept. of Health, All Deaths Dashboards, Chronic Disease Profiles, Social Determinants of Health Dashboard. Trauma Services, Immunization Data, Opioid Dashboard, Oral Health Profiles.
- WA ESD, Labor Market and Economic Analysis.
- WA HCA, Dental Data and Apple Health (Medicaid) report.

Update of 2016 CHNA

Morton Hospital's 2017-2019 Implementation Plan priorities and strategies were adopted by the hospital's Board of Commissioners. They were selected after review of the collected data and feedback from community convenings and considering the resources, expertise, current community assets, do-ability and the promise of reducing the burden of ill health. Table 1 on the next page details the strategies and goals that were adopted, along with their current status:

Table 1
2017-2019 Implementation Strategy and Current Status

Priority	Strategy	Metric	2019 Status
Obesity and Nutrition	Employ a full-time Registered Dietician to support the nutritional needs of each patient	Full time Nutritionist employed	PRN Registered Dietician and Fulltime Dietetic Tech Hired
	Prevention T2 program is offered to all pre-diabetic patients.	Reduce participants' weight by 5-7% of starting weight within first 6 months.	Diabetic Educator Retired, Actively Recruiting for Replacement
	Develop a Corporate Wellness Program to promote weight loss.	Reduce participants' collective weight by 2% by end of year 3.	2019 Employee Event Brought 9,500 Miles Walked and 339 Pounds Lost (an average of 5.4 pounds per person) Over The Course of 100 Days
Diabetes	Prevention T2 program is offered to all pre-diabetic patients.	50% of all participants will get at least 90 minutes of exercise each week for first 6 months of program	Diabetic Educator Retired, Recruiting for Replacement
	Type 2 Diabetes Basics	75% of all patients that complete the 4-session curriculum will improve glucose control as measured by HbA1c.	Diabetic Educator Retired, Recruiting for Replacement
Mental Health	Continue to explore the avenues with which to provide mental health services to hospital district residents.	Implement an outpatient mental health service within the district by end of year 2.	A tele-behavioral health contract was signed in Q4 2018. 85 unique patients received tele-behavioral services in 2019.
Smoking	Continue to offer free smoking cessation opportunities to district residents through evidence-based health coaching.	Provide smoking cessation information to all clinic patients identified as active smokers by start of year 2.	Smoking cessation classes are offered to clinic patients
Healthy Aging	Continue to offer the Aging Mastery program annually.	75% of participants will indicate that the program helped them deal more effectively with their health.	Diabetic Educator Retired, Recruiting for Replacement

Our Community and People

More than 80% of Arbor Health's inpatients reside within the boundaries of Lewis County Public Hospital District #1. The District encompasses 900 square miles and includes the communities of Morton, Randle, Mossyrock, Packwood, Glenoma, Silver Creek, Salkum, Silver Creek and Mineral. Figure 1 depicts the boundaries of the District. The District's current population is approximately 10,550, as detailed in Table 2. The District's population has increased by 5.5% since 2010. Almost 30% of District residents are 65 or older, making the District one of the oldest communities in the State. The 65+ population is projected to grow by another 15% over the next 5 years, while total population will grow by just 4.1%. Approximately 7% of District residents are Hispanic, compared to 13% statewide. From 2010 to 2019, the District's Hispanic population grew by 32.3%.

Figure 1. District Map

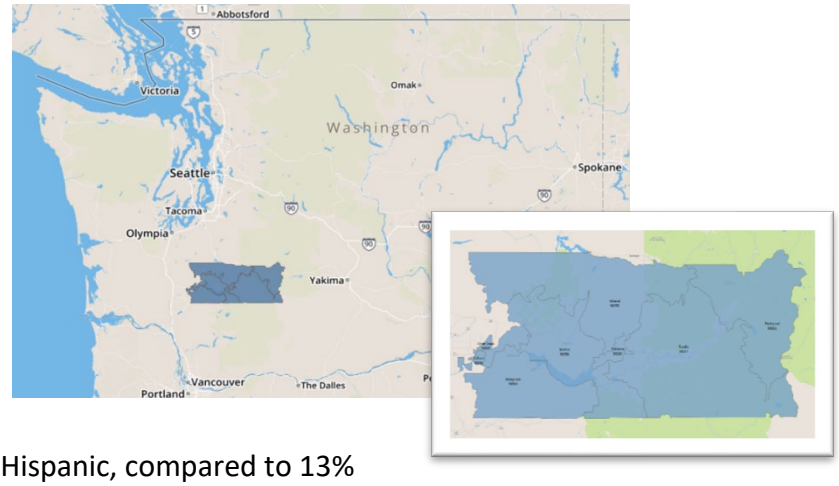


Table 2. District and County Demographics, 2019

Population	District	%	Lewis County	%	WA State	%
Total Population	10,546		81,004		7,572,102	
Under Age 5	463	4.4%	4,710	5.9%	468,060	6.2%
5-17 Years Old	1,282	12.2%	12,714	16.1%	1,214,105	16%
Adults 18-64	5,759	54.6%	46,042	57.7%	4,682,763	61.8%
Seniors 65+	3,042	28.8%	17,538	20.3%	1,207,174	15.9%
Hispanic	746	7.1%	8,986	11.1%	985,233	13%

Source: Nielsen Claritas. District defined as zip codes 98336, 98355, 98356, 98361, 98377, 98564, 98582 and 98585.

Health Factors and Outcomes in Lewis County

This Report adopts Lewis County data from the Valley View Health Center CHNA since the majority of health factor and outcome data are only available at the County level. Where data is available at the Arbor Health Service Area (District) level, we have incorporated it. Heath Factors include Social Determinants of Health and Behavioral Risk Factors interacting to result in Health Outcomes.

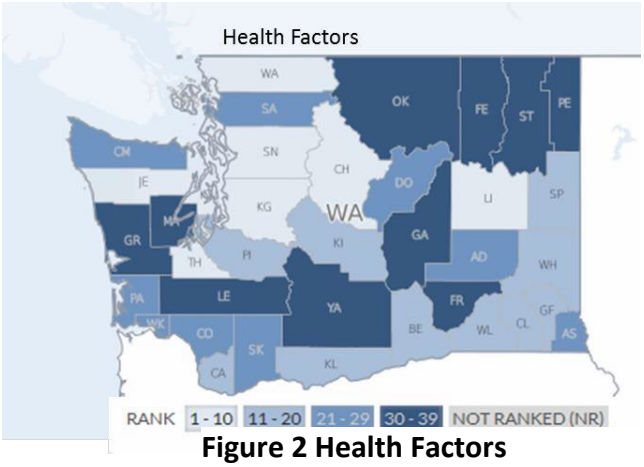


Figure 2 Health Factors

Social Determinants of Health

The social determinants of health - the conditions under which people are born, grow, live, work and play - significantly influence the health of a community and its residents. In 2019, Lewis County ranked 27th out of 39 Washington Counties for Social and Economic Factors. These include education level, unemployment poverty levels, income inequality, social associations, violent crime, injury deaths and children in single-parent households.

As seen in Table 3, Lewis County has significantly higher rates of children under 18 in households below the federal poverty level than the state. It fares considerably better than the state on violent crime rates, and is comparable to the state on food insecurity and housing problems.

In addition, roughly 34% of Lewis County residents are on Apple Health, compared to 24% statewide. Almost 9% of Lewis County residents less than 65 years of age are estimated to not have health insurance as of 2018. This is currently higher than Washington State (7%), but lower than the United States (10%).

According to the Henry J. Kaiser Family Foundation, 48% of uninsured adults said the main reason they were uninsured was because the cost was too high, even under the Affordable Care Act. Uninsured adults are less likely than adults with any kind of health coverage to receive preventive and screening services and less likely to receive these services on a timely basis.

Table 3. County and State Socioeconomic Characteristics

Metric	Definition	Lewis County	WA State
Children in Poverty	Children under 18 in households with incomes below the federal poverty level in last 12 months	21%	14%
Percent with Severe Housing Problems	1 or more of: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18%	18%
Violent Crime Rate per 100,000	Offenses that involve face-to-face confrontation between the victim and the perpetrator per 100,000	193	294
Food Insecurity	Did not have access to a reliable source of food during the past year	15%	12%

Source: 2019 County Health Rankings and Road Maps

Better than WA State | Worse than WA State

Some socioeconomic and economic data is available at the District level. This data is summarized in Table 4 and demonstrates that the District fares worse than the County and State in terms of income, poverty, and graduation and unemployment rates. Importantly, the County also fares worse than the State on these same indicators.

The District's graduation rate of 83.3% is worse than the county rate of 87.8% and the state rate of 91.1%. The rate for those with a bachelor's degree or higher is 14.9% in the District which is worse than the County rate of 16.8%. Importantly, the County is about half of the state and national rate (35% and 32% respectively).

The per capita personal income in the District in 2017 was $24,965 which is slightly worse than Lewis County and significantly worse than the state or nation. For comparison, the per capita income in Washington State was $36,888 and the US average was $32,621. The District has slightly more individuals below the federal poverty level than the county, and again significantly more than the state (8.9% vs. 8.2% and 5.3% respectively).

Lewis County is also classified as an Economically Distressed Area, with an unemployment rate of over 7% in July 2019.The unemployment rate has decreased since 2016, but is still higher than the state rate of 4.5%.

Table 4. District-Level Socioeconomic Characteristics

Metric	Definition	District	Lewis County	WA State
Percent High School Graduate or Higher	Ages 25+ with high school diploma (incl. GED) or higher education	83.3%	87.8%	91.1%
Percent in Poverty	Individuals in households with income under 100% of poverty level in past 12 months	9.6%	9%	7.4%
Per Capita Income	Average income earned per person	$24,965	$25,813	$36,888
Unemployment Rate	Ages 16+ unemployed	8.9%	8.2%	5.3%

Source: American Community Survey, 2018 5 Year Estimates. District defined as zip codes 98336, 98355, 98356, 98361, 98377, 98564, 98582 and 98585.

Better than WA State | Worse than WA State

With poverty being a critical predictor of poor mental and physical health outcomes, a 2018 United Ways of the Pacific Northwest report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are working families that earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation, and health care. This data is available at both the County and District level. In addition, almost 33% percent of Lewis County residents find it difficult to meet basic needs based on 2016 data. These households earn more than the FPL, but less than the basic cost of living for the county. An estimated 15% of Lewis County residents live below the Federal Poverty Level (FPL), compared to the State at 11% and the Nation at 12%. Over 22% of persons are living at or below 125% of FPL, which is above the state average of 16%.

ALICE households as a percentage of total households in the District and County are identified in Table 5. When combining households living in poverty and ALICE households, approximately half or more (in all cities except Packwood) of District households cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation (ranging

from 36% in Packwood to 85% in Mineral). For all cities in the District except Packwood, this is higher than Lewis County and Washington state overall, wherein 47% and 39% of households are either ALICE or in poverty.

Table 5. ALICE Households

Area	Total HH	% ALICE or Poverty
District		
Mineral	131	85%
Morton	451	60%
Mossyrock	308	67%
Packwood	140	36%
Other Lewis County		
Centralia	6,652	57%
Chehalis	2,808	61%
Fords Prairie	867	46%
Napavine	672	44%
Onalaska	248	41%
Pe Ell	214	43%
Toledo	248	58%
Vader	243	57%
Winlock	503	58%
Lewis County	**29,509**	**47%**
WA State	**2,767,682**	**39%**

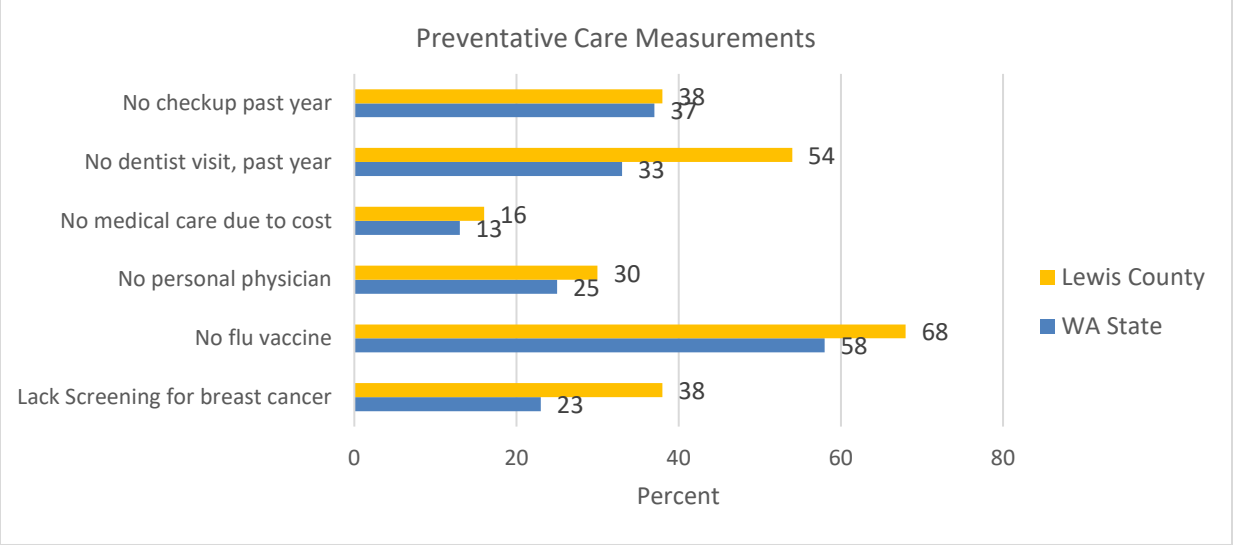
Source: 2018 United Way ALICE Report for the Pacific Northwest

Behavioral Risk Factors

Behavioral Risk Factors are those personal behaviors or patterns of behavior which strongly yet adversely affect heath and increase the chance of developing a disease, disability or syndrome. Lewis County is ranked 35th of the 39 Washington Counties for Health Behaviors. Rates of adult smoking (17%), physical inactivity (22%), and alcohol-impaired driving deaths (38%) are all higher than the Washington State average. There is lower access to exercise opportunities (52%) than the state average. There are more teen births in Lewis County than the state average. The rate of excessive drinking (16%) is slightly lower than the state rate.

Preventive Care

Lewis County residents are doing worse than the state in seeking preventive health care. For example, 38% of residents have not been screened for breast cancer which is significantly more than the state average. Whereas almost 70% of Lewis County residents get screened for colorectal cancer. Over one-third of residents also did not get a medical checkup in the last year.



Immunizations

Receiving the appropriate vaccine on time is one of the best preventive health behaviors and one of the single most important way parents can protect their children against serious diseases. Lewis County school aged children are doing well for meeting school- entry immunization requirements: 88% of kindergartners; 83% of 6th graders; and 91% for all grades K-12. These rates are just slightly higher but statistically significant than the state average.

In comparison, only 34% of children in Lewis County are considered fully immunized using the HEDIS Combo 10 measure, compared to the state average of 45%. Only 16% of children 6 months-17 years old received influenza vaccine in 2018, compared to the state average of 25%. This is far below the Healthy People 2020 goal of 70%. The adolescent HPV immunization rate is 45% for at least 1 dose, but only 26% are up to date with a complete series. These rates are only slightly lower than the state at 49% and 29%, respectively.

Oral Health

Poor oral health is widespread in Washington State and the United States and disproportionately affects low-income populations. Most low-income adults and children in Washington State receive dental coverage through Apple Health. Federal law mandates that Medicaid programs cover dental services for children under the age of 21, but there are no requirements for adult coverage. This is reflected in the rates of those eligible for Apple Health receiving dental services. In Lewis County, only 22% of low-income adults (21 years and older) received a dental service in 2018, compared to 54% of children (20 years of age and younger). These both are slightly lower than the state utilization rate.

Overall, 54% of Lewis County adult residents report not seeing a dentist in the past year for any reason, compared to the state average of 33%. Lewis County is doing better on children's oral health indicators than Washington State as a whole based on 2016 measures. For example, for children in Head Start/ECEAP, 33% had a tooth decay experience and 6% had untreated decay, compared with 45% and 25%, respectively in the state.

Opiate Use

In 2019 Lewis County had a rate of 36 publicly funded first treatment admissions and 25 hospitalizations for all opiates per 100,000 people. In the first quarter of 2019, the retail opioid prescription rate was 80 per 1,000 people. This is higher than the state rate of 61 per 1,000. This rate has been declining in Lewis County and the state from a high in 2014-2015.

Health Outcomes

Lewis County is ranked 30th of the 39 Washington Counties for Health Outcomes. This is a picture of how long people live and how healthy people feel while alive. This ranking is based on the rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birth weight.

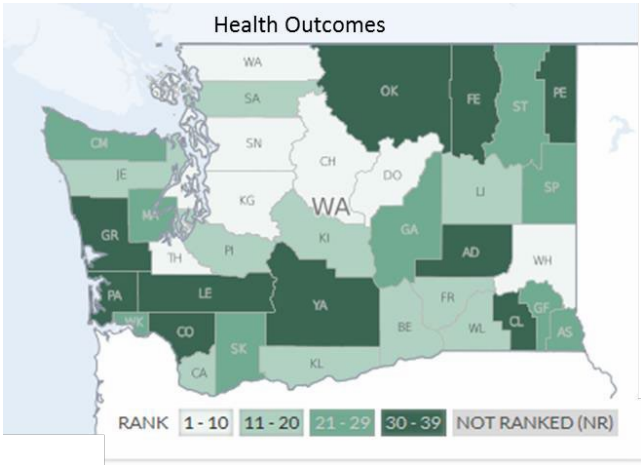
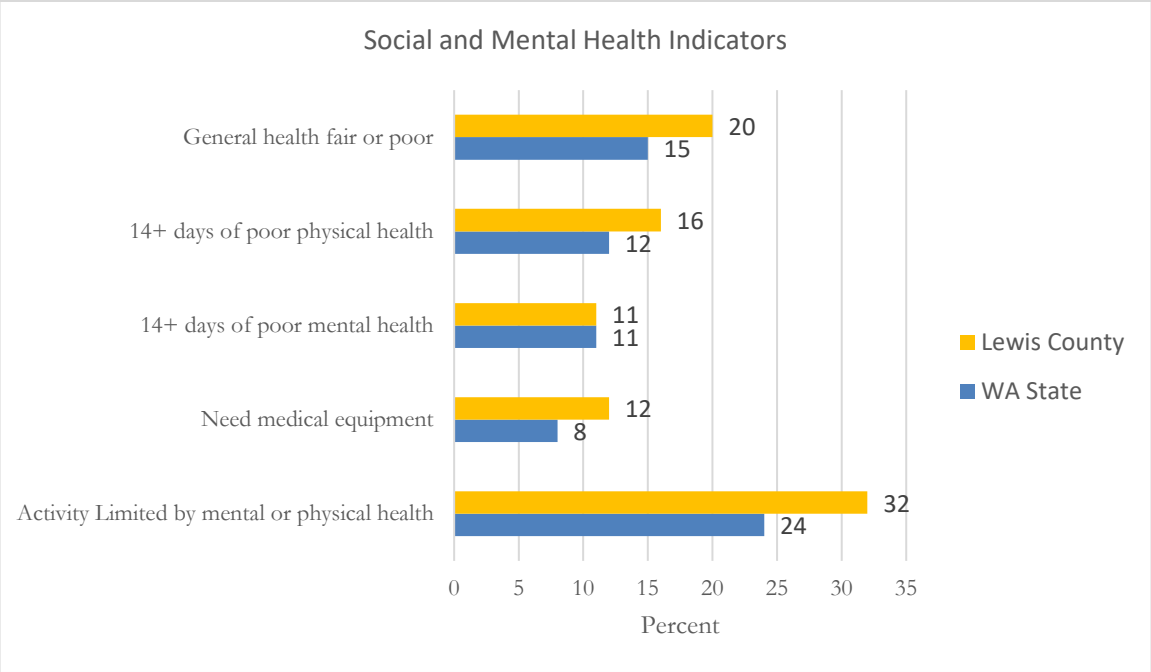


Figure 3 Health Outcomes

Social and Mental Health

An estimated 20% of the US population has a diagnosable mental disorder in a given year, including 5 percent who have a serious mental illness such as schizophrenia or bipolar disorder. Only 42% of those adults diagnosed with a mental illness received mental health services. According to the Washington State Healthy Youth Survey in 2016, 36% of Lewis County youth reported being depressed and 22% reporting having suicide ideation. These are statistically the same rate as Washington State. Lewis County residents had an average of 4 poor mental health days per month and 13% of residents report frequent mental distress.

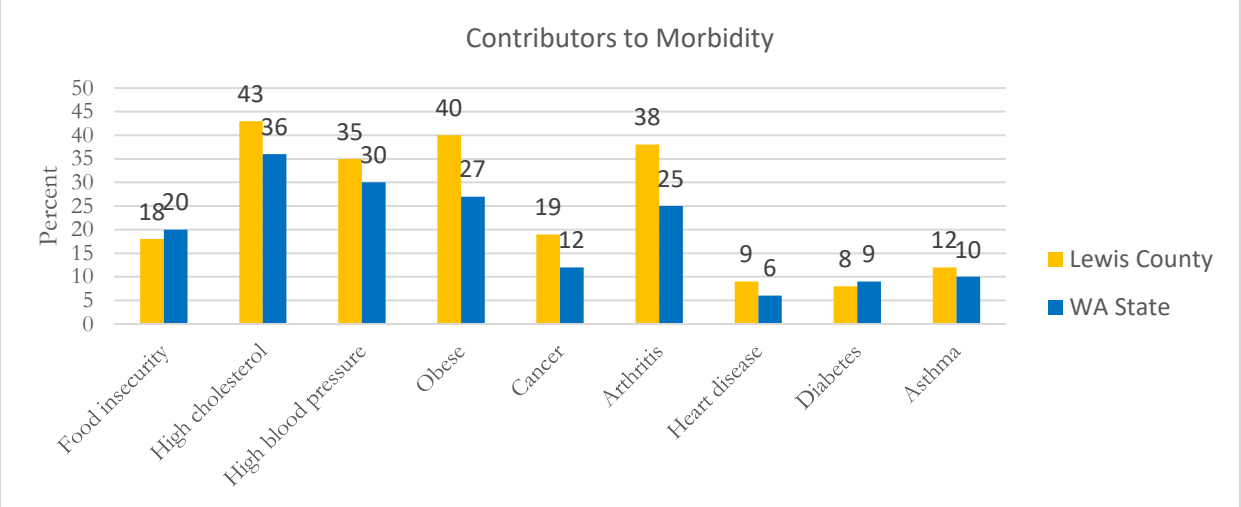


Whether poor mental health leads to poor physical health, poor physical health leads to poor mental health, or both are caused by a common risk factor is not clear. More than 30% of surveyed Lewis County adults reported have their activities limited by mental or physical health and 20% reported their general health was fair or poor.

Morbidity (Illness)

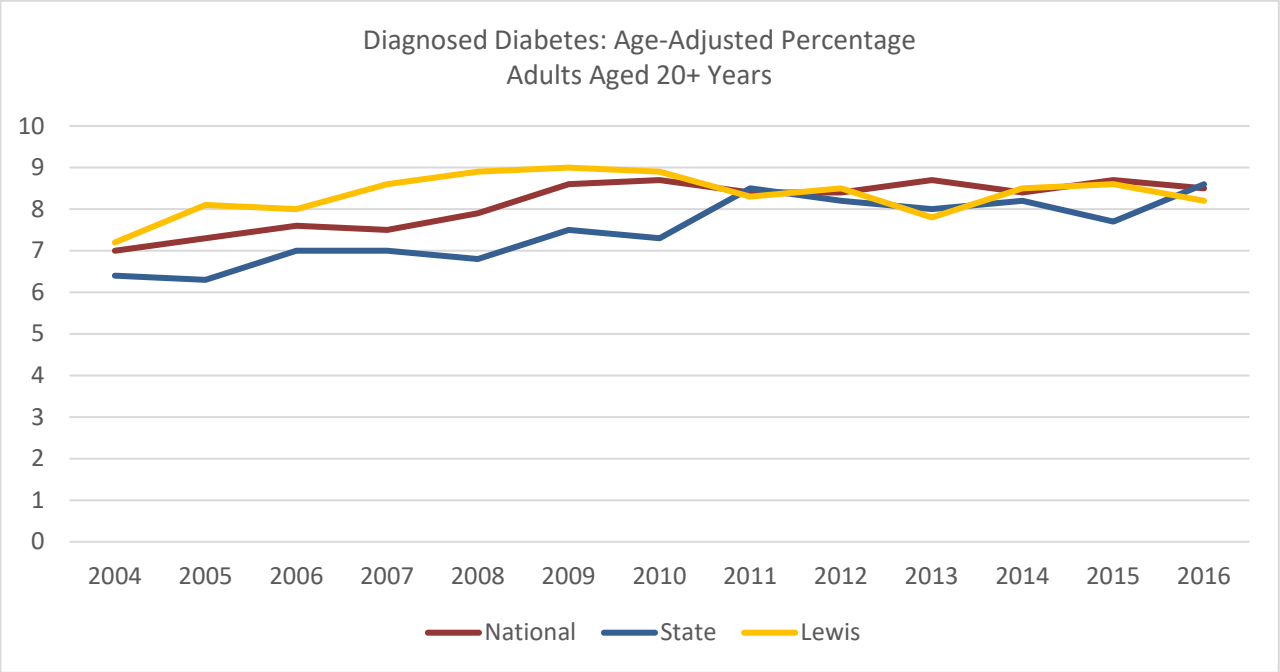
Lewis County adults have a higher than prevalence of cancer, arthritis, heart disease, and obesity than the state. Asthma, high cholesterol, high blood pressure and diabetes prevalence is about the same as the state.

Specifically, the total number of diagnosed Diabetes Mellitus cases in adults (all types) may be leveling off, after dramatic increases from 4% in 1980 to 8.7% in 2010. As of 2016, the prevalence of diabetes in Lewis County is just over 8%, just below the state average.



As of 2017, at the national and state level, those aged 65 and older have the highest rates of diabetes about 20%, followed by those aged 45-64 at about 13%. Nationally and at the state level, those with less than high school education have the highest rates at about 12-13%, followed by those with a high school education at about 10%. Nationally, Hispanics have the highest rate at over 12%, followed by Blacks at 11%, Asians at 9% and Whites at 8%. No age group, education or race/ethnicity data is available at the county level.

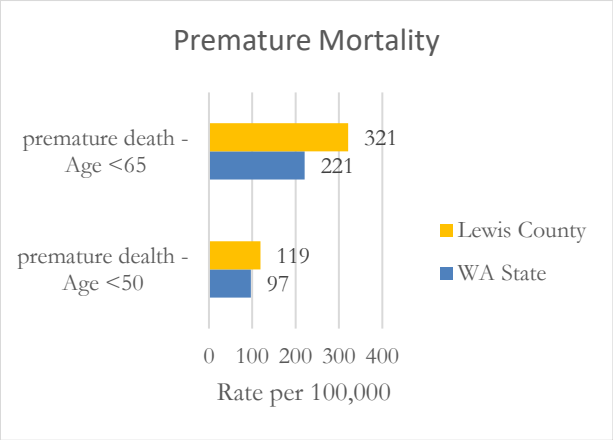
Statewide, the rate of newly diagnosed Diabetes Mellitus cases in adults has been decreasing over the past few years, while the mean age of diagnosis remains steady at about 52 years of age (regardless of gender, race/ethnicity or education level). Nationally, the incidence of new cases rose from a rate of 3.5 per 1,000 in 1980 to a high of 8.5 in 2010, and a decrease to 6.5 in 2017. At the state level, the current incidence is 5.7 per 1,000.

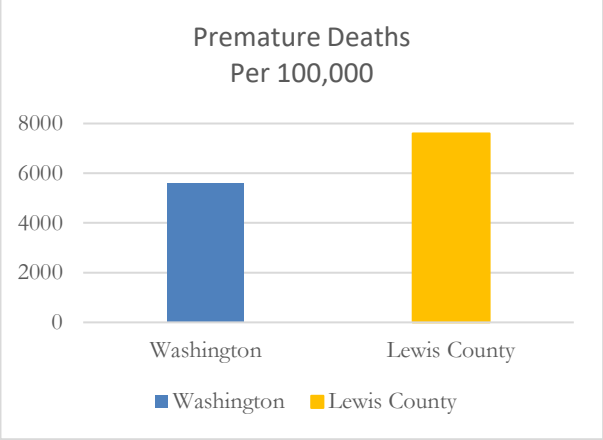


Mortality (Death)

Leading causes of death in an area provides insight to the health status of a population. A high rate of deaths due to preventable causes indicates heightened disease burden or an unmet need for health care services. Every death occurring before the age of 75 is considered premature and contributes to the total number of years of potential life lost.

The average life expectancy of Lewis County residents is 77.6 years of age, lower than the Washington state average of 80 years of age. Lewis County is also Ranked 32nd of the 39 Washington Counties with 7,600 premature deaths per 100,000. These rates have increased from 2016. In comparison, the Washington State average is 5,600 per 100,000 and the top healthiest US counties have rates of 5,400 per 100,000. Specifically, there are significantly more premature deaths in Lewis County than the state average for those between 50-65 years of age.





The leading causes of non-accident death in Lewis are malignant neoplasms (cancers) and major cardiovascular diseases. This matches Washington State causes of death rates overall. The death rate due to diagnosed Diabetes Mellitus (all types) has significantly decreased in Lewis County since 2005. It is 18 per 100,000, which is lower than the state rate of 21 per 100,000. The death rate to due Alzheimer's has slowly increased in Lewis County and is 51 per 100,000. This is a little higher than the state rate of 45 per 100,000.

Lewis County had an average annual opioid death rate of 8 per 100,000 population from 2013-2017. This is just below the state rate of about 10 deaths per 100,000 persons and less than the national rate of almost 15 deaths per 100,000 persons. Overall, the prescription opioid death rate is declining, but is offset by the rise in heroin and synthetic opioid deaths.

Community Convening

In addition to the robust community convenings undertaken in 2019 by the Lewis County Health Partnership (Lewis County Public Health & Social Services and a core team of community partners representing hospitals, clinics, emergency medical services, non-profit agencies, education, community development, and the faith community) and Valley View (discussions at 9 venues, surveys and key informant interview and community events), over the period of October 2019- Arbor Health also undertook a series of focus groups with key community leaders, healthcare leaders, the general community, medical staff, employees, managers, the Board, leadership and external stakeholders, to collect information on strengths and weaknesses in the current east Lewis County healthcare system and the greatest challenges needing to be addressed. Questions posed focused on:

- The most critical challenges facing the community over the next three years?
- What local health care can do to address the challenges, and help the community become more successful?
- What types of local partnerships would be helpful in addressing community needs?

Table 6 summarizes the top responses received:

Table 6
Arbor Health Community Convening Summary

Group	Most Critical Challenges Facing the Community	Health Care Programs, services needed to address challenges	Opportunities and Partnerships that will Support Community Needs
Community	Volatile and small size of job market Increasing percentage of low income and affordability of care	More preventative care More wellness classes	Education on pricing ad health care costs
External Stakeholders	Growing aging population Sustainable healthcare and cost of health care Access Lack of behavioral health services and need to integrate mental health and substance use disorders into primary care Workforce shortages	Better transitions in care Behavioral health and primary care integration Access Chronic disease support Labor and Delivery	Develop community health workers Expand primary care Partner on community health and wellness programs
Arbor Health	Social determinants of health Staff training/development and retention Viability Retain primary care	Wellness services Community health	Increase care coordination Care transitions

Across all the groups surveyed by Arbor Health, the Lewis County health Partnership and Valley View, the common needs/priorities included:

- Affordability of health care
- Access to both primary care and specialties
- Wellness support
- Social determinants
- Behavioral health/primary care integration
- Chronic care management, and
- Transitions in Care

Selected Priorities and Implementation Plan

Arbor Health Morton Hospital's selected 2020-2022 CHNA Implementation priorities strategies fully align with Arbor Health's newly adopted mission, vision and strategies include:

1. Build external relationships and partnerships that prioritize unmet health needs, recognize the community's need and desire for more wellness services and address the impact of social determinants in health status.

2. Enhance health outcomes through recruitment and programs that increase access and support wellness, community health programming, coordinate whole person care, expand care coordination and transitions in care.

The initial focus will be on evaluating the feasibility of a wellness center that directly targets social determinants, and supports and encourages the community's interest in more wellness programming.

Related to partnerships, Arbor Health will continue its active support of the local food bank and its efforts to reduce food scarcity.