

Community Health Needs Assessment



Sunnyside
Community
Hospital and Clinics

October 2013

Community Health Needs Assessment

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Introduction

Sunnyside Community Hospital is a 25 bed critical access hospital located in Sunnyside, Washington. The hospital operates a series of six primary care clinics including a free standing Urgent Care Clinic, and four provider-based specialty clinics in the Lower Yakima Valley. The critical access hospital and rural health clinics make-up Sunnyside Community Hospital and Clinics (SCHC).

SCHC plays a vital role in the community providing a range of needed healthcare services, including 24-hour emergency care, inpatient intensive care, surgery, OB care and delivery, laboratory, comprehensive diagnostic imaging, respiratory therapy, pharmacy, diabetes care education, and cardiopulmonary.

This Community Needs Health Assessment (CHNA) was prepared in partnership with the Yakima Health Department and numerous community and civic organizations.

The final page of the report includes SCHC's Implementation Plan.

Study

Defined Study Area

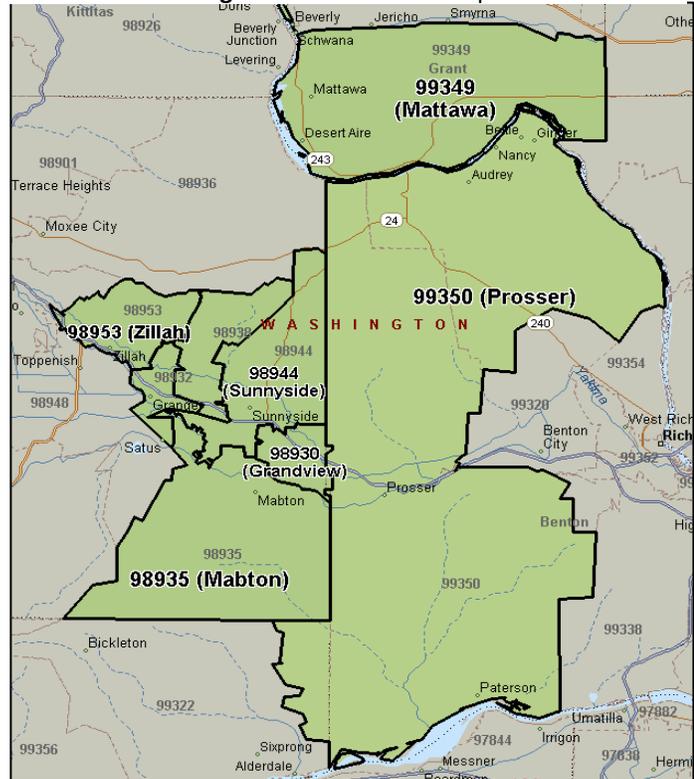
Sunnyside Community Hospital is located in the city of Sunnyside, situated in the central region of Washington State. The hospital also operates six primary care clinics located throughout the service area including a student health center. SCHC serves communities in Yakima and Western Benton Counties. Approximately 95% of SCHC's patients

reside in the following Lower Yakima Valley communities:

- Sunnyside
- Grandview
- Mabton
- Outlook
- Zillah
- Prosser
- Granger
- Mattawa

The Service Area, shown in Figure 1, has a current population of nearly 82,000 people. Over the next five years, the population is expected to grow at a slightly faster rate than Washington State at large (7.9% vs. 5.8% for the State). The projected rate of growth for women of child bearing age is three times that of the State (6.4% vs. 1.7% Statewide).

Figure 1: Service Area Map



Overview of Assessment Methods

SCHC partnered with the Yakima Health Department, as well as key civic and community organizations to complete this CHNA. Community residents from Prosser, Zillah, Sunnyside and Grandview and the following organizations actively participated in the process, weighing in on the data findings and providing insight on the needs of the community.

- Yakima Public Health Department
- Sunnyside United Methodist Church
- Sunnyside School District
- Sunnyside Community Hospital
- Belton Christian Youth Center
- Sunnyside Community Coalition
- Sunnyside City Council
- Nuestra Casa
- St. Joseph Parish: Sunnyside
- Sunnyside Transformation Yakima Valley
- Daily Sun News
- Central Washington Comprehensive Health
- Sunnyside Police Department
- Oasis Community Church

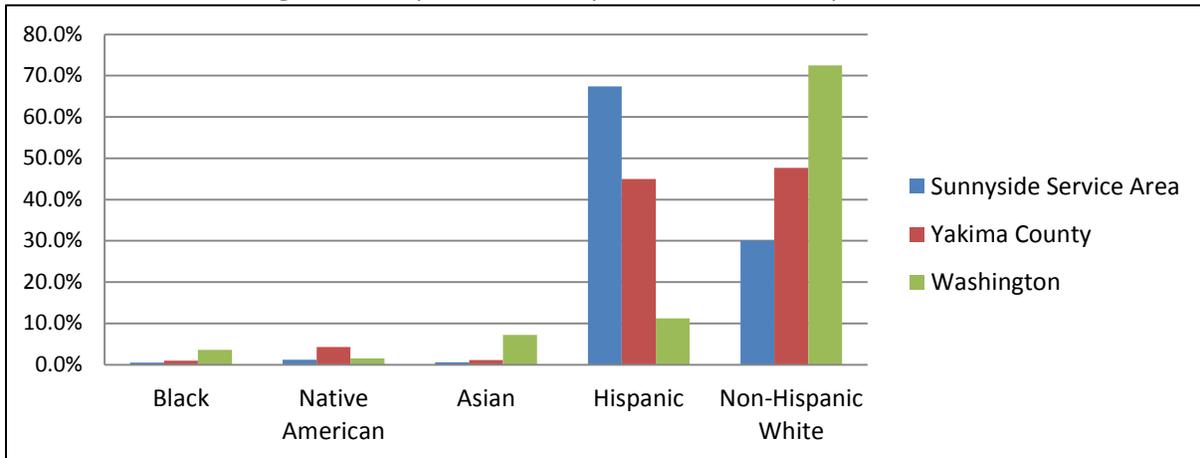


A multitude of information was compiled and analyzed throughout the CHNA process to create a comprehensive understanding of the Service Area's health status and health care needs. When possible, data was collected specific to the Service Area, as defined in Figure 1. When data specific to the Service Area was not available, Yakima County level data was referenced. Demographics, health behaviors, mortality and access to health care were among the health status indicators that were examined. Specific data sources included, but were not limited to the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS)- tool conducted by the State of Washington on behalf of the Centers for Disease Control and Prevention (CDC) that tracks health status and behaviors in community
- Yakima Public Health Department- health status and outcome data + leading causes of death
- 2010 US Census and the American Community Survey (ACS)- demographic data
- Thomson/Reuters- Community Needs Index (CNI) scores
- Yakima County Youth Survey- youth behavioral risk factor data
- US Department of Agriculture- data on regional access to healthy foods

Findings

Figure 2: Sunnyside Community Service Area Diversity



Demographics

Source: 2010 US Census

Demographic factors have a strong effect

on health status, health care usage and access to health care services. The service area has a significantly larger Hispanic population than Yakima County and the State as seen in Figure 2.

The Service Area has significantly more residents that are foreign born and who speak a language other than English at home compared to the State. Overall, there are far higher rates of poverty and lower rates of high school graduation within the Service Area compared to Yakima County and Washington State, as seen in Table 1.

Table 1: Service Area Demographics

Area	Population	Foreign Born	Language other than English spoken at home	Per Capita Income	Median Household Income	Percent High School Graduate or Higher	Poverty Rate*
Sunnyside (98944)	22,014	30.80%	68.1%	\$14,565	\$37,349	52.5%	24.6%
Grandview (98930)	15,252	23.8%	62.0%	\$14,494	\$41,928	60.5%	21.0%
Mabton (98935)	4,190	32.0%	67.6%	\$15,883	\$44,125	54.3%	16.9%
Outlook (98938)	2,177	19.8%	58.7%	\$17,739	\$41,500	64.3%	34.0%
Prosser (99350)	12,447	14.4%	30.5%	\$22,121	\$51,632	74.9%	11.9%
Granger (98932)	5,032	32.1%	70.1%	\$15,226	\$36,443	49.7%	23.7%
Mattawa (99349)	8,483	47.6%	83.4%	\$13,700	\$43,188	39.6%	23.6%
Zillah (98953)	6,681	12.4%	38.7%	\$19,079	\$54,548	73.4%	15.5%
Yakima County	243,231	18.0%	38.7%	\$19,730	\$49,497	71.4%	16.3%
Washington	6,724,000	12.8%	17.8%	\$30,481	\$58,890	89.8%	8.4%

As shown in Table 2, fertility rates in Yakima County are almost 50% higher than the State and pregnant women are more likely to receive prenatal care in the first trimester than the State at large. Teen birth rates consistently remain more than double the State's rate and there is a higher incidence of newborn low birth weight. Younger women (< age 24) in Washington State are less likely to receive first trimester prenatal care.

Table 2: Service Area Fertility Statistics

	Women Receiving 1 st Trimester Prenatal Care	Low Birth Weight for Singleton Births	2010 Fertility Rate	Birth Rate: Teens 17 years and younger*
Yakima County	81%	5.7%	91	17.91
WA State	79%	4.7%	64	8.78
Rate per 1,000 women of child bearing age (15-44)				
*Rate per 1,000 live births				

Health Status

The Community Needs Index (CNI) is a tool that measures a combination of social indicators including poverty rates for elderly and single women with children, population without high school diploma, population that is minority, population with limited English, uninsured rates and population of residents that rent their home vs. own. The output of the tool is a score from 1 to 5, with a higher score indicating greater need. As shown in Table 3, the CNI scores for the service area indicate that Sunnyside proper likely has unmet need based on the measured variables. All communities within the Service Area are at the highest quintile of need compared to Washington State with a score of 3.2 (mid quintile).

Table 3: Community Needs Index

Key: Larger numbers indicate greater need: 1 = least need, 5 = greatest need

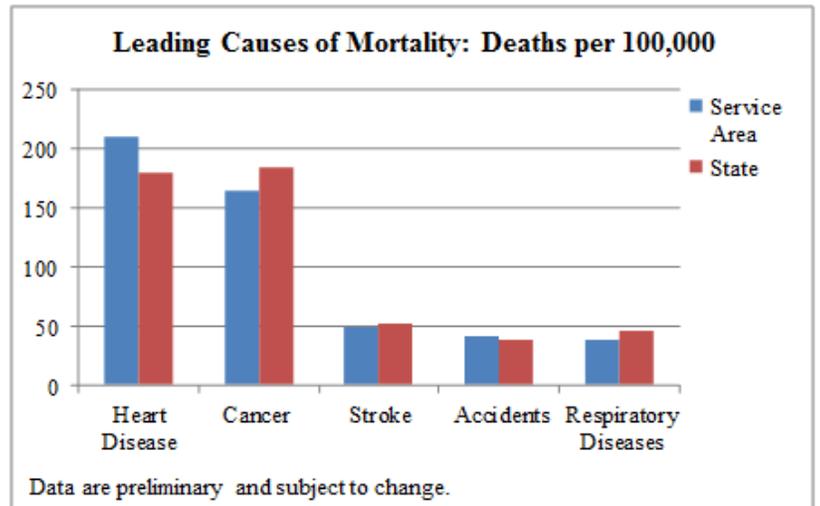
Zip Code	Area	CNI Score	Quintile
98944	Sunnyside	5.0	Highest Quintile
98930	Grandview	4.4	Highest Quintile
98935	Mabton	4.8	Highest Quintile
98938	Outlook	4.4	Highest Quintile
99350	Prosser	4.2	Highest Quintile
98932	Granger	4.6	Highest Quintile
99349	Mattawa	4.4	Highest Quintile
98953	Zillah	4.4	Highest Quintile
All County	Yakima County	4.6	Highest Quintile
-	WA State	3.2	Mid Quintile

Source: Thomson/Reuters 2012 Dignity Health County Reports as of 9/10/2013

Figure 3: Leading Causes of Death

Data on the leading causes of death in an area can provide insight to the health status of the population. A high rate of deaths due to preventable causes may indicate heightened disease burden or an unmet need for health care services.

As seen in Figure 3, the Service Area’s leading causes of death are consistent with the State, with slightly higher rates of heart disease and accidents. The Service Area has lower rates of cancer.



Source: WA State Department of Health, Age-Adjusted

Access

Health insurance coverage is an important determinant of access to health care services for residents. As seen in Table 4, recent data suggests that an estimated 27% of people living in Yakima County under the age of 65 have no health insurance. People without coverage are more likely to delay seeking treatment or may avoid care all together because of the burden of medical bills. Additionally, the data demonstrates that Yakima County has fewer providers and a higher rate of preventable hospital stays than the rest of the State.

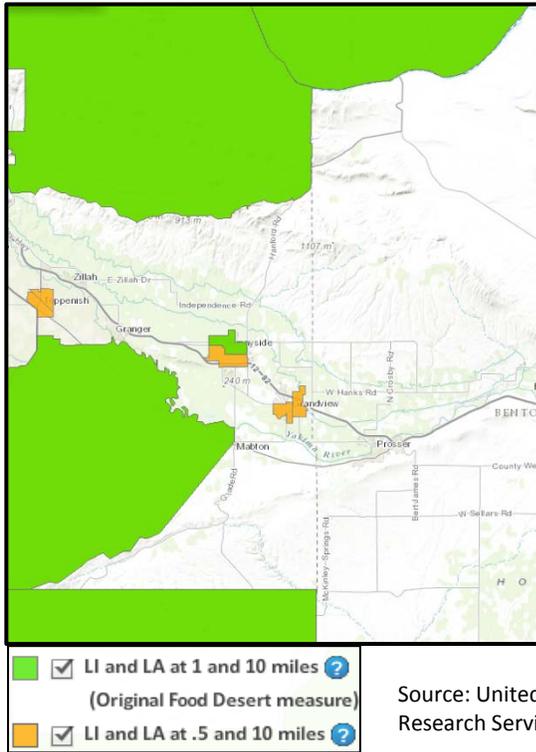
Table 4: Clinical Care Measures

Clinical Care			
	Yakima County	Washington	National Benchmark
Uninsured (% under 65 without health insurance)	27%	16%	11%
Ratio of population to primary care physicians	1,397:1	1,222:1	1,067:1
Ratio of population to dentists	1,710:1	1,435:1	1,516:1
Preventable hospital stays*	62	46	47

Source: County Health Rankings, Yakima 2013

*Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

Figure 4: Service Area Food Desert Map



The service area’s outlying communities lack basic public transportation, making it very difficult for people to travel to and from health care services. Lack of transportation impacts access to healthy foods. As the map in Figure 4 shows, a significant portion of residents in the service area live in a food desert-- more than 10 miles (rural) from the nearest supermarket. The U.S. Department of Agriculture (USDA) defines a food desert as a "low income census tract where a substantial number of residents have low access to a grocery store." Food deserts are rural or urban areas where access to foods like broccoli, apples, chicken breasts, and other fresh nutritious products is limited and finding these foods is difficult and time consuming.

Source: United States Department of Agriculture: Economic Research Service, Food Access Research Atlas

Behavioral Risk Factors

Table 5 depicts a number of behavioral risk factors for Yakima County compared to Washington State. The Service Area has significantly higher rates of obesity and diabetes than the State. However, residents have significantly lower rates of smoking and heavy drinking.

Table 5: Behavioral Risk Factors

Service Area Health Status			
Measure	Definition	Service Area	WA State
Rates of Obesity	BMI >30	32.4%*	25.6%
Adult Smoking	Currently smoking status	9.7%*	15.7%
Heavy Drinking	More than 1/2 drinks a day every day for 30 days	1.8%*	5.6%
Physical Inactivity	No moderate or vigorous exercise	15.7%*	9.0%
Asthma	Ever been told you have asthma	6.0%*	9.2%
Diabetes	Ever been told that you have diabetes	9.1%	7.2%
Heart Disease	Ever been told you have coronary heart disease or angina	2.6%	3.4%
Poor Mental Health Days	Seven or more poor mental health days per month	10.1%*	14.6%

Source: Behavioral Risk Factor Surveillance Survey, Select Years 2005-2010
 *Variance from state is statistically significant.

Table 6 shows adolescent behavioral risk factors. Adolescent cigarette use in the Sunnyside School District and Yakima County is lower than the State. Rates of alcohol and illegal drug use within the Sunnyside school district are lower than the County and State. Rates of depression, obesity and sexual behavior are higher in the service area than the rest of the State.

Table 6: Behavioral Risk Factors

Risk Factor	Sunnyside School District	Yakima County	WA State	Yakima County Trend 2002-2010
Cigarette use in the last 30 days (10 th and 12 th graders)	11.3%	13.6%	19.9%	Improving
Alcohol use in the last 30 days (8 th graders)	13.5%	20.1%	14%	Improving
Marijuana use in last 30 days (8 th graders)	10.6%	13.3%	9.2%	Worsening
Use of illegal drugs (besides alcohol, tobacco and marijuana)- 8 th graders	2.1%	4.4%	2.9%	Worsening
Students who have felt depressed over 2 week period (8 th graders)	32.6%	29.5%	24.9%	Worsening
Obesity among 8 th and 10 th graders	N/A	14.5%	10.5%	Stable
Considering attempting suicide in past year (8 th grade)	17.4%	17%	17%	N/A
10 th grade sexual behavior: those who have had sexual intercourse	N/A	41.7%	31.2%	Stable

Source: Yakima County Youth Risk Behavior Survey, 2011-2013

Conclusion and Implementation Plan

This CHNA demonstrates that there are significant health needs in the service area in terms of health status, health behaviors and access health services. Based on their expertise and existing resources, Sunnyside Community Hospital and Clinics has selected *“improve the health of the community by actively working to reduce barriers to access”* as a CHNA priority. Specific strategies and tactics are include and are outlined below in Table 7.

Table 7: SCHC Strategies to Address Health Needs

Strategy	Potential Tactics
1. Make services more accessible	<ul style="list-style-type: none">• Support active enrollment in Medicaid expansion and Exchange.• Provide more specialty services locally to reduce the need for travel• Expand services at the Student Health Center• Add clinics in outlying communities• Recruit providers
2. Increase availability of behavioral health services.	<ul style="list-style-type: none">• Integrate behavioral health screening and support services into the Hospital’s primary care clinics, including the Student Health Center.• Evaluate inpatient behavioral health services
3. Reduce rates of chronic health conditions	<ul style="list-style-type: none">• Increase screenings, support access to primary care services and timely/seamless referral to specialists• Provide/partner for community education classes: cooking, managing conditions, etc.

In addition, SCHC will continue to engage with our partners in the community to tackle the social determinants of health by increasing educational achievement, ensuring healthy starts for children and enhancing parenting and relationship skills.

SCHC was also recently awarded a Health and Human Services Grant aimed at funding a Small Health Care Provider Quality Improvement Program in the amount of approximately \$450,000. SCHC will be leveraging their grant-supported program to address the identified community health needs through the formation of the Lower Yakima Quality Improvement Partnership (LYQIP). The LYQIP was created in order to address the chronic disease needs of the residents of the Lower Yakima Valley. LYQIP’s goals are: to reduce the rate of advanced chronic disease, to reduce the costs of inpatient and ED utilization associated with managing these diseases and to employ care management and outreach strategies (for screening, education, etc.) that will be widely accepted and utilized by the large Hispanic population in the Valley. SCHC’s grant supported activities will fit nicely with the CHNA findings.