



Community Health Needs Assessment

2026-2028



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Introduction

This Community Health Needs Assessment was prepared for Grays Harbor County Public Hospital District No. 1, doing business as Summit Pacific Medical Center (“Summit Pacific”). Summit Pacific is a municipal corporation organized under Chapter 70.44 RCW and owns and operates a 70,000 square-foot, 20-bed acute care hospital and three Medicare-certified Rural Health Clinics. Summit Pacific replaced its original facility and relocated to its current campus in 2013.

Summit Pacific is a growing public hospital district that operates a Critical Access Hospital with a Level IV trauma designation, three rural health clinics, a seven-day-a-week urgent care clinic, and an on-campus Wellness Center. Summit Pacific’s vision is, “Through Summit Care, we will build the healthiest community in the Nation.” Its facilities are unique in both scale and accessibility, supporting a patient-centered care model enhanced by the following key service lines and designations:

- Critical Access Hospital
- 24/7 Emergency Department
- Inpatient Acute Care Services
- Level II Cardiac Center
- Level III Stroke Center
- Level IV Trauma Care
- Three Rural Health Clinics
- Wellness Center

In 2019, the Summit Pacific campus was expanded with the addition of an award-winning 60,000 square-foot Wellness Center, funded through USDA revenue bonds. This expansion significantly increased access to primary care, preventive services, and community-based wellness programming.

Summit Pacific stabilizes and provides advanced trauma life support to critically injured patients through its 10-bed Emergency Department. When a higher level of care is required, patients are transferred via ground ambulance or helicopter to tertiary care facilities. Summit Pacific plays a critical role in emergency stabilization and has saved countless lives, particularly for patients experiencing heart attacks, strokes, and traumatic injuries.

Summit Pacific is currently undergoing a multi-phase hospital expansion project designed to enhance capacity, services, and the overall patient care environment. The project includes a 30,000 square-foot expansion and a 7,000 square-foot renovation. Phase I of the expansion was completed in 2025 and increased acute care capacity from 10 to 25 beds, including the addition of five dedicated observation beds to improve patient monitoring and throughput. Phase I also included relocation of the helipad to the facility’s roof to enhance emergency access and safety, as well as expansion of the imaging department to support

24/7 MRI services, significantly strengthening diagnostic capabilities and timely care delivery. Additional design enhancements improved patient flow, safety, patient experience, and flexibility of clinical spaces.

Phase II of the project is projected for completion in 2026 and includes a comprehensive renovation and expansion of the Emergency Department. Upon completion, treatment spaces will increase from 10 to 16, with expanded triage and patient holding areas, designated mental health treatment rooms, increased trauma capacity, and enlarged patient waiting areas to better meet community needs.

As part of its acute care program, Summit Pacific operates a Skilled Nursing and Rehabilitation Program that serves patients recovering from surgery or illness who require additional care prior to returning home.

Grays Harbor County currently ranks 37 out of 39 Washington counties for health outcomes (length and quality of life) and 36 for overall health factors, according to the (year?) County Health Rankings and Roadmaps compiled by the Robert Wood Johnson Foundation. In response to these challenges, Summit Pacific has adopted the guiding principles of the Quadruple Aim, focusing on improving community health outcomes, enhancing the patient experience, improving the work life of healthcare clinicians and staff, and ensuring efficient and effective use of healthcare resources. Through identification of socioeconomic barriers, individualized health needs assessments, and tailored care delivery, Summit Pacific remains committed to supporting the residents of Grays Harbor County in achieving improved health and wellness.

OUR MISSION

In partnership with our community, we passionately advance the health of all individuals with an emphasis on quality, access, compassion, and safety.

OUR VISION

Through Summit Care, we will build the healthiest community in the Nation.

OUR VALUES

Passion – Respect – Integrity – Compassion – Excellence – Service

Community Description

Grays Harbor is a rural county in western Washington State, bordered by Jefferson County to the north, Mason and Thurston counties to the east, Pacific County to the south and the Pacific Ocean to the west. The county is 2,224 square miles and there are three major highways that run through Grays Harbor County: State Route 101 runs north/south along the coast (it actually cuts through the middle of the county with SR 105 & SR 109 running along the coast in different sections but that is probably being a bit pedantic) and Highways 8 and 12 run east-west providing access to Interstate 5. Grays Harbor County Public Hospital District #1 covers the Eastern portion of the county, including the cities of Elma and McCleary.

2023-2025 CHNA and Review

Summit Pacific is committed to understanding and addressing the health needs of the East Grays Harbor County community, as evidenced by its vision to *“build the healthiest community in the Nation.”* This commitment is demonstrated by many years of growth and development of healthcare services and programs, including expanded primary care, pharmacy, laboratory and radiology services, podiatry and wound services, a new hospital in 2013, a new clinic in McCleary in 2016, a Wellness Center in 2019, and a hospital expansion in 2025.

Additionally, as an early adopter of advanced payment models like Accountable Care Organization and Value-Based Care contracts, Summit Pacific has dedicated significant resources toward the prevention of disease and advancement of wellness, which will ultimately reduce healthcare spend and benefit the community for generations.

A review of the District’s 2023-2025 CHNA and CHNA Implementation Plan and actions taken to-date validates that significant progress is being made with regard to:

Health Behaviors: Support Healthy Lifestyles

Addressing Mental Health and Substance Use Issues

From 2023 to 2025, Summit Pacific Medical Center expanded access to mental health, substance use disorders, and primary care services through a low-barrier clinic model. The clinic provides a single-visit, whole-person approach, allowing patients to address mental health, substance use, and physical health needs simultaneously. Both scheduled appointments and walk-in services were available to increase flexibility for patients facing barriers such as transportation, childcare, or work schedules.

The clinic’s multi-disciplinary care team—including Licensed Mental Health Counselors, Psychiatric Mental Health Nurse Practitioners, Registered Nurses for Medication Assisted Therapy, Substance Use Disorder Professionals, Behavioral Health Care Managers, Primary Care Providers, and Certified Medical Assistants—delivered diagnosis, counseling, medication management, medication assisted treatment (MAT), and primary care services. This integrated approach reduced stigma, encouraged engagement in treatment, and improved overall health outcomes.

To further support individuals with substance use disorders, Summit Pacific increased harm reduction services across its primary care locations. Naloxone and fentanyl test strips were made available for all

patients and community members, accompanied by education on overdose prevention and safe practices. Infectious disease screening, vaccinations (Hepatitis A and B), HIV pre- and post-exposure prophylaxis, and Hepatitis C treatment were offered to prevent and treat conditions commonly associated with substance use disorders.

Clinical staff participated in continuing education programs focused on harm reduction, SUD treatment, and opioid-related infectious diseases, strengthening provider capacity and improving patient care. Staff who attended external trainings shared knowledge with colleagues, further enhancing organizational expertise.

These combined efforts increased access to routine and crisis mental health and substance use care, reduced emergency department visits and hospitalizations, expanded in-person and telehealth counseling for youth and adults, and improved engagement of patients and community members in harm reduction services.

Chronic Disease Management and Diabetes Support

Summit Pacific Medical Center expanded support for healthy lifestyles and chronic disease management through a coordinated set of programs addressing diabetes, obesity, cardiovascular disease, and food insecurity. These efforts focused on improving health behaviors, increasing health literacy, and reducing barriers to care for high-risk populations.

Summit Pacific implemented the Mobile Diabetic Disease Program, a nurse-led initiative providing home-based care for patients living with uncontrolled diabetes, particularly those with Hemoglobin A1C levels above 8% and/or elevated blood pressure. Registered Nurses conducted in-home visits to perform biometric screenings, collect lab samples, and provide individualized education on diabetes self-management. Patients received support in setting goals related to nutrition, medication adherence, exercise, and stress management, with telehealth visits coordinated as needed to enhance continuity of care and address gaps in treatment. By delivering services directly to patients' homes, the program reduced barriers to care, promoted healthy behaviors, and empowered patients to actively manage their chronic conditions.

To address food insecurity and its impact on chronic disease, Summit Pacific expanded its Food as Medicine program (Food Rx). This program integrates nutrition directly into clinical care for patients at risk for or living with chronic conditions such as diabetes, obesity, and cardiovascular disease. Eligible patients are referred by primary care providers to a registered dietitian for a nutritional assessment and counseling. Participants receive weekly meal subscriptions with healthy, balanced meals and recipe cards, along with access to on-site cooking classes. The program prioritizes sourcing local ingredients when possible, supporting both improved health outcomes and community economic vitality.

The Food Rx program has demonstrated measurable improvements in health outcomes, including reductions in Hemoglobin A1C, LDL cholesterol, triglycerides, weight, and BMI over six- and twelve-month periods. By improving access to nutritious food and building practical cooking skills, the program supports sustainable lifestyle changes, reduces reliance on medications and hospitalizations, and strengthens long-term health outcomes for patients and their families.

Summit Pacific also continued implementation of Summit Care, a comprehensive, team-based wellness program for high-risk patients with multiple chronic conditions. Summit Care uses an interdisciplinary approach that brings together the patient, primary care provider, exercise physiologist, pharmacist, care coordinator, and dietitian to develop a personalized health action plan. Participants receive coordinated care

focused on closing gaps in preventive services, improving lifestyle behaviors, and supporting long-term disease management.

Participants in Summit Care demonstrated significant improvements in key biometric measures, including reductions in Hemoglobin A1C, LDL cholesterol, triglycerides, weight, and BMI within six months of enrollment. Many participants have remained engaged in the program for more than 18 months, reflecting sustained behavior change and continued improvement in health outcomes.

Together, these initiatives strengthened Summit Pacific's approach to chronic disease management by addressing medical, nutritional, and behavioral factors that influence health. By combining home-based care, nutrition support, interdisciplinary wellness planning, and patient education, Summit Pacific advanced healthier lifestyles and improved outcomes for individuals most affected by chronic disease in East Grays Harbor County.

Community Wellness and Engagement

From 2023 to 2025, Summit Pacific Medical Center continued to promote healthy behaviors through community-focused events. The annual Peak Health Wellness Fair provided free health screenings and access to community vendors supporting nutrition, exercise, and overall wellness. Additional initiatives included community bike rides and golf outings, encouraging physical activity and social engagement among residents.

SPMC also soft-launched SAILS classes for older adults, offering strength, balance, and mobility exercises to help maintain independence, prevent falls, and improve overall quality of life. These programs reinforced the hospital's commitment to promoting healthy lifestyles across all age groups.

Clinical Care: Healthcare Access and Utilization

Hospital Expansion to Improve Access

In 2024, Summit Pacific Medical Center began a major hospital expansion to increase access to care and improve patient experience. Phase 1 of the project was completed in September 2025, with Phase 2 currently underway and anticipated for completion in summer 2026. The expansion encompasses a total construction size of 79,911 square feet, including 41,811 square feet of new construction and 6,400 square feet of renovations.

Key improvements included a new and expanded Emergency Department, an enlarged Acute Care Unit, a new MRI suite, and upgraded family and staff spaces such as a reflection room, family waiting room, staff lounge, split conference room, and facilities engineering office. Additional enhancements included a new Emergency Department entrance, a bulk oxygen system, a rooftop helipad, a remodeled kitchen and dining area, expanded Central Supply, and a renovated facilities building for Environmental Services.

This expansion increased the hospital's capacity to deliver timely, high-quality care across multiple services, reduced crowding and wait times, and enhanced the overall patient experience for the East Grays Harbor County community.

Built Environment: Social, Economic, and Physical Factors

Promoting Physical Activity and Community Recreation

In 2024, Summit Pacific Medical Center conducted a feasibility study for a community pickleball court including design development. This initiative supports the creation of recreational opportunities that encourage physical activity and social engagement, key drivers of overall health and well-being.

The study assessed site options, design considerations, accessibility, and potential community impact, with the goal of providing a safe, inclusive space for residents of all ages to engage in regular physical activity. By exploring this addition to the community environment, Summit Pacific addressed environmental and social factors that influence healthy lifestyles and promote overall community wellness.

Youth Health Career Development

In January 2025, Summit Pacific Medical Center launched the Elma High School Certified Nursing Assistant Training Program, in partnership with Elma High School, Grays Harbor College, and the Washington Board of Nursing. This innovative program enables high school students to earn high school and college credit while preparing to become Certified Nursing Assistants (CNAs).

The inaugural class accepted 8 students, with 6 completing the program and passing WABON certification exams with a 100% pass rate. The second cohort introduced a CNA Intern role, allowing students to work in the hospital in a paid, precepted position while completing their senior year academic requirements.

The program includes classroom instruction, simulation lab practice, and supervised clinical experiences in the Acute Care Unit, Emergency Department, and Swing Bed program. Students gain hands-on skills in patient-centered care, including vital signs, safe patient transfers, and communication.

By providing early exposure to healthcare careers and training, the program promotes health literacy, workforce development, and engagement in the healthcare system, addressing both individual and community well-being.

2026-2028 CHNA Process and Methodology

Based off the findings of the County CHA and CHNA, Summit Pacific's Board of Commissioners set strategic priorities for the district and provided input on both short and long-term strategic planning.

In addition to monthly public board meetings, Summit Pacific periodically holds open Community Forums to share information and to collect feedback from the community.

Summit Pacific's leadership team develops and reviews a one and five year strategic plan annually. This work is completed over multiple work sessions, with input from commissioners, executives, directors, managers, and staff. The Community Health Needs Assessment is referenced throughout this process. Ultimately the strategic plan is presented at a public board meeting and formally approved by the Board of Commissioners.

In February 2025, Grays Harbor County Public Health Department (GHCPH) and Grays Harbor County Public Hospital District No.1 dba Summit Pacific Medical Center (Summit Pacific) engaged Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center to discuss the potential objectives of a regional CHA. After thorough vetting of an RFP, GHCPH, contracted with the National Rural Health Resource

Center, to provide CHA/CHNA services. This venture was conducted in partnership with GHCPH, Harbor Regional Hospital, Summit Pacific Medical Center, and the Quinault Wellness Center. The CHA/ CHNA included an electronic community survey (English and Spanish), four in-person focus groups (one held in Spanish), 15 key informant interviews, and secondary data from national sources. The service area is defined as those in the following zip codes, which represents the geographic area of Grays Harbor County: 98520, 98526, 98535, 98536, 98537, 98541, 98547, 98550, 98552, 98557, 98559, 98562, 98563, 98566, 98568, 98569, 98571, 98575, 98579, 98583, 98587, and 98595.

The following information included in this report is the data collected by RHI through these regional efforts. A full detailed report was published October 2025 and two action planning meetings were scheduled in October and November to facilitate shared action planning for local stakeholders. The data and findings from that report have been included in this publication.

Electronic Survey

The electronic survey consists of 32 questions, including 23 standard questions and nine questions selected and customized by the partnering organizations. The survey was available for completion by any adult community member (18 years or older) residing in the county's zip codes. The survey was available in English and Spanish. A website link and quick-response (QR) code were provided in marketing communications for the survey to be completed via computer or phone. It was widely shared through the local newspaper, organization websites, social media posts, and flyers posted in grocery stores, libraries, faith-based buildings, and community centers.

The survey was open to the community for completion from July 22-August 26, 2025, and promotion continued during this time. A copy of the survey instrument is included in [Appendix A](#).

Electronic surveys use nonprobability sampling and may introduce self-selection bias, technology bias, sampling bias, and non-response bias. Electronic surveys may not represent the total population. As such, the promotion methods described above were utilized to minimize biases.

Focus Groups

Four focus group interviews (FGs) were held from August 12-14, 2025, to obtain information from residents about the health of the community. The partnership provided names, demographics, and contact information for 72 potential participants. GHCPH leadership contacted all nominees, informing them of the email invitation to come from RHI and encouraging attendance. RHI contacted all nominees with an invitation to participate. Additionally, an invitation to any community member interested in attending a focus group was extended through the local newspaper. All four FGs were held in person. One FG was held for Spanish speaking community members. The FGs were held in different locations to increase ease of access.

- Westport Timberland Library (101 E Harms Dr, Westport, WA, 98595)
- Hoquiam Timberland Library (420 7th St, Hoquiam, WA, 98550)
- Grays Harbor County Public Health & Social Services (2109 Sumner Ave, Aberdeen, WA, 98520)
- Summit Pacific Medical Center (600 E Main St, Elma, WA, 98541)

Each FG was 2 – 2 ½ hours in length and included an overview of the project purpose. Secondary data was presented by RHI to participants at the beginning of the FG. The secondary data presentation included information about community population by race and ethnicity, age range, percentage of unemployment and percentage of those living in poverty. Data regarding quality-of-life variables such as rates of diabetes, coronary heart disease, chronic obstructive pulmonary disease, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. The same interview questions were asked at each FG. Twenty-nine individuals attended the FGs. Participants included seniors, business representatives, health care consumers, active health care providers, parents, school representatives, and lifelong county residents. Participants were asked to anonymously complete a questionnaire to gather their demographic information (Appendix D). Focus group comments included in this report reflect the summarized perceptions of the individuals.

Key Informant Interviews

Fifteen key informant interviews (KIIs) were held between August 11-15, 2025, to obtain information from community residents for the CHA. The organizations provided names, demographics, and contact information for 168-potential interviewees. Between July 3-14, 2025, names of 18 potential interviewees were provided to RHI, with an additional 150 names provided on August 11, 2025. GHCPH contacted all nominees, informing them of the email invitation to come from RHI and encouraging attendance. RHI contacted all 168 nominees with an invitation to participate. Fifteen interviews were successfully conducted, with twelve interviews held virtually and three held in person.

Each interview was approximately one hour in length and included an overview of the project purpose. Secondary data was presented by RHI to interviewees at the beginning of the meeting. The secondary data presentation included information about community population by race and ethnicity, age range, percentage of those unemployed, and percentage of those living in poverty. Data regarding quality-of-life variables such as rates of diabetes, coronary heart disease, chronic obstructive pulmonary disease, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each interviewee was asked the same set of interview questions ([Appendix E](#)). Participants included representatives from health care, service agencies, non-profit organizations, and lifelong community members. Participants were asked to anonymously complete a demographic questionnaire to gather information ([Appendix D](#)). Seven of the interviewees completed the request. Key informant interview comments included in this report reflect the summarized perceptions of the individuals interviewed.

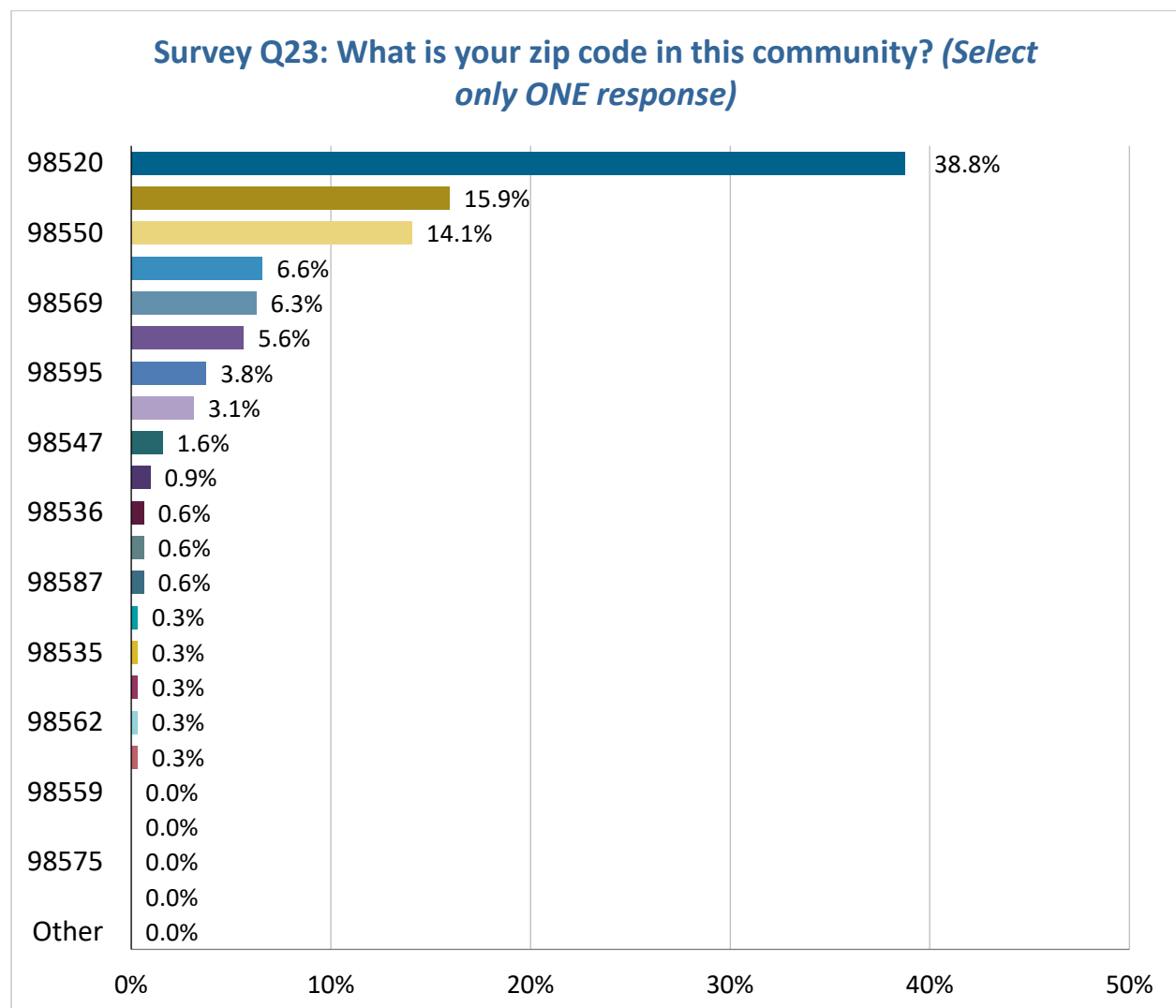
Secondary Data

Information from the above primary data collection efforts was supplemented by secondary quantitative data. These data were obtained from multiple publicly available sources, including U.S. Centers for Disease Control and Prevention, County Health Rankings, and the U.S. Census Bureau ([Appendix B](#) and [Appendix C](#)).

Findings

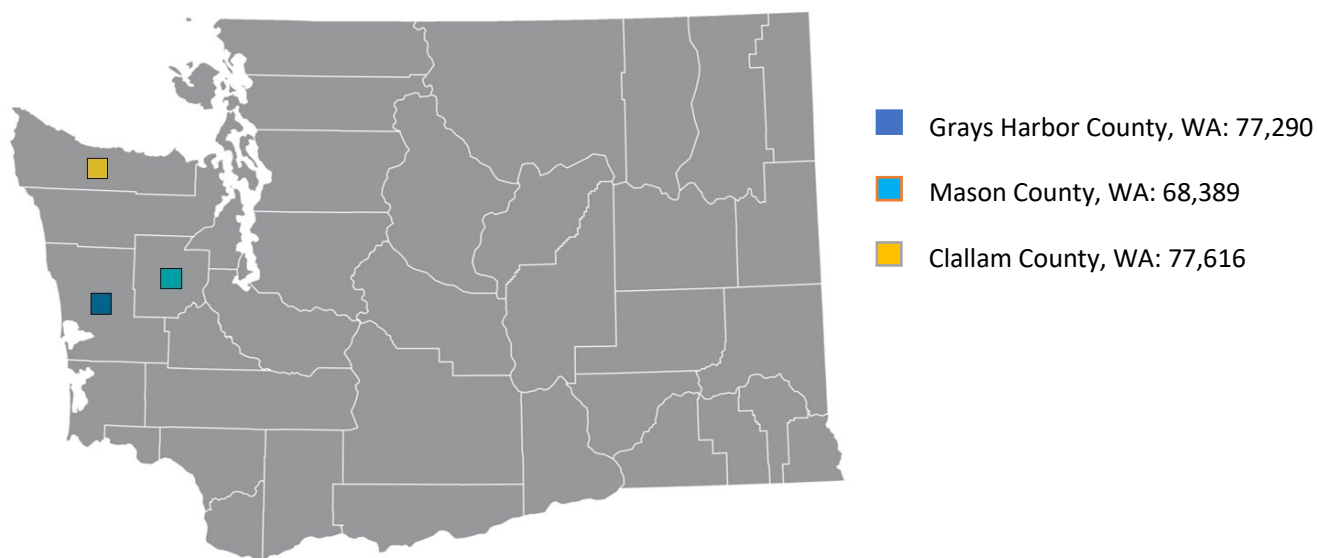
The findings describe the secondary data, survey data and, when relevant, the results of the FGs and KIIs. While not all data is described in detail in the body of the report, all survey data can be found in [Appendix A](#) and all secondary data can be found in [Appendix B](#). The most frequently reported survey responses are highlighted with shading in the tables below.

The electronic survey closed with 344 responses from community members. Twenty-four responses are not included in the final data due to containing either incomplete or invalid answers, leaving 320 final responses. The population size of adults 18 years and older in the target zip codes is 61,885. At a 95% confidence interval, the survey responses are within 5.4% margin of error. This means that if the survey responses are representative of the population, the survey data is within 5.4 percentage points of the real population value 95% of the time. The graph below represents the zip codes of survey respondents.



Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.¹ Demographics are commonly described as age, gender, race and ethnicity, and if a person resides in a rural or urban environment. “Ensuring the delivery of high-quality, patient-centered care requires understanding the needs of the populations served,”² and are hence included in the CHA. The map below depicts the locations of Grays Harbor, Mason, and Clallam counties within the state of Washington (WA). Although demographics for the three counties in this report might be similar, the population for the three counties varies.



[American Community Survey](#), U.S. Census Bureau. 2023.

The population in the three counties is largely White and is represented in the survey responses (86.3%). The second largest racial/ethnic group for all three counties is Two or More Races (Grays Harbor 6.9%, Mason 9.3%, Clallam 10.2%). The American Indian and Alaska Native population make up 5.4% of Grays Harbor County’s population, though less than 1% of the survey respondents. The Asian population makes up 1.4% of Grays Harbor County, and 1.6% of survey respondents. Hispanic or Latino residents make up 11.4% of the county population, and 6.3% of survey respondents. Demographic information was provided by 28 of the 29 FG participants and seven of

¹ “Definition of DEMOGRAPHICS.” In *Merriam-Webster Dictionary*. Accessed August 4, 2025. <https://www.merriam-webster.com/dictionary/demographics>.

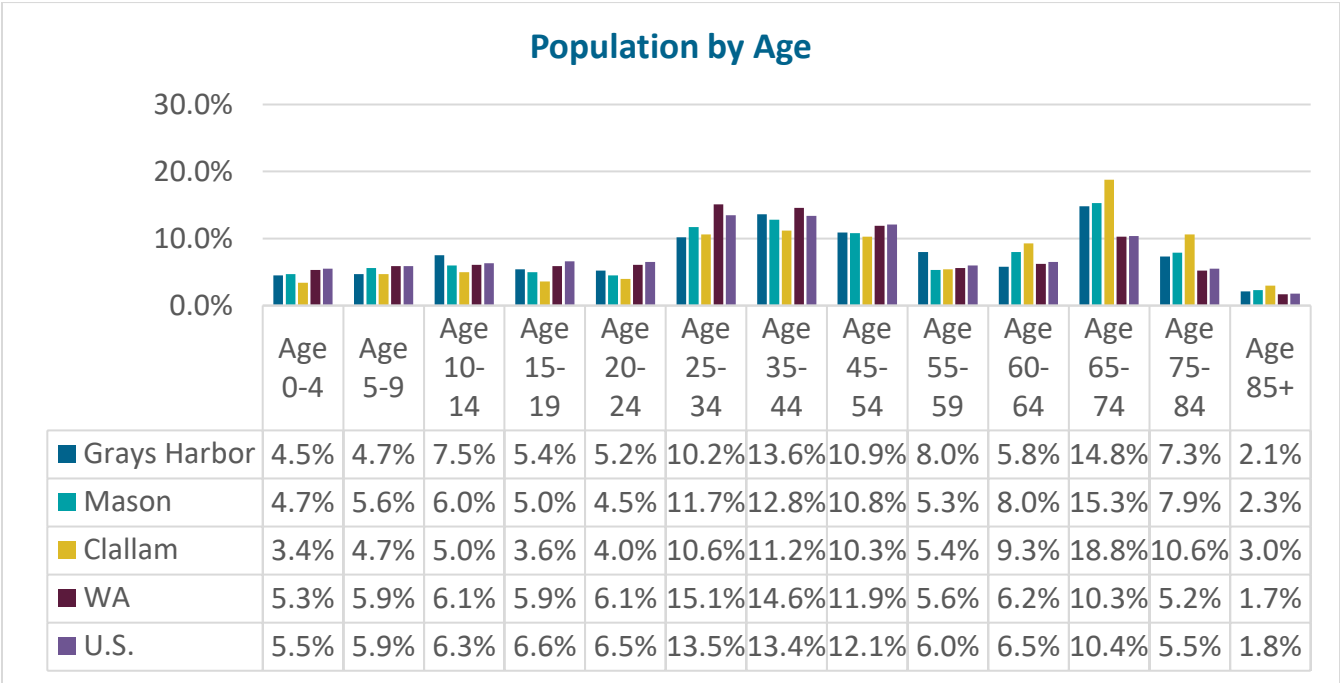
² “1.Introduction.” *Agency for Health care Research and Quality*, April 2018. Accessed August 4, 2025. <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html>.

the 15 KIIs. Most of the FG and KII participants identified as White. No KII who shared their demographic information identified as Hispanic or Latino while 29% of the FG participants who provided demographic information identified as Hispanic or Latino.

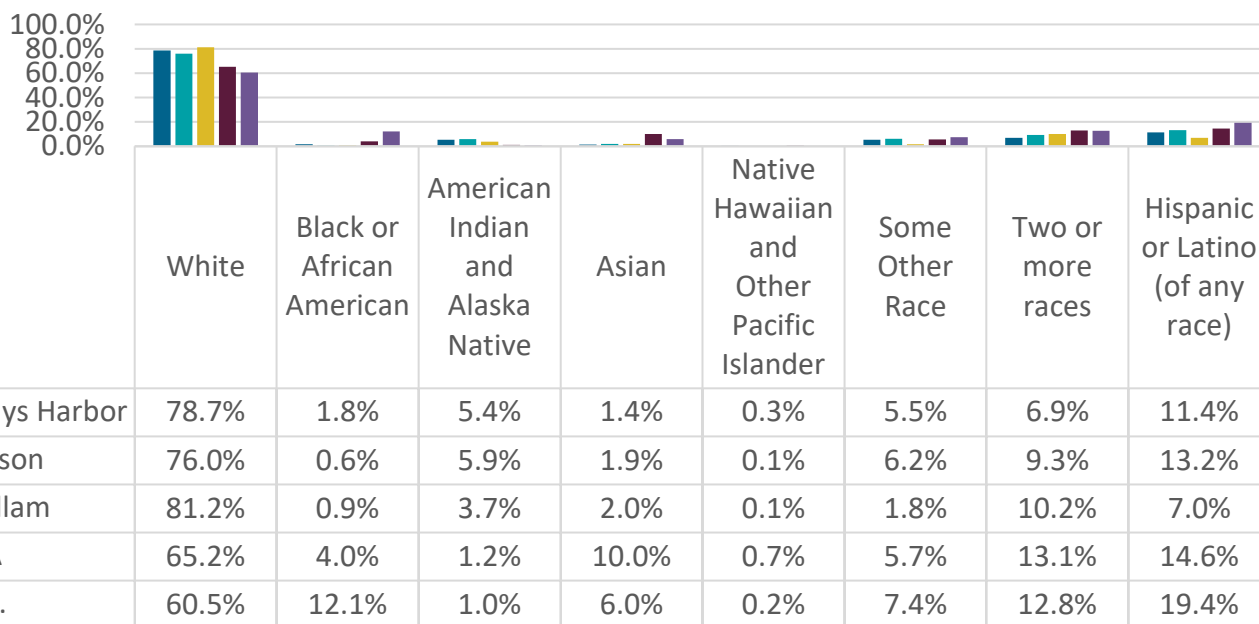
When reviewing age, the highest percentage of residents in all counties is the 65-74 age range (Grays Harbor 14.8%, Mason 15.3%, Clallam 18.8%). This represents an older population than WA (10.3%) and the U.S. (10.4%). The 35-44 age range was most represented in the survey responses (23.4%), followed closely by those that are 45-54 (23.1%). The majority of the FG participants were 25-44 years old, while there was not a dominant age group in the KIIs who provided demographic information.

Demographic data from the survey also include:

- Gender: Female (75.0%), Male (21.3%)
- Education Level: Bachelor’s degree is the highest percentage (29.7%) followed by graduate or professional degree (22.2%). From secondary data, the majority of residents in Grays Harbor County have a high school degree (31.2%) or some college yet no degree (27.2%).
- Income: \$120,000+ is the highest percentage (25.3%) followed by \$80,000 - \$99,000 (14.7%).
- Language: English (98.8%), Spanish (8.8%)
- Living with a disability (20.9%)



Population by Race and Ethnicity



[American Community Survey](#), U.S. Census Bureau. 2023.

Social and Economic Factors

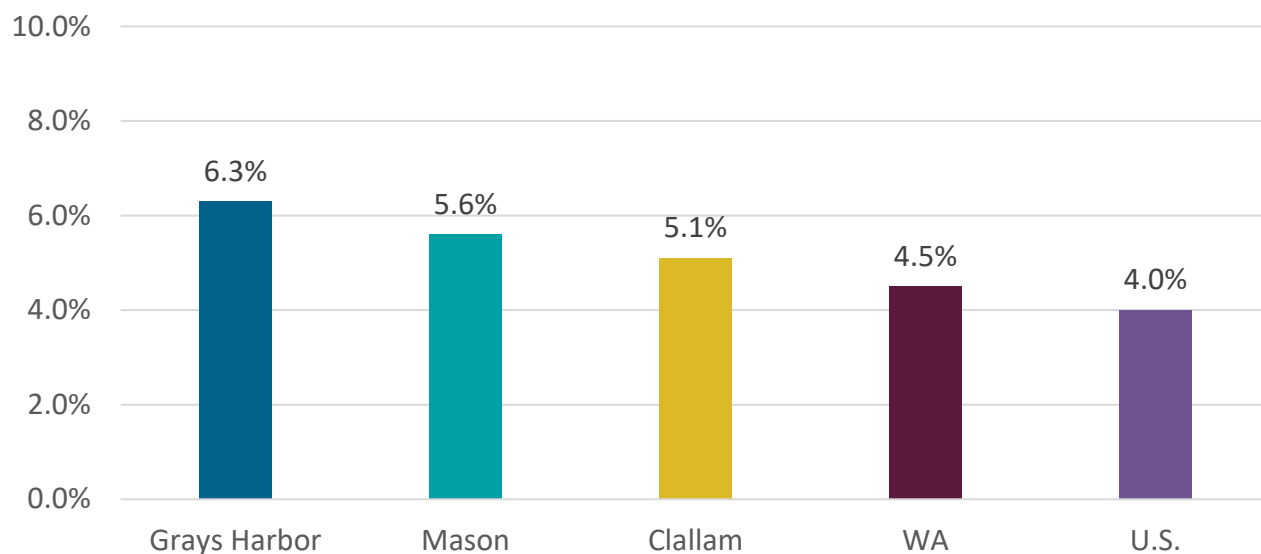
According to County Health Rankings and Roadmaps, approximately 40% of a person's health outcomes (length of life and quality of life) are attributable to social and economic factors.³ Social and economic factors include education, employment, income, family and social support, and community safety.⁴ Social and economic factors impact a person's ability to access medical care, safe and adequate housing, education, employment opportunities, and living wages, among other things.⁵

³ County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

⁴ County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

⁵ County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

Unemployment Rate

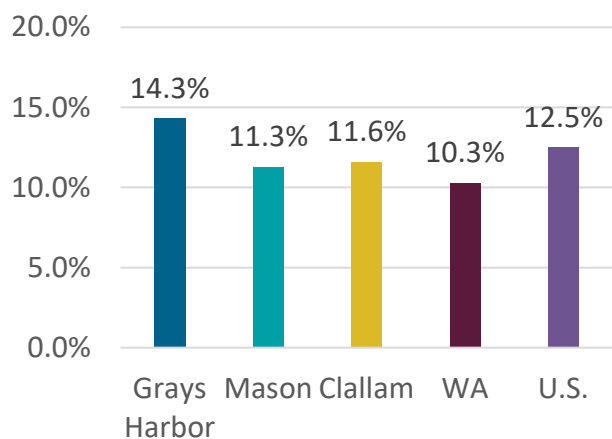


Median Household Income

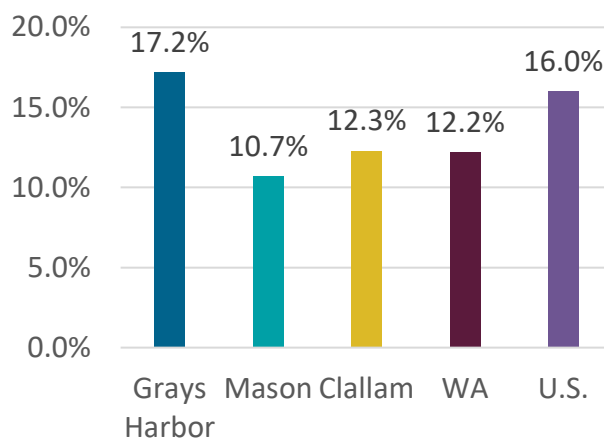
Grays Harbor	Mason	Clallam	WA	U.S.
\$65,758	\$75,138	\$67,071	\$94,553	\$77,719

[U.S. Bureau of Labor Statistics](#). 2023.

Individuals Below the Poverty Level

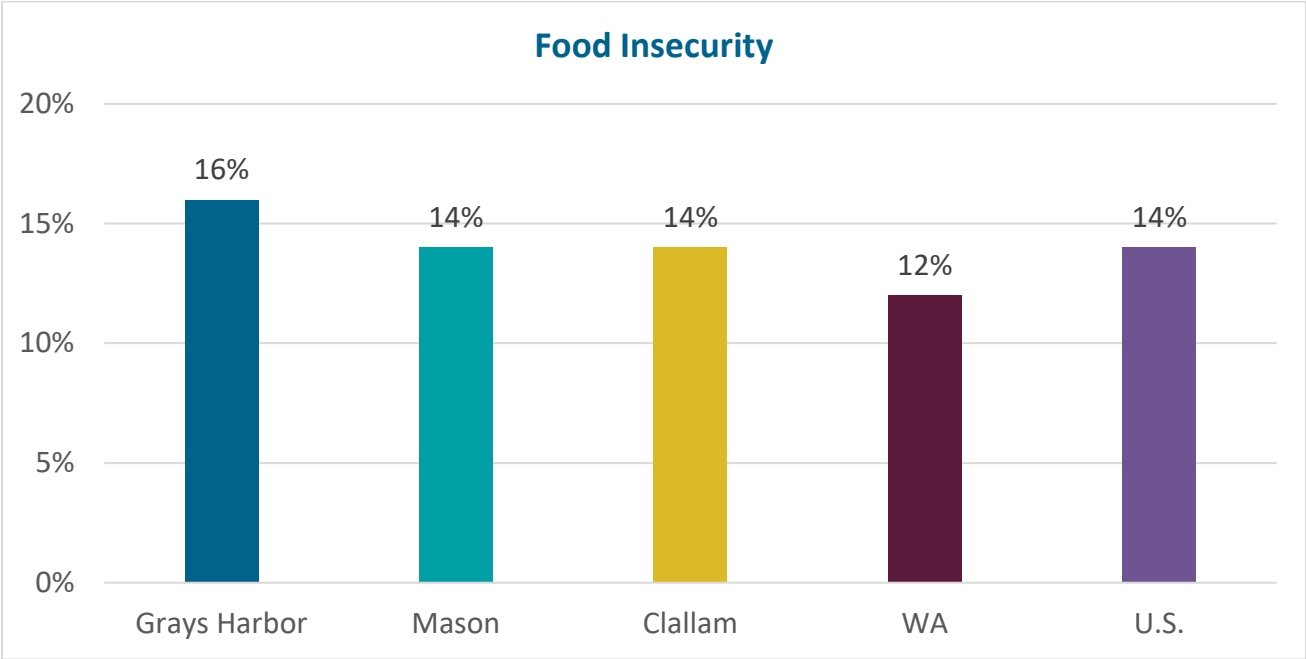


Children in Poverty



[American Community Survey](#), U.S. Census Bureau. 2022.

While 5.0% of survey respondents are currently unemployed, the unemployment rate in all three counties (Grays Harbor 6.3%, Mason 5.6%, Clallam 5.1%) is higher than WA (4.5%). The median household income is lower in all counties in the region (Grays Harbor \$65,758, Mason \$75,138, Clallam \$67,071) compared to WA (\$94,553) and the U.S. (\$77,719). There is a higher percentage of residents living below the poverty level in all counties (Grays Harbor 14.3%, Mason 11.3%, Clallam 11.6%) compared to the state (10.3%). There is a higher percentage of children living below the poverty level in Grays Harbor County (17.2%) compared to Mason County (10.7%), Clallam County (12.3%), and the state (12.2%). Food insecurity is highest in Grays Harbor County (16%) compared to Mason and Clallam counties (both at 14%) and WA (12%).



[U.S. Bureau of Labor Statistics](#). 2023.

[County Health Rankings](#). 2021.

The survey indicates a median household income in the \$60,000 - \$99,000 range. The \$120,000+ group is the largest respondent group at 5.3%. Of those that attended FGs, the median household income was \$60,000 - \$79,000 and 36.7% of individuals report an income of \$120,000 or higher. Focus group and KII participants identify individuals with lower incomes as the group that struggles most with health. It is noted that all three counties have lower median incomes compared to the state and that socioeconomic status varies widely in the community. Lower socioeconomic status impacts the ability to access health care, insurance, and healthy food and fresh produce.

Quality of Life

“Quality of life refers to how healthy people feel while alive.”⁶ It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness, and emotional health.⁷ The life expectancy in Grays Harbor County (74.6 years) is less than all other areas (76.6-78.8 years). The average number of poor physical health days per month for the counties in the region (4.2-4.7 days) is higher than WA (3.9 days). Grays Harbor County reports a higher average of poor mental health days per month (6.2 days) compared to Mason County (5.7), Clallam County (5.8), and the state (5.4). Nineteen percent of residents in Grays Harbor County report having fair or poor health compared to 17% for Mason County, 16% for Clallam County and 15% for WA. Among survey respondents, a similar pattern was presented with 19% reporting fair or poor health.

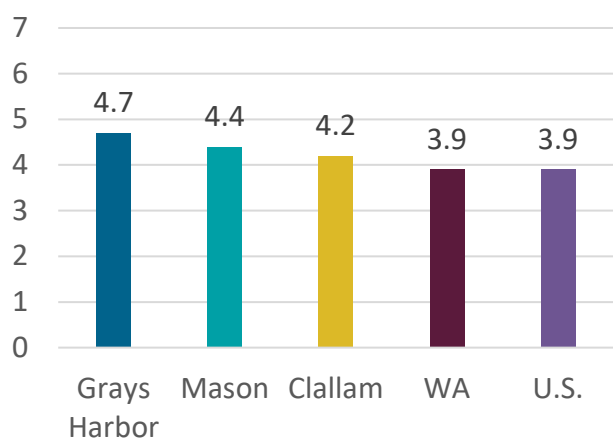
No information is available regarding deaths due to suicide as the data is unreliable for all three counties (meaning there are 10-20 deaths due to suicide in the county). The state of Washington has a suicide incidence rate of 16.5 per 100,000 people, which is higher than the U.S. (14.7). Grays Harbor (20%), Mason (22%), and Clallam (21%) counties all report a slightly higher percentage of people reporting excessive drinking compared to WA (18%). The prevalence of diabetes in the region (8-10%) is similar to WA (9%) and the U.S. (10%).

The cancer incidence rate for all sites (or any site of the body) per 100,000 population is higher in the region (489.7-501.1) compared to WA (439.7) and the U.S. (444.4). The incidence of cancer in a community may relate to genetics, environmental factors, and health behaviors. Per 100,000 people, the incidence rates of different types of cancer vary.

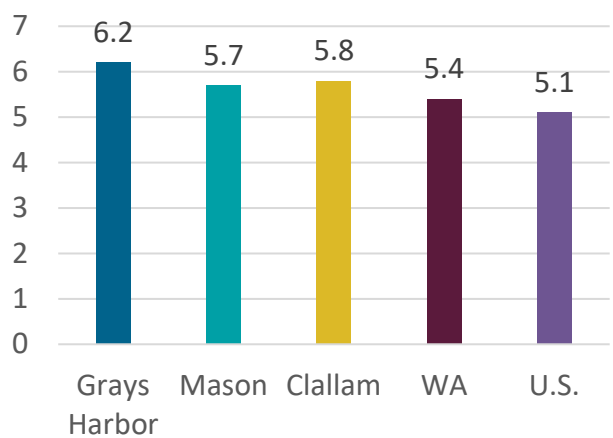
- Breast cancer incidence rates per 100,000 population are lower for Grays Harbor County (118.8) and Mason County (123.7) and similar for Clallam County (132.5) compared to WA (137.1).
 - Medicare recipients have similar breast cancer screening rates among all regions (33-37%) except for Clallam County (28%).
- Prostate cancer incidence rates per 100,000 population are higher for the region (Grays Harbor 125.2, Mason 118.2, Clallam 128.6) compared to WA (104.0).
- Colon and rectum cancer incidence rates per 100,000 population are higher for Grays Harbor County (45.4) and similar for Mason (37.1) and Clallam (37.4) counties compared to WA (34.2).
 - Adults over the age of 50 who report ever having a colonoscopy or sigmoidoscopy is lower in Grays Harbor and Clallam counties (4%) compared to other regions (6-7%).
- Melanoma cancer incidence rates per 100,000 population is higher for Mason (33.4) and Clallam (34.5) and similar for Grays Harbor County (24.2) and WA (25.6)

⁶ County Health Rankings & Roadmap. “Quality of Life.” Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?>

Poor Physical Health: Average # of Days per Month

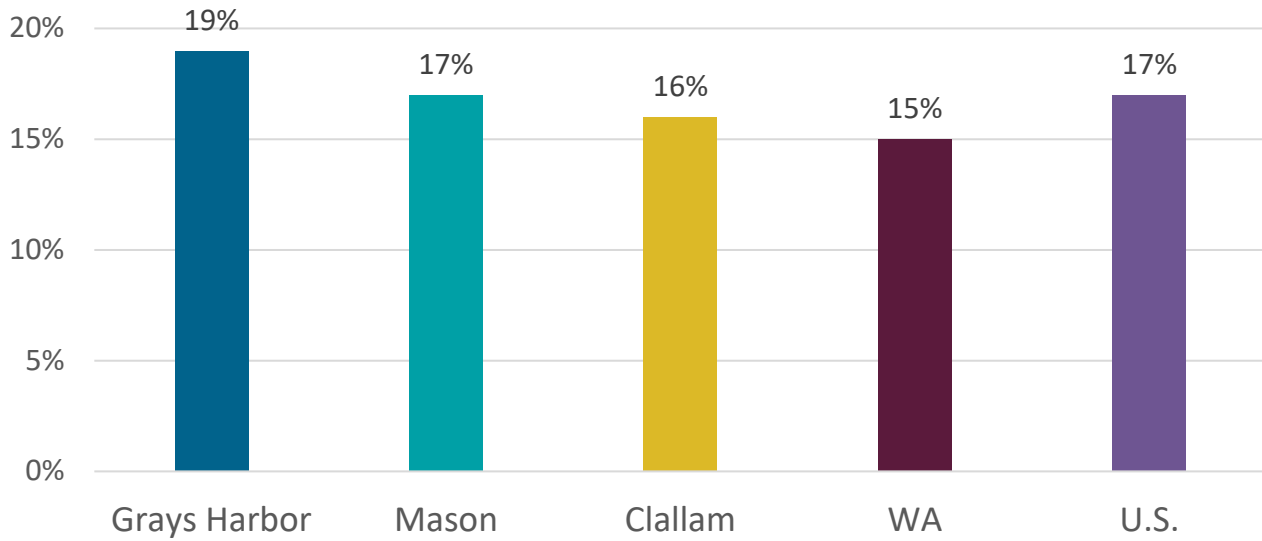


Poor Mental Health Days: Average # of Days per Month

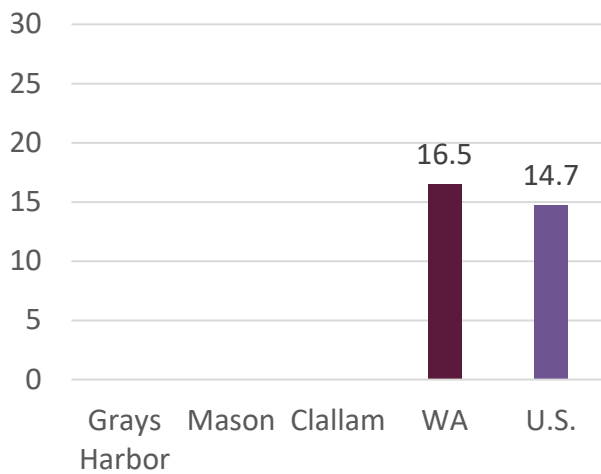


[County Health Rankings](#). 2021.

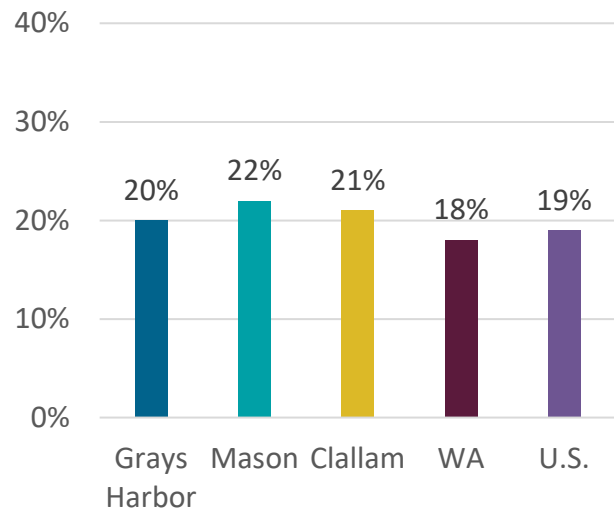
Adults Reporting Fair or Poor Health

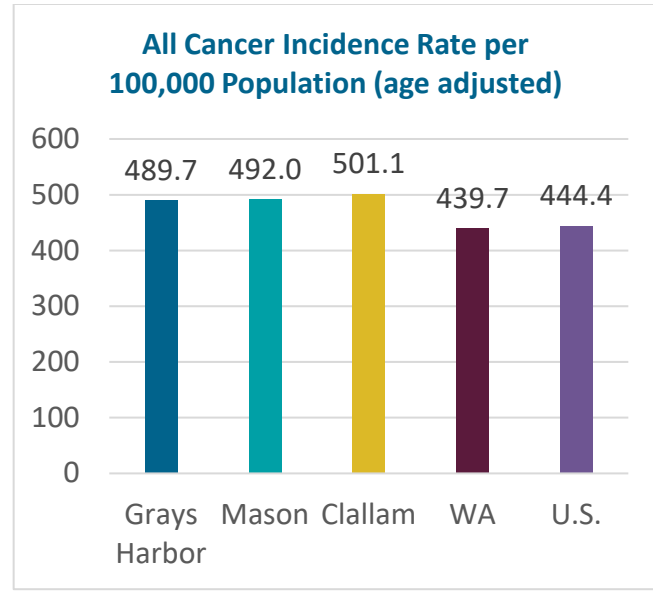
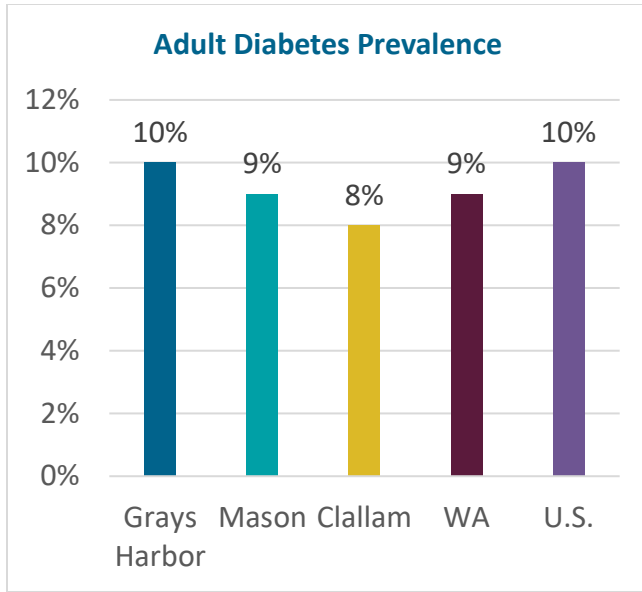


Death Due to Suicide per 100,000 Population



Adults Reporting Excessive Drinking





[County Health Rankings](#). 2021-2023.

[Suicide and Self-Inflicted Injury](#), CDC, WONDER. 2021.

[State Cancer Profiles](#). National Cancer Institute, DHHS, CDC. 2021.

The survey includes five questions related to quality of life. Two of these questions ask respondents what they believe are the most pressing health issues in the community and the three areas most important to create a healthy community. All survey data can be found in [Appendix A](#).

The top three survey responses for “**What are the THREE most pressing health concerns in our community?**” are below. The survey asks participants to select up to three responses.

- Access to mental health services: 49.4%
- Access to primary care: 30.3%
- Access to alcohol/drug use services: 28.4%

Access to mental health services aligns with the secondary data on two items. Grays Harbor County reports a higher average number of poor mental health days per month compared to Mason and Clallam counties and the state. Substance use disorders (SUD) relate to mental health and are described as the problematic pattern of using substances that impact your health. These substances include medications (prescription and non-prescription), legal and illegal drugs (such as marijuana and opioids), and alcohol.⁹ All three counties report a slightly higher percentage of people reporting excessive drinking compared to WA.

Focus group participants reported access to mental health services as the greatest health need and KII participants identified mental health and SUD as the second greatest health need (after access to affordable health care and preventative services with affordable health insurance). While secondary data indicates that the ratio of residents to mental health providers in Grays Harbor County (200:1) appears to be comparable to WA (190:1), FG participants believe that the need in the county for those services is higher, and the current provider ratio does not meet the

demand. Focus group and KII participants identified people who are dealing with mental health and SUD as the group struggling with health in general. Specifically mentioned were those with generational trauma and SUDs in their families, older adults with SUDs, and individuals with co-occurring mental health and SUDs.

Survey Q2. What are the THREE most pressing health concerns in our community? <i>(Select up to 3 responses)</i>	Percentage	N = 320
Access to mental health services	49.4%	158
Access to primary care	30.3%	97
Access to alcohol/drug use services	28.4%	91
Access to specialists	26.9%	86
Healthy lifestyles (such as exercise, nutrition)	25.9%	83
Affordable health insurance coverage	24.4%	78
Obesity	15.3%	49
Access to dental services	13.1%	42
Access to wellness/prevention services	12.5%	40
Chronic disease management (such as diabetes, heart failure)	12.2%	39
Personal debt due to medical bills	9.4%	30
Access to senior care	9.1%	29
Coordination of care	7.8%	25
Other (see responses below)	7.8%	25
Prescription drug affordability	5.9%	19
Hunger	4.7%	15
Reliable health information	4.1%	13
Cancer	3.1%	10
Tobacco/e-cigarettes	3.1%	10
Respiratory disease	1.3%	4
Heart disease/stroke	0.9%	3
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Homelessness (2) • Housing (2) • VA benefits • Poverty and low-income (2) 		

- Limited provider knowledge of women issues including maternal, lactation, postpartum, and perimenopause health care (2)
- Parenting support and education (2)
- Poor doctors
- Quality, early childhood learning opportunities throughout the county
- Lack of knowledge of eating disorders even in the medical community
- Lack of walkability, the community is overly dependent on cars
- Affordable childcare for families
- Diminishing capacity for our community members that are impacted by fentanyl and multiple overdoses
- K-12 education programs on mental health and growing to healthy adults
- Lack of affordable community resources to facilitate healthy lifestyles (exercise, nutrition, third spaces)
- Trust needed to engage in needed health care services
- Weather/climate of the area with months of rain
- Timely results and availability of health care
- Health illiteracy
- Urgent care
- Free vaccinations
- Accountability with social services
- Autoimmune services
- All of the above

The top three survey responses for “**Select the THREE items below that you believe are most important for a healthy community**” are below. Participants are asked to select up to three responses.

- Access to health care and other services: 59.4%
- Affordable housing: 49.1%
- Good jobs and healthy economy: 44.4%

While this question relates directly to a person’s quality of life, it also relates to economic challenges. Secondary data indicates that the unemployment rate for all three counties is higher than WA and the median household income is lower for all counties compared to the state and the U.S. There is a higher percentage of residents and children living below the poverty level in Grays Harbor County than the other two counties, WA, and U.S. Food insecurity is highest in Grays Harbor County compared to the other regions. Focus groups and KIIs highlight the experiences of individuals facing economic challenges as the most frequently identified group that struggles with health. Access to affordable/no cost health care for all without any barriers was the top health priority identified in the FG and the second greatest priority for the KIIs. Interviewees express concern for those that are uninsured and underinsured, where those underinsured may have insurance, but are unable to find affordable care, either due to high deductibles or their insurance not being accepted by health care providers. Another economic barrier to quality of life is the absence of reliable transportation, especially when local access to services may be time-consuming or distances are great.

Survey Q3: Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 320
Access to health care and other services	59.4%	190
Affordable housing	49.1%	157
Good jobs and healthy economy	44.4%	142
Healthy behaviors and lifestyles	31.3%	100
Low crime/safe neighborhoods	21.6%	69
Clean environment	15.3%	49
Strong family life	15.0%	48
Acceptance for diversity	10.9%	35
Good schools	10.3%	33
Access to parks and recreation	8.4%	27
Community involvement	6.6%	21
Transportation services	5.9%	19
Religious or spiritual values	5.0%	16
Senior care	5.0%	16
Low death and disease rates	3.1%	10

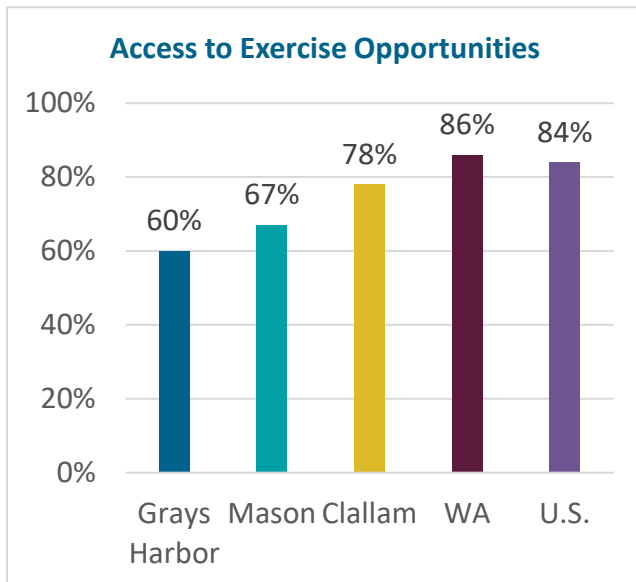
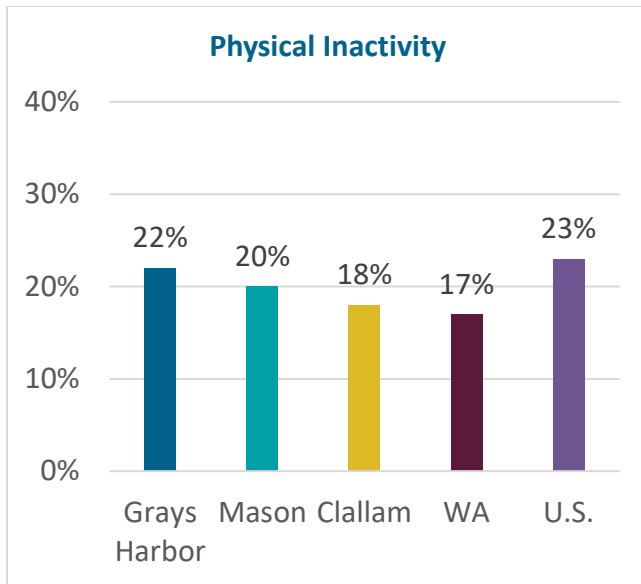
Arts and cultural events	2.2%	7
Low level of domestic violence	2.2%	7
Other (see responses below)	2.2%	7
Cultural sensitivity	0.9%	3
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Pedestrian infrastructure such as sidewalks, walking paths, safe routes to school, and pedestrian specific traffic mitigation (2) • Not enough knowledge of women's health issues • Lack of knowledge of eating disorders even among medical staff and doctors • Affordable childcare for families • Education and support around addiction is directed to family members and loved ones • Intolerance of drug use • VA benefits 		

Health Behaviors

According to County Health Rankings and Roadmaps, approximately 30% of a person's health outcomes (length of life and quality of life) are attributable to health behaviors.⁸ Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.⁹ As such, health behaviors can be a positive influence on length of life and quality of life or can negatively impact a person's health outcomes. All three counties have a similar percentage of adult residents reporting no leisure time for physical activity (18-22%), which is slightly higher than the state (17%). Adults in all three counties (Grays Harbor 60%, Mason 67%, Clallam 78%) report reduced access to exercise opportunities compared to the state (86%) or the U.S. (84%). It is important to note that access to exercise opportunities in Grays Harbor County is 26% less than the state.

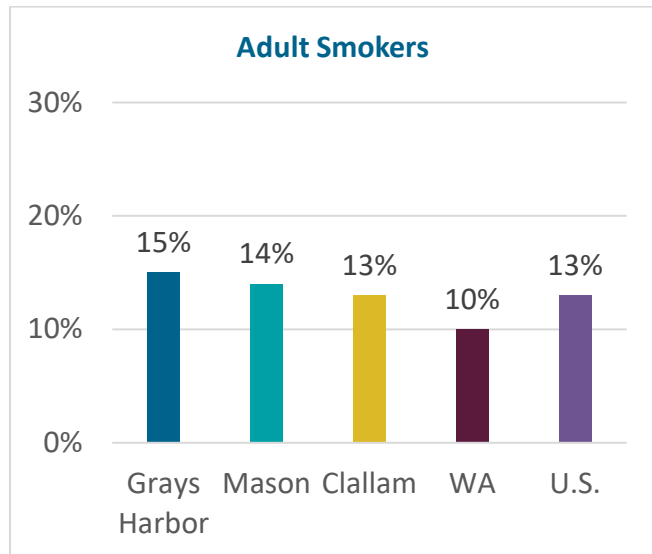
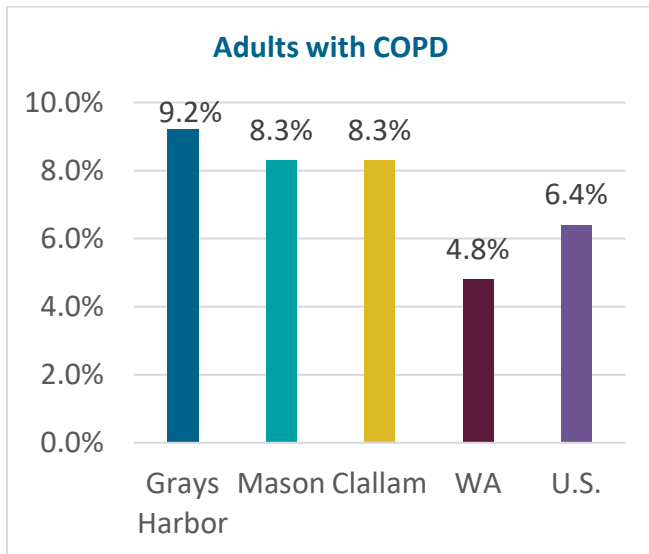
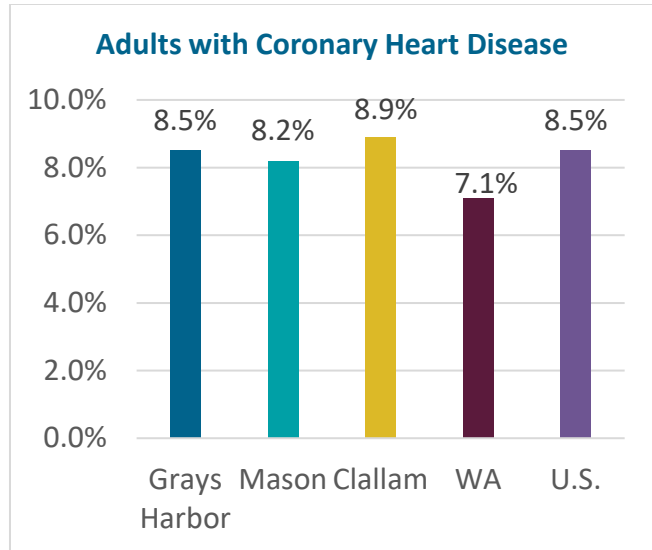
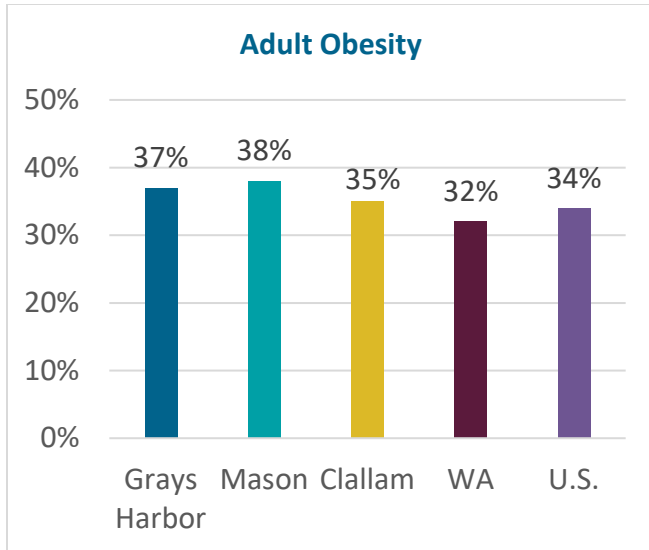
⁸ County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?>

⁹ PubMedCentral. "Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances," October 1, 2016. Accessed August 4, 2025. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/#:~:text=Health%20behaviors%2C%20sometimes%20called%20health-related%20behaviors%2C%20are%20actions,from%20the%20health%20of%20the%20actor%20or%20others.>



[County Health Rankings](#). 2023.

The prevalence of adult obesity in the region (Grays Harbor 37%, Mason 38%, Clallam 35%) is slightly higher than the state (32%) and U.S. (34%). The prevalence of adults with cardiovascular disease is higher in the region (Grays Harbor 8.5%, Mason 8.2%, Clallam 8.9%) compared to the state (7.1%). The percentage of residents with chronic obstructive pulmonary disease (COPD) in the region (Grays Harbor 9.2%, Mason 8.3%, Clallam 8.3%) is approximately double that of the state (4.8%). A greater percentage of adults who smoke also reside in the region compared to the state (Grays Harbor 15%, Mason 14%, Clallam 13%, WA 10%).



[County Health Rankings](#). 2021.

[Centers for Disease Control and Prevention \(CDC\) Interactive Atlas of Heart Disease and Stroke](#). 2019-2021.

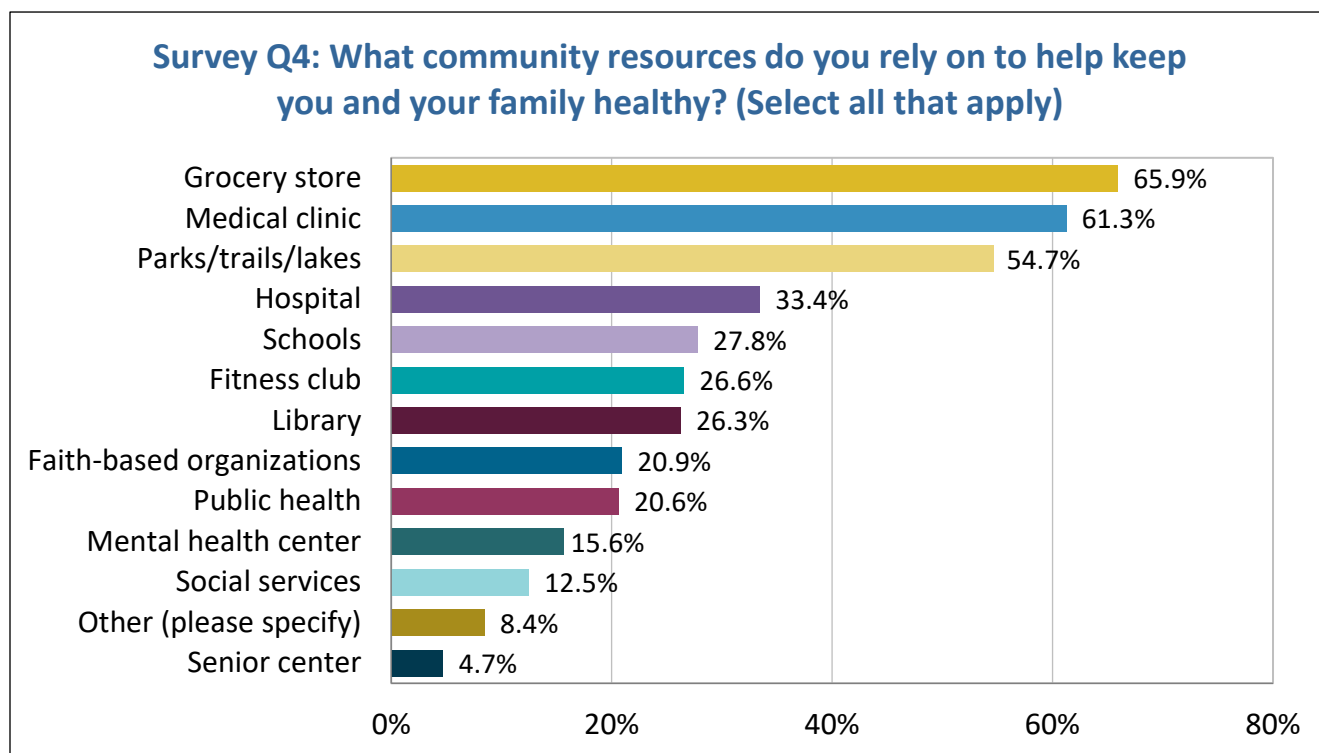
[Behavioral Risk Factor Surveillance System Prevalence and Trends Data](#), CDC. 2021.

[CDC Places](#). 2021.

Four survey questions ask respondents about health behaviors. Three questions are listed below and relate to community resource use, activities used to remain healthy, and greatest overall community health education needs.

The top three survey responses for “What **community resources** do you rely upon to help keep you and your **family healthy**?” are below. The survey asks participants to select all responses that apply.

- Grocery store (65.9%)
- Medical clinic (61.3%)
- Parks/trails/lake (54.7%)



Focus group participants and KIIs express concern about the health of those who struggle economically and the relationship of income with access to care. Focus group and KII participants identified access to preventive care and screenings as a health priority, while KII also emphasized the need for additional education in these areas. According to secondary data, 22% of Grays Harbor County residents report not having leisure time physical activity, while 60% have adequate access to locations for physical activity.

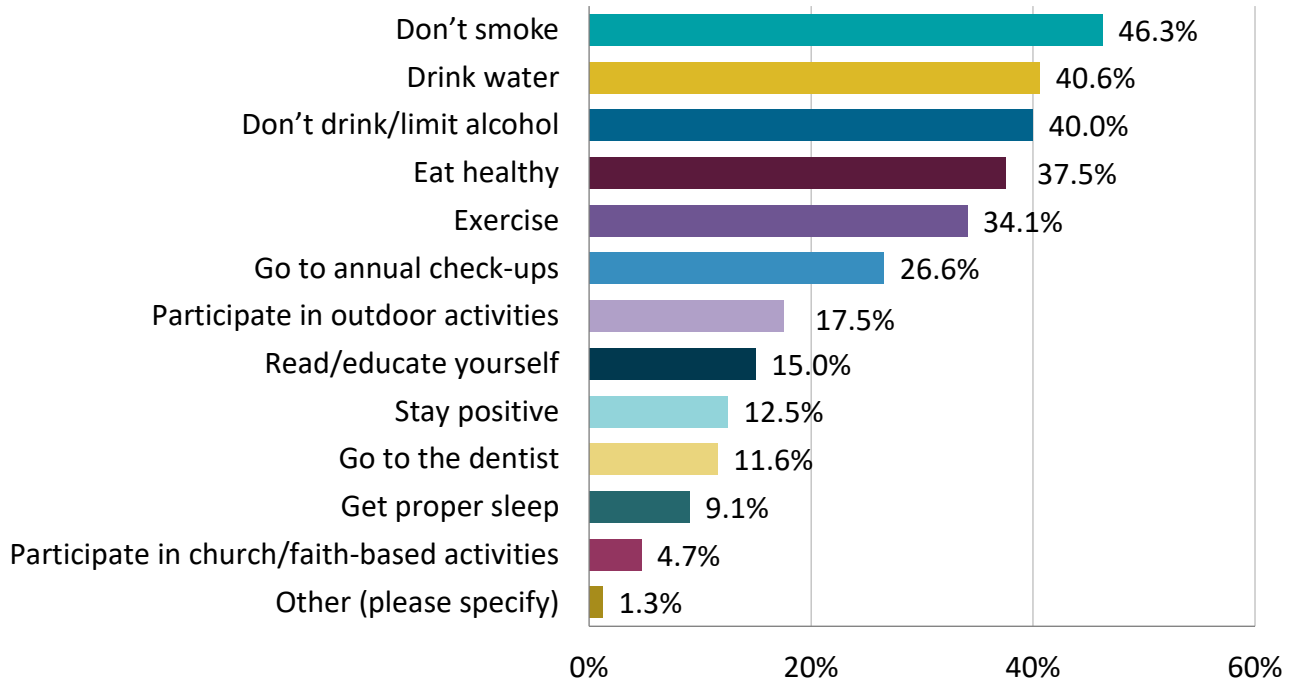
The top three survey responses to “What are the **top THREE things you do to stay healthy?**” are below. The survey asks participants to select up to three responses.

- Don’t smoke (46.3%)
- Drink water (40.6%)
- Don’t drink/limit alcohol (40.0%)

The top three survey responses to “What is the **greatest health education need in our community?**” are below. The survey asks participants to select only one response.

- Mental health (29.4%)
- Healthy lifestyles (23.8%)
- Alcohol/drug use (16.9%)

Survey Q15: What are the top THREE things you do to stay healthy? (Select up to 3 responses)



Survey Q7. What is the greatest health education need in our community? (Select only ONE response)	Percentage	N = 320
Mental health	29.4%	94
Healthy lifestyles	23.8%	76
Alcohol/drug use	16.9%	54
Obesity prevention	9.4%	30
Health screenings	7.2%	23
Oral/dental health	4.1%	13
Other (see responses below)	4.1%	13
Disease-specific information	1.9%	6
Reproductive health	1.6%	5
Tobacco/e-cigarette prevention & cessation	1.3%	4
Information translated into other languages	0.6%	2
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> All of the above (3) 		

- New research and technology brought to our local community
- Quality public schools, colleges and universities that result in strengthened local economy, stable housing, access to health care and awareness
- Broadband access
- Substance use and mental health should go hand in hand
- Live people answering phones from the same office as the provider
- Mental health from a holistic stance, not from a disease model but from a wellness model
- Insurance and health care system navigation such as how coverage works, how to find providers, how to sign up for insurance, how to appeal decisions, how to find patient advocates, etc.
- Health equity across socioeconomic
- Pediatric nutrition
- Obesity prevention

When FGs and KIIs were asked what GHCPH and its partners can do to improve community health, several ideas were brought forward. It was suggested that the organizations could partner to provide more outreach and education, including health and exercise fairs, booths at local events to talk about resources, and explore ways to communicate in ways that all people can access information. These events need to be scheduled for times and places that many community members can access, especially the lower income population. It is important to note that survey respondents report that they most frequently receive health information from their health care provider, social media, and friends/family.

Another suggestion was to increase the medical workforce and provider training. This includes helping with workforce efforts in the community and addressing the competition for the workforce among health groups. This may be an opportunity to pool resources and effectively coordinate different groups of providers. The partners could bring additional primary care to Aberdeen, Hoquiam, and Cosmopolis to help create more access to preventive care and help with provider education in harm reduction methods of treating people.

Noting that the community sometimes struggles with negative beliefs, there are opportunities to communicate a strengths-based perspective, the resiliency and grit of the people of Grays Harbor, and “change the narrative on the stories we tell ourselves and collective experience.” This could foster trust and increase collaboration on wraparound services, improve community-based coordination, and improve communication. A very robust list of potential collaborators was developed in the FGs and KIIs.

- | | |
|---|--|
| • CHOICE Regional Health Network | • Community College |
| • Quinault Wellness Center/Quinault Community Health Center (plus the other three partners for CHA) | • Women’s Justice Circle |
| • PCAP – Parent Child Assistance Program | • St. Mary Parish in Aberdeen |
| • CCAP – Coastal Community Action Program | • Greater Grays Harbor |
| • Catholic Community Services of Western WA | • Newspaper |
| • Grays Harbor RISE Coalition | • Justice system |
| • Grays Harbor Emergency Management | • Department of Social health services |
| • Destination Hope and Recovery | • Columbia Wellness |
| • School district – ESD | • Harbor Crest |
| | • Behavioral Health Resources (BHR) |
| | • Eugenia |
| | • GH Community Wellness Initiative |

- GH Therapeutic Courts
- Local city councils, county governments
- Hoquiam, Aberdeen and Elma community coalitions
- Local Elks chapters
- Northwest Indian Treatment Center
- Union Gospel Mission
- Sacred Healing Journey
- Hearts and Hands
- Harbors Ministers Fellowship
- Free legal clinic of Grays Harbor
- Childcare Action Council for Washington State
- Great Rivers Behavioral Health Organization (BHO)
- The Moore Wright Group
- City parks
- Gyms
- Clubs
- Quinault Nation
- Costal Interpretive Center in Ocean Shores – education on the coast for youth, community hikes
- Hospitals and medical organizations
- Chamber of Commerce
- Senior homes and centers, including those that support independent living
- Washington Fish and Wildlife – support local fishing and hunting
- Ecotourism – whale watching, hunting, salmon fishing
- Local downtown business buy-in to support weekly market downtown
- Washington Crabbers Association
- Pacific Seafoods
- School system
- Meals on wheels
- Self-advocates (nothing about us without us).
- Reinstate monthly collaborative community meetings
- Mobile community services (health services, emergency preparedness information, and prevention services/programs)

A focus on youth health, education, and connection was mentioned in FGs and KIIs. The top three survey responses to “Please select the **factors that contribute to the overall health and wellbeing of our youth**” are below. The survey asks participants to select all that apply.

- Stable housing (68.8%)
- Good schools (62.8%)
- Healthy behaviors and lifestyles (62.2%)

Survey Q21. Please select the factors that contribute to the overall health and wellbeing of our youth. <i>(Select all that apply)</i>	Percentage	N = 320
Stable housing	68.8%	220
Good schools	62.8%	201
Healthy behaviors and lifestyles	62.2%	199
Strong family/kinship relationships	57.5%	184
Parental and caregiver involvement	56.9%	182
Friends/peer connections	55.3%	177
Access to health care and other services	54.4%	174
Access to parks and recreation	53.1%	170
Good jobs and healthy economy	48.4%	155
Low crime/safe neighborhoods	46.6%	149
Self-care skills	45.0%	144
Clean environment	43.1%	138
Low level of domestic violence	41.3%	132
Acceptance of diversity	36.6%	117
Community involvement	36.6%	117
Youth focused arts and cultural events	33.4%	107
Religious or spiritual values	27.2%	87
Cultural sensitivity	22.8%	73
Other (see responses below)	5.0%	16
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Healthy, supported parents or guardians (2) • Affordable or free youth programs such as clubs, camps, afterschool programs, extracurriculars (2) • Mental health treatment and education (2) • Drug treatment and support with youth treatment centers 		

- Pediatric health care
- Screen-free activities, opportunities for independence (not being supervised by adults 24/7)
- Researching solutions
- Mentor programs
- Accessibility services including sidewalks to support those using wheelchairs
- We live in the county, which is a clean and safe environment but when we go into Aberdeen there is a lot of homelessness, crime, and open drug use
- Golfing
- Accountability
- All these things contribute but may not necessarily be available to youth in our area
- Community support for youth

The top three survey responses to “What are the **top THREE priorities to improve support of healthy youth in the community?**” are below. The survey asks participants to select up to three responses.

- Affordable housing (30.6%)
- Life skills education (28.8%)
- Youth mental health services (27.5%)

Survey Q22: What are the top THREE priorities to improve support of healthy youth in the community? (Select up to 3 responses)	Percentage	N = 320
Affordable housing	30.6%	98
Life skills education	28.8%	92
Youth mental health services	27.5%	88
Safe neighborhoods and community	21.3%	68
Access to parks and recreation	20.6%	66
K-12 education	20.6%	66
Family friendly community events	19.1%	61
Access to pediatricians	17.8%	57
Health insurance coverage	16.9%	54
Youth opportunities for community involvement/volunteering	11.3%	36
Clean environment	10.3%	33
Community centers	9.4%	30
Improve the quality of health care services for youth	9.1%	29
Health education opportunities for parents/caregivers	7.8%	25
Health education opportunities for youth	7.5%	24

Youth church/faith-based activities	7.5%	24
Expand primary care appointment times	6.9%	22
Arts and cultural events	6.6%	21
Financial assistance	6.3%	20
Cultural sensitivity	4.1%	13
Other (see responses below)	3.8%	12
Interpreter services	0.0%	0
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Anti-drug use advocacy (3) • Access to third spaces and youth organizations (YMCA, Boys and Girls clubs, Scouts) with coordinated activities (gym and swimming pool closer to Hoquiam and Aberdeen), and information for parents in a centralized location (3) • Access to activities and third spaces, coordinated activities, and information for parents in a centralized location (2) • Supportive, healthy parents or guardians(2) • Strong economy with local job opportunities for youth (decline of the logging industry)(2) • Affordable quality childcare and preschool • All of the above apply 		

Access to Care

Not all elements of health and wellness are achieved within the walls of a hospital, clinic, or health care provider. Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.¹⁰ Access to care is interrelated to many areas, including health insurance coverage, income, distance to care, transportation, understanding care, stigma, and availability of local health care providers. A lower rate is preferred, indicating fewer residents for each care provider.

In Washington, there are 1,200 residents for each primary care physician (1,200:1). The ratios are reduced, indicating less access in Grays Harbor County (2,740:1) and Mason County (3,760:1). The ratios of residents to other non-physician primary care providers are also reduced for Grays Harbor County (1,030:1) and Mason County (1,900:1) compared to WA (830:1) and Clallam County (690:1).

Regarding access to dental care, in Washington, there are 1,150 residents for each dentist (1,150:1). Compared to the state, Grays Harbor County (1,930:1) and Mason County (2,730:1) have reduced access to dental care. Access to dental care is crucial because poor dental health can lead to other physical issues if left untreated.

The ratio of access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as

¹⁰ County Health Rankings & Roadmap. "Access to Care." Accessed August 4, 2025. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?>

well as advanced practice nurses specializing in mental health care. In Washington, there are 190 residents for each mental health provider (190:1). The access rate is reduced for Mason County (360:1) and comparable for both Grays Harbor County (200:1) and Clallam County (200:1) compared to the state. While access to mental health providers appears adequate in Grays Harbor County, FG and KIIs expressed concern that the county has a higher need than the ratio suggests. Access to increased mental health services was the most important priority identified by FGs. Increased mental health and SUD services and prevention were the second most important priority identified by the KIIs.

Ratio of Population to Primary Care Physicians

Grays Harbor	Mason	Clallam	WA	U.S.
2,740:1	3,760:1	1,040:1	1,200:1	1,330:1

Ratio of Population to Dentists

Grays Harbor	Mason	Clallam	WA	U.S.
200:1	360:1	200:1	190:1	300:1

Ratio of Population to Mental Health Providers

Grays Harbor	Mason	Clallam	WA	U.S.
1,930:1	2,730:1	1,070:1	1,150:1	1,360:1

Ratio of Population to Other Primary Care Providers

Grays Harbor	Mason	Clallam	WA	U.S.
1,030:1	1,900:1	690:1	830:1	710:1

[County Health Rankings](#). 2021-2023.

Ten survey questions ask about access to care, eight of which are included below. Survey responses indicate priorities to improve community health care access (primary care providers, specialists, and mental health services), expand local providers that accept a variety of insurance providers (especially Medicaid/Medicare), and improve appointment availability and wait times.

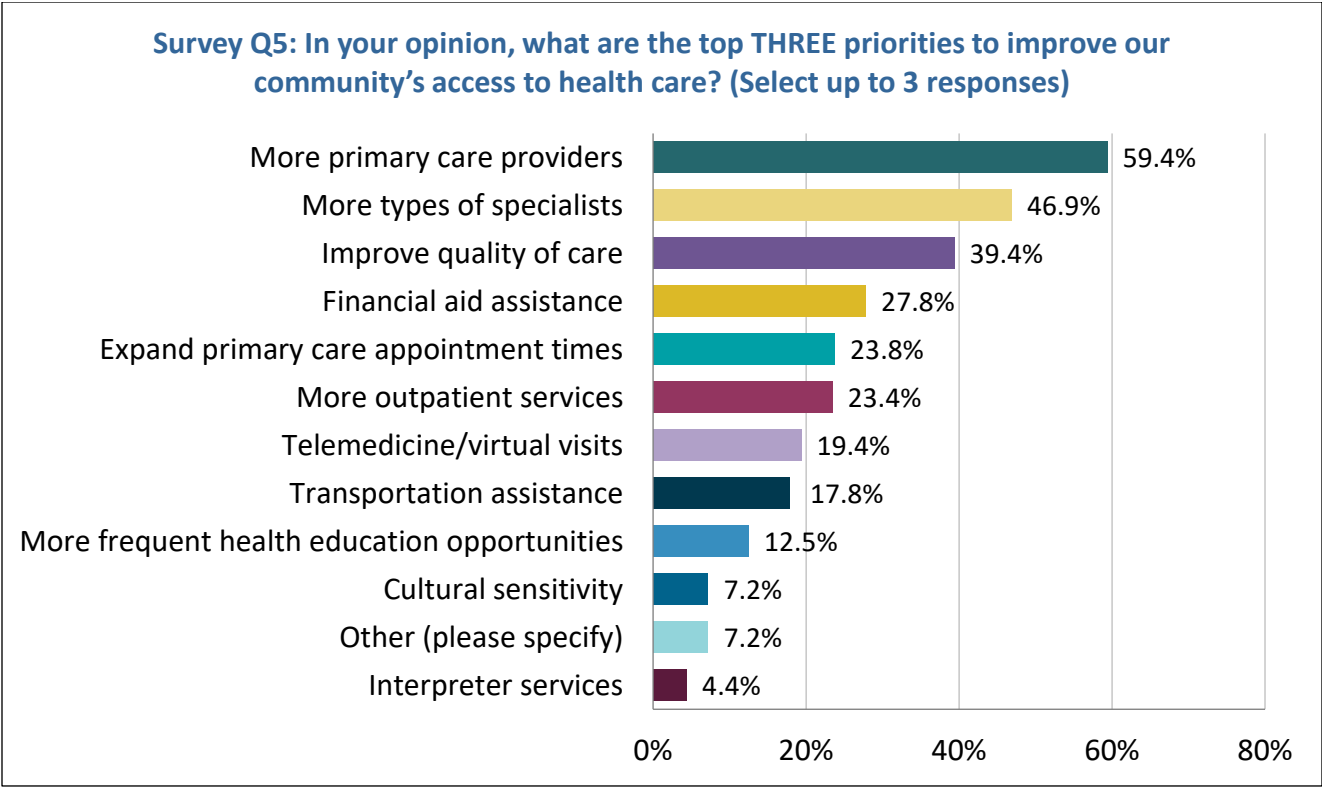
Survey data indicates the top three priorities to improve community health care access with the question “What are the **top THREE priorities to improve our community's access to health care?**” The survey asks participants to select up to three responses.

- More primary care providers (59.4%)
- More specialty providers (46.9%)
- Improve quality of care (39.4%)

Within the survey, participants were asked, “In the past three years, was there a time when you or a member of your household **thought you needed health care services but did NOT get these services or delayed getting them?**” (Q10). Two-thirds of survey respondents (66.6%) reported that yes, they did not get these services or

delayed getting care. The top three reasons for “If yes, what were the **most important reasons why you did NOT receive health care services?**” are below. The survey asks participants to select up to three responses.

- Appointment wait was too long (52.8%)
- Could not get an appointment (44.4%)
- Insurance did not cover (31.3%)



According to survey data, 59.7% of respondents are enrolled in employer-sponsored insurance, 15.3% are enrolled in Medicare or Medicare Supplement, 8.4% are enrolled in Medicaid or a commercial plan, while 2.5% of survey respondents are uninsured. Those who are uninsured reported the most common reason as the inability to afford insurance. Focus groups and KIIs identify economic factors and a lack of local primary and specialty services as barriers to accessing care.

The survey asked, “What are the **THREE largest gaps in health care in our community?**” The survey asks participants to select up to three responses. The largest gaps in health care services in the community reported by survey respondents include:

- Availability of services/providers (68.8%)
- Mental health services (44.4%)
- Primary care (25.3%)

Survey Q6. What are the THREE largest gaps in health care services in our community? (Select up to 3 responses)	Percentage	N = 320
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Availability of services/providers	68.8%	220
Mental health services	44.4%	142
Primary care	25.3%	81
Services for low-income people	24.1%	77
Substance use disorder services (drugs and alcohol)	21.9%	70
Healthy lifestyle education	19.4%	62
Dental care	18.8%	60
Chronic care management (heart, lung, diabetes, etc.)	16.9%	54
Affordable prescription drug assistance	10.9%	35
Geriatric care (seniors)	9.7%	31
Other (see responses below)	7.8%	25
Pain management	6.6%	21
Ability to service different languages/cultures	4.7%	15
End-of-life care (hospice/palliative care)	3.4%	11
Cancer treatment	3.1%	10
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Locally accepted insurance (3) • Specialty care and therapies for children (occupational therapy, physical therapy, speech therapy)(3) • Urgent care (2) • Access to health insurance, especially for Medicaid • It is hard to get good care as a woman of color • Preventive care, community support, and access to affordable, healthy food • We have it all in Aberdeen. • Improve treatment of patients and burnout of workers • Chemical allergen exposure • Improve primary care and specialist wait times. Referrals from walk-in clinics and the emergency room result in long wait times • VA benefits • A clinic in Westport. • Childcare and help for parents • Care coordination • Costs for everything • Vaccination rate decreases • Timely access to any services • Autoimmune services 		

The survey asks, “**What can be done to improve the health of the community?**” The survey asks participants to select up to three responses. The most frequently noted areas for improving the health of the community according to survey data include:

- Increase the availability of primary care providers, such as family physicians, physician assistants or nurse practitioners (57.2%)
- Increase the availability of mental health services (51.6%)
- Expand availability of lower cost/affordable services (39.1%)

Survey Q8: What can be done to improve the health of the community? <i>(Select up to 3 responses)</i>	Percentage	N = 320
Increase the availability of primary care providers, such as family physicians, physician assistants or nurse practitioners	57.2%	183
Increase the availability of mental health services	51.6%	165
Expand availability of lower cost/affordable services	39.1%	125
Encourage healthy lifestyles and choices	36.6%	117
Increase the variety of specialists	30.3%	97
Increase the availability of substance use disorder (SUD) services	23.4%	75
Increase awareness of the dangers of alcohol and drug use	19.1%	61
Offer health education classes	13.1%	42
Other (see responses below)	10.9%	35
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Access to affordable, healthy food (5) • Economic growth and job development (4) • Walkable communities (including the Chehalis River Bridge and the Hoquiam Riverside Bridge areas) (3) • Increase availability of affordable housing (2) • Free screening for diseases and cancers (use medical vans to go into the community)(2) • Increase local specialty pediatrics (1) • Increase mental health services and increase specialists in the area • Reduce free services • Access to health care, societal change that supports personal economic growth and time to pursue healthy lifestyle choices • Expand service hours to nights and weekends • Reduce automotive traffic • Strict punishments for those using and dealing drugs • Use available opioid award money to offer college scholarships, emergency assistance and funding support to individual and employers to improve living conditions, improve downtown and tourist areas, public restrooms and drinking fountains. Support use of inclusive and locally focused spending 		

- Offer more school programs that support children and adolescents who may not be in the best situation to become productive adults and not continue an unhealthy cycle
- Response from Health Officials on Complaints of Service
- Improve and encourage pedestrian access to our cities
- Grays Harbor County could build county-owned outdoor parks/recreation facilities or an indoor, year-round sports complex like those in Lewis and Thurston County. Or help fund those in cities to promote healthy lifestyles.
- Access to affordable, quality childcare, and living spaces that encourage community
- Parent training and support
- Dentists and offerings for oral health
- Urgent care
- Reproductive education
- Health education classes starting with elementary and high school
- Timely access to any services
- Fluoride
- Stop changing sales tax for gym memberships and training services

Themes from FGs and KII around how to improve health care in the community include the need for collaboration, more health education, improved coordination of care, and enhanced communication and community awareness of local health care services, programs, and groups.

Focus group and KII responses align with the survey data. Both KIIs and FG participants indicate a need to increase local access to mental health services and provide access to health care regardless of ability to pay. KII participants expressed concerns about medical profession retention and the ability to attract workforce to improve access.

Focus Group Findings

Demographics

Four focus groups, attended by 29 individuals, were held on August 12-14, 2025, to gather information from residents about the health of the community. Participants were asked to anonymously complete a demographic questionnaire to gather information; 28 participants completed the request. The demographics collected from the FGs mirror the secondary data for Grays Harbor County. Questions, response options, and the number of responses are listed.

- Gender: Male (12), female (16), identify in a different way (0), prefer not to answer (0)
- Age: 18-24 (2), 25-44 (15), 45-54 (4), 55-64 (3), 65-74 (3), 75+ (1), prefer not to answer (0)
- Race/ethnicity: American Indian/Alaska Native (1), Black/African American (1), White (23), other (1), prefer not to answer (1)

- Other response: Mestizo
- Hispanic, Latino, or Spanish origin: Yes (8), no (20), prefer not to answer (0)
- Language spoken: English (17), Spanish (6), other (1)
 - Other response: American Sign Language
- Employment status: Employed (9), unemployed (0), retired (8), other (0), prefer not to answer (1)
- Average annual household income:
 - \$0 - \$19,000 (2)
 - \$20K - \$39K (1)
 - \$40K - \$59K (6)
 - \$60K - \$79K (7)
 - \$80K - \$99K (1)
 - \$100K - \$119K (1)
 - \$120K + (10)
 - Not sure (0)
 - Prefer not to answer (0)
- Living with a disability: Yes (5), no (23), prefer not to answer (0)
- Level of education:
 - Less than 9th grade (0)
 - Some high school, no diploma (1)
 - High school degree (1)
 - Technical/trade/vocational school (1)
 - Some college, no degree (1)
 - Associate's degree (4)
 - Bachelor's degree (8)
 - Graduate or professional degree (12)
 - Prefer not to answer (0)

Two non-demographic questions were added to the questionnaire and responded to by 16 of the 29 FG participants.

1. Do you think taking care of your health will help you live a healthier and longer life?

- Yes (16), no (0)

2. If YES, what are the barriers to taking care of your health? Short answers included:

- Money (7)
- Time (5)
- Access (4)
- Difficulty adhering to a healthy diet and exercise.
- Being unaware of what resources are available.
- Lack of understanding how to get involved.
- None.

Limitations

There are **two major** limitations that should be considered when reviewing the results:

1. The information is based on comments from a small segment of the community of 29 people.
2. Thirty-six percent of participants that completed a demographic questionnaire reported an annual household income of \$120,000 or greater.

Summary of Major Points

Below are the most frequent responses.

1. What surprised you about the data?

- The “good” ratios of county population to mental health providers.
 - Aberdeen, WA is a hub for services.
 - Despite the ratios presented, some participants wonder what the access to providers would be if specific variables (providers not accepting all insurance, lack of appointment availability) did not exist.
 - Participants are interested in knowing the ratios for each type of provider.
- Food insecurity data being low

2. What are the factors that contribute to overall health and wellbeing?

- Access to places to stay active
 - Affordable gyms, ability to rent kayaks
 - Events such as fun runs, bike rides, and awareness walks
 - Exercise opportunities or programs during work lunchtime such as an employer organized/sponsored walk, bike rides, etc.
 - Walkability of the community
 - Facilities for activity during poor weather
 - Free or accessible community workshops and classes (e.g., painting, guitar, handcrafts, art and culture, and health-related education)
- Financial security.
 - Access to affordable healthy food choices.
 - Market in summer that accepts the Women, Infants, and Children (WIC) program
 - Financial resources to purchase food
- Environment.
 - Green space
 - Sunshine
 - Clean air being that there is legacy pollution in the area with more contaminated sites than any other region in the state of Washington. This includes areas that are not cleaned or maintained, high asthma rates and possibly higher cancer rates.
 - Areas that are safe
- Employment, including safe workplaces
- Sense of community
- Housing security
- Access to health care and dental care

3. Are some population groups healthier than other groups? If yes, which ones?

- Those who can access different types of health care

- Economics and wealth
- Those with insurance
- Those with insurance that is accepted locally
- Those with access to Coastal Community Action Program (CCAP) and Destination Hope and Recovery
- Transportation
- Those who are active and walk, utilize walking or biking trails, and the youth involved in school sports
- Those who are employed
- Those with a healthy and available support group
- Those that have been taught how to live a healthy lifestyle
- Those not impacted by generational substance use and/or trauma

4. Are some population groups struggling more than other groups? If yes, which ones?

- Those living in poverty, including:
 - Those who find it more affordable to buy fast food than healthy food
 - Those impacted by generational poverty
 - Those with state insurance but no access to services
 - Those struggling with transportation
- Those struggling with their mental health, including:
 - Those impacted by generational trauma
 - Those living in poverty and in coastal communities, as compared to those living in newer, more costly homes.
- The Hispanic community, who may be impacted by:
 - The current fear of accessing services, including legal and illegal individuals
 - Stereotypes
 - Fear
 - Those whose primary language is not English and have very limited access to Spanish speaking health care providers (or providers who do not speak their dialect).
 - Deferred Action for Childhood Arrivals (DACA) individuals
- Unhoused individuals
- Native people who are more likely to be impacted by:
 - A predisposition to chronic health conditions such as diabetes
 - Gender roles (women may be less active than men)
- Seniors, who are more likely to be impacted by:
 - The challenge to stay active with age
 - Longer distances to drive to receive health care from specialists

5. In your opinion, what are some of the barriers to accessing care in this region?

- Economics, which includes:
 - A low median wage due to lack of industry in the area
 - A lack of affordable health care
 - Inability to afford or buy insurance
 - Competing priorities concerning how income is spent
- Lack of providers in the region

- Distances to services/lack of transportation
 - Those living coastally
 - Distance for dental care
- Wait times at hospital or for appointments
- Residents are not aware of what is available
- Stigma, including possible embarrassment for seeking/receiving care

6. What are factors that contribute to overall health and wellbeing that are critically lacking in Grays Harbor County?

- Access to places to stay active
- Financial security
- Environment
- Employment, including safe workplaces
- Sense of community
- Housing security
- Access to health and dental care

7. What do you think Grays County Public Health (and their partnership) could do to increase the health of the community? Where are opportunities to collaborate?

- Address the culture and attitude of the county. This includes:
 - Shift from talking to taking action
 - Embed a culture that supports a desire for improvement with dedicated follow-through. Grassroots organizations are well connected and implementing changes
 - Offer opportunities to communicate a strengths-based perspective, such as the resiliency and “grit” of residents. Change the narrative of the stories we tell ourselves and the collective experience
 - Involve media in sharing this perspective
 - Foster trust among community members and facilitate the relationship between clients
 - Rely on experts that know the other experts
 - Collaborate with other agencies for wraparound services
 - Improve access to community-based care coordination
 - Improve communication on availability of community-based care coordination
 - Facilitate collaboration between various agencies to help eliminate silos, potential overlaps, and the competition for similar resources
 - Consider and accommodate for the immigrant experience and current concerns
 - Welcome and implement change
- Improve outreach and education with:
 - Health and fairs
 - Booths at local events to communicate what available resources and general health education
 - Share information (in advance when possible) about available resources. Determine how residents receive communication and consider additional opportunities
- Sponsor healthy outdoor events in different areas of the county such as:
 - A bike trail event between Aberdeen and Hoquiam
 - Fun runs, walks, or bike events

- Consider reinstating the community requirement to learn how to swim
- Create a greater sense of community. Ideas include:
 - Make use of old films/DVDs held in the library that feature Grays Harbor community events and picnics from over 100 years ago
 - Re-introduce large community events and socials
 - Update community branding and presence with wellness campaigns, community signage with inspiring messages or highlights of the region (“healthy foods = healthy bodies”, “healthy Aberdeen”, “Green Aberdeen”, “eat local, nutritious seafood in Westport”, etc.)
- Who should the four partners be collaborating with?

<ul style="list-style-type: none"> • Behavioral Health Resources (BHR) • Catholic Community Services of Western WA • CCAP – Coastal Community Action Program • Chamber of Commerce • Childcare Action Council for Washington State • CHOICE Regional Health Network • City parks • Behavioral Health Resources (BHR) • Catholic Community Services of Western WA • CCAP – Coastal Community Action Program • Chamber of Commerce • Childcare Action Council for Washington State • CHOICE Regional Health Network • City parks • Clubs • Columbia Wellness • Community College • Coastal Interpretive Center in Ocean Shores (provides education on the coast for youth and community hikes) • Department of Social health services • Destination Hope and Recovery 	<ul style="list-style-type: none"> • Hearts and Hands • Hoquiam, Aberdeen, and Elma community coalitions • Hospitals and medical organizations • Justice system • Local city councils and county governments • Local downtown business buy-in to support weekly market downtown • Local Elks chapters • Meals on Wheels • Mobile community services (health services, emergency preparedness information, and prevention services/programs) • Newspaper • Northwest Indian Treatment Center • Pacific Seafoods • PCAP – Parent Child Assistance Program • Quinault Nation • Quinault Wellness Center/Quinault Community Health Center (as well as the three additional CHA partners) • Reinstate monthly collaborative community meetings • Sacred Healing Journey • School district – ESD
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- Ecotourism (whale watching, hunting, salmon fishing, etc.)
- Eugenia
- Free legal clinic of Grays Harbor
- Grays Harbor Community Wellness Initiative
- Grays Harbor Therapeutic Courts
- Grays Harbor Emergency Organization
- Grays Harbor RISE Coalition
- Great Rivers Behavioral Health Organization (BHO)
- Greater Grays Harbor
- Gyms
- Harbor Crest
- Harbors Ministers Fellowship
- School system
- Self-advocates (“nothing about us without us”)
- Senior homes and centers, including those that support independent living
- St. Mary Parish in Aberdeen
- The Moore Wright Group
- Union Gospel Mission
- Washington Crab Association
- Washington Fish and Wildlife (supports local fishing and hunting)
- Women’s Justice Circle

8. What is the greatest health need in this community?

- Mental health providers/services and availability to exceed the match for need
- Access to affordable or no cost health care for all, without barriers
- Revitalization of industry
- Housing.
- Inpatient drug treatment for parenting and pregnant women.
- Mobile clinics.
- Third spaces for youth.

Key Informant Interview Findings

Demographics

Fifteen key informant interviews were held between August 11-15, 2025, to obtain information from community residents about the health of the community. Participants were asked to anonymously complete a demographic questionnaire. Seven of the fifteen interviewees completed the request. Questions, response options, and the number of responses are listed below.

- Gender: Male (2), female (5), identify in a different way (0), prefer not to answer (1)
- Age: 18-24 (0), 25-44 (2), 45-54 (1), 55-64 (2), 65-74 (1), 75+ (1), prefer not to answer (0)
- Race/ethnicity: American Indian/Alaska Native (0), Asian (1), Black/African American (0), Pacific Islander/Native Hawaiian (0), White (6), other (0), not sure (0), prefer not to answer (1)
- Hispanic, Latino, or Spanish origin: Yes (0), no (7), prefer not to answer (0)
- Language spoken: English (7)
- Employment status: Employed (5), unemployed (0), retired (2)
- Average annual household income:
 - \$0 - \$19,000 (0)
 - \$20K - \$39K (0)
 - \$40K - \$59K (0)
 - \$60K – \$79K (0)
 - \$80K - \$99K (0)
 - \$100K - \$119K (1)
 - \$120K + (6)
 - Not sure (0)
 - Prefer not to answer (1)
- Living with a disability: Yes (1), no (6), prefer not to answer (0)
- Level of education:
 - Less than 9th grade (0)
 - Some high school, no diploma (0)
 - High school degree (0)
 - Technical/trade/vocational school (0)

- Some college, no degree (0)
- Associate's degree (0)

- Bachelor's degree (3)
- Graduate or professional degree (4)
- Prefer not to answer (0)

The two non-demographic questions were also asked of KII participants, and six of the 15 KII participants responded to them.

1. Do you think taking care of your health will help you live a healthier and longer life?

- Yes (6), no (0)

2. If YES, what are the barriers to taking care of your health? Short answers included:

- Time (2)
- Difficulty adhering to a healthy diet and exercise (2)
- Work-life balance, not having the energy after work
- Limited healthy activities and events for adults
- Health care costs, especially for minimum wage households

Limitations

There are two major limitations that should be considered when reviewing the results:

1. Demographic information was obtained from seven of the fifteen interviewees.
2. The information is based on comments from a rather small segment of the community.
3. Some segments of the community may not be represented in these findings, specifically those who have less education or those who make less than \$100K annually.

Summary of Major Points

Below are the common themes in responses.

1. What surprised you about the data?

- Most participants were not surprised by the data.
 - They stated the data is what was expected, with Grays Harbor County having poorer health outcomes than the state or U.S.
 - Some commented that they see the data firsthand and experience the effects daily.
 - Seeing the data presented solidified their thoughts that the community has an older population.
- Some expressed that the mental health provider ratio suggests increased availability of providers, however access was felt to be limited. Other mental health indicators in the data showed the need for more mental health support in the community.

2. What are the factors that contribute to overall health and wellbeing?

- A thriving economy with low unemployment and higher income jobs supporting community members with financial resources to create and maintain health. It was described that health concerns are connected to the economy failing after the logging and fishing industries ended.
- Community connection and participation.
 - This includes community events and gathering, opportunities to engage socially, and interaction with political leaders. Participants felt a healthy community depends on community connection.

3. Are some population groups healthier than other groups? If yes, which ones?

- Upper to middle class income groups
- Those who live a healthy lifestyle, including the motivation to make healthy choices
- Those who have been taught how to live a healthy lifestyle
 - Those who were taught about healthy lifestyles from a young age
 - Those who were taught about healthy lifestyles from treatment programs where skills, support networks, and emotional intelligence were emphasized
- School-age children who are involved in sports or activities

4. Are some population groups struggling more than other groups? If yes, which ones?

- Those with a lower income
- Those with unstable housing
- Those who do not have health insurance may not seek preventive care
- Those experiencing generational poverty, lack of education, and lack of parenting skills creating cycles of unhealthy behaviors
- Those with substance use disorders or mental health issues.
 - This includes those with generational substance use disorders in their families, older adults with substance use disorders, and individuals with co-occurring mental health and substance

use disorders. Participants stated substance use spans all socioeconomic classes in the community.

- Older adults who may lack access to health care, have limited services, and may have limited income.
 - This includes older adults who also struggle to access telehealth services, lack transportation to medical appointments, and may be at risk for isolation if they do not have family or a support system.

5. In your opinion, what are some of the barriers to accessing care in this region?

- Community culture to not utilize preventative care
- Knowledge around health and health care, including education need on childhood health, health literacy, navigating health insurance, and navigating health services
- Lack of health care providers, including specialty care (i.e., geriatricians) in the area
- Transportation, including distance, access to vehicles, and free bus system can be time-consuming.

6. What are the factors that contribute to overall health and wellbeing that are critically lacking in Grays Harbor County?

- Access to medical providers and health care workforce
 - This includes the availability of primary care providers, dental services, mental health providers, and substance use disorder providers.
 - Participants expressed concern for burnout in health care staff and providers, and the need for recruitment and retention in the region.
- Education about health and health care, including coordinated campaigns to address health issues and modeling of healthy lifestyles by influential residents
- Access to healthy food and education on how to prepare healthy food
- Infrastructure and the lack of access to safe walking areas that are free for everyone to use, particularly in inclement weather
- Adult recreational sport activities
- Positive social activities for adults and children
- Limited local access to sports for children
- Safe third spaces for children

7. What do you think Grays County Public Health (and their partnership) could do to increase the health of the community? Where are opportunities to collaborate?

- Provide outreach and education about preventive care and health care. This includes:
 - Go into the schools, partnering with health teachers and educating children on healthy living and to how explore healthy lifestyles and choices at a young age
 - Have community education efforts focus on outcomes and sharing the data with the community to show small wins
 - Provide more public service announcements about health, utilizing multiple outlets to communicate
 - Hold nutrition workshops in person and online, using food bank items to create healthy meals.
 - Highlight the good that health care provides and create ad campaigns

- Partner with Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings around health education and with providers attending some of the meetings
- Provide community events used to:
 - Promote healthy lifestyles that are accessible to low-income community members
 - Create recreational and physical activities
 - Provide education via community symposiums
 - Provide immunizations to children and promote healthy weight
 - Promote socialization and connection
- Increase the medical workforce and provider training. This could be done by pooling resources and coordinating different groups of providers; increasing access to preventive care by bringing more primary care services to Aberdeen, Hoquiam and Cosmopolis; and providing provider education in harm reduction methods.
- Who should the four partners be collaborating with?

<ul style="list-style-type: none"> • City and county government • Chamber of Commerce • Coastal Community Action Program (CCAP) • Community-based organizations and non-profits • Community college • Comprehensive, updated resource list • Faith-based groups • Emergency services/first responders • Grays Harbor Community Foundation • Housing Authority • Jail • Library system 	<ul style="list-style-type: none"> • Local faith-based organizations and their pastors • Olympic Area Agency on Aging • Parents As Teachers • Recreational sports teams and clubs • RISE Organization • School district • Sea Mar-FQHC • Social service agencies • Support groups that are connected to people (e.g., chronic disease groups, vulnerable populations, underserved populations) • Tribe • YMCA
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8. What is the greatest health need in this community?

- Access to affordable health care and preventative services with affordable health insurance
- Mental health and substance use disorder treatment and prevention
- Health education

Conclusion, Recommendations, Priority Setting, and Acknowledgements

Conclusion

Grays Harbor County Public Health (GHCPH) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHA services. In June 2025, RHI conferred with leaders from GHCPH to discuss the objectives of a regional CHA and CHIP. The CHA includes an electronic community survey in both English and Spanish, four in-person focus group (FG) interviews (one held in Spanish), 15 key informant interviews (KII), and the inclusion of secondary data from national sources. Data for Grays Harbor County, Mason County, Clallam County, the state of Washington, and the U.S. were included when available.

The population in the three counties is largely White, which is also represented by the majority of survey respondents and FG and KII participants. The highest percentage of residents in all counties in the region is the 65-74-year age group, followed by the 35-44 age group. The majority of the FG participants were 25-44 years old, while there was not a dominant age group in the KIIs who provided demographic information. The largest age group responding to the survey are those 35-44 years (23.4%), followed closely by the 45-54-year age group (23.1%). Among chronic health conditions, there are higher cancer incidence rates for all sites of cancer in the region. The incidence rates of prostate cancer and colon and rectum cancer are higher in Grays Harbor County compared to the region, state, and U.S. Additionally, there is a higher chronic obstructive pulmonary disease (COPD) rate in the region.

The most pressing health concerns identified from the survey include access to mental health services, access to primary care, and alcohol and drug use services. Similarly, the most frequently identified health care gaps in the community include the availability of services/providers, mental health services, and primary care. Survey respondents identified items that are most important for a healthy community as access to health care and other services, affordable housing, good jobs, and a healthy economy. To support healthy youth, they identified stable housing, good schools, healthy behaviors and lifestyles, life skills education, and youth mental health services. These survey findings are reflected in the information provided by FG and KII participants and the secondary data.

Poverty is a priority health concern based on findings from the survey, FG, and KII, as well as secondary data. The median household income is lower for all counties in the region compared to the state and the U.S., and there is a higher percentage of residents and children living below the poverty level in Grays Harbor County. Unemployment in the region is higher than in the state and the U.S. Focus group participants and KIIs identify people with lower incomes as a group that struggles with health. It is noted that compared to those in the community who were financially stable, community members living below the poverty level may be less likely to be insured, have their insurance accepted by local providers, and may delay seeking health care and/or preventative services. Those living in poverty may lack reliable transportation, experience generational poverty and unstable housing, and have limited access to healthy foods. The majority of KII participants and 36% of FG participants who shared demographic information report an income over \$100,000.

Mental health and substance use disorder (SUD) are a priority health concern based on findings from the survey, FG, and KII, and secondary data. Mental health is identified as a health concern by nearly half of all survey respondents. Secondary data indicates a higher number of poor mental health days per month in the region. Focus group and KII participants described persistent generational trauma and SUD, stigma, and access to care issues on

provider availability and wait times. When asked about the services needed in the community, participants consistently mentioned the need for access to affordable health care insurance, expanded mental health services, affordable housing, and third spaces for the youth. Survey data indicate a need for more access to services for mental health, SUD services, primary care, and dental care.

When asked what GHCPH could do to increase the health of the community, both KII and FG participants expressed a need to address the culture around healthy lifestyles in the region, improve outreach and education, sponsor health-focused events, and encourage a greater sense of community overall. Focus group and KII participants, along with survey comments, described a local sense of discouragement and limited motivation around improving health and engaging in preventive care. When discussing the regional culture, participants shared that the Grays Harbor County area would benefit from a focus on the strengths of the community, welcoming positive changes, and building trust. Participants shared numerous suggested organizations for potential collaboration to improve the health of the community.

Recommendations

It is recommended that GHCPH and their partners consider various approaches to address the following topics to improve the health of the community:

- Poverty reduction, including economic development, job availability and livable wages, stable and safe housing stock, quality education for youth and adults, and generational poverty.
- Access to mental health and SUD services, including provider access, provider recruitment and retention, office hours and locations, appointment wait times, health education, stigma reduction, youth third space availability, and generational trauma.
- Access to primary care services, including provider access, provider recruitment and retention, office hours and locations, appointment wait times, health education, prevention education, and stigma reduction.
- Community health education focused on encouragement and motivation for healthy lifestyles and community connectedness, including communicating available local services and resources, community gatherings for socializing and physical activity, youth events, youth third spaces, adult and youth health education, and youth life skills education.

RHI recommends that GHCPH include community partners to address any of the above issues. It is important that partnerships are established, maintained, and leveraged to identify health improvement goals and design and implement action plans to address these health priorities. The best work is done when passionate community members come together to improve the health of their community.

Priority Setting

In October 2025, five leadership members from Grays Harbor County Public Health, Harbor Regional Health, Quinault Wellness Center, and Summit Pacific Medical Center participated in a virtual workshop to explore findings from the CHA and identify community health priorities based on the findings.

The group discussed the report findings at a high level and through a consensus-based discussion. The group identified three priorities to address to improve the health of the Grays Harbor County community.

Identified Health Priorities for the Region

1. Increase access to health care
2. Develop a county-wide care coordination plan
3. Develop a collaborative and comprehensive marketing plan for existing health care services

Maintaining strong partnerships with Grays County Public Health, Summit Pacific, Quinalt Wellness Center, and Harbor Regional Health is essential for addressing community priorities, as local medical providers with established collaborations can more effectively meet the community's needs. Many of the same potential partners are identified for both increasing access to health care and developing a county-wide care coordination plan. Some partners listed provide behavioral health or substance use disorder services, care coordination services, or serve as an advocate and current resource center where community members can go to find support. Some faith-based organizations such as the [Catholic Community Services of Western Washington](#) have a partnership with RISE – Red de Inclusion Solidaridad y Empoderamiento to help with health education and disease prevention.

The local resources listed below could support a cohesive county-wide health improvement initiative through strategic partnerships. This list is not all inclusive.

[Catholic Community Services of Western Washington](#)

[Child Care Action Council](#)

[Coastal Community Action Program \(CCAP\)](#)

[Columbia Wellness](#)

[Community Health Organization Improving Care and Equity \(CHOICE\)](#)

[Connections, a Center for Healthy Families](#) and the Parent Child Assistance Program

[Destination Hope & Recovery](#)

[Eugenia Center](#)

[Grays Harbor Community Foundation](#)

[Grays Harbor County Therapeutic Court](#)

[Grays Harbor County Transition Council](#)

[Great Rivers Behavioral Health](#)

[Greater Grays Harbor, Inc.](#)

[Hearts and Hands Pregnancy Care Center](#)

[Housing Authority of Grays Harbor](#)

[NAMI Washington Coast](#)

[Olympic Area Agency on Aging](#)

[Quinalt Indian Nation's Sacred Healing Journey](#)

RISE – Red de Inclusion Solidaridad y Empoderamiento

[Squaxin Island Tribe, Northwest Indian Treatment Center](#)

[The Athena Forum](#)

[The Moore Wright Group](#)

[Washington State Department of Corrections](#) and their [Community Justice Centers](#) program.

Partnerships with local government and school districts are beneficial for developing a collaborative and comprehensive marketing plan for existing health care services. Beyond those traditional partnerships, businesses, volunteer organizations, and faith-based groups can support reaching various sectors of the population.

The local resources listed below could support developing a collaborative and comprehensive marketing plan for existing health care services. This list is not all inclusive.

[Aberdeen Washington Elks #593](#)

[Catholic Parishes and Missions of Grays Harbor County](#)

[Coastal Interpretive Center](#)

[Grays Harbor College](#)

[Grays Harbor County School Districts](#)

[Grays Harbor County Sheriff's Office](#)

[Harbor Fellowship](#)

[Justice for Women](#) and their Women's Justice Circles

[Pacific Seafood](#)

[Puget Sound Crab Association](#)

[Sea Mar Community Health Centers](#)

[Timberland Regional Library](#)

[Union Gospel Mission of Grays Harbor](#)

[YMCA of Grays Harbor](#)

Identified Health Priorities for Summit Pacific

Measurements are established and/or reviewed annually through the organization's strategic planning process. After reviewing the data and trends and with careful consideration of the district's resources, mission and vision, the Summit Pacific Board of Commissioners and executive leadership selected to stay focused on the following priorities for 2026-2028:

Health Behaviors: Support Healthy Lifestyle			
Issue	Needs	Strategies	Measures
Grays Harbor County ranks low in healthy behaviors related to nutrition and has high incidence of diabetes.	Increased understanding of the impact that diet has on overall health, awareness of healthy alternatives, access to nourishing foods, and food preparation skills.	Provide education around food storage and preservation, menu planning and meal preparation. Expand medical nutrition programming. Expand FoodRx program	<ul style="list-style-type: none"> • Rate of diabetes. • Obesity rates. • County ranking on nutrition-related behaviors. • Number of nutrition classes and class participants. • Number of patients receiving medical nutrition counseling/support.
Grays Harbor County has high rates of mental	Increase access to behavioral health and substance abuse	Increase the number of behavioral health providers and support staff.	<ul style="list-style-type: none"> • Number of empaneled behavioral health patients.

illness and substance abuse.	treatment options; reduce the stigma associated with such care to encourage and support those in need to see and/or continue treatment.	<p>Support community and regional efforts to expand and coordinate access to behavioral health services.</p> <p>Increase access for the MAT program; increase the number of MAT waived providers.</p> <p>Leverage Behavioral Health Clinic to increase access to needed services</p>	<ul style="list-style-type: none"> • Rate of ED visits related to behavioral health and/or substance abuse. • Number of patients treated in MAT clinic. • Number of providers MAT waived.
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Clinical Care: Healthcare Access and Utilization

Issue	Challenge	Strategies	Measures
Healthcare Access: timely access to the right level of care.	<p>Shortage of primary care and mental health providers in Grays Harbor County.</p> <p>ED/Acute Access, Outpatient Specialty</p> <p>Challenge getting necessary appointments due to scheduling delays or health insurance gaps</p>	<p>Increase the number of primary care and behavioral health providers.</p> <p>Explore ways to support dental care services.</p> <p>Explore ways to provide additional specialty services to meet community need</p> <p>Complete Market Assessment of necessary services</p> <p>Leverage internal resources to help patients access services due to transportation challenges</p> <p>Deploy a mobile service strategy to improve access</p>	<ul style="list-style-type: none"> • Number of employed primary care and mental health providers. • Number of empaneled patients. • Wait time for new patient visits. • Wait time for existing patient routine visits.

Built Environment: Social & Economic Factors and Physical Environment

Issue	Challenge	Strategies	Measures
Social, economic, and physical environment factors are drivers of overall health and well-being.	High rates of poverty, challenges with transportation and shortage of housing impact the health and vitality of the community; solutions	Work with community members and partners to build a shared vision for health and well-being that will lead to measurable improvement in health factors in District #1.	<ul style="list-style-type: none"> • Number of partners and community members involved and actively engaged in this work. • Improvement in Overall County Health Ranking.

	<p>require input and involvement of many.</p>	<p>Partnership with the City of Elma and City of McCleary regarding community planning</p> <p>Engage with county in Housing Summit to encourage solutions to encourage more available housing options</p> <p>Investigate options for third spaces for youth</p>	<ul style="list-style-type: none"> • Identification of a location and partner for youth third space.
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Appendix A: Survey Data

In the following tables, the electronic survey question is emboldened and the question number from the electronic survey is appropriately labeled as “Q4”. The number of responses per question is also noted. In total, 344 responses were received, 24 of which were omitted from this report due to invalid or incomplete data. This leaves 320 final survey responses. The most frequently reported survey responses are highlighted with shading in the tables below.

Survey Q1. How would you rate the general health of our community? (Select only ONE response)	Percentage	N = 320
Fair	49.7%	159
Poor	25.6%	82
Good	20.9%	67
Very good	2.5%	8
Excellent	1.3%	4

Survey Q2. What are the THREE most pressing health concerns in our community? (Select up to 3 responses)	Percentage	N = 320
Access to mental health services	49.4%	158
Access to primary care	30.3%	97
Access to alcohol/drug use services	28.4%	91
Access to specialists	26.9%	86
Healthy lifestyles (such as exercise, nutrition)	25.9%	83
Affordable health insurance coverage	24.4%	78
Obesity	15.3%	49
Access to dental services	13.1%	42
Access to wellness/prevention services	12.5%	40
Chronic disease management (such as diabetes, heart failure)	12.2%	39
Personal debt due to medical bills	9.4%	30
Access to senior care	9.1%	29

Coordination of care	7.8%	25
Other (see responses below)	7.8%	25
Prescription drug affordability	5.9%	19
Hunger	4.7%	15
Reliable health information	4.1%	13
Cancer	3.1%	10
Tobacco/e-cigarettes	3.1%	10
Respiratory disease	1.3%	4
Heart disease/stroke	0.9%	3

Other responses (summarized below with the number of responses if reported more than once):

- Homelessness (2)
- Housing (2)
- VA benefits
- Poverty and low-income (2)
- Limited provider knowledge of women issues including maternal, lactation, postpartum, and perimenopause health care (2)
- Parenting support and education (2)
- Poor doctors
- Quality, early childhood learning opportunities throughout the county
- Lack of knowledge of eating disorders even in the medical community
- Lack of walkability, the community is overly dependent on cars
- Affordable childcare for families
- Diminishing capacity for our community members that are impacted by fentanyl and multiple overdoses
- K-12 education programs on mental health and growing to healthy adults
- Lack of affordable community resources to facilitate healthy lifestyles (exercise, nutrition, third spaces)
- Trust needed to engage in needed health care services
- Weather/climate of the area with months of rain
- Timely results and availability of health care
- Health illiteracy
- Urgent care
- Free vaccinations
- Accountability with social services
- Autoimmune services
- All of the above

Survey Q3: Select the THREE items below that you believe are most important for a healthy community. (Select up to 3 responses)	Percentage	N = 320
Access to health care and other services	59.4%	190
Affordable housing	49.1%	157
Good jobs and healthy economy	44.4%	142
Healthy behaviors and lifestyles	31.3%	100
Low crime/safe neighborhoods	21.6%	69
Clean environment	15.3%	49
Strong family life	15.0%	48
Acceptance for diversity	10.9%	35
Good schools	10.3%	33
Access to parks and recreation	8.4%	27
Community involvement	6.6%	21
Transportation services	5.9%	19
Religious or spiritual values	5.0%	16
Senior care	5.0%	16
Low death and disease rates	3.1%	10
Arts and cultural events	2.2%	7
Low level of domestic violence	2.2%	7
Other (see responses below)	2.2%	7
Cultural sensitivity	0.9%	3
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Pedestrian infrastructure such as sidewalks, walking paths, safe routes to school, and pedestrian specific traffic mitigation (2) • Not enough knowledge of women's health issues • Lack of knowledge of eating disorders even among medical staff and doctors 		

- Affordable childcare for families
- Education and support around addiction is directed to family members and loved ones
- Intolerance of drug use
- VA benefits

Survey Q4. What community resources do you rely upon to keep you and your family healthy? <i>(Select all that apply)</i>	Percentage	N = 320
Grocery store	65.9%	211
Medical clinic	61.3%	196
Parks/trails/lakes	54.7%	175
Hospital	33.4%	107
Schools	27.8%	89
Fitness club	26.6%	85
Library	26.3%	84
Faith-based organizations	20.9%	67
Public health	20.6%	66
Mental health center	15.6%	50
Social services	12.5%	40
Other (see responses below)	8.4%	27
Senior center	4.7%	15
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Youth extracurricular activities (Girl Scouts, sports) (3) • Community connection (social activities, theater events, community arts, festivals, sports and other outdoor activities) (5) • Healthy food choices, growing food (3) • Walkability (neighborhoods, community in general) (2) • Urgent care or emergency care (2) • Personal accountability for health and wellness choices (2) • Doctor and annual health visits(2) • Most of the support that I need I have created through a patchwork of local and non-local providers • Family members and access to city leadership • Bike access to our cities 		

- VA benefits
- Limited availability of clinic due to hours, providers and long wait times
- Public transit
- Olympia services

Survey Q5. In your opinion, what are the top THREE priorities to improve our community's access to health care? (Select up to 3 responses)	Percentage	N = 320
More primary care providers	59.4%	190
More types of specialists	46.9%	150
Improve quality of care	39.4%	126
Financial aid assistance	27.8%	89
Expand primary care appointment times	23.8%	76
More outpatient services	23.4%	75
Telemedicine/virtual visits	19.4%	62
Transportation assistance	17.8%	57
More frequent health education opportunities	12.5%	40
Cultural sensitivity	7.2%	23
Other (see responses below)	7.2%	23
Interpreter services	4.4%	14

Other responses (summarized below with the number of responses if reported more than once):

- Provider access (pediatrics, women's health, dental, mental health, more reliable communication, etc.) (5)
- Quality of health care providers (compassionate care, knowledge of mental health and addiction care) (2)
- Urgent care (2)
- Holistic health care (2)
- Affordable exercise options in small cities in Grays Harbor County
- Broadband
- More walkable areas in rural and city limits
- Cultivate and educate personal responsibility for basic self-care (diet, exercise, rest, social connection, abstain from drugs, education)
- Respect tribal members and provide grace if late for appointments due to commute, provide respect and dignity for those seeking addiction treatment

- Reduce provider turnover rate, clarify provider networks and elected representatives focused on county needs
- VA benefits
- Clinic in Westport
- Affordable health insurance with good coverage
- Fix the homelessness and drug addiction problems
- Community health (food, activities, diversity)

Survey Q6. What are the THREE largest gaps in health care services in our community? <i>(Select up to 3 responses)</i>	Percentage	N = 320
Availability of services/providers	68.8%	220
Mental health services	44.4%	142
Primary care	25.3%	81
Services for low-income people	24.1%	77
Substance use disorder services (drugs and alcohol)	21.9%	70
Healthy lifestyle education	19.4%	62
Dental care	18.8%	60
Chronic care management (heart, lung, diabetes, etc.)	16.9%	54
Affordable prescription drug assistance	10.9%	35
Geriatric care (seniors)	9.7%	31
Other (see responses below)	7.8%	25
Pain management	6.6%	21
Ability to service different languages/cultures	4.7%	15
End-of-life care (hospice/palliative care)	3.4%	11
Cancer treatment	3.1%	10
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Locally accepted insurance (3) • Specialty care and therapies for children (occupational therapy, physical therapy, speech therapy) (3) • Urgent care (2) • Access to health insurance, especially for Medicaid • It is hard to get good care as a woman of color 		

- Preventive care, community support, and access to affordable, healthy food
- We have it all in Aberdeen.
- Improve treatment of patients and burnout of workers
- Chemical allergen exposure
- Improve primary care and specialist wait times. Referrals from walk-in clinics and the emergency room result in long wait times
- VA benefits
- A clinic in Westport.
- Childcare and help for parents
- Care coordination
- Costs for everything
- Vaccination rate decreases
- Timely access to any services
- Autoimmune services

Survey Q7. What is the greatest health education need in our community? <i>(Select only ONE response)</i>	Percentage	N = 320
Mental health	29.4%	94
Healthy lifestyles	23.8%	76
Alcohol/drug use	16.9%	54
Obesity prevention	9.4%	30
Health screenings	7.2%	23
Oral/dental health	4.1%	13
Other (see responses below)	4.1%	13
Disease-specific information	1.9%	6
Reproductive health	1.6%	5
Tobacco/e-cigarette prevention & cessation	1.3%	4
Information translated into other languages	0.6%	2

Other responses (summarized below with the number of responses if reported more than once):

- All of the above (3)
- New research and technology brought to our local community
- Quality public schools, colleges and universities that result in strengthened local economy, stable housing, access to health care and awareness
- Broadband access
- Substance use and mental health should go hand in hand

- Live people answering phones from the same office as the provider
- Mental health from a holistic stance, not from a disease model but from a wellness model
- Insurance and health care system navigation such as how coverage works, how to find providers, how to sign up for insurance, how to appeal decisions, how to find patient advocates, etc.
- Health equity across socioeconomics
- Pediatric nutrition
- Obesity prevention

Survey Q8: What can be done to improve the health of the community? <i>(Select up to 3 responses)</i>	Percentage	N = 320
Increase the availability of primary care providers, such as family physicians, physician assistants or nurse practitioners	57.2%	183
Increase the availability of mental health services	51.6%	165
Expand availability of lower cost/affordable services	39.1%	125
Encourage healthy lifestyles and choices	36.6%	117
Increase the variety of specialists	30.3%	97
Increase the availability of substance use disorder (SUD) services	23.4%	75
Increase awareness of the dangers of alcohol and drug use	19.1%	61
Offer health education classes	13.1%	42
Other (see responses below)	10.9%	35

Other responses (summarized below with the number of responses if reported more than once):

- Access to affordable, healthy food (5)
- Economic growth and job development (4)
- Walkable communities (including the Chehalis River Bridge and the Hoquiam Riverside Bridge areas) (3)
- Increase availability of affordable housing (2)
- Free screening for diseases and cancers (use medical vans to go into the community) (2)
- Increase local specialty pediatrics (1)
- Increase mental health services and increase specialists in the area
- Reduce free services

- Access to health care, societal change that supports personal economic growth and time to pursue healthy lifestyle choices
- Expand service hours to nights and weekends
- Reduce automotive traffic
- Strict punishments for those using and dealing drugs
- Use available opioid award money to offer college scholarships, emergency assistance and funding support to individual and employers to improve living conditions, improve downtown and tourist areas, public restrooms and drinking fountains. Support use of inclusive and locally focused spending
- Offer more school programs that support children and adolescents who may not be in the best situation to become productive adults and not continue an unhealthy cycle
- Response from Health Officials on Complaints of Service
- Improve and encourage pedestrian access to our cities
- Grays Harbor County could build county-owned outdoor parks/recreation facilities or an indoor, year-round sports complex like those in Lewis and Thurston County. Or help fund those in cities to promote healthy lifestyles.
- Access to affordable, quality childcare, and living spaces that encourage community
- Parent training and support
- Dentists and offerings for oral health
- Urgent care
- Reproductive education
- Health education classes starting with elementary and high school
- Timely access to any services
- Fluoride
- Stop changing sales tax for gym memberships and training services

Survey Q9: Where do you learn about ways to live a healthier life? <i>(Select all that apply)</i>	Percentage	N = 320
Health care provider	64.4%	206
Social media	51.9%	166
Friends/family	44.1%	141
Phone apps	28.1%	90
Public health	25.6%	82
Fitness center	23.1%	74
Health fairs or other health-related community events	21.6%	69

Email or e-newsletter	21.3%	68
Website or Other (see responses below)	15.6%	50
Television	13.1%	42
Newspaper	10.6%	34
Faith-based organization	8.8%	28
Radio	7.2%	23
Text message	3.8%	12

Other/website responses (summarized below with the number of responses if reported more than once):

- Medical journals and scientific research publications (9)
- Books (5)
- Podcasts (5)
- Google (4)
- Internet search (4)
- Mayo Clinic website (3)
- School (3)
- Various sources (3)
- YouTube (3)
- Alternative, holistic health care providers (2)
- Articles (2)
- Centers for Disease Control and Prevention (CDC) (2)
- News outlets (2)
- WebMD (2)
- National Health Institute (NIH) (1)
- Department of Health website
- Medical University websites
- PubMed
- Apple Fitness app
- Audiobooks
- Community-based sober support meetings
- Online specialists and providers
- Socials and periodicals
- Epoch Times
- Study, reading and staying abreast on medicine and basic health
- Nutritionalfacts.org
- TCOYD.ORG (Take Control of Your Diabetes)
- None of these
- Wellness center

- Magazine related to fitness and health
- I was raised in a healthy lifestyle home.
- DDP Yoga

Survey Q10: In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get these services or delayed getting them? <i>(Select only ONE response)</i>	Percentage	N = 320
Yes	66.3%	212
No	28.8%	92
Don't know/not sure	5.0%	16

Survey Q11: If yes, what were the most important reasons why you did NOT receive health care services? <i>(Select up to 3 responses)</i>	Percentage	N = 214
Appointment wait was too long	52.8%	113
Could not get an appointment	44.4%	95
Insurance did not cover cost	31.3%	67
Schedule conflicts due to work	24.3%	52
Cost too much	24.3%	52
Unsure of available services	14.0%	30
Not treated with respect	12.2%	26
Did not know where to go	10.8%	23
Other (see responses below)	7.5%	16
No insurance	6.5%	14
Too nervous or afraid	6.1%	13
Transportation issue	4.2%	9
No childcare	3.3%	7
Do not like doctors	2.8%	6
Language/cultural barrier	1.4%	3

Other responses (summarized below with the number of responses if reported more than once):

- Health issues were ignored (3)
- Lack of specialists (3)
- Available care perceived as poor quality (2)
- Limited provider knowledge (eating disorders) (2)
- Limited knowledge of providers on chemical allergen exposures and misdiagnosis (2)
- Difficulties/delays receiving prior authorizations or approval from insurance (2)
- Stigmatized due to race and gender
- Unable able to receive behavioral health services due to needing to be established with primary care
- Child's pediatrician moved, untimely response from public health and could not get required school vaccination
- Poor communication between providers' offices
- I have a rare, chronic condition and tend to not seek medical care. I would like to have somewhere to talk to someone in-person before seeking a doctor or emergency care.
- Stubbornness
- Unable to find a primary care provider

Survey Q12. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family physician) for health care services? <i>(Select only ONE response)</i>	Percentage	N = 320
Yes	85.0%	272
No	14.4%	46
Don't know/not sure	0.6%	2

Survey Q13: What type of health care specialist was seen? <i>(Select all that apply)</i>	Percentage	N = 276
Dentist	53.3%	147
Chiropractor	32.3%	89
Mental health counselor	27.5%	76
Physical therapist	27.5%	76
Dermatologist	26.5%	73
Gastroenterologist	25.7%	71

Orthopedic surgeon	23.2%	64
Obstetrics/gynecology	22.5%	62
Ophthalmologist	19.2%	53
Ear, nose and throat	18.5%	51
Radiologist	16.7%	46
General surgeon	14.1%	39
Pediatrician	13.0%	36
Oncologist	12.7%	35
Allergist	12.3%	34
Neurologist	12.0%	33
Psychiatrist/Psychologist	10.5%	29
Other (see responses below)	9.8%	27
Endocrinologist	9.4%	26
Dietitian	8.3%	23
Urologist	8.0%	22
Pulmonologist	6.5%	18
Rheumatologist	5.1%	14
Neurosurgeon	4.4%	12
Occupational therapist	2.9%	8
Respiratory therapist	2.9%	8
Speech therapist	2.9%	8
Social worker	2.2%	6
Substance use counselor	1.8%	5

Other responses (summarized below with the number of responses if reported more than once):

- Cardiologist (13)
- Podiatrist (5)
- Hematology (2)
- Orthotic maker
- Pain management clinic
- Weight management

- Nephrologist
- Hepatology
- Sports medicine doctor
- Sleep specialist
- Lactation consultant
- Audiologist
- Vascular surgeon

Survey Q14. Overall, how would you rate your personal health? <i>(Select only ONE response)</i>	Percentage	N = 320
Good	40.6%	130
Very good	33.4%	107
Fair	17.8%	57
Excellent	6.3%	20
Poor	1.9%	6

Survey Q15. What are the top THREE things you do to stay healthy? <i>(Select up to 3 responses)</i>	Percentage	N = 320
Don't smoke	46.3%	148
Drink water	40.6%	130
Don't drink/limit alcohol	40.0%	128
Eat healthy	37.5%	120
Exercise	34.1%	109
Go to annual check-ups	26.6%	85
Participate in outdoor activities	17.5%	56
Read/educate yourself	15.0%	48
Stay positive	12.5%	40
Go to the dentist	11.6%	37
Get proper sleep	9.1%	29
Participate in church/faith-based activities	4.7%	15
Other (see responses below)	1.3%	4

Other responses (summarized below with the number of responses if reported more than once):

- Do not use drugs
- Spend time with friends and family, as well as engage in the community
- Participate in therapy

Survey Q16. How often do you get the social and emotional support you need? <i>(Select only ONE response)</i>	Percentage	N = 320
Usually	44.7%	143
Sometimes	24.1%	77
Always	16.3%	52
Rarely	13.1%	42
Never	1.9%	6

Survey Q17. What type of health insurance covers the MAJORITY of your household's medical expenses? <i>(Select only ONE response)</i>	Percentage	N = 320
Employer sponsored	59.7%	191
Medicare or Medicare Supplement	15.3%	49
Commercial plan	8.4%	27
Medicaid	8.4%	27
VA/Military	2.8%	9
No health insurance	2.5%	8
Indian or Tribal Health Services	1.3%	4
Healthy Kids/Children's Health Insurance Program (CHIP)	0.9%	3
Health savings account	0.6%	2
Agricultural Corp. paid	0.0%	0
Other (please specify)	0.0%	0

Survey Q18. Is there anyone in your household who is NOT covered by health insurance? (<i>Select only ONE response</i>)	Percentage	N = 320
No	90.9%	291
Yes	8.1%	26
Don't know/not sure	0.9%	3

Survey Q19. Why do these individuals NOT have health insurance? (<i>Select all that apply</i>)	Percentage	N = 26
Can't afford to pay for health insurance	80.8%	21
Employer does not offer insurance	34.6%	9
Choose not to have health insurance	7.7%	2
Can't get health insurance due to medical issues	7.7%	2
Too difficult to apply	7.7%	2
Don't know how to apply	0.0%	0

Survey Q20. Do you have access to safe walking paths, parks or recreational areas? (<i>Select only ONE response</i>)	Percentage	N = 320
Yes	82.2%	263
No	14.7%	47
Don't know/not sure	3.1%	10

Survey Q21. Please select the factors that contribute to the overall health and wellbeing of our youth. (<i>Select all that apply</i>)	Percentage	N = 320
Stable housing	68.8%	220
Good schools	62.8%	201
Healthy behaviors and lifestyles	62.2%	199
Strong family/kinship relationships	57.5%	184
Parental and caregiver involvement	56.9%	182
Friends/peer connections	55.3%	177

Access to health care and other services	54.4%	174
Access to parks and recreation	53.1%	170
Good jobs and healthy economy	48.4%	155
Low crime/safe neighborhoods	46.6%	149
Self-care skills	45.0%	144
Clean environment	43.1%	138
Low level of domestic violence	41.3%	132
Acceptance of diversity	36.6%	117
Community involvement	36.6%	117
Youth focused arts and cultural events	33.4%	107
Religious or spiritual values	27.2%	87
Cultural sensitivity	22.8%	73
Other (see responses below)	5.0%	16

Other responses (summarized below with the number of responses if reported more than once):

- Healthy, supported parents or guardians (2)
- Affordable or free youth programs such as clubs, camps, afterschool programs, extracurriculars (2)
- Mental health treatment and education (2)
- Drug treatment and support with youth treatment centers
- Pediatric health care
- Screen-free activities, opportunities for independence (not being supervised by adults 24/7)
- Researching solutions
- Mentor programs
- Accessibility services including sidewalks to support those using wheelchairs
- We live in the county, which is a clean and safe environment but when we go into Aberdeen there is a lot of homelessness, crime, and open drug use
- Golfing
- Accountability
- All these things contribute but may not necessarily be available to youth in our area
- Community support for youth

Survey Q22: What are the top THREE priorities to improve support of healthy youth in the community? (Select up to 3 responses)	Percentage	N = 320
Affordable housing	30.6%	98
Life skills education	28.8%	92
Youth mental health services	27.5%	88
Safe neighborhoods and community	21.3%	68
Access to parks and recreation	20.6%	66
K-12 education	20.6%	66
Family friendly community events	19.1%	61
Access to pediatricians	17.8%	57
Health insurance coverage	16.9%	54
Youth opportunities for community involvement/volunteering	11.3%	36
Clean environment	10.3%	33
Community centers	9.4%	30
Improve the quality of health care services for youth	9.1%	29
Health education opportunities for parents/caregivers	7.8%	25
Health education opportunities for youth	7.5%	24
Youth church/faith-based activities	7.5%	24
Expand primary care appointment times	6.9%	22
Arts and cultural events	6.6%	21
Financial assistance	6.3%	20
Cultural sensitivity	4.1%	13
Other (see responses below)	3.8%	12
Interpreter services	0.0%	0
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Anti-drug use advocacy (3) • Access to third spaces and youth organizations (YMCA, Boys and Girls clubs, Scouts) with coordinated activities (gym and swimming pool closer to Hoquiam and Aberdeen), and information for parents in a centralized location (3) 		

- Access to activities and third spaces, coordinated activities, and information for parents in a centralized location (2)
- Supportive, healthy parents or guardians (2)
- Strong economy with local job opportunities for youth (decline of the logging industry) (2)
- Affordable quality childcare and preschool
- All of the above apply

Survey Q23. What is your zip code in this community? <i>(Select only ONE response)</i>	Percentage	N = 320
98520	38.8%	124
98563	15.9%	51
98550	14.1%	45
98541	6.6%	21
98569	6.3%	20
98537	5.6%	18
98595	3.8%	12
98557	3.1%	10
98547	1.6%	5
98568	0.9%	3
98536	0.6%	2
98571	0.6%	2
98587	0.6%	2
98526	0.3%	1
98535	0.3%	1
98552	0.3%	1
98562	0.3%	1
98579	0.3%	1
98559	0.0%	0
98566	0.0%	0
98575	0.0%	0
98583	0.0%	0

Other (please specify)	0.0%	0
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Survey Q24. Are you male or female, or do you identify in a different way? <i>(Select only ONE response)</i>	Percentage	N = 320
Female	75.0%	240
Male	21.3%	68
Prefer not to answer	3.1%	10
Identify in a different way	0.6%	2

Survey Q25. What is your age range? <i>(Select only ONE response)</i>	Percentage	N = 320
35 - 44	23.4%	75
45 - 54	23.1%	74
55 - 64	19.7%	63
65 - 74	13.8%	44
25 - 34	12.5%	40
75+	3.4%	11
18 - 24	2.2%	7
Prefer not to answer	1.9%	6
0 - 17	0.0%	0

Survey Q26. What is the highest level of education you have completed? <i>(Select only ONE response)</i>	Percentage	N = 320
Bachelor's degree	29.7%	95
Graduate or professional degree	22.2%	71
Some college, no degree	19.7%	63
Associate's degree	14.7%	47
High school diploma/GED	5.6%	18
Technical/trade/vocational school graduate	4.4%	14

Prefer not to answer	2.5%	8
Some high school, no diploma	1.3%	4

Survey Q27: Are you of Hispanic, Latino, or Spanish origin? <i>(Select only ONE response)</i>	Percentage	N = 320
No	89.1%	285
Yes	6.3%	20
Prefer not to answer	4.1%	13
Don't know/not sure	0.6%	2

Survey Q28: What race or ethnicity do you most identify with? <i>(Select all that apply)</i>	Percentage	N = 320
White	86.3%	276
Prefer not to answer	6.9%	22
American Indian/Alaska Native	5.0%	16
Asian	1.6%	5
Black/African American	1.6%	5
Other (see responses below)	1.6%	5
Don't know/not sure	1.3%	4
Pacific Islander/Native Hawaiian	0.6%	2
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> • Human (2) • Mexican • American • Portuguese 		

Survey Q29. Which language do you speak? <i>(Select all that apply)</i>	Percentage	N = 320
English	98.8%	316
Spanish	8.8%	28
French	1.6%	5

Prefer not to answer	1.6%	5
Other (see responses below)	1.6%	5
Arabic	0.3%	1
Portuguese	0.0%	0
Mandarin	0.0%	0
Hindi	0.0%	0
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> American sign language (2) Czech Russian German 		

Survey Q30: What is your average annual household income? <i>(Select only ONE response)</i>	Percentage	N = 320
\$120,000 +	25.3%	81
\$80,000 - \$99,000	14.7%	47
\$60,000 - \$79,000	13.1%	42
\$100,000 - \$119,000	12.2%	39
\$40,000 - \$59,000	11.3%	36
Prefer not to answer	11.3%	36
\$20,000 - \$39,000	5.9%	19
\$0 - \$19,000	4.7%	15
Not sure	1.6%	5

Survey Q31. Are you living with a disability? <i>(Select only ONE response)</i>	Percentage	N = 320
No	76.3%	244
Yes	20.9%	67
Prefer not to answer	2.8%	9

Survey Q32: What is your employment status? <i>(Select only ONE response)</i>	Percentage	N = 320
Employed	76.9%	246
Retired	13.8%	44
Unemployed	5.0%	16
Prefer not to answer	3.4%	11
Other (see responses below)	0.9%	3
Other responses (summarized below with the number of responses if reported more than once): <ul style="list-style-type: none"> Disabled (3) 		

Appendix B: Secondary Data Analysis

Introduction

There are two different types of sources used to conduct a CHA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that RHI collects using methods such as surveys, focus groups, key informant interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. Drawbacks, however, include data being collected from the different agencies during different timeframes and with varied methods. This can make direct comparisons of secondary data difficult. See Appendix B for source details and definitions. Please note, the data collected for this report is the most current information as of August 2025. The types of measures selected to analyze in this report were identified based on data available for Grays Harbor County, Mason County, Clallam County, and the U.S.

NR=not reported, DNA= data not available

Geography and Demographics

Demographics	Grays Harbor	Mason	Clallam	WA	U.S.
Total population	77,290	68,389	77,616	7,812,880	334,914,896
Male	51.1%	49.7%	48.9%	50.4%	49.5%
Female	48.9%	50.3%	51.1%	49.6%	50.5%
Age 0-4	4.5%	4.7%	3.4%	5.3%	5.5%
Age 5-9	4.7%	5.6%	4.7%	5.9%	5.9%
Age 10-14	7.5%	6.0%	5.0%	6.1%	6.3%
Age 15-19	5.4%	5.0%	3.6%	5.9%	6.6%
Age 20-24	5.2%	4.5%	4.0%	6.1%	6.5%
Age 25-34	10.2%	11.7%	10.6%	15.1%	13.5%
Age 35-44	13.6%	12.8%	11.2%	14.6%	13.4%
Age 45-54	10.9%	10.8%	10.3%	11.9%	12.1%

Age 55-59	8.0%	5.3%	5.4%	5.6%	6.0%
Age 60-64	5.8%	8.0%	9.3%	6.2%	6.5%
Age 65-74	14.8%	15.3%	18.8%	10.3%	10.4%
Age 75-84	7.3%	7.9%	10.6%	5.2%	5.5%
Age 85+	2.1%	2.3%	3.0%	1.7%	1.8%
White	78.7%	76.0%	81.2%	65.2%	60.5%
Black	1.8%	0.6%	0.9%	4.0%	12.1%
Native American/ Alaska Native	5.4%	5.9%	3.7%	1.2%	1.0%
Asian	1.4%	1.9%	2.0%	10.0%	6.0%
Native Hawaiian/ Pacific Islander	0.3%	0.1%	0.1%	0.7%	0.2%
Some other race	5.5%	6.2%	1.8%	5.7%	7.4%
Two or more races	6.9%	9.3%	10.2%	13.1%	12.8%
Hispanic or Latino	11.4%	13.2%	7.0%	14.6%	19.4%
Veterans	10.0%	10.0%	10.9%	7.6%	6.1%
Speak English less than "well"	5.3%	7.4%	1.1%	7.9%	8.4%

Health Outcomes

Health Outcomes	Grays Harbor	Mason	Clallam	WA	U.S.
Life expectancy	74.6	76.6	77.3	78.8	77.1
Premature death	10,500	9,800	8,700	6,800	8,400
Fair or Poor Health	19%	17%	16%	15%	17%
Poor physical health days	4.7	4.4	4.2	3.9	3.9
Poor mental health days	6.2	5.7	5.8	5.4	5.1
Low birth weight	7%	6%	6%	7%	8%
Diabetes prevalence	10%	9%	8%	9%	10%
Suicide death rate	DNA	DNA	DNA	16.5	14.7
Heart disease	8.5%	8.2%	8.9%	7.1%	8.5%
COPD	9.2%	8.3%	8.3%	4.8%	6.4%
Asthma	12.1%	11.9%	12.0%	10.9%	8.2%
All cancer sites	489.7	492.0	501.1	439.7	444.4
Prostate (male)	125.2	118.2	128.6	104.0	113.2
Breast (female)	118.8	123.7	132.5	137.1	129.8
Colon and Rectum	45.4	37.1	37.4	34.2	36.4
Uterus (female)	25.6	25.5	27.4	27.2	27.8
Melanoma	24.2	33.4	34.5	25.6	22.7

Social and Economic

Social and Economic	Grays Harbor	Mason	Clallam	WA	U.S.
Less than 9th grade education	5.0%	4.4%	1.3%	3.20%	4.6%

Some high school, no diploma	8.0%	5.0%	5.1%	4.40%	5.6%
High school degree	31.2%	29.1%	26.2%	21.60%	25.9%
Some college, no degree	27.2%	27.0%	24.7%	20.50%	18.9%
Associate's degree	11.5%	11.3%	13.0%	9.80%	8.8%
Bachelor's degree	11.4%	16.9%	17.6%	24.30%	21.8%
Graduate or professional degree	5.7%	6.4%	12.0%	16.10%	14.3%
Unemployment rate	6.3%	5.6%	5.1%	4.5%	4.0%
Median household income	\$65,758	\$75,138	\$67,071	\$94,553	\$77,719
Poverty	14.3%	11.3%	11.6%	10.3%	12.5%
Children in poverty	17.2%	10.7%	12.3%	12.2%	16.0%
Residential segregation: non-white/white	65	68	65	60	63
Childcare cost burden	5	3	7	5	7
Childcare centers	43%	38%	42%	37%	28%
Injury deaths	111	111	117	79	84

Health Behaviors

Health Behaviors	Grays Harbor	Mason	Clallam	WA	U.S.
Adult smoking	15%	14%	13%	10%	13%
Physical inactivity	22%	20%	18%	17%	23%
Access to exercise opportunities	60%	67%	78%	86%	84%

Adult obesity	37%	38%	35%	32%	34%
Food insecurity	16%	14%	14%	12%	14%
Excessive Drinking	20%	22%	21%	18%	19%
Teen birth rate	18	24	15	12	16

Physical Environment

Physical Environment	Grays Harbor	Mason	Clallam	WA	U.S.
Air pollution - particulate matter	6.8	6.8	6.9	10.3	7.3
Drinking water violations	Yes	No	Yes	DNA	DNA
Severe housing problems	14%	15%	14%	17%	17%
Households with no motor vehicle	5.8%	4.2%	5.8%	6.9%	8.3%

Clinical Care

Clinical Care	Grays Harbor	Mason	Clallam	WA	U.S.
Uninsured	9.9%	10.5%	9.3%	7.2%	9.5%
Uninsured children	3.6%	3.5%	3.9%	3.0%	5.1%
Access to primary care physicians	2,740:1	3,760:1	1,040:1	1,200:1	1,330:1
Access to mental health providers	200:1	360:1	200:1	190:1	300:1
Access to dentists	1,930:1	2,730:1	1,070:1	1,150:1	1,360:1
Access to other primary care providers	1,030:1	1,900:1	690:1	830:1	710:1
Medicare patients with mammogram within past two years	37%	33%	28%	33%	36%

Medicare patients with annual influenza vaccination	35%	38%	44%	43%	44%
Emergency department visit rate by Medicare diabetics (per 1,000 beneficiaries)	8	8	3	6	7
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	4%	7%	4%	6%	7%

Appendix C: Index of Secondary Data Indicators

Demographics	Description	Source and Dates
Population	Total population residing in the area.	American Community Survey , United States Census Bureau. 2023.
Male	Percent of male population.	American Community Survey , United States Census Bureau. 2023.
Female	Percent of female population.	American Community Survey , United States Census Bureau. 2023.
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American Community Survey , United States Census Bureau. 2023.

Age 45-54	Percentage of total population aged 45-54+ in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Age 55-59	Percentage of total population aged 55-59 in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Age 60-64	Percentage of total population aged 60-64 in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	<u>American Community Survey</u> , United States Census Bureau. 2023.
White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	<u>American Community Survey</u> , United States Census Bureau. 2023.

Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese", and "Other Asian" or provide other detailed Asian responses.	<u>American Community Survey</u> , United States Census Bureau. 2023.
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	<u>American Community Survey</u> , United States Census Bureau. 2023.
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan", and	<u>American Community Survey</u> , United States Census Bureau. 2023.

	"Other Pacific Islander", or provide other detailed Pacific Islander responses.	
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race, which is then described as "Multiple Races".	American Community Survey , United States Census Bureau. 2023.
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian", "Native Hawaiian or Other Pacific Islander", or "Some Other Race"	American Community Survey , United States Census Bureau. 2023.
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American Community Survey , United States Census Bureau. 2023.

Veterans	Percent of the civilian population 18 years of age and older who served in the U.S.AP military.	American Community Survey , United States Census Bureau. 2023.
Speak English less than “well”	Percent of population that speak English less than “very well”	American Community Survey , United States Census Bureau. 2023.
Life expectancy	Average number of years a person can expect to live.	County Health Rankings . 2020-2022.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)	County Health Rankings . 2020-2022.
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings . 2022.
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2022.
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2022.
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings . 2017-2023.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention (CDC), WONDER. Suicide and Self-Inflicted Injury . 2023.
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings . 2022.

Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	CDC Places . 2022. America's Health Rankings . 2023.
COPD	Percentage of adults with COPD (not age-adjusted)	CDC Places . 2022. National Center for Chronic Disease Prevention and Health Promotion , CDC. 2022
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	CDC Places . 2022. CDC Asthma . 2021.
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Prostate Cancer	Age-adjusted incidence rate of male prostate cancer cases per 100,000	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Breast Cancer	Age-adjusted incidence rate of female breast cancer cases per 100,000	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Colon and Rectum	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services,

		Centers for Disease Control and Prevention (CDC). 2017-2021.
Uterus	Age-adjusted incidence rate of female uterus cancer cases per 100,000	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Melanoma	Age-adjusted incidence rate of melanoma cancer cases per 100,000	State Cancer Profiles , National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2017-2021.
Adult obesity	Percentage of the adult population (age 20 and older) reports a body mass index (BMI) greater than or equal to 30 kg/m2.	County Health Rankings . 2022.
Food insecurity	Percentage of the population lacking adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life, or uncertain availability of nutritionally adequate foods).	County Health Rankings . 2022.
Excessive drinking	Percentage of adults reporting binge or heavy drinking (binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a	County Health Rankings . 2022.

	single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	
Less than 9th grade education	Population 25 years and over without a high school degree.	American Community Survey , United States Census Bureau. 2023.
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American Community Survey , United States Census Bureau. 2023.
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (including equivalency).	American Community Survey , United States Census Bureau. 2023.
Some college, no degree	Population 25 years and over with some college but no degree.	American Community Survey , United States Census Bureau. 2023.
Associate degree	Population 25 years and over with an associate degree.	American Community Survey , United States Census Bureau. 2023.
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American Community Survey , United States Census Bureau. 2023.
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American Community Survey , United States Census Bureau. 2023.
Unemployment rate	Unemployment rates, not seasonally adjusted.	U.S. Bureau of Labor Statistics . 2023.

Median household income	Median income of households in the geographic area.	Small Area Income and Poverty Estimates (SAIPE) . 2022.
Poverty	Percent of all individuals below the poverty level.	American Community Survey , United States Census Bureau. 2022.
Children in poverty	Percent of children below 18 years old below the poverty level.	American Community Survey , United States Census Bureau. 2022.
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	County Health Rankings . 2019-2023.
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings . 2018-2022.
Adult smoking	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings . 2022.

Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings. 2022.
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings. 2020-2024.
Teen birth rate	Number of births per 1,000 female population ages 15-19.	County Health Rankings. 2017-2023.
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings. 2020.
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes indicates the presence of a violation; No indicates no violation.	County Health Rankings. 2023.
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2017-2021.
Household with no motor vehicle	Among occupied housing units, the percentage of	Vehicles Available , American Community Survey, United States Census Bureau. 2023.

	housing units with no vehicles available	
Uninsured	Percentage of the population under age 65 without health insurance.	Small Area Income and Poverty Estimates (SAIPE). 2022.
Uninsured children	Percentage of population under age 18 without health insurance.	Small Area Income and Poverty Estimates (SAIPE). 2022.
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine and pediatrics).	County Health Rankings. 2021.
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists).	County Health Rankings. 2024.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	County Health Rankings. 2024.
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings. 2022.

Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in the past 2 years.	<u>Mapping Medicare Disparities by Population</u> , Centers for Medicare and Medicaid Services. 2023.
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	<u>Mapping Medicare Disparities by Population</u> , Centers for Medicare and Medicaid Services. 2023.
Emergency Department Visit Rate by Medicare Diabetics (per 1,000 beneficiaries)	Rate of emergency department visits among Medicare beneficiaries with diagnosed diabetes per 1,000 beneficiaries	<u>Mapping Medicare Disparities by Population</u> , Centers for Medicare and Medicaid Services. 2023.
Adults over age 50 ever reporting having a colonoscopy	Medicare enrollers over the age 50 ever reporting having a colonoscopy or sigmoidoscopy.	<u>Mapping Medicare Disparities by Population</u> , Centers for Medicare and Medicaid Services. 2023.

Appendix D: Invitations for Focus Groups and Key Informant Interviews

Invitation for Focus Groups

Dear Grays Harbor County Area Community Member,

We invite you to participate in a focus group conducted by Rural Health Innovations, LLC (RHI), a subsidiary of the National Rural Health Resource Center on behalf of Grays Harbor County Public Health, Summit Pacific Medical Center, Quinault Wellness Center, and Harbor Regional Health. Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist Grays Harbor County Public Health, Summit Pacific Medical Center, Quinault Wellness Center and Harbor Regional Health in identifying the strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community. Participants for focus groups were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We are offering four different focus groups. Please select the day, time, and location that is most convenient for you.

Focus Groups Available (select 1)

- August 12, 2025, from 11 am - 1 pm PT at the Westport Timberland Library
- August 12, 2025, from 6 pm - 8 pm PT at the Hoquiam Timberland Library
- August 13, 2025, from 6 pm - 8 pm PT at Grays Harbor County Public Health and Social Services
- August 14, 2025, from 9 am - 11 am PT at the Summit Pacific Medical Center

Your identity is not part of the focus group report, and your individual responses will be kept confidential. Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center by August 1, 2025.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health
National Rural Health Resource Center

Invitation for Key Informant Interviews

Dear Grays Harbor County Area Community Leader,

You have been identified as a leader in the community, and we would like to hear from you about your perspective on the health of the community. Please accept this invitation to participate in a key informant interview conducted by Rural Health Innovations, LLC, a subsidiary of the National Rural Health Resource Center on behalf of Grays Harbor County Public Health, Summit Pacific Medical Center, Quinault Wellness Center and Harbor Regional Health. The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

We invite you to participate in a one-hour, one-on-one interview during the week of: August 11, 2025. Your help is very much appreciated in this effort. Please confirm your willingness to participate before August 1, 2025. Your identity is not part of the report, and your individual responses will be kept confidential.

Interview Times Available (If the times below do not work for you, please email us with your availability)

- VIRTUAL MEETING on August 11, 2025, at 11 am, 12:30 pm, or 2 pm PT
 - VIRTUAL MEETING on August 12, 2025, at 9 am, 10:30 am, 12 pm, 1:30 pm PT
 - VIRTUAL MEETING on August 13, 2025, at 9 am, 11 am, 12 pm, or 3 pm PT
 - VIRTUAL MEETING on August 14, 2025, at 9 am, 1 pm, or 2 pm PT
 - VIRTUAL MEETING on August 15, 2025, from 8 am - 1 pm PT
- OR
- IN-PERSON on August 12, 2025, at 3 pm PT at the Pearsall Building
 - IN-PERSON on August 13, 2025, at 2 pm or 3 pm PT at the Pearsall Building

Please confirm your attendance by contacting Molly Carmack at the National Rural Health Resource Center by August 1, 2025. We look forward to your participation. Thank you.

Sincerely,

A handwritten signature in purple ink that reads "Tracy Morton". The signature is written in a cursive, flowing style.

Tracy Morton, Director of Population Health
National Rural Health Resource Center

Appendix E: Focus Group and Key Informant Interview Questions and Demographics

Discussion Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the **Grays Harbor County Public Health** area. No identifiable information will be disclosed in the report, and the results will assist with future care and planning.

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. What are the factors that contribute to overall health and wellbeing?
4. Are some population groups healthier than other groups? If yes, which ones?
5. Are some population groups struggling more than other groups? If yes, which ones?
6. In your opinion, what are some of the barriers to accessing care in this region?
7. What are factors that contribute to overall health and wellbeing that are critically lacking in Grays Harbor County?
8. What do you think Grays Harbor County Public Health (and their partnership) could do to increase the health of the community? Where are opportunities to collaborate?
9. What is the greatest health need in this community?

Demographic Questionnaire

Please respond to the questions below. This is anonymous information that will be compiled with other focus group and key informant data to provide an overview of participant demographics.

1. Do you think taking care of your health will help you live a healthier and longer life?

☐ Yes

☐ No

a. If **YES**, what are the barriers to taking care of your health?

b. If **NO**, what can Grays Harbor County Public Health do to build pathways to encourage community members to take care of their health?

2. What is your age range? (Select only ONE response)

☐ Age 18-24

☐ Age 65-74

☐ Age 25-44

☐ Age 75+

☐ Age 45-54

☐ Prefer not to answer

☐ Age 55-64

3. Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)

☐ Yes

☐ Not sure

☐ No

☐ Prefer not to answer

4. What race/ethnicity do you most identify with? (Select all that apply)

☐ American Indian/Alaska Native

☐ White

☐ Asian

☐ Other (please specify) _____

☐ Black/African American

☐ Not sure

☐ Pacific Islander/Native Hawaiian

☐ Prefer not to answer

5. Are you male or female, or do you identify in a different way? (Select only ONE response)

☐ Male

☐ Identify in a different way

☐ Female

☐ Prefer not to answer

6. Which language do you speak? (Select all that apply)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> French | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Arabic | |

7. What is your average annual household income? (Select only ONE response)

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$19,000 | <input type="checkbox"/> \$100,000 - \$119,000 |
| <input type="checkbox"/> \$20,000 - \$39,000 | <input type="checkbox"/> \$120,000 + |
| <input type="checkbox"/> \$40,000 - \$59,000 | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> \$60,000 - \$79,000 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$80,000 - \$99,000 | |

8. Are you living with a disability? (Select only ONE response)

- ☐ Yes ☐ No ☐ Prefer not to answer

9. What is your employment status? (Select only ONE response)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Retired | |

10. What is the highest level of education you have completed? (Select only ONE response)

- | | |
|---|--|
| <input type="checkbox"/> Some high school, no diploma | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Technical/trade/vocational school graduate | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Prefer not to answer |