

Community Needs Assessment

MARCH 2024 - MARCH 2027



**Together
We Grow.**

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A Letter from the Administrator

DEAR COLUMBIA COUNTY RESIDENTS,

I am thrilled to announce the unveiling of the 2024 Public Health Community Needs Assessment, a cornerstone document that will guide our health initiatives and resource allocation in the coming years. This assessment represents a significant milestone in our ongoing efforts to ensure the health and well-being of our community.

In creating this comprehensive assessment, we engaged a top-tier consulting team renowned for their expertise in public health analytics. They conducted extensive market research, a vital component of which included a deep dive into local medical claim data. This data provided us with invaluable insights into the health trends and challenges specific to Columbia County.

Furthermore, we reached out directly to you – our residents. Through a public survey that garnered over 330 responses and 20 different public focus groups, we gathered diverse perspectives and insightful feedback. These interactions were crucial in understanding the unique health needs of our community and identifying the areas where our resources can be most effectively utilized.

The insights garnered from this rigorous process have been instrumental in shaping our subsequent Community Health Improvement Plan. This plan will serve as a roadmap for our department, ensuring that our efforts and resources are strategically directed toward the most impactful health initiatives.

As we move forward, I want to reaffirm our unwavering commitment to the residents of Columbia County. Our goal is not only to address immediate health concerns but also to empower each of you to take long-term ownership of your health. We believe a community-driven approach is key to creating a healthier, more resilient Columbia County.

Your participation and support have been, and always will be, vital to our success. Together, we can build a healthier future for Columbia County.

SINCERELY,



Jan Strohbehn
Administrator
Columbia County Public Health

TOGETHER WE GROW.



Process Planning & Collaboration

The Community Needs Assessment (CNA) process was led by the consulting Team of Mackey Smith and Jason Utt, in coordination with Jasmin Helm, office coordinator for Columbia County Public Health (CCPH). CCPH leadership and staff participated in the prioritization process and assisted with aligning community-identified needs into the health department's strategies.

Through coordination with our consulting team, department staff, and community partners, we were better able to access community health data; reduce duplication of efforts; share expertise and resources to accomplish required tasks; and increase our ability to effect change by identifying areas of overlap and opportunities to work together.

This process engaged the following groups within the community:

The Board of Health of Columbia County
Employees of Columbia County
Columbia County Health System
Blue Mountain Counseling
Dayton City Council
Starbuck City Council
The Port of Columbia
The Dayton Chamber of Commerce
YWCA
Seneca
Dayton Community Food Bank Board
The Fraternal Order of Eagles, Dayton

Columbia County Rural Library District
Columbia County Sheriff's Office
The Interfaith Christian Pastors' Coalition,
whose regular attendees represent:
Community Bible Church
Catalyst Church
Dayton Church of the Nazarene
Dayton Seventh-day Adventist Church Faith Chapel
First Christian Church
Redeemer Lutheran Church
The Church of Jesus Christ of Latter-Day Saints
Starbuck Community Church
Dayton School District

About the Survey

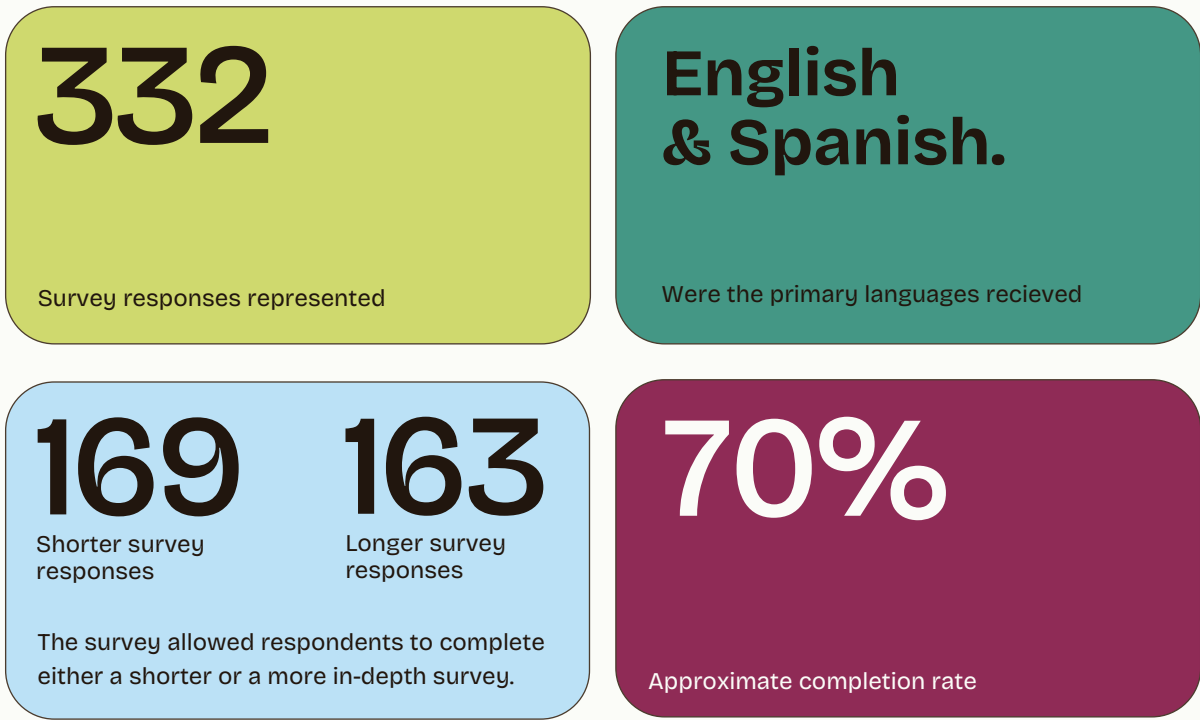
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ABOUT THE SURVEY

Survey Overview & Core Values

Due to the contentious nature of government responses to the COVID-19 pandemic, a section of the survey solicited residents' perspectives on the effectiveness of Columbia County's response. The results of this feedback were shared directly with Columbia County Public Health for application in future health initiatives.

Survey Summary



What are the County's Core Values?



Survey Comments

"We need more childcare, more food bank hours, hot food bank service options, community gardens, and spaces, more support with substance abuse, more walking and recreation trails, greater access to the co-op, and more public transportation to outside areas. **Dayton has done an amazing job with what we have, but we need to continue to offer more.**"

"In general, the local hospital and community care doctors are committed, knowledgeable, personable, and available. **Emergency care has been excellent.** The community is probably too small to support a cardiologist, urologist, or eye care of any scope."

"Because **most of my issues require specialists, I go elsewhere for care.** Most rural hospitals can't afford staffing and equipment to handle serious injuries or illnesses."

"I think our community needs more mental health care services (eating disorders, depression). Also drug and alcohol treatment programs locally."

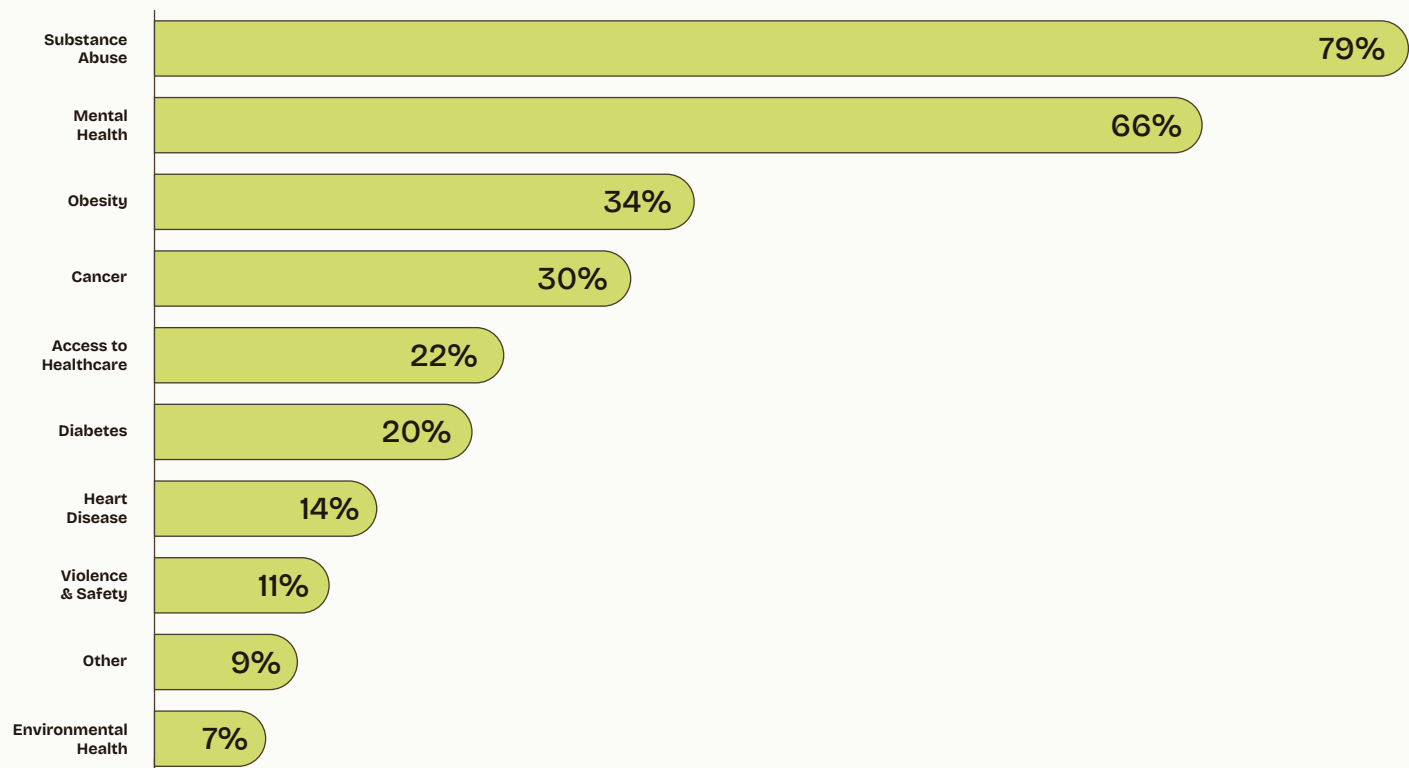
"I am very appreciative that we have a **hospital and dentist's office. I can see a primary care provider much quicker in Dayton** than anywhere else. The **workers at the hospital are kind and compassionate,** especially compared to larger hospitals."

ABOUT THE SURVEY

Health Issues facing the Community

Top Health Issues Identified by Respondents

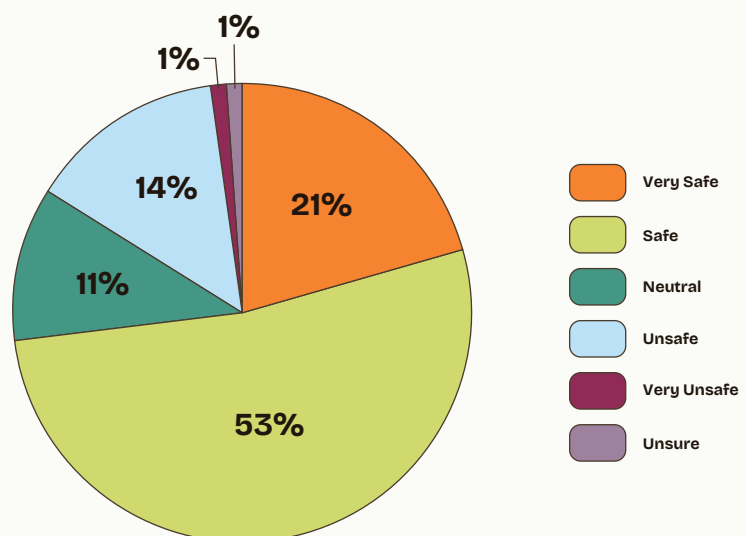
This chart illustrates the percentage of respondents who identified each health issue as one of their top three concerns within the community. It is important to note that respondents were allowed to select multiple issues, meaning that the total percentage across all categories exceeds 100%.



Perceived Safety & Key Concerns

Respondents were asked how safe they feel in Columbia County. Key issues to improve safety included:

- Drug use
- Mental health challenges posing risks
- Visible homelessness causing uneasiness
- Limits on the Sheriff's office in addressing crime



Demographics

About the County
Background Demographics
Survey Demographics

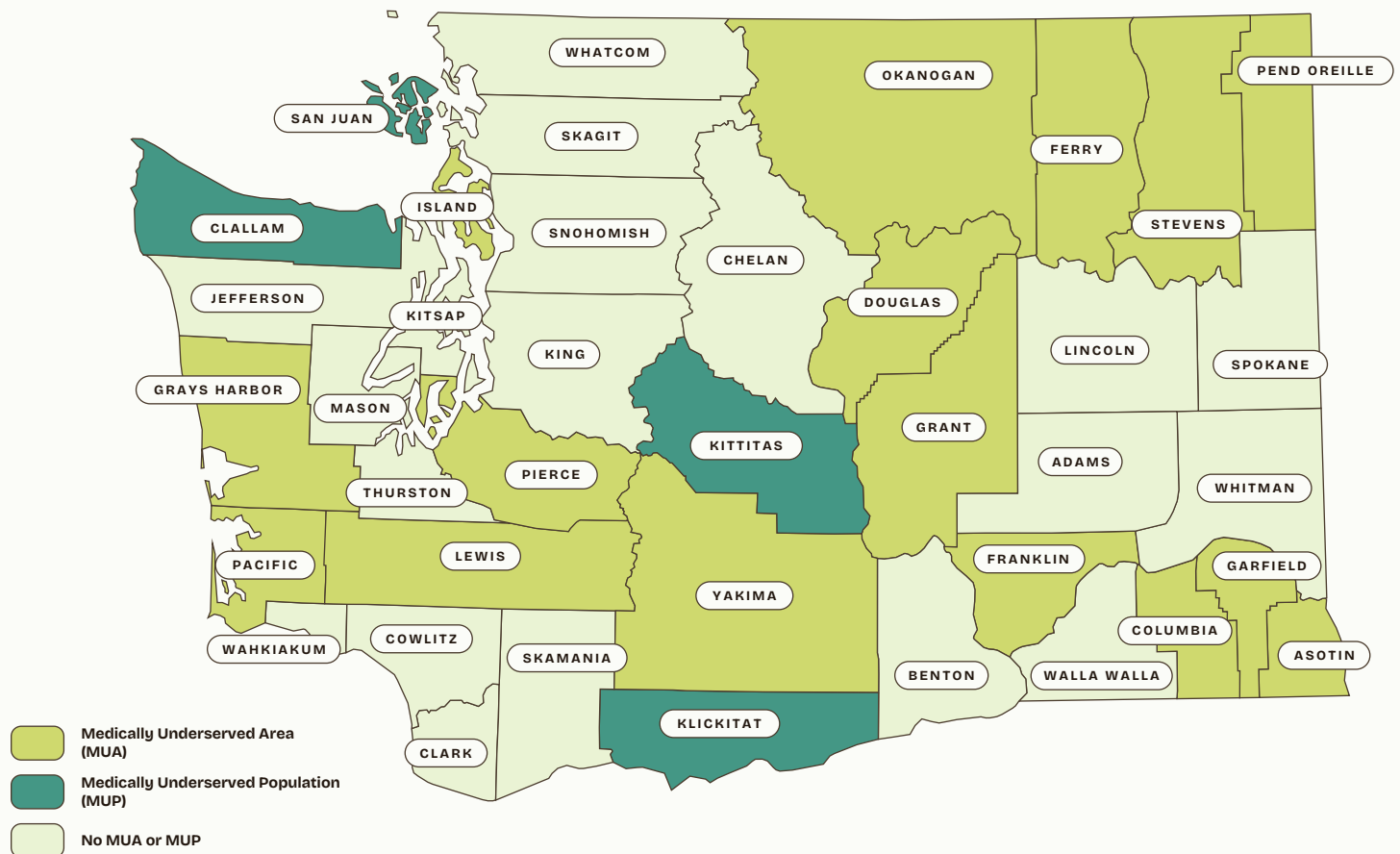
10-11
12
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02

About the County

Introduction

Columbia County, nestled in the scenic landscape of southeastern Washington, is a region that encapsulates the charm and challenges of modern rural life. The county is home to a modest population and boasts a rich cultural and agricultural heritage. Over the years, its population growth has remained relatively stable, with slight fluctuations reflecting broader economic and demographic trends. With Dayton as its county seat, Columbia County offers a unique blend of small-town charm, outdoor beauty, and industrial opportunity.



As illustrated in the map, Columbia County is designated as a Medically Underserved Area (MUA). This designation indicates that residents face barriers to healthcare access, which could stem from factors such as a shortage of healthcare providers, high infant mortality rates, widespread poverty, or an aging population.

To address these challenges, it's essential to deeply understand the unique socio-economic conditions, lifestyle factors, and the availability of healthcare facilities and resources within this community. This assessment will explore these areas in detail, utilizing a range of data to provide a comprehensive view of Columbia County's current health status and future needs.

About the County

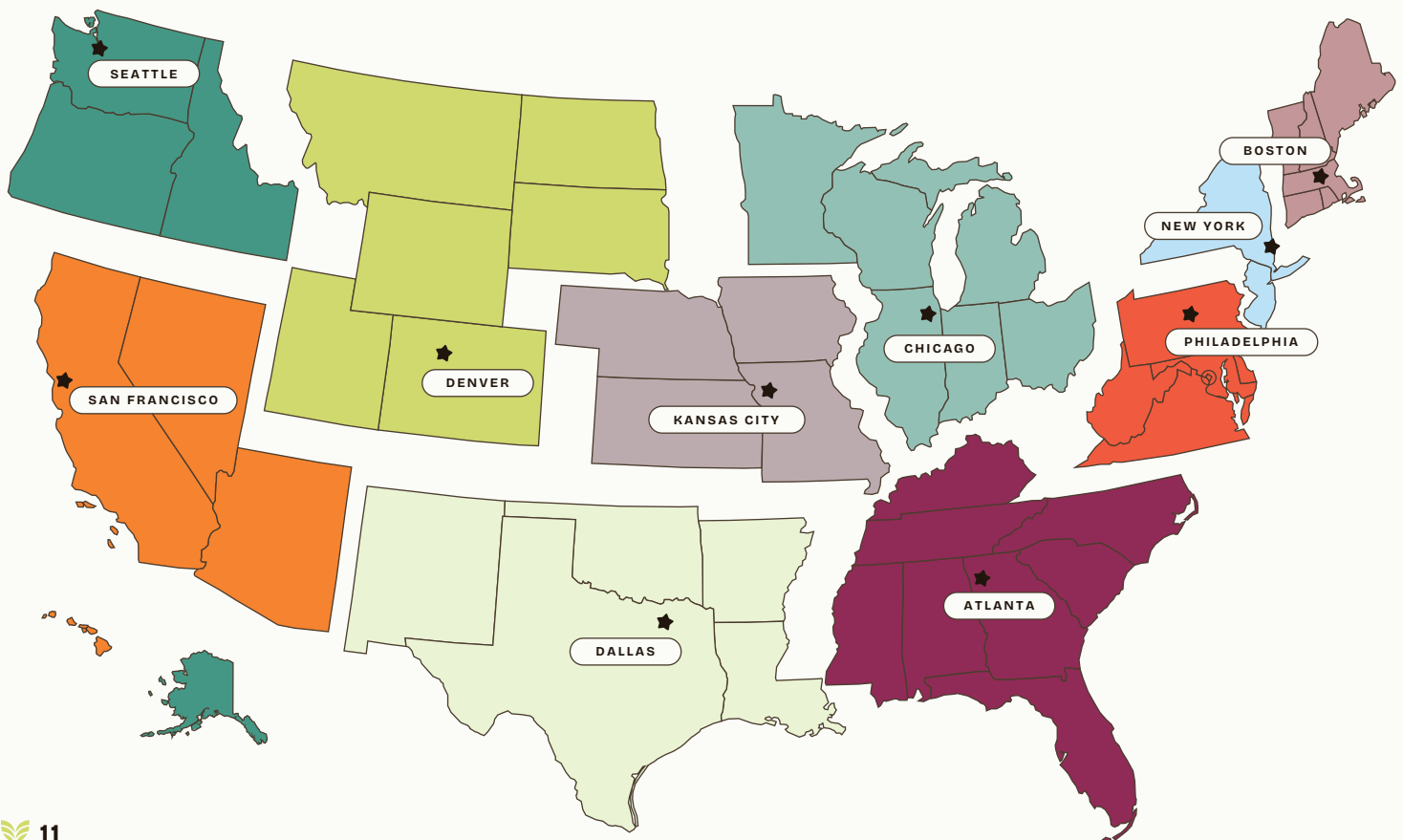
Benchmarking

To gain a comprehensive understanding of Columbia County's health needs, we will utilize comparative market research methods. This approach allows us to establish benchmarks by analyzing data from across Washington State and the broader Centers for Medicare & Medicaid Services (CMS) Region 10, which includes Washington, Oregon, and Idaho. For the purpose of this analysis, Alaska has been excluded from our data.

CMS Regional Locations

This comparative analysis will help us identify key health trends and uncover potential gaps in service delivery within Columbia County. It also provides a clearer picture of how the county's health performance measures up within both the state and the broader CMS Region 10 context. The diversity within CMS Region 10, encompassing a mix of rural and urban communities, serves as a valuable reference point to assess whether Columbia County's health needs and resources are consistent with or diverge from those of similar communities.

By employing this triangulated research approach, we aim to develop a thorough, in-depth, and accurate assessment of Columbia County's community health needs.



DEMOGRAPHICS

Background Demographics

Our assessment starts with a thorough analysis of Columbia County's demographics, including age, income, education, and racial/ethnic composition, to understand factors behind its underserved status. By examining how these demographics intersect with health outcomes and social determinants, we can better address the community's healthcare needs.

Columbia County, with about 4,000 residents and 1,800 households, faces a stable-to-declining growth trend. Unlike neighboring areas experiencing population booms, this stagnation presents unique challenges.

This slow growth makes it difficult to attract healthcare professionals and maintain a diverse range of local services, potentially limiting healthcare options.

Current Estimate

Current Demographics (2020)	Columbia County	Washington State	CMS Region 10
Total Population	4,058	7,813,529	14,023,037
Households Count	1,807	3,032,249	5,440,076
Male Population Count	2,003	3,935,682	7,042,486
Female Population Count	2,055	3,877,847	6,980,551
Median Age	49	37	38
Median Household Income	69,509	84,853	76,887
Per Capita Income	43,420	43,229	39,298
Unemployment Rate	3.8%	3.5%	3.5%
Households Count Ratio Male	2.25	2.58	2.58
Population Count	49%	50%	50%
Female Population Count	51%	50%	50%

Projected Estimate

Projected Demographics (2027)	Columbia County	Washington State	CMS Region 10 WA
Total Population	4,067	8,267,261	14,774,424
Households Count	1,703	3,294,728	5,898,663
Male Population Count Female	1,993	4,153,071	7,398,564
Population Count	2,074	4,114,190	7,375,860
Median Age	48	39	39
Median Household Income	84,333	101,953	92,554
Per Capita Income	56,593	49,312	44,810
Unemployment Rate	1.8%	4.9%	4.9%
Households Count Ratio	2.39	2.51	2.5
Male Population Count	49%	50%	50%
Female Population Count	51%	50%	50%

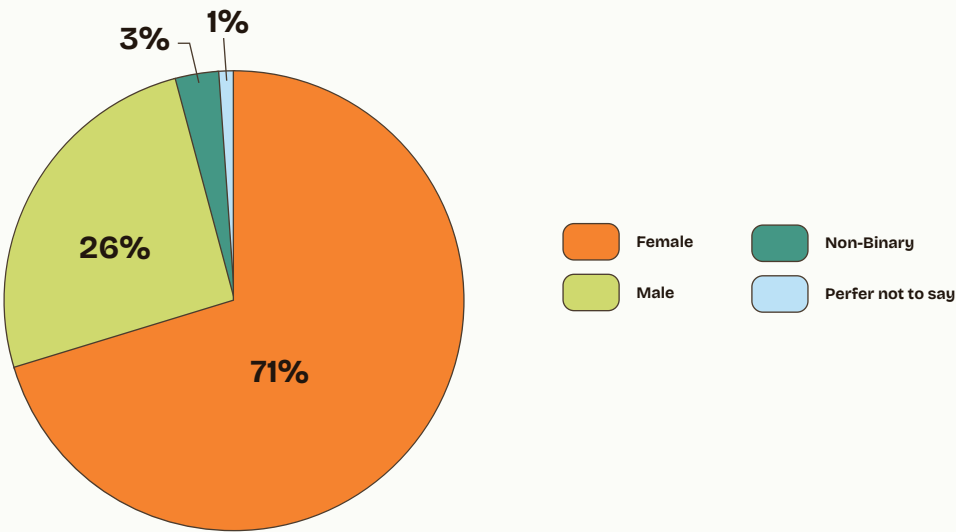
Estimated Change %

Percent Projected Change	Columbia County	Washington State	CMS Region 10 WA
Total Population	0.2%	5.8%	5.4%
Households Count	-5.8%	8.7%	8.4%
Male Population Count	-0.5%	5.5%	5.1%
Female Population Count	0.9%	6.1%	5.7%
Median Age	-2.9%	2.5%	4.4%
Median Household Income	21.3%	20.8%	20.7%
Per Capita Income	30.3%	15.9%	13.5%
Unemployment Rate	-64.0%	32.6%	52.9%

Survey Demographics

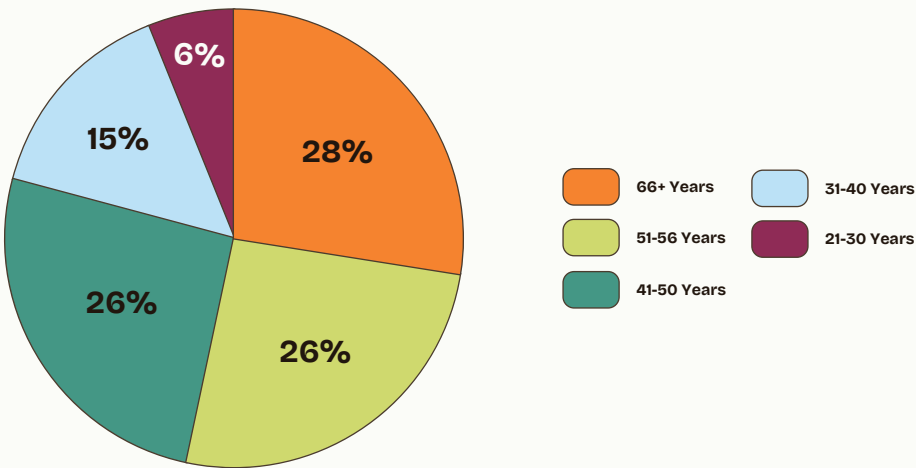
Gender Distribution

Gender breakdown heavily favored women over men



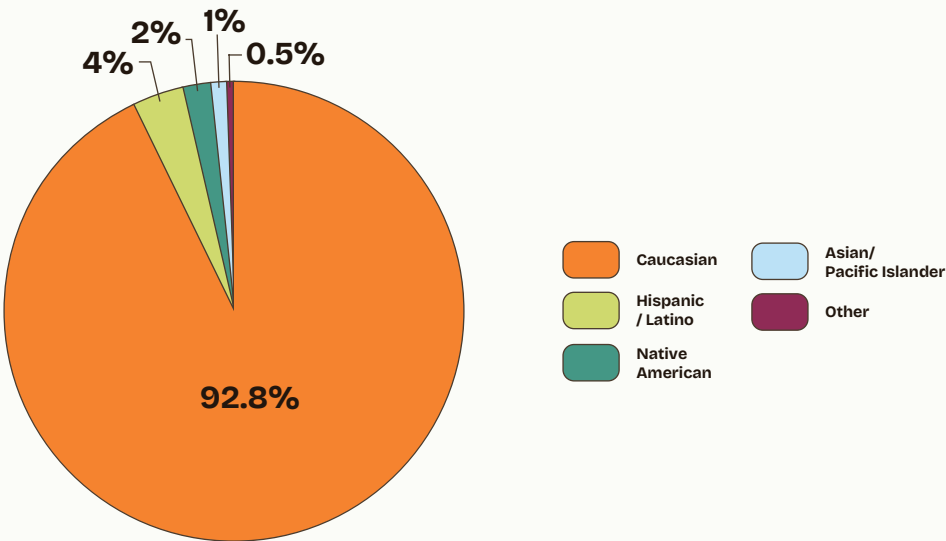
Age Distribution

Median age for respondents fell in the 51-65 age range (consistent with background age profile of the county)



Racial & Ethnic Composition

Consistent with background race/ethnicity, the vast majority of respondents report Caucasian



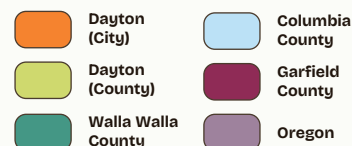
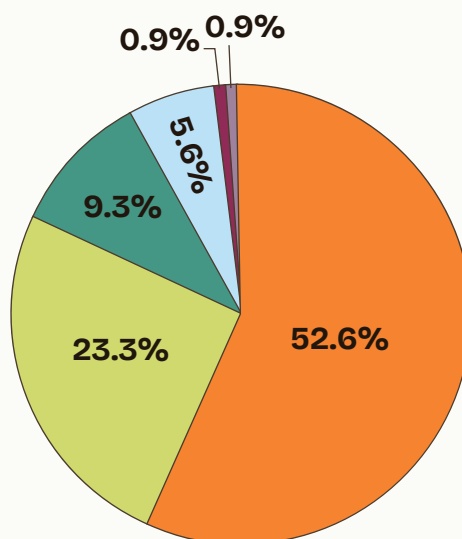
* These percentages are of answers provided. i.e. if someone skipped one of these questions, those values are not reported. Denominators are listed as N values.

DEMOGRAPHICS

Survey Demographics

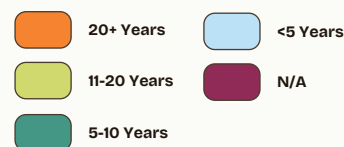
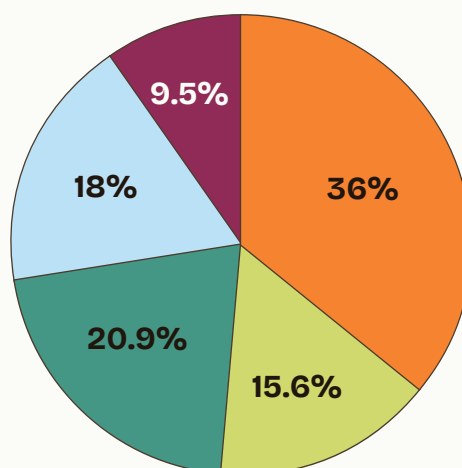
Place of Origin

The vast majority of respondents report living in Dayton city or Dayton county



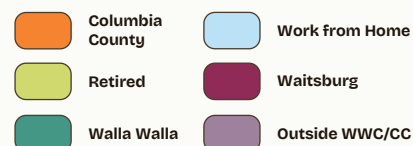
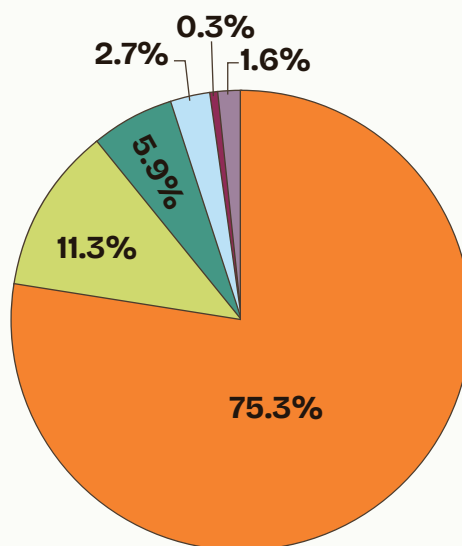
Length of Residency

Over half of survey respondents have lived in the county for over 10 years, and nearly three fourths for five or more years



Work Location & Employment Status

Three fourths of respondents work in Columbia County



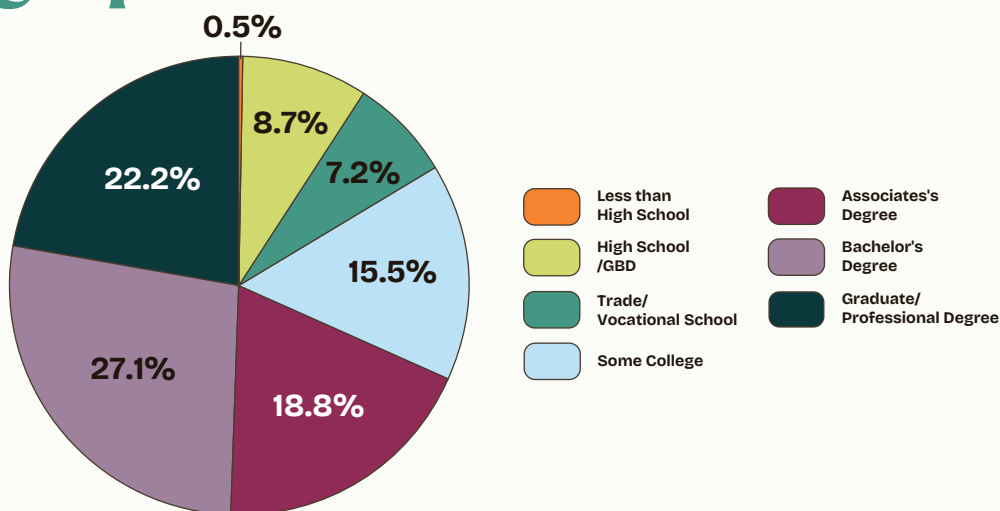
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DEMOGRAPHICS

Survey Demographics

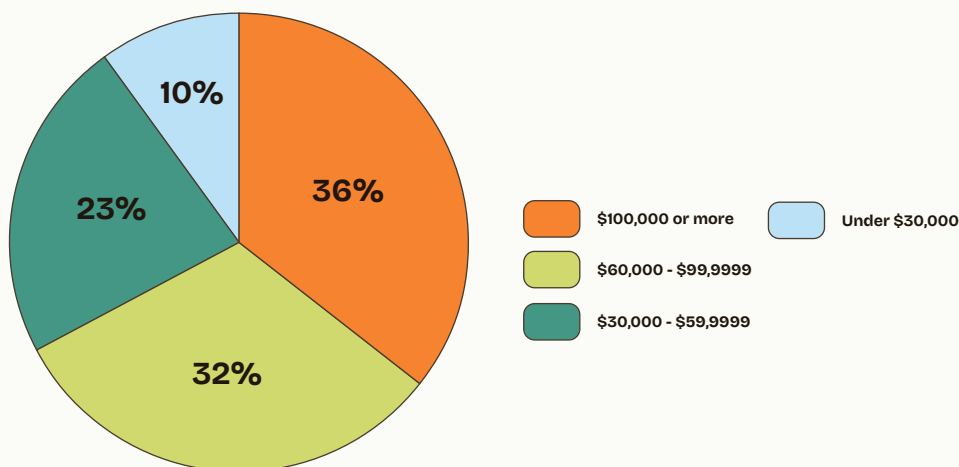
Educational Attainment

Over 80% have had some college experience

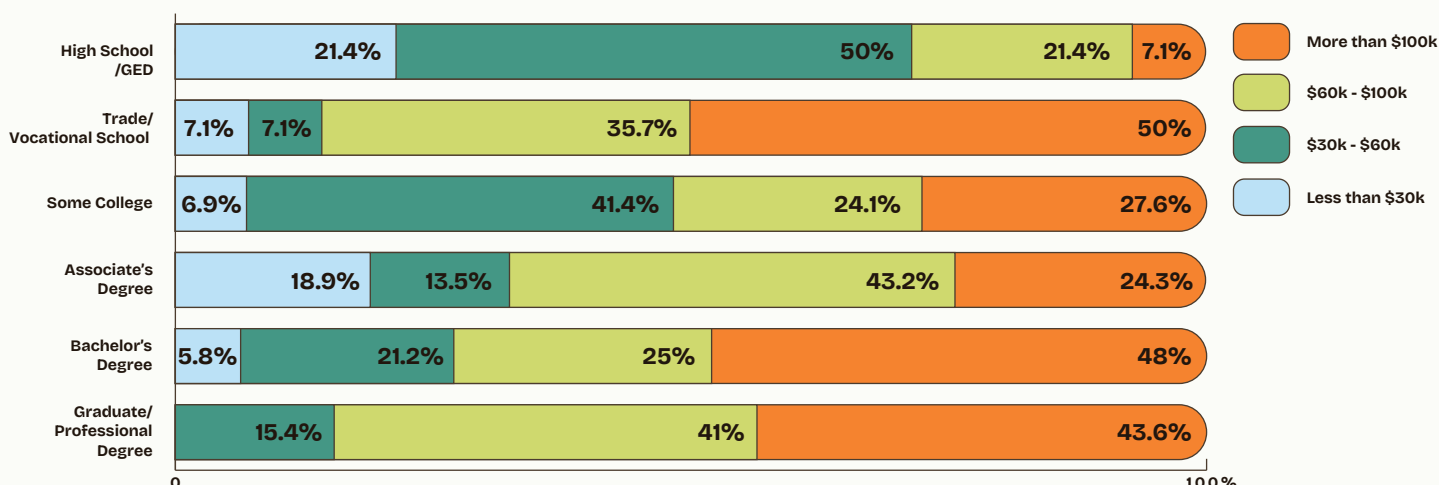


Household Income Levels

More than half of respondents make over \$60,000/year



Income Distribution by Education Level



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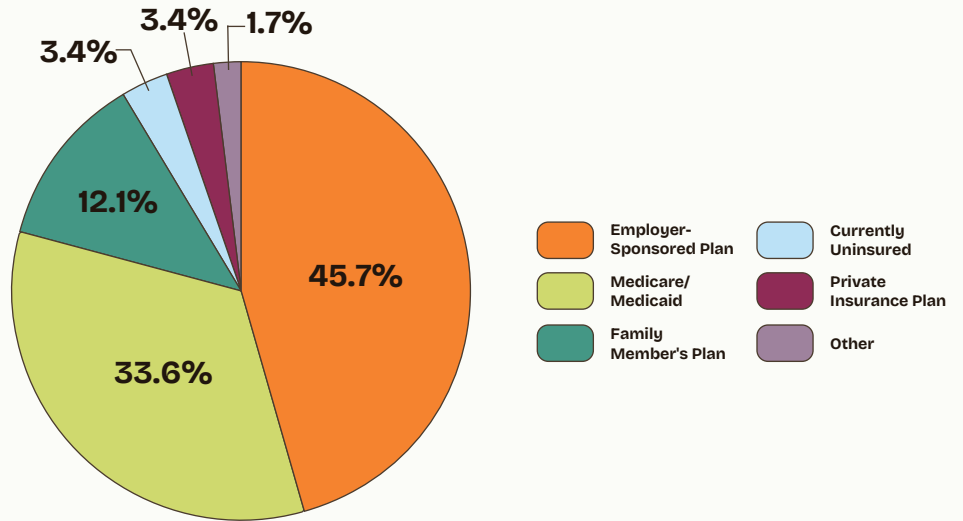
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County Health Insurance Sources

Sources of Health Insurance

The majority of respondents report that their insurance is employer sponsored (45.7%), with public options like Medicare or Medicaid being a close second (33.6%).



Access to Healthcare

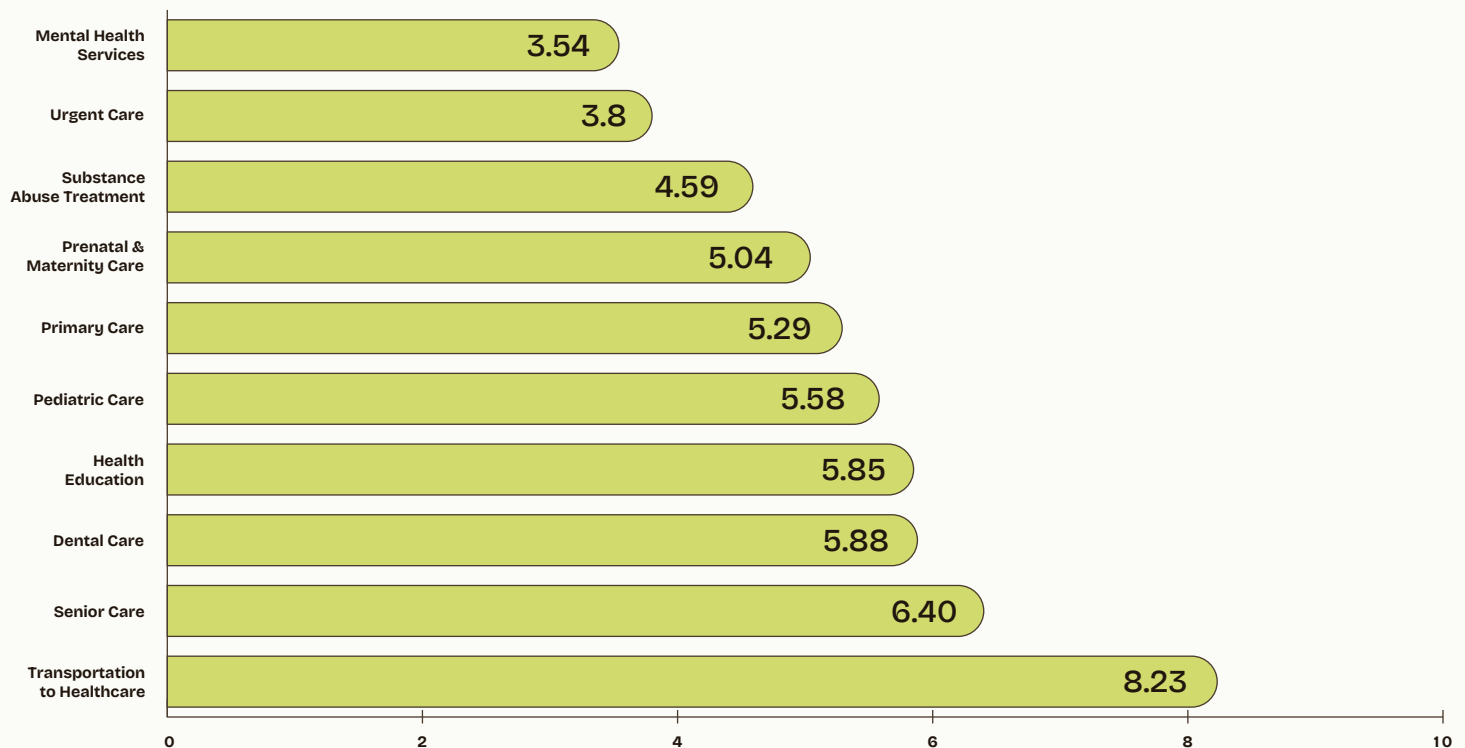
The blue values align with reports presented in various stakeholder meetings:

- The county has a high level of primary care provider (PCP) visits
- Provision of transportation services (through hospital and Columbia County Public Transportation)
- Many individuals reported cost of living struggles related to inflation, housing affordability, and affordable daycare which may have impacted decision making related to healthcare costs.

Question	% Yes
Have you seen a primary care provider within the past year?	90.9%
Have you seen a specialist within the past year?	64.6%
Do you have access to transportation to get to medical appointments?	55.5%
Have you ever delayed or skipped healthcare due to cost or lack of insurance?	29.1%
Have you been hospitalized in the past year?	10.0%
Have you ever experienced discrimination or bias when seeking medical care?	8.2%
Are there language/cultural barriers that make it difficult for you to access healthcare services?	0.9%

Importance of Services – Mean Ranks*

Residents rated transportation to healthcare as a highly important service



*) These rank values represent average rankings (1 through 10) across all survey participants who responded to this question; lower values correspond to higher rankings, i.e. are deemed more important.

Satisfaction with Services

According to responses and individual reports, there is a wide variance in satisfaction of access to services based on specialty. In our survey, we asked participants to provide a score regarding their access to each service. In total, 17 different services were evaluated.

Scores here are averages of: Very Satisfied (+3), Satisfied (+1), Neutral (0), Dissatisfied (-1), Very Dissatisfied (-3)

Low Satisfaction

Vision care services	(e.g., eye exams, corrective lenses)	-1.21
Mental health services		-1.2
Substance abuse treatment services		-1.17
Specialty care services	(e.g., cardiology, neurology, oncology)	-1.01

Somewhat Neutral

Long-term care services	(e.g., nursing home care, assisted living facilities)	0.01
Home health services		0.01
Dental care services		0.02

Positive

Prescription drug services	(e.g., availability and affordability of medications)	0.96
Diagnostic services	(e.g., imaging, laboratory testing)	0.92
Primary care services		0.83
Chronic disease management services	(e.g., diabetes care)	0.51

Strongly Positive

Rehabilitation services	(e.g., physical therapy, occupational therapy)	1.47
Emergency medical services		1.12

Hurdles to Services – Impact Score

The top hurdles in accessing healthcare services, as identified in the community survey, align closely with feedback from public focus groups.

Key findings include:

Limited Access to Specialty Care

The low supply of service providers in the area makes accessing specialty care difficult. Many respondents indicated that commuting to the Tri-Cities was necessary to receive certain specialty services.

Overall Cost of Healthcare

The cost of healthcare was highlighted as a significant challenge. Market research supports this, showing that the average household in Columbia County spends approximately \$453 more annually on healthcare compared to the state average for Washington (see "Access to Commodities" in the Appendix).

Discrimination and Language/Cultural Barriers

These factors ranked lower overall on the survey. However, it's important to note that the survey was predominantly completed by respondents who identify as white and speak English as their first language. Among respondents identifying as Hispanic or Latino, the impact of discrimination and language/cultural barriers was more pronounced but still ranked lower compared to other hurdles.

Respondents ranked different hurdles to accessing healthcare, with higher scores indicating greater impediments.

Hurdle	Avg Score
Difficulty accessing specialty care	3.43
Limited availability of healthcare providers or services in the community	3.39
Cost of healthcare services	3.16
Limited availability of after-hours care	3.03
Limited availability of appointment times that are convenient for the patient	2.7
Distance to healthcare providers or facilities	2.5
Lack of health insurance coverage	2.25
Lack of transportation to healthcare appointments	1.7
Discrimination or bias from healthcare providers	1.65
Language or cultural barriers that make it difficult to communicate with healthcare providers	1.47

*) Values represent Mean Impact Scores, with 1-5 representing numerical values corresponding to a 5-level scale ranging from "Very Little / No impact" to "Very High Impact".

HEALTHCARE SERVICES

Anticipated Health & Supply Needs

Columbia County's projected healthcare needs over the next five years highlight several key areas of concern. The most critical gaps are expected in Physical Medicine and Rehabilitation, Advanced Practice Clinicians (APCs), Dentistry, General Specialties, Oncology, and General Surgery. The county faces a significant supply-demand mismatch in these areas, potentially leading to increased wait times, longer travel distances, and unmet healthcare needs for Columbia residents.

Interestingly, Columbia County's supply of emergency medicine per 100,000 population ranks in the 99th percentile. This suggests an over-reliance on Emergency Departments (ED) as a primary source of healthcare, which not only increases costs but may also lead to congestion and longer waiting times in emergency settings.

The following data is derived from market research, not from survey respondents.

Healthcare Provider Supply & Projected Growth by Specialty

Specialty	# of Providers	Columbia City	National BM	Delta	Current	5-Year Pop Growth
Advanced Practitioner	10	170.6	181.7	-11.1	0.7	1.4
Cardiovascular	0	0	15.2	-15.2	0.9	0.9
Dentistry	3	51.2	75.1	-23.9	1.4	1.7
Emergency Medicine	3	51.2	22.3	28.9	-1.7	-1.6
Endocrinology, Diabetes & Metabolism	0	0	3.4	-3.4	0.2	0.2
ENT	0	0	4.2	-4.2	0.2	0.3
Gastroenterology	0	0	6.5	-6.5	0.4	0.4
General Surgery	0	0	16.6	-16.6	1	1
Hospitalist	0	0	7.9	-7.9	0.5	0.5
Nephrology	0	0	4.2	-4.2	0.2	0.3
Neurosciences	0	0	9.8	-9.8	0.6	0.6
Obstetrics & Gynecology	0	0	17.1	-17.1	1	1.1
Oncology & Hematology	0	0	8.9	-8.9	0.5	0.6
Orthopedics	0	0	68.2	-17.6	1	1.1
Other Specialties	4	0	95.1	-26.9	1.6	1.9
Pathology & Laboratory Medicine	0	17.1	7.1	-7.1	0.4	0.4
Pediatrics & Neonatology	1	0	24.9	-7.8	0.5	0.6
Physical Medicine & Rehabilitation	0	68.2	57.1	-57.1	3.3	3.6
Primary Care	4	119.4	82.9	-14.6	0.9	1.2
Psychiatry, Psychology & Social Services	7	0	95.4	24	-1.4	-1
Pulmonology	0	0	4.9	-4.9	0.3	0.3
Radiology	0	0	14.6	-14.6	0.9	0.9
Rheumatology	0	0	2.3	-2.3	0.1	0.1
Urology	0	0	4	-4	0.1	0.2

Healthcare Demand Forecasts

Utilizing APCD claims data and census data from LexisNexis, we've developed an outlook for both inpatient and outpatient visits over the next 5 and 10 years.

We anticipate a 10% decline in inpatient visits over the next 5 years, amounting to approximately 51 fewer visits. This trend is expected to continue over a 10-year period, with an overall decrease of 6%. This decline can largely be attributed to a flattening or declining population within the county, primarily due to older demographics and a lack of sufficient replacement through in-migration. Furthermore, the overall landscape of healthcare is increasingly shifting towards an outpatient model, driven by technological advances and improved care techniques that limit hospital readmissions and prevent initial admissions.

In terms of outpatient demand, we anticipate a slight decrease of 4% over the next 5 years, similarly influenced by the projected decrease in population. However, in the longer term, over the next decade, we predict a 6% increase in outpatient demand. Despite the decreasing population, an increasing prevalence of disease is expected to drive the need for outpatient services.

In the following sections, we will delve deeper into the specific disease states in which we expect this increase in demand to manifest, further informing the potential health needs and strategic planning for Columbia County

Inpatient Growth

Driver	5 Yr Impact	5 Yr % Impact	10 Yr Impact	10 Yr % Impact
Population Change	-37	-7.23%	-20	-3.89%
Demographic Shift	19	3.74%	42	8.23%
Insurance	-6	-1.11%	-9	-1.69%
Disease Prevalence	14	2.71%	24	4.65%
Technology	-22	-4.39%	-36	-7.04%
Readmissions	-3	-0.51%	-4	-0.82%
Care Management	-17	-3.28%	-28	-5.44%
Total Inpatient Growth	-51	-10%	-31	-6%

Outpatient Growth

Driver	5 Yr Impact	5 Yr % Impact	10 Yr Impact	10 Yr % Impact
Population Change	-2792	-7.23%	-1501	-3.89%
Demographic Shift	743	1.92%	2266	5.87%
Insurance	-395	-1.02%	-555	-1.44%
Disease Prevalence	462	1.20%	1169	3.03%
Technology	326	0.84%	833	2.16%
Readmissions	0	0.00%	0	0.00%
Care Management	33	0.09%	91	0.24%
Total Outpatient Growth	-1622	-4%	2302	6%

Key Healthcare Objectives

Several strategies can effectively address the emerging healthcare challenges in Columbia County. Implementing these strategies requires a deep understanding of local needs, leveraging community strengths, and engaging local leaders in planning and decision-making. By doing so, Columbia County can build a healthcare system that is responsive, resilient, and equitable.

Leverage Telemedicine

Telemedicine can significantly enhance access to healthcare in Columbia County, particularly for specialty services that are not readily available locally. This approach addresses provider shortages and ensures care for homebound individuals, the elderly, and those in remote areas.



Invest in Advanced Practice Clinicians (APCs)

By investing in the training and recruitment of nurse practitioners and physician assistants, Columbia County can strengthen its healthcare workforce. This ensures more residents have reliable access to a wide range of essential primary care services.



Promote Partnerships with Larger Healthcare Systems

Collaborating with larger healthcare systems can enhance the capacity and quality of care in Columbia County. These partnerships allow for the integration of specialized services, better resource sharing, and improved access to advanced healthcare facilities for residents.



Healthcare Recruitment and Retention Strategies

To attract and retain healthcare professionals in rural areas, Columbia County should offer competitive salaries, loan repayment programs, and housing assistance. Creating supportive work environments with career advancement opportunities will also help maintain a stable healthcare workforce.



Health Education and Preventative Care Initiatives

Educational programs that promote healthy lifestyle choices and disease prevention can reduce the community's reliance on emergency services. These initiatives support early disease detection, better management, and ultimately lead to a healthier population in Columbia County.



Health Behaviors

Preventative Health Exams & Healthy Habits

25

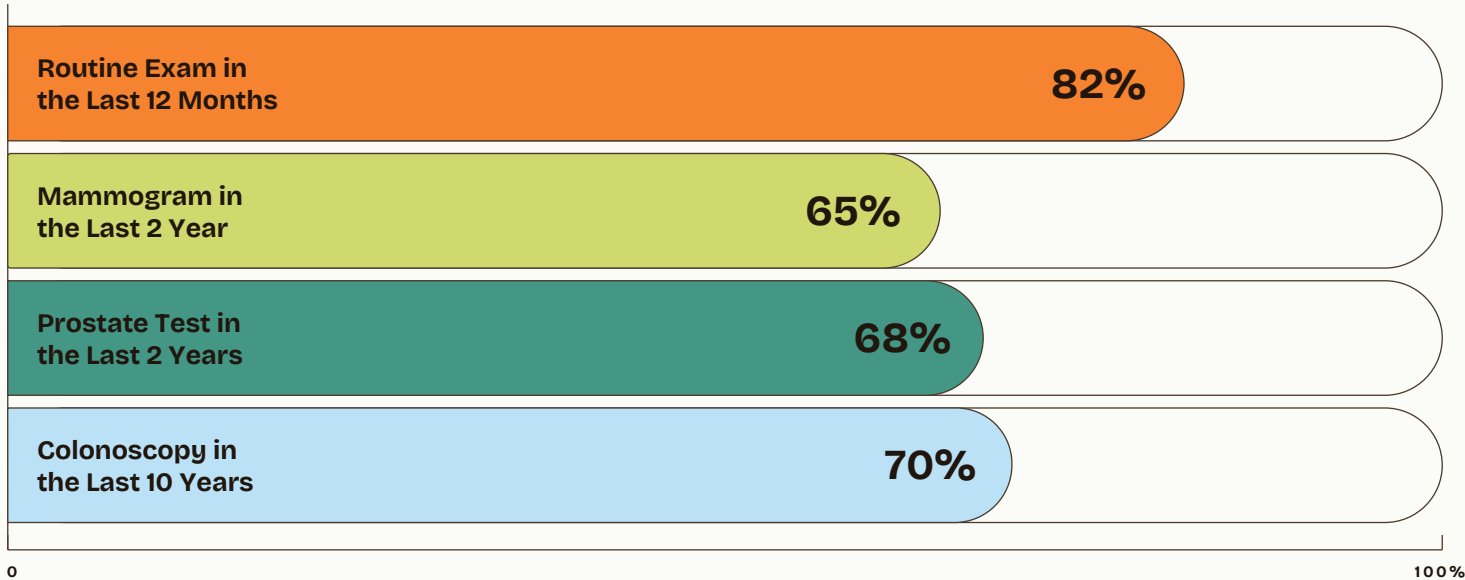
Health Attitudes & Behaviors

26-27

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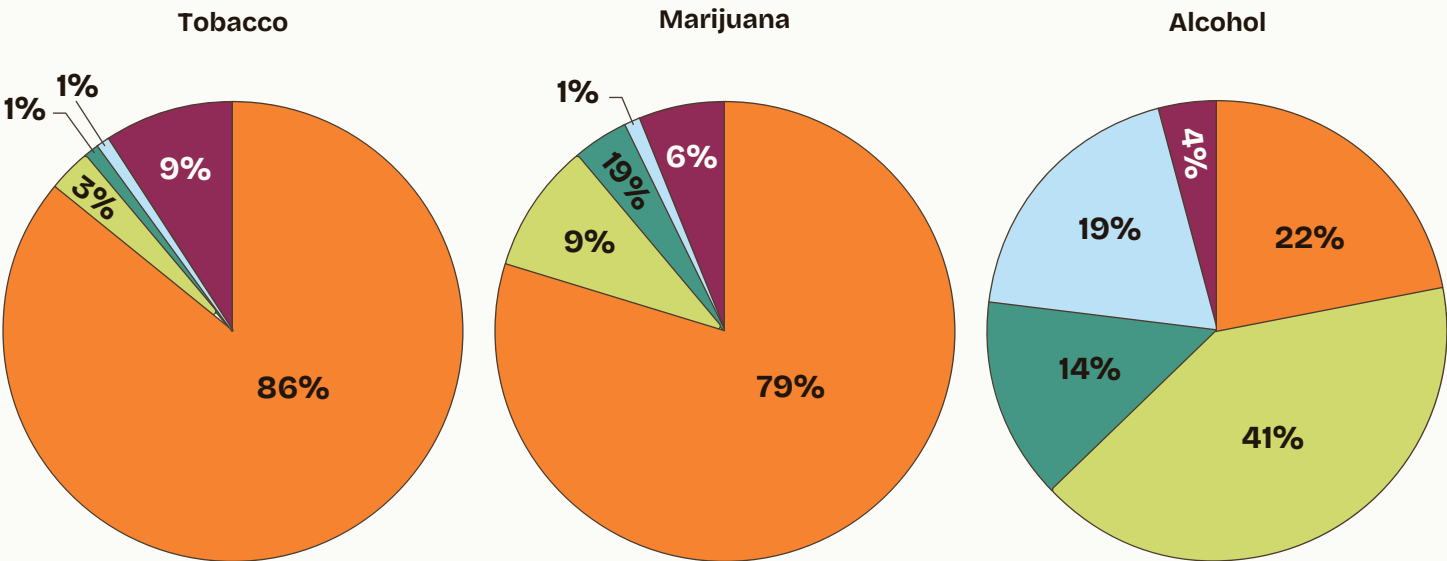
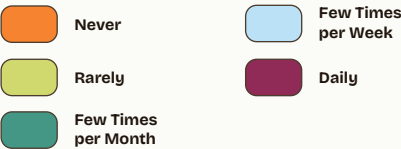
Preventative Health Exams & Healthy Habits

Preventative Health Exam



Alcohol, Tobacco, and Marijuana Use

Alcohol was the most commonly used substance, but not on a daily basis. Daily consumption was most common for tobacco, then marijuana, and finally alcohol.



Health Attitudes & Behaviors

Columbia County residents exhibit distinctive attitudes and behaviors toward healthcare, which can significantly influence their health status and the community's overall health needs.

Regular Check-Ups:

While 51.5% of residents report regular check-ups, in line with state figures, a slightly higher proportion (12.5%) strongly disagree with this statement, indicating they do not regularly visit the doctor. This percentage is over 13% higher than the state average, suggesting that some residents may neglect preventative care.

Reactive Healthcare Practices:

Further supporting this view, 25.6% of residents report that they only see a doctor when very ill, a figure that is proportionally 13% higher than the state average. This tendency towards reactive rather than preventative healthcare can lead to delays in disease detection and treatment, resulting in poorer outcomes and higher healthcare costs.

Medication Management:

Columbia County residents present polarized views on medication management. On one hand, 24% of residents express resistance to medication, stating they don't take medicine when they don't feel well, which is 6.6% higher than the state average. On the other hand, a larger proportion strongly agree that medication has improved their quality of life, indicating a section of the population heavily relies on medication.

Physical Activity:

When it comes to lifestyle factors, physical activity appears to be less prioritized in Columbia County, with a significant 31.7% more residents reporting no regular exercise routine compared to the state average. Regular exercise is a cornerstone of maintaining good health, and its absence can contribute to various health issues such as obesity, cardiovascular disease, and mental health problems.

Impact of Medical Conditions on Lifestyle:

The impact of medical conditions on residents' lifestyles is more pronounced in Columbia County. With 13.5% strongly agreeing that their conditions limit their lifestyle somewhat, this figure is 31.3% higher than the state average. This suggests a higher burden of chronic illness, affecting the quality of life, healthcare needs, and resource allocation within the county.

HEALTH BEHAVIORS

Health Attitudes & Behaviors

The chart highlights key health attitudes and behaviors in Columbia County, comparing them to state and regional benchmarks. It reveals trends in healthcare use, medication views, exercise habits, and the impact of medical conditions, providing a snapshot of the county's unique health profile.

Category	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Health Visits							
Visited A Doctor in the Past Year	81.9%	81.7%	81.6%	0.3%	0.3%	0.3%	0.4%
I go to the doctor regularly for check-ups (Strongly Agree)	51.5%	51.4%	51.3%	0.2%	0.2%	0.3%	0.5%
I go to the doctor regularly for check-ups (Agree Somewhat)	23.1%	25.4%	25.2%	-2.3%	-2.0%	-9.0%	-8.1%
I go to the doctor regularly for check-ups (Disagree Somewhat)	12.8%	12.2%	12.3%	0.6%	0.5%	5.1%	4.5%
I go to the doctor regularly for check-ups (Strongly Disagree)	12.5%	11.0%	11.3%	1.5%	1.2%	13.4%	11.0%
I only go to the doctor when I'm very ill (Strongly Agree)	25.6%	22.5%	22.9%	3.1%	2.7%	13.6%	12.0%
I only go to the doctor when I'm very ill (Agree Somewhat)	30.1%	30.8%	30.7%	-0.7%	-0.7%	-2.3%	-2.3%
I only go to the doctor when I'm very ill (Disagree Somewhat)	23.3%	25.1%	24.8%	-1.8%	-1.5%	-7.1%	-5.9%
I only go to the doctor when I'm very ill (Strongly Disagree)	21.0%	21.6%	21.6%	-0.6%	-0.6%	-2.7%	-2.8%
Medication Management							
I take medicine as soon as I don't feel well (Strongly Agree)	9.0%	9.4%	9.4%	-0.4%	-0.3%	-4.1%	-3.5%
I take medicine as soon as I don't feel well (Agree Somewhat)	27.1%	28.4%	28.4%	-1.3%	-1.3%	-4.7%	-4.4%
I take medicine as soon as I don't feel well (Disagree Somewhat)	39.9%	39.7%	39.7%	0.2%	0.2%	0.5%	0.6%
I take medicine as soon as I don't feel well (Strongly Disagree)	23.9%	22.4%	22.6%	1.5%	1.3%	6.6%	5.9%
Medication has improved the quality of my life (Strongly Agree)	27.9%	26.7%	26.9%	1.2%	1.1%	4.6%	4.0%
Medication has improved the quality of my life (Agree Somewhat)	39.6%	40.3%	40.2%	-0.7%	-0.6%	-1.6%	-1.4%
Medication has improved the quality of my life (Disagree Somewhat)	19.7%	20.0%	19.9%	-0.3%	-0.2%	-1.5%	-1.0%
Medication has improved the quality of my life (Strongly Disagree)	12.7%	13.0%	13.1%	-0.3%	-0.3%	-2.3%	-2.4%
Exercise							
I follow a regular exercise routine (Strongly Agree)	27.3%	32.6%	32.0%	-5.2%	-4.6%	-16.1%	-14.5%
I follow a regular exercise routine (Agree Somewhat)	39.2%	37.9%	37.9%	1.3%	1.3%	3.5%	3.4%
I follow a regular exercise routine (Disagree Somewhat)	22.1%	20.9%	21.2%	1.2%	0.9%	5.6%	4.2%
I follow a regular exercise routine (Strongly Disagree)	11.4%	8.6%	9.0%	2.7%	2.4%	31.7%	27.0%
Condition Impact							
My medical conditions limit lifestyle (Strongly Agree)	13.5%	10.3%	10.6%	3.2%	3.0%	31.3%	28.1%
My medical conditions limit lifestyle (Agree Somewhat)	24.0%	22.1%	22.3%	2.0%	1.7%	8.9%	7.7%
My medical conditions limit lifestyle (Disagree Somewhat)	20.8%	21.3%	21.2%	-0.5%	-0.4%	-2.2%	-1.9%
My medical conditions limit lifestyle (Strongly Disagree)	41.6%	46.4%	45.9%	-4.7%	-4.3%	-10.2%	-9.4%

Mental Health & Substance Abuse

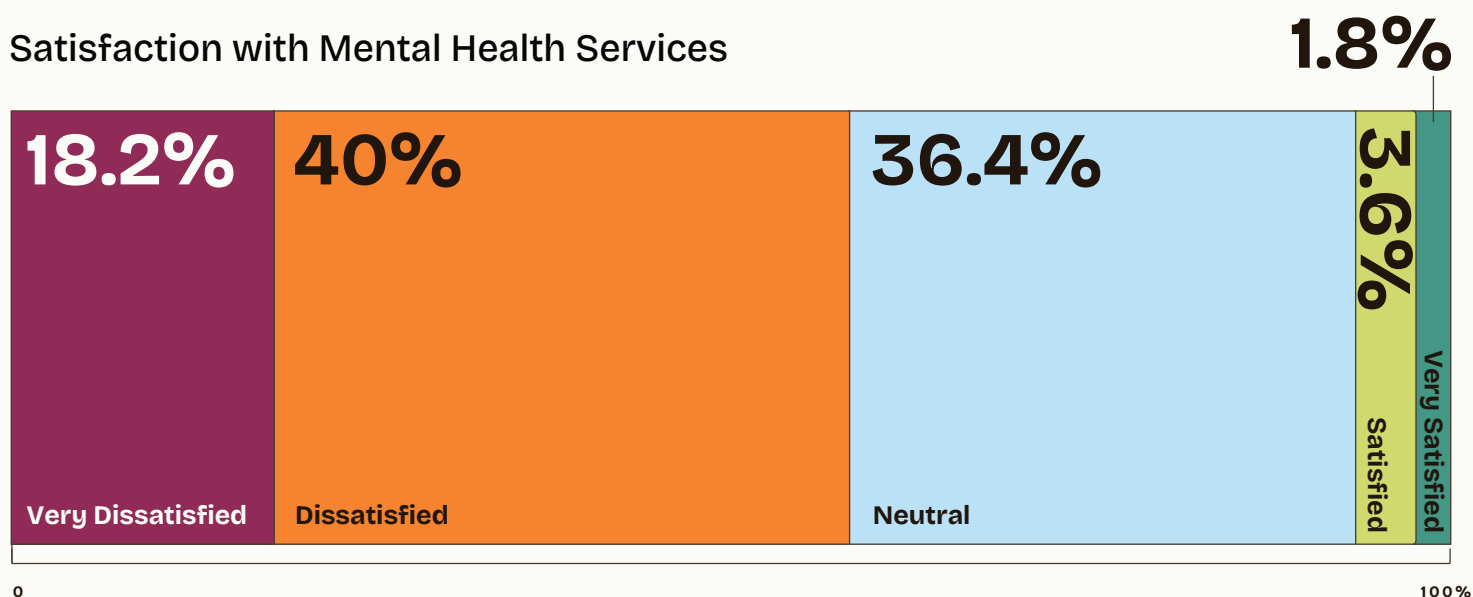
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05

Mental Healthcare

Access to mental healthcare is a critical aspect of overall community well-being. Understanding residents' satisfaction with the availability of mental health services can guide improvements and highlight areas that require attention.

Satisfaction with Mental Health Services



42%

Of all respondents reported that they or someone in their household needed mental health services in the past 12 months.

70%

Of those who needed services, 70% were able to access them, either fully (29%) or partially (41%).

50%

Half of the respondents expressed dissatisfaction with the availability of mental health care services.

This reflects the respondents' perception of service availability.

Resident Comments on Mental Health

"I do not know exactly what is available but from what I understand, **there is only one counseling center**. As a teacher and a parent, I worry so much about our children. **The schools need more counselors** on site and **the community needs more services**. I think even if there are more events and activities available for teens in the community, it would help with mental health. It would get them out of the house."

"Stop the stigma of mental health needs.
Some who need counseling won't go because of the fact **they don't want others to know they need mental health assistance.**"

"The reason we don't use the mental health services here in town is **because there is not a professional that is specialized in what my family member needs.**"

"I do not know, but have **multiple concerns about the well-being of many of the people I see in town** who need assistance or medical attention."

A pediatric psychiatrist would be great.
It would also be nice to have someone who specializes in autism spectrum and ADHD--and recognizes both male and female expressions of it.

Closing Remarks

06

As we present the Community Health Needs Assessment for Columbia County, we bring not only our professional expertise as consultants but also a deeply personal commitment to this community. With direct family ties to Eastern Washington, our dedication to Columbia County is not just professional; it is profoundly personal. Serving this community is not only our responsibility but also a matter of heartfelt pride and pleasure.

The challenges of the past few years, notably the COVID-19 pandemic, have brought significant changes and hardships to our community. The resilience and unity displayed during these times have been remarkable and serve as a testament to the strength of Columbia County. These challenges have reminded us of the importance of community solidarity and collective effort.

In our role as consultants, we recognize the need for a pragmatic and results-oriented approach. The Community Health Needs Assessment reflects a comprehensive and thoughtful process, emphasizing practical solutions and strategic partnerships. We believe in working alongside the community, leveraging our expertise to enhance the well-being and health of our residents.

This assessment is a crucial step in identifying the most effective ways to address the health needs of Columbia County. It focuses on responsive healthcare delivery, strengthening community partnerships, and enhancing overall population health. Our strategies are designed to be realistic and achievable, ensuring that we make tangible improvements in the health outcomes of our community.

As we move forward with the implementation of this assessment, our commitment is to work diligently for the betterment of Columbia County. We are dedicated to listening to your needs, aligning our efforts with the community's goals, and delivering results that make a real difference in your lives.

Serving you is an honor, and we are committed to upholding the values and expectations of this community. Together, let's work towards a healthier and more prosperous Columbia County.

SINCERELY,



Mackey Smith, Tanner LLC
Jason Utt, Data Sense LLC

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County Age Segmentation

With its median age projected to be 49 by 2027, Columbia County is set to be notably older than the state and regional averages. The proportion of people aged 84 and above is twice as much as the state and the region. Additionally, the population segment aged 60 and over is expected to increase 50% faster than in the state and region by 2027. These factors imply that the demand for healthcare services, especially geriatric care and chronic disease management, is likely to rise in the coming years.

Alongside these demographic trends, Columbia County faces higher unemployment rates compared to the state and region. This isn't just an economic issue. Unemployment can lead to stress and limit access to healthcare services due to financial difficulties or insufficient health insurance. Hence, addressing the health needs of Columbia County's residents involves a comprehensive approach, considering both age and employment factors.

2020 Age	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Pop age 0-4	4.10%	5.60%	5.50%	-1.5%	-1.4%	-26.8%	-25.5%
Pop age 5-9	4.80%	6.10%	6.10%	-1.3%	-1.3%	-21.3%	-21.3%
Pop age 10-14	5.50%	6.30%	6.40%	-0.8%	-0.9%	-12.7%	-14.1%
Pop age 15-19	5.20%	5.90%	6.10%	-0.7%	-0.9%	-11.9%	-14.8%
Pop age 20-24	4.30%	6.20%	6.20%	-1.9%	-1.9%	-30.6%	-30.6%
Pop age 25-29	5.50%	7.30%	7.00%	-1.8%	-1.5%	-24.7%	-21.4%
Pop age 30-34	5.20%	7.90%	7.50%	-2.7%	-2.3%	-34.2%	-30.7%
Pop age 35-39	5.10%	7.50%	7.30%	-2.4%	-2.2%	-32.0%	-30.1%
Pop age 40-44	5.60%	6.70%	6.70%	-1.1%	-1.1%	-16.4%	-16.4%
Pop age 45-49	4.40%	5.90%	5.90%	-1.5%	-1.5%	-25.4%	-25.4%
Pop age 50-54	5.70%	6.10%	6.10%	-0.4%	-0.4%	-6.6%	-6.6%
Pop age 55-59	7.50%	6.10%	6.10%	1.4%	1.4%	23.0%	23.0%
Pop age 60-64	8.30%	6.20%	6.20%	2.1%	2.1%	33.9%	33.9%
Pop age 65-69	8.20%	5.60%	5.80%	2.6%	2.4%	46.4%	41.4%
Pop age 70-74	8.30%	4.60%	4.80%	3.7%	3.4%	80.4%	72.9%
Pop age 75-79	5.20%	2.90%	3.00%	2.3%	2.2%	79.3%	73.3%
Pop age 80-84	4.00%	1.70%	1.80%	2.3%	2.2%	135.3%	122.2%
Pop age 85+	3.00%	1.60%	1.60%	1.4%	1.4%	87.5%	87.5%
2027 Age	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Pop age 0-4	5.80%	5.70%	5.60%	0.1%	0.2%	1.8%	3.6%
Pop age 5-9	5.00%	5.70%	5.60%	-0.7%	-0.6%	-12.3%	-10.7%
Pop age 10-14	4.90%	5.90%	5.90%	-1.0%	-1.0%	-16.9%	-16.9%
Pop age 15-19	5.10%	6.20%	6.30%	-1.1%	-1.2%	-17.7%	-19.0%
Pop age 20-24	4.90%	6.00%	6.10%	-1.1%	-1.2%	-18.3%	-19.7%
Pop age 25-29	4.90%	6.10%	6.10%	-1.2%	-1.2%	-19.7%	-19.7%
Pop age 30-34	5.10%	6.90%	6.70%	-2.1%	-1.8%	-26.1%	-23.9%
Pop age 35-39	5.20%	7.30%	7.00%	-1.8%	-1.6%	-25.4%	-23.2%
Pop age 40-44	5.30%	7.10%	6.90%	-1.4%	-1.3%	-21.5%	-20.3%
Pop age 45-49	5.10%	6.50%	6.40%	-1.0%	-1.0%	-16.7%	-16.7%
Pop age 50-54	5.00%	6.00%	6.00%	-0.1%	0.0%	-1.7%	0.0%
Pop age 55-59	5.80%	5.90%	5.80%	1.2%	1.2%	20.7%	20.7%
Pop age 60-64	7.00%	5.80%	5.80%	1.9%	1.8%	33.9%	31.6%
Pop age 65-69	7.50%	5.60%	5.70%	2.7%	2.5%	55.1%	49.0%
Pop age 70-74	7.60%	4.90%	5.10%	2.7%	2.5%	71.1%	62.5%
Pop age 75-79	6.50%	3.80%	4.00%	2.2%	2.4%	88.0%	80.8%
Pop age 80-84	4.70%	2.50%	2.60%	2.2%	2.4%	109.1%	109.1%
Pop age 85+	4.60%	2.10%	2.20%	2.5%	2.4%	119.0%	122.2%
Percent Projected Change	Columbia County	Washington State	CMS Region 10 WA				
Pop age 0-4	42.8%	7.6%	8.5%				
Pop age 5-9	4.1%	-0.9%	-1.8%				
Pop age 10-14	-11.1%	-1.0%	-2.6%				
Pop age 15-19	-1.9%	10.0%	8.6%				
Pop age 20-24	14.3%	3.6%	3.7%				
Pop age 25-29	-10.3%	-10.8%	-8.2%				
Pop age 30-34	-2.8%	-7.6%	-6.2%				
Pop age 35-39	1.4%	3.4%	2.3%				
Pop age 40-44	-6.6%	12.0%	9.0%				
Pop age 45-49	16.2%	15.9%	14.3%				
Pop age 50-54	-12.4%	4.0%	4.3%				
Pop age 55-59	-22.1%	1.5%	1.5%				
Pop age 60-64	-15.7%	-0.2%	-1.6%				
Pop age 65-69	-8.2%	6.5%	3.5%				
Pop age 70-74	-7.4%	14.2%	11.5%				
Pop age 75-79	24.1%	40.0%	38.6%				
Pop age 80-84	19.3%	53.5%	52.4%				
Pop age 85+	53.7%	44.3%	45.8%				

APPENDIX

Race & Ethnicity

Columbia County is predominantly white, with 85% of the population identifying as such—significantly higher than the state and regional average, which ranges between 68-70%.

While projections for 2027 indicate a slight shift towards increased racial diversity, changes are expected to be relatively minor. The American Indian/Alaskan Native population is projected to grow by 8.5%, while those identifying as other races or multi-racial could increase by 11.8%. In contrast, the white population is anticipated to decrease by just 0.8%, representing a shift of roughly 300 individuals—a subtle change in the broader context of the county's population.

Although these demographic shifts are minor, they may still have important health implications. Different racial and ethnic groups can have specific health concerns due to factors like genetics, social determinants of health, and past healthcare disparities. Even small changes in the population's composition could require nuanced adjustments in care provision. Additionally, as the community gradually diversifies, cultural competency in healthcare—ensuring care meets the social, cultural, and linguistic needs of patients—could become increasingly important. Future health planning in Columbia County should remain mindful of these subtle but impactful demographic shifts.

Current Segmentation by Race (2020)	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
White	84.9%	68.2%	72.8%	16.8%	12.1%	24.6%	16.7%
Black	1.0%	4.7%	3.7%	-3.6%	-2.7%	-78.6%	-72.4%
American Indian/Alaskan Native	1.2%	1.0%	1.0%	0.1%	0.1%	10.3%	13.5%
Asian	1.6%	10.4%	7.9%	-8.8%	-6.3%	-84.9%	-79.9%
Hawaiian/Pacific Islander	0.0%	0.6%	0.5%	0.6%	-0.4%	-95.9%	-94.6%
Other Race	5.6%	7.5%	5.6%	-1.9%	0.0%	-25.2%	0.1%
Multirace	5.7%	7.5%	8.6%	-1.8%	-2.9%	-24.5%	-33.9%
Hispanic	9.9%	13.7%	13.9%	-3.9%	-4.0%	-28.3%	-29.0%
Non-Hispanic	90.1%	86.3%	86.1%	3.9%	4.0%	4.5%	4.7%
Projected Segmentation by Race (2027)	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
White	84.1%	68.1%	72.8%	16.0%	11.3%	23.5%	15.5%
Black	0.6%	4.7%	3.7%	-4.1%	-3.1%	-87.5%	-83.8%
American Indian/Alaskan Native	1.3%	1.0%	1.0%	0.2%	0.2%	20.6%	23.9%
Asian	1.4%	10.5%	7.9%	-9.1%	-6.5%	-86.4%	-81.9%
Hawaiian/Pacific Islander	0.0%	0.6%	0.5%	-0.6%	-0.4%	-95.9%	-94.6%
Other Race	6.3%	7.5%	5.6%	-1.2%	0.7%	-16.2%	12.0%
Multirace	6.3%	7.5%	8.6%	-1.2%	-2.3%	-15.9%	-26.4%
Hispanic	10.3%	13.7%	13.8%	-3.4%	-3.6%	-25%	-25.9%
Non-Hispanic	89.7%	86.3%	86.2%	3.4%	3.6%	4.0%	4.1%
Percent Projected Change	Columbia County	Washington State	CMS Region 10 WA				
White	-0.7%	5.7%	5.4%				
Black	-41.5%	5.7%	5.0%				
American Indian/Alaskan Native	8.5%	4.9%	4.5%				
Asian	-9.4%	6.8%	5.8%				
Hawaiian/Pacific Islander	0.0%	5.7%	5.2%				
Other Race	11.8%	5.4%	5.2%				
Multirace	11.3%	5.4%	5.0%				
Hispanic	4.3%	5.2%	5.0%				
Non-Hispanic	-0.2%	5.9%	5.4%				

APPENDIX

Education

Education levels in Columbia County are lower compared to many other communities in the region and the state. Notably, the county has proportionally 50% more individuals aged 25 and older who have not completed 9th grade, and 25% more who have not obtained a college diploma than surrounding areas.

Education is a key social determinant of health, and lower educational attainment is often linked to poorer health outcomes. Individuals with less education are at a higher risk of many health problems, including but not limited to heart disease, diabetes, and certain types of cancer. They are also more likely to engage in risky health behaviors such as smoking and to face barriers to accessing healthcare, including lack of health insurance and limited health literacy.

This less educated population may require additional support in navigating the healthcare system, understanding health information, and managing their health. It could also indicate a greater need for preventive healthcare services and health education initiatives within the county to address these challenges and reduce health disparities. Thus, the lower educational attainment in Columbia County is a significant factor to consider in assessing the community's health needs and planning appropriate interventions.

Category	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Pop 25+ less than 9th grade	5.20%	3.50%	3.30%	1.7%	1.9%	48.6%	57.6%
Pop 25+ 9th-12th grade no diploma	5.30%	4.30%	4.50%	1.0%	0.8%	23.2%	17.8%
Pop 25+ HS graduate	19.10%	21.40%	22.40%	-2.3%	-3.3%	-10.7%	-14.7%
Pop 25+ college no diploma	28.00%	21.80%	22.90%	6.2%	5.1%	28.4%	22.3%
Pop 25+ Associate degree	14.60%	10.10%	9.80%	4.5%	4.8%	44.6%	49.0%
Pop 25+ Bachelor's degree	13.70%	23.70%	22.70%	-10.0%	-9.0%	-42.2%	-39.6%
Pop 25+ graduate or prof school degree	14.10%	15.20%	14.40%	-1.1%	-0.3%	-7.2%	-2.1%

APPENDIX

Household Structure

Household structure in Columbia County shows significant variations when compared to the regional trends. For instance, 33% of Columbia's households consist of a single individual, a figure notably higher than the regional average of 26%. Two-person households are also more common in Columbia, making up 42.5% of the total, compared to 36% in the region. In terms of family structures, 35% of families in Columbia are married couples without children living at home, a figure higher than the regional average of 28%. Conversely, families that are married with children in the home account for only 14% in Columbia, considerably lower than the regional average of 21%.

These statistics indicate that Columbia County has a higher proportion of smaller households and fewer families with children at home. The health implications of these demographic trends are multifaceted. For instance, single-person households may face unique health challenges related to social isolation or lack of caregiving support. Married couples without children may have different health service needs, with possibly greater focus on adult and elderly care rather than pediatric services.

Furthermore, the lower proportion of households with children might result in less demand for child-oriented health services, pediatric care, and school-based health programs.

This could potentially impact resource allocation within healthcare services in the county. These unique aspects of Columbia County's household and family structure should be considered when assessing the community's health needs and planning interventions.

The housing situation in Columbia County reveals some key points about the community that can directly impact health needs. The median property value in Columbia County as of 2020 was \$199,600. This figure is lower than the national average of \$229,800, which could make homeownership more accessible to residents, as evidenced by the homeownership rate of 71.6%, which is higher than the national average of 64.4%.

A greater proportion of residents owning their homes suggests a degree of residential stability that can contribute to community cohesion, a factor known to be beneficial for mental and physical health. This also implies that fewer people proportionally rent in Columbia County, which may afford them more control over their living conditions, an important aspect of health.

A majority of homeowners, 65.3% to be exact, have a mortgage that aligns with nationwide trends. This fact could point to potential financial stressors, considering that mortgage payments can make up a significant portion of monthly expenses.

Household Size	Columbia County	Washington State	CMS Region 10 WA
Total Households	1,807	3, 032, 249	5, 440, 076
1-person	33.6%	27.1%	26.8%
2-persons	42.5%	35.3%	36.2%
3-persons	11.0%	15.7%	15.4%
4-persons	7.7%	12.8%	12.4%
5-persons	2.8%	5.6%	5.6%
6-persons	1.5%	2.3%	2.3%
7+ persons	0.8%	1.2%	1.2%
Household Structure (in home)	Columbia County	Washington State	CMS Region 10 WA
Families married couple with children	14.2%	21.0%	21.1%
Families male no wife with children	2.0%	2.9%	2.8%
Families female no husband children	5.9%	6.8%	6.6%
Families married couple no children	34.9%	27.4%	28.1%
Families male no wife no children	1.7%	1.9%	1.8%
Families female no husband no children	3.0%	3.8%	3.7%

Income & Employment

In Columbia County, the financial landscape varies significantly from both the state and national averages. The median household income in Columbia County stands at \$61,779, which is noticeably less than the national median income of \$70,784 and substantially lower than Washington state's median of \$82,400. This lower median income implies that there are fewer high-paying jobs within the county, and a higher proportion of residents may be financially strained. However, it is important to note that the county's poverty rate of 6.78% is lower than both the national average of 14.4% and the Washington state average of 10.2%. This suggests that while median income is lower, fewer people fall under the poverty line than in other regions.

In terms of health implications, the lower median income could imply that residents might face financial barriers in accessing healthcare services, nutritious food, and safe housing, all of which significantly impact health outcomes. On the other hand, the relatively low poverty rate could indicate that while incomes aren't as high as the state or national averages, they might be sufficient to keep most residents above the poverty line, allowing for basic access to necessities, including healthcare. While these figures are encouraging, it is important to remember that the economic well-being of a community is not merely a function of poverty rates or median incomes alone. The distribution of income, available employment opportunities, and the cost of living all play significant roles in shaping community health. Consequently, understanding these nuanced aspects of Columbia County's economic landscape will be essential in evaluating the community's health needs effectively.

Income Range	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Less than \$5000	0.9%	2.1%	2.2%	-1.2%	-1.3%	-55.8%	-57.4%
\$5000-9999	2.7%	2.3%	2.5%	0.4%	-0.2%	16.0%	7.2%
\$10000-14999	5.4%	2.7%	3.0%	2.6%	2.3%	95.4%	76.4%
\$15000-19999	5.7%	2.4%	2.8%	3.3%	2.9%	135.8%	104.1%
\$20000-24999	4.6%	2.9%	3.2%	1.7%	1.5%	59.6%	45.6%
\$25000-29999	3.6%	3.3%	3.6%	0.3%	0.9%	9.1%	10.7%
\$30000-34999	2.9%	3.1%	3.5%	-0.2%	-0.2%	-0.7%	-0.7%
\$35000-39999	1.9%	3.2%	3.6%	-1.3%	-1.7%	-40.0%	-46.5%
\$40000-44999	2.2%	3.2%	3.5%	-1.0%	-1.3%	-30.8%	-37.1%
\$45000-49999	2.8%	3.1%	3.4%	-0.3%	-0.6%	-10.1%	-16.9%
\$50000-54999	3.0%	3.4%	3.7%	-0.5%	-0.7%	-13.4%	-18.3%
\$55000-59999	6.9%	4.1%	4.3%	2.8%	2.6%	68.8%	60.4%
\$60000-64999	6.0%	3.4%	3.6%	2.6%	2.6%	76.8%	68.7%
\$65000-69999	2.8%	2.7%	2.9%	0.0%	0.0%	1.2%	-6.1%
\$70000-74999	2.8%	3.3%	3.5%	-0.6%	-0.7%	-16.7%	-21.0%
\$75000-79999	2.5%	3.2%	3.3%	-0.7%	-0.8%	-22.3%	-25.2%
\$80000-84999	3.3%	2.9%	2.9%	0.5%	0.4%	16.2%	13.5%
\$85000-89999	3.7%	2.7%	2.7%	0.9%	0.9%	34.0%	33.0%
\$90000-94999	3.6%	2.9%	2.9%	0.7%	0.7%	23.5%	22.6%
\$95000-99999	3.3%	2.9%	2.9%	0.4%	0.5%	16.3%	16.3%
\$100000-124999	11.2%	10.8%	10.4%	0.4%	0.8%	3.3%	7.3%
\$125000-149999	6.1%	8.0%	7.6%	-1.9%	-1.4%	-23.7%	-18.8%
\$150000-199999	5.0%	8.7%	7.8%	-3.6%	-2.8%	-41.9%	-35.5%
\$200000-249999	2.9%	5.2%	4.2%	-2.3%	-1.3%	-43.7%	-30.7%
\$250000-499999	3.4%	6.1%	4.9%	-2.6%	-1.5%	-43.5%	-30.6%
\$500000+	0.7%	1.1%	0.9%	-0.5%	-0.3%	-42.0%	-28.7%

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Market Research Data

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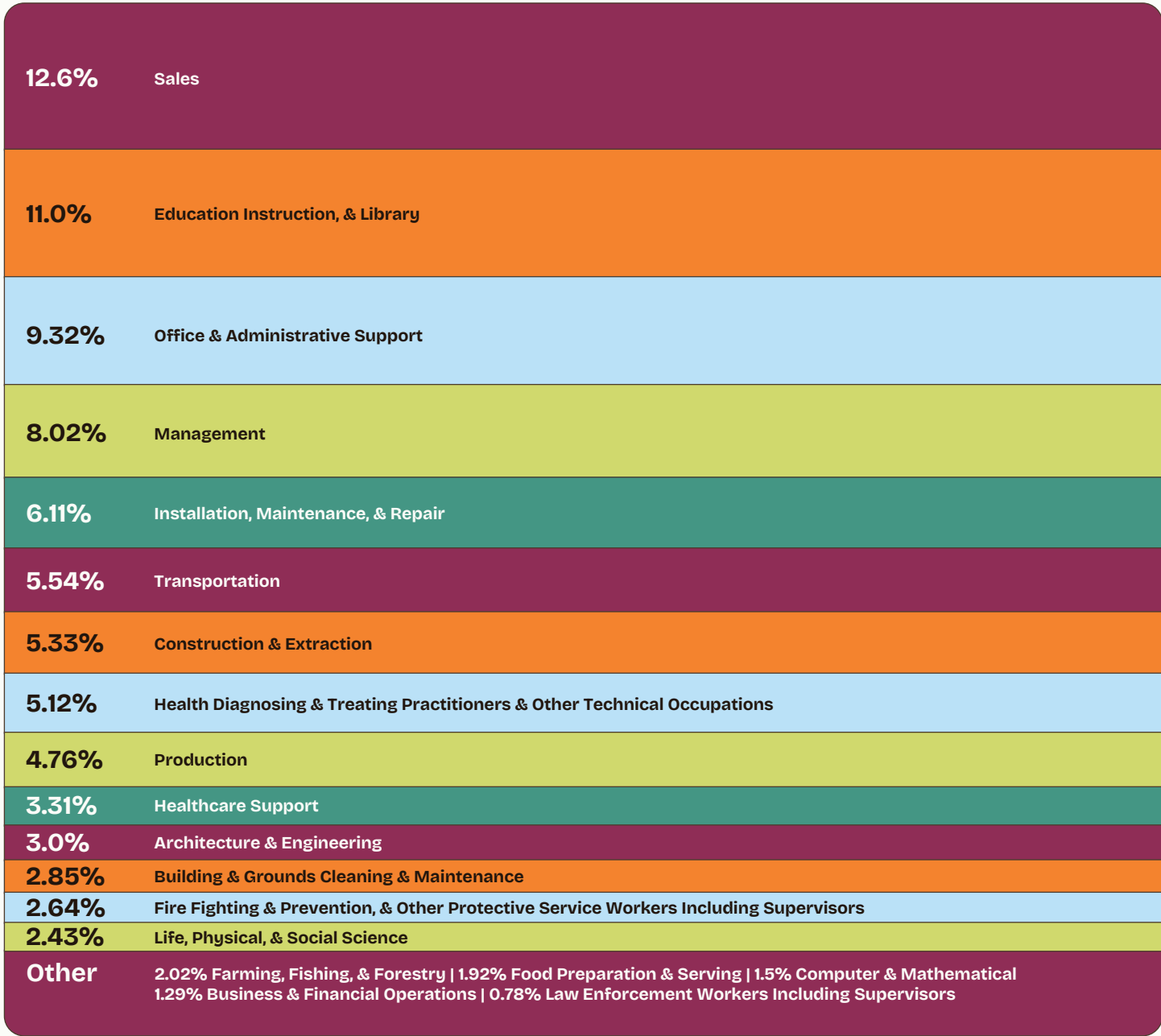
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Employment Overview

In Columbia County, the top employment fields are Education Services (14.2%), Retail Trade (13.9%), and Health Care & Social Assistance (11.7%), differing from national trends where healthcare and professional services dominate.

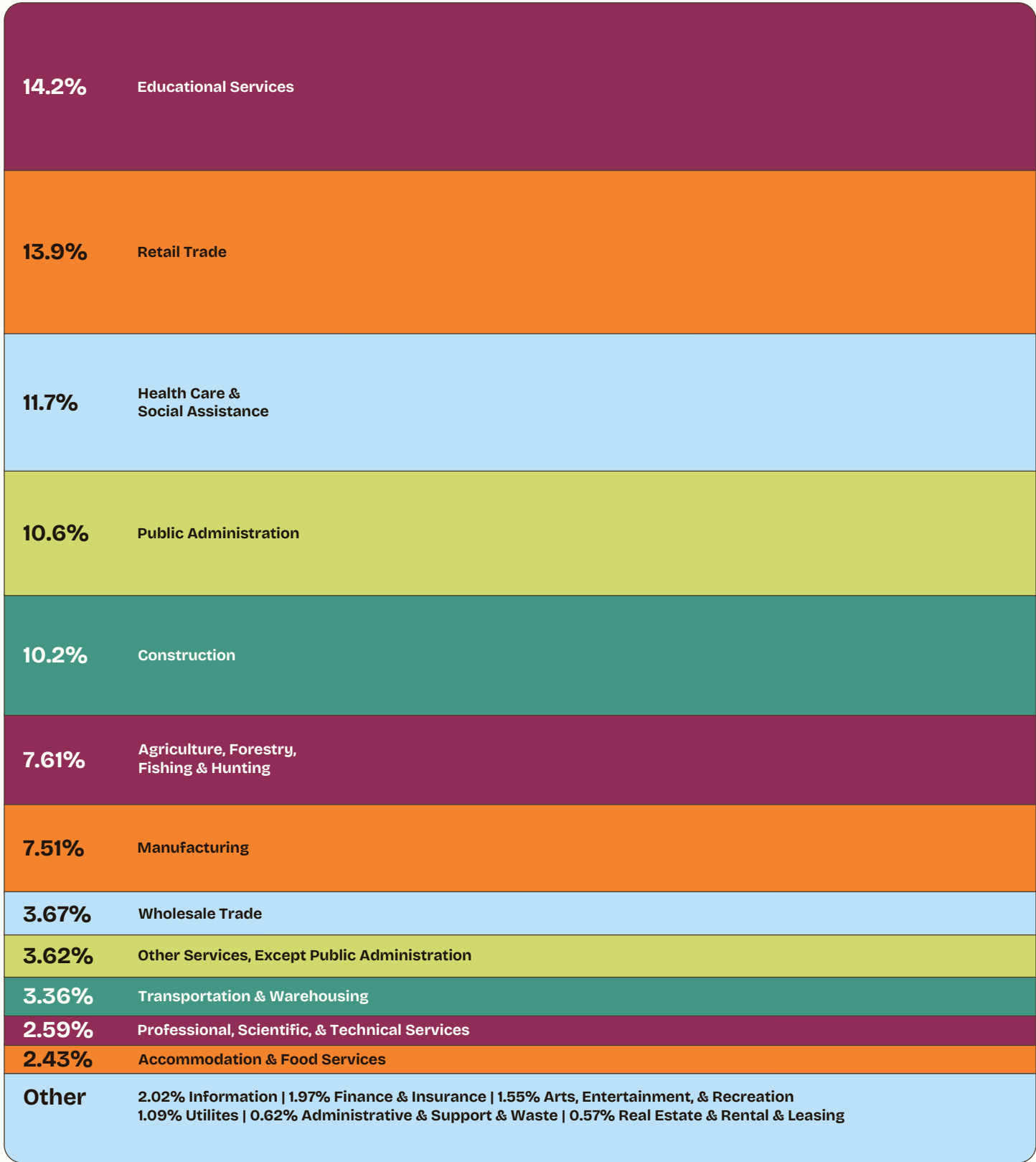
Key roles in Sales, Education, and Office Support are particularly prominent, especially within education and retail sectors. This employment mix reflects a community focus on education, a retail-driven local economy, and a commitment to health and well-being. Each sector influences community health in unique ways—education and office jobs can raise risks of obesity due to sedentary work, while retail jobs carry physical demands. Understanding these dynamics helps tailor health interventions to Columbia County’s specific needs.

Job Sector Distribution



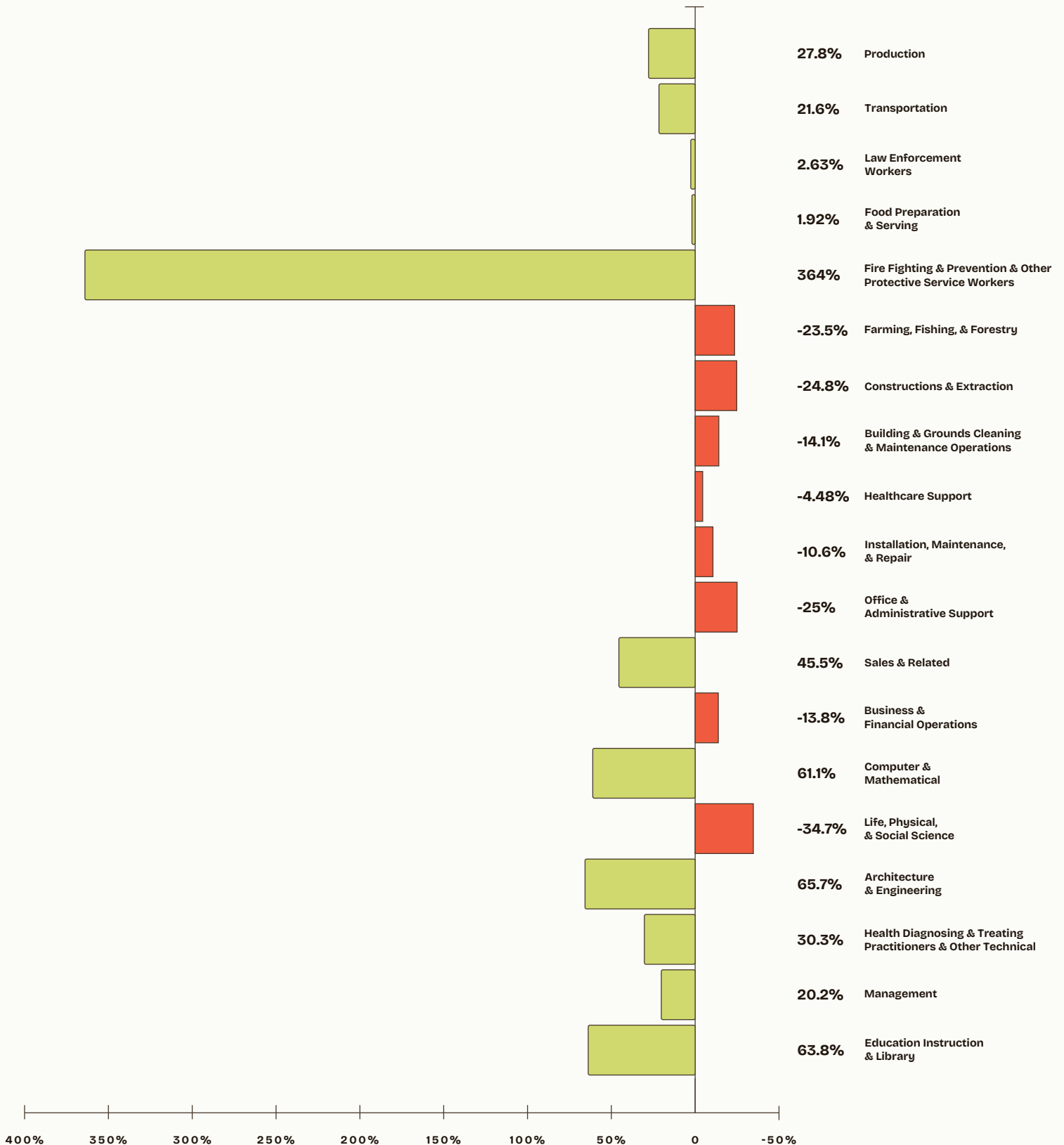
Employment Overview

Industry Distribution



Job Sector Trends

Job Sector Growth



Job Sector Trends

Between 2019 and 2020, Columbia County, Washington, saw significant employment growth, with the number of employees increasing by 11.2%, from 1.74k to 1.93k. This contrasts with the more sluggish national job market, impacted by the economic fallout from the 2020 shutdowns.

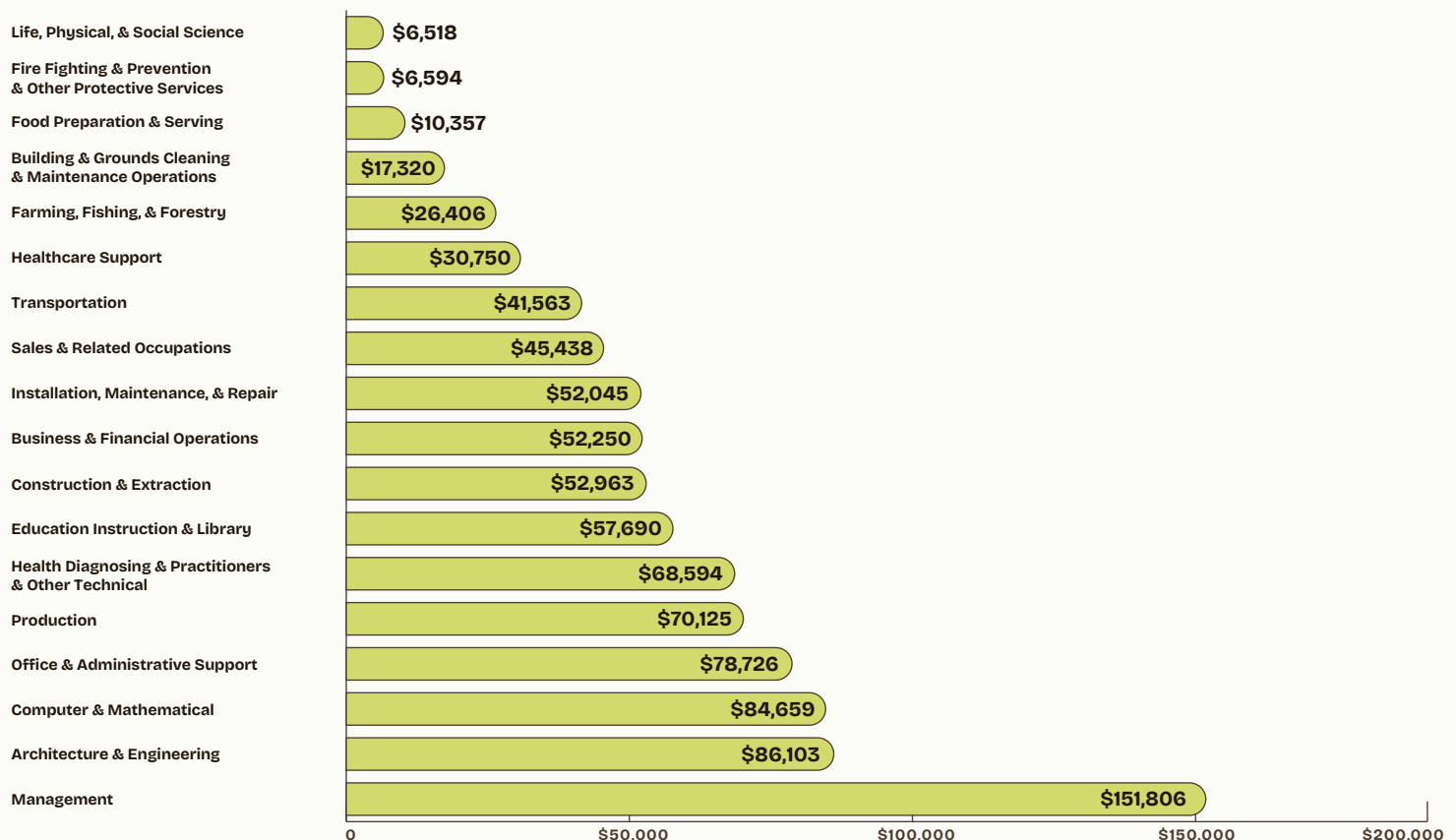
Within Columbia County, the fastest-growing sectors are education and sales, while office administration, life sciences, and construction are declining. These shifts likely reflect changes in the local economy and the demand for specific skill sets.

The dominant job sectors in Columbia County could influence the prevalence of occupational health issues. For example, the increase in education and sales roles, which involve more sedentary behaviors, may contribute to higher rates of conditions like obesity and cardiovascular disease. Conversely, the decline in physically demanding jobs, such as construction, might reduce occupational injuries.

Job growth also impacts mental health, with job security influencing stress levels and overall wellbeing. The positive job growth in Columbia County is a beneficial factor for community health, though the shift in sectors highlights the need for targeted health education and preventive measures.

Overall, Columbia County's evolving job market has significant implications for community health, affecting everything from occupational risks to mental health and access to health insurance. These factors should be considered when assessing the community's health needs.

Average Wages by Job Sector



Access to Commodities

While 71.3% of the population report having a vehicle, a small yet notable 1.4% report having no vehicle available, a rate proportionally double that of the region and the state of Washington. Although this translates to less than 100 people without a vehicle, it nonetheless signifies potential transportation challenges for these individuals, which may affect their ability to access health services, employment, and other key resources that influence health.

In terms of commuting, Columbia County residents have an average commute time of 21 minutes, mostly driving alone. This is a critical aspect of daily life that can impact physical health (due to sedentary behavior), mental health (stress from commuting), and air quality (vehicle emissions). Car ownership is approximately the same as the national average, with 2 cars per household being the most common situation, indicating a reliance on personal vehicles rather than public transportation. This could point to potential issues with access to public transit, which can affect residents' access to healthcare services, employment, and other key social determinants of health.

Meanwhile, the community's digital connectivity is fairly robust, with 93.2% of residents reporting access to high-speed internet. However, there is a slight gap between the rate of internet access and its utilization at home (89.6%). This is slightly less than the state average of 93.4%. Furthermore, only 70.8% of residents report having a computer at home, which is approximately 10% fewer proportionally (and 8 percentage points lower) than the state of Washington overall at 78.8%.

This suggests that some individuals may be relying on outside resources such as work or local libraries for their internet needs, potentially raising issues of digital accessibility and inclusion, factors increasingly important for health given the rise of telehealth services and online health information.

Ownership & Usage Patterns	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
No Vehicle Available	1.4%	0.7%	0.7%	0.7%	0.7%	102%	94.0%
One Vehicle Available	7.2%	6.8%	7.0%	0.4%	0.2%	6.0%	3.0%
Two or More Vehicles Available	13.8%	12.9%	13.2%	0.9%	0.6%	6.9%	4.4%
Currently Drive a Automobile	71.3%	74.5%	74.2%	-3.2%	-2.9%	-4.3%	-3.9%
High Speed Home Internet Connection	93.2%	96.4%	96.2%	-3.3%	-3.0%	-3.4%	-3.1%
Internet: At Home	89.6%	93.4%	93.0%	-3.8%	-3.5%	-4.1%	-3.7%
Internet: At Work	40.0%	42.3%	42.2%	-2.3%	-2.3%	-5.5%	-5.3%
Personal Computers Desktop- Own/Use Any	52.0%	55.0%	54.9%	-3.0%	-2.9%	-5.4%	-5.2%
Personal Computers Laptop- Own/Use Any	70.8%	78.8%	78.0%	-8.0%	-7.2%	-10.1%	-9.2%

Healthcare Expenditures

Columbia County's household economics presents some unique challenges that may impact the overall health and wellness of the community. The average total household expenses in Columbia is \$68.7K, approximately 7% higher than the state and 2% higher than the region. Given that the median household income is only \$61.7K, it seems many households are faced with expenses that outstrip their earnings, implying a potential strain on their financial well-being. While this discrepancy could be influenced by higher earners skewing the distribution, it could also suggest financial hardships for some families, possibly triggering an out-migration in search of better-paying opportunities.

Healthcare expenses comprise around 8.7% of the annual household expenditures, a figure largely in line with state and regional averages. Yet, in absolute terms, Columbia County residents bear a slightly heavier burden. They pay, on average, an extra \$450 compared to the state and \$300 compared to the region, a discrepancy potentially tied to the higher general cost of household expenditures in the county. For instance, average healthcare insurance is \$300 higher than the state and \$200 higher than the region.

The county's older demographic may offer some explanation for this, as older populations typically require more frequent and more intensive healthcare services. However, regardless of the cause, these increased costs can potentially pose additional barriers to healthcare access and may necessitate a greater emphasis on affordability in healthcare planning within the community. It underscores the importance of considering economic realities when assessing health needs and formulating appropriate interventions.

Distribution of Expenditures	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Co - lumbia %Δ	To Region Columbia %Δ
Total Household Expenditure	\$68,710.59	\$64,212.69	\$67,208.80	\$4,497.90	\$1,501.79	7.0%	2.2%
Health Care	8.7%	8.6%	8.4%	0.1%	0.2%	1.2%	2.9%
Tobacco	0.6%	0.6%	0.6%	0.0%	0.0%	-0.1%	3.7%
Health Care Insurance	5.8%	5.7%	5.6%	0.1%	0.2%	1.1%	3.1%
Health Care Services	1.6%	1.6%	1.6%	0.0%	0.0%	0.8%	1.4%
Physician Services	0.4%	0.4%	0.4%	0.0%	0.0%	0.9%	1.5%
Hospital Services	0.1%	0.1%	0.1%	0.0%	0.0%	0.8%	1.4%
Lab Tests and X-Rays	0.1%	0.1%	0.1%	0.0%	0.0%	0.8%	1.4%
Health Care	\$5,948.37	\$5,495.24	\$5,653.74	\$453.13	\$294.63	8.2%	5.2%
Tobacco	\$417.80	\$390.87	\$394.12	\$26.93	\$26.93	6.9%	6.0%
Health Care Insurance	\$3,981.37	\$3,678.69	\$3,778.13	\$302.68	\$203.24	8.2%	5.4%
Health Care Services	\$1,129.53	\$1,046.93	\$1,089.27	\$82.60	\$40.26	7.9%	3.7%
Physician Services	\$268.08	\$248.36	\$258.39	\$19.72	\$9.69	7.9%	3.7%
Hospital Services	\$85.10	\$78.90	\$82.06	\$6.20	\$3.04	7.9%	3.7%
Lab Tests and X-Rays	\$66.59	\$61.73	\$64.22	\$4.86	\$2.37	7.9%	3.7%

Severe Health Ailments

Back Pain: 24.8% of Columbia County's population reports back pain, 8.1% above the regional average. Chronic pain affects 4.7%, 42% higher than the state average, emphasizing the need for pain management and physical therapy services.

Hypertension and High Cholesterol: Affecting 19% and 16% of the population, these conditions are 15% and 14.8% above the state average, highlighting the importance of preventive care and healthy lifestyle education.

Cancer: With a 2.5% prevalence, cancer is 33% higher than the state average, underscoring the need for oncology services, early detection, and patient support.

Heart Disease: At 3.5%, heart disease is 55% higher than the state average, pointing to the need for cardiac care and heart-healthy education.

Arthritis: Affecting 5.7% of the population, arthritis is 40% more common than the state average, requiring physical therapy, pain management, and sometimes surgery.

Obesity: 12.8% of the population is obese, 20% higher than the state average, highlighting the need for weight management and public health initiatives.

Mental Health Disorders: Depression affects 12.3% of the population, anxiety 13.8%, and bipolar disorder 1.7%, indicating a strong need for mental health services.

Prevalence of Severe Ailments	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Backache/Back Pain	24.8%	22.7%	23.0%	2.2%	1.9%	9.5%	8.1%
Hypertension/High Blood Pressure	19.0%	16.5%	16.8%	2.4%	2.1%	14.8%	12.6%
High Cholesterol	16.0%	14.0%	14.2%	2.0%	1.9%	14.5%	13.3%
Anxiety/Panic	13.8%	12.7%	12.9%	1.1%	0.9%	8.6%	6.6%
Obesity/Overweight	12.8%	10.7%	11.1%	2.1%	1.8%	19.5%	16.0%
Depression	12.3%	10.6%	11.0%	1.7%	1.4%	16.2%	12.5%
Arthritis/Osteoarthritis	9.7%	7.9%	8.1%	1.8%	1.6%	22.6%	19.4%
Diabetes (Non-Insulin Dependent)	7.5%	6.5%	6.6%	1.1%	0.9%	16.3%	13.7%
Asthma	6.0%	5.4%	5.5%	0.6%	0.5%	10.1%	9.3%
Arthritis/Rheumatoid Arthritis (RA)	5.7%	4.1%	4.2%	1.7%	1.5%	40.8%	36.7%
Chronic/Severe Pain	4.7%	3.3%	3.4%	1.4%	1.3%	42.5%	37.3%
Heart Attack/Heart Disease	3.5%	2.3%	2.3%	1.2%	1.2%	54.1%	49.4%
Cancer	2.5%	1.9%	1.9%	0.6%	0.6%	33.8%	31.7%
Osteoporosis	1.9%	1.9%	1.9%	0.0%	0.0%	-0.8%	-1.1%
Bipolar Disorder	1.7%	1.4%	1.5%	0.3%	0.3%	24.6%	18.0%
Diabetes (Insulin Dependent)	1.4%	1.2%	1.2%	0.3%	0.2%	21.6%	17.7%
Kidney Ailments	1.6%	1.2%	1.2%	0.4%	0.4%	30.6%	27.6%
Multiple Sclerosis (MS)	0.5%	0.3%	0.3%	0.2%	0.2%	63.9%	57.3%

APPENDIX - MARKET RESEARCH DATA

All Health Ailments

Prevalence of Ailments	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Co - lumbia %Δ	To Region Co - lumbia %Δ
Backache/Back Pain	24.8%	22.7%	23.0%	2.1%	1.9%	9.5%	8.1%
Allergy/Hay Fever	20.2%	18.6%	18.9%	1.6%	1.3%	8.7%	7.0%
Heartburn/Acid Reflux	19.5%	15.3%	15.8%	4.2%	3.7%	27.2%	23.4%
Hypertension/High Blood Pressure	19.0%	16.5%	16.8%	2.4%	2.2%	14.8%	12.6%
High Cholesterol	16.0%	14.0%	14.2%	2.0%	1.8%	14.5%	13.3%
Anxiety/Panic	13.8%	12.7%	12.9%	1.1%	0.9%	8.6%	8.7%
Sinus Congestion/Headache	13.3%	11.4%	11.7%	1.9%	1.6%	16.7%	13.8%
Obesity/Overweight	12.8%	10.7%	11.1%	2.1%	1.7%	19.5%	16.0%
Depression	12.3%	10.6%	11.0%	1.7%	1.3%	16.2%	12.5%
Dry Eyes	12.1%	11.7%	11.9%	0.4%	0.2%	3.2%	2.2%
Arthritis/Osteoarthritis	9.7%	7.9%	8.1%	1.8%	1.6%	22.6%	19.4%
Acne	8.8%	10.0%	9.9%	-1.2%	-1.1%	-12.1%	-11.5%
Constipation	8.4%	7.9%	8.0%	0.5%	0.4%	6.2%	4.4%
Migraine Headaches	7.6%	6.9%	7.0%	0.7%	0.6%	10.8%	8.8%
Diabetes (Non-Insulin Dependent)	7.5%	6.5%	6.6%	1.1%	0.9%	16.3%	13.7%
Insomnia	7.4%	7.4%	7.5%	0.0%	-0.1%	-0.3%	-1.0%
Snoring	7.4%	6.7%	6.8%	0.7%	0.6%	10.0%	8.6%
Sleep Apnea	6.7%	5.6%	5.7%	1.1%	1.0%	19.6%	19.4%
Dandruff/Dry Scalp	6.3%	6.6%	6.6%	-0.3%	-0.3%	-4.6%	-4.9%
Muscle Strain/Sprain	6.2%	5.3%	5.5%	0.8%	0.7%	15.6%	14.0%
Asthma	6.0%	5.4%	5.5%	0.6%	0.5%	10.1%	9.3%
Eczema/Skin Itch/Rash	5.9%	6.6%	6.6%	-0.8%	-0.8%	-11.3%	-10.7%
Wrinkles	5.8%	6.2%	6.2%	-0.4%	-0.4%	-6.4%	-6.0%
Arthritis/Rheumatoid Arthritis (RA)	5.7%	4.1%	4.2%	1.7%	1.5%	40.8%	36.7%
Cold Sores	5.4%	5.0%	5.1%	0.4%	0.3%	8.9%	6.5%
Erectile Dysfunction (ED) (men only)	4.7%	3.4%	3.5%	1.3%	1.2%	39.1%	34.9%
Chronic/Severe Pain	4.7%	3.3%	3.4%	1.4%	1.3%	42.5%	37.3%
Restless Legs Syndrome	4.5%	3.3%	3.4%	1.2%	1.0%	35.8%	30.4%
Nail Fungus	4.1%	4.0%	3.9%	0.1%	0.1%	2.2%	3.6%
Irritable Bowel Syndrome (IBS)	4.0%	2.9%	3.0%	1.1%	1.0%	38.1%	34.4%
Hearing Loss	3.9%	3.8%	3.9%	0.1%	0.0%	3.8%	-0.1%
Urinary Tract Infection (UTI)	3.9%	4.0%	4.1%	-0.1%	-0.2%	-2.5%	-3.7%
Flu	3.8%	4.3%	4.3%	-0.5%	-0.5%	-10.3%	-10.3%
Hair Loss	3.6%	4.5%	4.4%	-0.9%	-0.8%	-19.4%	-18.9%
Athlete's Foot	3.5%	3.3%	3.3%	0.2%	0.2%	5.4%	4.8%
Heart Attack/Heart Disease	3.5%	2.3%	2.3%	1.2%	1.2%	54.1%	49.4%
Menopause/Hormone Replacement (women only)	2.6%	2.7%	2.7%	-0.1%	-0.1%	-3.8%	-4.2%
Cancer	2.5%	1.9%	1.9%	0.6%	0.6%	33.8%	31.7%
Fibromyalgia	2.4%	1.4%	1.5%	1.0%	0.9%	70.1%	59.9%
ADD/ADHD	2.3%	2.7%	2.8%	-0.4%	-0.4%	-14.2%	-15.4%
Yeast Infection (women only)	2.3%	2.4%	2.4%	-0.1%	0.0%	-0.6%	-0.4%
Gout	2.3%	1.6%	1.6%	0.7%	0.7%	46.7%	45.6%
Overactive Bladder	2.3%	1.9%	2.0%	0.3%	0.3%	17.7%	14.1%
Osteoporosis	1.9%	1.9%	1.9%	0.0%	0.0%	-0.8%	-1.1%
Bipolar Disorder	1.7%	1.4%	1.5%	0.3%	0.2%	24.6%	18.0%
Kidney Ailments	1.6%	1.2%	1.2%	0.4%	0.4%	30.6%	27.6%
Psoriasis	1.5%	1.7%	1.7%	-0.2%	-0.2%	-13.4%	-13.1%
Diabetes (Insulin Dependent)	1.4%	1.2%	1.2%	0.2%	0.2%	21.6%	17.7%
Rosacea or Skin Disease	1.4%	1.5%	1.5%	-0.1%	-0.1%	-6.7%	-4.9%
Chronic Bronchitis	1.2%	0.7%	0.8%	0.4%	0.4%	61.8%	54.8%
Macular Degeneration	1.1%	0.9%	0.9%	0.2%	0.2%	24.3%	20.1%
Prostate (men only)	1.0%	1.3%	1.3%	-0.3%	-0.3%	-19.4%	-20.0%
Emphysema	0.7%	0.4%	0.4%	0.3%	0.3%	93.9%	82.1%
Epilepsy/Seizures	0.5%	0.4%	0.4%	0.1%	0.1%	16.9%	14.3%
Multiple Sclerosis (MS)	0.5%	0.3%	0.3%	0.2%	0.2%	63.9%	57.3%
Hepatitis	0.2%	0.2%	0.2%	0.0%	0.0%	2.6%	5.5%

Healthcare Information

Sources of health information in Columbia County can greatly influence health outcomes, as understanding and awareness can impact both the prevention and treatment of various health conditions.

Almost half of the county's population (44.4%) reports obtaining health information from a doctor or other healthcare professional. This figure is slightly higher than the state and regional averages, highlighting the critical role of healthcare providers in patient education in this community. Interestingly, a higher proportion of residents also report receiving health advice from pharmacists, emphasizing the importance of these allied health professionals, particularly in smaller, rural communities like Columbia.

However, fewer Columbia residents report using online sources for health information, which is likely tied to the slightly lower levels of home internet access in the area. This disparity suggests potential barriers to digital health resources and telemedicine, which are becoming increasingly important in modern healthcare.

Furthermore, fewer residents report obtaining health information from family and friends. This may reflect the higher proportion of one- and two-person households in the county, suggesting a smaller social network from which to draw information and support. This dynamic is an important social determinant of health, with potential implications not just for information sharing, but also for social support, emotional health, and caregiving.

Finally, Columbia residents are less likely than those in the rest of the state to learn about health issues from magazines, pamphlets, TV, or other advertisements, with only 14.2% reporting these as sources. This could reflect the county's older population, as these sources are typically more popular among older demographics. Ensuring that health education materials are accessible and understandable to this demographic is vital in promoting health literacy and positive health outcomes in Columbia County.

Source of Information about Ailments and Remedies	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
Doctor or Health care professional	44.4%	44.1%	44.3%	0.3%	0.00%	0.7%	0.1%
Online/Internet site	15.2%	17.2%	17.1%	-2.0%	-1.9%	-11.7%	-10.9%
Friends/Family	8.7%	9.3%	9.3%	-0.7%	-0.6%	-7.0%	-6.7%
Pharmacist	8.3%	7.9%	8.0%	0.4%	0.3%	5.2%	4.4%
Television Advertisement	8.2%	7.7%	7.8%	0.5%	0.4%	6.3%	5.1%
Other	4.4%	4.4%	4.4%	0.0%	0.0%	-0.1%	0.6%
Pamphlets/Brochures	2.7%	2.3%	2.3%	0.4%	0.4%	17.9%	17.0%
Medical journals	1.9%	2.2%	2.2%	-0.3%	-0.2%	-12.6%	-11.3%
Magazine Advertisement	2.3%	1.9%	2.0%	0.4%	0.40%	21.7%	20.0%
Other Advertisement	0.9%	1.1%	1.1%	-0.2%	-0.2%	-15.9%	-17.9%
Pharmaceutical company	0.7%	0.6%	0.6%	0.1%	0.1%	10.0%	9.1%
Patient support group	0.4%	0.5%	0.5%	0.0%	0.0%	-5.8%	-8.4%

Source of Health Insurance

Health insurance coverage in Columbia County exhibits certain distinct characteristics compared to the broader state context, which can have significant implications for residents' access to healthcare services.

Medicaid provides coverage for a higher proportion of the county's residents, at 10.3%, which is 55% higher than the state average. This greater reliance on Medicaid may reflect the county's lower median income, as Medicaid offers health coverage to some low-income individuals, families and children, pregnant women, the elderly, and people with disabilities.

Similarly, Medicare coverage, typically for individuals over 65 or with certain disabilities, is utilized by 26.8% of residents, which is 15% higher than the state average. This suggests a greater proportion of elderly residents in Columbia County, consistent with the county's older demographic profile.

Conversely, employer-provided insurance covers 48% of Columbia residents, which is 10% lower than the state average. This is in line with the county's demographic and employment trends, which include a higher number of elderly residents and a greater percentage of jobs in sectors that may not typically provide insurance, such as retail and education.

Lastly, the data indicates a higher use of the state individual exchange market for health insurance coverage, possibly due to the lower rate of employer-provided insurance in the region.

These insurance coverage trends could have significant implications for healthcare access, utilization, and financial protection against high medical costs for Columbia County residents. They also underscore the importance of Medicaid, Medicare, and state individual exchange programs in providing health coverage for this community.

Medical Insurance Source	Columbia County	Washington State	CMS Region 10 WA	To State Columbia +/-	To Region Columbia +/-	To State Columbia %Δ	To Region Columbia %Δ
From a place of work	48.0%	53.7%	53.0%	-5.6%	-4.9%	-10.5%	-9.3%
Medicare - Type of Policy	26.8%	23.3%	23.6%	3.5%	3.2%	14.9%	13.5%
HMO (Health Maintenance Organization)	16.4%	19.9%	19.1%	-3.4%	-2.7%	-17.2%	-14.1%
Medicaid - Type of Policy	10.3%	6.6%	6.9%	3.7%	3.4%	55.0%	49.2%
Other government source	8.0%	6.2%	6.4%	1.8%	1.6%	29.8%	25.4%
Agent (broker) representing more than one company	5.9%	5.0%	5.2%	0.9%	0.80%	18.3%	14.9%
State or national healthcare exchange	5.9%	5.0%	5.0%	0.9%	0.9%	18.4%	17.9%
Through an agent representing one company	5.1%	4.4%	4.5%	0.7%	0.6%	15.3%	12.7%
From a union	2.9%	3.2%	3.1%	-0.3%	-0.2%	-9.9%	-5.7%
Through the Internet	2.7%	3.3%	3.3%	-0.6%	-0.5%	-16.8%	-16.5%
Mail advertising or Phone contact (no agent)	1.5%	1.2%	1.2%	0.2%	0.2%	19.3%	18.3%
From a fraternal or other membership group	0.5%	0.6%	0.6%	-0.2%	-0.2%	-25.2%	-24.2%

Inpatient Demand

In our analysis of the projected demand for inpatient services in Columbia County, we anticipate that neonatology will be the only service line experiencing an increase in demand. Neonatology, the branch of medicine concerned with newborn infants, particularly those who are ill or premature, is expected to grow. This could indicate an anticipated increase in births, which would also imply a growing younger demographic and related health needs in the future.

However, across other service lines, we foresee a decline in demand. Most inpatient visits (around 40%) occur in general medicine, underscoring the need for broad-spectrum healthcare services. Cardiac services account for 13% of inpatient visits, highlighting the significant prevalence of heart-related conditions in the community. Orthopedics and general surgery each represent 7% of inpatient visits, indicating a considerable need for these specialties.

Nevertheless, total inpatient volumes are not expected to exceed 500 visits per year for the local population. It is important to note that this projection doesn't account for potential "leakage," where residents might seek care outside the county, or in-migration of patients from other counties, such as Walla Walla, seeking care within Columbia County.

When we examine inpatient use rates per 1,000 people, Columbia County shows slightly higher rates than the regional average. For instance, the rate for general medicine is 50.1 compared to 38.4 in the region, and both cardiac and orthopedic rates are noticeably higher. This may suggest a higher burden of disease in these areas within the local community, which can inform future healthcare planning and resource allocation. However, the rates for neonatology and obstetrics were lower in 2021, suggesting potential challenges in providing adequate maternal and newborn care. This will need to be addressed to meet the expected rise in neonatology demand in the coming years.

Service Line	2021 Volume Estimate	2026 Volume Forecast	2031 Volume Forecast	5 Yr Growth	10 Yr Growth	5 YR Compound Annual Growth Rate (CAGR)	% of 2026 Demand
General Medicine	199	182	190	-8.7%	-4.6%	-1.81%	40%
Cardiac Services	66	59	61	-10.5%	-6.9%	-2.20%	13%
Orthopedics	41	33	34	-17.8%	-15.4%	-3.84%	7%
General Surgery	38	33	33	-14.0%	-13.0%	-2.97%	7%
Neonatology	36	38	43	5.9%	20.3%	1.15%	8%
Obstetrics	34	31	34	-10.1%	0.2%	-2.11%	7%
Neurology	27	24	26	-8.4%	-4.2%	-1.74%	5%
Oncology/Hematology (Medical)	16	14	14	-13.6%	-13.7%	-2.88%	3%
Spine	12	9	9	-18.6%	-20.1%	-4.04%	2%
Vascular Services	10	8	8	-15.3%	-18.3%	-3.26%	2%
Urology	8	7	7	-15.3%	-19.6%	-3.26%	2%
Other Trauma	5	5	5	-4.5%	1.0%	-0.92%	1%
ENT	4	3	3	-22.3%	-26.3%	-4.92%	1%
Gynecology	4	3	2	-35.5%	-44.7%	-8.40%	1%
Neurosurgery	4	4	4	-5.0%	-1.5%	-1.01%	1%
Thoracic Surgery	3	3	2	-21.1%	-26.8%	-4.64%	1%
Ophthalmology	1	1	1	-6.1%	-2.2%	-1.26%	0%
Invalid	1	1	1	-1.4%	9.8%	-0.27%	0%
Rehabilitation (Acute Care)	0	0	1	-1.0%	8.1%	-0.20%	0%
Total	509	458	478				

APPENDIX - MARKET RESEARCH DATA

Inpatient Demand cont.

Service Line	2021 Use Rate per 1000 (Columbia)	2021 Use Rate per 1000 (CMS 10)	+/-	2021 Use Rate per 1000 (Total)	2026 Use Rate per 1000	2031 Use Rate per 1000	5 year Change	10 year Change
General Medicine	50.92	38.4	12.5	50.92	50.09	50.52	-1.6%	-0.8%
Cardiac Services	16.79	10.7	6.08	16.79	16.19	16.26	-3.5%	-3.1%
Orthopedics	10.4	6.9	3.5	10.4	9.22	9.15	-11.4%	-12.0%
General Surgery	9.69	7.7	1.98	9.69	8.99	8.77	-7.3%	-9.5%
Neonatology	9.18	11.3	-2.1	9.18	10.48	11.49	14.1%	25.1%
Obstetrics	8.73	12.2	-3.47	8.73	8.45	9.1	-3.1%	4.2%
Neurology	6.8	4.7	2.06	6.8	6.71	6.78	-1.3%	-0.3%
Oncology/Hematology (Medical)	4.1	3.1	1.04	4.1	3.82	3.68	-6.8%	-10.3%
Spine	2.95	2.1	0.8	2.95	2.59	2.45	-12.3%	-16.9%
Vascular Services	2.56	1.7	0.88	2.56	2.34	2.18	-8.7%	-15.0%
Urology	2.07	1.5	0.59	2.07	1.89	1.74	-8.7%	-16.3%
Other Trauma	1.28	0.9	0.38	1.28	1.32	1.34	2.9%	5.1%
ENT	1.08	0.9	0.17	1.08	0.9	0.83	-16.3%	-23.3%
Gynecology	1.08	1.1	0	1.08	0.75	0.62	-30.5%	-42.5%
Neurosurgery	1.03	0.8	0.25	1.03	1.06	1.06	2.4%	2.5%
Thoracic Surgery	0.83	0.6	0.25	0.83	0.71	0.63	-15.0%	-23.9%
Ophthalmology	0.15	0.1	0.03	0.15	0.15	0.15	1.2%	1.7%
Invalid	0.14	0.1	0.04	0.14	0.15	0.16	6.3%	14.3%
Rehabilitation (Acute Care)	0.12	0.1	0.04	0.12	0.13	0.14	6.7%	12.4%

Age	2021 Volume Estimate (Columbia, WA)	2026 Volume Forecast (Columbia, WA)	2031 Volume Forecast (Columbia, WA)	5 Yr Growth (Columbia, WA)	10 Yr Growth (Columbia, WA)	2021 Volume Estimate (CMS 10)	2026 Volume Forecast (CMS 10)	2031 Volume Forecast (CMS 10)	5 Yr Growth (CMS 10)	10 Yr Growth (CMS 10)
0 - 4 years old	40	42	47	5.3%	18.9%	173847	170648	180726	-1.8%	4.0%
5 - 9 years old	2	2	2	-5.8%	-2.1%	11285	9824	8864	-12.9%	-21.5%
10 - 14 years old	3	3	2	-17.0%	-19.1%	14417	13063	11377	-9.4%	-21.1%
15 - 19 years old	6	5	5	-7.0%	-11.8%	28795	29244	26816	1.6%	-6.9%
20 - 24 years old	11	10	11	-3.9%	3.1%	55126	54718	58701	-0.7%	6.5%
25 - 29 years old	16	13	16	-14.9%	-0.6%	81548	73159	75133	-10.3%	-7.6%
30 - 34 years old	18	15	15	-14.3%	-12.3%	90960	85203	80949	-6.3%	-11.0%
35 - 39 years old	16	14	13	-12.1%	-16.6%	73151	72532	64359	-0.8%	-12.0%
40 - 44 years old	12	11	10	-13.5%	-21.7%	56167	57672	53267	2.8%	-5.2%
45 - 49 years old	14	12	15	-10.1%	-15.1%	59035	61344	59948	3.9%	1.5%
50 - 54 years old	20	15	15	-25.1%	-25.2%	72019	70554	71175	-2.0%	-1.2%
55 - 59 years old	32	22	26	-33.1%	-39.4%	92888	85845	76765	-7.6%	-17.4%
60 - 64 years old	43	30	34	-29.4%	-35.2%	110114	100820	88726	-8.4%	-19.4%
65 - 69 years old	53	39	45	-25.2%	-24.1%	122083	118102	100544	-3.3%	-15.2%
70 - 74 years old	60	48	54	-18.6%	-24.1%	123401	127579	122104	3.4%	-1.1%
75 - 79 years old	57	54	60	-4.6%	-5.8%	105496	111202	137354	35.9%	67.9%
80 - 84 years old	48	52	60	7.3%	24.7%	81810	111202	137354	35.9%	67.9%
85+ years old	59	69	91	16.4%	53.3%	106380	130356	169983	22.5%	59.8%

Outpatient Demand

Outpatient services in Columbia County are projected to remain flat or decline in the near future but are expected to grow beyond that, reaching an estimated 37,000 visits by 2026 and 40,000 by 2031. Certain service lines, such as psychiatry, orthopedics, and podiatry, as well as physical therapy and rehabilitation, are expected to experience the fastest growth, indicating a rising need for mental health services, musculoskeletal care, foot care, and recovery therapies.

Spine services are another area predicted to see increased demand, which aligns with the high prevalence of back pain in the county. General Evaluation and Management (E&M) services, often associated with primary care, will also see a growth of 8.3% over the next 10 years, highlighting the continued importance of primary care in the health ecosystem of Columbia County.

Conversely, we foresee a decrease in demand for oncology, pulmonology, obstetrics, and urology services. This decline is likely due to the anticipated demographic shift toward a more middle-aged population as the current elderly cohort decreases in size.

Overall, E&M or primary care constitutes 35% of outpatient demand, illustrating the vital role of primary care in addressing health needs in the county. Additionally, labs and radiology make up another significant portion of outpatient services.

However, it appears most Columbia County residents may need to seek tertiary or ambulatory surgical care outside the county due to limited local availability. This potential gap in local healthcare services could present challenges to patient access, convenience, and continuity of care, and might be a key area for consideration in future health planning for the region.

There is a shift in the site of care in healthcare service delivery in Columbia County. Traditional settings like hospital outpatient departments and emergency rooms are projected to experience decreases in patient volumes over the next decade. Conversely, non-traditional settings grouped in the "Other" category, such as telemedicine or home health care, are expected to see significant growth. Additionally, office/clinic and lab sites are set to rebound with solid growth over the next ten years after minor decreases in the next five. Overall, the trends suggest a move towards less intensive, more convenient care settings.

Site of Care	2021 Volume	2026 Volume	2031 Volume	5yr Growth	10yr Growth
Hospital Outpatient Department	4296	3913	4184	-9%	-2.70%
Emergency Department	1989	1766	1914	-8.90%	-1.30%
Ambulatory Surgery	3981	3773	4120	-5.20%	3.50%
Endoscopy	600	569	621	-5%	3.50%
Oncology Center	1769	1672	1810	-5.50%	3.50%
Sleep Studies	801	285	310	-5%	2.30%
Independent Diagnostic Testing	1614	1525	1650	-5.50%	3.20%
Facility Physical Therapy	1993	1877	2099	-5.80%	5.30%
Office/Clinic	16541	15997	17669	-3.30%	6.80%
Lab	4015	3841	4273	-4.30%	6.40%
Other	1583	1792	2285	13.20%	44.30%
Total	39,182	37,010	40,935		

APPENDIX - MARKET RESEARCH DATA

Outpatient Demand cont.

Service Line	2021 Volume	2026 Volume	2031 Volume	5 Yr Growth	10 Yr Growth	5 YR Compound Annual Growth Rate (CAGR)	% of OP demand
Evaluation and Management	13626	13151	14756	-3.50%	8.30%	-0.71%	35.53%
Lab	6319	6012	6635	-4.90%	5.00%	-0.99%	16.24%
Radiology	3971	3748	4289	-7.80%	8.00%	-1.62%	10.73%
Physical Therapy/Rehabilitation	3007	2869	3163	-3.40%	10.30%	-0.94%	7.75%
Miscellaneous Services	2966	2924	3266	-1.40%	0.10%	-0.28%	7.90%
Cardiology	1640	1552	1652	-5.40%	0.70%	-1.09%	4.01%
Ophthalmology	1540	1476	1626	-4.20%	5.50%	-0.85%	3.99%
Psychiatry	1268	1345	1438	6.10%	13.40%	1.18%	3.63%
Dermatology	610	556	570	-8.90%	-6.60%	-1.85%	1.50%
Orthopedics	421	404	454	-4.20%	7.90%	-0.84%	1.09%
ENT	389	401	441	3.20%	13.50%	0.63%	1.08%
Gastroenterology	374	332	340	-11.30%	-9.10%	-2.37%	0.97%
Podiatry	326	318	371	-2.40%	14.10%	-0.49%	0.90%
Vascular	281	274	305	-2.70%	8.40%	-0.56%	0.74%
Oncology	244	211	229	-13.50%	14.20%	-2.83%	0.62%
Neurology	206	201	221	-2.50%	7.60%	-0.51%	0.54%
Pulmonology	186	177	174	-5.20%	-6.80%	-1.06%	0.48%
Pain Management	178	165	178	-7.20%	0.00%	-1.48%	0.44%
Urology	169	150	143	-11.10%	-15.20%	-2.32%	0.41%
Trauma	114	106	110	-7.40%	-3.60%	-1.54%	0.29%
Gynecology	99	91	98	-7.90%	-0.20%	-1.63%	0.25%
Cosmetic Procedures	88	79	84	-10.20%	-4.50%	-2.13%	0.21%
General Surgery	84	74	78	-11.70%	-7.60%	-2.46%	0.20%
Nephrology	73	73	75	0.00%	2.70%	-1.94%	0.19%
Obstetrics	36	30	30	-16.20%	-16.90%	-3.46%	0.08%
Spine	29	28	31	-3.00%	6.70%	-0.61%	0.08%
Endocrinology	26	25	27	-3.80%	-3.90%	-1.01%	0.07%
Neurosurgery	11	11	10	-8.70%	-3.90%	-1.80%	0.03%
Thoracic Surgery	8	8	8	-8.40%	-7.50%	-1.74%	0.02%
Total	38,634	37,011	40,936				

Age	2021 Volume	2026 Volume	2031 Volume	5yr Growth	10yr Growth
0 - 4 years old	1337	1621	1986	21.3	48.5
5 - 9 years old	598	679	803	13.5	34.2
10 - 14 years old	733	703	796	-4	4.9
15 - 19 years old	770	782	795	1.6	3.3
20 - 24 years old	556	527	631	3	13.5
25 - 29 years old	876	810	963	-7.6	9.9
30 - 34 years old	1215	1129	1195	-7	-1.6
35 - 39 years old	1623	1554	1550	-4.3	-4.5
40 - 44 years old	1947	1871	1840	-3.9	-5.5
45 - 49 years old	1724	1713	1795	-0.7	4.1
50 - 54 years old	2446	1995	2180	-18.4	-10.9
55 - 59 years old	3058	2217	2214	-27.5	-27.6
60 - 64 years old	2837	2185	2054	-23	-27.6
65 - 69 years old	3376	2723	2596	-19.3	-23.1
70 - 74 years old	4078	3596	3643	-11.8	-10.7
75 - 79 years old	4522	4961	4961	2.6	9.7
80 - 84 years old	3722	5321	5321	13.7	43
85+ years old	3217	5642	5642	24.1	75.4



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