

WENATCHEE VALLEY HOSPITAL

Community Health Needs Assessment Report & Implementation Plan

A Collaborative Approach to Impacting Population Health in
North Central Washington



Prepared by Community Choice Healthcare Network
12/1/2013

Wenatchee Valley Hospital, Central Washington Hospital and Wenatchee Valley Clinics are all part of an affiliation that makes up the Confluence Health system serving North Central Washington. Community Choice Healthcare Network is a regional healthcare collaborative that leads the region in assessing population health needs and facilitating a framework of inclusive collaboration to improve health.

Wenatchee Valley Hospital
Community Health Needs Assessment Report
& Implementation Plan

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Community Choice Healthcare Network

Community Choice Healthcare Network is a regional health improvement collaborative that leads the region in assessing population health needs and facilitating a framework of inclusive collaboration to improve health.

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EXECUTIVE SUMMARY

Background

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 requirements, Wenatchee Valley Hospital (WVH) 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 a broad representation of individuals and business sectors. Upon assessment completion, WVH 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 local leaders input.

Identification and Prioritization of Needs: 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: **access to health care; mental health; chronic disease prevention; and pre-conceptual and perinatal health.**

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 WVH 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 WVH priorities and initiatives

Leadership sought to maintain priorities to a narrow scope of focus areas where scarce resources could be targeted and meaningful impact could realistically be achieved. 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.

Implementation Plan Development: As part of the community engagement with stakeholders, attention has been given to natural partnerships and the collaborative framework that will be used to put into action the Implementation Plan. The Implementation Plan is treated as a living document and set of strategies that can be adapted to the lessons learned while implementing efforts relevant to the high priority focus areas. Investments in expertise, time and funding will be tracked and analyzed with future trends in the health indicators within the focus areas. The original broader set of community health indicators will continue to be tracked in order to consider future priority areas in the next comprehensive community health needs assessment.

I. Introduction

Background

Wenatchee Valley Hospital is a Not-for-profit, acute-care hospital and regional referral center for Rehabilitation Services in North Central Washington (Chelan, Douglas, Okanogan, and Grant counties). In 1998, Wenatchee Valley Hospital opened 20 inpatient beds that were purchased and transferred from Leavenworth Hospital.

2012 Key facts of current Wenatchee Valley Hospital services:

Major Programs/Services	Statistics	WVH Addition to WVMC (Opened 1998)
<ul style="list-style-type: none"> • Rehabilitation Services • Inpatient Surgical Services • Inpatient Medical Services • Outpatient Surgical Services • Radiology and Laboratory Services 	<ul style="list-style-type: none"> • Inpatient Admits <ul style="list-style-type: none"> ○ Medical - 281 ○ Surgical - 543 • Rehabilitation - 102 • Transfusion - 350 • Length of Stay <ul style="list-style-type: none"> ○ Medical – 3.4 days ○ Surgical – 1.9 days ○ Rehabilitation – 12.1 days • Surgery Center Activity <ul style="list-style-type: none"> ○ Inpatient - 543 ○ Outpatient - 5784 	

In 2012, Wenatchee Valley Hospital and Wenatchee Valley Medical Center began the process of affiliating with Central Washington Hospital. This was finalized in July 2013. Collectively known as Confluence Health, our affiliation allows us to offer a full range of inpatient and outpatient health care services and cutting edge technology, and a rural health care delivery system serving North Central Washington.

The Confluence Health system of hospitals & clinics is accredited by The Joint Commission. Through The Joint Commission’s accreditation process, the hospital must undergo an extensive performance evaluation. Upon successful completion, the hospital is recognized for its outstanding professional delivery of comprehensive quality care.

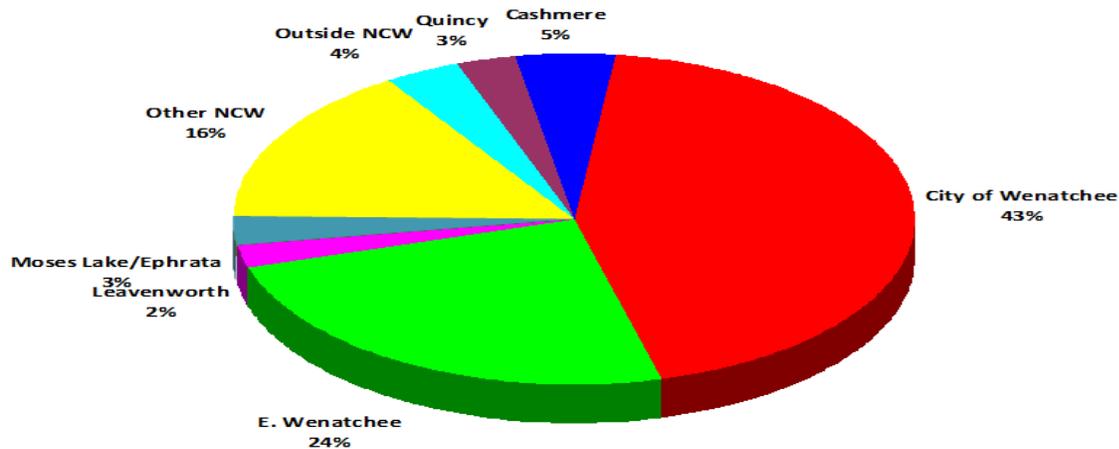
Wenatchee Valley Hospital Recognitions:

Quality and Education
<ul style="list-style-type: none"> • Washington State Coordinated Quality Program Certified <ul style="list-style-type: none"> – CARF Rehab Accreditation Standards – American College of Radiology certified – American College of Pathologists certified

- Professional Education
 - American Medical Association Continuing Medical Education
 - Resident and Medical Student Training program, U of W Medical School
 - Nursing, Radiation Therapy, and Medical Assistant training program Participation

Community Health Needs Assessment Population

For the purpose of this CHNA, Confluence Health/Wenatchee Valley Hospital defined its primary service area and populations as the North Central Washington counties of Chelan, Douglas, Okanogan and Grant counties. This was determined by the physical proximity and referral patterns of its cities, villages and townships to the hospital and affiliated clinics in this region.



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:

Cities	Townships	Villages	NCW Region Map
Wenatchee East Wenatchee Cashmere Quincy Ephrata Moses Lake Leavenworth Chelan Manson Brewster Bridgeport Omak Tonasket Oroville	Plain Entiat Orondo Pateros Twisp Winthrop Nespelem Coulee City Grand Coulee Electric City Royal City Mansfield Mattawa Waterville	Crescent Bar Stehekin Monitor Peshastin Carlton Riverside Mallot Mazama Conconully Dryden Suncadia Lake Wenatchee Lacerne Holden Village Chelan Falls Rock Island Soap Lake	

Table 1: Total Population Change, 2000-2010

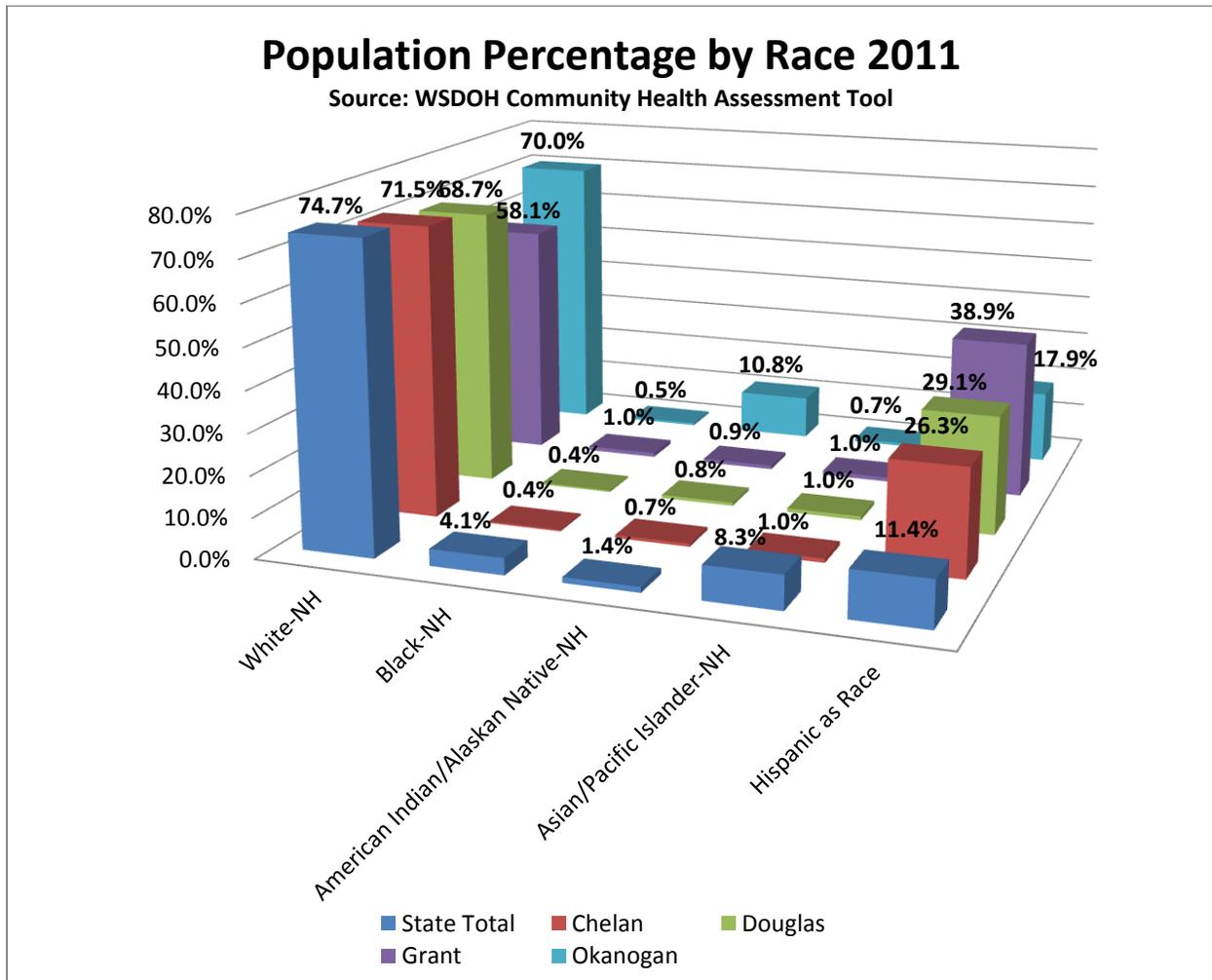
According to U.S. Census data, the population in the region rose from 213,481 to 241,124 between the year 2000 and 2010 (a 12.95% increase). This included a 23,688 (49.95%) increase in the Hispanic population in the region compared to a 3,955 (2.38%) increase in the Non-Hispanic population.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Report Area	213,481	241,124	27,643	12.95%
Chelan County, WA	66,616	72,453	5,837	8.76%
Douglas County, WA	32,603	38,431	5,828	17.88%
Grant County, WA	74,698	89,120	14,422	19.31%

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Okanogan County, WA	39,564	41,120	1,556	3.93%
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.

Overall population by race for 2011 is shown in the following chart, which emphasizes that Hispanics are the most significant minority population group in our area, though American Indians are a significant minority in Okanogan county:



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
Report Area	23,688	49.95%	3,955	2.38%
Chelan County	5,882	45.84%	-45	-0.08%
Douglas County	4,580	71.20%	1,248	4.77%
Grant County	11,687	52%	2,735	5.24%
Okanogan County	1,539	27.06%	17	0.05%
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

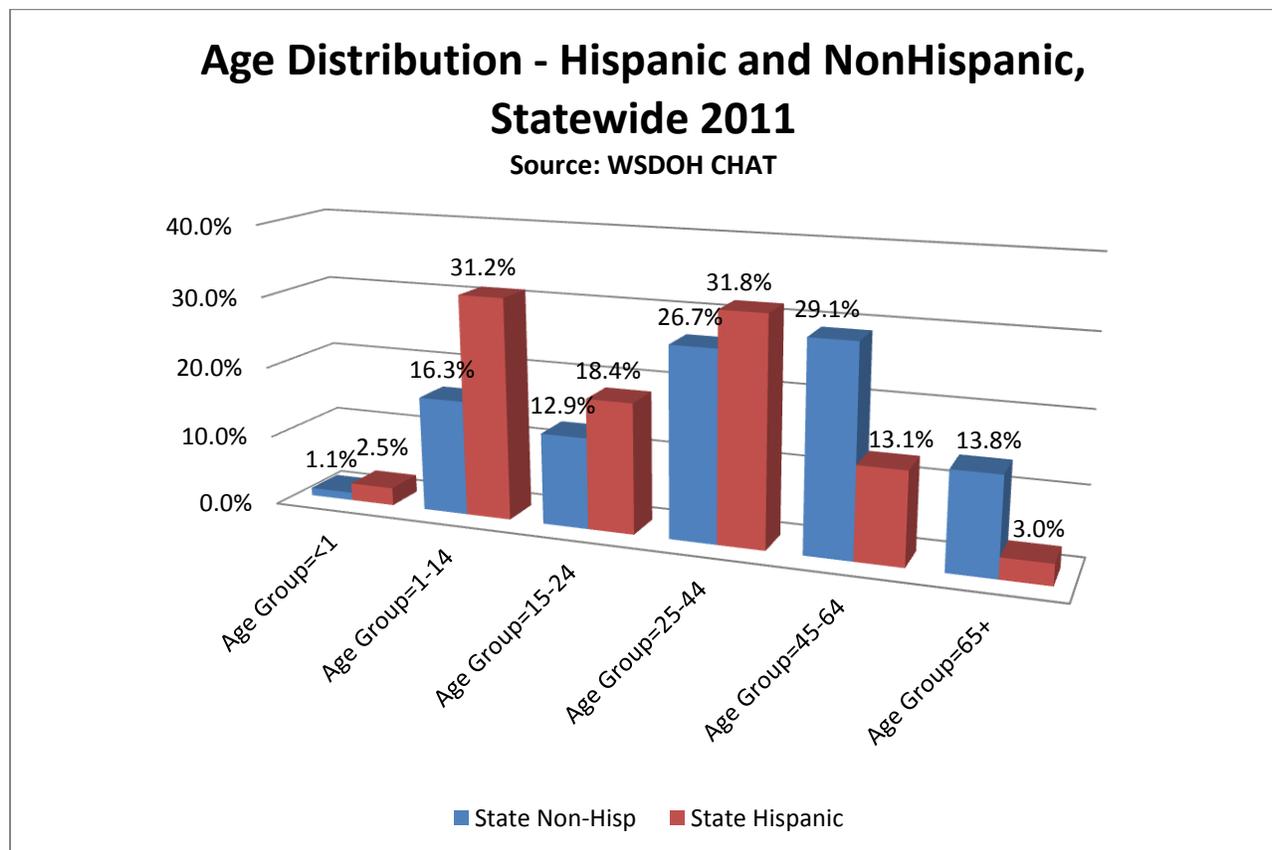
Changes in population by gender were relatively even (Male 50.24% and Female 49.76%) and the region has the following population numbers by age groups:

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+
Report Area	237,463	46,452 19.56%	21,100 8.89%	28,021 11.80%	28,795 12.13%	32,332 13.62%	29,603 12.47%	33,176 13.97%
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%
Douglas County	37,842	7,626 20.15%	3,188 8.42%	4,589 12.13%	4,704 12.43%	5,270 13.93%	4,664 12.32%	5,112 13.51%
Grant County	87,179	18,834 21.60%	8,697 9.98%	11,198 12.84%	10,766 12.35%	10,560 12.11%	8,958 10.28%	10,370 11.90%

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+
Okanogan County	40,655	6,783 16.68%	3,033 7.46%	4,118 10.13%	5,007 12.32%	5,858 14.41%	6,435 15.83%	6,747 16.60%
Washington	6,652,845	1,136,027 17.08%	646,991 9.73%	919,104 13.82%	916,883 13.78%	983,463 14.78%	809,908 12.17%	807,278 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.

It is important to note that the Hispanic population, both statewide and locally, tends to be significantly younger than the Non-Hispanic population on average. The following chart shows this clearly for the state, and the pattern for each of the counties in this area is similar, as shown in charts 10 through 13 in the Data Appendix (a separate document available for download from www.wvmedical.com):



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

Within the report area there are 30,874 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 20.32% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg & Ruglis, 2007](#)).

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
Report Area	151,927	30,874	20.32%
Chelan County, WA	47,571	8,223	17.29%
Douglas County, WA	24,339	4,854	19.94%
Grant County, WA	51,852	12,866	24.81%
Okanogan County, WA	28,165	4,931	17.51%
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 North Central Washington 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. This is an important factor which must be taken into account in any interventions aimed at the Hispanic community.

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Report Area	19,084	11,790	62.46%	9.71%
Chelan County	5,049	3,174	61.54%	8.06%

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Douglas County	3,063	1,791	65.90%	9.10%
Grant County	8,832	4,034	60.67%	10.82%
Okanogan County	2,140	2,791	68.04%	11.16%
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 the report area 17.47% or 40,948 individuals are living in households with income below the Federal Poverty Level (FPL). This is significantly (22%) higher than statewide poverty levels. 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
Report Area	234,422	40,948 17.47%	96,300 41.08%
Chelan County, WA	70,815	8,918 12.59%	24,413 34.47%
Douglas County, WA	37,572	6,285 16.73%	15,351 40.86%
Grant County, WA	86,001	17,163 19.96%	38,022 44.21%
Okanogan County, WA	40,034	8,582 21.44%	18,514 46.25%
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.

Chart 21 in the Data Appendix illustrates the higher poverty rate among Hispanics, showing that 59% of the area’s children living in poverty (below 100% of the Federal Poverty Level) are Hispanic, which is about twice the rate to be expected based on the proportion of Hispanics in the general population.

Poor General Health

Within the report area 17.32% 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?". The state rate is only 13.6%. 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
Report Area	169,842	29,422	17.32%
Chelan County, WA	53,020	8,324	15.70%
Douglas County, WA	26,980	3,993	14.80%
Grant County, WA	59,156	11,121	18.80%
Okanogan County, WA	30,686	5,984	19.50%
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.

II. Establishing the CHNA Infrastructure and Partnerships

Confluence Health/Wenatchee Valley 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, Confluence Health/ Wenatchee Valley Hospital undertook an eighteen month planning and development effort to complete this Community Health Needs Assessment (CHNA), identify health priorities for its four 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 was 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 were 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):** Community Choice also assisted in the completion of Community Health Needs Assessments for two other smaller non-profit hospitals within the larger four-county service area of Wenatchee Valley Hospital. Each of the three hospitals identified key staff to form Internal Assessment Teams (A-Teams) that reviewed and vetted CHNA data and consequently CHNA priorities from the perspective of internal hospital resources, expertise and organizational values.
- **Engaging Senior Leadership and Policy Boards:** The executive leadership and governing boards of key organization/governments were engaged early on in the process to establish awareness and input in the planning and development to the Community Health Needs Assessment. These same entities later reviewed and approved or endorsed the final versions of the CHNA.
- **Enlisting Internal Leads on Community Benefit and Schedule H Reporting:** Hospital staff were strategically identified to lead the tracking and documenting of Community Benefit and compliance with IRs requirements and monitoring of the CHNA report.

External

With Community Choice’s leadership, Confluence Health/ Wenatchee Valley Hospital 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 included in this CHNA. These external components include:

- **Creating a Regional Steering Committee:** Strategically 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 working on diverse but related social services in the four counties were engaged for initial awareness and input and later became the natural links to collaborative efforts in the implementation plan of the CHNA.

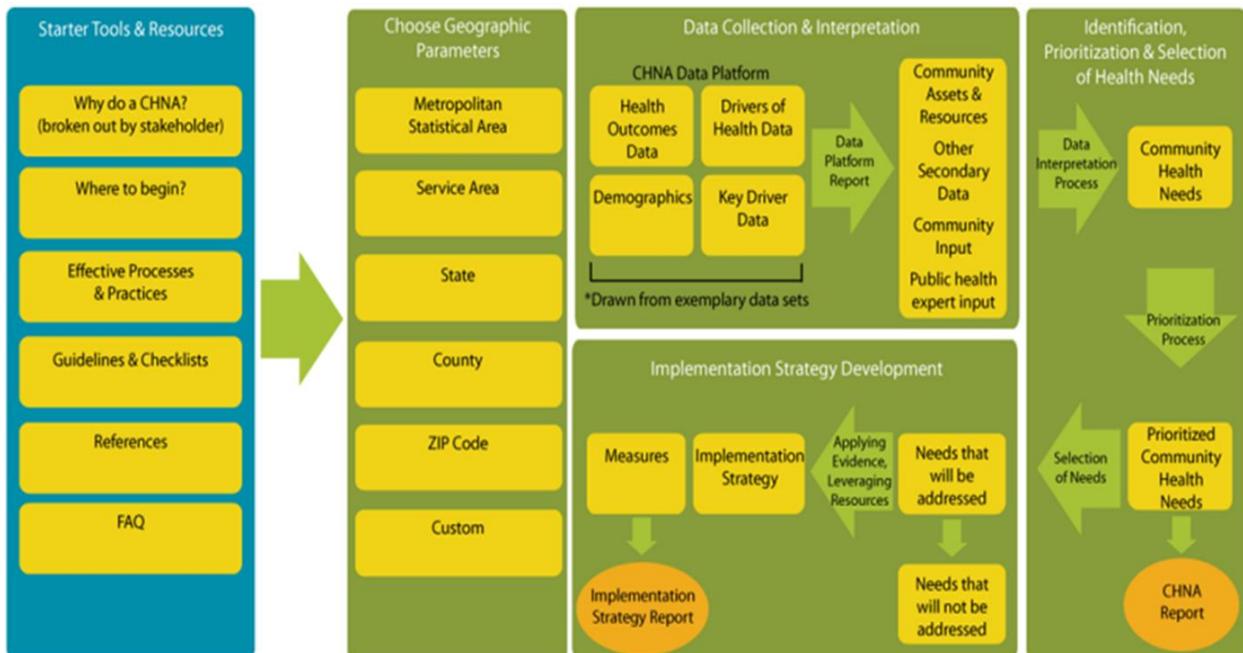
- **Key Informant Stakeholders:** Additional individuals whose participation in the CHNA Steering Committee was not practical were identified for interviews to capture valuable perspectives related to unique population groups, their customs and lifestyles.
- **Leveraging Past Community Health Assessments:** An effort was made to identify and leverage previous community health needs assessments that highlighted earlier concerns and focus on relevant health issues. For example: since 2002 school districts have completed a regional Healthy Youth Survey that informed key determinants of health that were incorporated in this report.

III. Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate the current health needs of the four-county primary service area for Wenatchee Valley Hospital and then 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 impacting the identified health priorities, and 4) establish systematic means to track, report and evaluate efforts that will effectively impact targeted population health issues on an ongoing basis.

IV. Data Collection and Analysis

- 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

Quantitative:

Source/Dataset	Description
CHAT	The Community Health Assessment Tool is an integrated set of public health data sources, created and hosted by the Washington State Department of Health, 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 by WSDOH in cooperation with public schools, 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 web site (http://www.chelandouglastrends.ewu.edu/) 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 their 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	NCW Educational	Mr. Mike Lynch	Health Promotion

Survey	Service District		and Disease Prevention
The Coalition for Children and Families of North Central Washington Strategic Plan/Board	The Coalition for Children and Families of North Central Washington	Renee Hunter, Chairperson of the Coalition Board.	Coordination and 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
Tracey Kasnic	Chief Executive Nursing, Hospital Management
Key Informant Individuals	Area of Expertise
Melissa Hernandez	Parenting Education/Advocate/Latino Populations
Shawta 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. Consequently, we will continue to compensate by seeking 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 it 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 on rural, sparsely populated regions suffers from statistically low numbers of respondents that 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.

V. Identification and Prioritization of Needs

The Community Health Needs Assessment planning and development process began by reviewing other similar assessments done by other communities around specific health concerns and broad public health interests. From this we generated an extensive list of community health indicators that we might choose to research data for our CHNA. Two public forums were conducted early on in the process to begin raising awareness of the initiation of this assessment and get input on the value placed on each of the community health indicators presented. An online survey was also used to gather input on what community health indicators were most valued. From this input, a more narrow list of health indicators were identified and we began to research data sources for these indicators for our four counties. Data on the same indicators from different sources were compared to help verify the validity and integrity of the data. 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 summary of the data set used as a foundation for this CHNA is included in the Data Appendix.

A regional CHNA Steering Committee was pulled together with attention to representation from key constituencies, demographic representation, key expertise and institutional and sector interests. 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 as well as 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 most valued and many remained involved in the public forums and through updates provided at their regular meetings. These coalitions were also treated as natural partners in the development of the CHNA Implementation Plan phase of the expected ongoing work to address high priority health issues.

Wenatchee Valley Hospital identified a strategic 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 strategic 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**

VI. 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. But as these charts indicate, our area already faces a shortage of primary care resources. The Affordable Care Act is expected to make the situation more difficult by significantly increasing the number of insured people in our community, thus increasing the demand for primary care.

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
Report Area	241,692	50,939	21.08%
Chelan County, WA	72,637	15,188	21.07%
Douglas County, WA	38,498	7,680	20.05%
Grant County, WA	89,435	18,752	21.16%
Okanogan County, WA	41,122	9,319	22.98%
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.

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
Report Area	142,828	100,830	70.60%	41,997	29.40%
Chelan County, WA	43,372	31,867	73.50%	11,505	26.50%
Douglas County, WA	22,947	16,156	70.40%	6,790	29.60%
Grant County, WA	52,052	35,565	68.30%	16,487	31.70%
Okanogan County, WA	24,457	17,242	70.50%	7,215	29.50%
Washington	4,299,112	3,456,537	80.40%	842,575	19.60%

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
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.

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
Report Area	68,976	63,309	91.78%	5,667	8.22%
Chelan County, WA	19,035	17,537	92.10%	1,498	7.90%
Douglas County, WA	10,839	9,936	91.70%	903	8.30%
Grant County, WA	28,980	26,771	92.40%	2,209	7.60%
Okanogan County, WA	10,122	9,065	89.60%	1,057	10.40%
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.

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
Report Area	169,842	42,887	25.25%
Chelan County	53,020	12,279	23.16%
Douglas County	26,980	6,265	23.22%
Grant County	59,156	15,972	27%
Okanogan County	30,686	8,371	27.28%
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
Report Area	169,842	25,947	15.28%
Chelan County	53,020	7,672	14.47%
Douglas County	26,980	4,419	16.38%
Grant County	59,156	8,891	15.03%
Okanogan County	30,686	4,965	16.18%
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:

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. This is especially marked in a community that is rich for its size in other kinds of specialty care.

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 of 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
Report Area	169,842	33,407	19.67%
Chelan County, WA	53,020	9,544	18%
Douglas County, WA	26,980	5,126	19%
Grant County, WA	59,156	12,600	21.30%
Okanogan County, WA	30,686	6,137	20%
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.

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.)
Report Area	233,295	34	14.57	15.21
Chelan County, WA	70,939	9	12.69	12.77
Douglas County, WA	37,129	6	15.08	16.80
Grant County, WA	85,017	10	12	12.70
Okanogan County, WA	40,210	9	22.88	23.34
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:

The Suicide Prevention Coalition (SPC) of North Central Washington was formed in early 2012 in response to the rising suicide rate since 2010. . The previous two years were record years for the Chelan/Douglas counties and we are hopeful to have an impact in reducing this trend. Because most of the suicide victims had not accessed mental health services, the initial focus has been to better publicize the problem of suicide and the availability of help for those who need it. The Healthy Youth Survey data from local school districts indicate a significant number of middle school age youth reporting suicidal thoughts and attempts of suicide. The following are responses to three questions posed to middle school students relevant to this community health indicator:

<p>6th Grade: Have you ever seriously thought about killing yourself? Your Students</p> <p>a. Yes NCW School: 21.1% (± 9.4); State: 14.5% (± 1.2) b. No NCW School: 78.9% (± 9.4); State: 85.5% (± 1.2)</p>	<p>8th Grade: During the past 12 months, did you ever seriously consider attempting suicide? (n=73) (n=9,955)</p> <p>a. Yes NCW School: 19.2% (± 9.2) State: 16.9% (± 1.0) b. No NCW School: 80.8% (± 9.2) State: 83.1% (± 1.0)</p>
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<p>6th Grade: When you feel sad or hopeless, are there adults that you can turn to for help? (n=76) (n=7,612)</p> <p>a. I never feel sad or hopeless: NCW School: 10.5% (± 7.1); State: 22.5% (± 1.1)</p> <p>b. Yes NCW School: 64.5% (± 11.0); State: 59.4% (± 1.8)</p> <p>c. No NCW School: 10.5% (± 7.1); State: 7.8% (± 0.8)</p> <p>d. Not sure NCW School: 14.5% (± 8.1); State: 10.2% (± 0.8)</p>	<p>8th Grade: When you feel sad or hopeless, are there adults that you can turn to for help? (n=35) (n=5,025)</p> <p>a. I never feel sad or hopeless: NCW School: 17.1% (± 13.1); State: 27.4% (± 1.5)</p> <p>b. Yes NCW School: 48.6% (± 17.4); State: 45.8% (± 1.7)</p> <p>c. No NCW School: 14.3% (± 12.2); State: 11.6% (± 1.2)</p> <p>d. Not sure NCW School: 20.0% (± 13.9); State: 15.3% (± 1.2)</p>
<p>6th Grade: A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength argue or fight. In the last 30 days, how often have you been bullied? (n=75) (n=7,737)</p> <p>a. I have not been bullied NCW School: 61.3% (± 11.3) State: 69.6% (± 1.8)</p> <p>b. Once NCW School: 17.3% (± 8.8) State: 14.7% (± 0.8)</p> <p>c. 2-3 times NCW School: 10.7% (± 7.2) 8.6% (± 0.7)</p> <p>d. About once a week NCW School: 6.7% (± 5.8) State: 2.3% (± 0.4)</p> <p>e. Several times a week NCW School: 4.0% (± 4.5) State: 4.8% (± 0.7)</p>	<p>8th Grade: A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength argue or fight. In the last 30 days, how often have you been bullied? (n=73) (n=10,137)</p> <p>a. I have not been bullied NCW School: 57.5% (± 11.6) State: 69.3% (± 1.5)</p> <p>b. Once NCW School: 20.5% (± 9.5) State: 13.2% (± 0.8)</p> <p>c. 2-3 times NCW School: 13.7% (± 8.1) State: 8.6% (± 0.7)</p> <p>d. About once a week NCW School: 4.1% (± 4.7) State: 3.7% (± 0.5)</p> <p>e. Several times a week NCW School: 4.1% (± 4.7) State: 5.1% (± 0.5)</p>

3. Chronic Disease Prevention:

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.

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%

Report Area	Total Population (Age 20)	Number Obese	Percent Obese
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
Report Area	185,757.69	14,765	7.95%
Chelan County	60,589.04	4,423	7.30%
Douglas County	28,897.44	2,254	7.80%
Grant County	60,321.84	5,248	8.70%
Okanogan County	35,949.37	2,840	7.90%
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.

Other relevant data include the leading causes of death and hospitalization for the area, shown in tables 57 and 58 in the Data Appendix. Charts 60-61 (Accident Mortality), 62 (Asthma), 71-72 (Diabetes), 73-76 (Heart Disease and Stroke) 88-92 (Obesity, including children) and 96-98 (life expectancy) are also on point.

The take home message of all these indicators is that our area is participating fully in the nation's obesity epidemic and all of its health consequences, including needlessly high rates of preventable chronic disease and premature death.

4. Pre-conceptual and Perinatal Health:

As Chart 79 and 81 in the Data Appendix indicate, rates of infant mortality and low birth weight in our area are roughly comparable to statewide rates, which in turn are better than those for the nation.

Significant differences are seen, however, when teenage pregnancy and smoking among mothers are examined:

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.

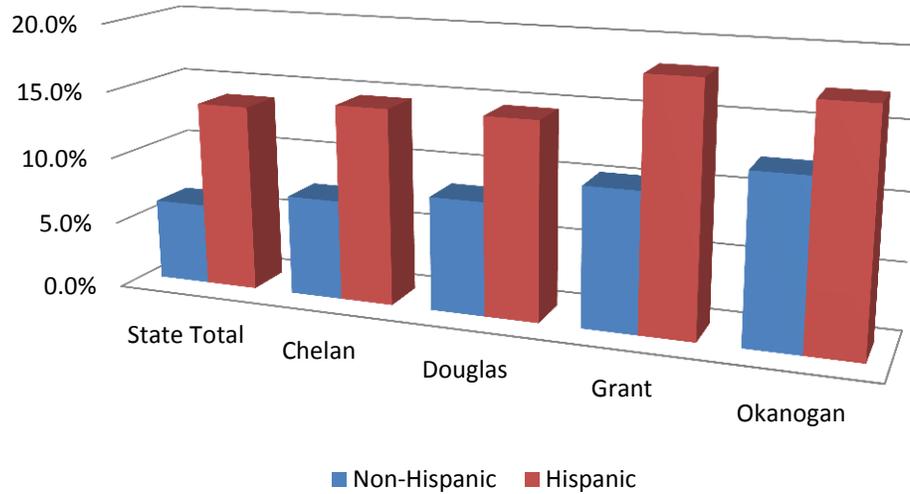
Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Report Area	59,930	3,349	55.88
Chelan County	17,668	788	44.60
Douglas County	9,156	434	47.40
Grant County	22,748	1,606	70.60
Okanogan County	10,358	521	50.30
Washington	1,498,685	49,007	32.70
United 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 Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#). Source geography: County.

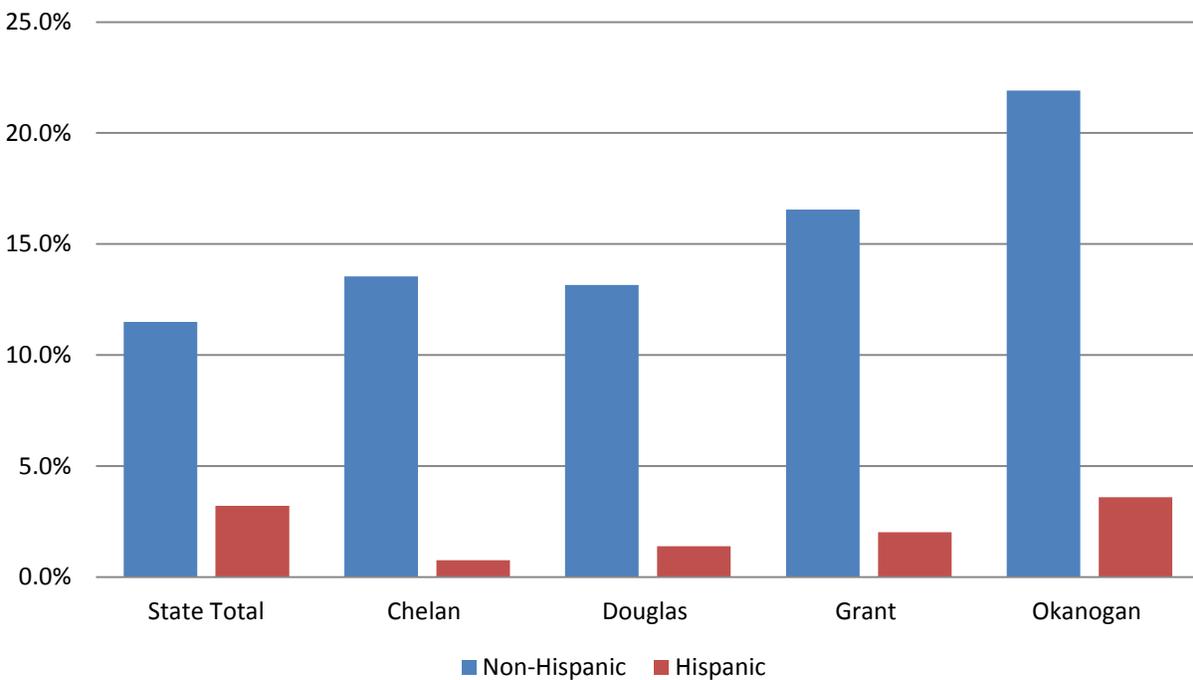
Percent of Births To Mothers < 20 Years, 2007-2011

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.

VII. 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 <http://wvmedical.com> includes Wenatchee Valley Hospital and Medical Center in Wenatchee, its outlying Wenatchee Valley Clinics in nine respective communities and Central Washington Hospital located also in Wenatchee, the only metropolitan area in this mostly rural 12,000 square mile region of the state. Confluence Health is an affiliation of the two larger healthcare organization, the non-profit Central Washington Hospital and the private physician owned system of Wenatchee Valley Hospital and Medical Center and regional clinics. Together this represents nearly 300 providers spread across the four counties. Additionally, each county has a Federally Qualified Health Centers (FQHCs) and a system of Public District/Critical Access Hospitals and their 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 are provided primarily by Catholic Family and Child Services and Children's Home Society

Grant County hospitals, clinics and behavioral health services:

- Moses Lake Community Health (FQHC) has three clinic sites
- Samaritan Healthcare in Moses Lake include a hospital and clinic
- Quincy Valley Medical Center with a hospital and outpatient clinic
- Columbia Basin Hospital in Ephrata with an outpatient clinic and assisted living
- Coulee Medical Center includes a hospital, two clinic sites and Long-Term Care services
- Mattawa Community Medical Clinic in Mattawa
- Behavioral health services is provided by Grant Mental Health

Other resources that address priority health needs

The four counties are also served by 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.

VIII. Documenting and Communicating Results

This CHNA Report and Implementation Plan, as well as the Data Appendix document, are available to the community on the Wenatchee Valley Hospital public website (www.wvmedical.com) and are downloadable. To obtain a hard copy, contact the Hospital Administration office at 509-665-6011. A plan to present a summary of the results to community groups has been developed.

IX. Planning for Action and Monitoring Progress

The Implementation Plan articulates 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 work with Community Choice to engage with community stakeholders to begin further defining the strategies and best practices in an ongoing effort that builds on the good work partner organizations are already doing in these community health issues. 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 Wenatchee Valley 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.

Appendices:

Appendix 1. Wenatchee Valley Hospital 2013 Community Health Implementation Plan

The Wenatchee Valley Hospital and Confluence Health Implementation Plan consists of current and new strategies that contribute to improving the health indicators relevant to the four health priority focus areas identified in the Community Health Needs Assessment conducted for the following North Central Washington counties: Chelan, Douglas, Okanogan and Grant.

The four high priority focus areas identified are the following:

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

Although we believe it is important to focus this effort on a relatively small number of top priorities, the Community Health Needs Assessment also identified other health concerns. Some of these are specific populations such as Children with Special Needs and Native American populations in the identified service area. In the future, an effort will be made to develop greater capability to support organizations that are currently working on those important health concerns in our region.

Implementation Plan

Wenatchee Valley Hospital and Confluence Health will continue leveraging Community Choice and other partners to develop, implement, monitor and evaluate both new and ongoing interventions that address the community health priorities identified. The strategies and interventions will include, but are not limited to, the following initiatives in each of the four categories.

- 1. Access to health care** – Wenatchee Valley Hospital /Confluence Health is involved in the implementation and/or continuation of the following efforts to improve access to care.
 - In-Person Assistance Network (I-PAN) program – Wenatchee Valley Hospital (WVH) and Confluence Health are key partners in the In-Person Assister (IPA) program. This program is partially funded by the new state insurance exchange and supported by healthcare partners at the local/regional level. The state’s Health Benefit Exchange funding is based on enrolling just 10% of the uninsured. With the great support of healthcare partners like WVH and Confluence Health, we are targeting at least a 50% reduction of the uninsured/underinsured in the four North Central Washington counties (Chelan, Douglas, Grant and Okanogan). A network of hospitals and clinics are collaborating on creating as many “access” points for people to get in-person assistance and education on selecting and purchasing a health plan. Other ongoing programs that provide the benefit of system navigation for healthcare consumers is the regional SHIBA (Statewide Health Insurance Benefit Advisors) program that is funded by the state Office of the Insurance Commissioner and is supported at the local/regional level by WVH/Confluence and other healthcare partners.

- WVH Contact Center – the Contact Center operated by WVH, CWH and Confluence is a new initiative that is focused on facilitating the most efficient and appropriate access to healthcare by triaging patients as they show up at the local emergency department or the hospital, assisting with scheduling for follow appointments and addressing population health issues as they appear.
- Addressing Provider Shortages: WVH/Confluence Health is coordinating with other healthcare partners on efforts to recruit primary care physicians to the region and other providers such as dental care and other specialties. Currently, WVH/Confluence and Columbia Valley Community Health are developing target goals for recruitment and expansion of these services in the region.
- Collaboration with Public Health and other healthcare institutions is an ongoing process that has gained greater purpose than before with the structure facilitated by this and future community health needs assessments and the implementation of more coordinated efforts targeting solutions that can be monitored and evaluated on an ongoing basis.

2. **Mental health**– Wenatchee Valley Hospital /Confluence Health is supportive of the implementation and/or continuation of the following efforts to improve mental health services.

- The Suicide Prevention Coalition of North Central Washington is a local community response to a notable spike in suicides in our region over the last five years. The initiative recently found a home at the local Children’s Home Society agency and continues to gain broad local support as its focus expands to all four counties in North Central Washington.
- The Anti-bullying Initiative is led by Together for Drug-Free Youth of Chelan/Douglas, a local agency that has made a notable impact on reducing smoking and tobacco use over the last decade.
- WVH/Confluence Health is also intending to leverage The Coalition for Children and Families of NCW to better coordinate efforts and target resources through a framework that includes organizations like Children’s Home Society, Okanogan County Behavioral Health, Christopher House, School Districts and other public and non-profit entities in the region.

3. **Chronic disease prevention**– Wenatchee Valley Hospital /Confluence Health is engaged in the implementation and/or continuation of the following efforts to better serve patients with chronic health problems and early interventions such as facilitating better nutrition and healthier lifestyles in younger generations.

- WVH/Confluence is a full participant in the introduction of the Health Homes program in all four counties. This program and other care coordination initiatives are possible through contracts with the state’s Health Care Authority (HCA) and other payers. Collectively, this initiative is focused on systematically leveraging best practices and supportive technologies to target high cost beneficiaries that can benefit from professional health coaching. Additionally, this care coordination is complemented by new Chronic Disease Self-Management Education (CDSME) provided by Community Choice and other organizations in the region.
- WVH/Confluence Health has begun identifying and evaluating current and developing regional initiatives in the region that can be expanded or strengthened by additional support. Some of these include: Nutrition initiatives by school districts that focus on eliminating unhealthy foods and beverages and introducing locally grown fresh fruits and produce that have greater nutritional value. In some communities, partnerships between schools and local farmers markets are creating mutually beneficial arrangements that can result in younger generations having better nutrition and health conscious communities while supporting the local economies.

- Collaboration with Public Health and regional coalitions such as The Coalition for Children and Families in NCW will continue to be a key strategy in facilitating collaborative frameworks to address this and other high priority health needs in our region.
4. **Pre-conceptual and perinatal health**– Wenatchee Valley Hospital /Confluence Health is supportive of the implementation and/or continuation of the following efforts to address the high teen pregnancy and other reproductive health needs in our region. Teen pregnancy is an acute problem particularly with the significant Latino population in North Central Washington. Leadership from WVH/Confluence Health is already playing a leadership role with organizations that are well positioned to focus on this health priority. Some of the organizations and initiatives already identified to be supported and augmented include:
- Woman’s Resource Center is well positioned to help combat the cycle of social factors related to crisis faced by women and families. We need to learn effective ways to prevent this being a re-occurring incidence for many women.
 - WVH OB Department initiatives include prenatal classes and exploring a model called “baby friendly hospitals” that focus on robust educational components for new parents, including the promotion of breastfeeding, which is known to reduce chronic disease risks.
 - Collaboration leveraging The Coalition for Children and Families of NCW include better coordination and targeting of efforts with partners such as public health, Children’s Home Society, Family Planning of NCW, FQHCs, WIC programs, Formula Feeding Initiative, school districts, churches and other relevant partners. A significant part of the solution is appropriate educational programs and effective delivery systems.

Next Steps

Wenatchee Valley Hospital /Confluence Health envisions leveraging current and developing frameworks of collaboration that include established coalitions in the various communities to orchestrate effective, well synchronized efforts that can be monitored, evaluated and improved upon with lessons learned from the field and research-based best practices. In the first six to nine months a process will be implemented to gain better insights on what current interventions by WVH/Confluence Health and regional partners are having, or have the highest potential, to have the most impact on improving related health indicators. We will be looking at how these intervention activities are being monitored, success indicators are being tracked, and what accountability measures are in place. This analysis will be done in a collaborative manner with the respective partners with the intent to identify new and current resources that can be better integrated and targeted to maximize impact. The significant awareness already generated over the eighteen month process of completing the CHNA Report and Implementation Plan provides us with natural leads of key individuals and organizations we can engage with in refining and implementing key interventions related to each of the high priority health areas. It will be important to take the necessary steps to foster a sense of “ownership” on an individual level and collectively by all partners and collaborators in the process of developing and refining strategies, work plans, identifying success indicators and metrics for measuring progress.

The Community Health Needs Assessment Report and Implementation Plan are on the Wenatchee Valley Hospital /Confluence Health public website (www.wvmedical.com) and are downloadable. To obtain a copy, contact Wenatchee Valley Hospital Administration office at (509) 662-1511.

Appendix 2. Qualitative Data Sources

Report Title, Date, Lead Organization & Key Partners	Data Collection Methodology	Description of Key Informants	Report-specific Demographics	Results Relevant to WVH Health Priorities
Healthy Youth Survey (Year 2012), NCW Educational Service District in partnership with participating school districts. The HYS has been completed since October 2002, 2004, 2006, 2008, 2010, and 2012.	Survey tracts self-reported responses from students in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.	The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Department of Commerce, and the Liquor Control Board.	The survey provides important information about youth in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.	The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. It includes data on how students feel about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.
Wenatchee Substance Abuse Coalition Report	Focus Groups, Surveys and expert analysis by relevant individuals with relevant academic and cultural expertise.	Key personnel in school districts, juvenile justice and social service agencies	A focus on youth K-20 in the Chelan and Douglas Counties	Important insight on perceptions and experience related to alcohol, tobacco and other drug use, and related risk and protective factors.
Migrant/Bilingual Parent Advisory Committee	Focus groups, questions and discussion. Insight from informal networks and leaders in the Latino communities in NCW	Key leaders that lead formal and informal support systems for the Latino Communities in health and education sectors.	Culturally relevant insight on health indicators' and concerns relevant to the multi-generational Hispanic community in NCW	Important insight on perceptions and experience related to, teen pregnancy, safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

Appendix 3. Directory of Health Coalitions and Partners in North Central Washington Counties

The Coalition for Children and Families of North Central Washington.

Website: <http://www.coalitionforchildrenandfamilies.org>

Organization/Member	Health Emphasis	Contact	Phone	Email/website
Catholic Family & Child Service	Mental health, support services	Jennifer Santillan	509-664-7350	jsantillan@ccyakima.org

Center For Alcohol and Drug	Treatment services	Chris Tippet	509-662-9673	ctippett@cfadt.org
Chelan County Wenatchee Housing Authority	Low-income housing	Alicia McRae	509-663-7421	alicia@ccwha.com
Chelan County Juvenile Court	Juvenile justice	Phil Jans	509-667-6350	phil.jans@co.chelan.wa.us
Chelan-Douglas Community Action Council	Low income services	Julie Kagele	509-662-6156	juliek@cdcac.org
Chelan-Douglas Health District	Public health, prevention, immunizations	Carol McCormick	509-866-6423	carol.mccormick@cdhd.wa.gov
Chelan-Douglas Regional Support Network	Mental health resources	Tamara Cardwell-burns	509-886-6318	tcardwell-burns@cdrsn.org
Chelan-Douglas TOGETHER! For Drug Free Youth	Prevention-tobacco and drug use	Renee Hunter	509-662-7201	together@nwi.net
Children's Home Society of WA	Early learning, foster care	Doug Head Kris Collier	509-663-0034	douglash@chs-wa.org kris@chs-wa.org
Columbia Valley Community Health	Primary care, dental health	Marlen Mendez	509-661-3623	mmendez@cvch.org
Community Choice Healthcare Network	Access to healthcare, health benefits, IT support	Jesus Hernandez	509-782-5030	jesush@communitychoice.us
Division of Children & Family Services (DSHS)	Children services, family services	Marie Scanlon	509-665-5334	Marie.Scanlon@dshs.wa.gov
Eastmont School District	K-12 education support, early learning, prevention	Darby Hammond	509-884-7169	dhammond@entiatschools.org
EPIC - Child Development	Early childhood education	Belia Sanchez	509-884-2435	bsanchez@cwahs.org
Family Planning of NCW	Pre-conceptual health, family planning, prevention	Anita Tuason	509-662-2013 x230	anitafpncw.org
North Central Educational Service District	K-12 education support, early learning, prevention	Shelley Seslar	509-665-2626	shelleys@ncesd.org
North Central Regional Library	Education/reading online resources	Angela Morris/ Dan Howard	509-663-1117	amorris@ncrl.org
Orondo School District	K-12 education support, early learning, prevention	Millie Watkins	509-784-2443	mwatkins@orondo.wednet.edu
SAGE	Crisis support for women and children	MaryAnne Preece/ Jessica Johnson	509-663-7446	maryannep@nwi.net jessiej@nwi.net
United Way of Chelan and Douglas Counties	Community Foundation	Alan Walker	509-662-8261	alan@uwcdc.org

WSU Chelan-Douglas County Extension	Parenting education, youth opportunities	Jenn Crawford	509-667-6540	crawfordj@wsu.edu
Wenatchee CSO (DSHS)	Social welfare services/benefits	Donna Titleman	509-665-5236	titledk@dshs.wa.gov
Wenatchee School District	P-12 Education, prevention, parent support/counseling	John Waldren	509-663-8161	waldren.j@mail.wsd.wednet.edu
Wenatchee Valley College	Literacy, higher education	Nancy Spurgeon	509-682-6800	nspurgeon@wvc.edu
Women's Resource Center of NCW	Crisis support, prevention, education	Phoebe Nelson	509-662-0121	pjnel@aol.com
Family Health Centers Latino Coalition	Primary care, social supports	Orlando Gonzalez	509-422-1914	ogonzalez@myfamilyhealth.org

References

1. <https://www.census.gov/prod/www/decennial.html> US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract
2. Community Health Assessment Tool (CHAT), Washington State Department of Health, data complete through 2011.
3. Report (Freudenberg & Ruglis, 2007).
4. *US Census Bureau, American Community Survey: 2007-11*. Source geography: Tract.
5. *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11*. Accessed using the *Health Indicators Warehouse*.. Source geography: County.
6. <http://www.communitycommons.org/> Catholic Health Association (CHA) Community Commons CHNA flow chart
7. *US Census Bureau, Small Area Health Insurance Estimates: 2011*. Source geography: County.
8. *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010*. Source geography: County.
9. *Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10*. Accessed using *CDC WONDER*.. Source geography: County
10. <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey.aspx> Washington State DOH Healthy Youth Survey 2012
11. *Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009*. Source geography: County.
12. *Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009*. Accessed through the *Health Indicators Warehouse*. Source geography: County.
13. <http://www.coalitionforchildrenandfamilies.org> The Coalition for Children and Families of North Central Washington.

Support Documentation on File and Available Upon Request:

- CHNA Data Appendix-Broader Set of Health Indicators for NCW Counties
- CHNA Valued Health Indicator Questionnaire
- CHNA Valued Health Indicator Survey Summary
- Forums Participation List
- Forums News Release Sample
- CHNA Advisory Group Invitation Letter
- Valued Health Indicator Survey Results
- CHNA Process Timeline