ASTRIAHEALTH

2025-2027

LOWER YAKIMA VALLEY

COMMUNITY HEALTH NEEDS ASSESSMENT

ADOPTED BY:

Astria Sunnyside Hospital Board – November 21st, 2024 | **Astria Toppenish Hospital Board – November 26th, 2004**

Table of Contents

1. Introduction 02
2. Our Communities 07
3. Prior CHNA & Accomplishments 14
4. Methodology & Health Equity 17
5. Health Outcomes 21
6. Health Behaviors 25
7. Clinical Care 27
8. The Social Determinants: Social and Economic Factors 32
9. Physical Environment 35
10. Community Convening 38
11. CHNA Priorities & Implementation Strategy 46

Astria Health acknowledges and honors that its hospitals, clinics, and service area are located on the ancestral lands of the people of the fourteen Confederated Tribes and Bands of the Yakama Nation.

ADOPTED BY:

Astria Sunnyside Hospital Board – November 21st, 2024
Astria Toppenish Hospital Board – November 27th, 2024

I. Introduction

About Astria Health

Astria Health (Astria) is headquartered in the agricultural heart of Washington, the beautiful and bountiful Lower Yakima Valley, and is the largest non-profit healthcare system based in Eastern Washington. Committed to sustaining local community healthcare delivery, Astria delivers care throughout the Lower Valley through Astria Sunnyside Hospital, Astria Toppenish Hospital, and its multiple primary and specialty care Astria Health Centers.

Astria's continuum of services includes primary care, incorporating behavioral health and dental; rapid care available without an appointment; inpatient hospital care and emergency services; outpatient specialty care; rehabilitation services; cancer care services; and home health and hospice services.

Astria's focus on equity ensures a commitment to making healthcare and providers accessible, welcoming, and conveniently located in towns and cities throughout the Lower Valley.

Purpose Statement

We cultivate trust, support, mentorship, and gratitude, empowering us to always do the right thing and go beyond the expected.

Our Mission

Providing our communities access to trusted, exceptional healthcare close to home.

Our Vision

Astria Health is a leader in providing innovative rural healthcare solutions with kindness and dignity.

Our Values

- *Integrity*
- *Honesty*
- *Stewardship*
- *Respect*
- *Commitment to Excellence*

Astria Sunnyside Hospital

Sunnyside Community Hospital was founded when Valley Memorial Hospital (which opened in 1946) and Sunnyside General Hospital (which opened in 1962) consolidated in 1986. Since the merger, the Sunnyside hospital has undergone two major expansions: one focused on adding a new labor and delivery wing, a new medical/surgical department, and converting all patient rooms to private; and another on modernizing the Emergency Department. Sunnyside Community Hospital became a Critical Access Hospital (CAH) in 2004. In 2017, the hospital became an affiliate of non-profit Astria Health and was renamed Astria Sunnyside Hospital.

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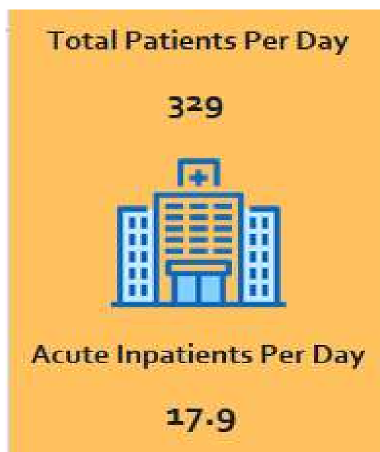
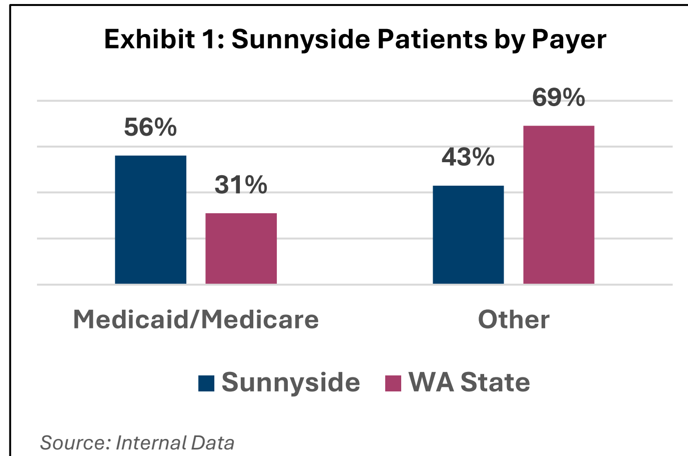
Today, Astria Sunnyside Hospital provides a comprehensive primary care network, as well as inpatient and outpatient specialty services. It operates seven provider-based rural health clinics (RHCs), providing primary care, behavioral health, specialty services, and now dental throughout the region. Understanding that good oral health is vital to overall health outcomes, Astria Sunnyside Hospital's integrated dental program also has a laser focus on equity. It provides outreach and care coordination efforts to the Hispanic, migrant, low-income, Medicaid, and vulnerable senior populations in the community with the specific goals of building trust, improving oral health education, increasing access to care, reducing barriers to treatment, and coordinating resources.



The hospital also offers a 24-hour emergency room, intensive care unit, medical surgical unit, a cardiac catheterization lab, a cancer center, a family birth center, nephrology, surgical services, wound care (including hyperbaric services), and hearing and speech services.

Astria Sunnyside Hospital averages 18 inpatients per day but touches over 300 patients per day through its comprehensive set of services.

As shown in **Exhibit 1**, at 56%, Sunnyside's percentage of Medicaid/Medicare patients is about 80% higher than the average of the other hospitals in the state. Despite such a high rate of public payers, the hospital has continued to maintain a positive total margin that has been reinvested into services.



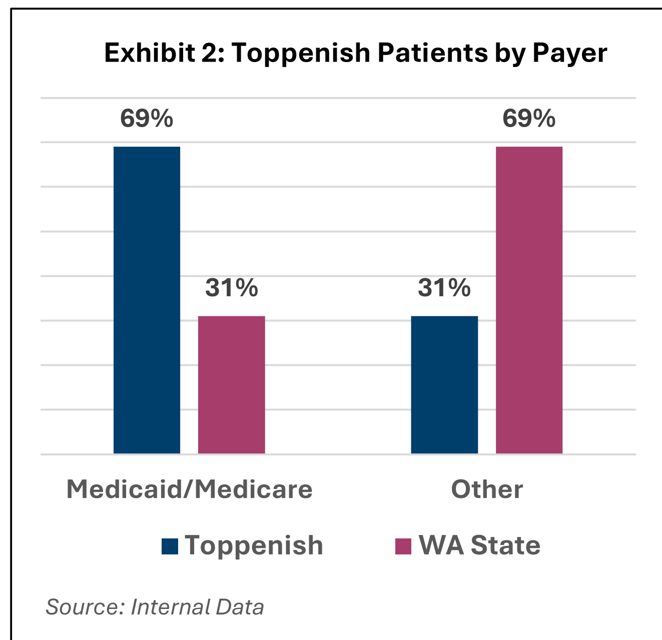
Astria Toppenish Hospital

Toppenish began as Toppenish Community Hospital in 1951. It was part of the Providence system and sold to a for-profit corporation in 2003. Later acquired by Astria Health, the hospital was converted back to not-for-profit status in late 2017 and was renamed Astria Toppenish Hospital in October 2018.

Today, Toppenish is a fully accredited 78-bed community hospital, of which 63 are acute beds and 15 are behavioral health beds. Toppenish is addressing the unique needs of the Toppenish area, including caring for the people living and working on the Yakama Nation lands and in communities throughout the region. Astria Toppenish Hospital provides both inpatient and outpatient services, including physical, occupational, and speech therapies. The hospital's medical services include a 24-hour emergency room, acute care unit, surgical and endoscopy/GI services, a 15-bed psychiatric unit providing a 21-day evaluation and treatment co-occurring psych program, and a 90-day+ civil commitment program. Additionally, Astria Toppenish Hospital provides several outpatient and diagnostic services to reduce unnecessary outmigration.

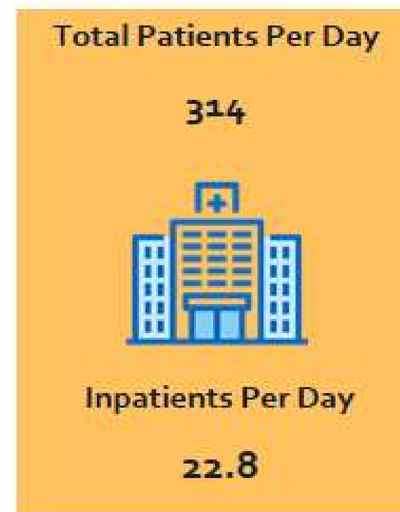
Astria Toppenish Hospital also operates three Medicare-certified rural health clinics (RHCs) that provide integrated primary care and behavioral health services. Based on community need and the successes of Astria Sunnyside Hospital, Astria Toppenish Hospital is in the process of integrating dental services into its primary care settings. The Toppenish hospital also operates a Native American Spiritual Center to provide a place for Native Americans to practice the healing rituals and ceremonies important in their culture.

As shown in **Exhibit 2**, Toppenish's percentage of Medicaid and Medicare patients is more than double the average of the other hospitals in Washington. Because prior owners of Toppenish elected not to seek critical access designation (CAH) for the hospital, it is one of only a handful of rural hospitals in the state that is not a CAH, which allows for enhanced reimbursement for public payers. This has resulted in Toppenish being unable to generate a positive margin from operations. The operating losses, coupled with a decision of the local (non-Astria) clinic to no longer perform births at Toppenish, resulted in the closure of the OB service in 2023.



Astria Toppenish Hospital did receive temporary enhanced Medicaid funding and two distressed hospital grants from the state. The hospital is now focused on expense reduction and program additions that will generate new revenue, including integrating dental services into its primary care rural health clinics and expanding its inpatient psychiatric program. An additional 14-bed psychiatric unit is under construction and is scheduled to open in 2025.

Astria Toppenish Hospital averages 23 inpatients per day (acute and psychiatric) and overall touches 300+ total patients.



The last few years have witnessed several hundred-year events, including a pandemic that disproportionately impacted diverse communities like the Lower Yakima Valley. The disproportionate impact has been attributed to the very high rates of COVID-19 outbreaks in Washington State agriculture and food manufacturing settings, including agricultural, employer-provided housing, produce packing areas, animal production and products settings, and food manufacturing. The close working environment coupled with the fact that agriculture and food manufacturing employees often live, socialize, commute, and work together became the perfect storm for epidemiologically linked congregate setting transmission.

Post-pandemic negative financial impacts to providers, coupled with inflation and loss of workforce, also impacted the Lower Yakima Valley and shone a light on inequities in the Valley. Astria's 2022-2024 CHNA identified several areas of focus to reduce inequities, and their 2023 Strategic Plan placed considerable focus on equity.

This CHNA is being adopted at a time when pending federal policy changes are likely to disrupt the Lower Yakima Valley. Astria is proud to be part of the family-centered Lower Valley along with a network of health, social, educational and civic organizations that are laser focused on caring for and elevating our most vulnerable, underserved, and historically marginalized members. This CHNA reflects the journey of both the Lower Yakima Valley and Astria over the past several years. Astria Health is also proud to identify meaningful progress and is both humbled and prepared for the work that still needs to be done.

The following CHNA report provides an assessment of the data collected, the results of surveying and listening sessions, and outlines the health priorities selected for the 2025-2027 timeframe.

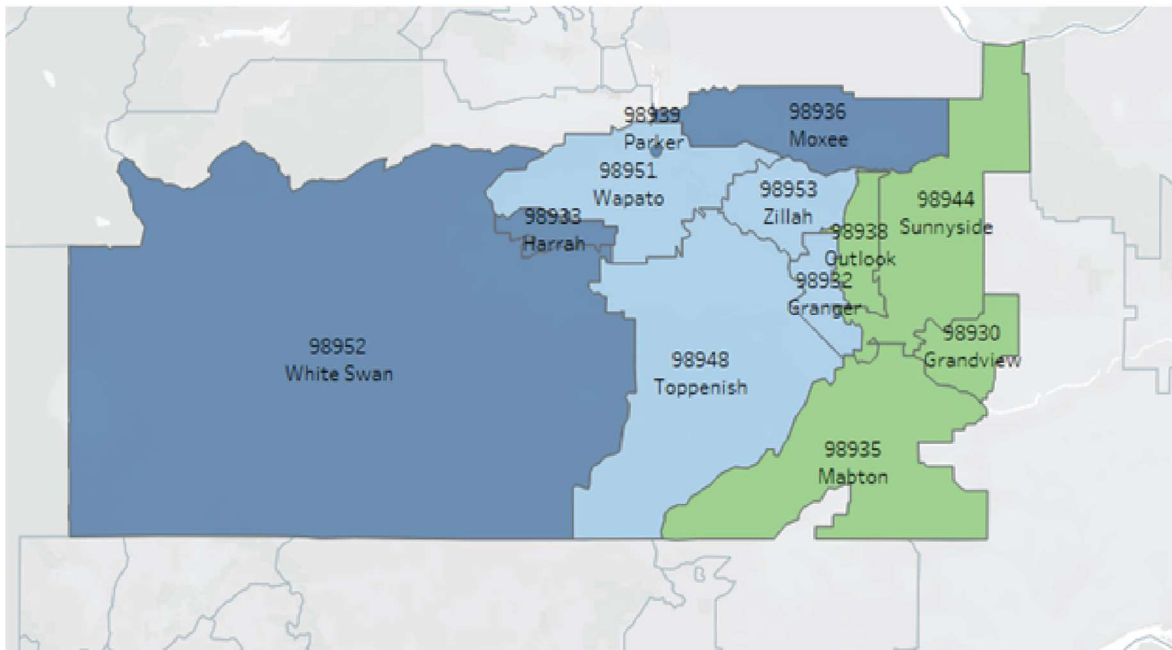
II. Our Communities

Astria Health's Service Area

The primary service area (PSA) for this CHNA is the combined service areas of Sunnyside and Toppenish Hospitals; this area is commonly referred to as the Lower Yakima Valley. Each hospital's individual service area was determined based on actual patient origin data and is mapped in **Exhibit 3**. As it grows its behavioral health programming, an increasing number of Toppenish's patients come from other areas of State; but the focus of this CHNA is on the Lower Valley.

Given its wider array of inpatient and specialty services, Sunnyside Hospital's service area includes the communities of Granger, Toppenish, Wapato, and Zillah, which are also in Toppenish Hospital's service area. Those communities are shown in **Exhibit 3** as overlapping. To protect the integrity of the data analysis, the overlapping communities are not double counted in the population or in any other demographic data presented.

Exhibit 3: Astria Health Service Area*



* *The service area zip code for 98920 (Brownstown) and 98921 (Buena) are PO Boxes. 98920 (Brownstown) is contained within zip code 98933, and 98921 (Buena) is contained within zip code 98953.*

The zip codes and cities that comprise the total service area for this CHNA are listed in **Exhibit 4**. In addition to these zip codes, Astria Health, and specifically Sunnyside, also operate clinics in Prosser, located in adjacent Benton County.

Exhibit 4: Astria Health Service Area		
Zip Code	**Town/City**	**Hospital Service Area**
98944	Sunnyside	Sunnyside
98930	Grandview	Sunnyside
98935	Mabton	Sunnyside
98938	Outlook	Sunnyside
98948	Toppenish	Toppenish/Sunnyside
98951	Wapato	Toppenish/Sunnyside
98953	Zillah	Toppenish/Sunnyside
98932	Granger	Toppenish/Sunnyside
98952	White Swan	Toppenish
98933	Harrah	Toppenish
98921	Buena	Toppenish
98920	Brownstown	Toppenish
98939	Parker	Toppenish
98936	Moxee	Toppenish

Astria Health Population

Exhibit 5 details the Astria Health service area population. As shown, the population of Lower Yakima Valley is younger and more diverse than that of Washington State. The Lower Valley's population grew 2.2% between 2010 and 2020, to almost 95,000 residents. The Service Area's 0-64 population declined by -0.7% between 2010 and 2020, and a -1.1% decline is expected to continue through 2030. The 0-65 cohort is still projected to remain significantly younger than the state (88% vs. 82%) in 2025. The 65+ population grew over 33% between 2010 and 2020, and is expected to grow another 8.5% by 2030, to be about 13% of the service area population.

The Lower Yakima Valley is highly diverse. The Hispanic population represents over 74% of the total population in 2025 (compared to 16% statewide). The service area also encompasses part of the Yakama Nation, and over 9% of the population is American Indian (compared to just under 1% statewide).

Exhibit 5: Astria Health Service Area Demographic Data										
	2010	2020	% of Tot. Pop.	%Chg., 2010-2020	2025 Est.	% of Tot. Pop.	% Chg., 2020-2025	2030 Proj.	% of Tot. Pop.	% Chg., 2025-2030
Tot. Pop.	**92,492**	**94,544**	**100.0%**	**2.2%**	**93,505**	**100.0%**	**-1.1%**	**93,502**	**100.0%**	**0.0%**
Pop. by Age										
Tot. 0-64	84,538	83,951	88.8%	-0.7%	82,636	88.4%	-1.6%	81,709	87.4%	-1.1%
Tot. 65+	7,954	10,593	11.2%	33.2%	10,869	11.6%	2.6%	11,793	12.6%	8.5%
Hispanic	59,965	65,272	69.0%	8.9%	68,594	73.4%	5.1%	72,546	77.6%	5.8%
African American	470	336	0.4%	-28.5%	348	0.4%	3.6%	371	0.4%	6.6%
Asian	64	81	0.1%	26.6%	91	0.1%	12.3%	101	0.1%	11.0%
Native American	7,883	9,444	10.0%	19.8%	8,834	9.4%	-6.5%	8,260	8.8%	-6.5%
Source: Claritas, 2024										

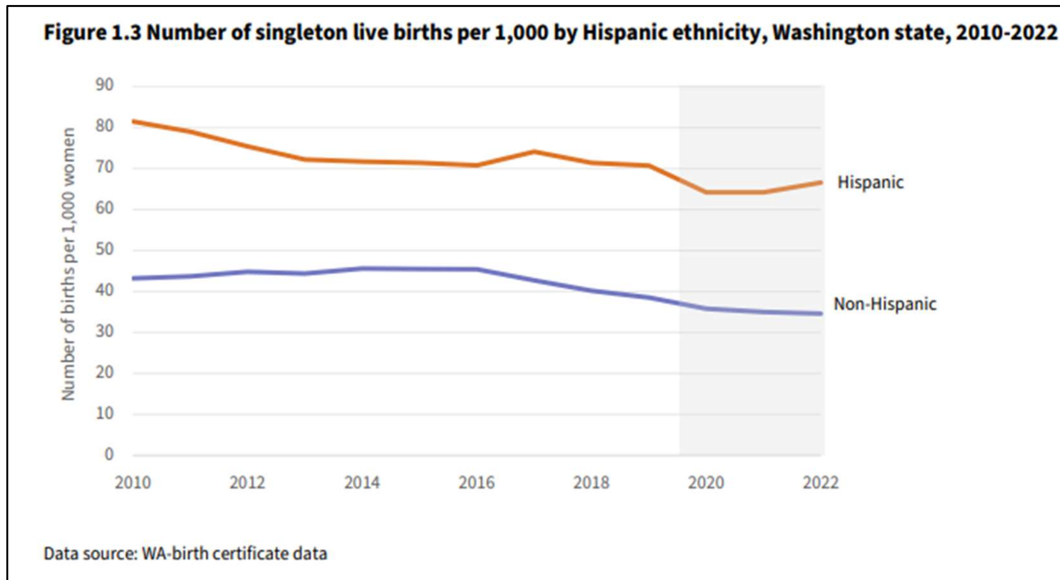
The population change identified in **Exhibit 5** above is lower than what has been previously reported, and while these estimates may prove to be conservative, they are due to several factors, including:

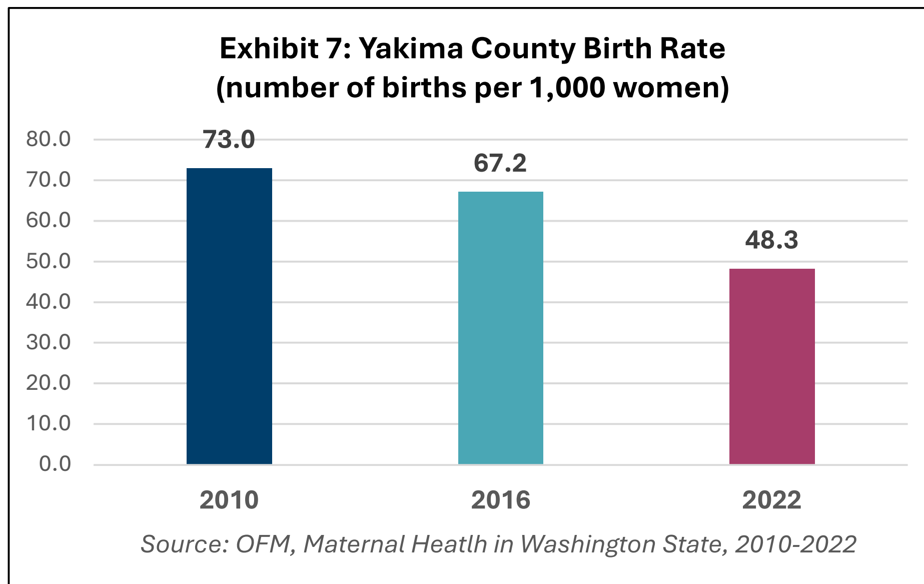
- COVID-based impacts delayed the release of actual 2020 Census data until May of 2023. In the absence of the census data, most demographers continued trendlines using 2010 as a baseline. After incorporating actual 2020 census for Yakima County, demography firms which produce data at the zip code level revised downward their population estimates about 2.5% lower than previous projections. A report published by the US Census noted that, despite achieving an accurate overall estimate of the population, the 2020 census suffered from significant undercounts of racial and ethnic minorities. More specifically, there was a 3.30% undercount of the Black population, 4.99% undercount of the Latino population, and 5.64% undercount for American Indian/Alaskan Native populations who live on reservations or tribal lands. The Latino undercount in 2020 is three times the 1.54% undercount in 2010, a statistically significant difference.[1]

[1]https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html

- Birth rates have declined nationally over the past decade and a 2024 report from the State's Office of Financial Management shows Washington State's overall birth rate has declined approximately 41% between 2010 and 2022.[2] **Exhibit 6** shows the decline in non-Hispanic relative to Hispanic births in Washington State, while **Exhibit 7** shows the magnitude of the overall decrease in Yakima County, where the overall County birth rate has fallen 34% since 2010.

Exhibit 6: Singleton Live Births per 1,000 by Hispanic Ethnicity





[2] WA State OFM, *Maternal Health in Washington State, 2010-2022*

- Additionally, after years of increases, there is a recent downward trend in foreign worker H-2A Visas, particularly as relates to the agricultural sector. According to the Washington State Employee Security Department, there were 2,000 fewer foreign workers in Washington in 2024 than there were in 2023. Yakima, specifically, had 24% fewer H-2A foreign workers in that same period.

Exhibits 8-10 identify that negative growth through 2025 is evident across both hospital service areas. By 2030, Sunnyside is expecting small gains in growth (0.3%), while Toppenish is expected to lose 0.3%, and flat growth overall is projected for the combined service areas.

Exhibit 8: Sunnyside Service Area Population										
	2010	2020	% of Tot Pop.	% Chg. 2010-2020	2025 Est.	% of Tot Pop	% Chg. 2020-2025	2030 Proj.	% of Tot Pop.	% Chg. 2025-2030
Tot. Pop.	**43,750**	**44,067**	**100.0%**	**0.7%**	**43,770**	**100.0%**	**-0.7%**	**43,912**	**100.0%**	**0.3%**
Pop. By Age:										
0-17	15,887	14,642	33.2%	-7.8%	13,909	31.8%	-5.0%	13,054	29.7%	-6.1%
18-44	16,001	15,843	36.0%	-1.0%	16,389	37.4%	3.4%	16,856	38.4%	2.8%
45-64	8,011	8,761	19.9%	9.4%	8,532	19.5%	-2.6%	8,697	19.8%	1.9%
Tot. 0-64	39,899	39,246	89.1%	-1.6%	38,830	88.7%	-1.1%	38,607	87.9%	-0.6%
Tot. 65 +	3,851	4,821	10.9%	25.2%	4,940	11.3%	2.5%	5,305	12.1%	7.4%
Source: Claritas, 2024										

Sunnyside Service Area Population Demographics (Exhibit 8):

- The 0-64 cohort is 89% of the population in 2025, compared to 82% in Washington. The 0-64 cohort declined -1.6% between 2010 and 2020 and is projected to decline another -0.6% by 2030.

- The 65+ cohort is 11% of the population, compared to 18% in Washington and grew over 25% between 2010 and 2020 and is projected to grow an additional 7.4% by 2030.

Toppenish Service Area Population Demographics (Exhibit 9):

- The 0-64 cohort is 88% of the population in 2025, compared to 82% in Washington. The 0-64 cohort had just 0.1% growth between 2010 and 2020 and is projected to decline -1.6% by 2030.
- The 65+ cohort is 11% of the population, compared to 18% in Washington and grew over 25% between 2010 and 2020 and is projected to grow an additional 7.4% by 2030.

Exhibit 9: Toppenish Service Area Population										
	2010	2020	% of Tot Pop.	% Chg. 2010-2020	2025 Est.	% of Tot Pop	% Chg. 2020-2025	2030 Proj.	% of Tot Pop.	% Chg. 2025-2030
Tot. Pop.	**48,742**	**50,477**	**100.0%**	**3.6%**	**49,735**	**100.0%**	**-1.5%**	**49,590**	**100.0%**	**-0.3%**
Pop. By Age:										
0-17	16,919	15,682	31.1%	-7.3%	15,002	30.2%	-4.3%	14,018	28.3%	-6.6%
18-44	17,627	18,250	36.2%	3.5%	18,642	37.5%	2.1%	18,951	38.2%	1.7%
45-64	10,093	10,773	21.3%	6.7%	10,162	20.4%	-5.7%	10,133	20.4%	-0.3%
Tot. 0-64	44,639	44,705	88.6%	0.1%	43,806	88.1%	-2.0%	43,102	86.9%	-1.6%
Tot. 65 +	4,103	5,772	11.4%	40.7%	5,929	11.9%	2.7%	6,488	13.1%	9.4%
Source: *Claritas, 2024*										

Exhibit 10 demonstrates that in 2025, both hospital service areas are significantly younger than the overall population of the state. **Approximately 31% of the combined service area residents are under the age of 18, compared to 21% statewide. Conversely, just over 11% of combined service area residents are aged 65+, compared to 18% statewide.**

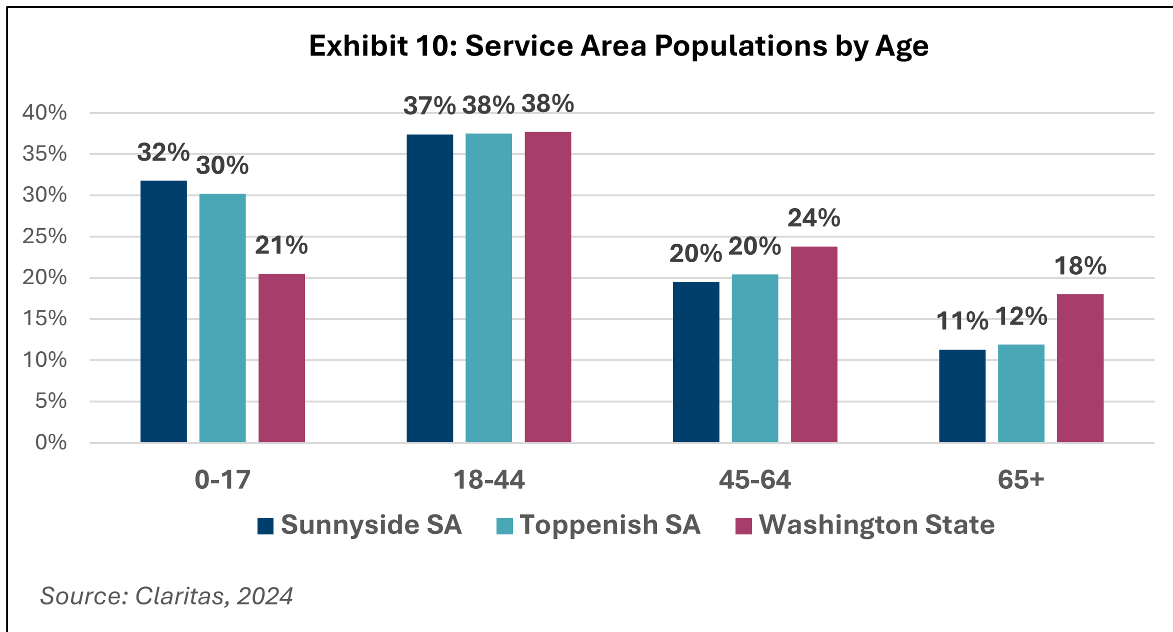


Exhibit 11 shows the hospital service area populations by selected race/ethnicity.

- The **Sunnyside** service area is 84% Hispanic, compared to 16% in Washington State. The **Hispanic population is expected to grow 4.6% by 2030 to be just over 87% of the population**.
- The **Sunnyside** service area population is 2.7% American Indian, compared to 2% in Washington State. The American Indian population is expected to grow 5.2 % by 2030 to be 2.8% of the population.
- The **Toppenish** service area is 64% Hispanic, compared to 16% in Washington State. The **Hispanic population is expected to grow 7% by 2030 to be 69% of the population.**
- The **Toppenish service area, which encompasses part of the Yakama Nation, is over 15% American Indian, compared to less 2% in Washington State**. The American Indian population is expected to decline 8.3% by 2030 to be 14.2% of the population.

Exhibit 11: Estimated 2025 Population by Selected Race/Ethnicity

	Sunnyside SA		Toppenish SA		Washington State	
Hispanic	36,614	84%	31,980	64%	1,218,178	16%
American Indian/ Alaska Native	1,174	2.7%	7,660	15%	67,829	0.9%

Source: Claritas, 2024

III. Prior CHNA Accomplishments

Astria Health's most recent CHNA was completed and adopted by each hospital's respective Board in 2021. Based on collected data and the community convening process conducted as part of that work, both Sunnyside and Toppenish established the same key three priorities of focus for 2022-2024.

The following tables highlight specific accomplishments made on the selected priorities over the last three years.

Sunnyside and Toppenish Hospitals Key Priorities of Focus for 2022-2024

1. **Increase access to behavioral health and substance abuse services.**
2. **Improve access to care (primary and specialty)**
3. **Address social determinants of health.**

#1 INCREASE ACCESS TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Implementation Strategy	**2022-2024 Progress / Accomplishments**
Continue efforts to integrate and co-locate Primary Care and Behavioral Health.	▪ Behavioral Health services are now integrated into six of Astria's rural health clinics. ▪ Hired three (3) Psychiatric Mental Health Nurse Practitioners.
Increase compliance with annual wellness visits for current patient panel to ensure standardized behavioral health screenings are completed.	▪ Enhanced focus on the completion of annual wellness visits for our primary care patients including providing additional training to providers. ▪ More than doubled the percentage of patients receiving annual wellness exams from 12% to 29%.
Increase compliance with standardized behavioral health screenings (at wellness visits for current clinic patient panels and for acute care and emergency visits) and ensure patients are referred to appropriate services.	▪ Reported the number of patients that are receiving a PHQ depression screening to our Accountable Community of Health (ACH). ▪ Provided PHQ depression screening to 40% of primary care patients. ▪ Reduced the percentage of patients with depression with closure in care gaps from 84% to 61%.
Coordinate with Yakama Nation Primary Care and Behavioral Health/Substance Abuse Disorder providers.	▪ Developed Rapid Care services in Toppenish to reduce the number of costly ED visits occurring after hours. ▪ Made arrangement with the Yakama Nation to provide afterhours care for its members at the Toppenish Rapid Care clinic.
Expand the inpatient behavioral health program at Astria Toppenish Hospital.	▪ Received grant funding and contracted with the Washington Department of Commerce to add 14 inpatient behavioral health beds at Toppenish, with expected completion in summer 2025. ▪ Hired a part-time Medical Director and two Psychiatric Mental Health Nurse Practitioners (PMHNP) for the Inpatient Behavioral Health Unit.

#2 IMPROVE ACCESS TO CARE (PRIMARY AND SPECIALTY).	
Implementation Strategy	**2022-2024 Progress / Accomplishments**
Develop a comprehensive program for discharge planning focused on connecting high-risk patients to primary care providers and community resources.	▪ Trained patient access staff to schedule appointments for Astria Health Center primary care providers. ▪ All emergency room patients without a primary care provider are discharged with a primary care appointment.
Improve the system for identification and treatment of chronic diseases by continuing/expanding strategies developed through Greater Columbia ACH.	▪ Reported to the ACH the percentage of patients that are receiving care management services. ▪ Increased the percentage of qualifying patients receiving care management services from 5% to 34%. ▪ Reduced the percentage of patients with depression with closure in care gaps from 84% to 61% and those with diabetes from 83% to 74%.
Participate in community outreach events to identify community members at risk of chronic diseases and connect them to primary care providers.	▪ Provided education on the importance of having a primary care provider and provided opportunities to schedule appointments and establish care at events in Sunnyside, Toppenish and Zillah, and at Pacific Northwest University's Run for Life Event.
Implement integrated dental services in Rural Health Clinics.	▪ Expanded dental outreach to school districts and Inspire Development Centers throughout the Yakima Valley ▪ Provided dental care to patients in the Sunnyside, Granger, and East Valley school districts. ▪ Increased annual dental visits from just over 2,000 to over 7,000, and recruited a full-time dental hygienist, two (2) part-time dental hygienists, and an additional full-time dentist. ▪ Integrating dental services into the Zillah clinic in 2025.
Recruit additional primary care providers to the community.	Recruited the following primary care providers : ▪ 1 Pediatrician ▪ 5 Family Practice Nurse Practitioners ▪ 1 Doctor of Osteopathic Medicine, ▪ 2 Advanced Registered Nurse Practitioners ▪ 2 Physicians ▪ 1 Physician Assistant
Recruit additional specialty providers to the community.	Recruited the following new specialty providers: ENT, Urology, Occupational Medicine, Hematology/Oncology, Endocrinology Gastroenterology, OB/GYN, General Surgery, and supporting specialty ARNPs.
Expand endoscopy services through Astria Toppenish Hospital.	Remodeled a nursing unit into a gastroenterology suite at Toppenish and recruited additional providers to support the service.
Provide expanded surgical services at Astria Toppenish Hospital.	Contracted with Rural Physician Group for the provision of a 24-hour General Surgery program at Toppenish, providing Toppenish 24/7 on-call coverage for the first time in over a decade.

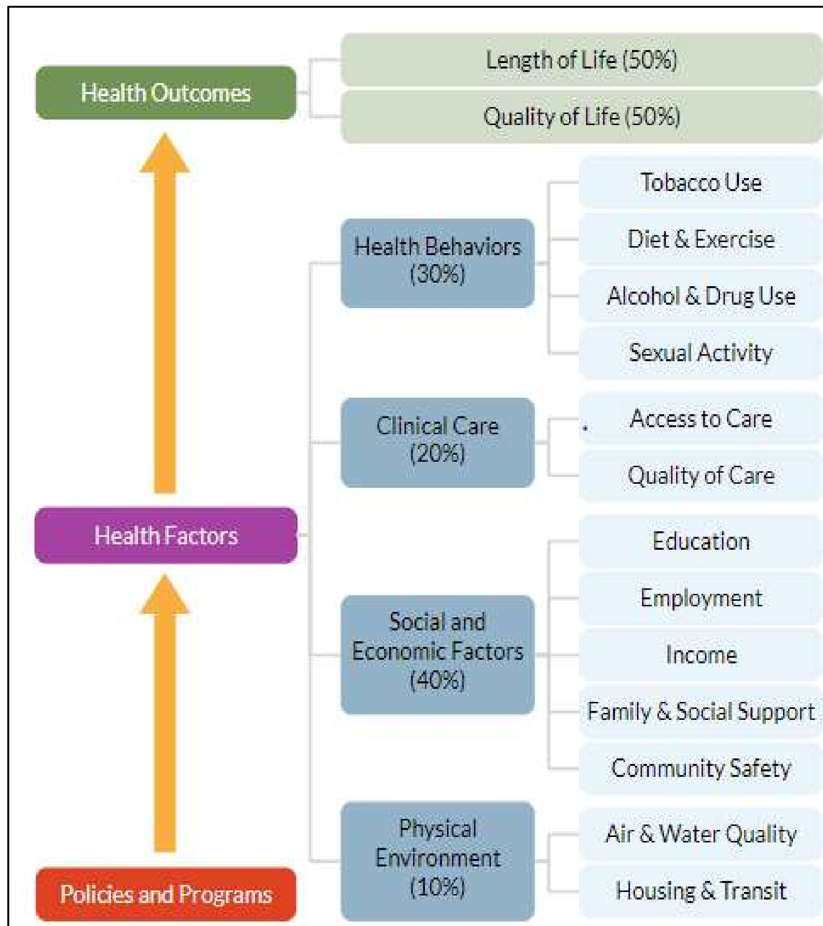
# 3 ADDRESS SOCIAL DETERMINANTS OF HEALTH	
Implementation Strategy	**2022-2024 Progress / Accomplishments**
Develop a list of community resources addressing social determinants of health and establish formal system for collaboration	▪ Sponsored American Red Cross blood drives in Sunnyside and Toppenish. ▪ Supported Sunnyside, Zillah and Granger High School and Yakama Nation Tribal School sports ▪ Partnered with Educational Services District 105 to provide increased access to mental health services to students. ▪ Participated in firearm safety awareness program for area children (AHCs, ATH ED, ASH ED) ▪ Provided Naloxone and drug education to Sunnyside and Toppenish police. ▪ Held all-staff food drive to support area food banks ▪ Supported Toppenish School District children in need through a book and toy drive. ▪ Co-sponsored a National Night Out with the local police in Grandview and Sunnyside. ▪ Participated in Domestic Violence Awareness and Suicide Awareness events. ▪ Participated in the Safe Yakima Coalition to reduce substance use among youth. ▪ Collaborated with Catholic Family Charity to collect and distribute coats to school-age children across the Yakima Valley.
Establish a system for screening patients for assistance with social determinants of health (SDOH) and establish a community referral system	▪ Launched SDOH screening system at Sunnyside and Toppenish to gather data on housing instability, transportation needs, utility difficulties, and interpersonal safety. ▪ Screened 66% of eligible patients at Toppenish and 47% at Sunnyside. ▪ Launched project to generate SDOH key indicator reports within the ED to reveal the impact of SDOH f and inform our decisions regarding best practices and patient needs.
Partner with the community to increase affordable housing options	• Sunnyside sold a property at reduced cost to Catholic Charities for the development of affordable housing.

IV. Methodology & Health Equity

Methodology

The Robert Wood Johnson Foundation's (RWJ) Health Rankings Model, shown in **Exhibit 12**, was used to organize the work of this CHNA. This model emphasizes the many factors in population health that, if improved, can help make communities healthier places to live, learn, work, and play.

Exhibit 12: County Health Rankings



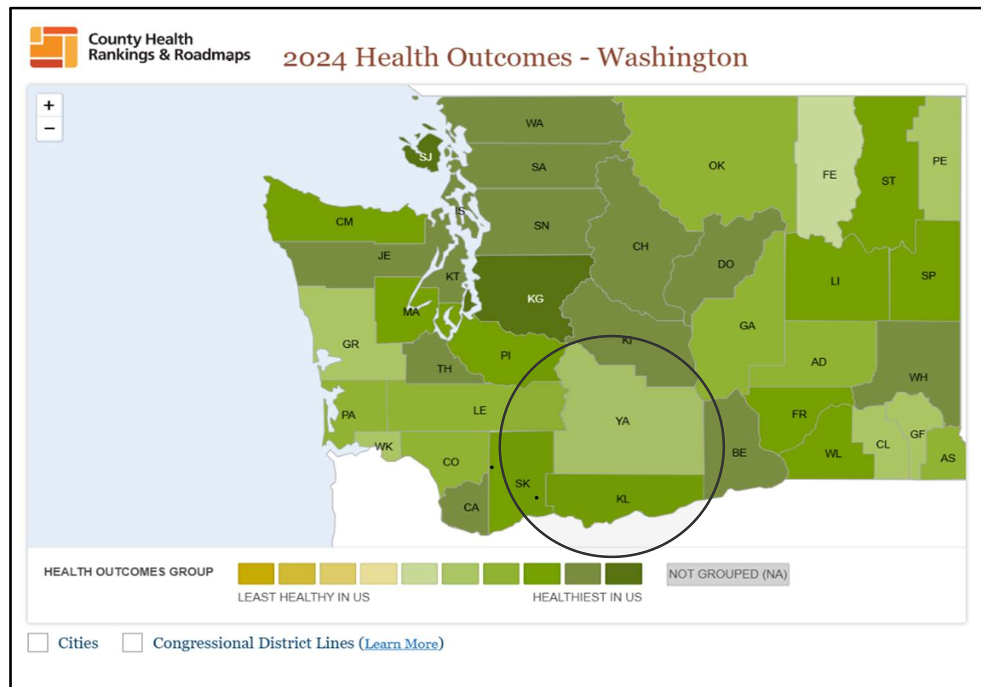
Source: RWJ Foundation, 2024

In the Health Rankings Model, the current health of a community is referred to as **health outcomes** and is calculated by rates of mortality (premature death) and morbidity (chronic diseases). In turn, these health outcomes are influenced by **health factors** in a community, ranked by the calculation of various health behaviors, clinical care measures, social and economic factors, and measures of the physical environment.

Prior to 2024, the RWJ County Health Rankings compared and ranked each county within a given state on more than 30 factors relative to the health of other counties in that state. Beginning in 2024, RWJ County Health Rankings have shifted away from numerical rankings to a scaled approach. Counties in a state are now represented by a dot, shaded a certain color, and placed on a decile scale from least healthy to most healthy in the nation. The new visual tool shows where a county falls on a continuum of health compared to the least healthy and most healthy counties at the national and state level. In the maps below, darker colored areas indicate populations with healthier rankings.

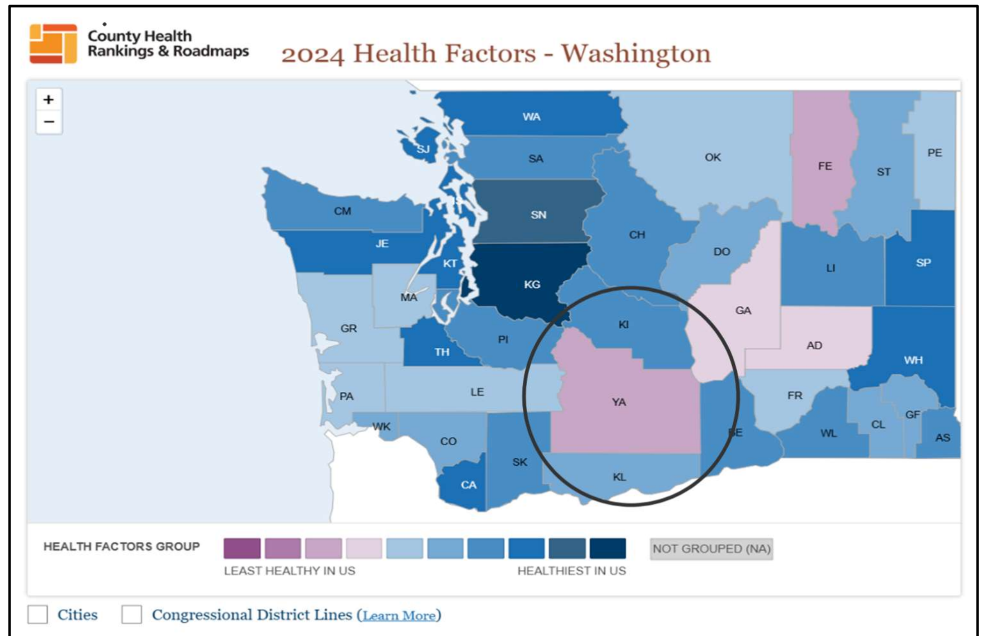
Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. **Exhibit 13** indicates that Yakima County falls below the median in terms of health outcomes, from least to most healthy relative to other Washington Counties.

Exhibit 13: Health Outcomes by County, Washington State



Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities. Examples include tobacco and substance use, housing, access to care, and employment. **Exhibit 14** indicates where Yakima County falls in terms of health factors, from least healthy to most healthy, relative to other Washington counties. As with health outcomes, data again shows that Yakima County is less healthy than most other counties in the state.

Exhibit 14: Health Factors, Washington State, by County



Health Equity

The Robert Wood Johnson Foundation defines health equity as the condition where **everyone has a fair and just opportunity to be as healthy as possible**. For the purposes of measurement, this means **reducing and ultimately eliminating the disparities in health and its determinants** that adversely affect excluded or marginalized groups.

According to the U.S. Department of Health and Human Services' (DHHS) Healthy People 2030 initiative, social determinants of health (SDOH) are conditions in the environment that affect a wide range of health, functionality, and quality of life outcomes and risks. Exhibit 15 shows the five broad groupings of the social determinants of health.

Exhibit 15

ASTRIA HEALTH
2023 STRATEGIC PLAN GOALS
A FOCUS ON EQUITY

- Prepare our managers to lead with compassion and an understanding of how racial, ethnic, sexual, religious, and other inequities and biases can impact the delivery and receipt of reliable, quality patient care.
- Integrate our organizational culture, management philosophy and tools, and fundamentals of quality and equitable patient care into orientation and ongoing training.
- Design care transitions aimed at producing whole-person reliable, coordinated care for patients throughout the healthcare system and reinforcing our commitment to health equity in our communities.
- Develop systems to quickly identify and address patient health inequities, including health-related social needs, mental health, and addiction services.
- Cultivate relationships with community partners to broaden our understanding of the communities we serve and ensuring equitable access to high-quality care for all residents.
- Improve our understanding of health equity, diversity, and inclusion within our patient population by developing data measurement and quality reporting systems.
- Continuously integrate and shape our patient care service delivery model based on organizational learning from health equity data and community input and discussions.
- Ensure leaders, board members, and employees understand, track, and prioritize the community's health equity needs.
- Develop and prioritize a long-term community engagement strategy to address health equity in partnership with key stakeholders in the service area.

Also, according to Healthy People 2030, examples of SDOH with major impacts on individual, group, and community health include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

The Healthy People 2030 initiative, the RWJ County Health Ranking framework, and the CHNA process all note that "promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments" (Healthy People 2030).

It is in that context that the remaining sections of this CHNA provide in-depth data aligning RWJ Health Outcomes and Factors measures with the Healthy People 2030 public health priorities to help individuals, organizations, and communities across the United States improve overall health and well-being.

Informally for years, and formally since the Board's 2023 adoption of Astria's current strategic plan, Astria's commitment to advancing health equity through training and engagement and collection, analysis and use of data to improve care delivery and the patient experience has been explicit. Astria's strategic plan's goals identified in the text box to the right demonstrate this strong commitment to health equity.

Both primary and secondary data collection were used to determine the general health of Yakima County and the service area. In addition to RWJ, data from several federal and state-level sources were used to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the region.

Specific data sources included:

- Robert Wood Johnson County Health Rankings
- American Community Survey (ACS)
- U.S. Census Bureau
- UDS Mapper HRSA Data Warehouse
- Claritas Population Data
- Washington State Department of Health, Center for Vital Statistics
- University of Washington, Addictions, Drug & Alcohol Institute
- DHHS, Office of the Assistant Secretary for Planning and Evaluation
- United for ALICE
- Centers for Disease Control
- Yakima County CHIP
- Community Listening Sessions
- Convening Survey Data

When possible, data was analyzed at the sub-county (Lower Valley) and individual hospital service area level (service area). Where sub-county data was unavailable, it is reported at the county level. Additionally, during this CHNA, Astria reached out to other county and community organizations, undertook a community survey process to assess, identify, and prioritize community needs across the county, and conducted a number of in-person listening sessions. Detailed outcomes from community engagement are presented and discussed in the **Community Convening** section of this CHNA.

V. Health Outcomes

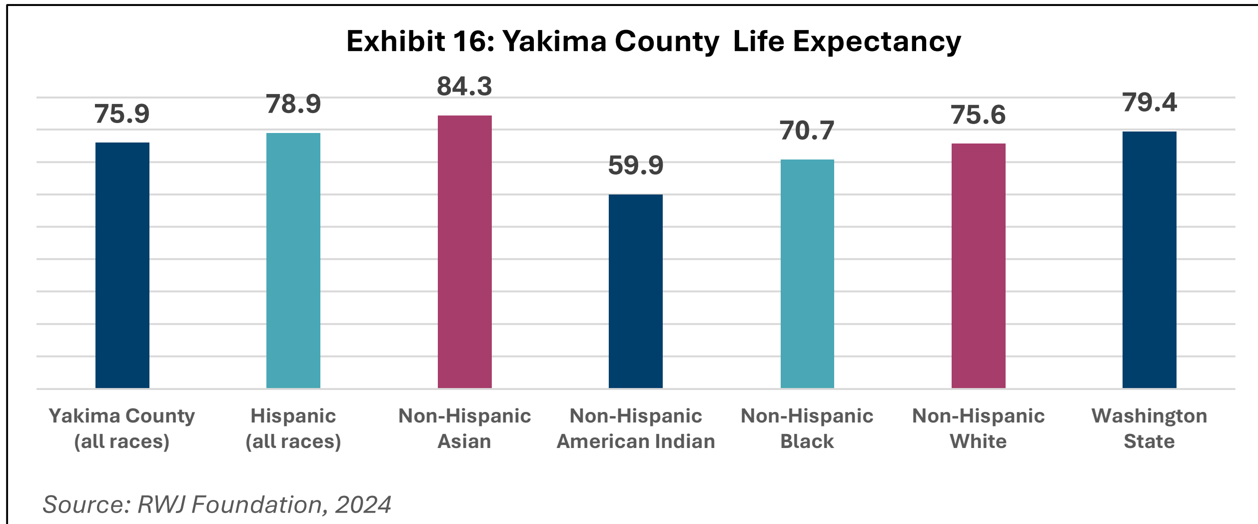
Health outcomes reflect the physical and mental well-being of residents within a community through measures representing both length and quality of life. Health outcomes are influenced by many factors, from the quality of medical care received to the availability of good jobs, clean water, and affordable housing. There are significant differences in health outcomes according to where people live, how much money they make, and their race and ethnicity, among other characteristics.

Length of Life

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

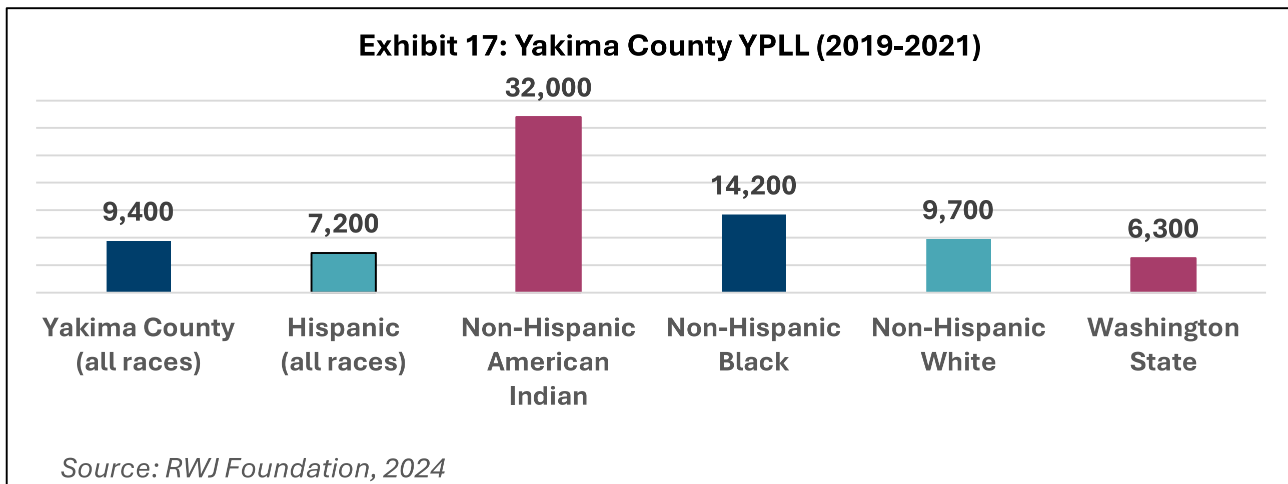
Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing comparison across counties with different population sizes.

As seen in **Exhibit 16**, Yakima County (this data is not available below the County level) fares worse than Washington State on life expectancy, and when disaggregated by race and ethnicity, health dipartites emerge. While Hispanic and Asian residents fare better than the county or state, American Indian and Black residents fare significantly worse, with American Indian residents experiencing a life expectancy of 16 fewer years as compared to the county.



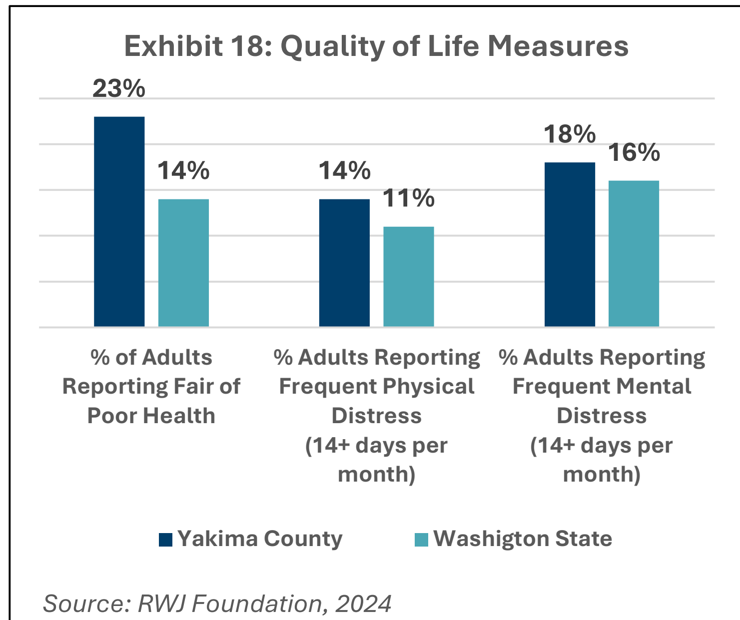
Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people. As identified in **Exhibit 17**, Yakima County has almost 50% more years of potential lost life than the state. Disaggregating by race again highlights significant health disparities, with American Indian residents representing 240% more YPLL and Black residents representing 50% greater YPLL than the county overall.



Quality of Life

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

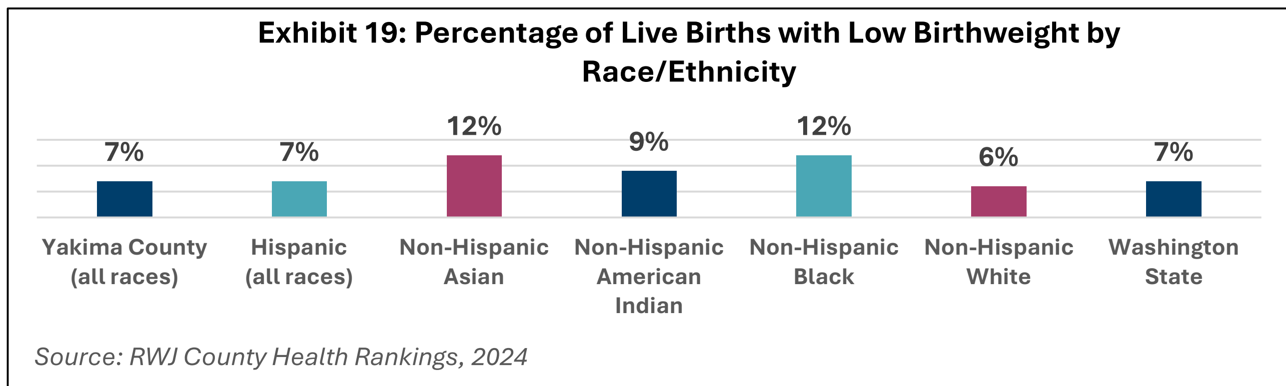


RWJ's Quality of Life measures include adults self-reporting fair or poor health and frequent physical or mental distress (14+ days per month. As seen in **Exhibit 18**, Yakima County fares worse than the State on each of these quality-of-life measures.

RWJ's Quality of Life measures also include low birthweight as a percentage of live births. Low birthweight is used to assess maternal health, nutrition, healthcare delivery, and poverty.

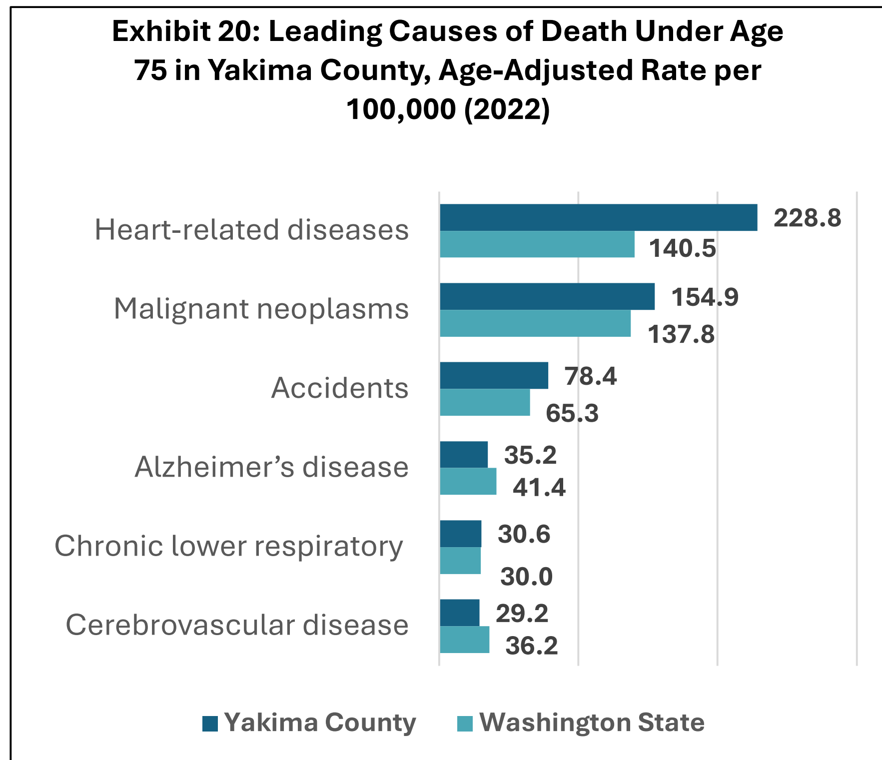
Infants born with low birthweight have approximately 20 times greater chance of dying than those with normal birthweight, and those infants who survive may face adverse health outcomes such as impaired language development and chronic conditions (e.g., obesity, diabetes, cardiovascular disease) during adulthood.

While the Yakima County's overall low birthweight percentage is consistent with Washington State, disaggregated data in **Exhibit 19** demonstrates racial/ethnic disparities, with higher percentages of low-birthweight babies among the Asian, American Indian, and Black populations than the White population.



Causes of Death

Leading causes of death are widely used as an indicator of a population's overall health status and ranking causes of death in a community is a useful tool for illustrating the relative burden of cause-specific mortality. **Exhibit 20** identifies the leading causes of death in 2022 for those under the age of 75 in Yakima County.



Yakima County fares worse (higher rates of death) than the state average for 3 of the 5 leading causes of premature death, with deaths for heart-related diseases. over 60% higher than the state. and deaths from cancer 12%. Risks for each of these diseases can be reduced through controlling key risk factors (including smoking, obesity, lack of exercise). Importantly, Yakima County also fares worth in accidental deaths, with rates 20% higher than the state.

Key Health Outcomes Takeaways

- **Yakima County fares worse than the State on life expectancy**, and when disaggregated by race and ethnicity, health dipartites emerge. In particular, **American Indian residents experience a life expectancy of 16 fewer years as compared to the county at large.**
- Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. **Yakima County in total has almost 50% more years of potential lost life than the state.** Disaggregating by race again highlights health disparities, with **American Indian residents experiencing a much higher rate of YPLL.**
- **Yakima County also fares worse than the State** on several quality-of-life measures including self-reported **frequent mental and physical distress.**

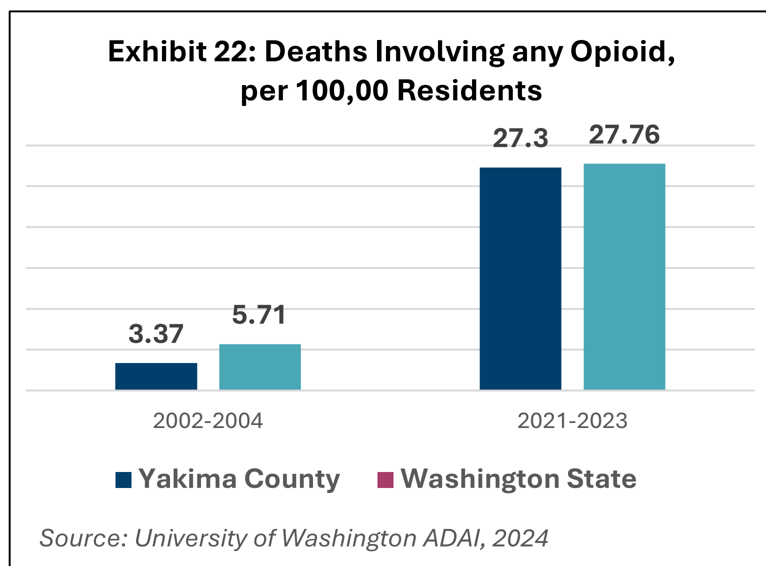
VI. Health Behaviors

Health behaviors are actions individuals take that impact their health. These include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking or excessive alcohol intake. **Exhibit 21** shows that Yakima County generally fares significantly worse than the state across multiple health behaviors.

Exhibit 21: Health Behaviors		
	Yakima County	WA State
Adult Smoking: Percentage of adults who are current smokers	**16%**	**11%**
Adult Obesity: % of pop. 18+ that report a BMI ≥ 30kg/m2	**40%**	**29%**
Excessive Drinking: % of adults reporting binge or heavy drinking	**16%**	**18%**
Alcohol-Impaired Driving Deaths: % of driving deaths involving alcohol	**39%**	**32%**
Drug Overdose Deaths: # of drug overdose deaths per 100,000 residents	**29**	**23**
Source: RWJ Foundation, 2024		

Excessive alcohol consumption (binge drinking, heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weaking of the immune system. Alcohol-impaired driving deaths significantly contribute to unintentional injuries (the only top cause of death in the county that is not directly related to chronic disease). As shown in **Exhibit 21**, almost 40% of all traffic-related deaths in the county involve alcohol.

Drug overdoses and opioid misuse mark a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from prescription and illicit opioids in Yakima County have increased sharply since 2002. Washington State has experienced a similar trend. As shown in **Exhibit 22**, the University of Washington's Addictions, Drug & Alcohol Institute research compared all opioid death rates between 2002-2004 and 2021-2023.



Source: University of Washington ADAI, 2024

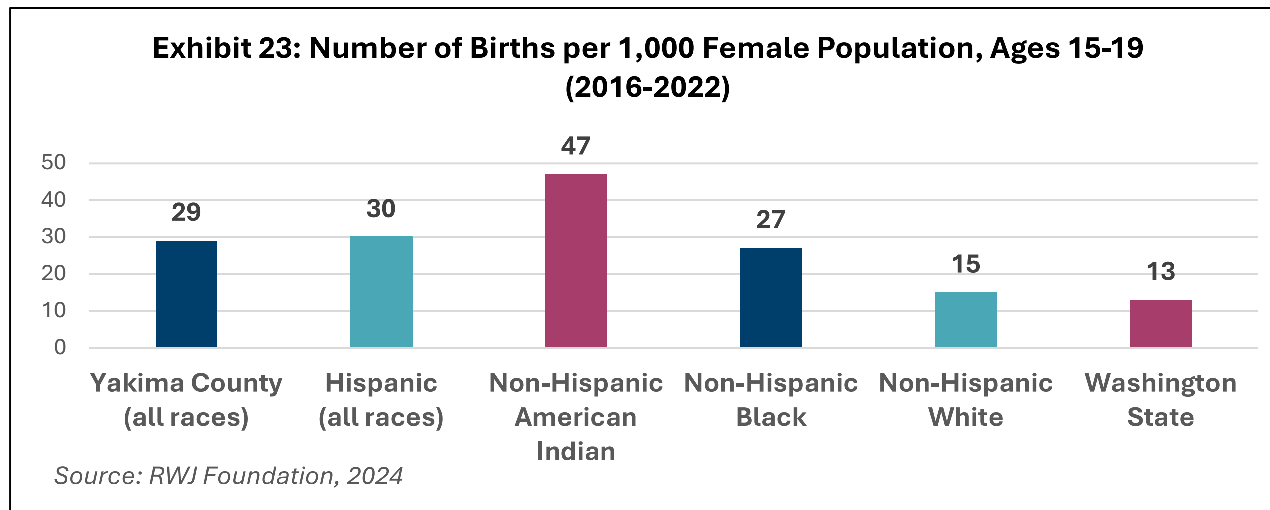
Washington experienced a staggering 386% increase in opioid deaths per 100,000 residents (from 5.71 to 27.76) between the two points in time. Yakima County fared worse, with an astonishing 711% increase in opioid deaths per 100,000 (from 3.37 to 27.3) in the same time frame.

Teen Pregnancy

According to the CDC, the U.S. teen birth rate has been on the decline since 1991. However, U.S. teen birth rates are still higher than in other high-income countries and vary greatly among racial, ethnic, geographic, and socioeconomic groups within and across states. Recent research recognizes that pregnancy and childbirth have significant impacts on the educational outcomes of parents. The CDC reports that children born to teen mothers are more likely to:

- Have a higher risk for low birthweight and infant mortality.
- Have lower levels of emotional support and cognitive stimulation.
- Have fewer skills and be less prepared to learn in kindergarten.
- Have behavioral problems and chronic medical conditions.
- Rely more heavily on publicly-funded healthcare.
- Have higher rates of foster care placement.
- Be incarcerated sometime time during adolescence.
- Give birth as a teen.
- Be unemployed or underemployed as a young adult.

Exhibit 23 shows the number of teen births per 1,000 population of 15- to 19-year-old females is 123% higher in Yakima County than in Washington State. Disaggregated rates for American Indian residents are 62% higher than the County average.



Key Health Behaviors Takeaways

- In the County, **deaths for heart-related diseases are over 60% higher than in the state and deaths from cancer are 12% higher**. Risks for each of these diseases can be reduced through controlling key risk factors (including smoking, obesity, lack of exercise).
- Comparing all opioid death rates between 2002-2004 and 2021-2023. **Washington experienced a 386% increase in opioid deaths per 100,000 residents** (from 5.71 to 27.76) between the two points in time. **Yakima County fared worse, with an astonishing 711% increase in opioid deaths per 100,000** (from 3.37 to 27.3) in the same time frame.

VII. Clinical Care

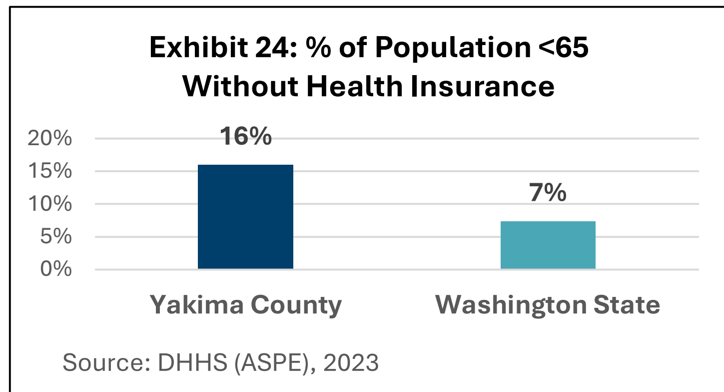
Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care needs in a community helps in understanding how the community can improve the health of its neighbors.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability and affordability of health insurance are considered key drivers of health status. Health insurance coverage helps patients get into the healthcare system. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services.



Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor health status.

Exhibit 24 illustrates that, in 2023, the Yakima County rate of uninsured non-elderly adults (under age 65) was 129% higher than the state's uninsured rate. One important factor reflected in uninsured rates is income: of the 34,100 non-elderly uninsured residents in Yakima County, 70% have income levels of less than 250% of the Federal Poverty Level (FPL). Also addressed in the data are the 4,200 (12%) children under the age of 18; 15,200 (45%) families who have at least one child in the family. Hispanic/Latino residents make up 83% (28,100) of the uninsured total in Yakima County. When evaluating uninsured rates overall (including those 65+), the uninsured rates are much lower in both the county and the state. In 2022, the overall uninsured rate was 9.5% in Yakima County and 4.7% in Washington; with the county rate still over 100% higher.

Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Vaccinations prevent many life-threatening illnesses from ever occurring, and preventive screenings catch disease processes early so that treatments are more effective. Yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised; vaccines prevent people from getting severe flu.

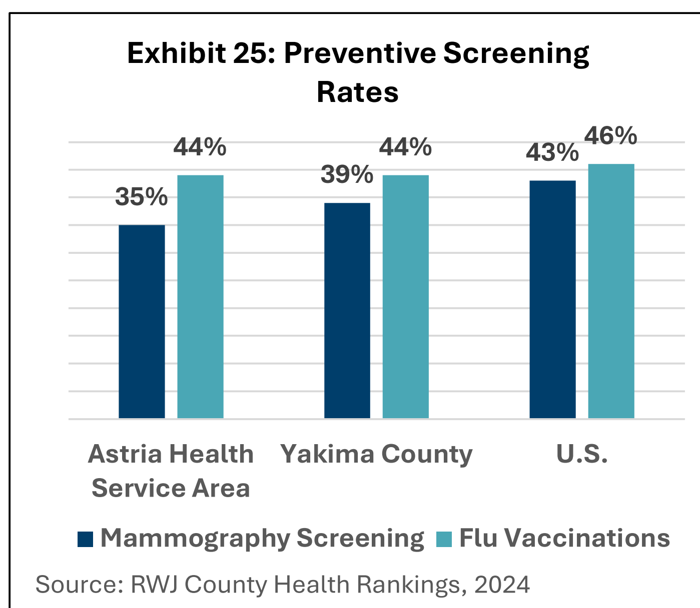


Exhibit 25 details that the mammography screening rates for service area female Medicare enrollees ages 65-74 is 10% lower than the county as a whole, and 18% lower than the U.S. average. The percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination are more in line with county and state averages.

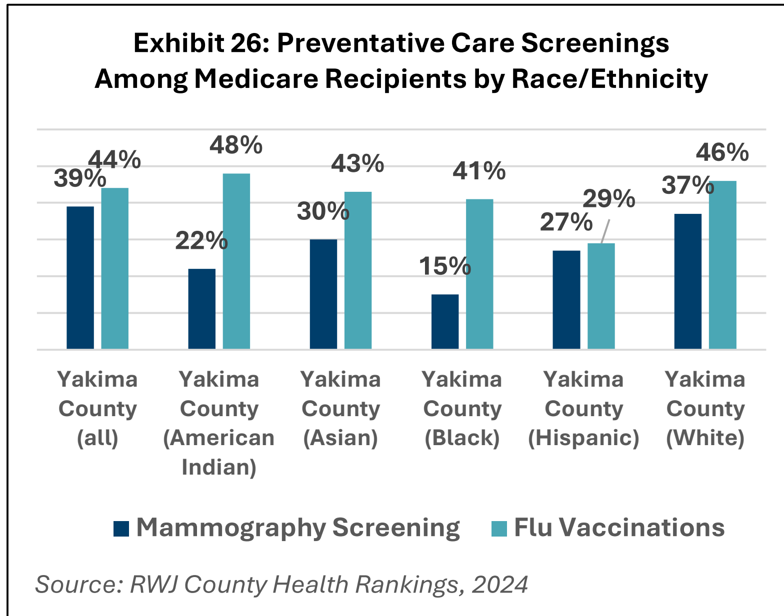
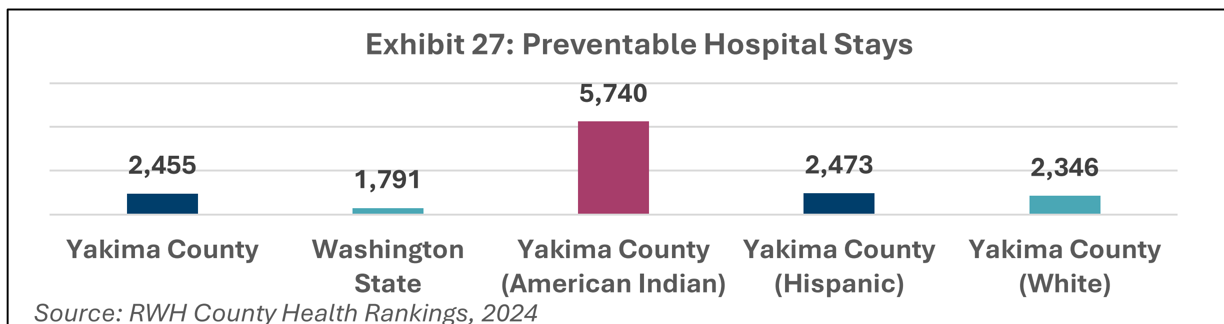


Exhibit 26 disaggregates Yakima County's preventive screening rates by race/ethnicity, showing disparities across several racial and ethnic communities within the county. American Indian and Black residents are 44% and 62% less likely, respectively, to receive mammography screenings than the overall county population. Hispanic residents are less likely to receive either preventive mammography screenings or flu vaccines.

Preventable Hospital Stays

Preventable hospital stays are hospitalizations for ambulatory care-sensitive conditions. These are conditions that, if diagnosed and treated in an outpatient setting, could have prevented a hospitalization. Preventable hospital stays can be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare. This measure may also represent a tendency to overuse hospitals as a main source of care.

Exhibit 27 shows that Yakima County is experiencing 37% higher rates of preventable hospitalizations than Washington State. When disaggregating by race/ethnicity, American Indian residents are experiencing 133% higher rates of preventable hospitalizations.



Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). Similarly, a HPSA designation identifies a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs, depending on whether shortages are widespread or limited to specific groups of people or facilities, including a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, Native Americans).

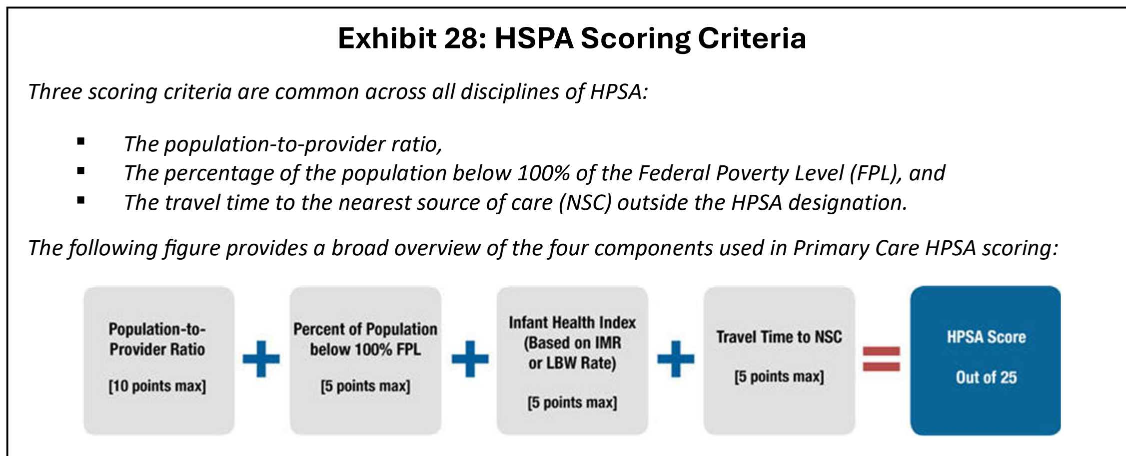


Exhibit 28: HSPA Scoring Criteria

Three scoring criteria are common across all disciplines of HPSA:

- *The population-to-provider ratio,*
- *The percentage of the population below 100% of the Federal Poverty Level (FPL), and*
- *The travel time to the nearest source of care (NSC) outside the HPSA designation.*

The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:

Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need (see **Exhibit 28**). HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care.
These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas.

Exhibit 29 reflects Yakima County's HPSA designations. As shown, the entirety of Yakima County is a designated low income HPSA for primary care and dental providers and a geographic HPSA for mental health.

Exhibit 29: Yakima County HPS, Designation – 2021 Update

Category	Designation Type	Score
Primary Care	Low Income	14
Dental Health	Low Income	17
Mental Health	Geographic	16

Source: HRSA Data Warehouse, HPSA Find

HRSA's MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. The MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. **Exhibit 30** below outlines the criteria for MUA/P scores. Yakima County is also designated as a Medically Underserved Area, with a score of 59.9.

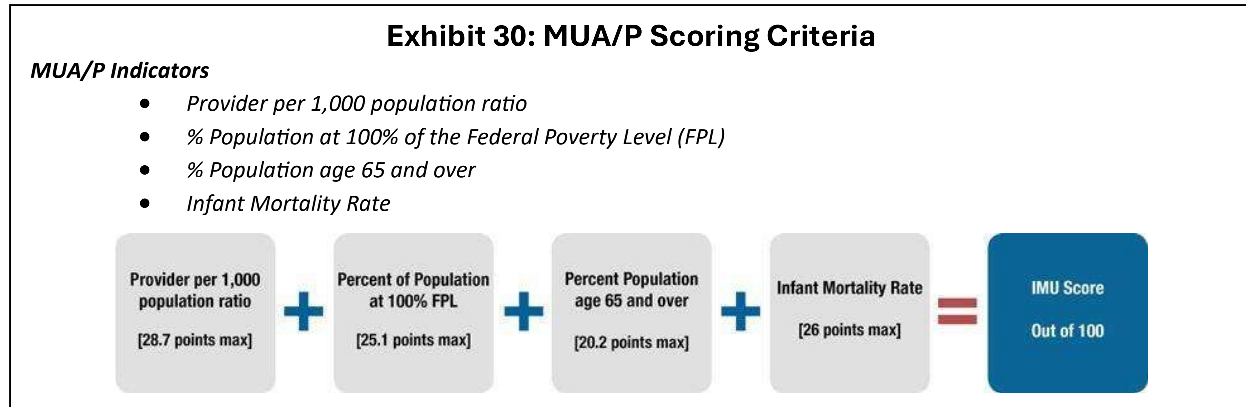


Exhibit 31 shows the population-to-provider ratios across medical and dental services, corroborating the HPSA designations. Yakima County has significantly higher (worse) population-to-provider ratios than Washington State. Yakima County does have 35% more mental health providers per capita than the state.

Exhibit 31: Population to Provide Ratios

Provider Type	Yakima County	WA State
Primary Care Physicians	1,620:1	1,200:1
Dentists	1,400:1	1,150:1
Mental Health Providers	270:1	200:1

Source: County Health Rankings 2024

Key Clinical Care Takeaways

- **The County has higher rates of uninsured residents under the age of 65 than the State at large.** Of the 34,100 non-elderly uninsured residents in Yakima County, **70% have income levels of less than 250% of the Federal Poverty Level (FPL). Hispanic/Latino residents make up 83% (28,100) of the uninsured total in the County.**

- **Yakima County is experiencing 37% higher rates of preventable hospitalizations than Washington State**, with significantly higher rates for select race/ethnicities: **American Indian residents are experiencing 133% higher rates of preventable hospitalizations.**

- **Yakima County residents of color are less likely to receive preventive screenings relative to the county as a whole.**

VIII. The Social Determinants of Health (Socioeconomic Factors)

Basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, family-wage employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more.

In contrast, unemployment and underemployment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have a greater impact on health than many strategies traditionally associated with health improvement. As outlined in the Methodology & Health Equity section, Astria has strategically aligned the analysis of social determinants data and the commitment to prioritize health equity.

Exhibit 32 shows that both hospital service areas fare significantly worse than Yakima County and Washington State on high school graduation rates. Four-in-ten Sunnyside service area residents have not earned a high school diploma, a rate 20% lower than Yakima County and 34% lower than the state. One-third of Toppenish service area residents have not earned a high school diploma. Educational attainment generally, and high school graduation in particular, is tied to overall lifetime earnings and vocational opportunities.

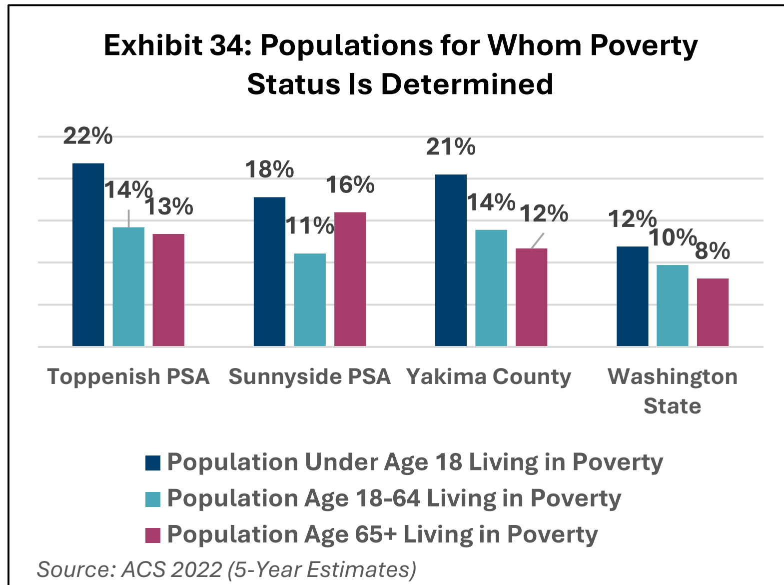
Also identified in **Exhibit 32**, the percentage of children in single parent households is significantly higher in both service areas and Yakima County than the state. Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g., substance abuse, depression, suicide) and unhealthy behaviors (e.g., smoking, excessive alcohol use, food insecurity). Self-reported health has been shown to be worse among lone mothers than for mothers living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents.

Exhibit 32: Socioeconomic Factors				
	Toppenish PSA	Sunnyside PSA	Yakima County	Washington State
Population 25 Years and Over with High School Diploma	70%	61%	76%	92%
Children in Single Parent Households	36%	37%	37%	26%
Source: ACS 2022 (5-Year Estimates)				

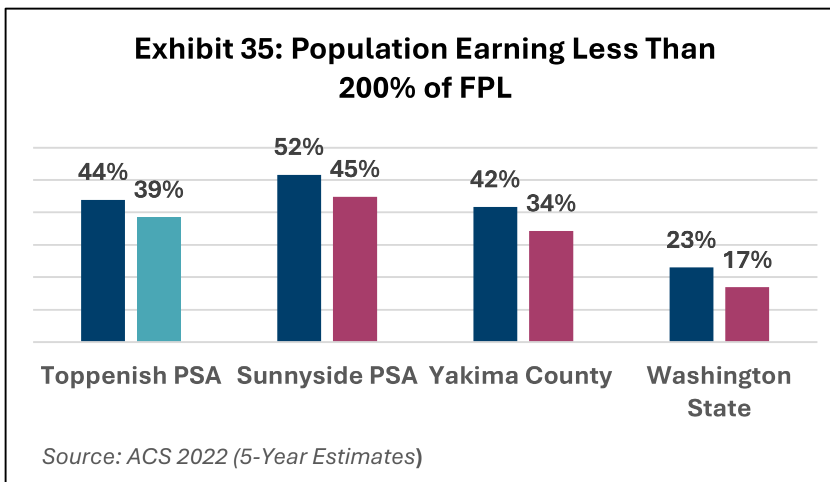
Exhibit 33 shows that median household earnings for both hospital service areas and Yakima County as a whole are between 24%-34% lower than the state. Unemployment is also 23% higher in Yakima County than in Washington State.

Exhibit 33: Economic Factors				
	Toppenish PSA	Sunnyside PSA	Yakima County	Washington State
Median Household Income (In 2022 Inflation Adj. Dollars) *	$68,397	$59,616	$64,910	$90,325
Unemployment Rate for Population 16 Years and Over**	n/a	n/a	5.9%	4.8%
**Source: ACS 2022 (5-Year Estimates) **Source: Bureau of Labor Statistics, 2024*				

According to the U.S. Census Bureau data from 2024, the child poverty rate fell to its lowest recorded level in 2021, driven by the impact of anti-poverty programs during the COVID-19 pandemic. However, **Exhibit 34** shows that the poverty rates in both hospital service areas and Yakima County across all age groups are significantly greater than those of Washington State. Approximately 1-in-5 service area children live in poverty, a rate 67% higher than the state. Poverty rates for service area residents aged 65+ are up to two times higher than the state.



For Census calculations, "poverty" is determined by family size and income and is a primary measure of financial stability. However, many families living above the federal poverty level (FPL) still cannot make ends meet. **Exhibit 35** shows that between 40-50% of all service are residents and their families are part of the population earning less than 200% of the Federal Poverty Level (FPL).



For a deeper look at the impacts of poverty on households, the United Ways' ALICE measure (Asset Limited, Income Constrained, Employed) looks at those making above 100% of FPL. By factoring in a "household survival budget" and "threshold of financial survival" into the equation, the ALICE measure targets those living above the FPL, but who fall below a "basic cost of living" threshold. Therefore, the ALICE measure can be combined with the 100% or below FPL to create a more accurate number of those struggling financially.

Exhibit 36 demonstrates that almost 50% of Astria Health service area and Yakima County residents are struggling financially. The Astria Health service area fares significantly worse than the state in both household poverty and households struggling to make ends meet.

Exhibit 36: ALICE Data				
	Total Households	Below 100% of FPL	ALICE	% of Population Below ALICE Threshold
Yakima County	87,616	14,849	27,284	48%
Astria Health Service Area	38,534	5,151	12,728	46%
Washington State	3,064,367	312,012	747,889	35%

Key Social Determinants of Health Takeaways

- Both Yakima County as a whole and the Astria Health service areas specifically fare significantly worse than the state across multiple socioeconomic measures, with **higher rates of unemployment and poverty, lower rates of high school graduation, and lower median incomes**.
- **Almost 50% of residents in both hospital service areas are struggling financially.**
- Approximately 1-in-5 service area **children live in poverty, a rate 67% higher than Washington State**.
- **Poverty rates for service area residents aged 65+ are two times higher than the state.**

IX. Physical Environment

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family, and when a large portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and increased risk of cancer.

Housing

RWJ County Health Rankings data provides estimates of individuals who have "severe housing problems," meaning individuals who live with at least one of the following four conditions: overcrowding, high housing costs relative to income, lack of a kitchen, or lack of plumbing. The U.S. Census defines a "cost-burdened household" as a household that spends 30% or more of its income on housing and a "severe cost burdened household" as a household that spends more than 50%.

Exhibit 37 identifies that 1-in-5 Astria service area residents meet the RWJ definition of having "severe housing problems", with issues like overcrowding and lack of basic facilities. The Lower Yakima Valley's agricultural base drives some of these issues, with higher-than-average numbers of migrant farmworkers and populations in congregant housing. Severe housing problems is another window into inequities in the Valley, particularly in these historically marginalized communities.

While the service areas' renters and homeowners generally fare better than their peers on measures of cost-burdened households relative to the state, almost one-third are spending more than 30% of their household income on rent or ownership costs. Households experiencing these cost burdens face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, healthcare and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels, emotional strain, and disease.

Exhibit 37: Housing Metrics	Astria Health Service Area	Washington State
Severe Housing Problems	20%*	16%
Renting		
Cost-Burdened	16.8%	24.6%
Severe Cost-Burdened	14.7%	21.7%
Home Ownership		
Cost-Burdened	19.5%	23.6%
Severe Cost-Burdened	7.3%	8.9%
Source: ACS 2022, 5-Year Estimates		
* *Yakima County data from RWJF County Health Rankings*		

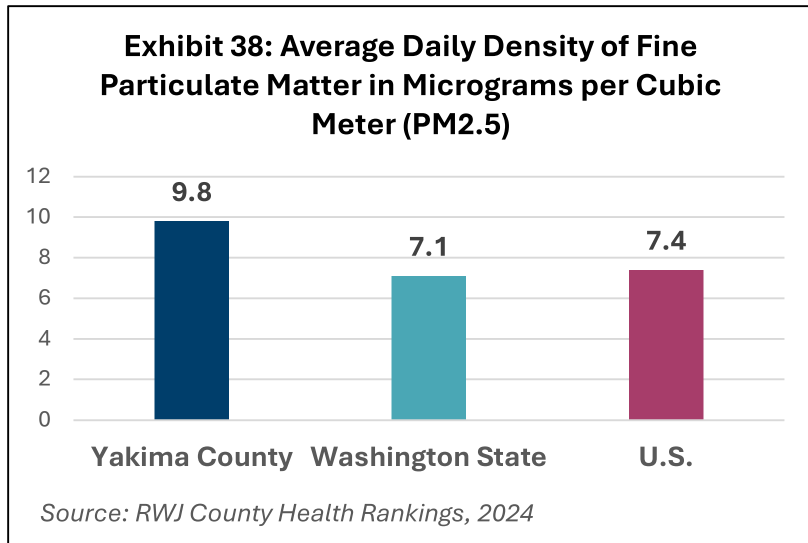
Air and Water Quality

RWJF's County Health Rankings measures air pollution by the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers ($PM_{2.5}$). A number of adverse health effects are associated with exposure to particulate matter, including premature mortality, increased hospitalization, acute and chronic bronchitis, asthma, ER visits, and restricted daily activities. Research points to older adults with chronic heart and lung disease, children, and asthmatics as the groups most likely to experience adverse effects with exposure to particulate matter.[3]

According to data from the RWJF County Health Rankings, at least one community water system in Yakima County reported a health-based drinking water violation.

Exhibit 38 shows that Yakima County reported a 38% higher average daily density of fine particulate matter.

Exhibit 38: Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)



Source: RWJ County Health Rankings, 2024

Key Physical Environment Takeaways

- Almost one-third of residents are spending more than 30% of their household income on rent or ownership costs.
- One-in-five Yakima County residents meet the Robert Wood Johnson definition of having **"severe housing problems"** (*households with at least one of four basic housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*). This metric is driven in part by congregant housing in agricultural contexts of the Lower Yakima Valley.
- Yakima County reported a 38% higher average daily density of fine particulate matter in the air relative to Washington State as a whole.

[3] California Air Resources Board

Community Convening

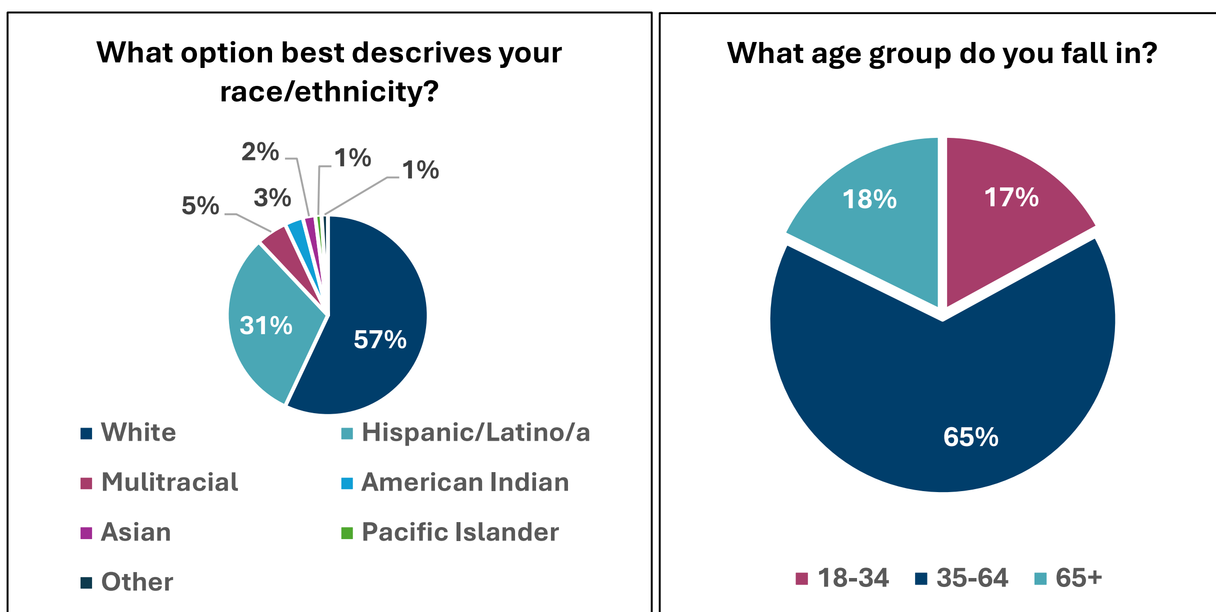
Astria Health's community convening process included a community-wide survey and in-person listening sessions in both Sunnyside and Toppenish.

Community Survey

Surveys were distributed digitally via the Astria Health websites, social media, employee communication platforms and the local newspaper. Astria sought two types of input in the survey. First, wanting to hear from the community at large, but secondly, wanting to hear from providers, Astria employees and other organizations in the community that provide care and daily work to ensure access and mitigate gaps. In addition to Astria's distribution, community partners, including Toppenish Rotary, Inspiring Development Centers, and Legends Casino also distributed the survey. The survey was conducted for about three weeks, with a total of 170 survey responses being received. Of the total responses, 54% identified as Astria providers, team members, or care partners.

The survey was designed to solicit feedback on perceived improvements in the areas prioritized in Astria Health's 2021 CHNA and to help identify other potential health needs and gaps. The distribution channels were intended to facilitate respondents representing the communities Astria serves; **Exhibit 39** suggests that the white population is overrepresented, and other communities underrepresented. In terms of age, the 65+is overrepresented, and younger cohorts underrepresented.

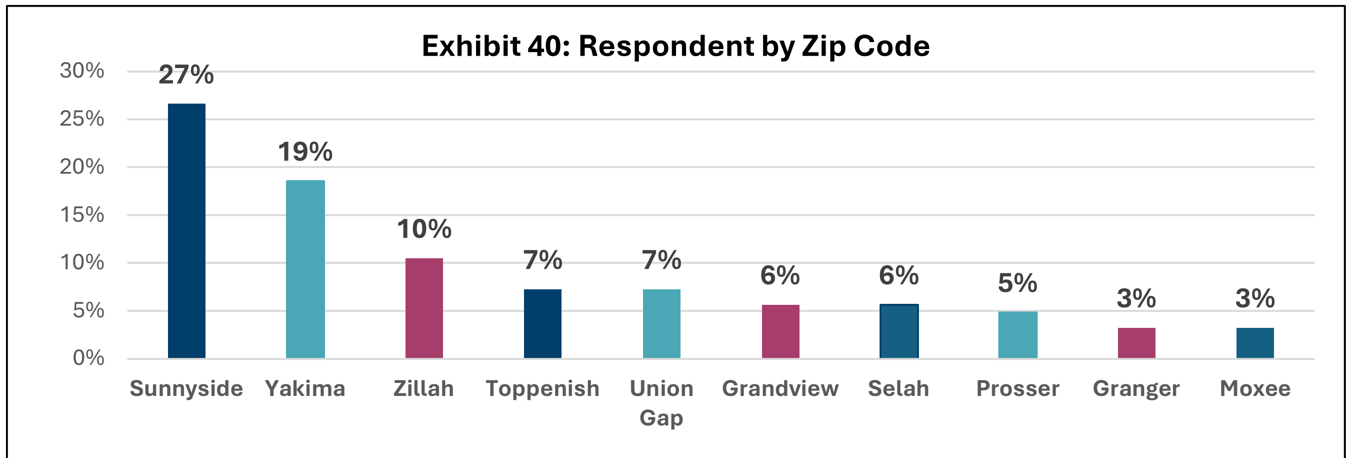
Exhibit 39: Astria Health Community Health Survey Respondent Demographics



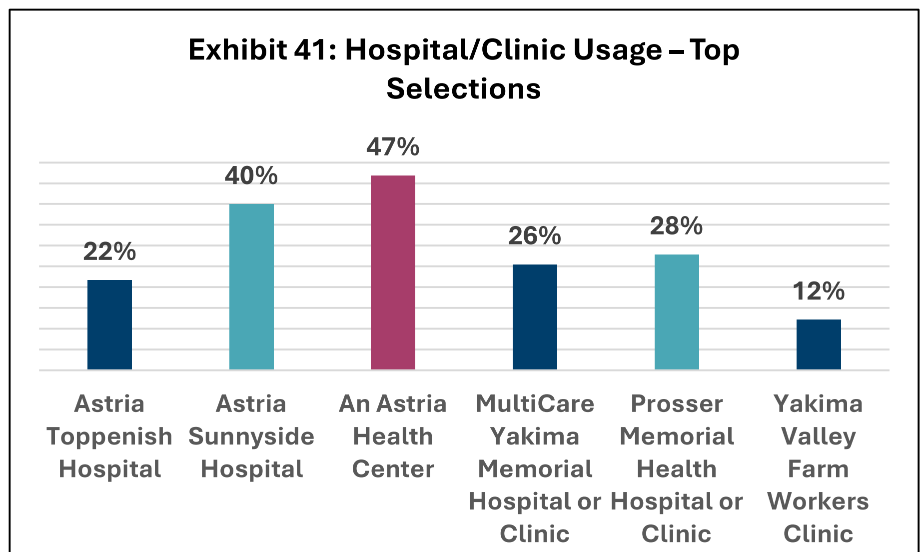
Additionally, 38% of respondents noted that that they speak a language other than English at home, and 45% reported to have children under the age of 18 living in their household.

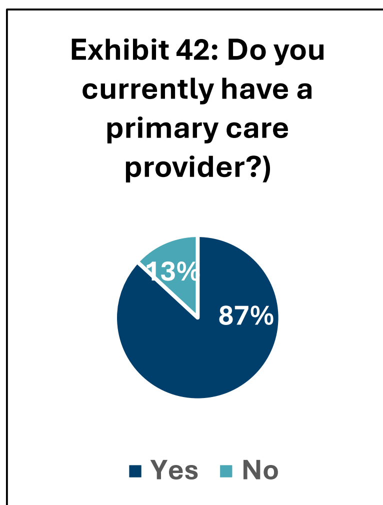
Despite some under surveying of key community cohorts, the survey responses were informative and are summarized below.

As shown in **Exhibit 40**, respondents reside throughout the communities comprising the Lower Valley Service area.

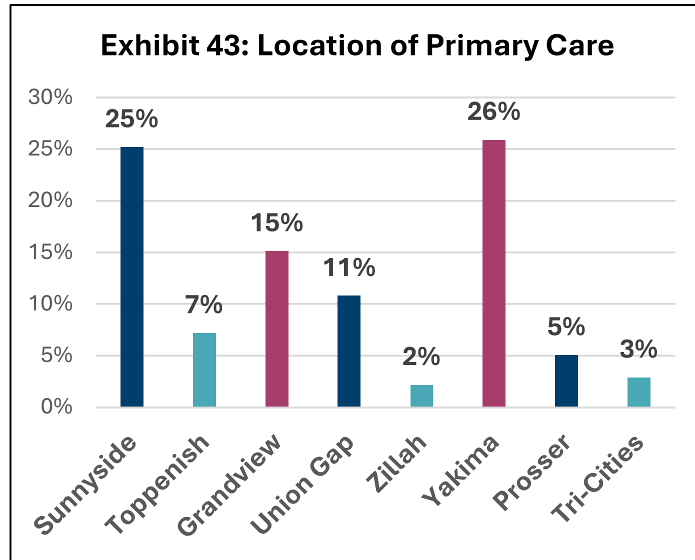


Respondents were asked which local area hospitals or clinics they have used in the past year, and as noted in **Exhibit 41**, an Astria location was most common. Multiple selections to the questions were allowed.



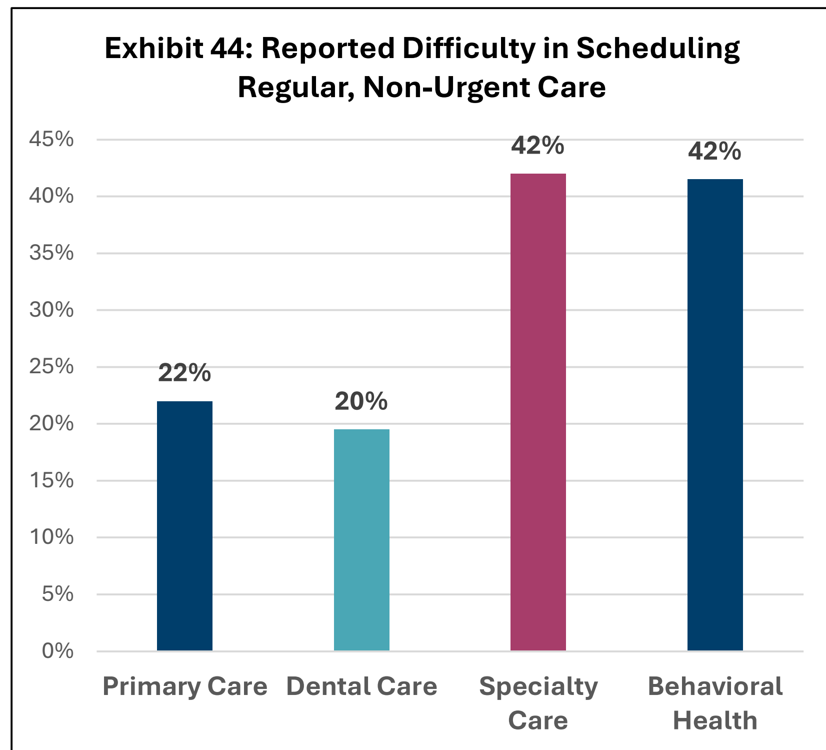


As depicted in **Exhibit 42**, 87% of respondents indicated that they have a primary care provider, including 84% of Astria partners and team members, and 90% of the general community. Yakima, Sunnyside and Grandview and Union Gap were the most common locations (**Exhibit 43**).



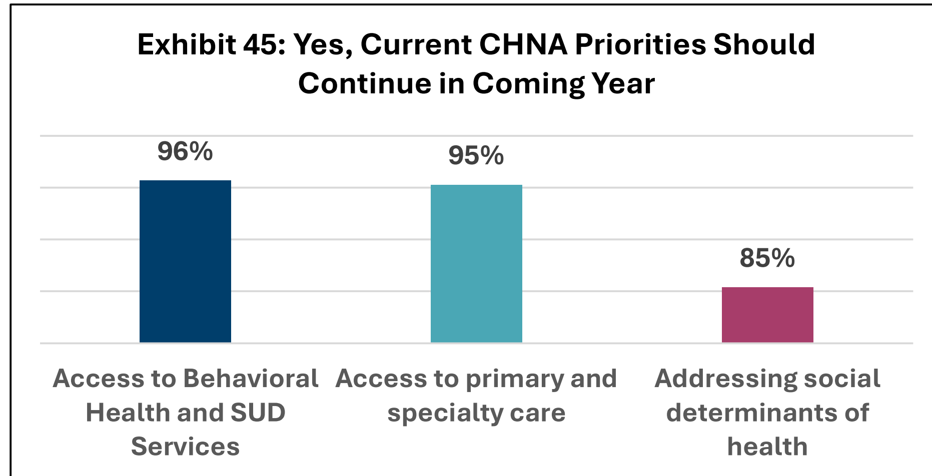
As identified in **Exhibit 44**, 20%-22% of respondents, including 13%-14% of Astria team members and providers and 21%-32% of the general community, reported having difficulty scheduling primary care and dental care appointments. More than 40% reported having difficulty scheduling specialty and behavioral health care. There were no significantly different responses when disaggregated by race/ethnicity, though Hispanic respondents reported slightly less difficulty accessing primary care and slightly more difficulty scheduling dental care.

When asked about the reasons for the difficulty in access, 75% of respondents indicated that the care is not available when they need it, and wait times are too long. Respondents were allowed to provide more than 1 reason, Another 41%+ indicated that cost was a factor: either their insurance did not cover it, they had no insurance, or their insurance's deductibles were too high. About 20% reported that the care they needed was not available in the Lower Valley.



Another 20% of respondents selected "other" when asked about their difficulties in accessing care, the majority of write-in of responses can best be described as internal operational/process issues at the provider level (phone not answered, referrals not received or sent, not being contacted for follow -up after leaving a message, clinics understaffed and long wait times for follow up appointments).

As identified in **Exhibit 45**, when asked about continuing current CHNA priorities, of those who responded, there was high support for continuing with current priorities.



Respondents were also asked to identify and rank the three greatest health problems currently facing the community. The top responses for Astria providers and team members and the general community are reported in **Exhibit 46**. Behavioral health, including mental health and substance use rose to the top.

Exhibit 46: Greatest Health Problems				
	Astria Team Members		General Community	
	# of Times Selected	% Selected	# of Times Selected	% Selected
Behavioral Health/Mental Health Conditions	49	25%	31	21%
Alcohol, Opioids, and Other Drug Use	46	24%	38	26%
Chronic Health Conditions	42	22%	38	26%
Unhealthy Behaviors in Youth	34	18%	28	19%
Health Inequities	21	11%	12	8%

Respondents were asked to identify and rank the three most important factors that need to be in place in the Lower Valley to improve health and quality of life in the community. The top five responses (n=142) are detailed in **Exhibit 47**. The ability to recruit and retain a quality healthcare workforce was the top priority for both Astria team members and the general community.

Exhibit 47: Top Improvement Factors				
	Astria Team Members		General Community	
	# of Times Selected	% Selected	# of Times Selected	% Selected
Ability to recruit and retain a quality healthcare workforce	37	26%	44	36%
Improved access to healthcare (primary, specialty, behavioral, dental)	35	25%	26	21%
Better access to behavioral health services (mental health and substance abuse)	27	19%	29	23%
Affordable housing	23	16%	14	11%
Access to support services (transportation, translation, care coordination)	19	13%	10	8%

Listening Sessions

On September 29 and 30, 2024, Astria Health hosted listening sessions in both Sunnyside and Toppenish. The focus of the listening sessions was to gather input and perspectives from community leaders and organizations that work directly in the hospital service area communities on existing community health priorities, new or continuing unmet needs, and opportunities to improve community health. Framing questions included:

- *Have you seen any changes in the community related to hospital/community health priorities? Positive? Negative?*
- *What is the greatest health-related need you see in the population(s) you serve?*
- *What are the greatest gaps you see in healthcare access?*
- *From your organization's perspective, where are the opportunities to improve the community's health?*
- *Which organizations need to be "at the table" to do that work?*
- *What are the obstacles to accomplishing these improvements?*

The sessions were attended by community leaders representing:

- City and county government
- Hospital board members
- County health district
- Community organizations
- Chambers of Commerce
- Local industry
- Higher education
- Non-governmental healthcare
- Non-profit sector
- Adult aging and long-term care sector
- Healthcare providers

The Toppenish listening session had 16 participants (thirteen in-person and three online) from a broad range of community members and organizations. The Sunnyside listening session had four participants (three in-person and one online) representing leaders from within city schools, city government, regional healthcare/higher education, and the aging and long-term care sector.

Asked to **identify both positive and negative changes in the community related to the 2021 Astria Health CHNA priorities**, the following were named:

Positive	Negative
• Toppenish opened new beds, and soon will open a new wing, dedicated to behavioral health. • School partners report significant improvements in the mental health of students and increased partnerships with Astria, ESD, and Sunnyside schools for medication management. • Astria has made large gains in hiring across Astria Health service lines. • New hires of a bilingual pediatrician and clinician. • Heritage University started an MSW and MA in Psych/Counseling program and PNWU opened a dental school and OT program. • Astria has begun SDOH screening for all patients around housing, transportation, utilities, and personal safety.	• Behavioral health demands keep growing, with impacts on primary care, resources, and capacity. • Finding an available primary care provider is still difficult and long wait times persist. • Perceived provider gaps in bilingual/bicultural competence. • Long wait times for providers/ services. • A comprehensive report on findings and continued tracking of SDOH (with analysis and integration into planning) is needed.

When asked **what the greatest health-related need is in the community**, **Behavioral Health emerged as one of the strongest and most consistent needs/gaps in community health**.

- Demand continues to grow.
- Fentanyl use driving increased demand.
- Budget-related staffing reductions of school-based mental health.

When asked about **the greatest gaps in healthcare access**, the following answers emerged as most acute:

- Assistance to address substance use disorder (i.e., Behavioral Health).
- Loss of OB services in Toppenish.
- Lack of local pediatric endocrinology services (there is a "shocking number of pediatric diabetes cases, issue may bigger than lack of providers, may need to incorporate into strategic planning").

Finally, participants were asked about **the highest need or highest leverage opportunities to improve the community's health**. Strong themes emerged from this discussion, recognized as follows:

Theme	Opportunities/Comments
Bilingual and Bicultural Competence	• Translators – while there has been huge improvement/growth in this area, translators are not the same as bilingual providers and do not mitigate the need for **best practice training in bilingual/bicultural competence.**
Education (internal)	• Leveraging **educational partnerships** for recruitment, training, retention, and best practices. • Heritage University started MSW and Master's in Psychology and Counseling programs, and PNWU opened dental and OT programs with direct implications for the service area recruitment/retention. • **Funding** for ("opportunity costs") growing workforce locally, especially within marginalized communities because "**when we do homegrown programs, we get much better representation and retention."** • Training MAs (and other providers) in **community health worker certification.**
Education (external)	• Explore opportunities for **patient and community health education.** • Topics like pediatric diabetes, preventive screenings, undocumented status, insurance navigation need to be offered, **reaching people where they are** (fields, warehouses, community hubs, churches, etc.).
Obstetrical Services (Toppenish)	• Loss of OB services in Toppenish in 2023 is still being felt in the community. • **Multiple community-based mitigation strategies** were identified (AMR maternity calls, Astria warm hand-offs, etc.), but **these are not necessarily strategically aligned between organizations.**
Community Leadership	• **Convening as community members and leaders is a crucial and powerful strategy to engage residents from target populations.** • Opportunities for enhanced engagement and collaboration with organizations including Nuestra Casa, People for People, Lower Valley Energy Assistance, Yakima Valley Farmworkers, Yakima Neighborhood Health, Greater Health Now, Unions (meeting weekly), United Family Center, Save the Children.
Telemedicine	• The extent to which **telemedicine could fill identified gaps** was discussed. • Would need to mitigate technology barriers (providing patients technology, tablets, hotspots, etc.). • School district offers telehealth (at school) to Yakima Farm Workers for nursing services. • Comprehensive Healthcare provides wired rooms onsite for telehealth connection to offsite providers.
Team-Based Care	• Huge opportunity to leverage for community health. • Astria's OT program is operating this way.

Key Community Convening Takeaways

Astria Health conducted a county-wide digital survey and in-person listening sessions at both hospitals. Astria received more than 170 responses to the survey, 50% were providers or staff of Astria.

- **87% of respondents report having a primary care provider.**
- More than **20% of respondents reported having difficulty scheduling primary care and dental care.** More than **40% reported having difficulty scheduling specialty and behavioral health care.**
- **75%** of those reporting difficulty accessing care indicated **care is not available when needed and/or wait times are too long. 41% indicated cost was a factor**, or they had no insurance.
- Behavioral Health emerged as one of the strongest and most consistent needs/gaps in community health.

X. CHNA Priorities and Implementation Strategy

Consistent with 26 CFR § 1.501(r)-3, Astria Health will adopt an Implementation Strategy on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or, by May 15, 2025. Prior to this date, the Implementation Plan will be presented to the Sunnyside and Toppenish Hospital Boards for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities.

The listening session and community convening included within this CHNA suggests, at a minimum, that continuing and deepening work on previously identified community health priorities is indicated.

- ***Access to Behavioral Health and Substance Use Disorder Services***
- ***Access to Primary and Specialty Care***
- ***Addressing Social Determinants of Health***

The listening sessions and survey responses added additional perspective, primarily confirming alignment with existing priorities, particularly behavioral health, which emerged as one of the strongest and most consistent needs/gaps in community health. The increase in substance use must be addressed through education, prevention, treatment and recovery services.

Other data and community-identified themes to explore in strategic planning include:

- Continued laser focus on equity:
  - Bilingual and bicultural competence (in hiring, training, and best practices)
  - Leveraging educational partnerships and strategies for growing staff from the community
  - Reducing barriers that disproportionately impact access for our communities of color
- Addressing and prioritizing processes and workflows that delay access (phones, follow-ups, referrals, etc.),
- Continuing and accelerating community-based, collaborative leadership in addressing social determinants of health
- Mitigating loss of OB services in Toppenish through programming and supports