Section	Needs Identified
Higher Education	• Formalize partnerships between higher education institutions and JBLM officials. ○ Evaluate this taking place as part of the Education Working Group with SSMCP. • Standardize the counting of military-dependent students. • Create guidelines, with the help of higher education institutions and JBLM, for how military training translates to college transfer credits.

2.7 Health Care

The purpose of the Health Care Technical Memo is to assess the current health care opportunities and challenges on- and off-installation. It updates the 2010 Growth Coordination Plan findings and adds new analysis as necessary to address emerging trends. As noted in the 2010 Growth Coordination Plan, health is affected by more than medical disorders. Access to services and transportation, as well as economic, educational, social, and environmental factors play a role in an individual's overall health. Consequently, this Technical Memo aligns with the Social Services, Quality of Life, and Transportation Technical Memos of the JBLM Growth Coordination Plan.

This analysis resulted in the following key findings. An overview of all needs identified, by resource, given today's conditions is provided in Table 2.6.

- A **continued shortage of TRICARE network providers** has persisted locally, largely due to low reimbursement rates and a cumbersome credentialing process.
- **Behavioral health continues to be a priority for the region** and the SSMCP's Health Care Working Group continues to track regional issues related to behavioral health.
- **Health equity has emerged as a priority** for both Pierce and Thurston Counties. The SSMCP has an opportunity to identify how strategies from the **other Technical Memos could contribute to regional health equity goals**, including monitoring funding opportunities for mutually beneficial projects and facilitating communication between JBLM and the community about these issues.
- There is a continued need for **legislative advocacy for occupational licensure reciprocity** for military spouses, including those working in health care. Reciprocity would help military spouses as they transition to JBLM to work and provide needed staffing for health care facilities.

Table 2.6 – Overview of All Needs Identified Given Today's Conditions

Section		Needs Identified

Federal Health Services	Madigan Army Medical Center and TRICARE
	(Section 5)
		• Determine SSMCP's level of advocacy for representing JBLM and the region in national discussions about TRICARE issues. May include:
		    ○ Quantifying and documenting the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages.
		    ○ Briefing JBLM leadership on findings related to TRICARE provider shortages.
		    ○ Monitoring implications of future Department of Defense Health Directorate reorganization and potential opportunities for advocacy.
		• Continue educating civilian medical providers on TRICARE benefits and advocate for their participation as a TRICARE provider.
		• Prioritize initiatives that expand behavioral health services for military family members, including adults and children.

Section		Needs Identified
	Department of Veterans Affairs (Section 6)	• Continued collaboration between the Department of Defense and Department of Veterans Affairs to improve Veterans' access to the full spectrum of benefits for which they are eligible. • Continued collaboration between the Department of Veterans Affairs and community behavioral health services to ensure that Veterans in need can access the care that they require.
Statewide Health Services	Collaboration and Advocacy (Section 7)	• Continued collaboration between the Department of Defense and Department of Veterans Affairs to improve Veterans' access to the full spectrum of benefits for which they are eligible. • To ease the process of occupational licensure for military spouses moving to the State of Washington following a Permanent Change of Station to JBLM, the SSMCP should advocate for legislation that would allow spouses to obtain any occupational licensing within 30 days of arrival in the state with minimal documentation. The reciprocity should not be occupation-specific and could be, for example, a six-month temporary license or for the duration of the connected service member's assignment in Washington.
County Health Services	Civilian Health Care Providers (Section 8)	• Evaluate the role SSMCP can play in supporting county CHA and corresponding CHIP efforts and how subsequent strategies and programs could contribute to better health care access for service members, particularly those living off installation.
	Behavioral Health (Section 9)	• Leverage the expertise of the Health Care Working Group and local planning expertise within the SSMCP to assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance. • Assist JBLM health care providers in gaining a better understanding of Pierce County civilian behavioral health services, and how active military and dependents can access these services. • Continue helping civilian providers gain a better understanding of installation services, allowing them to design complementary services. • Identify and address significant gaps in care and related barriers to access to care for active military personnel and their families, active military and their families transitioning from active service, and military youth. • Help civilian providers gain new cultural competency by understanding the system, process of transition, issues with TRICARE, and military culture. • Develop a written list of available installation and civilian resources and updated referral information for dissemination on installation. • Determine if a Behavioral Health Care Forum should be an annual event to share information and improve access to care for all service members and their families.

	Community Health
	(Section 10)
		• Evaluate how SSMCP priorities and strategies can connect to improving health equity in the region, including:
		  ○ Identify how actions from the SSMCP resource areas could contribute to regional health equity goals.
		  ○ Monitor funding opportunities for mutually beneficial projects.
		  ○ Facilitate communication between JBLM and the community when appropriate.

	Inpatient/Outpatient Care (Section 11)	• Continued advocacy for occupational licensure to allow military spouses working in health care a 6 month to 1 year grace period in which they can continue working after PCS to JBLM. Following the grace period, individuals would need to fulfill state-specific requirements to maintain their license.

Section		Needs Identified
		Licensure reciprocity would help military spouses as they transition to JBLM while simultaneously increasing the number of occupational providers in the region, including those in health care.
	Oral Health (Section 12)	• Though oral health has not been identified as a specific focus area of the Health Care Working Group, supporting oral health initiatives should be considered when pursuing holistic health care strategies.

2.8 Quality of Life

The purpose of the Quality of Life Existing Conditions Report is to document current quality-of-life challenges and opportunities within and around JBLM. This analysis builds on the findings of the 2010 JBLM Growth Coordination Plan and analyzes emerging trends. The results of this analysis will inform the recommendations of the updated 2022 JBLM GCP.

Quality of life is a broad topic that relates to many other resource areas considered by the GCP. Because of this overlap, the quality-of-life analysis presented in this report considers a narrowed focus on the availability of quality-of-life amenities (e.g., parks, libraries, trails) throughout the region in line with the approach established by the 2010 GCP.

By focusing on quality of life, the GCP aims to provide a basis for meaningful, healthy lifestyles for JLBM residents and the surrounding community. Quality-of-life services enhance the satisfaction of residents with their neighborhoods, enticing them to stay in the neighborhood for the long term. Quality-of-life amenities can improve physical and mental wellbeing, facilitate social relationships, create a sense of belonging, and increase community cohesion. Quality-of-life resources can also positively contribute to individual readiness for military installations by supporting mental health, increasing morale, providing opportunities to develop social relationships, and increasing unit and family cohesion.[2]

Veterans cite the quality of life of the South Sound Region to be a large factor in their decision to stay in the area after they separate from the military. Their presence constitutes a significant contribution to the JBLM workforce and surrounding communities.

There is an opportunity for local governments and partners to serve both veterans and other underserved populations throughout Pierce and Thurston Counties by facilitating greater access to quality-of-life amenities in underserved areas. While the 2010 GCP investigated the per capita availability of these services across the JBLM GCP study area at the city scale, the 2022 GCP Quality of Life Existing Conditions Report builds on this information by analyzing how accessible these services are at the U.S. Census block group level, particularly those block groups with high concentrations of veterans and other underserved populations.

The results of this analysis will provide a snapshot of the current conditions of quality of life in the JBLM region and inform preliminary recommendations for improving quality of life in priority areas. By targeting the most underserved neighborhoods for investment, future SSMCP initiatives will make a large impact in neighborhoods that need it most.

[2] Leisure and recreation opportunities are important outlets for active-duty families, retirees, and veterans. Several studies have reported a correlation between participation in outdoor recreation activities and decreased reported rates of depression and PTSD among veterans (Kaplan and Duvall, 2013).

TECHNICAL MEMO

JOINT BASE LEWIS-MCCHORD GROWTH COORDINATION PLAN ★2022★

TO:	SSMCP Steering Committee	**DATE:**	November 12, 2021
FROM:	Jennifer Cristobal, RLA, AICP, Senior Associate Michael Baker International	**PROJECT NAME:**	JBLM Growth Coordination Plan
SUBJECT:	Health Care Existing Conditions Report Technical Memo		

1. Introduction

The purpose of the Health Care Technical Memo of the Joint Base Lewis-McChord (JBLM) Growth Coordination Plan is to assess the current health care opportunities and challenges on- and off-installation. It updates the 2010 Growth Coordination Plan findings and adds new analysis as necessary to address emerging trends. As noted in the 2010 Growth Coordination Plan, health is affected by more than medical disorders. Access to services and transportation, as well as economic, educational, social, and environmental factors play a role in an individual's overall health. Consequently, this Technical Memo aligns with the Social Services, Quality of Life, and Transportation Technical Memos of the JBLM Growth Coordination Plan.

2. Key Findings

This analysis resulted in the following key findings. An overview of all needs identified, by resource, given today's conditions is provided in Table 2.1.

- A **continued shortage of TRICARE network providers** has persisted locally, largely due to low reimbursement rates and a cumbersome credentialing process.
- **Behavioral health continues to be a priority for the region** and the SSMCP's Health Care Working Group continues to track regional issues related to behavioral health.
- **Health equity has emerged as a priority** for both Pierce and Thurston Counties and the SSMCP has an opportunity to identify how strategies from the **other Technical Memos could contribute to regional health equity goals**, including monitoring funding opportunities for mutually beneficial projects and facilitating communication between JBLM and the community when appropriate.
- There is a continued need for **legislative advocacy for occupational licensure reciprocity** for military spouses, including those working in health care; reciprocity would help military spouses as they transition to JBLM and seek employment opportunities and provide needed staffing for health care facilities.

Table 2.1 – Overview of All Needs Identified Given Today's Conditions

Section		Needs Identified
Federal Health Services	Madigan Army Medical Center and TRICARE (Section 5)	• Determine SSMCP's level of advocacy for representing JBLM and the region in national discussions about TRICARE issues. May include: ○ Quantifying and documenting the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages. ○ Briefing JBLM leadership on findings related to TRICARE provider shortages.

Section		Needs Identified
		○ Monitoring implications of future Department of Defense Health Directorate reorganization and potential opportunities for advocacy. • Continue educating civilian medical providers on TRICARE benefits and advocate for their participation as a TRICARE provider. • Prioritize initiatives that expand behavioral health services for military family members, including adults and children.
	Department of Veterans Affairs (Section 6)	• Continued collaboration between the Department of Defense and Department of Veterans Affairs to improve Veterans' access to the full spectrum of benefits for which they are eligible. • Continued collaboration between the Department of Veterans Affairs and community behavioral health services to ensure that Veterans in need can access the care that they require.
Statewide Health Services	Collaboration and Advocacy (Section 7)	• Continued collaboration between the Department of Defense and Department of Veterans Affairs to improve Veterans' access to the full spectrum of benefits for which they are eligible. • To ease the process of occupational licensure for military spouses moving to the State of Washington following a Permanent Change of Station to JBLM, the SSMCP should advocate for legislation that would allow spouses to obtain any occupational licensing within 30 days of arrival in the state with minimal documentation. The reciprocity should not be occupation-specific and could be, for example, a six-month temporary license or for the duration of the connected service member's assignment in Washington.
County Health Services	Civilian Health Care Providers (Section 8)	• Evaluate the role SSMCP can play in supporting county CHA and corresponding CHIP efforts and how subsequent strategies and programs could contribute to better health care access for service members, particularly those living off installation.
	Behavioral Health (Section 9)	• Leverage the expertise of the Health Care Working Group and local planning expertise within the SSMCP to assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance. • Assist JBLM health care providers in gaining a better understanding of Pierce County civilian behavioral health services, and how active military and dependents can access these services. • Continue helping civilian providers gain a better understanding of installation services, allowing them to design complementary services. • Identify and address significant gaps in care and related barriers to access to care for active military personnel and their families, active military and their families transitioning from active service, and military youth. • Help civilian providers gain new cultural competency by understanding the system, process of transition, issues with TRICARE, and military culture. • Develop a written list of available installation and civilian resources and updated referral information for dissemination on installation. • Determine if a Behavioral Health Care Forum should be an annual event to share information and improve access to care for all service members and their families.
	Community Health (Section 10)	• Evaluate how SSMCP priorities and strategies can connect to improving health equity in the region, including: ○ Identify how actions from the SSMCP resource areas could contribute to regional health equity goals. ○ Monitor funding opportunities for mutually beneficial projects. ○ Facilitate communication between JBLM and the community when appropriate.

Section		Needs Identified
	Inpatient/Outpatient Care (Section 11)	• Continued advocacy for occupational licensure to allow military spouses working in health care a 6 month to 1 year grace period in which they can continue working after PCS to JBLM. Following the grace period, individuals would need to fulfill state-specific requirements to maintain their license. Licensure reciprocity would help military spouses as they transition to JBLM while simultaneously increasing the number of occupational providers in the region, including those in health care.
	Oral Health (Section 12)	• Though oral health has not been identified as a specific focus area of the Health Care Working Group, supporting oral health initiatives should be considered when pursuing holistic health care strategies.

3. Assessment of 2010 Growth Coordination Plan Strategies

The 2010 Growth Coordination Plan identified five specific strategies for Health Care Services. The following tables provide an overarching report on the current status, as well as continued benefits and needs of those strategies as compared to 2010.

Strategy 1.05 –Enhance Collaboration among JBLM Regional Health Providers

Need in 2010:	High	Need Given Conditions Today:	**Low:** Following publication of the 2010 Growth Coordination Plan, the SSMCP established the Health Care Working Group, which brings together representatives from health care providers in the community and health care providers from JBLM to discuss regional priorities and needs. This working group serves as a regular means of collaboration for regional health care providers.
Status of Action Steps for Strategy 1.05			
Step 1: Form a coalition of JBLM, Madigan Army Medical Center, Department of Veterans Affairs, and community providers—including physicians— that will meet regularly. Complete			
Step 2: Implement communication strategies to address the frequent changes in leadership and roles at JBLM and Madigan Army Medical Center and ensure participation while sustaining key relationships with the community. Complete			
Step 3: Continue the collaboration between the Department of Defense and Veterans Affairs. Complete			

Strategy 2.06 – Complete a Comprehensive Behavioral Health Study

Need in 2010:	High	Need Given Conditions Today:	**Medium:** Though behavioral health support is an ongoing need in the region, coordination activities between JBLM and the community have improved overall access to behavioral health support services. The SSMCP regularly holds working group meetings among community and JBLM providers to identify strategies that will address emerging needs in the region.
Status of Action Steps for Strategy 2.06			
Step 1: Complete a comprehensive behavioral health study in the region, including projections of behavioral health service use rates and the need for outpatient and inpatient services. Complete			
Step 2: Increase collaborative efforts between community and military providers of behavioral health care. Complete			
Step 3: Increase coordination between Veterans Affairs and community providers to ensure that optimal behavioral health services are available for Veterans. In-progress			

Strategy 2.07 – Conduct a Study of Dental/Oral Health Service Gaps

Need in 2010:	Medium	Need Given Conditions Today:	**Low:** Pierce County's Oral Health program launched in 2015 to provide dental health education for schools and childcare centers, referrals for residents more than 20 years of age who have limited access to care, and access to Baby and Child Dentistry, a school-based oral health program, and a Comprehensive Community Oral Health Program. In

			Thurston County, CHOICE Regional Health Network is working with the Arcora Foundation to create a structured and comprehensive approach to reducing oral health disparities.
Status of Action Steps for Strategy 2.07			
Step 1: Complete a detailed study of the need for dentists by location in the JBLM region. Complete			
Step 2: Undertake initiatives between community providers (who treat military families at reduced rates) and JBLM and the Clover Park School District to market the availability of services. Complete			
Step 3: Increase the number of providers who will provide access/service to TRICARE beneficiaries in their practices at reduced cost. In-progress			
Step 4: See Strategy 3.09 for a discussion regarding the need for increased TRICARE reimbursement. In-progress			

Strategy 3.09 – Expand Access to TRICARE Providers

Need in 2010:	**High**	**Need Given Conditions Today:**	**High:** Though TRICARE network providers have generally increased nationally since 2015, stakeholders noted a continued shortage of network providers locally, largely due to low reimbursement rates and a cumbersome credentialing process. A 2016 health care forum that brought together civilian and Army doctors to expand access to TRICARE providers reiterated that TRICARE reimbursement rates are comparatively low and TRICARE requirements do not provide sufficient incentives for civilian providers.
Status of Action Steps for Strategy 3.09			
Step 1: Leverage the power of the Regional Partnership to lobby national legislators for improved TRICARE reimbursement rates. In-progress			
Step 2: Develop a comprehensive plan with compelling incentives to direct beneficiaries to on- and off-installation urban growth centers with higher densities of TRICARE network providers. In-progress			
Step 3: Educate TRICARE beneficiaries about free or low-cost services for families. In-progress			

Strategy 5.08 – Establish a Live-Well Health Intervention

Need in 2010:	**Medium**	**Need Given Conditions Today:**	Unknown.
Status of Action Steps for Strategy 5.08			
Step 1: Work with JBLM MWR, Madigan Army Medical Center, and health departments to jointly identify and apply to sources of funding for health prevention programs that reduce short-term acute care needs and long-term chronic disease rates, targeting smoking, physical activity, nutrition, and sexually transmitted diseases. Unknown			
Step 2: Work with JBLM to encourage: the principles of walkability, green building, and active and passive open spaces in the design of the Freedom's Crossing mixed-use development; no-smoking in public spaces; and healthy and local food opportunities (fresh fruit and vegetable stands) on JBLM. Unknown			
Step 3: Identify a health "champion" within the Regional Partnership who will be opportunistic about leveraging resources, finding funding, and working with JBLM and community stakeholders to address the elements of this strategy. Unknown			
Step 4: Review models for Live Well programs (e.g., Live Well Colorado) and Community Action Plans for Active Living and Healthy Eating (e.g., Pierce County) that can be applied to JBLM, area school districts, and across the South Sound. Explore funding opportunities to implement a regional effort. Unknown			

4. Methodology

Existing conditions for the Health Care Technical Memo were determined by updating the region's health care conditions since its publication in the 2010 Growth Coordination Plan.

- Stakeholder engagement provided the basis for this update.
- Stakeholder input was complemented by data collection and review (please refer to the References section).

- A needs assessment was then completed based on the strategies and recommendations in the 2010 Growth Coordination Plan.
- Please note that because the COVID-19 Pandemic was on-going at the time of publication, this Technical Memo does not examine health care needs from the perspective of COVID-19, since the full impacts of the pandemic are yet to be determined.

5. Federal Health Services: Madigan Army Medical Center & TRICARE

5.1. Existing Conditions

5.1.1. Summary of 2010 Conditions

The 2010 Growth Coordination Plan noted that Madigan Army Medical Center (MAMC) had limited capacity to treat families, dependents, and retirees in its primary care clinics and some of its specialty care clinics. This limited capacity resulted in TRICARE beneficiaries being referred to community physicians within the TRICARE contracted network, which also had a shortage of TRICARE providers. Inpatient services for TRICARE beneficiaries provided at MAMC occurred on a priority and availability basis, with active duty service members having first priority, followed by family members, retirees, and retiree dependents. For specialty services not provided at MAMC, beneficiaries are referred to community hospitals. It was also noted that there was no need to expand acute inpatient capacity.

5.1.2. Current Conditions

MAMC is a tertiary care medical center providing the full spectrum of primary and specialty care and serves as the regional referral center for Regional Health Command—Pacific. The mission of MAMC is to generate a ready medical force and a medically ready force by delivering innovative, highly reliable healthcare in support of America's Military Family. Services provided by MAMC include:

- Allergy/Immunology
- Anesthesia
- Angio/Vascular Interventional Service
- Audiology Service
- Behavioral Health
- Cardiology
- Child and Family Behavioral Health Services
- Chiropractic Clinic
- Clinical Investigation
- Computed Tomography (Ct) Service
- Coumadin Clinic
- Dermatology
- Developmental Medicine
- Emergency Medicine
- Endocrinology
- Inpatient Psychology
- Interdisciplinary Pain Management
- Internal Medicine
- JBLM C.A.R.E.S.
- Magnetic Resonance Imaging (MRI)
- Mammography
- Neonatal-Perinatal
- Nephrology
- Neurology
- Neuropsychology
- Nuclear Medicine Service
- Nutrition Care
- Obstetrics/Gynecology
- Occupational Therapy
- Oculoplastic Clinic
- Optometry Clinic
- Preventive Medicine
- Primary Care
- Pulmonary/Sleep Medicine
- Radiology
- Radiation Oncology
- Respiratory Therapy
- Rheumatology
- Residential Treatment Facility (RTF)
- School-Based Health System (SBHS)
- Simulation Center
- Speech Therapy
- Sports Medicine
- SRP
- Surgery (including Bariatric, Cardiac, Craniofacial, Ear Nose Throat, General,

- Executive Medicine
- Fluoroscopy
- Genetics
- Graduate Medical Education/Research
- Gastroenterology
- Health Psychology
- Hearing Loss Cochlear Implant
- Hematology/Oncology
- IDES
- Infectious Disease
- Infertility Clinic
- Orthotics & Prosthetics
- Outpatient Infusion Service
- Pastoral Services
- Pathology/ Lab
- Patient Education
- Pediatrics
- Pharmacy
- Physical Medicine & Rehabilitation
- Physical Therapy
- Podiatry

Ophthalmology, Neurosurgery, Oral Maxillofacial, Orthopedic, Plastic, Specialty, Thoracic, Vascular)

- Traumatic Brain Injury Clinic/Intrepid Spirit Center
- Transition Care/Case Management
- Ultrasound Service
- Urology
- Virtual Care/Telehealth
- Warrior Transition Battalion

Table 5.1 provides an overview of MAMC, including patients served and capacity, as of 2021. Compared to 2010, overall beds at MAMC remained relatively the same, decreasing by only about 6%. Stakeholders from MAMC noted that the most pressing need is expanded behavioral health support for military family members, including adults and children. Community providers noted awareness of MAMC's limited capacity for outpatient behavioral health services to military family members, including children. Stakeholders also noted an increase in telehealth services (primarily in response to the COVID-19 pandemic) and expect telehealth to continue in some capacity moving forward. Other deficiencies and needs were not noted.

Table 5.1 – Madigan Army Medical Center Snapshot as of August 2021

Patients Served	
Family Medicine	20,372
Pediatrics	12,866
Internal Medicine	11,561
Winder Family Medicine Clinic	15,622
Okubo Family Medical Center	9,588
California Medical Detachment	9,131
Puyallup Community Medical Home	8,425
South Sound Community Medical Home	8,110
McChord Medical Clinic	7,791
Allen Soldier-Centered Medical Home	4,601
Warrior Transition Battalion, Task Force Phoenix	198
Total	**108,265**
Staff	
Military	1,484
Civilian	3,181
Contractors	208
Volunteers	180
Total	**5,053**
Soldier Recovery Unit	
Cadre & Staff	165
Soldiers	198
Graduate Medical Education	
Training Programs	31
Interns, Residents, and Fellows	318
Students in Training Annually	850

A Typical Day	
Clinic Visits	4,748
Lab Procedures	4,387
Prescriptions	3,900
Meals Served	2,500
Radiology Procedures	1,100
Emergency Room Visits	161
Inpatients	127
Admissions	39
Surgical Procedures	38
Births	5
Trauma Activation	1
Bed Capacity	
Staffed	190
Census	100
Facilities	
Buildings	66
Square Feet	2,016,257
Expenditures & Budget	
Fiscal Year 20 Expenditures	$638M
Current Operating Budget	$626M
Research	
Research Grants	$9M
Active Protocols	307
Manuscripts and Presentations	125
Provisional Patents	6

Madigan Army Medical Center Clinics

Figure 5.2 Winder Family Medical Clinic

Since 2010, the U.S. Army Medical Command has opened several additional clinics, including Puyallup Community Medical Home off-installation. MAMC's clinics provide the full spectrum of primary care for patients and the presence of clinics in the community has significantly improved access to primary care services for military families. Stakeholders indicated that individuals and families living off-installation tend to prefer accessing medical services off-installation because it is less cumbersome to go to appointments near their homes off-installation than coming onto the installation for care. The addition of Puyallup Community Medical Home was noted as improving access to medical care for those living off-installation. Figure 5.3 provides an overview of all MAMC clinics.

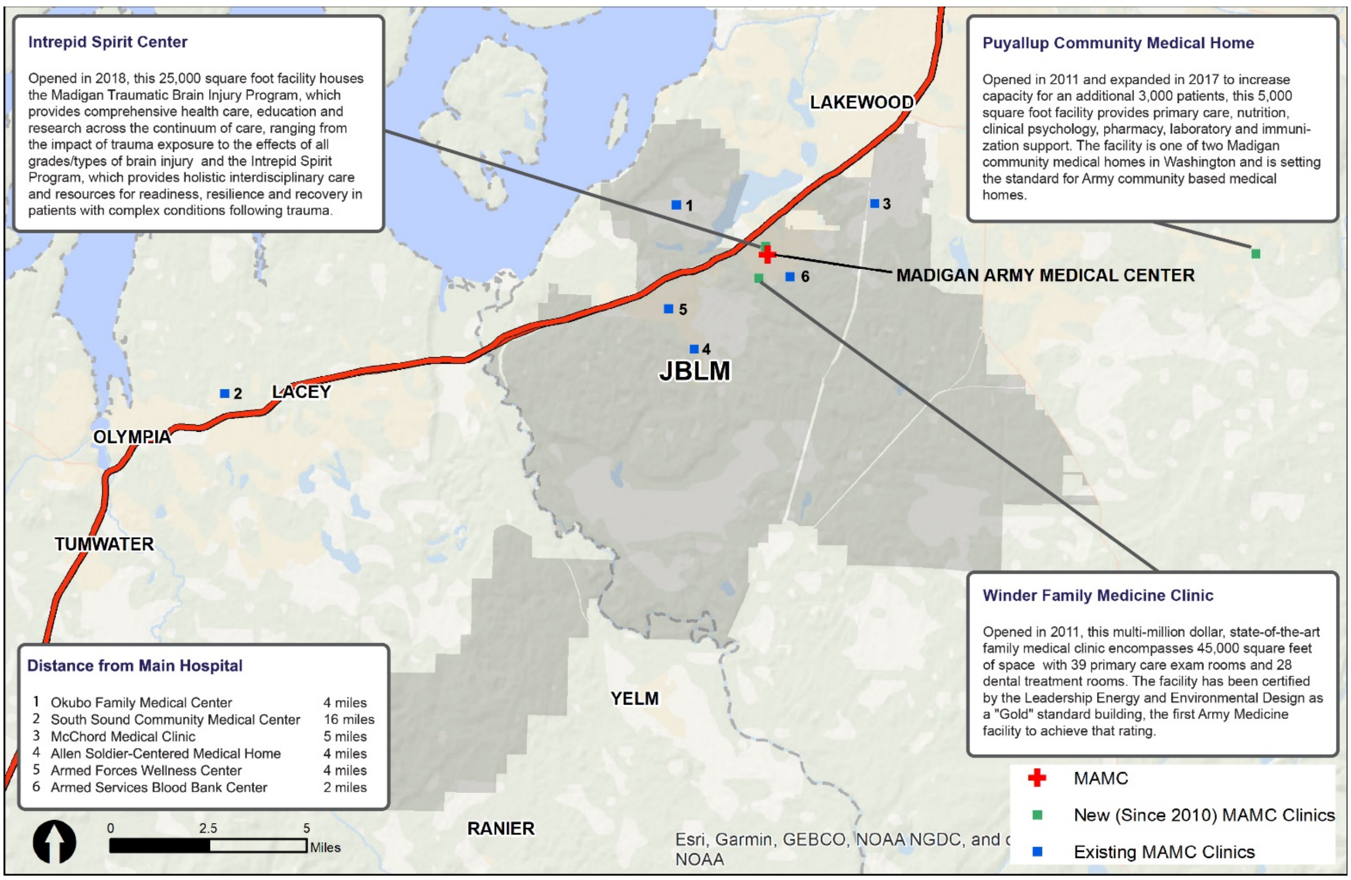

Figure 5.3 Madigan Army Medical Center Clinic Locations

Healthcare at School Districts

Over half of the school districts interviewed mentioned healthcare as an issue requiring coordination with JBLM. Clover Park School District provides health clinics for students on-base. MAMC came up with the concept of health clinics at secondary schools; currently two middle schools and the high school off-base have health clinics for military-connected students. This service benefits parents or family members in that they do not have to spend a day traveling to visit their doctor/pediatrician. The Bethel School District, which reports that about 10 percent of their student body is military-connected, has had MAMC-provided healthcare services. Stakeholders from MAMC noted that several school-based health care programs were paused during the COVID-19 pandemic and that they hope to resume those programs when it is safe to do so.

Yelm School District staff mentioned that they would also like to have a facility on campus as it is difficult for military families to get healthcare appointments in a timely fashion. While the district would like to see this set up at its schools, it recognizes that there can be a continuity of staff issue–they had at one point been close to developing a health clinic with multiple, local JBLM physicians, but lost this progress when the physicians were transferred out.

Districts also emphasized the importance of students' emotional and mental well-being, which can be under stress during times of deployment or school transitions. Staff need professional development opportunities to understand the cycle of deployment and how to best support the social-emotional, mental health and/or behavioral needs of children experiencing a parent or guardian's deployment.

Figure 5.4 A Typical Day in the Puget Sound MHS

Source: TRICARE 2021

TRICARE Provider Shortage

The Puget Sound Military Health System is an integrated medical market that includes Army, Navy, and Air Force hospitals and clinics, provides care to more than 288,500 local TRICARE beneficiaries, and ensures service members, retirees, and families receive timely access to the highest quality health care (TRICARE 2021). Stakeholders from Thurston County noted that in 2019, the county estimated that 8% of adult residents over 18 were covered by TRICARE, Veterans Affairs (VA), or the military.

Though TRICARE network providers nationally have increased since 2015, stakeholders noted a continued shortage of network providers locally, largely due to low reimbursement rates and a cumbersome credentialing process, as detailed in the 2010 Growth Coordination Plan (DoD 2020). A 2016 Health Care Forum hosted by the SSMCP brought together civilian and Army doctors to discuss expanding access to TRICARE providers. Participants in the forum reiterated that TRICARE reimbursement rates are comparatively low and TRICARE requirements do not provide sufficient incentives for civilian providers. Appendix B provides an overview of TRICARE providers, by specialty, in Thurston County.

TRICARE's 23rd Annual Report to Congress details national performance of TRICARE between 2017 and 2019. Effective October 25, 2019, the Defense Health Agency became responsible for the administration, direction, and control of military treatment facilities in fulfillment of the National Defense Authorization Act for Fiscal Year (FY) 2017, Section 702, which focuses on eliminating variance in processes in support of the Military Health System's Quadruple Aim (shown in the Figure 5.5). The Defense Health Agency will direct and administer the direct care system by establishing standard guidance, reporting relationships, and implementing a market construct. Markets will consist of one or more military treatment facilities, which will report to a single authority to better utilize medical assets in support of a ready medical force and a medically ready force (DoD 2020). A summary of the report's key findings can be found in Appendix A. The shift to a market construct and focus on optimization could present an opportunity at the regional level to address challenges related to TRICARE reimbursement rates and requirements.

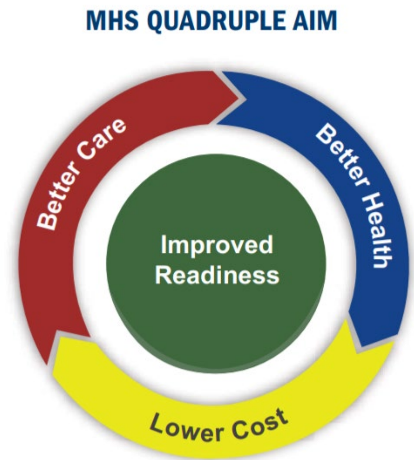

Figure 5.5 MHS Quadruple Aim
Source: DoD 2020

5.2. Needs Assessment

- Determine SSMCP's level of advocacy for representing JBLM and the region in national discussions about TRICARE issues. This may include:
  - Quantify and document the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages.
  - Brief JBLM leadership on findings related to TRICARE provider shortages and potential solutions based on SSMCP's advocacy agenda.
  - Monitor implications of future Department of Defense Health Directorate reorganization and potential opportunities for advocacy with the Directorate, Federal government, State government, and others.
- Continue educating civilian medical providers on TRICARE benefits and advocate for their participation as a TRICARE provider.
- Prioritize initiatives that expand behavioral health services military family members, including adults and children.

6. Federal Health Services: Department of Veterans Affairs

6.1. Existing Conditions

6.1.1. Summary of 2010 Conditions

The JBLM region is served by the VA Puget Sound Health Care System. In the 2010 Growth Coordination Plan, mental health was identified as the greatest physician need in the VA Puget Sound, followed by neurosurgery and rural health outreach. As such, the plan noted that the VA Puget Sound was focusing on expanding its geographic footprint in rural areas and developing an extensive telehealth program. Physical and occupational therapists were also noted as being at capacity and VA dental services were expected to be highly utilized as the local Veteran community grew.

6.1.2. Current Conditions

In 2019, 9% of Washington State's adult population was comprised of Veterans, most of whom were between 35 and 54 years old or 65 and 74 years old (VA 2019). As shown in Figure 6.1, Pierce and Thurston Counties have higher densities of Veterans than counties to the east. Out of 39 counties in Washington State:

- Pierce County is ranked 16th for VA Department locations per capita and 6th for VA Departments per square mile, and
- Thurston County is ranked 13th for VA Department locations per capita and 4th for VA Departments per square mile (County Office 2021).

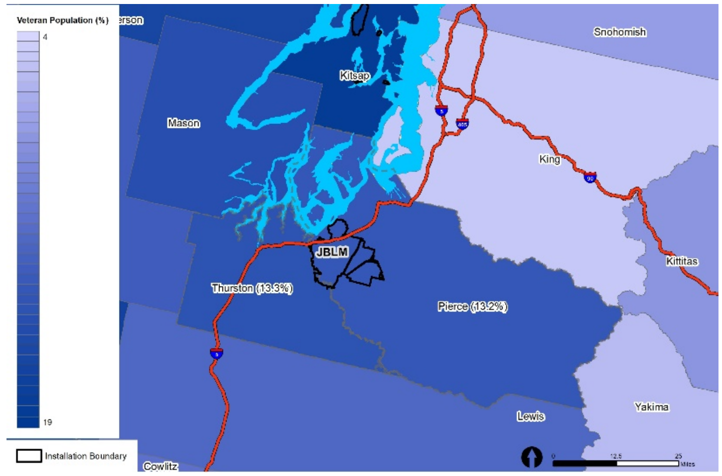

Figure 6.1 Veteran Population per County

Table 6.1 provides an overview of VA health care coverage in Pierce and Thurston Counties, as compared to Washington State. An overview of community clinics, outpatient clinics, and medical centers in the region are also shown in Figure 6.2.

Table 6.1 – Summary of Pierce and Thurston Counties VA Health Care Coverage

	Pierce County	Thurston County	Washington
VA Health Care Coverage	32,045 (3.8%)	11,201 (4.2%)	188,055 (2.6%)
No Other Coverage	4,147 (0.5%)	1,244 (0.5%)	20,794 (0.3%)
Age: Under 19	417	382	2,468
Age: 19 to 64 Years	18,912	6,264	95,844
Age: 65+ Years	12,716	4,555	89,743

Source: County Office 2021

Figures 6.3-6.5 illustrate Thurston County's Veteran population, by census tract, from 2011 to 2018. The distribution of Veterans within Thurston County has remained relatively similar from 2011 to 2018, with

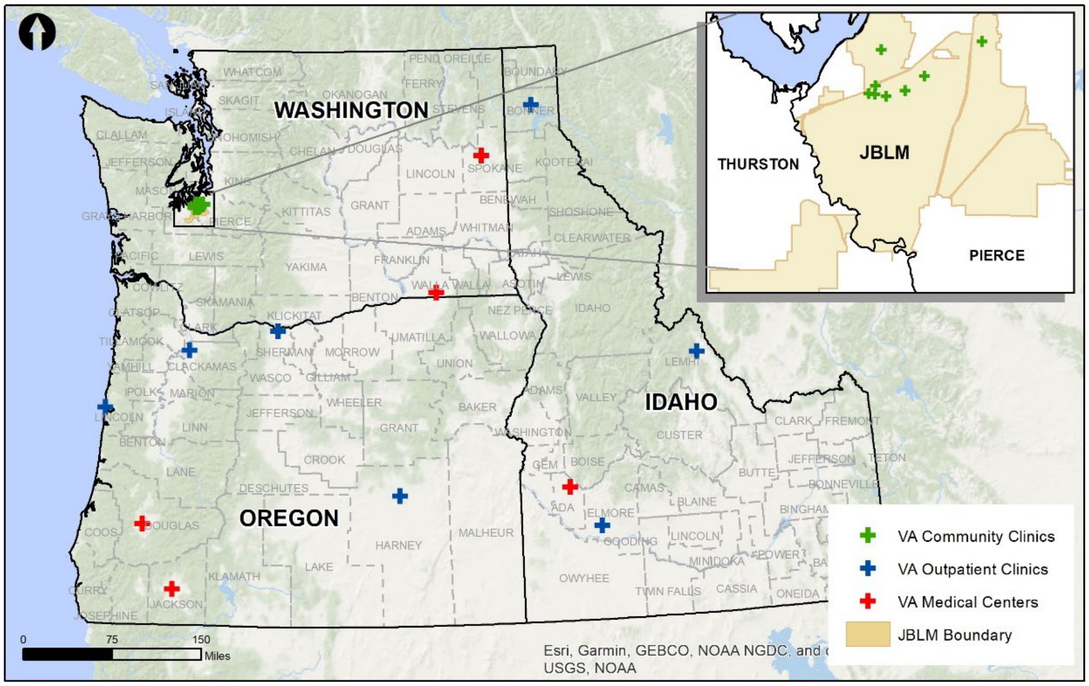

Figure 6.2 VA Medical Facilities by Type

the majority of Veterans in census tracts adjacent to the western boundary of JBLM. Please refer to the Social Services Technical Memo for additional demographic information about the Veteran population in Thurston County and the four largest cities in the county (Lacey, Olympia, Tumwater, and Yelm).

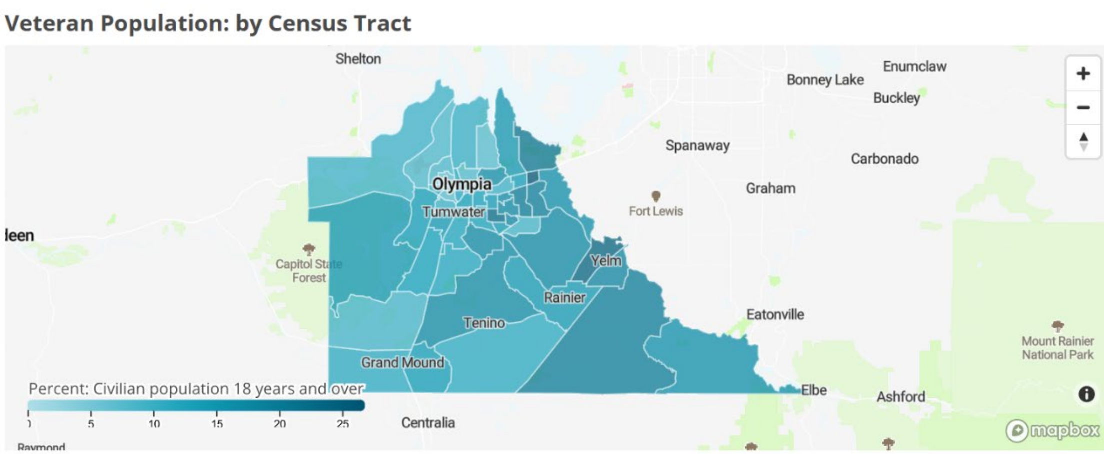

Figure 6.3 Thurston County Veteran Population by Census Tract from 2011-2015

Source: Lacey Veterans Services Hub

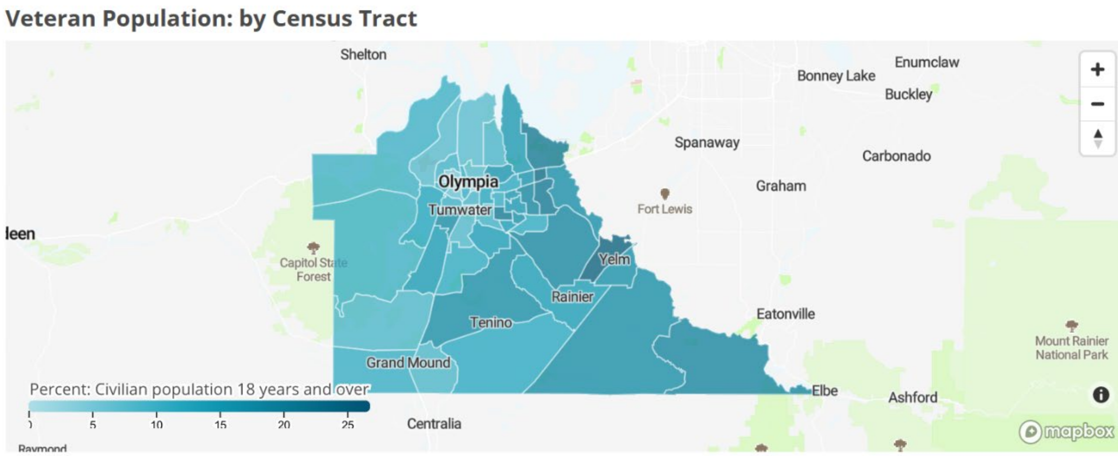

Figure 6.4 Thurston County Veteran Population by Census Tract from 2013-2017

Source: Lacey Veterans Services Hub

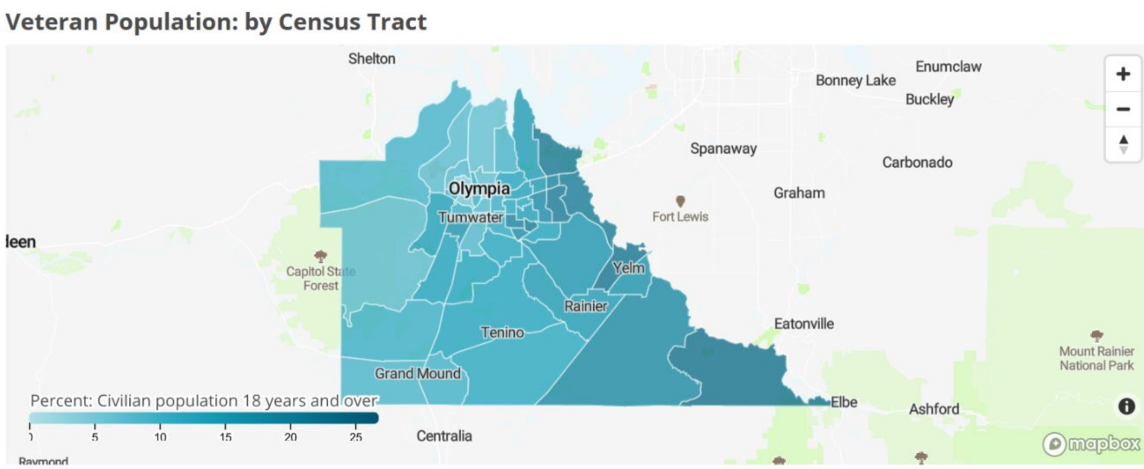

Figure 6.5 Thurston County Veteran Population by Census Tract from 2014-2018

Source: Lacey Veterans Services Hub

VA Puget Sound has seven nationally recognized Centers of Excellence. Though its population served has grown by 60% over the last decade, the system's physical footprint has remained relatively unchanged. In 2017, VA Puget Sound launched the Referral Coordination Initiative to redesign referrals by shifting the time-intensive task of triage to registered nurses, integrating and streamlining scheduling services, and coordinating specialist telehealth services. The initiative reduced specialists' time spent on triage by 64% for every 1,000 referrals, allowing specialists to complete 800 additional visits. The success of the initiative led to the VA rolling it out nationwide in 2020. VA Puget Sound has also expanded access to telehealth services, with nearly 30% of patients participating in at least one virtual care modality in 2020 (VA 2020).

With three times the national average of Veterans Crisis Line referrals, VA Puget Sound ranks in the top five sites for Veterans Crisis Line referrals nationally. Notably, Pierce County is one of two counties accounting for approximately half of these calls. The VA Puget Sound's Suicide Prevention team completes an average of 17 outreach activities per month, which has resulted in education to—and contact with—5,927 Veterans or individuals from community agencies that serve Veterans. In 2019, the Washington State Department of Veterans Affairs and VA Puget Sound announced "Veterans in Agriculture," a collaborative pilot program aimed at improving Veterans' behavioral and mental health care needs through agricultural training in rural communities (VA 2020).

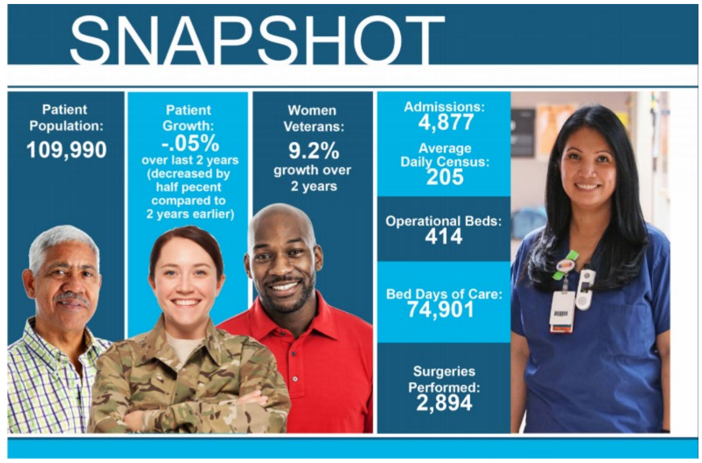

Figure 6.6 VA Puget Sound 2020 Snapshot
Source: VA 2020

6.2. Needs Assessment

- Continue collaboration between the Department of Defense and VA to improve Veterans' access to the full spectrum of benefits for which they are eligible.
- Continue collaboration between the VA and community behavioral health services to ensure that Veterans can access needed care within community organizations.

7. State Health Services: Collaboration and Advocacy

7.1. Existing Conditions

7.1.1. Summary of 2010 Conditions

Statewide Health Services were not assessed in the 2010 Growth Coordination Plan Health Care Technical Memo.

7.1.2. Current Conditions

The Washington State Department of Veterans Affairs (WDVA) connects Veterans and their family members to the benefits and services they earned through their military service. WDVA offers long-term care in four State Veteran Homes for honorably discharged Veterans and (in some cases) their spouses. In addition, WDVA administers claims assistance and counseling services through the Veterans Services and Counseling and Wellness Divisions (WDVA 2021). In addition, some benefits may be available to active service members, reservists, and National Guard members (as well as their spouses, children, and survivors of Veterans and service members).

The Washington State Health Care Authority (HCA) purchases health care for more than 2.5 million residents through a variety of programs, including Medicaid, Public Employees Benefits Board, School Employees Benefits Board, and the Compact of Free Association Islander Health Care Program (WA HCA 2021a). In addition, the HCA has piloted a military spouse internship program aimed at helping military spouses find employment upon arrival in the State (WA HCA 2021b).

The Washington State Department of Health also maintains information on Veterans Resources, Healthcare field professional licenses, and military transition assistance (WA DOH 2021).

The State of Washington has also led the Behavioral Health Model Ordinance Project, which is detailed in Section 9.1.2. Western State Hospital, in the City of Lakewood, is one of the largest inpatient psychiatric hospitals west of the Mississippi and has more than 800 beds; the hospital is one of two state-owned psychiatric hospitals for adults in Washington State (Washington 2021). Western State Hospital is working on reconstructing and renovating facilities, per the hospital's 5-year modernization plan. The corresponding Master Plan is available to the public for comment in accordance with Washington State's State Environmental Policy Act.

7.2. Needs Assessment

- Continue collaboration between the Department of Defense and Department of Veterans Affairs to improve Veterans' access to the full spectrum of benefits for which they are eligible.
- To ease the process of occupational licensure for military spouses moving to the State of Washington following a Permanent Change of Station to JBLM, the SSMCP should advocate for legislation that would allow spouses to obtain any occupational licensing within 30 days of arrival in the state with minimal documentation. The reciprocity should not be occupation-specific and could be, for example, a six-month temporary license or for the duration of the connected service member's assignment in Washington.

8. County Health Services: Civilian Health Care Providers

8.1. Existing Conditions

8.1.1. Summary of 2010 Conditions

Data from the 2010 Growth Coordination Plan indicated that an additional 60-70 primary care providers would be needed in Pierce County due to an expected increase in health insurance access in the region. Additional surgeons, medical specialists, pediatricians, and OB/GYNs were also identified as a need in Pierce County. Military growth was not expected to create new needs for health care providers in Thurston County at the time.

8.1.2. Current Conditions

Washington State Health Outcomes and Factors Assessment

A 2020 assessment of health outcomes and health factors across Washington State found that Thurston County had a better health outcome ranking and health factor score than Pierce County, as shown in the Figures 8.1 and 8.2. According to the U.S. Census Bureau, 8.8% of the U.S. population is without health insurance coverage. In Pierce County, 6% of residents are without health insurance coverage and in Thurston County, 4.8% of residents are without health insurance coverage.

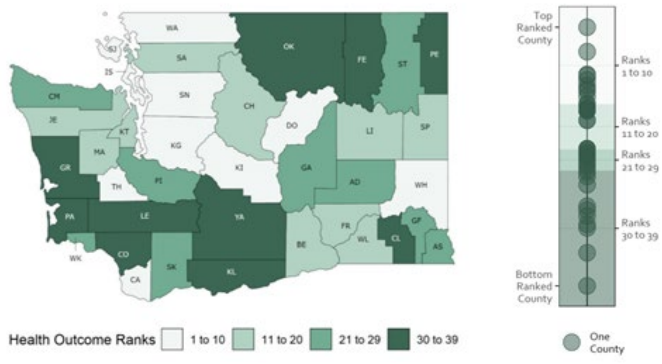

Figure 8.1 Washington State County Health Outcome Ranks

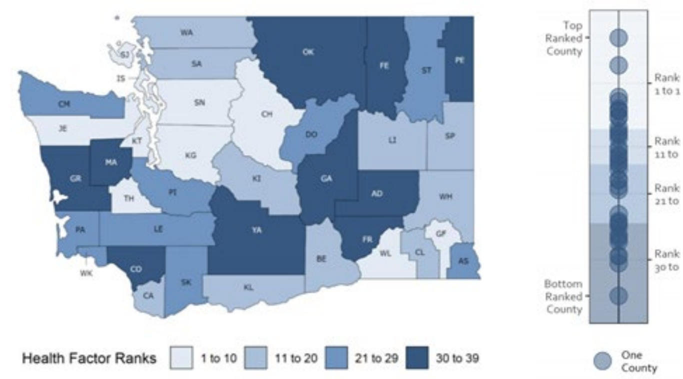

Figure 8.2 Washington State County Health Factor Ranks

2020 County Health Rankings for the 39 Ranked Counties in Washington

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	26	30	Franklin	15	34	Lewis	30	29	Snohomish	7	4
Asotin	24	21	Garfield	28	7	Lincoln	16	14	Spokane	19	17
Benton	17	20	Grant	27	32	Mason	20	38	Stevens	29	28
Chelan	13	9	Grays Harbor	37	33	Okanogan	32	37	Thurston	9	6
Clallam	25	23	Island	3	3	Pacific	36	27	Wahkiakum	23	25
Clark	8	11	Jefferson	14	8	Pend Oreille	35	35	Walla Walla	18	10
Columbia	38	18	King	2	1	Pierce	22	22	Whatcom	5	12
Cowlitz	33	31	Kitsap	11	5	San Juan	1	2	Whitman	4	13
Douglas	6	24	Kittitas	10	15	Skagit	12	16	Yakima	34	36
Ferry	39	39	Klickitat	31	19	Skamania	21	26			

Figure 8.3 2020 County Health Rankings for Washington Counties
Source: University of Wisconsin 2020

In Pierce County:

- For every 1,438 residents there is one primary care provider available, compared to a ratio of 1,190 residents for every one primary care provider in Washington State, and
- The rate of preventable hospitalizations in Pierce County was higher (by 18%) than the Washington State rate, suggesting that significant barriers to access to care in Pierce County may be primarily related to poverty, lack of social supports, and limited access to clinical preventive services (TPCHD 2016).

In Thurston County:

- The entire county is designated a Health Professional Shortage Area[1] for specific populations,

[1] According to the U.S. Department of Health and Human Services, the designation of a Health Professional Shortage Area is used to identify areas, population groups, or facilities within the U.S. that are experiencing a shortage of health care professionals.

- The county is ranked 7th out of the 39 Washington State counties for available clinical care services, indicating that there are fewer health care professionals than is optimal for the population size and characteristics, and
- The shortage is mostly attributed to a lack of primary care providers in outlying regions of the Olympia-Lacey-Tumwater metro area (Valley View 2019).

Figures 8.4 and 8.5 show clinic and medical provider density throughout Pierce and Thurston Counties.

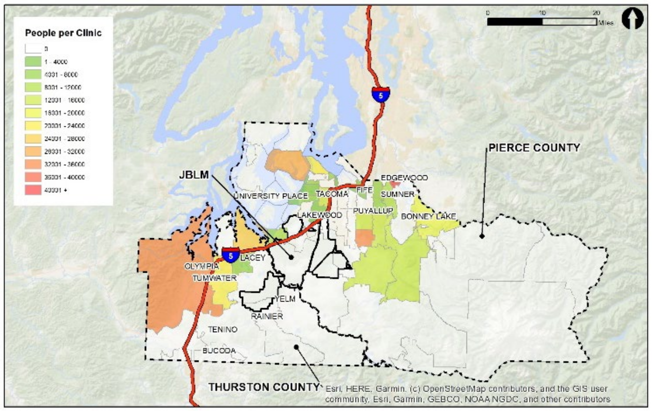

Figure 8.4 People Per Clinic in Pierce and Thurston Counties

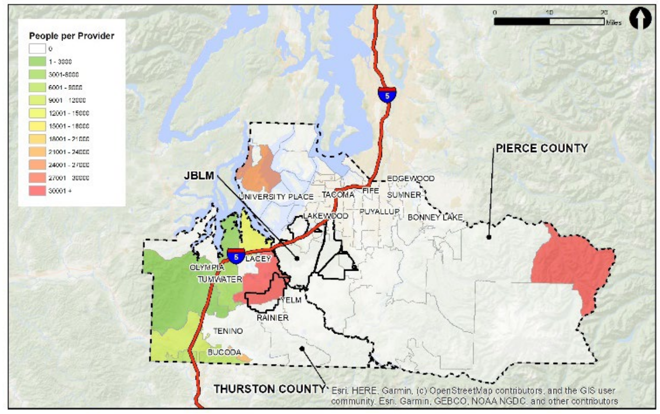

Figure 8.5 People Per Provider in Pierce and Thurston Counties

Pierce County Community Health Assessment

In 2018, Pierce County undertook a Community Health Assessment (CHA) to collect and analyze community health data (TPCHD 2019). Following the CHA, the Tacoma-Pierce County Health Department (TPCHD) developed a Community Health Improvement Plan (CHIP) to identify resources and partnerships that promote well-being in the community (TPCHD 2019). Pierce County's CHIP goals include a focus on access to health care providers in the region. Specifically, the county will focus on supporting well-being by increasing availability of and access to services by, for example:

- Evaluating the role of school-based health clinics to deliver primary care and behavioral health services for K-12 students,
- Extending Medicaid eligibility,
- Addressing barriers that restrict benefits crossing county lines, and
- Increasing opportunities for capacity building for community health workers (TPCHD 2019).

Figure 8.6 2019 Pierce County Community Healthy Improvement Plan Priorities

Source: TPCHD 2020b

Thurston County Community Health Assessment

Thurston County has also recently completed a CHA and is working on the county's corresponding CHIP. The CHIP process is expected to focus on strengthening relationships with local health care providers across specialties in the county (Thurston County 2019). It is also likely to address the county's aforementioned designation as a Health Professional Shortage Area. Thurston County's Public Health and Social Services Department (PHSS) 2020-2024 Strategic Plan also identifies protection of human health, promotion of health behavior, and support for well-being as top priorities for Thurston County PHSS (Thurston County 2020).

8.2. Needs Assessment

- Evaluate the role SSMCP can play in supporting county CHA and corresponding CHIP efforts and how subsequent strategies and programs could contribute to better health care access for service members, particularly those living off installation.

9. County Health Services: Behavioral Health

9.1. Existing Conditions

9.1.1. Summary of 2010 Conditions

The behavioral health system was unanimously identified as the top priority for the JBLM region by medical and social services providers in the 2010 Growth Coordination Plan, with significant needs for additional resources and collaboration among existing providers of behavioral health care. Military growth in the region was not expected to create new needs for behavioral health providers and beds. The plan noted that providers should work with Washington State to develop additional inpatient capacity in the region for voluntary patients, including Pierce County supporting nearly 50 additional behavioral health inpatient beds.

9.1.2. Current Conditions

Behavioral health continues to be a top priority in the JBLM region. Following publication of the 2010 Growth Coordination Plan, the SSMCP formed the Health Care Working Group, which brings together health care providers and advocates from across the region, including JBLM, Pierce and Thurston Counties, and private providers and health network representatives. Since the working group's formation, addressing behavioral health has been a primary focus. In October 2021, the working group hosted a Behavioral Healthcare Forum, a half-day event that brought together behavioral health and social service professionals to identify paths to increase access to care for service members, Veterans, and their families; foster learning; and inspire and provoke conversations. The forum was attended by over 50 participants. The Health Care Working Group is expected to continue pursuing initiatives to improve behavioral health support in the region.

Washington State Behavioral Health Model Ordinance Project

Washington State's Behavioral Health Model Ordinance Project Communications Toolkit was developed as a resource to support jurisdictions and providers in siting community-based behavioral health facilities (WA DOC 2017). The toolkit accompanies a model ordinance to assist cities and counties by providing definitions and code language to:

- Develop a community-based behavioral health system to assist people experiencing mental illness or a substance use disorder to retain a respected and productive position in the community;
- Encourage the development of regional behavioral health services with adequate local flexibility to assure eligible people in need of care access to the least-restrictive treatment alternative appropriate to their needs, and the availability of treatment components to assure continuity of care; and
- Coordinate physical health, mental health, and substance use disorder treatment services to help provide whole-person care (WA DOC 2017).

The toolkit and ordinance were developed in accordance with *Revised Code of Washington (RCW) 71.24, Community Behavioral Health Services Act* (WA DOC 2017). Jurisdictions are not required to adopt the model ordinance, but are encouraged to consider the following questions when evaluating adoption:

- Does the community already have processes and code that allow for behavioral health facilities?
- Are there already behavioral health treatment facilities in the community?
- Where do community members who need treatment go for help?
- Has the county or city passed the sales and use tax for chemical dependency or mental health treatment services or therapeutic courts?

These questions are intended to assist jurisdictions in evaluating which components of the model ordinance may benefit their communities (WA DOC 2017). Stakeholders indicated that Pierce and Thurston Counties have yet to determine if the model ordinance will be adopted.

Mental Health in Pierce County

According to a survey of mental and emotional suffering conducted by TPCHD, in Pierce County:

- Nearly 1 in 5 adults reported poor mental health days lasting two or more weeks,
- Of those adults who experienced 14 or more days of poor mental health in the last month, more than half are not receiving care or taking medication,
- Suicide is the 9th leading cause of death and the rate of suicide is 20% higher than both the Washington State and national rates of suicide,
- The percentage of adults experiencing serious mental illness (5%) is higher than Washington State's average (3%), and
- There is an average of 204 hospitalizations and 437 deaths caused by opioid overdoses each year (TPCHD 2020a).

TPCHD also surveyed mental and emotional health in Pierce County military families and found that:

- In the 25% of 10th graders who have a family member who is or was in the military, reports of depression and anxiety were higher and hopefulness and quality of life lower than their peers who do not have a family member who is or was in the military,
- Though self-reported mental health for Veterans is better compared to that of the overall county population, the rate of suicide among Veterans is twice that of non-Veterans, and
- Veterans comprise 9% of Pierce County's homeless population and a third of Veterans experiencing homelessness reported mental illness (TPCHD 2020a).

TPCHD recognizes that barriers to access, such as inadequate insurance coverage, lack of conveniently located services, and delays in appropriate care can exacerbate behavioral health crises (TPCHD 2020a). As of 2020, Pierce County had one mental health provider for every 380 residents, compared to Washington State's ratio of one mental health provider for every 279 residents. There is also a designated Health Professional Shortage Area for mental health providers in the county's Key Peninsula (TPCHD 2020a). To address shortages in clinical services, the county is pursuing several strategies:

- A new partnership between MultiCare and CHI Franciscan will offer 120 inpatient beds, serve about 5,000 patients annually in the county, and include services for common conditions such as anxiety, severe depression, and suicidal tendencies (TPCHD 2020b).
- The Steven A. Cohen Military Family Clinic at Valley Cities in Lakewood opened in March 2019 and offers mental health services regardless of discharge status or ability to pay; services include support to post 9/11 Veterans, their families, and families of active duty service members (TPCHD 2020b).

- Expanding telehealth to offer a network of mental health care and substance use therapy services to rural residents through real-time audio or video calls or one-way at a time messaging (TPCHD 2020b).

The county recognizes the importance of a coordinated and comprehensive mental health system.

Mental Health in Thurston County

A 2019 Community Health Needs Assessment completed by Valley View Health Center, a non-profit, federally qualified health center in Thurston County, found that:

- Slightly less than half (40%) of Thurston County youth reported being depressed and about a quarter (24%) reported having suicide ideation; these rates are similar to those of Washington State,
- Adults reported an average of 3.6 poor mental health days per month and frequent mental distress was reported by 11% of adults,
- One in four of adults reported having their activities limited by mental or physical health and 14% reported that their general health was fair or poor, and
- In the first quarter of 2019, opioid prescription rates dropped just below Washington State's rate (61 prescriptions for every 1,000 persons), marking a continued decline since 2015 (Valley View 2019).

As of 2019, Thurston County had one mental health provider for every 350 residents, compared to Washington State's ratio of one mental health provider for every 279 residents (Valley View 2019). The Community Health Needs Assessment noted an unmet need for mental health services across the county, but especially in rural areas and areas with low-income populations in Olympia and Lacey (Valley View 2019). The 2020-2024 Thurston County PHSS Strategic Plan identifies supporting prevention and treatment related to mental health and substance use as a priority (Thurston County 2020). Specific actions to achieve this goal include analyzing changes to the behavioral health treatment service system and identifying key gaps (Thurston County 2020).

9.2. Needs Assessment

- Leverage the expertise of the Health Care Working Group and potentially reinstated Land Use Working Group to assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance.
- Assist JBLM health care providers in gaining a better understanding of Pierce County civilian behavioral health services and of how active duty military and their dependents can access those services.
- Continue assisting civilian providers to ensure a better understanding of installation services.
- Identify and address significant gaps in care and related barriers to access to care for active duty military personnel and their families, active duty military and their families transitioning from active service, and military youth.
- Help civilian providers gain new cultural competency by understanding the military health care system, the process of transition, issues with TRICARE, and military culture.
- Develop a written list of available installation and civilian resources and updated referral information for dissemination on installation.
- Determine if the Behavioral Health Care Forum should be held annually to improve access to care.

10. County Health Services: Community Health

10.1. Existing Conditions

10.1.1. Summary of 2010 Conditions

The most significant chronic disease risk factors in Pierce and Thurston County residents in 2010 were obesity, being overweight, and smoking. Smoking was noted as being particularly linked to the military population due to demographics, socialization, longstanding policies that discount cigarettes and encourage smoking, and the stresses of combat. Sexually transmitted diseases were also a concern in Pierce County, as shown in the comparatively high rates of chlamydia and gonorrhea.

10.1.2. Current Conditions

According to a 2017 Chronic Disease Profile, Pierce and Thurston Counties are generally on par with Washington State for rates of chronic diseases, health risk behaviors, and health risk conditions (WA DOH 2017). In both counties, the leading chronic disease is arthritis, followed by cancer (WA DOH 2017). Insufficient physical activity is the most common health risk behavior in both counties and high cholesterol is the most common health risk condition (WA DOH 2017). This information is summarized in Table 10.1.

Table 10.1 – Adult Chronic Disease, Health Risk Behaviors, and Health Risk Conditions for Pierce and Thurston Counties

	Pierce County	Thurston County	Washington
Chronic Disease			
Arthritis	26%	26%	25%
Cancer	11%	11%	12%
Asthma	11%	8%	10%
Diabetes	10%	8%	9%
Heart disease	6%	6%	6%
Health Risk Behaviors			
Insufficient physical activity	44%	36%	38%
Smoke cigarettes	19%	17%	15%
Binge drinking	16%	17%	17%
Use marijuana	11%	13%	11%
Poor nutrition	11%	10%	10%
Use E-cigarettes	7%	5%	6%
Health Risk Conditions			
High cholesterol	38%	36%	36%
High blood pressure	32%	33%	30%
Obesity	30%	27%	27%
Food Insecurity	23%	17%	20%

Source: WA DOH 2017

Health Equity in Pierce County

In 2015, the TPCHD released a Health Equity Assessment, which evaluates health outcomes and population groups to identify potential correlations for poor health outcomes. The assessment found that:

- There is a17-year difference in life expectancy between the healthiest and least healthy zip codes across the county,
- The zip codes with the highest life expectancy are in Elbe (98330) and Carbonado (98323), each with life expectancies of more than 86 years,
- The zip codes with the lowest life expectancy are in Tacoma's Hilltop Neighborhood (98405), and in Vaughn (98394), each with life expectancies of less than 75 years (TPCHD 2021).

Following the assessment, TPCHD identified several Communities of Focus (shown in Figure 10.1), which represent zip codes in which life expectancy is four years less than the life expectancy in adjacent zip codes (TPCHD 2021). To address these inequities, TPCHD is pursuing strategies to address holistic health in these communities, including efforts to improve health behaviors, clinical care, and social, economic, and environmental factors that contribute to overall health (TPCHD 2021).

Additionally, TPCHD is tracking access to health insurance, which improved following the passing of the Affordable Care Act; specifically, TPCHD noted that as of March 2015:

- Pierce County had 7,418 health insurance plan renewals and 5,934 new enrollees through the Affordable Care Act,
- Under the Medicaid expansion, 61,117 additional residents qualified for health care, and
- A total of 74,469 residents who may not have had access to health insurance prior to the Affordable Care Act became eligible for insurance (TPCHD 2021).

Health equity is expected to be a continued area of focus in the county.

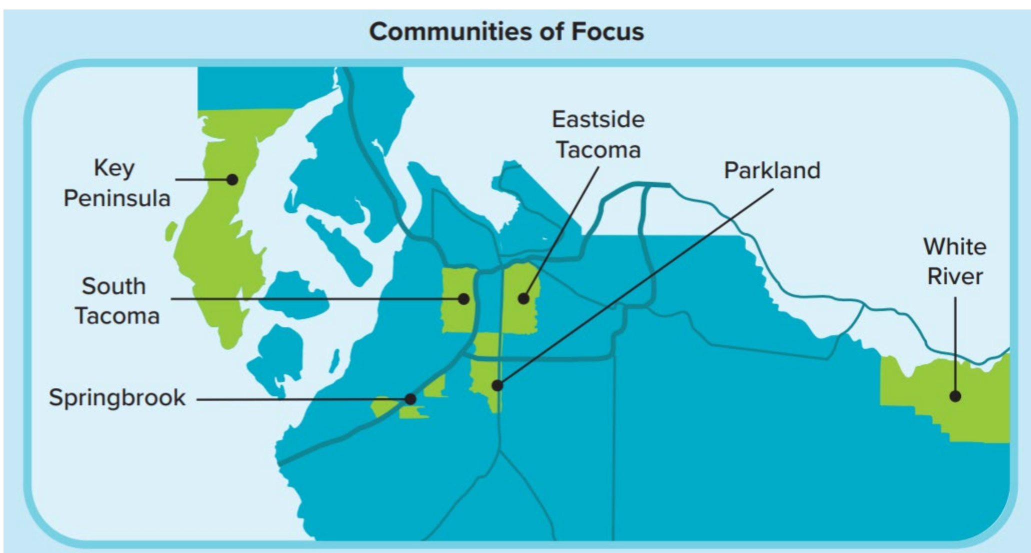

Figure 10.1 Communities of Focus
Source: TPCHD 2021

Health Equity in Thurston County

Thurston County also aims to improve health equity and disparities within the community, including a focus on decreasing avoidable differences between groups of people that are created by societal barriers and systematic exclusion from opportunities. Notably, Thurston Thrives, a public-private partnership focused on improving the health and safety of all county residents, is a key collaborator for Thurston County's CHIP (Thurston Thrives 2021). Stakeholders indicated that Thurston Thrives' main priority is to reduce—and ultimately eliminate—health disparities to achieve optimal health for all residents in the County. Thurston County PHSS and Thurston Thrives are currently working on developing data snapshots that focus on: age, income, disability, geography, People of Color, sexual orientation and gender identity, as well as Veterans and military children (Thurston Thrives 2021). As the CHIP progresses, it is likely that Thurston County will also identify communities of focus, as Pierce County has.

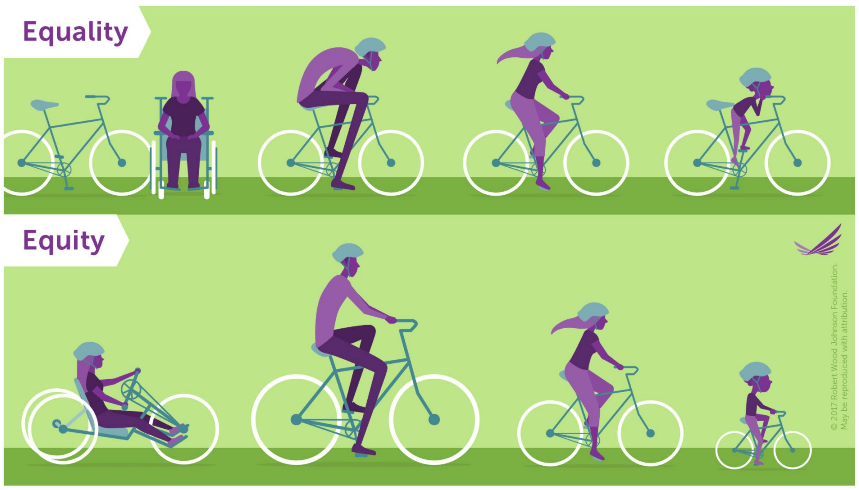

Figure 10.2 Equality Versus Equity
Source: Thurston Thrives 2021

10.2. Needs Assessment

- Evaluate how SSMCP priorities and strategies can connect to improving health equity in the region, including:
    - Identify how actions from the SSMCP resource areas could contribute to regional health equity goals.
    - Monitor funding opportunities for mutually beneficial projects.
    - Facilitate communication between JBLM and the community when appropriate.

11. County Health Services: Inpatient/Outpatient Care

11.1. Existing Conditions

11.1.1. Summary of 2010 Conditions

Though the 2010 Growth Coordination Plan mentioned the need for increased inpatient and outpatient care for behavioral health, general inpatient and outpatient care needs were not a primary focus in the 2010 Growth Coordination Plan. Discussions of outpatient care focused on a need to increase TRICARE reimbursement rates for facility-based outpatient services in order to optimize beneficiaries' access to medical services.

11.1.2. Current Conditions

As shown in Table 11.1, compared to 2009, the number of acute care and rehabilitation beds for most hospitals in the region has either increased or remained the same. Patient days have generally increased. The region is served by eight[2] community hospitals located across Pierce and Thurston Counties, as well as Madigan Army Medical Center within JBLM. A list of ambulatory surgery, urgent care, and outpatient rehabilitation facilities in the region can be found in Table 11.2. As in 2010, stakeholders did not note needs for general inpatient and outpatient care in the region; however, TRICARE reimbursement rates continue to be a concern.

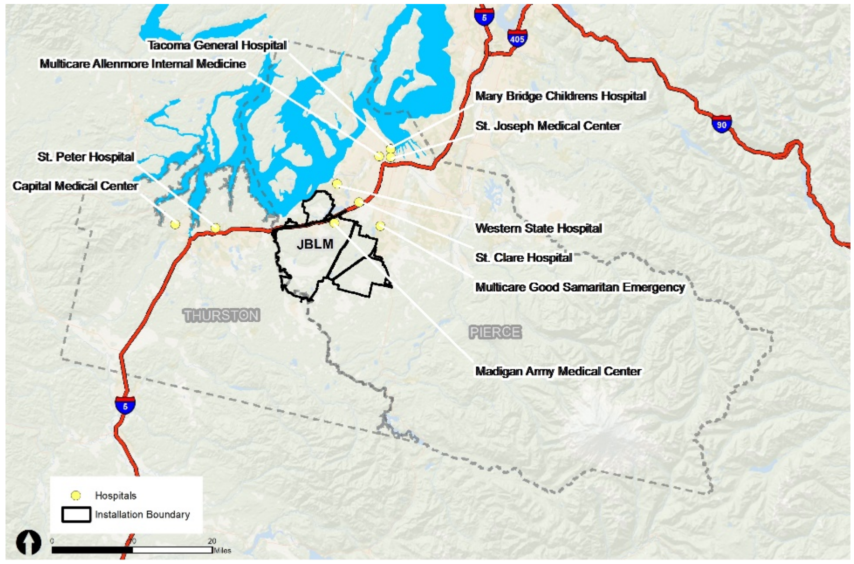

Figure 11.1 Community Hospitals Serving Pierce and Thurston Counties

The SSMCP's Health Care Working Group has noted that, due to a lack of nursing license reciprocity in Washington State, many military spouses working in health care experience difficulty maintaining continuous employment after a PCS to JBLM. According to the U.S. Department of Labor, in Washington State, state agencies can issue expedited licenses to licensed military spouses from states with substantially equivalent education or training requirements, as well as temporary permits so military spouses can perform regulated services while completing the requirements for full licensing (U.S. Department of Labor 2021). As shown in Figure 11.2, some states offer full license reciprocity in which a military spouse holding an active license in one state can apply for a license in their new state without taking state-required pre-licensing courses (U.S. Department of Labor 2021). Figure 11.3 provides an overview of current

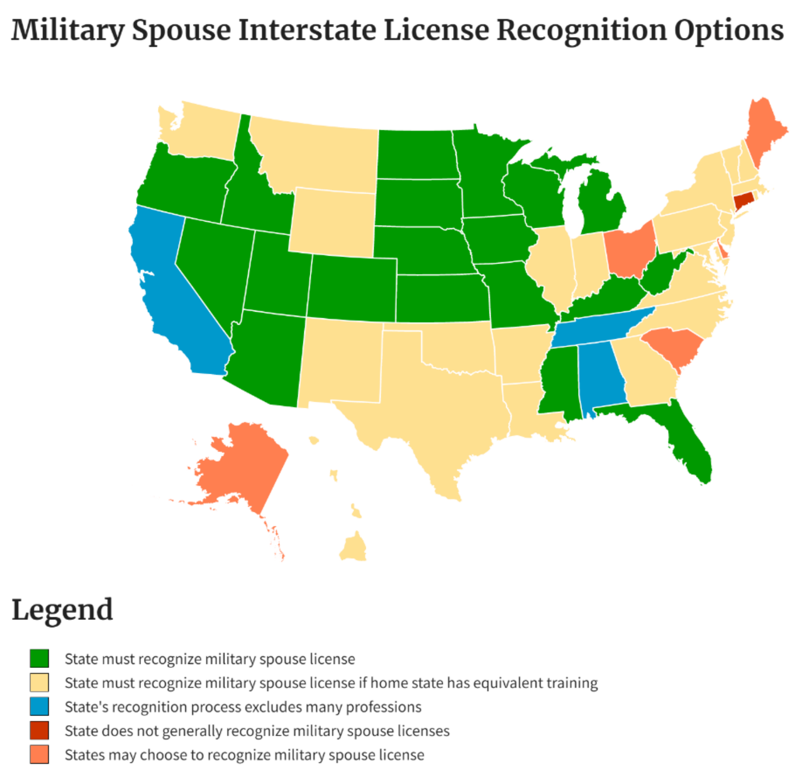

Figure 11.2 Military Spouse Interstate License Recognition Options
Source: U.S. Department of Labor 2021

[2] Western State Hospital (which is not included in Table 11.1, but is shown in the graphic above as the ninth hospital serving the counties) is one of the largest inpatient psychiatric hospitals west of the Mississippi and has with more than 800 beds; the hospital is one of two state-owned psychiatric hospitals for adults in Washington State (Washington 2021).

occupational licensure compacts across the U.S.

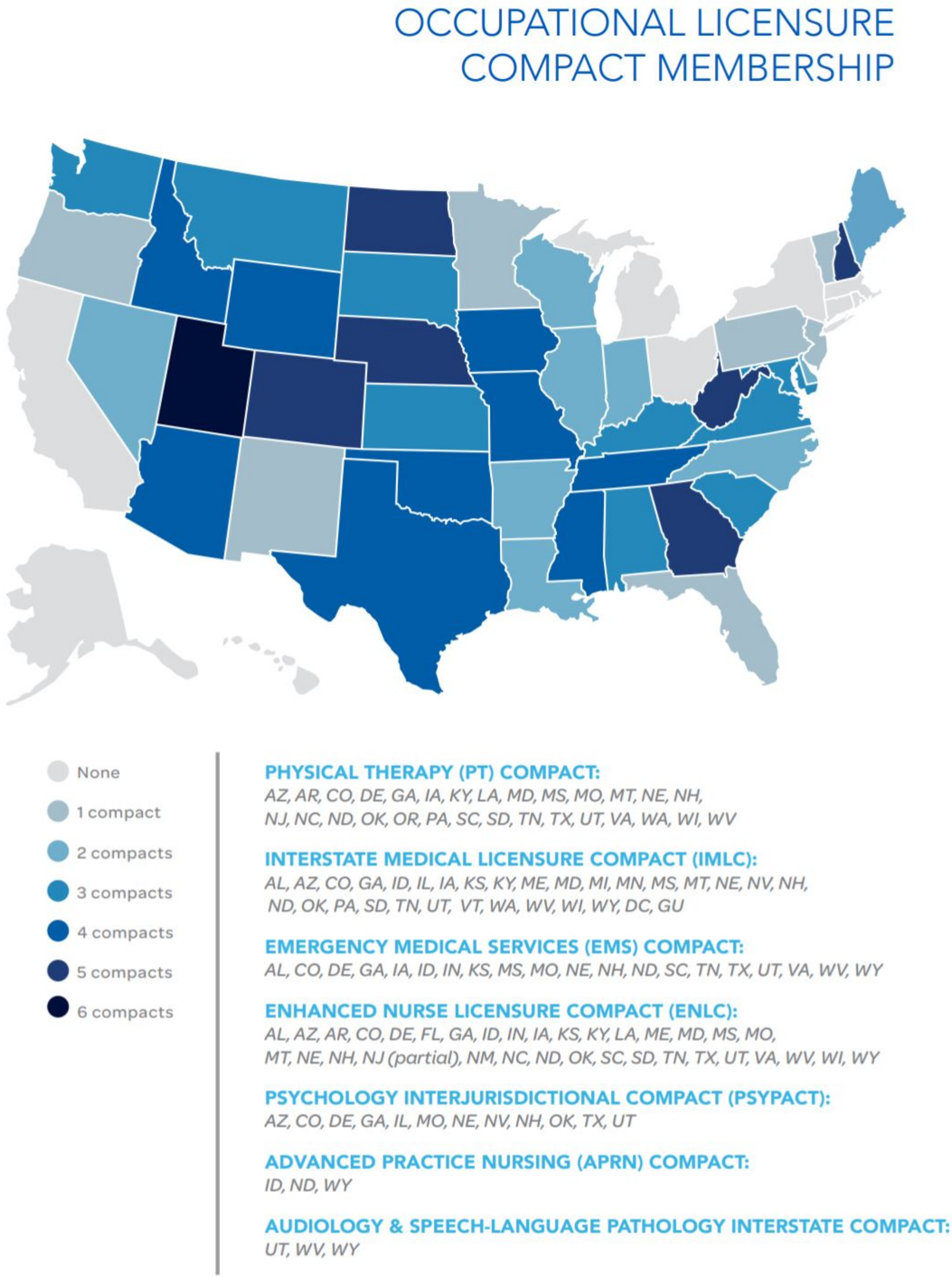

Figure 11.3 Occupational Licensure Compact Membership
Source: National Center for Interstate Compacts

Table 11.1 – Acute Care/Rehab Beds, Patient Days, and Occupancy for Health Systems Serving Pierce and Thurston County

Health System	Acute Care/Rehab Beds		Patient Days		Occupancy	
	2021	2009	2021	2009	2021	2009
MultiCare Health Organization						
Good Samaritan Hospital	375	200	93,142	53,794	Unavailable	73.7%
Mary Bridge Children's Hospital	82	72	Unavailable	15.596	Unavailable	59.3%
Tacoma General Hospital	437	391	110,661	81,748	Unavailable	57.3%
Allenmore Hospital	130	130	Unavailable	12,854	Unavailable	27.1%
Capital Medical Center	107	Unavailable	17,381	Unavailable	Unavailable	-
Franciscan Health System						
St. Clare Hospital	106	106	27,659	29,613	Unavailable	76.5%
St. Joseph Medical Center	374	249	108,582	79,934	Unavailable	76.6%
Providence Health and Services						
Providence St. Peter Medical Center	325	303	103,353	73,644	Unavailable	66.6%

Source: American Hospital Directory 2021; 2010 JBLM GCP

Table 11.2 – Ambulatory Surgery, Urgent Care, and Outpatient Rehabilitation Facilities

Facility	City
Ambulatory Surgery	
Gig Harbor Ambulatory Surgery Center (Tacoma Orthopedic Surgeons)	Gig Harbor
MultiCare Ambulatory Surgery Center	Gig Harbor
Lakewood Surgery Center	Lakewood
St. Clare Hospital	Lakewood
Good Samaritan Hospital	Puyallup
Good Samaritan Surgery Center	Puyallup
Puyallup Ambulatory Surgery Center	Puyallup
Rainier Orthopedic Institute	Puyallup
Allenmore Hospital	Tacoma
Mary Bridge Children's Hospital	Tacoma
St. Joseph Medical Center	Tacoma
Tacoma Ambulatory Surgery Center (Tacoma Orthopedic Surgeons)	Tacoma
Tacoma General Hospital	Tacoma
Urgent Care	
Franciscan Medical Group Pt. Fosdick Urgent Care	Gig Harbor
Gig Harbor MultiCare Clinic	Gig Harbor
Express Urgent Care	Lacey
Pacific Walk-In Clinic	Lacey

Facility	City
MultiCare Lakewood Urgent Care Center	Lakewood
Group Health Cooperative Olympia Medical Center	Olympia
Urgent Care of Olympia	Olympia
Westcare Clinic	Olympia
Franciscan Medical Group Canyon Road	Puyallup
Group Health Cooperative Tacoma Medical Center	Tacoma
Urgent Care South	Tumwater
MultiCare University Place Urgent Care Center	University Place
MultiCare Spanaway Urgent Care Center	Spanaway
Outpatient Rehabilitation	
Good Samaritan Hospital	Puyallup
Good Samaritan Children's Therapy Unit	Puyallup

11.2. Needs Assessment

- Continue advocating for occupational licensure reciprocity. It would be preferable to allow military spouses working in health care a six-month to one-year grace period in which they can continue working after a PCS to JBLM. Following the grace period, individuals would need to fulfill state-specific requirements to maintain their license. Licensure reciprocity would help military spouses as they transition to JBLM. It would also increase the number of occupational providers in the region, including those in health care.

12. County Health Services: Oral Health

12.1. Existing Conditions

12.1.1. Summary of 2010 Conditions

The 2010 Growth Coordination Plan noted significant issues—particularly for TRICARE and low-income patients—accessing dental services due to a shortage of dentists in the region. Additionally, the 2010 Growth Coordination Plan found that many military families were not aware of free treatment and prevention options in the region, such as the Lindquist Dental Clinic for Children in South Tacoma. Increased population was expected to result in minimal additional need for dentists in Pierce County; however, isolated military population growth in the region between 2009 and 2015 was expected to result in a need for nine additional TRICARE-accepting dentists in Pierce County (a similar need was not identified for Thurston County).

12.1.2. Current Conditions

Pierce County Oral Health Program

Since 2010, TPCHD has established several oral health initiatives to meet dental needs in Pierce County, noting that poor oral health can lead to tooth decay, pain, infection, and tooth loss, and can cause diabetes, heart disease, poor birth outcomes, obesity, low self-esteem, and absences from work and school (TPCHD 2015). The Comprehensive Oral Health Program launched in 2015 to provide:

- Dental health education for schools and childcare centers,

- Referrals for residents 20 years or older who have limited access to care,
- Access to baby and child dentistry, and
- A school-based oral health program (TPCHD 2015).

The program recognizes the myriads of health and behavioral factors (shown in Figure 12.1) that can contribute to poor oral health and leverages dentists, medical providers, educators, government agencies, community groups, faith-based organizations, businesses, and residents to help babies and school age children receive dental services (TPCHD 2015). Since the program was implemented, untreated decay in children declined by 41% and sealants increased about 45% (TPCHD 2015).

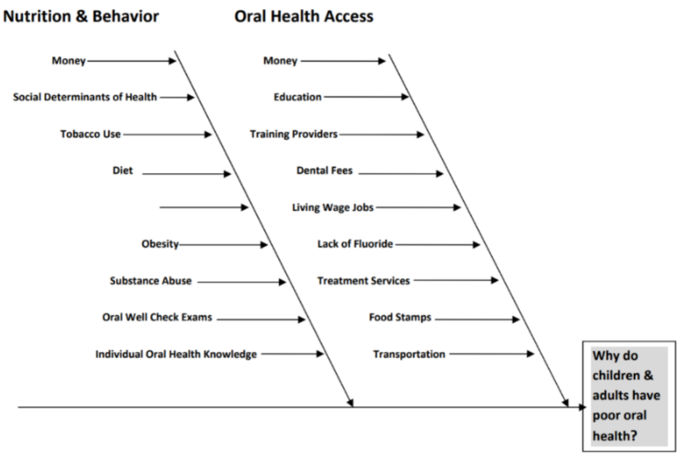

Figure 12.1 Behavioral Factors that Contribute to Poor Oral Health
Source: TPCHD 2015

Thurston County Oral Health Network

Since 2010, Thurston County has also made strides in supporting oral health across the county. Currently, CHOICE Regional Health Network is working with the Arcora Foundation to create a structured and comprehensive approach to reducing oral health disparities in Thurston County (TOHN 2021). The Thurston Oral Health Network (TOHN) approach is organized around the following anchor strategies:

- **Connecting Adults and Children to Dental Care:** increase utilization of dental services and patient satisfaction for Thurston County residents experiencing access barriers,
- **Prevent Opioid Misuse and Abuse:** reduce opioid prescriptions written by Thurston County dentists and improve opioid safety practices to align with current Washington State clinical guidelines,
- **Increase Access to Dental Care for Seniors:** improve the oral and overall health of lower income, uninsured seniors with diabetes,
- **Implement School Sealant Programs and Educate the Community about Oral Health:** implement, via the Thurston County Public Health Department, school sealant programs to provide high quality dental sealants and referrals for families of school-age children, as well as programs to promote the importance of oral health throughout a broad spectrum of organizations,
- **Working with the Medical Community:** integrate oral health preventive services in medical settings and connect patients to local dental providers for routine care,
- **Program Evaluation:** work with the Spokane Regional Health District to develop and monitor a measurement model to ensure strategies are directed at the primary drivers of poor oral health, and
- **Oral Health Clinical Advisory Committee:** mobilize representatives of the dental and medical communities to offer clinical expertise, guidance, and feedback on strategies from a clinical perspective (TOHN 2021).

12.2. Needs Assessment

- Though oral health has not been identified as a specific focus area of the Health Care Working Group, support to oral health initiatives should be considered when pursuing holistic health care strategies.

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Appendices

Appendix A: Key Findings of the FY 2020 Evaluation of the TRICARE Program Published by the Department of Defense

EXECUTIVE SUMMARY: KEY FINDINGS FOR FY 2020

Evaluation of the TRICARE Program: Report to Congress

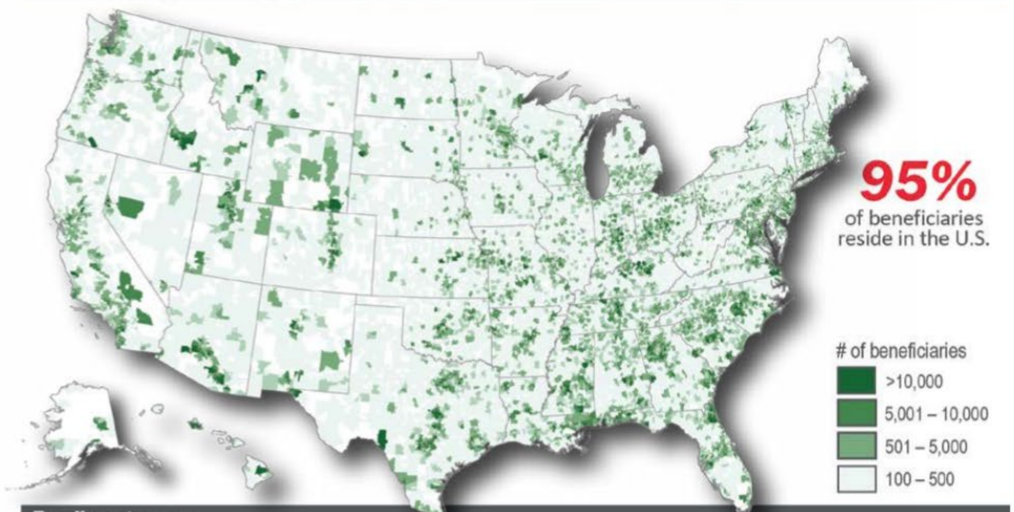
Executive Summary: Key Findings for FY 2020 (Data for FYs 2017–2019)

The DHA, a Combat Support Agency, leads the MHS integrated system of readiness and health to deliver:

The Quadruple Aim

Improved **Readiness**	*Better* **Care**	*Better* **Health**	*Lower* **Cost**

Beneficiary Population (page 29)



Enrollment (page 24)

Prime Enrolled:
4.8 million beneficiaries

- 3,461,000 Prime: MTF PCM
- 1,194,000 Prime: Network PCM
- ↑ 111,000 USFHP
- ↓ 11,000 TYA Prime

Select Enrolled/Non-Enrolled:
2.1 million beneficiaries

- ↓ 1,679,000 TRICARE Select
- ↑ 392,000 TRS
- ↑ 183,000 Direct Care Only
- ↓ 27,000 TRICARE Plus
- ↑ 27,000 TYA Select
- ↑ 10,000 TRR

Medicare-Eligible:
2.5 million beneficiaries

- ↑ 2,092,000 TFL
- ↓ 186,000 TRICARE Plus
- ↓ 91,000 Direct Care Only
- ↓ 42,000 USFHP
- 31,000 Prime: MTF PCM
- 31,000 Prime: Network PCM
- ↓ 3,000 Other

Numbers rounded to the nearest thousand; ↑ Increase from FY 2018; ↓ Decrease from FY 2018

Readiness (pages 49–50)

Active	Reserve	Dental
87%	85%	94%
Strategic Goal: 85%	Strategic Goal: 85%	Strategic Goal: 95%

Perinatal Care Measures (pages 119–120)

	MTFs	National
Health Care–Associated Blood Stream Infections	0.0%	1.0%
Elective Delivery	1.1%	1.7%
Cesarean Section	19.2%	25.7%
Exclusive Breastfeeding	71.3%	49.2%
Antenatal Steroids	98.5%	95.7%

Pharmacy (page 173)

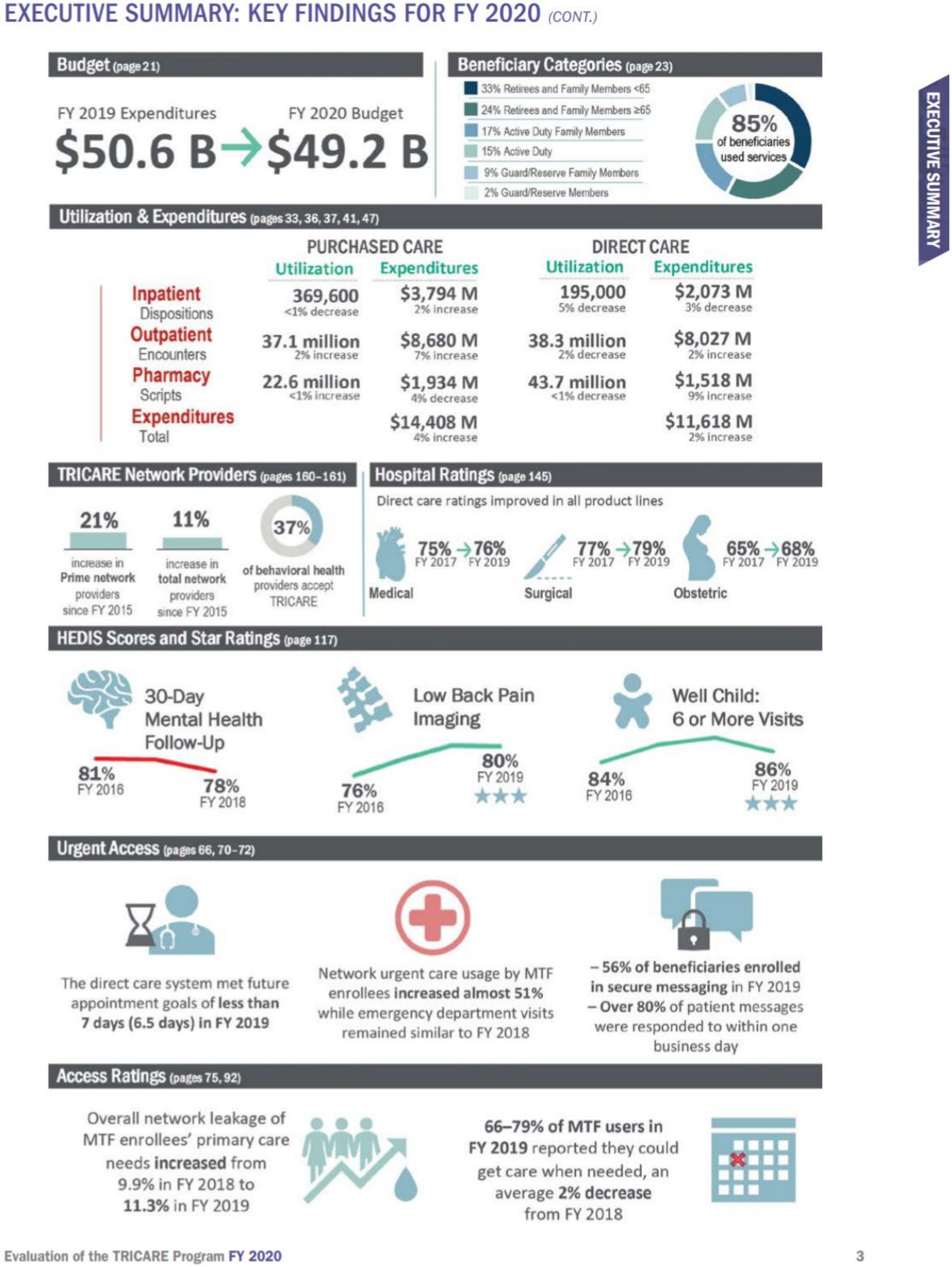
$861 million
Retail Pharmacy Refunds

Surgical Safety (page 98)

40% decrease in number of Wrong-Site Surgery Reportable Events

Hospital Ratings (page 147)

Direct care scores improved by 4.8 percentage points from FY 2016



EXECUTIVE SUMMARY: KEY FINDINGS FOR FY 2020 *(CONT.)*

Budget (page 21)

FY 2019 Expenditures → FY 2020 Budget

$50.6 B → $49.2 B

Beneficiary Categories (page 23)

- 33% Retirees and Family Members <65
- 24% Retirees and Family Members ≥65
- 17% Active Duty Family Members
- 15% Active Duty
- 9% Guard/Reserve Family Members
- 2% Guard/Reserve Members

85% of beneficiaries used services

Utilization & Expenditures (pages 33, 36, 37, 41, 47)

	PURCHASED CARE Utilization	PURCHASED CARE Expenditures	DIRECT CARE Utilization	DIRECT CARE Expenditures
Inpatient Dispositions	369,600 <1% decrease	$3,794 M 2% increase	195,000 5% decrease	$2,073 M 3% decrease
Outpatient Encounters	37.1 million 2% increase	$8,680 M 7% increase	38.3 million 2% decrease	$8,027 M 2% increase
Pharmacy Scripts	22.6 million <1% increase	$1,934 M 4% decrease	43.7 million <1% decrease	$1,518 M 9% increase
Expenditures Total		$14,408 M 4% increase		$11,618 M 2% increase

TRICARE Network Providers (pages 160–161)

- 21% increase in **Prime network** providers since FY 2015
- 11% increase in **total network** providers since FY 2015
- 37% **of behavioral health** providers accept TRICARE

Hospital Ratings (page 145)

Direct care ratings improved in all product lines

- Medical: 75% FY 2017 → 76% FY 2019
- Surgical: 77% FY 2017 → 79% FY 2019
- Obstetric: 65% FY 2017 → 68% FY 2019

HEDIS Scores and Star Ratings (page 117)

- 30-Day Mental Health Follow-Up: 81% FY 2016; 78% FY 2018
- Low Back Pain Imaging: 76% FY 2016; 80% FY 2019 ★★★
- Well Child: 6 or More Visits: 84% FY 2016; 86% FY 2019 ★★★

Urgent Access (pages 66, 70–72)

The direct care system met future appointment goals of **less than 7 days (6.5 days) in FY 2019**

Network urgent care usage by MTF enrollees **increased almost 51%** while emergency department visits remained similar to FY 2018

– **56% of beneficiaries enrolled in secure messaging** in FY 2019
– **Over 80%** of patient messages were responded to within one business day

Access Ratings (pages 75, 92)

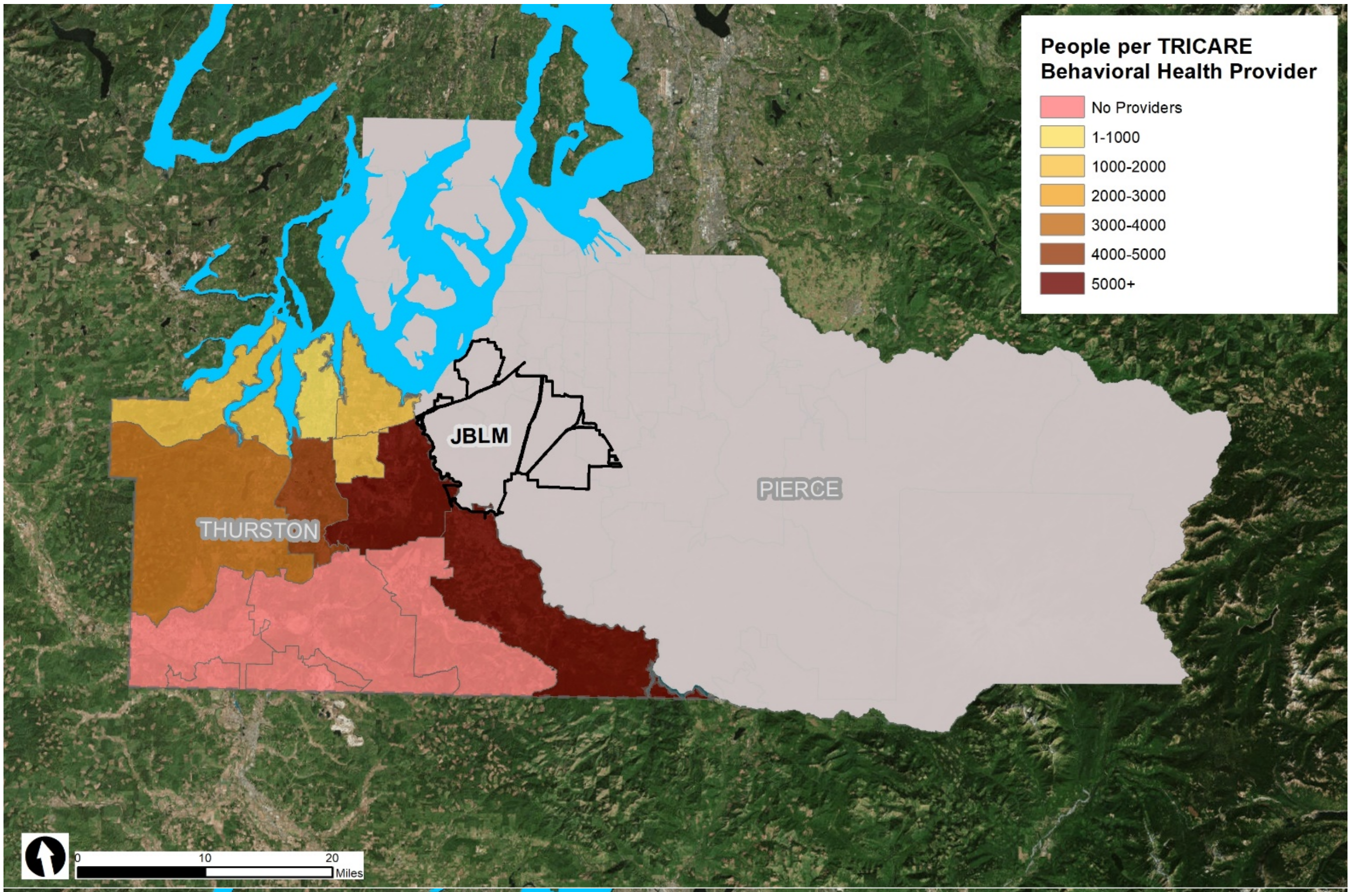
Overall network leakage of MTF enrollees' primary care needs **increased** from 9.9% in FY 2018 to **11.3%** in FY 2019

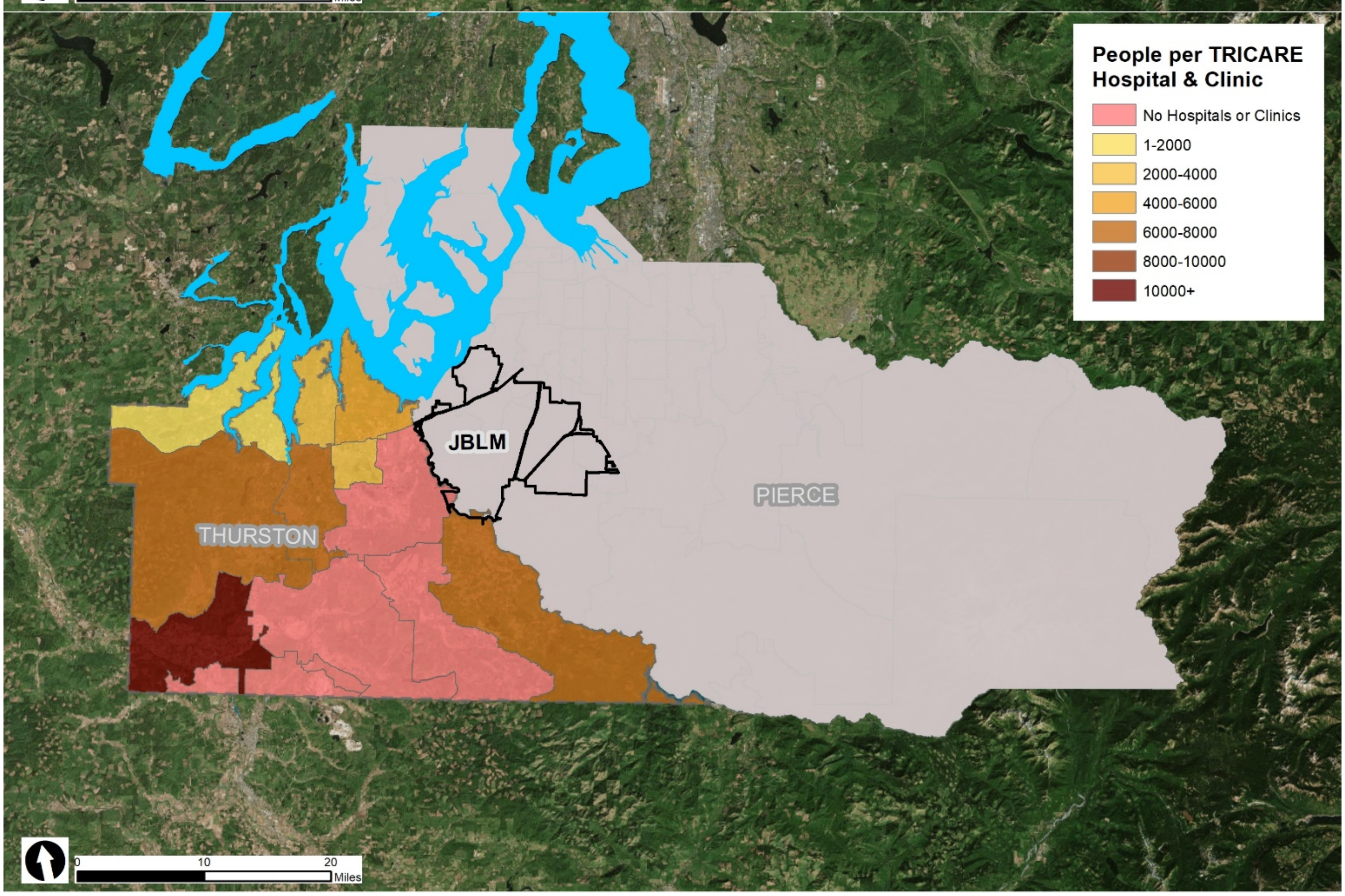
66–79% of MTF users in FY 2019 reported they could get care when needed, an average **2% decrease** from FY 2018

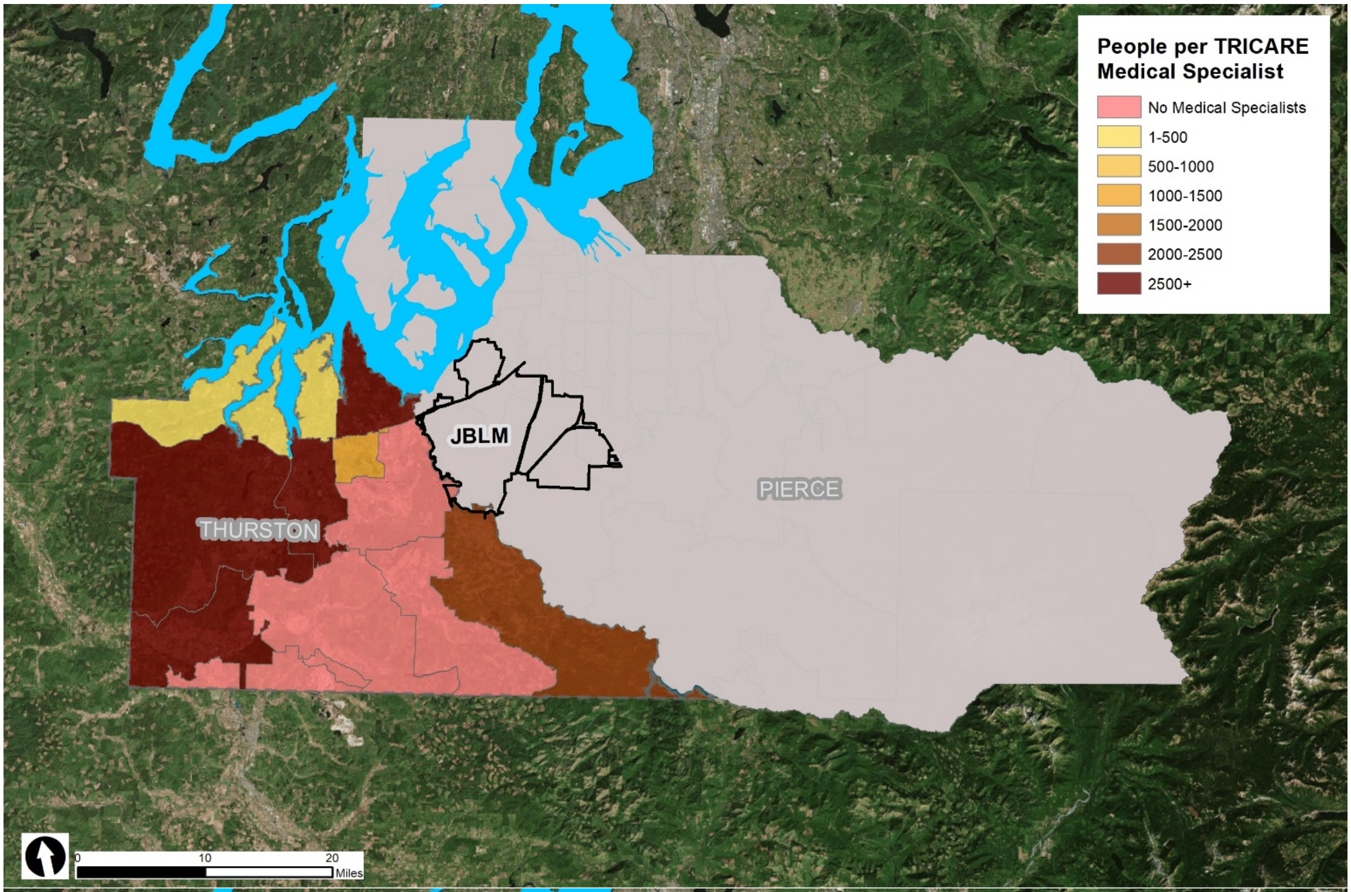
Evaluation of the TRICARE Program **FY 2020** 3

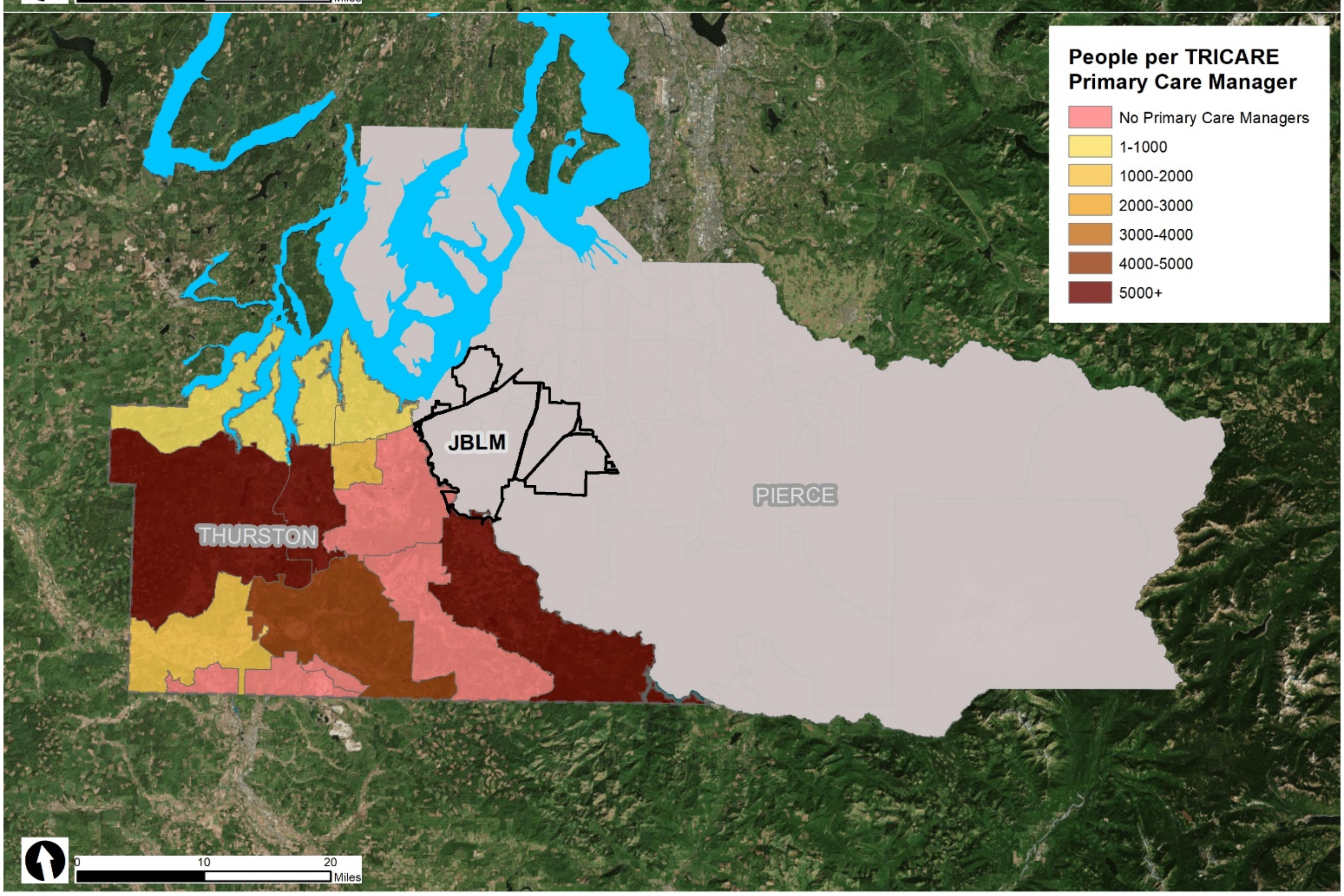
EXECUTIVE SUMMARY

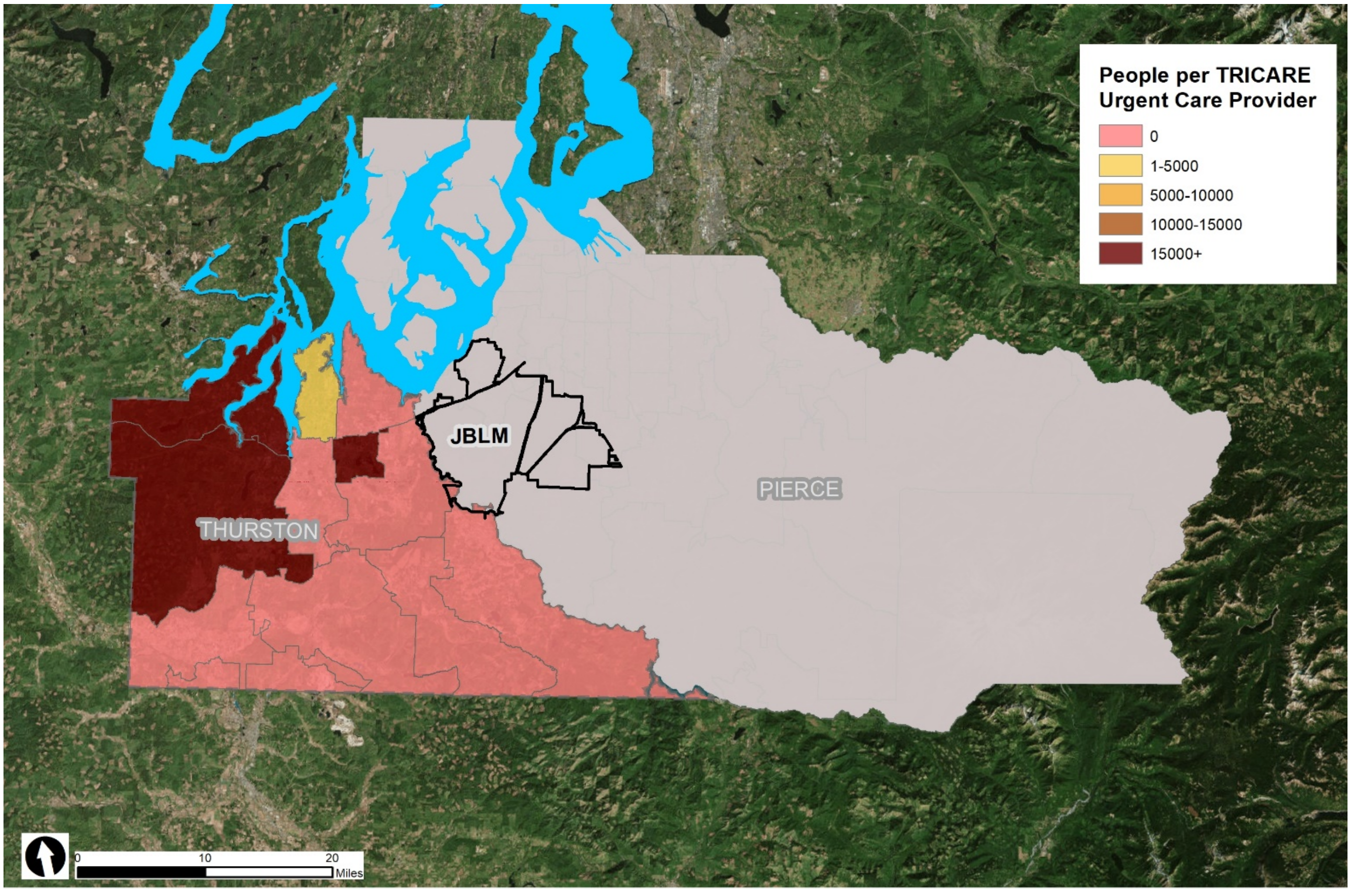
Appendix B: TRICARE Providers by Specialty in Thurston County


People per TRICARE Behavioral Health Provider
No Providers
1-1000
1000-2000
2000-3000
3000-4000
4000-5000
5000+
JBLM
PIERCE
THURSTON
0
10
20
Miles


People per TRICARE Hospital & Clinic
No Hospitals or Clinics
1-2000
2000-4000
4000-6000
6000-8000
8000-10000
10000+
JBLM
PIERCE
THURSTON
0
10
20
Miles


People per TRICARE Medical Specialist
No Medical Specialists
1-500
500-1000
1000-1500
1500-2000
2000-2500
2500+
JBLM
PIERCE
THURSTON
0
10
20
Miles


People per TRICARE Primary Care Manager
No Primary Care Managers
1-1000
1000-2000
2000-3000
3000-4000
4000-5000
5000+
JBLM
PIERCE
THURSTON
0
10
20
Miles


People per TRICARE Urgent Care Provider
0
1-5000
5000-10000
10000-15000
15000+
JBLM
THURSTON
PIERCE
0
10
20
Miles

Appendix C: Acronyms and Abbreviations

CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
FY	Fiscal Year
HCA	Health Care Authority
JBLM	Joint Base Lewis-McChord
MAMC	Madigan Army Medical Center
MTF	Military Treatment Facility
PCS	Permanent Change of Station
PHSS	Public Health and Social Services
RCW	Revised Code of Washington
TOHN	Thurston Oral Health Network
TPCHD	Tacoma-Pierce County Health Department
VA	Veterans Affairs
WDVA	Washington State Department of Veterans Affairs