



East Adams Rural
Healthcare



COMMUNITY HEALTH
NEEDS ASSESSMENT &
IMPLEMENTATION PLAN

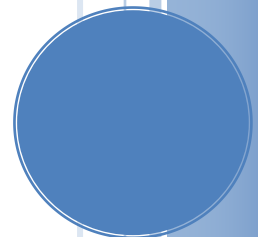


2017-2019

Adopted by:

**Adams County Public Hospital District No. 2
Board of Commissioners**

December 21, 2017



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INTRODUCTION/OVERVIEW

East Adams Rural Healthcare (EARH) is a Critical Access Hospital owned and operated by Adams County Public Hospital District No. 2. EARH serves the entirety of eastern Adams County. With a population of approximately 3,800, its service area makes up about 17% of the total County's population. The hospital is located in historic Ritzville, the second largest city in the county.

Services provided by EARH include an emergency department that operates 24 hours a day, seven days a week; family practice; laboratory; digital imaging; inpatient services, physical and occupational therapy and swing beds. EARH also operates two Rural Health Clinics, including one in Washtucna, a community approximately 28 miles south of Ritzville. EARH also provides Care-A-Van transportation for patients who have trouble getting transportation to the hospital campus on their own.

This Community Health Needs Assessment (CHNA) was prepared in partnership with Adams County Public Health/ Integrated Healthcare Services of Adams County. Other community organizations participating in the process include Adams County Healthcare Alliance

(ACHA) and Rural East Adams Coalition for Health (REACH). Health Facilities Planning & Development, a consulting firm in Seattle, Washington with more than 30 years' experience working with Washington hospitals, compiled the data and community feedback and worked with EARH to create the needs assessment report and implementation plan.

East Adams Rural Healthcare

Mission

Achieving excellence through exceptional quality to serve the health care needs of District residents and travelers.

Vision

EARH and its District Clinics are a regional hub for health care in Eastern Adams County that is well-integrated with a network of health care partners to offer exceptional care in a modern facility enhanced by advanced technology.

METHODOLOGY

EARH partnered with Adams County Public Health/Integrated Healthcare Services of Adams County and other community organizations listed in **Appendix A**. Information was compiled and analyzed from a multitude of sources. Both primary and secondary data were collected and incorporated to create a comprehensive understanding of the Service Area's health, health status and health care needs. Demographics, health behaviors, mortality and access to health care were among the health status indicators that were examined.

Data sources included, but were not limited to the following:

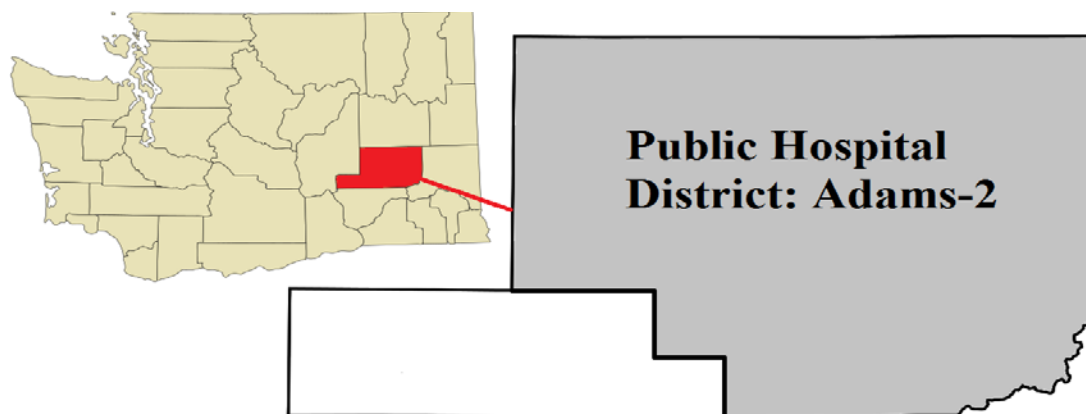
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- American Community Survey (ACS), US Census Bureau
- Robert Wood Johnson County Health Rankings
- Department of Health and Human Services National Vital Statistics System
- WA Department of Health Adams County Chronic Disease Profile 2017
- Washington Healthy Youth Survey 2016 Adams County
- Enroll America
- HRSA Data Warehouse
- Washington State Healthcare Authority
- Adams County Health Alliance Community Health Improvement Plan

Adams County contains two Public Hospital Districts. EARH serves the eastern portion of the County, and Adams County Public Hospital District No. 1, Othello Community Hospital (OCH) serves the western portion of the County. OCH's service area is significantly younger and more diverse. Given the significant differences in the County's demographics, specific to this CHNA, where possible, data was collected specific to the Service Area or East Adams County, and where not available, county level data was used.

SERVICE AREA DESCRIPTION

As shown in Figure 1, Adams County is a rural agricultural County in eastern Washington State with a 2016 total population of 21,753. Public Hospital District No. 2 comprises the eastern part of the county with a population of 3,766. The largest city in the Service Area is Ritzville (population 1,670). Ritzville is located at the intersection of Interstate 90 and State Route 395 and is roughly one hour from the nearest larger cities of Moses Lake and Spokane, WA. The largest city in Adams County, Othello (population 7,780) is approximately a one-hour drive.

Figure 1: Adams County Public Hospital Districts



Agriculture represents the largest portion of the economy in the County, followed by government employment. The County has the second highest percent of users of the Basic Food program (Supplemental Nutrition Assistance Program/SNAP) in the state, with 25% of the population participating in the program.

POPULATION, INSURANCE, AND ACCESS

Population

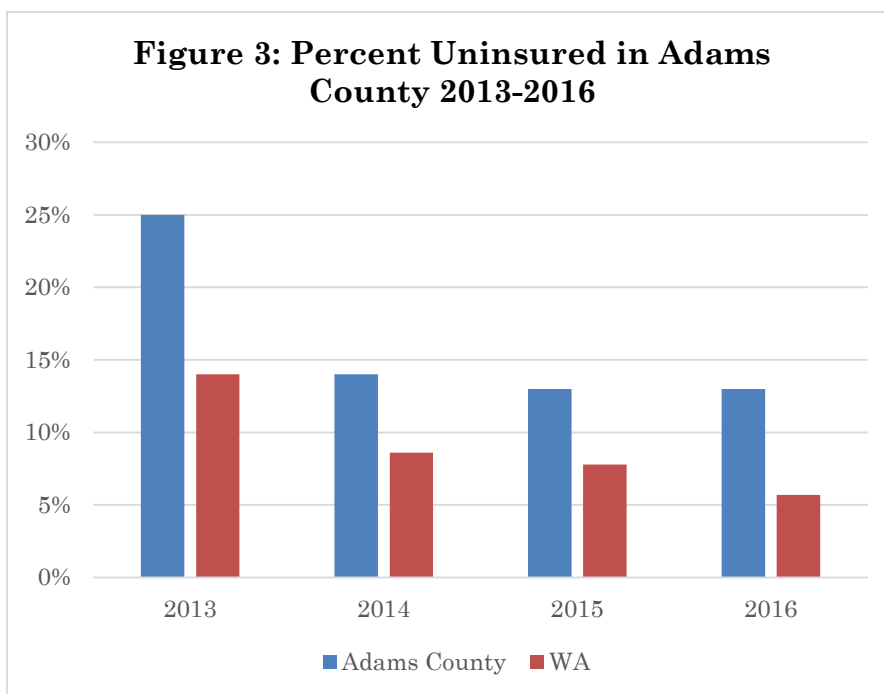
Demographic factors have a strong effect on health status, health care usage and ability to access health care. As shown in **Figure 2**, the Adams County population is much younger than the State average, with over 35% of the population under age 18, compared to 23% for the whole state. However, **Figure 2** also demonstrates the differences between the eastern and western portions of the County. EARH's Service Area represents about 17% of the total County, and is significantly older with approximately 23% over the age 65 (11% for the County at large) and 7% Hispanic (versus 64% for the County at large). Approximately 6% of Service Area residents speak a language other than English at home, compared to nearly 53% Countywide.

Figure 2: Population of the Service Area, County, and State

Population	Service Area	%	Adams County	%	WA State	%
Total Population	3,766		21,753		7,185,242	
0-17 Years Old	832	22.1%	7,473	34.4%	1,628,086	22.7%
Adults 18 -64	2,078	55.2%	11,918	54.8%	4,500,066	62.6%
Seniors 65+	856	22.7%	2,362	10.9%	1,057,090	14.7%
Hispanic	280	7.4%	13,840	63.6%	894,338	12.4%
Language Other than English Spoken at Home	234	6.2%	11,464	52.7%	1,358,011	18.9%

Source: 2016 Nielsen Claritas

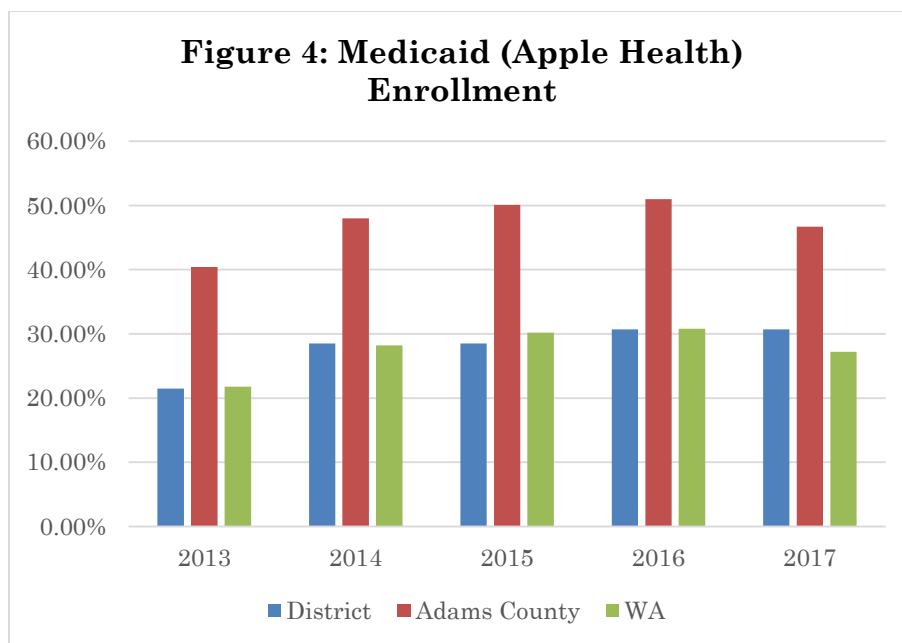
Insurance



As shown in **Figure 3**, overall, Adams County has a higher uninsured rate than the rest of Washington State. In 2013, nearly 25% of the County was uninsured. Today that percentage is about 12%; a reduction of more than 50%.

Source: Washington State Office of Financial Management, "Trends in County Uninsured Rates in Washington: 2013-2015" from March 2017.

Figure 4 provides information on the percentage of residents in the Service Area (District), County, and State that are enrolled in Medicaid's Apple Health. In 2013, about 40% of the County was enrolled in Medicaid, and about 20% of EARH's Service Area was enrolled. By 2016-2017, about 45-50% of the County was enrolled in Medicaid, and 30% of EARH Service Area residents were enrolled.



Source: Washington State Healthcare Authority; Apple Health enrollment by zip code, May 9, 2017. The District is defined as the following zip codes: 99105, 99169, 99341, and 99371.

Access

The Federal Health Resources & Service Administration (HRSA) deems 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 different types of HPSAs depending on whether shortages are wide spread or limited to specific groups of people or facilities including: a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused; or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g. low-income, migrant farmworkers, Native Americans).

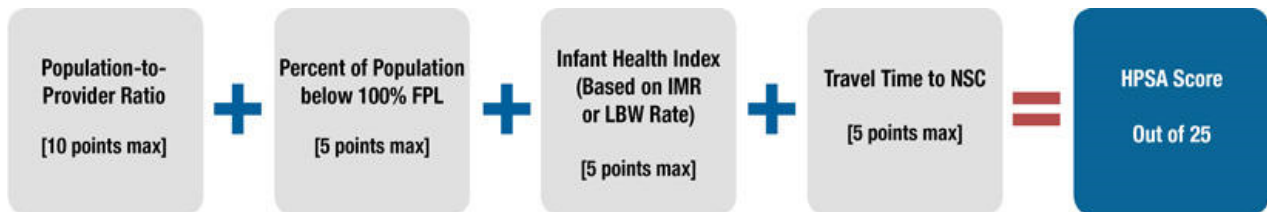
Once designated, HRSA scores HPSAs on a scale of 0-26 for primary care and mental health, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care and mental health care.

The entirety of Adams County is a designated HPSA for primary care and mental health. The low-income population of Adams County has been determined to have a shortage of available dental care providers. 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. **Figure 5** reflects Adams County’s HPSA designations and scoring.

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.



Source: Federal Health Resources & Service Administration

Figure 5: Adams County HPSA Designations

HPSA	Designation Type	Approval Date	Score
Primary Care	Geographic: Entire County	8/02/2017	18
Dental Care	Population: Low-income	8/02/2017	20
Mental Health	Geographic: Entire County	7/29/2017	19

Source: Federal Health Resources & Service Administration

2015 COMMUNITY HEALTH IMPROVEMENT PLAN

In 2015, the Adams County Health Alliance (ACHA) developed a Community Health Improvement Plan (CHIP) for 2015-2017, and EARH was an active participant. Five broad goals were established in the Plan:

- Community members will make healthier food choices
- Community members will be more physically active
- Mothers will breastfeed their infants
- Teens will have opportunities for positive activities
- Identify resources available in the community for substance abuse prevention

Adams County Health Alliance Members:

- ❖ Adams County Health Department/ Integrated Health Care Services
- ❖ East Adams Rural Healthcare
- ❖ Othello Community Hospital
- ❖ Columbia Basin Health Association
- ❖ Adams County Emergency Management
- ❖ Othello School District
- ❖ Othello Police Department
- ❖ Adams County Sheriff’s Office
- ❖ Avista

CHIP Accomplishments

Since adoption, significant progress has been made in several areas, including:

- Mapping and improving walking trails in several communities to increase physical activity
- Establishing and promoting breastfeeding policies in hospitals
- Compiling lists of positive activities for teens
- Holding community education forums on substance use
- Procuring funds to install a safe drug disposal box in Ritzville.

Because of the significant distance between Othello and Ritzville, members of the ACHA decided to form an organization for eastern Adams County, named the Rural East Adams Coalition for Health (REACH). REACH cooperates and coordinates with ACHA, but has a specific focus on the EARH Service Area. REACH's current focus is on substance abuse.

SOCIAL DETERMINANTS, COUNTY HEALTH RANKINGS, AND PREVENTABLE HOSPITALIZATIONS

Social Determinants

The social determinants of health—the conditions under which people are born, grow, live, work and play—greatly influence the health of a community and its residents. Education, income and race are all social determinants. Adams County is located in a food desert, a USDA definition for an area with no car and no supermarket store within a mile at rates between 2.5-5%¹.

Figure 6 details various socioeconomic characteristics of the Service Area and County. Fewer County residents graduated from high school or completed their GED than did Washington residents overall (66.6% v. 90.4%). Adams County unemployment is slightly lower than WA State (3.7% v. 4.6%). Data was not available for the Service Area. The percentage of adults 18 and older who meet the federal poverty level standard is 61% higher in the County and 11% higher in the Service Area than in the State.

Figure 6: Socioeconomic Characteristics

	High School Graduate or Higher	Unemployment Rate	Poverty Rate
EARH Service Area	91.8%	--	14.8%
Adams County	66.6%	3.7%	21.4%
WA State	90.4%	4.6%	13.3%

Sources: 2011-2015 American Community Survey, U.S. Census Bureau; Monthly Employment Report, Washington State Employment Security Department August 2017, not seasonally adjusted.

¹ Department of Agriculture, Center for Disease Control

County Health Rankings

The Robert Wood Johnson Foundation's County Health Rankings compare counties within each state on more than 30 factors. Counties are ranked according to summaries of a variety of health measures. Counties are also ranked relative to the health of other counties in the same state. The 2013 and 2017 summary composite scores for Adams County are identified in **Figure 7**.

As the table shows, Adams County's overall health outcomes score worsened slightly from 28 to 29 while its overall health factors improved from 32 to 31 (out of Washington's 39 Counties). Adams County still ranks in the lowest quartile of Washington's 39 total counties on both health outcomes and health factors.

Figure 7: County Health Ranking Scores, Adams County 2013 vs. 2017

Composite Score	2013	2017*	Change 2013-2017
<i>Overall Health Outcomes</i>	28	29	-1
Length of Life	29	16	+13
Quality of Life	24	37	-13
<i>Overall Health Factors</i>	32	31	-1
Health Behaviors	26	31	-5
Clinical Care	34	34	--
Social & Economic Factors	32	23	+9
Physical Environment	28	21	+7

Sources: County Health Rankings, 2013, 2017

*Garfield County was not ranked in 2017, resulting in 38 ranked counties in all

Potentially Preventable Hospitalizations

The Agency for Healthcare Research and Quality (AHRQ) has developed a number of health care-related quality measures including Prevention Quality Indicators (PQIs). Consisting of 11 individual and four composite PQIs, these measures identify a set of hospitalizations that, in theory, are potentially preventable through primary or secondary health care interventions such as vaccinations, regular primary-care provider visits and common prescription medications.

The PQI measures are not a reflection of the care provided in a hospital. Instead, they act as an indirect measure of a community's primary health care system and its population's ability to access and utilize appropriate, timely and affordable preventative and primary care. Adams County is part of Legislative District 9 and generally has better rates of prevention quality indicators (PQIs) than the State. **Figure 8** below outlines how District 9 compares to the State.

Figure 8: Preventable Hospitalizations by Legislative District - WA

	Prevention Quality Indicators (PQI's)	Legislative District #9
Overall		Better
Composite Measures	Acute	Same
	Chronic (all)	Better
	Diabetes Only	Better
Acute Conditions	Dehydration	Better
	Bacterial Pneumonia	Worse
	Urinary Tract Infections	Better
Chronic -Diabetes Only	Short-term Complications	Better
	Long-term Complications	Better
	Uncontrolled	Better
	Lower-extremity Amputations	Same
Chronic - Other Conditions	COPD or Asthma in Older Adults	Same
	Hypertension	Better
	Heart Failure	Better
	Asthma in Younger Adults	Better

Source: Washington State Office of Financial Management Forecasting and Research Division, "Potentially Preventable Hospitalizations by Legislative District" July 2017

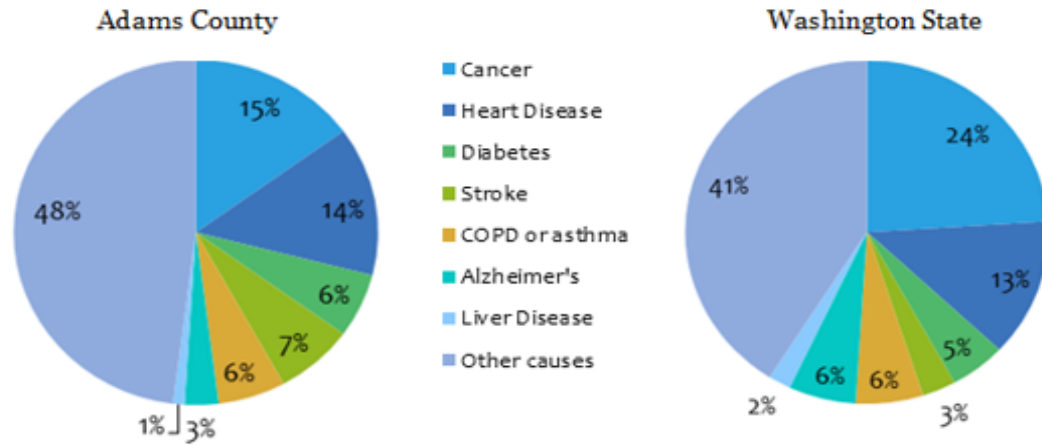
HEALTH STATUS

National health organizations like the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation compile data on several health indicators that can be compared across populations. The following measures are presented to show how the East Adams community's health compares with all of Adams County and Washington State.

Causes of Death

Figure 9 shows cancer is the leading cause of death both in Adams County and Washington State. Cancer is responsible for 24% of statewide deaths, compared to 15% in Adams County, a nearly 40% difference. Heart disease accounts for nearly the same percentage of deaths in both Counties (14% in Adams County and 13% in WA) and is the second largest cause in both areas.

Figure 9: Causes of Death, WA State & Adams County



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2013-2015. Published in Adams County Chronic Disease Profile revised 5/8/2017.

Risk Factors and Chronic Diseases

Behavioral Risk Factors

The most common behavioral contributors to preventable chronic disease, morbidity or mortality include the use of alcohol, tobacco, firearms, and motor vehicles; diet and activity patterns; sexual behavior; and illicit use of drugs. The social and economic costs related to these behaviors can all be greatly reduced by changes in individuals' behaviors. The Center for Disease Control's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) is a survey that measures self-reported information about behavioral risk factors. It is the longest continuously running phone survey in the world.

Data on behavioral risk factors can be found in **Figure 10**. Compared to State averages, the incidence of obesity and diabetes is higher in the Service Area. Cigarette smoking rates are comparable to the State, while binge drinking is lower. Of concern, trends related to obesity and diabetes worsened over the period of 2012 to 2014 (most recent data available).

Figure 10: Adult Behavioral Risk Factors

Metric	Service Area- East Adams	West Adams County	State of WA
Behavioral Risk Factors (%)**			
Obese	36%	42%	27%
High Cholesterol	36%	46%	43%
Smokes Cigarettes	9.3%	8.4%	12.8%
Not Getting 30 minutes of Exercise Most Days	39%	42%	35%
Binge Drink	11%	11%	13%
	Worse Compared to WA State		Better Compared to WA State

Sources: BRFSS Survey, 2012-14, 2011-2015 American Community Survey, U.S. Census Bureau, County Health Rankings. East Adams defined as zip codes 99105, 99169, 99341, 99371. West Adams defined as zip code 99344. ** Small Sample Sizes for Service Area. High variability in mean values

Specific to youth, the Washington's Healthy Youth Survey (HYS), a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board, provides important information about youth. Students in each school district in grades 6, 8, 10, and 12 answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

As depicted in **Figure 11**, 10th grade adolescents in Adams County are more obese or overweight than their WA peers (32% v. 27%). Overall, 10th graders in Adams County have better access to fruits and vegetable servings per day, drink alcohol less, and smoke cigarettes less than other 10th graders in WA. At the time of writing of this CHNA, EARH was still attempting to collect data on Service Area school districts.

Figure 11. Adams County Healthy Youth Survey Results, 10th Grade

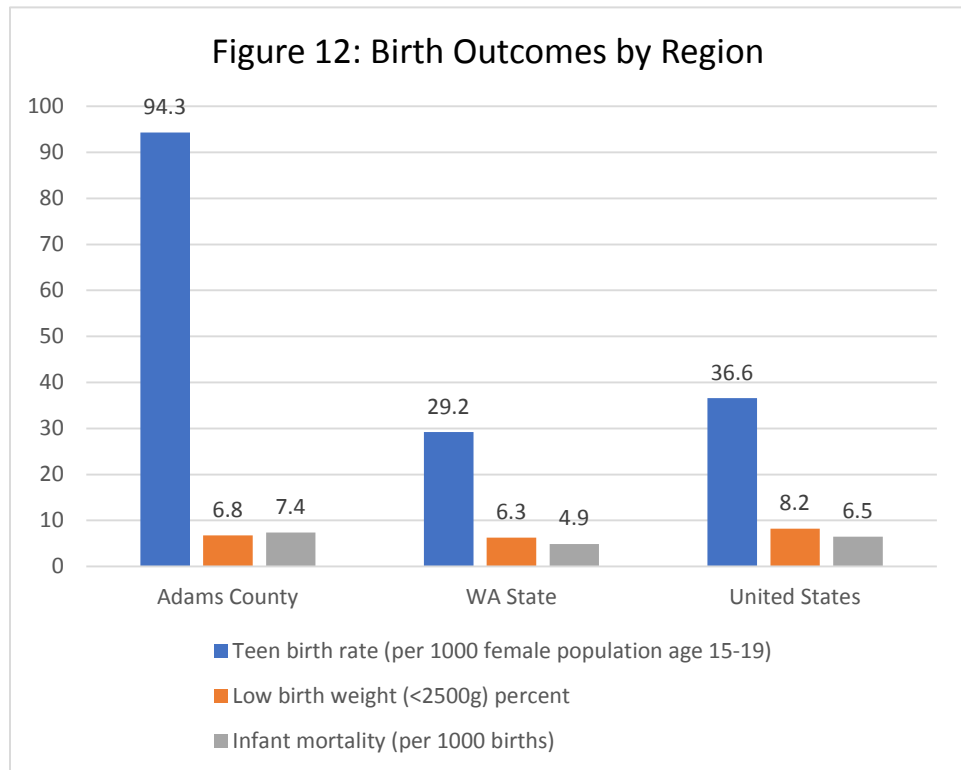
Metric	Adams County	State of WA
10th Grade Risk Factors (%)		
Obese or Overweight (top 15% of BMI)	32%	27%
< 5 Fruit or Veg Servings/day	72%	80%
Poor Physical Activity (<3 days/week)	28%	28%

Drink Alcohol (last 30 days)	17%	20%
Smoke Cigarettes (last 30 days)	3%	6%
	Worse Compared to WA State	Better Compared to WA State

Source: Healthy Youth Survey, 2016, Adams County and Washington State, Grade 10

The rate of births to 15- to 19- year-old females in Adams County is more than triple that of the rest of the state (94.3/1,000 vs. 29.2/1,000). Within the high teen birth rate in Adams County, the birth rate among Hispanic teen girls is almost four times the rate among White teens (122.5/1,000 vs. 32.4/1,000) (National Vital Statistics System 2007-2011). Cultural differences between Hispanic and Whites may partly explain the difference in rates, and based on the distribution of the Hispanic population in the County, the teen birth rate is likely much lower in EARH’s Service Area.

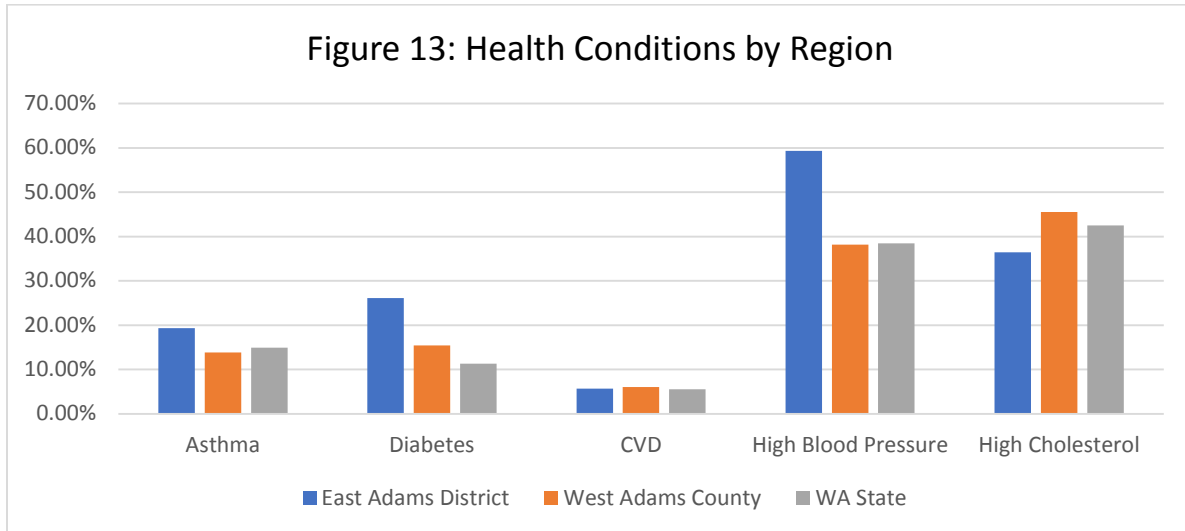
Younger mothers are less likely to get prenatal care early in their pregnancies and their pregnancies are more likely to result in premature births and low birth weight babies. As **Figure 12** shows, low birth weight babies and infant deaths both occur more frequently in Adams County than Washington State.



Source: CDC National Vital Statistics System, HRSA Area Health Resource File 2006-2010

Chronic Conditions

Likely due in large part to the older age of Service Area residents, the Service Area has higher rates of high blood pressure, diabetes, and asthma compared to the rest of the County and State. **Figure 13** summarizes these findings.

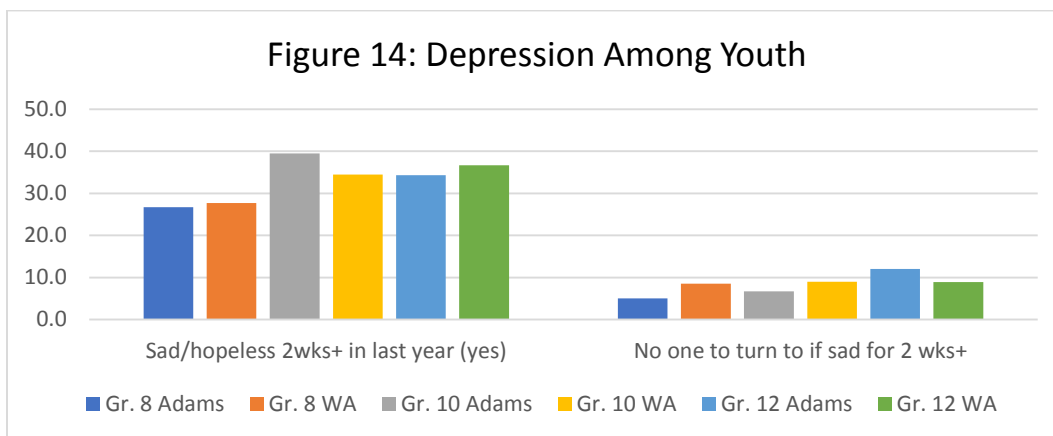


Source: BRFSS Data, 2012-2014
CVD: Cardiovascular Disease

Behavioral health

Mental Health

According to the Robert Wood Johnson County Health Rankings, Adams County residents reported an average of 4.0 mentally unhealthy days in the 30 days prior to completing the BRFSS survey, compared to a Washington State average of 3.7 days. The range among counties was 3.1 (King County) to 4.4 (Ferry County). Adams was number 32 of the 39 counties in Washington. As **Figure 14** shows, according to the 2016 Healthy Youth Survey, 39.5% of Adams County 10th graders reported being depressed for two weeks or more in the past year, compared to 34.5% of 10th graders statewide.



Source: Healthy Youth Survey 2016

As shown in **Figure 15**, among 10 Graders in Adams County, more students experienced depression when compared to the State.

Figure 15: 2016 Healthy Youth Survey

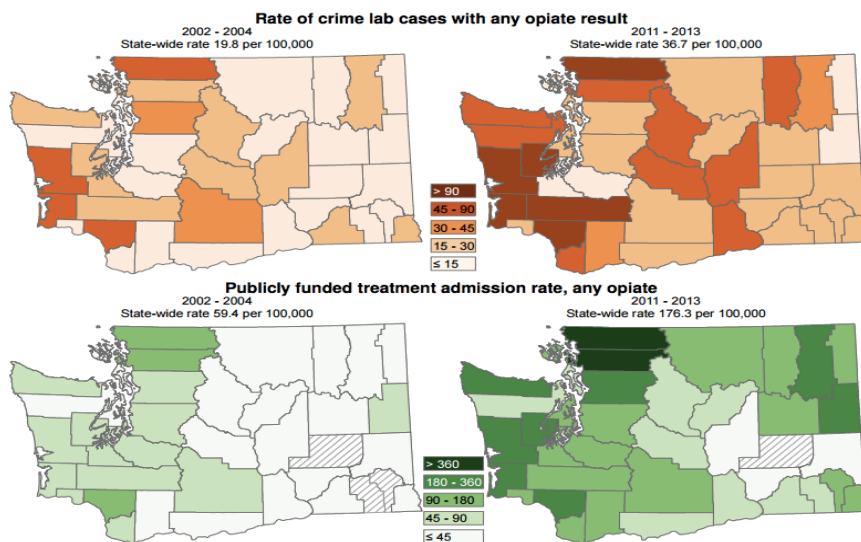
Metric	Adams County	State of WA
10th Grade Risk Factors (%)		
Suicidal Ideation	15%	21%
Depressed	40%	35%
Bullied (last 30 days)	21%	21%
	Worse Compared to WA State	Better Compared to WA State

Source: Healthy Youth Survey 2016

Substance Use

Heroin and overall opiate use and abuse are significant health issues in Adams County. Like most of Washington State, Adams County has seen increases in the use of heroin in the past decade. For example, the rate of heroin substance detected in police crime labs in Adams County during the 2011-2013 timeframe was 15-30 per 100,000. Though this rate has increased from that of 2002-2004, it is still lower than Washington State.

Figure 16: Opiate Use and Abuse Growth over Time, Washington State, 2002-2004 to 2011-2013



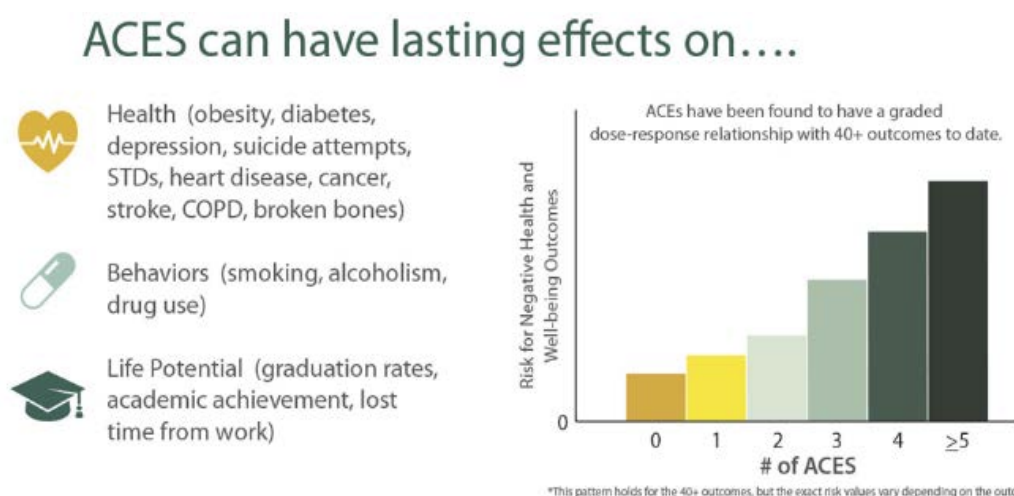
Source: University of Washington Alcohol & Drug Abuse Institute

Overall opiate abuse, including heroin and prescription opiates, has grown steadily in the past fifteen years as well. At this time, rates of treatment for residents with opiate addiction are not calculated for Adams County due to a small sample size.

Adverse Childhood Experience (ACES)

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

Figure 17: Association between ACEs and Negative Health Outcomes



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

ACE burden is defined as the number of ACEs an adult was exposed to during childhood. The highest ACE score is 8. In Washington, 62% of adults 18-64 have at least one ACE; 26.5% have 3 or more; 5% have 6 or more. The Service Area has a higher rate of adults with 3 or more ACEs and 6 or more ACEs (see **Figure 18**).

Figure 18: Ace Burden on Adults

Burden	Service Area	WA State
Adult Population with 3+ ACEs	34 to 38%	26.5%
Adult Population with 6+ ACEs	12% to 22%	5%
Percent of Adult Population Transmitting 2+ ACEs to Children	19% to 35%	-

Source: Foundation for Healthy Generations, “Health, Safety & Resilience: Foundations for Health Equity,” 2014/2015 (data from 2009-2011)

COMMUNITY CONVENING

On October 17, 2017 EARH, in conjunction with Public Health conducted a Community Convening. After presentation of data and robust conversation, participants were asked to identify their top health concerns as summarized in **Figure 19**.

Figure 19: Identified Top Health Concerns

Identified Top Needs/Gaps	
1.	More services to support elderly at home
2.	Behavioral health
3.	Lack of affordable healthy food

Additionally, participants were asked to follow up on identified health concerns with potential improvement strategies that could directly impact areas of concerns.

Figure 20 outlines the potential solutions.

Figure 20: Top Health Improvement Strategies

Identified Top Health Improvement Strategies	
1.	Home support for elderly
2.	Access to behavioral health
3.	Use best practices to support healthy eating
4.	ACES and trauma-informed care training for clinic staff
5.	Health education

CHNA PRIORITIES

After consideration of our resources and expertise as well as input from other community agencies and providers (along with their respective areas of expertise and programming), EARH's Board of Commissioners adopted the following priorities:

Priorities	
1.	Further integrate behavioral health into primary care, and provide trauma-informed care training for staff.
2.	Support elderly safely in their homes or a setting of their choice.
3.	Partner with other community organizations to support access to healthy food.

IMPLEMENTATION PLAN

Significant time was spent developing an implementation plan that EARH is best positioned to utilize in addressing the priorities identified in this CHNA. **Figure 21** lays out the strategies, impacts, collaborations, and metrics for evaluation for each priority. Again, EARH utilized its existing expertise, community input, and community relationships to create solutions that leverage all available resources.

Figure 21: Implementation Plan

Priority #1: Further integrate behavioral health into primary care, and provide trauma-informed care training for staff.			
Actions:	Implement sustainable resources for pediatric and telehealth support for integration of behavioral health.		
Strategies	Anticipated Impact	Planned Collaborations	Evaluation Metrics
<p>Provide training to staff on ACES and Trauma-Informed Care</p> <p>Add additional care coordination to primary care</p> <p>Explore a sustainable telehealth model, with a particular focus on pediatrics</p>	<p>Increased access, and as a result, early diagnosis and treatment</p> <p>Reduction in rates of suicide, substance use, along with related morbidity and mortality</p>	<p>Adams County Health Department/Integrated Health Partners</p> <p>Grand Columbia Health Alliance</p> <p>Better Health Together Accountable Community of Health</p>	<p>Number of persons with behavioral health needs managed in primary care</p> <p>Number of staff receiving trauma informed care training</p> <p>Improvements in healthy youth survey</p> <p>Improvements in BRFSS results</p>
Priority #2: Support elderly safely in their homes or a setting of their choice.			
Actions:	Develop community-based resources to retain elderly safely at home.		
Strategies	Anticipated Impact	Planned Collaborations	Evaluation Metrics
<p>Designation of Service Area as underserved for home health</p> <p>Evaluate formal respite program</p> <p>Lead other similar communities in working with ALTSA to develop and fund community-based alternatives</p>	<p>Better management of chronic diseases in elderly population</p> <p>Reduced total costs of care and better quality of life</p> <p>Keeping families close together and less caregiver burnout</p>	<p>ALTSA</p> <p>Adams County Health Department/Integrated Health Partners</p> <p>Grand Columbia Health Alliance</p> <p>Community Based Long Term Care Network</p>	<p>Patient and caregiver quality of life</p> <p>Reduced hospitalization and ED visits</p> <p>Sustainable, viable community-based services</p> <p>Increased primary care capacity</p>

Priority #3: Partner with other community organizations to support access to healthy foods.			
Actions:	Partner with other Community organizations to support Access to Healthy Foods.		
Strategies	Anticipated Impact	Planned Collaborations	Evaluation Metrics
Continue CHIP work to increase participation of grocery stores labeling healthy food choices	Increased education on healthy food choices	Public Health	Reduction in obesity and chronic conditions
Community gardens	Variety of healthy options	Lind Ritzville School District	Higher rates of healthy fruit and vegetable consumption
Mobile markets/famer's markets	Cost-effective access to healthier choices		Number of mobile markets/health food options
Support community in conducting a food assessment	Increased collaboration between community members		

APPENDIX A: COMMUNITY HEALTH PARTNERS

- Adams County Health Department/Integrated Health Care Services
- Adams County Emergency Management
- Adams County Sheriff's Office
- Adams County Commissioner
- Adams County Economic Development Council
- Adams/Lincoln/Grant Parent Coalition
- Avista
- Better Health Together ACH
- City of Lind
- City of Ritzville
- Columbia Basin Health Association
- Community Based Long-Term Care Network
- East Adams Library District
- East Adams Rural Healthcare
- Greater Columbia Health Alliance
- Lind Ritzville School District
- Ministerial Association
- Ritzville Senior Center
- Soul Cafe
- WSU Extension Service