PeaceHealth
Peace Island Medical Center

2016-2019

Community Health Needs Assessment and Implementation Plan

Adopted by Community Health Board: July 18, 2016

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I. EXECUTIVE SUMMARY

Overview

PeaceHealth Peace Island Medical Center

PeaceHealth Peace Island Medical Center (PeaceHealth PIMC) is one of ten hospitals within PeaceHealth, an integrated, not-for-profit health system in the Pacific Northwest. PeaceHealth PIMC is a Critical Access Hospital (CAH) located in Friday Harbor, Washington providing a range of services to the local community.

Community Health Needs Assessment

PeaceHealth PIMC and partners conducted a Community Health Needs Assessment (CHNA), a systematic process involving the community to understand community health needs in order to prioritize, plan and outline solutions.

The 2016 CHNA was carried out with community input, including public health and nonprofit community groups representing minority and low-income residents. Both primary and secondary data were collected and incorporated. We also held a community forum in which needs from the 2014 CHNA were re-affirmed and any significant gaps and/or strategies to address these were identified.

Data and local perspectives are presented and analyzed using a four-pillar structure of community health: 1) Healthy, Active Living; 2) Child & Family Wellbeing; 3) Integrated Health Delivery Systems (including medical dental and behavioral health services); and 4) Equity.

PeaceHealth PIMC conducted this CHNA in conjunction with state, regional, and local community health planning in Washington, the North Sound, and San Juan County.

2014 CHNA

PeaceHealth Peace Island Medical Center opened in late November of 2012. Consistent with IRS requirements, PeaceHealth PIMC, in close coordination with the community, conducted and adopted a CHNA in December 2014. As such, the next CHNA is not due until 2017. However, the PeaceHealth system has chosen to accelerate the second cycle for PeaceHealth PIMC so that it aligns with the CHNA timeline system-wide. Accordingly, this CHNA is a “refresh” of the 2014 CHNA.

The problem of health care access and lack of insurance coverage was identified in all PeaceHealth communities in 2013 and as an issue and major need, and was also identified in late 2014 at PIMC. It was therefore chosen as a major focus area in each of PeaceHealth hospital’s first CHNA implementation plans. PeaceHealth worked as part of the community coalitions that were formed across Washington State for the purpose of helping people sign up for commercial health insurance and Apple Health, i.e. Medicaid. By any measure these efforts were successful.

Summary of the 2016 Community Health Needs Assessment

Demographic and Secondary Data

San Juan County has about 16,000 residents. 16.5% are children 0-19 years old, 58.6% are adults age 18-64, and the remaining 26.6% are seniors age 65+. Friday Harbor is the largest town in the county, representing nearly half of the county's population. Approximately 32% of San Juan County residents are either Asset Limited, Income Constrained, Employed or live below the poverty line. 5.7% of the County's population is Hispanic.

While Peace Health PIMC is located in San Juan County, its primary service area is defined as San Juan Island, Public Hospital District #1 (includes all of San Juan Island, as well as Stuart, Henry, John's, Spieden and Pearl Islands). The service area has about 7,800 residents, nearly half of the San Juan County population. However, most health-related data are not available at a smaller level than county. When data for the smaller areas were available, they were used.

Key health indicators were organized into the four community health pillars using primary data from Robert Wood Johnson's 2016 *County Health Rankings* and other state sources. Health outcomes gaps in each area are summarized below.

HEALTHY, ACTIVE LIVING: Major issues identified include the growth in opiate abuse, and youth abuse of tobacco, alcohol, and marijuana; with the latter being higher in San Juan County than Washington State overall.

CHILD & FAMILY WELLBEING: San Juan County has some of the lowest rates of vaccine completion in Washington State. Additional indicators of need include childhood food insecurity and adverse childhood experiences. While these two measures are similar to Washington rates, they are important factors in improving health and social outcomes throughout the life course.

HEALTH DELIVERY: Data show that there are significant differences in rates of being insured by race/ethnicity, and racial/ethnic differences in the quality of preventive care received by Medicare beneficiaries. Addressing these inequities is important to the health of the community.

EQUITY: Affordable housing is a key component of financial wellbeing and stability, and forms the basis of good health. There are many pockets of people in San Juan County burdened by high housing costs. Lack of affordable housing and a high percentage of households that are Asset Limited, Income Constrained, Employed (ALICE) or in poverty mean that over a third of San Juan residents cannot afford a basic household stability budget.

Community Engagement and Local Perspectives

PeaceHealth PIMC convened a meeting of the Community Health Improvement Consortium on June 3, 2016. Attendees at that meeting included PeaceHealth PIMC and the County Health Department (co-conveners of the group) and area experts and advocates representing family social services, community mental health, philanthropy, emergency medical services, hospital district governance, hospice services, community advocacy, public schools and elder care. The agenda of this three hour meeting was to provide an update on the 2014 CHNA priorities, review collected 2016 secondary data, and to seek input for the 2016 CHNA.

Attendees were asked to consider and discuss whether there are any significant gaps or opportunities beyond the 2014 priorities that need to be considered. Following this meeting, PeaceHealth sent out an on-line survey to consortium participants unable to attend the June 3 meeting to which seven people responded. Table 1 summarizes the results of the meeting conversation and survey, including newly identified needs and potential strategies to address.

Table 1. Results of the Community Stakeholder Meeting

	Major Health Problems/Gaps	Strategic opportunities
Healthy, Active Living	▪ Adult immunization rates ▪ Youth tobacco, marijuana and alcohol use	▪ Pilot the use of the new state registry for adult immunizations ▪ School based prevention and early intervention programs
Child & Family Wellbeing	▪ Adverse childhood experiences (ACEs)	▪ PeaceHealth is already including the (ACEs) model into its community health approach. The Health Department provides parent training in collaboration with the Family Resource Center training. The school districts are doing work with the Compassion in School and trauma informed care models.
Health Delivery Systems	▪ Lack of Dementia Care ▪ Lack of behavioral and primary care coordination ▪ Improve access to hospice	▪ Provide support for family caregivers by expanding paramedicine program and joining with a volunteer visiting program, and a palliative care home visiting service. ▪ Support the local volunteer agency in securing a certificate of need.
Equity	▪ Cost-burdened housing	▪ Affordable housing development.

Implementation Plan

The Implementation Plan strategies summarized below were extrapolated from the data and from community input. Our plan is comprehensive in the sense that there are strategies that impact the focus areas within each of the community health pillars (and a number of strategies cross pillars); however, the display of strategies is not intended to be a complete listing of all of the activities that PeaceHealth will undertake with its community partners to affect the health status of the community. Rather, it is a statement of our community health priorities.

PeaceHealth Peace Island CHNA 2016 Priorities

- Ensure **effective information exchange and care coordination** for select populations (e.g. PeaceHealth Medical Group patients with complex health and psychosocial conditions who are served by multiple organizations) as part of PeaceHealth Transforming Clinical Practice Initiative (TCPI) and other community collaborations.
- In collaboration with the Health Department, increase the rate of childhood and adult **immunizations** throughout the County.
- As part of our ongoing effort to create an inclusive organization that exercises cultural humility, recruit for and support a workforce that reflects the **changing ethnic, racial and cultural diversity** of the communities that we serve.
- Advocate for and actively support the development of a comprehensive continuum of **behavioral health services** that includes access to and referral for crisis stabilization, transitional housing, substance abuse treatment services, and psychiatry that is available to children and seniors.
- Working with EMS and other social service providers, reduce the need for elders to leave their homes by developing an **outpatient palliative care service** that includes training and support for family caregivers.
- Increase inter-organizational cooperation through the development of an **online resource guide** that can be used by health and social service providers and the public.

II. OVERVIEW

Founded by the Sisters of St. Joseph of Peace in 1890, PeaceHealth is a Catholic Healthcare Ministry serving in the communities of Alaska, Washington and Oregon. Today, PeaceHealth is a 10 hospital integrated not-for-profit health system that offers a full continuum of health and wellness services.

PeaceHealth's mission is to *carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way*. The fulfillment of our Mission is our shared purpose. It drives all that we are and all that we do. We have embraced the Community Health Needs Assessment (CHNA) process as a means of engaging and partnering with the community in identifying disparities and prioritizing health needs, and importantly, in aligning our work to address prioritized needs.

Caring for those in our community is not new to PeaceHealth; it's been in practice since the Sisters of St. Joseph of Peace arrived in Fairhaven, Washington to serve the needs of the loggers, mill workers, fishermen and their families more than 125 years ago. Even then, they knew that strong, healthy communities benefit individuals and society, and that social and economic factors can make some community members especially vulnerable. The Sisters believed they had a responsibility to care for them, and that ultimately, healthier communities enable all of us to rise to a better life. This philosophy inspires us today and guides us toward the future.

State, Regional and Community Partners

PeaceHealth PIMC's 2016 CHNA process was undertaken in the context of other recent or concurrent planning activities in the State, region and County related to community health:

- **The Washington State Health Improvement Plan** (2014-2017 *Creating a Culture of Health in Washington*) provides a statewide framework for health improvement efforts.

> *Wellness is something we nurture, something we build into our policies, something we come together to create as public health professionals, doctors, nurses, lawyers, transportation planners, neighborhood advocates and PTAs, and others.*
>
> John Wiesman, DrPH, MPH
> Washington State Secretary of Health

- **North Sound Accountable Community of Health** (NS-ACH) includes representatives from the five-county area that includes San Juan, Island, Skagit, Snohomish and Whatcom counties.

  An ACH is a regional coalition consisting of leaders from a variety of different sectors working together to improve health in their region. As part of the **Healthier Washington Initiative**, nine ACHs began formally organizing across Washington in 2015. They are intended to strengthen collaboration, develop regional health improvement plans and projects, and provide feedback to state agencies about their regions' health needs and priorities. The Health Care Authority (HCA) is supporting ACH development through guidance, technical assistance (TA), and funding.

Map 1. Accountable Community of Health Regions

Source: Washington Health Care Authority

- **San Juan County Community Health Consortium (CHIC) was co-convened** by PeaceHealth and the County Health Department in May 2015 for the purpose of implementing elements of the 2015 CHNA. Participants include a range of health and social service providers, the public library, Community Foundation and the Hospital District. The Consortium is well positioned to be a launching pad for cross-organizational initiatives and collaborative fund development, and could serve a liaison function between the community and the North Sound Accountable Community of Health.

Community Health Framework

Drawing from previous CHNAs conducted by PeaceHealth hospitals, and after reviewing existing community health improvement plans and collecting public data on health status and the social determinants of health, a *PeaceHealth Community Health Framework* was developed. This four-pillar framework, depicted below, was used to organize data and collect input from community stakeholders. The subcategories, or "focus areas" were used as guideposts for considering community health improvement strategies.

Figure 1. 2016 PeaceHealth Community Health Framework Pillars

Healthy, Active Living	Child & Family Wellbeing	Integrated Health Delivery Systems	Equity
▪ Physical activity ▪ Healthy Eating ▪ Tobacco, alcohol and other drug prevention ▪ Social engagement	▪ Maternal-child health ▪ Adverse Childhood Experiences (ACEs) and family resiliency	▪ Access to quality and affordable medical, behavioral health and dental services	▪ Assistance for people who are homeless ▪ Cultural humility

There are two terms that are used in the above table that perhaps need to be defined, and they are:

- **Adverse Childhood Experiences (or ACEs)** are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse.
- **Cultural humility** is a term used to describe a way of infusing multiculturalism into a workplace. Replacing the idea of cultural competency, cultural humility is based on the idea of focusing on self-reflection and lifelong learning.

III. 2014 CHNA REVIEW

PeaceHealth Peace Island Medical Center opened in late November of 2012. Consistent with IRS requirements, PeaceHealth PIMC in close coordination with the community conducted and adopted a CHNA in December 2014. As such, the next CHNA is not due until 2017. However, the PeaceHealth system has chosen to accelerate the second cycle for PeaceHealth PIMC so that it aligns with the CHNA timeline system-wide. Accordingly, this CHNA is a "refresh" of the 2014 CHNA, serving to affirm and update previously identified priorities, align the PIMC CHNA with the overall PeaceHealth approach, and strengthen the implementation plan outlined in the 2014 CHNA. Table 2 summarizes our 2014-2017 CHNA.

Table 2. 2014 CHNA Summary

Objectives	Strategies
Objective 1: Establish an inter-organizational advisory group – or Consortium – that can help shape a Community Health Improvement Plan (CHIP) and implementation strategies in 2015.	Invite the participants from the CHNA core group to form this consortium, including representatives from the San Juan County Health & Community Services, San Juan County Public Hospital District #1, San Juan Family Resource Center and PeaceHealth PIMC. Additional members will be sought from the organizations that participated in the CHNA process. Input and guidance will be sought from people and organizations with knowledge and experience serving Orcas and Lopez Islands, and expanding the Consortium accordingly.
Objective 2: Increase immunization rates	Under the leadership of the Health Department, the CHIP Consortium will develop a plan with realistic improvement targets and evidence-based strategies that can be used to seek philanthropic and grant support to proceed with implementation. Identify parents who were open to vaccination but encountered barriers to obtaining vaccines (health care access), or who hesitate because they are unsure of or who have concerns about vaccination safety, and then address parent questions and concerns and link them to appropriate vaccination resources.
Objective 3: Increase access to behavioral health services	The CHIP Consortium will develop a two-part plan that aims for 1) greater integration of the Community Wellness Program administered through the Family Resources Centers and primary care providers, EMS services and the PeaceHealth tele psychiatry program; and 2) opportunities for enhanced recruitment of providers and/or creative out-stationing or sharing of provider time.

Objectives	Strategies
Objective 4: Meet the psycho-social and medical needs of higher risk patient populations, e.g. frequent users of EMS and ED services, and people with chronic or end-of-life illness.	Members of the CHIP Consortium will work with the North Sound Accountable Community of Health (North Sound-ACH) organization that has been funded to study care coordination programs in the North Sound region that target the highest utilizers of emergency departments, emergency medical systems. A key element of our participation will be to ascertain best practices for rural communities.
Objective 5: Develop a community resource guide	With input and assistance from the North Sound ACH, WSHA, and other PeaceHealth Medical Centers, among others, the CHIP Consortium will develop a plan over a six-month period that includes "Green Grass" and "Blue Sky" scenarios, i.e. what can be done with minimal new resources and how might we proceed with an infusion of new support.

The 2014 CHNA was approved in December of 2014 and the work of convening the consortium and implementing identified objectives was not begun until the first quarter of 2015. With that said, work has transpired. As we move forward in adopting the 2016 CHNA, we reflect on accomplishments of our process, goals, and implementation of the previous (2014) CHNA so far:

Accomplishments

- The first PeaceHealth CHNAs identified the problem of health care access and lack of insurance coverage as the one issue that we wanted to focus on across all of our communities. PeaceHealth worked as part of the community coalitions that were formed across the State for the purpose of helping people sign up for commercial health insurance and Apple Health, i.e. Medicaid. By any measure these efforts were successful.

  Between 2013 and 2014 there was more than a 93% increase in Medicaid enrollment. Enrollment continued to increase in 2015 but not at the pace of the initial increase. Adult enrollment rose 152% from 2013 to 2015 and child enrollment rose 55% over the same period. As a result, uninsured adults in San Juan County decreased from 14% in 2013 to 7% in 2015.

Figure 2. Medicaid Enrollment and Percent Uninsured, San Juan County

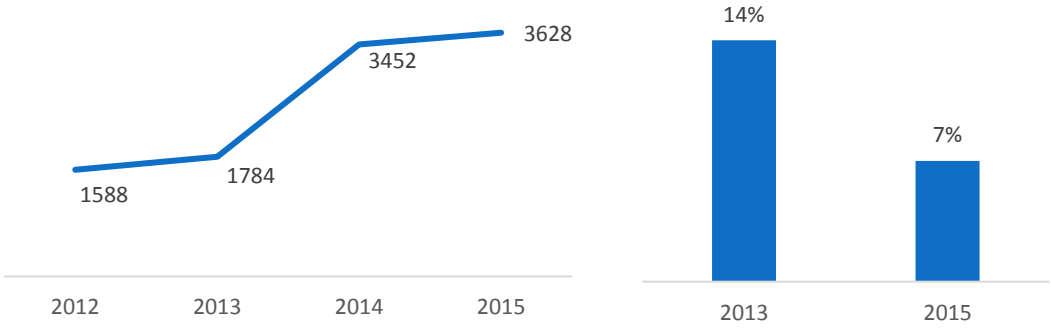
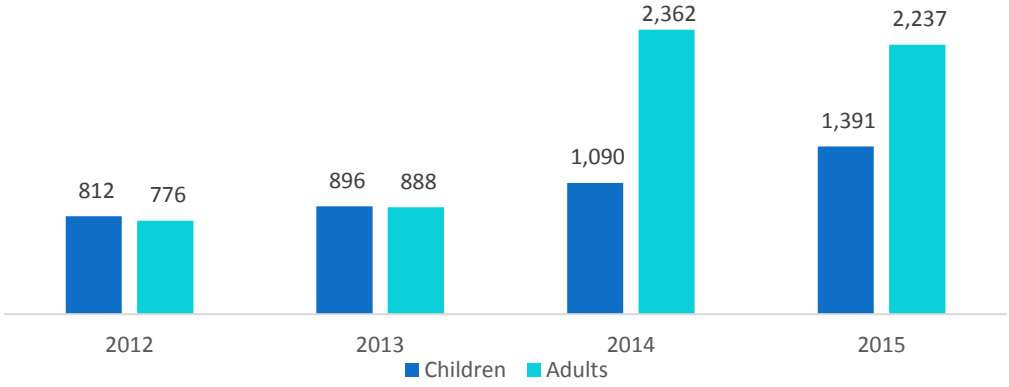


Figure 3: Medicaid Enrollment by Adults and Children, San Juan County, 2012-2015



Source: Health Care Authority, State of Washington. Children are defined as under age 19.

- A foundational 2014 CHNA objective was the formation of the **Community Health Consortium** which is cosponsored by PeaceHealth and the San Juan County Health Department. In the coming year PeaceHealth will donate dedicated staff to support Consortium workgroups and allow the development of more detailed work plans that include objectives, plans, and measures of success.

- The **Immunization** Workgroup finalized a plan for increasing childhood immunizations that includes outreach to providers to share registry data, working with schools to reduce exemptions, and establishing a community-wide task force. Measureable progress has been made on the first two, and convening the community task force is set for Spring of 2017. PeaceHealth will be providing communications and staff support.

- The **Behavioral Health** Workgroup aim is to increase system capacity through increased hiring of qualified individuals, the use of tele-psychiatry and tele-counseling, and developing integration of behavioral health and primary care, including increased care coordination.

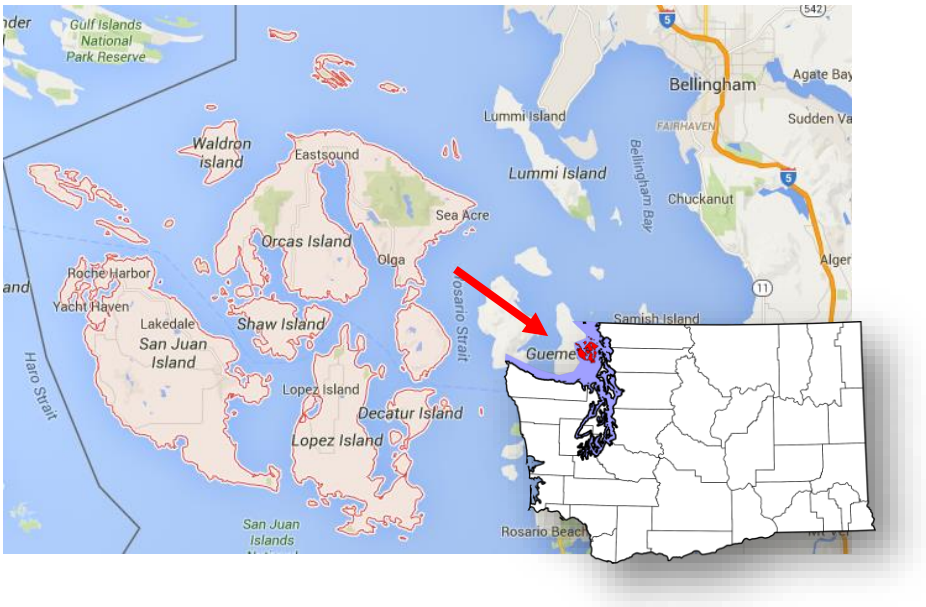
  PeaceHealth has done a lot of work with practice re-design and the introduction of tele-psychiatry; and and the new Behavioral Health Organization (BHO) will be providing tele-behavioral health services as well.

- **The Care Coordination** Workgroup is focused on the serving the needs of older adults who cannot get into a clinic for care. Research into various home care models in underway; related efforts include a neighbor-to-neighbor training program for volunteers to support people in their homes and the para-medicine work that is being pursued throughout the county.
- PeaceHealth PIMC is working with community partners to prepare a grant application to the San Juan Island and Orcas Island Community Foundations to support the cost of developing an online guide human service and health service **resource guide**.

IV. SAN JUAN COUNTY DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

PeaceHealth PIMC serves the San Juan Islands in the far northwestern corner of Washington State, with San Juan Island being its primary service area. San Juan County is the secondary service area.[1]

Map 2. San Juan County, WA



Of Note:

The 2015 United Ways of the Pacific Northwest ALICE report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are families that work hard and earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, child care, food, transportation, and health care. Most do not qualify for Medicaid coverage.

In San Juan County, 32% of all households are either in poverty or are ALICE households. This is equal to Washington State overall, wherein 32% of all households are either ALICE or in poverty.

[1] All data in this section is from the American Community Survey (US Census Bureau) unless otherwise noted.

Current Profile

San Juan County has about 16,000 residents.

- 492 (3.1%) are preschoolers age 5 or younger
- 2,124 (13.4%) are 5-19 years old
- 9,287 (58.6%) are adults age 18-64
- 4,216 (26.6%) are seniors age 65+
- 905 (5.7%) are Hispanic or Latino (slight growth in population since 2010)
- 126 (0.8%) are American Indian and Alaska Native (stasis in population since 2010)

In terms of the socioeconomic determinants, the County, as depicted in Table 3 is:

- 95% of adults have a high school diploma.
- 11% of individuals live below the Federal Poverty Level.
- 32% of all households are either in poverty or cannot afford basic household expenses.
- 74 people are homeless in San Juan County, all of whom are unsheltered *(Source: Homelessness in Washington State: 2015 Annual Report on the Homelessness Grant Programs, Department of Commerce).*
- In the San Juan Island, WA school district, fewer than 10 children in grades K-12 are reported from homeless families or doubled up (living with other families) *(Source: 2014-2015 Homeless Student Data Report, Office of Superintendent of Public Instruction).*

The PeaceHealth PIMC service area has about 7,800 residents.

- 207 (2.7%) are preschoolers age 5 or younger
- 1,173 (15.1%) are 5-19 years old
- 4,748 (61.1%) are adults age 18-64
- 1,831 (23.6%) are seniors age 65+
- 513 (6.6%) are Hispanic or Latino (stasis in population since 2010)
- 66 (0.8%) are American Indian and Alaska Native (stasis in population since 2010)

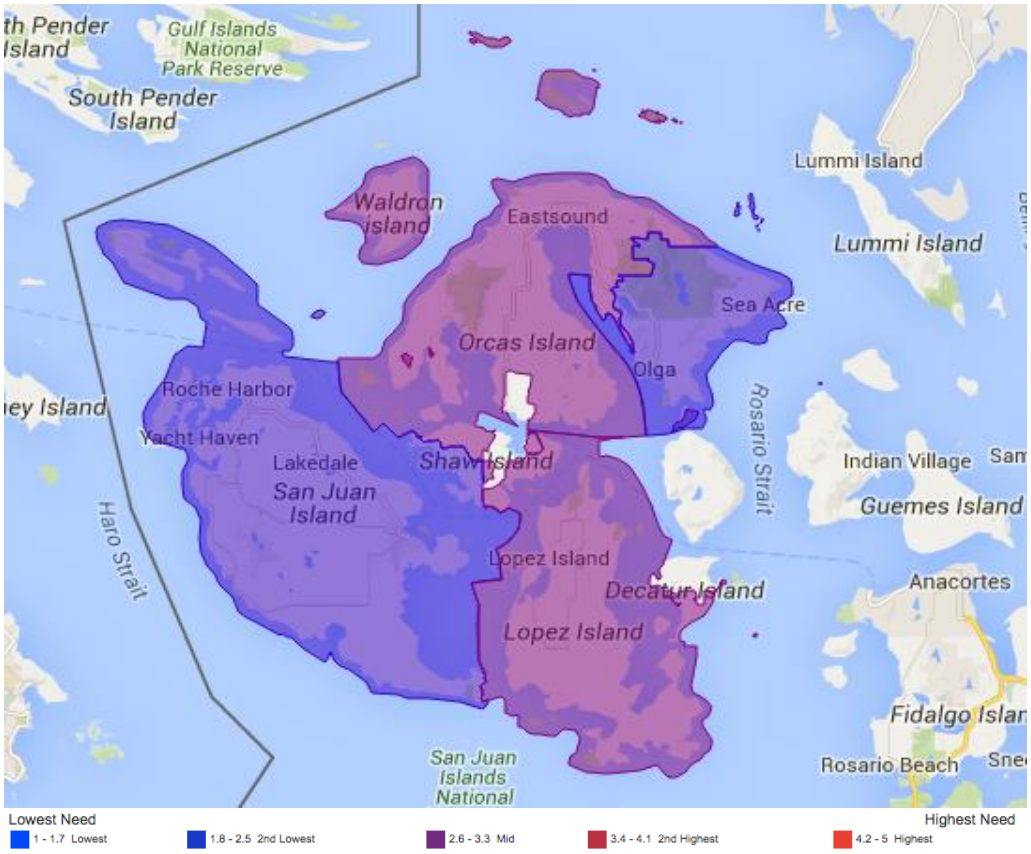
Nearly half of San Juan County residents live in the Peace Health PIMC service area. Table 3 identifies some key socioeconomic determinants of the PeaceHealth PIMC service area as compared to San Juan County and the State:

Table 3. San Juan County, WA Sociodemographic Profile

Area	High school diploma (%)	Individuals living below the FPL (%)	Median Household Income	People over age 5 who are linguistically isolated
San Juan Island (98250)	94.9%	9.0%	$61,116	0.6%
San Juan County	95.1%	11.4%	$54,331	2.0%
Washington State	90.2%	13.5%	$60,294	7.8%

The Community Need Index (CNI), a tool created by Dignity Health, measures a community's social and economic health on five measures: income, cultural diversity, education level, unemployment and health insurance, and housing. The CNI demonstrates that within San Juan County, there are pockets of higher and lower need:

Map 3. San Juan County, WA Community Need Index Map, 2015



Source: Dignity Health

Key Take-Aways

- Over a third of all San Juan County residents are either below the Federal Poverty Level (FPL) or do not earn enough to afford a basic household budget of housing, child care, food, transportation, and health care.
- Within San Juan County, there are pockets of poverty and low educational attainment. Lopez Island and Eastsound have the highest need.

V. KEY HEALTH INDICATORS

Method

Data for each of the four PeaceHealth pillars is detailed on the following pages. For each pillar, we provide a description, how the community compares to other Washington counties, provide a profile of the community, identify important indicators and provide key takeaways.

PeaceHealth selected the most currently available data from publically available sources. Data elements were selected that align with the focus of the CHNA. The goal was to identify metrics that could be consistently measured, monitored and benchmarked for all PeaceHealth communities throughout the Pacific Northwest.

Data from the Robert Wood Johnson Foundation (RWJF) was used as a primary source. RWJF's county health rankings data compare counties within each state on more than 30 factors. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Counties are ranked relative to the health of other counties in the same state. Of note, RWJF has ranked San Juan County as the healthiest County in Washington State in each of the past several annual rankings. RWJF calculates and ranks four summary composite scores used in this report:

- Overall Health Outcomes
- Overall Health Delivery Factors
- Health Factors – Health behaviors
- Health Factors – Social and economic factors

This is a nationally recognized data set for measuring key social determinates of health. RWJF is committed to continually measuring these metrics.

Data in this evaluation is also supplemented with sources from state and local agencies in Washington. Unless otherwise noted all data cited in this section is from RWJF or the following sources:

Behavioral Risk Factor Surveillance System; Washington Healthy Youth Survey; Washington Department of Health, Vital Statistics; US Census Bureau; The University of Washington's Alcohol and Drug Abuse Institute; USDA WIC Program; WA Office of the Superintendent for Public Instruction; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; Community Commons; United Ways of the Pacific Northwest.

Next to each local indicator we've shown whether the local rate (percentage) is less than, greater than, or equal to the state rate (percentage). With any indicator, there is a range of possible 'true' values because data collection always entails some error. Often, percentages that appear different are rated as 'equal.' This is because, statistically speaking, there is a large chance that the 'true' value of the data at the state and county level is equal, rather than different, due to error inherent in the data collection process.

Healthy, Active Living: San Juan County Health Indicators, 2016

What is Healthy, Active Living?

Healthy, Active Living is a key pillar of a healthy community. We envision a community where the environment and resources of that community allow adults, teens, and children to be physically active, to eat nutritious meals, to be free of the burdens of substance abuse and chronic disease, and to live with an ample sense of wellbeing and connection to others.

How Does San Juan County Compare to Other Counties?

San Juan County is ranked 1st out of 39 Washington counties for its food and physical activity environment, as well as the adult behavioral health indicators like excessive drinking and smoking. This means we're doing well compared to every county in the state.

Healthy, Active Living Profile

Adults:

- Adult obesity: 14% (<WA: 27%)
- Adult physical inactivity: 14% (<WA: 18%)
- Adult diabetes: 5% (<WA: 9%)

Youth:

- 10th graders who are obese: 10% (=WA: 11.2%)
- 10th graders reporting physical inactivity: 2%(<WA: 12.0%)

Environment:

- Reasonable access to exercise opportunities: 85% of residents (=WA: 88%)
- Food environment index: 8.3 (>WA: 7.5)

Substance Abuse:

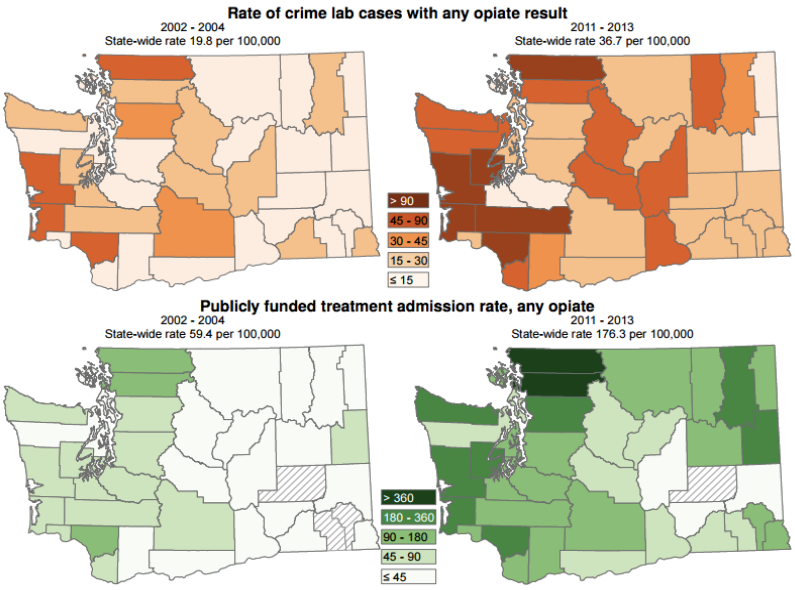
- Adult excessive drinking: 18% (=WA: 19%)
- 10th graders drinking alcohol: 36% (>WA: 21%)
- Adult smoking: 12% (<WA: 15%)
- 10th graders smoking cigs in past 30 days: 19% (>WA: 7.9%)
- Publicly funded treatment involving any opiate: 137.2 per 100,000 population (<WA: 176.3 per 100,000 population)

Closer Look

Growth of Opiate Abuse

Opiate abuse appears to have grown in San Juan County in the past 15 years. Since 2002-2004, the rate of residential treatment for any opiate (heroin or prescription drugs) has increased 368%, from 29.3 people treated per 100,000 population to 137.2 people treated per 100,000 population. Similarly, crime lab cases with any opiate result have increased from 0 to 14.6 per 100,000 between 2002-2004 and 2011-2013.

Figure 4. Rate of Opiate-Related Crime and Rate of Treatment for Opiate Abuse by County, WA State



Source: Univ. of Washington Alcohol & Drug Abuse Institute

Youth Substance Abuse

Substance abuse among youth in San Juan County occurs at higher rates than Washington State overall in nearly every category. 10th graders in San Juan County are significantly more likely to smoke cigarettes, drink alcohol, and smoke marijuana than 10th graders in Washington State. These trends do not extend to adults in San Juan County; nevertheless, youth substance abuse imperils the health and wellbeing of young people throughout the life course and impedes their cognitive, social, physical, and emotional development.

Of Note:

Caregiver Wellness

As one of the largest employers in the community, PeaceHealth is working to support active healthy living in its workforce by offering an employee wellness program. Workplace wellness programs are evidence-based strategies to improve physical fitness and risk factors. At PeaceHealth, we can make an impact on community wellness by improving our employees' wellness, but there are differences based on income levels:

62.4% of eligible PeaceHealth Northwest Network employees participate in a wellness program.

29% of eligible PeaceHealth Northwest Network employees earning $25,000 - $40,000 participate in a wellness program.

Participation by Income

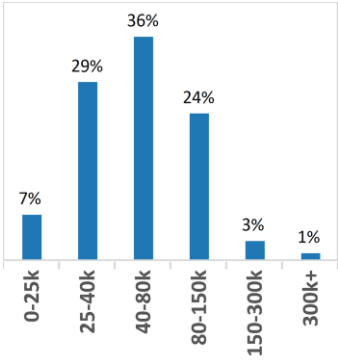
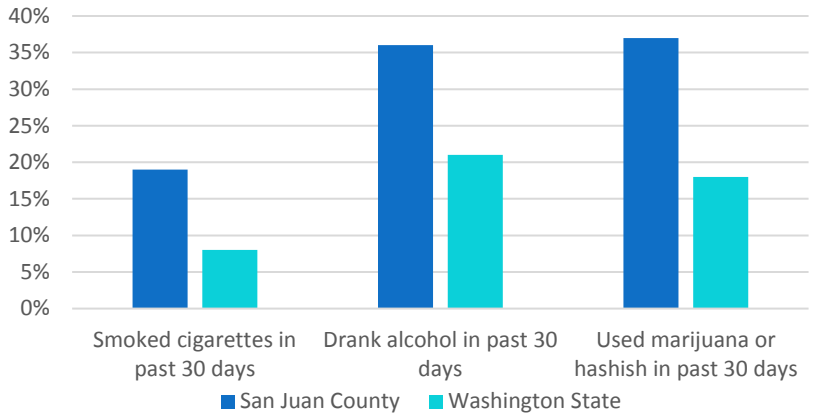


Figure 5, Substance Abuse Reported by 10th Graders, 2014



Source: Washington Healthy Youth Survey, 2014

Additional Indicators with Trend Data

The Behavioral Risk Factor Surveillance System is used to measure chronic diseases and health behaviors among a population of adults in all 50 states at the county level. The Washington Healthy Youth Survey measures health risk behaviors and outcomes among 6th, 8th, 10th, and 12th graders in Washington State. The Washington Department of Vital Statistics measures causes of death and circumstances of prenatal outcomes and birth. The Robert Wood Johnson Foundation County Health Rankings aggregates BRFSS, Vital Statistics, US Census, and business data to provide an overview of measures that matter for health. The University of Washington's Alcohol and Drug Abuse Institute measures markers of opiate abuse over time in Washington counties.

Table 4. Healthy, Active Living: San Juan County Health Indicators vs. Washington State, 2016

	Better	Equal	Worse
Chronic Conditions			
Adult diabetes	●		
Heart disease death rate		●	
Adult obesity	●		
Risk behaviors			
Adult physical inactivity	●		
Excessive alcohol use		●	
Adult smoking	●		
Publicly funded treatment admissions for any opiate	●		
Suicide death rate		●	
Environment			
Grocery availability & food insecurity	●		
Access to exercise opportunities		●	

Table 5. Healthy, Active Living: San Juan County 10th Graders, Health Indicators vs. Washington State, 2014 and Trend Since 2010

	Better	Equal	Worse	Trend
Chronic Conditions				
Obesity		●		*stasis*
Depression		●		*stasis*
Risk behaviors				
Smoking cigarettes			●	*stasis*
Drinking alcohol			●	*stasis*
Using marijuana/hashish			●	*stasis*
Binge drinking		●		*stasis*
Eat 5+ fruits/vegetables per day*		●		*stasis*
Consumed no sugar-sweetened beverages at school in past 7 days		●		*improving*
Reports no leisure-time physical activity for 60 min/day in past 7 days	●			*stasis*
Reports 'seriously considering suicide'		●		*stasis*
Environment				
Bought sugar-sweetened beverages at school		●		*stasis*

**trend since 2012*

Key Take-Aways

- Opiate use and abuse is a significant public health issue in San Juan County, as it is in Washington State and across the country, with rates of treatment and opiate-related crime increasing greatly in the past 15 years.
- Youth substance abuse of tobacco, alcohol, and marijuana are major health risks and are higher in San Juan County than Washington State[2].
- On the whole, San Juan County adults are some of the healthiest in Washington State.

[2] 10th grade cigarette use in last 30 days is 13.9% for San Juan County (7.9% in WA); 10th grade alcohol use in last 30 days is 36% (21% in WA).

Child & Family Wellbeing: San Juan County Health Indicators, 2016

What is Child & Family Wellbeing?

Child & Family Wellbeing is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and wellbeing later in life. We envision a community where all pregnant women and families with children are well-fed, safe, and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation.

How Does San Juan County Compare to Other Counties?

In social and economic factors, including the percentage of adults who have completed high school and have some college education, as well as the percentage of babies born to single mothers, San Juan County is ranked 11th of 39 counties in Washington.

Child & Family Wellbeing Profile

- Percent of students who demonstrate expected skills in 6 of 6 domains: 60 %[3] (=WA: 39.5%)
- Childhood food insecurity: 21% (=WA: 21.0%)
- Graduation rate: 83% (=WA: 77.2%)
- Maternal smoking in third trimester of pregnancy: 6.5% (=WA: 7.3%)
- Low birth weight: 4% (<WA: 6%)
- Prenatal care beginning in first trimester: 76% (=WA: 74.7%)
- WIC infants partially or fully breastfed: 71% (>WA: 41.3%)
- 19-35-month olds up-to-date with vaccinations: 44% (<WA: 56%)
- Teens up-to-date with vaccines: 14% (<WA: 34%)

Closer Look

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a "dose-response" relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. Adverse Childhood Experiences include emotional, physical, or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on one's parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce, or having an incarcerated member of the household.

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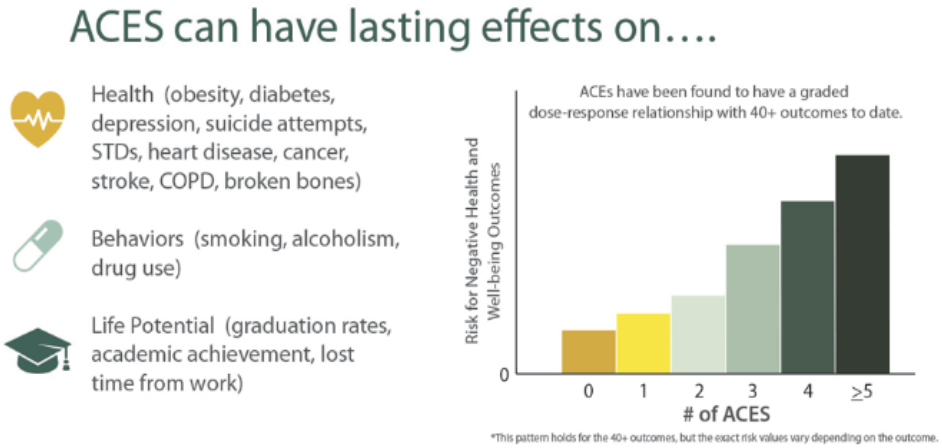
[3] Sample size too small to compare accurately with Washington State percentage

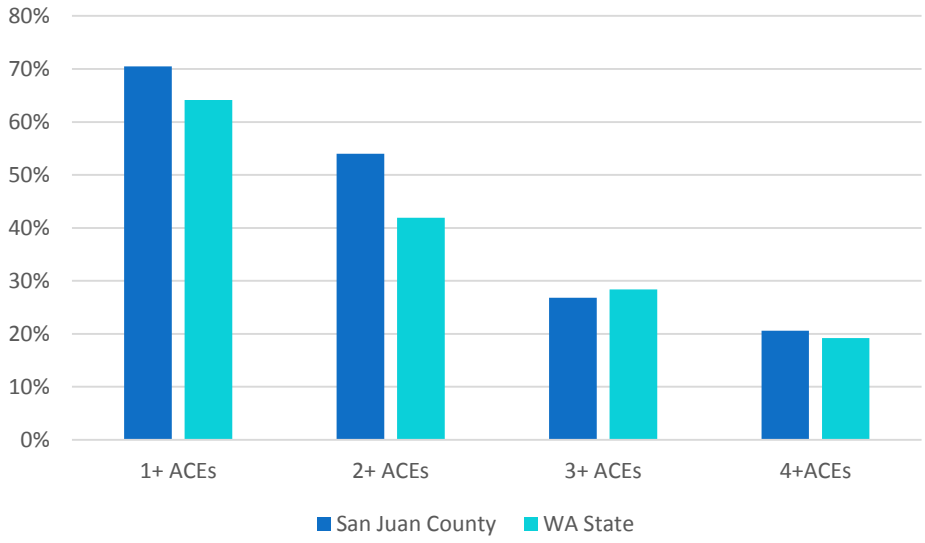
Figure 6. Association between ACEs and Negative Outcomes



Source: Centers for Disease Control & Prevention, "Association between ACEs and negative outcomes"

We can examine ACEs reported by adults in Washington and see that San Juan County adults have endured ACEs that put them at risk for poor health and social outcomes throughout the life course.

Figure 7. ACEs Reported by Adults in San Juan County and WA State, 2011

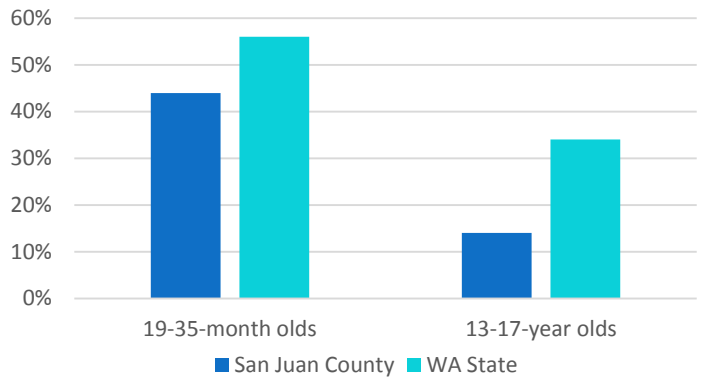


Source: Washington State Behavioral Risk Factor Surveillance System

Toddler and Teen Vaccination Rates

Less than 50% of toddlers and less than 20% of teens are up-to-date with recommended vaccinations in San Juan County, some of the lowest rates of vaccine completion in Washington State.

Figure 8. Rates of Toddler and Teen Vaccinations, 2014



Source: Washington State Department of Health

Of Note:

Fewer than half of toddlers and nearly 9 in 10 teens are up-to-date with vaccinations in San Juan County.

One in five San Juan County children lack access to adequate, nutritious food.

Child & Family Wellbeing Data Sources

The Washington Department of Vital Statistics measures causes of death and circumstances of prenatal outcomes and birth. The Washington Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) that compiles ACEs data on adults. The Robert Wood Johnson Foundation County Health Rankings aggregates BRFSS, Vital Statistics, US Census, and business data to provide an overview of measures that matter for health. The Office of the Superintendent for Public Instruction measures "Readiness to Learn" among entering kindergarteners in Washington State in 6 domains: social-emotional, physical, language, cognitive, literacy, and math. Low birth weight is compiled in a seven-year period by RWJF County Health Rankings from WA State Vital Statistics data (2007-2013). Childhood food insecurity is measured by the USDA and Feeding America, and is characterized by a lack of consistent, sufficient, and varied nutrition. Breastfeeding data are compiled by individual site and state by the USDA Women, Infants, and Children Nutrition Program.

Table 6. Child & Family Wellbeing: San Juan County Health Indicators vs. Washington State, 2016

	Better	Equal	Worse	Trend
Social Indicators				
High school graduation rate	●			*stasis*
Childhood food insecurity		●		*stasis*
Entering kindergarteners demonstrating Readiness to Learn in 6 of 6 domains*	●			**
Health Indicators				
Prenatal care in 1st tri. of pregnancy	●			*stasis*
Maternal smoking in 3rd tri. of pregnancy		●		*worsening*
Low birth weight	●			***
WIC infants partially or fully breastfed	●			*stasis*
Toddlers up-to-date with vaccines			●	**
Teenagers up-to-date with vaccines			●	**

**Interpret differences with caution due to the small sample size*
***no trend data available*
****data aggregated between 2007-2013*

Key Take-Aways

- Less than 50% of toddlers and less than 20% of teens are up-to-date with recommended vaccinations in San Juan County, some of the lowest rates of vaccine completion in Washington State.
- Adults in San Juan County report similar exposure to Adverse Childhood Experiences (ACEs) as adults in Washington State. ACEs affect individuals' growth and development throughout the life course and contribute to poor health and social outcomes later in life.
- The low rate of low birth weight in San Juan County is a critical marker of health resilience for women, infants, and children in San Juan County and should be maintained, along with the high rate of breastfeeding among WIC infants.

Health Delivery Systems:
San Juan County Health Indicators, 2016

What are Health Delivery Systems?

Health Delivery Systems are a key pillar of a healthy community. Access to quality, affordable, comprehensive care throughout the life course is an important facet of community wellness. We envision a community where all people have access to quality, affordable preventive and acute care, including mental health and dentistry, throughout the life course.

How Does San Juan County Compare to Other Counties?

In health delivery factors including the ratio of physicians, dentists, and mental health providers to the population, as well as certain measures of quality of care like the percentage of Medicare recipients that receive mammograms and diabetic monitoring, San Juan County ranks 4th out of 39 counties in Washington—nearly in the top 10% of Washington counties for clinical care quality.

Health Delivery Systems Profile

- Ratio of care providers to residents:
  - Primary care: 1,130:1 (=WA: 1,190:1)
  - Dentists: 1,330:1 (=WA: 1,290:1)
  - Mental health: 260:1 (<WA: 380:1)
- Uninsured rate among adults below age 65: 7% (=WA: 8%)
- 10th graders who saw a doctor for a physical in the past year*: 50% (=WA: 66.1%)
- 10th graders who saw a dentist for a checkup, exam, teeth cleaning, or other dental work*: 67% (<WA: 79.0%)
- Preventable hospital stays among Medicare beneficiaries: 15 per 1,000 beneficiaries (<WA: 36 per 1,000 beneficiaries)

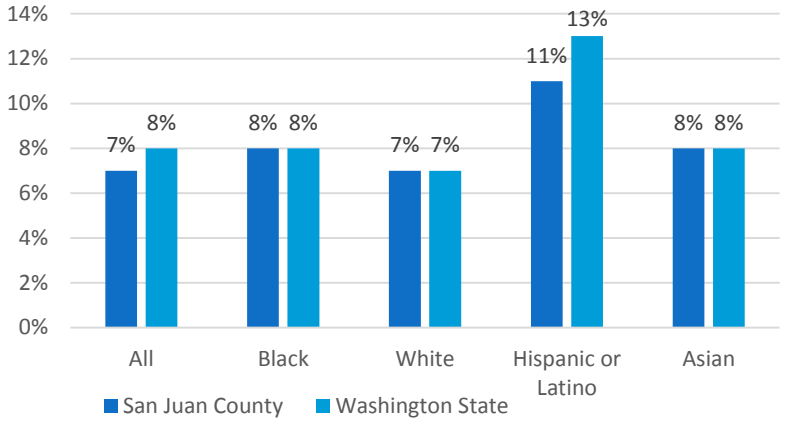
  **as with other San Juan County data, the small sample size results in large error margins; though these data appear very different, they are not statistically significantly different and we must interpret them as equal.*

Closer Look

Health Insurance Inequities

Though San Juan County's overall insurance rate is improving, disparities between Hispanics vs other racial/ethnic groups appear to exist in insurance status in San Juan County as depicted in Figure 9 below.

Figure 9. Uninsured Rate among Adults <65 Years, 2015



Of Note:

Half of San Juan County 10th graders did not have a physical last year, and nearly a third did not see the dentist.

Racial/ethnic disparities in access to insurance exist in San Juan County.

Low ratios of care providers to residents and low rates of preventable hospitalizations indicate good access to quality preventive care in San Juan County.

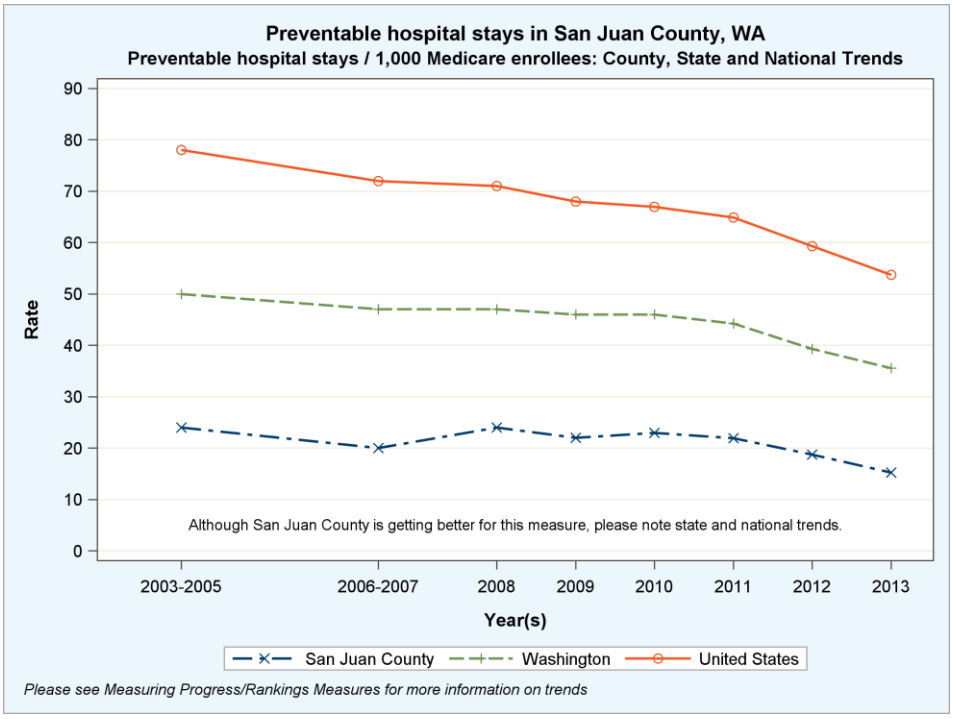
Preventive Hospital Stays

Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

Lower numbers on this measure are the goal, (see chart on the following page). San Juan County ranks well below the nation and State of Washington average, ranking 15th out of 39 counties. The data suggest that the area is well served by primary care.

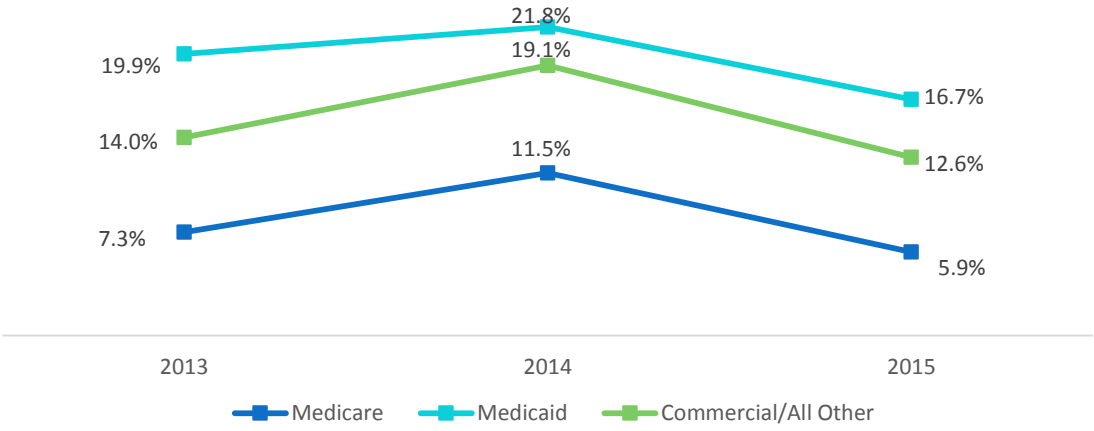
Figure 10. Preventable Hospital Stays, San Juan County, WA



Emergency Room Use

Treating patients with low-acuity conditions in the ED is an issue because it is not the best care setting for those conditions and it contributes to unnecessary overcrowding and increased cost. Approximately 11.3% of emergency room visits to PeaceHealth PIMC could be considered avoidable given their low acuity. When viewed by payer, Medicare patients have the lowest rate of these visits, representing 5.9% of all Medicare ED encounters. Medicaid patients have the highest rates, 16.7%. The percent of low acuity visits appear to be trending downward from the 2014 peak for all payer types.

Figure 11. Low-Acuity ED Visits by Payer, Peace Island Medical Center, 2013-2015



Source: PeaceHealth Internal Data

Health Delivery Systems Data Sources:

The Washington Healthy Youth Survey measures health risk behaviors and outcomes among 6th, 8th, 10th, and 12th graders in Washington State, including health care access. The Robert Wood Johnson Foundation County Health Rankings aggregates provider and US Census data to provide an overview provider to resident ratios and overall clinical care relative measures, and shows preventable hospitalization rates. Enroll America aggregates measures of insurance across all 50 states at the county and state level.

Table 7. Health Delivery Systems: San Juan County Health Indicators vs. Washington State, 2016 and Local Trend since 2010

	Better	Equal	Worse	Trend
Primary Care Provider to resident ratio		●		*stasis*
Dentists to resident ratio		●		*stasis*
Mental Health Providers to resident ratio	●			*stasis*
Uninsured adults below age 65		●		*improving*
Saw a doctor for a physical in the past year (10th graders)		●		*stasis*
Saw a dentist for checkup, cleaning, or other work in past year (10th graders)		●		*stasis*

Key Take-Aways

- Half of 10th graders did not have a physical in the past year, and nearly a third did not see the dentist.
- Racial/ethnic disparities in insurance status exist in San Juan County, (but the numbers are small)
- Low ratios of care providers to residents and low rates of preventable hospitalizations indicate good access to high quality preventive care in San Juan County.

Equity: San Juan County Health Indicators, 2016

What is Equity?

Equity is a key pillar of a healthy community. Health equity will be achieved when everyone is given the opportunity to reach their full health potential. Affordable, safe housing, and employment that allows sufficient resources to meet a household budget are important facets of equity.

How Does San Juan County Compare to Other Counties?

In social and economic factors, including the percentage of children in poverty, violent crime, and income inequality, San Juan County is ranked 11th of 39 counties in Washington, meaning that San Juan County is doing well compared to the majority of Washington counties.

Equity Profile

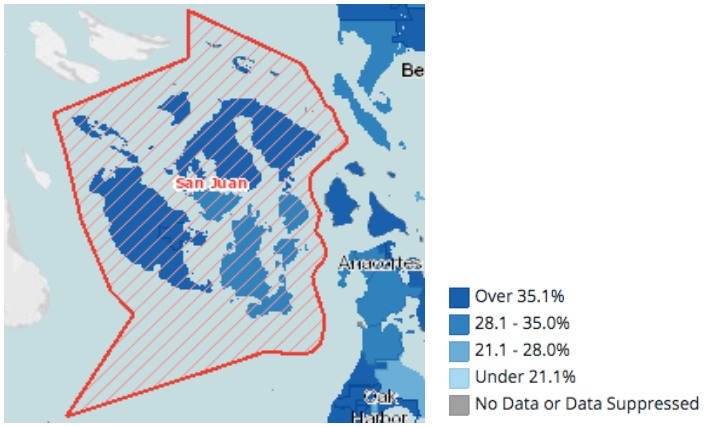
- Individuals living in poverty: 12% (=WA: 13.5%)
- Households that are Asset Limited, Income Constrained, Employed or in poverty: 32% (=WA: 32%)
- Linguistic isolation: 2% (<WA: 7.8%)
- Households with 'severe housing problems,' including cost-burdened housing: 25% (=WA: 18%)
- Unemployment rate: 6% (<WA: 8.8%)
- Veteran population: 12% (=WA: 11%)
- Income inequality (ratio of income at the 80th percentile to income at the 20th percentile): 4.4 (=WA: 4.5)
- 74 people are homeless in San Juan County, all of whom are unsheltered (including minor children)
- Fewer than 10 children in grades K-12 are homeless in the San Juan Island School District
  (*Source: 2014-2015 Homeless Student Data Report, Office of Superintendent of Public Instruction*)

Closer Look

Cost-burdened Housing

Affordable housing is a key component of financial wellbeing and stability, and forms the basis of good health. There are many pockets of people in San Juan County burdened by high housing costs that undermine their health and wellbeing.

Figure 12. Percentage Households Where Housing Costs Exceed 30% of Household Income, San Juan County, WA 2010-2014



Source: Community Commons

Poverty and Asset Limited, Income Constrained, Employed Household Inequities

Asset Limited, Income Constrained, Employed households are those that are employed and living above the poverty line, but cannot afford a stable household budget of housing, food, transportation, health care, and childcare.

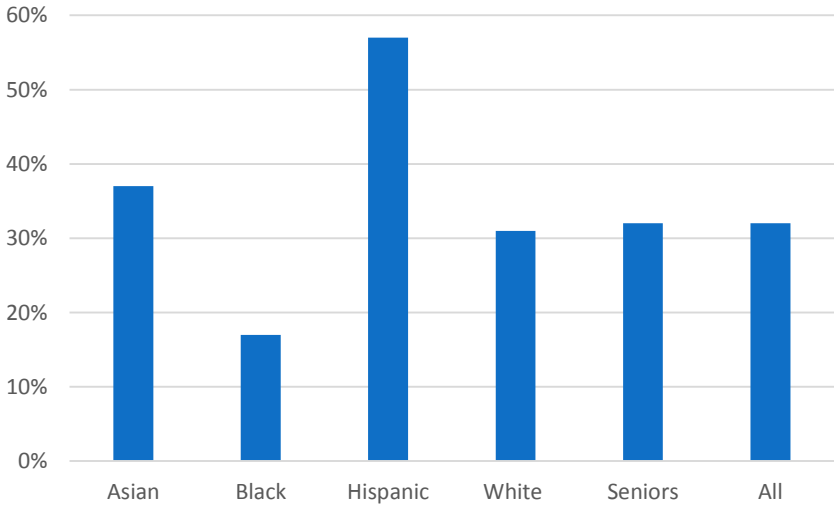
Of Note:

Changing demographics call for employers to monitor their workforce so that it reflects the composition and diversity of the community.

Increasing racial and ethnic diversity among licensed health professionals is particularly important because evidence indicates that among other benefits, it is associated with improved access for non-majority patient groups, increased patient satisfaction and an overall decrease in health care disparities.

When this group of households is combined with those in poverty, we see that 32% of households in San Juan County cannot afford a stable monthly budget. In Friday Harbor, nearly half (42%) of households are ALICE or in poverty. Furthermore, there are significant differences by race/ethnicity, with Hispanic households having higher rates of poverty and ALICE (see Figure 13 below).

Figure 13. Households below the ALICE Threshold by Race/Ethnicity and Age, San Juan County 2013



Source: United Way ALICE Report, Pacific Northwest

Equity Data Sources

The US Census measures the percentages of individuals living in poverty, in linguistic isolation, and adults who are unemployed. The Robert Wood Johnson County Health Rankings provide estimates of individuals who have 'severe housing problems,' meaning individuals who live with at least 1 of 4 conditions: overcrowding, high housing costs relative to income, or lack of kitchen or plumbing, as well as a measure of income inequality at the county and state level, which is the ratio of household income at the 80th percentile to income at the 20th percentile. Community Commons provides maps of census-tract level data, including housing cost burden. The United Way Pacific Northwest ALICE report provides county-level estimates of ALICE households and households in poverty. The Washington Point-in-Time Count provides an annual count of homeless individuals by county in Washington State. School districts in Washington state report numbers of homeless students to the State Department of Education.

Table 8. Equity: San Juan County Health Indicators vs. Washington State, 2016 and Local Trend since 2012

	Better	Equal	Worse	Trend
Individuals living below the poverty line		●		*stasis*
Individuals over age 5 in linguistic isolation	●			*stasis**
Households with 'severe housing problems'		●		*stasis***
Unemployment rate			●	*stasis*
Income inequality		●		*stasis*

**stasis since Census 2000*
***baseline trend data aggregated from 2006-2010*

Key Take-Aways

- A high percentage of cost-burdened housing in San Juan County imperils the wellbeing of affected households and the community as a whole.
- Over a third of San Juan County households (32%) and nearly half of Friday Harbor households (42%) cannot afford a livable monthly budget; households struggling to make ends meet are disproportionately Hispanic.
- None of the 74 homeless individuals (including minor children) included in the 2015 Point-in-Time Count in San Juan County were sheltered.

VI. COMMUNITY CONVENING

Method

Following the community convenings associated with the recently completed 2014 CHNA, it was decided to invite the Community Health Improvement Consortium (Consortium) to participate in this "refresh". Consortium participants include the co-conveners, PeaceHealth PIMC and the County Public Health Department, and the following organizations: Family Resource Centers; Compass Mental Health; the San Juan Community Foundation; Emergency Medical Services (EMS); Public Hospital District #1; Planned Parenthood; and the local hospice. Staff from the School District and the Public Library have also participated in Consortium meetings over the last year as well as others.

Table 9. Community Health Consortium Members to participate in 2016 CHNA refresh

Organization	Population Served
San Juan County Health Department	Provides a wide array of direct public health services and referral to additional social services to all members of the community
Family Resource Centers	Provides early childhood support programs and parenting resources that help improve child development and family well-being. Additional services include rental and utilities assistance, transportation, mental health counseling and access to medical care.
Emergency Medical Services	A county agency providing emergency 9-1-1 advanced life support rescue and transport to the residents and visitors
San Juan County Public Hospital District #1	Is a taxing district of San Juan County with two levies that support 911 response and other offset costs of healthcare services within the District for charitable healthcare services, emergency department services, and the provision of physician services provided through Peace Island Medical Center to the residents of the District.
The Network Initiative	Funded by the Health Department, this initiative is aimed at improving communication and coordination between social service organizations.
San Juan County Volunteer Hospice	Provides for the needs of individuals and families trying to cope with death. Support includes, direct patient care and caregiver respite; and grief support.

Community Convening

On June 3, 2016, the Consortium was convened for a three hour conversation and provided with an update of the 2014 CHNA priorities. Participants were asked to affirm that these priorities should remain a focus area. Based on the 2016 secondary data gathering relative to each community health pillar, attendees were then asked to consider and discuss whether there were any significant gaps or opportunities beyond the 2014 priorities that need to be considered and to understand possible solutions that local experts support.

Table 10. Summary of Health and Social Gaps/Needs and Strategy Opportunities According to Community Convening Participants, by Community Health Pillar, June 2016

	Healthy, Active Living	Child & Family Wellbeing
Needs/Gaps	▪ Adult immunization rates ▪ Youth tobacco, marijuana and alcohol use	▪ Adverse childhood experiences (ACEs) ▪ Unintended pregnancies
Strategic Opportunities	*Immunization:* ▪ Given the high percentage of seniors that live in San Juan County, focus on increasing adult immunization rates (in addition to pediatric rates). ▪ Pilot the use of a new state registry for adult immunizations – "we don't achieve immunity without including the whole family." ▪ School based prevention and early intervention programs	*ACEs Training:* ▪ San Juan County Health Department provides parents training in collaboration with the Family Resources training. ▪ School districts doing work with the Compassion in School and trauma informed care models. ▪ North Sound ACH LARC project
	Health Delivery Systems	**Equity**
Needs/Gaps	▪ Dementia care ▪ Lack of behavioral and primary care coordination ▪ Access to hospice	▪ Cost-burdened housing
Strategic Opportunities	▪ Providing support for family caregivers by expanding the paramedicine program and joining it with a volunteer visiting program and aspects of palliative care home visiting service. ▪ Explore ways to improve integration of medical/mental health ▪ Support the local volunteer agency in securing a certificate of need for hospice.	▪ Affordable housing

VII. IMPLEMENTATION PLAN

Selected Strategies

Adopted by our authorized body, the statement of strategies below will serve as the basis for a more detailed CHNA implementation plan which will be published no later than November 30, 2016[4]. The Implementation Plan strategies summarized below were extrapolated from the data and from community input. Our plan is comprehensive in the sense that there are strategies that impact the focus areas within each of the community health pillars (and a number of strategies cross pillars); however, the display of strategies is not intended to be a complete listing of all of the activities that PeaceHealth will undertake with its community partners to affect the health status of the community. Rather, it is a statement of our community health priorities.

The PeaceHealth PIMC Board will approve an annual CHNA implementation plan that includes tactics, timelines and metrics. The first three strategies listed are being adapted across PeaceHealth facilities. They may be less pertinent to the communities served by PeaceHealth PIMC in San Juan County, and therefore may not be incorporated into the final CHNA pan to be approved by the PIMC Community Health Board.

Table 12. 2016 PeaceHealth PIMC Implementation Plan Summary

Aims/ Strategies	Target population	Primary partners
1. Ensure **effective information exchange and care coordination** for select populations (e.g. PeaceHealth Medical Group patients with complex health and psychosocial conditions who are served by multiple organizations) as part of PeaceHealth Transforming Clinical Practice Initiative (TCPI) and other community collaborations.	Children and adults who receive Medicaid and have particularly complex health psychosocial conditions.	PHMG System leadership; local primary care providers, behavioral health organizations and others.

[4]The final IRS regulations (published in the Federal Register on December 31, 2014) provide hospital facilities with an additional four and a half months to adopt the implementation strategy, specifically requiring an authorized body of the hospital facility to adopt an implementation strategy to meet the health needs identified through a CHNA on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA.

Aims/ Strategies	Target population	Primary partners
2. As part of our ongoing effort to create an inclusive organization that exercises cultural humility, recruit for and support a workforce that reflects the **changing ethnic, racial and cultural diversity** of the communities that we serve.	Patients and users of health and social services	Workforce development Council; community and Technical colleges; Tribal health centers and others
3. In collaboration with the Health Department, increase the rate of childhood and adult **immunizations** throughout the County.	All community members	PHMG System leadership; local primary care providers, behavioral health organizations and others
4. Advocate for and actively support the development of a comprehensive continuum of **behavioral health services** that includes access to and referral for crisis stabilization, transitional housing, substance abuse treatment services, and psychiatry that is available to children and seniors.	Children and adults experiencing mental health conditions and/or substance use disorders	Compass Mental Health; San Juan County Public Health Department; Regional Behavioral Health organization (BHO)
5. Working with EMS and other social service providers, reduce the need for elders to leave their homes by developing an **outpatient palliative care** service that includes training and support for family caregivers.	Older adults and their families	Hospice of San Juan; San Juan Island EMS; senior services, volunteer networks and others
6. Increase inter-organizational cooperation through the development of an online **resource guide** that can be used by health and social service providers and the public.	Patients and users of health and social services	PeaceHealth and Health Department to help lead, other partners TBD

Significant Health Needs Not Addressed by Implementation Plan

PeaceHealth PIMC has expertise in providing primary, specialty and tertiary care for San Juan County residents. We are able to address particular access to care and other issues with our own resources and expertise, but need to partner with public health and local organizations in order to address other community health needs. The high priority issues we chose to focus on our implementation plan fill an important set of needs in San Juan County and surrounding areas and leverage our resources and expertise.

The issues that we have prioritized with input from the community leverage our resources and expertise and address significant community needs. In prioritizing some issues however, others are not directly addressed , this includes cost-burdened housing, the cost of medications,and the need for dental services.