

2013

Community Health Needs Assessment



Tri-State Memorial Hospital
Clarkston, WA

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Introduction

Tri-State Memorial Hospital is a 25 bed critical access hospital located in Clarkston, Washington. In addition to the hospital, the Tri-State Medical Campus is home to a number of medical services including Evergreen Estates Retirement & Assisted Living Center, two Renal Dialysis Centers, and Tri-State's Sleep Diagnostic and Wound Healing Centers. The hospital serves residents in Washington, Oregon and Idaho.

Tri-State Memorial Hospital plays a vital role in supporting the community's health, offering a range of services including 24-hour emergency services, primary and specialty care, laboratory, pharmacy, imaging, surgery, physical therapy, and post-acute and end of life care.

This Community Needs Health Assessment (CHNA) was prepared in partnership with the Asotin County Health District, the Idaho North Central Public Health District and key community and civic groups. Health Facilities Planning and Development, a Seattle based consulting firm that specializes in health planning and data analysis in rural communities throughout the Northwest, assisted Tri-State Memorial Hospital in the data collection, analysis and publication of this report.

Study

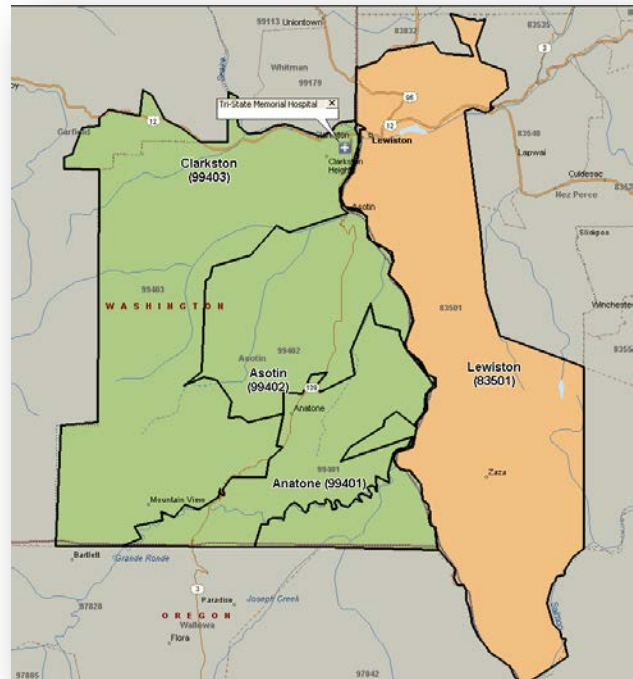
Defined Study Area

Tri-State Memorial Hospital and Medical campus is located in the city of Clarkston, in the southeast corner of Washington State near the borders of Idaho and Oregon. The Medical Campus offers primary, specialty, and regional services to the nearby community residents of all three States. A majority of Tri-State Memorial Hospital's patients (75%)¹ reside in the towns of:

- Asotin, WA
- Clarkston, WA
- Lewiston, ID

This area, commonly referred to as “the Valley” is fully contained within Asotin County, WA and Nez Perce County, ID, and as such is the Service Area for purposes of this Community Health Needs Assessment. The Service Area, as seen in Figure 1, has a current population of more than 55,000 people, with over 60% residing in Idaho. Over the next five years, the population is expected to grow at a somewhat slower rate (3.2%) than Idaho (4.1%) or Washington (5.8%).

Figure 1: Service Area Map



¹ 2012 CHARS patient origin

Overview of Assessment Methods

Tri-State Memorial Hospital partnered with the Asotin County Health District and the Idaho North Central Public Health District, as well as community and civic organizations to complete this CHNA. Community leaders from the following organizations actively participated in the CHNA process, weighing in on the data findings and providing insight to the needs of the community. The participation of these organizations demonstrates the strong commitment to improving health in the Service Area.



Data was compiled and analyzed from a multitude of sources to create a comprehensive understanding of the Service Area's health

status and health care needs. This CHNA data collected was complicated by covering two States with differing data resources.

When possible, data was collected specific to the Service Area, as defined in Figure 1. When data specific to the Service Area was not available, Asotin and Nez Perce County data was analyzed and compared to Washington and Idaho State. Demographics, health behaviors, mortality, and access to health care were among the many health status indicators that were examined. Specific data sources included, but were not limited to the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS) - tool conducted by the State of Washington on behalf of the Centers for Disease Control and Prevention (CDC) that tracks health status and behaviors
- Washington State Department of Health
- Idaho State Department of Health
- Asotin County Health District - health status and outcome data + leading causes of death
- 2010 US Census and the American Community Survey (ACS) - demographic data
- Other hospital and organization CHNA reports- supplementary health status and community needs data

Participants

Mark Brigham, HR Tri-State

Polly Blasko, Tri-State Foundation

Charlotte Ash, Snake River Community Clinic and Nimiipuu Health Center

Mary Ackerman, Asotin County Food Bank

Kelly Carlstrom, Boys and Girls Club

Brady Woodbury, Asotin County Health District

Sherry Greenup, Asotin County Aging and Disability

Dale Bonfield, Superintendent Asotin-Anatone School District

Jolene Carper, Tri State

Alex Town, CFO Tri-State

Don Wee, CEO Tri-State

Rhonda Mason, CNO Tri-State
Community Action Partnership
United Way

Boys and Girls Club

Quality Behavioral Health

Findings

Demographics

Demographic factors have a strong effect on health status, health care usage and access to health care services. The Service Area is not as diverse as Washington or Idaho, but is home to the Nez Perce Tribe. American Indian accounts for approximately 3% of the total population, and is approximately the same size as the Hispanic population.

Table 1: Service Area Diversity

Area	Population	White	Black or African American	American Indian	Asian	Pacific Islander	Hispanic
Asotin (99402)	1,875	96.1%	1.1%	2.4%	0.7%	0.6%	2.2%
Clarkston (99403)	19,548	96.5%	1.0%	2.7%	1.0%	0.3%	3.1%
Lewiston (83501)	34,230	96.1%	0.7%	3.2%	1.3%	0.3%	2.8%
Service Area	55,653	96.3%	0.8%	3.0%	1.2%	0.3%	2.9%
Asotin County	21,363	97.1%	0.7%	3.2%	0.5%	0.4%	3.0%
Washington State	6,724,540	81.4%	4.8%	3.0%	9.0%	1.0%	11.2%
Idaho State	1,153,611	91.4%	0.9%	2.4%	1.7%	0.3%	91.4%

Source: 2010 US Census

The Service Area is significantly older than the rest of Washington, Idaho or the Nation. In addition to a large population that is 65 or older, nearly 40% of the Service Area is 50 or older, as seen in Table 2.

Table 2: Service Area Age Distribution

Area	Total Population	Under 18 years of age	65 years of age or older	50 years of age or older
Asotin	1,875	23.9%	17.7%	41.4%
Clarkston	19,548	21.7%	19.4%	40.9%
Lewiston	34,230	21.7%	18.0%	37.4%
Service Area	55,653	21.7%	18.1%	38.8%
Asotin County	21,363	21.9%	18.9%	41.2%
Washington State	6,724,540	23.5%	12.3%	32.1%
Idaho State	1,153,611	27.4%	11.7%	30.6%
Nation	308,745,538	24.0%	13.0%	32.1%

Source: 2010 US Census

Health Status

The Community Needs Index (CNI) tool measures a combination of social indicators including poverty rates for elderly and single women with children, population without high school diploma, population that is minority, population with limited English, uninsured rates and population of residents that rent their home vs. own. The output of the tool is a score from 1 to 5, with a higher score indicating greater need. As shown in Table 3, the CNI scores for the Service Area indicate that the communities in the Service Area have needs similar to Washington State. Lewiston has the highest CNI score, indicating that it has the highest need among the communities in the Service Area.

Table 3: Service Area Community Needs Index Scores

Area	Zip Code	CNI Score	Quintile
Asotin, WA	99402	3.0	Mid Quintile
Clarkston, WA	99403	3.2	Mid Quintile
Lewiston, ID	83501	3.6	2 nd Highest Quintile
Washington State	-	3.2	Mid Quintile

Source: Dignity Health/Thomson Reuters, CNI Score not available for Idaho State

Despite the finding that the Service Area's CNI score is comparable to the rest of Washington or Idaho, various public health data suggests that residents of Asotin and Nez Perce Counties are in poorer health than either Washington or Idaho State. On various self-reported measures, residents of Asotin and Nez Perce Counties were more likely than all State residents to rate their health as either fair or poor. In comparison to the Washington State average, Asotin County residents had 42% more poor physical health days.

Table 4: Service Area Health Measures

Measure	Asotin County	Washington State	Nez Perce County	Idaho State
Poor or fair health	18%	13%	16%	14%
Average poor mental health days	3.4	3.3	3.3	3.3
Average poor physical health days	5.1	3.6	3.8	3.5

Source: County Health Rankings 2012

Data on the leading causes of death in an area can provide insight to the health status of the population. A high rate of deaths due to preventable causes may indicate heightened disease burden or an unmet need for health care services. As seen in Table 5, the two largest causes of death in Asotin and Nez Perce Counties, Cardiovascular Disease and Cancer account for more than 60% of all

deaths. The rates of death for accidents, pneumonia and suicide are significantly higher compared to State rates for both Nez Perce and Asotin County.

Table 5: Leading Causes of Mortality 2006-2010

Cause	Nez Perce County*	Idaho State*	Nez Perce Variance from Idaho	Asotin County	Washington State	Asotin Variance from Washington State
Major cardiovascular diseases	180.1	164.4	+1.2%	220.3	217.6	+1.2%
Malignant neoplasms	177.4	165.8	+9.1%	178.4	174.7	+2.1%
Accidents	55.2	43.2	+24.4%	46.0	39.4	+16.9%
Chronic lower respiratory diseases	50.0	46.7	+6.8%	44.6	43.2	+3.2%
Alzheimer's disease	30.3	28.3	+6.8%	26.4	43.1	-38.6%
Intentional self-harm (suicide)	22.1	15.1	+37.6%	23.2	13.0	+78.5%
Diabetes mellitus	18.1	22.77	-22.9%	18.6	23.3	-20.0%
Influenza and pneumonia	18.0	15.2	+16.9%	17.3	11.0	+57.9%
Chronic liver disease and cirrhosis	12.1	10.2	+17.0%	13.9	9.8	+42.7%

Source: Washington State Department of Health; Rates are age-adjusted, per 100,000. *Data for Nez Perce County and Idaho State is cumulative 2003-2010. Source: CDC 2003-2010 Top Causes of Death Tool

Years of Potential Life Lost (YPLL) measures deaths before age 75, and is a marker for premature death. As seen in Table 6, in Nez Perce and Asotin Counties, the YPLL rates are significantly higher than Idaho and Washington State rates. In addition, preventable hospitalizations, defined as ambulatory-sensitive conditions treated in the hospital, rather than an ambulatory setting are also slightly elevated over State rates.

The hospital had 16,000 emergency patients in 2012. There were 328 drug dependency patients with more than 5,000 emergency department visits. There were 200 homeless mental health patients with more than 5,000 visits to the emergency department.

Table 6: Years of Potential Life Lost and Preventable Hospitalizations

Measure	Asotin County	Washington State	Nez Perce County	Idaho State
Years of Potential Life Lost	6,214	5,709	7,368	6,139
Preventable Hospitalizations	50	46	55	44

Source: County Health Rankings 2013

In both Asotin and Nez Perce Counties, the diabetes prevalence is 37% higher than the State. HbA1c screening of diabetics is higher or comparable to State rates. Despite the higher prevalence of diabetes, the diabetes death rate in Asotin is below the State rate. Diabetes prevalence is self-reported (whether respondents have ever been diagnosed with diabetes). One third of all diabetics do not know that they have the disease, so actual rates are likely to be higher.

Table 7: Diabetes and Diabetic Screening

Measure	Asotin County	Washington State	Nez Perce County	Idaho State
Diabetes	11%	8%	11%	8%
Diabetic Screening (HbA1c)	85%	85%	85%	83%

Source: County Health Rankings 2012-13

As seen in Table 8, Asotin County has higher self-reported rates of high blood pressure and high cholesterol rates, compared to the State. The incidence of adult asthma is higher in Asotin County than Washington State. Idaho is divided into seven public health districts, with each of the districts containing four to eight counties. Nez Perce County is part of Idaho Public Health District 2. Idaho Public Health District 2 has higher rates of asthma and high blood pressure than Idaho State.

Table 8: High Blood Pressure and Cholesterol

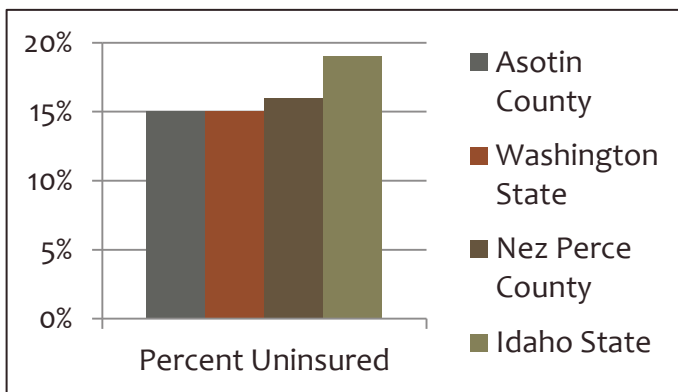
Measure	Idaho Public Health District 2	Idaho State	Asotin County	Washington State
High Blood Pressure	29.3%	25.95	34.1%	26.3%
High Cholesterol	35.8%	37.3%	40.1%	33.3%
Adult Asthma	9.4%	8.8%	11.1%	10.0%

Source: County Health Rankings and BRFSS data 2012-13. Idaho Behavioral Risk Factors 2010 Report- BRFSS 2009 survey

Access

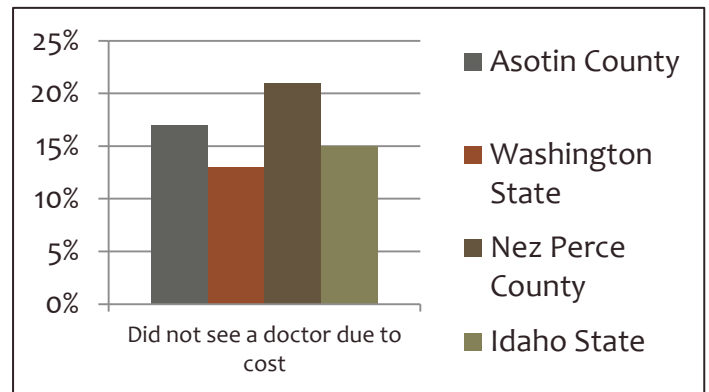
Health insurance coverage is an important determinant of access to health care services for residents. As seen in Figure 2, 15% of Asotin County's under 65 residents and almost 16% of Nez Perce County residents are uninsured. As shown in Figure 3, residents of the Service Area were more likely than residents of Washington or Idaho State to have not seen a doctor due to the cost, pointing toward affordability as an existing barrier to care.

Figure 2: Population under 65 without health insurance



Source: County Health Rankings 2012

Figure 3: Cost of Care as a Barrier to Access



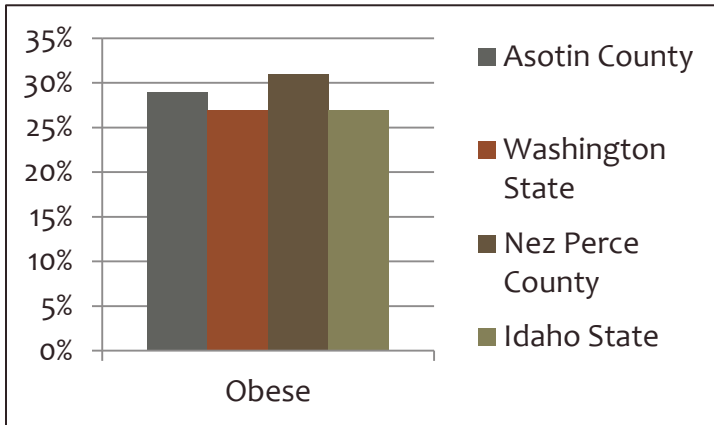
Source: County Health Rankings 2012

Risk Factor Behaviors

Residents of Asotin and Nez Perce Counties are more likely than residents of Idaho or Washington State to be obese, as see in Figure 4.

As seen in Figure 5, residents of the Service Area are also more likely to be physically inactive, placing them at greater risk for diseases such as diabetes and heart disease.

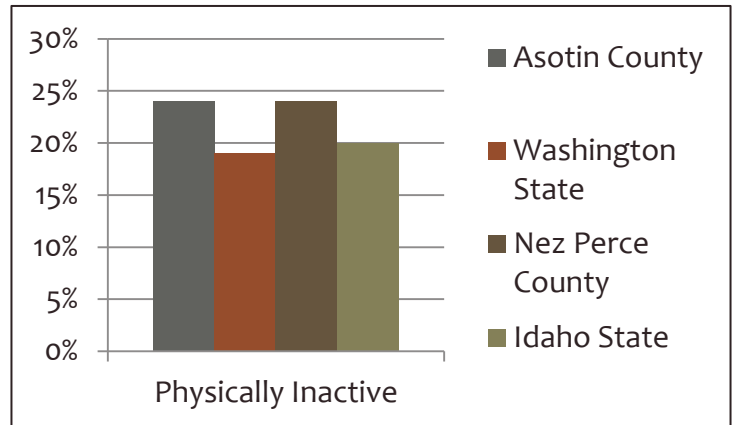
Figure 4: Percent of Adults that report a BMI ≥ 30



Source: County Health Rankings 2012

Asotin and Nez Perce County residents are less likely to meet fruit and vegetable consumption recommendations, and more than twice as likely to experience food insecurity than Washington and Idaho State residents, as seen in Figure 6.

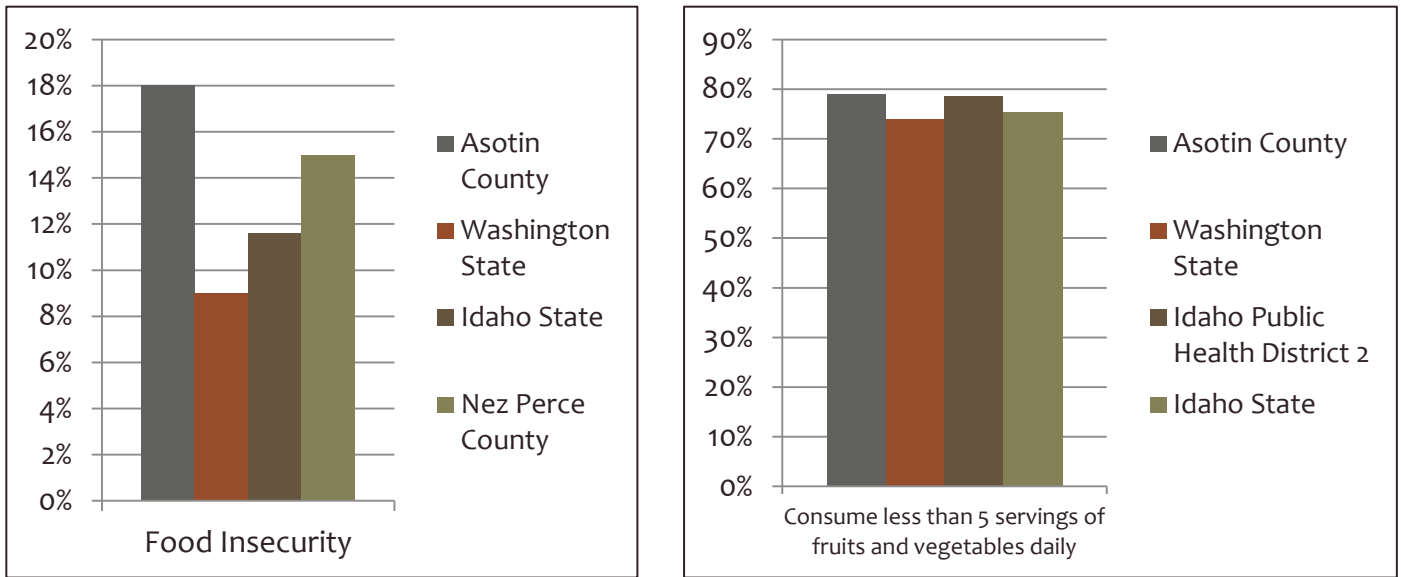
Figure 5: Percent of adults (age 20+) reporting no leisure time physical activity



Source: County Health Rankings 2012

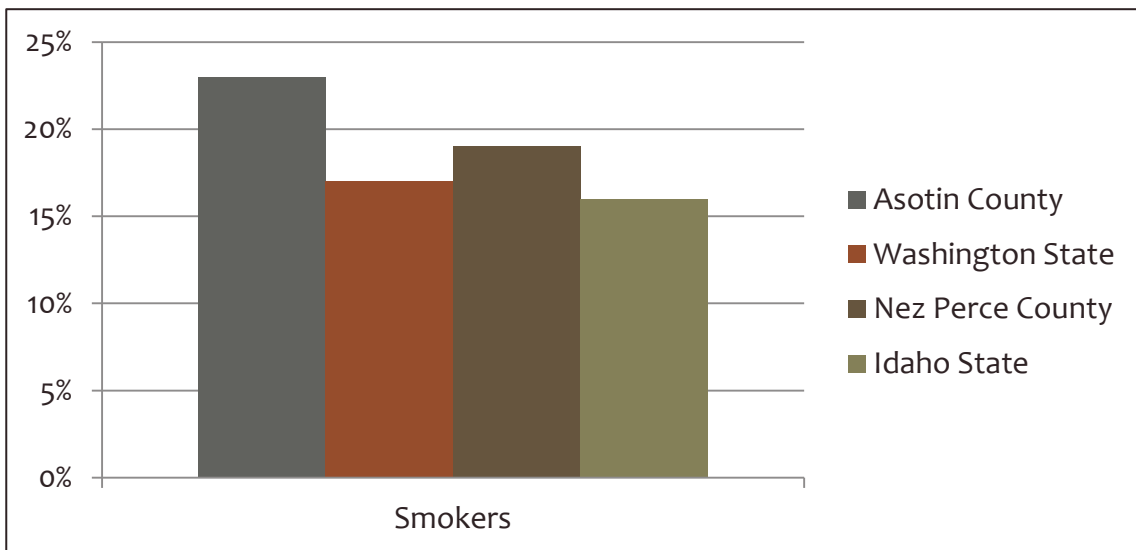
As seen in Figure 7, Service Area residents are more likely than Washington or Idaho State residents to be smokers. The leading cause of preventable death in the United States is tobacco. Individuals at or below the poverty level are more likely to smoke than those above the poverty level. The rate of smoking in Asotin County is more than a third higher than Washington State.

Figure 6: Asotin County Food Insecurity and Fruit and Vegetable Consumption



Source: Asotin County Profile, 2011
 Idaho State Source: Household Food Security in the U.S., 2009, Err-108; ERS/USDA, November 2010

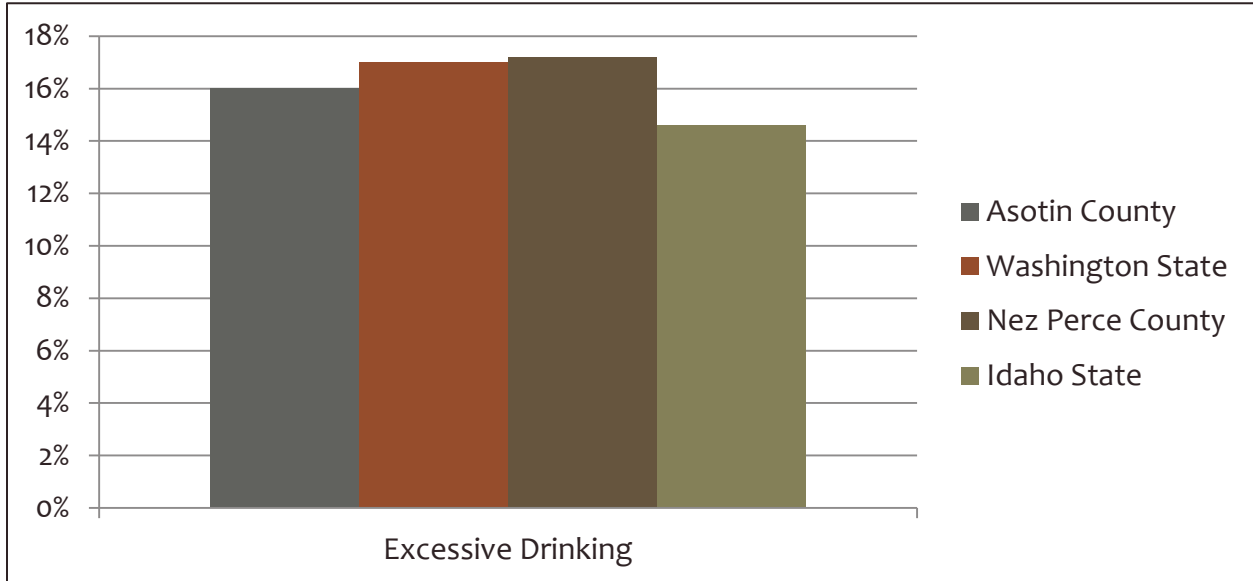
Figure 7: Current rate of smoking adults



Source: County Health Rankings 2012

Though excessive drinking is not significantly more common in the Service Area, Figure 8 shows the rates are still cause for concern, especially given the elevated death rate due to chronic liver disease.

Figure 8: Adults reporting consumption of more than 4 alcoholic drinks on a single occasion in the past 30 days



Source: Asotin County Health Profile, Nez Perce County Health Rankings, 2011

Table 9 shows adolescent behavioral risk factors. Alcohol use amongst 10th graders in Asotin County schools is significantly higher than the State average. Rates of marijuana, cigarette, and smokeless tobacco use are also higher among Service Area adolescents than their statewide peers.

Table 9: Youth Risk Behaviors

Risk Factor	Idaho State	Asotin County Schools	Washington State
Alcohol use in the last 30 days (10 th graders)	36.2%	38%	23%
Marijuana use in the last 30 days (12 th graders)	18.8%	46%	27%
Cigarette Use in the last 30 days (12 th graders)	14.3%	24.6%	19.9%
Smokeless tobacco use in last 30 days (10 th graders)	9.0%	14%	5%

Source: Asotin Youth County Survey, 2010-12. 2011 Idaho Youth Risk Behavior Survey Data is not available by the individual County or District.

Conclusion

This CHNA demonstrates that there are significant health needs in the Service Area in terms of health status, health behaviors and access to health services.

Review of the health and socioeconomic data of the Service Area coupled with valuable community input led the convened group to identify the following CHNA priorities:

- 1) Quality, Accessible Healthcare
 - Reduce uninsured and assure adequate supply of primary care
 - Increase behavioral health resources
 - Expand patient centered medical homes

- 2) Healthy Children & Families
 - Increase the supply of and affordability of housing
 - Increase behavioral health resources
 - Provide support and education for children, adolescents and teens on healthy lifestyles
 - Provide education to support asthma prevention
 - Increase access to healthy foods and healthy lifestyles to reduce obesity, diabetes and other chronic health care conditions

Based on the hospital's expertise and resources, Tri-State Memorial Hospital has identified the following as our CHNA focus:

- ***Increasing access to affordable health care***
We will achieve the increase of access to affordable health care by supporting active enrollment in Medicaid expansion and Exchange.

- ***Reducing the impact of obesity and other chronic health conditions***
We will achieve reducing the impact of obesity and other chronic health conditions by providing/partnering with community organizations to develop community education classes aimed at healthy lifestyles and managing health conditions.

The Board of Commissioners of Tri-State Memorial Hospital adopted this CHNA and the identified priorities at their October 2013 meeting.

Evaluation of the Service Area health status is an important first step in identifying and addressing the community's health needs. As a next step, Tri-State Memorial Hospital will be developing an Implementation Plan to target those prioritized community needs that it has the infrastructure and expertise to address.