



St. Mary's Health and Clearwater Valley Health 2023 Community Health Needs Assessment



St. Mary's Health



Clearwater Valley
Health



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Executive Summary

We are called to make a healthy difference in people's lives

St. Mary's Health and Clearwater Valley Health are part of Kootenai Health, an integrated health system caring for patients in and around North Idaho. We constantly strive to seek opportunities to both enhance the care we provide and improve the health of our communities.

Every three years, St. Mary's Health & Clearwater Valley Health conduct a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. The process is conducted in collaboration with many community partners and organizations or individuals that represent broad interests in the community, including those members of medically underserved, low-income, and populations that are at higher health risk.

Once priority health needs are identified, Essentia Health designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health.

During 2022 and early 2023, St. Mary's Health analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2023 – 2025 Community Health Needs Assessment:

OUR 4 CORE CHALLENGES

- Deaths of Despair
- Obesity/Healthy Lifestyle
- Healthcare Access
- Cancer Screening





Goals

St. Mary's Health & Clearwater Valley Health eagerly seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, St. Mary's Health & Clearwater Valley Health have collaborated with community partners to embrace these guiding principles:

- Seek to engage community members in a meaningful and substantive way, with a special focus on engaging members in the community who experience health disparities.
- Seek collaboration towards solutions with multiple stakeholders (e.g. schools, worksites, medical centers, public health) to strategically improve community health.
- Seek to prioritize evidence-based efforts around the greatest community good that can be achieved through our available resources.
- Seek to create a long-term approach to improve priority health indicators, with clear, specific, realistic and action-oriented goals.

Goals of the 2023 Community Health Needs Assessment

1. Assess the health needs, disparities, assets and forces of change in the hospital's service area
2. Prioritize health needs based on community input and feedback
3. Design an implementation strategy to reflect the optimal usage of resources in our community
4. Engage our community partners and stakeholders in all aspects of the community health needs assessment process, including data collection, data analysis, issue prioritization, implementation plan creation, and monitoring of results.

Who we are and how we live

St. Mary's Health (SMH) serves Idaho County and surrounding areas with a 25-bed Critical Access hospital and primary care clinics in Cottonwood, Craigmont, Nezperce, Grangeville, and Kamiah. Doctors rotate between these clinics in two counties. Established in 1930 as a Catholic facility by the Sisters of St. Benedict, the SMH system provided more than 20,000 outpatient visits last year. Doctors also round on hospital patients, deliver babies and cover the emergency department. The nearest regional medical center is about an hour away, in Lewiston. Tertiary care is three hours away, in Spokane.

Clearwater Valley Health (CVH) serves all or part of Idaho, Lewis, and Clearwater counties in frontier northcentral Idaho. The hospital is located in Orofino, Idaho. Primary care clinics are located in the towns of Orofino, Pierce, ID.

Clearwater Valley Hospital is a Level 4 Trauma Center and Critical Access Hospital. It offers emergency care 24 hours a day, seven days a week.



St. Mary's Health & Clearwater Valley Health

Vision, Mission & Values



Vision

One
Connected team,
boldly transforming the health
care experience, to become
the leader in rural healthcare.



Mission

We improve health one patient
at a time in a friendly and
professional culture
committed to superior
quality and safety.



Values

Safety
•
Compassion
•
Engagement



Demographics

- Residents of these counties are older and poorer than average, have high rates of suicide and stroke death, and are at increased risk for diabetes and other chronic conditions. The area has a high suicide rate for the state, and one of the highest suicide rates in the nation.
- Residents are also at greater than national risk for not receiving preventive care services due to challenges of poverty and being in the state with the lowest rate of physicians per capita in the nation. This tri-county region is home to approximately 29,000 residents, who are among the most medically isolated in the Pacific Northwest.
- These three counties span a service area the size of Maryland and Delaware combined. With an overall population density of just 2.5 people per sq. mile (1), each target county in the region is designated not only as rural (2), but also as “frontier.” Frontier regions are defined as the most geographically remote, sparsely populated, and undeveloped terrain in the United States. This designation represents significant access barriers, limited wellness resources, and resultant health disparities for area residents.

The service area also contains large tracts of the Nez Perce Reservation. The Reservation is home to an estimated 3,300 (3) members of the Nimiipuu tribe, descended from the Native Americans who first guided Lewis and Clark through this region in 1805. The Nimiipuu experience rurality-related health disparities, as well as additional disparities characteristic of Native American populations such as cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases. (4)

¹ Calculated from 2013 population and land mass data found at: <http://quickfacts.census.gov/qfd/states/16000.html>

² Confirmed by the National Center for Frontier Communities, www.frontierus.org/documents/2010_frontier-areaslist.htm

³ Montana BCC, at www.mbcc.mt.gov/data/SAC/Tribal/IDAgreg.pdf.

⁴ Disparities Fact Sheet by Indian Health Services, at <https://www.ihs.gov/newsroom/factsheets/disparities/>

OVERALL DEMOGRAPHICS (2014-2021)

Total Population	Clearwater County	Lewis County	Idaho County	Idaho State	US National
Population	8,758	3,861	16,513	1,754,208	321,004,407
Population age 65 and over (%)	27.1%	25.5%	27%	15.4%	15.6%
Poverty					
Median household income	41,122	40,313	40,299	50,985	57,652
People of all ages living in poverty (%)	15.7%	14.4%	15.1%	14.5%	12.3%
People under 18 years living in poverty (%)	14.8%	19.2%	14.4%	17.8	
Unemployment rate	6.9%	5.9%	4.9%	3.2%	4.0%
Educational Attainment					
High school graduate or higher, percent, 2013-2017	89.4%	89.7%	89.9%	90.2%	87.3%
Population ages 25+ with bachelor's degree or higher	17.4%	16.3%	19.1%	26.8%	30.9%
Housing					
Percent of owner-occupied homes (%)	76.8%	73.9%	79.1%	69.2%	63.8%
Population spending more than 30% of income on rent (%)				45.8% (2017)	49.5% (2017))
Transportation					
Households with no motor vehicle available (%)	2.9%	5.8%	5%	4.2%	8.8%
<i>Source: U.S. Census Bureau 2018, American Community Survey</i>					
Population ages 25+ with bachelor's degree or higher	17.4%	16.3%	19.1%	26.8%	30.9%
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County level data is used for all three counties served by St. Mary's Health and Clearwater Valley Health: Clearwater, Lewis, and Idaho counties. Due to the frontier nature of the service area, data for populations smaller than county level is frequently unavailable or of limited value.

North Central Idaho is one of the most remote and rugged regions in one of the nation's most rural states. Residents of these frontier counties experience profound medical isolation resulting from primary care provider shortages, great distances to care, high poverty and un-insurance rates, and numerous other contributing factors. As a result, they experience poor health indicators and outcomes related to chronic disease states, including diabetes prevalence and mortality, obesity rates, hypertension prevalence, depression and suicide rates, and colon cancer prevalence and mortality. These conditions serve as the focus of community benefit interventions.

Race/Ethnicity Distribution

Race Distribution										
Race	Clearwater County 2017	%	Lewis County 2017	%	Idaho County 2017	%	Idaho 2017	%	United States	%
Total Population	8,533		3,824		16,275		1,657,375		321,004,407	
One Race	8,366	98%	3,703	96.8%	15,915	97.8%	1,613,461	97.4%	310,923,363	96.9%
White	7,979	93.5%	3,364	88%	15,195	93.4%	1,507,880	91.0%	234,370,202	73%
Black or African American	19	.2%	4	.1%	36	.2%	11,231	.7%	40,610,815	12.7%
American Indian and Alaska Native	188	2.2%	282	7.4%	524	3.2%	21,323	1.3%	2,632,102	.8%
Asian	46	.5%	30	.8%	45	.3%	22,720	1.4%	17,186,320	5.4%
Native Hawaiian/ Pacific Islander	30	.4%	1	.0%	15	.1%	2,343	.1%	570,116	.2%
Other Race	104	1.2%	22	.6%	100	.6%	47,964	2.9%	15,553,808	4.8%
Two or More Races	167	2.0%	121	3.2%	360	2.2%	43,914	2.6%	10,081,044	3.1%
Hispanic or Latino	332	3.9%	166	4.3%	523	3.2%	201,978	12.2%	56,510,571	17.6%
Source: U.S. Census Bureau 2017, American Community Survey										



Evaluation of 2019 – 2021 Implementation Plan

The SARS-CoV-2 virus and COVID-19, which has affected all of our communities, impacted the 2022-2024 Community Health Improvement Plan (CHIP) process. Our priority quickly focused on crisis response, and it required a significant re-direction of resources and reduced community engagement in the CHIP process. While this was a dynamic situation, we recognized the greatest needs of our community required our resources be directed to keeping our communities as safe, and as healthy, as possible, mentally and physically. It was important that we adapt our efforts to responding to the challenging demands on our resources accordingly. We continued to be committed to supporting, strengthening, and serving our community in ways that aligned with our Mission, engaged our expertise, and leveraged our staffing and financial resources as responsibly as possible, and in the most impactful ways. SMH-CVH utilized a flexible approach to re-direct community efforts and to implement pandemic practices best suited to the challenging and quickly changing environment, and to the CHNA priorities whenever possible.

Summary of Community Needs Assessment Process and Results

In October 2022, representatives from St. Mary's Health, Clearwater Valley Health, the University of Washington, and the Institute of Translational Health Sciences conducted a round-table forum with people who are invested in the well-being of the community, and have first-hand knowledge of community needs and strengths. Listening to, and engaging with, the people who live and work in the community is crucial. The goal of the forum was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. SMH-CVH aimed to engage stakeholders from social service agencies, healthcare, education, housing, and government, among others, to ensure a wide range of perspectives.



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Significant Community Health Needs Prioritized

As a result of the findings of our 2019 CHNA, and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, **SMH-CVH** will focus on the following areas for its 2023-2025 Community Benefit efforts:



Deaths of Despair



Obesity/Healthy Lifestyle



Access to Quality Care

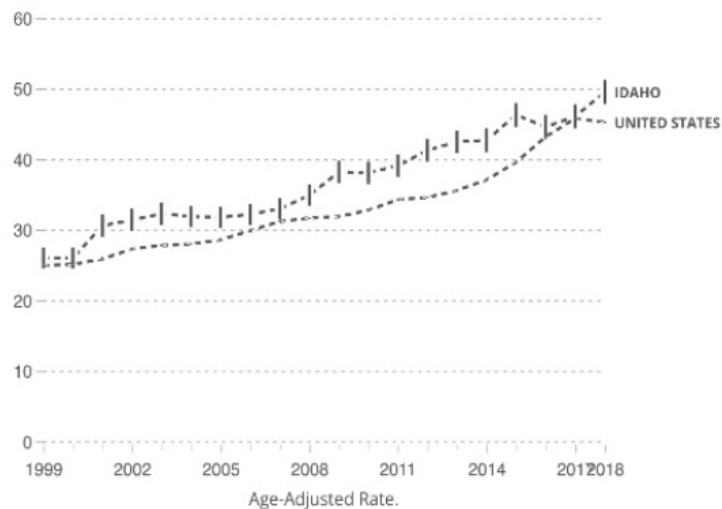


Cancer Screening

<u>State of Idaho</u>	<u>United States</u>
49.54 out of 100,000 people died due to drug overdose, alcohol or suicide in 2018	45.27 out of 100,000 people died due to drug overdose, alcohol or suicide in 2018



Deaths from Drugs, Alcohol, and Suicide per 100,000 Pop.

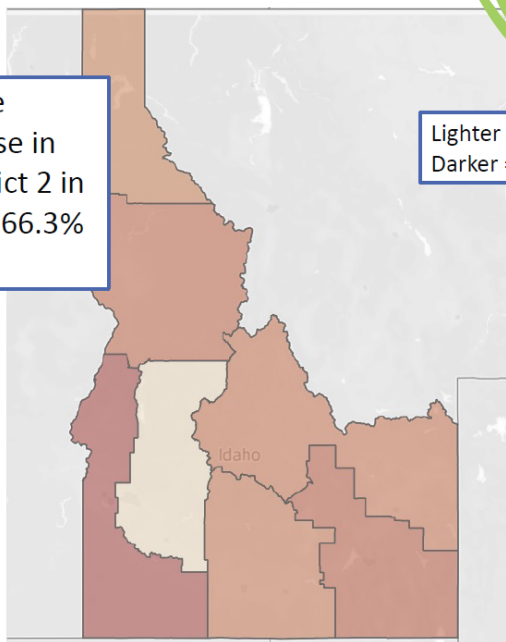


Deaths of Despair

Deaths due to one or more of three causes including drug or alcohol overdoses, suicides and/or alcoholic liver disease. At highest risk are younger adults, males, adults with secondary education or less and people living in rural areas.

80.4% of adults did not meet physical activity guidelines in Public Health District 2 in 2020 compared to 78.3% in Idaho

68.6% of adults are overweight or obese in Public Health District 2 in 2020 compared to 66.3% in Idaho



Lighter = lower percent
Darker = higher percent



Obesity/Healthy Lifestyle

Obesity is associated with:

- Poorer mental health outcomes
- Reduced quality of life
- Contributes to deaths from diabetes, heart disease, stroke, and some cancer

Lifestyle that includes healthy eating and regular physical activity is essential to maintaining healthy weight.

PLANS

Healthcare Access

Develop a multi-pronged solution to address the lack of qualified staff, including physicians, therapists, nurses, and administrative personnel, for our patients in order to obtain medical care, therapy services, healthy food, and medication.



- 40.3% of population in Clearwater, Idaho, and Lewis counties live in an area affected by a health professional shortage compared to 23% of US residents (2019)
- The issue increased with the COVID-19 pandemic

PLANS

Cancer Screening

Cancer Screenings: Increase patient screening numbers by expanding types of screening services offered.



- Idaho Public Health County 2
 - Breast Cancer incidence rate higher than Idaho
 - Breast Cancer more likely to be diagnosed at late stage, compared to other areas of U.S.
- Cervical and Colorectal Cancers do not share this trend
- Early detection leads to improved treatment options and survival