

Community Health Needs Assessment

Grays Harbor Community Hospital

October 2013

GRAYS HARBOR
COMMUNITY
HOSPITAL
Quality care close to home

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Executive Summary

Grays Harbor County has been faced with many challenges due to a declining population and growing unemployment rate. Statistics show that the people of Grays Harbor are more likely to have chronic health issues, drug and alcohol abuse issues and mental health difficulties. In order to improve the overall health of the community, our goals are to reduce the burden of chronic disease, increase access to health care, prevent drug and alcohol abuse and pay special attention to the quality of care available to our citizens.

Community Description

Grays Harbor County, Washington is the service area for this CHNA. The County is located on the western border of Washington State bordering Jefferson County to the north, Mason and Thurston Counties to the east, Pacific County to the south and is bounded to the west by the Pacific Ocean. The county is named after a large estuarine bay near its southwestern corner. It encompasses 1,917 square miles; about the same size as the state of Delaware (1,954 square miles).

Major highways in Grays Harbor County include State Route 101 running north/south along a coastal route and Highways 12 and 8 running east/west providing major access to Interstate 5. These highways all converge on the Cities of Aberdeen and Hoquiam. Driving time from the city of Aberdeen to the State Capital of Olympia is roughly one hour and driving time to the metropolitan cities of Seattle and Portland, Oregon are two hours and two and half hours, respectively.

The County's population density is 38 people per square mile making it largely rural. Montesano is the County seat and Aberdeen, with 16,896 residents, is the largest city in the County. The population of Grays Harbor County was 72,797 in 2010, about 1.08% of the state

Table 1
Grays Harbor County Population and Poverty Levels vs. Washington State

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Grays Harbor County, WA	69,286	11,776	17%
Washington State	6,519,490	816,509	12.52%

US Census Bureau, American Community Survey: 2007-11.

population. According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in the county grew by 5603 persons, a change of 8.34%. Predictions for 2012 suggested a 1.5% decrease in population to 71,692.

Median household income in the County is \$34,160, about 42% less than the state household median of \$58,585. The national median income is \$52,703. Within the county, 17% or 11,776 individuals are living in households with income below the Federal Poverty Level (FPL). Total unemployment in Grays Harbor County for the month of July 2013 was 11.7%, the second highest in the State. The state unemployment rate for the month of July 2013 was 6.83% and the National

rate was 7.69%. At its most recent high, the county unemployment rate has been 15.7% during the months of January and February 2010 compared to about 11.2% for the state.

Health and Social Service Providers Operating in the County

Grays Harbor Community Hospital	915 Anderson Dr., Aberdeen, WA 98520
Family Medicine Grays Harbor	1020 Anderson Dr., Aberdeen, WA 98250
Coast Women’s Health	1006 N H St., Aberdeen, WA 98520
Harbor Internal Medicine Clinic	1020 Anderson Dr Suite 205 Aberdeen, WA 98520
Family Practice Center of Grays Harbor	815 K St., Hoquiam, WA 98550
Grays Harbor Podiatry Clinic	2218 Simpson Ave., Aberdeen, WA 98520
Aberdeen Primary Care	611 N F St Suite 202, Aberdeen, WA 98520
Aberdeen Cataract & Laser	118 W 1st St., Aberdeen, WA 98520
Hallak Medical Group	1921 Sumner Ave., Aberdeen, WA 98520
Black Hills Family Practice Clinic	Elma, WA 98541
Broadway Family Health	101 E Broadway Ave., Montesano, WA 98563
Grays Harbor Crisis Clinic	615 8th St., Hoquiam, WA 98550
Behavioral Health Resources – Hoquiam	205 8th St., Hoquiam, WA 98550
Behavioral Health Resources – Elma	575 East Main St, Suite 3, Elma, WA 98541
Sea Mar	1813 Sumner Ave., Aberdeen, WA 98520
Grays Harbor County RSN	2109 Sumner Ave, Suite 203 Aberdeen, WA 98520
Roger Saux Health Center	1505 Kla Ook Wa Dr. Taholah, WA 98587
Sea Mar - Ocean Shores	597 Point Brown Ave NW Ocean Shores, WA 98569
Lighthouse Family Clinic	114 E Chance a La Mer NE Ocean Shores, WA 98569
Summit Pacific Medical Center	600 E Main St., Elma WA 98541
Mark Reed Healthcare Clinic	322 S Birch St., McCleary, WA 98557

Process and Methods

A committee comprised of the County’s health and social service and related organizations was convened. Cities and school districts also participated. The task force met a total of four times (March 30, April 21, April 29 and May 21) in 2011 for workshops discussing chosen topics. The committee was formed and coordinated in cooperation between the Grays Harbor Health Department and Grays Harbor Community Hospital. The series of meetings were held to secure input from those with broad knowledge of the community. Public Health was an integral part of the process. Other participants were identified and selected to participate in the process via formal invitations.

Name	Affiliation
Doug Barker	The Daily World
Jim Daly.....	Grays Harbor Community Foundation
John Bausher	Family Medicine of Grays Harbor
Kurtis Dawson	YMCA of Grays Harbor
Yassine Benis	Pacific Internal Medicine
Patricia Dean	SeaMar Community Health Centers
Ed Brewster.....	Grays Harbor Community College
Jack Durney	City of Hoquiam
Joan Brewster	Public Health and Social Services
Tim Gibbs	Grays Harbor Economic Development Council
Rebecca Chaffee.....	Grays Harbor College Board of Trustees
Sarah Glorian.....	Northwest Justice Project
Shanon Hardie.....	SeaMar Community Health Centers
Arlene Torgerson	Grays Harbor Community College
Renee Jensen.....	Mark Reed Hospital
Debbie Tracey.....	The Daily World
Tom Jensen	Grays Harbor Community Hospital
Dori Unterseher	Grays Harbor Community Hospital
Audra Lutz	SeaMar Community Health Centers
Maryann Welch.....	Grays Harbor Community Foundation
Rob McCauley.....	Northwest Physicians GHCH
Kristen West	CHOICE Regional Health Network
Top Opstad.....	Aberdeen School District
Sean White	Highland Pediatrics
Stan Pinnick	North Beach School District
Bob Young.....	Roger Saux Health Center

Primary Sources of Data:
 County Health Rankings
 Behavioral Risk Factor Surveillance Survey
 Healthy Survey 2010
 Washington State CHARS (hospital system) Data

Assessment of Community Health Needs

The secondary data creates a profile of Grays Harbor County as a community with significant social and health needs, particularly compared to Washington State as a whole.

Social Environment

The average life expectancy of Grays Harbor residents has increased by more than two years since 2000, but we still live almost three years less than other Washington residents. Grays Harbor has the

lowest years of expected healthy life in the state. Compared to other counties in Washington, Grays Harbor County ranks as one of the least healthy for all factors. We are sick more and die younger than people in other parts of Washington and science tells us that our behavior is strongly linked to our level of health – meaning that much of what makes us sick can be prevented. We spend most of our health care dollars on taking care of people who are already sick.

Education and Economics

Poverty and Education are the greatest social determinants of health. 24% of Grays Harbor’s adult population has achieved a college or technical degree, compared to 42% of adults in Washington State. For every \$1 earned by Washington residents, Grays Harbor residents earn 72 cents and unemployment mirrors state and national trends, yet maintains a much higher rate. The percent of people estimated to be living on incomes below the Federal Poverty Level increased across Washington state between 2009 and 2011, but the increase was more pronounced in Grays Harbor County. The traditional resource-based economy which provided family-wage jobs in Grays Harbor for many years has eroded, leaving a population with a lower level of formal education than the state average. 1 in 5 students report that their family cuts meal size or skips meals because there isn’t enough money for food. Housing and other costs of living are lower than in other areas, but many still struggle and are dependent on public assistance programs.

Youth and Families in Crisis

Our mothers are younger (11% under age 20 in 2011) and less educated than the state average. One in eleven 12th graders report that they first experienced sexual intercourse at age 12 or younger. Early childbearing is associated with a cycle of generational poverty. Many teens report that their family is poorly managed and less than half feel that they have a supportive adult in their life. Despite a dislike of being in school, many students feel they have opportunities to be involved in clubs or special projects at their school. Also, most of our older students feel they have opportunities for positive involvement in their communities.

Family and Domestic violence is slightly more present in Grays Harbor County compared to the state. 1 in 5 students report that they have experienced physical abuse by an adult and 1 in 3 report being a witness of adult to adult violence. This extends beyond the home as some students report an experience of dating violence. More than 10% of 12th grade students report that their boyfriend or girlfriend limited their activities, threatened them or made them feel unsafe in other ways. The rate of reported bullying among students in Grays Harbor County is considerably higher than state rates.

Many families are in a cycle of poverty perpetuated by early childbearing. Many parents lack good role models and there is a high degree of child abuse and neglect. Young people report a lack of adult mentorship and engagement in their lives. Family violence is a problem and can be seen perpetuating itself in youth violence and emotional distress. Our community and schools offer some opportunities but many young people lack the skills or support to benefit from them. Without active intervention, the cycle of poverty, family disorganization will repeat itself. Committed action over time is required to change this picture.

Mental Health

More than 1 in 5 adults report that they “never” “rarely” or “sometimes” get the social support they need. Among teenagers, depression is slightly more common in Grays Harbor than the Washington State and the percentage of girls who have depression is considerably more common than depression among boys as well as compared to girls in greater Washington State. This depression leads to suicidal thoughts, most common among 10th Grade students (slightly more than 25%). Hospitalization rates due to self-inflicted injury are most common among adults age 25 to 44 and deaths from self-inflicted injury are most common among senior adults age 65 and older. Many adults and youth have experienced trauma and many report poor mental health. Many adults report feeling isolated and unsupported and the hospitalization rates indicate that serious self-harm is more common among local adolescents and adults through age 64 and suicide rates for older males is significantly higher than the state average. Research increasingly suggests that traumatic events, especially in childhood, impact not only mental health and substance abuse risk but also the risk for other chronic diseases.

Drugs and Alcohol

Drug and alcohol abuse is prevalent in Grays Harbor County. More than 1 in 4 10th graders has drunk alcohol at least once in the last 30 days. 1 in 5 10th graders has used marijuana at least once in the last 30 days and 1 in 5 of these students has used an illegal drug at least once in the past 30 days. 1 in 10 12th graders has used painkillers to get high at least once in the last 30 days. About 1 in 3 students report that the adults in their neighborhood don't think it's wrong to use drugs and that, if someone did use drugs, they wouldn't be caught by police. Around half of our students believe using drugs and alcohol is not risky.

Substance abuse is prevalent and often co-occurs with mental health problems. Local youth start using alcohol and drugs of abuse earlier than their peers statewide. The misuse of prescription drugs is an emerging problem and often results in opiate addiction. Disease and death due to alcohol and drug use is significantly more common than the state average. Substance abuse and mental health issues are inextricably linked to poor family management, adverse childhood events and chronic disease. Direct and purposeful action is required to change family and cultural norms around the use of alcohol and drugs of abuse in order to change this picture.

Safety

Bike helmet and seat belt use appears less consistent than the youth statewide. About 1 in 10 students report that they rode with a driver who had been drinking alcohol more than one time during the past 30 days. We experience significantly more hospitalizations and deaths due to motor vehicle accidents. Firearms are more prevalent in our homes. Students report that the perceived availability of handguns is “very” or “sort of” easy. Injuries serious enough to require hospitalization are more common at every age group. Motor vehicle injuries and drowning are a particular concern, and intervention here could save lives. Interventions that reduce family disorganization, violence, and drug and alcohol use could also have an impact.

Tobacco Use

Our kids start smoking earlier and smoke more at every grade level than the youth of Washington State as a whole. 58% of 12th graders report that they tried their first cigarette before the age of 14. More of our students report exposure to secondhand smoke. More than 1 in 5 8th graders report current use of smokeless tobacco, almost exclusively boys. More than 1 in 4 10th graders has drunk alcohol at least once in the last 30 days. 1 in 5 10th graders has used marijuana at least once in the last 30 days. 1 in 5 10th graders has used an illegal drug at least once in the past 30 days. 1 in 10 12th graders has used painkillers to get high at least once in the last 30 days. About 1 in 3 students report that the adults in their neighborhood don't think it's wrong to use drugs and that, if someone did use drugs, they wouldn't be caught by police. Around half of our students believe using drugs and alcohol is not risky.

Nutrition and Physical Activity

Only 1 in 5 adults report adequate fruit and vegetable consumption. Approximately 65% of adults meet the physical activity recommendations. A higher percentage of our kids report adequate physical activity, though the percentages decrease with age. More than 35% of 12th graders in Grays Harbor are considered overweight. Too few youth eat enough fruits and vegetables. Our youth and adults are more physically active than their peers statewide. We are sick longer and die younger from chronic diseases related to poor diet and physical inactivity. The heavy burden of chronic disease in our communities is not surprising in the context of information about our health behaviors, and changed behavior is the key to reducing this burden.

Hospitalization Rates

The leading cause of hospitalizations in Grays Harbor County are diseases of the circulatory system (16%). We are hospitalized at a significantly higher rate than Washington State. Many of our hospitalizations are preventable, such as injuries and chronic disease complications. Investing in prevention, such as chronic disease management classes, could help reduce our rate of hospitalization.

Death Rates

The leading causes of death in Grays Harbor County are major cardiovascular diseases (30%) and malignant neoplasms (24%). We die at a significantly higher rate than Washington State. One-third of deaths are due to major cardiovascular diseases, which could be prevented through improved diet and increased physical activity. Encouraging healthy eating and physical activity could prevent deaths due to major cardiovascular diseases.

Healthcare Access And Utilization

In Grays Harbor, we have a severe shortage of primary care physicians and more than 1 in 6 adults report not seeking health care when needed because they could not afford it. 1 in 13 children and 1 in 5 adults aged 18 to 64 are uninsured. 1 in 3 students report inadequate preventive dental care. 2 in 5 adults report inadequate preventive care.

We have significant populations of people without access to routine health care. Access to dental care is a serious problem for people on Medicaid and without insurance. Preschool immunization coverage is better than the state average. Early prenatal care has been a concern but access appears to be improving in the past few years. This heavy use of the most expensive health services could be reduced by more resources and attention paid to supporting behavior changes through specific action at all level – individual, family, systems and community.

Priorities

Grays Harbor County formed a task force to gather input and determine the top priorities to focus on, moving forward toward a healthier county. As part of this program, the task force determined these 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

After reviewing the data and holding four community meetings to discuss the findings, the task force determined that the county's focus should continue in these areas with the ultimate goal to improve quality of life. Specific priorities include:

- Working with the government to create public policy to encourage better nutrition
- Create citizen watch-groups
- Encourage businesses to participate in Worksite Wellness initiatives and county-wide programs such as Active for Life.
- Media campaigns for improving health.
- Provide a variety of opportunities for alternative education and vocational training to youth.
- Using early intervention opportunities such as mentoring, coaching, marketing, community partnerships to encourage the youth to attain an education.
- Address “cultural-gaps” and provide assistance to youth in the process of applying to college and finding financial aid opportunities while also providing resources and support to parents.
- Provide additional access to healthcare for youth by creating partnerships between schools and hospitals to offer healthcare in schools.
- Involve youth and families in decision making and gather their opinions on how to provide better healthcare treatment solutions to youth.

- Address stigmas and assumptions surrounding substance abuse and mental health.
- Encourage health care providers to remain in Grays Harbor beyond their 3 year loan repayment plan obligation in order to reduce turnover and provide higher quality healthcare to the community.
- Promote the current health care services that exist in the community and encourage community members to utilize these resources rather than finding health care outside of the area.

References

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<http://www.countyhealthrankings.org/app/washington/2013/grays-harbor/county/outcomes/overall/snapshot/by-rank>