Okanogan County Public Hospital District No. 3
(Mid-Valley Hospital)

2020

Community Health Needs Assessment

A Collaborative Approach to Impacting Population Health in
North Central Washington

Prepared by Action Health Partners, Chelan-Douglas Health District,
Confluence Health and Okanogan County Public Hospital District No. 3

Okanogan County Public Hospital District No. 3

Community Health Needs Assessment Report

November 2019

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2019 North Central Washington Community Health Needs Assessment

Executive Summary

Background

Every three years, a regional Community Health Needs Assessment (CHNA) is performed in North Central Washington in an effort to understand the health needs of the region and to provide direction for healthcare organizations, critical access and community hospitals, public health districts and community organizations to focus their efforts on improving the health and well-being of the community; working to make North Central Washington the best place to grow, learn, work and receive care.

There are many reasons for this assessment process. A CHNA is a federal requirement for not-for-profit hospitals under the Patient Protection Act and Affordable Care Act. It is an accreditation requirement for public health departments under the National Public Health Accreditation Program. It is also a community resource for organizations when writing grants or identifying issues for action in North Central Washington.

Community Definitions

The geographical area for this CHNA is the North Central region of Washington State. The region includes Chelan, Douglas, Grant and Okanogan counties. These four counties encompass approximately 12,000 square miles with a population of nearly 250,000 people living in rural communities of varying sizes spread throughout the region.[1] The population size and demographics varies from county to county. The highest density of population is in the greater Wenatchee area near the confluence of the Columbia and Wenatchee Rivers. Okanogan County includes part of the Confederated Tribes of the Colville Reservation home to over 4,000 Native Americans and Alaska Natives; 6,000 of which residing in North Central Washington. The region is also home to nearly 79,000 Hispanics or Latinos with the greatest proportion residing in Grant County.[2] Agriculture, including tree fruit, viticulture, grain harvest and vegetable production and processing, is the backbone of economic vitality throughout the region. Approximately 30,000 migrant workers are hired throughout North Central Washington and support the region's agricultural industry.[3]

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[1] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017
[2] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017
[3] USDA, National Agricultural Statistics Service, Census of Agriculture, 2017

Assessment Process and Methods

Information for the assessment was gathered through four data collection methods: health indicators; a community survey; focus groups; and other community assessments. Data was collected for over 100 health indicators used to identify trends and changes from the previous two CHNAs as well as to better inform the assessment process. A community survey, called the Community Voice Survey, was used to capture the voice of the community, regarding important health needs. It is the same survey used for the 2016 CHNA with the addition of one question. Focus groups were performed in each of the counties; resulting in an overview of strengths, weaknesses, opportunities and threats affecting health of the communities in the region. Finally, assessments completed by organizations or coalitions throughout the region over the past three years were gathered, reviewed and collated to help identify community health priorities and themes of needs. The data collection process has benefited from in-person input from over 85 people and survey data collected from 5,010 North Central Washington residents.

Summary of Prioritization Process

In August 2019, the CHNA co-authors came together and reviewed the data from the four data collection methods, which culminated in the identification of 10 potential health needs of the region. During the August 2019 CHNA Steering Committee meeting, members reviewed and confirmed the 10 potential health needs.

In September 2019, a diverse group of community stakeholders from across North Central Washington gathered together to review the 10 potential needs and prioritize the health needs for the region. Through a multi-voting technique, the group prioritized five health needs that will be the focus of the region.

Summary of Prioritized Needs

The prioritized health needs for the 2019 CHNA are:

- Access to Care (Behavioral and Physical Health)
- Affordable Housing
- Chronic Disease
- Education
- Substance Use

This CHNA report was adopted by the Okanogan County Public Hospital District No. 3 board on November 26th, 2019.

This report is widely available to the public at MVHealth.org and a paper copy is available upon request in admitting in the main lobby. Written comments on this report can be submitted to ATTN: Director of Marketing, PO Box 793, Omak, WA 98841 or by e-mail to marionm@mvhealth.org

Acknowledgements

The assessment process was led by Craig Sanderson, Confluence Health; Paige Bartholomew, Action Health Partners; Teresa Mata-Cervantes, Action Health Partners; and Veronica Farias, Chelan-Douglas Health District. This process benefited from contributions, input, review and approval of the 2019 CHNA Steering Committee who consisted of a variety of organizations from across the four-county region. This CHNA would not have been successful without the time, energy, effort and expertise provided by the Steering Committee.

2019 CHNA Steering Committee

Agustin Benegas	Lake Chelan Community Hospital
Alan Fisher	Okanogan County Public Hospital District No. 3 (Mid-Valley Hospital)
Angela Morris	North Central Regional Library
Bob Bugert	Chelan County Commissioner
Cathy Meuret	North Central Educational Service District
Carol Diede	Columbia Valley Community Health
Clarice Nelson	Action Health Partners
Cory Ferari-Zimmerman	Confluence Health
Courtney Ward	Amerigroup
Cynthia Vidano	Confluence Health
Deb Miller	Action Health Partners
Donny Guerrero	Molina Healthcare
Jamie Hilliard	Catholic Charities
John McReynolds	North Valley Hospital
Ken Sterner	Aging and Adult Care
Laina Mitchell	Grant County Health District
Lauri Jones	Okanogan County Health District
Loretta Stover	The Center for Drug and Alcohol Treatment
Melanie Neddo	Three Rivers Hospital
Melodie White	Family Health Centers
Mikaela Marion	Okanogan County Public Hospital District No. 3 (Mid-Valley Hospital)
Rosenda Henley	People for People
Tanya Gleason	North Central Accountable Community of Health
Terri Weiss	Upper Valley MEND
Tracey Kasnic	Confluence Health
Sheila Chilson	Moses Lake Community Health Center
Stephen Johnson	Confluence Health
Winnie Adams	Coordinated Care

The contributions of the following community stakeholders for their participation in the CHNA process would also like to be acknowledged:

Action Health Partners	Microsoft
Aging and Adult Care	Mid-Valley Hospital
Amerigroup	Molina Healthcare
Beacon Health Options	Moses Lake Community Health Center
Catholic Charities	North Central Accountable Community of Health
Cascade Medical Center	North Central Educational Service District
Cascade Unitarian Universalist Fellowship	North Central Regional Library
Central Washington Sleep Diagnostic Center	North Valley Hospital
Chelan-Douglas Community Action Council	New Hope
Chelan-Douglas Health District	Okanogan County Community Action Council
Chelan-Douglas Transportation Council	Okanogan County Transit
Chelan Senior Center	Okanogan County Public Health
Children's Home Society Washington	Okanogan Juvenile Detention
City of East Wenatchee	Parkview Medical Group
City of Wenatchee	Quincy Partnership for Youth
Columbia Basin Hospital	Room One
Columbia Valley Community Health	Samaritan Healthcare
Coordinated Care	SkillSource
Confluence Health	Tender Loving Care
Confluence Health Foundation	TOGETHER! For Youth
Grand Coulee Dam School District	Three Rivers Hospital
Grant County Health District	Upper Valley MEND
Grant Integrated Services	Wahluke Community Coalition
Lake Chelan Health & Wellness Foundation	Washington State University Extension
Lake Chelan Community Hospital	Wenatchee Valley Dispute Resolution Center
Mattawa Community Medical Clinic	Women's Resource Center
Mattawa Police	WorkSource

Introduction

Community Health Needs Assessment Background

This CHNA is an important step in a continuous assessment and improvement process in North Central Washington. An in-depth assessment of the health needs of the region is undertaken every three years. The assessment process is followed by a health improvement planning process based on the needs identified during the assessment.

This report will focus on the assessment process, describing the data collection methods, the data collected and the prioritization and selection of health needs that will be the focus of health improvement plans. It also includes the actions taken by Okanogan County Public Hospital District No. 3 since the 2016 CHNA.

This report will demonstrate the steps taken to meet the Patient Protection Act and Affordable Care Act requirements regarding such CHNAs, which include: (1) collect and take into account input from public health experts as well as community leaders and representatives of high need populations—this includes minority groups, low-income individuals, medically underserved populations and those with chronic conditions; (2) identify and prioritize community health needs; (3) document a separate CHNA for each individual hospital; and (4) make the CHNA report widely available to the public.

About Okanogan County Public Hospital District No. 3 (Mid-Valley Hospital)

Mission:
Redefining exceptional service through compassionate care to our neighbors
Vision:
To be the provider of choice in Okanogan County by delivering excellent patient centered care while maintaining financial accountability
About:
Mid Valley Hospital is a non-profit acute care, critical access, public hospital located in Omak, Washington, serving the people of Okanogan County and Colville Confederated Tribes Reservation. Okanogan County Public Hospital District #3 is a licensed 44-bed (25 set-up beds, 10 bassinets, 5 swing beds) Critical Access Hospital (CAH) in Omak, Washington. The District, alongside Mid-Valley Clinic, (RHC) provides acute care and clinical services to patients in Omak and surrounding areas. The services include emergency services, hospital inpatient and outpatient general surgery, obstetrics, gynecology, radiology, rehabilitation, primary care, orthopedic surgery, and the related ancillary procedures (lab, anesthesia, x-ray, therapy, etc.) associated with those services.

Mid Valley Hospital was built and opened in 1963. The facility was first expanded in 1974 and again in 1977. From 1997 through 2002 several areas were added or renovated including patient rooms, surgery suites, Pharmacy Department, Birthing Center, Imaging Center, Physical Therapy Department, and Health Information Management.

In 2003 the District purchased Mid Valley Medical Group (now known as Mid Valley Clinic), a rural health clinic offering primary care services, Orthopedic Clinic Services, OBGYN, and General Surgery. Additional services include Certified Wound Care and Osteoporosis screenings.

In 2010, the Emergency Department was expanded featuring a designated triage room, six patient care rooms and two designated trauma rooms. As a Level IV Designated Trauma Center we are better able to provide the community with the highest quality trauma care. The Laboratory and Respiratory Therapy Departments were also remodeled in 2010.

In 2016, the MRI wing was constructed featuring a state-of-the-art Titan Toshiba Large Bore MRI scanner accommodating persons up to 450 pounds. It is the shortest and quietest magnet available in the industry offering comfort to those with claustrophobia. Additionally, it is the only in-house MRI service in the County offering high quality services each weekday to the community.

During the 2018 calendar year there were 907 inpatient admissions representing 2,188 patient days. This is a decrease of 141 admissions and a decrease of 335 patient days from 2017. The average length of stay for inpatient admissions was 2.41 days, up slightly from 2.40 days in 2017. There was 1 swing bed admission accounting for 49 Swing Bed Days. There was an increase in observations for the year at 462, up 106 patients from the prior year. This is due in large part from outpatient orthopedic surgeries such as total knee replacements.

There were 7,969 Emergency Department visits, down 132 visits from 2017. Admissions from the Emergency Department to inpatient, same-day-surgery, or observation totaled 855, an increase of 33 admissions over the prior year. In March 2018 Mid Valley contracted with ERx Group, an emergency medicine staffing agency that provides independent contractor physicians. Emergency services continue to be offered 24 hours a day, seven days per week. Mid Valley employs a Chief Medical Officer who oversees the hospitalist program and acts as the site director for ERx. The hospitalist program is staffed by Physician Assistants by employment contract directly with Mid Valley.

Overall outpatient services have increased 9.7% from the previous year throughout the reporting period with a total of 30,368 clinical outpatient visits. Radiology visits decreased 3.44% by 522 visits and Lab service increased 5.81% to 73,713. Therapy services visits increased significantly by 67% with an increase of 2,928 visits over the prior year.

Figure 1.

Community Profile

Definition of Community

The North Central region of Washington State includes Chelan, Douglas, Grant and Okanogan counties. These four counties include approximately 12,686.08 square miles of total land area in the north central part of the state.[4]
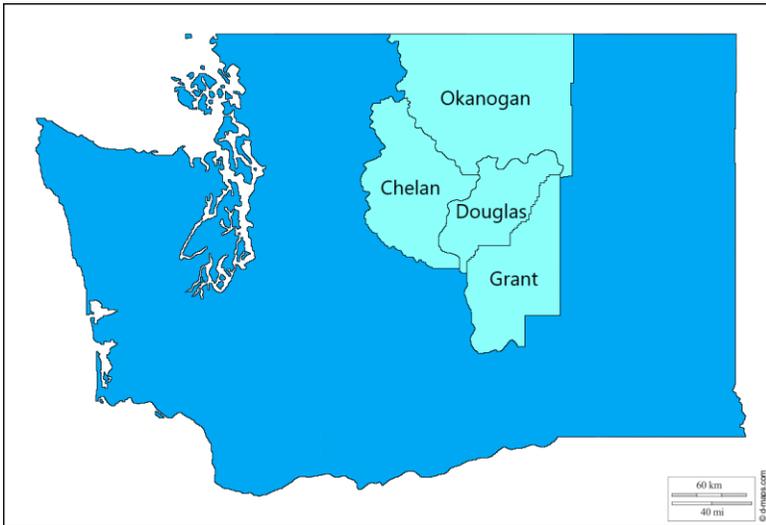
The population size of each of the four counties has increased and is estimated to be 250,520 for the region.[5] The greatest proportion of the population resides in Chelan and Douglas Counties, which includes the greater Wenatchee area. Moses Lake in Grant County follows in size of population. In addition to those two cities, there are other rural cities and towns of varying sizes scattered throughout the region. The population density for the region, estimated at 19.75 persons per square mile, is less than the state (107.9 persons per square mile) and national (90.88 persons per square mile) average population densities.[6]

Figure 2.

Total Population, 2013-2017

Figure 3.

Percent Change in Total Population, 2010-2019

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[4] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017
[5] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017
[6] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

The population demographics varies from county to county. The population of the region is predominantly White/Caucasian. Okanogan County includes part of the Confederated Tribes of the Colville Reservation home to nearly 4,063 Native Americans and Alaska Natives; 6,286 of which residing in North Central Washington.[7] The region is also home to approximately 79,267 Hispanics or Latinos with the greatest proportion residing in Grant County.[8] According to the 2017 Census of Agriculture, over 30,000 migrant workers were hired throughout North Central Washington.[9] In regard to age, the region has a higher percentage of the 1-14 and 65+ (years of age) populations compared to the state.

Percent Population by Race, 2013-2017
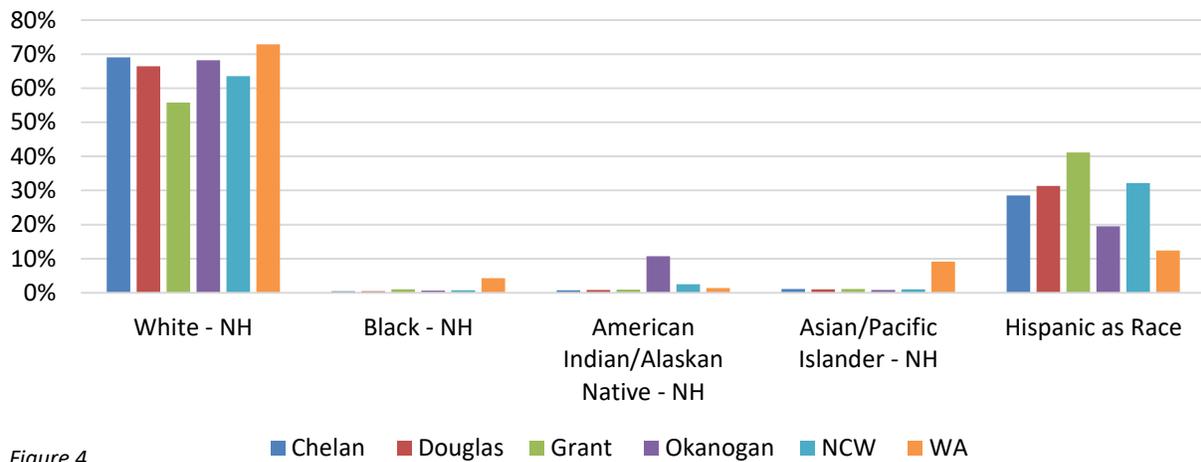
Figure 4.

Legend: Chelan, Douglas, Grant, Okanogan, NCW, WA

Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

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[7] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

[8] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

[9] USDA, National Agricultural Statistics Service, Census of Agriculture, 2017

## Percent Population by Age, 2013-2017
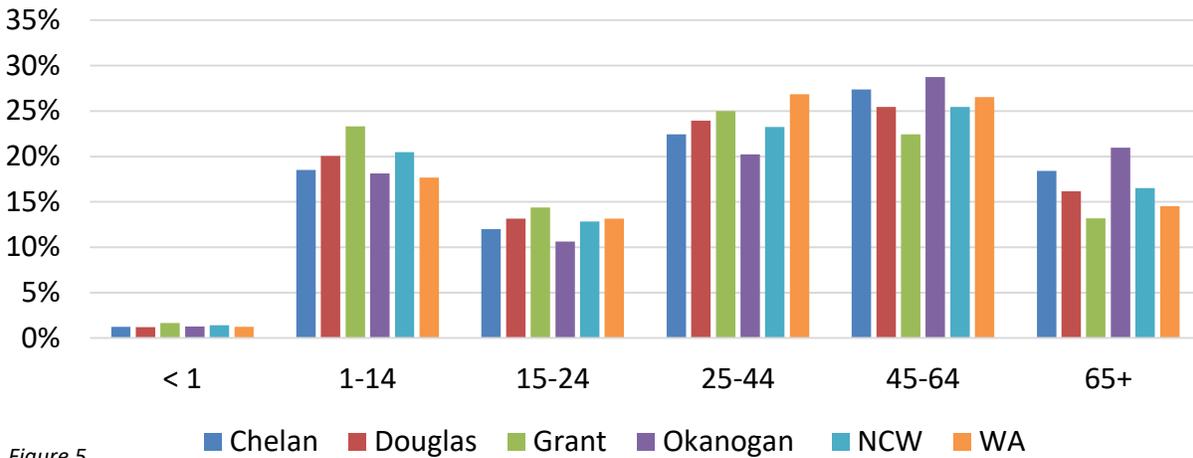
Figure 5.

Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

The region also struggles with poverty, educational attainment and employment opportunities. There has been a decrease in the percentage of those in poverty in the region since the 2016 CHNA (17.8%[10] to 15.6%[11]). Although the regional poverty rate is still higher than the state average of 12.2% and the national average of 14.6%.[12] The Hispanic and female populations have a higher percentage of the population below 100% of the Federal Poverty Level than the non-Hispanic and male populations as illustrated in the figure below.

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[10] 2016 Community Health Needs Assessment from the U.S. Census Bureau, American Community Survey, 2010-2014

[11] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

[12] University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

Population Below 100% of the Federal Poverty Level
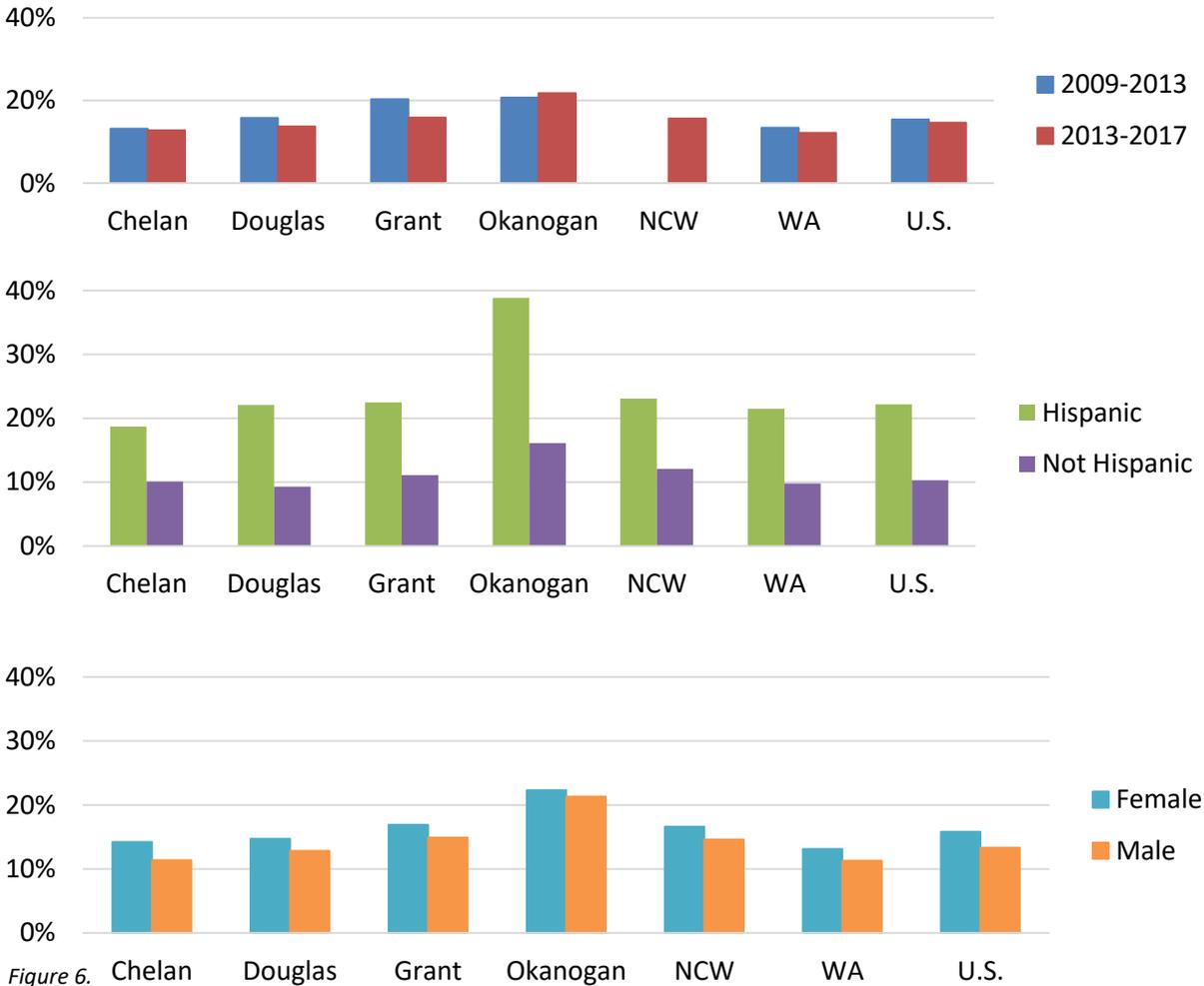
Figure 6.

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2013-2017

The rate of those with no high school diploma fluctuates by county, however, the regional average remains much higher than the state and national averages. Of significance, is the notable disparity between the Hispanic population and the non-Hispanic population as noted above in the figure of "Population Below 100% of the Federal Poverty Level." The figure below illustrates the high school diploma rates by county, region, statewide, and nationally. Unemployment rates have decreased over the past 10 years. As a region, North Central Washington continues to have a higher unemployment rate compared to Washington State and nationally.

## Percent of Population with No High School Diploma, 2013-2017
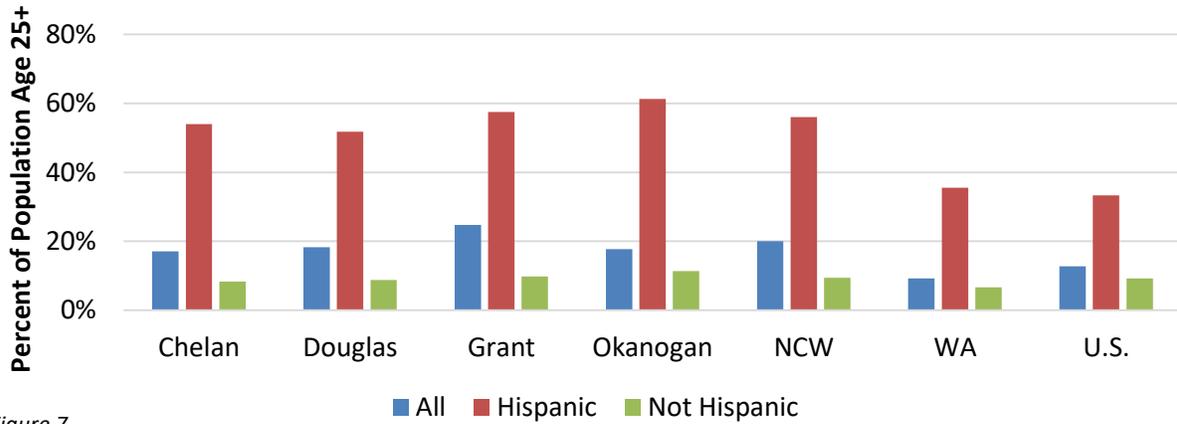
Figure 7.

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Unemployment Rate, 2008-2017
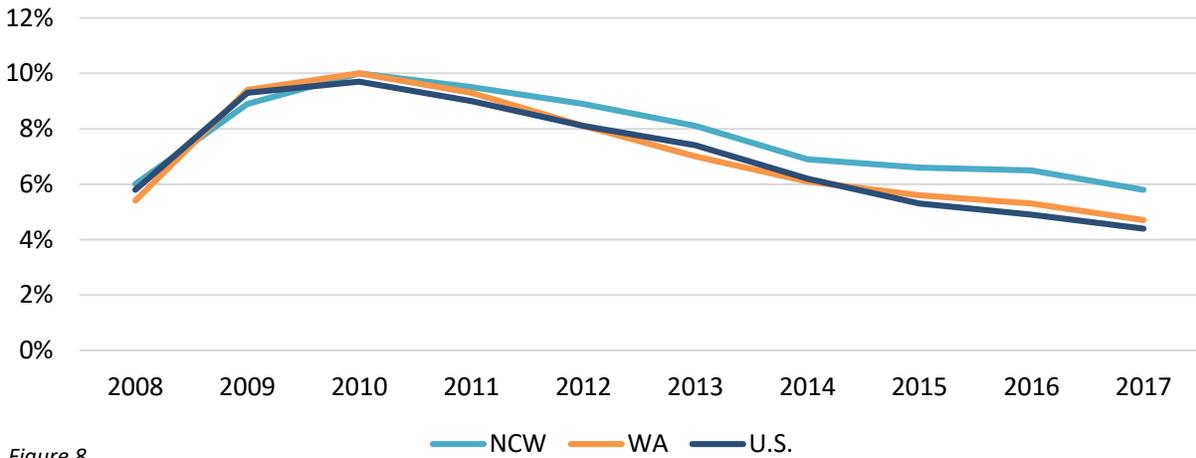
Figure 8.

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2008-2017

Data Collection Process and Methods

Data used and analyzed for this report comes from multiple sources and consists of primary and secondary data as well as quantitative and qualitative data. Similar to 2016, the 2019 CHNA data collection process consisted of health indicators, a community survey, focus groups and a review of other community assessments. This process started in February 2019 and ended in August 2019.

Health Indicators

In 2013, when the first regional CHNA was performed, a set of data indicators were selected to inform the assessment. These indicators were used again in the 2016 CHNA to show trends in health issues and changes in health outcomes. For the 2019 CHNA, the Steering Committee decided to use the same indicators and added a few indicators to better inform the assessment. Data was collected for over 100 indicators. Indicators were taken from the following sources. A complete summary of the data sets and indicators used in this assessment are included in Appendix A.

Source/Dataset	Description
American Community Survey	The American Community Survey is an ongoing survey that provides vital information on a yearly basis housed by the United States Census Bureau. It provides county-level data for various topics from demographics to housing.
Behavioral Health Treatment Services Locator	The Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States for substance use/addiction and/or mental health problems. It is housed by the Substance Abuse and Mental Health Service Administration or SAMHSA.
CARES Engagement Network	The Center for Applied Research and Engagement Systems (CARES) is a technology organization housed in Extension at the University of Missouri. The CARES Engagement Network hosts the Community Health Needs Assessment reporting tool used in this CHNA report. It houses 80 plus health-related indicators from data sources like Centers for Medicare and Medicaid Services and the American Community Survey.
Census of Agriculture	The Census of Agriculture is a summary of agriculture activity for the United States and for each state that is conducted every 5 years. It is overseen by the National Agricultural Statistics Services housed by the United States Department of Agriculture.
Community Health Assessment Tool (CHAT)	The Community Health Assessment Tool is an online query system for population health-based data sets ranging from pregnancy to communicable disease, to Behavioral Risk Factor Surveillance System data. It is maintained by the Washington State Department of Health.
Comprehensive Hospital Abstract Reporting System (CHARS)	The Comprehensive Hospital Abstract Reporting System is a Washington State Department of Health system which collects record level information on inpatient and observation patient community hospital stays.

County Health Rankings and Roadmaps	County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Health factors for each county in the United States is assessed, ranked, and updated annual.
Centers for Disease Control and Prevention (CDC)	The Centers for Disease Control and Prevention houses data and statistics as well as tools around various public health topics. Below are the data tools used for this report: • Interactive Atlas of Heart Disease and Stroke • National Center for Health Statistics, CDC Wonder • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention • National Environmental Public Health Tracking Network
Food Environment Atlas	The Food Environment Atlas includes food choices and community characteristics influencing the food environment. It is overseen by the Economic Research Service housed by the United States Department of Agriculture.
Homeless Education Student Data	The Washington State Office of Superintendent of Public Instruction collects data each year on homeless children and youth enrolled and served by districts in Washington State.
Washington State Department of Commerce Annual Point-in-Time Count	The Homeless Housing and Assistance Act requires that each county in Washington conduct an annual point-in-time count of sheltered and unsheltered homeless persons. The Department of Commerce provides survey forms for counties and agencies to use for their counts and houses results.
Washington State Healthy Youth Survey	The Washington State Healthy Youth Survey is a collaboration between the Health Care Authority – Division of Behavioral Health and Recovery, the Department of Health, the Office of Superintendent of Public Instruction, the Liquor and Cannabis Board and the contractor, Looking Glass Analytics. The survey is an effort to measure health risk behaviors like alcohol and drug use, diet, physical activity, and mental health of youth grades 6, 8, 10, and 12. It is conducted every other year on the even ending years.
Washington State Medicaid Explorer	The Washington State Medicaid Explorer is housed in the Analytics Research and Measurement (ARM) Dashboard Suite from Washington State Health Care Authority. It contains information to address questions about health services utilization by Washington State Medicaid enrollees.
Washington State Office of Financial Management	Washington State Office of Financial Management houses the state's official population figures. Population figures for Washington counties, cities, and towns have been prepared on an annual basis for more than five decades.
Washington Tracking Network	The Washington Tracking Network with support from the CDC's National Environmental Public Health Tracking Network provides environmental and public health data for Washington State. It is maintained by Washington State Department of Health.
United for ALICE	ALICE is an acronym for asset limited, income constrained, employment. It is a way of defining and understanding the struggles of households

	that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. It was started and is managed by United Way of Northern New Jersey.
University of Washington RUNSTAD Department of Real Estate	The University of Washington RUNSTAD Department of Real Estate houses archived reports of the Washington State Housing Market.

Community Voice Survey

The Community Voice Survey from the 2016 CHNA was used again in the 2019 CHNA with the addition of one question. A question about health insurance was added to better inform the demographics; tracking responses of high needs individuals. The survey consisted of 15 questions and was open for three months (February 14 to May 9, 2019).

The survey was offered in English and Spanish. It was administered using SurveyMonkey (an online survey tool). Paper copies were provided at various organizations throughout the region. Direct survey outreach also occurred at some of the regional food banks. 5,010 North Central Washington residents filled out the survey, representing a variety of sectors; 33% identifying as community members.

The survey captured the opinions of the health of the community, the factors to improve health, the greatest risks to health and the behaviors in the community that positively or negatively affect health. Below are several of the key questions and the top responses to the questions as a region and by county. For a complete summary of the survey questions and responses, see Appendix B.

Question 4: In the following list, what do you think are the three most important factors that will improve the quality of life in your community?

North Central Washington	Chelan County	Douglas County	Grant County	Okanogan County
1. Affordable housing (N=2,557)	1. Affordable housing (N=1,311)	1. Affordable housing (N=589)	1. Low crime/safe neighborhoods (N=384)	1. Good jobs (N=387)
2. Good jobs (N=1,859)	2. Good jobs (N=774)	2. Good jobs (N=374)	2. Good jobs (N=324)	2. Affordable housing (N=368)
3. Low crime/safe neighborhoods (N=1,526)	3. Low crime/safe neighborhoods (N=625)	3. Low crime/safe neighborhoods (N=344)	3. Affordable housing (N=289)	3. Improved access to healthcare (N=282)

Question 5: In the following list, what do you think are the three most important "health problems" that impact your community?

North Central Washington	Chelan County	Douglas County	Grant County	Okanogan County
1. Mental health problems (N=2,033)	1. Overweight/ obesity (N=916)	1. Mental health problems (N=463)	1. Overweight/ obesity (N=376)	1. Opioids (N=312)
2. Overweight/ obesity (N=1,992)	2. Mental health problems (N=899)	2. Overweight/ obesity (N=447)	2. Mental health problems (N=361)	2. Mental health problems (N=310)
3. Opioids (N=1,624)	3. Opioids (N=680)	3. Opioids (N=343)	3. Opioids (N=289)	3. Access to healthcare (N=283)

Question 6: In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?

North Central Washington	Chelan County	Douglas County	Grant County	Okanogan County
1. Drug abuse (N=2,994)	1. Drug abuse (N=1,212)	1. Drug abuse (N=611)	1. Drug abuse (N=611)	1. Drug abuse (N=560)
2. Alcohol abuse (N=2,292)	2. Poor eating habits (N=942)	2. Alcohol abuse (N=452)	2. Alcohol abuse (N=388)	2. Alcohol abuse (N=548)
3. Poor eating habits (N=2,035)	3. Alcohol abuse (N=904)	3. Texting/cell phone use while driving (N=433)	3. Texting/cell phone use while driving (N=357)	3. Poor eating habits (N=317)

Focus Groups (SWOT Analysis)

During June and August 2019, six community focus groups were held throughout the North Central Washington region with at least one focus group in each county (i.e. Chelan-Douglas, Grant, and Okanogan). Each focus group was attended by community stakeholders from a variety of organizations and sectors (e.g. education, healthcare, social services). The focus groups utilized the SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis to identify the health-related strengths, weaknesses, opportunities and threats. Each SWOT question was led by a facilitator who guided discussion and recorded answers shared by participants.

Strengths: What contributes positively to the health of this county?
Weaknesses: What does this county struggle with when it comes to health?
Opportunities: What could be done to improve the health of the county?
Threats: What is happening in this county that may cause future health problems?

While each county differs from the others, there were some common themes across the region.

Strengths

Access and availability of outdoor recreation – Each county mentioned outdoor recreation as a strength. The focus groups cited access, availability and ample opportunity to participate in outdoor activities spanning over the four seasons. Activities can range from skiing, biking and hiking. Participants also mentioned the benefits of having a clean environment, favorable climate, and number of sunny days for outdoor recreation. Also cited was access to local parks and trails.

Community resources and relationships – Each county mentioned community resources and relationships as a regional strength. The availability of community resources ranged from community and social service agencies to community hospitals. One county cited their "close-knit community" as a strength. Having a safe, supportive and involved community was also mentioned.

Willingness to collaborate – Each county mentioned a willingness to collaborate as a regional strength. The focus groups cited collaboration, communication and formation of partnerships with others.

Weaknesses

Access to behavioral health – Access to behavioral health was mentioned as a weakness in two of the counties. The focus groups mentioned the long period of time it takes to schedule an appointment. As well as the lack of access for children when school is no longer in session as barriers to access behavioral health. Lack of providers, lack of choice and insurance issues were also mentioned. Insufficient access to behavioral health providers and specialists is a challenge throughout the region.

Lack of affordable housing – Each county mentioned housing as a regional weakness. Focus groups cited that housing is expensive and hard to find due to limited adequate and affordable housing.

Limited education and literacy – Each county mentioned limited education and literacy as a weakness. One county mentioned the lack of sexual health education as a weakness. Another county mentioned the lack of cultural competency education for professionals, which can be a barrier to care. Limited reading and writing levels were mentioned as well as the importance of prevention education and health literacy.

Transportation – Each county mentioned transportation as a regional weakness. Living in a rural region, transportation is a barrier to health. Transportation is a barrier to get to medical appointments and sometimes emergent medical needs as well as to get to and from resources.

The focus groups cited cross-county transportation, transportation to different cities and towns that have higher poverty rates and not enough local transportation. Transportation to specialists, driving long distances for services and the ability to access care in a timely manner were also mentioned as regional weaknesses.

Opportunities

Affordable housing – Two counties mentioned affordable housing as a regional opportunity. The focus groups cited the need for more affordable housing for families, transient housing and strategic planning for present and future housing needs. Access to affordable housing to help attract more providers and workers was mentioned as a regional opportunity.

Improved access – Two counties mentioned improved access as a regional opportunity, such as access to healthcare and access to transportation. The focus groups cited access to primary and dental providers, as well as behavioral health providers and specialists as opportunities. Improved access to transportation (including public transportation) for employment, education, healthcare and food were also mentioned.

Increase community collaboration and partnerships – Two counties mentioned increased community collaboration and partnerships as an opportunity. One county mentioned the Coalitions for Health Improvement (CHIs) as a step in the right direction for collaboration. More information sharing across sectors, cities and counties, more community-clinical collaboration and collaboration with other organizations to make connections with services were all mentioned. The focus groups also cited sharing successes and replicating or expanding what is going well as a regional opportunity.

Threats

Environmental changes – Each county mentioned environmental changes as a regional threat. The focus groups cited wildfire smoke and poor air quality as a threat as it limits the time people can spend outside. Droughts, fires and floods were all also mentioned as they are environmental concerns that affect the region's health.

Shortage of professionals – Two counties mentioned shortage of professionals as a regional threat. Professionals include employees, healthcare workers and medical providers. The focus groups cited the healthcare workers, providers of obstetrics, primary care, mental health, specialty care and in-home care provider shortages. Loss of talent in schools and healthcare, difficulty retaining employees locally and lack of providers or inability to keep them long term were also mentioned as regional threats.

Substance use – Two counties mentioned substance use and abuse as a regional threat. The focus groups cited increases in alcohol and drug addiction. Vaping, over prescribing of opioids and the opioid epidemic were also all mentioned as regional threats.

Other Community Assessments

Many organizations conduct assessments for various reasons (e.g. grant requirements, community development). Similar to the 2016 CHNA, other community assessments from over the past 3 years (publish between January 2017 to July 2019) were gathered, reviewed, and collated. Fourteen community assessments were reviewed for the 2019 CHNA. When summarizing the results, there were two different categories: health priorities and themes of needs. Priorities were defined as focused and feasible; most assessments explicitly called them out as priorities. Needs were defined as something that is lacking, difficult or an opportunity for growth. Below is an overview of the results found in the review of the assessments. For a complete summary of each assessment that was reviewed, see Appendix C.

Top Health Priorities

Behavioral/mental health – Four different organizations identified the need for behavioral/mental health care access. One assessment cited an increase in county residents reporting poor mental health. Mental health services were a high priority community resource among low-income individuals in a survey conducted by one organization. Shortage of mental health providers and specialists was cited as a barrier to access. Access for children and adolescents, low-income individuals and Medicaid recipients were populations specifically called out. Increases in suicide rates, limited addiction services, increases in substance use and high rates of adverse childhood experiences were also cited as contributing factors.

Other health priorities mentioned a few times in the community assessments included: care coordination/coordinated care; employment; health care; and healthy living.

Top Themes of Needs

Behavioral/mental health – Six different organizations identified the need for behavioral/mental health access and increased knowledge of resources. One assessment cited an increase in adolescent suicides as well as self-reported poor mental health. Access to behavioral health (including substance use disorder) services were cited as a barrier to health in a regional survey. Through a focus group, an organization identified greater behavioral health resource awareness was needed. In a survey of county stakeholders, mental health is a difficult service to meet. Shortage of mental health providers and therapists leads to a lack of access for children and adolescents and Medicaid recipients.

Transportation – Six different organizations identified the need for transportation. In a regional survey, transportation was identified as a regional challenge and a top barrier to health. Another multi-county survey identified transportation as a social determinant affecting health. One survey asking about the difficulties of public transportation found transit schedules, access to transit, limited to no services in rural areas, medical transportation, cost of transit, transit amenities and safety and vehicle design to be barriers for regional respondents. The same

survey also asked about active transportation difficulties and found safety and comfort, walking and bicycling distance, safe infrastructure and parking issues as barrier to be addressed.

Collaboration – Three different organizations identified the need for increased collaboration across counties and sectors. Partnering with community stakeholders and community leaders was identified as an opportunity for organization growth as well as community collaboration and forums.

Housing – Three different organizations identified the need of housing. In a survey, housing was identified as a social determinant affecting health in multiple counties in the region. A county-wide survey identified housing as a top barrier and greatest challenge facing the community. One assessment found the lack of housing availability and affordability, inadequate supply of reasonably priced homes, inadequate supply of homes, inadequate supply of rental units and poor quality of available rental units as challenges.

Other themes of needs mentioned a few times in the community assessments included: specialty care, poverty and income barriers, workforce training, substance abuse, use screening, and treatment and access to care.

Identification and Prioritization of Community Health Needs

The data collection process culminated in the identification of 10 potential health needs of the region. These 10 potential needs were selected because they met three or more of the following criteria:
- The issue affects the greatest number of residents in the region, either directly or indirectly.
- The condition or outcome is unambiguously below its desired state, by comparison to a benchmark or its own trend.
- There is a large disparity between racial or geographically different population groups.
- The issue is predictive of other poor health outcomes.
- The issue appears to impact several aspects of community life.
- There is some opportunity to change the issue or condition by stakeholders at the regional level.

The 10 potential needs included:

Access to Behavioral Health	Education
Access to Care	Employment
Affordable Housing	Substance Use
Chronic Disease	Teen Pregnancy
Diet/Nutrition	Transportation

In September 2019, a group of 28 diverse stakeholders representing 21 different organizations from across the region gathered to prioritize the health need for the region at the Regional Report-Out and

Consensus Workshop. The objects of the Workshop included sharing the 2019 CHNA process and 10 potential needs, voting on the top needs for the region and discussing how to address the need.

To prepare participants for prioritization voting, workshop facilitators presented the data gathered around each potential need. After each need was presented, participants discussed the need in small groups, which consisted of 5 to 6 people. There were posters around the room with summarized information about each potential need. The posters for the five prioritized needs are on the pages to follow and the remainder can be found in Appendix D.

A multi-voting technique was used to vote. Each agency was given seven stickers: three red; three yellow; and one green sticker. The stickers were used to cast votes according to the following criteria:

Impact – The need(s) that have the greatest impact on our community
Do ability – The need(s) that are the most feasible to address
Agency preference – The need you would like to see as a priority focus area

The prioritization process resulted in the highest number of votes for Chronic Disease with 21 votes; followed by Access to Behavioral Health, Education, and Substance Use with 20 votes; and then Access to Care and Affordable Housing, both with 18 votes.

Due to the close voting and desire for five prioritized needs as opposed to six, the group decided to combine access to behavioral health and access to care to be "Access to Care (Behavioral and Physical Health)." This combination made sense for multiple reasons. Over the past few years, Washington State has been working on the integration of behavioral and physical health. The majority of access barriers are the same (e.g. insufficient number of providers and insurance issues). Lastly, the North Central Washington Accountable Community of Health (NCACH) selected the Medicaid Transformation project of bi-directional integration of primary and behavioral health care through their Whole Person Care Collaborative. The nine Accountable Communities of Health in Washington State are a part of the Medicaid Transformation which is a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS) to support projects benefiting Medicaid clients.[13]

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[13] Washington Health Care Authority, Medicaid Transformation, 2019

2019 CHNA Prioritized Health Needs
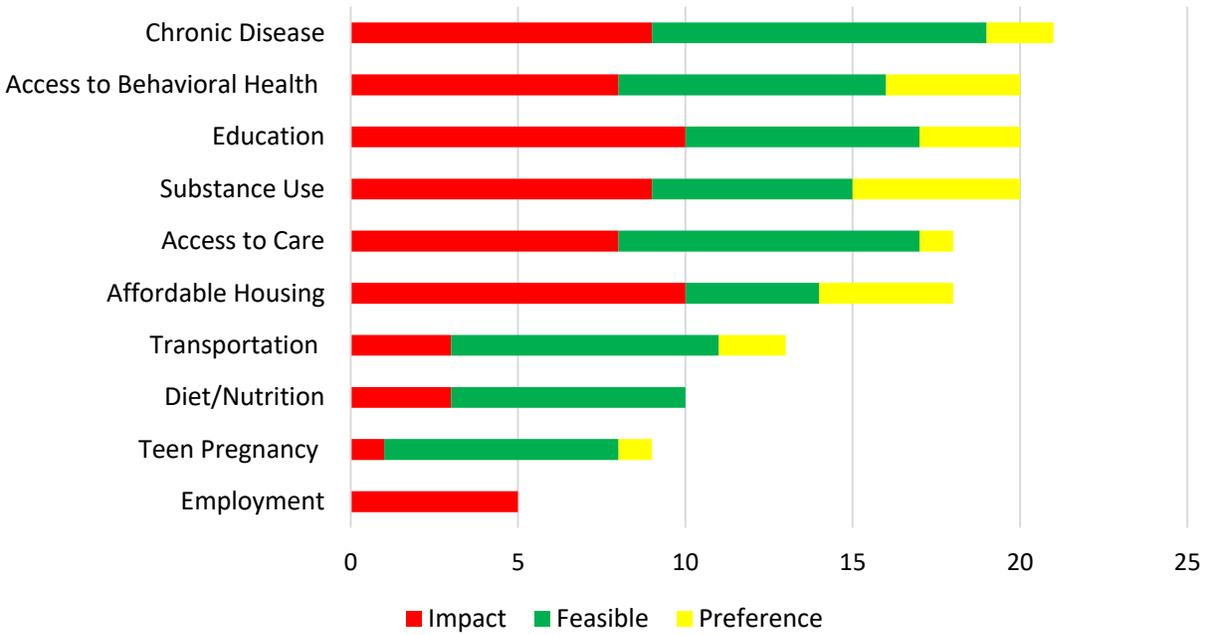
The posters for the five prioritized needs are included in the following pages. The information on the posters include the data from the health indicators, Community Voice Survey results, top themes from the focus groups and the top health priorities and themes of needs from other community assessments. Access to Behavioral Health and Access to Care each have their own poster as they were the posters used at the Regional Report-Out and Consensus Workshop.

Access to Behavioral Health

Access to mental health was chosen as one of the four community health needs in the **2013** and **2016 CHNA**.

"Mental health problems" was identified as the **#1** most important health problem that impacts the community in the 2019 Community Voice Survey.

- **40.58%** (N=2,033) of respondents identified mental health problems as a top health problem
- **13.58%** (N=678) of respondents were not sure where to go for help if they or someone had a mental health problem

Access to behavioral health was identified as a **weakness** in the focus groups. Improved access to behavioral health was identified as an **opportunity** in the focus groups.

Behavioral health was a **top priority** and **top need** identified in several other assessments performed in the region over the past three years.

Barriers to accessing behavioral health can be broken down into the following subgroups:

- Insufficient number of providers
- Lack of awareness of and how to access behavioral health resources

> "There is a shortage of mental health care professionals in this community with waits to almost 2 months to schedule an appointment; this is clearly unacceptable." – CVS 2019

> "I believe mental health is also an issue. Your previous question asked where to go if you have anxiety or depression. I have no idea where anyone would go for this condition. Hopefully more information can be decimated to the public on places to go." – CVS 2019

> "Low paying positions in the behavioral health field result in high turnover and difficulty attracting effective professionals." – CVS 2019

Mental Health Care Provider Rate, 2017 [1]

Chelan: 325.3
(red bar): 54.8
Grant: 203.9
(purple bar): 285.1
NCW: 229.1
(orange bar): 322.6
U.S.: 202.8

Provider Rate per 100,000 Population
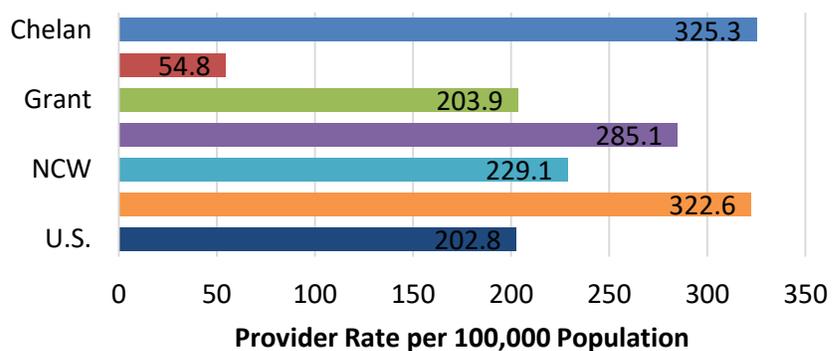
Number of Mental Health Providers, 2018 [2]	
Chelan	249
Douglas	23
Grant	194
Okanogan	119

(1) Source: CARES Engagement Network; Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017.
(2) County Health Rankings & Roadmaps, 2018.

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Access to Behavioral

Percent of 6th Grade Students Who Answered Yes to the Question "Have you ever seriously thought about killing yourself?" [2]

Chart showing percentages by location (Chelan, Douglas, Grant, Okanogan, NCW, WA) for years 2014, 2016, 2018, with y-axis 0% to 30%.

Legend: ■ 2014 ■ 2016 ■ 2018

Percent of NCW 8th Grade Student Responses to the Question "When you feel sad or hopeless, are there adults that you can turn to for help?" [1]

Chart showing percentages by response category (I never feel sad or hopeless, Yes, No, Not Sure) for years 2014, 2016, 2018, with y-axis 0% to 60%.

Legend: ■ 2014 ■ 2016 ■ 2018

Percent of NCW 8th, 10th, 12th Grade Students Who Answered Yes to the Question "During the past 12 months, did you ever seriously consider attempting suicide?" [3]

Chart showing percentages by grade (8th Graders, 10th Graders, 12th Graders) for years 2014, 2016, 2018, with y-axis 0% to 30%.

Legend: ■ 2014 ■ 2016 ■ 2018

"Need to acknowledge mental illness and need for treatment, aware of many times when someone goes to ER for suicidal actions/plans and are just sent away." – CVS 2019

"Mental health is lacking at all levels." – CVS 2019

"This community needs to come together. Not just as citizens, but clinics need to work TOGETHER … There is limited access to therapist, so the wait lists are outrageous. The schools need training on mental health, not just the counseling office-the entire staff. Come together as. Community to teach our population, youth and adults alike, about mental health …" – CVS 2019

"We are in desperate need for more mental health providers." – CVS 2019

(1) Data Source: Washington State Healthy Youth Survey, 2014-2018.
(2) Data Source: Washington State Healthy Youth Survey, 2014-2018.
(3) Data Source: Washington State Healthy Youth Survey, 2014-2018.
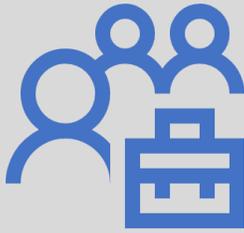
Access to Care

Access to care was chosen as one of the four community health needs in the **2013** and **2016 CHNA**.

Improved access to care was identified as an **opportunity** in the focus groups. Shortage of professionals, including medical providers and healthcare staff, was identified as a **threat** in the focus groups.

Barriers to accessing care can be broken down into the following subgroups:

- Distance to clinics and hospitals – traveling long distances to appointments and urgent or emergency medical needs
- High cost of healthcare
- Insurance challenges – high rate of those without insurance, and lack of providers (especially dentists) who accept Medicare/Medicaid
- Insufficient number of providers – primary care, dental, and specialists (e.g. dermatologists, fertility and pediatric specialists)

Percent of Adults Who Reported Being Unable to Obtain Medical Services Due to Costs, 2012-2016 [1]
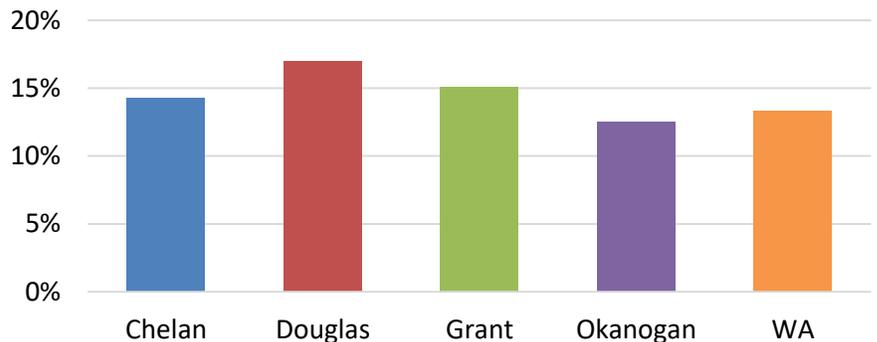
Percent of Population Uninsured, 2013-2017 [2]

■ All   ■ Hispanic   ■ Not Hispanic

"Access to medical services requires long distances of traveling creating significant barriers for many community members." – CVS 2019

"The cost of healthcare has become UNAFFORDABLE. So many people can't afford to be seen by a doctor and equally worse, can NOT afford any prescriptions needed to be well." – CVS 2019

"A lot of people do not go to the doctor because we do not have money to pay." – CVS 2019

(1) Data Source: Washington Tracking Network, Washington Department of Health. Web. Adults with Unmet Medical Needs. Data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) through the Community Health Assessment Tool (CHAT).
(2) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Access to Care

Primary Care Physician Rate, 2014 [1]

Bar chart showing Primary Care Physician, Rate per 100,000 Population:
- Chelan: ~120
- Douglas: ~32
- Grant: ~48
- Okanogan: ~92
- NCW: ~74
- WA: ~92
- U.S.: ~88
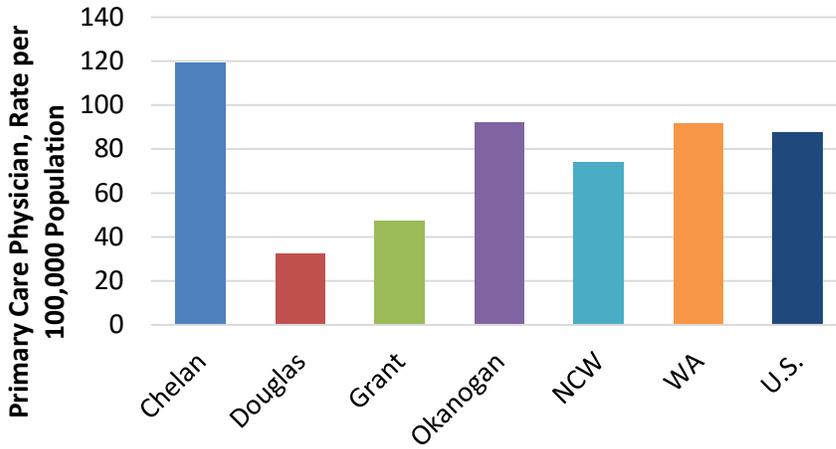
Percent of Adults Who Report Having a Personal Health Care Provider, 2012-2016 [2]

Bar chart showing percentages:
- Chelan: 74%
- Douglas: 78%
- Grant: 73%
- Okanogan: 70%
- WA: 74%
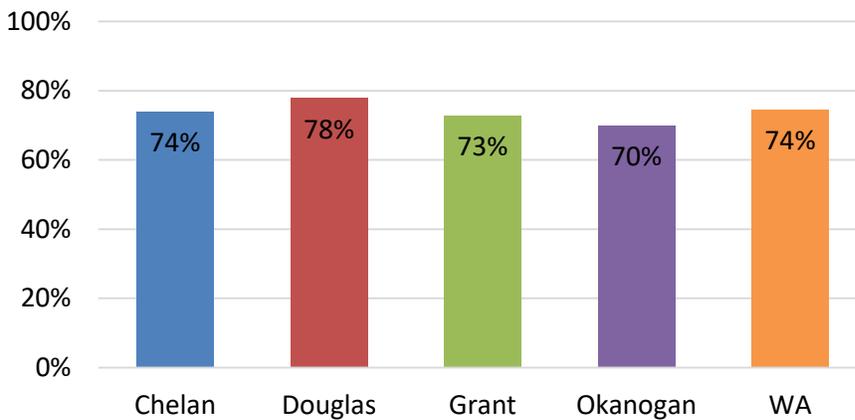
Access to Dentists, 2015 [3]

Bar chart showing Dentists, Rate per 100,000 Population:
- Chelan: ~71
- Douglas: ~52
- Grant: ~51
- Okanogan: ~70
- NCW: ~61
- WA: ~78
- U.S.: ~66
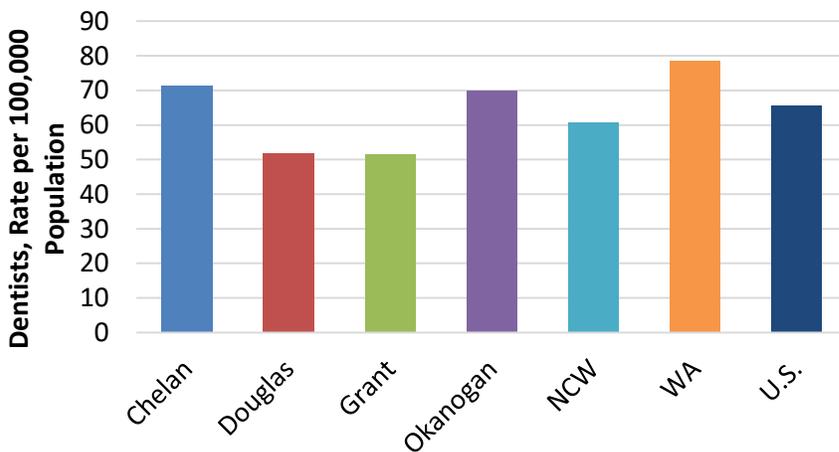
Number of Primary Care Physicians, 2016 [4]	
Chelan	89
Douglas	9
Grant	43
Okanogan	34

60% of NCW adults reported visiting a dentist in the past year, 2012-2016 [5]

Number of Dentists, 2017 [6]	
Chelan	58
Douglas	21
Grant	49
Okanogan	28

"Long wait times to see some of the specialists, etc. in the community - need to get more quality medical personnel - how can we lure them?" – CVS 2019

"Access to health care is terrible. Call for an appointment and if you are a new patient, the wait is up to 8 mos. unconscionable." – CVS 2019

Affordable Housing

"Affordable housing" was identified as the **#1** most important factor that will improve the quality of life in the community in the 2019 Community Voice Survey.

- **51.04%** (N=2,557) identified affordable housing as a top factor to improve quality of life

Lack of affordable housing was identified as a **weakness** in the focus groups. Affordable housing was identified as an **opportunity** in the focus groups.

Housing was a **top need** identified in several other assessments performed in the region over the past three years.

Affordable housing affects health as greater residential stability can reduce stress and related adverse health outcomes.[2] Housing stability and quality of housing are key issues that influence the health of the community.[3]

Percentage of Cost Burdened Households, 2013-2017 [1] (Over 30% of Income)	
Chelan	28%
Douglas	26%
Grant	24%
Okanogan	25%

(1) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, American Community Survey, 2013-2017.
(2) Source: Center for Housing Policy, The Impact of Affordable Housing on Health: A Research Study, 2015.
(3) Source: Healthy People 2020, Social Determinants of Health, 2019.
(4) Data Source: University of Washington, Runstad Department of Real Estate, Washington State Housing Market, 2013-2018.
(5) Source: CARES Engagement Network; Data Source: US Census Bureau, American Community Survey, 2013-2017.

Median Resale Price, 2013-2018 [4]
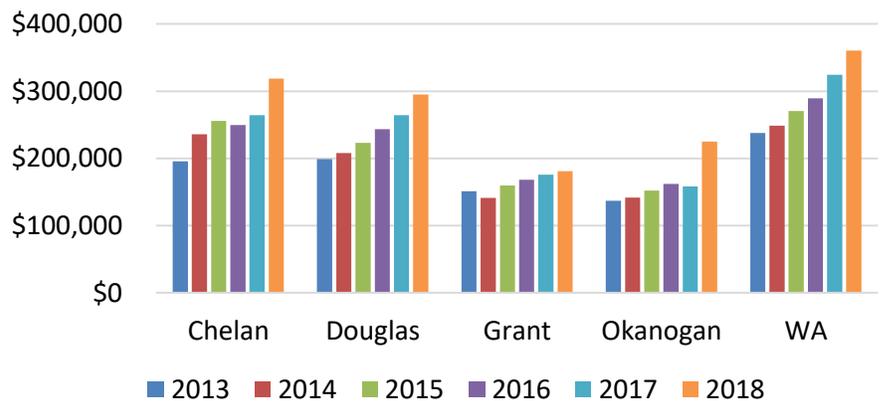
Vacant Housing Units, 2013-2017 [5]
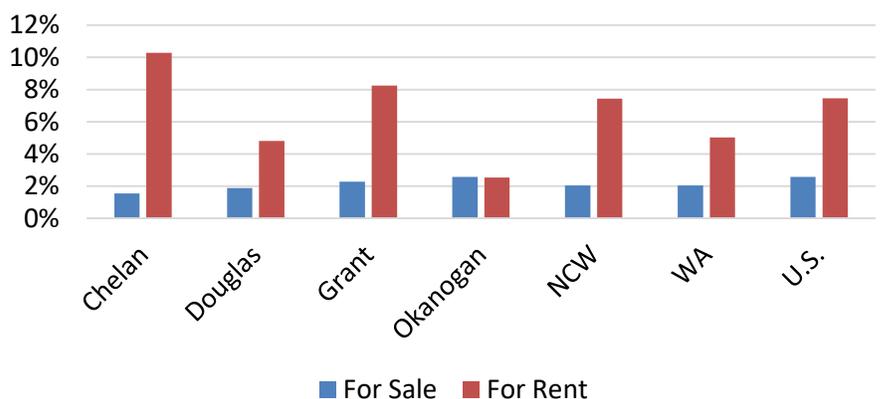
Chronic Disease

Chronic disease prevention was chosen as one of the four community health needs in the **2013 CHNA**.

Obesity was chosen as one of the four community health needs in the **2016 CHNA**.

"Overweight/obesity" was identified as the **#2** most important health problem that impacts the community in the 2019 Community Voice Survey.

- **39.76%** (N=1,992) of respondents identified overweight/obesity as a top health problem

Chronic diseases have significant health and economic costs.[1]

Obesity

Percent of Youth Overweight or Obese, 2018 [2]
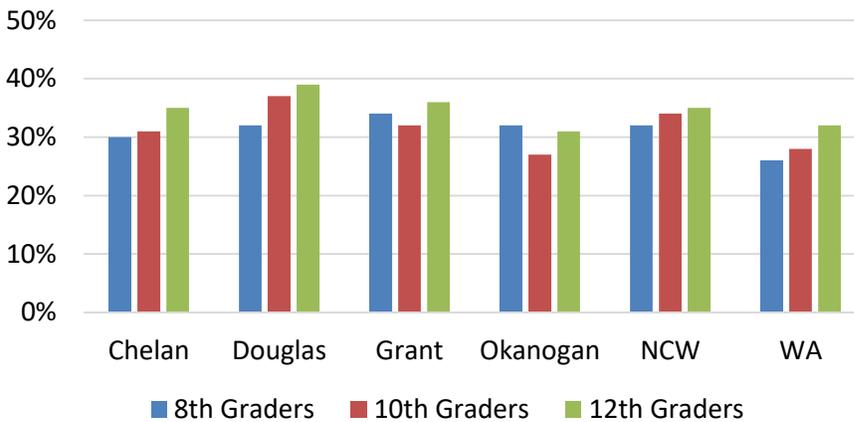
Share of Adult Population who are Obese (BMI>30) [3]
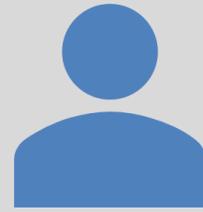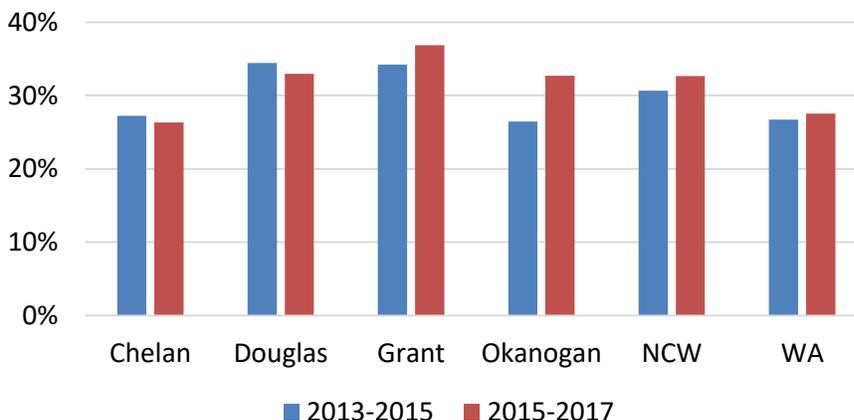
"Obesity is a real problem." – CVS 2019

Percent of NCW Youth Overweight or Obese, 2018 [2]

8th Graders	32%
10th Graders	34%
12th Graders	35%

"High percentage of children who are overweight or obese." – CVS 2019

Share of Adult Population who are Obese (BMI>30), 2015-17 [3]

Chelan	26%
Douglas	33%
Grant	37%
Okanogan	33%
NCW	33%
WA	28%

Chronic Disease

Diabetes

Percent of Population (Aged 20+) with Diagnosed Diabetes [1]

Categories: Chelan, Douglas, Grant, Okanogan, NCW, WA, U.S.

Legend: ■ 2012 ■ 2016

"Major cardiovascular diseases" is the leading cause of death in NCW, 2013-2017 [4]
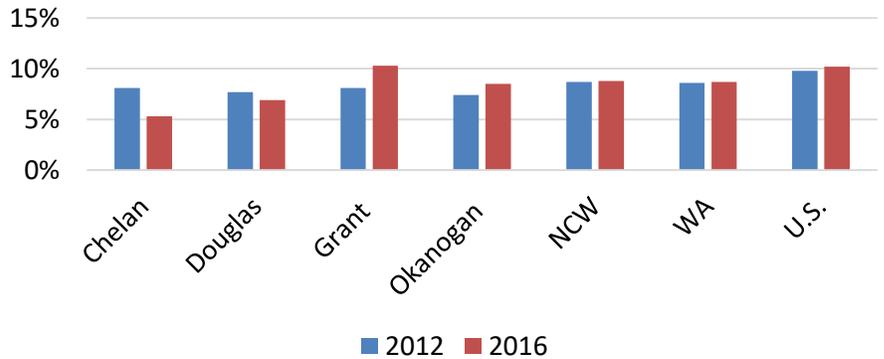
Heart Disease

Heart Disease Mortality, 2013-2017 [2]

Age-Adjusted Death Rate per 100,000 Population

Chelan 118, Douglas 137, Grant 154, Okanogan 140, NCW 137, WA 137
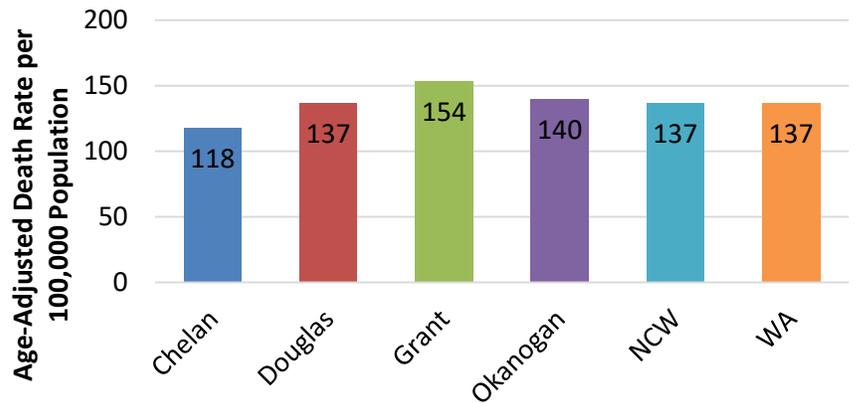
Coronary Heart Disease Mortality, 2013-2017 [3]

Age-Adjusted Death Rate, per 100,000 Population

Categories: Chelan, Douglas, Grant, Okanogan, NCW, WA, U.S.

Legend: ■ Female ■ Male
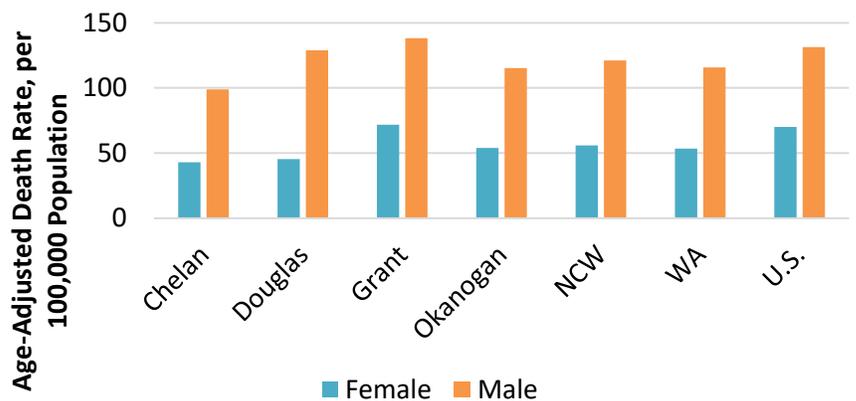
Education

Education was chosen as one of the four community health needs in the **2016 CHNA**.

Limited education levels and literacy, which includes health literacy, was identified as a **weakness** in the focus groups.

Education affects health as it can create opportunities for better health (e.g. better jobs, higher earnings, and resources for good health).[1] High school graduation rates, language, literacy, and health literacy are key issues that influence the health of the community.[2]

Percent of Population with No High School Diploma, 2013-2017 [3]

Bar chart showing Percent of Population Age 25+ by location (Chelan, Douglas, Grant, Okanog..., NCW, WA, U.S.) with categories: All, Hispanic, Not Hispanic

Population Age 5+ Speaking English Less than Very Well, 2012-2016 [5]

Bar chart showing: Chelan 10%, Douglas 13%, Grant 18%, Okanogan 7.5%, WA 7.5%

Limited English Proficiency (LEP), 2016 [6] (Percentage Extrapolated from Student Data)	
Chelan	25%
Douglas	25%
Grant	34%
Okanogan	14%
WA	9%

"Lack of public education about healthcare is a major problem in our community." – CVS 2019

"I feel there's an extreme need for added/improved health education in schools and public venues." – CVS 2019

Percentage of 4th Grade Students Scoring 'Not Proficient' or Worse, 2016-17 [4]	
Chelan	51%
Douglas	50%
Grant	64%
Okanogan	59%
NCW	58%
WA	44%
U.S.	46%

"I think it is important that when there are events that someone can explain the information short and simple." – CVS 2019

(1) Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health, Exploring the Causes, 2019.
(2) Source: Healthy People 2020, Social Determinants of Health, 2019.
(3) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.
(4) Source: CARES Engagement Network; Data Source: U.S. Department of Education, ED Facts. Accessed via DATA.GOV 2016-17.
(5) Data Source: Washington Tracking Network, Washington State Department of Health. Web. "Population Age 5+ Speaking English Less than Very Well". Data obtained from US Census American Community Survey, 2017.
(6) Data Source: Washington Tracking Network. Washington State Department of Health. Web. "Limited Language Proficiency". Data obtained from Washington State Office of Financial Management. Published September 2017.

Substance Use

"Opioids" was identified as the **#3** most important health problem that impacts the community in the 2019 Community Voice Survey.

- **32.42%** (N=1,624) of respondents identified opioids as a top health problem

"Drug abuse" was identified as the **#1** and **"alcohol abuse"** was identified as the **#2** most important unhealthy behaviors seen in the community in the 2019 Community Voice Survey.

- **59.76%** (N=2,994) of respondents identified drug abuse as a top unhealthy behavior
- **45.75%** (N=2,292) of respondents identified alcohol abuse as a top unhealthy behavior

Substance use was identified as a **threat** in the focus groups.

Count of Facilities Providing Substance Use Treatment, 2019 [1]	
Chelan	6
Douglas	0
Grant	1
Okanogan	1

(1) Source: U.S. Department of Health & Human Services, Substance Abuse and Mental Health Service Administration, Treatment Finder, 2019.
(2) Data Source: Washington Tracking Network, Washington Department of Health. Web. "All Drug Overdose". Data obtained from the Department of Health's Injury Program.
(3) Source: County Health Rankings & Roadmaps, 2019; Data Source: Fatality Analysis Reporting System, 2013-17.

Hospitalizations Due to Any Drug Overdose [2]
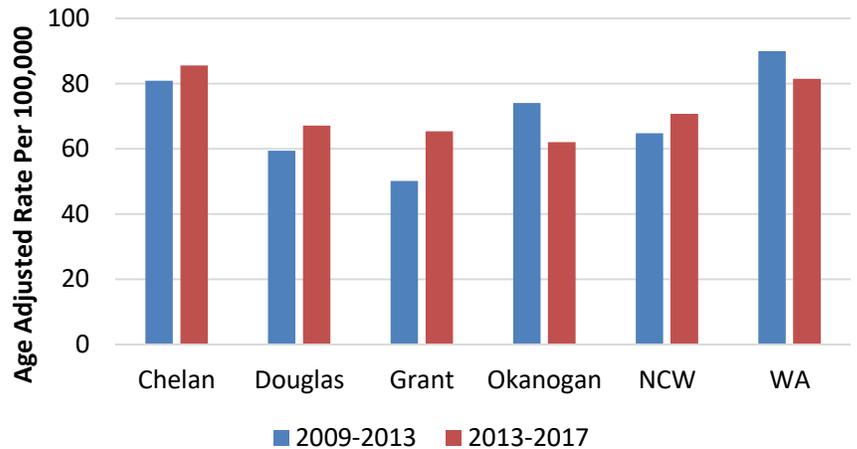
Alcohol-Impaired Driving Deaths, 2013-17 [3]
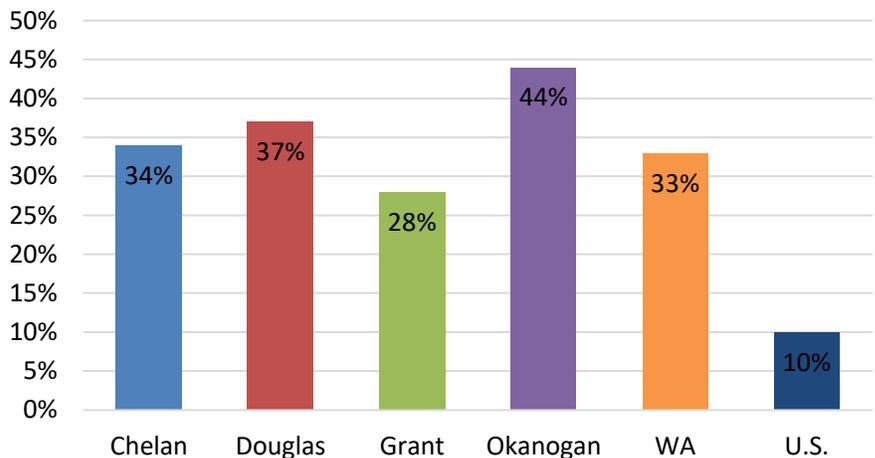
Substance Use

Current (Past-30-Days) Substance Use Among 8th Graders, 2018 [1]

Categories: Cigarettes, Alcohol, Marijuana, Rx Pain killers to get high, All other illegal drug use
Series: Chelan, Douglas, Grant, Okanogan, NCW, WA
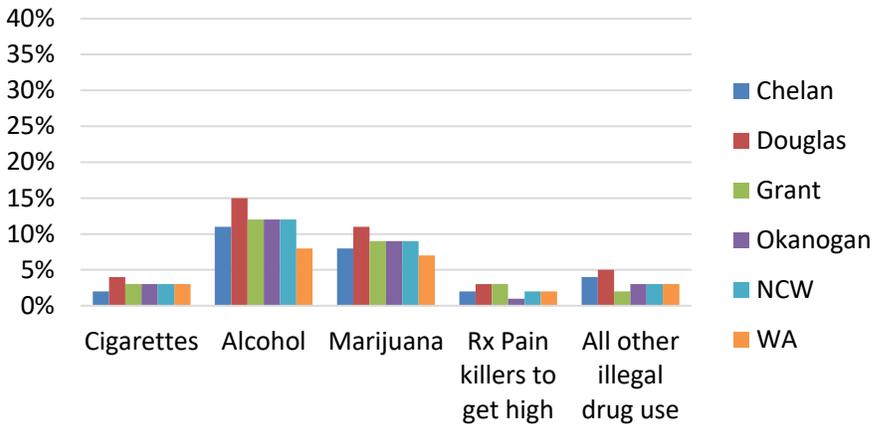
Current (Past-30-Days) Substance Use Among 10th Graders, 2018 [2]

Categories: Cigarettes, Alcohol, Marijuana, Rx Pain killers to get high, All other illegal drug use
Series: Chelan, Douglas, Grant, Okanogan, NCW, WA
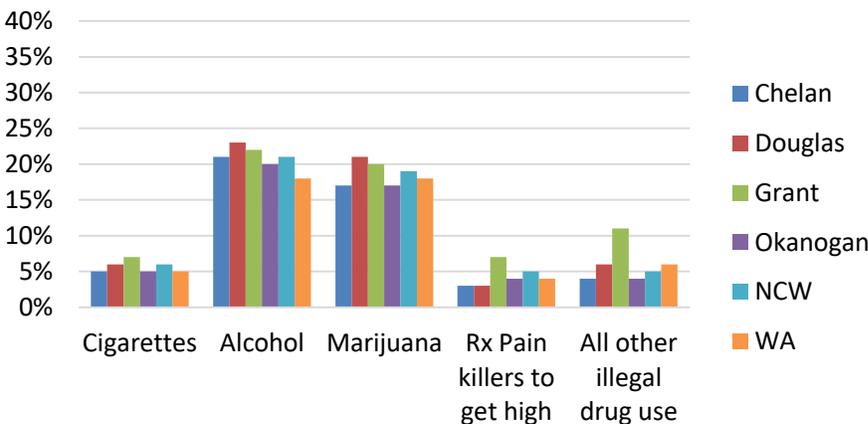
Current (Past-30-Days) Substance Use Among 12th Graders, 2018 [3]

Categories: Cigarettes, Alcohol, Marijuana, Rx Pain killers to get high, All other illegal drug use
Series: Chelan, Douglas, Grant, Okanogan, NCW, WA
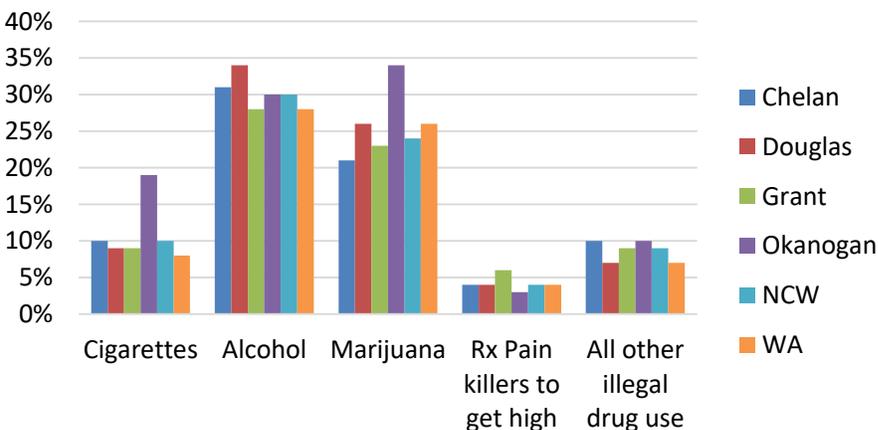
"Our schools are being overrun with Vaping and recreational drugs." – CVS 2019

"We have to work hard on our drug and alcohol problem before it becomes like it is in Seattle." – CVS 2019

"Until we fix the drug abuse problems, we cannot fix our homeless population crisis which in turn cannot fix our mental health crisis amongst our community and other communities as well." – CVS 2019

(1) Data Source: Washington State Healthy Youth Survey, 2018.
(2) Data Source: Washington State Healthy Youth Survey, 2018.
(3) Data Source: Washington State Healthy Youth Survey, 2018.

Impact of Actions Taken Since Preceding CHNA

The 2016 CHNA identified mental health care access, access to care, education, and obesity as the priority areas for the 2016-2019 period. Below is a summary of the efforts and successes of Mid-Valley Hospital to make improvements regarding the above priority areas. Please see Appendix F for details.