



Community Health Needs Assessment

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I. Executive Summary

PeaceHealth is an integrated, not-for-profit health system that offers a full continuum of health and wellness services in the Pacific Northwest. PeaceHealth Peace Island Medical Center (Peace Island) is one of ten System hospitals. Peace Island is a new Critical Access Hospital (CAH), located in Friday Harbor on San Juan Island. The Hospital opened in November of 2012. It is the only hospital located in San Juan County, a relatively isolated County of islands in the Northwestern most part of Washington State. Peace Island provides general medicine, primary care, emergency, outpatient surgery and select cancer care services.

PeaceHealth and Peace Island's mission is 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*. Our vision is to ensure that *every person receives safe, compassionate care; every time, every touch*. Strongly rooted in the traditions of the Catholic Church, PeaceHealth and Peace Island provide exceptional medicine, and endeavor to always serve the most vulnerable among us.

The Community Health Needs Assessment (CHNA)

This CHNA was conducted in close partnership with community partners including the San Juan County Health Department, San Juan County Public Hospital District #1, San Juan Island Community Foundation, the San Juan Family Resource Center and with various local community organizations, including EMS, schools, behavioral health, the senior center, resource center and library. In addition to reviewing available published data, a robust outreach effort was undertaken, including meetings and interviews with identified key informants. In addition, a Core Planning Group was convened and two stakeholder meetings were held. Components of the process were based on the national *Mobilizing for Action through Planning and Partnerships* (MAPP) model, an evidence-based community-wide strategic planning process for improving community health.

Information was drawn from a large body of secondary data about the health and socioeconomic status of both San Juan County and, where available San Juan Island specific residents vs. their statewide counterparts. Primary data, which included a community process in which constituents and partners envisioned a “blue sky” healthy community by improving the conditions under which San Juan County residents work, play and learn was utilized to establish priorities.

Peace Island CHNA Priorities

Data collected and analyzed, coupled with the community and stakeholder collaboration/outreach resulted in the identification of numerous community health needs, including three, which after discussion and voting, were prioritized by stakeholders.

Peace Island concurs with the three priority areas and has selected these as its CHNA priorities. In these three areas, Peace Island will take either a lead role or play an active role in supporting other organizations. The three priority areas are:

- **Health promotion and disease prevention:** This includes generally informing residents about services and resources available and in providing information and resources to enhance healthy living, and includes increasing immunization rates.
- **Care Coordination:** This involves helping people navigate the healthcare system and identifying those in need of support (e.g. elderly, people with particularly complex conditions), and those at end of life as they transition between providers and care settings (between islands as

well as between the County and the mainland). Care coordination involves assuring that barriers are minimized and that care is provided in the setting of choice (including the patient’s home) and by the provider of choice (including complimentary medicine practitioners).

- **Increasing behavioral health outreach and services:** This includes recruiting and retaining providers as well as reducing barriers to access for mental health and substance abuse prevention, intervention, treatment and after-care.

Key Contributors to Success

Leadership commitment. Successful implementation of the identified CHNA priorities for Peace Island enjoys hospital leadership’s firm and public commitment. Peace Island will carry out specific responsibilities to ensure the success and accomplishment of the goals we have outlined in collaboration with our community partners.

Community partnerships. This CHNA process brought together many stakeholders on San Juan Island and San Juan County, and achieving its goals requires collaboration with many external agencies including the San Juan County Health Department. Peace Island will work closely with community partners to serve the needs of local residents and to achieve our goals.

Coordination and alignment with PeaceHealth System Strategies. This CHNA reflects population-based health needs that closely parallel the aims outlined in PeaceHealth’s Strategic Plan to reposition our priorities from caring for illness to promoting population health. To coordinate this care, we will lean on our system resources and community partners to carry out our objectives and to measure progress.

Extending the Reach of Population Health

PeaceHealth has conducted a CHNA for each of its ten hospitals. Its broad analysis of secondary data, community feedback, and input from throughout PeaceHealth revealed a remarkable level of commonality in the health concerns of our various communities.

The overarching framework that is being applied on San Juan Island —“creating a Healthy Community by improving access to care and the conditions under which residents, live, work, play and learn”—resonates with the goals of each PeaceHealth community. This commonality forms a unifying structure that will allow us to leverage our resources and partnerships across every community as we tailor our support to the people we serve.

With this CHNA plan in hand and working in partnership with the community, PeaceHealth has the wherewithal to improve health on San Juan Island and throughout the County. Additionally, through sharing of best practices, every effort made at Peace Island can inform and spread to other areas of PeaceHealth’s Northwest Network and, indeed, throughout PeaceHealth—improving and supporting the health of the communities we serve across the Northwest.

II. Mission, Vision and Values

Founded by the Sisters of St. Joseph of Peace, PeaceHealth is a not-for-profit health system that offers a full continuum of health and wellness services to communities across Washington, Oregon and Alaska. We have more than 17,000 caregivers, ten medical centers, an 800-provider group practice, and a comprehensive, state-of-the-art laboratory system.

PeaceHealth

Mission

We 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.

Vision

Every person receives safe, compassionate care; every time, every touch.

Values

Respect, Stewardship, Collaboration, and Social Justice.

Commitment to CHNA, Improved Health and the Triple Aim

In FY2014 PeaceHealth Peace Island provided \$1,383,000 in uncompensated care, which includes charity care expenditures and unreimbursed Medicaid services.

Consistent with the PeaceHealth mission, Peace Island provides care to all in need, regardless of their ability to pay, often serving the poor and uninsured among our communities and adheres to a set of values that guides our day to day community benefit activities including:

- Priority to those *marginalized and living in poverty*
- Responsibility to work toward *improved health in communities served*
- *Actively engaging the community* in improving health
- Demonstrating the *value* of the community service/programs
- *Integrating the community benefit activities* throughout the entire organization

Background Issues

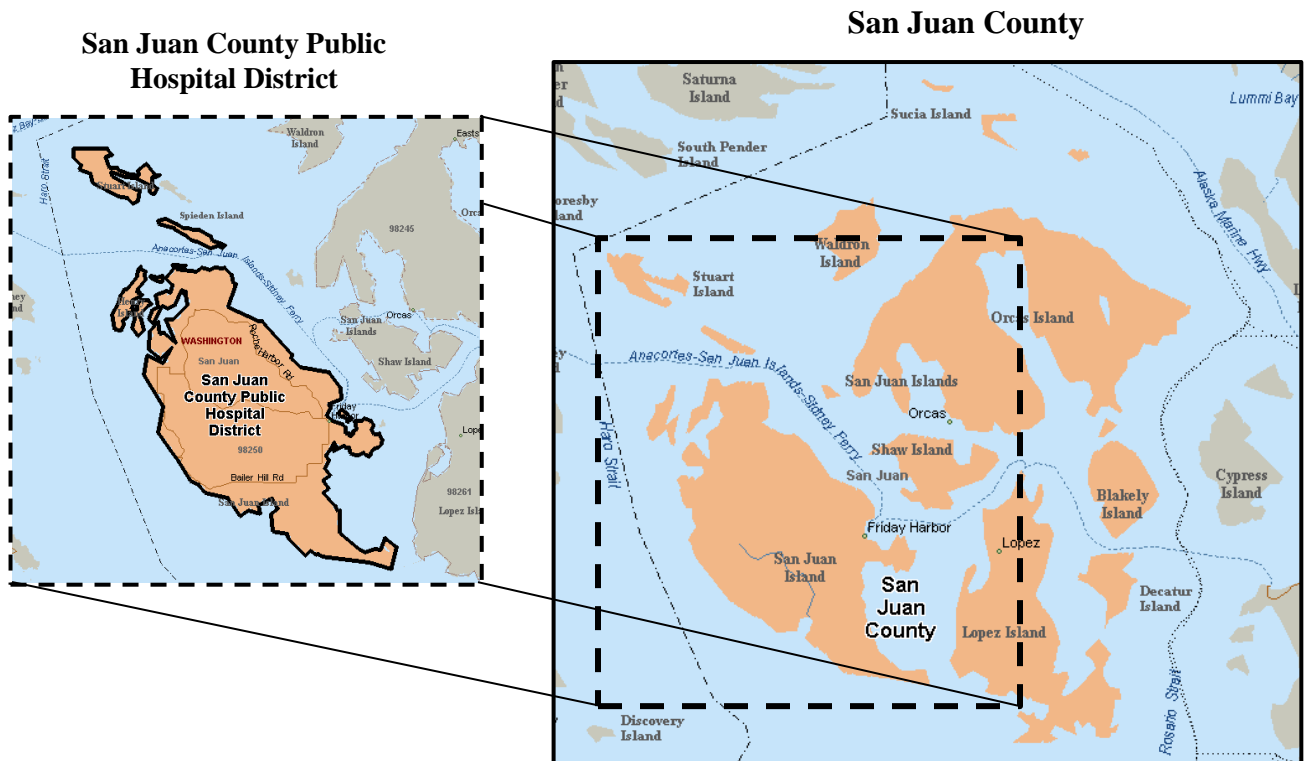
During the stakeholder engagement process there were concerns raised regarding the provision of health care services by a Catholic faith-based organization. These concerns are not without impact and are the focus of ongoing discussions. Some of the CHNA community stakeholders reflected the view that, as a matter of principle, a publically funded hospital district should *not* enter into partnership agreements with religious-based organizations. Other participants pointed to the benefits of having PeaceHealth on the Island, and the lack of any material restrictions on access to services.

To varying degrees, both community stakeholder groups articulated the view that PeaceHealth should seek meaningful engagement with community members who are open to it, and that one way to do this is to complete the CHNA and develop a solid community health improvement plan, as well as continue to address concerns about healthcare access, affordability and “price transparency”.

III. Service Area and Demographics

San Juan County, our Service Area, is a group of islands in the northwestern most corner of Washington State. Peace Island is located on San Juan Island, the largest Island in the County and the home of the San Juan County Public Hospital District. In 2009, San Juan County Public Hospital District and PeaceHealth finalized a 50-year agreement, the goal of which was to improve access to a full range of primary, clinical and hospital care. Under the agreement, PeaceHealth assumed full operational and financial responsibility for constructing and operating a new hospital and clinic and the Public Hospital District agreed to provide an annual subsidy to PeaceHealth to assist it in providing healthcare services to residents. A map depicting both the County and the San Juan Public Hospital District is included in Figure 1.

Figure 1
Map of the Service Area



A. Population/Demographics

The permanent population of San Juan Island is almost 7,800 and 24.6% of the population is over the age 65. This is almost double the State rate and makes San Juan Island one of the oldest communities in the State (13.7% over 65 years Statewide). The population of San Juan County is nearly 16,000 and the age distribution largely resembles San Juan Island with 26.2% over the age of 65 years. The younger population of San Juan Island is projected to decline more rapidly than the County at large within the next 5 years (-1.5% vs. -0.8% Countywide). The Island is accessible by air, private boat or by the Washington State Ferry system.

During summer months, the population on the Island is typically more than double the permanent population. As depicted in Table 1, the Service Area is significantly less diverse than the State at large, with more than 90% of the San Juan Island and San Juan County being Caucasian. Currently, nearly 8% of the Service Area population is Hispanic. The Hispanic population is rapidly growing; it grew by 162% between 2000 and 2010, and is expected to grow another 25% in the next 5 years.

The demographics are a key piece of data for informing health needs and priorities. For example, elderly adults are at a substantially higher risk for developing chronic illness and for utilizing healthcare services at a higher rate compared to the younger population. Key informant interviews with various community stakeholders also identified concern for the growing undocumented Hispanic population’s access to care.

Table 1
Key Racial, Ethnic and Age Demographics in the Service Area

City	Total Population	White	Hispanic	65 years or older
San Juan Island	7,7664	93.4%	7.9%	24.6%
San Juan County	15,945	93.5%	5.6%	26.2%
Washington	7, 005,779	78.5%	11.5%	13.7%
United States	308,745,538	72.4%	16.3%	13.0%

Source: US Census, American Fact Finder 2013 five-year estimates. Race and ethnicity includes all who indicated that race or ethnicity alone or in any combination, Nielsen Claritas population estimate for San Juan Island and San Juan County.

B. CNI Scores

The Community Needs Index (CNI) is a tool that 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 2, the CNI scores for San Juan Island and the County show that both areas perform better than the State in terms of these characteristics. These scores indicate a lower likelihood of unmet needs based on the measured variables.

Table 2
Community Needs Index (CNI) Scores

CNI Scores for the Peace Island Medical Center Service Area		
Area	CNI Score	Quintile
Friday Harbor (98250)	2.6	2nd Lowest Quintile
San Juan County	2.6	2nd Lowest Quintile
WA State	3.2	Mid Quintile

Source: Catholic Healthcare West/Thomson Reuters, 2013

IV. The Community Health Needs Assessment

A. Overview of Process and Sources

Peace Island began this CHNA process in early summer 2014 and completed it in early December. Working in close partnership with the San Juan County Health Department, a leadership group (also referred to as the Core Group) was formed which included representatives from the following organizations:

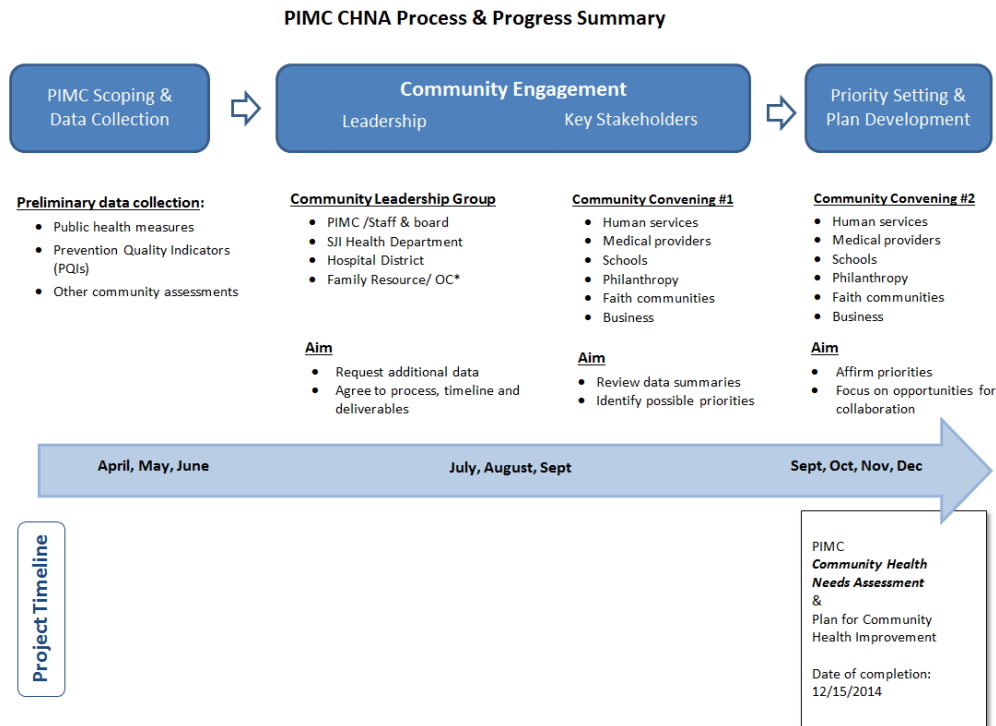
- Peace Island Medical Center Community Experience Committee
- San Juan County Health Department
- San Juan County Public Hospital District No. 1
- San Juan Island Family Resource Center (in the follow-up meetings)

In addition, stakeholders were identified and were broadly solicited to participate in the process. In addition to the organizations noted above, stakeholder groups that participated included:

- San Juan Island EMS
- San Juan Island Community Foundation
- Compass Mental Health
- San Juan Island Mullis Senior Center
- San Juan Island School District
- San Juan Island Chamber of Commerce
- San Juan Human Services Department
- San Juan Island Public Library
- San Juan Economic Development Council
- San Juan Hospice
- San Juan Community Board of Health
- Prevention Coalition

The process was based loosely on the national *Mobilizing for Action through Planning and Partnerships* (MAPP) model. To paint a comprehensive picture of the community’s status and health care needs, both secondary and primary data were collected. Figure 2 graphically outlines the timeline and process used.

Figure 2: CHNA Progress Graphic



Secondary data sources

A key source of secondary data was the Behavioral Risk Factor Surveillance Survey (BRFSS), which is conducted yearly by the State of Washington on behalf of the Centers for Disease Control and Prevention (CDC). This survey collects data on health status and behaviors affecting health status. BRFSS data on multiple indicators were readily available for San Juan County from County Health Rankings and the Washington State’s yearly analysis of BRFSS data. BRFSS data on smaller, more specific areas, such as the San Juan Island, were unavailable due to the survey’s design. As a result, San Juan County results were used in this CHNA.

Other valuable sources of secondary information were the US Census 2010, the American Community Survey, both conducted by the US Census Bureau and Washington’s inpatient hospital database known as CHARS. The Healthy Youth Survey for the San Juan School District and data collected by the San Juan Island Foundation during its 2008 Critical Needs Task Force planning was also used. In several instances, these data sources were also available at the zip code/city level.

Primary data sources

In addition to reviewing available published data, the CHNA process included a robust outreach effort that included key informant interviews and stakeholder meetings. The goal was to obtain qualitative data about the general community’s perceptions of need and the prioritization of those needs. Over the course of the CHNA process, two community stakeholder and several core group meetings were held.

Table 3 details the needs, perceived disparities and opportunities identified by community leaders through the process of key informant interviews early in the CHNA process. This listing was presented to the stakeholders for discussion, refinement and expansion.

Table 3
Needs, Potential Disparities and Opportunities Identified through
Community Leader Key Informant Interviews

Needs & Potential Disparities	Opportunities
Residents in need of care coordination, support and assistance in transitioning to specialty care.	Improved and more accessible care, especially for seniors.
General need for outreach and care coordinator for “frequent fliers” in the ED.	Para-medicine, medical home/medical neighborhood.
Geographic isolation caused by the cost of transportation off the island.	Improve availability and accessibility. Focus on care coordination
The growing undocumented Hispanic population.	Historically, these individuals sought care on the mainland (at SeaMar), but they are increasingly fearful of leaving the island.
Integration between alternative and allopathic medical providers.	Alternative medicine integration with primary care (due to high use), including shared data between alternative and allopathic providers.
Greater focus on family-oriented primary care.	Stabilization of primary care (including pediatrics) and a greater focus on family-oriented care.
Increased behavioral/mental health access. Youth are experiencing issues in accessing behavioral health services via tele-psychiatry	Currently, there is tele-psychiatry available one day per week.
<i>Source: Community leader key informant one-on-one interviews</i>	

Following review of the primary and secondary data, the stakeholder group identified overarching community health issues that aligned into three categories: 1) social determinants of health, 2) health disparities and 3) health care systems. The complete list identified by the stakeholders, along with the tallied voting to identify the top priorities is included below in Table 4.

Table 4
CHNA Scoring of San Juan Island Identified Community Priorities

Social Determinants of Health		Health Disparities		Health Care Systems	
Topic	Votes	Topic	Votes	Topic	Votes
Smoking		Dental (Adult/Ped)		Cost Barriers	3
Obesity		Hispanic Pop	4	Provider Availability	2
Housing		Women’s Health	2	Coordination of Care	10
Health Promotion/Prevention Wellness (includes immunization gap rates)	14	Behavioral Health	12	Respite	1
Wage Gap	1	Homelessness	3	Personal Care Services	2
				Home Health	1
				Alternative Medicine	1
				Hospice	2
				Local Access	
				PIC/community mutual accountability/engagement	3

Source: Community Health Needs Assessment Leadership meeting, voting process outcome for health need prioritization.

B. Leveraging PeaceHealth System Priorities

Leveraging work done by the larger PeaceHealth system aimed at Creating Healthy Communities, the San Juan County Health Department, participating partners, and Peace Island developed a framework, as shown in Figure 2, “San Juan Island Top Community Health Needs”. As depicted in Figure 2, the Service Area’s top identified needs fit nicely within the system wide strategic priorities: Healthy Child, Youth and Family Development; Healthy Neighborhoods & Communities; and Health Care for Vulnerable Populations.¹

Figure 2
San Juan Island
Top Community Health Needs



¹The priority of “Creating a Healthy Community,” along with its definition and supporting goals, was a remarkably common theme through all ten CHNAs that PeaceHealth conducted within its system hospitals. This commonality will allow PeaceHealth to leverage our resources and partnerships system-wide as we tailor our support to each community.

C. Data Results

Data collected and analyzed over the process of the CHNA revealed that overall, San Juan County and Peace Island’s Service Area does “well” and in many ways, is healthier than the State at large. That said, real and growing disparities exist on the Island and opportunities to improve the health and wellbeing of residents also exist. As noted earlier, the Stakeholders chose to group the identified needs into three categories, that when addressed, will take San Juan Island and County far along the path of achieving its goal of a Healthy Community as defined above:

1. **Social Determinants of Health** - Although county residents are as healthy as or healthier than their State and national counterparts, opportunities exist for improvement, including reducing risk factor behaviors such as high rates of alcohol use. The wage gap and lack of affordable housing were also identified as needs.
2. **Health Disparities** - Lack of dental, behavioral health and some women’s health services were seen as creating disparities. Of particular concern were behavioral health resources, which are extremely limited within the County. The growing Hispanic population’s lack of insurance and access to care were also identified as growing disparities. The fact that more than 21% of all persons under the age of 65 have no health insurance, was also identified as a concern. This high rate of uninsurance is from pre- Medicaid expansion, and while more than 1,000 San Juan County residents have been enrolled since expansion started, it is estimated that there are more than 1,700 adults that remain uninsured County-wide.
3. **Health Care Systems** -The geographical isolation of San Juan County creates cost and availability barrier for some residents in accessing care, especially the elderly and low income.

Social Determinants

- The low number of living-wage jobs coupled with high living costs and transportation challenges presents the low-income population with challenges in meeting basic needs including access to affordable health care.
- Homelessness is growing, as is the wage gap on the Island.
- The Island has high rates of excessive drinking with 21% of adults reporting binge plus heavy drinking (vs. 17% Statewide).

The social determinants of health –the conditions in which people are born, grow, live, work and age—play an important role in the health and health status of a community’s residents. Examples of *social determinants* include: availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthy foods; social norms and attitudes, such as discrimination; exposure to crime and violence; social support; and transportation.

Wages and family income is very important, as the socio-economic conditions of the family have a significant effect on children. While median family income, the point at which half of all families have higher income and half have a lower income, typically provides valuable insight into the distribution of income across families, in San Juan County both wage rates and individual income levels are important to understand. According to the American Community Survey, more than 15% of San Juan Island residents are self-employed, and nearly 30% are employed in retail or tourism. Many of these jobs are seasonal and fall in line with the influx of tourists in the summer months. In 2013, the seasonal wage gap between January and August was 42%. Though poverty rates on the Island are lower than the State, they have been increasing for

at least the past five years. As seen in Table 5, San Juan Island resident^{2's} median household income is only 2% lower than the State, while the median earnings are 13% lower.

Table 5 provides additional data on several key social determinants. Education also plays an important role in earning potential. San Juan Island and the County experience higher rates of high school graduation compared to the State.

Table 5
Social Determinants of Health

Area	Population	Foreign Born	Language other than English spoken at home	Median Household Income	Per Capita Income	Median Earnings for Workers	Percent High School Graduate or Higher	Poverty Rate*
San Juan Island (98250)	7,664	7.4%	8.5%	\$58,227	\$38,162	\$28,674	93.9%	8.8%
San Juan County	15,769	6.9%	7.1%	\$52,712	\$37,719	\$27,278	94.5%	10.8%
Washington	6,724,540	13.0%	18.2%	\$59,374	\$30,742	\$32,900	89.8%	13.4%

Source: 2010 U.S. Census Bureau, 2008-2012 American Community Survey

*Poverty Rate: % of individuals below poverty level- 2009-2013 American Community Survey 5-Year Estimates

In 2011 San Juan County partnered with United Way of Whatcom County and the Whatcom Community Foundation to conduct a needs assessment for low-income families in San Juan County. The report, *The San Juan Prosperity Project*, found that low-income residents faced special challenges in experiencing the high burden of housing costs relative to the low availability of living wage jobs. 35% of the survey respondents reported having to choose between rent and other basic needs. 61% of the respondents reported not receiving necessary health care in the last year due to cost. On San Juan Island, 28 % of single mother families with children less than 18 years old live in poverty.

Individual health behaviors increasingly correlate with social determinants, and impact the health status of a community. On the very positive side, San Juan County recently ranked #1 out of 39 Washington State counties by Robert Wood Johnson’s County Health Rankings. The “best” rating appears to be a function of San Juan County’s ranking in Health Outcomes, which includes the low rate of premature death and the Quality of Life measures, outlined in Table 6.

Table 6
Select Health Outcomes

	San Juan County	Top US Performers	Washington
Premature death (years of potential life lost before age 75 per 100,000 population)	5,088	5,317	5,709
Poor to fair health (percent of adults self-reporting)	9%	10%	14%
Poor mental health days	2.7	2.4	3.3

*Source: County Health Rankings, San Juan County 2014, *90th percentile, i.e. only 10% are better, figures are age-adjusted*

Despite this ranking, BRFSS and primary data identified the following²:

Higher burden of alcohol abuse

The rate of excessive drinking among County residents is higher compared to the State (21% versus 17% Statewide). Excessive drinking is defined as the percent of adults self-reporting either binge drinking (consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days) or heavy drinking (drinking more than one (women) or 2 (men) drinks per day on average). Excessive drinking is a risk factor for a number of related adverse health outcomes including alcohol poisoning, hypertension, acute myocardial infarction, and suicide and motor vehicle accidents³. Nationally, excessive drinking is the third leading lifestyle-related cause of death.

As seen in Table 7, the percent of motor vehicle crashes resulting in fatalities that involve alcohol for the County is significantly higher compared to the State (80% versus 42% Statewide).

Table 7
Rate of Excessive Drinking and Alcohol-Impaired Driving Deaths

	San Juan County	Top US Performers	Washington
Excessive drinking	21%	10%	17%
Alcohol-impaired driving deaths	80%	14%	42%

*Source: County Health Rankings, San Juan County 2014, *90th percentile, i.e. only 10% are better*

² University of Wisconsin Population Health Institute. *County Health Rankings 2014*. Accessible at www.countyhealthrankings.org

³ Centers for Disease Control and Prevention. Sociodemographic differences in binge drinking among adults-14 states, 2004. *MMWR Morb Mortal Wkly Rep.* 2009;58:301-304

Health Disparities

- Inadequate insurance makes residents of San Juan County more likely to use emergency services as a primary entrance to health care services.
- Vaccination levels for several diseases are low enough to place the community at risk for outbreaks of vaccine-preventable infections.
- The Service Area faces the challenge of recruiting and retaining mental health and behavioral health providers and behavioral health resources are extremely limited within the County boundaries.
- County residents have a lower rate of adults that smoke and that are obese compared to the State.

While, as noted earlier, San Juan County was recently ranked #1 out of 39 Washington State counties by County Health Rankings, opportunities for improvement exist in several areas, most notably: the low rate of health insurance coverage in the under 65 population, behavioral health, and the low vaccination rate levels.

As seen in Table 8, 21% of San Juan County residents under the age of 65 do not have health insurance coverage, which is significantly worse compared to the State (16%). Between 2008 and 2011 San Juan County experienced the highest growth of uninsured (more than a 4% increase) among counties across the State. Individuals without coverage are more likely to delay seeking treatment or may avoid health care all together because of the burden of medical bills. To date, and while Peace Island and others have actively enrolled more than 1,000 adults in Medicaid, it is estimated that there are more than 1,700 adults that remain uninsured County-wide.

Table 8
Health Care Access and Utilization

	San Juan County	Washington	Top US Performers*
Uninsured (% of population under 65 without coverage)	21%	16%	11%
Primary care physicians	1,132:1	1,051:1	1,067:1

Additionally, San Juan County has fewer primary care providers than the rest of the State. San Juan County in its entirety is designated by the Federal Department of Health Resources and Services Administration as a ‘Mental Health Care Health Professional Shortage Area’.

Low rates of vaccinations in San Juan County

Effective vaccines have played an important role in reducing child mortality over the past 100 hundred years. Many diseases that children are vaccinated against are highly contagious⁴ and spread quickly through unvaccinated populations: measles, in particular, is the most transmissible agent that infects humans. As seen in Table 9, in San Juan County, vaccination rates for many diseases are low enough to place the community at risk for outbreaks of vaccine-preventable infections.

Table 9
Childhood Vaccination Rates

Infectious Agent	San Juan County Vaccination Rate	Vaccination Rate Necessary to Prevent Outbreaks
Measles	63.9%	83 to 94%
Diphtheria	54.8%	85.0%
Pertussis	56.6%	92 to 94%

Source: Washington Department of Health, County Rates, 2013-2014 by Schools with Kindergartens

On the very positive side, as seen in Table 10, San Juan County enjoys lower rates of adults that smoke and that are obese. The County also experiences a lower rate of physical inactivity and a lower teen birth rate.

Table 10
Health Behaviors

	San Juan County	Washington	Top US Performers*
Adult smoking	13%	16%	14%
Adult obesity	19%	28%	25%
Physical inactivity	13%	19%	21%
Teen birth rate (per 1,000 female population age 15-19)	14	30	20

*Source: County Health Rankings, San Juan County 2014, *90th percentile, i.e. only 10% are better*

⁴ In order to avoid outbreaks of vaccine-preventable diseases, the percent of the population that is vaccinated must be above certain levels, which differs by the individual organism.

The San Juan Island School District was identified as the highest need District in San Juan County for youth behavior support (all county school districts were ranked by a set of youth risk behavior factors by the Washington State Division of Behavioral Health and Recovery). In June 2013 the local newspaper, *Island Guardian*, reported “San Juan Island School District has been selected to receive a Prevention Intervention Specialist to coordinate Project SUCCESS to prevent and reduce youth alcohol and other drug use and to create a healthier and safer community environment through continuing to work with the San Juan Prevention Coalition”. As depicted below in Table 11, the rate of cigarette and alcohol use is improving while the rate of marijuana use is worsening.

Table 11
Youth Health Behaviors

Risk Factor	San Juan County	WA State	San Juan County Trend 2002-2012
Cigarette use in the last 30 days (10 th graders)	11%		Improving
Alcohol use in the last 30 days (10 th graders)	22%	23%	Improving
Marijuana use in last 30 days (8 th graders)	23%		Worsening
Illegal Drug Use in last 30 days (12th graders)	8%	7%	N/A
Students who have felt depressed over 2 week period (10 th graders)	27%	31%	N/A
Obese or Overweight (8th graders)	19%	25%	Improving
Considering attempting suicide in past year (8 th grade)	14%	17%	N/A

Source: Healthy Youth Survey, San Juan County and School Districts

Health Care Systems

- San Juan County residents are isolated from the rest of Washington State by the Puget Sound and the Strait of Juan de Fuca and access to specialty providers requires residents to travel off island by sea plane, private boat, and ferry or air ambulance. Access is a particular challenge for low income individuals and elderly residents who cannot drive.
- Assistance in coordination of care between primary and specialty care is identified as a need, especially for the elderly and those with multiple chronic conditions.

Geographical isolation and limited transportation services, particularly for the elderly and low income and lack of care coordination

Nearly one in four residents of the Service Area is 65 or older and 9% live below the federal poverty level. As noted in Table 8, the percent of people who are uninsured is higher in the County compared to the State, and while progress has been made in the past year under Medicaid expansion and the State based insurance exchange, access in general, and transportation issues continue to present significant barriers to receiving care for these individuals. An additional concern is physical access to health services, especially for elderly and low income residents. Elderly are increasingly dependent on public transit or another individual to drive them to medical appointments and support for activities of daily living.

While the opening of Peace Island in 2012 has greatly improved access, many services, including many medical specialty services are not available on the Islands and residents must travel roughly 30 miles by ferry to the mainland, which takes several hours each way. The trip is costly, time consuming and sometimes hazardous. Many residents may forgo services because of the burden of travel.

The CHNA stakeholders identified the lack of care coordination as an existing community health need. Elderly residents as well as those with multiple chronic conditions need assistance in identifying available health services on the island and coordination between services on and off the island. Low income residents in particular, need assistance in addressing barriers to accessing follow-up services including the high cost of travel and insurance coverage.

D. San Juan Island Strengths and Opportunities Summary

As depicted earlier in Tables 3 and 4, San Juan Island enjoys numerous strengths, as well as a number of areas in which growing disparities exist. While overall Island residents enjoy a strong economy and tend to be highly educated, stakeholders and the organizations they represent recognize and are committed to reducing disparities and improving health. The Community's Assets that are, or can be brought to bear on identified priorities are outlined in Table 12. How the many community partners intend to team up to respond to these needs, as well as the priorities on which PeaceHealth Peace Island has elected to focus, are described in more detail in Section V. It should be noted that the list of organizations below is not intended to be exhaustive, As collaborative efforts to address identified problems develop, Peace Island and its community partners will reach out to other organizations serving the County beyond San Juan Island.

Table 12
Existing Community Assets

Partner Organization	Capabilities and Expertise
San Juan County Public Hospital District No. 1	Subsidizes uncompensated care for hospital patients. Received a HRSA grant in 2011 that provides telepsychiatry consults every Friday. About 3 new patients per week use the service. This grant

is adults only; no pediatrics.

San Juan Health Department	Expertise in public health and high knowledge of the Service Area, Maintains data and analytic capabilities, including data on immunization rates.
Partner Organization	Capabilities and Expertise
San Juan Island Community Foundation	Critical Needs Task Force: the Foundation’s task force identified 12 areas of need on the Island. Of these 12, two: health care and social services have resulted in the funding of programs to address some of the issues identified in this CHNA process.
San Juan Island Family Resource Center	Operates among other services the Community Wellness Program. This program was established to support the uninsured, but has now been expanded to include the Apple Health population. Includes about 16-20 new patients annually and provides short-term intervention (up to 12 visits).
Compass Mental Health	Behavioral health support
San Juan Island Mullis Senior Center	Services to seniors
San Juan Island School District	Provides counseling and resources to children, adolescents and families.
San Juan Island Chamber of Commerce	Represents most San Juan Island major businesses
San Juan Island Public Library	Strong community asset
Planned Parenthood Friday Harbor	Women’s reproductive health services
San Juan County Health Department	Manages the school-based Youth at risk program. The goal of the Coalition is to strengthen community collaboration to reduce substance abuse among youth and to create community culture supporting healthy choices and responsible behaviors in youth and adults.

V. PeaceHealth Peace Island CHNA Priorities and Implementation Plan

A. Priorities

At the System level PeaceHealth has adopted ambitious plans to move from providing health care services for acute illness, to supporting wellness within the community through population-based care management. Based on both our System’s and our local resources and expertise, Peace Island reviewed the Stakeholder’s prioritized listing of health needs, and in close coordination with the community, Peace Island has elected to focus its CHNA on needs delineated in Table 13.

Table 13
PeaceHealth Peace Island Medical Center Selected CHNA Priorities

PeaceHealth Peace Island Medical Center <i>Respect ♦ Collaboration ♦ Stewardship ♦ Social Justice</i>	
Our Priority...	...to Address These Areas of Concern
<p>1. Health promotion and disease prevention. This includes generally informing residents about services and resources available and in providing information and resources to enhance healthy living, and includes increasing immunization rates.</p>	<p><i>Increase the use of community resources that support health and well-being. Increase immunization rates.</i></p>
<p>IMPACT: Improve healthy and active living, and increase the health of children and families.</p>	
<p>2. Care Coordination. This involves helping people navigate the healthcare system and identifying those in need of support (e.g. elderly, people with particularly complex conditions), and those at end of life as they transition between providers and care settings (between islands as well as between the County and the mainland). Care coordination involves assuring that barriers are minimized and that care is provided in the setting of choice (including the patient’s home) and by the provider of choice (including complimentary medicine practitioners).</p>	<p><i>Create and support a continuum of coordinated care, especially for complex and high-risk patients.</i></p>
<p>IMPACT: Increase health outcomes for vulnerable populations.</p>	
<p>3. Increase behavioral health outreach and services. This includes recruiting and retaining providers as well as reducing barriers to access for mental health and substance abuse prevention, intervention, treatment and after-care.</p>	<p><i>Move toward an integrated health care delivery system providing both primary and behavioral health care services to improve overall health and wellness.</i></p>
<p>IMPACT: Increase the health of children and families, improve outcomes for vulnerable populations</p>	

Building from the three priorities listed above, Table 14 delineates Peace Island’s specific CHNA implementation plan. It summarizes the objectives and strategies we will employ, as well as their alignment with community goals.

Table 14
PeaceHealth Peace Island Medical Center
CHNA Implementation Plan

Objectives and Strategies	
Objective 1:	Put in place an inter-organizational advisory group – or Consortium - that can help shape a Community Health Improvement Plan (CHIP) and implementation strategies in 2015. The scope of work for this group would include building more specific action plans, resource development, delineating relatively simple measures of success and communicating progress to the PIMC Board and community partners.
<i>Strategy 1.1</i>	<i>Invite the participants from the CHNA core group to form this consortium, including representatives from the San Juan County Health & Community Services, San Juan County Public Hospital District #1, San Juan Family Resource Center and PeaceHealth Peace Island Medical Center. Additional members will be sought from the organizations that participated in the CHNA process.</i>
<i>Strategy 1.2</i>	<i>It is anticipated that new Consortium members will join over time and that work teams will be convened to address specific projects as needed. It is also anticipated that Consortium members will join and support other overlapping community health improvement efforts such as San Juan Community Foundation sponsored Critical Needs Task Force. An effort will be made to engage with people and organizations that have knowledge and experience serving Orcus and Lopex Islands,</i>
<i>Strategy 1.3</i>	<i>Input and guidance will be sought from people and organizations with knowledge and experience serving Orcus and Lopex Islands, and expanding the Consortium accordingly,</i>
Objective 2:	Develop a community resource guide, and identify opportunities for medical and social service providers to use the information in their work with families and service recipients.
<i>Strategy 2.1</i>	<i>The CHIP Consortium will identify an organization that is willing to lead the effort to develop and maintain the resource guide, and support associated costs.</i>
<i>Strategy 2.2</i>	<i>The CHIP Consortium will provide in-kind input and technical assistance regarding the scoping, design, dissemination and use of the tool.</i>
Objective 3:	Increase immunization rates.
<i>Strategy 3.1</i>	<i>Under the leadership of the Health Department, the CHIP Consortium will develop a plan with realistic improvement targets and evidence-based strategies that can be used to seek philanthropic and grant support to proceed with implementation.</i>

Objectives and Strategies

Strategy 3.2 *It is anticipated that a key two-prong strategy will be to identify parents who were open to vaccination but encountered barriers to obtaining vaccines (health care access), or who hesitate because they are unsure of or who have concerns about vaccination safety, and then address parent questions and concerns and link them to appropriate vaccination resources.*

Objective 4: Develop a plan with phasing options that outlines an integrated approach to meeting the psycho-social and medical needs of higher risk patient populations on the Island, beginning with frequent users of EMS and ED services, and people with chronic or end-of-life illness.

Strategy 4.1 *Members of the CHIP Consortium will work with the new (as of January, 2015) North Sound Accountable Community of Health (North Sound-ACH) organization that has been funded to study care coordination programs in the North Sound region that target the highest utilizers of emergency departments, emergency medical systems. A key element of our participation will be to ascertain best practices for rural communities.*

Strategy 4.2 *With input and assistance from the North Sound ACH, WSHA, and other PeaceHealth Medical Centers, among others, the CHIP Consortium will develop a plan over a six month period that includes “Green Grass” and “Blue Sky” scenarios, i.e. what can be done with minimal new resources and how might we proceed with an infusion of new support.*

Objective 5: Increase behavioral health outreach and services.

Strategy 5.1 *The CHIP Consortium will develop a two-part plan that aims for 1) greater integration of the Community Wellness Program administered through the Family Resources Centers and primary care providers, EMS services and the PeaceHealth tele psychiatry program; and 2) opportunities for enhanced recruitment of providers and/or creative out-stationing or sharing of provider time.*

B. Effects on Community

Table 15, “PeaceHealth Peace Island Medical Center Community Effects, Measures and Partners for Our CHNA Objectives,” outlines the expected effect of Peace Island’s CHNA objectives on community. These include the likely impact on the overall population, the measures that will be used to determine improvement, San Juan County’s current status on these measures, and the other partners we will work with for each CHNA objective. Over time, we expect the resources that Peace Island brings to these issues will have a significant impact on the health of San Juan County residents.

Table 15
PeaceHealth Peace Island Medical Center
Community Effects, Measures and Partners for Our CHNA Objectives

PeaceHealth Peace Island Objective	Population Impact	Community Goals Alignment
<p>1. Put in place an inter-organizational advisory group – or Consortium - that can help shape a Community Health Improvement Plan (CHIP) and implementation strategies in 2015. The scope of work for this group would include building more specific action plans, resource development, delineating relatively simple measures of success and communicating progress to the PIMC Board and community partners.</p>	<p><i>Improves Overall Health Status, Health Disparities, Substance Abuse, Access to Health Care, Healthy Eating and Active Living</i></p>	<ul style="list-style-type: none"> – Healthy Child, Youth and Family Development – Healthy and Active Living in Neighborhoods & Communities – Health Care for Vulnerable Populations
<p>2. Develop a community resource guide, and identify opportunities for medical and social service providers to use the information in their work with families and service recipients.</p>	<p><i>Improves Overall Health Status, Health Disparities, Substance Abuse, Access to Health Care, Healthy Eating and Active Living</i></p>	<ul style="list-style-type: none"> – Healthy Child, Youth and Family Development – Healthy and Active Living in Neighborhoods & Communities – Health Care for Vulnerable Populations
<p>3. Increase immunization rates</p>	<p><i>Improves Overall Health Status, Health Disparities, Substance Abuse, Access to Health Care, Healthy Eating and Active Living</i></p>	<ul style="list-style-type: none"> – Healthy Child, Youth and Family Development – Healthy and Active Living in Neighborhoods & Communities – Health Care for Vulnerable Populations
<p>4. Develop a plan with phasing options that outlines an integrated approach to meeting the psycho-social and medical needs of higher risk patient populations, beginning with frequent users of EMS and ED services, and people with chronic or end-of-life illness.</p>	<p><i>Improves Overall Health Status, Health Disparities, Substance Abuse, Access to Health Care, Healthy Eating and Active Living</i></p>	<ul style="list-style-type: none"> – Healthy Child, Youth and Family Development – Healthy and Active Living in Neighborhoods & Communities – Health Care for Vulnerable Populations
<p>5. Increase behavioral health outreach and services.</p>	<p><i>Improves Overall Health Status, Health Disparities, Substance Abuse, Access to Health Care, Healthy Eating and Active Living</i></p>	<ul style="list-style-type: none"> – Healthy Child, Youth and Family Development – Healthy and Active Living in Neighborhoods & Communities – Health Care for Vulnerable Populations

VI. Resources

A. Data and Data Links

American Community Survey, 2010-2013

Behavioral Risk Factor Surveillance System

U.S. Census 2010

Washington County Health Rankings 2014

Washington State CHARS database

Washington State Chronic Disease Profiles

Washington State Department of Health

Healthy Youth Survey, San Juan Island County and School District

The San Juan Prosperity Project 2011

US Department of Health and Human Services, Federal Shortage Designation: Health Professional Shortage Areas (Mental Health)