

# Enumclaw Regional Healthcare Foundation Community Health Assessment 2007

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Presented by SparrowHawk Consulting Company, Inc.

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**S**parrowHawk Consulting Company, Inc. (SCC) is pleased to submit this 2007 Community Health Assessment for use by Enumclaw Regional Healthcare Foundation (ERHF).

## Introduction

Over the past 20 years, Enumclaw Regional Healthcare Foundation has raised \$2,350,000.00 to provide services, programs, and equipment primarily for Enumclaw Regional Hospital. The Foundation works in partnership with caring individuals, community groups, and businesses to achieve its ambitious objectives of recognizing and fulfilling the healthcare needs of the residents in their growing service area.

ERHF has experienced an exciting transition over the past year. As a result of an intensive self-assessment, the Foundation has redefined its mission, vision, values and goals. The Foundation has now expanded its focus and will not only provide ongoing support to Enumclaw Regional Hospital but also engage in and support activities that improve healthcare for the entire region. As a first step in this new direction, ERHF contracted with SparrowHawk Consulting Company (SCC) to perform a Community Health Assessment. The 2007 Community Health Assessment is intended to evaluate the health and safety of the Foothills Community and to provide data that will help the Foundation determine how best to serve this community in the years to come. The results of this assessment will be used to inform ERHF's First Annual Health and Healthcare Summit scheduled for September 18, 2007.

The 2007 Community Health Assessment is comprised of interviews with key community members, focus groups with important stakeholder groups, and a survey of the general community. The results of these activities are presented in the sections below.

## Methodology

Interviews were conducted with key community leaders and policy makers to find out how familiar they are with ERHF, what their community health and safety concerns are and what resources are available to address those concerns. The ERHF Committee recommended nearly twenty opinion leaders and nine were interviewed. SCC developed interview questions that were approved by the ERHF Committee. Each interview was conducted by SCC President Don Chalmers and interview times ranged from 35 to 90 minutes.

Focus groups were conducted with key community stakeholder groups including human service providers, health providers, educators, seniors and government officials to find out about their major community health concerns and what tools and resources are needed to address those concerns. Participants were selected and recruited by the ERHF Committee and a total of 47 attended. SCC designed the focus group questions and President Don Chalmers facilitated. Each focus group lasted two hours and was graciously hosted by the Enumclaw Public Library.

The Community Health Assessment Survey was designed to evaluate how members of the Foothills Community perceive the health and safety of their community and whether they are able to access needed healthcare services. The survey was designed by SCC and reviewed and approved by the ERHF Committee. The survey was distributed by mail to two thousand randomly selected individuals living in the following zip codes: 98022, 98321, 98391, 98323, 98051, 98396, 98010, 98385, 98032, 98057, and 98092. The survey was also posted on the ERHF website, in the Courier Herald newspaper, and distributed to several doctors' offices. Community members were given from July 11 to August 1, 2007 to complete the survey. Where applicable, the results of this survey are compared to local and state demographic and health data as reported by the 2000 U.S. Census, the 2006 Washington State Population Survey, and the 2006 Behavioral Health Risk Factor Surveillance System.

## Key Findings

### Interviews

All of the interviewees had some knowledge of ERHF. Most were aware that the Foundation raises money for Enumclaw Regional Hospital, but only one interviewee appeared to be aware of the Foundation's new direction. Many learned about the Foundation through community connections and ERHF's annual events. All but two of the interviewees described themselves as contributors.

Each interviewee was asked to define a 'healthy community'. Nearly all mentioned the importance of affordable and accessible healthcare. Other characteristics included access to healthcare information, opportunities for physical activity, lack of drug and alcohol abuse, and availability of prevention programs. When asked how well the community matches their definition, a little more than half felt that it was fairly well matched. However, the remaining interviewees expressed concern over the availability of healthcare and stated that more should be done.

The majority of interviewees also mentioned limited access to healthcare as a major community health problem, specifically in regards to affordability, prevention and access to specialty healthcare and mental health services. The second major health problem mentioned by many interviewees was alcohol and drug abuse. Other problems mentioned include homelessness and obesity. Interviewees believed that addressing these issues would keep people from leaving the community, reduce the strain on the local healthcare system and improve quality of life. Again, interviewees appeared to be split regarding whether or not there are adequate resources available to address these health problems. Those who felt there are adequate resources emphasized the need to make information about local resources more available. On the other side, interviewees stated that there needed to be an increase in resources such as emergency medical care, prevention and support programs, and specialty care.

Interviewees were also asked about the safety of their community. The three major safety problems that were mentioned were drug and alcohol usage (specifically drunk driving and methamphetamine production), lack of disaster preparedness and domestic violence. The majority of interviewees did not feel that there are adequate resources to address these safety issues. Many shared that there was a need for more police officers and improved emergency room services.

As community leaders, interviewees were asked what role they play in regards to these health and safety issues. Most described themselves as educators and advocates. All have been involved in community health efforts that ranged from fundraising and donating money, coordinating and participating in awareness events, and providing direct service.

Finally, each interviewee was asked to choose the single most important thing that would best improve the health of their community. Many interviewees felt that improved infrastructure is the most important and shared ideas to improve infrastructure that ranged from expanding the hospital to building additional facilities draw new providers. Some mentioned that improving information services, such as the development of a central directory or database, were most important, while other emphasized prevention services.

## Focus Groups

Each focus group was asked to describe the overall health of the Foothills Community. The vast majority used deficits to describe community health, with the most positive descriptions coming from government officials. Health care providers mentioned economic and educational disparity in health. Human service providers were concerned with environmental factors that impact access to healthcare such as housing and transportation issues. Seniors were concerned about the cost of healthcare. When asked about what has occurred over the past five years that has impacted community health, nearly every group mentioned that local industry is shrinking (including dairy and logging), which has led to job loss. The community has also been impacted by population growth.

The major health and safety issue that was identified by every group except seniors was alcohol and drug abuse. Educators and health care professionals also expressed shared concern about teen pregnancy rates. Government officials and human service providers noted the lack of dental and mental health care. Other issues included lack of specialty services like dialysis, cancer treatment and cardiac care. Overall, focus group participants did not feel that adequate resources were available to address these health and safety issues. Every group referenced the need for more healthcare professionals and/or facilities such as clinics and community centers. Educators, healthcare providers and human service providers see a need for more resources that promote physical activity as well as an improved nutrition education and school lunch programs. A reoccurring theme throughout the focus groups was the challenge on having a community that is split between King and Pierce Counties and the need to better coordinate services between the two.

In their distinctive roles each group identified things they could do to address these health and safety issues:

- Educators: coordinate health fairs, marathons, and smoking cessation programs
- Government officials: participate in emergency preparedness planning, encourage new infrastructure
- Healthcare providers: promote marathons, health fairs and smoking cessation programs
- Human service providers: leverage limited resources through networking, provide resource and referral, and provide direct service

- Seniors: form a wellness committee, take care of each other, and share knowledge

In defining what tools they would need to accomplish the above activities every group placed heavy emphasis on the development of some form of information gathering and disseminating system. Other tools needed were funding, a volunteer bank and a centralized service center.

If all of the needed resources could be secured by 2012, focus group participants envision a vibrant healthcare community where everyone has access to services, crime and teen pregnancy rates are low, and community issues are handled proactively instead of reactively.

## Survey

One hundred eighty five people responded to this survey. Of these, 86% learned about the survey by mail, 9% by word of mouth, and 5% from other sources. The following describes the demographic characteristics of the survey's respondents:

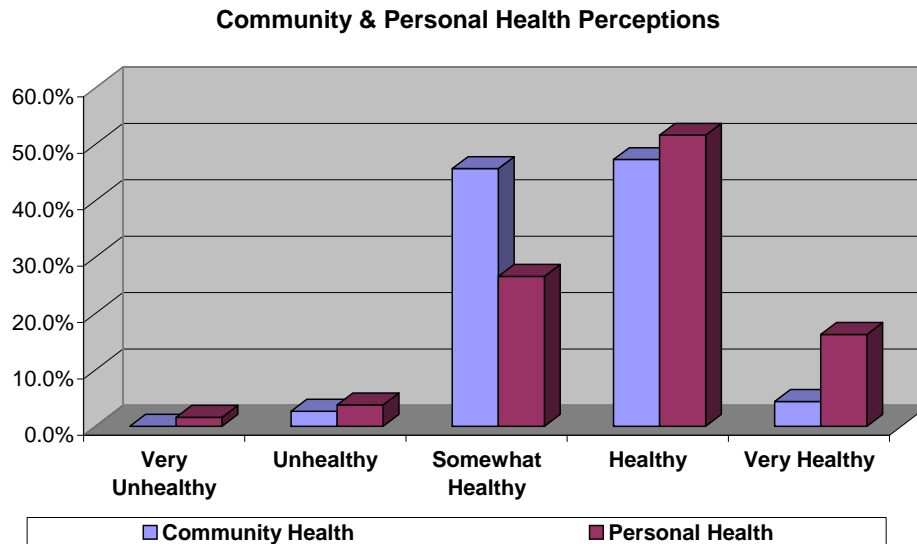
- Community: 83% were from the following seven communities - **Enumclaw (26%)**, Buckley (12%), Bonney Lake (11%), Wilkeson (10%), South Prairie (9%), Carbonado (8%), and Black Diamond (8%)
- Gender: **54% were female** and 46% were male
- Age: 0% under 26, 16% between 26 and 39, **36% between 40 and 54**, 20% between 55 and 64, and 29% over 65 years old
- Ethnicity: **96% identified as white** and 4% identified as other ethnic groups including Native American (2%), African American (1%), and Hispanic (1%)
- Annual Household Income: 17.2% reported less than \$29,999, 27.2% reported \$30,000 to \$49,999 and **55.6% reported income over \$50,000**
- Education Level: 3.9% have less than high school diploma, 42.9% have a high school diploma or GED, and **43.4% have a college degree or higher**.

To determine how well the survey respondents reflected the general population, the above demographic data were compared to the 2000 U.S. Census for the seven main communities listed. On average, respondents reported similar annual household income and ethnicity (Census data: average median income \$53,118 and 94% white), however survey respondents were typically older and more educated (Census data: only 4% over 65 and 17% with a Bachelors Degree or higher) than the general population.<sup>1</sup>

The first section of the survey asked respondents about the health and safety of their community. When asked about the three most important factors that define a 'healthy community' the factors most frequently selected were access to healthcare and other services (55%), low crime/safe neighborhoods (47%), and good schools (34%).

<sup>1</sup> U.S. Census Bureau, Census 2000, <http://factfinder.census.gov>

The three health problems that were most frequently selected were alcohol and drug abuse (57%), chronic disease (41%), and poor diet/inactivity (34%), which were followed very closely by lack of access to healthcare (27%), aging problems (26%), domestic violence (24%) and child abuse (21%). Overall, the majority of respondents rated their community as somewhat healthy (46%) and healthy (47%). Similarly, respondents perceived themselves as somewhat healthy (27%) and healthy (52%), but were more likely to see themselves, as apposed to their community, as very healthy (16%).



When compared to Washington State personal health perceptions, 95% of respondents to this survey reported being somewhat healthy, healthy or very healthy and 87% of adults in Washington reported having good, very good or excellent health.<sup>2</sup>

Respondents also viewed their community as a safe place to grow up or raise children; 96% reported their community was somewhat safe, safe or very safe. The three safety problems that were most frequently reported were alcohol and drug abuse (72%), manufacturing of methamphetamine (55%) and unsafe driving (46%). It is important to note that drug and alcohol abuse were most frequently selected as both a health and safety concern.

The next section of the survey asks respondents about the health of themselves and their family members and how they access healthcare and community services. The majority of respondents reported having some kind of health insurance (92%) with eight percent reporting no insurance; similarly the rate of uninsured in Washington State is nine percent.<sup>3</sup> The Washington Office of Financial Management reports that the uninsured are “members of

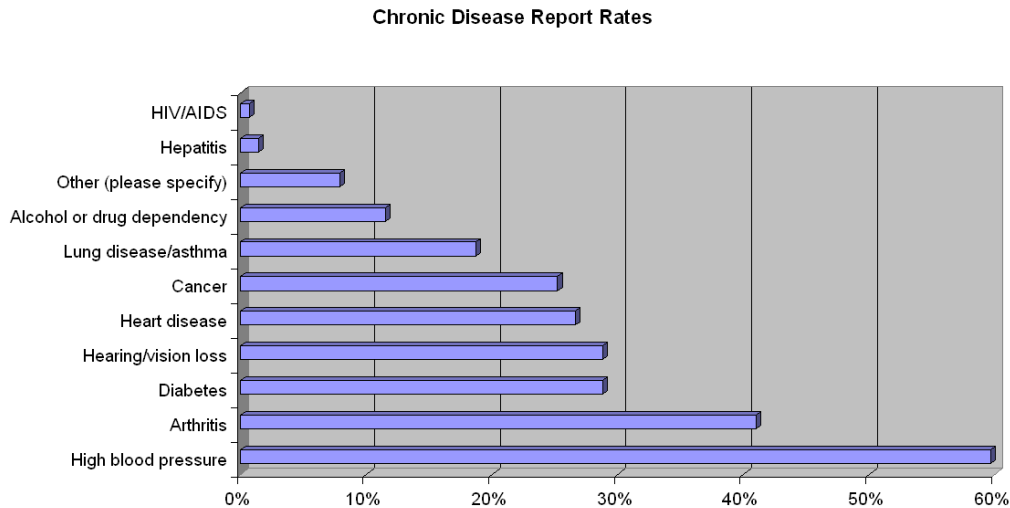
<sup>2</sup> Washington State Department of Health, *Behavioral Risk Factor Surveillance System*, 2006, [http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss\\_homepage.htm](http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_homepage.htm)

<sup>3</sup> Washington Office of Financial Management, *Washington State Population Survey*, 2006, <http://www.ofm.wa.gov/sps/>

working families, they are poor, they are young, and many do not have dependent children” and that “rates of uninsurance appear to be increasing for all age groups.”<sup>4</sup>

A little less than half of the respondents (44%) are unemployed. Most are unemployed because they are retired (70%); however 13% are unemployed due to an illness or disability. Additionally, 19% were unable to work or do daily activities one or more days in the past month because of illness. In Washington State, 12% of adults have a condition that limits activity and 10% have a condition that makes it difficult to work a job.<sup>5</sup>

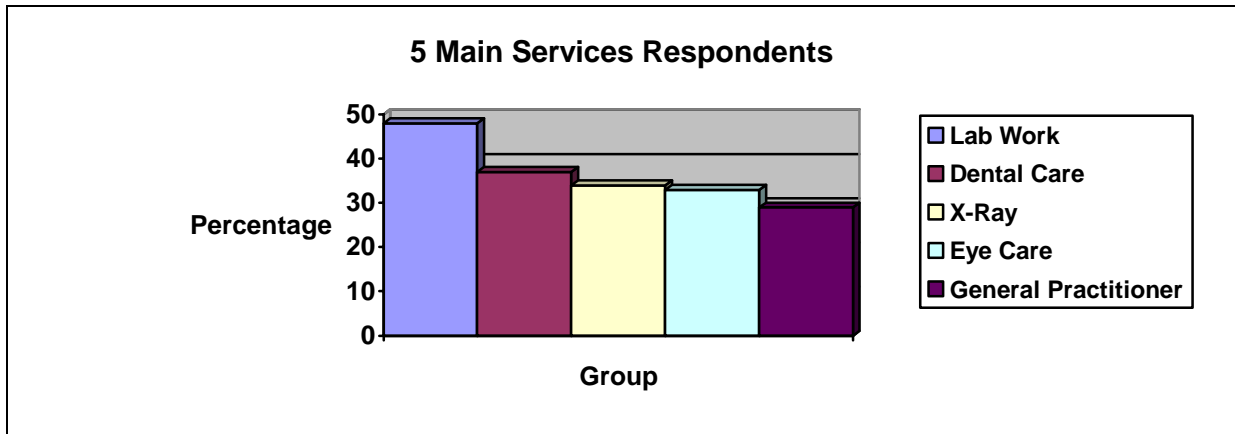
The six most frequently reported chronic diseases that respondents and their families are living with are high blood pressure, arthritis, diabetes, hearing loss, heart disease, and cancer (please see chart below for full report rates). Only 12% reported alcohol and drug dependency even though a majority of respondents highlighted alcohol and drug abuse as a major community health and safety issue.



Eighty-eight percent of respondents reported that within the past year they were able to get needed healthcare. The main reason the other 12% were not able to access healthcare was affordability, but those that did get needed healthcare also commented that they often have to go outside the community for the care they need. The five main services respondents and their families received outside the community were: lab work (48%), dental care (37%), X-ray/MRI (34%), eye care (33%), and general practitioner care (29%). (See graph on next page.)

<sup>4</sup> Washington Office of Financial Management, *Access to Health Insurance*, 2006, <http://www.ofm.wa.gov/healthcare/spg/default.asp>

<sup>5</sup> Washington Office of Financial Management, *Washington State Population Survey*, 2006, <http://www.ofm.wa.gov/sps/2006/tabulations.asp>



The reasons given for getting these services outside the community were:

- My doctor of choice is in a another city – 54%
- No providers for the services I need – 35%
- My insurance only covers doctors in another area – 11%
- No appropriate doctors accept my coverage – 1%

Twelve percent of respondents reported that they or a family member required mental health services and 62% had to go outside the community for those services, mostly due to availability. Twelve percent also reported that they accessed social service benefits in the past year and 60% were able to get them in their community. Finally, in the comment section respondents also reported dissatisfaction with the emergency room services available in their community.

## Conclusion

The results of this Community Health Assessment indicate that the Foothills Community mostly perceives itself to be healthy and safe. This assessment represents a wide variety of viewpoints regarding the assets and deficits of the community. However, the data collected throughout the assessment identifies specific issues the community must come together to solve. For instance, each of the interest groups represented in this assessment highlighted alcohol and drug abuse and access to healthcare services as key threats to community health and safety. There isn't consistent agreement regarding the root of these problems or how they can be best solved, but some solutions have been proposed. Much of the feedback focused on improving infrastructure in order to expand services such as specialty healthcare and mental health. There is also a clear indication that information gathering and dissemination systems are needed to educate and increase access to existing resources.

The Enumclaw Regional Healthcare Foundation's expanded focus offers the unique opportunity to convene community stakeholders to improve regional healthcare. The data in this Assessment can be used to educate the public about what health and safety challenges the community faces, as a way to determine how money should be invested, and as a basis for further discussion.