Community Health Needs Assessment and Implementation Plan

2017 – 2019

Adopted by Board of Commissioners on December 13, 2016

Mason General Hospital & Family of Clinics

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Executive Summary

Mason County Public Hospital District No 1, Mason General Hospital & Family of Clinics (MGH&FC) is a public hospital district (District) that operates a critical access hospital (CAH) and a family of primary care and specialty clinics. MGH&FC is located in Shelton, Washington.

The geographic boundaries of the District include all of south and central Mason County. This area incorporates nearly 90% of the total population of Mason County. Approximately 75% of MGH&FC's patients reside within the District boundaries.

The District, in close collaboration with Mason County Public Health, Mason Matters (a community group dedicated to improving the health and quality of life of Mason County residents through community engagement), and numerous other community organizations completed a community health assessment in early 2013. The process culminated in the publication of the Mason County Health Assessment (CHA). In turn, MGH&FC, using the data and findings from the CHA convened the community to discuss priorities and then published its Community Health Needs Assessment (CHNA) and selected priorities in December 2013.

In early 2016, at the request of the community, Mason Matters agreed to lead the community needs assessment process for 2016. *Moving Mason Forward* was the name given to the Mason Matter's campaign and seven priority areas were identified. MGH&FC, along with public health, have been active and engaged participants in *Moving Mason Forward.*

Of the many health indicators examined, Mason County performs well in the areas of communicable disease and alcohol abuse among adults. However, the County lags behind the rest of the State in obesity, chronic diseases, smoking rates, alcohol abuse among students, physical activity, teen pregnancy and mental health. Available data confirms that these same trends exist within the District boundaries, a subset of the County.

Mission

We put patients first. We provide quality care to assist the individuals of our community to restore and preserve their health. We conserve patient and community resources through a sustainable, financially viable, coordinated system of health care delivery.

Vision

United Community, Empowered People, Exceptional Health

Values

Equity, Trust, High Reliability, Accessibility, Communication, Compassion

Social and economic factors—the social determinants of health that can contribute to poorer health—are less positive within the boundaries of the District and Mason County than in many other areas of Washington State. For example, Mason County residents have lower educational attainment and lower incomes. Mason County residents also die earlier than those in many other areas of Washington.

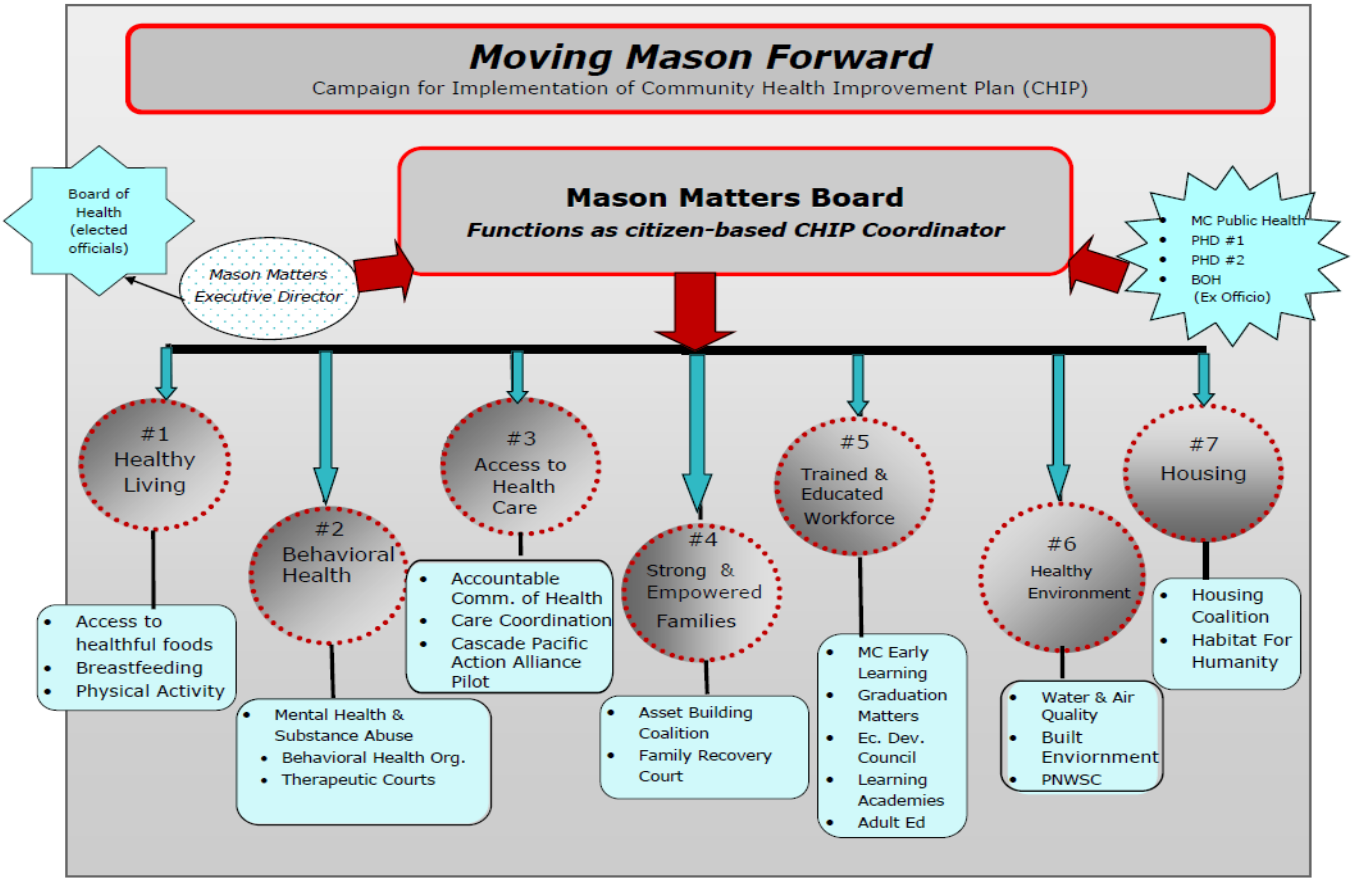
Our 2016 CHNA process also demonstrates that increasingly over the past few years (evidenced in part by *Moving Mason Forward* and *Graduate Mason*), significant community resources—or calls to action—have been mobilized to address the identified disparities. There is also a real commitment on part of providers to collaborate and share resources and expertise with the goal of improving health. It is within the context of this call to action that MGH&FC presents its 2016 CHNA and Implementation Plan for 2017-2019.

Methodology & Community Convening

In terms of process, MGH&FC's 2016 CHNA process was undertaken in close collaboration with *Moving Mason Forward* which engaged in a robust data gathering and community engagement process using a Mobilizing for Action through Planning and Partnerships (MAPP) type framework. MAPP applies strategic thinking to prioritize public health issues and identify resources to address them.

From the *Moving Mason Forward* process, seven draft goals have been identified. The draft goals are included in Figure 1 below.

Figure 1. Goals Identified through *Moving Mason Forward*



For MGH&FC's CHNA, where possible, data was collected specific to the District, and where not, Mason County level data was used. Substantial content for this CHNA was generated by Mason Matter's 2016 draft CNA. Additional data was compiled and interpreted with the assistance of Health Facilities Planning & Development, a Seattle-based consulting firm that specializes in health planning and data analysis in rural communities throughout the Northwest. Data sources include:

- The Behavioral Risk Factor Surveillance Survey (BRFSS)
- US Census and the American Community Survey (ACS)
- Washington Healthy Youth Survey
- United Way ALICE report
- Robert Wood Johnson Foundation's County Health Rankings and Community Commons' Health Indicator Reports
- Washington State Report Card, Office of Superintendent of Public Instruction
- County Health Assessment Tool, Washington Department of Health

MGH&FC also held a community convening in November of 2016. After a presentation by Mason County Public Health, MGH&FC summarized the data and asked the following questions:

- From your perspective, of the needs identified, what are the most significant?
- Were any key needs missed?
- Since "moving the needle" requires partnerships, does your organization have an interest in helping address community needs?
- Which of the needs are most realistic to implement/most likely to result in community benefit?

A robust conversation followed. Those convened identified the concerns around a cohort of young adults that experience hopelessness and are "falling through the cracks". These young adults struggle in areas including housing, knowledge of services and how to access to care. There was consensus that more partnerships are needed to reach out and engage these young adults to teach life skills and to help them navigate the system. Concerns about generational poverty, graduation rates and early parenting support were also expressed.

2013 CHNA Review

MGH&FC's 2013 CHNA identified four community priorities:

- Improve access to health care services and actively outreach to enroll residents in Medicaid expansion
- Increase behavioral health diagnosis and treatment
- Reduce obesity
- Reduce tobacco use

From this, and based on our resources and expertise, MGH&FC selected three priorities for its implementation focus, including:

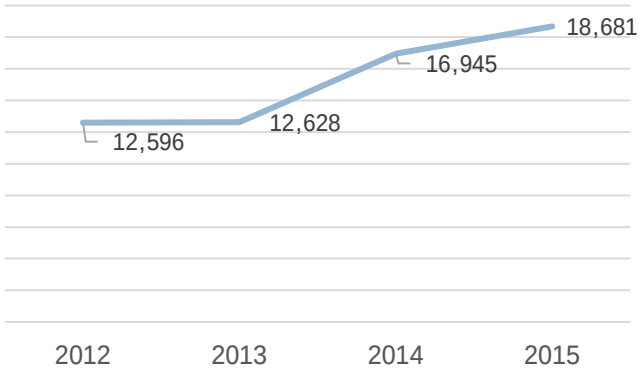
1. Improve access to primary and specialty health care services by actively supporting enrollment in both Medicaid expansion and the Exchange, and through recruitment of additional primary care providers and retention of current providers.

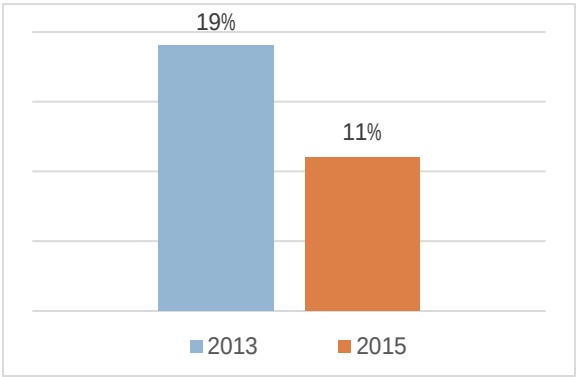
2. Improve access to mental health services for individuals and at risk residents and families by recruiting additional providers, integrating behavioral health into primary care and supporting programs that target at risk populations.

3. Play a supporting role with other District and County providers to reduce obesity and tobacco use rates.

Since 2013 and in terms of access and enrollment, MGH&FC has played an active role with training in-person assistors and in recruiting additional providers. Figure 2 depicts that Medicaid enrollment in the County has increased by nearly 50% since 2013. In addition, the percent of uninsured adults in Mason County decreased from 19% in 2013 to 11% in 2015.

Figure 2. Total Medicaid Enrollment and Percent Uninsured, Mason County





Sources: WA Health Care Authority; Enroll America

Related to behavioral health, MGH&FC successfully recruited several licensed mental health providers (LICSWs) and have fully integrated them in to our primary care clinics where they maintain full caseloads.

In 2014, the priorities of improving behavioral health and playing a supporting role with other District and County providers to reduce obesity converged when MGH&FC the Shelton School District and Mason County Public Health began working closely to launch a Healthy Children initiative. Since that time, the initiative has:

- Preserved access to free physical recreation by subsidizing a community pool so that it could stay operational. MGH&FC led the community in raising funds for capital improvements to keep the community's pool open and then developed a sustainable model that allows free community access to the pool for athletic, recreational, and health and wellness activities.
- Supported the development of life skills around nutrition by establishing the Hope Garden on land donated by MGH&FC). Here, at-risk high school students participate in planting and caring for the HOPE Garden and also learn nutrition, cooking and other life and job skills,
- Improving education and career opportunities by establishing a Health Science Academy. The academy will expose students to health care careers; improve instructional programs in health, science and technology; and employ qualified graduates at MGH&FC.

To date, these Healthy Children programs have touched nearly 12,000 children under age 18 in Mason County. In addition, utilization of the community pool has increased 43% for students and 11% for the community overall.

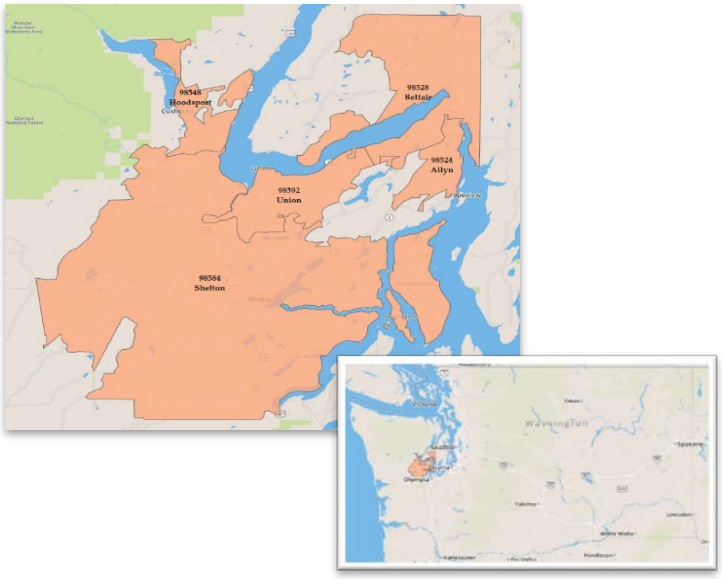
The community's successes in these healthy children's initiatives have been well recognized. In 2016, MGH&FC received a 2016 Community Health Leadership Award from the Washington State Hospital Association and also received a Certificate of Merit from the Washington Association of School Administrators.

Certificate of Merit from the Washington Association of School Administrators for the collaboration with the Shelton School District on the Community Pool.

Our Community

MGH&FC is located in Shelton, Washington. The geographic boundaries of the District include the entirety of south and central Mason County. Nearly 75% of MGH&FC's patients reside within the District boundaries. The County, as seen in Table 1, has a current population of more than 60,000 people. The District, our community of focus for this CHNA, has a population close to 53,000.

Figure 3. District Map



Demographics & Socio-Economics

Demographic factors have a strong effect on health status, health care usage and access to health care services. Our community is growing, and is increasingly Hispanic. About 20% of the community is under the age of 18 and another 19% are over the age of 65.

Table 1. Key Community Demographics

Population	District	%	Mason County	%	WA State	%
Total Population	52,640		60,728		6,899,123	
Under Age 5	3,056	5.8	3,929	5.4	443,807	6.4
5-17 Years Old	7,692	14.6	8,094	13.3	1,146,388	16.6
Adults 18-64	31,660	60.1	36,722	60.5	4,400,437	63.8
Seniors 65+	10,232	19.4	11,983	19.7	908,491	13.2
Hispanic	4,974	9.4	5,136	8.5	809,998	11.7

Source: 2010-2014 American Community Survey, U.S. Census Bureau

Our community also faces significant poverty, with child poverty rates increasing since 2010, resulting in nearly 28% of our children living in poverty in contrast to only 18% statewide. Table 2 depicts that the rate of all children in extreme poverty and children under 6 in extreme poverty (14.4% and 18.7%, respectively) in the County, are also significantly higher than state rates.

Table 2. Federal Poverty Rates for Select Populations, 2010 and 2014

Population	Mason 2010	Mason 2014	WA State 2014
Total Population	15.6%	17.1%	13.5%
Children under 18	22.0%	27.8%	18.1%
Children in Extreme Poverty*	10.4%	14.4%	7.7%
Children under 6 in Extreme Poverty	15.8%	18.7%	8.8%

**The number and share of children who live in families with incomes less than 50 percent of the federal poverty level, as defined by the U.S. Office of Management and Budget*
Sources: Moving Mason Forward (2016 draft), Mason Matters; 2010-2014 American Community Survey, U.S. Census Bureau

As can be identified in Table 3, the poverty rate (17.1%) for most communities within our District area is above the statewide rate of 13.5%. With the exception of Union, median household incomes and high school diploma rates also lag behind the state.

Table 3. Socioeconomic Characteristics of the District

Area	High School Diploma or Higher	Poverty Rate	Median Household Income	Language other than English spoken at home
Shelton (98584)	86.9%	18.4%	47,826	9.7%
Belfair (98528)	86.1%	17.9%	54,621	9.1%
Union (98592)	98.2%	2.6%	64,524	0.0%
Hoodsport (98548)	82.9%	17.1%	32,105	3.8%
Allyn (98524)	93.4%	7.7%	56,852	4.5%
Mason County	87.3%	17.1%	49,538	7.8%
WA State	90.2%	13.5%	60,294	18.8%

Source: 2010-2014 American Community Survey, U.S. Census Bureau

Health Status

As depicted in Table 4, the age-adjusted top causes of death in Mason County are cancer and cardiovascular disease. Cancer is now the leading cause of death in the County, and the cancer death rate is higher than the State. The cardiovascular death rate is slightly lower than the State rate.

Table 4. Leading Causes of Death in Mason County

Cause of Death	Mason County			WA State
	Age-adjusted Death Rate	Rank in 2014	Rank in 2011	Age-adjusted Death Rate
Cancer	153.1	1st	2nd	138.3
Cardiovascular Disease	145.2	2nd	1st	157.1
Chronic Lower Respiratory Disease	48.5	3rd	3rd	38.3
Accidents	45.1	4th	4th	40.5
Stroke	33.4	5th	6th	44.1
Alzheimer's	25.5	6th	5th	34.7
Diabetes	25.3	7th	7th	21.4
Suicide	20.1	8th	8th	15.4
Chronic Liver Disease and Cirrhosis	14.0	9th	9th	11.2
Influenza and Pneumonia	7.4	10th	10th	9.5

Sources: Moving Mason Forward (2016 draft), Mason Matters; Community Health Assessment Tool – CHAT – Mortality Tables

As can be seen in Table 5, Mason County ranks 33rd out Washington's 39 counties for Years of Potential Life Lost (YPLL). YPLL measures premature mortality.

Table 5. Years of Potential Life Lost

Measure	2010	2011	2012	2013	2014	2015	2016
Mason County YPLL-75	8,919	8,422	7,832	7,114	7,114	7,619	7,600
Premature Death County Health Ranking	35th	34th	29th	28th	28th	32nd	33rd
WA State YPLL-75	5,979	5,915	5,862	5,709	5,709	5,506	5,500

**YPLL-75 – Years of potential life lost before age 75*
Sources: Moving Mason Forward (2016 draft), Mason Matters; County Health Rankings

Behavioral Risk Factors

A host of factors contribute to general health status, among them behavioral factors. It has been estimated that nearly 40% of all deaths in the United States are a result of behavioral factors.[1]

Table 6 provides selected data for Mason County on several of behavioral risk factors. Some key statistics including adult smoking, teen birth rate and preventable hospital stays have improved greatly since 2010, but are still lower (worse) than the State average.

Table 6. Selected County Health Rankings Data,2010-2016

Population	Mason 2010	Mason 2016	WA State 2016
HEALTH OUTCOMES			
Population Reporting Poor or Fair Health Days	17%	15%	13%
Poor Physical Health Days	4.0	3.8	3.5
Poor Mental Health Days	4.4	3.8	3.4
% Low Birthweight Births	6.4%	6.0%	6.0%
HEALTH FACTORS			
Adult Smoking Rate	26%	20%	16%
Adult Obesity Rate	30%	33%	27%
Teen Birth Rate	50	41	28
Preventable Hospital Stay Days	49-57	39	36
Diabetic Monitoring	83%	86%	85%
High School Graduation Rate	72%	73%	78%
Children in Poverty	18%	24%	18%
Single Parent Households	35%	35%	29%
Violent Crime Rate	324	285	301

**The measurement of uninsured population is a measure of total population and was first measured in 2012.*

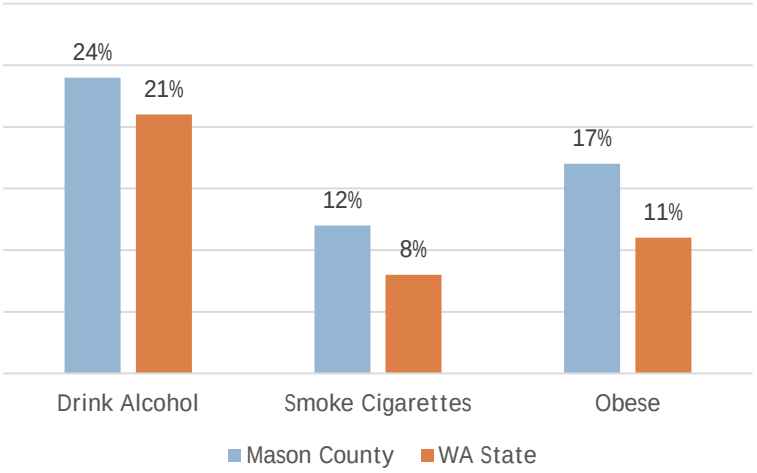
Sources: Moving Mason Forward (2016 draft), Mason Matters; County Health Rankings

[1] McGinnis JM et al, The Case for More Active Policy Attention to Health Promotion hlthaff.21.2.78 Health Aff March 2002 vol. 21 no. 2 78-93.

Obesity is an important factor in overall health; it raises the risk of heart disease, arthritis, some cancers, and most prominently, Type II diabetes. Diabetes is of major concern because it raises the risk of developing other common chronic diseases such as cardiovascular disease, and a person with diabetes has twice the risk of dying as a person of the same age who does not have diabetes.[2] As identified in Table 6, Mason County has higher rates of obesity (33%) in comparison to the state (27%). Even more concerning, is that the rate is on the rise, increasing three percentage points, or 10%, since 2010. Additionally, 11% of County residents have Type II diabetes as compared to 8% statewide.

For many, the struggle with weight begins in childhood. Childhood obesity raises the risk of obesity in adulthood.[3] Figure 4 depicts childhood obesity in Mason County—17% of all 10th graders in the County are obese, compared to only 11% of Washington State 10th graders.

Figure 4. 10th Grade Risk Factors (%)



Some of the behavioral factors with the greatest effect on general health status are the use of substances, with alcohol and tobacco the most critical. Also of concern is the alcohol use and smoking of the youth in our community. As can be identified in Figure 4, the 2014 Healthy Youth Survey found that 10th grade students in Mason County use alcohol and smoke cigarettes at a higher rate than 10th graders statewide.

Individuals with a mental health condition are more likely to have physical health problems, though whether the mental health condition is a cause or effect is not known. Individuals with poor mental health are more likely to smoke, drink heavily, or be obese. As can be identified in Table 7, youth in Mason County have higher rates of depressed feelings and consideration of suicide compared to Washington State as a whole.

[2] National Diabetes Fact Sheet, 2011, Centers for Disease Control and Prevention.

[3] Biro FM and Wien M Childhood obesity and adult morbidities Am J Clin Nutr. 2010 May; 91(5): 1499S–1505S.

Table 7. Selected Youth Mental Health Behaviors

Area	Mason 2010	Mason 2012	Mason 2014	WA State 2014
DEPRESSED FEELINGS				
8th Graders	29%	31%	36%	27%
10th Graders	31%	39%	45%	35%
12th Graders	29%	29%	40%	34%
CONSIDERED SUICIDE				
8th Graders	17%	20%	21%	18%
10th Graders	15%	23%	28%	19%
12th Graders	17%	12%	24%	20%

Sources: Moving Mason Forward (2016 draft), Mason Matters; WA Healthy Youth Survey, 2014

Table 8. ALICE Households, Mason County

Area	# of HH	% ALICE and Poverty
Allyn CPD*	806	16%
Belfair CPD	1,236	49%
Grapeview CPD	496	31%
Hoodsport CPD	359	52%
Shelton City	3,453	49%
Skokomish CPD	178	59%
Union CPD	259	29%
Mason County	23,395	38%
WA State	2,648,033	32%

**CPD – Congressional District*
Sources: Moving Mason Forward (2016 draft), Mason Matters; United Way ALICE Report, 2015

Lack of income and resources is a critical predictor of poor mental and physical health outcomes. The 2015 United Ways of the Pacific Northwest ALICE report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are families that work hard and earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, child care, food, transportation, and health care. Most do not qualify for Medicaid coverage.

When combining households that live in poverty and ALICE households, it is evident that almost 40% of Mason County residents cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation. This is above the Washington state rate overall, wherein 32% of all households are either ALICE or in poverty.

Adverse Childhood Experiences (ACE) are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on one's parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce, or having an incarcerated member of the household. 42% of Mason County's adult population have experienced 3 or more ACEs in their lifetime. This rate is significantly above the state rate of 26.5%.

Table 9. Population with ACEs

Burden	Mason 2014	WA 2014	Grays Harbor
Adult Population with 3+ ACEs	42%	26.5%	34%
Adult Population with 6+ ACEs	12-22%		6-9%
Percent of Adult Population Transmitting 2+ ACEs to Children	19-35%		19-35%

Sources: Moving Mason Forward (2016 draft), Mason Matters; Foundation for Health Generations 2014-15

Selected Priorities

As with the 2013 CHNA, the Board of Commissioners after thoughtful consideration of the community's needs as well as MGH&FC's resources and expertise has elected to define three potential types of priorities. These include priorities wherein 1) MGH&FC will ***lead*** an initiative, 2) initiatives wherein MGH&FC will serve as a ***catalyst*** to convene the community and chart a course and 3) where we will lend ***active support or partnership*** to existing community organizations with existing expertise or resources.

Our selected 2017-2019 priorities include:

1. Mitigating barriers that restrict access to health care and full realization of the promise of population health **(Lead):**
    a. Continue in-person assister program
    b. Recruit and retain providers, and continue to build health care delivery teams in the primary care clinics
        i. Focus on controlling risk factors and managing chronic diseases by active care coordination and patient, family, provider engagement
    c. Provide more flexible options for accessing care (i.e.: walk-in or same day care options)
    d. Continue to improve processes in the clinics to support more open slots and more available provider time
    e. Assure seamless transitions
        i. Identify supply of safe discharge housing options.

2. Realize a healthier environment and opportunities for Mason County's children, youth and families **(Active Support/Partner):**
    a. Support Shelton School District's Graduation Matters initiative
    b. Finalize K-12 curriculum with Shelton School District for implementation in 2018
    c. Develop outreach to support at-risk youth, young adults in transition and young parents/families learn how to access health care and other social support services and to make healthy choices.
        i. Housing
        ii. Meals
        iii. Making healthy choices
        iv. Parenting skills

The final IRS regulations (published in the Federal Register on December 31, 2014) allow hospitals an additional four and a half months to adopt an implementation strategy, specifically requiring an authorized body of the hospital facility to adopt an implementation strategy to meet the health needs identified through a CHNA on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. MGH&FC will use this allowed time to develop an implementation plan that supports its CHNA priorities.