



# COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025

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## TRI-STATE MEMORIAL HOSPITAL OVERVIEW

Tri-State Memorial Hospital (TSMH) is a 25-bed critical access hospital (CAH) located in Clarkston (Asotin County), Washington, in the southeastern most corner of the state, where Oregon, Idaho, and Washington meet at the confluence of the Snake and Clearwater Rivers. Clarkston is commonly referred to as the “Gateway to Hells Canyon.” Hells Canyon is North America’s deepest river gorge, and the Snake River that winds through the canyon provides for world-class whitewater boating and spectacular mountain peaks. There are vast reaches of remote wilderness, diverse and abundant wildlife, artifacts from prehistoric tribes, and rustic remains of early miners and settlers.

TSMH plays a vital role in supporting the community’s health, offering a broad range of services including inpatient care, 24-hour emergency services, primary and specialty care, laboratory, pharmacy, imaging, outpatient dialysis, wound care, a hyperbaric chamber, surgery, and physical therapy. In addition, TSMH’s specialty clinics and services include a sleep lab, pain clinic, and ambulatory surgery center. As a result of the wide range of services offered, TSMH is consistently one of the highest inpatient volume CAHs in the State and runs an average inpatient census 300% higher than the State CAH average (12 vs. 4).

### *Our Values*



#### **QUALITY**

Through teamwork we strive to continuously improve our quality of care and service.



#### **COMPASSION**

We are the caretakers of our community, and we treat each patient, partner, and team member with a tender touch and an unparalleled level of care.



#### **RESPECT**

We create a culture of respect by engaging professional staff who demonstrate respect for each other, our patients, and families.



#### **COLLABORATION**

We seek healthy partnerships - both within and outside our walls - to build teams that deliver the highest quality of care.



#### **INNOVATION**

We embrace and integrate new ideas and technology to improve our community’s health and wellness.

TSMH's commitment to primary care and the patient-centered medical home concept began nearly a decade ago, and today, Tri-State employs 100% of the primary care providers in Asotin County.

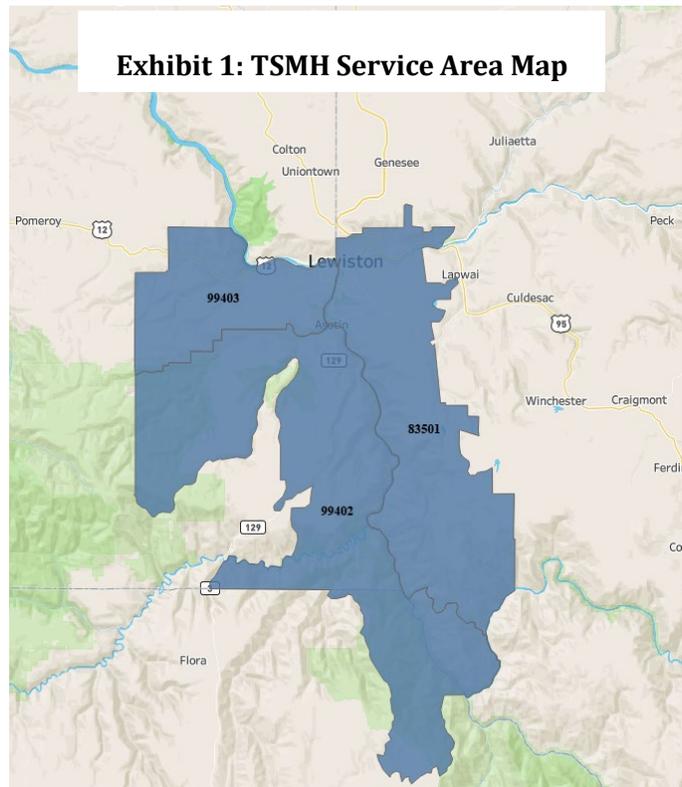
Among other awards and recognitions, in 2021, TSMH was recognized by the Chartis Center of Rural Health and the National Organization of State Offices of Rural Health (NOSORH) for Overall Excellence in Patient Outcomes. In 2021, the Hospital earned College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired recognition as a certified level nine establishment. The CHIME Digital Health Most Wired program conducts an annual survey to assess how effectively healthcare organizations apply core and advanced technologies into their clinical and business programs to improve health and care in their communities.

As the largest employer in Asotin County, and the only community-owned and operated not-for-profit hospital in the Lewis-Clark Valley, TSMH takes great pride in making our community's health our top priority. Our Mission Statement reflects this fact: *Your Health is Our First Priority!* And the TSMH Vision closely aligns with this mission:

*We place the healthcare needs of our community first by partnering to bring care beyond our walls through innovative technology and collaboration. We are a regional healthcare leader and employer of choice, delivering the highest quality of care to facilitate health, healing, and well-being throughout our community and those we touch.*

## THE TRI-STATE COMMUNITY

Close to 80% of TSMH’s patients reside in either Asotin County, Washington, or Nez Perce County, Idaho. Together, the two counties have a population of more than 63,000. The true “service area” of TSMH, however, is a subset of these counties, known as the Lewis-Clark Valley. “The Valley” is located at the confluence of the Snake and Clearwater rivers. This area has a population of approximately 59,000 and is made up of the communities of Clarkston (99403) and Asotin (99402) in Washington, and Lewiston (83501) in Idaho (**Exhibit 1**). Most of the Valley is located on the ancestral lands of the Nez Perce tribe.



## Demographics

Demographic factors greatly impact health status, healthcare usage, and access to healthcare services. As identified in **Exhibit 2**, in the Tri-State service area, one in four residents, or 25% of the population, is over the age of 65. This age cohort is also the fastest growing, increasing by 30% between 2010 and 2022, and expected to grow another 15% by 2027.

**Exhibit 2: The Valley Demographics**

	2010	% of Total Population	2022 Est	% of Total Population	% Change 2010-2022	2027 Proj.	% of Total Population	% Change 2022-2027
<b>Total Population</b>	55,742	100.0%	58,961	100.0%	5.8%	61,792	100.0%	4.8%
<b>Pop. by Age</b>								
Total 0-64	45,420	81.5%	45,600	77.3%	0.4%	46,418	75.1%	1.8%
Total 65+	10,322	18.5%	13,361	22.7%	29.4%	15,374	24.9%	15.1%
Hispanic	1,596	2.9%	2,713	4.6%	70.0%	3,305	5.3%	21.8%
AI/AN	907	1.6%	1,097	1.9%	20.9%	1,207	2.0%	10.0%

## METHODOLOGY AND DATA SOURCES

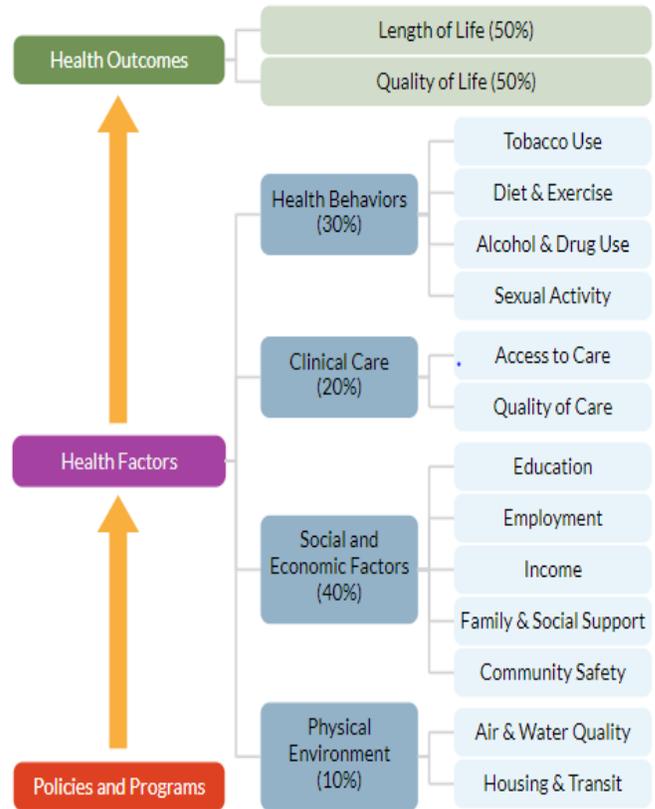
TSMH organized this CHNA data collection, and analysis is consistent with the County Health Rankings (CHR) model developed by the Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation (RWJF). As shown in **Exhibit 3**, CHR rankings are based on a **model of community health** that emphasizes the many factors that influence how long and how well we live.

The CHR rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Beyond CHR, information was also compiled and analyzed from other sources where additional, localized information was available. This allowed a better, more focused look at the Valley's health, specifically. The goal was to create a comprehensive understanding of the health, health status, and healthcare needs of the service area. Other data sources included, but were not limited to, the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS): conducted by states on behalf of the Centers for Disease Control and Prevention, tracks health status and behaviors in community
- U.S. Census and the American Community Survey (ACS): demographic data
- Washington Healthy Youth Survey and Idaho Youth Risk Behavior Survey: youth behavioral risk factor data
- United Way ALICE Report

**Exhibit 3: RWJF Model of Community Health**



## 2020-2022 CHNA AND ACCOMPLISHMENTS

Based on the data available at the time, key informant surveys, and the Board's consideration of TSMH's resources and expertise, in its 2020-2022 CHNA, the Board selected as its overall priority to ***Support individuals and families through access to care and comprehensive primary care-based preventive and wellness programming.***

Specific strategies adopted to address this priority included:

- Recruit and retain primary care providers.
- Provide primary care and emergency department (ED) providers with the with tools, training, support, workflows, and care processes to increase evidence-based screenings for behavioral health, substance abuse, suicide risk, health behaviors, and at-risk children and youth.
- Use telemedicine to develop and offer lower cost and high ease of access means for accessing care.

Only months after adoption, and as our implementation strategies were being finalized, COVID-19 came to our Valley and the nation, impacting operations, revenues, and resources. Despite this reality, and because TSMH was narrow in its priority focus (recruit and retain primary care providers by creating an environment where they are unencumbered by processes that impact their ability to care for patients), and since virtual care and behavioral health access were integral parts of care provision during the height of COVID, TSMH made considerable gains in its Implementation Plan, while simultaneously supporting the community during COVID.

As summarized in **Exhibit 4**, key accomplishments associated with each of the strategies in the 2020-2022 CHNA were made during these last three years.

## Exhibit 4: 2020-2022 CHNA Accomplishments

**CHNA Board-Adopted Priority: *Support individuals and families through access to care and comprehensive primary care-based preventive wellness programming.***

**Strategy #1:** Consistent with data on unmet need and demand, recruit and retain primary care providers.

Accomplishments:

- Two new primary care physicians and one internist were added in 2020; one new nurse practitioner was hired in 2021. Plan in place to add an additional nurse practitioner in 2023.
- TSMH now has 19 primary care providers, caring for over 17,000 unique patients. One provider is planning to retire at the end of 2022.
- TSMH's overall patient satisfaction score in our primary care clinics is exceptional, at 4.8/5.
- Providers are realizing efficiencies and increasing panel sizes; we continue to work on practice improvements and optimization.

**Strategy #2:** Provide primary care and ED providers with the with tools, training, support, workflows, and care processes to increase evidence-based screenings for behavioral health, substance abuse, suicide risk, health behaviors, and at-risk children and youth.

Accomplishments:

- Added an outpatient behavioral health nurse practitioner in April of 2021, with the assistance of Greater Health Now Accountable Community of Health (ACH) funding.
- Added case management hours to behavioral health with the same funding.
- In 2019, we had two behavioral health providers seeing over 2,700 patients. In 2022, we have three full-time behavioral health providers and are on track to see over 7,500 patients this year.
- Behavioral health physicians have provided education to our primary care providers on utilization of screening tools such as PHQ-9, GAD-7, and CAGE.
- Medically-assisted treatment (MAT) therapy is now offered for substance use disorder in three TSMH clinics.
- Patient satisfaction in our behavioral health clinic is very high.

**Strategy #3:** Use telemedicine to develop and offer lower cost and high ease of access means for accessing care.

Accomplishments

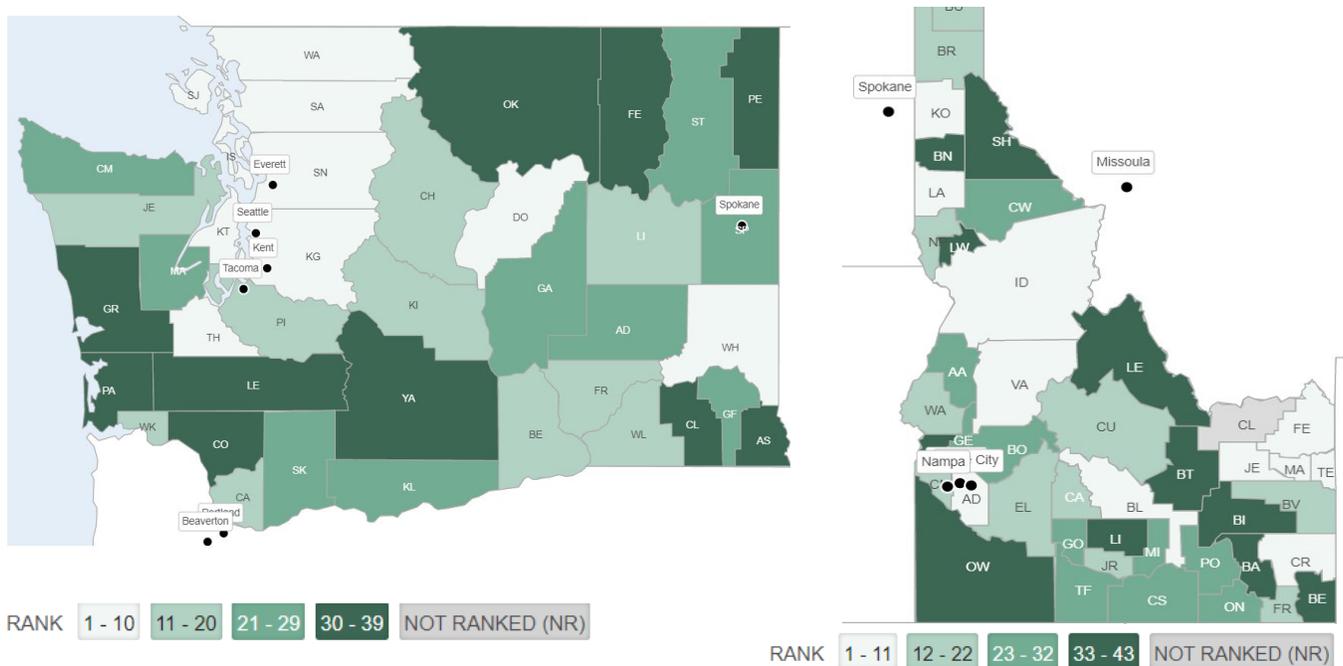
- Received grant funding from the ACH in 2021 to implement tele-behavioral health for inpatients and the ED. Services include patient competency assessments, medication management, and diagnosis.
- Tele-cardiology (and some in-person cardiology services) started in September of 2022. Since implementation, our cardiology transfer rate has dropped more than 50%.
- Tele-infectious disease was implemented in October of 2022, through a partnership with Eagle Telemedicine, offering 7-day-a-week consults for inpatients and ED patients. Implementation of outpatient appointments is likely in early 2023. Early feedback and satisfaction levels from providers utilizing the service are excellent.
- Tele-behavioral health for outpatients was implemented in August of 2022. We are now providing more than one-third of all our outpatient behavioral health appointments virtually. Provider and patient satisfaction is high.

## HEALTH OUTCOMES

Health outcomes, a key CHR metric used to compare counties in a state, represents how healthy a community is right now. The measure reflects the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. There are significant differences in health outcomes according to where people live, how much money they make, their race and ethnicity, and other characteristics. Health outcomes includes both length of life and quality of life factors.

As identified in **Exhibit 5**, Asotin County is ranked among the least healthy counties in Washington State in terms of health outcomes, ranking 31<sup>st</sup> out of Washington's 39 counties. Nez Perce County ranked 17<sup>th</sup> of Idaho's 44 counties.

**Exhibit 5: State Health Outcome Rankings**



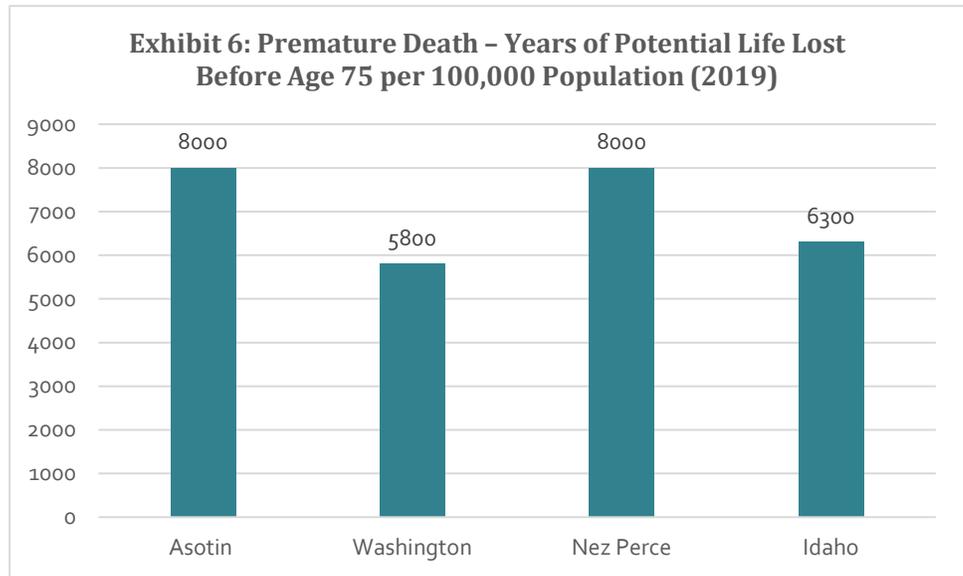
## LENGTH OF LIFE

Measuring how long people in a community live demonstrates whether people are dying prematurely, and it prompts evaluation of what is driving premature deaths. By exploring a county's data on length of life, important indicators about a community's health can be highlighted.

Years of potential life lost (YPLL) is a widely-used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential

life lost under age 75 per 100,000 people. As identified in **Exhibit 6**, Asotin and Nez Perce Counties both have premature death rates that far exceed their respective state rates.

In Asotin County, 8,000 years of life were lost to deaths of people under age 75 (per 100,000 people), compared to 5,800 in Washington State, overall. Nez Perce County also had 8,000 years of lost life compared to 6,300 in Idaho.



Asotin and Nez Perce Counties also fare worse across other measures of premature death, including measures of life expectancy and premature age-

	Asotin County	Washington	Nez Perce County	Idaho
<b>Life Expectancy</b>	78.2	80.2	77.1	79.2
<b>Premature Age-Adjusted Mortality</b>	390	300	380	310

adjusted mortality. The average life expectancy in Asotin County is 78.2 (compared to 80.2 in Washington) and 77.1 in Nez Perce County (compared to 79.2 in Idaho). Premature age-adjusted mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Both Asotin and Nez Perce Counties are nearing 400 deaths under the age of 75 per 100,000 population. This contrasts significantly with both Washington and Idaho’s state rates of 300 and 310, respectively (**Exhibit 7**).

## QUALITY OF LIFE

In addition to measuring how long people live, it is important to also include measures that consider how *well* people live. Quality of life refers to how healthy people feel while alive. It represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Leading causes of death are widely used as an indicator of a population's overall health status or quality of life. Cause-of-death ranking is a useful tool for illustrating the relative burden of cause-specific mortality. Analysis of mortality by cause is essential for the development of prevention strategies.

Exhibit 8: Leading Causes of Death (2020)						
Cause of Death	Washington			Idaho		
	Asotin County Age-Adjusted Death Rate	Rank in 2020	WA Age-Adjusted Death Rate	Nez Perce County Age-Adjusted Death Rate	Rank in 2020	ID Age-Adjusted Death Rate
Cardiovascular Disease	151.1	1	131.3	245.4	1	174.6
Cancer	139.2	2	135.7	215.9	2	164.3
Accidents	62.7	3	51.4	81.0	5	53.0
Chronic Lower Respiratory Disease	59.9	4	28.9	83.4	4	47.6
COVID-19	46.0	5	35.8	90.8	3	74.3

According to the most recent data (2020), the two leading causes of death in Asotin and Nez Perce Counties were cardiovascular disease and cancer. The age-adjusted death rates for each of these leading causes of death are significantly higher than the Washington and Idaho State rates. Additionally, as **Exhibit 8** illustrates, both Asotin and Nez Perce Counties have higher death rates in all of the top five causes of death than their respective states. While both Asotin and Nez Perce County have the same top five causes of death, in Asotin County accidents and chronic lower respiratory disease rank higher than COVID-19 deaths; in Nez Perce County, COVID ranks as the third cause of death, followed by chronic lower respiratory disease and then accidents.

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey that is conducted annually in all states, the District of Columbia, and all U.S. territories. This survey asks the question, "Would you say that, in general, your health is Excellent/Very Good/Good/Fair/Poor?" As noted in **Exhibit 9**, 17% of Asotin County residents and 18% of Nez Perce County residents responded to that question by stating their general health was fair or poor. These rates are higher than each county's respective state.

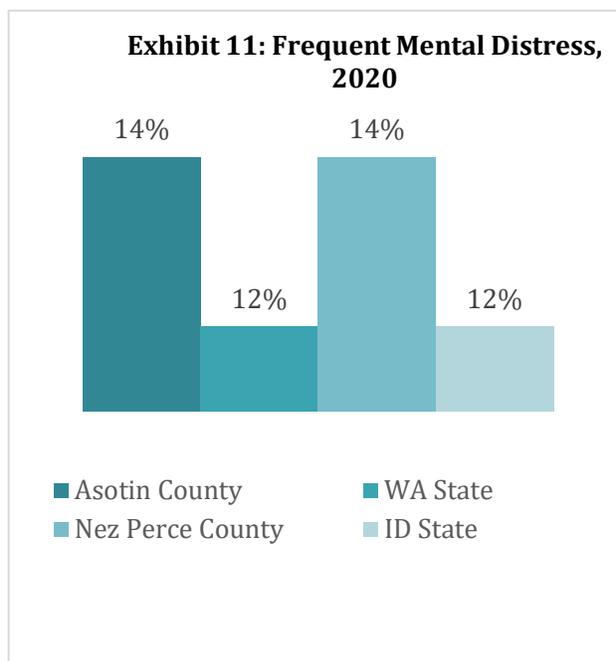
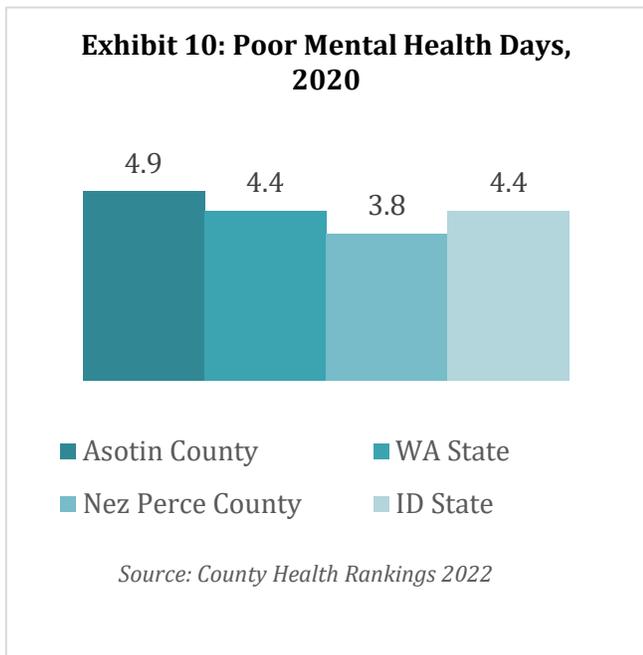
Another question focused on how many days in the last thirty days respondents would classify their health as "not good." Again, both Asotin and Nez Perce Counties fair slightly worse than statewide data for Washington and Idaho.

In Asotin County, adults reported that their physical health was poor on 4.4 of the previous 30 days. In Nez Perce, residents reported poor physical health 4.3 of the past 30 days.

Exhibit 9: Key Health Outcomes, Asotin and Nez Perce Counties (2019)				
HEALTH OUTCOMES	Asotin 2019	WA State	Nez Perce	ID State 2022
<b>Population Reporting Poor or Fair Health</b>	17%	16%	18%	15%
<b>Poor Physical Health Days</b>	4.4	3.9	4.3	3.9
<b>% Low Birthweight Births</b>	6%	7%	6%	7%

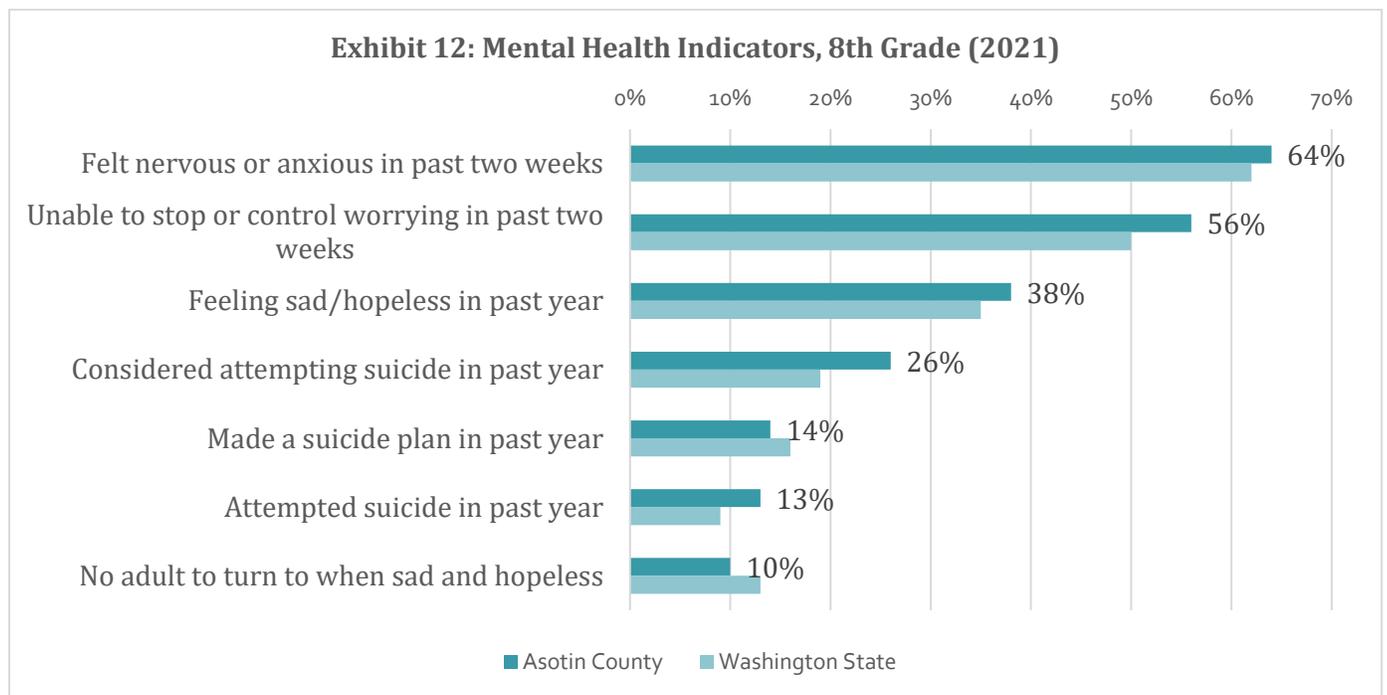
Birthweight is used to assess maternal health, nutrition, healthcare delivery, and poverty. Infants born with low birthweight have an approximately 20 times greater chance of dying than those with normal birthweight, and those infants who survive may face adverse health outcomes such as impaired language development and chronic conditions (e.g., obesity, diabetes, cardiovascular disease) during adulthood. Asotin and Nez Perce Counties' overall low birthweight percentages are better than each state's respective rate.

In terms of mental health outcomes, Asotin County fares worse than Nez Perce County and both Washington and Idaho State, with Asotin County residents reporting an average number of 4.9 mentally unhealthy days reported in the past 30 days (**Exhibit 10**).



Additionally, “Frequent Mental Distress” responses indicate the percentage of adults who reported 14 or more days in response to the question, “*Now thinking about your mental health, for how many days during the past 30 days was your mental health not good?*” Asotin and Nez Perce Counties have a slightly higher percentage of residents reporting 14 or more days (in the past 30) where their mental health was not good than Washington or Idaho State (**Exhibit 11**).

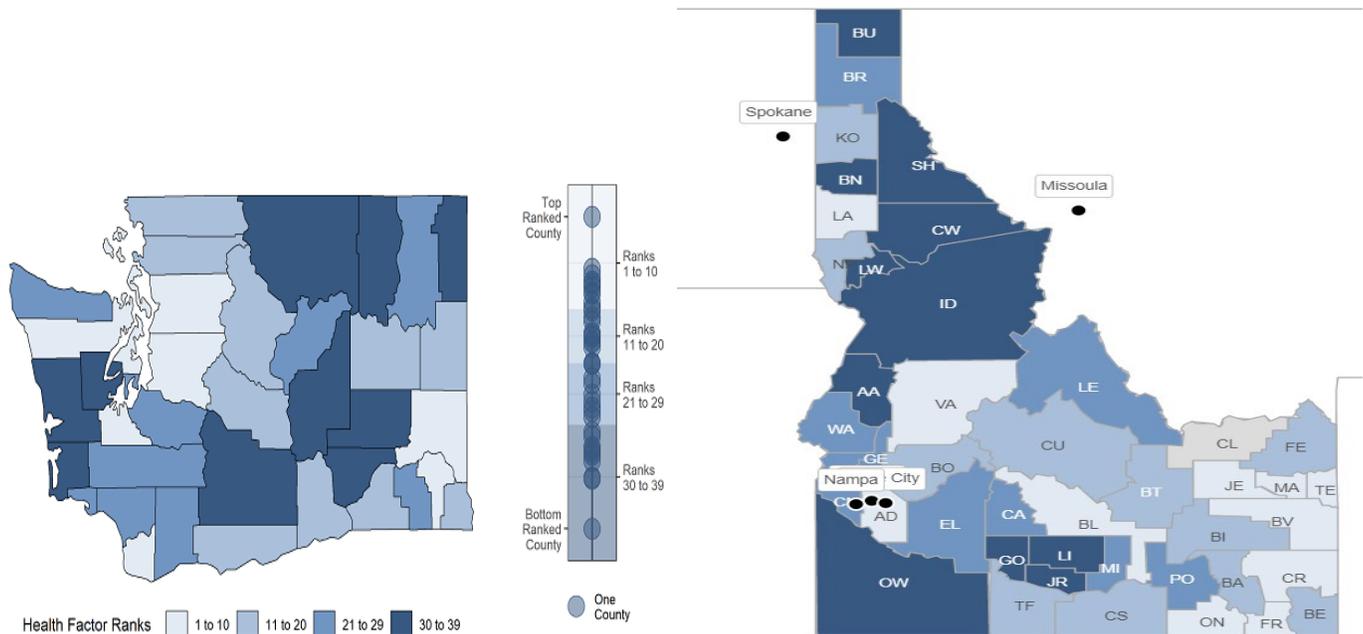
According to the Washington State Healthy Youth Survey (**Exhibit 12**), Asotin County 8<sup>th</sup> graders fare worse than 8<sup>th</sup> graders Statewide on many mental health indicators, including feeling so sad or hopeless for two weeks or more that they stopped doing their usual activities, considering attempting suicide in the past year, and attempting suicide in the past year. These findings align with the focus of the community convening on programs for youth in the community, in terms of supporting their mental health and wellness, and ensuring resources are available in a crisis.



## HEALTH FACTORS

There are many things that influence how well and how long we live. Everything, from our education to our environment, impacts our health. Health factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future. The community conditions that can change to improve health and opportunity include factors such as access to quality education, living-wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing.

**Exhibit 13: State Health Factor Rankings**



As identified in **Exhibit 13**, Asotin County ranks 12<sup>th</sup> out of Washington’s 39 counties, and Nez Perce ranks 12<sup>th</sup> out of Idaho’s 42 ranked counties in terms of health factors.

## SOCIAL AND ECONOMIC FACTORS

The social determinants of health—the conditions under which people are born, grow, live, work and play—significantly influence the health of a community and its families. Social and economic factors such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

The social and economic opportunities we have, such as good schools, stable jobs, and strong social networks, are foundational to achieving long and healthy lives. For example, employment provides income that shapes choices about housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion residents in times of economic stress.

Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have an even greater impact on health over time than those traditionally associated with health improvement. The RWJF Model of Community Health depicted in **Exhibit 1** suggests that social determinants account for 40% of the health of the community. Asotin County ranks 8<sup>th</sup> best out of Washington’s 39 counties, and Nez Perce ranks 13<sup>th</sup> best out of Idaho’s 42 counties in terms of social and economic factors.

**Poverty and Income**

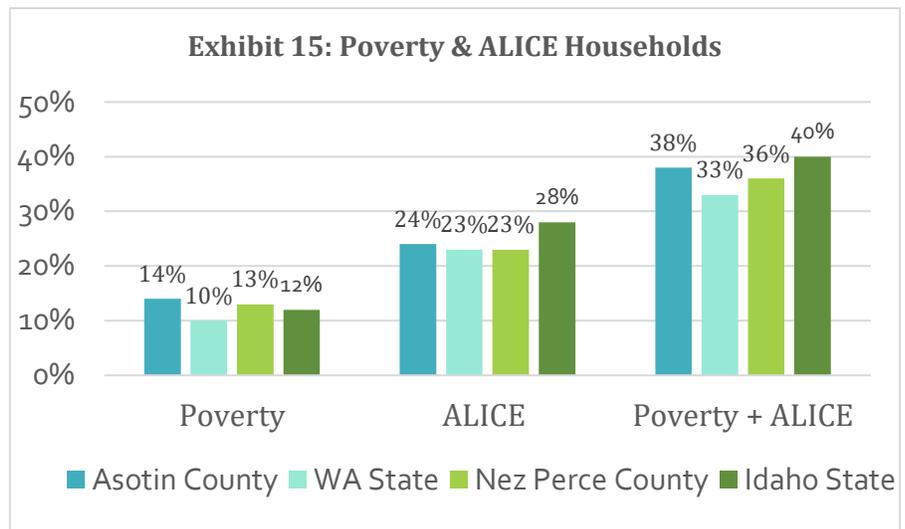
The median income for the Valley is 30% lower than that of Washington but is aligned with Idaho’s median income. Individuals with lower incomes have less money to spend taking care of themselves and their families, affecting decisions such as paying for visits to the doctor, medicine, or purchasing healthy food. Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors.

While negative health effects resulting from poverty are present at all ages, children living in poverty experience greater morbidity and mortality than adults due to increased risk of accidental injury and lack of healthcare access. Growing up in poverty can harm children over the life course. As seen in **Exhibit 14**, while the Valley fares better than Washington or Idaho in terms of children in poverty, one in five children in the Valley (and in Asotin and Nez Perce Counties) still lives in poverty. Importantly, the rates of those 65 and older living in poverty is higher in the Valley and both counties than in either Washington or Idaho.

<b>Exhibit 14: Income and Poverty Measures</b>					
	<b>The Valley</b>	<b>Asotin County</b>	<b>WA State</b>	<b>Nez Perce County</b>	<b>ID State</b>
Per capita income (in 2020 dollars)	\$30,767	\$30,397	\$40,837	\$30,103	\$29,494
Median household income (in 2020 dollars)	\$55,450	\$53,941	\$77,006	\$57,099	\$58,915
Persons under 18 years living in poverty	20.4%	20.4%	22.1%	21.2%	25.4%
Persons 65 years and over living in poverty	21.2%	23.3%	15.4%	19.7%	15.9%
<i>Source: U.S. Census, American Community Survey 5-year Estimates, 2020</i>					

ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE is a new way of defining and understanding households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. Despite being employed, these households struggle to afford their basic needs—housing, food, transportation, childcare, healthcare, and necessary technology.

**Exhibit 15** shows that the proportion of households living in poverty is higher in Asotin and Nez Perce Counties than in either Washington or Idaho.



The number of residents who are employed and still struggling to make ends meet is high in both Asotin and Nez Perce Counties. Nearly 40% of households in each county are identified as ALICE households. This is in line with Idaho, and worse than Washington State.

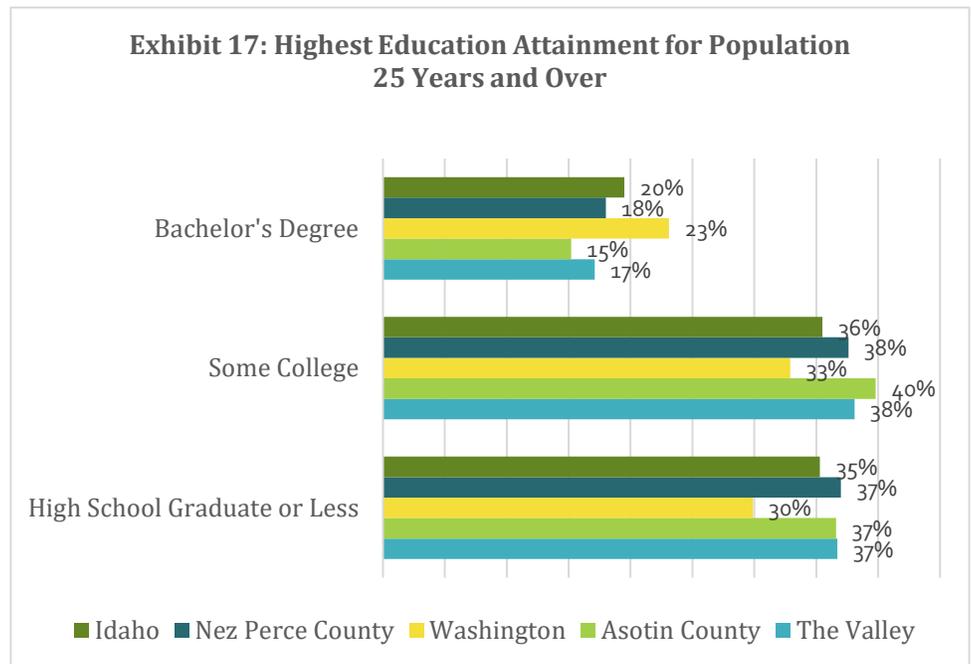
Adverse childhood experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child’s brain development. Exposure to ACEs has been shown to have adverse health and social outcomes in adulthood, including, but not limited to, depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse; emotional or physical neglect; seeing intimate partner violence inflicted on one’s parent; having mental illness or substance abuse in a household; enduring a parental separation or divorce; or having an incarcerated member of the household. This data is available for Washington State, but not for Idaho, and, as **Exhibit 16** indicates, the percentage of Asotin County residents who report having three or more ACEs has remained about the same since 2011 (23%) and is faring better than the State (26%).

Ace Score	2011		2021	
	Asotin County	WA State	Asotin County	WA State
One to Two	32.1%	35.6%	37.8%	34.6%
Three to Five	17.9%	19.7%	18.2%	20.3%
Six or More	5.3%	4.8%	4.8%	5.7%
Three or More	23.2%	24.5%	23.0%	26.0%

*Source: Washington Behavioral Risk Factor Surveillance System, 2011-2021*

Education is a key determinant supporting child and youth development, skill-building for future jobs and/or secondary education, and for supporting adults in job training or career development. Poverty in early life can negatively impact educational outcomes. Higher educational attainment is linked to higher future income. Individuals who have not earned a high school diploma have a median income, on average, 25% less than those who have graduated high school, half that of those with a college degree, and two-thirds less than those with a graduate or professional degree. Not only does one's education level affect their health, but education can have multigenerational implications that also make it an important measure for the health of future generations. Research also suggests education is one the strongest predictors of health.

**Exhibit 17** demonstrates that educational attainment for those 25 and older is significantly less in the Valley, Asotin County, and Nez Perce County than in Washington, and slightly less than Idaho. Nearly 40% of those 25 and older in each of the Valley communities have a high school diploma or less.



The County Health Rankings Food Environment Index includes factors that contribute to a healthy food environment, such as income and proximity to healthy foods, from 0 (worst) to 10 (best). Asotin County fares slightly worse in the food environment index than Washington State, while Nez Perce fares slightly better than Idaho.

**Exhibit 18: Food Insecurity**

	Asotin County	WA State	Nez Perce County	ID State
Food insecure people	11.0%	10.0%	13.0%	10.0%
Food insecure children	12.4%	10.5%	15.5%	12.3%
Food environment index	7.9	8.3	7.9	7.5

*Source: Robert Wood Johnson County Health Rankings, 2022*

Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. More Asotin and Nez Perce County residents suffer from food insecurity as compared to their respective States. This is also true for food insecurity for children.

As **Exhibit 18** demonstrates, Nez Perce County has the highest percentage of food insecure children (15.5%, compared to 12.4% in Asotin County, 12.3% in Idaho, and 10.5% in Washington).

The shortage of affordable housing limits a family’s choice about where they live and often consigns lower-income families to potentially substandard housing in neighborhoods with higher rates of poverty and fewer accessible opportunities to improve health, including access to parks, bike paths, recreation centers, and community activities.

The Housing Affordability Index (HAI)—calculated and maintained by the Washington Center for Real Estate Research (WCRER) at the University of Washington—measures the ability of a middle-income family in 94 cities with populations of 10,000 or more to make mortgage payments on a median price resale home. To be considered “affordable,” a household cannot spend more than 25% of its income on principal and interest payments. The same measurement is applied to rentals, calculating the median income to afford an average-priced rental apartment without a family being overburdened. Renters are defined as being overburdened when rent exceeds 30% of their gross household income.

Data from the American Community Survey in **Exhibit 19** demonstrates the lack of affordable housing in the Valley; nearly half of all renters in the Valley pay more than 30% of their income on rent and nearly one-third of homeowners pay more than the recommended 30% on housing costs.

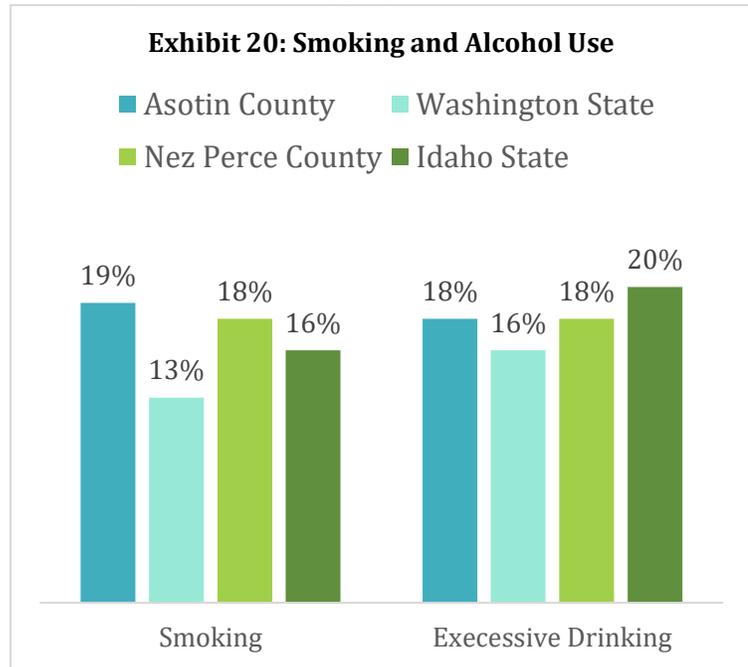
<b>Exhibit 19: Housing Affordability</b>					
<b>Indicators</b>	<b>The Valley</b>	<b>Asotin County</b>	<b>WA State</b>	<b>Nez Perce County</b>	<b>ID State</b>
Resident paying more than 30% income (homeowners)	27.5%	24.7%	32.3%	27.7%	26.6%
Resident paying more than 50% income (homeowners)	9.2%	6.8%	8.6%	9.9%	7.1%
Resident paying more than 30% income (renters)	48.7%	42.5%	45.2%	50.5%	41.3%
Resident paying more than 50% income (renters)	24.2%	16.2%	20.9%	27.5%	18.3%

*Source: American Community Survey 5-year estimates, 2020*

## HEALTH BEHAVIORS

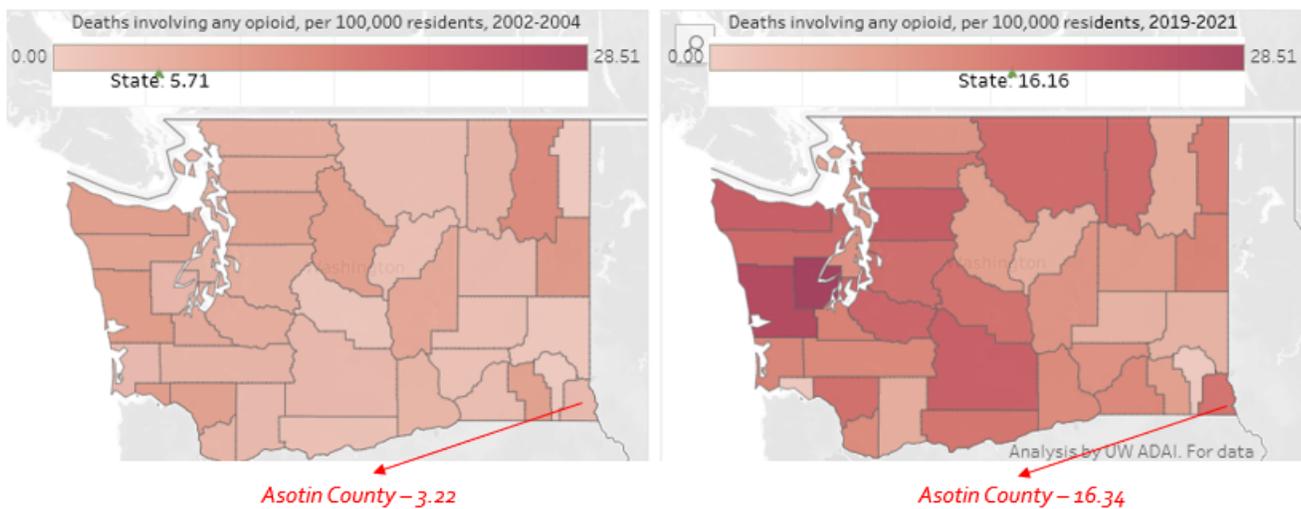
Health behaviors are actions individuals take that affect their health. These actions may include things that lead to improved health, such as eating well and being physically active, and actions that increase one’s risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. The RWJF Model of Community Health suggests that health behaviors account for 30% of the health of a community. Asotin County ranks 27<sup>th</sup> out of Washington’s 39 counties, and Nez Perce ranks 20<sup>th</sup> out of Idaho’s 42 counties in terms of health behaviors.

Data in **Exhibit 20** demonstrates that the percentage of residents of both Asotin and Nez Perce Counties who smoke is higher than the overall rates in Washington or Idaho. In both Asotin



and Nez Perce Counties, 18% of adults report binge or heavy drinking (excessive drinking). This is higher than Washington’s rate of 16%, but better than Idaho’s rate of 20%.

Exhibit 21: Deaths Involving Any Opioid, per 100,000 Residents, 2002-2004 and 2019-2021



Source: Center for Health Statistics, Washington State Department of Health, Washington State Office of Financial Management.

The opioid epidemic has wrought painful consequences in the region, as it has throughout much of the rest of the nation. Opioid overdose deaths have increased significantly over the last 15 years in Asotin County (**Exhibit 21**), with rates now at the level of the State (16.34 per 100,000, as compared to 16.16 per 100,000). In Nez Perce County, the 2021 rate of overall drug overdose deaths was 20.5 per 100,000 population, nearly 20% higher than in Asotin County.

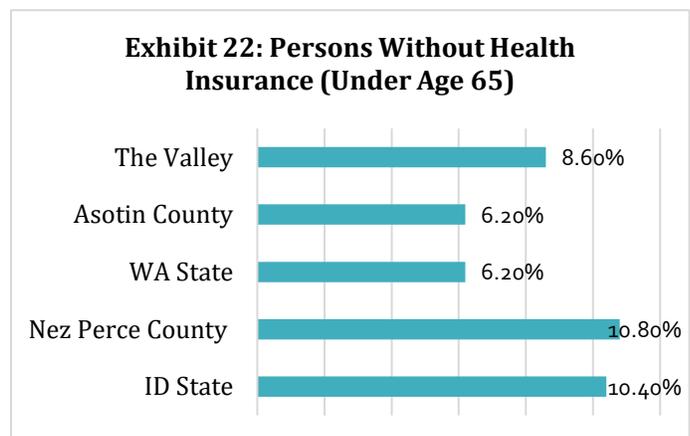
## CLINICAL CARE

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care in our community helps us understand how we might improve the health of our neighbors. Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care. According to the RWJF Model of Community Health, clinical care accounts for 20% of the health of a community.

Despite advances and the specific initiatives included in TSMH's 2019 CHNA, many individuals do not have access to a primary care provider or to health insurance. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality care or insurance are often diagnosed at later, less treatable stages of a disease. They also typically experience worse health outcomes, lower quality of life, and higher mortality rates. Out of 39 Washington counties, Asotin is ranked 5<sup>th</sup> best in its clinical care outcomes by the RWJF. Of 42 graded counties in Idaho, Nez Perce is ranked 10<sup>th</sup> in its clinical care outcomes; both are within the top quartiles in their respective states.

Idaho's Medicaid expansion has lagged behind Washington State (starting January 2020), and so, as shown in **Exhibit 22**, uninsured rates in Nez Perce remain significantly higher than those of Asotin County and Washington.

Among Medicare enrollees, residents of Nez Perce appear to suffer greater consequences from lack of primary care in the form of higher numbers of preventable hospital stays as compared to Asotin County. Asotin County is also doing better in terms of flu vaccination and mammography screening among Medicare enrollees than Nez Perce County or Washington State (**Exhibit 23**).

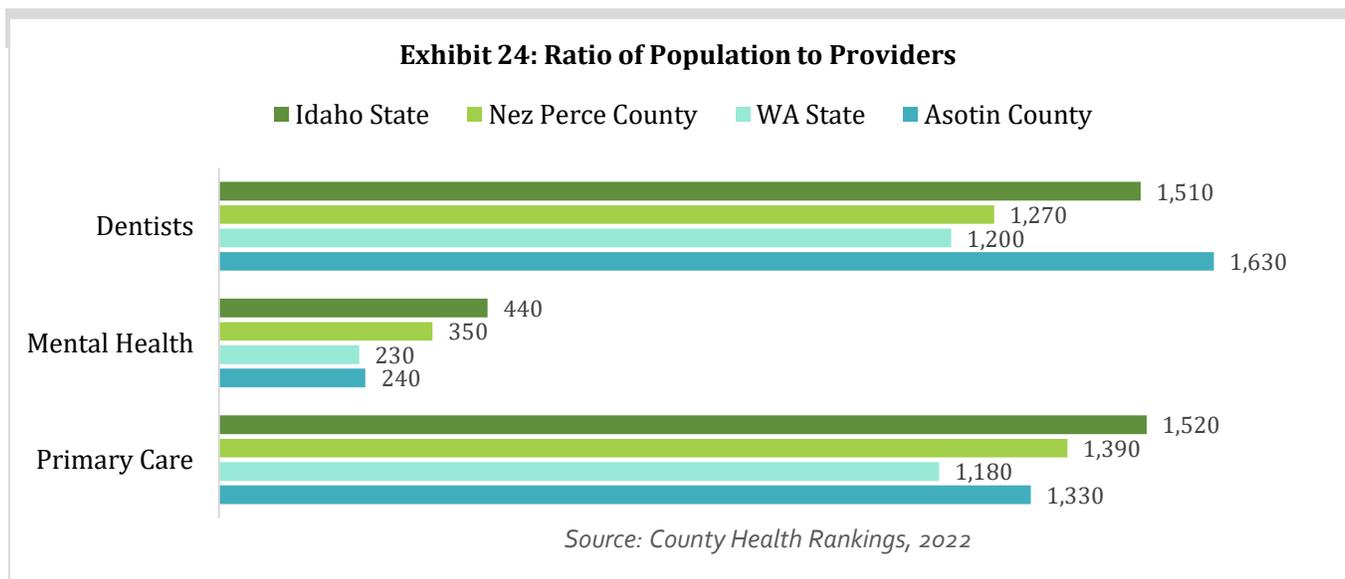


The availability and accessibility of providers impacts the ability of area residents to access adequate medical, mental health, and dental care. According to **Exhibit 24**, the ratio of the population to mental health care in Asotin County is similar to that of

Exhibit 23: Additional Preventive Care Measures				
	Asotin County	WA State	Nez Perce County	ID State
Preventable Hospital Stays	2,284	2,533	2,550	2,123
Flu Vaccination (%)	50%	47%	47%	43%
Mammography Screening (%)	52%	40%	46%	41%

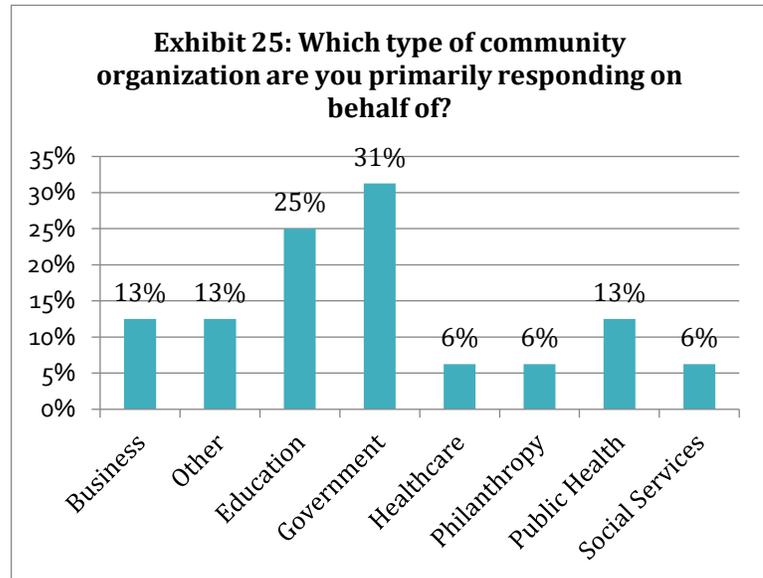
*Source: County Health Rankings, 2022*

Washington. While Nez Perce’s mental health ratio is better than Idaho’s, it fares worse than both Asotin County and Washington State. In terms of primary care, again, Asotin and Nez Perce Counties have similar ratios—both faring worse than Washington but better than Idaho.



## COMMUNITY CONVENING

In the Fall of 2022, TSMH engaged community leaders to secure input regarding unmet health needs and priorities. TSMH distributed a survey to key community organizations, including representatives from public health, physical and mental health, schools, social services, philanthropy, elected officials, the general community, and others throughout the Lewis-Clark Valley. **Exhibit 25** identifies the mix of community organizations/leaders that responded. Approximately 50% of all surveys distributed were returned.



The survey asked respondents to answer the survey based upon what they have heard or experienced in the community, and wherever possible to share their insights and perspectives as a community leader/provider. Highlights and takeaways from the survey are provided below. The first questions reminded respondents of the strategies from the 2020-2022 CHNA, and then asked if they have experienced, or are aware of, any changes.

The priorities established in the CHNA included:

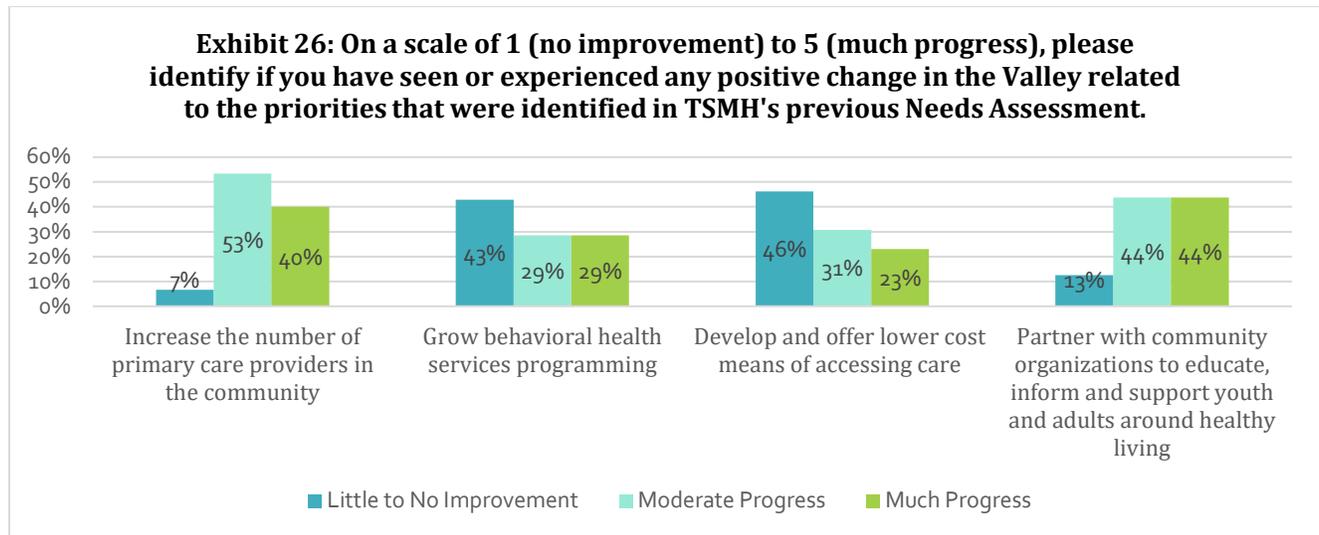
- Increase the number of primary care providers in the Valley.
- Grow behavioral health services programming.
- Develop and offer lower cost means of accessing care (e.g., telemedicine).
- Partner with community organizations to educate, inform, and support youth and adults around healthy living.

The focused strategies in the Implementation Plan included:

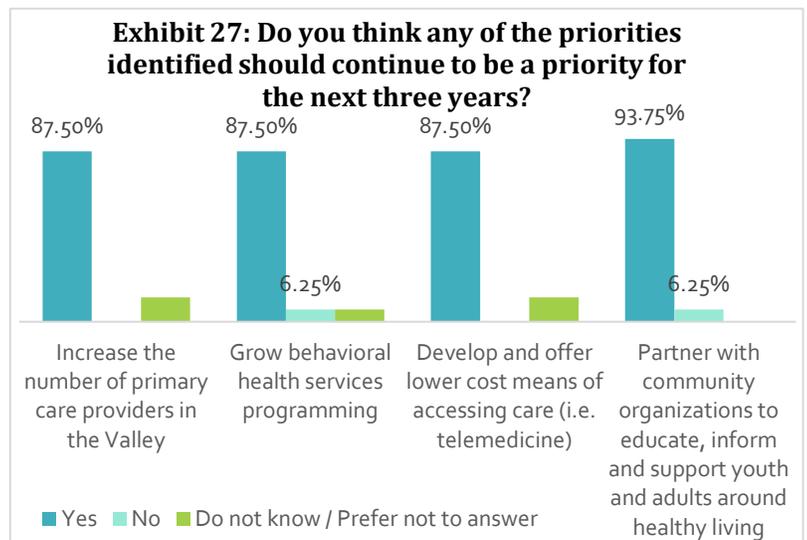
- Recruit and retain primary care providers.
- Provide primary care and ED providers with the with tools, training, support, workflows, and care processes to increase evidence-based screenings for behavioral health, substance abuse, suicide risk, health behaviors, and at-risk children and youth.
- Use telemedicine to develop and offer lower cost and high ease of access means for accessing care.

**Exhibit 26** demonstrates that for those respondents that had an opinion, the vast majority experienced or heard about improvement in the priority to *Increase the number of primary care*

providers in the community. Roughly 93% of respondents saw moderate to much progress on this priority. Respondents also saw improvement in the priority *Partner with community organizations to educate, inform, and support youth and adults around healthy living*, with 88% seeing moderate to much progress. Nearly half of respondents reported they saw little to no improvement in the priorities related to growing behavioral health programming and offering lower cost means of accessing care.



When asked if the priorities identified in the TSMH 2020-2022 CHNA should continue to be priorities over the next three years, about 90% of respondents indicated that the four priorities should continue to be of focus (**Exhibit 27**).

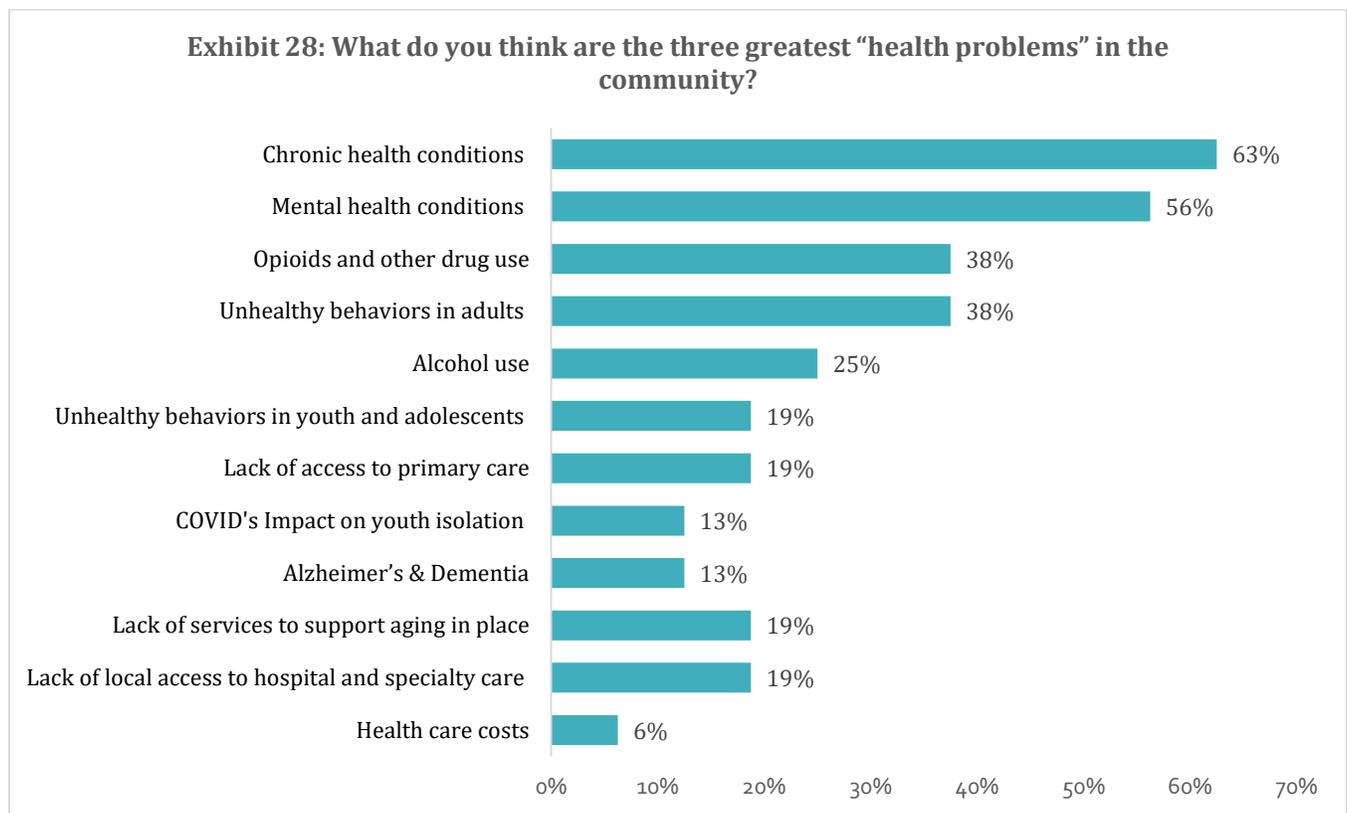


Respondents were also asked to rate the overall health of the Lewis-Clark Valley. Community leaders were split on this response, with 44% of respondents stating the community was somewhat healthy, 31% stating the community was unhealthy, and another 25% stating it was healthy.

Respondents were also given a list of common health problems faced by communities and asked which they thought were the three greatest problems in the Valley. As shown in **Exhibit 28**, chronic health and mental health conditions rose to the top, with 63% of respondents identifying chronic health conditions as one of the top three health problems, and 56% identifying mental

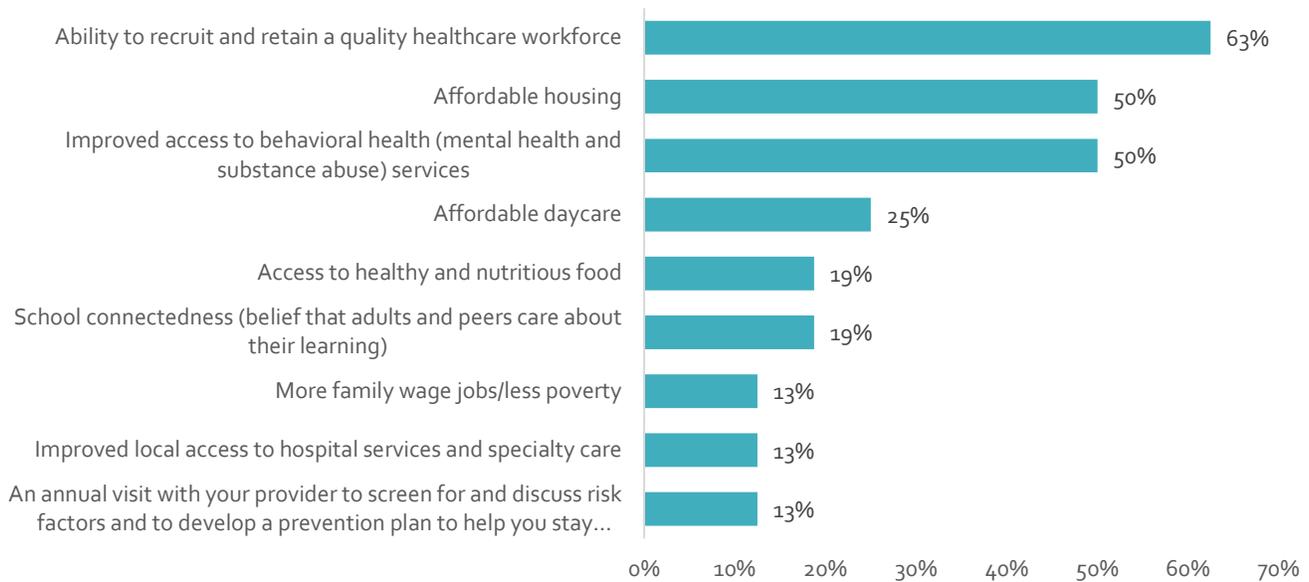
health conditions in the top three. Opioids and other drug use and unhealthy behaviors in adults tied for the third community health problem.

**Exhibit 28: What do you think are the three greatest “health problems” in the community?**

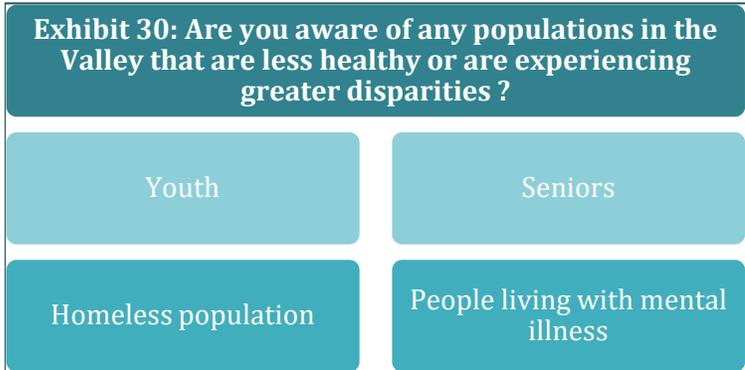


Another question queried respondents to consider a list of factors and to “*Identify the top three most important factors that will improve the health and quality of life in the community?*” **Exhibit 29** shows that over 60% of respondents identified the ability to recruit and retain a quality healthcare workforce as a top factor for improving health and quality of life in the community. Affordable housing and improved access to behavioral health were next—each with 50% of respondents identifying them as a top three factor that will help improve health. The next highest rated factors were all related to the social determinants of health: childcare (25%), access to food (19%), school connectedness (19%), and employment/income (13%).

**Exhibit 29: Please identify the top three most important factors that will improve the health and quality of life in the community served by TSMH.**



TSMH also asked community leaders the open-ended question, “*Are you aware of any populations in the Valley that are less healthy or are experiencing greater disparities?*” The populations that received the most responses included youth, seniors, the homeless population, and people living with mental illness (**Exhibit 30**). Most respondents also answered the following open-ended question: “*Is there anything else you would like to add about the health of your community?*” The majority of responses strongly communicated the importance of a focus on youth in the community, in terms of school success, supporting their mental health and wellness, and ensuring resources are available in a crisis. The need to recruit and retain additional healthcare workforce and to address substance use in the community were also mentioned.



## 2023-2025 COMMUNITY NEEDS AND PRIORITIES

Based on the data, the key informant surveys, and the Board's consideration of TSMH's resources and expertise, TSMH has elected to continue to build off the 2022-2022 CHNA priorities and has modified the overall priority to add behavioral health: ***Support individuals and families through comprehensive and patient-centered primary care, behavioral health, and wellness programming.***

Specific focus areas for 2023-2025 include:

- Recruit and develop services and supports to retain primary care providers.
- Optimization of workflows, processes, people, and technology to support efficient and effective delivery of primary care and to support retention of providers.
- Continue growth of behavioral health services, with a special focus on youth in the community and integrating behavioral health services with primary care.
- Continue to grow telemedicine and tele-behavioral health services.
- Partner with community organizations to educate, inform, and support youth and adults around healthy living.
- Support healthy aging and mitigate impacts of chronic health and behavioral health concerns in the Valley's elderly.

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. These regulations specifically require 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 fifteenth day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. TSMH will use this allowed time to develop an implementation plan that supports its CHNA priorities.