



COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025

ADOPTED BY BOARD OF COMMISSIONERS ON NOVEMBER 22, 2022



Mason Health
Mason General Hospital • Mason Clinic

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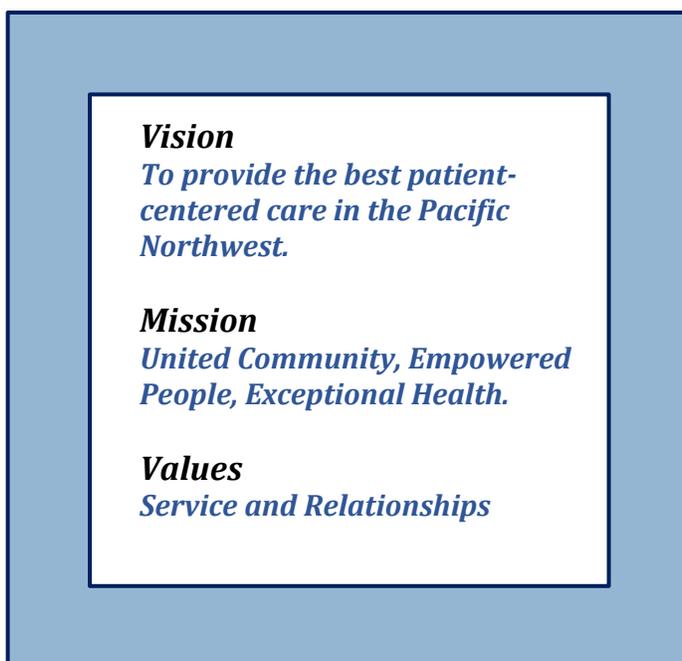
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Executive Summary

Mason County Public Hospital District No 1 dba Mason Health is a public hospital district (District) operating a critical access hospital (CAH) and providing a wide array of primary care and specialty services to the community. Every day, every touch, our patients are at the center of all we do. In partnership with our employees and community, we also work daily to realize a healthier community.

The geographic boundaries of the District include all of south and central Mason County, an area representing nearly 90% of the total population of the County. Approximately 75% of Mason Health's patients reside within the District boundaries.

The District's programs, providers and services have grown exponentially over the past decade and over the past three years, primary and specialty services have been consolidated into the new Mason Clinic, a two-store building on the District's campus. The consolidation increased the number of exam rooms by over 50%, providing easier access to health care services for patients and their families. The Mason Clinic consolidation additionally allows for a smoother, more integrated experience for District patients, and enhances collaboration among Mason Health's comprehensive team of health care providers.



Vision
To provide the best patient-centered care in the Pacific Northwest.

Mission
United Community, Empowered People, Exceptional Health.

Values
Service and Relationships

Of the health data examined during this CHNA, Mason County performs well in some indicators of access to care including preventable hospital admissions and preventive screenings. However, the County lags across many factors including obesity, many chronic diseases, smoking, alcohol abuse among students, physical activity and mental health and substance use, with many behavioral health indicators, particularly among youth, worsening since the publishing of our previous CHNA. Available data confirms that these same trends exist within the District boundaries, a subset of the County.

Social and economic factors—the social determinants of health that impact health present challenges to District residents and to the entirety of Mason County when compared with Washington State overall. For example, Mason County residents have lower educational

attainment and lower incomes and are more likely to live in poverty and struggle to make ends meet.

Mason Health has embraced the CHNA process, demonstrating a genuine commitment to engaging and partnering with the community to identify disparities, prioritize health needs, and align activities and resources to specifically address prioritized CHNA needs. In this context of community collaboration and shared resources, Mason Health presents its 2023-2025 CHNA.

2019-2022 CHNA Accomplishments and COVID-19 Response

As with all health care facilities and communities across the nation, COVID-19 had a significant impact on Mason Health’s priorities during the 2019-2022 period and this continues to date. COVID’s impact on the State and Mason County has been both real and measurable. At the time of this writing, there have been over 1.8 million total cases of COVID-19 in Washington State, and over 15,000 in Mason County, resulting in over 700 hospitalizations and over 160 deaths. As identified in **Exhibit 1**, as of October 2022 Mason County continues to have COVID case and death rates that exceed that of Washington State.

Exhibit 1. Rates per 100,000 Population of Cases, Hospitalizations and Deaths As of 10/25/2022				
	7-Day Case Rate	14-Day Case Rate	7-Day Hospitalization Rate	7-Day Death Rate
Mason County	156.9	313.8	1.5	1.5
Washington	57.5	125.4	3.4	0.5

Despite these challenges, Mason Health has not only played a key leadership role in COVID mitigation, testing and vaccinations, but also was able to ensure access to quality care throughout our community. To create widespread access to vaccines, Mason Health set up a drive-up vaccine clinic, mass vaccination clinics (in partnership with Public Health), and additional vaccination sites for community members to get their vaccinations.

Mason Health was not only committed to the wide distribution of the vaccine, but also to ensuring that it was available to those that had socioeconomic challenges and/or language barriers. Through outreach events at local churches for the Spanish speaking community and providing vaccines at homeless shelters and the jails, to bringing vaccines to homebound patients, Mason Health was determined to ensure equitable access to the COVID Vaccine. **Exhibit 2** provides more detail on Mason Health’s focused strategies on equity in vaccine distribution.

Since distribution of the COVID-19 vaccine began, Mason Health has been on the front lines, ensuring a healthy community for all by administering over 26,000 doses of the COVID-19

vaccine. With bivalent booster doses now available for the COVID-19 vaccine, Mason Health is continuing to find new ways to keep the Mason County community healthy through continued vaccine distribution, community outreach and convenient rapid testing.

Mason Health opened a testing site and COVID-19 treatment and care clinic, known as Oakland Bay Primary Care. Located at the former Oakland Bay Pediatrics site, both services are conveniently housed in the same building, but the building was remodeled to eliminate airflow between the two functions to ensure patient safety. This removes barriers for patients who need to be tested and creates a better patient experience and flow for staff. At this new site, Mason Health’s primary care providers rotate their schedules to diagnose and treat patients with COVID-19 symptoms.

Exhibit 2
Mason Health COVID-19 Vaccinations: A Focus on Equity

Financial equity: Not charging = captures both insured + uninsured

Generational equity: Numerous registration methods to appeal to various technology capabilities

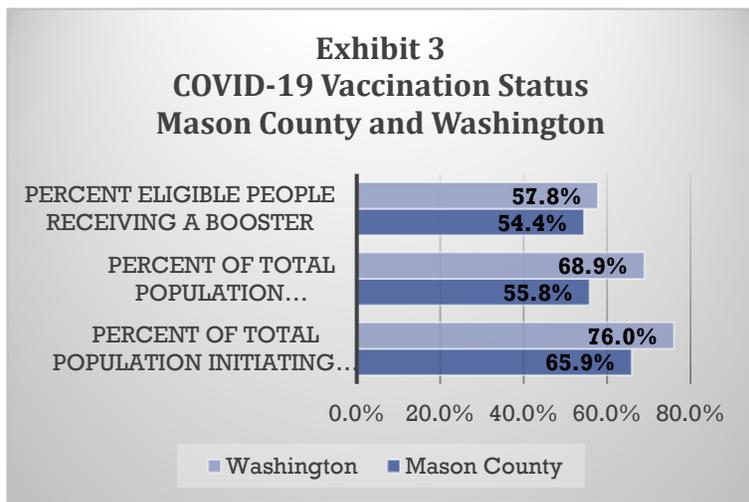
Cultural + limited English proficiency equity: Targeted outreach events offering bilingual services

Religious equity: Sensitivity surrounding manufacturer preferences

Mobility/Transportation equity: Offsite locations + Dial-a-ride involvement

Additionally, COVID mitigation strategies implemented by Mason Health included:

- Performing over 7,500 telehealth visits to ensure safe access to care for patients who were unable to or hesitant to receive in-person services.
- Teaming with the Shelton School District to create a question-and-answer video (available in both English and Spanish) that answers common questions about the COVID-19 vaccine, dispels myths, and helps people understand the vaccine and safety factors so they can make educated and informed decisions.



- Through a partnership with the company Curative, offering COVID-19 testing through a conveniently located kiosk on the Mason Health campus. Patients can either schedule an appointment or walk up to the kiosk to receive a test. The kiosk delivers results within 24-48 hours of testing.

As identified in **Exhibit 3**, while Mason County had high rates of uptake for initiation of the primary vaccination series (66% of the total population), lower rates are being experienced for both completion of the primary series (56%) and the booster (54%). This trend is also apparent in the statewide data. Additionally, while much of the focus over the last several years has been on COVID itself, we now know that the pandemic also had other profound impacts.

The mental health effect of COVID in the State mirrors trends seen across the United States. According to the US Centers for Disease Control and Prevention’s Youth Risk Behavioral Survey Data Summary & Trends Report, “persistent feelings of sadness or hopelessness” increased by 40% among US high school students. Mental health professionals and organizations have been vocal about how the uncertainty, anxiety, changes in routine, and increased stress and isolation, have exacerbated mental health conditions in youth and adults alike.

In response, Mason Health continues to improve access to behavioral health services. The behavioral health department now consists of 4 psychiatric nurse practitioners and 4 master’s level therapists (Mason Health is in the process of hiring a 5th therapist), a behavioral health coordinator, office assistant, medical assistant, peer navigator and a dedicated doctorate prepared Director overseeing the department. In 2019, prior to COVID-19 the department received 849 new patient referrals. In 2020 that number increased to 1,341 new patient referrals, and in 2021, to a total of 1,447. The collaborative care model is active within Mason Health with approximately 1/3 of primary care providers actively participating, with plans to onboard the remainder over the next two years.

Collaborative Care Model

The collaborative care model is designed to improve medical and mental health outcomes and functioning as well as reduce health care costs. It is an evidence-based approach for integrating physical and behavioral health services in a primary care-setting and includes: care coordination and management; regular monitoring and treatment; and systematic psychiatric caseload reviews.

The healthcare workforce has also been significantly impacted by COVID. Even before the COVID-19 pandemic, health care leaders warned that hospitals faced a nursing shortage. The repeated surges of COVID-19 have made the situation dire, in part due to nurse burnout and moral distress. In a survey of more than 6,500 critical care nurses released in September 2021 by the American Association of Critical Care Nurses, 92 percent of respondents reported that the pandemic had “depleted nurses at their hospitals, and, as a result, their careers will be shorter than they intended.” Sixty-six percent said they were

considering leaving the profession because of their COVID-19 experiences; and 76 percent said that unvaccinated patients “threatened nurses’ physical and mental well-being.”

In response to these realities and to help ensure its ability to meet future demand, Mason Health has teamed up with the Shelton School District and the Health Sciences Academy (HSA) at Shelton High School to help prepare for next generation of healthcare workers including:

- Creating a partnership with South Puget Sound Community College (SPSCC) to create a scholarship program for Health Science Academy graduates. Through the scholarship, Health Science Academy graduates can attend nursing school at SPSCC, supported by Mason Health. The students will have opportunities for mentorship and for job shadowing at Mason Health.
- Partnering with the HSA to offer scholarships to attend Mason Clinic’s Registered Medical Assistant Apprenticeship program. Mason Clinic has partnered with the Washington Association for Community Health who provides oversight, online training, and hands on skills for students who wish to become Certified Clinical Medical Assistants in the State of Washington. Mason Clinic will provide on-site training and mentoring.

In addition to the COVID mitigation strategies above, and in response to these expected long-term impacts of COVID on health, Mason Health developed and implemented innovative means of increasing access to physical and behavioral health care for Service Area residents. This included expanding behavioral health, primary care, urgent care, and telehealth services.

Mason Health Wellness Program

“Everyone brings a different focus,” said Jennifer Anderson, Director of Care Coordination. “Providers look at the physiological, while RNs ask, “How can we support you and get you what you need? And the pharmacist looks at medication. Everyone is using their expertise to help.”

Each of these above activities and accomplishments, while not necessarily anticipated in our 2019 CHNA, are fully expected to help Mason Health continue to “move the needle” on the priorities included in our 2020-2022 CHNA, which are included in **Table 1** below. Also included in **Table 1** are additional targeted strategies implemented specifically to address each of these CHNA priorities.

Table 1: 2019-2022 Priorities and Accomplishments

2019 Priorities	Strategies Implemented to Address Priorities
<p>Improve access to and reduce wait times for behavioral health services for District residents.</p>	<ul style="list-style-type: none"> ▪ Physically integrated behavioral health and primary care programs within the Mason Clinic. ▪ Increased behavioral health referrals by 70%. ▪ Fully staffed the behavioral health program, adding five new behavioral health providers. ▪ Implemented the Collaborative Care Model with one-third of the primary care providers participating, with the intent of all participating over the next two years.
<p>Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury.</p>	<ul style="list-style-type: none"> ▪ Consolidated the District’s clinics and services to create a more seamless experience for patients, improve processes and enhance collaboration among Mason Health’s team of primary care, behavioral health, and specialty care providers. - ▪ Increased the number of exam rooms by over 50% allowing for more provider time with patients and a more integrated experience. ▪ Launched a new Medicare Wellness program in January 2022, incorporating all Mason Health’s primary care providers and ensuring seamless transitions for our patients. ▪ Recruited three new providers to the Walk-In Clinic, an additional primary care provider to the Hoodsport Primary Care Clinic, and a pediatrician to Mason Clinic-Pediatrics. ▪ Implemented and expanded telemedicine visits and services.
<p>Realize a healthier environment and opportunities for the District’s children, youth and families.</p>	<ul style="list-style-type: none"> ▪ Launched the School Medicine Autism Review Team (SMART) to help families find answers sooner. ▪ Continued active involvement in community projects and commissions, to include the Rural Community Opioid Response Program (RCORP) and the City of Shelton Homelessness Task Force. ▪ Provided community education on healthy lifestyle choices and reducing the risk of injury and disease progression. ▪ Enrolled 4,068 individuals through the in-person assister program between 2019 and 2022 through multiple community outreach events. ▪ Offered local high school students nursing and medical assistant scholarships

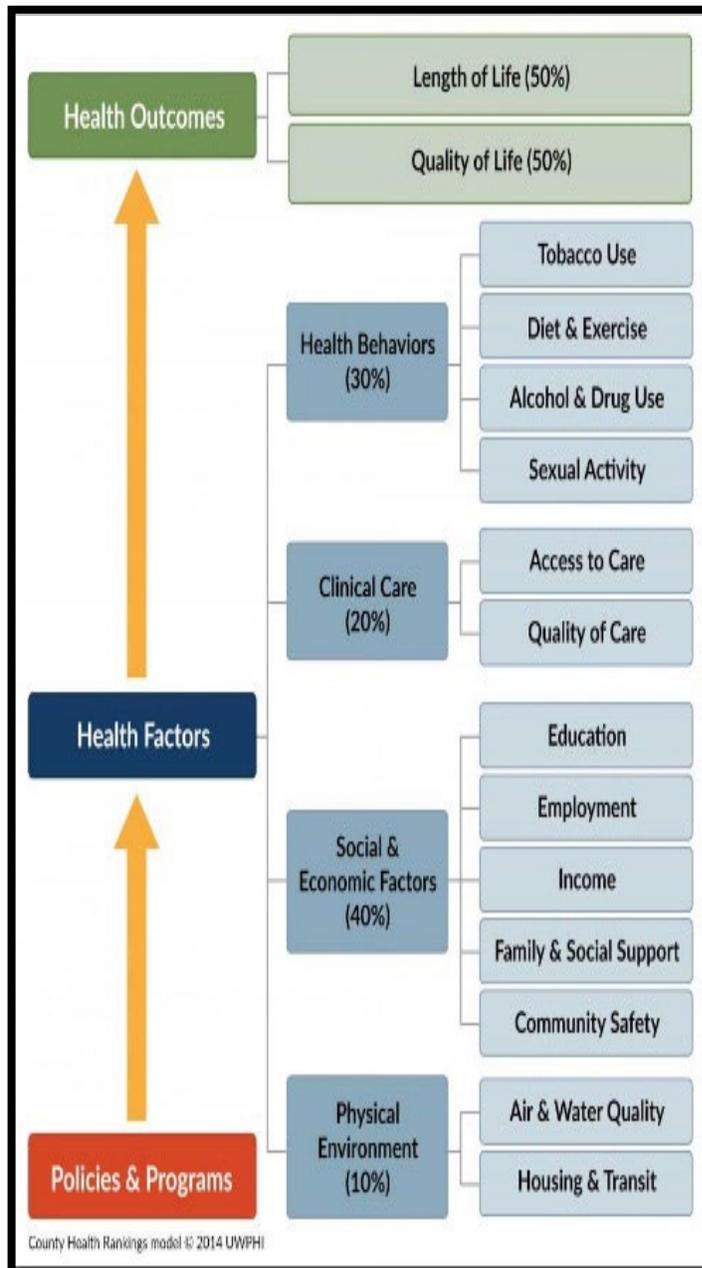


Methodology

Mason Health's 2023-2025 CHNA process was undertaken in close collaboration with a robust community process to review community needs and priorities. The process culminated in a community survey in late summer of 2022 in which over 150 community members and organizations prioritized service gaps and unmet needs.

Robert Wood Johnson's Health Rankings Model, shown in Exhibit 4, was used to organize our work. This Model emphasizes the many factors in population health that, if improved,

Exhibit 4: Health Rankings



can help make communities healthier places to live, learn, work and play. In the Health Rankings Model, the current health status of a community is called health outcomes, which is calculated by rates of mortality (premature death) and morbidity (chronic diseases). In turn, these health outcomes are influenced by health factors in a community; ranked by a calculation of various health behaviors, clinical care, social and economic, and physical environment measures. Health factors represent what will influence the future health of a community, while health outcomes represent how healthy a community is today.

Where possible, Mason Health collected additional data specific to its District. Supplementary data was also compiled and interpreted with the assistance of Health Facilities Planning & Development, a Seattle-based consulting firm that specializes in health planning and data analysis in rural communities throughout the Northwest. Data sources used are included in Appendix A.

Our Community

Mason Health is located in Shelton, Washington. The geographic boundaries of the District include the entirety of south and central Mason County. Nearly 75% of Mason Health’s patients reside within the District boundaries. The County, as seen in Table 2, has a current population of more than 64,000 people. The District, our service area and community focus for this CHNA, has nearly 59,000 residents.

Demographic factors have a strong effect on health status, health care usage and access to health care services. Our community is growing and is increasingly Hispanic/Latino. About 20% of the community is under the age of 18 and another 23% are over the age of 65.

Exhibit 5: District Map

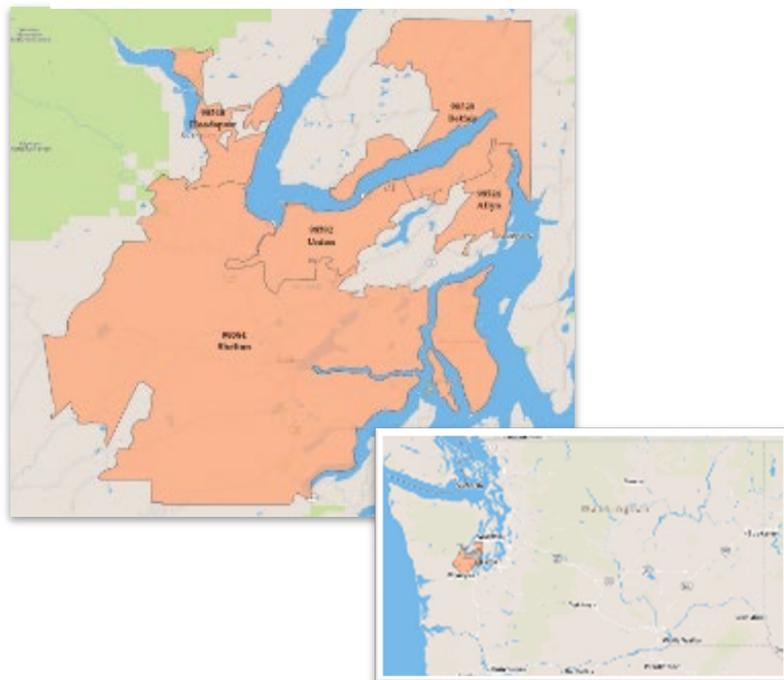


Table 2. Key Demographics: Hospital District, Mason County, and Washington State

	District		Mason County		Washington	
	#	%	#	%	#	%
Total population	58,509	100%	64,766	100%	7,702,023	100%
0-17-year old	11,534	19.7%	12,487	19.3%	1,701,336	22.1%
18-44-year old	17,964	30.7%	19,464	30.1%	2,815,568	36.6%
Adults 45-64	15,637	26.7%	17,550	27.1%	1,938,941	25.2%
Seniors 65+	13,374	22.9%	15,265	23.6%	1,246,178	16.2%
Hispanic/Latino	6,845	11.7%	7,128	11.0%	1,041,090	13.5%
American Indian/ Alaska Native	2,122	3.6%	2,219	3.4%	102,146	1.3%

Source: Claritas 2020

Health Outcomes

Health Outcomes represent how healthy a community is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. There are significant differences in health outcomes according to where people live, how much money they make, their race and ethnicity, and other characteristics.

According to the most recent data (2020), the leading cause of death in Mason County was cardiovascular disease which surpassed cancer (the leading cause of death in 2017). These leading causes of death rates are significantly higher in Mason County as compared to the state. Additionally, **Table 3** illustrates that Mason County has higher age-adjusted death rates due to accidents, suicide, diabetes, and COVID-19 than the state. 2020 was the first year that the state collected data regarding COVID-19 deaths.

Table 3. Leading Causes of Death in Mason County, 2017 and 2020

Cause of Death	Mason County			WA State
	Age-adjusted Death Rate per 100,000	Rank in 2020	Rank in 2017	Age-adjusted Death Rate per 100,00
Cardiovascular Disease	167.4	1 st	2 nd	131.3
Cancer	155.9	2 nd	1 st	135.7
Accidents	67.8	3 rd	3 rd	51.4
Intentional self-harm (suicide)	29.0	4 th	7 th	15.4
Cerebrovascular Disease	26.0	5 th	6 th	33.9
Chronic Lower Respiratory Disease	23.1	6 th	4 th	28.9
Diabetes Mellitus	22.5	7 th	8 th	22.2
Alzheimer’s Disease	19.8	8 th	5 th	41.7
Chronic Liver Disease and Cirrhosis	12.3	9 th	9 th	28.9
COVID-19*	11.9	10 th	NA	35.8

Source: Washington State Department of Health, All Deaths – County and State Dashboards.

Since 2019, the overall health status of adults in Mason County appears to have worsened and continues to be worse than that of adults in Washington State. **Table 4** shows that adults in Mason County were more likely to report experiencing poor or fair physical health days in a month and reported a higher number of days with debilitating physical health concerns than the State. Poor mental health days appear to be relatively stagnant while self-reported rates of poor/fair health and poor physical health days have

Table 4. Key Health Outcomes Mason County and Washington State, 2019-2022

HEALTH OUTCOMES	Mason 2019	Mason 2022	WA State 2022
Population Reporting Poor or Fair Health Days	16%	19%	16%
Poor Physical Health Days	4.2	4.4	3.9
Poor Mental Health Days	4.9	4.8	4.4
% Low Birthweight Births	6%	6%	6%

increased since 2019. The proportion of low birthweight births, an important measure of maternal-child health, appears to match Washington State overall.

Youth Mental Health Outcomes

Mason County youth have significant mental health needs that are worsening over time, with high rates of depression and suicidality relative to Washington youth across every age category. Over half of Mason County 10th graders report having depressed feelings severe enough to interfere with usual activities over the last 12 months – compared to just under 40% statewide; and 24% of 10th graders had seriously considered suicide – also higher than the state (20%). This is consistent with findings described above showing COVID-related increases in behavioral health concerns.

Table 5: Youth Mental Health Outcomes, 2016-2021

Area	Mason 2016	Mason 2018	Mason 2021	WA State 2021
DEPRESSED FEELINGS				
8 th Graders	33%	36%	41%	35%
10 th Graders	42%	46%	54%	38%
12 th Graders	41%	50%	*	45%
CONSIDERED SUICIDE				
8 th Graders	21%	22%	25%	19%
10 th Graders	29%	28%	24%	20%
12 th Graders	24%	29%	*	20%

*Sources: WA Healthy Youth Survey, 2016, 2018, 2021. *Data for Mason County unavailable due to few surveys completed, questions not asked, or other reasons.*

Health Factors

Health Outcomes are influenced by the many factors that influence health, from the quality of medical care received to the availability of good jobs, clean water, and affordable housing. These health factors are influenced by programs and policies in place at the local, state, and federal levels. By looking at data related to Health Outcomes, we can get a glimpse at whether health improvement programs in a county are working. For example, a non-smoking ordinance in restaurants might impact smoking rates and ultimately lead to longer lives.

Social and Economic Factors

The Mason Health community faces significant poverty. The most current data indicates that progress has been made since 2017 in the proportion of adults and children in poverty. However,

Table 6 indicates that the

County still continues to face significantly higher poverty rates than the State. Despite an overall decrease of children experiencing poverty, 2020 data indicates that there are more children experiencing extreme poverty (11.4%) than in 2017.

Population	Mason 2017	Mason 2020	WA State 2020
Total Population	16.2%	13.0%	10.2%
Children under 18	25.7%	19.1%	12.6%
Children under 18 in Extreme Poverty*	10.2%	11.4%	6.0%
<i>Sources: 2013-2017 and 2016-2020 American Community Surveys, U.S. Census Bureau</i>			

Table 7: Socioeconomic Characteristics of the District

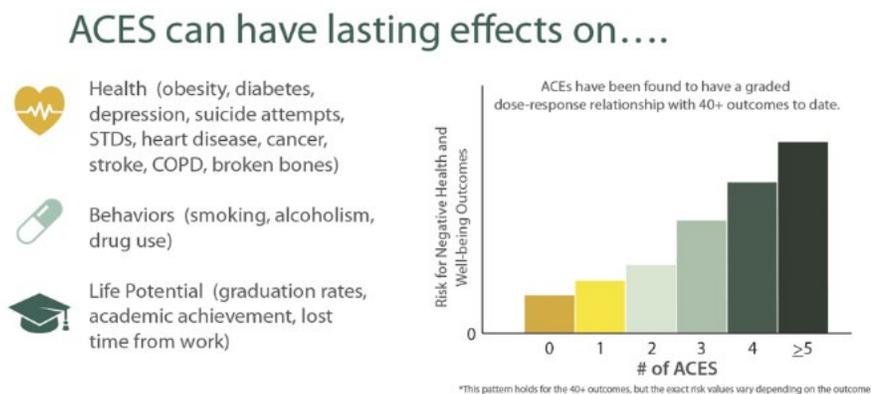
Area	High School Diploma By Age 25	Poverty Rate	Median Household Income	Language other than English spoken at home
Shelton (98584)	87.1%	16.1%	\$60,388	10.6%
Belfair (98528)	89.9%	10.2%	\$60,415	9.1%
Union (98592)	97.3%	4.3%	\$68,371	0.0%
Hoodsport (98548)	94.5%	10.1%	\$51,198	1.6%
Allyn (98524)	97.2%	6.3%	\$93,894	1.1%
Mason County	89.6%	13.0%	\$60,565	8.2%
WA State	91.7%	10.2%	\$77,006	20.0%

As shown in Table 7, with the exception of Allyn, median household incomes continue to lag behind the state throughout the District. Since the last update, there were significant gains in high school diploma attainment by age 25 among the District with many communities approaching or surpassing the statewide rate of 91.7%.

Adverse Childhood Experiences (ACEs) and Trauma

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

Exhibit 6: Association between ACEs and Negative Health Outcomes



Source: Centers for Disease Control & Prevention, “Association Between ACEs and Negative Outcomes”

Table 8 indicates that the percent of Mason County residents who report having one or more ACEs has stayed about the same since 2011, with the percent having three or more decreasing from 30% to 26%. In 2020, over 63% of residents reported having 1 or more ACE in Mason County (compared to 59% in the State).

Table 8: ACE Scores

	2011		2020	
Score	Mason County	WA State	Mason County	WA State
One to Two	33.5%	35.6%	37.5%	33.3%
Three to Five	23.6%	19.7%	23.4%	20.2%
6 or More	6.8%	4.8%	2.3%	5.5%

Source: BRFSS 2011, 2020 Data

Health Behaviors

It has been estimated that nearly 40% of all deaths in the United States are a result of behavioral health risk factors.¹ For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

It is important to consider that not everyone has the means and opportunity to make healthy decisions. Policies and programs put in place have marginalized some population groups and communities, keeping them from the supports and resources necessary to thrive. Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors, as well as ensuring that they can access nutritious food, safe spaces to be physically active, and supports to make healthy choices.

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

Generally, the data for Mason County on several behavioral risk factors and related health outcomes has worsened and continue to be higher than the state. With the exception of decreased high blood pressure and cholesterol. Between 2019 and 2022, Mason County residents faced higher rates of smoking, physical inactivity, and obesity than Washington residents.

Between 2005 and 2017, Mason County residents experienced rates of hospitalization and death due to opioids that are slightly higher than that of Washington State overall (Exhibits 7 & 8).

Table 9. Adult Health Behaviors 2019-2022

	Mason 2019	Mason 2022	WA State 2022
Smoking*	16%	19%	14%
Excessive Drinking	17%	19%	18%
Physical Inactivity	22%	24%	17%
Obesity*	36%	41%	28%
Diabetes*	9%	10%	9%
High Blood Pressure*	35%	31%	29%
High Cholesterol*	37%	35%	28%

Sources: RWJF County Health Rankings, 2019 and 2022

The death rate due to opioids in Mason County declined between 2012 and 2017 (most recent available data), while the hospitalization rate increased, possibly reflecting improved state and local emergency response to overdoses.

Youth Health Behaviors and Health Outcomes

As identified in **Table 10**, when compared to youth in Washington State overall, young people in Mason County endure a greater burden of mental and physical health challenges. 10th graders in Mason County have worse nutritional habits and are more likely to use e-cigarettes and drink alcohol than Washington State 10th graders overall. They have similar nutritional habits to 10th graders in the state, and their rate of obesity is becoming more in-line with the state rate over time.

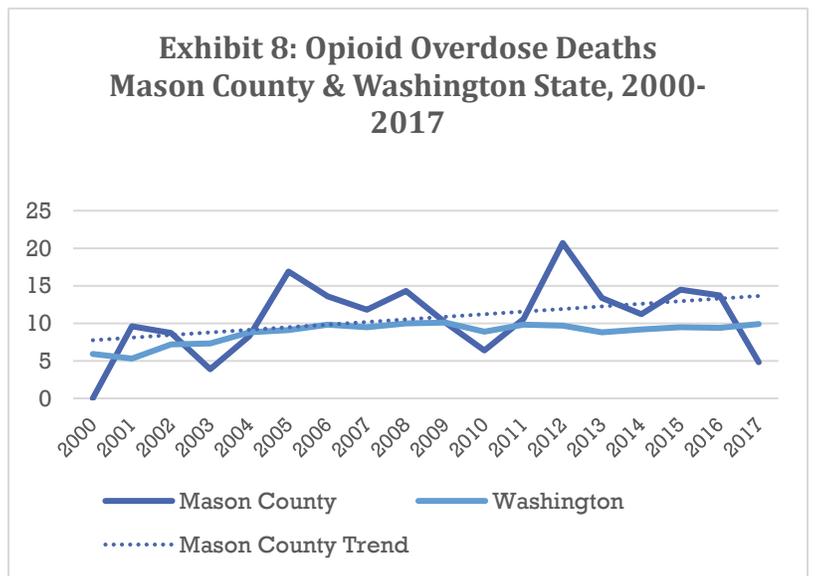
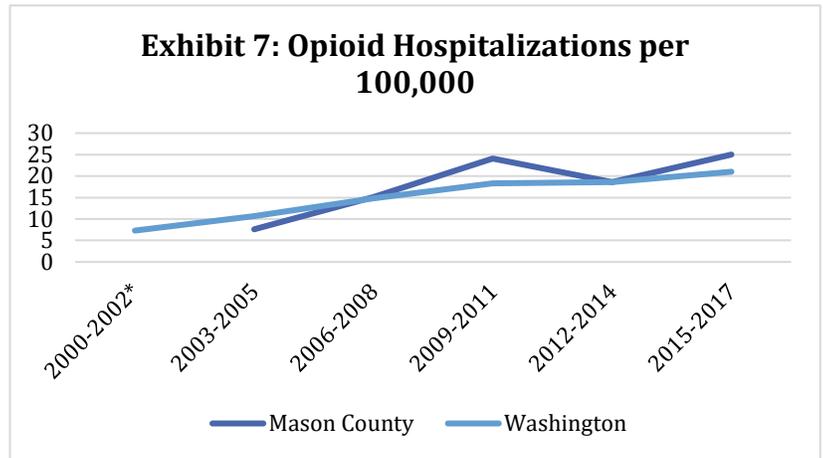


Table 10: Youth (10th grade) Health Behaviors and Selected Outcomes, 2016-2021

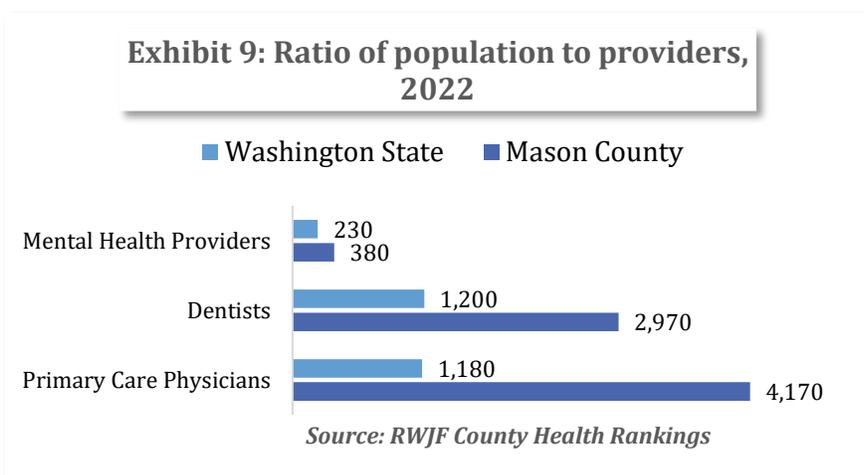
Area	Mason 2016	Mason 2018	Mason 2021	WA State 2021
HEALTH BEHAVIORS				
Did not meet recommended daily physical activity	72%	75%	82%	81%
Eat <5 fruits/veg per day	79%	80%	82%	77%
Smoking cigarettes	8%	8%	3%	2%
Vaping/e-cigarette use	19%	28%	17%	8%
Alcohol use	22%	21%	11%	8%

Sources: WA Healthy Youth Survey, 2014, 2016, 2018

Clinical Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

Nearly 30 million Americans remain without health insurance, generally considered the first barrier to receiving quality health care. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.



Even with Mason Health's recent successes related to provider recruitment, Mason County has fewer providers per capita (see **Exhibit 9**) and a higher rate of uninsured residents (11% compared to 8%). Despite the high population-to-provider

ratio, Mason County fares well relative to Washington State on key measures of access to care. Mason County residents have fewer days of preventable hospital stays (**Table 12**).

The rate of preventable hospital stay days measures the amount of time patients spend in the hospital for a condition, such as diabetes or high blood pressure, that could have been managed and treated in an outpatient setting with quality primary care. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care.

The fact that Mason has lower preventable hospital stay days than Washington State despite having many fewer primary care providers per capita shows the strength of the community's current primary care.

Table 12. Select Access to Care Measures, 2019 and 2022

	Mason 2019	Mason 2022	WA State 2022
Uninsured	10%	11%	8%
Preventable Hospital Stay Days*	2,892	2,453	2,533
Flu vaccination	38%	42%	47%
Mammography screening	40%	42%	40%
Complete Immunizations (Kindergarteners)	80.0%	80.5%	86.3%

Source: RWJF County Health Rankings, 2019 and 2022; Immunization data is from the Washington State Department of Health, Office of Immunization and Child Profile.

**The rate in the table below is the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.*

In addition to preventable hospital stays, **Table 12** also looks at select access to care measures such as the percentage of population that received a flu vaccine, is current on immunizations and had a mammography screening. For example, influenza is a potentially serious disease that can lead to hospitalization and even death. Every year there are millions of influenza infections, hundreds of thousands of flu-related hospitalizations, and thousands of flu-related deaths. An annual flu vaccine is the best way to help protect against influenza and may reduce the risk of flu illness, flu-related hospitalizations, and even flu-related death. The statistic in **Table 12** is the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Mason County is doing worse than the state on this measure, with 42% vaccinated compared to the state average of 47%.

Childhood immunization programs can dramatically reduce the incidence of certain childhood diseases, and low rates of immunization may also indicate the presence of important barriers to other preventive health care services. The statistic in **Table 12** identifies the percentage of Kindergarteners who have all the recommended immunizations and demonstrates that Mason County is performing worse than the state on this indicator, with 80.5% of kindergarteners being up to date on vaccinations compared to the statewide average of 86.3%.

Similarly, evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician’s recommendation or referral – as well as satisfaction with physicians – are major factors facilitating breast cancer screening. Currently, women ages 45-54 are recommended to get mammograms every year, and women 55 and older are recommended to get mammograms every 2 years. The data in **Table 12** is the percentage of female Medicare enrollees ages 65-74 that received recommended mammography screening in 2022. Mason County is performing better than the state on this measure, rising to 42% in 2022 from 40% in 2019.

Physical Environment

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Stable, affordable housing can provide a safe environment for families to live, learn, grow, and form social bonds. However, housing is often the single largest expense for a family and when too much of a paycheck goes to paying the rent or mortgage, this housing cost burden can force people to choose among paying for other essentials such as utilities, food, transportation, or medical care.

What is a cost burden household?

HUD defines cost-burdened families as those who pay more than 30 percent of their income for housing.

What is a severe housing household?

Severe housing is defined as the percentage of households that spend 50% or more of their household income on housing.

Table 13: Housing and Homelessness, 2022		
	Mason County	Washington
Cost-burdened household (%)		
Renters	37.1%	45.2%
Homeowners	32.9%	32.3%
Severe cost-burdened households (%)		
Renters	20.2%	20.9%
Homeowners	7.7%	8.6%
Severe housing problems	16%	17%
Homeless (number)	238	25,452

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When so much of a paycheck goes toward the rent or mortgage, it makes it hard to afford to go to the doctor, cover the utility bills, or maintain reliable transportation to work or school.

As identified in **Table 13**, Nearly 40% of renters and over 30% of homeowners in Mason County are considered cost-burdened; and 16% face severe housing problems. Over 200 community members are homeless.

Clean air and safe water are necessary for good health. Air pollution is associated with increased risk of disease and premature death. Water contamination can lead to illness, infection, and increased risks of cancer. While Mason County is doing better than the state in terms of air pollution (see **Table 14**), but it is doing worse in regard to the percentage of individuals driving alone to work or having long commutes alone. Mason County is also one of 15 counties in Washington that have experienced health-related drinking water violations in 2020.

Table 14: Physical Environment Factors		
	Mason County	WA
Air pollution	7.0	8.1
Drinking water violations	Yes	
Driving alone to work	75%	70%
Long commute - driving alone	54%	38%

Community Convening

Mason Health’s Needs Assessment process involved engaging the community to receive input regarding unmet health needs and priorities. In the Summer of 2022, Mason Health sent out electronic surveys via SurveyMonkey to gather feedback from community stakeholders. There were 153 responses received representing community members, healthcare providers, social service agencies, public health, educators, local officials, and others from across the Service Area. Respondents were representative of all zip codes in the Service Area and ranged in age from 25 to 75 years old.

Survey Respondents

When asked “Which community group are you primarily responding on behalf of?” a slight majority of survey respondents selected “Healthcare” (52%) and 16% “Community member” (**Table 15**).

Table 15. Which community group are you primarily responding on behalf of?

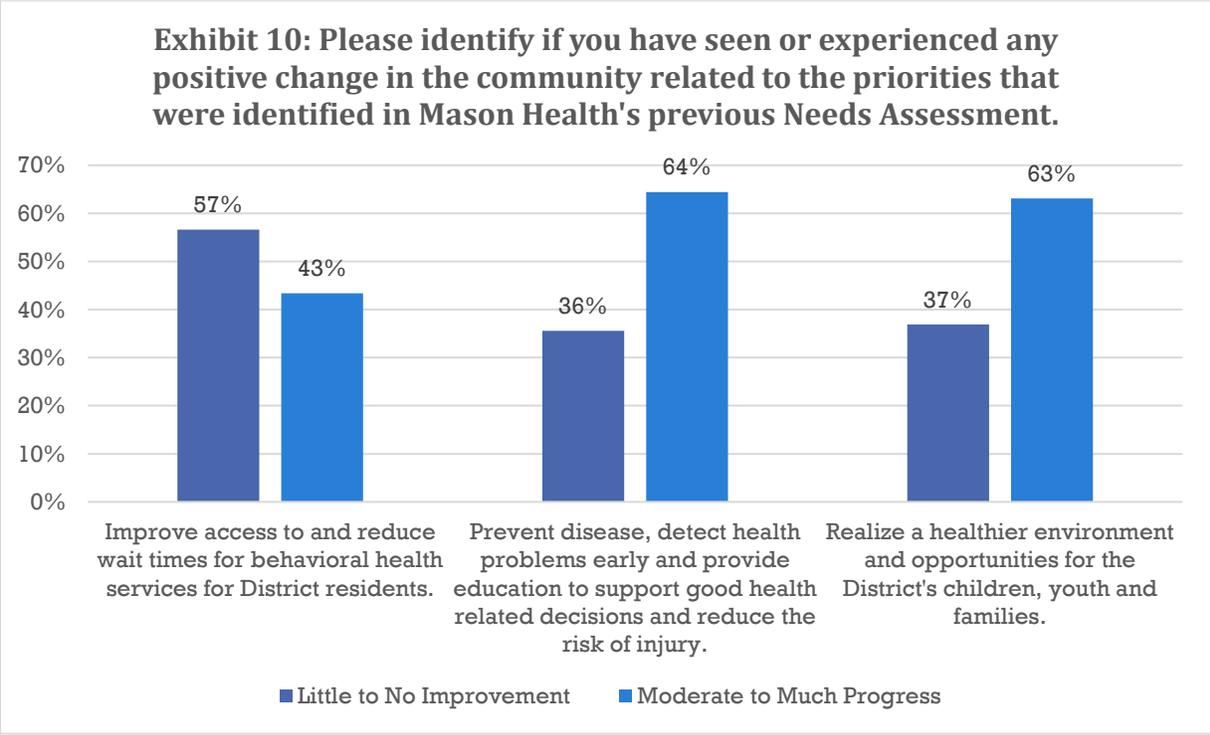
	%	N
Healthcare	52%	70
Community member	16%	22
Primary Care	9%	12
Behavioral Health	7%	9
Government	5%	7
Business	3%	4
Public Health	3%	4
Social Services	2%	3
Education	1%	1
Long-Term Care	1%	1
Philanthropy	1%	1
Faith organization	0%	0
Public Safety	0%	0
Food Bank/Distribution	0%	0
Oral Healthcare	0%	0
Transportation	0%	0
Other	1%	1

Community Health Priorities

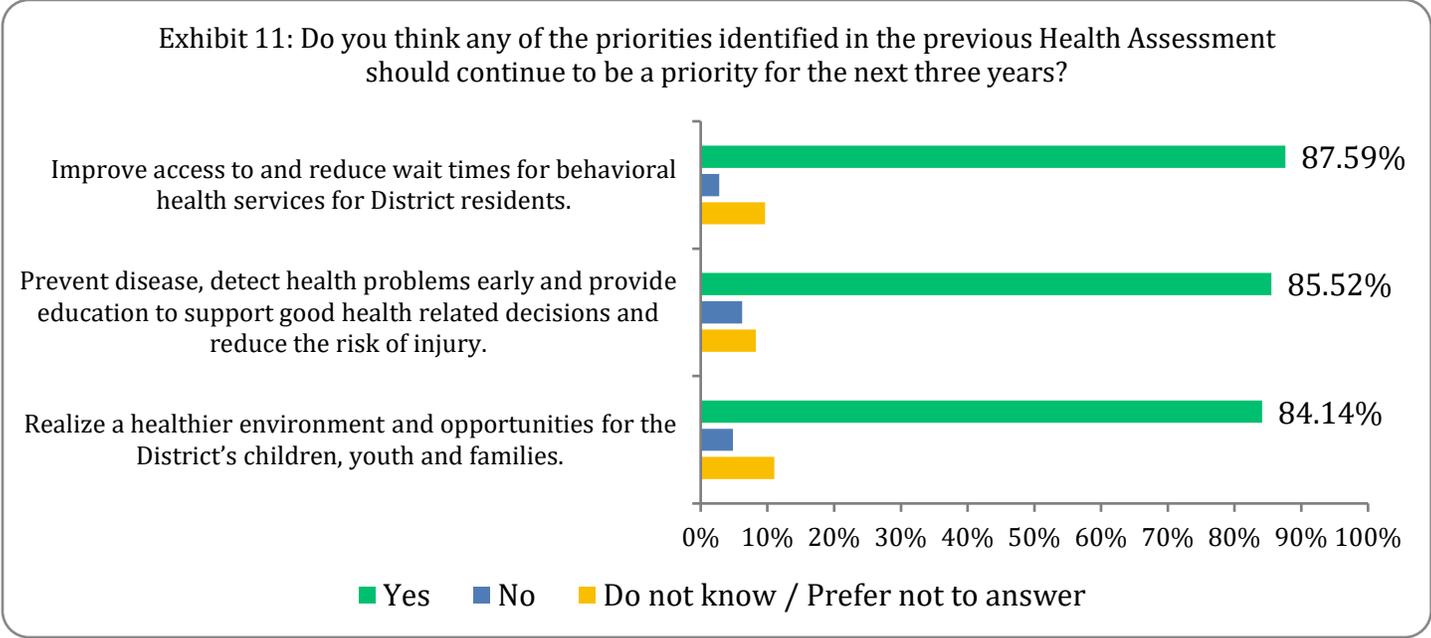
The first part of the survey focused on assessing respondents' insights on the Mason Health priorities established in the 2020-2022 CHNA including:

- Improve access to and reduce wait times for behavioral health services for District residents.
- Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury.
- Realize a healthier environment and opportunities for the District's children, youth and families.

Exhibit 10 demonstrates that of those respondents that had an opinion, the majority of respondents had seen or experienced positive change in the community related to two out of three of the priorities that were identified in Mason Health's previous Needs Assessment (prevention, early detection and education and a realizing healthier environment and opportunities). On the other hand, 57% of respondents said they had seen little to no improvement related the behavioral health priority.

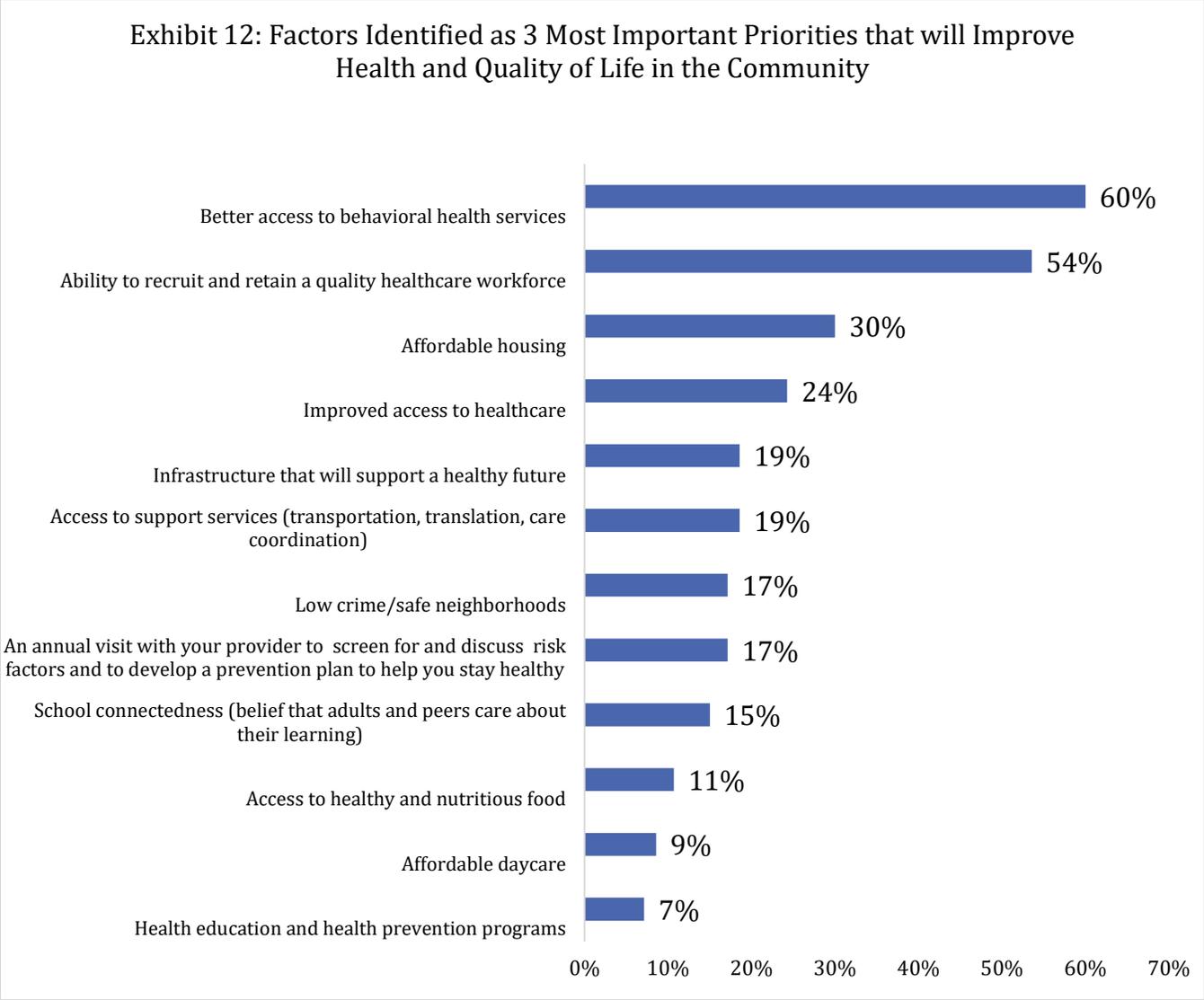


As seen in **Exhibit 11**, the overwhelming majority of respondents also agreed that these focus areas should continue to be made priorities for the next 3 years.

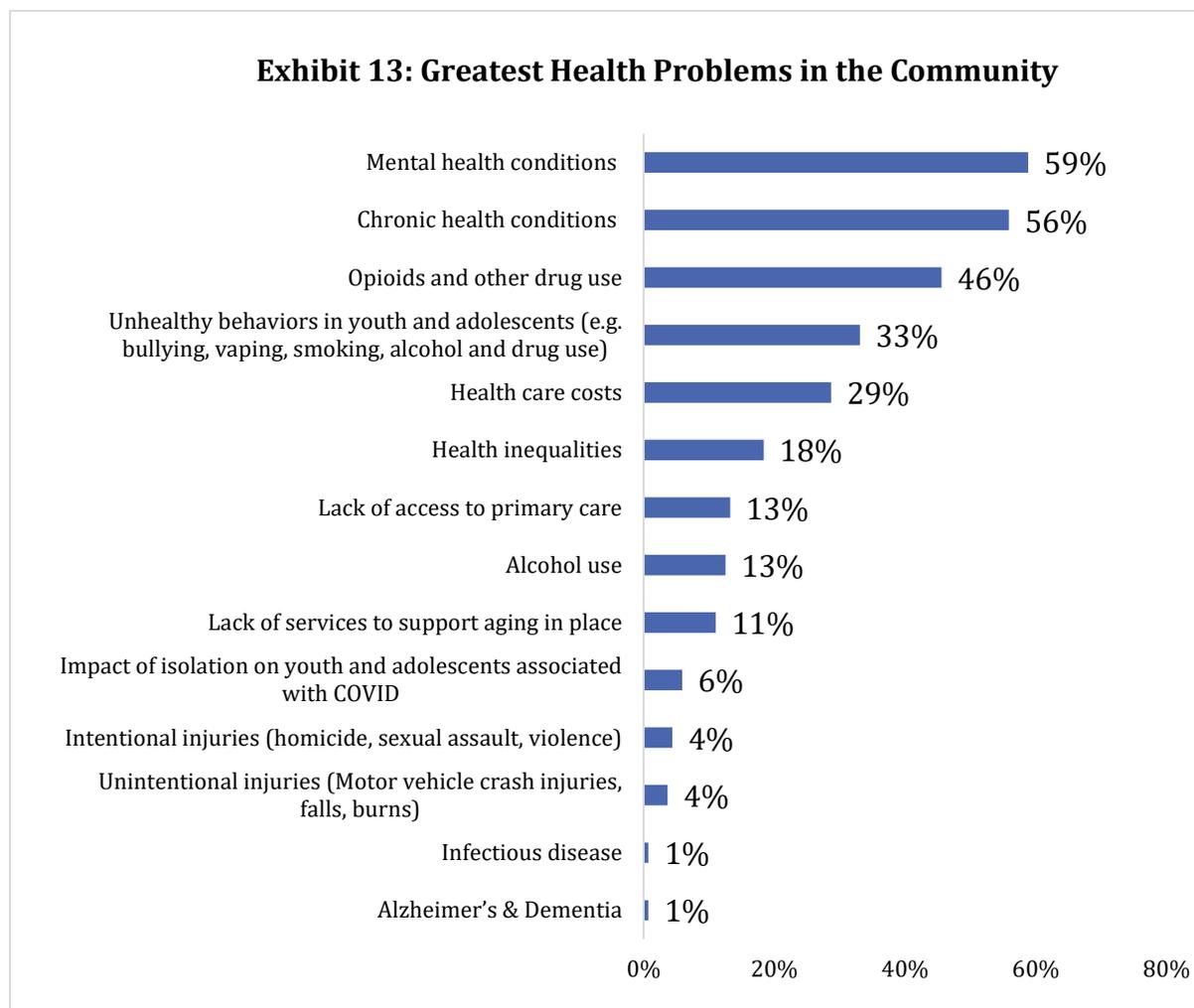


Respondents were then asked to rate the overall health of their district. While 32% of respondents would rate the community as “very unhealthy” or “unhealthy,” the majority (60%) would give the district a rating of “somewhat healthy,” “healthy,” or “very healthy.”

In order to understand the factors that go into the respondent’s beliefs about the health of the community, they were given a list of 12 factors and asked to “please identify the top three most important factors that will improve the health and quality of life in the community served by Mason Health.” **Exhibit 12** shows that the majority of respondents selected “Better access to behavioral health services” (60%) and “Ability to recruit and retain a quality healthcare workforce” as one of the most important priorities. “Affordable housing” was the third most often selected priority at 30%.



Respondents were also given a similar list of 14 factors, but this time asked, “what do you think are the three greatest ‘health problems’ in the community?” **Exhibit 13** shows that a similar majority to those that felt “Better access to behavioral health services” (60%) was one of the most important priorities for the health of the community, also identified “Mental health conditions” as the most frequently selected health problem in the community, with 59% of respondents putting it in the top 3 greatest health problems. “Chronic health conditions” was selected by 56% of respondents, followed by “opioids and other drug use” (46%) and “unhealthy behaviors in youth and adolescents (e.g., bullying, vaping, smoking, alcohol and drug use)” (33%).



The themes identified as contributors to improving health and quality of life and the biggest problems in the health of the community were similarly reflected in an open-ended question where respondents were asked “Are you aware of any populations in the District that are less healthy or are experiencing greater disparities?” 58 respondents wrote out responses, which were coded to group major themes. **Table 16** shows that the group most mentioned as facing disparities are people with mental and/or behavioral health issues

(generally and not specific to substance abuse), being mentioned in 46% of responses, and people with substance abuse issues specifically being referenced in 19%. The homeless population (29%), the elderly (20%), and low income individuals and families (15%) were also

Table 16. Are you aware of any populations in the District that are less healthy or are experiencing greater disparities? N=58

	%	N
People with Mental Health issues	46%	27
Homeless Population	29%	17
The Elderly	20%	12
People with Substance Abuse issues	19%	11
Hispanic Population	17%	10
Low-income individuals and families	15%	9
Non-English speaking	8%	5
Chronically Ill Individuals	5%	3
Youth	5%	3

mentioned repeatedly, and many of the populations overlapped.

The Hispanic/Latinx population (in general, with the Guatemalan population specifically mentioned repeatedly) was mentioned as a population facing disparities in 17% of responses, while related, 8% of answers referred to “non-English speaking” populations, with Mam speakers (a language native to Guatemala) mentioned specifically in 2 of 5 answers.

Respondents were also asked to write out a response to the open-ended question “Is there anything else you would like to add about the health of your community?” 22 answers were reviewed and coded. **Table 17** shows that respondents believe the community needs more access to and availability to quality medical care in the community. The need for more local healthcare providers was mentioned most frequently, by 41% of respondents, with the need for more local specialist healthcare providers mentioned by 27% of respondents. 32% of respondents reported dissatisfaction with available healthcare. Long waits for

appointments, poor follow up care, and frequent staff changes were all mentioned as contributing causes to the general dissatisfaction with local healthcare options. The need for more health education was mentioned by 23% of respondents.

Table 17. Anything else you would like to add about the health of your community? N=23

	%
More Healthcare Providers Needed	41%
Dissatisfaction with Availability/Quality of Current Healthcare	32%
More Specialist Providers Needed	27%
More Health and/or Financial Education	23%
More Mental Health Supports Needed	14%
Concerns for Youth	14%
Concerns about Health Disparities	14%
Concerns about Low Income Population	14%

Selected 2023-2025 Community Priorities:

The results of the community engagement process and data in this CHNA support the continuation of Mason Health’s previous priorities:

- ***Improve access to and reduce wait times for behavioral health services for District residents;***
- ***Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury; and***
- ***Realize a healthier environment and opportunities for the District’s children, youth and families.***

Table 18 below identifies the specific strategies Mason Health will laser focus on over the next three years to continue to move the needle on each of these priorities.

Table 18: Mason Health 2023-2025 Priorities	
Priorities	Implementation Strategies
Improve access to and reduce wait times for behavioral health services for District residents.	<ul style="list-style-type: none"> ▪ Replace pediatric provider for therapy. ▪ Implement the Collaborative Care Model with all primary care providers participating once adequate behavioral staffing is in place to meet the demand. ▪ Expand peer navigator program to include mental health recovery in addition to substance use disorder recovery support. ▪ Work with community partners on solutions to increase access.
Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury.	<ul style="list-style-type: none"> ▪ Standardize and increase Cancer screenings by 20%. ▪ Increase Annual wellness visits by 10%. ▪ Expand providers in the Supplemental Nutrition Program for Women, Infants and Children (WIC). ▪ Hold community Fall Prevention activities at Mason County Senior Services, Belfair Senior Services and Shelton YMCA. ▪ Partner with Parkinson’s support group to prevent falls.
Realize a healthier environment and opportunities for the District’s children, youth, and families.	<ul style="list-style-type: none"> ▪ Provide community education on healthy lifestyle choices and reducing the risk of injury and disease progression. ▪ Offer local high school students nursing, phlebotomy, and medical assistant scholarships. ▪ Continue to promote and participate in the Health Science Academy model at Shelton High School. ▪ Incorporate provider clinic in the local YMCA space currently leased by Mason Health, conveniently located adjacent to Shelton High School and Oakland Bay Junior High.

APPENDIX A

- The Behavioral Risk Factor Surveillance Survey (BRFSS)
- US Census and the American Community Survey (ACS)
- Washington Healthy Youth Survey
- Robert Wood Johnson Foundation’s County Health Rankings and Community Commons’ Health Indicator Reports
- Washington State Report Card, Office of Superintendent of Public Instruction
- County Health Assessment Tool, Washington Department of Health
- Drug Overdose Dashboard, Washington Department of Health