



Confluence Health

Central Washington Hospital & Wenatchee Valley Hospital 2019

Joint Community Health Needs Assessment

A Collaborative Approach to Impacting Population Health in
North Central Washington



Prepared by Action Health Partners, Chelan-Douglas Health District,
Confluence Health Central Washington Hospital & Wenatchee Valley Hospital.

Confluence Health
Central Washington Hospital & Wenatchee Valley Hospital
Community Health Needs Assessment Report

December 10, 2019

Co-authored by:

Craig Sanderson, Confluence Health

Paige Bartholomew, Action Health Partners

Teresa Mata-Cervantes, Action Health Partners

Veronica Farias, Chelan-Douglas Health District

Cory Ferrari Zimmerman, Confluence Health

Tracey Kasnic, Confluence Health

The authors wish to acknowledge the 2019 Community Health Needs Assessment (CHNA) Steering Committee members who contributed their time, expertise and experience to the review, analysis and interpretation of the data that was generated and considered in the completion of this CHNA Report.

Table of Contents

Executive Summary.....	4
Acknowledgements.....	7
Introduction	10
Community Health Needs Assessment Background.....	10
Confluence Health Central Washington Hospital & Wenatchee Valley Hospital	Error! Bookmark not defined.
Community Profile	11
Data Collection Process and Methods	16
Health Indicators.....	16
Community Voice Survey	18
Focus Groups (SWOT Analysis)	19
Other Community Assessments.....	22
Identification and Prioritization of Community Health Needs	24
Impact of Actions Taken Since Preceding CHNA.....	37
Appendices	
Appendix A – Health Indicators	44
Appendix B – Community Voice Survey	160
Appendix C – Other Community Assessments	204
Appendix D – 10 Potential Needs Posters	210
Appendix E – References	225

2019 North Central Washington Community Health Needs Assessment

Executive Summary

Background

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

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

Community Definitions

The geographical area for this CHNA is the North Central region of Washington State. The region includes Chelan, Douglas, Grant and Okanogan counties. These four counties encompass approximately 12,000 square miles with a population of nearly 250,000 people living in rural communities of varying sizes spread throughout the region.¹ The population size and demographics varies from county to county. The highest density of population is in the greater Wenatchee area near the confluence of the Columbia and Wenatchee Rivers. Okanogan County includes part of the Confederated Tribes of the Colville Reservation home to over 4,000 Native Americans and Alaska Natives; 6,000 of which residing in North Central Washington. The region is also home to nearly 79,000 Hispanics or Latinos with the greatest proportion residing in Grant County.² Agriculture, including tree fruit, viticulture, grain harvest and vegetable production and processing, is the backbone of economic vitality throughout the region. Approximately 30,000 migrant workers are hired throughout North Central Washington and support the region's agricultural industry.³ This area is defined as the community for Confluence Health as approximately 96% of the patients served live in these four counties.

¹ University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

² University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

³ USDA, National Agricultural Statistics Service, Census of Agriculture, 2017

Assessment Process and Methods

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

Summary of Prioritization Process

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

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

Summary of Prioritized Needs

The prioritized health needs for the 2019 CHNA are (as ranked by stakeholders):

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

This CHNA report was adopted by the Confluence Health Board on December 10, 2019

This report is widely available to the public at www.confluencehealth.org and a paper copy is available upon request at Confluence Health 1201 S. Miller Wenatchee WA 98801.

Written comments on this report can be submitted to Tracey Kasnic, Chief Nursing Officer, Confluence Health 1201 S. Miller Wenatchee WA or by e-mail to tracey.kasnic@confluencehealth.org.

There have not been any written comments submitted to the 2016 CHNA. Calls for written comments will be placed on www.confluencehealth.org.

Acknowledgements

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

2019 CHNA Steering Committee

Agustin Benegas	Lake Chelan Community Hospital
Alan Fisher	Mid-Valley Hospital
Angela Morris	North Central Regional Library
Bob Bugert	Chelan County Commissioner
Cathy Meuret	North Central Educational Service District
Carol Diede	Columbia Valley Community Health
Clarice Nelson	Action Health Partners
Cory Ferari-Zimmerman	Confluence Health
Courtney Ward	Amerigroup
Cynthia Vidano	Confluence Health
Deb Miller	Action Health Partners
Donny Guerrero	Molina Healthcare
Jamie Hilliard	Catholic Charities
John McReynolds	North Valley Hospital
Ken Sterner	Aging and Adult Care
Laina Mitchell	Grant County Health District
Lauri Jones	Okanogan County Health District
Loretta Stover	The Center for Drug and Alcohol Treatment
Melanie Neddo	Three Rivers Hospital
Melodie White	Family Health Centers
Mikaela Marion	Mid-Valley Hospital
Rosenda Henley	People for People
Tanya Gleason	North Central Accountable Community of Health
Terri Weiss	Upper Valley MEND
Tracey Kasnic	Confluence Health
Sheila Chilson	Moses Lake Community Health Center
Stephen Johnson	Confluence Health
Winnie Adams	Coordinated Care

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

Action Health Partners
Aging and Adult Care
Amerigroup
Beacon Health Options
Catholic Charities
Cascade Medical Center
Cascade Unitarian Universalist Fellowship
Central Washington Sleep Diagnostic Center
Chelan-Douglas Community Action Council
Chelan-Douglas Health District
Chelan-Douglas Transportation Council
Chelan Senior Center
Children's Home Society Washington
City of East Wenatchee
City of Wenatchee
Columbia Basin Hospital
Columbia Valley Community Health
Coordinated Care
Confluence Health
Confluence Health Foundation
Grand Coulee Dam School District
Grant County Health District
Grant Integrated Services
Lake Chelan Health & Wellness Foundation
Lake Chelan Community Hospital
Mattawa Community Medical Clinic
Mattawa Police

Microsoft
Mid-Valley Hospital
Molina Healthcare
Moses Lake Community Health Center
North Central Accountable Community of Health
North Central Educational Service District
North Central Regional Library
North Valley Hospital
New Hope
Okanogan County Community Action Council
Okanogan County Transit
Okanogan County Public Health
Okanogan Juvenile Detention
Parkview Medical Group
Quincy Partnership for Youth
Room One
Samaritan Healthcare
SkillSource
Tender Loving Care
TOGETHER! For Youth
Three Rivers Hospital
Upper Valley MEND
Wahluke Community Coalition
Washington State University Extension
Wenatchee Valley Dispute Resolution Center
Women's Resource Center
WorkSource

Introduction

Community Health Needs Assessment Background

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

This report will focus on the assessment process, describing the data collection methods, the data collected and the prioritization and selection of health needs that will be the focus of health improvement plans. It also includes the actions taken by Confluence Health Central Washington Hospital & Wenatchee Valley Hospital since the 2016 CHNA.

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

Confluence Health

The origins of Central Washington Hospital date to the early 1900s with the establishment of Central Washington Deaconess Hospital and St. Anthony's Hospital. The two organizations merged in 1974 to form Central Washington Health Services Association. The St. Anthony's facility was renamed Rosewood Hospital in 1974 and the facilities combined their operations at the remodeled and expanded Rosewood Hospital site under the name Central Washington Hospital.

Dr. L.M. Mares, Dr. A.G. Haug and Dr. L.S. Smith founded the Wenatchee Valley Clinic in 1940. Their philosophy was that patients were best served when they had easy access to other specialists under the same roof.

In 2012, the two organizations began the process of affiliating, which 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.

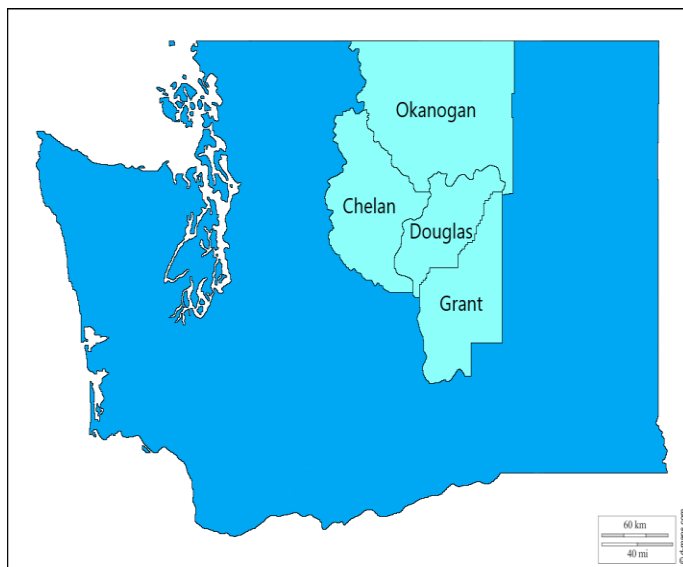
Today Confluence Health still has the best interest of our patients at heart; we're just larger and able to take care of more of them. In fact, with a full range of healthcare services and cutting-edge technology, we've got North Central Washington covered with a rural healthcare delivery system second to none.

Our founders recognized that a regional patient base was required to support specialty care in a rural environment, but even they didn't envision a comprehensive healthcare delivery system encompassing

a region of roughly 12,000 square miles. Today over 60 percent of our business comes from outside the greater Wenatchee area, and our specialists drive over 130,000 miles annually to provide outreach to clinics in North Central Washington communities.

Physician recruitment and retention have always been among our strengths. Our doctors were recruited not only because they bring knowledge from some of the nation's best medical training programs, but because of their values. They came for the quality of life, the beauty of the land and professionalism that fosters the physician-patient relationship. This ability to recruit has paid off in steady growth, and today Confluence Health has over 270 physicians and 150 advanced practice providers.

Confluence Health is a strong believer in being a corporate good neighbor and is generous in its contributions to local community organizations.



Community Profile

Definition of Community

The North Central region of Washington State includes Chelan, Douglas, Grant and Okanogan counties. These four counties include approximately 12,686.08 square miles of total land in the the north central part of the state.⁴

The population size of each of the four counties has increased and is estimated to be

250,520 for the region.⁵ The greatest proportion of the population resides in Chelan and Douglas Counties, which includes the greater Wenatchee area. Moses Lake in Grant County follows in size of population. In addition to those two cities, there are other rural cities and towns of varying sizes scattered throughout the region. The population density for the region, estimated at 19.75 persons per square mile, is less than the state (107.9 persons per square mile) and national (90.88 persons per square mile) average population densities.⁶

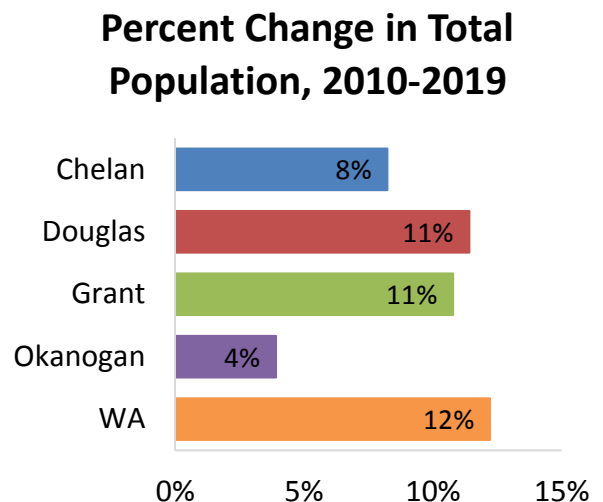
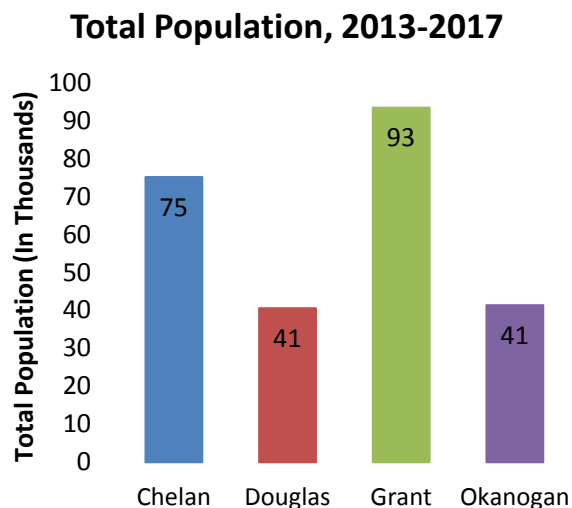
⁴ University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

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

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

Data Source: Office of Financial Management, Forecasting & Research Division, 2019 Population Trends, August 2019

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



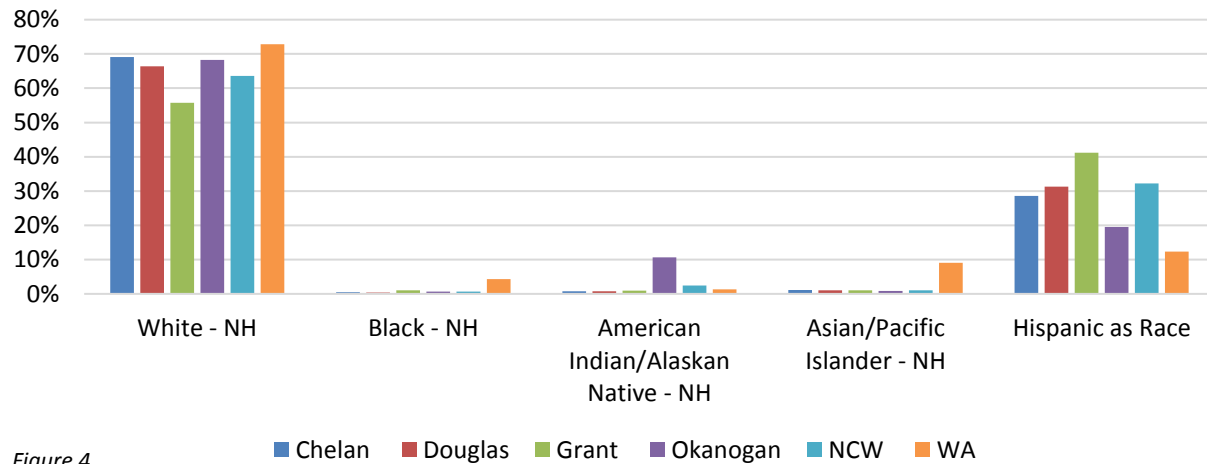
⁶ University of Missouri Extension, CARES Engagement Network, Health Indicators Report from the U.S. Census Bureau, American Community Survey, 2013-2017

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

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

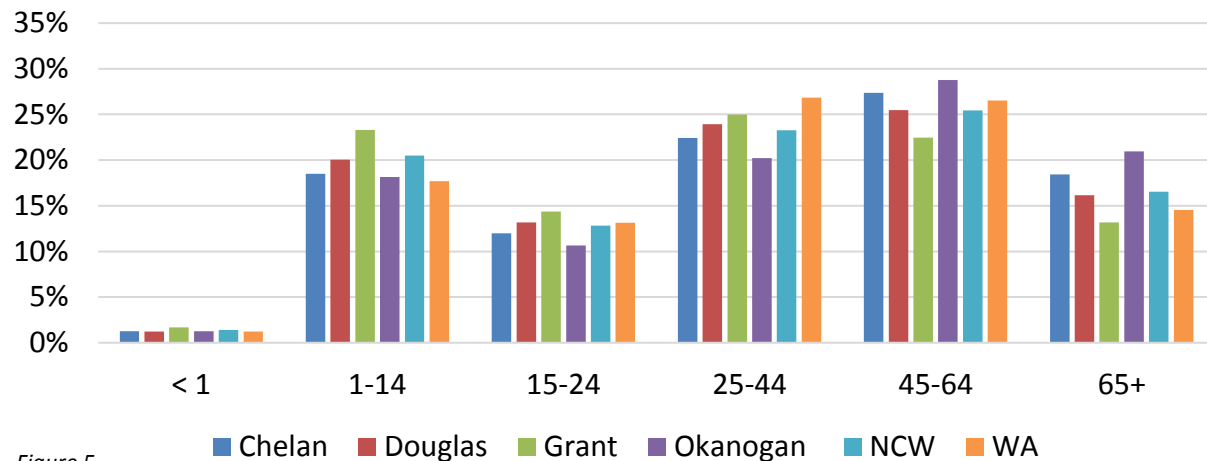
⁹ USDA, National Agricultural Statistics Service, Census of Agriculture, 2017

Percent Population by Race, 2013-2017



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

Percent Population by Age, 2013-2017



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

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

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

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

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

Population Below 100% of the Federal Poverty Level

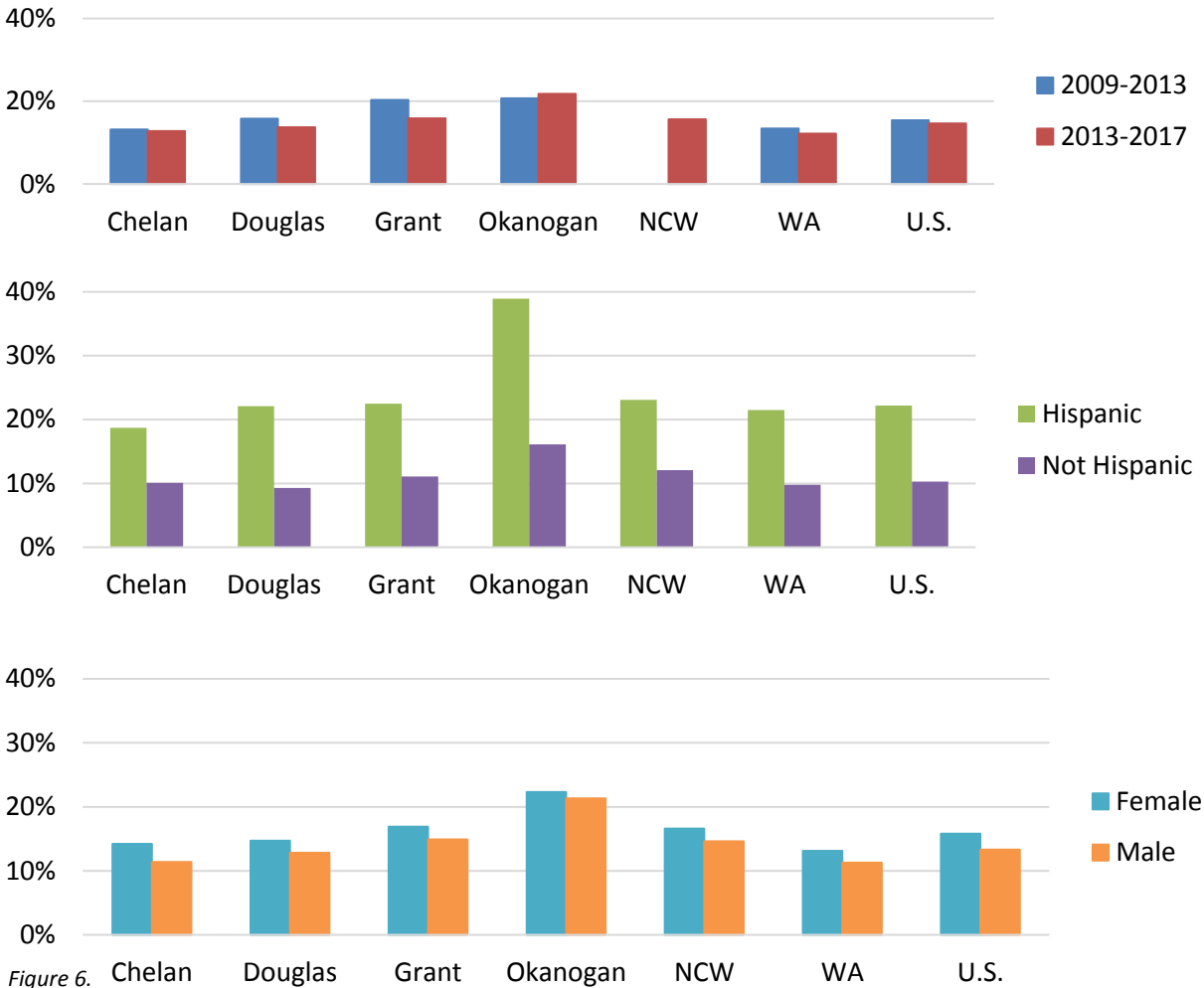


Figure 6. Chelan Douglas Grant Okanogan NCW WA U.S.

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

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

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

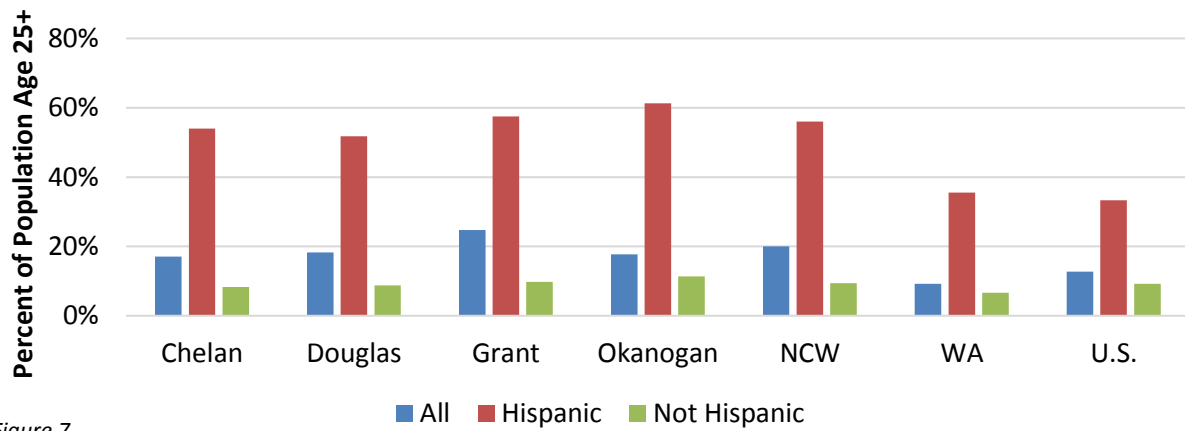


Figure 7.

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

Unemployment Rate, 2008-2017

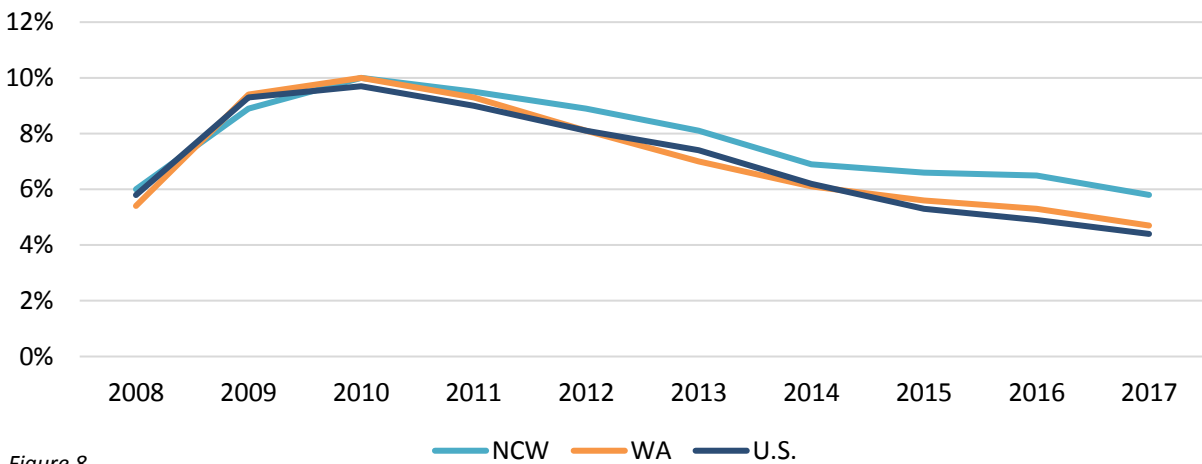


Figure 8.

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

Data Collection Process and Methods

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

Health Indicators

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

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

County Health Rankings and Roadmaps	County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Health factors for each county in the United States is assessed, ranked, and updated annual.
Centers for Disease Control and Prevention (CDC)	The Centers for Disease Control and Prevention houses data and statistics as well as tools around various public health topics. Below are the data tools used for this report: <ul style="list-style-type: none"> • Interactive Atlas of Heart Disease and Stroke • National Center for Health Statistics, CDC Wonder • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention • National Environmental Public Health Tracking Network
Food Environment Atlas	The Food Environment Atlas includes food choices and community characteristics influencing the food environment. It is overseen by the Economic Research Service housed by the United States Department of Agriculture.
Homeless Education Student Data	The Washington State Office of Superintendent of Public Instruction collects data each year on homeless children and youth enrolled and served by districts in Washington State.
Washington State Department of Commerce Annual Point-in-Time Count	The Homeless Housing and Assistance Act requires that each county in Washington conduct an annual point-in-time count of sheltered and unsheltered homeless persons. The Department of Commerce provides survey forms for counties and agencies to use for their counts and houses results.
Washington State Healthy Youth Survey	The Washington State Healthy Youth Survey is a collaboration between the Health Care Authority – Division of Behavioral Health and Recovery, the Department of Health, the Office of Superintendent of Public Instruction, the Liquor and Cannabis Board and the contractor, Looking Glass Analytics. The survey is an effort to measure health risk behaviors like alcohol and drug use, diet, physical activity, and mental health of youth grades 6, 8, 10, and 12. It is conducted every other year on the even ending years.
Washington State Medicaid Explorer	The Washington State Medicaid Explorer is housed in the Analytics Research and Measurement (ARM) Dashboard Suite from Washington State Health Care Authority. It contains information to address questions about health services utilization by Washington State Medicaid enrollees.
Washington State Office of Financial Management	Washington State Office of Financial Management houses the state's official population figures. Population figures for Washington counties, cities, and towns have been prepared on an annual basis for more than five decades.
Washington Tracking Network	The Washington Tracking Network with support from the CDC's National Environmental Public Health Tracking Network provides environmental and public health data for Washington State. It is maintained by Washington State Department of Health.
United for ALICE	ALICE is an acronym for asset limited, income constrained, employment. It is a way of defining and understanding the struggles of households

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

Community Voice Survey

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

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

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

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

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

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

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

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

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

Focus Groups (SWOT Analysis)

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

Strengths: What contributes positively to the health of this county?

Weaknesses: What does this county struggle with when it comes to health?

Opportunities: What could be done to improve the health of the county?

Threats: What is happening in this county that may cause future health problems?

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

Strengths

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

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

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

Weaknesses

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

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

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

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

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

Opportunities

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

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

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

Threats

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

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

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

Other Community Assessments

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

Top Health Priorities

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

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

Top Themes of Needs

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

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

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

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

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

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

Identification and Prioritization of Community Health Needs

The data collection process culminated in the identification of 10 potential health needs of the region.

These 10 potential needs were selected because they met three or more of the following criteria:

- The issue affects the greatest number of residents in the region, either directly or indirectly.
- The condition or outcome is unambiguously below its desired state, by comparison to a benchmark or its own trend.
- There is a large disparity between racial or geographically different population groups.
- The issue is predictive of other poor health outcomes.
- The issue appears to impact several aspects of community life.
- There is some opportunity to change the issue or condition by stakeholders at the regional level.

The 10 potential needs included:

Access to Behavioral Health
Access to Care
Affordable Housing
Chronic Disease
Diet/Nutrition

Education
Employment
Substance Use
Teen Pregnancy
Transportation

In September 2019, a group of 28 diverse stakeholders representing 21 different organizations (a few represented were Confluence Health, Columbia Valley Community Health, Amerigroup, Action Health Partners, Coordinated Care, Molina & WRC Housing who all represent and care for underserved, low-income and minority populations) from across the region gathered to prioritize the health need for the region at the Regional Report-Out and Consensus Workshop. The objects of the Workshop included sharing the 2019 CHNA process and 10 potential needs, voting on the top needs for the region and discussing how to address the need.

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

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

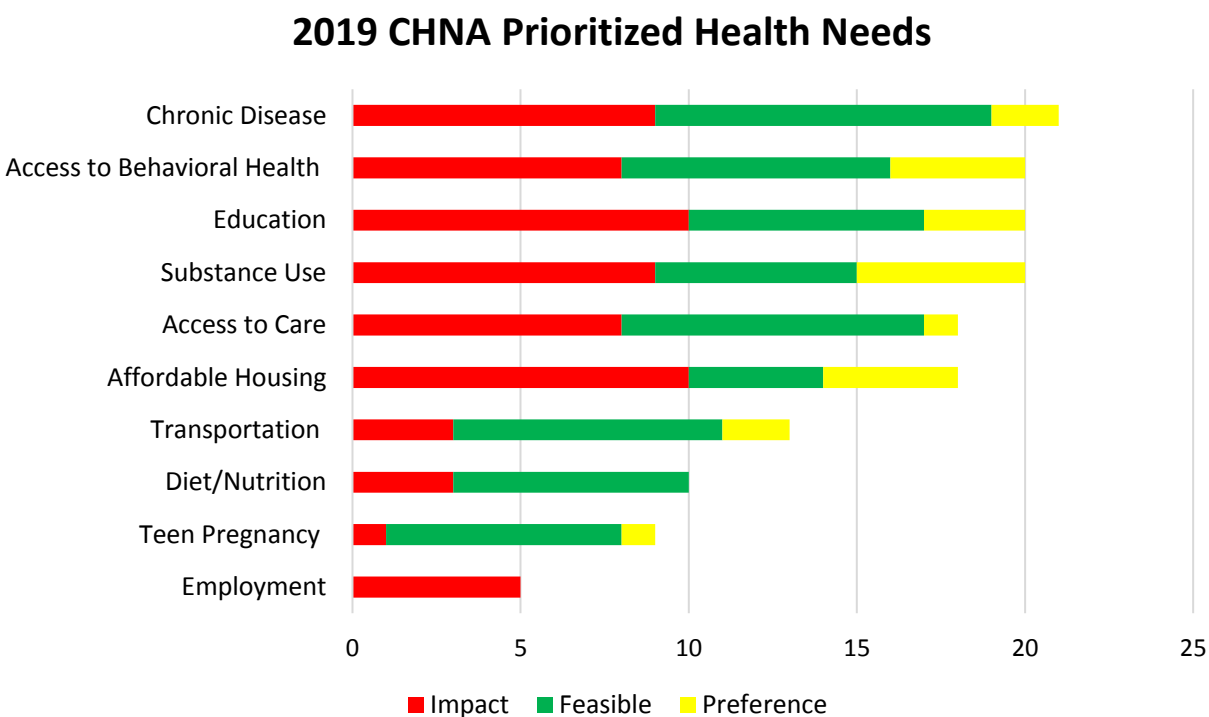
Impact – The need(s) that have the greatest impact on our community

Do ability – The need(s) that are the most feasible to address

Agency preference – The need you would like to see as a priority focus area

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

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



The posters for the five prioritized needs are included in the following pages. The information on the posters include the data from the health indicators, Community Voice Survey results, top themes from the focus groups and the top health priorities and themes of needs from other community assessments.

¹³ Washington Health Care Authority, Medicaid Transformation, 2019

Access to Behavioral Health and Access to Care each have their own poster as they were the posters used at the Regional Report-Out and Consensus Workshop.



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

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

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

Access to Behavioral Health

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

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

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

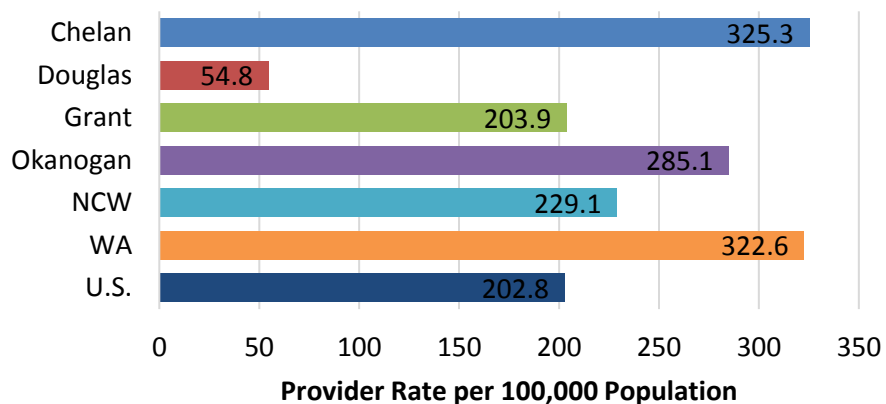
Access to behavioral health was identified as a **weakness** in the focus groups. Improved access to behavioral health was identified as an **opportunity** in the focus groups.

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

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

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

Mental Health Care Provider Rate, 2017 ¹



Number of Mental Health Providers, 2018 ²

Chelan	249
Douglas	23
Grant	194
Okanogan	119

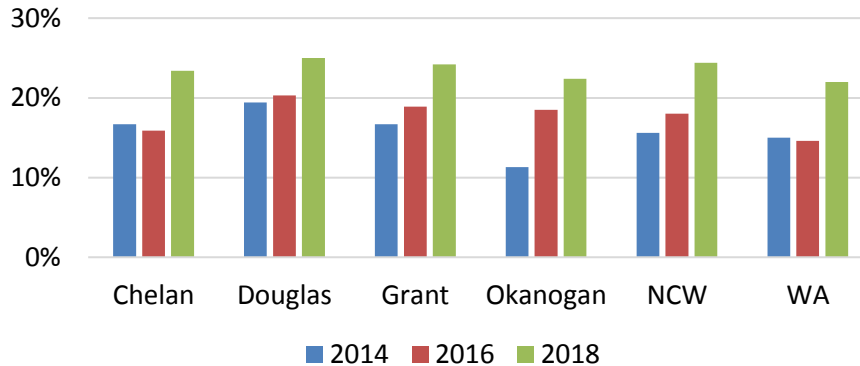
(1) Source: CARES Engagement Network; Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017.

(2) County Health Rankings & Roadmaps, 2018.

Access to Behavioral Health

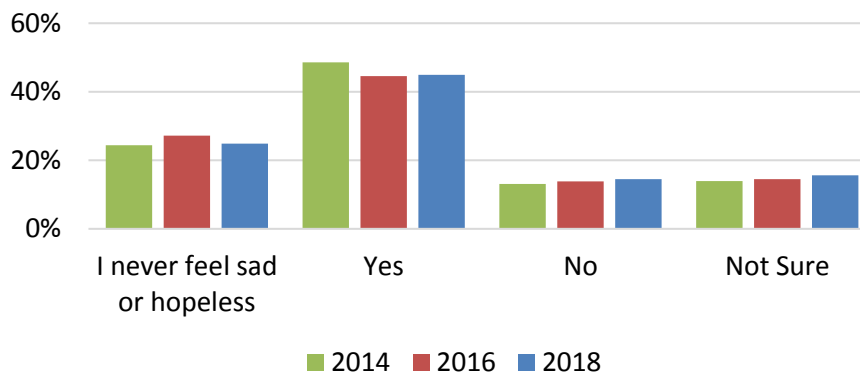


Percent of 6th Grade Students Who Answered Yes to the Question "Have you ever seriously thought about killing yourself?" ²



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

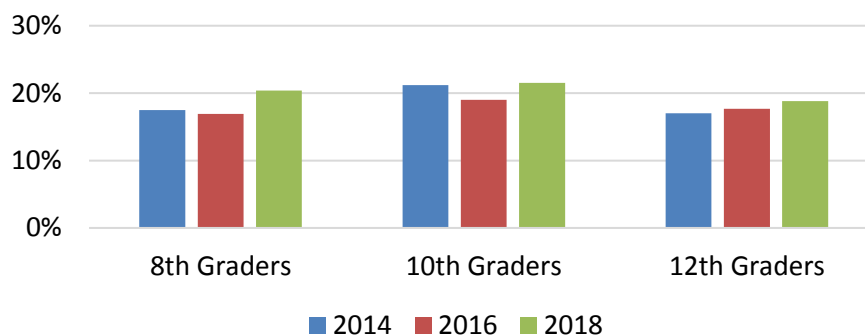
Percent of NCW 8th Grade Student Responses to the Question "When you feel sad or hopeless, are there adults that you can turn to for help?" ¹



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

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

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



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

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



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

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

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

(1) Data Source: Washington Tracking Network, Washington Department of Health. Web. Adults with Unmet Medical Needs. Data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) through the Community Health Assessment Tool (CHAT).

(2) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Access to Care

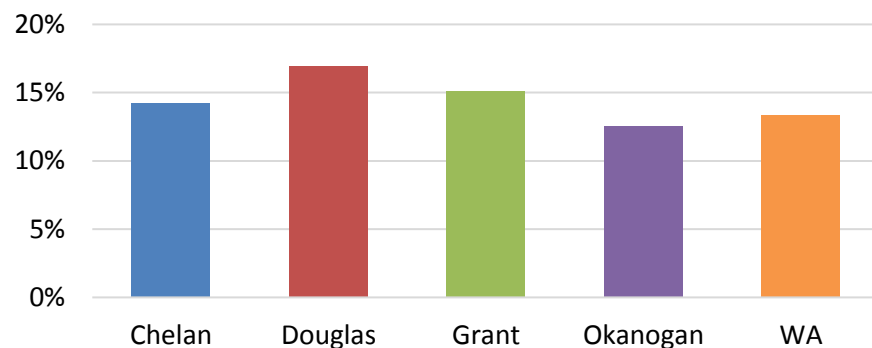
Access to care was chosen as one of the four community health needs in the **2013** and **2016 CHNA**.

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

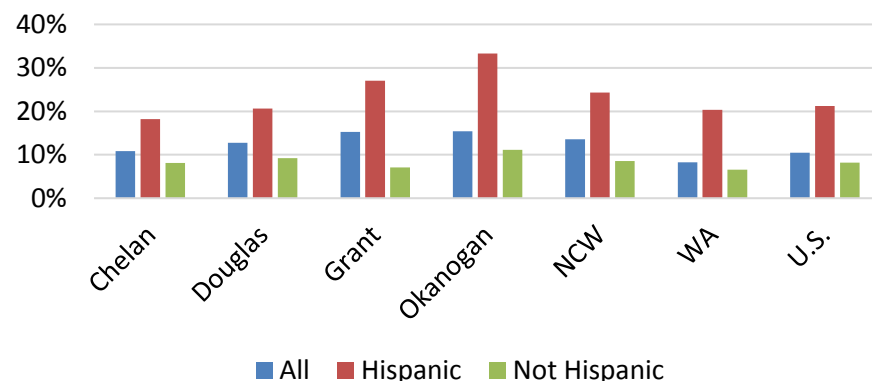
Barriers to accessing care can be broken down into the following subgroups:

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

Percent of Adults Who Reported Being Unable to Obtain Medical Services Due to Costs, 2012-2016 ₁

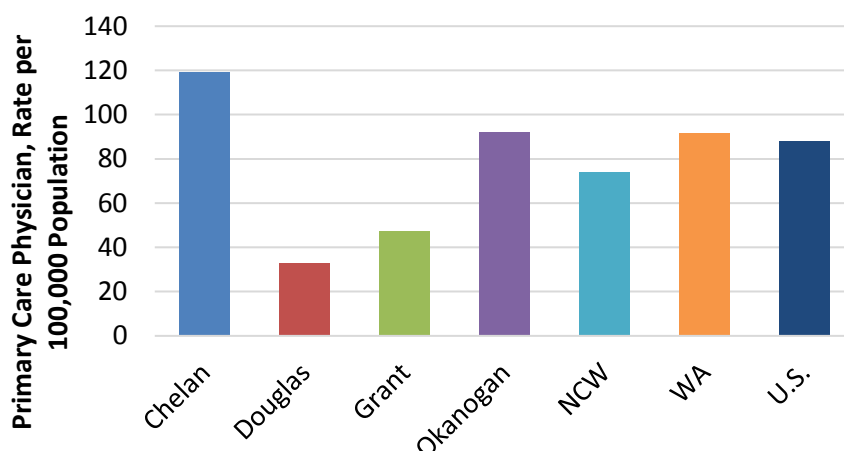


Percent of Population Uninsured, 2013-2017 ₂

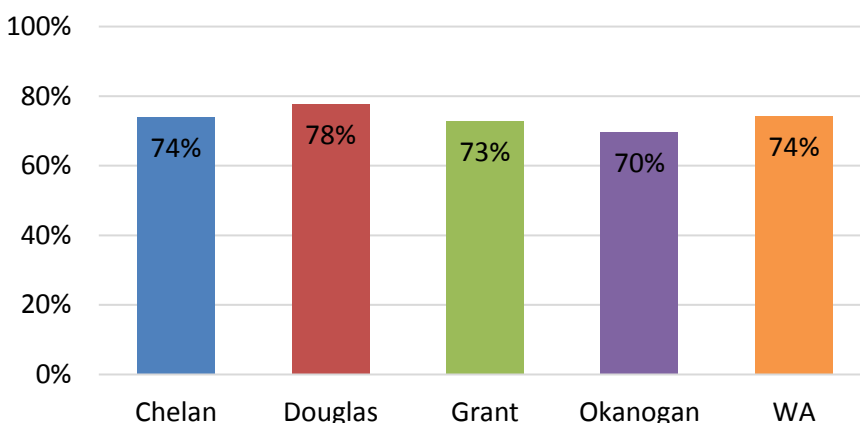


Access to Care

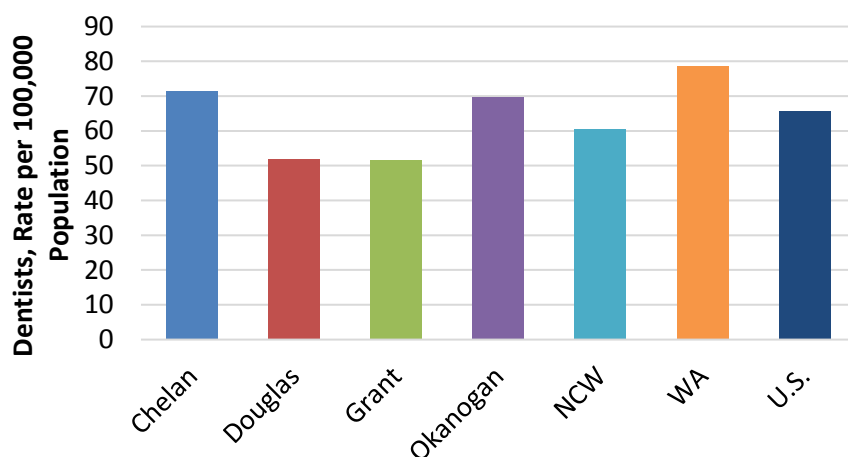
Primary Care Physician Rate, 2014 ¹



Percent of Adults Who Report Having a Personal Health Care Provider, 2012-2016 ²



Access to Dentists, 2015 ³



Number of Primary Care Physicians, 2016 ⁴

Chelan	89
Douglas	9
Grant	43
Okanogan	34

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

Number of Dentists, 2017 ⁶

Chelan	58
Douglas	21
Grant	49
Okanogan	28

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

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

(1) Source: CARES Engagement Network; Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File 2014.
 (2) Data Source: Washington Tracking Network, Washington Department of Health. Web. Data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) through the Community Health Assessment Tool (CHAT).
 (3) Source: CARES Engagement Network; Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File 2015.
 (4) Source: County Health Rankings & Roadmaps, 2019; Data Source: Area Resource File/American Medical Association, 2016.
 (5) Data Source: BRFSS 2012-2017. Washington State Department of Health, Center for Health Statistics, CHAT.
 (6) Source: County Health Rankings & Roadmaps, 2019. Data Source: Area Resource File/American Medical Association, 2017.



“The costs of living in this valley will force residents to choose between housing and taking care of their other basic needs.” – CVS 2019

“Wages are too low for the area. cost of housing is so high. makes it difficult to eat healthy and find time to exercise if you're working 2 jobs just to get by.” – CVS 2019

Percentage of Cost Burdened Households, 2013-2017 ¹ (Over 30% of Income)

Chelan	28%
Douglas	26%
Grant	24%
Okanogan	25%

Affordable housing is a major concern. Locals can't afford to live here sometimes.” – CVS 2019

“Too many near homeless, couch surfers and multi-generational homes. Definitely a housing shortage.” – CVS 2019

(1) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, American Community Survey, 2013-2017.

(2) Source: Center for Housing Policy, The Impact of Affordable Housing on Health: A Research Study, 2015.

(3) Source: Healthy People 2020, Social Determinants of Health, 2019.

(4) Data Source: University of Washington, Runstad Department of Real Estate, Washington State Housing Market, 2013-2018.

(5) Source: CARES Engagement Network; Data Source: US Census Bureau, American Community Survey, 2013-2017.

Affordable Housing

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

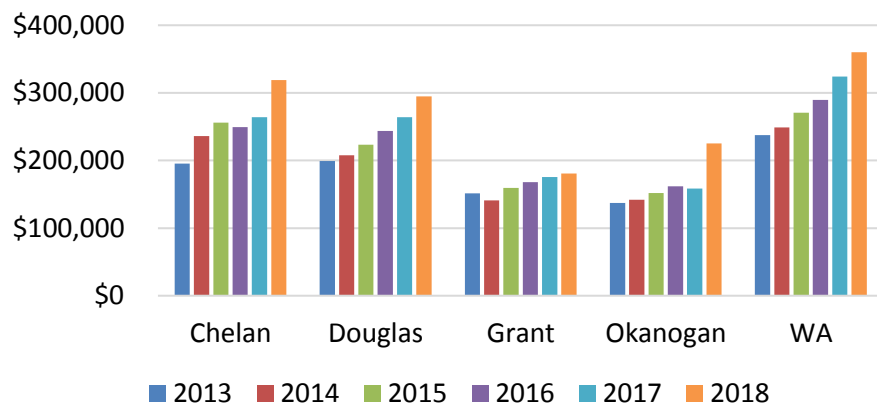
- **51.04%** (N=2,557) identified affordable housing as a top factor to improve quality of life

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

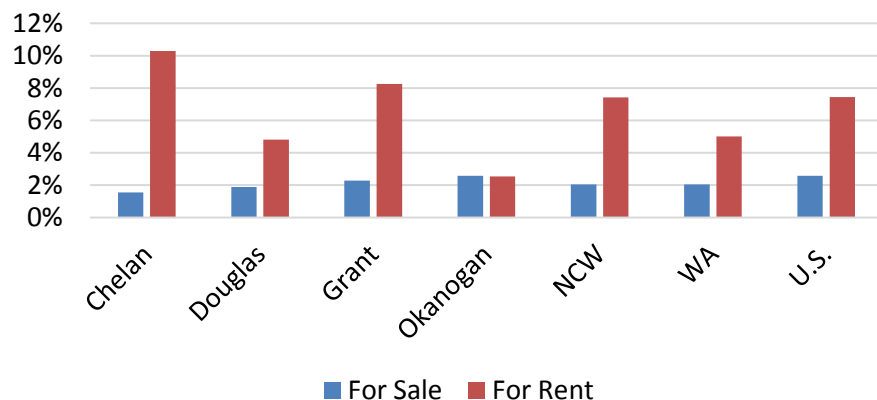
Housing was a **top need** identified in several other assessments performed in the region over the past three years.

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

Median Resale Price, 2013-2018 ⁴



Vacant Housing Units, 2013-2017 ⁵



Chronic Disease

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

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

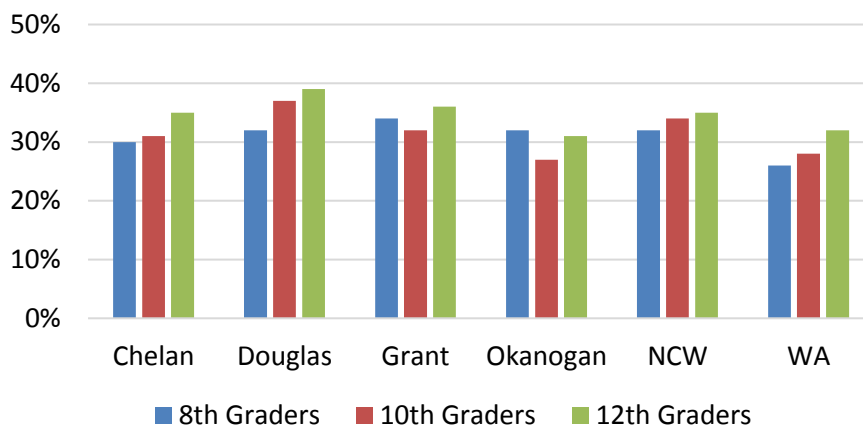
"Overweight/obesity" was identified as the **#2** most important health problem that impacts the community in the 2019 Community Voice Survey.

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

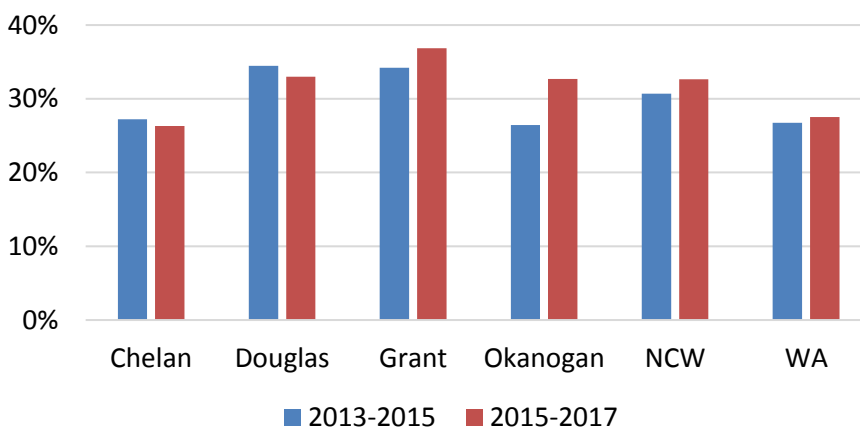
Chronic diseases have significant health and economic costs.¹

Obesity

Percent of Youth Overweight or Obese, 2018₂



Share of Adult Population who are Obese (BMI>30)₃



"Obesity is a real problem." – CVS 2019

Percent of NCW Youth Overweight or Obese, 2018 ₂	
8 th Graders	32%
10 th Graders	34%
12 th Graders	35%

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

Share of Adult Population who are Obese (BMI>30), 2015-17 ₃	
Chelan	26%
Douglas	33%
Grant	37%
Okanogan	33%
NCW	33%
WA	28%

(1) Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health, Health and Economic Costs of Chronic Disease, 2019.

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

(3) Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012-2017. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT).



“...we have very overweight populations, and this is leading to increased diabetes and other issues.” – CVS 2019

“Major cardiovascular diseases” is the leading cause of death in NCW, 2013-2017 ⁴

(1) Source: CARES Engagement Network; Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015.

(2) Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017.

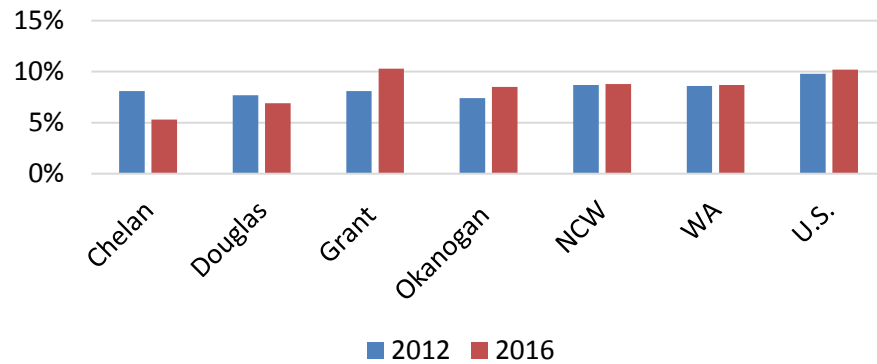
(3) Source: CARES Engagement Network; Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17.

(4) Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017.

Chronic Disease

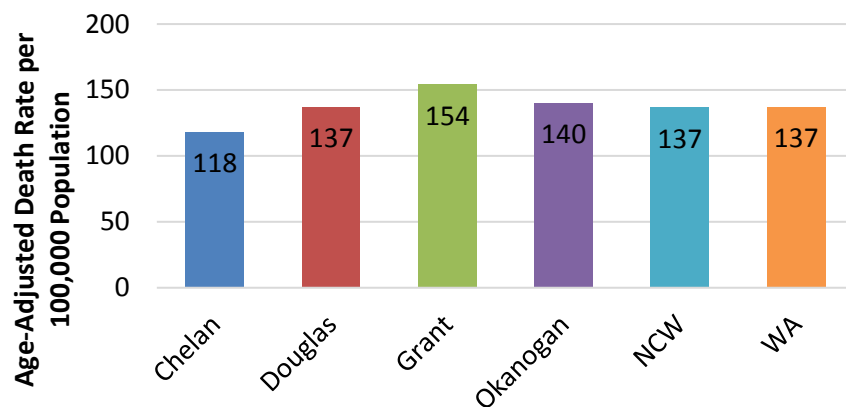
Diabetes

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



Heart Disease

Heart Disease Mortality, 2013-2017 ²



Coronary Heart Disease Mortality, 2013-2017 ³



Education

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

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

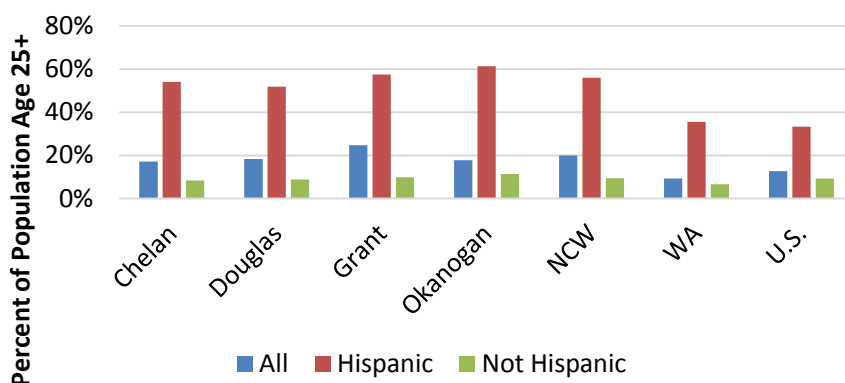
Education affects health as it can create opportunities for better health (e.g. better jobs, higher earnings, and resources for good health).¹ High school graduation rates, language, literacy, and health literacy are key issues that influence the health of the community.²



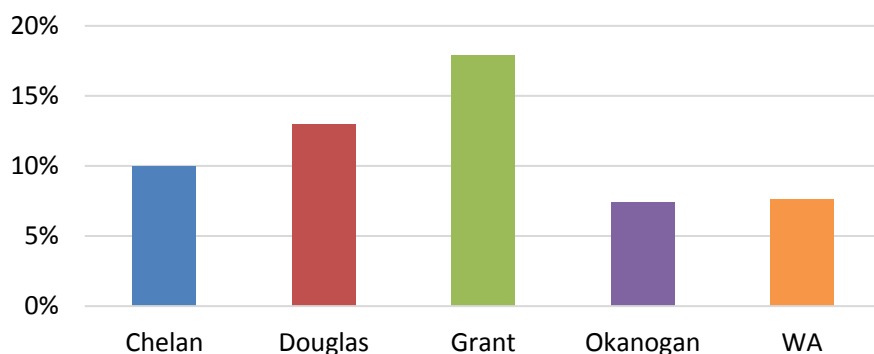
“Lack of public education about healthcare is a major problem in our community.” – CVS 2019

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

Percent of Population with No High School Diploma, 2013-2017³



Population Age 5+ Speaking English Less than Very Well, 2012-2016⁵



Limited English Proficiency (LEP), 2016⁶
(Percentage Extrapolated from Student Data)

Chelan	25%
Douglas	25%
Grant	34%
Okanogan	14%
WA	9%

Percentage of 4th Grade Students Scoring 'Not Proficient' or Worse, 2016-17⁴

Chelan	51%
Douglas	50%
Grant	64%
Okanogan	59%
NCW	58%
WA	44%
U.S.	46%

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

(1) Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health, Exploring the Causes, 2019.

(2) Source: Healthy People 2020, Social Determinants of Health, 2019.

(3) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

(4) Source: CARES Engagement Network; Data Source: U.S. Department of Education, ED Facts. Accessed via DATA.GOV 2016-17.

(5) Data Source: Washington Tracking Network, Washington State Department of Health. Web. "Population Age 5+ Speaking English Less than Very Well". Data obtained from US Census American Community Survey, 2017.

(6) Data Source: Washington Tracking Network. Washington State Department of Health. Web. "Limited Language Proficiency". Data obtained from Washington State Office of Financial Management. Published September 2017.



“There is a lot of attention on opioid addiction now and it is a problem, but we have a huge substance abuse problem that includes alcohol and other drugs.”
– CVS 2019

Count of Facilities Providing Substance Use Treatment, 2019 ¹

Chelan	6
Douglas	0
Grant	1
Okanogan	1

“... has a drug problem that is highly underreported. Need greater access to mental health facilities and rehab centers for drug/alcohol abuse that are minimal to no cost.” – CVS 2019

(1) Source: U.S. Department of Health & Human Services, Substance Abuse and Mental Health Service Administration, Treatment Finder, 2019.

(2) Data Source: Washington Tracking Network, Washington Department of Health. Web. "All Drug Overdose". Data obtained from the Department of Health's Injury Program.

(3) Source: County Health Rankings & Roadmaps, 2019; Data Source: Fatality Analysis Reporting System, 2013-17.

Substance Use

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

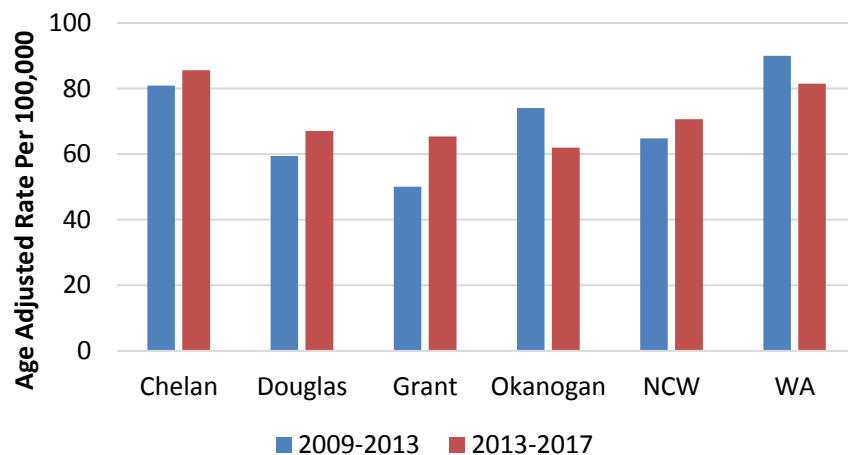
- **32.42%** (N=1,624) of respondents identified opioids as a top health problem

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

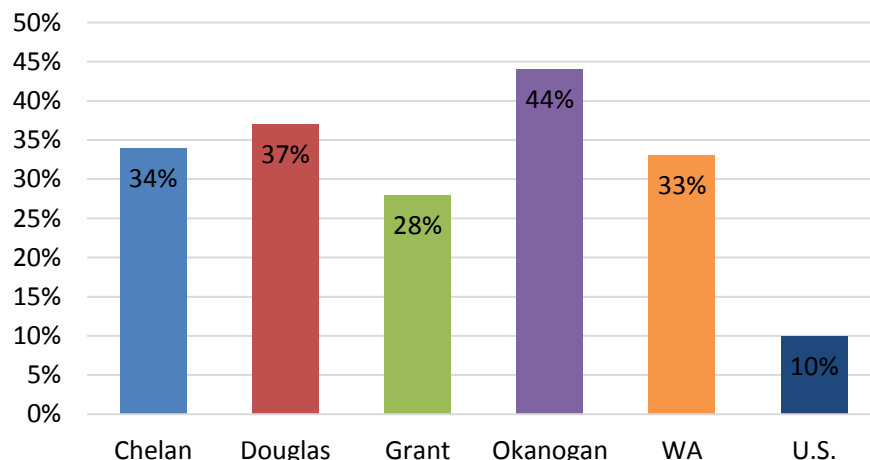
- **59.76%** (N=2,994) of respondents identified drug abuse as a top unhealthy behavior
- **45.75%** (N=2,292) of respondents identified alcohol abuse as a top unhealthy behavior

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

Hospitalizations Due to Any Drug Overdose ²

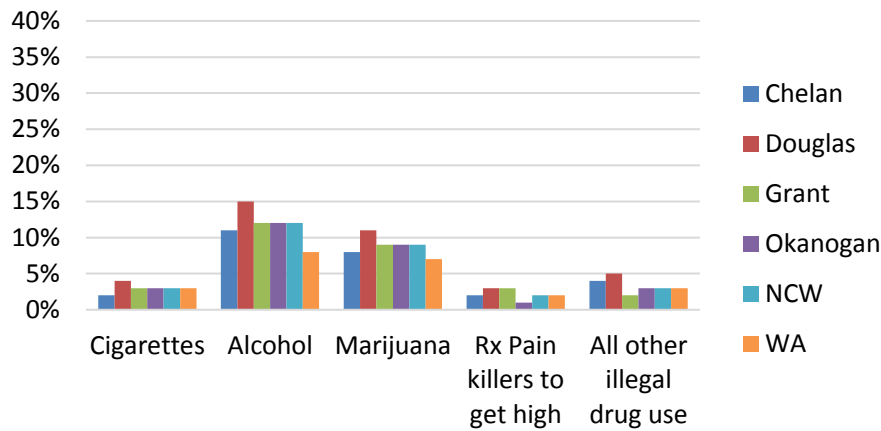


Alcohol-Impaired Driving Deaths, 2013-17 ³

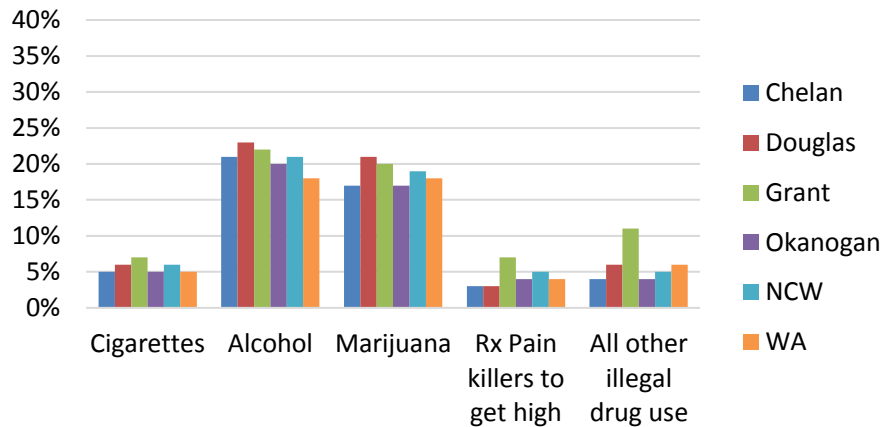


Substance Use

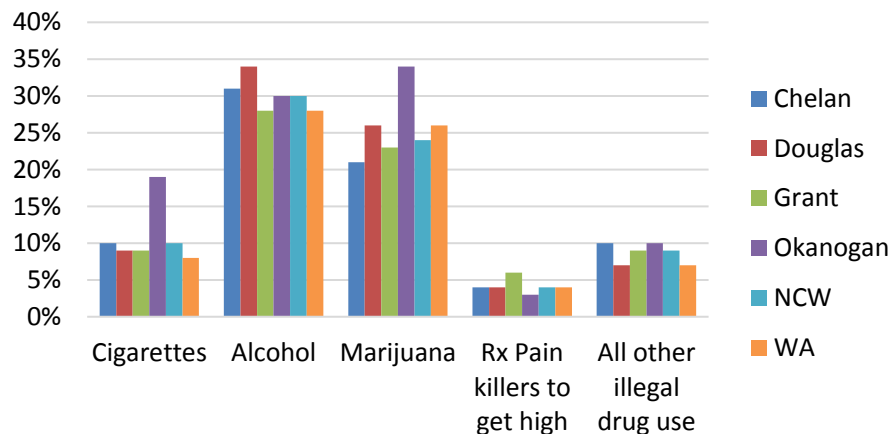
Current (Past-30-Days) Substance Use Among 8th Graders, 2018 ₁



Current (Past-30-Days) Substance Use Among 10th Graders, 2018 ₂



Current (Past-30-Days) Substance Use Among 12th Graders, 2018 ₃



“Our schools are being overrun with Vaping and recreational drugs.” – CVS 2019

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

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

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

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

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

Impact of Actions Taken Since Preceding CHNA

The 2016 CHNA identified mental health care access, access to care, education, and obesity as the priority areas for the 2016-2019 period. Below is a summary of the efforts and successes of Confluence Health Central Washington Hospital & Wenatchee Valley Hospital to make improvements regarding the above priority areas.

ENHANCE ACCESS TO MENTAL HEALTH CARE

The CHNA identified that not treating mental health conditions can lead to more complicated and severe health problems, so too, leaving a mental health condition untreated or undertreated can lead to more complicated and severe mental health problems, and can even cause or exacerbate physical health problems.

The survey conducted during the CHNA identified that mental health problems were the #1 most important health problem that impacts the community. It also noted that lack of mental health resources was identified as a weakness of the community and a major threat to the health of the community in the regional SWOT analysis.

Our behavioral health experts include Mental Health Counselors, Mental Health Nurse Practitioners, Psychologists and Psychiatrists. They treat children, adolescents and adults with depression, addiction, personality disorders and major psychiatric diagnoses. Our strategy is to offer timely access to high quality, effective behavioral health/mental health services through expansion of inpatient and outpatient services and implementation of integrated behavioral services.

Wenatchee Valley Hospital

Strategy: Increase WVH access through recruitment of additional mental health experts

- Eighteen additional providers signed in 2017-2018 with coverage in all service areas

Strategy: Fully implement Post-Doctoral program for Clinical Psychologists.

- Six Post-Doctoral employees hired in 2017 and placed throughout WVH outpatient clinics
- These Post-Doctoral positions were maintained during 2018

Strategy: Implement questionnaires for assessment of certain mental health conditions

- Implemented the PHQ-9 assessment (depression) in 75% of WVH outpatient clinics by the end of 2018
- Implemented the PHQ-2 assessment (suicide risk) in all WVH primary care clinics by the end of 2018.

Strategy: Expand integrated behavioral health services within WVH outpatient clinics

- In 2017 and 2018 WVH continued to expand integrated behavioral health services through imbedded providers full-time or through outreach services.
- Implemented telehealth services from Wenatchee to remote clinics to provide access for medication evaluation and management.

Central Washington Hospital

Strategy: Enhance inpatient services at Center Washington Hospital

- Two Psychologists hired for inpatient departments in 2017
- Full-time Psychiatrist hired as Psychiatric Hospitalist in 2018

Strategy: Expand integrated behavioral health services within CWH outpatient clinics

- In 2017 CWH expanded integrated behavioral health services through imbedded providers within the Oncology service line.
- In 2018 CWH maintained integrated behavioral health services for primary care services located on the CWH campus

Strategy: Implement questionnaires for assessment of certain mental health conditions

- Implemented the PHQ-9 assessment (depression) in all of CWH outpatient clinics by the end of 2018
- Implemented the PHQ-2 assessment (suicide risk) in all CWH primary care clinics by the end of 2018.

IMPROVE ACCESS TO HEALTHCARE

Access to care was identified as a key need of the community in the community stakeholder survey, the SWOT analysis with stakeholders, and in a number of other assessments performed in the region. Barriers to accessing care can be broken down into the following subgroups:

- Insufficient number of providers – especially specialists
- Traveling distance to specialists and patient limitations of time, vehicle or transportation fare
- Insurance challenges – both high rates of those without insurance, and a lack of providers (especially dentists) who will accept Medicare/Medicaid payments.

Access to health care impacts one's overall physical, social, and mental health status and quality of life. Our commitment to providing high quality accessible healthcare has never been stronger. We focus on gaining access into the health care system, insuring care is provided where it is, and finding a health care provider who the patient trusts and can communicate with.

Wenatchee Valley Hospital:

Strategy: Increase WVH access through recruitment, expansion of Clinic hours and other initiatives (as identified)

- Three PCP's were recruited for 2017 and eight PCP in 2018.
- Recruitment in rural communities continues to be a challenge for WVH although recruiting efforts continued throughout 2017 and 2018.
- Specialist recruiting included:
 - 15 specialists in 2017
 - 12 specialists in 2018
- These past 2 years have reflected need for WVH to optimize Epic's My Chart functionality.
 - Implemented My Chart scheduling for primary care and select specialties

- Implemented Virtual Visits utilizing My Chart
 - Implemented prescription refill requests utilizing My Chart
 - Additional optimization opportunities are presented, evaluated and implementation plans derived each year.
- In 2017 and 2018 marketing to the public the additional opportunities for using My Chart
 - Contact the patient's provider for questions and/or concerns
 - Requesting prescription refills
- In 2017 and 2018 implementation of "cascading" schedules to allow for expanded hours which will accommodate patients who may not be able to receive services during "normal" business hours.
- In 2017 and 2018 surveys of patients to determine if they are receiving visits when they want them.
- In 2017 and 2018 developing metrics that determine the percentage of visits completed within a specified time frame. Implementing action plans to improve access within specified time frames.
- Implemented telehealth services in 2017 and 2018 for specific services (Behavioral Health, Anticoagulation, and Cardiology). Additional telehealth services initiatives are in the planning phases at the end of 2018.
- Partner with Columbia Valley Community Health to provide dental care to WVH low income patients

Central Washington Hospital

Strategy: Increase CWH access through recruitment, expansion of Clinic hours and other initiatives (as identified)

- Implementation of a Pediatric Hospitalist Program in 2017 and maintaining the program in 2018 through an alliance with Columbia Valley Community Health and Columbia Pediatrics. This program allows more North Central Washington ("NCW") patients to remain local by ensuring that pediatricians are able to improve access in their clinics by not having to travel to CWH daily to monitor patients who are admitted.
- Specialist recruiting included:
 - 5 adult Hospitalists in 2018
 - 2 pediatric Hospitalists in 2018
- These past 2 years have reflected need for CWH to optimize Epic's My Chart functionality.
 - Implemented My Chart scheduling for select specialties
 - Implemented Virtual Visits utilizing My Chart
 - Implemented prescription refill requests utilizing My Chart
 - Additional optimization opportunities are presented, evaluated and implementation plans derived each year.
- In 2017 and 2018 marketing to the public the additional opportunities for using My Chart
 - Contact the patient's provider for questions and/or concerns
 - Requesting prescription refills

- In 2017 and 2018 surveys of patients to determine if they are receiving visits when they want them.
- Implemented telehealth services in 2018 for specific services (Cardiology). Additional telehealth services initiatives are in the planning phases at the end of 2018.
- In 2017 and 2018 developing metrics that determine the percentage of visits completed within a specified time frame. Implementing action plans to improve access within specified time frames.

EDUCATION

“While it’s known that education leads to better jobs and higher income, research also shows that better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.”

(<http://www.rwjf.org/en/library/research/2012/12/why-does-education-matter-so-much-to-health-.html>)

There are many barriers to students completing their education on time, or at all, in our communities. These barriers also impact those that have graduated and are members of our communities that benefit from ongoing education opportunities to ensure that they live longer, healthier lives.

Wenatchee Valley Hospital

Strategy: Decreasing teen pregnancy through education and awareness

- WVH actively partnered with local partners in Okanogan County to decrease the incidence of teen pregnancy and awareness.

Strategy: Community partnership with local advocacy groups to provide public education opportunities or identify opportunities for additional education opportunities.

- WVH is a sponsor of the CSI (Caring Student Interns) program. The program is for teens between the ages of 14 and 15 and allows the students to experience a healthcare environment.
- Confluence Health, and WVH, sponsor the Suicide Prevention Community Committee. This Committee is comprised of various agencies (law enforcement, public health, support organizations etc) to discuss suicide rates and develop plans of action to support those in need.

Strategy: Providing health education for patients and families

- WVH committed to removing barriers related to limited health literacy. Utilizing various communication means (brochures, face-to-face education with providers, social media etc) WVH expanded the communication related to health literacy throughout the organization. The communication was tailored to the specialty of the clinic to ensure that the patient had access to materials that could assist in providing education related to their conditions.
- WVH expanded the case management department by 9 employees in 2017 (29 total employees) and 4 employees in 2018 (33 total employees). These employees are

responsible for patients with chronic health conditions and working individually with the patients to educate and help manage their health conditions.

Strategy: Implementation of a singular electronic medical record platform across the health care system.

- Epic was fully implemented in both inpatient and outpatient areas in 2017. One electronic health record allows standardized patient education where ever patient is seen.
- Expansion of “My Chart” – an electronic patient portal supported by Epic that can provide education on one-to-one basis as well as improve communication with a Physician or Advanced Practice Provider.

Strategy: Physician and Advanced Practice Provider education to the community to dispel myths and provide accurate education

- WVH implemented in 2017 Quarterly “Doc Talks” – Physicians and Advanced Practice Providers discuss various public health topics with community members.

Central Washington Hospital

Strategy: Community partnership with local advocacy groups to provide public education opportunities or identify opportunities for additional education opportunities.

- CWH is a sponsor of the CSI (Caring Student Interns) program. The program is for teens between the ages of 14 and 15 and allows the students to experience a healthcare environment.
- Confluence Health, and CWH, sponsor the Suicide Prevention Community Committee. This Committee is comprised of various agencies (law enforcement, public health, support organizations etc) to discuss suicide rates and develop plans of action to support those in need.

Strategy: Providing health education for patients and families

- CWH committed to removing barriers related to limited health literacy. Utilizing various communication means (brochures, face-to-face education with providers, social media etc) CWH expanded the communication related to health literacy throughout the organization. The communication was tailored to the hospital and/or specialty of the clinic to ensure that the patient had access to materials that could assist in providing education related to their conditions.
- CWH expanded the case management department by 2 employees in 2017 (12 total employees at the end of 2017 and 2018). These employees are responsible for coordinating a patient’s transitional care and working individually with the patients to educate and help manage their health conditions after they discharge from the hospital and/or receive services in a CWH clinic.

Strategy: Implementation of a singular electronic medical record platform across the health care system.

- Epic was fully implemented in both inpatient and outpatient areas in 2017. One electronic health record allows standardized patient education where ever patient is seen.
- Expansion of “My Chart” – an electronic patient portal supported by Epic that can provide education on one-to-one basis as well as improve communication with a Physician or Advanced Practice Provider.

Strategy: Physician and Advanced Practice Provider education to the community to dispel myths and provide accurate education

- WVH implemented in 2017 Quarterly “Doc Talks” – Physicians and Advanced Practice Providers discuss various public health topics with community members.

PREVENT AND TREAT OBESITY

In a survey of community stakeholders across the region, Overweight/Obesity was identified as the #2 “most important health problems that affect the community”. Lack of exercise and poor eating habits, which are directly related to overweight and obesity, were voted as the #3 and #4 “most important unhealthy behaviors seen in the community”.

Confluence Health, and affiliates, work in clinics and within the community to help children, teens, and families make health changes to prevent and reduce obesity. Through education, advocacy and research, we promote healthy eating and active living to improve quality of life. Obesity is linked with higher risk for several serious health conditions such as hypertension, type 2 diabetes, hypercholesterolemia, coronary artery diseases, stroke, asthma, and arthritis.

Wenatchee Valley Hospital

Strategy: Expansion of nutrition educators for WVH.

- During 2017 three additional nutrition educators (13 total) were hired to expand the services provided.
- Expanded the services provided by these educators to include Intensive Behavioral Therapy for Weight Loss (“IBT”), pre/post bariatric surgery nutrition, plant based eating, weight management as well as provide support groups throughout the region.

Strategy: Implement nutrition and wellness programs

- Implemented nutrition and wellness coaches as part of the Confluence Health (and affiliates) employee wellness program.
- Implemented a Weight Management program, chaired by a Physician, to work closely with the nutrition therapy department. The program identifies patients who qualify based on various metrics and work individually with those patients.
- Sponsored the Apple Blossom Run, a 2.1K, 5k or 10k run to promote health and wellness through fitness.
- Sponsored Cooking with Confluence, a monthly event that focuses on health cooking options.

Central Washington Hospital

Strategy: Expansion of nutrition educators for CWH.

- During 2017 three additional nutrition educators (13 total) were hired to expand the services provided.
- Expanded the services provided by these educators to include Intensive Behavioral Therapy for Weight Loss (“IBT”), pre/post bariatric surgery nutrition, plant based eating, weight management as well as provide support groups throughout the region.

Strategy: Implement nutrition and wellness programs

- Implemented nutrition and wellness coaches as part of the Confluence Health (and affiliates) employee wellness program.
- Implemented a Weight Management program, chaired by a Physician, to work closely with the nutrition therapy department. The program identifies patients who qualify based on various metrics and work individually with those patients.
- Sponsored the Apple Blossom Run, a 2.1K, 5k or 10k run to promote health and wellness through fitness.
- Sponsored Cooking with Confluence, a monthly event that focuses on health cooking options.

Strategy: Implement a bariatric surgery procedure program

- In 2017 conducted feasibility analysis of the viability of a bariatric surgery procedure program
- In 2018 implemented a bariatric surgery procedure program. By the end of 2018 two patients had procedures utilizing the program.

Appendix A

Health Indicators

Health Indicators

Contents

Demographics	49
Population	49
Total Population and Percent Change	49
Population Density	49
Racial and Ethnic Population Distribution	50
Age Distribution	51
Median Age	53
Population Age 65+	53
Linguistically Isolated Population	54
Foreign-Birth Population	54
Farm Labor Workers	55
Social and Economic Factors	58
Economic Factors	58
Poverty	58
Free and Reduced Lunch	61
Public Assistance Income	62
Underserved	62
Supplemental Nutrition Assistance Program (SNAP) Recipients	64
Unemployment Rate	65
Food Access	66
Food Deserts	66
Food Insecurity	66
Low Food Access	67
Fast Food Restaurants	67
SNAP-Authorized Retailers	68
WIC-Authorized Food Stores	68
Education	69
On-Time Graduation Rate	69
Population with No High School Diploma	69
Literacy	70
Transportation	72
Households with No Motor Vehicle	72

Insurance.....	73
Population Receiving Medicaid.....	73
Uninsured Population	74
Housing	75
Housing Cost Burden.....	75
Vacancy Rates	75
Assisted Housing	76
Low Income Housing Tax Credit Program	76
Median Home Resale Value	77
Median Household Income.....	77
Homelessness.....	78
Adults	78
Students	79
Lack of Social or Emotional Support	80
Social and Emotional Health of Youth	81
Physical Environment.....	95
Air Quality	95
Ozone	95
Particulate Matter 2.5.....	95
Recreation and Fitness Access	96
Recreation and Fitness Facility Access.....	96
Park Access.....	96
Clinical Care.....	98
Access to Care	98
Access to Primary Care.....	98
Consistent Source for Primary Care	99
Access to Dentists	100
Dental Care Utilization	100
Federally Qualified Health Centers	101
Unmet Medical Needs	101
Health Professional Shortage Area	102
Access to Mental Healthcare	103
Mental Health Care Provider Rate	103
Behavioral Health Workforce.....	103
Count of Agencies Providing Substance Abuse Disorder Treatment.....	103
Cancer Screening.....	104

Breast Cancer Screening	104
Cervical Cancer (Pap Test).....	105
Colon Cancer Screening (Sigmoidoscopy or Colonoscopy).....	105
Inpatient Discharges	106
Preventative Clinical Care	107
Diabetes Management (Hemoglobin A1c Test)	107
High Blood Pressure Management	107
Pneumonia Vaccinations.....	108
HIV Screenings	108
Preventable Hospital Events	109
Health Behaviors and Outcomes	114
Top 10 Causes of Death	114
Top 10 Hospitalization Diagnoses	116
Poor General Health.....	118
Poor Dental Health.....	119
Life Expectancy.....	120
Life Expectancy for Infants in Years	120
Years of Additional Life Expectancy Age 60-64.....	120
Premature Death.....	121
Obesity	122
Overweight and Obese	122
Physical Inactivity.....	124
Inadequate Fruit/Vegetable Consumption	125
Diabetes	126
Adults with Diabetes	126
Medicare Beneficiaries with Diabetes	127
Cancer	128
Cancer Mortality	128
Breast Cancer	128
Cervical Cancer.....	129
Prostate Cancer.....	130
Colon and Rectum Cancer.....	131
Lung Cancer.....	131
Lung and Heart Disease	132
Lung Disease Mortality.....	132
Asthma Prevalence	132

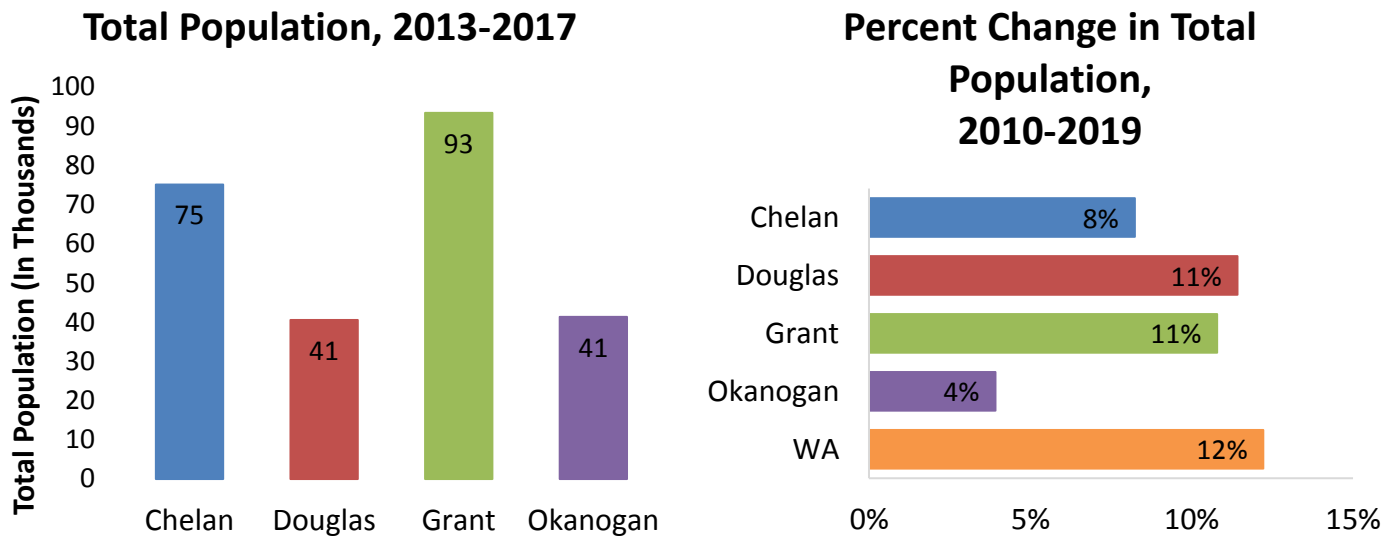
Current Smokers	133
Smoker Quit Attempts	133
Coronary Heart Disease Mortality	134
Heart Disease Mortality	134
Heart Disease Prevalence	135
Stroke Mortality Rate.....	136
Pre-Conceptual and Perinatal Health	137
Infant Mortality and Infant Death.....	137
Low Birth Weight	138
Birth to Smoking Mothers.....	138
Teen Birth Rate	139
Accidents, Homicide, and Suicide	140
Motor Vehicle Crash Mortality	140
Pedestrian Motor Vehicle Crash Mortality	140
Unintentional Injury Mortality	141
Homicide	142
Violent Crime	142
Suicide	143
Drug and Alcohol Use.....	144
Adult Alcohol Consumption	144
Alcohol-Impaired Driving Deaths	144
Drug Overdose – Non-Fatal Hospitalization.....	145
Drug Overdose Deaths	145
Youth Drug and Alcohol Use	146
Opioids	148
Sexually Transmitted Infections.....	149
Gonorrhea Incidence.....	149
Chlamydia Incidence	149
HIV Prevalence	150
Primary and Secondary Syphilis	150

Demographics

Population

Total Population and Percent Change

A total of 250,520 people lives in Chelan, Douglas, Grant and Okanogan Counties. The change in population reports the percent difference in population counts from 2010 to 2019 as estimated by the Washington State Office of Financial Management. A positive or negative shift in total population over time can impact the utilization of healthcare and community resources. (See Table 1)

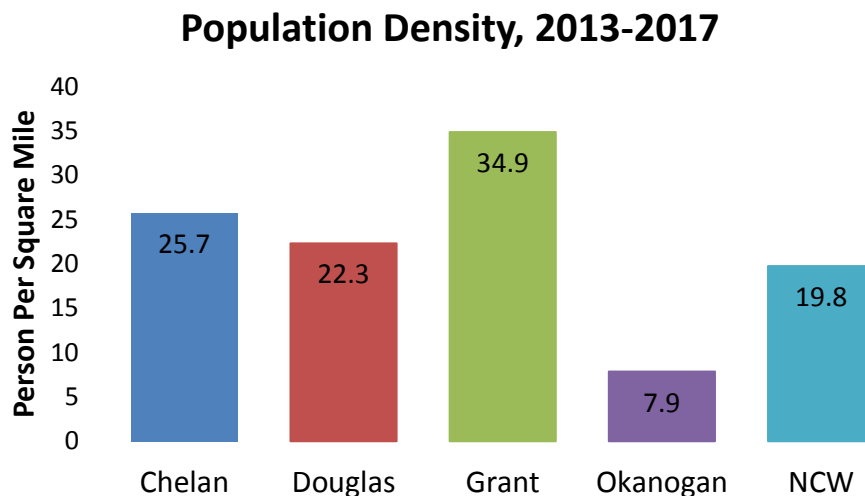


Source/Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Source/Data Source: Office of Financial Management, Forecasting & Research Division, 2019 Population Trends, August 2019

Population Density

The population density for North Central Washington (NCW), estimated at 19.8 persons per square mile, is less than Washington State and the national average population density of 107.9 and 90.88 persons per square mile. (See Table 1)

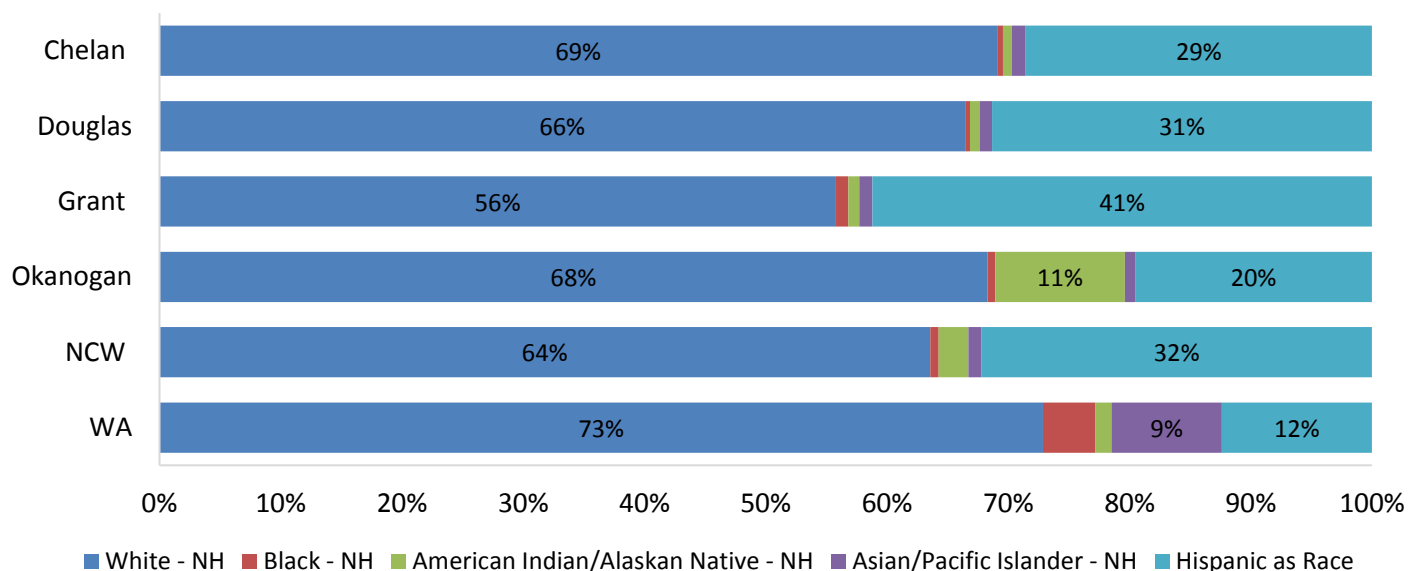


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Racial and Ethnic Population Distribution

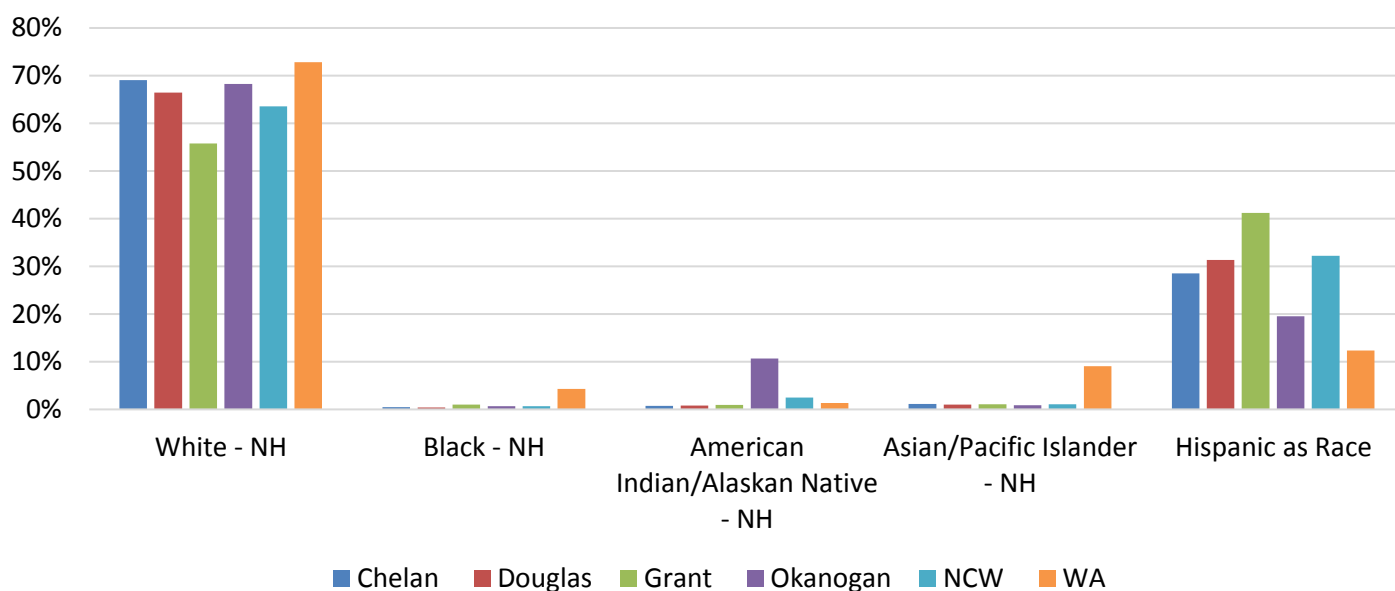
The racial and ethnic population breakdown is important to consider because each racial and ethnic group may have unique health needs and barriers. In NCW, White, non-Hispanic is the largest racial demographic followed by Hispanic as a race. Eleven percent of Okanogan County's population is American Indian/Alaska Native, non-Hispanic; part of the Confederated Tribes of the Colville Reservation resides in Okanogan County. (See Table 1)

Percent of Population by Race, 2013-2017



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

Percent Population by Race, 2013-2017

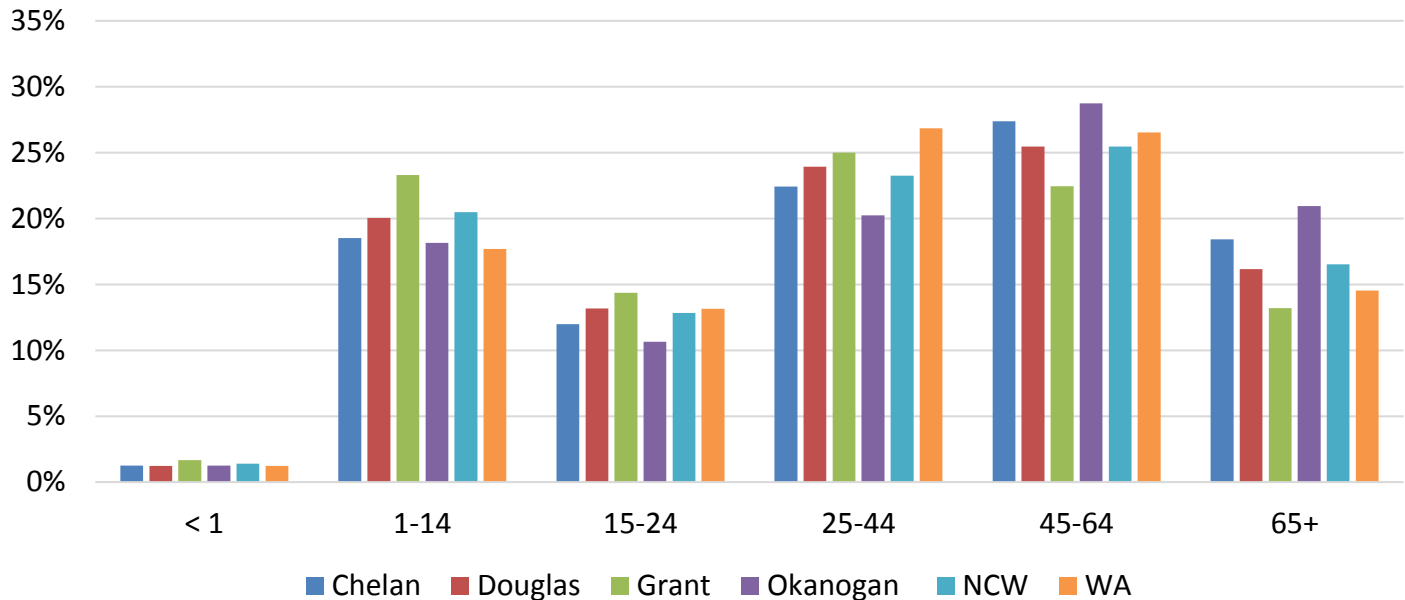


Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

Age Distribution

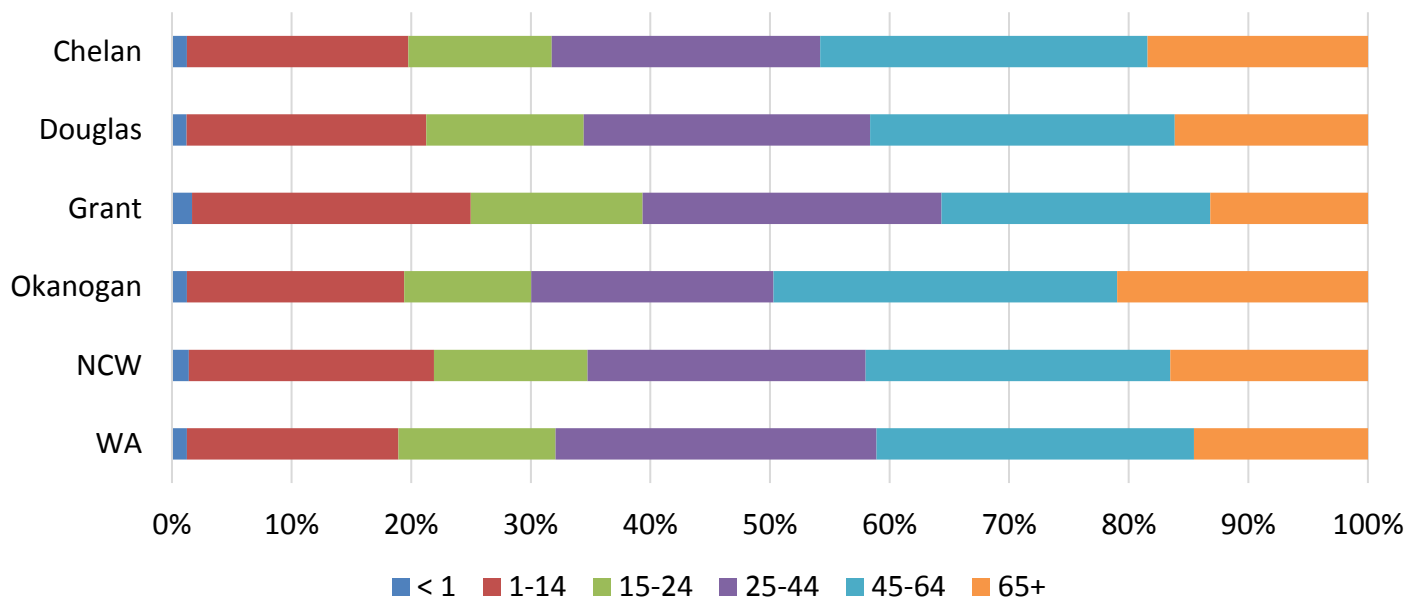
Age distribution is important to understand because each age group of the population has unique health needs and barriers. In NCW, 1-14 and 65+ years of age are the two largest populations by age when compared to Washington State. (See Table 1)

Percent Population by Age, 2013-2017



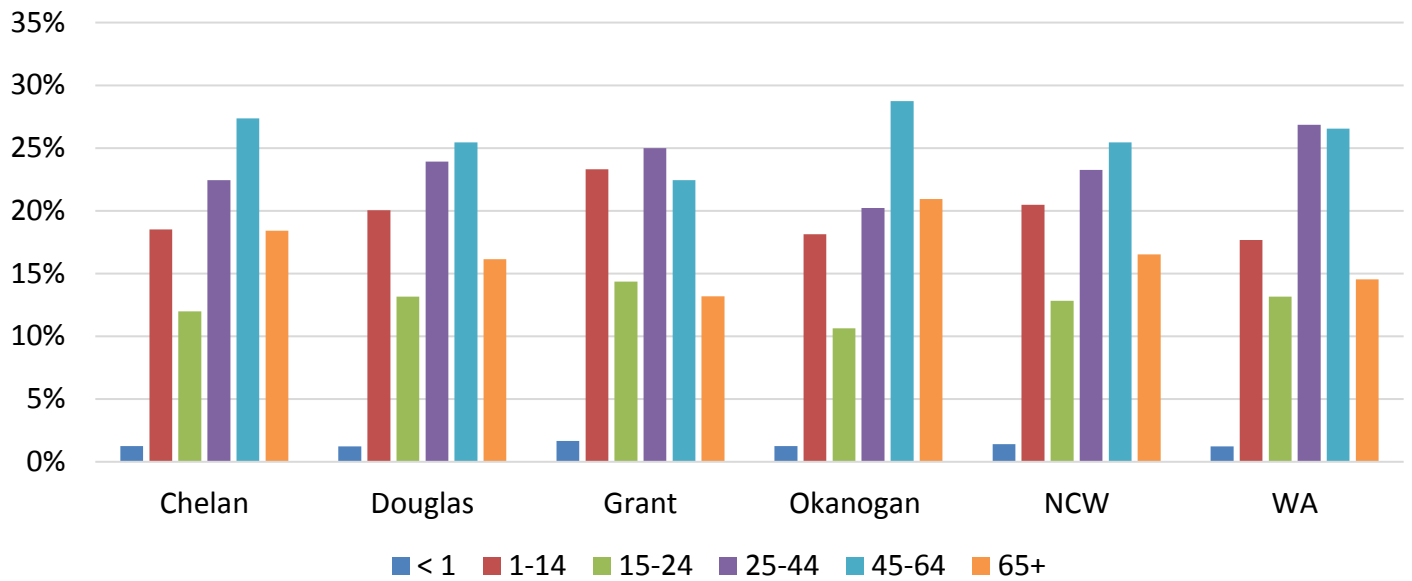
Source/Date Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

Percent Population by Age, 2013-2017



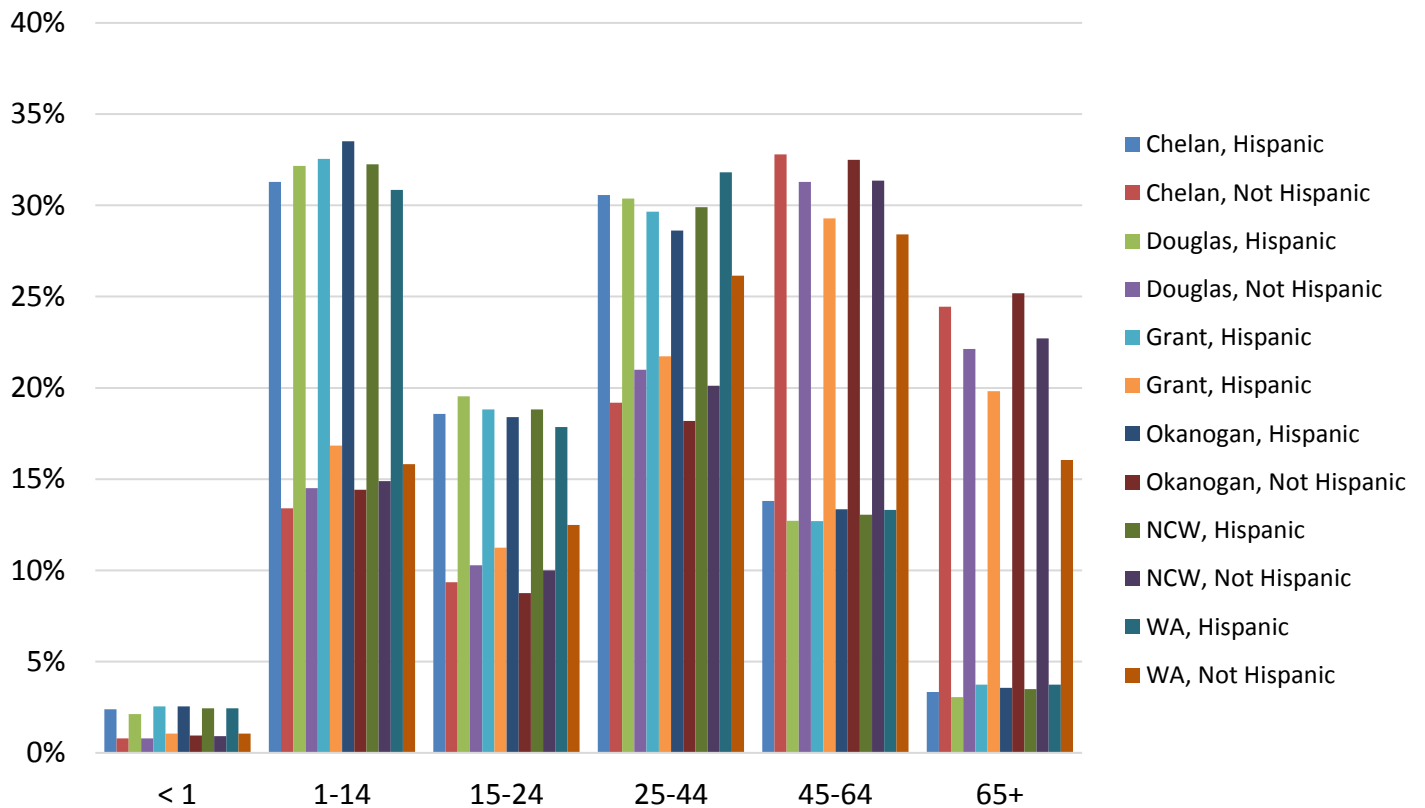
Source/Date Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

Percent Population by Age, 2013-2017



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

Age Distribution by Ethnicity, 2013-2017

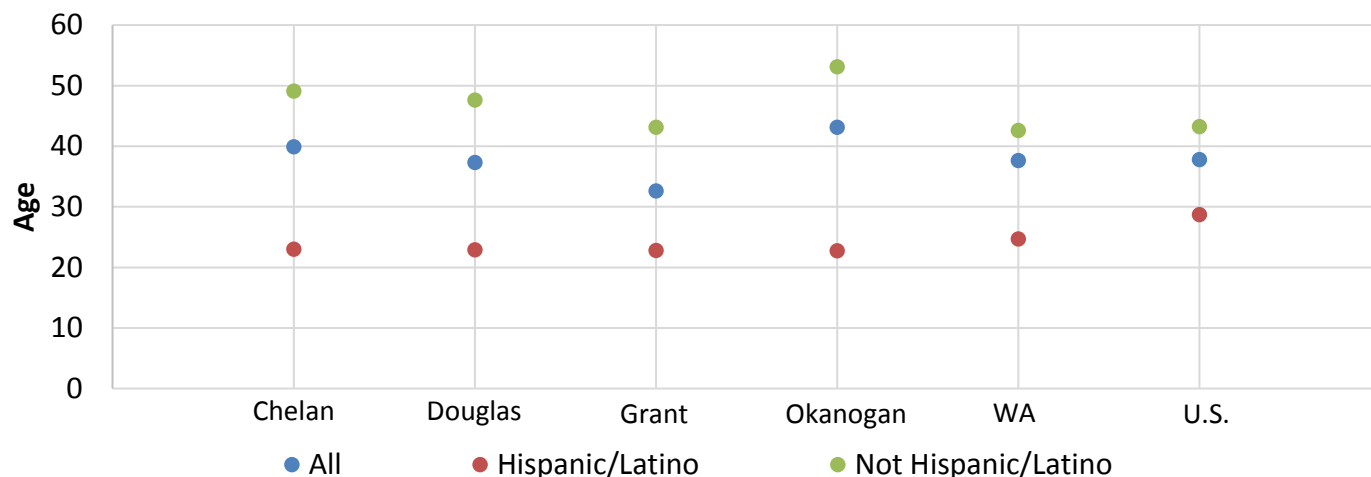


Source/Date Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017

Median Age

This indicator reports the median age of the population. This indicator is relevant because the age demographics of a population indicate the potential for age-specific conditions and a demand for age-related services. (See Table 1)

Median Age, 2013-2017



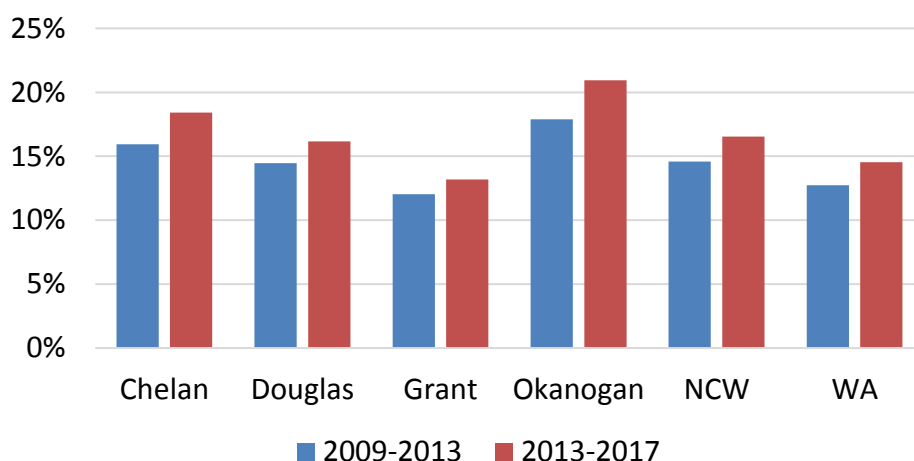
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Population Age 65+

This indicator reports the percentage of seniors age 65 and older by county, region and statewide. This indicator is relevant because it is important to understand the number and percentage of seniors in the community as this population has unique health needs and barriers. The percentage of seniors age 65 and older has increased across all four counties, the NCW region and Washington State. (See Table 1)

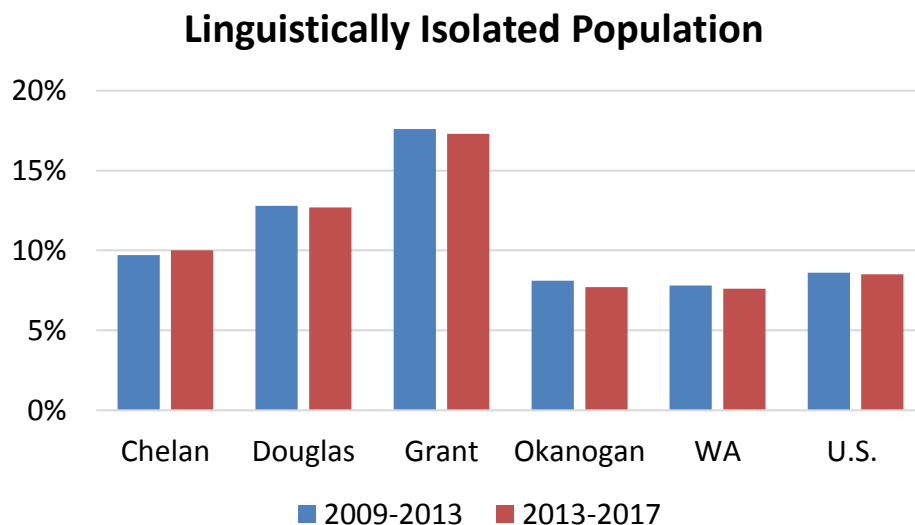
Total Population Age 65+



Source/Date Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Linguistically Isolated Population

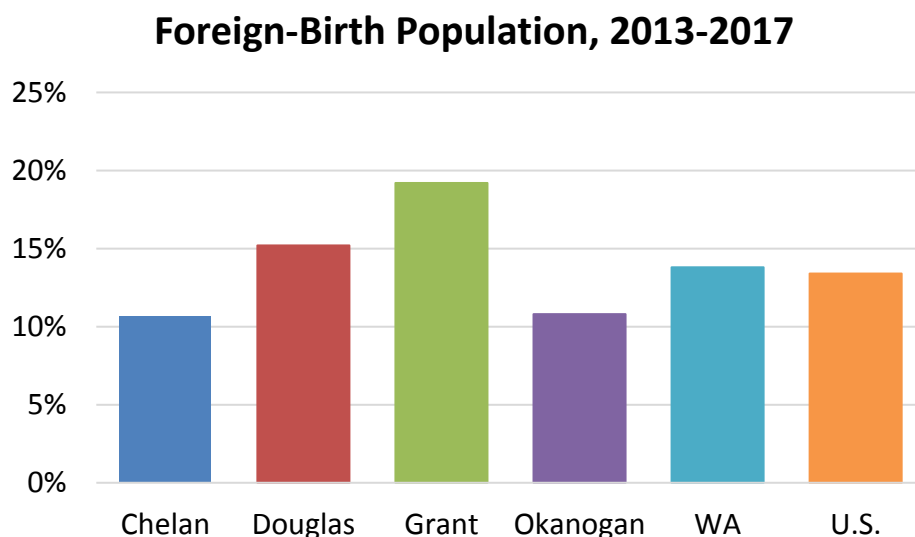
This indicator reports the percentage of the population five years of age and older who speak a language other than English at home and speak English less than “very well.” This indicator is relevant because an inability to speak English well can create barriers (e.g. healthcare access, provider communication, health literacy/education). (See Table 1)



Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2013-2017

Foreign-Birth Population

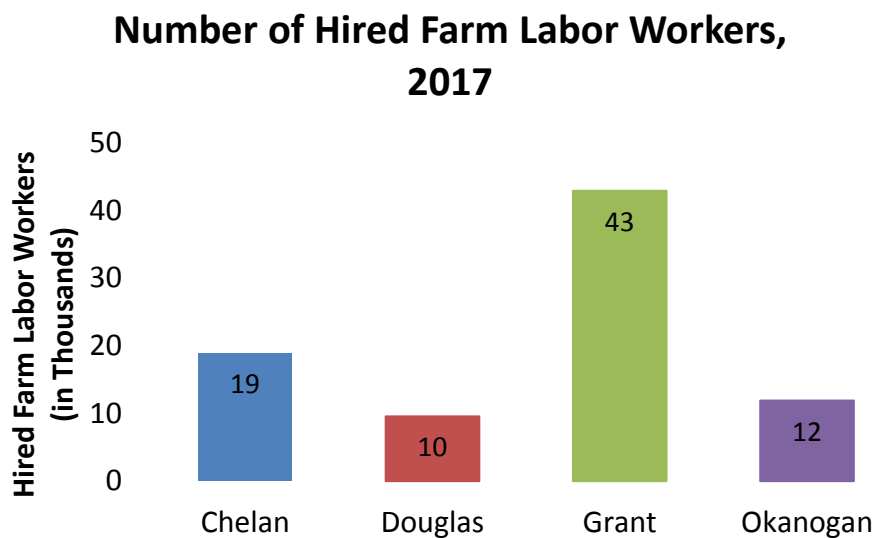
This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who is not a United States (U.S.) citizen or U.S. national at birth. It also includes any non-citizens as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes anyone who is born in the U.S., Puerto Rico, U.S. Island areas, or born abroad to American parent(s). (See Table 1)



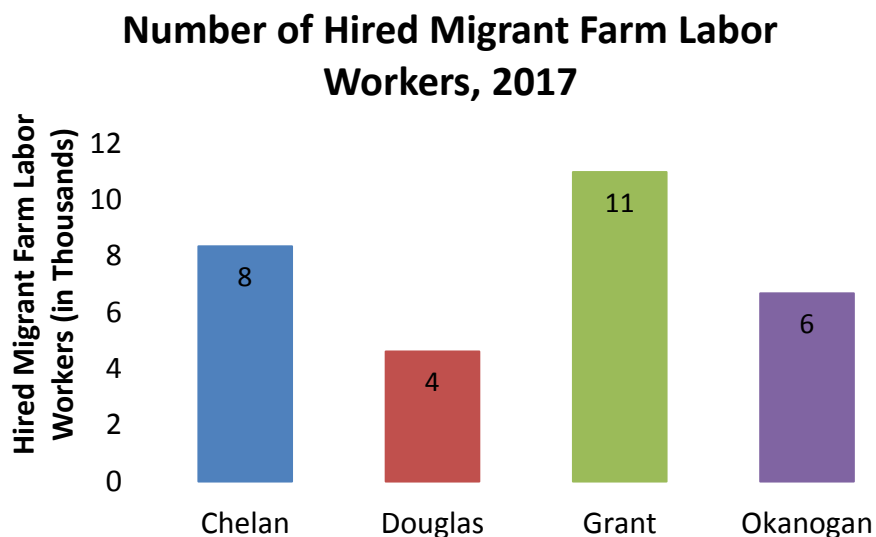
Source/Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Farm Labor Workers

This indicator reports the number of hired farm labor workers and number migrant farm labor on farms with hired labor workers. This indicator is relevant as agriculture, including tree fruit, viticulture, grain harvest and vegetable production and processing, is a large portion of the region's economy. (See Table 1)



Source/Data Source: USDA, National Agricultural Statistics Service, 2017 Census of Agriculture, 2017



Source/Data Source: USDA, National Agricultural Statistics Service, 2017 Census of Agriculture, 2017

Table 1. Demographics

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Total Population[£]							
2009-2013	73,047	38,807	90,202	41,143		6,819,579	311,536,594
2013-2017	75,138	40,585	93,420	41,377		7,169,967	321,004,407
Percent Change in Total Population[£]							
2010-2019	8.24%	11.42%	10.79%	3.92%		12.22%	
Total Land Area in Square Miles[¥]							
2013-2017	2,921.17	1,819.26	2,679.48	5,266.17	12,686.08	66,452.74	3,532,315.66
Population Density per Square Mile[¥]							
2013-2017	25.72	22.31	34.86	7.86	19.75	107.9	90.88
Total Population by Race Alone, 2013-2017[§]							
White	67,073	28,900	64,952	30,538	191,463	5,500,837	234,370,202
Black	364	129	636	196	1,325	261,743	40,610,815
Asian	753	334	1,024	376	2,487	578,822	17,186,320
Native American/Alaska Native	737	357	1,129	4,063	6,286	94,754	2,632,102
Native Hawaiian/Pacific Islander	99	32	64	72	267	46,071	570,116
Some Other Race	3,971	9,040	21,654	4,104	38,769	293,007	15,553,808
Multiple Races	2,141	1,793	3,961	2,028	9,923	394,733	10,081,044
Total Population by Ethnicity Alone, 2013-2017[§]							
Hispanic or Latino Population	20,688	12,548	38,023	8,008	79,267	882,108	56,510,571
Non-Hispanic Population	54,450	28,037	55,397	33,369	171,253	6,287,859	264,493,836
Percent of Population by Race, 2013-2017[§]							
White - NH	69.07%	66.43%	55.78%	68.27%	63.55%	72.85%	
Black - NH	0.48%	0.40%	1.03%	0.64%	0.70%	4.30%	
Amer Ind/Alaskan Nat - NH	0.74%	0.78%	0.91%	10.68%	2.46%	1.35%	
Asian/Pacific Islander - NH	1.14%	1.03%	1.08%	0.85%	1.05%	9.09%	
Hispanic as Race	28.55%	31.33%	41.18%	19.53%	32.21%	12.38%	
Percent of Population by Age, 2013-2017[§]							
< 1	1.25%	1.22%	1.67%	1.26%	1.40%	1.24%	
1-14	18.51%	20.04%	23.31%	18.14%	20.49%	17.68%	
15-24	11.98%	13.17%	14.37%	10.64%	12.84%	13.15%	
25-44	22.43%	23.93%	24.99%	20.23%	23.26%	26.84%	
45-64	27.37%	25.46%	22.45%	28.75%	25.45%	26.54%	
65+	18.42%	16.15%	13.19%	20.95%	16.53%	14.53%	
Percent of Population by Age and Ethnicity, 2013-2017[§]							
< 1, Hispanic	2.39%	2.12%	2.54%	2.54%	2.44%	2.44%	
1-14, Hispanic	31.28%	32.17%	32.55%	33.51%	32.25%	30.84%	
15-24, Hispanic	18.58%	19.53%	18.81%	18.40%	18.82%	17.86%	
25-44, Hispanic	30.57%	30.38%	29.65%	28.62%	29.90%	31.81%	
45-64, Hispanic	13.80%	12.71%	12.69%	13.34%	13.05%	13.31%	
65+, Hispanic	3.34%	3.06%	3.73%	3.57%	3.50%	3.73%	
< 1, Not Hispanic	0.80%	0.80%	1.05%	0.95%	0.91%	1.06%	
1-14, Not Hispanic	13.40%	14.50%	16.83%	14.41%	14.89%	15.82%	
15-24, Not Hispanic	9.35%	10.27%	11.25%	8.76%	10.00%	12.48%	
25-44, Not Hispanic	19.18%	20.99%	21.73%	18.19%	20.11%	26.14%	
45-64, Not Hispanic	32.80%	31.28%	29.28%	32.49%	31.35%	28.41%	
65+, Not Hispanic	24.45%	22.13%	19.82%	25.18%	22.71%	16.05%	

Median Age[¥]							
2013-2017	39.9	37.3	32.6	43.1		37.6	37.8
Hispanic/Latino	23	22.9	22.8	22.7		24.7	28.7
Not Hispanic/Latino	49.1	47.6	43.1	53.1		42.6	43.2
Total Population Age 65+[§]							
2009-2013	15.94%	14.45%	12.03%	17.89%	14.59%	12.74%	
2013-2017	18.42%	16.15%	13.19%	20.95%	16.53%	14.53%	
Linguistically Isolated Population[£]							
2009-2013	9.7%	12.8%	17.6%	8.1%		7.8%	8.6%
2013-2017	10.0%	12.7%	17.3%	7.7%		7.6%	8.5%
Foreign-Birth Population[€]							
2013-2017	10.70%	15.20%	19.20%	10.80%		13.80%	13.40%
Number of Hired Farm Labor^⓪							
2017	18,872	9,577	42,925	11,918		228,588	2,411,033
Number of Hired Migrant Labor^⓪							
2017	8,196	4,474	10,828	6,139		54,191	357,774

NH: Not Hispanic

£ Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2017

€ Source/Data Source: Office of Financial Management, Forecasting & Research Division, 2019 Population Trends, August 2019

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

§ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2017

⓪ Source/Data Source: USDA, National Agricultural Statistics Service, 2017 Census of Agriculture, 2017

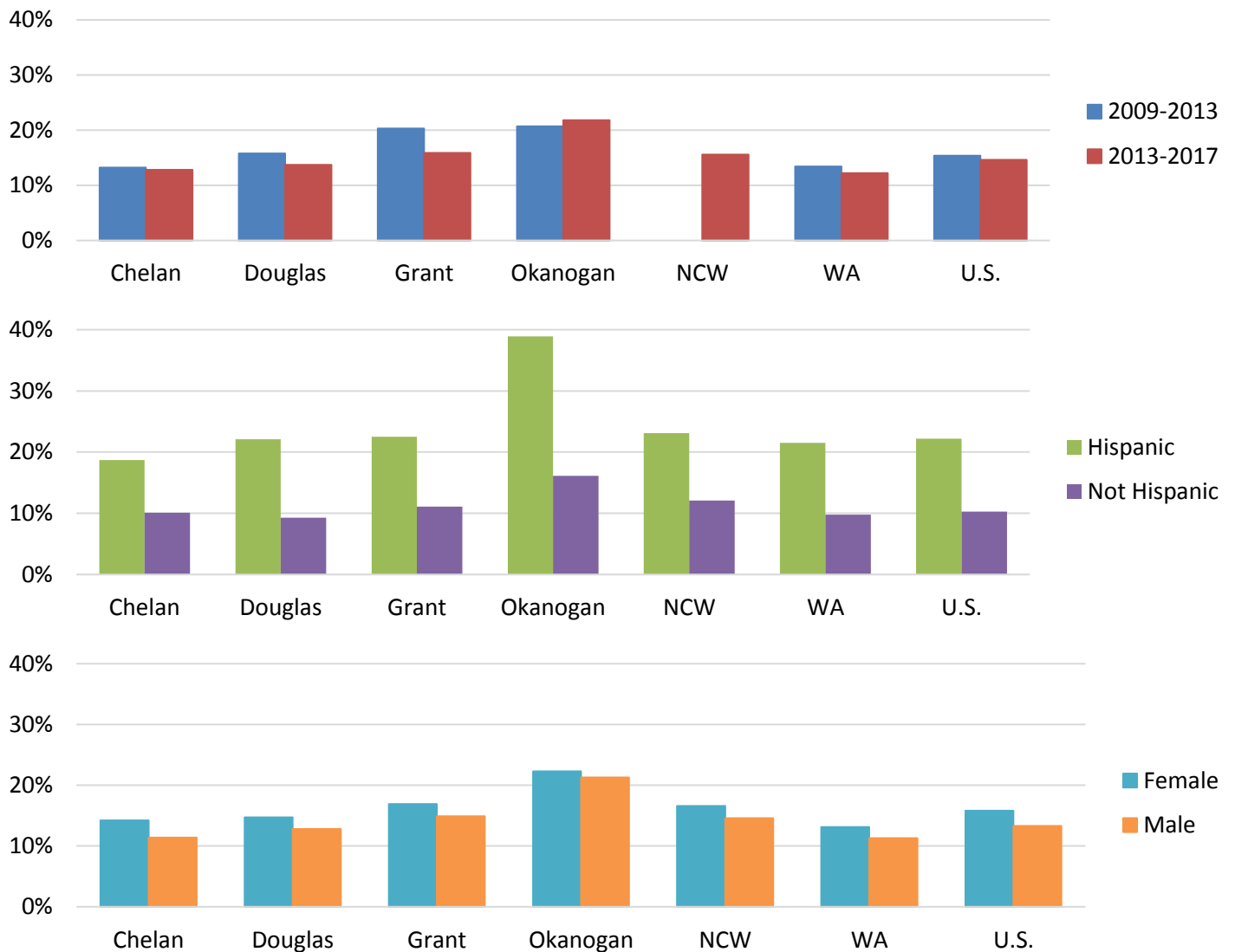
Social and Economic Factors

Economic Factors

Poverty

Poverty is a relevant indicator because poverty and health status are interrelated. Poverty increases the chances of poor health as it creates barriers to access, which includes, but is not limited to access to health services, healthy food and other needs that contribute to poor health. Poor health, in turn, can trap individuals in poverty. (See Table 2a)

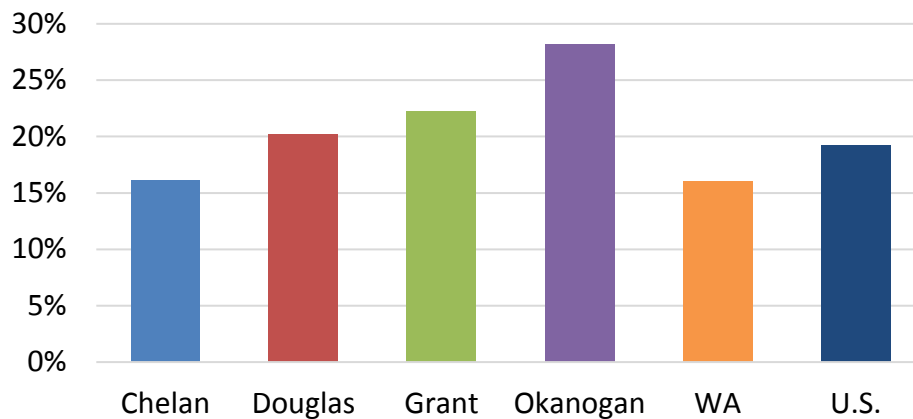
Population Below 100% of Federal Poverty Level



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report (for 2013-2017 data)

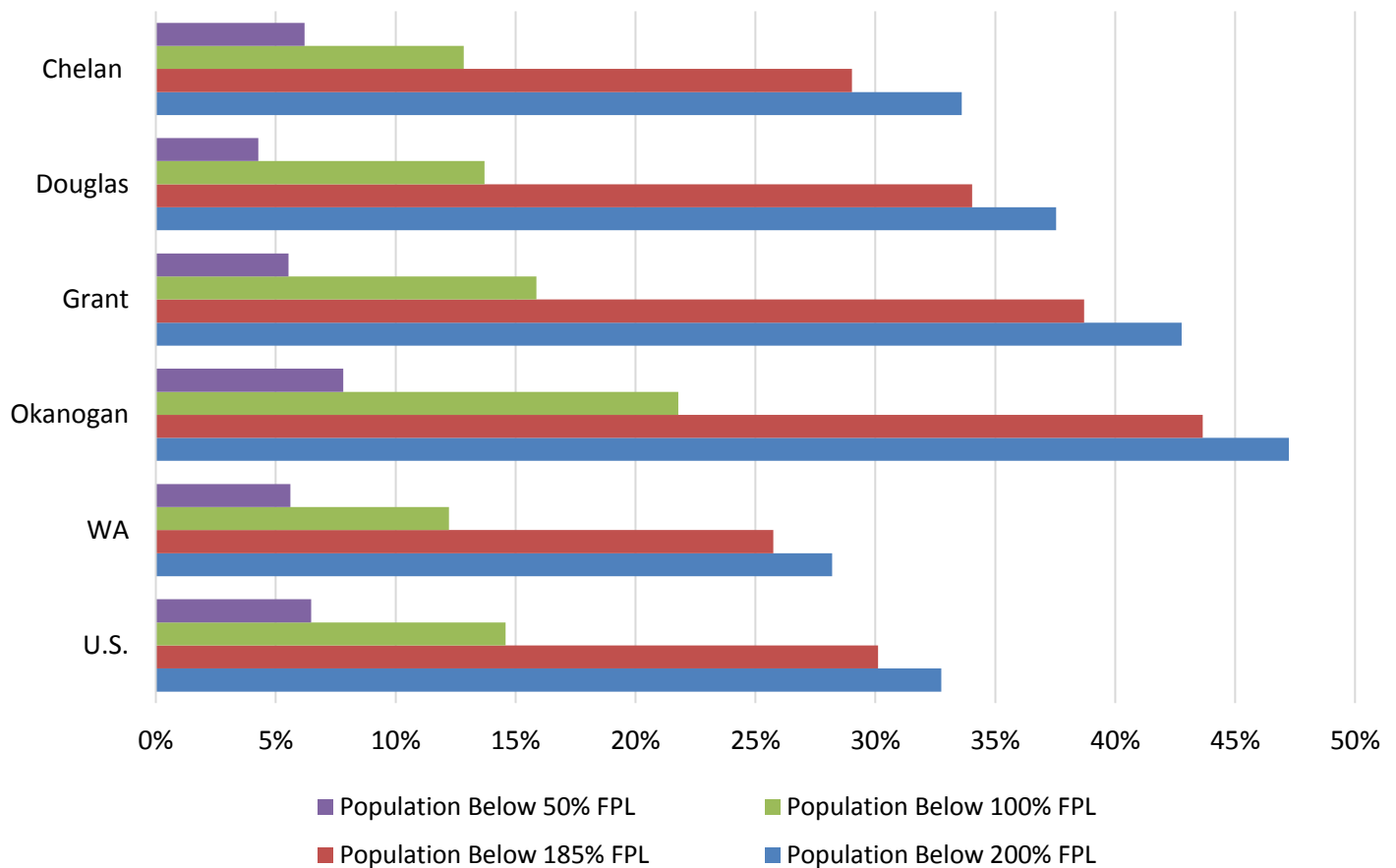
Data Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2013-2017

Population Below 125% of Federal Poverty Level, 2013-2017



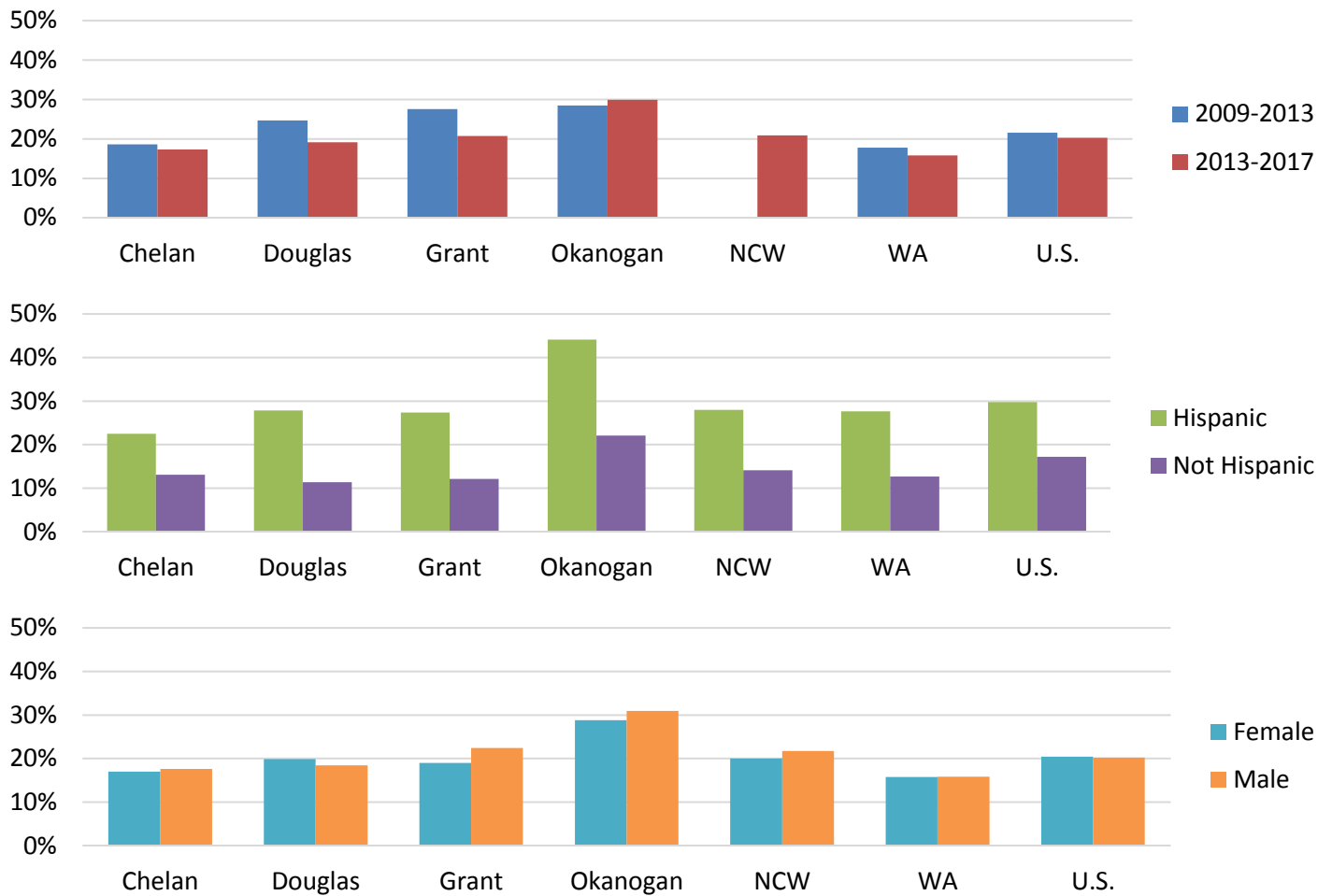
Source/Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Population in Poverty, 2013-2017



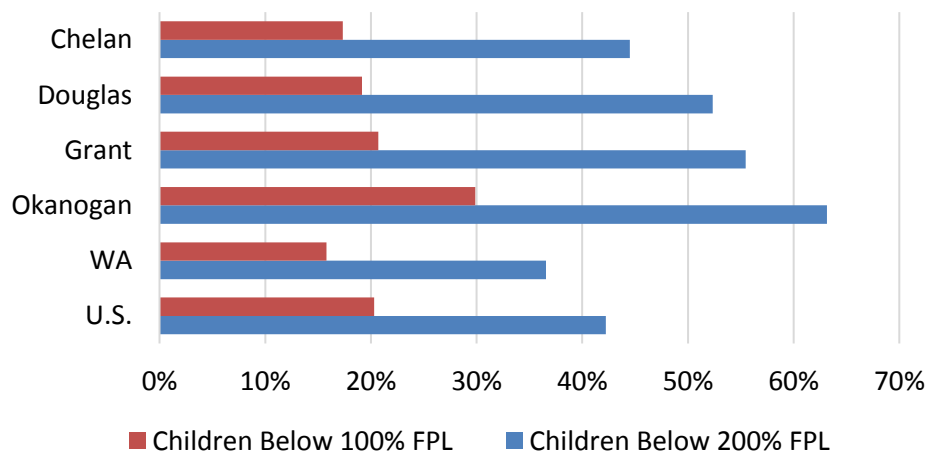
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
 Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Children (Under 18) Below 100% of Federal Poverty Level



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

Children (Under 18) in Poverty, 2013-2017

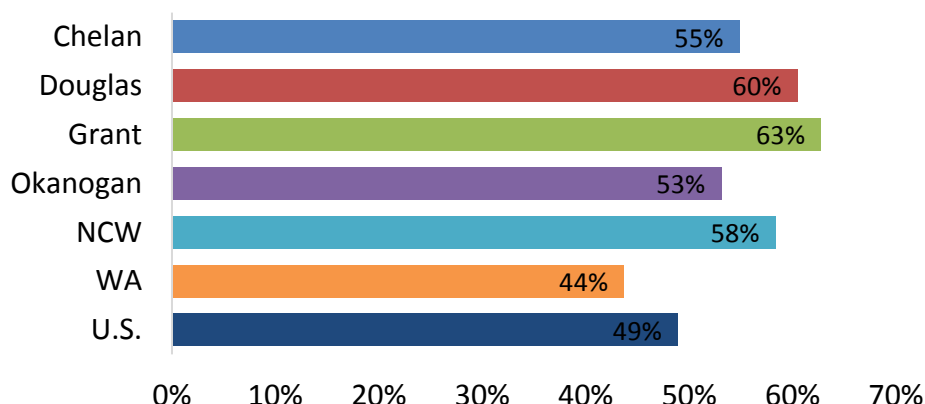


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
 Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Free and Reduced Lunch

Within NCW 58.33% of school-age children are eligible for Free/Reduced Price lunch. This indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health status and social support needs. (See Table 2a)

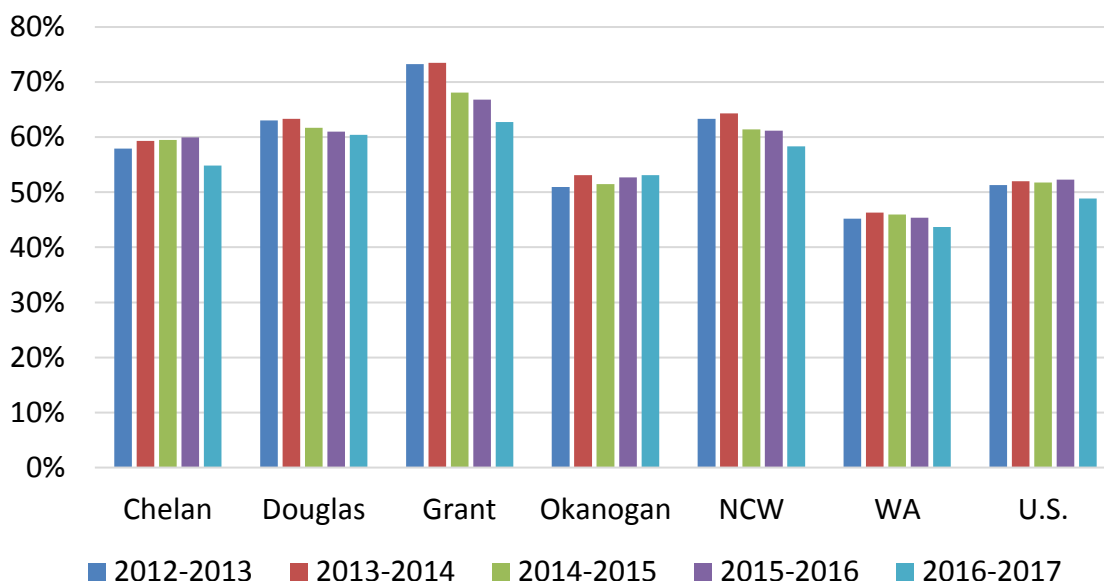
Percent of Children Eligible for Free/Reduced Price Lunch, 2016-2017



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-2017

Percent of Children Eligible for Free/Reduced Price Lunch, 2012-2017



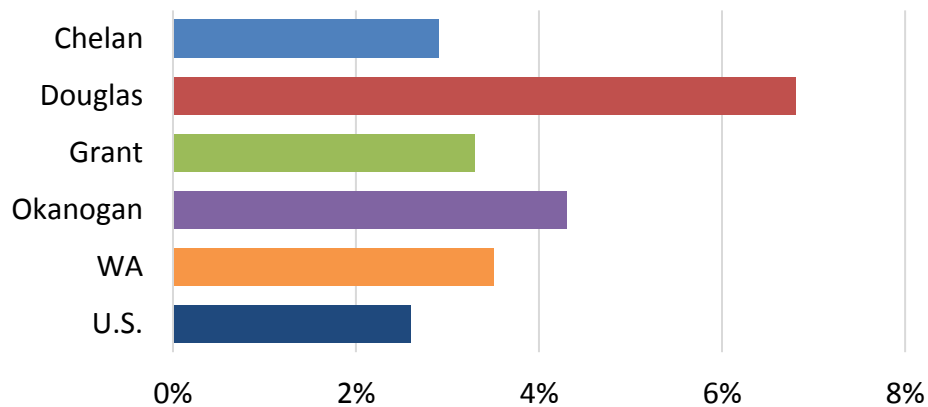
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2012-2017

Public Assistance Income

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospitals or other medical care (vendor payments) are excluded. This indicator does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. (See Table 2a)

Percent of Households with Public Assistance Income, 2013-2017

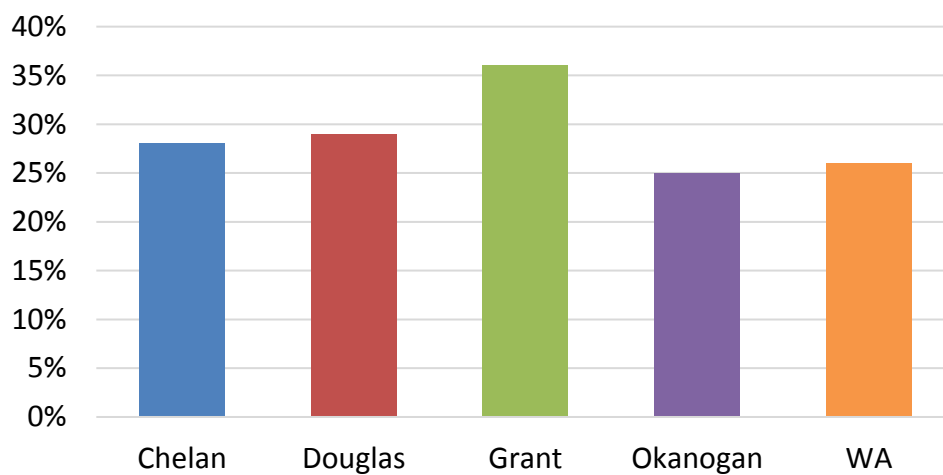


Source/Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Underserved

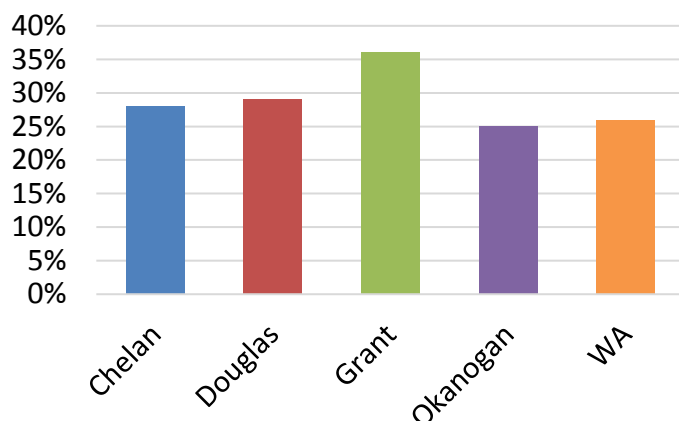
ALICE is an acronym for asset limited, income constrained, employed. It is a way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic necessities. This indicator is relevant as struggling populations, who do not qualify for social services, may have difficulty accessing healthcare and other community resources. (See Table 2a)

Percent of ALICE Household, 2016



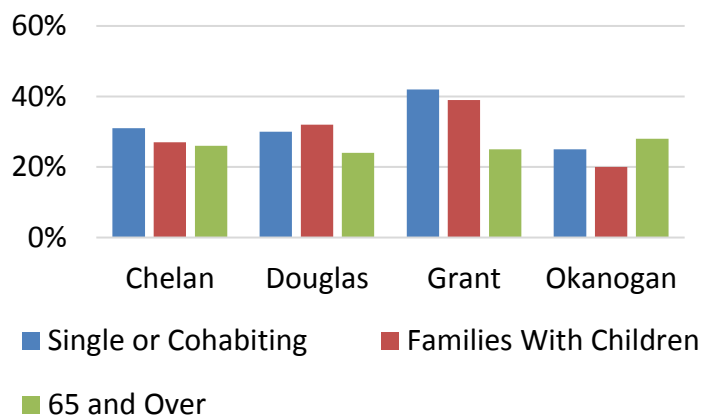
Source/Data Source: United for ALICE, Research Center, Washington, 2016

Percent of ALICE Household by Income, 2016



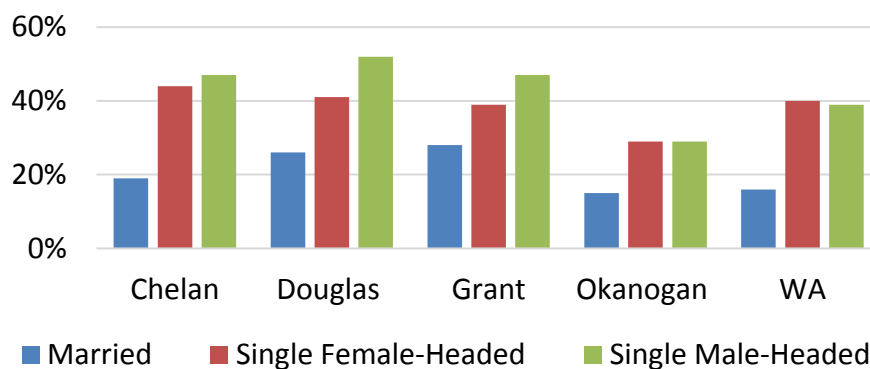
Source/Data Source: United for ALICE, Research Center, Washington, 2016

Percent of ALICE Household Type by Income, 2016



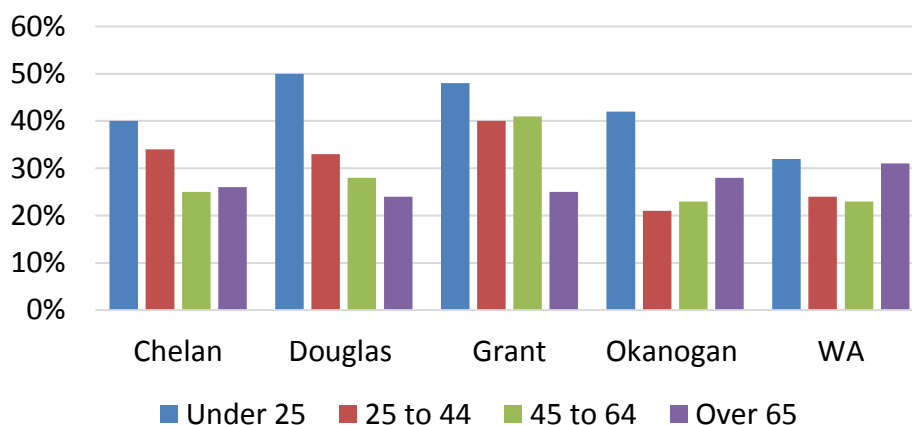
Source/Data Source: United for ALICE, Research Center, Washington, 2016

Percent of ALICE Families With Children, 2016



Source/Data Source: United for ALICE, Research Center, Washington, 2016

Percent of ALICE Households by Age, 2016

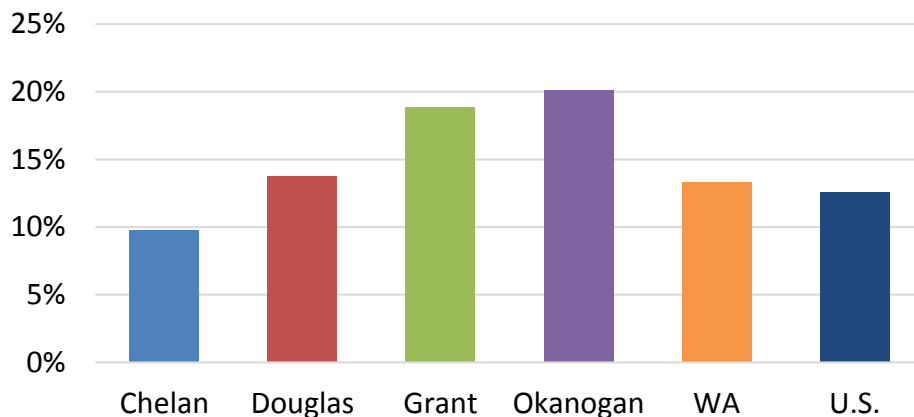


Source/Data Source: United for ALICE, Research Center, Washington, 2016

Supplemental Nutrition Assistance Program (SNAP) Recipients

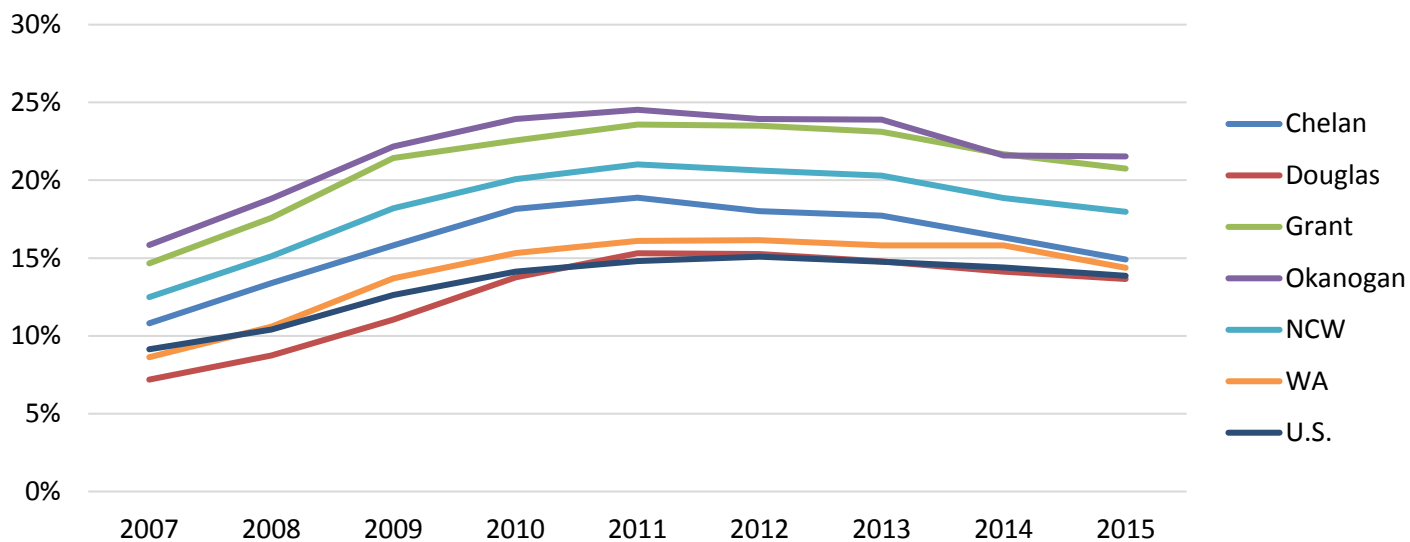
This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs. (See Table 2a and 2c)

Supplemental Nutrition Assistance Program (SNAP) Recipients, 2013-2017



Source/Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Supplemental Nutrition Assistance Program (SNAP) Recipients, 2007-2015



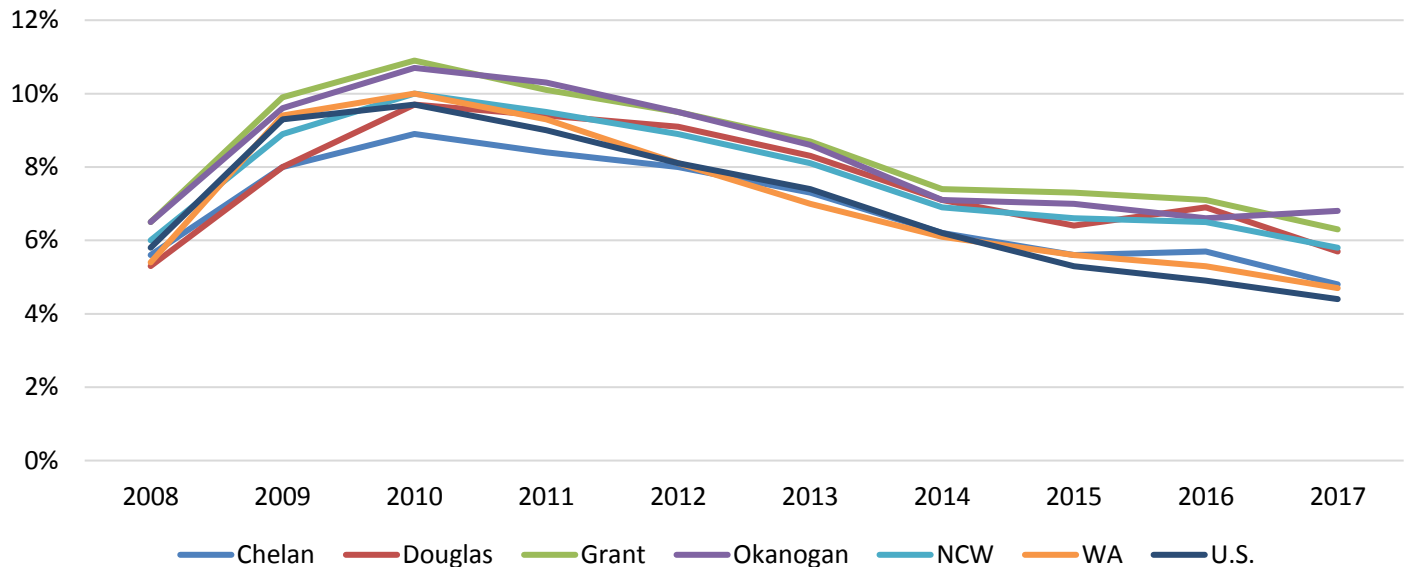
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Census Bureau, Small Area Income & Poverty Estimates, 2007-2015

Unemployment Rate

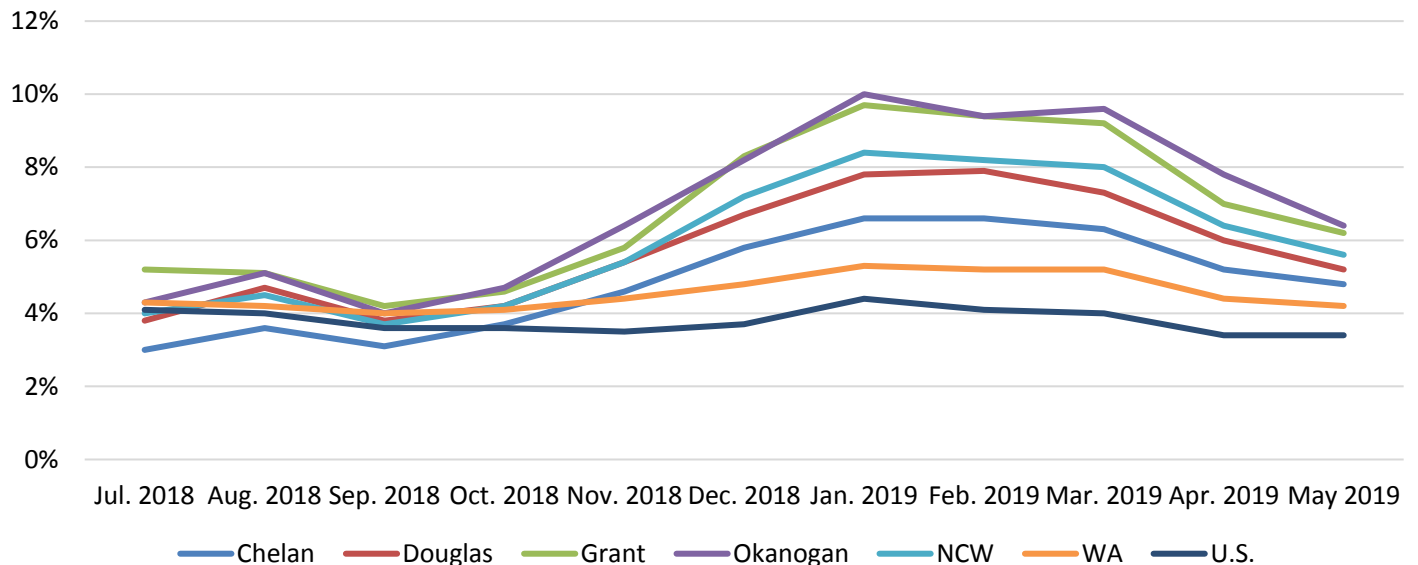
This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food and other needs that contribute to poor health status. NCW experiences seasonal variation in unemployment rates. The highest unemployment rate between July 2018 and May 2019 was January 2019 at 8.4% and the lowest unemployment rate was September 2018 at 3.6%. (See Table 2d and 2e)

Unemployment Rate, 2008-2017



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

Unemployment Rate, July 2018 - May 2019



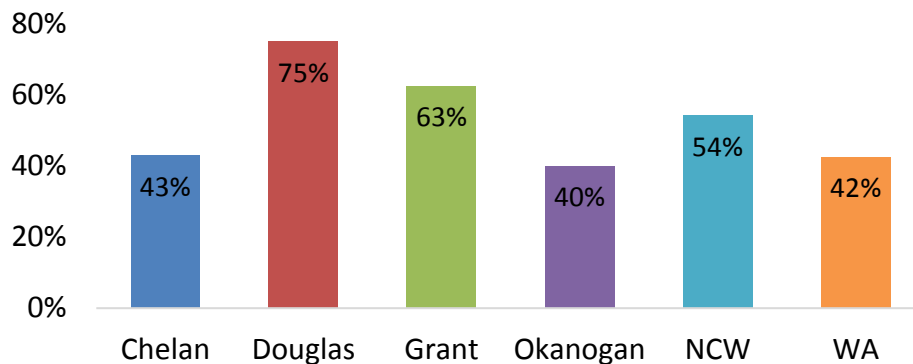
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2018-2019

Food Access

Food Deserts

This indicator reports the number of neighborhoods that are within food deserts. Food deserts are areas with limited to no fresh fruits, vegetables or other healthy foods.¹ They are usually found in disadvantaged communities and can be due to a lack of grocery stores, farmers' markets and other healthy food providers.¹ This indicator is relevant as access to healthy foods is important to an individual's health and wellbeing. (See Table 2f)

Neighborhoods with in Food Desert Census Tracts, 2015



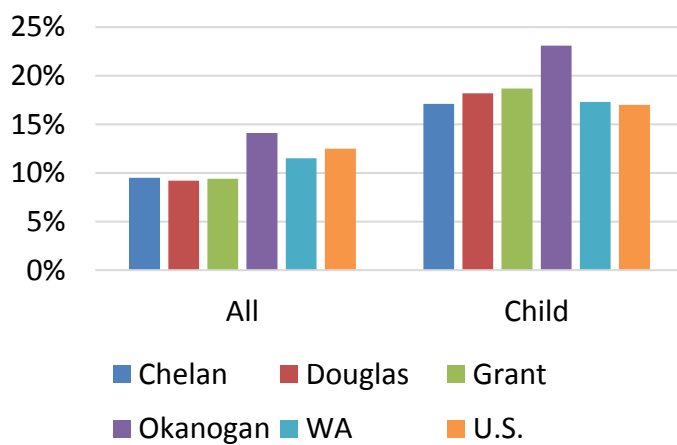
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: USDA, Economic Research Service, Food Environment Atlas, 2015

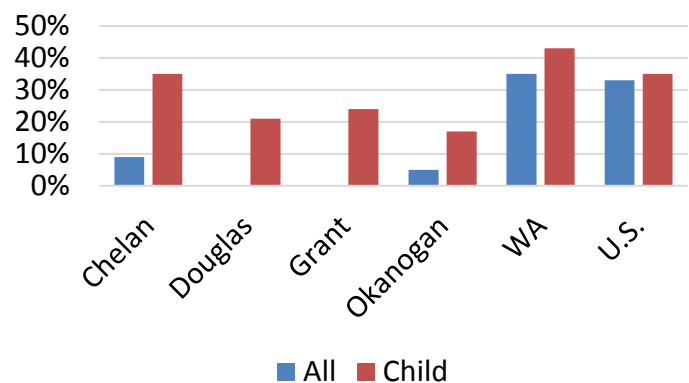
Food Insecurity

Food insecurity is an economic and social condition of limited or uncertain access to nutritionally adequate food. The graph on the left reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during 2017, the report year. The graph on the right reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during 2017 but are ineligible for State or Federal nutrition assistance. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP). (See Table 2f)

Food Insecurity Rate, 2017



Food Insecurity for People Ineligible for Assistance, 2017



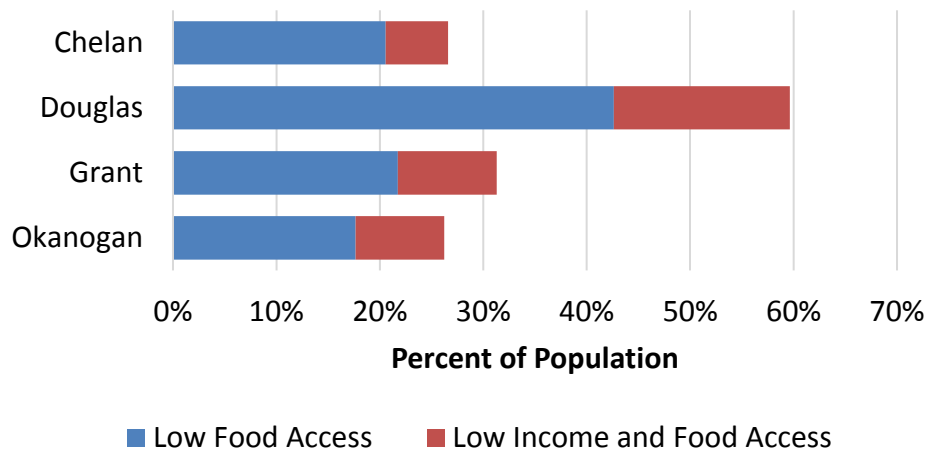
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Feeding America, Food Insecurity in the United States, 2017

Low Food Access

This indicator reports the percent of the population with low food access and the percent of the low-income population with low food access. Low food access is defined as living greater than half a mile from the nearest supermarket, supercenter, or large grocery store. Low income areas are identified as places where the poverty rate is 20% or greater, or the median family income is less than or equal to 80% of the statewide median family income. This indicator is relevant because it highlights NCW counties facing food insecurity. (See Table 2f)

Low Food Access, 2015

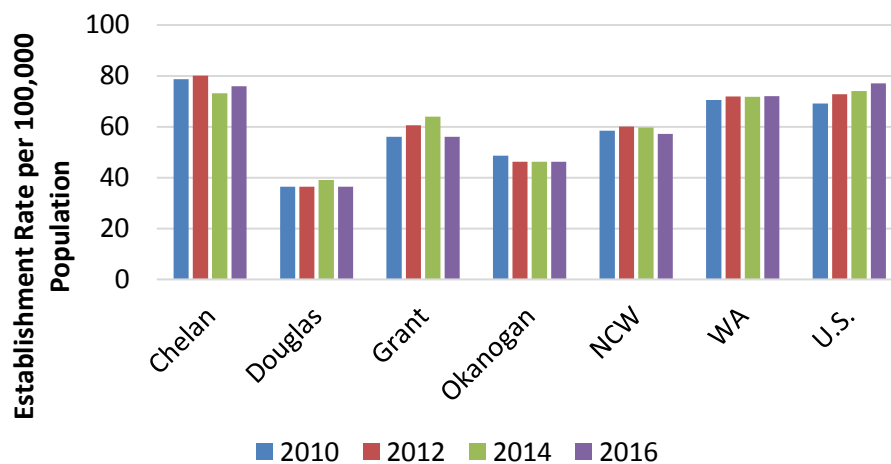


Source/Data Source: USDA, Economic Research Service, Food Environment Atlas, 2015

Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influence on dietary behaviors. (See Table 2f)

Fast Food Restaurant Access, 2010-2016

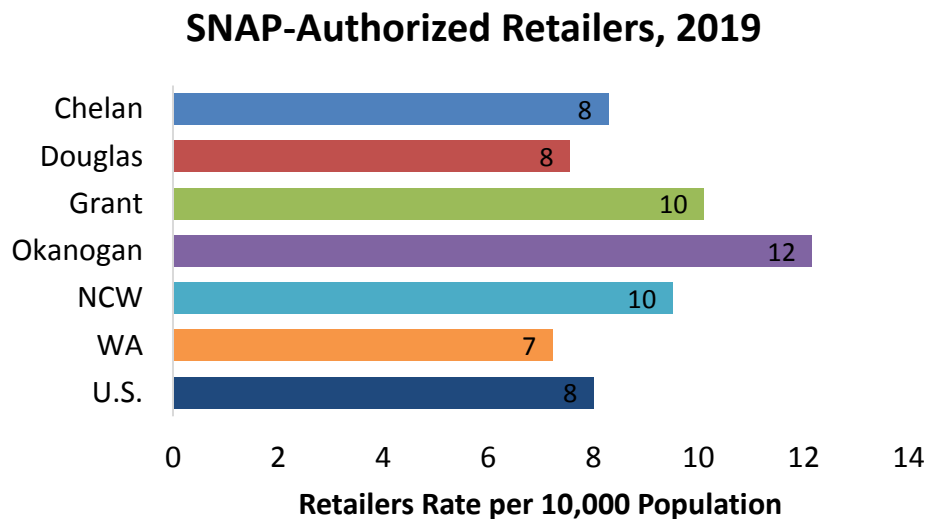


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Census Bureau, County Business Patterns, 2010-2016

SNAP-Authorized Retailers

This indicator reports the number of SNAP-authorized food stores at a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores and convenience store that are authorized to accept SNAP benefits. (See Table 2f)

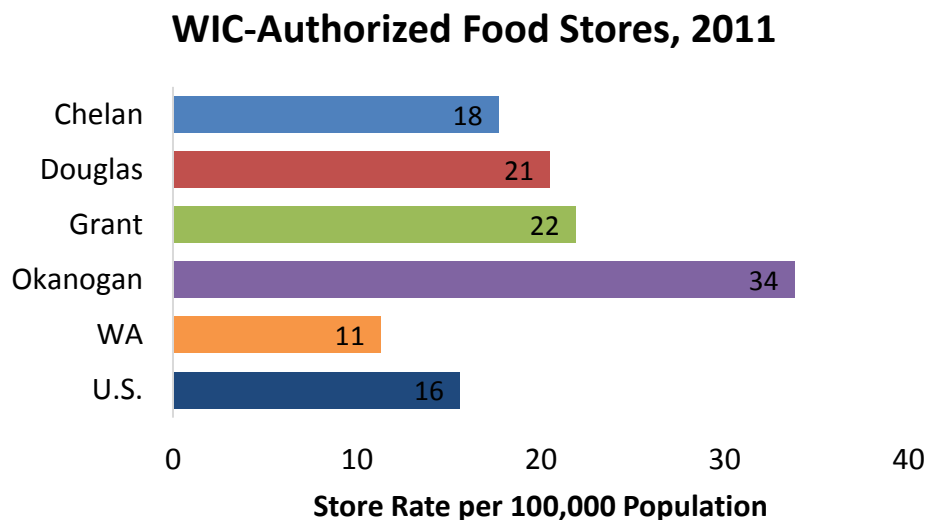


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: USDA, Food and Nutrition Service, USDA - SNAP Retailer Locator, 2019

WIC-Authorized Food Stores

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designed WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty. (See Table 2f)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

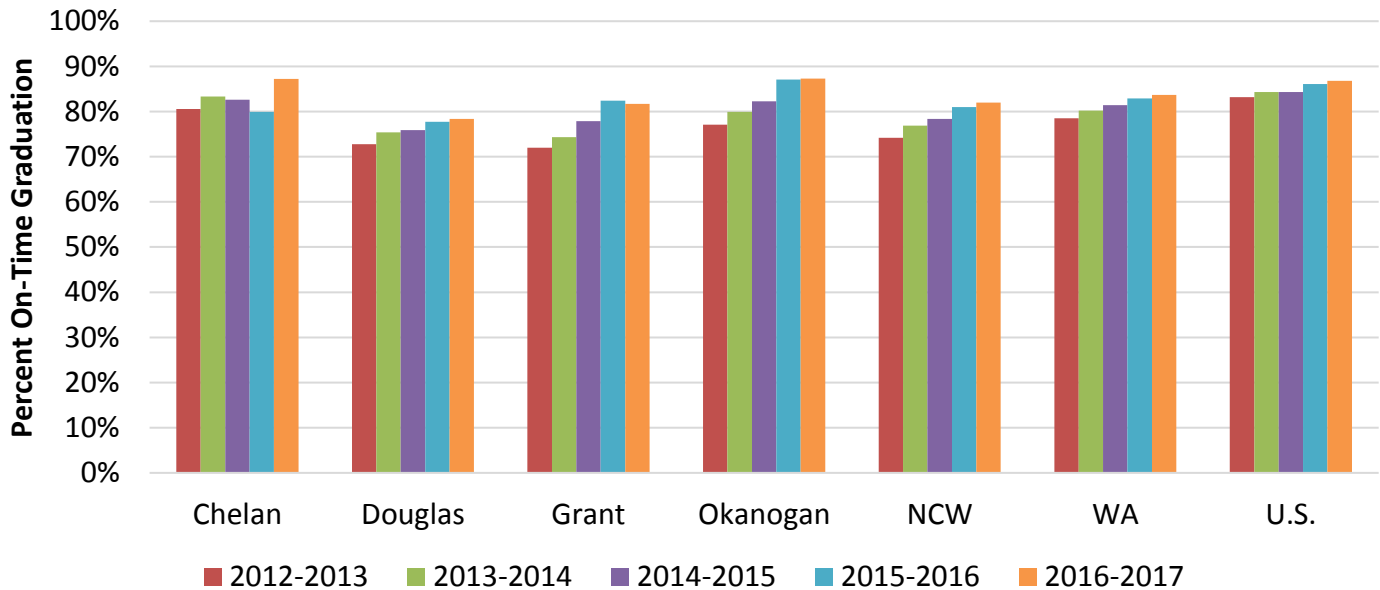
Data Source: USDA, Economic Research Service, USDA – Food Environment Atlas, 2011

Education

On-Time Graduation Rate

This indicator reports the percentage of students who received their high school diploma within four years. It is relevant as education is a strong predictor of health. (See Table 2g)

On-Time Graduation Rate, 2012-2017



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

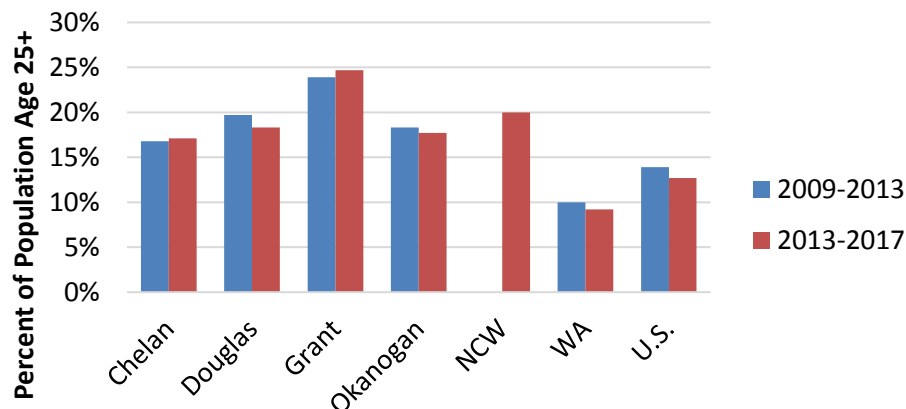
Data Source: U.S. Department of Education, ED Facts, 2012-2017

Population with No High School Diploma

This indicator reports the percentage of the population age 25 and older without a high school diploma or equivalency. This indicator is relevant because educational attainment is linked with positive health outcomes.

Throughout NCW there is a discrepancy by ethnicity in the population with no high school diploma. (See Table 2g)

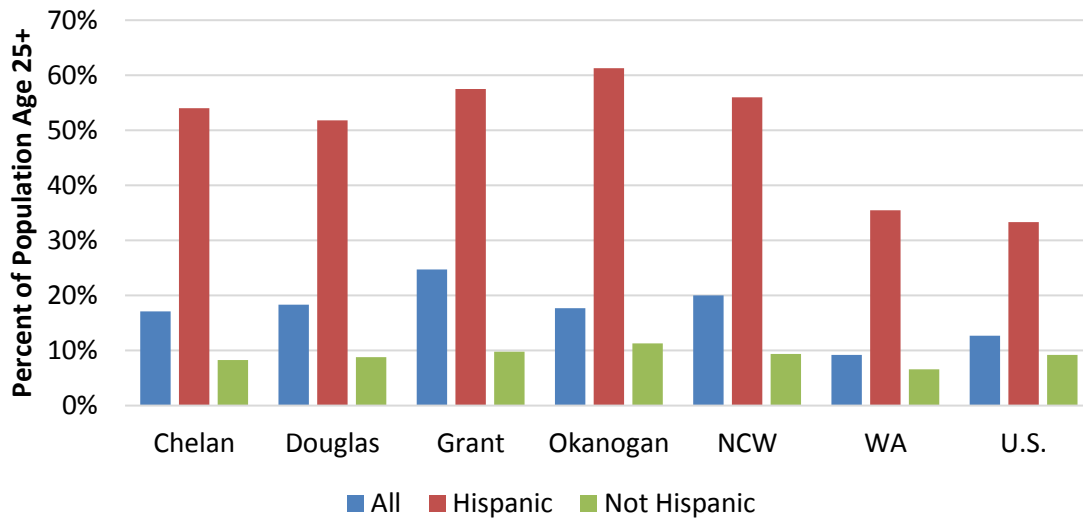
Percent of Population with No High School Diploma



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report (for 2013-2017 data)

Data Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2013-2017

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

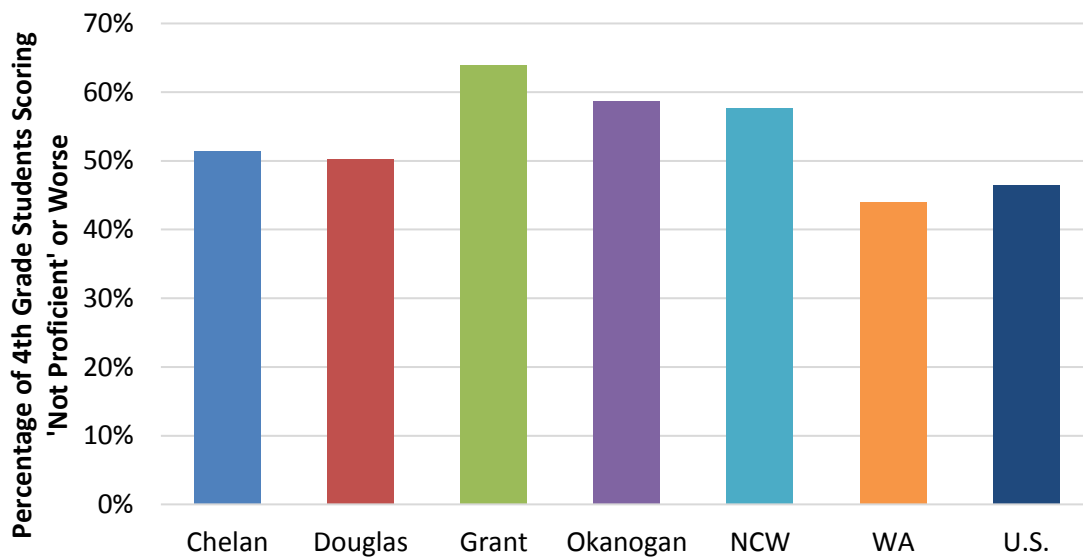


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
 Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Literacy

This indicator reports the percentage of children in fourth grade whose reading skills tested below the “proficient” level for the English Language Arts portion of the Washington State specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment and barriers to healthcare access, provider communication and health literacy/education. (See Table 2g)

Student Reading Proficiency, 2016-2017

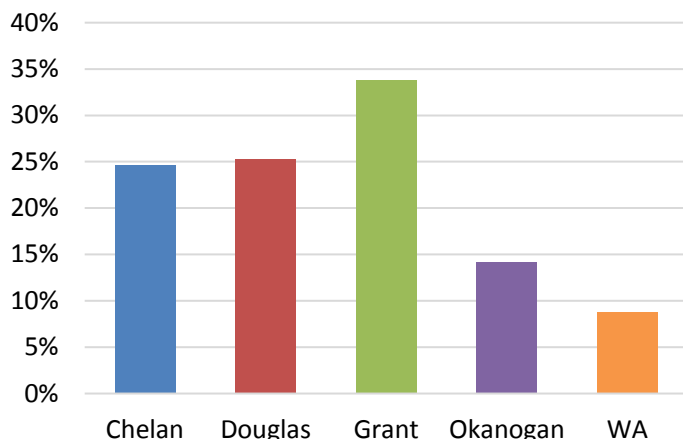


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
 Data Source: U.S. Department of Education, ED Facts, 2016-2017

The graphs below report limited English proficiency (LEP) extrapolated from student data. Primary language indicated for each student in grades one through twelve pulled from the Comprehensive Education Data and Research System (CEDARS) database is checked against results from the TANF/Medicaid/SNAP enrollees requesting translation services and the American Community Survey. Limited English proficiency is relevant because it can create barriers to accessing healthcare and community resources. (See Table 2g)

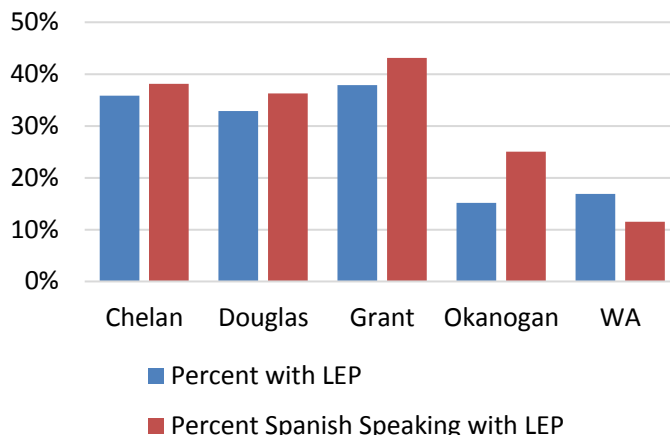
Limited English Proficiency, 2016

(Percentages Extrapolated from Student Data)



Limited English Proficiency, 2016

(Percentages Extrapolated from Student Data)

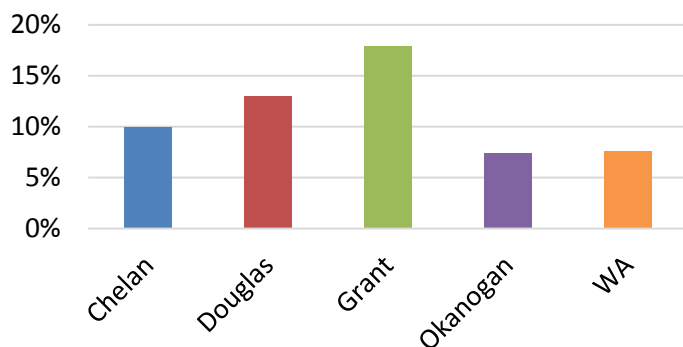


Source: Washington State Department of Health, Washington Tracking Network

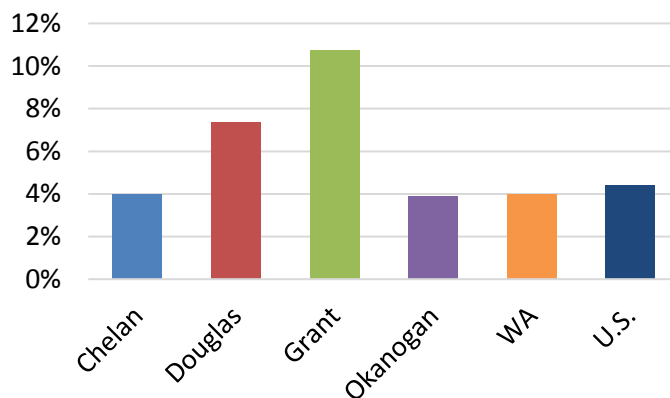
Data Source: Washington State Office of Financial Management, 2016

The graphs below report the total population with limited English proficiency and the total population who are linguistically isolated. The graph on the left reports the percentage of the population 5 and older who speaks a language other than English at home and speaks English less than “very well.” The graph on the right reports the percentage of the population age 5 and older living in limited English speaking household. A “limited English speaking household” is one in which no member 14 years old and over speaks only English at home or speaks a language other than English at home and speaks English “very well.” These indicators are relevant as they identify populations and household who may need English-language assistance. (See Table 2g)

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



Linguistically Isolated Population, 2013-2017



Source: Washington State Department of Health, Washington Tracking Network

Data Source: U.S. Census American Bureau, American Community Survey, 2012-2016

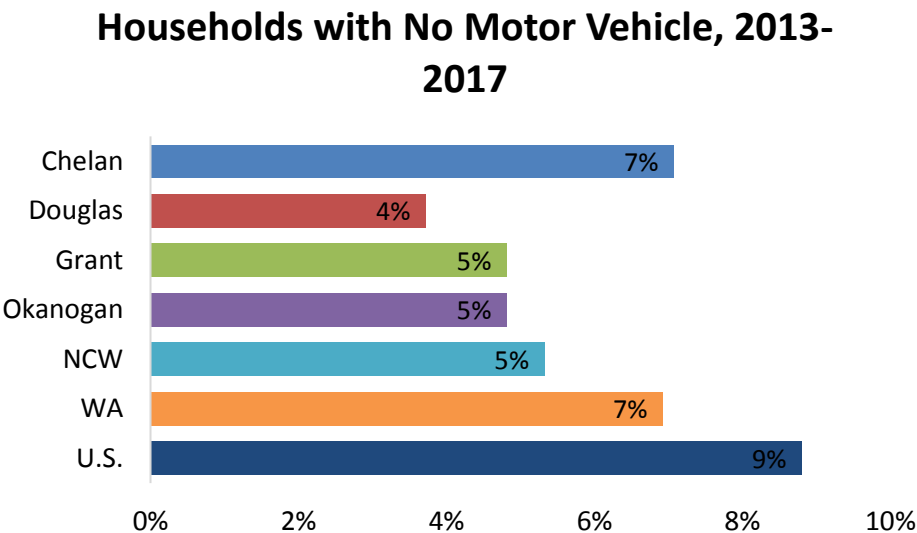
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Transportation

Households with No Motor Vehicle

This indicator reports the percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. This indicator is relevant as lack of a personal vehicle or lack of transportation can be a barrier to accessing healthcare and community resources. (See Table 2h)



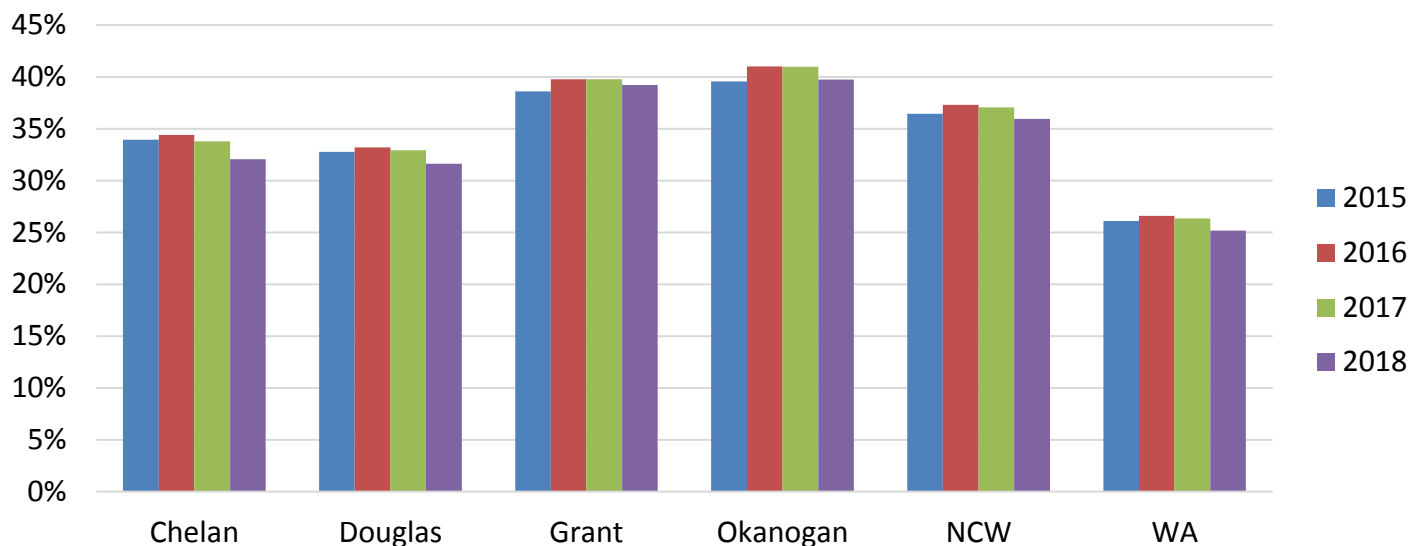
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Insurance

Population Receiving Medicaid

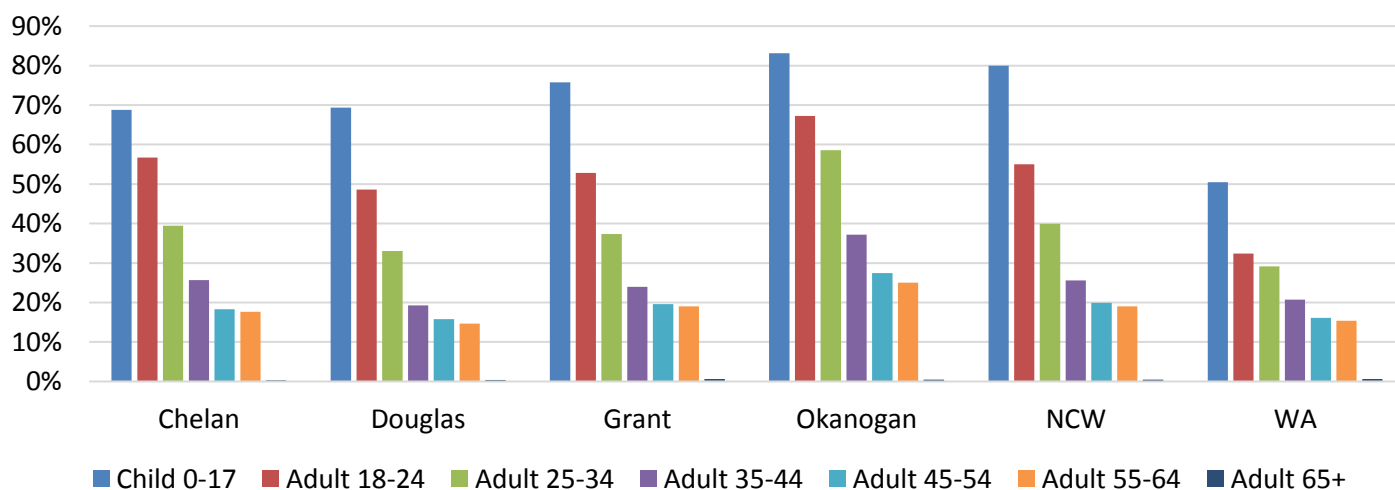
This indicator reports the percent of the population receiving Medicaid. This indicator is relevant because it tracks vulnerable populations who many have more barriers and needs to be addressed. (See Table 2i)

Percent of Population Receiving Medicaid, 2015-2018



Source/Data Source: Healthier Washington, Washington State Medicaid Explorer, 2015-2018

Percent of Population with Access to Medicaid Services by Age, 2018

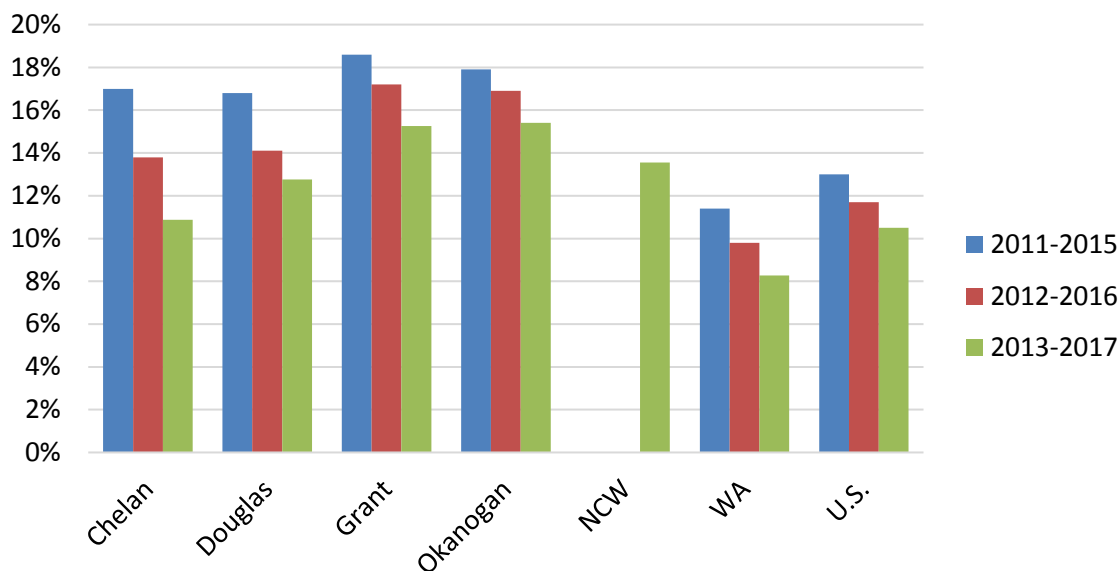


Source/Data Source: Healthier Washington, Washington State Medicaid Explorer, 2018

Uninsured Population

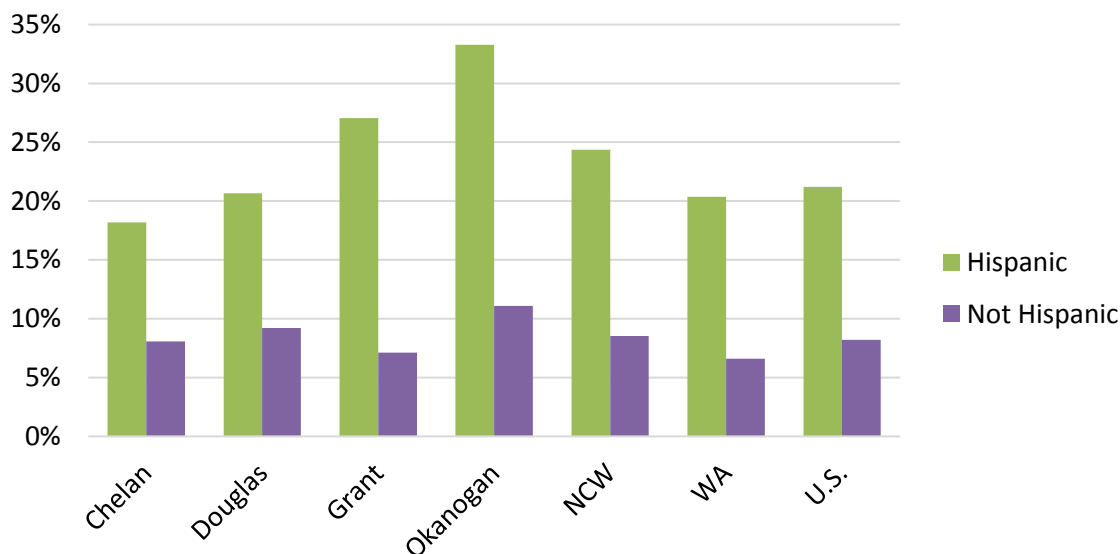
This indicator reports the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care and other health services. (See Table 2i)

Percent of Population Uninsured



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report (for 2013-2017 data)
Data Source: U.S. Census Bureau, American Community Survey, 2011-2015, 2012-2016, and 2013-2017

Percent of Population Uninsured, 2013-2017

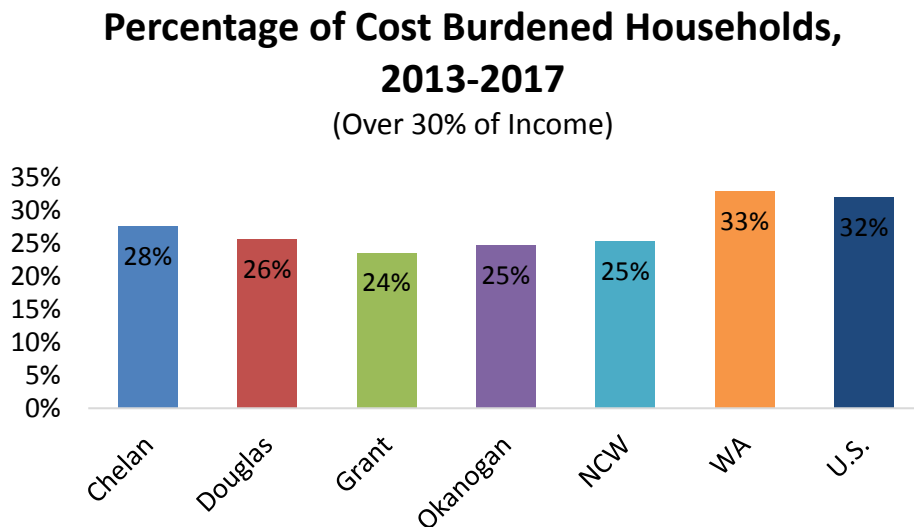


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Housing

Housing Cost Burden

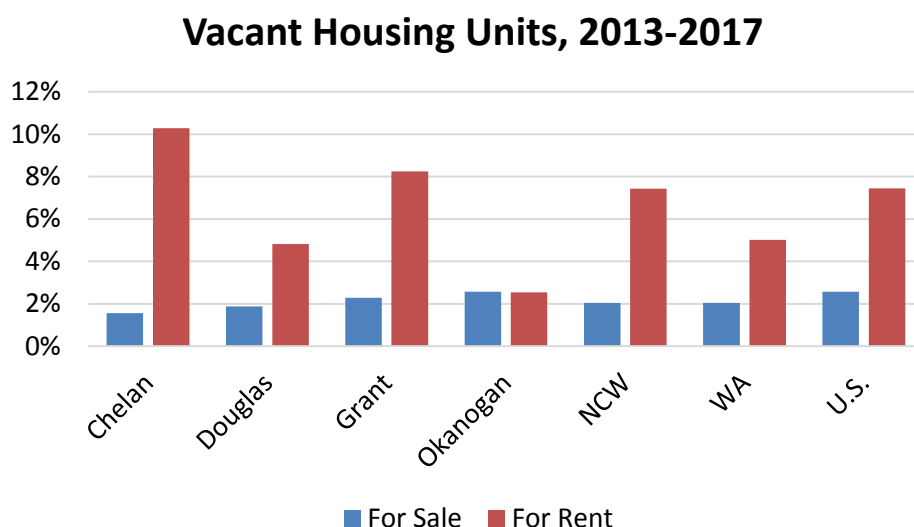
This indicator reports the percentage of households where housing costs exceed 30% of total household income. The information offers a measure of housing affordability and excessive shelter costs. (See Table 2j)



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

Vacancy Rates

This indicator reports the percent of vacant housing units for sale and for rent. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied and are classified as “vacant.” (See Table 2j)

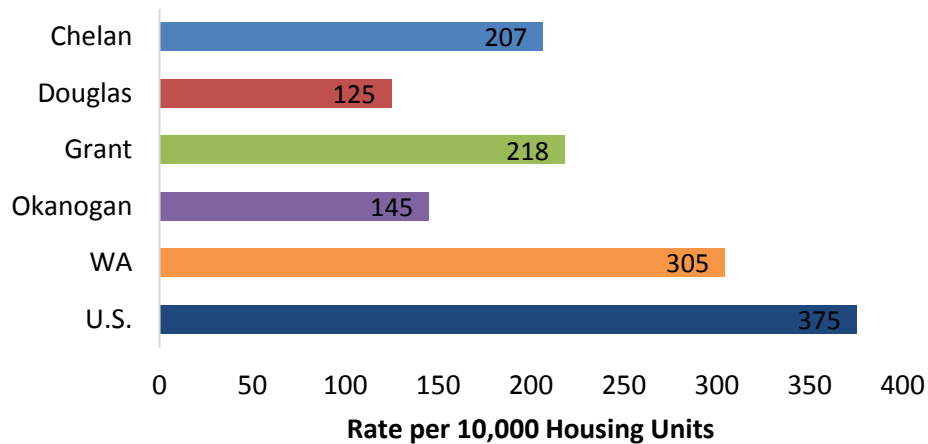


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Assisted Housing

This indicator reports the unit rate (per 10,000 total households) of HUD-funded assisted housing units available to eligible renters. (See Table 2j)

HUD-Assisted Units, 2016

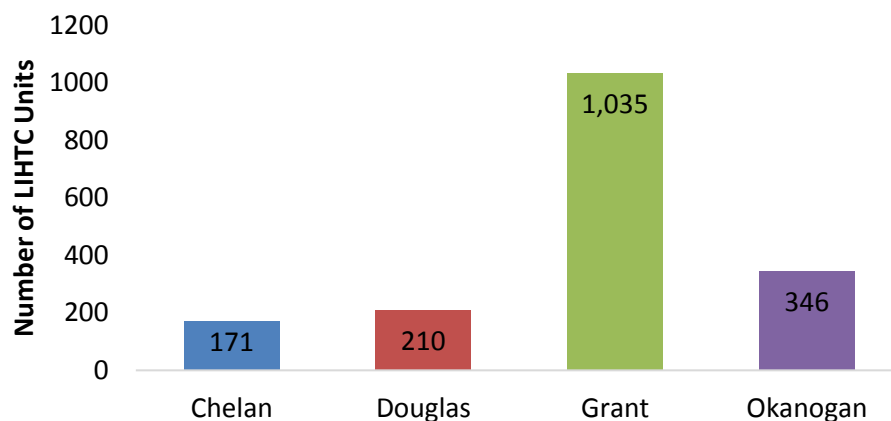


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Department of Housing and Urban Development, 2016

Low Income Housing Tax Credit Program

The Low Income Housing Tax Credit (LIHTC) program gives state and local LIHTC-allocating agencies the equivalent of nearly \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. This indicator reports the total number of housing units benefiting from Low Income Tax Credits. (See Table 2j)

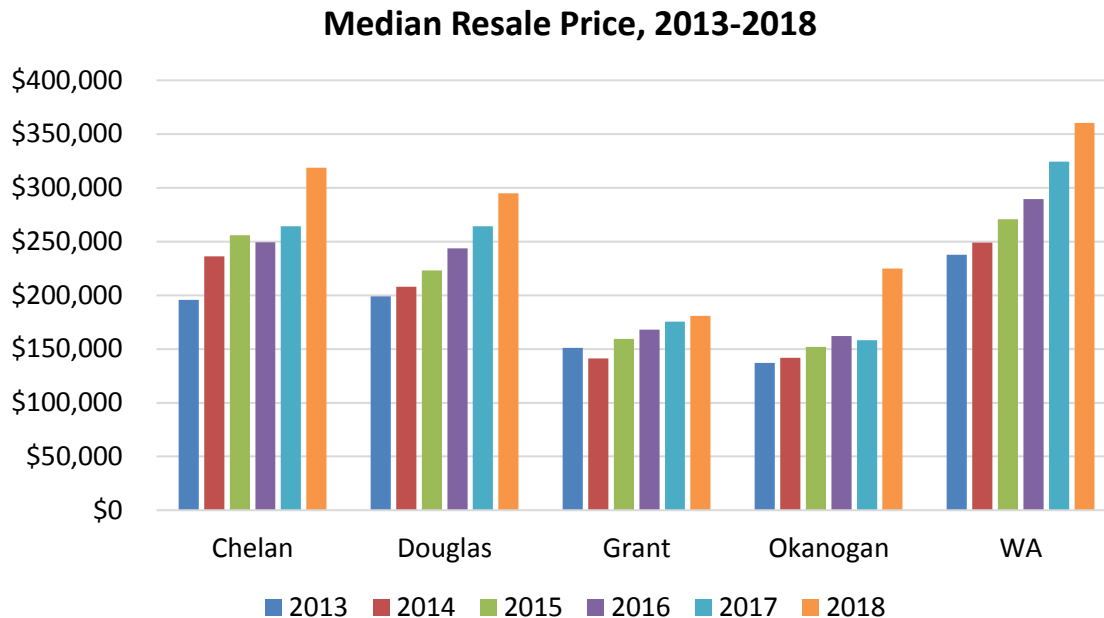
Low Income Housing Tax Credit Units, 2014



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Department of Housing and Urban Development, 2014

Median Home Resale Value

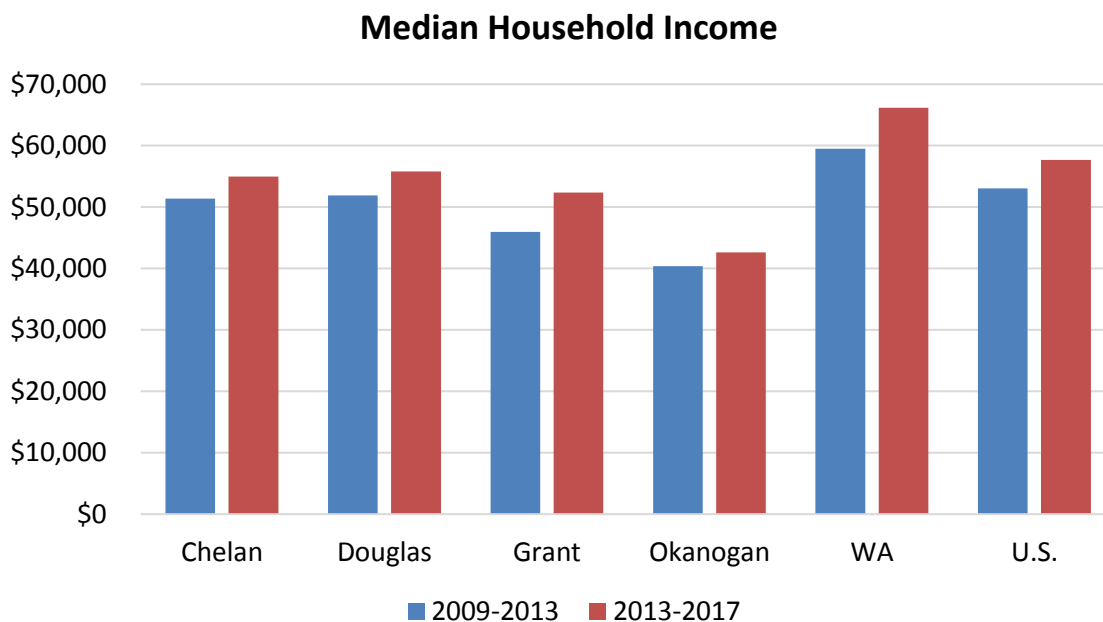
This indicator provides information on home resale prices. (See Table 2j)



Source/Data Source: University of Washington, Runstad Department of Real Estate, Washington State Housing Market, 2013-2018

Median Household Income

This indicator provides information around economic health and the financial resources of households. (See Table 2j)



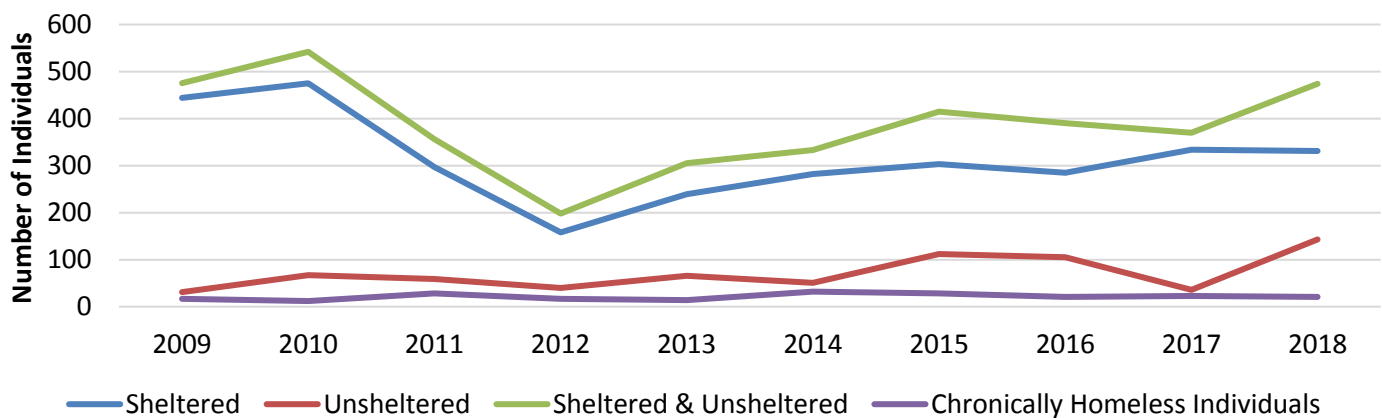
Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2013-2017

Homelessness

Adults

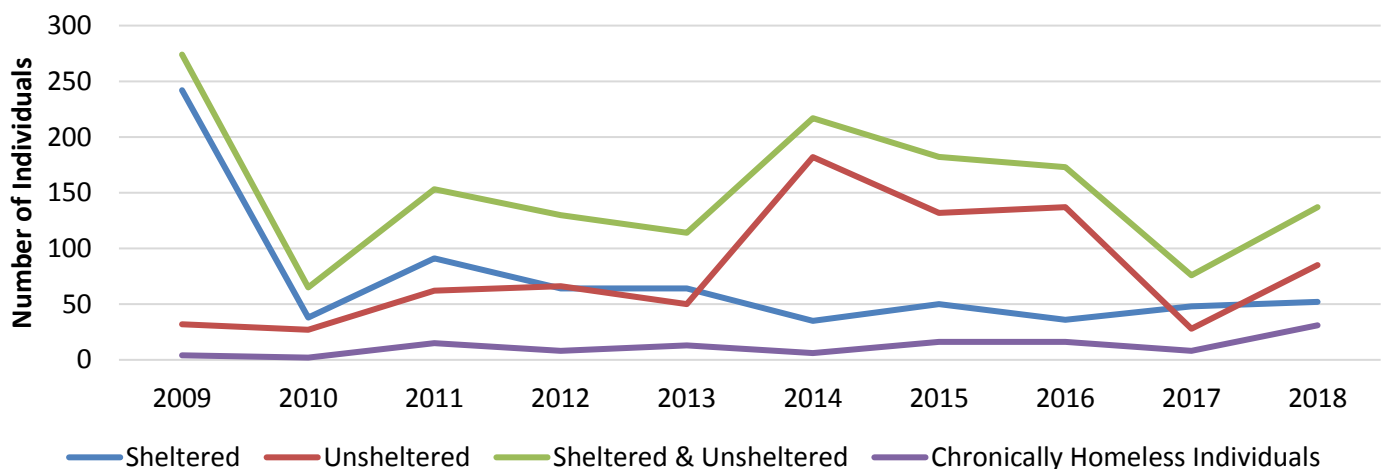
Point-in-Time Counts are unduplicated one-day estimates of both sheltered and unsheltered homeless individuals. Sheltered homeless persons are individuals living in emergency shelters, transitional housing projects or safe havens.² Unsheltered homeless persons are individuals who are living in a place not designed or meant for human habitation.² Chronic homelessness persons are individuals who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years and have a disabling condition.² This indicator is relevant as it provides the number of homeless individuals in NCW who may have unique health needs and barriers. (See Table 2k)

Chelan-Douglas Counties Homeless Point-in-Time Count, 2009-2018



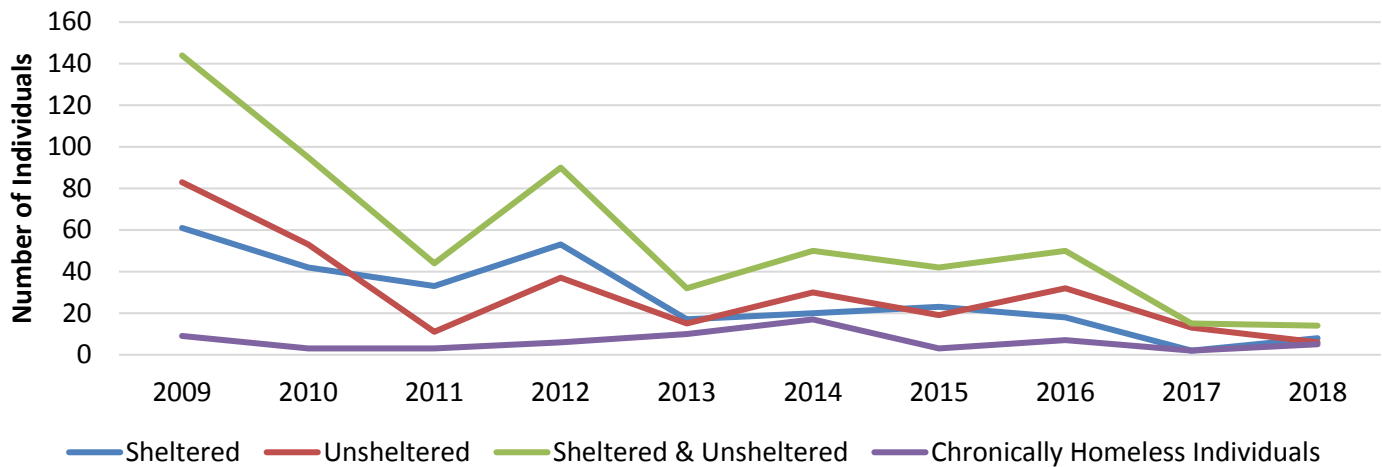
Source/Data Source: Washington State Department of Commerce Annual Point-in-Time Count, 2009-2018

Grant County Homeless Point-in-Time Count, 2009-2018



Source/Data Source: Washington State Department of Commerce Annual Point-in-Time Count, 2009-2018

Okanogan County Homeless Point-in-Time Count, 2009-2018

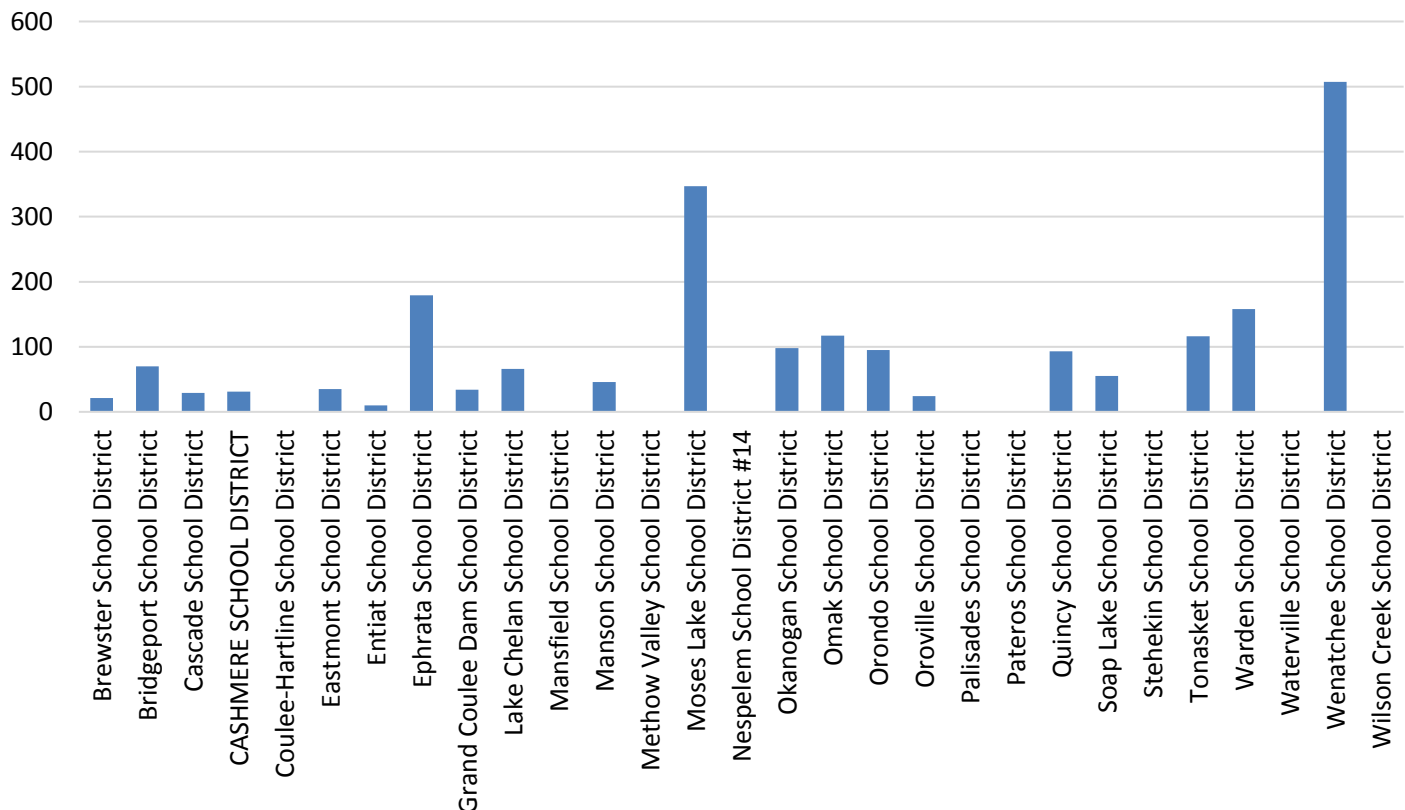


Source/Data Source: Washington State Department of Commerce Annual Point-in-Time Count, 2009-2018

Students

Homeless children are defined in Washington State as individuals (under 18 years of age) who lack a fixed regular and adequate nighttime residence.³ This indicator is relevant as it provides the number of homeless children by school-district in NCW who may have unique health needs and barriers. (See Table 2I)

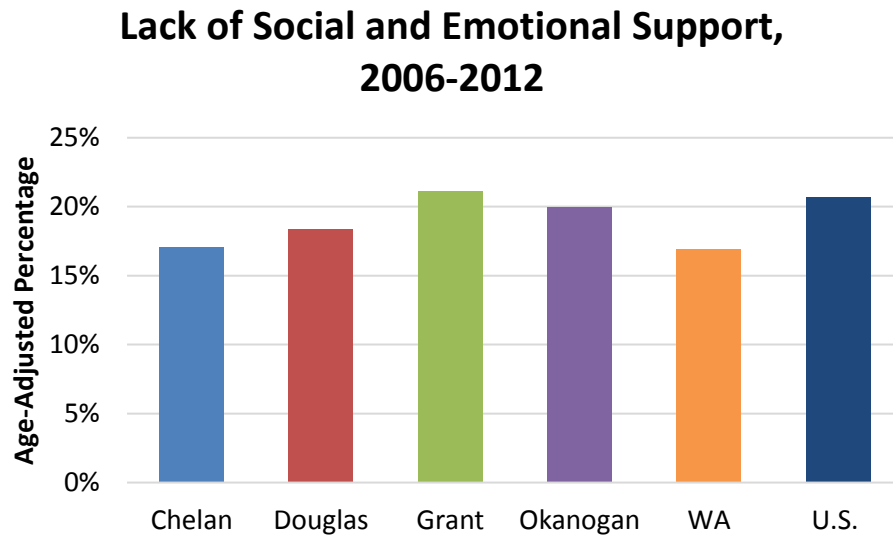
Homeless Student Count By District, 2017-2018



Source/Data Source: Office of Superintendent of Public Instruction, Homeless Education Student Data, 2017-2018

Lack of Social or Emotional Support

This indicator reports the percentage of adults age 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. (See Table 2m)



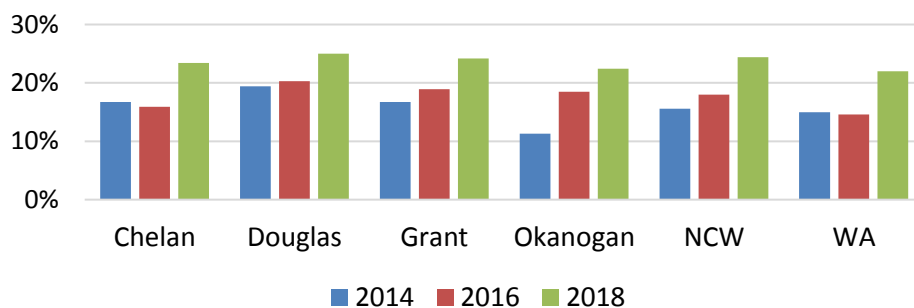
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2006-2012

Social and Emotional Health of Youth

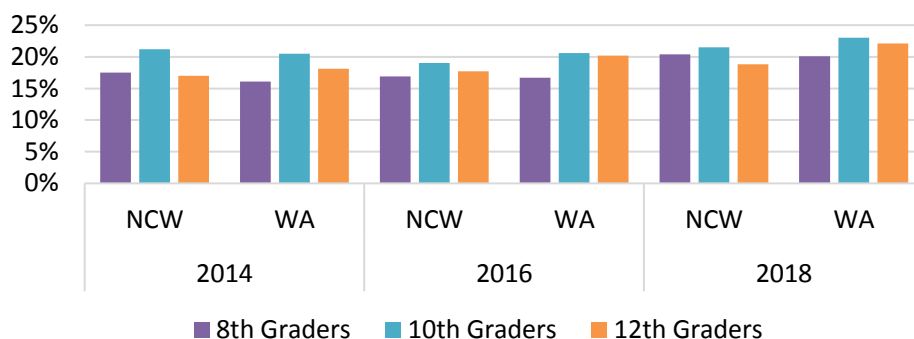
This indicator provides data around the social and emotional health of youth using three Healthy Youth Survey questions around suicide and bullying. This indicator is relevant because social and emotional health is important for navigating the challenges of daily life as well as for good mental health especially among youth. (See Table 2n)

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



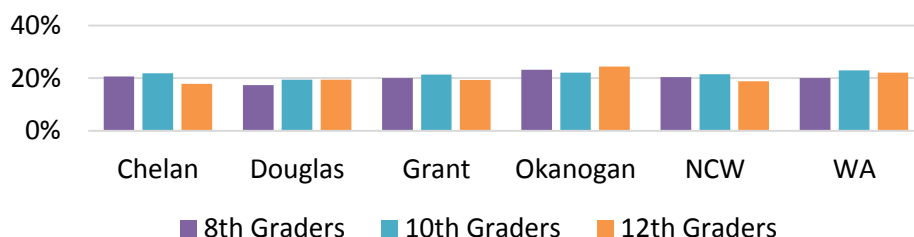
Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

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



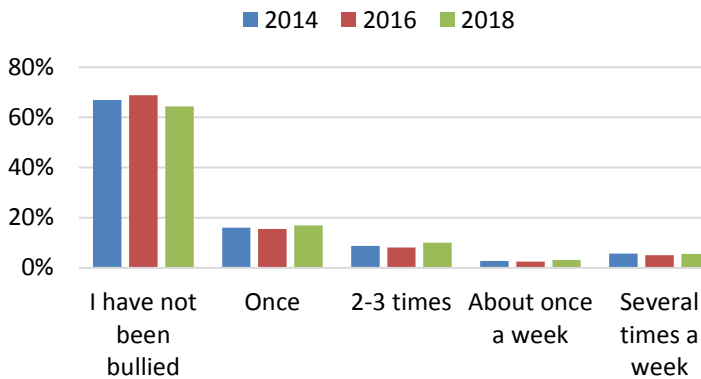
Source/Data Source: Washington State Healthy Youth Survey, 2018

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



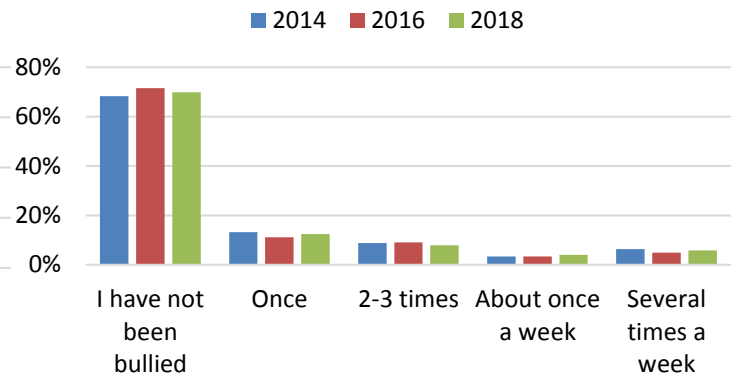
Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

Percent of NCW 6th Grade Students' Responses to the Question " In the last 30 days, how often have you been bullied?"



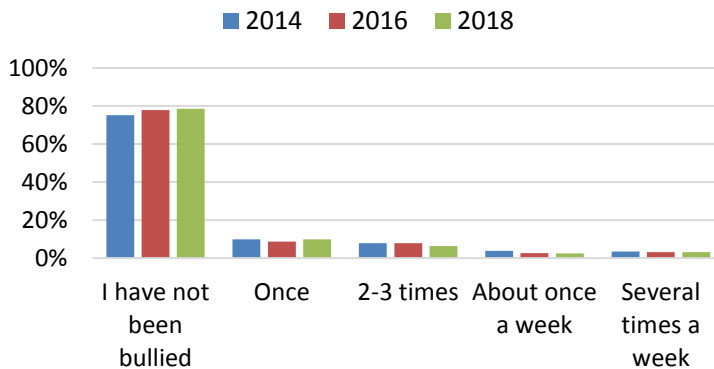
Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

Percent of NCW 8th Grade Students' Responses to the Question " In the last 30 days, how often have you been bullied?"



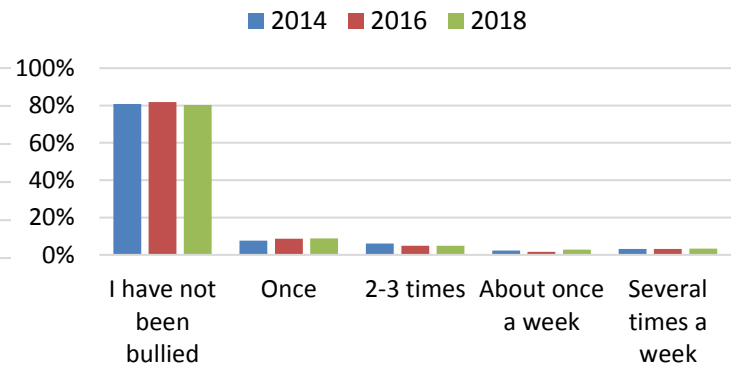
Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

Percent of NCW 10th Grade Students' Responses to the Question " In the last 30 days, how often have you been bullied?"



Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

Percent of NCW 12th Grade Students' Responses to the Question " In the last 30 days, how often have you been bullied?"



Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016, and 2018

Table 2. Social and Economic Factors

Table 2a. Economic Factors

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Population Below 50% FPL[£]							
2013-2017	6.20%	4.27%	5.53%	7.82%		5.61%	6.48%
Percent of Population in At or Below 100% FPL[£]							
2010-2014	14.8%	15.7%	19.4%	21.7%	17.8%	13.6%	
Percent of Population Below 100% FPL[¥]							
2009-2013	13.2%	15.8%	20.3%	20.7%		13.4%	15.4%
Female	14.8%	16.9%	21.6%	21.0%		14.3%	16.6%
Male	11.7%	14.8%	19.0%	20.4%		12.4%	14.1%
Percent of Population Below 100% FPL[£]							
2013-2017	12.8%	13.7%	15.9%	21.8%	15.6%	12.2%	14.6%
Hispanic	18.7%	22.1%	22.5%	38.9%	23.1%	21.5%	22.2%
Not Hispanic	10.1%	9.3%	11.1%	16.1%	12.1%	9.8%	10.3%
Female	14.2%	14.7%	16.9%	22.3%	16.6%	13.1%	15.8%
Male	11.4%	12.8%	14.9%	21.3%	14.6%	11.3%	13.3%
Percent of Population Below 125% FPL[§]							
2013-2017	16.1%	20.2%	22.2%	28.2%		16.0%	19.2%
Percent of Population Below 185% FPL[£]							
2013-2017	29.03%	34.04%	38.71%	43.65%		25.75%	30.11%
Percent of Population Below 200% FPL[£]							
2013-2017	33.6%	37.54%	42.77%	47.25%		28.2%	32.75%
Percent of Population Under Age 18 Below 100% FPL[¥]							
2009-2013	18.60%	24.70%	27.60%	28.50%		17.80%	21.60%
Percent of Population Under Age 18 Below 100% FPL[£]							
2013-2017	17.33%	19.15%	20.71%	29.89%	20.86%	15.79%	20.31%
Hispanic/Latino	22.49%	27.87%	27.37%	44.12%	27.97%	27.65%	29.74%
Not Hispanic/Latino	13.07%	11.39%	12.12%	22.04%	14.07%	12.67%	17.21%
Female	17.02%	19.87%	18.96%	28.77%	19.98%	15.73%	20.42%
Male	17.63%	18.45%	22.42%	30.95%	21.70%	15.83%	20.21%
Percent of Population Under Age 18 Below 200% FPL[£]							
2013-2017	44.49%	52.35%	55.45%	63.16%		36.57%	42.24%
Percent of Children Eligible for Free/Reduced Price Lunch[£]							
2012-2013	57.93%	63.05%	73.24%	50.96%	63.34%	45.19%	51.31%
2013-2014	59.34%	63.30%	73.47%	53.08%	64.34%	46.31%	51.99%
2014-2015	59.52%	61.71%	68.12%	51.45%	61.43%	45.95%	51.79%
2015-2016	59.94%	61.00%	66.81%	52.68%	61.17%	45.36%	52.30%
2016-2017	54.84%	60.45%	62.73%	53.09%	58.33%	43.69%	48.88%
Percent of Household with Public Assistance Income[¥]							
2013-2017	2.89%	6.79%	3.27%	4.26%		3.46%	2.56%
Average Public Assistance Received (USD)[¥]							
2013-2017	\$3,191.00	\$3,046.00	\$1,866.00	\$2,699.00		\$2,801.00	\$3,230.00
Percent of ALICE Household[§]							
2016	28%	29%	36%	25%		26%	
Percent of ALICE Household by Income, 2016[§]							
Poverty	12%	11%	16%	55%			
ALICE	28%	29%	36%	25%		26%	

Above ALICE Threshold	59%	60%	48%	21%			
Percent of ALICE Household Type by Income, 2016[£]							
Single or Cohabiting	31%	30%	42%	25%			
Families with Children	27%	32%	39%	20%			
65 and Over	26%	24%	25%	28%			
Percent of ALICE Families with Children, 2016[£]							
Married	19%	26%	28%	15%		16%	
Single Female-Headed	44%	41%	39%	29%		40%	
Single Male-Headed	47%	52%	47%	29%		39%	
Percent of ALICE Households by Age, 2016[£]							
Under 25	40%	50%	48%	42%		32%	
25 to 44	34%	33%	40%	21%		24%	
45 to 64	25%	28%	41%	23%		23%	
Over 65	26%	24%	25%	28%		31%	
Supplemental Nutrition Assistance Program (SNAP) Recipients[¥]							
2013-2017	9.80%	13.80%	18.90%	20.10%		13.30%	12.60%

FPL: Federal Poverty Level

USD: United States dollar

ALICE: Asset limited, income constrained, employed

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Sources: U.S. Census Bureau, American Community Survey, 2013-2017; National Center for Education Statistics, NCES - Common Core of Data, 2012-2017

€ Source: 2016 CHNA; Data Source: U.S. Census Bureau, 2010-2014

¥ Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2017

§ Source/Data Source: United for ALICE, Research Center, Washington, 2016

Table 2b. Colville Reservation and Off Reservation Trust Land Poverty Rates

Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level, 2013-2017	
All People	27.8%
All Families	23.6%
Under 18 Years	35.8%

Source: U.S. Census Bureau, My Tribal Area; Data Source: U.S. Census Bureau, American Community Survey, 2013-2017

Table 2c. Supplemental Nutrition Assistance Program (SNAP) Recipients

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Chelan	10.81%	13.39%	15.81%	18.16%	18.88%	18.02%	17.73%	16.32%	14.91%
Douglas	7.19%	8.74%	11.05%	13.76%	15.31%	15.25%	14.79%	14.12%	13.66%
Grant	14.66%	17.58%	21.43%	22.57%	23.58%	23.51%	23.12%	21.68%	20.75%
Okanogan	15.84%	18.81%	22.16%	23.93%	24.53%	23.94%	23.89%	21.59%	21.53%
NCW	12.49%	15.11%	18.20%	20.07%	21.02%	20.62%	20.30%	18.85%	17.97%
WA	8.63%	10.60%	13.69%	15.32%	16.10%	16.15%	15.81%	15.81%	14.37%
U.S.	9.14%	10.40%	12.62%	14.13%	14.81%	15.09%	14.77%	14.40%	13.87%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Census Bureau, Small Area Income & Poverty Estimates, 2007-2015

Table 2d. Unemployment Rates, 2007-2017

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Chelan	4.9%	5.6%	8.0%	8.9%	8.4%	8.0%	7.3%	6.2%	5.6%	5.7%	4.8%
Douglas	4.7%	5.3%	8.0%	9.7%	9.4%	9.1%	8.3%	7.1%	6.4%	6.9%	5.7%
Grant	5.8%	6.5%	9.9%	10.9%	10.1%	9.5%	8.7%	7.4%	7.3%	7.1%	6.3%
Okanogan	6.3%	6.5%	9.6%	10.7%	10.3%	9.5%	8.6%	7.1%	7.0%	6.6%	6.8%

NCW	5.4%	6.0%	8.9%	10.0%	9.5%	8.9%	8.1%	6.9%	6.6%	6.5%	5.8%
WA	4.6%	5.4%	9.4%	10.0%	9.3%	8.1%	7.0%	6.1%	5.6%	5.3%	4.7%
U.S.	4.7%	5.8%	9.3%	9.7%	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2007-2017

Table 2e. Unemployment Rates, July 2018 – May 2019

	Jul. 2018	Aug. 2018	Sep. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May 2019
Chelan	3.0%	3.6%	3.1%	3.7%	4.6%	5.8%	6.6%	6.6%	6.3%	5.2%	4.8%
Douglas	3.8%	4.7%	3.8%	4.2%	5.4%	6.7%	7.8%	7.9%	7.3%	6.0%	5.2%
Grant	5.2%	5.1%	4.2%	4.6%	5.8%	8.3%	9.7%	9.4%	9.2%	7.0%	6.2%
Okanogan	4.3%	5.1%	4.0%	4.7%	6.4%	8.2%	10.0%	9.4%	9.6%	7.8%	6.4%
NCW	4.0%	4.5%	3.7%	4.2%	5.4%	7.2%	8.4%	8.2%	8.0%	6.4%	5.6%
WA	4.3%	4.2%	4.0%	4.1%	4.4%	4.8%	5.3%	5.2%	5.2%	4.4%	4.2%
U.S.	4.1%	4.0%	3.6%	3.6%	3.5%	3.7%	4.4%	4.1%	4.0%	3.4%	3.4%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2018-2019

Table 2f. Food Access

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Neighborhoods with in Food Dessert Census Tracts[£]							
2015	42.90%	75.00%	62.50%	40.00%	54.20%	42.40%	
Food Insecurity Rate[£]							
2017	9.50%	9.20%	9.40%	14.10%		11.50%	12.50%
Child Food Insecurity Rate[£]							
2017	17.10%	18.20%	18.70%	23.10%		17.30%	17.00%
Percentage of Food Insecure Populations Ineligible for Assistance[£]							
2017	9.00%	0.00%	0.00%	5.00%		35.00%	33.00%
Percentage of Food Insecure Children Ineligible for Assistance[£]							
2017	35.00%	21.00%	24.00%	17.00%		43.00%	35.00%
Population with Low Food Access[£]							
2015	20.56%	42.62%	21.75%	17.66%			
Population with Low Income and Low Food Access[£]							
2015	6.04%	17.01%	9.56%	8.57%			
Fast Food Establishment Rate per 100,000 Population[£]							
2010	78.67	36.43	56.1	48.64	58.48	70.55	69.14
2011	78.67	41.63	57.23	51.07	60.14	70.55	70.04
2012	80.05	36.43	60.59	46.21	60.14	71.96	72.84
2013	89.71	33.83	62.84	43.77	63.04	72.06	73.68
2014	73.15	39.03	63.96	46.21	59.72	71.8	74.07
2015	69.01	36.43	58.35	48.64	56.4	71.74	75.59
2016	75.91	36.43	56.1	46.21	57.23	72.03	77.06
SNAP-Authorized Retailers Rate per 10,000 Population[£]							
2019	8.28	7.55	10.1	12.16	9.5	7.22	8
WIC-Authorized Food Stores Rate per 100,000 Population[£]							
2011	17.7	20.5	21.9	33.8		11.3	15.6

[£] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Sources: USDA, Economic Research Service, Food Environment Atlas, 2015; Feeding America, Food Insecurity in the United States, 2017; U.S. Census Bureau,

County Business Patterns, 2010-2016; USDA, Food and Nutrition Service, USDA-SNAP Retailer Locator, 2019; USDA, Economic Research Service, USDA – Food Environment Atlas, 2011

€ Source/Data Source: USDA, Economic Research Service, Food Environment Atlas, 2015

¹ American Nutrition Association, USDA Defines Food Deserts, 2010

Table 2g. Education

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
On-Time Graduation Rate[£]							
2011-2012	80.50%	69.50%	74.00%	81.70%	74.30%	78.70%	81.80%
2012-2013	80.60%	72.80%	72.00%	77.10%	74.20%	78.50%	83.20%
2013-2014	83.30%	75.40%	74.30%	79.90%	76.90%	80.20%	84.30%
2014-2015	82.60%	75.90%	77.90%	82.30%	78.40%	81.40%	84.30%
2015-2016	79.90%	77.70%	82.40%	87.10%	81.00%	82.90%	86.10%
2016-2017	87.20%	78.40%	81.70%	87.30%	82.00%	83.70%	86.80%
Percent Age 25+ With No High School Diploma[£]							
2009-2013	16.8%	19.7%	23.9%	18.3%		10.0%	13.9%
Percent Age 25+ With No High School Diploma[£]							
2013-2017	17.1%	18.3%	24.7%	17.7%	20.0%	9.2%	12.7%
Hispanic	54.0%	51.8%	57.5%	61.3%	56.0%	35.5%	33.3%
Not Hispanic	8.3%	8.8%	9.8%	11.3%	9.4%	6.6%	9.2%
Percentage of Student Reading Proficiency (4th Grade) - Percentage of Students Scoring 'Not Proficient' or Worse[£]							
2016-2017	51.43%	50.32%	63.91%	58.63%	57.74%	43.99%	46.40%
Limited English Proficiency (LEP) Percentages Extrapolated from Student Data[¥]							
2016	24.62%	25.33%	33.83%	14.19%		8.79%	
Limited English Proficiency (LEP) Percentages of Students, 2016[¥]							
Percent with LEP	35.85%	32.89%	37.85%	15.15%		16.89%	
Percent Spanish Speaking with LEP	38.11%	36.28%	43.14%	25.03%		11.54%	
Population Age 5+ Speaking English Less than Very Well[¥]							
2012-2016	10.00%	13.00%	17.90%	7.40%		7.60%	
Linguistically Isolated Population[£]							
2013-2017	4.00%	7.35%	10.75%	3.89%		3.97%	4.42%

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Sources: U.S. Department of Education, ED Facts, 2011-2017; U.S. Census Bureau, American Community Survey, 2013-2017

€ Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2013

¥ Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington State Office of Financial Management, 2016; U.S. Census Bureau, American Community Survey, 2012-2016

Table 2h. Transportation

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Households with No Motor Vehicle							
2013-2017	7.08%	3.73%	4.82%	4.82%	5.33%	6.93%	8.81%

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

Table 2i. Insurance

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Population Receiving Medicaid[£]							
2015	25,473	13,105	36,264	16,564	91,406	1,842,762	
2016	26,119	13,519	37,622	17,114	94,374	1,910,092	
2017	25,960	13,633	38,044	17,258	94,895	1,926,856	

2018	24,942	13,324	38,187	16,889	93,342	1,870,277	
Percent of Population Receiving Medicaid[£]							
2015	33.949%	32.776%	38.610%	39.569%	36.450%	26.100%	
2016	34.407%	33.197%	39.768%	41.012%	37.310%	26.590%	
2017	33.788%	32.910%	39.780%	40.983%	37.070%	26.360%	
2018	32.059%	31.637%	39.229%	39.749%	35.940%	25.180%	
Child 00-17	68.76%	69.35%	75.76%	83.15%	79.93%	50.46%	
Adult 18-24	56.70%	48.59%	52.79%	67.22%	54.97%	32.43%	
Adult 25-34	39.42%	33.03%	37.37%	58.59%	39.96%	29.14%	
Adult 35-44	25.64%	19.25%	23.96%	37.18%	25.60%	20.70%	
Adult 45-54	18.31%	15.75%	19.60%	27.46%	19.88%	16.13%	
Adult 55-64	17.67%	14.61%	19.02%	25.00%	19.06%	15.35%	
Adult 65+	0.30%	0.38%	0.59%	0.49%	0.44%	0.63%	
Percent of Population Uninsured[€]							
2011-2015	17.00%	16.80%	18.60%	17.90%		11.40%	13.00%
2012-2016	13.80%	14.10%	17.20%	16.90%		9.80%	11.70%
Percent of Population Uninsured[¥]							
2013-2017	10.87%	12.76%	15.26%	15.41%	13.56%	8.28%	10.50%
Hispanic	18.18%	20.67%	27.05%	33.27%	24.35%	20.35%	21.21%
Not Hispanic	8.08%	9.21%	7.11%	11.10%	8.54%	6.59%	8.20%

£ Source/Data Source: Healthier Washington, Washington State Medicaid Explorer, 2015-2018

€ Source/Data Source: U.S. Census Bureau, American Community Survey, 2011-2016

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

Table 2j. Housing

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Cost Burdened Households (Over 30% of Income)[£]							
2013-2017	27.57%	25.64%	23.58%	24.66%	25.34%	32.94%	32.04%
Vacant Housing Units for Sale[£]							
2013-2017	1.55%	1.88%	2.28%	2.57%	2.04%	2.04%	2.57%
Vacant Housing Units for Rent[£]							
2013-2017	10.28%	4.81%	8.25%	2.54%	7.43%	5.02%	7.45%
HUD-Assisted Units Rate per 10,000 Housing Units[£]							
2016	206.68	124.97	218.34	145.2		304.52	375.41
Count of Low Income Housing Tax Credit Units[£]							
2014	171	210	1,035	346			
Median Resale Price[€]							
2013							
First Quarter	\$195,600	\$199,100	\$151,200	\$137,100		\$237,600	
Second Quarter	\$231,500	\$199,600	\$159,300	\$158,300		\$251,100	
Third Quarter	\$225,800	\$215,000	\$153,000	\$172,700		\$263,400	
Fourth Quarter	\$231,400	\$211,200	\$161,600	\$155,000		\$256,300	
2014							
First Quarter	\$236,100	\$207,800	\$141,100	\$141,700		\$248,900	
Second Quarter	\$231,500	\$213,100	\$155,300	\$143,300		\$270,900	
Third Quarter	\$256,700	\$233,000	\$165,000	\$146,400		\$277,100	
Fourth Quarter	\$239,800	\$236,800	\$160,000	\$170,000		\$266,900	
2015							

First Quarter	\$255,800	\$223,200	\$159,500	\$152,000		\$270,600	
Second Quarter	\$277,300	\$248,500	\$165,000	\$149,000		\$289,300	
Third Quarter	\$280,900	\$245,000	\$179,300	\$190,000		\$292,400	
Fourth Quarter	\$256,100	\$233,100	\$151,500	\$180,000		\$292,900	
2016							
First Quarter	\$249,400	\$243,700	\$168,000	\$162,000		\$289,400	
Second Quarter	\$270,200	\$253,900	\$189,200	\$169,200		\$317,500	
Third Quarter	\$285,400	\$256,500	\$188,000	\$207,600		\$331,100	
Fourth Quarter	\$287,500	\$271,900	\$182,600	\$203,800		\$323,000	
2017							
First Quarter	\$264,100	\$264,100	\$175,600	\$158,300		\$324,300	
Second Quarter	\$294,400	\$281,600	\$185,200	\$178,700		\$337,700	
Third Quarter	\$337,300	\$290,900	\$194,400	\$218,500		\$363,200	
Fourth Quarter	\$316,400	\$285,900	\$201,400	\$204,300		\$352,200	
2018							
First Quarter	\$318,700	\$295,000	\$180,800	\$225,000		\$360,200	
Second Quarter	\$334,100	\$327,900	\$207,800	\$201,700		\$373,400	
Third Quarter	\$350,000	\$325,500	\$200,000	\$228,300		\$368,900	
Fourth Quarter	\$343,000	\$316,700	\$212,300	\$213,500		\$356,100	
Median Household Income[¥]							
2009-2013	\$51,354	\$51,908	\$45,949	\$40,368		\$59,478	\$53,046
2013-2017	\$54,975	\$55,805	\$52,382	\$42,598		\$66,174	\$57,652

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Sources: U.S. Census Bureau, American Community Survey, 2013-2017; U.S. Department of Housing and Urban Development, 2014 and 2016

€ Source/Data Source: University of Washington, Runstad Department of Real Estate, Washington State Housing Market, 2013-2018

¥ Source/Data Source: U.S. Census Bureau, American Community Survey, 2009-2017

Table 2k. Homelessness – Adult

Chelan-Douglas Counties				
	Sheltered	Unsheltered	Sheltered & Unsheltered	Chronically Homeless Individuals
2009	444	31	475	17
2010	475	67	542	12
2011	297	59	356	28
2012	158	40	198	17
2013	239	66	305	14
2014	282	51	333	32
2015	303	112	415	28
2016	285	105	390	21
2017	334	36	370	23
2018	331	143	474	21
Grant County				
	Sheltered	Unsheltered	Sheltered & Unsheltered	Chronically Homeless Individuals
2009	242	32	274	4
2010	38	27	65	2
2011	91	62	153	15
2012	64	66	130	8
2013	64	50	114	13

2014	35	182	217	6
2015	50	132	182	16
2016	36	137	173	16
2017	48	28	76	8
2018	52	85	137	31
Okanogan County				
	Sheltered	Unsheltered	Sheltered & Unsheltered	Chronically Homeless Individuals
2009	61	83	144	9
2010	42	53	95	3
2011	33	11	44	3
2012	53	37	90	6
2013	17	15	32	10
2014	20	30	50	17
2015	23	19	42	3
2016	18	32	50	7
2017	2	13	15	2
2018	8	6	14	5
Washington State				
	Sheltered	Unsheltered	Sheltered & Unsheltered	Chronically Homeless Individuals
2009	16,282	6,545	22,827	2,540
2010	16,230	6,389	22,619	2,096
2011	14,905	5,441	20,346	2,096
2012	14,852	5,484	20,336	2,040
2013	12,712	5,043	17,755	1,925
2014	12,550	6,289	18,839	2,451
2015	12,297	7,121	19,418	2,250
2016	12,370	8,474	20,844	2,397
2017	12,521	8,591	21,112	4,790
2018	11,683	10,621	22,304	5,669

Source/Data Source: Washington State Department of Commerce Annual Point-in-Time Count, 2009-2018

² City of Wenatchee, Chelan-Douglas 2015 Homeless Action Plan

Table 2I. Homelessness – Youth, 2017-2018

School District	Total
Brewster School District	21
Bridgeport School District	70
Cascade School District	29
Cashmere School District	31
Coulee-Hartline School District	0
Eastmont School District	35
Entiat School District	10
Ephrata School District	179
Grand Coulee Dam School District	34
Lake Chelan School District	66
Mansfield School District	0
Manson School District	46
Methow Valley School District	N<10

Moses Lake School District	347
Nespelem School District #14	N<10
Okanogan School District	98
Omak School District	117
Orondo School District	95
Oroville School District	24
Palisades School District	N<10
Pateros School District	N<10
Quincy School District	93
Soap Lake School District	55
Stehekin School District	0
Tonasket School District	116
Warden School District	158
Waterville School District	N<10
Wenatchee School District	507
Wilson Creek School District	N<10

Source/Data Source: Office of Superintendent of Public Instruction, Homeless Education Student Data, 2017-2018

³ Office of Superintendent of Public Instruction, Homeless Education

Table 2m. Social and Emotional Support

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Lack of Social or Emotional Support – Age-Adjusted Percentage							
2006-2012	17.1%	18.4%	21.1%	20.0%		16.9%	20.7%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2006-2012

Table 2n. Youth Social and Emotional Support

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA
Percent of Students Who Answered Yes to the Question "Have you ever seriously thought about killing yourself?"						
2014						
6th Graders	16.7% (+-2.9)	19.4% (+-3.6)	16.7% (+-2.4)	11.3% (+-4.0)	15.6% (+-1.5)	15.0% (+-1.1)
2016						
6th Graders	15.9% (+-2.9)	20.3% (+-3.9)	18.9% (+-2.3)	18.5% (+-4.2)	18.0% (+-1.5)	14.6% (+-1.3)
2018						
6th Graders	23.4% (+-2.9)	25.0% (+-4.2)	24.2% (+-2.5)	22.4% (+-4.7)	24.4% (+-1.6)	22.0% (+-1.5)
Percent of Students Who Answered Yes to the Question "During the past 12 months, did you ever seriously consider attempting suicide?"						
2014						
8th Graders	16.3% (+-3.8)	15.5% (+-3.3)	17.9% (+-2.4)	16.8% (+-4.4)	17.5% (+-1.5)	16.1% (+-1.5)
10th Graders	15.1% (+-3.7)	22.6% (+-4.3)	18.7% (+-2.7)	22.3% (+-4.8)	21.2% (+-1.7)	20.5% (+-1.4)
12th Graders	12.0% (+-3.7)	15.9% (+-4.9)	18.5% (+-3.1)	16.6% (+-4.7)	17.0% (+-1.8)	18.1% (+-1.3)
2016						
8th Graders	16.0% (+-2.6)	15.5% (+-3.3)	18.4% (+-2.2)	13.1% (+-4.0)	16.9% (+-1.4)	16.7% (+-1.0)
10th Graders	18.0% (+-2.8)	19.4% (+-3.6)	20.9% (+-2.5)	19.0% (+-4.4)	19.0% (+-1.5)	20.6% (+-1.3)
12th Graders	17.6% (+-3.5)	17.4% (+-4.4)	17.2% (+-2.8)	17.5% (+-5.3)	17.7% (+-1.8)	20.2% (+-1.5)
2018						
8th Graders	20.6% (+-2.9)	17.4% (+-3.5)	20.1% (+-2.4)	23.2% (+-4.5)	20.4% (+-1.5)	20.1% (+-1.1)
10th Graders	21.9% (+-3.0)	19.4% (+- 3.8)	21.4% (+-2.7)	22.1% (+-4.7)	21.5% (+-1.7)	23.0% (+-1.6)
12th Graders	17.8% (+-3.4)	19.4% (+-4.6)	19.3% (+-2.9)	24.4% (+-6.0)	18.8% (+-1.9)	22.1% (+-1.5)

Percent of Student Responses to the Question "When you feel sad or hopeless, are there adults that you can turn to for help?"						
2014						
6th Graders						
I never feel sad or hopeless	21.1% (+-3.2)	22.9% (+-3.9)	21.9% (+-2.6)	21.8% (+-5.3)	22.1% (+-1.7)	20.6% (+-1.2)
Yes	58.5% (+-3.8)	55.9% (+-4.6)	57.2% (+-3.1)	60.5% (+-6.3)	57.7% (+-2.0)	62.4% (+-1.7)
No	9.4% (+-2.3)	10.0% (+-2.8)	9.9% (+-1.9)	8.4% (+-3.6)	9.2% (+-1.2)	8.1% (+-0.9)
Not Sure	11.0% (+-2.4)	11.1% (+-2.9)	11.0% (+-2.0)	9.2% (+-3.7)	11.0% (+-1.3)	9.0% (+-0.9)
8th Graders						
I never feel sad or hopeless	19.8% (+-4.0)	29.2% (+-5.9)	25.0% (+-3.8)	25.2% (+-7.1)	24.4% (+-2.3)	25.9% (+-1.8)
Yes	53.2% (+-5.1)	45.9% (+-6.4)	45.9% (+-4.3)	51.7% (+-8.2)	48.6% (+-2.7)	49.4% (+-2.1)
No	12.2% (+-3.3)	10.7% (+-4.0)	14.6% (+-3.1)	12.9% (+-5.5)	13.1% (+-1.8)	12.6% (+-1.2)
Not Sure	14.8% (+-3.6)	14.2% (+-4.5)	14.6% (+-3.1)	10.2% (+-5.0)	13.9% (+-1.9)	12.2% (+-1.2)
10th Graders						
I never feel sad or hopeless	22.1% (+-4.3)	24.4% (+-6.3)	24.9% (+-4.1)	25.3% (+-6.9)	23.8% (+-2.4)	20.6% (+-1.2)
Yes	47.0% (+-5.1)	48.9% (+-7.4)	43.3% (+-4.7)	47.4% (+-8.0)	45.7% (+-2.8)	50.3% (+-2.0)
No	10.7% (+-3.2)	15.0% (+-5.3)	18.2% (+-3.6)	12.3% (+-5.3)	14.7% (+-2.0)	15.0% (+-1.5)
Not Sure	20.2% (+-4.1)	11.7% (+-4.7)	13.6% (+-3.2)	14.9% (+-5.7)	15.8% (+-2.1)	14.1% (+-1.2)
12th Graders						
I never feel sad or hopeless	14.4% (+-4.1)	19.3% (+-7.4)	17.3% (+-4.2)	22.4% (+-7.4)	18.1% (+-2.5)	19.1% (+-1.6)
Yes	58.4% (+-5.7)	47.4% (+-9.3)	54.8% (+-5.5)	52.0% (+-8.9)	53.4% (+-3.3)	56.6% (+-2.0)
No	15.1% (+-4.1)	8.8% (+-5.3)	12.7% (+-3.6)	14.4% (+-6.2)	13.8% (+-2.3)	12.6% (+-1.0)
Not Sure	12.0% (+-3.8)	24.6% (+-8.0)	15.2% (+-3.9)	11.2% (+-5.6)	14.7% (+-2.3)	11.7 (+-1.4)
2016						
6th Graders						
I never feel sad or hopeless	20.2% (+-2.9)	20.8% (+-4.0)	23.9% (+-2.5)	18.1% (+-4.2)	21.6% (+-1.6)	20.5% (+-0.9)
Yes	59.0% (+-3.6)	58.1% (+-4.9)	52.1% (+-2.9)	63.4% (+-5.2)	56.6% (+-1.9)	62.2% (+-1.8)
No	9.2% (+-2.1)	10.5% (+-3.0)	10.7% (+-1.8)	6.6% (+-2.7)	9.4% (+-1.1)	7.3% (+-0.7)
Not Sure	11.5% (+-2.3)	10.5% (+-3.0)	13.3% (+-2.0)	11.8% (+-3.5)	12.4% (+-1.3)	9.9% (+-0.9)
8th Graders						
I never feel sad or hopeless	27.7% (+-4.5)	28.0% (+-5.8)	26.2% (+-3.5)	27.5% (+-7.3)	27.2% (+-2.4)	27.1% (+-1.8)
Yes	44.9% (+-5.0)	43.5% (+-6.4)	44.8% (+-4.0)	44.3% (+-8.1)	44.6% (+-2.6)	47.2% (+-3.0)
No	14.8% (+-3.6)	12.5% (+-4.3)	13.4% (+-2.7)	14.1% (+-5.7)	13.8% (+-1.8)	11.8% (+-1.1)
Not Sure	12.7% (+-3.4)	15.9% (+-4.7)	15.6% (+-2.9)	14.1% (+-5.7)	14.5% (+-1.9)	13.9% (+-1.5)
10th Graders						
I never feel sad or hopeless	21.7% (+-4.9)	21.3% (+-5.2)	23.1% (+-3.6)	30.8% (+-7.3)	23.9% (+-2.3)	22.3% (+-1.3)
Yes	57.5% (+-4.9)	49.0% (+-6.4)	47.1% (+-4.3)	45.9% (+-7.8)	50.0% (+-2.7)	49.2% (+-2.1)
No	12.0% (+-3.2)	17.2% (+-4.8)	13.3% (+-2.9)	11.9% (+-5.1)	13.5% (+-1.8)	14.5% (+-1.1)
Not Sure	8.7% (+-2.8)	12.6% (+-4.2)	16.5% (+-3.2)	11.3% (+-5.0)	12.6% (+-1.8)	14.0% (+-1.4)
12th Graders						
I never feel sad or hopeless	17.6% (+-4.9)	23.6% (+-7.0)	21.3% (+-4.3)	26.2% (+-8.6)	22.0% (+-2.8)	20.3% (+-1.7)

Yes	58.4% (+6.3)	48.6% (+8.3)	47.5% (+5.2)	54.5% (+9.8)	51.1% (+3.3)	54.4% (+2.3)
No	10.9% (+4.0)	11.1% (+5.2)	16.6% (+3.9)	4.9% (+4.2)	12.3% (+2.2)	13.3% (+1.3)
Not Sure	13.0 (+4.3)	16.7% (+6.2)	14.6% (+3.7)	14.6% (+6.9)	14.6% (+2.4)	12.0% (+1.4)
2018						
6th Graders						
I never feel sad or hopeless	18.0% (+2.7)	21.2% (+3.9)	20.6% (+2.4)	22.8% (+4.8)	20.4% (+1.5)	20.2% (+1.0)
Yes	60.4% (+3.4)	58.9% (+4.7)	56.7% (+2.9)	55.6% (+5.6)	57.8% (+1.9)	60.1% (+1.6)
No	12.5% (+2.3)	9.4% (+2.8)	11.6% (+1.9)	9.6% (+3.3)	11.1% (+1.2)	9.1% (+0.7)
Not Sure	9.1% (+2.0)	10.6% (+3.0)	11.1% (+1.8)	11.9% (+3.7)	10.6% (+1.2)	10.6% (+0.9)
8th Graders						
I never feel sad or hopeless	22.7% (+4.3)	25.7% (+5.7)	27.1% (+3.7)	24.4% (+6.5)	24.9% (+2.3)	24.1% (+1.7)
Yes	47.8% (+5.2)	44.3% (+6.5)	42.6% (+4.1)	44.8% (+7.5)	44.9% (+2.7)	49.5% (+2.5)
No	12.4% (+3.4)	14.3% (+4.6)	15.1% (+2.9)	16.3% (+5.6)	14.5% (+1.9)	12.7% (+1.4)
Not Sure	17.1% (+3.9)	15.7% (+4.7)	15.2% (+3.0)	14.5% (+5.3)	15.6% (+1.9)	13.7% (+1.2)
10th Graders						
I never feel sad or hopeless	18.5% (+4.0)	17.7% (+5.7)	21.6% (+3.7)	19.9% (+6.2)	19.5% (+2.2)	18.2% (+1.4)
Yes	53.9% (+5.1)	49.3% (+6.5)	45.0% (+4.5)	51.6% (+7.8)	49.1% (+2.8)	49.0% (+2.4)
No	13.4% (+3.5)	13.4% (+4.7)	17.6% (+3.5)	16.1% (+5.7)	15.1% (+2.0)	16.3% (+1.5)
Not Sure	14.2% (+3.6)	19.6% (+5.4)	15.8% (+3.3)	12.4% (+5.1)	16.3% (+2.1)	16.5% (+1.2)
12th Graders						
I never feel sad or hopeless	16.5% (+4.5)	22.4% (+6.7)	17.1% (+4.0)	22.8% (+8.7)	18.3% (+2.6)	16.7% (+1.7)
Yes	59.0% (+6.0)	55.9% (+8.0)	49.3% (+5.3)	51.1% (+10.4)	54.1% (+3.3)	53.3% (+2.3)
No	11.9% (+4.0)	9.9% (+4.8)	16.2% (+3.9)	16.3% (+7.7)	13.7% (+2.3)	15.0% (+1.7)
Not Sure	12.6% (+4.1)	11.8% (+5.2)	17.4% (+4.0)	9.8% (+6.2)	13.9% (+2.3)	15.0% (+1.4)
Percent of Students Responses to the Question " In the last 30 days, how often have you been bullied? 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 her or she doesn't like. It is NOT bullying when two students of about the same strength argue or fight."						
2014						
6th Graders						
I have not been bullied	65.8% (+3.7)	66.7% (+4.3)	68.9% (+2.9)	65.4% (+6.1)	66.9% (+1.9)	69.1% (+1.9)
Once	17.5% (+2.9)	18.0% (+3.5)	14.4% (+2.2)	13.8% (+4.4)	16.0% (+1.5)	15.2% (+15.2)
2-3 times	8.7% (+2.2)	6.5% (+2.3)	8.6% (+1.8)	10.8% (+4.0)	8.7% (+1.1)	8.4% (+0.6)
About once a week	2.9% (+1.3)	3.5% (+1.7)	2.7% (+1.0)	2.1% (+1.8)	2.8% (+0.7)	2.8% (+0.4)
Several times a week	5.1% (+1.7)	5.4% (+2.1)	5.4% (+1.4)	7.9% (+3.4)	5.7% (+0.9)	4.4% (+0.5)
8th Graders						
I have not been bullied	69.8% (+3.3)	68.8% (+4.2)	68.1% (+2.9)	67.1% (+5.4)	68.3% (+1.8)	72.0% (+1.8)
Once	12.2% (+2.3)	12.0% (+3.0)	13.0% (+2.1)	14.2% (+4.0)	13.2% (+1.3)	12.7% (+0.9)
2-3 times	9.0% (+2.0)	7.5% (+2.4)	10.0% (+1.9)	9.0% (+3.3)	8.8% (+1.1)	7.6% (+0.6)
About once a week	3.5% (+1.3)	4.7% (+1.9)	3.2% (+1.1)	1.7% (+1.5)	3.4% (+0.7)	3.6% (+0.4)
Several times a week	5.5% (+1.6)	6.9% (+2.3)	5.7% (+1.4)	8.0% (+3.1)	6.3% (+0.9)	4.1% (+0.6)
10th Graders						
I have not been bullied	74.5% (+3.2)	74.9% (+4.4)	78.0% (+2.8)	75.4% (+4.8)	75.2% (+1.8)	77.4% (+1.3)
Once	11.7% (+2.3)	11.1% (+3.2)	7.4% (+1.8)	9.7% (+3.3)	9.8% (+1.2)	10.6% (+0.8)

2-3 times	7.5% (+-1.9)	7.3% (+-2.7)	7.5% (+-1.8)	7.1% (+-2.9)	7.8% (+-1.1)	6.4% (+-0.6)
About once a week	3.5% (+-1.3)	4.3% (+-2.1)	3.6% (+-1.3)	3.6% (+-2.1)	3.8% (+-0.8)	2.5% (+-0.4)
Several times a week	2.9% (+-1.2)	2.4% (+-1.6)	3.6% (+-1.3)	4.2% (+-2.3)	3.4% (+-0.7)	3.2% (+-0.4)
12th Graders						
I have not been bullied	80.3% (+-3.2)	79.5% (+-5.4)	80.2% (+-3.1)	84.0% (+-4.6)	80.8% (+-1.8)	83.6% (+-1.3)
Once	8.2% (+-2.2)	9.1% (+-3.8)	6.6% (+-1.9)	6.2% (+-3.0)	7.6% (+-1.2)	7.6% (+-0.6)
2-3 times	6.6% (+-2.0)	7.3% (+-3.5)	7.4% (+-2.0)	2.9% (+-2.1)	6.1% (+-1.1)	5.0% (+-0.7)
About once a week	2.0% (+-1.1)	1.4% (+-1.6)	2.2% (+-1.1)	2.9% (+-2.1)	2.3% (+-0.7)	1.8% (+-0.3)
Several times a week	2.9% (+-1.4)	2.7% (+-2.2)	3.6% (+-1.5)	4.1% (+-2.5)	3.2% (+-0.8)	2.1% (+-0.3)
2016						
6th Graders						
I have not been bullied	71.8% (+-3.2)	67.7% (4.6)	70.1% (+-2.7)	62.4% (+-5.2)	68.8% (+-1.8)	72.7% (+-1.9)
Once	15.4% (+-2.6)	16.4% (+-3.6)	14.1% (+-2.0)	17.4% (+-4.0)	15.5% (+-1.4)	14.6% (+-1.0)
2-3 times	6.8% (+-1.8)	8.3% (+-2.7)	8.0% (+-1.6)	8.2% (+-2.9)	8.1% (+-1.0)	6.9% (+-0.7)
About once a week	1.7% (+-0.9)	2.7% (+-1.6)	2.3% (+-0.9)	4.4% (+-2.2)	2.5% (+-0.6)	2.3% (+-0.4)
Several times a week	4.3% (+-1.5)	4.9% (+-2.1)	5.5% (+-1.3)	7.6% (+-2.8)	5.0% (+-0.8)	3.5% (+-0.6)
8th Graders						
I have not been bullied	72.9% (+-3.1)	72.2% (+-4.0)	72.5% (+-2.5)	69.5% (+-5.3)	71.6% (+-1.7)	72.6% (+-1.6)
Once	11.5% (+-2.2)	10.5% (+-2.8)	11.2% (+-1.8)	11.4% (+-3.6)	11.1% (+-1.2)	11.9% (+-0.9)
2-3 times	7.9% (+-1.9)	9.5% (+-2.6)	8.7% (+-1.6)	7.4% (+-3.0)	9.0% (+-1.1)	8.1% (+-0.7)
About once a week	3.2% (+-1.2)	2.3% (+-1.4)	3.2% (+-1.0)	5.7% (+-2.6)	3.4% (+-0.7)	3.4% (+-0.5)
Several times a week	4.5% (+-1.5)	5.5% (+-2.1)	4.4% (+-1.2)	6.0% (+-2.7)	4.9% (+-0.8)	4.0% (+-0.6)
10th Graders						
I have not been bullied	81.0% (+-2.8)	78.5% (+-3.7)	75.8% (+-2.6)	73.8% (+-5.0)	77.9% (+-1.6)	79.3% (+-1.3)
Once	6.6% (+-1.8)	9.3% (+-2.6)	9.6% (+-1.8)	9.2% (+-3.3)	8.6% (+-1.1)	8.9% (+-0.6)
2-3 times	6.7% (+-1.8)	6.8% (+-2.3)	8.5% (+-1.7)	10.2% (+-3.4)	7.8% (+-1.0)	6.5% (+-0.6)
About once a week	3.2% (+-1.2)	2.5% (+-1.4)	2.6% (+-1.0)	3.6% (+-2.1)	2.7% (+-0.6)	2.6% (+-0.4)
Several times a week	2.5% (+-1.1)	3.0% (+-1.5)	3.6% (+-1.1)	3.3% (+-2.0)	3.1% (+-0.7)	2.6% (+-0.4)
12th Graders						
I have not been bullied	82.9% (+- 3.4)	84.7% (+-4.2)	80.9% (+-2.9)	80.2% (+-5.5)	81.8% (+-1.8)	83.1% (+-1.2)
Once	8.7% (+-2.6)	7.5% (+-3.1)	9.0% (+-2.1)	9.4% (+-4.1)	8.6% (+-1.3)	7.8% (+-0.6)
2-3 times	5.3% (+-2.0)	3.2% (+-2.1)	4.8% (+-1.6)	5.9% (+-3.3)	4.9% (+-1.0)	5.1% (+-0.5)
About once a week	0.4% (+-0.6)	0.0% (+-0.0)	2.6% (+-1.2)	2.5% (+-2.2)	1.6% (+-0.6)	1.7% (+-0.3)
Several times a week	2.6% (+-1.4)	4.6% (+-2.5)	2.7% (+-1.2)	2.0% (+-1.9)	3.1% (+-0.8)	2.3% (+-0.4)
2018						
6th Graders						
I have not been bullied	66.7% (+-3.3)	65.1% (+-4.5)	63.3% (+-2.8)	63.5% (+-5.3)	64.4% (+-1.8)	68.8% (+-1.8)
Once	16.4% (+-2.6)	19.9% (+-3.8)	17.3% (+-2.2)	16.8% (+-4.2)	16.9% (+-1.4)	15.4% (+-0.9)
2-3 times	9.4% (+-2.0)	8.9% (+-2.7)	10.5% (+-1.8)	9.8% (+-3.3)	10.0% (+-1.1)	7.8% (+-0.7)
About once a week	3.0% (+-1.2)	1.2% (+-1.0)	3.5% (+-1.1)	3.2% (+-1.9)	3.1% (+-0.70)	2.8% (+-0.4)
Several times a week	4.6% (+-1.5)	4.9% (+-2.1)	5.4% (+-1.3)	6.7% (+-2.8)	5.6% (+-0.9)	5.2% (+-0.7)
8th Graders						
I have not been bullied	71.9% (+-3.3)	66.9% (+-4.3)	72.1% (+-2.6)	66.5% (+-5.0)	69.9% (+-1.7)	72.6% (+-1.8)
Once	10.9% (+-2.3)	14.8 (+-3.3)	11.7% (+-1.9)	13.6% (+-3.6)	12.4% (+-1.2)	12.2% (+-0.7)
2-3 times	8.0% (+-2.0)	9.2% (+-2.6)	7.5% (+-1.5)	7.7% (+-2.8)	7.9% (+-1.0)	7.3% (+-0.8)
About once a week	4.2% (+-1.5)	3.7% (+-1.7)	3.8% (+-1.1)	4.3% (+-2.1)	4.0% (+-0.7)	3.6% (+-0.5)
Several times a week	5.0% (+-1.6)	5.4% (+-2.1)	4.9% (+-1.3)	8.0% (+-2.8)	5.8% (+-0.9)	4.4% (+-0.6)
10th Graders						

I have not been bullied	78.2% (+3.0)	83.3% (+3.6)	78.3% (+2.7)	74.0% (+4.9)	78.5% (+1.7)	80.7% (+1.4)
Once	9.7% (+2.2)	8.8% (+2.7)	10.4% (+2.0)	11.6% (+3.6)	9.8% (+1.2)	8.5% (+0.8)
2-3 times	6.7% (+1.8)	3.8% (+1.8)	5.3% (+1.5)	9.6% (+3.3)	6.3% (+1.0)	5.7% (+0.7)
About once a week	2.9% (+1.2)	1.7% (+1.2)	2.3% (+1.0)	2.3% (+1.7)	2.4% (+0.6)	2.3% (+0.4)
Several times a week	2.5% (+1.1)	2.4% (+1.5)	3.7% (+1.2)	2.6% (+1.8)	3.1% (+0.7)	2.8% (+0.4)
12th Graders						
I have not been bullied	79.1% (+3.6)	81.6% (+4.5)	79.7% (+3.0)	79.8% (+5.6)	80.2% (+1.9)	83.1% (+1.4)
Once	7.9% (+2.4)	9.0% (+3.3)	10.0% (+2.2)	9.1% (+4.0)	8.8% (+1.3)	7.7% (+0.8)
2-3 times	6.1% (+2.1)	3.5% (+2.1)	4.4% (+1.5)	5.1% (+3.1)	4.9% (+1.0)	5.1% (+0.8)
About once a week	3.6% (+1.7)	3.1% (+2.0)	2.4% (+1.1)	1.5% (+1.7)	2.9% (+0.8)	1.9% (+0.3)
Several times a week	3.2% (+1.6)	2.8% (+1.9)	3.4% (+1.3)	4.5% (+2.9)	3.3% (+0.8)	2.2% (+0.4)

Source/Data Source: Washington State Healthy Youth Survey, 2014, 2016 and 2018

Physical Environment

Air Quality

Ozone

This indicator reports the number of days with maximum 8-hour average ozone concentration over the National Ambient Air Quality Standard. The daily ozone National Ambient Air Quality Standard is 0.070 parts per million (ppm). The Environmental Protection Agency (EPA) established this new 8-hour standard for ozone of 0.070 ppm in 2015. The previous 8-hour standard was set at 0.075 ppm. This indicator is relevant because poor air quality contributes to respiratory issues and poor overall health. (See Table 3)

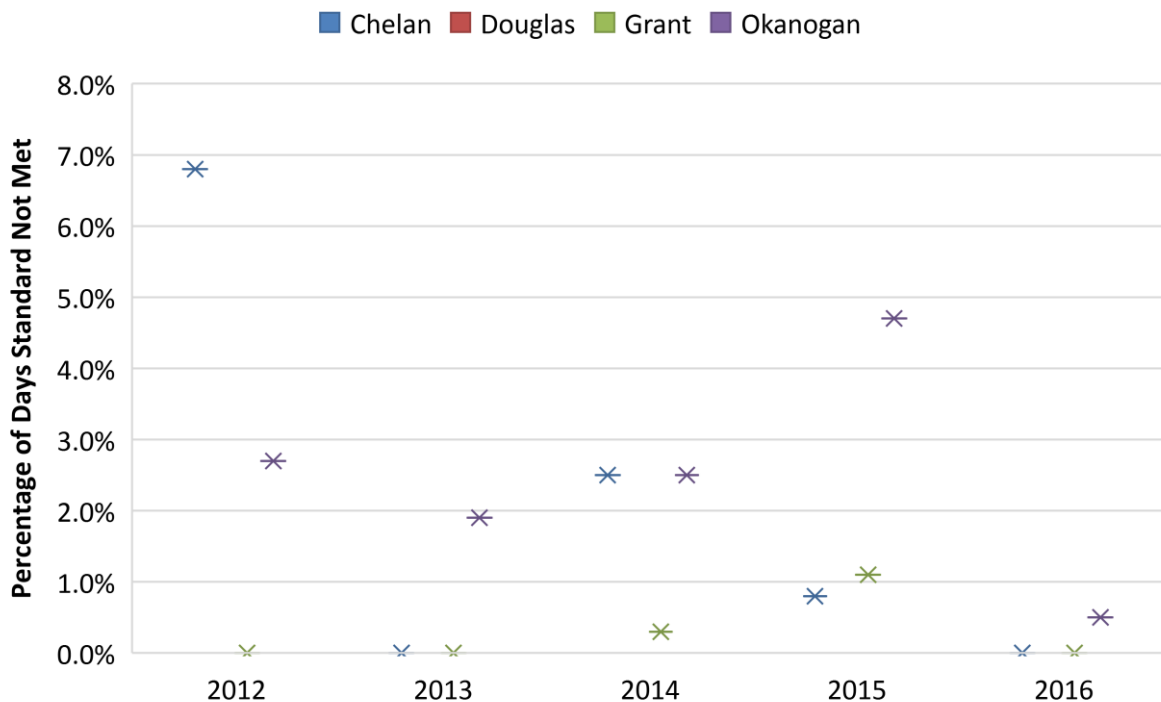
Days Above Regulatory Ozone Standard, 2014			
Chelan	Douglas	Grant	Okanogan
0	0	0	0

Source/Data Source: CDC, Environmental Public Health Tracking Network, 2014

Particulate Matter 2.5

This indicator reports the percentage of days that particulate matter 2.5 (PM_{2.5}) did not meet the standard. The EPA has set the 24-hour PM_{2.5} standard to 35 µg/m³. This indicator is relevant as studies have linked short-term and long-term exposure to PM_{2.5} with health effects. (See Table 3)

Particulate Matter 2.5



Source: Washington State Department of Health, Washington Tracking Network, 2012-2016

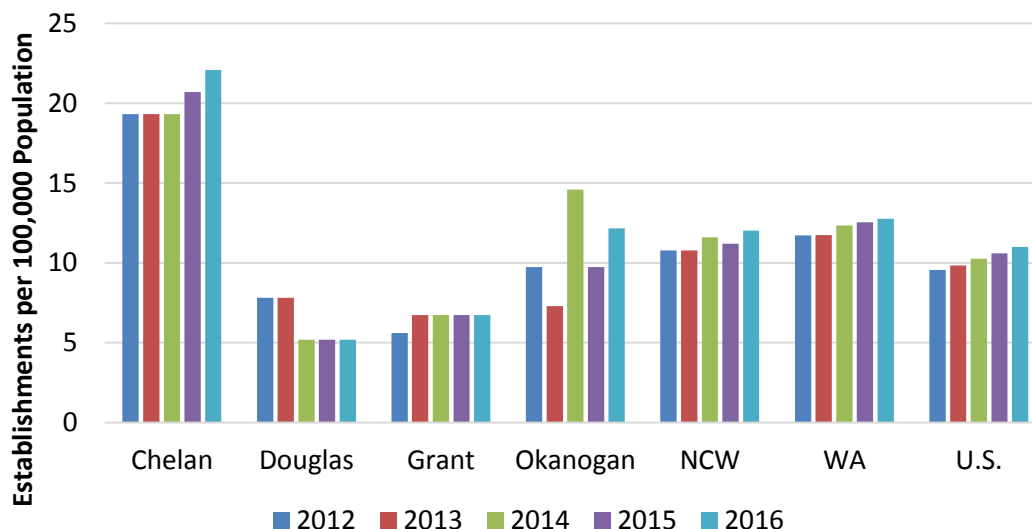
Data Source: EPA, Air Quality System

Recreation and Fitness Access

Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. (See Table 3)

Recreation and Fitness Facilities



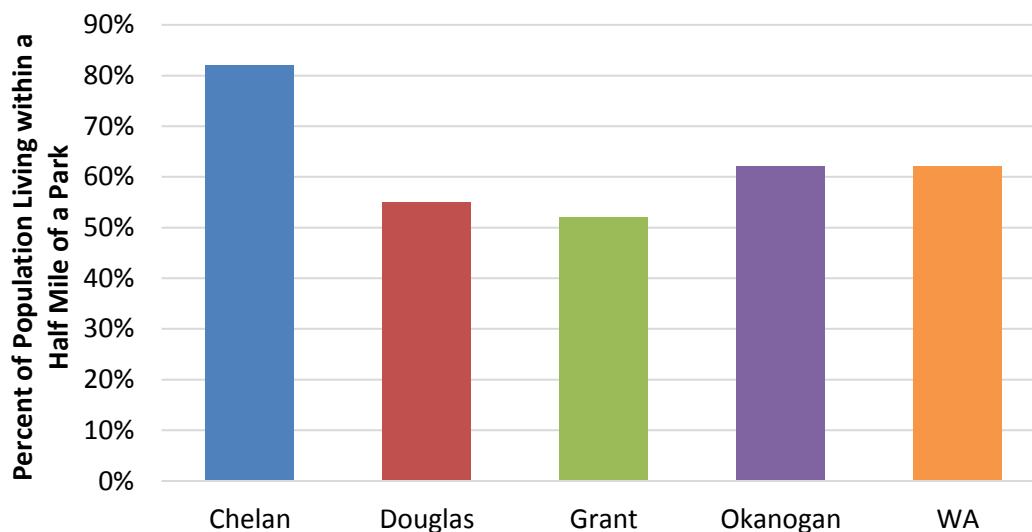
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Census Bureau, County Business Patterns, 2012-2016

Park Access

This indicator reports the percentage of the population who lives within a half mile of a park. This indicator is relevant as tracking the percentage of populations living within a half mile of a park addresses the issue of park distribution and indicates whether there are policies in place that promote parks close to populations. (See Table 3)

Park Access, 2015



Source/Data Source: CDC, Environmental Public Health Tracking Network, 2015

Table 3. Physical Environment

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Ozone - Number of Days Exceeding Emission Standards[£]							
2014	0	0	0	0			
Particulate Matter 2.5 - Percentage of Days Standard Not Met[€]							
2012	6.8%		0.0%	2.7%			
2013	0.0%		0.0%	1.9%			
2014	2.5%		0.3%	2.5%			
2015	0.8%		1.1%	4.7%			
2016	0.0%		0.0%	0.5%			
Recreation and Fitness Facilities Establishments per 100,000 Population[¥]							
2010	22.08	5.2	6.73	9.73	11.61	11.48	9.68
2011	19.32	5.2	4.49	9.73	9.95	11.58	9.56
2012	19.32	7.81	5.61	9.73	10.78	11.72	9.56
2013	19.32	7.81	6.73	7.3	10.78	11.75	9.84
2014	19.32	5.2	6.73	14.59	11.61	12.34	10.27
2015	20.7	5.2	6.73	9.73	11.2	12.55	10.6
2016	22.08	5.2	6.73	12.16	12.03	12.77	11.01
Percent of Population Living Within a Half Mile of a Park[£]							
2015	82%	55%	52%	62%		62%	

[£] Source/Data Source: CDC, Environmental Public Health Tracking Network, 2014 and 2015

[€] Source: Washington State Department of Health, Washington Tracking Network, 2012-2016; Data Source: EPA's Air Quality System

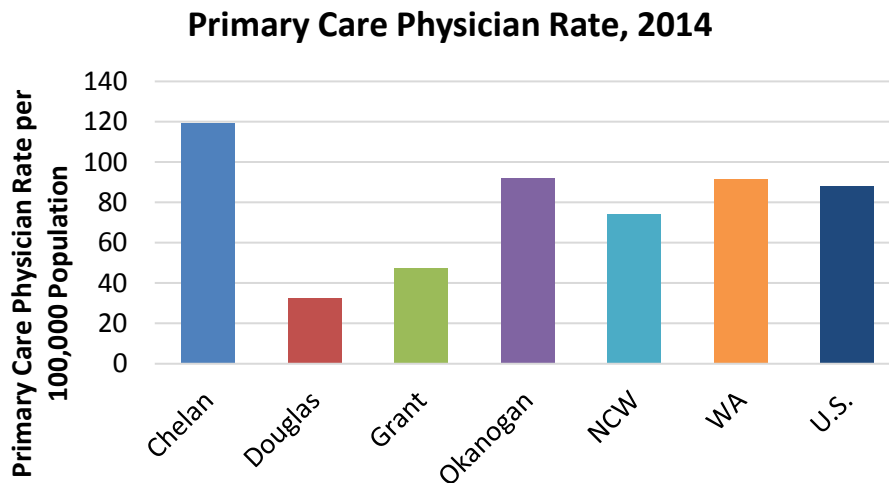
[¥] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Census Bureau, County Business Patterns, 2010-2016

Clinical Care

Access to Care

Access to Primary Care

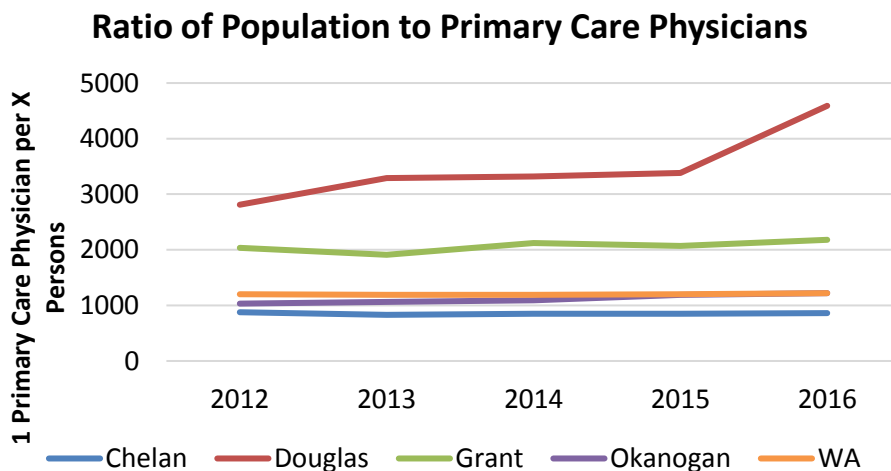
The graph below reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physician” by the American Medical Association (AMA) include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. Access to primary care physicians is relevant because a shortage of health professionals contributes to access and health status issues. (See Table 4a)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

The graph below reports the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Primary care physicians include practicing non-federal physicians (MDs and DOs) under age 75 specializing in general practice medicine, family medicine, internal medicine and pediatrics. (See Table 4a)



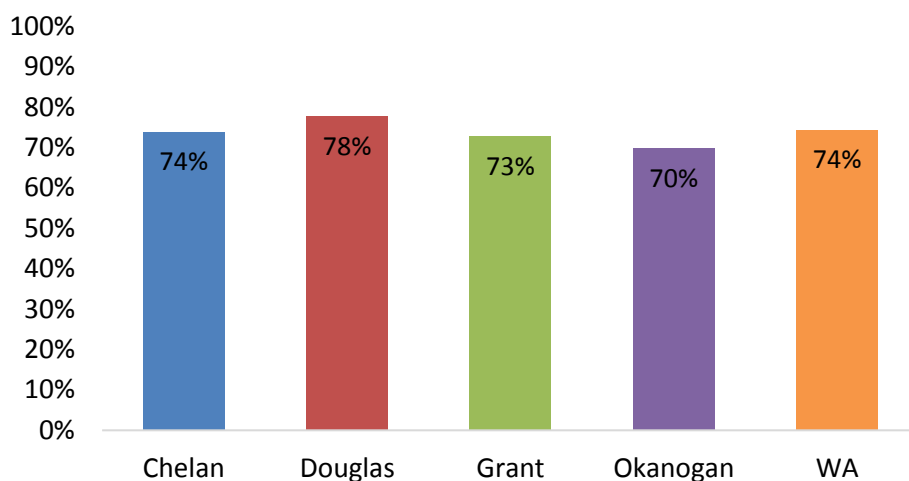
Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2015-2019

Data Source: Area Health Resource File, 2012-2016

Consistent Source for Primary Care

This indicator reports the percentage of adults who self-report having a personal health care provider. This indicator is relevant as having a personal doctor or health care provider establishes the link to primary health care services that support prevention, early detection and treatment of disease. (See Table 4a)

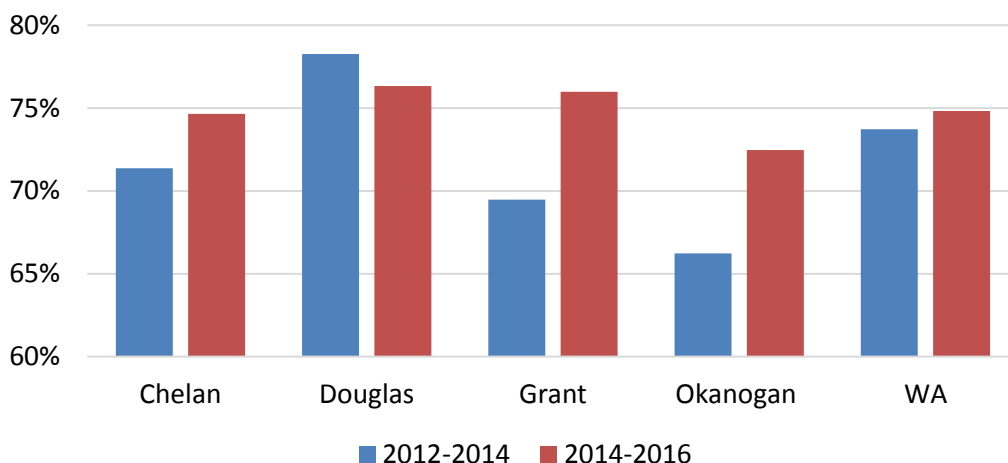
Percent of Adults Who Reported Having a Personal Health Care Provider, 2012-2016



Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

Percent of Adults Who Reported Having a Personal Health Care Provider

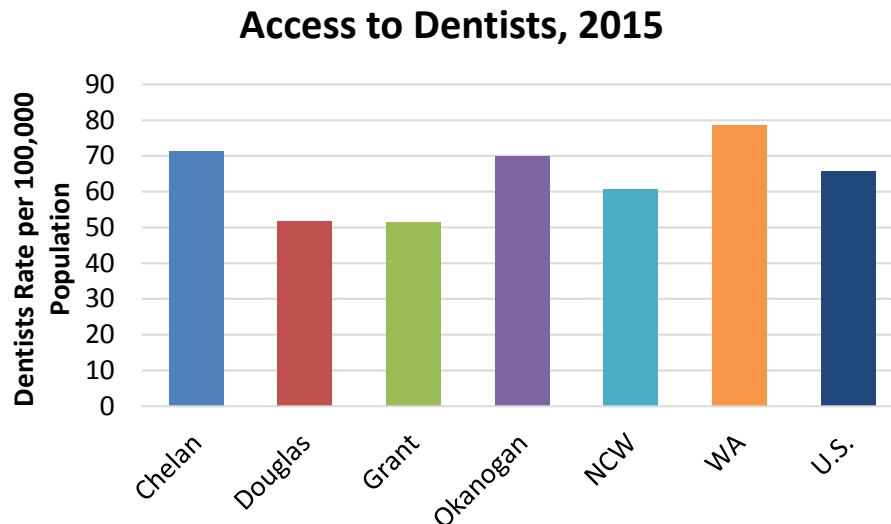


Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2012-2014 and 2014-2016

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. (See Table 4a)

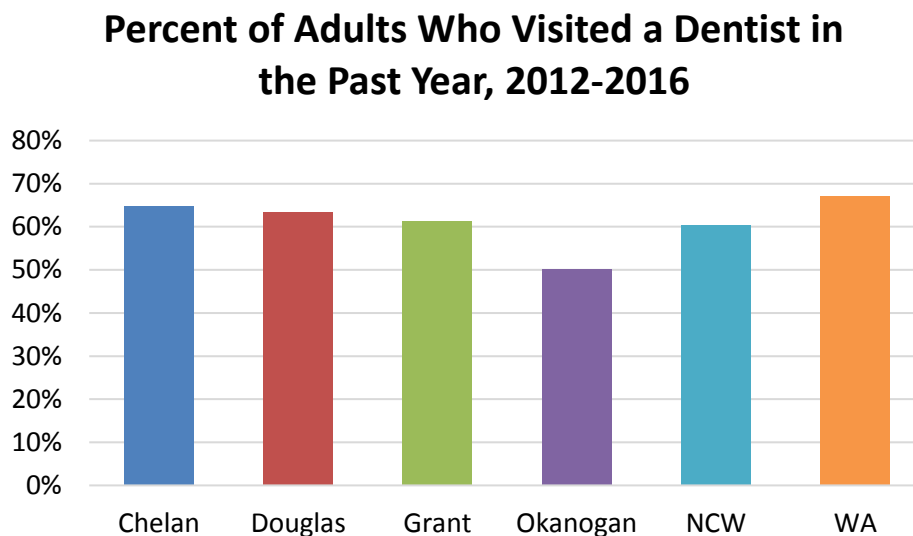


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015

Dental Care Utilization

This indicator reports the percentage of adults who have visited a dentist in the past year. This indicator is relevant because engaging in preventative behaviors decreases the likelihood of developing future health problems. (See Table 4a)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

Federally Qualified Health Centers

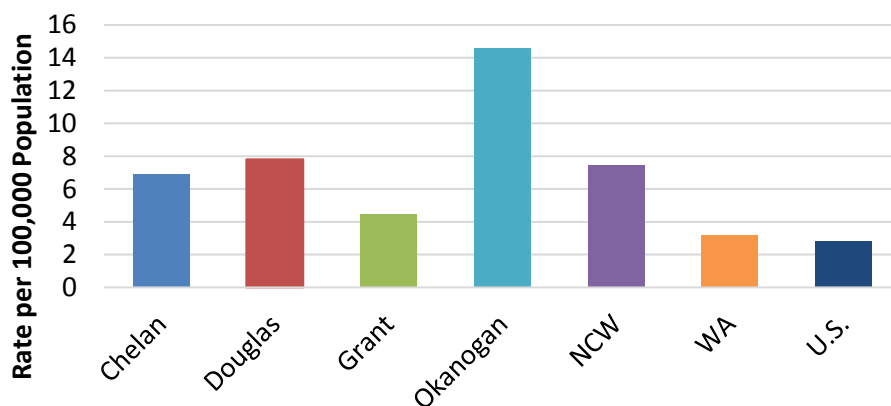
This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the region. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designed as medically underserved. (See Table 4a)

Number of Federally Qualified Health Centers, 2018				
Chelan	Douglas	Grant	Okanogan	NCW
5	3	4	6	18

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, December 2018

Rate of Federally Qualified Health Center, 2018



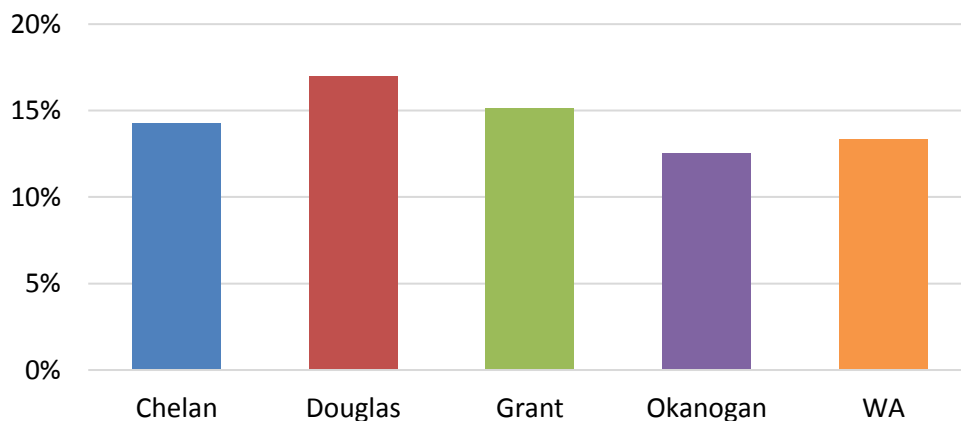
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, December 2018

Unmet Medical Needs

This indicator reports the percent of adults who reported being unable to see a doctor when they needed to because of cost in the past 12 months. This indicator is relevant because the inability to cover cost of health care may result in health concerns not being addressed in a timely or comprehensive manner. Many health conditions have less serious consequences for long term health when treated in a timely manner. (See Table 4a)

Percent of Adults Who Reported Being Unable to Obtain Medical Services Due to Costs, 2012-2016

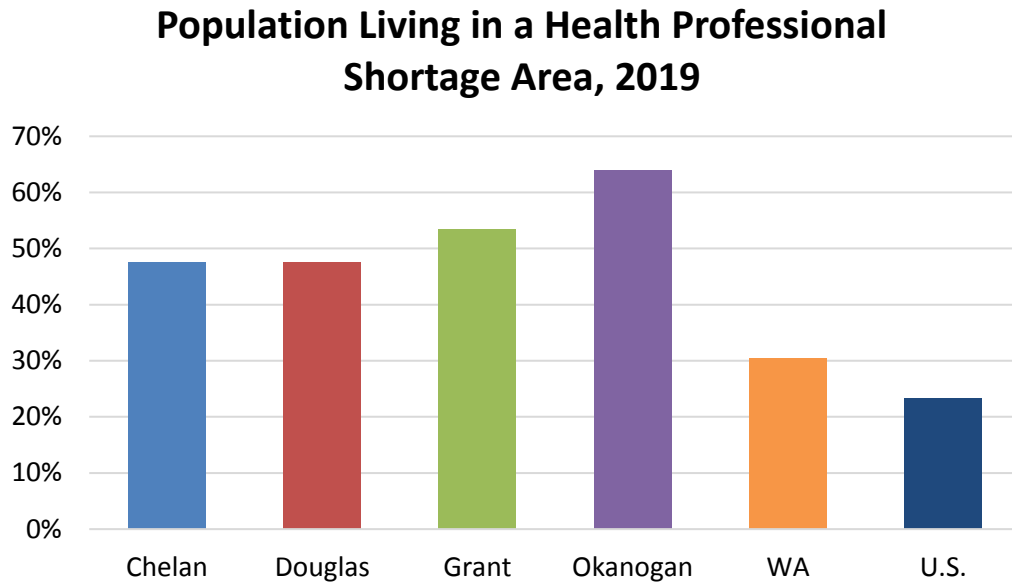


Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having as shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. (See Table 4a)



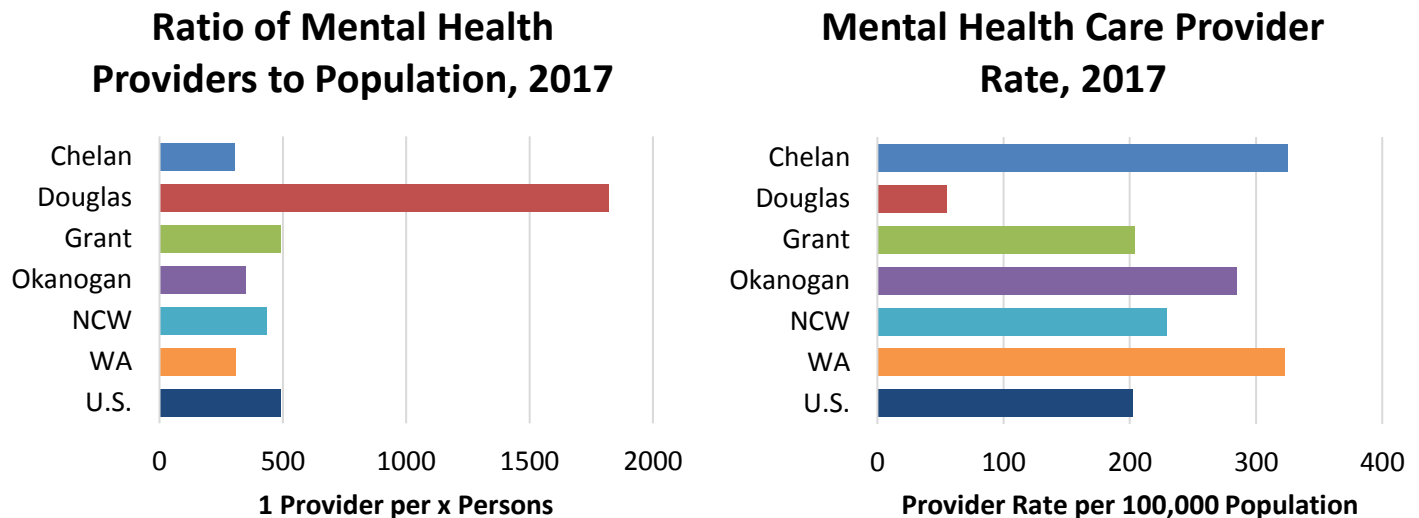
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, February 2019

Access to Mental Healthcare

Mental Health Care Provider Rate

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers and counsellors that specialize in mental health care. (See Table 4c)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

Behavioral Health Workforce

This indicator reports the rate of the behavioral health workforce in the region and Washington State. The behavioral health workforce consists of mental health and substance use disorder treatment professionals. (See Table 4c)

Behavioral Health Workforce Rate per 100,000, 2017		
	NCW	WA
Psychologists	6.3	31.9
Psychiatric ARNPs	6.7	7.4
Mental Health Counselors	50.2	85.5
Mental Health Counselors Associates	9.1	24.9
Chemical Dependency Professionals	28.9	36.6
Chemical Dependency Professional Trainees	10.3	21.2
DBHR-Certified Peer Counselors	46.3	32.7

Source/Data Source: Washington State Behavioral Health Workforce Assessment, University of Washington, December 2017

Count of Agencies Providing Substance Abuse Disorder Treatment

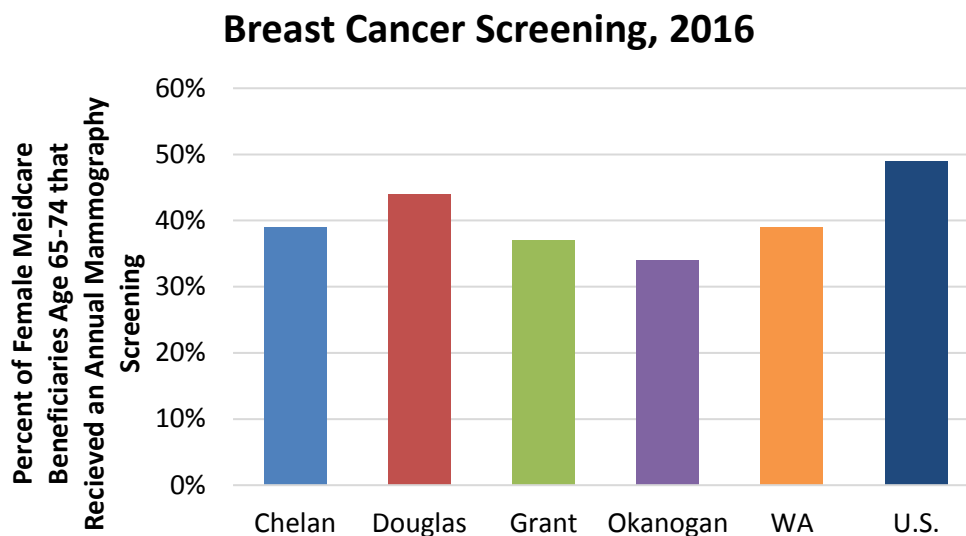
Count of Agencies Providing Substance Abuse Disorder Treatment, 2019			
Chelan	Douglas	Grant	Okanogan
6	0	1	1

Source/Data Source: Substance Abuse and Mental Health Services Administration, 2019

Cancer Screening

Breast Cancer Screening

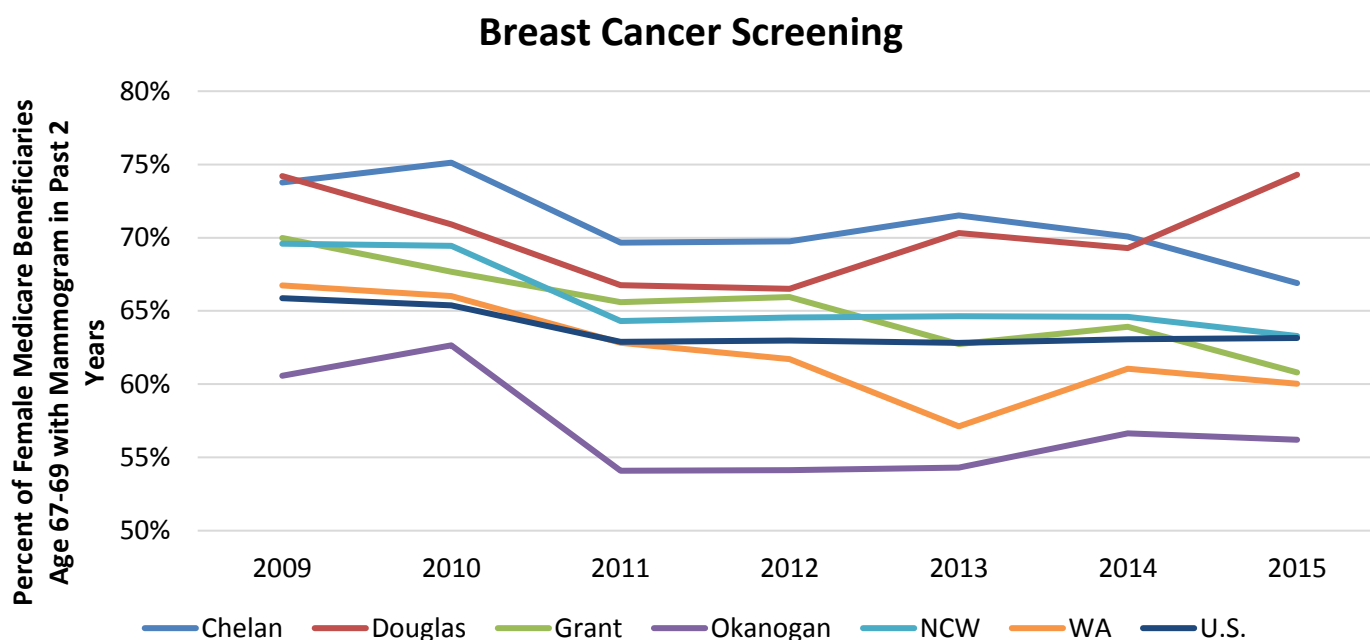
The graph below reports the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. (See Table 4d)



Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019

Data Source: Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2016

The graph below reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator, breast cancer screening, is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach and/or social barrier preventing utilization of services. (See Table 4d)

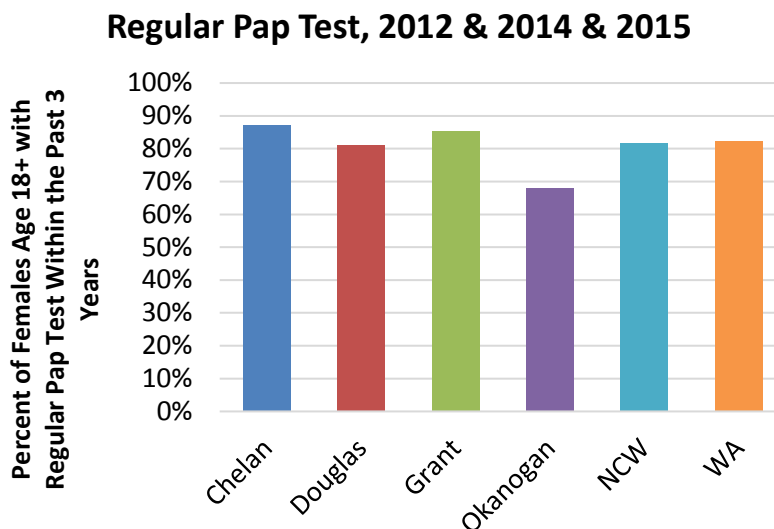


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2009-2015

Cervical Cancer (Pap Test)

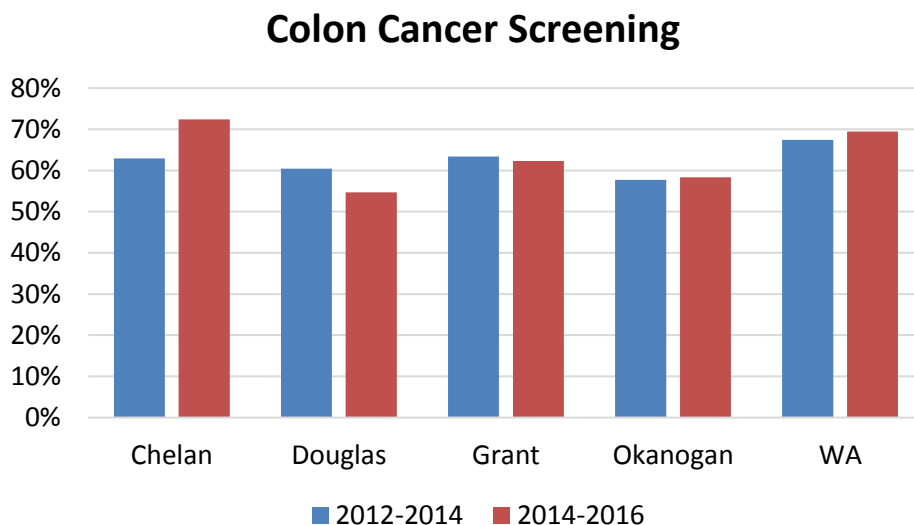
This indicator reports the percentage of females age 18 and older who self-reported having a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. (See Table 4d)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS) 2012, 2014, and 2015

Colon Cancer Screening (Sigmoidoscopy or Colonoscopy)

This indicator reports the percentage of adults ages 50 and older who reported they had a blood stool test in the past year, a sigmoidoscopy in the past five years, or a colonoscopy in the past 10 years. This indicator is relevant as screening allows for prevention, early detection and improved survival for disease. (See Table 4d)



Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2012-2014 and 2012-2016

Inpatient Discharges

This indicator reports the number of hospital inpatient discharges by payer type and total discharges from the regional hospitals. (Table 4e)

Inpatient Discharges, 2018			
	Medicare Discharges	Medicaid Discharges	Total Discharges
Cascade Medical Center	135	7	150
Columbia Basin Hospital	234	15	309
Confluence Health Central Washington Hospital	4,699	513	12,101
Confluence Health Wenatchee Valley Hospital	268	8	607
Coulee Medical Center	252	217	573
Lake Chelan Community Hospital and Clinics	358	155	623
Mid Valley Hospital	285	416	906
North Valley Hospital	274	153	496
Quincy Valley Medical Center	3	3	13
Samaritan Healthcare	1,136	1,698	4,155
Three Rivers Hospital	139	170	389
Statewide Totals			644,416

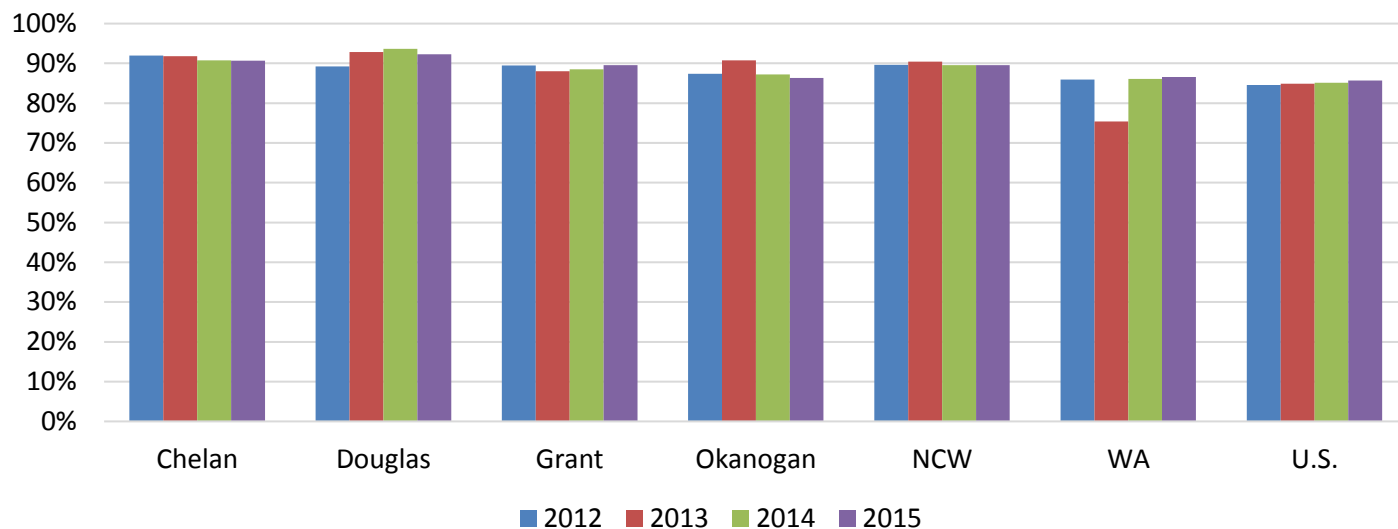
Source/Data Source: Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS) Payer Census, 2018

Preventative Clinical Care

Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measure blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventative behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. (See Table 4f)

Percentage of Medicare Enrollees with Diabetes with Annual Exam
(Hemoglobin A1C Test)



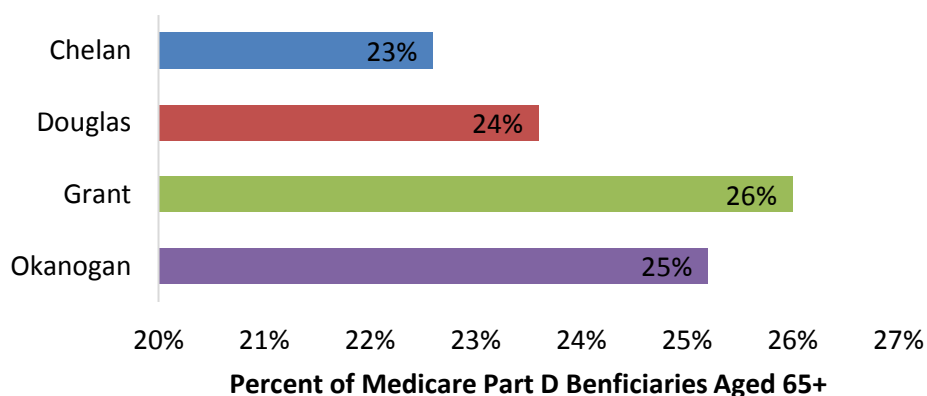
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012-2015

High Blood Pressure Management

This indicator reports the percentage of Medicare Part D beneficiaries age 65 and older who do not adhere to taking their blood pressure medication. (See Table 4f)

Adults Not Taking Blood Pressure Medication When Needed, 2015

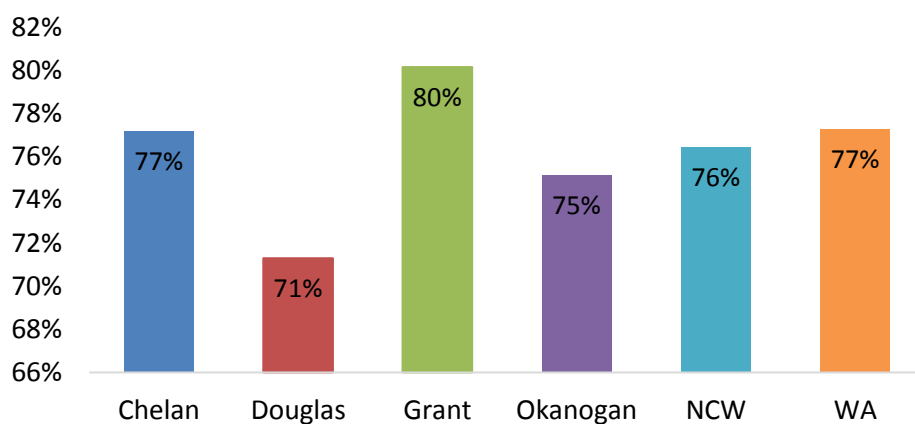


Source/Data Source: CDC, Interactive Atlas of Heart Disease and Stroke Tables, 2015

Pneumonia Vaccinations

This indicator reports the percentage of adults 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventative behaviors decreases the likelihood of developing future health problems. (See Table 4f)

Percent of Adults Age 65+ with Pneumonia Vaccine, 2013-2017

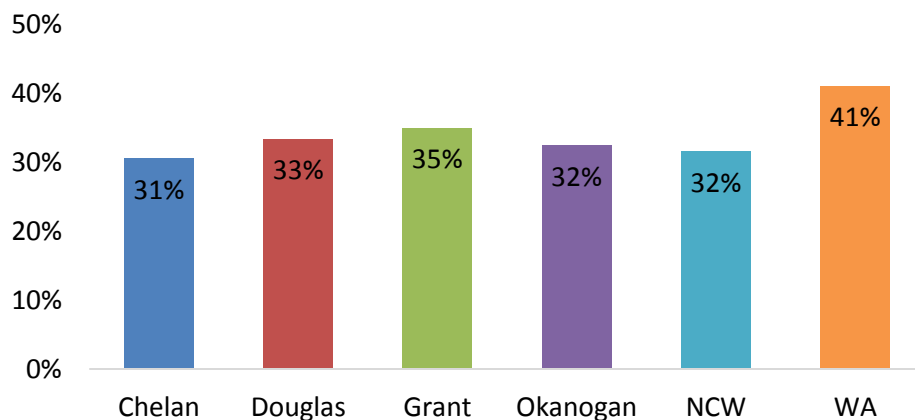


Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017

HIV Screenings

This indicator reports the percentage of adults age 18 to 70 who self-report that they have been tested for HIV. This indicator is relevant because engaging in preventative behaviors decreases the likelihood of developing future health problems. (See Table 4f)

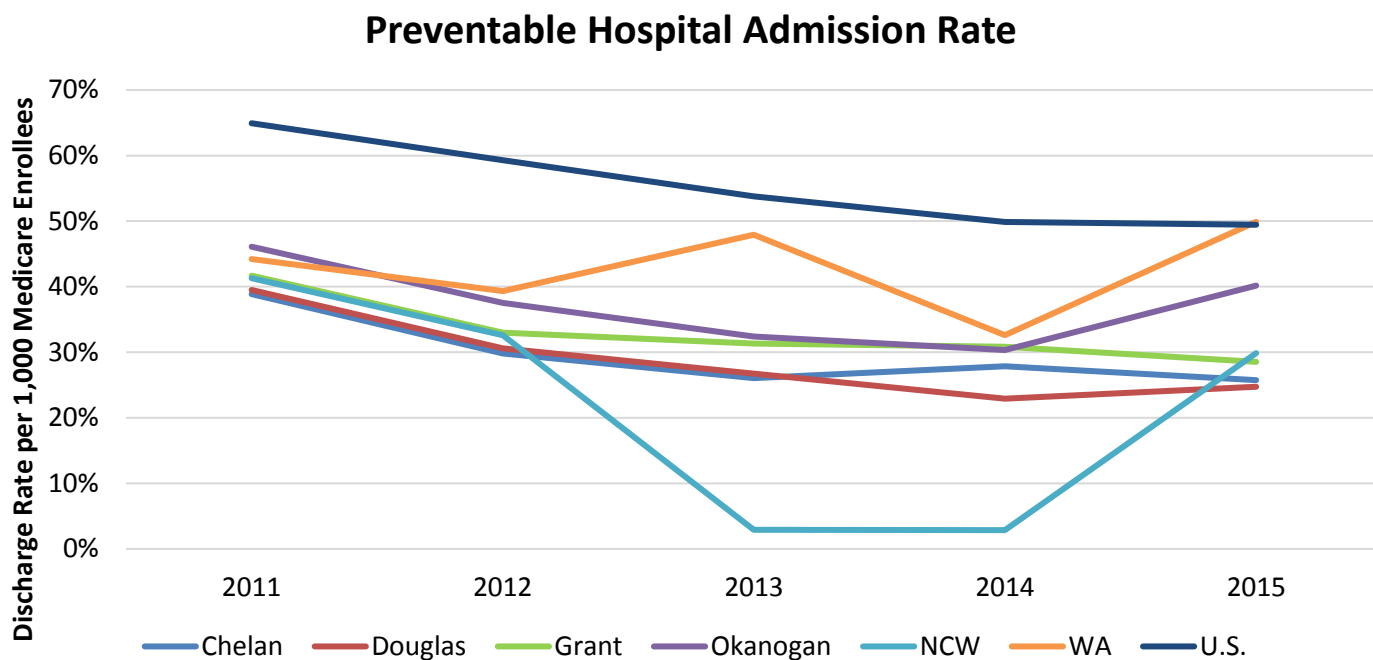
Percent of Adults Aged 18-70 Tested for HIV/AIDS, 2017



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2017

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions through better access to primary care resources. (See Table 4f)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2011-2015

Table 4. Clinical Care

Table 4a. Access to Care

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Primary Care Physician Rate per 100,000 Population[£]							
2014	119.32	32.66	47.24	92.03	73.9	91.6	87.8
Number of Primary Care Physicians[€]							
2012	84	14	45	40			
2013	89	12	48	39			
2014	88	12	44	38			
2015	89	12	45	35			
2016	89	9	43	34			
Ratio of Population to Primary Care Physicians[€]							
2012	877:1	2,811:1	2,038:1	1,032:1		1,203:1	
2013	830:1	3,290:1	1,910:1	1,060:1		1,190:1	
2014	850:1	3,320:1	2,120:1	1,090:1		1,190:1	
2015	850:1	3,380:1	2,070:1	1,190:1		1,200:1	
2016	860:1	4,590:1	2,180:1	1,220:1		1,220:1	
Percent of Adults Who Report Having a Personal Health Care Provider[¥]							
2012-2016	73.93%	77.84%	72.72%	69.83%		74.43%	
2012-2014	71.36%	78.27%	69.47%	66.23%		73.73%	
2014-2016	74.66%	76.33%	75.98%	72.47%		74.83%	
Access to Dentists – Rate per 100,000 Population[£]							
2015	71.39	51.81	51.47	69.85	60.6	78.5	65.6
Count of Dentists[€]							
2017	58	21	49	28			
Ratio of Population to Dentists[€]							
2017	1,320:1	2,000:1	1,940:1	1,490:1		1,240:1	
Percent of Adults with Dental Visit in Past Year[§]							
2012-2016	64.75%	63.31%	61.29%	50.12%	60.35%	67.10%	
Number of Federally Qualified Health Centers[£]							
2018	5	3	4	6	18	216	8,768
Rate of Federally Qualified Health Centers per 100,000 Population[£]							
2018	6.9	7.81	4.49	7.47	14.59	3.21	3
Percent of Adults Who Reported Being Unable to Obtain Medical Services Due to Costs[¥]							
2012-2016	14.25%	16.98%	15.10%	12.54%		13.35%	
Percent of Population Living in a Health Professional Shortage Area[£]							
2019	47.6%	47.6%	53.4%	64.0%		30.5%	

[£] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Resource File, 2014 and 2015; U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, December 2018 and February 2019

[€] Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2015-2019; Data Source: Area Health Resource File, 2012-2016

[¥] Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

[§] Source/Data Source: Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

Table 4b. Primary Care Physicians Rate per 100,000 Population

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Chelan	104.37	104.6	104.18	107.05	107.63	111.92	117.32	114.32	114	121.68	119.32
Douglas	26.14	28.59	39.14	38.7	35.47	39.93	41.63	35.92	40.66	32.94	32.66
Grant	50.01	49.24	52.05	51.78	49.59	49.94	51.62	50.4	50.15	52.24	47.24
Okanogan	91.27	90.49	77.42	85.74	89.93	98.64	107	99.01	96.91	94.68	92.03
NCW	70.45	70.42	70.6	72.65	72.13	75.44	79.21	75.47	75.6	77.08	73.95
WA	85.72	86.14	86.2	86.28	86.24	87.89	90.21	90.53	91.42	92.55	91.59
U.S.	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66	87.76	87.77

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Resource File, 2004-2014

Table 4c. Access to Mental Health

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Ratio of Mental Health Providers to Population (One Provider per x Persons)[£]							
2017	307.4	1,823.70	490.5	350.8	436.5	310	493
Mental Healthcare Provider Rate per 100,000 Population[£]							
2017	325.3	54.8	203.9	285.1	229.1	322.6	202.8
Behavioral Health Workforce Rate per 100,000, 2017[€]							
Psychologists					6.3	31.9	
Psychiatric ARNPs					6.7	7.4	
Mental Health Counselors					50.2	85.5	
Mental Health Counselor Associates					9.1	24.9	
Chemical Dependency Professionals					28.9	36.6	
Chemical Dependency Professional Trainees					10.3	21.2	
DBHR-Certified Peer Counselors					46.3	32.7	
Count of Agencies Providing SUD[¥]							
2019	6	0	1	1		421	13144

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

€ Source/Data Source: Washington State Behavioral Health Workforce Assessment, University of Washington, December 2017

¥ Source/Data Source: Substance Abuse and Mental Health Services Administration, 2019

Table 4d. Cancer Screening

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Female Medicare Beneficiaries Age 65-74 that Received an Annual Mammography Screening[£]							
2016	39.0%	44.0%	37.0%	34.0%		39%	49%
Percent of Female Medicare Beneficiaries Age 67-69 With Mammogram in Past 2 Years[€]							
2009	73.78%	74.21%	69.98%	60.57%	69.59%	66.74%	65.87%
2010	75.12%	70.90%	67.68%	62.65%	69.44%	66.02%	65.37%
2011	69.67%	66.76%	65.60%	54.09%	64.31%	62.82%	62.90%
2012	69.74%	66.51%	65.95%	54.14%	64.56%	61.71%	62.98%
2013	71.53%	70.32%	62.73%	54.30%	64.63%	57.12%	62.82%
2014	70.08%	69.30%	63.91%	56.64%	64.60%	61.06%	63.06%
2015	66.9%%	74.30%	60.80%	56.20%	63.29%	60.03%	63.16%

Percent of Females Age 18+ With Regular Pap Test Within the Past 3 Years [¥]							
2012 & 2014 & 2015	87.24%	81.10%	85.51%	68.03%	81.76%	82.39%	
Percent of Adults Age 50+ Ever Screened for Colon Cancer [§]							
2012-2014	62.94%	60.43%	63.37%	57.75%		67.43%	
2014-2016	72.42%	54.70%	62.33%	58.36%		69.47%	
2012-2016	67.09%	57.91%	62.34%	57.15%		68.43%	

£ Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019; Data Source: Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2016

€ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2009-2015

¥ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2012, 2014, and 2015

§ Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016

Table 4e. Inpatient Discharges

Inpatient Discharges, 2018			
	Medicare Discharges	Medicaid Discharges	Total Discharges
Cascade Medical Center	135	7	150
Columbia Basin Hospital	234	15	309
Confluence Health Central Washington Hospital	4,699	513	12,101
Confluence Health Wenatchee Valley Hospital	268	8	607
Coulee Medical Center	252	217	573
Lake Chelan Community Hospital and Clinics	358	155	623
Mid Valley Hospital	285	416	906
North Valley Hospital	274	153	496
Quincy Valley Medical Center	3	3	13
Samaritan Healthcare	1,136	1,698	4,155
Three Rivers Hospital	139	170	389
Statewide Totals			644,416

Source/Data Source: Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS) Payer Census, 2018

Table 4f. Preventative Clinical Care

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Medicare Enrollees with Diabetes with Annual Exam/that Receive HbA1c Monitoring [£]							
2009	91.12%	91.43%	88.21%	89.50%	89.79%	86.33%	83.52%
2010	91.70%	92.73%	89.38%	89.81%	90.62%	86.45%	83.81%
2011	90.68%	91.27%	91.17%	91.01%	91.02%	86.57%	84.18%
2012	91.96%	89.21%	89.48%	87.37%	89.64%	85.95%	84.57%
2013	91.76%	92.82%	88.05%	90.79%	90.40%	75.43%	84.92%
2014	90.79%	93.61%	88.47%	87.22%	89.57%	86.12%	85.16%
2015	90.68%	92.28%	89.55%	86.34%	89.57%	86.59%	85.69%
Percent of Medicare Part D Beneficiaries Aged 65+ Blood Pressure Medication Nonadherence [€]							
2015	22.6	23.6	26	25.2			
Percent of Adults Age 65+ With Pneumonia Vaccination [¥]							

2013-2017	77.19%	71.3%	80.17%	75.16%	76.45%	77.28%	
Percent of Adults (18-70) Tested for HIV/AIDS[£]							
2017	30.51%	33.29%	34.94%	32.41%	31.5%	41.03%	
Preventable Hospital Admission Rate per 1,000 Medicare Enrollees[€]							
2009	42.61%	50.46%	50.29%	48.00%	47.32%	46.40%	68.16%
2010	43.75%	42.39%	45.76%	44.79%	44.45%	46.37%	66.58%
2011	38.87%	39.50%	41.68%	46.10%	41.30%	44.21%	64.93%
2012	29.82%	30.59%	33.01%	37.52%	32.59%	39.34%	59.29%
2013	26.04%	26.76%	31.33%	32.38%	2.93%	47.93%	53.76%
2014	27.84%	22.92%	30.86%	30.34%	2.87%	32.61%	49.90%
2015	25.75%	24.73%	28.54%	40.15%	29.85%	49.90%	49.45%

[£] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2009-2015

[€] Source/Data Source: CDC, Interactive Atlas of Heart Disease and Stroke Tables, 2015

[¥] Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017

Health Behaviors and Outcomes

Top 10 Causes of Death

This indicator reports the top 10 causes of death for the four counties, the region and the state. Death rates are age-adjusted per 100,000 population. (See Table 5a)

Rank	Chelan	Douglas	Grant	Okanogan	NCW	WA
1	158.99	177.08	209.82	192.37	184.26	187.1
2	144.44	140.36	154.91	173.05	152.87	153.38
3	67.4	50.11	49.88	55.13	50.25	44.24
4	43.51	41.15	46.49	54.74	46.55	41.15
5	41.52	37.99	40.27	32.54	45.9	38.45
6	17.59	14.83	29.9	27.37	22.78	21.44
7	15.06	9.97	14.01	22.76	14.66	15.4
8	12.39	9.81	12.85	18.75	12.83	11.61
9	11.41	9.59	11.77	8.64	10.44	10.59
10	9.66	8.21	7.99	6.39	8.65	8.51

Major cardiovascular disease	Chronic lower respiratory diseases	Parkinson's disease
Malignant neoplasms	Diabetes mellitus	Influenza and pneumonia
Alzheimer's disease	Chronic liver disease and cirrhosis	Pneumonitis due to solids and liquids
Accidents	Intentional self-harm (suicide)	

Table 5. Health Behaviors and Outcomes

Table 5a. Top 10 Causes of Death, 2013-2017

	Chelan	Death Rate [£]	Douglas	Death Rate [£]	Grant	Death Rate [£]	Okanogan	Death Rate [£]	NCW	Death Rate [£]	WA	Death Rate [£]
1	Major cardiovascular diseases	158.99	Major cardiovascular diseases	177.08	Major cardiovascular diseases	209.82	Major cardiovascular diseases	192.37	Major cardiovascular diseases	184.26	Major cardiovascular diseases	187.1
2	Malignant neoplasms	144.44	Malignant neoplasms	140.36	Malignant neoplasms	154.91	Malignant neoplasms	173.05	Malignant neoplasms	152.87	Malignant neoplasms	153.38
3	Alzheimer's disease	67.4	Alzheimer's disease	50.11	Chronic lower respiratory diseases	49.88	Accidents	55.13	Alzheimer's disease	50.25	Alzheimer's disease	44.24
4	Accidents	43.51	Chronic lower respiratory diseases	41.15	Accidents	46.49	Chronic lower respiratory diseases	54.74	Chronic lower respiratory diseases	46.55	Accidents	41.15
5	Chronic lower respiratory diseases	41.52	Accidents	37.99	Alzheimer's disease	40.27	Alzheimer's disease	32.54	Accidents	45.9	Chronic lower respiratory diseases	38.45
6	Diabetes mellitus	17.59	Diabetes mellitus	14.83	Diabetes mellitus	29.9	Diabetes mellitus	27.37	Diabetes mellitus	22.78	Diabetes mellitus	21.44
7	Chronic liver disease and cirrhosis	15.06	Intentional self-harm (suicide)	9.97	Chronic liver disease and cirrhosis	14.01	Chronic liver disease and cirrhosis	22.76	Chronic liver disease and cirrhosis	14.66	Intentional self-harm (suicide)	15.4
8	Intentional self-harm (suicide)	12.39	Influenza and pneumonia	9.81	Influenza and pneumonia	12.85	Intentional self-harm (suicide)	18.75	Intentional self-harm (suicide)	12.83	Chronic liver disease and cirrhosis	11.61
9	Parkinson's disease	11.41	Parkinson's disease	9.59	Intentional self-harm (suicide)	11.77	Influenza and pneumonia	8.64	Influenza and pneumonia	10.44	Influenza and pneumonia	10.59
10	Influenza and pneumonia	9.66	Pneumonitis due to solids and liquids	8.21	Pneumonitis due to solids and liquids	7.99	Pneumonitis due to solids and liquids	6.39	Parkinson's disease	8.65	Parkinson's disease	8.51

£ Age-Adjusted Death Rate per 100,000

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

Top 10 Hospitalization Diagnoses

This indicator reports the top 10 hospitalization diagnoses for the four counties, the region, and the state.

Hospitalization diagnoses are age-adjusted per 100,000 population. (See Table 5b)

Rank	Chelan	Douglas	Grant	Okanogan	NCW	WA
1	1509.58	1489.49	1449.96	1718.95	1512.53	1289.72
2	1265.31	1413.97	1289.6	1348.98	1309.2	1237.21
3	881.62	968.12	1059.34	933.27	957.1	1036.49
4	783.95	831.28	660.41	752.22	745.1	650.95
5	610.89	553.16	629.64	703.64	622.31	620.96
6	523.52	514.01	584.95	657.03	565	548.52
7	457.47	469.75	541.84	591.25	510.84	521.47
8	456.73	430.33	529.13	382.3	441.07	516.49
9	395.91	385.04	315.88	375.44	345.25	486.68
10	312.16	277.04	298.66	325.25	314.74	308.83

Complications of pregnancy; childbirth; and the puerperium	Injury and poisoning	Infectious and parasitic diseases
Certain conditions originating in the perinatal period	Diseases of the digestive system	Neoplasms
Diseases of the circulatory system	Mental Illness	Endocrine; nutritional; and metabolic diseases and immunity disorders
Diseases of the musculoskeletal system and connective tissue	Diseases of the respiratory system	

Table 5. Health Behaviors and Outcomes

Table 5b. Top 10 Hospitalization Diagnoses, 2013-2017

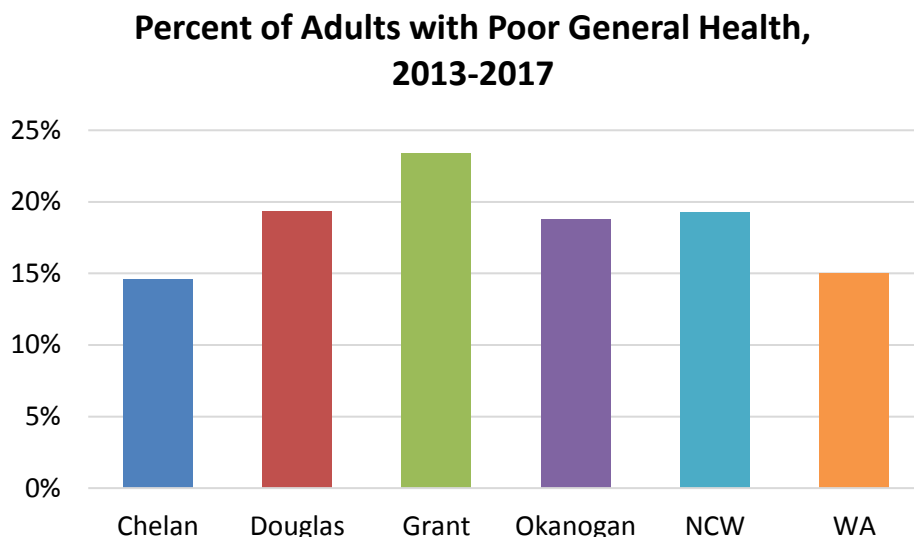
	Chelan	Hospitalization Rate [£]	Douglas	Hospitalization Rate [£]	Grant	Hospitalization Rate [£]	Okanogan	Hospitalization Rate [£]	NCW	Hospitalization Rate [£]	WA	Hospitalization Rate [£]
1	Complications of pregnancy; childbirth; and the puerperium	1,509.58	Complications of pregnancy; childbirth; and the puerperium	1,489.49	Complications of pregnancy; childbirth; and the puerperium	1,449.96	Complications of pregnancy; childbirth; and the puerperium	1,718.95	Complications of pregnancy; childbirth; and the puerperium	1,512.53	Certain conditions originating in the perinatal period	1,289.72
2	Certain conditions originating in the perinatal period	1,265.31	Certain conditions originating in the perinatal period	1,413.97	Certain conditions originating in the perinatal period	1,289.6	Certain conditions originating in the perinatal period	1,348.98	Certain conditions originating in the perinatal period	1,309.2	Complications of pregnancy; childbirth; and the puerperium	1,237.21
3	Diseases of the circulatory system	881.62	Diseases of the circulatory system	968.12	Diseases of the circulatory system	1,059.34	Diseases of the circulatory system	933.27	Diseases of the circulatory system	957.1	Diseases of the circulatory system	1,036.49
4	Diseases of the musculoskeletal system and connective tissue	783.95	Diseases of the musculoskeletal system and connective tissue	831.28	Diseases of the musculoskeletal system and connective tissue	660.41	Diseases of the musculoskeletal system and connective tissue	752.22	Diseases of the musculoskeletal system and connective tissue	745.1	Diseases of the digestive system	650.95
5	Injury and poisoning	610.89	Injury and poisoning	553.16	Injury and poisoning	629.64	Injury and poisoning	703.64	Injury and poisoning	622.31	Injury and poisoning	620.96
6	Diseases of the digestive system	523.52	Diseases of the digestive system	514.01	Diseases of the digestive system	584.95	Diseases of the digestive system	657.03	Diseases of the digestive system	565	Diseases of the musculoskeletal system and connective tissue	548.52
7	Mental Illness	457.47	Diseases of the respiratory system	469.75	Diseases of the respiratory system	541.84	Diseases of the respiratory system	591.25	Diseases of the respiratory system	510.84	Infectious and parasitic diseases	521.47
8	Diseases of the respiratory system	456.73	Infectious and parasitic diseases	430.33	Infectious and parasitic diseases	529.13	Infectious and parasitic diseases	382.3	Infectious and parasitic diseases	441.07	Diseases of the respiratory system	516.49
9	Infectious and parasitic diseases	395.91	Mental Illness	385.04	Endocrine; nutritional; and metabolic diseases and immunity disorders	315.88	Neoplasms	375.44	Mental Illness	345.25	Mental Illness	486.68
10	Neoplasms	312.16	Neoplasms	277.04	Neoplasms	298.66	Mental Illness	325.25	Neoplasms	314.74	Neoplasms	308.83

£ Age-Adjusted Rate per 100,000 Population

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

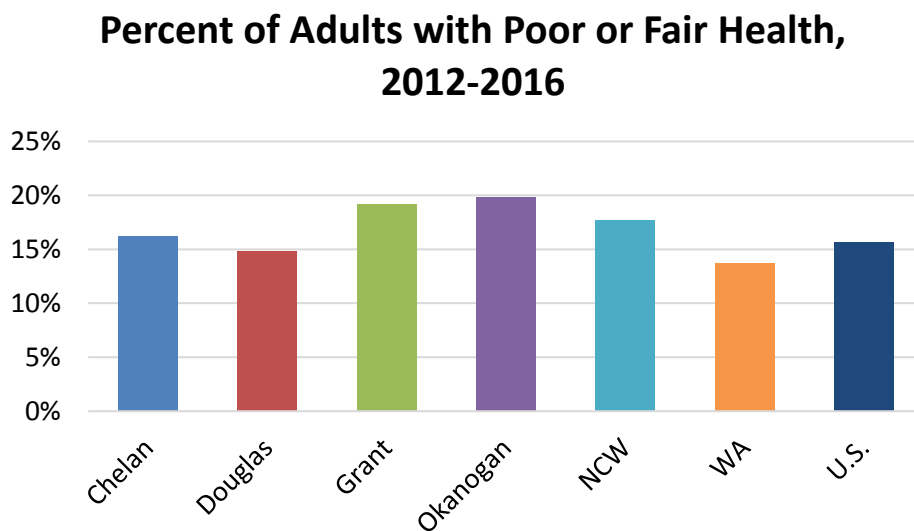
Poor General Health

The graph below reports the percentage of adults who self-report having poor general health. This indicator is relevant because it is a measure of general poor health status. (See Table 5c)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017

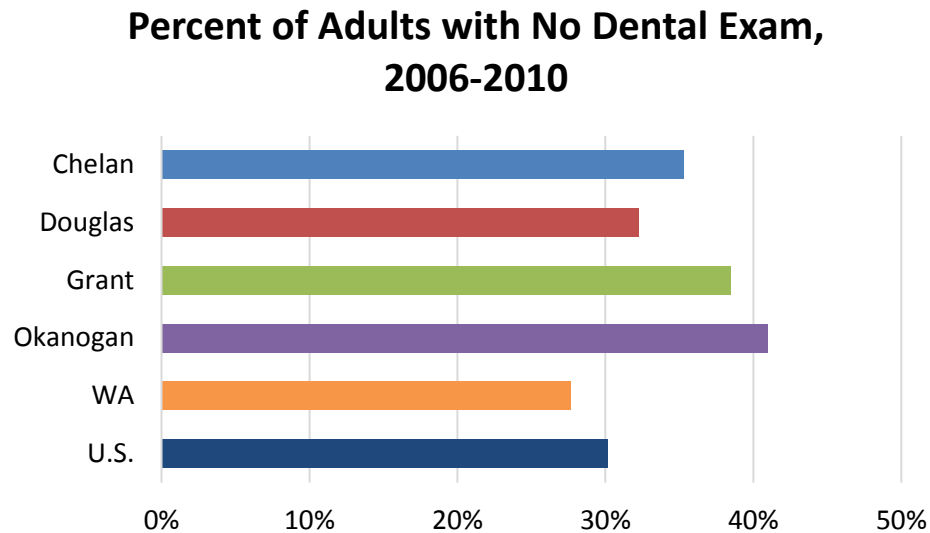
The graph below reports the percentage of adults age 18 and older who self-report having poor or fair health in response to the question, “Would you say that in general your health is excellent, very good, good, fair, or poor?”. This indicator is relevant because it is a measure of general poor health status. (See Table 5c)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2012-2016

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. It is relevant because it indicates lack of access to dental care and/or social barriers to the utilization of dental services. (See Table 5c)



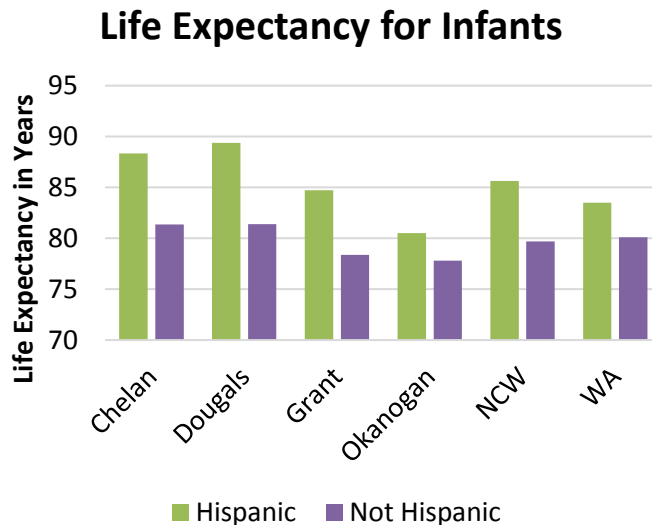
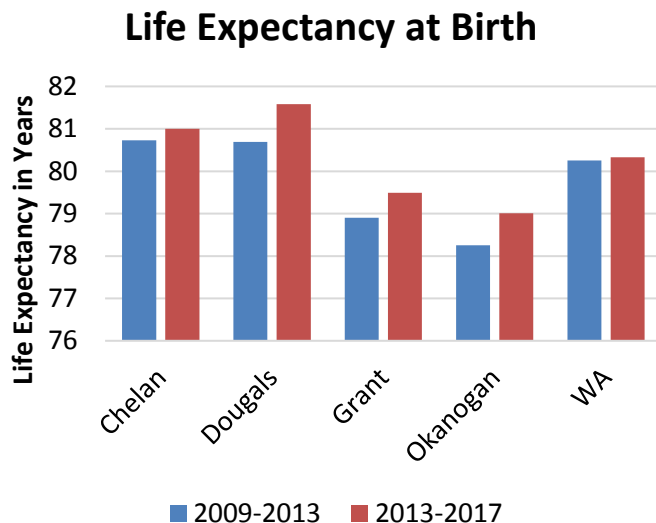
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010

Life Expectancy

Life Expectancy for Infants in Years

This indicator reports the number of years a newborn can expect to live if the current age-specific death rate remains constant. (See Table 5d)

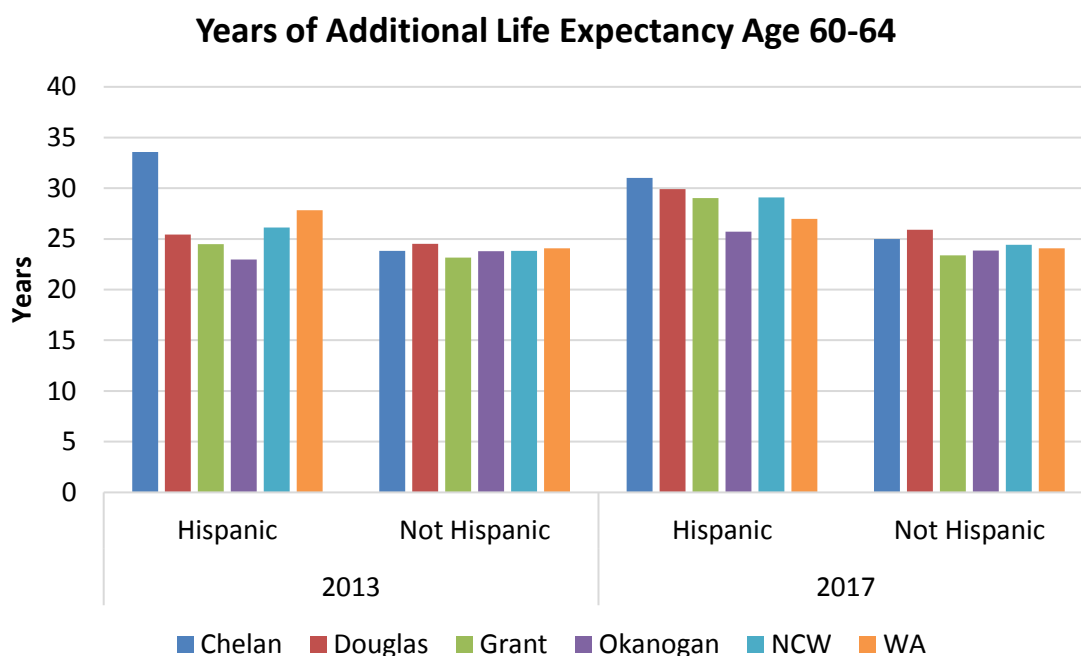


Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2009-2013 and 2013-2017

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

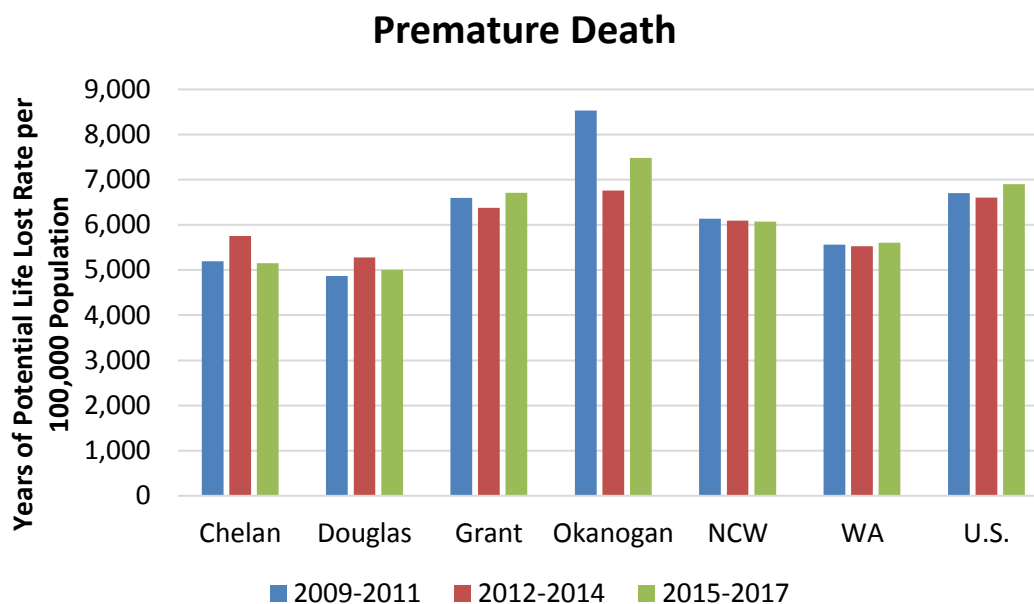
Years of Additional Life Expectancy Age 60-64



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

Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. (See Table 5d)



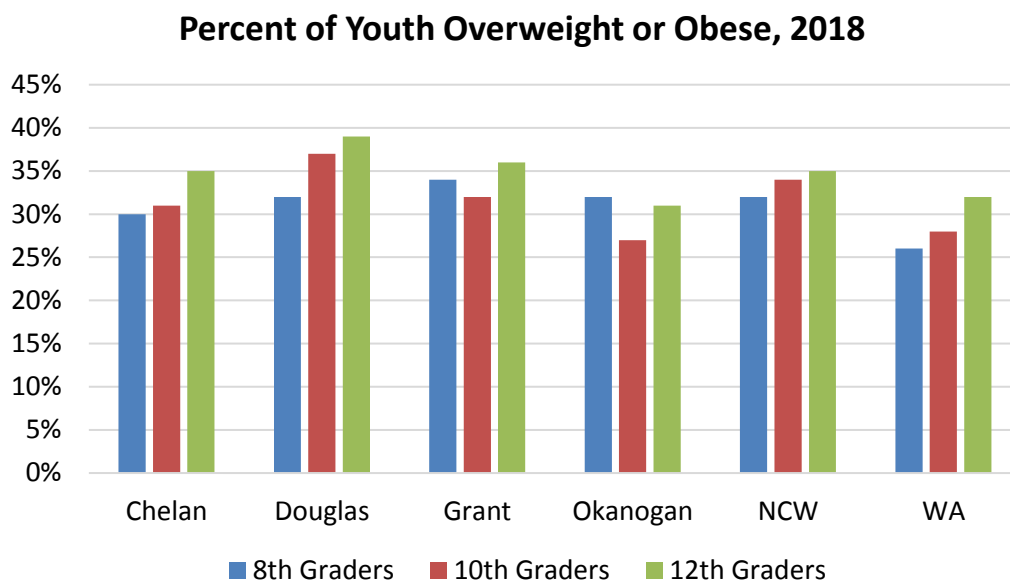
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2009-2011, 2012-2014 and 2015-2017

Obesity

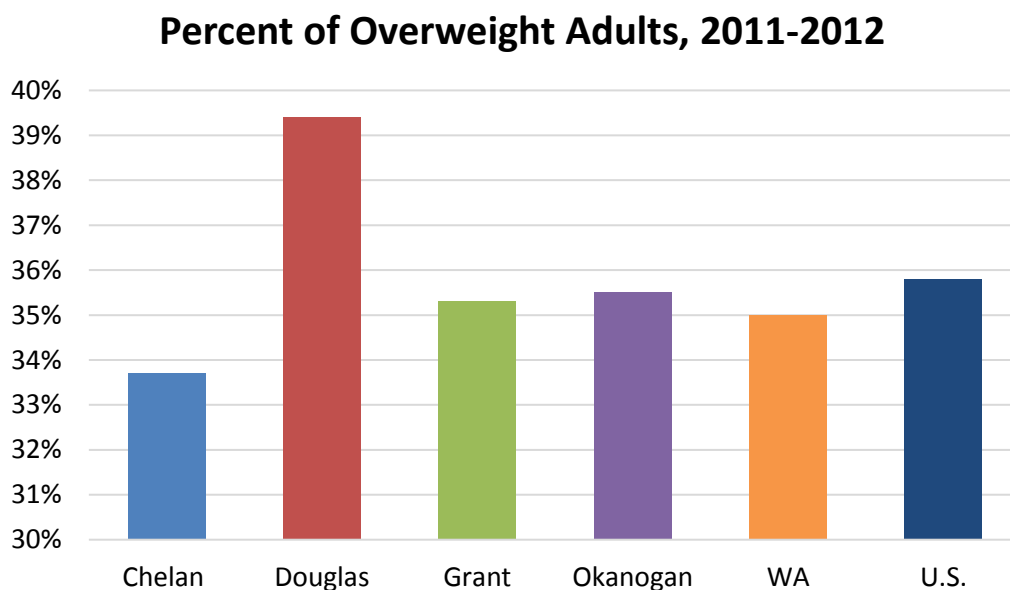
Overweight and Obese

Excess weight may indicate unhealthy lifestyle and puts individuals at risk for future health issues. A Body Mass Index (BMI) between 25.0 or greater but less than 30.0 is considered overweight. A BMI 30.0 or greater is considered obese. (See Table 5e)



Source/Data Source: Washington State Healthy Youth Survey, 2018

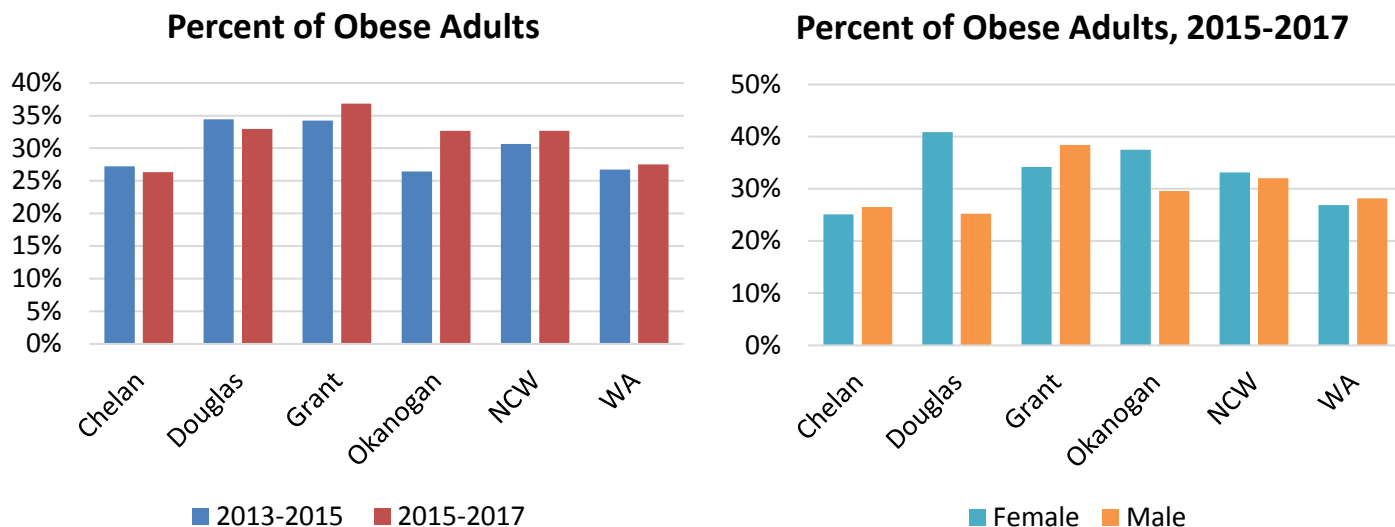
The graph below reports the percentage of adults aged 18 and older who self-reported they have a BMI between 25.0 and 30.0. (See Table 5e)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

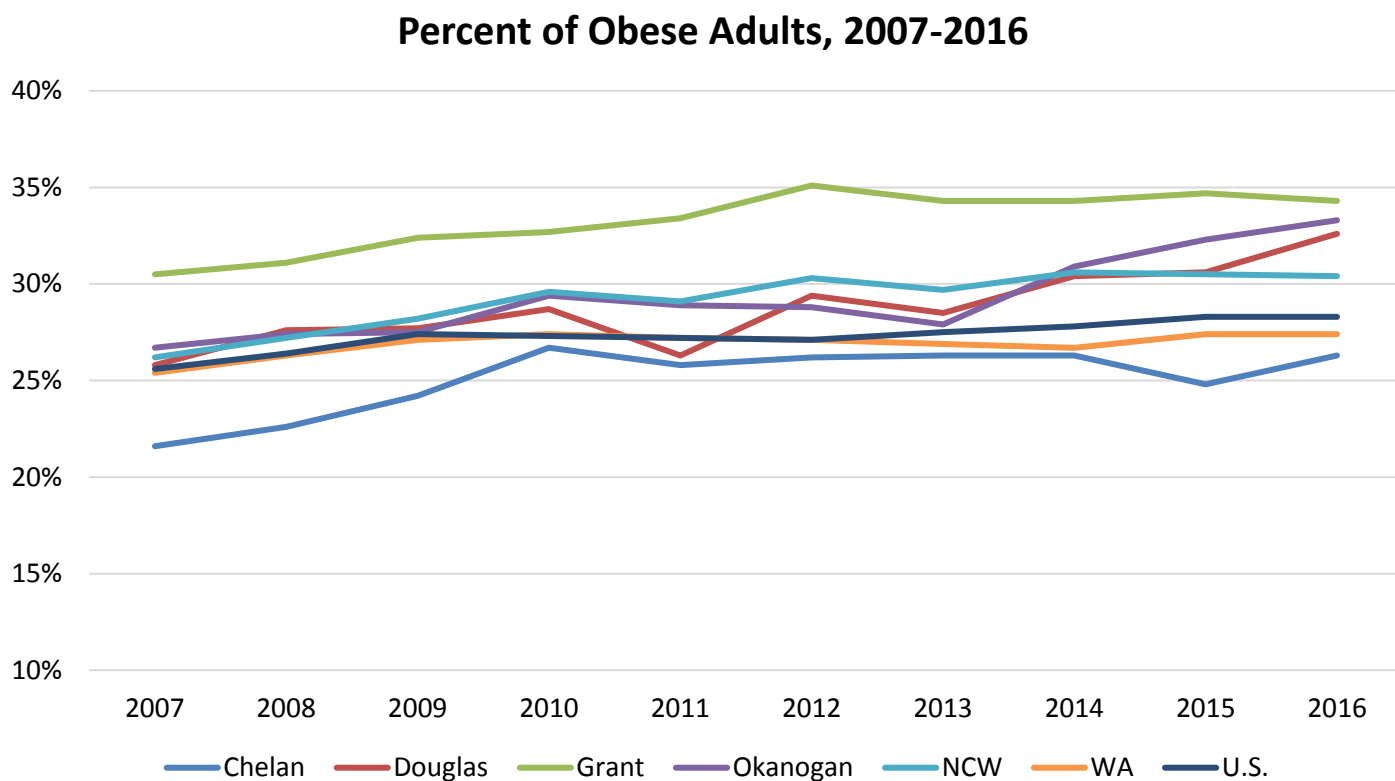
Data Source: CDC, Behavioral Risk Factor Surveillance System, 2011-2012

The graphs below report the percentage of adults who self-report they have a BMI of 30.0 or more, delineated by time (in years) and gender. (See Table 5e)



Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2013-2015 and 2015-2017

The graph below reports the percentage of adults aged 20 and older who self-report they have a BMI greater than 30.0. (See Table 5f)

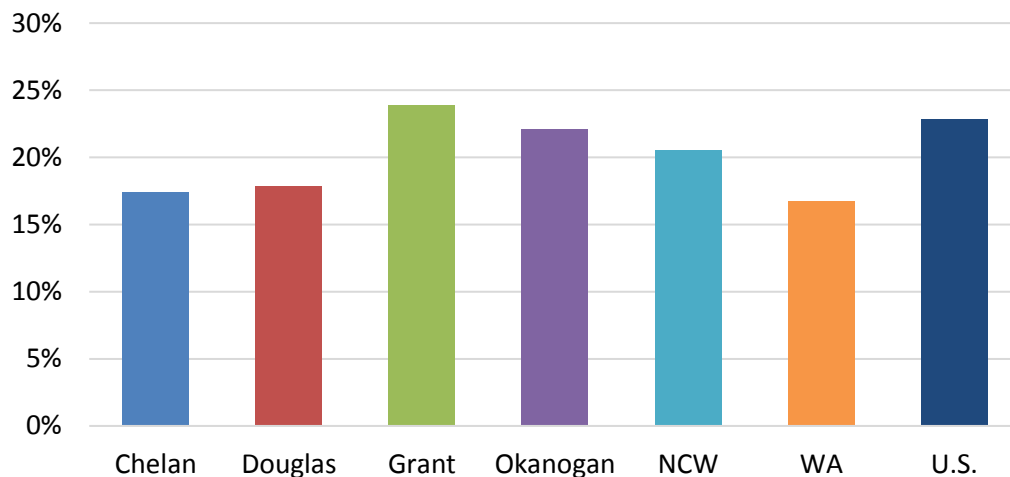


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
 Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007-2016

Physical Inactivity

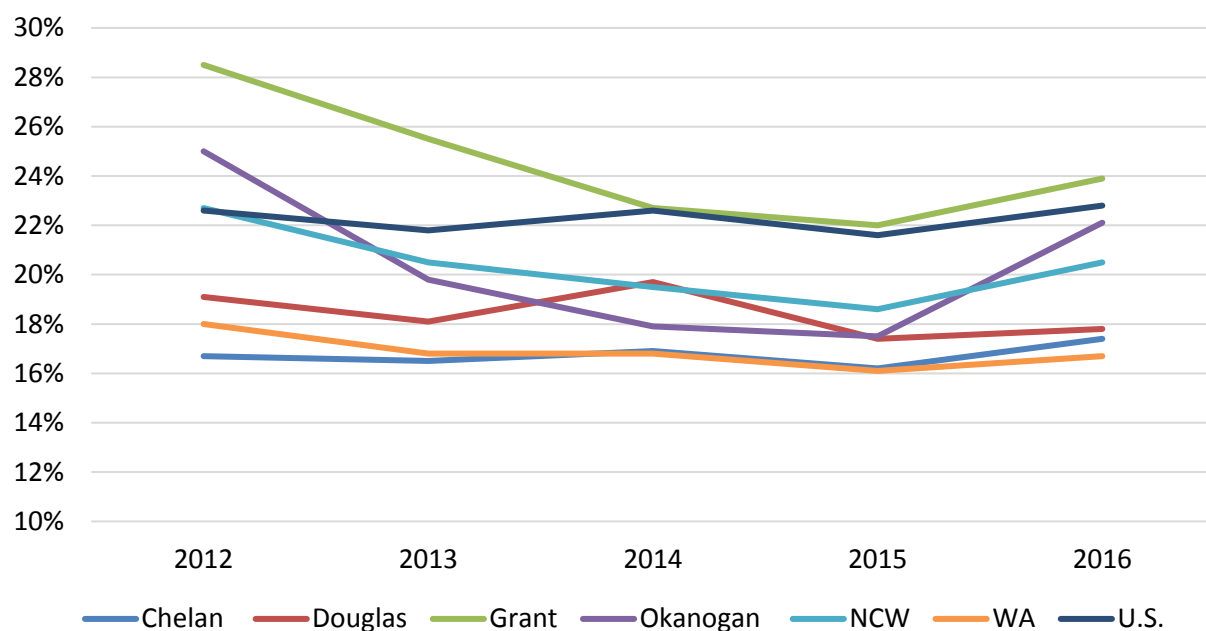
This indicator reports the percentage of adults age 20 and older who self-report no leisure time for activity, based on the question: “During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?”. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. (See Table 5e and 5g)

Percent of Population with No Leisure Time Physical Activity, 2016



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2016

Percent of Adults Physically Inactive

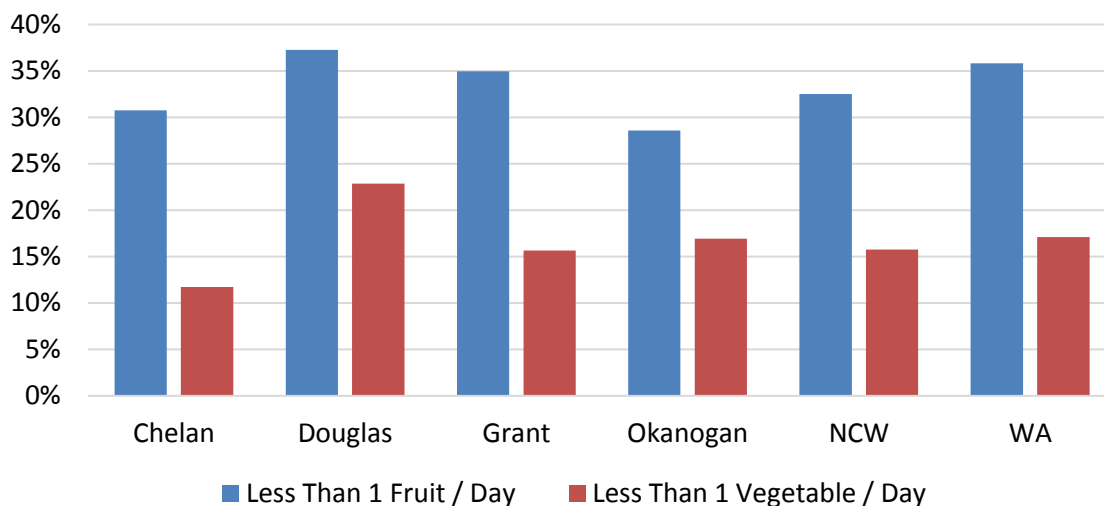


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2012-2016

Inadequate Fruit/Vegetable Consumption

This indicator reports the population's fruit and vegetable consumption. This indicator is relevant because current behaviors are determinants of future health and because unhealthy eating habits may cause significant health issues such as obesity and diabetes. The graph below provides the percentage of adults who self-report eating less than 1 fruit per day and the percentage of adults who self-report eating less than 1 vegetable per day. (See Table 5e)

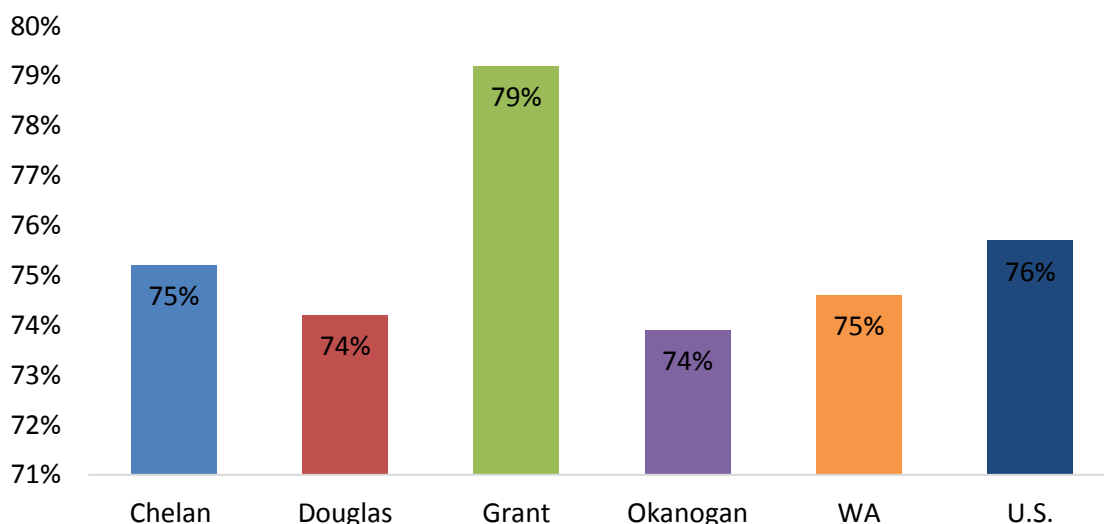
Percent of Adults with Inadequate Fruit/Vegetable Consumption, 2013 & 2015



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2013 and 2015

The graph below reports the percentage of adults over the age of 18 who consume less than 5 servings of fruits and vegetables each day. (See Table 5e)

Adults with Inadequate Fruit/Vegetable Consumption, 2005-2009

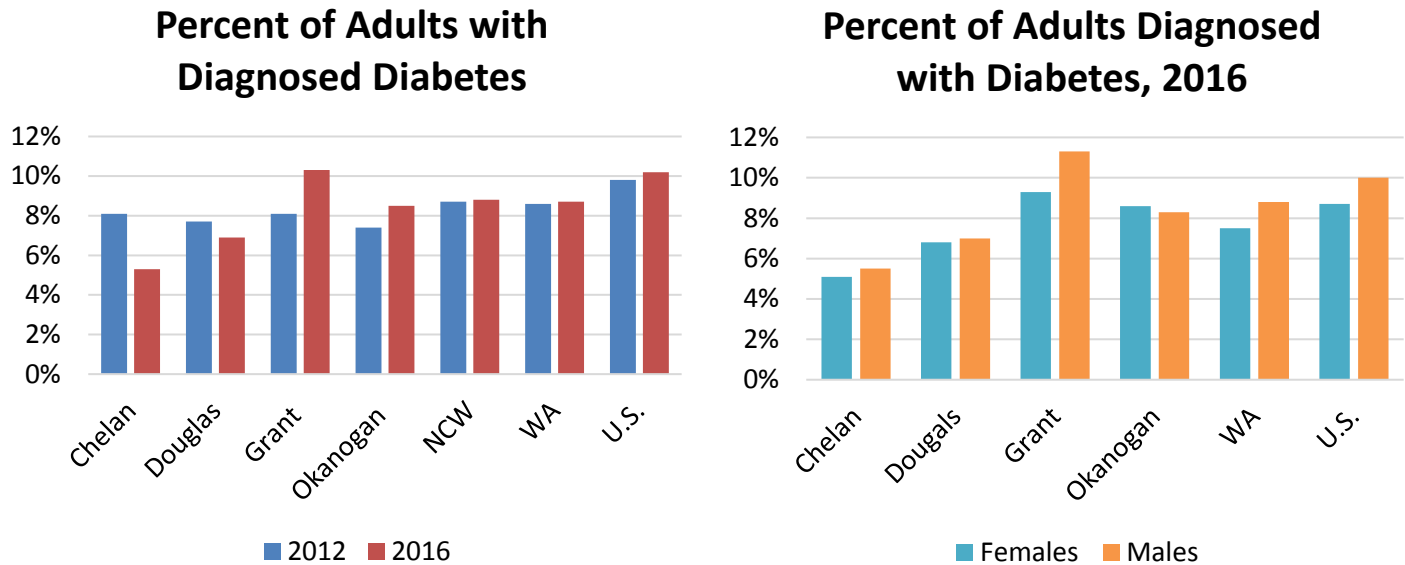


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2005-2009

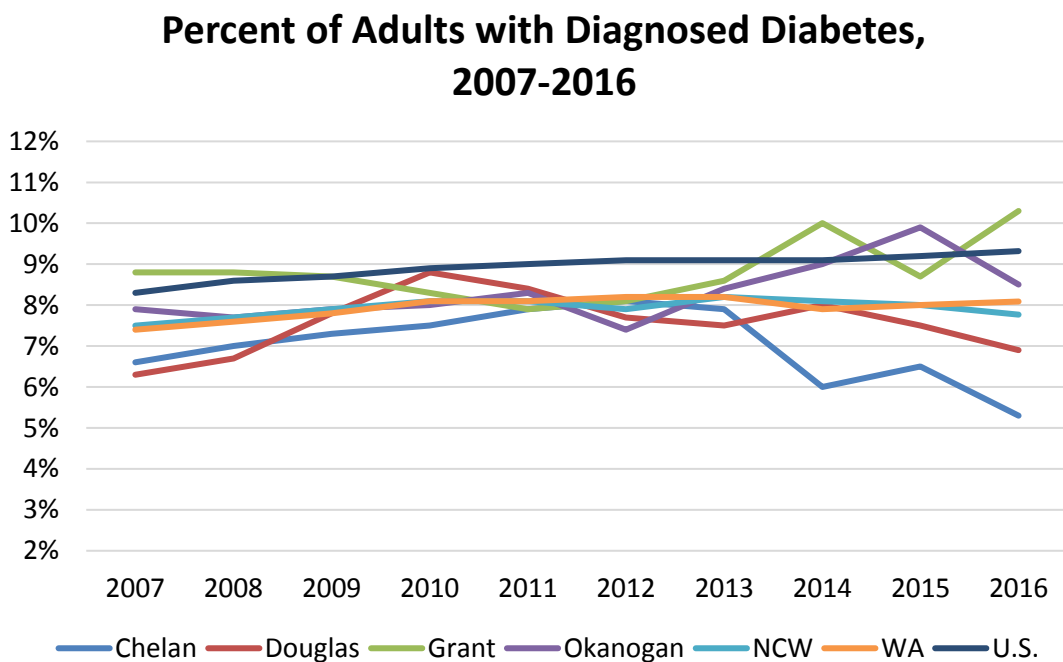
Diabetes

Adults with Diabetes

This indicator reports the percentage of adults age 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 United States; it may include an unhealthy lifestyle and puts individuals at risk for future health issues. (See Table 5h and 5i)



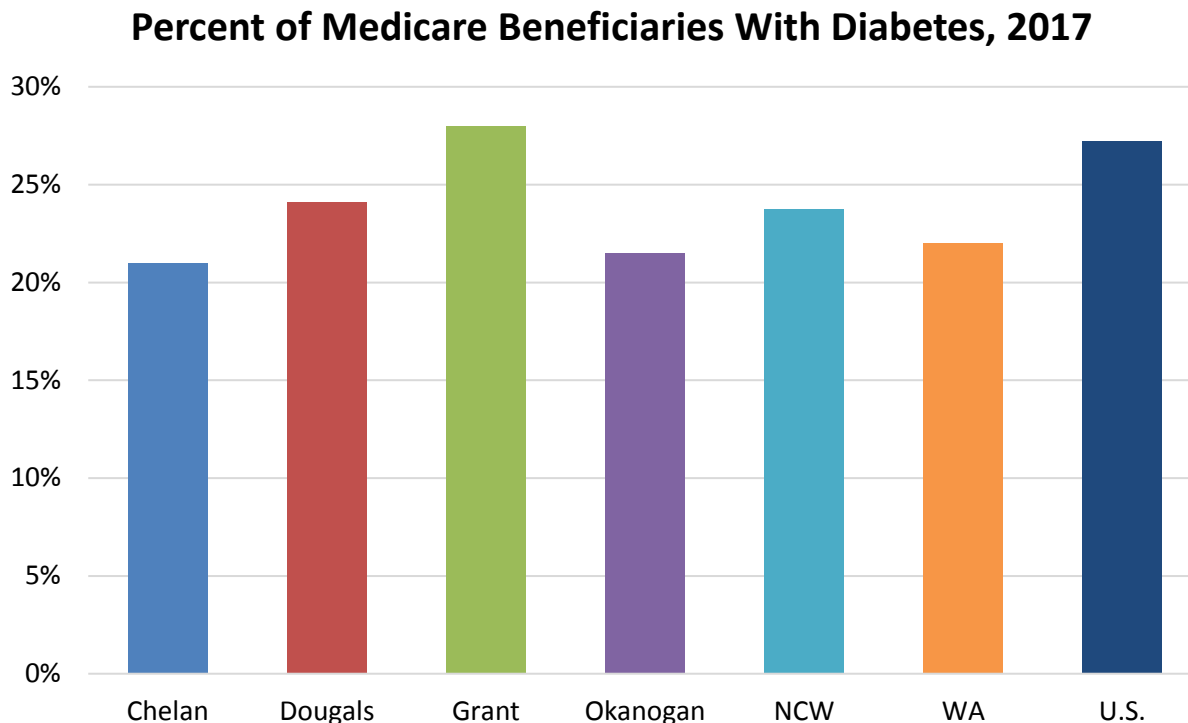
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2012 and 2016



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007-2016

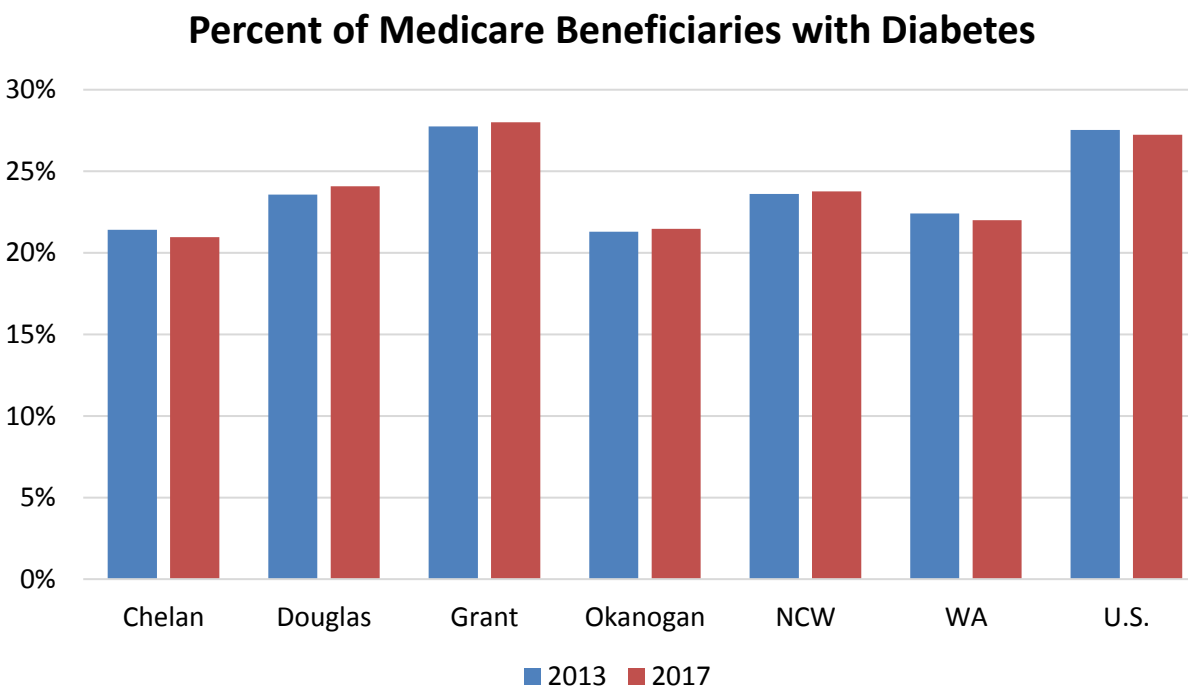
Medicare Beneficiaries with Diabetes

This indicator reports the percentage of the Medicare fee-for-service population with diabetes. (See Table 5h)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Centers for Medicare and Medicaid Services, 2017



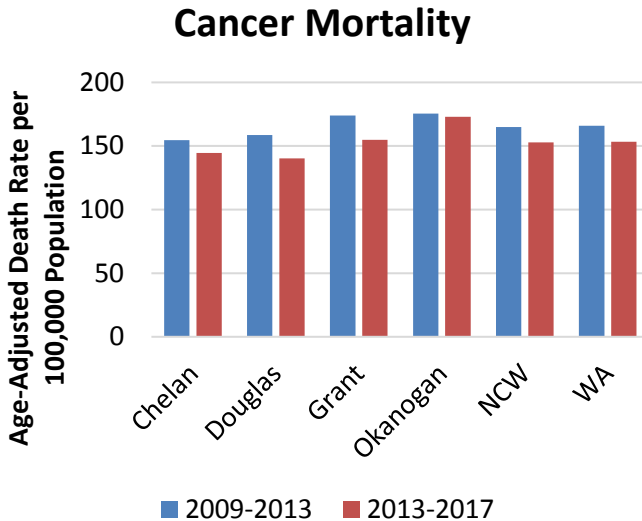
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: Centers for Medicare and Medicaid Services, 2013 and 2017

Cancer

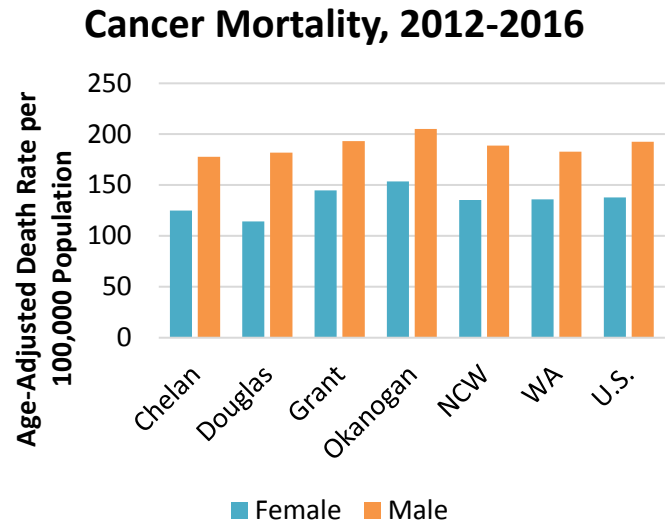
Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as age-adjusted rates. This indicator is relevant because cancer is a leading cause of death in NCW and the United States. (See Table 5j)



Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificates, 2009-2013 and 2013-2017

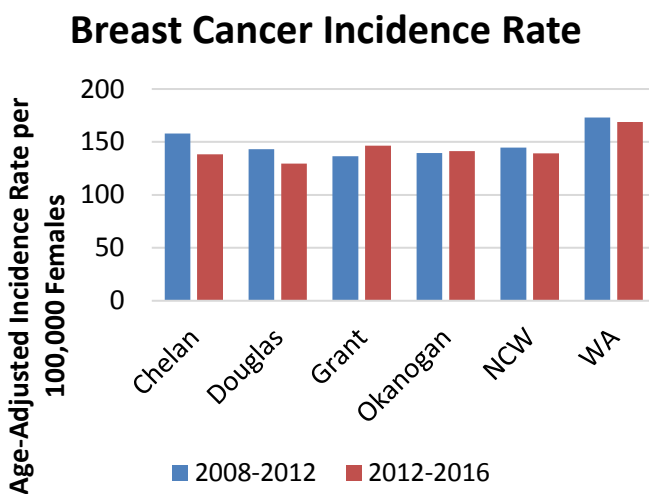


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

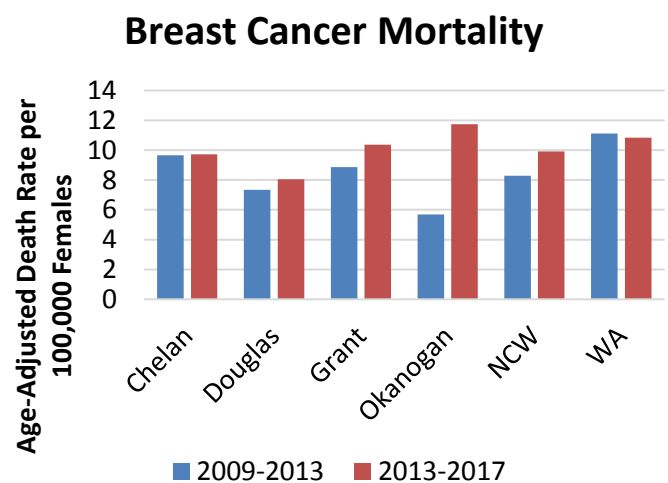
Breast Cancer

This indicator reports both the age-adjusted incidence rate of breast cancer as well as death rate of breast cancer among females. The incidence rate is the number of new cases per 100,000 females per year. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. (See Table 5j)



Source: Washington State Department of Health, Washington Tracking Network

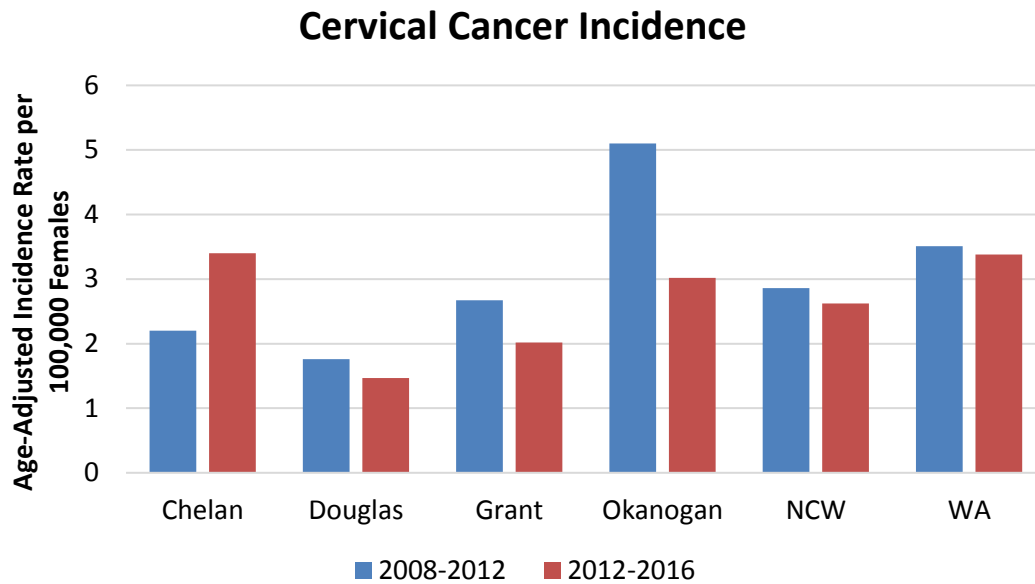
Data Source: Washington State Department of Health, Community Health Needs Assessment Tool, 2008-2012 and 2012-2016



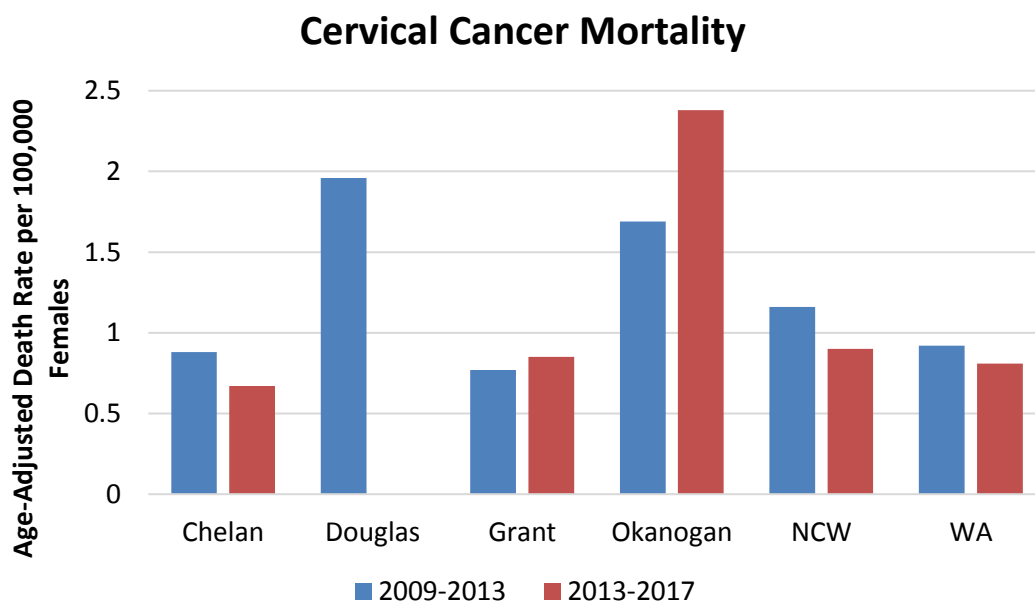
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Cervical Cancer

This indicator reports both the age-adjusted incidence rate of cervical cancer as well as death rate of cervical cancer among females. The incidence rate is the number of new cases per 100,000 females per year. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. (See Table 5j)



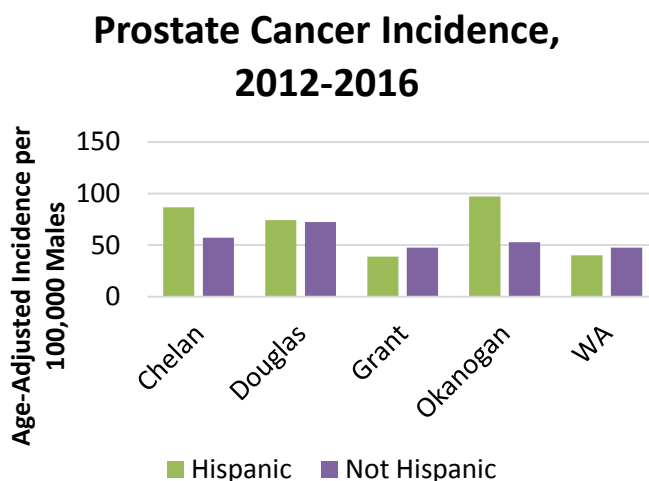
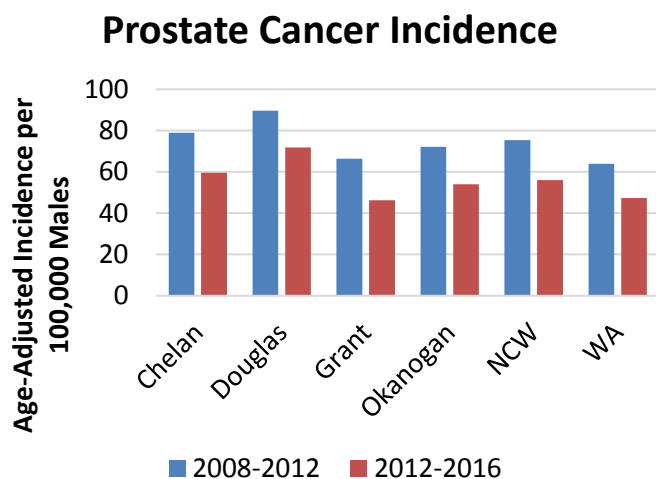
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2012 and 2012-2016



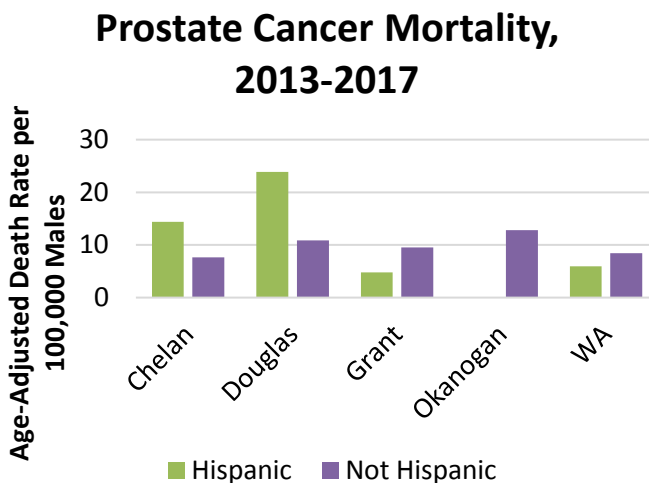
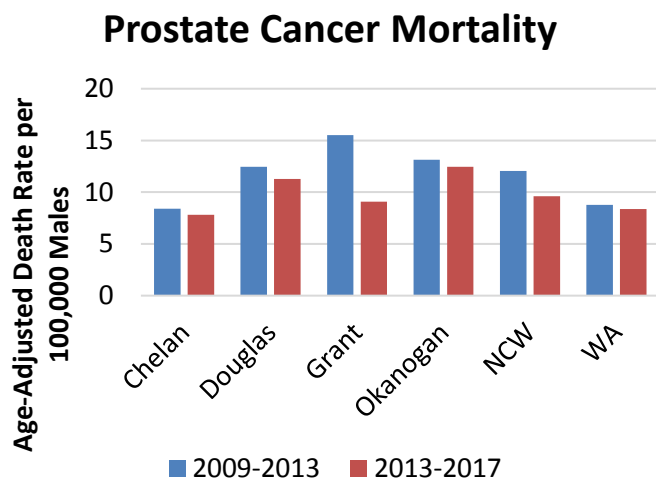
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Prostate Cancer

This indicator reports both the age-adjusted incidence rate of prostate cancer as well as death rate of prostate cancer among males. The incidence rate is the number of new cases per 100,000 males per year. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. (See Table 5j)



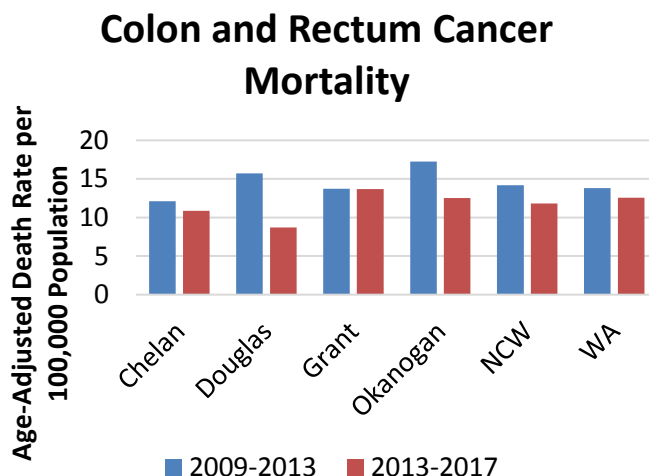
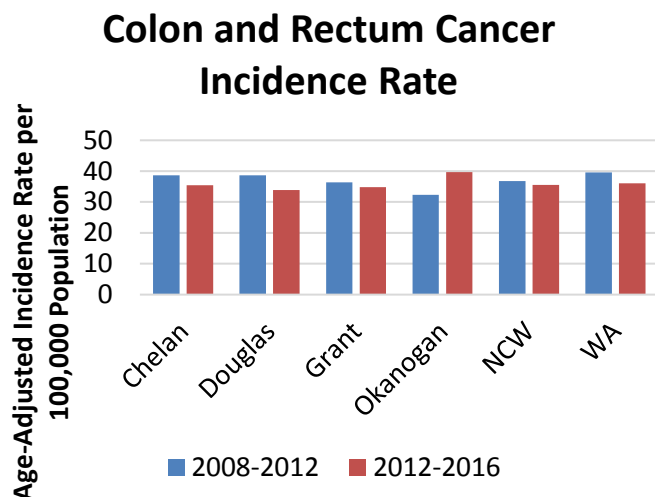
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2012 and 2012-2016



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Colon and Rectum Cancer

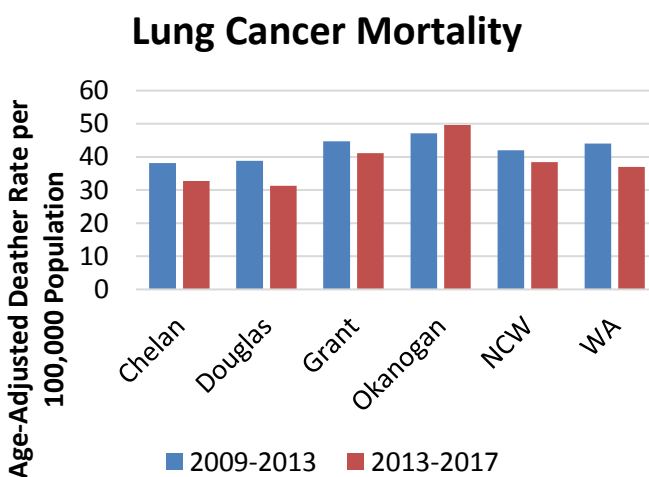
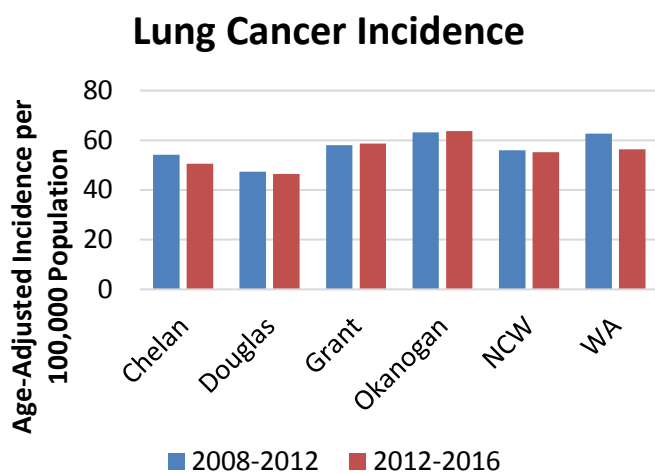
This indicator reports both the age-adjusted incidence rate of colon and rectum cancer as well as death rate of colon and rectum cancer among the population. The incidence rate is the number of new cases per 100,000 population per year. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. (See Table 5j)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2012, 2009-2013, 2012-2016, and 2013-2017

Lung Cancer

This indicator reports both the age-adjusted incidence rate of lung cancer as well as death rate of lung cancer among the population. The incidence rate is the number of new cases per 100,000 population per year. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. (See Table 5j)

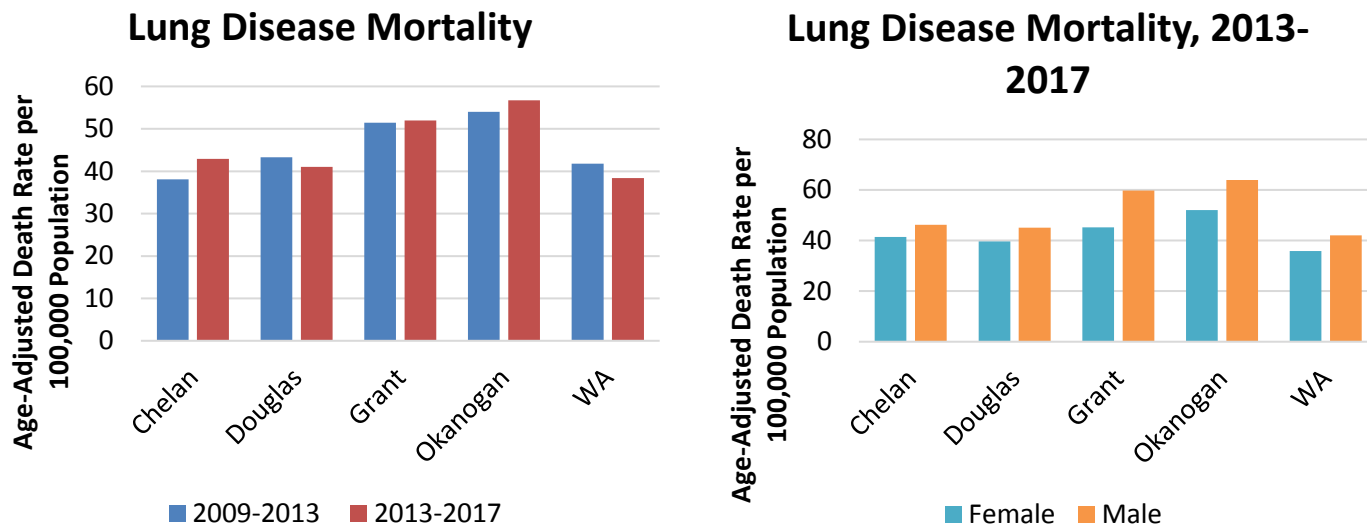


Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2012, 2009-2013, 2012-2016, and 2013-2017

Lung and Heart Disease

Lung Disease Mortality

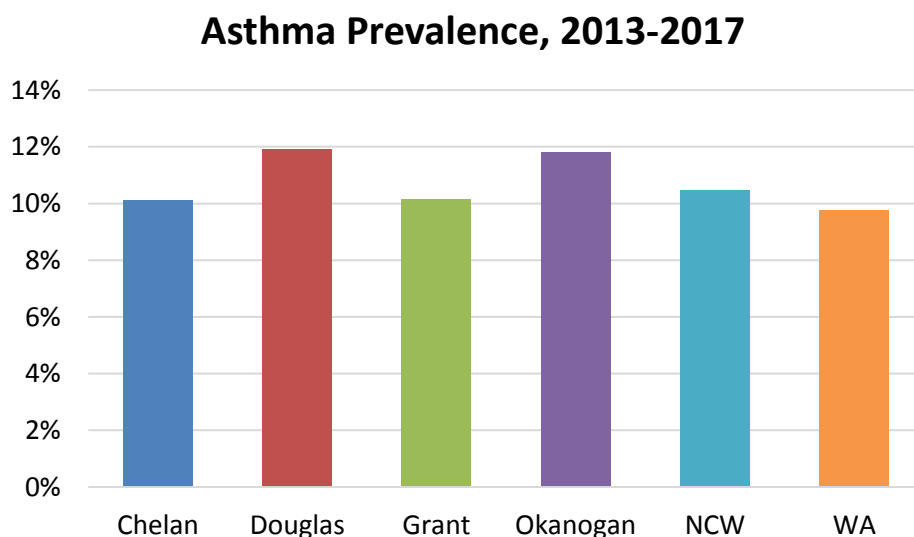
This indicator reports the age-adjusted rate of death due to chronic lower respiratory disease per 100,000 population. This indicator is relevant because lung disease is a leading cause of death in NCW as well as in the United States. (See Table 5k)



Source/Data Source: CDC, National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER, 2009-2013 and 2013-2017

Asthma Prevalence

This indicator reports the percentage of adults age 18 and older who self-report they have ever been told by a doctor, nurse or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem that is often exacerbated by poor environmental conditions. (See Table 5k)

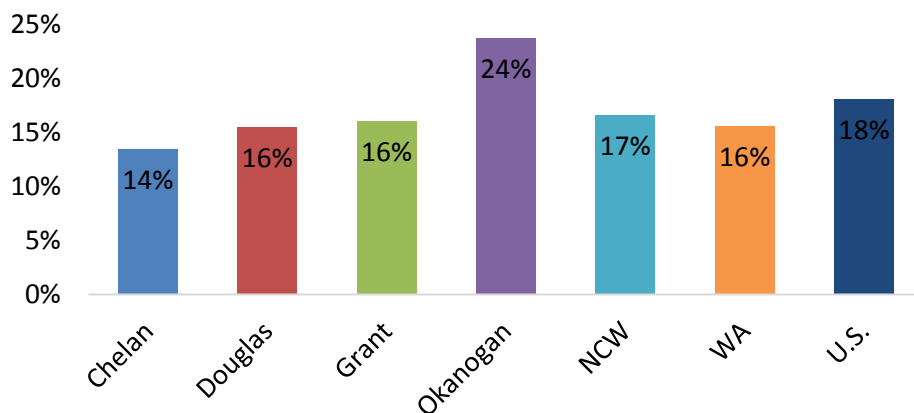


Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), 2013-2017

Current Smokers

This indicator reports the age-adjusted percentage of adults age 18 or older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. (See Table 5k)

Percent of Population Currently Smoking Cigarettes (Age-Adjusted), 2006-2012



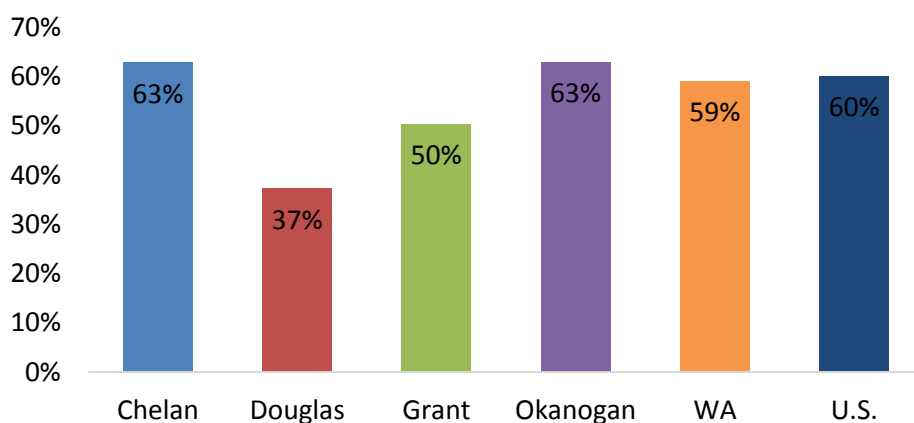
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicator Warehouse, 2006-2012

Smoker Quit Attempts

This indicator reports the percentage of smokers who have self-reported attempting to quit smoking for at least one day in the past year. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease and supporting efforts to quit smoking may increase positive health outcomes. (See Table 5k)

Percent of Smokers with Quit Attempt in Past 12 Months, 2011-2012

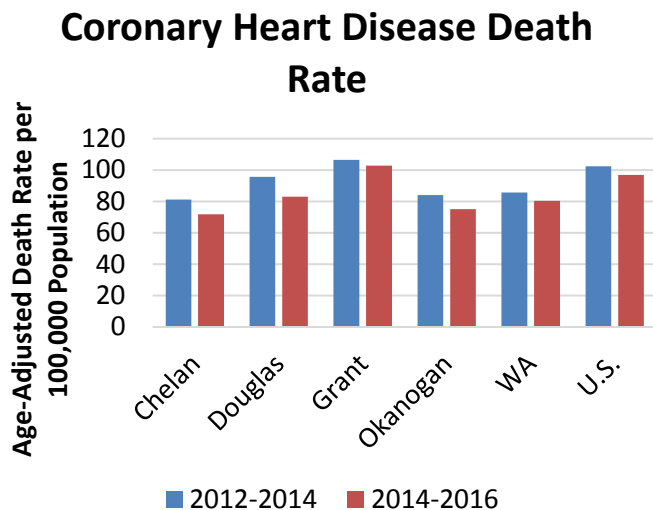


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

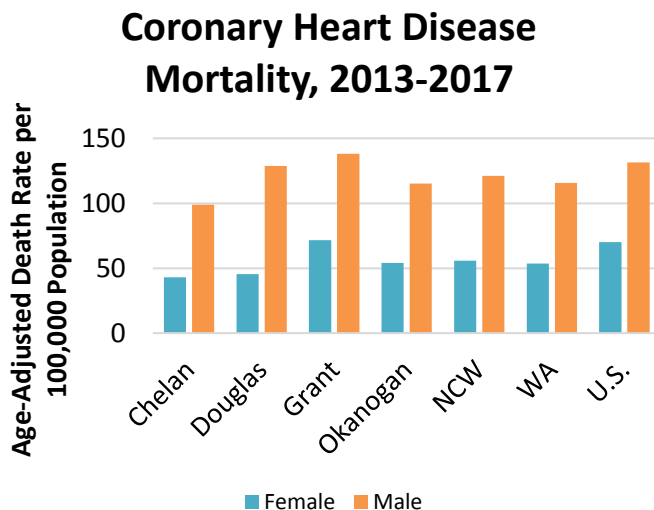
Data Source: CDC, Behavioral Risk Factor Surveillance System, 2011-2012

Coronary Heart Disease Mortality

This indicator reports the age-adjusted death rates of coronary heart disease per 100,000 population. This indicator is relevant because heart disease is a leading cause of death in the United States. (See Table 5k)



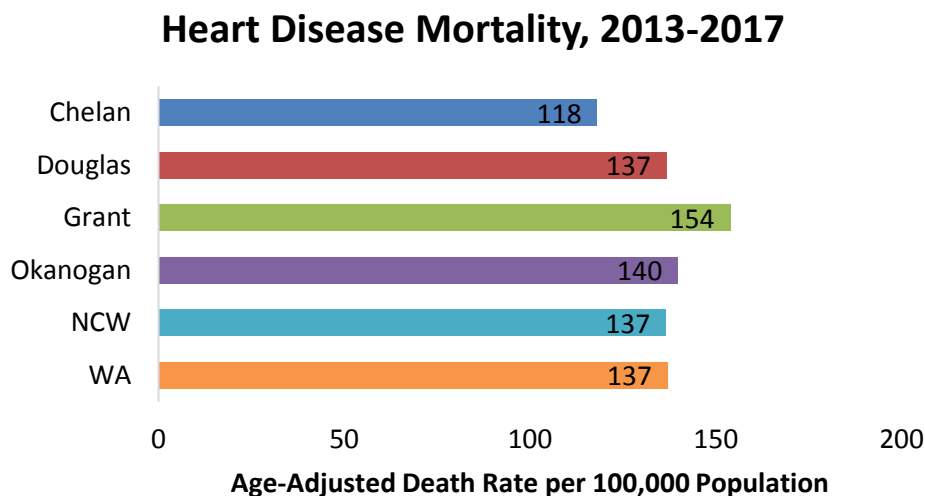
Source/Data Source: CDC, Interactive Atlas of Heart Disease and Stroke Tables, 2012-2014 and 2014-2016



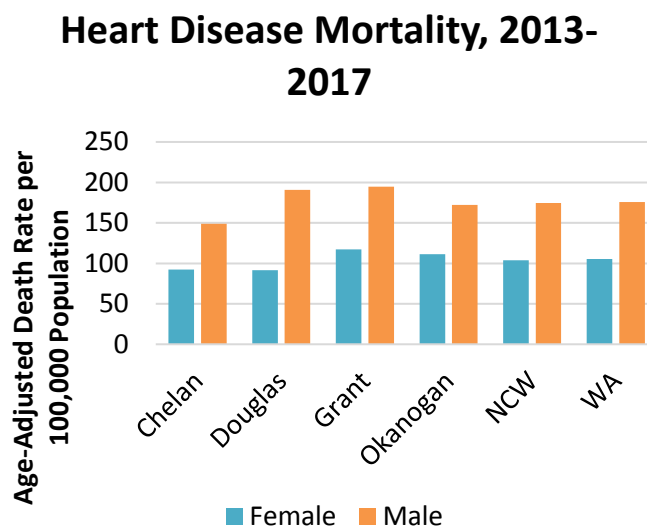
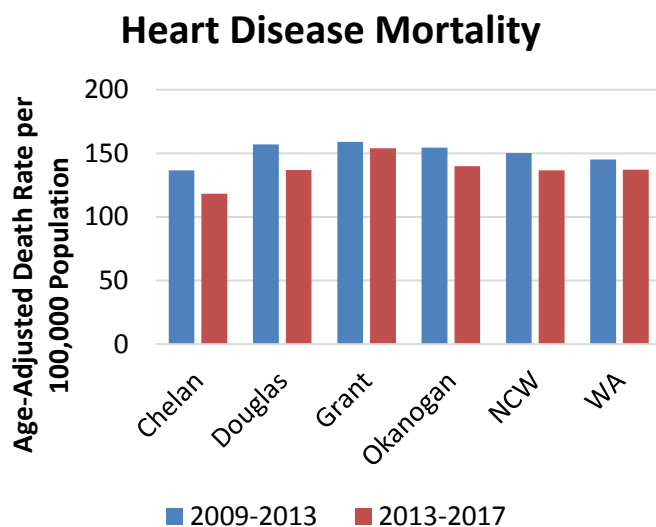
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2013-2017

Heart Disease Mortality

This indicator reports the age-adjusted rate of death due to heart disease per 100,000 population. This indicator is relevant as heart disease is a leading cause of death in the United States. (See Table 5k)



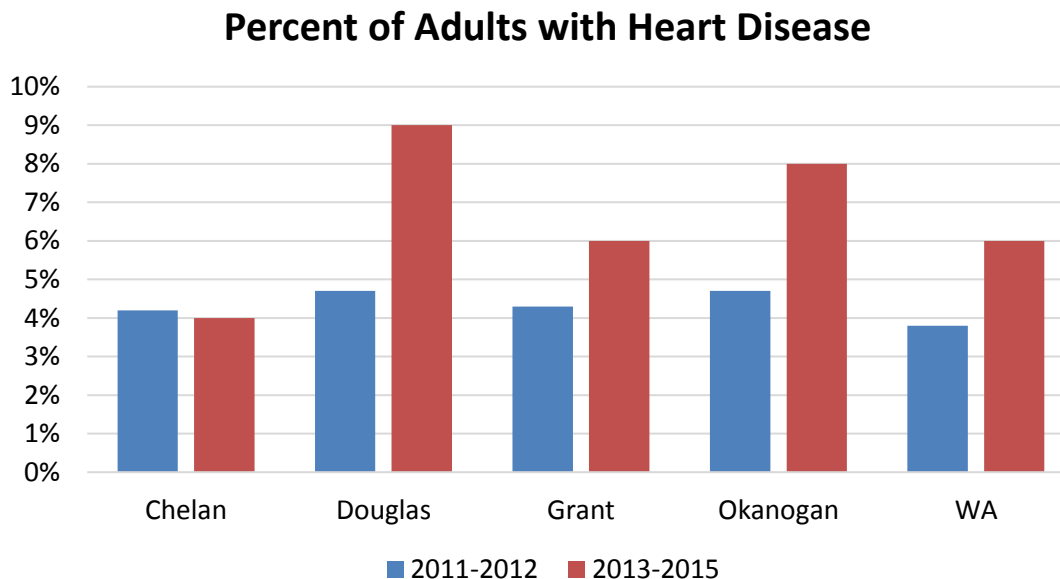
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Heart Disease Prevalence

This indicator reports the percentage of adults 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attack. (See Table 5k)



2011-2012

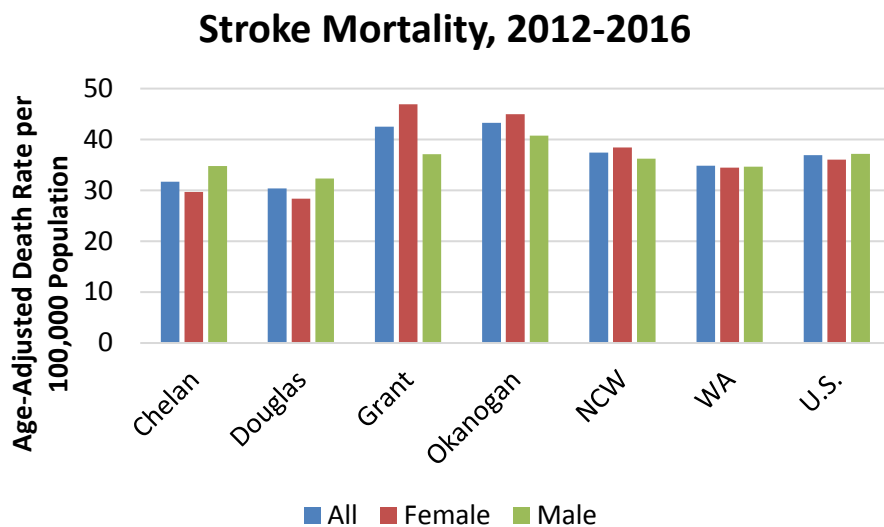
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, Behavioral Risk Factor Surveillance System, 2011-2012

2013-2015

Source: Washington State Department of Health, Chronic Disease Profiles
Data Source: Washington Behavioral Risk Factor Surveillance System, 2013-2015

Stroke Mortality Rate

This indicator reports the age-adjusted death rate due to cerebrovascular disease (stroke) per 100,000 population. This indicator is relevant because stroke is a leading cause of death in the United States. (See Table 5h)

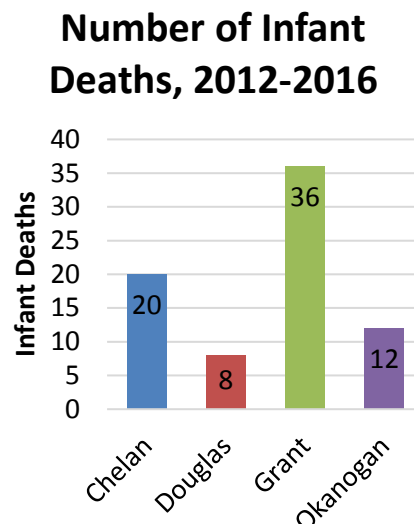
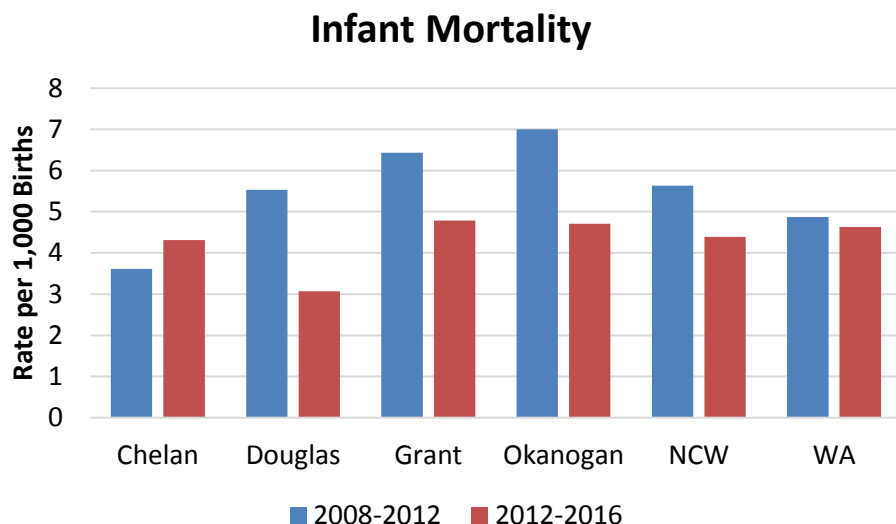


Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

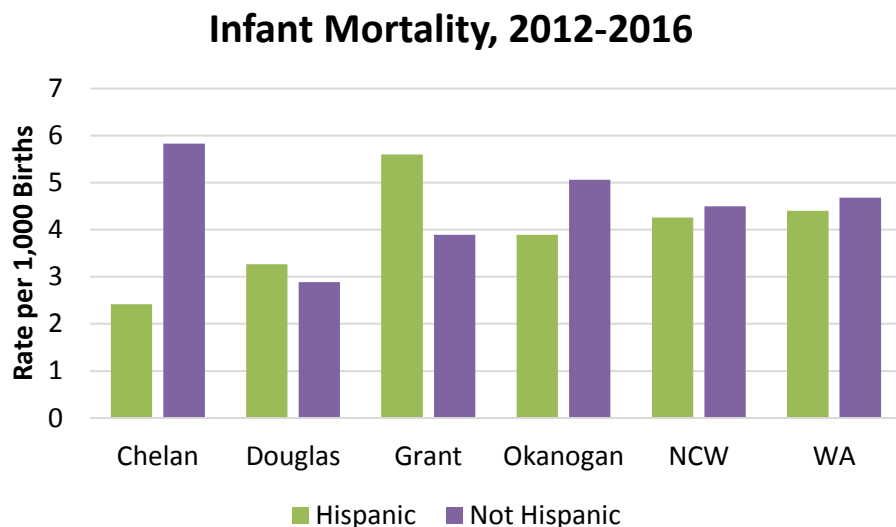
Pre-Conceptual and Perinatal Health

Infant Mortality and Infant Death

This indicator reports the number and rate (per 1,000 births) of deaths to infants less than one year of age. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. (See Table 5I)



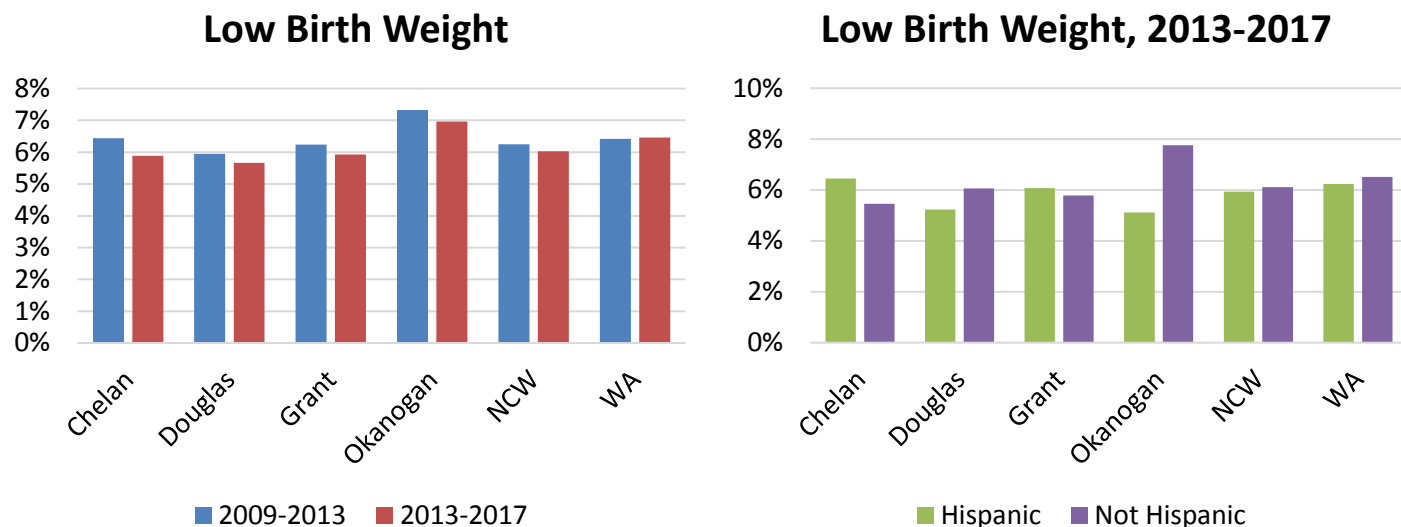
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2012 and 2012-2016



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2012-2016

Low Birth Weight

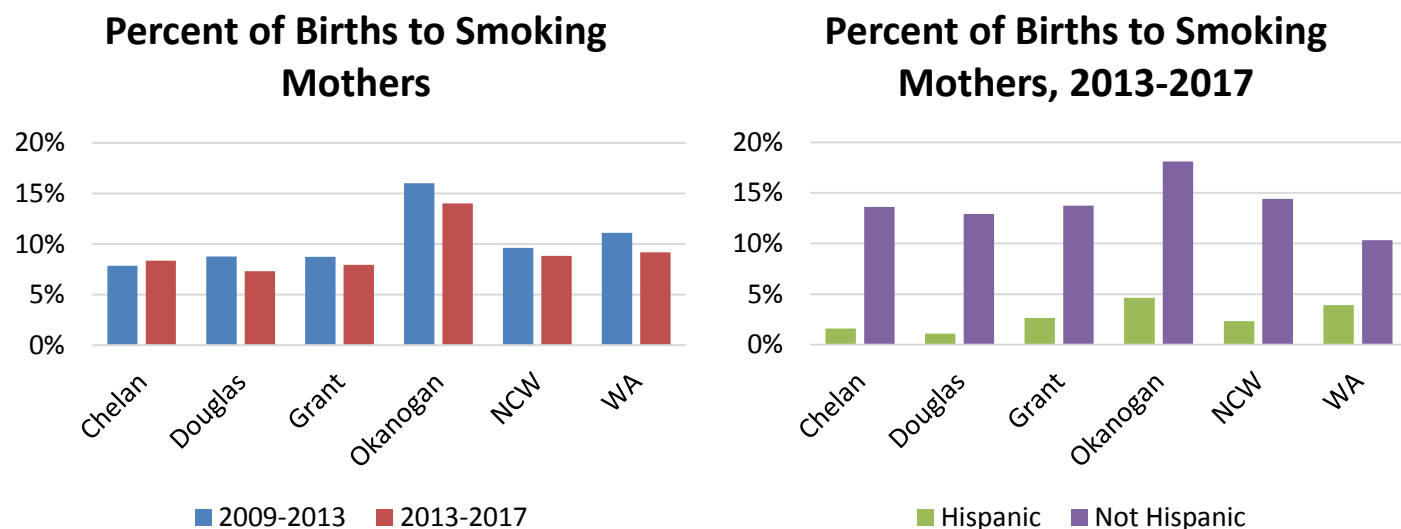
This indicator reports the percentage of total births that are low birth weight (under 2,500 grams). This indicator is relevant because low birth weight infants are at higher risk for health problems. (See Table 5I)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Birth to Smoking Mothers

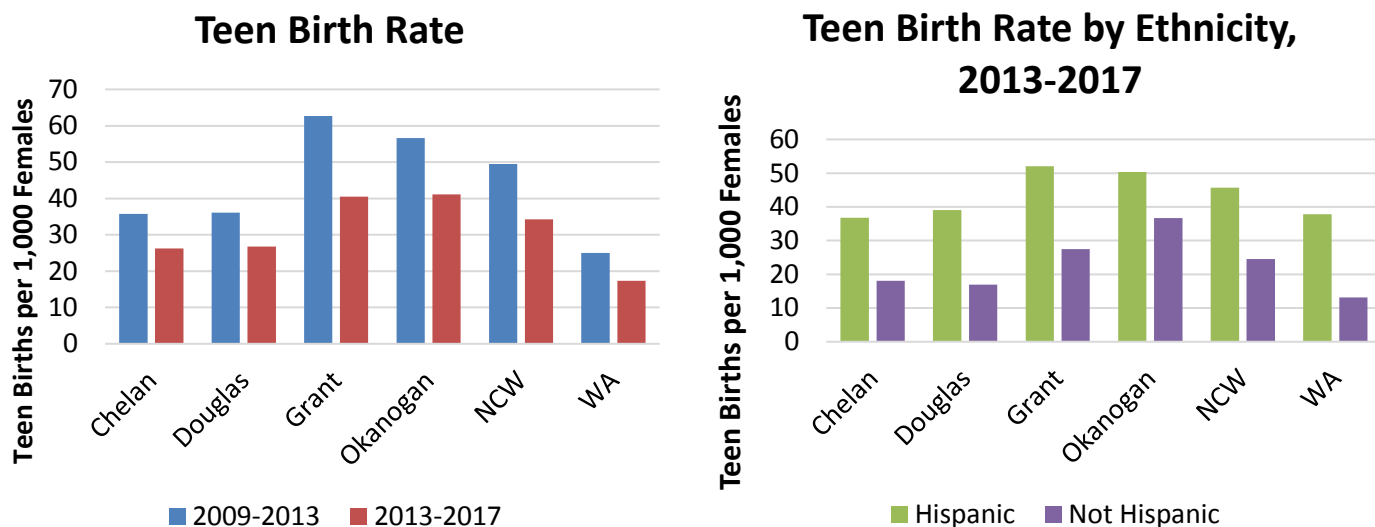
This indicator reports the percentage of total births that are to smoking mothers. This indicator is relevant because babies born to smoking mothers have a high incidence of birth defects. (See Table 5I)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

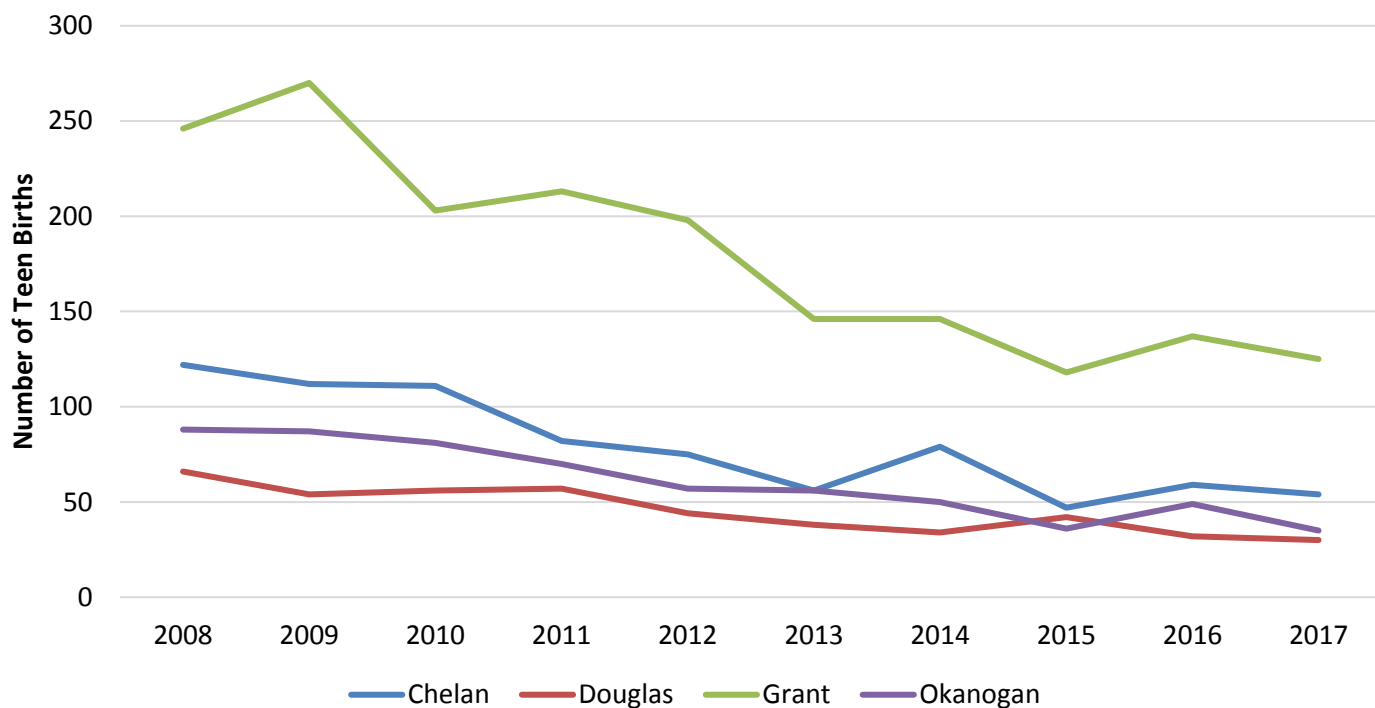
Teen Birth Rate

This indicator reports the total births to women age 15 to 19 per 1,000 female teen (age 15 to 19) population. This indicator is relevant because in many cases teen parents have unique economic and health needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. (See Table 5I and 5m)



Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Teen Births, 2008-2017

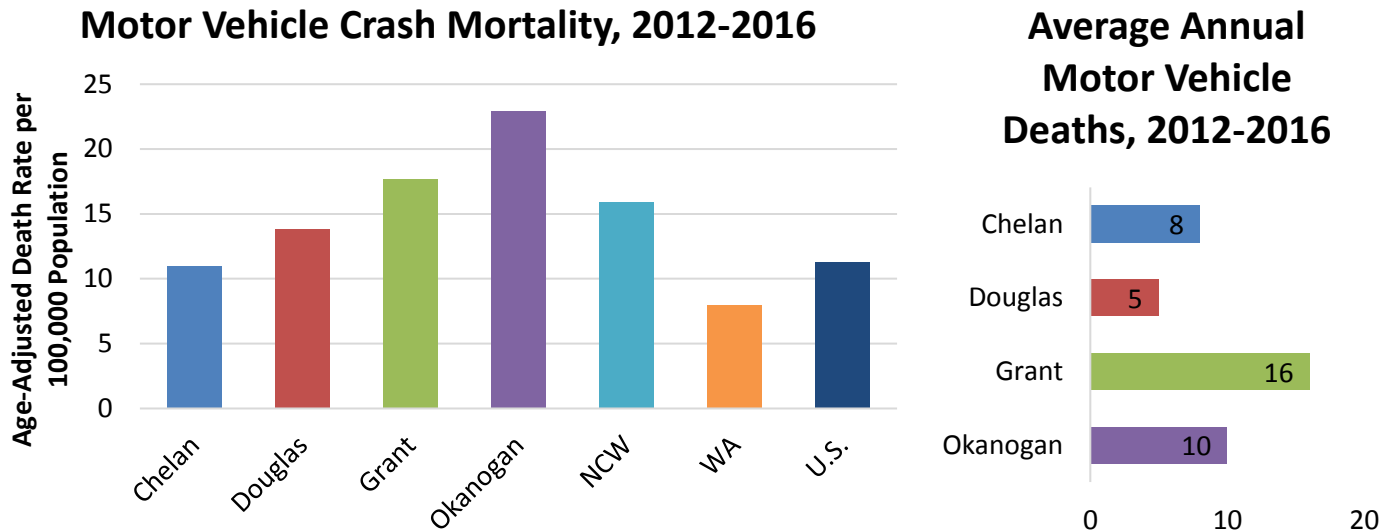


Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2017

Accidents, Homicide, and Suicide

Motor Vehicle Crash Mortality

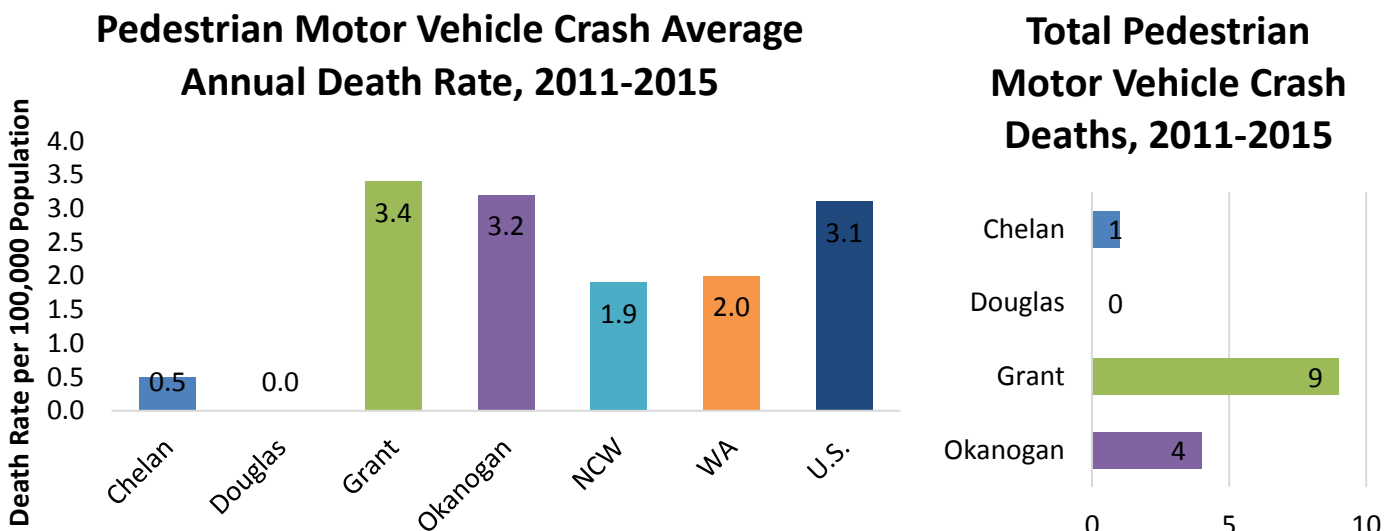
This indicator reports the age-adjusted rate of death due to motor vehicle crashes per 100,000 population, which includes collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death. (See Table 5n)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

Pedestrian Motor Vehicle Crash Mortality

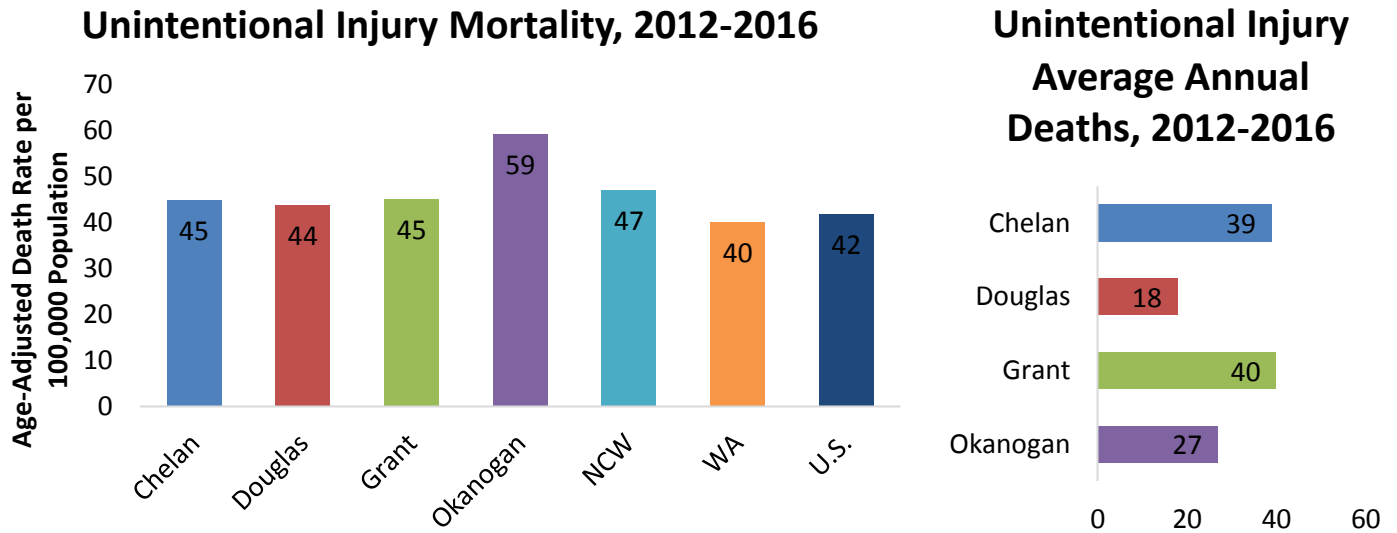
This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable, and they are a cause of premature death. (See Table 5n)



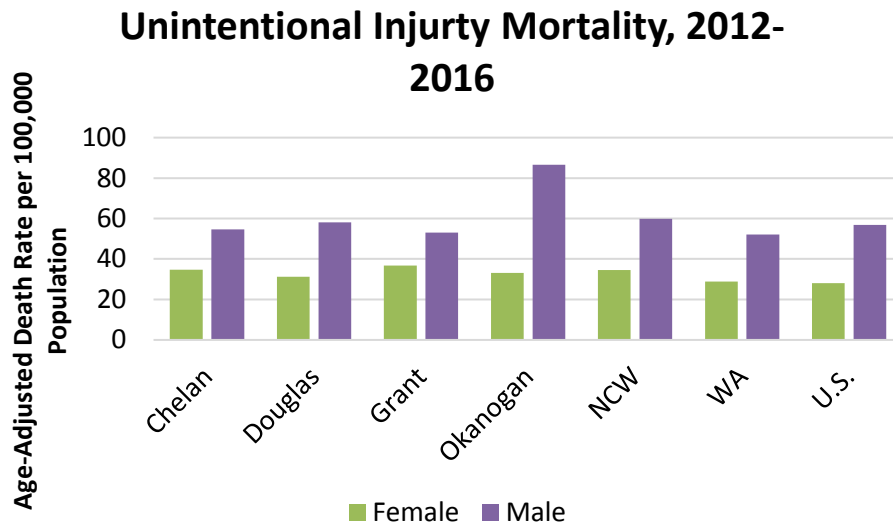
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: U.S. Department of Transportation, National Highway Safety Administration, Fatality Analysis Reporting System, 2011-2015

Unintentional Injury Mortality

This indicator reports the age-adjusted rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the United States. (See Table



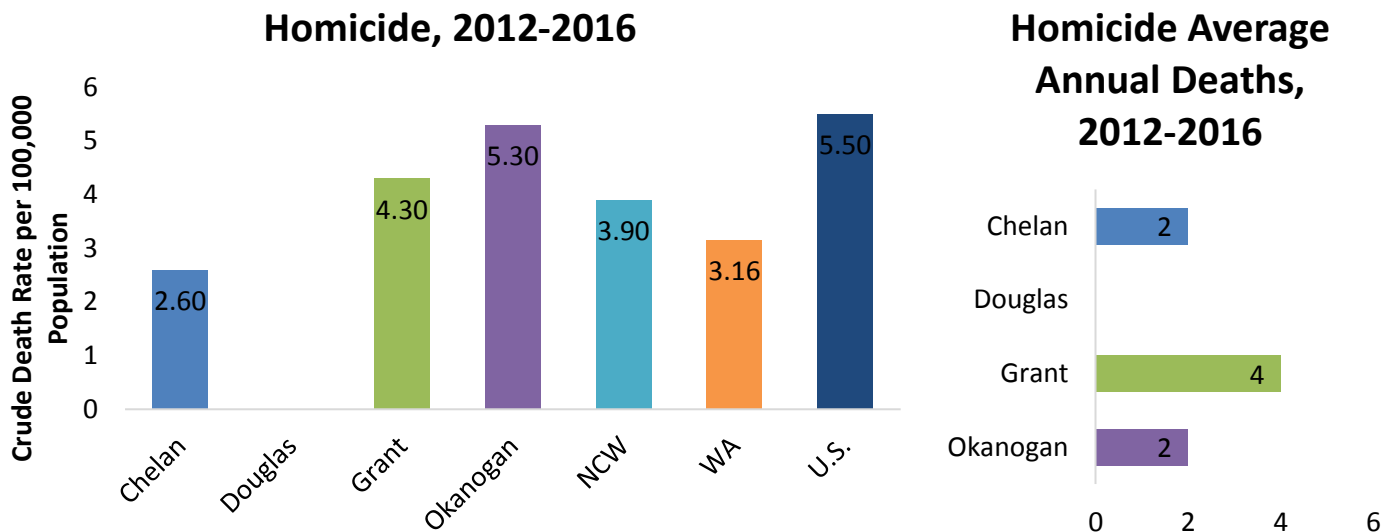
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

Homicide

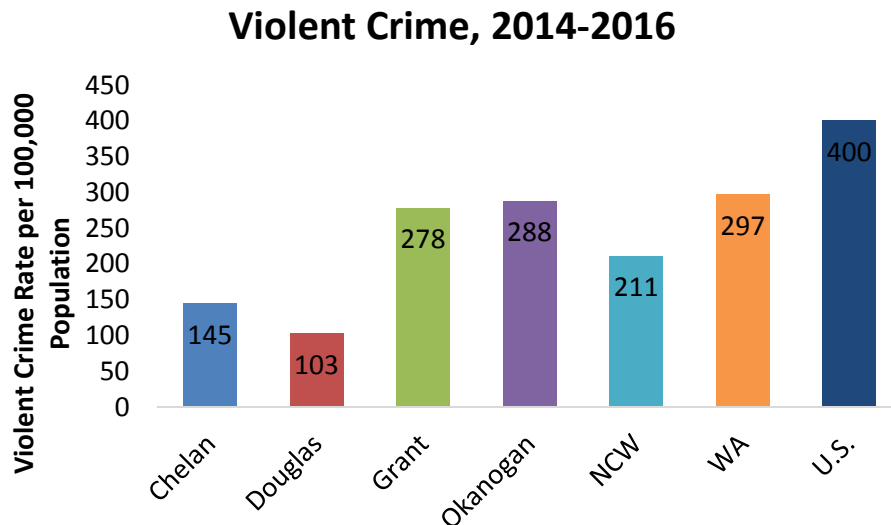
This indicator reports the crude rate of death due to assault (homicide) per 100,000 population. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death. (See Table 5j)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

Violent Crime

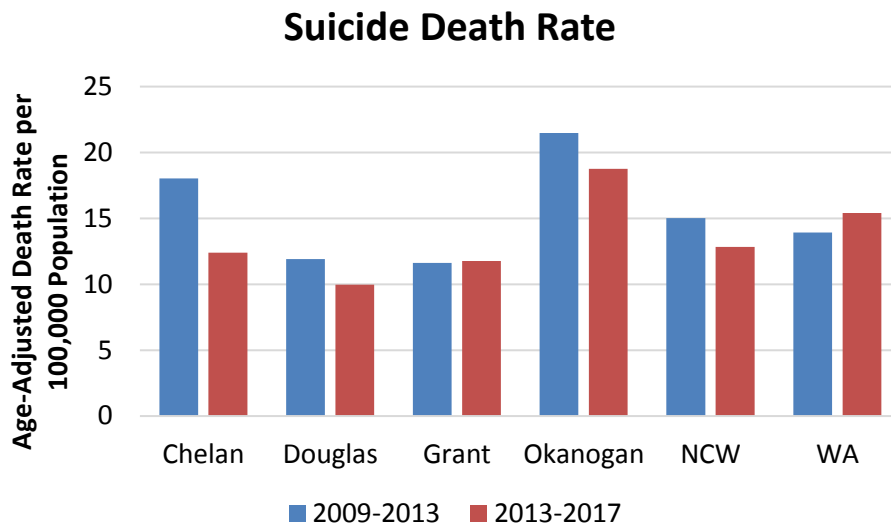
This indicator reports information about violent crime offenses reported by law enforcement. Violent crime includes homicide, rape, robbery and aggravated assault. (See Table 5j)



Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports, 2014-2016

Suicide

This indicator reports the age-adjusted death rate due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator for poor mental health. (See Table 5j)



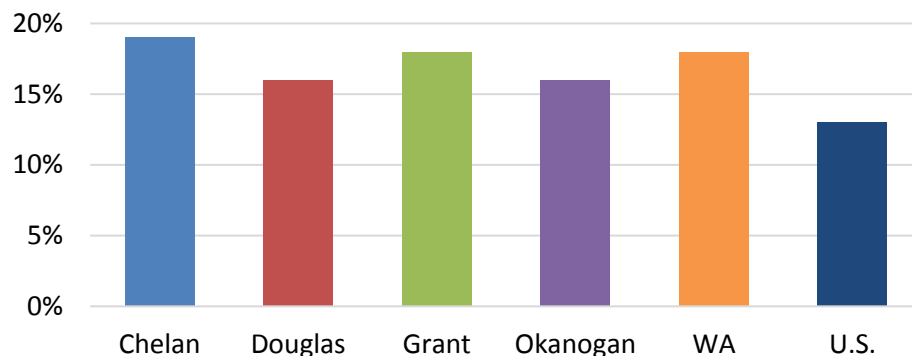
Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2013 and 2013-2017

Drug and Alcohol Use

Adult Alcohol Consumption

This indicator reports the percentage of the adult population who reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcohol drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. This indicator is relevant because excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes. (See Table 5o)

Excessive Drinking, 2016



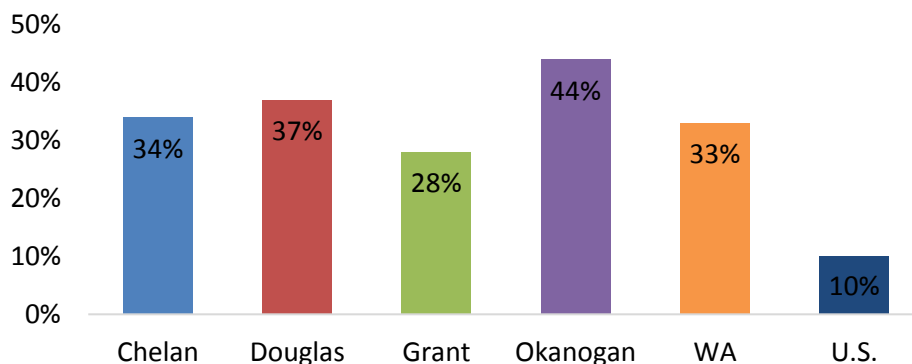
Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019

Data Source: Behavioral Risk Factor Surveillance System, 2016

Alcohol-Impaired Driving Deaths

This indicator reports the percentage of motor vehicle crash deaths with alcohol involvement. This indicator is relevant as the annual cost of alcohol-related crashes totals more than \$44 billion. Some limitations of this indicator include: (1) this indicator considers the percentage of crash deaths involving alcohol, not the number of total crashes or the number of total crashes involving alcohol; (2) not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement; and (3) even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (e.g. someone with a 0.01 BAC vs. 0.35 BAC). (See Table 5o)

Alcohol-Impaired Driving Deaths, 2013-2017

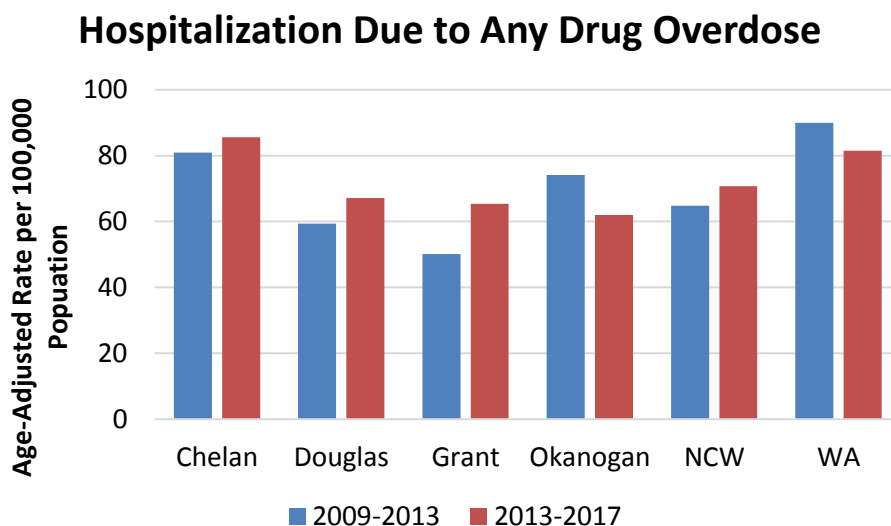


Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019

Data Source: Fatality Analysis Reporting System, 2013-2017

Drug Overdose – Non-Fatal Hospitalization

This indicator reports the age-adjusted rate of hospitalizations due to any drug overdose per 100,000 population. (See Table 5o)

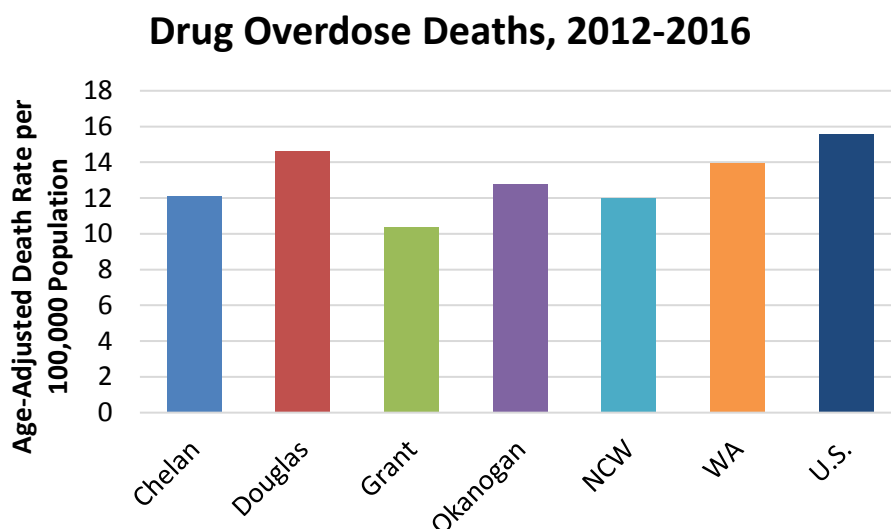


Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington Department of Health, Center for Health Statistics, Washington Comprehensive Hospital Abstract Reporting System, 2009-2013 and 2013-2017

Drug Overdose Deaths

This indicator reports the age-adjusted rate of drug overdose deaths per 100,000 population. (See Table 5o)



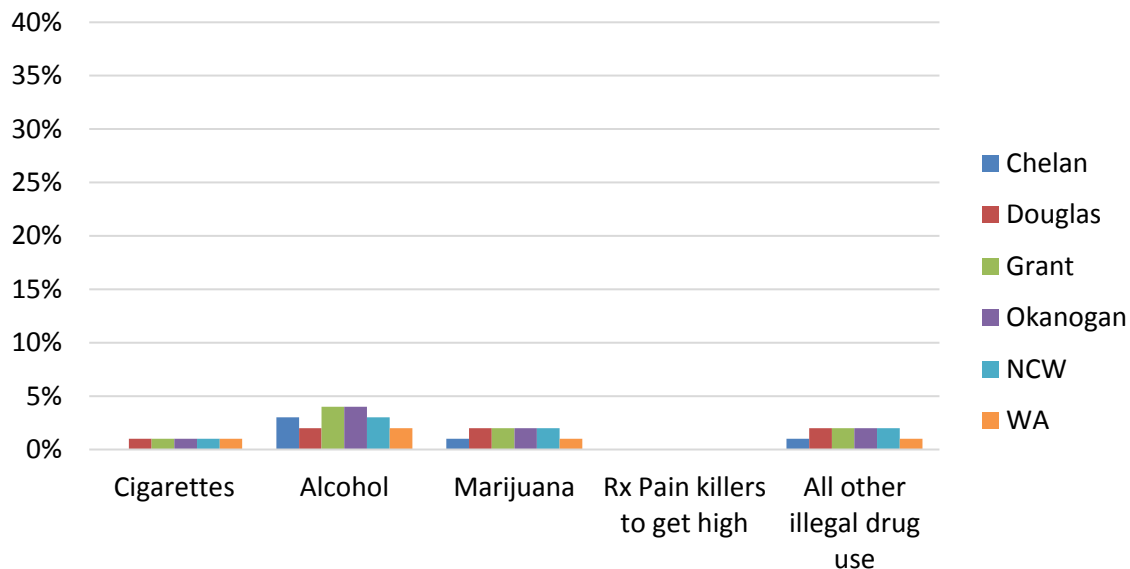
Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report

Data Source: CDC, National Vital Statistic System, CDC WONDER, 2012-2016

Youth Drug and Alcohol Use

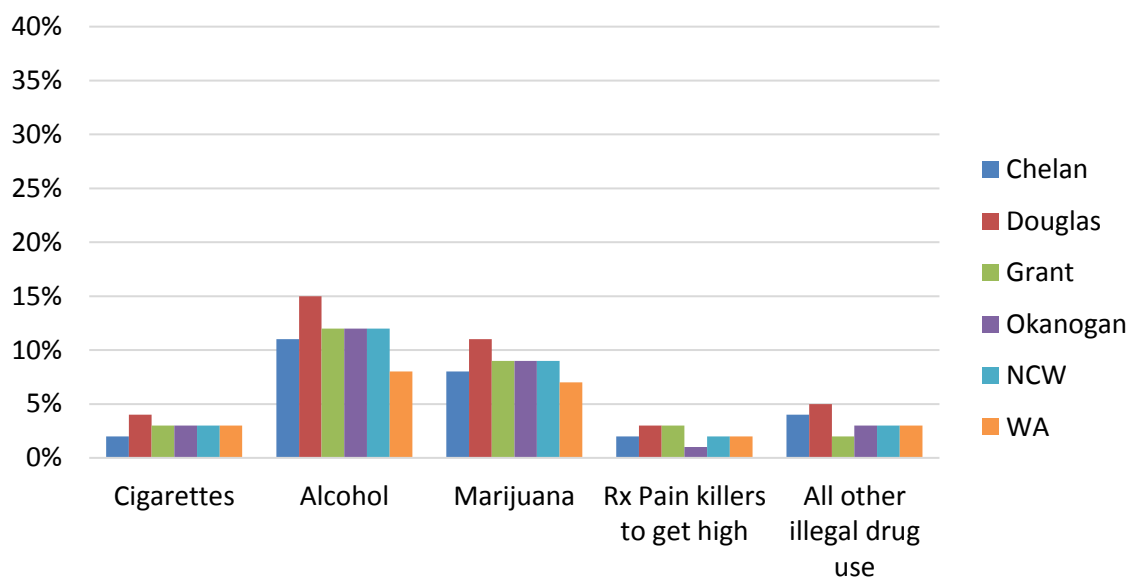
This indicator reports percentage of 6th, 8th, 10th and 12th grade students who self-reported using cigarettes, alcohol, marijuana, Rx pain killers to get high and/or all other illegal drug use in the past 30 days in the 2018 Healthy Youth Survey. This indicator is relevant because substance use in youth can negatively affect their health and wellbeing. (See Table 5o)

Current (Past-30-Days) Substance Use Among 6th Graders, 2018



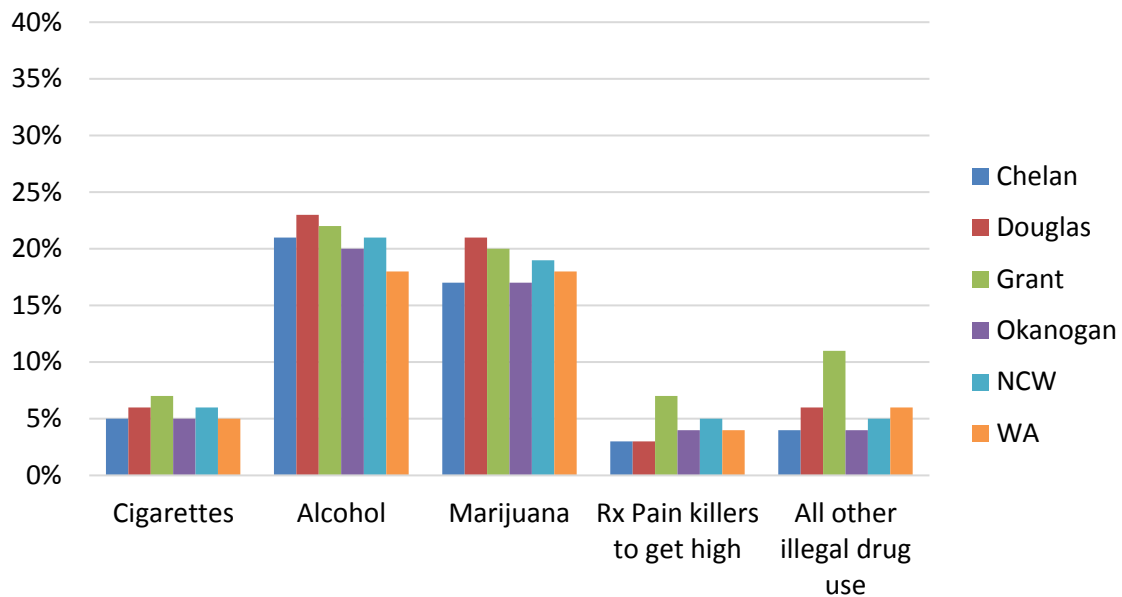
Source/Data Source: Washington State Healthy Youth Survey, 2018

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



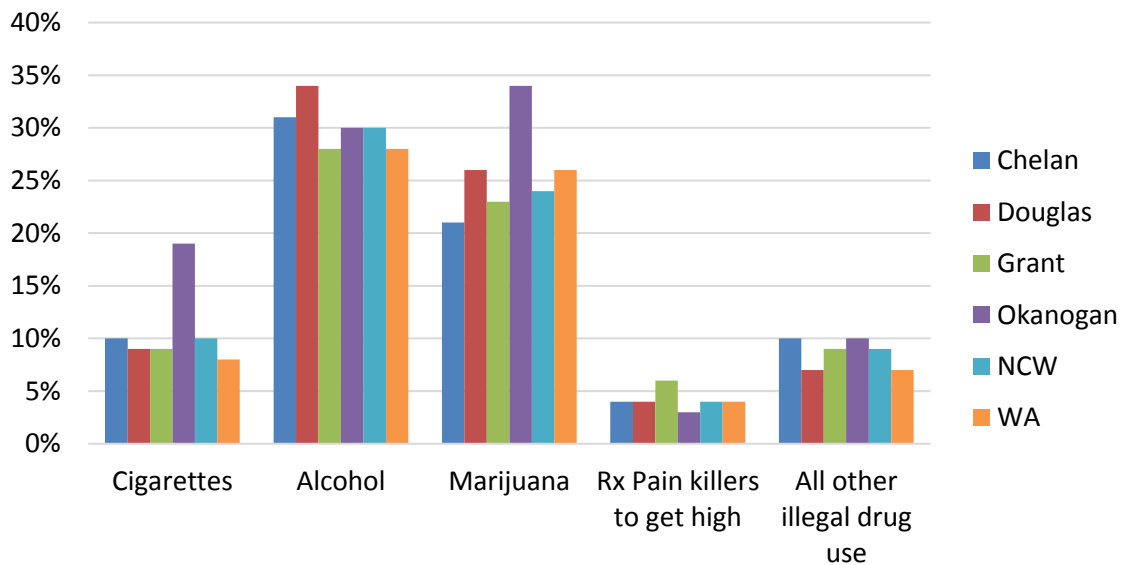
Source/Data Source: Washington State Healthy Youth Survey, 2018

Current (Past-30-Days) Substance Use Among 10th Graders, 2018



Source/Data Source: Washington State Healthy Youth Survey, 2018

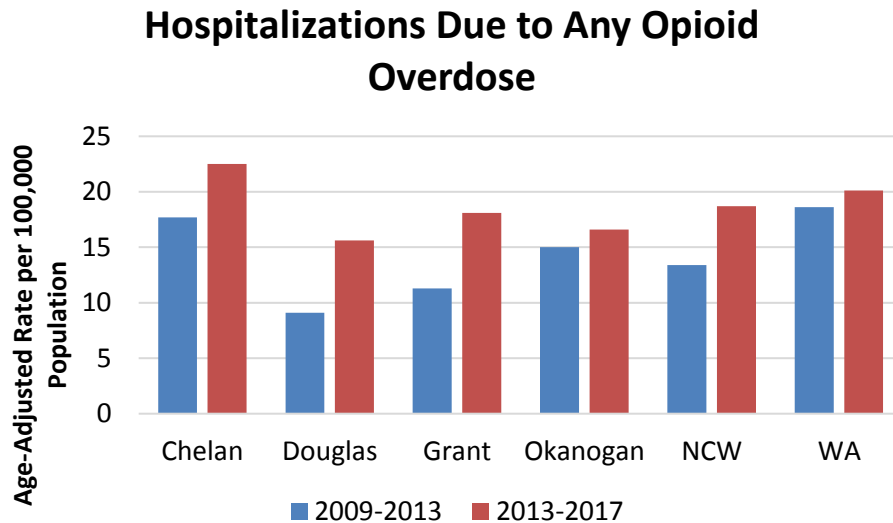
Current (Past-30-Days) Substance Use Among 12th Graders, 2018



Source/Data Source: Washington State Healthy Youth Survey, 2018

Opioids

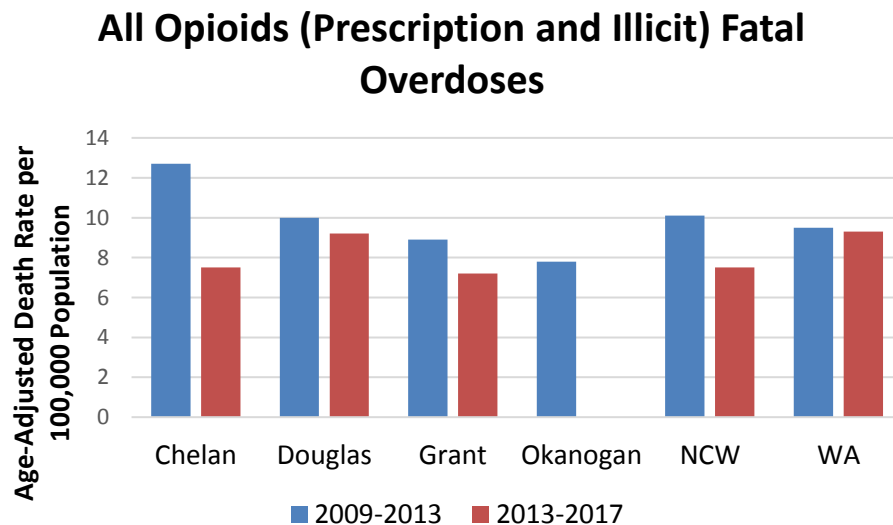
This indicator reports the age-adjusted hospitalization due to any opioid overdose rate per 100,000 population and age-adjusted fatal overdoses for all opioids (prescription and illicit) rate per 100,000. Opioid overdose includes poisoning or accidental poisoning by opium, methadone, heroin, synthetic narcotics, unspecified narcotics and other opiates and related narcotics. (See Table 5o)



Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington Department of Health's Injury Program, Center for Health Statistics, Washington Comprehensive Hospital Abstract Reporting System, 2009-2013 and 2013-2017

Fatal opioid overdoses include accidental poisoning and intentional self-poisoning by drugs, assault by drug poisoning and drug poisoning of undetermined intent with any of the following opioids: opium; heroin; natural and semisynthetic opioids; methadone; synthetic opioids, other than methadone; and other and unspecified narcotics. (See Table 5o)



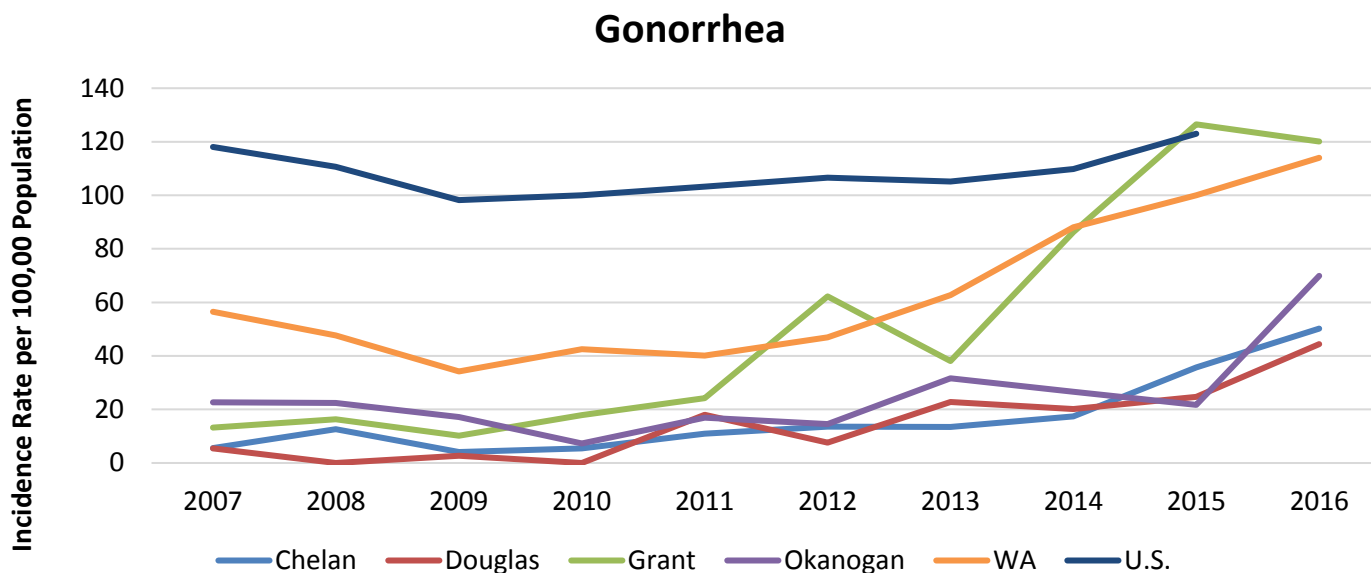
Source: Washington State Department of Health, Washington Tracking Network

Data Source: Washington Department of Health's Injury Program, 2009-2013 and 2013-2017

Sexually Transmitted Infections

Gonorrhea Incidence

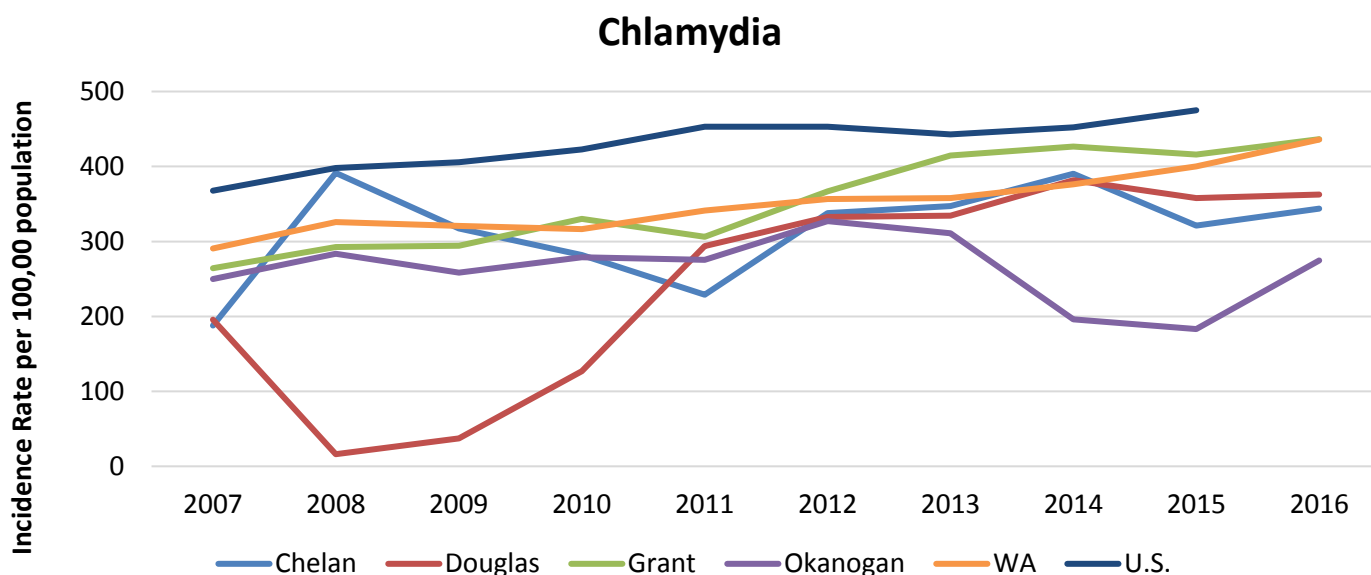
This indicator reports the incidence rate of gonorrhea cases per 100,000 population. The incidence rate is the number of new cases per 100,000 population per year. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. (See Table 5p)



Source/Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2007-2016

Chlamydia Incidence

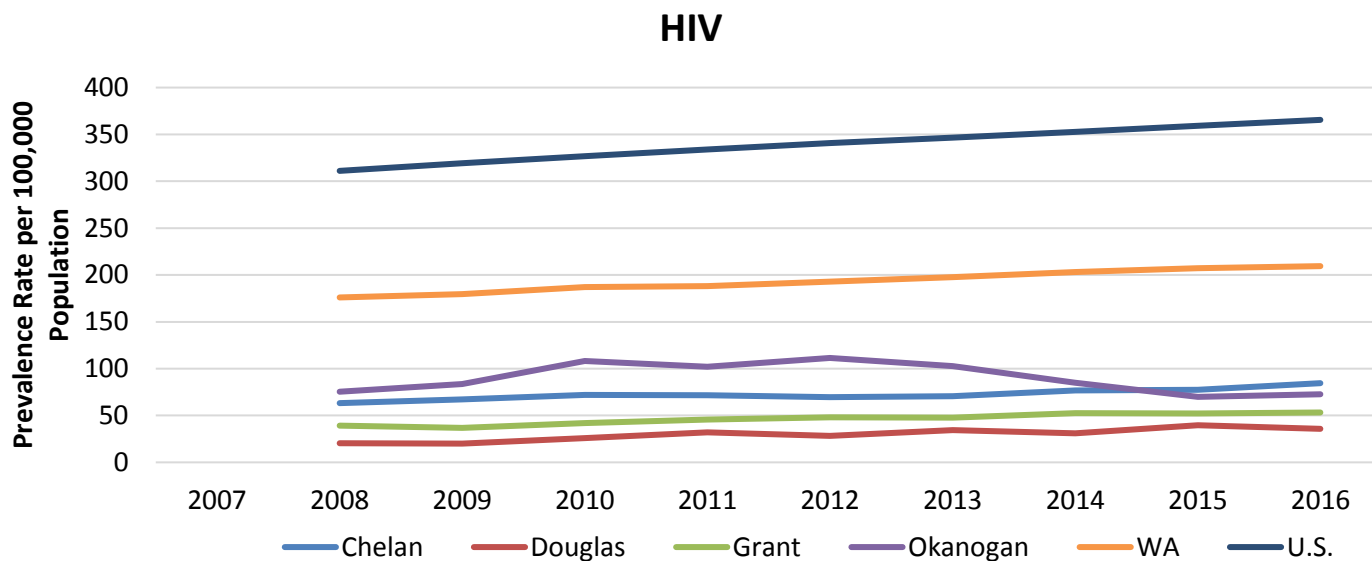
This indicator reports the incidence rate of chlamydia cases per 100,000 population. The incidence rate is the number of new cases per 100,000 population per year. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. (See Table 5p)



Source/Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2007-2016

HIV Prevalence

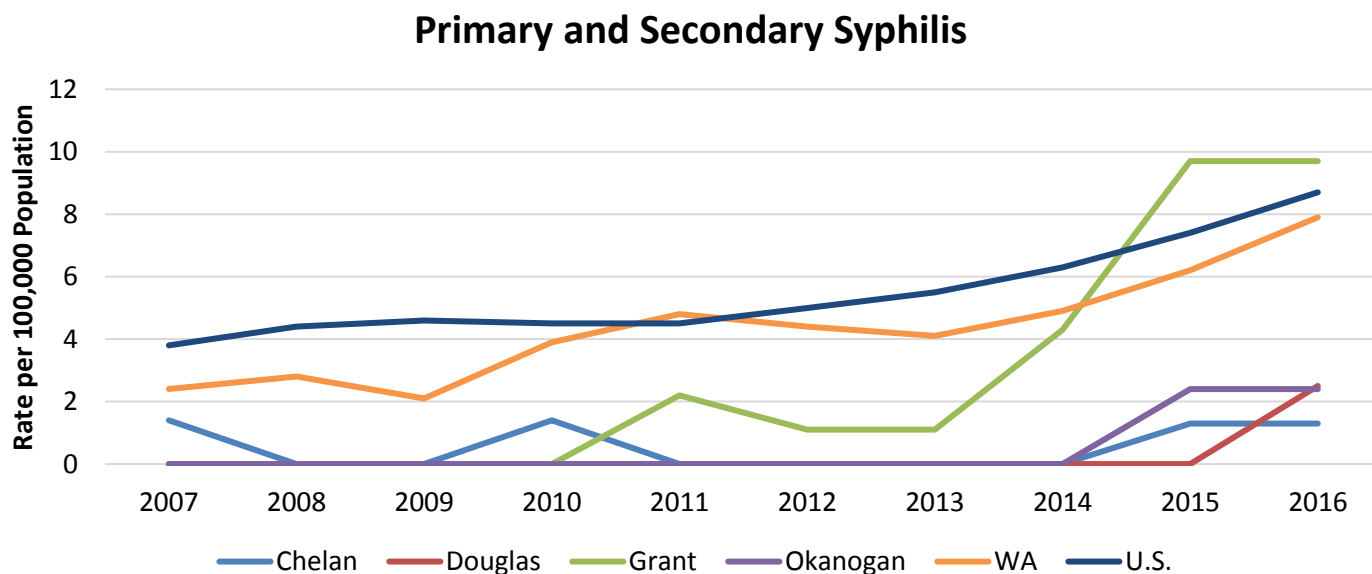
This indicator reports the rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices. (See Table 5p)



Source/Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2007-2016

Primary and Secondary Syphilis

This indicator reports the rate of primary and secondary syphilis per 100,000 population. (See Table 5p)



Source/Data Sources: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2007-2016

Table 5. Health Behaviors & Outcomes

Table 5c. Poor Health

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Adults with Poor General Health[£]							
2013-2017	14.58%	19.34%	23.40%	18.78%	19.23%	14.98%	
Percent of Adults with Poor or Fair Health[£]							
2012-2016	16.2%	14.8%	19.2%	19.8%	17.7%	13.7%	15.7%
Percent of Adults with No Dental Exam[£]							
2006-2010	35.3%	32.3%	38.5%	41.0%		27.7%	30.2%

[£] Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017

[€] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2006-2012; CDC, Behavioral Risk Factor Surveillance System, 2006-2010

Table 5d. Life Expectancy

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Life Expectancy at Birth (Years)[£]							
2009-2013	80.73	80.69	78.90	78.25		80.25	
2013-2017	81.00	81.58	79.49	79.01		80.33	
Life Expectancy for Infants (Years)[£]							
2013							
Hispanic	91.53	82.32	81.36	82	83.53	84.87	
Not Hispanic	79.81	81.02	78.42	79.48	79.49	80.21	
2017							
Hispanic	88.35	89.38	84.72	80.51	85.65	83.51	
Not Hispanic	81.37	81.4	78.38	77.79	79.7	80.09	
Years of Additional Life Expectancy Age 60-64[£]							
2013							
Hispanic	33.57	25.44	24.5	22.96	26.13	27.82	
Not Hispanic	23.81	24.51	23.16	23.79	23.82	24.07	
2017							
Hispanic	31.03	29.91	29.03	25.71	29.1	26.98	
Not Hispanic	25	25.89	23.39	23.86	24.41	24.07	
Premature Death (Years of Potential Life Lost) Rate per 100,000 Population[¥]							
2003-2005	6,076.80	5,764.70	7,826.80	8,761.80	7,058.40	6,114.70	7,345.00
2006-2008	5,012.70	5,993.40	6,856.40	8,416.00	6,398.30	5,857.75	7,090.49
2009-2011	5,191.40	4,866.20	6,599.70	8,531.40	6,139.20	5,563.10	6,703.70
2012-2014	5,751.70	5,276.60	6,376.80	6,760.70	6,094.20	5,529.20	6,601.20
2015-2017	5,150.70	5,004.60	6,712.80	7,480.50	6,072.00	5,603.33	6,900.63

[£] Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2009-2017

[€] Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013 and 2017

[¥] Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2003-2017

Table 5e. Obesity

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Youth Overweight, 2018[£]							
8th Graders	18%	17%	16%	16%	17%	14%	
10th Graders	18%	22%	18%	14%	19%	15%	

12th Graders	16%	18%	18%	17%	17%	15%	
Percent of Youth Obese, 2018[£]							
8th Graders	12%	15%	18%	16%	16%	12%	
10th Graders	13%	16%	14%	13%	15%	14%	
12th Graders	19%	21%	18%	14%	18%	17%	
Percent of Youth Overweight or Obese, 2018[£]							
8th Graders	30% (+5)	32% (+7)	34% (+4)	32% (+8)	32% (+3)	26% (+3)	
10th Graders	31% (+5)	37% (+7)	32% (+5)	27% (+7)	34% (+3)	28% (+3)	
12th Graders	35% (+6)	39% (+8)	36% (+5)	31% (+10)	35% (+3)	32% (+3)	
Percent of Overweight Adults[€]							
2011-2012	33.70%	39.40%	35.30%	35.50%		35.00%	35.80%
Percent of Obese (BMI > 30) Adults[¥]							
2013-2015	27.23%	34.45%	34.23%	26.44%	30.68%	26.74%	
2015-2017	26.32%	32.99%	36.86%	32.69%	32.65%	27.53%	
Female	25.14%	40.88%	34.21%	37.50%	33.15%	26.88%	
Male	26.51%	25.23%	38.45%	29.60%	32.04%	28.18%	
Percent of Population with No Leisure Time Physical Activity[€]							
2016	17.40%	17.80%	23.90%	22.10%	20.50%	16.70%	22.80%
Percent of Adults with Inadequate Fruit/Vegetable Consumption, 2013 & 2015[¥]							
Less Than 1 Fruit / Day	30.75%	37.26%	34.96%	28.59%	32.50%	35.83%	
Less Than 1 Vegetable / Day	11.74%	22.85%	15.65%	16.92%	15.76%	17.12%	
Adults with Inadequate Fruit/Vegetable Consumption[€]							
2005-2009	75.20%	74.20%	79.20%	73.90%		74.60%	75.70%

BMI: Body Mass Index

£ Source/Data Source: Washington State Healthy Youth Survey, 2018

€ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, Behavioral Risk Factor Surveillance System, 2011-2012; CDC, National Center for Chronic Disease Prevention and Health Promotion, 2016; CDC, Behavioral Risk Factor Surveillance System, Health Indicators Warehouse, 2005-2009

¥ Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017

Table 5f. Percent of Obese Adults (Adults Aged 20+)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	21.6%	22.6%	24.2%	26.7%	25.8%	26.2%	26.3%	26.3%	24.8%	26.3%
Douglas	25.8%	27.6%	27.7%	28.7%	26.3%	29.4%	28.5%	30.4%	30.6%	32.6%
Grant	30.5%	31.1%	32.4%	32.7%	33.4%	35.1%	34.3%	34.3%	34.7%	34.3%
Okanogan	26.7%	27.4%	27.5%	29.4%	28.9%	28.8%	27.9%	30.9%	32.3%	33.3%
NCW	26.2%	27.2%	28.2%	29.6%	29.1%	30.3%	29.7%	30.6%	30.5%	30.4%
WA	25.4%	26.3%	27.1%	27.4%	27.2%	27.1%	26.9%	26.7%	27.4%	27.4%
U.S.	25.6%	26.4%	27.4%	27.3%	27.2%	27.1%	27.5%	27.8%	28.3%	28.3%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007-2016

Table 5g. Percent of Adults Physically Inactive (Adults Aged 20+)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	18.60%	18.30%	19.10%	17.80%	16.50%	16.70%	16.50%	16.90%	16.20%	17.40%
Douglas	18.90%	19.50%	20.00%	19.30%	18.70%	19.10%	18.10%	19.70%	17.40%	17.80%
Grant	21.90%	21.90%	22.90%	25.10%	27.10%	28.50%	25.50%	22.70%	22.00%	23.90%
Okanogan	23.10%	23.00%	22.00%	23.70%	25.10%	25.00%	19.80%	17.90%	17.50%	22.10%

NCW	20.60%	20.60%	21.10%	21.60%	22.10%	22.70%	20.50%	19.50%	18.60%	20.50%
WA	17.70%	18.40%	18.70%	18.90%	18.00%	18.00%	16.80%	16.80%	16.10%	16.70%
U.S.	23.20%	23.50%	23.70%	23.40%	22.50%	22.60%	21.80%	22.60%	21.60%	22.80%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007-2016

Table 5h. Diabetes

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Percent of Population with Diagnosed Diabetes[£]							
2012	8.10%	7.70%	8.10%	7.40%	7.90%	8.20%	9.10%
2016	5.30%	6.90%	10.30%	8.50%	7.77%	8.09%	9.32%
Female	5.10%	6.80%	9.30%	8.60%		7.50%	8.70%
Male	5.50%	7.00%	11.30%	8.30%		8.80%	10.00%
Percent of Medicare Beneficiaries with Diabetes[£]							
2013	21.41%	23.58%	27.74%	21.30%	23.62%	22.41%	27.54%
2014	21.46%	23.60%	28.29%	21.70%	23.94%	22.27%	27.43%
2015	21.54%	23.81%	27.99%	21.41%	23.85%	22.15%	27.36%
2016	21.16%	24.18%	28.02%	21.46%	23.83%	22.06%	27.33%
2017	20.97%	24.09%	28.00%	21.47%	23.76%	22.01%	27.24%

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2012 and 2016; Centers for Medicare and Medicaid Services, 2013-2017

Table 5i. Percent of Adults with Diagnosed Diabetes (Adults Aged 20+)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	6.6%	7.0%	7.3%	7.5%	7.9%	8.1%	7.9%	6.0%	6.5%	5.3%
Douglas	6.3%	6.7%	7.8%	8.8%	8.4%	7.7%	7.5%	8.0%	7.5%	6.9%
Grant	8.8%	8.8%	8.7%	8.3%	7.9%	8.1%	8.6%	10.0%	8.7%	10.3%
Okanogan	7.9%	7.7%	7.9%	8.0%	8.3%	7.4%	8.4%	9.0%	9.9%	8.5%
NCW	7.5%	7.7%	7.9%	8.1%	8.1%	7.9%	8.2%	8.1%	8.0%	7.77%
WA	7.4%	7.6%	7.8%	8.1%	8.1%	8.2%	8.2%	7.9%	8.0%	8.09%
U.S.	8.3%	8.6%	8.7%	8.9%	9.0%	9.1%	9.1%	9.1%	9.2%	9.32%

Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007-2016

Table 5j. Cancer

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Cancer Mortality Age-Adjusted Death Rate per 100,000 Population[£]							
2009-2013	154.54	158.73	173.88	175.36	164.97	165.91	
2013-2017	144.44	140.36	154.91	173.05	152.88	153.38	
Cancer Mortality Age-Adjusted Death Rate per 100,000 Population[£]							
2012-2016	148.6	143.1	166.6	176.9	159	155.93	160.9
Female	125.09	114.2	144.86	153.58	135.4	135.9	137.85
Male	177.91	182.05	193.1	205.12	188.8	182.77	192.58
Breast Cancer Incidence Rate per 100,000 Females[£]							
2008-2012	157.87	143.16	136.57	139.61	144.53	172.97	
2012-2016	138.25	129.41	146.61	141.33	139.32	168.99	
Breast Cancer Mortality Age-Adjusted Death Rate per 100,000 Females[¥]							
2009-2013	9.66	7.33	8.87	5.68	8.28	11.12	

2013-2017	9.71	8.04	10.37	11.73	9.91	10.83	
Cervical Cancer Age-Adjusted Incidence per 100,000 Females[¥]							
2008-2012	2.2	1.76	2.67	5.1	2.86	3.51	
2012-2016	3.4	1.47	2.02	3.02	2.62	3.38	
(Lower & Upper CI)	(1.84, 5.99)	(0.28, 4.83)	(0.86, 4.09)	(1.10, 7.08)	(1.78, 3.77)	(3.19, 3.58)	
Cervical Cancer Mortality Age-Adjusted Death Rate per 100,000 Females[¥]							
2009-2013	0.88	1.96	0.77	1.69	1.16	0.92	
2013-2017	0.67	0	0.85	2.38	0.9	0.81	
(Lower & Upper CI)	(0.13, 2.38)	(0, 0)	(0.22, 2.36)	(0.71, 6.25)	(0.46, 1.66)	(0.72, 0.90)	
Prostate Cancer Age-Adjusted Incidence per 100,000 Males[¥]							
2008-2012	79.04	89.66	66.39	72.09	75.39	63.97	
2012-2016	59.63	71.79	46.32	54.01	56.1	47.28	
(Lower & Upper CI)	(53.11, 66.95)	(61.68, 83.82)	(40.51, 52.83)	(46.19, 63.31)		(46.61, 47.96)	
Hispanic	86.77	74.41	39.04	97.22		40.14	
(Lower & Upper CI)	(56.21, 133.37)	(30.82, 165.41)	(24.66, 61.70)	(38.76, 225.61)		(36.66, 43.93)	
Not Hispanic	57.28	72.49	47.55	53		47.65	
(Lower & Upper CI)	(50.65, 65.04)	(61.99, 85.28)	(41.23, 54.95)	(45.10, 62.77)		(46.97, 48.34)	
Prostate Cancer Mortality Age-Adjusted Death Rate per 100,000 Males[¥]							
2009-2013	8.41	12.46	15.52	13.15	12.05	8.78	
2013-2017	7.81	11.28	9.08	12.45	9.61	8.36	
(Lower & Upper CI)	(5.58, 10.93)	(7.53, 16.67)	(6.55, 12.38)	(8.68, 17.89)		(8.07, 8.66)	
Hispanic	14.39	23.89	4.8	0		5.94	
(Lower & Upper CI)	(3.07, 44.43)	(2.89, 97.05)	(.058, 19.44)	(0, 0)		(4.50, 7.73)	
Not Hispanic	7.63	10.86	9.53	12.83		8.43	
(Lower & Upper CI)	(5.27, 11.36)	(7.14, 17.31)	(6.81, 13.42)	(8.94, 18.84)		(8.14, 8.74)	
Colon and Rectum Cancer Age-Adjusted Incidence per 100,000 Population[¥]							
2008-2012	38.65	38.64	36.37	32.38	36.79	39.57	
2012-2016	35.41	33.84	34.78	39.71	35.58	36.06	
Colon and Rectum Cancer Mortality Age-Adjusted Death Rate per 100,000 Population[¥]							
2009-2013	12.13	15.73	13.72	17.27	14.17	13.83	
2013-2017	10.85	8.7	13.69	12.51	11.8	12.58	
Lung Cancer Age-Adjusted Incidence per 100,000 Population[¥]							
2008-2012	54.12	47.38	58.01	63.16	55.97	62.73	
2012-2016	50.5	46.48	58.68	63.75	55.16	56.34	
(Lower & Upper CI)	(44.33, 57.51)	(38.30, 56.22)	(51.87, 66.24)	(55.00, 70.01)		(55.58, 57.11)	
Lung Cancer Age-Adjusted Death Rate per 100,000 Population[¥]							
2009-2013	38.1	38.84	44.72	47.13	42.03	44.04	
2013-2017	32.76	31.24	41.09	49.62	38.38	37.01	

£ Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificates 2009-2017; Washington State Department of Health, Community Health Needs Assessment Tool, 2008-2016

€ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016

¥ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2017

Table 5k. Lung and Heart Disease

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Lung Disease Mortality Age-Adjusted Death Rate per 100,000 Population[£]							
2009-2013	38.1	43.3	51.4	54		41.8	

2013-2017	42.9	41.0	52.0	56.7		38.4	
Female	41.4	39.6	45.2	52		35.9	
Male	46.2	45.1	59.8	63.9		42.1	
Percent of Adults with Asthma[€]							
2013-2017	10.11%	11.91%	10.15%	11.82%	10.45%	9.75%	
Percent of Population Currently Smoking Cigarettes Age-Adjusted[¥]							
2006-2012	13.5%	15.5%	16.1%	23.8%	16.6%	15.6%	18.1%
Percent of Smokers with Quit Attempt in Past 12 Months[¥]							
2011-2012	62.81%	37.24%	50.33%	62.94%		59.02%	60.02%
Coronary Heart Disease Death Rate per 100,000 All Ages[§]							
2012-2014	81.2	95.7	106.6	84.0		85.7	102.4
2014-2016	71.8	83.0	102.8	75.0		80.3	97.0
Coronary Heart Disease Mortality Age-Adjusted Death Rate per 100,000 Population, 2013-2017[¥]							
Female	42.94	45.38	71.68	53.96	55.8	53.58	70.04
Male	98.87	128.79	138.07	115.26	121.1	115.63	131.45
Heart Disease Mortality Age-Adjusted Death Rate per 100,000 Population[€]							
2009-2013	136.57	157.06	158.97	154.41	150.25	145.29	
Female	113.52	118.57	122.13	116.28	117.68	113.58	
Male	161.82	204.55	199.71	194.1	186.33	184.16	
2013-2017	118.21	136.86	154	139.88	136.69	137.15	
Female	92.37	91.56	117.17	111.34	103.78	105.43	
Male	149.05	190.67	194.64	172.39	174.4	175.66	
Percent of Adults with Heart Disease[¥]							
2011-2012	4.2%	4.7%	4.3%	4.7%	4.4%	3.8%	4.4%
Percent of Adults with Heart Disease[§]							
2013-2015	4.0%	9.0%	6.0%	8.0%		6.0%	
Stroke Mortality Age-Adjusted Death Rate per 100,000 Population[¥]							
2012-2016	31.7	30.4	42.5	43.3	37.4	34.84	36.9
Female	29.68	28.38	46.91	45	38.4	34.46	36.04
Male	34.76	32.35	37.08	40.78	36.2	34.63	37.18

£ Source/Data Source: CDC, National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER, 2009-2017

€ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), 2009-2017

¥ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, Behavioral Risk Factor Surveillance System, Health Indicator Warehouse, 2006-2012; CDC, Behavioral Risk Factor Surveillance System, 2011-2012; CDC, National Vital Statistics System, CDC WONDER, 2012-2016

§ Source/Data Source: CDC, Interactive Atlas of Heart Disease and Stroke Tables, 2012-2016

§ Source: Washington State Department of Health, Chronic Disease Profiles; Data Source: Washington Behavioral Risk Factor Surveillance System, 2013-2015

Table 5I. Pre-Conceptual and Perinatal Health

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Infant Mortality Rate per 1,000[£]							
2008-2012	3.61	5.53	6.43	7	5.63	4.87	
2012-2016	4.31	3.07	4.79	4.71	4.39	4.63	
(Lower & Upper CI)	(2.64, 6.66)	(1.32, 6.04)	(3.35, 6.62)	(2.43, 8.22)	(3.46, 5.49)	(4.43, 4.84)	
Hispanic	2.42	3.27	5.6	3.89	4.26	4.4	
(Lower & Upper CI)	(0.79, 5.66)	(0.89, 8.37)	(3.51, 8.48)	(0.80, 11.36)	(2.95, 5.95)	(3.95, 4.88)	
Not Hispanic	5.83	2.89	3.89	5.06	4.5	4.68	
(Lower & Upper CI)	(3.26, 9.62)	(0.79, 7.39)	(2.13, 6.53)	(2.32, 9.61)	(3.24, 6.08)	(4.46, 4.91)	

Number of Infant Deaths [£]							
2008-2012	18	15	52	20	105	2,146	
2012-2016	20	8	36	12	76	2,047	
Hispanic	5	4	22	3	34	350	
Not Hispanic	15	4	14	9	42	1,697	
Percent Low Birth Weight [£]							
2009-2013	6.44	5.95	6.24	7.33	6.25	6.42	
2013-2017	5.89	5.67	5.93	6.96	6.03	6.46	
(Lower & Upper CI)	(5.21, 6.64)	(4.80, 6.65)	(5.39, 6.52)	(5.97, 8.08)	(5.67, 6.41)	(6.39, 6.54)	
Hispanic	6.45	5.23	6.07	5.12	5.94	6.24	
(Lower & Upper CI)	(5.39, 7.67)	(4.05, 6.66)	(5.31, 6.90)	(3.64, 7.01)	(5.41, 6.50)	(6.07, 6.41)	
Not Hispanic	5.46	6.06	5.79	7.76	6.11	6.51	
(Lower & Upper CI)	(4.59, 6.44)	(4.84, 7.51)	(5.02, 6.64)	(6.51, 9.18)	(5.62, 6.64)	(6.43, 6.60)	
Percent of Births to Smoking Mothers [£]							
2009-2013	7.86	8.75	8.74	16.01	9.63	11.1	
2013-2017	8.36	7.31	7.93	14.01	8.83	9.17	
Hispanic	1.6	1.11	2.65	4.65	2.33	3.91	
Not Hispanic	13.63	12.94	13.74	18.11	14.41	10.33	
Teen Birth Rate per 1,000 [£]							
2009-2013	35.71	36.13	62.72	56.64	49.52	25.02	
2013-2017	26.23	26.75	40.49	41.1	34.29	17.33	
Hispanic	36.76	39.08	52.03	50.33	45.73	37.85	
Not Hispanic	18.03	16.92	27.51	36.72	24.52	13.15	

£ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2017

Table 5m. Number of Teen Births

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Chelan	122	112	111	82	75	56	79	47	59	54
Douglas	66	54	56	57	44	38	34	42	32	30
Grant	246	270	203	213	198	146	146	118	137	125
Okanogan	88	87	81	70	57	56	50	36	49	35

Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2008-2017

Table 5n. Accidents, Homicide, and Suicide

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Motor Vehicle Crash Mortality Age-Adjusted Death Rate per 100,000 [£]							
2012-2016	11	13.8	17.7	22.9	15.9	7.95	11.3
Average Annual Motor Vehicle Deaths [£]							
2012-2016	8	5	16	10	40	580	37,053
Pedestrian Motor Vehicle Crash Average Annual Death Rate per 100,000 Population [£]							
2011-2015	0.5	0.0	3.4	3.2	1.9	2.0	3.1
Total Pedestrian Motor Vehicle Crash Death [£]							
2011-2015	1	0	9	4	14	413	28,832
Unintentional Injury Age-Adjusted Death Rate per 100,000 Population [£]							
2012-2016	44.8	43.9	45.1	59.2	47.1	40.13	41.9
Female	34.67	31.15	36.78	33.18	34.6	28.84	27.98
Male	54.69	58.14	52.99	86.54	59.9	52.05	56.87
Unintentional Injury Average Annual Deaths [£]							
2012-2016	39	18	40	27	123	2,999	140,444

Homicide Crude Death Rate per 100,000 Population [£]							
2012-2016	2.60		4.30	5.30	3.90	3.16	5.50
Homicide Average Annual Deaths [£]							
2012-2016	2		4	2			
Violent Crime Rate per 100,000 Population [£]							
2014-2016	144.6	102.6	277.9	287.8	211.1	297.1	400.4
Suicide Age-Adjusted Death Rate per 100,000 Population [€]							
2009-2013	18.02	11.92	11.63	21.48	15.03	13.94	
2013-2018	12.39	9.97	11.77	18.75	12.83	15.4	
Suicide Annual Death Counts [€]							
2009-2013	68	23	51	42	184	4,897	
2013-2017	51	21	53	41	166	5,669	

£ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Vital Statistics System, CDC WONDER, 2012-2016; U.S. Department of Transportation, National Highway Safety Administration, Fatality Analysis Reporting System, 2011-2015; Federal Bureau of Investigation, FBI Uniform Crime Reports, 2014-2016

€ Source/Data Source: Washington State Department of Health, Community Health Assessment Tool, 2009-2017

Table 5o. Drug and Alcohol Use

Indicator	Chelan	Douglas	Grant	Okanogan	NCW	WA	U.S.
Excessive Drinking [£]							
2016	19%	16%	18%	16%		18%	13%
Alcohol-Impaired Driving Deaths [£]							
2013-2017	34%	37%	28%	44%		33%	10%
Hospitalizations Due to Any Drug Overdose – Age-Adjusted Rates per 100,000 [€]							
2001-2005	91.9	56.4	77.7	78.2	78.9	70.8	
2005-2009	93.1	56.5	65.4	78.7	74.8	85	
2009-2013	80.9	59.4	50.1	74.1	64.8	90	
2013-2017	85.6	67.1	65.4	62	70.7	81.5	
Drug Overdose Deaths – Age-Adjusted Rates per 100,000 Population [¥]							
2012-2016	12.1	14.6	10.4	12.8	12.0	13.94	15.6
Current (Past 30-Days) Substance Use, 6th Graders [§]							
Cigarettes	0% (+0.5)	1% (+-1)	1% (+-1)	1% (+-1)	1% (+-0)	1% (+-0)	
Alcohol	3% (+-1)	2% (+-1)	4% (+-1)	4% (+-2)	3% (+-1)	2% (+-0)	
Marijuana	1% (+-1)	2% (+-1)	2% (+-1)	2% (+-2)	2% (+-1)	1% (+-0)	
Rx Pain killers to get high	N/A	N/A	N/A	N/A	N/A	N/A	
All other illegal drug use	1% (+-1)	2% (+-1)	2% (+-1)	2% (+-1)	2% (+-0)	1% (+-0)	
Current (Past 30-Days) Substance Use, 8th Graders [§]							
Cigarettes	2% (+-1)	4% (+-2)	3% (+-1)	3% (+-2)	3% (+-1)	3% (+-1)	
Alcohol	11% (+-2)	15% (+-3)	12% (+-2)	12% (+-3)	12% (+-1)	8% (+-1)	
Marijuana	8% (+-2)	11% (+-3)	9% (+-2)	9% (+-3)	9% (+-1)	7% (+-1)	
Rx Pain killers to get high	2% (+-1)	3% (+-2)	3% (+-1)	1% (+-1)	2% (+-1)	2% (+-0)	
All other illegal drug use	4% (+-2)	5% (+-3)	2% (+-1)	3% (+-3)	3% (+-1)	3% (+-1)	
Current (Past 30-Days) Substance Use, 10th Graders [§]							
Cigarettes	5% (+-2)	6% (+-2)	7% (+-2)	5% (+-2)	6% (+-1)	5% (+-1)	
Alcohol	21% (+-3)	23% (+-4)	22% (+-3)	20% (+-5)	21% (+-2)	18% (+-2)	
Marijuana	17% (+-3)	21% (+-4)	20% (+-3)	17% (+-4)	19% (+-2)	18% (+-2)	
Rx Pain killers to get high	3% (+-1)	3% (+-2)	7% (+-2)	4% (+-2)	5% (+-1)	4% (+-1)	
All other illegal drug use	4% (+-2)	6% (+-3)	11% (+-3)	4% (+-3)	5% (+-1)	6% (+-1)	
Current (Past 30-Days) Substance Use, 12th Graders [§]							

Cigarettes	10% (+3)	9% (+3)	9% (+2)	19% (+6)	10% (+1)	8% (+1)	
Alcohol	31% (+4)	34% (+6)	28% (+3)	30% (+6)	30% (+2)	28% (+2)	
Marijuana	21% (+4)	26% (+5)	23% (+3)	34% (+7)	24% (+2)	26% (+2)	
Rx Pain killers to get high	4% (+2)	4% (+2)	6% (+2)	3% (+2)	4% (+1)	4% (+1)	
All other illegal drug use	10% (+4)	7% (+4)	9% (+3)	10% (+6)	9% (+2)	7% (+1)	
Hospitalizations Due to Opioid Overdose – Age-Adjusted Rates per 100,000[£]							
2001-2005	13	NR	11.8	10.4	11.3	9.5	
2005-2009	22.3	10.9	13.8	9.9	15.3	14.7	
2009-2013	17.7	9.1	11.3	15	13.4	18.6	
2013-2017	22.5	15.6	18.1	16.6	18.7	20.1	
All Opioids (Prescription and Illicit) Fatal Overdoses – Age-Adjusted Rates per 100,000[€]							
2001-2005	9.1	NR	10.7	11.5	9.6	7.6	
2005-2009	9.9	10	16.1	14.6	12.8	9.7	
2009-2013	12.7	10	8.9	7.8	10.1	9.5	
2013-2017	7.5	9.2	7.2	NR	7.5	9.3	

£ Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019; Data Source: Behavioral Risk Factor Surveillance System, 2016; Fatality Analysis Reporting System, 2013-2017

€ Source: Washington State Department of Health, Washington Tracking Network; Data Source: Washington Department of Health, Center for Health Statistics, Washington Comprehensive Hospital Abstract Reporting System, 2001-2017

¥ Source: University of Missouri Extension, CARES Engagement Network, Health Indicators Report; Data Source: CDC, National Vital Statistic System, CDC WONDER, 2012-2016

\$ Source/Data Source: Washington State Healthy Youth Survey, 2018

Table 5p. Sexually Transmitted Infections

Gonorrhea Incidence Rate[£]										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	5.6	12.6	4.1	5.5	10.9	13.6	13.5	17.4	35.7	50.2
Douglas	5.5	0	2.7	0	18	7.6	22.8	20.1	24.7	44.4
Grant	13.2	16.3	10.2	17.9	24.2	62.2	38.1	86.2	126.5	120.1
Okanogan	22.7	22.4	17.2	7.3	16.9	14.5	31.6	26.6	21.7	69.9
WA	56.5	47.6	34.2	42.5	40.1	46.9	62.7	88.1	100	114
U.S.	118.1	110.7	98.2	100	103.2	106.6	105.2	109.8	123	
Chlamydia Incidence Rate[£]										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	187.8	391.4	317.2	281.8	229.1	337.8	347	390.1	321.2	343.7
Douglas	195.5	16.2	37.1	127.1	293.7	332.8	334.3	381.7	357.7	362.7
Grant	264.3	292.6	294.2	330.3	306.3	366.9	414.6	426.5	416	436.4
Okanogan	249.8	283.7	258.4	278.8	275.6	327.1	310.9	195.9	183.1	274.6
WA	290.6	325.9	320.6	316.6	341.2	356.6	357.8	376.3	400.2	435.9
U.S.	367.7	398	405.7	422.8	453.2	453	443	452.1	475	
HIV Prevalence[£]										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan		63.2	67.3	71.9	71.5	69.5	70.7	76.8	77.4	84.5
Douglas		20.3	20	25.7	32	28.4	34.4	31	39.6	35.8
Grant		39.3	36.8	41.8	45.6	48	47.6	52.5	52.2	53.2
Okanogan		75.3	83.6	108	102.1	111.4	102.7	84.8	69.9	72.5
WA		176	179.5	187.2	188.2	192.8	197.8	203.2	207.2	209.4
U.S.		311.1	319.2	326.8	333.9	340.6	346.7	352.8	359.1	365.5
Primary and Secondary Syphilis Rate per 100,000[£]										

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Chelan	1.4	0	0	1.4	0	0	0	0	1.3	1.3
Douglas	0	0	0	0	0	0	0	0	0	2.5
Grant	0	0	0	0	2.2	1.1	1.1	4.3	9.7	9.7
Okanogan	0	0	0	0	0	0	0	0	2.4	2.4
WA	2.4	2.8	2.1	3.9	4.8	4.4	4.1	4.9	6.2	7.9
U.S.	3.8	4.4	4.6	4.5	4.5	5	5.5	6.3	7.4	8.7

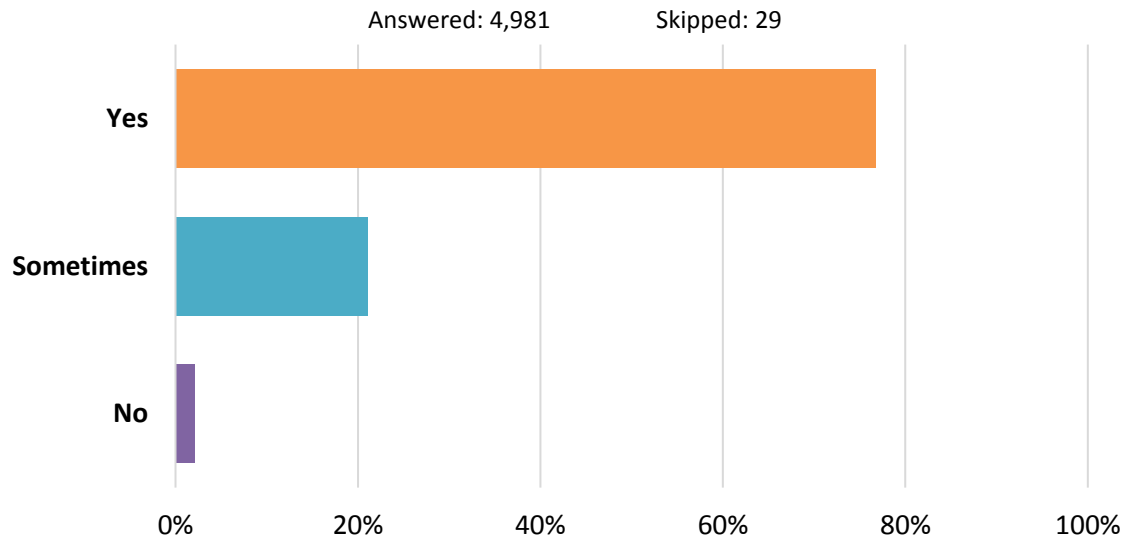
£ Source/Data Sources: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2007-2016

Appendix B

Community Voice Survey

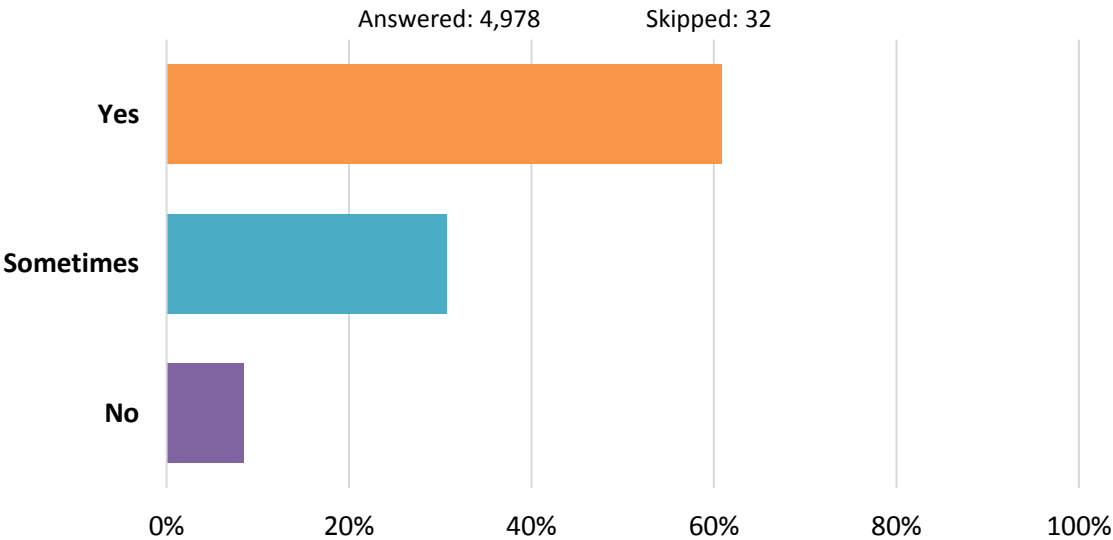
2019 CHNA Community Voice Survey

Q1 Are you proud to be living in your community?



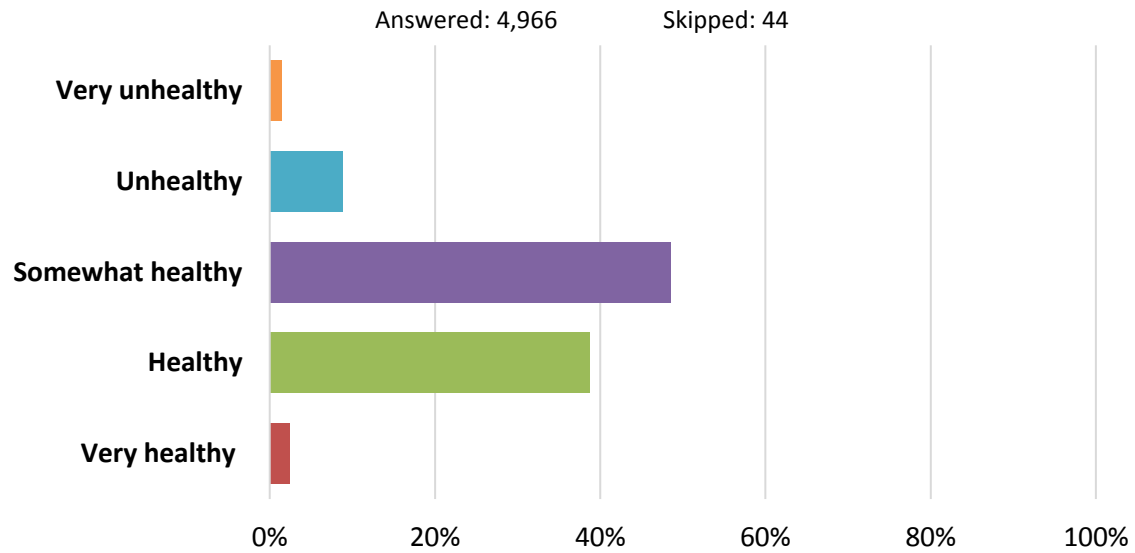
Answer Choices	Responses	
Yes	76.75%	3,823
Sometimes	21.12%	1,052
No	2.13%	106
Total		4,981

Q2 Do you feel you contribute to making your community healthier?



Answer Choices	Responses	
Yes	60.85%	3,029
Sometimes	30.72%	1,529
No	8.44%	420
Total		4,978

Q3 How would you rate the healthy of your community?

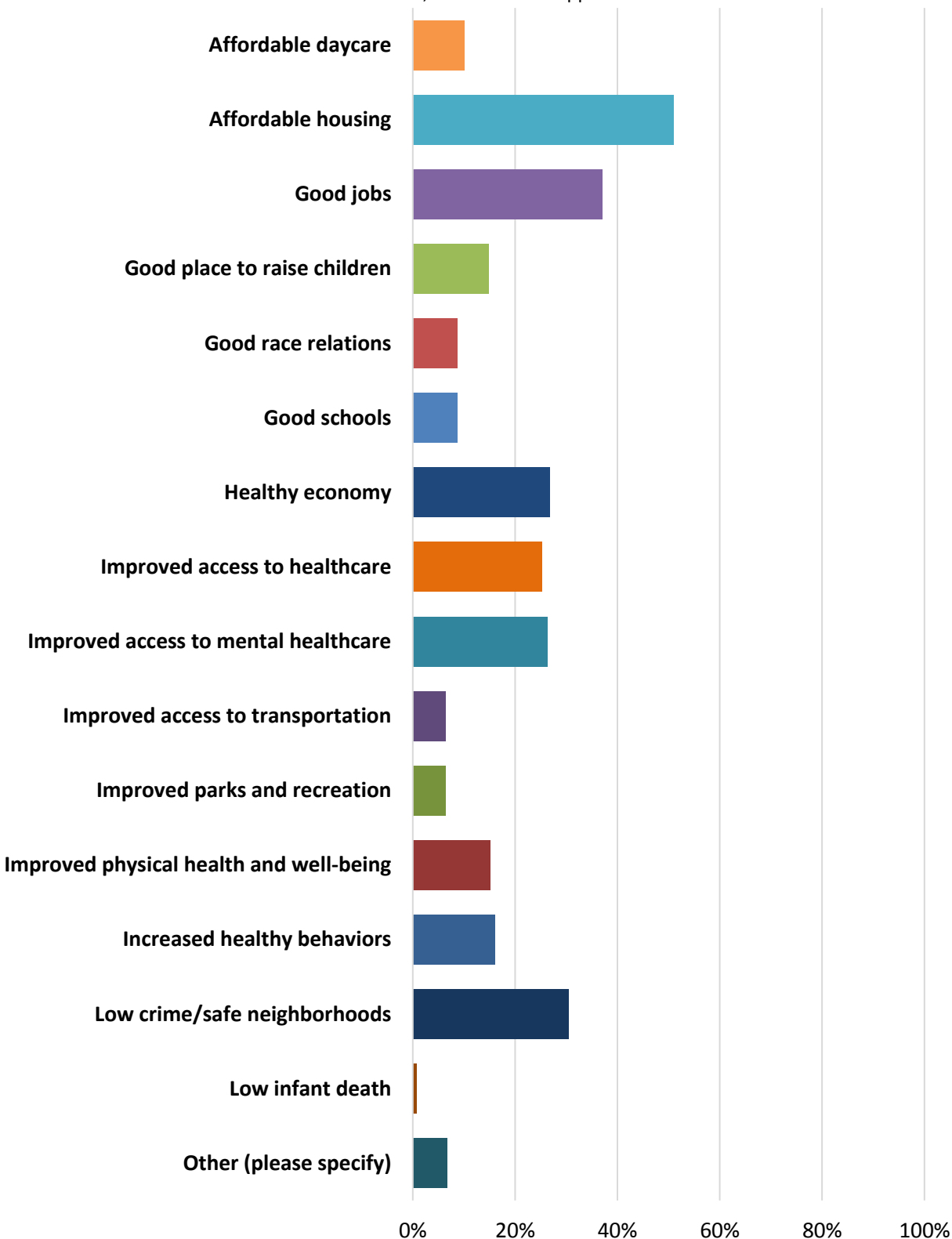


Answer Choices	Responses
Very unhealthy	2.38% 75
Unhealthy	38.78% 439
Somewhat healthy	48.49% 2,408
Healthy	8.84% 1,926
Very healthy	1.51% 118
Total	4,666

Q4 In the following list, what do you think are the three most important factors that will improve the quality of life in your community?

Answered: 4,993

Skipped: 17

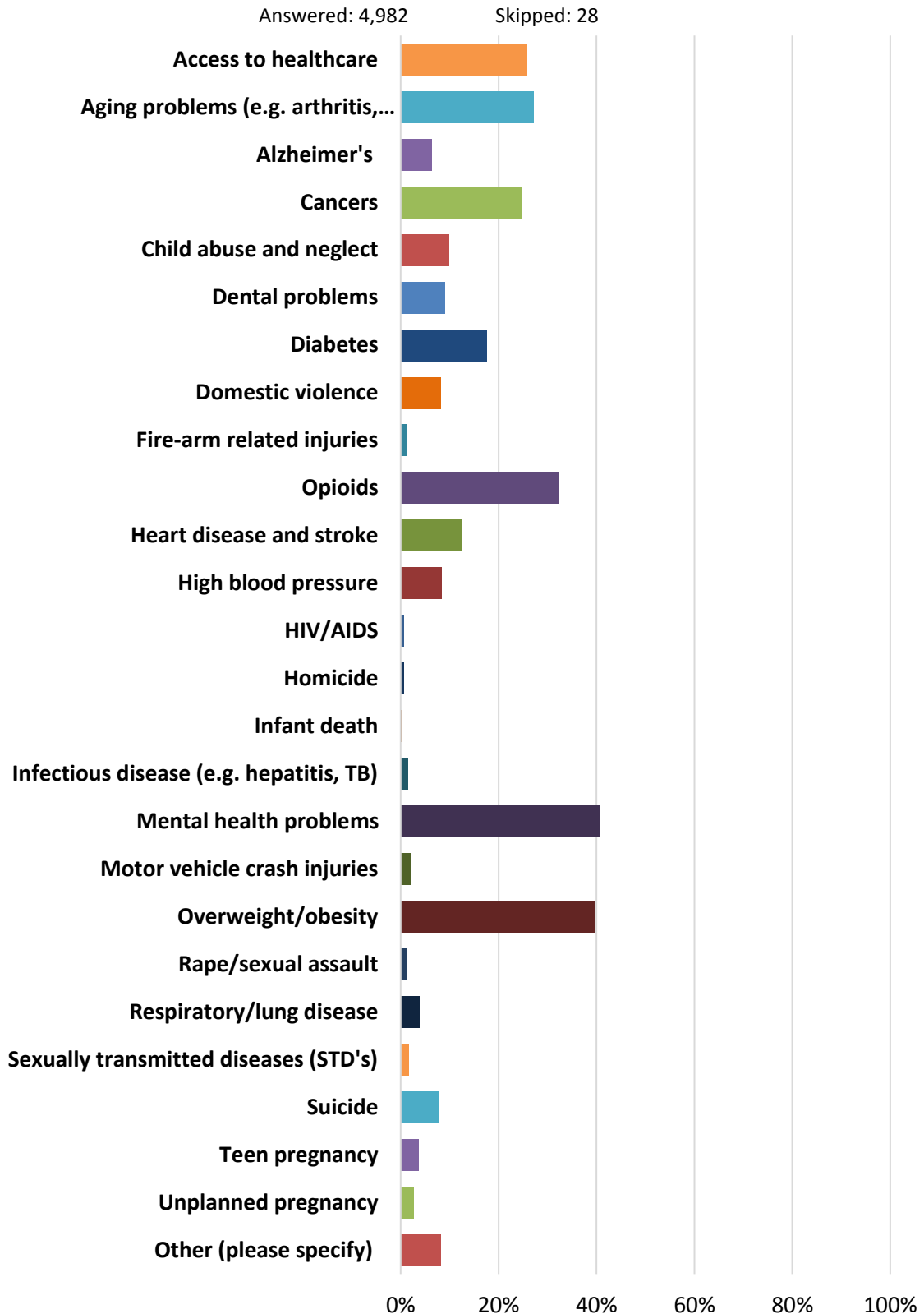


2019 CHNA Community Voice Survey

Answer Choices	Responses	
Affordable daycare	10.08%	505
Affordable housing	51.04%	2,557
Good jobs	37.11%	1,859
Good place to raise children	14.81%	742
Good race relations	8.74%	438
Good schools	8.74%	438
Healthy economy	26.75%	1,340
Improved access to healthcare	25.21%	1,263
Improved access to mental healthcare	26.35%	1,320
Improved access to transportation	6.41%	321
Improved parks and recreation	6.37%	319
Improved physical health and well-being	15.07%	755
Increased healthy behaviors	15.99%	801
Low crime/safe neighborhoods	30.46%	1,526
Low infant death	0.72%	36
Other (please specify)	6.73%	337
Total Respondents: 4,993		

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

Q5 In the following list, what do you think are the three most important "health problems" that impact your community?



2019 CHNA Community Voice Survey

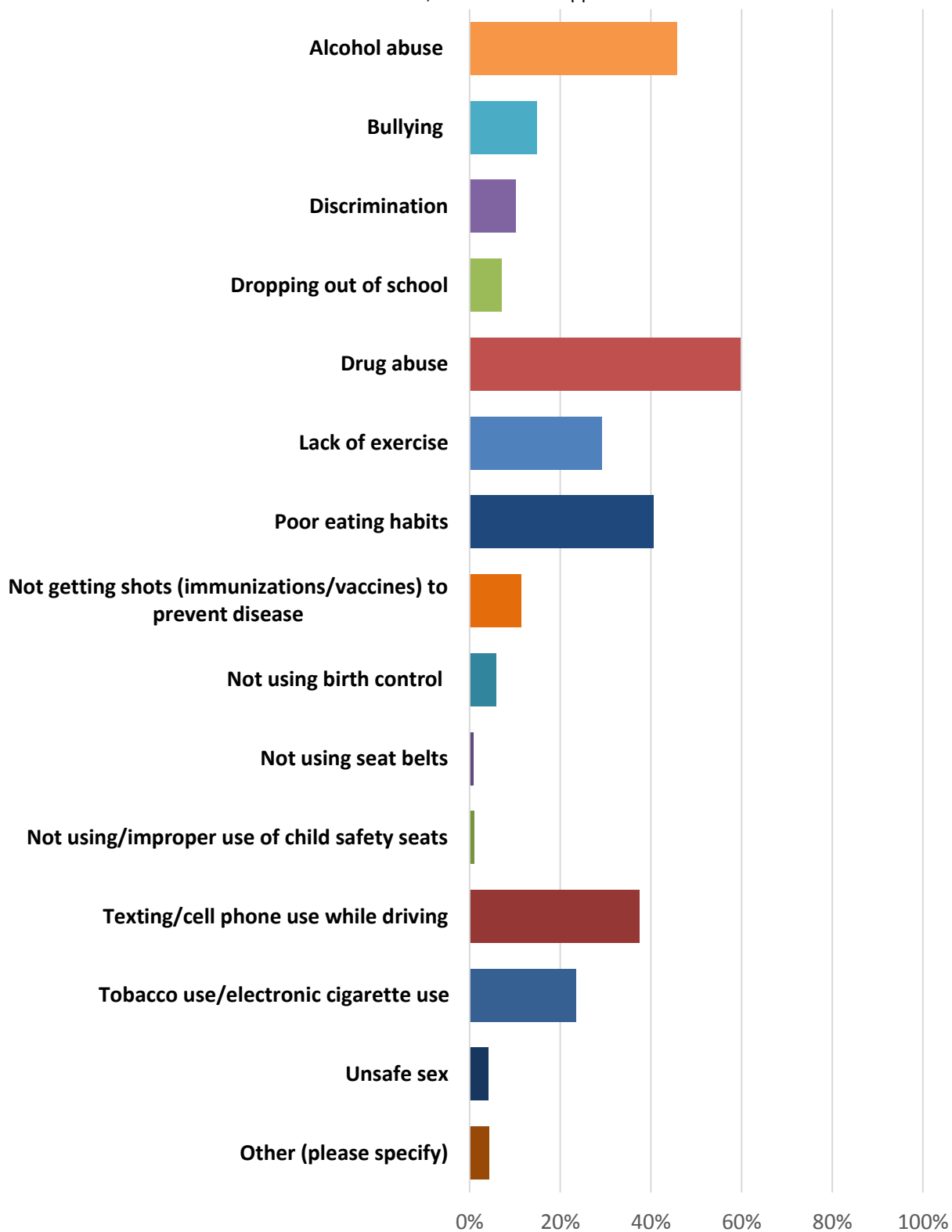
Answer Choices	Responses
Access to healthcare	25.79% 1,292
Aging problems (e.g. arthritis, hearing/vision problems)	27.13% 1,359
Alzheimer's	6.33% 317
Cancers	24.71% 1,238
Child abuse and neglect	9.90% 496
Dental problems	8.98% 450
Diabetes	17.58% 881
Domestic violence	8.16% 409
Fire-arm related injuries	1.40% 70
Opioids	32.42% 1,624
Heart disease and stroke	12.46% 624
High blood pressure	8.28% 415
HIV/AIDS	0.62% 31
Homicide	0.66% 33
Infant death	0.22% 11
Infectious disease (e.g. hepatitis, TB)	1.46% 73
Mental health problems	40.58% 2,033
Motor vehicle crash injuries	2.22% 111
Overweight/obesity	39.76% 1,992
Rape/sexual assault	1.36% 68
Respiratory/lung disease	3.89% 195
Sexually transmitted disease (STD's)	1.66% 83
Suicide	7.62% 382
Teen pregnancy	3.69% 185
Unplanned pregnancy	2.71% 136
Other (please specify)	8.18% 410
Total Respondents: 4,982	

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

Q6 In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?

Answered: 4,977

Skipped: 33

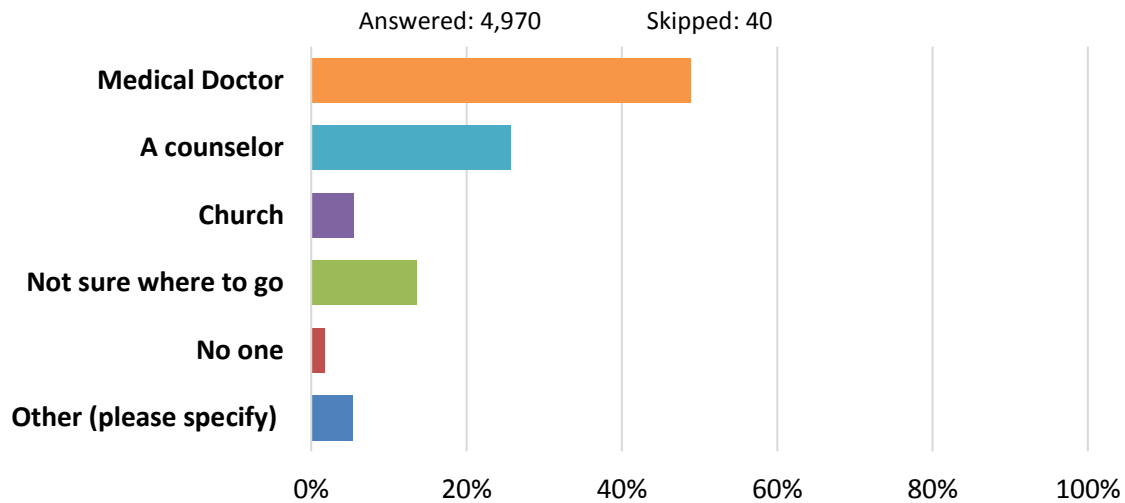


2019 CHNA Community Voice Survey

Answer Choices	Responses	
Alcohol abuse	45.75%	2,292
Bullying	14.83%	743
Discrimination	10.18%	510
Dropping out of school	7.05%	353
Drug abuse	59.76%	2,994
Lack of exercise	29.14%	1,460
Poor eating habits	40.62%	2,035
Not getting shots (immunizations/vaccines)	11.42%	572
Not using birth control	5.91%	296
Not using seat belts	0.86%	43
Not using/improper use of child safety seats	1.06%	53
Texting/cell phone use while driving	37.49%	1,878
Tobacco use/electronic cigarette use	23.41%	1,173
Unsafe sex	4.07%	204
Other (please specify)	4.23%	212
Total Respondents: 4,977		

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

Q7 If you or someone in your community had a mental health problem (anxiety, depression, etc.) where would you go for help?



Answer Choices	Responses	
Medical Doctor	48.90%	2,450
A counselor	25.67%	1,286
Church	5.47%	274
Not sure where to go	13.53%	678
No one	1.70%	85
Other (please specify)	5.37%	269
Total Respondents: 4,970		

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

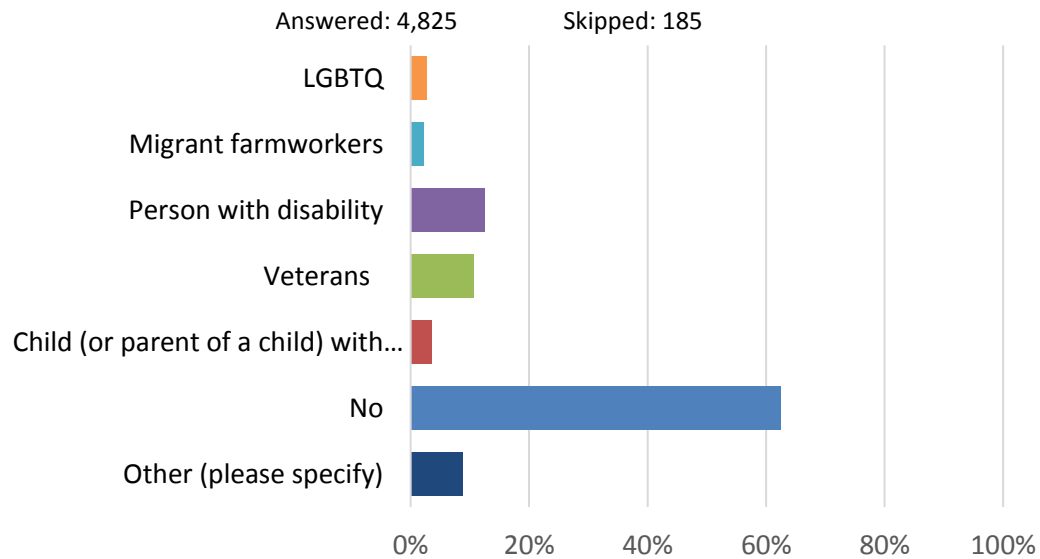
**Q8 Is there anything else you would like to add
about the health of your community?**

Answered: 2,282

Skipped: 2,728

All the Q8 responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

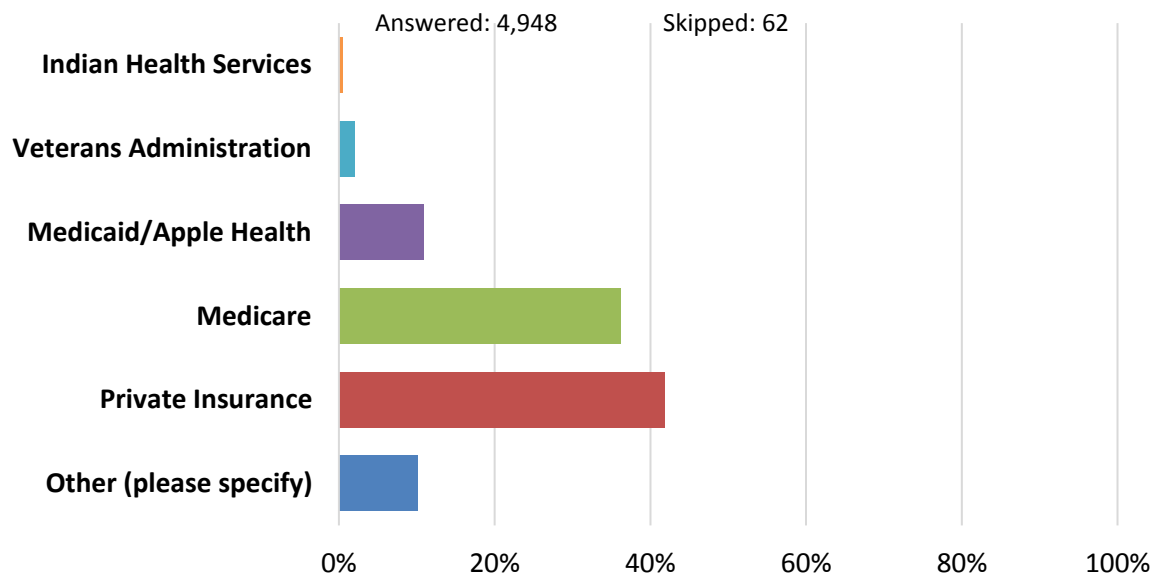
Q9 Do you identify as a member of one of these populations?



Answer Choices	Responses	
LGBTQ	2.65%	133
Migrant farmworkers	2.20%	110
Person with disability	12.50%	626
Veterans	10.74%	538
Child (or parent of a child with special health care needs	3.49%	175
No	62.44%	3,128
Other (please specify)	8.80%	441
Total Respondents: 4,825		

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

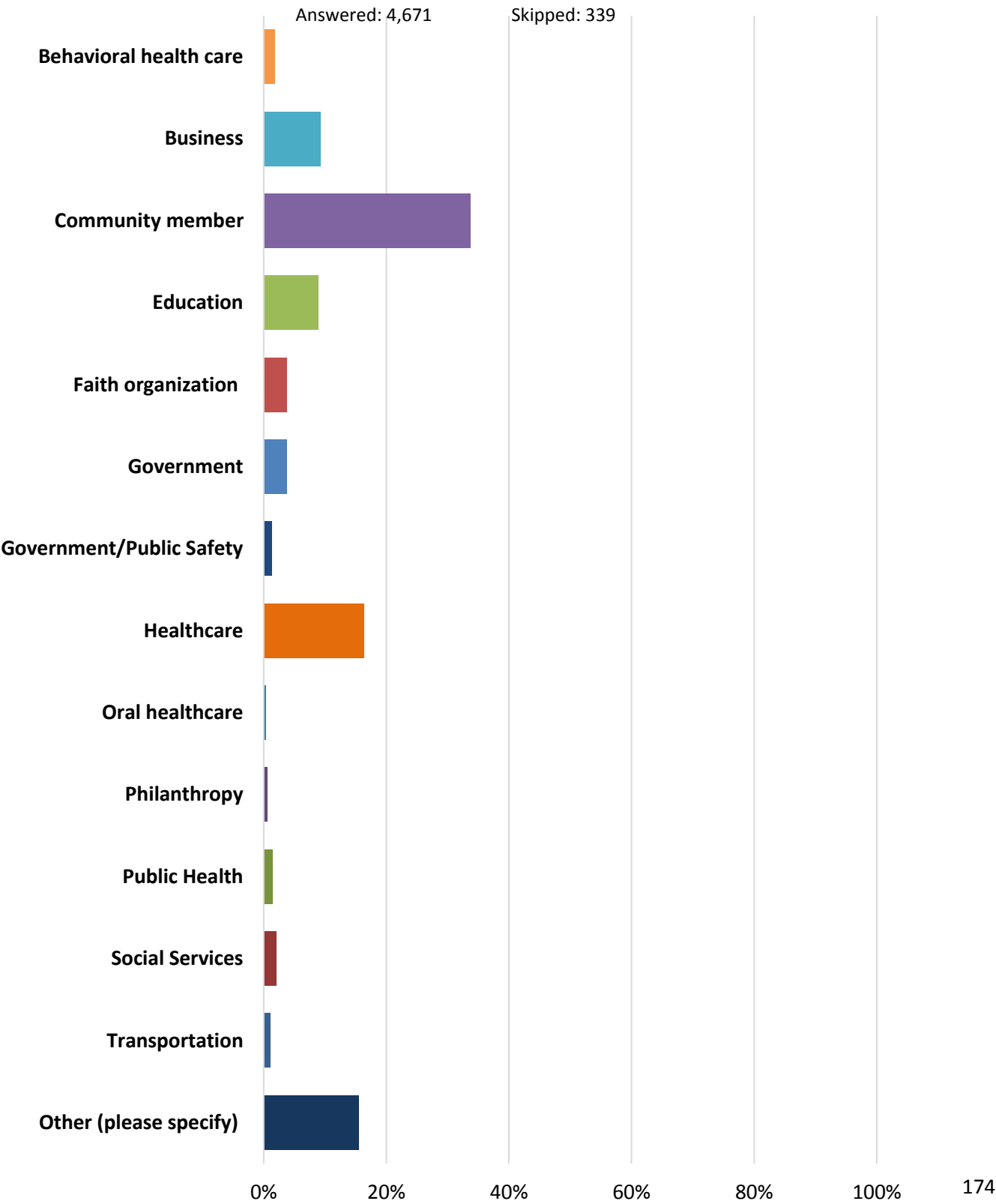
Q10 What type of health insurance do you have?



Answer Choices	Responses	
Indian Health Services	0.46%	23
Veterans Administration	1.96%	98
Medicaid/Apple Health	10.94%	548
Medicare	36.15%	1,811
Private Insurance	41.86%	2,097
Other (please specify)	10.04%	503
Total Respondents: 4,948		

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

Q11 What sector do you or your organization represent?



2019 CHNA Community Voice Survey

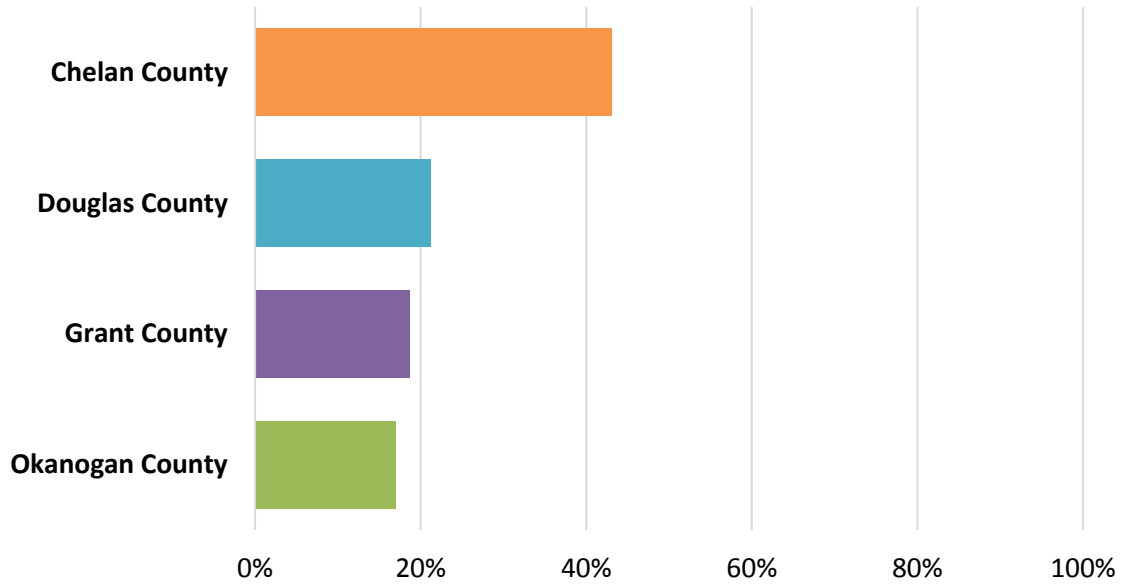
Answer Choices	Responses	
Behavioral health care	1.84%	86
Business	9.21%	430
Community member	33.68%	1,573
Education	8.93%	417
Faith organization	3.77%	176
Government	3.81%	178
Government/Public Safety	1.26%	59
Healthcare	16.38%	765
Oral healthcare	0.34%	16
Philanthropy	0.54%	25
Public Health	1.42%	66
Social Services	2.06%	96
Transportation	1.11%	52
Other (please specify)	15.67%	732
Total		4,671

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

Q12 What is your zip code?

Answered: 5,010

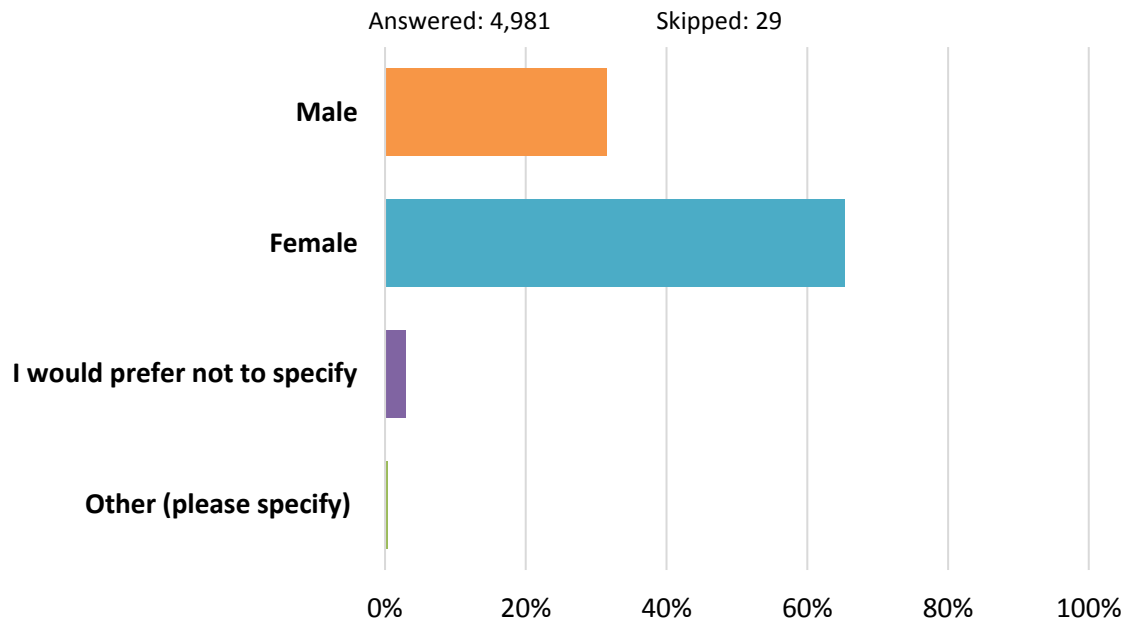
Skipped: 0



Answer Choices	Responses	
Chelan County	43.09%	2,159
Douglas County	21.26%	1,065
Grant County	18.64%	934
Okanogan County	17.01%	852
Total		5,010

2019 CHNA Community Voice Survey

Q13 Sex



Answer Choices	Responses	
Male	31.46%	1,567
Female	65.33%	3,254
I would prefer not to specify	2.89%	144
Other (please specify)	0.32%	16
Total		4,981

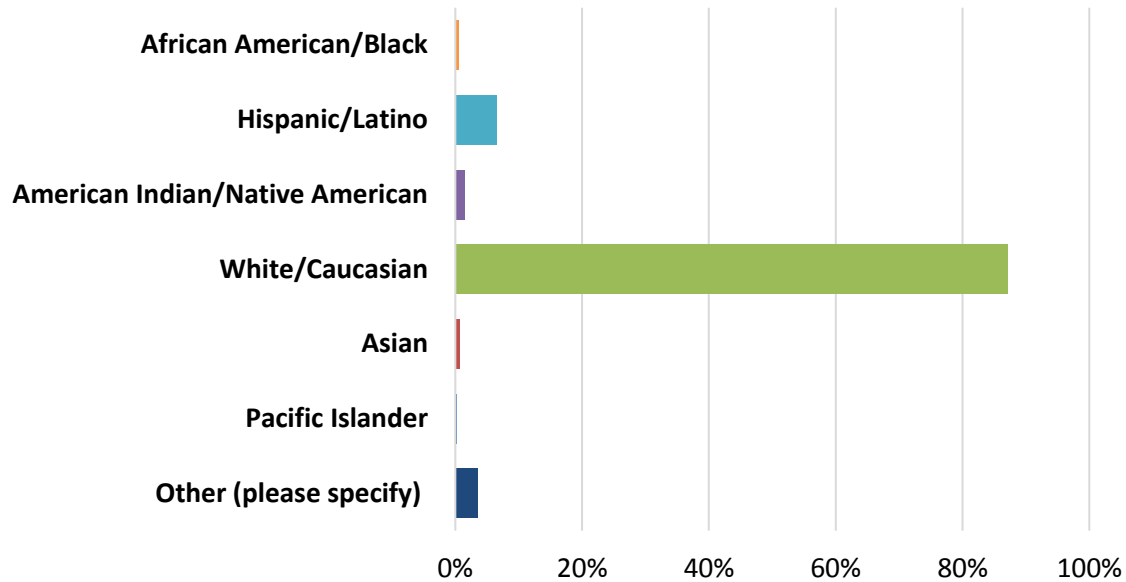
All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

2019 CHNA Community Voice Survey

Q14 Race/Ethnicity

Answered: 4,954

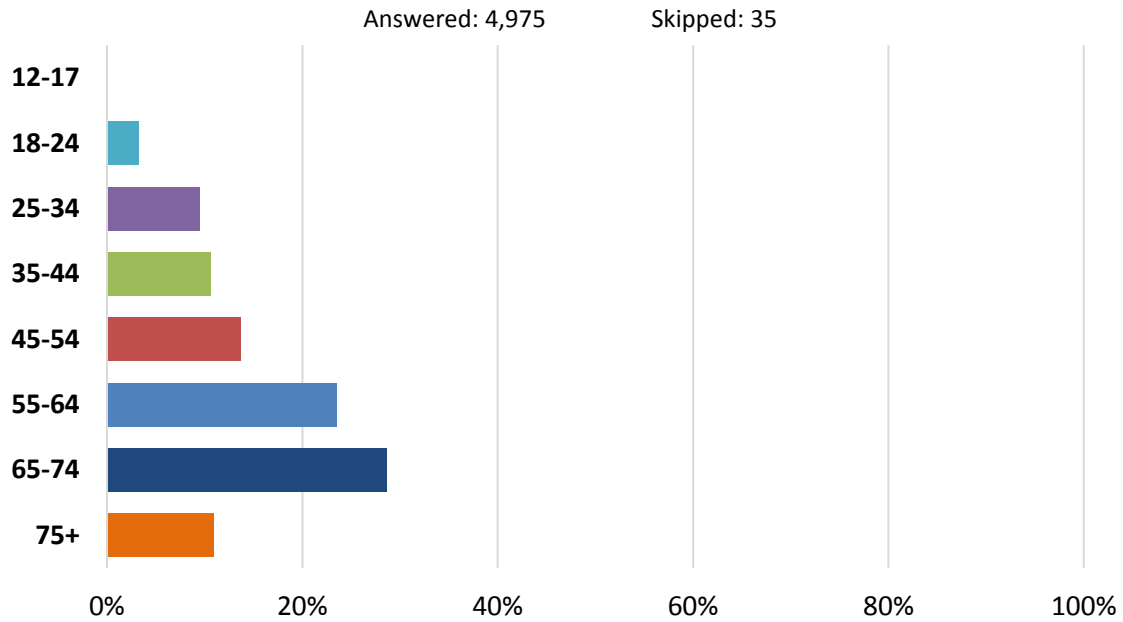
Skipped: 56



Answer Choices	Responses	
African American/Black	0.50%	25
Hispanic/Latino	6.52%	323
American Indian/Native American	1.45%	72
White/Caucasian	87.14%	4,317
Asian	0.69%	34
Pacific Islander	0.18%	9
Other (please specify)	3.51%	174
Total		4,954

All the "Other (please specify)" responses can be found at <http://www.mydocvault.us/2019-regional-chna.html>
Under 2019 CHNA Report, CVS Qualitative Response

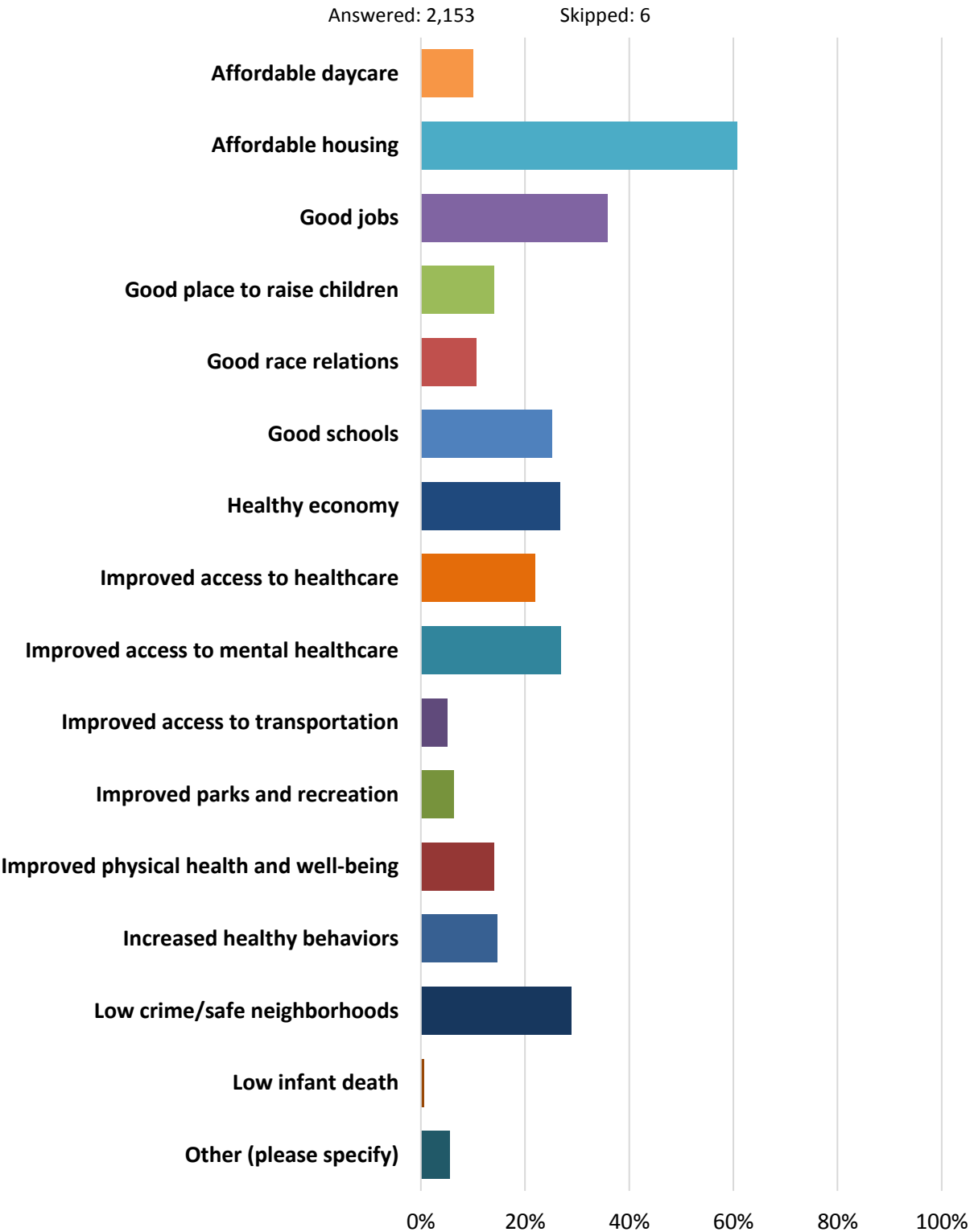
Q15 What is your age group?



Answer Choices	Responses
12-17	0.06% 3
18-24	3.20% 159
25-34	9.47% 471
35-44	10.61% 528
45-54	13.71% 682
55-64	23.48% 1,168
65-74	28.62% 1,424
75+	10.85% 540
Total	4,975

Chelan County

Q4 In the following list, what do you think are the three most important factors that will improve the quality of life in your community?



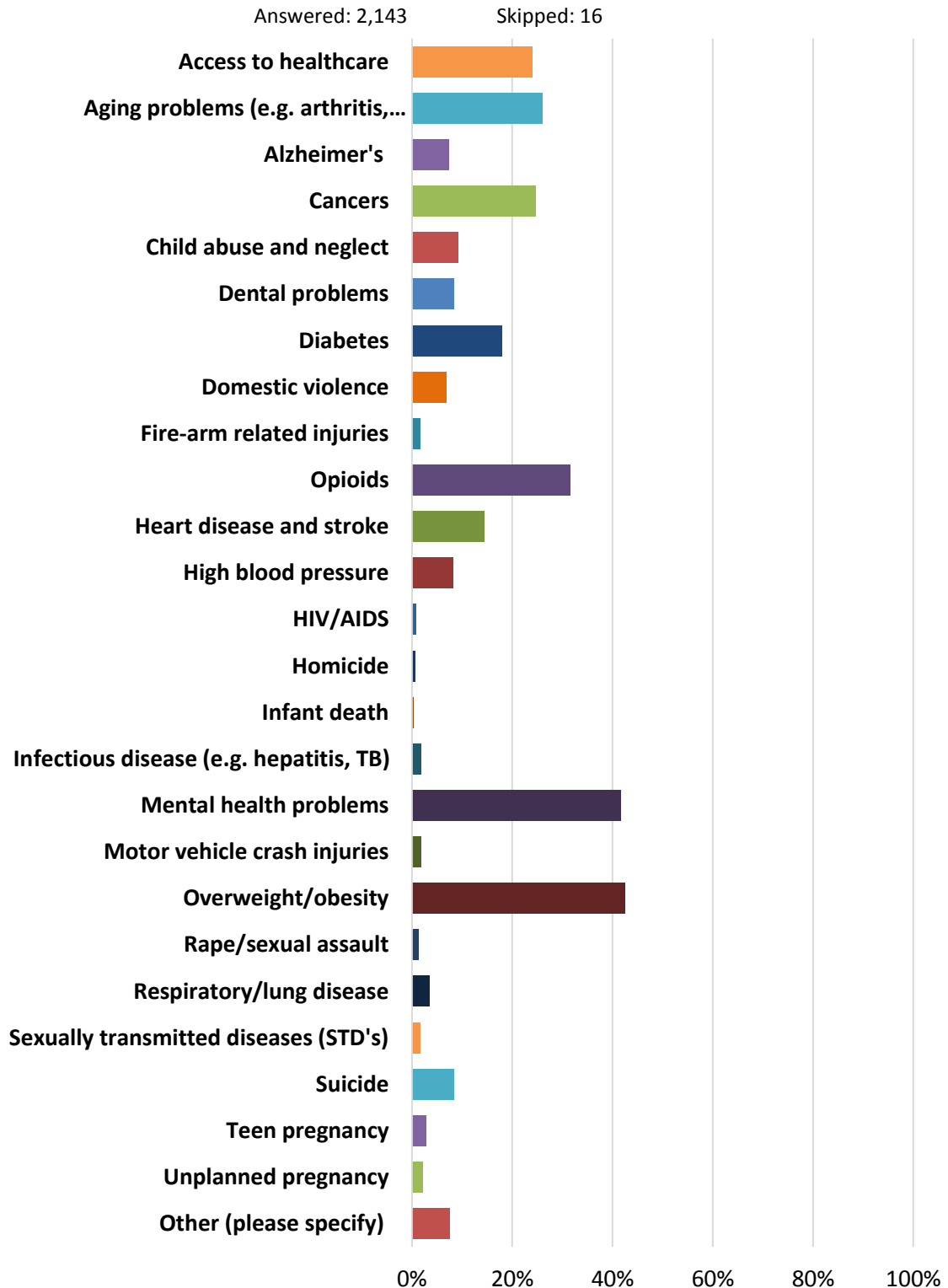
2019 CHNA Community Voice Survey

Chelan County

Answer Choices	Responses
Affordable daycare	10.05% 217
Affordable housing	60.72% 1,311
Good jobs	35.85% 774
Good place to raise children	13.99% 302
Good race relations	10.65% 230
Good schools	25.20% 544
Healthy economy	26.68%% 576
Improved access to healthcare	21.91% 473
Improved access to mental healthcare	26.91% 581
Improved access to transportation	5.05% 109
Improved parks and recreation	6.25% 135
Improved physical health and well-being	13.99% 302
Increased healthy behaviors	14.68% 317
Low crime/safe neighborhoods	28.95% 625
Low infant death	0.60% 13
Other (please specify)	5.60% 121
Total Respondents: 2,153	

Chelan County

Q5 In the following list, what do you think are the three most important "health problems" that impact your community?



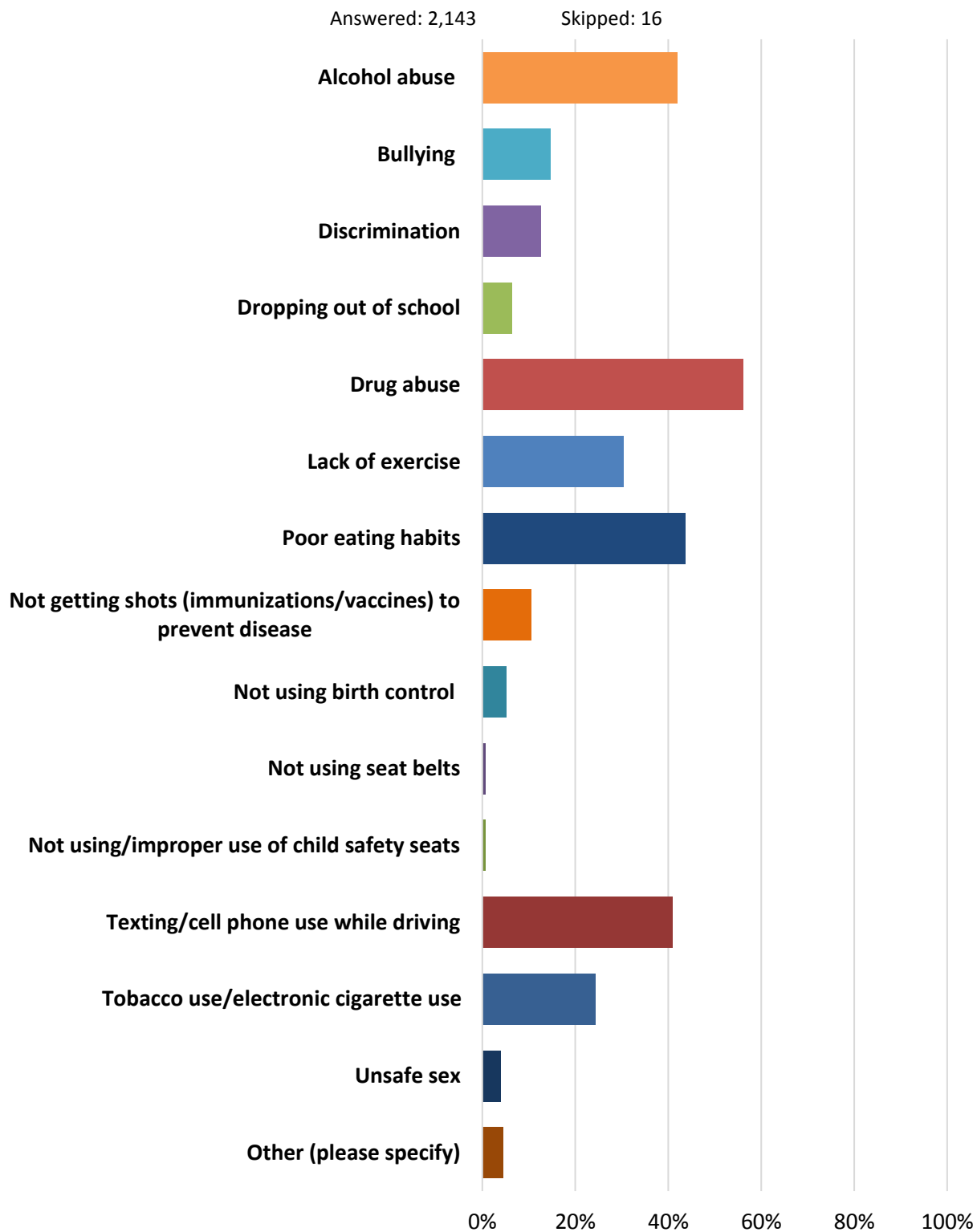
2019 CHNA Community Voice Survey

Chelan County

Answer Choices	Responses	
Access to healthcare	24.04%	519
Aging problems (e.g. arthritis, hearing/vision problems)	26.08%	563
Alzheimer's	7.32%	158
Cancers	24.73%	534
Child abuse and neglect	9.26%	200
Dental problems	8.43%	182
Diabetes	17.92%	387
Domestic violence	6.81%	147
Fire-arm related injuries	1.62%	35
Opioids	31.50%	680
Heart disease and stroke	14.40%	311
High blood pressure	8.24%	178
HIV/AIDS	0.83%	18
Homicide	0.56%	12
Infant death	0.23%	5
Infectious disease (e.g. hepatitis, TB)	1.76%	38
Mental health problems	41.64%	899
Motor vehicle crash injuries	1.81%	39
Overweight/obesity	42.43%	916
Rape/sexual assault	1.34%	29
Respiratory/lung disease	3.57%	77
Sexually transmitted disease (STD's)	1.57%	34
Suicide	8.38%	181
Teen pregnancy	2.73%	59
Unplanned pregnancy	2.22%	48
Other (please specify)	7.46%	161
Total Respondents: 2,143		

Chelan County

Q6 In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?



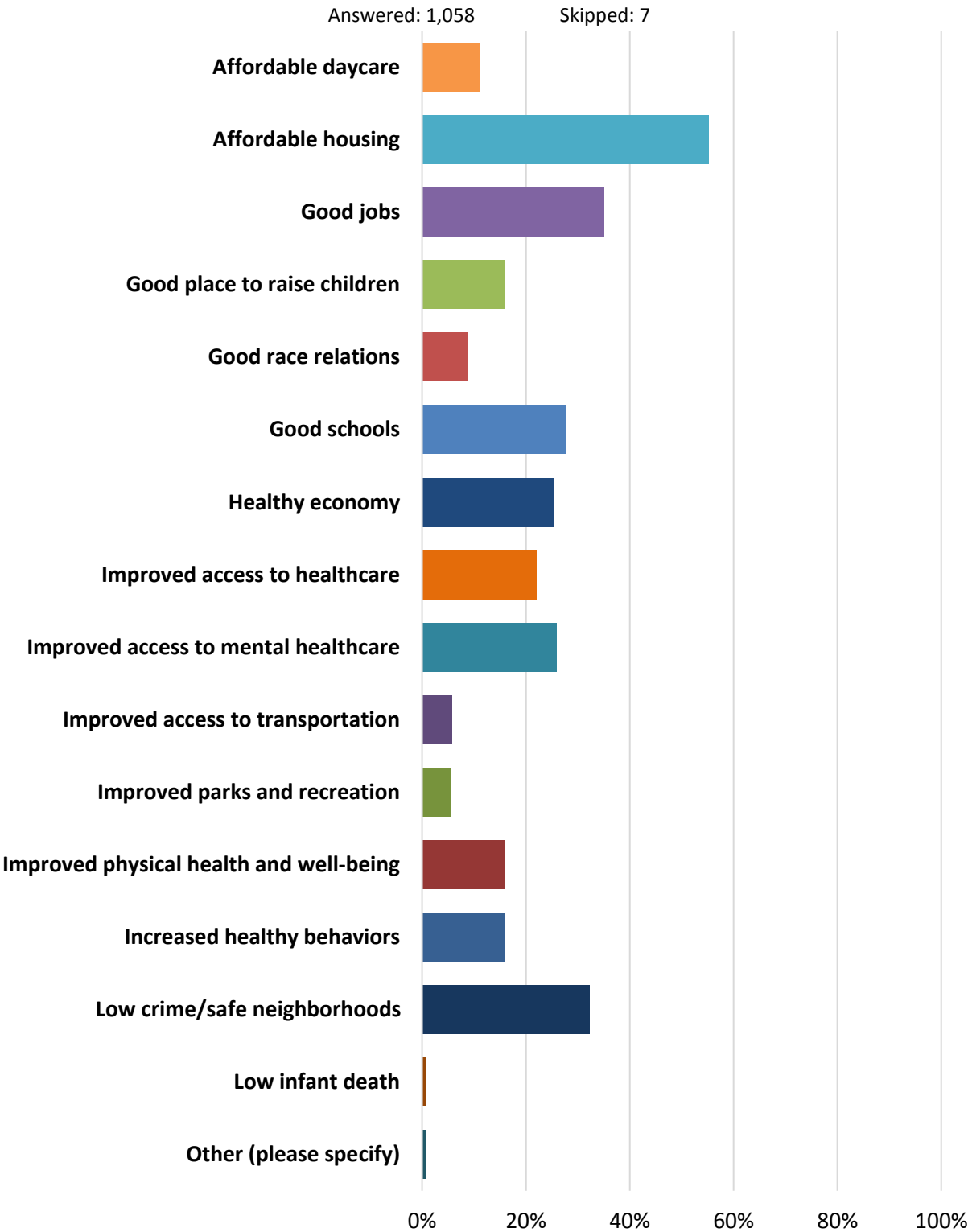
2019 CHNA Community Voice Survey

Chelan County

Answer Choices	Responses	
Alcohol abuse	41.87%	904
Bullying	14.64%	316
Discrimination	12.60%	272
Dropping out of school	6.44%	139
Drug abuse	56.14%	1,212
Lack of exercise	30.38%	656
Poor eating habits	43.63%	942
Not getting shots (immunizations/vaccines)	10.47%	226
Not using birth control	5.19%	112
Not using seat belts	0.65%	14
Not using/improper use of child safety seats	0.65%	14
Texting/cell phone use while driving	40.90%	883
Tobacco use/electronic cigarette use	24.32%	525
Unsafe sex	3.98%	86
Other (please specify)	4.40%	95
Total Respondents: 2,143		

Douglas County

Q4 In the following list, what do you think are the three most important factors that will improve the quality of life in your community?



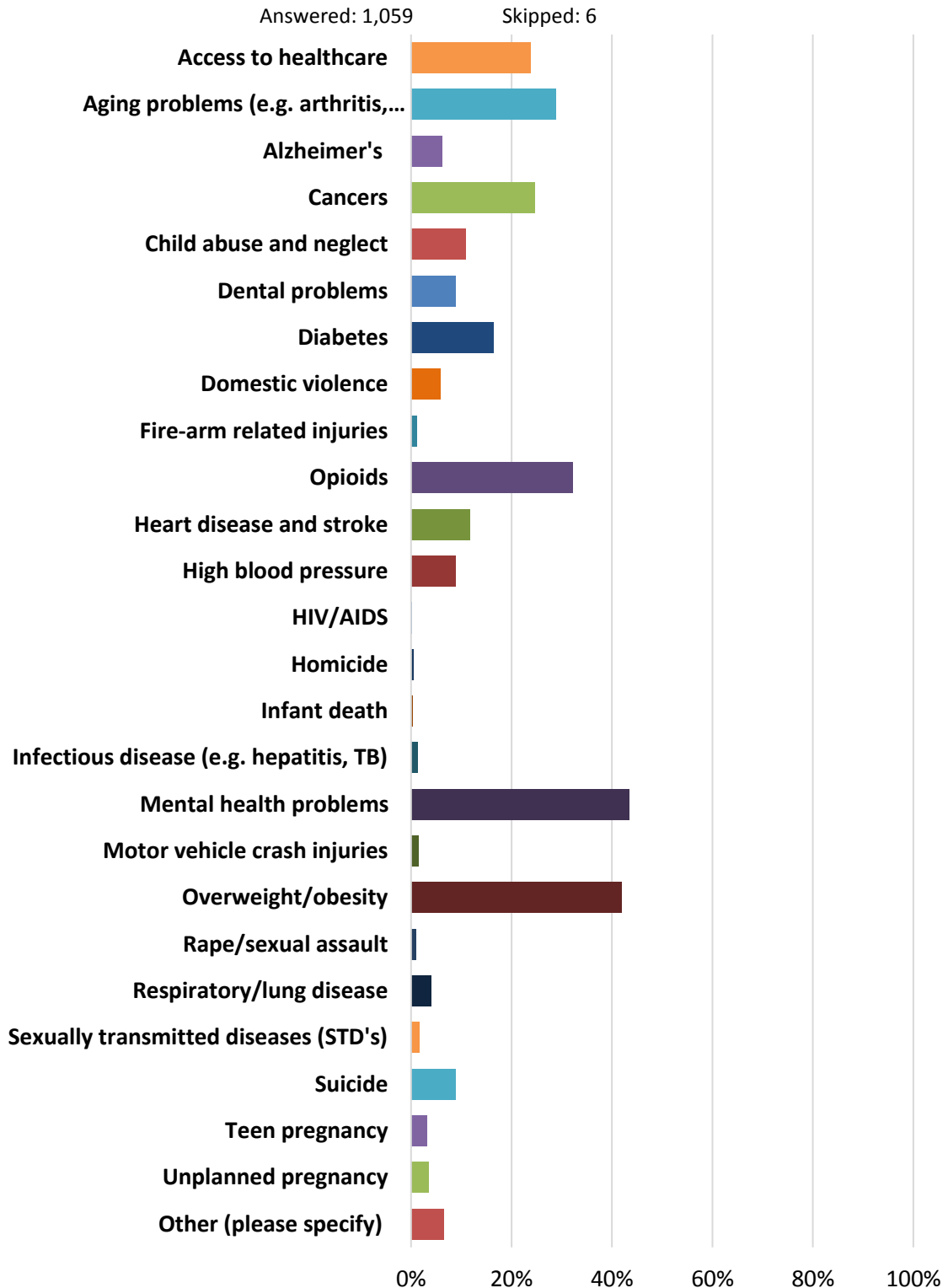
2019 CHNA Community Voice Survey

Douglas County

Answer Choices	Responses	
Affordable daycare	11.27%	120
Affordable housing	55.31%	589
Good jobs	35.12%	374
Good place to raise children	15.87%	169
Good race relations	8.73%	93
Good schools	27.79%	296
Healthy economy	25.54%	272
Improved access to healthcare	22.07%	235
Improved access to mental healthcare	25.92%	276
Improved access to transportation	5.82%	62
Improved parks and recreation	5.63%	60
Improved physical health and well-being	15.96%	170
Increased healthy behaviors	15.96%	170
Low crime/safe neighborhoods	32.30%	344
Low infant death	0.85%	9
Other (please specify)	0.85%	9
Total Respondents: 1,058		

Douglas County

Q5 In the following list, what do you think are the three most important "health problems" that impact your community?



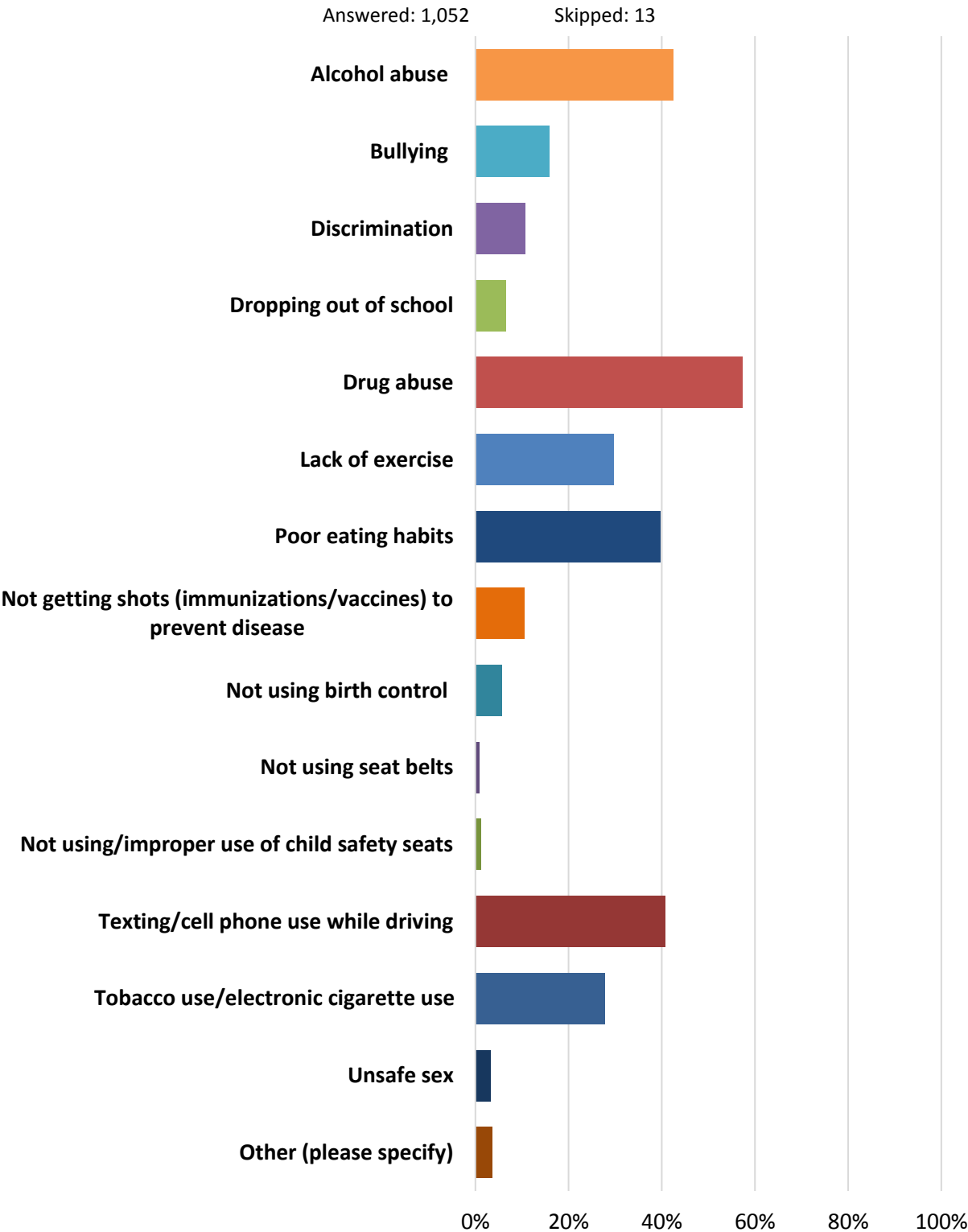
2019 CHNA Community Voice Survey

Douglas County

Answer Choices	Responses	
Access to healthcare	23.85%	254
Aging problems (e.g. arthritis, hearing/vision problems)	28.83%	307
Alzheimer's	6.20%	66
Cancers	24.69%	263
Child abuse and neglect	10.89%	116
Dental problems	8.92%	95
Diabetes	16.34%	174
Domestic violence	5.92%	63
Fire-arm related injuries	1.13%	12
Opioids	32.21%	343
Heart disease and stroke	11.64%	124
High blood pressure	8.83%	94
HIV/AIDS	0.09%	1
Homicide	0.56%	6
Infant death	0.28%	3
Infectious disease (e.g. hepatitis, TB)	1.31%	14
Mental health problems	43.47%	463
Motor vehicle crash injuries	1.41%	15
Overweight/obesity	41.97%	447
Rape/sexual assault	0.94%	10
Respiratory/lung disease	4.04%	43
Sexually transmitted disease (STD's)	1.60%	17
Suicide	8.92%	95
Teen pregnancy	3.19%	34
Unplanned pregnancy	3.47%	37
Other (please specify)	6.57%	70
Total Respondents: 1,059		

Douglas County

Q6 In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?



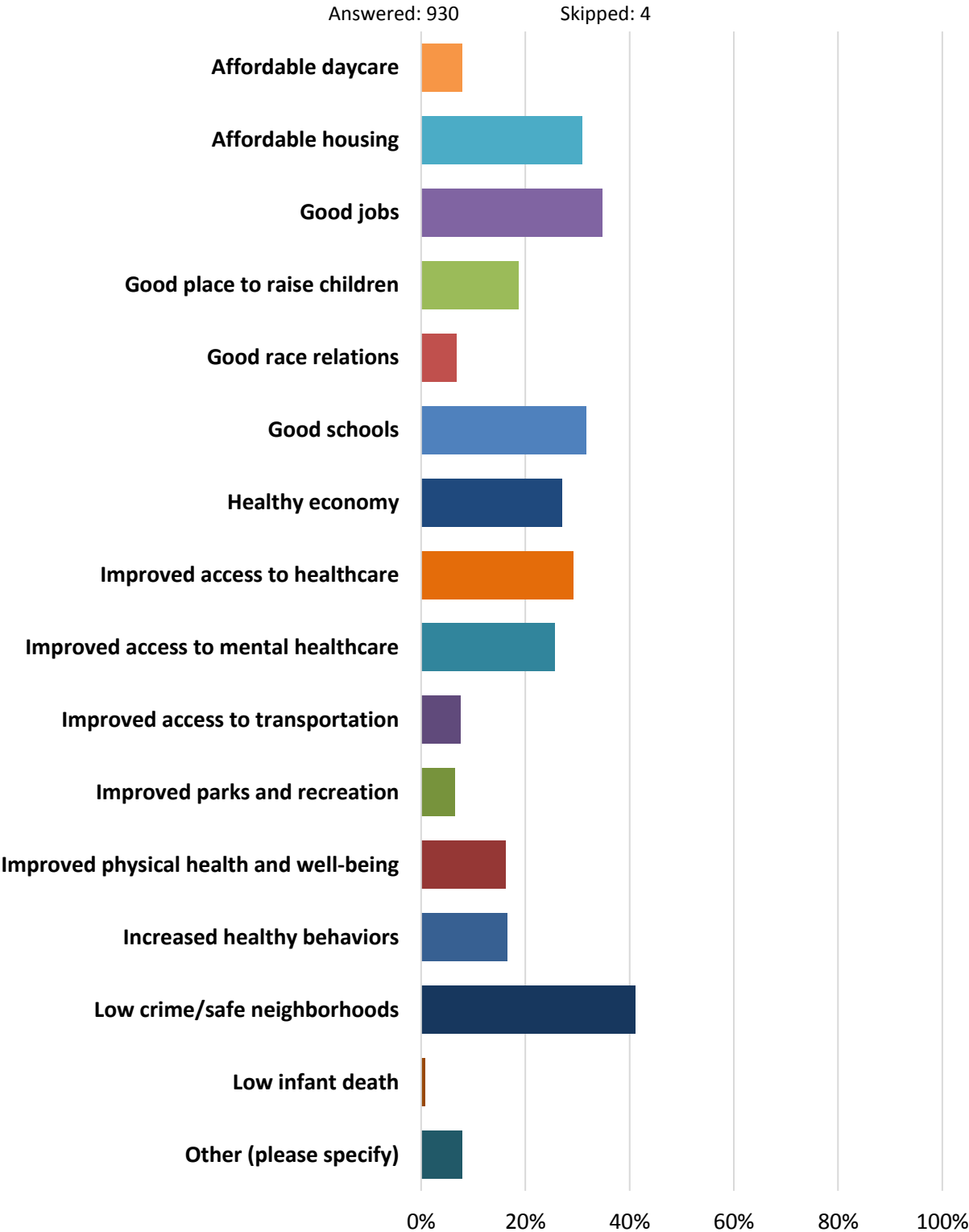
2019 CHNA Community Voice Survey

Douglas County

Answer Choices	Responses	
Alcohol abuse	42.44%	452
Bullying	15.87%	169
Discrimination	10.61%	113
Dropping out of school	6.48%	69
Drug abuse	57.37%	611
Lack of exercise	29.58%	315
Poor eating habits	39.62%	422
Not getting shots (immunizations/vaccines)	10.42%	111
Not using birth control	5.73%	61
Not using seat belts	0.85%	9
Not using/improper use of child safety seats	1.22%	13
Texting/cell phone use while driving	40.66%	433
Tobacco use/electronic cigarette use	27.70%	295
Unsafe sex	3.19%	34
Other (please specify)	3.66%	39
Total Respondents: 1,052		

Grant County

Q4 In the following list, what do you think are the three most important factors that will improve the quality of life in your community?



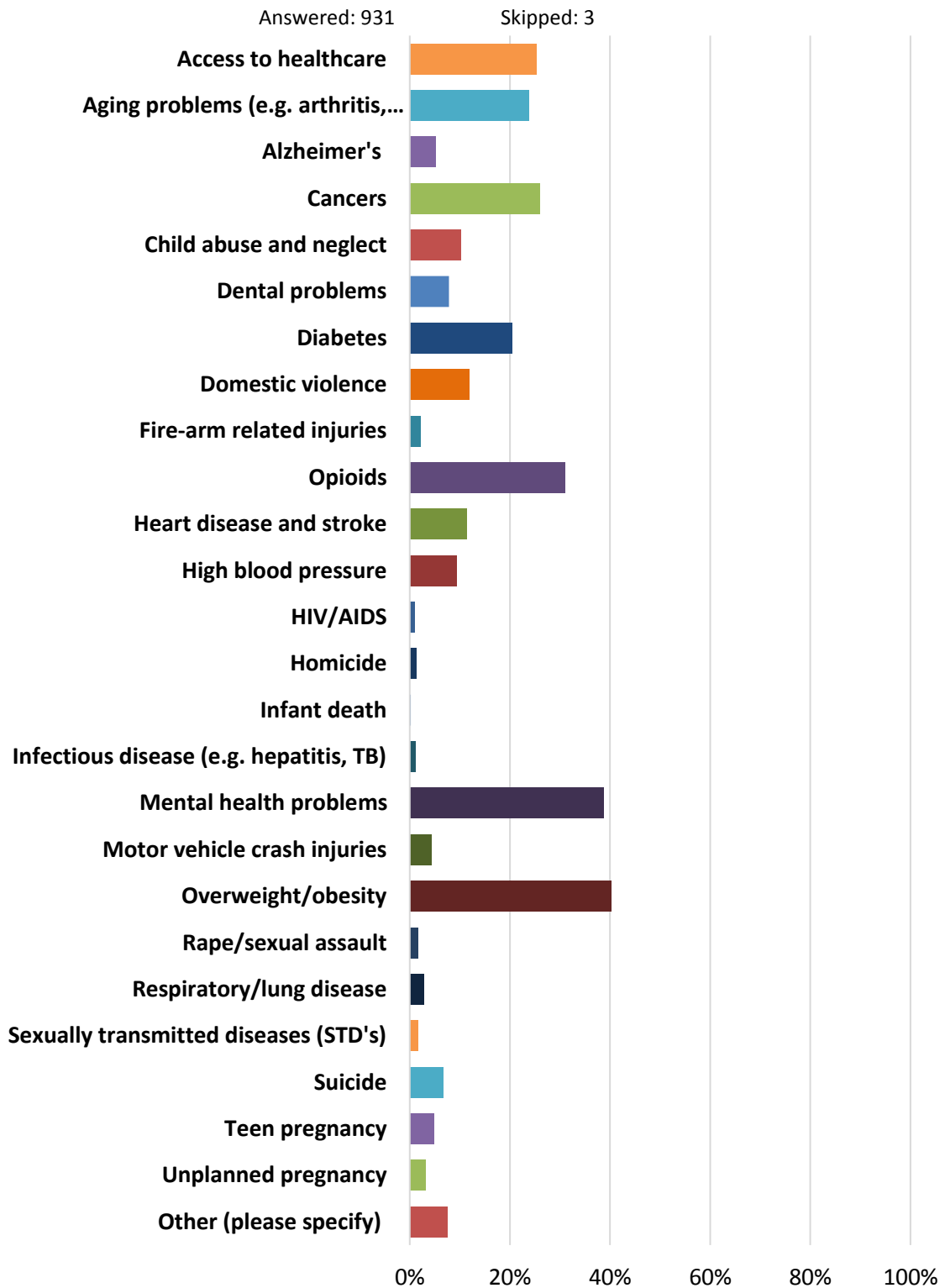
2019 CHNA Community Voice Survey

Grant County

Answer Choices	Responses	
Affordable daycare	7.82%	73
Affordable housing	30.94%	289
Good jobs	34.69%	324
Good place to raise children	18.63%	174
Good race relations	6.85%	64
Good schools	31.58%	295
Healthy economy	26.98%	252
Improved access to healthcare	29.23%	273
Improved access to mental healthcare	25.70%	240
Improved access to transportation	7.49%	70
Improved parks and recreation	6.53%	61
Improved physical health and well-being	16.17%	151
Increased healthy behaviors	16.49%	154
Low crime/safe neighborhoods	41.11%	384
Low infant death	0.75%	7
Other (please specify)	7.92%	74
Total Respondents: 930		

Grant County

Q5 In the following list, what do you think are the three most important "health problems" that impact your community?



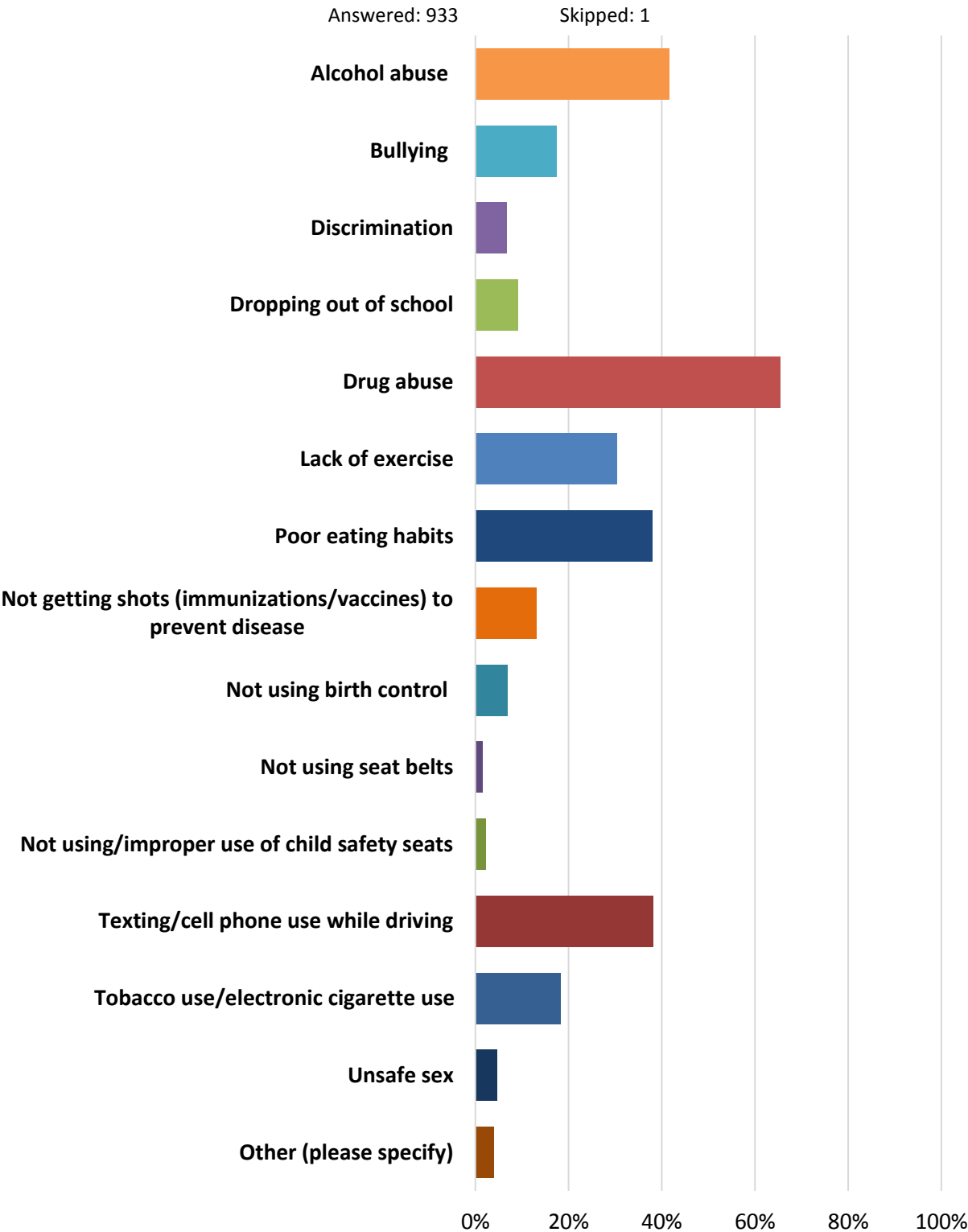
2019 CHNA Community Voice Survey

Grant County

Answer Choices	Responses	
Access to healthcare	25.27%	236
Aging problems (e.g. arthritis, hearing/vision problems)	23.77%	222
Alzheimer's	5.25%	49
Cancers	26.02%	243
Child abuse and neglect	10.17%	95
Dental problems	7.82%	73
Diabetes	20.45%	191
Domestic violence	11.88%	111
Fire-arm related injuries	2.14%	20
Opioids	30.94%	289
Heart disease and stroke	11.35%	106
High blood pressure	9.31%	87
HIV/AIDS	0.96%	9
Homicide	1.39%	13
Infant death	0.21%	2
Infectious disease (e.g. hepatitis, TB)	1.18%	11
Mental health problems	38.65%	361
Motor vehicle crash injuries	4.39%	41
Overweight/obesity	40.26%	376
Rape/sexual assault	1.71%	16
Respiratory/lung disease	2.78%	26
Sexually transmitted disease (STD's)	1.71%	16
Suicide	6.75%	63
Teen pregnancy	4.82%	45
Unplanned pregnancy	3.10%	29
Other (please specify)	7.49%	70
Total Respondents: 931		

Grant County

Q6 In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?



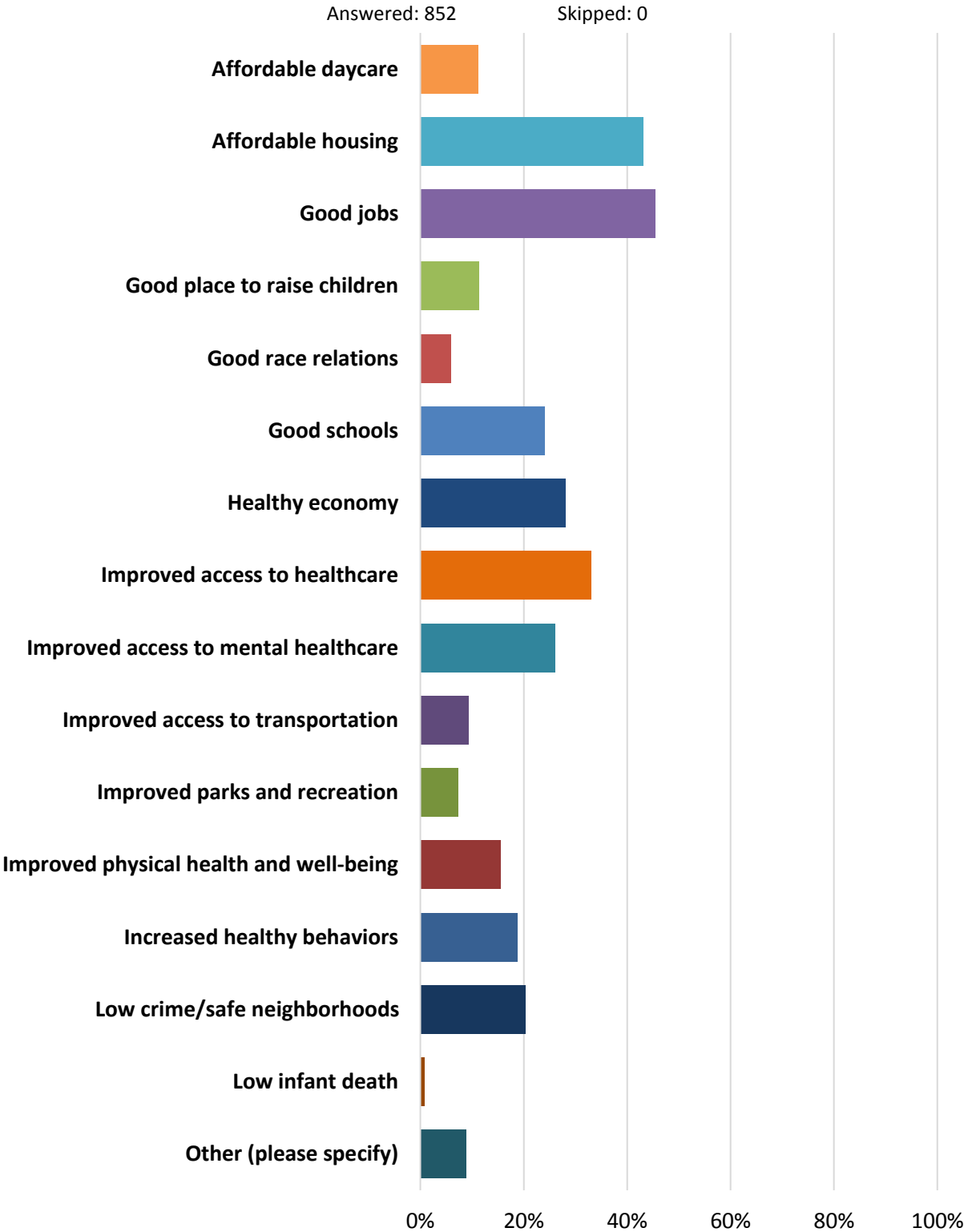
2019 CHNA Community Voice Survey

Grant County

Answer Choices	Responses	
Alcohol abuse	41.54%	388
Bullying	17.34%	162
Discrimination	6.75%	63
Dropping out of school	9.10%	85
Drug abuse	65.42%	611
Lack of exercise	30.41%	284
Poor eating habits	37.90%	354
Not getting shots (immunizations/vaccines)	13.17%	123
Not using birth control	6.96%	65
Not using seat belts	1.61%	15
Not using/improper use of child safety seats	2.25%	21
Texting/cell phone use while driving	38.22%	357
Tobacco use/electronic cigarette use	18.31%	171
Unsafe sex	4.71%	44
Other (please specify)	3.96%	37
Total Respondents: 933		

Okanogan County

Q4 In the following list, what do you think are the three most important factors that will improve the quality of life in your community?



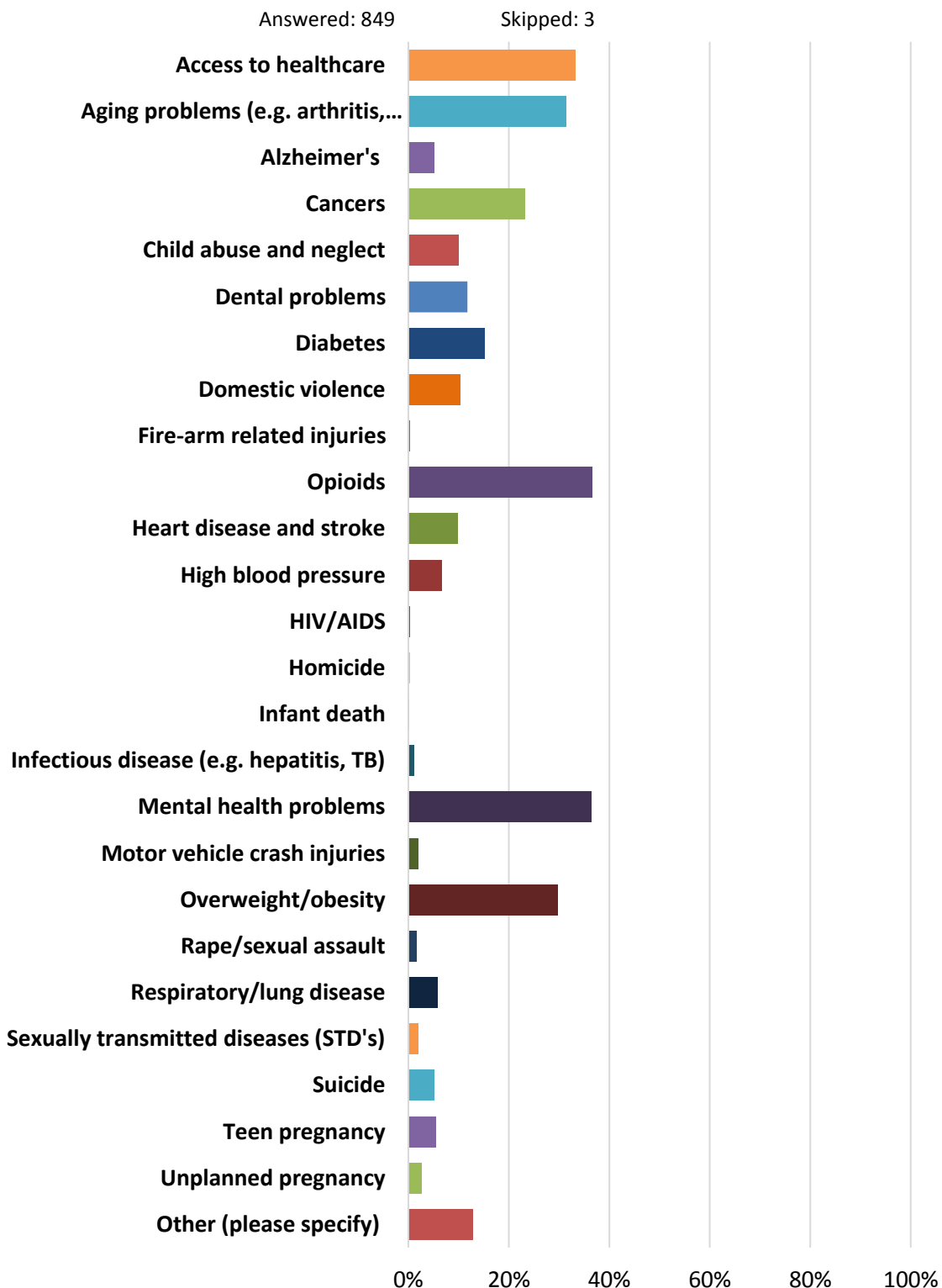
2019 CHNA Community Voice Survey

Okanogan County

Answer Choices	Responses	
Affordable daycare	11.15%	95
Affordable housing	43.19%	368
Good jobs	45.42%	387
Good place to raise children	11.38%	97
Good race relations	5.99%	51
Good schools	24.06%	205
Healthy economy	28.17%	240
Improved access to healthcare	33.10%	282
Improved access to mental healthcare	26.17%	223
Improved access to transportation	9.39%	80
Improved parks and recreation	7.39%	63
Improved physical health and well-being	15.49%	132
Increased healthy behaviors	18.78%	160
Low crime/safe neighborhoods	20.31%	173
Low infant death	0.82%	7
Other (please specify)	8.92%	76
Total Respondents: 852		

Okanogan County

Q5 In the following list, what do you think are the three most important "health problems" that impact your community?



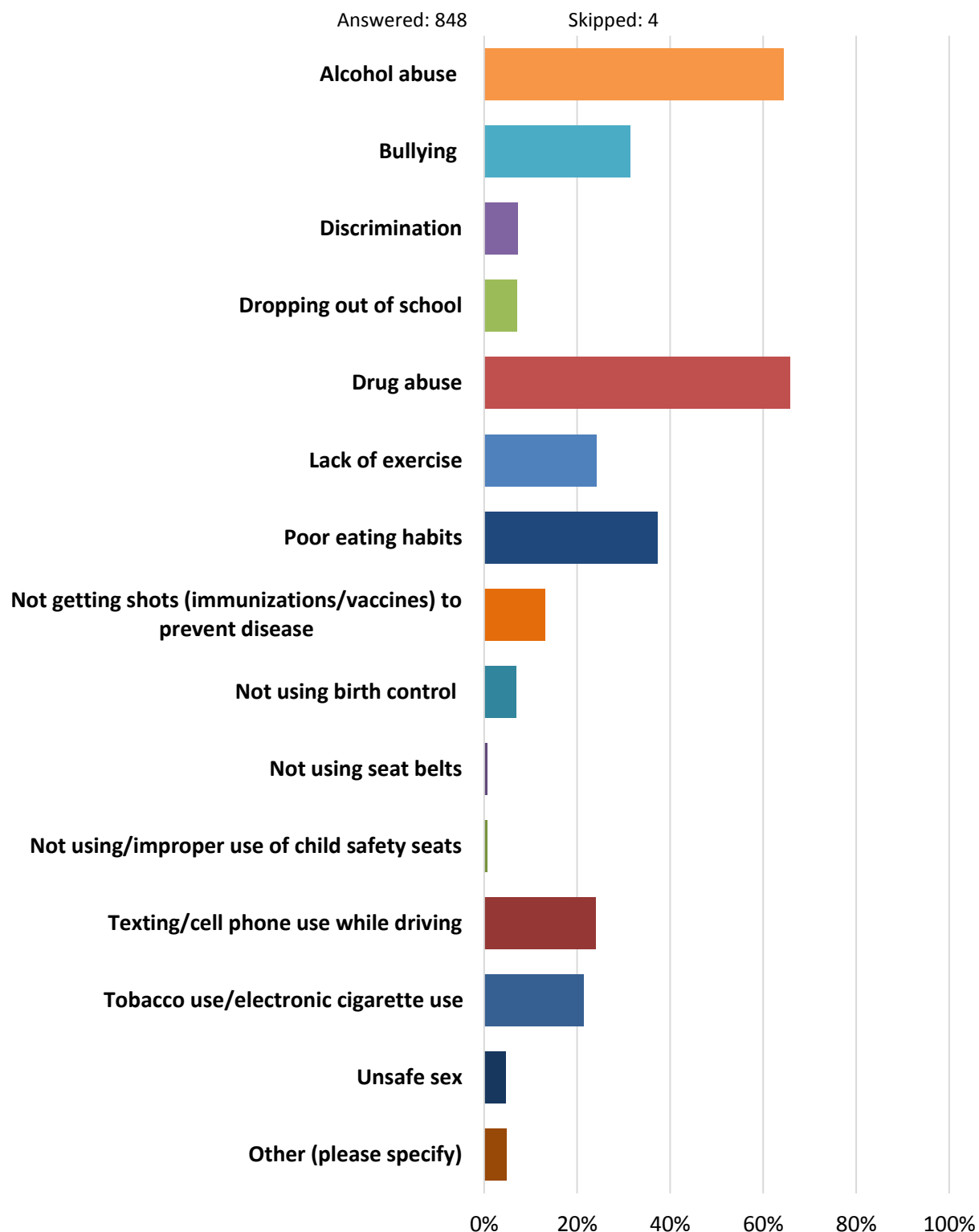
2019 CHNA Community Voice Survey

Okanogan County

Answer Choices	Responses	
Access to healthcare	33.22%	283
Aging problems (e.g. arthritis, hearing/vision problems)	31.34%	267
Alzheimer's	5.16%	44
Cancers	23.24%	198
Child abuse and neglect	9.98%	85
Dental problems	11.74%	100
Diabetes	15.14%	129
Domestic violence	10.33%	88
Fire-arm related injuries	0.35%	3
Opioids	36.62%	312
Heart disease and stroke	9.74%	83
High blood pressure	6.57%	56
HIV/AIDS	0.35%	3
Homicide	0.23%	2
Infant death	0.12%	1
Infectious disease (e.g. hepatitis, TB)	1.17%	10
Mental health problems	36.38%	310
Motor vehicle crash injuries	1.88%	16
Overweight/obesity	29.69%	253
Rape/sexual assault	1.53%	13
Respiratory/lung disease	5.75%	49
Sexually transmitted disease (STD's)	1.88%	16
Suicide	5.05%	43
Teen pregnancy	5.52%	47
Unplanned pregnancy	2.58%	22
Other (please specify)	12.79%	109
Total Respondents: 849		

Okanogan County

Q6 In the following list, what do you think are the three most important "unhealthy behaviors" seen in your community?



2019 CHNA Community Voice Survey

Okanogan County

Answer Choices	Responses	
Alcohol abuse	64.32%	548
Bullying	31.34%	267
Discrimination	7.28%	62
Dropping out of school	7.04%	60
Drug abuse	65.73%	560
Lack of exercise	24.06%	205
Poor eating habits	37.21%	317
Not getting shots (immunizations/vaccines)	13.15%	112
Not using birth control	6.81%	58
Not using seat belts	0.59%	5
Not using/improper use of child safety seats	0.59%	5
Texting/cell phone use while driving	24.06%	205
Tobacco use/electronic cigarette use	21.36%	182
Unsafe sex	4.69%	40
Other (please specify)	4.81%	41
Total Respondents: 848		

Other Community Assessments

2019 CHNA Other Community Assessments

2017-2019

Topic	Community Development & Health, Parks	Community Health Assessment	Community Health Needs Assessment
Assessment Abstract			
Title	Community Feedback for Kiwanis Methow Park & Future 9th Street Park	Grant County Community Health Assessment	Coulee Medical Center 2017-2020 Community Health Needs Assessment & Implementation Plan
Lead Organization	Trust for Public Land & University of Washington's Community Oriented Public Health Practice Program	REACH Pathway - Seattle Children's Hospital	Coulee Medical Center
Region Covered	Chelan & Douglas Counties	Grant County	Douglas, Grant, & Okanogan Counties
Released	2017	October 17, 2018	October 30, 2017
Document Type	Research Report	Health Assessment	Needs Assessment
Methods			
Primary Data Collection Used?	Yes	Yes	Yes
Primary Data Collection Method:	Paper surveys, key informant interviews, & walking audits	Key informant interviews (in-person & phone) & family listening sessions	Community events & online & paper surveys
Results			
Clearly Identified Priorities?	No	Yes	Yes
List of Health Priorities	N/A	<ul style="list-style-type: none"> • Health eating • Active living • Food security • Coordinated care • Suicide & violence prevention • Mental & behavioral health 	<ul style="list-style-type: none"> • Chronic disease prevention & management & education to support healthy living • Behavioral health • Elderly care
Themes of Needs	<ol style="list-style-type: none"> 1. Utilize park space to increase food access 2. Increase public awareness of upcoming park decisions 3. Develop safe ways for people to access parks 4. More guided activities like classes or organized sports 5. Simplify park permit process 6. Add features to increase the sense of safety around each park 7. Include a greater variety of park equipment that encourage structured & unstructured physical activity 8. Establish methods of park maintenance & volunteer opportunities that engage the community 9. Continue to work with multiple partners moving forward with park development 	<p><u>Informant interviews:</u></p> <ul style="list-style-type: none"> • Mental health among adolescents • Transportation limits a family's access to resources • Limited access to programs for youth • Limited resources & qualified staff <p><u>Listening session:</u></p> <ul style="list-style-type: none"> • Relating to & supporting adolescents • Access to mental health care • Primary care providers availability • Challenges of raising children far from specialty care <p><u>Summary themes:</u></p> <ul style="list-style-type: none"> • Lack of specialized services • Small organizations with limited staff • Resources hard to reach for those not in Moses Lake • Community shaken by recent suicides • Limited support for children under 3 • Few activities or programs for youth 	N/A

2019 CHNA Other Community Assessments
2017-2019

Topic	Community Health Needs Assessment	Community Needs	Employment, Workforce
Assessment Abstract			
Title	Methow Valley Community Health Needs Assessment	Chelan-Douglas Community Action Council Community Needs Assessment Report	Workforce Needs Assessment Report
Lead Organization	Methow Valley Health Care Network	Chelan-Douglas Community Action Council	Our Valley, Our Future
Region Covered	Okanogan County	Chelan & Douglas Counties	Chelan & Douglas Counties
Released	December 12, 2018	June 2019	2017
Document Type	Needs Assessment	Needs Assessment	Needs Assessment
Methods			
Primary Data Collection Used?	Yes	Yes	Yes
Primary Data Collection Method:	Focus groups & in-person survey interviews	Online & paper surveys, focus groups, & stakeholder interviews	Online survey & one-on-one interviews
Results			
Clearly Identified Priorities?	Yes	Yes	Yes
List of Health Priorities	<ul style="list-style-type: none"> • Improve transportation to & from healthcare resources • Increase after hours care & specialized care • Adequate mental health care • Ensure availability of long-term health care • Improve patient care coordination 	<ul style="list-style-type: none"> • Housing • Health care • Education • Employment • Mental health 	There is a gap in the area of soft skills in current workforce & among youth.
Themes of Needs	N/A	<ul style="list-style-type: none"> • Low income & high poverty rates • Education • Workforce training • Alternative modes of transportation • Child care • Housing • Health care • Behavioral health • Obesity • Food • Drug & alcohol abuse • Aging & death • Navigating the system 	Local employers are unable to find qualified (in soft skills) employees. 81% of survey respondents said that new applicants or new hires had a moderate to high difficulty communicating effectively.

2019 CHNA Other Community Assessments
2017-2019

Topic	Health	Housing	Mobile Medicine
Assessment Abstract			
Title	2018 Stakeholder Survey Data Report	Synopsis of the Our Valley, Our Future Regional Housing Survey Results	WSU Mobile Medicine Needs Assessment Summary
Lead Organization	North Central Accountable Community of Health	Our Valley, Our Future	WSU Elson S Floyd College of Medicine
Region Covered	Chelan, Douglas, Grant, & Okanogan Counties	Chelan & Douglas Counties	Northeastern Washington – focus on results from Okanogan, Grant, & Douglas Counties
Released	November 26, 2018	September 2017	October 2018
Document Type	Research Report	Research Report	Needs Assessment
Methods			
Primary Data Collection Used?	Yes	Yes	Yes
Primary Data Collection Method:	Survey	Survey	Online survey & semi-structured in-person & phone interviews
Results			
Clearly Identified Priorities?	No	No	No
List of Health Priorities	N/A	N/A	N/A
Themes of Needs	<p><u>Regional challenges:</u></p> <ul style="list-style-type: none"> • Transportation • Meet Medicaid recipients where they are at & be more creative & inclusive with outreach efforts <p><u>Barriers to health:</u></p> <p>For <i>Chelan-Douglas Counties</i>:</p> <ol style="list-style-type: none"> 1. Poverty & income barriers 2. Transportation 3. Language & cultural barriers <p>For <i>Grant County</i>:</p> <ol style="list-style-type: none"> 1. Transportation 2. Silos within the Care Team 3. Access to behavioral health (including SUD) services <p>For <i>Okanogan County</i>:</p> <ol style="list-style-type: none"> 1. Transportation 2. Access to behavioral health (including SUD) services 3. Cost of care 	<ul style="list-style-type: none"> • Lack of housing availability & affordability • Inadequate supply of reasonably priced homes • Inadequate supply of homes • Inadequate supply of rental units • Poor quality of available rental units 	<p>Social determinants affecting health:</p> <ul style="list-style-type: none"> • Housing <i>OC, GC, DC</i> • Transportation <i>OC, GC, DC</i> • Immigration status <i>OC, GC, DC</i> • Insurance coverage <i>GC</i> <p>Difficult to meet services:</p> <ul style="list-style-type: none"> • Mental health <i>OC, DC</i> • Treatment for alcohol abuse <i>OC, GC, DC</i> • Treatment for other drug use <i>OC, GC, DC</i> • Treatment for opioids <i>OC, GC, DC</i> • Specialty care <i>OC</i> • Dental <i>GC, DC</i> <p>Preventative service gaps:</p> <ul style="list-style-type: none"> • Substance use screening <i>OC, GC, DC</i> • Dental <i>OC, GC, DC</i> • Diabetes eye care <i>OC, GC</i> • STI screening <i>GC</i> <p><i>Okanogan County (OC)</i> <i>Grant County (GC)</i> <i>Douglas County (DC)</i></p>

2019 CHNA Other Community Assessments
2017-2019

Topic	Outdoor Recreation	Systems of Care for Youth & Families	Systems of Care for Youth & Families
Assessment Abstract			
Title	The Economic Importance of Outdoor Recreation in Chelan & Douglas Counties, WA - Current Contributions & Future Potential	North Central Washington Family, Youth, & System Partner Round Table - Regional Needs Assessment	North Central Washington Family, Youth, & Systems Partner Round Table - 2018 Local Needs Assessment - Grant County
Lead Organization	Chelan-Douglas Counties Outdoor Recreation Study Steering Committee	North Central Washington Family, Youth, System Partners Round Table (FYSPRT)	North Central Washington Family, Youth, System Partners Round Table (FYSPRT)
Region Covered	Chelan & Douglas Counties	Chelan, Douglas, & Grant Counties	Grant County
Released	August 2017	Summer 2018	November 29, 2018
Document Type	Research Report	Needs Assessment	Needs Assessment
Methods			
Primary Data Collection Used?	Yes	Yes	Yes
Primary Data Collection Method:	Interviews, focus groups, & surveys	Focus groups	Focus groups
Results			
Clearly Identified Priorities?	No	No	No
List of Health Priorities	N/A	N/A	N/A
Themes of Needs	<u>Need for additional investment in:</u> <ul style="list-style-type: none"> • Coordination • Infrastructure • Information sources • Amenities <u>Areas of opportunity:</u> <ul style="list-style-type: none"> • Infrastructure & accessibility • Connectivity • Increasing supply amid increasing demand • Family activities • Other activities 	<u>Opportunities for growth:</u> <ul style="list-style-type: none"> • Getting more participation from students & school counselors • Greater behavioral health resource awareness within our region • Partnering with community stakeholders to promote further FYSPRT awareness • Partnering with community leaders to educate FYSPRT members on specific topics • Parents &/or guardians to further understand the behavioral health concerns that their youth may be experiencing 	<u>Opportunities for growth:</u> <ul style="list-style-type: none"> • Attract more behavioral health providers & partners • Innovative programs to address community needs • Information about FYSPRT to community members • Community collaboration & forums • Youth public defenders • Education & engagement to increase community member participation • No local juvenile services

2019 CHNA Other Community Assessments
2017-2019

Topic	Transportation	Transportation	
Assessment Abstract			
Title	Chelan-Douglas Transportation Council Coordinated Public Transit - Human Services Transportation Plan	Transportation Needs Assessment Survey	
Lead Organization	Chelan -Douglas Transportation Council	North Central Washington Mobility Council	
Region Covered	Chelan & Douglas Counties	Chelan, Douglas, Grant, & Okanogan Counties	
Released	November 8, 2018	2018	
Document Type	4-Year Action Plan	Needs Assessment	
Methods			
Primary Data Collection Used?	Yes	Yes	
Primary Data Collection Method:	Summit & online & paper surveys	Online & paper surveys	
Results			
Clearly Identified Priorities?	No	No	
List of Health Priorities	N/A	N/A	
Themes of Needs	<ol style="list-style-type: none"> 1. Maintain existing services that rely on consolidated grant funding 2. Increase public transit service hours in the region 3. Improve options for rural transportation 4. Expand same day service transportation options 5. Provide better connectivity between Chelan, Douglas, Okanogan & Grant counties for access to social events, employment, medical services, social services & regional shopping destinations 6. Research & support funding opportunities for new & existing programs & services 7. Provide active transportation facilities across region to increase safety & access to bus stops & essential services in communities 8. Increase education & outreach to transit users & general public on existing programs & transportation options, especially for special needs transportation users 	<u>Public transportation difficulties:</u> <ul style="list-style-type: none"> • Transit schedules • Access to transit • Limited to no services in rural areas • Medical transportation • Cost of transit • Transit amenities & safety • Vehicle design <u>Active transportation difficulties:</u> <ul style="list-style-type: none"> • Safety & comfort • Walking & bicycle distance • Safe infrastructure • Parking issues 	

10 Potential Needs Posters



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

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

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

Access to Behavioral Health

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

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

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

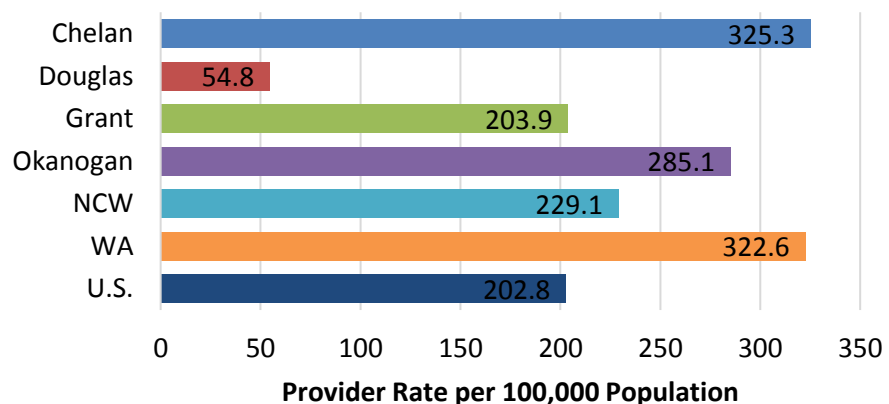
Access to behavioral health was identified as a **weakness** in the focus groups. Improved access to behavioral health was identified as an **opportunity** in the focus groups.

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

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

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

Mental Health Care Provider Rate, 2017 ₁



Number of Mental Health Providers, 2018 ₂

Chelan	249
Douglas	23
Grant	194
Okanogan	119

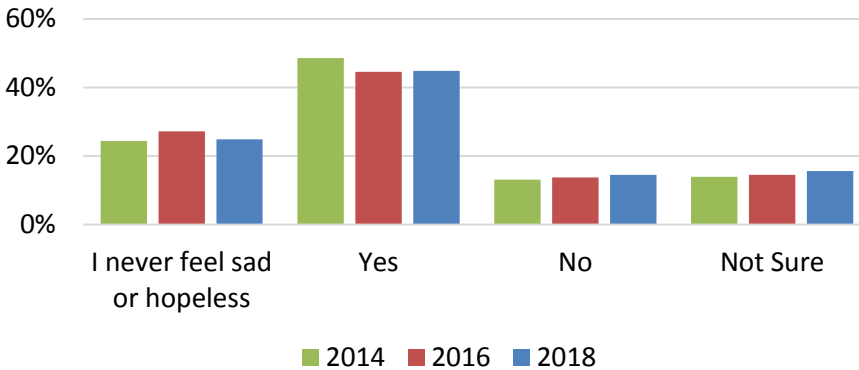
(1) Source: CARES Engagement Network;
Data Source: University of Wisconsin
Population Health Institute, County Health
Rankings. 2017.

(2) County Health Rankings & Roadmaps,
2018.

Access to Behavioral Health



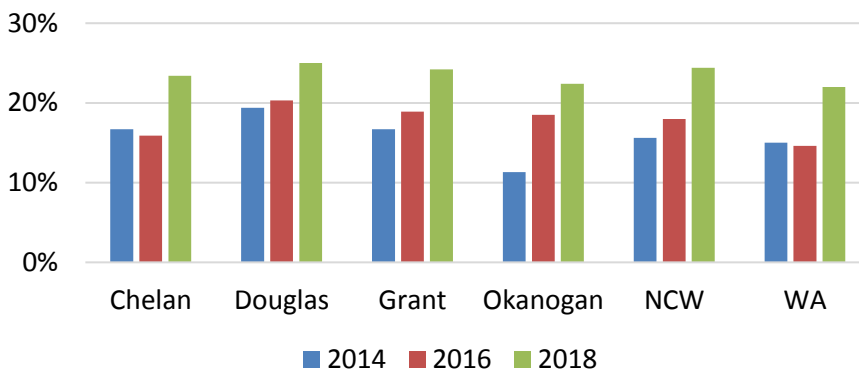
Percent of NCW 8th Grade Student Responses to the Question "When you feel sad or hopeless, are there adults that you can turn to for help?"¹



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

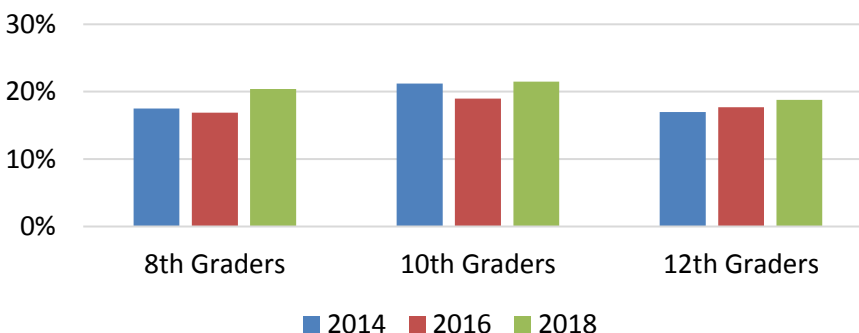
"Mental health is lacking at all levels." – CVS 2019

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



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

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



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

(1) Data Source: Washington State Healthy Youth Survey, 2014-2018.

(2) Data Source: Washington State Healthy Youth Survey, 2014-2018.

(3) Data Source: Washington State Healthy Youth Survey, 2014-2018.



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

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

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

(1) Data Source: Washington Tracking Network, Washington Department of Health. Web. Adults with Unmet Medical Needs. Data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) through the Community Health Assessment Tool (CHAT).

(2) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Access to Care

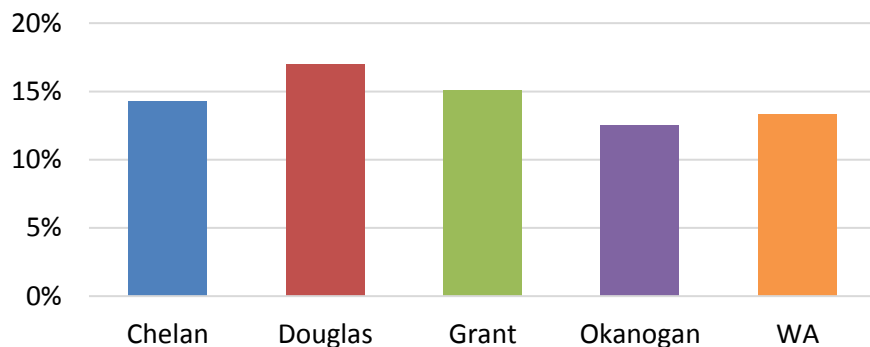
Access to care was chosen as one of the four community health needs in the **2013** and **2016 CHNA**.

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

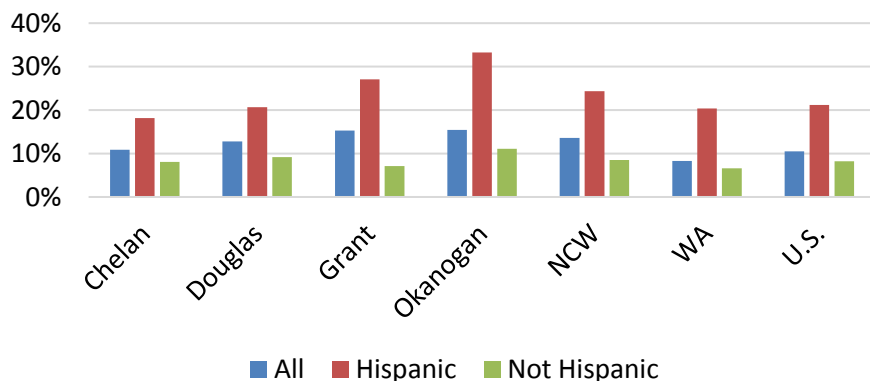
Barriers to accessing care can be broken down into the following subgroups:

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

Percent of Adults Who Reported Being Unable to Obtain Medical Services Due to Costs, 2012-2016₁

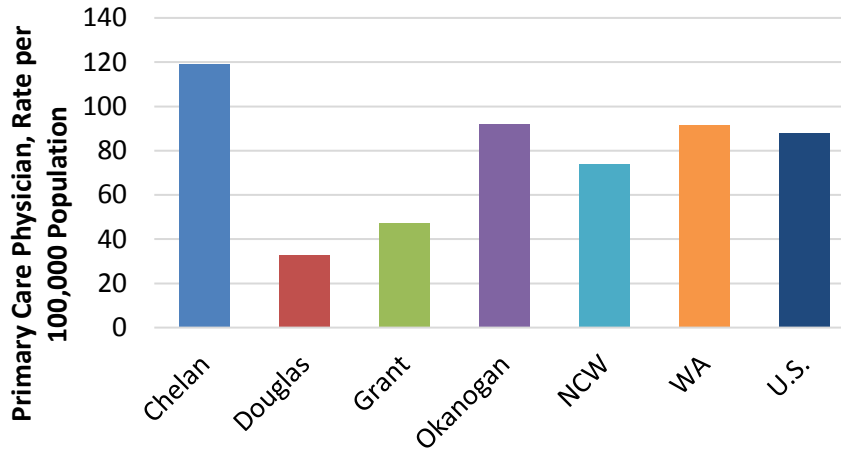


Percent of Population Uninsured, 2013-2017₂

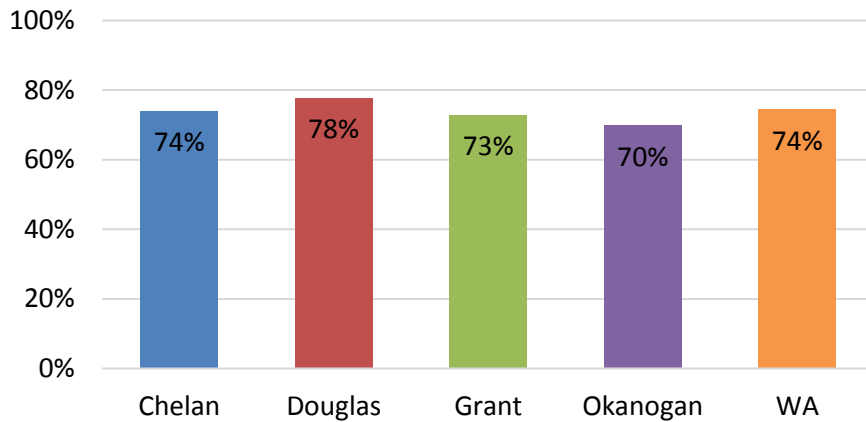


Access to Care

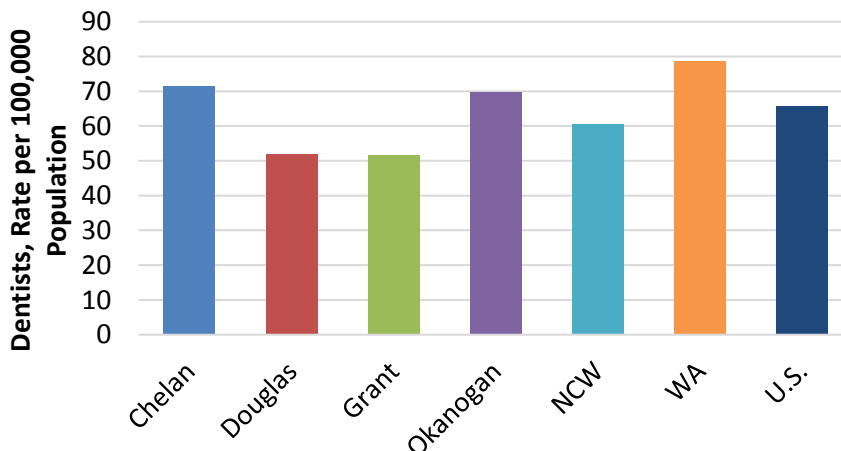
Primary Care Physician Rate, 2014 ¹



Percent of Adults Who Report Having a Personal Health Care Provider, 2012-2016 ²



Access to Dentists, 2015 ³



Number of Primary Care Physicians, 2016 ⁴

Chelan	89
Douglas	9
Grant	43
Okanogan	34

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

Number of Dentists, 2017 ⁶

Chelan	58
Douglas	21
Grant	49
Okanogan	28

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

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

(1) Source: CARES Engagement Network; Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File 2014.

(2) Data Source: Washington Tracking Network, Washington Department of Health. Web. Data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) through the Community Health Assessment Tool (CHAT).

(3) Source: CARES Engagement Network; Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File 2015.

(4) Source: County Health Rankings & Roadmaps, 2019; Data Source: Area Resource File/American Medical Association, 2016.

(5) Data Source: BRFSS 2012-2017. Washington State Department of Health, Center for Health Statistics, CHAT.

(6) Source: County Health Rankings & Roadmaps, 2019. Data Source: Area Resource File/American Medical Association, 2017.



“The costs of living in this valley will force residents to choose between housing and taking care of their other basic needs.” – CVS 2019

“Wages are too low for the area. cost of housing is so high. makes it difficult to eat healthy and find time to exercise if you're working 2 jobs just to get by.” – CVS 2019

Percentage of Cost Burdened Households, 2013-2017¹ (Over 30% of Income)

Chelan	28%
Douglas	26%
Grant	24%
Okanogan	25%

“Too many near homeless, couch surfers and multi-generational homes. Definitely a housing shortage.” – CVS 2019

“Affordable housing is a major concern. Locals can’t afford to live here sometimes.” – CVS 2019

(1) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, American Community Survey, 2013-2017.

(2) Source: Center for Housing Policy, The Impact of Affordable Housing on Health: A Research Study, 2015.

(3) Source: Healthy People 2020, Social Determinants of Health, 2019.

(4) Data Source: University of Washington, Runstad Department of Real Estate, Washington State Housing Market, 2013-2018.

(5) Source: CARES Engagement Network; Data Source: US Census Bureau, American Community Survey, 2013-2017.

Affordable Housing

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

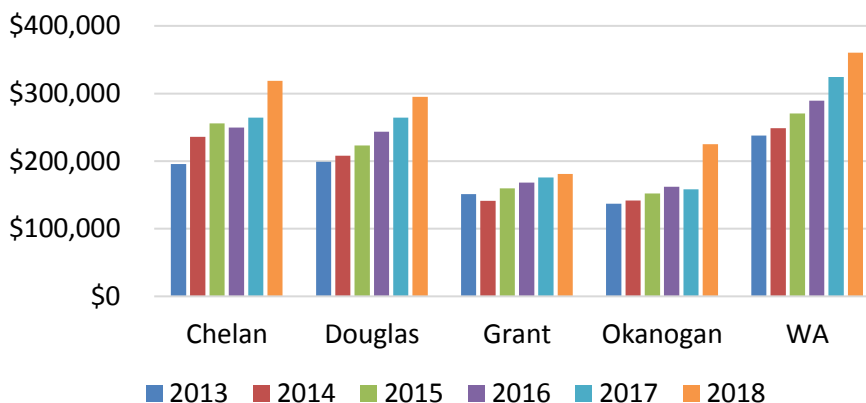
- **51.04%** (N=2,557) identified affordable housing as a top factor to improve quality of life

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

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

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

Median Resale Price, 2013-2018⁴



Vacant Housing Units, 2013-2017⁵



Chronic Disease

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

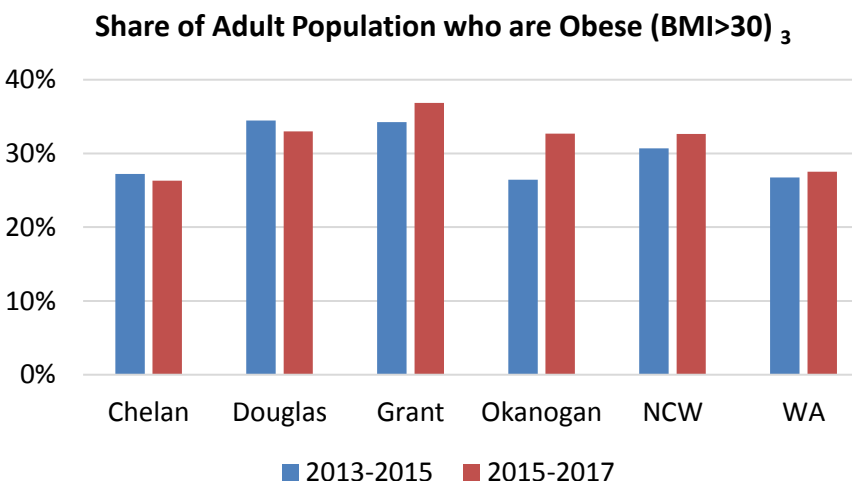
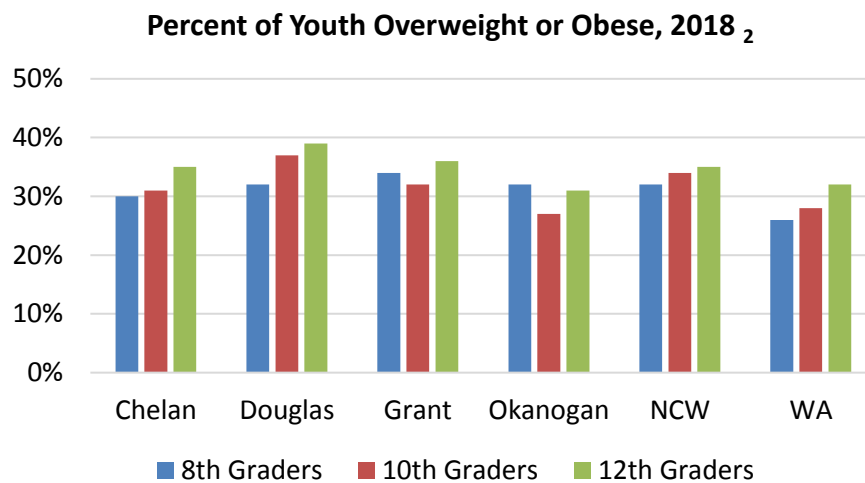
Obesity was chosen as one of the four community health needs in the **2016 CHNA**.

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

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

Chronic diseases have significant health and economic costs.¹

Obesity



“Obesity is a real problem.” – CVS 2019

Percent of NCW Youth Overweight or Obese, 2018 ₂	
8 th Graders	32%
10 th Graders	34%
12 th Graders	35%

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

Share of Adult Population who are Obese (BMI>30), 2015-17 ₃	
Chelan	26%
Douglas	33%
Grant	37%
Okanogan	33%
NCW	33%
WA	28%

(1) Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health, Health and Economic Costs of Chronic Disease, 2019.

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

(3) Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012-2017. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT).



“...we have very overweight populations, and this is leading to increased diabetes and other issues.” – CVS 2019

“Major cardiovascular diseases” is the leading cause of death in NCW, 2013-2017 ⁴

(1) Source: CARES Engagement Network; Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015.

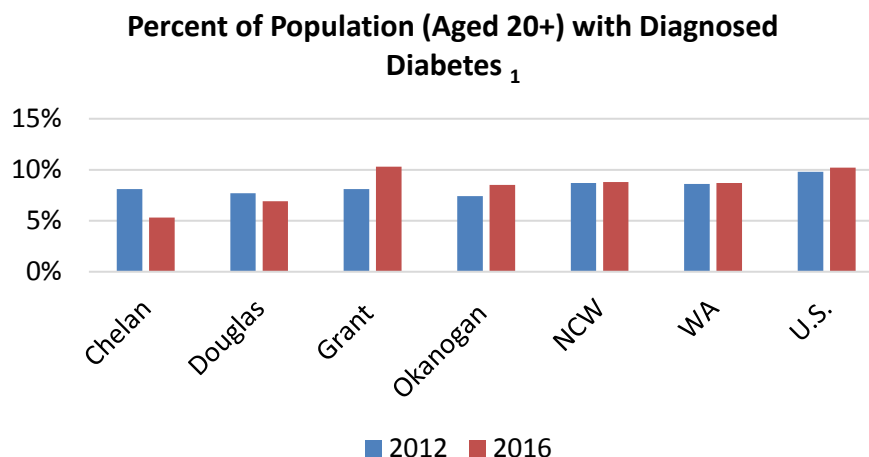
(2) Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017.

(3) Source: CARES Engagement Network; Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17.

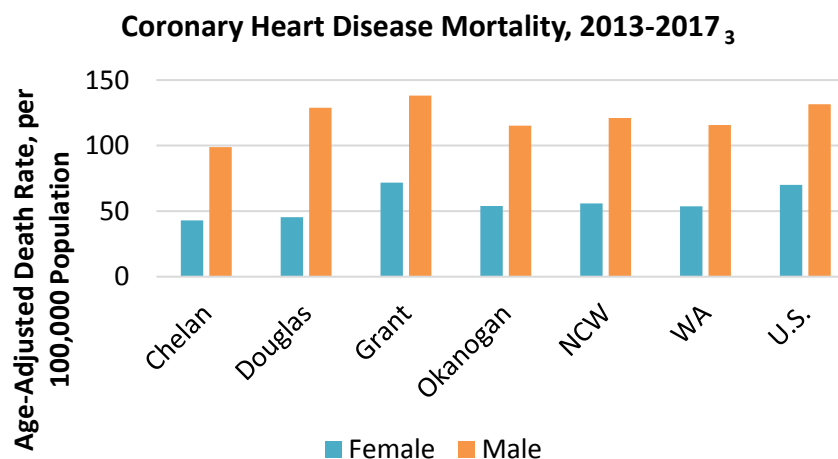
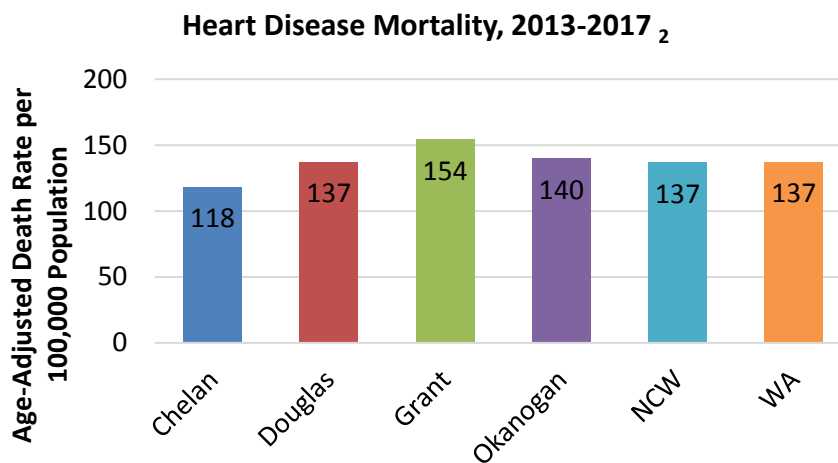
(4) Data Source: Washington State Department of Health, Community Health Assessment Tool, 2013-2017.

Chronic Disease

Diabetes



Heart Disease



Diet/Nutrition

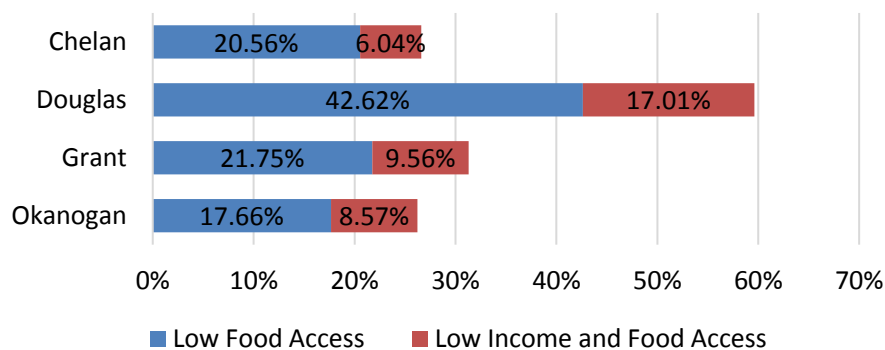
“Poor eating habits” was identified as the **#3** most important unhealthy behaviors seen in the community in the 2019 Community Voice Survey.

- **40.62%** (N=2,035) of respondents identified poor eating habits as a top unhealthy behavior

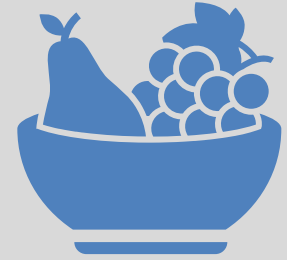
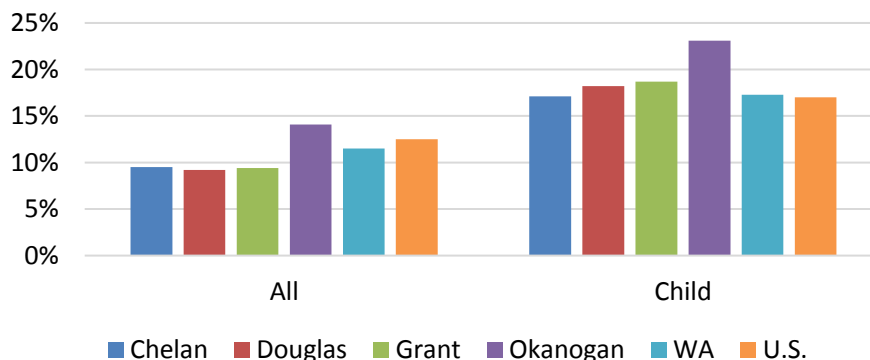
Diet and nutrition affect health as unhealthy eating habits is a factor for obesity and may lead to other health problems (e.g. high blood pressure, diabetes, etc.).² Food insecurity and access to food that supports healthy eating habits are key issues that influence the health of the community.³

Neighborhoods with in Food Desert Census Tracts, 2015 ⁴	
Chelan	43%
Douglas	75%
Grant	63%
Okanogan	40%
NCW	54%
WA	42%

Low Food Access, 2015 ⁵



Food Insecurity Rate, 2017 ⁶



33% of NCW adults reported consuming less than 1 fruit per day, 2013 & 2015 ¹

16% of NCW adults reported consuming less than 1 vegetable per day, 2013 & 2015 ¹

“Diet is a real problem in our community. We need the doctors to recommend a healthier life style.” – CVS 2019

“... I feel that lack of adequate nutrition available to all is a crisis that affects all aspects of health.” – CVS 2019

“Not enough money to buy healthy foods.” – CVS 2019

(1) Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012-2017. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT).

(2) Source: U.S Department of Health & Human Services, President’s Council on Sports, Fitness, & Nutrition, Importance of Good Nutrition, 2017.

(3) Source: Healthy People 2020, Social Determinants of Health, 2019.

(4) Source: CARES Engagement Network; Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015.

(5) Data Source: US Department of Agriculture, Economic Research Service, Food Environment Atlas, 2015.

(6) Source: CARES Engagement Network; Data Source: Feeding America, 2017.



Education

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

Limited education levels and literacy, which includes health literacy, was identified as a **weakness** in the focus groups. Education affects health as it can create opportunities for better health (e.g. better jobs, higher earnings, and resources for good health).² High school graduation rates, language, literacy, and health literacy are key issues that influence the health of the community.³

Percentage of 4th Grade Students Scoring 'Not Proficient' or Worse, 2016-17 ¹

Chelan	51%
Douglas	50%
Grant	64%
Okanogan	59%
NCW	58%
WA	44%
U.S.	46%

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

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

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

(1) Source: CARES Engagement Network; Data Source: U.S. Department of Education, ED Facts. Accessed via DATA.GOV 2016-17.

(2) Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health, Exploring the Causes, 2019.

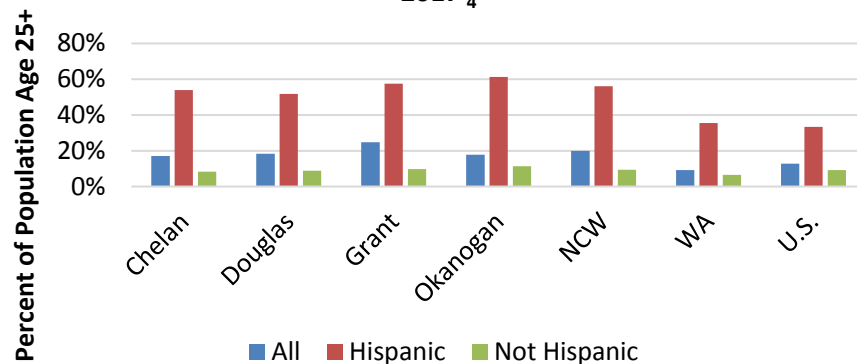
(3) Source: Healthy People 2020, Social Determinants of Health, 2019.

(4) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

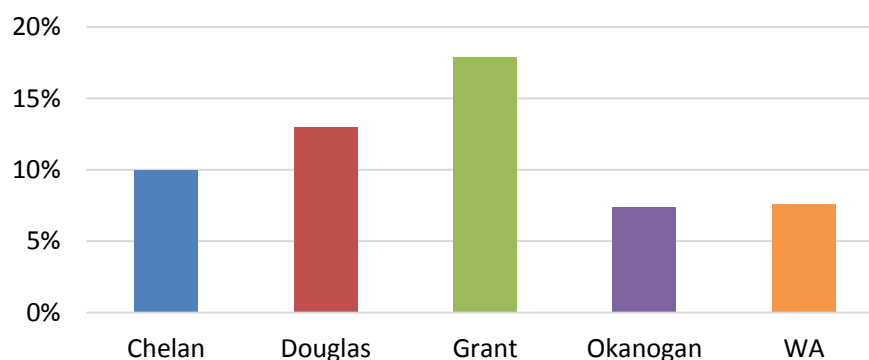
(5) Data Source: Washington Tracking Network, Washington State Department of Health. Web. "Population Age 5+ Speaking English Less than Very Well". Data obtained from US Census American Community Survey, 2017.

(6) Data Source: Washington Tracking Network, Washington State Department of Health. Web. "Limited Language Proficiency". Data obtained from Washington State Office of Financial Management. Published September 2017.

Percent of Population with No High School Diploma, 2013-2017 ⁴



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



Limited English Proficiency (LEP), 2016 ⁶ (Percentage Extrapolated from Student Data)

Chelan	25%
Douglas	25%
Grant	34%
Okanogan	14%
WA	9%

Employment

“Good jobs” was identified as the #2 most important factor that will improve the quality of life in the community in the 2019 Community Voice Survey.

- **37.11%** (N=1,859) identified good jobs as a top factor to improve quality of life

Employment affects health as good paying jobs makes it easier to live in a healthier neighborhood, secure children care, and buy more nutritious foods.² Employment is a key issue that influence the health of the community by leading to economic stability.³



Unemployment Rate, 2017 ¹

Chelan	4.8%
Douglas	5.7%
Grant	6.3%
Okanogan	6.8%
NCW	5.8%
WA	4.7%
U.S.	4.4%

“People need better paying jobs.”
– CVS 2019

“We would be a healthier community if there were good jobs that paid good wages, so people didn’t have to work 2 or 3 jobs just to exist here.” – CVS 2019

“High cost of living with not a lot of job options causes unhealthiness.” – CVS 2019

(1) Source: CARES Engagement Network; Data Source: US Department of Labor, Bureau of Labor Statistics. 2019.

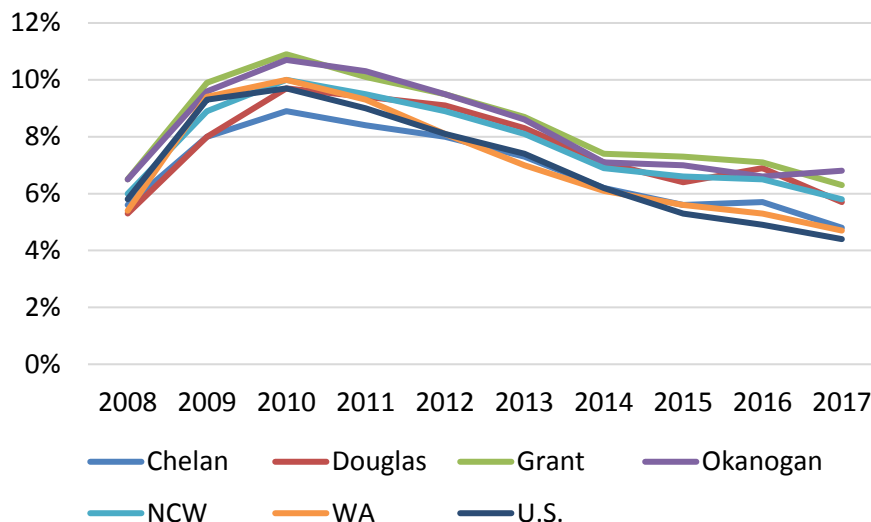
(2) Source: Robert Wood Johnson Foundation, How Does Employment, or Unemployment, Affect Health? 2013.

(3) Source: Healthy People 2020, Social Determinants of Health, 2019.

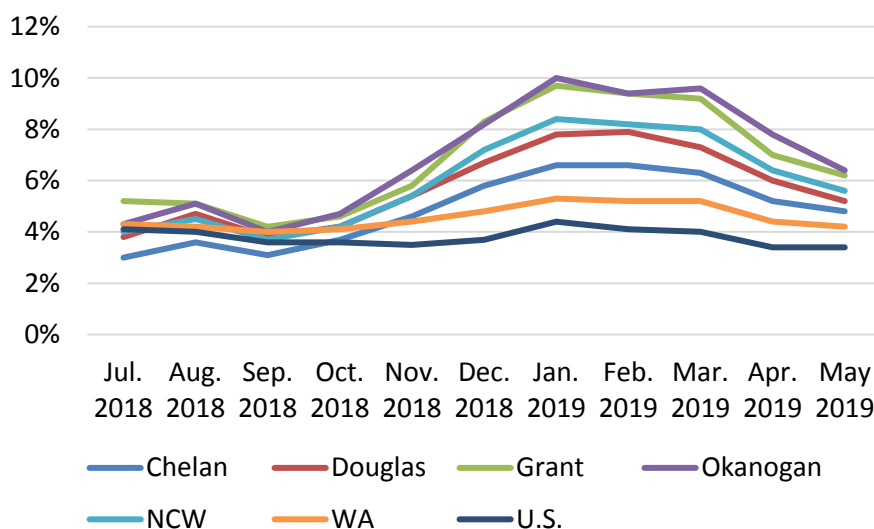
(4) Source: CARES Engagement Network; Data Source: US Department of Labor, Bureau of Labor Statistics. 2019.

(5) Source: CARES Engagement Network; Data Source: US Department of Labor, Bureau of Labor Statistics. 2019.

Unemployment Rate, 2008-2017 ⁴



Unemployment Rate, July 2018 - May 2019 ⁵





“There is a lot of attention on opioid addiction now and it is a problem, but we have a huge substance abuse problem that includes alcohol and other drugs.”
– CVS 2019

Count of Facilities Providing Substance Use Treatment, 2019 ₁

Chelan	6
Douglas	0
Grant	1
Okanogan	1

“... has a drug problem that is highly underreported. Need greater access to mental health facilities and rehab centers for drug/alcohol abuse that are minimal to no cost.” – CVS 2019

(1) Source: U.S. Department of Health & Human Services, Substance Abuse and Mental Health Service Administration, Treatment Finder, 2019.

(2) Data Source: Washington Tracking Network, Washington Department of Health. Web. “All Drug Overdose”. Data obtained from the Department of Health’s Injury Program.

(3) Source: County Health Rankings & Roadmaps, 2019; Data Source: Fatality Analysis Reporting System, 2013-17.

Substance Use

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

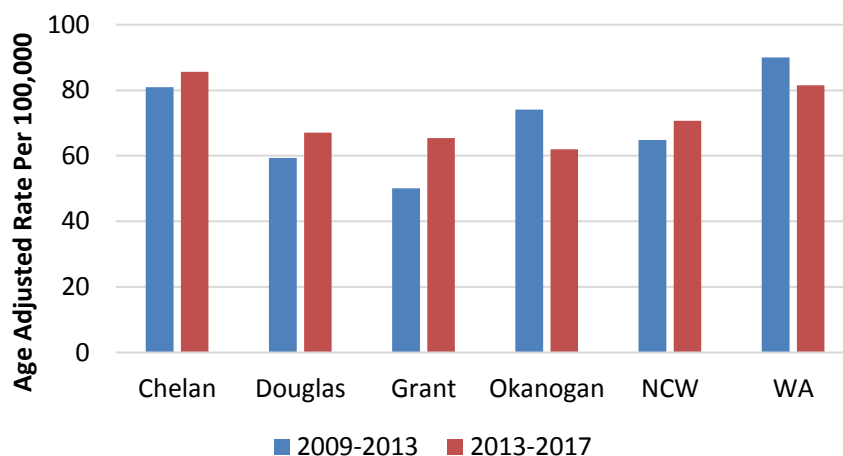
- **32.42%** (N=1,624) of respondents identified opioids as a top health problem

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

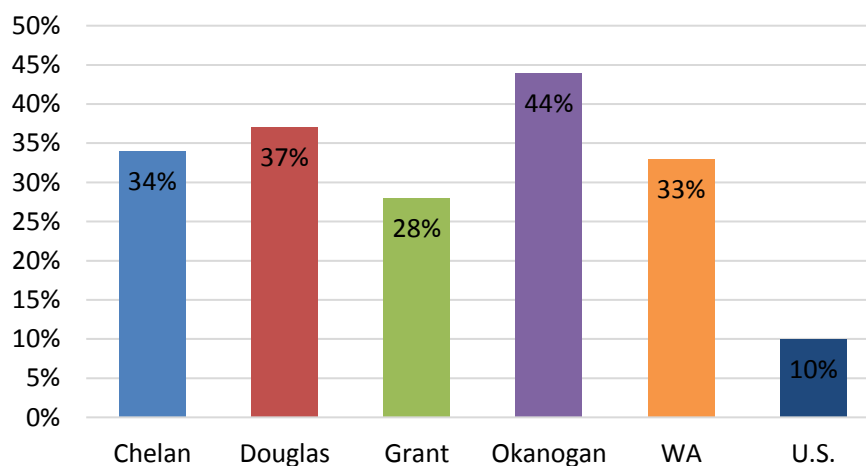
- **59.76%** (N=2,994) of respondents identified drug abuse as a top unhealthy behavior
- **45.75%** (N=2,292) of respondents identified alcohol abuse as a top unhealthy behavior

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

Hospitalizations Due to Any Drug Overdose ₂

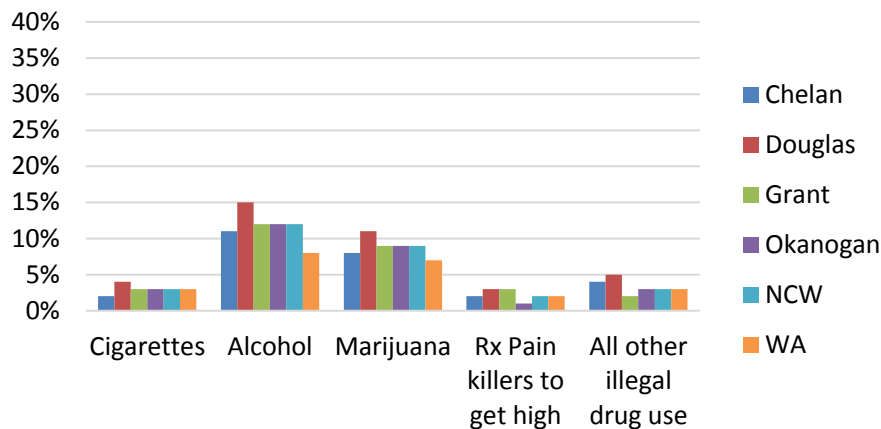


Alcohol-Impaired Driving Deaths, 2013-17 ₃

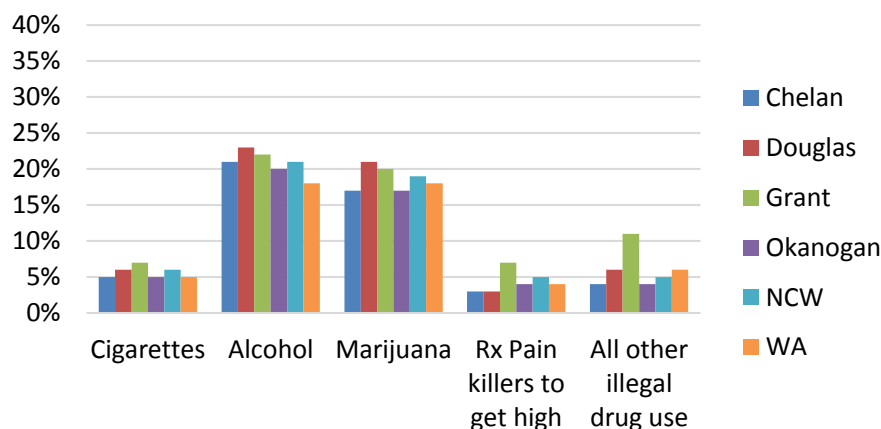


Substance Use

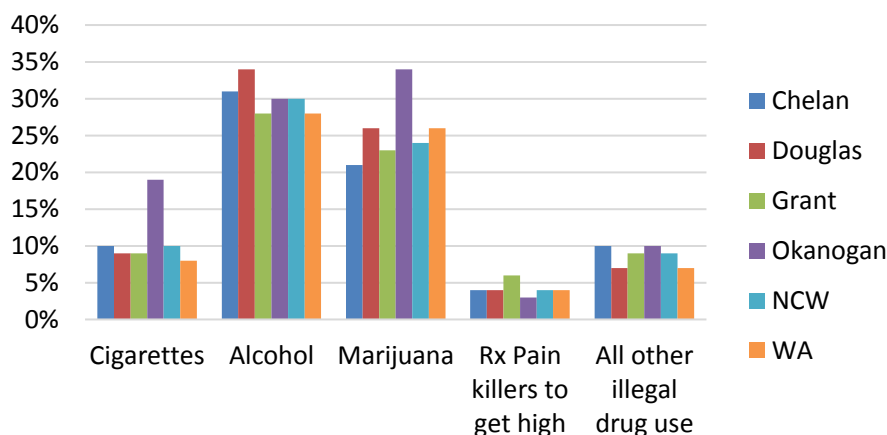
Current (Past-30-Days) Substance Use Among 8th Graders, 2018₁



Current (Past-30-Days) Substance Use Among 10th Graders, 2018₂



Current (Past-30-Days) Substance Use Among 12th Graders, 2018₃



“Our schools are being overrun with Vaping and recreational drugs.” – CVS 2019

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

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

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

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

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

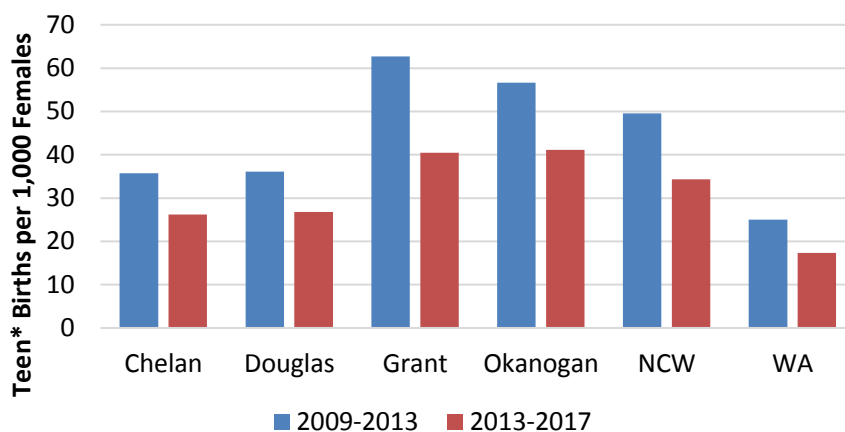


* 15 – 19 years old

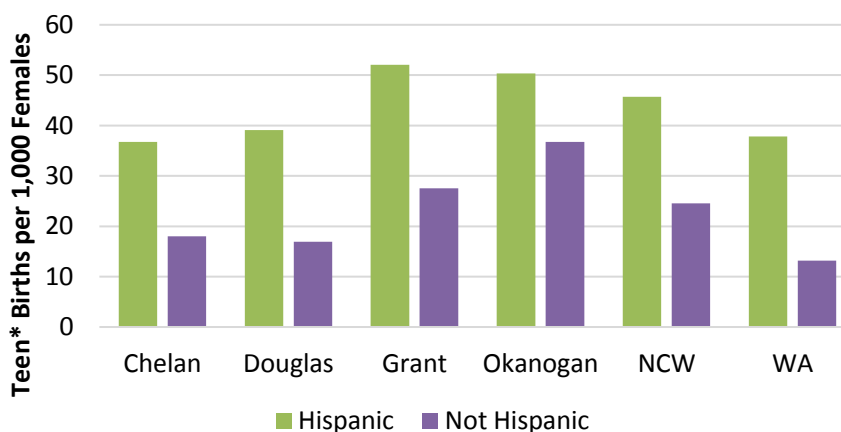
Teen Pregnancy

Pre-conceptual and perinatal health, which included teen birth rates, was chosen as one of the four community health needs in the **2013 CHNA**.

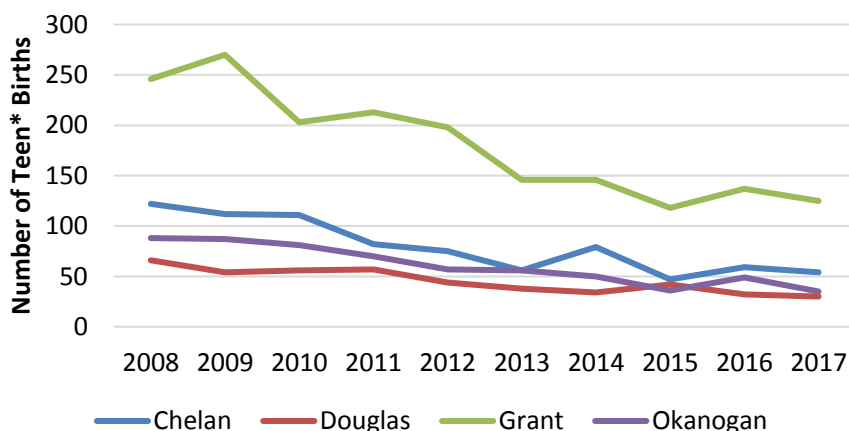
Teen* Birth Rate ₂



Teen* Birth Rate by Ethnicity, 2013-2017 ₃



Teen* Births, 2008-2017 ₄



Number of Teen* Births, 2017 ₁

Chelan	54
Douglas	30
Grant	125
Okanogan	35

"We need a heavier focus on sexual health. This is an important part of prevention of preventable disease and infections that will improve the overall health of our region. Our unintended teen pregnancy rate is also higher than the state's." – CVS 2019

(1) Data Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2017, Community Health Assessment Tool (CHAT), November 2018.

(2) Data Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2017, CHAT, November 2018.

(3) Data Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2017, CHAT, November 2018.

(4) Data Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2017, CHAT, November 2018.

Transportation

Transportation was identified as a regional **weakness** in the focus groups.

Transportation was a **top need** identified in several other assessments performed in the region over the past three years. Transportation affects health in North Central Washington as it is a barrier to accessing healthcare. With great distances between rural communities and limited access to providers, the ability to travel for appointments as well as urgent or emergency needs is vital to receiving care.



“Having to travel to Spokane or Seattle for some medical issues is a hardship for many.” – CVS 2019

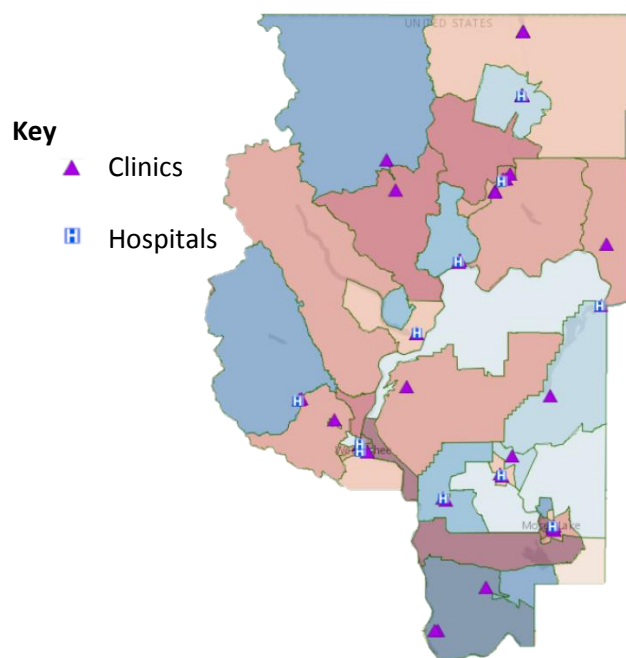
“Public transportation should be routed so that it takes you near a hospital.” – CVS 2019

“We pay taxes for public transportation that does not cover our area. Elderly and low-income people have a hard time getting to medical and healthy groceries.” – CVS 2019

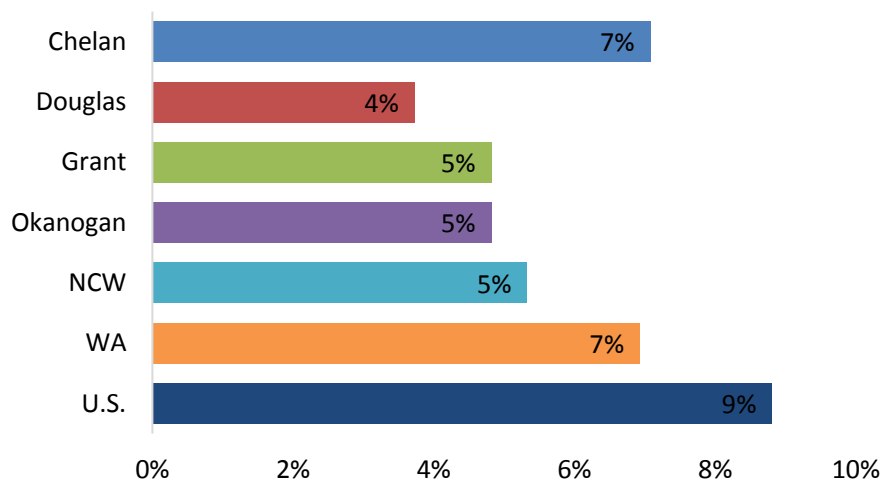
“Safe driving behavior is lacking. Inattentive drivers, speeding, aggressive driving endangers other drivers, passenger, pedestrians and cyclists.” – CVS 2019

(1) Data Source: Washington Tracking Network, Washington Department of Health. Web. Information by Location.
(2) Source: CARES Engagement Network; Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Map of North Central Washington ¹



Households with No Motor Vehicle, 2013-2017 ²



References

References

Contents

2019 North Central Washington Community Health Needs Assessment	228
Appendix A.....	229
Table 1.....	229
Table 2.....	229
Table 2a.....	229
Table 2b.....	230
Table 2c.....	230
Table 2d.....	230
Table 2e.....	230
Table 2f	230
Table 2g.....	230
Table 2h.....	231
Table 2i.....	231
Table 2j.....	231
Table 2k.....	231
Table 2l.....	231
Table 2m.....	231
Table 2n.....	232
Table 3.....	232
Table 4.....	232
Table 4a.....	232
Table 4b.....	232
Table 4c	232
Table 4d.....	233
Table 4e.....	233
Table 4f	233
Table 5.....	233
Table 5a.....	233
Table 5b.....	233
Table 5c	233
Table 5d.....	234

Table 5e.....	234
Table 5f	234
Table 5g.....	234
Table 5h.....	234
Table 5i.....	234
Table 5j.....	234
Table 5k.....	235
Table 5l.....	235
Table 5m.....	235
Table 5n.....	235
Table 5o.....	235
Table 5p.....	236
Appendix C.....	236
Appendix D.....	237
Access to Behavioral Health.....	237
Page 1.....	237
Page 2.....	237
Access to Care	237
Page 1.....	237
Page 2.....	237
Affordable Housing	237
Chronic Disease.....	238
Page 1.....	238
Page 2.....	238
Diet/Nutrition	238
Education	239
Employment.....	239
Substance Use.....	239
Page 1.....	239
Page 2.....	239
Teen Pregnancy.....	240
Transportation	240

2019 North Central Washington Community Health Needs Assessment

1. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
2. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
3. United States Department of Agriculture, National Agricultural Statistics Service. (2017). *2017 Census of Agriculture*. Available from <https://www.nass.usda.gov/Publications/AgCensus/2017/>
4. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
5. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
6. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
7. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
8. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
9. United States Department of Agriculture, National Agricultural Statistics Service. (2017). *2017 Census of Agriculture*. Available from <https://www.nass.usda.gov/Publications/AgCensus/2017/>
10. Chelan-Douglas Health District 2016 Community Health Needs Assessment. (2016). *Health Indicators*. Available from http://cdhd.wa.gov/wp-content/uploads/4_Appendix-A_Health-Indicators.pdf
11. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
12. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
13. Washington Health Care Authority. (2019). *Medicaid Transformation*. Available from <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>

Figure 1. d-maps.com. (2019). Available from https://d-maps.com/carte.php?num_car=21957&lang=en

Figure 2. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Figure 3. Office of Financial Management, Forecasting & Research Division. (August 2019). *State of Washington 2019 Population Trends*. Available from https://www.ofm.wa.gov/sites/default/files/public/dataresearch/pop/april1/ofm_april1_poptrends.pdf

Figure 4. Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Figure 5. Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Figure 6. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Figure 7. University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

[Figure 8.](#) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Appendix A

Table 1

£ United State Census Bureau. (2017). *U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates*. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

€ Office of Financial Management, Forecasting & Research Division. (August 2019). *State of Washington 2019 Population Trends*. Available from https://www.ofm.wa.gov/sites/default/files/public/dataresearch/pop/april1/ofm_april1_poptrends.pdf

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

§ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Ⓒ United States Department of Agriculture, National Agricultural Statistics Service. (2017). *2017 Census of Agriculture*. Available from <https://www.nass.usda.gov/Publications/AgCensus/2017/>

Table 2

Table 2a

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ Chelan-Douglas Health District 2016 Community Health Needs Assessment. (2016). *Health Indicators*. Available from http://cdhd.wa.gov/wp-content/uploads/4_Appendix-A_Health-Indicators.pdf

¥ United State Census Bureau. (2017). *U.S. Census Bureau, 2009-2013 and 2013-2017 American Community Survey 5-Year Estimates*. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

§ United for ALICE. (2016). *Washington State Level Details*. Available from <https://www.unitedforalice.org/washington>

Table 2b

United States Census Bureau. (2013-2017). *My Tribal Area*. Available from <https://www.census.gov/tribal/>

Table 2c

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2d

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2e

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2f

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ United States Department of Agriculture, Economic Research Service. (2015). *Food Environment Atlas*. Available at <https://www.ers.usda.gov/data-products/food-environment-atlas/>

¹ Gallagher, Mari. "USDA Defines Food Deserts." *American Nutrition Association*. Available at <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>

Table 2g

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ United State Census Bureau. (2013). *U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates*. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¥ Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

Table 2h

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2i

£ Washington State Health Care Authority, Analytics Research & Measurement (ARM) Dashboard Suite. (2018). *Washington State Medicaid Explorer*. Available from <https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboards>

€ United State Census Bureau. (2016). *U.S. Census Bureau, 2011-2015 and 2012-2016 American Community Survey 5-Year Estimates*. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2j

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ University of Washington, Runstad Department of Real Estate. (2018). *Washington State Housing Market*. Available from <http://realestate.washington.edu/research/wcrer/housing-reports/>

¥ United State Census Bureau. (2017). *U.S. Census Bureau, 2009-2013 and 2013-2017 American Community Survey 5-Year Estimates*. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Table 2k

Washington State Department of Commerce Annual Point-in-Time Count. (2018). *Count Results*. Available from <https://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/>

² City of Wenatchee. (November 2015). *Chelan-Douglas 2015 Homeless Action Plan*. Available from <https://www.wenatcheewa.gov/home/showdocument?id=11970>

Table 2l

Washington State Office of Superintendent of Public Instruction. (2018). *Homeless Education Student Data*. Available from <https://www.k12.wa.us/student-success/access-opportunity-education/homeless-education/homeless-education-student-data>

³ Washington State Office of Superintendent of Public Instruction. (2018). *Homeless Education*. Available from <https://www.k12.wa.us/student-success/access-opportunity-education/homeless-education>

Table 2m

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 2n

Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>

Table 3

£ Centers for Disease Control and Prevention. (2019). *Environmental Public Health Tracking Network*. Available from <https://ephtracking.cdc.gov/DataExplorer/#/>

€ Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 4

Table 4a

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps*. Available from <https://www.countyhealthrankings.org/>

¥ Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

§ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 4b

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 4c

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ Gattman, N.E., McCarty, R.L., Balassa, A., Skillman, S.M. (2017). *Washington State Behavioral Health Workforce Assessment*. Olympia, WA: Washington Workforce Training and Education Coordinating Board. Available from <http://www.wtb.wa.gov/Documents/WABehavioralHealthWorkforceAssessment-2016-17.pdf>

¥ Substance Abuse and Mental Health Services Administration. (2019). *Behavioral Health Treatment Services Locator*. Available from <https://findtreatment.samhsa.gov/>

Table 4d

£ University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps*. Available from <https://www.countyhealthrankings.org/>

€ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

¥ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

§ Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

Table 4e

Washington State Department of Health. (2018). *Comprehensive Hospital Abstract Reporting System (CHARS) Payer Census*. Available from <https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalDischargeDataCHARS/CHARSReports>

Table 4f

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ Centers for Disease Control and Prevention. (2015). *Interactive Atlas of Heart Disease and Stroke Tables*. Available from <https://www.cdc.gov/dhdsp/maps/atlas/index.htm>

¥ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5

Table 5a

Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5b

Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5c

£ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

€ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5d

£ Washington State Department of Health. (2017). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

€ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5e

£ Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>

€ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

¥ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5f

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5g

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5h

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5i

University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Table 5j

£ Washington State Department of Health. (2017). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

€ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

¥ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5k

£ Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER. (December 2018). *Underlying Cause of Death 1999-2017*. Available from <https://wonder.cdc.gov/ucd-icd10.html>

€ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

§ Centers for Disease Control and Prevention. (2016). *Interactive Atlas of Heart Disease and Stroke Tables*. Available from <https://www.cdc.gov/dhdsp/maps/atlas/index.htm>

Θ Washington State Department of Health. (2017). *Chronic Disease Profiles*. Available from <https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicDiseaseProfiles>

Table 5l

£ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5m

Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5n

£ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

€ Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Table 5o

£ University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps*. Available from <https://www.countyhealthrankings.org/>

€ Washington State Department of Health. (2017). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

¥ University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

§ Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>

Table 5p

Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2016). *NCHHSTP AtlasPlus*. Available from <https://www.cdc.gov/nchhstp/atlas/index.htm>

Appendix C

Citations are in the order used in Appendix C.

Rasmussen, E., Roark, C., Rock, J., Sirotzki, A., Streeter, M., Thai, N., ... Wagener-Sobrero, G. (2017). *Community Feedback for Kiwanis Methow Park and Future 9th Street Park . Community Feedback for Kiwanis Methow Park and Future 9th Street Park .* Trust for Public Land and University of Washington's Community Oriented Public Health Practice Program.

Fenton, R. (2018). *Grant County Community Health Assessment. Grant County Community Health Assessment.* REACH Pathway.

Coulee Medical Center. (2017). *Coulee Medical Center 2017-2020 Community Health Needs Assessment & Implementation Plan. Coulee Medical Center 2017-2020 Community Health Needs Assessment & Implementation Plan.*

Timchalk, C., & Bowden, R. (2018). *Methow Valley Community Health Needs Assessment. Methow Valley Community Health Needs Assessment.* Methow Valley Health Care Network.

Maher, S. (2019). *Chelan Douglas Community Action Council Community Needs Assessment Report. Chelan Douglas Community Action Council Community Needs Assessment Report.* Chelan-Douglas Community Action Council.

Our Valley, Our Future. (2017). *Workforce Needs Assessment Report.*

Suval, S. (2018). *2018 Stakeholder Survey Data Report . 2018 Stakeholder Survey Data Report .* North Central Accountable Community of Health.

Our Valley, Our Future. (2017). *Synopsis of the Our Valley, Our Future Regional Housing Survey Results.*

WSU Elson S Floyd College of Medicine. (2018). *WSU Mobile Medicine Needs Assessment Summary.*

Chelan-Douglas Counties Outdoor Recreation Study Steering Committee. (2017). *The Economic Importance of Outdoor Recreation in Chelan and Douglas Counties, WA.*

North Central Washington Family, Youth, & System Partner Round Table (FYSPRT) . (2018). *Regional Needs Assessment.*

North Central Washington Family, Youth, & System Partner Round Table (FYSPRT) . (2018). *2018 Local Needs Assessment - Grant County.*

Chelan-Douglas Transportation Council. (2018). *Coordinated Public Transit - Human Services Transportation Plan. Coordinated Public Transit - Human Services Transportation Plan.*

North Central Washington Mobility Council. (2018). *Transportation Needs Assessment Survey.*

Appendix D

Access to Behavioral Health

Page 1

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>
- (2) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>

Page 2

- (1) Washington State Healthy Youth Survey. (2018). *Frequency Reports.* Available from <https://www.askhys.net/Reports>
- (2) Washington State Healthy Youth Survey. (2018). *Frequency Reports.* Available from <https://www.askhys.net/Reports>
- (3) Washington State Healthy Youth Survey. (2018). *Frequency Reports.* Available from <https://www.askhys.net/Reports>

Access to Care

Page 1

- (1) Washington State Department of Health. (2016). *Washington Tracking Network.* Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>
- (2) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>

Page 2

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>
- (2) Washington State Department of Health. (2016). *Washington Tracking Network.* Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>
- (3) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>
- (4) University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps.* Available from <https://www.countyhealthrankings.org/>
- (5) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT).* Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (6) University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps.* Available from <https://www.countyhealthrankings.org/>

Affordable Housing

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports.* Available from <https://engagementnetwork.org/assessment/>
- (2) Maqbool, N., Viveiros J., & Ault M. (2015). *The Impact of Affordable Housing on Health: A Research Study.* Center for Housing Policy. Available from <https://www.rupco.org/wp->

[content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf](#)

- (3) Healthy People 2020. (2019). *Social Determinants of Health*. Available from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- (4) University of Washington, Runstad Department of Real Estate. (2018). *Washington State Housing Market*. Available from <http://realestate.washington.edu/research/wcrer/housing-reports/>
- (5) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Chronic Disease

Page 1

- (1) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health. (2019). *Health and Economic Costs of Chronic Disease*. Available from <https://www.cdc.gov/chronicdisease/about/costs/index.htm>
- (2) Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>
- (3) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Page 2

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (2) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (3) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (4) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Diet/Nutrition

- (1) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (2) U.S Department of Health & Human Services, President's Council on Sports, Fitness, & Nutrition. (2017). *Importance of Good Nutrition*. Available from <https://www.hhs.gov/fitness/eat-healthy/importance-of-good-nutrition/index.html>
- (3) Healthy People 2020. (2019). *Social Determinants of Health*. Available from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- (4) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (5) United States Department of Agriculture, Economic Research Service. (2015). *Food Environment Atlas*. Available at <https://www.ers.usda.gov/data-products/food-environment-atlas/>
- (6) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Education

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (2) Virginia Commonwealth University, Center on Society and Health. (2019). *Why Education Matters to Health, Exploring the Causes*. Available from <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>
- (3) Healthy People 2020. (2019). *Social Determinants of Health*. Available from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- (4) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (5) Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>
- (6) Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>

Employment

- (1) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (2) Robert Wood Johnson Foundation. (2013). *How Does Employment, or Unemployment, Affect Health?* Available from <https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html>
- (3) Healthy People 2020. (2019). *Social Determinants of Health*. Available from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- (4) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>
- (5) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>

Substance Use

Page 1

- (1) Substance Abuse and Mental Health Services Administration. (2019). *Behavioral Health Treatment Services Locator*. Available from <https://findtreatment.samhsa.gov/>
- (2) Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>
- (3) University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps*. Available from <https://www.countyhealthrankings.org/>

Page 2

- (1) Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>
- (2) Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>
- (3) Washington State Healthy Youth Survey. (2018). *Frequency Reports*. Available from <https://www.askhys.net/Reports>

Teen Pregnancy

- (1) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (2) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (3) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>
- (4) Washington State Department of Health, Center for Health Statistics. (2018). *Community Health Assessment Tool (CHAT)*. Available from <https://secureaccess.wa.gov/myAccess/saw/select.do>

Transportation

- (1) Washington State Department of Health. (2016). *Washington Tracking Network*. Available from <https://fortress.wa.gov/doh/wtn/WTNPortal/>
- (2) University of Missouri Extension, CARES Engagement Network. *Health Indicators Reports*. Available from <https://engagementnetwork.org/assessment/>