

Sunnyside

COMMUNITY HOSPITAL & CLINICS

2016 COMMUNITY HEALTH NEEDS

ASSESSMENT

Paper copies of this document may be obtained:

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COMMUNITY HEALTH NEEDS ASSESSMENT

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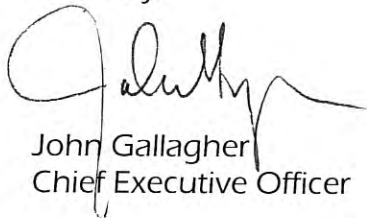
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Dear Community:

As the Chief Executive Officer at Sunnyside Community Hospital & Clinics, I would like to thank our community, public health experts and key stakeholders for their input in our Community Health Needs Assessment. Under the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years.

The Community Health Needs Assessment outlines the priority health issues facing our community. Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships and actively engage in finding solutions.

Sincerely,



John Gallagher
Chief Executive Officer

COMMUNITY HEALTH NEEDS ASSESSMENT

Sunnyside Community Hospital & Clinics is located in Sunnyside, Washington. We are situated in the heart of Southeastern Washington. Our hospital has a 24-hour emergency room, seven-bed intensive care unit, medical-surgical floor, Family Birth Center, operating rooms, and laboratory and diagnostic imaging (3-D mammography, x-ray, CT scan, new state-of-the-art MRI, ultrasound, nuclear medicine, and bone density scan). Other services include cardiology, respiratory therapy, pharmacology, and diabetes education.

The hospital is a private, nonprofit facility owned by the Sunnyside Community Hospital Association. An unpaid board of trustees governs the hospital. Management services are provided by HealthTech Management Solutions.

Our Mission

To provide comprehensive quality care to the region.

Our Vision

To be the regional comprehensive healthcare provider of choice.

Our Values

Integrity.

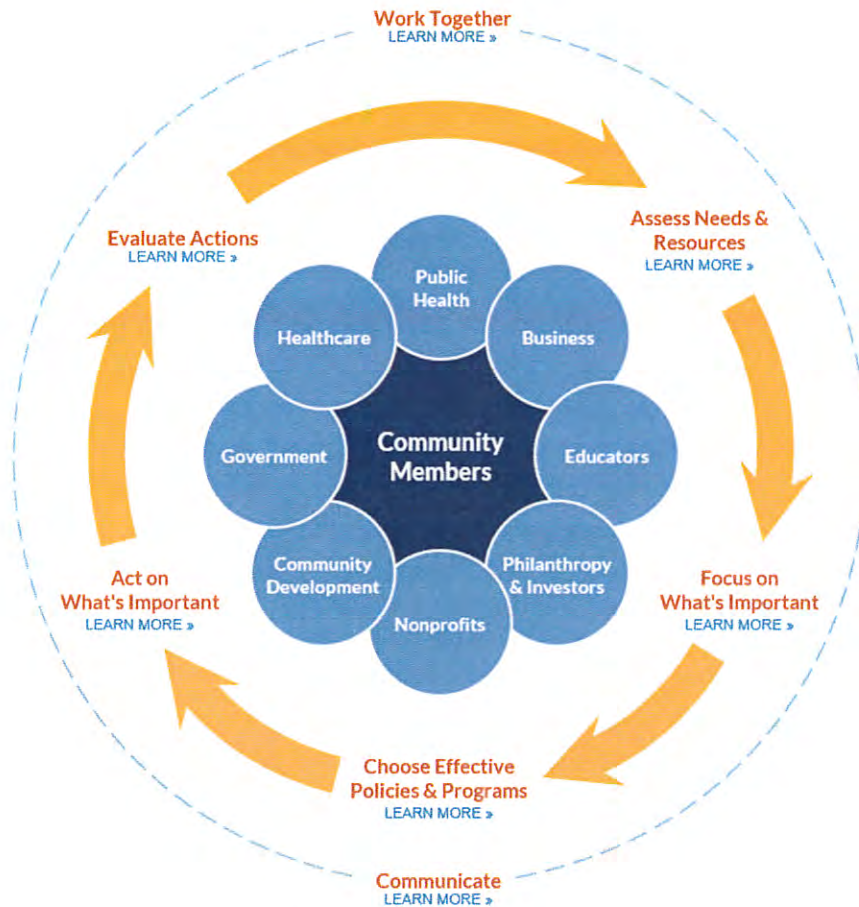
Honesty.

Stewardship.

Respect.

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Perspective and Overview



Robert Wood Johnson Foundation County Health Rankings
<http://www.countyhealthrankings.org/roadmaps/action-center>

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(c)(3) of the Internal Revenue Code must complete a Community Health Needs Assessment (CHNA) every three years to maintain their tax-exempt status.

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to

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geographic, language, financial, or other barriers, commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community served by Sunnyside Community Hospital & Clinics.

The 2016 CHNA includes:

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

Steering Committee

The administrative team served as the Steering Committee for the development of the 2016 CHNA. The steering committee established the framework and methodology for conducting the CHNA and provided guidance and direction throughout the process. The steering committee members included:

John Gallagher	Chief Executive Officer
Cary Rowan	Chief Financial Officer
Cynthia Lewis	Chief Nursing Officer
Brian Gibbons	Chief Operating Officer
Ruth Stalcup	Clinic Administrator
Ryan Rodruck	Director of Business Development
Elaina Wagner	Human Resources Director

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Consultants

Sunnyside Community Hospital & Clinics contracted with HealthTechS3 to assist in conducting the 2016 Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. HealthTechS3 principal consultants were Carolyn St.Charles and Cheri Benander.

Process and Methods

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on gathering and analyzing secondary data as well as obtaining input from key stakeholders and the community to identify and define significant health needs, issues, and concerns.

- Interviews with key stakeholders were conducted with individuals and groups that represented the broad interests of the community. These representatives included public health and individuals with knowledge of medically underserved, low-income, and minority populations and populations with chronic disease. The interviews were completed in-person or by phone between October 1, 2016 and October 31, 2016. A total of eleven interviews were conducted.
- A key stakeholder survey to solicit feedback regarding community health needs and priorities for health improvement was developed. A total of fourteen (14) surveys were completed.
- Secondary data was obtained from a variety of sources to create a comprehensive community profile and to identify health disparities and barriers to accessing care including geographic, language, and financial barriers. Every effort was made to obtain the most current and reliable data. Data was analyzed for comparison purposes with the State of Washington, other counties within the State, United States, and with Healthy People 2020 targets when available.

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- A meeting was held on November 15, 2016 with the CHNA steering committee and community representatives to review primary and secondary data and to develop priority community health goals for the next three years.

The 2016 Community Health Needs Assessment includes:

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

Gap Analysis

Data was obtained from all required sources in completing the 2016 CHNA and identifying community health priorities. Sunnyside Community Hospital & Clinics is not aware of any information gaps affecting the assessment of community's health needs.

Approval

The Sunnyside Community Hospital & Clinics Board of Directors approved and adopted the 2016 CHNA on November 17, 2016.

Next Steps

Over the next several months Sunnyside Community Hospital & Clinics, in collaboration with community partners, will develop an implementation plan for each of the priority health needs. The implementation plan will be published in a separate report.

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2013 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment was completed in 2013. An overview of the goals, strategies, actions and results are summarized in the following pages.

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Goal 1 Reduce Rate of Chronic Conditions

Strategy 1

Remove barriers for patients seeking appointments to Primary Care and seamless referrals to specialists.

Action(s)

- Provide Education and training for all Front Desk staff regarding patients' access to same day appointments.
- Hire and train Referral Coordinators. Place Referral Coordinators in one central location.

Results/Outcomes

From January 2016 through September 2016 the Sunnyside clinics were budgeted for 5,280 visits and actual visits were 6,559. There was an increase of 1,279 visits or 24.2%.

Five (5) Referral Coordinators were hired to work on referrals from Primary Care Providers to Specialists. Providers were educated on electronic submission of referrals.

This process allows the first available Referral Coordinator to work on referrals as they are entered into the queue.

Goal 2 Make Services More Accessible

Strategy 1

Support active enrollment in Medicaid expansion and Exchange.

Results /Outcomes

Sunnyside Community Hospital & Clinics implemented a Navigator program in 2013 designed to enroll community members in health care funding arrangements offered through Medicaid and the Health Insurance Exchange. The program assists approximately 2,400 clients per year. The Navigator program remains in effect at Sunnyside Community Hospital & Clinics and continues to be an integral service the hospital provides.

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Strategy 2

Provide more specialty services locally to reduce the need for travel,

Results /Outcomes:

During the last three years, Sunnyside Community Hospital & Clinics has added the following services in an effort to provide enhanced or new health care services to the community:

- | | |
|---|---------------------------------------|
| 1. Two new ICU Beds | 19. CT Angiography |
| 2. Pulmonary Function Testing | 20. Oncology Center |
| 3. 24/7 Hospitalists | 21. Physical Therapy |
| 4. School Based Health Center | 22. Speech Therapy & Hearing |
| 5. Swing Beds | 23. Occupational Therapy |
| 6. Urgent Care | 24. Nephrology |
| 7. In house MRI | 25. Wellness Works |
| 8. In House Echocardiogram | 26. Step down/Monitored beds |
| 9. New general ultrasound equipment | 27. Sleep Medicine |
| 10. Interventional Radiology | 28. Neurosurgery |
| 11. Orthopedics - Anterior Approach
Hips and Shoulders | 29. Inpatient Dialysis |
| 12. Durable Medical Equipment | 30. Cardiology |
| 13. 3D Mammography | 31. Cardiac Ultrasound-Pediatric Echo |
| 14. Cardiology Clinic | 32. Plastic Surgery |
| 15. Cardiac Cath lab | 33. TEE |
| 16. Nuclear Medicine Camera | 34. Urology |
| 17. Prosser Imaging Center | 35. Home Health (Certificate of Need |
| 18. Stereotactic Breast Biopsy | 36. Behavioral Health |

Strategy 3

Expand services at the Student Health Center.

Results/Outcomes

In 2013, Sunnyside Community Hospital & Clinics developed the John Hughes Student Health Center on the campus of Sunnyside High School. The John Hughes Student Health Center is a clinic of Sunnyside Community Hospital & Clinics and all providers are employees of the Hospital.

The John Hughes Student Health Center treats more than 50 students per month, improving the health status of local school children and ensuring access to high quality medical care.

Sunnyside Community Hospital & Clinics' John Hughes Student Health Center was recognized by the Washington State Hospital Association's Community Health Leadership Award in 2016. This award recognizes hospitals that are serving their community's broader health needs in innovative and lasting ways.

Strategy 4

Add clinics in outlying communities,

Results /Outcomes:

Sunnyside Community Hospital & Clinics has developed urgent care centers in Prosser and Sunnyside Washington, and supports the clinic in Mattawa Washington, 46 miles from the hospital.

Sunnyside Community Hospital & Clinics was recently awarded a four year, \$1.5 million Telehealth grant funding reimbursement for telehealth visits performed by providers in our Rural Health Clinics. This grant is designed to improve access to primary care in rural areas and to improve access to health services in rural communities and in schools.

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Goal 3 Increase Availability of Behavioral Health Services

Strategy 1

Integrate behavioral health screening and support services into the Hospital's primary care clinics, including the Student Health Center.

Results /Outcomes

Sunnyside Community Hospital & Clinics has been working with various Behavioral Health Service providers in the national marketplace to develop an outpatient screening and support service, in conjunction with the development of the inpatient behavioral health service (referenced below).

Development of this project has been slowed by external factors with the contract provider. Sunnyside Community Hospital & Clinics has recently begun discussions with a second service provider, anticipating development of an outpatient program based in the hospital's primary care clinics. This project is expected to begin in 2017.

Strategy 2

Evaluate inpatient behavioral health services.

Results /Outcomes

Sunnyside Community Hospital & Clinics was awarded a \$1.32 million grant for the development of ten (10) inpatient mental health beds by the Washington State Department of Commerce in January 2014. The hospital has secured a Certificate of Need to develop these beds.

Planning and design for the deployment of this project is ongoing with an anticipated project start in 2017.

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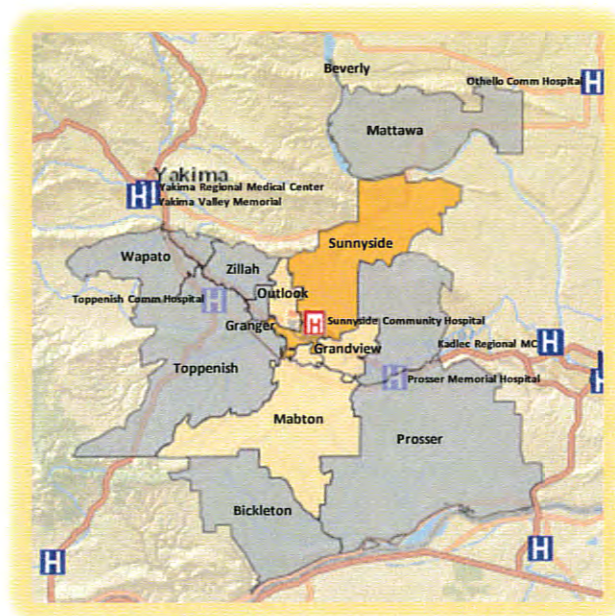
GEOGRAPHIC ASSESSMENT AREA

Yakima County was utilized as the geographical focus area for the CHNA. Ninety-Two percent (92%) of inpatients and ninety-three percent (93%) of outpatients were from ZIP codes in Yakima County for the calendar year 2015. It is therefore reasonable to utilize Yakima County as the CHNA geographic area.

Yakima County includes medically underserved, low-income, and minority populations. All residents were used to determine the CHNA geographic area.

Demographic and other data were gathered for those communities in Sunnyside Community Hospital & Clinics service area when available at the ZIP code level.

98930 (Grandview)	98944 (Sunnyside)
98932 (Granger)	98953 (Zillah)
98935 (Mabton)	99349 (Mattawa)
98938 (Outlook)	99350 (Prosser)



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DEMOGRAPHICS

The following is a summary of Yakima County and the Sunnyside Community Hospital & Clinics service area demographics. Detailed information and references are included in **Appendix 1**.

Demographic data was abstracted from iVantage Health Analytics unless otherwise noted.

Yakima County has an estimated population of 250,043 which is expected to increase 2% by 2020. Sunnyside Community Hospital & Clinics service area has a population of 80,851 and is expected to increase 3.3% by 2020. The largest percentage increase is in Granger, 8.0%. The largest population increase is projected for Prosser.

- The county has a higher percentage of residents under 15 and between 15-24 than the State, 24.6% and 15.1% respectively. The county has a lower percentage of residents over 25 than the State.
- 12.9% of residents in the county are over the age of 65 which is expected to increase to 14.4% by 2020.
- 48.3% of residents in Yakima County are Hispanic, 44.1% are Caucasian and 3.6% American Indian. The Hispanic population is more than three times that of the State as is the American Indian population. The Yakima Nation Reservation is located in Yakima County.
- Sunnyside Community Hospital & Clinics service area has a significantly higher percentage of Hispanic population than Yakima County and the State. 74.5% of residents in the service area are Hispanic, 22.7% Caucasian and 1.01% Native American.
- 86.2% of the population of Yakima County are U.S. Citizens. This is lower than the national average of 92.9%.
- 17.8% of Yakima County residents have limited English proficiency, which is significantly higher (worse) than the State.

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- Yakima County has significantly lower income than the State and the United States and a higher percentage of the population below 200% of the Federal Poverty Level.
- The High School graduation rate is 71.4% compared to 80.2% for the State and 84.3% for the U.S.

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HEALTH STATUS AND SOCIAL DETERMINANTS OF HEALTH

Information from a variety of secondary sources was reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health of the residents of Yakima County.

Data for Yakima County was compared to other counties in Washington, the State, the United States and Healthy People 2020, when data or information was available. Some data was only available at the State level.

Community Needs Index

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

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier.

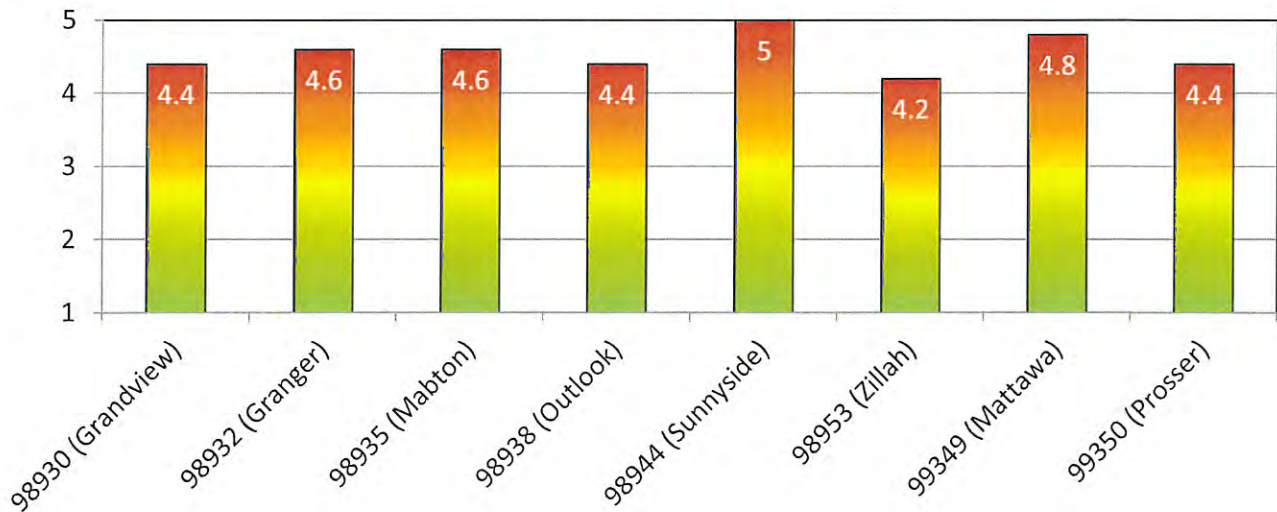
Barriers to Healthcare Access	Indicator(s): Underlying causes of health disparity
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Culture/ Language	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school education
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

Source: <http://cni.chw-interactive.org>; Community Need Index Methodology and Source Notes 2015

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A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. Yakima County has a weighted average CNI score of 4.1 and a median CNI score of 4.2.

All of the communities in the Sunnyside Community Hospital & Clinics service area are in the Highest Need Range. Sunnyside has the highest score at 5.0.



County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

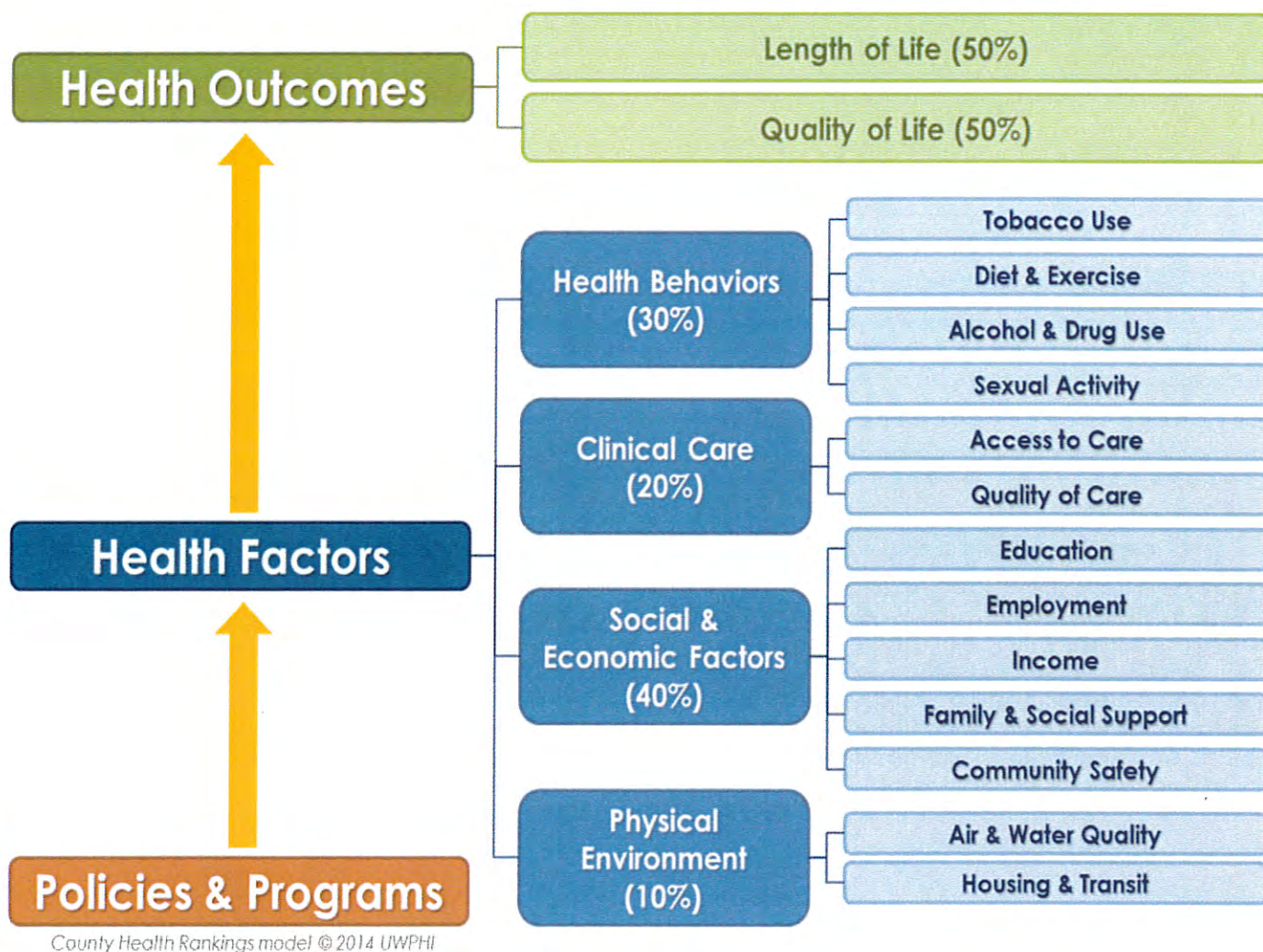
Health Outcomes: “The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.”

Health Factors: “The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to

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other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.”¹

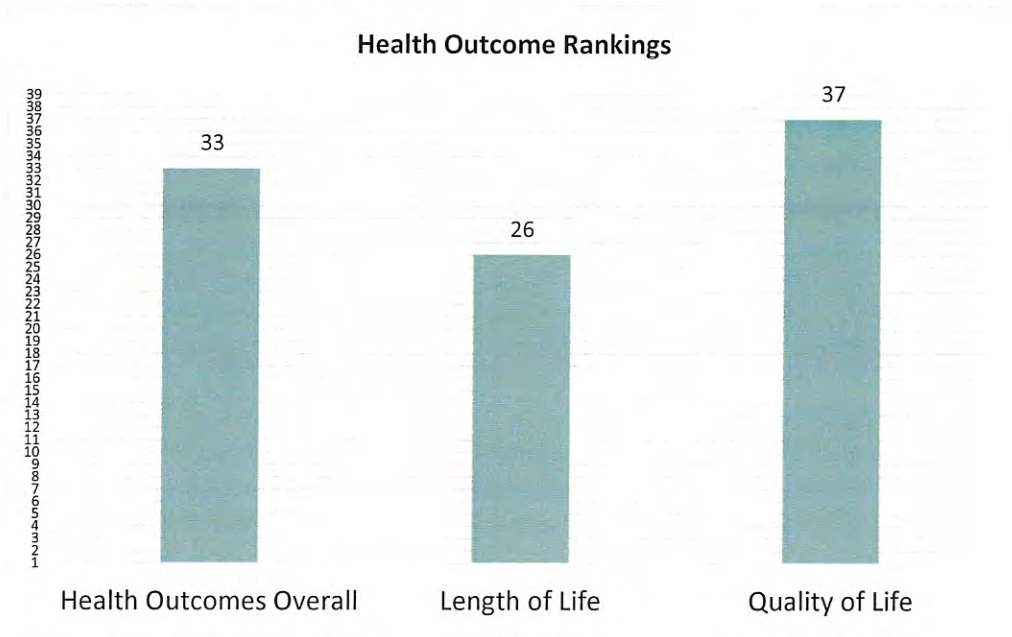
The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.



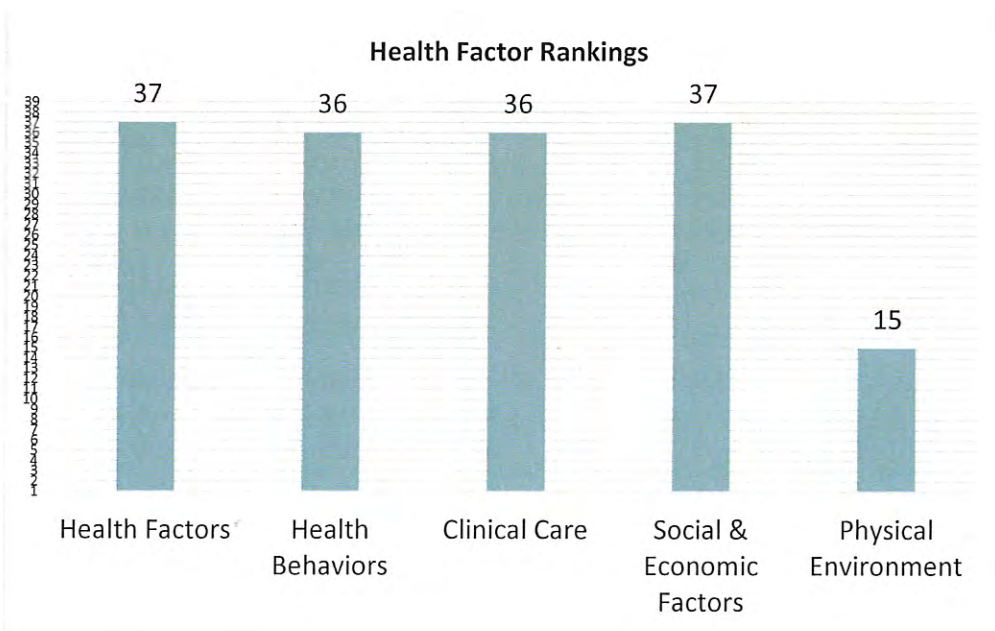
¹ County Health Rankings, Accessed October 25, 2016

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Yakima County is ranked 33rd compared to 39 other counties in Washington for Health Outcomes which include Length of Life and Quality of Life.



Yakima County is ranked 37th compared to 39 other counties in Washington for Health Factors which include health behaviors, clinical care, social and economic factors, and physical environment.



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Areas of Strength and Opportunity

The secondary data review identified both areas of strength and opportunity defined as the same or better or worse than the State. Detailed information and references are included in Appendix 2.

Areas of Strength

Clinical Care

- Although the ratio of population to primary care physicians is worse than the state, the ratio of other primary care providers such as nurse practitioners and physician assistants is better.
- The percent of adults with coronary artery disease is 3.0% compared to 3.8% for the State.
- Adults with asthma is 12.5% compared to 14.8% for the State.
- Although the percent of the population with Diabetes is higher (worse) than the State. The percentage of Medicare patients who have had a hemoglobin A1c test is about the same as the State, 86.1% compared to 85.9%.
- The Medicare population with high blood pressure is higher (worse) than the State. However, adults that self-report that they are not taking medication for their high blood pressure is better than the State.

Health Behaviors

- Adults who smoke cigarettes is 15.6%, the same as the State.
- Heavy alcohol consumption is 13.7% in Yakima County compared to 17.2% in the State.

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Areas of Opportunity

Length of Life

- Years of potential life lost before age 75 per 100,000 population (age-adjusted). Yakima County is higher (worse) than the State for ten of the twelve leading causes in death for 2015, although malignant neoplasms, chronic lower respiratory diseases and Diabetes may not be significantly different.
- Percentage of driving deaths with alcohol involvement is 49% compared to 37% for the State.

Quality of Life

- The percent of adults who rate their health as poor or fair is 23% compared to 16% for the State.
- The average number of physically unhealthy days in the last 30 days is 4.5 compared to 3.9 for the State.

Health Behaviors

- Sexually transmitted diseases are significantly higher than the State for Chlamydia, Gonorrhea and Infectious Syphilis.
- Teen births, for females ages 15-19 are three times higher than the State.
- Percentage of adults that are obese is 38.3% compared to 35.5% for the State. Obesity is highest for ages 45-64, Black and Latino populations.

Clinical Care

- Percent of the population without insurance coverage was 14% in 2015 compared to 8% in the State. This is better than the rate of uninsured of 23% and 14% respectively in 2013.
- Yakima County is designated as a Health Professional Shortage Area for primary care, dental and mental health. Yakima County is also designated as a Medically Underserved

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Area (MUA). The ratio of primary care physicians, dentists and mental health providers to the population is worse than the State.

- Pregnant women who receive prenatal care in the first trimester is 63.4%, which is worse than the Healthy People 2020 goal of 77.9%.
- Health screenings and Preventive Care including mammograms, Pap test, Sigmoidoscopy or Colonoscopy, HIV Screening and Pneumonia Vaccination are all lower (worse) than the State.
- Adults with Diabetes is 9.7% compared to 8.2% for the State.
- Adults with high cholesterol is higher (worse) than the State, 42.6% compared to 39.7%.
- Medicare population with high blood pressure is 48.2% compared to 42.3% for the State.

Health Literacy

Yakima County fits the profile of a “low” health literacy area including:

- Older adults
- Minority populations
- Low socioeconomic status
- Medically underserved people

Physical Environment

- Overcrowded or inadequate housing is significantly worse than the State.

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KEY STAKEHOLDER INPUT

Interviews with key stakeholders were conducted with individuals and groups that represented the broad interests of the community. These included representatives from public health and individuals with knowledge of medically underserved, low-income, minority populations, and populations with chronic disease. The interviews were completed between October 1, 2016 and October 31, 2016. A total of eleven individual interviews were conducted.

1. Pat Beeman, Pastor, Sunnyside United Methodist Church
2. Dean Broersma, Deputy Mayor, Sunnyside City Council
3. Julie Bersing, Lead Program Coordinator, Senior Information and Assistance
4. Father Tom Bunnell, St. Joseph Parish
5. Don Day, City Manager, Sunnyside
6. Andre Fresco, Administrator, Yakima Health Department
7. Lorenzo Garza, Director of Family and Community Engagement, Sunnyside School District
8. Jelmer Groenewold, Pastor, Sunnyside Christian Reformed Church
9. Kevin McKay, Superintendent, Sunnyside School District
10. Jim Restucci, Mayor, Sunnyside
11. Claudia Rocha Rodriguez, Department of Social Services

The interviews were conducted by Carolyn St. Charles. Specific questions were asked of each person; however, the questions were designed to be open-ended and to garner the expertise and knowledge of the individual being interviewed.

In addition to in-person interviews, a survey was developed and distributed to other key stakeholders. A total of fourteen (14) surveys were returned, thirteen of which were completed by members of the medical staff.

A summary of the interviews and survey results are included in the following paragraphs.

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→ In Yakima County which populations or groups have the greatest challenges in achieving and maintaining good health (health disparities)?

Low-Income Hispanic Population

The low-income Hispanic population, especially those with limited English language skills, were mentioned most frequently as having the greatest challenges in achieving and maintaining health. The population who are undocumented was noted as facing even greater challenges.

These populations, many of whom are farm workers, were identified as being “socially isolated” from the rest of the community and often not having the skills or knowledge to access services. One specific example was an organization which provides services to the low-income population now requires an email address to sign up for services. The individual who gave the example wanted to be sure that it was not viewed as a criticism of the organization since, “they are just trying to manage limited resources”.

Children of Migrant Workers

Children of migrant workers with limited English skills who move frequently and consequently may fall behind in school were a subset of the Hispanic population identified at-risk for poor health outcomes.

Chronically Mentally Ill

The adult chronically mentally ill as well as children who have mental health issues were both identified as an at-risk populations, with limited resources available for treatment.

Population over 65

The older population with limited incomes, including farmers who are trying to stay in their homes, were identified as an at-risk population. It was noted that many of these individuals qualify for Medicaid, but there is a “fear” that they will lose their home if they sign up for services.

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Youth

Several individuals noted that the number of gangs and gang violence appears to have decreased due to the efforts of the Sunnyside police department. However, they also expressed concern that the gangs were perhaps just not as “visible” as in the past. There was concern expressed that the recreational opportunities for youth were limited, although it was noted that the Parks and Recreation Soccer program has been very successful.

→ What are the needs of the populations or groups with the greatest challenges?

The majority of needs, although not all, are specific to the low-income Hispanic population.

Affordable Housing

Affordable housing is very limited. Many low-income families live in over-crowded and sub-standard housing conditions due both to lack of available units as well as lack of financial resources, especially during the winter months.

Transportation

Transportation was identified as a significant issue. Transportation to obtain healthcare services as well as access to grocery stores, food banks, and other essential services was noted to be very limited for those residents without a car or those who could not afford gas. One respondent noted, “We are rich in healthcare resources – but there is not a way to get there”.

Chronic Disease

Diabetes was the most frequently mentioned chronic disease impacting vulnerable populations. Obesity in adults and children, as well as lack of exercise and lack of access to healthy food were identified as contributing factors.

Medical Care

Access to healthcare services were related more to cultural, language and financial barriers than availability of providers. However, several respondents identified the need

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to increase access to specialty care and one respondent identified difficulty in making timely appointments with primary care.

The low-income Hispanic population with limited English skills, limited education, and/or cultural barriers was identified as having more difficulty accessing medical services. The reasons were multifactorial, but included:

- Lack of knowledge about how to access services or where to go for services
- Financial constraints including inability to pay for services including co-pays and medication
- Inability to take time off work
- Lack of transportation
- Lack of knowledge about when it is appropriate to go to the Hospital or see a physician
- Spanish spoken by medical professionals, or the Spanish in brochures or written material may not be understandable for those who speak and understand a more basic level of Spanish
- Fear of being deported or detained if they are undocumented
- Stigma attached to seeking services related to drug abuse or mental health

One respondent noted, "For non-English speakers the biggest issue is not access but fear". Another respondent noted that when individuals seek care or services, they may be "shuffled" from one place to another with no one really helping them find the right place to go or the resources they need. The respondent went on to say that, "having a more welcoming and supportive approach is needed."

The Student Health Center, provided by Sunnyside Community Hospital & Clinics, was noted as a great community asset, but it was felt it may be under-utilized by both students and parents.

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Although the majority of respondents indicated that services are under-utilized by the low income Hispanic population, it was also noted that some may over-use services due to a lack of preventive care, including over use of the emergency department.

One individual stated that the community “knows that Sunnyside Hospital is the place to go for care, which is an opportunity to educate the community.”

Mental Health

Lack of access to mental health professionals was identified as a community need, especially for the low-income population. One respondent noted that there is a need for more mental health professionals that speak Spanish.

Mental Health Services for children and adolescents were also identified as a significant need. One respondent noted that, “we can identify kids with needs, but we have no place to send them.”

→ What actions or initiatives do you believe Sunnyside Community Hospital & Clinics should work on over the next 3-years in collaboration with community partners?

1. Increase access to primary care

- Increase community awareness of available services
- Increase the number of residents with insurance coverage
- Consider free clinic or services provided on a sliding scale

2. Increase access to specialty care

- Cancer Care
- Cardiovascular Care

3. Increase access to mental health providers and services

4. Focus on preventing and managing Diabetes

- Help prevent and/or reduce rate of obesity (Pre-diabetes strategy)
- Promote heart health (Pre-diabetes strategy)

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- Juvenile Diabetes

5. Improve Health Literacy and Access to Services

- Provide more written resources in Spanish that can be understood by the majority of Spanish speakers, including brochures, medical information
- Increase the number of staff who speak Spanish at a level spoken by the Hispanic population with a lack of education or limited English language skills
- Assist residents, especially Spanish speakers, to navigate the healthcare system
- Provide health navigator or individual(s) that can help navigate the healthcare system and make individuals more comfortable seeking services
- Work collaboratively with other organizations to identify and refer at-risk individuals or those in need of assistance

COMMUNITY HEALTH NEEDS ASSESSMENT

PRIORITY COMMUNITY HEALTH NEEDS

A group of individuals that represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to join the CHNA Steering Committee to identify priority community health needs. Attendees included:

Pat Beeman, Pastor	Sunnyside United Methodist Church
Father Tom Bunnell	St. Joseph Parish
Don Day, City Manager	Sunnyside City Council
Monica Escareno	Fred Hutch Sunnyside
Lorenzo Garza, Director of Family and Community Engagement	Sunnyside School District
Jelmer Groenewold, Pastor	Sunnyside Christian Reformed Church
Ryan Ibach, COO	Yakima Health District
Genovera Ibarra, Manager	Fred Hutch Sunnyside
Stacy Kellogg, Regional 211 Director	People for People
Cathy Kelly, Director	Sunnyside United
Esperanza Lemos, Director	Nuestra Casa
Kevin McKay, Superintendent	Sunnyside School District
James Restucci, Mayor	Sunnyside City Council
Doug Rogers, Special Needs Director	Sunnyside School District
Kaylani Roberson, School Nurse	Sunnyside School District
Dave Wilson, Director	Merit Services

Sunnyside Community Hospital & Clinics Administrative Team

COMMUNITY HEALTH NEEDS ASSESSMENT

Summary of Primary and Secondary Data

Carolyn St.Charles provided an overview of the Community Health Needs Assessment process as well as primary and secondary data including at-risk populations, social determinants of health and community health needs.

Vulnerable Populations

The low-income Hispanic population, including those with limited English language skills, were identified as the most vulnerable population for achieving and maintaining health. This population includes farm workers and individuals who are undocumented. All members of this population were deemed to be at-risk including children, youth, adults and single parent households.

Individuals with mental health needs were also identified as a vulnerable population.

Social Determinants of Health

Social determinants of Health include geographic, language, financial or other barriers. Yakima County and Sunnyside Community Hospital & Clinics service area have a significant number of barriers that combine to make the population high risk for poor health outcomes including:

- Poverty
- Limited or poor English language skills
- Health Literacy
- Lack of education
- Inadequate housing
- Unemployment
- Lack of insurance
- Medically underserved

COMMUNITY HEALTH NEEDS ASSESSMENT

Every community in the Sunnyside Community Hospital & Clinics service area is in the “highest need” range, (4.2 – 5.0) based on the Community Needs Index barrier scores that include Income Barriers, Cultural Barriers, Education Barriers, Insurance Barriers and Housing Barriers.²

Summary of Community Health Needs

The table below outlines the community health needs that were identified by both the secondary data and by input from key stakeholders.

CLINICAL CARE		
	Secondary Data	Key Stakeholders
Access to primary care	X	X
Access to specialty care		X
Access to mental health providers & services		X
Access to dentists	X	
Access to Prenatal Care	X	
Lack of Health Screenings: Mammogram, PAP Test, Sigmoidoscopy or Colonoscopy, HIV Screening, Pneumonia Vaccination	X	
CHRONIC DISEASE		
	Secondary Data	Key Stakeholders
Diabetes	X	X
Heart Disease	X	X
DIET AND EXERCISE		
	Secondary Data	Key Stakeholders
Obesity and Overweight	X	X
HEALTH BEHAVIORS		
Assault - Homicide	X	
Driving Deaths with Alcohol Involvement	X	
Sexually Transmitted Diseases	X	
Teen Pregnancy	X	

² Community Health Needs Index, Accessed October 30, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Prioritized Community Health Needs

Criteria was developed by the CHNA Steering Committee for prioritization of community health needs and reviewed with the meeting attendees who agreed that the criteria was appropriate.

The following criteria were utilized:

PRIORITIZATION CRITERIA
Magnitude / scale of the problem <ul style="list-style-type: none">The health need affects a large number of people within the community.
Severity of the problem <ul style="list-style-type: none">The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities <ul style="list-style-type: none">The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets <ul style="list-style-type: none">The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage <ul style="list-style-type: none">Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, etc.

COMMUNITY HEALTH NEEDS ASSESSMENT

Participants were asked to vote for the three community health needs they believed were of the highest concern based on the prioritization criteria. Following the voting, each of the needs with the highest number of votes were discussed.

The following five community health needs were chosen by consensus:

1. Improve access to Primary Care including prenatal care
2. Chronic Disease Management including access to specialists
3. Develop strategies to help reduce obesity
4. Increase access to mental health services and treatment
5. Increase access to substance abuse services and treatment

An action plan will be developed for each of the prioritized community health needs within the next four-and-a-half months.

Community resources that were identified related to the priority health needs are included in Appendix 3.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix 1 Demographics

Data was abstracted from iVantager unless otherwise noted.

Population

Yakima County has an estimated population of 250,043 which is expected to increase 2% by 2020. Sunnyside Community Hospital & Clinics service area has a population of 80,851 and is expected to increase 3.3% by 2020. The largest percentage increase is in Granger, 8.0%. The largest population increase is projected for Prosser.

County	2015	2020	2015-2020	2015-2020
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
YAKIMA COUNTY	250,043	255,196	5,153	2.0%
Total Service Area	250,043	255,196	5,153	2.0%

Zip Code (City)	2015	2020	2015-2020	2015-2020
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
98930 (Grandview)	15,520	15,930	410	2.6%
98932 (Granger)	6,036	6,520	484	8.0%
98935 (Mabton)	4,378	4,540	162	3.7%
98938 (Outlook)	2,042	2,060	18	0.9%
98944 (Sunnyside)	21,916	22,107	191	0.9%
98953 (Zillah)	7,572	7,769	197	2.6%
99349 (Mattawa)	8,797	9,132	335	3.8%
99350 (Prosser)	14,590	15,431	841	5.8%
TOTAL	80,851	83,489	2,638	3.3%

COMMUNITY HEALTH NEEDS ASSESSMENT

Age

The county has a higher percentage of residents under 15 and between 15-24 than the State, 24.6% and 15.1% respectively. The county has a lower percentage of residents over 25 than the State.

12.9% of residents in the county are over the age of 65 which is expected to increase to 14.4% by 2020.

COUNTY Population Distribution by Age 2015						
Age Group	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	2015		2015		2015	
<15	61,436	24.6%	1,319,257	18.8%	60,703,764	19.1%
15-24	37,683	15.1%	945,643	13.5%	43,805,862	13.8%
25-44	62,994	25.2%	1,883,797	26.8%	83,329,651	26.2%
45-64	55,683	22.3%	1,877,511	26.7%	83,728,979	26.3%
65>	32,247	12.9%	1,001,995	14.3%	46,968,183	14.7%
TOTAL	250,043	100.0%	7,028,203	100.0%	318,536,439	100.0%

COUNTY Population Distribution by Age 2020						
Age Group	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	2020		2020		2020	
<15	62,426	24.5%	1,365,463	18.5%	61,676,080	18.7%
15-24	35,263	13.8%	912,234	12.4%	42,316,726	12.8%
25-44	66,691	26.1%	2,025,152	27.4%	87,933,307	26.6%
45-64	53,986	21.2%	1,868,130	25.3%	83,464,005	25.2%
65>	36,830	14.4%	1,211,794	16.4%	55,232,457	16.7%
TOTAL	255,196	100.0%	7,382,773	100.0%	330,622,575	100.0%

Source: iVantage Health Analytics

COUNTY Population Change 2015 - 2020						
Age Group	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	#	%	#	%	#	%
<15	990	1.6%	46,206	3.5%	972,316	1.6%
15-24	(2,420)	-6.4%	(33,409)	-3.5%	(1,489,136)	-3.4%
25-44	3,697	5.9%	141,355	7.5%	4,603,656	5.5%
45-64	(1,697)	-3.0%	(9,381)	-0.5%	(264,974)	-0.3%
65>	4,583	14.2%	209,799	20.9%	8,264,274	17.6%

Source: iVantage Health Analytics

COMMUNITY HEALTH NEEDS ASSESSMENT

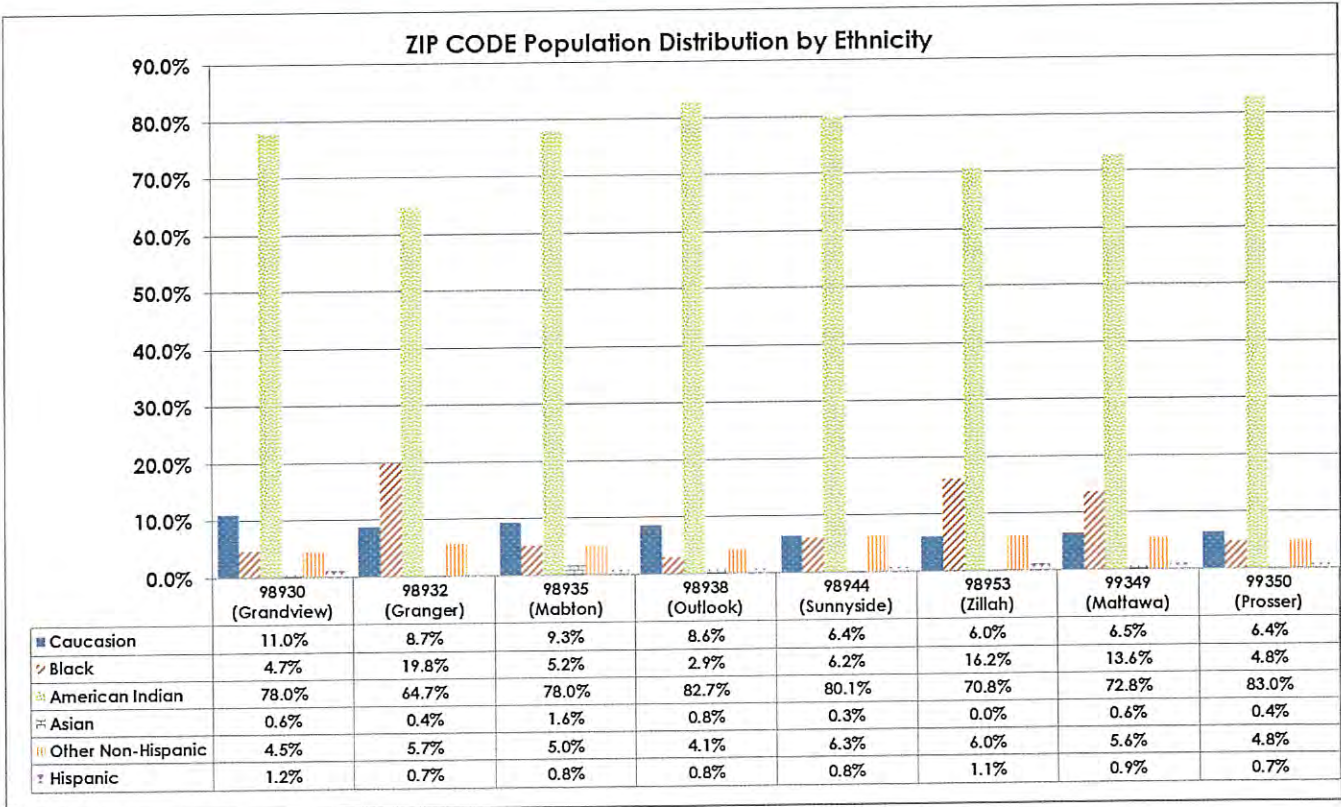
Ethnicity

48.3% of residents in Yakima County are Hispanic, 44.1% are Caucasian and 3.6% American Indian. The Hispanic population is more than three times that of the State as is the American Indian population. The Yakima Nation Reservation is located in Yakima County.

Sunnyside Community Hospital & Clinics service area has a significantly higher percentage of Hispanic population than Yakima County and the State. 74.5% of residents in the service area are Hispanic, 22.7% Caucasian and 1.01% Native American.

COUNTY Population Distribution by Ethnicity						
Ethnicity	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
	#	%	#	%	#	%
Caucasion	110,155	44.1%	4,900,227	69.7%	196,246,439	61.6%
Black	2,083	0.8%	263,860	3.8%	39,280,020	12.3%
American Indian	9,043	3.6%	90,365	1.3%	2,337,710	0.7%
Asian	2,893	1.2%	601,605	8.6%	16,968,476	5.3%
Other Non-Hispanic	4,825	1.9%	295,445	4.2%	7,547,553	2.4%
Hispanic	121,044	48.4%	876,701	12.5%	56,156,241	17.6%
TOTAL	250,043	100.0%	7,028,203	100.0%	318,536,439	100.0%

COMMUNITY HEALTH NEEDS ASSESSMENT



U.S. Citizens

86.2% of the population of Yakima County are U.S. Citizens. This is lower than the national average of 92.9%.³

Limited English Proficiency

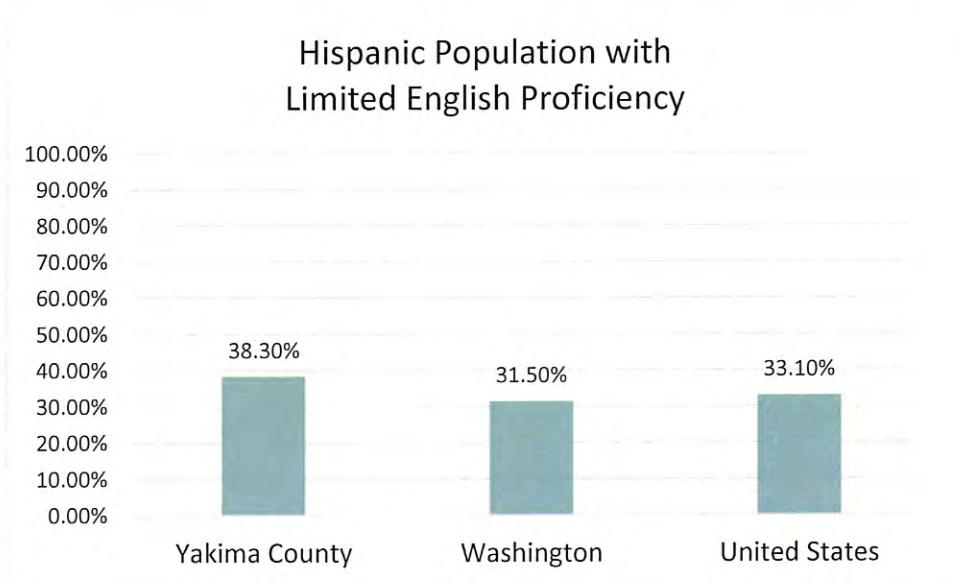
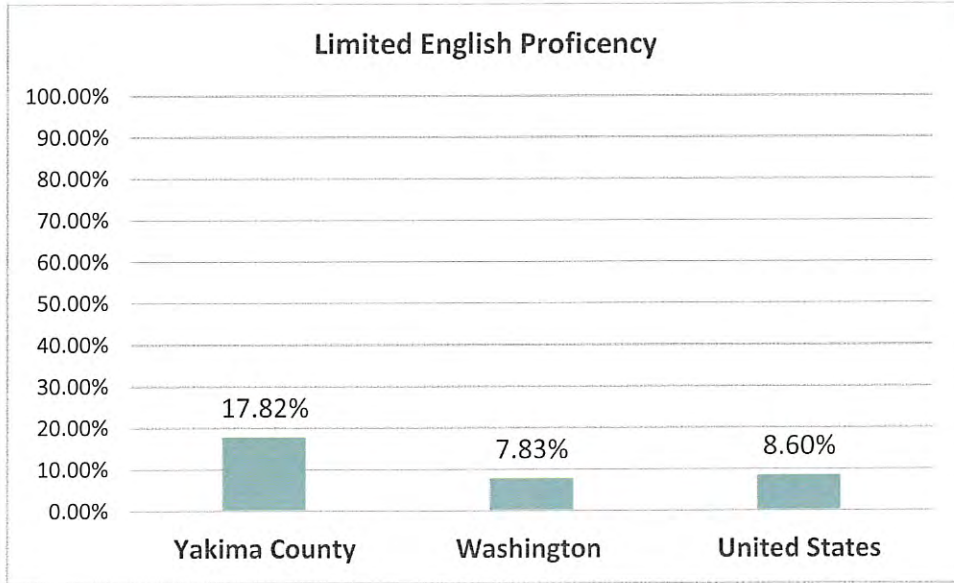
The inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

17.8% of Yakima County residents have limited English proficiency, which is significantly higher (worse) than the State.⁴

³ American Community Survey – 5-year Estimate, U.S. Census Bureau, Accessed October 25, 2016

⁴ Community Commons, Accessed October 18, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT



COMMUNITY HEALTH NEEDS ASSESSMENT

Income

Yakima County has significantly lower income than Washington and the United States, and a higher percentage of the population below 200% of the Federal Poverty Level.⁵

The lowest annual income is for Black / African American and Hispanic / Latino populations.

Higher income and social status are linked to better health, the greater the gap between the richest and poorest people, the greater the differences in health.⁶

	Yakima County	Washington	United States
Median Family Income	\$49,538	\$73,039	\$65,443
Average Income	\$64,312	\$92,527	\$73,039
Population with an income at or below 200% of the Federal Poverty Level	50.07%	30.34%	34.54%
Children who live in households at or below 200% of the Federal Poverty Level	65.04%	39.27%	44.21%
Percent of population receiving public assistance income	5.73%	4.09%	2.82%

	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Yakima County	\$65,475	\$21,250	\$68,472	\$40,216	\$35,549	\$40,274	\$33,803
Washington	\$77,890	\$49,976	\$84,360	\$45,575	\$38,410	\$59,496	\$42,699
United States	\$73,974	\$42,711	\$83,820	\$42,948	\$40,639	\$55,545	\$44,013

⁵ iVantage

⁶ World Health Organization Health Impact Assessment, Accessed October 27, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Education

The high school graduation rate is lower (worse) than the State and the United States.⁷

Education is a social determinants of health. Low education levels are linked with poor health, more stress and lower self-confidence.⁸

EDUCATIONAL BACKGROUND	YAKIMA COUNTY		WASHINGTON		UNITED STATES	
Less than High School	25,067	16.6%	189,698	4.0%	12,122,356	5.7%
Some High School	18,550	12.3%	283,061	5.9%	15,960,783	7.5%
High School Degree (including GED)	40,140	26.6%	1,099,141	23.1%	59,175,901	27.6%
Some College/Assoc. Degree	42,503	28.2%	1,609,274	33.8%	62,499,798	29.2%
Bachelor's Degree or Greater	24,664	16.3%	1,582,129	33.2%	64,267,975	30.0%

Source: iVantage Health Analytics

High School Graduation Rate (EdFacts)



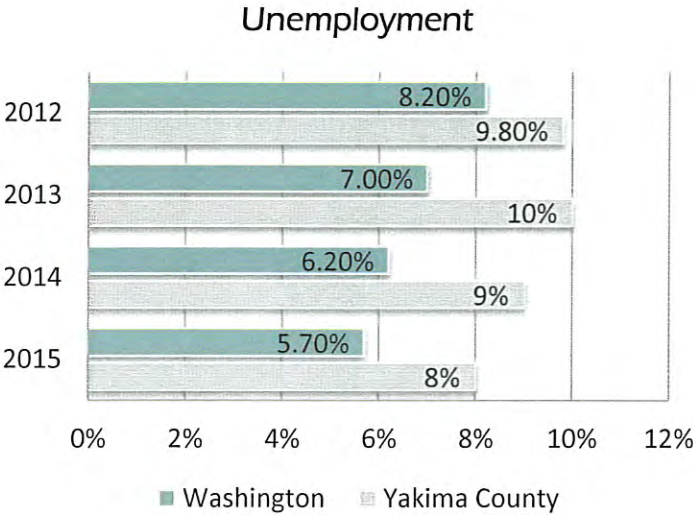
⁷ iVantage

⁸ World Health Organization Health Impact Assessment, Accessed October 27, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Unemployment

The unemployment rate in Yakima County is consistently higher (worse) than the State.⁹



⁹ Employment Security Department Washington State, Accessed October 29, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix 2 Health Outcomes and Health Factors

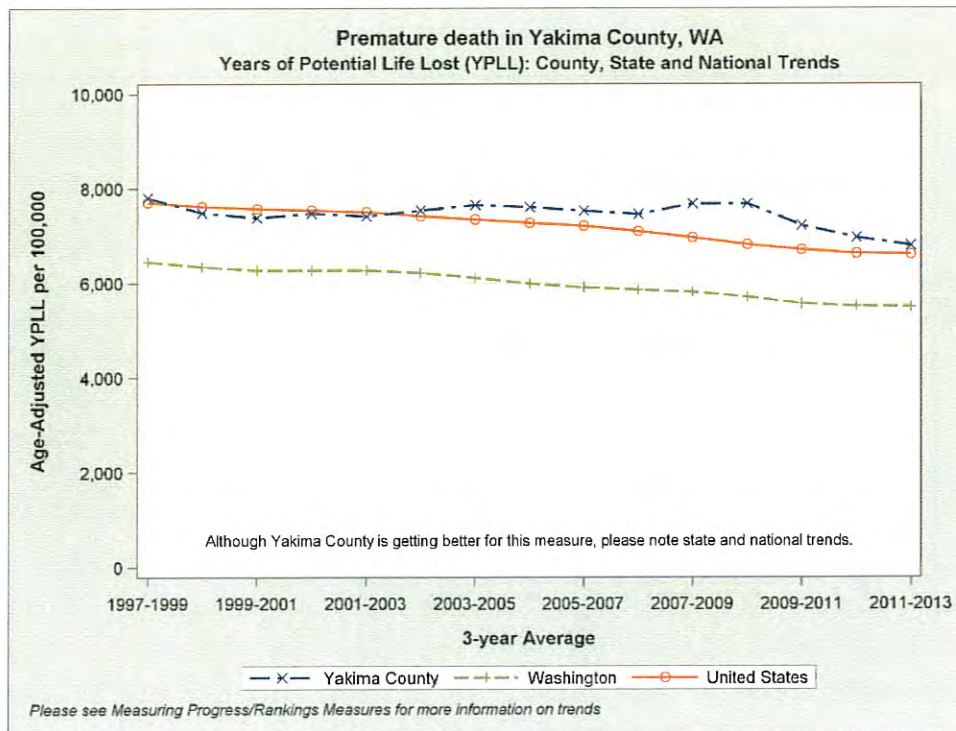
Health Outcomes

Length of Life

Years of potential life lost before age 75 per 100,000 population (age-adjusted) in Yakima County was worse than the State, 6,800 years 5,500 years respectively.¹⁰

The twelve (12) most frequent causes of death in 2015, expressed as a rate per 100,000 age-adjusted to US 2000 population, are listed in the table below.¹¹ Leading causes of death in Yakima County are higher than the State for ten (10) of the twelve (12). However, malignant neoplasms, chronic lower respiratory diseases and Diabetes may not be significantly different.

The most significant difference are deaths related to assault (homicide).



¹⁰ County Health Rankings, Accessed October 3, 2016

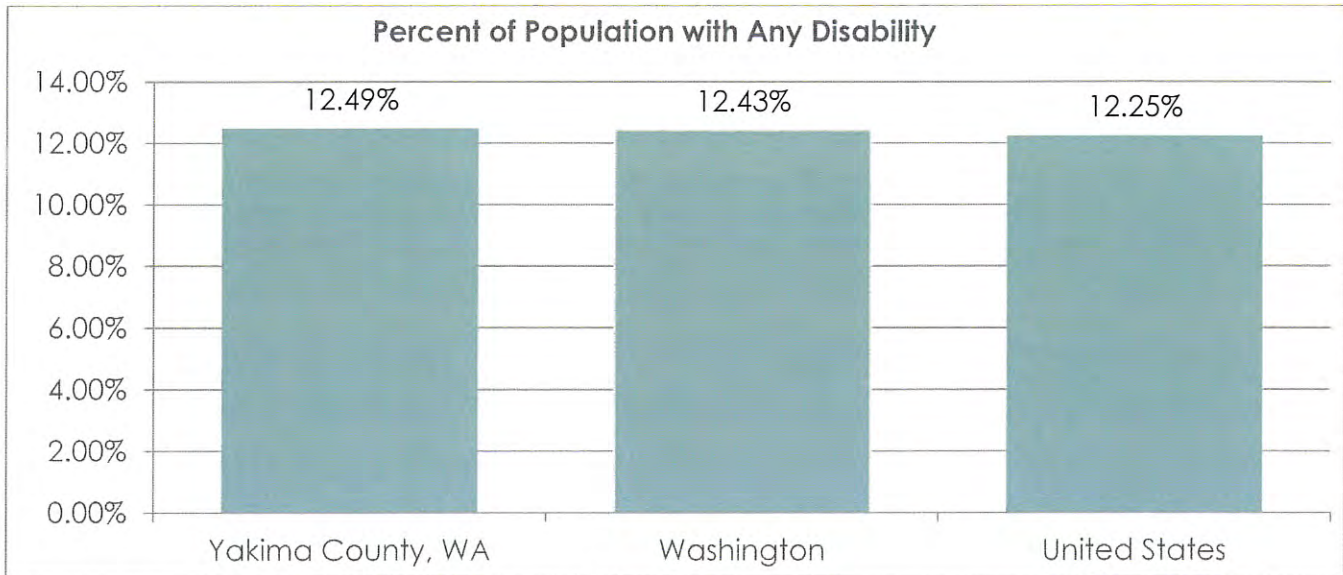
¹¹ Email: Rosenthal, Mariana , Washington State Department of Health, October 28, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

2015 - Leading Cause of Death, Age Adjusted Rate	Yakima County	Washington
Major cardiovascular diseases	208.59	187.64
Malignant neoplasms	156.67	157
Accidents	48.1	42.48
Chronic lower respiratory diseases	40.53	39.93
Alzheimer's disease	39.3	44.86
Diabetes mellitus	22.52	22.48
Intentional self-harm (suicide)	16.26	15.64
Chronic liver disease and cirrhosis	16.15	12.44
Influenza and pneumonia	13.57	10.74
Parkinson's disease	9.32	8.75
Assault (homicide)	8.14	3.4
Pneumonitis due to solids and liquids	5.32	7.47

Quality of Life

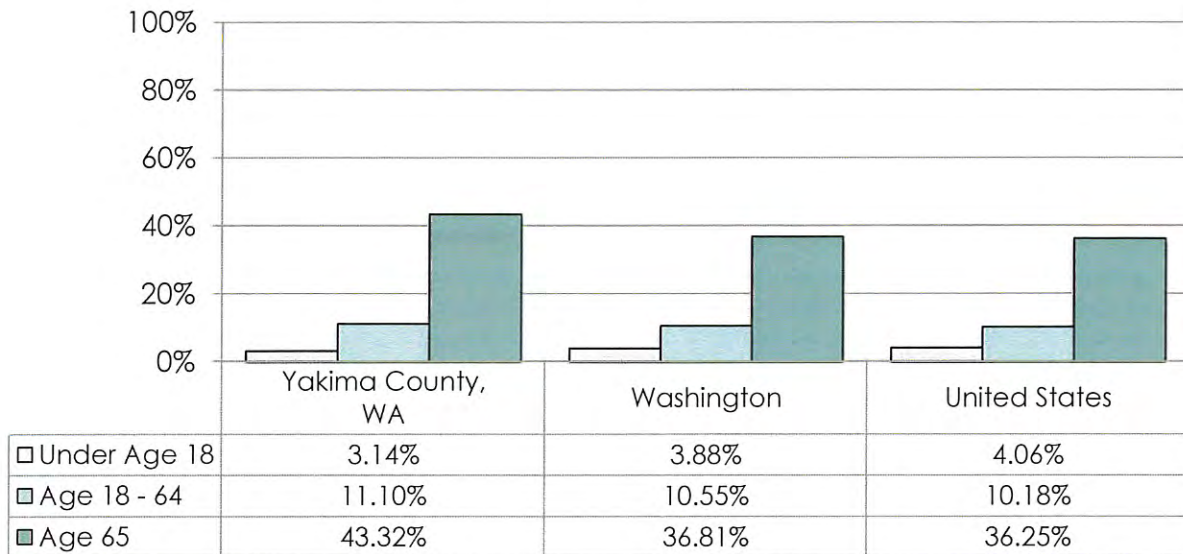
The percentage of the population in Yakima County is essentially the same as the State. Yakima County has a higher percent of the population over age 65 with a disability than the State.¹²



¹² iVantage

COMMUNITY HEALTH NEEDS ASSESSMENT

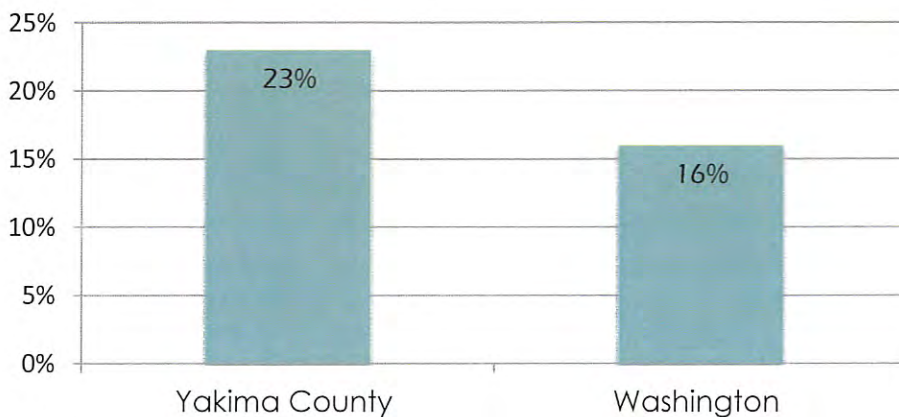
Percent of Population with a Disability by Age



Other Health Outcome Indicators

A higher percentage of adults in Yakima County rate their health as fair or poor. They also report a higher number of physically unhealthy days and mentally unhealthy days.¹³

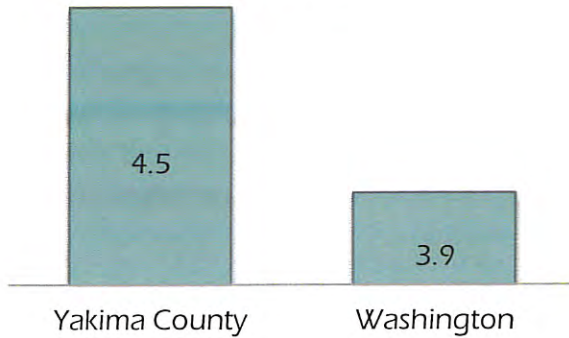
Percentage of adults who rate their health as "Poor or Fair"



¹³ Community Commons, Accessed October 23, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Average Number of Physically Unhealthy Days Reported in last 30 days



Average Number of Mentally Unhelathy Days reported in the last 30 days



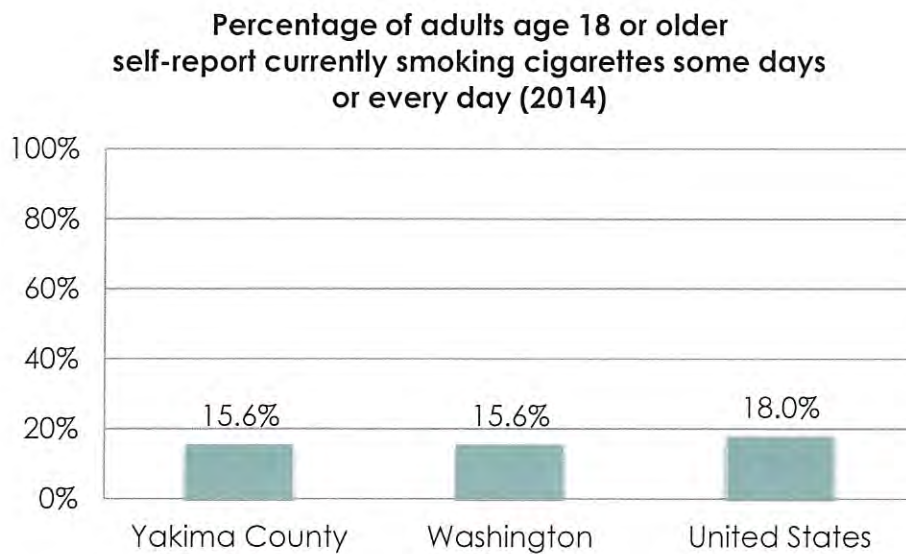
COMMUNITY HEALTH NEEDS ASSESSMENT

Health Behaviors

Tobacco Use

The adult smoking rate in Yakima County is the same as the State.¹⁴ The Washington State Healthy Youth Survey found that 8% of 10th graders in Yakima County and the State smoked cigarettes within the last 30 days.¹⁵

Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.



Alcohol & Drug Use

The percent of adults who self-report heavy alcohol consumption is lower than the State. However, the percentage of driving deaths with alcohol involvement is higher.¹⁶

The Washington State Healthy Youth Survey found that 10th graders in Yakima County consumed alcohol more often than 10th graders in the State.¹⁷

¹⁴ Community Commons, Accessed October 2, 2016

¹⁵ Washington State Healthy Youth Survey, Accessed October 2, 2016

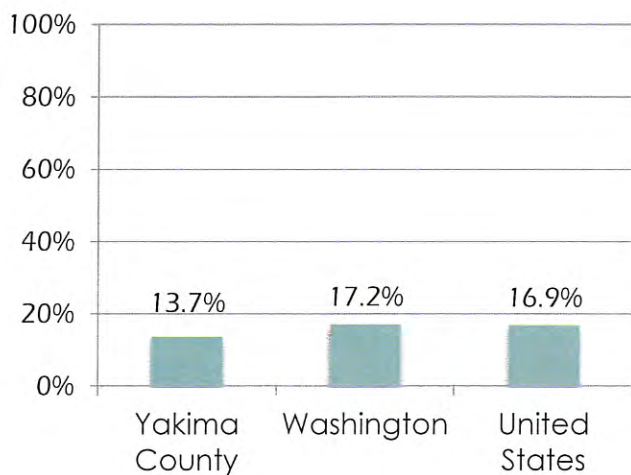
¹⁶ County Health Rankings, Accessed October 2, 2016

¹⁷ Washington State Healthy Youth Survey, Accessed October 2, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Alcohol use is one of the determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

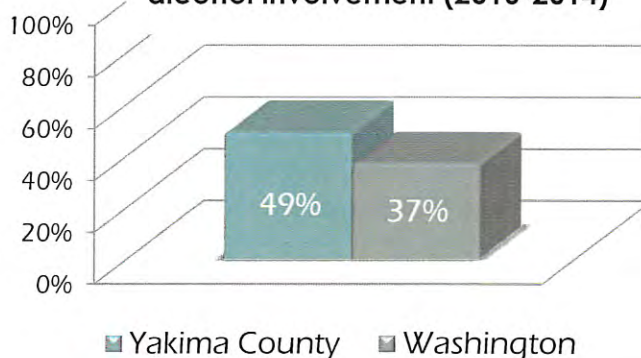
Percentage of adults aged 18 and older who self-report heavy alcohol consumption



Youth 10th grade: During the past 30 days how many times did drink a glass, can, or bottle of alcohol (2014)

Yakima County	24
Washington	21

Percentage of driving deaths with alcohol involvement (2010-2014)



Sexual Activity - Sexually Transmitted Diseases

Yakima County has higher rates of Chlamydia, Gonorrhea, and Syphilis than the State.¹⁸

Reportable Bacterial Sexually Transmitted Diseases (2014)	Yakima County Rate / 100,000	Yakima County State Rank	Washington Rate / 100,000
Chlamydia	604	2	377
Gonorrhea	163	1	88
Infectious Syphilis	6	3	5
HIV – new cases	3	9	*8
HIV- Living	79	–	173

*Average for years 2009-2013

¹⁸ Yakima Health District Bulletin, Volume 14, Issue 2, June 2015

COMMUNITY HEALTH NEEDS ASSESSMENT

Sexual Activity - Teen Births

The rate of teen births in Yakima County is more than double the rate in the State.¹⁹

This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Number of teen births per 1,000 female population ages 15 – 19 (2007-2013)	
Yakima County	63
Washington	28

Obesity Adults

Washington State has the 15th lowest adult obesity rate in the nation, according to *The State of Obesity: Better Policies for a Healthier America* released September 2016. Washington's adult obesity rate is currently 26.4%, up from 18.4% in 2000 and from 10.1% in 1990.²⁰

The obesity rate in Yakima County and the percentage of adults, who are overweight, are both higher than the State and the United States.²¹ The obesity rates are highest for ages 45-64.

According to the Centers for Disease Control and Prevention (CDC) web site:

“More than one-third (36.5%) of U.S. adults have obesity. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.”

“Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%).

¹⁹ County Health Rankings, Accessed October 27, 2016

²⁰ State of Obesity, Accessed October 7, 2016

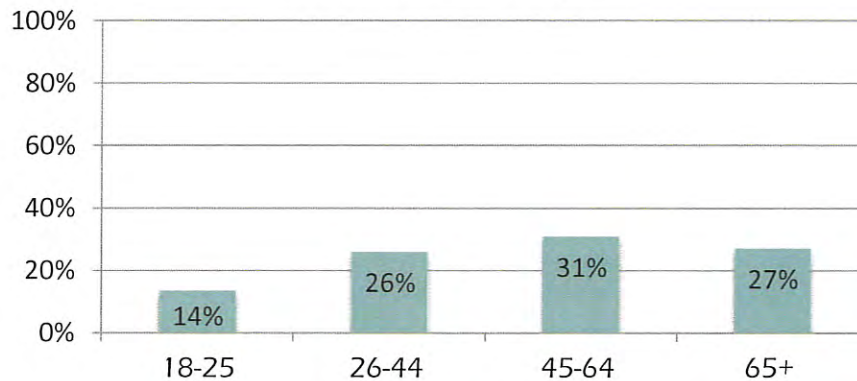
²¹ Community Commons, Accessed October 8, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Obesity is higher among middle age adults age 40-59 years (40.2%) and older adults age 60 and over (37.0%) than among younger adults age 20–39 (32.3%).²²

	Yakima County	Washington	United States
Percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese)	2013 29.5%	2015 26.4%	2013 27.5%
Percentage of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) (2011-2012)	38.3%	35%	35.8%

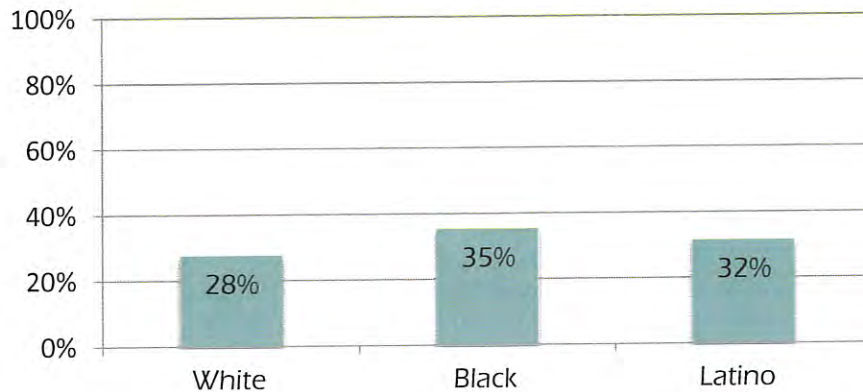
**Washington State
Obesity Rate by Age**



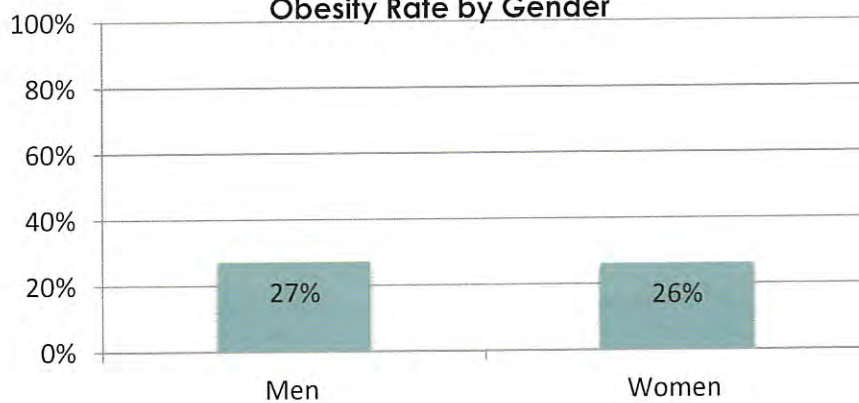
²² Centers for Disease Control, Accessed October 8, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

**Washington State
Obesity Rate by Race**



**Washington State
Obesity Rate by Gender**



Obesity – Children and Adolescents

In 2011, the rate of obesity for 2-4 year olds from low income families in Washington State was 14.0%. The rate of obesity for 10-17 year olds was 11.0%.²³

An article published in the American Academy of Child and Adolescent Psychiatry, April of 2016, states,

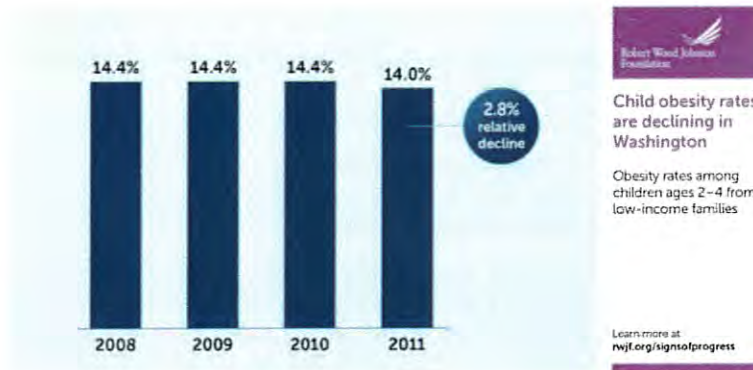
“The problem of childhood obesity in the United States has grown considerably in recent years. Approximately 12.7 million, or 17 percent, of children and

²³ The State of Obesity, Accessed October 28, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

adolescents are obese. Obesity is among the easiest medical conditions to recognize but most difficult to treat. Unhealthy weight gain due to poor diet and lack of exercise is responsible for over 300,000 deaths each year. The annual cost to society for obesity is estimated at nearly \$100 billion. Overweight children are much more likely to become overweight adults unless they adopt and maintain healthier patterns of eating and exercise.

The causes of obesity are complex and include genetic, biological, behavioral and cultural factors. Obesity occurs when a person eats more calories than the body burns. If one parent is obese, there is a 50 per cent chance that his or her child will also be obese. However, when both parents are obese, their children have an 80 percent chance of being obese.”²⁴



Clinical Care

Uninsured Population

In 2015, the rate of uninsured was 14% in Yakima County and 8.0% in Washington, a decrease from 23% and 14% respectively in 2013.²⁵

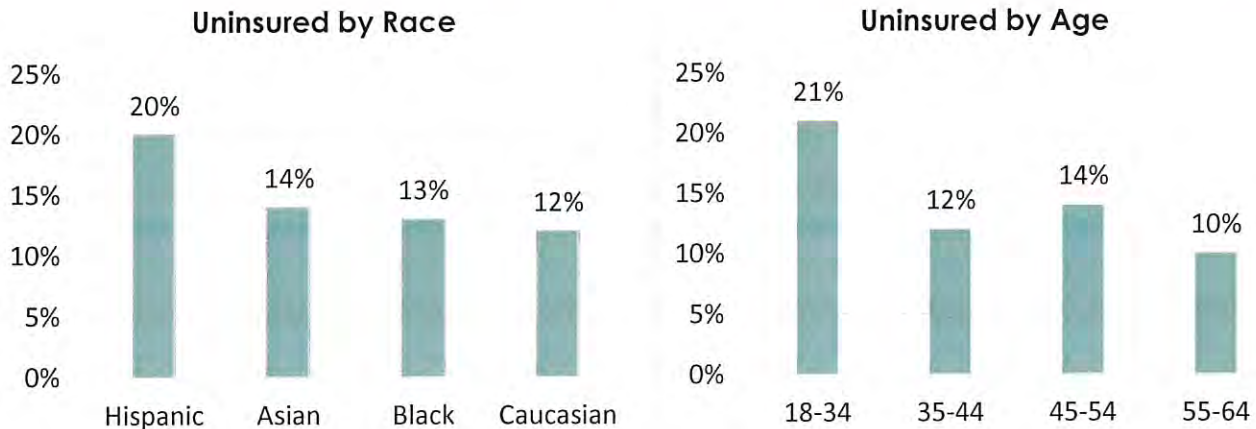
In Yakima County, the population between the ages of 18-34 have the highest uninsured rate at 21% following by the Hispanic population at 20%.²⁶

²⁴ American Academy of Child and Adolescent Psychiatry, No. 79; April 2016

²⁵ Enroll America, Accessed October 21, 2016

²⁶ IBID

COMMUNITY HEALTH NEEDS ASSESSMENT



Access to Care

The Department of Health works in partnership with the federal government to make determinations about areas and populations in Washington that can be designated as having a shortage of healthcare providers, Health Professional Shortage Areas (HPSA).

Yakima County is designated as a Health Professional Shortage Area (HPSA) for Primary Care, Dental and Mental Health. Yakima County is also designated as a Medically Underserved Area (MUA).²⁷

Access to Primary Care Providers

The ratio of primary care physicians to residents is worse than the State, although the ratio of other primary care providers such as nurse practitioners and physician assistants is better.

Access to care requires not only financial coverage, but also, access to providers. While high rates of specialist physicians have been shown to be associated with higher, and perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and when needed, referrals to appropriate specialty care.²⁸

Physicians are not the only providers of primary health care. Other professionals can serve as usual sources of routine, preventive care including nurse practitioners, physician assistants, and

²⁷ Health Resources & Services Administration (HRSA) Data Warehouse, Accessed October 20, 2016

²⁸ County Health Rankings, Accessed October 17, 2016

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clinical nurse specialists. The Health Services Research Administration projects that the primary care NP and PA workforces are projected to grow far more rapidly than the physician supply in the next ten years, and could help alleviate shortages as demand increases.²⁹

	Yakima County	Washington
Primary Care Physicians (2013)	1,430 : 1	1,190 : 1
Other Primary Care Providers (2015)	1,270 : 1	1,369 : 1

Access to Mental Health Providers

The ratio of mental health providers to the population is worse than the State.

Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.³⁰

	Yakima County	Washington
Mental Health Providers (2015)	430 : 1	380 : 1

Access to Dentists

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages.³¹

	Yakima County	Washington
Dentists (2014)	1,600 : 1	1,290 : 1

²⁹ Health Resources & Services Administration (HRSA) Data Warehouse, Accessed October 20, 2016

³⁰ Community Commons, Accessed October 19, 2016

³¹ Community Commons, Accessed October 19, 2016

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Access to Prenatal Care

Yakima County is worse than the Healthy People 2020 goal, (77.9%), of pregnant women receiving prenatal care in the first trimester, both overall and for Medicaid and Undocumented women.³²

Early and continuous prenatal care is considered an important strategy for improving the long-term health of the mother and preventing adverse birth outcomes.

Women Who Gave Birth Yakima County – 2014 ³³

	All Women	Medicaid	Undocumented
Number	4,104	3,354	776
White	29.8%	21.8%	0.6%
Hispanic	60.5%	68.6%	95.6%
Native American	4.3%	4.5%	–
Average Age	26.9	26.3	28.7
Number and % Less than 18 Years	135 / 3.3%	135 / 4.0%	21 / 2.7%
Prenatal Care First Trimester	63.4%	62%	66.1%
Prenatal Care – Second Trimester	16.2%	17.1%	16.2%
Prenatal Care – Third Trimester	4.3%	4.9%	6.2%
Prenatal Care - None	1.1%	1.3%	0.6%
Prenatal Care - Unknown	14.9%	14.7%	10.8%
Low Birthweight Infants	5.5%	6.1%	6.2%

³² Healthy People 2020, Accessed October 24, 2016

³³ State of Washington First Steps Database, Accessed October 25, 2016

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Health Screenings and Preventive Care

The percentage of Yakima County residents' who receive health screenings are all lower (worse) than the State.³⁴

It's important to note that the data pre-dates the Affordable Care Act and a subsequent increase in the number of residents with insurance coverage.

	Yakima County	Washington	United States
Mammogram			
Percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.(2012)	58.5%	61.7%	63%
Cancer Screening - Pap Test			
Percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. (2006-2012)	73.2%	75.4%	78.5
Sigmoidoscopy or Colonoscopy			
Percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. (2006-2012)	58.4%	65.5%	61.3%
HIV Screening			
Percentage of adults age 18-70 who self-report that they have never been screened for HIV. (2011-2012)	64.17%	63.72%	62.79%
Pneumonia Vaccination			
Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. (2006-2012)	70.1%	72%	67.5%

³⁴ Community Commons, Accessed October 26, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Chronic Disease - Diabetes

The percentage of adults who have been told that they have Diabetes is higher for adults and for the Medicare fee for service population in Yakima County than the State and the United States. The percent of adults with diabetes in Washington State in 2015 was 8.4%, better than 31 other states.³⁵

According to the Centers for Disease Control and Prevention (CDC):

Diabetes was the seventh leading cause of death in the United States in 2013 (and may be underreported)

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

More than 20% of health care spending is for people with diagnosed diabetes.

Risk factors for Diabetes include:

- Being overweight
- Being 45 years or older
- Having a family history of type 2 diabetes
- Being physically active less than 3 times a week
- Ever having gestational diabetes or giving birth to a baby who weighed more than 9 pounds³⁶

³⁵The State of Obesity, Accessed October 13, 2016

³⁶Centers for Disease Control, Accessed October 28, 2016

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	Yakima County	Washington	United States
Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. (2013)	9.7%	8.17%	9.19%
Percentage of the Medicare fee-for-service population with diabetes. (2014)	27.1%	21.67%	26.72%
Hemoglobin A1c Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. (2012)	86.1%	85.9%	84.6%

According to the National Health Interview Survey by the Centers for Disease Control and Prevention and the U.S. Census Bureau, the rate of diabetes is higher for American Indians / Alaska Natives (17.6%), American Indians / Native Americans (16.3%), Hispanics and non-Hispanic Blacks (12.9%), than for Asian Americans (9.1%) or non-Hispanic whites (7.6%).³⁷

Chronic Disease - Heart Disease

The percentage of adults with heart disease in Yakima County is better than the State and the United States. However, it is higher than the State for the Medicare population.³⁸

According to the Centers for Disease Control and Prevention (CDC) web site:

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

³⁷ Centers for Disease Control, Accessed October 28, 2016

³⁸ Community Commons, Accessed October 24, 2016

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- About 610,000 Americans die from heart disease each year—that’s 1 in every 4 deaths
- Coronary heart disease is the most common type of heart disease, killing about 365,000 people in 2014
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics, and whites. For Asian Americans or Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer³⁹

	Yakima County	Washington	United States
Coronary Artery Disease – Adults Percent of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. (2011-2012)	3.0%	3.8%	4.4%
Coronary Artery Disease – Medicare Percentage of the Medicare fee-for-service population with ischemic heart disease. (2014)	21.9%	19.3%	26.99%

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. Other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use⁴⁰

³⁹ Center for Disease Control and Prevention (CDC). Accessed October 10, 2016

⁴⁰ Center for Disease Control and Prevention (CDC). Accessed October 10, 2016

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A higher percentage of Yakima County residents have high cholesterol than the State. High blood pressure is about the same as the State in adults between 18 and 64, but is higher for the Medicare population. A lower (better) percent of adults indicate they are not taking their high blood pressure medication.⁴¹

The highest percent of adults not taking medication for their high blood pressure in Washington State (data is not available for Yakima County) is the Hispanic population, 44.94%.⁴²

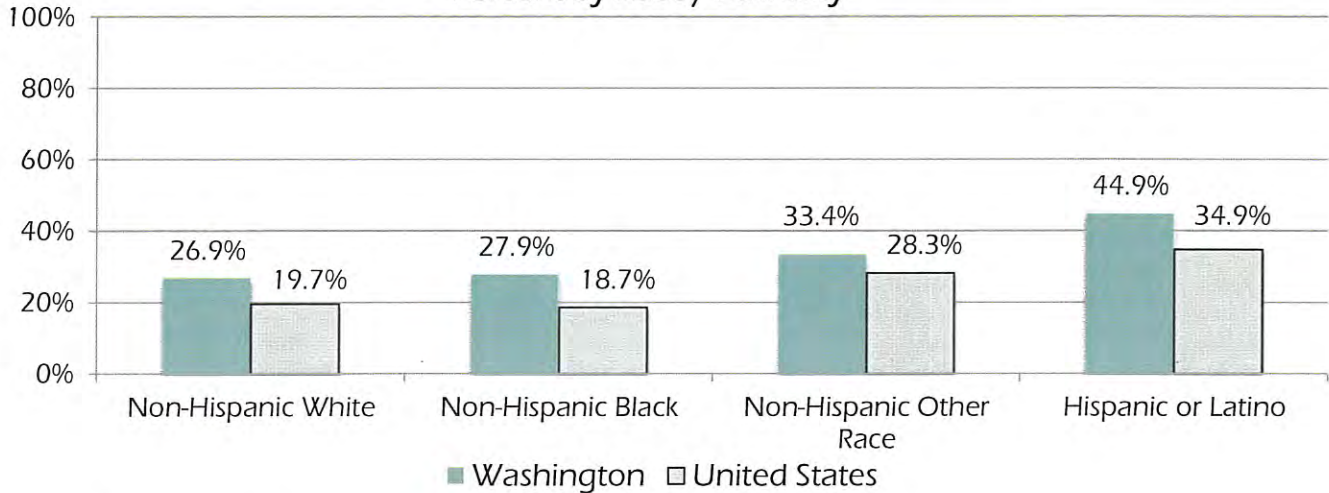
	Yakima County	Washington	United States
High Cholesterol – Adults			
Percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol. (2011-2012)	42.61%	39.72%	38.52%
High Cholesterol – Medicare			
Percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol. (2014)	39.38%	34%	44.68%
High Blood Pressure – Adults			
Percentage of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. (2006-2012)	27.6%	27%	28.16%
High Blood Pressure – Medicare			
Percentage of the Medicare fee-for-service population with high blood pressure. (2014)	48.2%	42.97%	55.07%
Percent self-reported that they are not taking medication for their high blood pressure. (2006-2010).	24.6%	28%	21.7%

⁴¹ Community Commons, Accessed October 24, 2016

⁴² Community Commons, Accessed October 24, 2016

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Adults Not Taking Medicine for High Blood Pressure
Percent by Race / Ethnicity



Chronic Disease – Asthma

The percentage of adults aged 18 and older who self-report that they have asthma is lower in Yakima County than in Washington.⁴³

In Washington, more than 600,000 people have asthma and nearly 120,000 of these are children. About 1 in 8 women and 1 in 14 men currently have asthma. The Centers for Disease Control and Prevention identified Washington’s asthma prevalence as among the highest in the nation, and steadily increasing.⁴⁴

Income is significantly associated with asthma prevalence. Individuals with lower income are more likely to have asthma than individuals with higher income. American Indians and Alaskan Natives were more likely to have asthma than other racial or ethnic groups. People of Hispanic origin and Asians have lower asthma risk.

	Yakima County	Washington
Percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma	12.5%	14.8%
	2012	2014

⁴³ CDC BRFSS Prevalence and Trends Data, Accessed October 28, 2016

⁴⁴ Washington State Department of Health, Asthma Data, Accessed October 26, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT

Health Literacy

The US Department of Health and Human Services (HRSA) identifies health literacy as a significant component of maintaining health.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

Patients with low health literacy may have difficulty:

- Locating providers and services
- Filling out complex health forms
- Sharing their medical history with providers
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
 - Understanding directions on medicine

Yakima County fits the profile of a “low” health literacy area including:

- Older adults
- Minority populations
- Low socioeconomic status
- Medically underserved people

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Physical Environment

Overcrowded housing and inadequate housing is worse in Yakima County than the State.⁴⁵

	Yakima County	Washington	United States
Overcrowded housing from the latest 5-year American Community Survey. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded. (2010 – 2014)	9.39%	3.55%	4.36%
Number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. (2010-2014)	39.49%	36.8%	35.57%

⁴⁵ Community Commons, Accessed October 22, 2016

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Appendix 3 - Community Resources

MENTAL HEALTH AND SUICIDE PREVENTION

Central Washington Comprehensive Mental Health	(509) 837.2089	1319 Saul Rd. Sunnyside. WA 98944
Yakima Valley Farm Workers Behavioral Health Services	(509) 882.3444	1000 Wallace Way Grandview, WA 98930
Yakama Nation Family & Children's Services Nak-Nu-We-Sha Program	(509) 865.5121 ext. 6801	Shearer Lane Post Office Box 151 Toppenish, WA 98948
Benton County Suicide Prevention	(800) 783.0544	
Crisis Open Line	(509) 575.4084	
Helpline Center.org		

FOOD RESOURCES

Salvation Army, Grandview	(509) 882.2584	
Seventh Day Adventist Community Food Bank, Grandview	(509) 837-6649 or (509) 786.2588	
St. Joseph Catholic Church, Sunnyside	(509) 837.2243	
Jubilee Ministry of Prosser Food Pantry	(509) 786.3033	
Granger Food Bank	(509) 830.7145	
Confederated Tribes Yakama Nation – Toppenish	(509) 865.5121	
WIC Sunnyside office	(509) 837.8200	

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MEDICAL – HEALTH SERVICES

Yakima Valley Farm Worker's Clinic	(509) 248.3334
Children's Village	(509) 574.3200
Yakima Valley Farm Worker's Clinic	Grandview (509) 882.3444 Toppenish (509) 865.5600
YVFWC Mountainview Women's Health Center, Grandview	(509) 882.4700
Yakima Neighborhood Health Services, Sunnyside	(509) 837.8200
Toppenish Community Hospital	(509) 865.3105
Prosser Memorial Hospital	(509) 786.2222
Planned Parenthood, Sunnyside	(509) 837.6979
Mid Valley Community Clinic, Sunnyside	(509) 839.6822
Sunnyside Community Hospital & Clinics	(509) 837.6911 or (509) 837.4949

DENTAL

ABCD Dental Program, Benton-Franklin Co. Health District	(509) 460.4200
Kidscreen	(509) 454.3103 Kids Connect
Sunnyside Community Hospital	(509) 837.1500
Yakima Neighborhood Health Dental Sunnyside	(509) 837.8200

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Yakima Valley Farm Workers Clinic	Grandview (509) 882.4491 Toppenish (509)865.3886 Prosser (509)786.2010
YVFWC Mobile Medical and Dental Services, Toppenish	(509) 865.3886
Community Dental Clinic, Sunnyside	(509) 837.7178
Yakima Indian Health Center, Toppenish	(509) 865.2102
Spavinaw Dental, Sunnyside	(509) 837.4596
Sunnyside Family Dental Center	(509) 837.3292
YVCC-Yakima Campus Dental Hygiene Clinic	(509) 574.4920

CHEMICAL DEPENDENCY

Narcotics Anonymous Hotline	(877) 664.0398
Alcohol & Drug Addiction Treatment & Support Act (DSHS)	(877) 501.2233
ADATSA Yakima County	(509) 574.2740
Drug-rehabs.org Hotline	(877) 608.4748
Barth Clinic	(509) 457.5653
Dependency Health Services	(509) 248.1200
Detox	(509) 453.2900
James Oldham Treatment Center	(509) 865.6705
Merit Resources	(509) 469.9366
Riel House (Triumph Treatment Services)	(509) 575.4810

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Sundown M Ranch	(509) 457.0990 or (800) 326.7444
Triumph Treatment Services	(509) 248.1800
Veteran's Substance Abuse Treatment	(509) 457.2736
Yakama Indian Nation Comprehensive Alcohol Program	(509) 865.5121
Alcoholics Anonymous	(509) 830.6723
Barth Clinic, Zillah	(509) 829.6440
Dependency Health Services, Sunnyside	(509) 837.2089
Merit Resources	(509) 837.7700 Sunnyside
Triumph Treatment Services, Buena	(509) 248.1800
Yakama Indian Nation Comprehensive Alcohol Program	(509) 865.5121