



Lake Chelan Health Community Health Needs Assessment

2025 – 2027

Table of Contents

About Lake Chelan Health	1
Our Mission	1
Our Services	1
Our Community	3
Methodology	4
Our Process	4
Data Collection	5
Prioritization of Community Needs	6
Limitations	6
Community Health Priorities.....	7
Access to Care.....	7
Continuity of Care, Recruitment, and Retention of a Quality Workforce.....	9
Culturally Competent Care	10
Cost of Care	11
Other Identified Needs.....	12
CHNA Implementation Plan.....	13
References and Acknowledgments	14
Primary Data Sources	14
Secondary Data Sources	14
Consulting Expertise.....	14
Evaluation of Previous Community Health Improvement Plan (2023 – 2025).....	15
Previous CHNA Priorities.....	15
Impact Evaluation	15
Community Profile	18
Demographic Indicators.....	18
Socioeconomic Indicators	20
Health and Disease Indicators.....	26
Preventative Health and Wellness Indicators.....	30
Existing Healthcare and Community Resources	35

About Lake Chelan Health

Founded in 1948 in Chelan, Washington, Lake Chelan Health (“LCH”) is a Public Hospital District (Chelan County Public Hospital District No. 2) with a 25-bed Critical Access Hospital (“CAH”) and integrated health system, with multiple clinics providing primary care, pediatric, specialty care, and express walk-in care services. LCH became a Public Hospital District in 1969, obtained CAH designation in 2004, and opened its newly constructed current hospital facility in 2022. In 2023, LCH proudly celebrated 75 years of caring for residents and visitors of the Lake Chelan Valley, demonstrating our commitment to our community.

To learn more about LCH, www.lakechelanhealth.org.

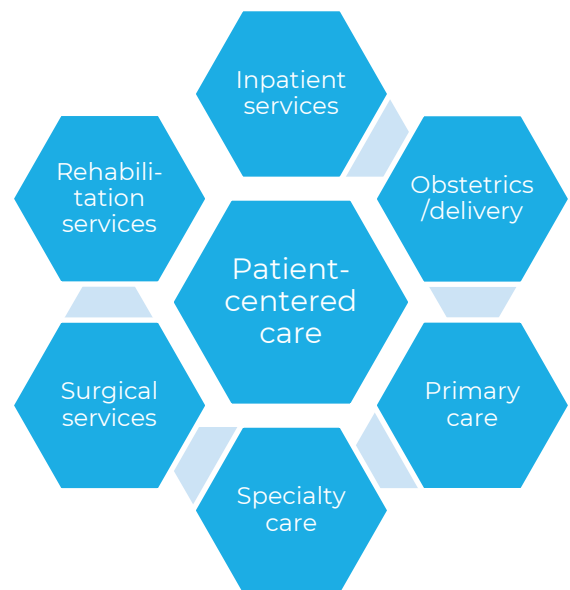
Our Mission

LCH’s mission is “to provide the highest quality healthcare with compassion and respect to the community we serve”. Through our vision “to improve community health and make our region a better place to live”, we strive to provide excellent healthcare services to our community each and every time.

Our Services

LCH provides an extensive array of inpatient and outpatient services, including acute inpatient services, swing bed services, obstetrics/delivery care, primary care/pediatric care/express care (Lake Chelan Health Clinic), emergency medicine, surgical services, rehabilitation services, specialty care services, laboratory services, diagnostic radiology/imaging services, and more. Our staff consist of a mix of primary care, specialty care, and rehabilitation services providers.

As a CAH, LCH serves as the sole provider of care in a predominantly rural community with limited access to healthcare services. People that live in rural communities face a higher degree of socio-economic and health disparities compared to their urban counterparts. Every three years, LCH conducts a community health needs assessment (“CHNA”) to identify unmet health needs within the service area based on population trends, health indicators, socio-economic factors, and leading causes of death.



The following is a complete list of services provided by LCH:

- 24-hr emergency department
- 3-D mammography
- CPR, first aid, and AED courses
- CT
- Cardiac rehab
- Community health worker services
- Dermatology
- DEXA scan
- EMS ambulance service
- Ear, nose & throat (ENT)
- Express care walk-in clinic
- Full laboratory services
- General surgery
- Inpatient care
- Labor & delivery
- Lymphedema care
- MRI
- Occupational therapy
- Orthopedics
- Paramedicine/prevention programs
- Paratransit
- Pediatric care
- Pelvic floor therapy
- Physical therapy
- Plastic surgery (visiting provider)
- Podiatry (visiting provider)
- Primary care
- Skilled recovery (swing bed)
- Speech therapy
- Statewide insurance benefits advisor
- Ultrasound
- Wound care
- X-ray

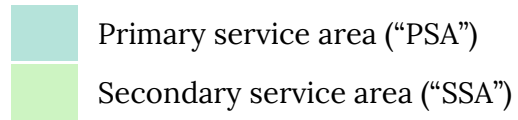


Our Community

LCH's service area encompasses areas both within and outside of the Chelan County Public Hospital District No. 2. The primary service area ("PSA") includes communities in Chelan County such as Chelan, Manson, Stehekin, and Chelan Falls. The secondary service area ("SSA") consists of communities within Chelan County and Douglas County including Entiat, Mansfield, Orondo, Waterville, and Ardenvoir.

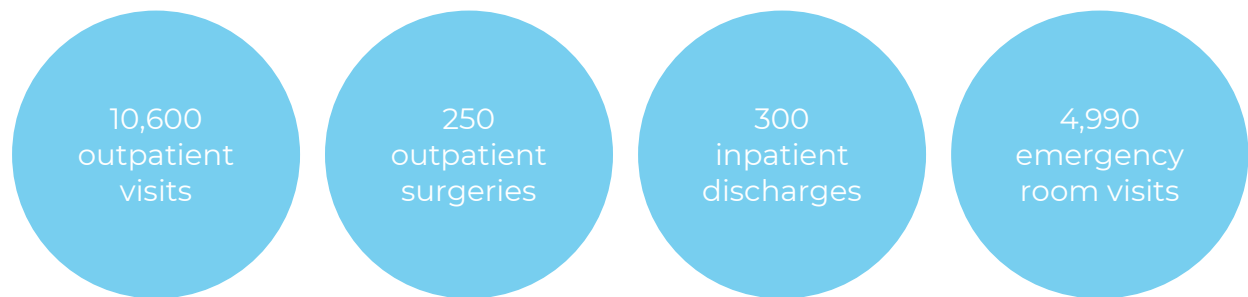


Primary service area ("PSA")	
98816 (Chelan)	98831 (Manson)
98852 (Stehekin)	98817 (Chelan Falls)



Secondary service area ("SSA")	
98822 (Entiat)	98830 (Mansfield)
98843 (Orondo)	98858 (Waterville)
98811 (Ardenvoir)	

On an annual basis, LCH serves approximately:

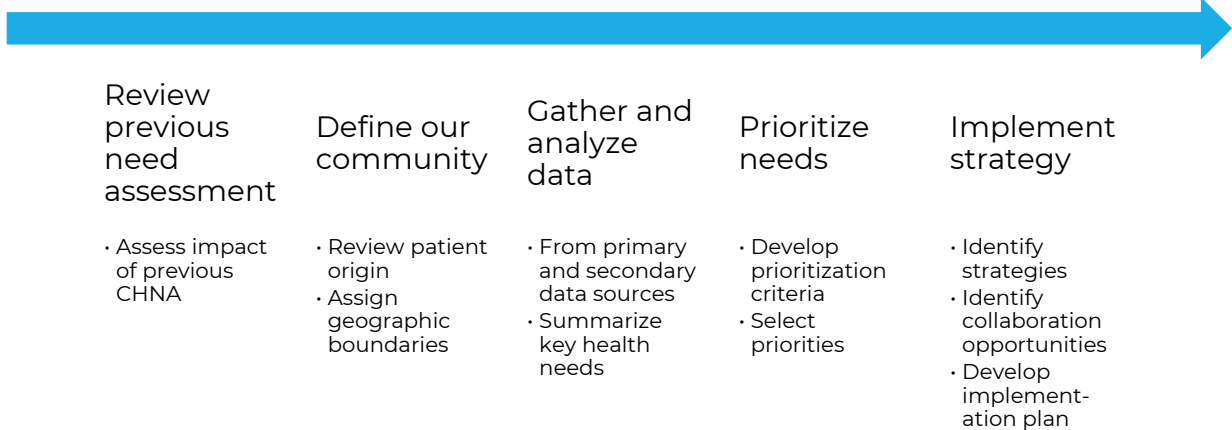


Source: Definitive Healthcare, July 2025 Medicare Cost Report release

Methodology

Our Process

LCH engaged Wipfli, an independent audit, tax, and advisory firm, to facilitate the development of the CHNA. Wipfli utilized the following process to analyze the health needs of the community and develop the priorities of the needs assessment:



This process was overseen by the CHNA Advisory Committee, which consists of leadership from the hospital who represent the broad interests of the community. Committee members were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The committee consists of the following members:

- AARON EDWARDS, CHIEF EXECUTIVE OFFICER**
- SAMUEL NAU, REVENUE CYCLE DIRECTOR**
- AGUSTIN BENEGAS, COMMUNICATIONS MANAGER**
- MARCUS MILLER, EXECUTIVE DIRECTOR OF OUTPATIENT SERVICES**
- RAY EICKMEYER, DIRECTOR OF EMS**
- GEORGE ROHRICH, COMMUNITY HEALTH WORKER**
- CHANEL VENEGAS, COMMUNITY HEALTH WORKER**

The process used to complete this CHNA is in full compliance with section 501(r)(3) of the Internal Revenue Code. This needs assessment was approved by the LCH Board of Commissioners on December 30th, 2025.

Data Collection

Information was collected from primary and secondary data sources to identify unmet needs within the community. Information was summarized into key themes, which served as the basis of the community’s unmet health needs.

PRIMARY DATA

Primary data represents information that was collected first-hand from stakeholders within LCH’s community. This data was collected to validate secondary data findings as they pertain to the service area, identify issues that were not represented in the secondary data, and understand what specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted from May 2025 – June 2025 with people who best represented the broad interests, experiences, and needs of the community, particularly persons who represent the medically underserved and vulnerable populations within the community (referred to herein as “stakeholders”). A community health survey was also distributed to ensure that each person had the opportunity to participate and be heard in this process (referred to herein as “respondents”). A complete list of the interview participants can be found in the References and Acknowledgments on page 13.

The interviews and surveys were designed to solicit information pertaining to the following topics:

- ▶ Significant health care issues or needs.
- ▶ Social, behavioral, and environmental factors that contribute to health needs.
- ▶ Barriers to care within the community.

- ▶ Vulnerable populations who experience disparities.
- ▶ Suggestions or ideas to address the community’s needs.
- ▶ Potential resources/ infrastructure to support health, social, behavioral, or environmental needs.
- ▶ Areas for collaboration to address health needs.

SECONDARY DATA

Secondary data was collected from statistical data sources available from local, regional, state, and national organizations. The secondary data provides a profile of the social, economic, and health characteristics of the community. Sources of data include:

- ▶ American Community Survey
- ▶ Census Reporter
- ▶ Centers for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Definitive Healthcare
- ▶ ESRI Business Information Solutions
- ▶ Healthiest Communities
- ▶ Health Resources & Services Administration (“HRSA”)
- ▶ Link Transit
- ▶ Medicare.gov
- ▶ U.S. Census
- ▶ U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration (“SAMHSA”)
- ▶ Washington State Department of Health

Prioritization of Community Needs

Once the primary and secondary data was gathered, the information was collectively analyzed to identify key themes that represented the unmet health and health-related needs within the community. The Advisory Committee and Board of Commissioners collectively evaluated the unmet health needs and supporting data to determine which needs would be prioritized to be addressed by LCH over the next three years. The following criteria were utilized to define unmet needs and determine areas of focus:

Scope

- How many individuals are touched by this issue?

Significance

- How significantly does the issue impact those touched by it?

Impact

- How much of an impact can LCH have on addressing this issue?

Limitations

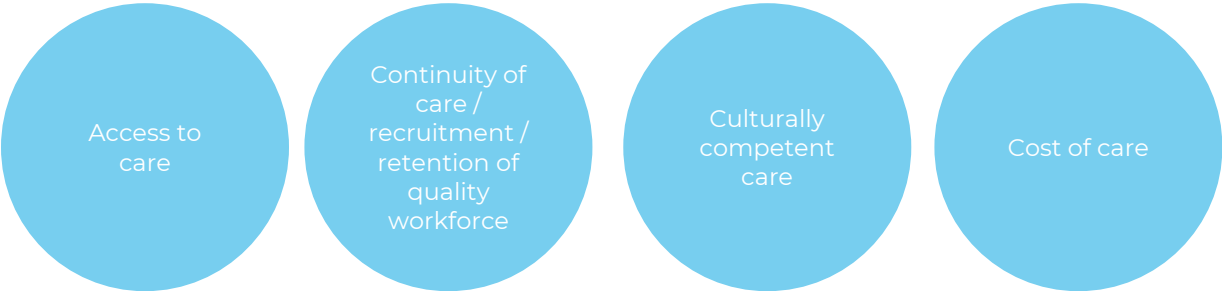
LCH, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report. However, LCH recognizes that the responses reflected in the interviews and surveys represent the opinions of the respondents and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as the perspectives and opinions of these participants may not be fully representative of those in the service area.

Additionally, county-level data is featured in this report when more local data pertaining to the service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

LCH’s emphasis on recruiting a set of diverse stakeholders and using local or regional data when available to determine the social, economic, and health needs of the community demonstrates LCH’s commitment to understanding and meeting the needs of their service area.

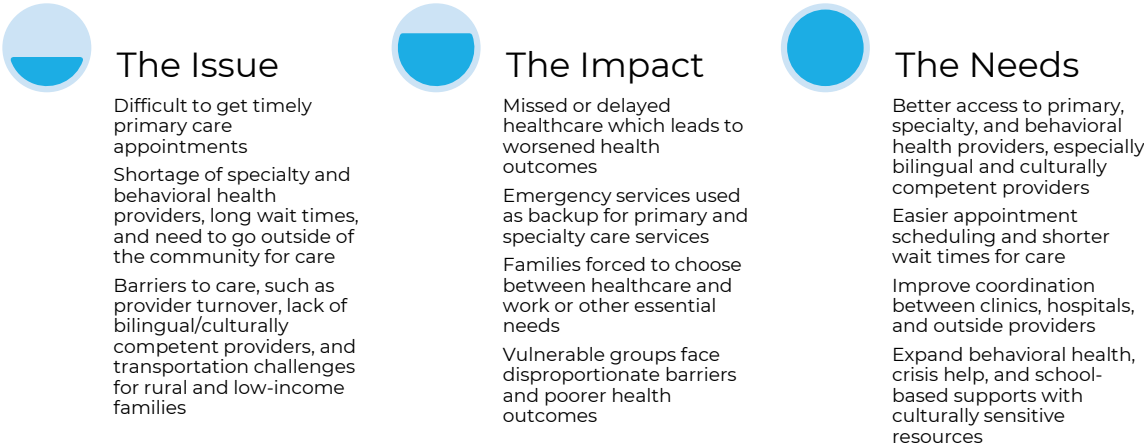
Community Health Priorities

The 2025 community health priorities, in no particular order, are:



Additional context regarding the selection of these health needs as priorities for LCH is provided below:

Access to Care



Primary care

Most residents report having a regular primary care provider or clinic, yet timely access remains a significant challenge. Survey respondents and stakeholders consistently highlighted long wait times for routine appointments with their providers/clinics, with many residents waiting weeks or even months for non-urgent visits—about 28.0% of respondents noted wait times of more than a month for non-urgent visits. Approximately 54.4% of survey respondents identified “improved access to primary care” as the most important factor for enhancing health and quality of life in the community. While walk-in and express care clinics help alleviate some of the demand, preventive care and chronic

disease management were reported to often be delayed. As a result, some residents turn to emergency services for non-emergent needs, placing additional strain on local emergency resources. Stakeholders attribute these challenges in part to a shortage of primary care providers, high provider turnover, and reliance on rotating or temporary staff, which can disrupt continuity of care and hinder the development of long-term patient-provider relationships. Additionally, concerns were raised about care coordination and communication between clinics, hospitals, and external providers, with patients sometimes experiencing confusion about where to seek care and encountering inefficiencies in the sharing of medical records. Despite these barriers, residents value the personalized attention they receive from local primary care providers, especially in smaller clinics where relationships can be built over time.

Specialty care

Access to specialty care is a significant concern for community members, with 100.0% of stakeholders identifying it as a major healthcare need. Data collected during the survey reinforces this, as approximately 64.6% of respondents ranked “improved access to specialty care” as the top priority for enhancing health and quality of life, and about 67.0% indicated that chronic health conditions are among the greatest issues impacting residents’ health outcomes. About 40.0% of survey respondents rated local access to specialty services as poor or very poor, and 80.0% reported receiving healthcare from a provider other than LCH in the past year. According to stakeholders, the most needed specialty services include cardiology, dermatology, gastroenterology, neurology, oncology, orthopedics, pain management, and pediatric vision, dental, and behavioral health care. Residents cited frequent travel to Wenatchee, Moses Lake, Seattle, or Spokane for specialty appointments, advanced diagnostics, and surgeries—a burden especially challenging for elderly individuals, those with chronic conditions, and low-income families who may lack reliable transportation or the flexibility to take time off work. Wait times for specialty care can extend for several months, and some services, such as sleep medicine, diabetes management, and dental or orthodontic care, are only available through periodic outreach or require significant travel. As a result of the challenges within specialty care, residents often postpone or skip care which can lead to worsened health outcomes and increased reliance on emergency services.

Behavioral health

Behavioral health needs are rising within the community. Approximately 67.0% of stakeholders identified mental health and substance use services as a major healthcare need, and nearly 40.0% of survey respondents reporting “better access to behavioral health” as the most important factor for improving community health and quality of life. Approximately half (50.0%) of survey respondents rated local access to mental health and substance use services as poor or very poor. Stakeholders from schools, social services, healthcare, and local government described behavioral health as a growing concern, citing increasing numbers of families and youth struggling with mental health issues, anxiety, depression, and substance use disorders. Survey data reinforces these concerns: mental health conditions, alcohol use, and opioid or other drug use were ranked as the greatest issues impacting health outcomes by 38.4%, 27.6%, and 40.8% of respondents, respectively,

who selected each as their top concerns. Residents reported a severe shortage of behavioral health providers, especially bilingual and culturally competent clinicians, along with long waitlists, high provider turnover, and challenges with continuity of care. Many residents rely on emergency departments for behavioral health crises, with stabilization and follow-up care often requiring travel to larger cities. Substance use disorder services are extremely limited, with no local methadone or medication-assisted treatment programs, and inpatient substance use treatment requiring travel and long waitlists. Stigma around mental health and substance use remains a barrier for all residents but is particularly acute in the Hispanic/migrant community and is compounded by language barriers and fear of accessing services due to immigration status or lack of trust. Other vulnerable populations experiencing disproportionate impacts include youth, LGBTQ+ individuals, and low-income families.

Continuity of Care, Recruitment, and Retention of a Quality Workforce



The Issue

Frequent provider turnover and rotating staff for primary and specialty care providers

High housing costs make recruiting and keeping healthcare workers difficult

Behavioral health services are hit hardest by staffing shortages



The Impact

Frequent provider turnover can reduce community trust in the healthcare system and make it challenging to build relationships

Gaps in patient care can happen during provider transitions

Remaining staff face heavier workloads, leading to burnout and further turnover



The Needs

Develop retention strategies and recruitment pipelines to 1) address challenges in retaining providers and 2) train and retain new and upcoming health professionals from within the community

Set up smooth handoffs when providers leave (shared care plans, patient education)

Continuity of care, recruitment, and retention of quality workforce is a leading challenge present for the community's healthcare system. Approximately 67.0% of stakeholders identified these issues as concerns, and 71.0% of survey respondents emphasized that the ability to recruit and retain a qualified healthcare workforce is the most important factor for improving health outcomes in the community. High provider turnover can disrupt patient relationships, delay treatment, and increase the risk of gaps in care, particularly for patients with chronic conditions or behavioral health needs. Contributing factors that can make it difficult to attract and retain providers include the rural setting and lifestyle, high cost of living, and limited availability of housing options. Turnover can result in staff shortages, with remaining staff often facing heavier workloads and burnout. Addressing these challenges requires robust retention strategies, recruitment pipelines, and systems to ensure smooth care transitions when providers do leave.

Culturally Competent Care



The Issue

Few providers speak Spanish or understand different cultures, making care challenging for residents

Health education, chronic disease information, and public health materials are not always offered in languages other than English

Providers may rely on interpretation devices instead of direct communication



The Impact

Missed appointments, poor follow-up, avoidance of preventive care, and inability to understand diagnoses, treatment plans, or medication instructions

Emergency room used for basic, non-emergent care due to lack of language-appropriate services

Cultural insensitivity and poor communication lead to reduced trust in the healthcare system



The Needs

Recruit Spanish-speaking and culturally competent providers and support staff

Train healthcare teams on cultural humility, bias, and clear communication

Expand health education resources to be in multiple languages

Language and cultural barriers were reported by stakeholders and respondents alike to impede access to and quality of healthcare within LCH's community. Approximately 67.0% of stakeholders reported these barriers as a major issue, with Hispanic and migrant populations cited as being particularly underserved due to language barriers, low health literacy, and health inequalities. According to about 38.0% of survey respondents, health inequalities—defined in the survey as some groups of people being less healthy than others because of the avoidable, unfair and systematic differences in healthcare between different groups of people—is the greatest issue impacting health outcomes in the community. Limited availability of Spanish-speaking and culturally competent providers was said to lead to misinterpretation of symptoms and patient hesitancy to seek care. Preventive care materials and chronic disease education are rarely available in languages other than English, and interpretation devices are not consistently accurate, accessible, or appropriate for all situations. These challenges have resulted in patients foregoing needed services, poor follow-up, and increased reliance on emergency rooms for non-emergent needs, which collectively results in poorer health outcomes and increased costs. To address these barriers, stakeholders indicated a need to expand culturally competent services, improve language access during healthcare appointments, and provide ongoing training for healthcare staff to ensure effective communication and trust with diverse populations.

Cost of Care



The Issue

High out-of-pocket costs (co-pays, deductibles) make healthcare services difficult to afford
Many residents are uninsured or underinsured, and rely on the emergency room for non-emergent care
Lack of awareness of financial resources available



The Impact

Delays or avoidance of needed healthcare services (preventative and emergent) due to cost
Families choose between healthcare and other essentials
Emergency room is used as a backup for primary or specialty care, putting strain on emergency resources



The Needs

Financial assistance resources, available in multiple languages, about payment plans, financial aid, sliding scale fees, and where to obtain resources

Cost of care is a significant barrier to health and well-being within LCH's community. Approximately 75.0% of stakeholders identified cost of care as a leading issue, noting that high out-of-pocket expenses for co-pays, premiums, deductibles, and medications often lead residents to delay or avoid treatment, ultimately worsening health outcomes. Stakeholders reported families needing to make financial trade-offs between healthcare and other essentials such as food, rent, or transportation. Uninsured and underinsured populations—including agricultural workers, undocumented individuals, and middle-income families in the coverage gap—frequently rely on emergency services for care due to limited insurance options, which is not cost-effective or the appropriate care pathway for patients with primary or specialty care needs. Many residents reported being unaware of availability or location of financial assistance programs, sliding scale fees, and payment plans. Respondents reported the billing process to be confusing and/or delayed, and expressed desire for more timely, transparent, and user-friendly billing and payment systems. Overall, there is a need for clearer communication, available in multiple languages and through trusted community partners, about payment plans, financial aid options, sliding scale fees, and where to locate/reference financial-related information.

Other Identified Needs

The following health needs were identified throughout the CHNA process but were not selected by the Advisory Committee and Board of Commissioners as the committee felt that LCH has neither the expertise nor the resources to lead efforts in these areas. LCH will continue to engage in and support community partnerships with other organizations in the community with expertise in these areas.

TRANSPORTATION

Stakeholders conveyed mixed feedback regarding transportation, with about 67.0% of stakeholders discussing the challenges and successes for transportation within the community. Many stakeholders praised the availability of free public transit options like DART and local bus lines, noting these services are especially valuable for those who know how to access them and live near established routes. However, significant gaps remain for families in rural or outlying areas, people with special needs, and those with inflexible work schedules, as these groups often struggle to reach healthcare appointments due to the limited geography covered by public transit options, advance scheduling requirements, or lack of personal vehicles. Transportation may not be a universal barrier for the community, but it continues to present real challenges for some of the most vulnerable community members.

HEALTH LITERACY, EDUCATION, AND PREVENTATIVE CARE

Health literacy, education, and preventive care are areas requiring significant improvement according to 58.0% of stakeholders. There is a lack of public health education around nutrition, obesity, physical activity, and proactive wellness, with many residents unaware of the importance of preventive screenings and healthy lifestyle choices. Stakeholders also raised concerns about declining vaccination rates and the need for more accessible and culturally relevant health education to address gaps in knowledge and promote proactive health behaviors, especially among families and school-aged children.

CHNA Implementation Plan

Strategies to address the unmet health-related needs prioritized by LCH will be defined through a community health improvement plan (“CHIP”), which is a specific plan that outlines strategies or actions that can be taken to improve priority areas and track progress over time. The CHIP defines specific actions by taking the following into account:

Strategic Objectives

- What overarching goals is LCH seeking to achieve to address these issues?

Impact

- What impact will achieving these goals have on community health?

Tactics

- What specific strategies or tactics will LCH explore to achieve its goals?

Resources

- What resources can LCH commit to address these issues?

Partnerships

- What community organizations can LCH collaborate with to improve health outcomes?

References and Acknowledgments

Primary Data Sources

This report was made possible through the contribution of the following organizations, who participated in the community input process within stakeholder interviews of this needs assessment:

- ▶ City of Chelan
- ▶ Lake Chelan Chamber of Commerce
- ▶ Chelan School District
- ▶ Chelan Valley Housing Trust
- ▶ Chelan Valley Hope
- ▶ Columbia Valley Community Health
- ▶ Chelan-Douglas Health District
- ▶ Manson Fire and Rescue
- ▶ Manson School District
- ▶ Washington Student Achievement Council

Secondary Data Sources

Secondary data was collected from the following sources:

- ▶ American Community Survey
- ▶ Census Reporter
- ▶ Centers for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Definitive Healthcare
- ▶ ESRI Business Information Solutions
- ▶ Healthiest Communities
- ▶ Health Resources & Services Administration ("HRSA")
- ▶ Link Transit
- ▶ Medicare.gov
- ▶ U.S. Census
- ▶ U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration ("SAMHSA")
- ▶ Washington State Department of Health

Consulting Expertise

Wipfli, a nationally certified audit, tax, and advisory firm, assisted LCH with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process, and compilation of the needs assessment report.

Evaluation of Previous Community Health Improvement Plan (2023 – 2025)

Previous CHNA Priorities

LCH conducts a CHNA every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Access to care
- ▶ Behavioral health services and supports
- ▶ Recruitment and retention of a quality workforce
- ▶ Support for aging in place for seniors

Impact Evaluation

The following summarizes LCH's effort in carrying out the previous CHNA's improvement plan for the identified priorities:

Access to care

- Adjusted and expanded the hours of primary and express clinics resulting in increased patient visits and enhanced community trust in accessible, safe, and cost-effective healthcare services.
- Deepened collaboration with local Community-Based Organizations (CBOs) and healthcare partners, leading to full participation from all local CBOs and school districts within LCH's care coordination and safety net initiative.
- Introduced new programs and events geared towards health and wellness such as the A1c screening initiative, which provides pre-diabetes screening to teens across four school districts. Offered preventative resources such as overdose emergency medications and recovery support, childhood obesity and injury prevention, fall prevention programs, drug overdose response initiatives, and more.

Access to care (continued)

- Reached all four local school districts with health education efforts such as CPR and first aid training, mobile vaccines, bike rider safety classes, safe sitter classes, swimming safety, and more.
- Intensified training and interventions for suicide prevention and observed a significant decline in 911 responses for suicide attempts.
- Implemented comprehensive screening protocols across all healthcare access points to proactively close care gaps.
- Reinstated programs such as chronic disease self-management classes, various support groups, and targeted community paramedicine visits for frequent ED users, in addition to continuing disease prevention and screening programs like SPHERE, the in-body scanning, and childhood obesity prevention programs.

Behavioral health services and supports

- Reinforced the local safety net and improved resource delivery, particularly in youth mental health awareness and suicide prevention, through the community paramedicine program, clinic partnerships, and community health workers. LCH's collaborative network includes partners such as NCESD, Chelan and Manson School Districts, local parent groups, Only 7 Seconds, Hope Squad, Co-response teams, UW PAL line, 988 Crisis Line, Parkside, and CVCH.
- Progressed the behavioral health screenings for individuals seen in both clinics and emergency department, with a 100% follow-up rate by Community Health Workers within 14 days of any behavioral health findings or identified social determinants of health found during an initial visit.
- Significantly increased behavioral health referrals through the dedication of community health workers, the community paramedicine program, as well as LCH's care coordination and partnerships with CBOs.
- Launched a new diversity, equity, and inclusion (DEI) committee guided by the National CLAS Standards to enhance cultural awareness, language access, and equity in care delivery.
- Conducted in-home behavioral health visits through the community paramedicine program.
- Lake Chelan EMS introduced a new mental health checklist integrated with Key Performance Indicators (KPIs) to enhance the assessment and response to mental health crises; LCH raised educational standards for EMS personnel requiring annual certifications in pediatric and adult mental health first aid, addiction recovery coaching, buprenorphine administration education, and more.

Recruitment and retention of a quality workforce

- Recruited additional staff and providers and implemented staff housing to support recruitment and retention; focused on local recruitment, one example being through LCH's CNA program, in partnership with the Chelan School District and Wenatchee Valley College, provides clinic-based education and hands-on training opportunities.
- Launched a new EMT program within the Chelan high School - Chelan School of Innovation to provide 17-year-old students with the training and certification needed so they can enter the workforce immediately upon completion of their high school graduation.
- LCH supported the integration of Running Start students into the WVC EMT course

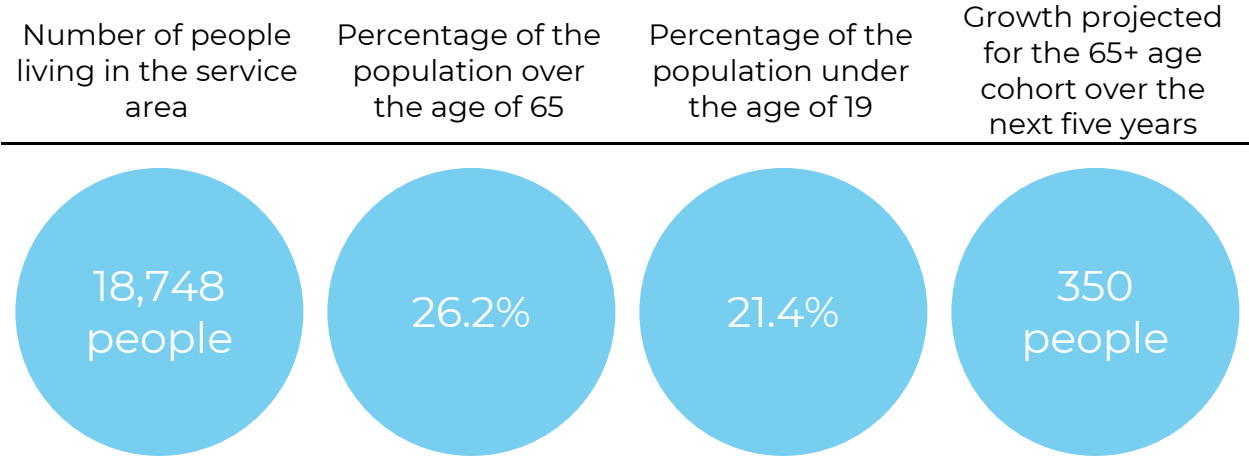
Support for aging in place for seniors

- Introduced a new community education initiative by LCH EMS focused on brain health and dementia awareness to empower individuals with knowledge and practical strategies to reduce their risk of developing dementia and to better understand its symptoms and progression; initiative offers dementia screenings as well as appropriate resources and support services.
- Supported active local care support group by providing educational resources, navigation assistance, and access to information through the hospital's website.
- Lake Chelan Valley expanded its capacity care for individuals with advanced dementia through the addition of new beds at the Heritage Heights Memory Care Unit.
- Transitional Care Management (TCM) services demonstrated effectiveness and efficiency in delivering coordinated care through collaboration between the LCH social worker and the Community Paramedicine team; 100% of discharged patients receive TCM services.
- Continued to foster strong partnerships and meaningful collaboration with Community-Based Organizations (CBOs) through its Community Paramedicine and Community Health Worker (CHW) programs.
- Offered a robust and comprehensive Fall Prevention Program, featuring interventions such as fall risk screening, home safety assessments, free wall bar and ramp installations, medication reviews, and more.

Community Profile

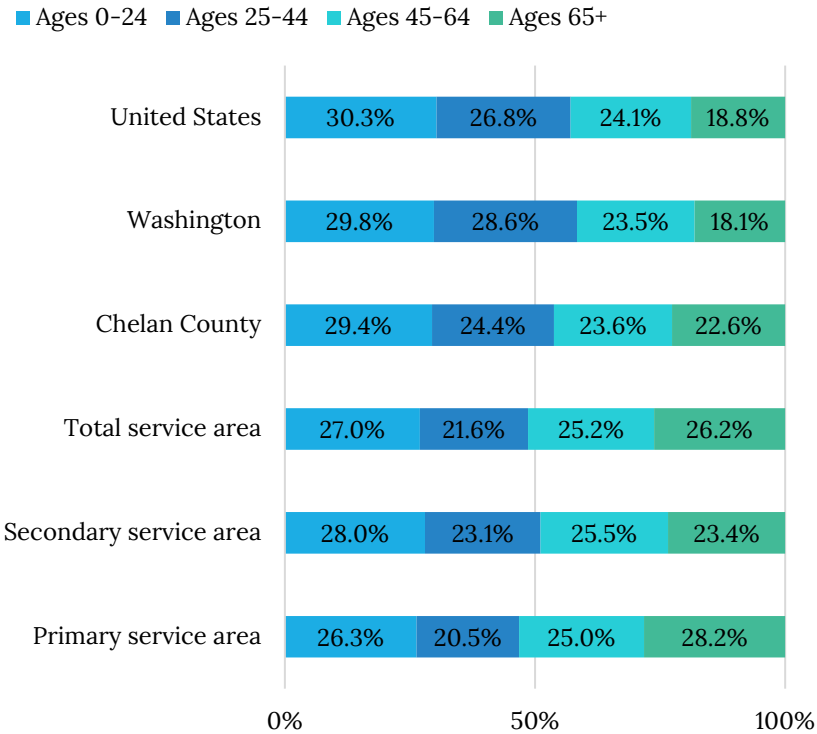
Demographic Indicators

COMMUNITY PROFILE AT-A-GLANCE



The estimated total population of LCH’s primary and secondary service areas is 18,748 people, with population projections estimating that the service area will grow by 1.8% over the next five years. The fastest growing segment of LCH’s service area is projected to be the 75 and older age range, which is expected to grow by 26.1% over the next five years. An aging population typically requires more resources to support the community due to a higher prevalence of chronic conditions such as heart disease, diabetes, and cancer.

Population distribution by major age cohort



Source: ESRI Business Information Solutions, 2025

Number of People	2025 Estimated Population			2030 Projected Population		
	Total service area	Chelan County	Washington	Total service area	Chelan County	Washington
	Under 19 years old	4,007	19,354	1,894,876	3,809	18,649
20 - 24 years old	1,051	5,009	508,629	995	5,134	536,309
25 - 34 years old	1,980	9,795	1,146,558	2,252	10,457	1,138,311
35 - 44 years old	2,053	10,474	1,164,858	2,031	10,485	1,194,440
45 - 64 years old	4,723	19,514	1,898,442	4,717	20,091	1,973,666
65 - 74 years old	3,027	10,426	841,013	2,880	10,139	865,707
Over 75 years old	1,907	8,249	622,615	2,404	10,059	776,890
Total	18,748	82,821	8,076,991	19,088	85,014	8,361,147
% of Total Population						
Under 19 years old	21.4%	23.4%	23.5%	20.0%	21.9%	22.4%
20 - 24 years old	5.6%	6.0%	6.3%	5.2%	6.0%	6.4%
25 - 34 years old	10.6%	11.8%	14.2%	11.8%	12.3%	13.6%
35 - 44 years old	11.0%	12.6%	14.4%	10.6%	12.3%	14.3%
45 - 64 years old	25.2%	23.6%	23.5%	24.7%	23.6%	23.6%
65 - 74 years old	16.1%	12.6%	10.4%	15.1%	11.9%	10.4%
Over 75 years old	10.1%	10.0%	7.7%	12.6%	12.0%	9.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

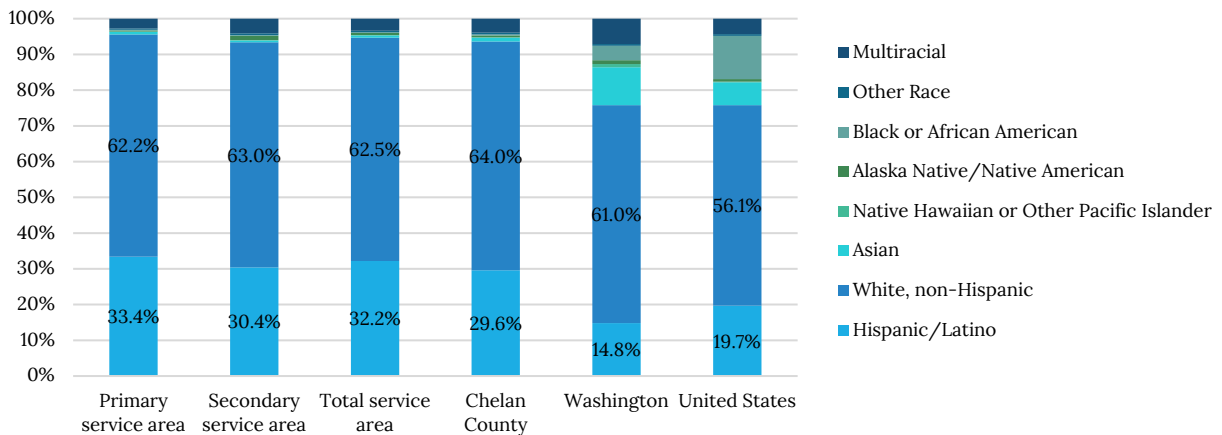
Source: ESRI Business Information Solutions

RACE AND ETHNICITY

Race and ethnicity is an important socioeconomic determinant of health because it can influence a person's exposure to social and economic conditions that can impact their health outcomes. Research has shown that racial and ethnic minority groups are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poor health outcomes. These disparities can be attributed to factors such as differences in access to healthcare, educational and economic opportunities, exposure to environmental hazards, and experiences of discrimination and racism.

While LCH's service area and Chelan County are predominantly white, a substantial portion of the population identifies as Hispanic/Latino relative to state and national benchmarks.

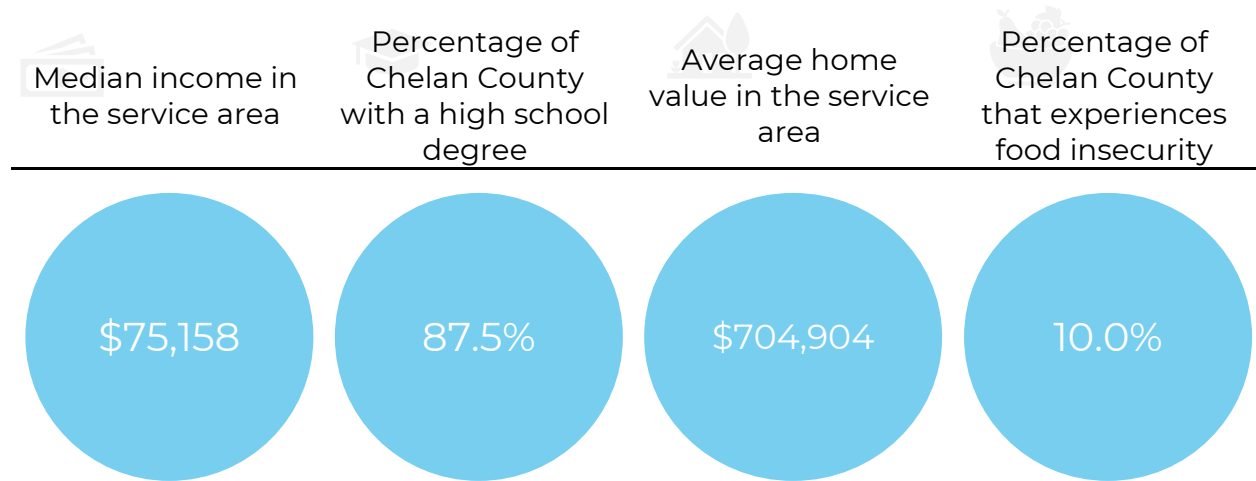
Population distribution by race/ethnicity category



Source: ESRI Business Information Solutions, 2025

Socioeconomic Indicators

COMMUNITY PROFILE AT-A-GLANCE



INCOME AND POVERTY

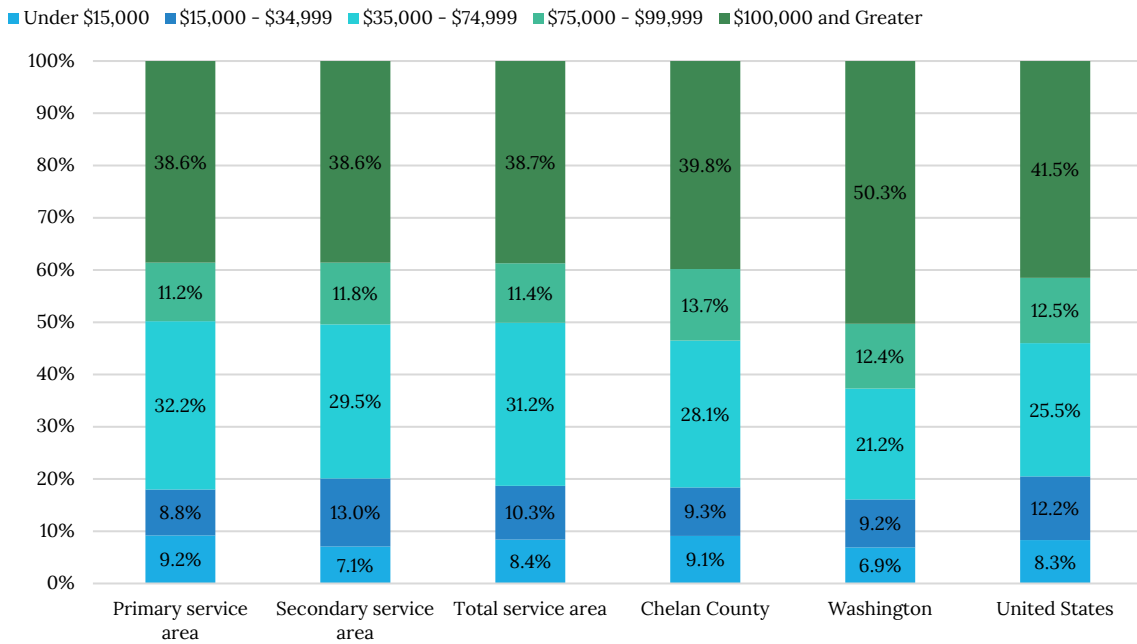
Household (HH) income is an important metric that can influence a range of factors that contribute to individual and population health outcomes. Lower-income individuals and families are disproportionately affected by various health issues, including chronic diseases and mental health conditions, often resulting in worse health outcomes. These individuals may also face greater challenges in accessing healthcare services, obtaining healthy food options, and living in safe and stable environments, all of which can negatively impact health outcomes.

Income data was analyzed for the service area and compared to county and state benchmarks. The most recent data indicates that socioeconomic status and wealth indexes for Chelan County are generally lower relative to state benchmarks. Income data indicates that the median HH income, average household income, and per capita income for the PSA and Chelan County are notably lower than the state, with a higher percentage of HHs falling in the under \$75,000 cohort.

	Total service area	Chelan County	Washington
2025			
Median HH Income	\$75,158	\$80,091	\$100,361
Average HH	\$104,008	\$109,868	\$139,339
Per Capita Income	\$40,984	\$42,621	\$54,146
2030			
Median HH Income	\$87,890	\$90,111	\$114,470
Average HH	\$117,921	\$123,760	\$156,652
Per Capita Income	\$46,691	\$48,344	\$61,001

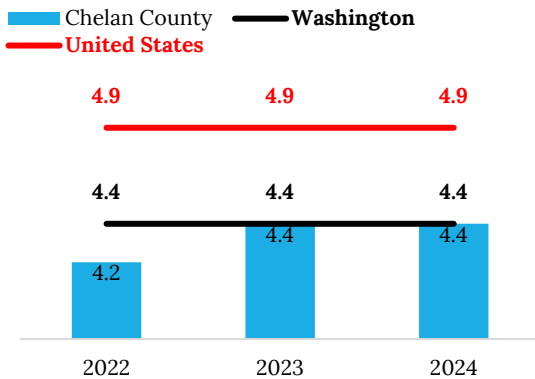
Source: ESRI Business Information Solutions

Household income by income cohort



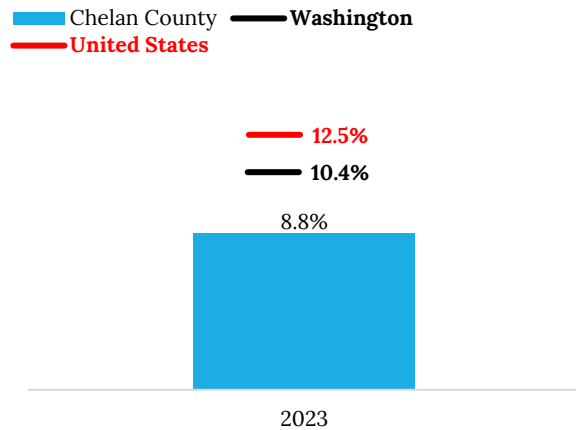
Source: ESRI Business Information Solutions, 2025

Income inequality ratio



Source: County Health Rankings
Metric: Ratio of household income at the 80th percentile to income at the 20th percentile.

Poverty rate



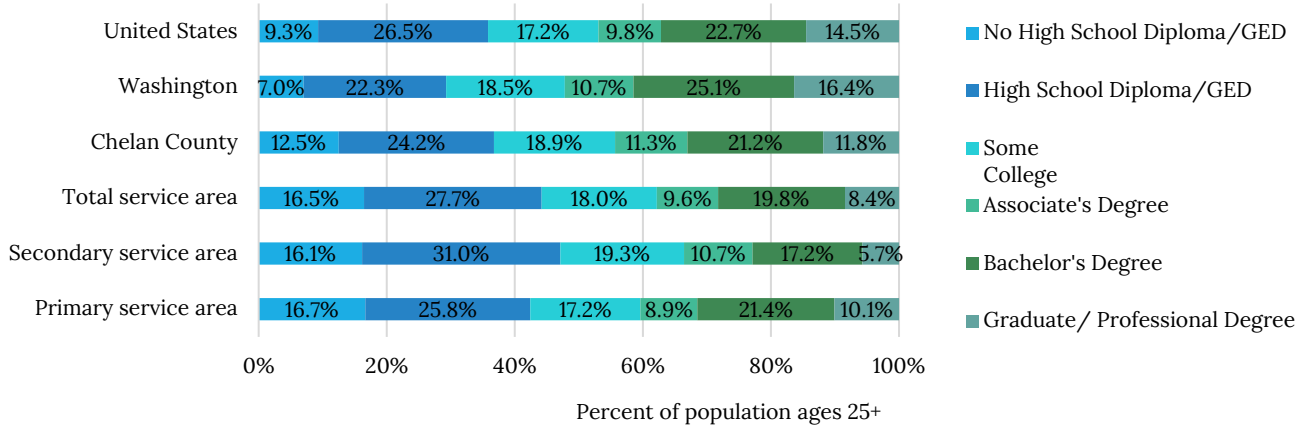
Source: Census Reporter

EDUCATIONAL ATTAINMENT

Educational attainment is another key socioeconomic factor that plays a significant role in community health given its association with household income and poverty levels. Educational attainment data indicates that LCH's service area population generally attains lower educational achievement compared to state and national benchmarks, with approximately 16.5% of the population lacking a high school diploma/GED and only

about 37.8% of the population earning a degree of higher education (Associate's or higher).

Educational attainment by degree type

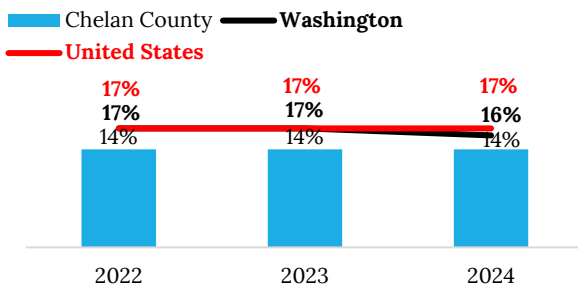


Source: ESRI Business Information Solutions, 2025

AFFORDABLE AND ACCESSIBLE HOUSING

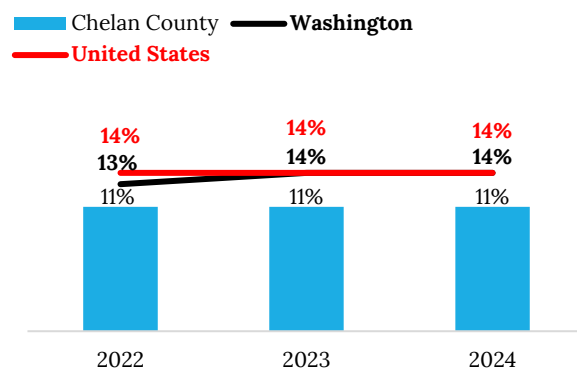
Access to affordable housing can increase the availability of financial resources to pay for other things, such as healthcare, transportation, and food. Housing in LCH's service area is generally less affordable relative to Chelan County, as the average home value for a home in the service area is \$704,904 and in Chelan County it is approximately \$612,498. Chelan County's housing costs pose as a significant burden on 11.0% of households within the county that spend 30.0% or more of their income on housing, versus the state benchmark of 14.0%.

Percent of households experiencing severe housing problems



Source: County Health Rankings, 2024
Metric: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Housing cost burden

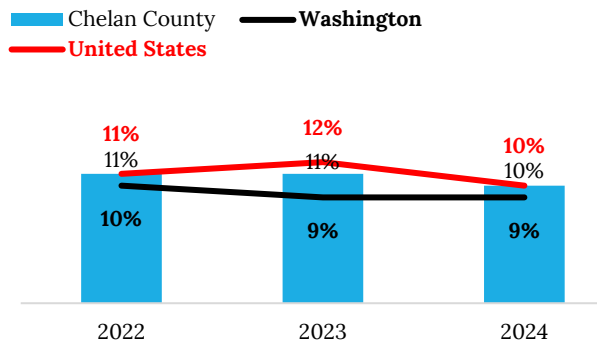


Source: County Health Rankings, 2024
Metric: Percentage of households that spend 50.0% or more of their household income on housing.

FOOD SECURITY

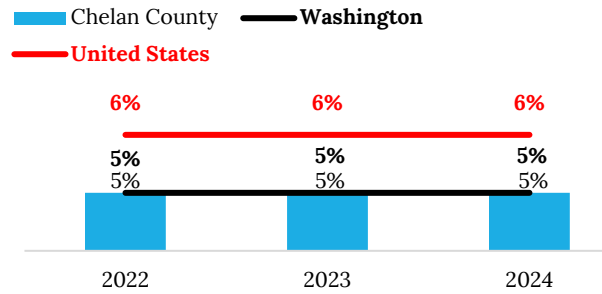
Access to healthy food options and consuming healthy foods are essential components of a healthy lifestyle, with greater access associated with reduced risk of chronic diseases and optimal growth and development. However, many people who reside in rural regions lack access to healthy food options, particularly those who are in poverty. In Chelan County, approximately 10.0% of the population base lacks adequate access to food, which is slightly higher than state benchmarks and on par with national benchmarks. Approximately 5.0% of Chelan County’s population that is designated as low-income residents do not live in close proximity to a grocery store.

Food insecurity rate



Source: County Health Rankings, 2024
Metric: Percentage of population who lack adequate access to food.

Limited access to healthy foods

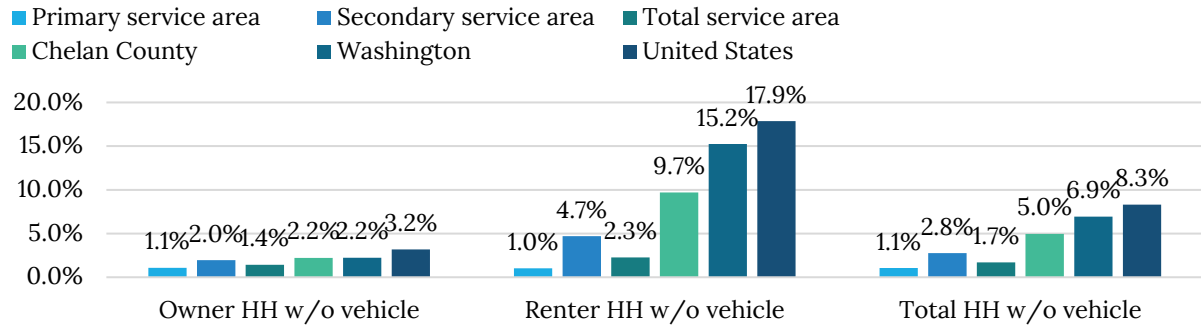


Source: County Health Rankings, 2024
Metric: Percentage of population who are low-income and do not live close to a grocery store.

TRANSPORTATION

Transportation is an issue not only for some of the residents within LCH’s community, but also for patients without reliable access to transportation that need to access healthcare services. Approximately 5.0% of households within Chelan County do not have access to a vehicle, which places a disproportionate burden on these individuals when attempting to access healthcare services.

Percent of households with no vehicle

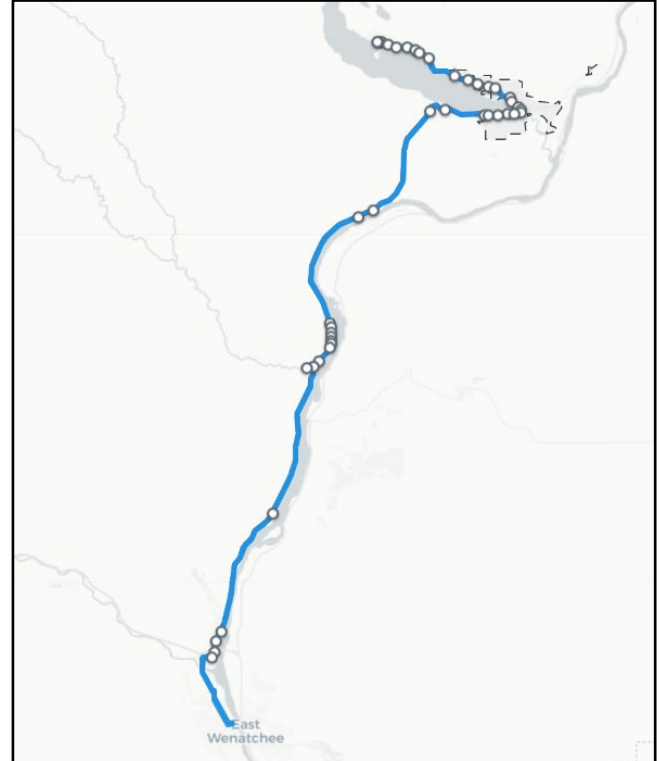


Source: ESRI Business Information Solutions, 2025

For households that lack access to a vehicle, public transportation and ride-sharing options are available. Link Transit, a free public transportation system, connects Lake Chelan Valley with Wenatchee, East Wenatchee, Cashmere, Leavenworth, Entiat, and Waterville multiple times a day and offers two routes (Route 20 and Route 21) that run through Chelan. The maps for Route 20 and Route 21 are displayed in the maps below.



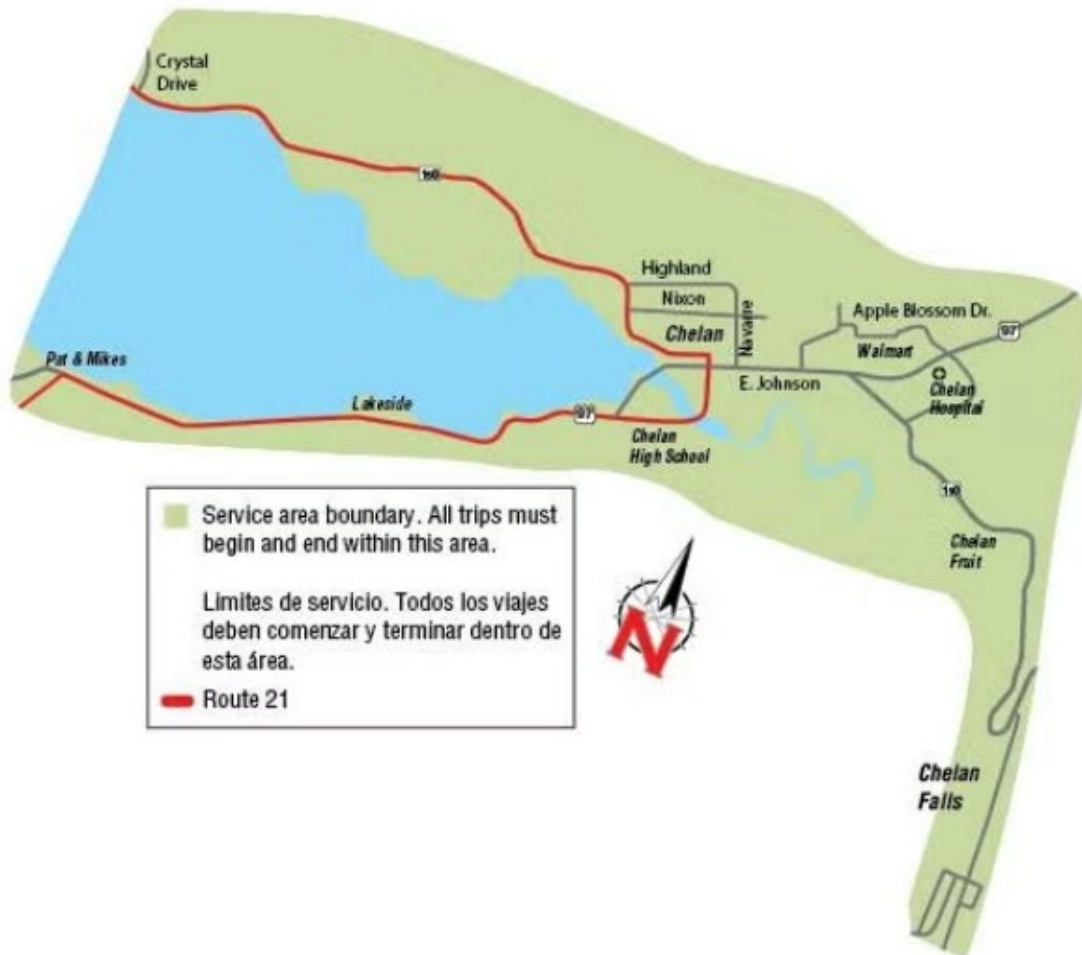
Source: Link Transit, 2025
Note: Route 20, Wenatchee to Chelan via Orondo



Source: Link Transit, 2025
Note: Route 21, Wenatchee to Manson via Entiat

For individuals unable to access the Link Transit bus stops, due to reasons such as disability or the distance between their residence and the bus stop being lengthy, there are other resources present. Link Plus is a paratransit service from LCH that supports more than 1,600 transports (or 20,000+ miles) each year. In addition to the Link Plus service, there are community-based organizations present in the Lake Chelan community that offer transportation through volunteer drivers for an additional 20,000+ miles of transportation assistance for local vulnerable populations. Tender Loving Care for Seniors offers transportation assistance to the elderly population for healthcare appointments and other basic needs (i.e. grocery store), while People for People, which is a paratransit service for patients with Medicaid insurance.

Dial-A-Ride Transportation (“DART”) is a shared ride, advanced reservation, and free-of-charge transportation option open to the public that operates in the greater Chelan and Leavenworth areas on both weekdays and weekends. The coverage area includes the City of Chelan, as displayed on the map below:



Source: Link Transit, 2025

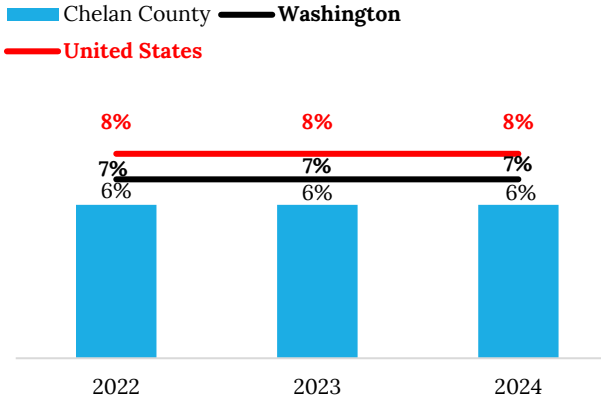
Transportation also applies to patient transfers from LCH to other facilities. According to LCH, there are eight transporting licensed and verified ground EMS agencies within Chelan and Douglas County, including LCH EMS, Cascade EMS, two private agencies including Lifeline Ambulance and Ballard Ambulance, and four volunteer agencies including Mansfield-Douglas County Fire District #5, Waterville Ambulance, Cashmere Fire Department, and Entiat-Chelan County Fire District #8. LCH EMS and Mansfield-Douglas County Fire District #5 provide the majority of transportation in and out of LCH. There are two licensed air ambulance services including Life Flight Network, located near Brewster, WA (about 26 miles from LCH), and Airlift NW, located near Wenatchee, WA (about 46 miles away from LCH).

Health and Disease Indicators

BIRTH OUTCOMES

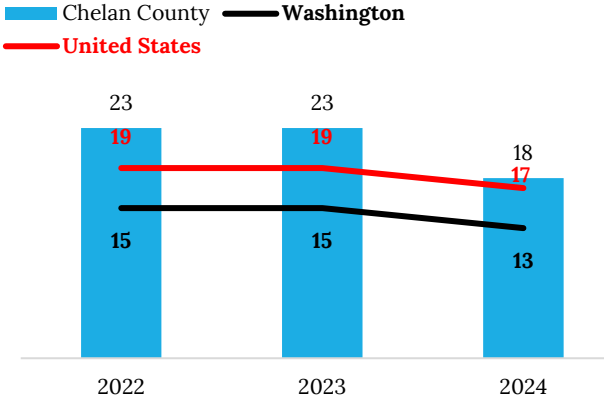
Newborn birthweight is a strong predictor of newborn health and survival. Low birthweights can lead to higher rates of fetal mortality, stunted growth, impaired cognitive developments, and chronic disease in later life. Rates of low birthweight in a community are often associated with poor maternal health. Low birthweight percentages in Chelan County have remained stable since 2022 at 6.0% and have historically not exceeded state and national benchmarks. The rate of teen births has declined since 2023 yet remains slightly higher than state and national benchmarks.

Percent of total births with low birthweight



Source: County Health Rankings
Metric: Percentage of live births with low birthweight (< 2,500 grams).

Number of teen births per 1,000 females



Source: County Health Rankings
Metric: Number of births per 1,000 female population ages 15-19.

TOP CAUSES OF MORTALITY

Knowing a community's top causes of mortality is essential in assessing health needs because it helps identify the most significant health issues affecting the community, which can guide health promotion efforts and prioritize health improvement initiatives.

The leading causes of death in Chelan County have historically been diseases of the heart, malignant neoplasms (e.g., cancer), Alzheimer’s disease, and accidents. In 2021, death rates were heightened due to the COVID-19 pandemic. COVID-related death rates have since declined.

Rank	2021		2022		2023	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Malignant neoplasms	139.3	Diseases of the heart	148.8	Diseases of the heart	141.7
2	Diseases of Heart	126.1	Malignant neoplasms	134.5	Malignant neoplasms	132.6
3	Alzheimer's disease	72.7	Alzheimer's disease	84.7	Accidents	62.0
4	COVID-19	60.8	Accidents	83.7	Alzheimer's disease	54.0
5	Accidents	45.6	Chronic low respiratory disease	30.1	Chronic low respiratory disease	31.4

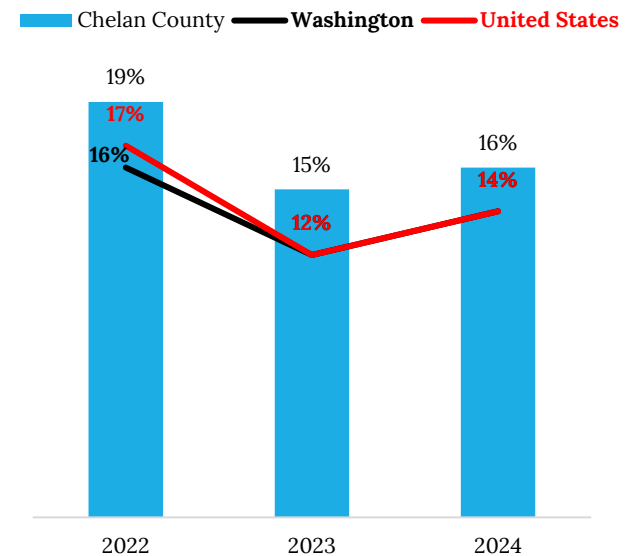
Source: Washington State Department of Health
Metric: Age-adjusted deaths per 100,000 population.

POPULATION HEALTH AND CHRONIC DISEASE

Physical health can be impacted by a multitude of factors, including age, gender, race, socioeconomic status, physical activity, and chronic disease. Data from County Health Rankings indicates that adults in Chelan County are generally feeling better about their self-reported health status since 2022, but overall, the percent of adults that report poor or fair health is higher in Chelan County relative to state and national benchmarks.

Chronic disease can also have a profound impact on communities and physical health outcomes. According to the Centers for Disease Control and Prevention, chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from a combination of genetic, lifestyle, and environmental factors. Over time, exposure to risk factors increases the likelihood of developing chronic disease, which disproportionately impacts the elderly.

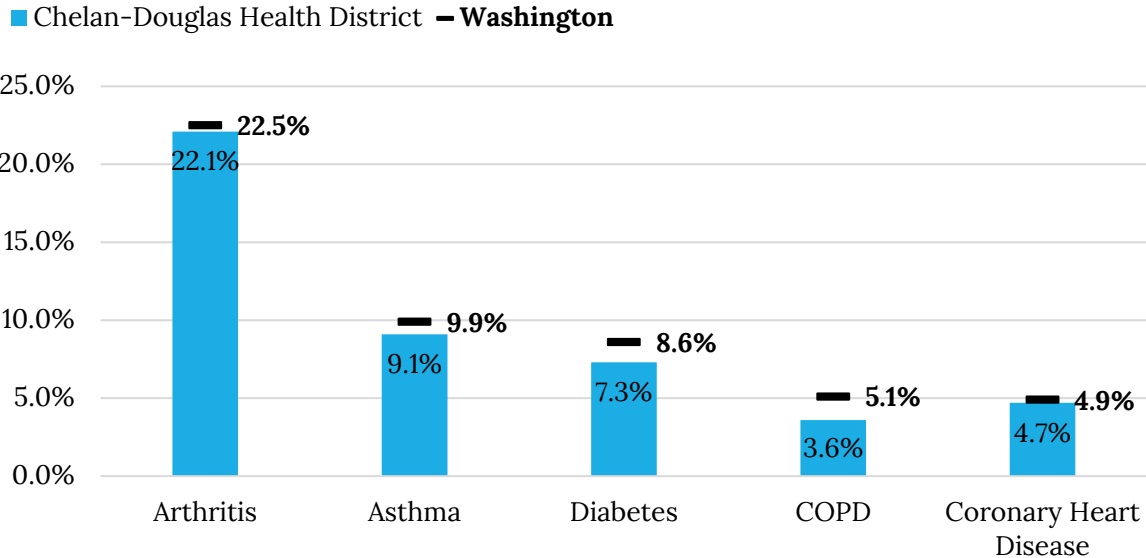
Percent of adults reporting poor or fair health



Source: County Health Rankings
Metric: Percentage of adults reporting fair or poor health (age-adjusted).

In the Chelan-Douglas Health District, rates of chronic diseases such as arthritis, asthma, diabetes, COPD, and coronary heart disease are in line with or slightly lower than state benchmarks. This contrasts with most rural communities that generally exhibit rates of lifestyle diseases at a higher rate, typically due to poorer health outcomes and the tendency for rural communities to trend more elderly compared to urban communities.

Chronic disease prevalence rate among adults ages 18+

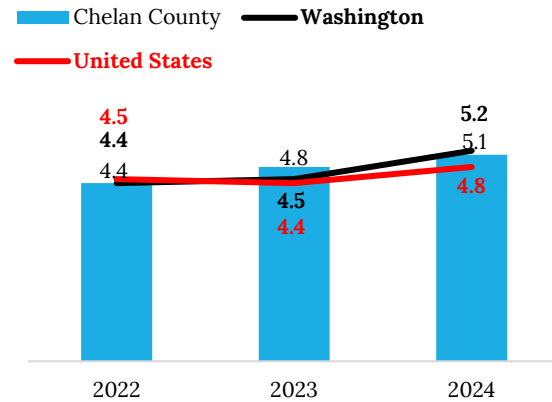


Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey, 2020
Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

MENTAL HEALTH AND SUBSTANCE USE

The rising prevalence of mental health and substance abuse issues is of growing concern in rural communities across the country, who often disproportionately lack access to mental health services such as therapy, counseling, substance use treatment, and medication management. Mental health can have far-reaching effects on individuals, families, and communities, impacting physical health, social relationships, productivity, and community safety. Communities that lack access to mental health services often exhibit poorer mental health outcomes and higher rates of associated behaviors, such as alcohol or drug use and suicide.

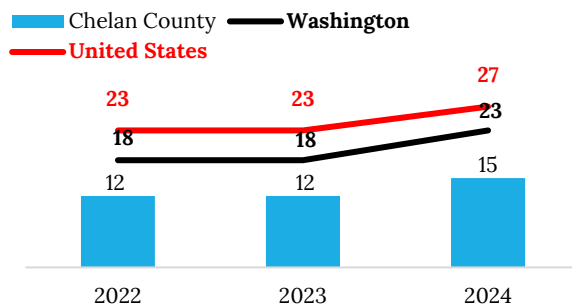
Average number of mentally unhealthy days reported in the past month



Source: County Health Rankings
Metric: Average number of mentally unhealthy days reported by adults in the past month.

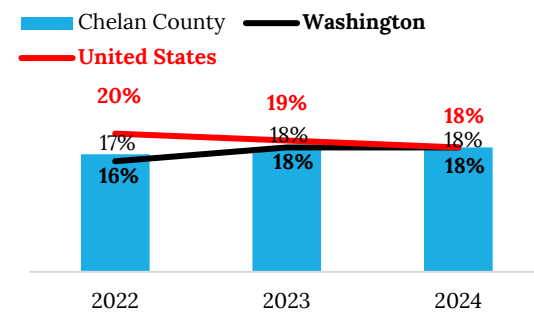
Mental health outcomes in Chelan County, the state of Washington, and across the United States have generally worsened since 2022, with the average adult in Chelan County experiencing about 5.1 mentally unhealthy days in a month-long period. Worsening mental health outcomes have been observed alongside an increase in drug poisoning deaths and rates of binge drinking in Chelan County.

Number of drug poisoning deaths per 100,000 population



Source: County Health Rankings
Metric: Number of drug poisoning deaths per 100,000 population.

Percent of adults who report binge or heavy drinking



Source: County Health Rankings
Metric: Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).

According to the HRSA, Chelan County is designated as a geographic health professional shortage area (“HPSA”) for mental care, which indicates that there is a shortage of mental health providers within the county to meet the needs of the population base. According to the U.S. Department of Health & Human Services SAMHSA, there are 14 mental health and

substance use facilities within Chelan County, Washington. These facilities, which are located in Chelan, Wenatchee, and Leavenworth, all offer outpatient services (one facility offers inpatient services), and all accept Medicaid insurance. However, according to Medicare.gov, there are no psychiatrists within a 25-mile radius of Chelan and only three clinical psychologists / therapists, all of which are located in Chelan. This indicates that mental health providers are relatively inaccessible for people within the community LCH serves.

Preventative Health and Wellness Indicators

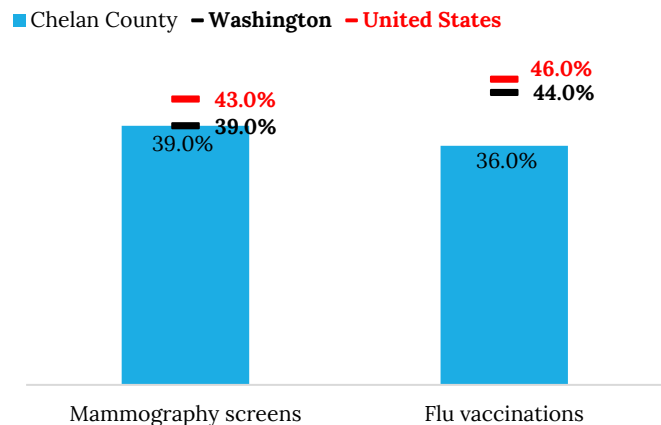
PREVENTATIVE HEALTH

Preventative health behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in maintaining and strengthening community health by promoting the early detection and prevention of diseases, reducing unnecessary healthcare utilization and costs, promoting healthy behaviors, and improving population health.

Overall, preventative health behaviors amongst adults who live in Chelan County are generally worse than state and national benchmarks.

Approximately 38.6% of the adult population in Chelan County were reported to not have had a recent preventative care visit, which indicates opportunity to improve.

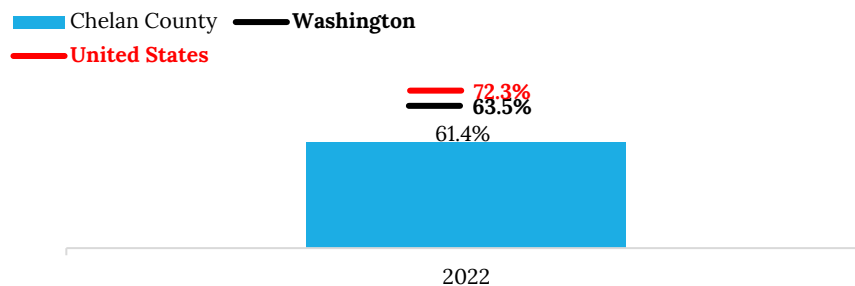
Percent of adults that engage in routine preventative care



Source: County Health Rankings, 2024

Metric: Mammography screening denotes percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Flu vaccination rate denotes percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

Percent of adults with recent preventative care visit

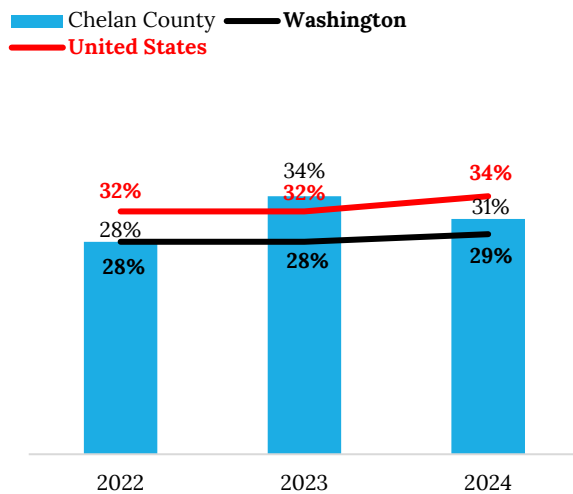


Source: Healthiest Communities, 2022

ADULT OBESITY AND PHYSICAL ACTIVITY

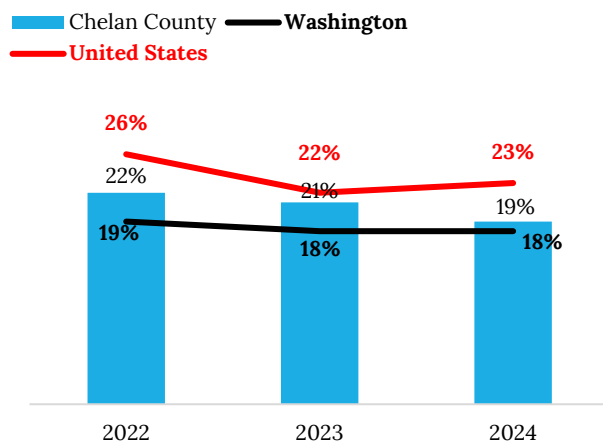
Many chronic diseases such as diabetes, heart disease, and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden of these chronic diseases in their populations. When compared to Washingtonians, adults in Chelan County generally exhibit higher rates of physical inactivity and obesity. However, rates of physical inactivity amongst adults in Chelan County have declined since 2022, which is a positive trend that indicates changing health-promoting behaviors.

Adult obesity rate



Source: County Health Rankings
Metric: Percentage of the adult population (age 20 and older) that reports a body mass index (“BMI”) greater than or equal to 30 kg/m2.

Percent of adults who are physically inactive



Source: County Health Rankings
Metric: Percentage of adults age 20 and over reporting no leisure-time physical activity.

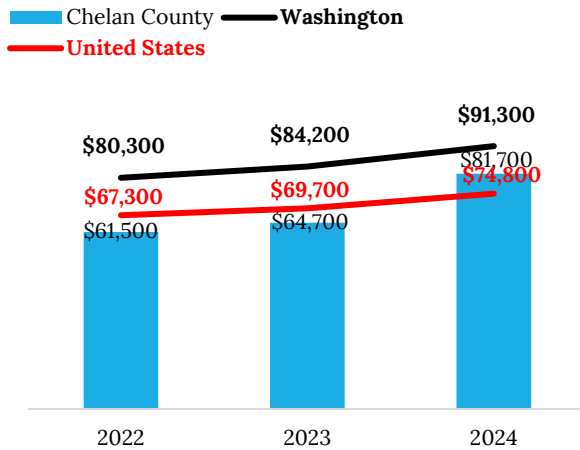
Accessibility of Care Indicators

INSURANCE AND COST OF CARE

The cost of healthcare can be a major barrier that patients experience when trying to access healthcare services. Delaying care when it is needed can have numerous repercussions on health outcomes, quality of life, and cost of care in the long run. Population data indicates that the socioeconomic environment of Chelan County is less affluent compared to state and national benchmarks. Communities with lower socioeconomic statuses tend to experience challenges in affording some or all basic needs for well-being such as nutrition, housing, and healthcare.

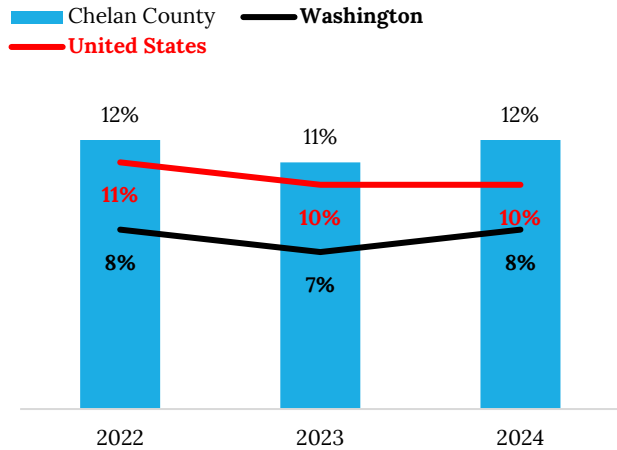
Similarly, the uninsured rate in Chelan County has ranged between 11.0% - 12.0% since 2022, which is higher than state and national benchmarks. According to County Health Rankings, the rates of uninsured children in Chelan County (5.0%) were higher than the state of Washington (3.0%) in 2024.

Median household income



Source: County Health Rankings, 2024
 Metric: The income where half of households in a geographic area earn more and half of households earn less.

Percent of population without health insurance



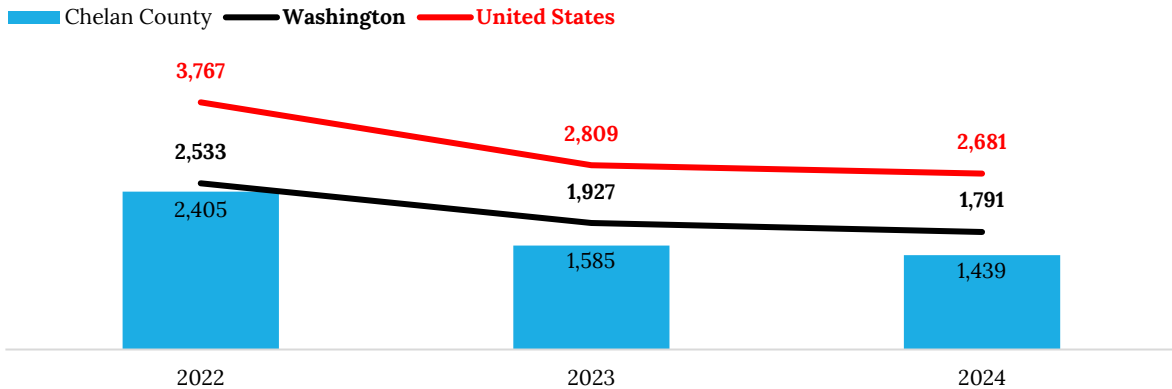
Source: County Health Rankings, 2024
 Metric: Percentage of population under age 65 without health insurance.

PREVENTABLE HOSPITAL STAYS

Preventable hospital stays are hospital visits for conditions like asthma, diabetes, high blood pressure, or infections that could have been managed with regular doctor visits, medications, or lifestyle changes. High rates of preventable hospital stays indicate that members of the community might not be seeking or receiving necessary preventive care, or that primary and preventive care services are inaccessible to the community.

The rate of preventable hospital stays for Chelan County declined between 2022 and 2024, with rates observed in 2024 (1,439 preventable stays per 100,000 Medicare enrollees) below state and national benchmarks. This indicates that while access barriers may exist in Chelan County, such barriers are likely not contributing to unnecessary or preventable utilization of hospital-based inpatient services.

Number of preventable hospital stays per 100,000 Medicare enrollees



Source: County Health Rankings, 2024

Metric: Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

PROVIDER ACCESSIBILITY

Having enough providers to support a community’s needs is essential in maintaining access to healthcare services. Communities that lack access experience can be characterized by lower utilization of healthcare services and poorer health outcomes. There are 910 people per primary care physician and 1,160 people per dentist in Chelan County, indicating better access to primary care and poorer access to dental services relative to state benchmarks.

People per primary care physician in Chelan County



Lower than state benchmark
Lower than national benchmark

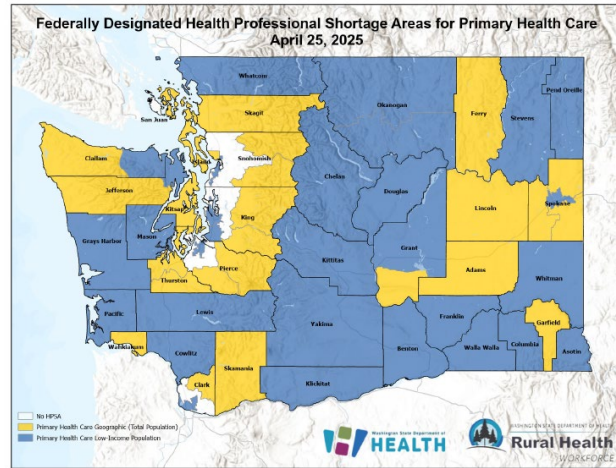
People per dentist in Chelan County



Higher than state benchmark
Lower than national benchmark

Source: County Health Rankings, 2024

According to the Washington State Department of Health, Chelan County is a federally designated health professional shortage area (“HPSA”) for primary care for the low-income population, which indicates that there is an insufficient number of primary care providers in Chelan County to provide healthcare services to those who are socioeconomically disadvantaged. Estimates from HPSA indicate that there is an approximate need for an additional 7.6 providers in Chelan County to eliminate current provider shortage area.



Source: Washington State Department of Health

Access to specialty providers is also limited in Chelan County. According to Medicare.gov, the following data represents the types of specialty providers unavailable within a 25-mile radius of Chelan, Washington:

- Addiction medicine
- Allergy/immunology
- Cardiac surgery
- Certified clinical nurse specialist
- Certified nurse midwife
- Critical care (intensivists)
- Dentist
- Endocrinology
- Gastroenterology
- Geriatric psychiatry
- Gynecological oncology
- Hematology
- Hospice/palliative care
- Interventional pain management
- Maxillofacial surgery
- Nephrology
- Neuropsychiatry
- Neurosurgery
- Pain management
- Peripheral vascular disease
- Psychiatry
- Pulmonary Disease
- Radiation oncology
- Rheumatology
- Surgical oncology
- Thoracic surgery
- Urology

Existing Healthcare and Community Resources

Medical Providers

Name	Address	Phone	Description of services
LCH Hospital	110 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 3300 24-hours	Emergency medicine, hospital care, swing bed care, surgical services, rehabilitation services
LCH Specialty Care Clinic	131 South Apple Blossom Drive, Suite 104 Chelan, WA 98816	(509) 682 6134 Monday-Friday 8am – 5pm	Orthopedics, general surgery, dermatology, ear nose & throat (ENT), podiatry, plastics
LCH Express Care Walk-in Clinic	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511 Monday- Saturday 7am-6pm	Walk-in clinic, no appointment needed. Services include allergies, cold & flu, fevers, sprains and minor fractures, urinary tract infection, earaches and cleanings, skin conditions, and more
LCH Primary Care Clinic	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511	Doctor and Primary Care Physician Assistants accepting patients. Services include well child checks, annual wellness visits, chronic disease and illness care, CDL, DOT and sports physicals and more

LCH Pediatric Care Clinic	219 East Johson Avenue, Chelan, WA 98816	(509) 682 8511	Pediatrician Emily Reynolds- accepts patients for routine check-ups, immunizations, common childhood illness care, developmental and behavioral assessments and more
Confluence Health Hospital – Central Campus	1201 South Miller Street, Wenatchee, WA 98801	(509) 662 1511	Hospital care, emergency medicine, women’s health, surgical services, rehabilitation services, cardiology, nephrology, neurology
Confluence Health Hospital – Mares Campus	820 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 8711	Hospital care, emergency medicine, primary care, pediatric care, rehabilitation services, cancer care & oncology, gastroenterology, nephrology, podiatry
Confluence Health – Smith Building	803 North Emerson Avenue, Wenatchee, WA 98801	(509) 664 4868	Pediatrics, orthopedics
Confluence Health – East Wenatchee Clinic	100 Highline Drive, East Wenatchee, WA 98802	(509) 436 4110	Primary care, pediatrics, internal medicine
Confluence Health – Haug Building	707 North Emerson Avenue, Wenatchee, WA 98801	(509) 436 4974	Allergy, audiology, dermatology, ENT
Confluence Health – Saddle Rock Building	1215 South Miller Street, Wenatchee, WA 98801	(509) 433 3180	Endocrinology, infectious diseases, rheumatology
Confluence Health – Miller Street Complex	1000 North Miller Street, Wenatchee, WA 98801	(509) 436 4601	Spine care, sleep medicine, rehabilitation services
Confluence Health – Professional Building	933 Red Apple Road, Wenatchee, WA 98801	(509) 663 8711	Primary care, women’s health, OB/GYN, sleep medicine, internal medicine,

			ophthalmology, pulmonary, retina & vitreous surgery
Confluence Health – Wenatchee Orthopedics Building	520 North Chelan Avenue, Wenatchee, WA 98801	(509) 436 4060	Orthopedics
Confluence Health – Waterville Clinic	117 South Chelan Avenue, Waterville, WA 98858	(509) 745 8461	Primary care
Confluence Health – Cashmere Clinic	303 Cottage Avenue, Cashmere, WA, 98815	(509) 436 4012	Primary care
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Primary care
Columbia Valley Community Health – Express Care-East Wenatchee	900 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Urgent care
Columbia Valley Community Health – East Wenatchee Medical & Dental Clinic	940 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Medical care, pediatric care
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral and Express Care Wenatchee	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Primary care, pediatric care, OB, prenatal care, women's health, diabetes management, urgent care
Cascade Medical Center	817 Commercial Street, Leavenworth, WA 98826	(509) 548 5815	Family medicine, emergency care, endoscopy, hospital care, rehabilitation services
Family Health Centers – Bridgeport Medical & Dental	1015 Columbia Avenue, Bridgeport, WA 98813	(800) 660 2129	Medical care
Leavenworth Integrative Medicine, PLLC	10090 Main Street, Peshastin, WA 98847	(509) 881 0722	Medical Clinic
Cascade Wellness	10454 Fox Road, Leavenworth, WA 98826	(509) 548 4780	Preventative medicine, functional medicine
Cashmere Urgent Care	207 Woodring Street, Cashmere, WA 98815	(509) 782 2273	Urgent care

Mountain View Women's Health	351 Orondo Avenue, Wenatchee, WA 98801	(509) 662 0652	Women's health, prenatal care
Elwood "Bud" Link Department of Veterans Affairs Outpatient Clinic	2530 Chester Kimm Road, Wenatchee, WA 98801	(509) 500 1490	Primary care, audiology, rehabilitation services
Monarch Healthcare Solutions	216 South Mission Street, Wenatchee, WA 98801	(509) 470 3253	Primary care, chronic disease management
Seattle Children's – Wenatchee Clinic	526 North Chelan Avenue, Wenatchee, WA 98801	(509) 662 9266	Medical care

Dental Providers

Name	Address	Phone	Description of services
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Dental services
Columbia Valley Community Health – East Wenatchee Medical & Dental Clinic	940 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Dental services
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Dental services
Family Health Centers – Bridgeport Medical & Dental	1015 Columbia Avenue, Bridgeport, WA 98813	(800) 660 2129	Dental services
Leavenworth Dental	11779 US-2, Leavenworth, WA 98826	(509) 548 5415	Dental services
Whitener Dental, PLLC	111 E. Chelan Avenue, Chelan, WA 98816	(509) 682 4056	Dental services
Chelan Family Dentistry	532 East Woodin Avenue, Chelan, WA 98816	(509) 682 2032	Dental services
Gundersen Dental	251 North Chelan, Wenatchee, WA 98801	(509) 398 8911	Dental services
Cashmere Dentistry	209 Aplets Way, Cashmere, WA 98815	(509) 782 2516	Dental services

Tveten Dental Care	222 North Chelan Avenue, Wenatchee, WA 98801	(509) 957 2216	Dental services
Family Tree Dentistry	241 North Chelan Avenue, Wenatchee, WA 98801	(509) 662 9624	Dental services
Echo Ridge Dental	620 North Emerson, Wenatchee, WA 98801	(509) 662 9685	Dental services
Wenatchee Dental	808 North Miller Street, Wenatchee, WA 98801	(509) 663 0536	Dental services
Riverway Family Dental	821 North Wenatchee Avenue Wenatchee, WA 98801	(509) 663 1566	Dental services
Smile For Life Family & Cosmetic Dentistry	222 North Mission Street, Wenatchee, WA 98801	(509) 663 1161	Dental services
Central Washington Oral & Facial Surgery	304 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 0068	Oral surgery
Eastmont Family Dental	801 Eastmont Avenue, East Wenatchee, WA 98802	(509) 886 2345	Dental services
Riverview Family Dental	101 11 th Street Northeast, East Wenatchee, WA 98802	(509) 884 7137	Dental services
Anderton Family Dental	222 North Mission Street, Wenatchee, WA 98801	(509) 662 1648	Dental services
Webb Dental Care	703 Valley Mall Parkway, East Wenatchee, WA 98802	(509) 361 6644	Dental services
Wenatchee Dental Arts	417 North Mission Street, Wenatchee, WA 98801	(509) 293 4909	Dental services
Confluence Dental Wenatchee	620 North Emerson Avenue, Wenatchee, WA 98801	(509) 530 2077	Dental services
Fibonacci Smile	1 Fifth Street, Wenatchee, WA 98801	(509) 300 3839	Dental services
Wenatchee Valley Dental Village	210 Valley Mall Parkway, East Wenatchee, WA 98802	(509) 436 1837	Dental services
Sagebrush Dental	1114 North Mission, Wenatchee, WA 98801	(509) 436 8202	Dental services
Fluegge Family Dentistry	476 Grant Road, East Wenatchee, WA 98802	(509) 888 3384	Dental services

Johnson Family Dental	790 Grant Road, East Wenatchee, WA 98802	(509) 886 8833	Dental services
Casey D Sutherland DMD PLLC	160 Wapato Way, Manson, WA 98831	(509) 687 9221	Dental services

Vision Providers

Name	Address	Phone	Description of services
Spectrum Eye Care, Inc, PS	126 East Johnson Avenue, Chelan, WA 98816	(509) 682 2708	Optometry services
Confluence Health – Professional Building	933 Red Apple Road, Wenatchee, WA 98801	(509) 663 8711	Optometry services
Elwood “Bud” Link Department of Veterans Affairs Outpatient Clinic	2530 Chester Kimm Road, Wenatchee, WA 98801	(509) 500 1490	Optometry services
Vision Center at Chelan Walmart Supercenter	108 Apple Blossom Drive, Chelan, WA 98816	(509) 682 2195	Optometry services
Vision Center at Wenatchee Walmart Supercenter	2000 North Wenatchee Avenue, Wenatchee, WA 98801	(509) 665 9323	Optometry services
Valley Eye & Vision	111 Eastmont Avenue, East Wenatchee, WA 98802	(509) 401 8678	Optometry services
Shopko Optical	1052 Springwater Avenue, Wenatchee, WA 98801	(509) 663 8868	Optometry services
Cashmere Vision Center	131 A Cottage Avenue, Cashmere, WA 98815	(509) 888 5877	Optometry services
Leavenworth Vision Source	1133 US Hwy 2, Leavenworth, WA 98826	(509) 548 7379	Optometry services
Vision Source of Wenatchee	1190 Fifth Street, Wenatchee, WA 98801	(509) 662 9672	Optometry services
Vision Source of Chelan	131 South Apple Blossom Drive, Chelan, WA 98816	(509) 661 6188	Optometry services
Wenatchee Vision Clinic	375 Highline Drive, East Wenatchee, WA 98802	(509) 886 2111	Optometry services

Mental Health Providers & Substance Use Treatment Center

Name	Address	Phone	Description of services
Confluence Health – Cashmere Clinic	303 Cottage Avenue, Cashmere, WA, 98815	(509) 436 4012	Behavioral health services
Confluence Health Hospital – Central Campus	1201 South Miller Street, Wenatchee, WA 98801	(509) 662 1511	Behavioral health services
Confluence Health Hospital – Mares Campus	820 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 8711	Behavioral health services
Confluence Health – Wenatchee Behavioral Health Building	630 North Chelan Avenue, Wenatchee, WA 98801	(509) 436 4104	Behavioral health services
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 S. Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Behavioral health services
Columbia Valley Community Health – East Wenatchee Adult & Children’s Behavioral Health	980 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Behavioral health services, psychiatric medical services
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Behavioral health services
Columbia Valley Community Health – New Path	819 N. Miller Street, Wenatchee, WA 98801	(509) 664 0950	Substance abuse treatment
Columbia Valley Community Health – Wenatchee Valley College	1300 Fifth Street, Wenatchee, WA 98801	(509) 662 6000	Behavioral health services
Cascade Medical Center	817 Commercial Street, Leavenworth, WA 98826	(509) 548 5815	Behavioral health services
Playful Heart Child Therapy	203 Mission Avenue, Cashmere, WA 98815	(509) 670 5919	Child-centered play therapy
Mission Health & Wellness	115 South Chelan Avenue, Wenatchee, WA 98801	(509) 885 2664	Mental health counseling

Maps of the Inner Terrain Counseling Services	203 Mission Avenue, Cashmere, WA 98815	(509) 433 7079	Mental health counseling
The Center for Alcohol & Drug Treatment	327 Okanogan Avenue, Wenatchee, WA 98801	(509) 662 9673	Addiction Treatment Center
Mindful Health Solutions	620 North Emerson Avenue, Wenatchee, WA 98801	(844) 867 8444	Behavioral health services
New Start Clinics	603 North Mission Street, Wenatchee, WA 98801	(509) 593 5622	Medication-assisted treatment
American Behavioral Health Systems - Parkside	1230 Monitor Street, Wenatchee, WA 98801	(509) 300 1221	Mental health services, crisis stabilization
Skyland Ranch	43100 Reiter Road, Gold Bar, WA 98251	(360) 793 2611	Substance abuse treatment
Rising Hope Counseling	23 South Wenatchee Avenue, Wenatchee, WA 98801	Not available	Mental health counseling
Blossom Valley Behavioral Health	25 North Wenatchee Avenue, Wenatchee, WA 98801	(509) 253 5881	Behavioral health services
Radiant Path Psychiatry	330 King Street, Wenatchee, WA 98801	(509) 797 7493	Behavioral health services
Fusion Counseling Services	123 Ohme Garden Road, Wenatchee, WA 98801	Not available	Mental health counseling
Cynthia Buckley Counseling LLC	113 Second Street, Wenatchee, WA 98801	Not available	Mental health counseling
Strength of Life Counseling Services	200 North Chelan Avenue, Wenatchee, WA 98801	(509) 888 4866	Mental health counseling
New Hope Recovery	238 North Chelan Avenue, Wenatchee, WA 98801	(509) 293 7724	Addiction Treatment Center
Redemption Counseling	11 Spokane Street, Wenatchee, WA 98801	(877) 474 4355	Mental health counseling
Mindful Ground LLC	113 2 nd Streete, Wenatchee, WA 98801	Not available	Mental health counseling
Integrative Counseling and Wellness	Not available	(509) 433 7123	Mental health counseling
Ideal Option	667 Grant Road, East Wenatchee, WA 98802	(877) 522 1275	Addiction Treatment Center

Columbia Counseling	610 North Mission Avenue Wenatchee, WA 98801	(509) 888 4404	Addiction Treatment Center
Catholic Charities	145 South Worthen Street, Wenatchee, WA 98801	(509) 662 6761	Behavioral health services

Senior Living Services and Resources

Name	Address	Phone	Description of services
Heritage Heights	505 East Highland Avenue, Chelan, WA 98816	(509) 682 1998	Assisted living, memory care, end of life care
East Wenatchee Senior Living	589 Highline Drive, East Wenatchee, WA 98802	(509) 436 8886	Independent living, assisted living
Blossom Valley	1701 Orchard Avenue, Wenatchee, WA 98801	(509) 436 8734	Assisted living
Colonial Vista Senior Living	601 Okanogan Avenue, Wenatchee, WA 98801	(509) 436 1580	Independent living, assisted living
Highgate Senior Living	1320 South Miller Street, Wenatchee, WA 98801	(509) 665 6695	Independent living, assisted living, memory care
Wenatchee Senior Living	1550 Cherry Street, Wenatchee, WA 98801	(509) 646 2838	Independent living, assisted living
Blossom Creek	1740 Madison Street, Wenatchee, WA 98801	(509) 300 1698	Memory care
Chelan Senior Center	534 East Trow Avenue, Chelan, WA 98816	(509) 682 2712	Senior services, activities, and events
Bonaventure Senior Living	50 29 th Street Northwest, East Wenatchee, WA 98802	(509) 494 8648	Independent living, assisted living, memory care
Mountain Meadows Senior Living Campus	320 Park Avenue, Leavenworth WA 98826	(509) 548 4076	Independent living, assisted living, memory care, respite care
River West Senior Living	900 North Western Avenue, Wenatchee, WA 98801	(509) 662 2797	Independent living, assisted living
Ciel Senior Living	817 Red Apple Road, Wenatchee, WA 98801	(509) 567 3640	Memory care

Mission Vista	630 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 1069	Independent supported living, supported living, vocational services
Tuscany Cottage	2490 Golf Course Road, Malaga, WA 98828	(509) 888 2736	Assisted living, memory care, hospice care
Kadie Glen Assisted Living	451 North Baker Avenue, East Wenatchee, WA 98802	(509) 884 9555	Assisted living
Adult Family Home Wenatchee	613 Royal Anne Drive, Wenatchee, WA 98801	(509) 470 7154	Assisted living
Columbia View Terrace Adult Family Home	1722 North Anne Avenue, East Wenatchee, WA 98802	(509) 886 5971	Assisted living
Christopher House	100 South Cleveland Avenue, Wenatchee, WA 98801	(509) 512 0838	Assisted living, outpatient behavioral health services
Seniors Serenity Adult Family Home	2519 Cordell Street, Wenatchee, WA 98801	(509) 421 1777	Assisted living
Elmwood Cottage Adult Family Home	1511 Elmwood Street, Wenatchee, WA 98801	(360) 808 0874	Assisted living
Amber Waves Adult Family Home	306 South Central Avenue, Waterville, WA 98858	(509) 745 9010	Assisted living
Caring Cottage LLC Adult Family Home	2023 Westhaven, Wenatchee, WA 98801	(509) 888 4950	Home healthcare services



This report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

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With technical assistance from:
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