

Stevens County Community Health Improvement Plan

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Contents

Community Health Improvement Plan (CHIP) Process	3
Framework	3
Defining the Population Level Goal Statement	3
Choosing Data Indicators	3
The Story Behind the Curve	4
Knowledge, Attitudes, and Beliefs	4
Social and Environmental Determinants of Health	4
Policies and Systems	4
Inequities or “isms”	5
Determining Strategies	5
Identifying Programs Within Each Strategy	5
Increase Preventative Medical Care Options Across Stevens County	5
Increase Home Health Medical Care Options Across Stevens County	6
Increase Urgent Care Medical Care Options Across Stevens County	6
Partners Who May Have a Role to Play	8
Next Steps	8

Community Health Improvement Plan (CHIP) Process

Framework

The Stevens County Community Health Improvement Plan (CHIP) process was based on Results Based Accountability, with some adaptations. This framework for planning was developed by Mark Friedman and described in the books *Trying Hard is Not Good Enough* and *Turning Curves*. This framework was used in Stevens County to determine a population level goal statement based on issues identified in the Stevens County Community Health Needs Assessment (CHNA), pick data indicators to track progress over time, develop strategies to work towards impacting the population results, and identify programs to help reach the population level goal statement.

During the Stevens County CHNA, which was completed in February 2023, a workgroup was formed with members who live and work in Stevens County. These individuals were familiar with the varying issues Stevens County residents face, and they worked together to determine the greatest needs of Stevens County. Upon completing of the CHNA, the members of this group were invited to work on the corresponding CHIP.

Defining the Population Level Goal Statement

From the CHNA, three priorities emerged: healthcare, mental health services, and the communication & collaboration of community services. Through further discussion and subsequent voting, the CHIP workgroup identified *access to healthcare and corresponding transportation* as the topic issue for the CHIP.

Given the broad nature of the topic issue and the finite resources available to address it, the workgroup determined that the most important aspects were availability of healthcare and suitability of the healthcare sought and received. Therefore, the workgroup wrote the population level goal statement:

All county residents can access on demand, medically appropriate, healthcare.

Choosing Data Indicators

Upon defining the goal statement and narrowing the scope, data related to healthcare access were presented to the workgroup. From these data, the workgroup discussed which related most directly to the goal statement and therefore would be a reasonable way to measure overall progress toward achieving the goal statement. A ranking system was used to determine to what degree the available datasets were appropriate to measure the goal statement and displayed the following powers:

- Communication Power – Is the indicator easily understandable by the public?
- Proxy Power – Does the indicator help define the goal statement, and can the indicator be a proxy for other measures related to the goal statement?
- Data Power – Is there high-quality data available on a timely basis?

Using this ranking process, three indicators were selected to measure progress in addressing the goal statement:

1. Number of urgent care visits made by Stevens County residents.
2. Number of emergency department visits made by Stevens County residents.
3. Stevens County EMS runs by patient chief complaint.

The Story Behind the Curve

To determine the story behind the data or “curve”, the group was asked to consider what makes access to healthcare a significant issue in Stevens County. The four areas of consideration were:

- Knowledge, attitudes, and beliefs.
- Social and environmental determinants of health.
- Policies and systems.
- Inequities or “isms”.

Through the group’s discussion and brainstorming exercise, the following ideas were brought forward:

Knowledge, Attitudes, and Beliefs

- Belief that many residents have an independent mindset and therefore try to "wait it out".
- Recognition that there is mistrust in medical systems.
- Understanding that residents have limited health education.
- Belief that people must be technologically savvy to make appointments or access healthcare.
- Recognition that there is increased availability of telehealth, however people must be trained to use it, have internet access, and use a compatible device.
 - Digital navigator program to assist in training and access.
- Understanding that the lack of broadband limits access to telehealth.
- Recognition that there is a lack of sustainable funding for long-term programs.
- Understanding that economic viability impedes creation of urgent cares in the area.
- Understanding that mobile clinics are impacted by economic viability, patient thruput, provider capacity (pulling a provider from brick and mortar to mobile clinic is not necessarily feasible).
- Belief that urgent care is needed so that people can visit when needed, whereas mobile clinics might not be needed in the community when scheduled but may be needed when unavailable or scheduled elsewhere.

Social and Environmental Determinants of Health

- Transportation resources are limited within households and the community generally. There is an increased risk of injury associated with available outdoor activities in Stevens County.
- Poverty.
- There is difficulty recruiting and retaining providers.

Policies and Systems

- There is limited access to general healthcare in small communities, like Northport and Hunters.
- There are two emergency departments located in Colville and Chewelah and no urgent care facilities in Stevens County.
- There is limited EMS care, and what exists is often reliant on volunteers.
- There is a lack of providers in the medical system.
- There is a lack of sustainable funding sources for long-term programs.
- Taxes are not collected in many areas of Stevens County for EMS funding.
- No hospital district exists to help with funding.
- There are no Mobile Integrated Health or paramedicine programs in Stevens County.

Inequities or “isms”

- Individualism.
- Transportation is not available for all income levels.

Determining Strategies

Strategies related to increasing access to healthcare and corresponding transportation were identified during the CHNA. Through discussions at the three CHIP meetings, the workgroup further brainstormed and refined strategies to impact the overarching goal that all county residents can access on demand, medically appropriate, healthcare.

Conversations within the workgroup meetings centered on increasing access to three types of care – preventative care, home health care, and urgent care. The workgroup determined that transportation to these services is naturally woven into each strategy and therefore concluded that a strategy centered on transportation specifically was redundant.

The three strategies chosen by the workgroup were:

1. Increase preventative medical care options across Stevens County.
2. Increase home health medical care options across Stevens County.
3. Increase urgent medical care options across Stevens County.

Identifying Programs Within Each Strategy

Upon defining the strategies, the workgroup considered several potential programs to positively affect the corresponding strategies. The workgroup brainstormed a list of programs by considering:

- Existing but currently under-utilized or under-funded programs.
- Research or evidence-based programs.
- Low cost or no cost programs.
- Off-the-wall programs.
- Programs which might work but require more information.

To narrow the possible programs, ranked-choice voting was used to subsequently determine the program of focus within each strategy. When ranking the program ideas, workgroup members were asked to consider the feasibility for the program’s success through partnerships and county/community buy in; values of the program as related to the overall goal statement; specific and realistic expectations of change over the next 3 years; and leverage to create change through the program within the county.

The list of brainstormed programs corresponding with each strategy can be seen in ranked order below and in Figure 1:

Increase Preventative Medical Care Options Across Stevens County

1. Increase vaccinations and wellness events held at central community locations in Stevens County by expanding partnerships with Fire Districts, libraries, schools, etc.
2. Work with local healthcare partners to increase availability of prevention screenings.
3. Leverage telehealth to increase available providers.
4. Create a hub for communication about preventative screening and health education opportunities & strategies within Stevens County.

Stevens County Community Health Improvement Plan 2023

5. Utilize local medical student residents to expand the services provided in Stevens County.
6. Enhance the ability to schedule preventative appointments.
7. Identify means to support the viability of the NEW Health mobile clinic in Stevens County.
8. Identify ways to support the transportation program begun by the Inland Northwest Disability Experience (INDEX).

Increase Home Health Medical Care Options Across Stevens County

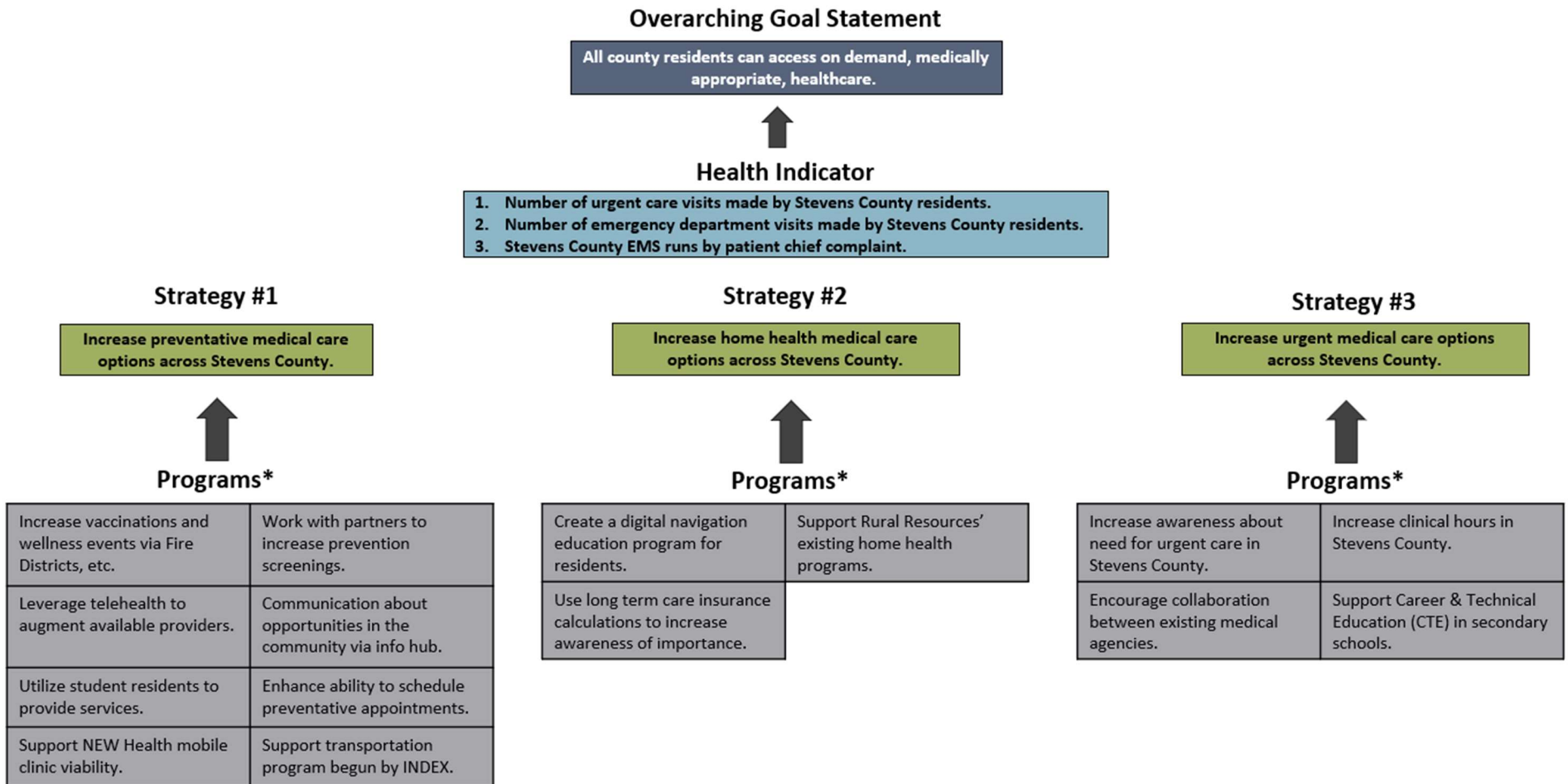
1. Create a digital navigation education program for Stevens County residents.
2. Support Rural Resources' existing home health programs.
3. Use long term care insurance calculations to increase awareness of the importance of long term care insurance.

Increase Urgent Care Medical Care Options Across Stevens County

1. Increase awareness about the need for urgent care in Stevens County.
2. Increase clinical hours in Stevens County.
3. Encourage collaboration between existing medical agencies.
4. Support Career & Technical Education (CTE) in high schools.

Figure 1.

Stevens County Community Health Improvement Plan Outline



Partners Who May Have a Role to Play

After brainstorming different programs that might work to address the population result, the workgroup brainstormed partners who might be useful in and wish to participate in accomplishing these tasks.

More partners may be added, however the initial list identified the following partners:

- Better Health Together
- Border Patrol
- Chewelah Ambulance
- David C. Wynecoop Memorial Clinic
- Deer Park Ambulance
- Empire Health Foundation
- Heartland Medicine Colville Clinic
- Inland Northwest Disability Experience (INDEX)
- Lake Roosevelt Community Health Center
- Libraries of Stevens County
- Managed Care Organizations
- Northeast Tri County Health District
- NEW Health Programs
- Providence
- Rural Resources
- Rural Track Residency
- School districts
- Spokane Tribe
- Spokane Community College
- Spokane Family Medicine residents
- Stevens County Emergency Management
- Stevens County Fire Districts
- Stevens County Sheriff's Ambulance
- Stevens County Sheriff's Office
- Tri County Economic Development District (TEDD)
- WSU – School of Medicine

Next Steps

After further research and discussion with partners to determine feasibility, the workgroup will outline action plans for the top ranked program under each strategy. All remaining programs under each strategy will be tabled until either sufficient progress is made on the initially selected programs, or the first program is determined to be impractical due to insurmountable barriers or constraints.

Performance measures will be developed to track program progress within the CHIP context and the CHIP workgroup will continue to meet and provide updates on program progress. The leadership and effort for each program, however, may be assumed by various agencies and organizations within the CHIP workgroup whose missions are related or who have an interest in the program area. CHIP milestones will be shared publicly so those interested can follow the progress and see how their involvement in the community-based process makes a difference.