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INTRODUCTION

Yakima Valley Memorial Hospital is a 226-bed acute care regional hospital that has proudly served Central Washington and the Yakima Valley for the last 65 years. Designated as the only Level 3 adult and pediatric trauma center in a three-county region, Memorial is home to a wide range of services to help address the diverse needs of our community. Our services include cancer care through North Star Lodge; breast health at the 'Ohana Mammography Center; hospice services in-home and at Cottage in the Meadow; pain management at Water's Edge; and comprehensive services for children with special health care needs at Children's Village.

Memorial is also home to the highest volume Emergency Department (ED) in the State. In 2022, the ED saw more than 230 patients per day, and visits have grown to nearly 86,000 in the last year. Not only is Memorial's ED the busiest, but the percentage of Medicaid patients is also one of the highest in the State. As shown in **Exhibit 1**, Memorial's percentage of Medicaid patients is 65% higher than the average of the other acute care hospitals in the State.

Exhibit 1:
Payor Mix by Percent of Total Patients, 2021

Payor	Memorial % of Patients	All Other Acute Care Hospitals % of Patients
Medicaid	33.6%	20.3%
Medicare	40.7%	38.2%
Commercial & HMO	21.0%	36.3%
Other	4.7%	5.2%
Total	100.0%	100.0%

Source: CHARS 2021 acute care inpatient discharges

Yakima County's Perfect Storm

As Memorial was engaging the community on its CHNA 2019, Yakima County's health care landscape was undergoing rapid change. Astria, the only other provider of inpatient hospital services in the city of Yakima, filed for Chapter 11 bankruptcy in May 2019. Astria operated a 214-licensed bed hospital in Yakima that provided regional and tertiary level services, in addition to two smaller rural hospitals in the County. While the two smaller hospitals survived bankruptcy, Astria closed its regional medical center in Yakima in January of 2020, causing an immediate reduction of bed capacity, as well as the loss of a significant number of primary and specialty care providers in the County. Nearly three years later, and despite three incredibly strong networks of federally qualified health centers (FQHC) in the County, the loss of providers is still impacting health access.

The loss of beds and providers was followed only three months later by the beginning of the COVID-19 pandemic.

By early summer 2020, Yakima County was experiencing some of the highest COVID-19 infection rates and hospitalizations of any county on the West Coast. In December 2020, Yakima County's rate was 2.5 times higher than the State's, with 1,200 cases per 100,000 population per 14 days compared to a rate of 485 per 100,000 population.[1] By September 2021, Memorial hit a grim milestone as its licensed bed capacity could no longer meet demand; patients began being held in the ED because there were no inpatient beds available and other hospitals were not accepting transfers.

On the heels of COVID-19, a shortage of health care workers, the increased use of travelers, discontinuation of federal COVID-19 relief funding, and the continuing issue of insufficient Medicaid reimbursement combined to place most of Washington's hospitals in an unprecedented financial crisis by early 2022. The Washington State Hospital Association announced the results of its membership survey in July of 2022, showing a net loss of $929 million for the State's hospitals during Q1 of 2022; by Q2 2022, this loss had increased to an estimated $1.2 billion operating loss. Combined with investment losses, the overall loss for hospitals across the State was estimated at $1.75 billion. Memorial has not been immune to the crisis, losing an unsustainable $28.1 million in the first two quarters of 2022.

Like many other hospitals in the State, Memorial made the decision to limit traveling staff and beds. A Department of Health report shows how common this practice has become: as of the writing of this CHNA, the report documented that 25% of beds statewide are not being staffed, and in the South-Central region of the State, where Memorial is located, 36% of licensed beds are not being staffed.

Our Strong Foundation: Our Resilient Employees and Community

The combination of all these challenges—the pandemic, the closure of the other tertiary hospital in Yakima and the related loss of providers, and now the resultant workforce and financial impact issues—have made the disparities that exist in our community more visible and have opened more eyes to growing social inequities. The Yakima Valley community has a history of working together in support of the greater good. At the core of the community are educational institutions, business and industry, social service organizations, and health partners, including the three strong Community Health Center providers and a free clinic operated in partnership with Memorial. These partnerships have historically been, and continue to be, laser focused on caring for our most vulnerable, underserved, and historically marginalized members.

This CHNA provides a comprehensive summary and assessment of the quantitative data we collected and the results of our community convening process, including our community engagement survey and listening sessions. It also outlines the health priorities selected as our focus moving forward.

While the past few years have been both humbling and sobering, Memorial remains committed to working in partnership with our employees and community to provide the path that will support our County in moving forward.

Both our employees and our Valley are collaborative, resilient, perseverant, and courageous, and we will continue this important work together.

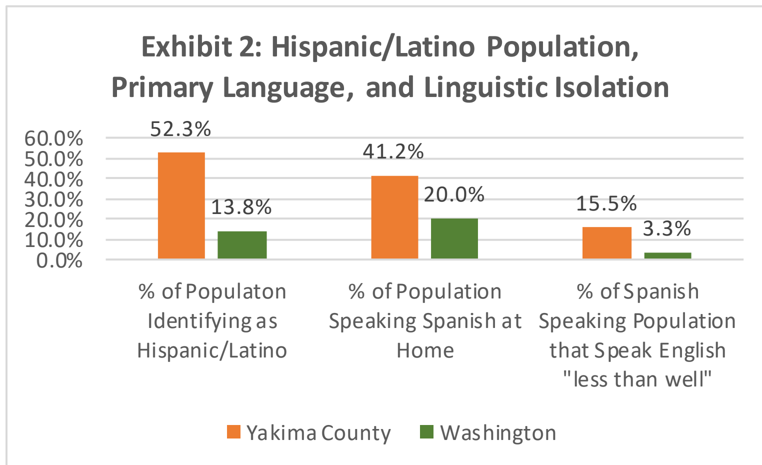
YAKIMA COUNTY: OUR DIVERSE COMMUNITY

Demographics

Except for the City of Yakima, Yakima County, which sits in the South-Central portion of Washington State, is primarily rural and spans nearly 4,300 square miles. Its largest metropolitan area is the city of Yakima, with a population of roughly 96,000.

Memorial acknowledges and honors that the County is located on the ancestral homelands and traditional territories of the people of the Yakama Nation. Today, the Yakama Nation Reservation includes more than 1.3 million acres. According to U.S. Census population estimates, as of July 1, 2021, Yakima County's American Indian/Native Alaska population was 6.7%, compared to 1.9% in the State.

Yakima County is highly diverse. Census data estimates the population at over 257,000 residents, with 52.3% identifying as Hispanic/Latino (**Exhibit 2**), a number significantly higher than the State average of 13.8%. According to the same data, 41.2% of the County speaks Spanish at home, and 15.5% report speaking English "less than well."



The demographics of Yakima County, as they relate to age and ethnicity, are changing as the county experiences a large growth in younger Hispanics. This is reflected in the population pyramid (**Exhibit 3**) for Yakima County, which shows a large Hispanic population under forty years of age.

Despite being "younger," the County's 65+ population currently represents 15% of its total population, and the 65+ are expected to continue to be the fastest-growing cohort in Yakima County through at least 2027. Females aged 15-44, women of childbearing age, also continue to grow in number.

Exhibit 4 provides more detail on Yakima County's population in comparison to the State. Thirty percent of the County is age 17 or under, a rate 28% higher than the State. This means that health care services in Yakima County need to focus on pediatric, OB, and newborn care. We must also address the increased behavioral health needs of our younger residents, while simultaneously assuring access to wellness and specialty services to support the aging population.

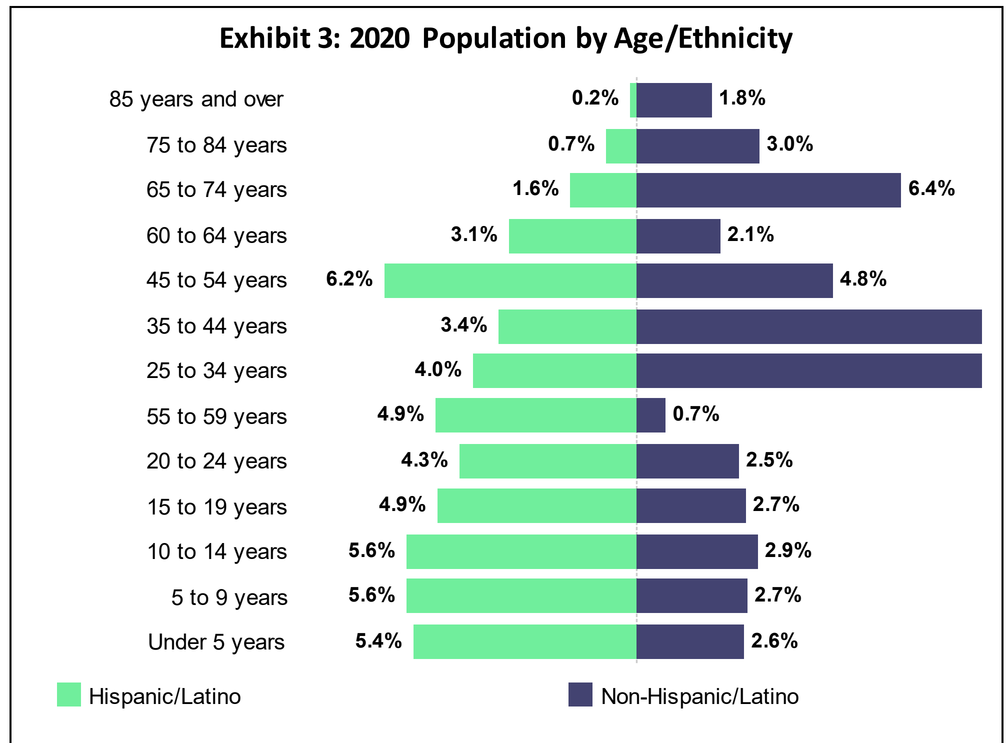


Exhibit 4: Yakima County Key Demographics								
	2010	**% of Total Population**	**2022 Est**	**% of Total Population**	**% Change 2010-2022**	**2027 Proj.**	**% of Total Population**	**% Change 2022-2027**
Total Population	**244,115**	**100.0%**	**257,805**	**100.0%**	**5.6%**	**267,795**	**100.0%**	**3.9%**
Pop. By Age								
0-17	74,304	30.4%	74,949	29.1%	0.9%	76,014	28.4%	1.4%
Total 0-64	215,907	88.4%	220,205	85.4%	2.0%	226,101	84.4%	2.7%
Total 65 +	28,208	11.6%		14.6%	33.3%	41,694	15.6%	10.9%
Females (15-44)	48,097	19.7%	50,776	19.7%	5.6%	53,395	19.9%	5.2%

Demographic Highlights

Impact of COVID-19

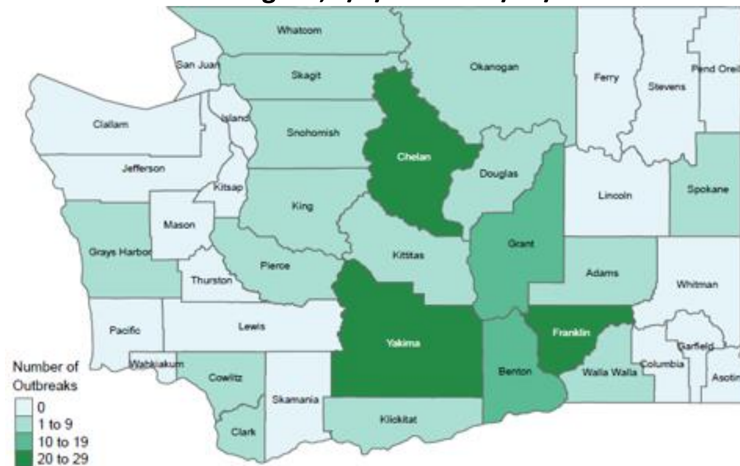
COVID-19 shone a bright light on disparities within our County. While the entirety of Yakima County experienced higher rates of COVID-19, a higher percentage of our Hispanic/Latino and American Indian/Alaska Native population died from the disease. A national report showed that the life expectancy for the American Indian/Alaska Native population declined more steeply than other populations in the U.S. Between 2019 and 2020, the life expectancy for this group dropped seven years, from 71.8 to 65.2 years, compared to a life expectancy drop of three years during that period for the overall population. The study identified COVID-19 as the main contributing factor, with other factors like unintentional injuries, chronic liver disease, suicide, and heart disease also contributing to the steeper drop.

The State Department of Health's COVID-19 tracking shows mortality rates among Native Americans were consistently the highest, with disproportionately higher case and hospitalization rates as well. The Yakama Nation reported 61 COVID-19 related deaths as of December 2021, accounting for 10% of the County's total deaths despite the Nation representing only 6.7% of the County's population.

A June 2022 Washington State Department of Health report entitled *COVID-19 Outbreaks in Washington State Agriculture and Food Manufacturing Settings* reports that counties like Yakima that are heavily reliant on agriculture, produce packing, and food manufacturing, and

where employer-provided housing is provided in environments where workers were in close proximity, experienced some of the highest COVID-19 outbreaks in the State (see **Exhibit 5**).

Exhibit 5: Reported COVID-19 Outbreaks in Agricultural, Employer-Provided Housing, and Produce Packing Areas in Washington, 3/1/2020 – 12/31/2020



The report noted that agriculture and food-manufacturing employees often live, socialize, commute, and work together. State analysis showed that these cases were epidemiologically linked in the congregate setting (e.g., case-patients share a work shift or building, or benefit from employer-sponsored transportation or housing). The study also found that the median age of those testing positive was 39, and 52.8% of the cases were male. Disproportionately, 81.1% of the cases were in people identifying as Hispanic/Latino.

Women of Childbearing Age

Yakima County has a higher population of females aged 15-44 than the State average, and, unlike in many regions of the State, this group continues to grow. The fertility rate, the total number of births in a year per 1,000 women of reproductive age, while declining, remains 35% higher in Yakima County than the Washington State rate (75.2 vs 55.6). This means that the need for prenatal, postnatal, newborn, infant, and pediatric care will continue to increase.

Veterans

Yakima County is home to approximately 10,980 veterans, representing about 4.2% of the total population. About 50% of these veterans served in the Vietnam era. Thus, while veterans only make up 4.2% of the total population of Yakima County, they make up 15.3% of the population 65 years or older.

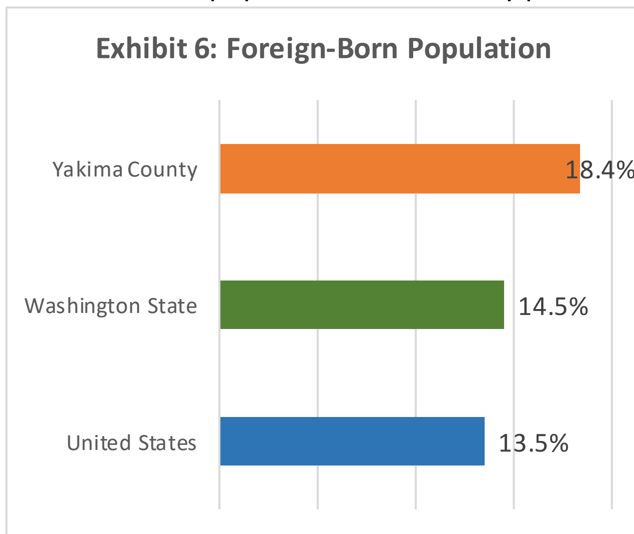
Memorial focuses on health care equity, efficiency, and education for our veteran population. By increasing the visibility of a patient's veteran status in electronic medical records and nursing station displays, clinicians are alerted to the care and documentation needs of

veteran patients earlier, resulting in more efficient care and discharge, reducing excess length of stay. Continued education of veterans regarding VBA disability and VHA medical benefits, both during their hospitalization and in the community, is important as Yakima County has a low medical benefit utilization rate of approximately 10%, as compared the national average of over 50%.

Foreign-Born Population

The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens.

The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents.



As shown in **Exhibit 6**, the percentage of the population in Yakima County that is foreign-born (18.4%) exceeds both the Washington State (14.5) and U.S. percentages (13.5%).

Dual-Eligible Population

People who are dually enrolled in both Medicare and Medicaid, also known as dual eligible, fall into several eligibility categories. These individuals may either be enrolled first in Medicare and then qualify for Medicaid, or vice versa. These individuals tend to have higher-than-average complex care needs and account for a disproportionately higher rate of spending for both programs.

According to the Washington State Hospital Association Data Analytics Service Hub, Memorial not only had the highest total ED volume claims in the State of Washington between January 2020 and August 2022 (with 4% of total ED claim volume), Memorial also had 13% of all ED dual-eligible claims in the state. Important to note, while the percentage of Washington's Dual-Eligible Spanish Speaking patients who live in the city of Yakima is 38.66%, Memorial had 50% of the ED dual-eligible claim volume in the state. When looking just at avoidable ED visits, Memorial had 24% of all dual-eligible avoidable ED claim volume and 70% of Spanish speaking dual-eligible avoidable ED claims in the state.

2019-2021 CHNA ACCOMPLISHMENTS

Clearly, Memorial's focus since the publishing of the 2019 CHNA necessarily included a strong COVID-19 response.

Early on, Memorial hospitalized more COVID-19 patients than all of King County combined, and by June of 2020, was #3 in the nation for new COVID-19 cases. Memorial immediately implemented many crisis measures, including:

- Creating new models of patient care: curbside, drive-through, telehealth
- Providing COVID testing at the SunDome
- Adapting hospital wings to prepare for additional critically ill patients
- Participating in monthly community leader meetings to collaborate and align care plans

As of the writing of this CHNA, Memorial has provided over 120,000 COVID-19 tests. Memorial has also implemented a strong vaccination program, including the use of mobile response teams to provide over 500 vaccinations to low uptake areas. The mobile response teams served primarily rural locations and targeted communities who might otherwise have difficulty getting vaccinated due to transportation, language, and/or cultural barriers. For example, the team went to housing units after hours to make sure people could get vaccinated after work and always included bilingual staff.

Bilingual staff was also available at all of Memorial's test sites, call teams, and vaccinations sites.

Memorial's 2019-2021 CHNA Implementation Priorities

With strong community engagement and input, Memorial's 2019-2021 CHNA identified three priority areas of focus, including:

Access to Health Care:

- Increase access to primary- and specialty-care services
- Continue community partnerships to provide primary care to traditionally underserved groups
- Provide care coordination services to uninsured and underinsured populations

Health Equity:

- Increase awareness of health equity
- Increase diversity in the Hospital's governance, leadership, and workforce
- Leverage community partnerships for greater collective impact

Mental Health:

- Implement interventions to promote mental well-being and prevent mental health disorders
- Provide inpatient psychiatric services

The 2019 CHNA was adopted by the Board of Trustees in November 2019.

Memorial also established a COVID-19 Assessment and Treatment Clinic (CAAT), the only place in Yakima County that treated COVID-19 patients exclusively and one of the first clinics in Yakima County to offer monoclonal antibody treatment. Not only did this clinic meet the needs of Yakima County, it also provided care to patients who traveled from as far away as Western Washington.

In addition to its COVID-19 response, Memorial is proud of the accomplishments made towards implementing targeted strategies to address each of the priorities established in the 2019 CHNA: **Access to Health Care, Health Equity, and Mental Health**.

Priority: Access to Health Care – Accomplishments

Memorial implemented multiple strategies to improve access to care over the last three years.

Access to the Underserved:

To ensure access to primary care for the underserved: Memorial implemented a number of initiatives to ensure that all five of our primary-care clinics were open to new patients, including providing same-day access.

Memorial also sponsors the Yakima Union Gospel Mission Medical Care Center Free Clinic, which serves over 12,000 patients free-of-charge every year, helping to stem overutilization of emergency department resources and helping to provide additional primary care access to the underserved.

To ensure the availability of a quality healthcare workforce: While workforce recruitment and retention is a struggle in healthcare everywhere today, Memorial has continued its commitment to providing educational support for interning medical providers, nurses, and allied health professionals. Memorial supports the Community Health of Central Washington (CHCW) medical residency program and the Pacific Northwest University of Health Sciences.

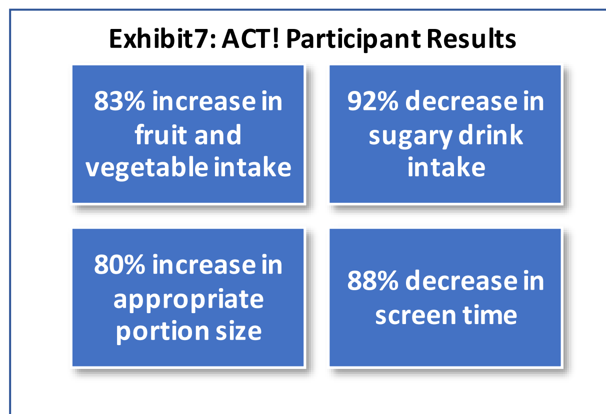
To improve outcomes and reduce avoidable hospital admits and re-admissions to the hospital: Memorial has focused efforts to ensure that all patients discharging from the hospital have established follow-up visits. This has included bolstering communication and inter-facility relations to ensure smooth handoffs from the acute care to ongoing community management. Transitional Care was highlighted by CMS as a means to strengthen a community to come around care for its population. As we demonstrate and facilitate the importance of appropriate outpatient follow-up to our patients, we also hope to instill a culture of engagement in disease control, maintenance, and prevention.

Evidence-Based Preventive Health Programs:

To promote evidence-based lifestyle changes for people at risk for type 2 diabetes: To reduce their risk and help them lead and sustain fitter, healthier, and happier lives, Memorial implemented an accredited CDC Diabetes Prevention Program targeting those at risk for type 2 diabetes. The program uses health education, behavior modification, and lifestyle change as the foundation for preventing type 2 diabetes. All programs, services, and educational materials are offered in both English and Spanish.

To reverse or manage type 2 diabetes: Memorial's Cornerstone Clinic has implemented an evidence-based diabetes management program for those diagnosed with type 2 diabetes. Participants reported an average A1c reduction of 1.37%, and 16.6% of participants were able to stop or reduce their diabetes medication.

To reduce childhood obesity: Memorial offers the ACT! (Actively Changing Together) Program, an evidence-based weight management and physical activity program for overweight and obese youth and their parents. The program combines nutrition education, behavior modification, and physical activity and has seen significant positive results (see **Exhibit 7**).



To encourage healthy lifestyles: Memorial offers Healthy for Life, a program that offers physical activity classes to the community at no cost. The program provides over 300 classes annually, involving over 6,000 participants. The classes include Yoga, Gentle Yoga, Zumba, and Kid's Zumba. The program was funded by Kohl's Cares in 2020 and 2021. Memorial's Community Health Outreach team also administers up to 7,200 Food Insecurity Nutrition Incentive (FINI) program vouchers annually. FINI programming facilitates the purchase and consumption of fruits and vegetables for people experiencing or at risk of food insecurity.

Priority: Equity – Accomplishments

Implementation strategies of the 2019-2021 CHNA included: increasing awareness of health equity; increasing diversity in the hospital's governance, leadership, and workforce; and leveraging community partnerships for greater collective impact. While COVID-19 made outreach to and engagement of community partners more challenging, in part because COVID-19 highlighted existing structural problems in the community around equity, Memorial's equity work included very purposeful investments that remain centered on awareness and training of

leadership and workforce. While there is still much more work to do, each investment moved the organization forward in achieving an equitable environment for our patients, workforce, and community.

Efforts during the 2019-2021 timeframe laser focused on mitigating inequities that impact access and internally educating ourselves, individually and collectively, to truly understand and recognize individual, institutional, and structural racism. **Exhibit 8** details Memorial's journey from 2013 forward, and identifies the specific strategies undertaken in the past several years to address issues of equity.

Exhibit 8: Equity Strategies, 2013-2022

Year	Strategies
2013	CLAS Assessment
2015	Equity Committee; Cultural Competency Training
2016	AHA Equity of Care Pledge; REaL data baseline; We ask because we care: REaL staff training; Equity a priority in the CHNA
2017	Health Equity– Hospital Board priority; Language Policy; ALTA Interpreter Certification requirement
2018	Hired Language Services Manager; VRI access in all clinics/hospital floors
2019	Hospital Board Racial Equity Training; Provider equity training; Bilingual required/pre-ferred positions (PSCs, MAs, RNs)
2020	EMR language use data documentation; EMR Spanish DC instructions; ALTA Medical Interpreting prep course
2021	WSHA Health Equity Collaborative; IDI Assessment; QI language use documentation
2022	DEI Director; IDI Leadership assessment; ALTA metric on the Strategic Plan; ALTA prep course metric

Specific accomplishments during the **2019-2022** timeframe include:

Spanish Discharge Templates

In Yakima County, 38.6% of the population identify Spanish as their preferred language. Memorial developed inpatient and emergency department Spanish discharge templates, translated from English by our in-house interpreters.

Language Services

To ensure that Memorial is able to provide documented, qualified interpretive services to patients, standardized language-use documentation was implemented across the health system. This assures we are providing qualified interpretive services to our patients and their families and that we are documenting at each encounter. To date, the standardized use documentation has been deployed to the ambulatory care clinics and hospital. It has been exceptionally beneficial in medical administration. During the summer of 2020, video remote interpreting units were installed in each Emergency Department room. This allowed us to minimize staff exposure to COVID-19 positive patients and helped us conserve PPE while assuring patients received the highest quality of care.

EMR and Preferred Language

Memorial implemented changes to our EMR to support equitable care. The changes included making it easier for staff to quickly identify a patient's preferred language prior to entering the patient's room.

Staff and Provider Language Competency

Memorial uses a number of ALTA assessments, including testing skills of medical assistants, nursing assistants, home health aides, and health care technicians who work in a bilingual capacity. Individuals who work in these positions need to demonstrate that they are proficient in both English and another spoken language in the clinical setting. In addition, ALTA's Speaking and Listening Assessment allows screening of global proficiency in the target language. This test rates the ability of nurses, social workers, case workers, speech therapists, physical therapists, occupational therapists, pharmacists, and pharmacy assistants to understand and verbally communicate directly in the language in a general context.

Memorial has also deployed the Clinician Cultural and Linguistic Assessment (CCLA) tool, developed by Kaiser Permanente, to determine the level of target language proficiency of providers who identify themselves as bilingual. Data demonstrates that that if a provider speaks the language of the patient, there are better outcomes. Specifically, the CCLA is designed to assess ability to communicate directly with target language-speaking patients in a primary care

medical setting in a linguistically and culturally sensitive manner without the use of an interpreter.

Health Equity Guiding Team

Memorial's Health Equity Guiding Team was established in 2016, after signing the AHA Health Equity Pledge, chaired by the hospital CEO and reporting directly to the Hospital Board's Quality Oversight Committee. In 2021, we restructured to include Diversity and Inclusion, and to expand to a more diverse and multidisciplinary membership. Committee members include patient-facing staff, patient representatives, community partners, physicians, and representatives of the hospital and ambulatory clinics.

Health Equity Scorecard

Memorial developed and regularly reports on a scoreboard its data regarding equity (included in **Exhibit 9,** below):

Exhibit 9: Yakima Memorial Hospital Equity Scoreboard

Strategic Pillar	Goal Description
Quality & Safety	Decrease mean HbA1c for patients with diabetes (stratify by ethnicity)
	Increase patient satisfaction scores on "Rate the Hospital" (stratify by ethnicity)
	Improve patient experience "Nurse Courtesy and Respect" (stratify by ethnicity)
	Improve ED CAHPS "Rate the ER" (stratify by ethnicity)
	Improve ED CAHPS "Doctors Treat Me with Courtesy & Respect" (stratify by ethnicity)
Diversity & Inclusion	Increase bilingual workforce
	Incorporate DEI behavioral standards into patient-experience training
	Administer Leadership Intercultural Development Inventory (IDI) assessment
	Increase ALTA-certified (interpreters) employees across the organization
Community Partnership	Increase access to and completion of mammography screenings (stratify by ethnicity)
People	Improve Black, Indigenous, and People of Color (BIPOC) employee engagement response rates

Board and Staff Level Education and Trainings: Memorial has continually focused on interpersonal development, intercultural competence, and implementing strategies that will support the ability to attract and retain a diverse workforce. Education and training offerings have included:

- A staff-wide **Cultural Humility** training, with a 98% participation rate.
- Leadership **Intercultural Development Inventory (IDI)** assessment to obtain baseline data and identify gaps.
- **DEI Trainings**
  - Leadership and Director training: "Leading with a Racial Equity Lens for Structural Transformation"
  - New Leader training: three 1-hour trainings (e.g., bias, anti-racism, emotional intelligence)

Staff Engagement

Memorial surveyed staff in early 2022 to collect baseline data by race and ethnicity and to support the creation of a culture of inclusion where everyone feels heard, valued, and respected.

Finally, Memorial joined the Washington State Hospital Association's Equity Collaborative in 2020. This Collaborative uses an "all teach, all learn model," supported by content experts and peer coaches, to assist hospitals in implementing foundational health equity components. Topics have included providing effective language access services, collecting patient self-reported race and ethnicity data, delivering LGBTQ+ affirming care, analytics approaches for detecting disparities, designing health-equity dashboards, screening, and addressing social determinants of health. While learning, Memorial has been honored to share its tools, processes, and experiences.

Priority: Mental Health – Accomplishments

As outlined in the 2019-2021 CHNA, Memorial has implemented comprehensive strategies to ensure access to mental health services, with a particular focus on prevention, early detection, and treatment.

Interventions to Promote Mental Well-Being and Prevent Mental Health Disorders:

To improve child health and development and prevent adverse childhood experiences (ACEs), Memorial operates a Nurse-Family Partnership (NFP) evidence-based home visiting program to first-time, low-income mothers. NFP builds on parents' self-efficacy and strong emotional and physical attachment to their babies. Furthermore, families' economic self-sufficiency is

improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

The program starts early in pregnancy and follows the family through the child's second birthday. In an effort to reduce infant mortality and promote healthy families within tribal communities, NFP has partnered with Ttáwaxt Birth Justice Center to provide many services, including OB and post-partum care, as well as indigenous childbirth education. Nurse Family Partnerships has two nurses dedicated to this collaboration that serves our Native American community members living in and around the Yakama Reservation.

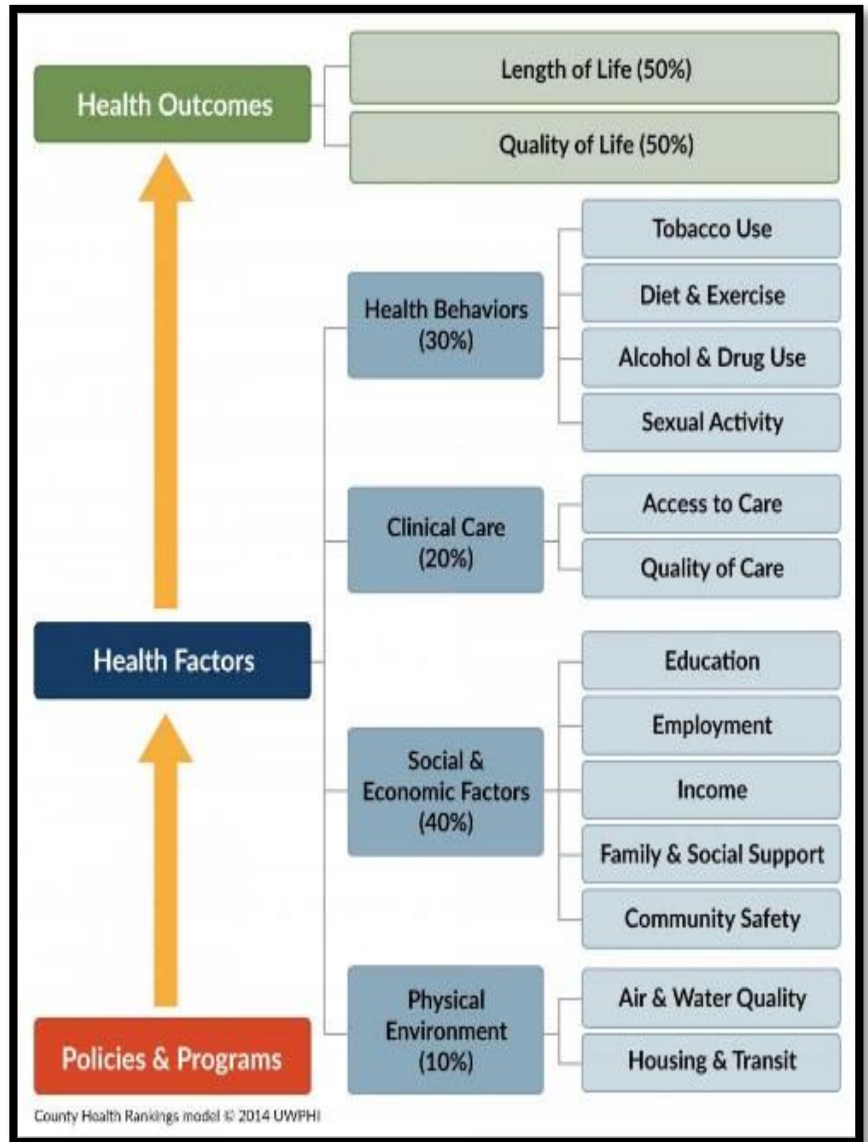
Memorial also provides Perinatal Mental Health support for women experiencing postpartum anxiety and depression, teaching protective factors to prevent ACEs and building awareness of community resources.

Additionally, Memorial provides Holistic Mental Health counseling to patients, families, and caregivers during crisis, trauma, and end-of-life transitions.

Acute Care Psychiatric Services:
Memorial operates an inpatient psychiatric unit for adults with a broad spectrum of mental health concerns, including depression, anxiety, adjustment disorders, ADD/ADHD, and major psychiatric illness. Inpatient services also include psychiatric evaluation, medication management, and treatment of underlying medical conditions. Specific strategies implemented over the last three years include expanding the psychiatric unit bed capacity by 12 beds and opening an exercise room to incorporate evidence-based physical fitness treatment in an acute care setting. Memorial is also committed to ensuring access to mental health services after discharge and has initiated processes to connect 100% of patients to outpatient services.

METHODOLOGY

Exhibit 10: Robert Wood Johnson Foundation's Health Rankings Model



Memorial's 2023-2025 CHNA included a robust, collaborative community convening process to review community needs and discuss priorities. The process included a community engagement survey and listening sessions in which nearly 800 community members, community organizations, and Memorial staff participated in to prioritize service gaps and unmet needs.

A comprehensive review of data from multiple sources was also conducted to ensure a thorough, inclusive understanding of the District's health, health status, and health care gaps and needs.

Robert Wood Johnson Foundation's (RWJ) Health Rankings Model, shown in **Exhibit 10**, was used to organize the work of the Memorial CHNA. This model emphasizes the many factors in population health that, if improved, can help make communities healthier places to live, learn, work, and play. In the Health Rankings Model, the current health of a community is referred to as health outcomes and 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 factors, 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.

There are evidence-based policies and programs that a community can implement to improve health factors and, ultimately, improve its health outcomes.

The RWJ County Health Rankings compares counties within each state on more than 30 factors. Washington's 39 counties are ranked according to a variety of health measures, and counties are ranked relative to the health of other counties in the state. The 2019 and 2022 summary composite scores for Yakima County are identified in **Exhibit 11**. As the exhibit shows, the County ranks in the lower quartile of Washington's 39 counties in both Overall Health Outcomes and Overall Health Factors. Across nearly all categories, the County's ranking decreased between 2019 and 2022; the exception being the Overall Health Factors score, which remained constant—but was already ranked 38 out of the State's 39 counties. The County also ranks 38 out of 39 in terms of both clinical care and social and economic factors.

Exhibit 11: RWJ County Health Rankings, 2019 vs. 2022

	Yakima County		
Composite Scores	**2019**	**2022**	
Overall Health Outcomes	**32**	**36**	⬇
Length of Life	29	36	⬇
Quality of Life	34	35	⬇
Overall Health Factors	**38**	**38**	
Health Behaviors	31	32	⬇
Clinical Care	37	38	⬇
Social & Economic Factors	37	38	⬇
Physical Environment	26	35	⬇

The remaining sections of this CHNA align with the Health Outcomes and Health Factor criteria of the County Health Rankings, providing in-depth data. They also tie closely to the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, *Healthy People 2030.* Healthy People 2030 identifies public health priorities to help individuals, organizations, and communities across the United States improve overall health and well-being.

HEALTH OUTCOMES AND HEALTH STATUS

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 both length and quality of life. Health Outcomes are influenced by many factors, from the quality of medical care received to the availability of good jobs, clean water, and affordable housing. There are significant differences in health outcomes according to where people live, how much money they make, and their race and ethnicity, among other characteristics. As referenced above, of Washington's 39 counties, RWJ's 2022 County Health Rankings Report rates Yakima County as #36 on Health Outcomes. RWJ's Health Outcomes evaluates two types of measures: Length of Life and Quality of Life.

Length of Life

Measuring how long people in a community live demonstrates whether people are dying too early, and it prompts evaluation of what is driving premature deaths. By exploring a county's data related to Length of Life, important indicators about a community's health can be highlighted.

Years of Potential Life Lost (YPLL)

Exhibit 12: Length of Life Measures

Measure	Yakima County				WA
	Total	American Indian	Hispanic/Latino	White	
YPLL	8,400	26,100	6,500	8.700	5,800
Life Expectancy	77.0	63.5	80.8	76.6	80.2

YPLL is a widely-used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people. As identified in **Exhibit 12**, Yakima County has a premature death rate that far exceeds the State (8,400 per 100,000 people under age 75 vs. 5,800 statewide). Importantly, County data also demonstrates significant disparities, with the premature death rate of the American Indian population more three times the County rate. In contrast, the Hispanic/Latino rate is significantly better than the County rate, and better than the County's White population.

Life Expectancy

Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy calculations are based on the number of deaths in a given time period and the

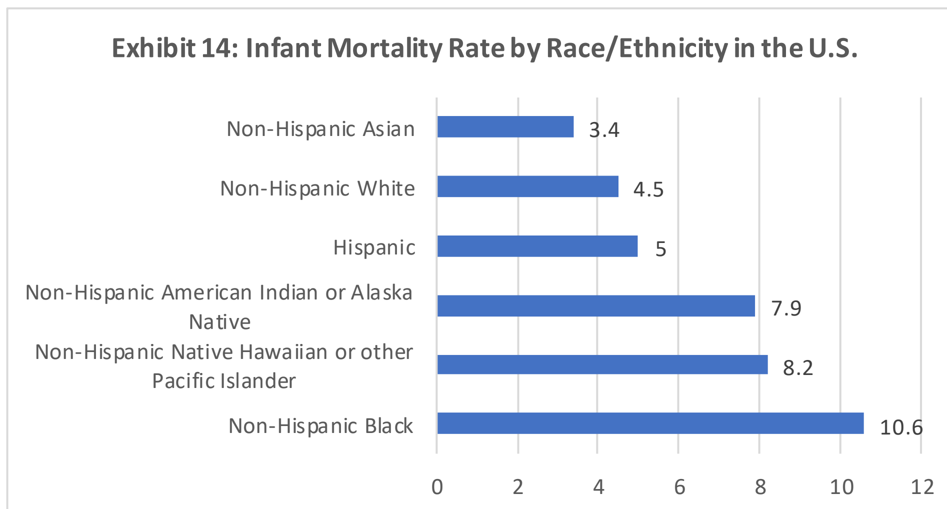
average number of people at risk of dying during that period, allowing comparison across counties with different population sizes. Life expectancy in Yakima County is 77 years versus 80 years for the State average. Similar to the premature death data, the American Indian population fares far worse on this measure than other races/ethnicities, with an average life expectancy of only 63.5. The Hispanic/Latino population fares better than the County average, with a life expectancy of 80.8 years.

Infant Mortality

Infant mortality measures the health of a vulnerable age group and measures the number of deaths among children less than one year of age per 1,000 live births. While the infant mortality rate has decreased in Washington State since 2012, as identified in **Exhibit 13**, it has remained relatively flat in Yakima County, and in 2020, the infant mortality rate is higher in Yakima County (5.33 per 1,000) than in the State (4.31 per 1,000). While small numbers can make it challenging to examine infant mortality rates by race and ethnicity at the county level, data from the Centers for Disease Control (**Exhibit 14**) shows significant differences in rates by race and ethnicity across the nation, with the Non-Hispanic (NH) American Indian/Alaska Native, NH Native Hawaiian or other Pacific Islander, and NH Black populations having significantly higher rates of infant mortality. Data in the *2017 Infant Morality Reduction Report* by the Washington State Department of Health supported these findings, reporting that in Washington State, "*Babies who are NH Black/African American, NH American Indian/Alaska Native, or NH Native Hawaiian and Other Pacific Islander are twice as likely to die before their first birthday as NH White and NH Asian babies.*"

Exhibit 13: Infant Mortality Rates (per 1,000 live births), by Year

	2012	2014	2016	2018	2020
Yakima County	5.34	4.59	4.57	5.42	5.33
Washington State	5.06	4.54	4.31	4.69	4.31



Quality of Life

In addition to measuring how long people live, it is important to also include measures that consider how *well* people live. Quality of Life refers to how healthy people feel while alive. It represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Leading causes of death are widely used as an indicator of a population's overall health status or quality of life. Ranking causes of death in a community is a useful tool for illustrating the relative burden of cause-specific mortality. Analysis of mortality by cause is essential for the development of prevention strategies. As identified in **Exhibit 15**, for the four leading causes of death in Yakima County, the death rate is significantly higher than in Washington State. The cardiovascular disease death rate in the County is nearly 70% higher than Washington's rate, and the cancer rate is 12% higher. Risks for each of these diseases can be reduced through controlling key risk factors (including smoking, obesity, lack of exercise). Importantly, the COVID-19 death rate in Yakima County is more than three times higher than the State rate.

Exhibit 15: Leading Causes of Death in Yakima County, Age-Adjusted Death Rate Per 100,000 (2020)

	Yakima County	Washington
Cardiovascular Disease	222.0	131.3
Cancer	152.0	135.7
COVID-19	109.2	35.8
Accidents	69.7	51.4
Alzheimer's Disease	40.5	41.7
Chronic Lower Respiratory Disease	33.8	28.9
Cerebrovascular Disease	25.2	33.9
Diabetes Mellitus	19.6	22.2
Chronic Liver Disease and Cirrhosis	19.2	28.9
Suicide	16.6	15.4

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

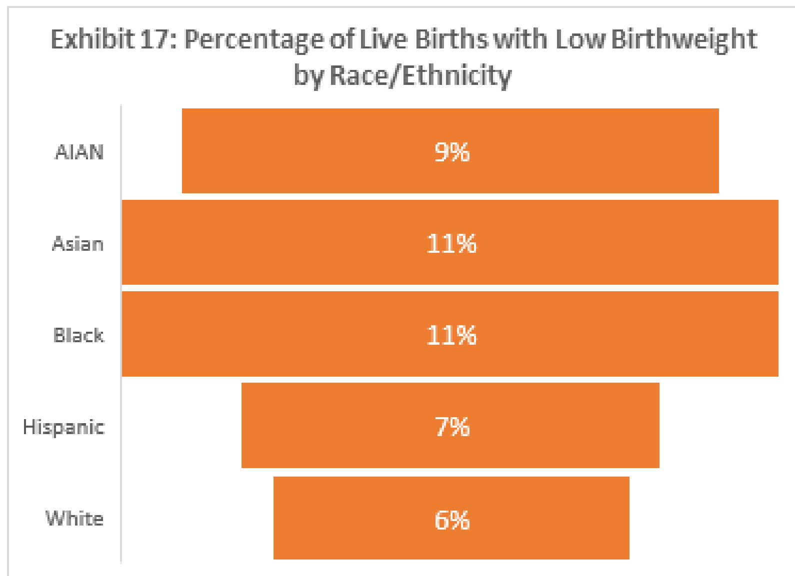
Exhibit 16: Quality of Life Measures

Measure	Yakima County	WA
% Adults Reporting Fair or Poor Health	26%	16%
# of Poor Physical Health Days Reported (last 30 days)	4.9	3.9
% Adults Reporting Frequent Physical Distress (14 or more days of poor physical health per month)	16%	12%
# of Poor Mental Health Days Reported (last 30 days)	4.6	4.4
Low Birthweight (% of live births)	7%	7%

RWJ's County Health Rankings Quality of Life measures include adults self-reporting fair or poor health (age-adjusted), average number of physically unhealthy and poor mental days reported in past 30 days (age-adjusted), and frequent physical distress (percent of people reporting 14 or more poor physical health days per month). It also reports low birthweight. As seen in **Exhibit 16**, across all these quality-of-

life measures, with the exception of low birthweight, Yakima County fares worse than the State, with 26% reporting fair or poor health in Yakima County versus 16% in the State, and 16% reporting frequent physical distress in the County compared to 12% Statewide.

Low birthweight is used to assess maternal health, nutrition, healthcare delivery, and poverty. Infants born with low birthweight have approximately 20 times greater chance of dying than those with normal birthweight, and those infants who survive may face adverse health outcomes such as impaired language development and chronic conditions (e.g., obesity, diabetes, cardiovascular disease) during adulthood. While Yakima County's overall low birthweight percentage is in-line with Washington (**Exhibit 16**), data in **Exhibit 17** demonstrates racial/ethnic disparities, with higher percentages of low-birthweight babies among the American Indian/Alaska Native, Asian, Black, and Hispanic/Latino population than the White population.



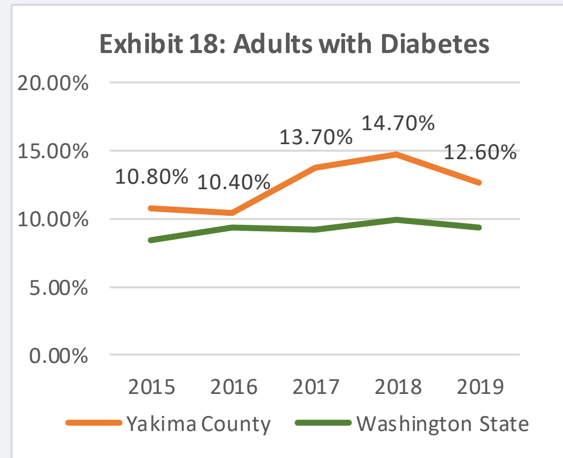
Health Risk Factors

Risk factors are causal determinants of increased rates of disease. Lifestyle including diet, eating well, and exercising, can help people avoid certain diseases, but when unhealthy choices are made, diabetes and obesity often result, and they are both significant risk factors for developing other chronic conditions.

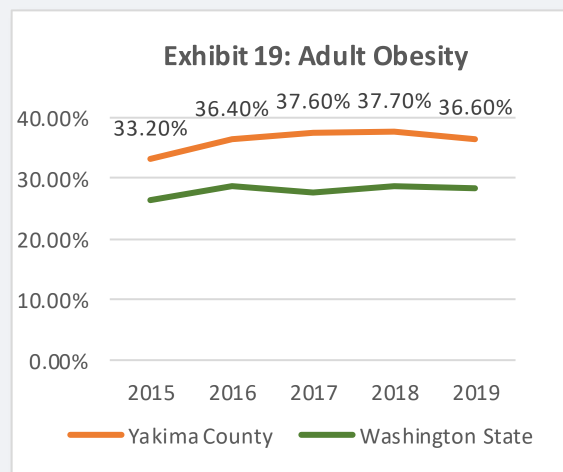
Diabetes, which as shown in **Exhibit 15** above**,** is the 8th leading cause of death in the County, and it can lower overall life expectancy by up to 15 years. Specifically relevant to Yakima County, where heart disease is the top cause of death, diabetes increases the risk of heart disease by 2 to 4 times.

In Yakima County, the percentage of adults who have been diagnosed with diabetes (12.6%) has decreased since 2018, but it is still 25% above the State rate of 9.4% (**Exhibit 18**). Racial and ethnic differences exist, with the White population having the highest percentage of diabetes at 14.1%, as compared to 11.12% for the American Indian/Alaskan Native (AI/AN) population, and 10.5% for the Hispanic/Latino population.

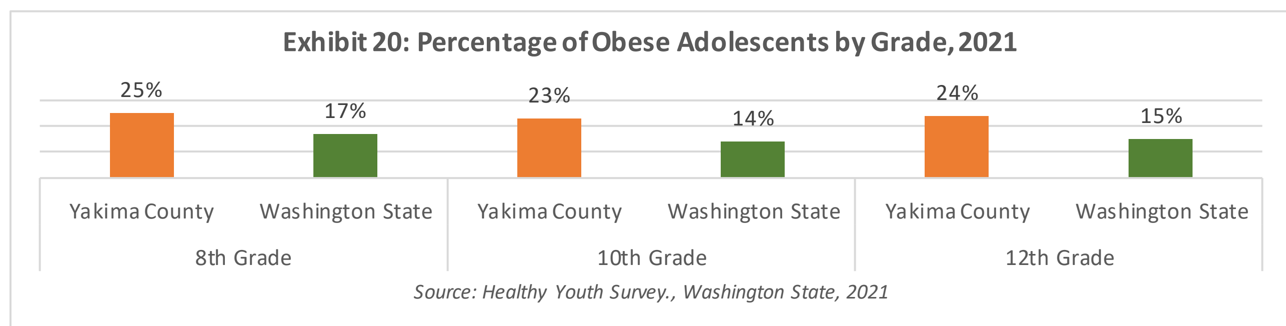
As noted earlier, **obesity** also increases the risk for heart disease. In addition, it increases the risk of type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, and other chronic conditions.



Adult obesity is defined as the percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30. The rate of obesity in the County and the State has remained relatively flat over the last several years, with Yakima County consistently having significantly higher rates of obesity (36.6%) than the State at large (**Exhibit 19**). While the numbers were too small to report significant results for most racial/ethnic populations, the data does demonstrate that the Hispanic/Latino population has higher rates of obesity (38.4%) than the White population (32.7%).



Childhood obesity is also a significant risk factor. Not only are children who are obese more likely to become obese adults, they are also at greater risk of multiple serious medical conditions in childhood, including high blood pressure, high cholesterol, breathing problems, psychological stress, and low self-esteem. If children are obese, obesity and disease risk factors in adulthood are also likely to be more severe. The percentage of obese adolescents in Yakima County is 60% higher than in Washington (**Exhibit 20**).



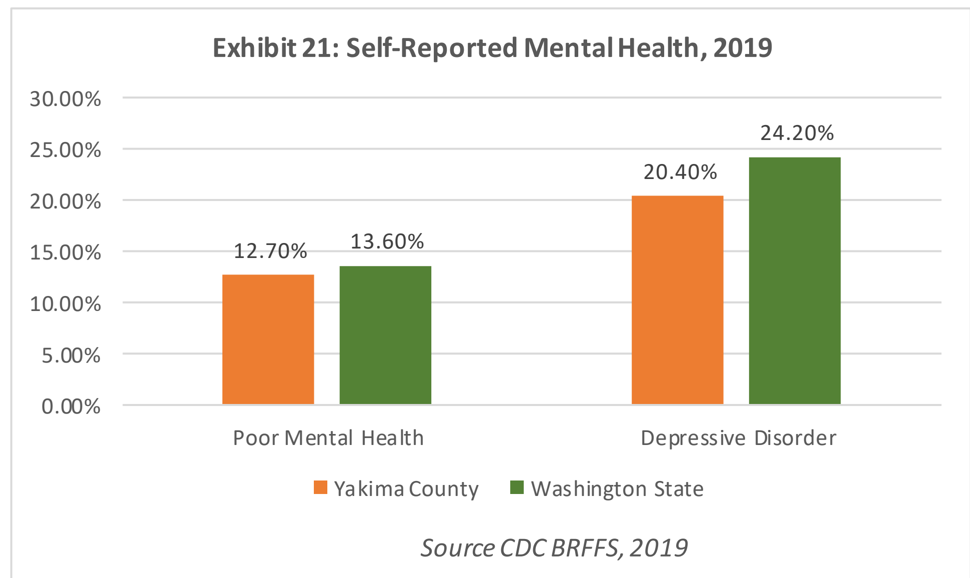
Source: Healthy Youth Survey., Washington State, 2021

Mental Health

Healthy People 2030 reports that about half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives aim to improve the health and quality of life for people affected by these conditions, recognizing that only half of all people with mental health disorders get the diagnosis and treatment they need.

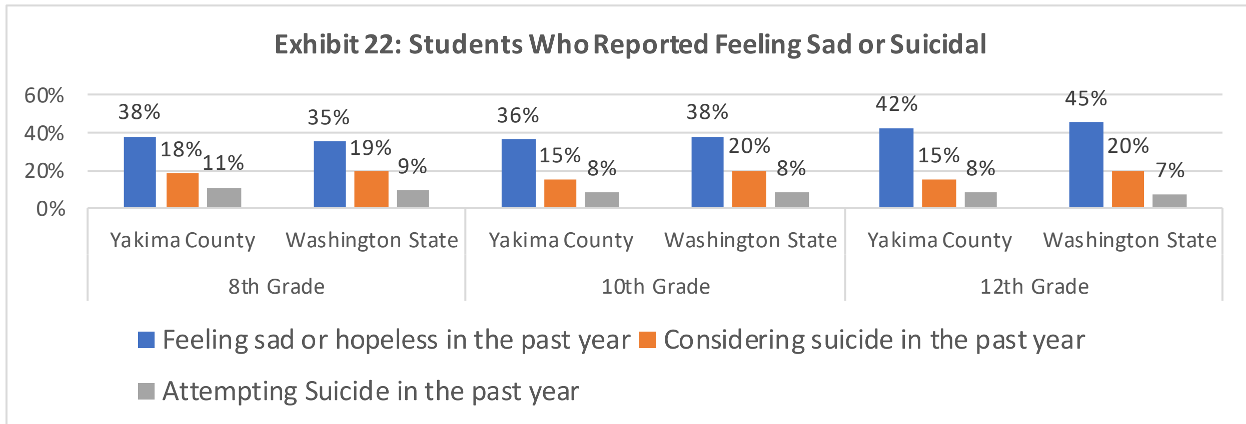
Mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get mental health treatment.

In Yakima County, 1 in 5 adults report being diagnosed with a depressive disorder, a rate 25% better than the State (**Exhibit 21**). Almost 13% of adults in the County report having poor mental health, as compared to almost 14% Statewide.



In terms of the average number of mentally unhealthy days reported by adults in the past 30 days, Yakima County is in line with the State; Yakima County's average is 4.6, compared to the State's 4.4. For frequent mental distress, the percentage of adults reporting 14 or more days of poor mental health per month, Yakima County also is closely aligned with the State's numbers; Yakima County's average is 15%, compared to the State average of 14%.

The data presented in **Exhibit 22** notes a higher percentage of 8th graders in Yakima County (38%) report feeling sad or hopeless in the last year than those reported statewide (35%), but by 12th grade, the State percentage is higher at 45%, compared to 42% in Yakima County. While more 12th grade students reported considering suicide in the past year in the State than in Yakima County, the percentage of reported suicide attempts were similar (8% in Yakima County, compared to 7% in the State).



The percentage of students who reported feeling anxious and unable to stop or control worrying in the past two weeks is higher in Washington (74% of 12th grade students) than in Yakima County, but even in Yakima County, over two-thirds of students in the 12th grade report this feeling. Importantly, almost half of students in Yakima County report that they have no adult to turn to when they feel sad or hopeless.

SOCIAL AND ECONOMIC FACTORS

Social and economic factors, including income, education, employment, community safety, and social supports, can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more. The social and economic opportunities we have, such as good schools, stable jobs, and strong social networks, are foundational to achieving long and healthy lives. For example, employment provides income that shapes choices about housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion a household in times of economic distress.

Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have an even greater impact on health over time than those traditionally associated with health improvement, such as strategies to improve health behaviors.

Across the nation, there are meaningful differences in social and economic opportunities for residents in communities that have been cut off from investments or have experienced discrimination. These gaps disproportionately affect people of color—especially children and youth.

Income and Poverty

While steadily increasing, the median income for Yakima County residents aged sixteen and older remains nearly 40% lower than that of the State (**Exhibit 23**).

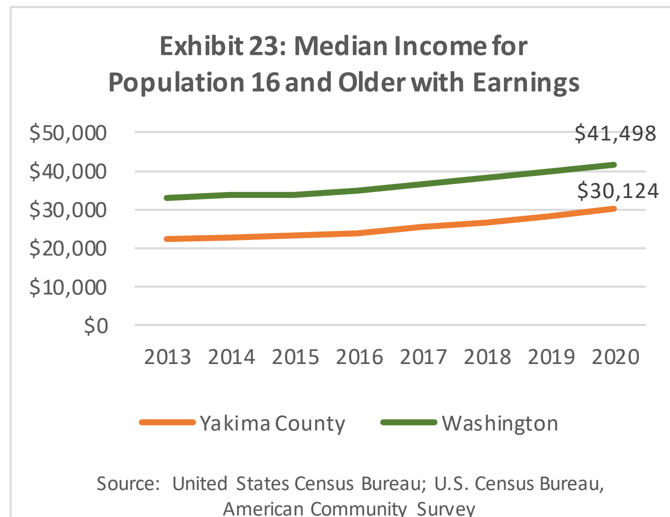
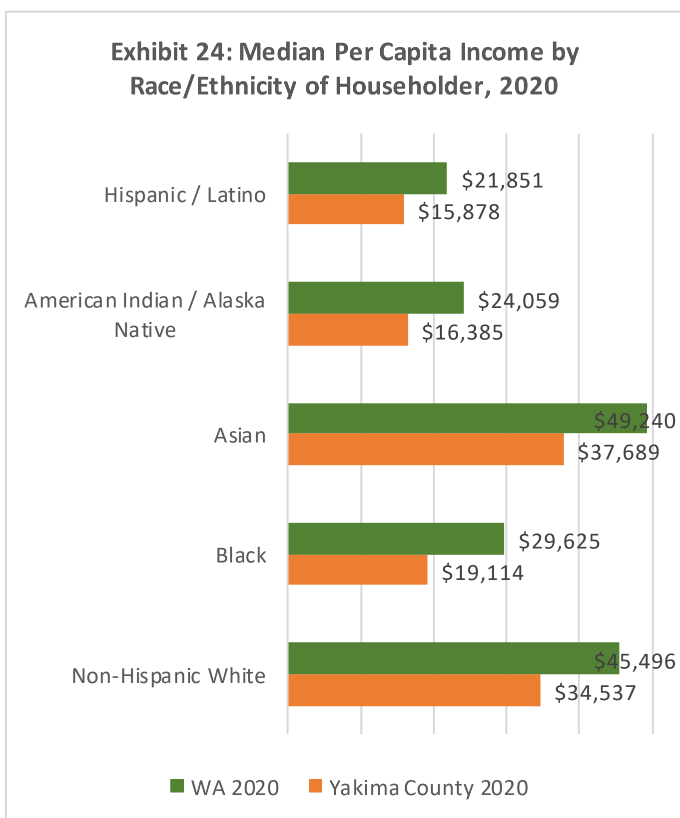


Exhibit 24 additionally demonstrates the significant racial and ethnic disparities in income levels that exist between the County and the State. The 2020 median per capita income for the American Indian/Alaska Native population ($16,385) and the Hispanic/Latino population ($15,878) is less than half that of the income for the Non-Hispanic White population ($34,537) in Yakima County. These disparities are significant because individuals with lower incomes have less money to spend taking care of themselves and their families, affecting such decisions as paying for visits to the doctor, medicine, or purchasing healthy food.

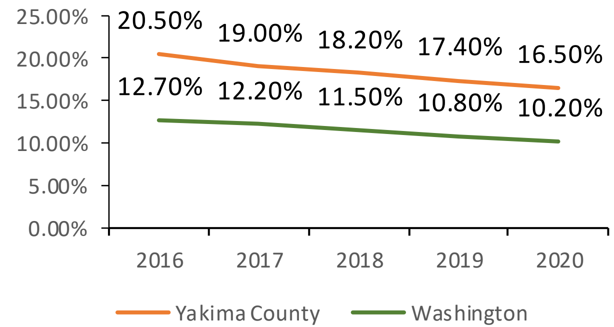


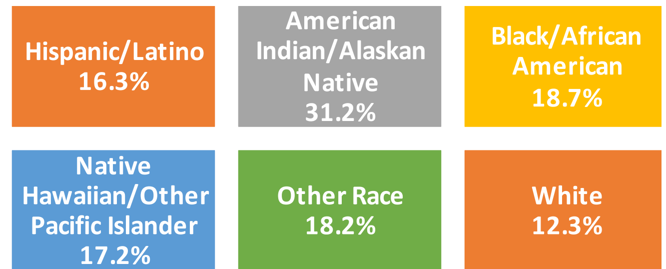
Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. A 1990 study found that if poverty were considered a cause of death in the U.S., it would rank among the top 10 causes.

Many of Memorial's most vulnerable families live in multigenerational housing, often with more than one family living in each household. Many of these families face challenges in accessing health care and are forced to make decisions between paying rent or buying their prescriptions.

While the percentage of persons living below the Federal Poverty Level (FPL) has been decreasing, as identified in **Exhibit 25**, Yakima County continues to have a significantly higher percentage of individuals living in poverty (16.5%) than the State (10.2%).

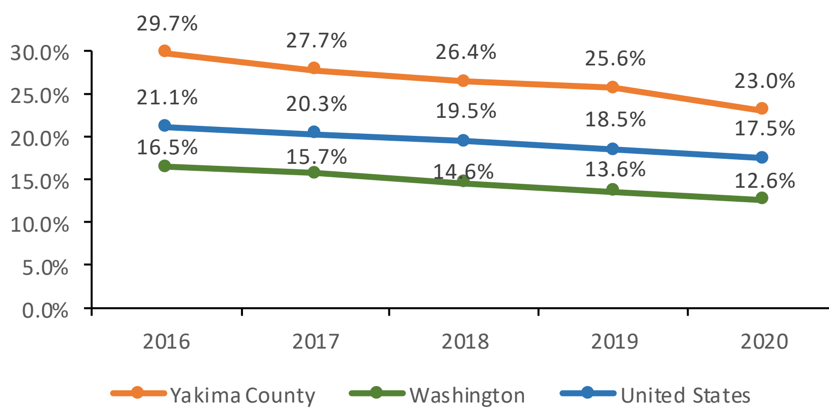
Racial and ethnic disparities also exist, with the percentage of American Indian/Alaskan Native population in poverty almost double the County percentage and the Hispanic/Latino population 25% higher than the White population.





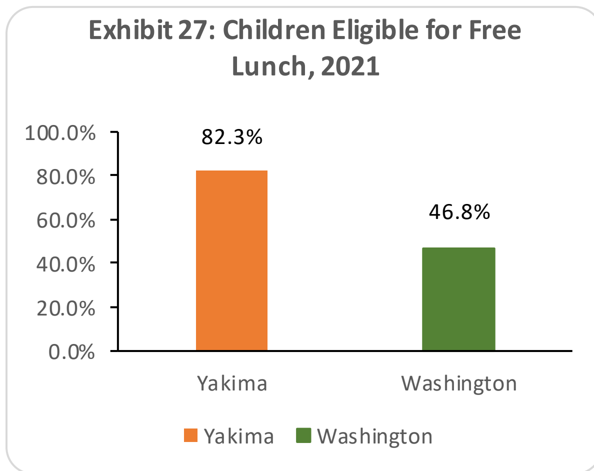
Importantly, nearly half of households in Yakima County are identified as ALICE households (46%), compared to 33% Statewide, providing Yakima County a ranking of 35th out of the 39 Washington counties. ALICE is an acronym for households of people who are Asset Limited, Income Constrained, and Employed. These households earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the County. Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs.

The percentage of children under the age of 18 living in poverty is also significantly higher in Yakima County than in Washington State as a whole (23% compared to 12.6%); a difference of 82% (**Exhibit 26**). While negative health effects resulting from poverty are present at all ages, children living in poverty experience greater morbidity and mortality than adults due to increased risk of accidental injury and lack of health care access.



Another measure of children living in poverty is the percentage of children under the age of 18 living in households receiving public assistance income. Public assistance income includes Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits. In Yakima County, nearly 40% of children

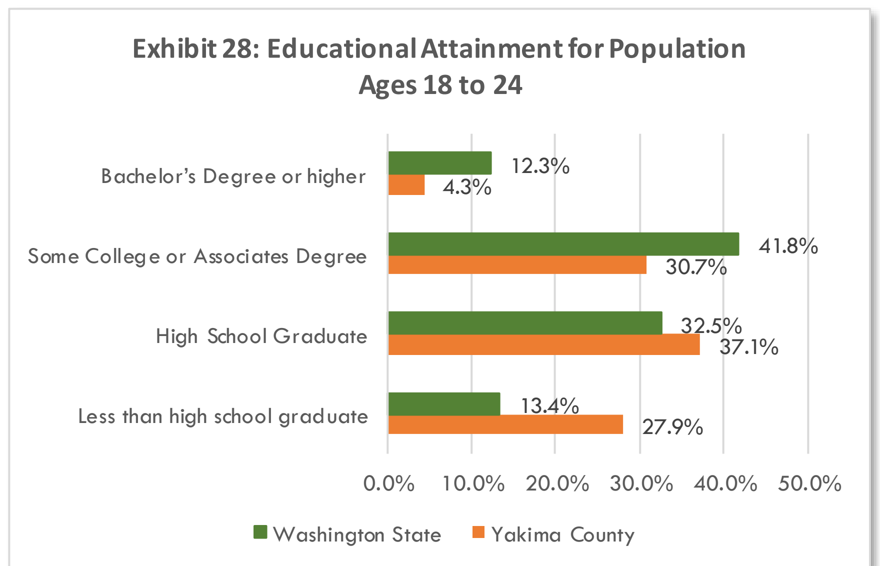
under 18 are living in households receiving public assistance. This compares to just over 20% of households in Washington.



Identifying the percentage of children enrolled in public schools who are eligible for free lunch is another measure of the number of children who are more likely to have health access, health status, and social support needs in a community. As identified in **Exhibit 27**, data from the Washington State Office of the Superintendent of Public Instruction demonstrates that in 2021, the proportion of children eligible for free school lunch in Yakima County was 82.3%, compared with 46.8% for all of Washington State.

Education

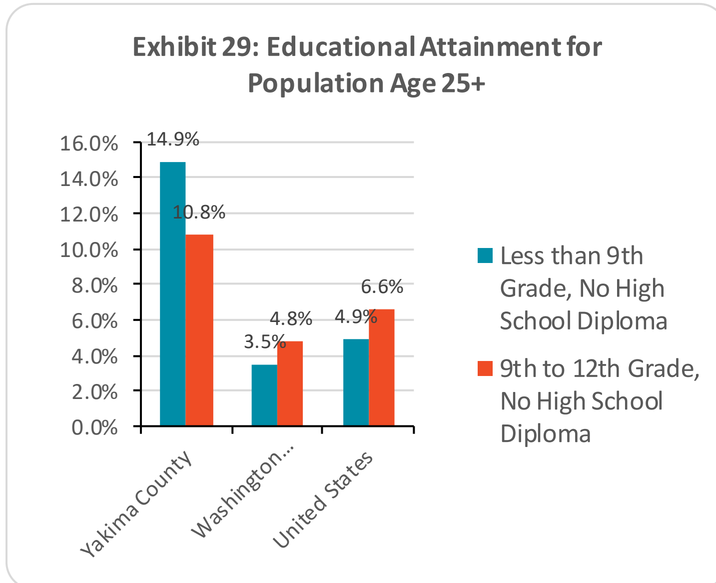
Education is a key factor supporting child and youth development, skill-building for future jobs and/or secondary education, and for supporting adults in job training or career development. Poverty in early life can negatively impact educational outcomes. Higher educational attainment is linked to higher future income. Individuals who have not earned a high school diploma have a median income 25% less than those who have graduated high school, half that of those with a college degree, and two-thirds less than those with a graduate or professional degree. Not only does one's education level affect their health, but education can have multigenerational implications that also make it an important measure for the health of future generations.



Research also suggests education is one the strongest predictors of health.

Exhibit 28 shows 65% of Yakima County's 18-24 population have a high school diploma or less. This percentage is higher than State and national percentages (46% and 44% respectively).

Exhibit 29 demonstrates that educational attainment for those 25 and older is significantly less than State and national percentages as well. Twenty-nine percent of the population 25 and older in Yakima County do not have a high school diploma, with 14.9% of those having less than a 9th grade education.

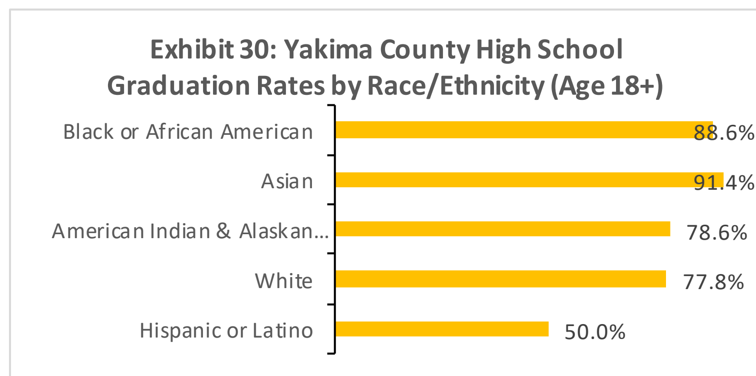


Ethnic and racial disparities in graduation rates can be due to many factors, including structural inequality, systemic racism, and implicit bias.

Exhibit 30 identifies some significant disparities in Yakima County, with only a 50% graduation rate for the Hispanic/Latino 18 and older population as compared to graduation rates of 78% and above for the White population and other identified races/ethnicities.

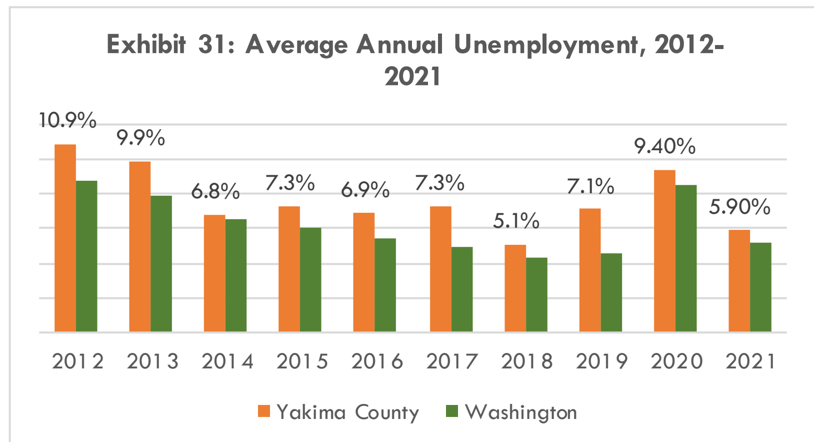
We also know that educational attainment impacts health literacy. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/ context



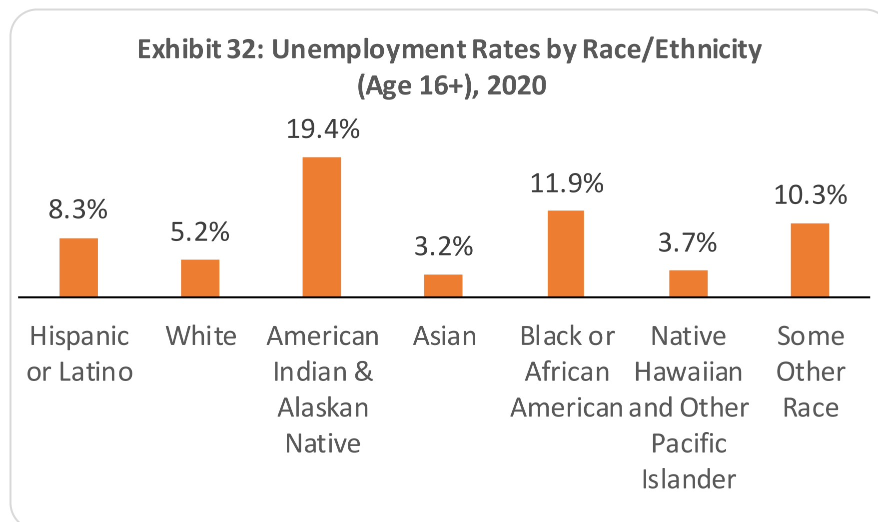
Health literacy affects a person's ability to navigate the health care system, share personal information with providers, and engage in self-care and chronic-disease management. National data shows that 49% of those who have not graduated from high school have a below basic understanding of health literacy, 27% have a basic understanding, 23% have an intermediate understanding, and only 1% have a proficient understanding.

Unemployment

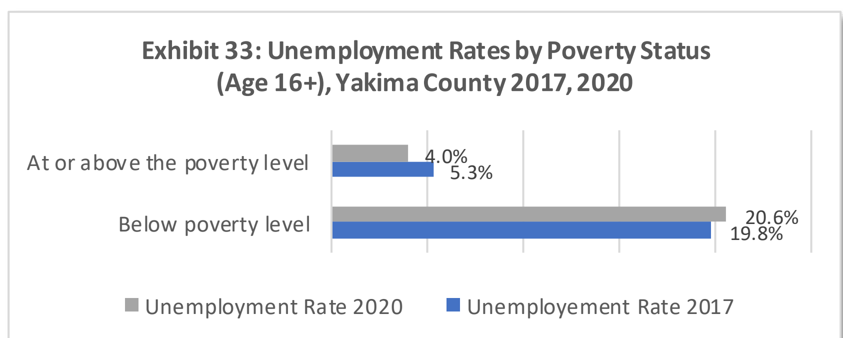


A steady job in safe working conditions means more than simply a paycheck—employment can also provide numerous benefits critical to maintaining proper health. On the other side, job loss and unemployment are associated with a variety of negative health effects. Unemployment has been linked to poor health and stress-related conditions such as stroke, heart attack, heart disease, or arthritis.

People who are unemployed are more likely than employed persons to be diagnosed with depression and report feelings of sadness and worry. These feelings often manifest themselves in unhealthy coping behaviors such as smoking, alcohol use, and drug use. **Exhibit 31** demonstrates that Yakima County has consistently had higher unemployment rates than the State. With a significant increase in unemployment rates in 2020 due to the COVID-19 pandemic, Yakima County's unemployment rate fell to under 6% in 2021. Unemployment creates financial instability and poses barriers to health access including insurance coverage, health services, healthy food, and other necessities that contribute to overall health status.



As demonstrated in **Exhibit 32,** Yakima County's unemployment rates by race/ethnicity show significant disparities, and the American Indian/Alaskan Native



population has the highest unemployment rate (19.4%). Higher rates also exist in the Hispanic/Latino (8.3%), Black/African American (11.9%), and Other Races (10.3%) populations. The County unemployment rates by poverty status for those age sixteen and older in 2017 and 2020 (**Exhibit 33**) also show significantly higher unemployment rates for those below the Federal Poverty Level (20.6% compared to 4.0% for those at or above the FPL).

Housing and Homelessness

Housing Adequacy and Affordability

Households experiencing housing cost burdens have to face difficult trade-offs in meeting basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.

Good health also depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality or inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development.

Exhibit 34: Housing Affordability

Housing Cost Burdened Households:
Yakima County: 43.8%
Washington State: 47.7%

Severe Housing Cost-Burdened Households:
Yakima County: 13%
Washington State: 13%

Severe Housing Problems
Yakima County: 20%
Washington State: 17%

Housing cost-burdened households are those that spend 30% or more of their household income on housing. In Yakima County, nearly 44% of renters classify as cost-burdened households, slightly less than the State number (**Exhibit 34**).

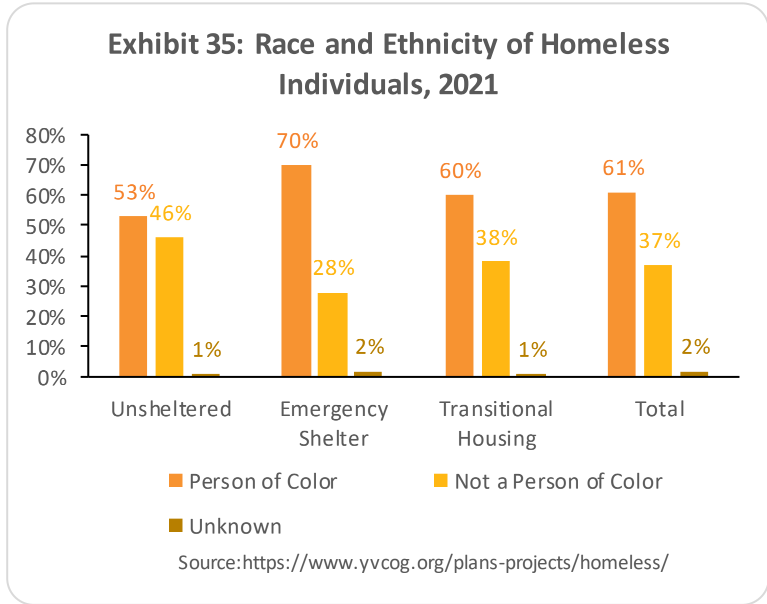
Severe housing cost-burdened households are those households that spend more than 50% of their household income on housing. The rates of these cost-burdened households in Yakima County and Washington State as a whole are both at 13%.

Severe housing problems refers to the percentage of households that have at least one of four main housing problems in their living situation (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities). One in five households in Yakima County face severe housing problems.

Homelessness

The health of a community can be measured simply by the well-being of the least stable members of the population. Long-term homelessness cuts an average of 20 years off the lifespan of a person. It also reduces productivity and increases the stress of the community. In short, homelessness exacts cost on everyone—those with shelter and those without.

In the 2021 Point in Time Homeless Survey, Yakima County's homeless count totaled 663, including 261 unsheltered individuals, 253 living in emergency shelters, and 149 in transitional housing. This is a 52% increase since 2019. Importantly, the largest increase (142%) was in the number of unsheltered individuals. Racial and ethnic disparities are evident, with persons of color making up 61% of homeless individuals in Yakima County (**Exhibit 35**).



Childcare

When childcare is affordable and accessible, it can increase opportunities for parents or guardians to pursue further education or participate in paid work to earn income, and in some cases, gain health care and retirement benefits to support their families. When much of a paycheck goes toward childcare expenses, households face difficult trade-offs in meeting other basic needs such as paying rent or mortgage, affording doctor visits, healthy foods, utility bills, and reliable transportation to work or school. Research has shown that, in addition to supporting economic security for families, access to high-quality childcare contributes positively to a child's health and development and can provide lifelong benefits, especially for children from low-income or socially-marginalized households.

Even before the pandemic, Washington's childcare sector was struggling. The Center for American Progress reported that Washington had the 6th highest share of people living in childcare deserts in the U.S., with much of Yakima County meeting the criteria to be considered a childcare desert (meaning that demand for childcare far outweighed the licensed childcare spots available). According to the State, in 2019, the system only had the capacity to support 17% of children under age 13.

Since the pandemic, many childcare providers have reported being required to shut down and losing money every day they were open. Close to 40 childcare providers in Yakima County have permanently closed since the beginning of the pandemic, further diminishing childcare capacity.

RWJ County Health Rankings measures the Child Care Cost Burden (childcare costs for a household with two children as a percent of median household income) and Child Care Centers (the number of childcare centers per 1,000 population under age 5). As shown in **Exhibit 36**, Yakima County is faring in-line with the State in terms of childcare cost burden and the number of centers available to the population under five. Importantly, however, the data confirms that Washington overall is faring worse than many states.

Exhibit 36: Child Care Indicators, 2021

	Yakima County	Washington	Top U.S. Performers
Child Care Centers	5	5	12
Child Care Cost Burden	25%	27%	18%

Source: RWJ County Health Rankings

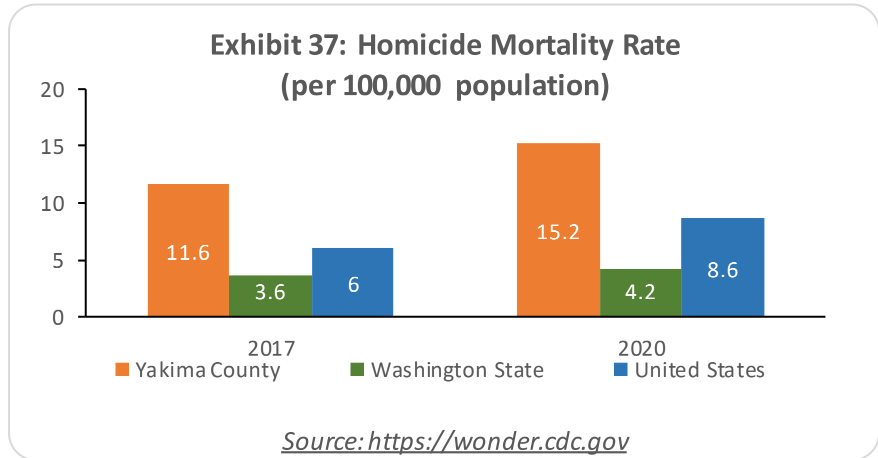
Safety, Crime, and Violence

High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders.

Homicides

The homicide mortality rate in the County is significantly higher than Washington's rate and increased by 30% between 2017 and 2020 (**Exhibit 37**).

Domestic Violence

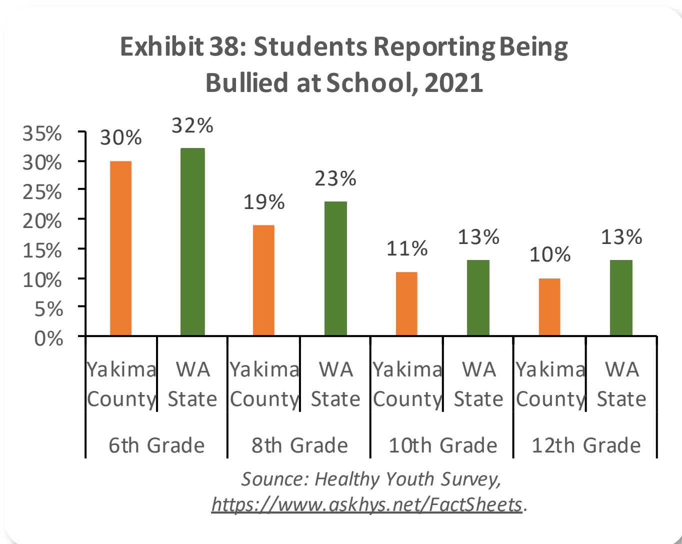


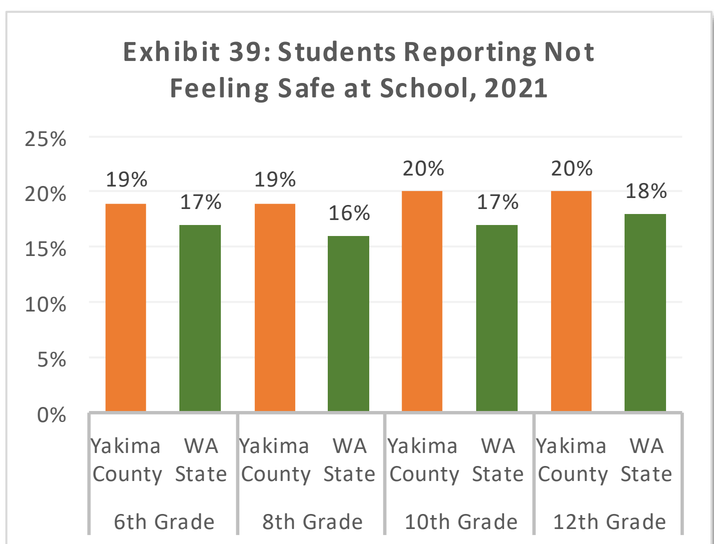
Domestic violence (also called intimate partner violence [IPV), domestic abuse, or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. In Yakima County, 10% of all reported offenses were domestic violence, as compared to a rate of 14% in Washington State.

Safety and Violent Behavior Among Youth

Bullying can lead to physical injury, social problems, emotional problems, and even death. Children and adolescents who are bullied are at increased risk for mental health problems, including depression, anxiety, headaches, and problems adjusting to school. Bullying also can cause long-term damage to self-esteem. Feeling safe is a basic and fundamentally important need. It is widely recognized that when students—or adults—do not feel safe, it undermines learning, teaching, and healthy development. Historically, schools have paid attention to students' physical safety and less attention to their social and emotional safety.

The number of students reporting being bullied in Yakima County is significantly higher in the younger grades (30% in 6th grade, compared to 10% in 12th), and is slightly lower than the State percentages (**Exhibit 38**). However, this is not the case for students reporting that they do not





feel safe. This percentage ranges from 19-20% across all grades and is higher than the State range of 16-18% (**Exhibit 39**).

Transportation

Each year, 3.6 million people in the U.S. fail to obtain medical care due to transportation issues. Transportation issues include lack of vehicle access, inadequate infrastructure, long distances and lengthy times to reach needed services, transportation costs and adverse policies that affect travel. These issues may result not only in missed or delayed health care appointments but also increased health expenditures and overall poorer health outcomes. In Yakima County, approximately 6% of residents report needing to delay medical care due to not having transportation in the past year. This compares to 4% statewide.

As identified in the Community Convening Section below, access to support services (including transportation) was identified in the Community Survey as one of the key factors to improving the health and quality of life in Yakima County. Similarly, the Listening Sessions held to identifying the greatest gaps, disparities, and unmet health care needs in Yakima County identified transportation as a key gap.

To further understand transportation needs and gaps, Memorial reviewed other regional CHNAs, including Astria Health's 2021 Assessment. The community, during convening, in both the Toppenish and Sunnyside service areas noted that *"Transportation and transit to health care, food sources, and other services is an unidentified, high need for the community"*. In addition, in 2019, the Northwest Community Action Center and the Opportunities Industrialization Center of Washington (OIC) produced a Community Needs Assessment (CNA) for Yakima County. Both organizations are Community Action Agencies (CAAs), explicitly designated by the Washington State Department of Commerce. to combat poverty in geographically designated areas. In their CNA they noted that Yakima County has limited public transit service.

The only cities that have public (sales tax) funded transit service are Yakima, Selah, and Union Gap, of which only Yakima Transit receives state or federal transit funding. The Yakama Nation operates Pahto Public Passage, through a competitive federal tribal transportation grant, provides a free tribal transit service for community members on the Yakama Reservation. People For People operates the Community Connector that provides service connections between Yakima and Prosser (in Benton County). The finding is that while the connectivity of services enables users to access greater areas in the county, riders may be required to transfer between multiple transit services that may extend trip times and limit actual appointment or activity windows. The increased time to travel to care, even within the County, is a barrier impacts access and potentially outcomes.

HEALTH BEHAVIORS

Health behaviors are actions individuals take that affect their health. These 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.

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. 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 affect their health. These 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.

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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.

Exhibit 40 identifies the Robert Wood Johnson Foundation's County Health Rankings data on key measures specific to physical activity and nutrition in Yakima County and Washington State.

The County Health Rankings **Food Environment Index** includes factors that contribute to a healthy food environment (proximity to healthy foods and income), from 0 (worst) to 10 (best). ***Yakima County's Index is slightly lower than Washington as a whole.***

The **Physical Inactivity** measure reflects the percentage of adults age 18 and over reporting no leisure-time physical activity. ***Significantly more Yakima County adults report physical inactivity than in Washington. Importantly, the percentage of the Hispanic/Latino population in Yakima County that reports no leisure-time activity is 56% higher than that of the White population.***

The **Access to Exercise Opportunities** measures the percentage of individuals in a county who live reasonably close to a location for physical activity. ***Yakima County residents have less access to exercise opportunities as compared to residents across the State.***

Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. ***More Yakima County residents suffer from food insecurity as compared to the State.***

Diet and Exercise

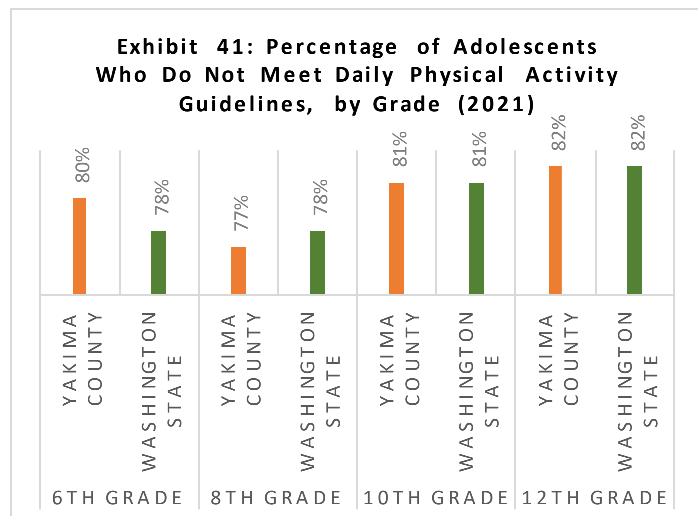
Balanced nutrition and physical activity are essential for health, yet nationally only one-third of adults engage in the recommended amount of weekly physical activity, and many American diets exceed calorie recommendations while being insufficient in servings of fruits and vegetables.

Poor nutrition can hinder growth and development, while excessive calorie consumption can lead to obesity, especially when paired with too little physical activity. Inadequate physical activity also contributes to increased risk of conditions such as coronary heart disease, diabetes, and some cancers.

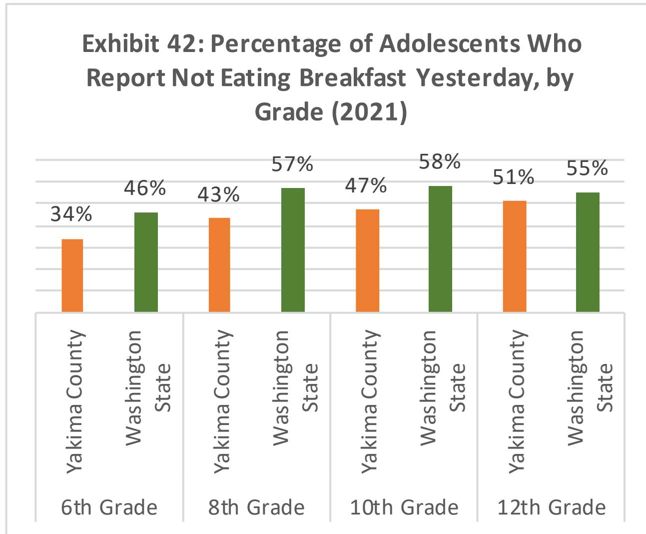
Exhibit 40: 2022 County Health Rankings Physical Activity and Nutrition Measures, 2021		
	Yakima	WA
Food environment index	7.9	8.3
Physical inactivity	29%	19%
Access to exercise opportunities	63%	79%
Food insecurity	12%	10%

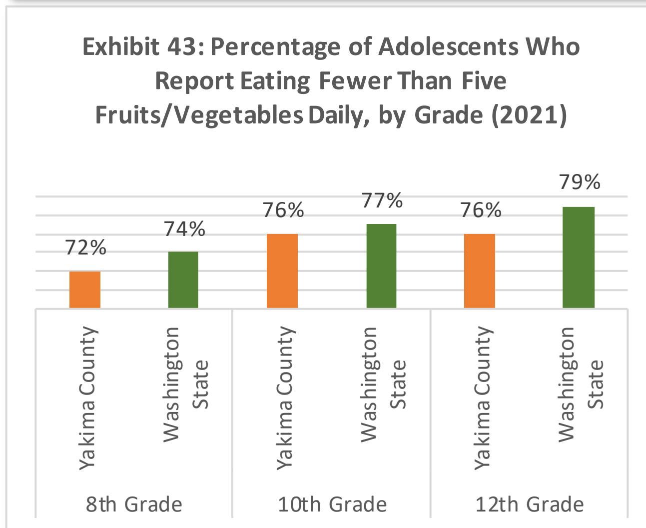
When performed routinely, exercise has been shown to lower symptoms of depression, reduce risk of chronic disease and premature death, and delay age-related cognitive decline. Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.

According to the Centers for Disease Control (CDC), approximately 76% of high school students in the U.S. do not meet the CDC's recommended physical activity levels. Current physical activity guidelines recommend children and adolescents should do 60 minutes or more of physical activity per day. The guidelines suggest a mix of aerobic and muscle and bone strengthening activities throughout the week for optimum health. As identified in **Exhibit 41**, the majority of Yakima County and Washington high school students do not meet the recommend physical activity guidelines, with over 80% of both 10th and 12th grade students not meeting these guidelines.



While slightly better than State rates, over half of Yakima students in the 12th grade reported they "did not eat breakfast yesterday" (**Exhibit 42**), and nearly 80% reported eating less than the recommended five servings of fruits and vegetables (**Exhibit 43**).





Tobacco Use

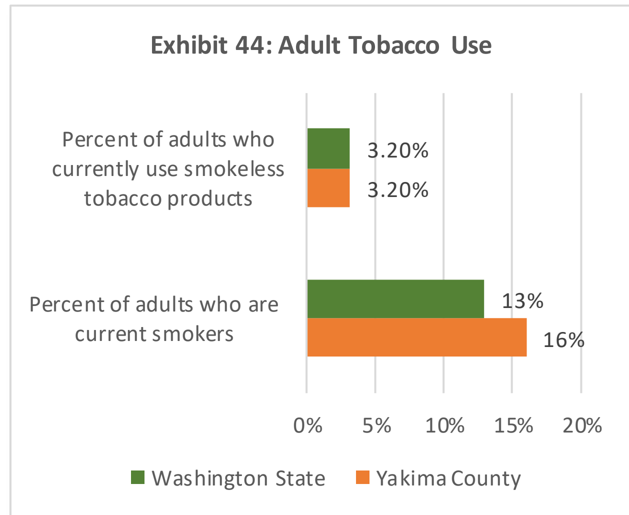
Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. In addition, smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss.

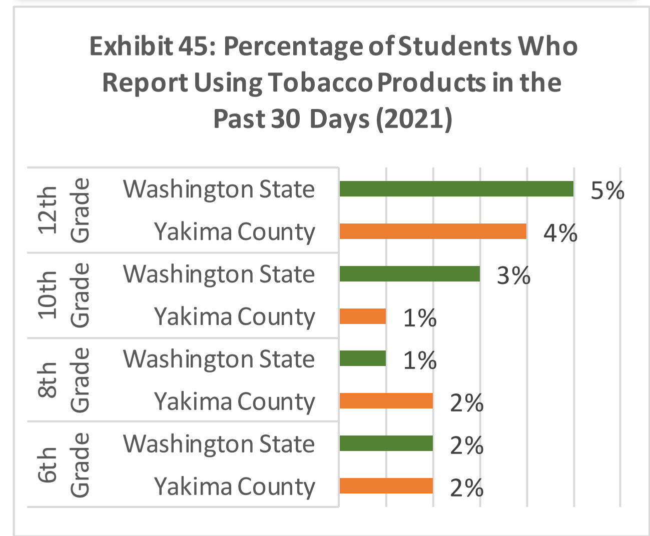
As identified in **Exhibit 44**, in Yakima County, the percent of adults who are current smokers (16%) is higher than in the State overall. The percent of adults who currently use smokeless tobacco products is in line with State percentages.

According to the CDC, each day in the United States, over 3,800 young people under 18 years of age smoke their first cigarette, and over 1,000 youth under age 18 become daily cigarette smokers. The vast majority of Americans who begin daily smoking during adolescence are addicted to nicotine by young adulthood. The emergence of electronic cigarettes has garnered attention as a means to recruit new users to nicotine products, with a particular attention on young people, through the marketing of candy-flavored devices. E-cigarettes are devices that heat a liquid into an aerosol that the user inhales. The liquid usually has nicotine, flavoring, and other harmful ingredients in it. No matter how it's delivered, nicotine is harmful, especially for youth and young adults.

As identified in **Exhibit 45**, 4% of Yakima County 12th graders report using tobacco in the past 30 days, slightly less than all 12th graders in Washington. Importantly, 12% of 12th graders report using an e-cigarette or vape pen in the last 30 days in Yakima County, compared to 15% statewide

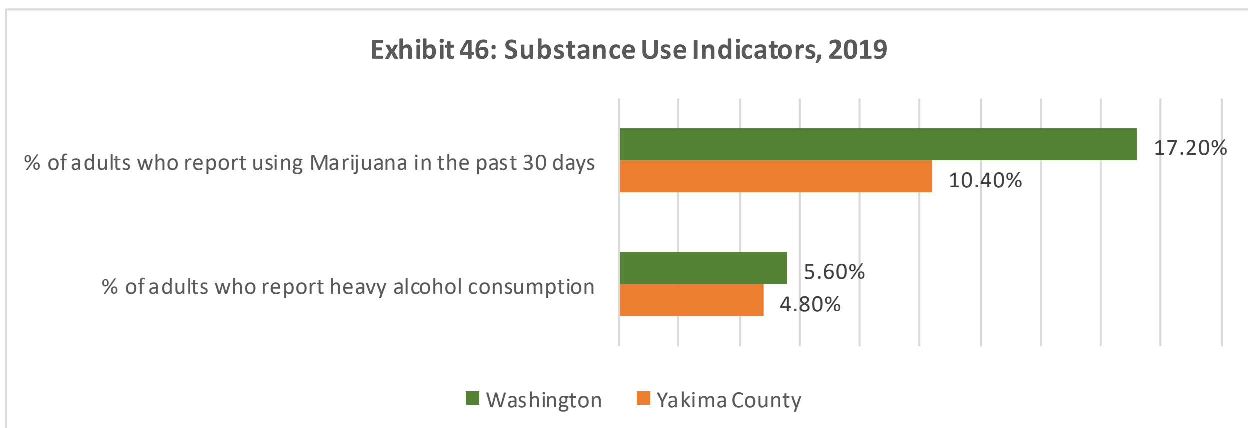
Substance Use





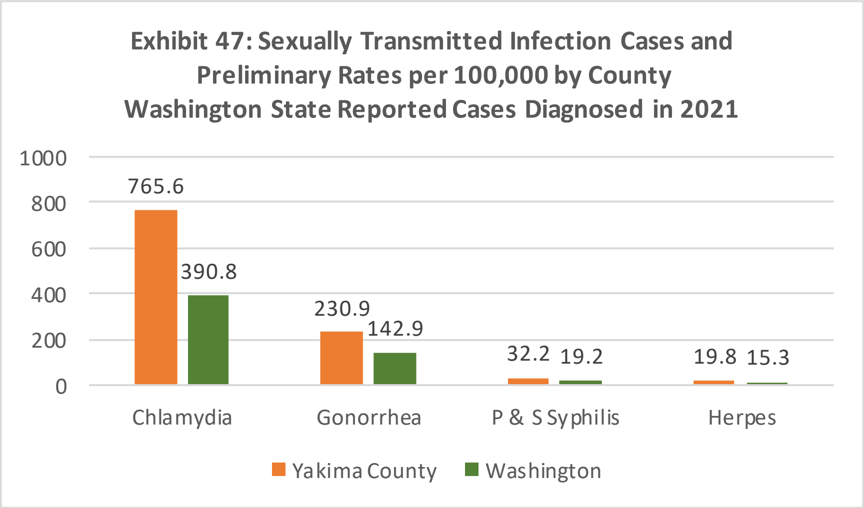
According to Health People 2030, more than 20 million people in the United States have had a substance use disorder in the past year.[1]This includes adults and adolescents. Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need.

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths. More adults in Washington State report using marijuana in the past 30 days than in Yakima County. Reports of heavy alcohol use are also higher in the State (**Exhibit 46**). The data by race and ethnicity is not available, with the exception of the Hispanic/Latino and White categories. This data demonstrates that a higher percentage of the White population report marijuana use (13.4%) and heavy alcohol consumption (6.7%) than the Hispanic/Latino population (7.8% and 2.4%, respectively). Youth in Yakima County also report less substance use than students across Washington, with 10-14% of 12th graders in the County reporting drinking alcohol or using marijuana, compared to 12-20% statewide.

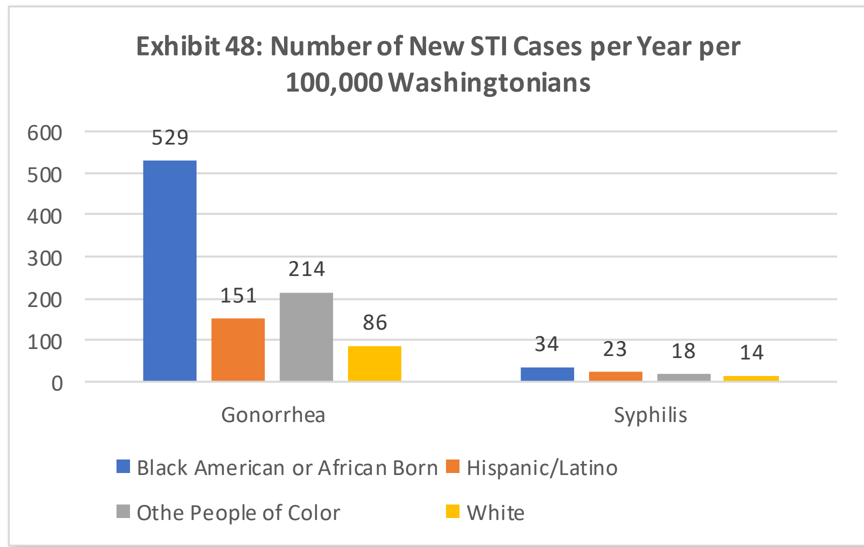


Sexually Transmitted Infections

Sexually transmitted infections (STIs) are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death. STI rates in Yakima County far exceed the rates in Washington State overall. Chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. As identified in **Exhibit 47**, Chlamydia rates are significantly higher in Yakima County (765.6) than in Washington State (390.8). Rates for other STIs, including Gonorrhea, Syphilis, and Herpes, are also higher in Yakima County. Importantly, Chlamydia and Gonorrhea rates have been increasing in the County over the last five years, with Chlamydia rates increasing by over 20% (compared to an 11% decrease in the State) and Gonorrhea by over 30% (compared to a 26% increase in the State).



Significant disparities also exist in STI rates (**Exhibit 48**). According to the Washington State Department of Health's 2022 Office of Infectious Disease Disparities Report, people of color are 1.7 times more likely to be diagnosed with Syphilis, and 1.4 times more likely to be diagnosed with Gonorrhea, than the Washington State average.



CLINICAL CARE – ACCESS AND QUALITY

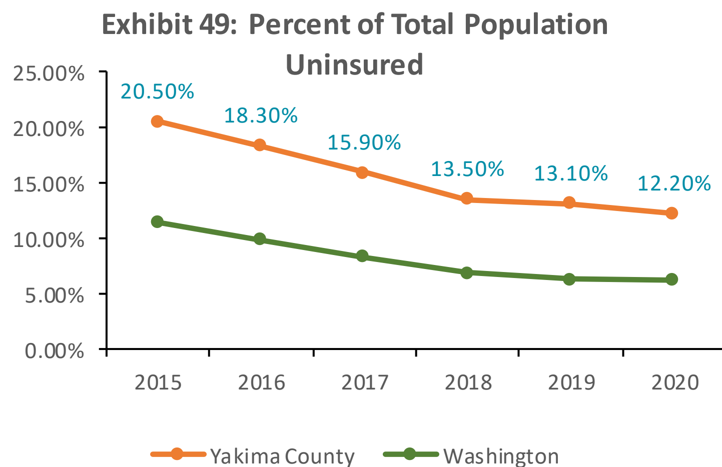
The Uninsured

While more than 10,000 Yakima County residents have gained access to health insurance via Medicaid expansion, the County still has higher rates of uninsured than the State.

The availability of health insurance is considered a key driver of health status. Health insurance coverage helps patients get into the health care system. Lack of insurance is a primary barrier to health care access, including regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

As identified in **Exhibit 49**, the percentage of Yakima County's total population that is uninsured (12%) is significantly higher than Washington as a whole (6%). This is also true for the population age 19-64, with 25% uninsured in Yakima County compared to 9% in the State.



Access to Health Services

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. This topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

Access to health care impacts:

- *Overall physical, social, and mental health status*
- *Prevention of disease and disability*
- *Detection and treatment of health conditions*
- *Quality of life*
- *Preventable death*
- *Life expectancy*

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

Barriers to services include:

- *Lack of availability*
- *High cost*
- *Lack of insurance coverage*

These barriers to accessing health services can lead to:

- *Unmet health needs*
- *Delays in receiving appropriate care*
- *Inability to get preventive services*
- *Hospitalizations that could have been prevented*

As shown in **Exhibit 50**, disparities in insurance coverage exist. The percent of the total uninsured population varies by race/ethnicity, with the Hispanic/Latino population having the highest percentage of uninsured (18.6%).

Exhibit 50: Uninsured Population by Race/Ethnicity, 2020

	White	Black or African American	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Multiple Race	Hispanic/ Latino
Yakima County	5.1%	6.0%	3.4%	7.9%	3.4%	12.1%	18.6%
Washington State	4.3%	7.6%	13.6%	4.8%	10.6	6.1%	16.4%

Health Workforce

The Federal Health Resources & Service Administration (HRSA) deems some geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). MUAs and MUPs identify geographic areas and populations with a lack of access to primary-care services. Similarly, a HPSA designation identifies a critical shortage of providers in one or more clinical areas.

There are also several types of HPSAs, depending on whether shortages are widespread or limited to specific groups of people or facilities. For example, a geographic HPSA wherein the entire population in a certain area has difficulty accessing health care providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing health care providers (e.g., low-income, migrant farmworkers, American Indian/Alaska Natives).

Once designated, per **Exhibit 51**, HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of health care: primary medical care, primary dental care, and mental health care.

Exhibit 51: HPSA Scoring Criteria

Three scoring criteria are common across all disciplines of HPSA:

- *The population to provider ratio,*
- *The percentage of the population below 100% of the Federal Poverty Level (FPL), and*
- *The travel time to the nearest source of care (NSC) outside the HPSA designation.*

You can review the HPSA scoring methodology, differentiated by discipline, below:
The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:

The entirety of Yakima County has been designated as a HPSA for primary, dental, and mental health care. These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas. **Exhibit 52** reflects Yakima County's HPSA designations and scoring.

Exhibit 52: Yakima County HPSA Designations

HPSA	Designation Type	Designation Date	Score
Primary Care	Low-Income: Entire County	9/09/2021	14
Dental Care	Low-Income: Entire County	9/07/2021	17
Mental Health	Geographic: Entire County	9/07/2021	16

Source: HRSA Data Warehouse – HPSA Find

Exhibit 53 demonstrates the ratio of population to primary care providers. The ratio represents the number of individuals per one primary care provider. Yakima County's ratio of primary care physicians, dentists, and mental health providers is considerably higher (worse) than Washington State and the Top U.S Performers.

Exhibit 53: Provider Ratios

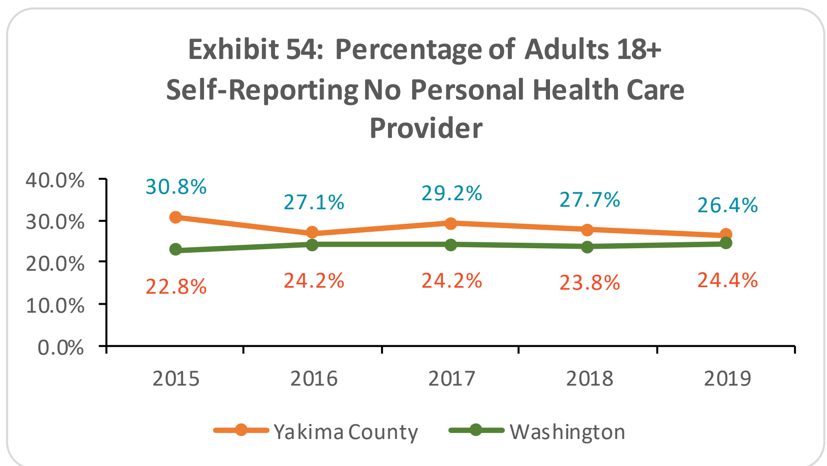
	Primary Care	Dentists	Mental Health
Yakima County	1,430:1	1,410:1	280:1
Washington	1,180:1	1,200:1	230:1
Top U.S. Performers	1,010:1	1,210:1	250:1

Access to Care Measures

Lack of Consistent Source of Primary Care

Improving health care services depends, in part, on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with greater patient trust in the provider, good patient-provider communication, and an increased likelihood that patients will receive appropriate care.

As shown in **Exhibit 54**, one out of every five adults aged 18 and older in Yakima County self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

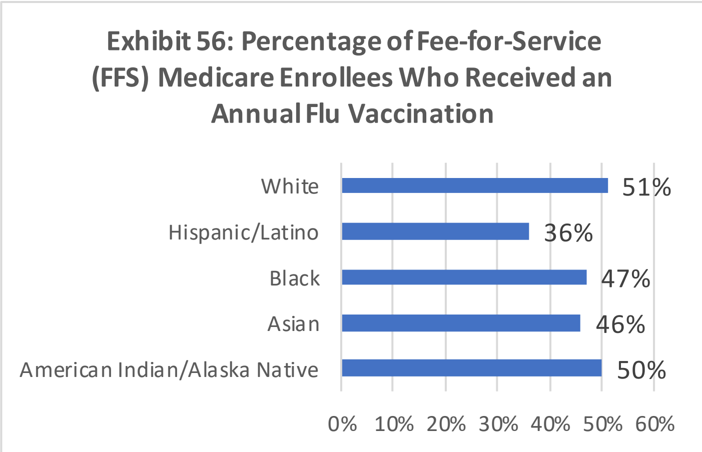


The rate of preventable hospital stay days measures the amount of time patients spend in the hospital for a condition, such as diabetes or high blood pressure, that could have been managed and treated in an outpatient setting with quality primary care. This measure may also represent a tendency to overuse 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. As identified in **Exhibit 55**, Yakima County has a significantly higher rate of preventable hospital stays per 100,000 population as compared to the State (3,248 vs. 2,533).

Exhibit 55: Select Access to Care Measures, 2022		
	Yakima County	**Washington**
Preventable Hospital Stays per 100,000 Medicare Enrollees	3,248	2,533
Flu Vaccination	49%	47%
Mammography Screening	36%	40%

In addition to preventable hospital stays, **Exhibit 55** 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 is the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Yakima County is doing better than the State on this measure, with 49% vaccinated compared to the state average of 47%. The Hispanic/Latino population fares worse than other racial and ethnic populations on this measure, however, with only 36% receiving the annual flu vaccine (**Exhibit 56**).



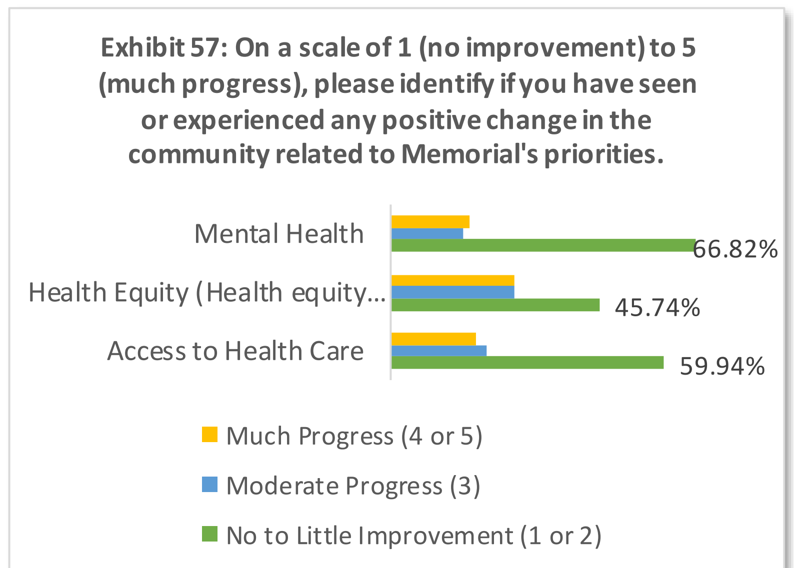
Similarly, evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral—as well as a patient's satisfaction with their physician—are major factors facilitating breast cancer screening. Currently, women age 45-54 are recommended to get mammograms every year, and women 55 and older are recommended to get mammograms every two years. As identified in **Exhibit 55**, the percentage of female Medicare enrollees age 65-74 who received recommended mammography screenings in 2022 in Yakima County (36%) is lower than the State number (40%).

COMMUNITY CONVENING

To gather an active community voice in the CHNA process, Memorial cast a wide net during the development of this CHNA to solicit input. Memorial distributed an online survey through community partners (including the Yakima Health District), social media, staff, and providers, receiving nearly 700 completed surveys. Memorial also convened ten listening sessions with community organizations, in which about 90 persons participated.

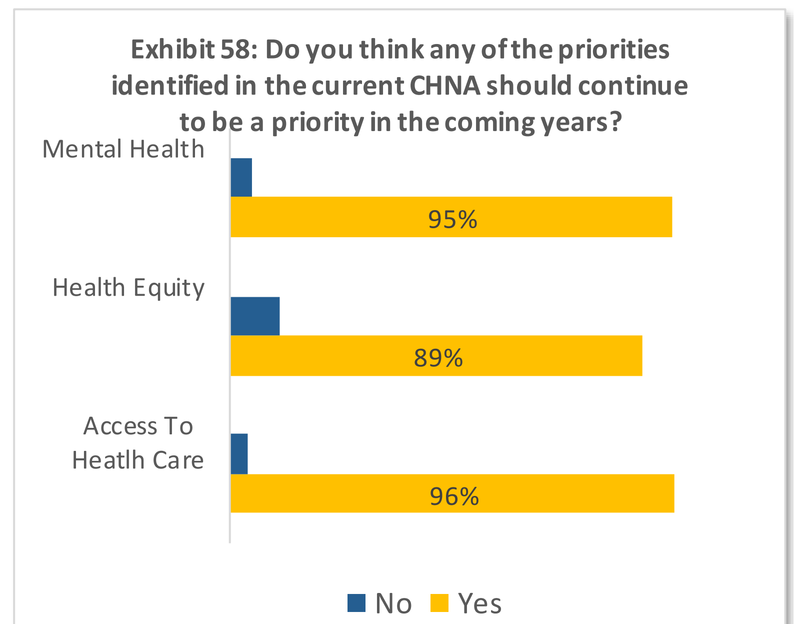
Community Survey Results

After providing an overview of the CHNA process and of Memorial's 2019 CHNA priorities, respondents were asked to identify whether they had seen any positive change in the community related to the priorities that were identified in Memorial's 2019 CHNA: ***Mental Health, Health Equity, and Access to Health Care.***



As **Exhibit 57** shows, of the respondents who expressed an opinion, the majority (67% and 60% respectively) reported seeing or experiencing little to no improvement in the community since the publishing of the last CHNA. Health equity received the most positive response, with more than 50% reporting improvement.

Importantly, most respondents who expressed an opinion thought that the three 2019-2021 CHNA priorities should continue to be priorities in the next CHNA (**Exhibit 58**).

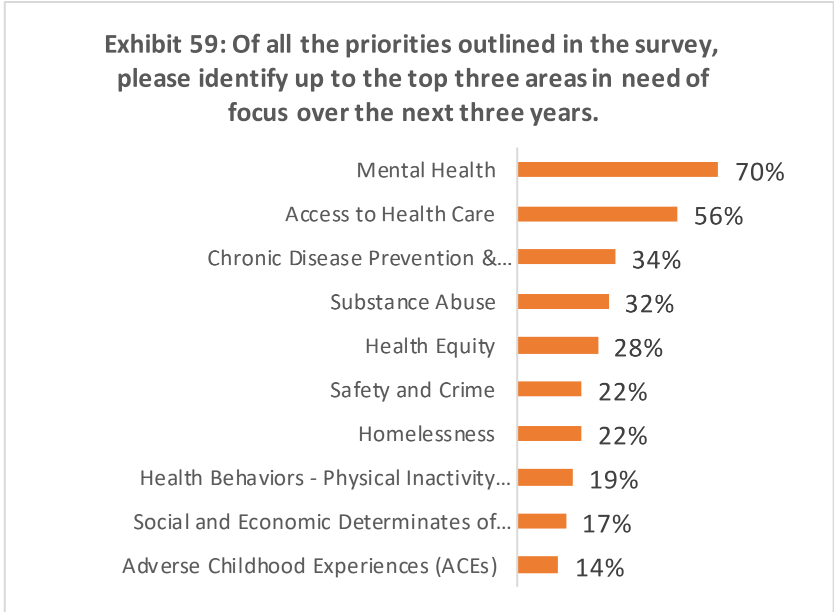


In addition to the 2019 CHNA selected priorities, Memorial's 2019 CHNA also used data and community input to identify priorities that, while not in the top three, were widely seen as community needs. These included:

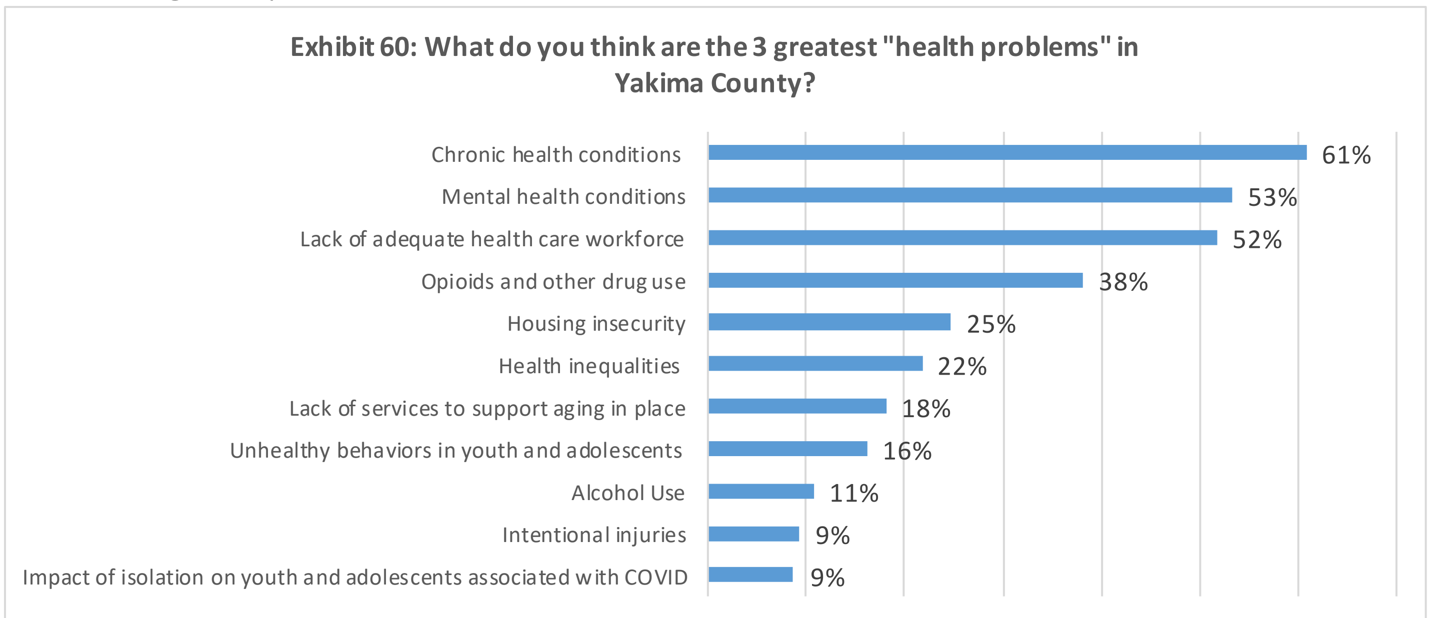
- **Chronic Disease Prevention and Management:** Chronic diseases are defined broadly as conditions that last one year or more and require on-going medical attention and/or limit activities of daily living. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.
- **Health Behaviors**: Including physical inactivity and nutrition.
- **Adverse Childhood Experiences (ACEs):** Potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse, or neglect, or having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use or mental health problems or having a household member in jail or prison.
- **Social and Economic Determinants of Health:** Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life risks and outcomes, include, but are not limited to, graduation rates, poverty rates, and housing affordability.
- **Safety and Crime:** Safety means the absence of violent acts in neighborhoods and homes; it also means injuries caused unintentionally through accidents are minimized. Unintentional injuries are a leading cause of death among younger people in Yakima County and include drowning, motor vehicle traffic accidents, and unintentional poisoning. Violent crimes include assault, robbery, rape, homicide, child abuse, child neglect, and intimate partner violence.
- **Homelessness:** Homeless refers to an individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, such as the streets or doorways.
- **Substance Abuse:** A recognized medical brain disorder that involves the abuse of illegal substances such as heroin, cocaine, or methamphetamine. It may also be the abuse of legal substances such as alcohol, marijuana, nicotine, or prescription medicines. Alcohol is the most commonly abused legal drug.

Survey respondents were asked which of these additional should continue to be priorities. The majority of respondents thought each of these priorities should also be areas of focus over the next three years.

Finally, respondents were asked to prioritize all the priorities from the CHNA (those that Memorial had identified as the top three and the other priorities listed in the CHNA). As identified in **Exhibit 59**, Mental Health and Access to Care "rose to the top", with 70% of respondents identifying mental health as one of the top three areas in need of focus over the next three years. Coming in second place was identifying access to health care at 56%. Chronic disease prevention and management was third, with 34% of respondents selecting it as a priority.

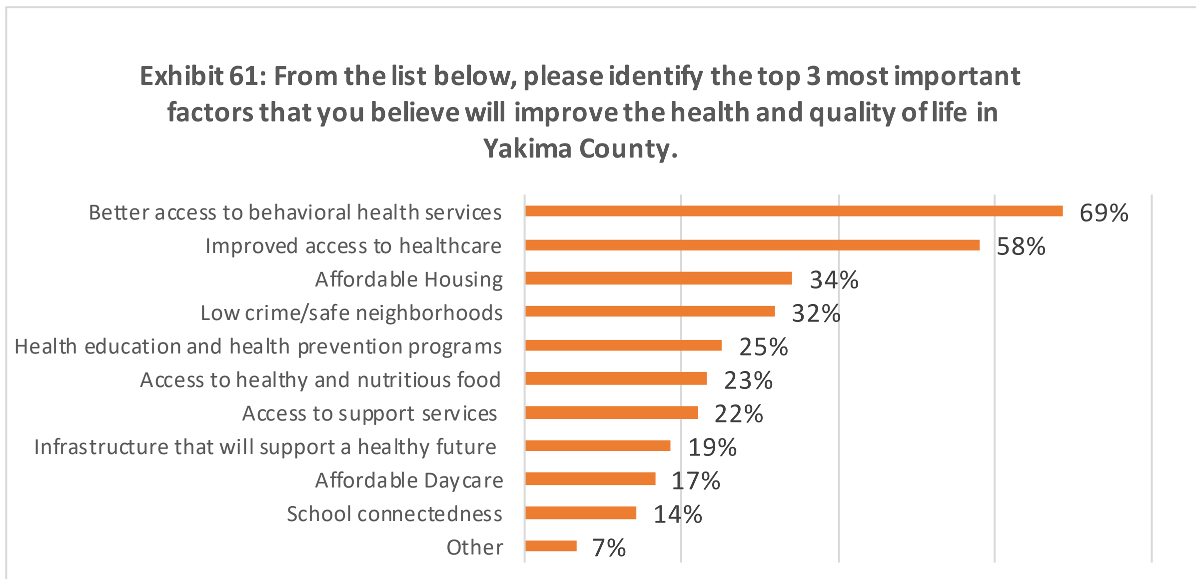


In order to understand whether the community felt that there were other vital needs in the community beyond those identified in the previous CHNA, survey respondents were additionally asked to look at a long list of "health problems" and provide input as to what the top three greatest health problems were in the County. Of those respondents who expressed an opinion, consistent with the findings above, chronic health conditions and mental health conditions rose to the top (**Exhibit 60**). The lack of adequate health care workforce was also among the top three.



To provide further information on what specific strategies Memorial should be considering when developing an implementation plan to address health needs and gaps, respondents were also asked about the top three most important factors they believed would improve the health and quality of life in Yakima County.

As identified in **Exhibit 61**, of the respondents who shared an opinion, better access to behavioral health (mental health and substance abuse) services rose to the top, with 69% of respondents stating that it was one of the top three factors to improve health and quality of life. Improved access to health care was next (58%), with affordable housing (34%) and low crime/safe neighborhoods rounding out the top four (32%).



In addition, and based on the significant impact COVID-19 has had across the nation, state, and county on the health care workforce, respondents were asked how important a focus on workforce development and retention was in comparison to other priorities. An overwhelming 98% of respondents thought this focus on workforce was somewhat to critically important.

An open-ended question related to whether the respondent was aware of any populations in the County that were less healthy or were experiencing greater disparities was posed. The top populations identified as less healthy or experiencing greater disparities were:

- American Indian/Alaska Native
- Hispanic/Latino
- Other people of color
- Low-income families and elderly
- Homeless
- Individuals with mental health and/or substance abuse issues
- Immigrant/undocumented populations

Listening Sessions

Memorial's community engagement process also included ten listening sessions, with nine different organizations and partners, involving about 90 participants[2]. Nine sessions were held in-person and one was virtual. Each session lasted, on average, 60-90 minutes and focused on identifying the greatest gaps, disparities, and unmet health care needs in Yakima County today. These Listening Sessions confirmed the challenge facing the community over the next three years: *the need to position Memorial for sustainable growth that will support clinical demands and unmet needs while simultaneously effecting behavioral and policy change in community to address social determinants.*

A list of the most common responses, also described as equity gaps, include:

- Outpatient specialty care
- Specialty care and ancillary access inpatient 24/7
- Primary care
- Extended hours clinics
- Faster appointment times
- Transportation
- Bi-lingual providers
- Pharmacy
- Wait times for Children's Village
- Behavioral Therapists, especially Spanish-speaking
- Access to and wait times at Memorial's ED
- Culturally-appropriate education about how and when to access the ED

Listening Session Organizations

- **Union Gospel Mission**, including **Pacific Northwest University**
- **Comprehensive Healthcare**
- **Yakima County Health Care Coalition**
- **La Casa Hogar** (with interpreters)
- **Yakima Valley Farmworkers Clinic**
- **Triumph Treatment Services**
- **Noah's Ark Homeless Shelter** residents and staff, two sessions (with interpreters)
- **Educational Service District 105**
- **Yakima School District**

Verbatim Comments

[2] *The Yakima County Health Care Coalition includes representation from: Columbia Legal Service, Northwest Justice Project, Yakima Valley Farmworkers Clinic, Community Health of Central Washington, Yakima Valley Interprofessional Practice and Education Collaborative, Comprehensive Health, Yakima Valley Memorial, Greater Columbia Accountable Community of Health, Office of Senator Patty Murray, Educational Service District 105, Yakima Valley Community College, Allied Health Center of Excellence, Merit Resource Services, Molina, Yakima Union Gospel Mission, Triumph, Pacific Northwest University, Community Health Plan of Washington, Homeless Network of Yakima County, Yakima Valley Community Foundation, People of People, Yakima County Public Health, Heritage University, Catholic Charities, Communities in School-Central Washington, Entrust Community Services*

Comments from Listening Session participants generally fit into one of four key "themes": ***Access to and Availability of Care***, ***The ED Experience***, ***Social Determinants of Health, and Workforce***.

Access to and Availability of Care

- *We are spending millions airlifting patients to Seattle. Those dollars could bring a ton of value if they stayed locally.*
- *All of our patients have diabetes, but where does the pharmacy come from? Same with inhalers for our patients with COPD.*
- *It takes us 5-6 months to get our patients appointments at Children's Village. If they miss the visit due to transportation issues they go back to the bottom of the wait list, and it's another 5-6 month wait.*
- *The first question that most providers ask our patients is "How will you pay?" They eventually stop going to the visit. How do we break this cycle?*
- *The waiting list for certain specialties is now a year long.*
- *Because of a lack of specialists, we have no other options and send our clients to ED if they are out of medications and we can't find them a provider willing to see them.*
- *For many of our patients, being referred to another city is like being referred to another country. They have no way to get there.*
- *Patients need security knowing that providing information and accessing care will not put their immigration status in jeopardy by being considered dependent on the government for subsistence.*

The ED Experience

- *At the Memorial ED, our families do not feel heard and report that people are "mean."*
- *The ED is not welcoming, not listening, and not compassionate.*
- *People already don't want to go to the hospital because of the cost. However, when they do go, they are often asked by hospital staff why they are there and that they don't need to be there. They then send them back to their primary care provider who is often the one that sent them to the hospital.*
- *Oftentimes we go to the ER and are referred to so many other places. Lack of transportation makes it that much more challenging for us when we are referred elsewhere instead of getting that support then and there. Having those services available in the community and/or hospital would be so much more convenient and attainable.*

Social Determinants of Health

- *Many of our patients need help, even if they don't ask for it.*
- *It's hard out on the streets.*
- *We need to address health literacy.*
- *"I worry about the bill. I can't pay it!" (this person went to an ED, was given a prescription, and now he does not have the money to pick up the prescription)*

Workforce

- *Even with loan repayment, we are struggling to recruit. We need to address housing availability and the perception of crime and drugs. Without doing this, we will not be able to compete.*
- *The lack in access to specialty care is a real issue for our patients. It's like asking them to go to another country when we refer them to Seattle. We want to refer them locally, but wait times are now 6 months or longer.*
- *Workforce is an incredible crisis.*

The strongest and most clear message that was communicated in the Listening Sessions is that ***Memorial can't be expected to fix these issues on its own; more and better partnerships will be needed.*** Based on the input from both the survey and the Listening Sessions, the community's top priority is the need to ***Stabilize and strengthen Memorial's ability to provide comprehensive primary and specialty care. The community and region need a vibrant, comprehensive hospital in Yakima.***

2023-2025 Priorities

Together, the data and community convening process demonstrated that:

- The County is highly diverse, "younger," and growing.
- Access to primary care, but especially specialty care, has deteriorated.
- Rebuilding comprehensive and broad-specialty services should be a top priority.
- Behavioral health needs have increased.
- There need to be community-wide efforts to tackle social determinants.

The clear challenge for Memorial is to be able to address clinical demands and recruitment and retention of talented workforce while simultaneously tackling social determinants. Potential solutions recommended by participants included:

- Culturally-appropriate education about how and when to access services.
- Robust care coordination to manage high utilizers and non-insured/underinsured.
- Partnerships with the County's three strong Community Health Center providers to appropriately divert otherwise unnecessary admissions.
- Workforce recruitment and retention; staffing shortages in the hospital setting are impacting care delivery (ultrasound, pharmacy 24/7, etc.).
- Housing availability and affordability to support provider recruitment.

In order to realize the priority of ***Stabilizing and strengthening Memorial's ability to provide comprehensive primary and specialty care***, Memorial will need to:

- Rebuild specialty care, in partnership with existing providers.
- Grow primary care.
- Partner to grow and embed behavioral health services and supports.
- Recruit and retain workforce by addressing housing, childcare, etc.
- Continue comprehensive focus on DEI to include training of staff and implementation of policies and practices that acknowledge the unique needs of traditionally underserved and uninsured/non-insured populations.
- Continue to develop community ED diversion options that provide wrap-around support for those at risk for high utilization due to lack of alternative care settings and/or resources.

- "Be at the table" and advocate for policies and programs to reduce continued disparities and address social determinants of health.

After consideration of all data and the community voice, and in full consideration of Memorial's resources and expertise, the Memorial board has elected to continue, with only minor modification, the three priorities established in the 2019 CHNA: **Access to Health Care, Health Equity, and Mental Health** (which has been renamed to **Behavioral Health** to reflect and include substance use needs as well).

For those identified community needs that Memorial has not adopted, we note that there are other organizations and providers in the community that prioritize these areas or have expertise and resources that Memorial does not. Nonetheless, as an integral community entity, we will support these other organizations and advocate with them for the changes and programs needed.

IMPLEMENTATION PLAN

Consistent with 26 CFR § 1.501(r)-3, Memorial will adopt **Implementation Strategies** on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or by May 15, 2023. We will use the time from adoption until mid-Spring to re-engage the community, our partners, and our staff to refine, update, and, where needed, overhaul the 2019 strategies. Memorial fully expects that many of the needs and proposed strategies identified during the CHNA will be incorporated into the final Implementation Plan. For example, for Yakima County to enjoy better access to care, workforce development and retention will need to be a top implementation strategy.

Prior to this date, the Implementation Plan will be presented to the Board of Directors for review. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as Memorial's guidance for the next three years in prioritizing and decision-making regarding resources.