COLUMBIA MEMORIAL HOSPITAL

2020-2022

Community Health Needs Assessment

Adopted by the Columbia Memorial Hospital Board of Trustees on December 5, 2019

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1. Executive Summary

Background

At least every three years, Columbia Memorial Hospital (CMH) sets out to more deeply understand the health needs of our community through a formal Community Health Needs Assessment (CHNA). The CHNA process and findings allow us to leverage our resources toward programs, services, policies and strategic initiatives that will have the greatest positive impact for our service area.

Community Health Needs Assessments (CHNAs) became a requirement of not-for-profit hospitals when the Patient Protection and Affordable Care Act became law in 2010. CMH last conducted a CHNA in 2016 in conjunction with Providence Seaside Hospital. Our service area includes Clatsop County in Oregon as well as portions of Pacific County in neighboring Washington State. In order to better understand the needs of our specific service area that incorporates portions of two States, in 2019 CMH elected to independently conduct this CHNA.

Columbia Memorial Hospital

CMH is a full-service, 25-bed, critical access, not-for-profit, Level IV trauma center located in Astoria, Oregon at the estuary where the Columbia River and the Pacific Ocean meet along the North Coast of Oregon. We have been serving the healthcare needs of our community for more than 135 years. Collectively, our hospital and clinics employ over 600 caregivers and a diverse professional medical staff, including specialists ranging from cardiology to obstetrics. CMH is accredited by the Healthcare Facilities Accreditation Program (HFAP) and is a Planetree-Designated Patient-Centered health system.

2019 Community Health Needs Assessment Process

Data from a number of federal and state level sources were used to better understand the demographics, health behaviors, social & economic factors, physical environment, and clinical care characteristics of the two-county service area.

Additionally, CMH was a member and active participant in the 2018-2019 Columbia Pacific Community Care Organization's (CCO) Regional Health Assessment (RHA) & Regional Health Improvement Plan (RHIP)). This assessment commenced in 2018 and was completed in June of 2019. The assessment engaged the CCO's three-county service area in conversations about the factors that create health and wellbeing for all individuals. The process culminated with the following eight priority areas for improving health in the region

:

- Community Resilience & Trauma-Informed Care
- Access to Care: Primary Care
- Access to Care: Behavioral Health
- Access to Care: Oral Health and Dental Care
- Access to Care: Social Safety Net
- Chronic Disease Prevention
- Suicide Prevention
- Housing

CMH also secured input from local community leaders via a key informant survey. Survey results demonstrate that key informants perceive improvement in access to care since the 2016-2019 CHNA, but that Access to Care, Behavioral Health, Chronic Conditions and Social Determinants of Health & Wellbeing continue to be high priorities for intervention in the 2020-2022 Implementation Plan. When provided with the list of eight priorities from the Columbia Pacific CCO RHA and RHIP (above), key informants identified the following five areas of highest concern for the service area in order from most to least urgent:

- Access to Care: Behavioral Health,
- Housing,
- Community Resilience and Trauma-Informed Care,
- Access to Care: Primary Care, and
- Access to Care: Social Safety Net

After consideration of the above, along with our resources, expertise and the other assets in the service area, the top health needs/priorities selected by CMH for 2020-2022, include:

- Access to Care: Primary Care
- Access to Care: Behavioral Health
- Social Determinants of Health: Adverse Childhood Experiences/Trauma

2. Introduction

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a process designed to better understand the health needs of the local community and to provide direction to the healthcare organizations, community hospitals, public health districts, and community organizations regarding how to focus collaborative efforts. CHNAs are a federal requirement of not-for-profit hospitals under the Patient Protection and Affordable Care Act.

The CHNA process is undertaken every three years and includes input from community members, organizations, and health care providers. Consistent with federal requirements, this CHNA included the following specific steps: (1) collect and consider input from public health experts as well as community leaders and representatives of high need populations; (2) identify and prioritize community health needs; and (3) make the CHNA report widely available to the public.

CMH's Community Health Needs Assessment, 2016 – Identified Needs and Impact to Date

In 2016, CMH worked closely with Providence Seaside Hospital, which also serves a portion of CMH's service area to conduct and develop a joint CHNA. The process was robust in terms of data analysis, and it also included a mail-based health survey of residents of Clatsop County. Following community convening, four prioritized needs were defined:

Prioritized need	Measures for 2016
Access to care	▪ Fewer primary care providers per population than Oregon's average ▪ Dental conditions are the second-most common reason adults and children come to the Emergency Department ▪ Nearly 20 percent of survey respondents went without needed dental care in the past year ▪ A growing need for culturally and linguistically appropriate services
Behavioral health	▪ Over 26 percent of adults suffer from depression ▪ A need for timely, affordable, and local substance use treatment services ▪ Over 25 percent of survey respondents experienced three or more adverse life events
Chronic conditions	▪ Nearly 30 percent of adults are obese ▪ Hypertension and diabetes are the top two reasons vulnerable adults use the Emergency Department ▪ Access to healthy, affordable food
Social determinants of health and well-being	▪ Homelessness/affordable housing were top needs ▪ Many families struggle with a lack of living-wage jobs

After considering CMH's expertise and resources, along with other resources/assets in Clatsop County, CMH's Board ultimately determined that CMH had the bandwidth, resources and expertise to lead in two areas that were framed as **Service Growth** and **Strengthen Quality**.

In terms of **Service Growth** and since 2016, CMH has recruited a number of providers, developed several programs and enhanced partnerships to address this focus area. Recruitment has included 16 new providers (MDs as well as Advanced Practice Providers), expansion of primary care into new locations and development of new outpatient services (including vascular, orthopedics, breast and GI services). CMH also strengthened our relationship with Oregon Health and Sciences University (OHSU) for pediatrics, telehealth/telemonitoring and neuro services. While the telehealth strategy is still evolving, the benefit to the community makes this an ongoing priority for CMH.

Under **Strengthen Quality**, CMH expanded care management to seven days per week and has focused additional care management resources on high risk pediatrics and OB (based on social determinants and ACES) as well as oncology. CMH has also embedded social workers into our clinics and the Emergency Room to support care transitions and to assure that patients can access needed services.

CMH continues to monitor and refine these program efforts to assure that they are producing desired results and directly benefiting the community.

3. Our Community

Service Area Definition

Figure 1 shows that the CMH service area is comprised of communities along the North Coast of Oregon and the Southeast Pacific Coast of Washington, and specifically all of Clatsop County, OR and Southern Pacific County in Washington State.

Figure 1: Columbia Memorial Hospital Service Area

Demographic Overview

Population data shows significant growth in the elderly population of the CMH service area, with the 65-74-year old population growing by 50% between 2010-2018, and the total population over 65 years of age growing by nearly a third since 2010 (Table 1). Today, more than one in four service area residents is over the age of 65. 8% of Clatsop County and 9% of Pacific County are Hispanic/Latino. Consistent with the larger State, 1% of the service area is American Indian/Native American.

Table 1: Columbia Memorial Hospital Service Area Demographics, 2018 estimates

	2010	% of total population	2018 Estimate	% of total population	% change 2010-2018	2023 projection	% of total population	% change 2018-2023
Total Population	47,406	100.0%	50,244	100.0%	6.0%	52,663	100.0%	4.8%
Population by Age								
0-17	9,093	19.2%	9,233	18.4%	1.5%	9,680	18.4%	4.8%
18-44	13,906	29.3%	14,619	29.1%	5.1%	15,065	28.6%	3.1%
45-64	15,239	32.1%	14,301	28.5%	-6.2%	13,945	26.5%	-2.5%
65-74	5,279	11.1%	7,764	15.5%	47.1%	9,253	17.6%	19.2%
75-84	2,784	5.9%	3,098	6.2%	11.3%	3,376	6.4%	9.0%
85+	1,105	2.3%	1,229	2.4%	11.2%	1,344	2.6%	9.4%
Total 0-64	38,238	80.7%	38,153	75.9%	-0.2%	38,690	73.5%	1.4%
Total 65 +	9,168	19.3%	12,091	24.1%	31.9%	13,973	26.5%	15.6%
Females 15-44	7,439	15.7%	7,887	15.7%	6.0%	8,223	15.6%	4.3%

Source: Nielsen/Claritas

4. Community Health Needs Assessment Methodology

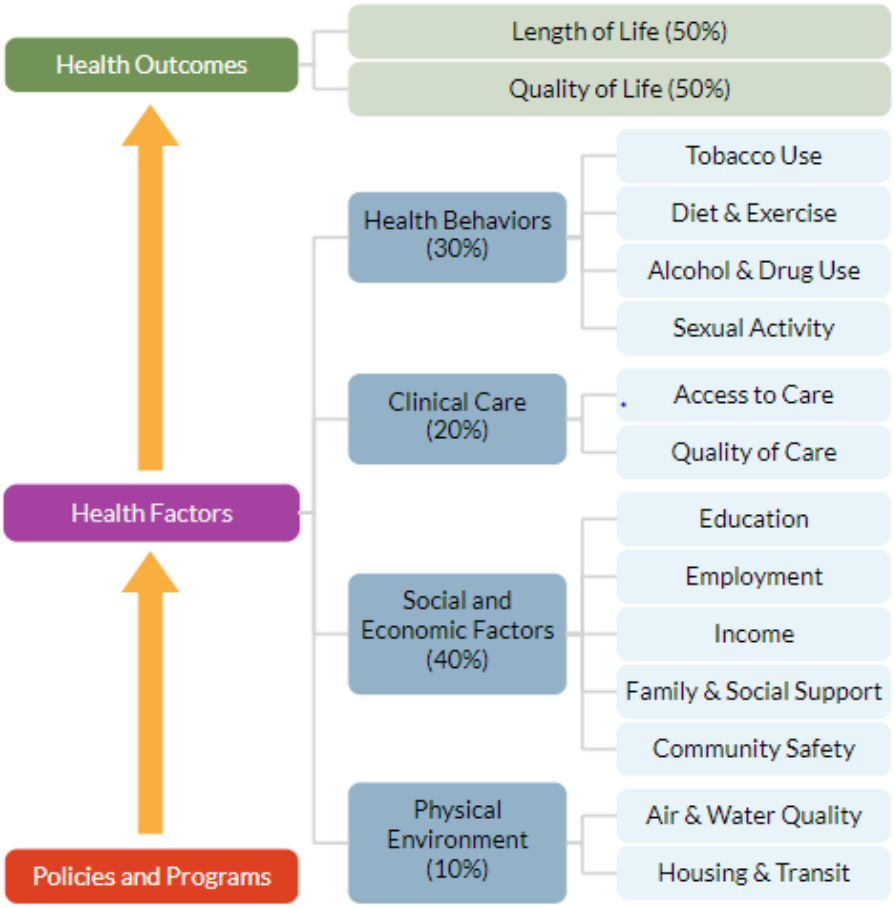
CMH's CHNA included both primary and secondary data collection. Primary data, collected directly from a source, was captured by the very robust process led by the Columbia Pacific CCO which engaged more than 1,200 individuals in the region in conversations about the factors that create health and well-being for all individuals. In addition, CMH engaged our service area's communities in a process that allowed them to prioritize the needs identified by the CCO process and the previous CMH CHNA. Secondary data, data gathered and organized for use by others, came from various state and federal organizations.

In order to demonstrate the inputs of individual and community health, CMH used the Robert Wood Johnson Foundation (RWJF) model in Figure 2.

What Influences Health?

When evaluating community needs, it is important to remember that clinical care is just one element impacting a person's health. As identified in Figure 2, clinical care only makes up 20% of the factors influencing health outcomes. The other health factors impacting the length and quality of life include health behaviors, social and economic factors, and physical environment.

Figure 2: RWJF Health Model



To understand community needs, it is critical to evaluate and work to influence each of these modifiable health factors. The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute publishes an annual report of health data for every county in the United States, called 'County Health Rankings,' which we've used below.

Clatsop and Pacific Counties' RWJF Ranking

The data in Tables 2 and 3 track Clatsop and Pacific Counties' progress on the RWJF metrics when ranked in comparison to the other 35 counties in Oregon and the other 38 counties in Washington. While both counties show relative improvement, over time, across the composite 'health factors' measure, they both show worsening of overall health outcomes, measured by morbidity (negative outcomes due to disease) and mortality (age-adjusted death rate).

Table 2: Clatsop County Health Rankings, out of 36 counties in OR, 2011-2019

Name	*Measure*	*'11*	*'12*	*'13*	*'14*	*'15*	*'16*	*'17*	*'18*	*'19*	*Ranking Change 11-19*
Health Outcomes	**Morbidity and mortality**	**17**	**11**	**12**	**15**	**24**	**27**	**24**	**23**	**21**	↓ **-4**
Length of Life	Premature death	20	14	16	16	25	32	28	28	24	↓ -4
Quality of Life	Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	13	11	14	11	16	13	10	18	14	↓ -1
Health Factors	(composite of factors below: Clinical Care, Health Behaviors, and Social & Economic Factors)	15	17	15	16	12	15	11	11	11	↑ 4
Clinical Care	Uninsured adults, primary care provider ratio, preventable hospital stays, diabetic screenings	27	29	24	29	30	28	14	22	21	↑ 6
Health Behaviors	Smoking, obesity, binge drinking, motor vehicle crash deaths, STIs, teen births	15	16	14	13	12	18	19	16	16	↓ -1
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, social support	13	13	14	10	8	6	9	8	10	↑ 3

Table 3: Pacific County Health Rankings, out of 39 counties in WA, 2011-2019

Name	*Measure*	*'11*	*'12*	*'13*	*'14*	*'15*	*'16*	*'17*	*'18*	*'19*	*Ranking Change 11-19**
Health Outcomes	**Morbidity and mortality**	**29**	**32**	**37**	**39**	**38**	**35**	**31**	**36**	**37**	**-8**
Length of Life	Premature death	36	37	38	38	39	35	32	33	37	-1
Quality of Life	Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	16	21	31	34	34	32	31	37	38	-22
Health Factors	**(composite of factors below: Clinical Care, Health Behaviors, and Social & Economic Factors)**	**37**	**34**	**36**	**36**	**31**	**28**	**26**	**27**	**27**	**10**
Clinical Care	Uninsured adults, primary care provider ratio, preventable hospital stays, diabetic screenings	38	35	36	36	35	34	32	36	33	5
Health Behaviors	Smoking, obesity, binge drinking, motor vehicle crash deaths, STIs, teen births	37	36	32	32	32	26	25	24	21	16
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, social support	34	31	35	36	31	33	28	24	26	8

*Because the population of Pacific County is very small, its measures are vulnerable to wide fluctuations. The number of mentally unhealthy days out of 30 reported by Pacific County adults appears to have significantly increased in 2010 and 2011, which showed up in the 2012 and 2013 data reporting and continued throughout the 2010s, and resulted in an appearance of dramatic lowering in the relative Quality of Life score from 2011-2019.

5. Health Behaviors

What are Health Behaviors?

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

It is important to consider that not everyone has the means and opportunity to make healthy decisions. Policies and programs have marginalized some population groups and communities, keeping them from the supports and resources necessary to thrive. Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors, as well as ensuring that they can access nutritious food, safe spaces to be physically active, and supports to make healthy choices.

Access to Healthy, Sufficient Food

The lack of consistent access to a nutritious, balanced, sufficient amount food is called "Food Insecurity," and is related to negative health outcomes such as weight gain and premature mortality. In addition to assessing the consistency of food availability in the past year, the food insecurity measure also measures the access of individuals and families to balanced meals.

Food insecurity among children is common in Clatsop and Pacific Counties: In Clatsop County, nearly 1 in 5 children are food-insecure, and in Pacific County, nearly 1 in 4. When it comes to food insecurity in the overall population (children, adults, and seniors combined), Clatsop County has similar rates of food insecurity to Oregon, and Pacific has higher rates than Washington. Our neighbors in Pacific County have less access to healthy, affordable, convenient food sources than those in Clatsop County.

Clatsop and Pacific Counties are largely low-income, with nearly 1 in 5 (Clatsop) and 1 in 4 (Pacific) residents qualifying for the Supplemental Nutrition Assistance Program (SNAP). SNAP provides monthly benefits to low-income individuals to buy food. The eligibility requirements for SNAP involve gross and net monthly income and are different from the poverty determination.

Table 4: Food Insecurity and Related Indicators

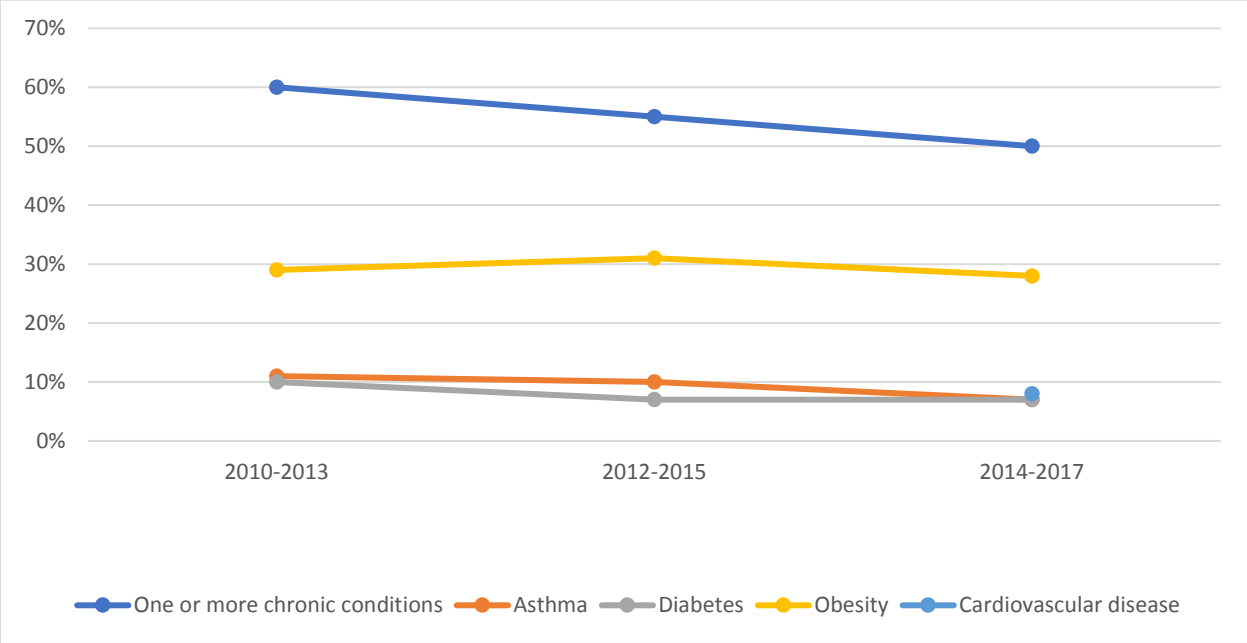
	Clatsop County	Oregon	Pacific County	Washington
Child Food Insecurity Rate	18%	20%	23%	18%
Overall Food Insecurity Rate	13%	12%	14%	12%
Percent of Population Eligible for SNAP	18%	18%	23%	13%
Limited Access to Healthy Foods	6%	5%	13%	6%
Food Environment Index*	7.8	7.8	6.8	8.1

**index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) [RWJF, 2019]*
Sources: Feeding America, County Health Rankings, US Census

Chronic Disease and Related Behaviors

The burden of chronic disease appears to be improving slightly in Clatsop County, with fewer people reporting two or more chronic conditions since 2010. Rates of diabetes, asthma, and obesity appear to be staying the same over time.

Figure 3: Adult Chronic Disease Profile, Clatsop County



**no cardiovascular disease data over time available due to methods change*
Source: Columbia Pacific CCO RHIP, 2018

Our snapshot of adult and youth physical wellness shows strengths and challenges across the CMH service area. Adults in Clatsop County have similar levels of poor or fair health and poor physical health days as do adults in Oregon and Washington but are more likely to report physical inactivity. Adult and youth obesity levels appear slightly higher than state levels, but youth in Pacific County are much less likely to report physical inactivity than Clatsop, Oregon, or Washington youths. Access to exercise opportunities is a particular challenge in Pacific County.

Table 5: Health Status, Physical activity, and Obesity

	Clatsop County	Oregon	Pacific County	Washington
Poor or fair health	14%	16%	18%	14%
Poor physical health days	3.7	3.8	4.4	3.7
Adult physical inactivity	20%	15%	23%	16%
Youth physical inactivity	14%	13%	7%	15%
Access to exercise opportunities	94%	88%	66%	87%
Adult obesity	31%	28%	31%	28%
Youth obesity	15%	14%	16%	14%

Sources: County Health Rankings, Oregon Healthy Teen Survey 2017, Washington Healthy Youth Survey 2018

Youth cigarette use and e-cigarette use/vaping are higher in the CMH service area than either Washington or Oregon and are important markers of the health of the community. Adults in the CMH service area appear to smoke cigarettes at similar rates to Oregon and Washington.

Table 6: Smoking and E-cigarette Use/Vaping

	Clatsop County	Oregon	Pacific County	Washington
Adult smoking	16%	16%	15%	14%
Youth smoking	11%	7%	11%	5%
Youth e-cigarette use/vaping	20%	13%	24%	21%

Sources: County Health Rankings, Oregon Healthy Teen Survey 2017, Washington Healthy Youth Survey 2018

Behavioral Health

Behavioral health includes both mental health conditions and substance abuse disorders. Behavioral health is an integral aspect of overall health, and one that is often overlooked at all levels of society, from individuals, to health systems, to society as a whole. In our culture, stigma around seeking help for behavioral health related issues is persistent and endemic.

The CMH service area shows many opportunities for improvement in the mental wellness of our community members. The rates for excessive drinking, poor mental health days, and drug overdose deaths appear similar to or higher than the levels in Oregon and Washington overall.

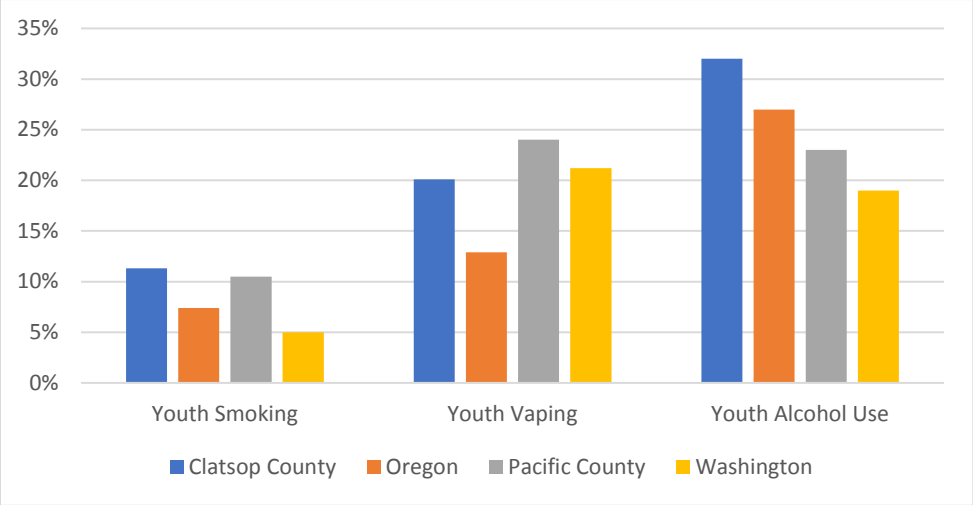
Table 7: Adult Behavioral Health Indicators

	Clatsop County	Oregon	Pacific County	Washington
Poor Mental Health Days	4.3	4.5	4.5	3.8
Frequent Mental Distress	13%	14%	14%	12%
Excessive Drinking	19%	19%	15%	18%
Drug Overdose Deaths (per 100,000 population)	15	13	22	15

Source: County Health Rankings

Youth substance abuse in the CMH service area tends to be more widespread than in Oregon in total or Washington State (Figure 4). Youth alcohol use in Clatsop County and youth vaping in Pacific County are troublingly widespread, with a third of 11th graders in Clatsop County reporting current alcohol use, and nearly a quarter of 10th graders in Pacific County reporting current vaping. Vaping is an urgent, emerging public health crisis, with nationwide deaths and serious hospitalizations caused by lung damage from vaping.

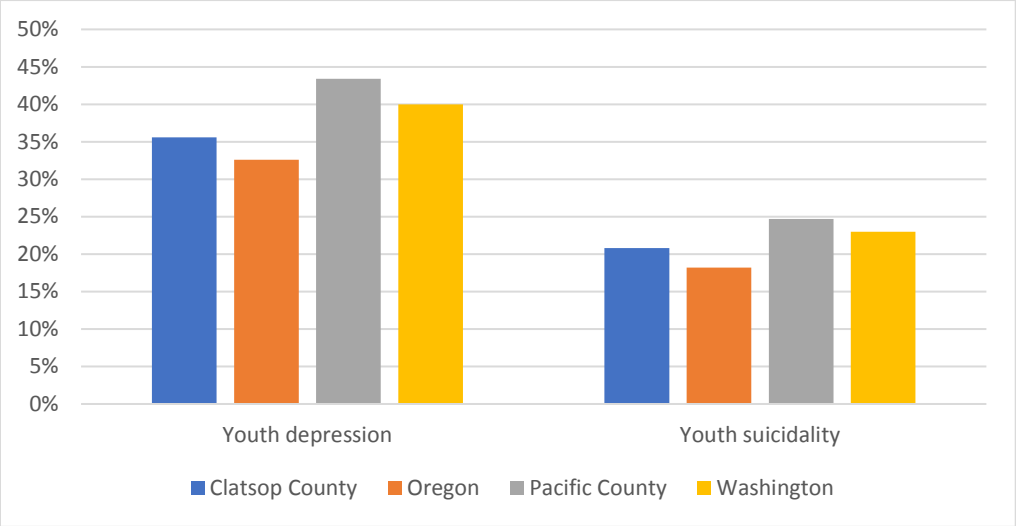
Figure 4. Youth Substance Abuse



Sources: Oregon Health Teens Survey, 2017, Washington Healthy Youth Survey, 2018

Youth depression and suicidal thoughts are some of the most urgent health concerns in the CMH community. Depression and suicidality are complex, multifactorial conditions. According to the Centers for Disease Control and Prevention (CDC), important protective factors against suicide include effective clinical care for mental, physical, and substance use disorders, easy access to clinical interventions and support for ongoing medical and mental health care. Young people in the CMH service area have higher rates of depression and suicidality when compared with Oregon and Washington overall (Figure 5), demonstrating that behavioral health for youth and families is a top need in our community.

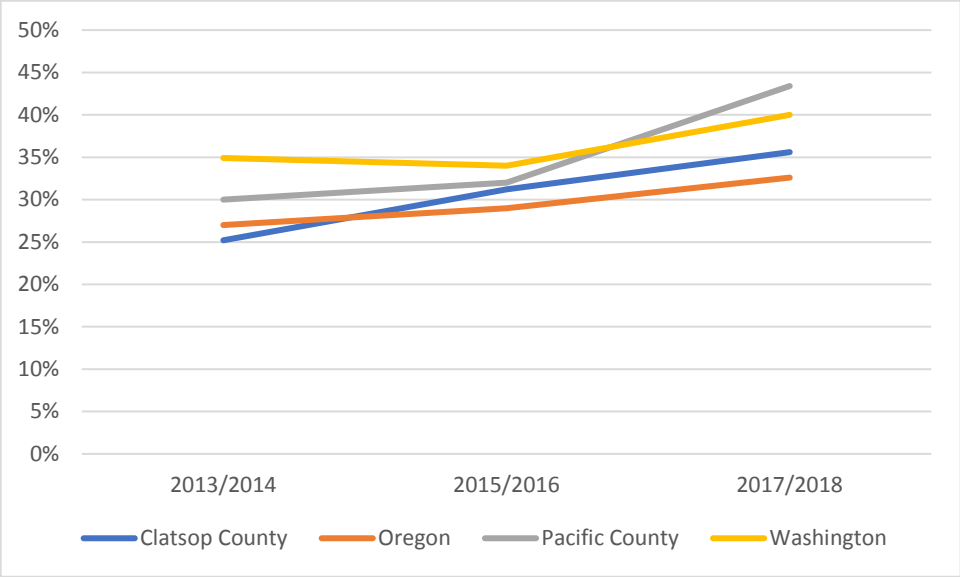
Figure 5. Youth Mental Health Concerns



Sources: Oregon Health Teens Survey, 2017, Washington Healthy Youth Survey, 2018

Data from the CDC has shown an increase in suicide in young people in the U.S. between 2000-2017. Depression among young people appears to be increasing over time across Oregon, Washington, and the CMH service area (Figure 6), mirroring the concerning national trend.

Figure 6. Youth Depression Over Time



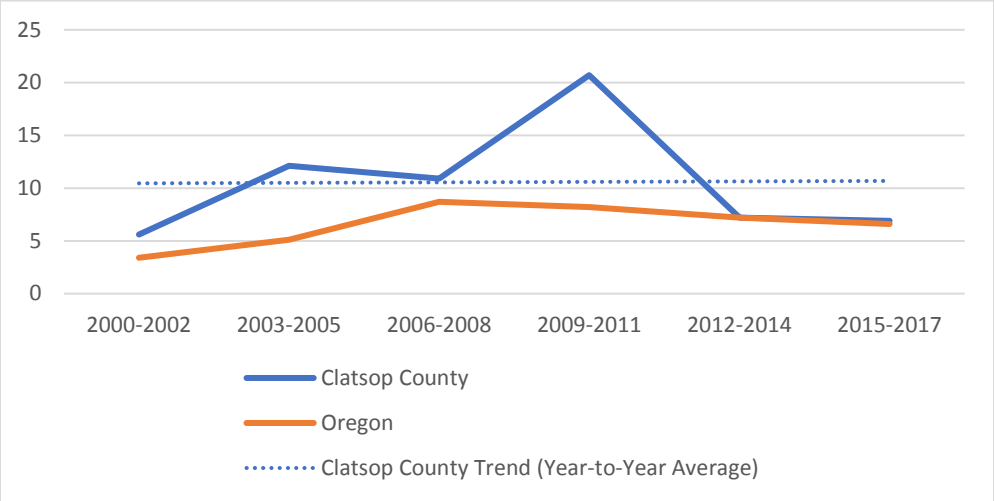
Sources: Oregon Health Teens Survey, 2017, Washington Healthy Youth Survey, 2018

Opioid Epidemic

Another urgent national behavioral health crisis that has deeply affected the CMH community is the rise in the use of opioids and opioid overdose deaths. In 2017, 68% of drug overdose deaths at the national level were due to opioid overdose, according to the CDC. Opioid overdoses in recent years are the result of commonly-prescribed opioids, heroin, and increasingly, synthetic opioids like Tramadol and Fentanyl.

Because Clatsop County has a relatively small population, there appear to be significant differences from one year to the next in opioid overdose deaths. While deaths from opioid overdose appear to have lessened in Clatsop County, the trend line showing the average overdose death rate in Clatsop County shows a significantly higher rate than the state overall (Figure 7). This trend line is heavily influenced by the spike in overdose deaths between 2009-2011 and may not reflect current improvements in overdose deaths.

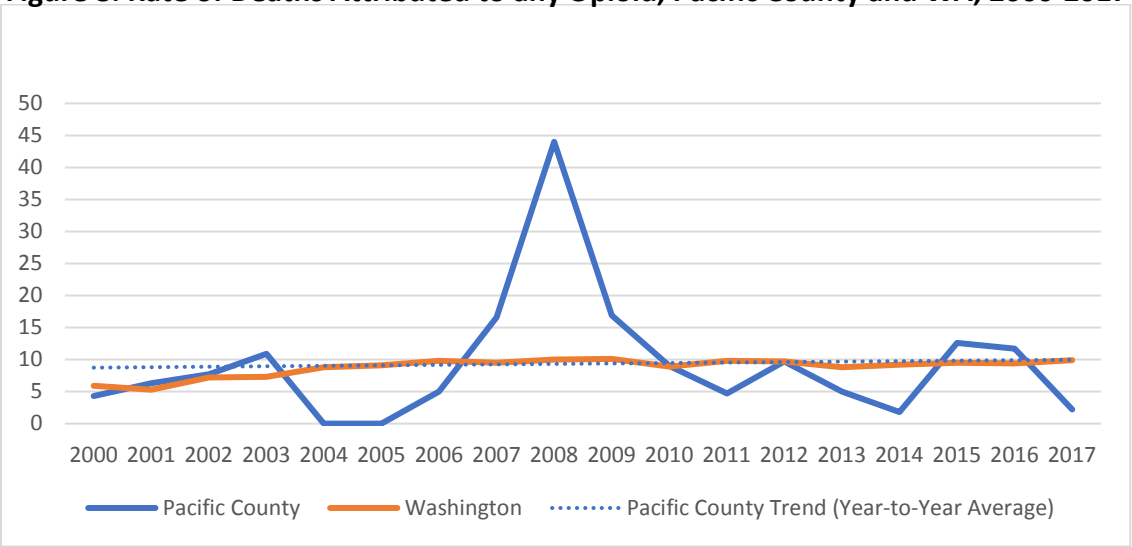
Figure 7: Rate of Deaths Attributed to any Opioid, Clatsop County and OR, 2000-2017



Source: Oregon Health Authority

Because of its small size, Pacific County's year-to-year overdose data varies widely when compared to Washington overall. Opioid overdose deaths in Pacific County had a spike in 2008-2009, similar to Clatsop County in 2009-2011, and appear to have been in subsequent decline, though the trendline (average of Pacific's year-to-year data) nearly matches the opioid overdose death rates in Washington state. The Pacific County and Washington state rates are similar to the rate of Clatsop County, and higher than the opioid overdose death rate of Oregon overall (Figure 8).

Figure 8: Rate of Deaths Attributed to any Opioid, Pacific County and WA, 2000-2017



Source: Washington Department of Health

Health care organizations and providers play a vital role in reducing opioid overdose deaths through improving opioid prescribing practices in outpatient and inpatient settings and treating opioid use disorder.

6. Clinical Care

What is included in Clinical Care measures?

Clinical care includes what people view as medicine: primary care providers, vaccines, screenings, transplants, etc. Access to these services means making sure all people can get these services in convenient, timely, and affordable ways. There are many barriers to accessing health services, from financial to geographic limitations. In order to understand access to clinical care there is a wide range of factors to consider: health of the community, provider ratios, health insurance rates, and socioeconomic factors

Access to affordable, quality, and timely health care can prevent disease by detecting and addressing health concerns early. Understanding clinical care in our community helps us understand how we might improve the health of our neighbors.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

Despite these advances, many individuals do not have access to a primary care provider. Nearly 30 million Americans remain without health insurance, generally considered the doorway to quality health care. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Table 8: Primary Care Access Measures

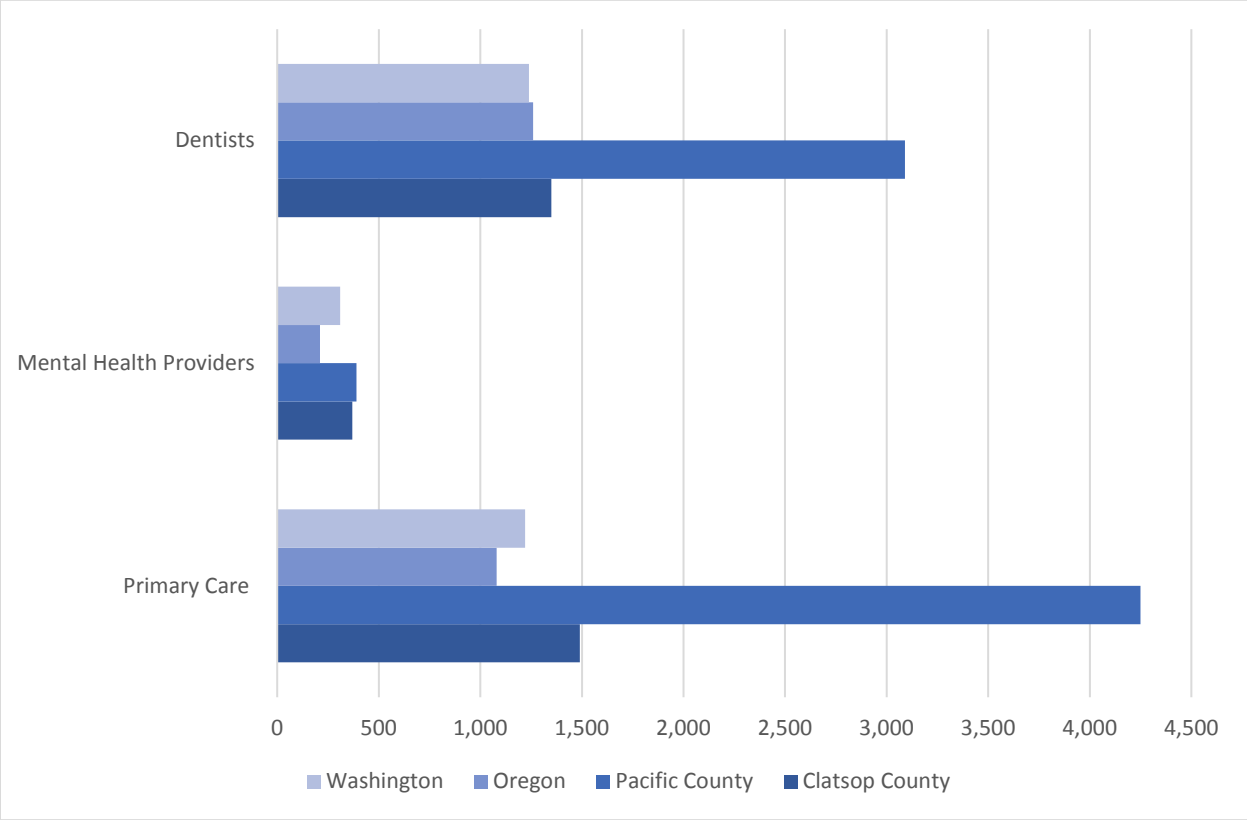
	Clatsop County	Oregon	Pacific County	Washington
Uninsured rate	9%	11%	10%	7%
Underweight at birth – less than 2,500 grams	6%	6%	8%	6%
Preventable hospital stays (# per 100,000 Medicare enrollees)	3,563	2,903	3,402	2,914

Source: County Health Rankings

The uninsured rates of Clatsop and Pacific Counties are similar to each other, and appear slightly lower to Oregon overall, whereas Washington overall has lower rates of uninsured people (Table 8). The rate of low birth weight births in Pacific County is considered very high for this measure—indicating a lack of access to proper prenatal care. Medicare enrollees in Clatsop County and Pacific County report many more days of hospitalization for diseases treatable in outpatient settings than Oregon and Washington enrollees, which indicates a lack of access to primary care.

The lack of access to care indicated in Table 8 is born out in the ratios of primary care, dental, and mental health providers in Clatsop and Pacific Counties (Figure 9). There are too few providers in the CMH service area compared to the number of residents needing quality primary, dental, and mental health care.

Figure 9: Ratio of Population to Healthcare Providers



Source: County Health Rankings

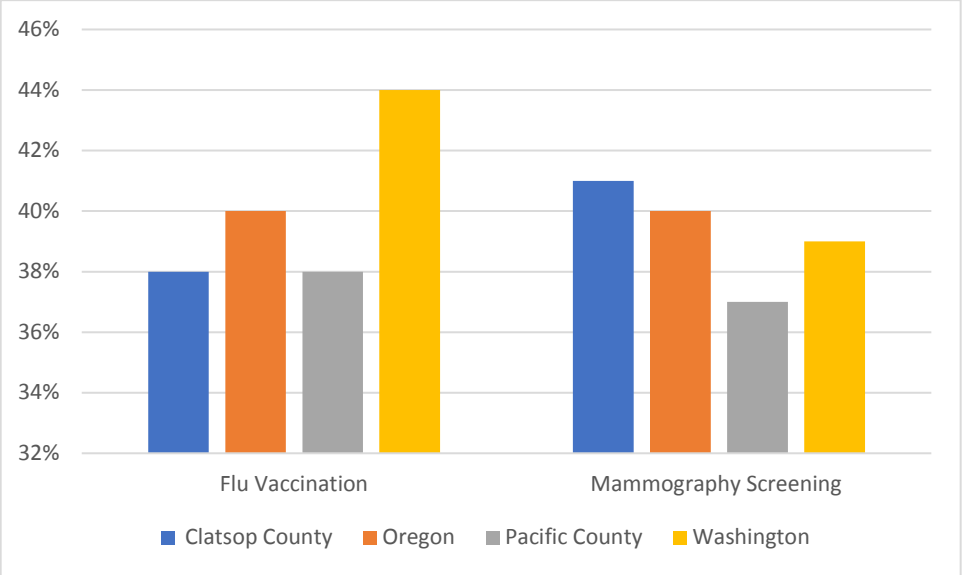
Preventive Care

Key markers of access to health care in a community are the rates of preventive screenings and vaccines. Getting vaccinated prevents many life-threatening illnesses from ever occurring, and preventive screenings catch disease processes early so that treatments are more effective.

An important bright spot in our community's health is our rate of Medicare recipients in Clatsop County who are up to date with mammography screenings, though there is room for improvement, at 41%. Disparities in this rate arise when broken down by race. Among Medicare recipients in Clatsop County, white residents are more likely than Hispanic/Latina residents to have an up-to-date mammogram (41% vs. 27%).

Yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised, and vaccines prevent people from getting severe flu. Medicare recipients in Clatsop and Pacific Counties lag behind Oregon and Washington state fee-for-service Medicare recipients in flu vaccinations. Significant racial/ethnic disparities in flu vaccination exist, with Hispanic/Latina enrollees half as likely as white residents to have received an up-to-date flu vaccine.

Figure 10: Proportion of Medicare Enrollees Receiving Appropriate Preventive Care

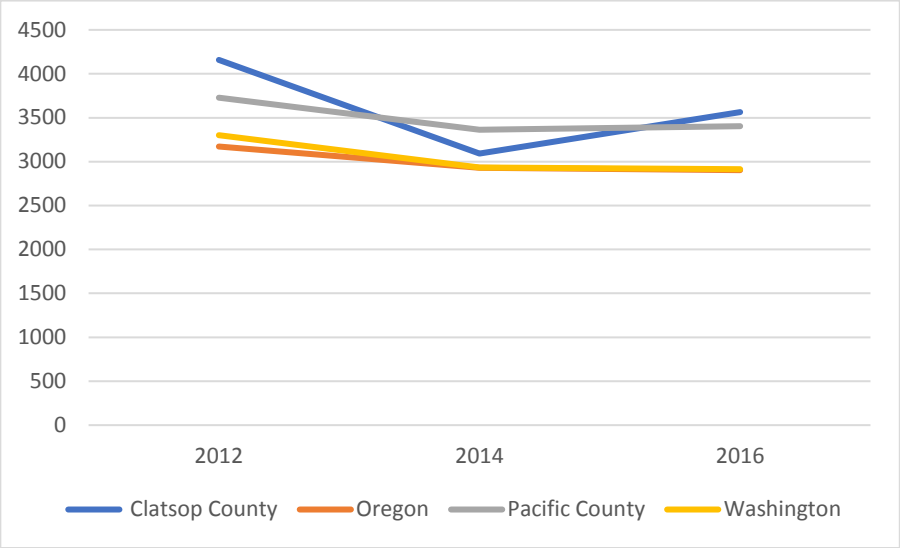


Source: County Health Rankings

Preventable Hospital Stays

While one year of data was examined Table 8, it is useful to look at preventable hospital stays over time to show trends in a community. Preventable Hospital Stay Days are the number of days spent in the hospital for ambulatory care sensitive conditions (ACSC), which are conditions treatable in outpatient settings. Hospitalization for these conditions, including diabetes and asthma, suggests inadequate care and management of these conditions in outpatient settings. This measure can also signify an overuse of hospitals as a main source of care. Hospitalization rates for ambulatory care sensitive conditions are often used as a proxy measure of access to primary health care in a community.

Figure 11: Preventable Hospital Stay Days (per 100,000 Medicare Beneficiaries), Over Time



Source: County Health Rankings

Clatsop and Pacific Counties have rates of preventable hospital stay days above the state averages in Oregon and Washington (Figure 11), indicating room for improvement in the care of ACSC in outpatient settings in the CMH service area.

7. Social and Economic Factors

What are Social and Economic Factors?

Social and economic factors, such as income, education, employment, community safety, and social supports significantly affect how well and how long we live. These factors affect our ability to make healthy choices and to afford medical care and housing.

Our basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have an even greater impact on health than many strategies traditionally associated with health improvement.

Poverty and ALICE Households

Poverty is defined by family size and income and is the primary measure of financial stability. However, many families living above the poverty line still cannot make ends meet.

Table 9: Poverty, Unemployment, Income, and SNAP Benefits

	Clatsop County	Oregon	Pacific County	Washington
Living in poverty	14%	16%	19%	12%
Unemployed	5%	4%	8%	6%
Median household income	$47,492	$53,270	$38,387	$66,174
Receives SNAP (food stamps) benefits	18%	18%	23%	13%

Source: US Census

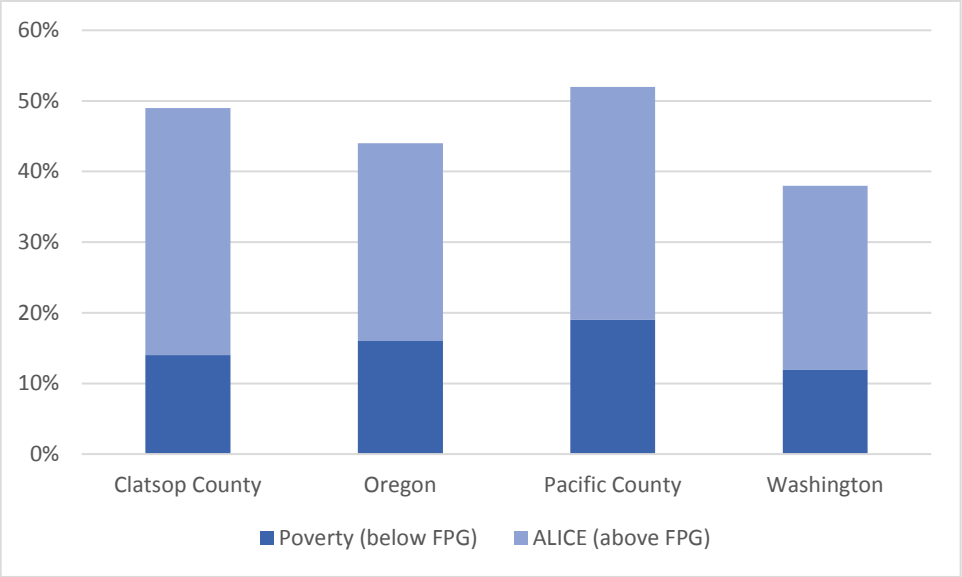
While Clatsop County looks “a lot” like the rest of Oregon, Pacific County is one of the most impoverished counties in Washington. A high proportion of families in the CMH service area qualify for SNAP benefits, indicating that many service area families need help to put adequate food on the table.

ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE is a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. For far too many families, the cost of living outpaces what they earn. These households struggle to manage even their most basic needs - housing, food, transportation, childcare, health care, and necessary technology.

When funds run short, cash-strapped households are forced to make impossible choices, such as deciding between quality childcare or paying the rent, filling a prescription or fixing the car.

Figure 12 shows that the proportion of families that are employed and struggling to make ends meet is high in both Pacific and Clatsop Counties. Overall, nearly half of the CMH service area is either living in poverty or cannot afford a basic household budget.

Figure 12: Poverty and ALICE rates



Source: US Census, United Ways of Oregon and Washington

Education

The percentage of students that graduate high school in four years is an important marker of community health and wellbeing. Clatsop County has a low high school graduation rate compared to Oregon and to Pacific County, which has a very high rate of high school graduation, despite some of the other challenges faced by the community.

Table 10: High School Graduation Rates

	Clatsop County	Oregon	Pacific County	Washington
High school graduation rate	69%	77%	89%	79%

Source: County Health Rankings

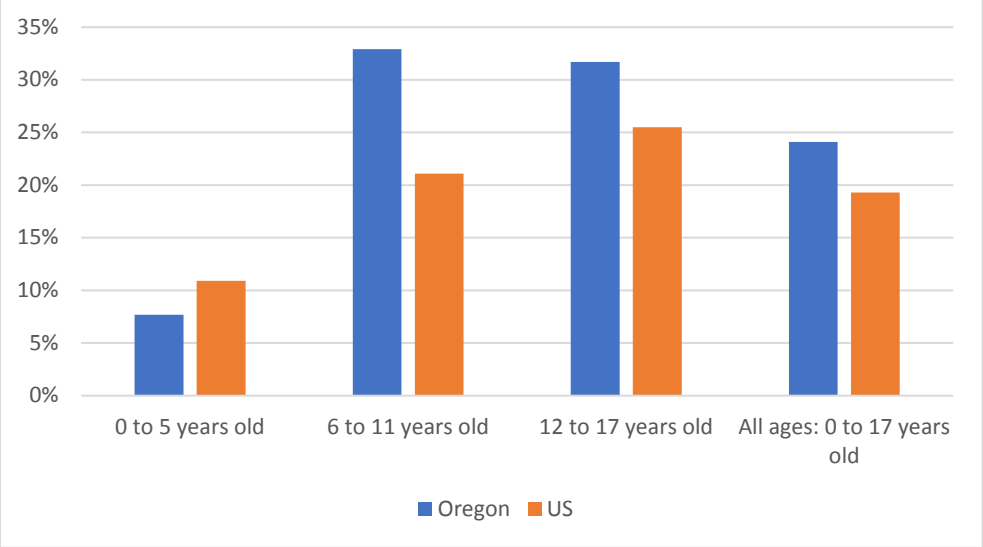
Adverse Childhood Experiences (ACEs) and Trauma

Experiencing abuse, neglect, and/or severe household dysfunction in childhood, called 'Adverse Childhood Experiences' (ACEs), has been shown to increase an individual's risk of physical and mental health disorders and social dysfunction across the course of his or her life.

ACEs include emotional and physical abuse and neglect, sexual abuse, witnessing domestic violence, substance abuse, mental illness of a household member, divorce/parental separation, and having an incarcerated household member. Some studies of ACEs include childhood experiences of economic hardship and discrimination. All ACEs are considered traumas that affect an individual's wellbeing and health throughout life.

While data is not readily available for Clatsop County, nearly 66% of adults in Oregon report at least one ACE, and nearly 1 in 4 children in Oregon ages 0-17 have experienced two or more ACEs, putting them at risk for social, physical, and cognitive impairments that impede their development and wellbeing.

Figure 13. Children with a High ACE Score (2+) by Age, Oregon and US, 2016-2017



Source: Oregon Health Authority

In Pacific County and Washington state, over 1 in 4 adults has experienced three or more ACEs. Women, American Indian and Alaska Natives, young adults 18-34 years old, and people with low incomes and less education are more likely than other groups in Washington state to have experienced three or more ACEs, according to the Washington Department of Health.

Many families in the CMH service area struggle to make ends meet and have been affected by substance abuse and other behavioral health issues, suggesting that ACEs and trauma-informed approaches to health care may be important avenues to improving the health of the CMH community.

8. Physical Environment

How Does the Physical Environment Affect Health?

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environments affect our ability and that of our families and neighbors to live long and healthy lives.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung diseases, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other contaminants can lead to illness, infection, and increased risks of cancer.

Stable, affordable housing can provide a safe environment for families to live, learn, grow, and form social bonds. Housing is often the single largest expense for a family, and when a large proportion of a paycheck goes to paying the rent or mortgage, the high housing cost burden can force people to choose among paying for other essentials such as utilities, food, transportation, or medical care.

Our collective health and well-being depend on opportunity for everyone, yet across and within communities there are stark differences in the opportunities to live in safe, affordable homes, especially for people with low incomes.

Housing

While the rate of people living with a high housing cost burden and severe housing problems in the CMH service area is similar to that of Oregon and Washington, the number of neighbors who are experiencing homelessness is high (Table 11). Though Clatsop County is home to only 0.9% of the total Oregon population, its residents comprise 5% of all homeless individuals and 16% of unsheltered minor homeless individuals.

Table 11: Housing Indicators

	Clatsop County	Oregon	Pacific County	Washington
High Housing Cost Burden	14%	17%	13%	14%
Severe Housing Problems	19%	20%	14%	18%
Homeless individuals (all)	680	13,953	42	21,621
Unsheltered homeless minors	240	1,532	*	5,622

**results less than 10, too little data to include*

Sources: County Health Rankings, Oregon Health Authority, Washington State Department of

9. Prioritized Community Health Needs

2018-2019 Columbia Pacific CCO Regional Health Improvement Plan Priorities

During 2018-2019, in partnership with the Columbia Pacific Coordinated Care Organization and a number of other organizations, including Clatsop County Health Department and Clatsop Behavioral Health, CMH supported and actively participated in a process of visioning and planning for improved health in the community and region. The process included community engagement and data gathering/analysis, and culminated in consensus that the region's greatest needs include the focus area summarized below:

- Community Resilience & Trauma-Informed Care
- Access to Care: Primary Care
- Access to Care: Behavioral Health
- Access to Care: Oral Health and Dental Care
- Access to Care: Social Safety Net
- Chronic Disease Prevention
- Suicide Prevention
- Housing

2019 Key Informant Survey Priorities

Key informant online surveys were conducted during the CHNA process to understand the service area's perception of the community's health needs.

Survey respondents were reminded of the priorities for intervention from the 2016 CHNA (Access to Care, Behavioral Health, Chronic Conditions, and Social Determinants of Health & Wellbeing), asked whether or not there had been improvement in each priority area, and asked whether the 2016 priorities were still high priority health needs in 2019.

The results of the survey showed that key informants were most likely to perceive improvement in Access to Care since 2016, but that all 2016 priorities continue to be important areas to address in the 2020-2022 Implementation Plan.

- 2017-2019 Priority: Access to Care
  - Among those that assessed its improvement, 4 out of 5 responded that there had been some to great improvement in Access to Care since 2016.
  - 100% of respondents said that Access to Care is an ongoing health need/priority for intervention in the 2019-2021 Implementation Plan.

- 2017-2019 Priority: Behavioral Health
  - Among those that assessed its improvement, over half perceived little to no improvement in Behavioral Health since 2016.
  - 100% of respondents said that Behavioral Health is an ongoing health need/priority for intervention in the 2019-2021 Implementation Plan.

- 2017-2019 Priority: Chronic Conditions
  - Over half of respondents said they 'did not know' whether Chronic Conditions had improved in the community since 2016. Among those that assessed its improvement, the majority responded that there had been little to no improvement in Chronic Conditions since 2016.
  - 64% of all respondents said that Chronic Conditions are an ongoing health need/priority for intervention in the 2019-2021 Implementation Plan.

- 2017-2019 Priority: Social Determinants of Health & Wellbeing
  - Among those that assessed its improvement, nearly two-thirds of respondents perceived little to no change in Social Determinants of Health & Wellbeing since 2016.
  - Nearly all respondents said that Social Determinants of Health & Wellbeing are an ongoing need/priority for intervention in the 2019-2021 Implementation Plan.

Key informants were also asked about the focus areas identified in the 2018-2019 Columbia Pacific CCO Regional Health Improvement Plan. Key informants responded that among the eight identified (above, p. 27) the top five needs, in order of descending perceived importance, are:

- Access to Care: Behavioral Health
- Housing
- Community Resilience and Trauma-Informed Care
- Access to Care: Primary Care
- Access to Care: Social Safety Net

Key informants were also asked to identify other priorities for intervention not included in the lists above. Their responses included improving translation services/access for Spanish-speaking patients, health care for homeless patients, disease and condition prevention, improving referral pathways to specialty care and mental health care, secondhand smoke, substance use disorder treatment, mental health counseling and medication management, access to child care, and transportation to health services.

2020-2022 CHNA Priorities and Columbia Memorial Assets/Strategic Plan

Since 2017, CMH has worked to address the four priorities outlined above (Access to Care, Behavioral Health, Chronic Conditions, and Social Determinants of Health & Wellbeing) through the following initiatives that align with our Strategic Plan:

- Service Growth
  - Partner with independent physicians (Access to Care, Chronic Conditions)
  - Grow clinic capacity (Access to Care, Chronic Conditions)
  - Improve CMH capacity to perform complex surgeries (Access to Care)
  - Implement a telehealth program (Access to Care, Chronic Conditions)

- Strengthen Quality
  - Implement care coordination (Access to Care, Behavioral Health, Social Determinants of Health & Wellbeing)
  - Implement chronic care management (Access to Care, Behavioral Health, Chronic Conditions, Social Determinants of Health & Wellbeing)
  - Implement integrated care transitions management program for high-risk populations (Access to Care, Behavioral Health, Chronic Conditions, Social Determinants of Health & Wellbeing)

Based on the results of the 2019 Key Informant surveys, the 2018-2019 Columbia Pacific CCO RHIP, the secondary data presented in this CHNA, and our knowledge of other assets available in the community, we have elected to laser focus our 2020-2022 Implementation Plan on the following priorities that dovetail with our Strategic Plan (itemized below in parentheses). In addition to our selected strategies, CMH is committed to advocating and supporting ongoing partnerships that address other identified needs.

- **Access to Care: Primary Care**
  - Strategy – Close Care gaps and increase screening:
    - Grow telehealth capacity and reach (Service Growth)
    - Improve early screening rates for lung cancer and prostate cancer (Strengthen Quality)
    - For children, youth and adolescents, identify screening tools, create the processes and put systems into place to screen for trauma/ACEs, vaping, obesity, depression, bullying and physical violence, and to refer to services as needed. (Strengthen Quality)
    - For children, youth and adolescents, identify screening tools, create the processes and put systems into place to screen for trauma/ACEs, vaping, obesity, depression, bullying and physical violence, and to refer to services as needed. (Strengthen Quality)
    - Evaluate food prescription programs and other strategies designed to provide fruits and vegetables and other healthy foods to children and adults who can't afford to buy them (Strengthen Quality)

- **Access to Care: Behavioral Health**
  - Strategies:
    - Improve screening rates for depression and referrals to behavioral health consultant as indicated (Strengthen Quality)
    - Recruit clinical staff with prescribing abilities to support all primary care providers (Strengthen Quality)

- **Social Determinants of Health: Adverse Childhood Experiences/Trauma**
  - Strategies:
    - Increase screening for trauma in primary care and Peds, improve rate of referrals to Behavioral Health services (Strengthen Quality)
    - Roll out education to CMH staff around trauma informed care approaches (Strengthen Quality)
    - Resource Desk implementation at Seaside Clinic (Strengthen Quality)
    - Partnership with CCA to staff a resource desk at another location (Strengthen Quality)
    - Assist children and families in the community with the resources and skills needed to adapt well when faced with difficulty experiences.

10. Implementation Strategy

Consistent with 26 CFR § 1.501(r)-3, CMH 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 May 15, 2020. 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 CMH'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.