

# Rural Health Roundtable Columbia County, Washington



Washington Rural Health Association  
October 22, 2013



## Executive Summary

With fewer human and financial resources available in rural communities, town hall meetings can be a good approach to garner input from stakeholders about health and health care services. As a local venue to discuss what works and what doesn't, they can be used to identify delivery gaps, brainstorm collaborative solutions and express changing needs in the current health care and economic environment.

The Washington Rural Health Association Board of Directors decided to host town hall meetings in rural counties across the state. Called *Rural Health Roundtables*, their purpose was threefold: 1) to exchange information, 2) to serve as a catalyst for collaboration, and 3) to promote partnerships.

The Columbia County Rural Health Roundtable was held in downtown Dayton, Washington in a community center, called the Delany Building, on fall evening in mid-October. This report summarizes the findings.

### Special thanks to:

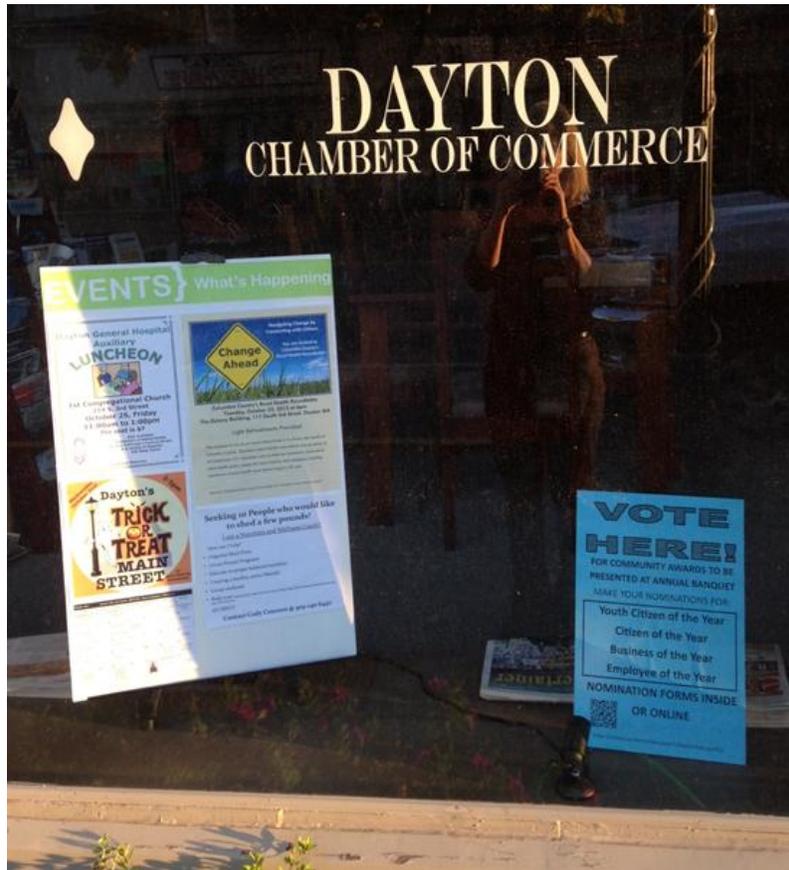
Jon Smiley, Jodi Martin, and the staff at Dayton General Hospital for their support in organizing and providing refreshments for the Roundtable,

Martha Lanman at the Columbia County Public Health Department for her input and promotion of the event, and

The Washington State Hospital Association for access to Columbia County data and their continued support to the WRHA.



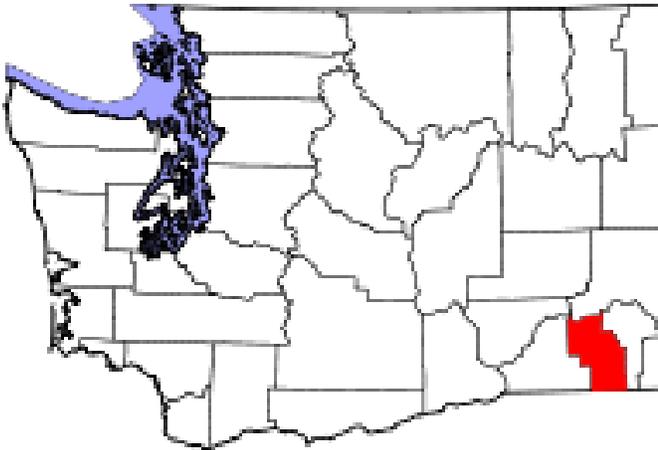
**Roundtable Organization and Participation:** Columbia County’s Rural Health Roundtable was organized by staff from the hospital, county public health department and the Washington Rural Health Association. The event was located in at the Delany Building in the heart of Dayton, Washington. A postcard invitation canvassed the community with one sent to every resident in the county. The invitation was posted on the Columbia County Health System website.



Other dissemination strategies included event signage posted in high traffic areas: hospitals, clinics, store fronts, the library, and the like. Press releases were run in two local papers. (See Appendix).

Approximately 50 people attended the event including hospital administrators, the Mayor, City Council Members, medical providers, a pharmacist, two dentists, the School District Superintendent, Dayton Elementary Principal, Public Health Administrator and staff, many concerned community members, local reporters, hospital board members and even Congressional District staff for Kathy McMorris Rodgers and State Representative Terry Nealy.

**Setting the Stage:** A PowerPoint presentation laid the groundwork for the discussion. Slides displayed information about Columbia County's demographics, its health status, and an overview of health reform. Written materials summarizing health indicators were provided as handout for participants. Sources of data included: the [Washington State Hospital Association](#), [County Health Rankings](#), Washington State Department of Health [County Profiles](#), CDC's [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), [Washington State Office of Management and Budget](#), and [US Census Bureau](#) data.



Columbia County, marked in red in the map to the left, is part of the Palouse, a wide and rolling prairie-like region of the middle Columbia basin. As of the 2010 census, the population was 4,078 making it one of the more sparsely populated of Washington's 39 counties. Over half of the residents live in Dayton, the county seat. Dayton is well known for the historic preservation of its downtown.

The economic center is agriculture; main crops include asparagus, green peas, and wheat, with ranching and logging also playing a significant role. The county's healthcare needs are met by Columbia County Health System (CCHS), a fully accredited Critical Access Hospital, licensed to provide inpatient general acute care. CCHS operates two rural health clinics and is the sole provider of essential primary care, long term care and emergency services for the county and a small portion of Walla Walla county, in southeast Washington.



Columbia County is designated a Health Professionals Shortage Area (HPSA) by the Department of Health and Human Services for primary medical, dental, and mental health services. It is also identified as a designated Medically Underserved Area (MUA).

**The Health of Columbia County:** One in seven households has an income less than the federal poverty level. Four out of five adults age 25 and older do not have a college degree. One in nine adults has no medical insurance. More than one in seven residents receives food assistance.

While the data may vary slightly by source, all report that the population of Columbia County has higher rates of risk behaviors and higher rates of chronic disease when compare to the state as a whole. Nearly one in four adults smokes cigarettes. Over a third of adults are obese. Two out of five adults have high blood pressure. Almost half of adults have high cholesterol. More Columbia County adults have diabetes, asthma and have more heart disease than the state average.

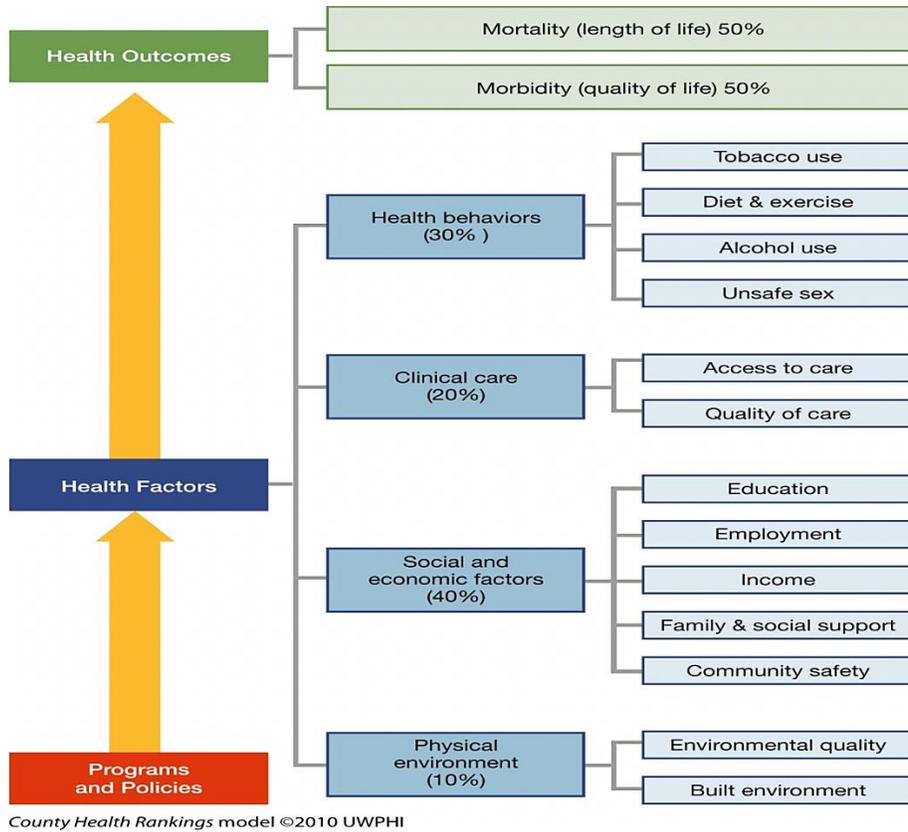
In Percent	Service Area	County	WA
Below 100% Federal Poverty Level	8.8	15	13
Have a High School Degree	89.9	91	89.6
Unemployment Rate (2011)	7.9	11.2	9.2
Heavy drinking: 1-2 drinks for 30 days	7.5	16	5.6
Obesity	22.9	30/38	27
High Blood Pressure	36.9	40	25.6/29
Cigarette Smoking	25.1	17/18	15.7/18
High Cholesterol	43.5	48	40
Diabetes	12.8	16	7.2/8
8 <sup>th</sup> graders – Smoking / 30 days		15.4	7.3
8 <sup>th</sup> graders – Alcohol / 30 days		25.6	16.1
8 <sup>th</sup> graders – Marijuana/hashish		10.3	9.3

Health factors, like those in the above table, represent what influences a population’s health. Together they impact how long one lives and how healthy they are. There are four types of health factors:

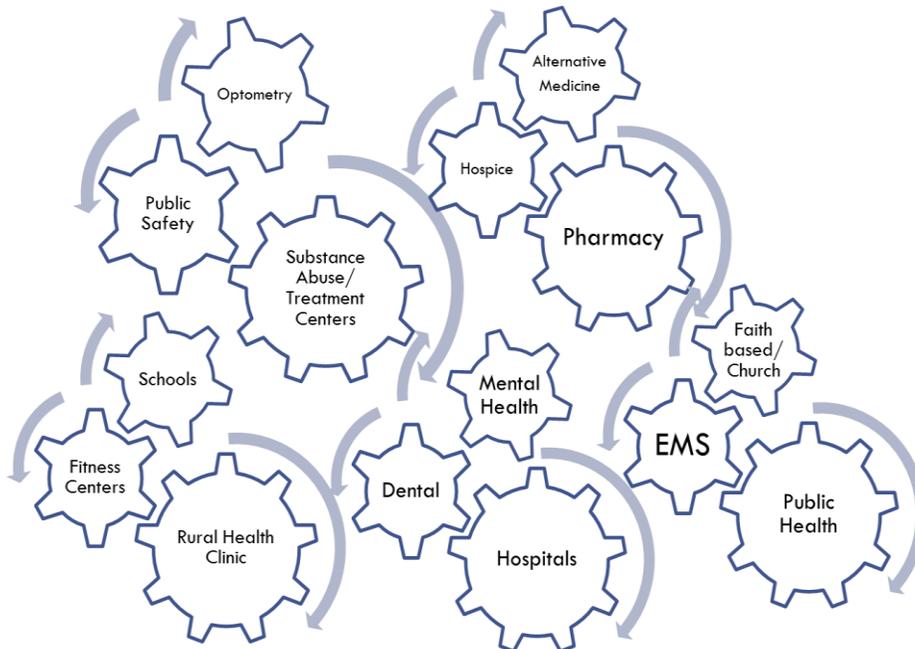
1. The county’s **health behaviors**, such as smoking, diet, and exercise
2. The county’s **access to quality clinical care**, such as having doctors, dentists available in their community
3. The county’s **social and economic factors** such as low income and high unemployment and
4. The county’s **physical environment** such as clean water to drink and air to breathe.

[County Health Rankings & Roadmaps](#) developed the following diagram to shows how health factors influence health outcomes. The diagram can help communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. *County Ranking* ranked Columbia County 20<sup>th</sup> out of the 39 counties in the state in overall health outcomes and 15<sup>th</sup> in health factors.

## Population Health Model:



**Healthcare Delivery in Columbia County:** Columbia County’s health system is much more than the hospital and clinic. Many agencies have opportunities to impact the high rates of chronic disease and risk behaviors.





**Rural Hospitals and Economic Development:** According to the National Rural Health Association, each rural physician generates 23 jobs in the local rural economy. Columbia County Health System (CCHS) is the largest employer in the county. Therefore, the health of the county is linked to the health of the hospital. Yet, like the majority of rural hospitals and clinics, it operates at a narrow financial margin. Many factors influence the financial viability of a rural hospital but one is the patient population. How old is it? How healthy is it? Today, 52 percent of the Hospital's inpatient visits are paid by Medicare. The Medicare population differs in significant ways from the general population. This population is aged 65 and older and younger people with disabilities. Compared to the rest of Americans, Medicare enrollees are disproportionately white and female (due to women's greater longevity). They also have a comparatively precarious economic situation. Medicare enrollees have substantial health care needs compared to the general population. The majority of Medicare enrollees (roughly 87 percent) have at least one chronic condition, and nearly half have three or more, compared to 21 percent and 7 percent of the general population, respectively. Moreover, Medicare pays less per beneficiary to care for CCHS patients than it does on average statewide. As state and federal budget cuts continue and reimbursement rates decrease, operating rural health facilities becomes more difficult. Innovative solutions are required to keep the doors open. This is not only a challenge in Columbia County - it is shared nationwide.

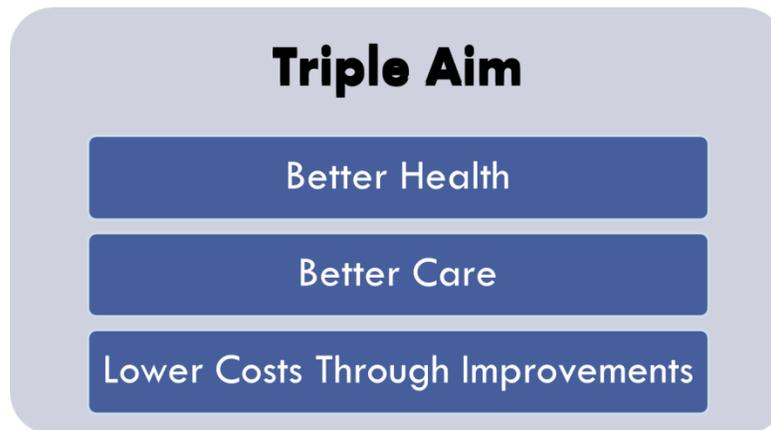
**The Health of the Nation:** The current U.S. healthcare delivery system is not sustainable and the expenditures must be reduced. By 2020, it is projected that healthcare cost will constitute twenty percent of the gross national product. Policy makers suggest that historic approaches to delivering and financing health care will not be responsive in the current environment. Yet, while the expenditures are high, the outcomes are low. Similar to *County Rankings*, the United State ranks low when compared to other countries in health outcomes and factors.

Exhibit ES-1. Overall Ranking

Country Rankings								
		AUS	CAN	GER	NETH	NZ	UK	US
	1.00-2.33							
	2.34-4.66							
	4.67-7.00							
OVERALL RANKING (2010)		3	6	4	1	5	2	7
Quality Care		4	7	5	2	1	3	6
Effective Care		2	7	6	3	5	1	4
Safe Care		6	5	3	1	4	2	7
Coordinated Care		4	5	7	2	1	3	6
Patient-Centered Care		2	5	3	6	1	7	4
Access		6.5	5	3	1	4	2	6.5
Cost-Related Problem		6	3.5	3.5	2	5	1	7
Timeliness of Care		6	7	2	1	3	4	5
Efficiency		2	6	5	3	4	1	7
Equity		4	5	3	1	6	2	7
Long, Healthy, Productive Lives		1	2	3	4	5	6	7
Health Expenditures/Capita, 2007		\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

Note: \* Estimate. Expenditures shown in \$US PPP (purchasing power parity).  
 Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

**National Healthcare Reform:** The Affordable Care Act (ACA) proposes systemic fundamental changes aimed at decreasing costs and improving outcomes. A framework driving ACA initiatives is the Institute of Health Improvement's *Triple Aim* - to achieve better care, better health at a lower cost framework. Innovative solutions that support the Triple Aim are being vetted throughout the United States. Federal, state and local funding sources have been and will continue to support this work.



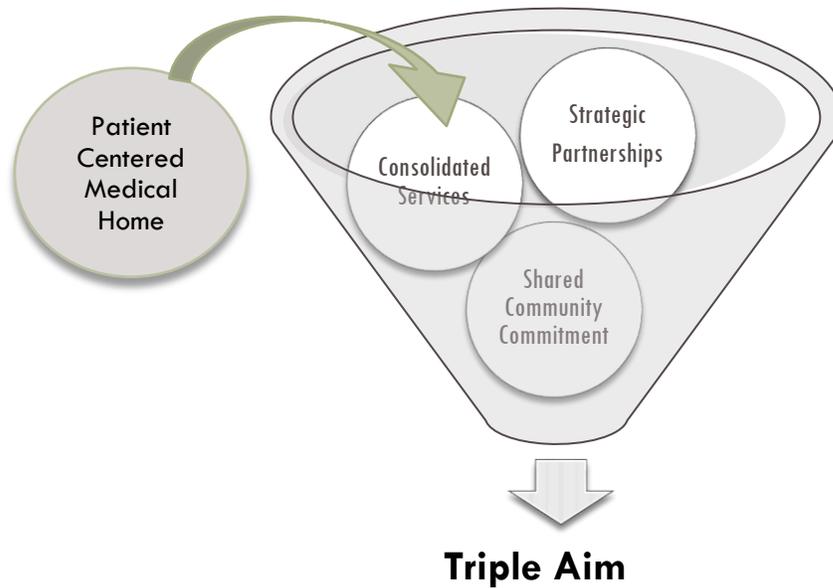
For example, a group in Pittsburgh developed an EMS-facilitated illness prevention and chronic disease management program. The program uses existing resources and personnel to expand EMS services to include post-discharge follow up and chronic disease care management of those at risk of ED utilization or re-admission to the hospital. Another example takes place in a neighboring county, Garfield County. Garfield Hospital developed a unique community health program that engaged over 20 percent of their adult population. The program was a “health challenge” that tracked a participant’s body mass index, blood pressure, and cholesterol and glucose levels monthly and then shared the results publically on community websites and in newsletters mailed to their home. Similar to the “Biggest Loser” the program aimed to motivate and promote sustain health living.

The group was asked: **what solutions could be developed in Columbia County?** What resources could be reallocated to support an innovation healthcare delivery model which addresses the County’s high risk behaviors? What community partners should be involved?

**New Opportunities for Columbia County’s Healthcare Delivery Model:** One way to identify new solutions is to identify overlap in the functions of various stakeholders. Are there duplicative processes that could be streamlined? For instance, if the hospital, the county public health department and the school district conduct a community needs assessment is it possible to consolidate into one assessment? Can strategic partnerships be formed? In Lincoln County Washington, the county’s two critical access hospitals, the county health department, and the mental health providers formed an *inter-local agreement*. This legal union formalized a partnership among agencies allowing them to apply for grants

and state funds. The group collaboratively defined a shared community commitment and ways to align their strategic plans.

### Reforms to Columbia County’s Healthcare Delivery Model:



The **Patient Centered Medical Home** is another solution that is gaining momentum across the nation. This model moves away from acute episodic care or “sick care” to a “well care” approach. It targets prevention and management of chronic conditions, coordinated care across the continuum of settings, integrated health information systems, and team based approach to care. This means that a patient’s treatment plan is developed and managed collaboratively where all providers such as primary care, specialists, nutritionists, mental health providers, physical therapists and the like work together and share information. This model also promotes collaboration with regional stakeholders.

**Discussion, Findings, and Themes:** After the presentation, the Roundtable participants joined in an hour long discussion targeting health and health services in Columbia County. The leading question framing the dialog was simple, “what do you think of this information? Does it make sense? Several themes emerged in the discussion.

**Need to Have Access to Current Information about ACA:** Many questions remain about ACA and how health care reform is impacting the individual. Participants requested information about the WA health exchange options, changes to Medicare benefits, timelines for mandates, tort reform, and in general, a more detailed explanation of how ACA is going to work. The hospital responded that they are the central location for disseminating information. They are training staff to support the community outreach and education activities. The hospital will post facts and materials on their website and have an “open door” for any community member seeking information. Further, Jody Martin, the hospital’s Food Service and Public Relations Director provided her email [JodyM@cchd-wa.org](mailto:JodyM@cchd-wa.org) for those who have questions vowing she will do her best to find the answer. It was suggested that a countywide mailing, similar to the Roundtable invitation, is a good method to disseminate information.

**Community Wellness Center May be a Good Start:** It was agreed that Columbia County will benefit from a community wellness center. The Park and Recreation Department is conducting a formal planning effort and request community input. It was suggested the center could start in existing facilities such as the senior center. Yet, sustaining programs and community participation has been a challenge in the past.

**Willingness to Use Innovative Solutions:** A clinician noted that she is encouraged by innovative solutions as long as the overall system is supportive to reforms. For example, group visits are difficult because of HIPAA which regulates how patient health information is shared. Similarly, if telehealth activities or care coordination are not linked to reimbursement/payment, the solution is not sustainable.

**Columbia has Strong Partnerships:** The group identified several groups that have been formed to improve health of the community. The Columbia Care Coalition aims to promote health behaviors such as physical activity, weight loss, and diabetic care. Members include County and City Officials, Columbia Health Systems, Dayton General Hospital, Public Works, Public Health and Chamber of Commerce. Similarly, the Coalition of Youth and Families support community engagement in reducing drug, alcohol and tobacco use among teens.

**Healthy Habits Start in the Home:** It was agreed that community collaboration is important but it was noted that healthy behaviors are taught in the home, by the example of parents. Columbia County has many single parent families. Today’s parents may have not been taught what health behaviors look like. This cycle continues when they raise their children. Both family values and the importance of mentoring can impact health.

**Patient Accountability:** The group discussed how the patient is a part of the solution. Specifically, the county’s high rates of chronic disease may impact how much local physicians and the hospital are paid for services. The current health care system reimburses per service delivered; this is often called a *volume based system*. The ACA is promoting evidence based practices that reimburse for quality outcomes in an effort to create a *value based system*. Therefore, a patient who is not compliant with treatment plans or makes poor personal health choices could potentially decrease reimbursements for hospital, clinic and providers. One participant noted that she has seen this type of negative incentive such as tobacco penalties in smoking cessation programs.

## Roundtable Poster

**Navigating Change by Connecting with Others.**

**Change Ahead**

**You are invited to Columbia County's Rural Health Roundtable**

**Columbia County's Rural Health Roundtable**  
**Tuesday, October 22, 2013 at 6pm**  
**The Delany Building, 111 South 3rd Street, Dayton WA**

Light Refreshments Provided

The purpose of the Rural Health Roundtable is to discuss the health of Columbia County. Questions about health care reform are on minds of all Americans. Our discussion aims to help our community understand what health policy means for local families and neighbors. Building momentum around health care reform begins with you.

Sponsors: Washington Rural Health Association and Columbia County Health System

## Postcard Invitation

**You are invited to join:**

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## Press Release

October 3, 2013

### Washington Rural Health Association Seeks Local Input on Health Priorities

FOR IMMEDIATE RELEASE:

The health of Washington's rural residents is an ongoing concern. To address these concerns, the Washington State Rural Health Association, established in 1981, organized to collaboratively strengthen and improve the health of rural communities. Their work helps to establish policies and activities to improve health and health care services for rural residents. Currently, they are seeking input from rural residents throughout the state of Washington and selected Columbia County to host a "Rural Health Roundtable" meeting. Other communities hosting these town hall meetings include Lincoln and Garfield.

"We are excited that Columbia County has agreed to participate in a "town hall" meeting to get input from people in rural areas about health concerns," stated John Hanson of the Washington Rural Health Association. The session, called the Columbia County Rural Health Roundtable, is scheduled on Tuesday, October 22th from 6 p.m. until 8 p.m. at the Delany Building, 111 South 3rd Street in Dayton. "Questions about health care reform are on the minds of our communities. The more public awareness about what health policy means for local families and neighbors the better", said Jon Smiley, CEO of Dayton General Hospital. Starting at 6p.m. light refreshments will be provided and all residents are invited to participate. The facilitator, Sue Deitz, Director of the eastern Washington Critical Access Hospital Network, will lead the discussion and comments from participants will be documented and provided to the Washington Rural Health Association. These sessions allow local people an opportunity to share what matters to them and what they think should be emphasized when it comes to health in rural areas.

Rural health has some unique characteristics related to the delivery of health care services because there are often limited providers, transportation is often a key issue and many of the people living in rural areas work for small employers who are not able to provide health insurance. "Living in a rural area in Columbia County provides many great opportunities when it comes to families and having good relationships—we are very fortunate to have a local hospital and physicians that provide great services," said Jody Martin, Registered Dietitian at Dayton General Hospital. For more information please contact Jon Smiley, at (509) 382-2531.