GRAYS HARBOR COMMUNITY HOSPITAL



2017-2019

Community Health Needs Assessment

Updated and Adopted by Board
September 26, 2017

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Introduction/Overview

Grays Harbor Community Hospital (GHCH) is a 140-bed acute care community hospital located in Aberdeen, Washington, the largest city in mostly-rural Grays Harbor County. The hospital is owned by Grays Harbor Public Hospital District No. 2 (the District), and serves the entirety of western Grays Harbor County. Grays Harbor County, named after the large estuarine bay near the County's southwestern corner, was until the 1960s largely dependent on the logging and fishing industries. In the 1960s, foreign mills began outbidding local timber companies based on price, and in the 1980s, Federal logging restrictions due to threats to the spotted owl and salmon further restricted logging. Fishing and clamming, once important to the county's economy, also deteriorated based on depleted stocks. Today, charter fishing and ocean beaches bring considerable tourism to the area, and as a result, employment is largely in the services sector. Grays Harbor continues to have higher rates of unemployment than most other areas of the State, and poverty is also considerably higher. The Quinault Tribe's home is contained within the District, along the coastal areas of the County.

In addition to acute inpatient care (OB, intensive care and medical/surgical), GHCH provides, among other services, a 24/7 emergency department, radiology, physical therapy, laboratory, imaging, rehabilitation, surgery, chemical dependency, cardiac, wound care, ambulatory infusion, and respiratory care. GHCH also owns and operates four primary care and specialty clinics, with a total of approximately 15 providers.

Grays Harbor Community Hospital

Mission

To heal, comfort and serve our community with compassion.

Vision

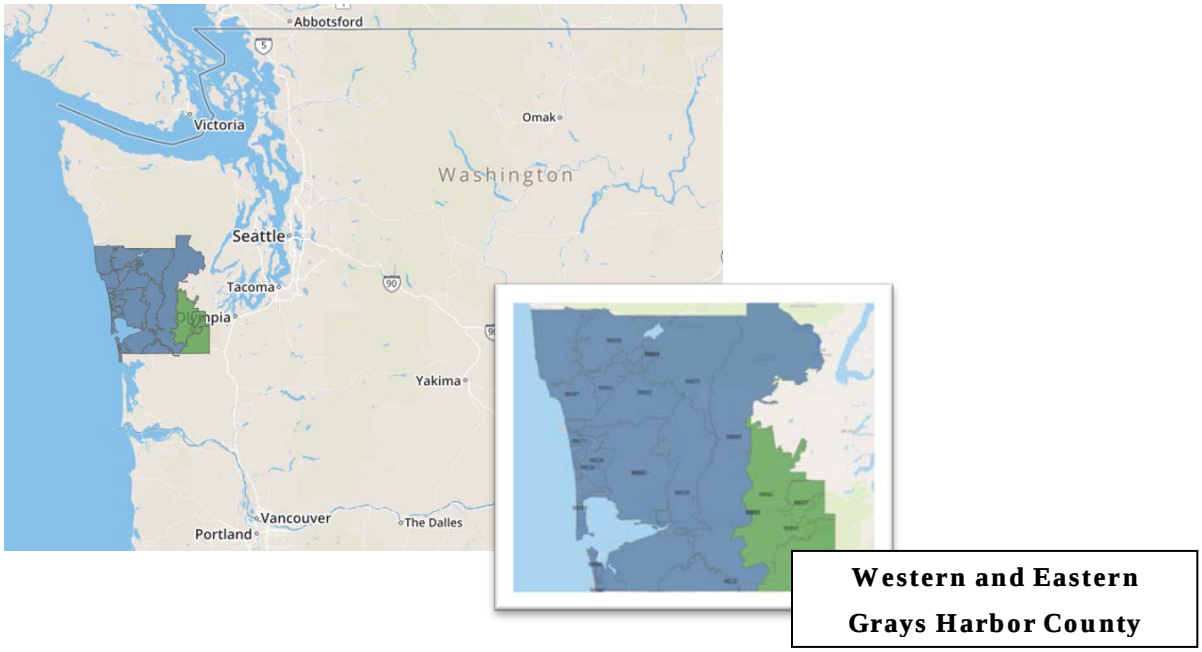
To provide every patient superior service and safety, exceptional by any standard.

This Community Health Needs Assessment (CHNA) was prepared in partnership with Grays Harbor County Public Health & Social Services and numerous community and civic organizations. Health Facilities Planning & Development, a consulting firm in Seattle, Washington with more than 30 years of experience working with Washington hospitals and data, facilitated the CHNA process and supported GHCH in finalizing the CHNA and implementation plan.

Community Description

Grays Harbor County covers more than 1,900 square miles in western Washington State. It is nearly as large as the State of Delaware (1,954 square miles), yet only 71,419 people live here, rendering it predominantly rural. The hospital itself is in the city of Aberdeen, the largest city in the county. The population of Aberdeen was 16,780 as of April 2015. The next largest city, Hoquiam (population 8,575), is also in Hospital District #2. Approximately 79% of GHCH's inpatients live within the District, shaded blue in Figure 1.

Figure 1. District and County Map



Major highways in Grays Harbor County include State Route 101, which runs north/south along the coast, and Highways 12 and 8, which run east/west, and ultimately connect to Interstate Highway 5 in the east. The state highways converge in the cities of Aberdeen and Hoquiam. Driving time from the city of Aberdeen to the next largest city, Olympia, is roughly one hour. Driving time to either Seattle or Portland, Oregon is about two and a half hours. It takes about an hour to drive from Lake Quinault in the north end of the District to Aberdeen.

When GHCH's 2013 CHNA was developed, Robert Wood Johnson's County Health Rankings listed Grays Harbor County as the 36th lowest (out of Washington's 39 counties) for overall health outcomes. In 2017, Grays Harbor ranks 35th, but one county, Garfield, was not ranked, leaving Grays Harbor's rank essentially unchanged and close

to the least healthy county in the state. Clearly, there is much work to be done countywide to improve our community's health.

As of April 2017, Grays Harbor County has the 5th highest unemployment rate in the state. Poverty levels are also considerably higher than the State average (18.1% of people in Grays Harbor are living below the federal poverty level vs. 13.3% in Washington State), and education attainment is lower than the state average.

Our key strategy to improve health status is to sustain long-term efforts on issues of greatest concern to our community. We will do this by building and retaining partnerships with other community-based organizations and leading, advocating for, or supporting efforts in order to achieve the greatest impact.

2013 CHNA and Accomplishments

GHCH's 2013 CHNA identified significant health needs related to health care access, health status and health behaviors in the District as well as Grays Harbor County in general. Our 2013 CHNA identified the following priorities:

- Reduce the burden of chronic disease
- Ensure the youth of Grays Harbor have access to education and health care
- Prevent drug and alcohol abuse among youth
- Ensure access to quality health care

GHCH's final 2013 CHNA strategies to address these priorities included:

1. Promoting better nutrition and physical activity
2. Supporting youth to pursue higher education and vocational training and to be involved in improving their own health

GHCH 2013 CHNA Accomplishments

- *Introduced Worksite Wellness initiatives for the business community, such as Active for Life to promote healthy eating and active living.*
- *Fortified hospital website to include health promotion articles that are updated regularly to keep people's interest.*
- *Undertook a variety of actions to encourage youth to stay in school and continue formal education beyond high school.*
- *Provided shadowing and internship opportunities for youth. Partnered with both the College of Grays Harbor and Twin Harbors Skills Center to expose adolescents to the multitude of careers offered in the healthcare sector.*
- *Played an active role with training in-person assistors and enrolling community members in Medicaid expansion. More than 10,000 County residents have gained health insurance under Medicaid expansion and the exchange.*

Methodology

The District partnered with Grays Harbor County Public Health and other local organizations to finalize Public Health's 2016 *Community Health Improvement Plan: Creating a Healthier Grays Harbor*. This Plan served as the baseline for our CHNA.

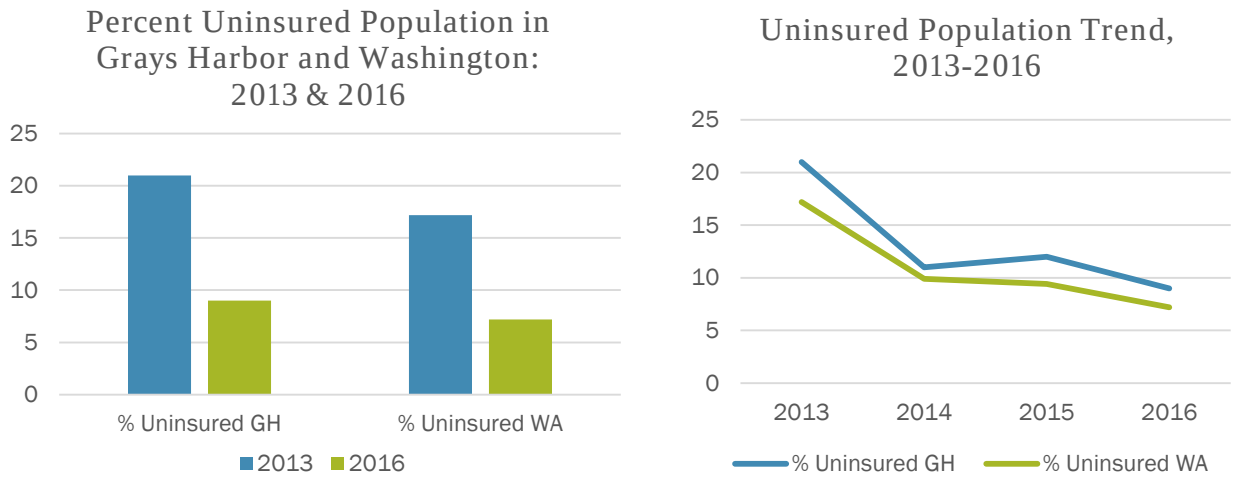
For our CHNA information was also compiled and analyzed from a multitude of sources. Both primary and secondary data were collected and incorporated to create a comprehensive understanding of the District's health, health status and health care needs. Demographics, health behaviors, mortality and access to health care were among the health status indicators that were examined.

Data sources other than the 2016 *Community Health Improvement Plan: Creating a Healthier Grays Harbor,* included, but were not limited to the following:

- Behavioral Risk Factor Surveillance Survey
- American Community Survey (ACS), US Census Bureau
- Robert Wood Johnson County Health Rankings
- Department of Health and Human Services National Vital Statistics
- WA Department of Health Grays Harbor County Chronic Disease Profile 2017
- Washington Healthy Youth Survey 2016 Grays Harbor County
- Washington Health Care Authority and Enroll America
- HRSA Data Warehouse
- Enroll America
- University of Washington Alcohol & Drug Abuse Institute

Where possible, data was collected specific to the District or western Grays Harbor County, and where not, county level data was used. The data shows that social and economic factors—the social determinants that can contribute to poorer health—are more of a burden within the boundaries of the District and Grays Harbor County than in many other areas of Washington State. As depicted in Figure 2, the uninsured rates, despite significant improvement, continue to outpace the State at large.

Figure 2. Percent Uninsured: Grays Harbor County and Washington State



Source: Enroll America (2013-2016)

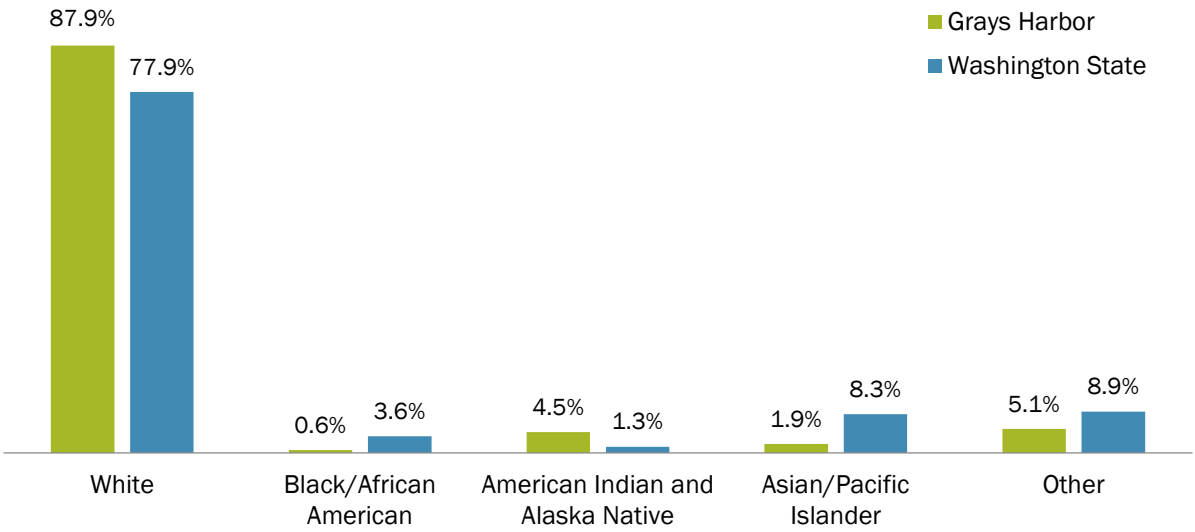
Demographic factors have a strong effect on health status, health care usage, and access to health care services. The population of the District and Grays Harbor County is older than the State average. This is consistent with the greater burden of chronic diseases experienced by the District's population. At 9.6%, the Hispanic population in the District is slightly lower than the State overall (12.0%).

Figure 3. District and County Demographics

Population	District	Grays Harbor County	WA State
Total Population	57,314	71,419	6,850,693
% Under Age 5	5.8%	5.7%	6.4%
% 5-17 Years Old	15.3%	15.4%	16.5%
% Adults 18-64	59.9%	60.7%	63.5%
% Seniors 65+	19.0%	18.2%	13.6%
% Hispanic	--	9.6%	12.0%
% White Non-Hispanic	--	80.1%	70.8%

Source: 2011-2015 American Community Survey, U.S. Census Bureau. District defined as zip codes included in Endnote.

Figure 4. Racial Diversity



Source: 2011-2015 American Community Survey, U.S. Census Bureau. District defined as zip codes included in Endnote[i].

Our Health Status

County Health Rankings

The Robert Wood Johnson Foundation's County Health Rankings compare counties within each state on more than 30 factors. Counties in each state are ranked according to summaries of a variety of health measures, and counties are ranked relative to the health of other counties in the same state. The 2013 and 2017 summary composite scores for Grays Harbor County are identified in Figure 5. As the table shows, there has been slight improvement in all but one of the composite measures, but in general Grays Harbor County still ranks near the bottom of the lowest quartile of Washington's 39 total counties (35th).

Figure 5. County Health Rankings, Grays Harbor County 2013 vs. 2017

Composite Score	2013	2017*	Change 2013-2016
Overall Health Outcomes	36	35	+1
Length of Life	37	35	+2
Quality of Life	33	30	+3
Overall Health Factors	39	36	+3
Health Behaviors	38	38	--
Clinical Care	38	35	+3
Social & Economic Factors	39	33	+6
Physical Environment	15	7	+8

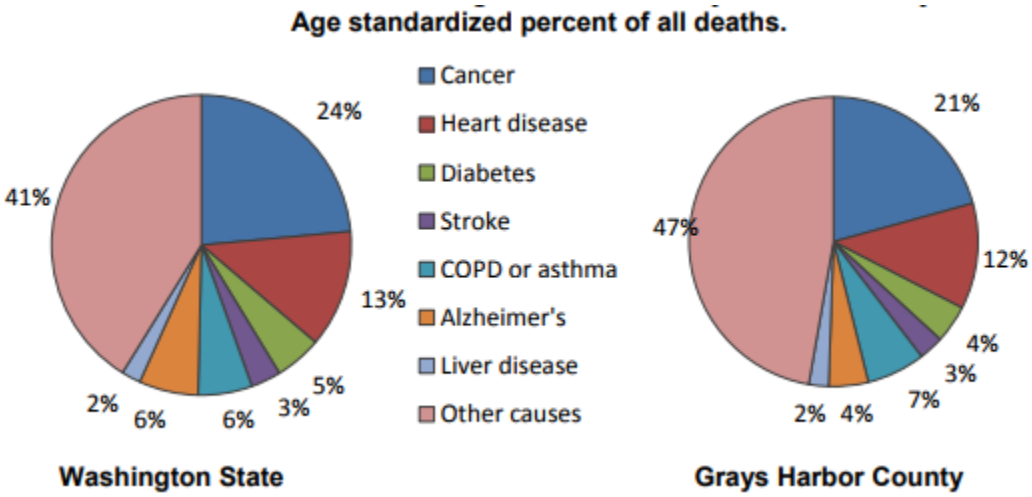
Source: County Health Rankings, 2017

**Garfield County was not ranked in 2017, resulting in 38 ranked counties in all*

The relative rank of leading causes of death for Grays Harbor County are the same as for Washington State, although the proportion of deaths attributed to each cause may not be the same. As seen in Figure 6, cancer is the leading cause of death, followed by heart disease, then chronic obstructive pulmonary disease (COPD) or asthma. Diabetes and Alzheimer's disease round out the top five causes of death.

Many factors contribute to the burden of these chronic conditions, and they are often grouped into: social and economic determinants of health, health risk behaviors and access to health care.

Figure 6. Causes of Death, WA State & Grays Harbor County



Source: WA State Department of Health, Chronic Disease Profile - Grays Harbor County, 2013-2015

Social and Economic Determinants of Health

Social determinants of health—the conditions under which people are born, grow, live, work and play—greatly influence the health of a community and its residents. Education, income and race are all social determinants of health. Fewer District and County residents continued their education beyond high school than did Washington residents overall. When logging and fishing jobs provided living-wage incomes, high school education provided ample education. More recently, as state and local governments have become the top employers in the county, a better-educated workforce is needed.

Education and Language Barriers

Less formal education may also contribute to lower health literacy in our community. However, as seen in Figure 7, Grays Harbor residents report a lower rate of speaking a language other than English at home (9.0% vs. 18.9%) than statewide residents, meaning they should not have as much of a language barrier when communicating with their health care providers.

Unemployment and Poverty Rates

As of April 2017, Grays Harbor County has the 5th highest unemployment rate in the state. The number of people living below the federal poverty level is 38% higher in the hospital district than in the State. These residents have more challenges in having access to healthy food and in paying for health care.

Figure 7. Socioeconomic Characteristics

	High School Graduate or Higher	Unemployment Rate	Poverty Rate	Language Other than English Spoken at Home
Hospital District	87.8%	--	18.4%	--
Grays Harbor	88.0%	7.5%	18.1%	9.0%
WA State	90.5%	4.6%	13.3%	18.9%

Sources: 2011-2015 American Community Survey, U.S. Census Bureau; Monthly Employment Report, Washington State Employment Security Department April 2017. District defined as zip codes in EndNote.

Health Risk Behaviors

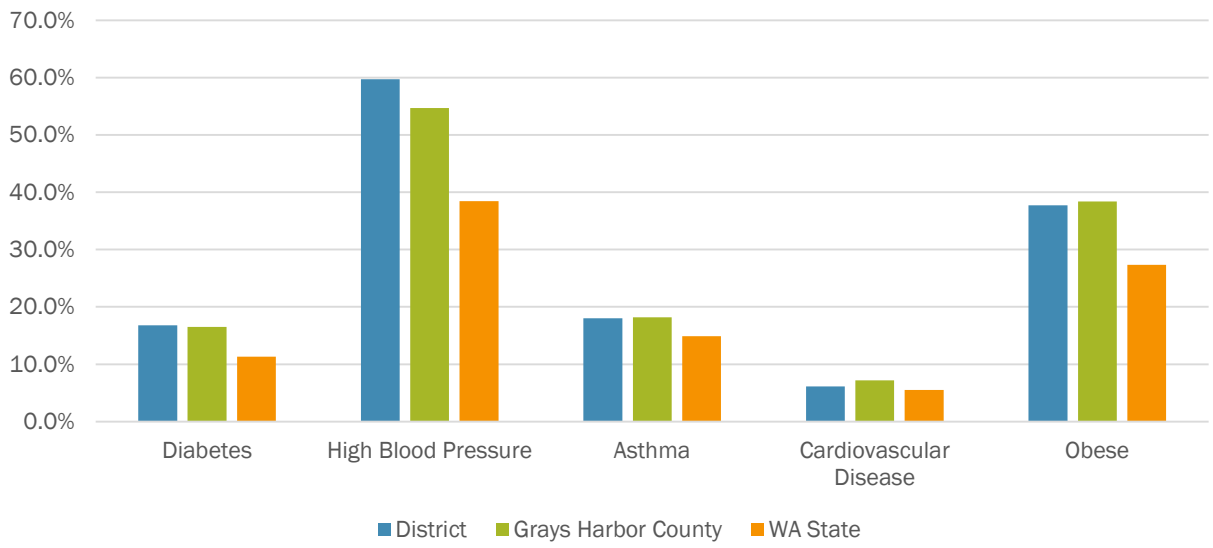
National organizations such as the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation compile data on a number of health indicators that can be compared across populations. Many health indicators are based on the Behavioral Risk Factor Surveillance Survey (BRFSS), a telephone survey that has been administered nationally for more than a decade. The following measures are presented to show how the District's health compares with all of Grays Harbor County and Washington State.

Physical Health

Adults

Hospital district residents experience a greater burden of chronic diseases than the rest of Washington. The self-reported rate of diabetes among District residents is 49% higher than Washington State residents; the high blood pressure (hypertension) rate is 55% higher in the District, asthma is 21% higher and cardiovascular disease (CVD) is 10% higher. Underlying several of these chronic diseases is obesity, which 37.7% of District residents experience, compared to 27.4% of Washington residents. According to the 2017 Washington State Department of Health Chronic Disease Profile for Grays Harbor County, 33% of adults in Grays Harbor County have arthritis, compared to 25% of state residents.

Figure 8. Self-Reported Chronic Disease in Adults



Source: BRFSS Data, 2012-2014

High rates of chronic diseases are costly in terms of health care expenses and quality of life for our community. Thirty-four percent of Grays Harbor adults reported that their activity was limited by physical or mental health, compared with 24% statewide. Similarly, a third as many county residents reported their general health as "fair" or "poor" (on a scale of fair, poor, good, very good, excellent) as compared to Washington residents (20% vs. 15%) (2017 Chronic Disease Profile).

The most common behavioral contributors to chronic disease, morbidity or mortality include diet and activity patterns, the use of alcohol, drugs, tobacco, firearms, and motor vehicles. Importantly, the social and economic costs related to these behaviors can all be greatly reduced by changes in an individual's behaviors.

Data on behavioral risk factors can be found in Figure 9. Compared to State averages, the incidence of obesity and diabetes and proportion of current smokers are higher in the District. Because regular exercise shields many of the health issues that disproportionately affect our community, promoting exercise in a variety of ways could improve our health.

Figure 9. Behavioral Risk Factors

Metric	District	Grays Harbor County	State of WA
Behavioral Risk Factors (%)**			
High Cholesterol	52%	48%	43%
Smokes Cigarettes	19%	18%	13%
Not Getting 30 minutes of Exercise Most Days	33%	39%	35%
Binge Drink	8%	11%	13%

Sources: BRFSS Survey, 2012-14, 2011-2015 American Community Survey, U.S. Census Bureau, County Health Rankings. District defined as zip codes noted in end note.

*** Small Sample Sizes for Service Area. High variability in mean values*

Worse Compared to WA State	Better Compared to WA State

Youth

Specific to youth, the Washington's Healthy Youth Survey (HYS), a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board, provides important information about youth. Students in each school district in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

As depicted in Figure 10, 10th grade adolescents in Grays Harbor County report poorer health status and riskier behavior than Washington State 10th graders for all measures shown except physical activity.

Figure 10. Grays Harbor County Healthy Youth Survey Results, 10th Grade

Metric	Grays Harbor County	State of WA
10th Grade Risk Factors (%)		
Bullied (last 30 days)	29%	21%
Obese or Overweight (top 15% of BMI)	36%	27%
< 5 Fruit or Veg Servings/day	83%	80%
Poor Physical Activity (<3 days/week)	21%	28%
Drink Alcohol (last 30 days)	21%	20%
Smoke Cigarettes (last 30 days)	12%	6%
Ever Had Sexual Intercourse	37%	25%

Source: Healthy Youth Survey, 2016, Grays Harbor County and Washington State, Grade 10

Worse Compared to WA State | Better Compared to WA State

Teen Births

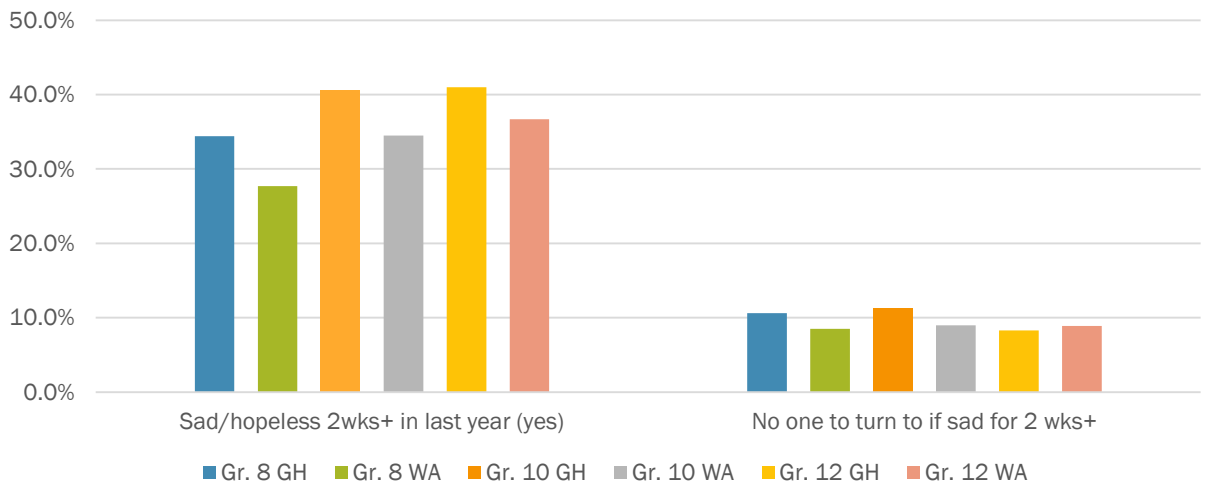
The rate of births to 15-19-year-old females is nearly 50% higher in Grays Harbor County than the rest of the state (43.4/1,000 vs. 29.2/1,000). Younger mothers are less likely to get prenatal care early in their pregnancies and their pregnancies are more likely to result in premature births and low birth-weight babies. Both conditions may lead to poorer overall health over a person's lifespan. The birth rate among Hispanic teens is more than double the rate among White, Non-Hispanic teens (84.2/1,000 vs. 35.7/1,000). This is not quite as pronounced as the State difference, where the rate among Hispanic teens (68.6) is triple the rate among White, Non-Hispanic teens (21.6) (National Vital Statistics System 2007-2011).

Behavioral Health

Depression

According to the 2016 Healthy Youth Survey, which is administered to all WA students in grades 6, 8, 10 and 12, 41% of Grays Harbor County 10th graders reported being depressed for 2 weeks or more in the past year, compared to 34% of 10th graders statewide.

Figure 11. Depression Among Youth



Source: Grays Harbor County Healthy Youth Survey 2016

As per the Grays Harbor Community Task Force on Substance Abuse and Mental Health, in 2009, 13% of Grays Harbor County adults reported having experienced at least 14 days of poor mental health within the previous month, which was significantly higher than the state average. More than 1 in 5 adults reported that they "never" "rarely" or "sometimes" get the social support they need. BRFSS data for Grays Harbor County adults for the period of 2013-2015 shows that 13% of respondents indicated that they had experienced 14 or more poor mental health days in the past 30 days, and believed that their mental health was not good. This compares to 11% Statewide.

Suicide

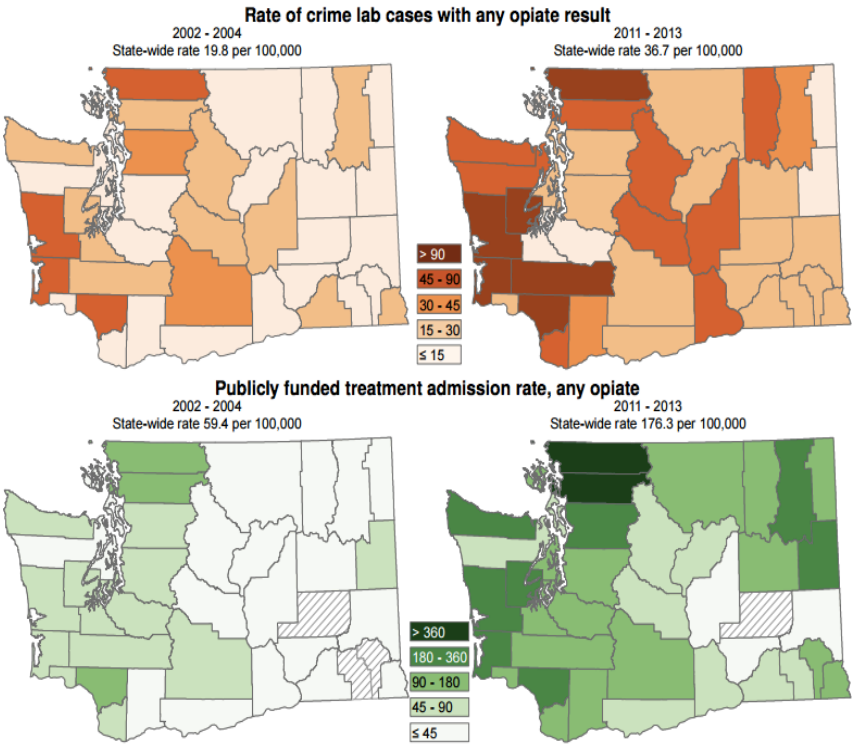
Grays Harbor County experienced an overall suicide rate higher than the State average for the 2010-2014-time frame. The rate in Grays Harbor County was 20/100,000 population, compared to 14/100,000 for the State (Washington State Suicide Prevention 2015).

Heroin/Opiate Use and Abuse

Heroin and overall opiate use and abuse are significant health issues in Grays Harbor County. Like most of Washington State, Grays Harbor County 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 Grays Harbor County during the 2011-2013 timeframe was one of the highest in the State, with more than 90 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 Grays Harbor County crime lab results related to an opiate and the rate of residents treated for opiate addiction, have increased from 2002-2004 to 2011-2013...

Figure 12. Opiate Use and Abuse Growth over Time, Washington State, 2002-2004 to 2011-2013

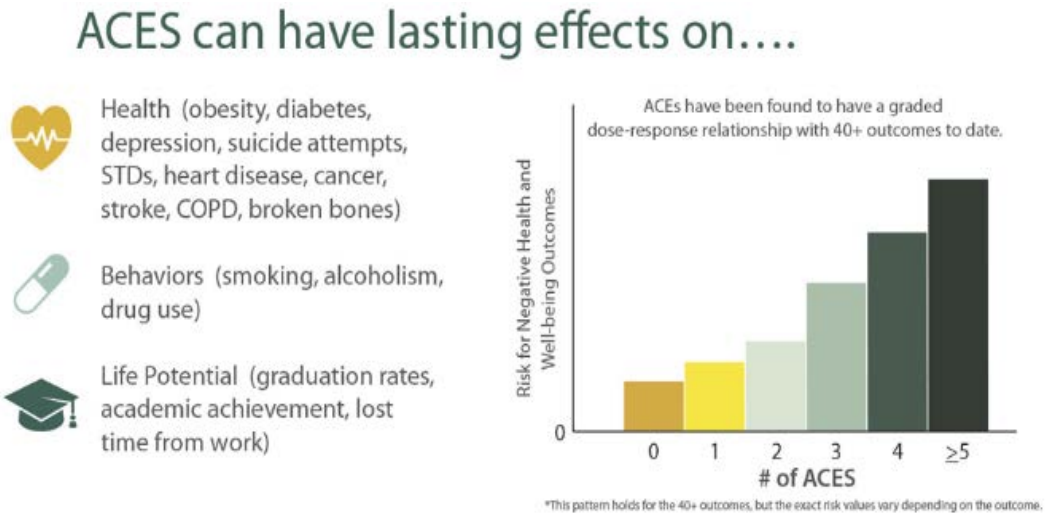


Source: University of Washington Alcohol & Drug Abuse Institute

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 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 13. 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. Our community has a higher burden than the state population if you look at adults with 3 or more ACEs, 6 or more ACEs or intergenerational transmission of 2 or more ACEs (see Figures 14 and 15).

Figure 14. ACE Burden on Adults

Burden	District	WA State
Adult Population with 3+ ACEs	26-28%	26.5%
Adult Population with 6+ ACEs	7-9%	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 15. 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)

Access to Care

Access to care when and where it is needed is impacted by income, health insurance, transportation and the supply of providers, among other factors. While more than 10,000 residents have gained access to health insurance via Medicaid expansion, the District and the County remain short of providers.

The Federal Health Resources & Service Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) and/or Health Professional Shortage Areas (HPSAs). MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. Similarly, a HPSA designation identifies a critical shortage of providers in one or more clinical areas.

There are also several types of HPSAs depending on whether shortages are wide spread or limited to specific groups of people or facilities including: a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused; or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g. low-income, migrant farmworkers, Native Americans).

Once designated, HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care and mental health care.

Three scoring criteria are common across all disciplines of HPSA:

- *The population to provider ratio,*
- *The percentage of the population below 100% of the Federal Poverty Level (FPL), and*
- *The travel time to the nearest source of care (NSC) outside the HPSA designation.*

You can review the HPSA scoring methodology, differentiated by discipline, below:
The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:

Most of western Grays Harbor County has been declared a MUA/MUP. The entire county is a HPSA for primary, dental, and mental health care. These designations are important for several reasons. More than 30 federal programs depend on the shortage designation to determine eligibility or funding preference as a way to increase the number of physicians and other health professionals who practice in those designated areas. Figure 16 reflects Grays Harbor County's HPSA designations and scoring.

Figure 16. Grays Harbor County HPSA Designations

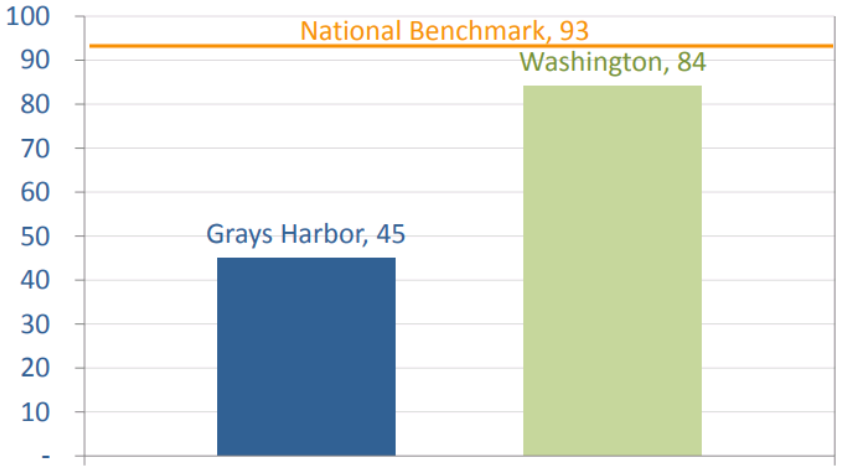
HPSA	Designation Type	Approval Date	Score
Primary Care	Low-Income: Entire County	8/02/2017	16
Dental Care	Geographic: Entire County	8/25/2017	18
Mental Health	Geographic: Entire County	8/04/2017	17

Source: HRSA Data Warehouse – HPSA Find

The 2016 Grays Harbor Community Health Improvement Plan underscored the shortage of primary care physicians in Grays Harbor County. As seen in Figure 17, Grays

Harbor County has 45 primary care physician FTEs per 100,000 population, which is much lower than the average in Washington State.

Figure 17. Number of Primary Care Physician FTEs per 100,000 population



Source: 2016 Grays Harbor Community Health Improvement Plan

Despite the shortages, the District fairs better than the state average in terms of the overall composite measure for preventable hospitalizations. The Agency for Healthcare Research and Quality (AHRQ) has developed health care quality measures called Prevention Quality Indicators (PQI). These measures identify a set of hospitalizations that could be potentially preventable through primary health care interventions such as regular primary-care provider visits and vaccinations.

In July 2017, the Washington State Office of Financial Management performed a study of these measures in Washington State by Legislative District. The study highlighted that during 2013-2015, the average preventable hospitalization rate was 645 stays per 100,000. The overall cost of these preventable hospital stays was about $487 million per year. The District is included within the 24th Legislative District where the composite rate was 555.2 stays per 100,000.

Community Convening

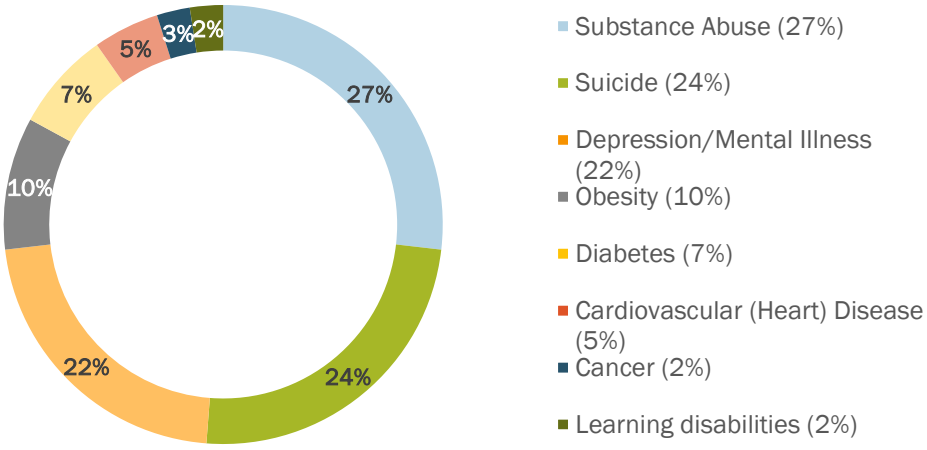
In July 2017, GHCH hosted a Community Health Needs meeting to assess, identify, and prioritize community needs. The participants, representing various key community organizations included:

Figure 18. Attendees of July 2017 Community Convening

Name	Title	Organization
Page Snodgrass	Case Manager	Great Rivers Behavioral Health
Kris Burns	Case Manager	Great Rivers Behavioral Health
Jeff Cotta	Program Director	Lifeline Connections
Drew McDaniel	Director of Crisis Programs	Columbia Wellness
Don Wertanen	Deputy Chief	Hoquiam Police Department
Doug Stenchever	Provider Network Specialist	Great Rivers Behavioral Health
Alice Larsen	Manager	Grays Harbor Crisis Clinic
Jodi Taylor	Behavioral Health Program Supervisor	Sea Mar Community Health Centers
Philip Royer	Director of Social Work Services	Grays Harbor Community Hospital
Bernadette Huard	Psychiatrist	Summit Pacific Medical Center
Katie Svoboda	Prosecutor	Grays Harbor County
Todd Broderius	Chief Integration Officer	Great Rivers Behavioral Health
Darci Jewitt	Health Educator	Grays Harbor County Public Health & Social Services
Forest Worgum	Prosecutor	Aberdeen Municipal Court

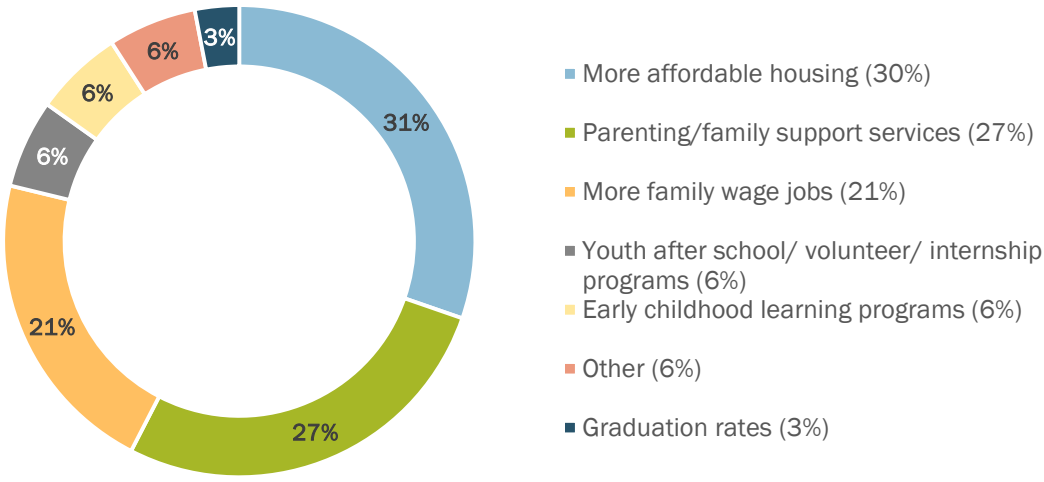
Along with a discussion and a review of the health status and socioeconomic data, each participant was asked to complete a survey identifying, from their experiences and expertise, what the community's top health concerns are and what structures are needed to improve health status. The survey response rate was 78.6%. Based on the survey, the top health concerns in the county, as shown in Figure 19, 73% of the needs relate to behavioral health, including Substance Abuse (27%), Suicide (24%), and Depression (22%).

Figure 19. Top Health Concerns



In terms of community infrastructure, issues related to economics, and specifically more affordable housing and more family wage jobs accounted for more than 50% of the scoring. As shown in Figure 20, parenting and family support services (27%), was also identified as a significant need.

Figure 20. Top Community Structures to Improve



The survey also asked the stakeholders to identify and prioritize strategies that would lead to improved health status in Grays Harbor County. As shown in Figure 21, improving access to healthcare by recruiting doctors or therapists was ranked first, substance abuse treatment was ranked second, and access to behavioral healthcare, substance abuse prevention and transportation for medical visits tied for number three.

Figure 21. Top 3 Health Improvement Strategies

Rank	Top Health Improvement Strategies
1	Access to healthcare (recruit more doctors/therapists)
2	Access to substance abuse treatment
3	Access to behavioral healthcare, substance abuse prevention and transportation for medical visits

CHNA Priorities

Based on the health needs in Grays Harbor County and the District, and after consideration of: 1) our resources and expertise, and 2) other community agencies and providers and their respective areas of expertise and programming, GHCH adopted the following CHNA priorities for 2017-2020:

Priority	Rationale
Behavioral Health	▪ Depression and suicide rates are higher in Grays Harbor County compared to the average for Washington state ▪ Top community health needs identified by the key stakeholders (substance abuse treatment, access to behavioral healthcare, and substance abuse prevention). ▪ Integration of behavioral health and primary care is a key initiative of Washington State's Medicaid transformation.
Economic Development	▪ Grays Harbor County residents are in need of economic stability in terms of jobs. ▪ 31% of key stakeholders identified need for low cost housing and 21% identified a need for more family wage jobs.
Prevention and Management of Chronic Conditions	▪ Hospital district residents experience a greater burden of chronic diseases than do other Washington residents
Health Promotion and Education	▪ 27% of key stakeholders identified a need for family support services ▪ Smoking and other behavioral health risk factors are higher in residents of Grays Harbor County and the District. ▪ GHCH has the expertise and resources to continue on initiatives launched in support of the 2013 CHNA.

Implementation Plan

Washington State entered into a five-year agreement between the Centers for Medicare and Medicaid Services (CMS) that provides up to $1.5 billion federal investment for regional health system transformation projects that benefit Apple Health (Medicaid) clients. As part of that effort, the State developed nine regional Accountable Communities of Health. Each region, through its Accountable Community of Health (ACH), is in the process of finalizing transformation projects aimed at:

- Health Systems Capacity Building: Workforce development; system infrastructure technology and tools; and system supports to assist providers in adopting value-based purchasing and payment.
- Care Delivery Redesign: Integrated delivery of physical and behavioral health services; care focused on specific populations; alignment of care coordination and case management to serve the whole person; and outreach, engagement, and recovery supports.
- Prevention and Health Promotion: Prevention activities for targeted populations and regions.

Grays Harbor County is part of the Cascade Pacific Action Alliance (CPAA) Accountable Community of Health along with six other Counties: Cowlitz, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties. To the extent possible, we have aligned our Implementation Plan to support the CPAA's vision for change noted below. Because other organizations in Grays Harbor County will be focused on these initiatives as well, we believe that aligning our CHNA holds the best promise for "moving the needle" for the community. The vision of CPAA includes:

- Improve Healthcare Access
- Improve Care Coordination & Integration
- Prevent & Manage Chronic Disease
- Prevent and Mitigate Adverse Childhood Experiences (ACEs)
- Enhance Economic & Educational Opportunities

Our CHNA priorities are focused on those areas wherein we can leverage other community assets to make a change, and where we can improve timely healthcare Access by providing the right care at the right time: Right care, right time and where we can make differences in outcomes by investing in prevention and helping people nativity the system.

CHNA Selected Priority #1: Behavioral Health			
Actions:	Advocate and secure adequate resources to improve access to behavioral health care by integrating into primary care, and address the opiate crisis		
Strategies	**Anticipated Impact**	**Planned Collaborations**	**Evaluation Metrics**
1. Evaluate telepsych 2. Conduct crisis intervention training 3. Continue evidence based MAT Programs and Distribution of Naloxone kits 4. Conduct Opioid Symposium	Increase access generally and specifically to early diagnosis and treatment Reduce rates of depression and mental health crisis, including suicide rates and rates of opioid mortality and morbidity	Great Rivers Behavioral Health CPAA Grays Harbor County Evergreen Treatment Center	Mental health treatment penetration SUD treatment penetration # Persons trained for crisis intervention # Persons on Medication assisted therapy

CHNA Selected Priority #2: Economic Development			
Actions:	Active participation in Economic Development, with specific interest in advocacy for more family wage jobs, more affordable housing and better transportation		
Strategies	**Anticipated Impact**	**Planned Collaborations**	**Evaluation Metrics**
Commitment of Leadership time and Board level resources to actively advocate and support enhancements in community infrastructure	Long term: Reduction in poverty levels, increase in graduation rates, reduction in ACEs, improvement in access to care and health status	Grays Harbor Economic Development Committee CPAA	Unemployment rate # Job openings per sector Poverty rate High School Graduation Rate

CHNA Selected Priority #3: Chronic Conditions			
Actions: Manage chronic diseases by improving care coordination and self-management programs			
Strategies	**Anticipated Impact**	**Planned Collaborations**	**Evaluation Metrics**
1. Implement Chronic Care Model: Stanford Chronic Disease Self-Management 2. Evaluate feasibility of adding coordination staff or community health workers 3. Provide phone call reminders and schedule follow-ups 4. Educate about benefits of physical activity and eating healthy foods 5. Advocate for more recreational spaces, and for policies to reduce tobacco use	Better management of chronic diseases Reduction in ED visits and preventable hospitalizations Reduction in chronic care rates	Primary care CPAA Grays Harbor County	Outpatient ED visits/1000 Hospitalization Rates More persons self reporting eating 5 or more fruits and vegetables, physical activity, less smoking and obesity and less chronic disease

CHNA Selected Priority #4: Health Promotion and Education			
Actions: Outreach that supports healthy living and self-management			
Strategies	**Anticipated Impact**	**Planned Collaborations**	**Evaluation Metrics**
1. Speaker sessions on healthy eating and physical activity 2. Further enhancements to web-site to make information accessible 3. Care coordination to support chronic care self-management	Reduction in chronic disease prevalence Improved management of chronic care patients	Grays Harbor County CPAA	Number of persons attending Registries created and chronic care patients being care managed

Endnote:

[i] The service area of the hospital (District) includes the following zip codes: 98520, 98550, 98569, 98563, 98595, 98537, 98587, 98547, 98535, 98571, 98526, 98552, 98562, 98566, 98536, 98575, 98567, 98583.