



Community Health Needs Assessment 2022-2025




Mason Health

Mason General Hospital • Mason Clinic



COVID-19 Response



The CHNA begins with a focus on COVID-19 and Mason Health's Response

- COVID-19 had a significant impact on Mason Health's priorities during the 2019-2022 period.
- With over 14,000 cases, 700 hospitalizations and 150 deaths since the beginning of COVID, Mason County continues to have higher case, hospitalization, and death rates than Washington.
- Despite these challenges, Mason Health played a key leadership role in mitigation through testing, vaccinations, and ensuring access to quality care throughout the community.

Rates per 100,00 Population of Cases, Hospitalizations, and Deaths

	7-Day Case Rate	14-Day Case Rate	7-Day Hospitalization Rate	7-Day Death Rate
Mason County	266.57	437.17	10.66	3.05
Washington	198.49	422.01	9.04	0.89

Mason Health COVID-19 Vaccinations: A Focus On Equity

Outreach events

- Local Churches
- Spanish speaking community
- Homeless shelters
- Jails
- Homebound patients

26,000 doses have been administered

Financial equity: Not charging = captures both insured + uninsured

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

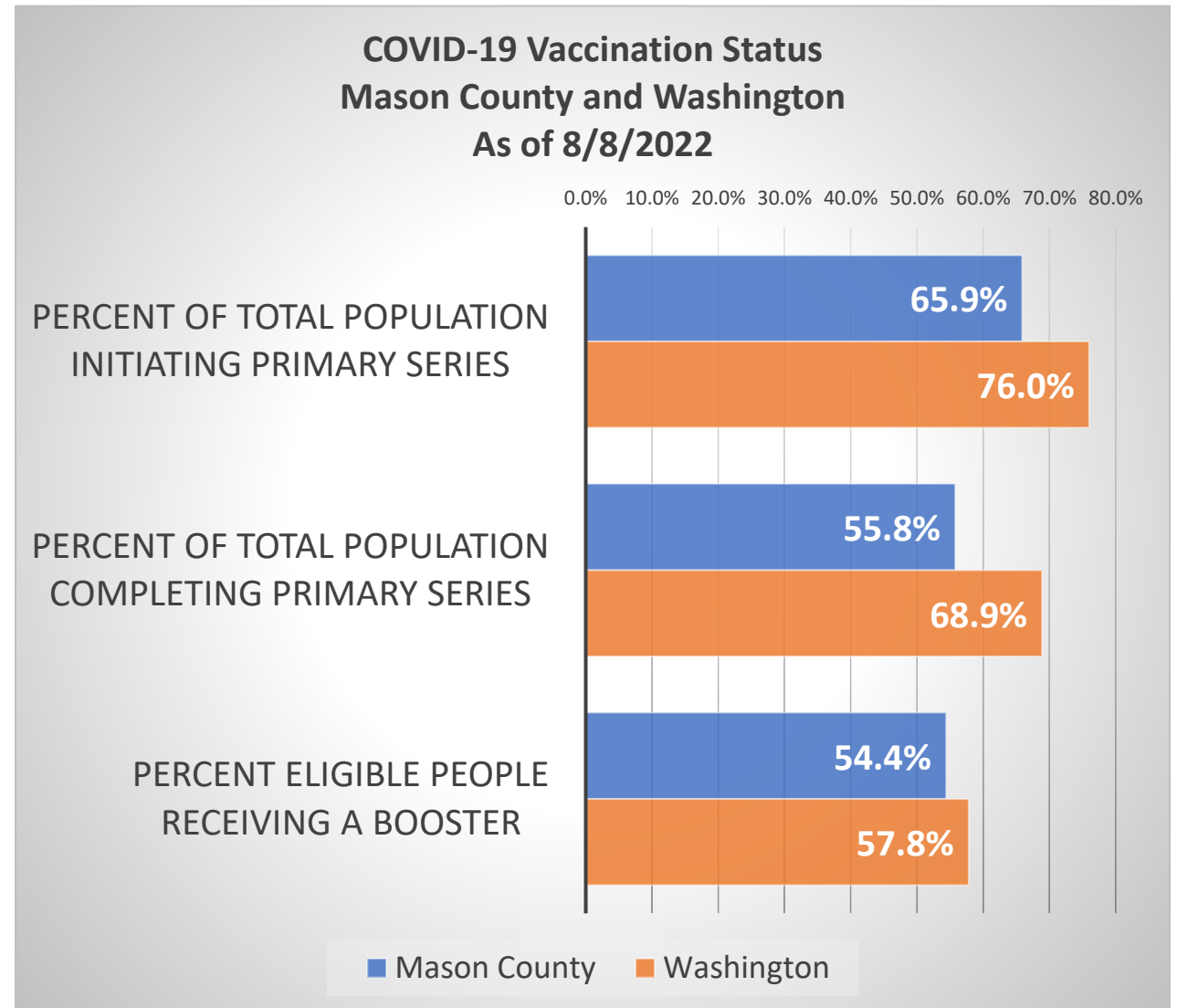
Cultural + limited English proficiency equity: Targeted outreach events offering bilingual services

Religious equity: Sensitivity surrounding manufacturer preferences

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

Additional mitigation strategies implemented

- 7,500 telehealth visits to ensure safe access
- Teaming with Shelton School District for educational awareness
- Partnership with Curative, offering COVID-19 via kiosks on Mason Health campus
- Mason County had high rates of uptake for initiation of the primary vaccination series (66% of the total population), lower rates are being experienced for both completion of the primary series (56%) and the booster (54%).



Mason's Response: Behavioral Health Impacts

- Mason Health continues to improve access to behavioral health services with the department consisting of
 - 5 psychiatric nurse practitioners; 4 master's level therapists (5th in process of bring hired); a behavioral health coordinator, office assistant, medical assistant, peer navigator, and dedicated doctorate prepared Director
- Pre-COVID, department received 849 new patient referrals
- In 2020, that number increased to 1,341 new patient referrals
- In 2021, that number increased to 1,447 new patient referrals
- 1/3 of primary care providers participate in collaborative care model with more plans to onboard other providers

Collaborative Care Model

The collaborative care model is designed to improve medical and mental health outcomes and functioning as well as reduce health care costs. It is an evidence-based approach for integrating physical and behavioral health services in a primary care-setting and includes:

- care coordination and management;
- regular monitoring and treatment; and
- systematic psychiatric caseload reviews.

Mason Health Response: Workforce

- September 2021 report from American Association of Critical Care Nurses show 92% of respondents reported that that pandemic had “depleted nurses at their hospitals, and, as a result, their careers will be shorter than they intended.”
- 60% said they were considering leaving the profession because of COVID-19 experiences
- 76% said that unvaccinated patients “threatened nurses’ physical and mental well-being”
- Mason Health has responded to these realities by teaming with Shelton School District and the Health Sciences Academy (HSA) at Shelton High School to help prepare for next generation of healthcare workers including:
 - Create a scholarship at with local community college partners
 - Partnering with the HSA to offer scholarships to attend Mason Clinic’s Registered Medical Assistant Apprenticeship program

And a focus on other accomplishments

In addition to the significant accomplishments related to the COVID response, the CHNA also highlights additional targeted strategies implemented specifically to address each of the previous CHNA priorities.

2019-2022 CHNA Accomplishments

2019-2022 Priorities and Accomplishments	
2019 Priorities	Strategies Implemented to Address Priorities
Improve access to and reduce wait times for behavioral health services for District residents.	<ul style="list-style-type: none"> ▪ Physically integrated behavioral health and primary care programs within the Mason Clinic. ▪ Increased behavioral health referrals by 70%. ▪ Fully staffed the behavioral health program, adding five new behavioral health providers. ▪ Implemented the Collaborative Care Model with one-third of the primary care providers participating, with the intent of all participating over the next two years.
Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury.	<ul style="list-style-type: none"> ▪ Consolidated the District’s clinics and services to create a more seamless experience for patients, improve processes, and enhance collaboration among Mason Health’s team of primary care, behavioral health and specialty care providers. ▪ Increased the number of exam rooms by over 50% allowing for more provider time with patients and a more integrated experience. ▪ Launched a new Medicare Wellness program in January 2022, incorporating all Mason Health’s primary care providers and ensuring seamless transitions for patients. ▪ Recruited three new providers to the Walk-In Clinic, an additional primary care provider to the Hoodsport Primary Care Clinic, and a pediatrician to the Mason Clinic-Pediatrics. ▪ Implemented and expanded telemedicine visits and services

2019-2022 CHNA Accomplishments

2019-2022 Priorities and Accomplishments	
2019 Priorities	Strategies Implemented to Address Priorities
Realize a healthier environment and opportunities for the District's children, youth and families.	<ul style="list-style-type: none">▪ Launched the School Medicine Autism Review Team (SMART) to help families find answers sooner.▪ Continued active involvement in community projects and commissions, to include the Rural Community Opioid Response Program (RCORP) and the City of Shelton Homelessness Task Force.▪ Provided community education on healthy lifestyle choices and reducing the risk of injury and disease progression.▪ Enrolled 4,068 individuals through the in-person assister program between 2019 and 2022 through multiple community outreach events.▪ Offered local high school students nursing and medical assistant scholarships.



Health Outcomes



Leading Causes of Death in Mason County, 2020 and 2017

Cause of Death	Mason County			WA State
	Death Rate per 100,000	Rank in 2020	Rank in 2017	Death Rate per 100,000
Cardiovascular Disease	167.4	1 st	2 nd	131.3
Cancer	155.9	2 nd	1 st	135.7
Accidents	67.8	3 rd	3 rd	51.4
Intentional self-harm (suicide)	29.0	4 th	7 th	15.4
Cerebrovascular Disease	26.0	5 th	6 th	33.9

Cardiovascular disease and cancer are the leading causes of death in the County – and the death rate for each of these conditions is significantly higher than the state rate.

Key Health Outcomes

Mason County and Washington State, 2019-2022

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

Mason County also has a higher percentage of the population reporting poor physical health and more self-reported poor physical and mental health days on average than the State.



Health Factors

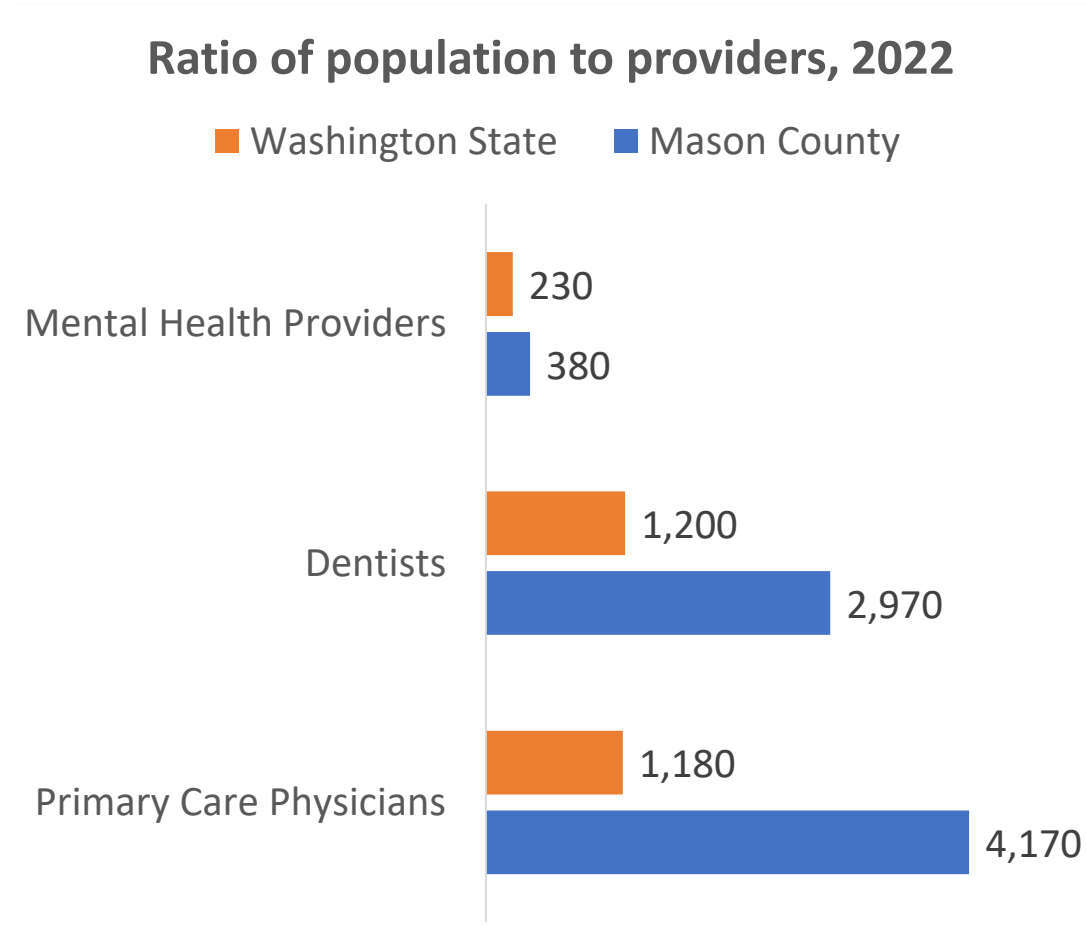


Health Behaviors: A higher percentage of Mason County residents exhibit health behaviors that increase risk of disease, including smoking and physical inactivity.

Health Risk Factors: They also have higher rates of health risk factors including obesity and high cholesterol.

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

Clinical Care: Data indicates significant health professional shortages in Mason County. The County also fares worse in terms of select access to care measures including the percent uninsured and vaccination rates, but better in terms of preventable hospital stays.



Source: RWJF County Health Rankings

Select Access to Care Measures, 2019 and 2022

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



Community Convening



Process

Needs Assessment requires community participation in identifying health needs and priorities.

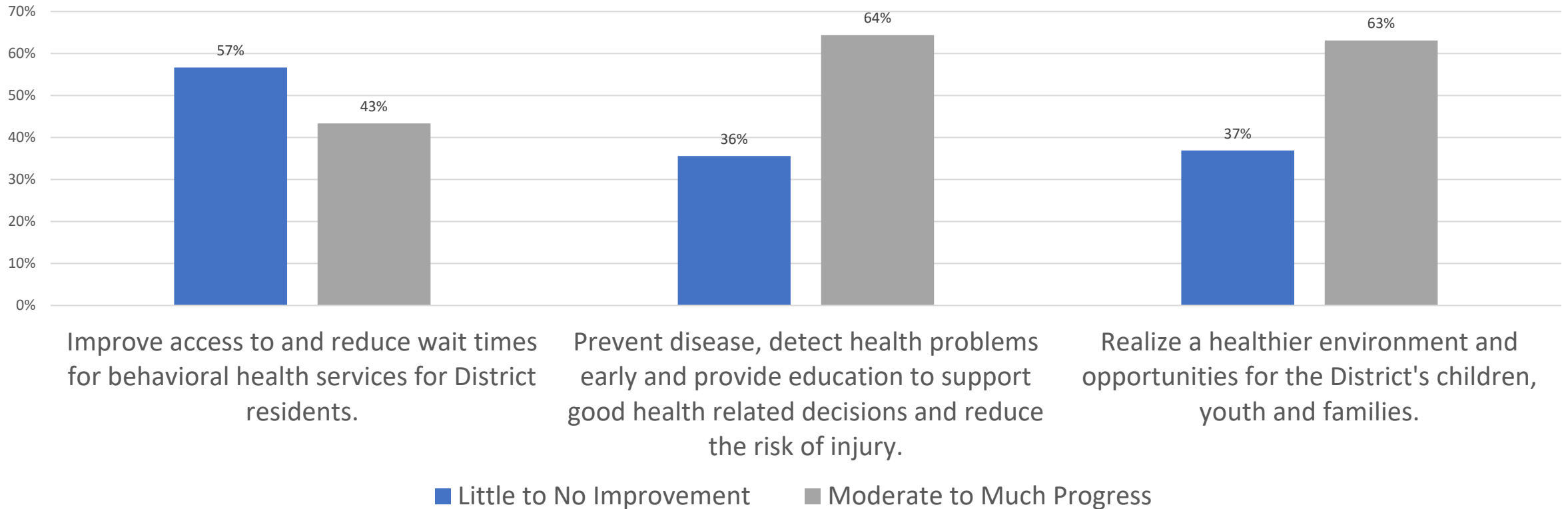
In the summer of 2022, Mason Health sent out electronic surveys via SurveyMonkey to gather community feedback.

153 responses representing community members, healthcare workers, service providers, educators, and local officials from across the Service Area.

Respondents were representative of all zip codes in the Service Area and reported age ranged from 25 to 75 years old.

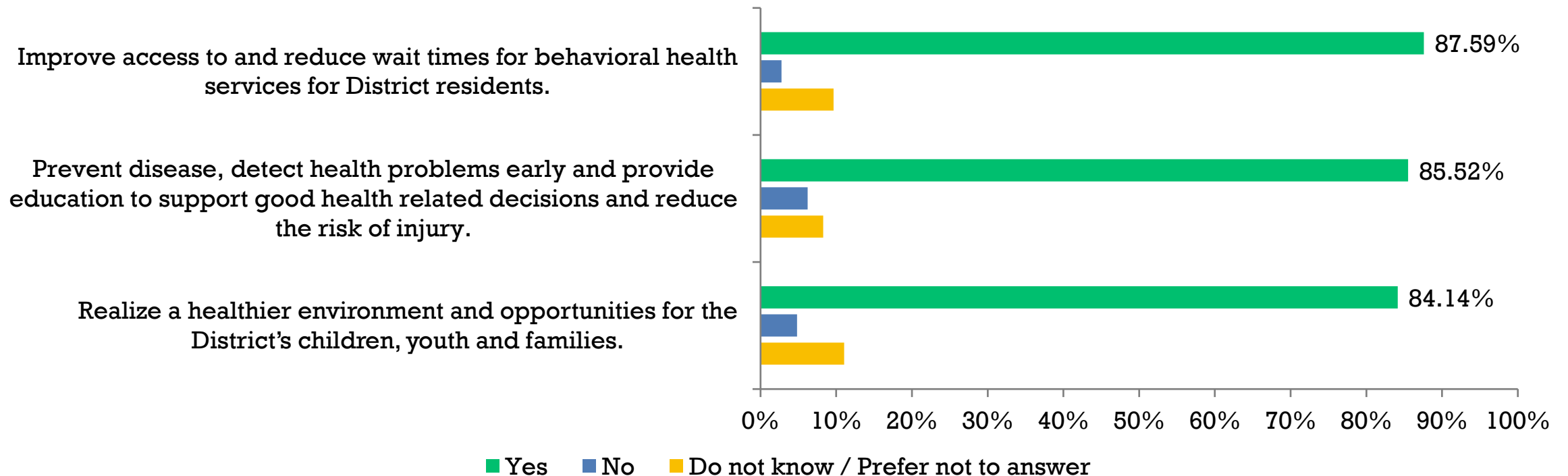
Improvement was seen related to the priorities around prevention/early detection and realizing a healthier environment, but over half of respondents said they had seen little to no improvement related to the behavioral health priority.

Exhibit 10: Please identify if you have seen or experienced any positive change in the community related to the priorities that were identified in Mason Health's previous Needs Assessment.



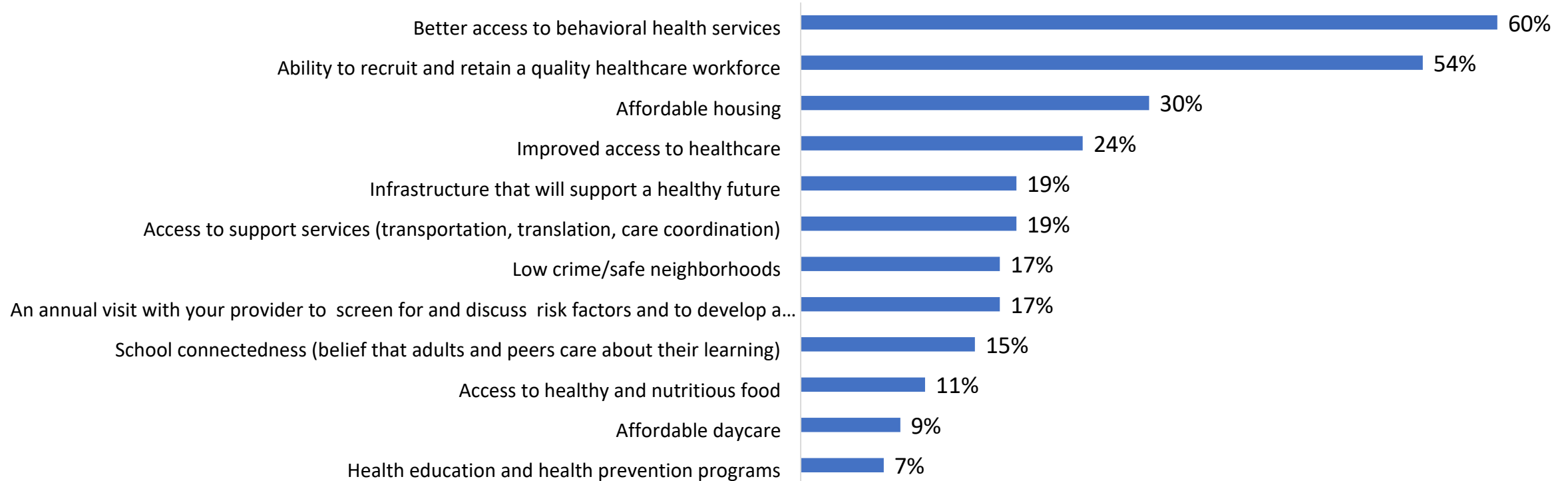
Respondents thought all three priorities should continue as priorities for the next three years.

Do you think any of the priorities identified in the previous Health Assessment should continue to be a priority for the next three years?

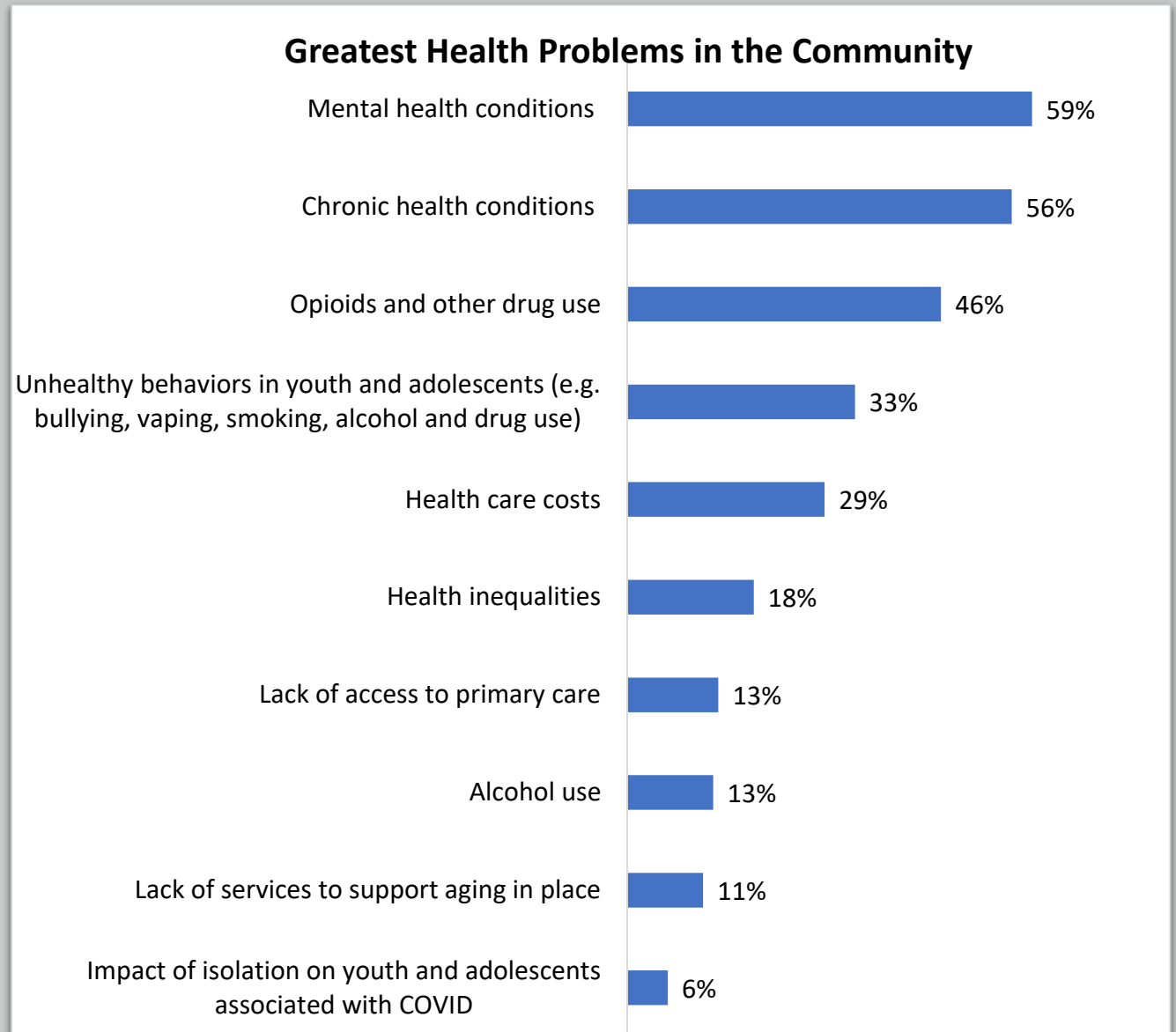


Better access to behavioral health services and *the ability to recruit and retain a quality healthcare workforce* were seen as the most important priorities to improve health and quality of life in the community.

Factors Identified as 3 Most Important Priorities that will Improve Health and Quality of Life in the Community



In line with the previous CHNA priorities, respondents identified *mental health conditions, chronic health conditions, substance use and unhealthy behaviors among youth* as the greatest health problems in the community.



When provided the opportunity to provide additional information about the health of the community, respondents communicated the need for more healthcare providers, dissatisfaction with the availability and quality of the current healthcare workforce, and the need for more specialists.

Is there anything else you would like to add about the health of your community?		
	%	
More Healthcare Providers needed	41%	
Dissatisfaction with Availability/Quality of Current Healthcare	32%	
More Specialist Providers needed	27%	
More Health and Financial Education Needed	23%	
More Mental Health Supports needed	14%	
Concerns for Youth	14%	
Concerns about Health Disparities	14%	
Concerns about Low Income Population	14%	
Concerns about Substance Abuse	9%	
Low vaccination rates	9%	
Grassroots Changes Needed	5%	

Recommended 2023-2025
Community Priorities: The
results of the community
engagement process and the
CHNA data support the
continuation of Mason's
previous priorities:

*Improve access to and reduce
wait times for behavioral
health services for District
residents*

*Prevent disease, detect health
problems early and provide
education to support good
health related decisions and
reduce the risk of injury*

*Realize a healthier
environment and
opportunities for the District's
children, youth and families.*

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