



2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth Peace Island Medical Center Community Health Board



PeaceHealth
Peace Island Medical Center

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I. Executive Summary

Overview

PEACEHEALTH

Caring for those in our communities is not new to PeaceHealth. It has been a constant since the Sisters of St. Joseph of Peace, PeaceHealth's founders, arrived in Fairhaven, Washington, to serve the needs of the loggers, mill workers, fishermen and their families in 1890. Even then, the Sisters knew that strong, healthy communities benefit individuals and society, and that social and economic factors can make some community members especially vulnerable. The Sisters believed they had a responsibility to care for the vulnerable, and that ultimately, healthier communities enable all of us to rise to a better life. This thinking continues to inspire and guide us toward creating a better future for the communities we serve.

Today, PeaceHealth is a 10-hospital, integrated, not-for-profit system serving communities in Alaska, Washington and Oregon. PeaceHealth is a Catholic healthcare ministry with a Mission to *carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.*

PeaceHealth has embraced the Community Health Needs Assessment (CHNA) process as a means of realizing our Mission and engaging and partnering with the community in identifying disparities and prioritizing health needs. We also align our work to address prioritized CHNA needs.

PEACEHEALTH PEACE ISLAND MEDICAL CENTER

PeaceHealth Peace Island Medical Center (PeaceHealth Peace Island) is a 10-bed critical access hospital located in Friday Harbor, on San Juan Island. PeaceHealth Peace Island opened in 2012. It is the sole hospital in San Juan County. In addition to basic acute care, it provides a cancer center, including infusion, a 24/7 emergency room, imaging services, outpatient surgery and psychiatry consultations (via telemedicine). In 2017, PeaceHealth Peace Island cared for approximately 90 inpatients, performed about 375 surgeries, had 12,845 outpatient clinic visits and 3,600 emergency department visits. PeaceHealth Peace Island provided \$1,495,000 in community benefit in 2018.

2019 CHNA PROCESS

PeaceHealth Peace Island conducted its 2019 Community Health Needs Assessment (CHNA) process in coordination with community partners including San Juan County Health and Community Services and others. San Juan County Health and Community Services has actively participated in PeaceHealth's CHNAs over the years and will be conducting their own in 2020. San Juan County Health and Community Services staff are also actively involved in the Community Health Improvement Consortium.



In Spring 2019, PeaceHealth Peace Island conducted key informant surveys and convened the community to identify needs, discuss progress to date and prioritize areas for the future.

At various times throughout the nearly eight-month CHNA process, data, findings and input was shared with PeaceHealth Peace Island's Community Health Board (CHB).

II. Key Takeaways from 2019 CHNA

Key themes that emerged during the local interview and community convening process included:

- **The service area is an aging community and there is a lack of community-based and residential services to support them:** Efforts to support the community aging safely at home are needed. Better access to Medicare certified home health is also a need, as is a means of overcoming the loss of the county's only nursing home.
- **A workforce shortage exists:** Despite being an attractive location, many healthcare workers cannot afford to live in the county. Better pay rates, training, career ladders, affordable housing and childcare are needed to attract and retain a qualified workforce.
- **More behavioral health services are needed:** There is a shortage of providers and reimbursements are lagging in relationship to the cost of care. Additionally, there are gaps in access to substance use treatment programs.
- **Oral health services for the Medicaid population are lacking:** There is an overall shortage of oral health services, especially for adults who have no local options.
- **Despite being healthy overall, the service area has vulnerable populations and residents that are linguistically isolated:** This is a need for more community paramedicine, care coordination and care navigation services. This is coupled with a need to support children and families living with food insecurities.

The identified priorities directly align with PeaceHealth identified focus areas of need. These focus areas were identified as common to each of the communities PeaceHealth serves across three states, and include:

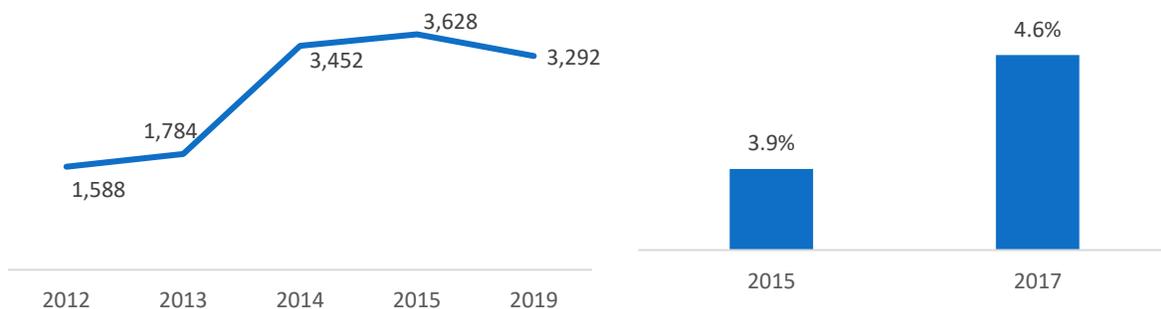
- Family and childhood well-being, including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

III. Prior CHNAs: Implementation Plan Progress and Accomplishments

This 2019 CHNA is the third CHNA developed by PeaceHealth Peace Island since the implementation of the Affordable Care Act’s CHNA requirement.

PeaceHealth Peace Island opened in November 2012. Consistent with IRS requirements, PeaceHealth Peace Island, in close coordination with the community conducted and adopted a CHNA in December 2014. Its focus areas included healthcare delivery and access, and specifically assuring access to essential healthcare for all. Countywide efforts to sign residents up for commercial health insurance and Apple Health (i.e. Medicaid), were extremely successful. As depicted in Figure 1, these efforts continue to benefit the community.

Figure 1. Medicaid Enrollment and Percent Uninsured, San Juan County



PeaceHealth Peace Island’s 2016 priorities included behavioral health, care coordination for complex patients, housing, maternal child health and childhood development. In adopting its Implementation Strategies, the PeaceHealth Peace Island CHB considered the size of the population impacted, the needs in relation to hospital capabilities, and the types of community partnerships that would be required to advance the need and available resources.

The final 2016 Implementation Plan is restated in Table 1. For each need, a set of initiatives was noted, as was a listing of potential partners, and the expected degree of PeaceHealth engagement was framed in terms of “lead,” “co-lead” or “support.” While the work is ongoing, progress and accomplishments to date are summarized in the table.

Table 1: PeaceHealth Peace Island 2016 2019 Updates and Accomplishments

	Initiatives	Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Develop and implement an Improvement Plan that aims to increase coordination between Compass Health, PeaceHealth, EMS and criminal justice.	Behavioral health patients, i.e. people with psychiatric or substance abuse issues.	County Crisis Oversight Committee; SJC Public Health Dept.; SJC Prevention Coalition/Safe San Juan; Compass Health; EMS; Sheriff Department. <i>PeaceHealth Role: co-lead.</i>	Coordinated with North Sound Behavioral Health and Compass Health to provide outreach, crisis prevention and intervention.
	Establish ED tele-psych service.	Behavioral health patients, i.e. people with psychiatric or substance abuse issues.	PeaceHealth Network Crisis Services in Oregon; PHMG ED. <i>PeaceHealth Role: co-lead.</i>	Established a weekly tele-psych service and provides integrated Behavioral Health with Primary Care follow-up.
Care Coordination for Complex Patients	Community paramedicine initiative.		SJI-EMS/SJCPHD#1; PIMC/PHMG; Private Practice Providers; SJC Health Dept.; Life Care of America; SJC Volunteer Hospice; The Village at the Harbor. <i>PeaceHealth Role: co-lead.</i>	Planned to work with the Community Paramedicine online referral system.
	Home outreach service for people with serious illness or needing post-acute home visiting.	Frail elderly at home. Medical and social service providers and clients.	SJI-EMS/SJCPHD#1; PIMC/PHMG; Private Practice Providers; SJC Health Dept.; Life Care of America; SJC Volunteer Hospice; The Village at the Harbor. <i>PeaceHealth Role: co-lead.</i>	Contributed to Enhanced Case Management across San Juan County. Planned a Care Navigation Service Desk using graduates of PIMC's sponsored Whatcom Community College Care Navigation Course.
	Develop an online Resource Guide that can be used by health and social service providers and the public.		PeaceHealth; SJC Network; Joyce L Sobel Family Resource Centers; SJIC Foundation; SJI & Orcas Island Libraries. <i>PeaceHealth Role: co-lead.</i>	Funded and developed a countywide online community resource guide.
Maternal Child Health and Childhood Development	Increase the rate of childhood immunizations.	Young children.	PHMG PIMC and San Juan County Healthcare providers. <i>PeaceHealth Role: Support.</i>	Collaborated with San Juan County Health and Community Services and held back-to-school immunization clinics.
	Incorporate ACEs screening and resiliency work into integrated primary care BH programming.	Families and at-risk individuals.	PIMC PHMG; SJC Health Dept.; SJC Family Resource Centers. <i>PeaceHealth Role: co-lead.</i>	
	Expand home visitor and parenting skills programing.	Families and at-risk individuals.	<i>PIMA and Peace Island Community. PeaceHealth Peace Island Role: Support.</i>	

IV. State, Regional and Community CHNA Context

PeaceHealth Peace Island’s 2019 CHNA process was undertaken within the context, and with the knowledge of other existing, recent or concurrent community health improvement planning efforts in the state, region and county, including:

The Washington State Health Improvement Plan (2014-2018 *Creating a Culture of Health in Washington*) provides a statewide framework for health improvement efforts. This plan will be updated again in 2020.



San Juan County Community Health Initiatives Consortium (CHIC): This consortium was formed in 2015 to support addressing countywide health needs identified by Community Health Needs Assessments conducted by PeaceHealth. Three areas of need were identified, and CHIC was tasked with pursuing goals through individual workgroups co-convened by PeaceHealth and San Juan County Health and Community Services.

Current efforts include:

Vulnerable populations: Strengthen support for the marginal and frail, simplify social service and health delivery systems and establish more communication between island organizations. Progress includes countywide coordination of services for people who have multiple needs, additional caregiver training, support for caregivers and patients across the county and creation of the local family resource center’s Island Neighbors program on San Juan Island, which offers help ranging from running errands and light yard work to social outings for frail or homebound community members.

Community resource guide: The recently launched online Resource Guide was developed to connect people seeking assistance with local resources in the community.

Immunizations: The goal is an increase pediatric immunizations rates countywide. Efforts include working with providers, schools and the community on identifying strategies and policies to improve vaccination rates and achieve community immunity.

The North Sound Accountable Community of Health (NSACH): Its purpose is to improve community health and safety while advancing the Triple Aim: Improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing per capita healthcare costs. The NSACH supports more than one million people, and includes Island, San Juan, Snohomish, Skagit, and Whatcom counties, and eight Tribal nations. The NSACH is a partner to the state’s **Healthier Washington Initiative**, and is working to advance health improvement by implementing strategies for the Medicaid Transformation Project with partner organizations across our region.



ACHs are regional coalitions convened in 2015 as part of the state’s **Healthier Washington Initiative**. The Washington State Health Care Authority (HCA) is supporting ACH development through guidance, technical assistance and funding. In late 2018 and in response to HCA’s request, NSACH developed four initiatives:

1. Care coordination: Coordination and communication across settings and devising strategies on transition points of care and diversion from emergency department and jail.
2. Care integration: Aligning bidirectional integration with work plans to achieve integrated managed care by working with behavioral and physical health; aligning oral health in primary care.
3. Care transformation: Implementing targeted initiatives that transform delivery of care in primary care, oral health, and community-based settings.
4. Capacity building: Workforce, Health Information Exchange (HIE)/ Health Information Technology (HIT), Value-Based Purchasing (VBP) and assessments that cross initiatives and partners across the region.



San Juan Island Community Foundation’s Community Needs Taskforce convened a series of facilitated, roundtable discussions to identify current and pressing community needs and to identify possible strategic, sustainable solutions to meet those needs. A prioritized list of needs was identified in 2015 and updated in 2016. Select priority areas include housing, emergency preparedness, care coordination, drug and alcohol services, immunization rates and access to mental health services.

V. Overview of the PeaceHealth Peace Island Service Area

DEMOGRAPHIC AND SECONDARY DATA

The service area is defined as San Juan Island (SJI) and Public Hospital District #1 which includes SJI as well as Stuart, Henry, John’s, Spieden, and Pearl Islands. The secondary service area is the county from which about 88% of PeaceHealth Peace Island’s inpatients come from.

At approximately 621 square miles, San Juan County is the smallest County (39th out of 39th) in land area and 32nd in population with more than 17,000 residents. San Juan Island is the largest island in the county representing nearly 48%

of the county’s population. The service area has rapidly aged and is one of the oldest areas in Washington state with more than 32% of residents aged 65+.

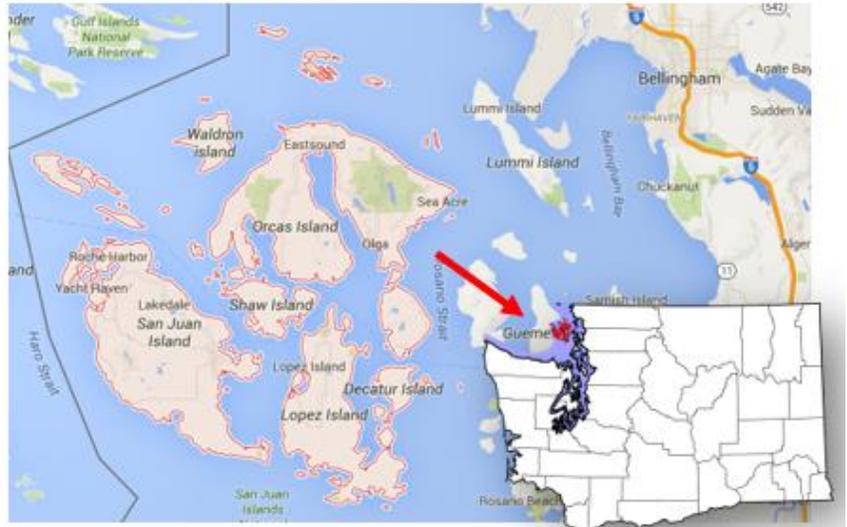


Table 2: San Juan County Sociodemographic Profile

	2010	Percent of Total Pop.	2018 Estimate	Percent of Total Pop.	Percent Change 10-18	2023 Projections	Percent of Total Pop.	Percent Change 18-23
Tot. Pop.	7,662	100.0%	7,985	100.0%	4.2%	8,275	100.0%	3.6%
Pop. By Age								
0-17	1,302	17.0%	1,114	14.0%	-14.4%	1,082	13.1%	-2.9%
18-44	1,832	23.9%	1,943	24.3%	6.1%	2,014	24.3%	3.7%
45-64	2,876	37.5%	2,516	31.5%	-12.5%	2,438	29.5%	-3.1%
65-74	1,005	13.1%	1,566	19.6%	55.8%	1,809	21.9%	15.5%
75-84	433	5.7%	589	7.4%	36.0%	649	7.8%	10.2%
85+	214	2.8%	257	3.2%	20.1%	283	3.4%	10.1%
Tot. 0-64	6,010	78.4%	5,573	69.8%	-7.3%	5,534	66.9%	-0.7%
Tot. 65 +	1,652	21.6%	2,412	30.2%	46.0%	2,741	33.1%	13.6%
Fem.								
15-44	1,060	13.8%	1,085	13.6%	2.4%	1,115	13.5%	2.8%
Hispanic	504	6.6%	653	8.2%	29.6%	770	9.3%	17.9%
AI/AN	40	0.5%	49	0.6%	21.1%	53	0.6%	8.1%

Tourism is significant both on San Juan Island and in San Juan County. The county has estimated that the resident/vacation home/hotel night population swells to double the year-round population on any given summer date. This excludes overnight visitors who stay as house guests, campground stays or day visitors. Some estimates put the average annual number of island visitors (nonresident) between 750,000 and 1,000,000.

San Juan County has historically ranked as one of the healthiest counties in the state, but there are disparities. In San Juan County, housing affordability is a significant concern and poverty levels on SJI and in the county are higher than statewide. In addition to poverty, the county has a slightly higher percentage of ALICE households than the state. ALICE stands for Asset Limited, Income Constrained, Employed families. The United Ways of the Pacific Northwest ALICE report summarizes the ALICE families work hard and earn above the federal poverty level (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation and healthcare. Most do not qualify for Medicaid coverage.

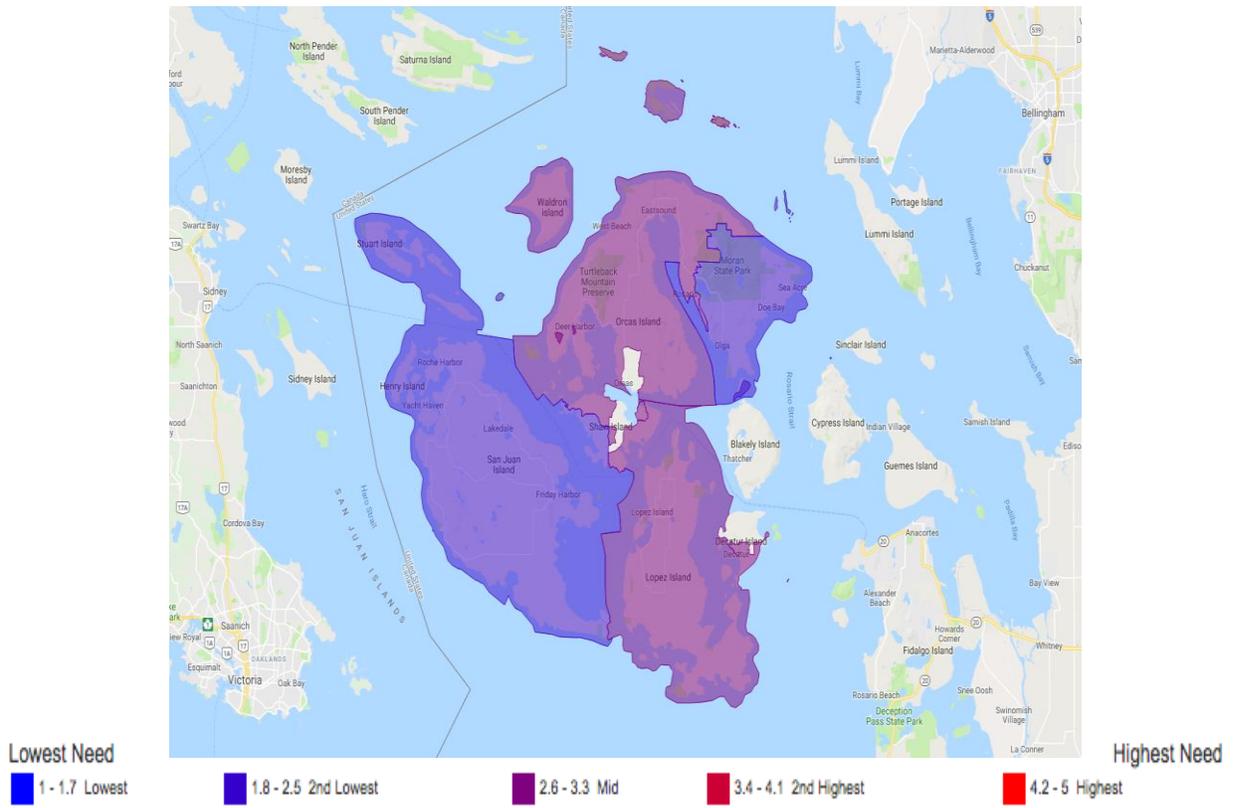
Table 3 provides data for SJI and the county and compares it to the state.

Table 3: San Juan County Sociodemographic Profile

City	High school diploma (%)	Individuals living in poverty (%)	Median Household Income	People over age 5 who are linguistically isolated	ALICE (%) by subcounty area
San Juan Island	96.1%	9.1%	\$64,654	1.8%	28.3%
San Juan County	96.1%	10.7%	\$60,271	2.0%	39%
Washington State	90.8%	6.0%	\$66,174	7.6%	37%

The Community Need Index (CNI), a tool created by Dignity Health, measures a community’s social and economic health on five measures: income, cultural diversity, education level, unemployment, health insurance and housing. The CNI demonstrates that even within San Juan Island, there are varying needs.

Map 1: San Juan Island Community Need Index Map, 2018



Source: Dignity Health

VI. Health Status

The Health Status indicators identified in this section are from primary data from Robert Wood Johnson Foundation's (RWJF) *County Health Rankings*. RWJF's county health rankings data compare counties within each state on more than 30 factors. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Counties are ranked relative to the health of other counties in the same state.

This is a nationally recognized data set for measuring key social determinates of health and health status. RWJF measures and reports this data annually. The remaining data in this section is organized into four areas defined as priorities by the PeaceHealth system in 2018.

These include:

- Family and childhood well-being including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

Data in this section is supplemented and expanded with sources from state, regional and local sources, including Behavioral Risk Factor Surveillance System, Oregon Healthy Teens Survey, Oregon Department of Health, Vital Statistics, US Census Bureau, Oregon State WIC, OR Office of the Superintendent for Public Instruction, Feeding America, Enroll America, Centers for Medicare & Medicaid Services, and Community Commons.

Note: Most health-related data is not available at a level below the county. When data for the service area was available, it was used.

SAN JUAN COUNTY RWJF RANKING

The data in Table 3 track San Juan County's progress on the RWJF's metrics. San Juan County has shown improvement since 2011 in areas of clinical care, health behaviors and social and economic factors. However, improvement is still needed in many areas. Specifically, the areas in need of most development are environmental factors and quality of life.

Table 4: San Juan County Health Rankings 2011-2019
 Ranking out of Washington's 39 Counties

Name	Measure	'11	'12	'13	'14	'15	'16	'17	'18	'19	Ranking Change 2011-2019
Health Outcomes	Mortality and Morbidity	1	1	2	1	2	1	1	1	1	0
Length of Life	Premature death	1	1	6	6	10	5	9	2	4	-3 ↓
Quality of Life	Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	1	1	1	1	1	1	1	1	1	0
Health Factors	Health Factors	1	1	1	3	2	3	2	2	2	-1 ↓
Clinical Care	Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings	4	1	2	6	3	4	5	5	9	-5 ↓
Health Behaviors	Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, Chlamydia, Teen Birth Rate	1	1	1	2	2	1	2	2	2	-1 ↓
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support	2	2	3	4	4	11	6	4	1	+1 ↑

Family and Childhood Well-being, Nutrition and Food Insecurity



WHAT IS CHILD AND FAMILY WELLBEING?

Child and family well-being is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and well-being later in life. Well-being is envisioned as a community where all pregnant women, infants, children, adolescents and families are well-fed, safe, and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation through the rest of their lives.

WHAT IS FOOD INSECURITY?

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Hunger and food insecurity are closely related but distinct concepts. Hunger refers to a **personal, physical sensation** of discomfort, while food insecurity refers to a **lack of available financial resources** for food at the level of the household. Poverty and food insecurity are closely related. In 2017, an estimated 1 in 8 Americans were food insecure, including more than 12 million children.

According to Feeding America, children who do not get enough to eat — especially during their first three years — begin life at a serious disadvantage. When they're hungry, children are more likely to be hospitalized and they face higher risks of health conditions like anemia and asthma. As they grow up, children who are hungry and living in food insecure households likely are more likely to have problems in school and other social situations; they are more likely to repeat a grade in elementary school, experience developmental impairments in areas including language and motor skills, and have more social and behavioral problems.

Children struggling with food insecurity and hunger, come from families who are struggling, too. 84% of households Feeding America serves report buying the cheapest food — instead of healthy food — in order to provide enough to eat.

HOW DOES SAN JUAN COUNTY FARE?

In social and economic factors, including the percentage of adults who have completed high school and have some college education, as well as the percentage of babies born to single mothers, social associations and unemployment, San Juan County is ranked 1st out of 39 counties in Washington. For quality of life, San Juan County is also ranked 1st. However, there are disparities within those areas. With a population that is one third seniors, San Juan County has a lack of long-term care options.

A portion of San Juan County (Census Tract 9603) is considered a **childcare desert** as there are no childcare providers for this population (about 125 children). 6 out of 10 children are without available childcare slots.

The **food environment index**, which measures access to healthy foods and incomes, for San Juan County ranks higher (8.6) than that of Washington State (8.1). According to Feeding America, 68% of households in San Juan County are below the SNAP threshold of 200% poverty. Additionally, childhood food insecurity in San Juan County is 19.5%, versus 17.5% for the state at large. Out of that, 36% of students are eligible for free or reduced school lunches.

Deeper Dive

HIGH RATE OF MATERNAL SMOKING DURING PREGNANCY AND LOW BIRTH RATE

Pregnant women in San Juan County are more likely than pregnant women in Washington overall to smoke during pregnancy, and more unlikely to receive prenatal care in the first trimester of pregnancy. Smoking during pregnancy imperils the health of women and babies alike and contributes to the 4% rate of babies born at low birth weight in San Juan County (Washington state = 6%).

The percentage of live births with low birth weight (<2500 grams) is a key indicator of maternal-child health and well-being because it indicates long-term developmental health and well-being.

OBESITY AND RELATED CHRONIC DISEASES

There is a clear connection between food insecurity and high levels of stress, which impact educational outcomes, as well as poor nutrition and chronic diet-related diseases, like obesity and diabetes. Looking at data collected over the past 6 years, a slight increasing trend in the amount of fruits and vegetables (5+) eaten per day has prevailed among 10th grade youth, increasing from 27% to 29%. The data has also shown the opposite trend in eating a full 3 meals a day, with 10th grade youth often skipping breakfast (now at 35%; compared to 28% in 2014).

FAMILY HEALTH AND WELLBEING PROFILE

Educational Attainments

Students demonstrating expecting skills in 6 of 6 domains

WA state:
47.4%

San Juan County:
63.9%

Graduation rate

WA State:
79.4%

San Juan County:
96.1%

Maternal and Child Health

Maternal smoking in third trimester

WA state:
7.0%

San Juan County:
10.0%

Prenatal care in first trimester

WA State:
83.0%

San Juan County:
83.0%

Low birth weight

WA State:
6.0%

San Juan County:
4.0%

Incomplete Vaccinations-Kindergarten

WA State:
17.0%

San Juan County:
54.0%

Adult Health

Obesity

WA state:
27.0%

San Juan County:
20.0%

Insufficient Physical Activity

WA State:
43.0%

San Juan County:
14.0%

Diabetes

WA State:
9.0%

San Juan County:
10.0%

Heart Disease

WA State:
6.0%

San Juan County:
7.0%

Youth Health

Obesity

WA state:
12.0%

San Juan County:
3.0%

Insufficient Physical Activity

WA State:
80.0%

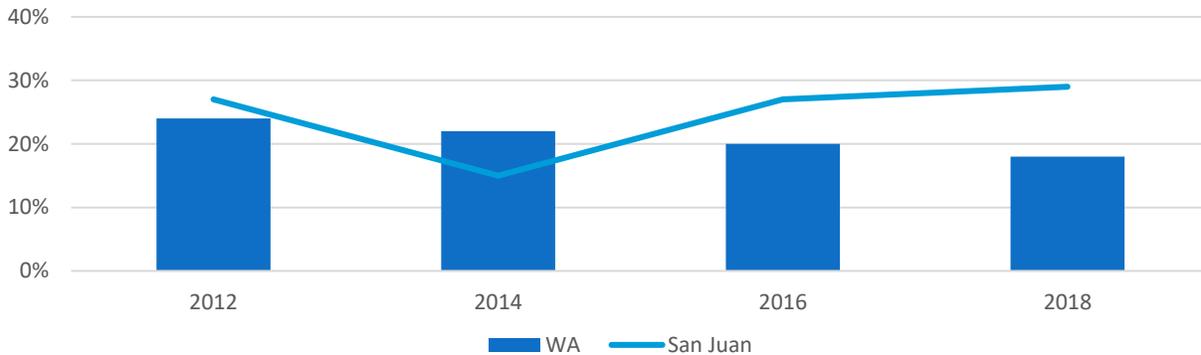
San Juan County:
79.0%

Poverty

WA State:
14.0%

San Juan County:
15.0%

Figure 1: Percent of 10th Graders who Eat at Least 5 Fruits and Vegetables a Day



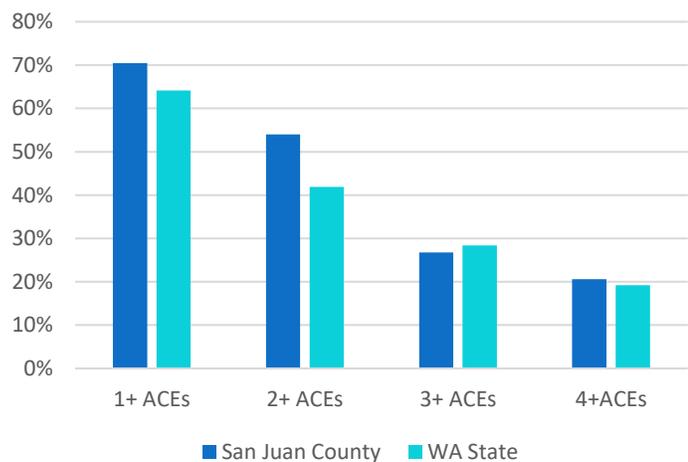
1 in 5 San Juan County adults are obese (20%), and 10% of San Juan County adults have diabetes, compared to a 9% diabetes rate for Washington state overall. In San Juan County children’s population, 79% get an insufficient amount of physical activity.

Obesity and diabetes are a risk to the health of San Juan County residents, lowering their life span, and putting enormous pressure on families and the healthcare system to provide long-term care for aging relatives with avoidable chronic disease. In San Juan County, 30% reported lowered activity due to mental and physical health (compared to 31% statewide) furthering the trends of obesity and related chronic disease from inactivity among those 65+.

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child’s brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. Washington State’s ACEs data was only collected from 2009-2011. Over this three year period, the number of ACEs reported in San Juan County were similar to that of Washington state.

Figure 2: ACEs Reported by Adults in San Juan County and WA State



Affordable Housing, Housing Insecurity, Homelessness and Enriched Services

Safe and stable housing is a key component of financial well-being and helps form the basis of good health. Housing challenges occur alongside poverty and food insecurity, together imperiling the well-being of affected households and the community as a whole. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it makes vital contributions to health.



WHAT IS HOUSING INSECURITY?

More than 19 million households in America (or about 30 percent of all renters) pay more than half of their monthly income on housing. This is a key factor in what the government now refers to as “housing insecurity” — a condition in which a person or family’s living situation lacks security as the result of high housing costs relative to income, poor or substandard housing quality, unstable neighborhoods, overcrowding (too many people living in the house or apartment for everyone to live safely, and/or homelessness (having no place to live, sleeping on the streets or in shelters).

HOW IS HOMELESSNESS DEFINED?

For this CHNA, the U.S. Department of Health and Human Services (HHS) definition is used: an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation.

WHAT IS SERVICE ENRICHED HOUSING?

Service-enriched housing is permanent, basic rental housing in which social services are available onsite or by referral through a supportive services program or service coordinator. Programs often support low-income families, seniors, people with disabilities and veterans.

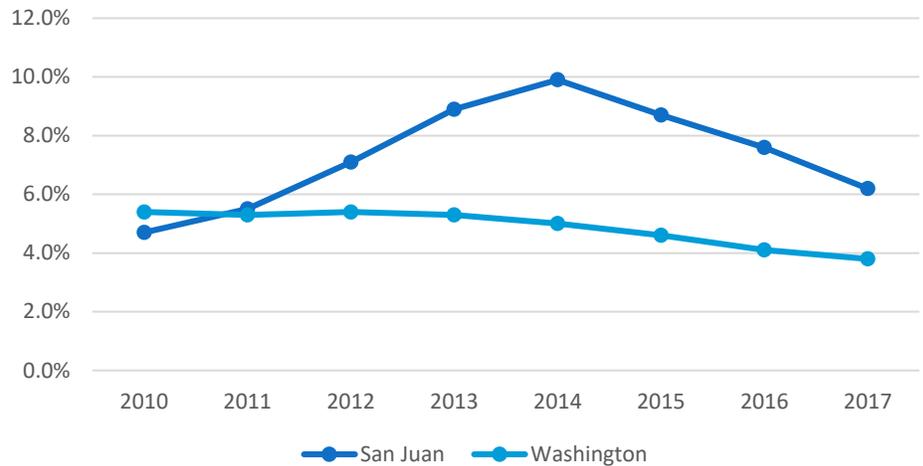
HOW DOES SAN JUAN COUNTY FARE?

San Juan County is among the counties impacted by a lack of affordable housing and housing instability within the PeaceHealth system. In the key informant and community convening process, housing insecurity, affordable housing and homelessness were identified as key areas of need for the aging population. Increasing the availability, access, referral and placement in low-income housing options, assisted living facilities, and/or home healthcare and hospice services will be critical in supporting San Juan aging residents in living their best lives.

HOUSING AVAILABILITY AND AFFORDABILITY PROFILE

In San Juan County, rental vacancy sits around 6% which means there is more rental vacancy than the 4% vacancy rate in Washington state. When rental vacancy is low, housing insecurity rates trend higher. This is similar for homeownership. When homeowner vacancy is low, rates will increase. Households that pay more for housing will spend less on essential items such as food, childcare, transportation and healthcare needs.

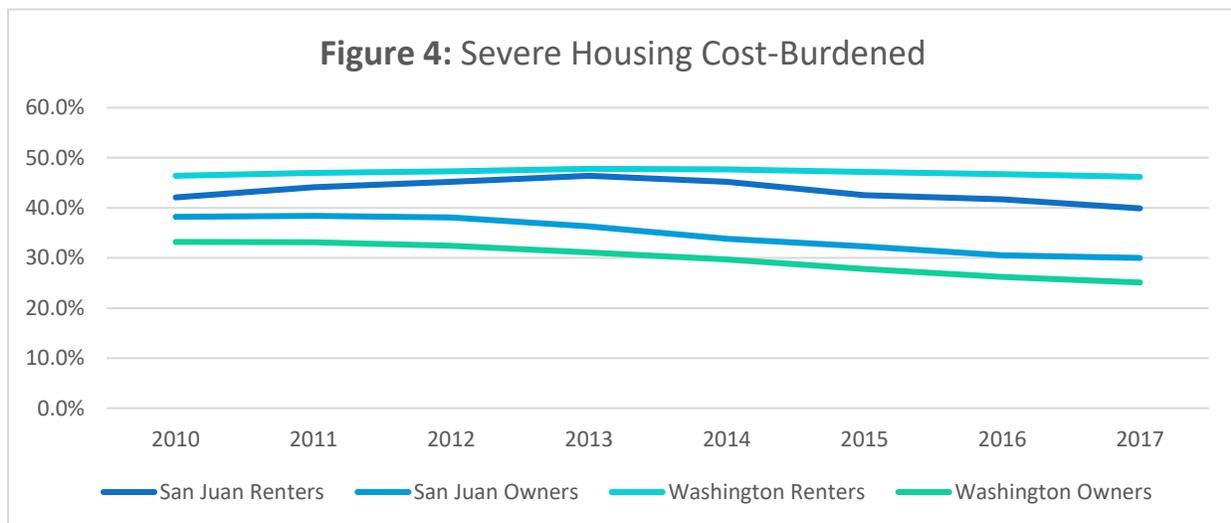
Figure 3: Rental Vacancy Rates



Source: U.S. Census Bureau. 2017 American Community Survey

From 2014-2019, households experiencing a severe cost of housing burden has fluctuated between 40-45% for renters in the county, compared to 47% for Washington state and between 30-34% for owners, compared to 25% for Washington state. When looking at the overall cost-burdened households (those that spend more than 30% of income on housing), a disparity is found between those renting and those with owner occupied homes. Over 50% of households that rent are cost burdened.

Figure 4: Severe Housing Cost-Burdened



Source: American Community Survey, US Census Bureau



According to the 2019 County Health Rankings, the primary problem impacting housing in San Juan County is the severe housing cost burden.

SEVERE HOUSING PROBLEMS

In 2019, 22% of San Juan County residents experienced severe housing problems, compared to 18% of Washingtonians. Severe housing problems is measured as an overall score, but includes four different types of housing problems:

- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

In an effort to develop affordable housing, San Juan County voters approved a real estate excise tax in November 2018 (the San Juan County Home Fund). This fund is expected to generate \$15.2 million over a 12-year period to develop, produce and/or preserve affordable housing in San Juan County. The Home Fund will be used exclusively for the development of affordable housing including acquisition, building, rehabilitation, and maintenance of housing for very low, low, and moderate-income persons and those with special needs.

Deeper Dive

HOMELESSNESS

The 2019 San Juan County “Point-in-Time” Homeless Count identified 149 people who have no stable place to live, which was similar to the 2017 county but up over the 2018 count (120). Out of the 149, there were 67 who were considered ‘visibly homeless’, living outdoors, in vehicles, RVs or boats. The other 82 were at risk of homelessness and were in temporary or unstable living arrangements, often with friends or family.

Due to the small numbers, much of the homeless student data is suppressed. However, the number of homeless students in the San Juan Island School District in the 2017-2018 school year was 27 (up from 17 in the 2015-2016 school year).

Healthcare Access and Equity

Access to quality, affordable, comprehensive care throughout the life course is an important facet of community wellness. We envision a community where all people have access to quality, affordable preventive and acute care, including mental health and dentistry, throughout the life course. Many disparities in healthcare rooted in inequities in the opportunities and resources needed to be as healthy as possible. The determinants of health include living and working conditions, education, income, neighborhood characteristic, social inclusion and medical care. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.



WHAT IS HEALTHCARE EQUITY?

The RWJF states that health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.



Fig 1: Equality and Equity. Credit to: Robert Wood Johnson Foundation

HOW IS HEALTHCARE ACCESS DEFINED?

Access means ensuring that all people have the opportunity to get the medical, public health and social services they need to live healthier lives. Access includes affordability. The ability to access quality healthcare not only affects a person's ability to recover from disease or injury, but it also supports healthy development throughout the life course and prevents disease or injury from occurring in the first place.

HOW DOES SAN JUAN COUNTY FARE?

Healthcare delivery factors including the ratio of physicians, dentists and mental health providers to the population, as well as certain measures of access to care (percentage of Medicare recipients receiving mammograms and flu shots), San Juan County now ranks 9th out of 39 counties in Washington for Clinical Care. However, this isn't the only factor which affects equity. To get a true measure of equity social and economic factors, including the percentage of children in poverty, violent crime, and income inequality must be considered.

Table 5: San Juan County Health Equity System Profile

Topic	San Juan County	Washington State
Primary Care Ratio	(1257:1)	(1218:1)
Dentist Ratio	(1520:1)	(1237:1)
Mental Health Ratio	(57:1)	(310:1)
Uninsured Rate	9%	7%
Uninsured Adults	8%	8%
Uninsured Children	3%	3%
Children in Poverty	15%	14%
Children Eligible for Free or Reduced-Price Lunch	41%	44%
Unemployment Rate	3.9%	4.8%
Mammography Screening	35%	39%
Flu Vaccination	30%	44%
Linguistically Isolated	2.0%	7.6%
Income Inequality	4.5%	4.5%

Areas of note in San Juan County are uninsured, dentist ratio and vaccinations.

Deeper Dive

ACCESS TO CARE

Currently, the total number of uninsured residents of San Juan County is 9% compared to 7% of Washington state. People without health insurance are less likely to receive preventative care and services for major health conditions and chronic diseases.

LIFE EXPECTANCY

A death is considered premature if it occurs prior to the age of 65. For San Juan County, the average life expectancy at birth is 84.2 years; which is higher than the state average of 80.4 years.

PREVENTABLE HEALTH MEASURES INEQUALITIES

Preventable screenings and vaccines are key to not only preventing disease but also shortening the length of time or severity of which one is sick. Regular health screenings can identify diseases early on and vaccines can prevent them from every occurring. By utilizing these services, health complications can be avoided.

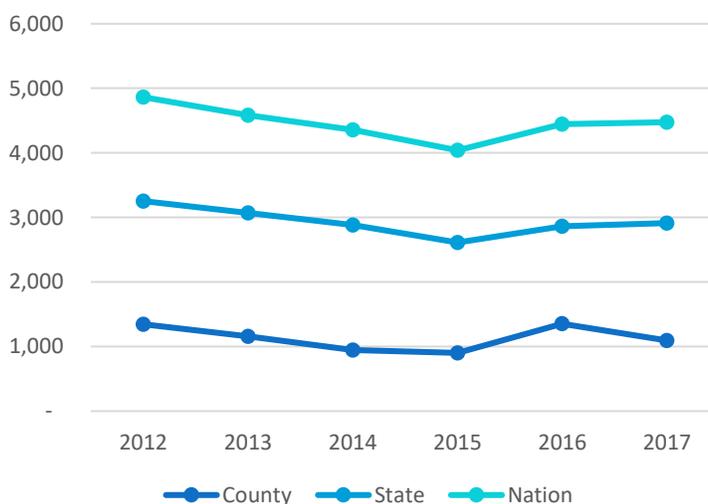
San Juan County's 2019 overall rates for mammogram screenings (35%) is actually lower than the state (39%). There is an even greater difference in flu vaccinations rates with a 30% vaccination rate in San Juan County compared to Washington state (44%). When evaluated by race, disparities can be seen. Hispanics have the lowest rate of flu vaccination rates (24%). No data by race is available for mammography.

PREVENTABLE HOSPITAL STAYS

Hospitalization ambulatory-care sensitive conditions, which are diagnosed treatable in outpatient settings, may suggest that quality of care provided in the outpatient setting is less than ideal or underutilized by certain groups. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Among the population utilizing emergency rooms for potentially preventable stays, Medicaid insured patients are significantly higher (14%) than those with commercial insurance (10%).

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. For all Primary Chronic Conditions, San Juan County is below both the national and state, which indicates a positive trend of treating these preventable conditions outside a hospital setting.

Figure 5:
Prevention Quality Indicator (PQI)
per 100,000 beneficiaries, per year



Behavioral Health and the Opioid Epidemic

WHAT IS BEHAVIORAL HEALTH?

Behavioral health is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Behavioral health issues can negatively impact physical health, leading to an increased risk of some conditions.



WHAT ARE OPIOIDS?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine and many others. When used correctly under a health care provider's direction, prescription pain medicines are helpful. However, misusing prescription opioids risks dependence and addiction.

Table 6: San Juan County Behavioral Health Profile

Topic	San Juan County	Washington State
Mental Health Provider Ratio	(257:1)	(310:1)
Excessive Alcohol Use	17%	18%
Adult Smoking	12%	14%
10th Graders Smoking	6%	6%
10th Graders Vaping	33%	13%
Average Number of Mentally Unhealthy Days	3.6	3.8
10th Graders Depression	35%	34%
10th Graders Reporting 'Seriously Considering Suicide'	16%	21%

HOW DOES SAN JUAN COUNTY FARE?

In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, San Juan County ranks 2nd out of 39 counties in Washington—among the best of all Washington counties. San Juan County residents smoke less, and experience alcohol, drug and opioid related deaths at lower rates than the rest of the state.

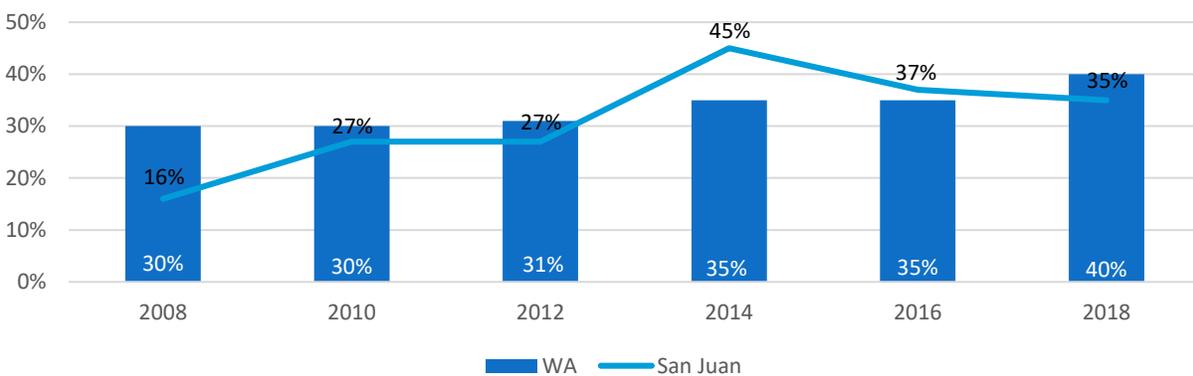
Excessive drinking and alcohol impaired driving deaths are areas for concern. 17% of San Juan County reports excessive drinking similar to the State of 18%, and 1/5 of all driving deaths in the county are alcohol related.

Deeper Dive

MENTAL HEALTH

In San Juan County, residents have better access to mental health providers than other Washington residents. As a result, slightly less San Juan County residents experience poor mental health days compared to the State (3.6 vs 3.8). As shown in Figure 7, among youth, while lower than the state, more 10th graders are reporting suicidal ideations than 2012 (35% compared to 27%).

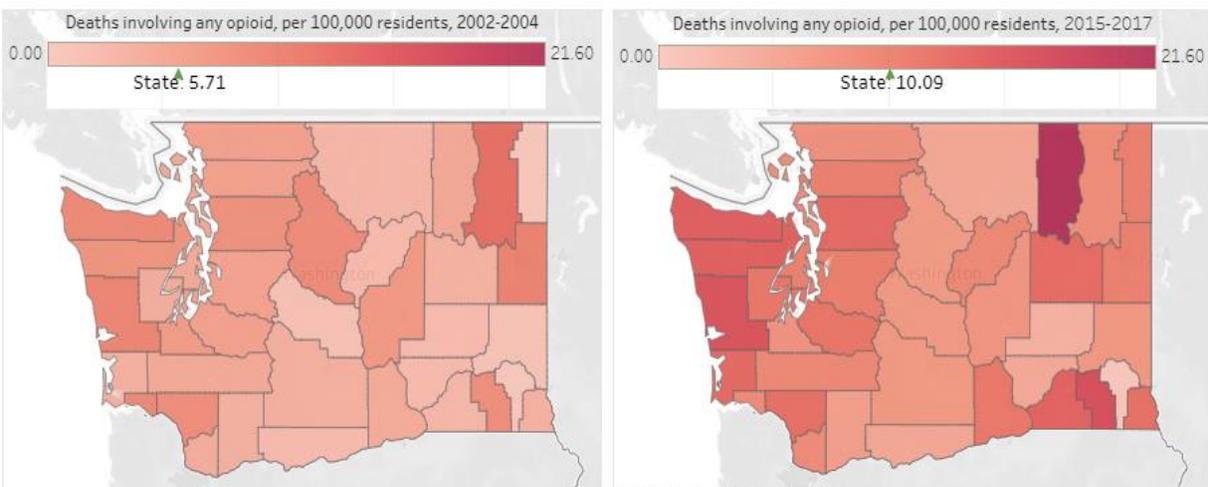
Figure 6: 10th Graders Reporting Feeling Depression
San Juan County vs. Washington, 2008-2018



GROWTH OF OPIOID USE DISORDER

The death rate from opiates in San Juan County decreased from 2011 to 2016. However, when looking at the trends 2002-2004 to 2015-2017, an overall increase of 81.1% in use is seen as shown in Figure 8.

Figure 7: Rate of Deaths Attributed to any Opiate by County, WA State



Data available on opioid overdose hospitalizations for San Juan County is suppressed due to small sample size.

VII. PeaceHealth Defined System Level Gaps

In 2018, the PeaceHealth system identified four primary pillars of a healthy community, that appear universal in the communities across the three states in which PeaceHealth provides care. These needs were confirmed through key informant interviews which allowed feedback from the individuals “on the ground” in providing community health initiatives. While these do not supplant the local CHNA process, they provide insight into potential focus areas.

The four areas, their impact on community health, and possible action steps for PeaceHealth are summarized below.

Family and childhood well-being, nutrition and food insecurity



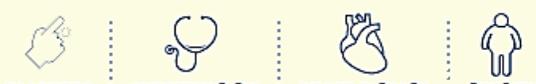
More than 215,000 individuals in the PeaceHealth three-state, 10 county service area are food insecure, and 25% of them earn too much to qualify for assistance. Making food insecurity a systemwide community health priority is crucial to ensuring the well-being of the communities served and fulfills PeaceHealth’s Mission and Core Value of Social Justice.

Taking Action:

1. Expanding successful partnerships in the area of food insecurity and nutrition, broadening PeaceHealth’s participation wherever possible.
2. Identifying program gaps to make a meaningful difference.
3. Empowering caregivers to be community-based and trained with skills to identify food and nutrition-related issues.
4. Partnering with others to improve nutrition and nourish the community.
5. Advocate for programs that provide nutritional assistance and education.
6. Educate and engage through access to emergency assistance to the PeaceHealth family and community.

Impact on Community Health

- There is a clear connection between food insecurity and diet-related disease.
- Children can suffer a lifetime of consequences including a higher risk of chronic diseases, learning difficulties and social and behavioral problems.



DIABETES HYPERTENSION HEART DISEASE OBESITY

Affordable housing, housing insecurity, homelessness and enriched services



Low-income households that spend more than 50% of their income on housing costs in turn spend 41% less on food and describe their health as fair or poor. Social determinants, including poverty and housing instability, make up 60% of health outcomes.

Taking Action:

1. Partnering with others to provide emergency and transitional housing along with prescriptions, medical equipment and transportation assistance.
2. Collaborating to reduce the housing costs for families and patients seeking treatment.
3. Contributing to supporting the cost of resident services.

Deeper Dive

Unaffordable housing impacts other areas of health, with research showing:

- As a state's average rent increases, the food insecurity rate also increases.
 - Low-income households that spend more than 50% of their incomes on housing costs spend 41% less on food each month than similar households.
 - Adults living in unaffordable housing are more likely than other adults to describe their health as fair or poor.
- Living in unaffordable housing is associated with higher levels of stress, depression and anxiety.
 - Stable housing is a key intervention for people who experience serious mental illness.

What are the different types of housing in play?



Healthcare access and equity

Many of the patients served by PeaceHealth have difficulty managing care at home due to lacking adequate home care support. To bridge the gap between providers and patients, community health workers (CHWs) offer support. CHWs assist patients in developing the skills and relationships needed to manage their own health and navigate the health care system, which makes for more equitable access to care.



Impact on Community Health

CHWs are frontline public health workers who are trusted members of the community with shared experiences and a close understanding of those they serve. They are effective in bridging care because they are able to respond creatively to the unique needs of diverse individuals and communities. This results in:

- **Improved health outcomes;**
- **Reduced readmissions and emergency room visits; and**
- **Educated and empowered patients and families.**



Determinants of Health



■ Social ■ Health Care ■ Genetics

Taking Action:

1. Employing patient health navigators, care management, behavioral health and caregivers.
2. Contracting with Community Connector Programs and Care Navigators.
3. Connecting patients to contacts that will assist in setting appointments and other health needs.
4. Partnering with community services to collaborate on health, dental, and social services for children, families and pregnant women.



Behavioral health and the opioid epidemic

PeaceHealth is using a multidisciplinary approach to address the opioid epidemic and heal patients and families suffering from substance use disorders and chronic pain. Focusing on prevention through “fire proofing,” PeaceHealth is implementing a strategic plan to curtail opioid use and treat behavioral health disorders stemming from substance abuse.



Taking Action:

1. Creating standard guidelines and alternatives to opioids such as acupuncture and yoga for the treatment of chronic pain.
2. Implementing new tools to document and report opioid usage.
3. Holding physicians and prescribers accountable with peer reviews.
4. Preventing and treating by creating Narcan (naloxone) policies and procedures, treatment programs, and prescribing suboxone to treat addiction.
5. Partnering with behavioral health centers for treatment of substance abuse disorders.

The Need

“The current opioid epidemic is the deadliest drug crisis in American history.” — *The New York Times*, 10/26/2017

- Overdoses, fueled by opioids, are the leading cause of death for Americans under 50 years old.
- Declared a public health emergency in October, 2017, this epidemic impacts every segment of our society — young and old, rich and poor, urban and rural.
- It has its roots in the over-prescription and misuse of opioid painkillers, and now the availability of inexpensive, illegal opioids (like heroin and fentanyl), is rapidly adding fuel to this fire.

Facts & Faces of Opioid Addiction

4.3 million

Americans use opioids for non-medical purposes.

— National Survey on Drug Use and Health

78 people

die each day from prescription painkiller overdose.

— Centers for Disease Control

21.2 years

is the average age for first-time use of prescription painkillers in the past year.

— National Survey on Drug Use and Health

77%

21–35 year olds represent the majority of opioid use disorder patients entering treatment.¹

70%

of patients with dependency on opioids, opiates or heroin entering treatment are male.²

1.6x

likelihood that a patient in treatment for opioid use disorder has chronic pain.³

^{1, 2, 3} MAP Health Management analyzed data for 30 substance abuse treatment facilities nationwide, including 734 individuals entering treatment during 2015–16.

VIII. Community Input and Convening

Community input was secured in a number of ways. First, surveys of key informants and stakeholders were conducted. Secondly, PeaceHealth Peace Island convened a community meeting to review data and discuss priorities.

KEY INFORMANT SURVEYS

The key informant surveys were designed to collect input on the following:

- Health needs and gaps of the community;
- Feedback on the 2016 CHNA priorities and accomplishments to date; and
- Secondary data gathering for 2019 CHNA.

PeaceHealth Peace Island surveyed the community leaders from the following organizations:

Organizations		
San Juan County Public Hospital District #1	San Juan Island Library	Peace Island Medical Center Community Board
Lopez Island Fire and EMS	San Juan Island Community Foundation	Peace Island Volunteers
Lopez Island Family Resource Center	Village at the Harbour	Hospice of San Juan
Mt. Baker Planned Parenthood	Joyce L. Sobel Family Resource Center	Peace Island Medical Center
Fire District	Consumer Voices Are Born	Orcas Senior Center
San Juan County Health & Community Services	Compass Health	Orcas Island Library
San Juan Island EMS	Orcas & Lopez Island Public Hospital Districts	Orcas Island Family Resource Center

Survey respondents indicated that from the 2016 priorities, a majority believed that behavioral health, care coordination for complex patients, and maternal child health and childhood development should continue to be a priority in the coming years.

COMMUNITY CONVENING

PeaceHealth Peace Island convened a community meeting on March 27 in which 25 community leaders and providers attended. As with the key informant interviews, participants were guided through a three-part process: 1) A look back to the 2016 CHNA and progress to date; 2) A review of updated primary and secondary data gathered for the 2019 CHNA including a summary of the PeaceHealth system defined unmet needs and key informant survey themes; 3) They were asked to provide their input into priorities and on anything that may have been missing.



Common themes through both the key informant survey and the community convening:

- **The service area is an aging community and there is a lack of community-based and residential services to support them:** Efforts to support the community aging safely at home are needed. Better access to Medicare certified home health is also a need, as is a means of overcoming the loss of the county's only nursing home.
- **A workforce shortage exists:** Despite being an attractive location, many healthcare workers cannot afford to live in the county. Better pay rates, training, career ladders, affordable housing and childcare are needed to attract and retain a qualified workforce.
- **More behavioral health services are needed:** There is a shortage of providers and reimbursements are lagging in relationship to the cost of care. Additionally, there are gaps in access to substance use treatment programs.
- **Oral health services for the Medicaid population are lacking:** There is an overall shortage of oral health services, especially for adults who have no local options.
- **Despite being healthy overall, the service area has vulnerable populations and residents that are linguistically isolated:** This is a need for more community paramedicine, care coordination and care navigation services. This is coupled with a need to support children and families living with food insecurities.

IX. NEXT STEPS:

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth Peace Island will adopt an Implementation Strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by November 15, 2019. Prior to this date, the Implementation Plan will be presented to the Community Health Board for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as PeaceHealth Peace Island's guidance for the next three years in prioritizing and decision-making regarding resources and will guide the development of an annual plan that operationalizes each initiative.