



MASON COUNTY
Public Health & Human Services

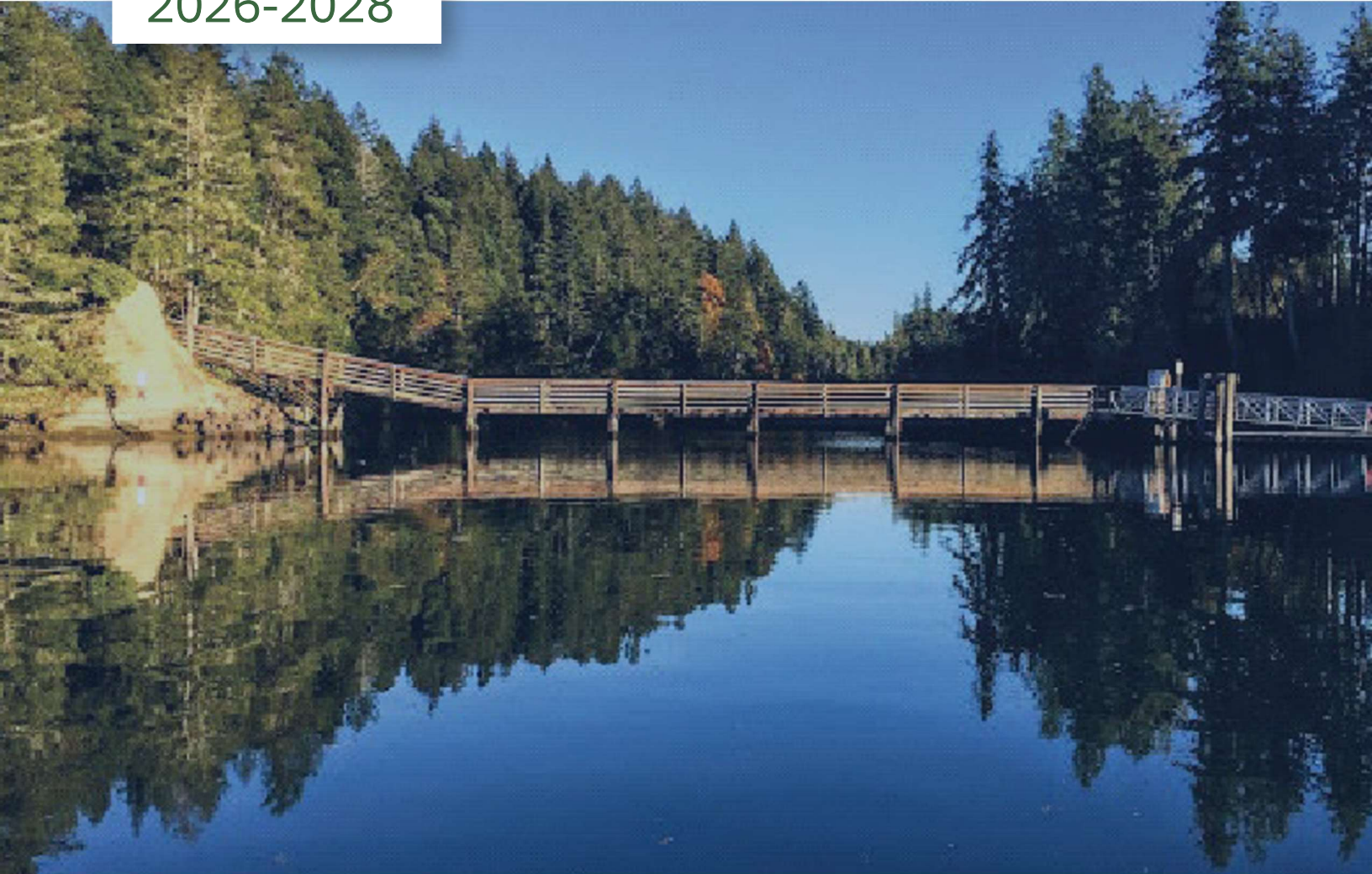


Mason Health
Mason General Hospital • Mason Clinic

Mason County

Community Health Needs Assessment

2026-2028



Adopted by Mason County Public Hospital District No. 1, November 25th, 2025



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Acronym Guide

ACS	American Community Survey
ALICE	Asset Limited, Income Constrained, Employed
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control
CHAT	Community Health Assessment Tool
CHNA	Community Health Needs Assessment
DOH	Department of Health
FPL	Federal Poverty Level
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
PHD	Public Hospital District
PSA	Primary Service Area
RWJ	Robert Wood Johnson Foundation
MUA/P	Medically Underserved Area/Population
YPLL	Years of Potential Lost Life

Introduction

The Community Health Needs Assessment Process

Every three years, non-profit hospitals are federally required to complete a Community Health Needs Assessment (CHNA) to identify, understand, and respond to the health needs of the community. A CHNA must:

- **Define the community it serves.**
- **Assess the health of that community.**
- **Gather community input** representing both the broad interests of the community and those with special knowledge of or expertise in public health.
- **Identify and prioritize significant health needs of the community.**
- **Adopt and document the CHNA in a written report** widely available to the public.
- **Develop and adopt a written Implementation Plan** addressing the community's priority health needs.

The 2026–2028 Community Health Needs Assessment (CHNA) is a county-wide collaboration between Mason County Public Health & Human Services and Mason County Public Hospital District #1 (Mason Health). It presents key health indicators, trends, and community characteristics across Mason County, based on a comprehensive analysis of local health data and a county-wide survey capturing resident experiences and perceptions.

As a public document, CHNAs serve to identify the county's most pressing health needs and inform strategic planning. The CHNA is used by local government, hospitals, and community organizations to align priorities, address barriers, and guide initiatives aimed at improving the health and well-being of Mason County residents.

About Mason County

Mason County was founded in 1854 and covers 1,051 square miles at the southern end of the Olympic Peninsula. The county is geographically diverse, with heavily forested uplands, mountain terrain, freshwater lakes, and over 90 miles of shoreline. To the east, it borders Hood Canal and the southern inlets of Puget Sound, while the Olympic Mountains and Olympic National Forest rise in the west. The Skokomish River Valley forms one of the county's principal lowlands, though much of the land remains rural and forested.

Shelton, the county seat and only incorporated city, functions as Mason County's administrative and economic center. It is home to key industries, educational institutions, and medical facilities. Surrounding communities—Belfair, Allyn, Grapeview, Union, and Hoodsport—are primarily situated along major waterways. Belfair anchors commercial activity at the head of Hood Canal, while Union and Hoodsport are recognized for recreation and tourism, serving as gateways to Olympic National Park and nearby shellfish beaches.

Mason County’s economy remains rooted in natural resources, with logging and wood products manufacturing as longstanding industries supported by extensive forestlands. Shellfish farming is a major economic driver, positioning the county among Washington’s top producers of oysters, clams, and geoduck. While agriculture operates on a smaller scale, sectors such as healthcare, education, and retail have grown significantly in recent decades. Seasonal tourism also contributes to the local economy, with outdoor recreation attracting visitors to the county’s lakes, rivers, and mountain trails.

The county is home to two federally recognized tribes: the Squaxin Island Tribe, based in Shelton, and the Skokomish Indian Tribe, whose reservation lies at the mouth of the Skokomish River on Hood Canal. The Squaxin Island Tribe’s ancestral territory includes the southern Puget Sound inlets, while the Skokomish Tribe’s lands are central to fishing and cultural traditions. Both tribes play a vital role in Mason County’s cultural and economic landscape through enterprise development, environmental stewardship, and the preservation of traditional practices.

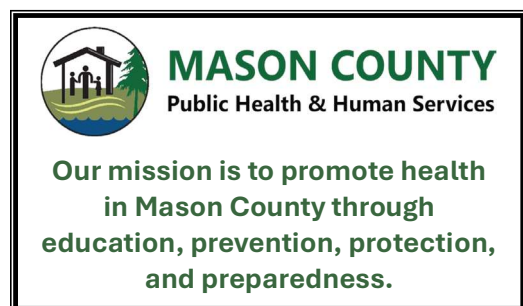
Transportation infrastructure reflects the county’s rural character and regional connectivity. U.S. Highway 101 serves as the main north–south route, linking Shelton to Olympia and Jefferson County. State Route 3 connects Belfair and Allyn to Kitsap County and the Bremerton–Silverdale area, while Routes 106 and 302 provide east–west access to smaller communities. Mason Transit Authority (MTA) offers regional bus service with connections to neighboring counties.

Mason County is designated as rural by both the Center for Medicare & Medicaid Services (CMS) and the Federal Office of Rural Health Policy. Approximately 70% of the population of Mason County lives in a low population density area, defined as less than 2,000 housing units and less than 5,000 people.

Two public hospital districts (PHD) cover all of the county’s land area. Mason County PHD #1, dba Mason Health and headquartered in Shelton, serves more than three quarters of the county’s land area. Mason PHD #2, headquartered in Belfair, serves the northeast quarter of the county. Residents of Mason County are also served by federally qualified health centers, operated predominantly by Peninsula Community Health Services and Sea-Mar Community Health Centers.

About Mason County Public Health and Human Services (MCPHHS)

Mason County Public Health and Human Services is responsible for monitoring and assessing the health and environmental conditions of the community, developing policies that promote health education and collaborative partnerships, enforcing public health laws and regulations, cultivating a skilled public health workforce, and supporting research to address emerging health issues.



MCPHHS collaborates with a broad network of community members and organizations committed to enhancing public health and well-being. Recognizing that public health impacts everyone, MCPHHS encourages active community engagement in developing creative and effective solutions.



Housing, mental health, and chemical dependency have been identified as critical health priorities in Mason County. In response, MCPHHS has strengthened its focus on Human Services to address these needs. This division supports programs that promote quality of life and ensure basic needs are met, particularly for vulnerable populations—including children, low-income individuals, domestic violence survivors, seniors, and those experiencing homelessness. By dedicating expertise and resources to Human Services, the department is better positioned to deliver essential support and health services across the community.

About Mason Health

Mason County Public Hospital District #1, doing business as Mason Health, is a public hospital district that operates a Critical Access Hospital (CAH) and two Rural Health Clinics (RHC) comprising primary care and multiple specialties. Mason Health has more than 100 physicians on staff, including employed, contracted, and consulting providers. The hospital is accredited by DNV GL.



**Our mission is United Community,
Empowered People, Exceptional Health.**

**Our vision is to provide the best patient-
centered care in the Pacific Northwest.**

The geographic boundaries of the District encompass all of southern, central, and western Mason County—an area representing nearly 80% of the county's total population. Additionally, the Squaxin and Skokomish Indian Tribes are located within the District's boundaries.

Mason Health was established as Mason County Public Hospital District #1 in 1968. After meeting federal and state designation requirements outlined in the Washington State Rural Health Plan and the Medicare Conditions of Participation, Mason Health became a Critical Access Hospital in 2002. In 2012, the organization completed a major expansion and remodel of its existing hospital to enhance outpatient service areas and improve the inpatient care environment.

In 2020, Mason Health completed the construction of a two-story, 60,000-sq.-ft. medical office building allowing for the consolidation of small wood-frame practices into a single location, including an increase of approximately 30 exam rooms for the community. The goal of the project was to provide easier access to healthcare services for patients and their families and to increase operating efficiency to fulfill its mission.

Mason Health has established a partnership with the Shelton School District to create an employment pipeline, which includes a scholarship program for students graduating from the local Health Sciences Academy. Since 2022, fifteen graduating seniors from the Academy have received scholarships toward degrees or certifications in the healthcare field.

Mason Health is deeply committed to its mission of being a central part of the community and working collaboratively to improve the well-being of its residents. This includes empowering both patients and staff through education and resources that enable informed health choices, and delivering high-quality, patient-centered care to restore and preserve the health of the people in Mason County.

About Mason County Public Hospital District #2

Mason County Public Hospital District #2 (PHD#2) is a public governmental district with the primary responsibility of assuring the residents of North Mason have high-quality healthcare available in the local community.

Located in Belfair, Mason County PHD#2 was formed during the November 2007 election by a vote of the people of North Mason, joining Mason Health in providing access to health care in Mason County. The geographic boundaries of the District encompass northeast Mason County.

Mason County PHD#2 does not own or operate any hospital, clinic, or provide any direct healthcare services. Instead, PHD#2 contracts with other entities to provide high-quality, local health care in the North Mason area.

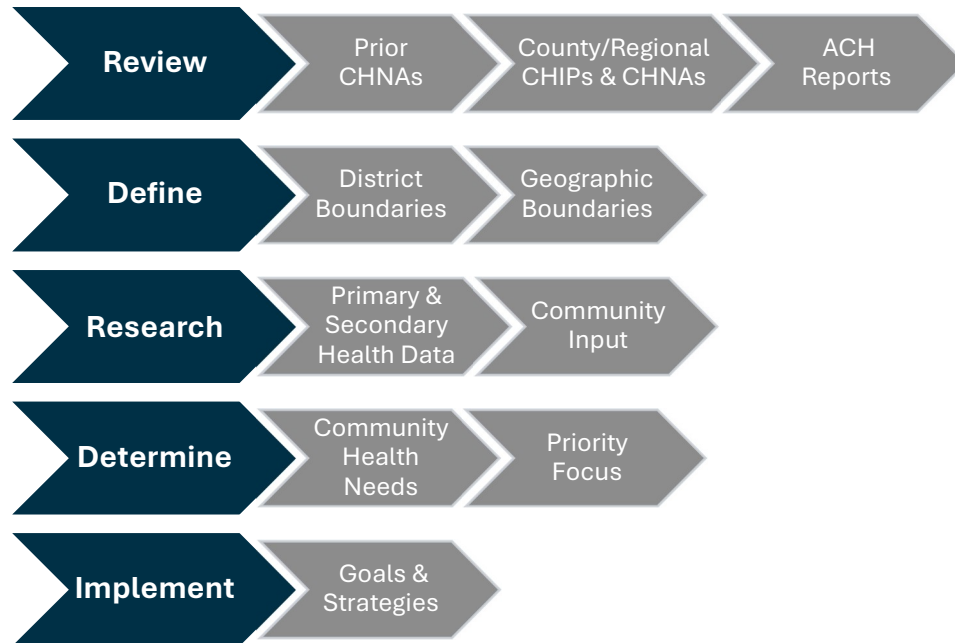
In April of 2025, Mason County PHD#2 entered into an agreement with Peninsula Community Health Services to fund the expansion of healthcare services in the Belfair, Tahuya, and Dewatto communities.



Our Mission is to increase access to health care while promoting wellness through facilitation of good nutrition, exercise, and healthy lifestyle choices.

Methodology

MCPHHS and Mason Health engaged Health Facilities Planning & Development, Seattle, to conduct its 2026-2028 CHNA using the following framework:



Data Collection

Primary and secondary data were collected to assess the overall health of the county and hospital districts. This information informed the analysis of unmet health needs and social determinants of health, shaping key themes and priorities related to community well-being.

Primary Data

Primary data captured the direct experiences and perspectives of District residents through a county-wide survey. Conducted from August 6 to September 19, 2025, the survey received over 2,400 responses.

A separate survey targeted community representatives from healthcare, education, law enforcement, social services, faith-based groups, and nonprofit organizations. Twenty-five leaders from eight organizations participated.

Secondary Data

Secondary data was sourced from national, state, and regional/local databases to provide insight into demographics, health behaviors, socioeconomic factors, environmental conditions, and clinical care across the county and District communities.

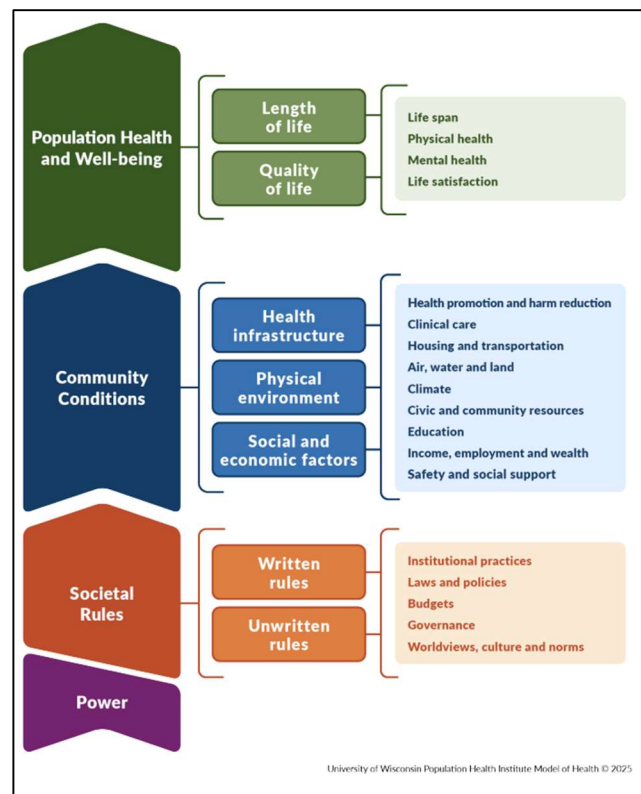
Specific data sources included, but were not limited to:

- Claritas Population Data
- Community Health Assessment Tool (CHAT), Washington State Department of Health
- Washington Tracking Network (WTN), Washington State Department of Health
- Washington State Healthcare Authority
- Health Resources & Services Administration (GeoCare Navigator)
- American Community Survey (ACS)
- Robert Wood Johnson County Health Rankings
- Centers for Disease Control (Places)
- Washington State Healthy Youth Survey
- Washington State Office of Financial Management, Small Area Estimates
- Behavioral Risk Factor Surveillance System
- U.S. Census Bureau
- United for ALICE
- University of Washington, Addictions, Drug & Alcohol Institute

Because each Public Hospital District serves a distinct region, data is analyzed at the District level when available to highlight regional differences. Where sub-county data is unavailable, county-level data is used. Key findings are presented throughout the report; source data tables are provided in **Appendix 1**.

After gathering and analyzing primary and secondary source data and information, several frameworks were applied to identify themes and determine priorities from the data—foremost, the Robert Wood Johnson Foundation’s (RWJ) Health Rankings Model.

In the Health Rankings Model, **Population Health and Well-being** represents how well and how long we live, including our physical, mental, and social well-being. **Community Conditions** encompass where we live, learn, work, and play, including affordable housing, clean water, and socioeconomic factors. **Societal rules** are set and held by people who wield power, shape the conditions that affect our health, and are formalized in policies and laws. **Power** is the ability to create change. People and groups who hold power influence societal rules and determine how they are applied.¹



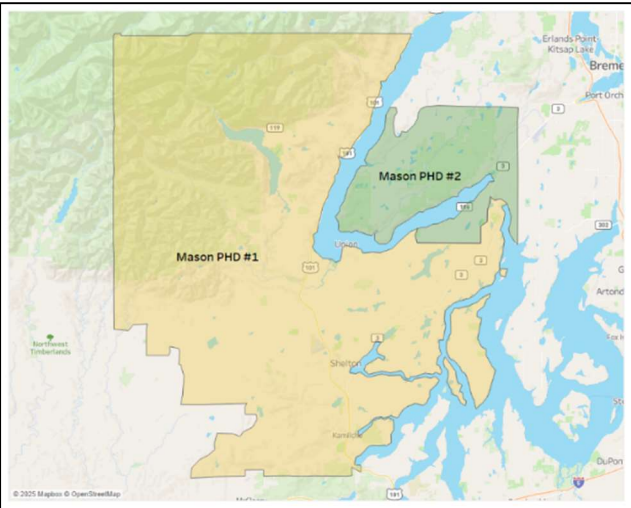
¹ 2025 County Health Rankings & Roadmaps Report

Who We Are: Mason County Profile

Together, the two Mason County Public Hospital Districts serve the entirety of the county.

Mason Health (PHD #1)

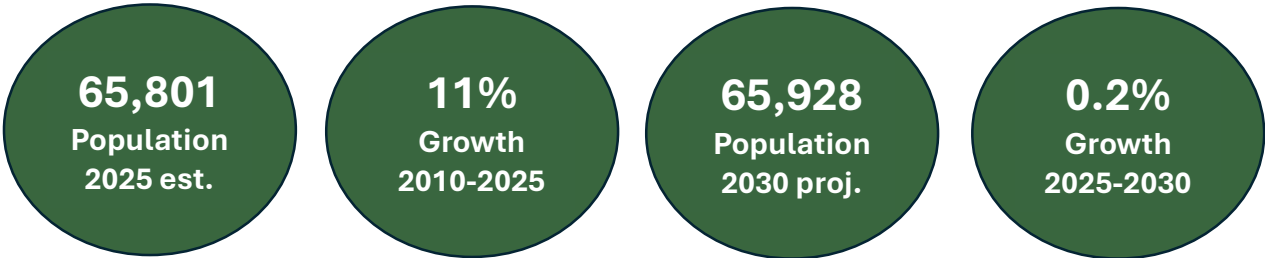
- Shelton (98584)
- Allyn (98524)
- Grapeview (98546)
- Hoodspout (98548)
- Lilliwaup (98555)
- Matlock (98560)
- Union (98592)



Mason County PHD #2

- Belfair (98528)
- Tahuya, Dewatto (98588)

Mason County Population

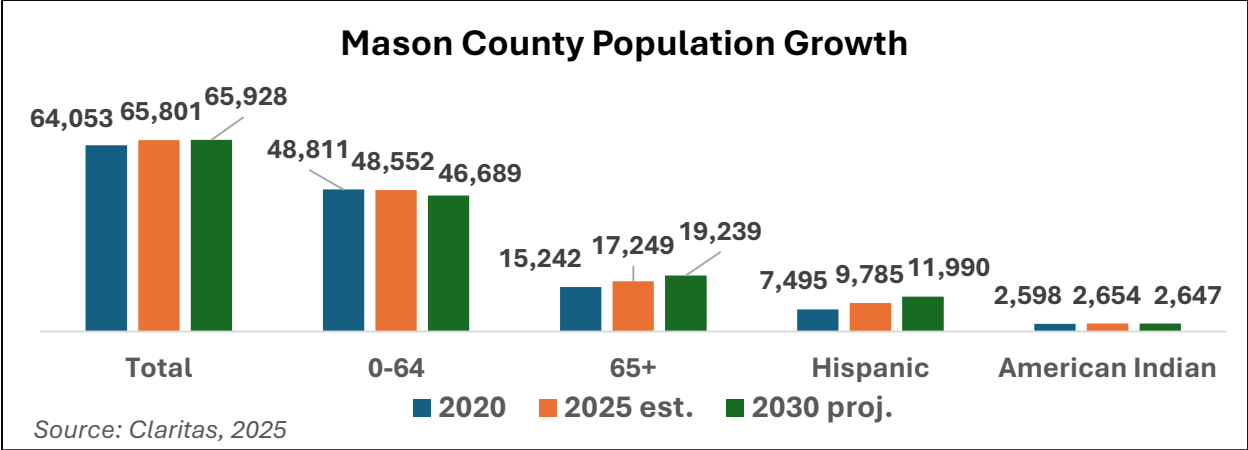


Mason County’s population grew 11% from 2010 to 2025, compared to 17% statewide. Growth was largely driven by the 65+ age group, which increased 54% during that period.

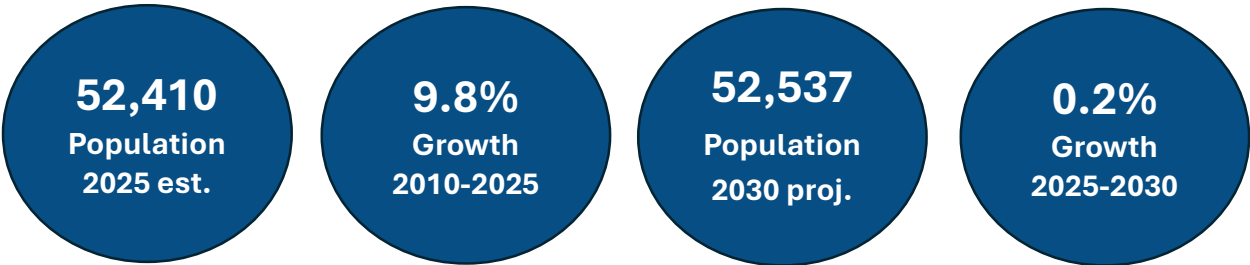
By 2030, the county’s population is projected to reach nearly 66,000 residents. The number of individuals under age 65 is expected to decline by 4%, while the 65-and-older population is projected to grow by 12%, making up nearly one-third of the total population.

Racial and ethnic diversity in the county is also increasing. The Hispanic population grew by 87% between 2010 and 2025, and is projected to grow by another 23% by 2030, reaching over 18% of the total population. The American Indian population grew by 20% during the same period, reaching 4% of the total, but is expected to remain stable through 2030.

Note: Trends in the American Indian population should be interpreted with caution due to persistent undercounting in census data.

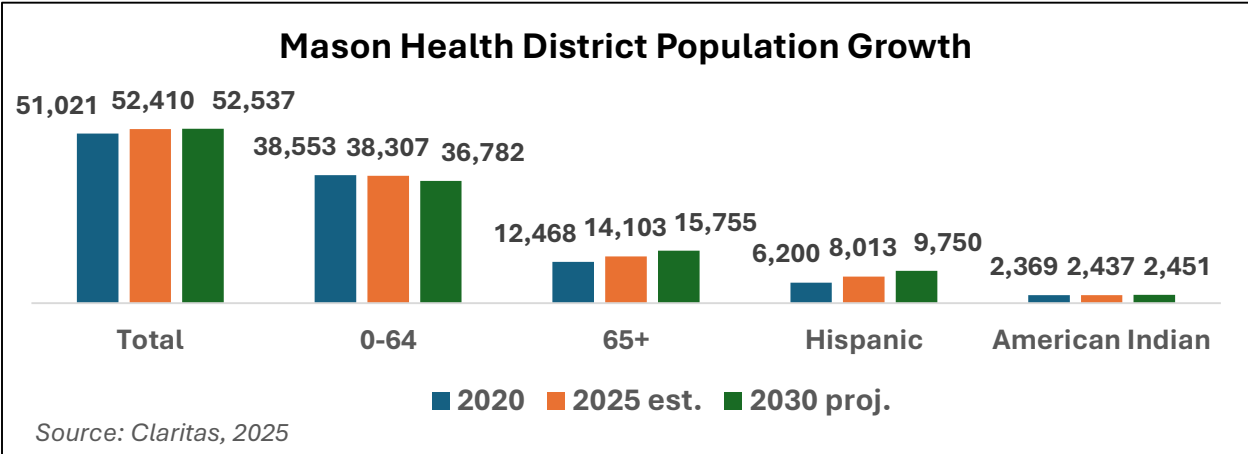


Mason Health District Population

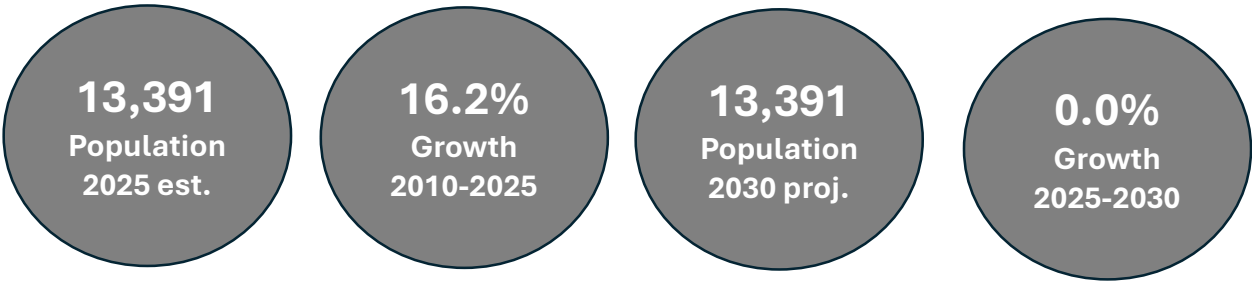


Between 2010 and 2025, Mason Health District’s population grew by nearly 10%, driven by a 53% increase in residents aged 65+. By 2030, the population is expected to stabilize at just over 52,500, with the 65+ group growing by another 12% to comprise almost one-third of all residents, while the population under age 65 is projected to decline by 4%.

Significant growth is also evident in population trends by race and ethnicity. From 2010 to 2025, the Hispanic population increased by nearly 80% and is projected to grow an additional 22% by 2030, reaching approximately 19% of the total population. The American Indian population grew by 24% during the same period and now represents nearly 5% of the population, with minimal growth—less than 1%—expected through 2030.



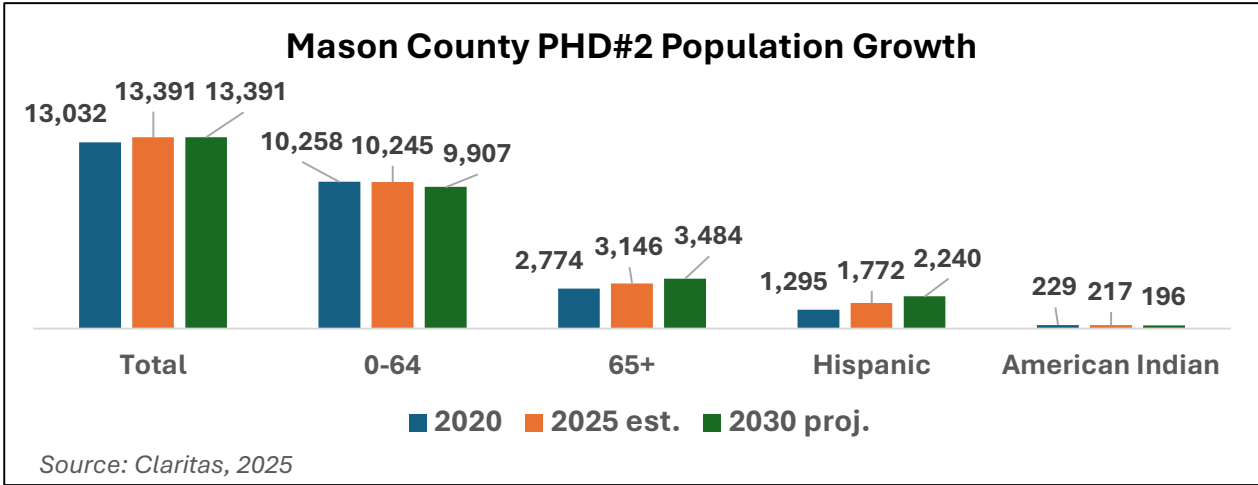
Mason County PHD#2 Population



Mason County PHD#2 saw the strongest population growth (16.2%) from 2010 to 2025, driven by a 58% increase in the 65+ age group. By 2030, total population growth is expected to level off at just over 13,300 residents.

Between 2025 and 2030, the under-65 population is projected to decline by 3%, while the 65+ cohort is expected to grow nearly 11%, reaching 26% of the total population.

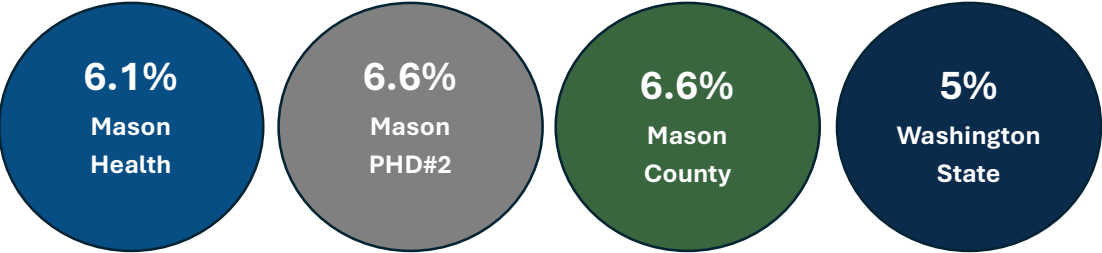
Significant growth is also projected by race/ethnicity. The Hispanic population rose 129% from 2010 to 2025, and is expected to grow another 26% by 2030, comprising nearly 17% of residents. In contrast, the American Indian population declined 12% during the same period to under 2%, and is projected to decline another 10% by 2030.



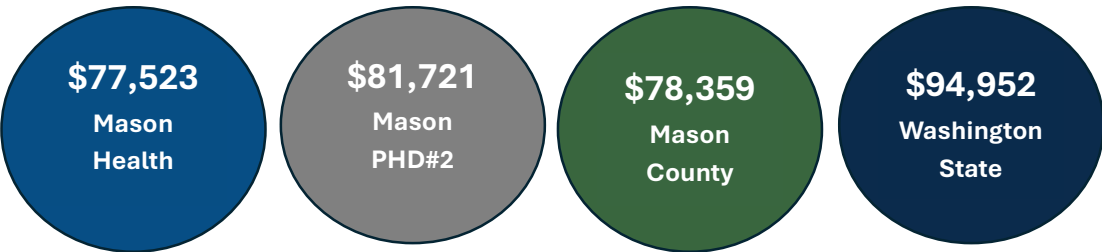
Social Determinants: Socioeconomic Factors

At-a-Glance

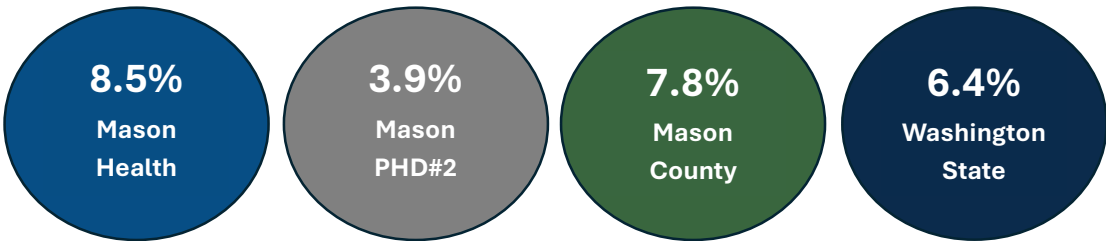
Unemployment Rate
Source: ACS, 2019-2023 5-Year Estimates



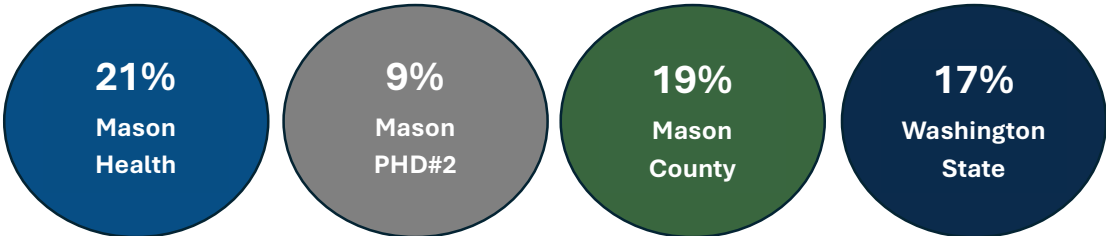
Median Household Income
Source: ACS, 2019-2023 5-Year Estimates



Poverty Rate: Families Earning < 100% Federal Poverty Level
Source: ACS, 2019-2023 5-Year Estimates

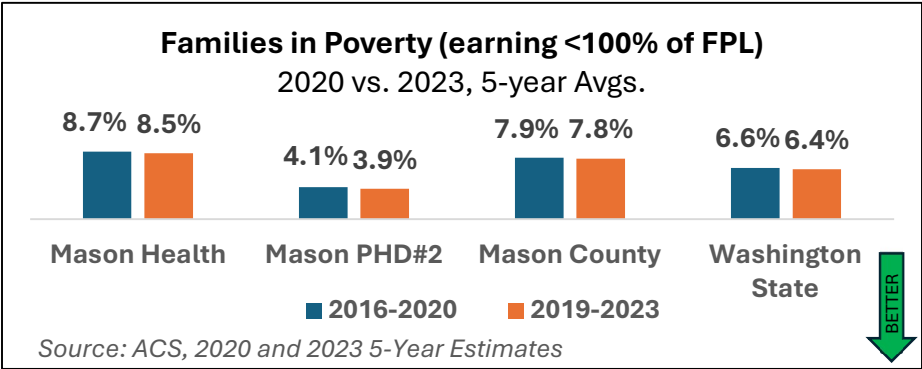


Low-Income Rate: Families Earning < 200% Federal Poverty Level
Source: ACS, 2019-2023 5-Year Estimates

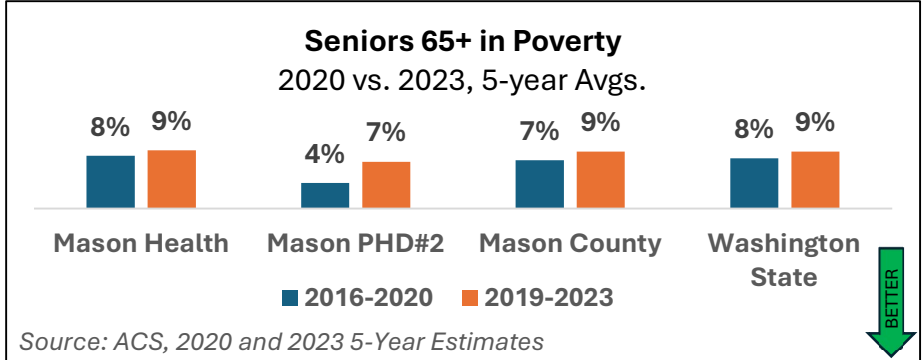
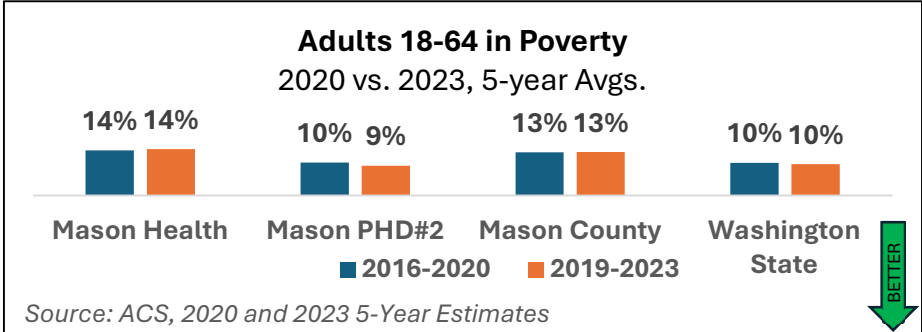
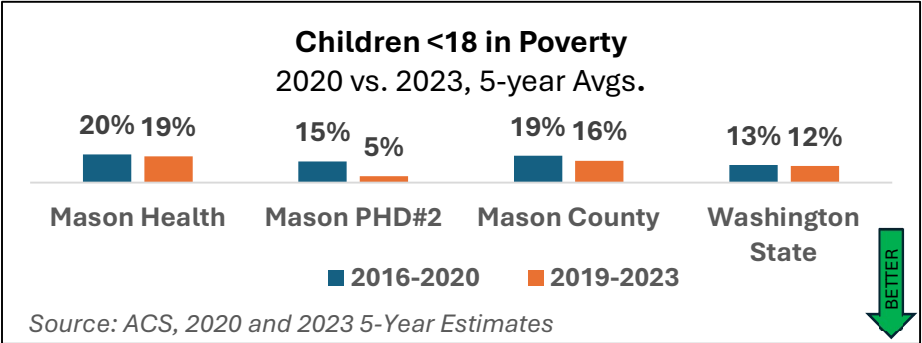


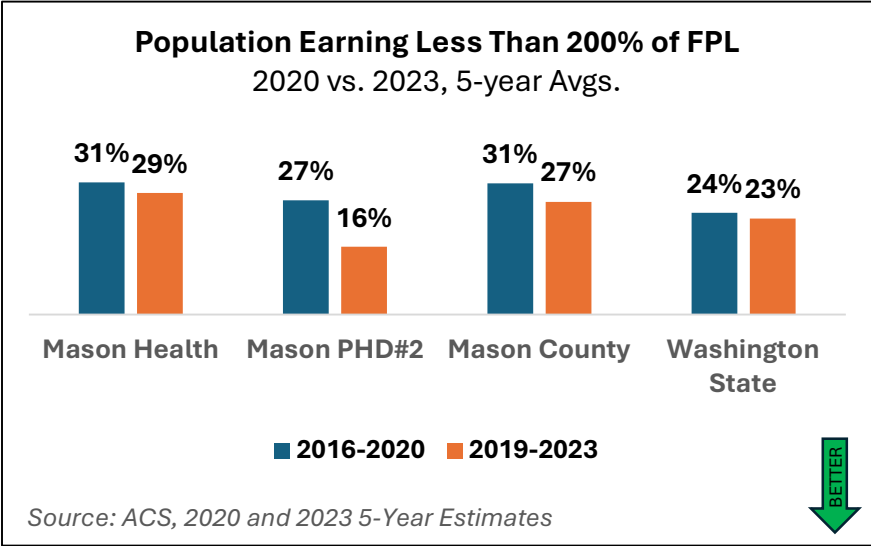
Poverty Data

In 2025, the Federal Poverty Level (FPL) was set at \$15,650 for an individual and \$32,150 for a family of four. As shown previously, the number of families experiencing poverty (earning less than 100% of FPL) is higher in the Mason Health District relative to PHD#2, the county, or the state. PHD#2's family poverty rate is lower relative to both the state and county. **Compared to the period of the last CHNA, the family poverty rate has remained relatively flat across the county, with only slight decreases.**

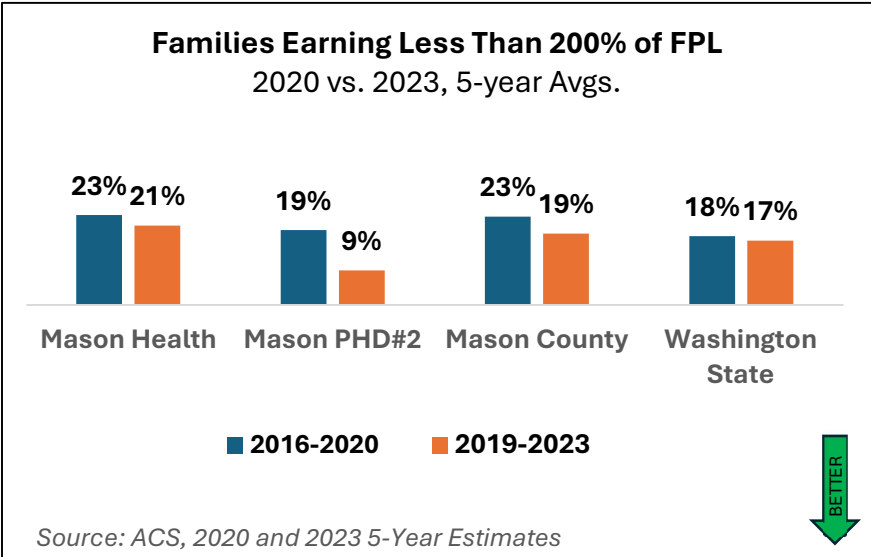


Individual rates of poverty by age are shown for the period of the last CHNA and the current CHNA. As with the rates of family poverty, **rates of individual poverty by age have remained relatively flat**, with some notable exceptions. **Childhood poverty rates in PHD#2 improved by 66%** between the two periods, while **the 65+ poverty rates worsened across both service areas, the county, and the state**, with **PHD#2 experiencing a 75% increase in 65+ poverty rates.**





Another widely accepted measure of financial insecurity and low-income status is earning less than 200% of the Federal Poverty Level (FPL). Individuals and families below this threshold remain in a low-income bracket, which places significant burdens on their ability to make ends meet and often determines eligibility for various federal and state programs and benefits.



The number of individuals and families earning less than 200% of FPL declined (improved) across both hospital districts, the county, and the state between 2020 and 2023, with Mason PHD#2 seeing the most significant decreases in both the individual and family measures.

ALICE Data

While the Federal Poverty Level (FPL) is determined by income and family size, many households earning above this threshold still face financial hardship. ALICE—an acronym for Asset Limited, Income Constrained, Employed—refers to households that earn more than the FPL but less than the basic cost of living in their county.

In 2025, the ALICE Household Survival Budget estimated average basic costs in Washington at \$32,426 for a single adult and \$109,500 for a family of four. Households below the ALICE Threshold—which includes both ALICE and those in poverty—cannot afford essential expenses such as housing, childcare, food, transportation, healthcare, technology, and taxes. These budgets exclude savings and reflect only the bare minimum needed to live and work.

Although conditions have improved for some, many families continue to struggle, especially as wages lag behind rising costs. By 2023, basic living expenses exceeded the FPL in every Washington county, highlighting the growing gap between income and financial survival.

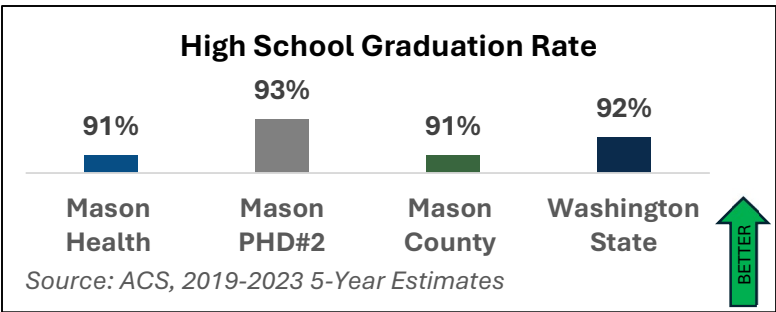
Most communities within Mason County have a higher proportion of ALICE households—those struggling to make ends meet—compared to the state average. Specifically, Shelton has 57% more ALICE households than the state average, Tahuya/Dewatto has 64% more, and Lilliwaup has 36% more, indicating significantly greater financial hardship in these areas.

ALICE Data		
	Total Households	% of Population Below ALICE Threshold
Shelton 98584	14,513	44%
Allyn 98524	1,786	30%
Grapeview 98546	1,096	34%
Hoodsport 98548	1,157	35%
Lilliwaup 98555	152	38%
Union 98592	748	24%
Belfair 98528	4,410	32%
Tahuya, Dewatto 98588	877	46%
Washington State Average	-	28%

Source: ACS, 2024; ALICE Threshold, 2022

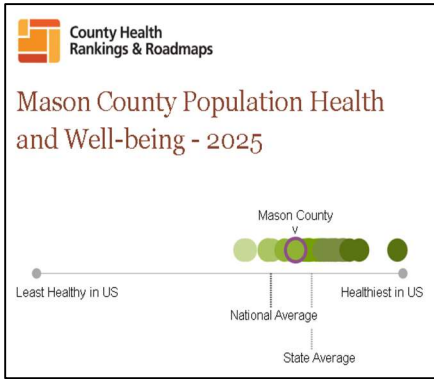
Education

Education is another important predictor of health. Completing more education is associated with improved physical health outcomes, greater self-reported health and wellbeing, reduced psychosocial stress, and healthier behaviors, including being less likely to smoke and more likely to exercise.



Mason County and its hospital districts’ high school graduation rates are in line relative to the county and state, with Mason PHD#2 just above and Mason Health and the county just below the state average.

Health & Well-being

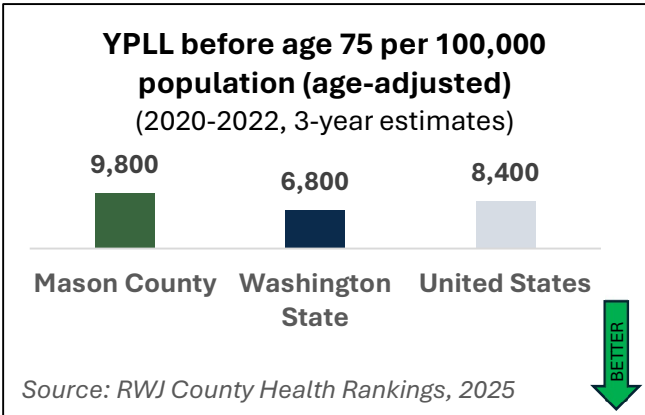


Beginning in 2024, the RWJ County Health Rankings shifted from numerical rankings to a scaled approach. Based on more than 30 factors, counties in a state are now represented by a dot, shaded with a certain color, and placed on a decile scale from least healthy to most healthy in the state and nation. RWJ County Health Rankings do not provide data below the county level.

Health & Well-being measures tell us how long people live, on average, within a community, and how much physical and mental health people experience in a community while they are alive. **Mason County is faring slightly worse than the average county in Washington and slightly better than the average county in the nation for Health & Well-being Outcomes.**

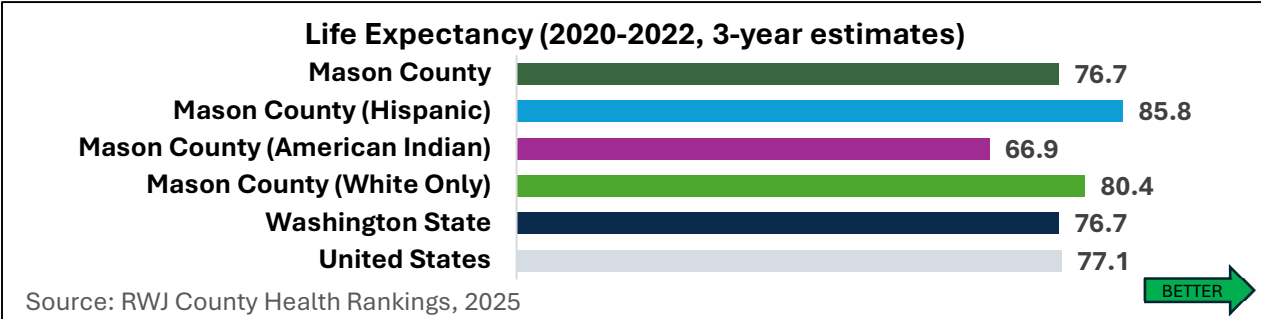
Years of Potential Life Lost (YPLL)

YPLL is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented by calculating the years of potential life lost under age 75 per 100,000 people. **Mason County has 44% more years of lost life compared to the state and 17% more years relative to the nation.**



Length of Life

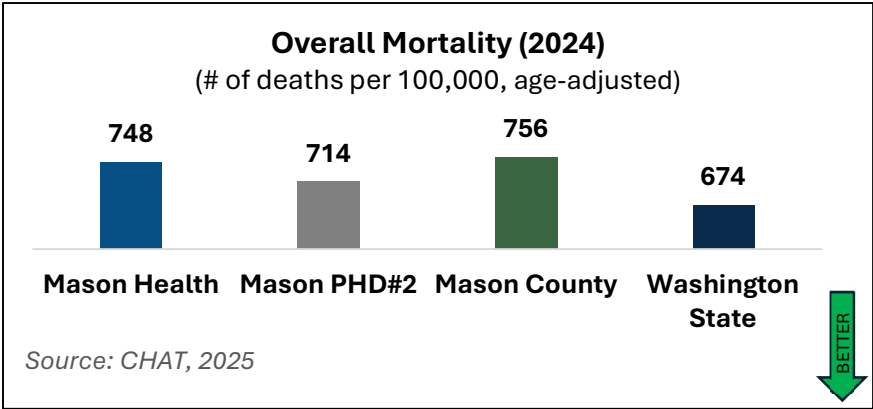
Measuring how long people in a community live helps identify whether individuals are dying prematurely and prompts an evaluation of the factors contributing to early deaths. Life expectancy reflects the average number of years a person can expect to live from birth, based on current age-specific death rates within the population. These calculations consider the number of deaths during a given period and the average number of people at risk of dying, allowing for comparisons across areas with varying population sizes.



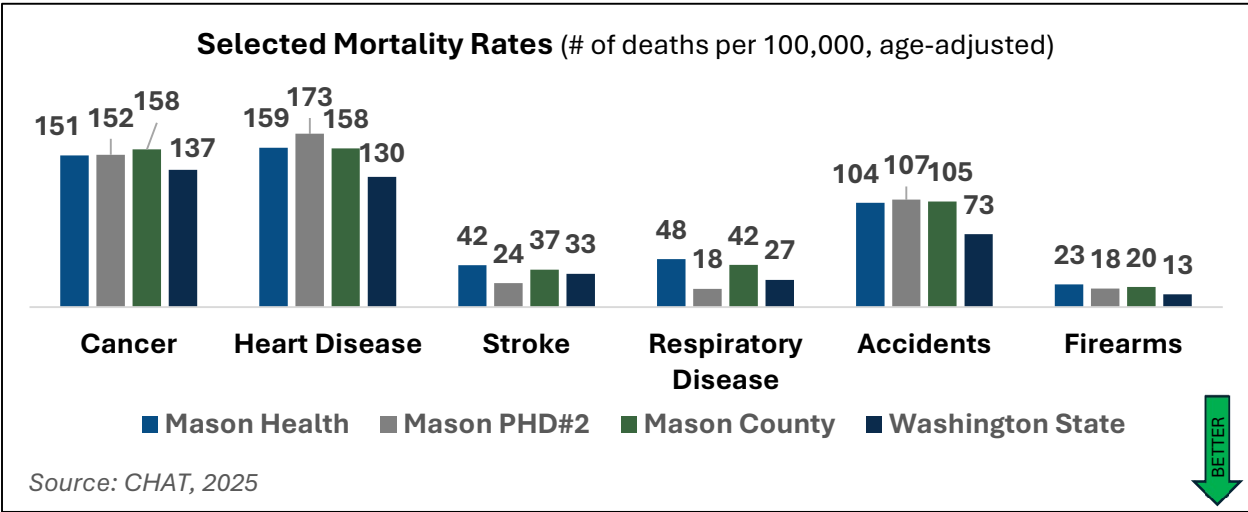
Mason County is in line with Washington State and the nation on life expectancy. When disaggregated by race and ethnicity, Hispanic residents fare significantly better than the county or state, averaging almost 10 more years than the county, while the American Indian population fares significantly worse, averaging almost 10 years less than the county.

Causes of Death

Cause of death is a widely used indicator of a population's overall health status and a useful tool for illustrating the relative burden of cause-specific mortality. Mortality is measured as an age-adjusted rate per 100,000 population.

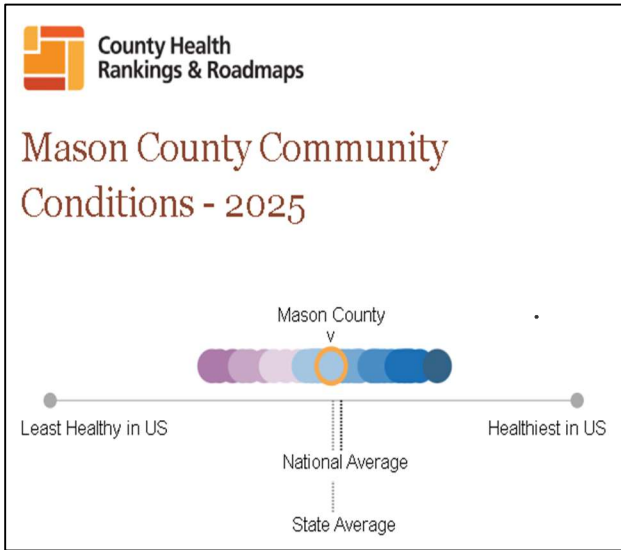


Mason County and both hospital districts fare worse (have higher rates of death) on overall mortality relative to the state.



- Mortality rates for cancer and heart disease are higher in both the Mason Health District and Mason PHD#2 relative to the county or state.
- Heart Disease mortality is 33% higher (worse) in Mason PHD#2 compared to the state, while mortality rates due to stroke and respiratory diseases are lower (better).
- The Mason Health District experiences significantly higher (worse) rates of mortality for stroke and respiratory diseases relative to the state.
- Mortality rates for accidents and firearms are significantly higher in both the Mason Health District and Mason PHD#2 relative to the county or state.
- The mortality rate for firearms is 77% higher (worse) in the Mason Health District relative to the state.

Community Conditions



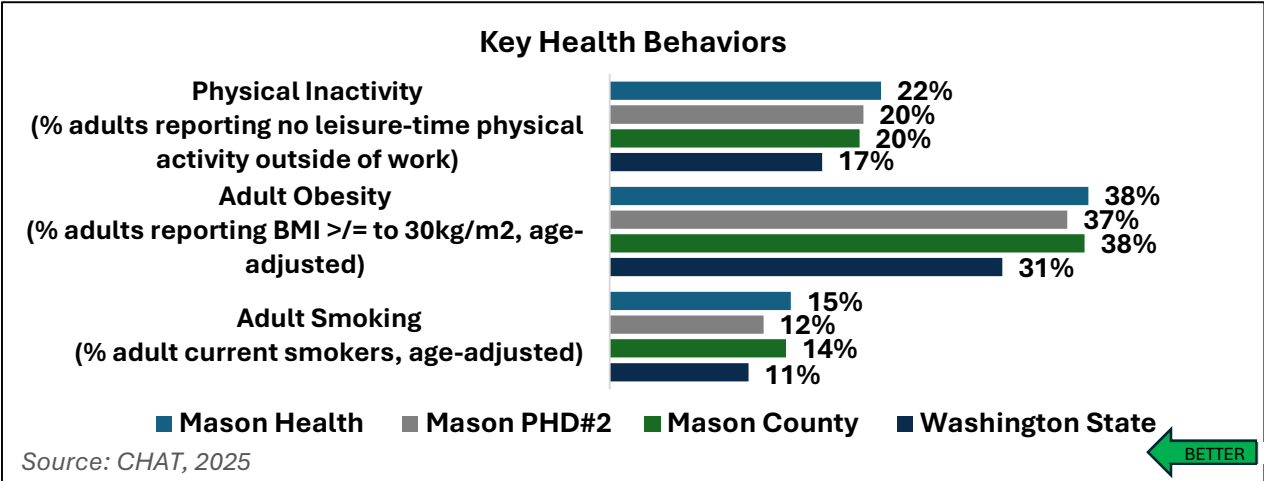
As with Health & Well-being data, the RWJ County Health Rankings uses a scaled approach to rank counties on a decile scale from least healthy to most healthy in the state and nation on selected health factors (community conditions).

Community Conditions represent those things we can improve to live longer and healthier lives and are indicators of the future health of our communities. **Mason County is faring about the same as the average county in Washington and slightly worse than the average county in the nation on Community Conditions.**

Health Behaviors

Health behaviors are actions individuals take that impact their health. These include actions that lead to improved health, such as eating well and being physically active, and actions that increase one’s risk of disease, such as smoking or excessive alcohol intake.

Mason County and both hospital districts have higher (worse) rates across multiple measures of health behaviors such as smoking, physical inactivity, and obesity.



Drug and Alcohol Use

Drug and alcohol use significantly affect both short- and long-term health outcomes. Excessive alcohol consumption—including binge drinking, heavy drinking, and any use by pregnant individuals or those under 21—is linked to increased risks such as motor vehicle accidents, violence, risky sexual behavior, hypertension, heart and liver disease, and

weakened immunity. Alcohol-impaired driving is a major contributor to unintentional injuries, which remain the leading cause of death not directly tied to chronic disease.

Mason County experiences significantly higher rates of drug and alcohol use across adult and youth populations relative to the state.

Youth alcohol use in the Mason Health District remains over 30% higher than the state average. However, since the 2022 Community Health Needs Assessment, alcohol use among 10th graders has declined by 50% in Mason County and statewide, based on data from the 2018 Healthy Youth Survey (HYS). Additionally, opioid-related deaths in Mason County have decreased by 25%, declining from 53 to 40 per 100,000 residents.

Drug and Alcohol-Related Health Behaviors	Shelton S.D.	Mason County	Washington State
Marijuana Use (Adults) (% adults reporting use in past 30 days)	n/a	31%	18%
Drug Overdose Deaths (rate of any drug overdose deaths per 100,000, age-adjusted)	n/a	56	42
Opioid Deaths (rate of opioid deaths per 100,000, age-adjusted)	n/a	40	35
Alcohol Use (Youth) (% 10 th grade youth reporting alcohol use in past 30 days)	12.3%	9.8%	9.1%
Binge Drinking (Youth) (% of 10 th grade youth reporting consuming 5 or more drinks in a row in past 2 weeks)	7%	5.7%	4.2%
Marijuana Use (Youth) (% of 10 th grade youth reporting use in past 30 days)	15.6%	14.5%	8.4%
<i>Source: CHAT, 2025; HYS, 2023; WTN, 2025</i>			

Clinical Care

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care needs in a community helps in understanding how the community can improve the health of its neighbors.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have led to significant increases in life expectancy. Clinical care practice continues to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

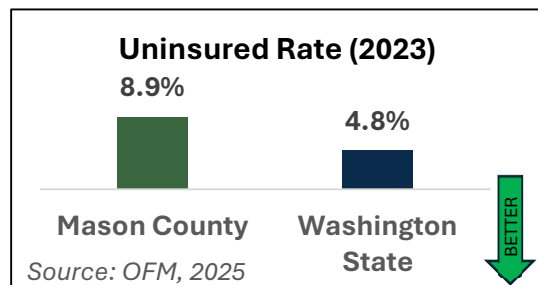
Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability and affordability of health insurance are considered key drivers of health status. Health insurance coverage helps patients get into the healthcare system. Lack of insurance is a primary barrier to healthcare access, regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor overall health status.

uninsured According to the Department of Health and Human Services' October 2024 ASPE report, while the rates of uninsured have decreased since the passage of Affordable Care Act (ACA), rural areas continue to have higher uninsured rates than urban areas. Other barriers to care, including geographic distance, infrastructure limitations, and provider shortages, continue to contribute to rural healthcare access disparities.² **In 2023, Mason County's uninsured rate (8.9%) was nearly double that of Washington State (4.8%).**



According to recent analysis by the Kaiser Family Foundation (KFF), the July 2025 federal budget reconciliation package will make significant changes to Medicaid and the Affordable Care Act (ACA) marketplaces that will drive the number of uninsured higher. KFF cited the Congressional Budget Office (CBO) estimate of an increase of 14 million uninsured people by 2034 due to the changes to Medicaid and ACA marketplaces when combined with the expiration of ACA's premium tax credits. These estimates do not include effects related to the recently finalized ACA Marketplace Integrity and Affordability rule that could drive overall rates of the uninsured even higher.

In Washington State, KFF estimates that there will be about 390,000 people who will lose insurance. Of the total increase in the uninsured, 350,000 would become uninsured due to changes in Medicaid, 27,000 would become uninsured due to changes in the ACA, and 14,000 would become uninsured because of changes to Medicare and policy interactions.³

Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Preventive screenings identify disease processes early, improving treatment efficacy and quality of life, and preventing premature death. Vaccinations prevent many

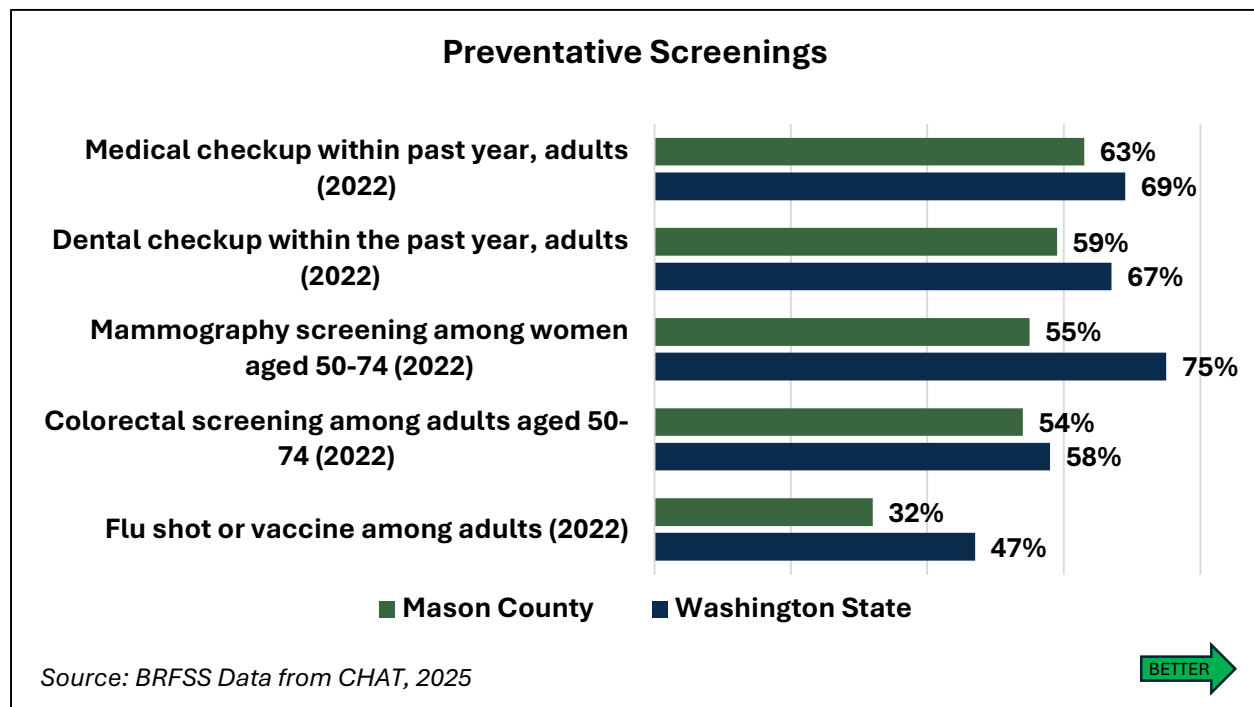
² Turrini G, Volkov E, Peters C, De Lew N, Buchmueller T. Access to Health Care in Rural America: Current Trends and Key Challenges (Issue Brief No. HP-2024-22). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2024.

³ Burns, et al. *How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State*. Kaiser Family Foundation, 2025.

life-threatening illnesses from ever occurring. For example, yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised; vaccines prevent people from getting severe flu.

One view into preventive screening utilization is the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS collects data through over 400,000 telephone surveys annually across all 50 states, allowing for comparison between county and state averages. Using the Department of Health’s Community Health Assessment Tool to examine Washington State BRFSS data:

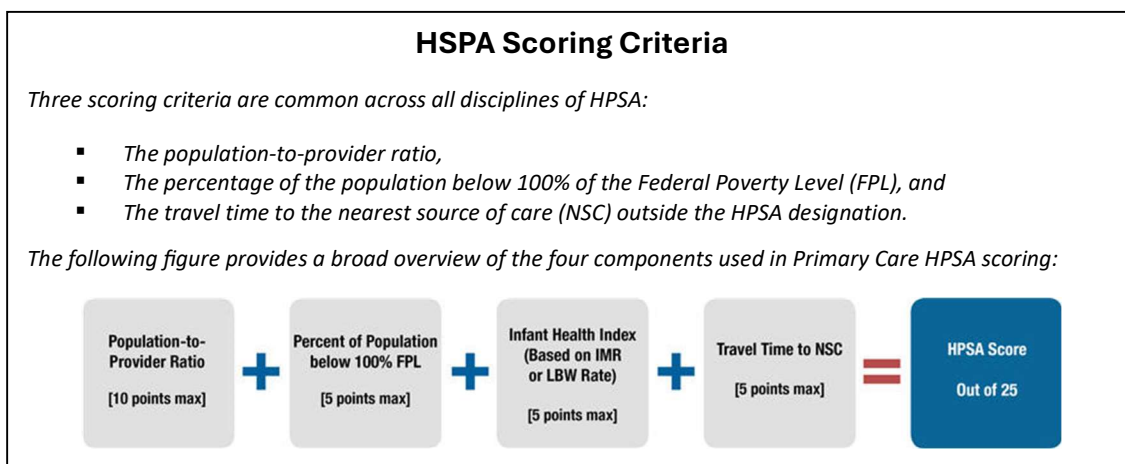
- In 2022, 63% of Mason County adults had a routine medical checkup in the past year, a rate 9% lower than the state average (69%).
- In 2022, 59% of Mason County adults had a dental checkup in the past year, a rate 12% lower than the state average (67%).
- In 2022, 55% of Mason County female residents aged 50-74 reported receiving a mammography screening in the past two years, a rate still 27% lower than the state average (75%).
- In 2022, 54% of Mason County adults aged 50-75 report receiving colorectal cancer screening, a rate 6.8% higher (better) than the state average (58%).
- In 2022, 32% of Mason County adults received a flu shot or vaccine, a rate 32% lower (worse) than the state average (47%).



Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). HPSA designations identify a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs, depending on whether shortages are widespread or limited to specific groups of people or facilities. These designations include a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, American Indians).



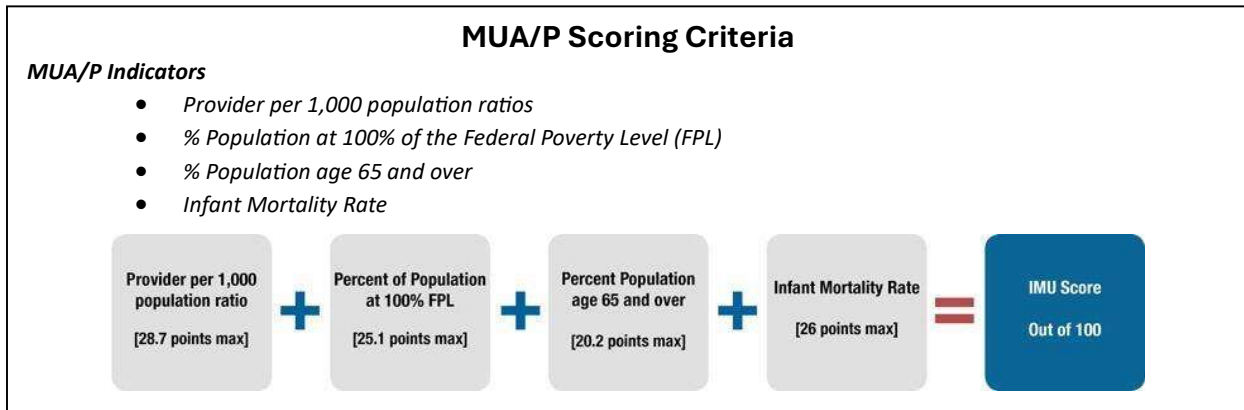
Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental healthcare. These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas.

Mason County is a designated Health Professional Shortage Area for low-income primary care and for dental and mental health services across all populations county-wide.

Health Professional Shortage Areas: Mason County		
Professional Area	Designation	
Primary Care	Designation: Low-income	Yes
Dental Care	Designation: Geographic	Yes
Mental Health	Designation: Geographic	Yes

Source: Rural Health Information Hub, 2025

HRSA’s MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. The MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P.



Mason County has been designated as having a Medically Underserved Population for its American Indian residents, receiving a score of 60.7 out of 62. According to HRSA designations, **the county faces significantly worse provider-to-population ratios compared to state and national averages.** Specifically, Mason County has more than twice the ratio of residents per primary care physician, 137% higher ratios for dentists, and 89% higher ratios for mental health providers than the Washington State averages, indicating fewer providers available to meet community needs.

Ratio of Population Per Providers (2021)			
	Mason County	Washington State	United States
Primary Care	3,760:1	1,200:1	1,330:1
Other Primary Care	1,900:1	830:1	710:1
Mental Health	360:1	190:1	300:1
Dentists	2,730:1	1,150:1	1,360:1

Source: RWJ Foundation County Health Rankings

Physical Environment

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family. When a sizable portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and increased risk of cancer.

Community Need

In 2006, Washington State created a 211 phone system, creating a simple, easy number to call when residents need help or access to human services. The 211 system provides access to a comprehensive database of resources for coordinated care and referral systems. It makes publicly available the location and type of services callers are asking for, searching for online, and types of referrals made, allowing for accurate, unbiased, real-time information about community needs and gaps in services.

In 2024, there were 984 calls to the 211 system from Mason County:

- Twenty-six percent of calls (260) were related to housing and shelter, with most related to rental assistance or availability of low-cost housing.
- There were 135 calls for utility support, of which 9.7% (96) were related to support with payments or discounts for utility services.
- Seven percent of calls (66) were related to help with buying food or finding free or low-cost meals.
- Four percent of calls (39) were related to help finding low-cost public transportation options.
- Four percent of calls (40) were related to help buying clothing or household needs.
- Four percent of calls (37) were related to help paying for medical bills or navigating insurance and healthcare access.
- Two percent of calls (21) were related to direct help or help connecting to crisis intervention, suicidality, or substance use disorder support.

Housing

The U.S. Census defines a “cost-burdened household” as a household that spends 30% or more of its income on housing and a “severe cost-burdened household” as a household that spends more than 50% of income on housing.

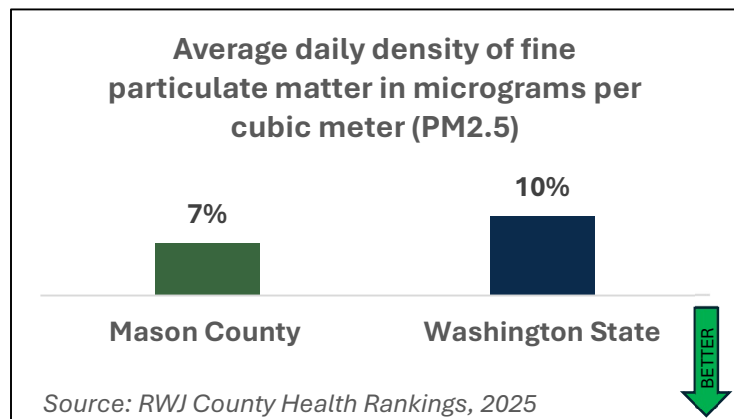
Renters in both Mason County PHDs experience a slightly lower (better) rental cost-burden compared to the state.

Homeowners in Mason County and the Mason Health District experience a slightly higher (worse) home ownership cost burden compared to the state.

Housing Metrics	Mason Health	Mason PHD#2	Mason County	Washington State
Renting				
Cost-Burdened <i>(>30% of income on rent)</i>	17%	3%	14%	25%
Severe Cost-Burdened <i>(>50% of income on rent)</i>	25%	23%	23%	22%
Home Ownership				
Cost-Burdened <i>(>30% of income on home ownership)</i>	25%	23%	25%	24%
Severe Cost-Burdened <i>(>50% of income on homeownership)</i>	11%	6%	10%	9%
<i>Source: ACS 2023, 5-Year Estimates</i>				

Air and Water Quality

RWJ’s County Health Rankings measures air pollution by particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter ($\mu\text{g}/\text{m}^3$). Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers ($\text{PM}_{2.5}$). Several adverse health effects are associated with



exposure to particulate matter, including premature mortality, increased hospitalization, acute and chronic bronchitis, asthma, ER visits, and restricted daily activities. Research points to older adults with chronic heart and lung disease, children, and asthmatics as the groups most likely to experience adverse effects with exposure to particulate matter.⁴

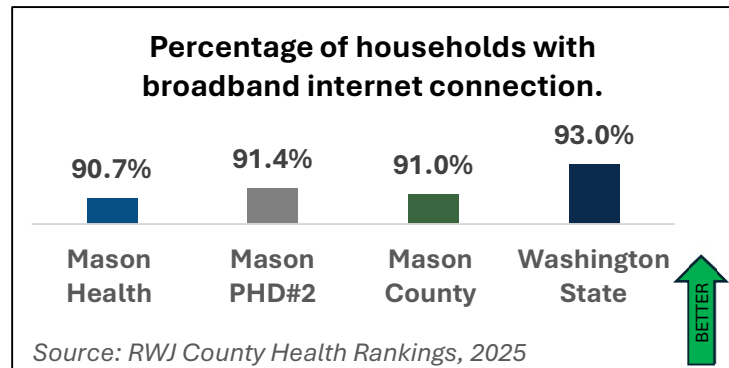
According to data from the RWJ County Health Rankings:

- **Mason County experienced about 30% lower (better) particulate matter readings relative to the state in 2023.**
- **No community water systems in Mason County reported a health-based drinking water violation in 2023.**

⁴ California Air Resources Board

Broadband Access

Broadband is high-speed internet access that is faster than dial-up and ready for use immediately. Broadband speed and bandwidth vary but can be measured as download/upload speed in megabits per second (Mbps). According to the U.S. Department of Commerce, internet access is the backbone of today's world, powering education and the economy, supporting health and well-being. Roughly 20% of Americans are not connected to the internet and are left unable to fully participate in modern life.



Ninety-one percent of Mason County households have broadband internet connection, a rate just 2% lower than the overall state average.

Prior CHNA Accomplishments

Mason Health's Board adopted the 2022-2025 CHNA and subsequent Improvement Plan based on the community-recommended priorities and strategies.

- **Improve access to and reduce wait times for behavioral health services for district residents.**
 - *Replace pediatric provider for therapy.*
 - *Implement the Collaborative Care Model with all primary care providers participating once adequate behavioral staffing is in place to meet the demand.*
 - *Expand peer navigator program to include mental health recovery in addition to substance use disorder recovery support.*
 - *Work with community partners on solutions to increase access.*
- **Prevent disease, detect health problems early and provide education to support good health-related decisions and reduce the risk of injury.**
 - *Standardize and increase cancer screenings by 20%.*
 - *Increase annual wellness visits by 10%.*
 - *Expand providers in the Supplemental Nutrition Program for Women, Infants and Children (WIC).*
 - *Hold community Fall Prevention activities at Mason County Senior Services, Belfair Senior Services and Shelton YMCA.*
 - *Partner with Parkinson's support group to prevent falls*

- **Realize a healthier environment and opportunities for the District’s children, youth, and families.**
 - *Provide community education on healthy lifestyle choices and reducing the risk of injury and disease progression.*
 - *Offer local high school students nursing, phlebotomy, and medical assistant scholarships.*
 - *Continue to promote and participate in the Health Science Academy model at Shelton High School.*
 - *Incorporate provider clinic in the local YMCA space currently leased by Mason Health, conveniently located adjacent to Shelton High School and Oakland Bay Junior High.*

Significant accomplishments were made related to Mason Health’s 2023-2025 CHNA Implementation Plan priorities and focus areas. These accomplishments are provided in detail in **Appendix 2**.

Community Convening

The 2025 Mason County CHNA community convening process included a county-wide survey designed to solicit feedback on areas prioritized in the 2022 Mason Health and Mason County CHNAs, and to identify other potential health needs and gaps.

A second, distinct survey was developed for local community leaders from healthcare, education, law enforcement, social services, faith-based, and non-profit sector organizations with direct experience and knowledge of District and county communities’ strengths, needs, and gaps.

Community Survey

The county-wide community survey was conducted between August 6 and September 19, 2025, with more than 2,400 responses collected. Surveys were distributed online through the hospital website and social media channels. In-person surveys were available at the hospital and clinics and distributed through community partners. Community engagement included in-person surveying at:

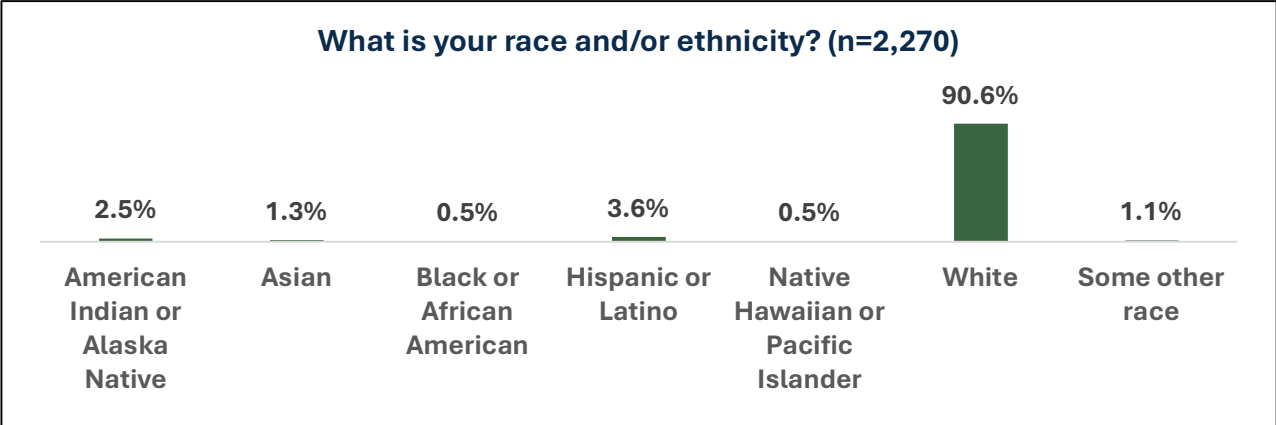
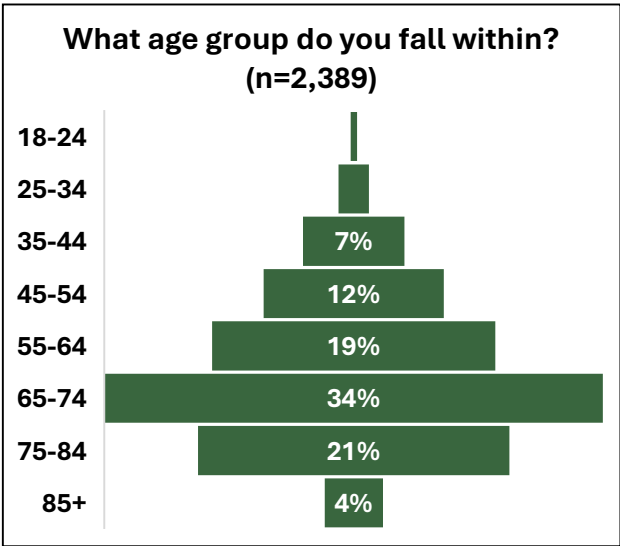
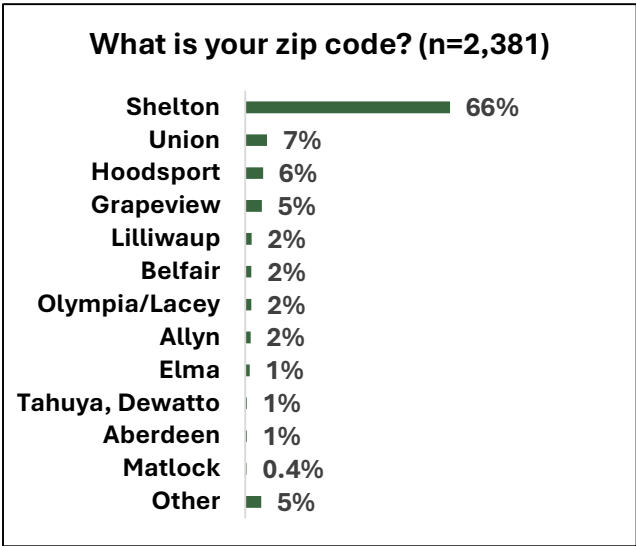
- Bite of Shelton, community event
- Allyn Days, community event
- Shelton School District, Back to School event
- Mason County Women, Infants, and Children program clinic
- Mason County Senior Center
- Peninsula Credit Union, Unidos! Neighbors, Now and Always event

The distribution channels were intended to facilitate respondents representing the communities of the hospital district and its primary service area.

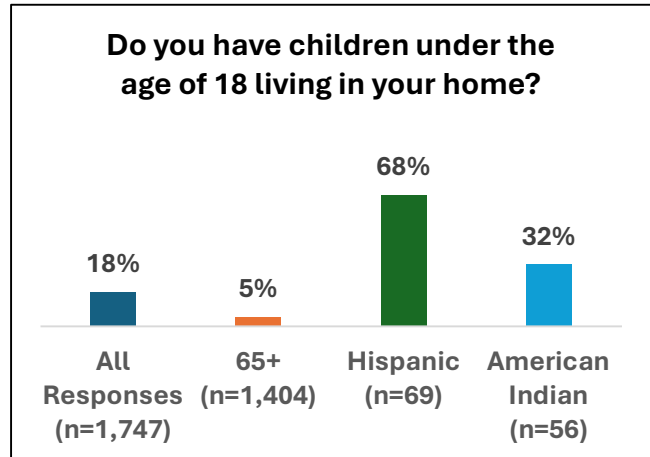
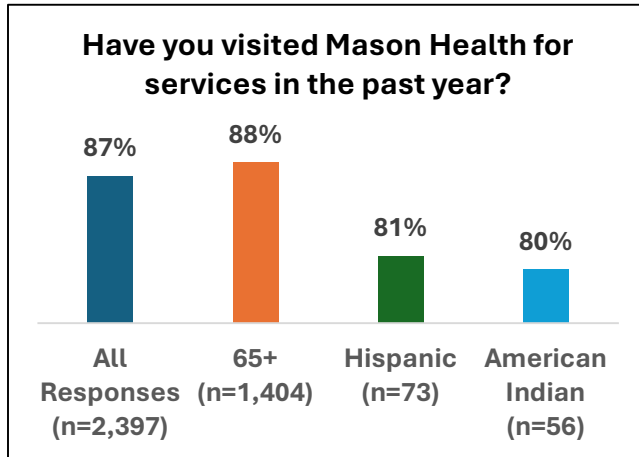
Survey Demographic Characteristics

Eighty-eight percent of survey respondents were from the Mason Health District (PHD#1), another 3% were from Mason County PHD #2, and the remaining respondents from outside of Mason County. Out-of-county respondents were captured through Mason Health’s survey distribution to its patient database.

The survey underrepresents the Hispanic voice, which is 10% of the target population while yet only 4% of survey respondents. The survey overrepresents the 65+ cohort, which was 35% of the target population, but represents 59% of survey respondents. Consequently, survey results are disaggregated and reported by age and race/ethnicity where appropriate or applicable.



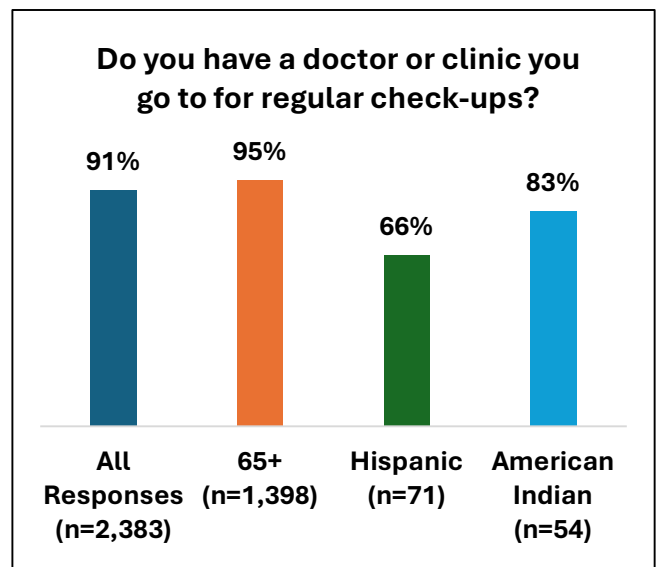
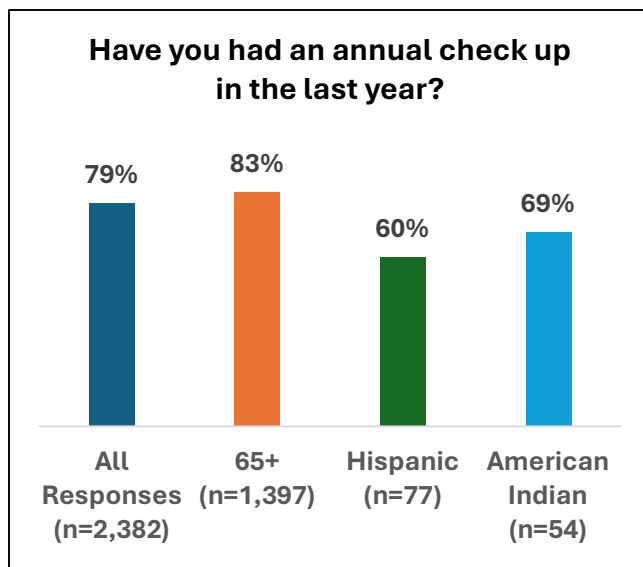
Eighty-seven percent of respondents received services at Mason Health in the past year. That number was slightly lower for Hispanic (81%) and American Indian (80%) respondents. Sixty-two percent of the out-of-country respondents visited Mason Health within the last year.



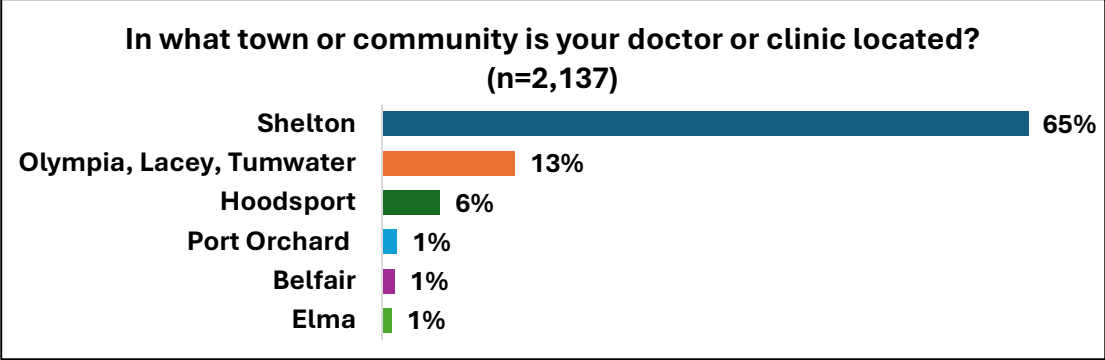
Primary Care

Seventy-nine percent of all respondents reported having had an annual check-up in the past year. This figure climbs to 83% among adults aged 65+. However, the numbers drop significantly among certain ethnic groups. Only 60% of Hispanic respondents and 69% of American Indian respondents reported receiving a check-up in the last year.

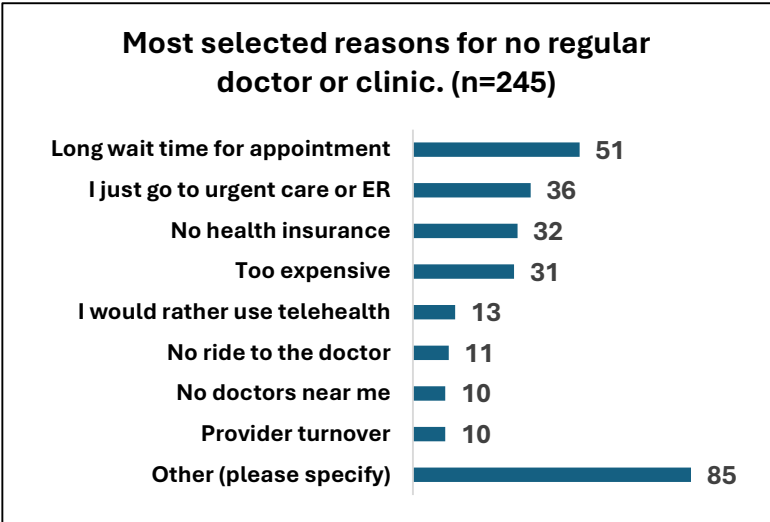
When asked whether they have a regular doctor or clinic for check-ups, 91% of all participants reported having a consistent source of care. Among seniors, this number rose to 95%, reinforcing the trend of high healthcare engagement in older adults. Yet again, disparities emerge, with 86% of Hispanic respondents and 83% of American Indian respondents said they had a regular provider.



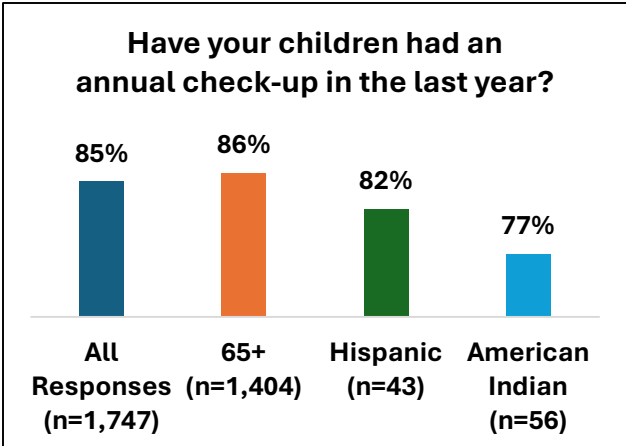
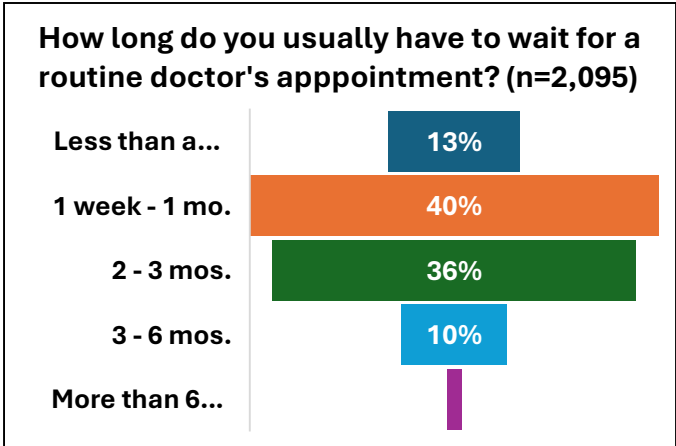
Of all responses, 65% selected Shelton or Mason Health as the location of their primary care doctor/clinic. Of those that reside in PHD#2 (n=61), 35% selected Shelton or Mason Health as their primary care location, followed by Belfair (29%) and Port Orchard (17%). Other communities that received between 10-20 response selections were: Aberdeen, Bremerton, Seattle, Silverdale, and Gig Harbor.



Long wait time was the most selected reason for lack of a regular doctor or clinic overall. *No health insurance* was the most selected reason for both Hispanic and American Indian respondents and *too expensive* was in the top three for both those populations. Though not in the top five most selected, about 12% of those who responded “other”, named provider turnover as key factor in not having a regular primary care provider.

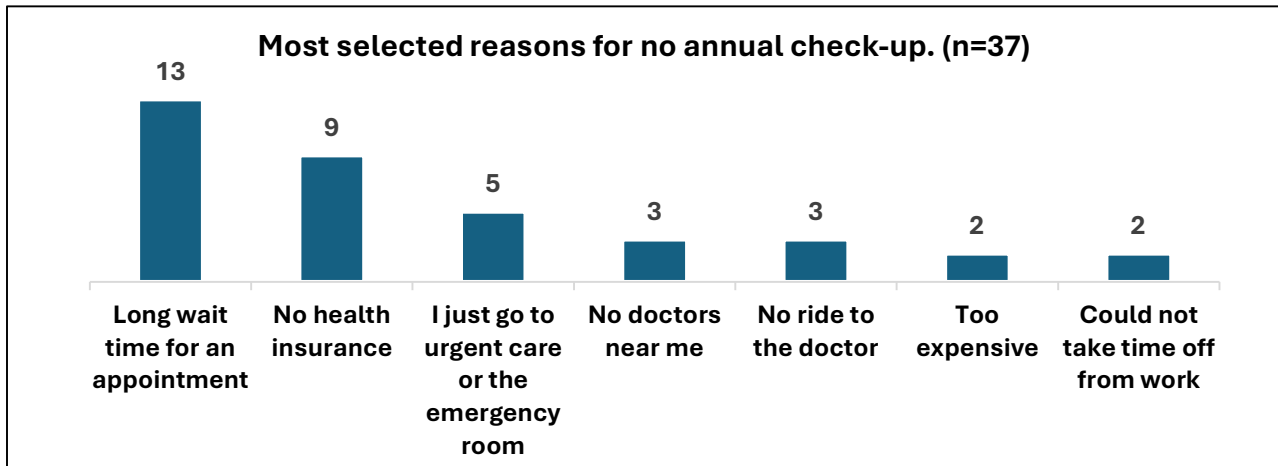


Respondents were asked how long they had to wait for a routine doctor’s appointment. Forty-seven percent reported waiting two months or more, with only 13% waiting less than



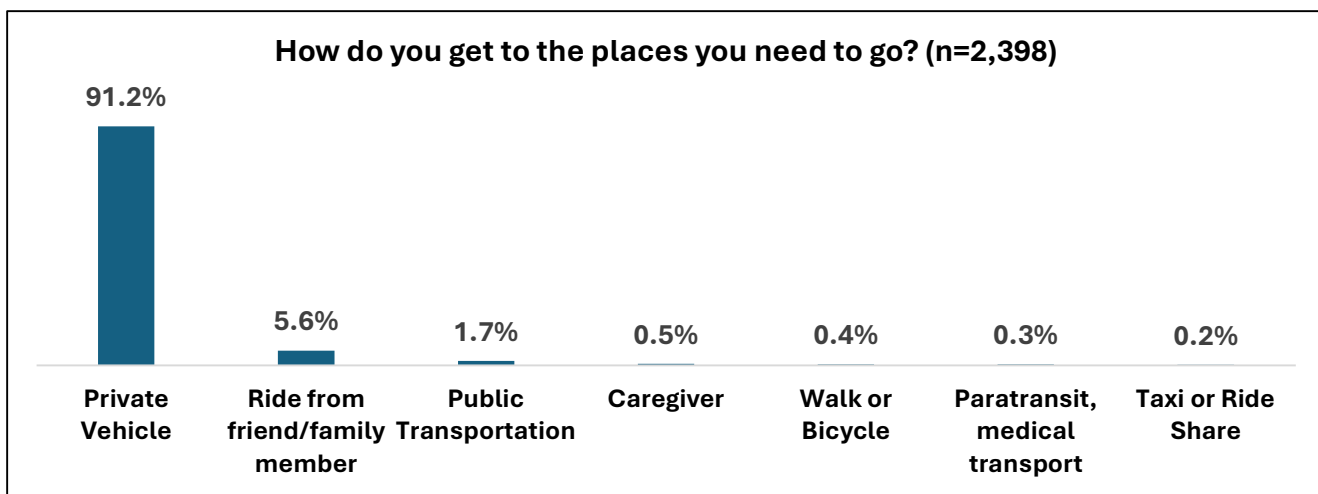
a week. Of all respondents with children, 15% had not had an annual check-up in the last year. That number was higher for Hispanic (18%) and American Indian respondents (23%).

The most commonly selected reasons for those with children not having an annual checkup were “long wait times for appointments,” “no health insurance,” and “use of urgent or emergency care” instead of primary care. Hispanic and American Indian responses were in line with aggregate responses, with *no health insurance* the most selected and *long wait times* the second most selected reason.

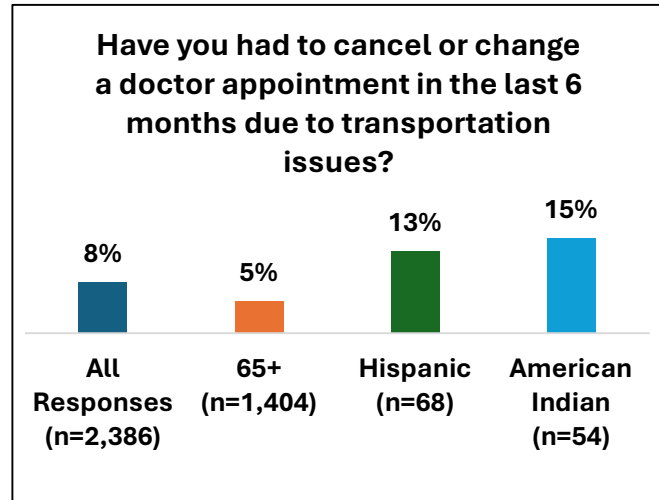


Transportation

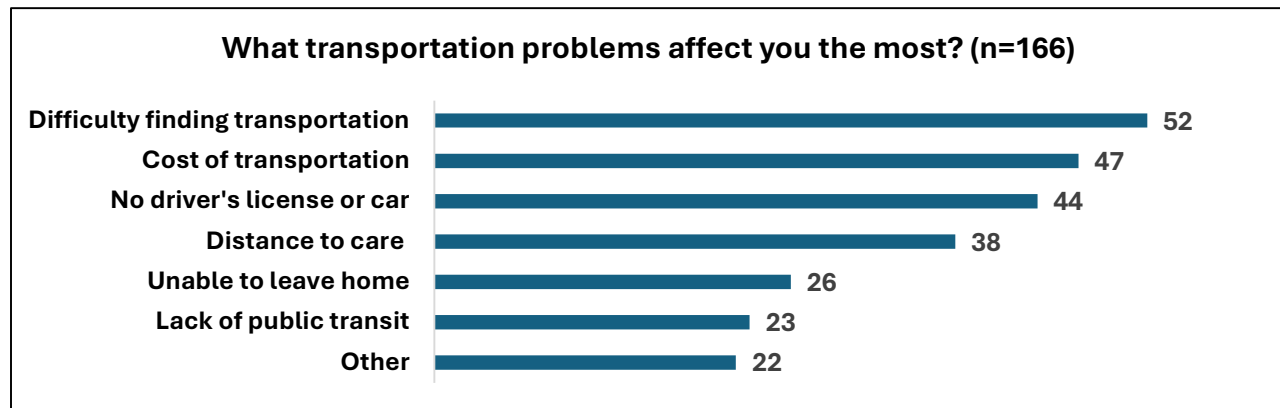
Survey respondents were asked about transportation utilization and its impacts on care. Ninety-one percent of those that answered reported using a private vehicle as their usual mode of transportation. Hispanic and American Indian respondents use public transportation at rates well above the average of all respondents (13% and 7% respectively as compared to less than 2%).



While 8% of aggregate respondents indicated they had to cancel or change an appointment in the last six months due to transportation problems, that number rose to 13% for Hispanic respondents and 15% for American Indian respondents. It was slightly lower for those 65+ (5%).

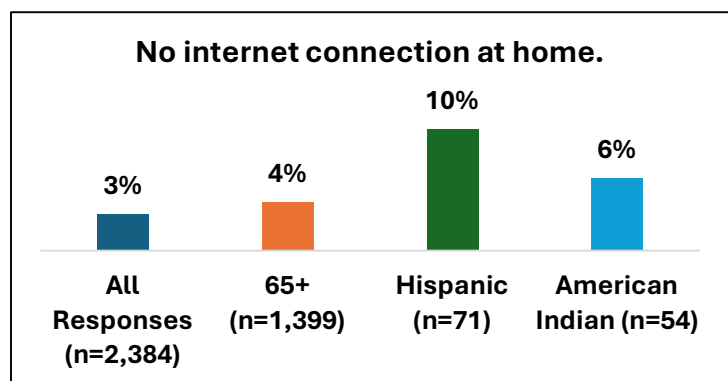


Of those respondents for whom transportation impacted access to care, the top problems were difficulty finding transportation, the cost of transportation, or no driver's license.



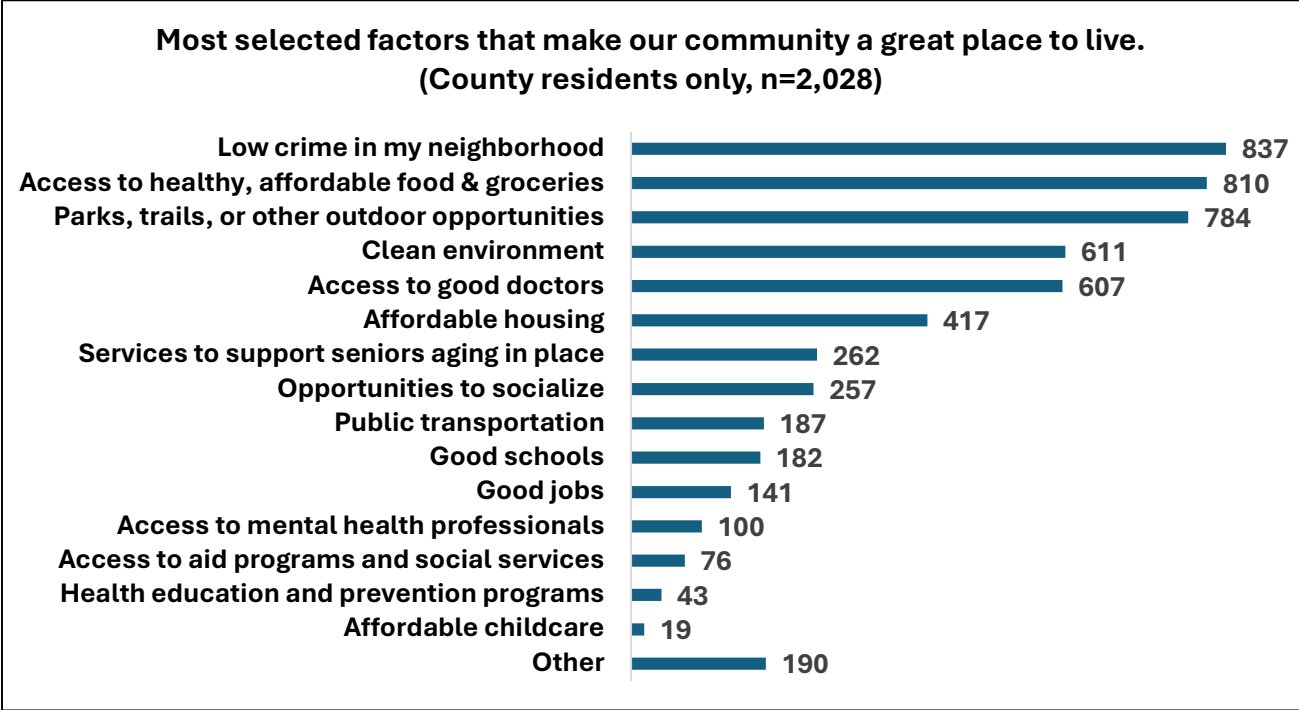
Broadband Access

92% of respondents have access to an internet connection that works “ok – very well.” While only 3% of all respondents have no access to internet at home, the Hispanic and American Indian populations have two to three times higher rates of no internet access.



Community Strengths

Responses for Community Strengths were filtered by county residents only. Respondents were asked to rank the factors that make the community a great place to live. The top selected factors by respondents overall were “low crime in my neighborhood”, “access to healthy, affordable food and groceries”, and “parks, trails or other outdoor opportunities”.

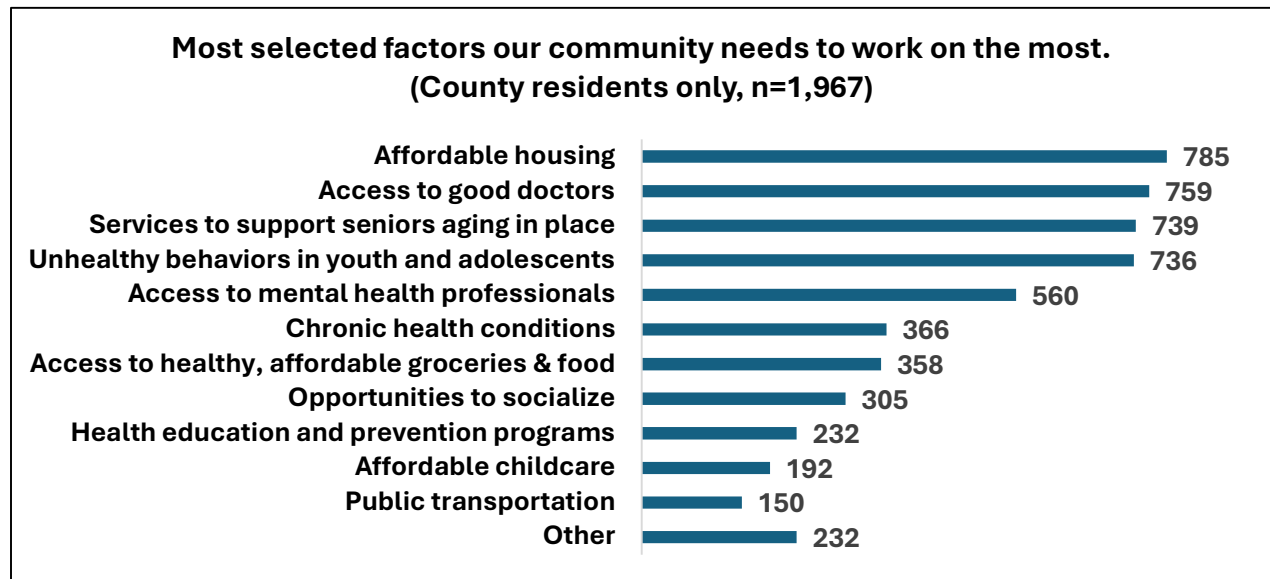


While generally in line with overall responses, the 65+, Hispanic, and American Indian respondents had slightly different perspectives on the top community strengths. The 65+ respondents ranked “access to grocery stores and affordable food” as number one, compared to “good schools” for the Hispanic respondents and “low crime” for American Indian respondents.

Most Selected Community Strengths				
	All Respondents	65+	Hispanic	American Indian
#1	Low crime	Access to grocery stores, affordable, healthy food	Good schools	Low crime
#2	Access to grocery stores, affordable healthy food	Low crime	Parks, trails, outdoor opportunities	Clean environment
#3	Parks, trails, outdoor opportunities	Access to good doctors	Access to grocery stores, affordable healthy food	Access to good doctors
#4	Clean environment	Parks, trails, outdoor opportunities	Low crime	Access to grocery stores, affordable healthy food
#5	Access to good doctors	Clean environment	Access to good doctors	Parks, trails, outdoor opportunities
#6	Affordable housing	Affordable housing	Affordable housing	Opportunities to socialize
#7	Services to support seniors	Services to support seniors	Good jobs	Good jobs

Community Priorities

Responses for Community Priorities were filtered by county residents only. When asked what factors the community needs to work on most, the most selected factors overall were affordable housing, access to good doctors, services to support seniors aging in place, unhealthy behaviors in youth and adolescents, and access to mental health professionals.



When ranking the factors the community needs to work on most, affordable housing was also number one for the Hispanic community. Services to support seniors was ranked number one for the 65+ respondents, and access to good doctors rose to the top for the American Indian community.

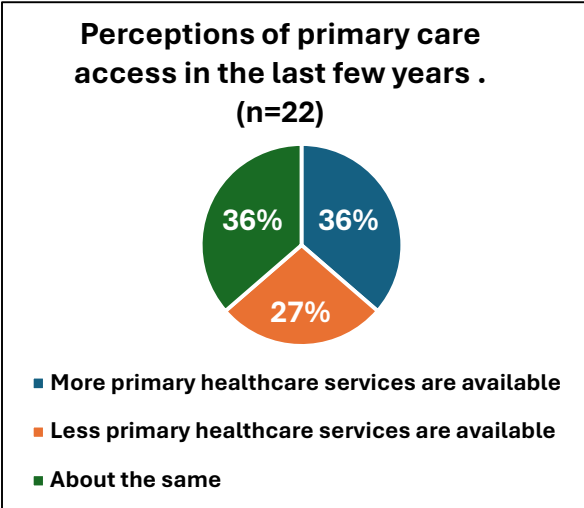
Most Selected Community Priorities				
	All Respondents	65+	Hispanic	American Indian
#1	Affordable housing	Services to support seniors	Affordable housing	Access to good doctors
#2	Access to good doctors	Access to good doctors	Access to good doctors	Affordable housing
#3	Services to support seniors	Unhealthy behaviors in youth	Unhealthy behaviors in youth	Access to mental health providers
#4	Unhealthy behaviors in youth	Affordable housing	Access to grocery store, affordable healthy food	Services to support seniors
#5	Access to mental health providers	Access to mental health providers	Access to mental health providers	Unhealthy behaviors in youth
#6	Access to grocery store, affordable healthy food	Access to grocery store, affordable healthy food	Services to support seniors	Access to grocery store, affordable healthy food
#7	Chronic health conditions	Chronic health conditions	Health education and prevention	Chronic health conditions

Community Leader Survey

Twenty-five community leaders across 8 community organizations responded to the Mason County Community Leader Survey. The survey was developed for local community leaders from healthcare, education, law enforcement, social services, faith-based, and non-profit sector organizations with direct experience and knowledge of District and county communities' strengths, needs, and gaps.

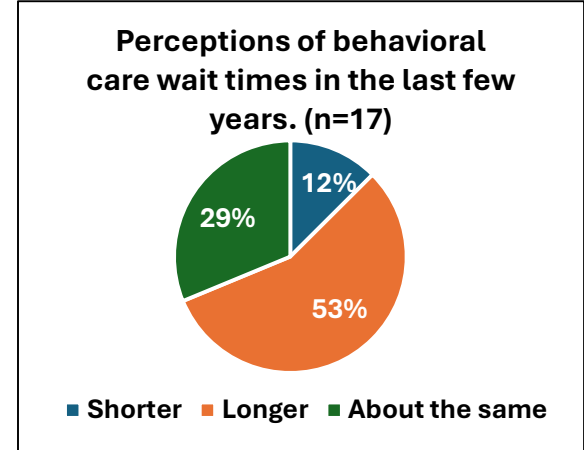
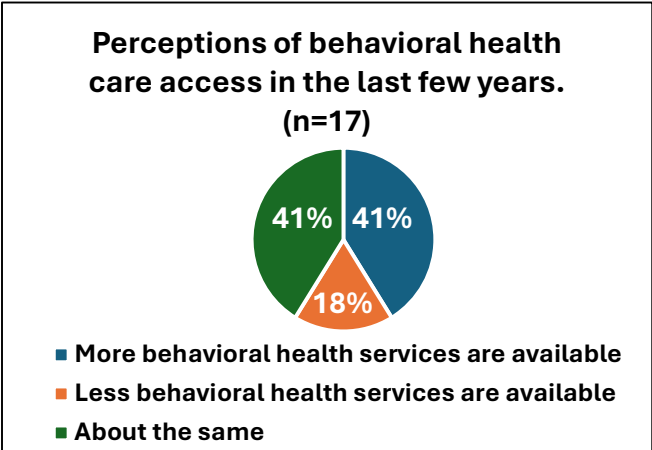
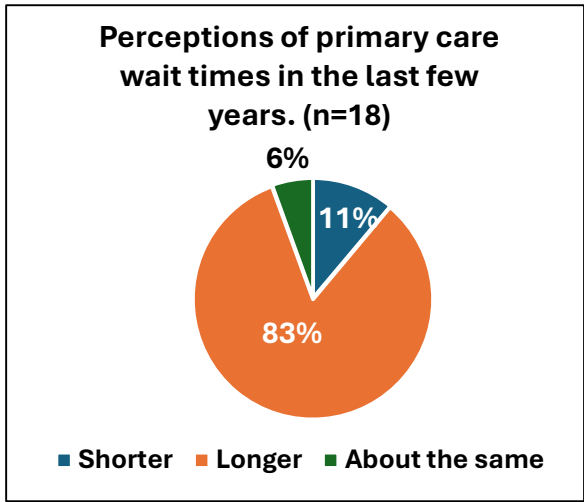
Primary Care

When asked about changes in access to primary care over the past few years, community leaders offered mixed views. While 36% believed that more services had become available, an equal proportion felt that access had remained unchanged. In contrast, perceptions around wait times were far more unified—83% of respondents reported that wait times for primary care had increased during the same period.



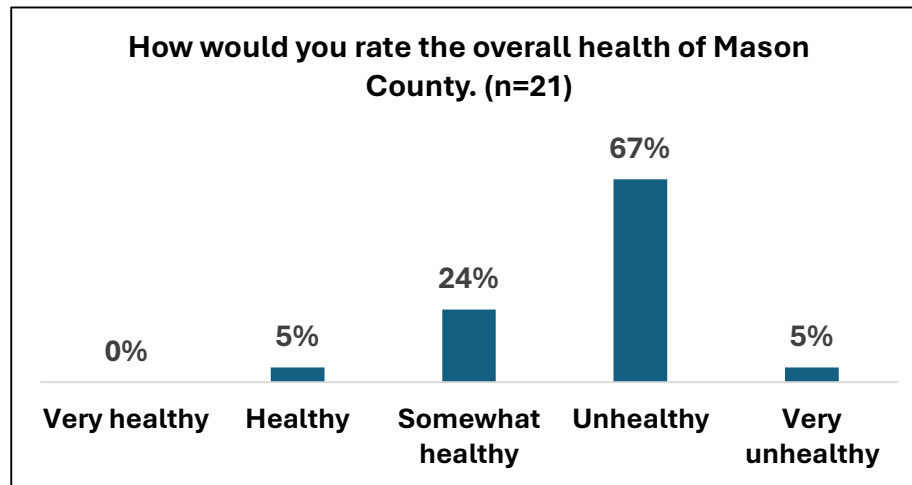
Behavioral Healthcare

Community leaders also expressed mixed views on behavioral healthcare access in recent years. While 41% believed that more services had become available, an equal share felt that access had remained unchanged. When it came to wait times, however, concerns were more consistent with over half of the leaders reporting that wait times for behavioral health services had increased, and nearly 30% said they had stayed about the same.



Overall Health and Community Priorities

The perception of 15 out of 21 (72%) of leaders surveyed was that the overall health of Mason County is unhealthy to very unhealthy, with another 24% rating the county as somewhat healthy. None of the leaders viewed Mason County as very healthy.



The top six factors selected by community leaders as most important to improve the overall health of the county are:

- **Affordable housing**
- **Access to mental health professionals**
- **Affordable childcare**
- **Access to good doctors**
- **Unhealthy behaviors in youth and adolescents**
- **Services to support seniors**

When asked about specific populations experiencing greater health challenges and/or inequities, respondents identified **low-income rural/seniors** (x5), the **unhoused population** (x5), and the **Hispanic population** (x4) as needing the greatest support.

Themes that emerged at the intersection of the key factors and the populations with greatest need included:

- **Behavioral health services** are difficult for families to access, with multiple respondents seeing a need for increased behavioral health support in schools.
- **Support for youth** in general, including youth support activities and programs, early learning access, and childcare.

2026-2028 Priorities

Determining Priorities

After an analysis of the themes identified through national, state, and regional data and collected through community convenings, priorities were developed using a synthesis of strategic planning concepts:



A review of other recent local health assessments and priorities included:



2023-2025 CHNA

- **Access to behavioral health services** (improve access, reduce wait time)
- **Prevention of chronic disease**
- **Healthier environment for children, youth, families**



2023 Community Health Assessment

- **Strengths:** Improving life expectancy, high school graduation rate, decreasing childhood poverty, decreasing youth and adult alcohol consumption
- **Weaknesses:** One of least healthy counties in the state, increasing premature death rate, barriers to healthcare access, increasing drug overdoses, high rates of food insecurity and teen birth rates.



2025 Regional Health Equity and Improvement Plan

- **Connect formal and informal systems** (e.g., referral systems, partnerships, network alignment/support, mentorship programs, meaningful Tribal collaboration)
- **Center belonging and understanding** (e.g., foster inclusion, encourage dialogue, center Indigenous perspectives, strengths-based narratives, and approaches)
- **Collective action via community-led solutions** (e.g., gather community input into priorities and needs, establish advisory groups, provide resources to local leadership, respect Tribal leadership, cross-sector partnerships, share successes)

Community Priorities

Community convening and secondary source data included within this CHNA suggest that priorities to explore in strategic implementation planning should include the community health priorities identified by the last CHNA.

Priority: Access to primary care, preventive healthcare, and chronic disease management.

- “Access to good doctors” was a top community-identified priority in the community survey.
- 21% of survey respondents had not had an annual checkup in the past year. That number was 47% for Hispanic respondents.
- 15% of survey respondents with children indicated their children had not had an annual checkup in the last year.
- While more than 90% of all survey respondents have a primary care doctor or clinic, that number falls to 66% for Hispanic and 83% for American Indian residents.
- Long wait times for appointments, utilization of emergent/urgent care services, and lack of insurance are the most frequently cited reasons for lack of primary care.
- Expense of care (rather than utilization of emergent/urgent care) was one of three top reasons given for both Hispanic and American Indian respondents who have not established primary care.
- 47% of survey respondents reported waiting two or more months for non-urgent, routine healthcare appointments.
- While more than 70% of community leaders surveyed thought the availability of primary care had improved or was the same since the last CHNA, 83% thought the time to access primary care had gotten longer.
- Relative to the state, Mason County experiences 44% more years of lost life (YPLL), a measure of premature mortality that might have been prevented.
- Mason County has higher rates of mortality relative to the state for cancer, heart disease, stroke, and respiratory disease.
- Relative to the state, Mason County has higher rates of physical inactivity, obesity, and smoking.
- Mason County is a designated Health Professional Shortage Area for primary care, with a primary care provider-to-resident ratio more than twice as low as the state.

Priority: Access to behavioral health services (mental health professionals, substance use disorder services, and support for youth mental and behavioral health needs).

- “Access to mental health providers” was a top five community-identified priority in the community survey, and the second most selected factor for improvement by community leaders.
- While more than 80% of community leaders surveyed thought the availability of behavioral healthcare had improved or remained the same since the last CHNA, 53% believed the time to access behavioral healthcare had gotten longer.
- Mason County drug overdose deaths are 33% higher than the state average, and opioid deaths are 14% higher.
- Mason County is a designated Health Professional Shortage Area for behavioral healthcare, with a mental healthcare provider-to-resident ratio more than 89% lower than the state average.

Priority: Healthier environment for children, youth, and families (preventive medicine and education, barriers to access for marginalized communities, school-based support, and activities/programs to support youth connection and resilience).

- 15% of all survey respondents with children (18% Hispanic; 23% American Indian) indicated their children had not had an annual checkup in the last year.
- “Access to mental health professionals” was a top five community-identified priority in the community survey (and one of the top two most selected by community leaders).
- Alcohol and marijuana use rates are significantly higher in the Mason Health District compared to both the county and the state.

Priority: Services to support seniors aging in place.

- By 2030, the 65+ population is expected to grow another 12%, making up one-third of residents and increasing demands on healthcare services.
- “Services to support seniors” was a top three community-identified priority in the community survey (and among the top six most selected by community leaders).
- 17% of 65+ survey respondents had not had an annual checkup in the past year.

Additional Theme: Social Determinants of Health.

An additional theme that emerged at the intersection of the community’s identified priorities and the populations identified by county social service and civic leaders as experiencing significant health and well-being burdens and needs is social determinants of health. Social determinants are the conditions in which people are born, grow, live, work, and age. Specific non-medical factors that are having significant impacts on the health and well-being of the community include:

- Affordable housing
- Access to grocery stores and healthy, affordable food
- Affordable childcare

Implementation Plan

Consistent with 26 CFR § 1.501(r)-3, Mason Health will adopt an Implementation Plan on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or, by May 15, 2026. Prior to this date, the Implementation Plan will be presented to the Board of Commissioners of Mason County Public Hospital District No.1 dba Mason Health for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities.

**APPENDIX 1:
2020-2028 CHNA Data Tables**

Mason County Population											
	2010	Pct. of Tot. Pop.	2020	Pct. of Tot. Pop.	Pct. Chg., 2010-2020	2025 Est.	Pct. of Tot. Pop.	Pct. Chg., 2020-2025	2030 Proj.	Pct. of Tot. Pop.	Pct. Chg., 2025-2030
Tot. Pop.	59,150	100.0%	64,053	100.0%	8.3%	65,801	100.0%	2.7%	65,928	100.0%	0.2%
Pop. by Age											
0-17	12,052	20.4%	12,162	19.0%	0.9%	12,481	19.0%	2.6%	12,269	18.6%	-1.7%
18-44	18,039	30.5%	19,377	30.3%	7.4%	20,158	30.6%	4.0%	20,028	30.4%	-0.6%
45-64	18,215	30.8%	17,272	27.0%	-5.2%	15,913	24.2%	-7.9%	14,392	21.8%	-9.6%
65-74	6,371	10.8%	9,544	14.9%	49.8%	10,523	16.0%	10.3%	11,270	17.1%	7.1%
75-84	3,368	5.7%	4,474	7.0%	32.8%	5,280	8.0%	18.0%	6,354	9.6%	20.3%
85+	1,105	1.9%	1,224	1.9%	10.8%	1,446	2.2%	18.1%	1,615	2.4%	11.7%
Tot. 0-64	48,306	81.7%	48,811	76.2%	1.0%	48,552	73.8%	-0.5%	46,689	70.8%	-3.8%
Tot. 65 +	10,844	18.3%	15,242	23.8%	40.6%	17,249	26.2%	13.2%	19,239	29.2%	11.5%
Hispanic	4,797	8.1%	7,495	11.7%	56.2%	9,785	14.9%	30.6%	11,990	18.2%	22.5%
Fem. 15-44	9,142	15.5%	9,808	15.3%	7.3%	10,154	15.4%	3.5%	10,087	15.3%	-0.7%

Mason Health (PHD #1) Population											
	2010	Pct. of Tot. Pop.	2020	Pct. of Tot. Pop.	Pct. Chg., 2010-2020	2025 Est.	Pct. of Tot. Pop.	Pct. Chg., 2020-2025	2030 Proj.	Pct. of Tot. Pop.	Pct. Chg., 2025-2030
Tot. Pop.	47,654	100.0%	51,021	100.0%	7.1%	52,410	100.0%	2.7%	52,537	100.0%	0.2%
Pop. by Age											
0-17	9,621	20.2%	9,534	18.7%	-0.9%	9,760	18.6%	2.4%	9,596	18.3%	-1.7%
18-44	14,554	30.5%	15,230	29.9%	4.6%	15,837	30.2%	4.0%	15,756	30.0%	-0.5%
45-64	14,550	30.5%	13,789	27.0%	-5.2%	12,710	24.3%	-7.8%	11,430	21.8%	-10.1%
65-74	5,168	10.8%	7,710	15.1%	49.2%	8,537	16.3%	10.7%	9,205	17.5%	7.8%
75-84	2,822	5.9%	3,703	7.3%	31.2%	4,343	8.3%	17.3%	5,203	9.9%	19.8%
85+	939	2.0%	1,055	2.1%	12.4%	1,223	2.3%	15.9%	1,347	2.6%	10.1%
Tot. 0-64	38,725	81.3%	38,553	75.6%	-0.4%	38,307	73.1%	-0.6%	36,782	70.0%	-4.0%
Tot. 65 +	8,929	18.7%	12,468	24.4%	39.6%	14,103	26.9%	13.1%	15,755	30.0%	11.7%
Hispanic	4,124	8.7%	6,200	12.2%	50.3%	8,013	15.3%	29.2%	9,750	18.6%	21.7%
Fem. 15-44	7,186	15.1%	7,530	14.8%	4.8%	7,804	14.9%	3.6%	7,766	14.8%	-0.5%

Mason County Public Hospital District #2 Population											
	2010	Pct. of Tot. Pop.	2020	Pct. of Tot. Pop.	Pct. Chg., 2010-2020	2025 Est.	Pct. of Tot. Pop.	Pct. Chg., 2020-2025	2030 Proj.	Pct. of Tot. Pop.	Pct. Chg., 2025-2030
Tot. Pop.	11,496	100.0%	13,032	100.0%	13.4%	13,391	100.0%	2.8%	13,391	100.0%	0.0%
Pop. by Age											
0-17	2,431	21.1%	2,628	20.2%	8.1%	2,721	20.3%	3.5%	2,673	20.0%	-1.8%
18-44	3,485	30.3%	4,147	31.8%	19.0%	4,321	32.3%	4.2%	4,272	31.9%	-1.1%
45-64	3,665	31.9%	3,483	26.7%	-5.0%	3,203	23.9%	-8.0%	2,962	22.1%	-7.5%
65-74	1,203	10.5%	1,834	14.1%	52.5%	1,986	14.8%	8.3%	2,065	15.4%	4.0%
75-84	546	4.7%	771	5.9%	41.2%	937	7.0%	21.5%	1,151	8.6%	22.8%
85+	166	1.4%	169	1.3%	1.8%	223	1.7%	32.0%	268	2.0%	20.2%
Tot. 0-64	9,581	83.3%	10,258	78.7%	7.1%	10,245	76.5%	-0.1%	9,907	74.0%	-3.3%
Tot. 65 +	1,915	16.7%	2,774	21.3%	44.9%	3,146	23.5%	13.4%	3,484	26.0%	10.7%
Hispanic	673	5.9%	1,295	9.9%	92.4%	1,772	13.2%	36.8%	2,240	16.7%	26.4%
Fem. 15-44	1,956	17.0%	2,278	17.5%	16.5%	2,350	17.5%	3.2%	2,321	17.3%	-1.2%

Health & Wellbeing (Health Outcomes)

Indicator	Definition / Source	Mason Health (PHD #1)	Mason County (PHD #2)	Mason County	Washington State
Health Conditions					
Disability	Percentage of population with a disability, 2018-2022; HRSA GeoCare Navigator	19.0	19.2	19.0	13.0
Obesity	Percentage of adults (18+) with a BMI of 30 kg/m2 or greater, 2022; HRSA GeoCare Navigator	38.3	36.6	38.0	31.4
Obesity (Youth)	Percentage of 10th grade youth with a BMI of 25 kg/m2 or greater; 2023 Heathy Youth Survey	33.1 (Shelton SD)		32.5	24.4
High Blood Pressure	Percentage of adults (18+) with high blood pressure, 2021; HRSA GeoCare Navigator	36.7	33.6	36.1	29.2
Diabetes	Percentage of adults (18+) with Diabetes, 2022; HRSA GeoCare Navigator	12.1	10.2	11.7	9.6
Mortality	Age-adjusted mortality rate (per 100,000), 2023; DOH CHAT	824.2	791.2	817.1	700.5
Cancer	Rate of deaths due to malignant neoplasms per 100,000, age-adjusted, 2023; DOH CHAT	151.3	152.0	157.5	137.2
Heart Disease	Rate of deaths due to diseases of the heart per 100,000, age-adjusted, 2023; DOH CHAT	159.1	173.0	158.4	130.0
Alzheimer's Disease	Rate of deaths due to Alzheimer's disease per 100,000, age-adjusted, 2023; DOH CHAT	16.0	31.7	18.2	36.1
Stroke	Rate of deaths due to cerebrovascular disease per 100,000, age-adjusted, 2023; DOH CHAT	41.6	23.8	37.4	33.3
Respiratory Disease	Rate of deaths due to cerebrovasculare disease per 100,000, age-adjusted, 2023; DOH CHAT	47.9	18.2	41.9	27.2
Life Expectancy	Average number of years people are expected to live, age-adjusted, 2020-2022; RWJ County Health Rankings			76.6	77.1
YPLL	Years of potential lost life before age 75 per 100,000, age-adjusted, 2020-2022; RWJ County Health Rankings			9,800	6,800
Pregnancy & Childbirth					
Prenatal Care	Percentage of women who received pre-natal care in the first trimester, 2024; DOH CHAT	65.0	67.0	66.0	79.0
Low Birth Weight	Percentage of Low birth weight (<2500 grams) per 100 total live births, 2024; DOH CHAT	7.0	6.0	6.0	7.0
Child Immunizations	Percentage of children (19-35 months) up to date on all recommended immunizations, 2024; DOH Washington Tracking Network			52.2	57.9
Child Immunizations	Percentage of children (4-6 year olds) up to date on all recommended immunizations, 2024; DOH Washington Tracking Network			36.5	40.2
School-required Immunizations	Percentage of Kindergarteners out of compliance with required immunizations (excludes exemptions), 2024-2025; DOH Washington Tracking Network	6.4 (Shelton SD)	17.9 (North Mason SD)	9.2	6.4
Mental Health					
Loneliness	Percentage of adults reporting they always usually, or sometimes feel lonely, 2022; RWJ (BRFSS)			37.0	36.0
Frequent Mental Distress	Percentage of adults reported experiencing poor mental health for 14 or more of last 30 days, 2022 • RWJ (BRFSS)			19.0	17.0
Suicide	Age-adjusted rate of deaths by suicide (self-injury) per 100,000, 2023; DOH CHAT	17.5	18.4	18	15.4
Depression (Youth)	Percentage of 10th grade youth who report feeling sad or hopeless almost every day for 2 weeks or more in the last year; 2023 Heathy Youth Survey (n=169)	40.6 (Shelton SD)		38.5	29.9
Hope Scale (Youth)	Percentage of 10th grade youth who report no or very low hope on the Children's Hope Scale; 2023 Heathy Youth Survey (n=169)	11.2 (Shelton SD)		11	7.8
Suicide (Youth)	Percentage of 10th grade youth who report seriously considering attempting suicide in the past year; 2023 Heathy Youth Survey (n=169)	23.7 (Shelton SD)		21.6	14.5
Suicide (Youth)	Percentage of 10th grade youth who report attempting suicide in the past year; 2023 Heathy Youth Survey (n=169)	13.2 (Shelton SD)		12.8	7.1
Prevention					
Primary Care	Percentage of adults (18+) with no usual source of care, 2023; HRSA GeoCare Navigator	16.2	18.9	16.8	15.1
Delayed Care	Percentage of Adults Who Delayed/ Not Sought Care Due to High Cost; 2020 HRSA GeoCare Navigator	9.5	10.4	9.7	8.6
Physical Exam (Adult)	Percentage of adults (18+) reporting a routine check-up within the past year, 2022; BRFSS via DOH CHAT			63.0	69.0
Physical Exam (Youth)	Percentage of 10th grade youth reporting no annual check-up or physical exam in the past 24 months; 2023 Heathy Youth Survey (n=169)	31.5 (Shelton SD)		30.8	33.3
Dental Care	Percentage of adults (18+) reporting a dental visit in the past year, 2022; BRFSS via DOH CHAT			59.0	67.0
Dental Exam (Youth)	Percentage of 10th grade youth reporting no annual dental check-up or exam in the past 24 months; 2023 Heathy Youth Survey (n=169)	18.6 (Shelton SD)		18.7	13.3
Flu Vaccine	Percentage of adults (18+) reporting a flu shot or vaccine, 2022; BRFSS via DOH CHAT			32.0	47.0
Breast Cancer Screening	Percentage of female Medicaid enrollees, ages 50-74, who report receiving a mammogram in the past year; 2023-2024, WA HCA			43.0	45.0
Breast Cancer Screening	Percentage of female residents, ages 50-74, who report receiving a mammogram in the past two years, 2022; BRFSS via DOH CHAT			55.0	75.0
Colorectal Screening	Percentage of adult Medicaid enrollees, ages 50-75, who had appropriate screening for colorectal cancer in the past year; 2023-2024, WA HCA			30.0	32.0
Colorectal Screening	Percentage of adult residents, ages 50-75, who had appropriate screening for colorectal cancer in the past year, 2022; BRFSS via DOH CHAT			54.0	58.0

Health Factors (Community Conditions)

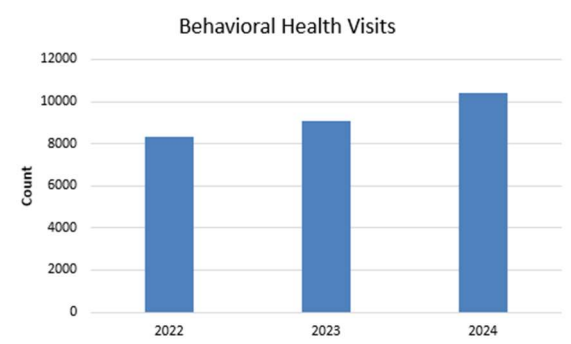
Indicator	Definition / Source	Mason Health (PHD #1)	Mason County PHD # 2	Mason County	Washington State
Health Behaviors					
Physical Inactivity	Percentage of adults reporting no leisure-time physical activity, 2022; RWJ County Health Rankings	21.7	20.3	20.0	17.0
Physical Activity (Youth)	Percentage of 10th grader youth reporting no physical activity in the past week; 2023 Healthy Youth Survey	14.3 (Shelton SD)		14.4	10.9
Tobacco Use	Percentage of adults who are current smokers (age-adjusted) 2022; HRSA GeoCare Navigator	14.5	12.3	14.1	11.1
Tobacco Use (Youth)	Percentage of youth (10th grade) who report using smokeless nicotine/tobacco products in the last 30 days; 2023 Healthy Youth Survey	7.3 (Shelton SD)		6.5	3.4
Marijuana Use	Percentage of adults who report using marijuana in the past 30 days; 2021; DOH CHAT			31.0	18.0
Marijuana Use (Youth)	Percentage of 10th grade youth who report using marijuana in the past 30 days; 2023 Healthy Youth Survey	15.6 (Shelton SD)		14.5	8.4
Binge Drinking	Percentage of adults (18+) who report binge drinking (5 drinks for men, 4 drinks for women) in the past 30 days, 2022; HRSA GeoCare Navigator	16.7	18.6	17.1	17.3
Alcohol Use (Youth)	Percentage of 10th grade youth who report alcohol consumption in past 30 days; 2023 Healthy Youth Survey (n=190)	12.3 (Shelton SD)		9.8	9.1
Binge Drinking (Youth)	Percentage of 10th grade youth who report drinking 5 or more drinks in a row in the past 2 weeks; 2023 Healthy Youth Survey (n=169)	7.0 (Shelton SD)		5.7	4.2
Drug Overdose Deaths	Rate of any drug overdose deaths per 100,000 population (age-adjusted), 2023; DOH Washington Tracking Network			56.0	42.0
Opioid Deaths	Rate of opioid deaths per 100,000, 2023; DOH Washington Tracking Network			40.0	35.0
Violence and Injury Prevention					
Firearms	Age-adjusted rate of deaths by firearm per 100,000, 2023; DOH CHAT	22.6	18.4	20.1	12.8
Accident Deaths	Rate of deaths due to accident per 100,000, age-adjusted, 2023; DOH CHAT	104	107.1	105.4	72.8
Health Infrastructure and Access					
Health Insurance	Uninsured rate, 2023; OFM (Hospital District data is 2019-2023 5-Year Estimate; ACS)	7.5	6.0	8.9	4.8
Primary Care Physician	Ratio of one primary care physician per people, 2021; RWJ County Health Rankings			3,760:1	1,200:1
Other Primary Care Providers	Ratio of one primary care provider (NP, PA, etc.) per people, 2021; RWJ County Health Rankings			1,900:1	830:1
Mental Health Provider	Ratio of one mental health provider per people, 2024; RWJ County Health Rankings			360:1	190:1
Dentists	Ratio of one dentist per people, 2022; RWJ County Health Rankings			2,730:1	1,150:1
Socioeconomic Factors					
High School Graduation	Percentage of adults (25+) with a high school degree of equivalent, 2019-2023 5-Year Estimate; ACS	90.5	92.9	91.1	92.2
Income	Median household income (2023 inflation adjusted dollars), 2019-2023 5-Year Estimate; ACS	\$77,523	\$81,721	\$78,359	\$94,952
Unemployment	Unemployment rate for civilian workforce 16 years and over, 2019-2023 5-Year Estimate; ACS	6.1	6.6	6.6	5
Poverty	Families earning less than 100% of FPL, 2019-2023 5-Year Estimate; ACS	8.5	3.9	7.8	6.4
Poverty	Families earning less than 200% of FPL, 2019-2023 5-Year Estimate; ACS	20.6	8.9	18.5	16.7
Poverty	Children in poverty (<18), 2019-2023 5-Year Estimate; ACS	18.8	4.6	24.8	11.9
Poverty	Adults in poverty (18-64), 2019-2023 5-Year Estimate; ACS	14.2	9.1	13.3	9.6
Poverty	Senior in poverty (65+), 2019-2023 5-Year Estimate; ACS	8.7	7	8.5	8.5
Physical Environment					
Childcare Cost Burden	Percentage of adults (18+) reporting a dental visit in the past year, 2022; BRFS via DOH CHAT	6.7	9.8	59.0	67.0
Food Insecurity	Percentage of people who did not have a reliable source of good, nutritious food, 2023; Map the Meal Gap, feedingamerica.org			14.0	12.0
Rent Cost Burden	Percentage of adults (18+) with no flu vaccine, 2023; HRSA GeoCare Navigator	17.1	2.7	32	47
Severe Rent Cost Burden	Severe Cost Burdened Renters (those spending more than 50% of income on rent, 2019-2023 5-Year Estimate; ACS)	24.5	15.4	23.0	22.1
Ownership Cost Burden	Cost Burdened Homeowners (those spending more than 30% of income on homeownership expenses, 2019-2023 5-Year Estimate; ACS)	25.2	22.5	24.8	23.8
Severe Ownership Cost Burden	Severe Cost Burdened Homeowners (those spending more than 30% of income on homeownership expenses, 2019-2023 5-Year Estimate; ACS)	11	6.4	10.3	9.3
Air Pollution	Particulate matter (micrograms/cubic meter) relative to 12 microgram EPA standard an US average of 7.3, 2020; RWF County Health Rankings			6.8	10.3
Rent Cost Burden	Cost Burdened Renters (those spending more than 30% of income on rent, 2019-2023 5-Year Estimate; ACS)	34.9	16.7	55	24.8
Severe Rent Cost Burden	Percentage of adult residents, ages 50-75, who had appropriate screening for colorectal cancer in the past year, 2022; BRFS via DOH CHAT	22.8	11.8	54.0	58
Drinking Water Violations	Drinking Water Violations, 2023; RWF County Health Rankings	No community water system in Mason County reported a health-based drinking water violation.			
Broadband Access	Percentage of households with broadband internet connection, 2019- 2023; RWF County Health Rankings; DOH CHAT	90.7	91.4	91.0	93.0

Health Centers, Rurality, & Shortage Areas

Indicator	Definition / Source	Mason Health (PHD #1)	Mason County (PHD # 2)	Mason County	Washington State
Federally Qualified Health Centers					
Dominant FQHC	2023; HRSA GeoCare Navigator		Penninsula Community Health Services; Sea-Mar Community Health Center		
Utilization (all)	Percentage Penetration of Total Population, 2023; HRSA GeoCare Navigator	6.3	21.9	9.6	14.9
Utilization (low-income)	Percentage Penetration of Low-Income, 2023; HRSA GeoCare Navigator	21.4	100.0	36.6	65.9
Rurality					
Rural	Am I Rural, Federal Office of Rural Health Policy; Rural Health Information Hub, 2025		Yes		
Rural	Percent of county population that is rural; Rural Health Information Hub, 2025		69.5		
CMS Eligible	Location eligible for Rural Health Clinic Program; Rural Health Information Hub, 2025	Yes	Yes		
Health Professional Shortage Areas					
Primary Care	Designation: Low-income; Rural Health Information Hub, 2025		Yes		
Dental Care	Designation: Geographic; Rural Health Information Hub, 2025		Yes		
Mental Health	Designation: Geographic; Rural Health Information Hub, 2025		Yes		
Medically Underserved	Medically underserved populaton; Rural Health Information Hub, 2025		No		

APPENDIX 2:
Mason Health 2022-2025 CHNA Implementation Plan
Accomplishments

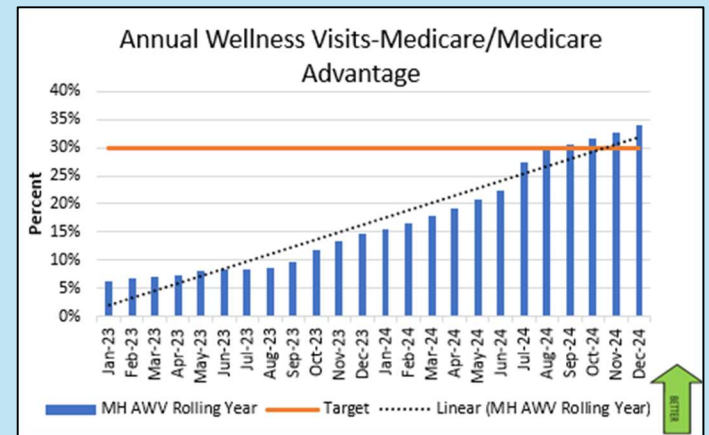
Mason Health 2023-2025 Priorities and Accomplishments

2023-2025 Priorities	2023-2025 Implementation Strategies	2024-2025 Outcomes								
<p>Improve access to and reduce wait times for behavioral health services for District residents.</p>	<ul style="list-style-type: none"> ▪ Replace pediatric provider for therapy. ▪ Implement the Collaborative Care Model with all primary care providers participating once adequate behavioral staffing is in place to meet the demand. ▪ Expand peer navigator program to include mental health recovery in addition to substance use disorder recovery support. ▪ Work with community partners on solutions to increase access. 	<ul style="list-style-type: none"> ▪ Hired two additional pediatric therapists, 1 additional adult therapist to meet continued high demand for services. ▪ In process of adjusting Collaborative Care Model to Primary Behavioral Health Care model, which is more appropriate to high acuity of patient population. ▪ Transitioned peer navigator services to collaboration within the community with several outside agencies. ▪ Continued advocacy and work with the Mason County Homelessness Task Force and Community Lifeline. ▪ Increasing collaboration with other Behavioral Health agencies and partners within the region. ▪ Behavioral Health visits have shown a steady increase in access: <div style="text-align: center;">  <p>Behavioral Health Visits</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>8,323</td> </tr> <tr> <td>2023</td> <td>9,090</td> </tr> <tr> <td>2024</td> <td>10,384</td> </tr> </tbody> </table> </div> <p>2022: 8,323 visits 2023: 9,090 visits 2024: 10,384 visits</p>	Year	Count	2022	8,323	2023	9,090	2024	10,384
Year	Count									
2022	8,323									
2023	9,090									
2024	10,384									

Prevent disease, detect health problems early and provide education to support good health related decisions and reduce the risk of injury.

- Standardize and increase Cancer screenings by 20%.
- Increase Annual wellness visits by 10%.
- Expand providers in the Supplemental Nutrition Program for Women, Infants and Children (WIC).
- Hold community Fall Prevention activities at Mason County Senior Services, Belfair Senior Services and Shelton YMCA.
- Partner with Parkinson’s support group to prevent falls.

- Standard work was created for cancer screening chart preparation. Cancer screening rates have stayed consistent over the past 3 years so in 2025 innovative methods of screening for cancer were implemented including: Shield (blood) testing for colon and self-swab tests for cervical cancer.
- In 2023, a Primary Care Support Team model was created by reorganizing medical assistants to abstract population health data in anticipation of wellness visits "chart scrub," surface open gaps, and perform data entry before primary care wellness visits. Chart scrub expanded in 2024 to acute and chronic disease visits for strategic initiative gaps (cervical, colon, and breast cancer screening) and implemented in Women's Health.
- Both Mason Clinic and the Birth Center encourage families to sign up with WIC. Prior to discharging from the Birth Center, each family is asked if they have adequate resources, including WIC. Mason Clinic prints out visit summaries and supplies prescriptions for specialty formulas as needed. Additionally, the local WIC office shares fliers for their breastfeeding classes and community events, which are then passed on to our patients.
- Physical Therapists conducted fall prevention evidence-based exercise classes at the YMCA twice weekly. Speech Therapists also provide brain injury support group sessions at the YMCA and Speak Out training Shelton Senior Center monthly.
- Fall prevention training conducted for the Parkinson’s support group meetings annually.
- Results:



Realize a healthier environment and opportunities for the District's children, youth, and families.

- Provide community education on healthy lifestyle choices and reducing the risk of injury and disease progression.
 - Offer local high school students nursing, phlebotomy, and medical assistant scholarships.
 - Continue to promote and participate in the Health Science Academy model at Shelton High School.
 - Incorporate provider clinic in the local YMCA space currently leased by Mason Health, conveniently located adjacent to Shelton High School and Oakland Bay Junior High.
- Mason Health provides yearly sports physicals in collaboration with the Shelton School District Back to School Event and annual women's health events to provide under insured patients cancer screenings. Outstanding vaccination rates were recognized by the state in 2024 awarding Mason Health the "2024 Immunize WA Provider Recognition Bronze Award". Mason Health also partnered with UW Medicine to study "Healthy Aging in Rural Communities".
 - Mason Health has continued offering scholarships to graduating Shelton High School students:
 - 2023: 9 total scholarships were awarded
 - 2024: 3 total scholarships were awarded
 - 2025: 1 RN scholarship was awarded
 - The Shelton High School Health Science Academy partnership with Mason Health has now expanded and broadened to offering job shadows for students to participate in. This allows students to gain real world experience in potential future careers.
 - Mason Health created a school-based clinic in 2023 at the YMCA but that proved not to be beneficial, due to location from the schools and getting consents from parents. Mason Health has since redirected the utilization of this space for the Women's, Infant, and Children (WIC) to see patients in our community.