Confluence Health

Community Health Needs Assessment and Implementation Plan November 2025

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Section 1:

Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Confluence Health by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Chelan, Douglas, Grant and Okanogan Counties, Washington.

The CHNA Team, consisting of leadership from Confluence Health, reviewed the research findings in July 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below. Through collaboration, engagement and partnership with the community, Confluence Health will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations:

1.) Continued Recruitment & Retention of Healthcare Workforce
2.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3.) Access to Mental, Behavioral, and Substance Use Care Services and Providers
4.) Continued Focus on Community Infrastructure

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, Confluence Health leadership discussed the results and decided to address three of the four prioritized needs in various capacities through a hospital specific implementation plan. While Confluence Health acknowledges that "Continued Focus on Community Infrastructure" is a significant need in the community, it is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. Confluence Health will continue to support local organizations and efforts to address this need in the community.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The Confluence Health Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on November 11, 2025.

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Douglas, Grant and Okanogan Counties have a higher ratio of population per primary care physician as compared to the state. Additionally, all four counties have several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Furthermore, Douglas, Grant and Okanogan Counties have Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services HRSA.

Interviewees discussed longer wait times and limited capacity for local walk-in clinics (especially for Okanogan County), rehab centers, and nursing home and memory care facilities. Several barriers to care were discussed for individuals living within certain counties, with those being geography due to the rural nature of the counties, transportation (availability and cost), limited clinic options in Douglas and Okanogan Counties, staff turnover and varying wait times based on whether a patient was new or an existing patient. Some interviewees discussed difficulty finding a provider accepting new patients after relocating to the area, and others mentioned that there seems to be long wait times for in person appointments, even though telemedicine is an option. Interviewees expressed appreciation for organizations in the area that are improving access to primary care services such as FQHCs, Samaritan and Confluence Health. A few noted challenges exist when recruiting providers to the community due to lack of affordable housing.

With regards to specialty care, interviewees discussed the long wait times for certain specialties, like dermatology and gastroenterology, due to the limited number of providers and rotating coverage, especially for Grant and Okanogan Counties. Telemedicine was mentioned as an option, but limitations exist due to the rurality of some of the communities. Interviewees believe patients are being transferred despite capability to receive care locally. This then puts a strain on EMS and identifies a need for consistent hospital/call provider availability. A couple of people talked about long wait times for new specialty related issues, unless you have a physician-to-physician intervention.

Interviewees mentioned outmigration to places like Spokane, Seattle, Wenatchee, Yakima and the tri-cities area for specialty related services. There is a desire to specifically see a more comprehensive cancer treatment center for Grant County as people tend to go to Spokane, Wenatchee or the tri-cities area. The elderly population was mentioned by interviewees as needing more localized specialty care services so they aren't traveling to cities like Spokane or Wenatchee. The transportation system within the counties was discussed extensively regarding the fragmentation between the counties which impedes inter-county access.

Interviewees expressed appreciation for the local FQHCs, but acknowledged their lack of specialty offerings and the potential impact on patients foregoing that care due to cost. Lab services at the VA were mentioned as challenging due to limited working hours because of their lack of resources. Specific specialties mentioned as needed due to long wait times or lack of coverage include Dermatology, Orthopedics, Cardiology, Mental/Behavioral Health, Endocrinology, Gastroenterology, Neurology, Oncology, Allergy, Neurosurgery (including Trauma), OB/GYN, Pediatrics subspecialties, Urology, ENT, Geriatrics, Infectious Disease, Nutrition, Ophthalmology, Physical Therapy and Wound Care.

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Chelan, Douglas, Grant and Okanogan Counties and the state. Chelan County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; Parkinson's disease; and intentional self-harm (suicide). Douglas County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; chronic lower respiratory diseases; cerebrovascular diseases; and COVID-19. Grant County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Okanogan County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Additionally, Grant and Okanogan Counties have a higher prostate cancer mortality rate than the state and Chelan, Douglas and Okanogan Counties have a higher lung & bronchus cancer mortality rate than the state. Chelan and Okanogan Counties have a higher female breast cancer mortality rate than the state and Douglas County has a higher colon & rectum cancer mortality rate than the state.

Chelan, Douglas and Grant Counties have higher prevalence rates of communicable diseases such as chlamydia than the state. All four counties have a higher percentage of chronic conditions than the state, such as diabetes. Grant County has a higher percent of the Medicare population with diabetes when compared to the state and Douglas, Grant and Okanogan Counties have a higher percent of the adult population who are considered obese than the state. Chelan and Grant Counties have a higher percentage of the Medicare population who are obese and Douglas and Grant Counties have a higher percent of the Medicare population with high blood pressure when compared to the state. Douglas, Grant and Okanogan Counties have a higher percent of the adult population with arthritis. All four counties have a higher percentage of adults with asthma and those with a disability for the adult population than the state. Additionally, Grant and Okanogan Counties have a higher percent of the Medicare population with a disability when compared to the state.

All four counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and smoking, than the state for the adult population. Chelan, Douglas and Okanogan Counties have a higher percent of the adult population who report binge drinking when compared to the state. With regards to maternal and child health, specifically, all four counties have more low birth weight births than the state and Grant County has a higher rate of teen births when compared to the state. Chelan, Douglas, Grant and Okanogan Counties have a smaller percent of those who have received a bachelor's/advanced degree when compared to the state and Grant and Okanogan Counties have a lower percent of those who have graduated high school within four years than the state. Additionally, all four counties have a higher percent of those who are uninsured than the state.

Okanogan County has a smaller percent of those receiving a mammography screening for the Medicare population and Grant and Okanogan Counties have a smaller…

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles (continued)

… percent of those on Medicare who are receiving a prostate screening. Data suggests that Chelan, Douglas, Grant and Okanogan residents are not appropriately seeking preventive care services, such as timely flu vaccines and pneumonia vaccines for the Medicare population. When analyzing economic status in the four counties, Okanogan County is more economically distressed than Chelan, Douglas and Grant and other counties in the state. Additionally, Douglas County has a higher preventable hospitalization rate per 100,000 Medicare beneficiaries when compared to the state.

Many interviewees were concerned about food insecurity, availability and accessibility of nutrition programs, along with impacts on local healthcare facilities regarding the lack of healthy lifestyle behaviors and limited resources in the community. However, there were mentions about efforts that have been put in place to improve access to fresh produce, like the nutrition program at the hospital and the public health department forming a food council. Though the different local exercise facilities in the area were acknowledged, interviewees believe there is limited use of these resources. There is a perceived need for expanded year-round recreational programs such as opening up the school gyms for walking groups. With regards to the youth population, after school programs and activities were discussed by interviewees as lacking in some areas, particularly for low income families due to cost and where they were located within the counties. Lastly, interviewees discussed a concern for increasing STI rates and the ability to access care for those impacted.

Interviewees mentioned inappropriate use of the emergency room due to a general lack of understanding about what the ER is meant to be used for, patients not having an established primary care provider, the long wait times to see a primary care provider, no upfront payments and the perception that you will be seen faster in the ER. Interviewees discussed specific groups that are not aware of charity care resources that are available in the community. The migrant and undocumented population was mentioned by a couple of interviewees as experiencing a barrier to accessing care due to cost and the mistrust of healthcare in general. Several knowledge gaps were mentioned regarding youth resources like reproductive health, educational support, early childhood transition programs and obesity in the youth population.

Several people discussed the need for more education on health literacy in the area but also education regarding the importance of healthy lifestyle behaviors and management. Interviewees discussed the disparities in healthy lifestyle resources across the four-county area, particularly in rural communities, noting that limited resources and lack of information contribute to the prevalence of otherwise preventable health issues. Interviewees also mentioned a lack of engagement and referrals for diabetes prevention programs. Lastly, interviewees mentioned distrust in science and healthcare as well as declining vaccination rates due to misinformation.

Priority #3: Access to Mental, Behavioral, and Substance Use Care Services and Providers

Data suggests that residents in Chelan, Douglas, Grant and Okanogan Counties do not have adequate access to mental and behavioral health care services and providers. Douglas, Grant and Okanogan Counties have a higher ratio of population per mental health provider as compared to the state. Okanogan County has a higher percent of the adult population who are depressed when compared to the state, while Chelan, Douglas and Okanogan Counties have a higher percent of the Medicare population who are depressed as compared to the state. All four counties have a higher percent of those individuals who indicated they had 14+ days of poor mental health when compared to the state.

Interviewees mentioned the new behavioral health facilities that have opened in the area and improved access to care, especially for Chelan County. However, interviewees discussed social isolation potentially worsening mental health and/or substance abuse for some individuals. Interviewees mentioned gaps in accessing mental health care, especially for those who have medication management needs or acute episodes. For medication management, some children with complex needs have to go to Seattle or Spokane since there's not a provider nearby that can provide that type of care. Acute episodes typically end up in the ED and then patients are transported to a larger town. Recruiting mental health providers to the area was discussed by many interviewees as a challenge due to the rural nature of the communities.

Several barriers were mentioned by interviewees in accessing mental health services such as long wait times, financial stability, insurance, provider shortage (specifically for Douglas County) and the lack of inpatient mental health facilities. A few interviewees mentioned telemedicine and how it has improved access for some, but there are still some limitations, like the remote nature of some of the communities. The EMS system was discussed as being strained at times due to the increase in mental health transports. Some of these transports are being sent to Vancouver, which takes an ambulance and staff away from the Chelan/Douglas area for several hours. Additionally, a few people discussed the lack of inpatient crisis care in Grant County.

Interviewees discussed barriers to timely substance use disorder treatment due to local bed availability at times. It was noted that the legalization of marijuana appears to be contributing to broader patterns of substance use, including increased vaping and fentanyl use. Interviewees discussed the growing opioid and fentanyl use in the counties and the resulting increase in overdoses, noting in particular the lack of a harm reduction or syringe program in Chelan and Douglas Counties. Another interviewee expressed concern about the emerging use of Xylazine, noting that unlike opioids, there is currently no reversal medication available such as Narcan. They also emphasized that treatment for Xylazine is complex and will likely create increased demand for appropriate wound care in the community. Additionally, interviewees mentioned that drug use is contributing to homelessness in the area and noted that individuals who serve time in jail often detox while incarcerated. Upon release, however, their lowered tolerance puts them at high risk of overdose.

Certain subpopulations in the community were noted as facing greater challenges related to mental and behavioral health. Interviewees highlighted the need for eating disorder resources to support applicable individuals, and one noted rising suicide rates and overdoses among men ages 40–50, particularly farmers, potentially linked to economic pressures and the…

Priority #3: Access to Mental, Behavioral, and Substance Use Care Services and Providers (continued)

…role of being the primary breadwinner. Additionally, the homeless population with co-occurring mental health and substance use issues was cited as having limited access to specialized services. Other interviewees mentioned gaps in substance use and mental health resources for the youth population.

PROCESS AND METHODOLOGY

Process and Methodology
Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Confluence Health
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology
Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of Confluence Health
  - A description of the defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology
Methodology

- Confluence Health worked with CHC Consulting in the development of its CHNA. Confluence Health provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Syntellis
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - The following people participated in some aspect of the CHNA process:
    - Dr. James Murray, Chief Medical Officer; Hospitalist
    - Kelly Allen, Chief Nursing Officer
    - Dr. Edwin Carmack, Core Medical Director Inpatient/Lab/Rad/Med Specialties; Hospitalist
    - Jay Johnson, Vice President of Managed Care
    - Laurie Bergman, Vice President of Population Health and Health Equity
    - Kaci Ramsey, Vice President of Revenue Cycle
    - Sarah Brown, Vice President of Risk and Regulatory and Compliance Officer
    - Michael Sieg, VP, Strategy and Impact
    - Stacey Edwards, Senior Planning Analyst
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology
Methodology (continued)

Confluence Health Biography

- Background information about Confluence Health, mission, vision, values and services were provided by the hospital or taken from its website

Study Area Definition

- The study area for Confluence Health is based on hospital inpatient discharge data from January 1, 2024 - December 31, 2024 and discussions with hospital staff

Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau and the United States Bureau of Labor Statistics

Process and Methodology
Methodology (continued)

Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, National Cancer Institute, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Interview Methodology

- Confluence Health provided CHC Consulting with a list of persons with special knowledge of public health in Chelan, Douglas, Grant and Okanogan Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, thirty-one in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

Process and Methodology
Methodology (continued)

Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Confluence Health provided CHC Consulting with a report of community benefit activity progress since the previous CHNA

Prioritization Strategy

- Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography
About Confluence Health

Who We Are

Confluence Health is an integrated healthcare delivery system that serves as the major medical provider in North Central Washington between Seattle and Spokane. With approximately 300 physicians, 170 advanced practice providers, 30 medical specialties, two hospital campuses, and primary care services, Confluence Health provides high-quality, compassionate, cost-effective care close to home. Staying on the leading edge of healthcare innovation is important, so we invest in technology and resources to provide better care for our patients and to allow our providers to operate at the highest level.

Located in the heart of Washington, we enjoy open skies, snow-capped mountains and the lakes and rivers of the high desert. We are the proud home of orchards, farms and small communities. Confluence Health actively supports the communities we serve through our community support program and through our individual efforts as involved community members.

Source: Confluence Health, "About Us," https://www.confluencehealth.org/about-us/; accessed August 7, 2025.

Hospital Biography
Mission, Vision and Values

Mission

- Local care by and for our community.

Vision

- To serve our community with compassionate care through our dedication to:
  - Enabling joy and pride in our work.
  - Focusing on local sustainability.
  - Ensuring access for all.
  - Committing to excellent care and service.

Values

- Trust: We listen and follow through.
- Compassion: We embrace empathy.
- Respect: We value each other.
- Teamwork: We are better together.

Source: Confluence Health, "About Us, Our Mission," https://www.confluencehealth.org/about-us/our-mission/; accessed August 7, 2025.

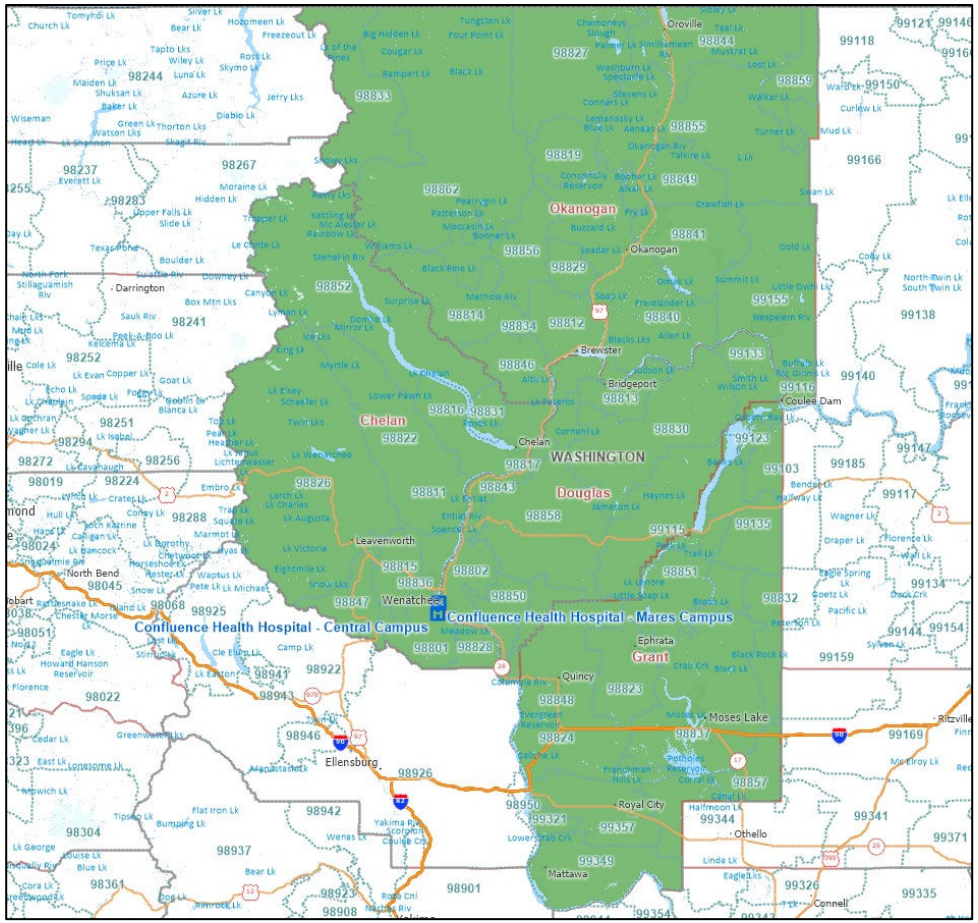
Hospital Biography
Services

- Acute Rehab
- Allergy
- Anesthesia
- Anticoagulation
- Audiology
- Behavioral Health Services
- Cancer Care
- Cardiology
- Cardiopulmonary Rehab
- Cardiothoracic Surgery
- Clinical Research
- Dermatology
- DirectCare
- Ear, Nose & Throat
- Ekso™ Exoskeleton
- Emergency Services
- Endocrinology
- Gastroenterology and Hepatology
- Geriatrics
- Heart & Vascular Care
- Home Care Services
- Home Infusion
- Infectious Diseases
- Internal Medicine
- Lab
- Nephrology
- Neurology
- Neurosciences
- Neurosurgery
- Nutrition
- OB/GYN
- Occupational Medicine
- Occupational Therapy
- Ophthalmology
- Optical
- Optometry
- Orthopedics
- Palliative Care
- Pathology
- Pediatric Therapy
- Pediatrics
- Physiatry
- Physical Therapy
- Podiatry
- Primary Care
- Pulmonary
- Radiation Oncology
- Radiology/Imaging
- Rehabilitation Services
- Rheumatology
- Robotic Surgery
- Sleep Medicine
- Social Services
- Speech Language Pathology
- Speech Language Therapy for Children
- Spinal Surgery
- Spine Clinic
- Stroke
- Stroke Rehabilitation
- Surgery
- Urology
- Vascular Surgery
- Walk-In
- Weight Management
- Women's Health Primary Care
- Wound Care

Source: Confluence Health, "Services," https://www.confluencehealth.org/services/; accessed August 7, 2025.

STUDY AREA

Confluence Health
Study Area



Note: the 2022 Confluence Health CHNA and Implementation Plan report studied Chelan, Douglas, Grant and Okanogan Counties, Washington, which was determined based on the zip codes of residence of recent patients of Confluence Health.

Chelan, Douglas, Grant and Okanogan Counties comprise 94.3% of CY 2024 Inpatient Discharges

Indicates the hospital

Confluence Health
Patient Origin by County
January 1, 2024 - December 31, 2024

County	State	CY24 Inpatient Discharges	% of Total	Cumulative % of Total
Chelan	WA	4,545	46.8%	46.8%
Douglas	WA	2,391	24.6%	71.4%
Grant	WA	1,328	13.7%	85.1%
Okanogan	WA	892	9.2%	94.3%
All Others		552	5.7%	100.0%
Total		**9,708**	**100.0%**	

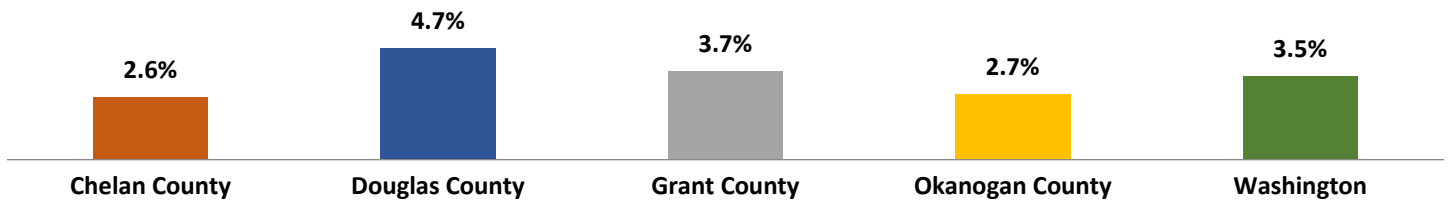
Source: Hospital inpatient discharge data provided by Confluence Health; January 2024 - December 2024. Normal Newborns MS-DRG 795 excluded.

Note: Inpatient data is from Confluence Health Hospital Central Campus and Confluence Health Hospital Mares Campus. Chelan, Douglas, Grant and Okanogan Counties are the top 4 counties for both locations based on inpatient discharge volume.

DEMOGRAPHIC OVERVIEW

Population Health
Population Growth

Projected 5-Year Population Growth
2025-2030



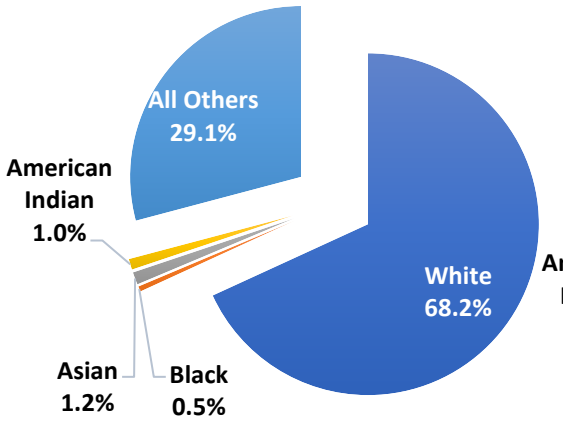
Overall Population Growth				
Geographic Location	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
Chelan County	82,821	85,014	2,193	2.6%
Douglas County	45,880	48,030	2,150	4.7%
Grant County	104,938	108,838	3,900	3.7%
Okanogan County	44,096	45,307	1,211	2.7%
Washington	8,076,991	8,361,147	284,156	3.5%

Source: Syntellis, Growth Reports, 2025.

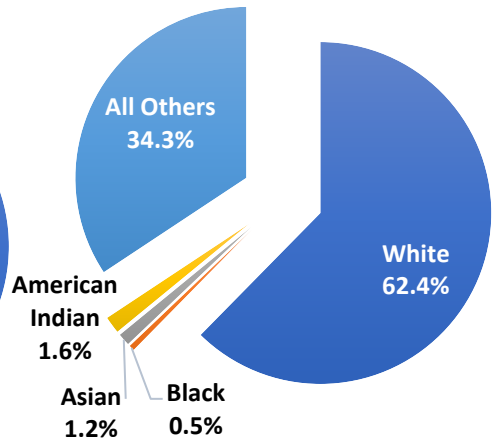
Population Health

Population Composition by Race/Ethnicity

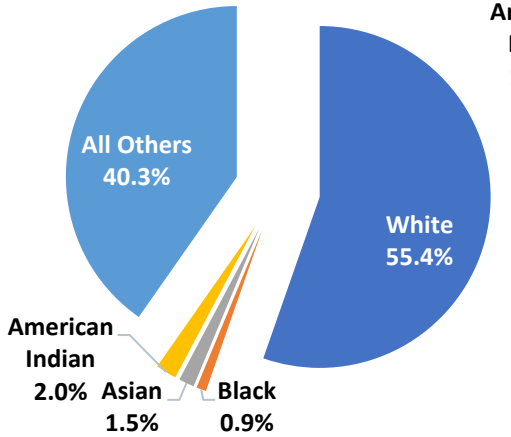
Chelan County 2025



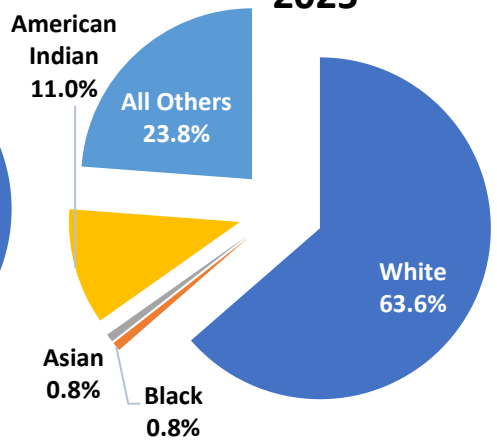
Douglas County 2025



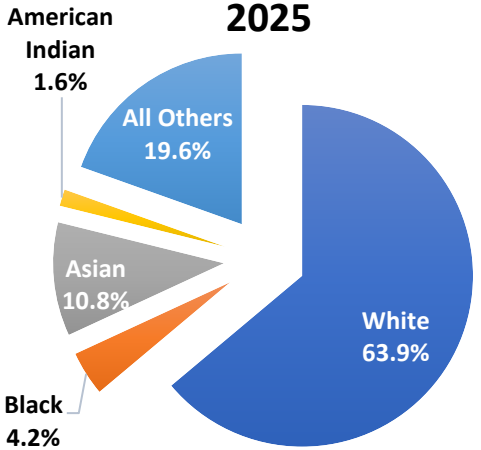
Grant County 2025



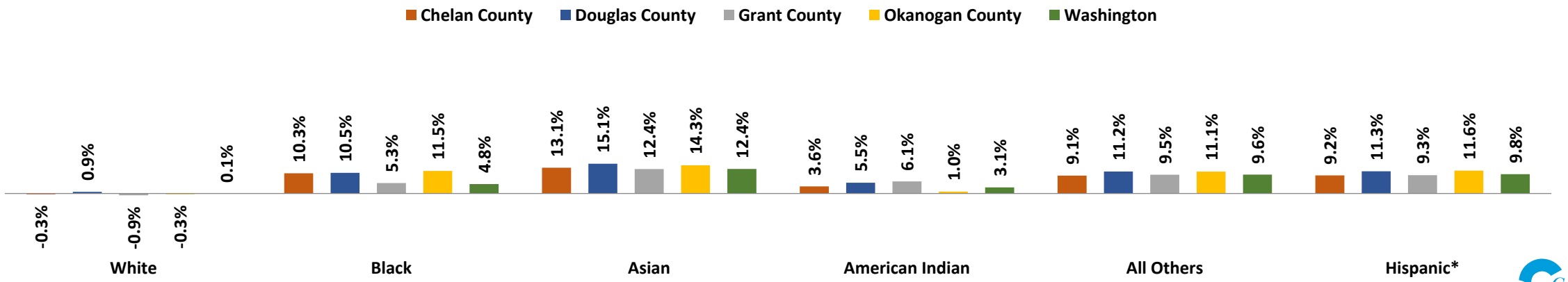
Okanogan County 2025



Washington 2025



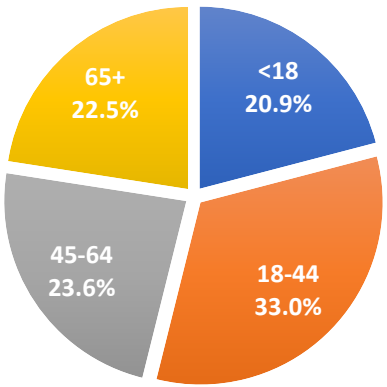
Race/Ethnicity Projected 5-Year Growth 2025-2030



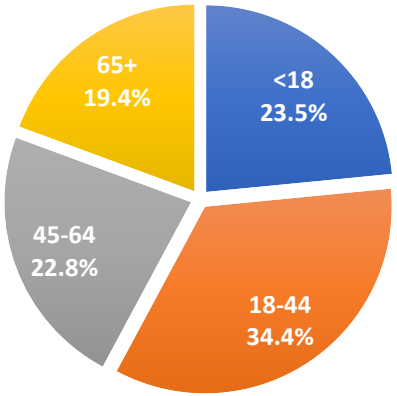
Source: Syntellis, Growth Reports, 2025.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

Population Health
Subpopulation Composition

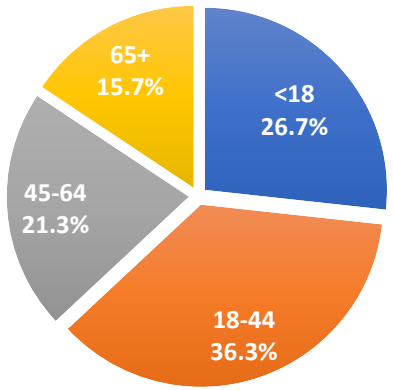
Chelan County 2025



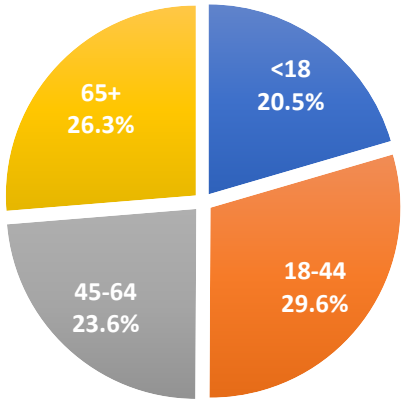
Douglas County 2025



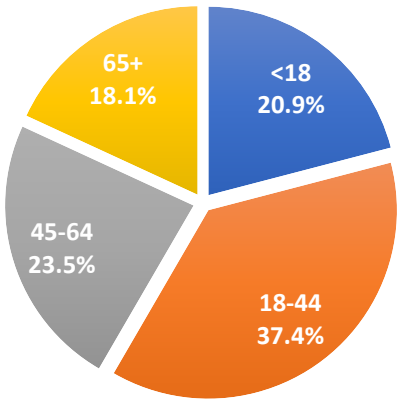
Grant County 2025



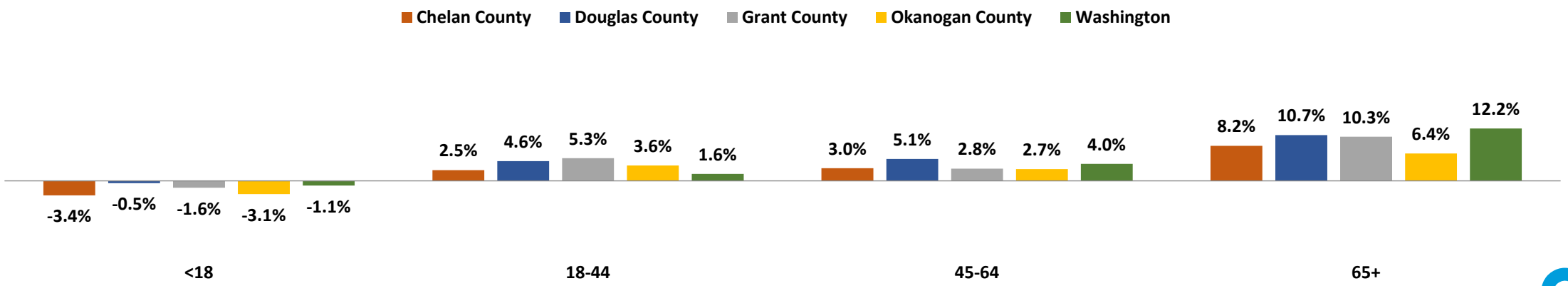
Okanogan County 2025



Washington 2025



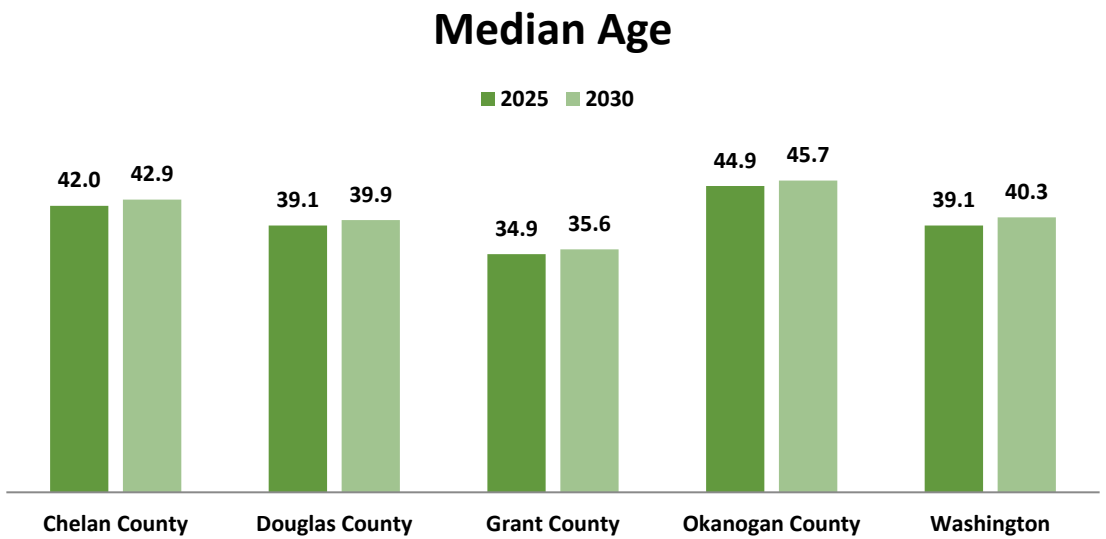
Age Projected 5-Year Growth 2025-2030



Source: Syntellis, Growth Reports, 2025.

Population Health
Median Age

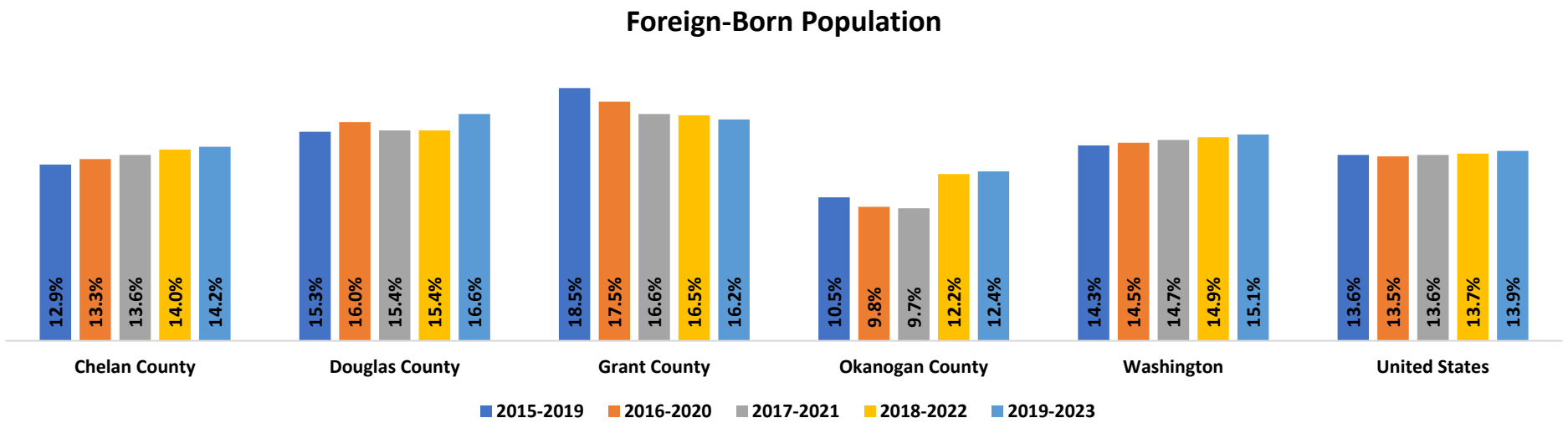
- The median age in Chelan, Douglas, Grant and Okanogan Counties as well as the state are expected to increase over the next five years (2025-2030).
- As of 2025, Chelan (42.0 years) and Okanogan (44.9 years) Counties had an older median age than the state (39.1 years), while Douglas County (39.1 years) had a comparable median age to the state and Grant County (34.9 years) had a lower median age than the state.



Source: Syntellis, Growth Reports, 2025.

Population Health
Median Age

- Between 2015 and 2023, the percentage of foreign-born residents overall increased in Chelan, Douglas and Okanogan Counties, the state and the nation, while the percentage in Grant County decreased.
- Between 2015 and 2023, Douglas and Grant Counties maintained a higher percentage of foreign-born residents than Chelan and Okanogan Counties, the state and the nation.
- In 2019-2023, Douglas (16.6%) and Grant (16.2%) Counties had a higher percentage of foreign-born residents than Chelan (14.2%) and Okanogan (12.4%) Counties, the state (15.1%) and the nation (13.9%).

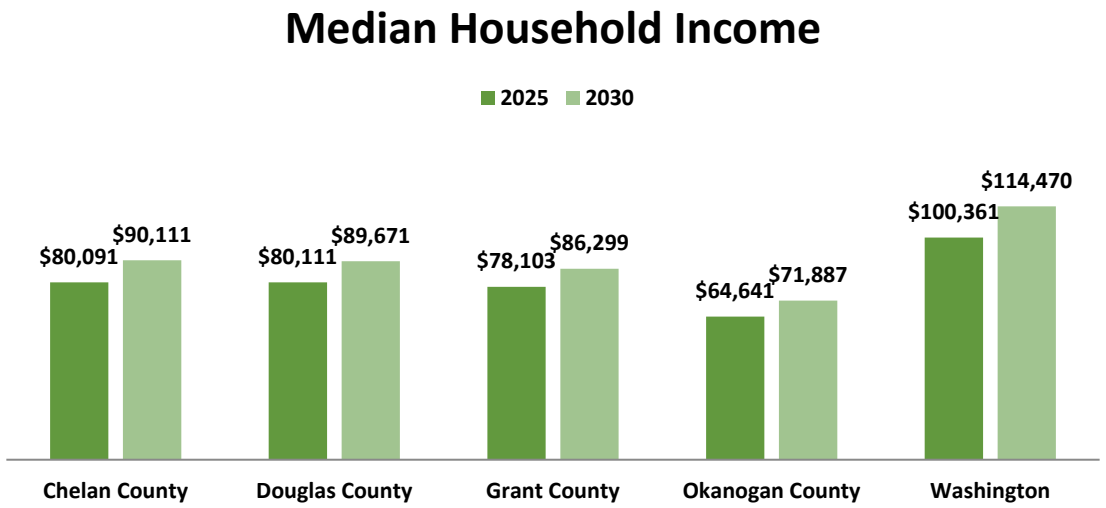


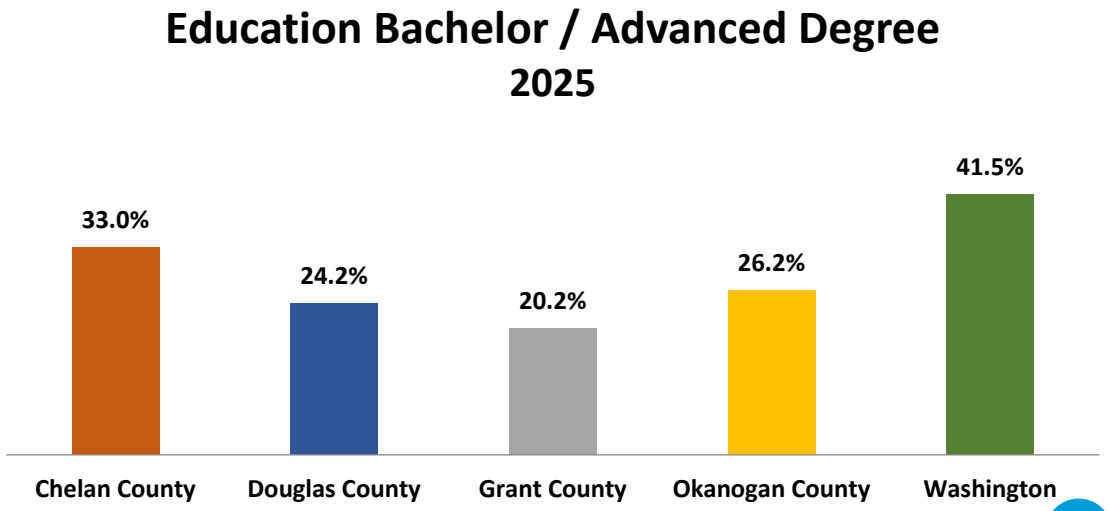
Source: United States Census Bureau, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.census.gov/table/ACSDP5Y2023.DP02?q=DP02&g=010XX00US_040XX00US53_050XX00US53007,53017,53025,53047; data accessed June 6, 2025.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Population Health

Median Household Income & Educational Attainment

- Between 2025 and 2030, the median household incomes in Chelan, Douglas, Grant and Okanogan Counties and the state are expected to increase.
- The median household incomes in Chelan ($80,091), Douglas ($80,111), Grant ($78,103) and Okanogan ($64,641) Counties are lower than that of the state ($100,361) (2025).
- Chelan (33.0%), Douglas (24.2%), Grant (20.2%) and Okanogan (26.2%) Counties have a lower percentage of residents with a bachelor or advanced degree than the state (41.5%) (2025).





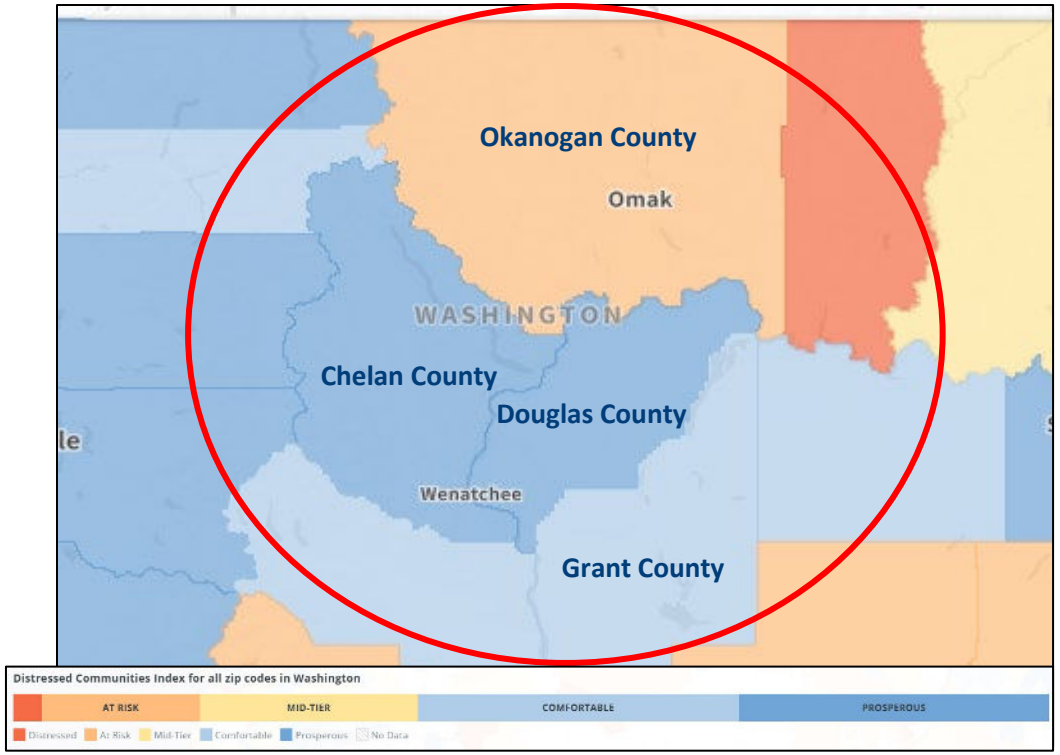
Source: Syntellis, Growth Reports, 2025.

Population Health
Distressed Communities Index

- In 2018-2022, 15.2% of the nation lived in a distressed community, as compared to 24.9% of the nation that lived in a prosperous community.
- In 2018-2022, 2.8% of the population in Washington lived in a distressed community, as compared to 29.9% of the population that lived in a prosperous community.

	Washington	United States
Lives in a Distressed Zip Code	2.8%	15.2%
Lives in a Prosperous Zip Code	29.9%	24.9%

County	Distress Score	Classification	Ranking
Chelan	18.9	prosperous	13/39
Douglas	13.8	prosperous	10/39
Grant	36.9	comfortable	23/39
Okanogan	60.7	at risk	32/39



Source: Economic Innovation Group, DCI Interactive Map, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county; data accessed June 6, 2025.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: EIG DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health
Family Budget Map

- As of January 2025, the cost of living for a two-parent, two-child family in Chelan County is $108,667 per year or $9,056 per month, Douglas County is $110,053 per year or $9,171 per month, Grant County is $97,334 per year or $8,111 per month, and Okanogan County is $95,731 per year or $7,978 per month.
- Childcare is estimated to be the highest monthly cost for Chelan and Douglas Counties with transportation estimated to be the highest monthly cost for Grant and Okanogan Counties, as of January 2025.

The cost of living for a two-parent, two-child family in **Chelan County, WA** is:

$108,667
per year

$9,056
per month

- **Housing:** $1,428/month
- **Food:** $1,071/month
- **Child care:** $1,908/month
- **Transportation:** $1,566/month
- **Health care:** $1,279/month
- **Other necessities:** $841/month
- **Taxes:** $964/month

The cost of living for a two-parent, two-child family in **Douglas County, WA** is:

$110,053
per year

$9,171
per month

- **Housing:** $1,491/month
- **Food:** $1,065/month
- **Child care:** $1,908/month
- **Transportation:** $1,580/month
- **Health care:** $1,279/month
- **Other necessities:** $860/month
- **Taxes:** $989/month

The cost of living for a two-parent, two-child family in **Grant County, WA** is:

$97,334
per year

$8,111
per month

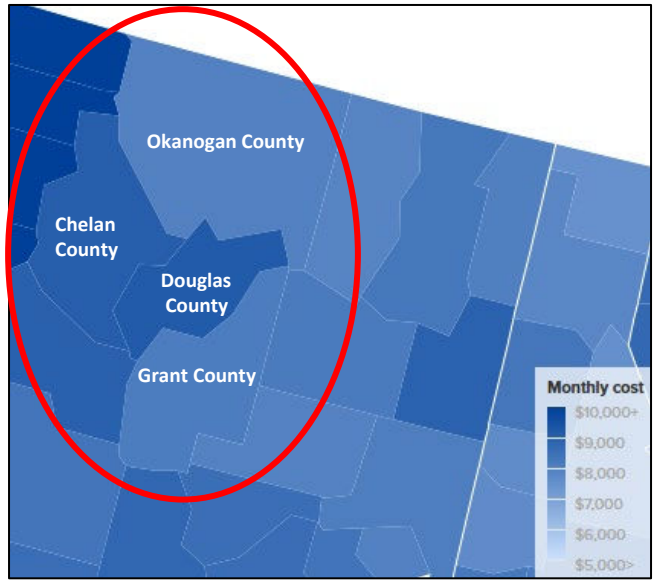
- **Housing:** $1,108/month
- **Food:** $1,003/month
- **Child care:** $1,609/month
- **Transportation:** $1,649/month
- **Health care:** $1,263/month
- **Other necessities:** $710/month
- **Taxes:** $769/month

The cost of living for a two-parent, two-child family in **Okanogan County, WA** is:

$95,731
per year

$7,978
per month

- **Housing:** $1,051/month
- **Food:** $935/month
- **Child care:** $1,609/month
- **Transportation:** $1,706/month
- **Health care:** $1,263/month
- **Other necessities:** $668/month
- **Taxes:** $746/month

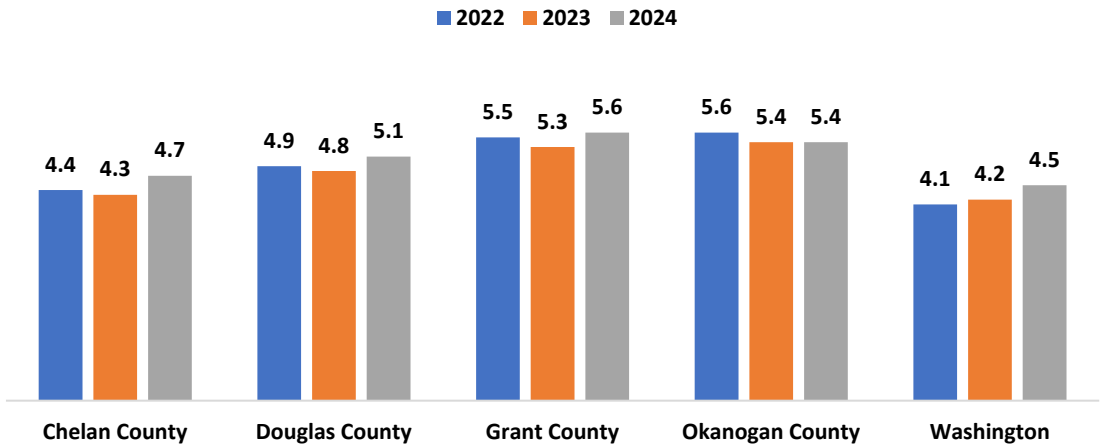


Source: Economic Policy Institute, Family Budget Map, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.epi.org/resources/budget/budget-map/; data accessed June 6, 2025.
Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

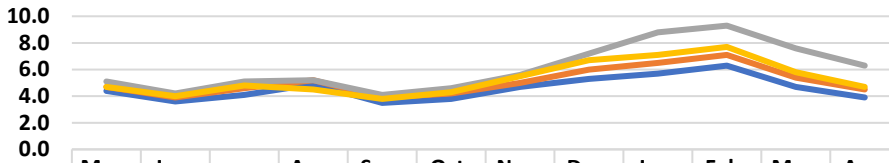
Population Health
Unemployment

- Unemployment rates in Chelan, Douglas and Grant Counties and the state overall increased between 2022 and 2024, while Okanogan County unemployment rates decreased.
- In 2024, Chelan (4.7), Douglas (5.1), Grant (5.6) and Okanogan (5.4) Counties had a higher unemployment rate than the state (4.5).
- Over the most recent 12-month time period, monthly unemployment rates in Chelan, Douglas and Grant Counties fluctuated but overall increased, while Okanogan Counties fluctuated. September 2024 had the lowest unemployment rate for Chelan (3.5), Grant (4.1) and Okanogan Counties (3.8). June 2024 and September 2024 had the lowest unemployment rate for Douglas County (3.9).
- Over the most recent 12-month time period, Chelan (6.3), Douglas (7.1), Grant (9.3) and Okanogan (7.7) Counties had the highest unemployment rate in February 2025.

Unemployment
Annual Average, 2022-2024



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25*p
Chelan County	4.4	3.6	4.1	4.9	3.5	3.8	4.7	5.3	5.7	6.3	4.7	3.9
Douglas County	4.7	3.9	4.6	5.2	3.9	4.2	5.0	6.0	6.5	7.1	5.4	4.5
Grant County	5.1	4.2	5.1	5.2	4.1	4.6	5.6	7.2	8.8	9.3	7.6	6.3
Okanogan County	4.7	4.0	4.8	4.5	3.8	4.3	5.5	6.7	7.1	7.7	5.8	4.7

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, https://www.bls.gov/lau/tables.htm; data accessed July 1, 2025.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
Note: "*p" indicates that the number associated with that month is a preliminary rate.

Population Health
Industry Workforce Categories

- As of 2019-2023, the majority of employed persons in Douglas, Grant and Okanogan Counties are within Farming, Fishing & Forestry Occupations as compared to Chelan County where the majority of employed persons are within Management Occupation positions. The most common employed groupings are as follows:

Chelan County

- Management Occupations (10.1%)
- Sales & Related Occupations (9.5%)
- Office & Administrative Support Occupations (8.6%)
- Farming, Fishing & Forestry Occupations (6.1%)
- Food Preparation & Serving Related Occupations (6.0%)

Douglas County

- Farming, Fishing & Forestry Occupations (11.3%)
- Management Occupations (10.0%)
- Sales & Related Occupations (9.3%)
- Office & Administrative Support Occupations (8.0%)
- Construction & Extraction Occupations (6.2%)

Grant County

- Farming, Fishing & Forestry Occupations (15.3%)
- Management Occupations (11.0%)
- Office & Administrative Support Occupations (8.5%)
- Education Instruction, & Library Occupations (7.7%)
- Sales & Related Occupations (5.9%)

Okanogan County

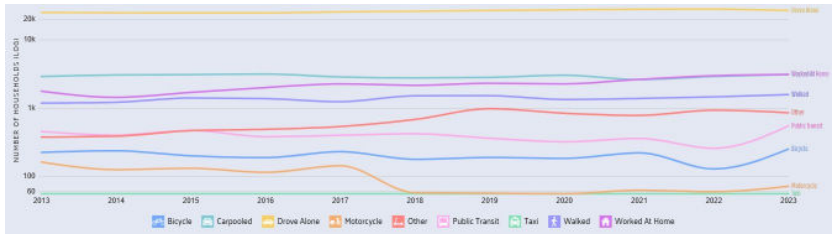
- Farming, Fishing & Forestry Occupations (14.7%)
- Management Occupations (11.5%)
- Sales & Related Occupations (8.9%)
- Office & Administrative Support Occupations (8.2%)
- Construction & Extraction Occupations (7.2%)

Source: Data USA, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://datausa.io/; data accessed June 6, 2025.

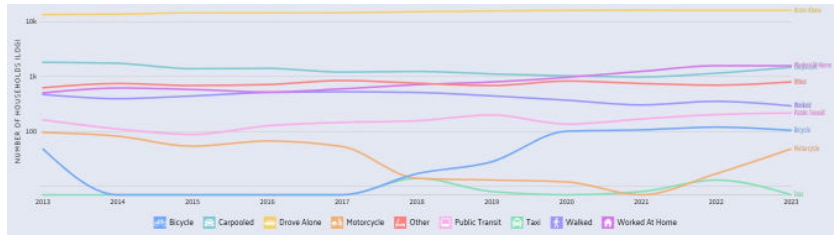
Population Health
Means of Transportation

- In 2019-2023, driving alone was the most frequent means of transportation to work for Chelan, Douglas, Grant and Okanogan Counties and the state.
- In 2019-2023, Chelan (8.6%), Douglas (7.6%), Grant (9.2%) and Okanogan (14.5%) Counties had a lower percentage of people who worked from home than the state (17.7%).
- Chelan (19.5 minutes), Douglas (21.6 minutes), Grant (20.1 minutes) and Okanogan (19.2 minutes) Counties had a shorter mean travel time to work the state (27.0 minutes) (2019-2023).

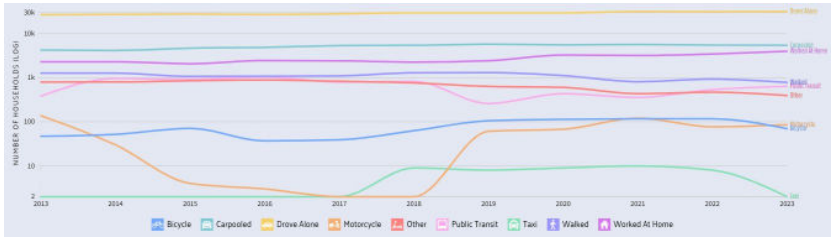
Chelan County
Mean travel time to work: 19.5 minutes



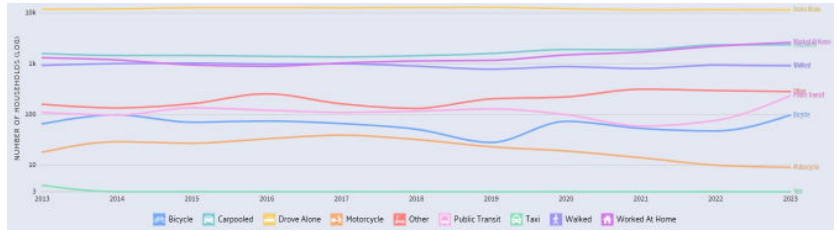
Douglas County
Mean travel time to work: 21.6 minutes



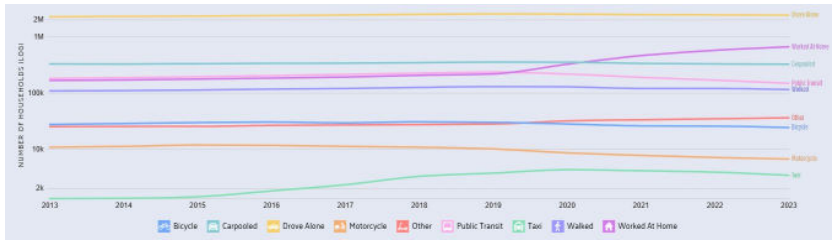
Grant County
Mean travel time to work: 20.1 minutes



Okanogan County
Mean travel time to work: 19.2 minutes



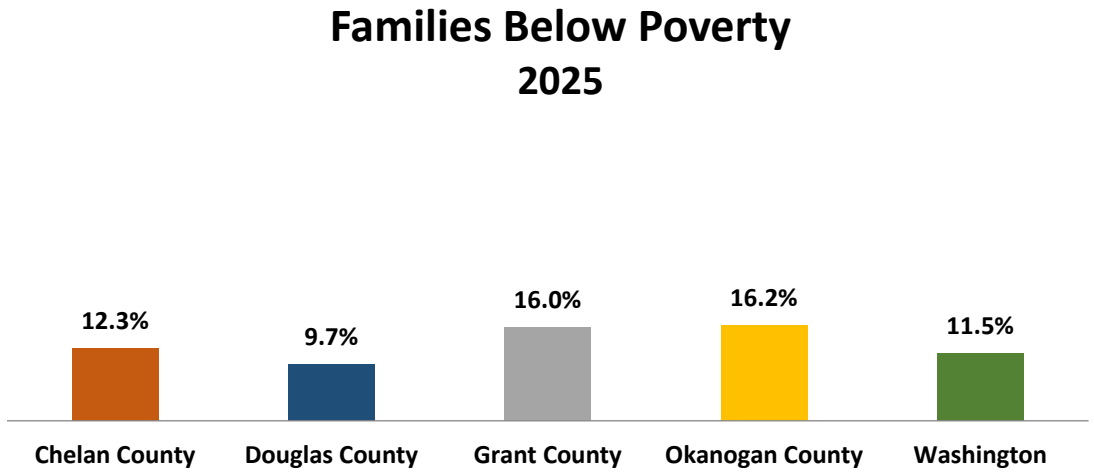
Washington
Mean travel time to work: 27.0 minutes

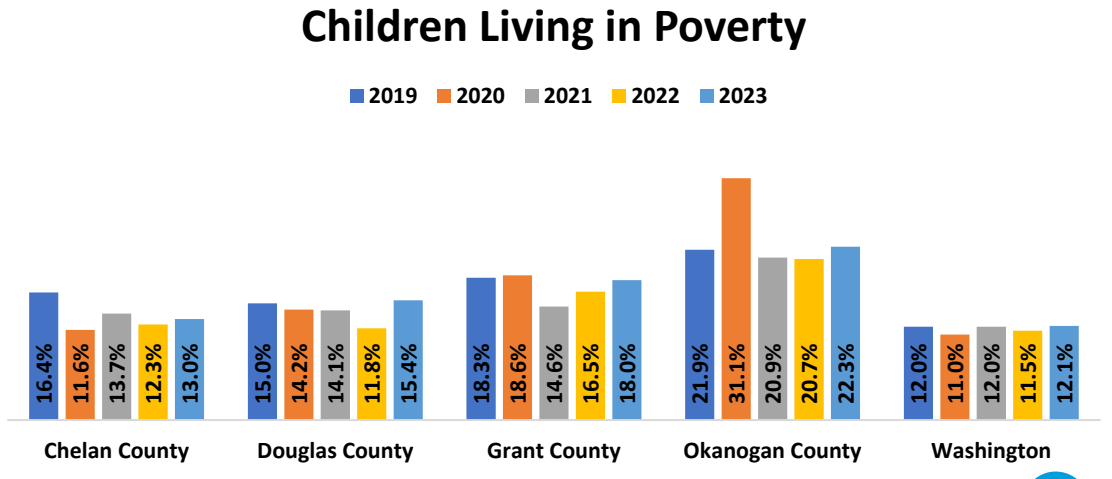


Source: Data USA, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://datausa.io/; data accessed June 6, 2025.

Population Health
Poverty

- Chelan (12.3%), Grant (16.0%) and Okanogan (16.2%) Counties had a higher percentage of families living below poverty as compared to the state (11.5%), while Douglas County (9.7%) had a lower percentage than the state (2025).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Douglas and Okanogan Counties and the state increased while Chelan and Grant Counties decreased.
- In 2023, Chelan (13.0%), Douglas (15.4%), Grant (18.0%) and Okanogan (22.3%) Counties had a higher percentage of children (<18 years) living in poverty than the state (12.1%).





Source: Syntellis, Growth Reports, 2025.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed June 6, 2025.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold. The 2025 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $32,150, and less than 200% of the federal poverty level if the household income is less than $64,300. Please see the appendix for the full 2025 Federal Poverty Guidelines.

Population Health
Food Insecurity

- According to Feeding America, Chelan (14.2%), Douglas (13.5%), Grant (15.8%) and Okanogan (17.3%) Counties have a higher estimated percentage of residents who are food insecure as compared to the state (13.2%) (2023).
- Additionally, the percentage of children (under 18 years of age) who are food insecure in Chelan (18.3%), Douglas (17.3%), Grant (20.0%) and Okanogan (24.0%) Counties are higher as compared to the state of Washington (17.1%) (2023).
- Chelan County has the highest average meal cost of $3.86 as compared to $3.80 in Douglas County, $3.54 in Grant County, $3.50 in Okanogan County and $3.83 in the state (2023).
- With regards to subpopulations, Chelan, Douglas, Grant and Okanogan Counties have a higher percentage of food insecurity among Latino subpopulations, while Grant and Okanogan Counties have a higher percentage of food insecurity among White Non-Hispanic subpopulations (2023).

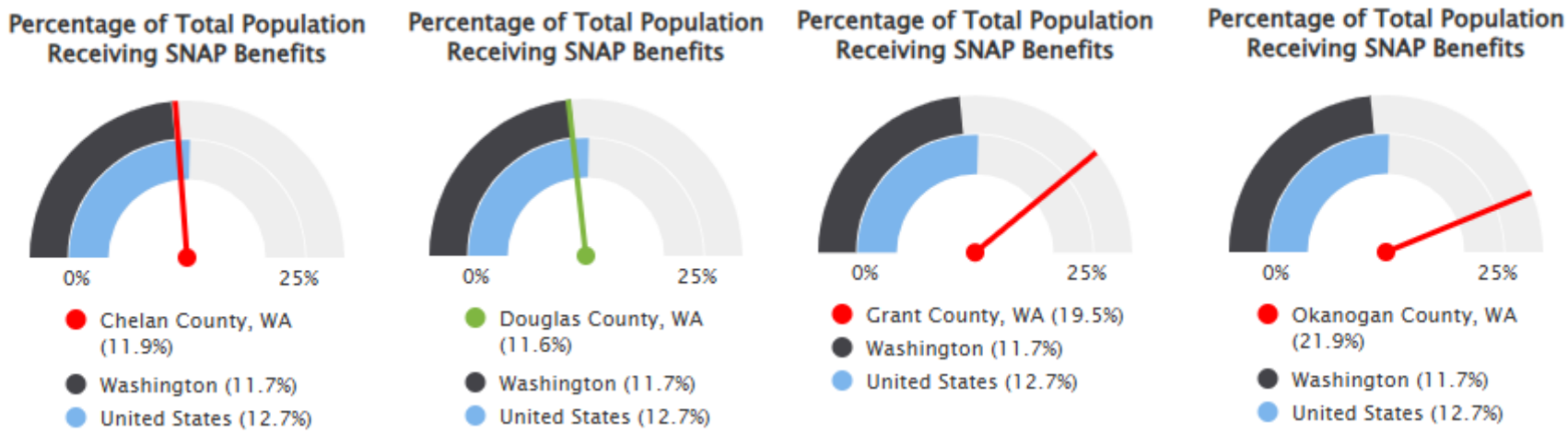
Location	Overall Food Insecurity	Child Food Insecurity	Black Food Insecurity (all ages)	Latino Food Insecurity (all ages)	White Non-Hispanic Food Insecurity (all ages)	Average Meal Cost
Chelan County	14.2%	18.3%	-	26.0%	11.0%	$3.86
Douglas County	13.5%	17.3%	-	25.0%	10.0%	$3.80
Grant County	15.8%	20.0%	28.0%	26.0%	12.0%	$3.54
Okanogan County	17.3%	24.0%	-	28.0%	12.0%	$3.50
Washington	13.2%	17.1%	28.0%	24.0%	11.0%	$3.83

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://map.feedingamerica.org/; information accessed June 5, 2025.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).
Note: "-" indicates that there was no data for the county level for that category

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- In 2022, Grant (19.5%) and Okanogan Counties (21.9%) had a higher percentage of its total population receiving SNAP benefits than the state (11.7%) and the nation (12.7%), while Chelan County (11.9%) had a higher percentage than the state but lower than the nation and Douglas County (11.6%) had a lower percentage than the state and the nation.

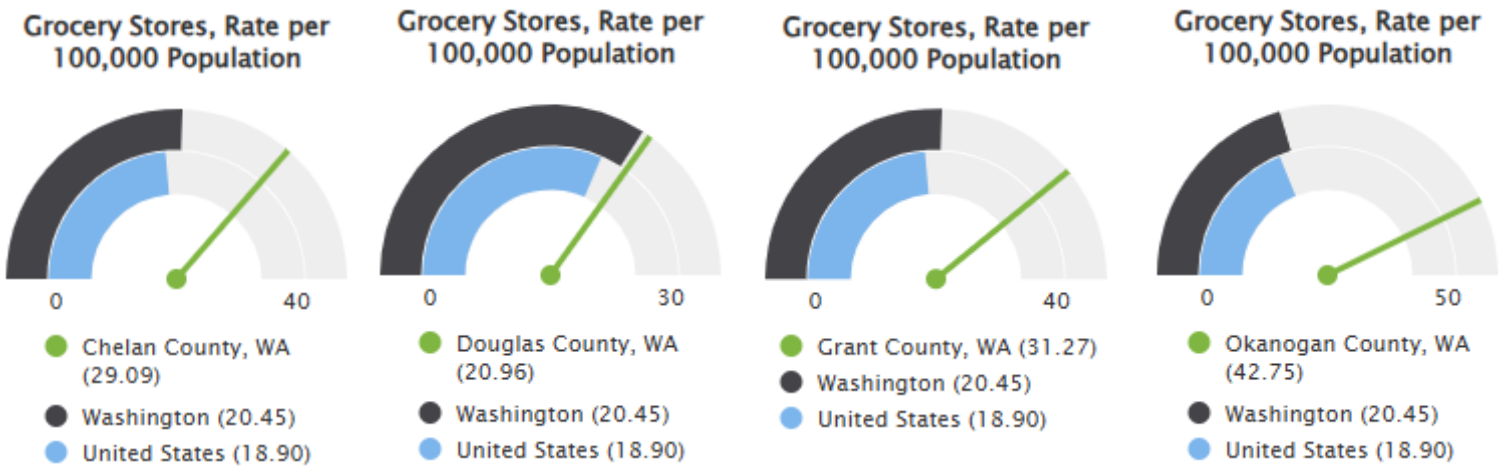


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed May 1, 2025.
Population Receiving SNAP Definition: the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Population Health
Grocery Stores

- In 2022, Chelan (29.1 per 100,000), Douglas (21.0 per 100,000), Grant (31.3 per 100,000) and Okanogan (42.8 per 100,000) Counties had a higher rate of grocery stores per 100,000 population than the state (20.5 per 100,000) and the nation (18.9 per 100,000).

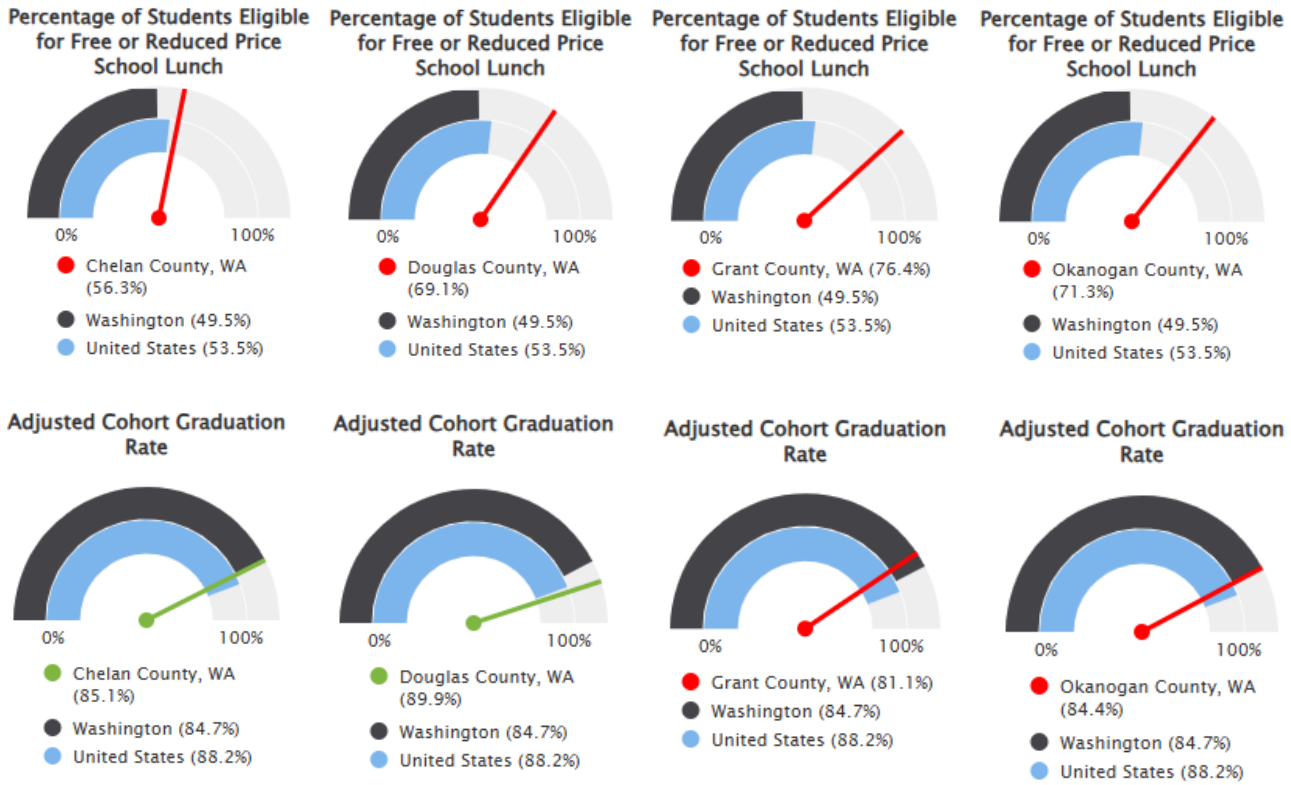


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed June 6, 2025.
Grocery Store Definition: There are 20 grocery establishments in the report area, a rate of 12.11 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Population Health
Children in the Study Area

- In 2022-2023, Chelan (56.3%), Douglas (69.1%), Grant (76.4%) and Okanogan (71.3%) Counties had a higher percentage of public school students eligible for free or reduced price lunch as compared to the state (49.5%), and the nation (53.5%).
- Chelan County (85.1%) had a higher high school graduation rate as compared to the state (84.7%), but lower than the nation (88.2%), while Douglas County (89.9%) had a higher rate as compared to the state and the nation, and Grant (81.1%) and Okanogan (84.4%) Counties had a lower rate than the state and the nation (2022-2023).



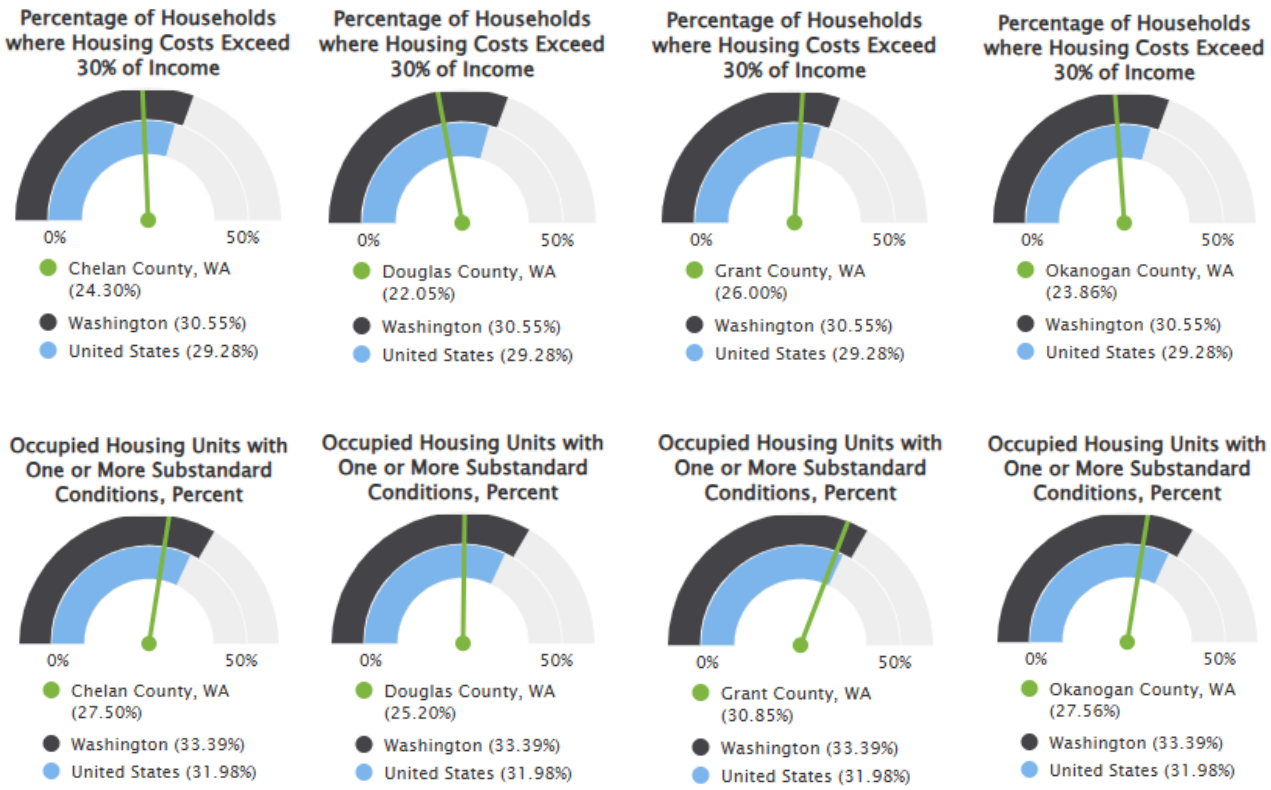
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed May 1, 2025.
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.

Population Health

Housing – Cost and Substandard Housing Conditions

- Chelan (24.3%), Douglas (22.1%), Grant (26.0%) and Okanogan (23.9%) Counties have a lower percentage of households where housing costs exceed 30% of total household income than the state (30.6%) and the nation (29.3%) (2019-2023).
- The percentage of occupied housing units that have one or more substandard conditions in Chelan (27.5%), Douglas (25.2%), Grant (30.9%) and Okanogan (27.6%) Counties are lower than the state (33.4%) and the nation (32.0%) (2019-2023).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed May 1, 2025.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HEALTH DATA OVERVIEW

Data Methodology

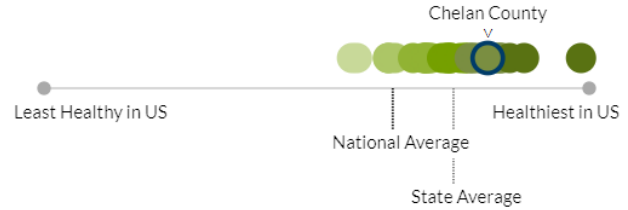
- The following information outlines specific health data:
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access
- Data Sources include, but are not limited to:
  - Centers for Disease Control and Prevention
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- Data Levels: Nationwide, state, and county level data

Health Status

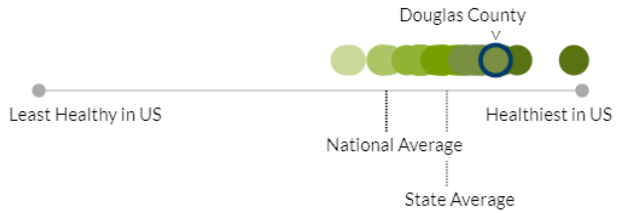
County Health Rankings & Roadmaps – Population Health and Well-being

- According to County Health Rankings & Roadmaps, Population Health and Well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- Some examples of where all four counties were worse than the state for Population Health and Well-being include:
    - Quality of Life:
        - Poor Physical Health Days
        - Poor or Fair Health

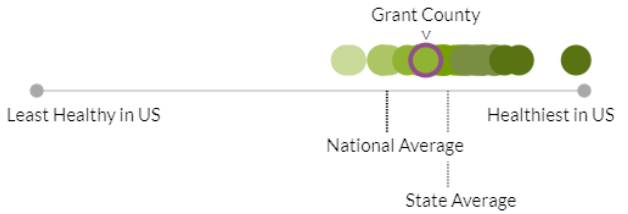
Chelan County Population Health and Well-being



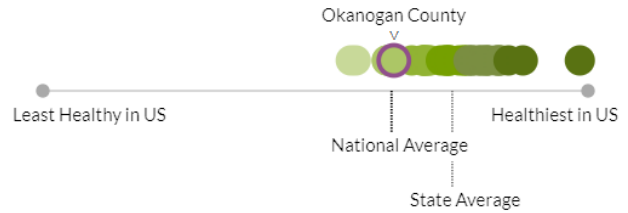
Douglas County Population Health and Well-being



Grant County Population Health and Well-being



Okanogan County Population Health and Well-being



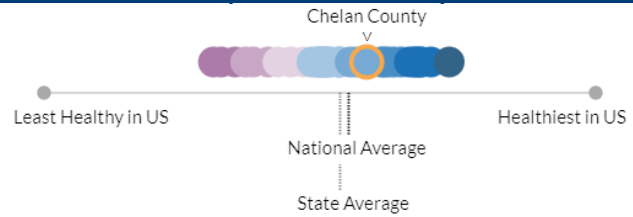
Source: County Health Rankings & Roadmaps: filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.countyhealthrankings.org/; data accessed April 30, 2025.

Health Status

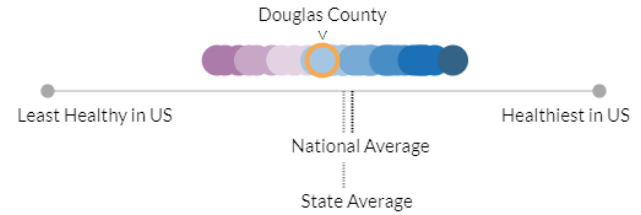
County Health Rankings & Roadmaps – Community Conditions

- According to County Health Rankings & Roadmaps, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where all four counties were worse than the state for Community Conditions include:
  - Health Infrastructure:
    - Uninsured
    - Food Insecurity
    - Adult Smoking
    - Physical Inactivity
  - Physical Environment:
    - Broadband Access
  - Social & Economic Factors:
    - Highschool Completion

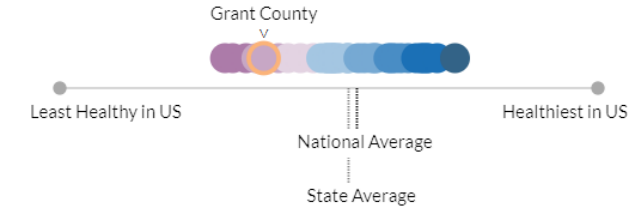
Chelan County Community Conditions



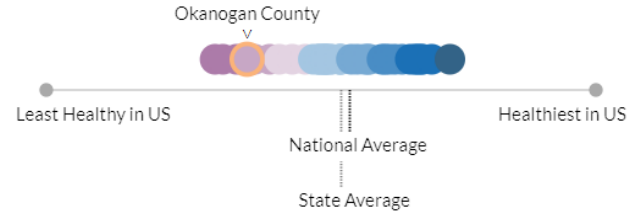
Douglas County Community Conditions



Grant County Community Conditions



Okanogan County Community Conditions



Source: County Health Rankings & Roadmaps: filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.countyhealthrankings.org/; data accessed April 30, 2025.

Health Status

Mortality – Leading Causes of Death (2019-2023)

Rank	Chelan County	Douglas County	Grant County	Okanogan County	Washington
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
2	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Alzheimer's disease (G30)	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	COVID-19 (U07.1)	COVID-19 (U07.1)	Alzheimer's disease (G30)
5	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
6	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
7	COVID-19 (U07.1)	COVID-19 (U07.1)	Alzheimer's disease (G30)	Diabetes mellitus (E10-E14)	COVID-19 (U07.1)
8	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)	Alzheimer's disease (G30)	Diabetes mellitus (E10-E14)
9	Parkinson disease (G20-G21)	Chronic liver disease and cirrhosis (K70,K73-K74)	Chronic liver disease and cirrhosis (K70,K73-K74)	Chronic liver disease and cirrhosis (K70,K73-K74)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Parkinson disease (G20-G21)	Nutritional deficiencies (E40-E64)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Leading Causes of Death (2019-2023)

Cause of Death	Chelan County		Douglas County		Grant County		Okanogan County		Washington	
	5Yr. Trend	Current (2021-2023)	5Yr. Trend	Current (2021-2023)	5Yr. Trend	Current (2021-2023)	5Yr. Trend	Current (2021-2023)	5Yr. Trend	Current (2021-2023)
Diseases of heart (I00-I09,I11,I13,I20-I51)	▲	216.2	▲	175.6	▲	161.4	▲	239.4	▲	164.9
Malignant neoplasms (C00-C97)	▲	206.2	▲	192.9	▼	163.0	▼	270.3	▲	174.4
Alzheimer's disease (G30)	▼	112.3	▼	67.8	▼	30.6	▼	40.9	▼	45.6
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▲	75.1	▲	45.2	▲	73.9	▲	112.8	▲	72.4
Chronic lower respiratory diseases (J40-J47)	▼	45.9	▼	41.5	▼	44.4	▼	59.5	▼	35.6
Cerebrovascular diseases (I60-I69)	▼	40.9	▲	44.5	▼	39.1	▼	51.0	▲	41.5
COVID-19 (U07.1)	▼	45.1	▲	48.2	▼	55.2	▲	91.1	▲	40.0
Diabetes mellitus (E10-E14)	▼	30.5	▼	16.6	▲	35.2	▼	44.0	▲	27.5
Parkinson disease (G20-G21)	▼	17.9	Unreliable	Unreliable	▲	10.2	Unreliable	Unreliable	▲	11.8
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	▼	19.2	Unreliable	Unreliable	▼	11.5	▲	31.7	►	16.1
Chronic liver disease and cirrhosis (K70,K73-K74)**	▲	14.2	Unreliable	Unreliable	▲	19.1	▲	40.9	▲	17.1

▲ An up arrow indicates that the county's rate has trended upwards for that death category.

▼ A down arrow indicates that the county's rate has trended downwards for that death category.

► A sideways arrow indicates that the county's rate has remained consistent for that death category.

If there is no arrow, that means that one of the timeframe's rate was either "Unreliable" or "Suppressed".

A green box indicates that the county's rate is lower than the state's rate for that death category.

A red box indicates that the county's rate is higher than the state's rate for that death category.

*Note: Mortality charts and tables on the following slides are in descending order based on 2019-2023 crude death rates for Chelan County.***

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

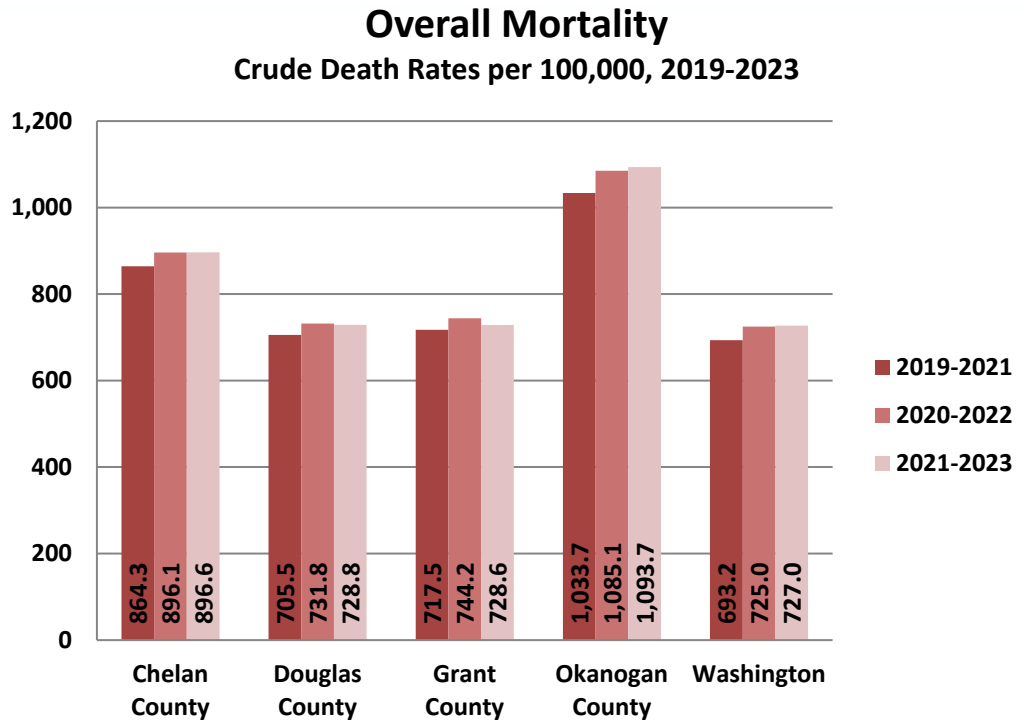
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Note: Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Note: ** Chronic liver disease and cirrhosis is not a top leading cause of death for Chelan County but due to it being the 9th leading cause of death in Douglas, Grant and Okanogan Counties as well as the state, it is included in this chart.

Health Status
Mortality – Overall

- Overall mortality rates in Chelan, Douglas, Grant and Okanogan Counties remained higher than the state rate between 2019 and 2023.
- Between 2019 and 2023, overall mortality rates in Chelan, Douglas, Grant and Okanogan Counties as well as the state increased.
- In 2019-2023, the overall mortality rate in Okanogan County (1,093.7 per 100,000) was higher than Chelan County (896.6 per 100,000), Douglas County (728.8 per 100,000), Grant County (728.6 per 100,000) and the state (727.0 per 100,000).

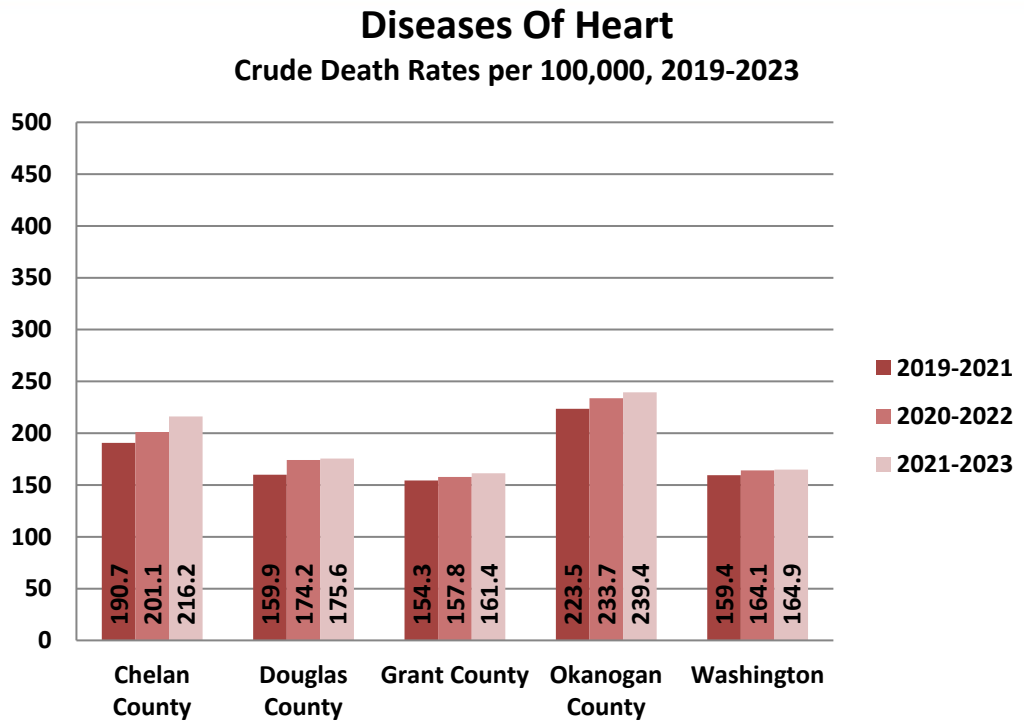


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	2,026	864.3	2,125	896.1	2,148	896.6	3,463	878.2
Douglas County	922	705.5	962	731.8	967	728.8	1,548	704.7
Grant County	2,134	717.5	2,240	744.2	2,217	728.6	3,576	713.2
Okanogan County	1,318	1,033.7	1,393	1,085.1	1,416	1,093.7	2,245	1,047.4
Washington	159,766	693.2	168,335	725.0	169,660	727.0	271,604	702.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Chelan County, and the second leading cause of death in Douglas, Grant and Okanogan Counties and the state (2019-2023).
- Between 2019 and 2023, heart disease mortality rates overall increased in all four counties and the state.
- In 2021-2023, the heart disease mortality rate in Okanogan County (239.4 per 100,000) was higher than Chelan County (216.2 per 100,000), Douglas County (175.6 per 100,000), Grant County (161.4 per 100,000) and the state (164.9 per 100,000).

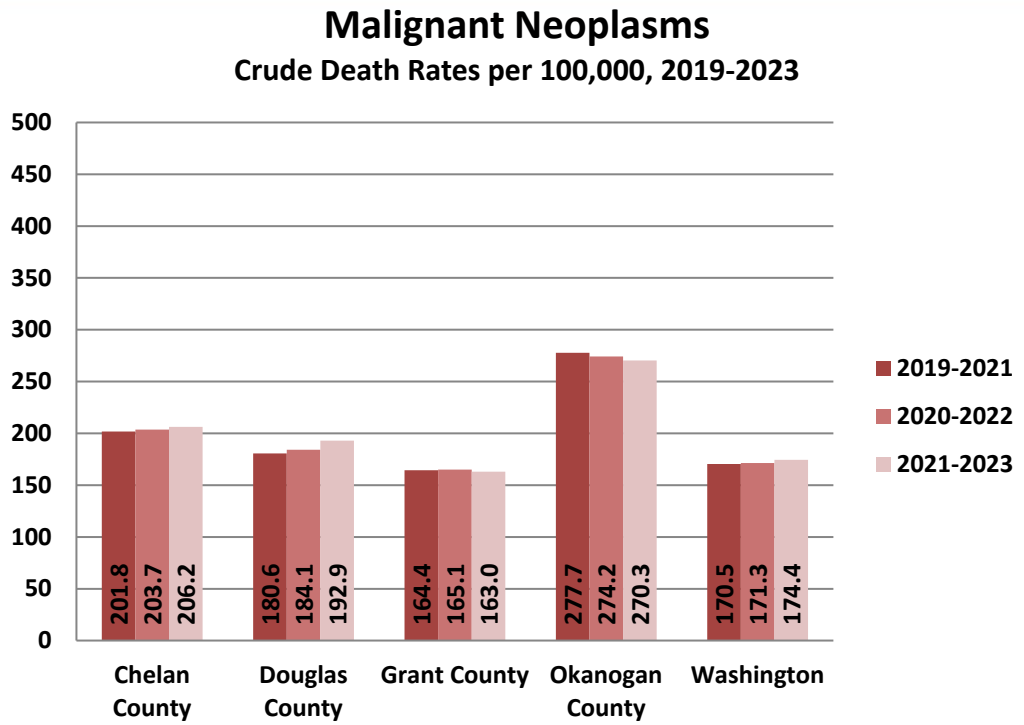


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	447	190.7	477	201.1	518	216.2	815	206.7
Douglas County	209	159.9	229	174.2	233	175.6	373	169.8
Grant County	459	154.3	475	157.8	491	161.4	791	157.8
Okanogan County	285	223.5	300	233.7	310	239.4	491	229.1
Washington	36,735	159.4	38,091	164.1	38,492	164.9	62,438	161.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death Chelan County, and the leading cause of death in Douglas, Grant and Okanogan Counties and the state (2019-2023).
- Between 2019 and 2023, cancer mortality rates increased in Chelan and Douglas Counties and the state, while rates in Grant and Okanogan Counties decreased.
- In 2021-2023, the cancer mortality rate in Okanogan County (270.3 per 100,000) was higher than the rate in Chelan County (206.2 per 100,000), Douglas County (192.9 per 100,000), Grant County (163.0 per 100,000) and the state (174.4 per 100,000).



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	473	201.8	483	203.7	494	206.2	799	202.6
Douglas County	236	180.6	242	184.1	256	192.9	408	185.7
Grant County	489	164.4	497	165.1	496	163.0	812	161.9
Okanogan County	354	277.7	352	274.2	350	270.3	591	275.7
Washington	39,303	170.5	39,775	171.3	40,701	174.4	66,457	172.0

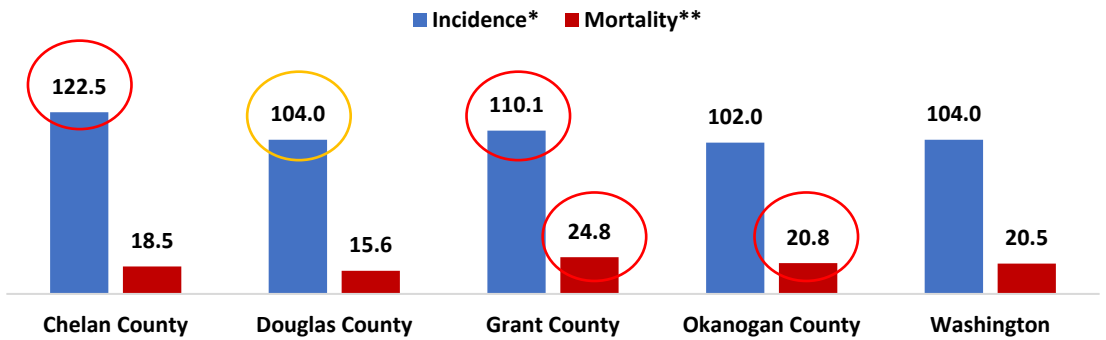
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Cancer Incidence & Mortality by Type

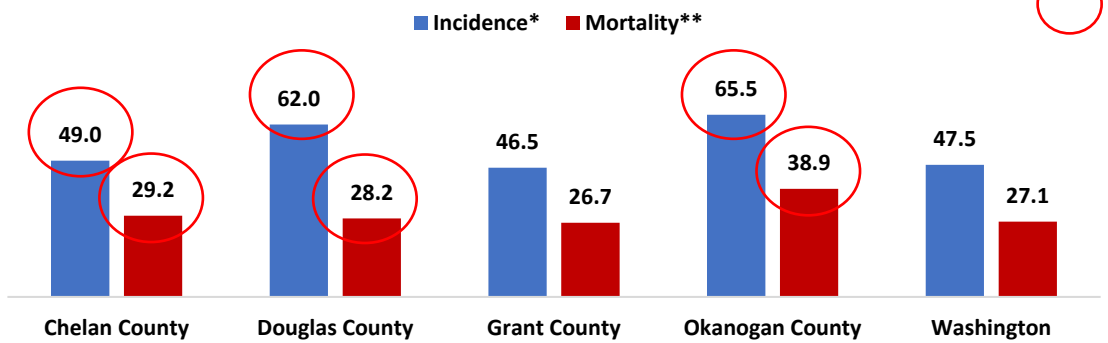
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000



Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000

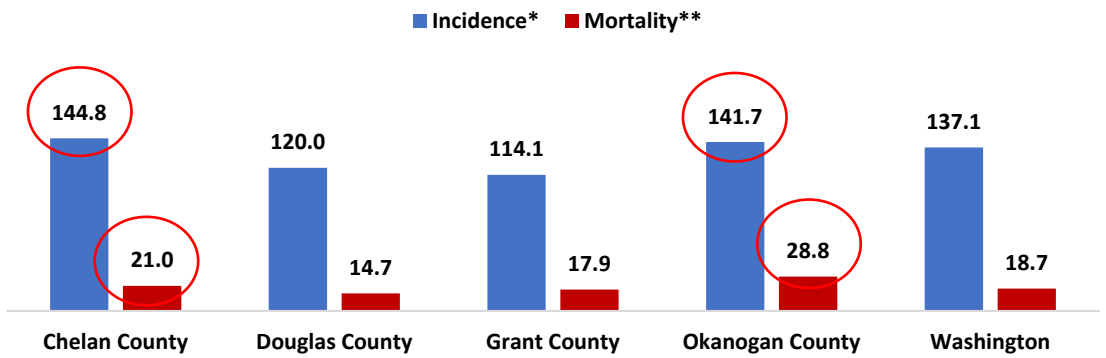


= equal to the state rate

= higher rate than the state

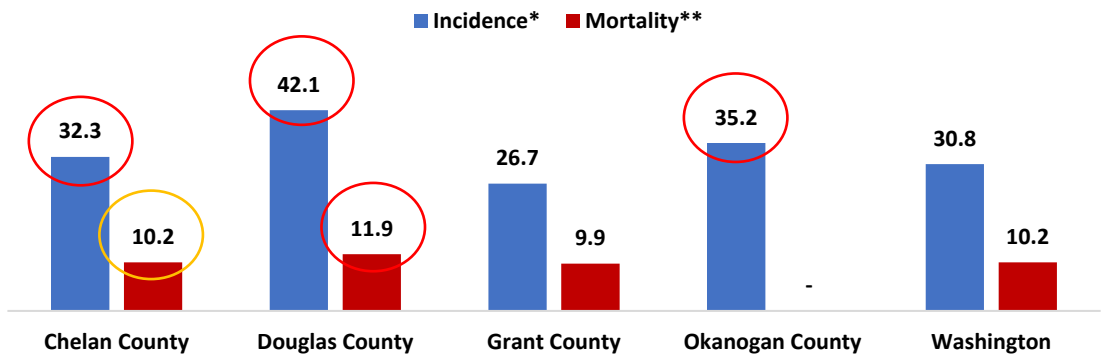
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000



Colon & Rectum Cancer

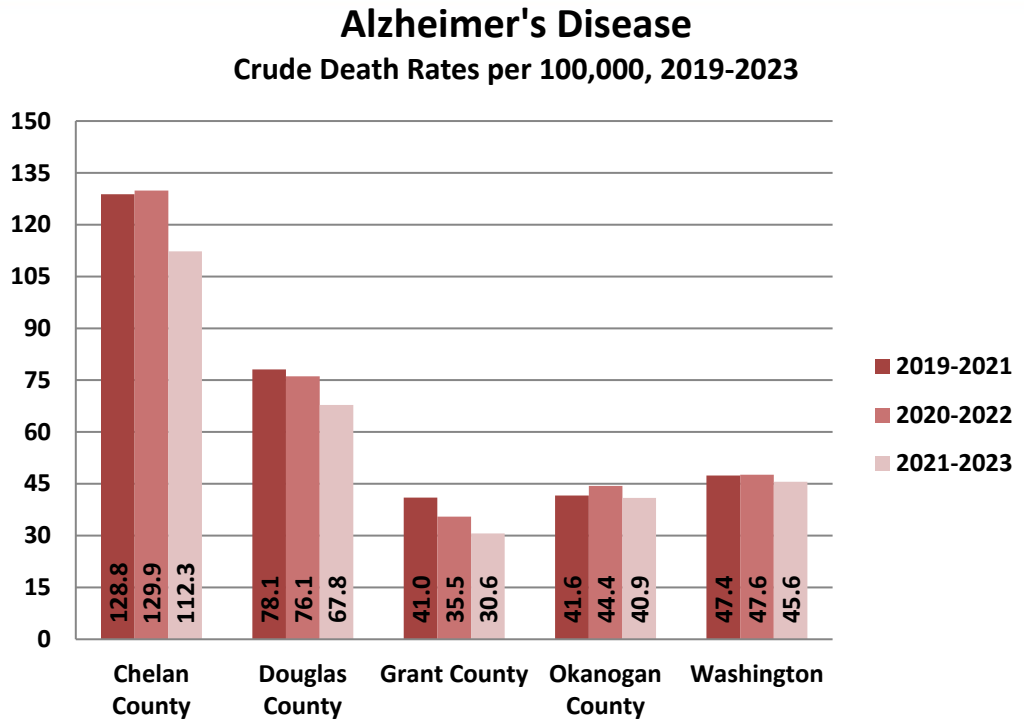
Age-adjusted Incidence & Mortality Rates per 100,000



Source: National Cancer Institute, State Cancer Profiles Incidence Rates Table, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://statecancerprofiles.cancer.gov/incidencerates/index.php; data accessed June 11, 2025.
Source: National Cancer Institute, State Cancer Profiles Mortality Rates Table, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://statecancerprofiles.cancer.gov/deathrates/index.php; data accessed June 11, 2025.
Note: "Incidence*" looks at a combined 5 year time frame: 2017-2021.
Note: "Mortality**" looks at a combined 5 year time frame: 2018-2022.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.
Note: "-" Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

Health Status
Mortality – Alzheimer's Disease

- Alzheimer's disease is the third leading cause of death in both Chelan and Douglas Counties, the seventh leading cause of death in Grant County, the eighth leading cause of death in Okanogan County and the fourth leading cause of death in the state (2019-2023).
- Between 2019 and 2023, Alzheimer's disease mortality rates decreased in all four counties and the state.
- In 2021-2023, the Alzheimer's disease mortality rate in Chelan County (112.3 per 100,000) was higher than the rate in Douglas County (67.8 per 100,000), Grant County (30.6 per 100,000), Okanogan County (40.9 per 100,000) and the state (45.6 per 100,000).

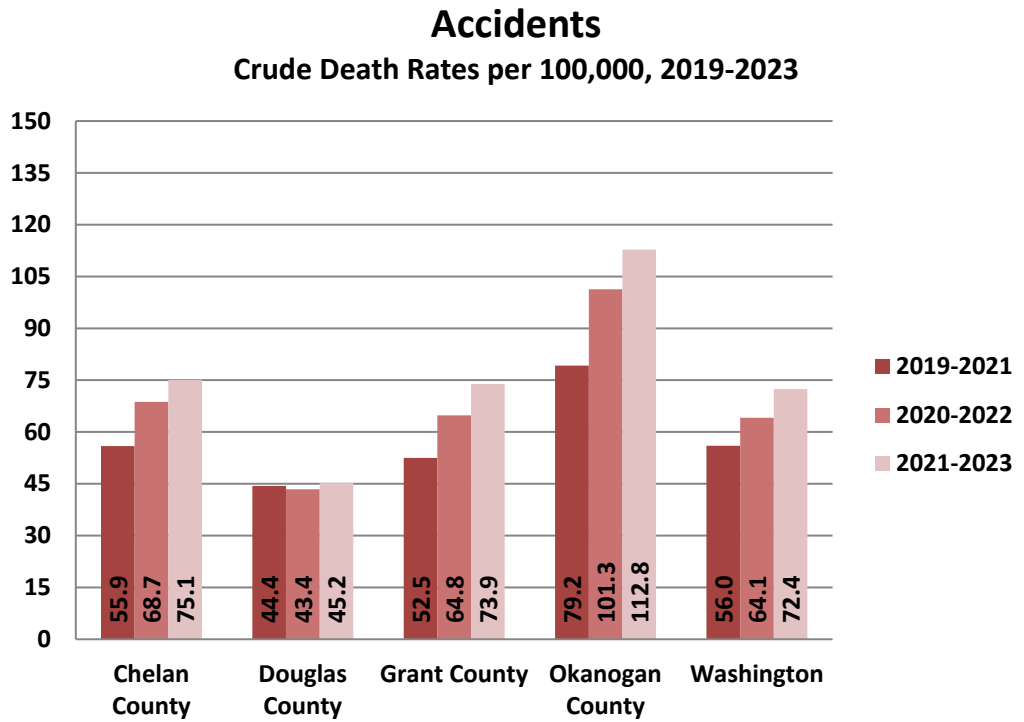


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	302	128.8	308	129.9	269	112.3	479	121.5
Douglas County	102	78.1	100	76.1	90	67.8	148	67.4
Grant County	122	41.0	107	35.5	93	30.6	184	36.7
Okanogan County	53	41.6	57	44.4	53	40.9	88	41.1
Washington	10,933	47.4	11,043	47.6	10,652	45.6	17,941	46.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in both Chelan and Douglas Counties, and the third leading cause of death in Grant and Okanogan Counties and the state (2019-2023).
- Between 2019 and 2023, accident mortality rates increased in all four counties and the state.
- In 2021-2023, the accident mortality rate in Okanogan County (112.8 per 100,000) was higher than the rate in Chelan County (75.1 per 100,000), Douglas County (45.2 per 100,000), Grant County (73.9 per 100,000) and the state (72.4 per 100,000).
- The leading cause of fatal accidents in Chelan County is falls (2021-2023). The leading cause of fatal accidents in Douglas County is motor vehicle accidents (2021-2023). The leading cause of fatal accidents in Grant and Okanogan Counties is accidental poisoning and exposure to noxious substances (2021-2023).



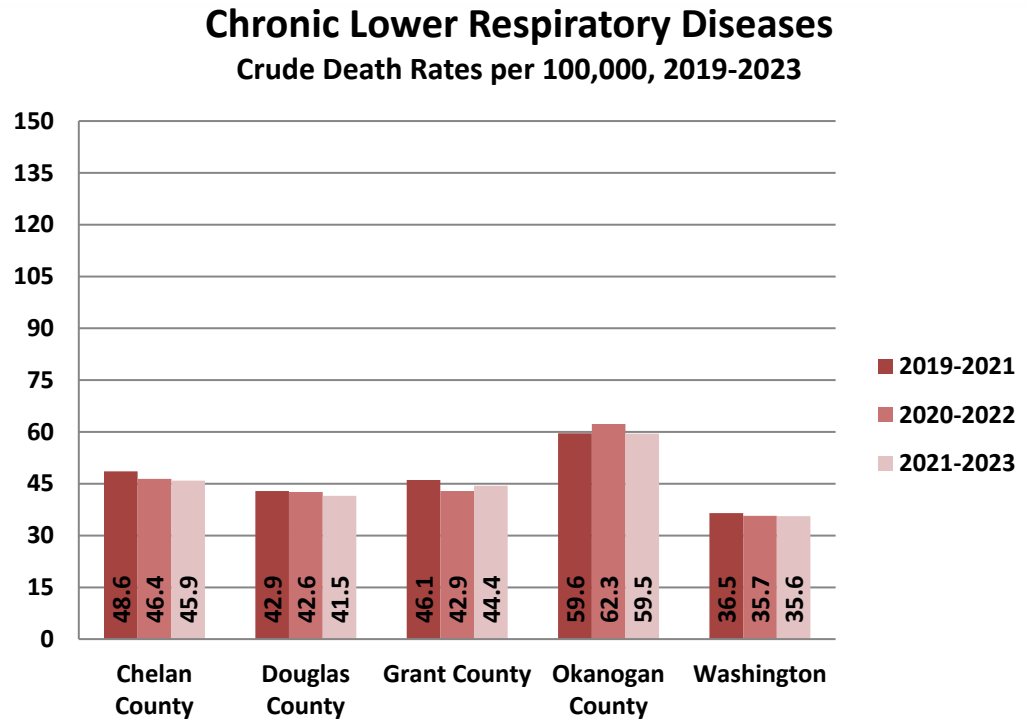
LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	131	55.9	163	68.7	180	75.1	264	66.9
Douglas County	58	44.4	57	43.4	60	45.2	97	44.2
Grant County	156	52.5	195	64.8	225	73.9	321	64.0
Okanogan County	101	79.2	130	101.3	146	112.8	209	97.5
Washington	12,905	56.0	14,882	64.1	16,901	72.4	24,686	63.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the fifth leading cause of death in Chelan, Grant and Okanogan Counties, and the sixth leading cause of death in Douglas County and the state (2019-2023).
- Between 2019 and 2023, CLRD mortality rates decreased in all four counties and the state.
- In 2021-2023, the CLRD mortality rate in Okanogan County (59.5 per 100,000) was higher than the rate in Chelan County (45.9 per 100,000), Douglas County (41.5 per 100,000), Grant County (44.4 per 100,000) and the state (35.6 per 100,000).

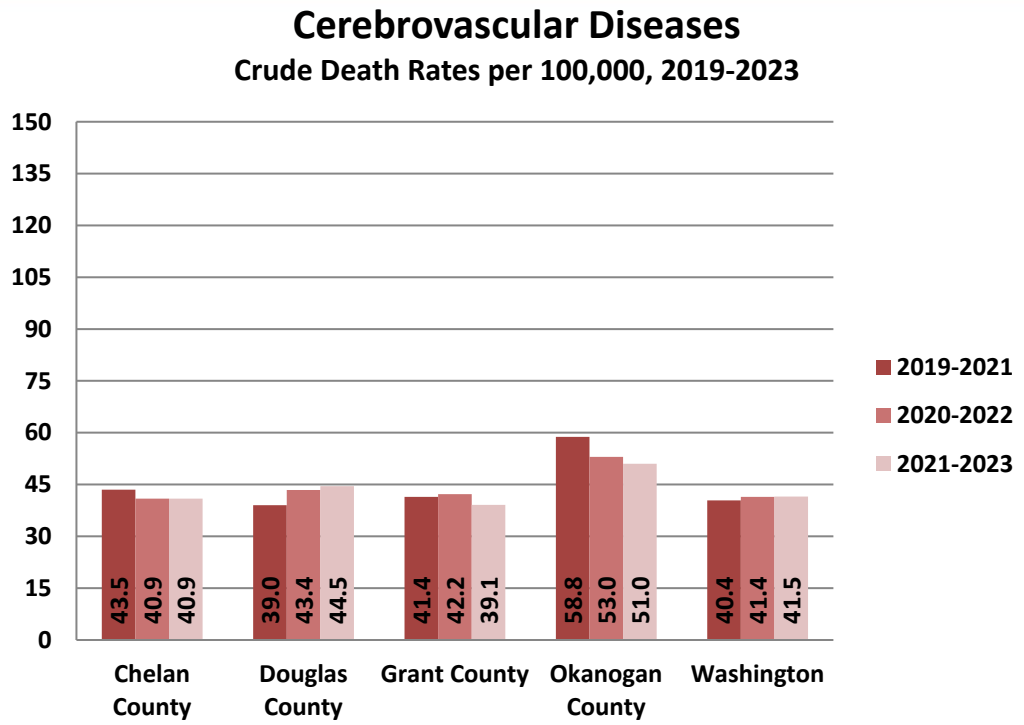


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	114	48.6	110	46.4	110	45.9	193	48.9
Douglas County	56	42.9	56	42.6	55	41.5	92	41.9
Grant County	137	46.1	129	42.9	135	44.4	228	45.5
Okanogan County	76	59.6	80	62.3	77	59.5	133	62.1
Washington	8,413	36.5	8,293	35.7	8,313	35.6	14,082	36.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Cerebrovascular Diseases

- Cerebrovascular diseases is the sixth leading cause of death in Chelan, Grant and Okanogan Counties, and the fifth leading cause of death in Douglas County and the state (2019-2023).
- Between 2019 and 2023, cerebrovascular diseases mortality rates decreased in Chelan, Grant and Okanogan Counties and increased in Douglas County and the state.
- In 2021-2023, the cerebrovascular diseases mortality rate in Okanogan County (51.0 per 100,000) was higher than the rate in Chelan County (40.9 per 100,000), Douglas County (44.5 per 100,000), Grant County (39.1 per 100,000) and the state (41.5 per 100,000).

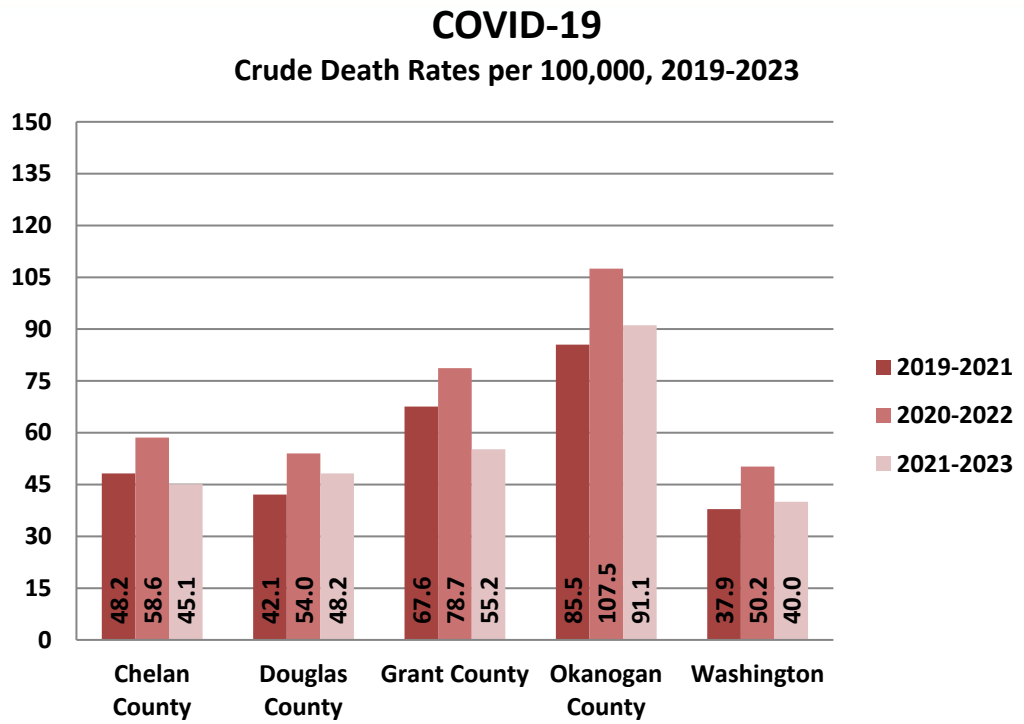


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	102	43.5	97	40.9	98	40.9	168	42.6
Douglas County	51	39.0	57	43.4	59	44.5	92	41.9
Grant County	123	41.4	127	42.2	119	39.1	202	40.3
Okanogan County	75	58.8	68	53.0	66	51.0	115	53.7
Washington	9,314	40.4	9,621	41.4	9,679	41.5	15,798	40.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – COVID-19

- COVID-19 is the seventh leading cause of death in Chelan and Douglas Counties and the state, and is the fourth leading cause of death in Grant and Okanogan Counties (2019-2023).
- Between 2019 and 2023, COVID-19 mortality rates decreased in both Chelan and Grant Counties, while rates in Douglas and Okanogan Counties and the state increased.
- In 2021-2023, the COVID-19 mortality rate in Okanogan County (91.1 per 100,000) was higher than Chelan County (45.1 per 100,000), Douglas County (48.2 per 100,000), Grant County (55.2 per 100,000) and the state (40.0 per 100,000).

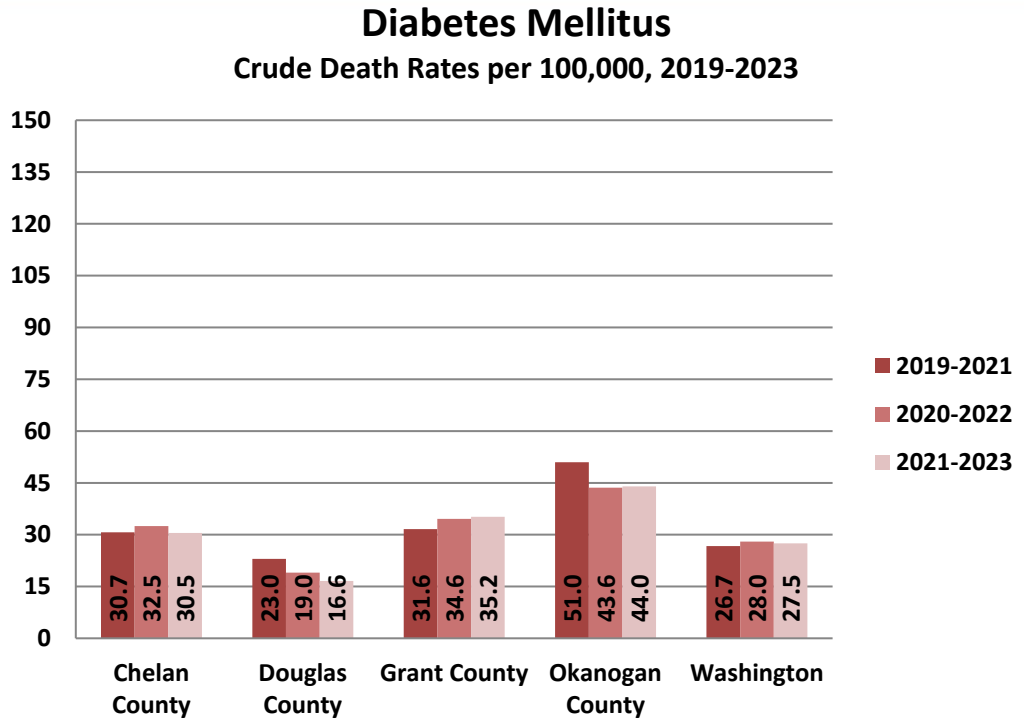


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	113	48.2	139	58.6	108	45.1	148	37.5
Douglas County	55	42.1	71	54.0	64	48.2	77	35.1
Grant County	201	67.6	237	78.7	168	55.2	250	49.9
Okanogan County	109	85.5	138	107.5	118	91.1	151	70.5
Washington	8,735	37.9	11,653	50.2	9,338	40.0	12,622	32.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Diabetes Mellitus

- Diabetes mellitus is the eighth leading cause of death in Chelan, Douglas and Grant Counties and the state, and is the seventh leading cause of death in Okanogan County (2019-2023).
- Between 2019 and 2023, diabetes mortality rates decreased in Chelan, Douglas and Okanogan Counties and increased in Grant County and the state.
- In 2021-2023, the diabetes mortality rate in Okanogan County (44.0 per 100,000) was higher than the rate in Chelan County (30.5 per 100,000), Douglas County (16.6 per 100,000), Grant County (35.2 per 100,000) and the state (27.5 per 100,000).

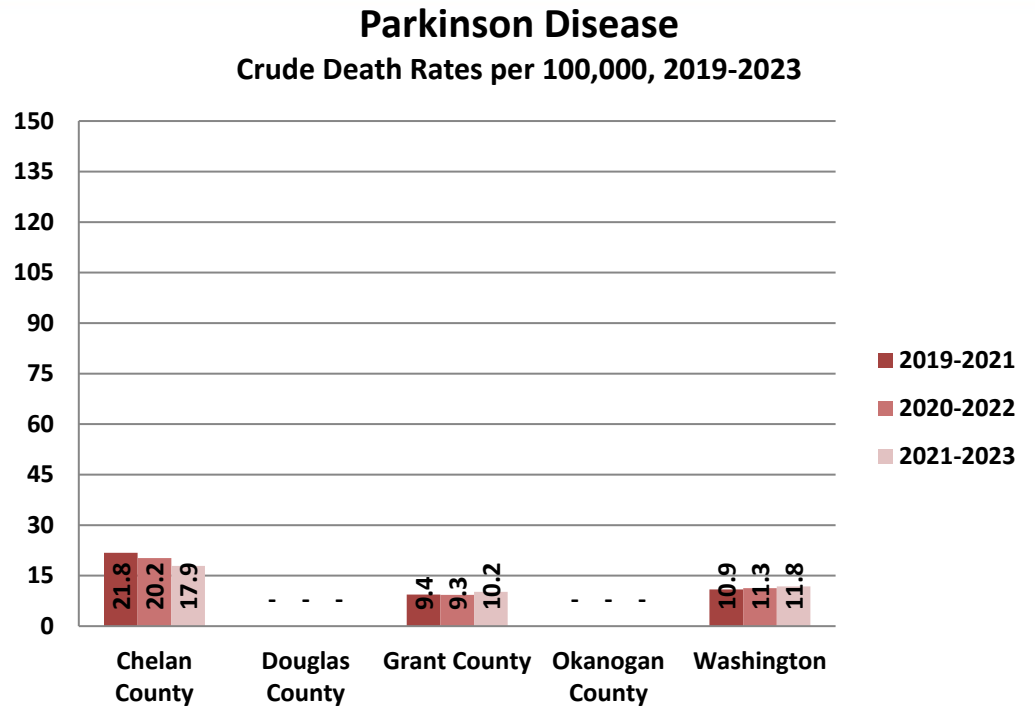


LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	72	30.7	77	32.5	73	30.5	117	29.7
Douglas County	30	23.0	25	19.0	22	16.6	46	20.9
Grant County	94	31.6	104	34.6	107	35.2	163	32.5
Okanogan County	65	51.0	56	43.6	57	44.0	107	49.9
Washington	6,151	26.7	6,508	28.0	6,425	27.5	10,339	26.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Parkinson Disease

- Parkinson disease is the ninth leading cause of death in Chelan County, the tenth leading cause of death in Douglas County, and is not a leading cause of death in Grant and Okanogan Counties and the state (2019-2023).
- Between 2019 and 2023, Parkinson disease mortality rates decreased in Chelan County and increased in Grant County and the state.
- In 2021-2023, the Parkinson disease mortality rate in Chelan County (17.9 per 100,000) was higher than the rate in Grant County (10.2 per 100,000) and the state (11.8 per 100,000).



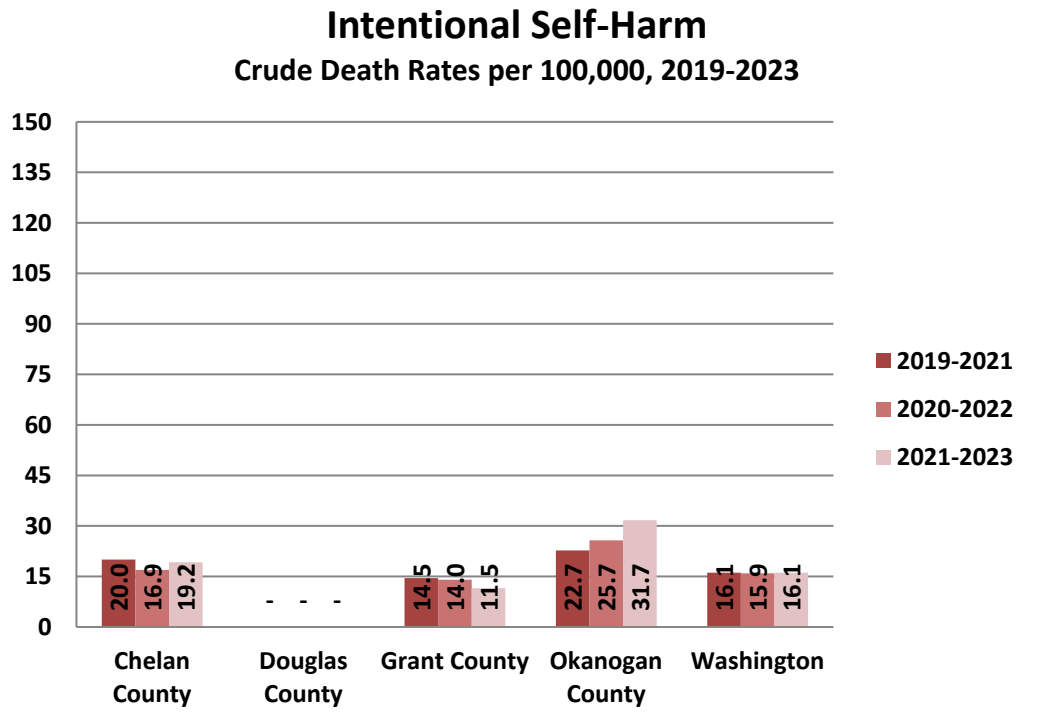
LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	51	21.8	48	20.2	43	17.9	76	19.3
Douglas County	16	Unreliable	17	Unreliable	17	Unreliable	28	12.7
Grant County	28	9.4	28	9.3	31	10.2	48	9.6
Okanogan County	12	Unreliable	15	Unreliable	14	Unreliable	21	9.8
Washington	2,508	10.9	2,635	11.3	2,758	11.8	4,379	11.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are “suppressed”.

Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm is the tenth leading cause of death in Chelan and Okanogan Counties and the state, and is not a leading cause of death for Douglas and Grant Counties (2019-2023).
- Between 2019 and 2023, intentional self-harm mortality rates decreased in Chelan and Grant Counties, increased in Okanogan Counties and fluctuated in the state.
- In 2021-2023, the intentional self-harm mortality rate in Okanogan County (31.7 per 100,000) was higher than the rate in Chelan County (19.2 per 100,000), Grant County (11.5 per 100,000) and the state (16.1 per 100,000).



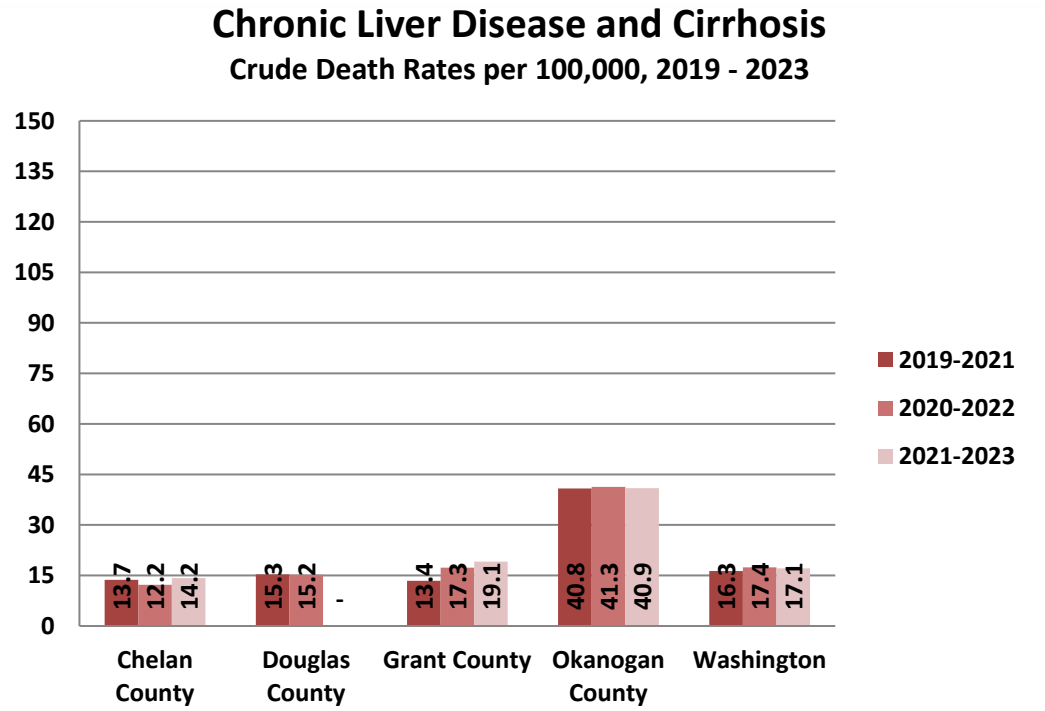
LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	47	20.0	40	16.9	46	19.2	74	18.8
Douglas County	18	Unreliable	13	Unreliable	13	Unreliable	27	12.3
Grant County	43	14.5	42	14.0	35	11.5	66	13.2
Okanogan County	29	22.7	33	25.7	41	31.7	55	25.7
Washington	3,704	16.1	3,684	15.9	3,759	16.1	6,234	16.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are “suppressed”.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis (CLRD) is not a leading cause of death in Chelan, and is the ninth leading cause of death for Douglas, Grant and Okanogan Counties and the state (2019-2023).
- Between 2019 and 2023, CLRD mortality rates increased in Chelan, Grant and Okanogan Counties and the state.
- In 2021-2023, the CLRD mortality rate in Okanogan County (40.9 per 100,000) was higher than the rate in Chelan County (14.2 per 100,000), Grant County (19.1 per 100,000) and the state (17.1 per 100,000).



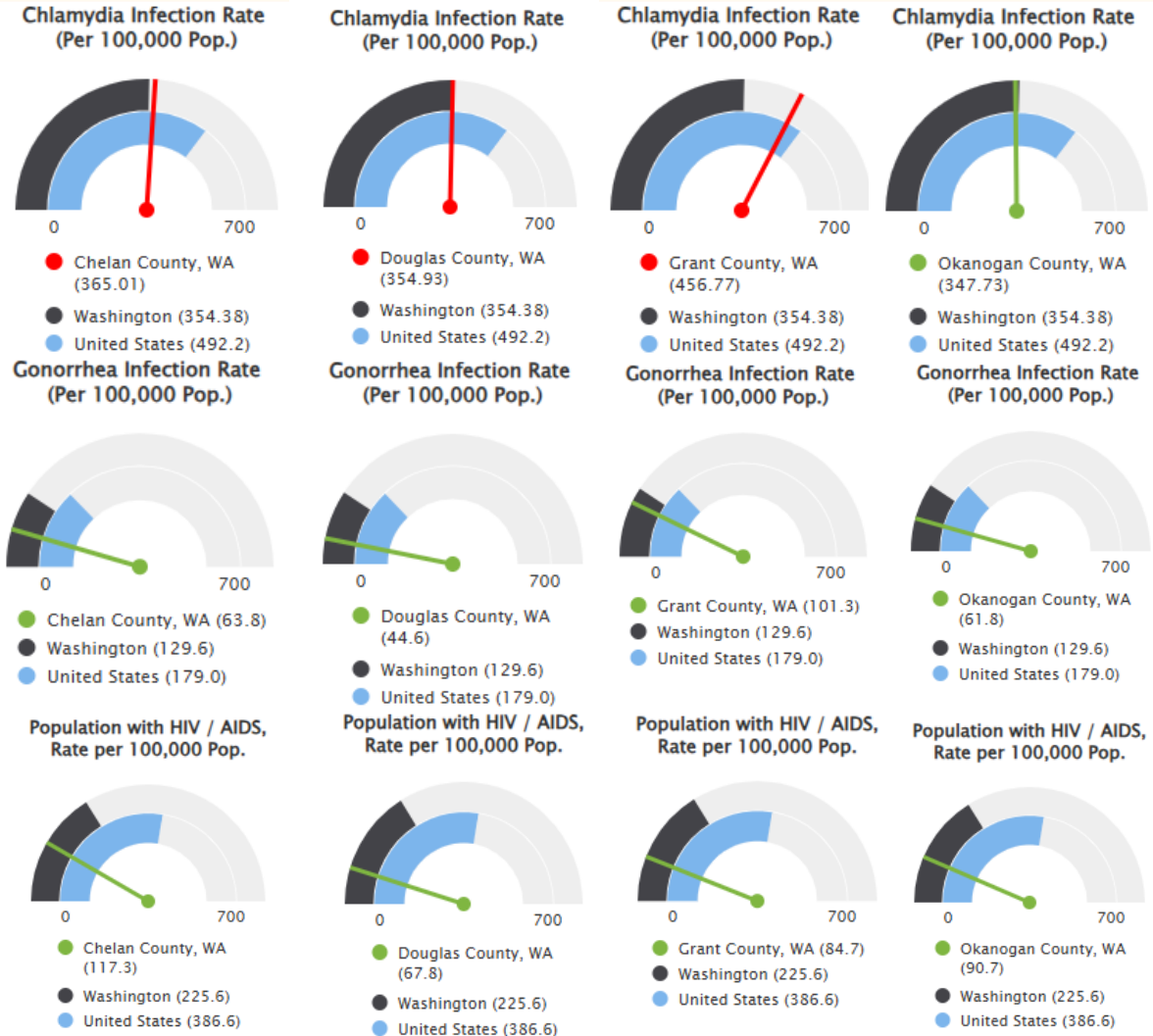
LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Chelan County	32	13.7	29	12.2	34	14.2	54	13.7
Douglas County	20	15.3	20	15.2	19	Unreliable	30	13.7
Grant County	40	13.4	52	17.3	58	19.1	82	16.4
Okanogan County	52	40.8	53	41.3	53	40.9	86	40.1
Washington	3,751	16.3	4,033	17.4	3,983	17.1	6,329	16.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 29, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are “suppressed”.

Health Status

Communicable Diseases – Chlamydia, Gonorrhea, and HIV/AIDS

- In 2023, Chelan (365.0 per 100,000), Douglas (354.9 per 100,000), and Grant Counties (456.8 per 100,000) had higher rates of chlamydia than the state (354.4 per 100,000) but lower than the nation (492.2 per 100,000), while Okanogan County (347.7 per 100,000) had a lower rate than the state and the nation.
- In 2023, Chelan (63.8 per 100,000), Douglas (44.6 per 100,000), Grant (101.3 per 100,000) and Okanogan Counties (61.8 per 100,000) had lower rates of gonorrhea than the state (129.6 per 100,000), and the nation (179.0 per 100,000).
- In 2022, Chelan (117.3 per 100,000), Douglas (67.8 per 100,000), Grant (84.7 per 100,000) and Okanogan Counties (90.7 per 100,000) had a lower rate of HIV/AIDS than the state (225.6 per 100,000), and the nation (386.6 per 100,000).



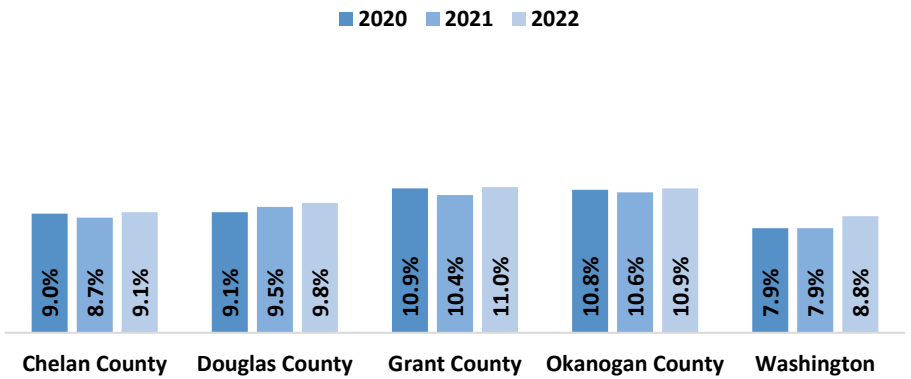
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed May 1, 2025.

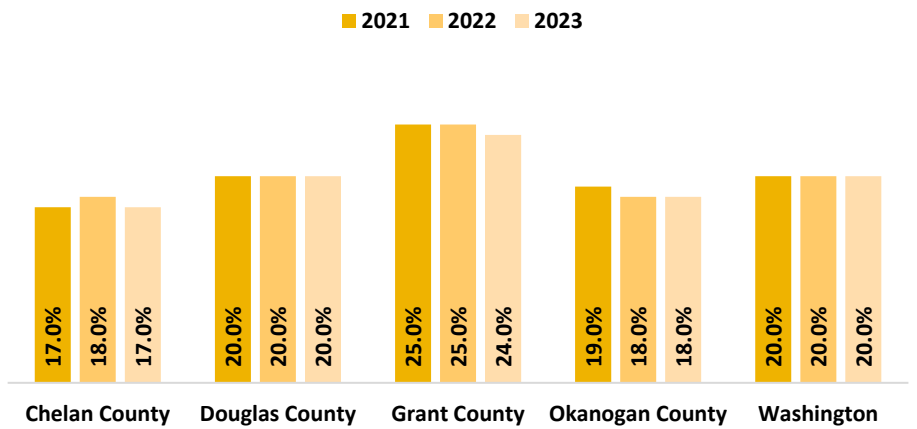
Health Status
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes in Chelan, Douglas, Grant and Okanogan Counties and the state increased.
- In 2022, Chelan (9.1%), Douglas (9.8%), Grant (11.0%) and Okanogan Counties (10.9%) had a higher percentage of adults (age 18+) with diabetes than the state (8.8%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes overall remained consistent in Chelan and Douglas Counties and the state, while Grant and Okanogan Counties decreased.
- In 2023, the percentage of Medicare beneficiaries with diabetes in Grant County (24.0%) was higher than the state (20.0%), while Douglas County (20.0%) was consistent with the state and Chelan (17.0%) and Okanogan Counties (18.0%) were lower than the state.

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023

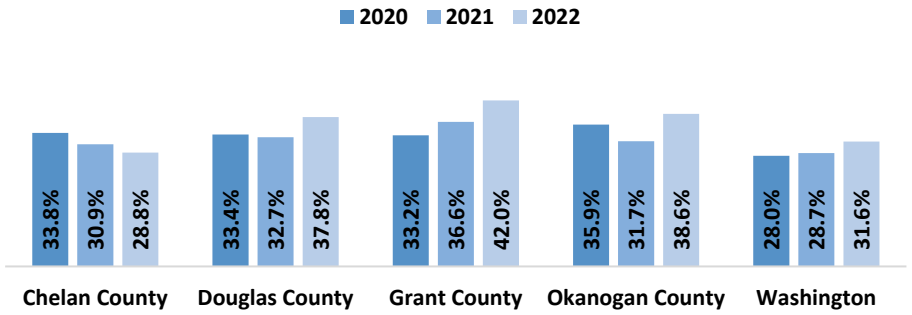


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

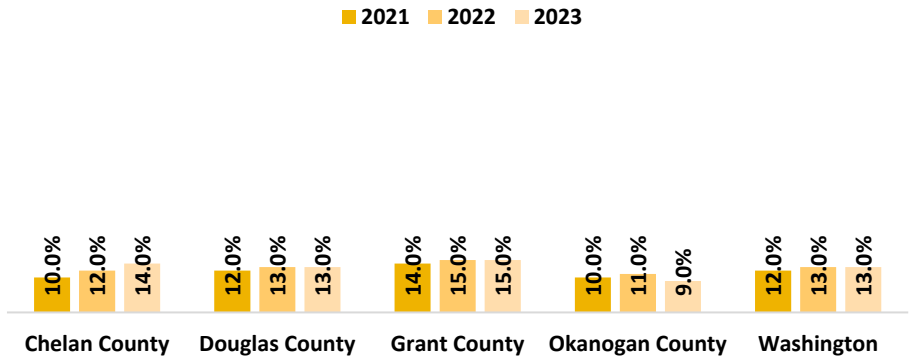
Health Status
Chronic Conditions - Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese in Douglas, Grant and Okanogan Counties and the state increased, while Chelan County decreased.
- In 2022, Douglas (37.8%), Grant (42.0%), and Okanogan Counties (38.6%) had a higher percentage of adults (age 18+) who were obese than the state (31.6%), while Chelan County (28.8%) had a lower percentage than the state.
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese increased in Chelan, Douglas and Grant Counties and the state, while Okanogan County decreased.
- In 2023, the percentage of Medicare beneficiaries who were obese in Chelan (14.0%) and Grant Counties (15.0%) was higher than the state (13.0%), while Douglas County (13.0%) was consistent and Okanogan County (9.0%) was lower than the state.

Obesity, Percentage, Adults (age 18+), 2020-2022



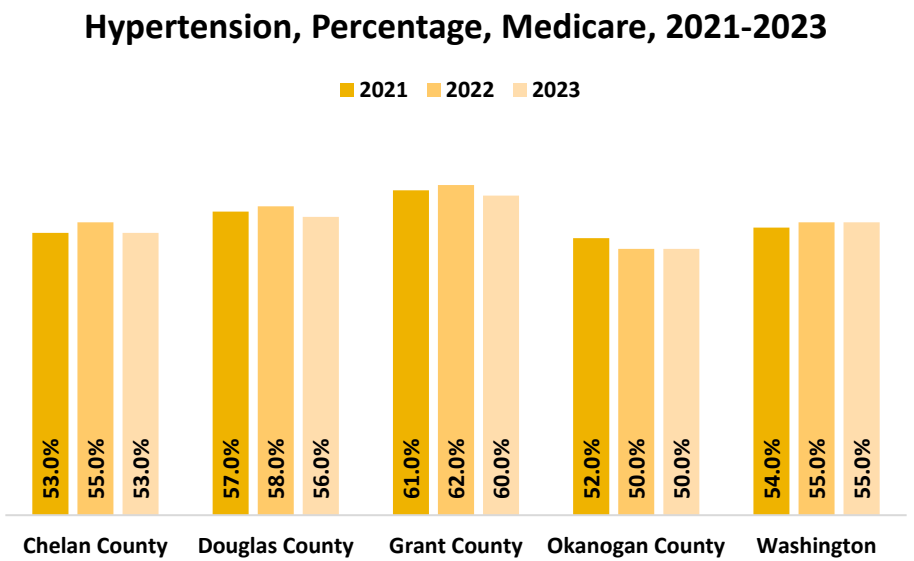
Obesity, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m2 or ≥100 kg/m2.

Health Status
Chronic Conditions - Hypertension

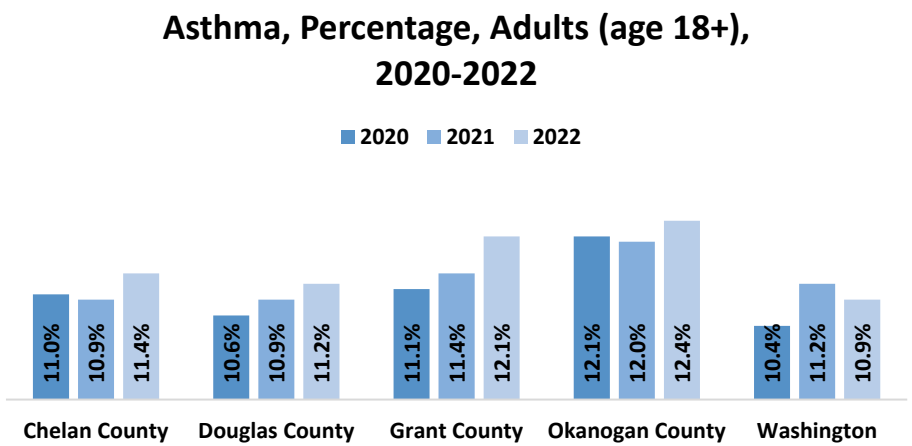
- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension in Douglas, Grant, Okanogan Counties decreased, while the percentage in Chelan County fluctuated and increased in the state.
- In 2023, Douglas (56.0%) and Grant Counties (60.0%) had a higher percentage of Medicare beneficiaries with hypertension than the state (55.0%), while Chelan (53.0%) and Okanogan Counties (50.0%) were lower than the state.

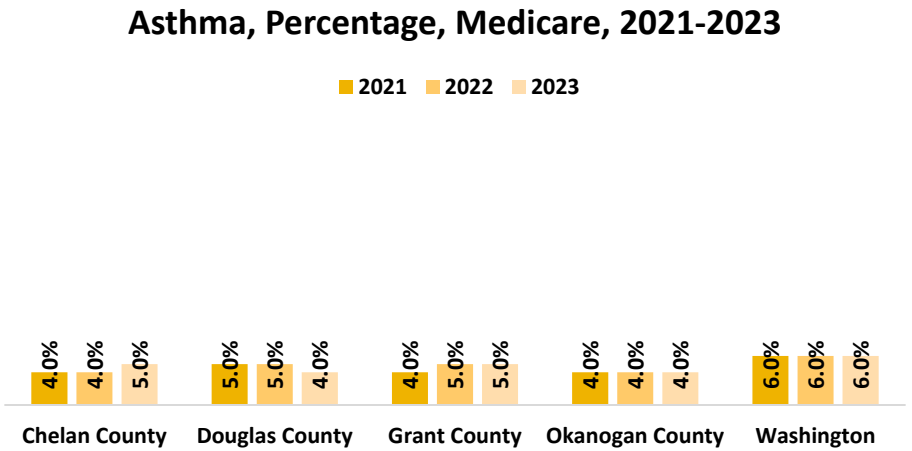


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.

Health Status
Chronic Conditions - Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) with asthma in Chelan, Douglas, Grant and Okanogan Counties and the state increased.
- In 2022, the percentage of adults (age 18+) with asthma in Chelan (11.4%), Douglas (11.2%), Grant (12.1%) and Okanogan Counties (12.4%) Counties were higher than the state (10.9%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma increased in Chelan and Grant Counties, decreased in Douglas County and remained consistent in Okanogan County and the state.
- In 2023, the percentage of Medicare beneficiaries with asthma in Chelan (5.0%), Douglas (4.0%), Grant (5.0%) and Okanogan Counties (4.0%) Counties were lower than the state (6.0%).

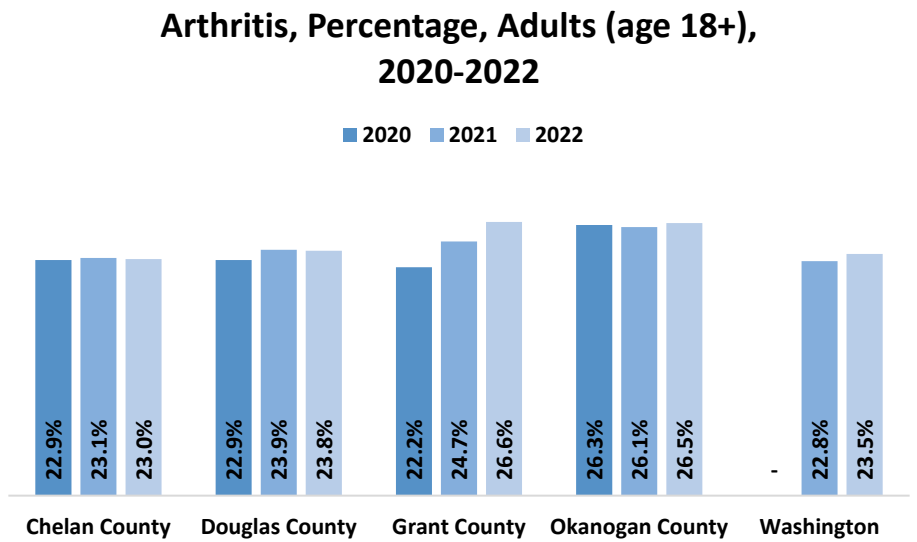




Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

Health Status
Chronic Conditions - Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis in Chelan, Douglas, Grant and Okanogan Counties increased.
- In 2022, Douglas (23.8%), Grant (26.6%) and Okanogan (26.5%) Counties had a higher percentage of adults (age 18+) with arthritis than the state (23.5%), while Chelan County (23.0%) had a lower percentage than the state.



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
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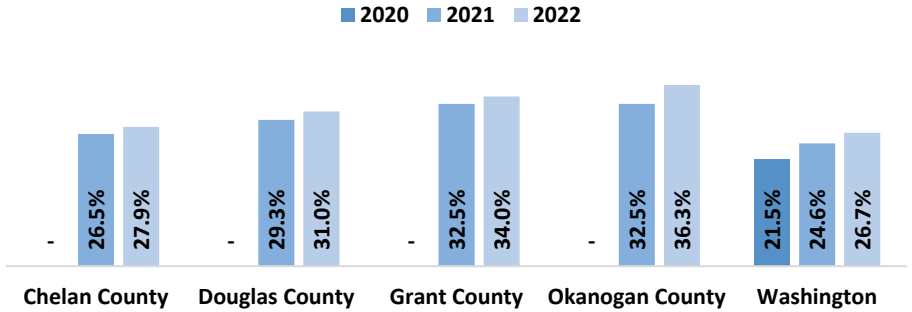
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

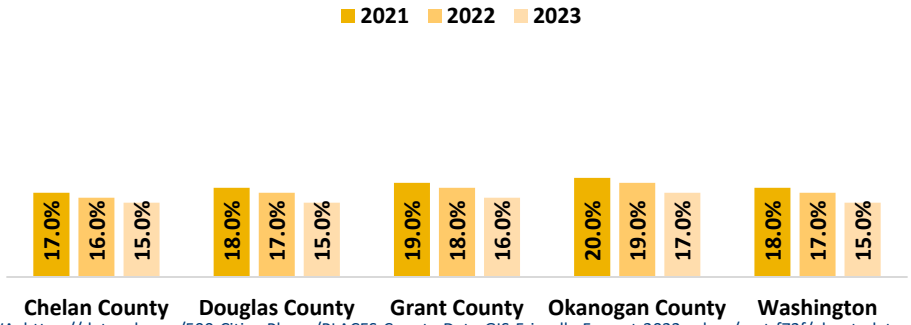
Health Status
Chronic Conditions - Disability

- Between 2020 and 2022, the percentage of adults (age 18+) with a disability in the state increased.
- In 2022, Chelan (27.9%), Douglas (31.0%), Grant (34.0%) and Okanogan Counties (36.3%) had a higher percentage of adults (age 18+) with a disability than the state (26.7%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Chelan, Douglas, Grant and Okanogan Counties and the state decreased.
- In 2023, Grant (16.0%) and Okanogan Counties (17.0%) had a higher percentage of Medicare beneficiaries with a disability than the state (15.0%), while Chelan (15.0%) and Douglas Counties (15.0%) had a comparable percentage to the state.

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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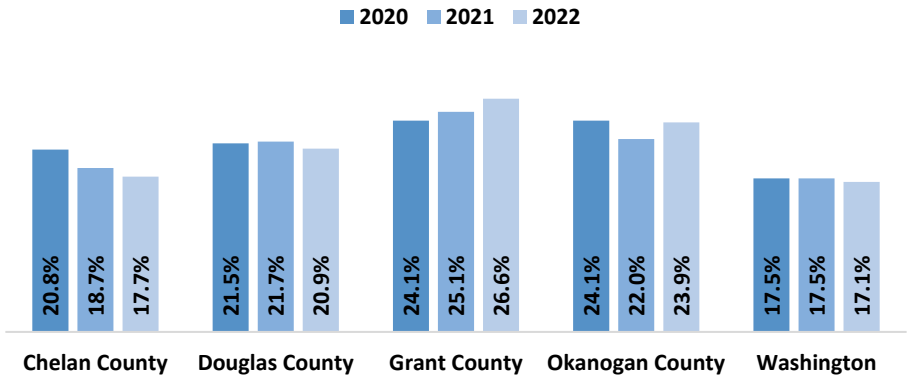
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care), and (6) doing errands alone (i.e., independent living).
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.
CMS Definition: The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.

Health Status
Chronic Conditions – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who are physically inactive in Chelan, Douglas and Okanogan Counties and the state decreased, while Grant County increased.
- In 2022, Chelan (17.7%), Douglas (20.9%), Grant (26.6%) and Okanogan Counties (23.9%) had a higher percentage of physically inactive adults (age 18+) than the state (17.1%).

No Leisure-Time For Physical Activity, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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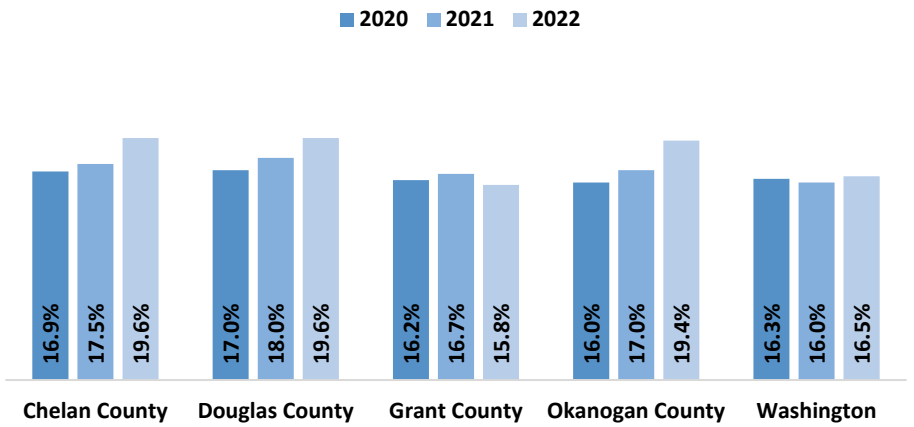
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?").

Health Status
Chronic Conditions – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who binge drink in Chelan, Douglas and Okanogan Counties and the state increased, while Grant County decreased.
- In 2022, the percentage of adults (age 18+) who binge drink in Chelan (19.6%), Douglas (19.6%) and Okanogan Counties (19.4%) were higher than the state (16.5%), while Grant County (15.8%) was lower than the state.

Binge Drinking, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
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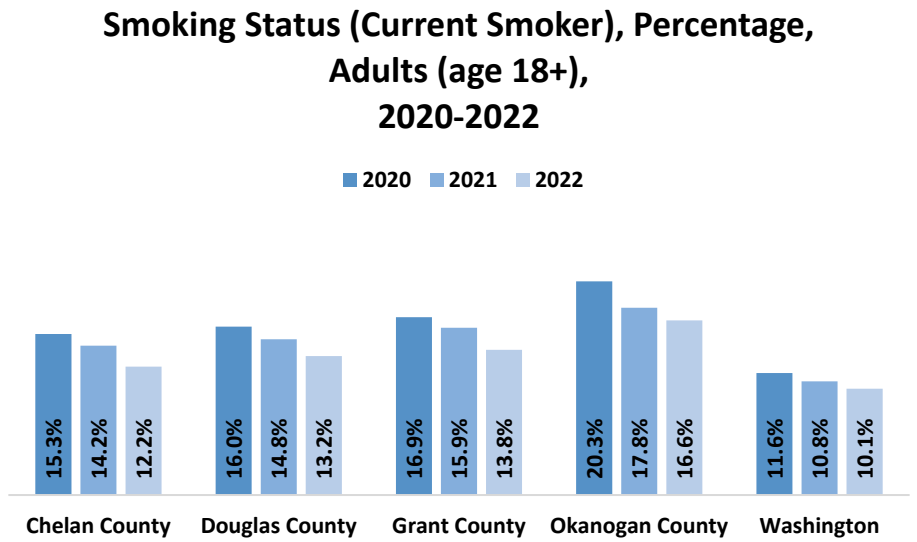
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Definition: Adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days.

Health Status
Chronic Conditions - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) in Chelan, Douglas, Grant and Okanogan Counties and the state who currently smoke decreased.
- In 2022, Chelan (12.2%), Douglas (13.2%), Grant (13.8%) and Okanogan Counties (16.6%) had a higher percentage of adults (age 18+) who currently smoke than the state (10.1%).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
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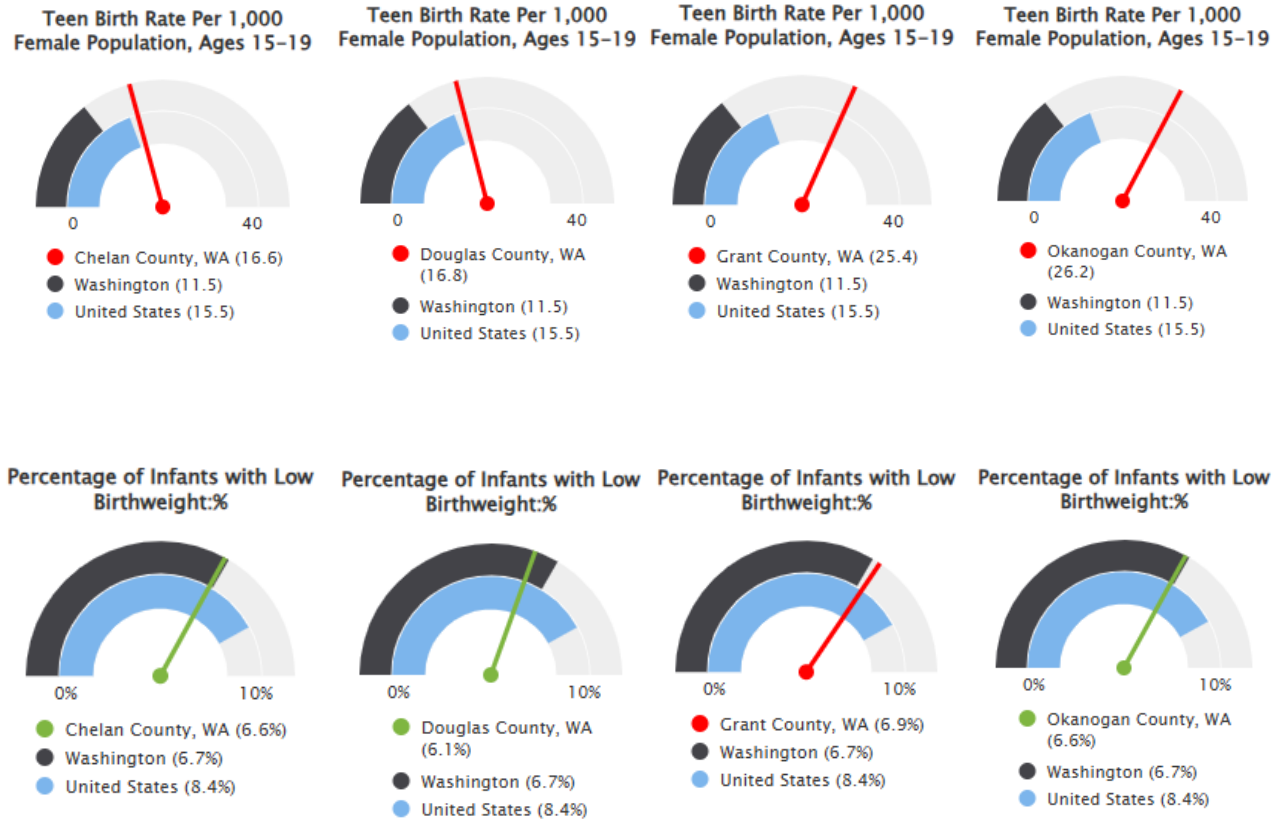
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

Maternal & Child Health – Teen Births and Low Birthweight

- Chelan (16.6 per 1,000), Douglas (16.8 per 1,000), Grant (25.4 per 1,000) and Okanogan (26.2 per 1,000) Counties had a higher teen birth rate per 1,000 females (ages 15-19) than the state (11.5 per 1,000) and the nation (15.5 per 1,000) (2017-2023).
- Chelan (6.6%), Douglas (6.1%), and Okanogan (6.6%) Counites had a lower percentage of infants with a low birthweight than the state (6.7%) and the nation (8.4%), while Grant County (6.9%) had a higher percentage than the state but lower than the nation (2017-2023).

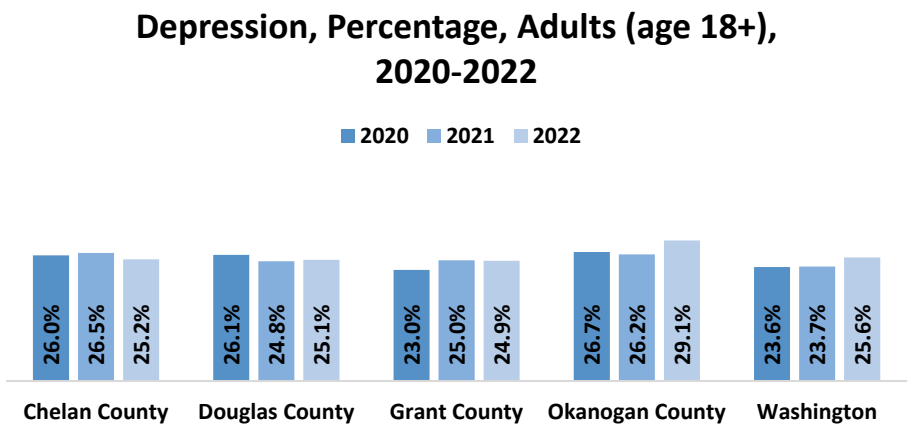


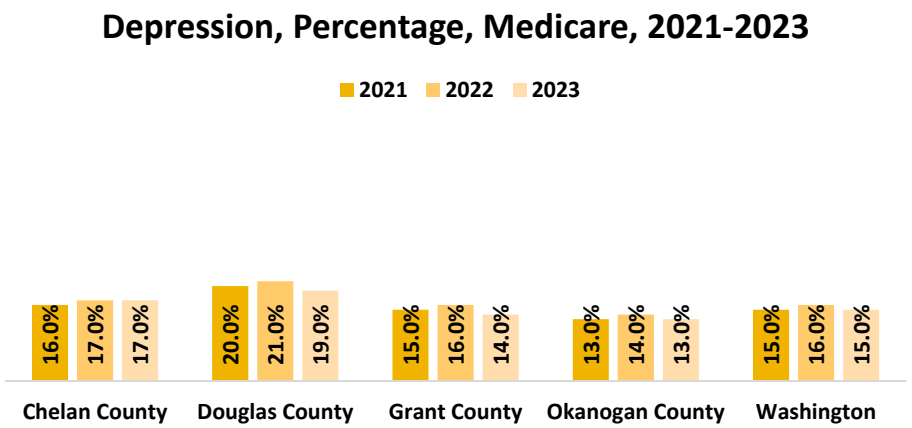
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed July 2, 2025.
Teen Birth Definition: teen birth rate per 1,000 female population age 15-19.
Low Birthweight Definition: the percentage of live births where the infant weighed less than 2,500 grams.

Health Status
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression in Grant and Okanogan Counties and the state increased, while Chelan and Douglas Counties decreased.
- In 2022, Okanogan County (29.1%) had a higher percentage of adults (age 18+) with depression than the state (25.6%), while Chelan (25.2%), Douglas (25.1%) and Grant Counties (24.9%) had a lower percentage than the state.
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression increased in Chelan County, decreased in Douglas and Grant Counties and fluctuated in Okanogan County and the state.
- In 2023, the percentage of Medicare beneficiaries with depression in Chelan (17.0%) and Douglas Counties (19.0%) was higher than the state (15.0%), while Grant (14.0%) and Okanogan Counties (13.0%) had a lower percentage than the state.





Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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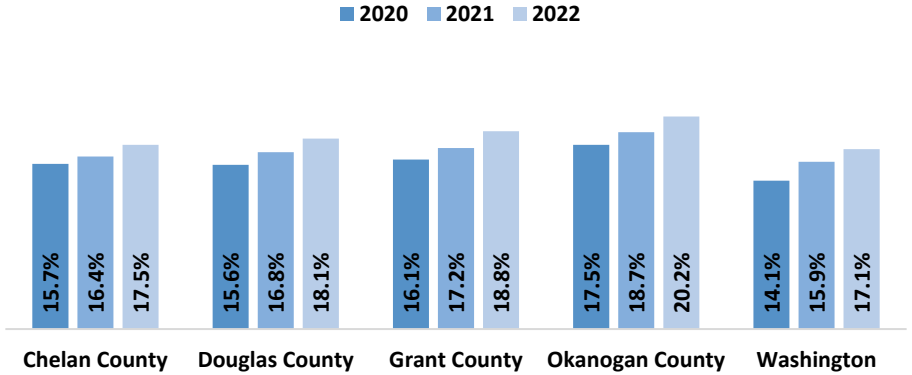
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Health Status

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Chelan, Douglas, Grant and Okanogan Counties and the state increased.
- In 2022, Chelan (17.5%), Douglas (18.1%), Grant (18.8%) and Okanogan Counties (20.2%) had a higher percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days than the state (17.1%).

Frequent Mental Distress, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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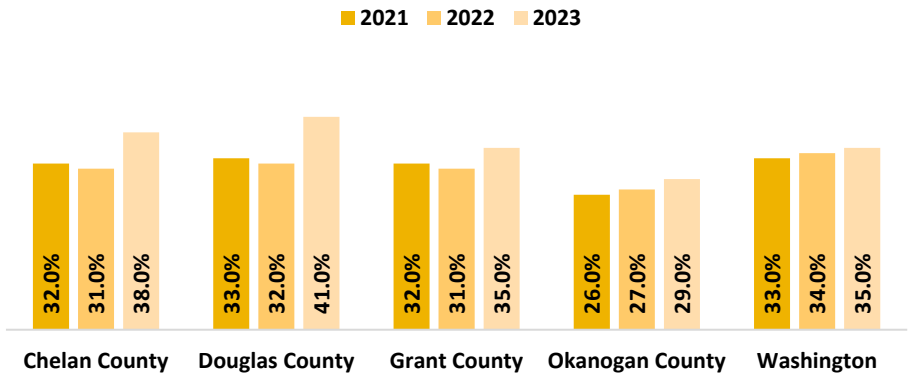
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Washington; https://www.cdc.gov/cdi/, data accessed April 30, 2025.
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

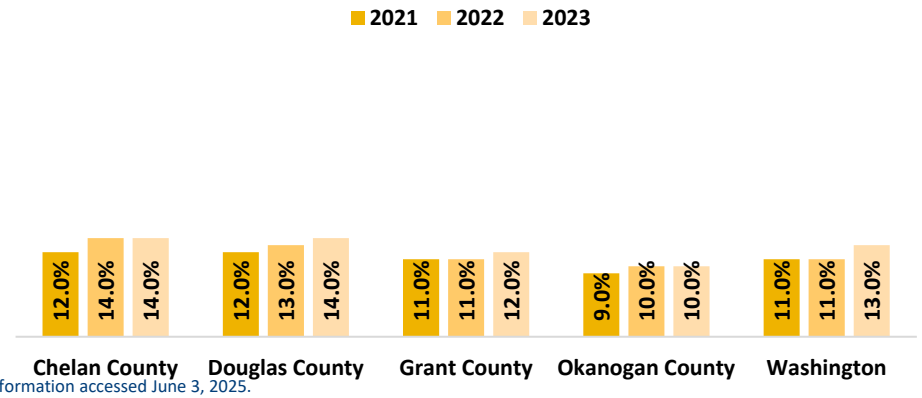
Preventive Care – Mammography & Prostate Screening (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Chelan, Douglas, Grant and Okanogan Counties and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Chelan (38.0%) and Douglas Counties (41.0%) were higher than the state (35.0%), Grant County (35.0%) was comparable and Okanogan County (29.0%) was lower than the state.
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Chelan, Douglas, Grant and Okanogan Counties and the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Chelan (14.0%) and Douglas (14.0%) were higher than the state (13.0%), while Grant (12.0%) and Okanogan (10.0%) were lower than the state.

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023



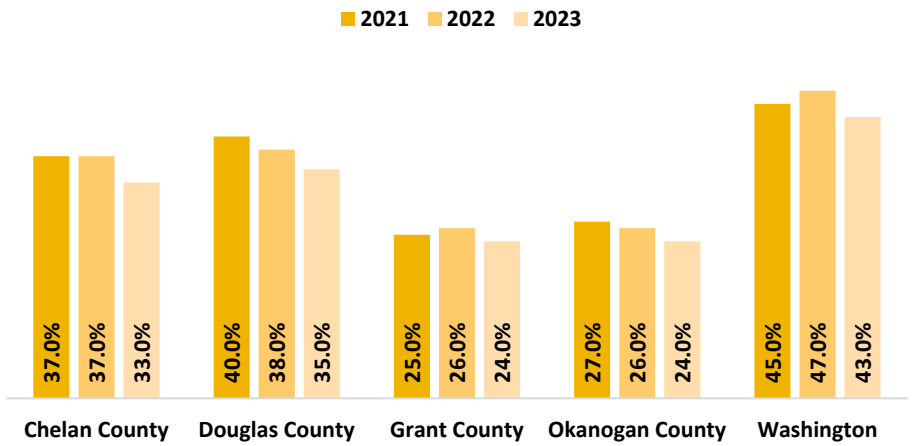
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Mammography Screening Definition: Percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Prostate Cancer Screening Definition: Percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

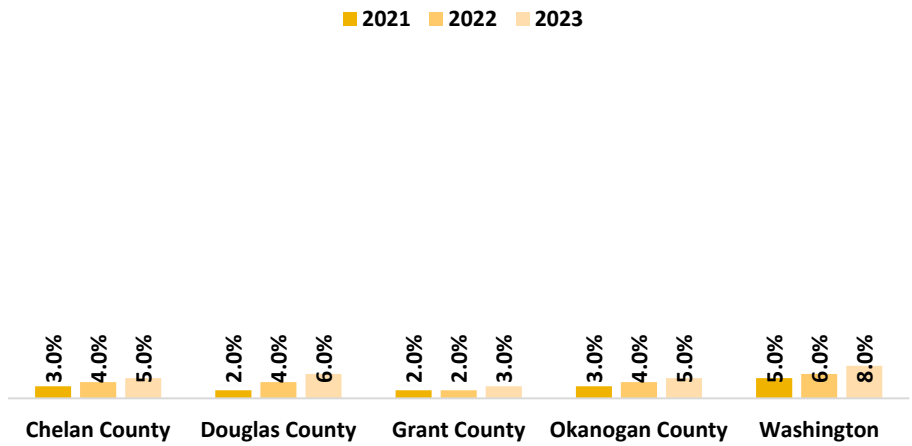
Preventive Care – Influenza and Pneumococcal Vaccine (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries who received a flu shot in the past year in Chelan, Douglas, Grant and Okanogan Counties and the state decreased.
- In 2023, Chelan (33.0%), Douglas (35.0%), Grant (24.0%) and Okanogan Counties (24.0%) had a lower percentage of Medicare beneficiaries who received a flu shot in the past year than the state (43.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Chelan, Douglas, Grant and Okanogan Counties and the state increased.
- In 2023, Chelan (5.0%), Douglas (6.0%), Grant (3.0%) and Okanogan Counties (5.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

Influenza Virus Vaccine, Percentage, Medicare, 2021-2023



Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023

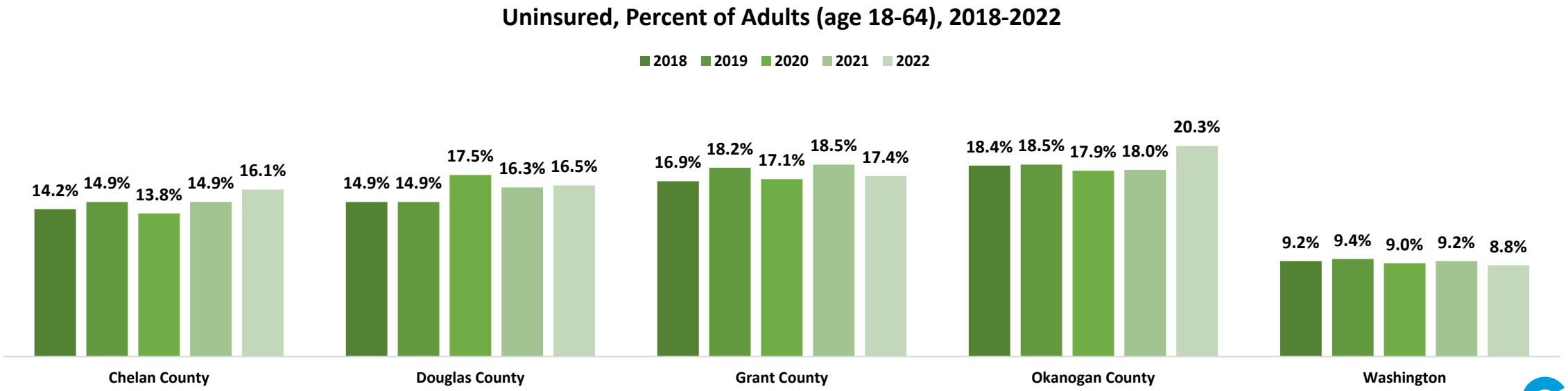


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 3, 2025.
Influenza Definition: Received an influenza vaccination in the past year.
Pneumococcal Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access - Uninsured

- Between 2018 and 2022, the percentage of uninsured adults (age 18-64) in Chelan, Douglas, Grant and Okanogan Counties increased but decreased in the state.
- As of 2022, Chelan (16.1%), Douglas (16.5%), Grant (17.4%) and Okanogan (20.3%) had a higher percentage of uninsured adults (age 18-64) compared the state (8.8%).

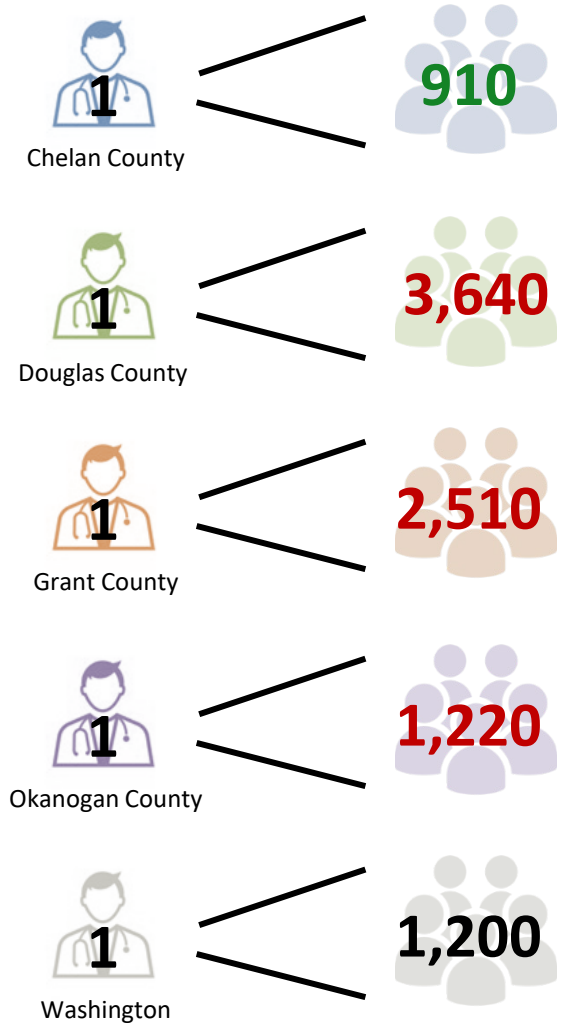


Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.census.gov/data-tools/demo/sahie/#/; data accessed July 1, 2025.

Health Status

Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2021, the population to primary care physician ratio in Douglas (3,640:1), Grant (2,510:1), and Okanogan (1,220:1) Counties was higher than the state (1,200:1), while Chelan County (910:1) had a lower ratio than the state.

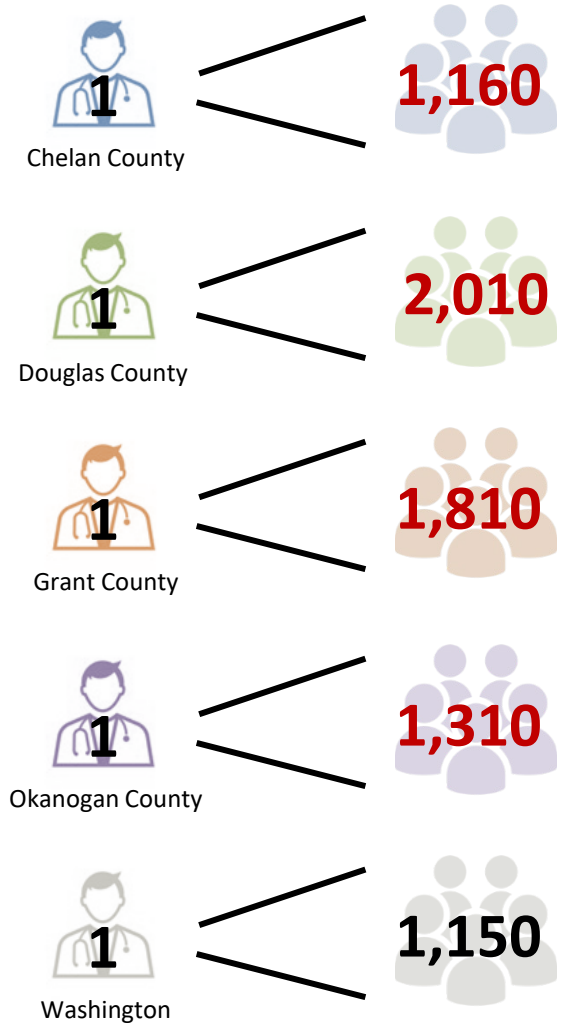


Source: County Health Rankings & Roadmaps: filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.countyhealthrankings.org/; data accessed April 30, 2025.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the 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.

Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
  - In 2022, the population to dental provider ratio in Chelan (1,160:1), Douglas (2,010:1), Grant (1,810:1) and Okanogan (1,310:1) Counties were higher than the state (1,150:1).

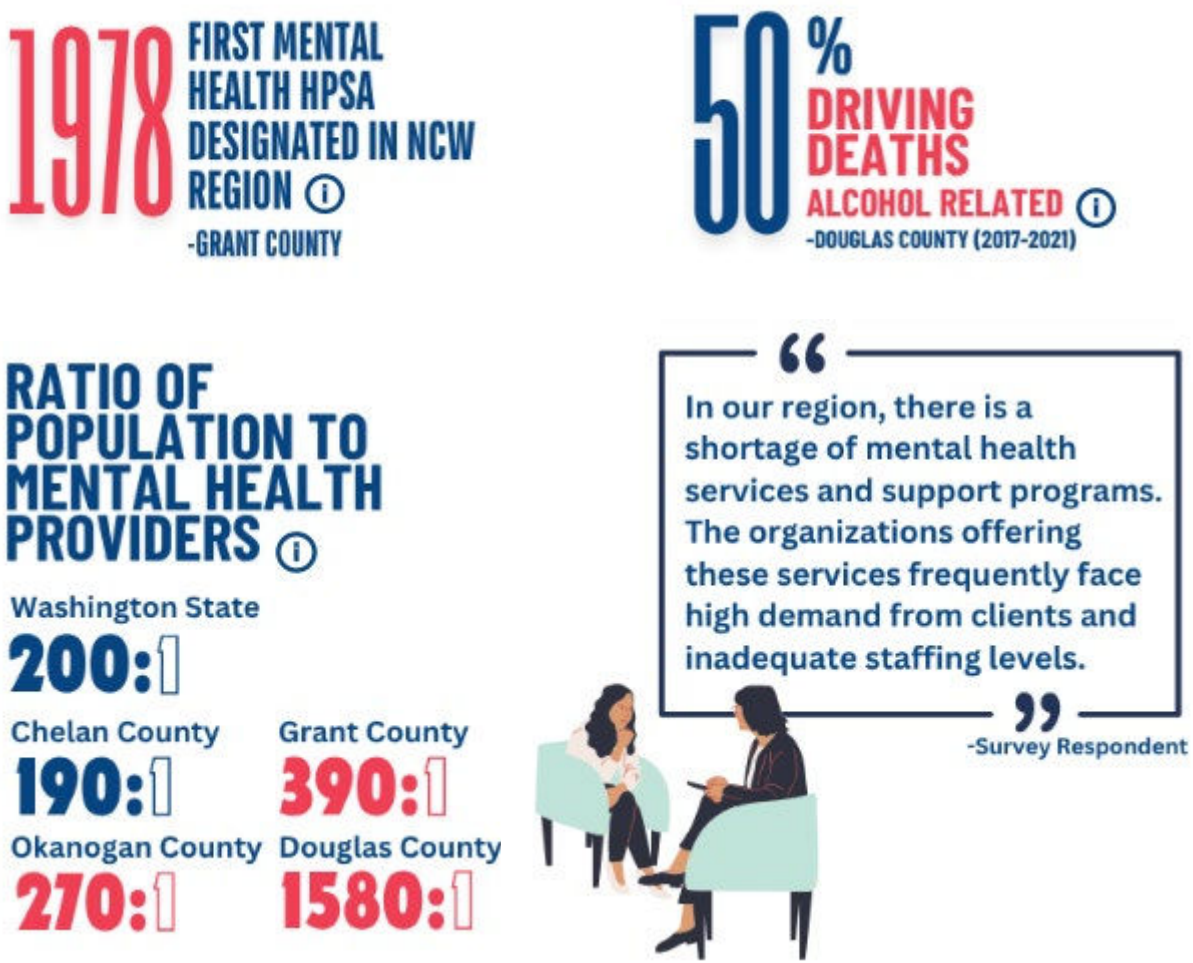


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://www.countyhealthrankings.org/; data accessed July 29, 2024.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Mental Health – Behavioral Health Asset Dashboard Key Statistics

- According to the Behavioral Health Asset Dashboard, Chelan, Douglas, Grant and Okanogan Counties are designated Health Professional Shortage Areas (HPSAs) for mental health. The first mental health HPSA designated in the region was Grant County in 1978.
- In Douglas County, 50% of driving deaths are alcohol related (2017-2021).
- The ratio of population to mental health providers in Grant County (390:1), Okanogan County (270:1) and Douglas County (1,580:1) is higher than that of the state (200:1) (2023-2024).



Source: Behavioral Health Asset Dashboard, https://app.powerbigov.us/view?r=eyJrIjoiNjkyZGY1NzEtODU1ZS00ZWYwLWFlMDctNWYzZmI0ZGEzNzQ1IiwidCI6IjBkYTg2ZDkyLWJlYjktNDMzZi1iZjQ5LTYyNDVjMmUwYjQ2MSJ9; data accessed July 17, 2025.

Health Status

Mental Health – Availability of Mental Health Services

- According to the Behavioral Health Asset Dashboard, in Chelan, Douglas, Grant and Okanogan Counties, there are 35 organizations providing various mental and behavioral health services. 69% provide mental health services, 63% provide substance use disorder (SUD) services, 6% provide stabilization and 43% provide transportation (2023-2024).
- A breakdown of specific Mental Health services provided by county is included in the table below:

County	Co-Responder Program with Law Enforcement/ EMS	Crisis Services	Crisis Stabilization Program	Day Treatment/ Psych Rehab	Family Counseling	Group Therapy	Home Based Mental Health Services	Inpatient Mental Health Treatment	Medication Management	Outpatient Mental Health Counseling	Peer Support Service	Program for Assertive Community Treatment (PACT)	School Based Mental Health Services	Therapeutic Adult Family Home	Therapeutic Foster Care	Wraparound with Instensive Services (WISE)	Mental Health Emergency Department	Other Mental Health Service
Chelan	0	6	3	1	7	8	0	2	4	10	10	1	1	0	0	1	1	10
Douglas	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Grant	0	3	0	0	2	5	0	0	7	11	5	0	2	0	0	4	1	9
Okanogan	1	2	0	0	2	3	1	0	2	3	2	0	2	0	0	1	1	1
Total	**1**	**11**	**3**	**1**	**11**	**16**	**1**	**2**	**13**	**25**	**17**	**1**	**5**	**0**	**0**	**6**	**3**	**20**

Source: Behavioral Health Asset Dashboard, https://app.powerbigov.us/view?r=eyJrIjoiNjkyZGY1NzEtODU1ZS00ZWYwLWFlMDctNWYzZmI0ZGEzNzQ1IiwidCI6IjBkYTg2ZDkyLWJlYjktNDMzZi1iZjQ5LTYyNDVjMmUwYjQ2MSJ9; data accessed July 17, 2025.

Health Status

Mental Health – Availability of Substance Use Disorder Services

- According to the Behavioral Health Asset Dashboard, in Chelan, Douglas, Grant and Okanogan Counties, there are 35 organizations providing various mental and behavioral health services. 69% provide mental health services, 63% provide substance use disorder (SUD) services, 6% provide stabilization and 43% provide transportation (2023-2024).
- A breakdown of specific SUD services provided by county is included in the table below:

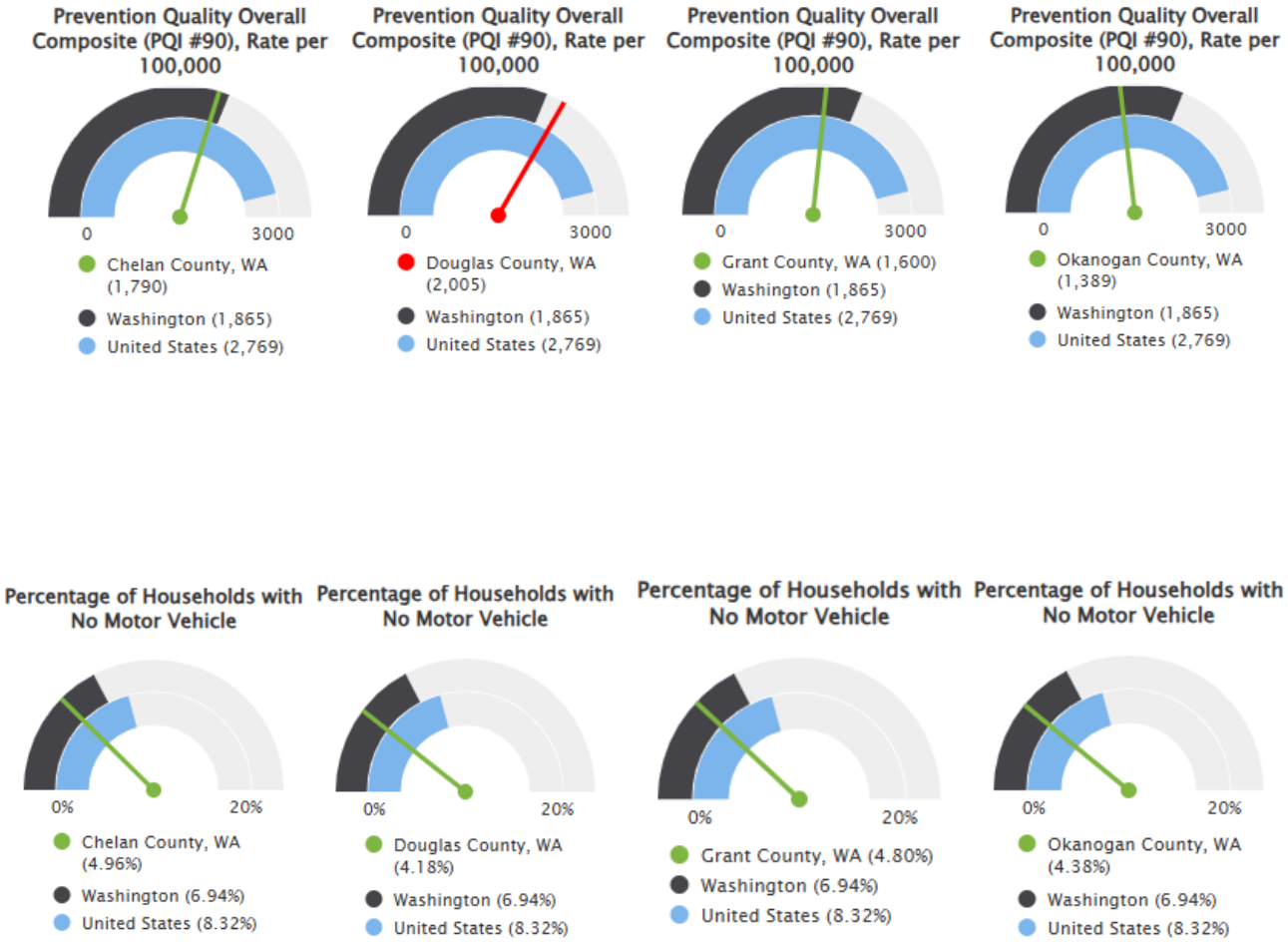
County	Clinically Managed High-Intensity Residential (ASAM 3.5)	Clinically Managed Low-Intensity Residential (ASAM 3.1)	Clinically Managed Population-Specific High-Intensity Residential (ASAM 3.3)	Clinically Managed Residential Withdrawal (ASAM 3.2)	Intensive Outpatient (IOP) Therapy (ASAM 2.1)	Medication Assisted Treatment (MAT)	Medically Monitored Intensive Inpatient (ASAM 3.7)	Outpatient (OP) Therapy (ASAM 1.0)	Peer Support Services	Partial Hospitalization (ASAM 2.5)	Targeted Case Management	Emergency Department	Other SUD Service
Chelan	1	0	0	0	5	3	1	4	6	0	0	0	0
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	0
Grant	0	0	0	0	0	5	0	2	2	0	0	0	5
Okanogan	0	0	0	0	2	8	0	3	2	0	0	1	0
Total	**1**	**0**	**0**	**0**	**7**	**16**	**1**	**9**	**10**	**0**	**0**	**1**	**5**

Source: Behavioral Health Asset Dashboard, https://app.powerbigov.us/view?r=eyJrIjoiNjkyZGY1NzEtODU1ZS00ZWYwLWFlMDctNWYzZmI0ZGEzNzQ1IiwidCI6IjBkYTg2ZDkyLWJlYjktNDMzZi1iZjQ5LTYyNDVjMmUwYjQ2MSJ9; data accessed July 17, 2025.

Health Status

Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2022, the rate of preventable hospital events in Chelan (1,790 per 100,000 Medicare beneficiaries), Grant (1,600 per 100,000 Medicare beneficiaries), and Okanogan (1,389 per 100,000 Medicare beneficiaries) Counties were lower than the state (1,865 per 100,000 Medicare beneficiaries) and the nation (2,769 per 100,000 Medicare beneficiaries), while Douglas County (2,005 per 100,000 Medicare beneficiaries) was higher than the state but lower than the nation.
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2019-2023, Chelan (5.0%), Douglas (4.2%), Grant (4.8%) and Okanogan Counties (4.4%) had a lower percentage of households with no motor vehicle, as compared to the state (6.9%), and the nation (8.3%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://sparkmap.org/report/; data accessed May 1, 2025.
Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

PHONE INTERVIEW FINDINGS

Overview

- Conducted interviews with 31 individuals from the two groups outlined in the IRS final regulations
  - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.

- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Interviewee Information

- ***Theresa Adkinson:*** Administrator, Grant County Health District
- ***Mike Ballard:*** Manager, Ballard Ambulance
- ***Sara Bates:*** Director of Community Data, Thriving Together
- ***Lisa Blair:*** Executive Director, Wenatchee Valley Senior Activity Center
- ***Wendy Brzezny:*** Director of Clinical Integration, Thriving Together
- ***Wilma Cartagena:*** President, Hispanic Business Council
- ***Jerrilea Crawford:*** Mayor, City of East Wenatchee
- ***Richard Dickson:*** Board of Directors President, Cancer Care of NCW
- ***Dorry Foster:*** Chief Executive Officer, Wenatchee Valley YMCA
- ***Cindy Gagne:*** Mayor, City of Omak
- ***Scooter Harter:*** Executive Director, Women's Resource Center of NCW
- ***Kim Hatfield:*** North Central Director, Catholic Charities of NCW
- ***Kristen Hosey, DNP:*** Executive Director, Chelan Douglas Health District
- ***Kirk Hudson:*** General Manager, Chelan County PUD
- ***Lauri Jones:*** Administrator, Okanogan County Health District
- ***Kory Kalahar, PhD:*** Superintendent, Wenatchee School District
- ***Sue Kane:*** Chief Executive Officer, NCW Tech Alliance
- ***Angel Ledesma:*** Executive Director, Columbia Basin Cancer Foundation
- ***West Mathison:*** President, Stemilt
- ***Lisa Melvin:*** Executive Director, Chelan Douglas Casa
- ***Erica Moshe:*** President, Brave Warrior Project
- ***Manuel Navarro:*** Chief Executive Officer, Columbia Valley Community Health
- ***Mike Poirier:*** Mayor, City of Wenatchee
- ***Steve Quick:*** Superintendent, Okanogan School District
- ***John Schapman:*** Director, Thriving Together
- ***Trisha Schock:*** Executive Director, North Central Educational Service District
- ***Beth Stipe:*** Executive Director, Community Foundation of NCW
- ***Loretta Stover:*** Executive Director, Center for Alcohol & Drug Treatment
- ***Steve Taylor:*** General Manager, Okanogan County PUD
- ***Spencer Taylor:*** Superintendent , Eastmont School District
- ***Zach Williams:*** People Experience, Stemilt

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Interviewee Characteristics

• Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	9.7%
• Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	61.3%
• Community leaders	29.0%

Note: Interviewees may provide information for several required groups.

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Mental & Behavioral Health Care
    - Access
    - Substance Use & Suicide
  - Access to Specialty Care
  - Access to Primary Care
  - Healthy Lifestyle and Wellness Barriers
  - Insurance, Cost & Affordability Challenges
  - Elderly Population
  - Youth Population
  - Homeless Population
  - Overall Community Concerns

Note: The following slides have a () at the end of each quote. This represents what county(ies) the interviewee reported they represent.

C = Chelan County
D = Douglas County
G = Grant County
O = Okanogan County

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Mental & Behavioral Health Care
Access

- **Issues/Themes:**
  - Acknowledgment of new behavioral health facilities improving access, particularly for Chelan County
  - Worsening mental health and substance use due to social isolation
  - Gaps in mental health care, especially for medication management and acute episodes
  - Barriers to accessing mental health services like:
    - Long wait times
    - Financial stability
    - Insurance
    - Provider shortage (Douglas County)
    - Lack of inpatient mental health facilities
  - Acknowledgement of telemedicine efforts but limitations exist
  - Increase in mental health transports straining EMS services
  - Challenges in recruiting mental health providers
  - Concern accessing appropriate eating disorder resources for those with mental health issues
  - Lack of inpatient crisis care (Grant County)

"I think mental health is readily available. Both Confluence Health and another clinic just built a new facility for behavioral health. I know that when we need counseling, we've called after hours and can get something first thing the next morning." (C)

"Down the route of isolation and loneliness, we will only see mental health issues continue to grow and substance use issues continue to grow. Until we get back to the roots of community and creating places of belonging, we won't be able to fix the root causes of the other things. You start eating more, you don't exercise, you're not getting out in fresh air. There's a lot of things that happen to go with depression and anxiety and that will only grow more." (C/D/G/O)

"To my knowledge, we don't have a provider that can do medication management so they have to go to the west side, Seattle area, or Spokane. Providers do offer telehealth for folks here for mental health counseling. An acute episode goes to the ED and typically the person gets taken out of town. Typically, they go over to Seattle, which is 2.5-3hrs drive on a good day with no snow." (C/D/G/O)

"I have a friend that needed some help grieving over the loss of a family member and she couldn't get in for months or connect with anyone to see her personally. She didn't want to do any telehealth stuff, she wanted in person. She couldn't get it. There's some times where I probably need to talk to somebody but that's 3 months out so I try to deal with it myself." (C/D)

"High poverty often ties back into mental health issues. Or those issues lead to high poverty because those people are not able to work effectively. But there are long wait times for providers and it's expensive. There's just not enough access." (C/D/G/O)

"You have very long wait times for private insurers in behavioral health because certain providers who accept Medicaid are mandated to see those clients within a certain time period of time. For private insurers, there are long wait times. You are left to go to your behavioral health systems if you are not a patient there, you have to wait. So those are the ones who are left behind and those are the ones who don't have access." (C/D/G/O)

"There's not enough providers to meet the demand. A lot of those providers aren't taking new patients. It's across the region. There is inpatient care but for substance abuse. I don't think there is any inpatient facility just for mental health." (D)

"Mental health is pretty threadbare. We've been trying to work with the state legislation and working on partnerships with the school districts and clinics to expand telehealth services. The rural and remote nature of some of the communities in NCW, you have a desert for a lot of type of services including mental and behavioral health." (C/D/G/O)

"If you were to ask 10 years ago regarding transportation to an inpatient facility for mental health, it was 1-3 cases out of the area per week. Now it's 1-3 cases on a regular day. It takes a big toll taking someone from Wenatchee to go to Vancouver. From an industry standpoint - the ripple effect is huge. You take your EMS staff, who got into the business for ER reasons, and are now tasking them daily to do mental health transport. It's driving people away from this industry." (C/D)

"It's difficult for us to recruit providers to our rural community. We have a little bit more access in Wenatchee but it's a 1.5hr drive from us. Sometimes our hospitals are asked to serve in that world, but not always have the bed. I think it's contributing to our homeless condition. They aren't getting the care that they need." (G)

"If you have mental health issues, then where are you going to get connected for eating disorders i.e. bulimia, anorexia?" (C/D)

"We don't have any mental health beds or crisis solutions other than shipping people to other communities." (G)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Mental & Behavioral Health
Substance Use & Suicide

- **Issues/Themes:**
  - Growing opioid and fentanyl crisis leading to increased overdoses
  - Lack of harm reduction/syringe programs in Chelan and Douglas Counties
  - Perceived economic and societal pressures driving suicide and drug overdose in male population and farmers
  - Emerging threat of Xylazine and it's complex treatment options resulting in higher demand for appropriate wound care
  - Marijuana legalization leading to enhanced drug use (vaping, fentanyl)
  - Barriers to timely substance use disorder treatment
  - Drug withdrawal cases drive jail/hospital detox cycles and post-discharge homelessness
  - Challenge for ER to appropriately care for mental health and substance abuse case loads

"When it comes to health concerns, substance misuse, the fentanyl crisis and opioid abuse are issues. It's that 20 to late 30s age range (not so much high school) that we are seeing more incidence of overdoses. There's a syringe program in Okanogan County but not one in Chelan/Douglas County." (G)

"Suicide and drug overdose are issues. Main group is the male population between 40-50 years old. We've attributed that to the cost of living, lack of jobs, the economy, the responsibility on generally being the main bread winner in the family. The pressure has gotten to be so much. Then the group after males dealing with mental health issues, would be youth." (C/D/G/O)

"Our overdose rates have continued to increase. We do have suicide deaths and about 26 or so a year. I think farmers have a higher case of that in general. Excessive drinking is another issue." (C/D)

"I am very concerned about the use of Xylazine that's hitting our area and Seattle now. It's an animal tranquilizer and there's no reversal medication for it like Narcan. It's a flesh eating drug and the wound issues are going to be tremendous. Even if you are trying to get into treatment and detox them, what do you do with the wounds?" (C/D)

"In WA, marijuana is legal and it was a really bad idea. We have enhanced drug use that has lead to vaping. We have a serious fentanyl issue in Okanogan and we are seeing things over on the Indian reservation too." (D/O)

"When I try to make a referral, unless someone is in crisis, we are looking at a good month to 6 weeks out. And that is if you are Medicaid/low income. There's no inpatient facility for crisis episodes but there is for detox. American Behavioral Health closed their doors and moved to a different line of business. Everything goes outside of the area. The crisis services folks are calling for available beds in the eastern side of the county. They are scrambling to look for beds but nothing is close by. Substance use, fentanyl, is really big and alcohol is always the number one drug of choice. We are seeing a lot of other drugs, meth and marijuana that are laced with fentanyl. There's a detox unit in our area. We do have beds for substance abuse disorder." (C/D)

"The fentanyl and opioid overdose have been growing. That's also contributed to homelessness. The jails are having complex withdrawal cases and they're not adequately staffed for that. If people get out of the jail or the hospital, they detox off and then overdose because their tolerance has dropped. With the amount of overdoses happening, they are afraid of getting put into jail. They'll get Narcan-ed and run off. They won't get treatment." (C/D)

"Mental health and substance abuse disorders in the emergency room is a huge issue. Really a different model needs to happen for our community." (C)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Access to Specialty Care

- **Issues/Themes:**
  - Long wait times for certain specialties and services due to limited number of providers and rotating coverage, particularly for Grant and Okanogan Counties
  - Acknowledgement of telemedicine options but limitations exist
  - Perceived capabilities of staying local but patients are being transferred, putting a strain on EMS
    - Need for consistent hospital/call provider availability
  - Extended wait times for new issues, unless physician-to-physician intervention
  - Fragmented transportation systems impeding inter-county access to specialty care
  - Growing need for localized specialty services for an aging population
  - Outmigration to area like Spokane, Seattle, Wenatchee, Yakima and tri-cities
  - Desire for more comprehensive local cancer treatment center for Grant County
  - Appreciation for local FQHC's but limitations exist for specialty care
  - Limited working hours at the VA lab due to lack of resources
  - Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
    - Dermatology
    - Orthopedics
    - Cardiology
    - Mental/Behavioral Health
    - Endocrinology
    - Gastroenterology
    - Neurology
    - Oncology
    - Allergy
    - Neurosurgery (incl Trauma)
    - OB/GYN
    - Pediatric subspecialties
    - Urology
    - ENT
    - Geriatrics
    - Infectious disease
    - Nutrition
    - Ophthalmology
    - Physical Therapy
    - Wound care

"It's hard to get into dermatology as well as the new weight management center. There's a fairly long wait to get into orthopedics and can be 6 months for gastroenterology." (C/D/G/O)

"Access to specialty care is a challenge, particularly endocrinology and dermatology." (C/D)

"Most specialists are in Wenatchee but we do have some visiting specialists in Okanogan and Grant Counties but it's difficult to see them. Telemedicine options depends on the specialty. It's concerning to wait 6-12 months for a dermatologist because you have a lesion. Long wait times in gynecology. It's 6 weeks to get an ultrasound for a known mass." (C/D/G/O)

"We used to be a level 2 trauma center and now we are a level 3. But a caveat has been neurosurgery. That's a general frustration on the EMS side. We wish we could take care of people in house." (C/D)

"We end up doing a lot of transfers out of the area where we thought we could handle that locally. If it's a medical problem, people go to Seattle or Spokane which is around 3 hours of ground transport to either location. The capabilities of Confluence Health have taken a hit since COVID-19 and I would assume that's due to staffing." (C/D)

"I don't feel like it's a lack of specialty services available other than limitations. We will bring in a pelvic fracture and Confluence Health took care of it but then the next day they can't do the same thing they did yesterday." (C/D)

"It's 4-6 months wait for a new issue. Unless it's a physician-to-physician referral, I know that's less of a wait time." (C/D)

"We are 1.5+ hours from Wenatchee where most specialties are. Confluence Health has done a better job of bringing specialists here but it's around once a month. If I need to take public transportation for specialty care it is really difficult. That's a whole day to get to Wenatchee. If I live in the north end of the county, that can be a 3+ hour trip one-way." (O)

"We have an aging population, so we need more access to specialists so they don't have to drive to Spokane or Wenatchee." (O)

"The specialists come, but don't stay very long. It's hard to get established with a specialty doctor." (C/D/G/O)

"It can take up to a year to see a specialist. When I first moved here, it took a year to see a dermatologist in 2017. I got in faster afterwards but then they moved. A similar thing happened with my foot/ankle/knee. Confluence Health wouldn't be able to take me until September and my injury happened in March. I ended up going to Chelan but had to commute an hour." (C/D)

"We have the radiation center in [Grant] County and we do some chemo but it would be nice to have an all encompassing cancer treatment center. People go to Spokane, Tri-Cities, or Wenatchee. Some specialties come to town twice a week." (G)

"…FQHCs don't have specialists. So when [their patients] need a specialist, do they forego that care because of cost to see a specialist?" (C/D/G/O)

"Patients sometimes have to drive several hours to drive to the VA and appointments need to be earlier than 1pm because the lab closes at 3pm. Just don't have enough resources." (C/D/G/O)

"We lack wound care facilities. There is wound care in the county but in a town that is 30 minutes away. There is a brand new mobile wound care but only one." (G)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Access to Primary Care

- **Issues/Themes:**
  - Longer wait times/limited capacity for local walk-in clinic in (especially Okanogan County)
    - Similar issues with rehab centers and nursing homes/memory care facilities
  - Barriers to healthcare for individuals living within certain counties, like:
    - Geography
    - Transportation (availability and cost)
    - Limited clinic options (Douglas and Okanogan)
    - Staff turnover
    - Wait time varies based on patient status (new vs existing)
  - Appreciation for FQHCs, Samaritan and Confluence Health to improve access to primary care services
  - Perceived long wait times for in-person appointments despite telemedicine options
  - Difficulty in finding a provider and establishing care due to limited options, long wait times
  - Recruitment challenges due to lack of affordable housing

"We have choices here in the valley because we have plenty of clinics, except for Okanogan because the healthcare is so far away." (C/D/G/O)

"There's not a lot of the rehab centers. Moving to a rehab center from the hospital, there's not a lot of space and not a lot of options." (G)

"Access to care comes up every time as an issue. Walk in clinics have started taking appointments, which are two days out." (O)

"Confluence Health and Mid-Valley's walk in clinic are always very full. We have a hard time staffing doctors or practitioners. They only last a couple months." (O)

"For Douglas County, access to healthcare [is a need]. It's very rural. Douglas County as a whole is a large geographic area. There is not public transportation from the smaller cities to where we have healthcare services. There is public transportation access in the bigger towns but the distance is pretty great. Uber and Lyft are available but it's very expensive." (D)

"If you want to get in to see your doctor, it might take 1-3 months. Being under-resourced and lack of information makes some of the most preventable things really prevalent." (C/D/G/O)

"If you look at the primary care rate geographically, Chelan looks better than Douglas. There's been some turnover of providers so the continuity of care is a challenge." (C/D)

"I can see my primary care provider within a week. If you are not an established patient, then it might be a little harder [to get in]." (C/D/G/O)

"Providers are offering telemedicine. If you want an in-person visit it can be several months. If I want an annual physical with my primary care provider, it can be scheduled out through July." (O)

"Access to care has gotten better since COVID. Confluence Health has been working hard to mitigate some of that. They opened up a same day clinic recently. I personally haven't used it. Primary care is a lot easier than specialty care to be seen." (C/D)

"It's improved in Grant County. The facilities have been able to maintain and recruit providers. Samaritan has increased their primary care access. There are other facilities in the outlying areas. The perception is we are in a better position than we have been in the past. Telemedicine is being offered. There's a couple of pilot programs in our libraries to have telehealth appointments there." (G)

"We do have robust FQHCs that have the sliding fee schedule and see a lot of undocumented migrant workers," (C/D/G/O)

"For a primary care provider, I've heard is there is a shortage of staff and doctors that patients can get access to. Many people are finding that providers aren't taking new patients. A lot of them use telemedicine. I think that's been a benefit to our region. That's been a good option to be seen." (D)

"When we moved to the area in 2022, we had a little trouble finding a new provider taking new patients. It seemed like our options were limited." (O)

"It seems like setting up that initial well visit takes 6-12 months. I've heard that from multiple people." (C/D)

"It could be a couple of days to weeks before you are going to see anyone. There's been a lot of folks without a primary care provider for a long period of time just because of shifts and moving in the area." (C)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Healthy Lifestyle and Wellness Barriers

- **Issues/Themes:**
  - Concern about food insecurity, nutrition programs and accessibility along with impacts on local healthcare facilities
  - Emerging efforts to improve access to fresh produce
  - Need for more education on health literacy
    - Health education on the importance of healthy lifestyle habits/management and preventative care
  - Disparities in healthy lifestyle resources between counties and rural/urban areas
  - Acknowledgement of local exercise facilities, but limited use of resources despite availability
  - Need for expanded year-round recreational programs
  - Need for additional education for certain populations regarding charity care program resources
  - Challenges in engagement and referral for diabetes prevention programs

"Nutrition is a big gap for a lot of our community. People just don't have a very good sense of eating healthy and that creates a lot of cascading impacts to the healthcare system." (C/D)

"Confluence Health has a great nutrition program but that has a long wait time. Additionally, if the provider isn't talking about healthy lifestyle choices, then the patient won't look at it. If the office is understaffed, you are just addressing the issue and not looking at the whole person due to time." (C/D)

"In terms of how you maintain a healthy diet, I don't know if the community has a lot of access to that. Eastmont School District may have a food program for kids." (C/D/G/O)

"We are certainly working on promoting healthy lifestyles in the county. The public health department helped fund a food assessment and as a result formed a food counsel. There's some real innovative ideas. I think access to fresh fruits and vegetables is going to improve." (O)

"I'm concerned about health literacy and literacy in general in Chelan and Douglas County." (C/D)

"We need to find a way to somehow inform the population about the importance of nutrition and healthy lifestyle as well as your preventive screenings." (C/D)

"Chelan County does a better job than Douglas County. Douglas is probably less proactive regarding healthy lifestyles. For food banks, there's not many for Douglas. There's more in Chelan County. There is less resources in rural parts of the community." (D)

"Generally, people are aware of the facilities to exercise but do they take advantage of that? I don't know, but I think there's awareness of it." (C)

"Healthy lifestyles are expensive. It's easier in the summer months when we have the fresh produce than the fall because there are gardens to glean from. As far as physical activity, because we live in a rural spacious area, you can get out and be active in many ways that don't cost you anything." (C/D/G/O)

"I would like to see more recreational opportunities in the winter time and opening up our school gyms for walking groups. I would love to see more opportunities for creations of parks and recs programs in smaller communities. We are lacking that in some of our smaller communities." (G)

"We have an area that offers a lot of natural resources and other recreation for most of the year. There's some access to recreation for lower income. If it gets over 90 degrees there are no indoor places so that affects our senior population. We have a lot of people come and do agricultural work, who maybe don't feel as comfortable in outdoor recreation spaces." (C/D/G/O)

"I heard from a lot of migrant workers who weren't aware of charity care outside of the FQHC. They felt like the FQHCs explained they have sliding fee scales, but not at the larger health systems. They didn't mention the charity care programs there." (C/D/G/O)

"It's a matter of the person being receptive. For instance, diabetes prevention has been around for two decades now. You are targeting a demographic that is potentially in denial, especially pre-diabetics. There are programs but I don't know if they are utilized as well as they could be." (C/D)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Insurance, Cost & Affordability Challenges

- **Issues/Themes:**
  - Affordability and access challenges due to high costs and un/underinsured population
  - Outmigration due to rising healthcare costs and limited local options
  - Financial strain on healthcare providers for low reimbursement rates, especially Medicare/Medicaid
  - Challenges and uncertainty in healthcare provider-insurer negotiations
  - Inappropriate use of the emergency room due to:
    - Lack of understanding
    - No established primary care provider
    - Long wait times to see primary care provider
    - No upfront payments
    - Perceived as being seen faster
  - Barriers for migrant and undocumented workers
    - Cost
    - Mistrust in healthcare

"A person has insurance benefits but the copays and deductibles are so high they might as well not have insurance. They aren't in the poverty level but they are just above it. Benefits aren't 100% covered so then they don't access care until they are walking in the ER. They don't have preventive care." (C/D)

"Rising costs are a concern. People will look locally for a knee replacement and the cost will be $30,000 and takes 4 months to get scheduled. People started looking to Seattle and can get in in 1 month and it's $15,000-$20,000, so they go there." (C)

"In our community, there is a fairly large portion of the population that are Medicare/Medicaid that suppresses the finances of the hospital and medical clinics in the area because reimbursement is not keeping up with the costs." (C)

"My concern is that because for a non-profit hospital, is if the reimbursement for Medicare/Medicaid does not hold up, there's a concern about the level of service that will be able to be provided and recruitment of physicians. It is hard for healthcare to survive on high percentages of Medicare/Medicaid patients." (C)

"I think it's cost. Typically by default, when you have nothing but an emergency you will go there. If you call the triage nurse, they will tell you to go the ER based on the side of caution. Same way with testing. If you want to get into the test sooner, you can go to the ER. ER doesn't turn anyone away so struggling to having to pay insurance. I was personally told at the primary care clinic that the need to ER to get those tests done for my kid." (C/D/G/O)

"There's a real problem with people misusing the appropriate entry into health care and education around that could be very valuable. Overcrowding in the ER is a problem. People who are in the waiting room are there for issues that should be using other access points for health care. There have been efforts to educate and there are more urgent cares now, and the hospital has walk in options so there's help in that to alleviate the burden of non-emergent volumes in the ER." (C/D/G/O)

"People know the difference between health care settings but you can't get in to see your primary care. We have one larger ER, one smaller ER and several walk in clinics that get dumped on for things that should never be there because they can't see their providers. And their healthcare providers refer them there because they don't have the time or want to see them." (C/D)

"You can always choose the ER. If you call a triage nurse, they'll tell you to go to the ER too because they err on the side of caution. When it's hard to get in with a provider, you go to the ER because you can see the specialists, same with testing. If you want to get a test done you go to the ER and they don't turn anyone away." (C/D/G/O)

"MCOs now have teledocs and if that teledoc provide is not able to answer a question, instead of sending them to their primary care the next day, they're sending them to the ER. It could potentially wait but because of liability issues they're sending them to the ER to cover themselves." (C/D/G/O)

"It's cost barriers and I've heard from a large group of migrant workers that they have some trust established with our community health centers who are going out to the migrant camps and doing work there, and there's less trust in terms of some of the larger clinics. They don't feel as welcome there and also in the ER. I have heard anecdotal stories of feeling like they aren't listened to and their concerns aren't being heard/met." (C/D/G/O)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Elderly Population

- **Issues/Themes:**
  - Need for additional geriatric care in the community
  - Cost barriers and challenges for seniors without nearby family
  - Concern surrounding housing options for the elderly:
    - Aging infrastructure of long-term care facilities
    - Need for more high-quality assisted living options
    - Need for additional affordable housing
    - Lack of suitable emergency shelter for homeless and disabled elderly
    - Limited capacity at nursing homes/memory care facilities
  - Gaps in home healthcare availability and safety for isolated elderly in Okanogan County
  - Perceived growing demand outpacing resources due to increasing aging population in Douglas County
  - Barriers to timely and technologically accessible healthcare options
  - Food insecurity and transportation barriers

"We need more geriatric care. The loneliness and food insecurity are issues. We have mobile programs but they don't reach a majority of the population. There's plenty of space for memory care, but the quality of staff is the issue." (C/D)

"Higher acuity long term local care facilities are aging. They need to be renovated." (C/D)

"We have an aging population. During COVID, a lot of people moved here from the Seattle area. There's a lot of resources, a lot of community groups. There's a huge wait list for an extended care facility. There are several assisted living facilities in the area but only a few of them have 4/5 stars. I know there are more elderly here because of Confluence Health." (C/D)

"I don't believe there are beds for assisted living for those that don't have private insurance." (C)

"I think it's expensive for some to get into the care facility or the place is full. There's not a lot of options." (C/D/G/O)

"Housing for the elderly is an issue." (C/D/G/O)

"Trying to get placement for the elderly is an issue. I've had a few experiences with the homeless elderly who are disabled. Most shelters can't take care of them. Their need is too low for a hospital and too high for a shelter so they are out on the streets. We are trying to help them but there's no emergency shelter." (C/D)

"I've heard there's limited capacity in nursing homes and memory care facilities. Nothing available for 3 or 6 months." (C)

"We don't have a robust home health service. There's a waiting list for people who choose to stay in their home and who don't necessarily have resources. We have 3 major long term care facilities and a couple assisted livings and some adult care homes but not everyone can afford those so they stay in their own home. When fire season happens, that can pose threats to those living in outlying areas who can't keep their homes fire safe and can't get out right away or evacuate." (O)

"We have a growing older population. We are having less young people enter our population and more elderly population entering. We are seeing a steady transition of demand for elderly care. Some of those challenges that others are facing is the same for elderly like transportation or access. There are good programs in our area to help bridge that gap but because it's an increasing population I would expect that it will grow in it's need for services and assistance. The Meals on Wheels program is seeing an increase in numbers and the funding hasn't kept pace. They are having a hard time getting those meals to new people." (D)

"The challenge is the access to care in a reasonable timeframe. I don't think it's acceptable to drive 2.5 hours over a mountain in winter. The other challenge for the elderly is that a lot of patient and doctor communication is done on the computer. It is extremely frustrating for them to go on to the computer and then understand what they are looking at." (C)

"The elderly struggle with transportation, the number of months to wait to get in, and access to affordable food. A lot of them are on a fixed income. Part of the county experiences all 4 seasons. It'll get over 100 degrees and below freezing. Some of our seniors are super isolated. We partner with a lot of the senior centers to try and improve access to EHRs and health services for them. They also feel really challenged by technology and fearful of being taking advantage of. They don't feel confident navigating digital places. Our senior population is one we think a lot about and one of the hardest to fundraise for. It's easier to get funding if you can show evidence of return to workforce and that doesn't happen with seniors so it's difficult." (C/D/G/O)

"Food insecurity is an issue. I'd like to see more of those programs. We have senior centers but what's the accessibility to that? I'd like to see our bus companies check that the routes go by them. I heard in the outlying parts that the transportation to and from the appointments is an issue. Sometimes it takes a whole day to get to and from those appointments." (G)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Youth Population

- **Issues/Themes:**
  - Lack of youth engagement and safety concerns due to increased gang activity
  - Frustration with increased criminal activity and inconsistent punishment
  - Lack of after school programs for youth, particularly for low income families
  - Lingering social-emotional impact of COVID-19
  - Hesitancy seeking healthcare due to insurance and cost implications on confidentiality
  - Declining youth population and community attrition
  - Need for support for homeless/system-involved youth
  - Perceived gaps in youth resources, like:
    - Reproductive health
    - Educational support
    - Early childhood transition programs
    - Obesity
    - Substance abuse
    - Mental health
  - Concern for growing special education needs in younger classrooms (ADHD, autism, anxiety, depression)

"Because we have that migrant influx, they are starting to park in the community and bring in gangs. We have problems in our schools with gangs. There's nothing for the kids to do as far as physical activity." (C/D)

"There's a point of frustration amongst some community members and schools regarding kids getting in legal trouble. We see kids get arrested but then nothing happens. It seems like they are getting off 'free'." (O)

"There's a shortage of adequate daycare and after school care options." (C/D)

"The food system in schools is abhorrent. As far as afterschool programs there's not a whole lot and sports are expensive, so it's difficult for low income families. There's a lack of programming for kids under 18." (C/D/G/O)

"Youth are still recovering from the pandemic. We have a junior leadership club who interviewed me a while back. The kids wouldn't shake my hand and one of them had a hoodie on fully closed. I'm wondering if the parents are recognizing this enough to help their kids come out of their shell." (C/D)

"I see teenagers want to access services without their parents knowing. If they are on their parent's insurance, it's difficult to provide services for them if they have private insurance, so we can't access their insurance benefits without their parents knowing." (C/D)

"School enrollment has plummeted. Families who have kids or could have kids aren't coming to the valley or are moving out of the valley." (C/D)

"There's definitely need for additional services for substance abuse and reproductive health" (C/D/G/O)

"For children who are welfare involved, homelessness is an issue. There are some pockets of things happening but I don't think there's enough for them." (C/D)

"There's a lack of access and opportunities for early learning including transitions to kindergarten programs here in Washington. We could use more in the area." (C)

"There is some work being done. The health department's 2019 CHNA talked about our youth being obese." (C/D)

"We have a serious fentanyl issue in Okanogan and it's affecting our youth population." (C/D/O)

"There is very minimal mental health staff in schools." (G)

"One of the issues we face as an organization is we don't have the capacity to service the youth because of private insurance due to the licensure required. We don't have detox for youth or mental health inpatient beds for the youth." (C/D/G/O)

"We have more younger students entering our system with medical needs. That covers ADHD/autism, anxiety, depression. A lot of those occur when kids mature, but we are seeing kids in 2nd or 3rd grade. It's hard to see and witness but maintain the integrity of the structure of the classroom." (C)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Homeless Population

- **Issues/Themes:**
  - Perceived growing homeless population
  - Limited shelter and healthcare capacity leads to patient transfers without return transport, leaving individuals stranded and increasing homelessness
  - Lack of shelters in Grant and Okanogan Counties
  - Challenges with shelter compliance
  - Limited specialized services for homeless individuals with mental health/substance abuse
  - Long wait lists for transitional housing further contribute to continued homelessness
  - Lack of local family and pet-friendly shelters

"We have a large homeless population and huge problems with drug addiction. We have a lot of facilities, programs, short term stay and long term stay places for them. Most of them come with rules and they don't want to follow them so they live on the street." (C/D)

"The homeless population has dramatically increased since 2020. The inpatient mental health facilities in WA are so far in between. There's Ricky's Law where you can put a hold on someone for 4 days, whether that's substance abuse or a mental health issue. What they don't account for is that there aren't enough beds available. So now there are people 3+ hours away from their place of origin. They don't provide them return transportation. We make the homeless population bigger because they don't return them back to origin." (C/D)

"We have seen an increase in our shelters in this past year. That is specific for Chelan and Douglas County. The other two counties do not have shelter availability." (C/D/G/O)

"We've had hospitals drop people off at the shelter because they didn't have anywhere to go. Someone with one leg who couldn't stand up and they don't have insurance. They want them gone because they aren't paying. It's frustrating." (C)

"There's an abundance of resources for them whether one uses them or not. There are ordinances in place to help. For those that don't accept assistance, it's usually due to a mental health issue, like not taking their medications." (C/D)

"We have a pretty significant homeless shelter. There are some food banks that help them. It's unfortunate because we have a ton of orchard work available but can't get them to work." (O)

"We have some overnight shelters in Okanogan. The city of Omak has no shelters. We are in cooperation with a community action program and are coordinating efforts with the tribe to build some housing." (D/O)

"We had a homeless shelter that just closed down. The reason it got shut down is because no one wanted to use the shelter and obey the rules. We have a homeless problem." (G)

"We have a homeless population and a large segment of the population who are lacking in resources or income. One of the things that is a bit of a struggle though, is capacity for resources. We need more resources for drug and alcohol dependency. We don't have as much mental and behavioral long term inpatient support and that's a problem. The county jail becomes the detox center and it's not always appropriate but that's what happens." (C)

"Access to more of that transitional housing for the homeless. When they become unhoused, there's long wait lists to be able to get into that transitional housing." (G)

"Access to more of that transitional housing for the homeless. When they become unhoused, there's long wait lists to be able to get into that transitional housing." (G)

"There are resources for the homeless. One of the difficulties is being provided services that are keeping families together. There's not any family shelters to keep them all together. Another issue is pets. Some of our folks who are homeless have dogs. For them to be able to be sheltered and to have their animal with them is important. We have low barriers where they have their own place to stay, like a tiny house, which has been great but most of those won't allow you to keep a pet." (C/D)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Overall Community Concerns

- **Issues/Themes:**
  - Acknowledgement of unaffordable housing across all four counties leading to:
    - Challenge in recruiting medical staff to the area
    - Limited housing options for low income
  - Concern for community members due to environmental factors like wildfires, smoke, heat become more frequent
  - Challenges with healthcare access due to rurality and transportation
  - Difficulty in scheduling appointments due to many transportation option bus schedules
  - Distrust in science/healthcare
  - Declining vaccination rates
  - Concern for increase in STDs in the area

"Affordable housing in general is becoming a large issue. Everybody talks about unaffordable housing issues in our region. We're turning into a remote working community for large cities, which means people with high paying jobs from other cities are creating this and the airbnbs. Now, what's considered a livable wage job has a completely different meaning and our community hasn't had the ability to respond to that." (C/D/G/O)

"Lack of housing in the market in general is leading to recruitment issues. I was recently told a new hospital opened but are unable to recruit doctors because, when they are able to recruit them, they can't find housing so they back out because they can't find a place to live" (C/D/G/O)

"Housing is a significant issue in this region. Housing prices in Okanogan County are rising as well. The cost to live in Chelan/Douglas and apparently Okanogan is quite high. Even in our smaller outlying communities, like Olmac. They are pretty expensive still for them. There's not a lot of section 8 housing. The list and wait is very long and so I think probably, the primary concern is housing." (C/D/G/O)

"The challenge for us is that we get wildfire smoke that gets trapped in the valley, so we have significant times of heavy smoke in the air. We have a very big farming community so a lot jobs are outside in the smoke. That's a big concern." (D)

"A bunch of our funding has been cut in our area but we live in a fire zone. This is where we live, work and play and if we are smoked out, that impacts our economy, our tourist area. A lot of these buildings are not actually insulated enough. You think you are inside but you are actually still in the smoke which leads to asthma, COPD, etc. We are on fire or being smoked out for more days each passing year." (C/D)

"Wildfires are common here so pollution and toxins are another concern. It's a threat that is emerging. But now it's a concern because we are having them more frequently." (C/D/G/O)

"There's no public transportation; it doesn't exist. Chelan/Douglas Counties have transportation. Grant County has transportation but you may need to be able to get to one county or another and you won't find you can do that very easy. In Okanogan County, you don't have anything. There's a large part of the county that doesn't access healthcare because of transportation." (C/D/G/O)

"Depending on what county you live in and your illness, say cancer, you may have to drive 3+ hours one way for treatment on a daily basis. Transportation is a big issue across the board for sure, we have a lot of really rural communities that don't have access. They just implemented a multiple county bus system from Okanogan into Wenatchee but it's very limited in times and stops. So that goes to the scheduling issue. If you have to take public transportation to get to medical appointments, those appointments have to be very specific and they can't run long and they have to be within a very tight window. Additionally, you likely have to take the whole day to get there and back." (C/D/G/O)

"As far as public health goes, immunizations are falling. I'm more concerned about MMR. Measles has been big and getting kids up to date. Fighting misinformation is huge. We started seeing the decline during COVID-19. Because kids couldn't get in to get their regular vaccines, they got behind. The misinformation piece is probably huge for healthcare in general." (O)

"I worry about STI numbers and access to able services. The testing isn't quite there. We've seen a big increase in STI cases and providers aren't getting in there and asking if they want to do a STI test." (C/D)

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Youth
  - Limited daycare & after school daycare options
  - Limited sport opportunities, particularly low income
  - Adequate, quality school food
  - Limited local youth shelters
  - Homelessness
  - Lack of community centers
  - Developmental concerns (COVID-19)
  - Need for additional early learning
  - ADHD, autism, anxiety, depression
  - Limited eye services
- Elderly
  - Food insecurity
  - Loneliness
  - Quality of memory care facilities
  - Need for local long term care facilities
  - Affordable housing
  - Transportation barriers
  - EHR/technology education
  - Limited indoor recreational opportunities
  - Limited to access to local dental care providers
  - Access to providers for those with disabilities
- Veterans
  - Transportation barriers
  - Lack of local VA hospital
  - Access to mental and behavioral health
  - Challenges accessing care due to VA pre-authorization policies
  - Interoperability challenges with VA PHI and other organization's EHR systems
  - Limited hours for lab appointments due to constrained resources
- Adults
  - Access to providers for those with disabilities
  - Limited dental providers accepting certain insurances/sliding fee scale
- Homeless
  - Drug/alcohol abuse
  - Perceived growing population
  - Lack of shelter options due to admittance policies
  - Lack of shelters (Grant, Okanogan Counties)
  - Perceived lack of desire to work
  - Lack of drug/alcohol resources
  - Lack of family shelter options
  - Limited tiny house options, due to policies
- Teenagers/Adolescents
  - Mental diagnosis – ADHD, autism, anxiety, depression
  - Substance use
  - Gangs
  - Limited sport opportunities, particularly low income
  - Adequate, quality school food
  - Lack of community centers
  - Developmental concerns (COVID-19)
  - Vaccine hesitancy
  - Reproductive health education
  - Breaking the law
  - Accessing healthcare with parental knowledge
  - Access to providers for those with disabilities
  - Limited access to dental care providers, specifically private dentists
  - Limited access to orthodontic care for welfare cases
- New Moms/Parents
  - Limited infant-home visiting program
  - Vaccine hesitancy for kids
  - Early mom education & resources

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

Populations Most at Risk (cont.)

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Low Income/Working Poor
  - Lack of education of preventive/health care
  - Long wait times
  - Affordable housing
  - Transportation barriers
  - Food insecurity
  - Mental health and substance abuse
  - Transient lifestyle prevents consistent primary care and prevention for migrants
  - Cost of eye care due to insurance acceptance limitations (Medicaid)
  - Limited access to dental care providers (uninsured/Medicaid)
  - Affordable care due to underinsured
- Racial/Ethnic
  - Language barrier when accessing care (Hispanic, LatinX)
  - Fear of deportation
  - Foregoing care due to long wait times and need to continue working
  - Delayed care (Colville Confederated Tribe)
  - Lack of translation services
  - Limited income with LatinX population
  - Lack of mental health services
  - Lack of knowledge about existing resources
  - Drug use (Colville Confederate Tribe)
  - Distrust in healthcare settings

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

LOCAL COMMUNITY HEALTH REPORTS

List of Local Community Reports By County

Organization Name	County(ies) Studied	Timeframe	Link to Community Report
Cascade Medical	Chelan County (specifically zip codes 98826 (Leavenworth/Plain), 98821 (Dryden), and 98847 (Peshastin), as well as a small portion of 98815 (Cashmere) as this comprises the Chelan County Public Hospital District No. 1	2023-2025	https://cascademedical.org/sites/default/files/pdfs/030124%20Cascade%20CHNA%20and%20Implementation%20Plan.pdf
Chelan-Douglas County Health District	Chelan County, Douglas County	2025	https://www.cdhd.wa.gov/health-data
Connections Health Solutions	Chelan, Douglas, Grant and Okanogan Counties	2020	https://www.co.chelan.wa.us/files/board-of-commissioners/documents/North%20Central%20Region%20Crisis%20System%20Initial%20Assessment%20Report.pdf
Grant County Health District	Grant County	2023-2024	https://granthealth.org/DocumentCenter/View/241/Community-Health-Assessment-2023-to-2024-PDF
Grant County Health District - CHIP	Grant County	2025	https://www.granthealth.org/329/Community-Health-Improvement-Plan-CHIP
Grant County Health District Homeless Housing Task Force - Five-Year Homeless Housing Plan	Grant County	2025-2030	https://www.grantcountywa.gov/1549/UPDATE-Five-Year-Homeless-Housing-Plan
Lake Chelan Health	Chelan County (specifically zip codes Chelan (98816), Chelan Falls (98817), Manson (98831), and Stehekin (98852) as this comprises the Chelan County Public Hospital District No. 2	2023-2025	https://lakechelanhealth.org/wp-content/uploads/2022/12/Lake-Chelan-Health-CHNA-FINAL-CHNA.pdf
North Central Washington Accountable Community of Health (NCACH)	Chelan, Douglas, Grant and Okanogan Counties	2020	https://dgss.wsu.edu/ncach/
Okanogan County Community Action Council	Okanogan County	2022	https://occac.com/wp-content/uploads/2025/01/PC_Okanogan_CommunityAssessment.pdf
Okanogan County Public Hospital District No.3 & Mid-Valley Hospital & Clinic	Okanogan County	2024-2026	https://doh.wa.gov/sites/default/files/hospital-policies/CHNA-147.pdf
Thriving Together	Chelan, Douglas, Grant and Okanogan Counties	2024	https://www.thrivingtogether.org/vital-conditions and https://www.thrivingtogether.org/wellbeing-report

Note: Links are accurate as of day that they were pulled; data accessed on August 12, 2025.

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2023 to 2025 Implementation Plan.

LOCAL CARE BY AND FOR OUR COMMUNITY

2023-2025 Community Health Needs Assessment

Implementation Plan

Our Strategic Priorities

Achieving Our Quadruple Aim

Realizing Our Strategic Direction

We will position ourselves in the market as a sustainable, independent health system. To do this we must achieve our quadruple aim: We will have and grow great care and services for our patients; we will engage our community and increase access to care; we will lower the total cost of care; and we will develop and sustain joy in our work.

1

Ensure Access For All

Goal: *Improve access in all areas of our service to meet patient demands*

Reasoning: *As the main healthcare provider in North Central Washington, our access to care for the population must not be delayed.*

2

Committing to Excellent Care & Service

Goal: *Quality scores in top performing percentiles for all service lines and compete with other institutions on service.*

Reasoning: *Our care should be of exceptional quality and our service to patients should match these efforts. As quality improves across all institutions, service will be an important driver of patient choice.*

3

Focusing on Local Sustainability

Goal: *Reduce our overall cost of care provided to patients and identify care necessary locally for our patients*

Reasoning: *We know the overall cost of care is rising. Finding initiatives to lower the cost for our patients and identifying where services remaining local vs. strategic partnerships are necessary is key to local sustainability.*

4

Enabling Joy & Pride in Our Work

Goal: *Be the employer of choice in our region and engage all our caregivers in having pride in our work.*

Reasoning: *The foundation of our success is the people, caregivers, in our organization. Being the employer of choice in our region will enable the pride in our work necessary to achieve our aspirational outcomes.*

Executive Summary

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. Confluence Health partnered with Professional Research Consultants (PRC) to conduct the community needs assessment of Chelan, Douglas, Grant, and Okanogan Counties. This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Confluence Health and PRC.

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

The five most significant needs, as discussed by the Executive Leadership Team, are listed below:

1. Mental Health
2. Diabetes
3. Heart Disease & Stroke
4. Access to Healthcare Services
5. Infant Health & Family Planning

Confluence Health leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. These are aligned with our strategic plans for the organization, taking these important priories into account. The following pages detail the rationale for each priority chosen and detail the implementation plans for the organization to address the needs of the community.

Priority #1: Mental Health

Rationale

Survey data indicates that residents in the Confluence Health service area do not have adequate access to mental health care services and providers. 6.8% of total service area adults report difficulty accessing mental health services. Contributing factors identified include general lack of resources, lack of coordination of care, dual diagnosis for those with substance use disorders, affordable care, coordination between primary care providers and mental health providers, lack of community care and involvement, and stigma associated with seeking help for mental health issues.

The Confluence Health Services are located and cover multiple counties adding to the difficulty to resource and collaborate on mental health services. This was identified by one interviewee as the crux of the issue and the need for a holistic view approach at all levels, starting at the street. Open communication between physicians, care teams, law enforcement and Catholic Charities for coordination of care for this population is essential. Standardization of routes into mental health community resources that are known by all and are timely. The counties and resources need to eliminate silos in a meaningful and sustainable way to ensure this population gets safe, timely care.

Interviewees identified that the pandemic has exacerbated people's sense of isolation from others and has brought to light a lot of mental health challenges that were otherwise unknown. It has compounded stress for people and may have created new mental health challenges that communities were unprepared for. Compiled with workforce challenges, this has led to a depletion of needed resources for mental health patients.

Priority #1: Mental Health

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
1.1. Provide points of access for mental health services for the community					
a. Confluence Health will continue to provide emergency and outpatient services for mental health patients	Service Available	Kelly Allen CNO	In Place	In Place	In Place
b. Confluence Health will participate with community stakeholder to evaluate and improve access to mental health services.	% Participation in mental health stakeholder's meetings	Kelly Allen CNO	100%	100%	80%
c. Confluence Health will continue to staff a Sexual Assault Nurse Examiner (SANE) who is trained specifically to treat sexually assaulted patients.	Service Available	Kelly Allen CNO	In Place	In Place	In Place
1.2. Improve access to mental and behavioral health partnerships					
a. Confluence Health will continue to build upon its relationship with Catholic Charities to explore best practices for mental health care needs within our community.	Collaborating Working Group In Place	Kelly Allen CNO	In Place	In Place	In Place
b. Confluence Health will continue to participate in community suicide prevention activities with the Suicide Prevention Coalition of North Central Washington.	Collaborating Working Group In Place	Kelly Allen CNO	In Place	In Place	In Place

Priority #1: Mental Health

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
1.3. Provide a mental health support system for employees of Confluence Health					
a. Confluence Health will continue to offer and encourage the Employee Assistance Program (EAP) to help employees navigate various life challenges	Service Available	Katina Maier CPSO	Provided	Provided	Provided

Priority #2: Diabetes

Rationale

More than 30 million people in the United States have diabetes. In our four counties, 12.8% of the adult population have been diagnosed with diabetes, another 8.3% have "pre-diabetes". The percent of our population with diabetes is significantly higher than our state average, especially in Chelan and Okanogan Counties.

Prevalence of diabetes in our four counties is directly related to the socioeconomic status of the population. The population who are low-income earners have a nearly 300% increase in diabetes compared to middle or high-income earners (21.1% vs. 7.4%). Multiple factors play into this discrepancy. Food health plays an important role. Poverty plays an important role in ability to follow a healthy diet; we have a significant food desert. A lack of physical activity related to work schedules and poor access to facilities lead to obesity, a significant driver of diabetes.

A lack of education plays a significant role. One public health representative stated there is a "lack of resources for individuals to learn how to care for themselves and resources to purchase supplies and fresh foods". This is echoed by a community leader, saying "Emphasis on education in early detection of the disease appears to be lacking." Addressing the problem before it starts is paramount in treating the growing diabetic population.

Priority #2: Diabetes

Strategic priority alignment:

- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
2.1. Improved Blood Sugar Control					
a. In our primary care redesign, there is a focus on chronic disease management. One disease to be addressed is diabetes. Through this work, we will accomplish lower blood sugars for our patients.	Percent of patients with controlled hemoglobin A1C	Dr. Jim Murray CMO	66.94%	76.27%	65.58%
2.2. Patient Education and Engagement					
a. Education and engagement will help patients with diabetes succeed in controlling their blood sugar. We will begin using an electronic education and monitoring device to promote patient engagement in their disease.	MyChart based application in place	Dr. Jim Murray CMO	In Progress	Completed	Completed

Priority #3: Heart Disease and Stroke

Rationale

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. North Central Washington is no exception. The morbidity and mortality of these two diseases impact many of our population. A focus on improved prevention of both with have a significant impact on our population's lives.

Uncontrolled hypertension and high cholesterol are leading attributable factors to both heart disease and stroke. Management of blood pressure control requires education on a healthy lifestyle, dietary changes, appropriate medication usage and medication compliance. Not dissimilar to hypertension, high cholesterol can be improved with the same levers. Ongoing management of both would have a profound effect on our rates of heart disease and stroke in our areas.

Priority #3: Heart Disease and Stroke

Strategic priority alignment:

- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
3.1. Controlling Hypertension					
a. Through a multidisciplinary approach, improve the blood pressure control of our population of patients with hypertension.	The percent of adult patients 18-85 with a blood pressure under 140/90	Dr. Jim Murray CMO	66.69%	70.69%	67.95%
3.2. Controlling Hyperlipidemia and Preventing Stroke					
a. Similar to hypertension, use a multidisciplinary approach to controlling elevated cholesterol levels.	Providing Statin therapy for the prevention and treatment of CV disease in patients with Clinical ASCVD	Dr. Jim Murray CMO	86%	77%	76%

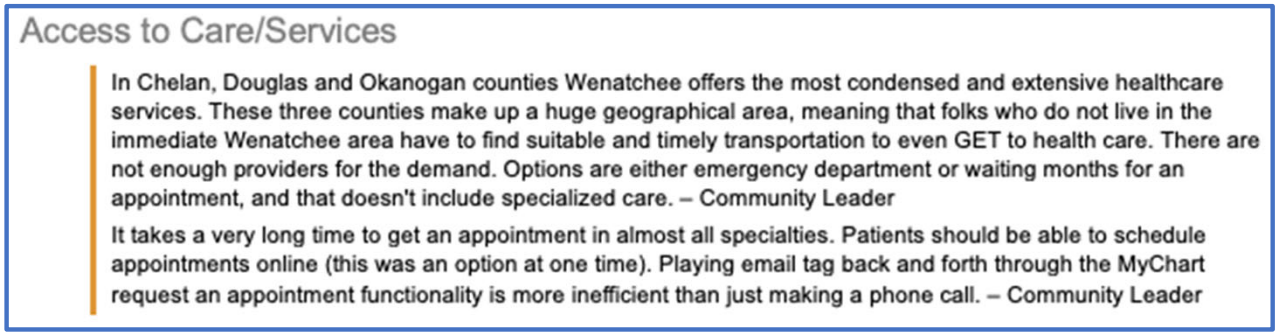
Priority #4: Access to Healthcare Services

Rationale

Many people in the United States don't get the healthcare services they need, and our communities experience the same issues. A total of 42.1% of adults in our four-county service area reported some difficulties obtaining health care in the past year. This percentage was higher than the national average for the four-county region, with Douglas County reporting the lowest response and Okanogan County the highest at 33.8% and 48.7%, respectively.

In review of the barriers to healthcare, the two issues driving the most difficulty included appointment availability and finding a provider. In these two cases, specifically, the service area was well above the national benchmarks. Getting an appointment was a barrier 28.1% of the time, compared to 14.5% nationally. Finding a provider was a barrier 18.3% of the time, compared to 9.4% nationally. These two areas speak to the increasing challenges in recruiting providers, retaining providers, adding enough providers to meet the growing population, and making those appointments in the system available in multiple ways for patients. From the snapshot below – these two areas are key perceptions across community leaders and patients.

To address these two major issues for the community, Confluence Health as started an initiative to redesign our Primary Care services and will be focusing on upcoming specialty services in the coming years. This work focuses on, among other things, optimizing our workforce to meet the growing needs of patients in the community. Finding the right mix of providers for the growth and developing a care team model to meet the needs of patients. In addition, the redesign efforts will improve scheduling availability for patients and our digital transformation efforts are moving this availability to more places for patients to reach. Increased utilization of MyChart and online scheduling will make processes easier for patients to access care.



Priority #4: Access to Healthcare Services

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
4.1. Optimizing Our Provider Workforce					
a. Through our redesign efforts, there will be a focus on increasing the number of advanced practitioners across our service area. The redesign's focus is on stratifying patient populations to ensure the right care for the right patient by the right provider types. This should increase the ability to find a provider for all patients in the service area.	Average New Patient Lead Time	Dr. Jim Murray CMO	26 Days	23.6 Days	24 Days
b. Another focus of the redesign work is to identify new pathways for care delivery across the service area. New strategic partnerships and care deliver models will increase the ability for patients to see a provider when they need and want to. These new models of delivery will also allow patients to do it locally with limited travel to care sites.	Implementation of Virtual Care Partner	Dr. Jim Murray CMO	In Progress	Completed	Completed
4.2. Improving Schedule Availability					
a. Increasing the availability of online appointments. Changes in how same day clinics make appointments available and more focus on shifting schedules to online scheduling will improve the availability for patients.	Appointments Scheduled Online	Dr. Jim Murray CMO	2.75%	5.60%	8.2%
b. Our most effective tool for increasing availability through mechanisms such as FastPass or other automated offerings are through MyChart. Our focus in this work is to increase the percentage of users who see their care team > 3 times in a 12-month period. This will provide increased communication and availability.	Percentage of Active MyChart Users	Robert Pageler CIO	68.71%	75.51%	78.42%

Priority #5: Infant Health and Family Planning

Rationale

Women giving birth in the U.S. are more likely to face mistreatment, serious complications or death than people in any other high-income country. The risks are even greater for minority populations. Access to infant health and family planning have limited accessibility for underserved communities and additionally there can be of stigma in asking for help or resources. These can lead to limited planning for the birthing process and limited prenatal care.

Although the birth rate in Washington State continues to decline, North Central Washington has a significant number of migrant women who give birth with inadequate prenatal care putting them at increased risk. Statistics include an increased rate of gestational hypertension, increased rates of gestational diabetes and those with socio-economic inequalities have significantly worse outcomes on a range of indicators. The Confluence Health service area have a higher than state average births to adolescent mothers, which is also associated with a lack of prenatal care.

Survey participants felt that access to health and family planning is not accessible for underserved communities and that there is stigma associated with asking for these resources particularly in Hispanic and native American populations. Prenatal care in pregnant teens was identified by social services providers in the more rural counties of Okanogan and Grant Counties. Health providers in these areas support the need for adequate prenatal and postnatal care for all these populations.

Priority #5: Infant Health and Family Planning

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results		
			FY 2023	FY 2024	FY 2025
5.1.Teamwork and communication for patient-centered childbirth					
a. Confluence Health will participate in TEAMBIRTH for all births to develop a birthing plan for mothers, their support person and the care team to facilitate safe, dignified and respectful care.	Percentage of Births using TEAMBIRTH	Kelly Allen CNO	In Progress	Completed	Completed
5.2. Education for expecting and new parents					
a. Confluence Health will continue to offer childbirth education and breast-feeding classes for all demographics regardless of ability to pay.	Continuation of Courses	Kelly Allen CNO	In Place	In Place	In Place

Closing Comments

Our focus on these five areas are not all inclusive of the strategy of the organization, but these key areas fit within the larger plans. These key initiatives are in line with two of the pillars of our quadruple aim, *Ensuring Access for All* and *Committing to Excellent Care and Service*. As we pursue these initiatives, updates to the outcomes for fiscal year 2024 will be updated.

As our organization strategic plans continue to develop, the Community Health Needs Assessment information informs where we need to focus. Our Mission of *Local Care By And For Our Community* speaks to this commitment.

For more information about Confluence Health please visit: www.confluencehealth.org

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

1. Chronic Disease
2. Access to Care (Behavioral and Physical Health)
3. Education
4. Substance Use
5. Affordable Housing

2022 Prioritized Needs

1. Mental Health
2. Diabetes
3. Heart Disease & Stroke
4. Access to Healthcare Services
5. Infant Health & Family Planning

Source: Confluence Health, Community Health Needs Assessment, https://www.confluencehealth.org/about-us/annual-reports/; data accessed July 2, 2025.

2025 CHNA PRELIMINARY HEALTH NEEDS

2025 Preliminary Health Needs

Through collaboration, engagement and partnership with the community, Confluence Health will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations.

- Access to Mental, Behavioral, and Substance Use Care Services and Providers
- Continued Focus on Community Infrastructure
- Continued Recruitment & Retention of Healthcare Workforce
- Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In July 2025 leadership from Confluence Health met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Dr. James Murray, Chief Medical Officer; Hospitalist
  - Kelly Allen, Chief Nursing Officer
  - Dr. Edwin Carmack, Core Medical Director Inpatient/Lab/Rad/Med Specialties; Hospitalist
  - Jay Johnson, Vice President of Managed Care
  - Laurie Bergman, Vice President of Population Health and Health Equity
  - Kaci Ramsey, Vice President of Revenue Cycle
  - Sarah Brown, Vice President of Risk and Regulatory and Compliance Officer
  - Michael Sieg, VP, Strategy and Impact
  - Stacey Edwards, Senior Planning Analyst
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Confluence Health Capacity
a. Are people at Confluence Health likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:

1. Continued Recruitment & Retention of Healthcare Workforce
2. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3. Access to Mental, Behavioral, and Substance Use Care Services and Providers
4. Continued Focus on Community Infrastructure

Final Priorities

- Hospital leadership decided to address three of the four ranked health needs. Through collaboration, engagement and partnership with the community, Confluence Health will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations.
- The final health priorities that Confluence Health will address through its Implementation Plan are, in descending order:

1. Continued Recruitment & Retention of Healthcare Workforce
2. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3. Access to Mental, Behavioral, and Substance Use Care Services and Providers

PRIORITIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- Confluence Health decided not to specifically address “Continued Focus on Community Infrastructure” largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need.
- Confluence Health acknowledges that this is a significant need in the community and will work with local community organizations to see how the facility can assist in these areas. The identified priority will not be addressed by the hospital since it is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining prioritized needs.

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by Confluence Health, other charity care services and health resources that are available in Chelan, Douglas, Grant and Okanogan Counties are included in this section.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Aging and Adult Care of Central Washington
- CAFE
- Columbia Basin Association Clinic
- Columbia Valley Community Health
- Confluence Clinic
- Confluence Health
- Family Health Centers
- Foundation for Youth Resiliency Engagement
- Home and Community Services
- Hospitals
- Link Transit
- Mattawa Community Clinic
- Mid-Valley Medical Group
- Okanogan Behavioral HealthCare
- Okanogan County Community Action Council
- Okanogan County TranGo
- Public Health Clinics
- Samaritan Healthcare
- Samaritan Hospital
- Statewide Health Insurance Benefits Advisors
- Telehealth
- Walk-In Clinic

Cancer

- Cascade Medical Center
- Confluence Clinic
- Confluence Health
- Department of Health Breast, Cervical and Colon Health Program
- Doctor's Offices
- Free Clinic
- Hospitals
- Moses Lake/Quincy Community Health Center
- Samaritan Healthcare

Dementia/Alzheimer's Disease

- Action Health Partners
- Aging and Adult Care of Central Washington
- Alzheimer's Association
- Blossom Valley/Blossom Creek
- Cascade Medical Center
- Confluence Health
- Doctor's Offices
- Hospitals
- Methow Valley at Home
- Mountain Meadows
- Nursing Home
- Okanogan Behavioral HealthCare

Diabetes

- Alternative Healers
- Brewster Fitness Center
- Cascade Medical Center
- Certified Diabetic Educators
- Chelan Douglas Community Action Council
- Chronic Disease Management Programs
- Columbia Basin Hospital
- Confluence Health
- Doctor's Offices
- Family Health Centers
- Fitness Centers/Gyms
- Free Clinic
- Hospitals
- Indian Health Services
- Link Transit
- Mid-Valley Hospital and Clinic
- Moses Lake/Quincy Community Health Center
- North Valley Hospital and Clinic
- Parks and Recreation
- Samaritan Healthcare
- School System
- Senior Farmers Market Nutrition Program
- Serve Moses Lake Food Bank
- Upper Valley Mend
- WIC

Disabilities

- Action Health Partners
- Acupuncture
- Aging and Adult Care of Central Washington
- Chiropractors

Disabilities

- Colonial Vista Rehab
- Confluence Health
- Economic Alliance of Okanogan County
- Family Health Centers
- Lilac for the Blind
- Link Transit
- Massage Therapy
- Naturopaths
- Physical and Occupational Therapists
- Wenatchee Valley College
- Worksource
- YMCA

Infant Health and Family Planning

- Columbia Basin Hospital Confluence Health
- Family Health Centers Family Planning
- Planned Parenthood Samaritan Healthcare
- The Maternal Coalition WIC
- Women's Resource Center

Heart Disease

- Action Health Partners
- Confluence Health
- Doctor's Offices
- Family Health Centers
- Fitness Centers/Gyms
- Hospitals
- Mended Hearts Support Group
- Moses Lake/Quincy Community Health Center
- Walk-In Clinic

Injury and Violence

- Action Health Partners
- CAFE
- Columbia Valley Community Health
- NAMI
- Okanogan Behavioral HealthCare
- SAGE
- Support Center
- The Center for Drug and Alcohol Treatment
- Together for a Drug Free Youth

Mental Health

- ABHS-Parkside
- Aging and Adult Care of Central Washington
- Behavioral Health Services
- Cascade Medical Center
- Cascade School District
- Catholic Charities
- Chelan County Behavioral Health Unit

Mental Health

- Chelan County Behavioral Health Unit
- Chelan County Regional Justice Center
- Children's Home Society
- Columbia Counseling
- Columbia Valley Community Health
- Colville Tribe's Behavioral Health Program
- Communities in Schools
- Confluence Health
- Counselors
- Discovery Behavior Solutions
- Diversion
- Doctor's Offices
- DOH
- Family Health Centers
- Foundation for Youth Resiliency
- Engagement FYRE
- Grant County Mental Health
- Heart Springs
- Moses Lake/Quincy Community Health
- Center NAMI
- New Hope
- Okanogan Behavioral HealthCare
- Parkside
- Pateros/Brewster Community Resource
- Center
- Renew
- Room One
- SAGE
- Samaritan Healthcare
- School System
- State Resources
- Strength of Life
- Support Center
- Susan Dodge, LMHC
- Triple Point
- UVCares
- Washington Information Network

Nutrition, Physical Activity, and Weight

- Boys and Girls Club
- Columbia Valley Community Health
- Confluence Health
- Cronin's Field House
- CrossFit Four Pillars
- Doctor's Offices
- Family Health Centers
- Farmer's Markets
- Fitness Centers/Gyms
- Food Pantries
- Lauzier Foundation
- Matter of Balance

Nutrition, Physical Activity, and Weight

- North Cascades
- Parks and Recreation
- School System
- SNAP
- Stay Active and Independent for Life
- WIC
- WSU Cooperative Extension YMCA

Oral Health

- Columbia Basin Health Clinic
- Columbia Valley Community Health
- Dentist's Offices
- Doctor's Offices
- Family Health Centers
- Indian Health Services Lighthouse
- MEND
- Moses Lake Pediatric Dentistry
- Public Health Department SMILE

Respiratory Diseases

- Confluence Health
- Moses Lake/Quincy Community Health Center

Sexual Health

- Family Health Centers
- Foundation for Youth Resiliency Engagement
- Health Care Organizations
- Planned Parenthood
- Room One
- School System

Substance Abuse

- AA/NA
- ABHS-Parkside
- Advance-Recovery Navigator Program
- Cascade Medical Center
- Celebrate Recovery
- Columbia Counseling
- Columbia Valley Community Health
- Confluence Health
- Detox
- Family Health Centers
- Foundation for Youth Resiliency Engagement
- Lifeline Ambulance
- Moses Lake/Quincy Community Health Center
- New Hope
- New Path
- Okanogan Behavioral HealthCare
- Renew

Substance Abuse

- S.T.O.P
- Samaritan Healthcare
- The Center for Drug and Alcohol Treatment
- Together for a Drug Free Youth

Tobacco Use

- Cascade Medical Center
- Confluence Health
- Family Health Centers
- Okanogan Behavioral HealthCare Okanogan
- County Community Coalition Omak TEA Club
- S.T.O.P
- The Center for Drug and Alcohol Treatment
- Together for a Drug Free Youth

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by CHC Consulting.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of Chelan, Douglas, Grant and Okanogan Counties, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.
  - Links included for sources were accurate when this report was published.

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC Consulting provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC Consulting, please visit the website at: www.chc.com

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- HPSA AND MUA/P INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

- Demographics
  - This study utilized demographic data from **Syntellis**.
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table/ACSDP5Y2023.DP02?q=DP02&g=010XX00US_040XX00US53_050XX00US53007,53017,53025,53047.
  - This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county.
  - **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Chelan, Douglas, Grant and Okanogan Counties; https://www.epi.org/resources/budget/budget-map/.
  - The **United States Bureau of Labor Statistics, Local Area Unemployment Statistics** provides unemployment statistics by county and state; https://www.bls.gov/lau/tables.htm.
  - **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: https://datausa.io/.
  - This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides poverty estimates by county and state: https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://sparkmap.org/report/.
- Health Data
  - The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; http://www.countyhealthrankings.org/.

Summary of Data Sources (continued)

- Health Data (continued)
  - The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.
  - The **National Cancer Institute** is a national, population-based registry that serves as the foundation for measuring the cancer burden in Washington. Data can be accessed at: https://statecancerprofiles.cancer.gov/incidencerates/index.php and https://statecancerprofiles.cancer.gov/deathrates/index.php.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://sparkmap.org/report/.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022** release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023** release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024** release, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
  - This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Washington; https://www.cdc.gov/cdi/.
  - The **Centers for Medicare & Medicaid Services, Office of Minority Health**, provides public tools to better understand disparities in chronic diseases. Data can be accessed at; https://data.cms.gov/mapping-medicare-disparities.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/#/.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
  - The **Behavioral Health Asset Dashboard** provides information on mental and behavioral health data for Chelan, Douglas, Grant and Okanogan Counties, and can be accessed at https://app.powerbigov.us/view?r=eyJrIjoiNjkyZGY1NzEtODU1ZS00ZWYwLWFlMDctNWYzZmI0ZGEzNzQ1IiwidCI6IjBkYTg2ZDkyLWJlYjktNDMzZi1iZjQ5LTYyNDVjMmUwYjQ2MSJ9.

- Phone Interviews
  - CHC conducted interviews on behalf of Confluence Health from April 17, 2025 – May 9, 2025.
  - Interviews were conducted and summarized by Alex Campbell, Senior Planning Analyst.

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: prosperous, comfortable, mid-tier, at risk, and distressed. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
  1. No high school diploma: Share of the 25 and older population without a high school diploma or equivalent.
  2. Housing vacancy rate: Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
  3. Adults not working: Share of the prime-age (25-54) population that is not currently employed.
  4. Poverty rate: Share of the population below the poverty line.
  5. Median income ratio: Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
  6. Changes in employment: Percent change in the number of jobs over the past five years.
  7. Changes in establishments: Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/?geo=states&lat=38.01&lon=-96.42&z=4.32&showAbout=true; data accessed August 6, 2025.

2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For families/households with more than 8 persons, add $5,500 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed June 6, 2025.

HPSA AND MUA/P INFORMATION

Health Professional Shortage Areas
Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed August 6, 2025.

Health Professional Shortage Areas
Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed August 6, 2025.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7532307915	Grant County	Geographic HPSA	Washington	Grant County, WA	4.205	16	NA	Designated	Rural	05/20/1978	08/06/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Grant	Grant	Single County	53025	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6537396676	LI/H/MFW - Grant County	Low Income Homeless Migrant Farmworker Population HPSA	Washington	Grant County, WA	6.997	14	NA	Designated	Rural	08/06/2021	08/06/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Grant	Grant	Single County	53025	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1537628373	Lower Grant County	Geographic HPSA	Washington	Grant County, WA	2.99	16	21	Designated	Rural	07/25/1978	08/06/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Grant	Mattawa-Royal City CCD, Grant County, Washington	County Subdivision	5302591944	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1532232345	LI - North Central Grant County	Low Income Population HPSA	Washington	Grant County, WA	4.759	13	17	Designated	Rural	08/06/2021	08/06/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Grant	Census Tract 101, Grant County, Washington	Census Tract	53025010100	Rural
Washington	Grant	Census Tract 102, Grant County, Washington	Census Tract	53025010200	Rural
Washington	Grant	Census Tract 103, Grant County, Washington	Census Tract	53025010300	Rural
Washington	Grant	Census Tract 104, Grant County, Washington	Census Tract	53025010400	Rural
Washington	Grant	Census Tract 105, Grant County, Washington	Census Tract	53025010500	Rural
Washington	Grant	Census Tract 106, Grant County, Washington	Census Tract	53025010600	Rural
Washington	Grant	Census Tract 107, Grant County, Washington	Census Tract	53025010700	Rural
Washington	Grant	Census Tract 108, Grant County, Washington	Census Tract	53025010800	Rural
Washington	Grant	Census Tract 109.01, Grant County, Washington	Census Tract	53025010901	Rural
Washington	Grant	Census Tract 109.02, Grant County, Washington	Census Tract	53025010902	Rural
Washington	Grant	Census Tract 110, Grant County, Washington	Census Tract	53025011000	Rural
Washington	Grant	Census Tract 111, Grant County, Washington	Census Tract	53025011100	Rural
Washington	Grant	Census Tract 112, Grant County, Washington	Census Tract	53025011200	Rural
Washington	Grant	Census Tract 113, Grant County, Washington	Census Tract	53025011300	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1531794830	LI - South Okanogan County	Low Income Population HPSA	Washington	Okanogan County, WA	2.506	18	20	Designated	Rural	10/21/2021	10/21/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Okanogan	Census Tract 9401, Okanogan County, Washington	Census Tract	53047940100	Rural
Washington	Okanogan	Census Tract 9402, Okanogan County, Washington	Census Tract	53047940200	Rural
Washington	Okanogan	Census Tract 9707, Okanogan County, Washington	Census Tract	53047970700	Rural
Washington	Okanogan	Census Tract 9708, Okanogan County, Washington	Census Tract	53047970800	Rural
Washington	Okanogan	Census Tract 9710, Okanogan County, Washington	Census Tract	53047971000	Rural

Primary Care	1533965187	LI/MFW/H - Chelan/Douglas Counties	Low Income Homeless Migrant Farmworker Population HPSA	Washington	Chelan County, WA | Douglas County, WA	7.609	13	11	Designated	Partially Rural	08/25/2017	08/24/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Chelan	Chelan	Single County	53007	Partially Rural
Washington	Douglas	Douglas	Single County	53017	Partially Rural

Primary Care	1538908141	LI - North Okanogan County	Low Income Population HPSA	Washington	Okanogan County, WA	1.079	13	18	Designated	Rural	08/27/2021	08/27/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6533657958	LI/H/MFW - Okanogan County	Low Income Homeless Migrant Farmworker Population HPSA	Washington	Okanogan County, WA	4.03	18	NA	Designated	Rural	09/01/2017	09/07/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Okanogan	Census Tract 9703, Okanogan County, Washington	Census Tract	53047970300	Rural
Washington	Okanogan	Census Tract 9704, Okanogan County, Washington	Census Tract	53047970400	Rural
Washington	Okanogan	Census Tract 9705, Okanogan County, Washington	Census Tract	53047970500	Rural
Washington	Okanogan	Census Tract 9706, Okanogan County, Washington	Census Tract	53047970600	Rural
Washington	Okanogan	Census Tract 9709, Okanogan County, Washington	Census Tract	53047970900	Rural

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Okanogan	Okanogan	Single County	53047	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6534900428	LI/H/MFW - Chelan/Douglas Counties	Low Income Homeless Migrant Farmworker Population HPSA	Washington	Chelan County, WA | Douglas County, WA	10.21	16	NA	Designated	Partially Rural	08/25/2017	09/08/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Chelan	Chelan	Single County	53007	Partially Rural
Washington	Douglas	Douglas	Single County	53017	Partially Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7532003512	Chelan/Douglas Counties	Geographic HPSA	Washington	Chelan County, WA | Douglas County, WA	5.225	17	NA	Designated	Partially Rural	08/25/2017	09/10/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Chelan	Chelan	Single County	53007	Partially Rural
Washington	Douglas	Douglas	Single County	53017	Partially Rural

Mental Health	7539095132	Okanogan County	Geographic HPSA	Washington	Okanogan County, WA	2.06	18	NA	Designated	Rural	09/01/2017	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Okanogan	Okanogan	Single County	53047	Rural

Primary Care	153999532Y	CONFLUENCE HEALTH BREWSTER	Rural Health Clinic	Washington	Okanogan County, WA		16	20	Designated	Rural	11/04/2003	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH BREWSTER	418 W Main Ave	Brewster	WA	98812	Okanogan	Rural

Mental Health	7534699261	CONFLUENCE HEALTH BREWSTER	Rural Health Clinic	Washington	Okanogan County, WA		18	NA	Designated	Rural	08/18/2019	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH BREWSTER	418 W Main Ave	Brewster	WA	98812	Okanogan	Rural

Dental Health	6537954112	CONFLUENCE HEALTH BREWSTER	Rural Health Clinic	Washington	Okanogan County, WA		17	NA	Designated	Rural	08/18/2019	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH BREWSTER	418 W Main Ave	Brewster	WA	98812	Okanogan	Rural

Primary Care	153999532A	Family Health Centers	Federally Qualified Health Center	Washington	Okanogan County, WA		17	21	Designated	Rural	12/03/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7539995339	Family Health Centers	Federally Qualified Health Center	Washington	Okanogan County, WA		21	NA	Designated	Rural	12/03/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Family Health Centers Omak	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural
FHC - Brewster School District	503 S 7th St	Brewster	WA	98812	Okanogan	Rural
FHC - Bridgeport School District	1400 Tacoma Ave	Bridgeport	WA	98813	Douglas	Rural
FHC Brewster Dental Clinic	101 6th St	Brewster	WA	98812-3404	Okanogan	Rural
FHC Brewster Jay Avenue Medical Clinic	525 Jay Ave	Brewster	WA	98812-3403	Okanogan	Rural
FHC Bridgeport Medical/Dental Clinic	1015 Columbia Ave	Bridgeport	WA	98813-9805	Douglas	Rural
FHC Okanogan Administrative Offices	716 1st Ave S	Okanogan	WA	98840-9679	Okanogan	Rural
FHC Okanogan Dental clinic	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
FHC Oroville Dental Clinic	1321 Main St	Oroville	WA	98844-9384	Okanogan	Rural
FHC Tonasket Medical Clinic	106 S Whitcomb Ave	Tonasket	WA	98855-9286	Okanogan	Rural
FHC Twisp Medical	541 W 2nd Ave	Twisp	WA	98856-9863	Okanogan	Rural
Mobile Van 1	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
Mobile Van 2	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6539995371	Family Health Centers	Federally Qualified Health Center	Washington	Okanogan County, WA		23	NA	Designated	Rural	12/03/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Family Health Centers Omak	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural
FHC - Brewster School District	503 S 7th St	Brewster	WA	98812	Okanogan	Rural
FHC - Bridgeport School District	1400 Tacoma Ave	Bridgeport	WA	98813	Douglas	Rural
FHC Brewster Dental Clinic	101 6th St	Brewster	WA	98812-3404	Okanogan	Rural
FHC Brewster Jay Avenue Medical Clinic	525 Jay Ave	Brewster	WA	98812-3403	Okanogan	Rural
FHC Bridgeport Medical/Dental Clinic	1015 Columbia Ave	Bridgeport	WA	98813-9805	Douglas	Rural
FHC Okanogan Administrative Offices	716 1st Ave S	Okanogan	WA	98840-9679	Okanogan	Rural
FHC Okanogan Dental clinic	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
FHC Oroville Dental Clinic	1321 Main St	Oroville	WA	98844-9384	Okanogan	Rural
FHC Tonasket Medical Clinic	106 S Whitcomb Ave	Tonasket	WA	98855-9286	Okanogan	Rural
FHC Twisp Medical	541 W 2nd Ave	Twisp	WA	98856-9863	Okanogan	Rural
Mobile Van 1	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
Mobile Van 2	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	153999531J	Columbia Basin Health Association	Federally Qualified Health Center	Washington	Adams County, WA		16	20	Designated	Rural	07/11/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Family Health Centers Omak	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural
FHC - Brewster School District	503 S 7th St	Brewster	WA	98812	Okanogan	Rural
FHC - Bridgeport School District	1400 Tacoma Ave	Bridgeport	WA	98813	Douglas	Rural
FHC Brewster Dental Clinic	101 6th St	Brewster	WA	98812-3404	Okanogan	Rural
FHC Brewster Jay Avenue Medical Clinic	525 Jay Ave	Brewster	WA	98812-3403	Okanogan	Rural
FHC Bridgeport Medical/Dental Clinic	1015 Columbia Ave	Bridgeport	WA	98813-9805	Douglas	Rural
FHC Okanogan Administrative Offices	716 1st Ave S	Okanogan	WA	98840-9679	Okanogan	Rural
FHC Okanogan Dental clinic	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
FHC Oroville Dental Clinic	1321 Main St	Oroville	WA	98844-9384	Okanogan	Rural
FHC Tonasket Medical Clinic	106 S Whitcomb Ave	Tonasket	WA	98855-9286	Okanogan	Rural
FHC Twisp Medical	541 W 2nd Ave	Twisp	WA	98856-9863	Okanogan	Rural
Mobile Van 1	626 2nd Ave S	Okanogan	WA	98840-9766	Okanogan	Rural
Mobile Van 2	1003 Koala Dr	Omak	WA	98841-9247	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7539995329	Columbia Basin Health Association	Federally Qualified Health Center	Washington	Adams County, WA		19	NA	Designated	Rural	12/02/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
14th Ave Clinic	475 N 14th Ave	Othello	WA	99344-1226	Adams	Rural
CONNELL CLINIC	1051 Columbia Ave	Connell	WA	99326-8702	Franklin	Rural
Othello Clinic	1515 E Columbia St	Othello	WA	99344	Adams	Rural
Pasco Clinic	6115 Burden Blvd	Pasco	WA	99301-0010	Franklin	Non-Rural
Royal City Clinic	114 Camelia St NE	Royal City	WA	99357-3100	Grant	Unknown
WAHLUKE CLINIC	601 Government Rd	Mattawa	WA	99349-5120	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6539995358	Columbia Basin Health Association	Federally Qualified Health Center	Washington	Adams County, WA		21	NA	Designated	Rural	05/22/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
14th Ave Clinic	475 N 14th Ave	Othello	WA	99344-1226	Adams	Rural
CONNELL CLINIC	1051 Columbia Ave	Connell	WA	99326-8702	Franklin	Rural
Othello Clinic	1515 E Columbia St	Othello	WA	99344	Adams	Rural
Pasco Clinic	6115 Burden Blvd	Pasco	WA	99301-0010	Franklin	Non-Rural
Royal City Clinic	114 Camelia St NE	Royal City	WA	99357-3100	Grant	Unknown
WAHLUKE CLINIC	601 Government Rd	Mattawa	WA	99349-5120	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1539207887	Omak Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		18	19	Designated	Rural	10/26/2002	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Omak Health Center	617 Benton St	Omak	WA	98841-9636	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7531882450	Omak Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		15	NA	Designated	Rural	10/26/2002	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Omak Health Center	617 Benton St	Omak	WA	98841-9636	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6534475653	Omak Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		20	NA	Designated	Rural	10/26/2002	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Omak Health Center	617 Benton St	Omak	WA	98841-9636	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1539130576	LAKE CHELAN CLINIC, PC	Rural Health Clinic	Washington	Chelan County, WA		15	16	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LAKE CHELAN CLINIC, PC	219 E Johnson Ave	Chelan	WA	98816-9022	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7535937249	LAKE CHELAN CLINIC, PC	Rural Health Clinic	Washington	Chelan County, WA		17	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LAKE CHELAN CLINIC, PC	219 E Johnson Ave	Chelan	WA	98816-9022	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6536696953	LAKE CHELAN CLINIC, PC	Rural Health Clinic	Washington	Chelan County, WA		15	NA	Designated	Rural	02/11/2020	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	153999531U	COLUMBIA VALLEY COMMUNITY HEALTH	Federally Qualified Health Center	Washington	Chelan County, WA		11	15	Designated	Non-Rural	12/02/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LAKE CHELAN CLINIC, PC	219 E Johnson Ave	Chelan	WA	98816-9022	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CVCH - Ballard (Billing)	1027 N Wenatchee Ave	Wenatchee	WA	98801-1574	Chelan	Non-Rural
CVCH Behavioral Health	504 Orondo Ave, #A	Wenatchee	WA	98801-2830	Chelan	Non-Rural
CVCH Behavioral Health East Wenatchee	980 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Chelan Clinic	105 S Apple Blossom Dr	Chelan	WA	98816-8810	Chelan	Rural
CVCH Chelan MS/HS School Health Center	215 Webster Ave	Chelan	WA	98816-9806	Chelan	Rural
CVCH Clovis Middle School Health Center	1855 4th St SE	East Wenatchee	WA	98802-9202	Douglas	Non-Rural
CVCH Columbia Elementary School Health Center	600 Alaska St	Wenatchee	WA	98801-2875	Chelan	Non-Rural
CVCH Connect Mobile Unit	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Connect Van	600 Orondo Ave	Wenatchee	WA	98801-2800	Chelan	Non-Rural
CVCH East Wenatchee Clinic	940 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH East Wenatchee Express Care	900 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Eastmont High School Health Center	955 3rd St NE	East Wenatchee	WA	98802-4962	Douglas	Non-Rural
CVCH Eastmont Junior High School Health Center	905 8th St NE	East Wenatchee	WA	98802-4615	Douglas	Non-Rural
CVCH Easy Way	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Hope Health	145 S Worthen St	Wenatchee	WA	98801-3081	Chelan	Non-Rural
CVCH Lee Elementary School Health Center	1455 N Baker Ave	East Wenatchee	WA	98802-4336	Douglas	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	CVCH Lincoln Elementary School Health Center	1224 Methow St	Wenatchee	WA		98801-3552		Chelan		Non-Rural		
	CVCH Manson Elementary School Health Center	950 Totem Pole Rd	Manson	WA		98831-9418		Chelan		Rural		
	CVCH Manson Secondary School Health Center	1000 Totem Pole Rd	Manson	WA		98831-9419		Chelan		Rural		
	CVCH New Path	819 N Miller St, Ste 1B	Wenatchee	WA		98801-6604		Chelan		Non-Rural		
	CVCH Orchard Middle School Health Center	1024 Orchard Ave	Wenatchee	WA		98801-1945		Chelan		Non-Rural		
	CVCH Sterling Middle School Health Center	600 N James Ave	East Wenatchee	WA		98802-4629		Douglas		Non-Rural		
	CVCH Wenatchee Clinic	600 Orondo Ave, Ste 1	Wenatchee	WA		98801-2800		Chelan		Non-Rural		
	CVCH Wenatchee Valley College Clinic	1300 5th St	Wenatchee	WA		98801-1741		Chelan		Non-Rural		
	CVCH West Side High School Health Center	1510 9th St	Wenatchee	WA		98801-1656		Chelan		Non-Rural		
	CVCH WIC	502 Orondo Ave	Wenatchee	WA		98801-2830		Chelan		Non-Rural		
Mental Health	7539995330	COLUMBIA VALLEY COMMUNITY HEALTH	Federally Qualified Health Center	Washington	Chelan County, WA		20	NA	Designated	Non-Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CVCH - Ballard (Billing)	1027 N Wenatchee Ave	Wenatchee	WA	98801-1574	Chelan	Non-Rural
CVCH Behavioral Health	504 Orondo Ave, #A	Wenatchee	WA	98801-2830	Chelan	Non-Rural
CVCH Behavioral Health East Wenatchee	980 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Chelan Clinic	105 S Apple Blossom Dr	Chelan	WA	98816-8810	Chelan	Rural
CVCH Chelan MS/HS School Health Center	215 Webster Ave	Chelan	WA	98816-9806	Chelan	Rural
CVCH Clovis Middle School Health Center	1855 4th St SE	East Wenatchee	WA	98802-9202	Douglas	Non-Rural
CVCH Columbia Elementary School Health Center	600 Alaska St	Wenatchee	WA	98801-2875	Chelan	Non-Rural
CVCH Connect Mobile Unit	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Connect Van	600 Orondo Ave	Wenatchee	WA	98801-2800	Chelan	Non-Rural
CVCH East Wenatchee Clinic	940 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH East Wenatchee Express Care	900 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Eastmont High School Health Center	955 3rd St NE	East Wenatchee	WA	98802-4962	Douglas	Non-Rural
CVCH Eastmont Junior High School Health Center	905 8th St NE	East Wenatchee	WA	98802-4615	Douglas	Non-Rural
CVCH Easy Way	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Hope Health	145 S Worthen St	Wenatchee	WA	98801-3081	Chelan	Non-Rural
CVCH Lee Elementary School Health Center	1455 N Baker Ave	East Wenatchee	WA	98802-4336	Douglas	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	CVCH Lincoln Elementary School Health Center	1224 Methow St	Wenatchee	WA		98801-3552		Chelan		Non-Rural		
	CVCH Manson Elementary School Health Center	950 Totem Pole Rd	Manson	WA		98831-9418		Chelan		Rural		
	CVCH Manson Secondary School Health Center	1000 Totem Pole Rd	Manson	WA		98831-9419		Chelan		Rural		
	CVCH New Path	819 N Miller St, Ste 1B	Wenatchee	WA		98801-6604		Chelan		Non-Rural		
	CVCH Orchard Middle School Health Center	1024 Orchard Ave	Wenatchee	WA		98801-1945		Chelan		Non-Rural		
	CVCH Sterling Middle School Health Center	600 N James Ave	East Wenatchee	WA		98802-4629		Douglas		Non-Rural		
	CVCH Wenatchee Clinic	600 Orondo Ave, Ste 1	Wenatchee	WA		98801-2800		Chelan		Non-Rural		
	CVCH Wenatchee Valley College Clinic	1300 5th St	Wenatchee	WA		98801-1741		Chelan		Non-Rural		
	CVCH West Side High School Health Center	1510 9th St	Wenatchee	WA		98801-1656		Chelan		Non-Rural		
	CVCH WIC	502 Orondo Ave	Wenatchee	WA		98801-2830		Chelan		Non-Rural		
Dental Health	6539995365	COLUMBIA VALLEY COMMUNITY HEALTH	Federally Qualified Health Center	Washington	Chelan County, WA		23	NA	Designated	Non-Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CVCH - Ballard (Billing)	1027 N Wenatchee Ave	Wenatchee	WA	98801-1574	Chelan	Non-Rural
CVCH Behavioral Health	504 Orondo Ave, #A	Wenatchee	WA	98801-2830	Chelan	Non-Rural
CVCH Behavioral Health East Wenatchee	980 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Chelan Clinic	105 S Apple Blossom Dr	Chelan	WA	98816-8810	Chelan	Rural
CVCH Chelan MS/HS School Health Center	215 Webster Ave	Chelan	WA	98816-9806	Chelan	Rural
CVCH Clovis Middle School Health Center	1855 4th St SE	East Wenatchee	WA	98802-9202	Douglas	Non-Rural
CVCH Columbia Elementary School Health Center	600 Alaska St	Wenatchee	WA	98801-2875	Chelan	Non-Rural
CVCH Connect Mobile Unit	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Connect Van	600 Orondo Ave	Wenatchee	WA	98801-2800	Chelan	Non-Rural
CVCH East Wenatchee Clinic	940 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH East Wenatchee Express Care	900 Eastmont Ave	East Wenatchee	WA	98802-6602	Douglas	Non-Rural
CVCH Eastmont High School Health Center	955 3rd St NE	East Wenatchee	WA	98802-4962	Douglas	Non-Rural
CVCH Eastmont Junior High School Health Center	905 8th St NE	East Wenatchee	WA	98802-4615	Douglas	Non-Rural
CVCH Easy Way	140 Easy Way	Wenatchee	WA	98801-8108	Chelan	Non-Rural
CVCH Hope Health	145 S Worthen St	Wenatchee	WA	98801-3081	Chelan	Non-Rural
CVCH Lee Elementary School Health Center	1455 N Baker Ave	East Wenatchee	WA	98802-4336	Douglas	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	CVCH Lincoln Elementary School Health Center	1224 Methow St	Wenatchee	WA	98801-3552	Chelan	Non-Rural					
	CVCH Manson Elementary School Health Center	950 Totem Pole Rd	Manson	WA	98831-9418	Chelan	Rural					
	CVCH Manson Secondary School Health Center	1000 Totem Pole Rd	Manson	WA	98831-9419	Chelan	Rural					
	CVCH New Path	819 N Miller St, Ste 1B	Wenatchee	WA	98801-6604	Chelan	Non-Rural					
	CVCH Orchard Middle School Health Center	1024 Orchard Ave	Wenatchee	WA	98801-1945	Chelan	Non-Rural					
	CVCH Sterling Middle School Health Center	600 N James Ave	East Wenatchee	WA	98802-4629	Douglas	Non-Rural					
	CVCH Wenatchee Clinic	600 Orondo Ave, Ste 1	Wenatchee	WA	98801-2800	Chelan	Non-Rural					
	CVCH Wenatchee Valley College Clinic	1300 5th St	Wenatchee	WA	98801-1741	Chelan	Non-Rural					
	CVCH West Side High School Health Center	1510 9th St	Wenatchee	WA	98801-1656	Chelan	Non-Rural					
	CVCH WIC	502 Orondo Ave	Wenatchee	WA	98801-2830	Chelan	Non-Rural					
Primary Care	1535735656	Grant County Hospital District 5	Federally Qualified Health Center	Washington	Grant County, WA		18	20	Designated	Rural	08/18/2019	09/11/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	Mattawa Community Medical Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural					
	MCMC - Behavioral Health	101 S William Ave	Mattawa	WA	99349-0104	Grant	Rural					
	MCMC Expanded Services Bld.	206 Government Rd	Mattawa	WA	99349-5116	Grant	Rural					
	MCMC Mobile Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural					
	MCMC WIC & PSS	215 1st St	Mattawa	WA	99349-0112	Grant	Rural					

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7533341325	Grant County Hospital District 5	Federally Qualified Health Center	Washington	Grant County, WA		16	NA	Designated	Rural	08/18/2019	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Mattawa Community Medical Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC - Behavioral Health	101 S William Ave	Mattawa	WA	99349-0104	Grant	Rural
MCMC Expanded Services Bld.	206 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC Mobile Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC WIC & PSS	215 1st St	Mattawa	WA	99349-0112	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6533442642	Grant County Hospital District 5	Federally Qualified Health Center	Washington	Grant County, WA		21	NA	Designated	Rural	08/18/2019	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Mattawa Community Medical Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC - Behavioral Health	101 S William Ave	Mattawa	WA	99349-0104	Grant	Rural
MCMC Expanded Services Bld.	206 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC Mobile Clinic	210 Government Rd	Mattawa	WA	99349-5116	Grant	Rural
MCMC WIC & PSS	215 1st St	Mattawa	WA	99349-0112	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	153999531X	Moses Lake Community Health Center	Federally Qualified Health Center	Washington	Grant County, WA		17	19	Designated	Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Ephrata Community Dental Clinic	457 1st Ave NW	Ephrata	WA	98823	Grant	Rural
MOSES LAKE COMMUNITY HEALTH CENTER	605 S Coolidge St	Moses Lake	WA	98837-1873	Grant	Rural
QUINCY COMMUNITY HEALTH CENTER	1450 1st Ave SW	Quincy	WA	98848-1695	Grant	Rural
Quincy Student Health & Wellness Center	403 Jackrabbit St NE	Quincy	WA	98848-2008	Grant	Rural

Mental Health	7539995333	Moses Lake Community Health Center	Federally Qualified Health Center	Washington	Grant County, WA		20	NA	Designated	Rural	12/02/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Ephrata Community Dental Clinic	457 1st Ave NW	Ephrata	WA	98823	Grant	Rural
MOSES LAKE COMMUNITY HEALTH CENTER	605 S Coolidge St	Moses Lake	WA	98837-1873	Grant	Rural
QUINCY COMMUNITY HEALTH CENTER	1450 1st Ave SW	Quincy	WA	98848-1695	Grant	Rural
Quincy Student Health & Wellness Center	403 Jackrabbit St NE	Quincy	WA	98848-2008	Grant	Rural

Dental Health	6539995368	Moses Lake Community Health Center	Federally Qualified Health Center	Washington	Grant County, WA		17	NA	Designated	Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Ephrata Community Dental Clinic	457 1st Ave NW	Ephrata	WA	98823	Grant	Rural
MOSES LAKE COMMUNITY HEALTH CENTER	605 S Coolidge St	Moses Lake	WA	98837-1873	Grant	Rural
QUINCY COMMUNITY HEALTH CENTER	1450 1st Ave SW	Quincy	WA	98848-1695	Grant	Rural
Quincy Student Health & Wellness Center	403 Jackrabbit St NE	Quincy	WA	98848-2008	Grant	Rural

Primary Care	1533301353	CONFLUENCE HEALTH ROYAL CITY	Rural Health Clinic	Washington	Grant County, WA		12	17	Designated	Rural	08/18/2019	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH ROYAL CITY	101 Camelia St NE	Royal City	WA	99357-3100	Grant	Rural

Mental Health	7532596967	CONFLUENCE HEALTH ROYAL CITY	Rural Health Clinic	Washington	Grant County, WA		16	NA	Designated	Rural	08/18/2019	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH ROYAL CITY	101 Camelia St NE	Royal City	WA	99357-3100	Grant	Rural

Dental Health	6538433371	CONFLUENCE HEALTH ROYAL CITY	Rural Health Clinic	Washington	Grant County, WA		13	NA	Designated	Rural	08/18/2019	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH ROYAL CITY	101 Camelia St NE	Royal City	WA	99357-3100	Grant	Rural

Mental Health	7539995350	Colville Indian Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		20	NA	Designated	Rural	10/26/2002	09/12/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Colville Indian Health Center	PO BOX 71	Nespelem	WA	99155-0071		Okanogan			Rural		
Primary Care	1537187444	Omak Behavioral Health Program Chiliwist	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		18	19	Designated	Rural	08/18/2019	09/12/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Omak Behavioral Health Program Chiliwist	617 Benton St	Omak	WA	98841-9636		Okanogan			Rural		
Mental Health	7535752146	Omak Behavioral Health Program Chiliwist	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		15	NA	Designated	Rural	08/18/2019	09/12/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Omak Behavioral Health Program Chiliwist	617 Benton St	Omak	WA	98841-9636		Okanogan			Rural		
Dental Health	6539156913	Omak Behavioral Health Program Chiliwist	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		20	NA	Designated	Rural	08/18/2019	09/12/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Omak Behavioral Health Program Chiliwist	617 Benton St	Omak	WA	98841-9636		Okanogan			Rural		
Primary Care	153999532Q	Colville Indian Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		17	19	Designated	Rural	10/26/2002	11/30/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Colville Indian Health Center	PO BOX 71	Nespelem	WA	99155-0071		Okanogan			Rural		
Dental Health	6539995383	Colville Indian Health Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Washington	Okanogan County, WA		20	NA	Designated	Rural	10/26/2002	11/30/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	Colville Indian Health Center	PO BOX 71	Nespelem	WA	99155-0071		Okanogan			Rural		
Primary Care	1539435767	MID-VALLEY MEDICAL GROUP	Rural Health Clinic	Washington	Okanogan County, WA		15	20	Designated	Rural	12/28/2021	12/28/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	MID-VALLEY MEDICAL GROUP	529 Jasmine St	Omak	WA	98841-9589		Okanogan			Rural		
Mental Health	7536268688	MID-VALLEY MEDICAL GROUP	Rural Health Clinic	Washington	Okanogan County, WA		19	NA	Designated	Rural	12/28/2021	12/28/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	MID-VALLEY MEDICAL GROUP	529 Jasmine St	Omak	WA	98841-9589		Okanogan			Rural		
Dental Health	6533362370	MID-VALLEY MEDICAL GROUP	Rural Health Clinic	Washington	Okanogan County, WA		19	NA	Designated	Rural	12/28/2021	12/28/2021
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	MID-VALLEY MEDICAL GROUP	529 Jasmine St	Omak	WA	98841-9589		Okanogan			Rural		
Primary Care	15399953E5	COULEE FAMILY MEDICINE	Rural Health Clinic	Washington	Grant County, WA		8	12	Designated	Rural	01/06/2004	06/09/2022
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	COULEE FAMILY MEDICINE	411 Fortuyn Rd	Grand Coulee	WA	99133-8718		Grant			Rural		
Mental Health	7535778873	COULEE FAMILY MEDICINE	Rural Health Clinic	Washington	Grant County, WA		14	NA	Designated	Rural	08/18/2019	06/09/2022
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	COULEE FAMILY MEDICINE	411 Fortuyn Rd	Grand Coulee	WA	99133-8718		Grant			Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6536341872	COULEE FAMILY MEDICINE	Rural Health Clinic	Washington	Grant County, WA		16	NA	Designated	Rural	08/18/2019	06/09/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
COULEE FAMILY MEDICINE	411 Fortuyn Rd	Grand Coulee	WA	99133-8718	Grant	Rural

Primary Care	1533735229	SAMARITAN CLINIC	Rural Health Clinic	Washington	Grant County, WA		12	16	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC	1550 S Pioneer Way	Moses Lake	WA	98837-4613	Grant	Rural

Mental Health	7536124644	SAMARITAN CLINIC	Rural Health Clinic	Washington	Grant County, WA		18	NA	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC	1550 S Pioneer Way	Moses Lake	WA	98837-4613	Grant	Rural

Dental Health	6534225591	SAMARITAN CLINIC	Rural Health Clinic	Washington	Grant County, WA		13	NA	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC	1550 S Pioneer Way	Moses Lake	WA	98837-4613	Grant	Rural

Primary Care	1538971894	SAMARITAN CLINIC ON PATTON	Rural Health Clinic	Washington	Grant County, WA		13	15	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC ON PATTON	8420 Aspi Blvd	Moses Lake	WA	98837-3601	Grant	Rural

Mental Health	7537184259	SAMARITAN CLINIC ON PATTON	Rural Health Clinic	Washington	Grant County, WA		18	NA	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC ON PATTON	8420 Aspi Blvd	Moses Lake	WA	98837-3601	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6531104811	SAMARITAN CLINIC ON PATTON	Rural Health Clinic	Washington	Grant County, WA		13	NA	Designated	Rural	12/16/2022	12/16/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
SAMARITAN CLINIC ON PATTON	8420 Aspi Blvd	Moses Lake	WA	98837-3601	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1533154767	CASCADE MEDICAL CENTER	Rural Health Clinic	Washington	Chelan County, WA		7	12	Designated	Rural	10/05/2023	10/05/2023

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CASCADE MEDICAL CENTER	817 Commercial St	Leavenworth	WA	98826-1316	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7536298991	CASCADE MEDICAL CENTER	Rural Health Clinic	Washington	Chelan County, WA		16	NA	Designated	Rural	10/05/2023	10/05/2023

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CASCADE MEDICAL CENTER	817 Commercial St	Leavenworth	WA	98826-1316	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6536280750	CASCADE MEDICAL CENTER	Rural Health Clinic	Washington	Chelan County, WA		15	NA	Designated	Rural	10/05/2023	10/05/2023

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CASCADE MEDICAL CENTER	817 Commercial St	Leavenworth	WA	98826-1316	Chelan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1539623694	CONFLUENCE HEALTH EPHRATA CLINIC	Rural Health Clinic	Washington	Grant County, WA		13	14	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH EPHRATA CLINIC	314 Basin St SW	Ephrata	WA	98823-1850	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7536498906	CONFLUENCE HEALTH EPHRATA CLINIC	Rural Health Clinic	Washington	Grant County, WA		17	NA	Designated	Rural	11/05/2024	11/05/2024

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH EPHRATA CLINIC	314 Basin St SW	Ephrata	WA	98823-1850		Grant			Rural		
Dental Health	6537985513	CONFLUENCE HEALTH EPHRATA CLINIC	Rural Health Clinic	Washington	Grant County, WA		15	NA	Designated	Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH EPHRATA CLINIC	314 Basin St SW	Ephrata	WA	98823-1850		Grant			Rural		
Primary Care	1535643389	CONFLUENCE HEALTH E WENATCHEE CLINIC	Rural Health Clinic	Washington	Douglas County, WA		7	7	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH E WENATCHEE CLINIC	100 Highline Dr	East Wenatchee	WA	98802-5341		Douglas			Non-Rural		
Mental Health	7532183986	CONFLUENCE HEALTH E WENATCHEE CLINIC	Rural Health Clinic	Washington	Douglas County, WA		17	NA	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH E WENATCHEE CLINIC	100 Highline Dr	East Wenatchee	WA	98802-5341		Douglas			Non-Rural		
Dental Health	6536332051	CONFLUENCE HEALTH E WENATCHEE CLINIC	Rural Health Clinic	Washington	Douglas County, WA		13	NA	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH E WENATCHEE CLINIC	100 Highline Dr	East Wenatchee	WA	98802-5341		Douglas			Non-Rural		
Primary Care	1535239461	CONFLUENCE HEALTH TONASKET CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		15	19	Designated	Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH TONASKET CLINIC	17 S Western Ave	Tonasket	WA	98855-9270		Okanogan			Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7532757554	CONFLUENCE HEALTH TONASKET CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		18	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH TONASKET CLINIC	17 S Western Ave	Tonasket	WA	98855-9270	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6532940735	CONFLUENCE HEALTH TONASKET CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		19	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH TONASKET CLINIC	17 S Western Ave	Tonasket	WA	98855-9270	Okanogan	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1534973249	CONFLUENCE HEALTH MOSES LAKE CLINIC	Rural Health Clinic	Washington	Grant County, WA		12	16	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH MOSES LAKE CLINIC	840 E Hill Ave	Moses Lake	WA	98837-2238	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7533782048	CONFLUENCE HEALTH MOSES LAKE CLINIC	Rural Health Clinic	Washington	Grant County, WA		18	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH MOSES LAKE CLINIC	840 E Hill Ave	Moses Lake	WA	98837-2238	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6536052426	CONFLUENCE HEALTH MOSES LAKE CLINIC	Rural Health Clinic	Washington	Grant County, WA		15	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CONFLUENCE HEALTH MOSES LAKE CLINIC	840 E Hill Ave	Moses Lake	WA	98837-2238	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1539879561	CONFLUENCE HEALTH OMAK CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		15	17	Designated	Rural	11/05/2024	11/05/2024

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH OMAK CLINIC	916 Koala Dr	Omak	WA	98841-9759		Okanogan			Rural		
Mental Health	7532403781	CONFLUENCE HEALTH OMAK CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		19	NA	Designated	Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH OMAK CLINIC	916 Koala Dr	Omak	WA	98841-9759		Okanogan			Rural		
Dental Health	6534384995	CONFLUENCE HEALTH OMAK CLINIC	Rural Health Clinic	Washington	Okanogan County, WA		19	NA	Designated	Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH OMAK CLINIC	916 Koala Dr	Omak	WA	98841-9759		Okanogan			Rural		
Primary Care	1532796718	CONFLUENCE HEALTH WENATCHEE CLINIC	Rural Health Clinic	Washington	Chelan County, WA		7	7	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH WENATCHEE CLINIC	820 N Chelan Ave	Wenatchee	WA	98801-2028		Chelan			Non-Rural		
Mental Health	7535680496	CONFLUENCE HEALTH WENATCHEE CLINIC	Rural Health Clinic	Washington	Chelan County, WA		17	NA	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH WENATCHEE CLINIC	820 N Chelan Ave	Wenatchee	WA	98801-2028		Chelan			Non-Rural		
Dental Health	6531158176	CONFLUENCE HEALTH WENATCHEE CLINIC	Rural Health Clinic	Washington	Chelan County, WA		13	NA	Designated	Non-Rural	11/05/2024	11/05/2024
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**		**County**			**Rural Status**		
	CONFLUENCE HEALTH WENATCHEE CLINIC	820 N Chelan Ave	Wenatchee	WA	98801-2028		Chelan			Non-Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1533474938	QUINCY VALLEY CLINIC	Rural Health Clinic	Washington	Grant County, WA		13	9	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
QUINCY VALLEY CLINIC	908 10th Ave SW	Quincy	WA	98848-1376	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7535166519	QUINCY VALLEY CLINIC	Rural Health Clinic	Washington	Grant County, WA		17	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
QUINCY VALLEY CLINIC	908 10th Ave SW	Quincy	WA	98848-1376	Grant	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6531636126	QUINCY VALLEY CLINIC	Rural Health Clinic	Washington	Grant County, WA		11	NA	Designated	Rural	11/05/2024	11/05/2024

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
QUINCY VALLEY CLINIC	908 10th Ave SW	Quincy	WA	98848-1376	Grant	Rural

Medically Underserved Areas/Populations
Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed August 6, 2025.

Medically Underserved Areas/Populations
Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Chelan, Douglas, Grant and Okanogan Counties, WA, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed August 6, 2025.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	03667	Douglas Service Area	Medically Underserved Area	Washington	Douglas County, WA	59.9	Designated	Partially Rural	08/14/1984	08/14/1984

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Douglas	Douglas	Single County	53017	Partially Rural

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	03670	GRANT SERVICE AREA	Medically Underserved Area	Washington	Grant County, WA	59.9	Designated	Rural	08/14/1984	08/14/1984

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Grant	Grant	Single County	53025	Rural

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	03675	OKANOGAN SERVICE AREA	Medically Underserved Area	Washington	Okanogan County, WA	55.6	Designated	Rural	04/06/1990	04/06/1990

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Washington	Okanogan	Okanogan	Single County	53047	Rural

INTERVIEWEE INFORMATION

Confluence Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Theresa Adkinson	Administrator	Grant County Health District	5/1/2025	Grant County	Alex Campbell	X			General Public
Mike Ballard	Manager	Ballard Ambulance	4/21/2025	Chelan, Douglas Counties	Alex Campbell			X	General Public
Sara Bates	Director of Community Data	Thriving Together	4/24/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public
Lisa Blair	Executive Director	Wenatchee Valley Senior Activity Center	4/17/2025	Chelan, Douglas Counties	Alex Campbell		X		Seniors, Elderly
Wendy Brzezny	Director of Clinical Integration	Thriving Together	4/24/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public
Wilma Cartagena	President	Hispanic Business Council	4/30/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		Hispanic
Jerrilea Crawford	Mayor	City of East Wenatchee	4/22/2025	Douglas County	Alex Campbell			X	General Public
Richard Dickson	Board of Directors President	Cancer Care of North Central Washington	4/30/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public; Cancer Patients
Dorry Foster	Chief Executive Officer	Wenatchee Valley YMCA	4/29/2025	Chelan, Douglas Counties	Alex Campbell		X		General Public
Cindy Gagne	Mayor	City of Omak	5/7/2025	Okanogan County	Alex Campbell			X	General Public
Scooter Harter	Executive Director	Women's Resource Center of North Central Washington	4/30/2025	Chelan, Douglas Counties	Alex Campbell		X		Women; Homeless
Kim Hatfield	North Central Director	Catholic Charities of North Central Washington	4/22/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public
Kristen Hosey DNP	Executive Director	Chelan Douglas Health District	4/17/2025	Chelan, Douglas Counties	Alex Campbell	X			General Public
Kirk Hudson	General Manager/Chief Executive Officer	Chelan County Public Utility District	4/23/2025	Chelan County	Alex Campbell			X	General Public
Lauri Jones	Administrator	Okanogan County Health District	4/22/2025	Okanogan County	Alex Campbell	X			General Public
Dr. Kory Kalahar	Superintendent	Wenatchee School District	5/9/2025	Chelan County	Alex Campbell		X		Youth
Sue Kane	Chief Executive Officer	North Central Washington Tech Alliance	4/28/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell			X	General Public

Confluence Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Angel Ledesma	Executive Director	Columbia Basin Cancer Foundation	5/7/2025	Grant County	Alex Campbell		X		General Public; Cancer Patients
West Mathison	President	Stemilt	4/21/2025	Chelan, Douglas Counties	Alex Campbell			X	General Public
Lisa Melvin	Executive Director	Chelan Douglas Casa	5/6/2025	Chelan, Douglas Counties	Alex Campbell		X		Youth
Erica Moshe	President	Brave Warrior Project	4/30/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		Families; Youth
Manuel Navarro	Chief Executive Officer	Columbia Valley Community Health	4/21/2025	Chelan County	Alex Campbell		X		General Public
Mike Poirier	Mayor	City of Wenatchee	4/28/2025	Chelan County	Alex Campbell			X	General Public
Steve Quick	Superintendent	Okanogan School District	4/29/2025	Okanogan County	Alex Campbell		X		Youth
John Schapman	Director	Thriving Together	4/24/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public
Trisha Schock	Executive Director	North Central Educational Service District	4/21/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		Youth
Beth Stipe	Executive Director	Community Foundation of North Central Washington	5/9/2025	Chelan, Douglas, Grant and Okanogan Counties	Alex Campbell		X		General Public
Loretta Stover	Executive Director	Center for Alcohol & Drug Treatment	5/9/2025	Chelan, Douglas Counties	Alex Campbell		X		Behavioral Health
Steve Taylor	General Manager/Chief Executive Officer	Okanogan County Public Utility District	5/6/2025	Okanogan County	Alex Campbell			X	General Public
Spencer Taylor	Superintendent	Eastmont School District	5/6/2025	Douglas County	Alex Campbell		X		Youth
Zach Williams	People Experience	Stemilt	4/21/2025	Chelan, Douglas Counties	Alex Campbell			X	General Public

A: Work for a state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Confluence Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; April 17, 2025 – May 9, 2025.

PRIORITY BALLOT

Confluence Health 2025 Community Health Needs Assessment

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Confluence Health Community Health Needs Assessment (CHNA), we have identified the following needs for the Confluence Health CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Confluence Health Capacity) that we would like for you to use when identifying the top community health priorities for Confluence Health, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue
In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. How many people does this affect?
b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
c. How serious are the consequences? (urgency; severity; economic loss)

2. Effectiveness of Interventions
In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. How likely is it that actions taken by Confluence Health will make a difference?
b. How likely is it that actions taken by Confluence Health will improve quality of life?
c. How likely is it that progress can be made in both the short term and the long term?
d. How likely is it that the community will experience reduction of long-term health cost?

3. Confluence Health Capacity
In thinking about the Capacity of Confluence Health to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. Are people at Confluence Health likely to support actions around this issue? (ready)
b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
c. Are the necessary resources and leadership available to us now? (able)

***Please note that the identified health needs below are in alphabetical order for now,**

and will be shifted in order of importance once they are ranked by the CHNA Team.

* 1. Access to Mental, Behavioral, and Substance Use Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Confluence Health Capacity	○	○	○	○	○

* 2. Continued Focus on Community Infrastructure

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Confluence Health Capacity	○	○	○	○	○

* 3. Continued Recruitment & Retention of Healthcare Workforce

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Confluence Health Capacity	○	○	○	○	○

* 4. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Confluence Health Capacity	○	○	○	○	○

* 5. When thinking about the above needs, are there any on this list that you DO NOT feel that Confluence Health could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Mental, Behavioral, and Substance Use Care Services and Providers	◯	◯
Continued Focus on Community Infrastructure	◯	◯
Continued Recruitment & Retention of Healthcare Workforce	◯	◯
Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles	◯	◯

Section 2:

Implementation Plan

Confluence Health
FY 2026 - FY 2028 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Confluence Health by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Chelan, Douglas, Grant and Okanogan Counties, Washington.

The CHNA Team, consisting of leadership from Confluence Health, reviewed the research findings in July 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below. Through collaboration, engagement and partnership with the community, Confluence Health will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations:
1.) Continued Recruitment & Retention of Healthcare Workforce
2.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3.) Access to Mental, Behavioral, and Substance Use Care Services and Providers
4.) Continued Focus on Community Infrastructure

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, Confluence Health leadership discussed the results and decided to address three of the four prioritized needs in various capacities through a hospital specific implementation plan. While Confluence Health acknowledges that "Continued Focus on Community Infrastructure" is a significant need in the community, it is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. Confluence Health will continue to support local organizations and efforts to address this need in the community.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The Confluence Health Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on November 11, 2025.

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Rationale:

Douglas, Grant and Okanogan Counties have a higher ratio of population per primary care physician as compared to the state. Additionally, all four counties have several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Furthermore, Douglas, Grant and Okanogan Counties have Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services HRSA.

Interviewees discussed longer wait times and limited capacity for local walk-in clinics (especially for Okanogan County), rehab centers, and nursing home and memory care facilities. Several barriers to care were discussed for individuals living within certain counties, with those being geography due to the rural nature of the counties, transportation (availability and cost), limited clinic options in Douglas and Okanogan Counties, staff turnover and varying wait times based on whether a patient was new or an existing patient. Some interviewees discussed difficulty finding a provider accepting new patients after relocating to the area, and others mentioned that there seems to be long wait times for in person appointments, even though telemedicine is an option. Interviewees expressed appreciation for organizations in the area that are improving access to primary care services such as FQHCs, Samaritan and Confluence Health. A few noted challenges exist when recruiting providers to the community due to lack of affordable housing.

With regards to specialty care, interviewees discussed the long wait times for certain specialties, like dermatology and gastroenterology, due to the limited number of providers and rotating coverage, especially for Grant and Okanogan Counties. Telemedicine was mentioned as an option, but limitations exist due to the rurality of some of the communities. Interviewees believe patients are being transferred despite capability to receive care locally. This then puts a strain on EMS and identifies a need for consistent hospital/call provider availability. A couple of people talked about long wait times for new specialty related issues, unless you have a physician-to-physician intervention.

Interviewees mentioned outmigration to places like Spokane, Seattle, Wenatchee, Yakima and the tri-cities area for specialty related services. There is a desire to specifically see a more comprehensive cancer treatment center for Grant County as people tend to go to Spokane, Wenatchee or the tri-cities area. The elderly population was mentioned by interviewees as needing more localized specialty care services so they aren't traveling to cities like Spokane or Wenatchee. The transportation system within the counties was discussed extensively regarding the fragmentation between the counties which impedes inter-county access.

Interviewees expressed appreciation for the local FQHCs, but acknowledged their lack of specialty offerings and the potential impact on patients foregoing that care due to cost. Lab services at the VA were mentioned as challenging due to limited working hours because of their lack of resources. Specific specialties mentioned as needed due to long wait times or lack of coverage include Dermatology, Orthopedics, Cardiology, Mental/Behavioral Health, Endocrinology, Gastroenterology, Neurology, Oncology, Allergy, Neurosurgery (including Trauma), OB/GYN, Pediatrics subspecialties, Urology, ENT, Geriatrics, Infectious Disease, Nutrition, Ophthalmology, Physical Therapy and Wound Care.

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. Confluence Health will continue to explore obtaining and maintaining the most up to date, advanced technology and equipment to increase access to specialized services for patients.	CNO, Chief Ambulatory and Clinic Network Officer, CMO	Da Vinci 5						
1.B. Confluence Health partners with local colleges and universities to support area residents pursuing education and future careers in providing health care services. Additionally, Confluence Health will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility in a variety of programs.	CNO and Chief Ambulatory and Clinic Network Officer	Ophthalmic Technician apprentice program, High School Healthcare Scholarship (for enrolling Wenatchee Valley or Big Bend Community College students), Nursing Residents, and MA-Apprenticeship Programs						
1.C. Confluence Health recognizes outstanding employees through nominations and award ceremonies.	Chief People & Strategy Officer	Daisy Team Award, REACH Awards, Years of Service, Core Value Award, Singleton Awards						
1.D. In partnership with the local nursing school, Confluence Health provides a nurse residency program, where people who are interested in healthcare can work before they have their license. The program helps the individual through their first year of nursing.	CNO							
1.E. Confluence Health continues to improve access in all areas of our service to meet patient demands through optimizing the provider workforce, identifying new pathways for care delivery and increasing the availability of online appointments	Chief Ambulatory and Clinic Network Officer, Josh Wood							

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Chelan, Douglas, Grant and Okanogan Counties and the state. Chelan County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; Parkinson's disease; and intentional self-harm (suicide). Douglas County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; chronic lower respiratory diseases; cerebrovascular diseases; and COVID-19. Grant County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Okanogan County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Additionally, Grant and Okanogan Counties have a higher prostate cancer mortality rate than the state and Chelan, Douglas and Okanogan Counties have a higher lung & bronchus cancer mortality rate than the state. Chelan and Okanogan Counties have a higher female breast cancer mortality rate than the state and Douglas County has a higher colon & rectum cancer mortality rate than the state.

Chelan, Douglas and Grant Counties have higher prevalence rates of communicable diseases such as chlamydia than the state. All four counties have a higher percentage of chronic conditions than the state, such as diabetes. Grant County has a higher percent of the Medicare population with diabetes when compared to the state and Douglas, Grant and Okanogan Counties have a higher percent of the adult population who are considered obese than the state. Chelan and Grant Counties have a higher percentage of the Medicare population who are obese and Douglas and Grant Counties have a higher percent of the Medicare population with high blood pressure when compared to the state. Douglas, Grant and Okanogan Counties have a higher percent of the adult population with arthritis. All four counties have a higher percentage of adults with asthma and those with a disability for the adult population than the state. Additionally, Grant and Okanogan Counties have a higher percent of the Medicare population with a disability when compared to the state.

All four counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and smoking, than the state for the adult population. Chelan, Douglas and Okanogan Counties have a higher percent of the adult population who report binge drinking when compared to the state. With regards to maternal and child health, specifically, all four counties have more low birth weight births than the state and Grant County has a higher rate of teen births when compared to the state. Chelan, Douglas, Grant and Okanogan Counties have a smaller percent of those who have received a bachelor's/advanced degree when compared to the state and Grant and Okanogan Counties have a lower percent of those who have graduated high school within four years than the state. Additionally, all four counties have a higher percent of those who are uninsured than the state.

Okanogan County has a smaller percent of those receiving a mammography screening for the Medicare population and Grant and Okanogan Counties have a smaller percent of those on Medicare who are receiving a prostate screening. Data suggests that Chelan, Douglas, Grant and Okanogan residents are not appropriately seeking preventive care services, such as timely flu vaccines and pneumonia vaccines for the Medicare population. When analyzing economic status in the four counties, Okanogan County is more economically distressed than Chelan, Douglas and Grant and other counties in the state. Additionally, Douglas County has a higher preventable hospitalization rate per 100,000 Medicare beneficiaries when compared to the state.

Many interviewees were concerned about food insecurity, availability and accessibility of nutrition programs, along with impacts on local healthcare facilities regarding the lack of healthy lifestyle behaviors and limited resources in the community. However, there were mentions about efforts that have been put in place to improve access to fresh produce, like the nutrition program at the hospital and the public health department forming a food council. Though the different local exercise facilities in the area were acknowledged, interviewees believe there is limited use of these resources. There is a perceived need for expanded year-round recreational programs such as opening up the school gyms for walking groups. With regards to the youth population, after school programs and activities were discussed by interviewees as lacking in some areas, particularly for low income families due to cost and where they were located within the counties. Lastly, interviewees discussed a concern for increasing STI rates and the ability to access care for those impacted.

Interviewees mentioned inappropriate use of the emergency room due to a general lack of understanding about what the ER is meant to be used for, patients not having an established primary care provider, the long wait times to see a primary care provider, no upfront payments and the perception that you will be seen faster in the ER. Interviewees discussed specific groups that are not aware of charity care resources that are available in the community. The migrant and undocumented population was mentioned by a couple of interviewees as experiencing a barrier to accessing care due to cost and the mistrust of healthcare in general. Several knowledge gaps were mentioned regarding youth resources like reproductive health, educational support, early childhood transition programs and obesity in the youth population.

Several people discussed the need for more education on health literacy in the area but also education regarding the importance of healthy lifestyle behaviors and management. Interviewees discussed the disparities in healthy lifestyle resources across the four-county area, particularly in rural communities, noting that limited resources and lack of information contribute to the prevalence of otherwise preventable health issues. Interviewees also mentioned a lack of engagement and referrals for diabetes prevention programs. Lastly, interviewees mentioned distrust in science and healthcare as well as declining vaccination rates due to misinformation.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community across all populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. Confluence Health will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, host various support and educational groups at the facility, and support and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate.	Pharmacy	Breast Cancer Month, Lung Cancer Month, National Cancer Survivorship Day, flu clinics at various CH clinics, Hockey Fights Cancer Night; Apple Blossom Run, "Be Well, Stay Well", Cardiology Cares program, Serve Wenatchee Valley and CVCH Back-To-School Event, Senior Health Fair, SCI Meet & Greet, Confluence Health Oncology Program quarterly newsletter, EASE Cancer Foundation and Confluence Health Cancer Survivorship Program Quarterly Talk						
2.B. Confluence Health continues to commit to excellent care and services by focusing on chronic disease management, like addressing diabetes through improved blood sugar control. Confluence Health is committed to helping patients lower their blood sugars through electronic education and monitoring devices to help promote patient engagement in their disease.	CMO							
2.C. Confluence Health continues to commit to excellent care and services by using a multidisciplinary approach to support patients in controlling hypertension and hyperlipidemia and preventing stroke.	CMO and Chief Ambulatory and Clinic Network Officer							
2.D. Confluence Health will participate in TEAMBIRTH for all births to develop a birthing plan for mothers, their support person and the care team to facilitate safe, dignified and respectful care.	CNO							

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.E. Confluence Health offers annual wellness visits, sport physicals and school immunizations to kids in the area.	Chief Ambulatory and Clinic Network Officer	Well-Child visit/exam						
2.F. Confluence Health continues it's longstanding partnership with Mobile Meals of Wenatchee to meet the needs of community members who may be facing food scarcity.	CNO							
2.G. Confluence Health will continue to host onsite financial counselors that offer payment plan education and/or financial education for patients who require assistance, as well as education for those that are eligible for CHIP or Medicaid. In addition, Confluence Health provides a substantial discount to sliding fee scale program patients for lab services.	VP of Revenue Cycle							
2.H. Confluence Health provides a dedicated case management team to help connect patients to appropriate, affordable resources as opportunities arise.	VP of Population Health and Health Equity	Bus or taxi vouchers, prescription assistance program						
2.I. Confluence Health & Wenatchee Valley Medical Group Community Health Partnership offers a yearly grant to local organizations who are working towards improving health & wellness or addressing the social determinants of health—like food security, housing, early education, or economic stability.	Chief Philanthropy Officer & Pharmacy							
2.J. Confluence Health continues to expand interpretation services through a video-conferencing and phone line service.	VP Digital Engagement & EHR							
2.K. Confluence Health has a strategic focus on Patient Digital Engagement and offers a free Digital Navigator Advanced Training on Telehealth to community members. This educational event focuses on understanding barriers to telehealth access and real solutions, learning about the Link-to-Care Hotline which is a vital resource for telehealth, Spanish language access, and the ability to explore tools like MyChart and Keycare to support community members.	VP Digital Engagement & EHR	Work and partnership with NCW Tech Alliance						
2.L. Confluence Health will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	Pharmacy	Facebook, Radio, TV adds						

Priority #3: Access to Mental, Behavioral, and Substance Use Care Services and Providers

Rationale:

Data suggests that residents in Chelan, Douglas, Grant and Okanogan Counties do not have adequate access to mental and behavioral health care services and providers. Douglas, Grant and Okanogan Counties have a higher ratio of population per mental health provider as compared to the state. Okanogan County has a higher percent of the adult population who are depressed when compared to the state, while Chelan, Douglas and Okanogan Counties have a higher percent of the Medicare population who are depressed as compared to the state. All four counties have a higher percent of those individuals who indicated they had 14+ days of poor mental health when compared to the state.

Interviewees mentioned the new behavioral health facilities that have opened in the area and improved access to care, especially for Chelan County. However, interviewees discussed social isolation potentially worsening mental health and/or substance abuse for some individuals. Interviewees mentioned gaps in accessing mental health care, especially for those who have medication management needs or acute episodes. For medication management, some children with complex needs have to go to Seattle or Spokane since there's not a provider nearby that can provide that type of care. Acute episodes typically end up in the ED and then patients are transported to a larger town. Recruiting mental health providers to the area was discussed by many interviewees as a challenge due to the rural nature of the communities.

Several barriers were mentioned by interviewees in accessing mental health services such as long wait times, financial stability, insurance, provider shortage (specifically for Douglas County) and the lack of inpatient mental health facilities. A few interviewees mentioned telemedicine and how it has improved access for some, but there are still some limitations, like the remote nature of some of the communities. The EMS system was discussed as being strained at times due to the increase in mental health transports. Some of these transports are being sent to Vancouver, which takes an ambulance and staff away from the Chelan/Douglas area for several hours. Additionally, a few people discussed the lack of inpatient crisis care in Grant County.

Interviewees discussed barriers to timely substance use disorder treatment due to local bed availability at times. It was noted that the legalization of marijuana appears to be contributing to broader patterns of substance use, including increased vaping and fentanyl use. Interviewees discussed the growing opioid and fentanyl use in the counties and the resulting increase in overdoses, noting in particular the lack of a harm reduction or syringe program in Chelan and Douglas Counties. Another interviewee expressed concern about the emerging use of Xylazine, noting that unlike opioids, there is currently no reversal medication available such as Narcan. They also emphasized that treatment for Xylazine is complex and will likely create increased demand for appropriate wound care in the community. Additionally, interviewees mentioned that drug use is contributing to homelessness in the area and noted that individuals who serve time in jail often detox while incarcerated. Upon release, however, their lowered tolerance puts them at high risk of overdose.

Certain subpopulations in the community were noted as facing greater challenges related to mental and behavioral health. Interviewees highlighted the need for eating disorder resources to support applicable individuals, and one noted rising suicide rates and overdoses among men ages 40–50, particularly farmers, potentially linked to economic pressures and the role of being the primary breadwinner. Additionally, the homeless population with co-occurring mental health and substance use issues was cited as having limited access to specialized services. Other interviewees mentioned gaps in substance use and mental health resources for the youth population.

Objective:

Provide a point of access for mental and behavioral health and substance use services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. Confluence Health continues to improve access in all areas of our service to meet patient demands and commit to excellent care and services by providing points of access for mental health services for the community, such as emergency and outpatient services for mental health patients.	CNO and Behavioral Health Service Line Director	Mental Health therapists embedded in primary care locations for same day access. Urgent mental health care provided in all primary care locations.						
3.B. Confluence Health will participate with community stakeholders to evaluate and improve access to mental health services.	CNO and Behavioral Health Service Line Director	BH particpates in a monthly NCW partner meeting as well as a Provider Alliance Meeting that involves directors from partnering agenices in the region assessing and discussing access related issues.						
3.C. Confluence Health will continue to staff a Sexual Assault Nurse Examiner (SANE) in the ER who is trained specifically to treat sexually assaulted patients.	CNO							
3.D. Confluence Health continues to improve access in all areas of our service to meet patient demands and commit to excellent care and services by improving access through partnerships to explore best practices for mental health care needs within the community.	CNO and Behavioral Health Service Line Director	Confluence Health partners with local agencies, like Catholic Charities, to create pathways to ensure patients get the level of care they need, when they need it; qtr. depression screenings with the Wenatchee School District, public service announcements with the Wenatchee School District						
3.E. Confluence Health provides a Narcan program through the emergency department to assist those patients who are experiencing symptoms of overdose.	CNO							
3.F. Through the use of a grant, Confluence Health utilizes behavioral health telehealth in the emergency room. Outpatient social workers collaborate as well to ensure the necessary services are being given to the patient.	CNO							
3.G. Confluence Health informs patients about the local suicide prevention hotline. Patients can text or call 988 to connect with the suicide line. Additionally patients can call 800-852-2923, whichi is the crisis line for North Central Washington.	CNO and Behavioral Health Service Line Director							

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Confluence Health invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Confluence Health Hospital | Central Campus

ATTN: Administration

1201 S. Miller St.

Wenatchee, WA 98801

Please find the most up to date contact information on the Confluence Health website under "About Us" then "Annual Reports":

https://www.confluencehealth.org/about-us/annual-reports/

Thank you!

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