Morton General Hospital

Community Health Needs Assessment

2017-2019

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Introduction/Overview

Lewis County Public Hospital District No. 1 dba Morton General Hospital (the District) is located in eastern Lewis County, Washington surrounded by several National Forests and very close to Mt. Rainier National Park.

The District operates Morton General Hospital (MGH), a 25-bed, 501c(3) Critical Access Hospital (CAH) providing a range of services including inpatient care, 24-hour emergency services, primary and specialty care, laboratory, pharmacy, diagnostic imaging, surgery, physical therapy and a new sleep lab.

For the third year running, MGH has received state recognition for the services it provides to the East Lewis County community. This year, the Washington State Hospital Association (WSHA) awarded MGH the 2016 Community Health Leadership Silver Award for its innovative approach to addressing issues for baby boomers and older adults through its Aging Mastery Program.

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 in the community in various health improvement efforts.

Methodology and Community Convening

In the late summer/early fall of 2016, the District reviewed available public health and other health data and from that compiled an overview of the health, health status, and health care needs of the District. Demographics, socio-economic factors, health behaviors, and mortality were among the indicators that were examined. Where available, data was collected specific to the District, and where not, Lewis County level data was used. Specific data sources used included:

- US Census Bureau American Community Survey (ACS), 2015
- Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS), 2012-2014
- Robert Wood Johnson Foundation County Health Rankings, 2016
- Washington State Healthy Youth Survey, 2014
- United Way ALICE Report for the Pacific Northwest, 2015
- Lewis County Community Health Status Assessment, 2014
- CHOICE Regional Health Network, Community Health Needs Assessment, 2014
- Washington State Health Care Authority and Enroll America, 2016
- University of Washington Alcohol and Drug Abuse Institute

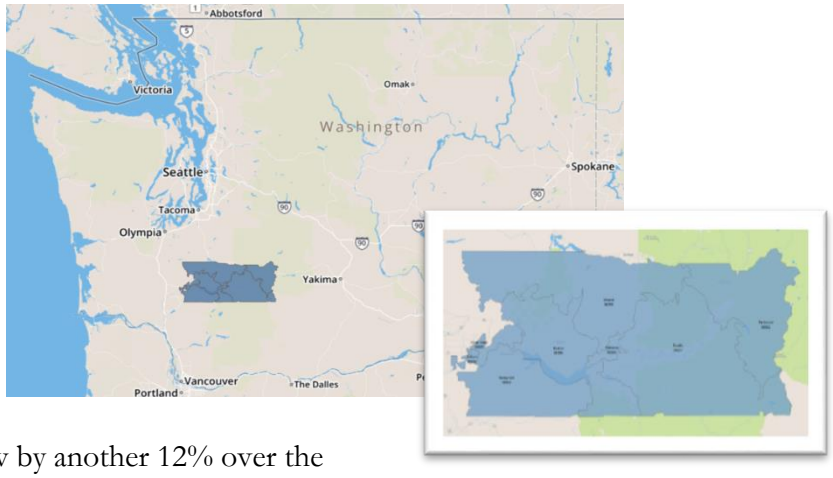
In September 2016, the District conducted six community focus groups in various locations throughout East Lewis County. A total of 50 community members participated. At the forums, participants were asked to identify essential services for the District and discussed the strengths and weaknesses of the local health care system. The following themes related to access and unmet needs or gaps emerged:

- Participants expressed high interest in ED and current pharmacy alternatives.
- Participants were very positive about the local primary care.
- Staff compassion overall and several programs in particular were 'standouts' in the perception of participants. The nursing staff, PT program, District Healthy Aging Program and cafeteria were all rated exceptionally high.
- Urgent care, behavioral health and charges for services were identified as gaps.

Our Community and People

More than 85% of MGH'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.

Figure 1. District Map



The District's current population is approximately 10,200, as detailed in Table 1. The District's population has declined by 1.6% since 2010. Over 26% 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 12% over the next 5 years, while total population will grow by just 1%.

Approximately 6.5% of District residents are Hispanic, compared to 12.5% statewide. From 2010 to 2016, the District's Hispanic population grew by 25%. This is higher than Washington overall at 19% growth. This trend is expected to continue.

Table 1. District and County Demographics, 2016

Population	District	%	Lewis County	%	WA State	%
Total Population	10,197		83,680		7,185,242	
Under Age 5	462	4.5%	4,945	5.9%	451,021	6.3%
5-17 Years Old	1,259	12.3%	13,468	16.1%	1,177,065	16.4%
Adults 18-64	5,803	56.9%	48,284	57.7%	4,500,066	62.6%
Seniors 65+	2,673	26.2%	16,983	20.3%	1,057,090	14.7%
Hispanic	667	6.5%	8,076	9.7%	901,147	12.5%

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

Social Determinants

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. This data is available largely at the county level. As seen in Table 2, Lewis County has significantly higher rates of children under 18 in households below the federal poverty level. It fares considerably better than the state on violent crime rates, and is comparable to the state on food insecurity and housing problems.

Table 2. 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	25%	18%
Percent with Severe Housing Problems	1 or more of: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	17%	18%
Violent Crime Rate per 100,000	Offenses that involve face-to-face confrontation between the victim and the perpetrator per 100,000	222	301
Food Insecurity	Did not have access to a reliable source of food during the past year	16%	15%

Source: County Health Rankings, 2016.

Better than WA State | Worse than WA State

Some socioeconomic data is available at the District level. Table 3 compares graduation rates, per capita income, unemployment and language for the District. Here we see that the District fares slightly better than the County on income and poverty levels, but worse than the County and State on unemployment and graduation rates. The percentage of the District and County-wide population that speaks a language other than English at home is considerably lower than the State average of nearly 1 in 5 residents.

Table 3. Additional 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	85.5%	87.1%	90.4%
Percent in Poverty	Individuals in households with income under 100% of poverty level in past 12 months	15.4%	16.3%	13.3%
Per Capita Income	Average income earned per person	$24,523	$22,480	$31,762
Unemployment Rate	Ages 16+ unemployed	7.1%	6.7%	4.9%
Language Other than English Spoken at Home	Ages 5+ who speak language other than English at home	5.6%	8.5%	18.9%

Source: American Community Survey, 2015. District defined as zip codes 98336, 98355, 98356, 98361, 98377, 98564, 98582 and 98585.

Better than WA State | Worse than WA State

Asset Limited, Income Constrained, Employed (ALICE)

Poverty is a critical predictor of poor mental and physical health outcomes. A 2015 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, child care, food, transportation, and health care. Most do not qualify for Medicaid coverage. ALICE households as a percentage of total households in the District and County are identified in Table 4. When combining households living in poverty and ALICE households, approximately half or more (ranging from 49% in Morton to 76% in Mineral) of District households cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation. This is higher than Lewis County and Washington state overall, wherein 43% and 32% of households are either ALICE or in poverty.

Table 4. ALICE Households

Area	Total HH	% ALICE or Poverty
District		
Mineral	122	76%
Morton	468	49%
Mossyrock	310	50%
Packwood	181	57%
Other Lewis County		
Centralia	6,744	50%
Chehalis	2,847	53%
Fords Prairie	837	45%
Napavine	640	27%
Onalaska	274	27%
Pe Ell	254	52%
Toledo	283	57%
Vader	201	49%
Winlock	529	49%
Lewis County	**29,040**	**43%**
WA State	**2,648,033**	**32%**

Source: 2015 United Way ALICE Report for the Pacific Northwest (data from 2013)

County Health Rankings

The Robert Wood Johnson Foundation's County Health Rankings compare counties within each state on more than 30 factors that are rolled into two composite scores: overall health outcomes and overall health factors. Counties are ranked according to summaries of a variety of health measures relative to the health of other counties in the same state. The 2014 and 2016 summary composite scores for Lewis County are identified in Table 5. As the table shows, Lewis County ranks similarly across all of the composite measures and is generally in the lower third of Washington's 39 total counties.

From 2014 to 2016 Lewis County declined, or ranked lower, in overall health outcomes but saw improvement in overall health factors. Notably, Lewis County showed the most improvement in health behaviors, which includes smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and teen births.

Table 5. County Health Rankings Scores, Lewis County 2014 vs. 2016

Composite Score	2014 Rank	2016 Rank	Change 2014-2016*
Overall Health Outcomes	**21**	**27**	**↓6**
Length of Life	23	28	↓5
Quality of Life	21	26	↓5
Overall Health Factors	**28**	**27**	**↑1**
Health Behaviors	31	27	↑4
Clinical Care	28	27	↑1
Social & Economic Factors	30	27	↑3
Physical Environment	13	22	↓9

Sources: County Health Rankings, 2016, Lewis County Community Health Status Assessment, 2014

**Negative change (↓) = worse than prior rank; positive change (↑) = better than prior rank*

Health Status

Behavioral Risk Factors

Behavioral risk data is reported in Table 6 at the county level, due the small sample size for the District alone. The incidence of obesity, diabetes, and percent with past heart attack are above (worse) than state levels. Suicide rates and percent with a depressive disorder are also worse than the state. Binge drinking and asthma rates are equal or slightly better than the state as a whole.

Table 6. Lewis County Behavioral Risk Factors

Metric	Lewis County	WA State
Behavioral Risk Factors		
Percent Obese	35%	28%
Percent Diabetic	11%	8%
Percent with Past Heart Attack	7%	5%
Percent with Asthma	9%	10%
Percent who Binge Drink	16%	19%
Mental Health		
Percent with Depressive Disorder	27%	22%
Suicide Rate	24%	16%
Access to Care		
Primary Care Physicians	1,980:1	1190:1

Source: CDC BRFSS 2014, County Health Rankings 2016

Better than WA State	Worse than WA State

As depicted in Table 7, Lewis County 10th grade children tend to have higher rates of suicide, depression, smoking, obesity and bullying.

Table 7. Lewis County Healthy Youth Survey Results, 10th Grade, 2014

Metric	Definition	Lewis County	State of WA
Suicidal Ideation	Seriously considered attempting suicide in past 12 months	25%	21%
Depressed	Feelings of sadness/hopelessness for two consecutive weeks or longer that interfered with usual activities	41%	35%
Bullied	Bullied in last 30 days	27%	23%
Obese	BMI in top 5% for age/gender	14%	11%
Poor Physical Activity	Did not meet CDC recommendation for 60 min of physical activity 7 days a week	73%	77%
Poor Nutrition	Fewer than 5 servings of fruits/vegetables a day	80%	79%
Drink Alcohol	Drank alcohol in last 30 days	28%	21%
Smoke Cigarettes	Smoked cigarette(s) in last 30 days	14%	8%

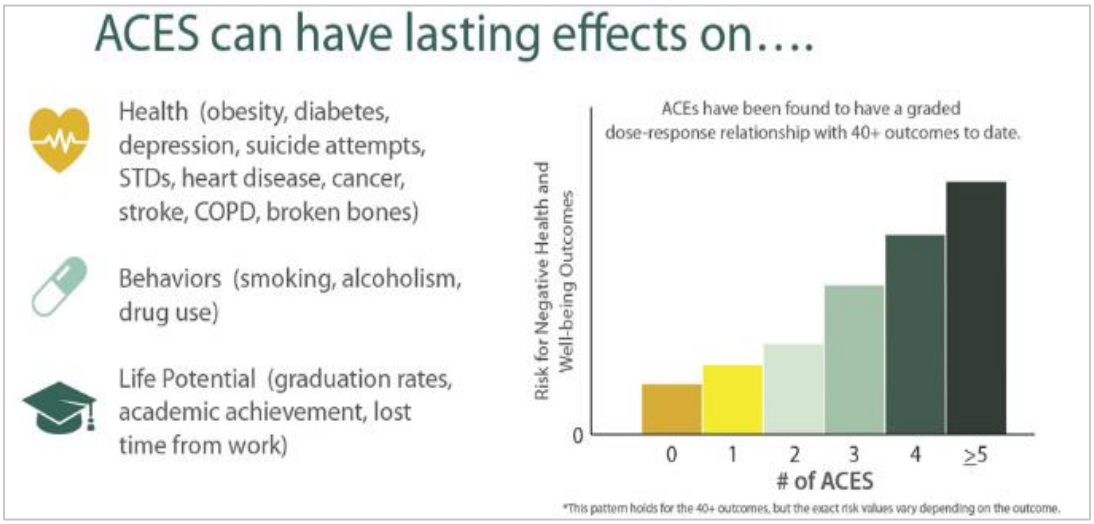
Source: Washington State Healthy Youth Survey, 2014

Better than WA State	Worse than WA State

Adverse Childhood Experiences (ACEs)

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. ACEs include emotional, physical or sexual abuse; emotional or physical neglect; seeing intimate partner violence inflicted on one's parent; having mental illness or substance abuse in a household; enduring a parental separation or divorce, and having an incarcerated member of the household.

Figure 2. Association between ACEs and Negative Health Outcomes



Source: Centers for Disease Control & Prevention, "Association between ACEs and Negative Outcomes"

ACE burden is defined as the number of ACEs an adult was exposed to during childhood. The highest ACE score is 8. In Washington, 62% of adults 18-64 have at least one ACE; 26.5% have 3 or more; 5% have 6 or more. Compared to the state, adults in the District are more likely to have experienced 3 or more ACEs and equally as likely to have experienced 6 or more ACEs. In addition, and as shown in Figure 3, the District has a relatively high percentage of intergenerational transmission of 2 or more ACEs.

Table 8. ACE Burden on Adults

Burden	District	State of WA
Adult Population with 3+ ACEs	31-33%	26.5%
Adult Population with 6+ ACEs	4-5%	5%
Percent of Adult Population Transmitting 2+ ACEs to Children	19-35%	--

Source: Foundation for Healthy Generations "Health, Safety & Resilience: Foundations for Health Equity," 2014/2015 (data from 2009-2011)

Figure 3. Percent of Adult Population Transmitting 2+ ACEs to Children

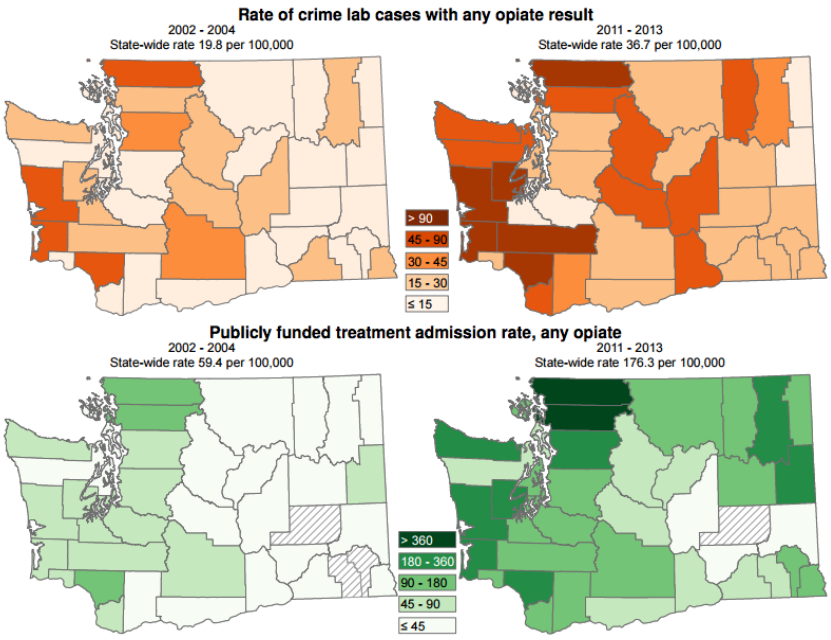
Source: Foundation for Healthy Generations, "Health, Safety & Resilience: Foundations for Health Equity," 2014/2015 (data from 2009-2011)

Heroin/Opiate Use and Abuse

Lewis County, like much of the United States and Washington, has seen increases in the use of heroin in the past decade. For example, the rate of heroin substance detected in police crime labs in Lewis County during the 2011-2012 timeframe was one of the highest in the state, with nearly 124.9 per 100,000.

Overall opiate abuse, including heroin and prescription opiates, has grown steadily in the past fifteen years as well. Several measures, including the rate of Lewis County crime lab results related to an opiate and the rate of residents treated for opiate addiction, have increased in Lewis County from 2002-2004 to 2011-2013. Heroin and overall opiate use and abuse are significant health issues in Lewis County.

Figure 4. Opiate Use and Abuse Growth over Time, Washington State, 2002-2004 to 2011-2013

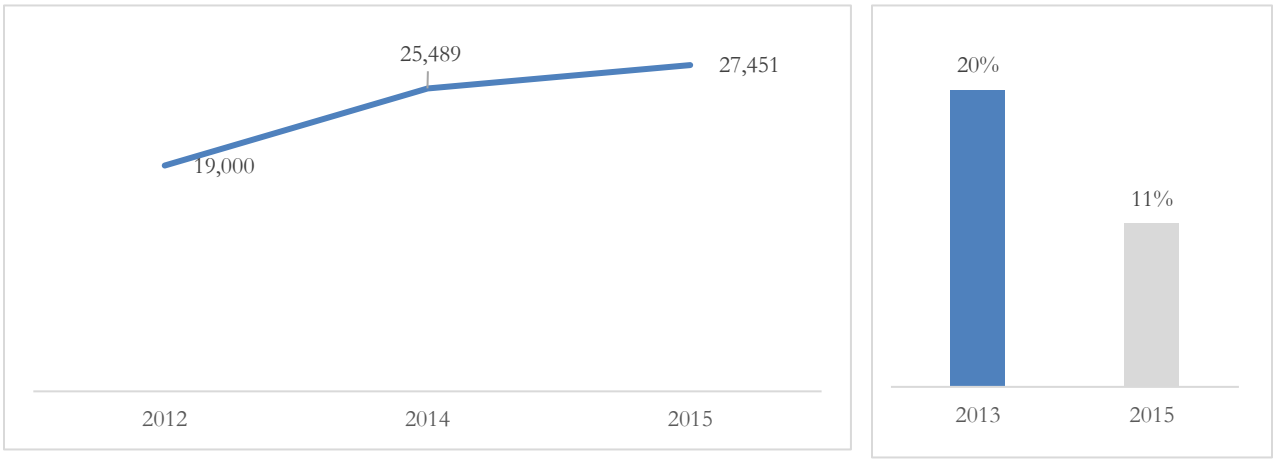


Source: Univ. of WA Alcohol & Drug Abuse Institute

Access to Care

Since 2013 the percentage of the population enrolled in Medicaid grew 44%. In addition, the percent of uninsured adults in the county decreased from 20% in 2013 to 11% in 2015. This information is depicted in Figure 5, and is attributable to Washington's robust Medicaid expansion and Exchange efforts.

Figure 5. Total Medicaid Enrollment and Percent Uninsured, Lewis County



Sources: WA Health Care Authority; Enroll America

In the community convening sessions, we did hear from the community about access to primary care, specialty care, urgent/after-hours care, and to affordable care. While the community is highly satisfied with the primary care providers, there is simply not enough. Additional recruitment, use of mid-levels and extended hours will help address community concerns. In addition, at its Fall 2016 Retreat, the Board of Commissioners selected as one of its priorities to make the District's primary care clinics the entry point for health care in the community. They further agreed that resources would be dedicated to meeting needs of District residents for accessible and available primary care by:

- Adding services including care coordination and behavioral health
- Coordinating seamlessly with the hospital and more regional resources to assure timely and quality care transitions
- Improving processes to increase productivity, and by
- Developing additional access points and adding extended hours, walk-in hours and perhaps urgent care.