Forks Community Hospital

Community Health Needs Assessment

December 2023



Forks Community Hospital
"Pioneers in Rural Health Care"

Contents

About Forks Community Hospital	1
Our Mission	
Our Services	2
Our Community	3
Methodology	4
Our Process	4
Data Collection	5
Prioritization of Community Needs	6
Limitations	6
Community Health Priorities	
Access to primary and preventive care	
Access to specialty care	g
Resources to support the aging population	
Other Identified Needs	
Addressing Priorities through Strategic Planning	12
References and Acknowledgments	13
Primary Data Sources	13
Secondary Data Sources	13
Consulting Services	13
Community Profile	14
Demographic Indicators	14
Socioeconomic Indicators	
Health and Disease Indicators	20
Preventative Health and Wellness Indicators	24
Accessibility of Care Indicators	26
Existing Healthcare and Community Resources	29

About Forks Community Hospital

Since 1949, Clallam County Public Hospital District No.1 d.b.a. Forks Community Hospital ("FCH") has offered medical care to residents of the West End, right here at home. The first hospital in Forks was built by Dr. Ulrick S. Ford in 1929. In 1932, Dr. Ford successfully campaigned for the state legislature on a platform centered around rural healthcare needs. His vision and energy eventually won the passage of the Washington Hospital District law in 1947. Clallam County Public Hospital District No. 1 was the first district formed in the state. Thus, Forks Community Hospital deserves to be called a "Pioneer in Rural Healthcare".

By 1956, the hospital had served over 63,500 patients. Voters approved a bond issue in 1969 to reconstruct the existing hospital and add 20 beds. Recognizing a community need, a long-term care facility was added in 1986. Further expansion of the hospital and long-term care facility was completed in 1994 and again in 1998. The most recent expansion to the hospital was a new surgery suite in 2006.

FCH participates in the Washington Rural Health Collaborative, which is interaction involving teamwork, forming alliances, and relationship building through cooperation. This organization provides opportunity for these rural public hospitals to network together in information and resources. Along with Forks Community Hospital; Jefferson Healthcare, Klickitat Valley Health, Mason General Hospital, Morton General Hospital, Newport Hospital, Ocean Beach Hospital, PMH Medical Center, Skyline Hospital, Snoqualmie Valley Hospital, Summit Pacific Medical Center, Whidbey Health Medical Center, and Willapa Harbor Hospital are all members of the Washington Rural Health Collaborative.

To learn more about FCH, visit www.forkshospital.org.

Our Mission

Like local schools, businesses, and churches, a hospital is a key resource for a community. Our mission statement, "Pioneers in rural health; providing exceptional, personalized care, demonstrates our pledge to continue to provide high-quality, affordable healthcare services to the West End."

Our Services

In addition to inpatient and long-term care, FCH's services include a surgical suite performing limited inpatient and outpatient surgical procedures, emergency services, obstetrical services, diagnostic imaging, laboratory services, physical rehabilitation services, and a volunteer ambulance service.

FCH also operates three outpatient family practice clinics - the Bogachiel Medical Clinic, Forks Family Medical Clinic, and Clallam Bay Medical Clinic. It also operates West End Outreach Services, a mental health and chemical dependency treatment provider for residents of Clallam County, particularly the West End.

As a Critical Access Hospital, FCH serves as the sole provider of care to a rural community with limited access to healthcare services. While FCH is not a 501(c)(3) and thus not required by the federal government to conduct a

Primary Care

Hospital Services

Patient-centered care

Surgical Services

Services

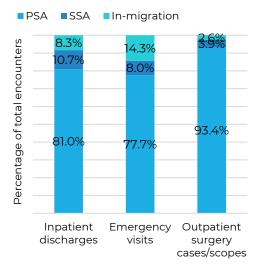
Community Health Needs Assessment (CHNA), FCH conducted this CHNA throughout 2023 to assess the health of our community and to identify unmet health-related needs based on population trends, health indicators, and socioeconomic factors.

Our Community

As a public hospital district of Clallam County, FCH receives community support to provide healthcare services to its geographically rural community. FCH's service area consists of the boundaries of Clallam County Public Hospital District No. 1, with the Primary Service Area consisting of the District's non-tribal population base, and the Secondary Service Area consisting of the District's tribal population base, who the district provides higher acuity services to. The service area, frequently referred to as the West End, is isolated from the rest of the Olympic Peninsula by the vast lands of the Olympic National Park, Olympic National Forest, and the State of Washington's Department of Natural Resources. It is also home to three Native American tribes: the Hoh, Quileute, and Makah. The majority of the hospital's patients originate from the PSA, which constitutes 80-90%+ of patient volumes

across all major service lines. The majority of communities in our service area reside within Clallam County, Washington; the portion of the ZIP codes that are in Jefferson County lie fully within the Olympic National Forest and have very little population.

FCH patient origin by service line





Methodology

Our Process

FCH engaged Wipfli LLP (Wipfli) to help conduct the CHNA. Wipfli utilized the following process to analyze the health needs of the community and develop the priorities of the needs assessment:

Review past need assessment	Define our community	Gather and analyze data	Prioritize needs	Implement strategy
Assess impact of previous CHNA	 Review patient origin Assign geographic boundaries 	 Utilize primary and secondary data sources Summarize key health needs 	 Develop prioritization criteria Select priorities 	 Identify strategies Identify collaboration opportunities Develop implmentation plan

This process was overseen by the CHNA Advisory Committee, which consists of leadership from the hospital who represent the broad interests of the community. Committee member were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The committee consists of the following members:

Heidi Anderson, Chief Executive Officer
Paul Babcock, Chief Financial Officer
Kelly Thompson, Chief Nursing Officer
Jennifer Roberts, Director of Human Resources
Carie Micheau, Compliance Officer
Deborah Dillon, Director of Patient Safety and Quality
Laci Johnson, Executive Assistant

While FCH is not a 501(c)(3) and thus not required by the federal government to conduct a CHNA, the process that Wipfli and the Advisory Committee used to complete this needs assessment is in full compliance with Section 501(r)(3) of the Internal Revenue Code. This needs assessment was presented to the Advisory Committee and included in the hospital's strategic planning efforts in November 2023.

Data Collection

Information was collected from primary and secondary data sources to identify unmet health needs within the community. Information from these sources was summarized into key themes, which served as the basis of the CHNA.

PRIMARY DATA

Primary data represents information that was collected firsthand from stakeholders within the hospital's community. This data was collected to validate secondary data findings as they pertain to FCH's service area, identify issues that were not represented in the secondary data, and understand what specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted from September – October 2023 with community stakeholders who best represented the broad interests, experiences, and needs of FCH's community, particularly people who represent medically underserved and vulnerable populations. A community health survey was also distributed to the public in October 2023 to ensure that each person had the opportunity to participate and be heard in this process. A complete list of the community stakeholders can be found in the Reference and Acknowledgments.

The interviews and surveys were designed to solicit information pertaining to the following topics:

- Significant healthcare issues or needs
- Social, behavioral, and environmental factors that contribute to health needs
- Barriers to care within the community

- Vulnerable populations who experience disparities
- Suggestions or ideas to address the community's needs
- Potential resources or infrastructure to support health, social, behavioral, or environmental needs
- Areas for collaboration to address health needs

SECONDARY DATA

Secondary data was collected from statistical data sources available at the local, regional, state, and national level. This data provides a profile of the demographic, social, economic, and health characteristics of FCH's community. To the extent possible data was collected at the local level and compared to regional, state, or national benchmarks.

Sources of secondary data include:

- American Community Survey
- Behavioral Risk Factor Surveillance Survey
- Center for Disease Control and Prevention
- ► County Health Rankings
- ESRI Business Information Solutions
- ► Healthiest Communities, a collaboration between U.S. News and the University of Missouri Extension Center for Applied Research and Engagement systems
- ▶ U.S. Census

Prioritization of Community Needs

Once the primary and secondary data was gathered, the information was collectively analyzed to identify key themes that represented the unmet health and health-related needs within the community. The Advisory Committee convened as a group to rate the unmet health needs to determine which needs would be prioritized by FCH over the next three years. The Advisory Committee rated the unmet health needs based on the following criteria:

Scope

·How many individuals are touched by this issue?

Significance

·How significantly does the issue impact those touched by it?

Impact

·How much of an impact can FCH have on addressing this issue?

Limitations

FCH, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report.

However, FCH recognizes that the responses reflected in the community stakeholder interviews represent the opinions of those interviewed and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as there is no way to guarantee that the perspectives of these participants are fully representative of those in the service area. County-level data may be featured in this report when more local data pertaining to the hospital's service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

FCH's emphasis on recruiting a set of diverse perspectives and using local or regional data when available to determine the health needs of the community demonstrates FCH's commitment to understanding and meeting the needs of its service area.

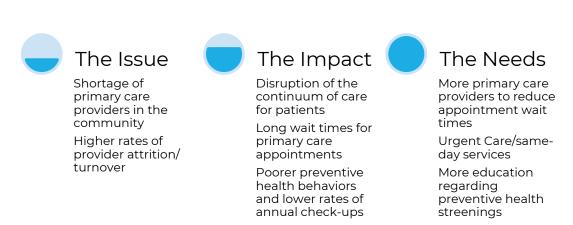
Community Health Priorities

The community health priorities identified in this needs assessment, in no particular order, are:



Additional context regarding the selection of these health needs as priorities for FCH is provided below:

Access to primary and preventive care



Every community stakeholder interviewed reported that access to primary and preventive care is a significant health need within the community. Similarly, approximately 40% of community health survey respondents indicated that better access to primary care services is needed to improve the health of the community, which was the top health need identified in the survey.

Stakeholders and community members alike generally report a shortage of primary care providers in the community, with the rural nature of the community, high housing costs, and industry-wide provider shortages generally contributing to recruitment challenges. Both Clallam County and Jefferson County are designated by the Health Resources and

Service Administration (HRSA) as Health Professional Shortage Areas (HPSAs) for primary care, with a need for 3-4 additional primary care providers projected between Clallam and Jefferson counties to alleviate current provider shortages.

Lack of access to primary care providers and higher rates of provider turnover can profoundly impact a community's health outcomes. Primary care providers are important facilitators of preventive health behaviors, such as eating healthy, exercising, going into the doctor's office for routine check ups, and receiving recommended health screenings and vaccinations. Individuals who engage in these behaviors tend to report better overall health, lower rates of chronic disease, and higher quality of life. However, if individuals are not able to access healthcare services when needed, patients may elect to defer or otherwise not receive needed healthcare services due to lack of accessibility, which can worsen health outcomes in the long run.

Stakeholders generally report challenges with accessing primary care services in a timely manner, with 77% of community health survey respondents citing wait times as an issue preventing them from accessing healthcare locally when they need it. Community stakeholders report that it typically takes 6 – 8+ weeks to schedule a primary care appointment for an established patient, which is a significant barrier of accessing care when needed. Correspondingly, adults in Clallam and Jefferson counties tend to exhibit poorer preventive health behaviors, with only 67% of adults reporting that they go into the doctor for a preventive care visit annually (Healthiest Communities, 2022). In a similar vein, approximately 22% of community health survey respondents reported that they do not receive routine healthcare services, with adherence rates for preventive health screenings, cancer screenings, and vaccinations widely variable across the community served by FCH. These statistics collectively indicate that members of FCH's service area experience challenges with accessing preventive care when needed, which may be contributing to higher rates of self-reported poor or fair health relative to state and national benchmarks.

Stakeholders also indicate that lack of access to primary care services has resulted in a need for same-day or Urgent Care-type services to provide members of the community with an alternative, lower cost setting of care for emergent but non-life-threatening health issues. Approximately 24% of community health survey respondents indicated that they would utilize an Urgent Care clinic for emergency medical needs instead of an emergency room or primary care clinic if such an option existed, which indicates that Urgent Care services, if accessible, could deflate the demand and wait times for these other services.

High provider turnover also impacts the ability for patients to establish a trusted relationship with a primary care provider, which can result in a lack of continuity of care and can create opportunities for patients and their medical needs to "slip through the cracks" of the healthcare system. With 24% of survey respondents reporting that that they did not have at least one person that they thought of as their primary care provider, the need for more reliable access to primary care services is clearly evident.

Access to specialty care



Shortage of specialty care providers in the community



The Impact

Long wait times for specialty care appointments Transportation barriers in accessing care Delayed diagnoses

and treatment non-adherence



The Needs

Better access to specialty care providers locally Wider variety of specialty services available locally

Approximately 64% of community stakeholders interviewed reported that access to specialty healthcare services is a significant health need within the community. Similarly, approximately 33% of community health survey respondents indicated that better access to specialty services is needed to improve the health of the community, which was the third highest health need identified in the survey.

Stakeholders generally reported limited access to specialty services, including medical and surgical specialists, due to a shortage of providers and the rural nature of the community, which results in residents of the West End needing to travel to Port Angeles and beyond in order to access these services. Approximately 82% of community health survey respondents indicated that they have received healthcare from a hospital and/or medical provider other than FCH because services were not available locally. A majority of people in the West End are located at least 1 – 2 hours away from Port Angeles and/or other tertiary care centers like Seattle, which can make traveling to access healthcare services a significant disruption to day-to-day life and barrier in accessing services, particularly for individuals who lack reliable access to transportation.

Collectively, lack of access to specialty services locally can result in individuals choosing to forego care, receive delayed diagnoses, or be less likely to follow through or adhere to a course of treatment, all of which impact health outcomes and overall wellbeing. Stakeholders and community health survey respondents alike both specifically cited a need for services to support the community's aging service area, such as cardiology, dermatology, dental, nephrology, neurology, hematology/oncology, ophthalmology, pulmonary medicine, and urology.

Stakeholders also reported significant wait times for specialty appointments, both within and outside of the community, which further delays people from accessing needed treatment. Further, stakeholders also cited a higher need for case management and care coordination services to help patients who have more complex health needs navigate their diagnoses and referrals.

Resources to support the aging population



The Issue

Aging population in the West End Higher rates of chronic disease Lack of access to specialty services locally



The Impact

Transportation barriers in accessing care Poorer health outcomes Transplanting t

Transplanting the community to access housing



The Needs

Full continuum of senior care serivces, including healthcare, housing, and community services

Fewer, but a significant portion (45%), of community stakeholders interviewed reported that resources to support the aging population is a significant health need within the community. In addition, approximately 12% of community health survey respondents indicated that more senior services are needed to improve the health of the community.

A significant portion (32.3%) of the population of Clallam County consists of seniors over the age of 65, which is projected to grow by approximately 13% over the next five years. Seniors tend to utilize healthcare services at a much higher rate than younger age cohorts, and tend to experience disproportionate health-related challenges, such as higher rates of chronic disease and comorbidities. Seniors in the West End tend to report higher rates of chronic disease relative to state and national benchmarks, with between 80 – 85% of seniors in Clallam and Jefferson counties living with one or more chronic diseases. Seniors also may be more limited in terms of ability to travel to access healthcare services that are not available locally, which can negatively impact health outcomes and quality of life.

When asked what resources are needed to support the ageing population in the West End, stakeholders and survey respondents alike predominately cited resources and services to help older adults age gracefully in their communities throughout the full continuum of senior services, including primary and specialty healthcare services as well as housing for seniors across the full continuum (e.g., skilled nursing facilities, assisted living, and independent living), and home health services. Many respondents cited the local long-term care unit as an asset to the community, but noted the lack of other forms of senior living in the region, resulting in some seniors needing to transplant and move elsewhere to access these housing options. However, with more seniors preferring to age within their homes, stakeholders also reported a need for more home-based programs to check in on the status of seniors and ensure they have the resources they need to live healthfully.

Other Identified Needs

The following health needs were identified throughout the community health need assessment process but were not prioritized by the Advisory Committee as the committee felt that FCH is already actively working to improve these issues within their scope of expertise as a community hospital and clinic. FCH will continue to engage in and support community partnerships with other entities working in these areas.

Access to Housing

Many stakeholders within the community cited the housing accessibility and affordability as major challenges within the community. As a geographically rural community, the West End experiences disproportionate challenges with accessing safe, quality, and affordable housing, which impacts the ability to recruit and retain qualified healthcare providers to the region. Lack of affordable housing also impacts the community as a whole, who may spend a disproportionate amount on housing relative to other resources needed to live a healthy life. As a provisioner of healthcare services, FCH is limited in terms of the direct impact it can take towards addressing this issue, which is complex and multifaceted. However, FCH will continue to participate in community coalition efforts alongside other local organizations to increase the accessibility of housing in the West End.

Access to Behavioral Health Services

Through West End Outreach Services, FCH has committed to providing behavioral health services, including mental health and substance use treatment, to the highest need individuals in the West End, including those of lower socioeconomic status. However, like many rural hospitals and communities, FCH has experienced challenges with recruiting qualified professionals committed to practicing in the West End. FCH also lacks the physical space to support an expansion of behavioral health providers, which impacts the hospital's ability to serve more patients. FCH strongly believes in the impact that accessibility to behavioral health services can have on the mental and physical wellbeing of a community, and recognizes that staffing turnover and recruitment challenges have impacted the ability to access behavioral health services. FCH will continue to recruit providers to maintain accessibility to these important services and will explore opportunities to expand physical space to support future growth in providers in the future.

Access to Transportation

As a rural community, the people who live in the West End experience a disproportionate burden when it comes to traveling to access needed services, including healthcare. Approximately 55% of community stakeholders interviewed cited that access to transportation options is a significant need in the community to help residents access healthcare services not available locally, particularly specialty care. Residents of the West End often forego healthcare, both emergent and non-emergent, due to transportation barriers. While transportation options are available for certain patient populations, including Paratransit services for patients with Medicaid coverage, these options may be challenging for patients to navigate and may be limited in where transportation may be

provided to. However, like many rural hospitals, FCH is committed to reducing the need to travel for healthcare services by providing as many specialty services locally as possible, and has prioritized addressing access to specialty care through this needs assessment in concordance with this commitment.

COST OF CARE

Access to affordable healthcare services is an important component of overall community health. FCH understands that some patients have experienced challenges with being able to afford healthcare services, whether due to lack of insurance coverage, high-deductible healthcare plans, or the cost of healthcare services charged by FCH or other healthcare providers in the region. FCH is committed to keeping its prices as affordable as possible for its community, providing over \$2.5 million dollars in uncompensated care annually to patients who cannot afford to pay their medical bills. While FCH will continue to provide this service and provide financial counseling services to connect patients with insurance options that they can afford, limitations exist regarding what FCH can do to address the unaffordability of healthcare due to high-deductible healthcare plans, which is why this issue was not prioritized for this needs assessment

Addressing Priorities through Strategic Planning

The unmet health-related needs prioritized by the Advisory Committee were encompassed within the hospital's organizational strategic plan, which was updated in November/December 2023. With collaboration from Wipfli and hospital leadership, FCH has developed an implementation plan to execute the hospital's strategic plan, which will include the following for each unmet need:

Strategic Objectives

•What overarching goals does FCH wish to achieve to address this issue?

Tactics

•What specific strategies or tactics will FCH explore to achieve its goals?

References and Acknowledgments

Primary Data Sources

This report was made possible through the contribution of the following organizations, who participated as stakeholders in the community input process of this needs assessment:

- ► Clallam County Department of Health & Human Services
- ► Jefferson County Department of Health & Human Services
- ► Forks Avenue
- ► Forks Community Hospital
- ► Forks Congregational Church
- ► Hoh Tribe
- ► The Rural Collaborative
- ▶ Quileute Tribe
- ▶ Quillayute Valley School District

Secondary Data Sources

Secondary data regarding the community served by FCH was referenced from the following sources:

- ► American Community Survey
- ▶ Behavioral Risk Factor Surveillance Survey
- ► Center for Disease Control and Prevention
- County Health Rankings
- ► ESRI Business Information Solutions
- ► Healthiest Communities, a collaboration between U.S. News and the University of Missouri Extension Center for Applied Research and Engagement systems
- ▶ U.S. Census

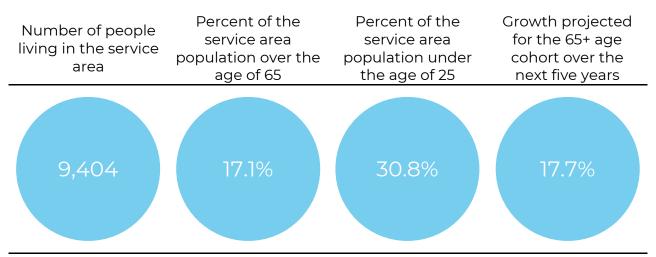
Consulting Services

Wipfli LLP, a national certified public accounting and consulting firm, assisted FCH with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process, and compilation of this report.

Community Profile

Demographic Indicators

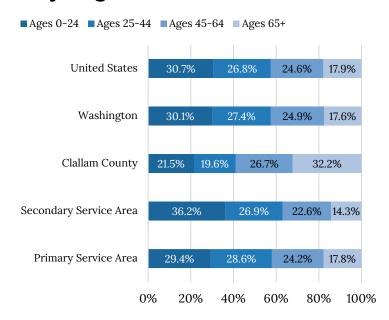
COMMUNITY PROFILE AT-A-GLANCE



Source: ESRI Business Information Solutions, 2023

The estimated population of FCH's service area is 9,404 people, with projections estimating that the population will remain stagnant over the next five years. About 80.0% of the population resides in the primary service area (PSA) while the remaining 20.0% residing in the secondary service area (SSA), both of which are generally located in Clallam County. Despite FCH's service area population projected to remain stagnant, the 65 and older age cohort is projected to grow by 17.7% over the next five years, or by approximately 285 people. An aging population typically requires more resources to support the community due to a higher prevalence of chronic conditions such as heart disease, diabetes, and cancer.

Population distribution by major age cohort



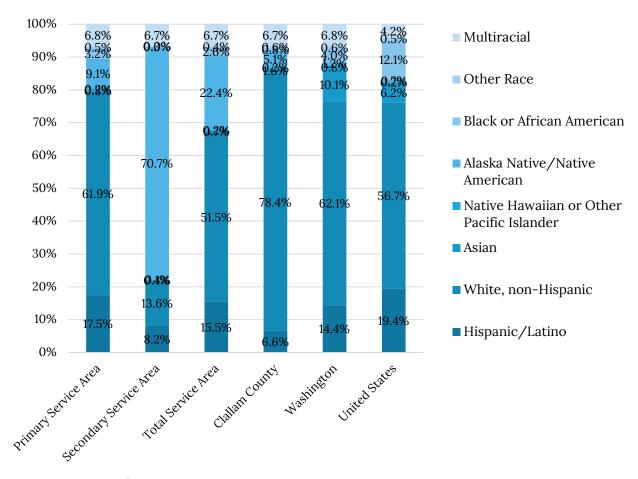
Source: ESRI Business Information Solutions, 2023

RACE AND ETHNICITY

Race and ethnicity is an important socioeconomic determinant of health because it can influence a person's exposure to social and economic conditions that can impact their health outcomes. Research has shown that racial and ethnic minority groups are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poor health outcomes. These disparities can be attributed to a range of factors, including differences in access to healthcare, educational and economic opportunities, exposure to environmental hazards, and experiences of discrimination and racism.

FCH's service area is significantly more diverse than state and national benchmarks, with higher representations of Hispanic/Latino and Alaska Native/Native American individuals. It will be important for FCH to consider to what disparities, if any, are faced by these population groups specificically when evaluating community health needs.

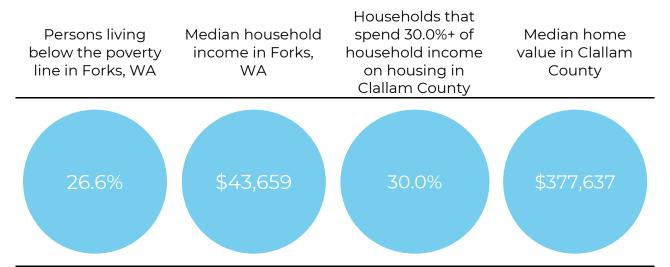
Population distribution by race/ethnicity category



 $Source: ESRI\ Business\ Information\ Solutions,\ 2023$

Socioeconomic Indicators

FORKS COMMUNITY PROFILE AT-A-GLANCE



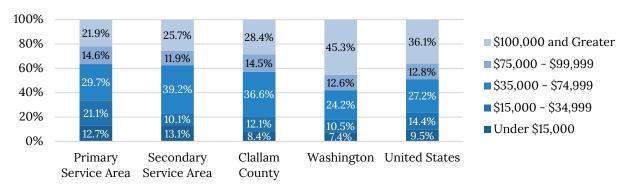
Source: Healthiest Communities, 2022; Census Reporter, 2021; ESRI Business Information Solutions, 2023

INCOME AND POVERTY

Research has consistently shown that individuals and families with lower incomes are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poorer health outcomes. These individuals may also face greater challenges in accessing healthcare services, obtaining healthy food options, and living in safe and stable environments, all of which can negatively impact health outcomes. Thus, household income is an important metric that can influence a range of factors that contribute to individual and population health outcomes.

Overall, household income distribution trends for the service area and Clallam County are lower than state and national benchmarks, indicating that financial resources are more constrained in the service area.

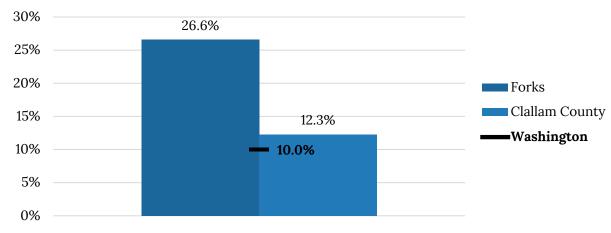
Household income by income level



Source: ESRI Business Information Solutions, 2023

Importantly, the poverty rate in the city of Forks, Washington is approximately 26.6%, which is more than double the rate of Clallam County and the state, indicating that economic outcomes in Forks in particular are less favorable than the county as a whole.

Persons living below the poverty line

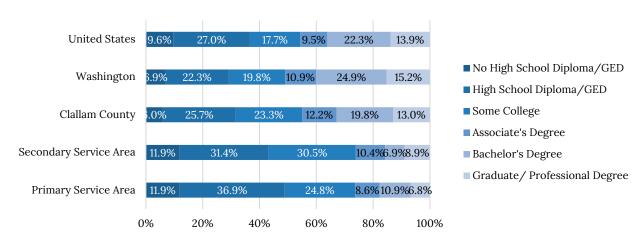


Source: Census Reporter, 2021

EDUCATIONAL ATTAINMENT

Educational attainment is another socioeconomic variable that plays a significant role in community health given its association with household income and poverty levels. Educational attainment data indicates that FCH's service area is generally less educated compared to state and national benchmarks, with approximately 12.0% of the population lacking a high school diploma/GED and only about 25.0% of the population earning a degree of higher education.

Educational attainment by degree type



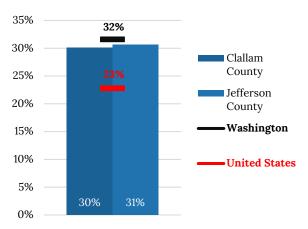
Source: ESRI Business Information Solutions, 2023

AFFORDABLE HOUSING

Housing is an important socioeconomic determinant of community health. Access to affordable housing increases the availability of financial resources to pay for other things, such as healthcare, transportation, and food.

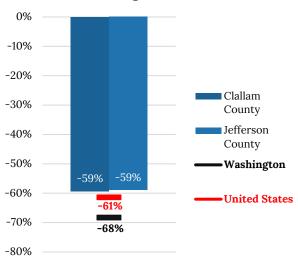
Housing in Clallam County is generally more affordable relative to the rest of the state yet is less affordable relative to national benchmarks (ESRI Business Information Solutions, 2023). As a result, about a third of residents in Clallam and Jefferson counties and the state spend 30.0% or more of their income on housing, versus the national benchmark of 23.0%. Clallam and Jefferson counties are also experiencing a shortage of housing, with each county requiring 59.0% more affordable housing to meet current demands.

Percentage of households that spend 30.0% or more of household income on housing



Source: Healthiest Communities, 2022 Metric: Percentage of households that spend 30.0% or more of their household income on housing.

Affordable housing shortfall

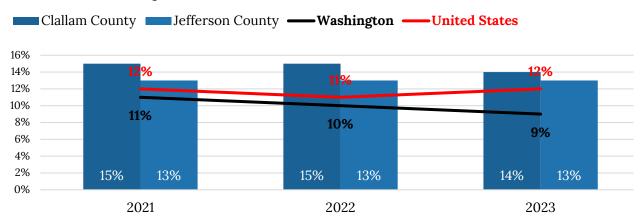


Source: Healthiest Communities, 2022 Metric: Reflects the availability of affordable housing for families that earn 30.0% or less of the median area income. Negative numbers indicate a shortage, positive numbers indicate a surplus.

FOOD SECURITY

Access to healthy food options and consuming healthy foods are essential components of a healthy lifestyle, with greater access associated with reduced risk of chronic diseases and optimal growth and development. However, many people who reside in rural regions lack access to healthy food options. Approximately 13.0–15.0% of the population in Clallam and Jefferson counties lack adequate access to food, which is slightly higher than state and national benchmarks.

Food insecurity rate

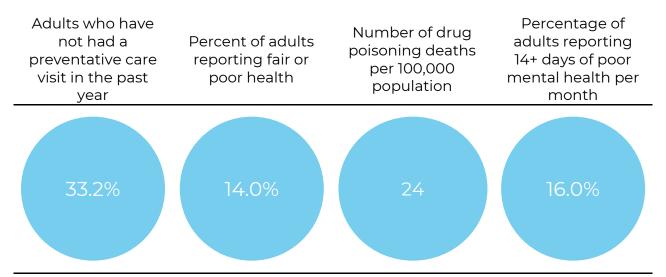


Source: County Health Rankings

 $\label{thm:metric:Percentage} \mbox{Metric: Percentage of the population who lack adequate access to food.}$

Health and Disease Indicators

FORKS COMMUNITY PROFILE AT-A-GLANCE



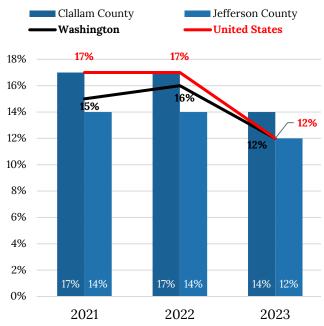
Source: County Health Rankings, 2021-2013; Healthiest Communities, 2022

POPULATION HEALTH AND CHRONIC DISEASE

Physical health can be impacted by a multitude of factors including age, gender, race, socioeconomic status, physical activity, and chronic disease. Adults in Clallam and Jefferson counties are generally reporting better health in 2023 relative to prior years, with trends similar to state and national benchmarks.

Chronic disease can also have a profound impact on communities and physical health outcomes. According to the Center for Disease Control and Prevention, chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from a combination of genetic, lifestyle, and environmental factors. Over time, exposure to risk factors increases the likelihood of developing chronic disease, which disproportionally impacts the elderly.

Percent of adults reporting poor or fair health

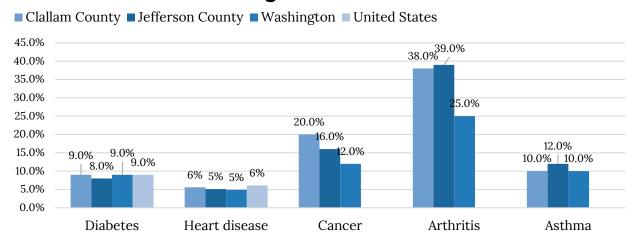


Source: County Health Rankings

Metric: Percentage of adults reporting fair or poor health (age-adjusted).

Clallam and Jefferson counties exhibit rates of lifestyle diseases, such as diabetes and heart disease, comparable to state and national benchmarks, which is uncommon for rural communities. Rural communities generally exhibit rates of lifestyle diseases at a higher rate, typically due to poorer health outcomes and a more elderly community.

Percent of adults with diagnosed chronic diseases



Source: County Health Rankings, 2022; Healthiest Communities, 2022; Washington State Department of Health, 2017 Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

Conversely, Clallam and Jefferson counties have a higher prevalence of other chronic diseases, such as cancer and arthritis, relative to state benchmarks. Cancer and arthritis are diseases that are generally associated with elderly populations; thus, the high prevalence of cancer and arthritis in Clallam and Jefferson counties likely corresponds with these counties aging populations.

CAUSES OF MORTALITY

Knowing a community's top causes of mortality is essential in assessing health needs because it helps identify the most significant health issues affecting the community, which can guide health promotion efforts and prioritize public health initiatives.

Malignant neoplasms (e.g., cancer) and diseases of the heart have been the top two leading causes of death for Clallam and Jefferson counties since 2019.

Clal	lam	Cou	ntv
Ciai	ıaııı	CUU	

2019		2020		2021		
Rank	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Diseases of Heart	154.40	Malignant neoplasms	143.00	Diseases of Heart	154.10
2	Malignant neoplasms	150.40	Diseases of Heart	137.90	Malignant neoplasms	152.00
3	Accidents	50.14	Accidents	70.70	Accidents	92.50
4	Alzheimer's disease	45.27	Chronic lower respiratory diseases	40.85	Alzheimer's disease	34.11
5	Cerebrovascular diseases	38.10	Cerebrovascular diseases	39.07	Cerebrovascular diseases	28.18

Jefferson County

	2019		2020	2020		2021	
Rank	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate	
1	Malignant neoplasms	151.80	Malignant neoplasms	136.60	Malignant neoplasms	123.00	
2	Diseases of Heart	106.30	Diseases of Heart	110.60	Diseases of Heart	111.10	
3	Accidents	39.40	Accidents	79.90	Accidents	87.70	
4	Cerebrovascular diseases	35.40	Intentional self-harm (suicide)	47.30	Alzheimer's disease	35.75	
5	Intentional self-harm (suicide)	34.91	Alzheimer's disease	32.09	Cerebrovascular diseases	33.15	

2020

Source: Washington State Department of Health

Metric: Annual deaths per 100,000 population, age adjusted.

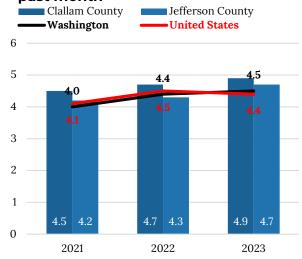
2010

MENTAL HEALTH AND SUBSTANCE USE

The rising prevalence of mental health and substance abuse issues is of growing concern in rural communities across the country, who often disproportionally lack access to mental health services such as therapy, counseling, substance use treatment, and medication management. Mental health can have farreaching effects on individuals, families, and communities, impacting physical health, social relationships, productivity, and community safety. According to the Health Resources and Services Administration, Clallam County is designated as a geographic health professional shortage area ("HPSA") for mental care and Jefferson County is designated as high needs geographic HPSA for mental care, both of which collectively indicate a shortage of mental health providers regionally.

Average number of mentally unhealthy days reported in the past month

2021

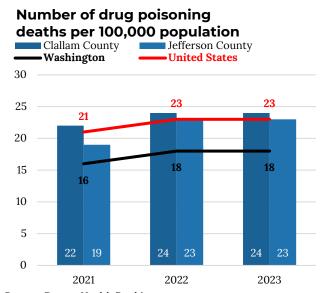


Source: County Health Rankings

Metric: Average number of mentally unhealthy days reported by adults in the past month

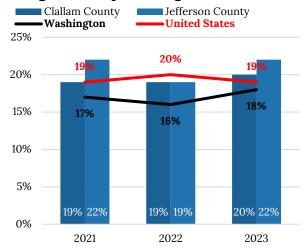
Communities that lack access to mental health services often exhibit poorer mental health outcomes and higher rates of associated behaviors, such as alcohol or drug use and suicide. Mental health outcomes in the counties served by FCH have generally worsened since 2021, with the average number of mentally unhealthy days reported each month rising from 4.5 to 4.9 days in Clallam County. The upward trend in average number of mentally unhealthy days reported each month is occurring on a county, state, and national level.

In a similar vein, drug overdose deaths and binge drinking rates in Clallam and Jefferson counties are similar to the rates exhibited by the United States but are slightly higher relative to the Washington state benchmarks.



Source: County Health Rankings Metric: Number of drug poisoning deaths per 100,000 population.

Percent of adults who report binge or heavy drinking



Source: County Health Rankings Metric: Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).

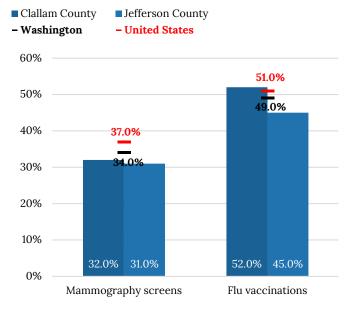
Preventative Health and Wellness Indicators

PREVENTATIVE HEALTH

Preventative health behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in maintaining and strengthening community health by promoting the early detection and prevention of diseases, reducing unnecessary healthcare utilization and costs, promoting healthy behaviors, and improving population health.

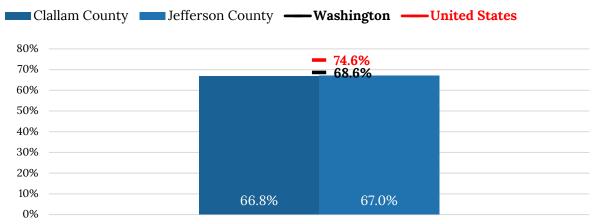
Overall, Clallam and Jefferson counties' preventative health behaviors lag behind state and national benchmarks, with only 66.8% of adults having received a preventive care visit in the past year, and 5.0-6.0% less eligible Medicare enrollees having engaged in annual mammography screenings compared to the rest of the United States. Flu vaccination engagement for FCH's community is on pace with state and national benchmarks.

Percent of adults that engage in routine preventatiave care



Source: County Health Rankings, 2023
Metric: Mammography screening denotes percentage of female
Medicare enrollees ages 65-74 that received an annual
mammography screening. Flu vaccinations denotes percentage of
fee-for-service (FFS) Medicare enrollees that had an annual flu
vaccination.

Percent of adults with recent preventative care visit



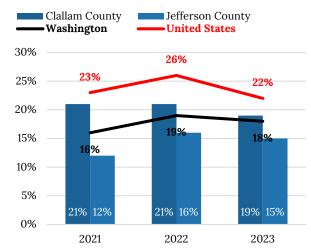
Source: Healthiest Communities, 2022

ADULT OBESITY AND PHYSICAL ACTIVITY

Many chronic diseases such as diabetes, heart disease and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden of these chronic diseases in their populations.

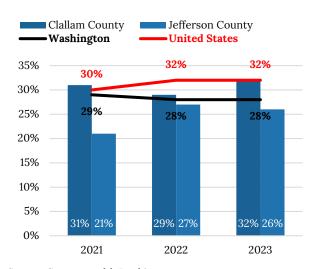
Adults in Clallam County generally exhibit higher rates of physical inactivity compared to state benchmarks. Similarly, both Clallam and Jefferson counties' obesity rates have grown since 2021.

Percent of adults who are physically inactive



Source: County Health Rankings Metric: Percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month.

Percent of adults who are obese



Source: County Health Rankings Metric: Percentage of the adult population who are obese according to the Body Mass Index.

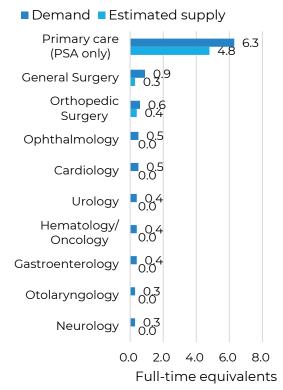
Accessibility of Care Indicators

PROVIDER ACCESSIBILITY

One of the most important facets of community health is accessibility of healthcare services, including accessibility to providers. Being able to access healthcare services both preventatively and when needed enables individuals to receive the care and support they need to maintain good health, prevent and manage health problems, and improve their quality of life. Regular check-ups can help detect health problems early on, which can be crucial in preventing more serious health issues from developing.

Based on the results of a provider need assessment performed by Wipfli, there is a shortage of highly-needed providers in the community served by FCH, particularly for primary care, medical specialties like cardiology and hematology/oncology, and surgical specialties like general surgery and ophthalmology. Provider shortages tend to result in barriers in accessing care, such as longer wait times for appointments, deferrals of care/worsening health outcomes, and needing to travel to receive services. Addressing provider shortage areas is essential for maintaining access to healthcare for the community.

Unmet provider need for top 10 highest-demand specialties

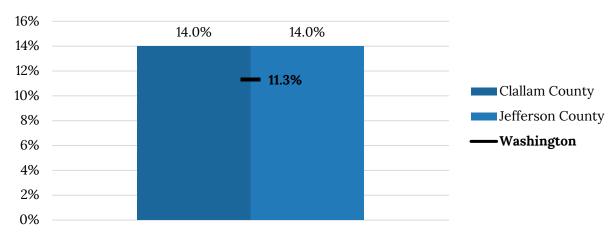


Source: Wipfli

INSURANCE AND COST OF CARE

The cost of healthcare can also be a barrier that patients experience when trying to access healthcare services. Delaying medical care due to the cost of care can have numerous repercussions such as worsening medical conditions, chronic health problems, reduced quality of life, and increased healthcare costs in the long run. In Clallam and Jefferson counties, 14.0% of the population reported delaying medical care due to barriers associated with the cost of care, slightly higher than state benchmarks.

Delayed medical care due to cost



Source: Washington State Department of Health, 2016-2022

Existing Healthcare and Community Resources

Hospital Services

Name	Address	Phone	Description of services
Forks Community Hospital	530 Bogachiel Way, Forks, WA	(360) 374-6271	Inpatient services, birthing services, emergency department, surgery, diagnostic imaging and laboratory services, rehabilitative services, specialty care, and behavioral health
Olympic Medical Center	939 Caroline Street, Port Angeles, WA	(360) 417-7000	Inpatient services, birthing services, emergency department, surgery, diagnostic imaging and laboratory services, rehabilitative services, specialty care, and behavioral health

Medical Services

Name	Address	Phone	Description of services
Bogachiel Medical Clinic	390 Founders Way, Forks, WA	(360) 374-6998	Primary care and specialty services
Forks Family Medical Clinic	461 West G Street, Forks, WA	(360) 374-3280	Primary care services
Clallam Bay Medical Clinic	74 Bogachiel Street, Clallam Bay, WA	(360) 963-2202	Primary care services
Olympic Medical Cancer Center	844 North 5 th Avenue, Sequim, WA	(360) 683-9895	Oncology services
OMP Children's Clinic – Sequim	840 North 5 th Avenue, Sequim, WA	(360) 565-0999	Primary care services
OMP Children's Clinic & Women's Health	433 East 8 th Street, Port Angeles, WA	(360) 565-0999	Primary care services
OMP General Surgery & Wound Care Clinic	1021 Caroline Street, Port Angeles, WA	(360) 565-0999	General surgery services
OMP Orthopedic Clinic – Port Angeles	907 Georgiana Street, Port Angeles, WA	(360) 565-0999	Orthopedic services
OMP Orthopedic Clinic – Sequim	777 North 5 th Avenue, Suite 300, Sequim, WA	(360) 565-0999	Orthopedic services
OMP Primary Care Clinic – Port Angeles	907 Georgiana Street, Port Angeles, WA	(360) 565-0999	Primary care services
OMP Primary Care Clinic – Sequim	800 North 5 th Avenue, Suite 101, Sequim, WA	(360) 565-0999	Primary care services
OMP Specialty Clinic – Caroline	1112 Caroline Street, Port Angeles, WA	(360) 565-0999	Gastroenterology services, pulmonary medicine services
OMP Specialty Clinic – Port Angeles	907 Georgiana Street, Port Angeles, WA	(360) 565-0999	Cardiology services, neurology services, urology services
OMP Specialty Clinic – Sequim	840 North 5 th Avenue, Sequim, WA	(360) 565-0999	Cardiology services, gastroenterology services, neurology services, pulmonary medicine services, sleep medicine services
OMP Walk-in Clinic – Port Angeles	907 Georgiana Street, Port Angeles, WA	(360) 565-0550	Walk-in clinic services

Medical Services (cont.)

Name	Address	Phone	Description of services
OMP Walk-in Clinic – Sequim	840 North 5 th Avenue, Suite 1400, Sequim, WA	(360) 582-2930	Walk-in clinic services
North Olympic Healthcare Network – Downtown Health Center	240 West Front Street, Port Angeles, WA	(360) 452-7891	Primary care services, walk-in clinic services
North Olympic Healthcare Network – Expanded Services Building	933 East 1 st Street, Port Angeles, WA	(360) 452-7891	Primary care services, walk-in clinic services
North Olympic Healthcare Network – Eastside Health Center	1026 East 1 st Street, Port Angeles, WA	(360) 452-7891	Primary care services, walk-in clinic services
Planned Parenthood – Port Angeles	426 8 th Street, Port Angeles, WA	(800) 769-0045	Family Planning Services
Silver Falls Dermatology	4407 South Fairmont Avenue, Port Angeles, WA	(360) 457-0760	Dermatology services
Paragon Dermatology	558 North 5 th Avenue, Sequim, WA	(360) 681-6900	Dermatology services
Olympic Peninsula Community Clinic	819 East Georgiana Street, Port Angeles, WA	(360) 457-4431	Primary care services
North Olympic Peninsula VA Clinic	1114 Georgiana Street, Port Angeles, WA	(360) 656-7420	Primary care services
Sophie Trettevick Indian Health Center	250 Fort Street, Neah Bay, WA	(360) 645-2233	Primary care services for Makah Indian Tribal community
Chief Klia Wellness Center	2464 Lower Hoh Road, Forks, WA	(360) 374-6549	Primary care services for the Hoh Tribal community
Quileute Health Center	560 Quileute Heights Loop, La Push, WA 98350	(360) 374-9035	Primary care and specialty services for the Quileute Tribal community
Lower Elwha Health Department	243511 US-101, Port Angeles, WA	(360) 452-6252	Primary care services for the Elwha Indian Tribal community
Jamestown Family Health Clinic	808 North 5 th Avenue, Sequim, WA	(360) 683-5900	Primary care services
The Sequim Free Clinic	777 North 5 th Avenue, #109, Sequim, WA	(360) 582-0218	Walk-in clinic services
Pacific Family & Internal Medicine	618 East Washington Street, Sequim, WA	(360) 775-3515	Primary care services, internal medicine services
Swedish Cardiology Arrhythmia Clinic – Sequim	840 North 5 th Avenue, Suite 2400, Sequim, WA	(206) 320-3200	Cardiology services
Swedish Vascular Surgery – Sequim	840 North 5 th Avenue, Suite 2400, Sequim, WA	(206) 215-5921	Vascular surgery services

Behavioral Health Services

Name	Address	Phone	Description of services
Sequim Counseling	435 West Bell Street, Suite B, Sequim, WA	(306) 207-4345	Mental health services
Psalm 40	1033 River Road, Sequim, WA	(360) 447-6314	Mental health services, holistic health services
Trillium Treatment Center	528 West 8 th Street, Port Angeles, WA	(360) 457-9200	Mental health services, substance use disorder services
West End Outreach Services	551 Bogachiel Way, Forks, WA	(360) 374-5011	Mental health services, substance use disorder services
Quileute Health Center	560 Quileute Heights Loop, La Push, WA	(360) 374-9035	Mental health services, substance use disorder services
Peninsula Behavioral Health – Port Angeles	118 East 8 th Street, Port Angeles, WA	(360) 457-0431	Mental health services, substance use disorder services, intensive outpatient therapy
Peninsula Behavioral Health – Sequim	500 West Fir Street, Sequim, WA	(360) 681-0585	Mental health services, substance use disorder services, intensive outpatient therapy
Klallam Counseling Services	243613 West Highway 101, Port Angeles, WA	(360) 452-4432	Substance use disorder services, intensive outpatient therapy
Eaglewolf House Counseling	407 Charles Road, Port Angeles, WA	(360) 460-5963	Mental health services
Tait Gray Counseling	502 South Still Road, Suite 102, Sequim, WA	(833) 997-1296	Mental health services
Newhouse Counseling PLLC	908 Georgiana Street, Port Angeles, WA	n/a	Mental health services
Lisa McSweeney Counseling	308 East 8 th Street, Port Angeles, WA	(306) 808-1933	Mental health services
Port Angeles Psychological Services	809 South Chase Street, Port Angeles, WA	(306) 452-4345	Mental health services
Cedar Grove Counseling – Forks	494 South Forks Avenue, Forks, WA	(360) 374-5109	Substance use disorder services, intensive outpatient therapy
Cedar Grove Counseling – Port Angeles	806 South Vine Street, Port Angeles, WA	(360) 452-2443	Substance use disorder services, intensive outpatient therapy
Rachel Clark Counseling	513 East 8 th Street, Port Angeles, WA	(360) 460-4071	Mental health services
Sharpe Therapy	816 East 8 th Street, Port Angeles, WA	(360) 460-6594	Mental health services
New Growth Counseling Services	430 East Lauridsen Boulevard, Port Angeles, WA	(360) 457-1610	Mental health services
Reflections Counseling Services Group	3430 East Highway 101, Port Angeles, WA	(360) 452-4062	Substance use disorder services
Specialty Services II	825 East 5 th Street, Port Angeles, WA	(360) 477-4790	Substance use disorder services
BAART Programs Port Angeles	716 South Chase Street, Port Angeles, WA	(360) 395-2976	Substance use disorder services, medication- assisted treatment
North Olympic Healthcare Network	240 West Front Street, Port Angeles, WA	(360) 452-7891	Mental health services
Olympic Psychiatric Care	502 South Still Road, Suite 102, Sequim, WA	(360) 683-2344	Mental health services

Behavioral Health Services (cont.)

Name	Address	Phone	Description of services
Bishop Counseling	77 West Nelson Road, Sequim, WA	(360) 681-0700	Mental health services, substance use disorder services
Makah Recovery Services	100 Wellness Way, Neah Bay, WA	(360) 645-2461	Mental health services, substance use disorder services
Olympic Peninsula Community Clinic	819 East Georgiana Street, Port Angeles, WA	(360) 457-4431	Mental health services, substance use disorder services

Dental Services

Name	Address	Phone	Description of services
Forks Family Dental	421 G Street, Forks, WA	(360) 374-2288	General dentistry services, cosmetic dentistry
Quileute Health Center	560 Quileute Heights Loop, La Push, WA	(360) 374-9035	General dentistry services
Sophie Trettevick Indian Health Center	250 Fort Street, Neah Bay, WA	(360) 645-2233	General dentistry services
Laurel Dental Clinic	104 West 3 rd Street, Port Angeles, WA	(360) 452-9744	General dentistry services, dental surgery
Sea Mar Community Health Center	228 West 1 st Street, Suite L, Port Angeles, WA	(360) 406-5260	General dentistry services
Peninsula Dental Clinic	218 South Laurel Street, Port Angeles, WA	(360) 452-6887	General dentistry services, dental surgery
Eleven Eleven Dental	1111 Columbia Street, Port Angeles, WA	(360) 457-3183	General dentistry services, dental surgery
North Olympic Healthcare Network	933 East 1 st Street, Port Angeles, WA	(360) 912-6759	General dentistry services
Irwin Dental Center	620 East 8 th Street, Port Angeles, WA	(360) 457-0489	General dentistry services, cosmetic dentistry, dental surgery
Olympic Kids Dental	1417 East Front Street, Port Angeles, WA	(360) 457-5437	Pediatric dentistry
Swenson Dental Clinic	618 South Peabody Street, Suite A, Port Angeles, WA	(360) 452-4615	General dentistry services, cosmetic dentistry
Van Dyken Family Dentistry	606 East 8 th Street, Port Angeles, WA	(360) 457-3127	General dentistry services, cosmetic dentistry
Coastal Denture Clinic	228 West 1 st Street, Suite X, Port Angeles, WA	(360) 477-4768	Dentures
Custom Dentures Direct	2509 West 19 th Street, Port Angeles, WA	(360) 477-4051	Dentures
Hawthorne Dentistry	422 East Lauridsen Boulevard, Port Angeles, WA	(360) 457-5152	General dentistry services, cosmetic dentistry
Lower Elwha Health Department	243511 US-101, Port Angeles, WA	(360) 452-6252	General dentistry services
Turella Oral Surgery + Implants	902 East 8 th Street, Port Angeles, WA		

Dental Services (cont.)

Name	Address	Phone	Description of services
Olympic Peninsula Community Clinic	819 East Georgiana Street, Port Angeles, WA	(360) 457-4431	General dentistry services
Jamestown Family Dental Clinic	1033 Old Blyn Highway, Sequim, WA	(360) 681-3400	General dentistry services
Sunrise Dental – Sequim	305 South Sequim Avenue, Sequim, WA	(360) 639-3355	General dentistry services
Cedar Creek Dental Center	485 West Hendrickson Road, Sequim, WA	(360) 683-8683	General dentistry services, cosmetic dentistry
Sequim Advanced Dental	680 West Washington St, Suite E102, Sequim, WA	(360) 207-2133	General dentistry services, dentures
Nathan Gelder, DMD	321 North Sequim Avenue, Sequim, WA	(360) 681-8884	General dentistry services, cosmetic dentistry
Dungeness Dental	321 North Sequim Avenue, Suite C, Sequim, WA	(360) 683-4850	General dentistry services, cosmetic dentistry
Advanta Dental	321 North Sequim Avenue, Suite D, Sequim, WA	(360) 683-5700	General dentistry services
Olympic Peninsula Oral Surgery & Implants	550 North 5 th Avenue, Sequim, WA	(360) 681-0900	Dental surgery
Steim Family Dentistry	556 Eureka Way, Sequim, WA 98382	(360) 683-7168	General dentistry services, cosmetic dentistry, dental surgery
Denture Care, Inc.	124 West Spruce Street, Sequim, WA	(360) 681-7089	Dentures
Brain S. Hughes, DDS	512 East Washington Street, Suite 3, Sequim, WA	(360) 681-6834	General dentistry services, cosmetic dentistry
Olympic Smilecare Family Dentistry	150 West Sequim Bay Road, Sequim, WA	(360) 565-5066	General dentistry services,
Olympic Peninsula Prosthodontics	550 North 5 th Avenue, Sequim, WA	(360) 683-4311	Cosmetic dentistry

Prepared by: Forks Community Hospital

530 Bogachiel Way Forks, Washington 98331 Phone: (360) 374-6271

With technical assistance from:

Wipfli LLP