Community Health Needs Assessment

2023 - 2025

Arbor Health

Morton Hospital
Mossyrock Clinic
Morton Clinic
Randle Clinic
Specialty Clinic

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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 health care 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 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. A 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.

The Lewis County Hospital District covers over 900 square miles and includes elevations as high as 4,500 feet. It extends east to White Pass, which is just southeast of Mt. Rainier National Park; west to Mayfield Lake, encompassing the towns of Mossyrock and Cinebar; and north to include the town of Mineral.

In January 2019, the District adopted a new parent name, Arbor Health (Arbor). This name change reflects the philosophy that our network of care is truly better when it works together, ensuring compassionate, professional health care right here in the community. With a canopy formed by trees and fall-themed colors of cranberry and gold, the Arbor name pays tribute to our timber industry and community history.

Arbor's Morton Hospital was designated as a Critical Access Hospital by meeting the federal and state designation requirements in the Washington State Rural Health Plan and the Medicare Conditions of Participation. Arbor operates three rural

Vision, Mission, Values

Our Vision:

To provide accessible, quality healthcare

Our Mission:

To foster trust and nurture a healthy community

Core Values:

-One team, one mission
-Go out of your way to brighten someone's day
-Own it, embrace it
-Care like crazy
-Motivate, elevate, appreciate
-Know the way, show the way, ease the way
-Find joy along the way

Commitment to Quality Care:

Arbor Health is proud of the care we provide to our patients. Our goal is to provide the highest possible quality of care and continually improve our patient, staff, and physician satisfaction.

health clinics and several specialty clinics. More than 70% of our volume comes from outpatient and primary care volumes, and we provide a range of services, including behavioral health, respiratory and physical therapy, outpatient specialty care, diagnostic imaging, medical laboratory, and sleep medicine. Our Emergency Department, open 24/7, serves nearly 5,000 patients per year.

2020-2022 CHNA Priorities

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.

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.

2020-2022 CHNA Update

Arbor's 2020-2022 CHNA and Implementation Plan priorities and strategies were adopted by the District's elected Board of Commissioners. They were selected after review of the collected data and feedback from community convenings. **Exhibit 1** details the priorities that were adopted and provides an update on key strategies implemented to address these priorities.

As with all health care facilities and communities across the nation, COVID-19 had a significant impact on Arbor's priorities during the 2020-2022 period, and that impact continues to date. At the time of this writing, there have been nearly 1.9 million total cases of COVID-19 in Washington State, and over 20,000 in Lewis County, resulting in almost 1,600 hospitalizations and nearly 300 deaths in the County.

Despite these challenges, Arbor has not only played a key leadership role in COVID mitigation, testing, and vaccinations, providing almost 6,000 vaccinations to date, but was also able to ensure access to quality care throughout our community despite the challenges posed by the pandemic. Due to Arbor's focus on COVID-19 response during 2020, the accomplishments highlighted in **Exhibit 1** focus largely on those made during 2021 and 2022.

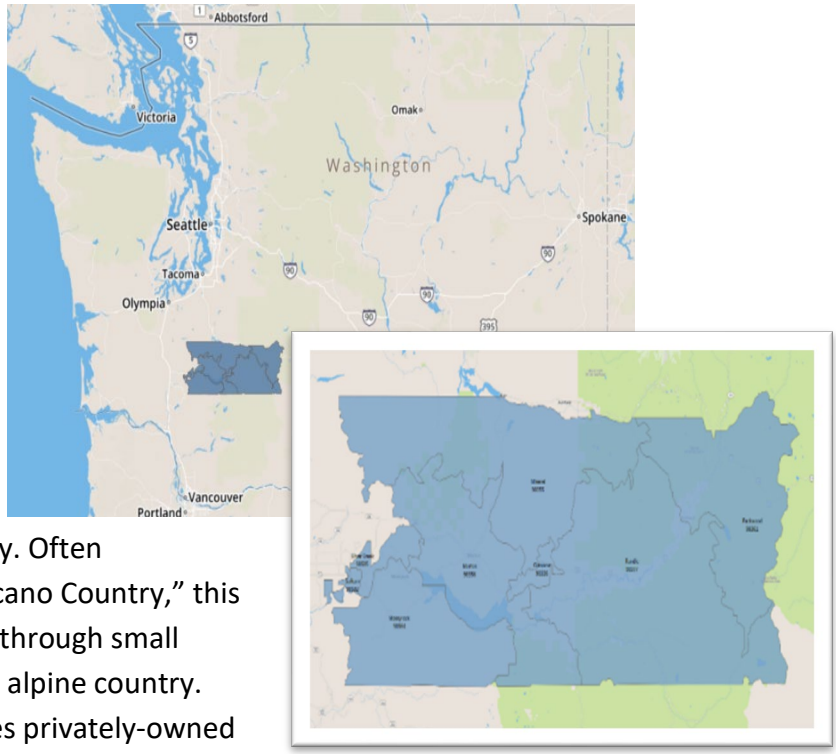
Exhibit 1:
2020-2022 CHNA Priority Accomplishments

PRIORITY #1: Build Relationships and Partnerships That Prioritize Community Health Needs
Created a community-wide wellness plan through partnerships with providers, employers, and community-based entities focusing on the overall health of our community and identifying key chronic disease needs.
Provided 1,400 to-go meals to seniors in food-scarce homes.
Received Acute *Stroke Ready DNV* Stroke Certification in the Emergency Department in 2021.
Conducted eight community/EMS STROKE education events in 2022.
Increased mammography volume by 10% via external partners and targeted social media.
Promoted importance of infection control to the community every month via social media.
Established a medication disposal program for Morton, Mossyrock, and Randle.
Partnered with vendors and community groups to host live/virtual/drive-through health fairs each year.
Implemented immunization interface that meets DOH minimum data transmission thresholds.
Distributed community outreach messages every quarter re: Chest Pain/MI, Sepsis, COVID-19, Congestive Heart Failure, Pulmonary Disease, and Skilled Services.
Attended four local high school and college job fairs.
Created ImPACT concussion management and student athletic performance & injury management partnership with the schools' athletic programs.
Increased same-day surgery volumes by nearly 40% through targeted marketing and outreach.
Held three community engagement events at each of the Arbor Clinics each year.
Held one coordinated event each year with Insurance Payors to address school/community youth programs.
Increased number of patients referred for assistance with Medicaid eligibility by 200%.
Held a community weight loss challenge that culminated in a 5k/10k/Half Marathon each year.
Offered Critical Access Hospital experience for local RN and NAC program graduates four times/year.
PRIOIRTY #2: Enhance Health Outcomes Through Recruitment and Programs That Increase Access and Support Wellness
Established a new primary-care clinic in Packwood.
Increased the number of annual wellness visits in each of the clinics by over 20%.
Created five additional programs designed to improve overall patient outcomes.
Grew clinic telehealth visits by over 100% and specialty telehealth visits by nearly 300%.
Increased percentage of patients with documented patient education related to admission diagnosis within 4 hours of admission from 50% to 96%.
Implemented concurrent OPTUM admission review process for weekend admissions.
Decreased stroke/CT report turnaround to less than 15 minutes.
Over 50% of patients discharged on a new medication were counseled by a pharmacist in 2022.
Developed and implemented physician satisfaction/engagement survey.
Resolved compliance and HIPAA events within 15 business days.
Decreased the percentage of overdue and incomplete work orders from 28% to 19%.
Increased the number of financial assistance applications provided, returned, and approved by almost 40%.
Conducted employee engagement survey and increased employee engagement in events from 75% to 98%.
Increased the number of staff members participating in the 15-Minute Philanthropist program by 20%.
Monitored new antibiotic starts to improve monitoring of antibiotic therapy and other narrow therapeutic index drugs to facilitate the best drug therapy for our patients.
Reopened Pulmonary Rehab program.
86% of all venous leg ulcer patients achieved healed status (300% improvement) within 90 calendar days of starting therapy.
Increased documented skill-care assessments in Wound Care program to 84% from 68%.

Our Community and People

More than 80% of Arbor Health's patients reside within the boundaries of Lewis County Public Hospital District No. 1. The District encompasses 900 square miles and includes the communities of Morton, Randle, Mossyrock, Packwood, Glenoma, Silver Creek, Salkum, and Mineral. **Exhibit 2** depicts the boundaries of the District. Much of the District lies on the ancestral lands of the Cowlitz and Klickitat Native American Tribes.

Exhibit 2: District Map



Most of the District's communities are located along the White Pass Scenic Byway. Often referred to as the "The Playground of Volcano Country," this 124-mile U.S. Highway 12 corridor passes through small resource lands, river valleys, foothills, and alpine country. The region surrounding the byway includes privately-owned residential, agricultural, commercial, and forest land properties, as well as state parks, wildlife areas, power projects with associated recreation lands, the Gifford Pinchot and Okanogan-Wenatchee National Forests, Mount Rainier National Park, Mount St. Helens National Monument, and Mount Adams Wilderness Area. On a clear day, Mount Rainier, Mount St. Helens, and Mount Adams are all in full view.

The District's current population is approximately 11,000, as detailed in **Exhibit 3**. The District's population has increased by almost 7% between 2010 and 2022, and is expected to grow another 4% by 2027. 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 14% over the next five years. Approximately 8% of District residents are Hispanic, compared to 13% Statewide. Between 2010 and 2022, the District's Hispanic population grew by 57%, and is expected to grow another 17% by 2027.

Exhibit 3: District Demographics								
	2010	% of Total Pop.	2022 Est.	% of Total Pop.	% Chg. 2010-2022	2027 Proj.	% of Total Pop.	% Chg. 2020-2027
Total Population	10,287	100.0%	10,965	100.0%	6.6%	11,396	100.0%	3.9%
Pop. by Age								
0-17	1,844	17.9%	1,845	16.8%	0.1%	1,946	17.1%	5.5%
18-44	2,502	24.3%	2,758	25.2%	10.2%	2,850	25.0%	3.3%
45-64	3,636	35.3%	3,101	28.3%	-14.7%	2,897	25.4%	-6.6%
65-74	1,389	13.5%	2,110	19.2%	51.9%	2,500	21.9%	18.5%
75-84	714	6.9%	904	8.2%	26.6%	929	8.2%	2.8%
85+	202	2.0%	247	2.3%	22.3%	274	2.4%	10.9%
Total 0-64	7,982	77.6%	7,704	70.3%	-3.5%	7,693	67.5%	-0.1%
Total 65 +	2,305	22.4%	3,261	29.7%	41.5%	3,703	32.5%	13.6%
Hispanic	535	5.2%	840	7.7%	57.0%	985	8.6%	17.3%
AI/AN	160	1.6%	197	1.8%	22.7%	219	1.9%	11.5%
Fem. 15-44	1,379	13.4%	1,464	13.4%	6.2%	1,525	13.4%	4.2%
Source: Claritas 2022								

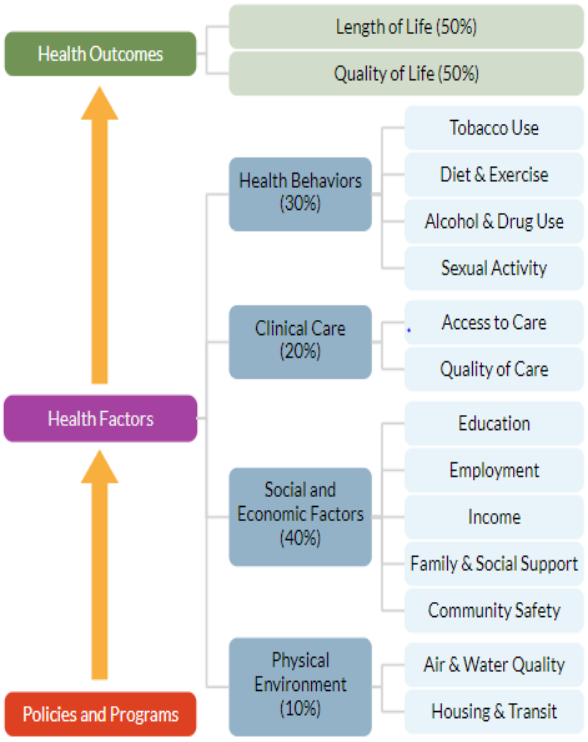
Methodology and Approach

The purpose of a public hospital district under RCW 70.44 is, among other things, *to provide hospital services and other health care services for the residents of the District and others*. Arbor sees the Community Health Needs Assessment (CHNA) process as a vital tool for understanding resident need and health care gaps. The intent is to use this CHNA for strategic and operational planning as we engage the community in various health improvement efforts. The voice of the community was important to this process and will be even more important as we move into development of the Implementation Plan.

Arbor organized this CHNA data collection and analysis consistent with the County Health Rankings (CHR) model developed by the Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation (RWJF). This model recognizes that clinical care is only one element impacting a person's health. The RWJF publishes an annual report and health data for every county in the United States.

The model in **Exhibit 4** outlines a holistic view of population health, highlighting multiple factors and their relative contributions to health outcomes. This model delineates the underlying modifiable determinants of health that impact health outcomes (health factors) and groups them into four main categories (with associated weights): social and economic factors (40%), including indicators for community safety, education, employment, family and social support, and income; health behaviors (30%), which includes indicators for alcohol use, diet and exercise, sexual activity, and tobacco use; clinical care (20%), including access to and quality of care; physical environment (10%), consisting of air and water quality, housing, and transit.

Exhibit 4: RWJF CHR Health Model



Where data is available at the District level, we have incorporated it, and where not available, we have used Lewis County data as a proxy. Specific data sources used include:

- ALICE (Asset Limited, Income Constrained, Employed) Project
- American Community Survey, 2016-2020 (5-Year Estimates)
- Behavioral Risk Factor Surveillance System, 2016-2021
- DHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion
- U.S. Census Bureau, 2021 Quick Facts
- University of Wisconsin, County Health Rankings & Roadmaps Program
- Washington Department of Health, All Deaths Dashboards, Chronic Disease Profiles, Social Determinants of Health Dashboard, Trauma Services, Immunization Data, Opioid Dashboard, Oral Health Profiles
- Washington HCA, Dental Data, and Apple Health (Medicaid) Reports
- Washington State Healthy Use Survey, 2021

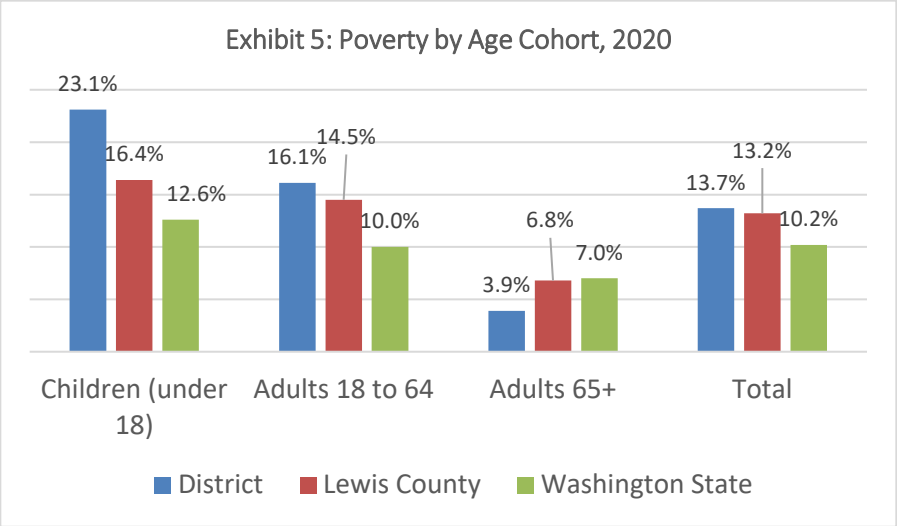
Health Factors and Outcomes in Lewis County

Social and Economic Factors – the Social Determinants of Health

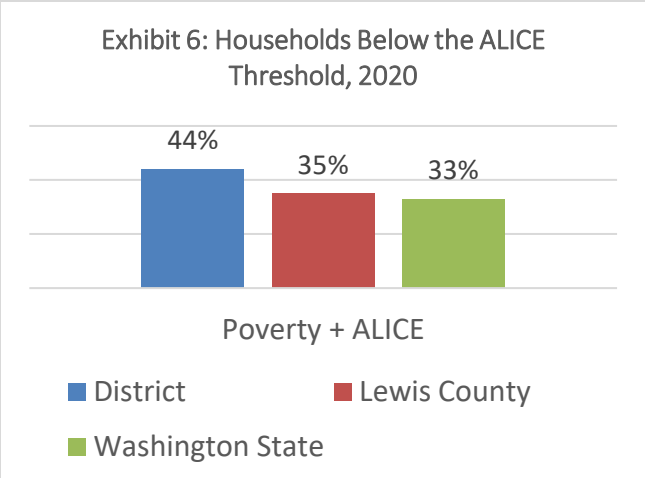
The social determinants of health—the conditions under which people are born, grow, live, work, and play—significantly influence the health of a community and its residents. These include indicators such as income and poverty levels, education level, unemployment, violent crime, and housing and childcare burdens. Lewis County is ranked 25th out of Washington's 39 counties related to social and economic factors.

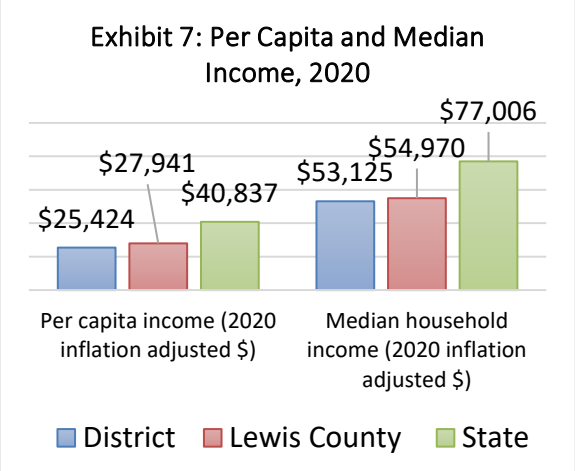
Poverty and Income

As seen in **Exhibit 5**, the District has significantly higher rates of children living in poverty (under 18 living in households earning below the Federal Poverty Level) than the County or State (23% compared to 16% and 13%, respectively).



With poverty being a critical predictor of poor mental and physical health outcomes, a 2020 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.





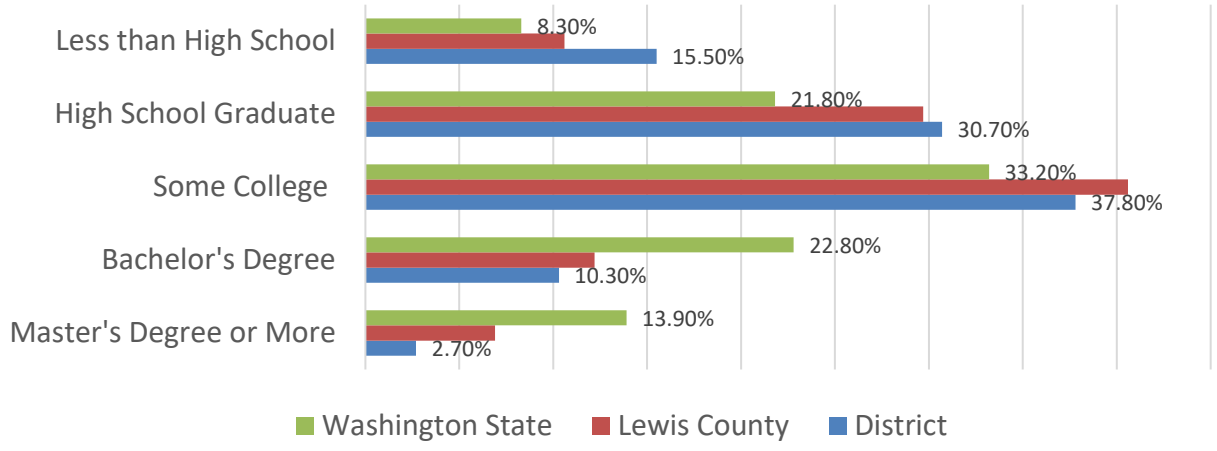
As identified in **Exhibit 6**, over 40% of households in the District are below the ALICE threshold, meaning they either make less than the FPL, or, if they earn above the FPL, it is still less than the basic cost of living for the area, and they struggle to make ends meet. This compares to 35% in the County and 33% Statewide. Per capita and median income are also slightly less in the District than in the County, but both are significantly less than the State. The per capita income in the District is $25,424, compared to $27,941 in the County and $40,837 in the State (**Exhibit7**).

Educational Attainment

Education is another significant social determinant that influences health over the course of a lifetime. Levels of educational attainment have been directly linked with important health outcomes. Adults with lower educational attainment are more likely to report worse health outcomes. For example, babies of mothers who did not graduate high school are twice as likely to die before their first birthday; and college graduates are expected to live at least five years longer than individuals who have not completed high school.

As identified in **Exhibit 8**, for almost half of the District population 25 years and older (46%), a high school diploma is their highest educational attainment. This compares to 40% in the County and 30% in the State. The percentage of the 25+ population that has some college or a bachelor's degree is also less in the District (48.1%, as compared to 52.8% in the County, and 56% in the State). Importantly, the State percentage of those with a master's degree is double that of the County, and five times that of the District.

Exhibit 8: Highest Education Attainment for Population 25 Years and Older



Housing

The shortage of affordable housing limits a family's choice about where they live and often consigns lower-income families to potentially substandard housing in neighborhoods with higher rates of poverty and fewer accessible opportunities to improve health, including access to parks, bike paths, recreation centers, and community activities.

The Housing Affordability Index (HAI)—calculated and maintained by the Washington Center for Real Estate Research (WCRER) at the University of Washington—measures the ability of a middle-income family in 94 cities in the State with populations of 10,000 or more to make mortgage payments on a median price resale home. Critical to the notion of affordability, a household does not spend more than 25% of its income on principal and interest payments. It does the same for rentals, calculating the median income to afford an average-priced rental apartment without a family being overburdened. Renters are defined as being overburdened when rent exceeds 30% of gross household income.

Data from the American Community Survey in **Exhibit 9** demonstrates the lack of affordable housing in the District and County. Nearly one-third of District and County resident homeowners are paying more than 30% of their income on home ownership costs. Over 40% of renters in the District are paying more than the recommended 30% of income on rent.

Exhibit 9: Housing Affordability

Indicators	District	County	State
Residents paying more than 30% of income on homeownership costs	28.5%	30.8%	32.3%
Residents paying more than 30% of income on rent	40.9%	45.0%	45.2 %

Exhibit 10: Housing Availability

	District	County	State
Housing Units			
Occupied	65.5%	87.8%	92.2%
Vacant	34.5%	12.2%	7.8%
Vacant Housing Units			
For Rent	2.8%	7.8%	16.8%
For Sale Only	1.9%	6.0%	7.1%
Other Vacant	95.2%	86.2%	76.1%

Exhibit 10 further demonstrates the limited availability of housing in the District and County. While District-level data demonstrates that nearly 35% of housing units in the District are vacant, the vast majority of those are not actually available. Less than 4% of the vacant housing units in the District are available for rent or sale. The majority of vacant units fall into "other vacant," which includes units that have been sold but are not occupied yet; units for seasonal, recreational, or occasional use; units for migrant workers; those held for occupancy by a caretaker or janitor; and units held for personal reasons of the owner.

2-1-1 Counts

Washington 2-1-1 is the State's relatively new "go to" system for Washingtonians in need of accurate community health and human service information and referrals. 2-1-1- is a free, confidential community service and one-stop connection to local services such as utility assistance, food, housing, health care, childcare, after-school programs, elder care, crisis intervention, and more. The 2-1-1 data identifies social determinants of health and social needs trends in communities throughout Washington. The reports are designed to integrate with other data sets to provide a complete portrait of social determinants of health or social needs in a community.

As shown in **Exhibit 11**, with the exception of requests related to health care and COVID-19 (largely driven by COVID vaccination appointments), housing and shelter are the top reasons for calling the helpline and account for 20% of calls. Of those calls for housing and shelter, over half were for rent assistance (financial assistance for rent, mobile home lot fees, and other housing-related payments) and low-cost housing (programs that look for and provide housing, including subsidized housing, public housing, housing vouchers, and housing for people with special needs).

Exhibit 11: 2-1-1 Counts

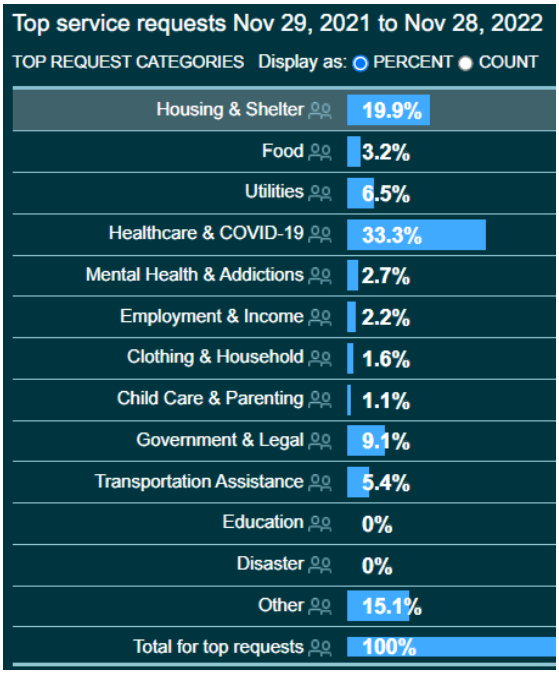
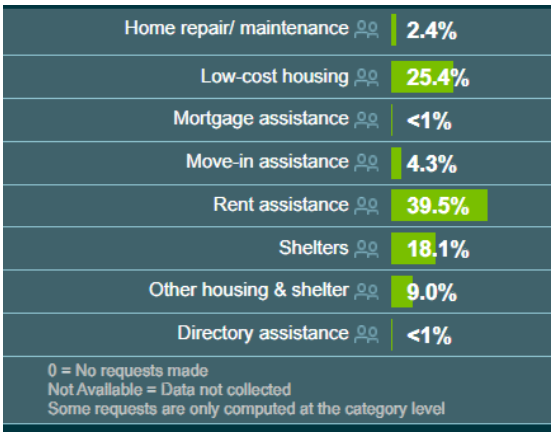


Exhibit 12: Top Housing & Shelter Requests



Unemployment

Unemployment can have negative health consequences. Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health. According to the American Community Survey (2020 data), while the District has slightly higher rates of unemployment (7.0%) than the County (6.6%), both are significantly higher than the State rate (4.9%).

Adverse Childhood Experiences

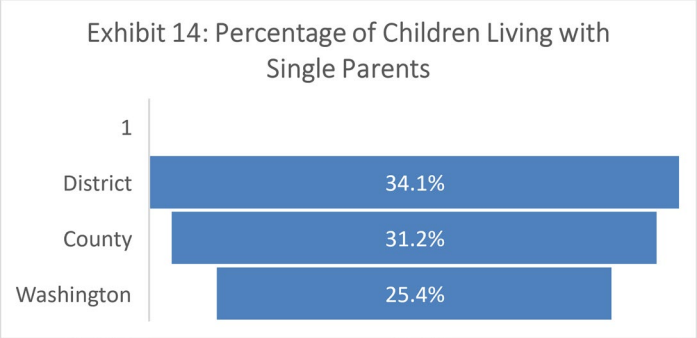
Exhibit 13: ACE Scores

	2011			2021		
ACE Score	**District**	**County**	**State**	**District**	**County**	**State**
1 to 2	22.0%	33.8%	35.6%	36.4%	32.0%	34.6%
3 to 5	31.7%	22.9%	19.7%	19.7%	24.7%	20.3%
6+	4.9%	5.5%	4.8%	4.5%	5.7%	5.7%
% 3+	36.6%	28.4%	24.5%	24.2%	30.4%	26.0%

Source: Washington Behavioral Risk Factor Surveillance System, 2011-2021.

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 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; or having an incarcerated member of the household. **Exhibit 13** indicates that the percent of District residents who report having three or more ACEs has decreased since 2011 (24.2% in 2021 compared to 36.6% in 2011) and is now faring better than the County and is in line with the State (26%).

Other Social and Economic Factors



Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness and unhealthy behaviors. Self-reported health has been shown to be worse among single mothers than for mothers living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households. The District's percentage of children living with single parents (34.1%) is higher than the County (31.2%) and significantly higher than the State (25.4%).

Exhibit 15 provides other County and State measures of social and economic factors that can impact physical and mental health outcomes. This data demonstrates that the County is faring far better than the State in terms of violent crime, but is faring worse in terms of food insecurity, with 15% of County residents not having access to a reliable source of food during the past year. Lewis County also has a lower Food Environment Index score (measure of factors that contribute to a healthy food environment) than the State (7.6 vs. 8.3). The County is faring worse in terms of childcare costs, with the average household spending 30% of its income on childcare for two children, compared to 27% in the State.

Exhibit 15: Other County and State Socioeconomic Characteristics

Metric	Definition	Lewis County	WA State
Violent Crime Rate per 100,000	Offenses that involve face-to-face confrontation	193	294
Food Insecurity	Did not have access to a reliable source of food during the past year	14%	10%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.6	8.3
Childcare Cost Burden	Childcare costs for a household with two children as a percent of median household income	30%	27%

Source: 2022 County Health Rankings and Road Maps

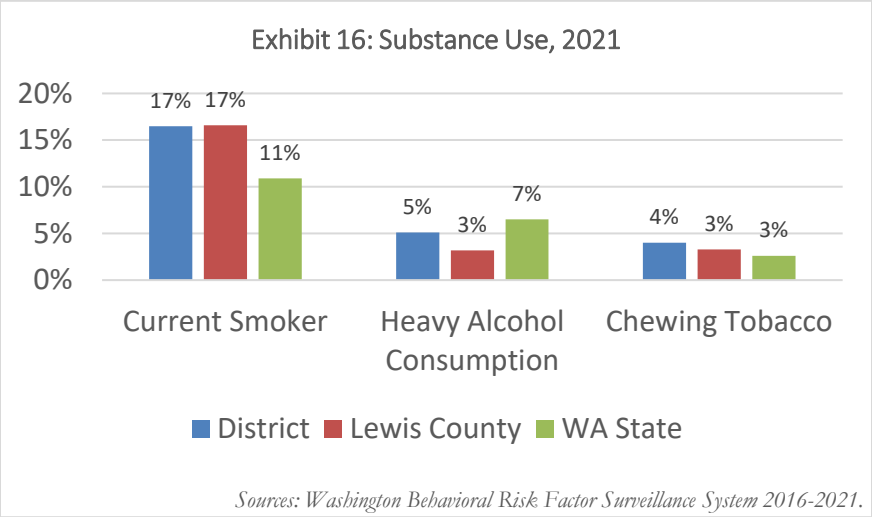
Better than WA State | Worse than WA State

Health Behaviors

Behavioral Risk Factors are those personal behaviors or patterns of behavior which strongly affect heath and increase the chance of developing a disease, disability, or syndrome if not managed or improved. Per RWJF's County Health Rankings, Lewis County is ranked 25th of the 39 Washington counties for Health Behaviors.

Alcohol and Tobacco Use

Smoking leads to disease and disability and harms nearly every organ of the body. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.



As demonstrated in **Exhibit 16**, the percentage of adults who are current smokers in the District and County (both 17%) is higher than the State (13%).

Excessive drinking is also a risk factor for a number of adverse health outcomes, including alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Based on 2021 data, 5% of District residents reported heavy alcohol consumption. This was more than the County but less than the State rate.

Opioids and Other Drugs

Lewis County experienced more drug overdose deaths per 100,000 people in the 2018-2020 timeframe than Washington (21 per 100,000 compared to 18 per 100,000 statewide). Lewis County also experienced more drug-related hospitalizations than the State (110.7 vs. 81.5 per 100,000). Specific to opiates, Lewis County had a rate of 25 hospitalizations for all opiates per 100,000 people, compared to 20 Statewide.

Other Health Behaviors

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Sleep is also an important part of a healthy lifestyle, and a lack of sleep can have serious negative effects on one's own health, as well as the health of others. Ongoing sleep deficiency has been linked to chronic health conditions including heart disease, kidney disease, high blood pressure, and stroke, as well as psychiatric disorders such as depression and anxiety, risky behavior, and even suicide.

Exhibit 17: Health Behavior Measures

Access to Exercise:	Physical Inactivity:	Insufficient Sleep:
Lewis County: 48%	District: 20%	Lewis County: 33%
Washington: 79%	Lewis County: 22%	Washington: 32%
	Washington: 19%	

As identified in **Exhibit 17**, one in five District residents reports physical inactivity (no physical activity outside of work). The District fares slightly better (20%) than the County (22%) on this measure and slightly worse than the State (19%). Importantly, only 48% of Lewis County residents reported access to exercise opportunities (living close to a park or recreation facility), compared to almost 80% Statewide. Approximately one-third of Lewis County and Washington residents reported getting fewer than 7 hours of sleep per night, on average.

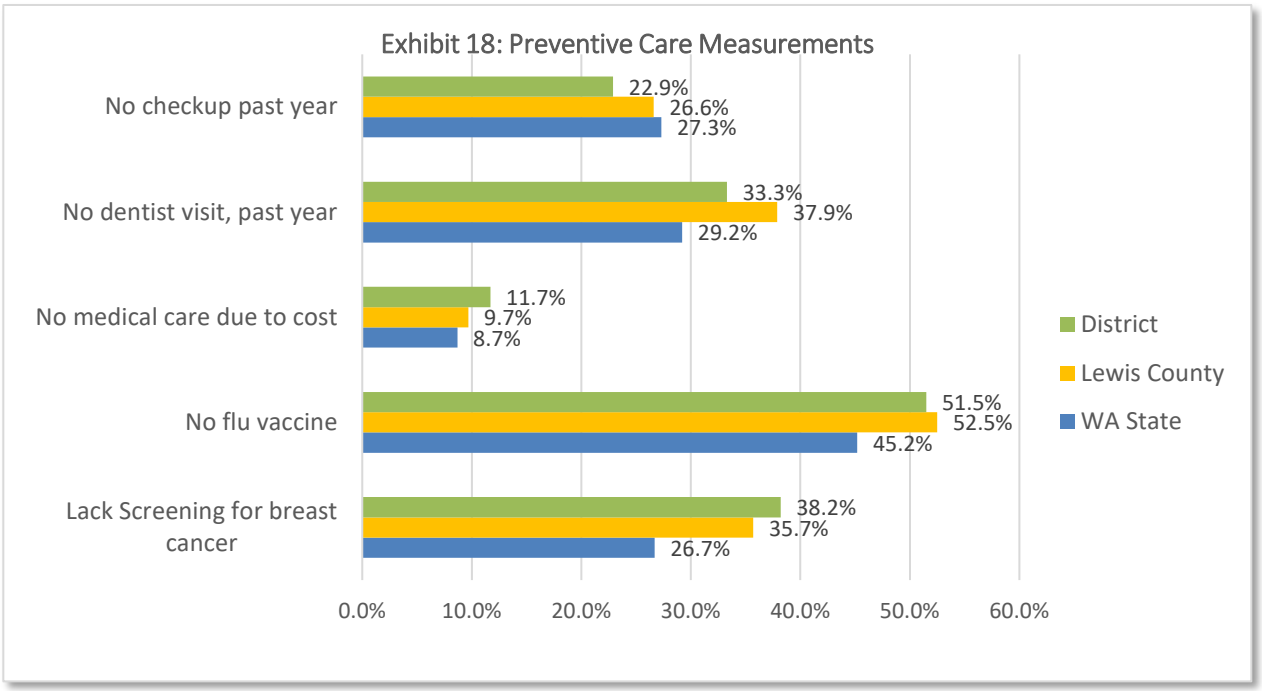
Early childbearing during teenage years has been associated with adverse health outcomes for the mother-child dyad, the impacts of which can extend to partners, other family members, and the community. Negative outcomes for children and mothers with early childbearing are best explained by social disadvantage and social adversity. Mothers who give birth during teen years face barriers to attaining an education at or above high school completion and face additional mental and physical stress as the result of chronic lack of community support. Young parents may struggle to find affordable, quality childcare and suitable transportation, further hampering options for education or employment. In Lewis County, the teen birth rate is significantly higher than the State, with 28 births per 1,000 females ages 15-19 in Lewis County, compared to 15 Statewide.

Clinical Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities are healthier than others. Lewis County ranks 25th out of Washington's 39 counties for clinical care.

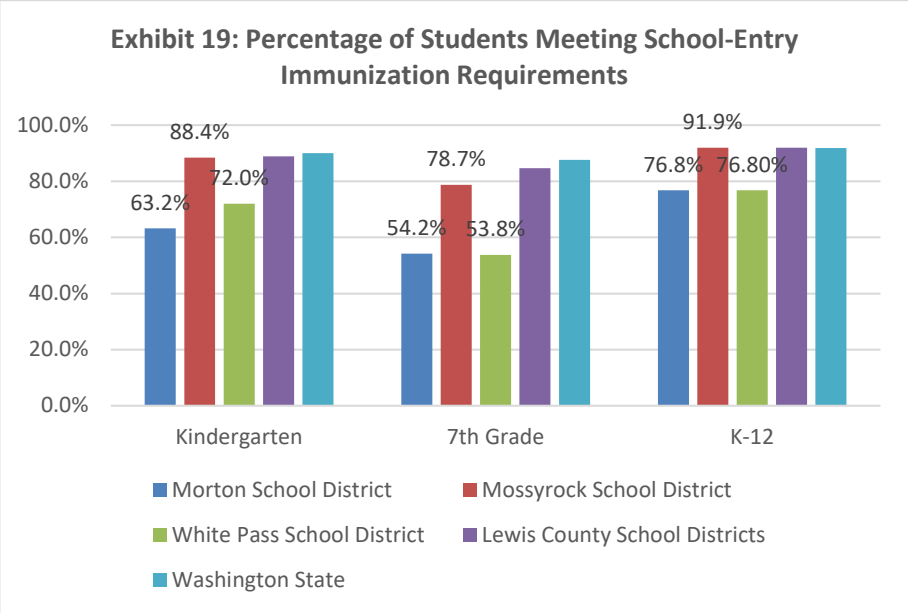
Preventive Care

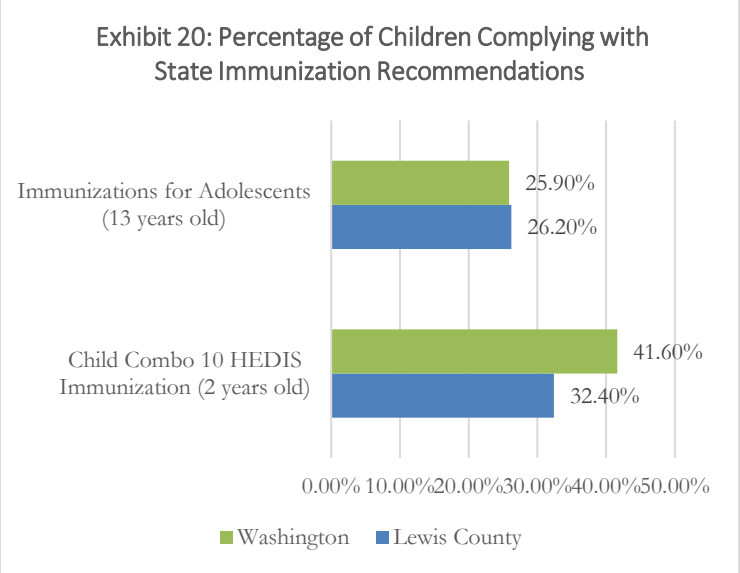
The District and Lewis County are doing worse than the State on all the measures of preventive care displayed in **Exhibit 18**, with the exception of getting a checkup in the past year. Over 36% of the District and County's women aged 40+ have not been screened for breast cancer, which is significantly more than the State rate of 27%. Importantly, over half of District and County residents have not received a flu shot, and more District residents report postponing needed medical care due to cost than the County or State rates. The District (22.9%) is doing better than the County (26.6%) or State (27.3%) in terms of having a 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 ways parents can protect their children against serious diseases. While Lewis County School Districts overall and the Mossyrock School District within the Arbor Health community, are doing well overall in terms of meeting school-entry immunization requirements, Morton and White Pass School Districts are not faring as well as Mossyrock School District, and they have significantly lower rates of immunizations across all school-entry requirement measures than the County or State.



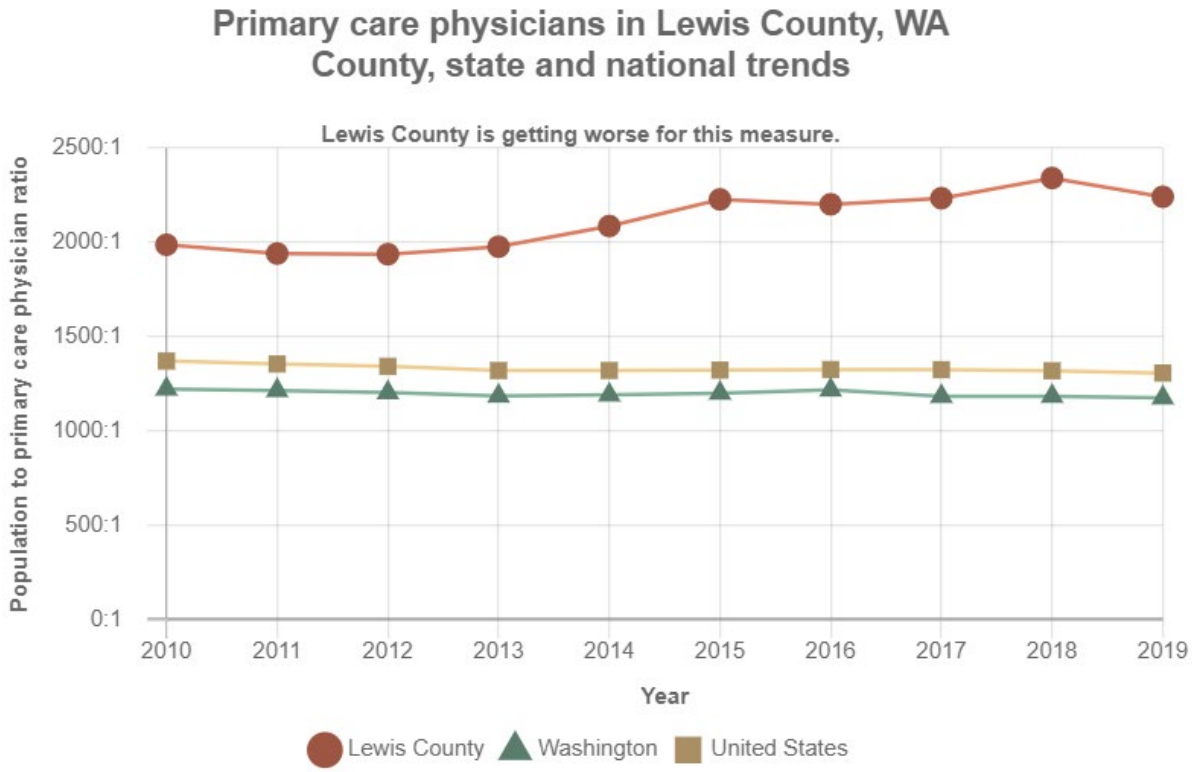


Lewis County is aligned with the State regarding the percentage of adolescents who received all of the recommended vaccinations by their 13th birthday, but the County fares significantly worse than the State for the percentage of children who received the recommended Combo 10 HEDIS vaccine series by their 2nd birthday (32.4% in Lewis County, compared to 41.6% Statewide).

Health Care Provider Supply

According to the American Medical Association's Area Health Resource File, there is one primary-care physician per 2,240 people in Lewis County. In the State, the number of people per primary-care physician is almost half that: one physician to 1,180 people. Importantly, the primary-care physician ratio has been getting worse in Lewis County over the last 10 years, as the State ratio has remained relatively flat (**Exhibit 21**).

Exhibit 21:



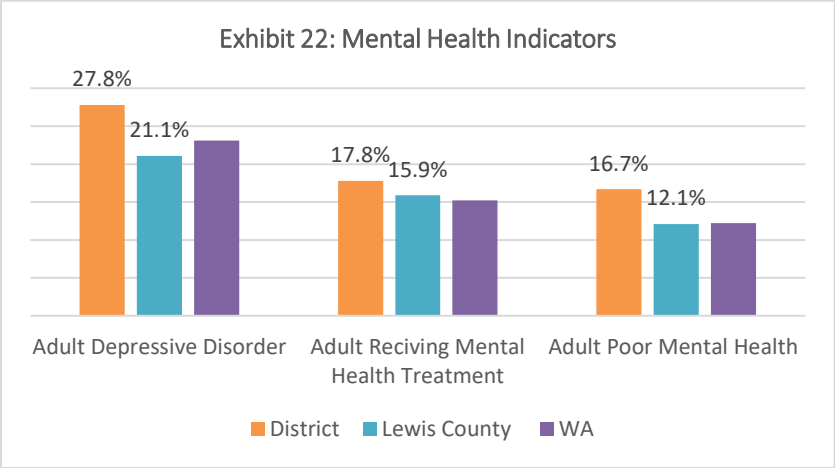
Lewis County's dentist-to-patient ratio is also worse than the State, with a ratio of 1,520:1 in Lewis County, compared to 1,200:1 in the State. The ratio of mental health providers to population in the County is in-line with the State (210:1 vs. 230:1).

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 birthweight.

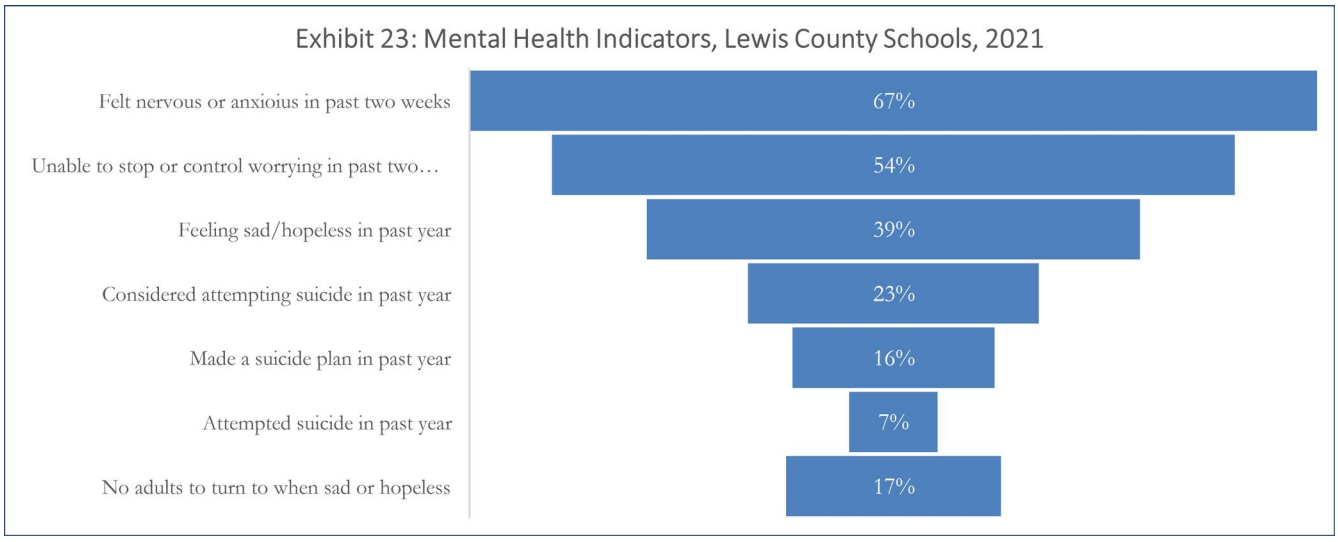
Physical and Mental Health Status

An estimated 20% of the U.S. population has a diagnosable mental disorder in any given year, including 5% who have a serious mental illness such as schizophrenia or bipolar disorder. Only 42% of those adults diagnosed with a mental illness receive mental health services.

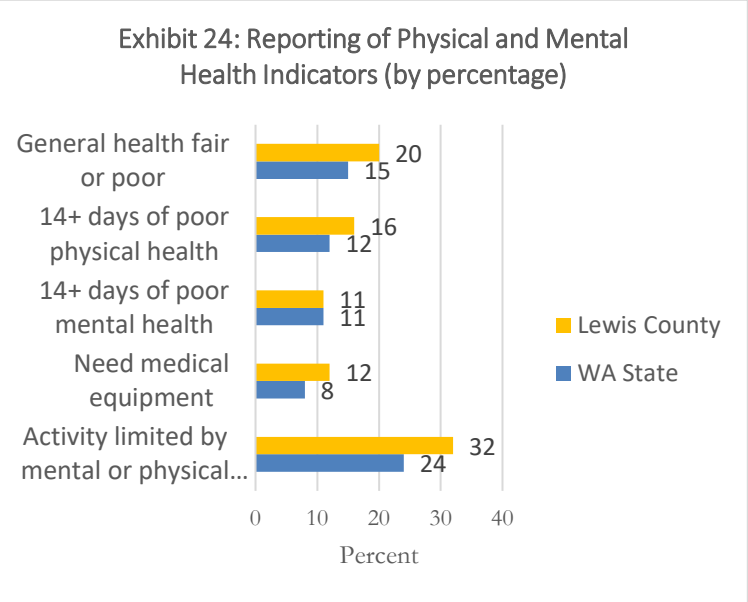


On key mental health indicators, the District is faring worse than the County and the State (**Exhibit 22**). The percentage of adults who reported being told they have a depressive disorder in the District is 30% higher than in the County. More adults in the District also report poor mental health (self-reported that their mental health was "not good" 14 or more days in the past 30 days); 17% in the District, 12% each in the County and State.

As identified in **Exhibit 23**, and according to the State's Healthy Youth Survey, 67% of Lewis County students felt nervous or anxious in the past week, 54% were unable to stop or control worrying in the past two weeks, 39% reported feeling sad or hopeless in the past year, and 23% considered suicide in the past year. These percentages are similar to the State's rates.

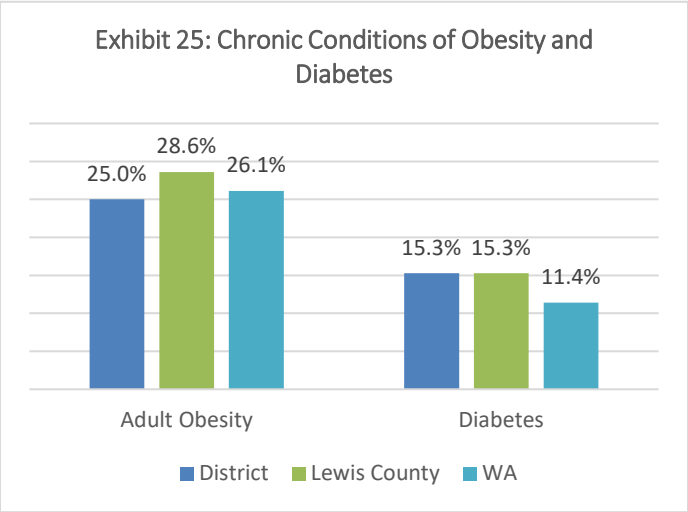


Whether poor mental health leads to poor physical health, poor physical health leads to poor mental health, or both are caused by a common risk factor is not clear. **Exhibit 24** demonstrates that Lewis County in general fares worse than the State on mental and physical health indicators. More than 30% of Lewis County adults surveyed reported have their activities limited by mental or physical health (compared to a State rate of 24%), and 20% reported their general health was fair or poor, with 16% reported having 14 or more poor physical health days in the last year.

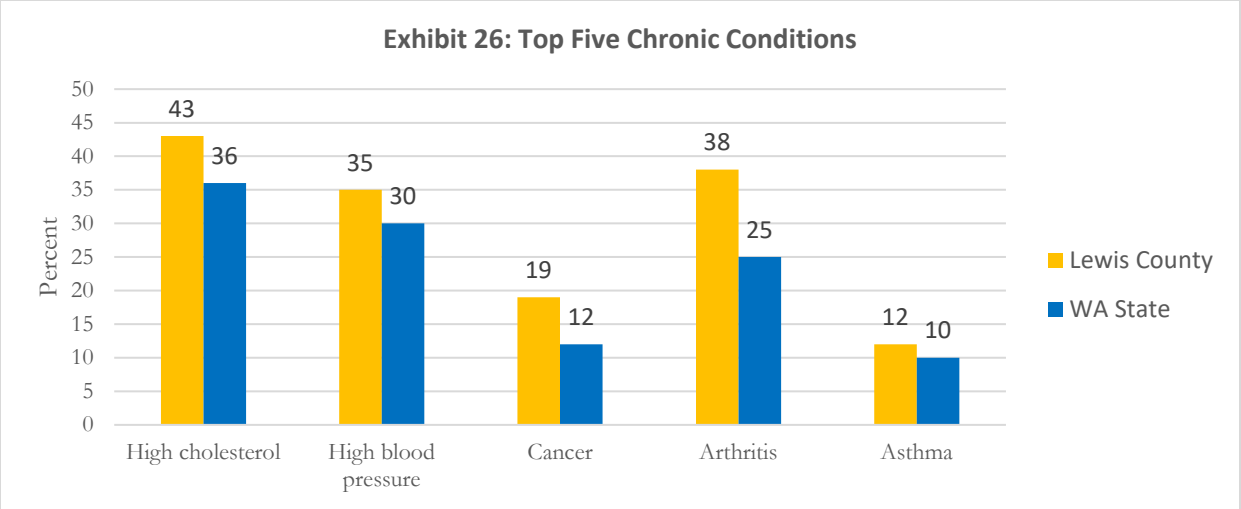


Chronic Conditions

Chronic diseases are broadly defined as conditions that last 1 year or more, require ongoing medical attention, and/or limit activities of daily living. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.

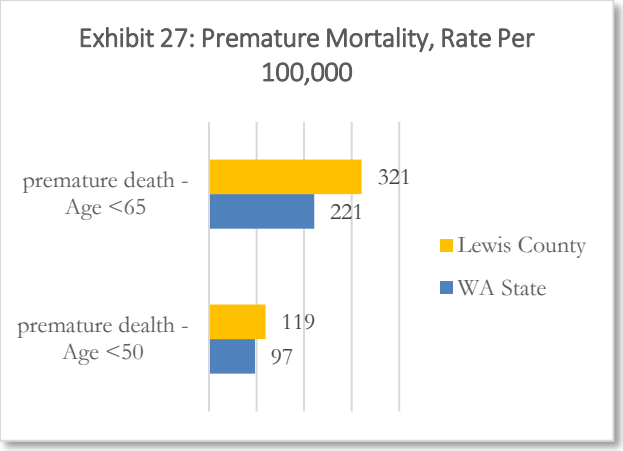


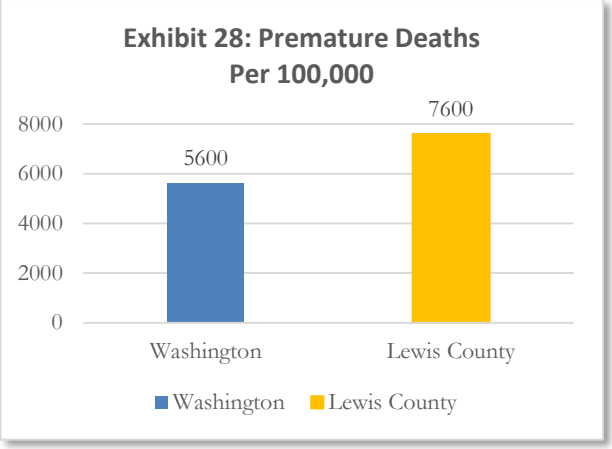
As identified in **Exhibit 25,** the prevalence of obesity in the District is less than in the County or State. However, the percentage of those with diabetes is higher in the District and in the County than Statewide. Of the chronic conditions listed in **Exhibit 26,** Lewis County adults have higher rates than the State across the board, including a significantly higher percentage of adults with high cholesterol, arthritis, and cancer.



Length of Life

Analyzing the 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 State average of 80 years. Lewis County is also ranked 32nd of the 39 Washington counties for



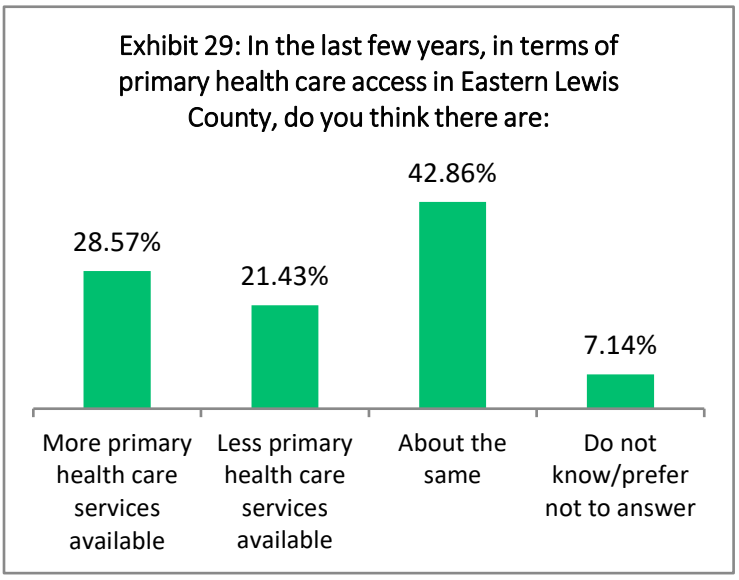


premature deaths, with 7,600 premature deaths per 100,000 residents. These rates have increased from 2016. In comparison, the State average is 5,600 per 100,000, and the top healthiest U.S. counties have rates of 5,400 per 100,000. Specifically, there are significantly more premature deaths in Lewis County than the State average for those between 50-65 years of age.

Community Convening

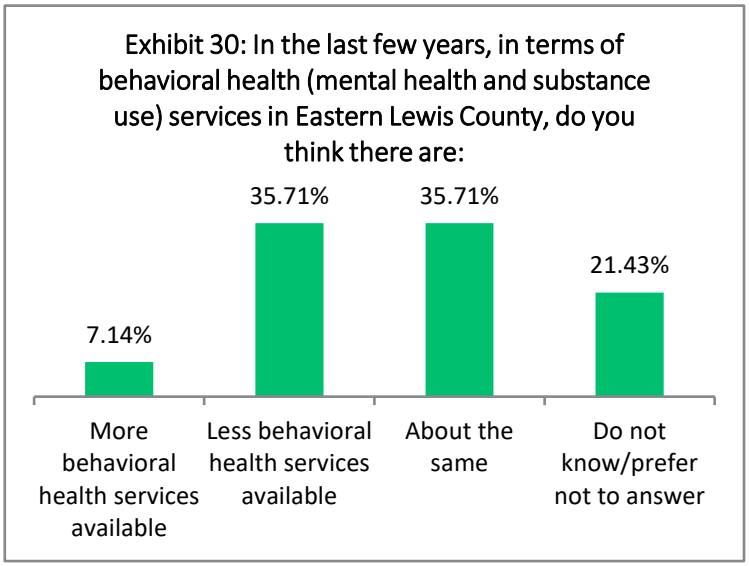
Arbor Health engaged community leaders to secure input regarding unmet health needs and priorities. In the Fall of 2022, Arbor Health surveyed key community leaders and health care providers including representatives from public health, physical and mental health providers, first responders, school districts, social service and civic agencies throughout Eastern Lewis County. 60% of all surveys were returned. Responses and themes are summarized below. Arbor Health has also begun a process of engaging staff and the broader community via a survey, which at the writing of this survey is still ongoing. The results will be used to inform and develop the specific implementation strategies.

The survey asked the community leaders to respond based upon what they have heard or experienced in the community; and wherever possible to share their insights and perspectives as a community leader/provider. Highlights and takeaways from the survey are provided below.



Primary Care and Behavioral Health Access

Respondents had mixed responses regarding **primary care access** with the most common response being *"about the same".* Seven percent did not know or preferred not to answer, and the remaining 50% were split between more or less. Importantly, none of the respondents thought wait time to see a primary care provider improved over the last few years; almost 60% thought wait times had worsened.



Community leaders reported that behavioral health services are faring worse in terms of access: only 7% felt that there were more services available today then there were a few years ago.

36% of respondents reported less behavioral health, and 21% reporting that that did not know or preferred not to answer.

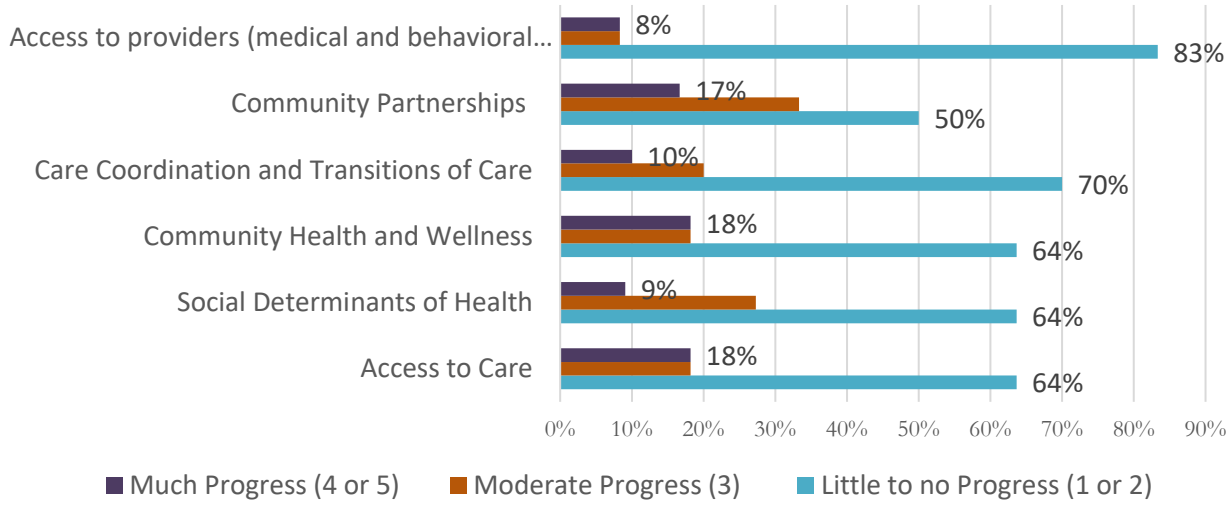
Community Health Priorities

The survey also queried for insight and perspective on Arbor Health's 2020-2022 focus areas from the CHNA priorities including: *Access to Care, Social Determinants of Health, Community Health and Wellness, Care Coordination and Transitions of Care, Community Partnerships, and Access to Providers (medical and behavioral health);* and also to respond to Arbor Health's two selected priorities, which include:

- Building 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.
- Enhancing 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.

Exhibit 31 demonstrates that of those respondents that had an opinion, most community leader respondents had not seen or experienced positive change in the community related to the focus areas from the previous CHNA, with the exception of Community Partnerships wherein 50% reported moderate to much progress. 83% said they had seen little to no improvement related to access to medical and behavioral health providers. 70% had seen little to no improvement in care transitions and coordination.

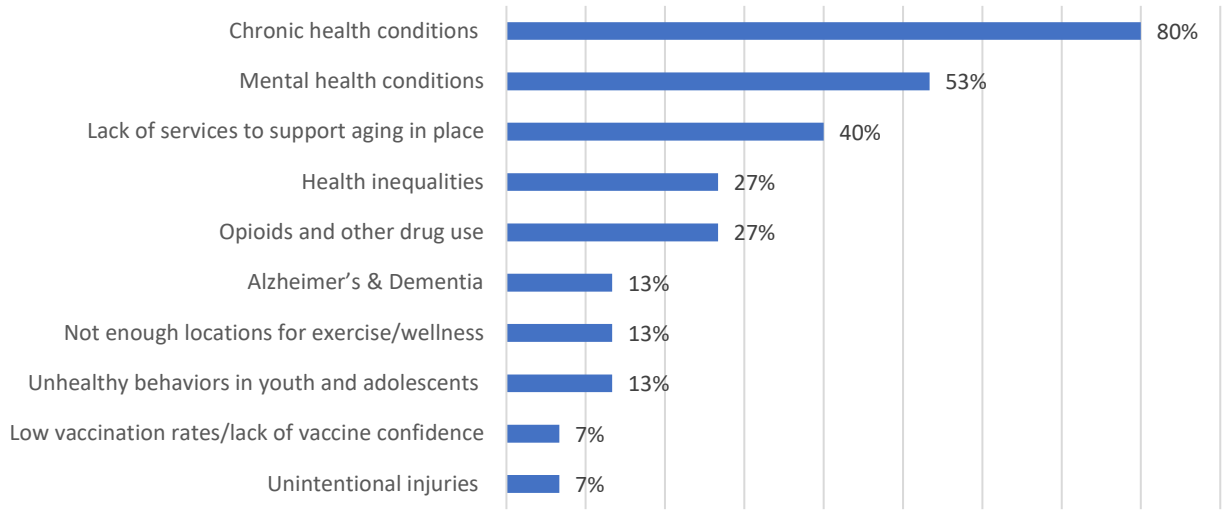
Exhibit 31: On a scale from 1 (no improvement) to 5 (much progress), please identify if you have seen or experienced any positive change in the areas of focus in Arbor Health's 2020-2022 priorities.



Respondents were then asked to rate the overall health of East Lewis County: 64% ranked the county as somewhat healthy, 29% as unhealthy and 7% did not know or chose not to respond. Importantly, none of the community leaders rated the community as healthy or very healthy.

To understand the factors underlying respondent beliefs about the health of the community, they were also given a list of 14 health problems, and asked*, "what do you think are the three greatest 'health problems' in the community?"* **Exhibit 32** shows that chronic conditions were seen as the greatest health problem with 80% of respondents identifying chronic conditions as one of the top three health problems. Mental health conditions ranked number two (53%), and lack of services to support aging (40%) in place ranked number three.

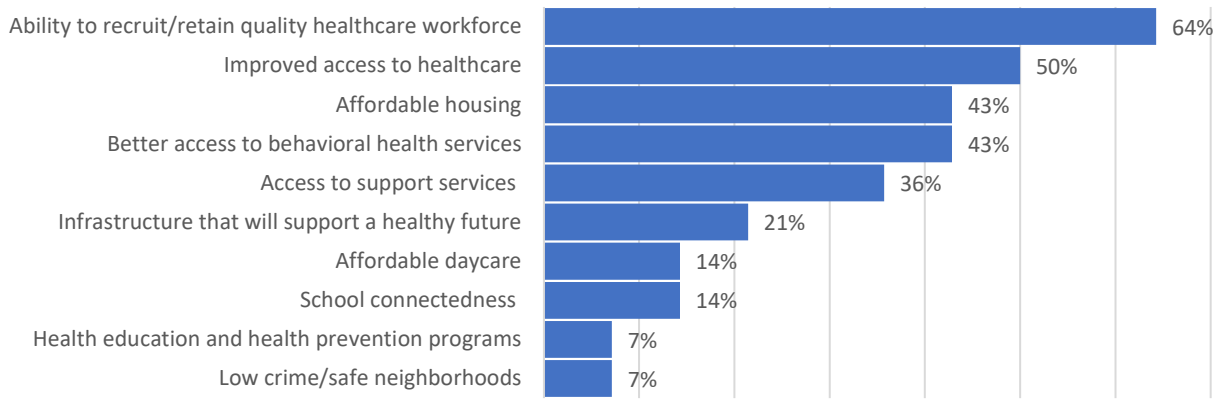
Exhibit 32: In the following list what do you think are the three greatest "health problems" in Eastern Lewis County?



While only 13% of respondents suggested that the lack of options and places for exercise and wellness is a problem, Arbor Health notes that data tells us that the two highest rated problems, chronic health and behavioral health, are both improved by access to exercise and wellness programming.

Community Leader respondents were then provided a list of factors and were asked to "*Identify the top three most important factors that will improve the health and quality of life in Eastern Lewis County?"* **Exhibit 33** shows that over 60% of respondents identified the ability to recruit and retain a quality healthcare workforce as one of the top three factors for improving health and quality of life in the community. Improved access to healthcare (50%), better access to behavioral health services (43%), and affordable housing (43%) were also identified as top factors.

Exhibit 33: the top three most important factors that will improve the health and quality of life in Eastern Lewis County?



In addition to ranking the recruitment and retention of a quality healthcare workforce as the top priority, when asked to rank the importance of focusing on workforce development and retention in comparison to other healthcare needs in Eastern Lewis County, 50% of respondents thought it was somewhat important, 29% thought it was important, and 21% thought it was critically important. No respondent said that a focus on workforce was not important.

Some of the same themes identified as health problems above were similarly reflected in an open-ended question where respondents were asked "*Are you aware of any populations in East Lewis County that are less healthy or are experiencing greater disparities*?" Groups identified with inequities, included:

- Mental health patients
- Patients with chronic medical issues
- Low-income
- Elderly
- Fractured families/single parent households

Community leader respondents were also asked to respond to an open-ended question which read *"Is there anything else you would like to add about the health of your community?"* Exhibit 34 identifies that these responses were largely focused on the availability, accessibility and affordability of health care services and providers. Respondents also recognized the impact of social determinants including community connectedness, employment, and affordable housing.

Selected 2023-2025 Community Priorities:

The results of the community engagement process and data in this CHNA support a focus on:

- Recruitment and retention of a quality healthcare workforce
- Better access to primary care
- More behavioral health access points, services and supports
- More access to exercise and wellness programs/opportunities to support physical and mental health and prevent and manage chronic conditions.
- Partnering to address the social determinants of health (including housing, employment, and educational attainment).

Exhibit 34: Is there anything else you would like to add about the health of your community?
Need more affordable healthcare.
The changing community: with more vacation rentals, fewer neighbors in community to check in on one another.
Severe lack of resources for the treatment of the mental health population.
Nursing and physician shortages
Grateful for Packwood Clinic opening.
Would like to see more employment and affordable housing opportunities.
Need more timely appointments and responses from clinics.
Poor health due to inability to access health care.

Implementation Plan

Over the next several months, Arbor Health will drill down on the needs and priorities identified in this CHNA through further engagement with and input from the community, which will culminate in the development of an Implementation Plan. Specifically, Arbor Health will complete the general community surveying (and we expect to have in excess of 200 community surveys and targeted follow-up interviews that will guide this work) and then work with its community partners, as well as our staff and Board to validate the selected priorities, determine which priorities Arbor Health has the expertise, funding and resources to address, which Arbor Health can support other organizations in the community in leading, and then ultimately developing specific Implementation Plan strategies for addressing the selected priorities.

Once this community engagement and Implementation Plan process is complete, the Plan will be presented to the Board; adopted and appended to this CHNA. Consistent with IRS rules it will also be widely disseminated. More importantly, it will serve as Arbor Health's guidance for the next three years in implementing community health improvement efforts.