



 **ASTRIA SUNNYSIDE
HOSPITAL**

 **ASTRIA REGIONAL
MEDICAL CENTER**

 **ASTRIA TOPPENISH
HOSPITAL**

2018 COMMUNITY HEALTH NEEDS ASSESSMENT



Paper copies of this document may be obtained in person:

Administrative Offices of Astria Sunnyside Hospital, Astria Regional Medical Center,
Astria Toppenish Hospital

This document is available electronically at:

<https://www.astria.health/locations/astria-regional-medical-center>

<https://www.astria.health/locations/astria-toppenish-hospital>

<https://www.astria.health/locations/astria-sunnyside-hospital>

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LETTER FROM JOHN GALLAGHER, PRESIDENT AND CEO ASTRIA HEALTH

Dear Community:


As the President and Chief Executive Officer of Astria Health, I would like to share our 2018 Community Health Needs Assessment with you.

Not-for-profit 501(c)(3) hospitals are required to complete a Community Health Needs Assessment (CHNA) every three years. The purpose of the CHNA is to identify the important health needs of the community we serve and to design innovative approaches for meeting those needs.

The Astria Health 2018 CHNA outlines the priority health issues facing communities throughout the Yakima Valley. Over the next several months we will be developing a plan, in collaboration with community partners, to address each of the prioritized health needs.

Building and sustaining healthy healthcare organizations and healthy communities requires multiple stakeholders working together. We must strive to build lasting partnerships and actively engage in finding solutions.

Very truly yours,



John M. Gallagher, FACHE
President and CEO
Astria Health

OVERVIEW**REGULATORY REQUIREMENT**

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years.

The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers, commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.

JOINT COMMUNITY HEALTH NEEDS ASSESSMENT

Astria Health is the parent non-profit owner of Astria Regional Medical Center, Astria Sunnyside Hospital, and Astria Toppenish Hospital.

IRC §501(r) allows hospital organizations with multiple hospital facilities to collaborate and produce one joint CHNA report and implementation strategy for all of its hospital facilities, provided the hospital facilities define their communities to be the same.¹

Astria Regional Medical Center located in Yakima Washington, Astria Sunnyside Hospital located in Sunnyside Washington, and Astria Toppenish Hospital located in Toppenish Washington, define their service area as Yakima County and the communities of Prosser which is in Benton County and Ellensburg which is in Kittitas County.

Astria Regional Medical Center, Astria Sunnyside Hospital, and Astria Toppenish Hospital have agreed to produce one CHNA and implementation strategy. The CHNA and Implementation strategy will be reviewed and approved by the governing boards of each hospital, and by the governing board of Astria Health.

For the purposes of this document, Astria Regional Medical Center, Astria Sunnyside Hospital, and Astria Toppenish Hospital will be referred to collectively as Astria Health, where applicable.

¹ <https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

ABOUT ASTRIA HEALTH

The Astria Health system, headquartered in the heart of the Yakima Valley in Washington State, is the parent nonprofit organization of Astria Regional Medical Center, Astria Sunnyside Hospital, and Astria Toppenish Hospital.

OUR VISION

Astria Health builds sustainable healthcare organizations that deliver comprehensive quality care to improve health in the communities we serve.

OUR MISSION

As a non-profit, Astria Health exists to provide healthcare services to the communities we serve. Every dollar we earn is reinvested into providing quality healthcare through:

- ✦ New or expanded patient care services
- ✦ Access to care
- ✦ New physician services
- ✦ New technologies
- ✦ Attracting and retaining engaged professionals who share our vision

OUR VALUES

- ✦ Integrity
- ✦ Honesty
- ✦ Stewardship
- ✦ Respect

ASTRIA REGIONAL MEDICAL CENTER

Astria Regional Medical Center, a 214-bed facility located in Yakima in Central Washington, provides a full complement of medical services including the Valley's only open-heart surgery, advanced imaging, comprehensive robotics, state-of-the-art neurosurgery programs, and CARF accredited inpatient rehabilitation .

Staffed by approximately 750 full and part-time employees, the Hospital offers a wide array of inpatient and outpatient services.

The hospital provides one of only two single stay cardiac units in the state of Washington. Astria Heart Institute is a platinum level Chest Pain accredited facility from the American College of Cardiology, the only MissionLife hospital in Washington, a Level II Stroke center, and a Level III trauma center.

The hospital was founded in 1891. On September 1, 2017, the hospital became a part of Astria Health as a nonprofit hospital, including Astria Heart Institute.

Astria Regional Medical Center is accredited by The Joint Commission.

ASTRIA SUNNYSIDE HOSPITAL

Astria Sunnyside Hospital was founded in 1946 and is located in the heart of the beautiful wine country of Washington State. Astria Sunnyside Hospital became an affiliate of non-profit Astria Health in September 2017.

The 25-bed Astria Sunnyside Hospital is a critical access hospital that also operates a series of primary care clinics and provider-based specialty clinics.

The hospital offers a 24-hour Emergency Room, Intensive Care Unit, a Level 1 Cardiac facility, a Cancer Center, a Family Birth Center, Nephrology, Inpatient surgical services and an Ambulatory Surgery Center, Wound Care including hyperbaric, Behavioral Health services including an Intensive Outpatient Program which is a comprehensive psychiatric program for older adults, and Hearing and Speech services.

Astria Sunnyside Hospital also provides the people living and working throughout the region with advanced diagnostics such as a full suite of laboratory services, MRI, advanced CT scanning, PET/CT, 3-dimensional mammography, 3-D obstetrical ultrasound, and nutritional education and services.

ASTRIA TOPPENISH HOSPITAL

Astria Toppenish Hospital is a fully accredited 63-bed community hospital established to care for the unique needs of the Toppenish area, including caring for the people living and working on the Yakama Nation and in communities throughout the region. Astria Toppenish Hospital became an affiliate of non-profit Astria Health in September 2017.

Astria Toppenish Hospital provides a full complement of inpatient and outpatient services. The hospital's medical services include a 24-hour Emergency Room, Intensive Care Unit, Family Maternity Center, Surgical Services, a 21-day Evaluation and Treatment Co-occurring Psych Program, a 90 Day+ Civil Commitment Program and an Inpatient Medical Withdrawal Management Program as well as outpatient services such as adult and pediatric cardiology.

Astria Toppenish Hospital provides the people living and working throughout the region with advanced diagnostics including CT, MRI, and ECHO cardiography, along with a full-service laboratory.

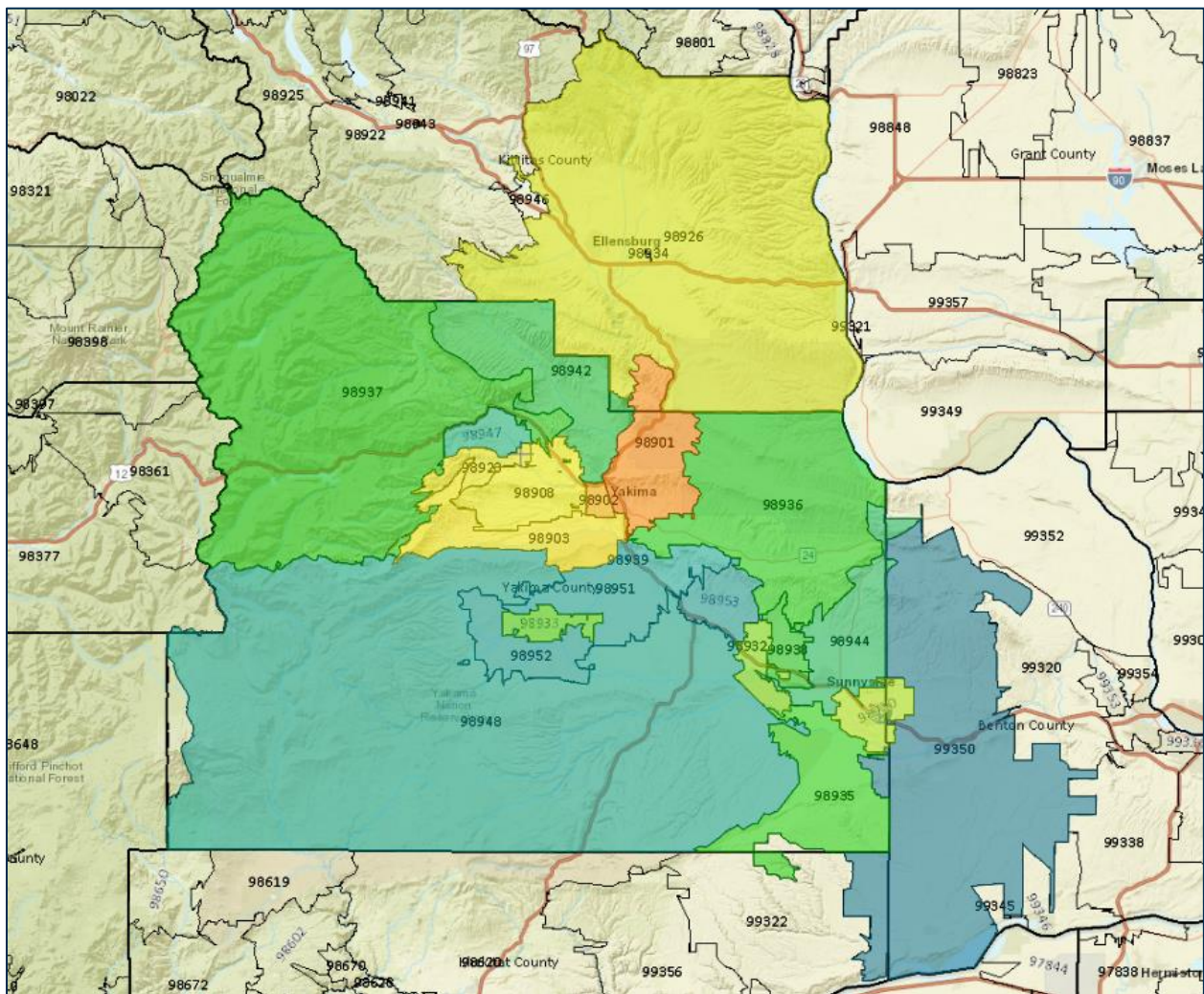
Astria Toppenish Hospital is accredited by The Joint Commission.

GEOGRAPHIC ASSESSMENT AREA

The Astria Health service area includes Yakima County, the city of Prosser in Benton County and the city of Ellensburg in Kittitas County. Approximately 80% of discharges from the three Astria Health hospitals are from Yakima County, Prosser, and Ellensburg.

Yakima County was utilized as the CHNA geographic area and the source of county data. Yakima County includes medically underserved, low-income, and minority populations. Yakima County includes the Yakama Nation, whose tribal offices are located in Toppenish.

All residents were used to determine the CHNA geographic area.



Source: iVantage Health Analytics, ESRI 2017

The ZIP Codes below constitute the Astria Health service area. Some ZIP Code boundaries, including Sunnyside (98944) and Grandview (98930), are not congruent with county boundaries and the cities are therefore geographically located in more than one county.

Astria Health Service Area	
ZIP Code	City
98923	Cowiche
98926	Ellensburg
98930	Grandview
98932	Granger
98933	Harrah
98935	Mabton
98936	Moxee
98937	Naches
98938	Outlook
99350	Prosser
98942	Selah
98944	Sunnyside
98947	Tieton
98948	Toppenish
98903	Union Gap
98951	Wapato
98952	White Swan
98901	Yakima
98902	Yakima
98908	Yakima
98953	Zillah

STEERING COMMITTEE

Astria Health senior leaders established the framework and methodology for conducting the CHNA and provided guidance and direction throughout the process.

RESEARCH METHODOLOGY

The CHNA was conducted between July 1, 2018, and November 28, 2018. Both quantitative and qualitative methods were utilized to gather data about the Astria Health service area.

Quantitative Data: A variety of sources were used to identify community health trends and health disparities including but not limited to: iVantage, County Health Rankings, Community Commons, Centers for Disease Control (CDC) BRFSS, Washington State Department of Health, and the Yakima Health District. Every effort was made to obtain the most current data. Data were analyzed for comparison purposes with the United States, Washington State, counties within Washington State, Results Washington, and Healthy People 2020 when comparative data was available.

Qualitative Data: Interviews with key stakeholders and a key stakeholder survey were completed.

Key Stakeholder Interviews: Stakeholder interviews were conducted with individuals that represented the broad interests of the community including public health, tribal health, and individuals with knowledge of medically underserved, low-income, minority populations, and populations with chronic disease. Individuals to be interviewed were recommended by Astria Health Senior Leadership.

The interviews were completed in-person or by phone between July 1 and August 31, 2018. A total of thirty-five individuals were interviewed.

Key Stakeholder Survey: A key stakeholder survey was distributed to providers (physicians, nurse practitioners and physician assistants), the clinical management staff of Astria Health, and community organizations with knowledge and expertise regarding the needs of underserved, at-risk and vulnerable populations, and those with chronic disease.

A total of eight-nine (89) surveys were completed. Twenty-seven (27) providers completed the survey including nineteen physicians, six nurse practitioners, and two physician assistants. Representatives of thirteen community organizations completed a total of thirty-one (31) surveys.

Governor's Interagency Council on Health Disparities: The Governor's Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. About 40 people were in attendance, including community members, students, and representatives from community-based organizations and from public health, healthcare, and education sectors. Participants were asked about priorities for the community. Feedback from the meeting is included throughout the report.

Yakima County Health Care Coalition – Consumer Engagement Survey: The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. There were a total of 501 respondents. Information from the survey is included throughout the report.

CONSULTANTS

Astria Health contracted with HealthTechS3 to assist in conducting the 2018 Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. Carolyn St.Charles, Regional Chief Clinical Officer, was the principal consultant for the project.

GAP ANALYSIS

Data were obtained from all required sources in completing the 2018 CHNA and identifying community health priorities.

The 2018 Astria Health CHNA includes:

- ✦ Community demographics and populations served
- ✦ Methods for obtaining, analyzing and synthesizing data about the health needs of the community
- ✦ Process for consulting with persons representing the broad interests of the community, including those with special knowledge of or expertise in public health and tribal health
- ✦ Process and criteria used in identifying the health needs of the community as significant and prioritizing those needs
- ✦ Resources to address priority community health needs

Astria Health is not aware of any information gaps affecting the assessment or prioritization of community health needs.

COMMUNITY HEALTH PRIORITIES

PRIORITIZATION COMMITTEE

The senior leadership team of Astria Health met on September 17, 2018, to review the quantitative and qualitative data and to identify priority community health needs. Members of the senior leadership team include:

- ✦ John Gallagher, President & CEO
- ✦ Les Abercrombie, Chief Human Resources Officer
- ✦ Brian Gibbons, CEO, Astria Sunnyside Hospital
- ✦ Michael Gunn, Senior Director of Revenue Cycle
- ✦ Eric Jensen, CEO, Astria Toppenish Hospital
- ✦ Mark Lauteren, Chief Information Officer
- ✦ Dawn O'Polka, Chief Marketing and Communications Executive
- ✦ Rich Robinson, CEO, Astria Regional Medical Center
- ✦ Cary Rowan, Chief Financial Officer
- ✦ Janine Sarti, General Counsel

PRIORITIZATION CRITERIA

The Senior Leadership Team agreed to the following criteria for determining priority community health needs.

<p>MAGNITUDE / SCALE OF THE PROBLEM The health need affects a large number of people within our community.</p>
<p>SEVERITY OF THE PROBLEM The health need has serious consequences (morbidity, mortality, and economic burden) for those affected. There are significant consequences to the community if the problem is not addressed.</p>
<p>HEALTH DISPARITIES The health needs disproportionately impacts the health status of one or more vulnerable populations or groups.</p>
<p>IMPORTANCE TO THE COMMUNITY The health need is of significant importance to the community.</p>
<p>ABILITY TO LEVERAGE The opportunity to collaborate with existing community partnerships to address the health need or to build on current programs.</p>

PRIORITIZED COMMUNITY HEALTH NEEDS

Utilizing the prioritization criteria and group discussion, the Senior Leadership Team chose four priority community health needs as focus areas for Astria Health over the next three years:

1. Increase access to Primary Care
2. Increase access to Specialty Care
3. Increase access to Behavioral Health and Substance Abuse services
4. Prevention, screening, and treatment of Chronic Diseases including diabetes and heart disease

The four community health needs are in alignment with the community health needs identified by key stakeholders.

The Astria Health priorities will also help to address four of the eight barriers to health identified by the Yakima County Health Care Coalition – Consumer Engagement Survey including:

- ✦ Finding a Health Care Home: Increase access to primary care and Increase access to specialty care
- ✦ Emotional/Mental Health: Increase access to Behavioral Health services
- ✦ Substance Abuse and Drugs: Increase access to Substance Abuse services
- ✦ Education: Although not addressed specifically, healthcare education is an essential component for accomplishing each of the four priorities chosen by Astria Health

COMMUNITY HEALTH NEEDS NOT ADDRESSED

Obesity in adults and children is the only one of the top five community health priorities, identified by key stakeholders as a recommended focus for Astria Health that was not included in the final priorities. However, management of obesity is a component of chronic disease management.

RESOURCES TO MEET PRIORITIZED COMMUNITY HEALTH NEEDS

Resources to meet prioritized Community Health Needs are included in Appendix 1. The resources were identified by an internet search, review of community resource directories, and information provided by Astria Health. The resources may not reflect recent changes in providers or programs.

NEXT STEPS

Over the next several months Astria Health will develop an implementation plan for each of the prioritized community health needs. The implementation plan will be published in a separate report.

APPROVAL

The Community Health Needs Assessment was approved by the governing boards of Astria Regional Medical Center, Astria Sunnyside Hospital, Astria Toppenish Hospital, and Astria Health on the following dates:

 Astria Sunnyside Hospital Governing Board	October 25, 2018
 Astria Toppenish Hospital Governing Board	November 13, 2018
 Astria Health Governing Board	November 27, 2018
 Astria Regional Medical Center Governing Board	November 28, 2018

COMMUNITY FEEDBACK

Astria Sunnyside Hospital did not receive any community feedback on the 2016 Community Health Needs Assessment.

Astria Health makes the Community Health Needs Assessment available to the public and welcomes feedback. The CHNA is available at the following locations, and on the websites listed below:

ASTRIA REGIONAL MEDICAL CENTER ADMINISTRATION

110 S. 9th Avenue

Yakima, Washington, 98902

509-575-5000

<https://www.astria.health/locations/astria-regional-medical-center>

ASTRIA SUNNYSIDE HOSPITAL ADMINISTRATION

1016 Tacoma Avenue

Sunnyside Washington, 98944

509-837-1500

<https://www.astria.health/locations/astria-sunnyside-hospital/>

ASTRIA TOPPENISH HOSPITAL ADMINISTRATION

502 West 4th

Toppenish Washington, 98948

509-865-3105

<https://www.astria.health/locations/astria-toppenish-hospital>

EXECUTIVE SUMMARY

The Executive Summary includes a brief overview of the Astria Health Community Health Needs Assessment, including quantitative and qualitative data.

Not all findings are included in the Executive Summary. Additional detail and references are included in the Main Report and in the Appendices.



SUMMARY OF QUANTITATIVE DATA

DEMOGRAPHICS

The population of Yakima County is approximately 250,000 and is projected to increase to approximately 254,000 by 2022, a 1.7% increase. However, the population over 65 is projected to increase to 12.6% of the total population by 2022. The percent increase from 2018 to 2022 is projected to be 10.6% for ages 65 – 74, 23.6% for residents ages 65 – 74, the most significant change, and to decrease by (0.77%) for ages over 85. The increase in the population over 65 is likely to result in an increased demand for healthcare services including chronic disease management.

In Yakima County, the Hispanic population makes up 49.8% of the population and White Non-Hispanic 42.6% of the population. The third highest percentage of the population is American Indian, 3.6%.

HEALTH OF THE COMMUNITY & SOCIAL DETERMINANTS OF HEALTH

The Community Needs Index (CNI) and County Health Rankings (CHR) rate communities based on a group of indicators to determine the overall health of a community. Both the CNI and CHR illustrate a community with significant needs.

Yakima County has many factors, commonly called social determinants of health that contribute to the current and future health of the community. Many residents of Yakima County experience poverty, food insecurity, lack of transportation, and limited access to affordable housing. Only 25% of residents have finished high-school, and 16% have Limited English Proficiency.

HEALTH BEHAVIORS

Yakima County residents have rates of adult and childhood obesity, use of tobacco products, alcohol use among adolescents, and sexually transmitted diseases that are higher (worse) than the state. Opioid-related deaths are lower than the state but still represent approximately 65 deaths annually.

A recent study published by the Journal of the American Medical Association (JAMA), identified the top three risk factors for disability-adjusted life-years in Washington State as alcohol & drug abuse, high body mass index (BMI), and tobacco use.²

² The US Burden of Disease Collaborators. *The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States*. JAMA. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

ACCESS TO CARE

Access to care is negatively impacted by the number of residents who are uninsured and limited access to providers. The rate of providers per 100,000 population is lower than the State for primary care, specialists, psychiatrists, mental health providers, and dentists. Yakima County is designated as a Medically Underserved Area (MUA).

CHRONIC DISEASE & CANCER

The occurrence of heart disease and diabetes is higher than the state. Many of the social and economic factors, as well as health behaviors including poor nutrition and obesity, contribute to the rate of chronic disease.

The highest age-adjusted incidence rate for cancer is lung cancer.

BEHAVIORAL HEALTH

Residents of Yakima County report a higher number of mentally unhealthy days than the State. Seventeen percent (17%) of the Medicare fee-for-service population have been diagnosed with depression.

The suicide rate in Yakima County is higher than Washington State and significantly higher than the Healthy People 2020 target.

KEY STAKEHOLDER INTERVIEWS

A total of thirty-five (35) interviews were conducted either in-person or by phone from July 1, 2018, through August 31, 2018. The names of the individuals that were interviewed are included in Appendix 2.

Major themes from the interviews are summarized in the following paragraphs.

ADVERSE CHILDHOOD EVENTS (ACEs)

It is important to develop and implement strategies to increase “resilience” and prevent ACEs. A coordinated community effort is needed.

HEALTH LITERACY

Increased focus on education and improving health literacy is very important. It is very difficult for many individuals in the community to navigate the healthcare system.

Translators do not always translate accurately. Availability of qualified translators is essential.

Physician clinics spend a considerable amount of time trying to find resources for patients with significant social and economic needs. Information regarding resources is not readily available.

TRANSPORTATION

Multiple stakeholders identified the burden of travel for many residents of Yakima County to obtain healthcare or other services. This includes travel within Yakima County but, also travel outside of Yakima County for specialty care.

Persons with mental illness are especially challenged to find transportation.

HOMELESSNESS & AFFORDABLE HOUSING

There is an increasing number of homeless in almost every community.

There are not enough resources to address the problems of homelessness including a lack of respite care after an acute hospitalization.

NUTRITION

Poor nutrition and lack of exercise contribute to the rate of obesity and subsequently to diabetes and other chronic diseases.

People with limited income often spend money on fast food, rather than healthy food, due to a variety of social and economic factors.

DRUGS & ALCOHOL

There are insufficient treatment options, both inpatient and outpatient, for drug and alcohol addiction.

Opioid addiction is increasing. Additional resources are needed to address opioid addiction, including prescription opioids.

Medically managed detoxification for both alcohol and drugs is a critical need.

PRIMARY CARE

There are not enough primary care providers. There can be long wait times to get an appointment, often resulting in visits to the emergency department or people going without care.

Access to primary care for individuals who are mentally ill, including children, is especially difficult.

SPECIALTY CARE

Access to specialty care, which in some instances requires hospitalization in Seattle or Portland, is very difficult and traumatic for patients and families.

There are not a sufficient number of psychiatrists or gastroenterologists in the Valley.

BEHAVIORAL HEALTH

The mental health needs of the community are significant, and there are not enough resources to meet the need.

Increased access to treatment options for individuals with a co-occurring diagnosis (mental health and substance abuse) is a critical need.

More psychiatrists and mental health providers are needed.

WOMEN, INFANTS & CHILDREN

More emphasis needs to be placed on providing evidence-based prenatal, antepartum, and post-partum care, including implementing best practices to prevent maternal mortality.

Continued efforts are needed to ensure first-trimester prenatal care and to encourage breastfeeding for as long as possible.

CHRONIC DISEASE

Diabetes was identified by multiple stakeholders as the most significant chronic disease impacting community health, and one that disproportionately affects low-income and native populations.

More emphasis is needed on preventative care and population health strategies.

YAKIMA COUNTY HEALTH CARE COALITION – CONSUMER ENGAGEMENT SURVEY

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018, through August 31, 2018. There were a total of 501 respondents.

Respondents were asked, ‘What would you say are the biggest barriers that would help you and your family improve your own health?’

The answers, in priority order, were:

1. Housing
2. Employment
3. Education
4. Transportation
5. Emotional/Mental Health
6. Legal Issues
7. Finding a health care home
8. Substance Abuse and Drugs

KEY STAKEHOLDER SURVEY

A survey was distributed to clinical staff at each of the three Astria Health hospitals and community organizations with knowledge of the needs of under-served, minority, and at-risk populations. The survey was available from August 1, 2018, to August 31, 2018.

A total of eighty-nine (89) surveys were completed. Twenty-seven (27) healthcare providers completed the survey including nineteen (19) physicians, six (6) nurse practitioners, and two (2) physician assistants. Thirty-one (31) surveys were completed by representatives of thirteen (13) community organizations, not including Astria Health.

Each respondent was asked to rate thirteen (13) community health needs on a scale of one (1) to ten (10) based on the importance to the community with one (1) being the most important. Respondents were also asked what Astria Health should focus on over the next three (3) years, again using a scale from one to ten. The thirteen (13) community health needs included in the survey were identified by analysis of secondary (quantitative) data.

The top five (5) community health needs identified in the survey and the top five community health needs recommended for Astria Health top focus on over the next three years are listed in the table below.

Top Five Community Health Needs	Top Five Community Health Needs Recommended for Astria Health
1. Access to inpatient and outpatient behavioral health care services for adults and children	1. Access to Primary Care
2. Substance abuse in adults and children including tobacco, alcohol, and illegal drugs (including opioids)	2. Access to inpatient and outpatient behavioral health care services for adults and children
3. Obesity in children and adults	3. Access to specialty care
4. Access to primary care	4. Substance abuse in adults and children including tobacco, alcohol, and illegal drugs, including opioids
5. Homelessness and affordable housing	5. Obesity in children and adults

The survey also asked what the most needed medical specialties were in the Yakima Valley. The three (3) top answers were Psychiatry, Gastroenterology, and Rheumatology.

ASTRIA SUNNYSIDE HOSPITAL 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Astria Sunnyside Hospital completed an implementation plan to meet the prioritized community health needs identified in the 2016 Community Health Needs Assessment.

Astria Sunnyside Hospital is completing a new Community Health Needs Assessment in 2018, one year early, as a joint CHNA with the two other Astria Health hospitals, Astria Regional Medical Center, and Astria Toppenish Hospital.

As a result of the one-year earlier timeline, some of the strategies have not been completed, and not all targets have been met.



PRIORITY 1: IMPROVE ACCESS TO PRIMARY CARE INCLUDING PRENATAL CARE IN THE ASTRIA SUNNYSIDE HOSPITAL & CLINICS SERVICE AREA

Objective 1: Increase the number of providers who offer prenatal care

Target: Increase the number of providers who provide prenatal care from twelve (12) to fourteen (14)

Results: Partially Met

One Family Practice / OB physician has been added to the medical staff. The goal is to add two which has not been met as of September 2018.

Objective 2: Provide community resources and education focused on the importance of prenatal care in the first trimester of pregnancy

Target: 77.9% of pregnant women seen by a provider during the first trimester of pregnancy

Results: Partially Met

Based on the most recent data available, prenatal care in the first trimester in Yakima County is 79.7% and is not statistically different than the state. The percentage of late or no prenatal care is 1.4%, which is lower (better) than the state.³ A database to specifically measure first-trimester prenatal care at Astria Sunnyside Hospital clinics was not established.

However, several initiatives were put in place to encourage first-trimester prenatal care including:

- Development of a parenting resource guide which includes: Welcome Brochure, Labor & Delivery Booklet, New Mom Handbook, Breastfeeding Guide, and Newborn Testing & Screening. The parenting guide is distributed at the Family Birth Center, Astria Sunnyside Hospital OB/GYN, and Astria Sunnyside Hospital Family Practice Clinics.
- A Centering Pregnancy Program was implemented in the spring of 2018 with a group of six patients. Dr. Jessica Bury is the program sponsor. Centering group prenatal care follows the recommended schedule of 10 prenatal visits, but each visit is 90 minutes to two hours long - giving women more time with their provider. Moms engage in their care by taking their own weight and blood pressure and recording their own health data with private time with their provider for belly check. A Centering Parenting Program is planned.

³ Source: Washington State Vital Statistics 2016 Highlights, August 2018.
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

PRIORITY 2: IMPROVE ACCESS TO SPECIALTY PHYSICIANS AND TO CHRONIC DISEASE MANAGEMENT

Objective 1: Increase the number of specialists who provide chronic disease management

Target: Increase the number of specialists who provide chronic disease management by two (2)

Results: Met

The following specialists were added to the Astria Sunnyside Hospital Medical Staff:

- Cardiologist
- Endocrinologist
- General Surgeon
- General Surgeon / Vascular Surgeon
- Neurologist

Two neurosurgeons and one Nurse Practitioner as assistant to neurosurgeons

Chronic Disease Management is provided primarily by cardiology and endocrinology, and neurology. A pulmonary physician has been interviewed with a potential start date in 2019.

Objective 2: Provide education and/or counseling for staff and community members that have been diagnosed as pre-diabetic or diabetic

Target: 70 classes per year

Results: Met

Education and counseling included:

- Education classes provided for clients of Nuestra Casa
- Self-Management Diabetic Education classes
- Individualized education and counseling for patients who are diabetic or pre-diabetic referred by a provider or who are self-referred

Lunch and Learn presentations for staff with a focus on managing diabetes, healthy food choices, and weight loss will be started in 2018

The potential of offering a Centering Diabetes model is being researched.

Objective 3: Enroll additional Medicare patients with two (2) qualifying chronic conditions in the Chronic Care Management program

Target: 111 Medicare patients enrolled in the Chronic Care Management program by December of 2017 and 300 by July of 2019

Results: Partially Met

Efforts to increase the number of patients in the Chronic Care Management program included education of providers and Clinic Referral Coordinators regarding the Chronic Care Management program.

PRIORITY 3: DEVELOP STRATEGIES TO REDUCE OBESITY

Objective 1: Provide education for staff and the community regarding healthy eating options and weight loss

Target: 20 classes per year

Results: Partially Met

Initiatives implemented to reduce obesity included:

- Healthy desserts offered in the cafeteria
- Employees who register to be members of the Lower Valley Health & Fitness have the annual fee waived, discounts are granted and month-to-month contracts available

Lunch and Learn presentations for staff with a focus on managing diabetes, healthy food choices, and weight loss are in process with an implementation date of Fall 2018.

The target of 20 classes per year has not been met.

Objective 2: Provide individualized counseling by a registered dietitian for adults with a BMI > 27 and children > 95th percentile for height and weight that are referred by Astria Sunnyside Hospital & Clinics.

Target: Increase the number of referrals from 20 per month to 40 per month by 2019.

Results: Not Met

Individualized weight management counseling by a registered dietitian for patients of Astria Hospital & Clinic patients is occurring. Criteria for referral is being faxed or emailed quarterly to Clinic referral coordinators to encourage referrals on a quarterly basis.

An average of 10 counseling sessions are currently being held per month. However, the goal was to increase to 40 per month by 2019.

PRIORITY 4: INCREASE ACCESS TO MENTAL HEALTH SERVICES AND TREATMENT

Objective 1: Screen Medicare patients at Sunnyside Clinics for depression

Target: Increase the number of Medicare patients screened annually for depression from 20% to 75% by the end of 2019.

Refer 100% of Medicare patients who score high on the depression screening tool to a mental health provider.

Results: Met

Providers were educated regarding the PHQ-9 depression test questionnaire, and depression screening is occurring annually for Medicare patients. Patients who score high on the PHQ-9 for depression are referred to a mental health professional. An outpatient geriatric behavioral health program was started in the spring of 2018.

Objective 2: Develop an outpatient behavioral health service

Target: 3800 visits annually within 24-months of opening

Results: In process. The clinic opened in June 2018.

A psychiatrist was hired in May of 2017, and a Geriatric Outpatient Behavioral Health Clinic was opened in June of 2018.

Objective 3: Develop a ten (10) bed inpatient behavioral health unit

Target: Open an inpatient behavioral health unit by the 3rd quarter of 2019

Results: In process

A Certificate of Need was granted. However, the unit is planned as part of the new replacement hospital which is now delayed.

A psychiatrist was hired in May of 2017, and a Geriatric Outpatient Behavioral Health Clinic was opened in June of 2018.

To meet the needs of the region, Astria Toppenish will be opening a 21-day Evaluation and Treatment Co-occurring Psych Program, a 90 Day Civil Commitment Program and an Inpatient Medical Withdrawal Management Program.

PRIORITY 5: INCREASE ACCESS TO SUBSTANCE ABUSE SERVICES AND TREATMENT

Objective 1: Assess community need and develop a plan for increasing access to substance abuse services and treatment.

Target: Complete assessment and plan

Results: Met

The goal was to complete an assessment of the efficacy and need for providing substance abuse service and treatment and to implement a program as determined by the assessment.

Astria Sunnyside Hospital received approval to open ten inpatient psychiatric beds in December 2017 by the state of Washington. However, beds have not been opened as they will be part of the new hospital building project.

Astria Toppenish, which is part of the Astria Health system, also received a Certificate of Need from the state of Washington to open fifteen inpatient psychiatric beds in December 2017. The program at Astria Toppenish, which is scheduled to open in the fall of 2018, will include treatment for patients with a co-occurring diagnosis (mental illness and substance abuse).

MAIN REPORT



DEMOGRAPHICS

POPULATION CHANGES

The population of Yakima County is projected to remain relatively stable through 2022, increasing by only 1.7% or 4,232 residents.

The communities predicted to have the largest increase in population by 2022 are Ellensburg 6.1%, 2,001 residents; Yakima (98901, 98902, 98908) 1.8%, 1,346 residents; and, Prosser 5.6%, 775 residents.

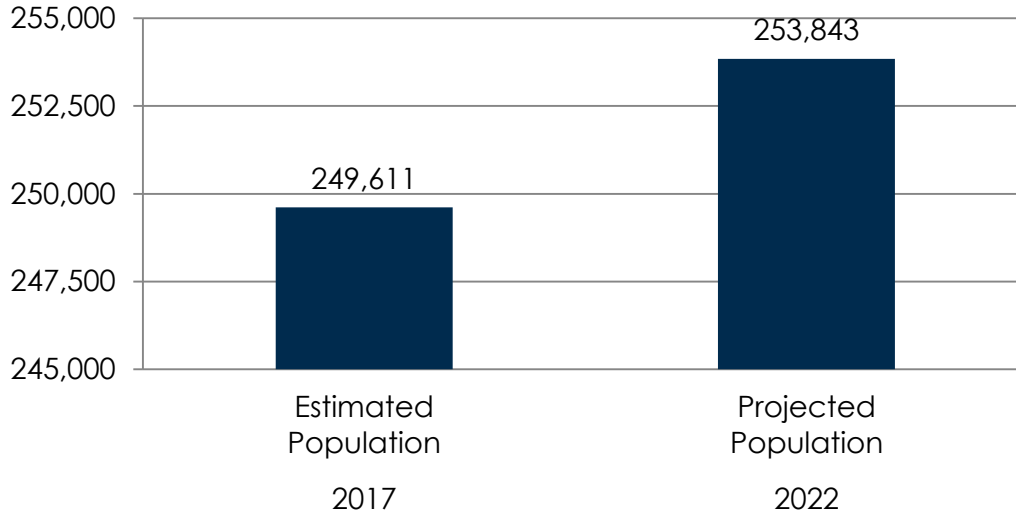
The only community with an expected decline in population is Cowiche.

Detailed demographic information is included in Appendix 3.

2017 Estimated Population	2022 Projected Population	2017-2022 Projected Population Change	2017-2022 Projected % Change
249,611	253,843	4,232	1.7%

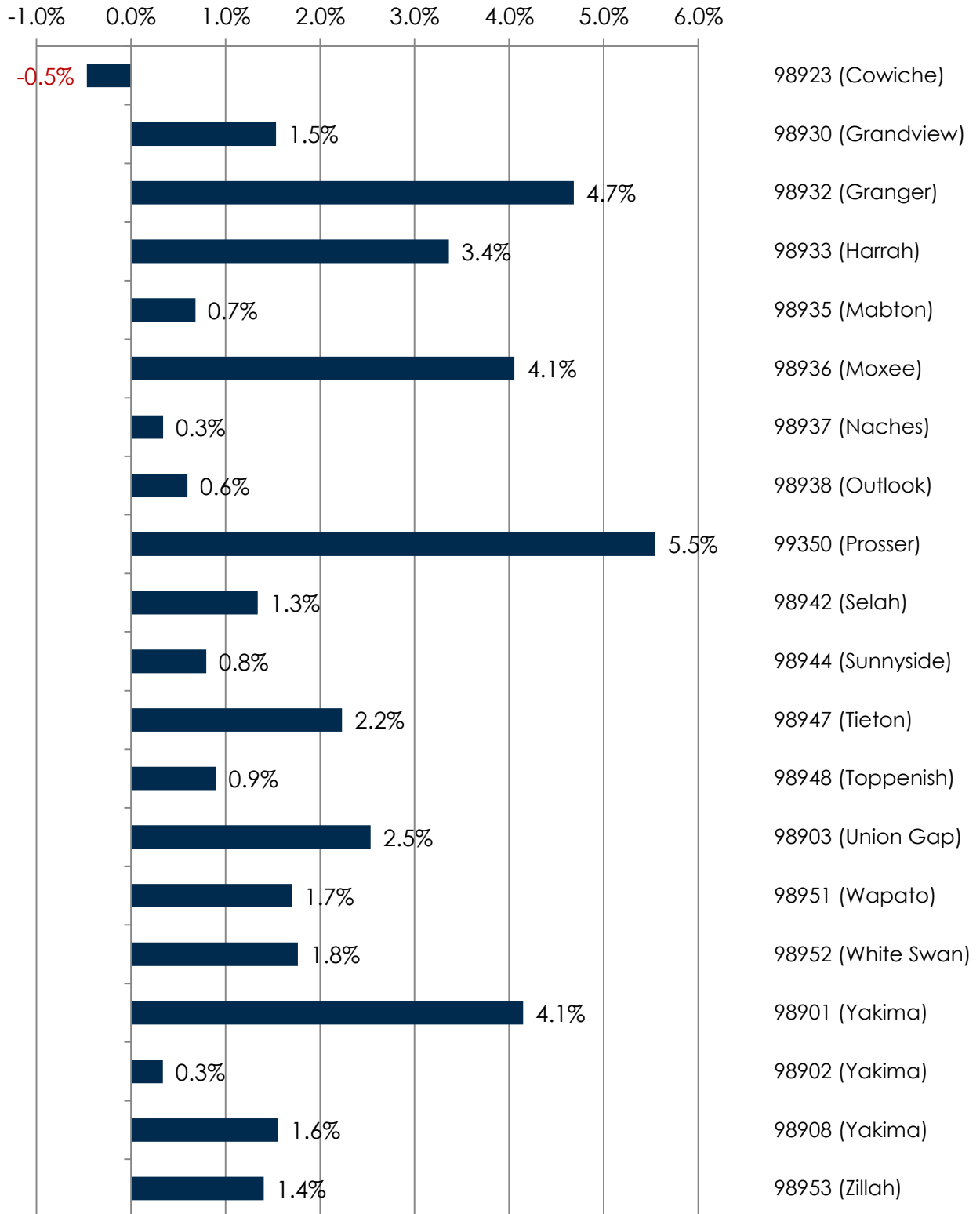
Source: iVantage Health Analytics, ESRI 2017

YAKIMA COUNTY, WA



Source: iVantage Health Analytics, ESRI 2017

2017 - 2022 Projected Population Change



Source: iVantage Health Analytics, ESRI 2017

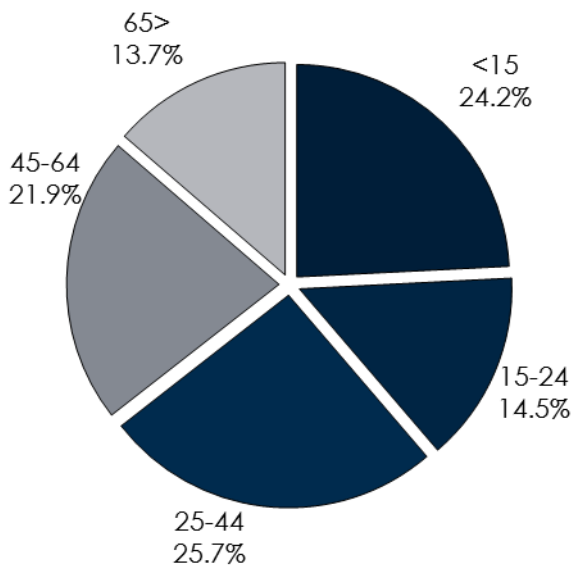
POPULATION BY AGE

In Yakima County, residents 65 years or older are projected to have the largest population increase by 2022, increasing by 12.6% (4,310 residents). This population trend is seen in both Washington State and the United States.

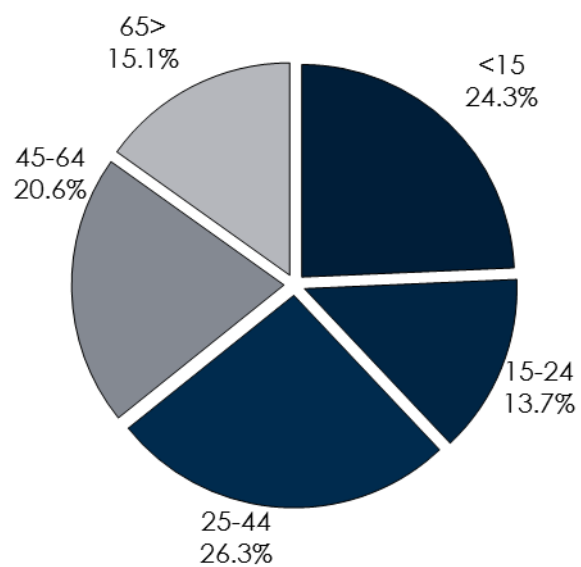
There are two age groups projected to decline during this same period; 45-64 and 15-24 with a decline of 4.1% (2,264 residents) and 4.4% (1,578 residents) respectively.

Additional information is included in Appendix 4.

**YAKIMA COUNTY
2017 POPULATION DISTRIBUTION BY AGE**

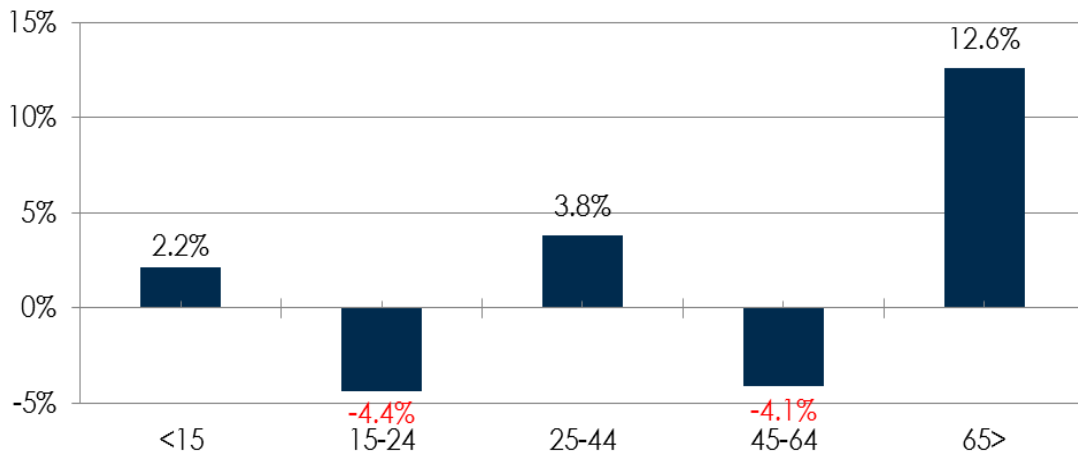


**YAKIMA COUNTY
2022 POPULATION DISTRIBUTION BY AGE**



Source: iVantage Health Analytics, ESRI 2017
Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

YAKIMA COUNTY PROJECTED POPULATION CHANGE BY AGE 2017-2022



Source: iVantage Health Analytics, ESRI 2017
Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

RESIDENTS OVER 65

The increase from 2017 to 2022 is projected to be 10.6% for ages 65 – 74, 23.6% for residents ages 65 – 74, the most significant change, and to decrease by (0.77%) for ages over 85.

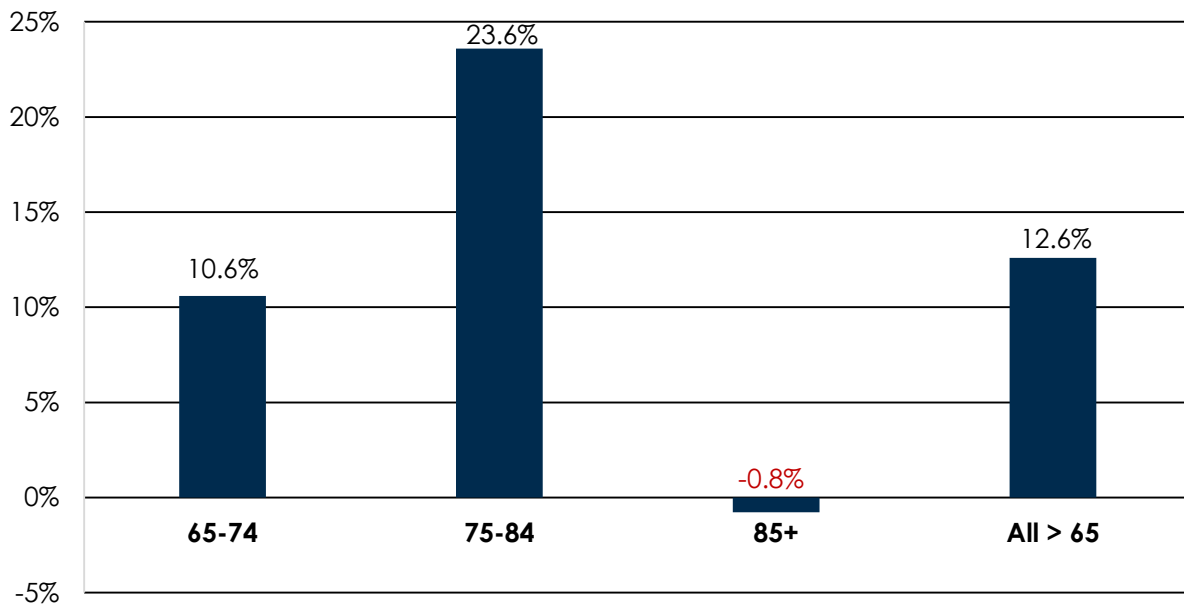
The communities with the largest projected increase in residents over 65 by 2022 are Yakima (98901, 98902, 98908), Ellensburg, Selah, Union Gap, and Prosser.

Additional information by community is included in Appendix 5.

COMMUNITY	RESIDENTS OVER 65 2017-2022 INCREASE	CHANGE
YAKIMA (98901, 98902, 98908)	2,251	12.1%
ELLENSBURG	931	21.1%
SELAH	523	19.9%
UNION GAP	414	16.3%
PROSSER	405	22.4%

Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

CHANGE IN POPULATION OVER 65 FROM 2017 TO 2022



Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

RACE AND ETHNICITY

Of the population in Yakima County, 49.8% are Hispanic, and 42.6% are White/Non-Hispanic. The Hispanic population in Yakima County is higher than Washington State and the United States.

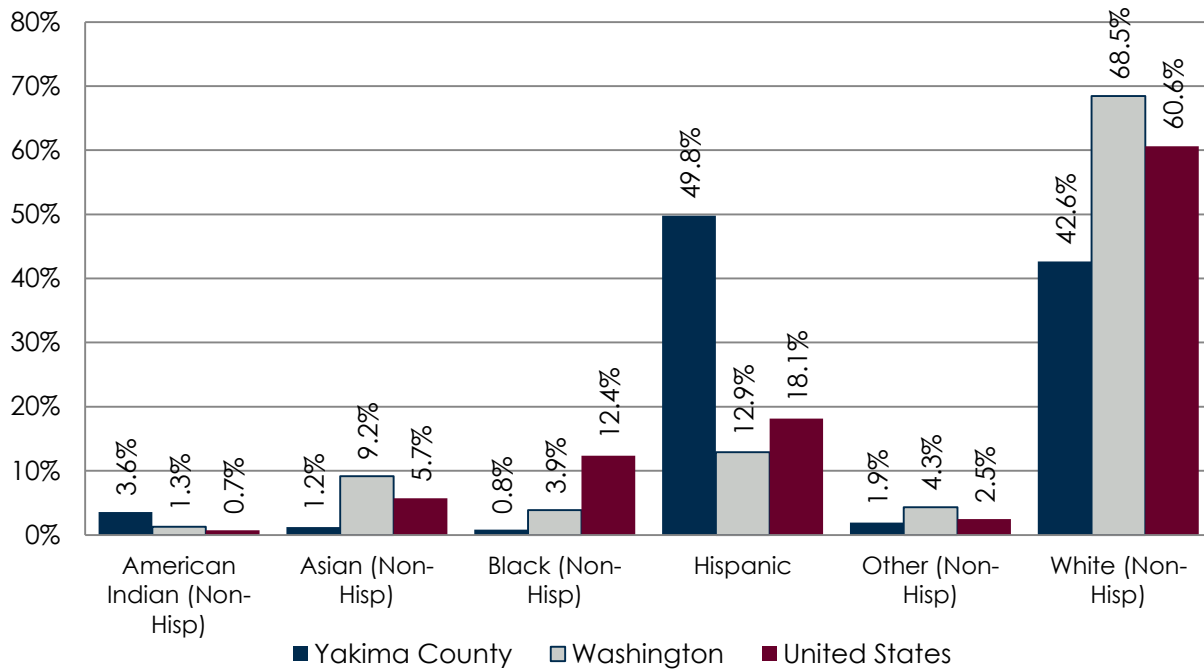
By 2022, the Hispanic population is projected to increase to 53.4% of the population and the White/Non-Hispanic population to decrease to 39.0%.

The third highest percentage of the population in Yakima County is American Indian. The American Indian population is currently 3.6% of the population, 8,941 residents, but is projected to decrease to 3.4% by 2022. The largest population of American Indians are residents of Toppenish, Wapato, and White Swan.

2017 Population Distribution by Race						
	Yakima County		Washington State		United States	
	#	%	#	%	#	%
American Indian (Non-Hispanic)	8,941	3.6%	92,794	1.3%	2,388,894	0.7%
Asian (Non-Hispanic)	3,047	1.2%	670,985	9.2%	18,681,358	5.7%
Black (Non-Hispanic)	2,016	0.8%	281,783	3.9%	40,490,761	12.4%
Other (Non-Hispanic)	4,824	1.9%	316,231	4.3%	8,068,416	2.5%
White (Non-Hispanic)	106,459	42.6%	5,006,379	68.5%	198,449,641	60.6%
Hispanic	124,324	49.8%	943,278	12.9%	59,435,264	18.1%
Total	249,611		7,311,450		327,514,334	

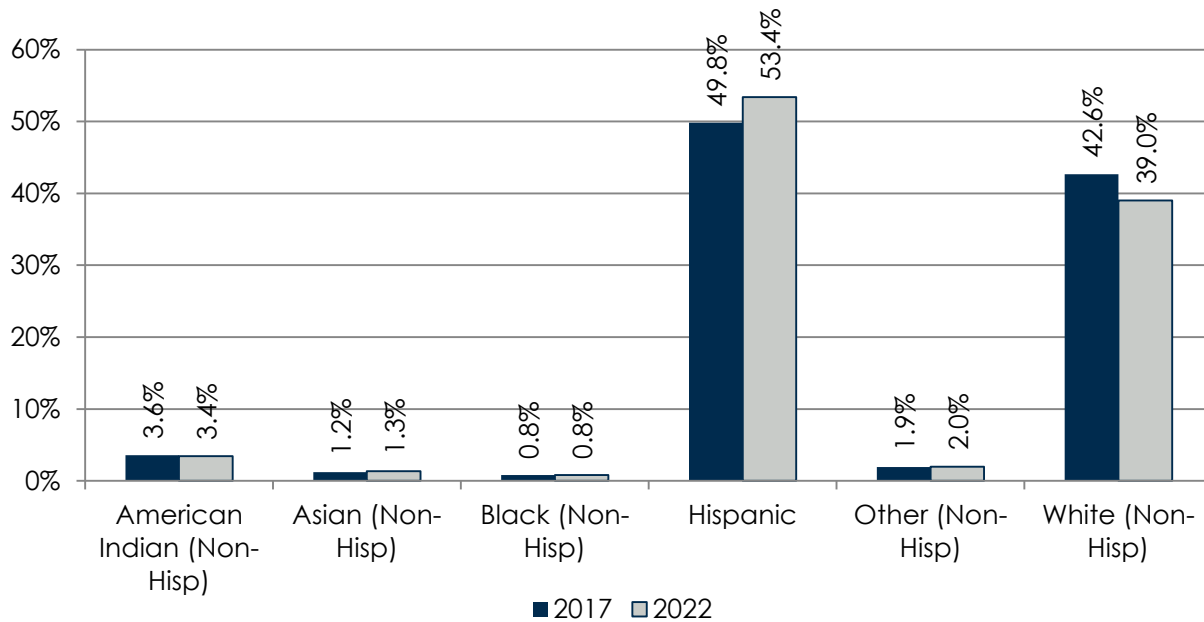
Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

2017 POPULATION DISTRIBUTION BY RACE



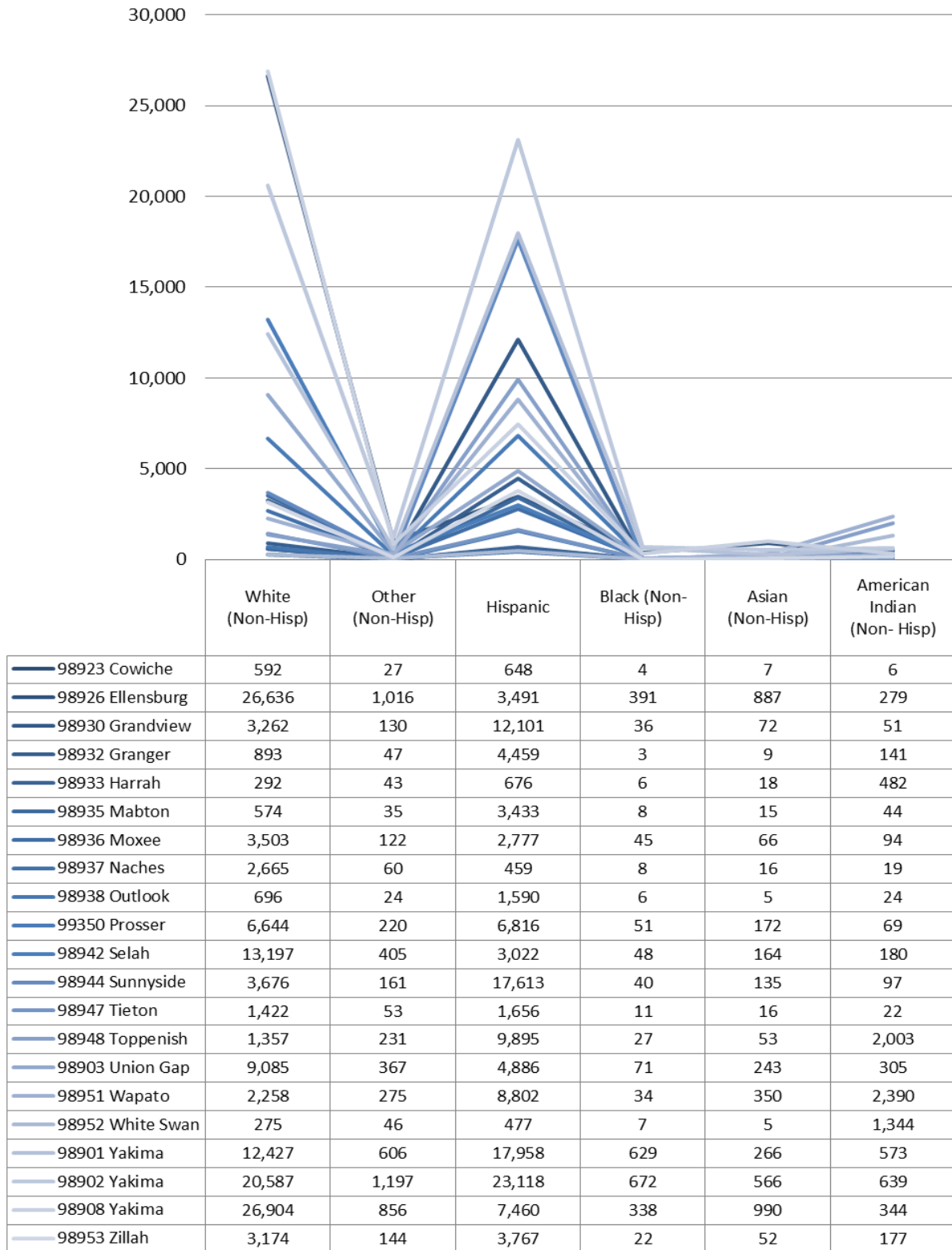
Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

2017-2022 YAKIMA COUNTY POPULATION CHANGE BY RACE



Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

2017 POPULATION DISTRIBUTION BY RACE AND COMMUNITY



Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes in Sunnyside and Granger

HEALTH OF THE COMMUNITY



COMMUNITY NEEDS INDEX

In 2005, Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Needs Index (CNI). The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's need for various healthcare services.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community. The five barriers are listed below along with the indicators that are analyzed for each barrier.

BARRIERS TO HEALTHCARE ACCESS		INDICATOR(S): UNDERLYING CAUSES OF HEALTH DISPARITIES
INCOME	Percentage of	households below poverty line, with the head of household age 65 or more
	Percentage of	families with children under 18 below the poverty line
	Percentage of	single female-headed families with children under 18 below the poverty line
CULTURE/ LANGUAGE	Percentage of	population that is a minority (including Hispanic ethnicity)
	Percentage of	population over age 5 that speaks English poorly or not at all
EDUCATION	Percentage of	population over 25 without a high school education
INSURANCE	Percentage of	population in the labor force, aged 16 or more, without employment
	Percentage of	population without health insurance
HOUSING	Percentage of	households renting their home

A score of 1.0 indicates a ZIP Code with the least need, while a score of 5.0 represents a ZIP Code with the most need.

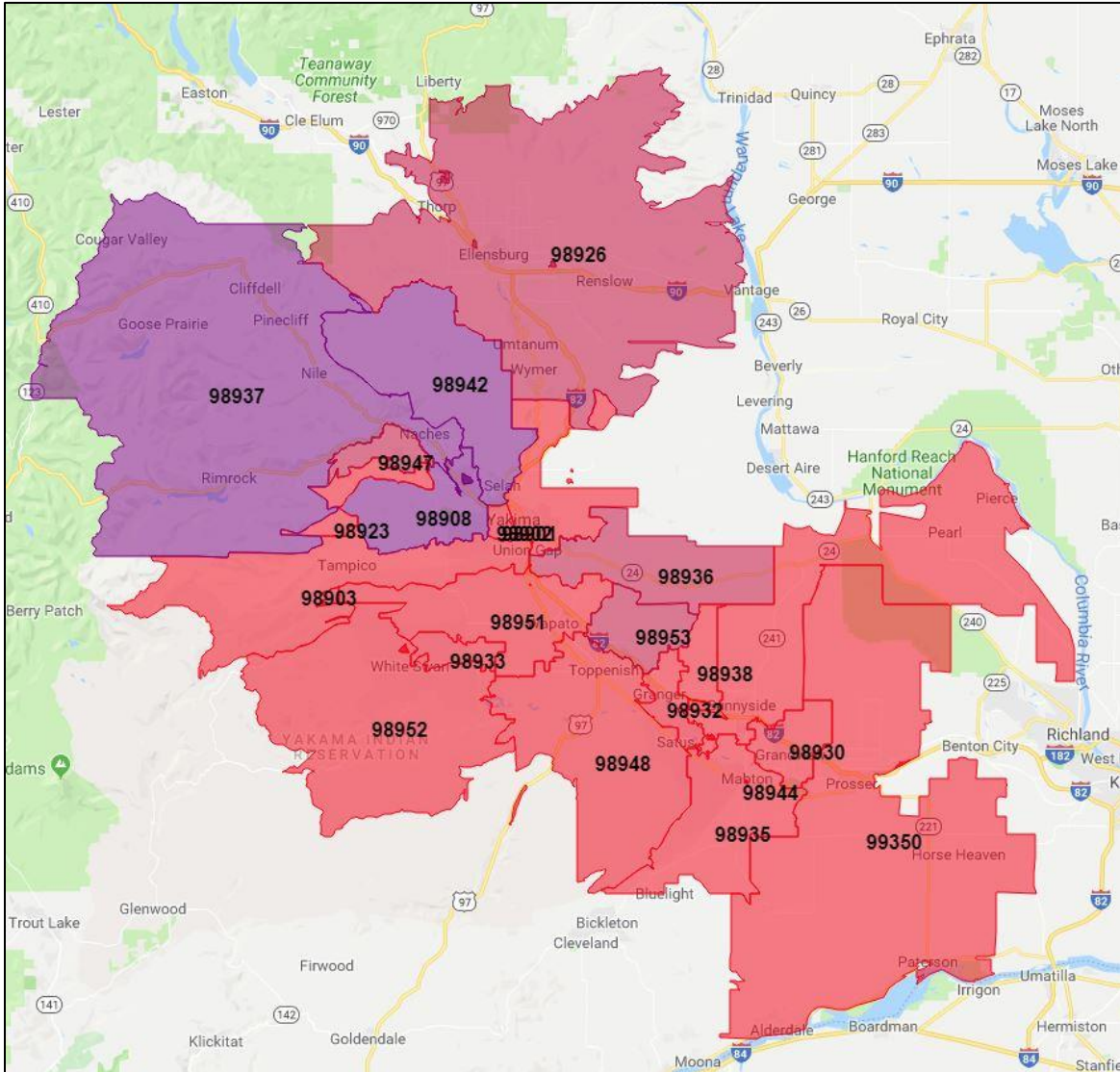
1.0 – 1.7	LOWEST NEED
1.8 – 2.5	2nd Lowest Need
2.6 – 3.3	Mid Need
3.4 – 4.1	2nd Highest Need
4.2 – 5.0	Highest Need

Yakima County has a mean CNI score of 4.2 and a median CNI score of 4.4. This places Yakima County in the highest need range.

There are fourteen communities in the highest need range, four communities in the 2nd highest need range and three communities in the mid-range.

	Zip Code	CNI Score	Population	City	County
■	98901	4.8	32,671	Yakima	Yakima
■	98902	4.6	46,370	Yakima	Yakima
■	98903	4.2	15,934	Yakima	Yakima
■	98908	3.0	37,277	Yakima	Yakima
■	98923	4.2	1,292	Cowiche	Yakima
■	98930	4.4	15,767	Grandview	Yakima
■	98932	4.6	5,644	Granger	Yakima
■	98933	4.4	1,331	Harrah	Yakima
■	98935	4.2	4,519	Mabton	Yakima
■	98936	3.4	6,883	Moxee	Yakima
■	98937	3.0	4,209	Naches	Yakima
■	98938	4.4	2,408	Outlook	Yakima
■	98942	3.2	17,766	Selah	Yakima
■	98944	4.8	22,341	Sunnyside	Yakima
■	98947	3.8	2,849	Tieton	Yakima
■	98948	4.8	13,421	Toppenish	Yakima
■	98951	4.8	13,473	Wapato	Yakima
■	98952	4.6	2,177	White Swan	Yakima
■	98953	3.8	7,839	Zillah	Yakima
■	98926	4.0	34,118	Ellensburg	Kittitas
■	99350	4.4	14,674	Prosser	Benton

Source: Truven Health Analytics, 2018; Community Need Index, 2018



Source: Truven Health Analytics, 2018; Community Need Index, 2018

COUNTY HEALTH RANKINGS

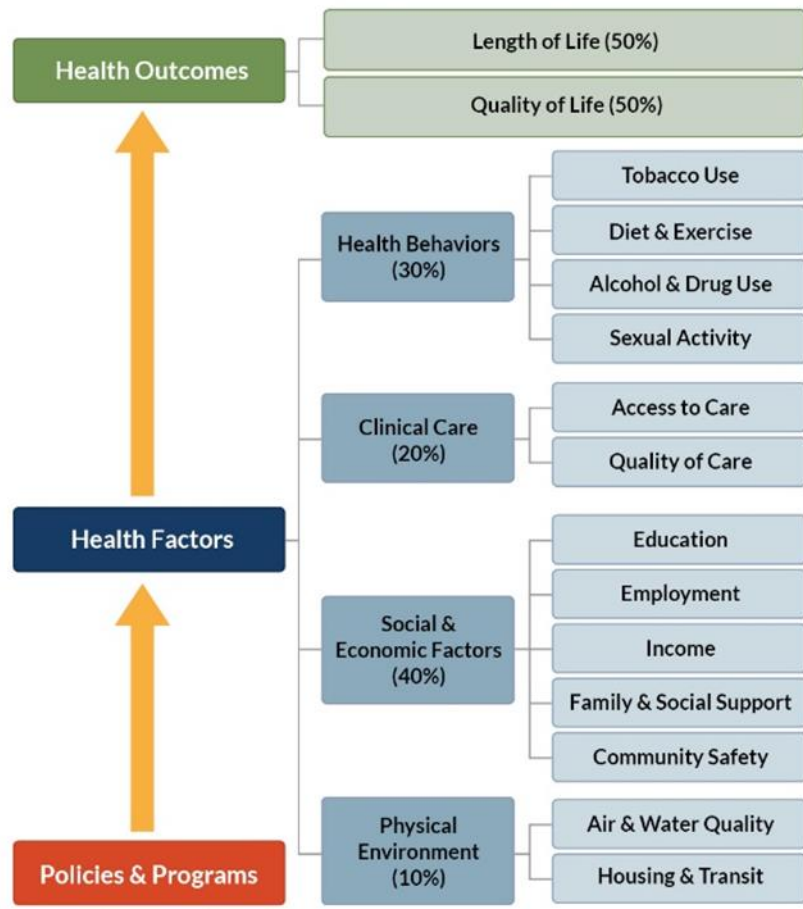
County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. The rankings are determined by both **Health Outcomes** and **Health Factors** which are weighted to determine an overall ranking for each county.

HEALTH OUTCOMES: The overall rankings in health outcomes represent how healthy counties are within Washington State. The healthiest county in Washington State is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

HEALTH FACTORS: The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

Yakima County Ranking

- 31st compared to 39 counties in Washington for Health Outcomes
 - 28th for Length of Life
 - 34th for Quality of Life
- 38th compared to 39 counties in Washington for Health Factors
 - 32nd for Health Behaviors
 - 38th for Clinical Care
 - 38th for Social & Economic Factors
 - 35th for Physical Environment

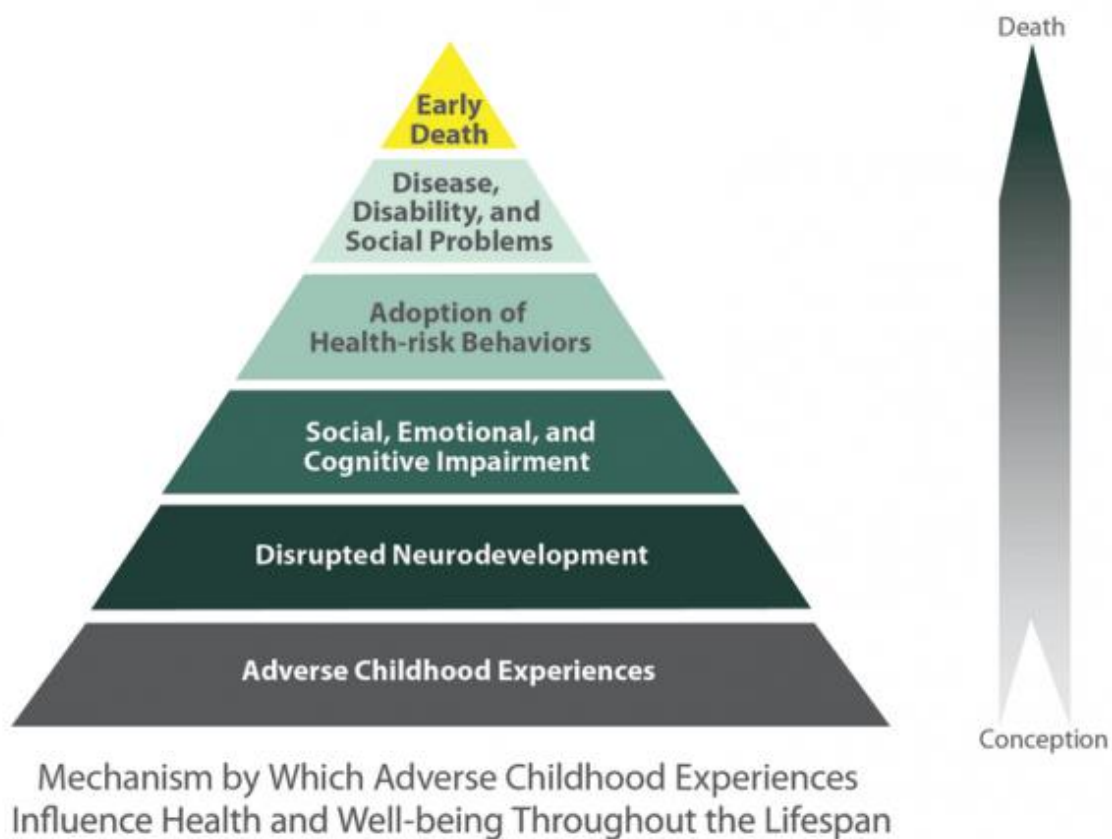


County Health Rankings model © 2016 UWPHI

ADVERSE CHILDHOOD EVENTS

“Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).”

Centers for Disease Control and Prevention
<https://www.cdc.gov/violenceprevention/acestudy/index.html>



Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Adverse Childhood Experiences (ACEs) are categorized into three groups: abuse, neglect, and family/household challenges.⁴ Additional information regarding definitions and prevalence are included in Appendix 6.

⁴ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/acestudy/index.html>

CDC RECOMMENDED PREVENTION STRATEGIES

Safe, stable, and nurturing relationships and environments can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

1. Home visiting to pregnant women and families with newborns
2. Parenting training programs
3. Intimate partner violence prevention
4. Social support for parents
5. Parent support programs for teens and teen pregnancy prevention programs
6. Mental illness and substance abuse treatment
7. High-quality child care
8. Sufficient income support for lower-income families⁵

WASHINGTON STATE INITIATIVES

The following information was abstracted from the Thrive Washington web site.

In 2010, Washington State Legislature created Washington State's Home Visiting Services Account (HVSA) to expand high-quality services to our most vulnerable families by bringing together and leveraging public and private funding sources. The HVSA funds a portfolio of home visiting models to help meet the diverse needs of families and communities. Home Visiting Services prioritize families with certain risk factors:

- Teenage parents (or mothers)
- Underserved populations
- Families experiencing
 - Domestic violence
 - Substance abuse
 - Mental health issues
- Homeless families
- Families with multiple young children between birth to age 5 not currently connected to early learning resources

In 2017, 432 families in Yakima County received services.⁶

⁵ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/acestudy/index.html>

⁶ Thrive Washington. Accessed September 2018. <https://thrivewa.org/home-visiting>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

It is important to develop and implement strategies to increase “resilience” and prevent ACEs.

A coordinated focus by all organizations is needed to prevent the impact of ACEs.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of the respondents, 81.8% felt physically and emotionally safe where they currently live, and 19.0% responded they did not.

Respondents were also asked in the past year, have you been afraid of your partner or ex-partner. 11.3% responded Yes and 87.0% responded No.

Governor’s Interagency Council on Health Disparities

The Governor’s Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. Community feedback included:

“Adverse childhood events (ACEs), violence, and poverty affect children into adulthood. We need to foster resilience and also provide services to adults.”⁷

⁷ Governor’s Interagency Council on Health Disparities. Community Forum Summary, May 10, 2017. Accessed August 31, 2018. <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/HDC-Yakima-CommunityForum-Summary.pdf>alzheimer

LIFE EXPECTANCY & DISABILITY

LIFE EXPECTANCY

Years of potential life lost per 100,000 before age 75 for residents of Yakima County is not statistically different than Washington State. Yakima County ranks 27th out of 39 counties in Washington State for premature death.

	YAKIMA COUNTY	WASHINGTON
Years of potential life lost before age 75 per 100,000 population (2014-2016)	7,032	5,567

Source: County Health Rankings, Accessed July 2018. <http://countyhealthrankings.org>

In Washington State, the average life expectancy for females is 82.3 years and 78.1 years for males. Asian and Hispanic populations have the longest life expectancy, 85 and 86 years respectively. American Indians/Alaska Natives have the shortest life expectancy of 73 years.

A recent study published by the Journal of the American Medical Association (JAMA), predicted life expectancy overall and healthy life expectancy. Healthy life expectancy is defined as the number of years that a person at a given age can expect to live in good health, taking into account mortality and disability. Healthy life expectancy is approximately ten years less than the overall life expectancy for both males and females in Washington State.

The top three risk factors for disability-adjusted life-years in Washington State during 2016 were alcohol & drug abuse, high body mass index (BMI), and tobacco use.⁸

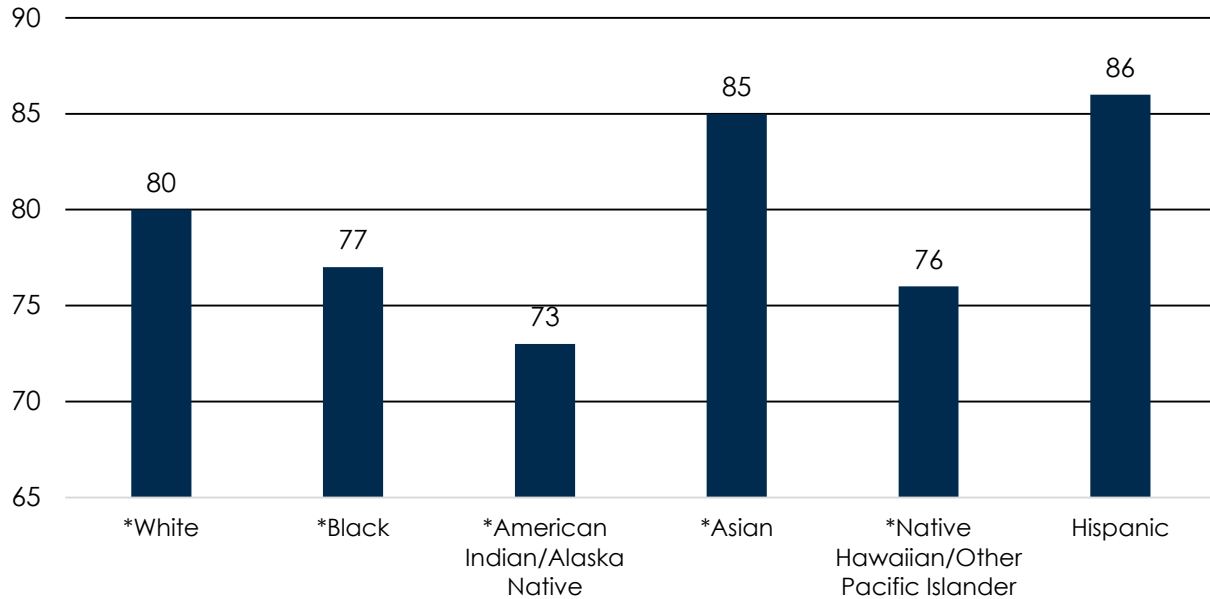
LIFE EXPECTANCY	WASHINGTON ⁽¹⁾	UNITED STATES ⁽¹⁾	HEALTHY LIFE EXPECTANCY WASHINGTON ⁽²⁾	HEALTHY LIFE EXPECTANCY UNITED STATES ⁽²⁾
Female & Male	80.2	78.9	69.1	67.7
Female	82.3	81.2	70.0	69.0
Male	78.1	76.5	68.1	66.3

⁽¹⁾ Institute for Health Metrics and Evaluation University of Washington. Accessed August 2018. <https://vizhub.healthdata.org/subnational/usa>

⁽²⁾ The US Burden of Disease Collaborators. Washington State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

⁸ The US Burden of Disease Collaborators. The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

LIFE EXPECTANCY WASHINGTON STATE



*Non-Hispanic

Source: Health and Disparities in Washington. Accessed August 31, 2018.

https://www.hca.wa.gov/assets/program/hiln_slides101615_equity_DOH.pdf

POPULATION WITH A DISABILITY

Yakima County has a slightly higher percentage of individuals with a disability than Washington State, except for the population under age 18. The highest percentage of the population with a disability is over 65 years of age.

2012-2016	YAKIMA COUNTY	WASHINGTON STATE	UNITED STATES
Percent Population with a Disability	12.8%	12.8%	12.5%
Population with a disability under age 18	3.4%	3.9%	4.1%
Population with a disability age 18 - 64	11.5%	10.8%	10.3%
Population with any disability age 65+	41.4%	36.2%	35.8%

Source: Community Commons. Accessed July 2018. www.communitycommons.org

POOR OR FAIR HEALTH

Yakima County has a higher percentage of adults reporting fair or poor health, poor physical health days, and poor mental health days than Washington State.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percent of adults reporting fair or poor health (2016)	21%	14%	16%
Average number of physically unhealthy days reported in the past 30 days (2016)	4.4	3.7	3.7
Average number of mentally unhealthy days reported in the past 30 days (2016)	4.1	3.8	3.8

Source: Community Commons. Accessed July 2018. www.communitycommons.org

LEADING CAUSES OF DEATH

Diseases of the heart and cancer were the most frequent age-adjusted causes of death per 100,000 in Yakima County in 2016.

Yakima County is statistically higher than Washington State in deaths due to diseases of the heart, chronic lower respiratory disease, and homicide.

Yakima County is not meeting the Healthy People 2020 target for accidents (unintentional injury), intentional self-harm (suicide), or chronic liver disease & cirrhosis.

CAUSE OF DEATH AGE-ADJUSTED RATE PER 100,000	YAKIMA COUNTY ⁽¹⁾ (2016)	WASHINGTON ⁽²⁾ (2016)	UNITED STATES ⁽²⁾ (2016)	HEALTHY PEOPLE 2020 TARGET
Major Cardiovascular Diseases	224.8	-	-	-
Diseases of the Heart	173.15 (157.42-190.17)	136.1	165.5	-
Malignant Neoplasms - Cancer	160.62 (146.45-177.08)	150.9	161.4	161.4
Chronic Lower Respiratory Diseases	49.75 (41.35-59.5)	37.3	40.6	-
Alzheimer's Disease	47.86 (39.69-57.38)	40.7	30.3	-
Accidents - Unintentional Injury	42.26 (34.4-52.52)	41.4	47.4	36.4
Cerebrovascular Diseases	35.91 (28.9 - 44.26)	35.8	37.3	-
Diabetes Mellitus	20.64 (15.43-27.22)	20.3	21.0	-
Intentional Self-harm (Suicide)	14.44 (9.9 - 20.46)	14.9	13.5	10.2
Chronic Liver Disease & Cirrhosis	13.62 (9.4 - 19.24)	11.1	10.7	8.2
Influenza and Pneumonia	12.07 (8.15-17.39)	10.0	13.5	-
Homicide	8.57 (5.14-13.51)	2.9	6.2	-

(1) 2016 CHAT data. Email August 31, 2018. melissa.sixberry@co.yakima.wa.us

(2) CDC National Center Health Statistics. Accessed August 31, 2018.

<https://www.cdc.gov/nchs/pressroom/states/washington/washington.htm>

There were 1,952 deaths recorded in Yakima County in 2016 according to the Yakima County Coroners annual report. The coroner assumed jurisdiction for 607 of those deaths.⁹

CAUSE OF DEATH	NUMBER OF DEATHS
Natural	450
Motor Vehicle	30
Suicide	27
Fetal Demise	27
Alcohol / Drug Toxicity	26
Homicide	24
Accidental	17
SIDS	0

⁹ Yakima County Coroner Annual Summary 2016. Accessed August 2018.
<https://www.yakimacounty.us/DocumentCenter/View/6533/Annual-Report-2016>

SOCIOECONOMIC FACTORS

COUNTY HEALTH RANKINGS

Yakima County is ranked 38th out of 39 counties in Washington State for Social and Economic Factors by County Health Rankings. The healthiest county is ranked as one (1), so a lower number is better.



INCOME AND POVERTY

“Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.”

Community Commons Retrieved July 20, 2018, from www.communitycommons.org

INCOME INEQUALITY

The Gini Index is a summary measure of income inequality. The Gini coefficient incorporates the detailed shared data into a single statistic, which summarizes the dispersion of income across the entire income distribution. The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income). The Gini Index is based on the difference between the Lorenz curve (the observed cumulative income distribution) and the notion of a perfectly equal income distribution.

The income inequality for Yakima County is 0.45, which is not significantly different from Washington State at 0.46. The income inequality indexes are closest to zero (perfect equality) in Cowiche (0.28), Granger (0.33), Mabton (0.34), Zillah (0.34), and Moxee (0.35).

Income inequality by community is included in Appendix 7.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Income Inequality (2012-2016)	0.45	0.46	0.48

Source: County Health Rankings. Accessed August 2018. <http://www.countyhealthrankings.org>

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

INCOME

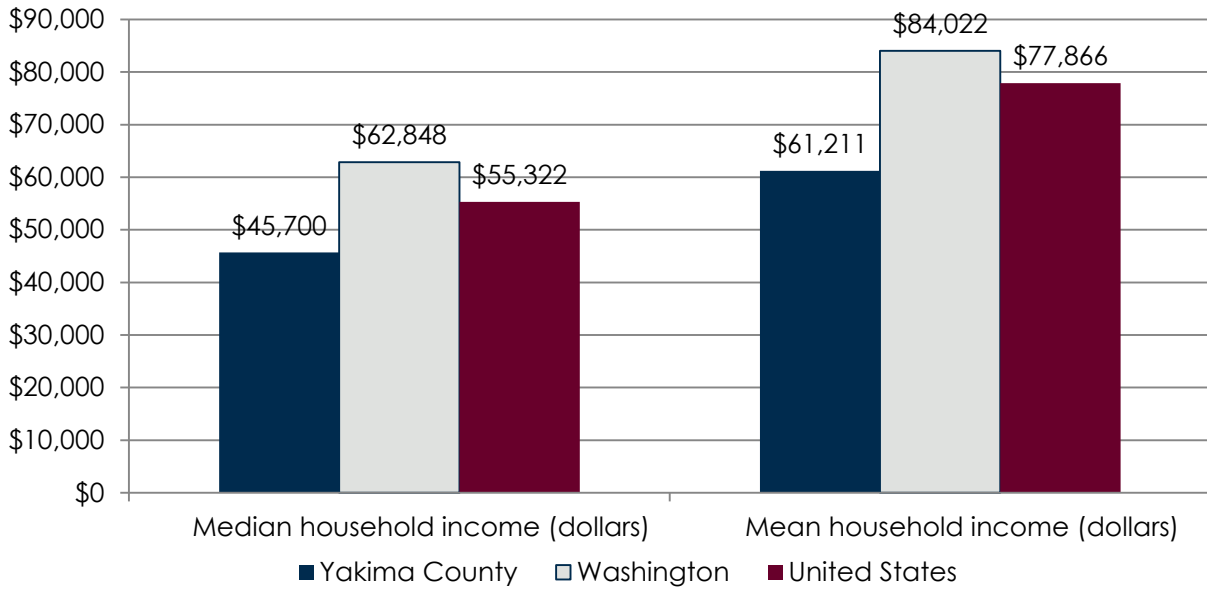
The median annual income in Yakima County is \$45,700, and the mean income is \$61,121, which are both lower than Washington State.

8.8% of households have an income of less than \$15,000 annually.

The lowest annual average household income is in Mabton (\$47,712), Toppenish (\$49,641), and Yakima 98902 (\$49,641). The highest annual average household income is in Outlook (\$83,822), Yakima 98908 (\$80,072) and Selah (\$79,875).

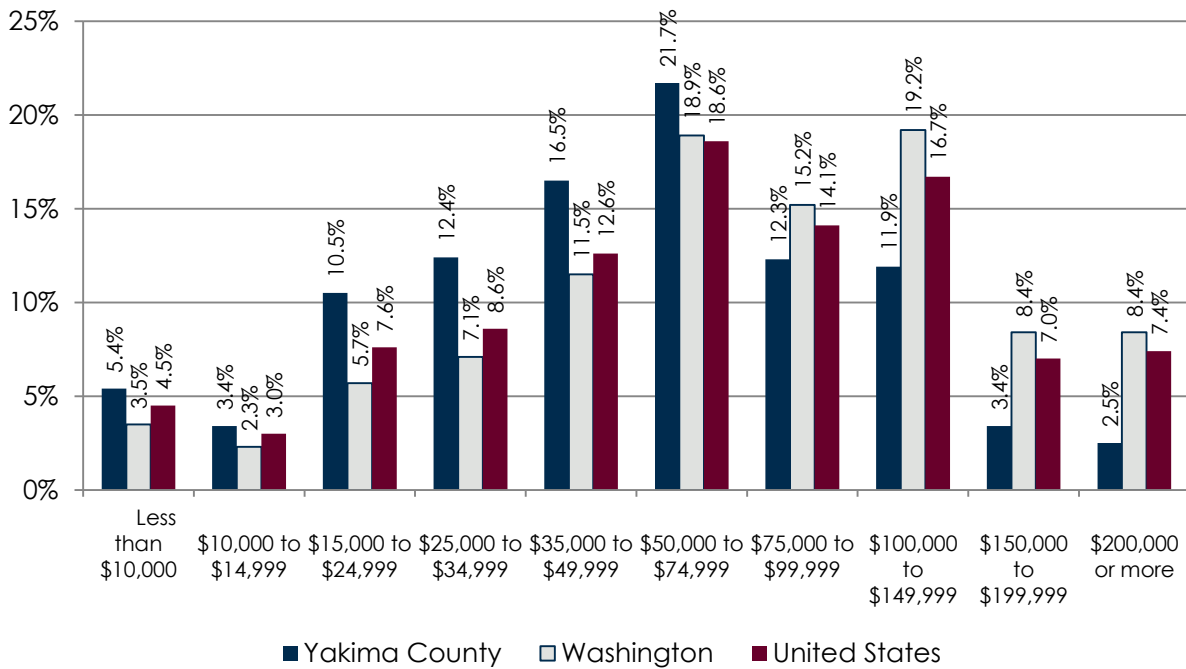
Additional information is included in Appendix 7.

MEDIAN AND MEAN ANNUAL INCOME



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

ANNUAL FAMILY INCOME AVERAGES



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

POVERTY

Poverty levels are determined each year by the Census Bureau. For 2018, the poverty level for one person was \$12,140.¹⁰

The percentage of children and the population below 100% of the poverty level is higher (worse) in Yakima County than Washington State.

The highest percentage of the population living below the poverty level in Yakima County are Black or African American Non-Hispanic (34.6%) and American Indian/Alaska Native (31.8%).

The percentage of White Non-Hispanic population living below the poverty level in Yakima County is 11.5% compared to 27.8% for the Hispanic or Latino population (of any race).

In Yakima County, 45.9% of children under the age of 18 live in households with supplemental security income (SSI), cash public assistance income, or Food Stamps/SNAP.

Additional information regarding poverty, including information by ethnicity, is included in Appendix 8.

PERSONS IN HOUSEHOLD	US POVERTY LEVELS
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

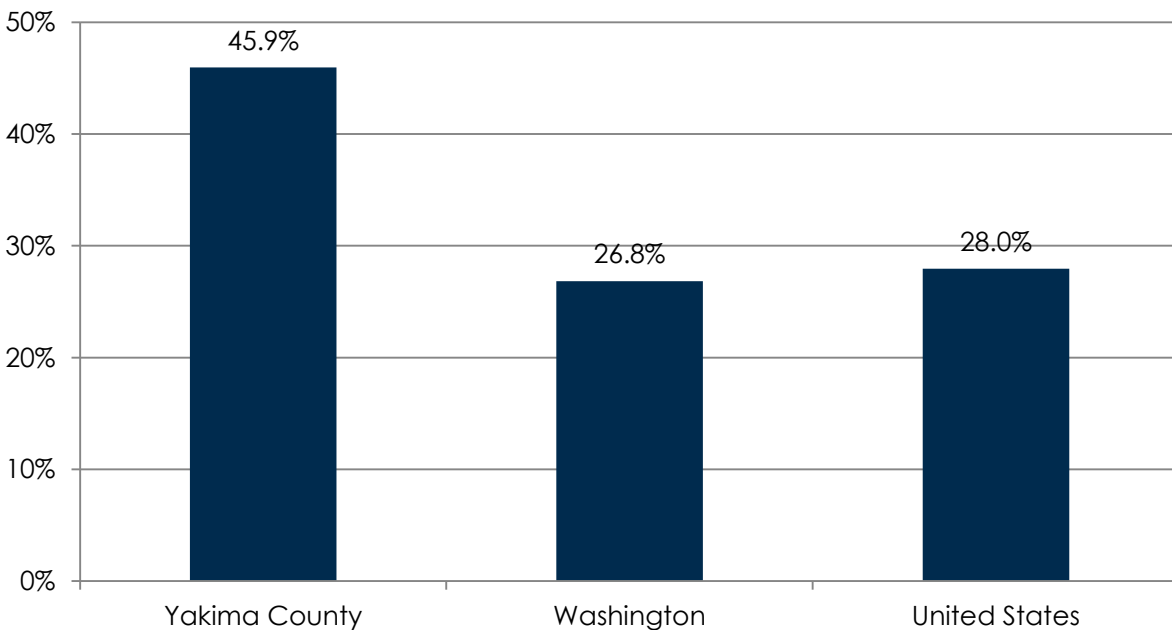
Source: US Department of Health & Human Services.

¹⁰ <https://aspe.hhs.gov/poverty-guidelines>

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Children below 100% of the federal poverty level (2012-2016)	29.7%	16.5%	21.2%
Population below 100% of the poverty level (2012-2016)	20.6%	12.7%	15.1%

Source: County Health Rankings. Accessed July 2018.

Children under 18 living in households with Supplemental Security Income (SSI), Cash Public Assistance Income, or Food Stamps/SNAP in the past 12 months



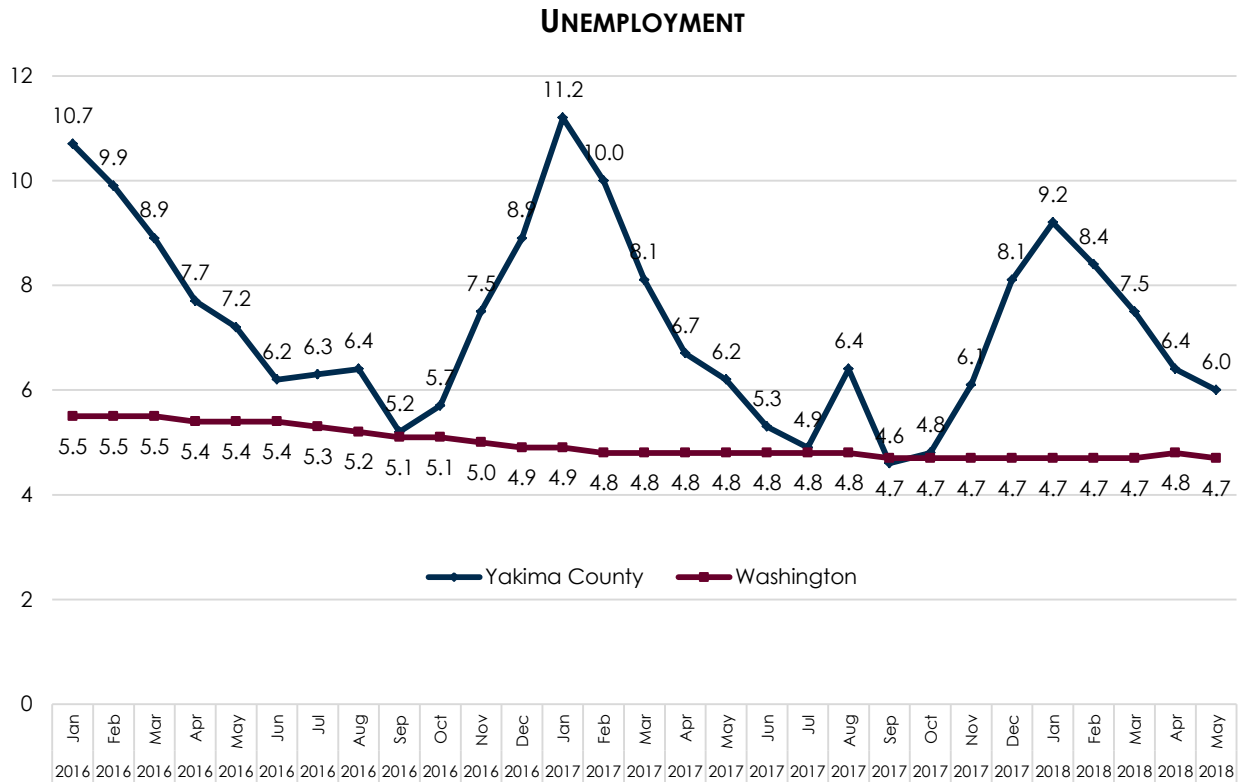
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

EMPLOYMENT

The Washington State Employment Security Department reported that Yakima County ended 2017 with 4,400 more jobs than in 2016, a growth rate of 5.3 percent, the highest in Washington State. Two thousand of those new jobs are in business and professional services.

The report noted that Yakima County's annual unemployment rate in 2017 was 6.7%, the lowest it has been in about three decades. However, the unemployment rate in Yakima County remains consistently higher than Washington State.

Additional information regarding unemployment is included in Appendix 9.



Source: United States Department of Labor

EDUCATION

The percentage of 9th graders that graduate in 4 years, the percentage of the population with no high school diploma, and the percentage of the population with a bachelor’s degree or higher show significant variance compared to Washington State.

The difference between the percentage of the population with no high school diploma has the most variance, 25.3% in Yakima County compared to 8.9% in Washington State.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percent of 9th graders that graduate in 4 years (2015-2016)	78.4%	82.9%	86.1%
Percent of population with no high school diploma (2012-2016)	25.3%	8.9%	12.4%
Bachelor’s Degree or Higher (2012-2016)	15.3%	33.6%	30.3%

Source: County Health Rankings. Accessed July 2018. <http://www.countyhealthrankings.org>

LANGUAGE & LINGUISTIC ISOLATION

The percentage of the population who live in limited English households or Limited English Proficiency (LEP) households is significantly higher than Washington State and the United States. The Hispanic/Latino population has the highest percentage of LEP.

The student population with LEP make up approximately 45.5% of all students in Yakima County schools based on 2016 data.¹¹

LIMITED ENGLISH PROFICIENCY	YAKIMA COUNTY	WASHINGTON
*Speak English less than "very well" (2012-2016)	16.1%	7.6 %

*Percentage of the population aged 5 and older who speak a language other than English at home and speaks English less than very well

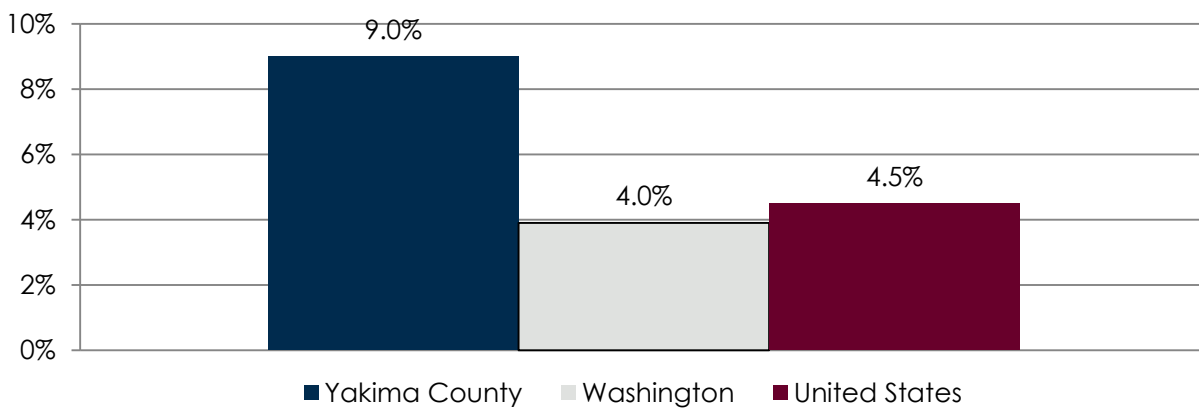
Source: Community Commons. Accessed August 2018

*LIMITED ENGLISH PROFICIENCY (2012-2016)	HISPANIC/LATINO	NOT HISPANIC/LATINO
Yakima County	33.7%	1.2%
Washington State	29.3%	4.8%
United States	31.6%	3.9%

*Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than very well.

Source: Community Commons. Accessed August 2018. <https://assessment.communitycommons.org>

LIMITED ENGLISH SPEAKING HOUSEHOLDS



*"Limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well."

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

¹¹ Estimates of Population with Limited English Proficiency (LEP) for the state and Counties Washington State Office of Financial Management, Forecasting and Research Division
http://www.ofm.wa.gov/pop/subject/ofm_pop_limited_english_proficiency_estimates_2016.xlsx

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Increased focus on education and improving health literacy is very important.

It is very difficult for many individuals in the community to navigate the healthcare system due to language and literacy barriers.

The importance of using qualified translators is critical. Translators do not always translate accurately.

Physician clinics spend a considerable amount of time trying to find resources for patients with significant social and economic needs. Information regarding resources is not readily available.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of respondents, 74.8% indicated that English was the language they felt most comfortable speaking and 25.8% indicated they were more comfortable speaking a language other than English. Of the residents comfortable speaking a language other than English, almost 100% indicated that Spanish was their preferred language.

Community Feedback - Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. Community feedback included:

"People need to understand they have a right to an interpreter, including deaf and hard of hearing individuals. We need to share this information broadly."

"People with accents may receive different treatment (e.g., lack of or different information)."¹²

¹² Governor's Interagency Council on Health Disparities. Community Forum Summary, May 10, 2017. Accessed August 31, 2018. <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/HDC-Yakima-CommunityForum-Summary.pdf#zheimer>

TRANSPORTATION

The percentage of households with no motor vehicle in Yakima County is lower than Washington State.

However, Yakima County is rural, and the lack of a motor vehicle can negatively impact the ability of some residents to access healthcare services when they are needed.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percentage of households with no motor vehicle(2012-21016)	5.4%	7.0%	9.0%

Source: Community Commons. Accessed August 2018.

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Multiple stakeholders identified the burden of travel for many residents of Yakima County to obtain healthcare or other services. This included travel outside of Yakima County for specialty care, but also travel within Yakima County.

People for People provides transportation services but is not available after 4:00 PM. Representatives stressed the importance of finding ways to coordinate transportation with medical appointments.

People for People noted that it is very difficult to find transportation for individuals who are very obese or for children with special needs such as those requiring ventilator support.

Persons with mental illness are especially challenged finding transportation.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of respondents, 70.2% indicated that a lack of transportation had not kept them from medical appointments, meetings, work, or from getting things needed for daily living.

Conversely, 22.6% indicated that lack of transportation had kept them from medical appointments or from getting medicine and 18.3% indicated that a lack of transportation had kept them from getting to meetings, appointments, work, or other things they needed.

HOMELESSNESS

“What impacts health is not just what happens within the four walls of our medical office buildings and our hospitals.

Housing stability is a key determinant of health – health and housing are totally connected.”

Bechara Choucair, MD, Senior Vice President, Community Health and Benefit, and Chief Community Health Officer, Kaiser Permanente

A point-in-time (PIT) count was completed on Thursday, January 25, 2018, in Yakima County. The PIT count did not include homeless encampments or wooded areas due to the sensitivity and potential safety concerns.

All of the information below is abstracted from the PIT Count report.¹³

“The number of homeless in 2018 is higher than the PIT counts in 2016 and 2017 but lower than counts between 2012 – 2015.

Of the 648 homeless individuals:

- 48%, were in emergency shelters
- 36% were unsheltered
- 16% were in transitional housing

Other findings included:

- Over 60% of the homeless population were Hispanic, and 20% were American Indian
- Approximately 52% were male
- The majority, 66% were between 24 and 55 years of age
- Over 70% reported having at least one disability
 - The most frequent disability was related to mental health (28%)
 - The second most frequent disability was a permanent physical disability (27%)

There were 324 individuals, 155 households, classified as chronically homeless indicating that approximately 50% of all homeless included on the night of the PIT Count are chronically homeless.”

¹³ Yakima County 2018 Homeless Point-in-time Count, May 2018. <https://www.yvcog.org/wp-content/uploads/2018/06/2018-Yakima-County-PIT-Count-Report-May-31-2018.pdf>

HOUSING

The Point-in-time Count reported the following information related to housing:

“This sample size reinforces the notion that the disparity between market rate and affordable housing is perhaps the greatest influencer in the ability for homeless neighbors to return to stable housing in Yakima County.

The single greatest “reason” affecting community members at risk of or currently experiencing homelessness continues to be the lack of affordable housing in Yakima County.”

The Yakima Valley Conference of Governments developed Housing First, Yakima County's 5-year Homeless Plan in January 2017. In addition to other strategies, the plan includes the need for Medical Respite Care.¹⁴

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

There is an increasing number of homeless in almost every community.

Although services are available, they are inadequate to serve the needs of the growing homeless population.

Discharging homeless patients from the Hospital is very difficult due to lack of follow-up and lack of available community resources.

A safe place for respite or recuperation post-hospitalization is needed.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

- 77.9% indicated that they had housing
- 22.3% indicated that they do not have housing
- 24.1% were worried about losing housing

¹⁴ Yakima Valley Conference of Governments. <https://www.yvcog.org/wp-content/uploads/2017/01/Local-Homeless-Plan-2017-2021-FINAL.pdf>

HEALTH BEHAVIORS

**COUNTY HEALTH RANKINGS**

Yakima County is ranked 32nd out of 39 counties in Washington State for Health Behaviors by County Health Rankings. The healthiest county is ranked as one (1), so a lower number is better.

FOOD ACCESS & NUTRITION

“Seven of the top ten leading causes of death in the United States are due to chronic disease. Not eating a healthy diet or getting enough physical activity increases a person's chance of having a chronic disease.

The United States spends \$147 billion on obesity-related healthcare costs each year. The country spends \$117 billion on health care costs associated with inadequate physical activity each year.”

CDC Division of Nutrition, Physical Activity, and Obesity. Accessed August 2018.
<https://www.cdc.gov/nccdphp/dnpao/index.html>

“Health effects of hunger and food insecurity in children are associated with more psychosocial problems; more frequent colds, ear infections, anemia, asthma, and headaches; impaired cognitive functions; and poorer academic achievement.”

Washington State Department of Health. Food Insecurity and Hunger March 2018. Accessed August 2018.
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf>

FOOD ENVIRONMENT INDEX

The food environment index in Yakima County is higher (better) than Washington State.

The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Food Environment Index (2015)	8.6	8.0	7.7

Source: County Health Ranking. Accessed July 2018. www.countyhealthrankings.org

FOOD INSECURITY

Yakima County has a lower (better) food insecurity rate than Washington State but is not meeting the Healthy People 2020 target of 6.0%.

The USDA defines food insecurity as the inability to meet food needs during at least seven months of the year. Low food access is defined as living more than one-half mile from the nearest supermarket, supercenter, or large grocery store.

Although the food insecurity index is better in Yakima County than Washington State, the percentage of food-insecure children and children eligible for free/reduced price lunch are both higher (worse) than Washington State.

According to the AntiHunger & Nutrition Coalition,¹⁵ the rates of food insecurity (disparities) are substantially higher nationally for:

- Hispanic households 18.5%
- African American households 22.5%
- Households with children 16.5%
- Households headed by single women 31.6%
- Households headed by single men 21.7%
- Rural households 15.0%

Among 10th graders In Washington State, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Black students were more likely than White students to report that their family skipped meals or reduced meal size in the past year due to lack of money.¹⁶

PERCENT FOOD INSECURITY			
Yakima County	Washington	United States	Healthy People 2020 Target
9.0% ⁽¹⁾ (2015)	11.6% ⁽²⁾ (2016)	12.3% ⁽²⁾ (2016)	6.0%

(1) County Health Rankings. Accessed July 2018. www.countyhealthrankings.org

(2) Hungry in Washington. AntiHunger & Nutrition Coalition. September 2017. Accessed July 2018. www.WSAHNC.org

PERCENT OF HOUSEHOLDS WITH VERY LOW FOOD SECURITY* 2016		
Washington	United States	Healthy People 2020 Target
4.8%	4.9%	0.2%

*Food insecurity in the "severe range" includes skipping meals, compromised nutrition, and disrupted eating patterns throughout the year

Source: Community Commons. Accessed July 2018. www.communitycommons.org

¹⁵ AntiHunger & Nutrition Coalition. Accessed July, 2018. <http://www.wsahnc.org>

¹⁶ Washington State Department of Health. Food Insecurity and Hunger March 2018. Accessed July 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf>

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percent of food insecure children (2014)	26.1%	23.0%	23.5%
Low Food Access (2010-2015)	13.4%	23.3%	22.4%
Children Eligible for Free/Reduced Price Lunch (2015-2016)	75.3%	45.4%	52.6%

Source: Community Commons. Accessed July 2018. www.communitycommons.org

WASHINGTON STATE	*AMERICAN INDIAN/ALASKA NATIVE	*PACIFIC ISLANDER	*BLACK	HISPANIC	*WHITE	*ASIAN
Family reduced or skipped meals in last year because not enough money to buy food - Grade 10 (2016)	26%	20%	19%	15%	10%	8%

*Non-Hispanic

Source: Washington State Department of Health. Food Insecurity and Hunger. Accessed July 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf>

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

SNAP offers nutrition assistance to eligible, low-income individuals and families. The annual household income (before taxes) to qualify for SNAP benefits is listed in the table below.¹⁷

HOUSEHOLD SIZE	MAXIMUM HOUSEHOLD ANNUAL INCOME
1	\$15,678
2	\$21,112
3	\$26,546
4	\$31,980
5	\$37,414
6	\$42,848
7	\$48,282
8	\$53,716

¹⁷ Washington Supplemental Nutrition Program. Accessed July 2018. <https://www.benefits.gov/benefits/benefit-details/1364>

The Center on Budget and Policy Priorities published the following information on March 14, 2018:

- 929,000 Washington residents, 13% of Washington State population receive SNAP benefits (1 in 8)
- 60% of SNAP participants are in families with children
- Almost 32% are in families with members who are elderly or have disabilities
- More than 48% are in working families
- Average monthly SNAP Benefits for the fiscal year 2017 were \$122.00 or \$1.34 per person per meal
- In addition to SNAP, in FY 2017 based on preliminary data, an average of about 3,200 individuals in Washington received benefits through the Food Distribution Program on Indian Reservations (FDPIR) which provides commodity foods to low-income households, including the elderly living on Indian reservations, and to Native American families residing in designated areas near reservations¹⁸

Approximately 24% of households receive SNAP benefits in Yakima County compared to 14% in Washington State.

The lowest percentage of the population receiving SNAP benefits in Yakima County are Non-Hispanic white. All other ethnic groups, except Asian, have a percentage greater than 30%.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percent Households receiving SNAP benefits	23.97% ⁽¹⁾ (2012-2016)	13.0% ⁽²⁾ (2017)	13.05% ⁽¹⁾ (2012-2016)

⁽¹⁾ Community Commons. Accessed July 2018. www.communitycommons.org

⁽²⁾ Center on Budget and Policy Priorities. Washington Basic Food Program. March 14, 2018. Accessed July 2018. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_washington.pdf

¹⁸ Center on Budget and Policy Priorities. Washington Basic Food Program. March 14, 2018. Accessed July 2018. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_washington.pdf

PERCENT RECEIVING SNAP BENEFITS			
	Yakima County	Washington	United States
Non-Hispanic White	10.3%	10.9%	7.9%
Black	42.7%	29.4%	27.9%
Asian	18.4%	11.3%	7.6%
American Indian/Alaska Native	35.3%	30.4%	26.3%
Other Race	37.9%	27.4%	24.0%
Multiple Race	33.5%	22.4%	19.8%
Hispanic / Latino	37.6%	26.0%	22.3%
Total Population	24.0%	13.9%	13.1%

Source: Community Commons. Accessed July 2018. www.communitycommons.org

FOOD BANKS

Northwest Harvest reported that 1 in 6 Washingtonians rely on local food banks.¹⁹ Food banks or assistance to acquire food in Yakima County are included in Appendix 10.

CONSUMPTION OF FRUITS AND VEGETABLES

The rate of consumption of fruits and vegetables is higher (better) in Yakima County than in Washington State and the United States.

	WASHINGTON	UNITED STATES
Consumed 1 or More Fruits per Day, Ages 18+ (2015)	63.5%	59.8%
Consumed 1 or More Vegetables per Day, Ages 18+ (2015)	83.2%	77.9%

Source: CDC. State Cancer Profiles. Accessed July 2018.

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=washington#t=4>

¹⁹ Northwest Harvest. Accessed July 2018. <http://www.northwestharvest.org/wa-hunger-facts>

OBESITY

“Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:

- All-causes of death (mortality)
- High blood pressure (Hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Some cancers (endometrial, breast, colon, kidney, gallbladder, and liver)
- Low quality of life
- Mental illness such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning

The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical cost for people who have obesity was \$1,429 higher than those of normal weight.”

Centers for Disease Control. Accessed August 2018. <https://www.cdc.gov/obesity/adult/causes.html>

OBESITY A RISK FACTOR FOR DISABILITY—ADJUSTED LIFE YEARS

A recent study published by the Journal of the American Medical Association (JAMA), identified the top three risk factors for disability-adjusted life-years in Washington State as alcohol & drug abuse, high body mass index (BMI), and tobacco use.²⁰

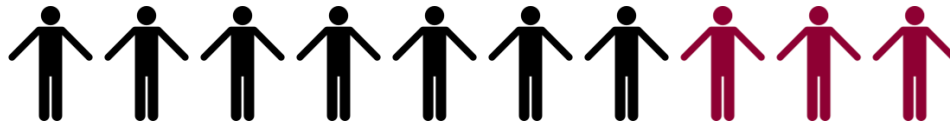
²⁰ The US Burden of Disease Collaborators. The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

ADULT OBESITY

In 2016, 28.6% of adults in Washington were considered obese compared to 31% of adults in Yakima County in 2014. Yakima County is higher (worse) than Washington State and is not meeting the Healthy People 2020 target.

Obesity rates are higher for Hispanic, Black, and American Indian/Alaska Native populations.

3 in 10 Washington adults are considered obese²¹



	YAKIMA COUNTY	WASHINGTON	UNITED STATES	HEALTHY PEOPLE 2020 TARGET
Adults who are Obese (BMI > 30)	31.0% ⁽¹⁾ (2014)	28.6% ⁽²⁾ (2016)	39.8% ⁽²⁾ (2015-2016)	30.5%
Physical Inactivity ⁽¹⁾ (2014)	24%	20%	23%	-
Access to exercise opportunities ⁽¹⁾ (2016)	79%	88%	83%	-

(1) Source: County Health Rankings. Accessed July 2018. www.countyhealthrankings.org

(2) Source: CDC. Accessed July 2018. <https://www.cdc.gov/obesity/data/adult.html>

ADULT OBESITY WASHINGTON STATE 2016	
Indicator	Percent
Household Income	
Less than \$25,000	33%
\$25,000 to \$49,999	31%
\$50,000 to \$74,999	28%
\$75,000 or more	23%
Educational Level	
High School or Less	33%
Some College	33%
College Graduate or More	21%

Source: Obesity Data: Washington State Department of Health. Accessed July 2018.

<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/Obesity>

²¹ 2018 Washington State Health Assessment. Accessed August 2018.

https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

ADULT OBESITY WASHINGTON STATE BY RACE / ETHNICITY	
Asian	9%
Native Hawaiian/Other Pacific Islander	26%
Non-Hispanic White	28%
American Indian/Alaska Native	33%
Black	35%
Hispanic	36%

Source: Obesity Data: Washington State Department of Health. Accessed July 2018. <https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/Obesity>

ADULT PHYSICAL EXERCISE

Adults that report no leisure time for physical activity is higher (worse) and access to exercise opportunities is lower (worse) in Yakima County than Washington State.

Access to recreation and fitness facilities in Yakima County per 100,000 population is lower (worse) than Washington State.

1 in 2 Washington adults meets national recommendations for aerobic physical activity²²



	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Percent of adults age 20 and over reporting no leisure-time physical activity (2014)	24%	17%	23%
Access to exercise opportunities (2010 & 2016)	79%	88%	83%

Source: County Health Rankings. Accessed July 2018. www.countyhealthrankings.org

2016	RECREATION AND FITNESS FACILITIES PER 100,000 POPULATION
Yakima County	7.40
Washington	12.77
United States	11.01

Source: Community Commons. Accessed September 2018. <https://www.communitycommons.org>

²²2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

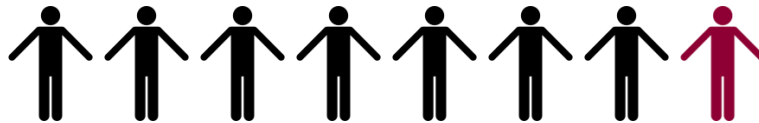
CHILD AND ADOLESCENT OBESITY

The rate of tenth graders with healthy weight in Yakima County is lower (worse) than Washington State and is not meeting the “Results Washington” target of 76%. Healthy weight includes both overweight and underweight.

The Washington State Department of Health reported the following statistics for 2016:

- About 12% of children (ages 2-4 years old and receiving WIC services) were obese
- About 12% of 10th graders in Washington's public schools were obese
- Rates for 10th-grade obesity rose significantly from 10% in 2014 to 12% in 2016 after several years of remaining the same. This recent uptick changes the trend from level to rising slowly since 2006
- Among 10th graders, American Indian/Alaska Native, black, Hispanic and Native Hawaiian/Pacific Islander populations continue to be at increased risk of being overweight and obese than whites or Asians
- Statewide in 2016 more 8th, 10th, and 12th graders who are obese report experiencing food insecurity compared to other youth

1 in 8 Washington 10th graders is considered obese²³



Healthy People 2020 has established targets for the proportion of children and adolescents who are considered obese.

Age Group	Healthy People 2020 Target
Children aged 2 to 5 years	9.4%
Children aged 6 to 11 years	5.7%
Adolescents aged 12 to 19 years	16.1%
Children and adolescents aged 2 to 19 years	14.5%

²³ 2018 Washington State Health Assessment. Accessed August 2018.
https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON
8 th Graders Obese	14% (± 2)	11% (± 2)	-
10 th graders Obese	17% (± 2)	12% (± 2)	-
12 th graders Obese	18% (± 2)	14% (± 2)	-
	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON
8 th Graders Overweight	19% (± 2)	16% (± 2)	-
10 th graders Overweight	17% (± 2)	15% (± 1)	-
12 th graders Overweight	16% (± 2)	16% (± 1)	-
	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON
8 th Graders with healthy weight	64%% (± 3)	70% (± 3)	-
10 th graders with healthy weight	63%% (± 3)	71% (± 2)	76%
12 th graders with healthy weight	63%% (± 3)	66%% (± 3)	-
	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON
8 th Graders Underweight	3% (± 1)	4% (± 1)	-
10 th graders Underweight	11% (± 2)	2% (± 1)	-
12 th graders Underweight	3% (± 1)	4% (± 1)	-

Source: Healthy Youth Survey 2016. Accessed August 2018. <http://twww.askhys.net/FactSheets>
<http://www.askhys.net/FactSheets>

WASHINGTON STATE	FOOD INSECURITY GRADE 8	FOOD INSECURITY GRADE 10	FOOD INSECURITY GRADE 12
Obese	17%	20%	25%
Not Obese	11%	14%	16%

Source: Healthy Youth Survey 2016. Accessed August 2018. <http://www.askhys.net/FactSheets>

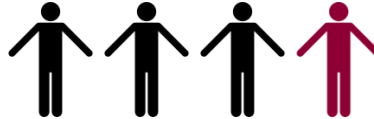
WASHINGTON STATE OBESITY AMONG 10 TH GRADERS BY RACE / ETHNICITY	
Asian	7%
White	9%
Black	13%
American Indian/Alaska Native	15%
Hispanic	16%
Native Hawaiian/Other Pacific Islander	24%

Source: Obesity Data: Washington State Department of Health. Accessed August 2018.
<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/Obesity>

STUDENT PHYSICAL ACTIVITY

The percentage of students in Yakima County who are not meeting recommended physical activity is not statistically different than Washington State.

1 in 4 Washington 10th graders met national recommendations for aerobic physical activity²⁴



The Healthy People 2020 goal for adolescents 12 to 17 years old who participate in extracurricular and/or out-of-school activities in the past 12 months is 90.6%.

STUDENTS WHO DID NOT MEET RECOMMENDATIONS FOR 60 MINUTES OF PHYSICAL ACTIVITY 7 DAYS A WEEK				
	6 th Grade	8 th Grade	10 th Grade	12 th Grade
Yakima County	75% (± 1)	69% (± 2)	74% (± 2)	79% (± 3)
Washington	76% (± 2)	70% (± 2)	76% (± 2)	79% (± 2)

Source: Healthy Youth Survey 2016. Accessed August 2018. <http://www.askhys.net/FactSheets>

HEALTHY PEOPLE 2020 GOALS

Healthy People 2020 targets related to nutrition and obesity include increasing the role of primary care providers as described in the table below.

HEALTHY PEOPLE 2020 GOALS	TARGET
Increase the proportion of primary care physicians who regularly measure the body mass index of their adult patients	53.6%
Increase the proportion of primary care physicians who regularly assess body mass index for age and sex in their child or adolescent patients	54.7%
Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to diet or nutrition	22.9%
Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity	31.8%
Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet	15.2%
Increase the proportion of worksites that offer nutrition or weight management classes or counseling	Target in development

²⁴ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Poor nutrition is a contributor to diabetes and other chronic diseases.

People with limited income often spend money on fast food – rather than healthy food – either because they don't know how to prepare healthy food, it's too expensive, or too time-consuming to prepare.

The stakeholder survey identified the need to address obesity in adults and children as one of the top five community health needs.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of respondents, 52.6% indicated that in the past year, they or a family member they live with had been unable to get food when it was really needed.

Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. Community feedback included:

"People have to make choices between food and other needs, such as medication."

"Healthy Food is more expensive."

"Need to have systems that support a healthy older population (e.g., medication management, nutritious food)."

TOBACCO – ALCOHOL – DRUGS

TOBACCO

“Each year, cigarette smoking kills about 8,300 adults in Washington State. However, this number does not include deaths attributable to secondhand smoke and burns. These additional factors bring the number of estimated cigarette smoking deaths to more than 8,700. Cigarette smoking accounts for nearly one in five (17% – 19%) deaths in Washington State each year. In Washington State, the total cost of health care directly caused by cigarette smoking is estimated to be \$2.8 billion annually.

Washington State has seen significant overall declines in cigarette smoking since 1999. However, disproportionately high rates of smoking persist in certain populations including lower-income households.

Some of these diseases and conditions are more common in certain groups in Washington State including African Americans, American Indians/Alaskan Natives, Native Hawaiian/Pacific Islanders, Lesbian, gay or bisexual adults, and adults from lower income households.”

Washington State Tobacco and Prevention and Control Five-Year Strategic Plan. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-131-2017TobaccoStrategicPlan.pdf>

RISK FACTOR FOR DISABILITY-ADJUSTED LIFE YEARS

A recent study published by the Journal of the American Medical Association (JAMA), looks at life expectancy overall and “healthy life” expectancy. The top three risk factors for disability-adjusted life-years in Washington State during 2016 were alcohol & drug abuse, high body mass index (BMI), and tobacco use.²⁵

TOBACCO USE ADULTS

The percentage of smokers in Yakima County is higher (worse) than Washington State and is not meeting the Healthy People 2020 or “Results Washington” targets.

1 in 7 Washington adults continues to smoke although cigarette smoking has declined²⁶



²⁵ The US Burden of Disease Collaborators. The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

²⁶ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

Healthy People 2020 has several targets related to health system changes including increasing tobacco screening in office-based ambulatory care settings with a target of 68.6%.

	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON TARGET	HEALTHY PEOPLE 2020 TARGET
Adults who are current smokers (2016)	15.0%	14.0%	13.5%	12.0%

Source: County Health Rankings. Accessed July 2018. <http://www.countyhealthrankings.org>

The CDC published additional data about smoking in Washington State as part of their profile on Cancer. Overall, Washington State is better than the United States for each of the metrics. The data is included in Appendix 11.

YOUTH TOBACCO USE

Tobacco use remains the number one preventable cause of early death in Washington. Statewide, about 40,000 youth aged 11-17 currently smoke and about 32 youth begin smoking every day. Almost all adults smoking today started before they were 18 years old. Teens who smoke suffer from shortness of breath and are more likely to use alcohol, marijuana, and cocaine. Washington's future depends on the health of our children. We want the next generation to be the healthiest ever. Preventing youth from starting to smoke is one of the most important things we can do.

Results Washington. Accessed August 2018. <http://www.results.wa.gov>

Tobacco use among youth in Yakima County is statistically different than Washington State in the following areas:

- The percentage of 12th graders who report smoking cigarettes is lower (better) than Washington State
- The percentage of 8th graders who report using an e-cigarette or vape pen is higher (worse) than Washington State
- The percentage of 10th graders who report using smokeless tobacco is higher (worse) than Washington State

	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA	RESULTS WASH TARGET	*HEALTHY PEOPLE 2020
	8 th Grade		10 th Grade		12 th Grade			
Smoked cigarettes in the past 30 days (2016)	4% (±1%)	3% (±0%)	5% (±1%)	6% (±1%)	8% (±1%)	11% (±2%)	5.6% (10 th graders)	16.0%
Used smokeless tobacco in the past 30 days (2016)	2% (±1%)	2% (±0%)	5% (±1%)	3% (±1%)	6% (±1%)	6% (±1%)	-	6.9%
Used an e-cigarette or vape pen in the past 30 days (2016)	8% (±1%)	6% (±1%)	11% (±2%)	13% (±2%)	15% (±2%)	20% (±2%)	11.4% (10 th graders)	-

*Healthy People 2020 targets are for adolescents in grades 9 through 12
 Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>

MARIJUANA

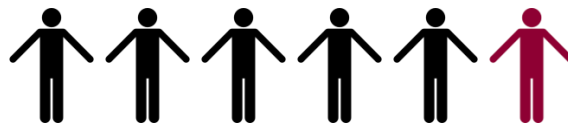
“Underage marijuana use has both negative consequences for the individual and high socioeconomic costs to society. Preventing or delaying the onset of underage marijuana use is associated with positive outcomes, such as improved school performance, reduced youth delinquency, and positive mental health.

Students who use marijuana often have difficulty learning, remembering, and problem-solving. These students are more likely to skip school, get lower grades and are less likely to graduate. Marijuana use among 10th graders is nearly three times that of the percentage who smoke cigarettes, and nearly one-half of 10th graders report that it is easy to get marijuana.”

Results Washington. Accessed August 2018. <http://www.results.wa.gov>

The percentage of 8th graders who reported marijuana use in Yakima County is statistically higher (worse) than Washington State. All grades are higher (worse) than the Healthy People 2020 target of 6.0%.

1 in 6 Washington 10th graders used marijuana in the past month²⁷



²⁷ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

“Results Washington” reports that use of marijuana in the past 30 days has decreased since its high in 1998. From 2006 to 2010, however, reported use by 10th graders began climbing. From 2010 and forward, the rate of reported use moderated downward, to 17.2% in 2016. A 5% net reduction was realized from 2014 to 2016.²⁸

	YAKIMA COUNTY WA		YAKIMA COUNTY WA		YAKIMA COUNTY WA		RESULTS WASH TARGET	*HEALTHY PEOPLE 2020 TARGET
	8 th Grade		10 th Grade		12 th Grade			
Report using marijuana in the last 30 days (2016)	10% (±1%)	6% (±1%)	18% (±1%)	17% (±2%)	25% (±1%)	26% (±2%)	18% (10 th Graders)	6.0%

**Healthy People 2020 Target is for adolescents aged 12 to 17 years
Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>*

ALCOHOL

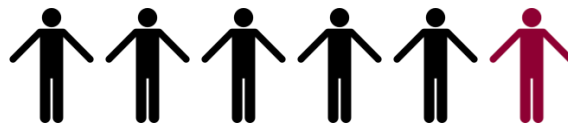
A recent study published by the Journal of the American Medical Association (JAMA), identified the top three risk factors for disability-adjusted life-years in Washington State as alcohol & drug abuse, high body mass index (BMI), and tobacco use.²⁹

ALCOHOL USE ADULTS

The percentage of adults who reported heavy or binge drinking in Yakima County is lower (better) than Washington State. However, the percentage of alcohol-impaired driving deaths is significantly higher than Washington State. In 2016, about 6% of 6th graders, 15% of 8th graders, and 17% of 10th graders reported riding in a vehicle in the past 30 days driven by someone who had been drinking alcohol.³⁰

The Healthy People 2020 goal is to decrease the rate of alcohol-impaired driving deaths to 0.38 deaths per 100 million vehicle miles traveled.

1 in 6 Washington adults reported binge drinking in the past month³¹



²⁸ Results Washington. Accessed August 2018. <https://data.results.wa.gov>

²⁹ The US Burden of Disease Collaborators. The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

³⁰ Washington State Department of Health. Unintentional Injury. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptUnintentInjury.pdf>

³¹ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

	YAKIMA COUNTY	WASHINGTON	HEALTHY PEOPLE 2020 TARGET
Percentage of adults who reported binge drinking or heavy drinking (2016)	17% (16% - 17%)	18%	24.2%
Alcohol-impaired driving deaths (2012-2016)	50% (46% - 53%)	34%	-

Source: County Health Rankings. Accessed July 2018. <http://www.countyhealthrankings.org>

ALCOHOL USE YOUTH

“Underage drinking has both negative consequences for the individual and high socioeconomic costs to society. Preventing or delaying the onset of underage alcohol use is associated with positive outcomes, such as improved school performance, reduced youth delinquency, and positive mental health. The age of first use and frequency of use of alcohol is linked to adult alcohol dependence. Reducing alcohol use among 14 – 18 years old’s will likely result in future medical, criminal justice and productivity cost savings.”

Results Washington. Accessed August 2018. <https://data.results.wa.gov>

“Results Washington” reports that alcohol use among 10th graders has shown a progressive decline since 1990, declining nearly 24 percentage points between 1990 (44%) and 2016 (20%). A 1% net reduction was realized from 2014 (20.6%) to 2016 (20.3%).³²

Alcohol use in Yakima County by 8th graders is statistically higher (worse) than Washington State. Students in 10th grade who report drinking alcohol is not meeting the “Results Washington” target.

1 in 5 Washington 10th graders used alcohol in the past month³³



	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA	RESULTS WASHINGTON TARGET
	8 th Grade		10 th Grade		12 th Grade		
Report drinking alcohol in the last 30 days (2016)	11% (±1%)	8% (±1%)	21% (±1%)	20% (±1%)	31% (±2%)	32% (±2%)	19% (10 th grade)

Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed July 2018. <http://www.askhys.net/FactSheets>

³² Results Washington. Accessed August 2018. <https://data.results.wa.gov>

³³ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Alcohol abuse is a significant community health issue. Several stakeholders commented on the need for an acute, medically managed detoxification center.

Outpatient treatment for alcohol abuse is available in the community. However, several stakeholders noted there is a long waiting list to access treatment.

The key stakeholder survey identified access to substance abuse treatment, including drugs and alcohol, as one of the top five community health needs.

DRUGS

A recent study published by the Journal of the American Medical Association (JAMA), identified the top three risk factors for disability-adjusted life-years in Washington State as alcohol & drug abuse, high body mass index (BMI), and tobacco use.³⁴

YOUTH ILLEGAL DRUG USE

Illegal drug use includes prescription drugs not prescribed, prescription painkillers to get high, and all other illegal drugs but does not include alcohol, tobacco or marijuana.

The percentage of 8th graders who report illegal drug use in Yakima County is statistically higher (worse) than Washington State.

	YAKIMA COUNTY WA		YAKIMA COUNTY WA		YAKIMA COUNTY WA	
	8 th Grade		10 th Grade		12 th Grade	
Report illegal drug use (prescription drugs not prescribed, prescription pain killers to get high, and all other illegal drugs; not including alcohol, tobacco or marijuana) (2016)	5% (±1%)	3% (±1%)	7% (±1%)	6% (±1%)	8% (±2%)	8% (±1%)
Use prescription pain killers to get high (2016)	3% (±1%)	2% (±0%)	5% (+1)	4% (±1)	6% (+1)	5% (±1)

Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>

YOUTH RISK FACTORS SUBSTANCE ABUSE

The University of Washington (UW) developed a public health model for the prevention of youth substance abuse. They identified risk factors that predict youth substance use, and protective facts that can protect youth from the effects of those risks.

³⁴ The US Burden of Disease Collaborators. The State of US Health, 1990-2016 Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

Each factor is measured with two or more questions to include multiple dimensions of the risk or protective factor. The percentages refer to the “percentage of students at risk” which is defined as the percentage of students whose scores were above a risk cut point determined by UW researchers.

Yakima County is higher (worse) than Washington State for the percentage of 8th and 10th graders reporting that laws and norms favor drug use.

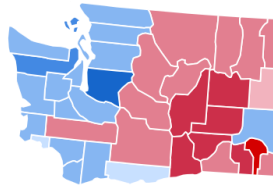
	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA	YAKIMA COUNTY	WA
	8 th Grade		10 th Grade		12 th Grade	
Availability of Drugs	18% (+2%)	16% (+2%)	22% (+2%)	23% (+2%)	31% (+3%)	30% (+2%)
Laws and Norms Favor Drug Use	29% (+2%)	24% (+2%)	32% (+2%)	28% (+2%)	31% (+3%)	30% (+2%)

Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>

ADJUSTED DEATH RATE DUE TO DRUG USE

In 2016, the age-adjusted death rate due to drug overdose was 14.5 per 100,000 in Washington State, a total of 1,102 deaths.

On average, three Washingtonians died of a drug overdose each day³⁵



For every overdose death, there were 4.5 hospitalizations and 11 ER visits³⁶



In 2016, Washington ranked in the third lowest tier (13.6 – 16.0) out of six tiers for drug overdose deaths in the United States. However, Washington is not meeting the Healthy People 2020 target of 11.3 age-adjusted deaths due to drug use per 100,000 population.

The highest rates of drug overdose deaths in Washington occur among men, those 45 – 54 years old, and American Indian/Alaskan Natives.³⁷

³⁵ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

³⁶ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

	WASHINGTON	HEALTHY PEOPLE 2020 TARGET
Age-adjusted death rate due to drug use per 100,000 population (2016)	14.5	11.3

Source: CDC. Accessed August 2018. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

OPIOID-RELATED DEATH

Washington State Department of Health, Opioid-Related Deaths report 2006 – 2016 includes the following information:

- The total number of opioid overdose deaths has not changed substantially since 2008. The number of prescription opioid-involved overdoses has declined, while heroin overdoses have increased.
- Persons who die from heroin overdoses tend to be younger than those who die from overdoses due to prescription opioids.³⁸

The age-adjusted opioid-related overdose deaths per 100,000 in Yakima County is lower (better) than the State and is lower (better) than the “Results Washington” target.

Yakima County ranks 12th highest out of thirty-two (32) counties in Washington State for age-adjusted opioid-related overdose deaths.

	YAKIMA COUNTY	WASHINGTON	RESULTS WASHINGTON TARGET
Number of opioid-related overdose deaths (Preliminary 2016)	65	3,467	-
Age-Adjusted opioid-related overdose deaths per 100,000 population (2016)	5.5	9.6	9.0

Source: Washington State Department of Health. Opioid-related Deaths in Washington State. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/346-083-SummaryOpioidOverdoseData.pdf>

2016 PRELIMINARY DATA WASHINGTON STATE	# OF OVERDOSE DEATHS
All opioid overdoses	694
Heroin overdose deaths	287
Prescription opioid overdose deaths	435
Synthetic opioid overdose deaths	87

Source: Washington State Department of Health. Opioid-related Deaths in Washington State. Accessed August 2018.

³⁷ 2018 Washington State Health Assessment. Accessed August 2018.

https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

³⁸ Washington State Department of Health. Opioid-related Deaths in Washington State. Accessed August 2018.

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/346-083-SummaryOpioidOverdoseData.pdf>

WASHINGTON STATE OPIOID-RELATED DEATH PER 100,000 BY AGE (PRELIMINARY 2016)	OPIOID- RELATED DEATHS	PRESCRIPTION OPIOID OVERDOSE DEATHS	HEROIN OVERDOSE DEATHS	SYNTHETIC OPIOID OVERDOSE DEATHS
15-24	6.2	2.7	3.4	0.7
25-34	14.7	6.8	8.2	1.2
35-44	14.8	9.3	6.0	1.4
45-54	18.8	13.2	5.9	1.8
55-64	15.1	11.8	3.5	1.6
65+	4.2	3.7	0.5	0.6

Source: Washington State Department of Health. Opioid-related Deaths in Washington State. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/346-083-SummaryOpioidOverdoseData.pdf>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

The lack of treatment options for individuals with drug addiction and specifically opioid addiction is a significant community health issue.

The key stakeholder survey identified access to substance abuse treatment, including drug and alcohol, as one of the top five community health needs.

SEXUALLY TRANSMITTED DISEASE**WASHINGTON STATE SEXUALLY TRANSMITTED DISEASE**

The Washington State Department of Health reported the following data for 2016:³⁹

- **Chlamydia**
 - Chlamydia infection cases and incidence rate per 100,000 increased 36% from 2008 to 2016
 - Chlamydia incidence rate increased by 9% from 2015 to 2016
 - Rates were lowest among white persons and highest among black persons and all other races
 - The rate of chlamydia was higher in Washington than nationally within each race and ethnicity group
 - Chlamydia rates were highest among those 20-24 years of age and women
- **Gonorrhea**
 - The rate of gonorrhea per 100,000 people in Washington increased by 144% from 2008 to 2016
 - The rate of gonorrhea in Washington has increased every year since 2012
 - 41% of gonorrhea cases were from King County
 - Gonorrhea rates were highest in males 25 – 29
 - Rates of gonorrhea were highest among black persons and lowest for white persons.
 - The rate of gonorrhea was higher in Washington than nationally within each race and ethnicity
- **Syphilis**
 - The rate of syphilis per 100,000 people increased 194% from 2008 to 2016
 - The rate of syphilis increased 23% from 2015 to 2016
 - Men had a higher rate of primary and secondary (P&S) syphilis than women
 - Rates of syphilis were highest among black and Hispanic persons and lowest among whites and all other races
 - The rates of P&S syphilis among white and Hispanic persons were higher in Washington than nationally
 - From 2015 to 2016 there were eight (8) cases of congenital syphilis in Washington State, which is as many cases as in the previous 12 years combined
 - Mellissa Sixberry, Director of Disease Control, Yakima Health District, stated in an interview that there had been no cases of congenital syphilis in Yakima County

³⁹ STI Fast Facts: Washington State 2016. Accessed July 2018.
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/347-350-FastFacts2016.pdf>

YAKIMA COUNTY SEXUALLY TRANSMITTED DISEASE

Yakima County has a higher rate of Chlamydia, Gonorrhea, and Herpes than Washington State.⁴⁰

Compared to other counties in Washington State, Yakima County has the second highest rate of Chlamydia (38th out of 39 counties), the third-highest rate of Gonorrhea (21st out of 23 counties), and the tenth highest rate of Herpes (10th out of 17 counties). Data was not available for all counties or data was suppressed due to statistical instability.⁴¹

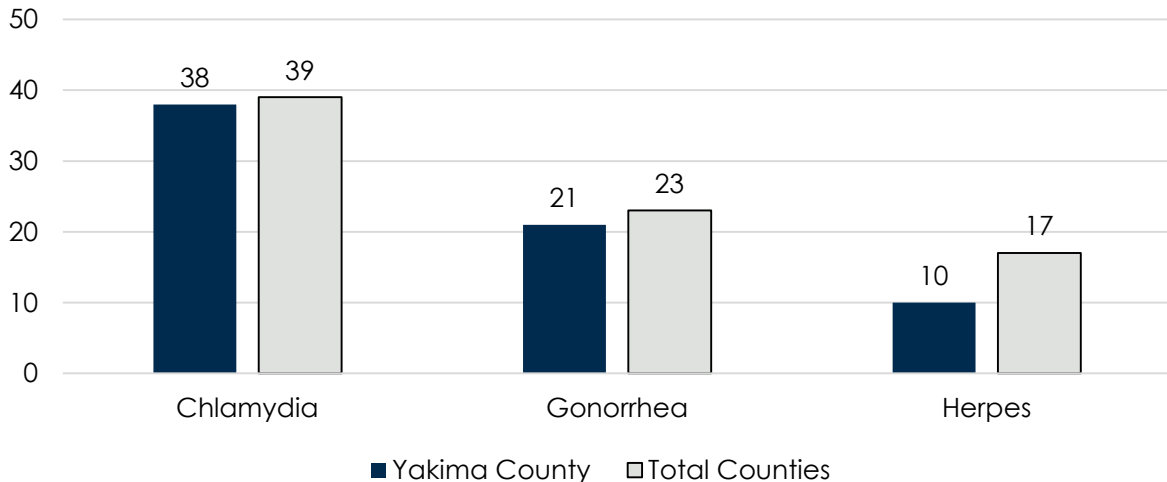
	CHLAMYDIA		GONORRHEA		PRIMARY & SECONDARY SYPHILIS		HERPES	
	Yakima County	WA	Yakima County	WA	Yakima County	WA	Yakima County	WA
*Sexually Transmitted Disease Cases	1,644 (1)	32,454 (2)	434 (1)	10,022 (2)	37 (1)	674 (2)	87 (1)	2,058 (2)
Sexually Transmitted Infection Rates per 100,000 (2) (2017)	649.4	444.0	171.2	137.1	NA	9.2	30.0	28.2

*Number of cases for Washington State is for 2016. Number of cases for Yakima County is for 2017

(1) Source: Yakima County Data provided by Melissa Sixberry, Director of Disease Control, Yakima Health District, August 2018

(2) Source: Sexually Transmitted Infection Cases and Rates by County. March 13, 2018. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-106-STIICasesAndRateByCounty2017.pdf>

YAKIMA COUNTY SEXUALLY TRANSMITTED DISEASE RANKING COMPARED TO OTHER COUNTIES IN THE STATE



⁴⁰ Yakima County Data provided by Melissa Sixberry, Director of Disease Control, Yakima Health District, August 2018

⁴¹ Sexually Transmitted Infection Cases and Rates by County. March 13, 2018. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-106-STIICasesAndRateByCounty2017.pdf>

The Hispanic population experienced the largest number of chlamydia, gonorrhea and syphilis infections in Yakima County in 2017. The non-Hispanic population had the highest number of herpes simplex infections, although only slightly higher than the Hispanic population.

In Yakima County, females had a higher incidence rate of chlamydia and herpes infections. Males had a higher incidence of gonorrhea and syphilis infections.

JANUARY 2017 – DECEMBER 2017 YAKIMA COUNTY	CHLAMYDIA	GONORRHEA	SYPHILIS	HERPES SIMPLEX
Hispanic	959	177	21	31
Missing	32	5	0	1
Non-Hispanic	415	141	8	38
Unknown	238	111	8	17
Female	1,181	211	11	53
Male	463	223	26	34
TOTAL	1,644	434	37	87

Source: Sexually Transmitted Infection Cases and Rates by County. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-106-STIICasesAndRateByCounty2017.pdf>

YOUTH SEXUAL BEHAVIOR

Yakima County has a higher percentage of 10th graders who have had sex than Washington State. Of concern, is the number of youth who are not using a condom.

	EVER HAD SEX		HAD SEX BY AGE 13		HAVE HAD 4 OR MORE PARTNERS		DID NOT USE A CONDOM DURING LAST SEXUAL INTERCOURSE	
	Yakima County	WA	Yakima County	WA	Yakima County	WA	Yakima County	WA
8 th Graders	8% (± 2)	8% (± 2)	5%	4%	1%	2%	3%	3%
10 th Graders	29% (± 3)	25% (± 3)	5%	4%	5%	4%	11%	10%
12 th Graders	53% (± 4)	50% (± 3)	6%	4%	16%	13%	24%	23%

Source: Healthy Youth Survey Fact Sheet Yakima Count. Accessed August 2018. <http://www.askhys.net/FactSheets>

HPV VACCINE

The CDC recommends the Human Papillomavirus (HPV) vaccines for children aged 11 or 12 years, young women through age 26 and young men through age 21.⁴² The HPV vaccines protect against infection with human papillomaviruses (HPV). HPV is a group of more than 200 related viruses, of which more than 40 spread through direct sexual contact. Among these, several HPV types cause genital warts, and about a dozen HPV types can cause certain types of cancer—cervical, anal, oropharyngeal, penile, vulvar, and vaginal.

The HPV vaccine rate is better in Washington State than the United States for all of the metrics reported by the CDC. Detail is included in Appendix 12.

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Melissa Sixberry, Director of Disease Control, Yakima Health District, noted that often providers do not treat a potential sexually transmitted disease until they have confirmed with lab results. She stated that unfortunately, this sometimes means that the patient doesn't return for follow-up or cannot be located, and therefore goes untreated and others are infected. She recommended that whenever possible, providers treat based on symptoms with risk factors and exposure.

⁴² NIH. National Cancer Institute. Accessed August 2018.
<https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet>

ACCESS TO CARE



HEALTH LITERACY

Dr. Kate Brostoff, Senior Medical Director at CHPW (Community Health Plan of Washington), defines Health literacy as, “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”⁴³

16.1% of the population in Yakima County speak English less than “very well” and 33.7% of the Hispanic/Latino population have Limited English Proficiency.⁴⁴ The student population with Limited English Proficiency (LEP) makes up approximately 45.5% of all students in Yakima County schools.⁴⁵

These factors and others, such as the percentage of the population that live in poverty, illustrate a population with significant barriers to accessing and utilizing health care services, as well as having adequate resources to stay healthy.

The National Action Plan to Improve Health Literacy includes the following information:

“Although limited health literacy affects most adults at some point in their lives, there are disparities in prevalence and severity. Some groups are more likely than others to have limited health literacy. Certain populations are most likely to experience limited health literacy:

- Adults over the age of 65 years
- Racial and ethnic groups other than White
- Recent refugees and immigrants
- People with less than a high school degree or GED
- People with incomes at or below the poverty level
- Non-native speakers of English

Of great concern are the 14% of adults (30 million Americans) who are unable to perform even the simplest everyday literacy tasks, many of whom are not literate in English. Most of the adults with Below Basic health literacy skills would have difficulty reading a chart or simple instructions. These same adults are more likely to report that their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy. Additionally, the 54 million adults with any type of disability, difficulty, or illness are especially vulnerable and more likely

⁴³ Washington Patient Safety Coalition. Accessed September 2018. <http://www.wapatientssafety.org/health-literacy>

⁴⁴ Community Commons. Accessed August 2018. <http://www.communitycommons.org>

⁴⁵ Estimates of Population with Limited English Proficiency (LEP) for the state and Counties Washington State Office of Financial Management, Forecasting and Research Division.
http://www.ofm.wa.gov/pop/subject/ofm_pop_limited_english_proficiency_estimates_2016.xlsx

to perform at the lowest literacy levels. Although physician awareness of the Americans with Disabilities Act has increased since its passage, adults with disabilities continue to face significant barriers to health care in facilities and communication.

The National Action Plan seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. The Action Plan is based on 2 core principles:

- All people have the right to health information that helps them make informed decisions
- Health services should be delivered in ways that are easy to understand and that improve health, longevity, and quality of life

The Action Plan contains 7 goals that will improve health literacy and strategies for achieving them:

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable
2. Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services
3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
5. Build partnerships, develop guidance, and change policies
6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
7. Increase the dissemination and use of evidence-based health literacy practices and interventions⁴⁶

⁴⁶U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. Washington, DC. Accessed September 2018. <https://health.gov/communication/initiatives/health-literacy-action-plan.asp>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Educational materials and information provided by healthcare professionals that cannot easily be understood by individuals with Limited English Proficiency or Limited Health Literacy is a significant barrier to health.

Competency by healthcare professionals is needed to communicate effectively with individuals with Limited English Proficiency or Limited Health Literacy.

INSURANCE COVERAGE

The uninsured population in Yakima County decreased by more than half between 2013 and 2016 but is still almost double that of Washington State and is not meeting the Results Washington or Healthy People 2020 targets.

Yakima County has the fifth highest uninsured rate in Washington State. Kittitas (11.8), Grant (10.7), Douglas (10.2) and Okanogan (10.2) counties have higher rates of uninsured.

Data from the National Health Interview Survey estimates the uninsured rate for Washington State in 2017 at 5.3% for all ages, 6.2% for ages under 65, and 7.5% for ages 18 – 64.⁴⁷

Please note that the 2017 data is from a different source than data from 2013 – 2016 and may not be comparable.

UNINSURED POPULATION	2013 ⁽¹⁾	2014 ⁽¹⁾	2015 ⁽¹⁾	2016 ⁽¹⁾	2017 ⁽²⁾	RESULTS WA TARGET	HEALTHY PEOPLE 2020 TARGET
Yakima County	21.9%	11.5%	11.2%	10.0%	-	6.0%	0% (100% insured)
Washington State	14.0%	8.2%	5.8%	5.4%	5.3%	6.0%	0% (100% insured)

(1) County Population Estimation Model, Washington State Office of Financial Management, February 2018. Accessed August 2018.

(2) National Center for Health Statistics. Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2017. Accessed July 2018. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf>

Based on data from the US Census Bureau American Community Survey (ACS)⁴⁸ the highest rate of uninsured in Yakima County is for:

Ages 18 – 64	28.9%
Native American	27.7%
Hispanic/Latino	26.9%
Males	20.7%

⁴⁷ National Center for Health Statistics. Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2017. Accessed August 2018. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf>

⁴⁸ US Census Bureau. American Community Survey, 2012-2016. Accessed July 2018. <https://www.census.gov/programs-surveys/acs/>

However, the Washington State Office of Financial Management identified a significant undercount of Medicaid enrollment in the ASC data and so estimates may not be reliable.⁴⁹

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

The cost of care for individuals without insurance, or those with insurance plans that have high deductibles and co-pays, are a detriment to accessing timely care.

People often wait until they are seriously ill before seeking care.

Continued efforts need to be made to assist people to sign up for insurance and other benefits available through Washington State.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey. Respondents reported the following insurance coverage:

- 15.2% None/Uninsured
- 64.7% Medicaid/Apple Health
- 9.5% Medicare
- 4.9% private insurance
- 8.1% employer-provided insurance
- 3.3% other public insurance (not Medicaid)
- 52.6% of respondent indicated that in the past year they, or any family members they live with, had been unable to get medicine or other healthcare (medical, dental, vision, mental health) when it was really needed

⁴⁹ County Population Estimation Model, Washington State Office of Financial Management. February 2018. Accessed July 2018. <https://www.ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief087.pdf>

IMMIGRANTS

An article published in the Seattle Times on August 12, 2018, and updated August 13, 2018 states, “immigrants are withdrawing their children from health care and turning down food stamps as the Trump administration considers penalizing those who use public benefits – even if they’re legally in the U.S.”

The article goes on to say, “according to leaked documents, the Department of Homeland Security plans to propose a rule making it harder for some immigrants to stay here if they or family members have used any of a wide array of public benefits, including food stamps, Medicaid, subsidized insurance through the Affordable Care Act, support for pregnant women and new mothers, housing vouchers and the earned income tax credit. Immigrants enrolled in such programs – even for children who are U.S. citizenship- would be deemed a “public charge.” Currently, such a determination applies to immigrants who use only two benefits: cash assistance such as welfare, and subsidies for long-term institutional care.

An analysis by the nonpartisan Migration Policy Institute, estimates the number of noncitizens who could be determined a public charge would rise from 3% to at least 47% nationally. In Washington, at least 244,800 people could be affected, according to a state-by-state breakdown.”⁵⁰

This has the potential to negatively impact access to healthcare and the burden of treating more seriously ill individuals who do not seek timely care in the Astria Health service area.

Community Feedback - Governor’s Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. Community feedback included:

“Fears further exacerbate health issues. Stress has a negative impact on the community. The community needs to feel supported by leaders and representatives.”⁵¹

⁵⁰ Seattle Times. Accessed September 2018. <https://www.seattletimes.com/seattle-news/legal-immigrants-in-seattle-area-alarmed-over-possible-penalties-for-using-benefits/>

⁵¹ Governor's Interagency Council on Health Disparities. Community Forum Summary, May 10, 2017. Accessed August 31, 2018. <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/HDC-Yakima-CommunityForum-Summary.pdf#zheimer>

PRIMARY CARE

Yakima County is a Medically Underserved Area (MUA) and a Primary Care Healthcare Professional Shortage Area (HPSA). An MUA and HPSA identify geographic areas and populations with a lack of access to primary care services.⁵²

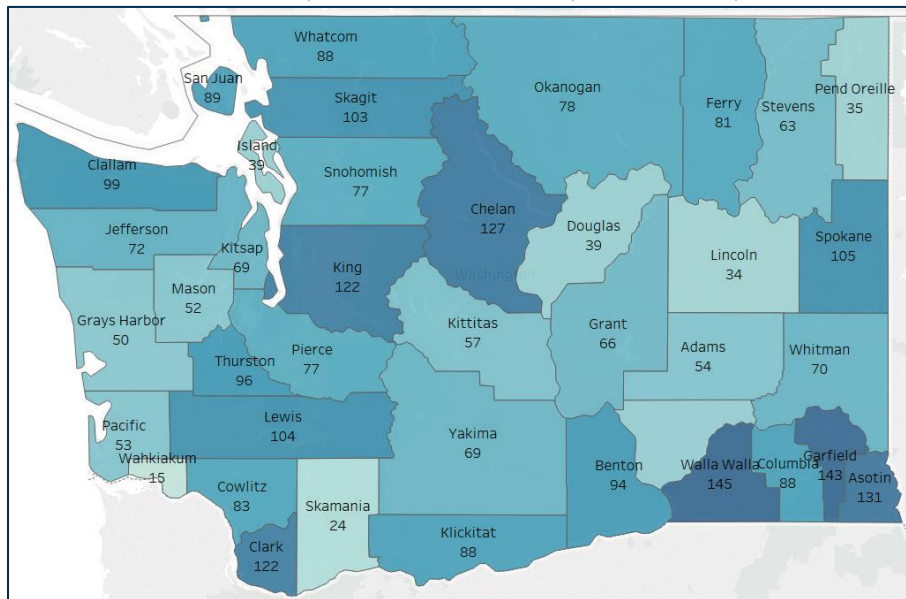
Primary care includes family medicine, general practice, geriatrics, internal medicine, and pediatrics.

Both primary care physicians and family medicine physicians per 100,000 population are lower than Washington State.

	YAKIMA COUNTY	WASHINGTON
Physician Count	492	18,730
Median Age	53	50
Percent Female	28.7%	37.0%
Primary Care Physicians per 100,000 population	69	96
Family Medicine physicians per 100,000 population	29.0	40.8

Source: 2016 Physician Supply Estimates for Washington State, Counties and Accountable Communities of Health. Published April 2018 Office of Financial Management Health Care Research Center. Accessed July 2018. <https://ofm.wa.gov/pubs-reports/2016-physician-supply>

PCPs PER 100,000 POPULATION, COUNTIES, 2016



⁵² Health Professional Shortage Areas. Accessed July 2018. <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

PERSONAL HEALTHCARE PROVIDER

According to the CDC Behavioral Risk Factor Surveillance System (BRFSS) for Washington State:

- 74.1% of adults reported that they had a personal healthcare provider which is lower (worse) than the United States and the Healthy People 2020 target
- A higher percentage of males reported not having a personal health care provider compared to females
- Having a personal health care provider increased with age among adults
- A higher percentage of adults reporting Hispanic ethnicity did not have a personal health care provider compared to other ethnic groups
- Having a personal health care provider increased as levels of education increased

The BRFSS report also identified that 7.9% of adults in Washington State had not visited a doctor for a routine checkup in 5 or more years, 10% within the past five years, 16.6% within the past two years and 64.2% within the past year.⁵³

Healthy People 2020 has a new goal of 75.6% for adolescents aged 10 to 17 years who have had a wellness checkup in the past 12 months.

ADULTS REPORTING THAT THEY HAD A PERSONAL HEALTHCARE PROVIDER		
WASHINGTON	UNITED STATES	HEALTHY PEOPLE 2020 TARGET
74.1%	78.4%	83.9%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>

PERCENT REPORTING THEY DID <u>NOT HAVE</u> A PERSONAL HEALTHCARE PROVIDER BY GENDER	
MALE	FEMALE
30.6%	18.1%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>

⁵³ Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>.

PERCENT REPORTING THEY DID <u>NOT HAVE</u> A PERSONAL HEALTHCARE PROVIDER BY AGE					
18-24	25-34	35-44	45-54	55-64	65+
43.8%	40.8%	30.8%	18.1%	13.5%	6.3%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>

PERCENT REPORTING THEY DID <u>NOT HAVE</u> A PERSONAL HEALTHCARE PROVIDER BY RACE AND ETHNICITY						
White Non-Hispanic	Black Non-Hispanic	American Indian/Alaska Native	Asian – Non-Hispanic	Other Non-Hispanic	Multi-Race	Hispanic
20.6%	25.7%	28.0%	30.3%	22.3%	26.9%	44.0%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>

PERCENT REPORTING THEY DID <u>NOT HAVE</u> A PERSONAL HEALTHCARE PROVIDER BY EDUCATION			
Did not graduate high school	High School Graduate or GED	Post High School	Some College
39.6%	28.7%	21.6%	18.7%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data [online]. Accessed Aug 25, 2018. <https://www.cdc.gov/brfss/brfssprevalence/>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Lack of access to primary care was a common theme among key stakeholders. Long wait times to establish initial care, as well as the time from request to appointment, were both identified as barriers to care. Lack of access was seen as especially problematic for those with Medicaid or without insurance.

Scott Thielen, Ministry Director Yakima Union Gospel Mission (YUGM) stated that the YUGM clinic had approximately 14,000 visits last year. Scott indicated YUGM could increase the number of patients they see if they had more providers. There is a qualification process, but they do not accept insurance.

Several stakeholders commented on the utilization of the Emergency Department for minor issues that could be taken care of in a provider office. The reasons were seen as multi-faceted including:

- Lack of access to primary care
- Convenience
- Habit of using the ER rather than making an appointment
- No financial disincentive to use the ER for Medicaid patients

Access to primary care for individuals with a mental illness or co-occurring diagnosis (mental health and substance abuse) was seen as especially problematic. Often this population will either not make appointments with primary care or will not follow-up after an appointment or an ER visit.

The key stakeholder survey identified access to primary care as the number one community health need that Astria Health should address.

 **Yakima County Health Care Coalition – Consumer Engagement Survey**

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of respondents, 52.6% indicated that in the past year they or any family members they live with had been unable to get medicine or any healthcare (medical, dental, vision, mental health) when it was really needed.

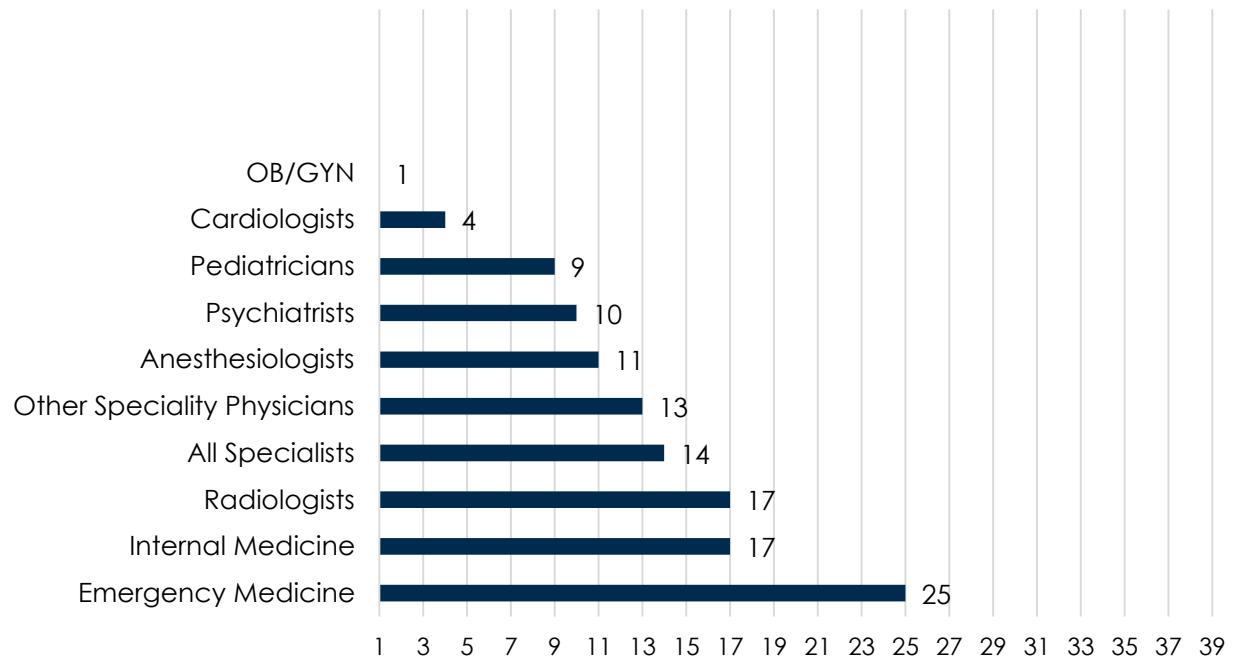
SPECIALTY CARE

A 2016 Physician Supply estimate for Washington State, published in April 2018, identified a total of 127 specialists per 100,000 population in Yakima County compared to 165 per 100,000 in Washington State.

Yakima County ranks 14th compared to 39 other Washington counties for specialists per 100,000.

Compared to other counties in Washington State, Yakima County is ranked number one for OB/GYN physicians per 100,000 populations, and fourth for Cardiologists per 100,000 populations. Yakima County is also higher than Washington State per 100,000 for cardiology and OB/GYN physicians.⁵⁴

YAKIMA COUNTY SPECIALIST RANKING PER 100,000



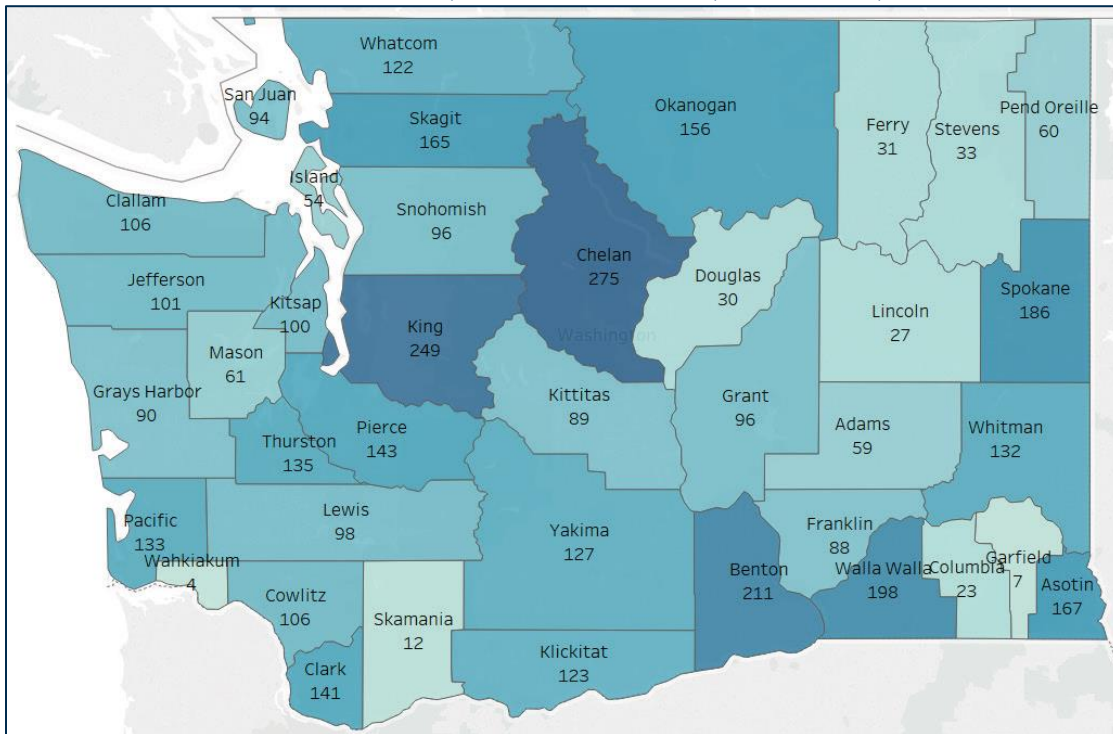
⁵⁴ 2016 Physician Supply. Accessed July 2018. https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2016.pdf

SPECIALISTS PER 100,000 POPULATION	YAKIMA COUNTY	WASHINGTON STATE
Specialists	127	165
Anesthesiologist	11	15.3
Cardiology	11	7.0
Emergency Medicine	15	19.0
Gastroenterology	-	4.6
Internal Medicine	25	37.8
OB – GYN	17	12.2
Pediatrics	11	11.8
Psychiatry	7	10.0
Surgery	10	21.1
Radiology	15	15.7
Other Specialties	46	70

Source: 2016 Physician Supply. Accessed July 2018.

https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2016.pdf

SPECIALISTS PER 100,000 POPULATION, COUNTIES, 2016



KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Some specialties are only available in Seattle, Portland, Tri-Cities or other larger cities. The burden on residents and families is significant when they must travel for care.

The key stakeholder survey identified access to specialty care as the third highest community health need that Astria Health should address.

The most needed specialties in the stakeholder survey were identified as:

- Psychiatry
- Gastroenterology
- Rheumatology

MENTAL HEALTH PROVIDERS

Yakima County is designated as a Healthcare Professional Shortage Area (HPSA) for mental health care.⁵⁵ Mental Health HPSAs are determined by considering the ratio of population to available psychiatrists, the percentage of the population below the federal poverty level, the ratio of individuals over age 65 or under age 18 in the population, alcohol abuse prevalence, substance abuse prevalence, and travel time to reach the next closest service.⁵⁶

Psychiatrists per 100,000 and the ratio of mental health providers to population are both lower than Washington State.

	YAKIMA COUNTY	WASHINGTON
Psychiatrists per 100,000 population ⁽¹⁾ (2016)	7.0	10.1
Number of mental health providers ⁽²⁾ (2017)	627	-
Ratio of Mental Health Providers to Population ⁽²⁾ (2017)	400:1	330:1

(1) 2016 Physician Supply Estimates for Washington State, Counties and Accountable Communities of Health. Published April 2018 Office of Financial Management Health Care Research Center. Accessed August 2018.

<https://ofm.wa.gov/pubs-reports/2016-physician-supply>

(2) County Health Rankings. Accessed August 2018. <http://www.countyhealthrankings.org>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Almost 100% of stakeholders identified the need for additional mental health providers and increased access to both inpatient and outpatient treatment.

Increased access and treatment options for individuals with a co-occurring diagnosis (mental health and substance abuse) is a significant need.

There are no services for individuals with anorexia or head injuries in Yakima County.

The key stakeholder survey identified psychiatry as the most needed specialty.

⁵⁵ Accessed August 2018. <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

⁵⁶ 2018 Washington State Health Assessment. Access to Behavioral Health Providers. Accessed August 2018. <https://www.doh.wa.gov/Portals/1/Documents/1000/SHA-AccessToBehavioralHealthProviders.pdf>

DENTAL CARE

Yakima County is a Medically Underserved Area (MUA) and a Dental Healthcare Professional Shortage Area (HPSA). An MUA and HPSA identify geographic areas and populations with a lack of access to care.⁵⁷

Yakima County has fewer dentists per 100,000 populations than Washington State.

	YAKIMA COUNTY	WASHINGTON
Number of dentists per 100,000 population (2015)	62.7	78.5
Number of Dentists (2015)	156	5,628

Source: County Health Rankings. Accessed July 2018. <http://www.countyhealthrankings.org>

Dental care provided by Federally Quality Health Centers (FQHCs) in Yakima County includes:

- Yakima Valley Farm Workers Clinic
 - Children's Village (Yakima)
 - Grandview Dental Clinic
 - Lincoln Avenue Dental Center (Yakima)
 - Mobile Medical & Dental Services (Wapato)
 - Toppenish Dental Clinic
 - Yakima Dental Clinic
- Yakima Neighborhood Health Services
 - Yakima Clinic
- Tribal Health Clinic
 - Yakama Tribal Clinic (Toppenish and White Swan)

However, not all dental services are provided at every clinic which may require travel to access services, As mentioned in other sections of this report, transportation can be difficult for low-income residents or those without a car.

⁵⁷ Accessed July 2018. <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

DENTAL CARE YOUTH AND CHILDREN

“The bacteria that causes tooth decay is a chronic condition that typically lasts into adulthood with greater costs and consequences for health and well-being.

“Dental Disease is linked to broader health problems, including cardiovascular disease, stroke and diabetes mellitus.”

Healthy Youth Survey Fact Sheet Yakima County. <http://www.askhys.net/FactSheets>

For the 2015–2016 Smile Survey, more than 13,000 children in kindergarten, second-grade and third-grade children in 76 public elementary schools participated, as well as more than 1,400 preschool children from 47 Head Start and ECEAP1 programs. The Smile Survey identified the following:

- Oral health of Washington children is improving
- Twice as many children from economically challenged families were suffering from the effects of rampant tooth decay than children from higher-income households
- Children who are of American Indian/Alaskan Native, Native Hawaiian/Pacific Islander descent had two to three times the rate of permanent teeth affected by tooth decay as children who are White, Black, or Asian⁵⁸

The Healthy Youth Survey found that Yakima County has higher rates of dental caries among 3rd graders than Washington State.⁵⁹

	YAKIMA COUNTY WA		YAKIMA COUNTY WA		YAKIMA COUNTY WA		YAKIMA COUNTY WA	
	Grade 6		Grade 8		Grade 10		Grade 12	
No dental visit in Past year	-	-	12% (±2)	13% (±2)	14% (±2)	14% (±1)	17% (±2)	18% (±2)
Missed school due to toothache	11% (±1)	6% (±1)	6% (±1)	4% (±1)	6% (±1)	4% (±1)	7% (±2)	5% (±1)

Source: Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>

⁵⁸ 2015-2016 Smile Survey. Accessed August 31, 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>

⁵⁹ Healthy Youth Survey Fact Sheet Yakima County. Accessed August 2018. <http://www.askhys.net/FactSheets>

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Access to dental care for children was not viewed as a significant issue. However, access for adults was seen as very limited.

Access to dental care often requires travel outside of the community where residents live and work. For those without transportation, this is a significant barrier.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

52.6% of respondent indicated that in the past year they or any family members they live with had been unable to get medicine or any healthcare (medical, dental, vision, mental health) when it was really needed.

CLINICAL CARE

**COUNTY HEALTH RANKINGS**

Yakima County is ranked 38th out of 39 counties in Washington State for Clinical Care by County Health Rankings. The healthiest county is ranked as one (1), so a lower number is better.

HOSPITALIZATIONS

PREVENTABLE HOSPITALIZATIONS

The rate of preventable hospital stays per 1,000 Medicare fee-for-service enrollees is higher in Yakima County than Washington State.

The preventable hospital stays are based on ambulatory care-sensitive conditions including convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration.

	YAKIMA COUNTY	WASHINGTON
Preventable hospital stays per 1,000 Medicare enrollees (2015)	44 (41-47)	33

Source: County Health Rankings. Accessed August 2018. <http://www.countyhealthrankings.org>

REASONS FOR HOSPITALIZATION

The most common reasons for hospitalization in Washington State in 2016⁶⁰ not including childbirth, were:

- Septicemia (blood infection)
- Osteoarthritis (Degenerative Arthritis)
- Chest Pain
- Congestive Heart Failure
- Stroke
- Spondylosis (degenerative spinal disease)
- Cardiac dysrhythmias (irregular heartbeat)
- Heart attack
- Complications of device, implant or graft
- Respiratory failure

⁶⁰ Washington State Health Assessment. Governor’s interagency Council on Health Disparities. February 8, 2018. Accessed August 2018. <http://theequity.wa.gov/>

MATERNAL – INFANT – CHILD

PRENATAL CARE

Prenatal care beginning in the first trimester is not statistically different in Yakima County than Washington State. The percentage of late or no prenatal care is lower (better) than Washington State.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Prenatal care beginning in the first trimester (2016)	79.72% (76.84% - 82.68%)	80.5%	77.1%
Late or no prenatal care (2016)	1.38% (1.02%-1.82%)	5.8%	6.2%

Source: Washington State Vital Statistics 2016 Highlights. August 2018.
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

SMOKING

Women who smoke during pregnancy in Yakima County is not statistically different than Washington State.

	YAKIMA COUNTY	WASHINGTON
Smoked cigarettes during any trimester of pregnancy (2016)	7.21% (6.39-8.11)	6.9%

Source: Washington State Vital Statistics 2016 Highlights. August 2018.
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

C-SECTION AND PRE-TERM BIRTHS

Yakima County has a lower rate of births by cesarean delivery than Washington State.

	YAKIMA COUNTY (1)	WASHINGTON (2)		UNITED STATES (2)	
	2016	2016	Provisional 2017	2016	Provisional 2017
Total births by cesarean delivery	11.16% (10.1% - 12.2%)	27.4%	27.7%	31.9%	32.0%
Low-risk births by cesarean delivery	-	22.5%	23.1%	25.7%	26.0%
*Preterm births	1.51% (1.1% - 1.9%)	6.02%	6.24%	9.85%	9.93%
**Late preterm births	-	8.14%	8.39%	9.85%	9.93%

*Preterm births before 37 completed weeks of gestation based on the obstetric estimate.

**Late Preterm is defined as births at 34 – 36 completed weeks of gestation based on the obstetric estimate

(1) Washington State Vital Statistics 2016 Highlights. August 2018.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

(2) Centers for Disease Control and Prevention. National Center for Health Statistics. Accessed August 2018.

<https://www.cdc.gov/nchs/data/vsrr/report002.pdf>

INFANT MORTALITY

Infant mortality per 1,000 live births is not statistically different than Washington State and is meeting the Results Washington target.

Infant mortality in Washington State is highest for Non-Hispanic Black and American Indian/Alaska Native populations. The rate is almost double that of White non-Hispanic.

	YAKIMA COUNTY (1)	WASHINGTON (2)	UNITED STATES (2)	RESULTS WASHINGTON TARGET
Infant mortality per 1,000 live births (2016)	4.01 (2.29 – 6.5)	4.32	5.87	4.4

(1) Washington State Department of Health, Center for Health Statistics, Death Certificate Data, Community Health Assessment Tool (CHAT), August 2016.

(2) Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed August 2018.

WASHINGTON STATE 2016 INFANT MORTALITY PER 1,000 LIVE BIRTHS				
Non-Hispanic White	Non-Hispanic Black	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic
4.19	7.90	8.15	3.68	4.59

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed August 2018. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/periodlinked/LinkPE16Guide.pdf

TEEN PREGNANCY

“About 77% of teen pregnancies are unplanned. In other words, they are unwanted or occurred “too soon,” according to a national survey of adolescents. In 2013, the majority of pregnancies to adolescent females ages 15-19 in the United States — an estimated 61% — ended in a live birth; 15% ended in a miscarriage; and 25% ended in an abortion. The rate of abortions among adolescents is the lowest since abortion was legalized in 1973 and is 76% lower than its peak in 1988.

Numerous individual, family, and community characteristics have been linked to adolescent childbearing. For example, adolescents who are enrolled in school and engaged in learning (including participating in after-school activities, having positive attitudes toward school, and performing well educationally) are less likely than are other adolescents to have or to father a baby.

At the family level, adolescents with mothers who gave birth as teens and/or whose mothers have only a high school degree are more likely to have a baby before age 20 than are teens whose mothers were older at their birth or who attended at least some college. In addition, having lived with both biological parents at age 14 is associated with a lower risk of a teen birth.

At the community level, adolescents who live in wealthier neighborhoods with strong levels of employment are less likely to have or to father a baby than are adolescents in neighborhoods in which income and employment opportunities are more limited.”

HHS Office of Adolescent Health. Accessed August 31, 2018. <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>

The teen birth rate in Yakima County is not statistically different than Washington State.

	YAKIMA COUNTY ⁽¹⁾	WASHINGTON ⁽²⁾	UNITED STATES ⁽²⁾
Number of births per 1,000 female population ages 15 – 19 (2016)	19.1 (15.6-23.14)	16.6	20.3

(1) Washington State Vital Statistics 2016 Highlights. Accessed August 2018. <https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

(2) HHS Office of Adolescent Health. Accessed August 31, 2018.

BREASTFEEDING

“Breastfeeding is the best method for early infant feeding and the healthiest option for most mothers and babies. Mothers and their children show short-term and long-term health benefits from breastfeeding. Breastfed babies are at less risk for infections, Sudden Infant Death Syndrome (SIDS), chronic conditions, and unhealthy weight.

Although 80% of mothers start out breastfeeding, more than 50% stop before they intended. Only about 22% of infants are being exclusively breastfed as recommended by the time they are six months old. These low rates of breastfeeding add more than \$2 billion a year to direct medical costs in the United States.”

National Center for Chronic Disease Prevention and Health Promotion: Division of Nutrition, Physical Activity, and Obesity. <https://www.cdc.gov/nccdphp/dnpao/index.html>

The percentage of WIC infants who were breastfed at birth is higher (better) in Washington than the Healthy People 2020 target. However, the percentage of WIC infants still breastfed at six months of age is lower (worse) than the Healthy People 2020 target.

	WASHINGTON	HEALTHY PEOPLE 2020
Percent of WIC infants breastfed at birth (initiation rate) (2017)	89.2%	81.9%
Percentage of WIC infants still breastfed at six months of age (2017)	50.7%	60.6%

Source: Washington State Department of Health. Accessed August 2018. <https://www.doh.wa.gov/YouandYourFamily/WIC/BreastfeedingSupport/BreastfeedingRates>

Breastfeeding Friendly Washington (BFWA) encourages organizations to promote and support breastfeeding through changes in their policies and procedures. The Centers for Disease Control and Prevention recognizes that breastfed babies are at less risk for infections, Sudden Infant Death Syndrome (SIDS), chronic conditions and unhealthy weight.

Astria Toppenish Hospital has been recognized at the bronze level as a “breastfeeding friendly facility.”

MATERNAL MORTALITY

“More women in the U.S. die from pregnancy complications than in any other developed country.

The U.S. is the only industrialized nation with a rising maternal mortality rate. The U.S. saw a 26% increase in the maternal mortality rate from 18.8 deaths per 100,000 live births in 2000 to 23.8 in 2014

African American women are much more likely to die of pregnancy-related or associated complications in the U.S.

In 2011, the maternal mortality rate for non-Hispanic white women was 12.5 deaths per 100,000 live births compared with 42.8 deaths for non-Hispanic black women, almost four times as high.

Causes include preventable conditions like preeclampsia and obstetric hemorrhage. Mental health conditions, including suicide and overdose, are the leading cause of maternal mortality in a growing number of states.”

The American College of Obstetricians and Gynecologists. Accessed August 31, 2018.
<https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/2018CLCMMRCReversingRate.pdf?dmc=1&ts=20180831T2153212712>

In March 2016, the Washington State legislature passed RCW 70.54.450, which calls for the creation of the Maternal Mortality Review Panel (MMRP) to conduct “comprehensive, multidisciplinary reviews of maternal deaths in Washington to identify factors associated with those deaths and make recommendations for system changes to improve health care services for women in this state.”

This review process is intended to be educational and prevention oriented. The goals of the committee's reviews are to:

- Identify trends and risk factors for pregnancy-related deaths in Washington
- Develop strategies for prevention or intervention
- Propose health system changes and legislation to reduce preventable maternal deaths

The Washington State Maternal Mortality Review Panel completed the first formal review of maternal deaths in March 2017 and developed recommendations to help reduce preventable maternal deaths and improve health care for women. The recommendations included:

1. Improve care for women who are pregnant and have a high Body Mass Index
2. Promote and encourage the use of standardized protocols related to ectopic pregnancy (pregnancy outside of the uterus) treatment and intervention
3. Expand access to and continuity of health care coverage for all women and children in Washington State
4. Improve access to substance use treatment and mental health services for pregnant and postpartum women
5. Expand and improve efforts to provide effective follow-up care for women during all points of pregnancy and through the first year postpartum
6. Improve health equity and address social determinants of health to reduce racial and ethnic, socioeconomic, and geographic disparities in maternal mortality
7. Improve maternal death investigation and autopsy
8. Coordinate efforts with other state and non-governmental agencies that share a focus on preventing maternal death and improving maternal health.⁶¹

	WASHINGTON 2014		WASHINGTON 2015	
	# of Deaths	Ratio per 100,000 Live Births	# of Deaths	Ratio per 100,000 Live Births
Pregnancy related deaths per 100,000 live births	9	10.2	7	7.9

Source: Maternal Mortality Review. Accessed August 31, 2018.

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

It is critical to provide evidence-based prenatal, antepartum and postpartum care to improve the health of our community.

Post-partum depression is not always identified.

Efforts need to continue to be focused on first-trimester prenatal care and breastfeeding.

⁶¹ Maternal Mortality Review A Report on Maternal Deaths in Washington 2014–2015. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-154-MMRReport.pdf>

CANCER

CANCER INCIDENCE

Lung cancer has the highest age-adjusted incidence rate among cancers in Washington State and Yakima County.

Cancer age-adjusted incidence rates are highest for the White non-Hispanic population.

AGE-ADJUSTED INCIDENCE RATE PER 100,000 (2015)	YAKIMA COUNTY	WASHINGTON
Cancer – All Sites	156.7	157.0
Lung	40.3	38.5
Prostate	21.8	20.8
Pancreas	15.4	10.8
Colo-Rectal	12.7	12.7
Female Breast	12.7	20.0

Source: Washington State Vital Statistics 2016 Highlights. Accessed August 2018.

AGE-ADJUSTED INCIDENCE RATES BY RACE / ETHNICITY (2011-2015)	WASHINGTON	UNITED STATES
All Races (includes Hispanic)	445.5	441.2
White Non-Hispanic	456.2	456.1
White (includes Hispanic)	450.2	442.8
American Indian / Alaskan Native (includes Hispanic)	442.6	283.0
Black (includes Hispanic)	421.0	447.9
White Hispanic	351.5	341.6
Hispanic (any race)	344.2	340.9
Asian or Pacific Islander (includes Hispanic)	305.3	285.4

Source: CDC. State Cancer Profiles. Accessed August 2018.

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

CANCER MORTALITY

The age-adjusted mortality rate per 100,000 for Cancer in Washington State is highest for lung cancer, prostate cancer, and female breast cancer. The Healthy People 2020 target is being met except for prostate cancer.

In Yakima County, the highest age-adjusted mortality rate per 100,000 is also highest for lung cancer, prostate cancer, and female breast cancer. (Please note different time periods for State data.) The Healthy People 2020 target is being met.

The highest mortality rate is for Black (includes Hispanic), White (Non-Hispanic), American Indian/Alaskan Natives (includes Hispanic) and White (includes Hispanic).

CANCER DEATHS AGE-ADJUSTED PER 100,000 POPULATION	HEALTHY PEOPLE 2020 TARGET	2011-2015 ⁽¹⁾			2016		
		Yakima County	WA	USA	Yakima County ⁽²⁾	WA ⁽³⁾	USA ⁽³⁾
All Cancer deaths	161.4	165.7	159.3	163.5	160.62	150.9	155.8
Lung & Bronchus deaths	45.5	42.3	40.6	43.4	-	34.8	38.3
Prostate cancer deaths	21.8	19.1	20.1	19.5	-	20.2	19.3
Female breast cancer deaths	20.7	18.4	19.9	20.3	-	19.4	20.1
Colorectal cancer deaths	14.5	12.8	12.8	14.5	-	12.6	14.0
Uterine cervix cancer deaths	2.2	2.6	1.5	2.3	-	1.7	2.2

(1) CDC. State Cancer Profiles. Accessed August 2018.

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

(2) Washington State Vital Statistics 2016 Highlights. Accessed August 2018.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics>

(3) Healthy People 2020. Accessed August 2018. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

AGE-ADJUSTED MORTALITY RATES BY RACE / ETHNICITY (2011-2015)	WASHINGTON	UNITED STATES
Black (includes Hispanic)	169.3	189.8
White Non-Hispanic	164.0	167.8
American Indian/Alaskan Native (includes Hispanic)	162.2	110.3
White (includes Hispanic)	162.0	163.8
Asian/Pacific Islander (includes Hispanic)	117.4	102.0
White Hispanic	102.3	121.6
Hispanic (any race)	99.3	115.0

Source: CDC. State Cancer Profiles. Accessed August 2018.

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

RISK FACTORS

Information regarding risk factors for developing cancer is included in other sections of the report.

CANCER SCREENING: BREAST CANCER

The rate of women that receive a mammogram is lower (worse) in Washington than in the United States and is not meeting the Healthy People 2020 target.

Healthy People 2020 has a goal to “increase the proportion of women who were counseled by their providers about mammograms” to 76.8%. In 2015, the national rate was 66.7%.

BREAST CANCER SCREENING	WASHINGTON	UNITED STATES	HEALTHY PEOPLE 2020 TARGET
Had a Mammogram in Past 2 Years, Ages 50 – 74 (2016)	76.2%	78.3%	81.1%
Had a Mammogram in Past 2 years, Ages 40 + (2016)	69.2%	72.6%	-

Source: CDC. State Cancer Profiles. Accessed August 2018.

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

Healthy People 2020 published the following information regarding national disparities:

- The best group rate for this objective, 74.5% (age adjusted), was attained by Black or African American only, not Hispanic or Latino persons
- The worst group rate for this objective, 53.1% (age adjusted), was attained by American Indian or Alaska Native only persons
- The absolute difference (or range) between the best and worst group rates was 21.4 percentage points

UNITED STATES MAMMOGRAM IN PAST 2 YEARS, AGES 50 – 74 (2015)	
Black or African American only	74.9%
Hispanic / Latino	72.2%
White only	71.8%
Not Hispanic or Latino	71.5%
Asian only	66.3%
2 or more races	61.5%
American Indian/Alaska Native	53.1%

Source: Healthy People 2020. Accessed August 2018. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

A study by the Society for Women's Health Research was conducted in September 2014 and surveyed 3,501 women. The findings including barriers and opportunities to increase the rate of women who receive mammograms are included in Appendix 13.

CANCER SCREENING: COLORECTAL CANCER

Colorectal screening in Washington State is higher (better) than the United States and is meeting the Healthy People 2020 target.

Healthy People 2020 has a goal in development to, "Increase the proportion of adults who were counseled by their providers about colorectal cancer screening based on the most recent guidelines."

COLORECTAL CANCER SCREENING	WASHINGTON	UNITED STATES	HEALTHY PEOPLE 2020 TARGET
Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy), Ages 50+ (2016)	71.8%	69.8%	70.5%
Fecal Occult Blood Test (FOBT) in last year and/or flex sig in last 5 years and FOBT in last 3 years and/or colonoscopy in last 10 years, Ages 50-75 (2016)	70.7%	67.7%	
Home-Based Fecal Occult Blood Test (FOBT) in Past Two Years, Ages 50+ (2016)	16.8%	15.0%	
Home-based Fecal Occult Blood Test (FOBT) in the past two years or ever had a colorectal endoscopy, Ages 50+ (2016)	77.9%	74.1%	

Source: CDC. State Cancer Profiles. Accessed August 2018.
<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

CANCER SCREENING: CERVICAL CANCER

The percentage of women in Washington State who self-report that they have had a Pap test in the last three (3) years is lower (worse) than the United States and is not meeting the Healthy People target.

Healthy People 2020 has a goal to “increase the proportion of women who were counseled by their providers about Pap tests” to 66.2%.” In 2015, the rate was 52.8%.

	WASHINGTON	UNITED STATES	HEALTHY PEOPLE 2020 TARGET
Had a Pap Smear in Past 3 Years and No Hysterectomy, Ages 18+ (2015)	61.7%	71.7%	-
Pap Test in Past 3 Years, No Hysterectomy, Ages 21-65 (2015)	74.2%	79.9%	93.0%

Source: CDC. State Cancer Profiles. Accessed August 2018.
<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=Washington#t=4>

Healthy People 2020 published the following information regarding national disparities:

- The best group rate for this objective, 84.4% (age adjusted), was attained by Black or African American only, not Hispanic or Latino persons
- The worst group rate for this objective, 70.2% (age adjusted), was attained by American Indian or Alaska Native only persons
- The absolute difference (or range) between the best and worst group rates was 14.2 percentage points

WOMEN RECEIVING A PAP TEST WITHIN THE PAST THREE YEARS (AGE-ADJUSTED, PERCENT, 21 – 65 YEARS) 2015	UNITED STATES
Black or African American only	84.3%
2 or more races	82.7%
Not Hispanic/Latino	82.0%
White only	81.5%
Hispanic/Latino	77.5%
Asian only	73.1%
American Indian/Alaska Native	70.2%

Source: Healthy People 2020. Accessed August 2018.
<https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

CANCER SCREENING: PROSTATE SPECIFIC ANTIGEN (PSA)

Men over 40 who had a PSA test within the past two years is lower (worse) in Washington State than the United States. The rate is highest for the White Non-Hispanic and lowest for the Hispanic population.

MEN AGED 40 + WHO HAD A PSA TEST WITHIN THE PAST TWO YEARS (AGE-ADJUSTED PERCENT)	WASHINGTON STATE	UNITED STATES
All men	32.0%	39.5%
White Non-Hispanic	35.1%	-
Multiracial	30.6%	-
Asian Non-Hispanic	20.2%	-
Black Non-Hispanic	20.1%	-
Hispanic	15.4%	-

Source: Healthy People 2020. Accessed August 2018. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

Healthy People 2020 has a goal to, “increase the proportion of men who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider” to 15.9%. In 2015, the percentage was 16.7% nationally.

Healthy People 2020 reported the following national disparities:

- The best group rate for this objective, 21.2% (age adjusted), was attained by Black or African American only, not Hispanic or Latino persons
- The worst group rate for this objective, 11.9% (age adjusted), was attained by persons identifying with 2 or more races
- The absolute difference (or range) between the best and worst group rates was 9.4 percentage points

MEN EVER COUNSELED ABOUT ADVANTAGES AND DISADVANTAGES OF THE PSA TEST (AGE-ADJUSTED, PERCENT, 40+ YEARS) (2015)	UNITED STATES
Black or African American only	21.2%
American Indian/Alaska Native	17.8%
White only	16.6%
Hispanic/Latino	16.0%
Asian only	12.7%
2 or more races	11.9%

Source: Healthy People 2020. Accessed August 2018.
<https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

CORONARY ARTERY DISEASE

“About 610,000 people die of heart disease in the United States every year—that’s 1 in every 4 deaths.

Heart disease is the leading cause of death for both men and women. More than half of the deaths due to heart disease in 2009 were in men.

Coronary artery disease is the most common type of heart disease, killing over 370,000 people annually.

Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who have already had a heart attack.

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer.”

Centers for Disease Control and Prevention
<https://www.cdc.gov/heartdisease/facts.htm>

Diseases of the heart are the most frequent cause of death in Yakima County and are higher (worse) than Washington State. Cerebrovascular diseases are the seventh (7th) most frequent cause of death.

CAUSE OF DEATH AGE-ADJUSTED RATE PER 100,000 (2016)	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Heart Disease	173.2	136.1	165.5
Cerebrovascular Diseases	35.9	35.8	37.3

Source: Center for Health Statistics, Washington State Department of Health. Accessed July 2018.
<https://www.doh.wa.gov/AboutUs/ProgramsandServices/DiseaseControlandHealthStatistics/CenterforHealthStatistics>

The Medicare population with ischemic heart disease, high blood pressure, and high cholesterol are all higher in Yakima County than Washington State, although it may not be statistically different.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Medicare fee-for-service population with ischemic heart disease, age-adjusted rate per 100,000 (2015)	21.6%	19.0%	26.5%
High Blood Pressure (Adult) (2006-2012)	27.6%	27.0%	28.2%
High Blood Pressure (Medicare Population) (2015)	49.4%	43.0%	55.0%
High Cholesterol (Adult) (2011-2012)	42.6%	39.7%	38.5%
High Cholesterol (Medicare Population) (2015)	40.4%	33.8%	44.6%

Source: Community Commons. Accessed August 2018. <https://www.communitycommons.org>

DIABETES

“More than 30 million people in the United States have diabetes, and 1 in 4 of them don’t know they have diabetes

More than 84 million US adults—over a third—have prediabetes and 90% of them don’t know they have it

Diabetes is the 7th leading cause of death in the United States (and may be underreported)

Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. Type 1 diabetes accounts for about 5%

In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the American population has aged and become more overweight or obese

People with diabetes are twice as likely to have heart disease or a stroke as people without diabetes—and at an earlier age

Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness

Smokers are 30–40% more likely to develop type 2 diabetes than nonsmokers

People with diabetes who smoke are more likely to develop serious related health problems, including heart and kidney disease

In about 2 out of 3 American Indians/Alaska Natives with kidney failure, diabetes is the cause

Medical costs and lost work and wages for people with diagnosed diabetes total \$327 billion yearly

Medical costs for people with diabetes are twice as high as for people who don’t have diabetes.”

National Diabetes Statistics Report, 2017, Estimates of Diabetes and Its Burden in the United States. Accessed August 2018. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

CAUSE OF DEATH

Diabetes was the 8th most frequent cause of death in Yakima County in 2016. The rate of diabetes in Yakima County is not statistically different than Washington State.⁶²

DIABETES HOSPITALIZATION

Diabetes was the primary diagnosis or reason for 9,400 hospitalizations of Washington residents in 2014. An additional 98,600 hospitalizations included diabetes as a contributing diagnosis or reason.⁶³

AGE-ADJUSTED PERCENT OF ADULTS WITH DIABETES

The age-adjusted percentage of adults with diabetes in Washington State was 8.6% in 2016. Yakima County is higher (worse) than Washington State for the percentage of adults with diabetes, although data was only available through 2013.

AGE-ADJUSTED PERCENTAGE OF ADULTS WITH DIABETES	2011 ⁽¹⁾	2012 ⁽¹⁾	2013 ⁽¹⁾	2014 ⁽¹⁾	2015 ⁽¹⁾	2016 ⁽²⁾
Yakima County	9.5%	9.7%	10.2%	-	-	-
Washington State	8.5%	8.2%	8.0%	8.2%	7.7%	8.6%

(1) Centers for Disease Control and Prevention. *Diabetes Data and Statistics*. Accessed August 2018.

<https://www.cdc.gov/diabetes/atlas/countydata/atlas.html>

(2) CDC. *BRFSS Prevalence & Trends Data*. Accessed August 2018.

⁶² Center for Health Statistics, Washington State Department of Health, 7/20/2016. Accessed August 2018.

⁶³ DIABETES EPIDEMIC AND ACTION REPORT Washington State, 2017. Accessed August 2018.

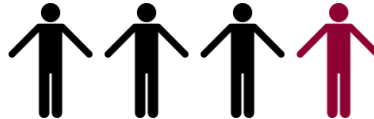
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-349-DiabetesEpidemicActionReport.pdf>

The following information is abstracted from the 2018 Washington State Health Assessment and the 2017 Diabetes Epidemic and Action Report.^{64,65}

1 in 11, 8.6% of adults in Washington State have been diagnosed with diabetes



1 of 4 adults (with diabetes) are not aware they have diabetes



8% of adults in Washington State report that they had been told by a health professional they had prediabetes

About one-third of all adults in Washington have prediabetes but are not aware they have it

Between 15% and 30% of people with prediabetes can prevent the development of Type 2 diabetes with healthy nutrition and an active lifestyle

DISPARITIES

The CDC BRFSS data included the following information relative to national disparities:

- Prevalence of diabetes increased with age and was highest among adults 65 years and older
- Blacks and American Indian/Alaska Natives have a higher prevalence of diabetes than White Non-Hispanic
- Prevalence of diabetes increased as levels of education and household income decreased
- Awareness of prediabetes increased with age and was highest among adults 65 years and older
- Awareness of prediabetes was higher among adults with incomes less than \$25,000 compared to those with incomes of \$75,000 or more
- Awareness was higher among adults with a high school education or less compared to those with a college degree or more⁶⁶

⁶⁴ 2018 Washington State Health Assessment. Accessed August 2018.

https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

⁶⁵ National Diabetes Statistics Report, 2017, Estimates of Diabetes and Its Burden in the United States. Accessed August 2018.

<https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

⁶⁶ CDC. BRFSS. Accessed August 2018. <https://www.cdc.gov/brfss/index.html>

WASHINGTON STATE STRATEGIES

In 2015, the Washington State legislature passed Senate Bill 6052, which directed the Department of Health, Department of Social and Health Services, and Health Care Authority to report on the following for Washington State:

- The burden of diabetes
- The financial impacts of diabetes
- Agency programs addressing diabetes
- Coordination between the agencies to address diabetes
- Agency Action Plans to address the impacts of diabetes
- Actionable items for consideration by the Legislature.

The Diabetes Epidemic and Action Report (DEAR) published in 2017 includes six broad strategies:

1. Prevent type 2 diabetes
2. Support ongoing self-management of diabetes
3. Use diabetes-specific data and information to guide decisions
4. Seek adequate funding for diabetes prevention and care
5. Include people affected by diabetes in decisions
6. Promote improvements for diabetes prevention and management
7. Specific action plans for each of the six strategies are included in the DEAR report.⁶⁷

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Diabetes was identified as the chronic disease most seriously impacting residents and one that disproportionately impacts low-income and native populations.

Multiple stakeholders identified the need for more emphasis on preventative care and to engage more aggressively in population health strategies.

⁶⁷ *Diabetes Epidemic and Action Report, Washington State, 2017. Accessed August 2018.*
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-349-DiabetesEpidemicActionReport.pdf>

BEHAVIORAL HEALTH

“Problems with mental health are very common in the United States, with an estimated 50% of all Americans diagnosed with a mental illness or disorder at some point in their lifetime. Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old and adults living with serious mental illness die on average 25 years earlier than others.”

CDC. Accessed August 2018. https://www.cdc.gov/mentalhealth/data_publications/index.htm

“The U.S. Substance Abuse and Mental Health Services Administration estimates that by 2020 substance use and mental health (behavioral health) disorders will surpass all physical diseases as a major cause of disability worldwide.”

Washington State Department of Social and Health Services. Accessed August 2018.

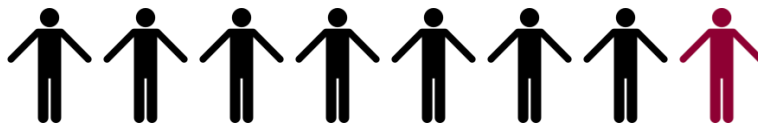
POOR MENTAL HEALTH DAYS

Yakima County has a higher (worse) reported percentage of mentally unhealthy days than Washington State and the United States.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2016)	4.1 (4.0 – 4.3)	3.8	3.8

Source: County Health Rankings. Accessed July 2018. <http://www.countyhealthrankings.org/>

In 2016, 1 in 8, (12%) of Washington adults self-reported poor mental health.⁶⁸



The following is abstracted from the 2018 Washington State Health Assessment:

- Among adults, self-reported poor mental health was more prevalent among females, those under 24 years of age, and American Indian/Alaskan Natives
- Self-reported poor mental health prevalence increased as levels of education and income decreased
- People reporting poor mental health also reported higher rates of smoking, marijuana use, and excessive alcohol use⁶⁹

⁶⁸ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

DEPRESSION

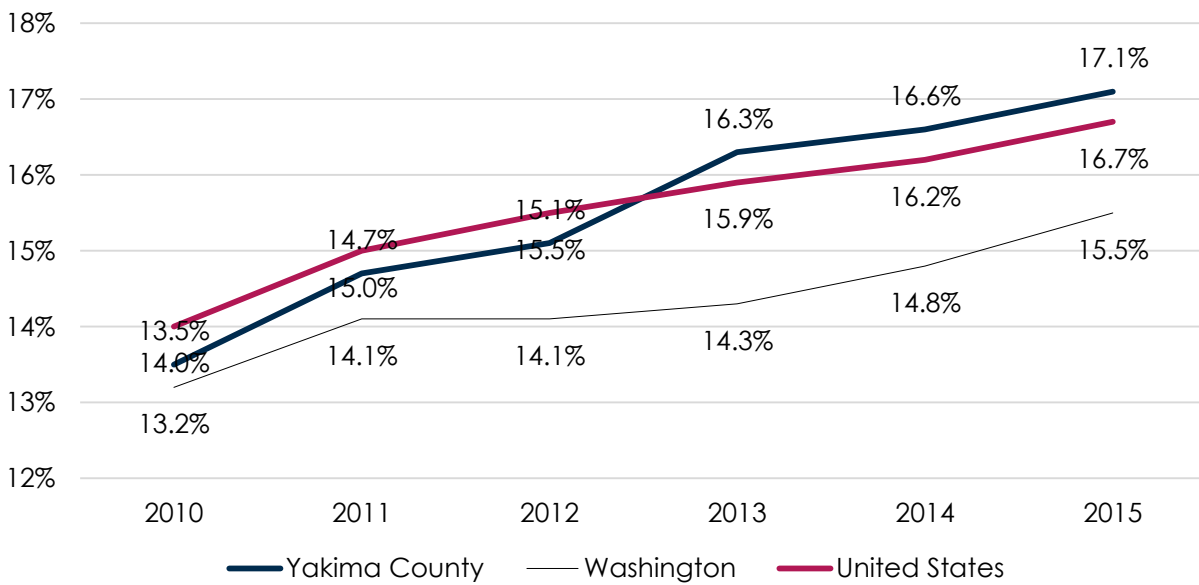
Depression in Washington State is higher (worse) than the United States. Depression in the Medicare population in Yakima County is higher (worse) than Washington State and the United States.

	YAKIMA COUNTY	WASHINGTON	UNITED STATES
Ever told that you had a form of depression(1) (2016)	-	21%	17.4%
Percentage of the Medicare fee-for-service population with depression (2) (2015)	17.1%	15.5%	16.7%

(1) CDC. BRFSS. Accessed August 2018. <https://www.cdc.gov/brfss/index.html>

(2) Community Commons. Accessed August 2018. <https://www.communitycommons.org>

DEPRESSION AMONG MEDICARE POPULATION



Source: Community Commons. Accessed August 2018. <https://www.communitycommons.org>

⁶⁹ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

YOUTH DEPRESSION & SUICIDE

“Developmentally, the years between childhood and adulthood represent a critical period of transition and significant cognitive, mental, emotional, and social change. While adolescence is a time of tremendous growth and potential, navigating new milestones in preparation for adult roles involving education, employment, relationships, and living circumstances can be difficult. These transitions can lead to various mental health challenges that can be associated with increased risk for suicide.

Suicide is the second leading cause of death among youth age 15-24. Approximately one out of every 15 high school students reports attempting suicide each year. One out of every 53 high school students reports having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.

For each suicide death among young people, there may be as many as 100 to 200 suicide attempts. For some groups of youth—including those who are involved in the child welfare and juvenile justice systems; lesbian, gay, bisexual and transgender; American Indian/Alaska Native; and military service members—the incidence of suicidal behavior is even higher.”

Washington State Youth Suicide Prevention. Accessed July 2018. <https://youth.gov/youth-topics/youth-suicide-prevention>

The percentage of 8th and 10th graders who reported feeling sad or hopeless in Yakima County is higher (worse) than Washington State.

1 in 3 Washington 10th graders reports experiencing strongly depressive feelings.⁷⁰



The following is abstracted from the 2018 Washington State Health Assessment:

- Depressive feelings were more prevalent among females and overall increased with each grade level
- The prevalence of depressive feelings was higher among American Indian/Alaska Natives and Hispanic 10th graders compared to whites⁷¹

⁷⁰ 2018 Washington State Health Assessment. Accessed August 2018. https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

⁷¹ 2018 Washington State Health Assessment. Accessed August 2018.

SUICIDE AGE-ADJUSTED DEATH RATE

Washington State ranks 26th out of 52 states for death by suicide. The suicide rate in Washington State has increased by 18.8% from 1999 to 2016.⁷²

The age-adjusted death rate due to suicide in Yakima County is higher (worse) than Washington State and is not meeting the Healthy People 2020 target.

	YAKIMA COUNTY (1)	WASHINGTON STATE (2)	UNITED STATES (2)	HEALTHY PEOPLE 2020 TARGET
Age-adjusted death rate due to suicide per 100,000 population	16.3 (2015)	14.83 (2016)	13.42 (2016)	<= 10.2
Number of deaths	38 (2015)	1,141 (2016)	44,965 (2016)	-

(1) Washington Department of Health, Death Tables. Accessed August 2018.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/DeathTablesbyTopic>

(2) Suicide Facts & Figures Washington 2018. Accessed August 2018. afsp.org/StateFacts

In Washington State, suicide is the

- 8th leading cause of death
- 2nd leading cause of death for ages 15 – 34
- 4th leading cause of death for ages 35 – 44
- 5th leading cause of death for ages 45 – 54
- 8th leading cause of death for ages 55 – 65
- 16th leading cause of death for ages 65 and older⁷³

According to the 2018 Washington State Health Assessment:

- For 2011-2015, males have higher suicide rates compared to females across all age groups
- The highest suicide rates among men are those ages 75 and older
- The highest suicide rates among women are for those 45 – 64 years old
- American Indian/Alaska Natives have the highest suicide rates followed by whites
- Suicide rates are higher in census tracts where 10% or more of the residents lived in poverty, and in census tracts where fewer than 25% of the adult residents graduated from college⁷⁴

⁷² Centers for Disease Control and Prevention. Accessed July 22, 2018. <https://www.cdc.gov/vitalsigns/suicide/infographic.html>

⁷³ Suicide Facts & Figures. American Foundation for Suicide Prevention. Accessed August 2018. www.afsp.org/StateFacts

⁷⁴ 2018 Washington State Health Assessment. Accessed August 2018.

https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

Almost 100% of key stakeholders identified mental health as a significant community health need. The needs of individuals with a co-occurring disorder, mental illness, and substance abuse, were seen as especially problematic.

The key stakeholder survey identified access to behavioral health care services for children and adults as one of the top two issues Astria Health should address.

Resources

Although there are a significant number of mental health resources in Yakima County, almost every key stakeholder identified the need for additional services including:

- More timely evaluation of individuals who may be a danger to themselves or others
- Inpatient treatment for children and adolescents
- Inpatient treatment for patients with medical needs and co-occurring disorders
- Timely follow-up after hospitalization or acute crisis episode

Integration

Several stakeholders identified the need to improve the integration of primary care with mental health care. Many patients with a mental health diagnosis do not have adequate follow-up with primary care providers, even when they have medical issues.

Several key stakeholders recommended that primary care providers see patients at residential sites due to the difficulty of transporting patients to a primary care office, as well as the stress on the patient.

Homelessness

The number of homeless with mental health and substance abuse issues is growing in every community.

Children

More services are needed for children, including those needing inpatient care. Children may have to go to Portland or Seattle when they need extended inpatient care, which is a significant burden for the family and the psychological well-being of the child.

Children in foster care have special needs frequently requiring both mental health care as well as counseling and support.

Caregivers, including foster parents and family members who have assumed care of children in foster care, often do not have the skills to deal with children who have behavioral health issues.

One stakeholder commented that parents and caregivers often rely on counselors at the schools or primary care providers to help identify behavioral health issues, but unfortunately, issues are not identified as frequently or as early as they should be.

Other Treatment Needs

There are no services for individuals with eating disorders or head injuries in Yakima County.

Yakima County Health Care Coalition – Consumer Engagement Survey

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

Of respondents, 52.6% indicated that in the past year they or any family members they live with had been unable to get medicine or any healthcare (medical, dental, vision, mental health) when it was really needed.

OTHER CHRONIC DISEASES

Adults who have been told they currently have asthma or COPD in Washington State is not statistically different than the United States.

	WASHINGTON STATE	UNITED STATES
Adults who have been told they currently have asthma (2016)	9.6%	9.3%
Adults who have ever been told they have COPD (2016)	5.8%	6.3%

Source: CDC. BRFSS Prevalence & Trends Data. Accessed July 2018.

OLDER ADULTS & AGING

“As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060.

Aging adults experience higher risk of chronic disease. In 2012, 60% of older adults managed 2 or more chronic conditions.

Common chronic conditions include

- *Heart disease*
- *Cancer*
- *Chronic bronchitis or emphysema*
- *Stroke*
- *Diabetes mellitus*
- *Alzheimer's disease”*

Healthy People 2020. Accessed September 2018.

<https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

POPULATION OVER 65

As noted in the demographic section of this report, residents over 65 are projected to increase to 12.6% of the total population by 2022. The percent increase from 2018 to 2022 is projected to be 10.6% for ages 65 – 74, 23.6% for residents ages 65 – 74, the most significant change, and to decrease by (0.77%) for ages over 85.

The increase in the population over 65, and specifically an increase in the number of residents over the age of 75, is likely to create an increased demand for healthcare services including chronic disease management.

Falls and Injury

The Washington State Department of Health website includes the following information:

- One in three Washington residents over age 65 fall each year
- Falls and fall-related injuries account for more than half of all injury-related deaths of adults aged 65+ in Washington State, and 70% of all injury-related deaths for adults aged 85+
- From 2010-2015, Washington State was in the top 30% of the country for fall-related death rates in adults 65+

- The total number of deaths from falls and fall-related injuries has more than doubled in the last 15 years, from 393 in 2000 to over 887 in 2016
- In 2016, there were 19,060 hospitalizations for falls among adults age 65+ and 887 deaths from falls
- 25% of all fall-related hospitalizations for adults age 65+ are for people with a diagnosis of dementia.

The cost of health care and rehabilitation can be financially debilitating for an individual, as well as a community. Although costs are not available for Washington State specifically, in 2015, direct medical costs for falls in the U.S.—what patients and insurance companies pay - totaled \$50 billion (CDC).⁷⁵

KEY STAKEHOLDER AND COMMUNITY FEEDBACK

Key Stakeholder Feedback

More emphasis needs to be focused on prevention of falls including educating older adults and caregivers.

⁷⁵ Washington State Department of Health. Accessed September 2018.
<https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/OlderAdultFalls>

PHYSICAL ENVIRONMENT**COUNTY HEALTH RANKINGS**

Yakima County is ranked 35th out of 39 counties in Washington State for Social and Economic Factors by County Health Rankings. The healthiest county is ranked as one (1), so a lower number is better.

PARTICULATE MATTER

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year.

Yakima County is lower (better) than Washington State for average daily particulate matter but is higher (worse) than Washington State for days exceeding emissions standards.

2012	AVERAGE DAILY AMBIENT PARTICULATE MATTER 2.5	NUMBER OF DAYS EXCEEDING EMISSIONS STANDARDS	PERCENTAGE OF DAYS EXCEEDING STANDARDS, CRUDE AVERAGE
Yakima County	6.58	0.6	0.16
Washington	7.32	0.19	0.05
United States	9.10	0.35	0.10

Source: Community Commons. Accessed September 2018. <https://www.communitycommons.org>

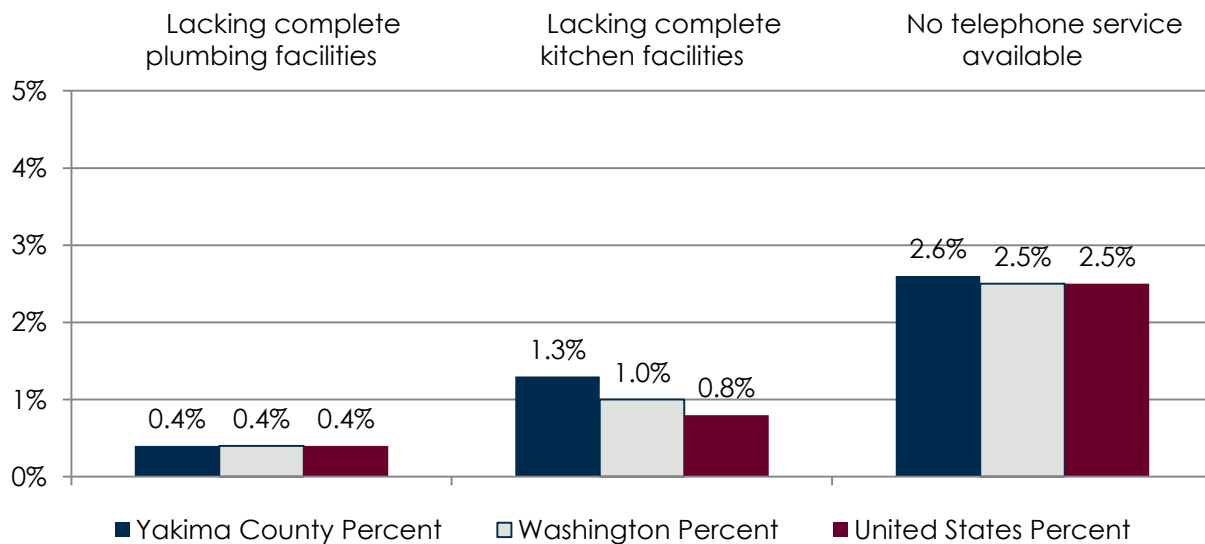
HOUSING

The percentage of overcrowded housing and sub-standard housing is significantly higher than Washington State.

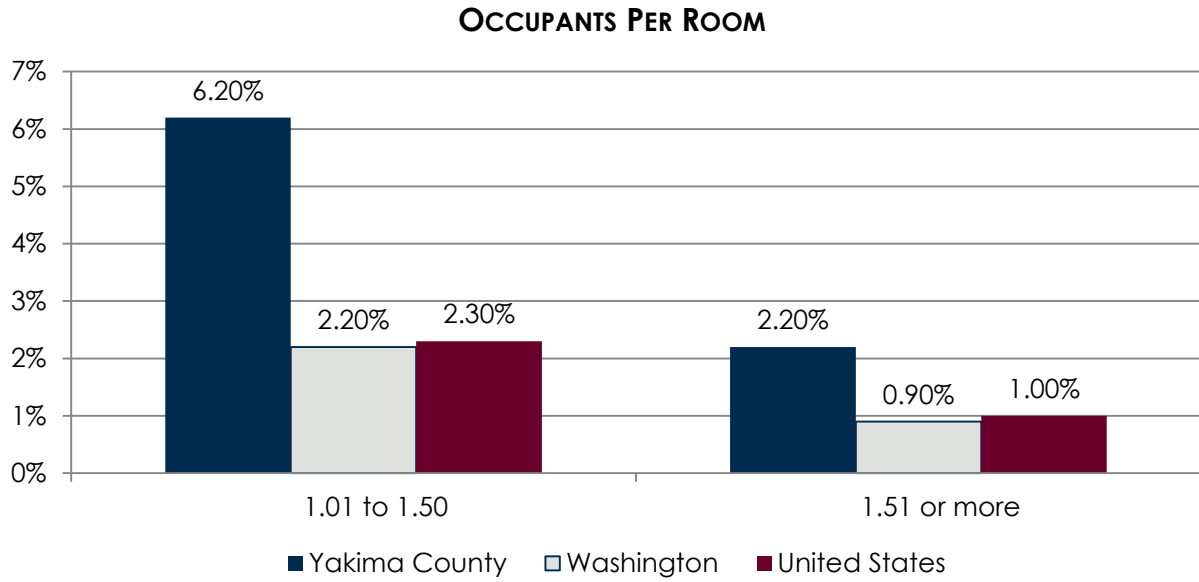
Please note that lack of telephone service includes both lack of land-line and lack of cell phone.

2012 - 2016	OVERCROWDED HOUSING	SUBSTANDARD HOUSING
Yakima County	10.15%	36.83%
Washington	3.81%	34.65%
United States	4.32%	33.75%

Source: Community Commons. Accessed September 2018. <https://www.communitycommons.org>



Source: Community Commons. Accessed September 2018. <https://www.communitycommons.org>



Source: Community Commons. Accessed September 2018. <https://www.communitycommons.org>

COMMUNITY SAFETY



CRIME

VIOLENT CRIME

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.

VIOLENT CRIME PER 100,000 POPULATION 2012-2014	
Yakima County	297.5
Washington	289.2
United States	379.7

Source: Community Commons. Accessed July 2018. <https://assessment.communitycommons.org>

An article published in the Yakima Herald on September 25, 2017, include crime statistics for 2015 and 2016 for Yakima County.

	VIOLENT CRIME PER 100,000 POPULATION		PROPERTY CRIME PER 100,000 PEOPLE	
	2015	2016	2015	2016
Yakima County	293.4	299.5	3,537.4	3,616.4
Yakima (city)	548	527	5,428	5.252

Source: Yakima Herald, September 25, 2017

 **Community Feedback - Governor’s Interagency Council on Health Disparities**

The Governor’s Interagency Council on Health Disparities held a public meeting in Yakima Washington on May 10, 2017. Community feedback included:

“Lack of law enforcement presence in the community.”

“Communities do not feel safe. People do not feel safe walking in their neighborhoods, and this is a barrier to health.”

“Division among communities—we need to look out for one another.”

KEY STAKEHOLDER AND COMMUNITY FEEDBACK



KEY STAKEHOLDER INTERVIEWS

Stakeholder interviews were conducted with individuals that represented the broad interests of the community including public health, tribal health, and individuals with knowledge of medically underserved, low-income, minority populations and populations with chronic disease.

The interviews were conducted in-person or by phone between August 1, 2018 and August 31, 2018.

A list of key stakeholders that were interviewed is included in Appendix 2.

The interviews were open-ended but focused on two primary questions:

1. What are the most significant health or health-related issues in Yakima County, including social determinants of health?
2. What initiatives do you believe Astria Health should focus on over the next three years in collaboration with community partners?

 **Feedback from key stakeholders is summarized in the appropriate sections of the report.**

YAKIMA COUNTY HEALTH CARE COALITION – CONSUMER ENGAGEMENT SURVEY

The Yakima County Health Care Coalition conducted a community engagement survey from July 1, 2018 – August 31, 2018. A total of 501 individuals completed the survey.

 **Results are included in the appropriate sections of the report.**

KEY STAKEHOLDER SURVEY

A key stakeholder survey was distributed to providers (physicians, nurse practitioners and physician assistants) and clinical management staff of Astria Health. The survey was also distributed by e-mail to organizations in the community with knowledge and expertise regarding the needs of underserved, at-risk and vulnerable populations, and those with chronic disease.

A total of eighty-nine (89) surveys were completed. Twenty-seven (27) providers completed the survey including nineteen physicians, six nurse practitioners, and two physician assistants.

Thirty-one (31) surveys were completed by representatives of thirteen community organizations including:

- Center for Counseling & Psychotherapy, LLC
- Comprehensive Healthcare
- Department of Children, Youth and Family
- Greater Yakima Chamber of Commerce
- Morrison Healthcare
- Pacific Northwest University of Health Sciences
- People for People
- South East Washington Aging and Long Term Care
- Union Gospel Mission
- Yakima Health District
- Yakima Neighborhood Health Services
- Yakima Valley Farm Workers Clinic
- YWCA of Yakima

Each respondent was asked to rate thirteen community health needs on a sliding scale of 1 (low need) to 10 (high need) based on the importance to the community and what Astria Health should focus on over the next three years. The thirteen community health needs included in the survey were identified by a review of the secondary (quantitative) data.

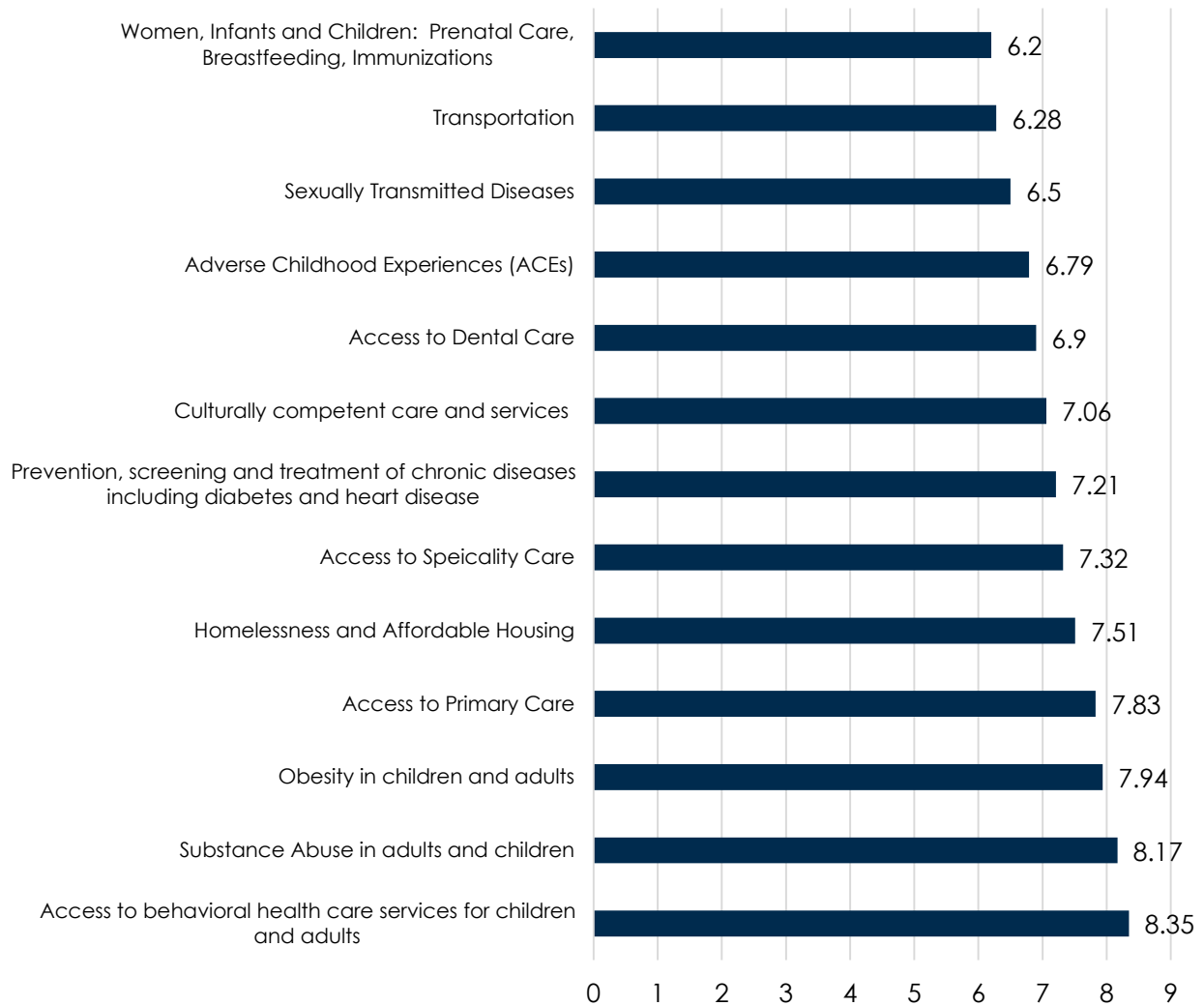
The survey was distributed between August 1, 2018, and August 31, 2018

COMMUNITY HEALTH NEEDS

The five top community health needs identified were:

1. Access to inpatient and outpatient behavioral health care services for adults and children
2. Substance abuse in adults and children including tobacco, alcohol, and illegal drugs including opioids
3. Obesity in children and adults
4. Access to primary care
5. Homelessness and affordable housing

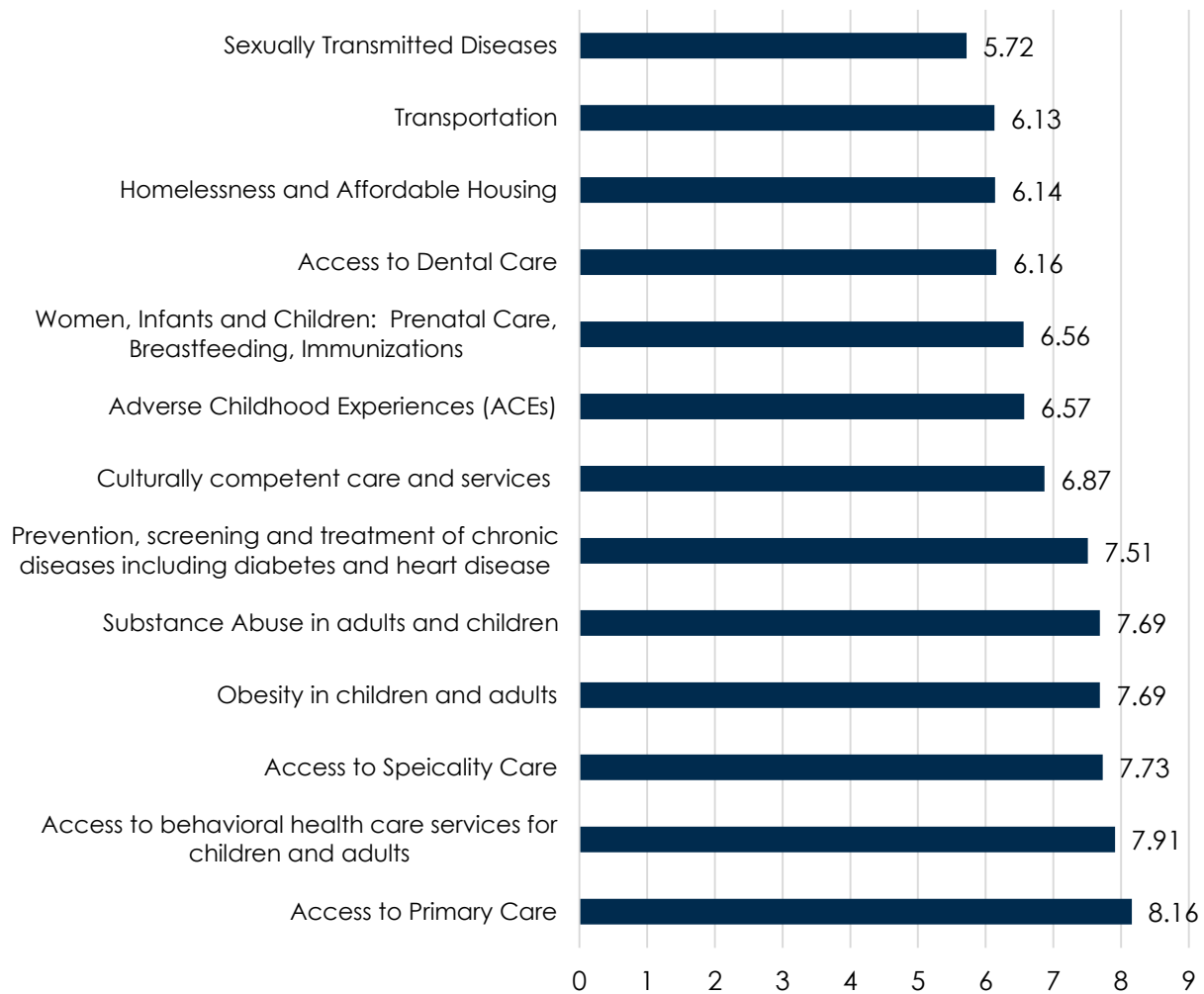
COMMUNITY HEALTH NEEDS



The five community health needs recommended for Astria Health to focus on over the next three years were:

1. Access to primary care
2. Access to inpatient and outpatient behavioral health care services for adults and children
3. Access to specialty care
4. Substance abuse in adults and children including tobacco, alcohol, and illegal drugs including opioids
5. Obesity in children and adults

**COMMUNITY HEALTH NEEDS
RECOMMENDED FOCUS FOR ASTRIA HEALTH**



PHYSICIAN SPECIALTIES

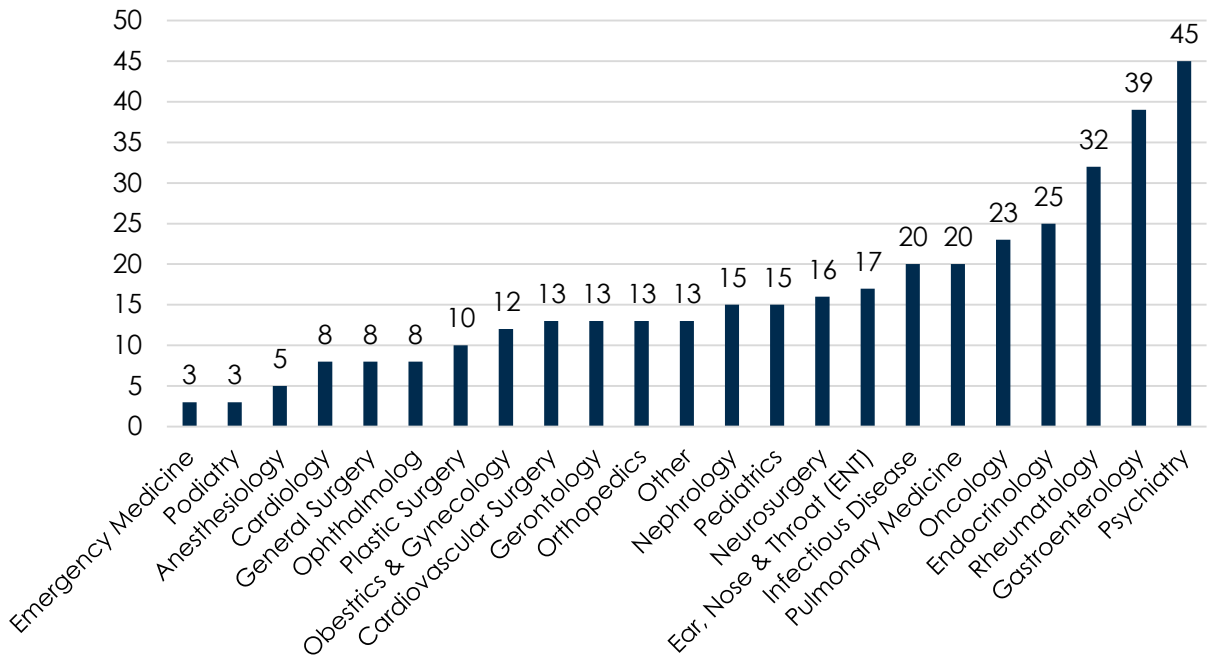
Respondents were also asked to identify physician specialties that were needed in Yakima County. Respondents could choose as many specialties that they felt were needed.

The most needed specialties identified were:

- Psychiatry
- Gastroenterology
- Rheumatology

Other specialties identified included: neurology, dermatology, urology, bariatrics, and addiction medicine.

PHYSICIAN SPECIALITIES



APPENDIX 1: RESOURCES TO MEET PRIORITIZED COMMUNITY HEALTH NEEDS

COMMUNITY HEALTH PRIORITY: INCREASE ACCESS TO PRIMARY CARE

Clinics

- **Astria Health**
 - Astria Health Center: Family Medicine, Obstetrics & Gynecology (222 E Second St., Grandview)
 - Astria Health Center: Family Medicine (208 N. Euclid Ave. Grandview)
 - Astria Health Center: Family Medicine (355 Chardonnay Ave., Prosser)
 - Astria Health Center: Family Medicine with Obstetrics (715 N. Park Drive, Selah)
 - John Hughes Student Health Center (Sunnyside)
 - Astria Health Center: Family Medicine (803 E. Lincoln Ave., Sunnyside)
 - Astria Health Center: Pediatrics (812 Miller Avenue., Suite C, Sunnyside)
 - Astria Health Center: Family Medicine, Obstetrics, Pediatrics (1420 Ahtanum Ridge Dr., Union Gap)
 - Astria Health Center: Family Medicine (Yakima)
 - Astria Health Center: Family Medicine with Obstetrics (2501 Business Ln., Yakima)
 - Astria Health Center: Family Medicine (915 Vintage Valley Pkwy., Suite 200, Zillah)
- **Community Health of Central Washington**
 - Ellensburg Community Health (Ellensburg)
 - Naches Medical Clinic (Naches)
 - Highland Clinic (Tieton)
 - Central Washington Family Medicine (Yakima)
 - Yakima Pediatric Associates (Yakima)
- **Kittitas Valley Healthcare**
 - KVH Family Medicine (Ellensburg)
 - Ellensburg Pediatrics (Ellensburg)
 - KVH Women's Health (Ellensburg)
- **Mid-Valley Community Clinic (Sunnyside)**
- **OB/GYN of Ellensburg (Ellensburg)**
- **Prosser Memorial Health**
 - Prosser Clinic (Prosser)
 - Prosser Family Medicine – (Affiliated Clinic (Prosser)
 - Weaver Family Medicine – Affiliated Clinic (Sunnyside)
 - Women's Health Clinic (Kadlec OB/GYN Clinic, Prosser)
- **Swofford and Halma Clinic (Sunnyside)**
- **Virginia Mason Memorial**
 - Apple Valley Family Medicine (Yakima)
 - Family Medicine of Yakima (Yakima)
 - Pacific Crest Family Medicine (Yakima)
 - Selah Family Medicine (Selah)

- **Yakama Nation Tribal Clinic**
 - Yakama Indian Health Services Clinic (Toppenish)
 - White Swan Health Clinic Satellite (White Swan)

- **Yakima Neighborhood Health Services**
 - YNHS Mobile Van (Granger)
 - Granger Medical (Granger)
 - Sunnyside Clinic (Sunnyside)
 - Neighborhood Connections (Yakima)
 - Take Charge Yakima
 - Yakima Neighborhood Health Services (Yakima)

- **Yakima Union Gospel Mission (Free Clinic)**

- **Yakima Valley Farm Workers**
 - Casa De Esperanza Clinic (Grandview)
 - Grandview Medical Center (Grandview)
 - Mountainview Women's Health Center (Grandview)
 - Valley Vista Medical Group (Prosser)
 - Toppenish Medical Clinic (Toppenish)
 - Mid Valley Family Medicine (Wapato)
 - Mobile Medical Services (Wapato)
 - Casa De Esperanza (Yakima)
 - Children's Village (Yakima)
 - Lincoln Avenue Medical Center (Yakima)
 - Mobile Medical Services (Yakima)
 - Yakima Medical Center (Yakima)

COMMUNITY HEALTH PRIORITY: INCREASE ACCESS TO SPECIALTY CARE

Hospitals

- Astria Regional Medical Center (Yakima)
- Astria Sunnyside Hospital (Sunnyside)
- Astria Toppenish Hospital (Toppenish)
- Kittitas Valley Community Hospital
- Prosser Memorial Health Hospital & Clinics
- Virginia Mason Memorial Hospital (Yakima)

Clinics and Specialty Services

- **Astria Health**
 - Astria Health Center: Endocrinology, Psychiatry, Internal Medicine, Sleep Medicine (208 N. Euclid Ave. Grandview)
 - Astria Health Center: Cardiology, Endocrinology, Family Medicine, Plastic & Reconstructive Surgery, Podiatry, Rheumatology (Prosser)
 - Astria Health Cancer Center (Sunnyside)
 - Astria Health Specialty Center Surgical Group (500 S. 11th St., Sunnyside)
 - Astria Health Center: Rheumatology, Internal Medicine, Nephrology (2925 Allen Rd., Sunnyside)
 - Astria Health Center: Orthopedics; Podiatry; Ear, Nose and Throat; Allergies (2705 E. Lincoln Avenue., Sunnyside)
 - Astria Health Center: Endocrinology (803 E. Lincoln Avenue, Sunnyside)
 - Astria Health Center: Occupational Medicine (802 Miller Avenue, Sunnyside)
 - Astria Health Center: Cardiology (812 Miller Avenue, Sunnyside)
 - Astria Health Center: General Surgery, Adult and Pediatric Cardiology (505 W. Fourth Ave., Toppenish)
 - Astria Health Center: Internal Medicine (6201 Summitview Ave., Suite 200, Yakima)
 - Astria Health Center: Endocrinology, Neurosurgery, Podiatry (6101 Summitview Ave., Suite 200, Yakima)
 - Astria Health Center: Adult and Pediatric Cardiology (1005 W. Walnut Ave., Suite 120, Yakima)
 - Astria Health Center: Vascular Medicine (1005 W. Walnut Ave., Suite 201, Yakima)
 - Astria Health Center: Gastroenterology (1005 W. Walnut Ave., Suite 205, Yakima)
 - Astria Health Center: General Surgery, Robotic Surgery (1005 W. Walnut Ave., Suite 223, Yakima)
 - Astria Health Center: Orthopedics, Occupational Medicine (111 S. 11th Ave., Suite 320, Yakima)
 - Astria Health Center: Rehabilitation (111 S. 11th Ave., Suite 321, Yakima)
 - Astria Health Center, Podiatry, Rheumatology (915 Vintage Valley Pkwy., Suite 200, Zillah)
 - Astria Health Sunnyside: Wound Care Center and Hyperbaric Oxygen Therapy (Sunnyside)
- **Cascade Foot and Ankle**
 - Cascade Foot and Ankle (Yakima)
 - Cascade Foot and Ankle (Ellensburg)
- **Kittitas Valley Healthcare**
 - Kittitas Valley Healthcare Dermatology (Ellensburg)
 - Kittitas Valley Healthcare General Surgery (Ellensburg)

- Kittitas Valley Healthcare Internal Medicine (Ellensburg)
- Kittitas Valley Healthcare Orthopedics (Ellensburg)
- Kittitas Valley Healthcare Wound Care (Ellensburg)

- **Prosser Memorial Health**
 - Specialty Clinic: Surgery; Podiatry; Ear, Nose & Throat; Orthopedics; Sports Medicine; (Prosser)

- **Virginia Mason Memorial Hospital**
 - Cascade Surgical Partners (Yakima)
 - Lakeview: Musculoskeletal Medicine, Physical Medicine and Rehabilitation, Spine and Sports Medicine (Yakima)
 - Memorial Cornerstone Medicine: Internal Medicine, Occupational Medicine (Yakima)
 - Memorial Outpatient Psychiatric Services (Yakima)
 - Memorial Sleep Specialists (Yakima)
 - Wound Care and Hyperbaric Oxygen Therapy (Yakima)
 - Yakima Era, Nose & Throat (Virginia Mason Memorial Physicians, Yakima)
 - Yakima Eccrinology Associates (Yakima)
 - Yakima Gastroenterology Associates (Yakima)
 - Yakima Podiatry Associates (Yakima)
 - Yakima Vascular Associates (Yakima)

COMMUNITY HEALTH PRIORITY: INCREASE ACCESS TO BEHAVIORAL HEALTHCARE AND SUBSTANCE ABUSE TREATMENT

Behavioral Healthcare

Astria Health

- Astria Sunnyside Hospital: Certificate of Need approved for ten inpatient psychiatric beds in December 2017. Beds have not been opened.
- Astria Sunnyside Hospital: Intensive Outpatient Program for older adults,
- Astria Toppenish: Certificate of Need approved for fifteen inpatient psychiatric beds in December 2017

Catholic Family & Child Services (Yakima)

Central Washington Comprehensive Mental Health Services

- Ellensburg
 - Ellensburg 4th Street Center (Ellensburg)
 - Ellensburg Pear Street Center Suite K (Ellensburg)
 - Ellensburg Pearl Street Center Suite E (Ellensburg)
 - Horizon Club (Ellensburg)
- Naches
 - Gleed Orchard Manor (Naches)
- Sunnyside
 - Crossroads Adult Residential Treatment Facility (Sunnyside)
 - Sunnyside Center (Sunnyside)
- Yakima
 - Acute Care Services/Crisis Triage Center (Yakima)
 - Aspen – Victim Advocacy Services (Yakima)
 - Bridges Evaluation and Treatment Center (Yakima)
 - Substance Use Disorder Treatment Center (Yakima)
 - Pathways Adult Residential Treatment Facility (Yakima)
 - Sunrise Club (Yakima)
 - Two Rivers Landing (Yakima)

State Crisis Line – Suicide Prevention Life Line

1-800-273-8255, TTY Users 1-800-799-4TTY (4889)

State Crisis Line – Mental Health Crisis

Greater Columbia BHO: 509-575-4200 or 1-800-572-8122

Virginia Mason Memorial Hospital

- 12-bed Inpatient Adult Psychiatric Unit
 - \$1.9 million grant to add six beds making a total of eighteen (18) beds
- Outpatient Psychiatric Services (Adults)

Yakama Nation Behavioral Health Services

Yakima Neighborhood Health Services

- YNHS at Comprehensive Mental Health (Yakima)
- 8th Street Clinic (Yakima)
- Sunnyside Clinic (Sunnyside)

Yakima Valley Farmworkers Clinic Behavioral Health Services

- Yakima Valley Farmworkers Clinics
- Behavioral Health Services on 12th Avenue (Yakima)

COMMUNITY HEALTH PRIORITY: INCREASE ACCESS TO BEHAVIORAL HEALTHCARE AND SUBSTANCE ABUSE TREATMENT

Substance Abuse Treatment

Please note that some Substance Abuse resources may also be included under the Behavioral Health section.

Buena

Triumph Treatment Services – James Oldham Treatment Center

BRANCH OF TRIUMPH TREATMENT SERVICES
201 HIGHLAND DRIVE
BUENA, WA 98921

Ellensburg

Alcohol Drug Dependence Service

MAIN FACILITY
507 NANUM STREET, ROOM 111
ELLENSBURG, WA 98926

Barth Clinic – Ellensburg

401 SOUTH MAIN STREET, SUITE 2
ELLENSBURG, WA 98926

Parke Creek Chemical Dependency Program

JUVENILE REHABILITATION ADMINISTRATION / DSHS
11042 PARKE CREEK ROAD
ELLENSBURG, WA 98926

Social Treatment Opportunity Programs II Inc. – Ellensburg

S.T.O.P.
1206 NORTH DOLARWAY ROAD, SUITE
ELLENSBURG, WA 98926

Grandview

Integrity Support Services, LLC

303 DIVISION STREET
GRANDVIEW, WA 98930
Selah

Sundown M Ranch

2280 SR 821 SCOTT MUNSON
SELAH, WA 98901

Sunnyside

Dependency Health Services – Sunnyside Office

BRANCH OF CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
1319 SAUL ROAD SOUTH
SUNNYSIDE, WA 98944

La Clinica Noroeste De Comportaminetos Modificados – Sunnyside

NORTHWEST BEHAVIORAL MODIFICATION CLINIC

304 SOUTH 7TH STREET N.
SUNNYSIDE, WA 98944

Innovation Resource Center
214 SOUTH 6TH STREET, SUITE 3
SUNNYSIDE, WA 98944

Merit Resource Services – Sunnyside
702 FRANKLIN
SUNNYSIDE, WA 98944

Toppenish

Merit Resource Services – Toppenish Branch
321 WEST FIRST AVENUE
TOPPENISH, WA 98948

Nueva Vida Counseling Services, LLC
02 WEST FIRST AVENUE
TOPPENISH, WA 98948

Yakama Indian Nation Comprehensive Alcoholism Program
20 GUNNYON ROAD
TOPPENISH, WA 98948
Union Gap

Community Counseling Clinic, LLC
2642 MAIN STREET
UNION GAP, WA 98903
Wapato

Merit Resource Services – Wapato Branch
312 WEST 2ND STREET
WAPATO, WA 98951

Yakima

Ahtanum View Work Release
HEALTH SERVICES/CD TREATMENT SERVICES
2009 SOUTH 64TH AVENUE
YAKIMA, WA 98903

Apple Valley Counseling Service
611 WEST "A" STREET
YAKIMA, WA 98902

Balance Social Services, LLC
1400 SUMMITVIEW AVENUE, SUITE 106
YAKIMA, WA 98902

Barth Clinic – Yakima

201 EAST LINCOLN AVENUE
YAKIMA, WA 98901

Behavioral Health Services

YAKIMA VALLEY FARM WORKERS CLINIC
120 SOUTH 3RD STREET, SUITE 100
YAKIMA, WA 98901

Center for Addictions Recovery and Education

CENTER FOR COUNSELING AND PSYCHOTHERAPY, INC., P.S.
1015 SOUTH 40TH AVENUE, SUITE 23
YAKIMA, WA 98908

Central Washington Comprehensive Mental Health

402 SOUTH 4TH AVENUE
YAKIMA, WA 98902

Dependency Health Services – Yakima Detoxification

BRANCH OF CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
505 SOUTH 4TH AVENUE
YAKIMA, WA 98902-3240

Dependency Health Services – Yakima Outpatient

A BRANCH OF CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
505 SOUTH 4TH AVENUE
YAKIMA, WA 98902

Merit Resource Services – Yakima

315 NORTH 2ND STREET
YAKIMA, WA 98901

Pathways Adult Residential Treatment

BRANCH OF CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
307 WEST WALNUT
YAKIMA, WA 98902

Triumph Treatment Services

102 SOUTH NACHES AVENUE BETH
YAKIMA, WA 98907

Triumph Treatment Services – Beth’s Place

BRANCH OF TRIUMPH TREATMENT SERVICES
608 SUPERIOR LANE BETH
YAKIMA, WA 98902

Triumph Treatment Services – Casita

BRANCH OF TRIUMPH TREATMENT SERVICES
605 SUPERIOR LANE
YAKIMA, WA 98902

Triumph Treatment Services - Riel House

BRANCH OF TRIUMPH TREATMENT SERVICES
613 SUPERIOR LANE
YAKIMA, WA 98902

Two Rivers Landing

BRANCH OF CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
504 SOUTH 3RD AVENUE
YAKIMA, WA 98902

Veterans Administration – Yakima Substance Abuse Outreach

BRANCH OF VA MEDICAL CENTER-WALLA WALLA
310 NORTH 5TH AVENUE

Yakima County Assessment Service

128 N SECOND STREET - COURTHOUSE, ROOM B-18
YAKIMA, WA 98901

Yakima County Justice Center

HEALTH SERVICES/CD TREATMENT SERVICES
202 W. YAKIMA AVE., #200
YAKIMA, WA 98902

Yakima Union Gospel Mission

1300 N First St, Yakima, WA 98901

COMMUNITY HEALTH PRIORITY: PREVENTION, SCREENING, AND TREATMENT OF CHRONIC DISEASES INCLUDING DIABETES AND HEART DISEASE

Hospitals

- Astria Regional Medical Center & Astria Heart Institute (Yakima)
 - Cath Lab
 - Cardiothoracic Surgery
- Astria Sunnyside Hospital (Sunnyside)
- Astria Toppenish Hospital (Toppenish)
- Kittitas Valley Community Hospital
- Prosser Memorial Health Hospital & Clinics
- Virginia Mason Memorial Hospital (Yakima)

Anticoagulation Clinics

- Astria Regional Medical Center (Yakima)
- Kittitas Valley Healthcare
- Virginia Mason Memorial (Yakima)

Cardiac Rehab

- Astria Regional Medical Center (Yakima)
- Virginia Mason Memorial Hospital (Yakima)

Chronic Care Management - Medicare (Outpatient)

- Astria Sunnyside Hospital (Sunnyside)

Diabetes Education

- Astria Sunnyside Hospital (Sunnyside)
- Kittitas Valley Healthcare (Ellensburg)
- Virginia Mason Memorial (Yakima)

Wound Care

- Astria Sunnyside Hospital: Wound Care Center and Hyperbaric Oxygen Therapy (Sunnyside)
- Kittitas Valley Healthcare: Wound Care (Ellensburg)
- Virginia Mason Memorial Hospital: Wound Care and Hyperbaric Oxygen Therapy (Yakima)

Provider Clinics

Please refer to the list of primary care and specialty clinics in previous sections.

APPENDIX 2: KEY STAKEHOLDERS INTERVIEWED

Aging & Long Term Care Services

Julie Bersing, BS,
Local Program Coordinator

Astria Regional Medical Center

Maureen Adkison,
Board Chair

Marilyn Butler,
Interim Director of Resource Management

Brian McCann,
Director of Emergency Services

Sara Williamson,
Chief Nursing Executive

Astria Sunnyside Hospital

Group Interview Astria Sunnyside Hospital
Leadership

Sergio Tovar, M.S.,
Director of Social Services and Utilization
Review

Astria Toppenish Hospital

Eric Jensen, FACHE,
Chief Executive Officer

Terra Palomarez,
Interim Chief Nursing Officer

Joe Vela, Program Director, Psychiatric
Services

Physician

Dr. Jessica Bury, MD,
Obstetrics & Gynecology

Comprehensive Healthcare

Jody Daly, Ph.D., President / CEO

Ron Gengier, LMHC,
Chief Operating Officer

Ed Thornbrugh,
Vice President

Community Health of Central Washington

Mike Maples, MD,
Chief Executive Officer

Department of Children, Youth and Families

Claudia Rocha-Rodriguez, MSW,
Area Administrator/Yakima & Sunnyside
Offices

Berta Norton,
Area Administrator for Department of
Children, Youth and Families

Opportunities Industrialization Center (OIC) of Washington

Frank Rowland,
Chief Operations Officer

People for People

Marcy Durbin,
Broker Manager

Gracie Sexton,
Central Regional Transportation

Toppenish Chamber of Commerce

Paul Newman,
Executive Director

Yakima Health District

Melissa Sixberry, BSN, RN,
Director of Disease Control

Yakama Nation Tribal Council

Lottie Sam

Yakima Neighborhood Services

Rhonda Hauff,
Chief Operating Officer & Deputy CEO

Yakima Union Gospel Mission

Scott Thielen,
Ministry Director

Yakima Valley Farm Workers Clinic

Juan Carlos Olivares,
Executive Director

APPENDIX 3: DEMOGRAPHICS

County	2017	2022	2017-2022	2017-2022
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
53077 (Yakima County)	249,611	253,843	4,232	1.70%

Source: iVantage Health Analytics

CITY	2017 Estimated Population	2022 Projected Population	2017-2022 Projected Change	2017-2022 Projected % Change
Cowiche	1,284	1,278	(6)	-0.5%
Grandview	15,652	15,892	240	1.5%
Granger	5,552	5,812	260	4.7%
Harrah	1,517	1,568	51	3.4%
Mabton	4,109	4,137	28	0.7%
Moxee	6,607	6,875	268	4.1%
Naches	3,227	3,238	11	0.3%
Outlook	2,345	2,359	14	0.6%
Prosser	13,972	14,747	775	5.5%
Selah	17,016	17,244	228	1.3%
Sunnyside	21,722	21,895	173	0.8%
Tieton	3,180	3,251	71	2.2%
Toppenish	13,566	13,688	122	0.9%
Union Gap	14,957	15,336	379	2.5%
Wapato	14,109	14,349	240	1.7%
White Swan	2,154	2,192	38	1.8%
Yakima	32,459	33,805	1,346	4.1%
Yakima	46,779	46,937	158	0.3%
Yakima	36,892	37,466	574	1.6%
Zillah	7,336	7,439	103	1.4%
TOTAL	264,435	269,508	5,073	1.9%

Source: iVantage Health Analytics

POPULATION DISTRIBUTION BY ETHNICITY						
2017	Race Pop CY: Amer. Ind. (Non-Hisp)	Race Pop CY: Asian (Non-Hisp)	Race Pop CY: Black (Non-Hisp)	Race Pop CY: Hispanic	Race Pop CY: Other (Non-Hisp)	Race Pop CY: White (Non-Hisp)
53077 Yakima County	8,941	3,047	2,016	124,324	4,824	106,459
Washington	92,794	670,985	281,783	943,278	316,231	5,006,379
United States	2,388,894	18,681,358	40,490,761	59,435,264	8,068,416	198,449,641
2022	Race Pop FY: Amer. Ind. (Non-Hisp)	Race Pop FY: Asian (Non-Hisp)	Race Pop FY: Black (Non-Hisp)	Race Pop FY: Hispanic	Race Pop FY: Other (Non-Hisp)	Race Pop FY: White (Non-Hisp)
53077 Yakima County	8,732	3,408	2,134	135,570	5,017	98,982
Washington	95,445	779,255	313,486	1,084,498	353,675	5,107,347
United States	2,481,791	21,745,158	42,536,185	66,849,681	9,211,815	198,498,964
CHANGE	Change Amer. Ind. (Non-Hisp)	Asian (Non-Hisp)	Black (Non-Hisp)	Hispanic	Other (Non-Hisp)	White (Non-Hisp)
Yakima County	-0.08%	0.14%	0.05%	4.51%	0.08%	-3.00%
Washington	0.04%	1.48%	0.43%	1.93%	0.51%	1.38%
United States	0.03%	0.94%	0.62%	2.26%	0.35%	0.02%

Source: iVantage Health Analytics

2017 POPULATION BY ZIP CODE AND RACE/ETHNICITY						
Zip	Race Pop CY: Amer. Ind. (Non-Hisp)	Race Pop CY: Asian (Non-Hisp)	Race Pop CY: Black (Non-Hisp)	Race Pop CY: Hispanic	Race Pop CY: Other (Non-Hisp)	Race Pop CY: White (Non-Hisp)
98901	573	266	629	17,958	606	12,427
98902	639	566	672	23,118	1,197	20,587
98903	305	243	71	4,886	367	9,085
98908	344	990	338	7,460	856	26,904
98923	6	7	4	648	27	592
98926	279	887	391	3,491	1,016	26,636
98930	51	72	36	12,101	130	3,262
98932	141	9	3	4,459	47	893
98933	482	18	6	676	43	292
98935	44	15	8	3,433	35	574
98936	94	66	45	2,777	122	3,503
98937	19	16	8	459	60	2,665
98938	24	5	6	1,590	24	696
98942	180	164	48	3,022	405	13,197
98944	97	135	40	17,613	161	3,676
98947	22	16	11	1,656	53	1,422
98948	2,003	53	27	9,895	231	1,357
98951	2,390	350	34	8,802	275	2,258
98952	1,344	5	7	477	46	275
98953	177	52	22	3,767	144	3,174
99350	69	172	51	6,816	220	6,644
TOTAL	9,283	4,107	2,457	135,104	6,065	140,119

Source: iVantage Health Analytics

YAKIMA COUNTY				
	2017	2022	2017-2022	2017-2022
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
Female	124,481	126,639	2,158	1.73%
Male	125,130	127,204	2,074	1.66%
Total Service Area	249,611	253,843	4,232	1.70%
Source: iVantage Health Analytics				

Washington State				
	2017	2022	2017-2022	2017-2022
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
Female	3,664,509	3,875,747	211,238	5.76%
Male	3,646,941	3,857,959	211,018	5.79%
Total Service Area	7,311,450	7,733,706	422,256	5.78%
Source: iVantage Health Analytics				

United States				
	2017	2022	2017-2022	2017-2022
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
Female	166,187,179	172,903,692	6,716,513	4.04%
Male	161,327,155	168,419,902	7,092,747	4.40%
Total Service Area	327,514,334	341,323,594	13,809,260	4.22%
Source: iVantage Health Analytics				

Yakima County, Washington	
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Total Population Change [1]	870
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Natural Increase	1915
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Vital Events - Births	3942
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Vital Events - Deaths	2027
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Net Migration - Total	-1045
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Net Migration - International [2]	127
Annual Estimates of the Components of Population Change - July 1, 2016 to July 1, 2017 - Net Migration - Domestic	-1172

US Census Bureau. ACS S0201

APPENDIX 4: POPULATION BY AGE

AGE GROUP	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	2017		2017		2017	
<15	60,401	24.2%	1,344,518	18.4%	61,204,783	18.7%
15-24	36,250	14.5%	954,808	13.1%	43,843,557	13.4%
25-44	64,223	25.7%	1,975,675	27.0%	86,413,292	26.4%
45-64	54,624	21.9%	1,925,381	26.3%	84,939,888	25.9%
65>	34,113	13.7%	1,111,068	15.2%	51,112,814	15.6%
TOTAL	249,611	100.0%	7,311,450	100.0%	327,514,334	100.0%

Source: iVantage Health Analytics

Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

AGE GROUP	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	2022		2022		2022	
<15	61,707	24.3%	1,398,771	18.1%	62,658,389	18.4%
15-24	34,672	13.7%	945,336	12.2%	43,101,902	12.6%
25-44	66,681	26.3%	2,129,874	27.5%	91,527,146	26.8%
45-64	52,360	20.6%	1,911,932	24.7%	83,911,001	24.6%
65>	38,423	15.1%	1,347,793	17.4%	60,125,156	17.6%
TOTAL	253,843	100.0%	7,733,706	100.0%	341,323,594	100.0%

Source: iVantage Health Analytics

Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

POPULATION CHANGE 2017-2022						
Age Group	Yakima County		Washington		United States	
	#	%	#	%	#	%
<15	1,306	2.2%	54,253	4.0%	1,453,606	2.4%
15-24	(1,578)	-4.4%	(9,472)	-1.0%	(741,655)	-1.7%
25-44	2,458	3.8%	154,199	7.8%	5,113,854	5.9%
45-64	(2,264)	-4.1%	(13,449)	-0.7%	(1,028,887)	-1.2%
65>	4,310	12.6%	236,725	21.3%	9,012,342	17.6%

Source: iVantage Health Analytics

Yakima County does not include the cities of Prosser and Ellensburg or portions of Sunnyside and Granger

ZIP CODE (COMMUNITY) POPULATION BY AGE 2017										
	Age Group 00-14	Age Group 15-24	Age Group 25-34	Age Group 35-44	Age Group 45-54	Age Group 55-64	Age Group 65-74	Age Group 75-84	Age Group 85+	TOTAL
Cowiche	311	173	170	163	155	156	95	47	14	1,284
Ellensburg	4,484	9,683	4,755	2,873	2,947	3,545	2,589	1,191	633	32,700
Grandview	4,593	2,468	2,300	1,824	1,586	1,364	963	403	151	15,652
Granger	1,703	991	797	634	541	451	285	115	35	5,552
Harrah	390	238	237	168	165	166	96	45	12	1,517
Mabton	1,243	693	599	445	397	351	252	93	36	4,109
Moxee	1,636	860	965	890	783	708	506	198	61	6,607
Naches	543	358	339	354	479	555	398	148	53	3,227
Outlook	645	364	308	273	252	234	172	73	24	2,345
Prosser	3,296	1,901	1,837	1,720	1,706	1,706	1,102	508	196	13,972
Selah	3,321	2,186	2,205	1,995	2,278	2,405	1,687	703	236	17,016
Sunnyside	6,637	3,526	3,259	2,447	2,041	1,703	1,171	586	352	21,722
Tieton	738	482	401	412	414	339	261	100	33	3,180
Toppenish	3,990	2,306	2,179	1,412	1,280	1,192	756	323	128	13,566
Union Gap	3,046	1,806	1,934	1,779	1,829	2,023	1,583	717	240	14,957
Wapato	3,948	2,226	2,179	1,583	1,477	1,306	868	387	135	14,109
White Swan	624	344	331	211	231	229	122	51	11	2,154
Yakima	7,861	4,881	4,781	3,903	3,653	3,322	2,482	1,128	448	32,459
Yakima	10,920	7,023	7,146	5,454	4,706	4,645	3,539	1,893	1,453	46,779
Yakima	6,668	4,344	4,247	4,219	4,496	5,290	4,399	2,237	992	36,892
Zillah	1,775	1,091	990	914	843	804	598	234	87	7,336

Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger

	POPULATION CHANGE 2017 - 2022								
	Age Group 00-14	Age Group 15-24	Age Group 25-34	Age Group 35-44	Age Group 45-54	Age Group 55-64	Age Group 65-74	Age Group 75-84	Age Group 85+
Cowiche	1.0%	-6.4%	8.2%	1.2%	-10.3%	-10.9%	16.8%	4.3%	7.1%
Ellensburg	5.3%	-2.0%	12.2%	17.6%	-2.9%	0.6%	18.5%	33.2%	8.8%
Grandview	3.1%	0.7%	-6.0%	6.6%	-0.9%	-0.2%	3.5%	22.6%	-5.3%
Granger	6.0%	-2.0%	5.6%	8.2%	0.7%	1.1%	15.8%	22.6%	0.0%
Harrah	6.9%	-6.7%	7.2%	13.7%	-6.1%	-7.2%	12.5%	26.7%	-16.7%
Mabton	3.9%	-8.8%	3.3%	6.7%	-5.0%	-7.1%	5.6%	25.8%	-8.3%
Moxee	6.9%	-3.0%	12.3%	8.7%	-6.1%	-5.6%	4.0%	26.8%	0.0%
Naches	-0.4%	-13.4%	13.0%	-4.5%	-15.2%	-3.6%	19.6%	33.1%	-1.9%
Outlook	0.6%	4.4%	-4.9%	6.2%	-4.0%	-7.7%	3.5%	23.3%	-12.5%
Prosser	4.5%	0.2%	1.1%	6.6%	1.1%	3.8%	24.2%	28.0%	-2.0%
Selah	-2.1%	-8.1%	2.6%	8.0%	-9.4%	-2.0%	18.4%	27.2%	9.3%
Sunnyside	1.2%	-1.7%	-4.4%	9.1%	-3.1%	1.2%	6.5%	11.9%	-9.4%
Tieton	0.8%	-6.2%	7.7%	1.5%	-4.8%	1.5%	17.2%	27.0%	3.0%
Toppenish	2.0%	-4.4%	-4.0%	11.1%	-5.3%	-2.9%	13.9%	22.9%	-3.1%
Union Gap	2.9%	-4.0%	-1.4%	7.2%	-7.0%	-1.1%	11.5%	29.8%	7.5%
Wapato	3.2%	-4.8%	2.8%	8.0%	-6.5%	-2.2%	9.7%	19.6%	-1.5%
White Swan	0.2%	-1.7%	0.6%	13.3%	-10.0%	-0.9%	21.3%	21.6%	9.1%
Yakima	4.4%	-1.2%	-0.1%	9.2%	-1.4%	1.1%	12.8%	34.3%	3.6%
Yakima	0.6%	-6.1%	2.1%	5.8%	-2.6%	-8.0%	8.9%	16.4%	-5.8%
Yakima	1.3%	-6.3%	1.6%	6.9%	-5.4%	-6.5%	8.8%	24.7%	4.8%
Zillah	3.5%	-10.1%	10.8%	3.3%	-2.3%	-10.6%	13.0%	17.9%	-2.3%

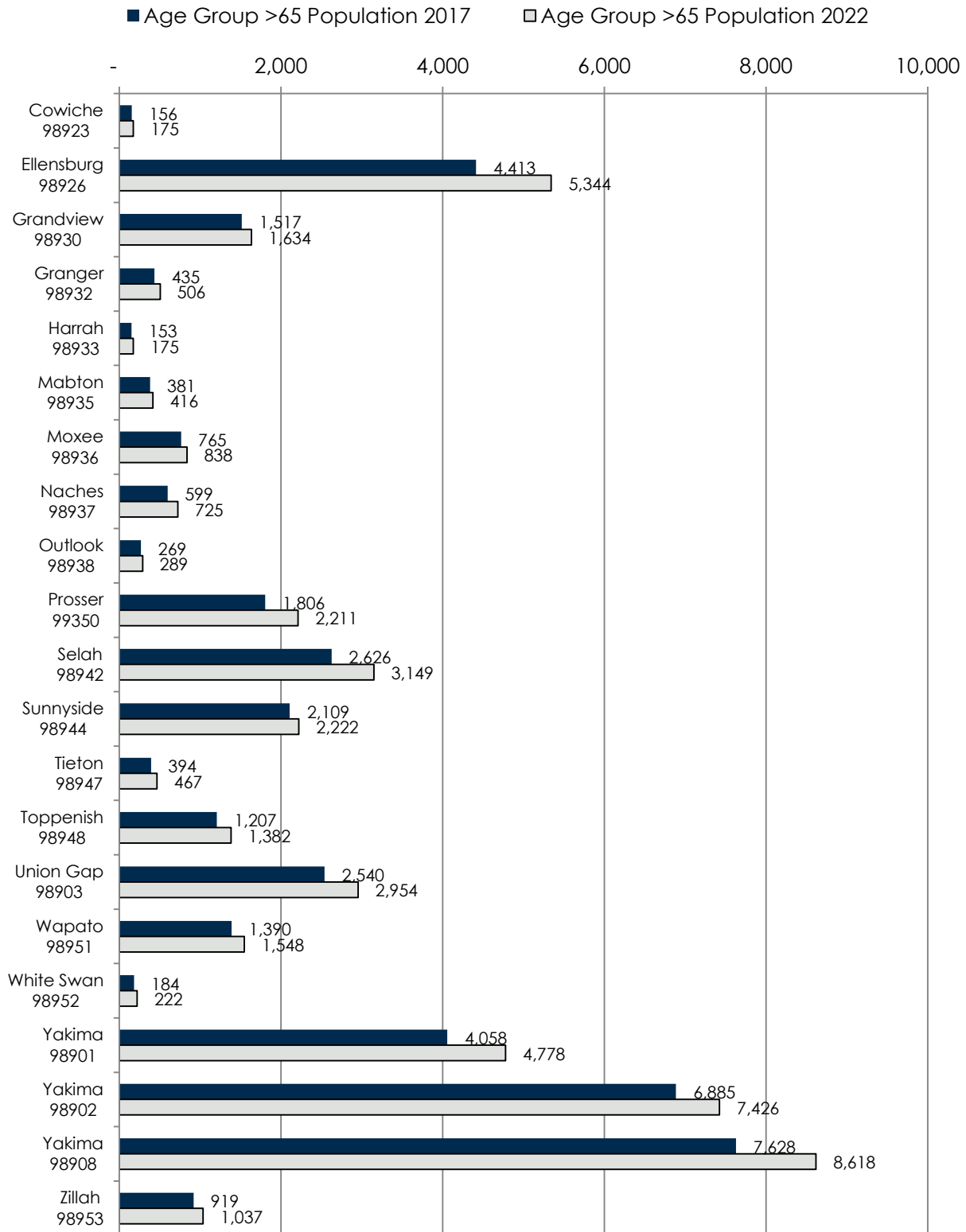
Source: iVantage Health Analytics

Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

	YAKIMA COUNTY Total Estimate	WASHINGTON Total Estimate	UNITED STATES Total Estimate
Total population	24768100	707314600	31855816200
AGE			
Under 5 years	8.5%	6.3%	6.2%
5 to 9 years	8.7%	6.3%	6.4%
10 to 14 years	8.1%	6.2%	6.5%
15 to 19 years	7.6%	6.2%	6.7%
20 to 24 years	7.1%	6.9%	7.1%
25 to 29 years	6.6%	7.3%	6.9%
30 to 34 years	6.3%	7.2%	6.7%
35 to 39 years	6.1%	6.6%	6.3%
40 to 44 years	5.7%	6.5%	6.4%
45 to 49 years	5.8%	6.5%	6.6%
50 to 54 years	5.9%	6.9%	7.0%
55 to 59 years	5.9%	6.8%	6.7%
60 to 64 years	4.9%	6.2%	5.9%
65 to 69 years	4.2%	4.9%	4.8%
70 to 74 years	3.1%	3.4%	3.5%
75 to 79 years	2.2%	2.3%	2.5%
80 to 84 years	1.5%	1.7%	1.8%
85 years and over	1.7%	1.8%	1.9%
SELECTED AGE CATEGORIES			
5 to 14 years	16.8%	12.6%	12.9%
15 to 17 years	4.8%	3.8%	3.9%
18 to 24 years	10.0%	9.4%	9.8%
15 to 44 years	39.6%	40.6%	40.1%
16 years and over	73.0%	79.8%	79.5%
18 years and over	70.0%	77.3%	76.9%
60 years and over	17.7%	20.2%	20.4%
62 years and over	15.8%	17.6%	17.9%
65 years and over	12.7%	14.0%	14.5%
75 years and over	5.5%	5.7%	6.2%
SUMMARY INDICATORS			
Median age (years)	32.6	37.6	37.7
Sex ratio (males per 100 females)	100.1	99.6	96.9
Age dependency ratio	74.6	58	60.3
Old-age dependency ratio	22.3	22.2	23.2
Child dependency ratio	52.4	35.9	37

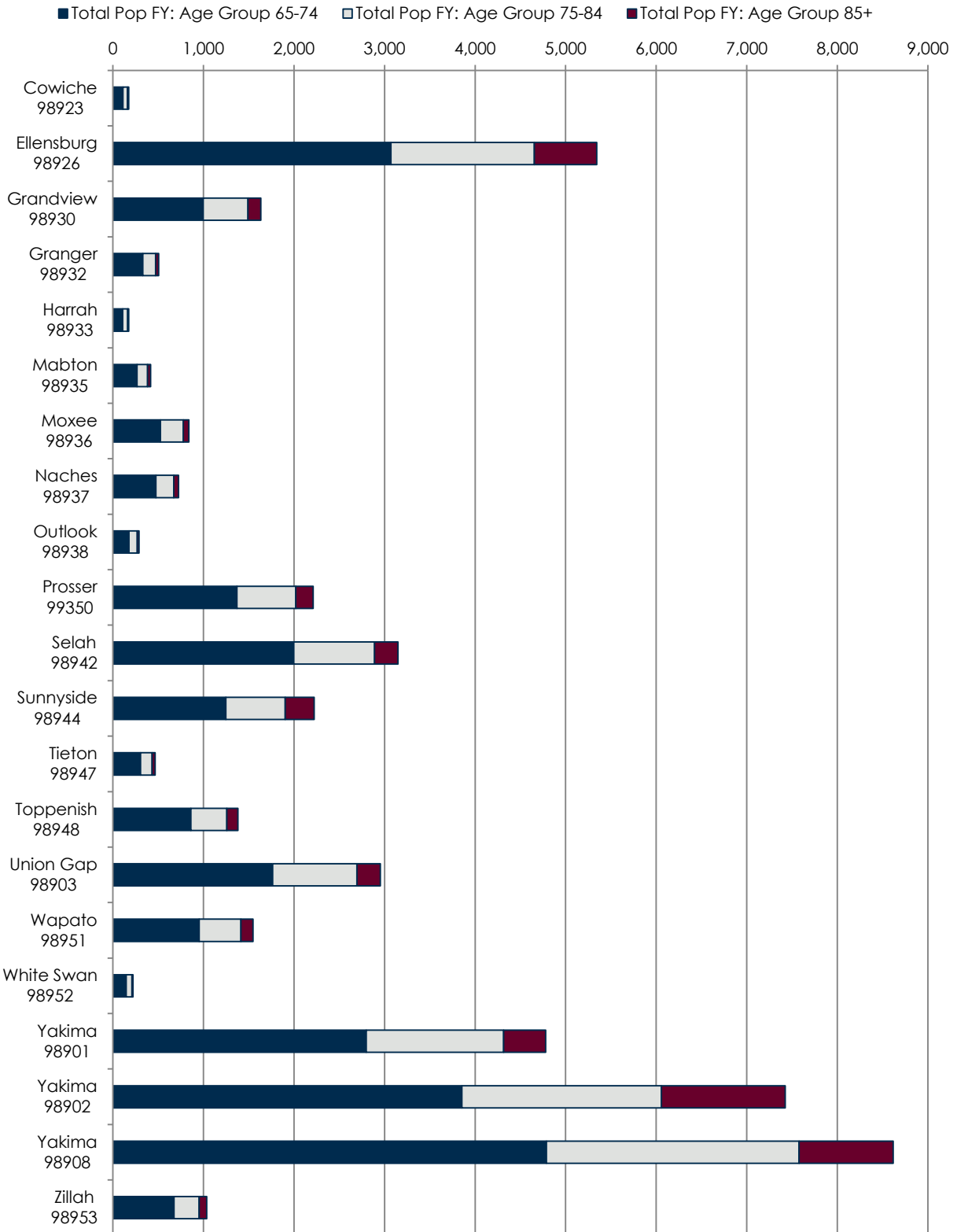
US Census Bureau. American Community Survey. 2012-2016

APPENDIX 5: POPULATION OVER 65



Source: iVantage Health Analytics, ESRI 2017
 Yakima County does not include Prosser and Ellensburg or portions of Sunnyside and Granger.

2022 Population over 65



Source: iVantage Health Analytics, ESRI 2017

APPENDIX 6: ADVERSE CHILDHOOD EVENTS

DEFINITIONS

- **Abuse**
 - **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
 - **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
 - **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.
- **Household Challenges**
 - **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
 - **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
 - **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
 - **Parental separation or divorce:** Your parents were ever separated or divorced.
 - **Criminal household member:** A household member went to prison.
- **Neglect**
 - **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support
 - **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it, you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.

Source: Centers for Disease Control and Prevention

ADVERSE CHILDHOOD EVENTS PREVALENCE

The CDC includes the following data relative to the prevalence of ACEs.⁷⁶

PREVALENCE OF ACEs BY CATEGORY FOR CDC-KAISER ACE STUDY PARTICIPANTS BY SEX, WAVES 1 AND 2			
ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect	16.7%	12.4%	14.8%
Physical Neglect	9.2%	10.7%	9.9%

Note: Collected during Wave 2 only (N=8,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates

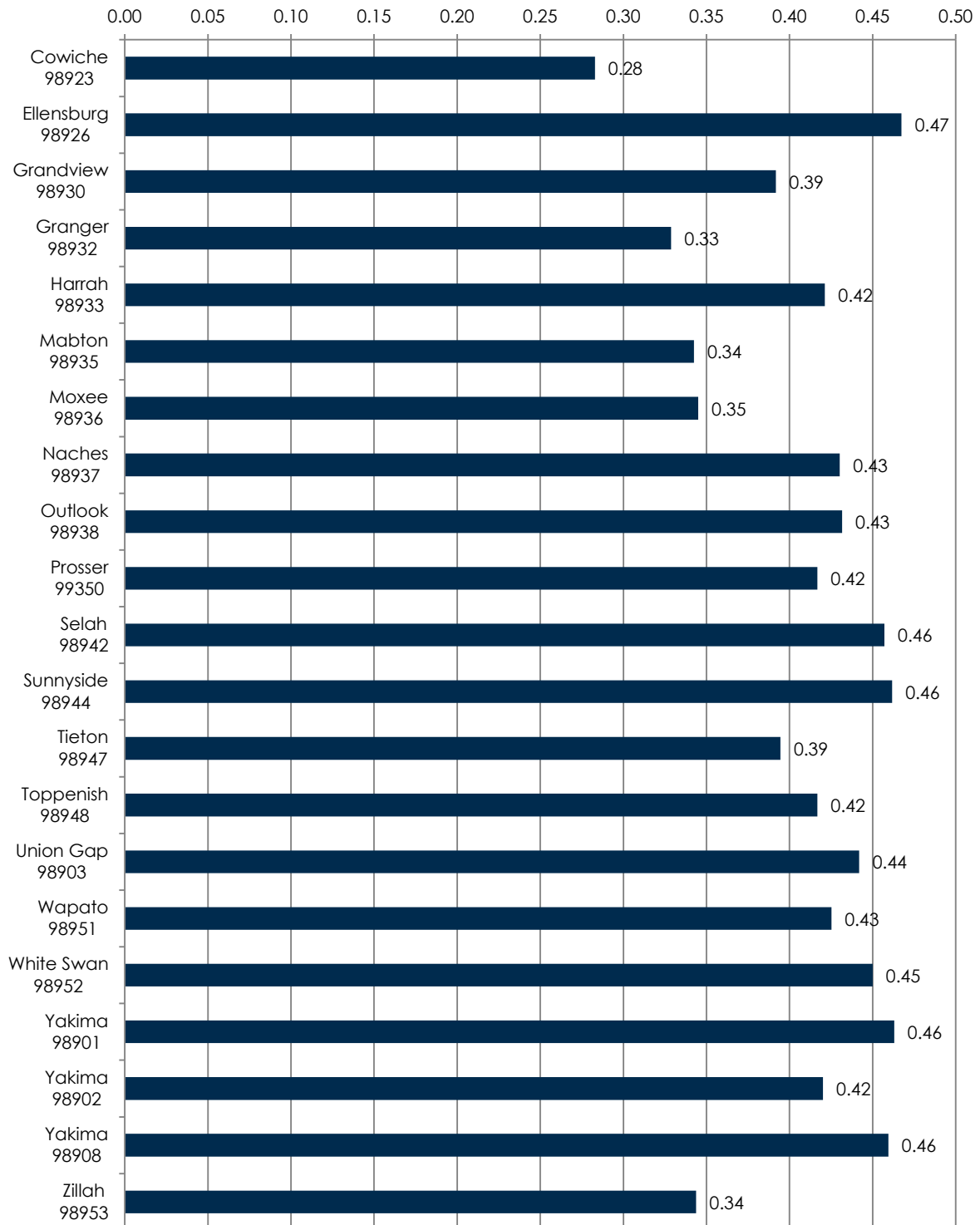
ACE SCORE PREVALENCE FOR CDC-KAISER ACE STUDY PARTICIPANTS BY SEX, WAVES 1 AND 2			
Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.
Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

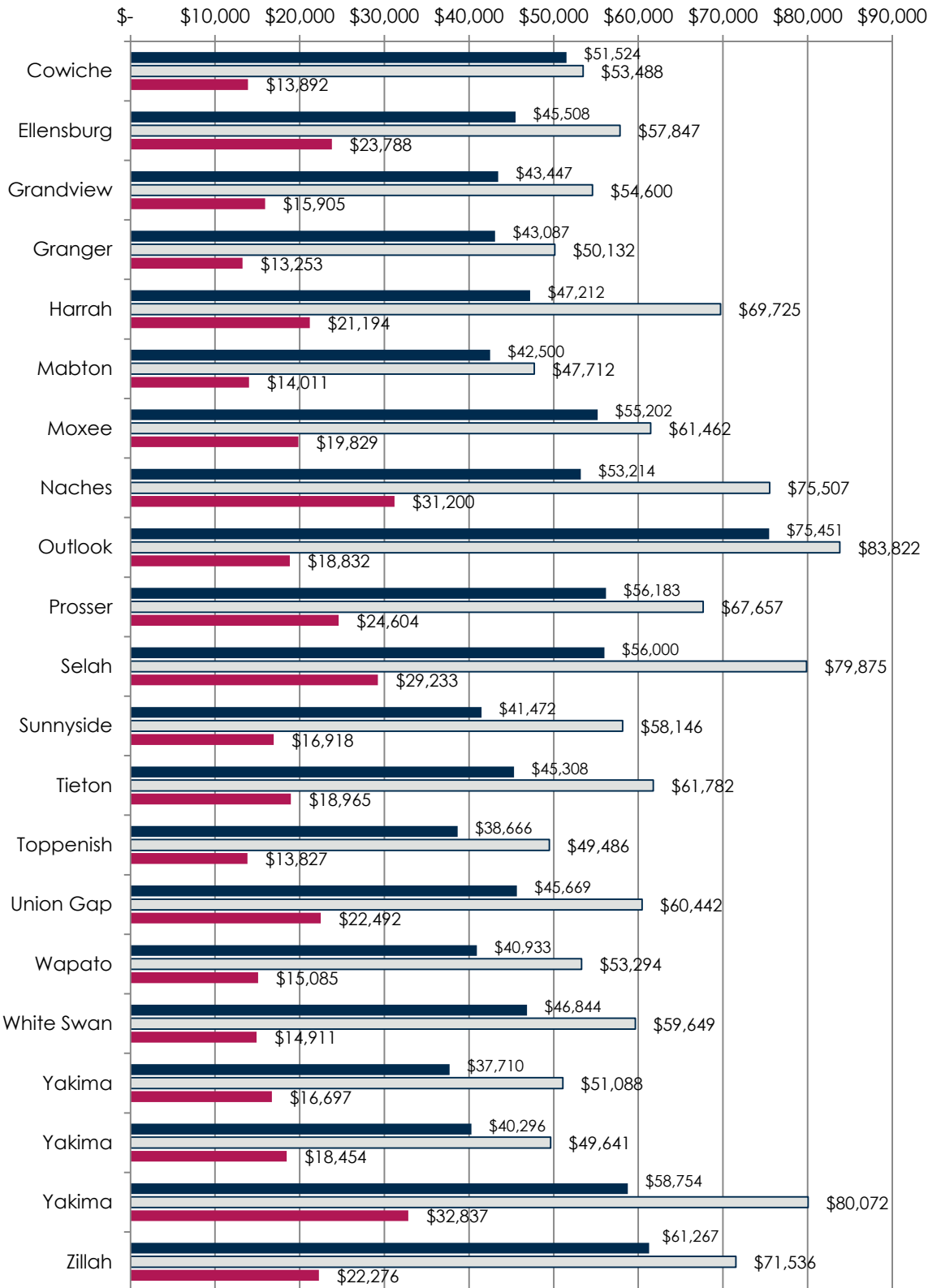
APPENDIX 7: INCOME

⁷⁶ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/acestudy/index.html>

INCOME INEQUALITY BY COMMUNITY



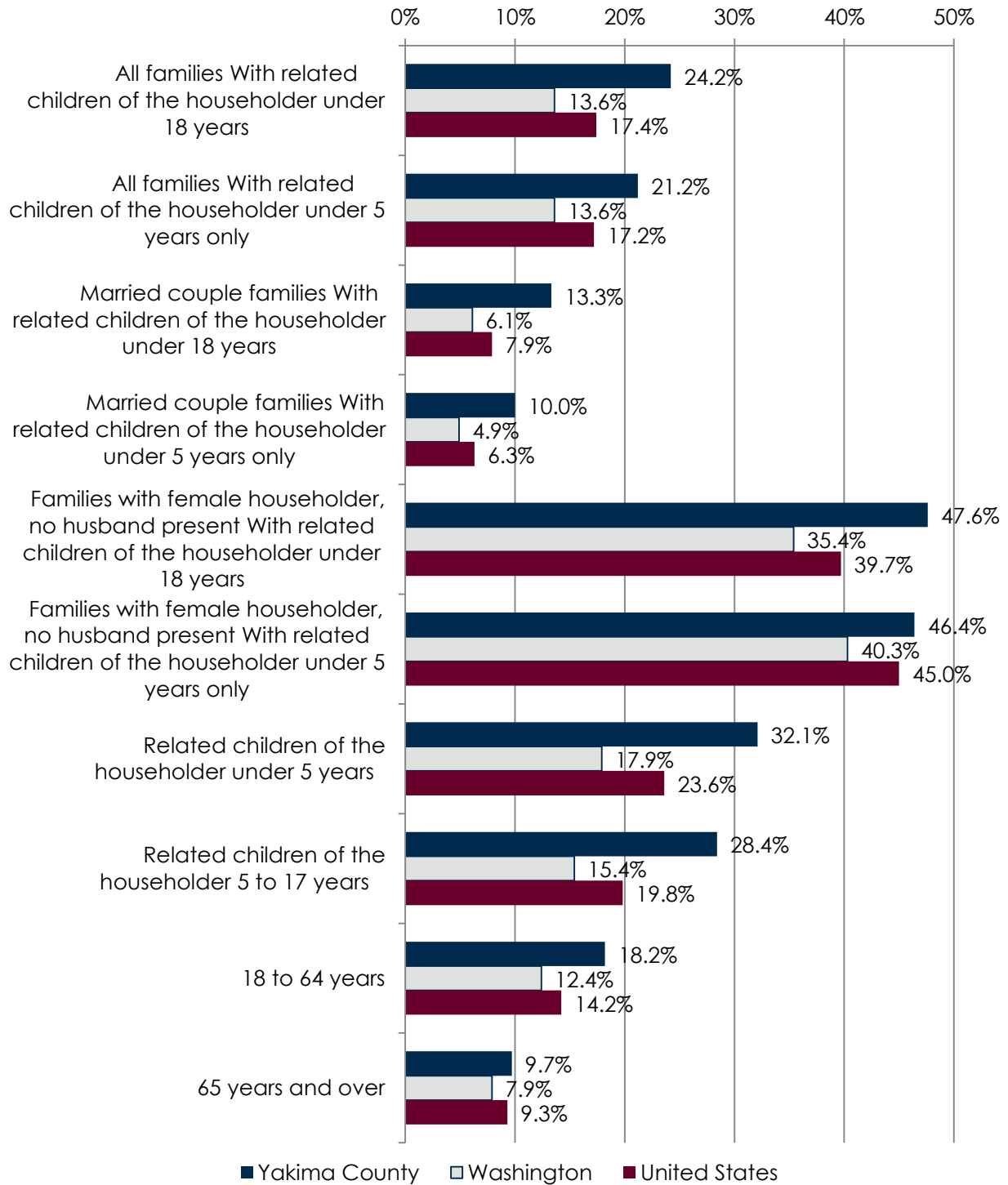
■ Median household income (dollars) □ Mean household income (dollars) ■ Per capita income (dollars)



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

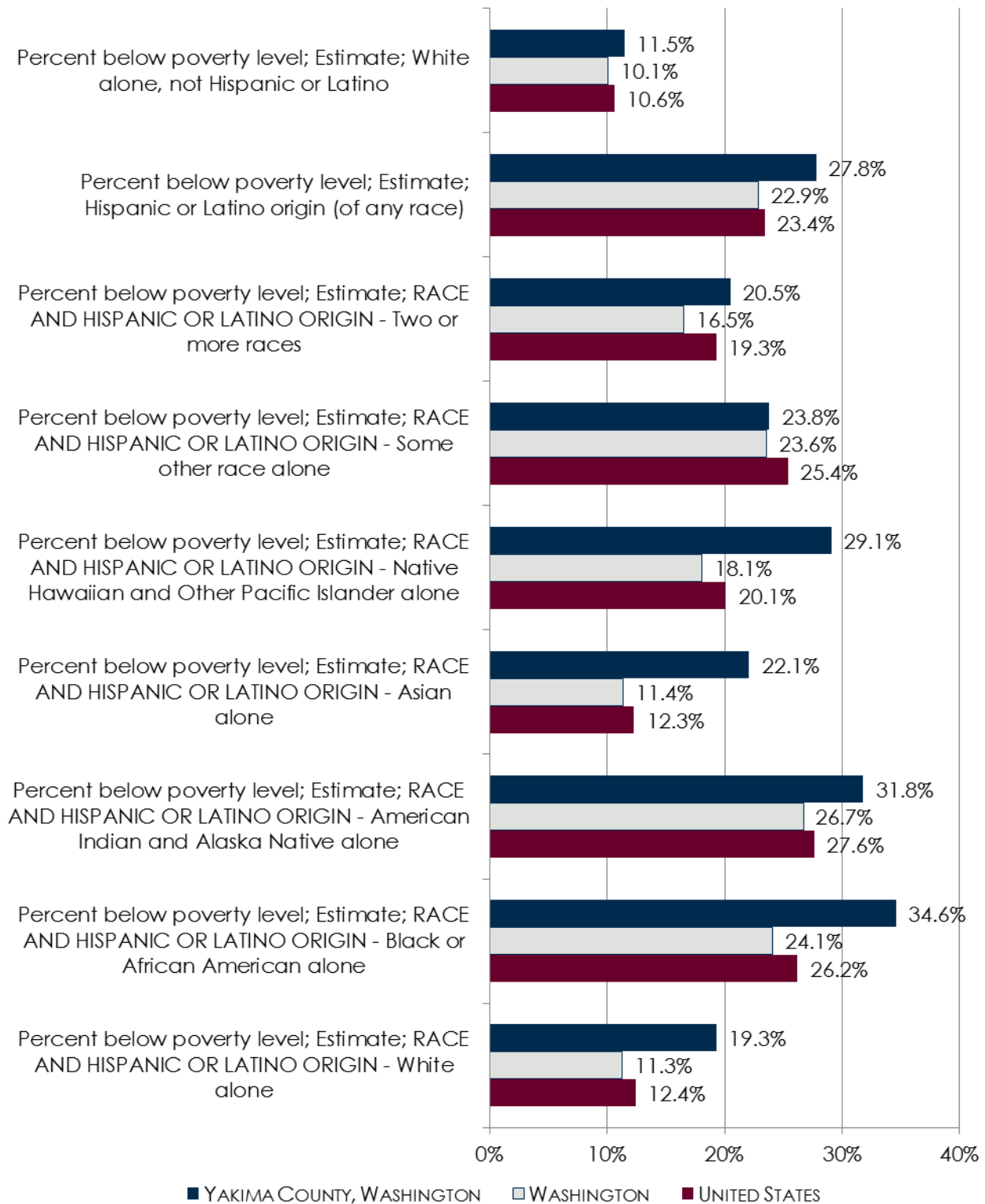
APPENDIX 8: POVERTY

Percentage of Families and People whose Income in the past 12 months is below the Poverty Level



United States Census, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

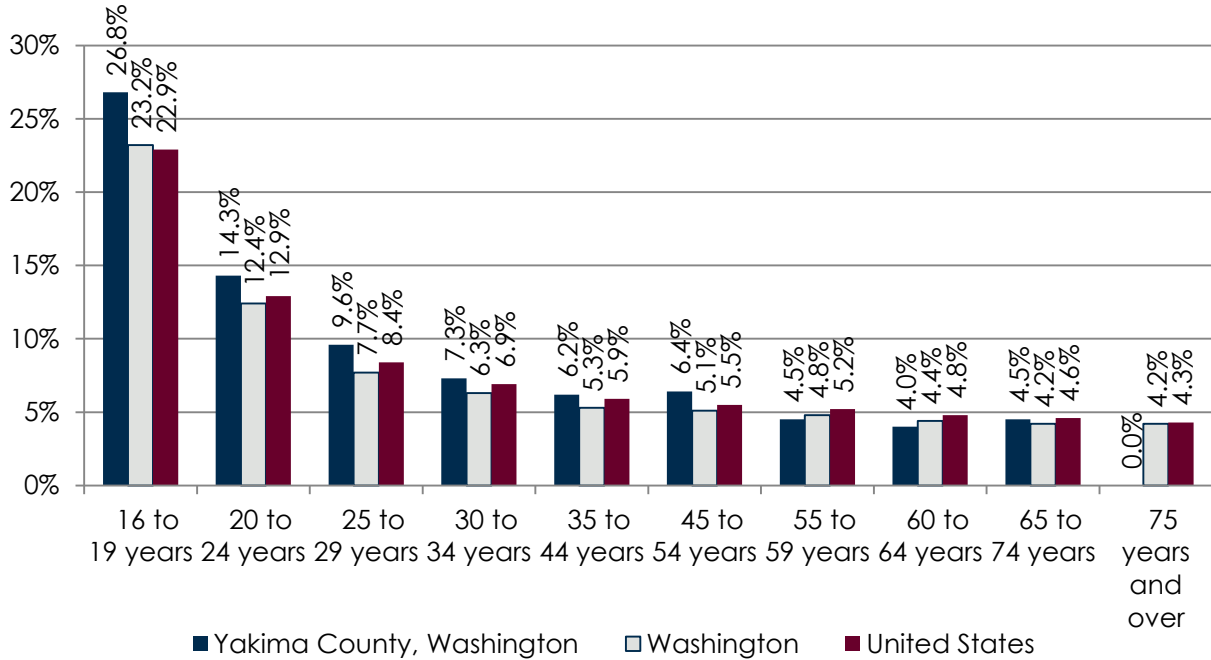
PERCENT BELOW POVERTY LEVEL BY ETHNICITY 2017



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

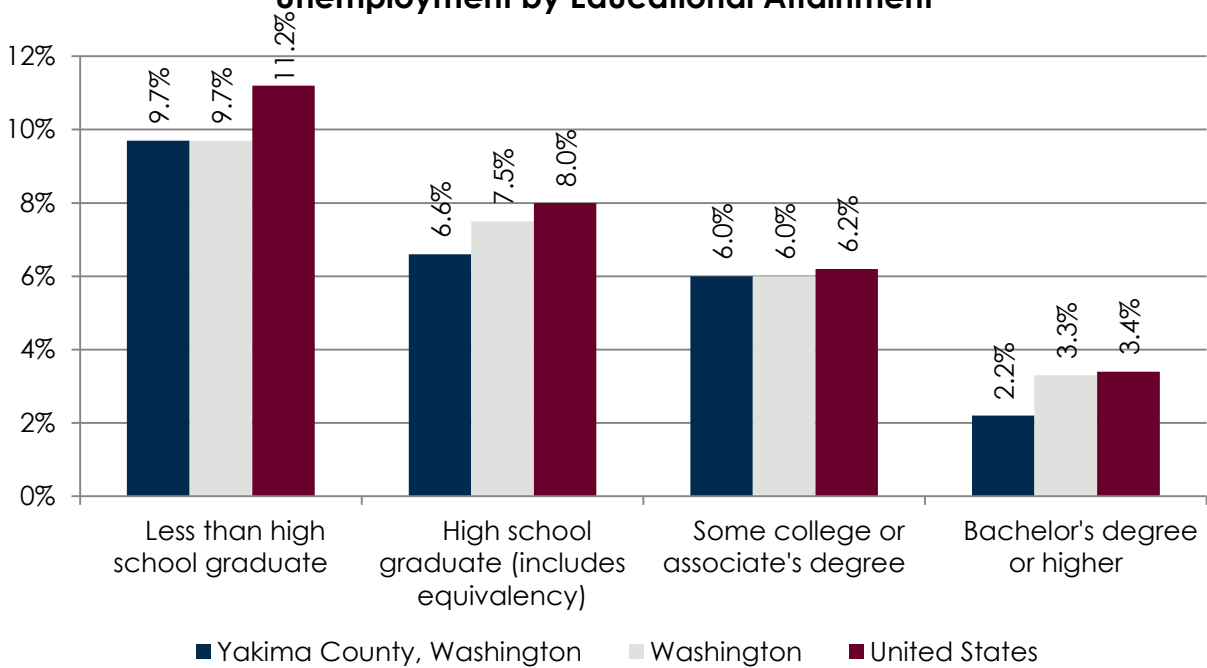
APPENDIX 9: EMPLOYMENT

UNEMPLOYMENT BY AGE



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

Unemployment by Educational Attainment



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
 Yakima County does not include Prosser and Ellensburg or portions of ZIP codes Sunnyside and Granger

APPENDIX 10: FOOD BANKS

<p>Grandview</p> <ul style="list-style-type: none"> Grandview Seventh-Day Adventist Community Services 	<p>Selah</p> <ul style="list-style-type: none"> Selah Food Bank 	<p>Union Gap</p> <ul style="list-style-type: none"> St. Vincent Centers
<p>Granger</p> <ul style="list-style-type: none"> Granger Food Bank 	<p>Sunnyside</p> <ul style="list-style-type: none"> St. Joseph's Catholic Church Food Bank Sunnyside Ministerial Food Bank Sunnyside Seventh-day Adventist Church 	<p>Wapato</p> <ul style="list-style-type: none"> Wapato Food Bank
<p>Mabton</p> <ul style="list-style-type: none"> Mabton Food Bank 	<p>Tieton</p> <ul style="list-style-type: none"> Tieton Food Bank 	<p>White Swan</p> <ul style="list-style-type: none"> White Swan Food Bank
<p>Naches</p> <ul style="list-style-type: none"> Naches Presbyterian Church 	<p>Toppenish</p> <ul style="list-style-type: none"> Toppenish Community Chest Food & Clothing Bank Yakama Nation 	<p>Zillah</p> <ul style="list-style-type: none"> Zillah Food Bank
Yakima		
<ul style="list-style-type: none"> OIC of Washington Salvation Army of Yakima St. Michael's Food Pantry Sunrise Outreach Center Fairview SDA Food Pantry 	<ul style="list-style-type: none"> Southeast Yakima Community Center Yakima County Veterans Program Yakima Food Bank Yakima Seventh-day Adventist Church Food and Clothing Pantry Yakima Union Gospel Mission 	

APPENDIX 11: TOBACCO USE

	Washington	United States
Current Smoker, Ages 18+ (2016)	13.9%	16.4%
Ever Smoked 100 Cigarettes, Ages 18+ (2016)	40.7%	40.9%
Current Smoker, Ages 18+ (2016)	13.9%	16.4%
Ever Smoked 100 Cigarettes, Ages 18+ (2016)	40.7%	40.9%
Percent of Daily Smokers Who Stopped Smoking for 1 Day or Longer in the Past 12 Months, Ages 18+ (2014-2015)	31.6%	37.5%
Percent of People Who Answered No One is Allowed to Smoke Anywhere Inside Their Home (All People), Ages 18+ (2014-2015)	91.9%	86.5%
Percent of People Who Answered No One is Allowed to Smoke Anywhere Inside Their Home (Current Smokers), Ages 18+ (2014-2015)	70.7%	53.3%
Percent of People Who Answered No One is Allowed to Smoke Inside Their Home (Former/Never Smokers), Ages 18+, (2014-2015)	95.0%	91.7%
Percent of State Population with 100% Smoke-free Bar Laws(2018)	100.0%	65.9%
Percent of State Population with 100% Smoke-free Restaurant Laws(2018)	100.0%	77.5%
Percent of State Population with 100% Smoke-free Workplace Laws, (2018)	100.0	73.7
Percent of State Population with 100% Smoke-free Workplace, Restaurant, & Bar Laws (2018)	100.0	58.6
Percent of State Population with Any 100% Smoke-free Laws (2018)	100.0	81.6
Percent of Workers in Non-Smoking Environments (All People), Ages 18+ (2014-2015)	86.4	79.7
Percent of Workers in Non-Smoking Environments (Current Smokers), Ages 18+ (2014-2015)	73.1	72.6
Percent of Workers in Non-Smoking Environments (Former/Never Smokers), Ages 18+ (2014-2015)	88.2	80.7

Source: CDC. State Cancer Profiles. Accessed July 2018.
<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=washington#t=4>

APPENDIX 12: HPV VACCINATION

	Washington	United States
Percent who received 2+ doses of HPV Vaccine, Ages 13-15, Both Sexes (2016)	47.5	46.2
Percent who received 2+ doses of HPV Vaccine, Ages 13-17, Both Sexes (2016)	53.0	49.2
Percent who received 2+ doses of HPV Vaccine, Ages 13-17, Male (2016)	47.7	43.6
Percent who received 2+ doses of HPV Vaccine, Ages 13-15, Male (2016)	44.4	42.0
Percent who received 2+ doses of HPV Vaccine, Ages 13-15, Female, (2016)	50.5	50.4
Percent who received 2+ doses of HPV Vaccine, Ages 13-17, Female (2016)	58.5	55.0
Percent who received 3+ doses of HPV Vaccine, Ages 13-15, Both Sexes (2016)	37.0	33.3
Percent who received 3+ doses of HPV Vaccine, Ages 13-17, Both Sexes (2016)	41.8	37.1
Percent who received 3+ doses of HPV Vaccine, Ages 13-17, Male (2016)	37.3	31.5
Percent who received 3+ doses of HPV Vaccine, Ages 13-15, Male (2016)	32.7	29.5
Percent who received 3+ doses of HPV Vaccine, Ages 13-15, Female (2016)	41.0	37.2
Percent who received 3+ doses of HPV Vaccine, Ages 13-17, Female (2016)	46.5	43.0

Source: CDC. State Cancer Profiles. Accessed August 2018.

<https://statecancerprofiles.cancer.gov/quickprofiles/index.php?statename=Washington#t=4>

APPENDIX 13: MAMMOGRAPHY SURVEY

What Women Want: Survey Findings Fact Sheet

Survey of more than 3,000 women ages 18 and older

Experiences with Mammography

- More than three-quarters (78%) of women surveyed strongly believe mammograms are important.
- Nearly half (46%) fail to make scheduling a mammogram an annual occurrence.
- Nearly half (47%) report being recalled for further testing at some point after receiving abnormal mammogram results, triggering feelings of fear, stress and sadness.

Real Barriers Exist

- Women cite high cost and lack of insurance as the most significant barriers to mammograms.
- Women report that they must factor non-medical costs, such as travel or childcare, into the time and effort it takes to get a mammogram.
- Secondary barriers such as the ability to get a referral and transportation differ by race and ethnicity.

Knowledge and Motivations

- More than half (64%) of the women surveyed lack an adequate understanding of the benefits of mammography.
- Two-thirds (68%) are unaware or do not believe that the Affordable Care Act requires that health insurance cover preventative services like mammography at no cost-sharing to the patient.
- Over half (56%) of women say their provider's recommendation is the most significant factor in scheduling a mammogram.

What Women Want

- Four in five women agree that access to mammograms that offer better detection and lower their chances of being called back for more testing is important (81% and 82%, respectively).
- Most women (88%) believe that the 3D mammography exam, which offers these benefits, should be covered by insurance.
- Two-thirds (67%) would consider switching insurance companies to a company that offered coverage of superior technology like 3D mammograms.

Source: Society for Women's Health Research. <https://swhr.org/science/swhr-mammography-survey>