

We're Committed to a
Healthy Lake Chelan Valley



LAKE CHELAN COMMUNITY HOSPITAL

Community Health Needs Assessment Report

A Collaborative Approach to Impacting Population Health in Chelan
County & the Lake Chelan Valley



Prepared by Lake Chelan Community Hospital
Sponsored by Community Choice Healthcare Network

Lake Chelan Community Hospital

Community Health Needs Assessment Report

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I. EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (PPACA) of 2010 mandated new IRS requirements for hospitals: (i) conduct a Community Health Needs Assessment (CHNA) and (ii) adopt an Implementation Plan, both of which must be reported in the Schedule H 990. The provisions take effect in a hospital's taxable year beginning after March 23, 2012. Failure to comply could lead to a \$50,000 excise tax and possible loss of tax-exempt status.

To comply with these regulations, Lake Chelan Community Hospital (LCCH) and the CHNA Steering Committee engaged Community Choice (a regional healthcare collaborative) to lead a collaborative approach in conducting a community health data collection and assessment process in partnership with Chelan/Douglas County Public Health, Cascade Medical Center and other collaborators such as other county public health districts, Federally Qualified Health Centers (FQHCs), local social support coalitions and United Way of North Central Washington. Upon assessment completion, Lake Chelan Community Hospital developed an Implementation Plan. The population assessed was the four-county North Central Washington region. The quantitative data collected through the process was supplemented with a community asset review and qualitative data gathered through a broadly represented CHNA Steering Committee, key informant interviews and focus groups.

Data on a broad set of health indicators was vetted by Chelan Douglas County Public Health and a hospital CHNA Assessment Team was then tasked with helping prioritize the needs. Senior management remained regularly engaged throughout the process. The prioritization of health needs was based on:

- Input from stakeholders represented in the CHNA Steering Committee, community forums and key informants.
- The ability of LCCH to have an impact on the health needs identified
- Alignment with other health systems and social service partners focusing on the same service area and population
- Alignment with current LCCH priorities and initiatives

The following health needs were identified based on the size and severity of the issues as well as disparities reflected in the data available from secondary data sources and local expertise:

1. Access to health care;
2. Mental health;
3. Chronic disease prevention; and
4. Pre-conceptual and perinatal health.

It was important to hospital leadership that priorities be kept to a narrow scope of focus. Each of the high priority focus areas will have a preventive set of initiatives and also an intervention scope of work dealing with target populations that are already affected by the relevant health problems.

II. COMMUNITY DESCRIPTION

A valuable member of your community for more than 65 years, Lake Chelan Community Hospital (LCCH) is a fully-accredited 25-bed Critical Access Hospital in Chelan, Washington. Our medical team provides a 24-hour Emergency Room, inpatient and outpatient care and a paramedic-level ambulance service.

Lake Chelan Community Hospital is a vital component to your health care network that extends through the state and beyond. Our excellent family physicians, surgeons and care team regularly partner with larger facilities to ensure a full range of quality medical services close to home. It is also our priority to work with our Lake Chelan neighbors and partners to keep our community healthy.

Our Mission:

Our mission is to provide patient-centered, quality healthcare with compassion and respect.

Key facts of current Lake Chelan Community Hospital services and assets:

| Major Programs/Services | Statistics |
|--|---|
| <ul style="list-style-type: none">• Level IV Trauma Care• TeleStroke & TeleCardiology• Orthopedics• Addiction Recovery• Emergency Medical Service• Home Health & Hospice• The Birth Place<ul style="list-style-type: none">– Childbirth classes, Labor & Delivery– Postpartum support• Medical Imaging<ul style="list-style-type: none">– Ultrasound, Mammography, MRI, CT• Medical & Surgical Unit<ul style="list-style-type: none">– Acute Inpatient, Observation inpatient– Same day surgical, Swing bed• Physical Therapy<ul style="list-style-type: none">– Children, Adult and Seniors, Work, sports & injury– Rehabilitation, Chronic pain management,– Off-site aquatic therapy, Home Health service• Women's Health<ul style="list-style-type: none">– Gynecological services• Counseling<ul style="list-style-type: none">– Psychiatric medication monitoring, Adult & Adolescents, For the elderly | <ul style="list-style-type: none">• 177 Full Time Employees• 61 non-full time employees• Over 50 Bedside RNs• 4,299 ER visits• 104 Births• 870 Admissions• Average daily census of 18• 38,361 Total Out Patient Visits<ul style="list-style-type: none">– 4299 ER Visits– 19451 Lab Service– 2591 Physician Services– 12020 Other• 505 Active/Active Provisional/Referring Medical Staff (consulting providers who provide direct or indirect care and services) |

Recent Lake Chelan Community Hospital Recognitions:

| RHQN ‘Best Practice’ in | Health Care’s Most Wired |
|---|------------------------------|
| <ul style="list-style-type: none"> Statewide Leader in Emergency Stroke Care Healthcare worker Flu immunization Outpatient & Inpatient Surgery Patient Care Creating and Sharing Best Practices | 2010 2011 2012 2013 |

Community Health Needs Assessment Population

For the purpose of this CHNA, LCCH defined its primary service area and populations as a portion of northern Chelan County and a portion of Douglas County. This was determined by the physical proximity and healthcare referral patterns of its cities, villages and townships.

North Central Washington Demographics

The North Central Washington region service area is comprised of approximately 12,687 square miles’ with a total population of approximately 233,500 and a population density of 18.41 per square mile. The region consists of one metropolitan center, Wenatchee/East Wenatchee community, and the following suburban and rural communities served by Lake Chelan Community Hospital:

| Cities | Townships | Villages | Lake Chelan Community Hospital Service Area |
|--------|-----------|---|---|
| Chelan | Mansfield | Manson Chelan Falls Stehekin Lucerne Holden Village | |

Table 1: Total Population Change, 2000-2010

According to U.S. Census data, the population in the region rose from 66,616 (23 people per square mile) to 72,453 between the year 2000 and 2010 (an 8.76% increase). This included a 5,882 (45.84%) increase in the Hispanic population in the region compared to a -45 (0.08%) decrease in the Non-Hispanic population.

| Report Area | Total Population, 2000 Census | Total Population, 2010 Census | Total Population Change, 2000-2010 | Percent Population Change, 2000-2010 |
|-------------------|----------------------------------|----------------------------------|---------------------------------------|---|
| Chelan County, WA | 66,616 | 72,453 | 5,837 | 8.76% |
| Washington | 5,894,121 | 6,724,540 | 830,419 | 14.09% |
| United States | 280,421,907 | 307,745,539 | 27,323,632 | 9.74% |

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Population Change (2000 – 2010) by Hispanic Origin

| Report Area | Hispanic Population Change, Total | Hispanic Population Change, Percent | Non-Hispanic Population Change, Total | Non-Hispanic Population Change, Percent |
|---------------|--------------------------------------|--|---|---|
| Chelan County | 5,882 | 45.84% | -45 | -0.08% |
| Washington | 314,281 | 71.18% | 516,138 | 9.47% |
| United States | 15,098,149 | 42.70% | 10,153,011 | 4.09% |

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Population by Age Groups

Changes in population by gender were relatively even (Male 50.24% and Female 49.76%) and the region has the following population numbers by age groups: Chelan County is leading in population Age 5-17 at 18.40% compared to a Washington average of 17.08% and slightly above at 14.83% for Age 45-54 and 15.25% for Age 65 and older.

| Report Area | Total Population | Population Age 5-17 | Population Age 18-24 | Population Age 25-34 | Population Age 35-44 | Population Age 45-54 | Population Age 55-64 | Population Age 65+ |
|------------------|---------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| Chelan County | 71,787 | 13,209 18.40% | 6,182 8.61% | 8,116 11.31% | 8,318 11.59% | 10,644 14.83% | 9,546 13.30% | 10,947 15.25% |
| Washington | 6,652,845 | 1,136,027 | 646,991 | 919,104 | 916,883 | 983,463 | 809,908 | 807,278 |

| Report Area | Total Population | Population Age 5-17 | Population Age 18-24 | Population Age 25-34 | Population Age 35-44 | Population Age 45-54 | Population Age 55-64 | Population Age 65+ |
|---------------|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | 17.08% | 9.73% | 13.82% | 13.78% | 14.78% | 12.17% | 12.13% |
| United States | 306,603,776 | 53,877,372 17.57% | 30,507,896 9.95% | 40,668,824 13.26% | 41,683,228 13.60% | 44,579,668 14.54% | 35,507,588 11.58% | 39,608,816 12.92% |

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Population without a High School Diploma (age 25 and older)

Within the report area there are 8,223 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 17.29% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg & Ruglis, 2007](#)). Chelan County is 7.06% higher in population age 25+ with no high school diploma and 2.68% higher than the US average.

Population Age 25+ with No High School Diploma

| Report Area | Total Population Age 25+ | Population Age 25+ with No High School Diploma | Percent Population Age 25+ with No High School Diploma |
|-------------------|--------------------------|--|--|
| Chelan County, WA | 47,571 | 8,223 | 17.29% |
| Washington | 4,436,636 | 453,931 | 10.23% |
| United States | 202,048,128 | 29,518,934 | 14.61% |

Note: This indicator is compared with the state average. Data Source: [US Census Bureau, American Community Survey: 2007-11](#). Source geography: Tract.

The Chelan County region has the following population with no high school diploma by ethnicity. The significantly higher percentage of Hispanics without a high school diploma reflects a large number of Hispanic immigrant farm worker population that come from Mexico and Central America with limited formal education.

| Report Area | Total Hispanic / Latino | Total Not Hispanic / Latino | Percent Hispanic / Latino | Percent Not Hispanic / Latino |
|---------------|-------------------------|-----------------------------|---------------------------|-------------------------------|
| Chelan County | 5,049 | 3,174 | 61.54% | 8.06% |
| Washington | 140,123 | 313,808 | 40.55% | 7.67% |
| United States | 10,052,322 | 19,466,613 | 37.97% | 11.09% |

Data Source: [US Census Bureau, American Community Survey: 2007-11](#). Source geography: Tract.

Population in Poverty (100% FPL and 200% FPL)

Poverty is considered a *key driver* of health status. Within Chelan County 12.59% or 8,918 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Report Area | Total Population | Population Below 100% FPL | Population with Income at or Below 200% FPL |
|-------------------|------------------|---------------------------|---|
| Chelan County, WA | 70,815 | 8,918 12.59% | 24,413 34.47% |
| Washington | 6,519,490 | 816,509 12.52% | 1,862,090 28.56% |
| United States | 298,788,000 | 42,739,924 14.30% | 97,686,536 32.69% |

Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#).. Source geography: County.

2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Family Size | Gross Yearly Income | Gross Monthly Income | Approximate Hourly Income |
|-------------|---------------------|----------------------|---------------------------|
| 1 | \$11,490 | \$958 | \$5.52 |
| 2 | \$15,510 | \$1,293 | \$7.45 |
| 3 | \$19,530 | \$1,628 | \$9.39 |
| 4 | \$23,550 | \$1,963 | \$11.31 |

Source: *Federal Register* Vol. 74, No. 14 / Friday, January 23, 2009, pp. 4199-4201. Monthly and hourly data calculated by OCPP and rounded to the nearest dollar and cent, respectively. The hourly rate is based on 40 hours of work per week for a full year (2080 hours).

Poor General Health

Within Chelan County area 15.70 % of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

| Report Area | Total Population Age 18+ | Estimated Population with Poor or Fair Health | Percent Population with Poor or Fair Health |
|-------------------|--------------------------|---|---|
| Chelan County, WA | 53,020 | 8,324 | 15.70% |
| Washington | 5,000,516 | 680,070 | 13.60% |
| United States | 229,932,154 | 36,429,871 | 15.84% |

Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#).. Source geography: County.

III. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Lake Chelan Community Hospital leveraged Community Choice (a regional healthcare collaborative organization) to lead the planning and coordination of completing this Community Health Needs Assessment. The decision to take a collaborative approach to this Community Health Needs Assessment made sense because it builds on already established frameworks of regional collaboration on relevant health improvement initiatives.

Internal

With Community Choice’s technical assistance, Lake Chelan Community Hospital undertook an 18 month planning and development effort to complete this Community Health Needs Assessment (CHNA), identify health priorities for its county service area and derive an implementation plan that will serve as a “living document” to drive ongoing population health initiatives through a framework of collaboration with like-missioned partners and collaborators. These planning and development activities included the following internal and external components:

- **Selecting a Lead Organization:** Community Choice identified as the vehicle to engage an established collaborative network of organizations with similar or overlapping missions. This builds on previous collaboration among hospitals, rural health clinics, Federally Qualified Health Centers, public health districts, mental health systems and coalitions of social service organizations in the four counties that represent North Central Washington.
- **Building Capacity:** Staff at Community Choice was sent to conferences and trainings to learn and augment technical assistance capabilities for completing this CHNA and facilitate future coordination of Implementation Plan activities in a regional collaborative approach.
- **Internal Assessment Teams (A-Teams):** LCCH formed an internal assessment team to review CHNA data and identify priorities.
- **Engaging Senior Leadership and Policy Boards:** The executive leadership and the governing board were engaged early on in the process to establish awareness and provide input in the planning and development the CHNA. The same bodies later reviewed and approved the final version of the CHNA.
- **Enlisting Internal Leads on Community Benefit and Schedule H Reporting:** Hospital staff was identified to track and document community benefit, comply with IRS requirements and monitor the CHNA report.

External

LCCH also leveraged established regional relationships that garnered broad and diverse input for a comprehensive review of community health needs in the four North Central Washington counties. These external components include:

- **Creating a Regional Steering Committee:** Selected individuals were invited to participate in a regional CHNA Steering Committee in order to capture perspectives relevant to all four counties included in the Community Health Needs Assessment.
- **Engaging Coalitions:** Several coalitions of organizations worked on diverse but related social services in the four counties were engaged for initial awareness and input.

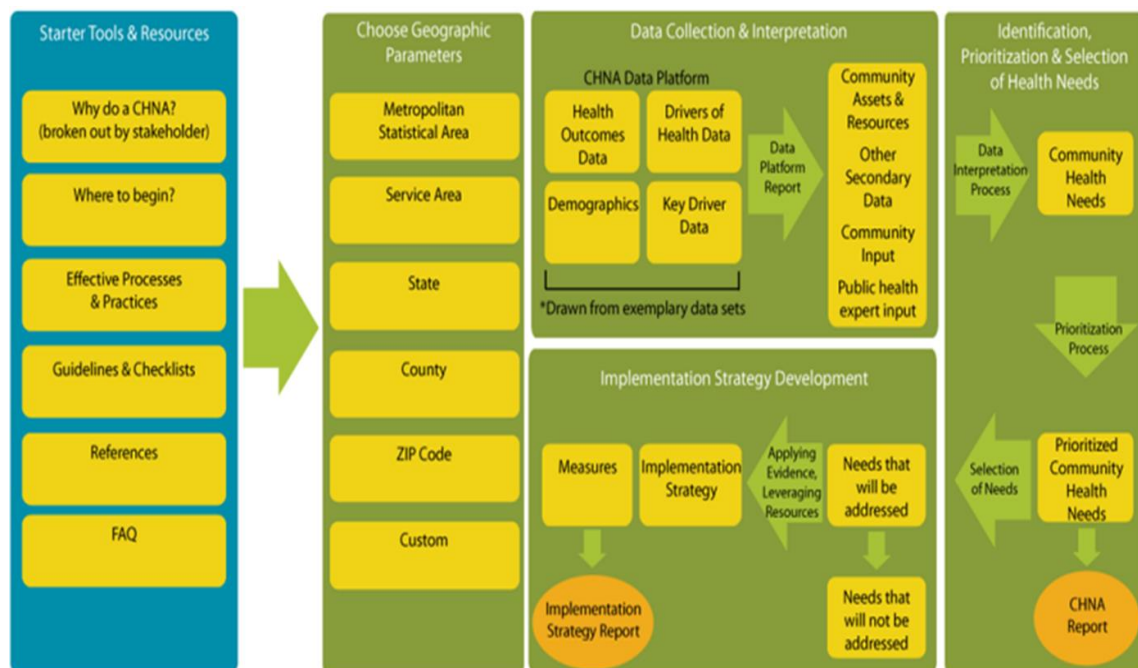
- **Key Informant Stakeholders:** Additional individuals were identified for interviews to capture valuable perspectives related to unique population groups, their customs and lifestyles.
- **Leveraging Past Community Health Assessments:** An effort was made to identify and leverage previous community health needs assessments that highlighted earlier concerns and focused on relevant health issues. For example, school districts complete regional Healthy Youth Surveys that look at key determinants of youth health.

IV. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate the current health needs of Lake Chelan Hospital district service area and prioritize them, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) craft an implementation plan to organize and help coordinate collaborative efforts regarding identified health priorities, and 4) establish systematic means to track, report and evaluate efforts that will impact targeted health issues.

V. DATA COLLECTION AND ANALYSIS

A. **DESCRIPTION OF PROCESS AND METHODS BEING USED** – The overarching framework used to guide the CHNA planning and implementation process is based on the Catholic Health Association (CHA) Community Commons CHNA flow chart below:



B. DESCRIPTION OF DATA SOURCES

| Source/Dataset | Description |
|---|---|
| CHAT | The Community Health Assessment Tool is an integrated set of public health data sources with a powerful report generator as a front end. It draws on a wide variety of data sources, from the US Census to state disease reporting registries, death records and hospitalization reports. It was used to generate many of the charts and tables in the Data Appendix. |
| Washington Behavioral Risk Factor Surveillance System (BRFSS) | The Behavioral Risk Factor Surveillance System (BRFSS) is the largest, continuously conducted, telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. |
| US Census | National census data is collected by the United States Census Bureau every 10 years. |
| Centers for Disease Control (CDC) | Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics (births, deaths, marriages, fetal deaths) as part of America's oldest and most successful intergovernmental public health data sharing system. |
| Health Youth Survey | The Healthy Youth Survey is conducted every other year and can be used to identify trends in the patterns of behavior over time. Students answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. |
| County Health Rankings | Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. |
| Chelan/Douglas Trends website | A community indicators site with the objective of ranking the most pressing needs within Chelan & Douglas Counties. The objective of the Chelan Douglas Trends is to collect and publish relevant data for the benefit of our communities |

Qualitative:

Several qualitative reports and data sources were reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 data reviewed represented 1) the broad interests of the community and 2) the voice of community members who were medically underserved, minorities, low-income, and/or those with chronic conditions.

| Report Title & Date | Lead Entity | Lead Contact | Area of Expertise |
|----------------------|-----------------------------|-----------------|---|
| Healthy Youth Survey | Lake Chelan School District | Dr. Rob Manahan | Educational Leadership & Policy Studies |
| The Coalition for | The Coalition for | Renee Hunter, | Coordination and |

| | | | |
|--|---|--|--|
| Children and Families of North Central Washington Strategic Plan/Board | Children and Families of North Central Washington | Chairperson of the Coalition Board. | collaboration on addressing Adverse Childhood Experience (ACEs) |
| Wenatchee Substance Abuse Coalition Report | Together! For Drug-Free Youth | Renee Hunter, Exec. Director of Together! | Tobacco and Substance Abuse Prevention |
| Migrant/Bilingual Parent Advisory Committee | Wenatchee School District | Melissa Hernandez, Family Services Specialist, Wenatchee School District | Culturally relevant insight on health indicators' relevance to the Hispanic community in NCW |

In addition to these qualitative data sources the members of the CHNA Steering Committee were chosen based on their unique expertise and experience, informed perspectives and personal involvement with broad interests and diversity of the community. The representation on the CHNA Steering Committee and key informant individuals included:

| Committee Member | Area of Expertise |
|----------------------------------|---|
| Barry Kling | Public Health, Epidemiology |
| Jesus Hernandez | K-20 Education/Healthcare Policy/Latino Populations |
| Peter Rutherford, MD | Internal Medicine, CEO |
| Renee Hunter | Community Development/Coalition Building |
| Carol Diede | Healthcare Finance, Administration |
| Alan Walker | Community, Resource Development |
| Anita Tuason | Family Planning Administration |
| Brad Hankins | Chief Operations Officer, Healthcare Administration |
| Diane Blake | Hospital Administration, CEO |
| Lauri Jones | Public Health, Nursing |
| Kay Sparks | Mental Health and Public Health |
| Cathy Meuret | Clinical Education |
| Cindy Vidano | Healthcare Finance |
| Wayne Hawks | Clinical Data, Financial Analyst |
| Cathy Thomas | Administration Support |
| Marcy Vixie | Clinical Quality, Nursing |
| Stephanie Grubich | Marketing |
| Roger Bauer | Behavioral Health |
| Key Informant Individuals | Area of Expertise |
| Dr. Tobe Harbard | Primary Care Physician |
| Mike Steele | Lake Chelan Chamber of Commerce |
| Kayla Helleeson | School Counselor |
| Michelle Rogge | School Nurse |
| Vicki Taylor | School Nurse |
| Victor Calderon | Community Advocate |
| Paul Schmidt | City Administrator |
| Melissa Hernandez | Parenting Education/Advocate/Latino Populations |
| Shawna Sackett | Public Health, Epidemiology |

C. DESCRIPTION OF DATA LIMITATIONS AND GAPS – Limitations and gaps identified that impacted the ability to conduct a more thorough and rigorous assessment include the following:

- Relying on secondary data sources has the advantage of providing a consistent data set that is tracked and reported on an established cycle, but this data is often two or more years old. Therefore, we will continue to seek more current data sources that may not always be consistently tracked and reported.
- Some data, such as the Health Youth Survey, suffers from self-report bias and is generated from youth who may not always report with the seriousness that we would like. Consequently, broad margins for error are used to compensate, thus requiring a good degree of subjective interpretation of such data.
- Some secondary data from rural, sparsely populated regions suffers from statistically low numbers, which need to be taken into consideration when interpreting the data and making comparisons.
- Input sought from focus groups and key informant individuals will undoubtedly include subjective opinions related to the individuals' personal experiences, levels of understanding of the content matter and other personal biases.

VI. IDENTIFICATION AND PRIORITIZATION OF NEEDS

The Community Health Needs Assessment planning and development process began by reviewing other similar assessments done by other communities. From this we generated an extensive list of community health indicators that we considered for our CHNA. Two public forums were conducted early on in the process to raise awareness regarding the assessment and gain input. The online survey was also used to gather input. From this input, a narrow list of health indicators was identified and we began to research data sources for these indicators. Data was compared to help verify the validity and integrity. For example, data from the CHNA Commons reports that originated from state and federal sources like BRFSS were contrasted with our state's Department of Health CHAT data base and when numbers didn't match, we took a more in-depth look at the accuracy of such data.

A regional CHNA Steering Committee was formed with attention to insuring representation from key constituencies, varying demographic representations, and individual expertise. These included consumers, public health, mental health, medical practices including Federally Qualified Health Centers, large and small hospitals, social service organizations, family planning and prevention, and special populations. The CHNA Steering Committee was augmented at some of their meetings by individuals with key expertise related to their profession and formal education, experience and personal involvement with health concerns in the various communities.

Community coalitions from key communities in the four-county hospital service area were engaged in the CHNA process. Representatives from these coalitions provided initial input on what community health indicators were of most value and many remained involved throughout the process.

LCCH identified a group of individuals from key departments to further vet the resulting high priority health indicators. This Internal Assessment Team (A-Team) reviewed and vetted the high priority focus areas from the perspective of the hospital's internal expertise and capacity to make meaningful contributions to impacting these health priorities. In addition to the feasibility of the hospital to impact these health priorities, we looked at other community assets and resources that could be leveraged through collaboration and partnership in the region.

Based on the CHNA planning and development process described, the following community health priorities were identified:

1. Access to health care
2. Mental health
3. Chronic disease prevention
4. Pre-conceptual and perinatal health

VII. DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

1. Access to Care:

Number of Uninsured

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. With current efforts driven by the Affordable Care Act (ACA), this indicator is expected to change dramatically for the better.

The lack of health insurance is considered a key driver of health status.

| Report Area | Total Population (For Whom Insurance Status is Determined) | Number Uninsured | Percent Uninsured |
|-------------------|--|------------------|-------------------|
| Chelan County, WA | 72,637 | 15,188 | 21.07% |
| Washington | 6,746,806 | 923,249 | 13.68% |
| United States | 309,231,232 | 46,282,216 | 15.22% |

Note: This indicator is compared with the state average.

Uninsured Population (Adults)

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care,

and other health services that contributes to poor health status. With current efforts driven by the Affordable Care Act (ACA), this indicator is expected to change dramatically for the better.

| Report Area | Total Population Age 18 - 64 | Population with Medical Insurance | Percent Population With Medical Insurance | Population Without Medical Insurance | Percent Population Without Medical Insurance |
|-------------------|------------------------------|-----------------------------------|---|--------------------------------------|--|
| Chelan County, WA | 43,372 | 31,867 | 73.50% | 11,505 | 26.50% |
| Washington | 4,299,112 | 3,456,537 | 80.40% | 842,575 | 19.60% |
| United States | 190,888,983 | 150,591,311 | 78.89% | 40,297,670 | 21.11% |

Note: This indicator is compared with the state average.

Data Source: [US Census Bureau, Small Area Health Insurance Estimates: 2011](#). Source geography: County

Uninsured Population (Children)

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of children under age 18 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

| Report Area | Total Population Under Age 19 | Population with Medical Insurance | Percent Population With Medical Insurance | Population Without Medical Insurance | Percent Population Without Medical Insurance |
|-------------------|-------------------------------|-----------------------------------|---|--------------------------------------|--|
| Chelan County, WA | 19,035 | 17,537 | 92.10% | 1,498 | 7.90% |
| Washington | 1,642,246 | 1,535,826 | 93.52% | 106,421 | 6.48% |
| United States | 76,751,902 | 70,692,857 | 92.11% | 6,059,050 | 7.89% |

Note: This indicator is compared with the state average.

Data Source: [US Census Bureau, Small Area Health Insurance Estimates: 2011](#). Source geography: County.

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Despite the rate of primary care providers for Chelan County only three of seven primary care providers in the Lake Chelan Valley currently are full-time.

Access to primary care

| Report Area | Total Population | Total Primary Care Providers | Primary Care Provider Rate (Per 100,000 Pop.) |
|-------------------|------------------|------------------------------|---|
| Chelan County, WA | 72,453 | 85 | 117.31 |
| Washington | 6,724,540 | 6,066 | 90.20 |
| United States | 312,471,327 | 264,897 | 84.70 |

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Health Resources and Services Administration Area Resource File, 2011](#) . Source geography: County.

Lack of a Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

| Report Area | Total Population (Age 18) | Number Adults Without Any Regular Doctor | Percent Adults Without Any Regular Doctor |
|---------------|----------------------------|--|---|
| Chelan County | 53,020 | 12,279 | 23.16% |
| Washington | 5,000,516 | 1,078,611 | 21.57% |
| United States | 232,747,222 | 44,961,851.44 | 19.32% |

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. It was noted that dentists in our community generally do not accept Medicaid coverage for adult dental care because of the low reimbursement rates.

| Report Area | Total Population (Age 18) | Number Adults with Poor Dental Health | Percent Adults with Poor Dental Health |
|---------------|----------------------------|---------------------------------------|--|
| Chelan County | 53,020 | 7,672 | 14.47% |
| Washington | 5,000,516 | 601,062 | 12.02% |
| United States | 232,747,222 | 36,229,520 | 15.57% |

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

2. MENTAL HEALTH SERVICES:

Adequate Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

| Report Area | Total Population Age 18+ | Estimated Population Without Adequate Social / Emotional Support | Percent Population Without Adequate Social / Emotional Support |
|-------------------|--------------------------|--|--|
| Chelan County, WA | 53,020 | 9,544 | 18% |
| Washington | 5,000,516 | 855,088 | 17.10% |
| United States | 229,932,154 | 48,120,965 | 20.93% |

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#). Source geography: County.

Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

| Report Area | Total Population | Average Annual Deaths, 2006-2010 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.) |
|--------------------------------|------------------|----------------------------------|-------------------------------------|---|
| Chelan County, WA | 70,939 | 9 | 12.69 | 12.77 |
| Washington | 6,557,307 | 888 | 13.55 | 13.16 |
| United States | 303,844,430 | 35,841 | 11.80 | 11.57 |
| HP 2020 Target | | | | <= 10.2 |

Note: This indicator is compared with the Healthy People 2020 Target. Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10](#). Accessed using [CDC WONDER](#).. Source geography: County

Recent Jump in North Central Washington:

Suicide Prevention Coalition (SPC) of North Central Washington report: Chelan/Douglas is experiencing a drastic increase in recent time. As of April 27th, 2013 alone, there have been 15 completed suicides within our community and in the two county area. The coalition is committed to keeping an accurate list of completed suicides without the names and details so the community can have an accurate picture of what is truly going on in the community and not be lulled into believing that a problem does not exist.

The SPC of NCW was formed in response to the rising suicide rate in the early months of 2012. The previous two years were record years for the Chelan/Douglas counties and we are hopeful to have an impact in reducing this trend. Our ultimate goal is to have a zero tolerance for completed suicides in our community (East Wenatchee, Wenatchee, Chelan, other) and to spread the word that help is available and things really do get better.

An important theme in the advisory group's discussion was the weakness of the local mental health care system. The local inpatient substance abuse treatment center is inadequately funded, and the funds that do exist are frequently threatened by state and federal budget cuts. The support system for the chronically mentally ill is weak; with the result that too many chronically mentally ill people are treated in the ER, jailed or left to live on the streets when they need inpatient care or better outpatient follow-up. Even for those with insurance, local psychiatric services are very limited in scope.

3. CHRONIC DISEASE PREVENTION:

Poor General Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

| Report Area | Total Population (Age 18) | Number Reporting Poor General Health | Percent Reporting Poor General Health |
|---------------|-------------------------------|---|--|
| Chelan County | 52,580 | 7,729 | 14.70% |
| Washington | 1,716,677 | 228,318 | 13.30% |
| United States | 111,821,887 | 18,188,242 | 16.27% |

Note: This indicator is compared with the state average. No breakout data available.

Obesity (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Obesity (Adult)

| Report Area | Total Population (Age 20) | Number Obese | Percent Obese |
|---------------|-------------------------------|--------------|---------------|
| Chelan County | 52,454.55 | 12,694 | 24.20% |
| Washington | 4,946,122.84 | 1,341,720 | 27.13% |
| United States | 224,690,904.71 | 61,460,308 | 27.35% |

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

Diabetes Prevalence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Report Area | Total Population (Age 20) | Population with Diabetes | Percent with Diabetes |
|---------------|-------------------------------|--------------------------|-----------------------|
| Chelan County | 60,589.04 | 4,423 | 7.30% |
| Washington | 5,099,075.37 | 395,186 | 7.75% |
| United States | 239,583,791.97 | 21,015,523 | 8.77% |

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

4. PRE-CONCEPTUAL AND PERINATAL HEALTH:

Teen Births

This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

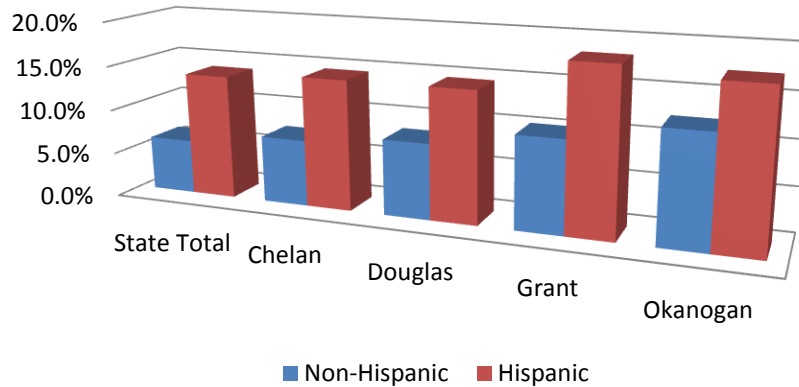
| Report Area | Female Population Age 15 - 19 | Births to Mothers Age 15 - 19 | Teen Birth Rate (Per 1,000 Births) |
|-------------------|----------------------------------|----------------------------------|---------------------------------------|
| Chelan County, WA | 17,668 | 788 | 44.60 |
| Washington | 1,498,685 | 49,007 | 32.70 |
| United States | 72,071,117 | 2,969,330 | 41.20 |

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09](#). Accessed using [CDC WONDER](#).. Source geography: County.

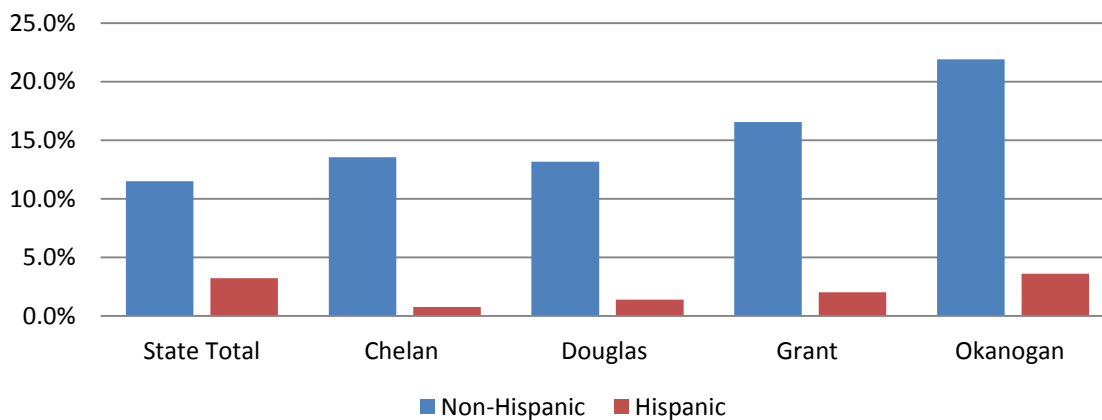
Percent of Births To Mothers < 20 Years, 2007-2011

Source: WSDOH CHAT



Percent of Births to Smoking Mothers 2006-2010

Source: WSDOH CHAT



These charts demonstrate that teen pregnancies in the area are significantly more common among Hispanic than Non-Hispanic girls, but that when it comes to smoking during pregnancy we have elevated rates among Non-Hispanic mothers. Both teen pregnancy and smoking during pregnancy produce important increased health risks.

What is not evident from the charts is that the community has lost significant resources for dealing with these problems in recent years. Home visit nursing programs for vulnerable mothers and babies have been eliminated due to large public health budget cuts. Tobacco reduction funding has been similarly slashed. Funding for Planned Parenthood has also been reduced, along with clinical services for reproductive health.

VIII. DESCRIPTION OF RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

Hospitals and Health Systems

The four county, North Central Washington region is served by the following hospitals and health systems: The Confluence Health System includes the physician owned Wenatchee Valley Medical Center in Wenatchee and its nine outlying community clinics. Confluence Health is an affiliation of the two larger healthcare organizations, the private non-profit Central Washington Hospital. Nearly 300 providers spread across the four counties are associated with Confluence Health. Additionally, each county has a Federally Qualified Health Centers (FQHCs) and a system of Public District/Critical Access Hospitals and with hospital-owned clinics and nursing homes in some cases. These include:

Okanogan County hospitals, clinics and behavioral health services:

- Family Health Centers (FQHC) has three clinic sites and a dental care facility
- North Valley Hospital in Tonasket with two clinics and a Long-Term Care facility
- Mid Valley Hospital in Omak with an outpatient clinic
- Three Rivers Hospital in Brewster
- These three hospitals also support an additional orthopedics and sports medicine clinic
- Behavioral health services are provided by Okanogan Behavioral Health Clinic

Chelan and Douglas Counties share the following healthcare systems in addition to Confluence Health:

- Columbia Valley Community Health (FQHCs) has four clinic sites and a dental care facility
- Lake Chelan Community Hospital in Chelan and its small clinic in Wenatchee
- Cascade Medical Center in Leavenworth which includes a hospital and outpatient clinic
- Additionally, these two counties are served by Lake Chelan Clinic in City of Chelan and Wenatchee Pediatrics in Wenatchee
- Behavioral health services is provided by primarily by Recover Innovations, Catholic Family and Child Services and Children's Home Society

Other resources that address priority health needs

The four counties are also served by an extensive combination of social and behavioral health services organizations. These include organizations such as housing authorities, food banks, school systems, service clubs, youth organizations, senior centers, support groups, treatment centers and government or quasi-government agencies. The region also enjoys a significant level of volunteerism and community minded philanthropy.

Examples of Foundations and non-profits

Community Action Centers, The Housing Authority, Together for Drug-free Youth, SAGE-Domestic & Sexual Abuse Center, The Center for Drug and Alcohol treatment, Catholic Family and Child Services, Children's Home Society, Aging and Adult Care systems, school districts, juvenile justice systems, and an array of other county and state institutions.

IX. DOCUMENTING AND COMMUNICATING RESULTS

The CHNA Report and Implementation Plan are available to the community on the Lake Chelan Community Hospital public website (www.lakechelancommunityhospital.com) and are downloadable.

X. PLANNING FOR ACTION AND MONITORING PROGRESS

The implementation plan will articulate various strategies that will be used to engage various partners and collaborative approaches to address the health priorities identified. The hospital internal Assessment Team will engage with community stakeholders develop strategies and identifying best practices in an ongoing effort to build on the work that partner organizations are already doing. Work plans will be developed and appropriate metrics to measure progress towards desired milestones. Logic models for each health priority will describe the link between the epidemiology of the problem, reasons for the problem and the strategies Lake Chelan Community Hospital and its partners will apply to improve health. Finally, the next Community Health Needs Assessment will seek to establish trends in the related health indicators and look for parallels between the health indicator trends and the investments made on interventions on each respective health priority.

XI. APPENDICES:

Zip Codes used to define the Lake Chelan Valley service area & Chelan County

| |
|----------------------|
| Mansfield –98830 |
| Chelan – 98816 |
| Manson –98831 |
| Stehekin – 98852 |
| Chelan Falls – 98817 |

Appendix 1. Implementation Plan

LCCH, in partnership with Community Choice joined together to collect and analyze data that includes Washington Behavioral Risk Factor Surveillance Systems, US Census, Centers for Disease Control, 2012 Healthy Youth Survey, County Health Rankings and the Chelan/Douglas Trends website to identify community health needs for the Chelan County region. After processing and reviewing collected data, LCCH held three community meetings to discuss and review the data and to narrow down community health needs in the Lake Chelan Valley. In collaboration with Community Choice and its other hospital members, as well as the identified Lake Chelan Valley CHNA Steering Committee, over twenty community health needs were identified for Chelan County. Some of these needs were identified as a need because Chelan County rates were higher than Washington State and/or U.S. percentages. For example, high rate in the number of uninsured adults, adequate social or emotional support, suicide rates, poor general health, obesity and a list of chronic diseases.

LCCH's internal CHNA team and the CHNA Steering Committee were then able to narrow down a list of four high-priority community health needs for the Lake Chelan Valley.

The needs identified are:

1) Access to care

- Dental care
- Navigation of medical system

3) Chronic disease prevention

- Obesity/Fitness
- Hypertension & Diabetes screenings

2) Mental health

- Suicide
- Lack of local mental health services

4) Adolescent Pre-conceptual & Perinatal care

- Adolescents
- Preventative reproductive care

Access to Care:

A key factor affecting access to healthcare options is navigation of the medical system. Challenges in navigating the medical system impede access to healthcare. Additional facets of the problem include lack transportation options, cost of care for the uninsured, cost of medications and provider availability even for individuals that are insured.

Additionally 14.7% of low income adults in Chelan County have no access to dental care. This compares to 12.02% for Washington State according to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System for 2006-2010. According to the U.S. Health Resources and Services Administration Resource File, 2011, there are 85 primary care providers for Chelan County's population of 72,453. A high contributor to poor dental care is the 26.50% of adults and 7.90% of children without insurance.

It is common in rural communities that even with medical insurance it is difficult to find health and dental service providers within network, additionally contributing to the problem of navigating the system. As evidenced in the data showing that 23.16% of adults 18 or older also lack a consistent source of primary care.

| Report Area Need | Chelan County Population | Population in Need | WA State Population | Population in Need | Chelan County Average | WA State Average |
|--|-----------------------------|--------------------|---------------------|--------------------|--------------------------|------------------|
| Uninsured Adults (age18-64) | 43,372 | 11,505 | 4,299,112 | 842,575 | 26.50% | 19.60% |
| Uninsured Children (under Age 19) | 19,035 | 1,498 | 1,642,246 | 106,426 | 7.90% | 6.48% |
| Poor Dental Care (age 18) | 53,020 | 7,672 | 5,000,516 | 601,062 | 14.47% | 12.02% |
| Lack of Consistent Source of Primary Care Provider (age 18 and older) | 53,020 | 12,279 | 5,000,516 | 1,078,611 | 23.16% | 21.57% |

Data Source: US Census Bureau, Small Area Health Insurance Estimates: 2011.; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.

Plan:

Because significant data indicates the need to focus on access to care, LCCH will aim to address access via use of an individual patient assistance liaison. This liaison will help with accessing resources such as healthcare information, contacts for assistance with medical care access, transportation, and insurance plans for health and dental care. Lake Chelan Community Hospital will also aim to address and bring awareness of the need for education regarding preventative dental care in the community.

Mental Health

An important theme in the advisory group's discussion was the weakness of the local mental health care system. The local inpatient substance abuse treatment center is inadequately funded, and the funds that do exist are frequently threatened by state and federal budget cuts. The support system for the chronically mentally ill is complicated; with the result that too many chronically mentally ill people are treated in the ER, jailed or left to live on the streets when they need inpatient care or better outpatient follow-up. Even for those with insurance, local psychiatric services are very limited in scope.

Two indicators affecting mental health were identified both through the data and the CHNA Steering Committee. The first is adequate social or emotional support, which is the number of adults who self reported either all or most of the time that they have received insufficient social or emotional support. The second is educational achievement and economic instability which is linked to social and emotional support. As stated in the table below, 17.29% of adults ages 25 and older do not have a high school diploma in Chelan County compared to 10.23% for Washington State. 12.59% of Chelan County population is at 100% of Federal Poverty Level and 34.47% of the total population is at 200% below poverty level.

| Report Area | Total Population (age 25 and older) | Population with No High School Diploma (age 25 and older) | Percent Population with No High School Diploma (age 25 and older) |
|-------------------|--|---|---|
| Chelan County, WA | 47,571 | 8,223 | 17.29% |
| Washington | 4,436,636 | 453,931 | 10.23% |
| Report Area | Total Population | Population Below 100% FPL | Population with Income at or Below 200% FPL |
| Chelan County, WA | 70,815 | 8,918 12.59% | 24,413 34.47% |
| Washington | 6,519,490 | 816,509 12.52% | 1,862,090 28.56% |

Data Source: US Census Bureau, American Community Survey: 2007-11; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11. Accessed using the Health Indicators Warehouse; Data Source: US Census Bureau, American Community Survey: 2007-11.

An indicator of poor mental health is the identified suicide rate per a population of 100,000. Between 2006 and 2010 the average annual death rate by intentional self-harm for Chelan County population of 70,939 was 12.77%; this was 0.089% below the Washington state average. In 2012 the national suicide rate was 11.3 per population of 100,000. With Chelan County's population of 73,453, according to census figures, there were at least 17 completed suicides for the year 2012. In 2011 there was a record high of 18 completed suicides for Chelan County.

Plan:

LCCH will aim to address the lack of mental health services for the rural Lake Chelan Valley as well as bringing awareness to suicide prevention through community education and training regarding suicide.

Chronic Disease Prevention

Through data review, it was identified that 14.70% of adults ages 18 or in Chelan County rate their health, in general, to be poor.

| Report Area | Total Population (Age 18) | Number Reporting Poor General Health | Percent Reporting Poor General Health |
|---------------|-------------------------------|---|--|
| Chelan County | 52,580 | 7,729 | 14.70% |
| Washington | 1,716,677 | 228,318 | 13.30% |
| United States | 111,821,887 | 18,188,242 | 16.27% |

Data Source: [Centers for Disease Control and Prevention](#); Behavioral Risk Factors Surveillance Systems.

Also contributing to chronic disease, it was identified that Chelan County adults ages 18 or older, 24.20% reported a BMI greater than 30.0, which is considered obese according to the Centers for Disease Control and Prevention and the National Diabetes Surveillance System. Even though the percent of obese individuals in Chelan County is less than the Washington or United States averages, LCCH and its CHNA committee have identified that obesity is still a priority among adults and children in the Lake Chelan Valley.

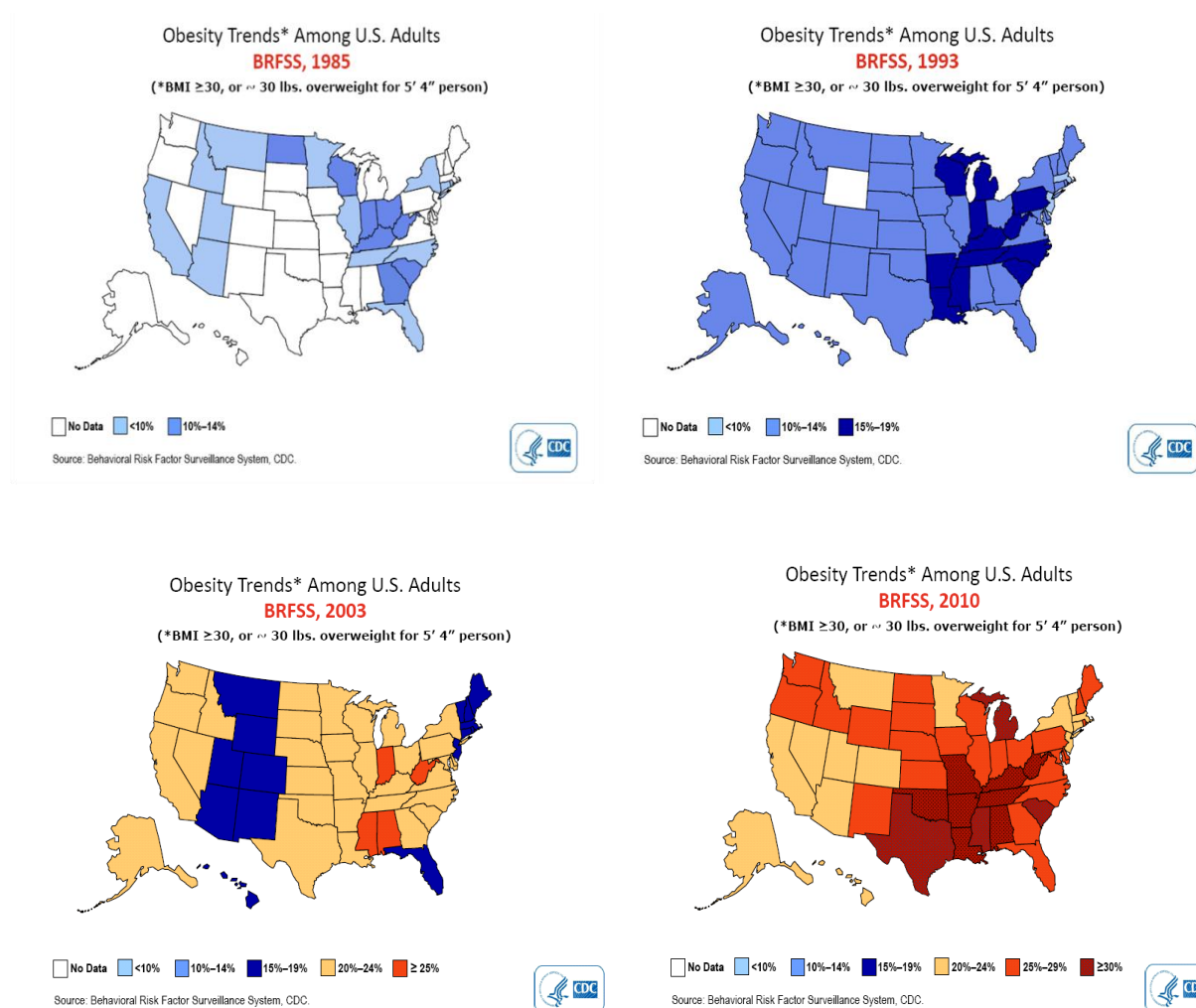
| Report Area | Total Population (Age 20) | Number Obese | Percent Obese |
|-----------------|-------------------------------|--------------|---------------|
| Report Area | 166,448.79 | 46,952 | 28.21% |
| Chelan County | 52,454.55 | 12,694 | 24.20% |
| Douglas County | 26,231.05 | 7,266 | 27.70% |
| Grant County | 58,308.64 | 18,892 | 32.40% |
| Okanogan County | 29,454.55 | 8,100 | 27.50% |
| Washington | 4,946,122.84 | 1,341,720 | 27.13% |
| United States | 224,690,904.71 | 61,460,308 | 27.35% |

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

A study conducted by the Behavioral Risk Factor Surveillance System through the CDC, reveals that the body mass index of U.S. adults in relationship to height is steadily trending upwards.

U.S. obesity trends by state 1985-2010 BMI- measure of an adult's weight in relation to his or her height.



Through a study conducted among a NCW school district to grades K-5, it was identified that at least 28% of the students were overweight or obese at all grade levels and at the 5th grade level 47% of the students were overweight or obese.

Plan:

Both the school study and Chelan County's rate of poor general health at 14.70% as well as national trends, indicate that it is important for LCCH to focus efforts on improving overall health through wellness screenings, health and nutrition plans as well as facilitating awareness of physical activity for populations of all ages in the Lake Chelan Valley.

Pre-conceptual & Perinatal Care

In reviewing data sets related to low birth weights and infant mortality, Chelan County ranked closely with Washington state averages. However, the link between low birth weights (under 2500g) is linked to a higher risk for health problems. During the CHNA Steering Committee meetings, it was identified that in the Lake Chelan Valley adolescent education and access surrounding reproductive care is not readily available. Chelan County ranked high for teen births ages 15-19, which may indicate a rise in unsafe sex practices.

| Report Area | Female Population Age 15 - 19 | Births to Mothers Age 15 - 19 | Teen Birth Rate (Per 1,000 Births) |
|-------------------|----------------------------------|----------------------------------|---------------------------------------|
| Chelan County, WA | 17,668 | 788 | 44.60 |
| Washington | 1,498,685 | 49,007 | 32.70 |
| United States | 72,071,117 | 2,969,330 | 41.20 |

Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09](#). Accessed using [CDC WONDER](#).. Source geography: County.

In the 2012 Healthy Youth Survey administered to a NCW school district, one school reported that of their 12th graders, 52.6% of them indicated that they have had sexual intercourse. The statewide average is at 55.3%. Students were also asked if they had used a condom with their partner the last time they had intercourse, 18.4% of the students answered no compared to the state average of 22.1%. This data compared to the county birth rate of 44.60 per 1,000 births supports a need for education and access to pre-conceptual health in Chelan County and the Lake Chelan Valley. Additionally, identified in the WSDOH CHAT data, over 10% of births to non-Hispanic mothers <20 years old are smokers.

Plan:

Lake Chelan Community Hospital will aim towards building partnerships with local resource agencies to offer reproductive care education for teens. LCCH will also aim to collaborate with local schools to provide educational opportunities regarding reproductive care and the effects of smoking during pregnancy.

These are not formal implementation plans for addressing access to care, mental health, chronic disease preventions and adolescent pre-conceptual and perinatal care, but will be an ongoing development process.

Appendix 2. Directory of Health Coalitions in North Central Washington Counties

Healthcare organizations in Lake Chelan Valley

| Organization | Location |
|--|---|
| Lake Chelan Community Hospital | 503 E Gibson Ave. Chelan WA 98816 |
| Cypress Behavioral Health – Lake Chelan Community Hospital extension | 1505 N Miller St, Ste 230, Wenatchee, WA 98801 |
| Lake Chelan Clinic | 219 E Johnson Ave Chelan, WA 98816 |
| Columbia Valley Community Health | 317 E Johnson Ave Chelan, WA 98816 |



CHELAN – DOUGLAS

SOCIAL SERVICE DIRECTORY

November 25, 2013 Updates/LINKS <http://webpages.charter.net/starjim>

EMERGENCIES — 24 HOUR ASSISTANCE! DOMESTIC & SEXUAL VIOLENCE & CRIME VICTIMS: 663-7446 or TDD 1-800-833-6338

POLICE, FIRE, AMBULANCE call 911! CRISIS LINE: 662-7105! ALCOHOL / DRUG PROBLEMS: 662-9673

POISON CENTER 1-800-222-1222 or 911! CHILD ABUSE / PROTECTIVE SERVICES: 1-800-562-5624! ADULT ABUSE 1-800-459-0421

ADOPTION: NEW LIFE - No fee adoptions for women & families, pregnancy counseling. 1127 Grant Rd EAST WEN 888-2768. • **OPEN ADOPTION** - Provide free pregnancy options counseling and adoption planning for birthmother. Call 509-949-2567. • **WENDY'S WONDERFUL KIDS** - Sponsored by Children's Home Society to adopt Foster Kids. Call 1-253-278-3745

(Tacoma)**ALCOHOL / DRUGS: THE CENTER FOR ALCOHOL & DRUG TREATMENT** - 24 hr help line 662-9673, Family Counseling, Detox/Intervention, Assessments, In/out-patient treatment, Adult/Youth Services, some Sliding Fee offered. 327 Okanogan WEN • **THE SANCTUARY** - Inpatient drug/alcohol treatment & detox. 503 E Highland Ave at CHELAN Hospital 1-800-233-0045. - - - **ALCOHOLICS ANONYMOUS & ALANON & ALATEEN** - ALANO CLUB 663-4567 530 S Wen Ave

www.area92aa.org/meetings**CANCER: AMERICAN CANCER SOCIETY** - For info on local cancer & patient services call 1-800-227-2345. Also - - - - - **CANCER CARE OF NCW** - Cancer resources, out-of-town patient housing, patient grants 1708 Castlerock WEN 663-6964. • **WELLNESS PLACE**-Medical Ed, support resources for individuals & families 609 Okanogan 888-9933. See Support Groups • **FAITHSTEPS HOUSECLEANING** - Provide free house cleaning for women

undergoing treatment for cancer 1-877-337-3348 **CATHOLIC FAMILY SERVICES** - Counseling, Mental Health Support Services, Child Developmental Support for Caregivers, - -Child Care info & training, Lending Library at 640 S Mission WEN 662-6761. See Chore Services, also Relatives as Parents. CHELAN COUNTY JUVENILE FAMILY/YOUTH SERVICES -

Help parents with out-of-control/runaway child age 12-17 667-6350. CHELAN-DOUGLAS VOLUNTEER ATTORNEY SERVICES - Low-income free legal services at 300 Okanogan #3B WEN 663-2778. CHILD & FAMILY ADVOCACY

CENTER - Counseling, Forensic Interviews. 710 North Chelan WENATCHEE. 665-0164. - - - - -CHILD CARE AWARE - Info on licensed homes & education <http://ccrrcentralwa.org> 1-888-664-7350. See Child Care column>>CHILDREN'S

HOME SOCIETY - Counseling, Foster Care, Parenting Classes 1014 Walla Walla Ave WEN. Call 663-0034 for info

CHORE SERVICES - Low income seniors 60+ & disabled 18+ Help shopping, house / yard work, minor home repairs 662-6761 **COLUMBIA LEGAL SERVICES** - Legal assistance based on income 300 Okanogan Suite 2A WEN 662-9681 or 1-800-

572-9615. **COMMUNITY ACTION COUNCIL** - Legal Aid, Energy Assistance, Weatherization, Housing, Self-Sufficiency, Rental Assistance, Financial Education Program, Adult & Child Care Food Program, AmeriCorps, www.cdcac.org 662-6156

620 Lewis WEN **COMMUNITY CHOICE & SHIBA Helpline** - Help with selecting health insurance, Medicare/Medicaid benefits & more 782-5030. **COMMUNITY VOICE MAIL**- Participants can record their own greeting & check messages 24

hr/day 662-6156 620 Lewis WEN **COMPASSIONATE FRIENDS** - Supporting families after a child dies, newsletters, meeting info, grief resource library 665-9987 **CONSUMER CREDIT COUNSELING** - Budget, Credit, Housing,

Bankruptcy counseling by apmt only call first 1-800-355-2227. - **COURT: FAMILY LAW FACILITATOR**- Info & assistance of Family Law/Court. Chelan County 667-6380 & Douglas Co 662-6156. **COURT: SMALL CLAIMS** - Help & info on how to

file a claim. In Chelan County call 667-6600 & Douglas County 884-3536. - -CRIME VICTIM & TRAUMA CENTER - Advocacy, Crime Victim Compensation, Legal help, counseling 800-614-5117. - - - - -

DENTAL:CVCH- Full children's service, adult emergency care. 600 Orondo WEN 662-6000 & 317 E Johnson CHELAN 682-6000 **DEPARTMENT OF EARLY LEARNING** - Child Care Licensing 665-5289. Located in DSHS office at 805 South

Mission WEN. - -DEPARTMENT OF SOCIAL & HEALTH SERVICES (DSHS) - Offers the following services at 805 South Mission WENATCHEE: • **CHILDREN & FAMILY SERVICES**-Child Protective Services, Foster/Adoptive license 665-5300.

Report abuse 1-800-562-5624 • **COMMUNITY SERVICES**-Financial/Emergency Help, Medicaid, Basic Food Program/Food Stamp, Child Care 1-877 501-2233 • **DEVELOPMENTAL DISABILITIES** - Provide services to all ages of Developmental

Disabilities call 665-5354. - - - - - **DIVISION OF CHILD SUPPORT** - Help in securing child support 886-6800 or 1-800-535-1113 TDD 1-800-833-6384. - - - - - **VOCATIONAL REHABILITATION** - Vocational Counseling, retraining disabled

& handicapped at 630 N Chelan B6 662-0439. **DEVELOPMENTAL DISABILITIES** - Development Services, Early Childhood 0-3, Adult Employment 23 S Wen Av #203 888-2377 **EARLY INTERVENTION PROGRAM** - Help for families with

developmental concerns of their children aged birth to 3. 664-3781 **ENTIAT COMMUNITY SERVICES**-Food, Clothing, Employment, Food Stamps, & more. 2084 Entiat Way Tues/Thurs/Fri 784-7117 **EYE CARE: SAMARA** - Help & equipment

for blind & visually impaired call 470-8080. Also **LIBRARY FOR BLIND** 1-800-542-0866 **LILAC SERVICES FOR BLIND & Limited Vision** - Assessments, training, home help 4 Kittitas #203 WEN. Call first 888-7597 **FAMILY PLANNING** - Birth

control, pregnancy/STD tests, Pap smears, education, M-F 8:30AM-5:30PM 900 Ferry WEN 662-2013 **GRIEF PLACE** - Grief support for children, youth, adults, widowed, suicide, violent crime & Hispanics 1610 5th WEN 662-6069. **HAVEN OF**

HOPE-Housing for women & children-boys under 12 202 S Franklin WEN 664-6866 teria@hostpitalityministries.org

HEAD START: Early Childhood Education for birth to five. Call 663-5179 for ECEAP programs in Wen, Cashmere, Peshastin, - East Wen & Orondo; Also EPIC provides Migrant Seasonal Head Start & ECEAP in East Wen 884-2435 &

Bridgeport 686-5555 **HEARING LOSS CTR: Serve deaf/hard of hearing** with Communication Access Advocacy, Training & Interpreters 800-214-3323 **HEALTH: COLUMBIA VALLEY COMMUNITY Health** - primary medical care, walk-in clinic,

insurance & income-based discounts 3 clinics 600 Orondo WEN, 900 Eastmont E WEN, 317 E Johnson CHELAN. All services 662-6000. See MENTAL, WIC, DENTAL • **UPPER VALLEY FREE CLINIC** - For low-income in Leavenworth. Monday

6:30-8pm no apmt Cascade Med 817 Commercial **HEALTH DISTRICT** - Birth/Death Certificates, Communicable Diseases,

TB Control, Food Handlers Permits, Children with Special Health Care Needs, Test Drinking Water 886-6400, WIC 886-6437
 200 Valley Mall Pkwy EAST WEN Closed Fridays. HEALTH LIBRARY - CW Hospital Library open for public Mon-Fri 8AM - 4:00PM at Main Entrance 1201 S Miller WEN 664-3476. HOME HEALTH CARE - Nursing, Physical, Occupational & Speech Therapy, Maternal Child Health 1020 N Wen Ave 665-6049. -> CHELAN HOME HEALTH & HOSPICE - Skilled nursing, Therapy, Social Worker, Nutrition, Respite in CHELAN 682-8235. -HOSPICE -End of life services for terminally ill / family 1020 N WEN Ave 665-6049. CHELAN HOSPICE 115 S Emerson 682-8235 HOSPITALITY HOUSE - Shelter for single men. Meals served at 7:00 AM, Noon, & 6:00 PM at 1450 S Wen Ave WEN 663-4289. - HOUSING AUTHORITY -Housing for seniors/disabled/low income/farmworkers, Section 8 Rent 1555 S Methow WEN 663-7421. COLUMBIA VALLEY HOUSING - Mid/low-income family home ownership, assist down payment 1555 S Methow WEN 264-6776. IMMIGRATION PROJECT - Services for immigrants to pursue/defend their legal status. Wenatchee 570-0054 or 1-866-271-2084KC HELP - Medical equipment available free on loan. Open Tues & Thurs 9AM - 3PM. Call 662-6761 Ext 4399. 625 Elliot WEN. LAW LIBRARY - Washington, Bankruptcy & Federal Law info. Mon-Fri 9AM-5PM Courthouse 5th Fl 350 Orondo WEN 667-6210 LIGHTHOUSE MINISTRIES - Mon-Sat 7:30AM-6PM Housing, Clothing. Meals 8:30/11:30/5:00 & Sun 11:00 526 S Wen Ave WEN LITERACY COUNCIL-Adult Basic Literacy & ESL Tutoring. Need Volunteers. Community Center 508 S Chelan Bldg B 682-6966 MENTAL HEALTH: - Recovery Innovations: Crisis Line 662-7105. Both Adults & Children on Medicaid can receive mental --health care services at 701 N Miller WEN call 662-7105. See also CATHOLIC FAMILY, also CHILDREN'S HOME SOCIETY. Col Valley CH - Child 504 Orondo WEN 662-4296 / Adults 230 Grant Rd E WEN 884.9040 / CHELAN 317 E Johnson 682-6000 NAMI - Support, Education, Advocacy for mentally ill and families. For info 663-8282 leave message. See Support Groups. MENTAL HEALTH OMBUDS -Advocate for client's mental health treatment choices & rights, find solutions. 1-800-346-4529 MISSION VISTA - Adult Developmental Disability Residential & Vocational Services at 630 N Chelan Suite A1 WEN 663-1069 MOBILE MEALS-All ages Home Delivered Meals/Special Diets for ill/disabled/homebound in only WEN & EAST WEN 665-6254 NORTHWEST JUSTICE PROJECT - Legal assistance based on income 664-5101 or 1-888-201-1021 300 Okanogan #3A WEN. PARENT EDUCATION: Parent-Child PreSchool 662-9453 - See also Pregnancy Options & Children's Home & Together & WSU LINK BUS COLUMN: M means multiple routes — T means near Transfer Station on Wen Ave Copying & Distribution of this directory is encouraged, as long as there is no charge = FREE. To Report Changes contact TOGETHER 662-7201 FAX 664-7205 together@nwi.net PO Box 3525 Wenatchee 98807 For new updated information & more details & web links go to <http://webpages.charter.net/starjim> (No WWW). PARENT TO PARENT - Support program for families of children with special needs. rolftw@charter.net 509-929-7277. POWERHOUSE MINISTRY - Drop-in center, games, food, clothing Mon-Sat 9AM-4PM & Mon-Fri 7-9PM 30 N Wen Ave 888-6632 REAL OPTIONS PREGNANCY CLINIC - Tests, ultrasound, ed, STI tests 300 Okanogan #1C WEN 662-0652 Mon-Fri 10-4/Thur 4-7 RED CROSS -Training programs include Workplace First Aid/CPR/AED, Babysitter, Lifeguard, HIV/AIDS, Bloodborn Pathogen, Preparedness, Disaster Relief Services, Military Emergency Communications. Other services call 663-3907. 12 Orondo WEN. RELATIVES AS PARENTS/KINSHIP CAREGIVERS - Support services info & limited funding to help raise the children 662-6761 RUNAWAY SWITCHBOARD & HOTLINE - Runaways & parents can leave messages & get advice 1-800-RUNAWAY. -----SAGE SERVICES-Help for Domestic Violence & Sexual Assault. 24 hr Crisis Line 888-HELP, 663-7446, Counseling, Emergency Shelter, Legal Help, Therapy. 710 N Chelan WEN. See also Child/Family Advocacy Center, Crime Victim Ctr, Support Groups. SALVATION ARMY - RENT/utilities Mon-Fri 9AM-11:30. Showers Mon-Fri 1-3 & hot meal at 4. 1205 S Columbia WEN. 293-5684. SENIORS: • MEALS - Meals delivered to homebound seniors 60+ in Chelan & Douglas Counties. For info call 470-0522. ----- AGING & ADULT CARE- Info/Assistance, Family Caregivers, Chore / Personal Care, Legal Help 50 Simon East Wen 886-0700• DSHS HOME & COMMUNITY SERVICES - Adult Protective Services, Assisted Living, Adult Family / Nursing Home 886-6140. • AARP SENIOR EMPLOYMENT PROGRAM - Low income 55+ Temporary Job Assignments & limited training 662-3531 Ex 122• RSVP - Seniors 55+ contact RSVP and volunteer to help address critical community needs like food, literacy, etc 662-3461. SERVE WENATCHEE - Christian ministry offers food/non-food, shelter, counseling, furniture, utilities 663-4673 212 S Mission SOCIAL SECURITY & SSI - APPLY BY WEB www.ssa.gov or PHONE 1-800-772-1213. Office at WEN Post Office 2nd floor. ---SOLOMON'S PORCH - Youth 13-20 drop-in center + meal Mon-Fri 6-8pm & tutoring Mon-Fri 5pm 17 S Mission WEN 662-1712TOGETHER - Parenting Classes. Join a group in your area to stop youth substance abuse. 11 Spokane St WEN 662-7201. -TRAINING: SKILLSOURCE - Job Training for unemployed & under-employed Adults & Youth at 233 N Chelan WEN 663-3091. OIC of WA offers farmworkers education (ESD /ESL /Civics), vocational, work skills training & employment services at 11 -Spokane #101 WEN 888-6012 • JOB CORPS -Job Training/education for men/women, age 16-24 1-509-762-5581. See WVC TRANSPORTATION: LINK BUSES 662-1155 or TTY 664-7287. Also LINKPLUS for seniors / disabled 662-3569 or TTY 664-7287. • PEOPLE FOR PEOPLE - Transportation to medical care for those on Medicaid call 1-800-233-1624 /or/ TTY 1-800-606-1302. UNEMPLOYMENT INSURANCE - Open/reopen claims 8AM-5PM Mon-Fri call 800-318-6022 TTY 800-365-8969. See Worksource- UPPER VALLEY MEND - SHARE housing program, home for developmentally disabled adults Leavenworth 548-0408. -----VETERANS: VA CLINIC only for veterans at 2530 Chester-Kimm Rd in Olds Station WEN. By appointment only 663-7615. ----- VET SERVICES EAST WEN - Help Vets with VA benefits & disability claims Mon-Fri 10AM-4PM at 11th & Baker 884-3617. • VET SERVICES CHELAN CO - Help Vets & dependents. Mon, Wed, Thurs 8:30-12:30 508 S Chelan WEN. No apmt. 664-6801• VET - Individual & group professional counseling for eligible vets & their significant others. No charge. Wen. Call 667-8828• VET - The BUNKER at 1250 N Wen Ave WEN offers coffee, games, benefit help, counseling, food, clothing. Call 885-5559 -VICTIM-WITNESS PROGRAM - Help for victims of crime. 2 offices: Chelan County 667-6206 & Douglas Co 745-8535 Ex 216.WENATCHEE VALLEY DISPUTE RESOLUTION CENTER - Mediations by appt. Conflict resolution training. Sliding fee 888-0957 WV COLLEGE - • WORKER RETRAINING PROGRAM provide assistance in retraining in technical & professional programs for qualified people 682-6613. • ADULT BASIC ED - GED & English as a Second Language 682-6790. • VETERANS ED 682-6817.WOMEN'S RESOURCE CENTER - Advocacy for families & individuals, clothing, carry-out meals on Wed 10am-

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REFERENCES

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Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09.
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U.S. Department of Health & Human Services — 200 Independence Avenue, S.W. — Washington, D.C. 20201;
<http://aspe.hhs.gov/poverty/index.shtml>