2025

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence Centralia and St. Peter Hospitals

Centralia, WA Olympia, WA

Providence SWEDISH

CONTENTS

MESSAGE TO THE COMMUNITY

To Our Communities:

For nearly 140 years, Providence Centralia and St. Peter hospitals have committed to improving community health. We continue this legacy today by providing quality healthcare to those who are underserved and by partnering with local organizations and agencies to expand our reach where the need is greatest. Our response to community health needs is informed by the communities we serve.

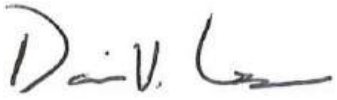
Every three years, we collaborate with local nonprofits, social services and agencies, charitable foundations, and other like-minded organizations to conduct a Community Health Needs Assessment (CHNA). These important assessments help us better understand our communities' greatest strengths and areas of need and influence Providence Swedish's community benefit programs and community health efforts.

Our 2025 CHNA identified the following health priorities in the communities we serve in Lewis and Thurston Counties:

- ***Behavioral health***
- ***Access to health care***
- ***Physical health***

As a next step in our process of assessing and responding to community health needs, we will develop a Community Health Improvement Plan (CHIP) to address identified health priorities, with the aim of improving the health of our communities. This plan and roadmap will help Providence Swedish focus on the critical needs of the residents of Thurston and Lewis Counties. With implementation of our strategies, our patients and communities can take comfort in knowing Providence Swedish in the South Puget Sound will continue to work toward making our community a healthier place.

Providence Swedish is proud to be South Puget Sound's health care partner, and we thank our community partners for their continued collaboration in improving the health and well-being of each person we serve.



Darin Goss
Chief Executive
Providence Swedish South Puget Sound

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Peter and Centralia Hospitals to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and contributions. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage.

The 2025 CHNA was approved by the hospitals' Community Mission Board on October 23, 2025, and made publicly available by December 28, 2025.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from a variety of sources, including the American Community Survey, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Environmental Justice Index, and state and local public health data. To actively engage the community, we conducted 9 listening sessions with people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved. We also conducted 48 key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants highlighted the impact of high living costs outpacing wages and fixed incomes, contributing to food insecurity and housing loss.
- Community members emphasized the need for more primary and specialty health care providers.
- Cost of care and inadequate insurance coverage are barriers to care, disproportionately affecting immigrants and those with lower incomes.
- The benefits cliff—the point at which public benefits drop off sharply with a small increase in income—affects people's ability to make financial progress and the complexity of navigating public benefits is difficult for many, including single parents and people with disabilities.
- Key informants expressed concern about substance use in the community, highlighting the impact of fentanyl and opioids and noting an increase in overdose deaths in Lewis County.
- The community identified challenges in accessing behavioral health support services, including long wait times, limited facilities, and high staff turnover. There is especially a need for more pediatric care, substance use treatment, and culturally responsive mental health providers.

Identifying Top Health Priorities

Through a collaborative process, the CHNA Advisory Council, a multidisciplinary group of internal and external leaders with expertise in community health, reviewed a summary of qualitative data collected from key informant interviews, as well as relevant quantitative data. After this data review, members discussed and prioritized the need areas based on the following criteria: size and scope, severity of need, and the ability to impact the issue in the community. The CHNA Advisory Council identified the following as the community's highest need areas, listed in order of priority:

PRIORITY 1: BEHAVIORAL HEALTH

Behavioral health, including both mental health and substance use/misuse is the highest priority need in the community. Accessing behavioral health services is difficult, with challenges including long wait times for appointments and workforce shortages. There is especially a need for more pediatric behavioral health care, substance use treatment, and culturally responsive mental health providers. Substance use is an area of concern, particularly relating to fentanyl and opioids. Community members highlight the need for social-emotional health strategies for young people, along with support for parents regarding cell phone and social media use. Those interviewed would like to see more peer-led recovery models and behavioral health services integrated into the community, like in schools, shelters, and senior centers. Black, Brown, Indigenous, and Persons of Color (BIPOC) individuals, youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or other identities not encompassed (LGBTQIA+), and people experiencing homelessness, experience more barriers to diagnosis, challenges with continuity of care, and higher levels of distrust in health care systems.

PRIORITY 2: ACCESS TO HEALTH CARE

Cost of care and inadequate insurance coverage are major barriers to accessing health care. Other factors, such as workforce shortages, limited clinic hours, and complex scheduling systems compound access issues. There is a need for culturally responsive and linguistically matched health care professionals to build trust and address disparities for historically underserved communities. Key informants noted transportation as a significant barrier to accessing care for older adults and rural residents. Many people travel out of their community to access care, particularly specialty care. There is a need for more primary and specialty health care providers. Finding pediatric, geriatric, prenatal, and gender-affirming care can be particularly difficult.

PRIORITY 3: PHYSICAL HEALTH

Limited access to healthcare including primary care services, as well as food insecurity and other barriers affect people's ability to manage chronic conditions, contributing to avoidable emergency visits. Older adults in particular need more support to manage their chronic conditions. There is a lack of in-home care services, forcing people to move in with family or assisted living facilities. Community members shared wanting more opportunities for recreation and exercise, noting a need for safe parks and community centers for people to be active. They would also like more health education classes, including healthy cooking and weight management classes. Environmental hazards, like smoke, worsen chronic conditions and upper respiratory issues.

Providence Centralia and St. Peter Hospitals will develop a three-year Community Health Improvement Plan (CHIP) to best leverage their capacity, expertise and resources for greatest impact. The 2026-2028 CHIP will be approved and made publicly available no later than May 15, 2026.

Results from the 2023 CHNA and 2024-2026 CHIP

The 2023 CHNA and 2024-2026 CHIP priorities were the following: behavioral health, basic needs and economic security, and access to health care. Providence Centralia and St. Peter Hospitals responded to community needs identified in the 2023 CHNA by contributing direct funding, time, and resources to internal and external programs that worked to address prioritized needs, using evidence-based and leading practices.

A few of the key outcomes from the previous CHIP are listed below:

- The Mobile Outreach Program provided services to 1,892 unduplicated clients, including both behavioral health and medical care, providing: 155 referrals to primary and specialty care; 1,364 social-worker counseling sessions and peer-support visits; 918 mental health screenings; 1,067 instances of medication management; and housing case coordination for 141 clients.
- More than 1,400 individuals with cancer were supported by nurse navigators who helped guide them through their journeys from diagnosis to survivorship.
- Through the Medication Assistance Program, nearly 1,500 individuals in need received access to free or low-cost medications to help manage their health conditions.

INTRODUCTION

Who We Are

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence Centralia Hospital is a 128-bed, acute care not-for-profit hospital providing emergency, diagnostic, cancer, birthing, and surgical services to the greater Lewis County region. Located in Centralia, Washington, it was formed in 1988 when Centralia General Hospital merged with St. Helen's Hospital, Chehalis. It is one of only 405 U.S. hospitals and critical access hospitals earning the distinction of top performer on key quality measures from The Joint Commission. Major programs and services offered to the community include the following:

- Cardiology
- Emergency Care
- Family Birth Center
- General Surgery
- Imaging Center
- Orthopedic Care
- Palliative Care
- Providence Swedish Cancer Institute

Providence St. Peter Hospital is a Magnet® recognized 394-bed not-for-profit teaching hospital, founded by the Sisters of Providence in 1887. Located in Olympia, Washington, the state capital, it offers comprehensive medical, surgical, and behavioral health services. As the largest medical center in the five-county area of southwest Washington, it serves as a regional referral center, providing a full array of services to communities in Thurston, Lewis, Mason, Grays Harbor and Pacific counties. Major programs and services offered to the community include the following:

- Anticoagulation Clinic
- Behavioral Health and Recovery
- Diagnostic Imaging
- Emergency Care – Level III Trauma Center
- Family Birth Center and Special Care Nursery
- Orthopedic Care
- Palliative Care

- Providence Swedish Cancer Institute
- Sleep Medicine
- St. Peter Regional Heart Center
- Specialty Surgeries, including Cardiac surgery, da Vinci surgery, ENT procedures, Neurosurgery, Obstetrics and gynecology, Pediatric surgery, Thoracic surgery, Urology, and Vascular surgery

For more information on how we work to improve the health and quality of life for the communities we serve, please refer to our 2024 Annual Report to our Communities.

Joint CHNA

This is a "joint CHNA report," within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence, including Centralia and St. Peter Hospitals. This report reflects the hospitals' collaborative efforts to identify the significant health-related needs in the community as well as community strengths. The hospitals participating in this joint CHNA share a service area and community served. This CHNA engaged with and sought input from that community.

COLLABORATING PARTNERS AND CONTRACTOR

Collaborating Community Partners

As part of an effort to align methodologies, facilitator training, and documentation, the community partners listed below collaborated to gather and analyze community input.

In Thurston County, key informants were collaboratively selected by Providence Swedish South Puget Sound, MultiCare Capital Medical Center, and the Thurston County Public Health and Social Services Department. Interviews were facilitated by staff from Providence Swedish, the Thurston County Public Health and Social Services Department, and inHealth Strategies, an organization affiliated with MultiCare Health System.

In Lewis County, key informants and community listening session partner organizations were collaboratively selected by Providence Swedish South Puget Sound and Lewis County Public Health and Social Services. Interviews and listening sessions were facilitated by staff from Providence Swedish and Lewis County Public Health and Social Services. Both organizations collaborated to analyze qualitative data collected in key informant interviews.

We are grateful to these organizations for their partnership and contributions.

Contractor

In Thurston County, inHealth Strategies assisted with conducting key informant interviews, analyzing qualitative data, and drafting a community input report shared by Providence Centralia and St. Peter Hospitals, MultiCare Capital Medical Center, and the Thurston County Public Health and Social Services Department.

SECTION I: CHNA FRAMEWORK AND PROCESS

Equity Practices in the CHNA

At Providence, we are committed to addressing the underlying and root causes of health disparities and inequities in the communities we serve. We work to address not only the clinical factors that determine a person's length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based, leading practices.

The CHNA is an important process for better understanding health disparities and social inequities, including how racism and discrimination have detrimental effects on community health and wellbeing. Through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities. To ensure we are taking a holistic approach to understanding the health of the communities we serve, we define health broadly including social, cultural, and environmental factors that affect wellbeing, and engage community members from diverse backgrounds in the CHNA process. We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Approach

Share equity practices in the CHNA

Highlight community strengths

Use people first and non-stigmatizing language

Community Engagement

Use multiple methods to engage with community members

Implement equitable practices for community participation

Share findings back with communities

Quantitative Data

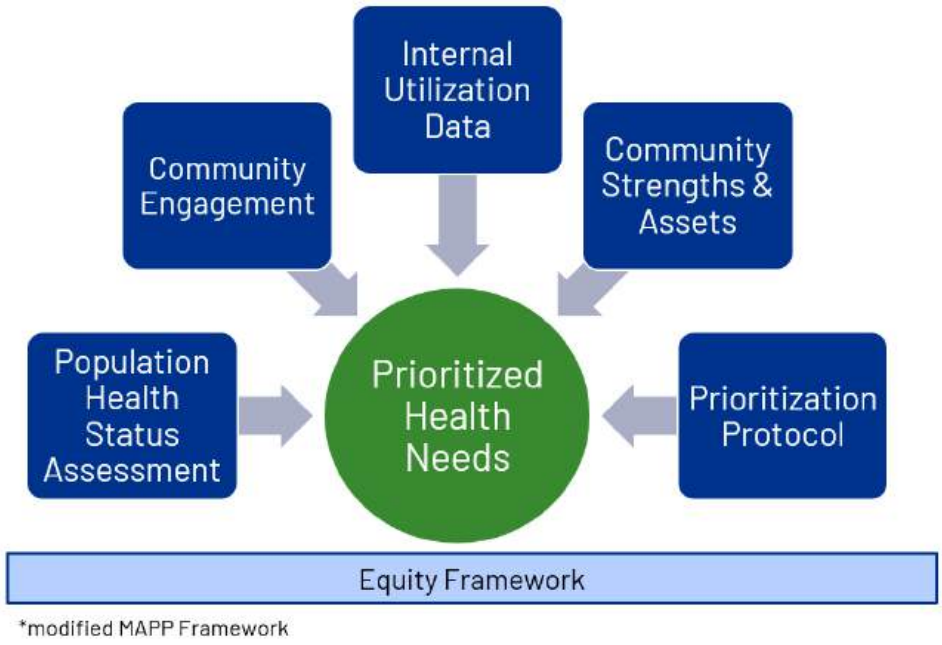
Report data at the local level to avoid masking

Disaggregate data when responsible

Acknowledge inherent bias in data and screening tools

CHNA Framework

Our CHNA framework is a modified version of the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



Data Sources

In gathering information on the communities served by the hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

CHNA Data Sources

- Key informant interviews
- Community listening sessions
- Internal hospital utilization data and health disparities data
- American Community Survey from the U.S. Census Bureau
- Behavioral Risk Factor Surveillance System (BRFSS)

- Centers for Disease Control and Prevention (CDC) National Center for Health Statistics
- CDC PLACES
- CDC WONDER
- County Health Rankings and Roadmaps
- Environmental Justice Index
- Healthy People 2030
- Lewis County Public Health and Social Services
- Massachusetts Institute of Technology Living Wage Calculator
- National Center for Education Statistics
- National Institutes of Health (NIH)
- NIH National Institute on Drug Abuse
- School Finance Indicators Database
- Thurston County Public Health and Social Services Department
- Translational Pediatrics
- United States Census Bureau
- United States Department of Education
- United States Health Resources and Services Adminstration
- Washington State Department of Health
- Washington State Healthy Youth Survey

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur in the reporting process, including the following:

- Not all desired data were readily available. We relied on tangential or proxy measures, when possible.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask findings within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased based on any number of factors.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are provided and interpreted across all respondents.

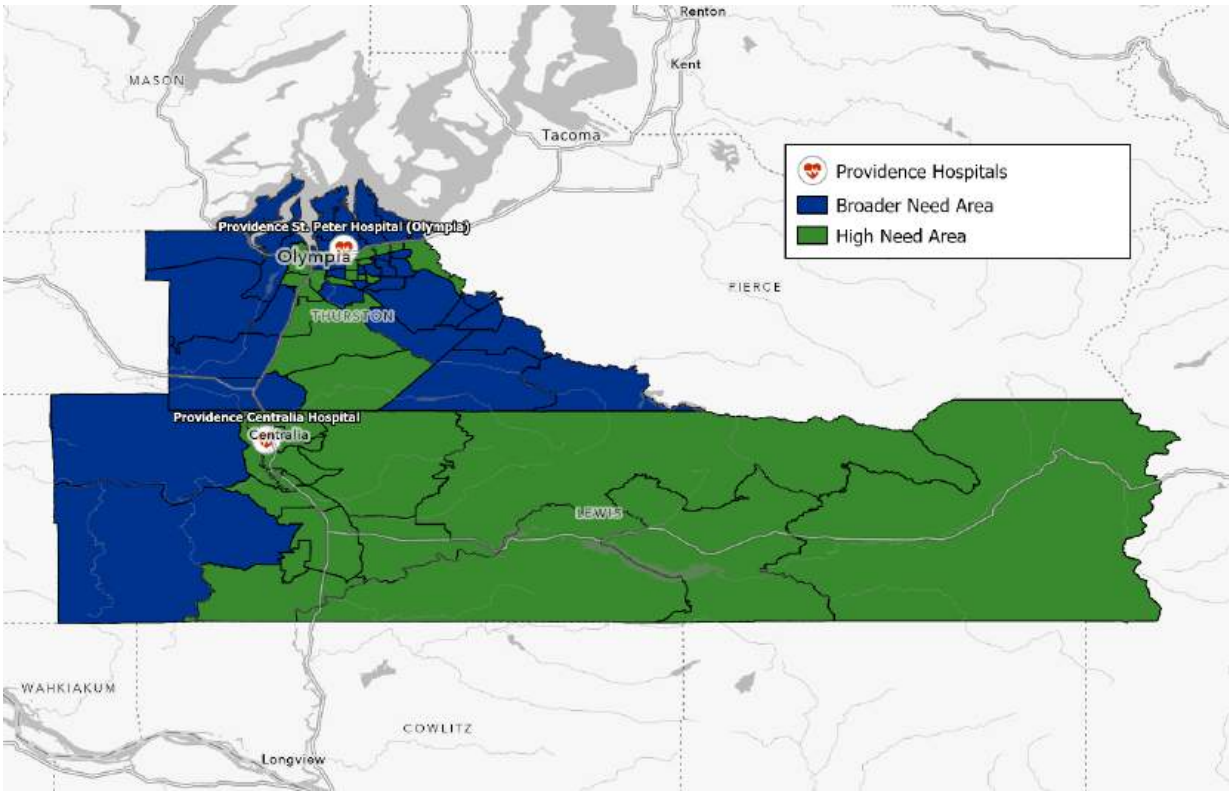
Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2023 CHNA and 2024-2026 CHIP reports, which were made widely available to the public via posting on the internet in December 2023 (CHNA) and May 2024 (CHIP), as well as through various channels with our community-based organization partners. No comments were received.

SECTION II: DESCRIPTION OF COMMUNITY

CHNA Service Area

Based on the availability of data, geographic access to the facilities, and other hospitals in neighboring counties, Lewis and Thurston Counties in southwest Washington State comprise the Providence Swedish South Puget Sound service area. Providence Centralia Hospital is located in Lewis County, in Centralia, Washington; Providence St. Peter hospital is located in Thurston County, in Olympia, Washington.



Source: South Puget Sound CHNA Data Hub

Environmental Justice Index

Providence uses CDC's Environmental Justice Index (EJI) to identify communities of higher need within our service areas. Census tracts that score higher than the median EJI score are classified as "high need" and are depicted in green. All other census tracts are labeled "broader need" and are shown in blue. The median 2024 EJI score for census tracts in the Providence Swedish South Puget Sound service area is 0.510.

Community Demographics

Of 39 counties in Washington, Lewis County is the 15th largest county by population, with 83,925 residents. It is comprised of 2,403 square miles of land and is the 6th largest county by total area.

Thurston County is the 6th largest by population, with 294,793 residents. It is comprised of 723 square miles of land and is the 32nd largest county by total area.

Source, Population: U.S. Census Bureau, 2020
Source, Land Mass: U.S. Census Bureau GEOINFO, 2023

POPULATION DEMOGRAPHICS

In both Lewis and Thuston Counties, the largest age group is people aged 35 to 54. This age group is slightly over-represented in the broader need service area (27.0%) compared to the high need service area (24.5%). People aged 18 to 34 are substantially over-represented in the high need service area (23.7%) compared to the broader need service area (18.9%).

Male and female sexes are roughly proportional across both Lewis and Thurston Counties.

83.6% of people in Lewis County and 74.1% in Thurston County identify as White. Individuals identifying as Hispanic/Latino/Latina are over-represented in the high need service area (12.4%) compared to the broader need service area (8.6%). In the high need service area (12.5%), people identifying as two or more races are also over-represented compared to the broader need service area (10.8%). People identifying as Asian are over-represented in the broader need service area (5.6%) compared to the high need service area (3.9%).

See Appendix 1 for additional information on community demographics.

HEALTH PROFESSIONAL SHORTAGE AREA

The U.S. Health Resources and Services Administration designates a Health Professional Shortage Area (HPSA) as an area with a shortage of primary medical care, dental health, or mental health providers. They are categorized into three types: geographic, population, and facility.

Thurston and Lewis Counties have multiple geographic areas, population segments, and facilities that are designated as shortage areas. This information can be used to understand access issues, guide state and local health care planning, determine placement of providers, and influence allocation of limited health care resources.

Table 1. Health Professional Shortage Areas, Lewis County

Indicator	Primary Care	Dental Health	Mental Health
Geographic HPSA	–	–	Lewis County
Population HPSA	Low Income / Homeless / Migrant Farmworker – Lewis County	Low Income – Lewis County	–
Facility HPSA	Arbor Health – Morton, Mossyrock, Packwood, and Randle Clinics Centralia Specialty Center Northwest Pediatric Center Providence Medical Group Steck Medical Center Valley View Health Center	Arbor Health – Morton, Mossyrock, Packwood, and Randle Clinics Centralia Specialty Center Northwest Pediatric Center Providence Medical Group Steck Medical Center Valley View Health Center	Arbor Health – Morton, Mossyrock, Packwood, and Randle Clinics Centralia Specialty Center Northwest Pediatric Center Providence Medical Group Steck Medical Center Valley View Health Center

Source: HPSA Find (hrsa.gov)

Table 2. Health Professional Shortage Areas, Thurston County

Indicator	Primary Care	Dental Health	Mental Health
Geographic HPSA	North Thurston County South Thurston County	South Thurston County	North Thurston County South Thurston County
Population HPSA	–	Low Income – Olympia-Lacey Service Area	–
Facility HPSA	Nisqually Health Clinic Northwest Pediatric Center Rochester Family Medicine Clinic Sea Mar Community Health Centers Valley View Health Center	Nisqually Health Clinic Northwest Pediatric Center Rochester Family Medicine Clinic Sea Mar Community Health Centers Valley View Health Center	Nisqually Health Clinic Northwest Pediatric Center Rochester Family Medicine Clinic Sea Mar Community Health Centers Valley View Health Center

Source: HPSA Find (hrsa.gov)

See Appendix 1 for additional quantitative data.

SECTION III: HEALTH-RELATED INDICATORS

Behavioral Health

SUBSTANCE USE/MISUSE INDICATORS

Opioid Overdoses

In Lewis County, confirmed fatal opioid overdoses and suspected non-fatal opioid overdoses increased between the years 2022 and 2023. In Thurston County, while fatal overdoses decreased, suspected overdoses increased, with a particularly large rise in suspected overdoses responded to by Emergency Medical Services – more than 60% over the previous year. Opioid overdose hospitalizations in both counties increased.

Table 3. Percentage Change in Opioid Overdoses Over Previous Year in Lewis and Thurston Counties, 2022-2023*

Indicator	Lewis County	Thurston County	Washington State
Fatal Opioid Overdoses	+25.0% (35)	-16.8% (89)	+37.6% (2,819)
Fatal Synthetic Opioid (Mostly Fentanyl) Overdoses	+26.9% (33)	-18.4% (84)	+42.8% (2,642)
Suspected Opioid Overdose – ED Visit	+24.0% (181)	+16.1% (446)	+33.1% (14,543)
Suspected Opioid Overdose – EMS Response	+25.0% (160)	+60.2% (157)	+39.8% (19,218)
Opioid Overdose Hospitalizations	+68.8% (27)	+73.3% (104)	+46.1% (2,353)

Source: Washington State Department of Health, Washington Tracking Network, using 2023 data
**Number of 2023 overdoses in parentheses*

Binge Drinking

This indicator measures adults ages 18 years and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days – approximately 16% in both Lewis and Thurston Counties, which is similar to the rate in Washington State.

Table 4. Binge Drinking in Lewis County, Thurston County, and Washington State

Indicator	Lewis County	Thurston County	Washington State
Binge Drinking	16.5%	15.7%	15.7%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

Youth Attitudes Toward Alcohol and Marijuana Use

The figures below represent the percentages of youth who believe that using alcohol and marijuana regularly poses a "great risk" of harm to health. Lower percentages indicate that students view these behaviors as less risky.

In the South Puget Sound, students' perceived risk of regular alcohol and marijuana use is lower than in Washington State overall. Notably, in Lewis County, only one third of 6th grade students who participated in the survey view daily alcohol use as a great risk to health, and one third of 10th graders who participated in the survey view regular marijuana use in this way. For 6th and 10th grades, Thurston County students' perceptions of alcohol and marijuana risk are comparatively closer to statewide figures.

Table 5. Students' Perceived Risk of Daily Alcohol Use in Lewis County, Thurston County, and Washington State

Perceived "Great Risk" of Harm from Daily Alcohol Use	Lewis County	Thurston County	Washington State
6th Grade	32.9%	40.7%	42.3%
8th Grade	43.2%	43.4%	47.3%
10th Grade	42.7%	49.2%	50.9%

Source: 2023 Washington State Healthy Youth Survey

Table 6. Students' Perceived Risk of Regular Marijuana Use in Lewis County, Thurston County, and Washington State

Perceived "Great Risk" of Harm from Regular Marijuana Use	Lewis County	Thurston County	Washington State
6th Grade	46.6 %	47.9%	50.1%
8th Grade	44.3%	43.8%	49.1%
10th Grade	33.8%	39.2%	40.5%

Source: 2023 Washington State Healthy Youth Survey

MENTAL HEALTH INDICATORS

Frequent Mental Distress

According to the U.S. Centers for Disease Control and Prevention, "In 2022, 15.9% of US adults reported frequent mental distress (FMD), defined as 14 or more mentally unhealthy days during the past 30 days where the person has experienced poor mental health because of stress, depression, or problems with emotions."

In the South Puget Sound, the percentage of adults with FMD is slightly higher than state and national figures. The table below represents the percentage of people aged 18 and older who reported that their mental health was not good for 14 or more days during the past 30 days.

Table 7. Adults with Frequent Mental Distress in Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Frequent Mental Health Distress	17.5%	17.2%	16.5%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates

Depression

In the South Puget Sound, nearly 30% of adults ages 18 years and older reported having been told by a doctor, nurse, or other health professional that they had depressive disorder. In both Lewis and Thurston Counties, this is higher than in the state as a whole.

Table 8. Adults with Depressive Disorder in Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Adults with Depression	28.0%	29.0%	25.0%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

Among children and youth, symptoms of depression are more prevalent in the South Puget sound than in Washington overall. The figures below indicate the percentage of students who reported that, during the past year, they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Table 9. Symptoms of Depression in 8th and 10th Grade Students in Lewis County, Thurston County, and Washington State

Students Experiencing Symptoms of Depression	Lewis County	Thurston County	Washington State
8th Grade	34.3%	28.0%	27.1%
10th Grade	35.8%	31.8%	29.9%

Source: 2023 Washington State Healthy Youth Survey

Feelings of Social Isolation

According to the U.S. Centers for Disease Control and Prevention, "Previous studies show that social isolation and loneliness are common sources of chronic stress in adults, and are common at the end of life, affecting 1 in 4 older adults…. Past research shows that people with high levels of social isolation are at higher risk of developing chronic conditions (e.g., depression, cardiovascular disease, hypertension, cancer) and have a higher risk of mortality."

In South Puget Sound, the percentage of adults reporting feelings of social isolation approaches 40%, higher than statewide. This indicator measures respondents aged 18 years and older who answered "Always," "Usually," or "Sometimes" to the following question: "How often do you feel socially isolated from others?"

Table 10. Feelings of Social Isolation Among Adults in Lewis and Thurston Counties

Indicator	Lewis County	Thurston County	Washington State
Feelings of Social Isolation	39.2%	36.4%	35.0%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

Suicide

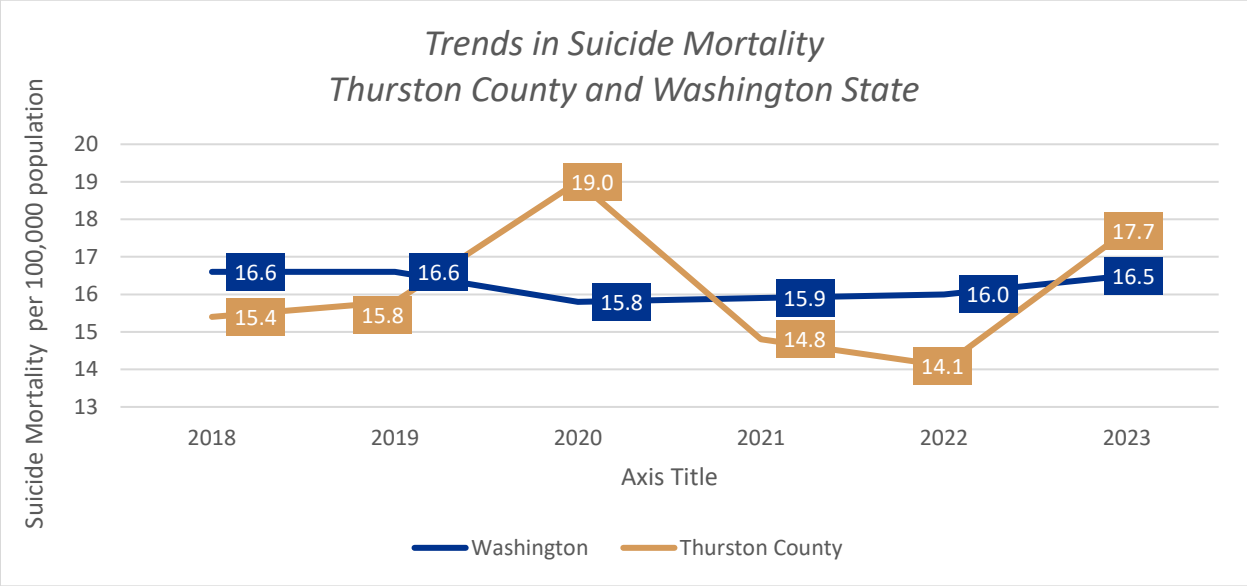
Between 2018-2023, the average crude rates of deaths resulting from suicide were approximately equal in Thurston County (16.1) and Washington State (16.2). In Lewis County, the rate was substantially higher (20.5). In 2023, the most recent year of available data, suicide mortality in Thurston County was notably at its highest level (17.7) since the peak of the COVID-19 pandemic in 2020.

Table 11. Suicide Mortality Rates in Lewis and Thurston Counties Compared to Washington State (Crude Rates)

Indicator	Lewis County	Thurston County	Washington State
Suicide Mortality Rate (per 100,000 standard population)	20.5	16.1	16.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Figure 1. Trends in Suicide Mortality by Year (Crude, 2018-2023) in Thurston County and Washington State



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Suicidal ideation in youth is more prevalent in the South Puget Sound than statewide. Nearly one in five students in Lewis County and more than one in six students in Thurston County reported having seriously contemplated suicide in the past year.

Table 12. Suicidal Ideation in 8th and 10th Grade Students in Lewis County, Thurston County, and Washington State

Students Experiencing Suicidal Ideation	Lewis County	Thurston County	Washington State
8th Grade	19.7%	17.3%	15.2%
10th Grade	19.6%	17.0%	14.5%

Source: 2023 Washington State Healthy Youth Survey

Physical Health

LEADING CAUSES OF DEATH

Cancers and heart disease are the two leading causes of death in Lewis and Thurston Counties and Washington State, followed closely by unintentional injuries, Alzheimer disease, cerebrovascular diseases, and chronic lower respiratory distress. Many of these are linked to chronic conditions listed in the section below.

Table 13. Leading Causes of Death for Lewis County, Thurston County, and Washington State (Crude Rates)

	Lewis County	Thurston County	Washington
1st	Diseases of heart	Malignant neoplasms (cancer)	Malignant neoplasms (cancer)
2nd	Malignant neoplasms (cancer)	Diseases of heart	Diseases of heart
3rd	Chronic lower respiratory diseases	Accidents (unintentional injuries)*	Accidents (unintentional injuries)*
4th	Accidents (unintentional injuries)*	Alzheimer disease	Alzheimer disease
5th	Alzheimer disease	Chronic lower respiratory diseases	Cerebrovascular diseases
6th	Cerebrovascular diseases	Cerebrovascular diseases	Chronic lower respiratory diseases
7th	COVID-19	Diabetes mellitus	COVID-19
8th	Diabetes mellitus	COVID-19	Diabetes mellitus
9th	Chronic liver disease and cirrhosis	Intentional self-harm (suicide)	Intentional self-harm (suicide)
10th	Intentional self-harm (suicide)	Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

**Accidents (unintentional injuries) include fall deaths, vehicle traffic deaths, and unintentional poisoning deaths (most often caused by drug overdoses, although can also include household products or other chemicals).*

CHRONIC CONDITIONS

According to the Centers for Disease Control and Prevention, "Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States…. Many preventable chronic diseases are caused by a short list of risk behaviors: smoking, poor nutrition, physical inactivity, and excessive alcohol use."

In the South Puget Sound, the prevalence of chronic conditions that contribute to leading causes of death is consistently higher than in Washington State overall. The disease burden in Lewis County is higher than in both Thurston County and the state. The prevalence is higher for all listed conditions in the high need service area than the broader need service area.

Table 14. Chronic Health Conditions in Lewis County, Thurston County, and Washington State

Indicator	Lewis County	Thurston County	Washington
Asthma	12.3%	11.6%	10.9%
Chronic Obstructive Pulmonary Disease (COPD)	8.5%	5.4%	5.3%
Coronary Heart Disease	7.7%	5.7%	5.7%
Diabetes	11.9%	10.3%	9.7%
Obesity	40.5%	33.5%	31.7%

Source: PLACES. Centers for Disease Control and Prevention. Indicators use crude prevalence for year 2022 estimates.

CURRENT SMOKING

The U.S. Centers for Disease Control and Prevention states, "Cigarette smoking is the leading preventable cause disease, death, and disability in the United States. Cigarette smoking and secondhand smoke exposure cause more than 480,000 deaths each year in the United States. This is nearly one in five deaths." Smoking increases the risk for cancer, heart disease, stroke, chronic lung disease, and Type 2 Diabetes, among other health conditions.

In Lewis County, 15.5% of adults ages 18 years and older reported having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days, compared to 10.4% in Thurston County and 10.0% in the state of Washington. In the high need service area, smoking prevalence is approximately 3 percentage points higher than in the broader need service area.

Table 15. Current Smoking for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Current smoking	15.5%	10.4%	10.0%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

PREVENTIVE CARE

"Regular checkups can reduce disease and premature death from chronic conditions (e.g., cardiovascular disease, cancer, chronic lower respiratory diseases, and diabetes)," according to the U.S. Centers for Disease Control and Prevention (CDC). "'Regular checkups' include receiving recommended vaccinations, screenings, and blood tests in addition to checking blood pressure, weight, and cholesterol with the purpose of maintaining wellness.

In the South Puget Sound, the prevalence of adults aged 18 years and older who report having been to a doctor in the previous year for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) is slightly lower than in Washington State overall.

Additional information from the CDC states, "Routine dental visits allow for oral health education, preventive care services, and early detection and treatment of oral diseases such as dental caries (cavities), periodontal (gum) disease, and oral cancer." In Lewis County, only 60% of adults aged 18 years and older reported having been to the dentist or dental clinic in the previous year, approximately 9 percentage points lower than in Thurston County. People living in the broader need service area were much more likely to have seen a dentist in the past year (69.6%) compared to people in the high need service area (62.2%).

Table 16. Preventive Care for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Annual Checkup	68.1%	69.3%	70.7%
Dental Visit	60.0%	69.2%	67.8%

Source: PLACES. Centers for Disease Control and Prevention. Indicators use crude prevalence for year 2022 estimates.

According to the Washington State Department of Health, all children aged 19 months and older should have completed the 4:3:1:3:3:1:4 vaccine series. This series consists of the following vaccines:

- 4+ doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine
- 3+ doses of polio vaccine
- 1+ doses of measles, mumps, and rubella (MMR) vaccine
- 3+ doses of hepatitis B (Hep B) vaccine
- 3+ doses of *Haemophilus influenzae* type B (Hib) vaccine
- 1+ dose of varicella (chickenpox) vaccine
- 4+ doses of pneumococcal conjugate (PCV) vaccine

The table below represents the number of children aged 19-35 months who have completed this vaccination series. In the South Puget Sound service area overall, the percentage of children who have received these immunizations is lower than statewide. In Thurston County, this figure is about 3 percentage points lower than Washington State; however, Lewis County's figure is nearly 2 percentage points higher than the state.

Table 17. Immunization Rates, Children Ages 19-34 Months, for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	South Puget Sound Service Area	Washington State
4:3:1:3:3:1:4 Vaccination Series	59.7%	54.7%	55.9%	57.9%

Source: Washington Tracking Network, Washington State Department of Health. Indicator uses 2024 data.

Access to Health Care

POPULATION WITHOUT HEALTH INSURANCE

Healthy People 2030 states, "Unequal distribution of health care coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. People with lower incomes are often uninsured, and minority groups account for over half of the uninsured population…. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease."

According to the 2023 American Community Survey, more than 20,000 individuals in the South Puget Sound lack comprehensive health insurance coverage. Plans that provide insurance only for specific conditions or situations such as cancer and long-term care policies are not considered comprehensive health coverage. Likewise, other types of insurance like dental, vision, life, and disability insurance are not considered comprehensive health insurance coverage. In Lewis County, a higher percentage of the population lacks health insurance than in Thurston County or statewide. A greater percentage of people in the high need service area (6.5%) lack insurance compared to the broader need service area (4.6%).

Table 18. Population without Health Insurance in Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Lack of Health Insurance	7.1%	5.0%	6.4%

Source: 2023 American Community Survey, 5-year estimates

Basic Needs and Economic Security

HOUSEHOLD ECONOMIC INDICATORS

Household Income

Household median income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. Thurston County mirrors the state figure overall in this measure. Lewis's County's median household income is more than $24,000 below that of Thurston County, and more than $36,000 below

that of the broader need service area of South Puget Sound. Disparities are also evidenced by the $30,000 gap between median household incomes among the high need and broader need service areas.

Population below 200% Federal Poverty Level

According to the U.S. Census Bureau, the total number of people below the poverty level is the sum of people in families and the number of unrelated individuals with incomes in the last 12 months below the poverty threshold. For reference, in 2022, 200% Federal Poverty Level was equivalent to an annual household income of $55,500 or less for a family of four in the contiguous United States. Nearly one in three people in Lewis County and more than one in five people in Thurston County live below 200% of the poverty level.

Childcare Cost Burden

According to County Health Rankings and Roadmaps, "When much of a paycheck goes toward child care expenses, households face difficult trade-offs in meeting other basic needs such as paying rent or mortgage, affording doctor visits, healthy foods, utility bills, and reliable transportation to work or school." The figures below represent childcare costs for a household with two children, as a percent of median household income. In Thurston County, a household with two children must spend approximately 31% of its income to cover childcare costs. In Lewis County, this figure jumps to 42%. *(Source: The Living Wage Institute; Small Area Income and Poverty Estimates, 2023-2024, accessed from countyhealthrankings.org)*

Table 19. Household Economic Security Indicators for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Median Household Income*	$69,690	$93,985	$94,952
Population Below 200% Federal Poverty Level*	31.0%	21.6%	22.8%
Childcare Cost Burden^ (as a percentage of median household income)	41.8%	30.7%	36.6%

**Source: 2023 American Community Survey, 5-year estimates*
^Source: The Living Wage Institute; Small Area Income and Poverty Estimates, 2023-2024, accessed from countyhealthrankings.org

HOUSING SECURITY

Housing Cost Burden

Households experiencing severe housing cost burden spend 50% or more of their income on housing costs. When people struggle to afford shelter, they often must face difficult choices between meeting other basics needs such as food, utilities, transportation, and health care. About 14% of households in Washington State and Thurston County and 13% in Lewis County are severely housing-cost burdened, affecting more than 20,000 households in the two counties combined. Nearly 15% of households in the high need service area of the South Puget Sound are experiencing this strain, compared to 11% in the broader need service area.

Table 20. Housing Security Indicators for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Households Experiencing Severe Housing Cost Burden	12.6%	14.3%	13.8%

Source: 2023 American Community Survey, 5-year estimates

FOOD SECURITY

Households Receiving Supplemental Nutrition Assistance Program Benefits

Households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) – formerly referred to as the food stamp program – is used as a proxy measure to identify households that may be experiencing food insecurity. In the South Puget Sound, 18,596 households are affected. In the high need service area (16.4%), nearly twice as many households receive SNAP benefits than in the broader need service area (8.6%).

Children Eligible for Free or Reduced Price Lunch

Based upon their families' income levels, a high percentage of children in the South Puget Sound are eligible to receive free or reduced price meals at school. Children from families with incomes at or below 130% of Federal Poverty Level (FPL) qualify to receive free lunch, and those with family incomes between 130%-185% FPL qualify for reduced price lunch. Since 2020, the percentages of children eligible for this program have risen by 8 percentage points in Thurston County and 5 percentage points in Lewis County.

Table 21. Food Security Indicators in Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Households Receiving SNAP Benefits*	16.2%	11.4%	11.4%
Children Eligible for Free or Reduced Price Lunch^	61.6%	43.2%	49.4%

**Source: 2023 American Community Survey, 5-year estimates*

^Source: National Center for Education Statistics, 2025 Data Release uses data from 2022-2023, accessed from countyhealthrankings.org

EDUCATION

High School and Post-Secondary Education

Healthy People 2030 highlights the importance of education in the following way: "A high school diploma is a standard requirement for most jobs — and for higher education opportunities. Not completing high school is linked to a variety of factors that can negatively impact health, including limited employment prospects, low wages, and poverty."

In Lewis County, 91.2% of adults 25 and older have received a high school diploma or equivalent, about 1 percentage point lower than statewide. In Thurston County, this figure is 94.5%, approximately 2 percentage points higher than the state overall.

The percentage of adults aged 25 and older who have a bachelor's degree or higher is approximately 41% in Thurston County and in the state as a whole; that figure drops significantly to 22.6% in Lewis County. 13.9% of adults 25 and older have an associate's degree in Lewis County, higher than the percentages in Thurston County (11.4%) and statewide (10.2%). Conversely, only 7.5% in Lewis County have a graduate or professional degree, compared with 17.6% in Thurston County and 16.6% in Washington State.

Table 22. Education Indicators for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
High school graduate or higher	91.2%	94.5%	92.3%
Associate's degree	13.9%	11.4%	10.2%
Bachelor's degree or higher	22.6%	40.5%	41.0%
Graduate or professional degree	7.5%	17.6%	16.6%

Source: 2024 American Community Survey, 1-year estimates

School Funding Adequacy

This measure represents the average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. Higher figures represent a larger gap. These funding gaps have increased dramatically over a two-year period, approximately $1,000 in each county and statewide.

Table 23. School Funding Adequacy for Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
School Funding Adequacy	$2,985	$5,488	$4,354

Source: School Finance Indicators Database, 2022, accessed from countyhealthrankings.org

INTERNET ACCESS

Access to technology is a significant factor in people's ability to learn, work, and connect with the world in a wide variety of important and meaningful ways. Internet access improves access to education, employment, and other opportunities, and can strengthen community support and decrease feelings of loneliness. "Internet access" refers to whether or not someone in the household uses or can connect to the internet, regardless of whether or not they pay for the service.

In Lewis County, more than one in 10 households lack internet access, a percentage more than two times higher than in Thurston County and statewide.

Table 24. Households without Internet Access in Lewis and Thurston Counties Compared to Washington State

Indicator	Lewis County	Thurston County	Washington State
Lack of Internet Access	10.3%	4.2%	4.8%

Source: 2023 American Community Survey, 5-year estimates

Please refer to the 2025 South Puget Sound CHNA Data Hub to review a variety of health indicators mapped at the census tract level. The hub provides data on indicators in Lewis and Thurston Counties, high need and broader need service areas, and Washington State, as well as information about the importance of each indicator.

See Appendix 1 for additional Health-Related Indicators.

Hospital Utilization Data

In addition to public health data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach efforts.

AVOIDABLE EMERGENCY DEPARTMENT VISITS

At Providence Centralia and Providence St. Peter Hospitals, roughly 25% of all ED visits were considered potentially avoidable in 2024. These percentages decreased slightly between 2022 and 2024. Patients with the following demographics had higher percentages of avoidable ED visits (i.e., looking at what percentage of ED cases for each population were considered potentially avoidable):

- Patients ages 40 to 64 years
- Patients with Medicaid coverage and those who are self-pay. Patients with commercial insurance had lower percentages of avoidable ED visits compared to other payor groups.

Some of the top diagnosis groupings for avoidable ED visits at both hospitals were the following:

- Urinary tract infections
- Skin infections
- Substance use disorders

Source: Providence Epic, 2024

BEHAVIORAL HEALTH EMERGENCY DEPARTMENT VISITS

At Providence Centralia and Providence St. Peter Hospitals, roughly 5-7% of all ED visits were primarily for behavioral health needs in 2024. Patients with the following demographics had higher percentages of behavioral health related ED visits (i.e., looking at what percentage of ED cases for each population were related to behavioral health):

- Patients ages 18-39 years
- Patients with Medicaid coverage

The top five diagnosis groupings for behavioral health related ED visits were the following:

- Substance use disorders
- Mood disorders (episodic)
- Psychosis
- Anxiety and personality disorders
- Poisonings (commonly abused drugs)

Source: Providence Epic, 2024

Internal Data on Health Disparities

At Providence, through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities.

We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care.

The following data aims to expand the scope of our insights for this CHNA and support our efforts to address the underlying and root causes of health disparities. Research shows that primary care providers are critical for providing preventive care to patients, including cancer screenings and chronic disease management.[1] Research and publicly available data also show that in the United States, health disparities exist by race and ethnicity due in part to the social drivers of health, including social and economic factors that contribute to health[2] and unequal access to and use of primary care.[3] For

[1] The Commonwealth Fund 2024 State Health Disparities Report: Advancing Racial Equity in U.S. Health Care | The Commonwealth Fund

[2] Key Data on Health and Health Care by Race and Ethnicity | KFF

[3] The Commonwealth Fund 2024 State Health Disparities Report: Advancing Racial Equity in U.S. Health Care | The Commonwealth Fund

example, data show Black, Hispanic/Latinx, Asian, and American Indian/Alaska Native populations have lower rates of cancer screenings compared to their white counterparts.[4]

As part of efforts to address underlying and root causes of health disparities, Providence is dedicated to enhancing patient outreach and education. Examples of these initiatives include "Love Your Heart, Lower the Pressure," in partnership with the American Heart Association in 2025, which provided bilingual resources for managing blood pressure. Additionally, Providence recently piloted new materials in Spanish emphasizing the importance of preventive care, resulting in a successful reduction of no-show and late cancellation rates for women's wellness exams at Providence Oregon facilities from 27.4% to 14.4%. These efforts highlight our ongoing commitment to creating a healthier community through accessible and culturally relevant health care.

Read more about Providence Swedish's commitment to this work.

PROVIDENCE PRIMARY CARE CLINICAL INDICATORS

In addition to community, county and state-level data used throughout this report, Providence also evaluated select, de-identified, and aggregated primary care data to provide more insights around certain clinical indicators and to better understand how health disparities are affecting the local communities we serve.

We reviewed five internal primary care metrics by race, ethnicity, and payor: breast cancer screening, colorectal cancer screening, diabetes A1C control, hypertension blood pressure control, and depression screening and follow up.

The individuals included in the data are those with an established Providence primary care provider who had a face-to-face primary care visit within one-to-two years or so. Therefore, this population cannot be directly compared to the county population overall, as it may exclude people with greater barriers to accessing primary care.

The following are key insights from 2024:

Physical Health—Preventive Care

- In general, Black, Indigenous, and Persons of Color (BIPOC) patients have lower percentages of breast and colorectal cancer screenings (with the exception of breast cancer screenings in Lewis County) and diabetes and hypertension control.
- In Lewis and Thurston County patients combined, American Indian and Alaska Native (AIAN) patients have some of the lowest percentages of breast and colorectal cancer screenings. For colorectal cancer screenings, Hispanic/Latinx and Native Hawaiian and Pacific Islander (NHPI) patient populations also have lower percentages of screening compared to the patient population overall.

[4] Racial Disparities in Cancer Outcomes, Screening, and Treatment | KFF

- For chronic disease management in Lewis and Thurston Counties combined, Black and NHPI patient populations have lower percentages of diabetes and hypertension control. Hispanic/Latinx patients also have lower diabetes control.
- Patients with Medicare coverage consistently show the highest percentages of preventive screenings and chronic disease control, while patients covered by Medicaid or those who are self-pay have lower percentages than the patient population overall. These findings align with national research that shows health insurance coverage is associated with more preventive health services and the type of coverage further influences access to preventive care. Generally, adults who are uninsured have significantly lower health screening rates than those with health coverage. For example, patients with private insurance or Medicare have higher mammogram screening rates than those with public insurance.[5] This is likely due to several factors, including that Medicare covers a wide range of preventive screenings and annual wellness visits, with no out-of-pocket costs, reducing financial barriers.

Behavioral Health

- The depression screening and follow-up metric measures the percentage of primary care patients screened for depression using an age-appropriate standardized screening tool and, if positive, with a follow-up plan documented. BIPOC patients in Lewis and Thuston Counties have slightly lower percentages of screening and follow up compared to the population overall, with Hispanic/Latinx patients having the lowest percent. In Lewis County, Black patients had the highest percentage of screening and follow up compared to other race and ethnicity groups.
- Patients with Medicaid coverage or those who are self-pay had the lowest percentages of screening and follow up, with Medicare patients having the highest.

HOSPITAL SOCIAL DRIVERS OF HEALTH SCREENING DATA

To better understand and respond to patients' Social Drivers of Health (SDOH) needs, each inpatient over the age of 18 is asked about support needs related to housing, transportation, food, utilities, and safety. The following are key insights from 2024 at Providence St. Peter Hospital (PSPH) and Providence Centralia Hospital (PCH):

- Housing was the greatest need reported at both hospitals, substantially above the other needs. Food, transportation, and utilities followed in that order as the next greatest needs, at PSPH. Transportation, food, and utilities followed at PCH.
- At PSPH, a greater percentage of patients identifying as Hispanic/Latinx or Black reported at least one SDOH need compared to patients identifying as white and the screened patient population overall.

[5] Health Insurance Status and Clinical Cancer Screenings Among U.S. Adults | PubMed

SECTION IV: COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Centralia and St. Peter Hospitals – in partnership with Lewis County Public Health and Social Services, MultiCare Capital Medical Center, the Thurston County Public Health and Social Services Department, and inHealth Strategies – conducted 48 key informant[6] interviews with representatives from community-based organizations between March and May 2025 and 9 listening sessions with community members between April and June 2025. During these interviews and listening sessions, community members and nonprofit and government key informants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area.

Below is a high-level summary of the findings of these sessions.

LEWIS COUNTY

Community-Defined Health and Strengths

Key informants were asked to highlight community strengths and community members were asked to describe their vision for a healthy community:

Vision for a Healthy Community

- Basic needs are met
- Community engagement and respect and empathy for one another
- Access to resources and services
- Physical and mental health services
- Green spaces and recreation

Community Strengths

- Collaboration and a shared vision for addressing community needs
- Strong community engagement and involvement, including volunteering
- Responsiveness and coming together in times of crisis
- Community organizations and resources offer solutions to meet community needs

[6] Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Lewis County. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving residents, including diverse communities, people with low incomes, and people experiencing barriers to care.

Behavioral health challenges and access (mental health and substance use/misuse)	Key informants and community members highlight behavioral health (BH) challenges and barriers in accessing support services as pressing needs. Key informants also expressed concern around substance use/misuse in the community, noting the use of fentanyl and opioids and an increase in deaths from overdoses. They spoke to the complexity of addressing behavioral health conditions due to the connection with trauma, housing instability, and the criminal-legal system. Environmental hazards can also put stress on families and the threat of disasters can contribute to anxiety. There is a need for more behavioral health services and providers, especially in East Lewis County. There are long wait times for mental health services, limited inpatient behavioral health care, particularly for pediatric psychiatric care, and a lack of substance use/misuse treatment facilities, with no local detox facility. There is also a lack of special needs assessments for children, with waitlists spanning several years. Barriers to access include insurance challenges, the high cost of care, long waitlists, transportation, and lack of trust between parents and providers. Systemic barriers include a lack of funding and low reimbursements, as well as siloed and complex systems to navigate. Key informants and community members were particularly concerned about the increasing behavioral health needs of young people, sharing the urgent need to implement more social-emotional health strategies and support for parents as they navigate cell phones and social media use. Community members noted needing more education and training from people with lived experience to normalize conversations around behavioral health challenges.
Access to health care services	There are a variety of barriers to accessing primary and specialty care in Lewis County. A lack of primary care providers leaves many residents with unmanaged chronic conditions, often resulting in emergency calls for preventable reasons. Limited pediatrician offices delay timely care for children, while specialized services such as cardiology and urology require travel to Olympia or other cities. East Lewis County residents face lengthy trips, sometimes up to 45 minutes, just to reach a pharmacy. Rehabilitation services, including physical therapy and speech-language pathology, are in high demand. Transportation issues are among the most severe barriers, especially for older adults and rural residents. Access to care challenges stem from a lack of workforce, difficulty with accessing technology and information online, disinformation and a lack of trust. Many residents lack insurance due to affordability and community members shared difficulty finding providers who accept Medicaid. Severe weather events disrupt access to care even further and contribute to power outages that affect telehealth and medical equipment. Populations disproportionately affected by access challenges include rural residents, older adults, the Spanish-speaking community, individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or other identities not encompassed (LGBTQIA+), and children with special health care needs.
Safe and affordable housing and homelessness	Key informants were concerned about the lack of affordable housing in the community and how this contributes to other needs. Stable housing is the primary need for ensuring community safety and addressing other challenges, including behavioral health. Key informants and community members were concerned about increasing homelessness and how that may affect people's feeling of safety. The

	scarcity of affordable housing affects workforce recruitment, especially in service jobs. Key informants call for more affordable, transitional, and low-barrier housing to ensure economic stability, advocating for housing solutions that enable families to spend less than a third of their income on living costs. High housing costs, property taxes, and long waitlists for housing services are significant barriers to secure housing, with community members sharing frustration over rising property taxes. Developing more housing is difficult because of insurance costs and construction challenges due to fire risks. Flooding and fires are threats to housing and the affordability of insurance. Key informants were primarily concerned about older adults and their ability to remain stably housed due to increasing housing costs and taxes, noting that many are at significant risk of experiencing homelessness. Other populations affected include families with low incomes and young people. People experiencing homelessness have increased exposure to smoke and limited access to heating and cooling during extreme weather.
Access to affordable childcare and preschools	Affordable childcare and preschool education are essential for the long-term development of children. Lewis County faces a significant shortage of early childhood resources, impacting both child development and local workforce recruitment. Reliable childcare makes it possible for parents to reliably attend work. Barriers to accessing childcare include limited childcare options, high costs, and transportation. In some areas, there is no local childcare. Establishing new childcare facilities is hindered by high costs, inadequate funding, and low wages for providers. Families with incomes above the federal poverty level but not enough to meet their basic needs are particularly affected by the lack of childcare.
Food security (access to healthy and affordable foods)	Food security is essential for a healthy community, impacting chronic conditions, physical activity, and children's ability to function well in school. Economic barriers, including the high cost of housing, prevent many people, especially those with low incomes, from accessing nutritious foods. High demand for food pantries highlights community needs, and some areas have few nearby grocery stores offering fresh produce. Free and reduced lunch programs help ensure children receive meals at school, but more funding is needed for broader food security efforts. Key challenges include transportation, cost, and a lack of information due to technology barriers, with mistrust deterring some BIPOC communities from using food services. Populations disproportionately affected include people with low incomes, older adults facing transportation and technology issues, rural residents with limited grocery access, and young people needing meals outside school hours. Extreme weather and wildfires negatively affect crops and food supply, and disasters may worsen food security for people with low incomes.
Chronic conditions (e.g. heart disease, cancer, diabetes)	The prevalence of chronic conditions such as heart disease, diabetes, obesity, hypertension, asthma, COPD, and cancer is a concern for community health. Many residents want resources to manage these conditions but have difficulty due to factors like food insecurity and limited access to health care services, which are both causes and effects of high chronic disease rates. Environmental hazards, like smoke, worsen chronic conditions and upper respiratory issues, leading to more health care appointments. There is a strong need for increased focus on preventive care, rather than just managing aftereffects, to address issues like diabetes and obesity. Improved

	access to diabetic supplies and education on managing diabetes, including healthy cooking and weight loss strategies, are important. Barriers to treatment of chronic health conditions include low health literacy and coexisting behavioral health needs, necessitating integrated care approaches. Older adults particularly need more support as they often have multiple chronic diseases.
Economic security (living wage jobs and employment)	Economic security is foundational to individual and family wellbeing. Outside the service industry, there is a growing number of manufacturing jobs that offer advancement and higher wages, although concerns about automation threaten economic stability. Economic insecurity often leads to family stress, with parents working multiple jobs to balance financial challenges and childcare responsibilities. High living costs, especially housing, impact recruitment efforts for professions like health care, and people often move to more affordable areas, facing long commutes. Improving economic security requires affordable childcare and living wage jobs. Community members discussed the need for more job training, financial support in response to rising living costs, and support for public education. Small income increases can cause loss of access to public benefits that set back financial progress, and the complexity of navigating public benefits is difficult for many. Environmental hazards might worsen people's financial security as people with low incomes may lack insurance, hotel options, or free places to stay during a disaster. People whose primary language is other than English, older adults, and people with former criminal legal involvement may experience additional barriers to economic security.
Support for aging adults/seniors	Many older adults lack sufficient support and experience isolation. Affordable housing and economic security are needed as fixed incomes make it hard for older adults to afford rising living costs. Shelter programs are seeing more older adults enter homelessness, but shelters are not equipped to meet the medical needs of this population, especially if they have dementia or other health challenges. Limited housing options for older adults worsens this problem. There is a lack of in-home care services to support aging in place, particularly in East Lewis County leading older adults to rely on EMS for non-emergent needs. Community members noted there is a lack of home health care and respite care. This lack of support often forces older adults into nursing homes or to relocate near family. Barriers include a lack of information and resources, isolating older adults who may not be able to access information online, and transportation difficulties limiting access to services.
Access to transportation (safe, reliable, affordable)	Safe, reliable, and affordable transportation is a need in the community, affecting access to health care, food, and economic opportunities. Many residents lack reliable vehicles or gas money, and public transportation options can be too expensive for some. In East Lewis County, people often travel long distances for basic services like pharmacy access, and medical transport relies heavily on volunteer ambulances. Transportation barriers worsen food insecurity and social isolation. Environmental hazards like icy roads and flooding can make transportation even more difficult, isolating communities and disrupting access to services. The community needs more trails for safe walking and biking, as well as better public transit coverage. Infrequent bus routes can mean people spend all day traveling for appointments, especially from more rural areas. Populations particularly affected by transportation barriers include rural residents, older adults, and those experiencing homelessness.

In addition to the above need areas, community members also identified the following:

- **Leadership and government:** Community members would like to have direct access to leadership to express concerns, increased accountability from leaders, and community representation in spaces where decisions are made.
- **Additional resource needs and navigation support:** Community members discussed the importance of having more resources available to meet community needs and increasing communication of and connection between the resources.
- **Safety and crime prevention:** Participants expressed concerns about road safety, crime, and the impact of homelessness, including encampments, on their sense of safety.
- **Community recreation:** Community members discussed wanting more activities, like art and dance, and opportunities for recreation locally, including more parks and gyms.

THURSTON COUNTY

Community Needs

Safe and affordable housing and homelessness	Participants and key informants emphasize the urgent need for affordable, permanent housing to support overall health and stability. Rising housing costs and inadequate wages force families into overcrowded or unstable conditions, effecting recovery, education, and employment. There is a shortage of supportive housing for people with mental health and substance use/misuse needs, and accessible housing is scarce for seniors and individuals with disabilities. There are limited affordable housing options and resources in rural areas. BIPOC communities and LGBTQIA+ youth may encounter heightened risks of eviction and homelessness. Community members would like to see more shelters, group homes, and reduced barriers to housing access, alongside enhanced hospital discharge planning for individuals without stable housing.
Behavioral health challenges and access (mental health and substance use/misuse)	Participants and key informants identify behavioral health as a major concern, noting increasing anxiety, depression, and trauma among youth and adults. They report challenges such as long waitlists, staff shortages, especially for culturally responsive therapists, and limited access to psychiatrists and medications. There is strong support for peer-led recovery models, but funding and recognition are limited. Integration of behavioral health services into schools, clinics, and shelters is challenged by workforce shortages, licensing restrictions, and lack of physical space. Mistrust and past trauma deter BIPOC and LGBTQIA+ communities from accessing care, highlighting the need for culturally responsive and trauma-informed care. Participants stress the need for affordable mental health services to overcome financial barriers, and express interest in more supportive resources.
Economic security (living	Key informants identify economic insecurity as a source of stress for many families in Thurston County, with rising housing and childcare costs contributing to financial challenges. Many employed residents experience food and housing insecurity due

wage jobs and employment)	to wages not keeping pace with the cost of living, particularly for part-time or contract workers. Challenges in accessing reliable childcare, transportation, and disability accommodations further impact job stability, making it difficult for parents and individuals with disabilities to maintain employment. Existing job programs do not always support people with limited technology skills or language barriers, while benefit cliffs and eligibility cutoffs worsen financial instability. Economic insecurity is connected to food insecurity, housing loss, and behavioral health issues. Single parents, BIPOC families, and people with disabilities may be disproportionately affected by this need.
Access to health care services	Key informants and participants highlight significant barriers to accessing health care, including high costs, transportation issues, and limited provider availability, particularly affecting people with low incomes, rural residents, LGBTQIA+ individuals, and people with undocumented status. There is a shortage of primary care, reproductive, and geriatric services, with patients traveling outside the community for care or experiencing long waitlists. Experiences with discrimination in health care can contribute to mistrust and deter access, highlighting the need for more culturally responsive and trauma-informed care. Community members would like to see more mobile and community-based clinics to improve accessibility and emphasize the importance of affordable health care and prescriptions. They also shared the importance of providing more whole-person care, focused on prevention, rather than only crisis care.
Access to affordable childcare and preschools	Key informants highlight the lack of affordable, high-quality childcare as a major challenge for many Thurston County families, affecting employment, economic mobility, and children's development. This issue is particularly pressing for single parents, low-income households, and those in rural areas. Limited childcare options, particularly for infants and children with disabilities, are compounded by provider closures due to low wages and high operating costs, leading to long waitlists and restrictive hours. There is a growing demand for on-site childcare in health care, schools, and workplaces. Families with children with disabilities and parents with undocumented status face significant barriers to accessing childcare.
Access to dental care	Participants and key informants highlight dental care access as a health concern in Thurston County, noting that few providers accept Medicaid, particularly for adults and restorative services. High costs and lack of insurance prevent many from receiving necessary dental care, leading to delayed treatment and increased use of emergency services. Mobile dental vans would help increase access, especially in south county and for those experiencing homelessness. There is also a need for increased integration between dental and health care systems to make care easier to navigate. Individuals with undocumented status or lacking identification face further barriers to accessing affordable dental care.
Food security (access to healthy and affordable foods)	Key informants and participants emphasize challenges in accessing healthy, affordable, and culturally appropriate food, particularly in rural and low-income communities. Many areas lack nearby grocery stores and public transportation, making it difficult for families to prioritize healthy foods over housing costs or

	medical expenses. While food banks exist, concerns include visit limits, expired food distribution, and limited fresh options. Immigration status can affect people's ability to access food resources. Financial constraints inhibit access to nutritious food, affecting mental and physical health. Resources may not always consider people's cultural norms and preferences, limiting their effectiveness.
Support for aging adults/seniors	Key informants highlight concerns about Thurston County's growing aging population, focusing on the need for better infrastructure and systems to support them aging with dignity and care. Many older adults live alone and experience isolation, exacerbated by the COVID-19 pandemic. Rising rent, medical, and transportation costs strain fixed incomes, while gaps in home care services force premature institutionalization. There is limited access to geriatric care and dementia support, particularly in non-urban areas. Participants advocate for intergenerational programs and technology assistance to enhance social connections and improve the overall wellbeing of older residents.
Access to transportation (safe, reliable, affordable)	Key informants highlight public transportation as both a valuable resource and a challenge in Thurston County, noting that the fare-free Intercity Transit system provides vital access but lacks coverage for rural areas and off-peak hours. Transportation is essential for accessing health care, employment, education, and social connections. However, services like Dial-A-Lift and paratransit have eligibility requirements and limited availability, impacting older adults, rural residents, and those with mobility challenges. Many rely on informal systems, such as rides from neighbors, which are unsustainable. Participants advocate for more transportation partnerships and mobile outreach to improve accessibility for those most affected.

In addition to the above need areas, community members also identified the following:

- **Community connection, empathy, and inclusion:** Community members expressed a fundamental desire for belonging, mutual support, and an inclusive, non-judgmental environment where diversity is appreciated and all individuals feel safe and understood.
- **Additional resource needs and navigation support:** Participants expressed a need for help in navigating available community resources. Additionally, they emphasized the need for advocacy for vulnerable individuals who may not be able to navigate complex systems independently.
- **Education:** Concern for safety in schools both from physical and cyber bullying was expressed, along with a desire for improving education and understanding of different learning styles.

See Appendix 2 for methodology and participant details

SECTION V: SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after reviewing the quantitative data.

Identification and Prioritization of Significant Health Needs

The CHNA Advisory Council reviewed a summary of qualitative data collected from key informant interviews and listening sessions, as well as relevant quantitative data for each of the following community health-related need areas:

- Access to Health Care
- Basic Needs and Economic Security
- Behavioral Health
- Physical Health

After this in-depth data review, the Advisory Council prioritized the need areas based on the following criteria:

- **Size and Scope**: What is the significance of the health issue in terms of the number/percent of people affected?
- **Severity:** How serious are the negative impacts of this issue on individuals, families, and the community?
- **Ability to Impact:** What is the probability that the community could succeed in addressing this health issue? (They took into consideration factors such as community resources, whether there are known interventions, community commitment to addressing the need, and the ability for Providence Swedish to partner with the community to effect change.)

2025 Priority Needs

Below is a summary of the priority health needs identified through the 2025 Community Health Needs Assessment process, listed in order of priority:

PRIORITY 1: BEHAVIORAL HEALTH

Behavioral Health, encompassing both mental health and substance use/misuse, is the most pressing need in our communities. There is a need for more behavioral health services and providers, especially in rural areas. There is limited inpatient behavioral health care, particularly for pediatric psychiatric care, and a lack of substance use/misuse treatment facilities. Workforce shortages exist, especially for

culturally specific therapists, and the community noted limited access to psychiatrists and medications. This is further hindered by insurance challenges, the high cost of care, long waitlists, and transportation issues. Systemic barriers include a lack of funding and low reimbursements, as well as difficulty navigating siloed and complex systems.

Community members expressed concerns about substance use/misuse, particularly fentanyl and opioids. Both fatal and nonfatal opioid overdoses have increased in Lewis County, as have suspected overdoses and overdose hospitalizations in Thurston County.

Mental health is also an area of concern. In the South Puget Sound, many mental health indicators top statewide figures, including the prevalence of depression, frequent mental distress, social isolation, suicide mortality, and suicidal ideation in youth.

Increasing behavioral health needs of young people were noted, and the community shared the need to implement more social-emotional health strategies and support for parents as they navigate issues such as the use of cell phones and social media.

Community members desire more education and training from people with lived experience, as well as peer-led recovery models.

Mistrust and past trauma were noted as deterring members of BIPOC and LGBTQIA+ communities from accessing behavioral health services, highlighting the need for culturally responsive and trauma-informed care.

PRIORITY 2: ACCESS TO HEALTH CARE

Access to both primary and specialty care was identified as a top health concern, with long waitlists to see providers. Residents also expressed the desire for more options for urgent care and for mobile and community-based clinics.

Primary care shortages contribute to avoidable Emergency Department visits, preventable emergency services calls, and the need to travel outside the area to access services. Additionally, this is a factor in the prevalence of unmanaged chronic conditions.

More than 20,000 South Puget Sound residents lack health insurance, often due to affordability issues, and community members shared difficulty finding providers who accept Medicaid. There are few resources for people who are uninsured, underinsured, or not Medicaid-eligible. The benefits cliff is also a concern—the point at which public benefits drop off sharply with a small increase in income.

Transportation is a significant barrier, as are the cost of prescriptions, hours of appointments during work time, limited health care literacy, distrust in the medical system, and access to or comfort with technology.

Specific populations may experience additional barriers to accessing responsive and affirming care, including people with low incomes, rural residents, older adults, the Spanish-speaking community, LGBTQIA+ individuals, and people with undocumented status. Stigma and discrimination and a lack of providers who are bilingual and bicultural contribute to these challenges.

PRIORITY 3: PHYSICAL HEALTH

The prevalence of chronic conditions is a priority concern for community health. In the South Puget Sound, chronic diseases are among the leading causes of death. The prevalence of asthma, COPD, diabetes, heart disease, and obesity tops statewide figures. Many residents want resources to manage these conditions but have difficulty due to factors like food insecurity and limited access to health care services, which are both causes and effects of high chronic disease rates.

Barriers to physical health include coexisting behavioral health needs and chronic conditions, necessitating integrated care approaches. Older adults particularly need more support as they often have multiple chronic diseases.

There is a strong need for greater focus on preventive care, rather than just managing aftereffects, to address chronic conditions and physical health in general. Lewis and Thurston County residents get routine health checkups at lower percentages than in Washington State overall, and a lower percentage of children in Thurston County are fully vaccinated by age three than in Lewis County or the state. Physical inactivity is an area of concern in Lewis County and, in the South Puget Sound overall, excessive screen time and social media use among youth are more prevalent than statewide.

Limited health literacy presents challenges in managing chronic conditions effectively, including completing recommended treatments or screenings. Health education is needed, such as healthy cooking skills and weight loss strategies for those with diabetes and hypertension.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems in the South Puget Sound include Lewis County Public Health and Social Services, the Thurston County Public Health Department, the Washington State Department of Health, MultiCare Capital Medical Center, and Arbor Health (Morton General Hospital).

In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For links to potentially available resources available to address significant health needs, see Appendix 3.

See Appendix 3 for a full list of resources potentially available to address the significant health needs

SECTION VI: EVALUATION OF 2024-2026 CHIP

The 2023 CHNA and 2024-2026 CHIP priorities were the following: behavioral health, basic needs and economic security, and access to health care. Providence Centralia and St. Peter Hospitals responded to community needs by contributing direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. The table below represents outcomes for January 2024-September 2025.

Table 25. Outcomes from 2023-2025 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Access to Health Care **Basic Needs and Economic Security** **Behavioral Health**	Community Partnership Grants	The hospitals collaborate with and provide funding to community-based organizations who deliver programs to ensure individuals have their basic needs met and receive access to health care services.	Partnership and funding enabled community organizations to deliver vital programs and services with outstanding results, including: 2,280 individuals experiencing homelessness were provided with supportive services, including housing search and connection, employment support, assistance applying for benefits, gas cards, childcare access, parent education, child engagement activities, advocacy, and housing stabilization. 215 people with complex health needs received case management, care navigation, and resource connection through outreach services to meet them where they are, meet their basic needs, and ensure access to primary, specialty, and behavioral health care.

	Mobile Outreach Program	The Providence Swedish Mobile Outreach Clinic meets people where they are to deliver care, serving people who are in need of behavioral and/or physical health care services, most of whom are experiencing homelessness or housing instability. The holistic approach of the clinic enables our providers to provide critical services to those who might not otherwise seek health care and who might otherwise find themselves in the emergency department of the hospital.	The Mobile Clinic served 1,892 unduplicated clients from 2024 to June 2025, providing behavioral health and medical care, resulting in: 155 referrals to primary and specialty care 1,364 social-worker counseling sessions and peer-support visits 918 mental health screenings using PH-2, PQH-9, and GAD-7 screening tools 1,067 instances of medication management Additionally, from January to June 2025, the clinic provided housing case coordination for 141 clients.
Access to Health Care **Basic Needs and Economic Security**	Medical Respite	Providence St. Peter Hospital works with community partners to serve unhoused individuals by providing a safe, healing environment for people needing medical respite services post discharge.	The hospital works with community partners, Interfaith Works' REST program and Catholic Community Services' Drexel House, to provide 8 medical respite beds for unhoused individuals, enabling up to 45 days of respite for each person. 170 individuals were referred to medical respite services, and 91 individuals were served by these programs after receiving care.

Access to Health Care **Behavioral Health**	Oncology Navigation and Support Services	Providence Swedish Cancer Institute delivers programs to help individuals with cancer successfully navigate the process of their diagnoses and treatment and provide support services to assist with emotional health and financial stability.	More than 1,400 individuals with cancer were supported by nurse navigators who helped guide them through their journeys from diagnosis to survivorship. 1,200 individuals with cancer and their family members received one-on-one counseling services and social-worker support. Approximately 1,300 individuals with cancer and their families and caregivers were served through 105 support group sessions.
Access to Health Care	Career Opportunities and Pathways to Entering Health Care Fields	To build capacity to meet the growing health needs of the communities we serve, Providence Centralia and St. Peter Hospitals increase awareness of and provide opportunities and pathways for careers in health care. Additionally, we utilize internal training programs and community partnerships to grow a workforce in a variety of health care fields.	48 individuals were hired through the Student Nursing Assistant Program and 75% have transitioned into full-time employment as Certified Nursing Assistants at the hospitals. 96 Nurse Techs were hired and 91% are still currently employed as Nurse Techs or have transitioned into the hospitals' RN residency program. More than 7,500 middle and high school students learned about health care careers and opportunities through mentorships, internships, STEM camps, hands on activities and volunteer programs, career fairs, and classes facilitated by Providence Swedish staff.

			Through the hospitals' volunteer programs, 80 high school students gained knowledge of health care careers by volunteering more than 3,400 hours in patient-facing roles. Counseling and social work interns from St. Martin's University and The Evergreen State College continue to receive training within our Behavioral Health Integration, Behavioral Health and Recovery, and Mobile Outreach programs.
	Medication Assistance Program	The Medication Assistance Program removes barriers to care by securing free or low-cost medications for individuals in need.	Nearly 1,500 people received access to medications needed to manage their health conditions.
	Providence St. Peter Family Medicine Residency Programs	The hospitals' residency programs improve access to health care for underserved populations.	15 residents participated in the intensive Rural Training Program at Providence Chehalis Family Medicine, and 38 residents received training at Providence St Peter Family Medicine, providing high-quality medical care for underserved and marginalized individuals and communities.

Basic Needs and Economic Security	Built for Zero (BFZ)	St. Peter Hospital partners with Thurston County's Built for Zero Cohort with the goal of making homelessness rare, brief, and nonrecurring.	Thurston County's BFZ Cohort: Ranks 5th nationwide in quality data standards, allowing the community to more confidently know the number of people experiencing homelessness at any given time. Holds weekly case-conferencing meetings with more than 25 providers participating each time, actively working to find options for people to secure shelter and housing. Is on track to reach functional zero for the Veteran population by the end of 2025 and for chronically homeless single adults by the end of 2026.

Addressing Identified Needs

The Community Health Improvement Plan developed for the Providence Swedish South Puget Sound service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how St. Peter and Centralia Hospitals plan to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions St. Peter and Centralia Hospitals intend to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between St. Peter and Centralia Hospitals and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2026.

2025 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the hospitals' Community Mission Board[7] on October 23, 2025. The final report was made widely available by December 28, 2025.

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Darin Goss
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10/28/2025

Darin Goss — Date
Chief Executive
Providence Swedish South Puget Sound

Signed by:
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10/28/2025

Mercy Mvundura — Date
Chair, Community Mission Board
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Contact CHI@providence.org to provide feedback about this CHNA or to request a free printed copy.

[7] **See Appendix 5: Community Mission Board.**

APPENDICES

Appendix 1: Quantitative Data

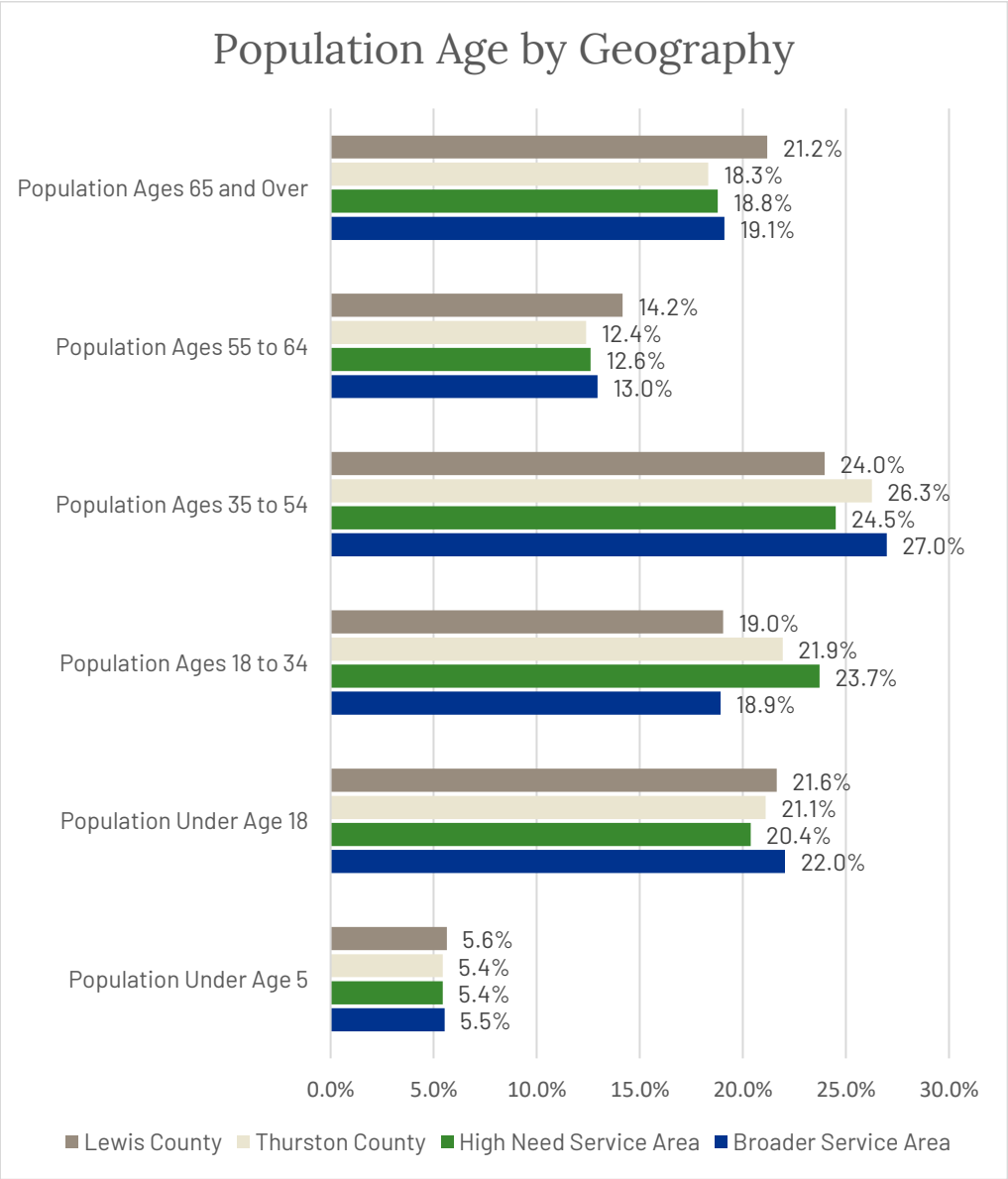
POPULATION LEVEL DATA

Table_Apx 1. Population by Age, Sex, Race, and Ethnicity

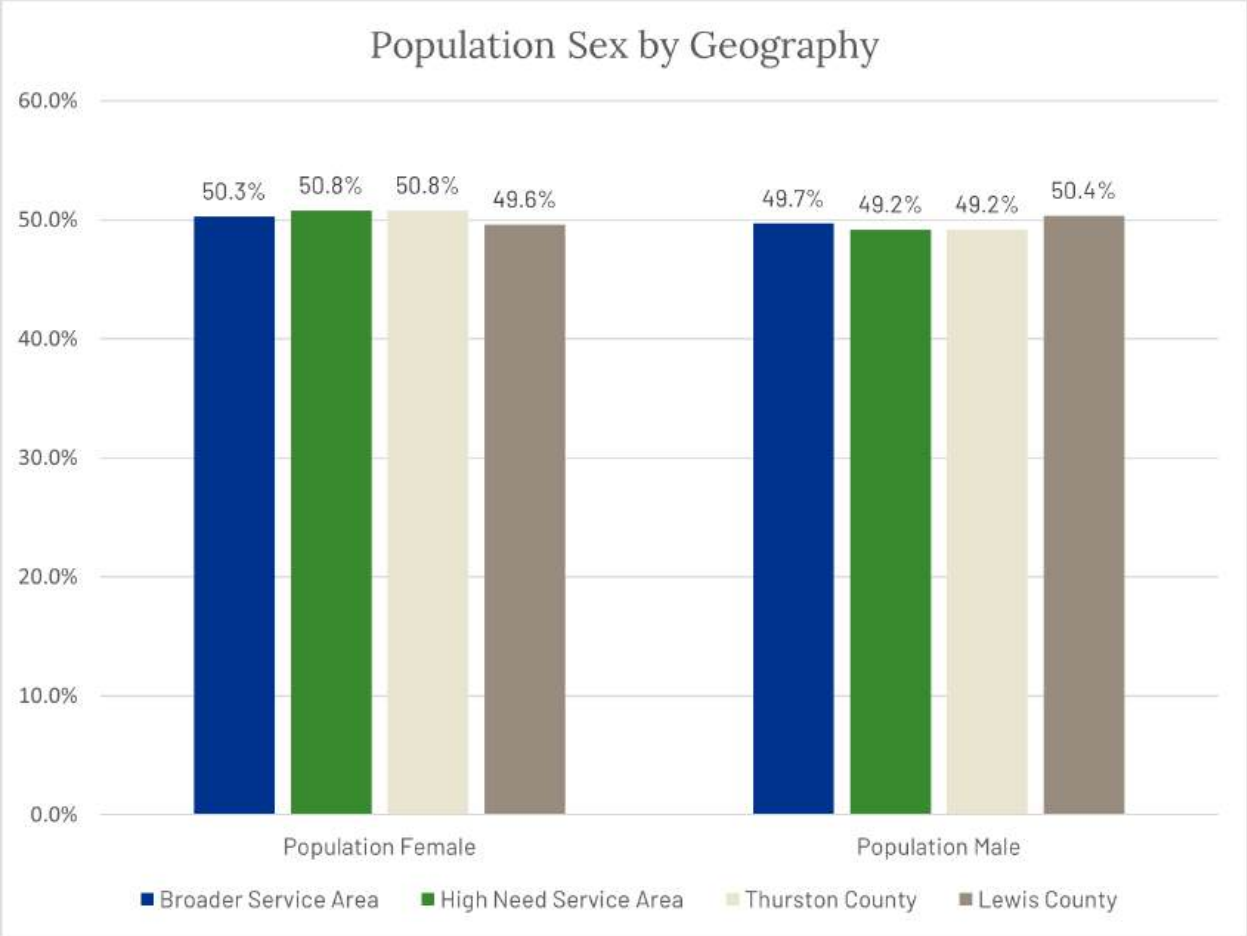
Indicator	Lewis County	Thurston County	Broader Need Service Area	High Need Service Area
Population by Age Groups				
Total Population	83,925	296,640	191,875	188,690
Population Under Age 5	5.6% (4,732)	5.4% (16,139)	5.5% (10,604)	5.4% (10,267)
Population Under Age 18	21.6% (18,159)	21.1% (62,593)	22.0% (42,301)	20.4% (38,451)
Population Ages 18 to 34	19.0% (15,984)	21.9% (65,067)	18.9% (36,296)	23.7% (44,755)
Population Ages 35 to 54	24.0% (20,111)	26.3% (77,890)	27.0% (51,761)	24.5% (46,240)
Population Ages 55 to 64	14.2% (11,892)	12.4% (36,766)	13.0% (24,851)	12.6% (23,807)
Population Ages 65 and Over	21.2% (17,779)	18.3% (54,324)	19.1% (36,666)	18.8% (35,437)
Population by Sex				
Female	49.6% (41,654)	50.8% (150,721)	50.3% (96,505)	50.8% (95,870)
Male	50.4% (42,271)	49.2% (145,919)	49.7% (95,370)	49.2% (92,820)
Population by Race				
American Indian and Alaska Native	1.1% (897)	1.2% (3,444)	1.0% (1,926)	1.3% (2,415)
Asian Population	1.2% (993)	5.8% (17,198)	5.6% (10,773)	3.9% (7,418)
Black or African American Population	0.8% (648)	3.3% (9,863)	3.1% (5,959)	2.4% (4,552)
Native Hawaiian and Other Pacific Islander Population	0.2% (189)	1.0% (3,072)	0.8% (1,560)	0.9% (1,701)
Other Race Population	2.9% (2,427)	2.6% (7,603)	2.5% (4,718)	2.8% (5,312)
Two or more Races Population	10.3% (8,621)	12.0% (35,722)	10.8% (20,737)	12.5% (23,606)
White Population	83.6% (70,150)	74.1% (219,738)	76.2% (146,202)	76.1% (143,686)
Population by Ethnicity				
Hispanic Population	11.2% (9,408)	10.3% (30,528)	8.6% (16,504)	12.4% (23,432)

Source: 2023 American Community Survey 5-Year Estimates

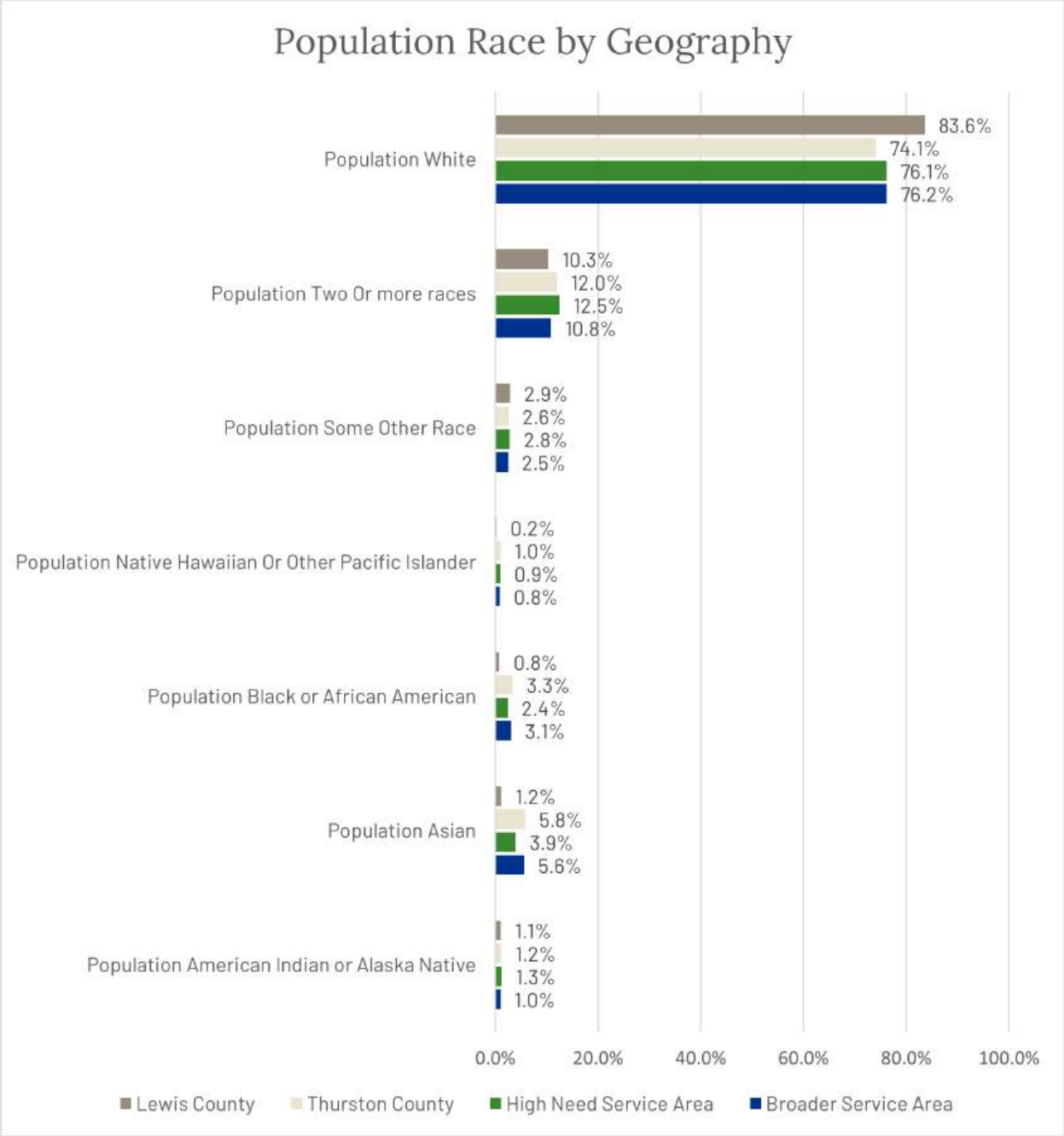
Table_Apx 2. Population Age by Geography



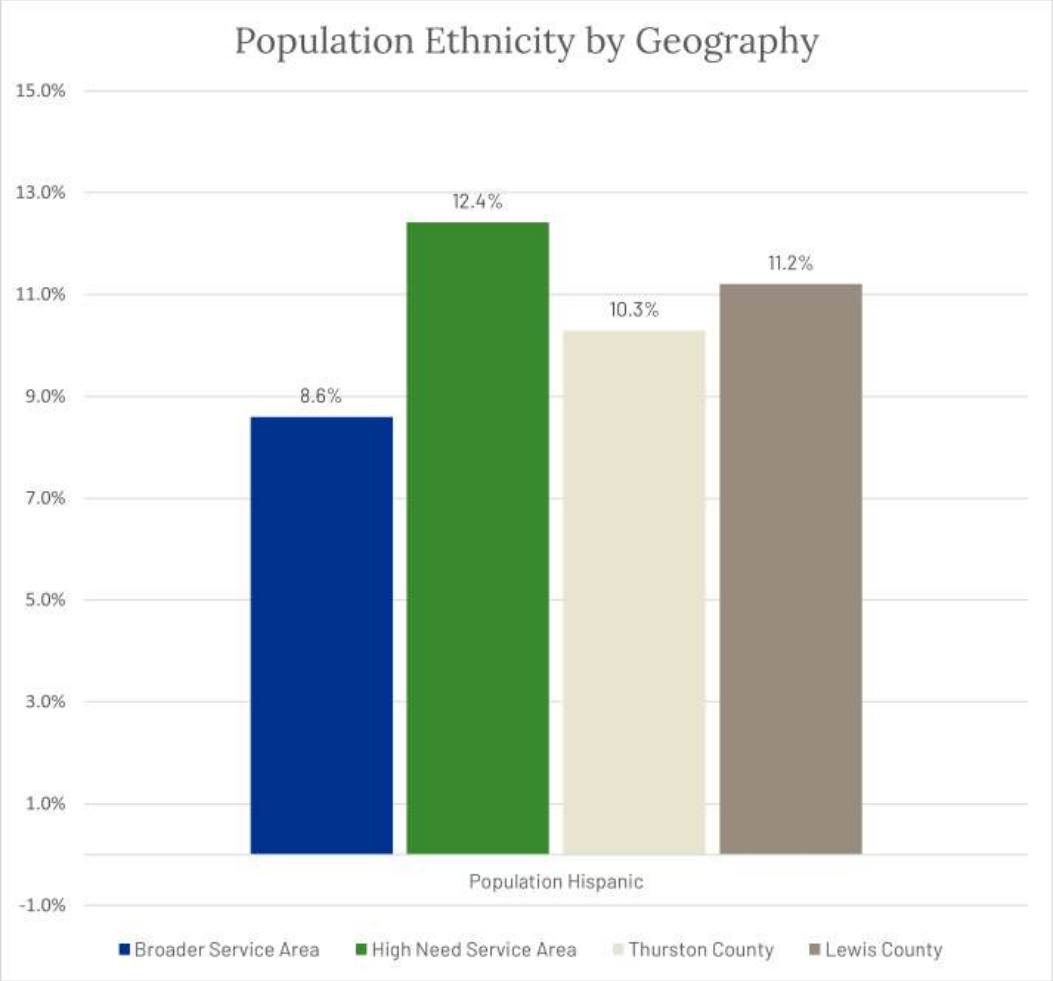
Table_Apx 3. Population Sex by Geography



Table_Apx 4. Population Race by Geography



Table_Apx 5. Population Ethnicity by Geography



ADDITIONAL HEALTH-RELATED INDICATORS

Leading Causes of Death

In Thurston County, cancers are the leading cause of death for individuals of all races, with the exception of those who identify as more than one race (accidents are the leading cause and cancers are the second leading cause). Heart diseases follow as the next leading cause of death. Among people identifying as White, cancers and heart diseases occur at much higher crude rates compared to people identifying as any other race or more than one race.

Table_Apx 6. Leading Causes of Death by Race in Thurston County (Crude Rates per 100,000)

Rank	Thurston County	American Indian or Alaska Native	Asian	Black or African American	More than one race	Native Hawaiian or Other Pacific Islander	White
1st	Malignant neoplasms (cancer) 191.1	Malignant neoplasms (cancer) 127.6	Malignant neoplasms (cancer) 103.6	Malignant neoplasms (cancer) 111.2	Accidents 45.5	Malignant neoplasms (cancer) 167.6	Malignant neoplasms (cancer) 214.9
2nd	Diseases of heart 166.6	Diseases of heart 105.8	Diseases of heart 71.7	Diseases of heart 87.5	Malignant neoplasms (cancer) 39.9	Diseases of heart 124.3	Diseases of heart 189.7
3rd	Accidents 62.2	Accidents 87.2	Cerebro-vascular diseases 34.5	Accidents 44.5	Diseases of heart 35.3	Diabetes mellitus (Data unreliable)	Alzheimer disease 68.7

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Fair or Poor Health Status

According to the U.S. Centers for Disease Control and Prevention, "Health status is a measure of how people perceive their health and is considered a good global assessment of a person's well-being. Furthermore, it is a predictor of important health outcomes including mortality, morbidity, and functional status." The indicator in the table below measures the percentage of respondents aged 18 years and older who reported their general health status as "fair" or "poor." In Lewis County and in the high need service area, approximately one in five adults reported fair or poor health status; this is higher than in Thurston County, Washington State, and the broader need service area.

Table_Apx 7. Fair or Poor Health Status

Lewis County	Thurston County	Washington State	Broader Need Service Area	High Need Service Area
20.5%	15.0%	15.8%	15.3%	19.2%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

Physical Inactivity

"Regular physical activity can improve the health and quality of life of persons in the United States of all ages, regardless of the presence of a chronic disease or disability," according to the U.S. Centers for Disease Control and Prevention, including decreasing risk for "early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression." The indicator below measures respondents who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" More than one in five adults in Lewis County and in the high need service area, and approximately one in six in Thurston County and the broader need service area, are physically inactive.

Table_Apx 8. Physical Inactivity

Lewis County	Thurston County	Washington State	Broader Need Service Area	High Need Service Area
21.5%	16.0%	17.4%	15.9%	20.1%

Source: PLACES. Centers for Disease Control and Prevention. Indicator uses crude prevalence for year 2022 estimates.

Excessive Screen Time in Youth

Screen time increases risk for childhood obesity, by decreasing time spent on physical activity and leading to unhealthy food choices and eating greater amounts, often due to advertisements aimed at children and youth. Excessive screen time can also lead to attention problems, anxiety, and depression. *(Source: National Institutes of Health, National Library of Medicine. Accessed through medlineplus.gov.)*

Excessive screen time is defined by the Washington State Healthy Youth Survey as 3 or more hours on a school day "spent in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the internet, or using social media." This does not include time spent doing schoolwork.

In Lewis and Thurston Counties, 6th and 10th grade students reported excessive use of screen time, at a higher percentage than students statewide. Among 8th graders, Thurston County's figures are also higher than the state. Nearly three-quarters of 10th graders in the South Puget Sound use screen time excessively.

Table_Apx 9. Excessive Screen Time in 6th, 8th, and 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Students with Excessive Screen Time Use on an Average School Day	Lewis County	Thurston County	Washington State
6th Grade	59.1%	54.9%	50.5%
8th Grade	63.7%	66.6%	64.4%
10th Grade	72.8%	71.5%	69.8%

Source: 2023 Washington State Healthy Youth Survey

Frequent Social Media Use in Youth

Frequent social media use is generally more prevalent among middle and high school students in the South Puget Sound than statewide.

Notably, the percentage of 10th grade students who use social media hourly or more frequently is 19.1% in the state as a whole, while this figure is more than 14 percentage points higher in Thurston County and 15 percentage points higher in Lewis County.

Table_Apx 10. Daily Social Media Use in 6th, 8th, and 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Social Media Use Daily or More Frequently	Lewis County	Thurston County	Washington State
6th Grade	50.4%	42.2%	44.4%
8th Grade	67.0%	65.4%	63.8%
10th Grade	77.8%	78.8%	78.3%

Source: 2023 Washington State Healthy Youth Survey

Table_Apx 11. Hourly Social Media Use in 6th, 8th, and 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Social Media Use Hourly or More Frequently	Lewis County	Thurston County	Washington State
6th Grade	18.9%	17.3%	18.9%
8th Grade	31.0%	26.3%	25.6%
10th Grade	34.3%	33.3%	19.1%

Source: 2023 Washington State Healthy Youth Survey

Youth Marijuana Use

According to the National Institutes of Health's Institute on Drug Abuse, "Risk factors for cannabis use are similar to risk factors for use of other drugs with addiction potential, and studies have associated use of cannabis with developing cannabis use disorder. Using these products at a younger age in particular increases the likelihood of developing a cannabis use disorder later in life. In addition, using cannabis may cause brain changes that can make a person more likely to develop an addiction to other drugs." *(Source: National Institute on Drug Abuse. National Institutes of Health, 2023.)*

In both Lewis and Thurston Counties, compared to statewide, a greater percentage of students have used marijuana in their lifetimes. Additionally, a higher percentage reported that they currently use marijuana. In Lewis County, these figures are substantially higher than in Thurston and the state as a whole. One in four Lewis County 10th graders reported they have previously used marijuana.

Table_Apx 12. Lifetime Marijuana Use in 8th and 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Students Who Have Ever Used Marijuana	Lewis County	Thurston County	Washington State
8th Grade	13.3%	8.7%	8.0%
10th Grade	24.7%	18.6%	17.1%

Source: 2023 Washington State Healthy Youth Survey

Table_Apx 13. Current Marijuana Use in 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Students Who Have Used Marijuana in the Past 30 Days	Lewis County	Thurston County	Washington State
10th Grade	11.5%	9.0%	8.4%

Source: 2023 Washington State Healthy Youth Survey

Substance Use at School

According to the U.S. Centers for Disease Control and Prevention, "Young people who drink alcohol are more likely to engage in risky behaviors that can lead to injuries and other health conditions. They're also more likely to experience social, academic, and legal issues," including school absences, lower grades, drinking and driving, and use or misuse of other substances. They also have an increased risk of violence, slower physical and brain development, sexually transmitted infections, HIV, and unplanned pregnancy. Additionally, "people who start drinking earlier in life have a higher risk of using alcohol excessively or developing alcohol use disorder later in life." In Thurston and Lewis Counties, 10th grade students reported being drunk or high at school at a higher percentage than statewide. Lewis County figures top Thurston's by 5 percentage points, and the state's by 6 percentage points.

Table_Apx 14. Substance Use at School in 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Students Who Have Been Drunk or High While Participating in School in the Past Year	Lewis County	Thurston County	Washington State
10th Grade	14.5%	9.4%	8.3%

Source: 2023 Washington State Healthy Youth Survey

Firearm injuries and deaths are a significant public health problem in the U.S. In 2022, more than 48,000 deaths in the U.S. were firearm-related, more than half of which were suicides. Almost two out of ten medically treated, non-fatal firearm-related injuries were unintentional. Firearm injuries were one of the 5 leading causes of death among people aged 1-44 in the United States. *(Source: CDC Fast Facts. Firearm Injury and Death, 2022)*

Strong associations between firearm access and suicide have been consistently demonstrated. Studies have shown that adolescents living in a home with a firearm have a fourfold increase in suicide risk. *(Source: Swanson SA, Eyllon M, Sheu Y, et al. Firearm access and adolescent suicide risk: toward a clearer understanding of effect size. Injury Prevention 2021;27:264-270.)*

Compared to Thurston County and Washington State, a higher percentage of Lewis County students answered "sort of easy" or "very easy" to the question, "If you wanted to get a handgun, how easy

would it be to get one?" More than one in six 10th graders in Thurston County and one in five in Lewis County perceive handguns as easy to get.

Table_Apx 15. Students' Perceived Availability of Handguns in Lewis and Thurston Counties Compared to Washington State

Students Who Perceive Handguns as Easy to Get	Lewis County	Thurston County	Washington State
8th Grade	16.7%	13.6%	13.2%
10th Grade	22.1%	18.0%	18.8%

Source: 2023 Washington State Healthy Youth Survey

Bullying

According to an article in *Translational Pediatrics*, "School bullying often links to numerous adverse consequences, severely impacting the mental health of adolescents. This harm affects not only those directly involved but also bystanders. In the short term, bullying can influence victims' academic performance, cause exam anxiety, and is linked to subsequent depression, substance abuse, and self-harm. In the long term, its effects are profound and lasting, negatively affecting mental health development throughout a person's life." *(Source: Han ZY, Ye ZY, Zhong BL. School bullying and mental health among adolescents: a narrative review. Transl Pediatr. 2025 Mar 31;14(3):463-472.)*

The Washington State Healthy Youth Survey measures students' perceptions of bullying, defined as, "when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again." In Lewis and Thurston Counties, more than one third of 6th graders perceived they were recently bullied. In the South Puget Sound, percentages for all grades are greater than in the state overall.

Table_Apx 16. Perceived Bullying Among 6th, 8th, and 10th Grade Students in Lewis and Thurston Counties Compared to Washington State

Students Who Report Being Bullied in the Past 30 Days	Lewis County	Thurston County	Washington State
6th Grade	38.5%	33.9%	32.6%
8th Grade	36.2%	29.6%	27.6%
10th Grade	20.5%	19.4%	16.6%

Source: 2023 Washington State Healthy Youth Survey

Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed 9 listening sessions that included more than 50 participants. The sessions took place between April and June 2025.

Table_Apx 17: Lewis County Community Listening Sessions

Community Partner Organization	Population	Location (WA)	Date	Language
Comunicativo	Adults from Latinx communities	Centralia	6/20/25	Spanish
Gather Community Services	Adults in behavioral health recovery	Centralia	5/20/25	English
Reliable Enterprises	Parents with lived experience of homelessness	Centralia	5/20/25	English
Timber River Connections	Adults aged 65 years and older	Chehalis	5/30/25	English

Table_Apx 18: Thurston County Community Listening Sessions

Community Partner Organization	Population	Location (WA)	Date	Language
Capital Recovery Center	Adults in behavioral health recovery	Olympia	4/30/25	English
Community Youth Services	Youth in crisis housing	Olympia	5/8/25	English
Family Support Center of South Sound	Individuals with lived experience of homelessness	Olympia	5/7/25	English
Mi Chiantla	Adults from Latinx communities	Olympia	5/23/25	Spanish
Morningside	Individuals with disabilities, parents, and caregivers	Olympia	4/25/25	English

The hospitals completed 48 key informant interviews that included a total of 48 participants. The interviews took place between March and May 2025.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospitals included the Directors of the Public Health and Social Services Departments in both Lewis and Thurston Counties as key informants to ensure the input from a state, local, tribal, or regional governmental public health department with knowledge, information, or expertise relevant to the health needs of the community.

Table_Apx 19. Lewis County Community Key Informant Participants

Organization	Name	Title	Sector
Arbor Health	Robert Mach	CEO	Health Care
Blue Zones Activate Lewis County	Shawna Herriford	Executive Director	Community Health
Capital Region ESD 113 (Educational Service District)	Erin Wick	Executive Director, Behavioral Health and Student Support	Early Childhood and K-12 Education
Cascade Community Health care	Leann Reed, LMFT, LMHC	Chief Operating and Clinical Officer	Health Care and Behavioral Health
Centralia College	Dr. Bob Mohrbacher	President	Higher Education
Centralia School District	Dr. Lisa Grant	Superintendent	K-12 Education
City of Chehalis	Lilly Wall	Parks and Recreation Director	Local Government, Community Health
CHOICE	JP Anderson	Chief Executive Officer	Accountable Community of Health
Economic Alliance of Lewis County	Todd Chaput	Initiatives Program Manager	Economic and Workforce Development
Gather Church Gather Community Services	Cole Meckle	Pastor Executive Director	Faith Community Social Services
Health and Hope Medical Outreach	Diane Paulson	Executive Director	Health Care
Lewis County Board of County Commissioners	Sean Swope	Commissioner, Lewis County District 1	County Government
Lewis County Fire District 8	Duran McDaniel	Chief	Fire and Emergency Services
Lewis County Public Health and Social Services	Meja Handlen	Deputy Director	Public Health
Lewis County Sherriff's Office	Chris Sweet	Chief	Law Enforcement
Lewis County Transit	Sonya Byrd	Operations Manager	Transportation
Livable Packwood	Van Anderson	-	Social Services: Food Security, Housing
Napavine School District	Kalie Potter, RN, BSN	Nurse	K-12 Education, Health Care

Pope's Place	Angela Dickson	Executive Director	Health Care and Social Services
Northwest Pediatrics Center	Lily Lo, MD	Medical Director	Health Care
Northwest Pediatrics Center	Rebekah Miner	Nurse Practitioner	Health Care
Reliable Enterprises	Andy Skinner	Executive Director	Social Services
The Salvation Army, Centralia	Gin Pack	Captain	Social Services: Food Security, Housing and Homelessness
St. Peter Family Medicine Chehalis Rural Training Program	Miguel Lee, MD	Family Medicine Physician, Program Director	Health Care
Timber River Connections	Nicole Barr	Executive Director	Social Services: Older Adults
Timberland Regional Library	Judi Brummett	Regional Manager	Education, Community Health
Valley View Health Center	Gaelon Spradley	Chief Executive Officer	Health Care, Federally Qualified Health Center (FQHC)
Youth Advocacy Center, Community Action Council	Katrina Wulff	Care Coordinator / Advocate	Social Services: Children and Youth

Table_Apx 20. Thurston County Community Key Informant Participants

Organization	Name	Title	Sector
Capital City Pride	Natalie Coblentz	President	Community Advocacy and Equity
Capital Region ESD 113 (Educational Service District)	Erin Wick	Executive Director, Behavioral Health and Student Support	Early Childhood and K-12 Education
Catholic Community Services of Western Washington	Neil Calmjoy	Site Director, Adult Behavioral Health	Social Services
CHOICE	JP Anderson	Chief Executive Officer	Accountable Community of Health
City of Tumwater Washington State Department of Commerce	Leatta Dahlhoff	Mayor Pro Tem Lead SEEP Analyst (State Efficiency and	City Government State Government

		Environmental Performance)	
Community Youth Services	Derek R. Harris	Chief Executive Officer	Social Services: Youth
Family Education and Support Services	Shelly Willis	Executive Director	Social Services: Children, Youth and Families
Family Support Center of South Sound Griffin School District	Trish Hefton	Executive Director School Board Director #5	Social Services: Women, Families, Homelessness K-12 Education
Interfaith Works	Meg Martin	Director of Integrated Services	Social Services
Mi Chiantla	Carlos Mejia Rodriguez	Executive Director	Social Services: BIPOC Children, Youth and Families
Nisqually Indian Tribe	David Iyall	Tribal Administrator	Tribal Government
The Olympia Free Clinic	Morgan Jade	Executive Director	Health Care
Sea Mar Community Health Centers	Harshiem Ross	Senior Vice President and COO	Health Care, FQHC
South Puget Sound Community College	Dr. Timothy Stokes	President	Higher Education
Thurston County Chamber	David Schaffert	President and CEO	Economic and Workforce Development
Thurston County Prosecuting Attorney's Office	Christy Peters	Chief of Staff	Public Safety, Criminal-Legal System
Thurston County Public Health and Social Services Department	Jen Freiheit	Director	Public Health
Thurston Economic Development Council	Michael Cade	Executive Director	Economic and Workforce Development
Thurston Regional Planning Council	Mark Daily	Executive Director	Regional Council of Governments
United Way of Thurston County	Chris Wells	Executive Director	Nonprofit: Education, Health and Financial Stability

Valley View Health Center	Gaelon Spradley	Chief Executive Officer	Health Care, FQHC
Yelm Community Schools	Chris Woods	Superintendent	K-12 Education

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions:

- Community members' definitions of health and well-being
- The community needs
- The community strengths

For the key informant interviews, Providence developed a facilitation guide that was available for use across all hospitals completing their 2025 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- If and how environmental hazards affect the health-related community needs

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

For Lewis County, qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. For Thurston County, qualitative data analysis was conducted by inHealth Strategies. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription and the key informant names were removed from the files and assigned a number to reduce coding bias. The analysts used a standard list of codes, or common topics that are mentioned multiple times, representing represent themes from the dataset and with a standard definition. The analyst coded seven domains relating to the topics of the

questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) environmental hazards, and 7) successful programs and initiatives.

For Lewis County, the analyst then coded the information line by line in Atlas.ti, creating new codes as necessary and refining codes to better represent the information. The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together. A similar process of grouping themes within each domain was used in Thurston County.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

We acknowledge there are limitations to the data collection and analysis process, which may include, but are not limited to, selection bias, variation in style between facilitators and notetakers, barriers to participation, and subjective bias from the analyst.

LEWIS COUNTY

Findings from Community Listening Sessions

Vision for a Healthy Community

Community members shared their vision for a healthy community:

- **Basic needs are met**: In a healthy community, people have housing, food, transportation, and money to meet their basic needs. Affordable housing is available, and people have access to heat, clean water, and laundry and hygiene services. They can access nutritious and healthy food. They have transportation to get to their jobs and have money to afford their needs. For people that need support paying their bills, assistance is available.
- **Community engagement and respect and empathy for one another**: People are engaged and participating in activities and events that bring people together. There are safe spaces for all people in healthy communities, including for young people and people that are experiencing homelessness. Activities for people to connect with one another include dance classes, park events, senior center activities, and more. People care for one another through mutual aid, like providing housing and transportation to those in need and they have respect and empathy for one another. They look out for each other and seek to understand one another.

"People get together to do things."—Listening Session Participant

"People need to seek to understand [each other.]"—Listening Session Participant

- **Access to resources and services:** Healthy communities have many resources available to support people and there is communication to help people know about and access those resources. There is equitable distribution of resources so that all people can get the support they need, regardless of how acute their need is or if they are able to work. Examples of resources include English classes, interpretation services, animal welfare services, and academic resources for parents.
- **Physical and mental health services:** People can access the mental health and medical care they need. Adults care for their health and support children in being healthy as well. There are information and resources available related to physical health and nutrition.
- **Green spaces and recreation**: Recreational activities are available and there are places for people to spend time outdoors and being active. Community members described a healthy community as having access to natural beauty, including trails and green spaces. They shared there are safe play structures for kids and workout spaces for adults.

Unmet Health-Related Needs

Community members were asked to discuss community health-related needs. Needs talked about in all of the sessions are categorized as high priority, while those talked about in three sessions are medium priority. The following themes emerged:

High priority unmet health-related needs

- **Access to health care services:** Community members discussed the need for more health care services available locally and improved coordination between services. They would like to see more primary care and specialty care available in Lewis County, noting there are long wait times for services and people with Medicaid coverage are particularly limited. They would like more individualized care and attention from primary care providers.
  They shared the following additional health care needs:
  - Preventive care services, including cancer screenings and health education
  - Care coordination, including people that can help navigate systems
  - Home health care
  - Respite care
  - Support for birthing parents, including breastfeeding and nutrition support and access to medical appointments

  A lack of transportation is a barrier to accessing health care services. Additionally, community members would like to see better connection between hospitals and social service agencies, including improved referrals to support patients' needs. More coordination between primary care and first responders is also needed to promote prevention and avoid unnecessary Emergency Department visits.

- **Economic security and education:** Community members discussed the need for more job training, financial support in response to rising living costs, and support for public education.

For people with former criminal legal involvement, there is a need for more job training and skill development and pathways to financial stability. Community members spoke to rising taxes and cost of rent, affecting people's ability to meet their basic needs (veterans were identified as particularly affected). The benefits cliff affects people's ability to make financial progress and the complexity of navigating public benefits is difficult for many. Community members spoke to the importance of supporting education as foundational to economic security, recommending using taxes to better support schools and working with educators to understand what resources they need.

- **Leadership and government:** Community members would like to have direct access to leadership to express concerns, increased accountability from leaders, and community representation in spaces where decisions are made. They were concerned about increasing taxes and want accountability that those funds are being used to address community needs through more government accountability. People should be informed why decisions are being made and community members should be able to advocate for needs. There should be diverse representation, including people with lived experience, on groups geared toward community solutions.

"We need answers to why changes are being made that impact us."—Listening Session Participant

Medium priority unmet health-related needs

- **Behavioral health challenges and access (including mental health and substance use/misuse):** Community members shared there is a need for more behavioral health services and improved access to those services. They would like to see shorter wait times for mental health evaluations and more resources for young people with behavioral health needs. Increased education and training are also needed for first responders and providers, including from people with lived experience to normalize discussing behavioral health challenges.
  They would like to see more therapy available where people are in the community, like in senior centers. Providing people with behavioral health support, rather than putting them in jail or using jails as a mental health holding facility, is also critical for ensuring people get the right care.
  Potential solutions include a drug court for lower infractions, more recovery services, increased access to methadone clinics, and training on providing long-acting injectables.
- **Safe and affordable housing and homelessness:** Participants shared a need for more homelessness services and adequate housing for all people. They would like to see more mobile laundry and hygiene services and family shelters. There is also a need for housing available for people with housing vouchers and better systems to ensure all people experiencing homelessness, regardless of severity of need, have access to services.

Community members noted seeing an increase in people living in vans or buses because of the increased cost of living, specifically in Centralia. Rising property taxes have affected people's ability to stay in their homes, forcing them to move into more affordable options.
Community members shared that homelessness affects people's feeling of safety in public spaces, including libraries and parks. They mentioned wanting to see safe places for people experiencing homelessness to congregate and do activities together. More empathy is needed for people living unhoused.

"There were times when [people experiencing homelessness] needed a hand up, not a handout."—Listening Session Participant

- **Additional resource needs and navigation support:** Community members discussed the importance of more resources available to meet community needs and increased communication of and connection between the resources. They shared there needs to be better communication and sharing of available resources through a resource hub or guide, flyers in public places like libraries, and outreach directly to people's homes. They also suggested leveraging schools to help distribute information and having better websites with events and resources listed. They shared people get overwhelmed navigating resources and discouraged by outdated information. Improved connection between resources is also needed, including referrals between hospitals and social service agencies.
- **Safety and crime prevention:** Community members shared safety concerns in their community, including related to road safety and homelessness. They discussed feeling unsafe walking and biking on the streets due to traffic, as well as increased crime levels and gang violence. Some community members would like to see more police officers patrolling. They also shared that homelessness, including encampments, affect people's feeling of safety in public spaces, like parks. They were concerned about children's safety and wanting to ensure education to help them discern appropriate actions from adults.

  "The crime level, the gang level is way out of hand."—Listening Session Participant

  They shared strategies to support people engaged with the criminal legal system. For example, implementing juvenile work crews to support young people in gaining work experience, paying their fines, and building financial stability. They also suggested having a drug court to handle lower-level infractions and providing behavioral health services to people as an alternative to jail.
  Community members also suggested local safety meetings where people can learn about safety and crime prevention and share their safety concerns.
- **Community recreation:** Community members discussed wanting more activities and opportunities for recreation locally. They suggested more parks and places to exercise, like local gyms. They also suggested more community spaces, like senior centers, where people can gather and engage in activities, like art, music, dance, and sports. They would like more

equitable access to sports and activities for children and young adults. They noted there needs to be more sustainable funding for local activities and centers.

- **Food security:** Community members discussed improving access to nutritious foods and addressing barriers to accessing healthy foods. They suggested food delivery from food banks and pantries for people that have transportation barriers. They also recommended providing bags of food for children to take home to their families. Community gardens and healthy cooking classes were also suggested.

Findings from Key Informant Interviews

Community Strengths

The interviewer asked key informants to share a story that highlighted community strengths. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Collaboration and a shared vision for addressing community needs

Collaboration in the community is marked by a shared vision and common goals, with organizations and community members joining forces to achieve meaningful outcomes. Key informants shared a variety of examples of collaboration across Lewis County, including the City of Centralia's Hub City Greenways, renovations at Recreation Park, the Hope Housing Collaborative, and the United Learning Center. These examples involve bringing together people across multiple sectors and organizations working together to improve the community.

Additionally, case conferencing collaboration provides wraparound services to address access and language barriers, ensuring patients receive necessary resources. This approach involves multiple organizations offering their services and expertise to meet client needs. For example, Providence Family Clinic and Lewis County Drug Court collaborated to initiate a treatment program supporting individuals with substance use disorders.

Strong community engagement and involvement, including volunteering

Community engagement in the area is demonstrated through various initiatives and the collective efforts of its residents to address community needs and support local projects. The Blue Zones initiative is one example where walking groups encourage people to stay active and engaged with one another. Similarly, the opening of the Early Learning Center generated substantial community energy and excitement, reflecting broad support for new developments. When the community wanted a local clinic, they collaborated with the hospital to establish the Packwood Clinic, showcasing the drive of residents to improve their town.

Residents actively contribute their time and money to address community needs. Fundraisers for equipment like a new EKG machine illustrate this commitment, as does the communal effort during COVID to tackle common challenges. The willingness of people to support local libraries further showcases community engagement.

"That's the beauty of Lewis County, when it comes to seeing a need and stepping up to the plate."—Key Informant

The Giving Tree at Livable Packwood, providing holiday presents to families in need, emphasizes this supportive culture.

"There's definitely a pretty significant community-minded, services culture that exists in many places in the Packwood area that, on an informal basis, serves a lot of these families in ways that you probably don't find in a lot of other localities."—Key Informant

Support for youth is a key aspect of community engagement, with events involving Northwest Peds, a dietician, and local farmers to educate families about healthy foods. There is significant enthusiasm for schools, sports, and youth activities, aiming to keep children healthy. During COVID, the community worked together to provide necessary services for children. Collaborative efforts are emphasized as vital for ensuring children and families receive the best care, avoiding silos in service provision.

"The best story I have is when everybody works together, families, or children get the best care. When they communicate openly, we don't silo into, 'This is my job, and this is my job.' Everybody's like, 'We're all doing a piece of one job,' which is assisting someone who's been affected by trauma."—Key Informant

The community also supports housing initiatives like the Reliable Homes Phase 2 program, which built housing for families experiencing homelessness with children in the Centralia School District, and the Shalom Village, a 12-unit tiny house complex in Centralia, backed by strong fundraising efforts.

Responsiveness and coming together in times of crisis

In times of crisis, the community exhibits remarkable responsiveness and unity. During the COVID-19 pandemic, individuals readily came together to address common challenges, including the safe reopening of schools. The Dial-a-Ride program further exemplifies this spirit by ensuring residents had access to meals, prescriptions, and groceries during the crisis.

"I guess what comes most regularly to mind is the amount of collaboration that occurred during the pandemic between local clinics, hospital systems, and public health entities across our service area. We shared policies, procedures, equipment, supplies, best practices, transferred patients based on capacity and demand."—Key Informant

The community's response to the Goat Rocks fire in Packwood demonstrated support and solidarity, with residents offering places to stay and organizations assisting at evacuation sites. This commitment to helping others extended to neighboring communities as well. In the wake of a flood, hundreds rallied to help clean up, epitomizing the community's ability to unite.

"Just how people rally around people."—Key Informant

Efforts to support individuals in behavioral health crises reflect a collaborative approach among providers to stabilize and connect them with community resources.

> *"I think the team model is really helpful because you've got multiple people to engage with a client…. They're having that, those constant touches with your client, which is really needed."—Key Informant*

Community organizations and resources offer solutions to meet community needs

Community organizations and resources play a vital role in addressing needs and supporting residents in various capacities. Initiatives like Toledo Neighbors and Livable Packwood demonstrate creative approaches to tackling food insecurity, illustrating how organizations can come together effectively to provide solutions. Multiple success stories of patients being connected to necessary care emphasize that many organizations are working to meet community members' health needs in a timely and responsive way. Additionally, there are community programs to address homelessness and substance use disorders, such as the Recovery Navigator program.

Prioritized Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. The health issues that were highly ranked by key informants are below in order of rank:

1. Behavioral health challenges and access (mental health and substance use/misuse)
2. Access to health care services
3. Safe and affordable housing and homelessness
4. Access to affordable childcare and preschools
5. Food security (access to healthy and affordable foods)
6. Chronic conditions (e.g. heart disease, cancer, diabetes)
7. Economic security (living wage jobs and employment)
8. Support for aging adults/seniors
9. Access to transportation (safe, reliable, affordable)

Behavioral health challenges and access (mental health and substance use/misuse)

Key informants spoke to significant behavioral health (BH) challenges, including stress, anxiety, and depression, with many individuals experiencing barriers to accessing BH support. Key informants also expressed concern around substance use/misuse in the community, noting the use of fentanyl and opioids and an increase in deaths from overdoses.

> *"[Substance use issues are] out here. It's quiet out here. It's around."—Key Informant*

BH concerns are often connected to trauma and Adverse Childhood Experiences (ACES), raising important questions about prevention.

> *"How do we prevent trauma in the first place so we don't keep this cycle going, and some of the situations that kids are [in] now, and adults are now living with and*

dealing with? Then, how do we work that across a continuum of those supports?"— Key Informant

BH needs are also connected to housing instability and homelessness, as a lack of stable housing exacerbates BH challenges.

"I think when we look at housing status, that's a huge determinant in how people get mental or behavioral health, just because there's not stability."— Key Informant

Additionally, people with untreated BH conditions may interact more with the criminal-legal system, only to be released without adequate follow-up care, creating a cycle that is difficult to break.

Key informants spoke to the following community needs:

- BH services and workforce, particularly in East Lewis County: Key informants shared there is a need for more BH services, in general, and particularly to address trauma. There is a shortage of mental health counselors and professionals, with most already at capacity. Families face long waitlists for mental health services, often only getting monthly appointments. In East Lewis County in particular, there are fewer services and less access to BH support.
- Inpatient BH care, particularly for pediatric psychiatric care: There is limited availability of inpatient beds for BH needs, especially for inpatient pediatric psychiatric care.

  "Lack of options for inpatient pediatric psychiatric care because bed space is limited and typically it seems to be a revolving door. Kids go in and they go out in ten days, and all of a sudden they're supposed to be better."—Key Informant

- Substance use/misuse treatment and detox: There are long waitlists for treatment and drug court services. There is no local detox facility.

  "Sometimes with people that are struggling with drug addiction, it's when they're ready, they need to get in. It's not, 'We'll put you on a waiting list in three weeks.' We may miss the opportunity in the boat and they may not even be at that place anymore."—Key Informant

- Special needs assessments: Trauma can coincide with neurodivergent behaviors. There is a lack of Applied Behavior Analysis (ABA) therapy for children with autism, with waitlists spanning several years.

The following barriers affect access to BH care:

- Insurance: Challenges accessing care due to insurance co-pays, limited Medicaid coverage, or lack of insurance for those slightly above the Medicaid threshold.

  "We have this population that needs [behavioral health] services and really can't afford them. Their insurance doesn't pay for them unless we meet all these other criteria."—Key Informant

- Cost of care: Financial burden prevents many from accessing services.
- Waitlists: Long waitlists for BH appointments, with insufficient capacity to offer timely support.
- Trust: Building trust with parents to discuss their child's needs, with some parents not seeing the urgency of BH support.
- Funding and reimbursement: Funding shortfalls and low reimbursement make BH programs difficult to maintain. School districts lack sufficient resources and capacity to address the needs across the county.
- Service navigation: Services are siloed and complex, making navigation difficult for those in need.
- Transportation: Accessing appointments remains challenging without reliable transportation.

Key informants were particularly concerned about the increasing BH needs of young people. They spoke about youth suicide and substance use/misuse. They shared the urgent need for social-emotional health strategies, and for more trusted adults in children's lives, as the lack of such strategies is leading to inappropriate behaviors and substance use as coping mechanisms.

> *"One that we're seeing quite a bit in our kids, it's social-emotional health due to a lack of strategies to manage stress and anxiety. What we see is they're resorting to what we might call inappropriate things. In younger kids, we're seeing them throwing chairs, lashing out because they don't know how to communicate and they don't know how to manage what's happening in their world. In older kids, we're seeing vapes and dab and marijuana and other things as a coping mechanism because they don't have other coping mechanisms."—Key Informant*

Parents have difficulty managing their children's social-emotional needs amidst their responsibilities, while cell phone and social media use further complicates the situation. "Big behaviors" are manifesting even in kindergarten, underscoring the need for quality childcare and preschools to prepare children emotionally.

Access to health care services

Key informants shared accessing needed primary and specialty care in Lewis County can be challenging due to a number of barriers. Many residents lack a primary care provider, leading to unmanaged chronic conditions and emergency calls for preventable reasons. There are also limited pediatrician offices, making it difficult to receive timely care.

> *"There are thousands of people who do not have a primary care doctor or a primary care home. Access to health care is already the first need. Chronic conditions—those two go hand-in-hand. Chronic disease, cancer, diabetes, hypertension, those are all pretty prevalent in our community, and by and large, they go unmet or untreated until they turn up in the hospital with a major complication."—Key Informant*

Residents often have to travel to Olympia or further for specialist care, including cardiology and urology. For cardiac emergencies, the limited availability of emergency cardiologists and surgery means travel is necessary. In East Lewis County, people travel significant distances—up to 45 minutes—to access a pharmacy. Urgent care is another area of concern, with overuse of emergency rooms indicating a need for walk-in clinics for non-emergency situations. Rehab services such as physical therapy, occupational therapy, and speech-language pathology are also in demand, with long wait lists forcing people to seek support outside the community.

Key informants shared the following barriers contribute to access to care challenges:

- Transportation: Transportation barriers were emphasized as the biggest barrier to care, especially for older adults and residents of rural areas. In East Lewis County, limited public transportation, along with its restricted hours, means residents often spend an entire day on a single appointment. Unreliable vehicles and a lack of gas money further complicate access.

  "Yes, it's a rural area, and a lot of times people move to the area for its ruralness, but as our population ages, which we see a lot of in Packwood, we do have an older population, it is harder to get to care."—Key Informant

- Workforce challenges: There are not enough health care providers to meet the needs of the community, particularly in rural areas, contributing to many residents lacking a health home.
- Waitlists: Long wait times for primary care appointments hinder timely health care access.
- Technology and information access: Discomfort with and a lack of access to technology can make it difficult for many people, particularly older adults, to access health care information.
- Disinformation and trust: Concerns about health care, especially children's health, lead to trust issues. Parents worry about being forced into decisions like vaccinations, compounded by a lack of transparency in health care costs.
- Insurance: Many residents lack insurance due to affordability issues, with some just above Medicaid qualification thresholds.

The following populations may be disproportionately affected by these barriers to care and others:

- People living in rural areas and East Lewis County: Fewer local health care services and transportation barriers make accessing care more difficult for people living in rural areas.

  "Rural is a real challenge as far as getting any sort of care, especially primary care that is convenient. Oftentimes people don't have cars or transportation. It's difficult when you live outside of the Centralia-Chehalis corridor."—Key Informant

- Older adults: Older adults may not have reliable transportation to appointments and may have difficulty accessing health care information online. Cost of care, due to limited income, may also be an issue, leading to spending tradeoffs between health care and other necessities.

"Then the limited income. If prescriptions are too high, [older adults are] making choices, which prescription do I pay for versus what meals do I get? That's a huge worry for us. A lot of seniors are also in outlying areas. They're in their own homes or in locations that are very small and rural."—Key Informant

- Spanish-speaking population: There are a limited number of Spanish-speaking providers and limited outreach specifically to the Spanish-speaking population. Barriers to accessing insurance may also prevent this population from getting needed care.
- Individuals identifying as LGBTQIA+: Individuals identifying as LGBTQIA+ may not know where to access safe and welcoming health care services.
- Children and Youth with Special Health Care Needs (CYSHCN): Families with children with medically complex needs often travel to Seattle or Tacoma for specialized care, with long waitlists for rehab services necessitating out-of-community support.

Safe and affordable housing and homelessness

Key informants were concerned about the lack of affordable housing in the community and how this contributes to other needs, including those related to behavioral health, food security, economic security, and safety.

Stable housing is the primary need for ensuring community safety and addressing other challenges, including behavioral health (BH). Without stable housing, addressing BH issues becomes difficult and makes maintaining recovery more difficult.

"If somebody is unhoused and gets into detox and out of detox, there isn't a place for them to now rest their head that's safe and secure, their likelihood of returning to use is high."—Key Informant

The issue of homelessness is closely linked to concerns about crime and safety, with people living unsheltered on sidewalks and the presence of encampments becoming more prevalent. Key informants noted homelessness is expanding across the county.

"The more adequate housing there is, the safer a community is going to be."—Key Informant

There is concern about the number of students experiencing homelessness in school districts. Poor quality housing results in families doubling up in small spaces, often unsure of where they will sleep next week. They noted families are living in mobile homes or other forms of temporary housing.

"We face a pretty significant amount of poverty housing. Housing that is either costing too much or in some way, it's not meeting the needs of all the members of the family in there, whether it's kids with asthma who are living in houses that don't have adequate ventilation or it's someone who's putting 60% of their income into renting a place on there. We have a pretty significant issue with those sorts of things

that are negatively impacting people's ability to thrive in our community."—Key Informant

Additionally, the lack of housing affects the workforce, making it difficult to recruit employees, within health care, restaurants, and businesses. The lack of housing availability is connected to many rental units converted to short-term rentals.

"There is just a lack of rental units that are available. We are drowning in these short-term rentals…. Those are no longer available for people to rent. We're stuck in this dilemma of we don't have the housing needed for the people who work in the service jobs that are found in a tourist town."—Key Informant

The lack of affordable housing connects to families' overall economic stability and may contribute to food insecurity.

Key informants shared there is a need for more affordable housing, including transitional and low-barrier housing. They would like to see families be able to spend less than a third of their income on living costs; currently, even families with good paying jobs are spending more than this. Without affordable local housing, workers end up moving out of the community and commuting in from less expensive areas, which creates transportation barriers and costs.

Barriers to safe and affordable housing include the following:

- Cost of housing: The primary barrier to addressing homelessness and housing needs is the cost of housing. Housing expenses are prohibitive, leading to families doubling up.

  "Renting a small place is just too high for most people to be able to afford…. The only way they survive is just by having so many families in one place and everybody working."—Key Informant

- Taxes: Increasing property taxes are pricing people out of their homes.
- Waitlists for services: While there are housing services and programs available, the needs outpace system capacity. There are waitlists for people to move into housing.
- Insurance and building costs: High insurance costs due to fire risks hinder new housing construction.
- Housing stability: Losing housing complicates regaining stability and landlords are hesitant to rent to unhoused individuals.

Populations disproportionately affected by housing instability and homelessness include the following:

- Older adults: Key informants were primarily concerned about older adults and their ability to remain stably housed due to increasing housing costs and taxes. For older adults relying on fixed incomes, they may not be able to afford the cost of living as they age, with many at risk of experiencing homelessness. There is a need for specific care for older adults that have mental

and physical challenges that are experiencing homelessness that can meet their needs better than a shelter.

"We see a gray wave coming, which means a lot of persons are moving to fixed income that hadn't traditionally been on fixed income. Mortgages, taxes, and rents are raising, and so their ability to stay where they're housed is of high concern."—Key Informant

"What we've experienced… is the overwhelming number of elder individuals, 55, 65, even upwards of 75, who are potentially experiencing homelessness or at significant risk for homelessness just because they don't have the funds through Social Security to be able to pay their rent."—Key Informant

"We have seen a huge uptick in our shelter program for people who are losing their housing because they're either priced out or they have diminished capacities and are evicted. Then they have medical needs that are very specific, either diabetes or mental, again, like, specifically dementia or Alzheimer's or some variant of that."—Key Informant

- Families with low incomes, above the threshold to qualify for benefits: Key informants were concerned about families with working adults, but low incomes, that do not qualify for public benefits but are unable to afford housing on their own.
- Young people: A growing number of K-12 students face homelessness, contributing to uncertainty about their nightly sleeping arrangements.

Access to affordable childcare and preschools

Affordable childcare and preschool education are important for the long-term development of children, playing an essential role in preparing them for kindergarten and beyond.

"A lot of people know that if a child has some sort of prior preschool education before entering kindergarten, it helps a lot."—Key Informant

Lewis County faces a shortage of early childhood resources, which impacts not only child development but also the local workforce and recruitment efforts. Without reliable childcare options, recruiting workers to the area becomes increasingly difficult. Employers recognize the importance of their employees having access to adequate childcare and preschool services, as it directly influences their ability to consistently attend work.

The area urgently requires more childcare facilities and preschools. Currently, there are limited options available, and in some regions, there is a complete lack of childcare services.

"Affordable childcare, we have none out here. Absolutely zero. Which then really plays into being able to recruit people. Really tough."—Key Informant

While there has been some improvement in the availability of childcare spaces since the COVID-19 pandemic, the number of spots remains very limited. The struggle to find childcare is not merely a matter of cost; it is also about accessing any provider outside of family members.

"It's not just about how much it costs. It's just trying to get your kid into any childcare provider at all, whatsoever, that's not a family member.... It's not just months. It's years on [waiting] lists [for a childcare spot]."—Key Informant

Several barriers discourage the establishment of new childcare facilities: the process is often very expensive, with high insurance and fees, coupled with the fact that childcare providers are not paid a living wage. Additionally, a lack of funding for early childhood resources is a barrier.

For families, the high cost of childcare is another significant barrier. For families already navigating the high local cost of living, compounded by costly childcare, meeting basic needs is a challenge.

"Childcare is just too expensive for many single-income families."—Key Informant

Transportation to childcare services, particularly in rural areas, is also a barrier for some families.

Families with incomes above the federal poverty level but not enough to meet their basic needs are particularly affected by the childcare crisis. They may not be able to afford childcare on their own, but also do not qualify for public benefits.

Food security (access to healthy and affordable foods)

Food security is an important component of a healthy community; it affects chronic conditions and physical activity, enables children to function effectively in school, and supports overall wellbeing.

While many people want to eat healthy foods, cost can be a barrier, especially for people living paycheck to paycheck. The high cost of housing contributes to food insecurity.

"People want to feed their kids good stuff. They don't want to have to give their kids all the processed, cheap, un-nutritious food. It's just out of reach for a lot of them to do it for three meals a day, even one meal a day."—Key Informant

The demand for food pantries often surprises people, indicating a significant need within the community. In some areas, people have to travel to access grocery stores, affecting accessibility.

"While there are good locations for grocery shopping, they are few and far between in certain parts of our community. That is very problematic."—Key Informant

One way food security is being addressed equitably is through the free and reduced lunch program, ensuring all kids receive free breakfast and lunch daily at school, without the need to apply.

To continue to address food security in the community, key informants noted the following needs:

- Funding: More financial resources are essential to address food insecurity effectively. Existing programs aim to provide food resources, but funding is consistently insufficient.

- Access to healthy, whole foods: Some families have easy access to convenience stores offering low-quality or no produce, while stores with fresh, high-quality food are too far away for regular trips. Food banks often provide processed foods rather than fresh options.

  "I'd say with the food security one, we have stores but none with fresh food options. Just your typical little convenience grocery stores with canned food and frozen food, but nothing with good fresh produce."—Key Informant

- Integration of food services: Enhancing collaboration among various food services in the county can improve efficiency, as many operate independently and rely on word of mouth.

Barriers to accessing nutritious, healthy food include the following:

- Transportation: The primary barrier to accessing fresh, nutritious foods is transportation, particularly for older adults. Some people may walk miles to get to a food pantry or have to drive out of their community to access good quality food.
- Cost: The cost of fresh, nutritious foods is a barrier for many people, particularly those with low incomes and those that do not qualify for public benefits but cannot afford to meet their nutritional needs. The cost of fresh foods may be higher in more rural areas.
- A lack of information: A lot of information about resources is online. For people, particularly older adults, who may not have access to or comfort with technology, getting accurate information and communication about services can be a barrier.
- Fear or mistrust: Concerns about sharing personal information may deter Black, Brown, Indigenous, and Persons of Color (BIPOC) communities from using food banks and pantries.

The following populations may be disproportionately affected by barriers to food security:

- People with low incomes: Key informants shared people with low incomes have the hardest time accessing good quality, nutritious foods. Even with public benefits, they may not be able to afford healthy food for their family.

  Individuals with low incomes but above the threshold to qualify for benefits may be especially vulnerable to food insecurity.

  "It's those folks that they don't qualify for any benefits, but they don't make enough money to put food on the table. Meeting that gap is really important."—Key Informant

- Older Adults: Transportation and technology barriers prevent older adults from accessing resources.

  "[Older adults] don't know what is available. They don't know what services that are out there."—Key Informant

- People living in rural areas, including East Lewis County: Rural areas typically have fewer local grocery stores and produce can be more expensive. For example, there is one grocery store in Packwood. Produce might be transported longer distances and may not be as fresh.
- Young people: Access to meals outside of school hours, particularly on weekends, is important for their well-being.

Chronic conditions (e.g. heart disease, cancer, diabetes)

The prevalence of chronic conditions such as heart disease, diabetes, obesity, hypertension, asthma, COPD, and cancer is a significant concern for community health.

> *"I think wellness and chronic care conditions. We've done a lot of work and we're still working on it, by the way. We're not anywhere close around chronic care and making sure those patients are getting what they need, diabetics, and those kinds of things."—Key Informant*

Chronic conditions are often interrelated, compounding each other's effects. Key informants shared they see individuals wanting to help themselves and find resources to manage their chronic conditions effectively, but need support. Managing chronic conditions can be more difficult for people that cannot afford healthy food or who have limited time for exercise.

> *"I know that a lot of chronic disease is an issue in our area, especially diabetes and heart disease, because we have lots of low-income residents who also may not be eating a healthy diet or getting appropriate exercise, and so those things get exacerbated."—Key Informant*

Access to care is also a crucial factor, where high levels of chronic conditions contribute to access challenges, and vice versa.

> *"Access to health care services, we are not meeting patient demand ourselves. No matter how hard we try, we are just not meeting the community need. I think chronic disease management is likely both a cause and effect of the problem."—Key Informant*

There is a pressing need for greater focus on preventive care, not only focusing on treating chronic conditions.

> *"A personal one for me is preventative care. We have a tendency in Lewis County to focus on the aftereffects and not looking (sic) at the prevention of diabetes, obesity, even Alzheimer's. We need to focus on preventative care a little bit better."—Key Informant*

Additionally, there is a need for better access to diabetic supplies such as glucometers, finger sticks, and more, alongside education on managing diabetes effectively. Health education plays a crucial role in this

regard, teaching healthy cooking skills and weight loss strategies for those with diabetes and hypertension.

Barriers to addressing chronic conditions include the following:

- Cooccurrence of chronic conditions and behavioral health needs: Conditions like alcohol use disorder and diabetes can coexist, requiring integrated care approaches. There is a desire to see behavioral health care included in chronic disease management.
- Health literacy: A lack of health literacy presents significant challenges in managing chronic conditions effectively. Individuals may not understand how to follow recommended treatments or screenings.

Key informants shared older adults are more likely to have multiple chronic diseases and need more support managing them.

Economic security (living wage jobs and employment)

Economic security is connected to being able to afford stable housing, healthy food, childcare, and more. A lack of living wage jobs, particularly in the service industry, can make it more difficult for families to have economic security. Outside the service industry, there is a growing number of manufacturing jobs, which may offer the potential for advancement and higher wages. However, concerns remain about automation potentially replacing these jobs in the future.

> *"There is a lot of service sector employment in the Packwood area. The margins on those types of businesses are pretty low. It means that employees oftentimes are struggling quite a bit on there."—Key Informant*

Economic insecurity often leads to family stress, with parents working multiple jobs to balance financial challenges and childcare responsibilities. The community wants better opportunities for the next generation.

> *"We want to make sure we're providing opportunities for the next generation."—Key Informant*

Economic security is worsened by the high cost of living, particularly the high cost of housing. This affects recruitment, including health care workforce, when people can’t afford to live in the area.

> *"It's so expensive to live out here. Both parents have to work. You're not recruiting people on the younger side of the scale out here because there's no childcare available to them."—Key Informant*

People may be forced to move to less expensive areas, far from their jobs, particularly people working in the service industry, leading to long commutes and potential transportation issues.

> *"The reliance on long-distance travel also makes their jobs less secure because their chances of getting a flat tire or having car trouble along the way just increases. Those*

issues can really snowball and take people from doing, yes, they're doing okay, to all of a sudden they're falling behind and they're no longer able to support themselves and their family."—Key Informant

Several needs must be addressed to improve economic security in the community. Affordable childcare is crucial for families to manage work and living costs effectively. Additionally, there is a need for living wage jobs; many people spend a significant portion of their income on housing. Job training programs could be one tool to help individuals build employment skills and improve economic security.

"Many jobs do not pay a living wage, meaning a wage that meets family's needs so that they can afford food, housing, and other basics."—Key Informant

People whose primary language is other than English may experience more employment barriers, often resulting in part-time or seasonal work.

Older adults and those on fixed incomes are significantly affected by the rising cost of living, especially rising housing costs and property taxes. Limited incomes lead to tough spending tradeoffs between essentials like prescriptions and food, as inflation increases pressure on older adults trying to remain in their homes.

"Then we see a gray wave coming, which means a lot of persons are moving to fixed income that hadn't traditionally been on fixed income. Mortgages, taxes, and rents are raising, and so their ability to stay where they're housed is of high concern."—Key Informant

Support for aging adults/seniors

Loneliness and isolation are significant issues affecting older adults, and there is a need for outreach to address these challenges.

To provide better support for aging adults, key informants shared the following community needs:

- Economic security and affordable living: Older adults on fixed incomes, such as Social Security income, are struggling to afford the rising cost of living, which puts many at risk of homelessness. Shelters are experiencing a notable increase in older adults who are losing their housing. This is concerning as many have medical needs like diabetes and dementia, and shelters are not adequately equipped to meet these needs.

  "Paying for rent on Social Security or only having that as your only source of income is incredibly difficult to try to navigate."—Key Informant

  Housing for older adults is very limited, with few developments focused on this population.

  "Housing for seniors is very limited."—Key Informant

- Wellness checks and support for aging in place: Essential services, including in-home care, cleaning, and support for basic household tasks, are especially scarce in rural areas like East Lewis County.

  "We don't really have someone who specializes in doing the little things, of coming into seniors' homes and doing basic home care for them and making sure that they have their pills all set up for the next week and just the little things…. It means that they can't have the confidence that they can live independently."—Key Informant

  Emergency Medical Services (EMS) are often called for non-emergent needs because there is no one else for older adults to turn to, resulting in unaddressed issues developing into emergencies. The lack of services prevents many from being able to stay in their homes.

  "Once somebody faces that first thing that they can't take care of themselves, it's very quick to having to move into a nursing home or having to move to where a family lives."—Key Informant

Barriers to meeting aging adult health and wellness needs include the following:

- Lack of information and resources to navigate: There is a need for more outreach and support in identifying available resources, as many older adults are isolated and unable to access information online. More resources are needed in East Lewis County to support people aging in place.

  "I just think there can't be enough outreach to [older adults] because they're so isolated. A lot of them don't get out."—Key Informant

- Transportation: Transportation is a barrier as many older adults live in rural areas of the county, making it challenging to access health care services, social opportunities, and other resources.

Access to transportation (safe, reliable, affordable)

Transportation is a significant issue for many in the community and affects other needs, including access to health care services, food security, economic security, and more.

"Transportation is a monstrous issue out this way. People don't have reliable vehicles too. They don't have money to put gas in their car."—Key Informant

While programs like Lewis County Transit's DARTT are helping to address these barriers, they can still be too expensive for some people. Accessing health care is especially challenging without a vehicle, more so for those living in East Lewis County. Residents often travel long distances, like driving 45 minutes to reach a pharmacy from Morton and Packwood, or even farther to access specialist care.

"I think that's one of the problems is the lack of medical facilities, medical care, and also transportation. We do have a bus that runs Monday through Friday so that is helpful, but even getting to the bus can be difficult for some people."—Key Informant

Medical transport relies on volunteer ambulance services through the fire department, facing challenges with patient transfers between hospitals and medical evacuation access due to weather. There is a backlog of non-emergent transport requests, with only a few ambulances available, highlighting the need for more funding and staff.

Transportation barriers also exacerbate food insecurity, particularly for people without a car.

Opportunities for social connection and engagement are limited without reliable transportation, contributing to feelings of loneliness and isolation. A working car can be important for people to be able to get to activities, employment, and generally out in the community.

"We have a societal problem, a loneliness epidemic, if you will."—Key Informant

"It can be incredibly isolating if you don't have a personal vehicle that is in very good working condition. That's something that affects everyone from the working poor to senior citizens."—Key Informant

To encourage more walking and biking, key informants would like to see the development of more trails for safe commuting options. They would also like to see improved safety on biking and walking paths so that people feel safe using them.

Barriers to transportation include the following:

- Cost: Public transportation can be prohibitively expensive, alongside the cost of maintaining a vehicle or purchasing gas.
- Time: People can spend hours out of their days getting to appointments because some routes only run twice a day.

"If somebody has a medical appointment, [public transportation] comes out to Packwood in the morning and then goes back there in the morning, and it doesn't come back to Packwood until the afternoon…. The public transit options are just so scant that it's not really very good there. The car dependency is huge."—Key Informant

Populations that may experience more transportation barriers include the following:

- People in rural areas: Individuals in East Lewis County and parts of South Lewis County experience more significant transportation service gaps. There are fewer bus lines and those may run infrequently, requiring people to spend their entire day commuting for an appointment. People in more rural areas are very dependent on cars.
- Older adults: Older adults may live in more rural areas, not be able to drive, or experience barriers to using public transportation.

"We have a large number of seniors in our community who are facing some significant challenges, including that transportation piece…. A lot of our seniors are also in outlying areas. They're in their own homes or in locations that are very small and rural."—Key Informant

- People experiencing homelessness: This population may experience increased difficulty accessing services and resources due to transportation issues.

Environmental Hazards

Key informants were asked to consider how hazards like wildfires/smoke, power outages, and other extreme weather events affect community needs. They shared the following insights:

- **Housing:** Key informants spoke most frequently to the effects of environmental hazards on housing. Flooding can lead to the loss of homes or restricted access to properties, with the need to relocate displaced households. People may lack nearby family or support systems to evacuate to.

  "There is a huge spike in that need [of housing], with the normal daily problems [they] have, that actually increases when we have a natural disaster or something happens."—Key Informant

  Fires in particular are increasing insurance rates and insufficient coverage exacerbating these issues.

  In terms of affected populations, key informants were most concerned about people experiencing homelessness not having adequate shelter, heightened exposure to smoke, and limited access to cooling and heating options during extreme weather.

  "Obviously, those who are unhoused I think are the worst affected in terms of environmental hazards. These cold days, wet days, and things like that."—Key Informant

  They were also concerned about large family units or multigenerational homes because they face greater displacement and support needs when there is a fire or other disaster.

- **Transportation:** Environmental hazards significantly impact transportation, creating challenges in accessing health care and food. Icy and snowy weather can lead to hazardous driving conditions and increase accidents. Roads may be closed, making it difficult for people in rural areas to access any resources.

  "When transportation is affected, when fire or smoke cuts off any [of] the roads or transportation, people can't travel to get the services that they need."—Key Informant

  When phone lines are down, people are advised to drive to the nearest fire station, but snowy roads can prevent this, causing communication issues. Severe flooding can isolate individuals, cutting them off from services like hospitals and first responders, making it impossible for

residents in areas like Packwood and Randle to leave. Key informants were particularly concerned about older adults being affected by transportation issues.

- **Access to Care:** Weather events can prevent individuals from accessing health care services, especially when power loss disrupts telehealth services. People may be unable to get medications or follow up on treatments, severely affecting older adults and those who rely on medication and oxygen. Severe flooding can isolate communities, preventing access to hospitals and emergency responders. Power outages affect hospitals and health care facilities, as they rely on electronic medical records, ventilators, and other equipment for patient care.
- **Chronic Conditions:** Environmental hazards like smoke exacerbate chronic diseases such as COPD and asthma, increasing health care appointments during smoky periods. Poor air quality also affects individuals with upper respiratory issues, limiting their activities.
- **Food Security:** Extreme weather and wildfires negatively impact crops, making food production and supply more challenging.

> *"Growing the food, definitely, with extreme weather and wildfires makes it more difficult to ensure that we have a supply of food in the worst of scenarios."—Key Informant*

People, especially those with low incomes, may not be able to meet their basic needs and lack food reserves if unable to leave their homes.

- **Power Outages and Connectivity:** Power outages and loss of cell phone service disrupt communication during emergencies, especially when transportation issues prevent reaching a fire station. Rural areas rely on broadband for connection, making power outages particularly isolating.
- **Behavioral Health:** Environmental hazards, like flooding, can put stress on families and even cause trauma, contributing to behavioral health issues. The threat of disasters and anxiety about fires weigh heavily on people, contributing to anxiety.

> *"We know that when families are stressed, child abuse goes up... When a flood happens, we don't take all the 20 kids that were displaced from their homes and go, 'Here's your CBT [Cognitive Behavioral Therapy] for 12 weeks.' It's really hard."—Key Informant*

- **Economic Security:** Families with low incomes may lack insurance, hotel options, or places to go during disasters, intensifying needs and creating additional burdens. School closures force parents to miss work to care for their children.
- **Recreation and Activities:** Outdoor activities must often be canceled or require masks due to unhealthy smoke levels.
- **Infectious Diseases:** Climate change may lead to an increase in infectious diseases, including mosquito-borne illnesses.

THURSTON COUNTY

Findings from Community Listening Sessions

Community Defined Strengths

Participants across sessions identified a variety of existing strengths, including programs, places, relationships, and community qualities:

Existing Support Systems and Services:

- Organizations that provide safe, supportive environments for behavioral health recovery were highlighted as providing vital services like medication assisted treatment, clean needles, food, drinks, and clothes.
- Holistic support for youth experiencing homelessness was identified as a strength, including programs that provide housing, food, academic assistance, and life skills development.
- Organizational support for the Latino/a/x community, including partnerships and programs, was identified as crucial.
- Assistance is available for people with disabilities to gain employment opportunities.
- Organizations that provide no-cost meals and safe places for domestic violence survivors provide essential aid.
- Existing low-income housing initiatives, including motels being converted into transitional housing and the development of tiny homes, were seen as positive steps.
- Food banks and the Supplemental Nutrition Assistance Program (SNAP) were recognized as providing access to food.
- Local church programs that offer food drives and accommodate specific dietary needs were appreciated.
- Clinics providing care without requiring ID or insurance, mobile medical units, and street outreach teams were identified as effective in reaching those in need.
- The work of community health workers, peer navigators, and peer support models in bridging gaps in care was highlighted.

Transportation:

- Free public transit was identified as a major positive contribution to community health and accessibility, including programs for disabled individuals.

Safety and Emergency Services:

- The availability of naloxone and defibrillators was seen as a strength.
- Organizations that help communities with emergency preparedness were noted as helpful.
- A sense of personal safety within supportive environments was emphasized.

Education and Vocational Support:

- Alternative learning centers (for GED, extra credit, and flexibility), as well as programs helping train youth for employment opportunities, were cited as valuable educational and vocational supports.

Community Qualities and Natural Assets:

- Participants noted a strong sense of "people living and working together for the greater good," characterized by strong interpersonal connections and mutual support.
- The presence of faith, hope, and love was identified as foundational.
- Community gardens were seen as beneficial.
- The natural beauty of the area, presence of farms, and fertile geography contribute to community health.
- Supportive local businesses were also noted.

Empowerment and Dialogue:

- Opportunities for dialogue were valued for allowing participants to voice opinions.
- The existence of Ombudsman services for advocating rights was recognized and could serve as a pathway for community members to navigate resources.
- Empowering individuals to understand and manage their own health was seen as a strength.
- Structured support environments, such as individualized service plans, goal setting, and encouragement to learn from consequences, were appreciated.

Unmet Health-Related Needs

For each major theme identified across multiple sessions, common participant experiences are summarized along with relevant equity considerations:

Housing and Homelessness

The lack of stable and affordable housing is a critical and pervasive issue that acts as a primary barrier to accessing other essential services and overall well-being for various populations.

Participant Experiences:

- Many individuals are caught in a "spiral" where the inability to secure housing prevents them from getting other forms of help.
- Conditions in specific encampments were described as "miserable." More homeless services, like showers and laundry, are needed.
- Participants voiced the need for more shelters, supportive living options, tiny homes, group homes, and adult family homes to address the housing crisis.
- Concerns were raised about enhancing hospital discharge planning to prevent homelessness for individuals with disabilities.
- There was a persistent call for support with accessing stable, safe housing for all ages.
- There is a need for truly affordable housing with reduced barriers, such as large deposits or stringent credit score requirements.

Equity Considerations:

- The inability to secure housing highlights a significant disparity in access to basic shelter and stability, disproportionately affecting vulnerable groups.
- The need for better discharge planning for individuals with disabilities indicates a gap in continuity of care.
- The criminalization of poverty and homelessness was explicitly identified as a barrier to health and well-being.

Access to Health care and Mental Health Services

There is a need for improved, accessible, and person-centered health care and mental health support, particularly for vulnerable populations, emphasizing both traditional and alternative treatments.

Participant Experiences:

- Participants expressed a need for more psychiatrists and the availability of therapy animals, including horses. There is a particular need for more behavioral health supports for people experiencing homelessness.
- There is demand for increased drop-in clinics, mobile mammogram trailers, and mobile shower/laundry trailers to enhance accessibility.
- Participants voiced that “[a] great place to live is one where preventative care is prioritized over crisis care,” including trauma-informed care that invests in the "whole person," rather than just symptoms.
- Participants spoke to experiencing discrimination in health care settings. They would like to see more anti-racist health care professionals and opportunities for patients to share their lived experience with executives.
- Lack of insurance and high costs, pose significant barriers to care, including for dental services. Many immigrants, for example, avoid medical care due to lack of insurance.
- It was noted that children generally receive more priority for medical care compared to adults.
- The need for affordable health care and prescriptions was emphasized.
- Participants also called for 24/7 availability of crucial programs like those offered by the Developmental Disability Administration (DDA).

Equity Considerations:

- Financial barriers inhibit access to crucial mental health services. The cost of therapy can limit access for lower-income individuals.
- Lack of insurance makes medical care inaccessible for many Latino/a/x immigrants.
- Disparities in access to affordable health care and prescriptions were highlighted as systemic inequities.

Community Connection, Empathy, and Inclusion

Participants expressed a fundamental desire for belonging, mutual support, and an inclusive, non-judgmental environment where diversity is appreciated and all individuals feel safe and understood.

Participant Experiences:

- There was a strong desire for community connection, empathy, and mutual support, emphasizing feeling safe and understood, especially for those in mental health recovery.
- Participants described a healthy community as "people living and working together for the greater good." Emphasizing the need for collaboration and mutual support within the community.
- There was an emphasis on including youth voices and perspectives in community improvement efforts. Everyone should feel heard.
- The importance of non-judgment based on appearance, identity, or circumstances was repeatedly stressed.

- A powerful pattern was the call for increased empathy, understanding, and education across the community, particularly regarding the experiences of people with disabilities, often expressed as the need for others to "walk in our shoes" or "spend a day with someone who has a disability."
- Inclusion of Spanish-speaking individuals in the broader community, particularly in schools, was emphasized. No one should feel alienated.
- Promoting kindness, empathy, and friendliness, as well as more opportunities for the community to come together (e.g., block parties, free events), were seen as a way for individuals to contribute to community well-being. Listening session participants commented, “Bonding helps connect communities.”

Equity Considerations:

- Systemic biases against individuals based on their identity, appearance, or circumstances contribute to a lack of acceptance and discrimination.

Additional Resource Needs and Navigation Support

Participants expressed a need for help in navigating available community resources. Additionally, they emphasized the need for advocacy for vulnerable individuals who may not be able to navigate complex systems independently.

Participant Experiences:

- Many participants spoke to the challenges of navigating resources alone and desire more support services, such as community resource centers, and navigators, like social workers.
- Participants described navigating resources as tedious and time consuming, sharing many people feel disconnected from vital resources.
- Immigration status is a barrier to accessing resources. There is a need for more resources that people can access without fear of having to disclose personal information.
- Participants would like expanded hours for availability of health care and resources, not just during the workday, to make it easier to access services.
- Key needs include free legal assistance, particularly for people with criminal legal system involvement and those needing immigration support.
- Some participants called for reform of the criminal legal system, including the desire for law enforcement to "listen to both sides” before arrest. Participants expressed that it is difficult for affected individuals to re-integrate into society: “If you’re in the justice system, it’s really hard to get out.”

Equity Considerations:

- Navigating systems can be more burdensome for people experiencing language and technology barriers.
- Fear of disclosing immigration status limits access to essential services, reinforcing exclusion for mixed-status families.
- Accessing services during business hours is more difficult for workers with nontraditional schedules and single parents.
- Limited access to free, culturally responsive legal aid perpetuates injustice for individuals involved in immigration or criminal legal systems.

- Reentry barriers and persistent stigma hinder formerly incarcerated individuals from fully participating in society.

Food Security

Access to healthy food is crucial for a healthy community. While food banks and other assistance are present in the community, there are concerns about quality and accessibility.

Participant Experiences:

- Participants noted concerns about food banks, including visit limits, distribution of expired food, and lack of fresh, nutritious foods.
- The high cost of organic food was mentioned as a barrier.
- Immigration status can affect people's ability to access food resources.

Equity Considerations:

- Financial barriers prevent individuals with low incomes from accessing healthy food options.
- The lack of healthy food options at food banks affects mental and physical health.

Education

Concern for safety in schools both from physical and cyber bullying was expressed, along with a desire for improving education and understanding of different learning styles.

Participant Experiences:

- Participants would like to see improvements in the quality of education for young people and continuing education opportunities for older adults.
- They would like all people to have access to affordable higher education with fewer student loans.
- Participants expressed a need for more security in schools. They were concerned about increased bullying, particularly towards Spanish-speaking children, noting a need to talk to children about how to handle these situations.
- Online intimidation and cyber bullying are growing concerns.
- There were calls for improvements in education and grading in schools, with observations that current grading is "too easy" and "doesn't take different learning styles into account." Also discussed was a need for more paraeducators (ideally one-on-one for students with disabilities), as well as educational approaches that recognize, "Not one size fits all."
- Language barriers in schools cause Latino/a/x immigrant children to feel alienated. These barriers also make it difficult for them to report bullying when staff cannot speak Spanish.

Equity Considerations:

- Latino/a/x immigrant children face alienation and difficulty reporting bullying due to language barriers and lack of Spanish-speaking staff.
- Participants' input reflects the need to more equitably serve students with diverse learning needs, styles, and abilities.

Community-Suggested Solutions

Participants offered a wide range of solutions for improving community health, which can be organized by key themes:

Housing and Shelter Solutions:

- Provide more supportive living, group homes, and adult family homes.
- Increase the number of shelters in the community and ensure 24/7 availability for crucial programs.
- Improve hospital discharge planning to prevent homelessness during transitions from care.
- Continue and expand the development of tiny homes.
- Address rent control to improve housing stability.
- Offer shower vouchers and mobile hygiene services for individuals experiencing homelessness.

Health care and Mental Health Enhancements:

- Increase access to psychiatrists and programs to improve mental health, such as the availability of therapy animals.
- Develop more drop-in clinics and urgent-care facilities, expand hours available for these services, and increase mobile health care services.
- Invest in peer support and lived-experience roles within health care, including establishing a lived experience committee that meets regularly with executives.
- Advocate for state insurance coverage of natural health remedies and treatments.
- Encourage longer appointments to prevent the need for multiple appointments.
- Implement trauma-informed training for providers and promote cultural understanding by health care professionals.

Resource Access and Navigation Improvement:

- Make it easier to access resources and ensure clarity on which organizations offer them, potentially through pamphlets with organizational contact information and addresses.
- Increase the presence of social workers and provide patient navigators and outreach to people in need.
- Utilize family-based outreach as the most effective method for connecting with the Latino/a/x community.

Education:

- Promote better overall education from a young age and continuing education for all adults.
- Increase the number of paraeducators in schools, ideally offering one-on-one support for every student with a disability.
- Have more bilingual teachers and implement approaches that accommodate different learning styles.

Empathy and Understanding

- Provide more education in the workplace for coworkers and employers to better understand people with disabilities, including wheelchair accessibility and working environments.

- Encourage "day in the life" experiences for people to learn empathy and improve understanding of those with disabilities.

Community Engagement and Systemic Change:

- Foster more discussions and greater participant involvement within the community, organize neighborhood block parties, and implement an idea-submission box for community needs.
- Prioritize active listening and taking community input seriously.
- Promote active participation and advocacy through protesting, volunteering, speaking up, and voting.
- Decriminalize substance use disorders and provide supportive services.
- Reform the legal system and make it easier to exit the system.
- Consider instituting a maximum wage in addition to a minimum wage to address economic disparities.
- Address issues like cyberbullying and the negative impacts of social media.

Food Insecurity:

- Provide nutritious and fresh foods at food banks.
- Address food bank limits such as partial visits being counted as full visits as well as the availability of healthier options.
- Increase facilities that distribute meals to those in need.

Basic Amenities and Recreation:

- Establish designated smoking areas 25 feet away to reduce secondhand smoke.
- Organize more sports opportunities for individuals with disabilities.
- Address transportation barriers to access parks for physical activity.
- Provide free gyms or recreation centers.
- Encourage donations of properties to create a swimming pool available to all residents.

Findings from Key Informant Interviews

Prioritized Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. The health issues that were highly ranked by key informants are below in order of rank:

1. Safe and affordable housing and homelessness
2. Behavioral health challenges and access (mental health and substance use/misuse)
3. Economic security (living wage jobs and employment)
4. Access to health care services
5. Access to affordable childcare and preschools
6. Access to dental care
7. Food security (access to healthy and affordable foods)
8. Support for aging adults/seniors
9. Access to transportation (safe, reliable, affordable)

Safe and affordable housing and homelessness

Affordable housing and homelessness were ranked as the most urgent priority by key informants. The need for permanent, safe, and low-barrier housing was described as foundational, affecting every other aspect of health, from stability to access to care. Interviewees made clear that without a place to live, individuals are less likely to maintain sobriety, recover from illness, attend school or work, or stay connected to services.

Key Informant Interview Themes:

- The rising cost of rent and homeownership is outpacing wages, forcing families into overcrowded housing or displacement.
- There is a shortage of permanent supportive housing for individuals with mental health and substance use conditions.
- Limited accessible housing options make it difficult for seniors, people with disabilities, and medically vulnerable individuals to find safe, stable housing.
- People are often discharged from hospitals, treatment, or crisis services back into unsafe or unstable living conditions, undermining recovery and long-term stability. Interviewees emphasized the lack of step-down or supportive housing options.
- Interviewees noted that residents in rural and southern parts of Thurston County face greater barriers to housing stability due to limited affordable units and slower, more complex service referral systems to attain homeless services.
- BIPOC, LGBTQIA+ youth, and people with behavioral health conditions were identified by key informants as experiencing higher barriers to housing access and greater risk of eviction and unsheltered homelessness.
- The intersection of housing policy, structural racism, and mental health stigma was named as a systemic driver of long-term homelessness.

"Our population faces racism and discrimination every day, in multiple circumstances. For example, if they go and rent an apartment, they are more likely to get higher quotes, they are more likely to get the worst units, and they are more likely that they don't receive any maintenance services."—Key Informant

"We have a severe lack of affordable permanent housing. To me, that's both the health and determinant of health issue that we see. Even if somebody's getting the best care that they can get, if they have nowhere to go, that care is really only going to be a Band-Aid for whatever else is happening."—Key Informant

Behavioral health challenges and access (mental health and substance use/misuse)

Behavioral health—including mental health, substance use/misuse, and suicide prevention—was identified as a top concern by every key informant group. Residents described a system stretched thin, with long waitlists, high staff turnover, and a lack of cultural responsiveness. Participants emphasized the urgent need for peer support, early intervention, and non-punitive approaches.

Key Informant Interview Themes:

- Youth and adults are experiencing rising rates of anxiety, depression, and trauma, compounded by housing and school pressures.
- Providers of support services expressed frustration with waitlists and staff shortages, especially for culturally specific therapists and psychiatrists.
- Several interviewees mentioned the difficulty of finding psychiatrists or prescribers for behavioral health medications, particularly for youth and those with co-occurring conditions.
- Participants expressed broad support for peer-led recovery models, however emphasized that funding and recognition are often limited.
- Many participants would like to integrate behavioral health into schools, clinics, and shelters, but lack infrastructure to do so. They cited workforce shortages, siloed funding, licensing restrictions, and inadequate physical space in schools and shelters as barriers to implementation.
- Mistrust and past trauma often lead to avoidance of traditional behavioral health settings among BIPOC and LGBTQIA+ communities.
- Marginalized residents—especially BIPOC, LGBTQIA+ youth, and people experiencing homelessness—face more barriers to diagnosis, continuity of care, and trust.
- Many participants described past trauma in health systems, reinforcing mistrust and disengagement over time.

"With our kids, [we see] a lot of depression, anxiety, and then I think just a lot of other behaviors around depression and anxiety. We're just seeing a lot more than I think we've ever seen in public education."—Key Informant

"Many LGBTQ individuals suffer from past trauma, and so there's a lot of behavioral health care that is not really provided. It looks like a shortage of queer- and trans-competent mental health out there. People just don't know our lives, and so they don't really know how to treat us, and they look at us from a book perspective, but not an actual human perspective."—Key Informant

"Abuse prevention and mental health promotion and wellbeing, I think that's a huge unmet need. The funding for preventative type things when we're talking behavioral health is not there."—Key Informant

Economic security (living wage jobs and employment)

Economic stress was described as a "root cause" of many health issues in Thurston County. Rising housing costs, inflation, caregiving demands, and job instability were cited across interviews and listening sessions. Participants emphasized that many residents are employed, yet remain food- or housing-insecure—trapped in a cycle of unmet basic needs. Rapid increases in the cost of housing and childcare were cited in particular as key reasons for the increase in financial stress among younger working-age adults.

Key Informant Interview Themes:

- The cost of living outpaces wages, especially for those in part-time or contract jobs.
- Employment is deeply impacted by childcare access, transportation, and disability, which aren't adequately supported:
    - Childcare: Parents—especially single mothers—said they cannot accept or maintain jobs without reliable, affordable childcare. Waitlists, high costs, and limited availability for non-traditional hours (e.g., night shifts) make it difficult for caregivers to participate in the workforce.
    - Transportation: In south Thurston County and other rural areas, public transit is limited or non-existent. Residents reported missing interviews, shifts, or job training programs due to transportation gaps. Even in transit-accessible areas, Dial-A-Lift services were described as too restrictive or unpredictable for commuting.
    - Disability: Residents with physical, cognitive, or behavioral health-related disabilities described a lack of accommodations in employment programs and workplaces. Some were denied jobs because of mobility limitations or perceived capacity. Others said the application process itself—especially online-only systems—was a barrier.
- Existing job programs do not meet the needs of people s with limited digital skills, past convictions, or who speak a primary language other than English. Many residents hover just above eligibility cutoffs, experiencing "benefits cliffs" that worsen instability.
- Economic strain is closely tied to food insecurity, housing loss, and behavioral health decline.

"Usually, services and financial support and subsidies are available to the lowest-income households, but they exclude thousands and thousands of households that earn more than those thresholds permit but still don't have incomes that are sufficient to provide for those things. Those are the households that aren't eligible for TANF. They're not eligible for SNAP. They may or may not be eligible for any health benefit. They aren't receiving financial support. They're not eligible for rent and utility assistance. Yet their struggle is phenomenal."—Key Informant

"Housing leads to other consequences that people are having to work multiple jobs, or they're having to make other sacrifices in order to afford their housing."—Key Informant

Equity Considerations:

- Single parents, BIPOC families, and people with disabilities are disproportionately affected by benefit cliffs, eligibility barriers, and lack of generational wealth.
- Participants highlighted the need to remove stigma from resource access and create universal supports that promote stability and help prevent crises.

Access to health care services

Participants identified a range of barriers to accessing primary and specialty care, including cost, transportation, mistrust, technology, and limited availability of providers—especially for specific populations highlighted below. Community members emphasized that simply having a clinic in the area does not mean people can get care.

Key Informant Interview Themes:

- There is a shortage of primary care and specialty providers, especially for low-income and rural residents.
    - Reproductive and gender-affirming care
        - Patients, particularly young people and people identifying as LGBTQIA+, must travel far or face waitlists to receive this care locally.
        - Providers noted that availability is limited, and some clinics are over capacity.
    - Geriatric care / Aging-related services
        - Key informants noted a growing need for geriatric primary care, dementia support, and in-home services for older adults, especially in rural parts of the county.
    - Prenatal and maternity care
        - There were concerns that individuals with low incomes, as well as people with undocumented status face barriers accessing prenatal services. A lack of culturally responsive care contributes to patient mistrust.
- Complex scheduling systems, digital portals, and insurance issues are barriers that deter people from seeking care.
- Providers reported a lack of culturally- and linguistically-matched health care staff and community members, leading to mistrust.
- There is strong interest in mobile units and community-based care such as clinics co-located within shelters, but funding is inconsistent and limited.
- Communities of color, LGBTQIA+ residents, and people without documentation face more barriers to both accessing and trusting care.

"I think everybody is in the boat of, 'who's my primary caregiver, and how do I access the system through referrals that doesn't take six, nine months just to get in to address a specialty concern.'"—Key Informant

"Although it may look like Thurston County has adequate coverage, because all the communities around it are drawing off it, we often feel like we just have an underserved, not enough doctors issue as a region."—Key Informant

"Families have a hard time navigating the health care system and are not persistent enough to seek care, or they don't know how."—Key Informant

Access to affordable childcare and preschools

Access to affordable, high-quality childcare was identified as a significant barrier for many Thurston County families, particularly single parents, households with low incomes, and those in rural areas. The lack of childcare access was described as a "gateway issue," impacting employment, economic mobility, and children's early development.

Key Informant Interview Themes:

- Affordable childcare options are limited, especially for infants, children with disabilities, and rural families.
- Childcare providers are closing or consolidating due to low wages, burnout, and rising operating costs.
- Long waitlists and restrictive hours leave parents unable to accept jobs or attend school.
- There is growing demand for on-site childcare in health care, schools, and workforce settings.
- Childcare access is closely linked to economic security, maternal health, and school readiness.
- Single mothers, parents with undocumented status, and families with children with disabilities face the highest barriers to care access.

"I think the individuals at the bottom end of that wage spectrum are becoming larger. It's a larger population. Young families, for example, accessing and sourcing affordable childcare is an issue."—Key Informant

"If you can't afford childcare, it's hard to have a job."—Key Informant

Access to dental care

Dental care access was repeatedly cited as an under-addressed yet critical health concern in Thurston County.

Key Informant Interview Themes:

- Very few dental providers accept Medicaid, and even fewer treat adults or offer full restorative services. Cost of care is a barrier to people receiving the care they need.
- Dental care is often delayed until pain becomes intolerable, leading to Emergency Department use and worsening outcomes.
- Key informants emphasized the need for mobile dental vans, especially in south Thurston County and for those experiencing homelessness.
- Key informants reported that lack of integration between dental and health care systems leaves patients confused and under-treated.
- Patients with undocumented status and those that lack identification may have limited access to free or low-cost dental services.

"For dental and vision, for instance, we do have some patients who are undocumented, and some of the low, low-cost or free services require some sort of identification or citizenship status, so that's really a barrier there."—Key Informant

"Dental and vision are the two services that patients ask us about in general. I think cost is another big barrier too because even if they do have an ID, for instance, they maybe can't afford $40 for a basic cleaning. I'd say across the board, for all our populations, those are big needs."—Key Informant

Food security (access to healthy and affordable foods)

Key informants identified limited access to healthy, affordable, and culturally appropriate food—especially in rural and low-income communities—as a contributing factor to poor health outcomes.

Key Informant Interview Themes:

- Rural and geographically isolated communities often lack nearby grocery stores or public transportation to reach them.
- Families living in poverty must juggle multiple expenses, and food often becomes a lower priority when housing or medical needs take precedence.
- Existing services may not reflect the **dietary norms or preferences** of non-English-speaking households, reducing their effectiveness.
- Several interviewees emphasized that without stable housing or reliable transportation, **even when food services exist, they are not truly accessible**.

"The number one thing about health and wellness is nutrition. If we can't get nutrition, and we can't get food, and we can't get our homes…then we're just down and out."—Key Informant

"A lot of people that probably didn't use to have issues with food security because it was more affordable are now having issues."—Key Informant

Support for aging adults/seniors

Thurston County's aging population is rapidly growing, and community members expressed concern about whether the infrastructure and systems in place are prepared to support aging residents with dignity and care. Interviewees and listening session participants emphasized issues like social isolation, transportation access, housing stability, and gaps in long-term care coordination.

Key Informant Interview Themes:

- Many older adults live alone and experience profound isolation, especially post-COVID.
- Providers noted a gap in home care services, forcing elders into institutional care before necessary.

- Older adults face rising rent, medical, and transportation costs, with fixed incomes not keeping up.
- There is limited access to geriatric primary care, mental health services and dementia supports, especially outside urban cores.
- Interviewees called for intergenerational programs and technology assistance to help older adults stay connected.

> *"The challenge seniors face, as you would appreciate, is that age brings challenges. Age can bring challenges with health. It can bring challenges with isolation because you lose your partner. That is something that will happen to most of us eventually, someone passes away before the other. Seniors live on fixed incomes. If you're 75 years old, it's not like you can go out and get a second job. You've worked all your life."—Key Informant*

Access to transportation (safe, reliable, affordable)

Transportation access was cited as both a strength and a challenge across Thurston County. While Intercity Transit's fare-free system was praised by many as a lifeline, significant gaps remain for rural residents, older adults, and people with mobility challenges. Transportation was described as a foundational need that directly affects access to care, education, employment, and social connection.

Key Informant Interview Themes:

- Free public transit is praised, but coverage is inconsistent in rural areas and during off-peak hours.
- Dial-A-Lift and paratransit services have strict eligibility and limited availability, especially for new users.
- Transportation affects other needs, including health care, employment, school attendance, and food access.
- Many informal systems (rides from neighbors, walking) are unsustainable, especially for older adults and disabled residents.
- Providers want more transportation-to-care partnerships and mobile outreach.
- Rural residents, individuals with disabilities, and older adults with low incomes experience the most transportation-related health barriers.

> *"For those who have developmental disabilities that live far out in the south counties, we cannot get transportation for them to even come to our program. That's an issue."—Key Informant*

> *"They're trying really hard to make transportation work, but we still have some pockets in the rural areas where buses don't go, and it's hard for people to get to work."—Key Informant*

“I value and appreciate that our transit system is free in Thurston County, and that's a huge positive for our community. We do have rural communities that don't have that same benefit, where buses don't get to where they are.”—Key Informant

Appendix 3: Community Resources Available to Address Significant Health Needs

Providence St. Peter and Centralia Hospitals cannot address all significant community health needs by working alone. Improving community health requires cross-sector collaboration and community engagement.

Our communities have many partners and service agencies working to meet significant health needs in Lewis and Thurston Counties. Comprehensive directories of available community resources are accessible online through the websites of:

- Thurston County Public Health and Social Services Department
- The Crisis Clinic of Thurston and Mason Counties
- United Way of Lewis County
- Washington 211. Washington 211 may also be accessed toll-free by dialing 211 on the telephone (or 800-572-4357).

Appendix 4: Community Health Needs Assessment Advisory Council

Table_Apx 21. Community Health Needs Assessment Advisory Council Members

Name	Title	Organization	Sector
JP Anderson	Chief Executive Officer Member	CHOICE Community Mission Board, Providence Swedish South Puget Sound	Accountable Community of Health Health Care
John Abplanalp	Deputy Director	Lewis County Public Health and Social Services	Public Health
Tracy Brown	Chief Mission Officer	Providence Swedish South Puget Sound	Health Care
Jennifer Freiheit	Director	Thurston County Public Health and Social Services Department	Public Health
Melissa Grant, MD	Chief Medical Officer	Providence Swedish South Puget Sound	Health Care
Mercy Mvundura	Health Economics Technical Advisor Chair	PATH Community Mission Board, Providence Swedish South Puget Sound	Nonprofit: Global Health Health Care

Gaelon Spradley	Chief Executive Officer	Valley View Health Center	Health Care, Federally Qualified Health Center
Roberta Waggoner	Member	Patient Family Advisory Council, Providence Swedish South Puget Sound	Health Care, Lived Experience
Chris Wells	Executive Director	United Way of Thurston County	Nonprofit: Education, Health, Financial Stability

Appendix 5: Community Mission Board

Table_Apx 22. Community Mission Board Members, Providence Swedish South Puget Sound

Name	Title	Organization
JP Anderson	Chief Executive Officer	CHOICE
Gilbert Asomaning, MD	Hospitalist Physician	Kaiser Permanente
Jonathan Babbitt, MD	Emergency Medicine Physician	Olympia Emergency Services
Joann Hutchison, RN	Retired Registered Nurse	-
David Iyall	Capital Projects Manager Auditor	South Puget Sound Community College Thuston Conservation District
Joseph Lanham	Partner	Hampton Lanham Group
Mercy Mvundura, PhD	Health Economics Technical Advisor	PATH
Chris Nesmith, PhD	Superintendent	Elma School District
Ruben Ramirez	Retired K-9 Officer	Centralia Police Department
Laurie Tebo	CEO	Behavioral Health Resources
Daidre West, RN	Retired Registered Nurse	-
Teri Woo, PhD	Urgent Care Provider	Mary Bridge Children's Hospital & Health Network
Rachel Wood, MD	Retired Family Medicine Physician and Public Health Officer	-