



CASCADE MEDICAL
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Community Health Needs Assessment Report & Implementation Plan

*A Collaborative Approach to Impacting Population Health in
the City of Leavenworth and Surrounding Communities*



Prepared by Community Choice Healthcare Network
12/1/2013

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

Cascade Medical

Community Health Needs Assessment Report & Implementation Plan

December 1, 2013

Co-authored by:

Jesús Hernández, MPA

Director, Community Choice Healthcare Network

Barry Kling, MSPH

Administrator, Chelan-Douglas Counties Public Health District

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 significant amounts of data that was generated and considered in the completion of this Community Health Needs Assessment Report and Implementation Plan.

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For correspondence, please contact the Community Choice Healthcare Network at 509.782.5030.

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EXECUTIVE SUMMARY

Background: The Patient Protection and Affordable Care Act (PPACA) of 2010 mandated new IRS requirements for non-profit hospitals: (i) conduct a Community Health Needs Assessment (CHNA) and (ii) adopt an Implementation Plan. The provisions take effect in a hospital's taxable year beginning after March 23, 2012. Failure to comply could lead to a \$50,000 excise tax and possible loss of tax-exempt status.

To comply with these requirements, Cascade Medical ('CM') engaged Community Choice (a regional healthcare collaborative) to lead a collaborative approach in conducting a community health data collection and assessment process in partnership with a broad representation of individuals and businesses. Upon assessment completion, Cascade Medical developed an Implementation Plan. The population assessed for this report included CM's public hospital district inclusive of the City of Leavenworth and surrounding communities as well as the rest of the population of Chelan County. This type of approach was undertaken due to the limitations of data available specific to the hospital district as well as the collaborative nature in which CM participates as a part of the regional healthcare delivery system. The quantitative data collected through the process was supplemented with a community asset review and qualitative data gathered through a broadly represented CHNA Steering Committee, key informant interviews and local leaders' input.

Identification and Prioritization of Needs: The following health needs were identified based on the size and severity of the issues as well as disparities reflected in the data available from secondary data sources and local expertise: **access to health care, mental health, and chronic disease prevention and management.**

Data on a broad set of health indicators was vetted by Chelan Douglas County Public Health, and a Cascade Medical CHNA Assessment Team was then tasked with helping prioritize the needs. Senior management remained regularly engaged throughout the process. The prioritization of health needs was based on:

- Input from stakeholders represented in the CHNA Steering Committee, community forums and key informants
- The ability of CM to have an impact on the health needs identified
- Alignment with other health systems and social service partners focusing on the same service areas and population
- Alignment with current CM priorities and initiatives

Leadership sought to maintain priorities to a narrow scope of focus where scarce resources could be targeted and meaningful impact could realistically be achieved. Each of the high priority focus areas will have a preventive set of initiatives and also intervention efforts dealing with target populations that are already affected by the relevant health problems.

Implementation Plan Development: As part of the community engagement with stakeholders, attention has been given to natural partnerships and the collaborative framework that will be used to define the Implementation Plan. The Implementation Plan is treated as a living document and set of strategies that can be adapted to the lessons learned while implementing efforts relevant to the high priority focus areas.

Investments in expertise, time and funding will be tracked along with the original set of health indicators. This analysis will look at future trends in the health indicators and inform future health priorities.


I. Introduction

Background

Cascade Medical, formally known as Chelan County Public Hospital District No. 1, also enjoys not-for-profit status. Located in the City of Leavenworth, WA, the hospital district’s primary service area includes other surrounding townships and rural communities. In addition to traditional hospital services, Cascade Medical also owns and operates an outpatient Rural Health Clinic, physical therapy services and an ambulance service.

As both a recreation & theme-town destination, CM’s ambulance service responds to over 900 calls per year, including motor vehicle accidents, medical emergencies, and year-round backcountry rescue. At any time, two full-time paramedics are on duty 24 hours a day. A number of EMTs, both in Leavenworth and the outlying communities, work closely with CM paramedics to help ensure the community receives the best pre-hospital care possible throughout the 1,200 square mile hospital district.

Key facts about current Cascade Medical services and assets:

Major Programs/Services	Annual Statistics	Facility Expansion (Opened 2011)
<ul style="list-style-type: none"> • Family Practice • Rural Health Clinic • Emergency Department • Ambulance Service • Physical & Occupational Therapy • Inpatient Acute & Swing Bed Care • Rehabilitation Care Program • Screening & Diagnostic Services 	<ul style="list-style-type: none"> • 164 Employees • 2,500 ER visits • 900 Ambulance calls • 275 Admissions • 14,000 Clinic Visits • 32,500 Diagnostic Tests (Lab & Radiology) 	


In November of 2011, Cascade Medical celebrated the opening of its highly anticipated facility expansion. The initiation of this project began in 2004, as the vision for an expanded and modernized facility was established. In 2005, the community passed the initiative to begin the project with a 70 percent voter approval rating, demonstrating overwhelming support for their community-owned medical center. Three phases were outlined during the planning process: first, the completion of a new addition to house the Acute Care and Rehabilitation hospital, Emergency Department and Family Practice Clinic; next, the remaining lower and main hospital levels were renovated, completing the Emergency Department, Lab, Radiology and ancillary service areas as well as a new Physical & Occupational

Therapy area (including a Hydroworx therapy pool); and finally the prior clinic space was remodeled to house administrative departments — culminating with a community celebration in November 2011.

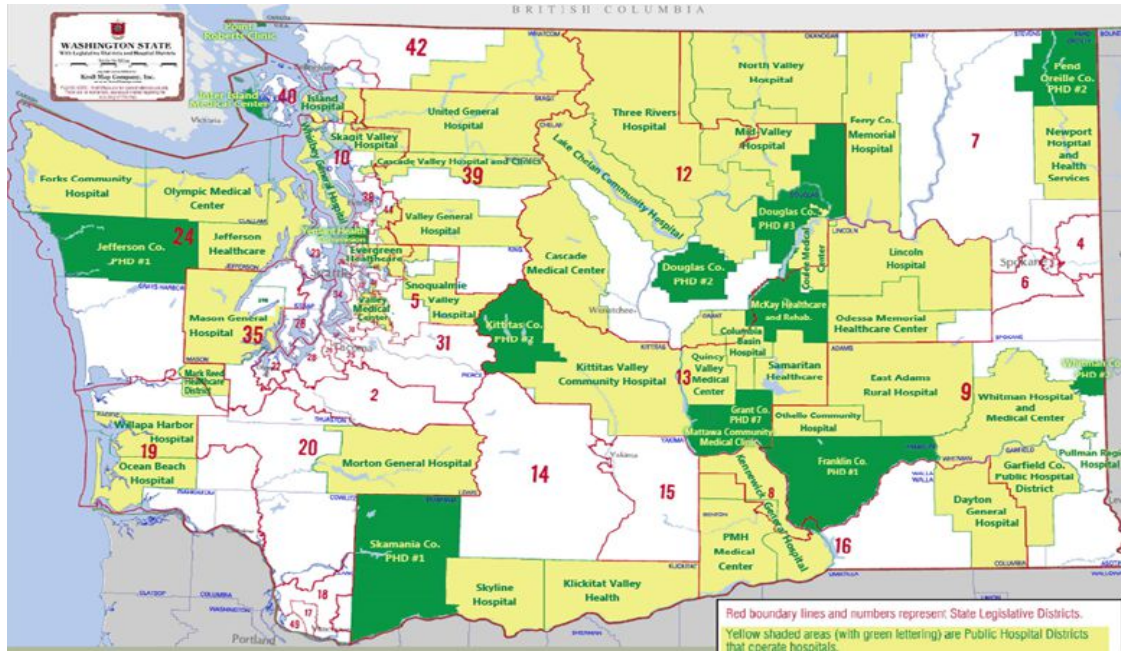
The quality of one’s life is closely related to the quality of one’s health. Cascade Medical is committed to helping patients manage their health and wellness and deliver exceptional healthcare by taking more time with each patient and his/her family. The newly constructed clinic provides 24 exam rooms where primary medical care, osteopathic manipulation, women's healthcare, and minor surgeries such as skin lesion removal, are provided. Additional procedures, including endoscopy/colonoscopy as well as treadmill tests, are performed in the hospital. With eight providers in the Clinic and a full emergency medical staff, CM’s physicians live and play in its recreation-based area and have an average tenure of over ten years with Cascade Medical. Committed to treating the whole person, our Family Practice Clinic also offers behavioral health services to children and adult patients as well as their families.

Community Health Needs Assessment Population

For the purpose of this CHNA, Cascade Medical defined its primary service area and populations as those established by Chelan County Public Hospital District No. 1 geographic boundaries. This primary service area includes 1,200 square miles of territory. Boundaries include the top of Stevens Pass, the top of Blewett Pass and just east of Dryden, WA, and incorporates the Plain / Lake Wenatchee areas, Leavenworth, Peshastin and Dryden.

Cities, Townships and Villages:	Hospital District Map
<ul style="list-style-type: none"> • City of Leavenworth • Township of Plain • Township of Peshastin • Township of Dryden • Villages/cabins around Lake Wenatchee • Homes, orchards, ranches and recreation areas in this portion of the Cascade Mountain range 	

Washington State Public Hospital District Map



The population of Cascade Medical’s primary service area, estimated to be 9,156 in 2014, is growing at a rate of about 1% annually. Eighteen percent of the population is over the age of 65, compared to a state average of about 11%. The breakdown of the district’s population is detailed in the graph below.

	2000 Census	Pct of Tot Pop	2009 Est	Pct of Tot Pop	Pct Chg 2000-2009	2014 Proj	Pct of Tot Pop	Pct Chg 2009-2014
Tot. Pop.	7,928	100.0%	8,698	100.0%	9.7%	9,156	100.0%	5.3%
Pop. By Age								
0-17	1,988	25.1%	1,815	20.9%	-8.7%	1,863	20.3%	2.6%
18-44	2,478	31.3%	2,533	29.1%	2.2%	2,685	29.3%	6.0%
45-64	2,270	28.6%	2,766	31.8%	21.9%	2,790	30.5%	0.9%
65-74	669	8.4%	867	10.0%	29.6%	1,038	11.3%	19.7%
75-84	404	5.1%	525	6.0%	30.0%	547	6.0%	4.2%
85+	119	1.5%	192	2.2%	61.3%	233	2.5%	21.4%
Tot. 0-64	6,736	85.0%	7,114	81.8%	5.6%	7,338	80.1%	3.1%
Tot. 65 +	1,192	15.0%	1,584	18.2%	32.9%	1,818	19.9%	14.8%
Fem. 15-44	1,425	18.0%	1,441	16.6%	1.1%	1,520	16.6%	5.5%

Source: Nielsen Claritas

In addition to serving residents of the primary service area, Cascade Medical also treats numerous guests and tourists who visit the Leavenworth area throughout the year. Tourist visits to Cascade Medical’s primary service area are estimated to total more than 3.5 million annually. While tourists are not included in the population studied for this CHNA, it is a demographic segment which utilizes CM’s services periodically.

While the primary service area Cascade Medical serves is clearly defined, population health data specific to that same area is not well-defined. However, population health statistics are available for the broader area of Chelan County, so for the purpose of this CHNA, and due to the collaborative nature in which CM participates as a part of the regional healthcare delivery system, Chelan County data was utilized throughout the CHNA process. To compensate for the use of county data in CM’s CHNA report, local expertise was leveraged to interpret this data in a manner relevant to the CM’s actual population and community needs.

Chelan County Total Population Change, 2000-2010

According to U.S. Census data, the population in the county rose from 66,616 to 72,453 between the year 2000 and 2010 (an 8.76% increase).

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Chelan County, WA	66,616	72,453	5,837	8.76%
Washington	5,894,121	6,724,540	830,419	14.09%
United States	280,421,907	307,745,539	27,323,632	9.74%

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Population Change (2000 – 2010) by Hispanic Origin

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Chelan County	5,882	45.84%	-45	-0.08%
Washington	314,281	71.18%	516,138	9.47%
United States	15,098,149	42.70%	10,153,011	4.09%

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Population by Age Groups

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

Report Area	Total Population	Population Age 5-17	Population Age 18-24	Population Age 25-34	Population Age 35-44	Population Age 45-54	Population Age 55-64	Population Age 65+
Chelan County	71,787	13,209 18.40%	6,182 8.61%	8,116 11.31%	8,318 11.59%	10,644 14.83%	9,546 13.30%	10,947 15.25%
Washington	6,652,845	1,136,027 17.08%	646,991 9.73%	919,104 13.82%	916,883 13.78%	983,463 14.78%	809,908 12.17%	807,278 12.13%
United States	306,603,776	53,877,372 17.57%	30,507,896 9.95%	40,668,824 13.26%	41,683,228 13.60%	44,579,668 14.54%	35,507,588 11.58%	39,608,816 12.92%

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

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

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

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Chelan County, WA	47,571	8,223	17.29%
Washington	4,436,636	453,931	10.23%
United States	202,048,128	29,518,934	14.61%

Note: This indicator is compared with the state average. Data Source: [US Census Bureau, American Community Survey: 2007-11](#). Source geography: Tract.

The North Central Washington region has the following population with no high school diploma by ethnicity. The significantly higher percentage of Hispanics without a high school diploma reflects a large number of Hispanic immigrant farm worker populations that come from Mexico and Central America with limited formal education.

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Chelan County	5,049	3,174	61.54%	8.06%
Washington	140,123	313,808	40.55%	7.67%
United States	10,052,322	19,466,613	37.97%	11.09%

Data Source: [US Census Bureau, American Community Survey: 2007-11](#). Source geography: Tract.

Population in Poverty (100% FPL and 200% FPL)

Poverty is considered a *key driver* of health status. Within the report area 17.47% or 40,948 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population with Income at or Below 200% FPL
Chelan County, WA	70,815	8,918 12.59%	24,413 34.47%
Washington	6,519,490	816,509 12.52%	1,862,090 28.56%
United States	298,788,000	42,739,924 14.30%	97,686,536 32.69%

Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#). Source geography: County.

Poor General Health

Within the report area 17.32% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Chelan County, WA	53,020	8,324	15.70%
Washington	5,000,516	680,070	13.60%
United States	229,932,154	36,429,871	15.84%

Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#).. Source geography: County.

II. Establishing the CHNA Infrastructure and Partnerships

Cascade Medical leveraged Community Choice (a regional healthcare collaborative organization) to lead the planning and coordination of completing this Community Health Needs Assessment. The decision to take a collaborative approach to this Community Health Needs Assessment made sense because it builds on already established frameworks of regional collaboration on relevant health improvement initiatives.

Internal

With Community Choice's technical assistance, Cascade Medical undertook an eighteen month planning and development effort to complete this Community Health Needs Assessment (CHNA), identify health priorities for CM's service area and derive an implementation plan that will serve as a "living document" to drive ongoing population health initiatives through a framework of collaboration with like-missioned partners and collaborators. These planning and development activities included the following internal and external components:

- **Selecting a Lead Organization:** Community Choice identified as the vehicle to engage an established collaborative network of organizations with similar or overlapping missions. This builds on previous collaboration among hospitals, rural health clinics, Federally Qualified Health Centers, public health districts, mental health systems and coalitions of social service organizations in the four counties that represent North Central Washington.
- **Building Capacity:** Staff at Community Choice attended conferences and trainings to learn and augment technical assistance capabilities for completing this CHNA and facilitate future coordination of Implementation Plan activities in a regional collaborative approach.

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

External

With Community Choice’s leadership, Cascade Medical also leveraged established regional relationships that garnered broad and diverse input for a comprehensive review of community health needs in the areas included in this CHNA. These external components include:

- **Creating a Regional Steering Committee:** Strategically selected individuals were invited to participate in a regional CHNA Steering Committee in order to capture perspectives relevant to all four counties included in the Community Health Needs Assessment.
- **Engaging Coalitions:** Several coalitions of organizations working on diverse but related social services in the four counties were engaged for initial awareness and input and later became the natural links to collaborative efforts in the implementation plan of the CHNA.
- **Key Informant Stakeholders:** Community members within the hospital district who serve vulnerable populations were surveyed to capture their perspective on the health needs of Cascade Medical’s service area. Additional individuals whose participation in the survey or CHNA Steering Committee was not practical were identified for interviews to capture valuable perspectives related to unique population groups, their customs and lifestyles.
- **Leveraging Past Community Health Assessments:** An effort was made to identify and leverage previous community health needs assessments that highlighted earlier concerns and focus on relevant health issues. For example: since 2002 school districts have completed a regional Healthy Youth Survey that informed key determinants of health that were incorporated in this report.

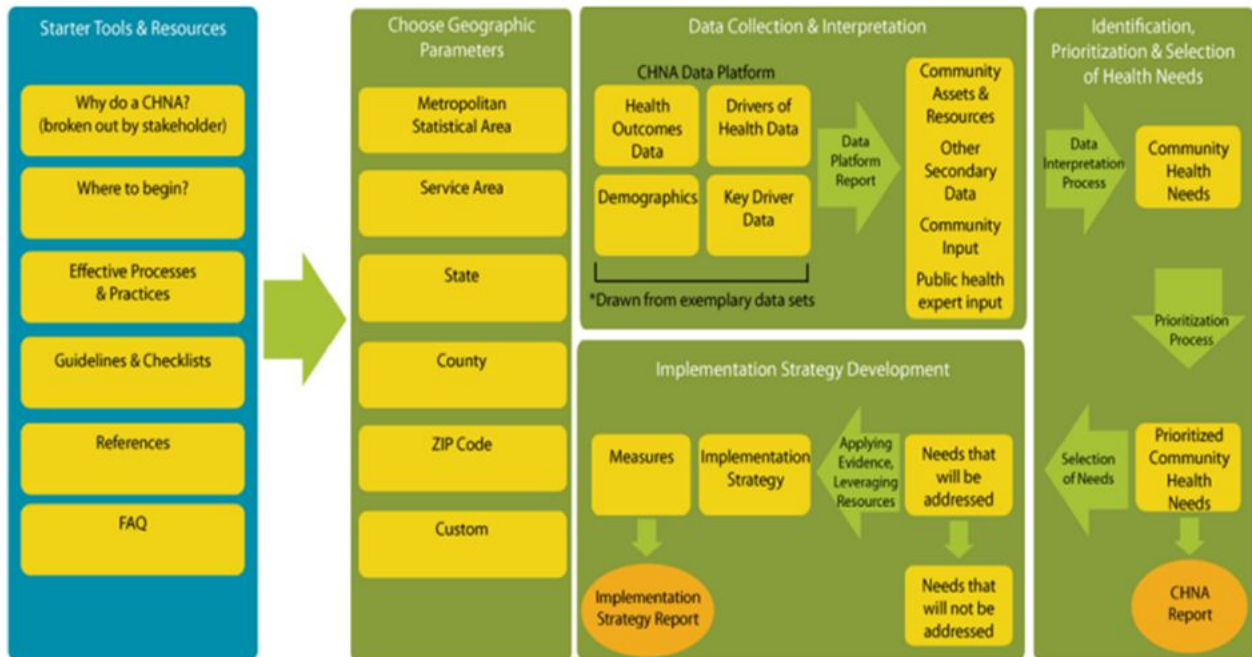
III. Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate the current health needs of the hospital district leveraging county data and other relevant data sources and then prioritize those needs, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) craft an Implementation Plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4)

establish systematic means to track, report and evaluate efforts that will effectively impact targeted population health issues on an ongoing basis.

IV. Data Collection and Analysis

- a. Description of process and methods being used: The overarching framework used to guide the CHNA planning and implementation process is based on the Catholic Health Association (CHA) Community Commons CHNA flow chart below:



- b. Description of data sources:

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.

Source/Dataset	Description
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

- c. Description of qualitative data sources: Several qualitative reports and data sources were reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 data reviewed represented 1) the broad interests of the community and 2) the voice of community members who were medically underserved, minorities, low-income, and/or those with chronic conditions.

Report Title & Date	Lead Entity	Lead Contact	Area of Expertise
Healthy Youth Survey	NCW Educational Service District	Mike Lynch	Health Promotion and Disease Prevention
The Coalition for Children and Families of North Central Washington Strategic Plan/Board	The Coalition for Children and Families of North Central Washington	Renee Hunter, Chairperson of the Coalition Board.	Coordination and collaboration on addressing Adverse Childhood Experience (ACEs)
Wenatchee Substance Abuse Coalition Report	Together! For Drug-Free Youth	Renee Hunter, Exec. Director of Together!	Tobacco and Substance Abuse Prevention
Emerging Leaders Alliance Leadership (Key Informants)	Emerging Leaders Alliance of NCW	Melissa Hernandez, Family Services Specialist, Wenatchee School District	Culturally relevant insight on health indicators' relevance to the Hispanic community in NCW

Report Title & Date	Lead Entity	Lead Contact	Area of Expertise
CAFÉ Board and membership (Key Informants)	CAFÉ (Council for Advocacy and Family Education of NCW)	Jorge Chacon, Founder/Board Member	Culturally relevant insight on health indicators' relevance to the Hispanic community in NCW
Suicide Prevention Coalition report	Suicide Prevention Coalition of NCW	Julie Rickard, PhD Director/Founder of SPC of NCW	Behavioral Medicine Program Manager Licensed Psychologist

In addition to these qualitative data sources the members of the CHNA Steering Committee were chosen based on their unique expertise and experience, informed perspectives and personal involvement with broad interests and diversity of the community. The representation on the CHNA Steering Committee and key informant individuals included:

Committee Member	Area of Expertise
Barry Kling	Public Health, Epidemiology
Jesus Hernandez	K-20 Education/Healthcare Policy/Latino Populations
Peter Rutherford, MD	Internal Medicine, CEO
Renee Hunter	Community Development/Coalition Building
Carol Diede	Healthcare Finance, Administration
Alan Walker	Community, Resource Development
Anita Tuason	Family Planning Administration
Brad Hankins	Chief Operations Officer, Healthcare Administration
Erin Pulse, RN	Nursing, Rural Health Clinic Director
Diane Blake	Hospital Administration, CEO
Lauri Jones	Public Health, Nursing
Kay Sparks	Mental Health and Public Health
Cathy Meuret	Clinical Education
Cindy Vidano	Healthcare Finance
Wayne Hawks	Clinical Data, Financial Analyst
Cathy Thomas	Administration Support
Marcy Vixie	Clinical Quality, Nursing
Stephanie Grubich	Marketing
Roger Bauer	Behavioral Health
Tracey Kasnic	Chief Executive Nursing, Hospital Management
Melissa Hernandez	Parenting Education/Advocate/Latino Populations
Shawta Sackett	Public Health, Epidemiology

- d. Description of data limitations and gaps: Limitations and gaps identified that impacted the ability to conduct a more thorough and rigorous assessment include the following:
- Relying on secondary data sources has the advantage of providing a consistent data set that is tracked and reported on an established cycle, but this data is often two or more years old. Consequently, we will continue to compensate by

seeking more current data sources that may not always be consistently tracked and reported.

- Some data such as the Health Youth Survey suffers from self-report bias and is generated from youth who may not always report it with the seriousness that we would like. Consequently, broad margins for error are used to compensate thus requiring a good degree of subjective interpretation of such data.
- Some secondary data on rural, sparsely populated regions suffers from statistically low numbers that need to be taken into consideration when interpreting the data and making comparisons.
- Input sought from focus groups and key informant individuals will undoubtedly include subjective opinions related to the individuals' personal experiences, levels of understanding of the content matter and other personal biases.
- Lack of statistically relevant and available data specifically for Cascade Medical's primary service area (District boundaries).

V. Identification and Prioritization of Needs

The Community Health Needs Assessment planning and development process began by reviewing other similar assessments done by other communities around specific health concerns and broad public health interests. From this, an extensive list of community health indicators was generated to choose to research data on for the CHNA. Two public forums were conducted early on in the process to begin raising awareness of the initiation of this assessment and get input on the value placed on each of the community health indicators presented. An online survey was also used to gather as much input on what community health indicators were most valued regionally. From this input, a narrower list of health indicators was identified, and research of data sources for these indicators for the four counties was begun. Data on the same indicators from different sources were compared to help verify the validity and integrity of the data. For example, data from the CHNA Commons reports that originated from state and federal sources like BRFSS were contrasted with Washington State's Department of Health CHAT data base and when numbers didn't match, a more in-depth look at the accuracy of such data was taken.

A regional CHNA Steering Committee was pulled together with attention to representation from key constituencies, demographic representation, key expertise and institutional and sector interests. These included consumers, public health, mental health, medical practices including Federally Qualified Health Centers, large and small hospitals, social service organizations, family planning and prevention, and special populations. The CHNA Steering Committee was augmented at some of their meetings by individuals with key expertise related to their profession and formal education as well as experience and personal involvement with health concerns in the various communities.

Community Coalitions from key communities in the four-county region were engaged in the CHNA process. Representatives from these coalitions provided initial input on what community health indicators were most valued, and many remained involved in the public forums and through updates provided at their regular meetings. These coalitions were also treated as natural partners in the development of the CHNA Implementation Plan phase of the expected ongoing work to address high priority health issues.

While the regional perspective on health indicators provides valuable information, CM also sought public feedback on health needs specific to CM's primary service area. Multiple community members who serve the most vulnerable of the hospital district's population were invited to participate in a health needs survey. Respondents included representation from areas throughout the hospital district serving a diverse population, including the disabled, faith communities, youth, minorities, seniors, veterans, the uninsured and those living below the poverty level. Feedback from these surveys was considered in conjunction with the regional health data gathered through the CHNA process, and both sources were utilized in developing Cascade Medical's CHNA Implementation Plan.

Cascade Medical identified a strategic group of individuals from key departments to further vet the resulting high priority health indicators. This Internal Assessment Team, with input from the providers who oversee CM's Chronic Disease Management Program, reviewed and vetted the high priority focus areas from the perspective of the hospital's internal expertise and capacity to make meaningful contributions to impacting these health priorities. In addition to the feasibility of the hospital to impact these health priorities, other community assets and resources were identified that could be leveraged through strategic collaboration and partnership in the region.

Multiple health needs were identified through the CHNA including Access, Mental Health, Obesity/Nutrition, Pre-conceptual & Perinatal Care, Availability of Reliable Health Information, Substance Abuse, Hunger, and Lack of Healthy Lifestyle. Based on the CHNA planning and development process, CM followed the previously described (see above paragraphs) process to narrow the focus of work to the following community health priorities:

- 1. Access to health care**
- 2. Mental health**
- 3. Chronic disease prevention and management**

VI. Description of the Community Health Needs Identified

1. Access to Care:

Number of People Uninsured

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

The lack of health insurance is considered a key driver of health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Number Uninsured	Percent Uninsured
Chelan County, WA	72,637	15,188	21.07%
Washington	6,746,806	923,249	13.68%
United States	309,231,232	46,282,216	15.22%

Note: This indicator is compared with the state average.

Lack of a Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Report Area	Total Population (Age 18)	Number Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Chelan County	53,020	12,279	23.16%
Washington	5,000,516	1,078,611	21.57%
United States	232,747,222	44,961,851.44	19.32%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.](#)

Source geography: County.

Uninsured Population (Adults)

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Chelan County, WA	43,372	31,867	73.50%	11,505	26.50%
Washington	4,299,112	3,456,537	80.40%	842,575	19.60%
United States	190,888,983	150,591,311	78.89%	40,297,670	21.11%

Note: This indicator is compared with the state average.

Data Source: [US Census Bureau, Small Area Health Insurance Estimates: 2011](#). Source geography: County

Uninsured Population (Children)

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of children under age 18 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Chelan County, WA	19,035	17,537	92.10%	1,498	7.90%
Washington	1,642,246	1,535,826	93.52%	106,421	6.48%
United States	76,751,902	70,692,857	92.11%	6,059,050	7.89%

Note: This indicator is compared with the state average.

Data Source: [US Census Bureau, Small Area Health Insurance Estimates: 2011](#). Source geography: County.

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18)	Number Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Chelan County	53,020	7,672	14.47%
Washington	5,000,516	601,062	12.02%
United States	232,747,222	36,229,520	15.57%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.](#)

Source geography: County.

Population in Remote Geographic Areas

The primary service area of Cascade Medical covers 1,200 square miles, much of which is remote, mountainous terrain. An estimated 77% of the population lives outside the town of Leavenworth, in which Cascade Medical is located. Of these, nearly 70% have no access to public transportation. Due to this extreme limitation of public transportation within the hospital district, residents who are unable to drive must rely on others for transportation or forego care. Additionally, much of this same population is impacted by impassable secondary roads during times of inclement weather. These geographic barriers to access are a contributing factor to poor health status within the hospital district.

2. Mental Health Services:

Adequate Social or Emotional Support

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

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Percent Population Without Adequate Social / Emotional Support
Chelan County, WA	53,020	9,544	18%
Washington	5,000,516	855,088	17.10%
United States	229,932,154	48,120,965	20.93%

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#).. Source geography: County.

Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)
Chelan County, WA	70,939	9	12.69	12.77
Washington	6,557,307	888	13.55	13.16
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2

Note: This indicator is compared with the Healthy People 2020 Target. Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10](#). Accessed using [CDC WONDER](#).. Source geography: County

Recent Jump in North Central Washington:

Suicide Prevention Coalition (SPC) of North Central Washington reports: Chelan/Douglas recently experienced a drastic increase. As of April 27th, 2013, alone, there have been 15 completed suicides

within the two county area. The coalition is committed to keeping an accurate list of completed suicides without the names and details so communities may have an accurate picture of what is truly going on in the community and not be lulled into believing that a problem does not exist.

The SPC of NCW was formed in response to the rising suicide rate in the early months of 2012. The previous two years were record years for the Chelan/Douglas counties and we are hopeful our work will have an impact in reducing this trend. Our ultimate goal is zero tolerance for completed suicides in our communities (Leavenworth, East Wenatchee, Wenatchee, Chelan, other) and to spread the word that help is available and things really do get better.

The Healthy Youth Survey data from local school districts indicate a higher number of middle school age youth reporting suicidal thoughts and attempts of suicide. The following are responses to three questions posed to middle school students relevant to this community health indicator:

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

Poor General Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

Report Area	Total Population (Age 18)	Number Reporting Poor General Health	Percent Reporting Poor General Health
Chelan County	52,580	7,729	14.70%
Washington	1,716,677	228,318	13.30%
United States	111,821,887	18,188,242	16.27%

Note: This indicator is compared with the state average. No breakout data available.

Obesity (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 20)	Number Obese	Percent Obese
Chelan County	52,454.55	12,694	24.20%
Washington	4,946,122.84	1,341,720	27.13%
United States	224,690,904.71	61,460,308	27.35%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

Diabetes Prevalence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 20)	Population with Diabetes	Percent with Diabetes
Chelan County	60,589.04	4,423	7.30%
Washington	5,099,075.37	395,186	7.75%
United States	239,583,791.97	21,015,523	8.77%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.

VII. Description of Resources Available to Meet Priority Health Needs

Hospitals and Health Systems

Cascade Medical’s population in its primary service area is also served by the following hospital health systems: The Confluence Health System, which includes Wenatchee Valley Medical Center in Wenatchee and its outlying Wenatchee Valley Specialty Care Clinics as well as Central Washington Hospital, Columbia Valley Community Health and other behavioral health systems located below. These are located in Wenatchee, the only metropolitan area in this mostly rural region of the state.

Chelan County enjoys the following healthcare systems in addition to Cascade Medical:

- Confluence Health - an affiliation of Wenatchee Valley Medical Center and Central Washington Hospital
- Columbia Valley Community Health (FQHCs) has four clinic sites and a dental care facility
- Lake Chelan Community Hospital in Chelan and its small clinic in Wenatchee
- Additionally, these two counties are served by Lake Chelan Clinic in City of Chelan and Wenatchee Pediatrics in Wenatchee
- Behavioral health services are provided primarily by Catholic Family and Child Services.

Additionally, health resources available within CM’s specific service area are listed in the table below:

Specialty	Organization / Provider	Phone Number
Primary Care	Cascade Medical Family Practice Clinic	(509) 548-3420
Primary Care	Lynn Chadd, ARNP	(509) 548-1801
Primary Care	Sara Piestrup, ARNP	(509) 548-4780
Primary Care	Upper Valley Free Clinic at Cascade Medical	(509) 548-5371
Hospital Services	Cascade Medical	(509) 548-5815
Dentistry	Brad O'Brien, DDS	(509) 548-5415
Dentistry	John Schiefelbein, DDS	(509) 548-5841
Physical Therapy	Cascade Medical Rehab Services Department	(509) 548-3421
Physical Therapy	Mt. Stuart Physical Therapy	(509) 548-3133
Mental Health	John Fishburne, Ph.D., Cascade Medical	(509) 548-3420
Mental Health	Susan Dodge, LMHC	(509) 548-5298
Mental Health	Stacy Barnhill, MSW	(509) 881-1772
Assisted Living	Mountain Meadows	(509) 548-4076

Other resources that address priority health needs

Cascade Medical's primary service area and Chelan County are also served by an extensive combination of social and behavioral health services organizations. These include organizations such as housing authorities, food banks, school systems, service clubs, youth organizations, senior centers, support groups, treatment centers and government or quasi-government agencies. The region also enjoys a significant level of volunteerism and community minded philanthropy.

Examples of Foundations and Non-Profits

Upper Valley MEND, Community Action Centers, The Housing Authority, Together for Drug-free Youth, SAGE-Domestic & Sexual Abuse Center, The Center for Drug and Alcohol treatment, Catholic Family and Child Services, Children's Home Society, Aging and Adult Care systems, school districts, juvenile justice systems, and an array of other county and state institutions.

VIII. Documenting and Communicating Results

The CHNA Report and Implementation Plan are available to the community on the Cascade Medical website (<http://cascademedical.org/>) and are downloadable. To obtain a copy, contact CM Administration office at 509-548-3431. A plan to present a summary of the results to community groups has been developed.

IX. Planning for Action and Monitoring Progress

The Implementation Plan will articulate various strategies that will be used to engage various partners and collaborative approaches to address the health priorities identified. The hospital internal Assessment Team will engage with community stakeholders to begin developing the strategies and identifying best practices in an ongoing effort that builds on the good work that partner organizations are already doing to address these community health issues. Work plans will be developed and appropriate metrics to measure progress towards desired milestones. Logic models for each health priority will describe the link between

the epidemiology of the problem, reasons for the problem and the strategies Cascade Medical and its partners will apply to improve health. Finally, the next Community Health Needs Assessment will seek to establish trends in the related health indicators and look for parallels between the health indicator trends and the investments made on interventions on each respective health priority.

Appendices:

Appendix 1. Cascade Medical Community Health Implementation Plan

The purpose of the Implementation Strategy is to set out ways in which Cascade Medical can make positive improvements to the community's high priority health needs which were identified through the Community Health Needs Assessment (CHNA) process. The Implementation Strategy is intended to be a living document which may be adjusted over time as methods are tested and measured for having successful impact upon the health priorities.

The three high priority focus areas identified by Cascade Medical through the CHNA process are:

1. Access to health care
2. Mental health
3. Chronic disease prevention and management

Implementation Strategy

Cascade Medical will continue leveraging community partners to develop, implement, monitor and evaluate both new and ongoing interventions that address the community health priorities identified. The strategies and interventions will include, but are not limited to, the following initiatives in each of the three categories:

Access to Health Care

- Continue 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 at Cascade Medical, through utilization of CM's Community Financial Support Program as well as other assistance programs.
- Provide outreach and education to the community about Washington's insurance exchange. Provide contacts to regional In-Person Assisters and explore the possibility of providing on-site In-Person Assisters, either through allocation of Cascade Medical staff or through volunteer coordination.
- Educate the community regarding bilingual services available at Cascade Medical.
- Explore solutions to transportation barriers which prevent community members from seeking necessary health care.
- Explore opportunities to partner with specialists to provide care on a monthly or other regular basis on site at Cascade Medical.
- Develop and strengthen partnerships with local community resources, regional resources and public health department.
- Other areas to explore, both in terms of sustainability and impact to the health priorities, include expanding family practice hours and telemedicine.

Mental Health

- Continue to provide psychologist services one day per week at Cascade Medical.
- Continue to include depression as part of CM's Chronic Disease Management Program and encourage regular follow up of patients with depression. Expand focus on other mental illnesses including but not limited to bipolar disorders, PTSD and anxiety.

- Explore opportunities to bring psychiatry, particularly for children, and/or crisis counseling to the Upper Valley, either through partnerships with other organizations or by directly providing these services through Cascade Medical.
- Develop and strengthen partnerships with local community and regional resources.
- Explore partnerships with the school district and other local resources to support ongoing and bring additional programs to the Upper Valley which are designed to build positive self-esteem in the community's youth population.
- Explore the sustainability and need / impact of a telepsych program.
- Explore avenues to provide education and outreach to the community to reduce the occurrence of Adverse Childhood Experiences.

Chronic Disease Prevention and Management

- Continue to provide the resources to support and build CM's Chronic Disease Management Program. Explore opportunities to expand disease processes measured, with a focus on preventive screening.
- Educate the community on disease management and prevention through articles, newsletters (either electronic or paper) and other communication methods.
- Explore becoming a part of the regional Health Homes program, which is designed to improve care coordination for patients with chronic diseases.
- Explore partnering with the school district to foster healthy habits in the youth population.
- Explore partnering with other community and regional resources to provide healthy lifestyle education and outreach.

Next Steps

Cascade Medical envisions leveraging current and developing frameworks of collaboration (which include established resources within the Upper Valley communities as well as those which serve a more regional population) to orchestrate effective, well synchronized efforts that can be monitored, evaluated and improved upon with lessons learned from the field and research-based best practices. A process will be implemented to gain better insights on what current interventions by Cascade Medical and its regional partners have the highest potential for the greatest impact on improving identified health priorities. The significant awareness already generated over the eighteen month process of completing the CHNA Report and Implementation Plan provides natural partnerships with key individuals and organizations to engage in the improvement of the high priority focus areas.

The Community Health Needs Assessment Report and Implementation Plan are on the Cascade Medical website (www.cascademedical.org) and are downloadable. To obtain a copy directly from Cascade Medical, please contact CM's Administration Office at (509) 548-3431.

Appendix 2. Qualitative Data Sources

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

Appendix 3. Directory of Health Coalitions in North Central Washington counties

The Coalition for Children and Families of North Central Washington.

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

Organization/Member	Health Emphasis	Contact	Phone	Email/website
Catholic Family & Child Service	Mental health, support services	Jennifer Santillan	509-664-7350	jsantillan@ccyakima.org
Center For Alcohol and Drug	Treatment services	Chris Tippet	509-662-9673	ctippet@cfadt.org
Chelan County Wenatchee Housing Authority	Low-income housing	Alicia McRae	509-663-7421	alicia@ccwha.com
Chelan County Juvenile Court	Juvenile justice	Phil Jans	509-667-6350	phil.jans@co.chelan.wa.us
Chelan-Douglas Community Action Council	Low income services	Julie Kagele	509-662-6156	juliek@cdcac.org
Chelan-Douglas Health District	Public health, prevention, immunizations	Carol McCormick	509-866-6423	carol.mccormick@cdhd.wa.gov
Chelan-Douglas Regional Support Network	Mental health resources	Tamara Cardwell-burns	509-886-6318	tcardwell-burns@cdrsn.org
Chelan-Douglas TOGETHER! For Drug Free Youth	Prevention-tobacco and drug use	Renee Hunter	509-662-7201	together@nwi.net
Children's Home Society of WA	Early learning, foster care	Doug Head Kris Collier	509-663-0034	douglash@chs-wa.org kriscc@chs-wa.org
Columbia Valley Community Health	Primary care, dental health	Marlen Mendez	509-661-3623	mmendez@cvch.org
Community Choice Healthcare Network	Access to healthcare, health benefits, IT support	Jesus Hernandez	509-782-5030	jesush@communitychoice.us
Division of Children & Family Services (DSHS)	Children services, family services	Marie Scanlon	509-665-5334	Marie.Scanlon@dshs.wa.gov
Family Planning of NCW	Pre-conceptual health, family planning, prevention	Anita Tuason	509-662-2013 x230	anitat@fpncw.org
North Central Educational Service District	K-12 education support, early learning, prevention	Shelley Seslar	509-665-2626	shelleys@ncesd.org
North Central Regional Library	Education/reading online resources	Angela Morris/ Dan Howard	509-663-1117	amorris@ncrl.org
SAGE	Crisis support for women and children	MaryAnne Preece/ Jessica Johnson	509-663-7446	maryannep@nwi.net jessiej@nwi.net
United Way of Chelan and Douglas Counties	Community Foundation	Alan Walker	509-662-8261	alan@uwcdc.org

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

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

Support Documentation on File and Available Upon Request:

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