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Community Health Needs Assessment 2016

A Collaborative Approach to Impacting Population Health in North Central Washington

Prepared by Cascade Medical, Community Choice Healthcare Network, Chelan-Douglas Health District and Confluence Health

Cascade Medical

Community Health Needs Assessment Report

December 31, 2016

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The authors wish to acknowledge the regional CHNA steering committee participants that contributed their time, expertise and experience to the review, analysis and interpretation of the significant amount of data that was generated and considered in the completion of this Community Health Needs Assessment Report.

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Executive Summary

BACKGROUND

Every three years, a regional community health needs assessment is performed in the North Central Washington region in an effort to understand the health needs of the communities in this area and to provide direction for the healthcare organizations, community hospitals, public health districts, and community organizations to focus their collaborative efforts on improving the health of the communities and make North Central Washington the best place to work, learn, grow, and receive care.

The catalysts for this assessment process are many. A community health needs assessment is a federal requirement for not-for-profit hospitals under the Patient Protection and Affordable Care Act and an accreditation requirement for public health departments under the recently launched National Public Health Accreditation Program. A third catalyst for this assessment is the formation and development of Accountable Communities of Health (ACH) in the state of Washington. "ACH's bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity… There are nine ACH's that cover the entire state, with the boundaries of each aligned with the state's Medicaid Regional Service Areas."[1] One of the ACH goals throughout the state is to "address issues that affect health through local health improvement plans."[1] So this year's assessment comes at a crucial crossroads of regional assessment and health improvement planning.

COMMUNITY DEFINITION

The geographical area for this CHNA is the north central region of the state of Washington. The region includes Okanogan, Chelan, Douglas, and Grant Counties. These four counties encompass nearly 12,000 square miles with a population of nearly 250,000 people occupying rural communities of varying sizes spread throughout the area. The population and diversity varies from county to county. The highest density of population is in the greater Wenatchee area near the confluence of the Columbia and Wenatchee Rivers. Okanogan County includes part of the Colville Native American Reservation, and the region is also home to some 75,000 Hispanics with the greatest proportion of them residing in Grant County. Agriculture, including Tree fruit, viticulture, grain harvest, and vegetable production and processing, is the backbone of economic vitality throughout the region.

ASSESSMENT, PROCESS AND METHODS

Information for the assessment was gathered through a variety of methods. In 2013, when the first community health needs assessment was conducted, a set of community health indicators were selected by a regional leadership committee. In 2016, the same committee determined to utilize the

[1] (Washington State Healthcare Authority, 2016)

same set of indicators for this assessment so as to identify trends and changes in the indicators since the past assessment. Focus groups were also performed in each of the counties resulting in an overview of strengths, weaknesses, opportunities, and threats which affect the health of the communities in the region. An effort was also made to capture the voice of the community, regarding important health needs, through a survey of community stakeholders representing a variety of sectors. Finally, the assessment team gathered, reviewed, and collated assessments performed by individual organizations or coalitions over the past 3 years to help identify health themes, trends, and needs of the community. The data collection process has benefited from in-person input from over 50 people and input via survey by over 160 people.

SUMMARY OF PRIORITIZATION PROCESS

In October 2016, a diverse group of community stakeholders from across North Central Washington gathered together to review the findings of the various information collecting methods and prioritize the needs of the community to provide directions for a regional collaborative community health improvement plan. The group reviewed indicators and survey results for 16 potential needs that were identified through the data collection process. Then through a multi-voting technique the group prioritized the potential needs to four that will be the focus of this regional collaborative group of stakeholders for the coming three years. This group will be an integral part of ongoing health improvement efforts in the region.

SUMMARY OF PRIORITIZED NEEDS

The health needs of the community prioritized for this community health needs assessment are:

1. Behavioral health care access
2. Access to health care
3. Education

This CHNA report was formally adopted by the Cascade Medical Board of Commissioners on ***March 21, 2017***.

This report is widely available to the public on the hospital's web site cascademedical.org, and a paper copy is available for inspection upon request at adminoffice@cascademedical.org.

Written comments on this report can be submitted to 817 Commercial Street, Leavenworth, WA 98826, or by e-mail to adminoffice@cascademedical.org.

Acknowledgements

The assessment process was led by Deb Miller, Community Choice; Christal Eshelman, Chelan-Douglas Public Health District; and Stephen Johnson, Confluence Health. However, the process benefited from contributions, input, review, and approval by a variety of community stakeholders representing organizations from across the four-county region. This process would not have been successful without the time, energy, effort, and expertise of a variety of committed community members and organizations. Thank you for your participation in the process.

We would like to acknowledge the contributions of the following community stakeholders for their participation in the needs assessment process:

Aging & Adult Care of Central Washington
Amerigroup
Big Bend Community College
Cascade Medical
Chelan County Regional Justice Center
Chelan Douglas Community Action
Chelan Douglas Health District
City of Wenatchee
Columbia Basin Hospital
Columbia Valley Community Health Center
Community Choice
Community Health Plan of Washington
Coordinated Care Health
Confluence Health
Family Health Centers
Grant County Health District
Housing Authority of Chelan County and the City of Wenatchee
Housing Authority of Grant County
Initiative for Rural Innovation and Stewardship (IRIS)
Lake Chelan Community Hospital
Mid Valley Hospital
Molina Healthcare of Washington
Moses Lake Community Health Center
National Alliance on Mental Illness (NAMI)
North Central Educational Service District
North Central Emergency Care Services
North Valley Hospital
Okanogan Behavioral Health Care
Okanogan VA
Room One
Samaritan Healthcare
Serve Moses Lake
The Center for Alcohol & Drug Treatment
Three Rivers Hospital
Together! For Youth
United Healthcare
Wenatchee Valley College
Wenatchee Valley Lutheran Latino Ministry
Wenatchee World

Introduction

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The following CHNA is an important step in a continuous assessment and improvement process. An in-depth assessment of the health needs of the north central region is undertaken every three years. The assessment process is followed by a health improvement planning process based on the needs identified during the assessment phase, and then the plan is implemented in a collaborative manner by the health care organizations, critical access and community hospitals, public health districts, and other community partners in the region.

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

ABOUT CASCADE MEDICAL

Cascade Medical is a nonprofit, Critical Access Hospital dedicated to the well-being of the Upper Valley community. Our services are built around primary care. Here is an overview of what we provide:

- A family practice clinic with eight primary care providers and 24 exam rooms
- 24/7 emergency services with Trauma Level V designation
- Ambulance service
- Lab services
- Diagnostic imaging
- 12-bed inpatient acute care
- Inpatient rehabilitation
- Comprehensive physical therapy, a Hydroworx therapy pool, occupational therapy and speech therapy

Annual statistics 2016	
Active employees	192
Clinic visits	15,183
Rehabilitation outpatient visits	6,153
Diagnostic tests (Lab and Imaging)	34,684
Admissions	197
ER visits	3,309
Ambulance calls	1,065

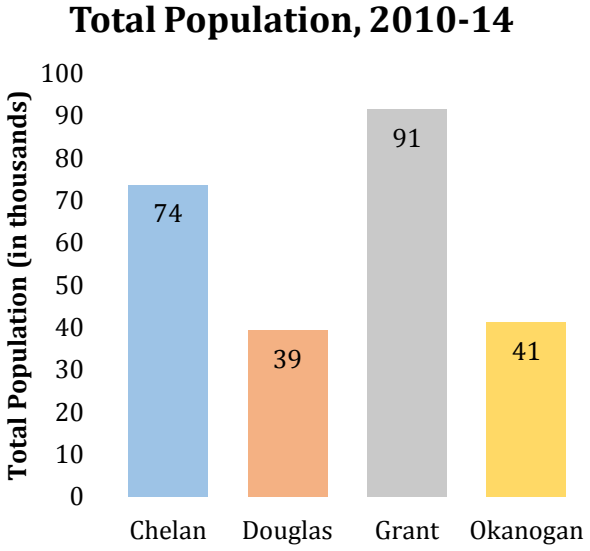
Cascade Medical's primary service area encompasses 1,200 square miles — from the summit of Stevens Pass to the summit of Blewett Pass — including the towns of Dryden, Peshastin, Leavenworth and Plain. An estimated 10,101 people reside within the hospital district, according to the state Office of Financial Management. Since 2010, that population has grown about 6.3 percent.

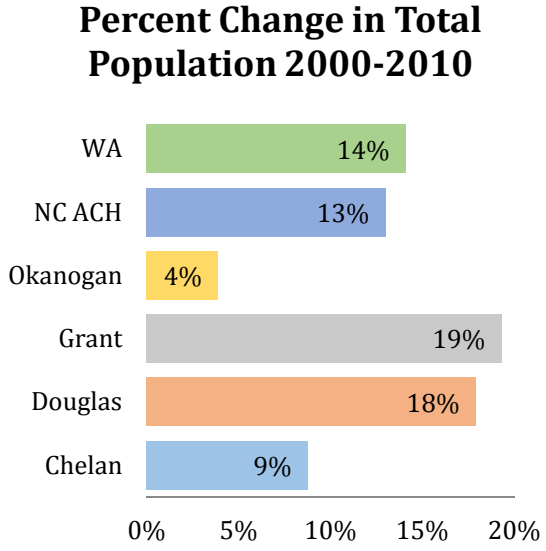
Cascade Medical also serves hundreds of tourists and guests who visit the Leavenworth area throughout the year. While this population was not included in the data studied for this CHNA, it is a demographic that utilizes our services.

Community Profile

Definition of Community

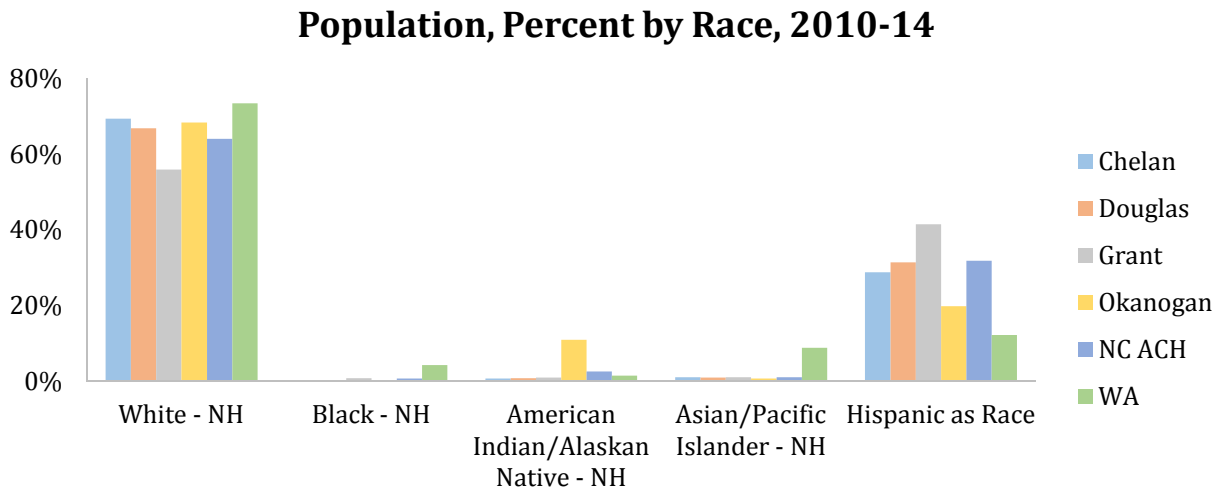
The north central region of Washington State primarily includes the Chelan, Douglas, Okanogan, and Grant counties. These four counties include 12,684 square miles of land in the north central part of the state. The population of each of the four counties has been increasing at a rapid pace over the past years and is estimated to be 243,199 for the region. Most of the population resides in Chelan and Douglas counties. The highest density of population is in the greater Wenatchee area near the confluence of the Columbia and Wenatchee rivers. Moses Lake in Grant County follows in size of population, and communities of varying sizes are scattered throughout the region, generally along the river paths.





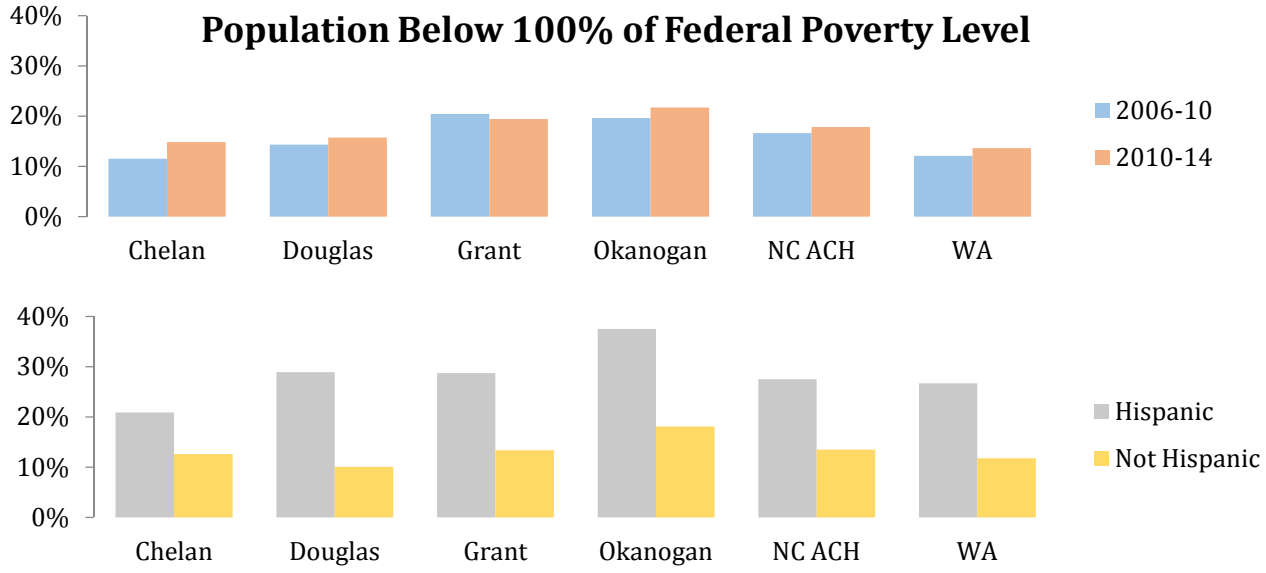
Data Source: US Census Bureau

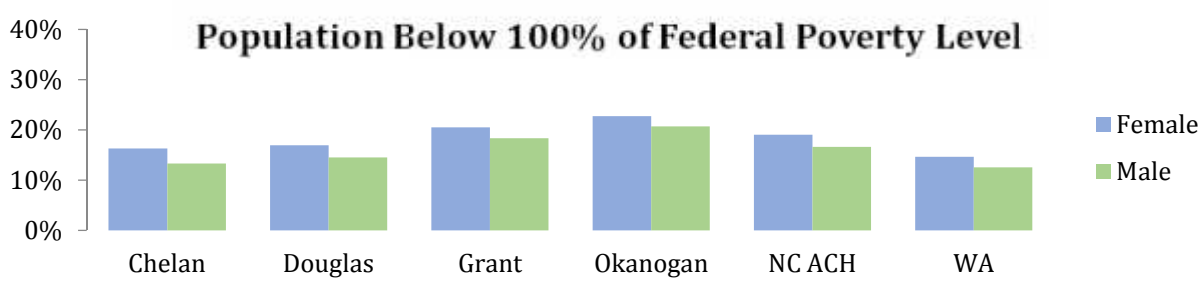
The population and diversity varies from county to county. The population of the region is predominantly white. The Hispanic community is the second-largest demographic with about 75,000 people. Native Americans are also an important group in NCW, as Colville Indian Reservation includes part of Okanogan County.



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

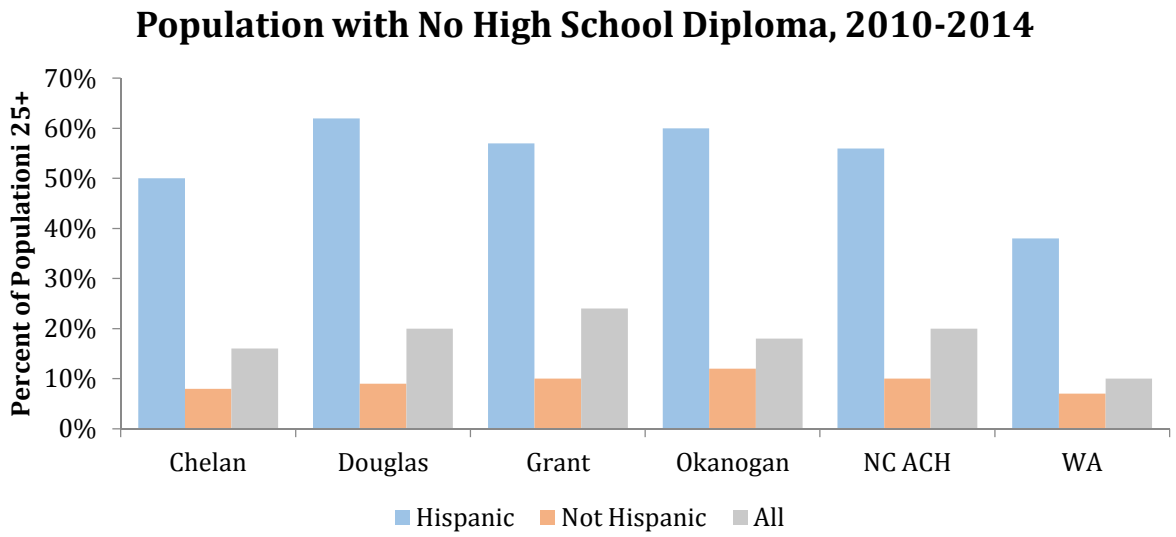
As a region, we struggle with poverty, educational attainment, and employment opportunities. The chart below shows a slight increase in the percentage of those in poverty in the region from 16.6 percent to 17.8 percent. The percentage is still higher than the state average of 13.6 percent and the national average, 15.6 percent. A higher percentage of women and the Hispanic population live below 100 percent of the Federal Poverty Level compared to men and the non-Hispanic population.





Data Source: US Census Bureau, 2010-14

The rate of those with no high school diploma has decreased slightly, however, the regional averages remain much higher than the state and national averages. Of significance, is the notable disparity of education level and poverty between the Hispanic and non-Hispanic populations. This trend is indicative of a large number of Hispanic immigrant farm worker population that come from Mexico and Central America with limited formal education.



Data Source: US Census Bureau, 2010-14

Data Collection Process and Methods

The gathering of data — both primary and secondary, quantitative and qualitative — is the foundation of the community health needs assessment. For the 2016 CHNA, the data collection consisted of a core set of community health indicators, a review of assessments performed by other organizations since January 2014, community stakeholder meetings in each county, and a survey of community stakeholders. This process started in May 2016 and ended in August 2016.

Health status indicators

In 2013, when the first regional community health needs assessment was performed, a set of data indicators was selected to inform the assessment and prioritization process. These indicators were

used again in the 2016 CHNA so as to show trends in health issues and changes in health outcomes. Indicators and data sets were taken from the following sources. A complete summary of the data sets and indicators used in this assessment are included in Appendix A.

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

Assessments from other organizations

Since 2013, many organizations in North Central Washington have performed assessments for their own business, community development, or service purposes. The steering committee for the 2016 CHNA has made great efforts to gather, review, and collate results of these assessment as they represent a significant effort by a variety of sources to understand the needs of the community. The assessments were performed by organizations of varying sizes and focused on target areas or populations of varying sizes. Likewise, the result of the assessments identified a wide variety of community needs related to health. Below is an overview of the themes found in the review of the assessments. For a complete summary of each of the assessment that were reviewed as part of the 2016 CHNA process, please see Appendix B.

Access to Specialty Care

Many different organizations identified the need for greater access to specialist healthcare providers, especially for low-income individuals and families, children with special healthcare needs, and for the rural communities outside the greater Wenatchee area. There are a variety of challenges that contribute to this need.

a. There is an insufficient number of specialist providers in the rural parts of the region. People sometimes have to schedule appointments with specialists months in advance, and/or travel great distances to see a needed specialist.
b. Traveling requires time, a reliable vehicle or the use of public transit, and money to purchase the gasoline or to pay the transportation fare, all of which can create barriers for low-income patients or families with children with special healthcare needs.

Access to and Utilization of Mental or Behavioral Health Providers.

This could have been included in the previous note about access to specialists, but it was mentioned separately in enough of the assessments that it merits being mentioned separately. People suffer from lack of access to mental or behavioral health providers in a similar way, due to the insufficient number of specialists and the challenges associated with having to travel for care. The social stigma associated with mental and behavior healthcare exacerbates these challenges.

Poverty and Unemployment

Poverty and unemployment were identified as a particular challenge in every county in North Central Washington. It was noted in more than one assessment that the rates of poverty and unemployment are higher in each county than the state or national averages. Poverty and unemployment can affect one's ability to access healthy foods, to obtain health insurance, to travel to and access healthcare when needed, to afford appropriate housing, and so much more. Poverty and unemployment inordinately affect those experiencing health challenges, for families with children who have special healthcare needs, and for the elderly.

Coordination

The need for greater coordination also appeared in many of the assessments. This need was most prominent in the assessment performed for children and youth with special healthcare needs. When a child has a special healthcare need, that child's family will consult and be supported by a number of physicians, specialists, and other service providers. However, in the Chelan-Douglas area or the surrounding region, there is no system for families to communicate with providers or for providers to communicate with providers. The need for greater coordination also came out in assessments focused on homelessness and healthcare in both the Wenatchee area and in the more rural parts of the region, and is a focus of the Grant County Public Health District Community Health Assessment and Health Improvement Plan.

Regional Focus Groups (SWOT Analysis)

During July and August 2016, the CHNA team held community stakeholder meetings in each of the counties in North Central Washington. Each meeting was attended by community stakeholders from healthcare organizations, federally qualified community health centers (FQHC), education, housing, and other social and community service organizations. Each group participated in a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) discussing and recording the challenges, assets, gaps, and opportunities that affect the health of the community. While each county differs from the others in some specific needs, challenges, strengths, and opportunities, there are some themes and commonalities between each of the counties that merit highlighting.

Strengths

Interest in Collaborating - Each county mentioned collaborations and partnerships and the interest/desire to collaborate as a strength. All three mentioned efforts for mental/behavioral health collaboration. Grant County highlighted a strong collaborative faith-based community. This is evidenced, in part, by well-represented coalitions in each region.

The Food Environment - Each region noted challenges accessing healthy food options at certain times of the year. However, despite these challenges, each county noted active efforts by food banks, farm to school programs, and farmers markets to increase access to healthy food. These efforts represent both a strength within the community and an opportunity to further improve access to healthy foods, especially for those in poverty.

Access to Primary Care can be considered a strength in the region. There is a significant system of healthcare clinics, federally qualified healthcare centers in addition to the hospitals in Wenatchee and Moses Lake, and a series of critical access hospitals scattered about the region. This provides reasonable system of primary care provision however, meeting the community need for specialty care is a persistent challenge in all areas, including the greater Wenatchee area as will be discussed below.

Weaknesses

Medical Provider Shortages - Insufficient access to providers is a challenge throughout the region. There is a shortage of providers, especially specialty providers in the North Central Region. The problem increases as the greater the distance from Wenatchee.

Cultural and language barriers - Family Health Centers (FHC) in Okanogan County has a bilingual program with many services being offered in Spanish and English. However, providing culturally competent care is a challenge for all other health providers. A large number of our community members speak little or no English. Many are making efforts to address this need, but it remains a barrier for care.

Insufficient Behavioral Health Resources - Another weakness addressed by each county is the lack of behavioral health resources in each county, especially for low-income

individuals and families. There are some providers in each county, but the number of providers, access to care, and the number of beds for behavioral health is insufficient for the current and future needs in the region.

Opportunity

In every county, several health improvement programs are run by health districts, community organizations, healthcare organizations, and faith-based organizations. Each focus group indicated that there is a great opportunity to simply increase awareness of the existing programs and health events to increase participation in and impact of the programs.

Threat

A significant threat mentioned in each of the county focus groups is the challenges associated with recruiting medical professionals of all types to the region, especially the more rural areas. The different elements that contribute to this community threat include an aging physician workforce, a limited supply of medical professionals of all types nationally, and the challenge to recruit medical professionals of all types to rural regions.

Poverty plays a significant role in all aspects of health from access to healthy foods, transportation, housing, and the ability to pay for care. Each county mentioned poverty as a weakness and/or threat to the health of the community and individuals. Related threats included a low number of living-wage jobs, a lack of affordable housing, and the high cost of living in the region. Two of the counties mentioned the departure of large employers from the region leaving hundreds without jobs.

Upper Valley Community Focus Groups

In spring and summer of 2016, Cascade Medical held six focus groups with the help of consultant Jody Carona and her firm, Health Facilities Planning & Development. More than 70 people participated, representing a diverse cross-section of our hospital district. One of our six focus groups was dedicated to the concerns of our Spanish-speaking community specifically.

During the discussions, participants shared their thoughts on the state of rural healthcare, what it means to be "a healthy community" and what health care services they consider essential for the Upper Valley. Here were some of the common themes:

Community health status: People said they considered the Upper Valley community as generally healthy, and that definition included mind, body, contentment and social connectedness. People also cited active living and volunteering in their definition of a "healthy community." The discussion also revealed a groundswell of support for Cascade Medical, which was consistently seen as "doing well" and "going in the right direction."

Generally, people were aware that there are pockets of disparity within the community, including poverty, addiction and lack of affordable insurance, housing and transportation. A few people said they were not aware of these issues until the meeting, but they expressed an interest in rallying to help those in need. Upper Valley MEND's Free Clinic was mentioned as a great service.

Education: Participants expressed high interest in the hospital's role in outreach and convening community partners to address prevention and health education. Some participants said we need to boost existing wrap-around services as they are too informal and unsustainable as they exist currently in the Upper Valley.

Several group members mentioned the need for drug awareness and the lack of local drug and alcohol treatment options. Some participants mentioned the lack of child care options for children under 3. Some want to us to help spread the word about recreation opportunities, healthy affordable food and education about chronic conditions (including group visits). Those suggestions also came with a warning not to overextend ourselves at the expense of quality care.

A staff focus group wanted that effort to start in-house, including group walks/workouts, and nutritional information listed in the cafeteria.

Top health services: Primary care and 24/7 emergency care consistently emerged as top essential services. Specific feedback regarding emergency services varied. Some said we should focus on chronic care, not acute, as that can be done in Wenatchee. Others wanted higher priority for a 24-hour emergency department, but not hospital beds. Others said that Wenatchee is busy, the waits are long and the ED is often full.

Other essential services: Physical Therapy, prevention and wellness, paramedicine, family and caregiver support, bilingual services, health coaches, hospice, chronic pain treatment and more.

Access: Especially in outlying areas, some want to use more technology to access our services. Some said they wanted email access to their doctor instead of waiting for the clinic to call. The requests seem to point toward a more robust patient portal, which we're working toward.

Spanish-language group findings: About 13 people attended, most of which have lived here for more than 10 years. More than half lived in Peshastin and most did not have "papers," which makes them ineligible for Medicaid. They pay out-of-pocket for care, although their US-born children have insurance. Many travel to Wenatchee, which is a burden, but they say there are fewer language barriers and easier access to specialists and payment plans.

Many said the most critical concern in their community is the lack of bilingual care, especially with regard to emergency care during off-hours. They felt that they needed a bilingual friend to help them understand the doctors and nurses, and that the facility should have an interpreter available to help them navigate the system (we do, but they weren't aware of that service). They also said they feel like they have no voice in the community; that no one speaks for their issues.

They said in general, they thought that care and access to care is improving, but many saw the cost of care increasing dramatically. Also, many felt that people in their community were not "tuned in" to prevention and healthy lifestyles. Those who worked in agriculture felt that a clinic in the workplace may help solve many issues.

Regional Community Voice Survey

Further effort was taken to collect information from the community on opinions and perceptions of health and quality of life. The CHNA steering team adapted a survey used in other jurisdictions to gather information about community health themes and strengths. The survey was administered using SurveyMonkey, an online survey tool, to community stakeholders in the region. Nearly 170 individuals participated in the survey, and represented a variety of sectors, including healthcare, public health, government, social services, and the community at large. The survey captured the

opinions of the health of the community, the greatest risks to health in the region, the needs of the region to improve health, and the behaviors in the community that positively or negatively affect health. Below are several of the key questions and the top responses to the questions. For a complete summary of the survey questions and responses, see Appendix C.

"...what do you think are the three most important factors that will improve the quality of life in your community?"

1. Improved access to mental health care
2. Healthy economy
3. Good jobs

"...what do you think are the three most important "health problems" that impact your community?"

1. Mental Health Problems
2. Overweight/Obesity
3. Access to health care

"...what do you think are the three most important "unhealthy behaviors" seen in your community? (those behaviors that have the greatest impact on overall health)"

1. Drug abuse
2. Alcohol abuse
3. Poor eating habits

Identification and Prioritization of Community Health Needs

The data collection process resulted in the identification of 16 potential health needs of the community. These 16 potential needs were selected because of their meeting one or more of the following criteria:

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

The 16 potential needs included:

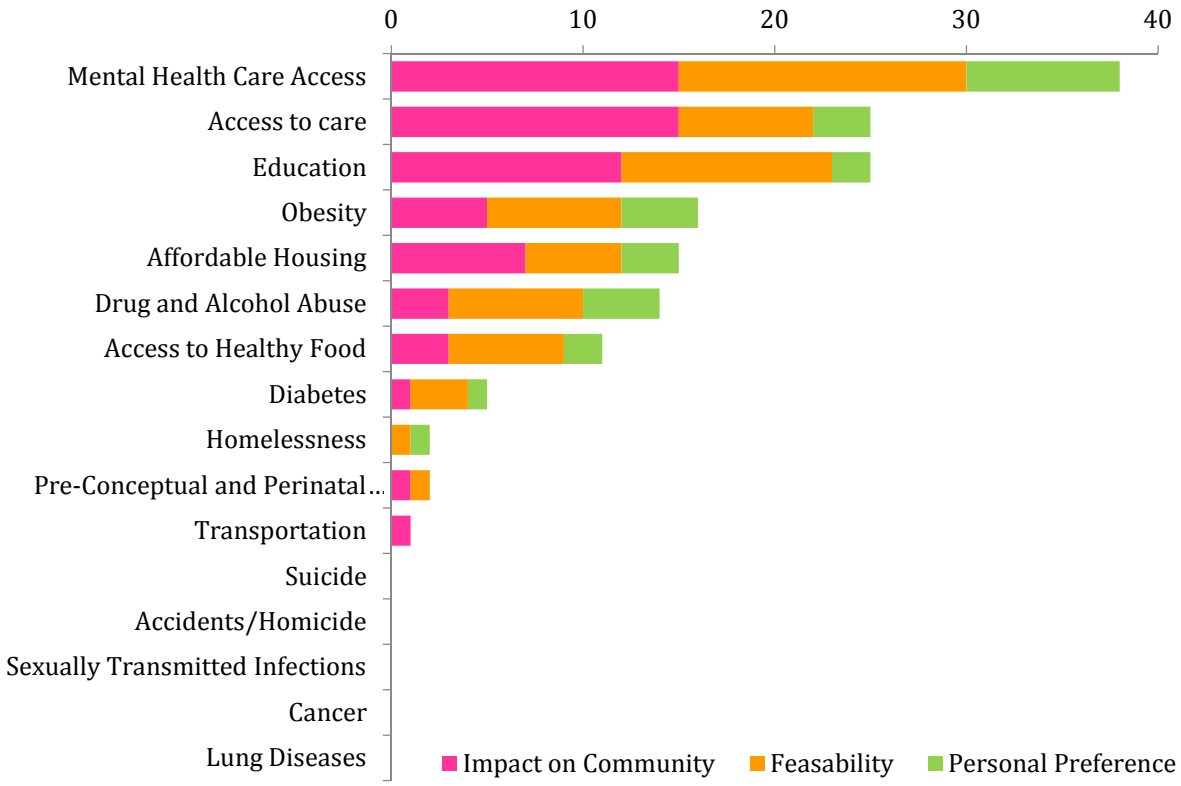
Transportation
Education
Access to healthy food
Homelessness
Affordable housing
Drug/Alcohol abuse
Accidents/Homicide
Suicide
Access to mental health care
Access to care
Pre-conceptual and Perinatal health
Obesity

Diabetes
Cancer
Lung Disease
Sexually Transmitted Infections

In October 2016, a group of 34 diverse stakeholders representing 25 different organizations from across the region gathered to review the findings of the information-gathering phase of the assessment. The participants, working in small groups, reviewed fact sheets for the 16 potential needs listed above. Then, through a multi-voting technique, the group prioritized the potential needs to four that will be the focus of this regional collaborative group of stakeholders for the coming three years. Each organization was given three pink stickers and three orange stickers; and each individual was given one green sticker. The stickers were used to cast votes according to the following criteria:

Impact of the health need in our region – select the needs that have the greatest impact on our community
Doability - how feasible is addressing this need? – select the needs that are the most feasible to address
Personal Preference – which is the need you would most like to see as a priority focus area?

The prioritization process resulted in the highest number of votes for Mental Health Care Access with 38 votes; followed by Access to Care and Education, both with 25 votes; and Obesity with 16 votes.



The fact sheets for the four prioritized needs, including the data from the health status indicators, the comments from the community focus groups, the survey results, and the applicable sections from the other community assessments, are included in the following pages.

Mental Health Care Access

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

- In a survey of community stakeholders, *Mental health problems* was identified by each county as the **#1 most important health problem** that impacts the community.
- Mental Health was chosen as one of the four community health needs in the 2013 CHNA.
- A lack of mental health resources was identified as a weakness of the community and a major threat to the health of the community in the regional SWOT analysis.

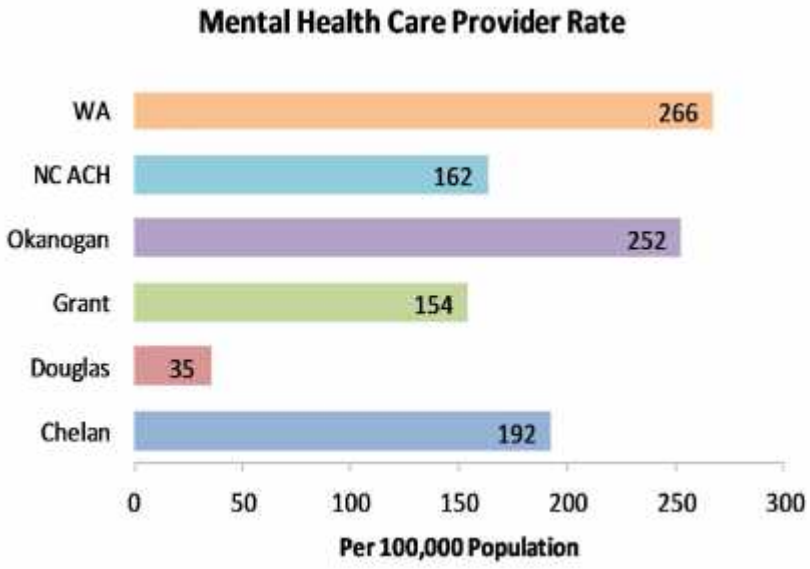
North Central WA Behavioral Health Organization (Chelan, Douglas, and Grant counties)

For the period 1/1/2014 to 3/31/2016:

- Total # of unduplicated clients served → **3417**
- Total # of Requests for Services → **4348**
- Total # of intakes completed for enrollment → **3226**

Agencies included are Catholic Family and Child Services, Children's Home Society and Columbia Valley Community Health.

13.8%
of
Central Washington Hospital
discharged patients
had a
mental health
or
substance abuse
diagnosis



Data sources: University of Wisconsin Population Health Institute, County Health Rankings. 2014, 2015, 2016. Source geography: County
North Central Washington Behavioral Health Organization. 2016.

North Central Accountable Community of Health

Access to Care

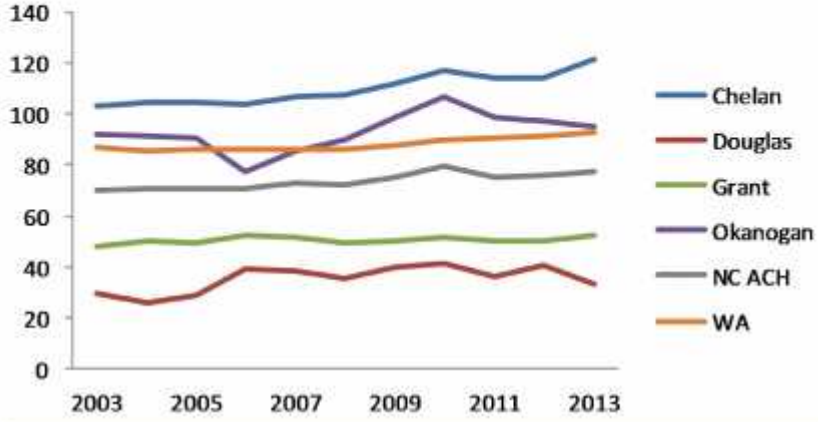
Access to care was identified as a key need of the community in the community stakeholder survey, the SWOT analysis with stakeholders, and in a number of other assessments performed in the region over the past three years. Barriers to accessing care can be broken down into the following subgroups:

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

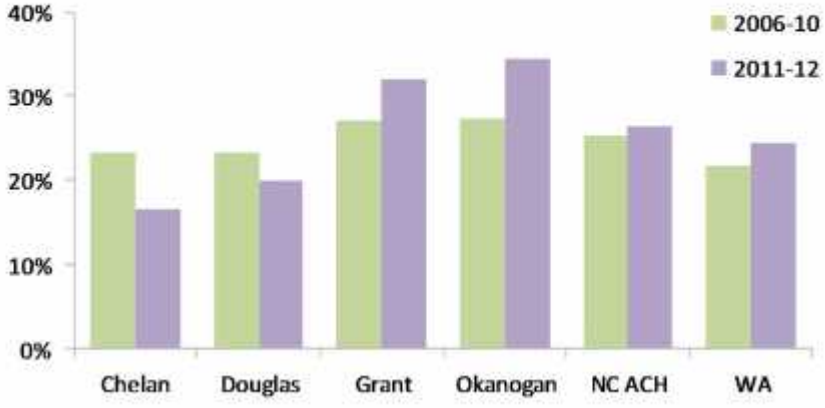
Access to care was a focus area of the 2013 CHNA and continues to be a persistent need in the region.

Number of Primary Care Physicians, 2013	
Chelan	89
Douglas	12
Grant	48
Okanogan	39
NC ACH	188
Washington	5879

Primary Care Physicians Rate, per 100,000 population



Percent of Adults Without Any Regular Doctor



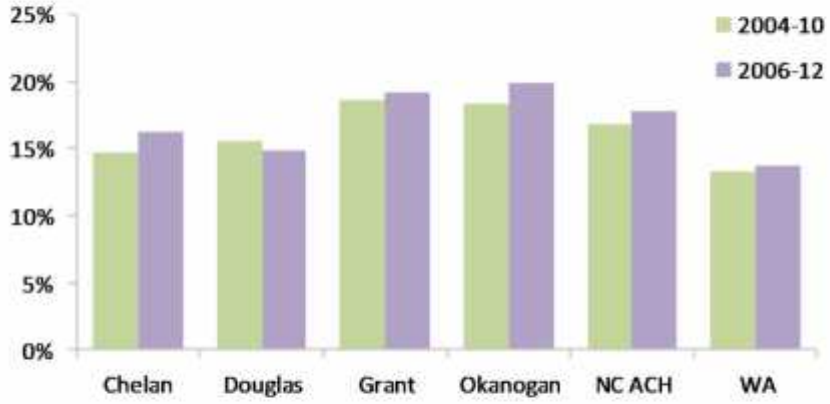
Data source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2004-2010, 2006-12 Source geography: County.

Access to Care

Poor General Health

This indicator represents the percent of people who self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?"

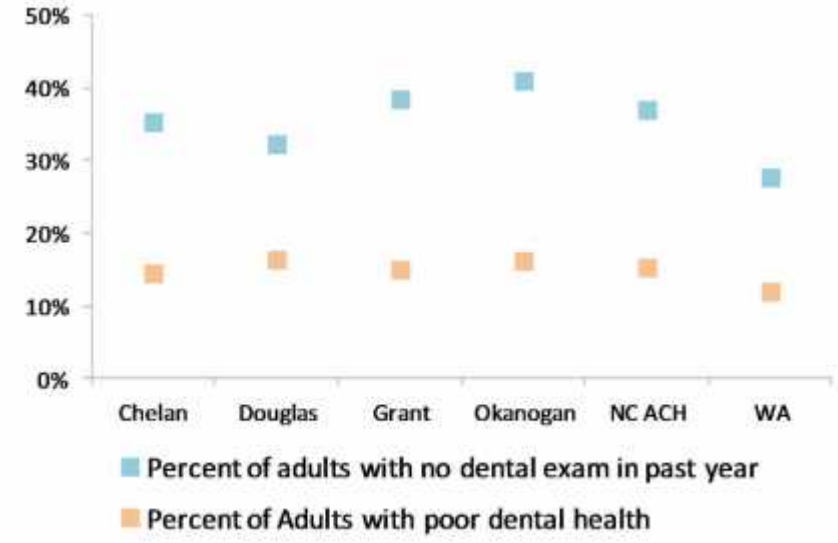
Percent of Adults Self-Reported Having Poor or Fair Health



Dental Care

The percent of adults with no dental exam in the past year and the percent of adults who report poor dental health (six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection) is important because it highlights lack of access to dental care, lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Dental Care, 2006-2010



~ 35%

of adults report

NO *dental exam*

in the past year

~15%

have had **6+**

permanent **teeth**

Removed

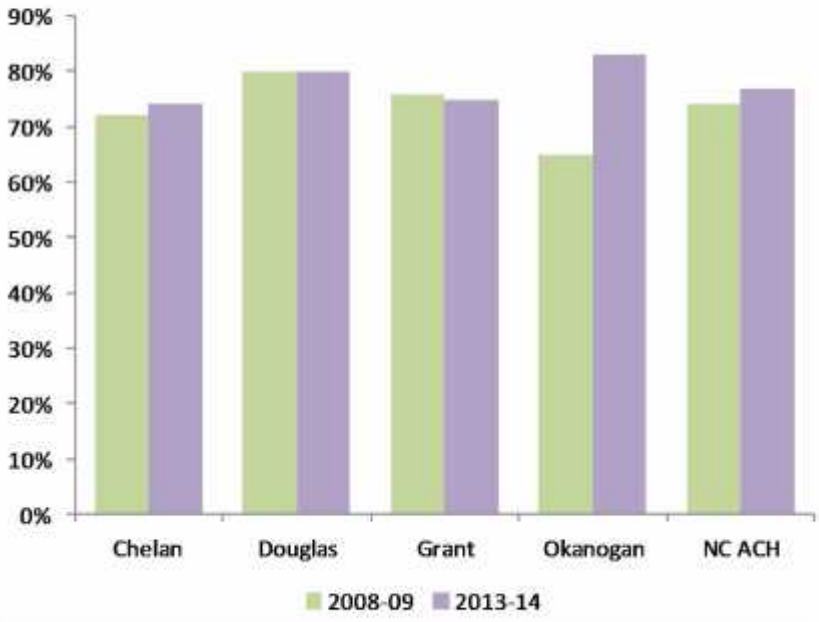
Data sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis byCARES. 2006-10, 2011-12. Source geography: County

North Central Accountable Community of Health

Education

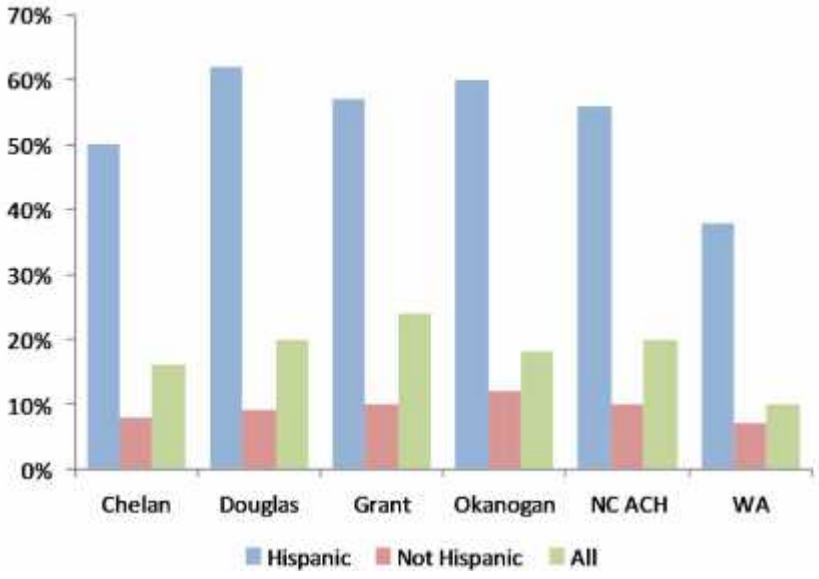
"While it's known that education leads to better jobs and higher incomes, research also shows that better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive." (http://www.rwjf.org/en/library/research/2012/12/why-does-education-matter-so-much-to-health-.html)

Percent On-Time Graduation Rate



On-Time Graduation Rate, 2013-14	
Chelan	74%
Douglas	80%
Grant	75%
Okanogan	83%
NC ACH	77%
Washington	80%

Percent of Population 25+ with No High School Diploma, 2010-2014



Percent of Population with No High School Diploma, 2010-14	
Chelan	16%
Douglas	20%
Grant	24%
Okanogan	18%
NC ACH	20%
Washington	10%

Data sources: National Center for Education Statistics, NCES - Common Core of Data. 2008-09.; US Department of Education, EDFacts. 2013-14. US Census Bureau, American Community Survey. 2010-14.

Implementation Planning as a Region

The regional collaborative group that has participated throughout the process wishes to build upon the momentum and success of the CHNA process. The individual organizations are currently considering the steps that they are able to take to address the needs identified. These individual groups will then continue to collaborate across communities and the region as a whole to work together and share individual successes. A regional health improvement plan will be developed and maintained by the NCACH, and each contributing organization will maintain their own individual improvement plans which will align with and feed into the regional plan. Individual organizations are developing plans that should be published by the spring of 2017.

Cascade Medical's Actions Taken Since 2013

The 2013 CHNA identified three high priority areas for the region – access to care, behavioral health and chronic disease prevention and management. While there is still work to do, Cascade Medical has made great strides in improving outcomes in each of these areas.

Access to care:

- Provided outreach and education about Washington's insurance exchange by developing an on-site Insurance Navigator program in 2016. We advertised that service on the radio, in print, social media and other avenues.
- Continued to partner with Upper Valley MEND's Free Clinic to provide free care to patients in need and to assist those patients in establishing more routine care through our Community Financial Support Program as well as other assistance programs. The Free Clinic also includes dental services once a month.
- Partnered with Lake Wenatchee Fire & Rescue to provide more efficient ambulance coverage in the Plain-Stevens Pass area.
- Continued partnering with assisted-living facilities and nursing homes to provide on-site visits for the seniors who live there. Clinic providers and nurses routinely round with their patients there. We also conduct home assessments for swing bed patients to ensure they are coming home to a safe environment, free from potential fall hazards.
- Developed a part-time resident advisory committee to gather feedback about healthcare services, outreach and how we can better serve that population. More than 40 percent of homeowners in the hospital district are part-time residents.
- Developed an online health library with articles, podcasts and videos (in English and Spanish) created locally by our medical staff to help educate people about common preventative screenings (colonoscopy, lung cancer screening), emergency response (stroke and heart attack), safety (fall prevention) and wellness.
- Developed a biannual community leaders dinner to encourage collaboration between Cascade Medical and stakeholders from all corners of our hospital district. From these meetings, we received valuable feedback regarding access issues, including parking, community outreach and Spanish-language speakers.

- Hired two bilingual primary care providers and several bilingual support staff to serve our Spanish-speaking population.
- Conducted a focus group specifically for the Spanish-speaking community to find out how we can serve them better.
- Conducted dual mailings of postcards in Spanish and English to highlight breast cancer screening.
- Worked with community business leaders to establish a Think Pink fund with the Cascade Medical Foundation. The fund will provide financial assistance for women who self-pay for breast cancer screening.
- Our Rehab Services team offered free sports injury screenings and coach trainings for the Cascade School District athletic program. Our Rehab Services director also volunteers his time and services at local football games.
- Our EMS crews gave ambulance tours at several community festivals and local schools to help children in the community become familiar with first-responders and calling 911 in an emergency situation.

Behavioral Health:

- Provided weekly, on-site psychologist services.
- Continued to include depression as part of CM's Chronic Disease Management program and encourage regular follow-up of patients with depression.
- Hired an occupational therapist and speech therapist with experience treating neurological disorders in an inpatient setting, including stroke, cognitive decline, traumatic brain injury and dementia.
- Collaborated with Upper Valley MEND during the organization's strategic planning process with regard to providing mental health services as part of their weekly Free Clinic.

Chronic Disease Prevention and Management:

- We dedicated more staff time to our Chronic Disease Prevention and Management program in order to create a reliable, consistent protocol for reaching out to patients living with one or more chronic diseases.
- We centralized preventative care management under the supervision of our chronic care coordinator. The goal is to achieve better consistency reminding our patients when their preventative screenings are due. We also built preventative care checks into our routine rooming procedures.
- Developed Cascade Cares, a community health calendar, to highlight a different theme each month. The theme can follow national observances, such as national stroke awareness month, or trends that we're seeing in the community. The goal is to engage the community by giving them the knowledge and tools they need to choose a healthy lifestyle.
- We hosted a six-week class taught by a registered dietician that covered healthy lifestyle choices, such as portion control, nutritional labels and weight management.

Next Steps for Cascade Medical

Cascade Medical will continue to collaborate with our community partners to address the region's top health priorities: Access to healthcare, education and mental health. This path forward builds upon the work we've already done since the 2013 CHNA.

Behavioral Health Care Access: In 2017, we plan to launch a new approach that integrates a behavioral health consultant as part of our primary care team. The new behavior health consultant will work in our family practice clinic full-time to provide patients with on-site consultation, brief interventions and referrals to specialty mental health services as needed. The consultant will also conduct regular classes or group medical appointments regarding behavioral health issues such as depression, anxiety, or post-traumatic stress.
We will also continue to educate the community about behavioral health issues, through Cascade Cares, our health library, and we will explore the possibility of partnering with the school district and other entities to increase awareness around mental health issues.

Access to Healthcare: One of our 2017 objectives is to develop a comprehensive plan to improve parking for our patients and their families. We are located in the downtown core, where parking can be a challenge during busy festival weekends. The plan will include parking lot improvements, collaboration with civic and community groups, as well as exploring alternative methods for employees to commute to work.
Cascade Medical also plans to create more mobile screening opportunities, including sports physicals on site at Cascade High School.
We are committed to serving a wide demographic of patients, including our Spanish-language community. That work includes document translation, outreach, hiring more bilingual staff and further collaboration with community groups.
As part of that goal, we also plan to increase awareness of our insurance navigator program and our financial assistance program. Upper Valley MEND has agreed to help us with outreach within the populations they serve.
Our leadership team also plans to convene a diverse patient advisory committee to garner more specific feedback about our community's health needs and how to serve them better.

Education: Cascade Medical fosters learning and exploration for students in high school, college and post-graduate school as a teaching hospital and job shadow center.
Cascade Medical was recognized as an exemplary teaching site by the University of Washington School of Medicine in 2013. Our primary care team shares their expertise with third-year medical students in the clinic and the emergency department during a six-week rotation, giving students the hands-on training they need to become well-rounded physicians.
In 2015, we partnered with Cascade High School to develop a job shadow program for students who want to explore a career in the medical field. Based on their interests, students can choose a single department to shadow for a semester, or rotate departments for more exposure to a variety of careers in healthcare.

Cascade Medical will continue to build upon its role as a hub for wellness education in the community. We plan to add more locally-created content our new online health library. We also plan to continue our Cascade Cares monthly health theme and host periodic community classes and outreach events.