

# Okanogan County Public Hospital District No. 4 2016

## Community Health Needs Assessment

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**A Collaborative Approach to Impacting Population Health in  
North Central Washington**

**Prepared by Confluence Health, Community Choice Healthcare Network and  
Okanogan Public Hospital District #4.**



**North Valley Hospital District No. 4**  
**Community Health Needs Assessment Report**  
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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# 2016 North Central Washington Community Health Needs Assessment

## Executive Summary

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### **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 health care 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.”<sup>1</sup> One of the ACH goals throughout the state is to “address issues that affect health through local health improvement plans.”<sup>1</sup> 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**

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<sup>1</sup> (Washington State Healthcare Authority, 2016)

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 same set of indicators for this assessment so as to identify trends and changes in the indicators since the last 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. Mental health care access
2. Access to health care
3. Education
4. Obesity

## Acknowledgements

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

## Introduction

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### **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.

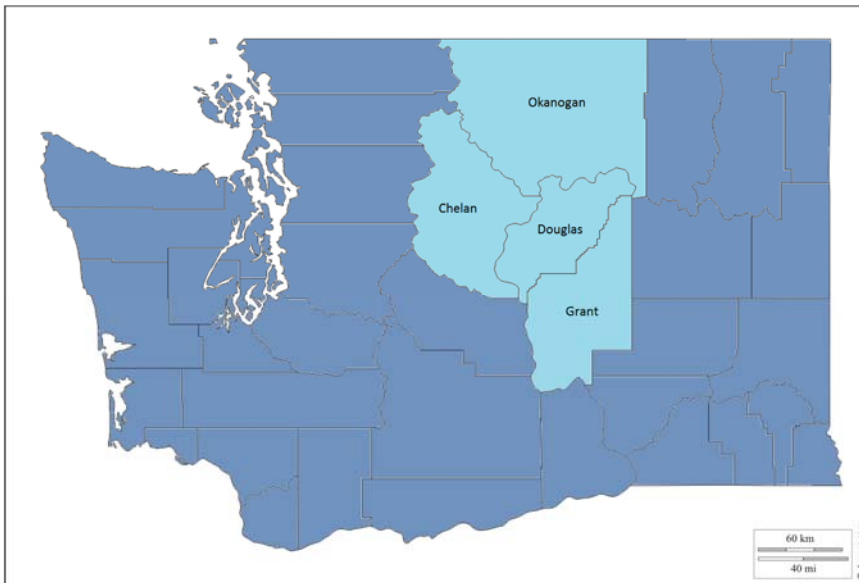
### **ABOUT NORTH VALLEY HOSPITAL DISTRICT #4**

North Valley Hospital was originally established as St. Martin's Hospital in 1938 by the Dominican Sisters of Washington. North Valley Hospital is a fully-accredited 25-bed Critical Access Hospital. Our Birthing Center has 3 birthing rooms, and our Extended Care is a fully-accredited 42 bed facility. We offer a 24-hour emergency room, EMS services, surgical center and inpatient services, along with many ancillary services to include imaging, rehab, sleep lab, swing bed, dietary and orthopedics. North Valley Hospital hosts a Rehabilitation Center within the Hospital and another facility located in Oroville, WA located about 17 miles away.

North Valley Hospital is a vital component in CHNA network that extends services to community members throughout the Okanogan County and beyond. Our physicians, surgeons and care team regularly partner with other organizations to support a range of quality medical services to our community. We strive to continue to bring services to our community that will attribute to keeping our community healthy.

## Community Profile

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### **Definition of Community**

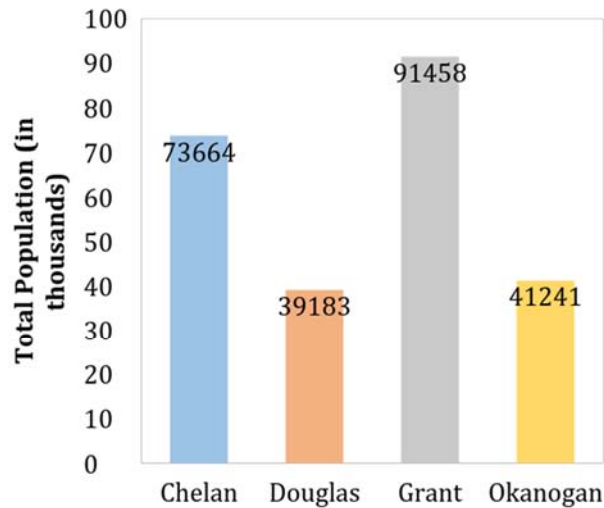
The north central region of Washington State primarily includes the Chelan, Douglas, Okanogan, and Grant counties. These four counties include 12,684 square miles of land in the north central part of the state.

The population of each of the 4 counties has been increasing at a rapid pace over the past years and is estimated to be 243,199 for the region. The greatest proportion of the population resides in the Chelan and Douglas Counties which includes the greater Wenatchee area. Moses Lake in Grant County follows in size of population, and there are communities of varying sizes scattered throughout the region generally along the river paths.

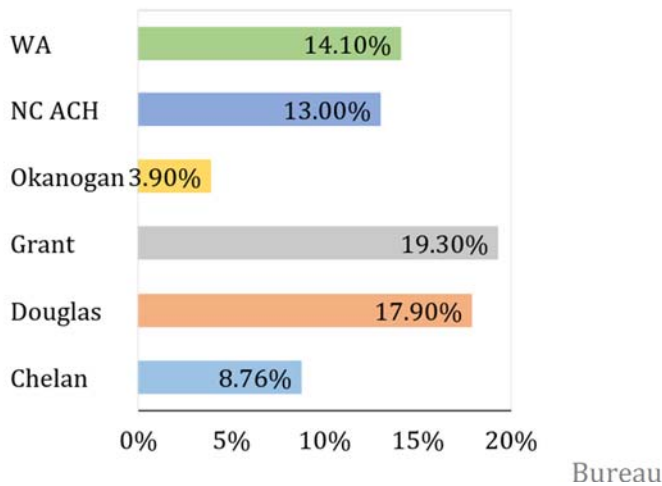


Data Source: US Census

### Total Population, 2010-14

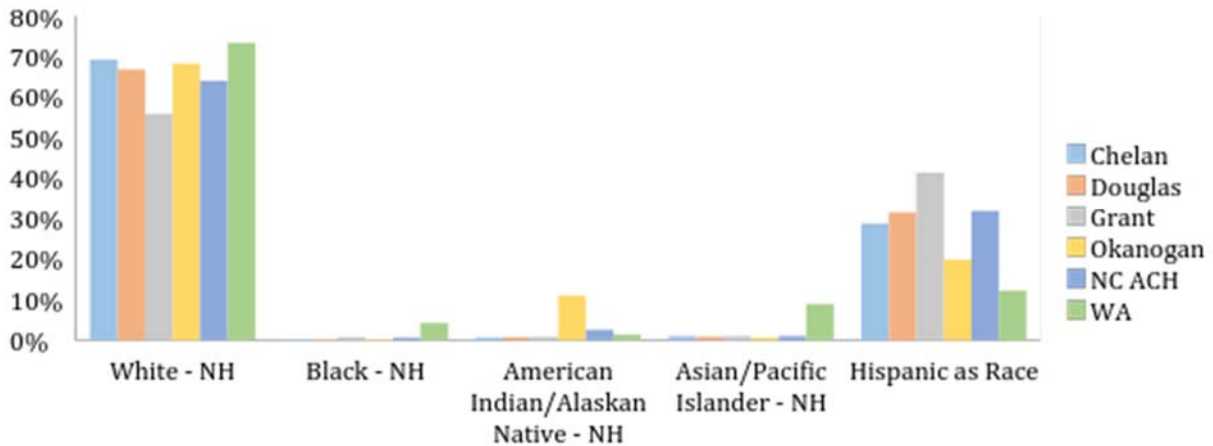


### Percent Change in Total Population 2000-2010



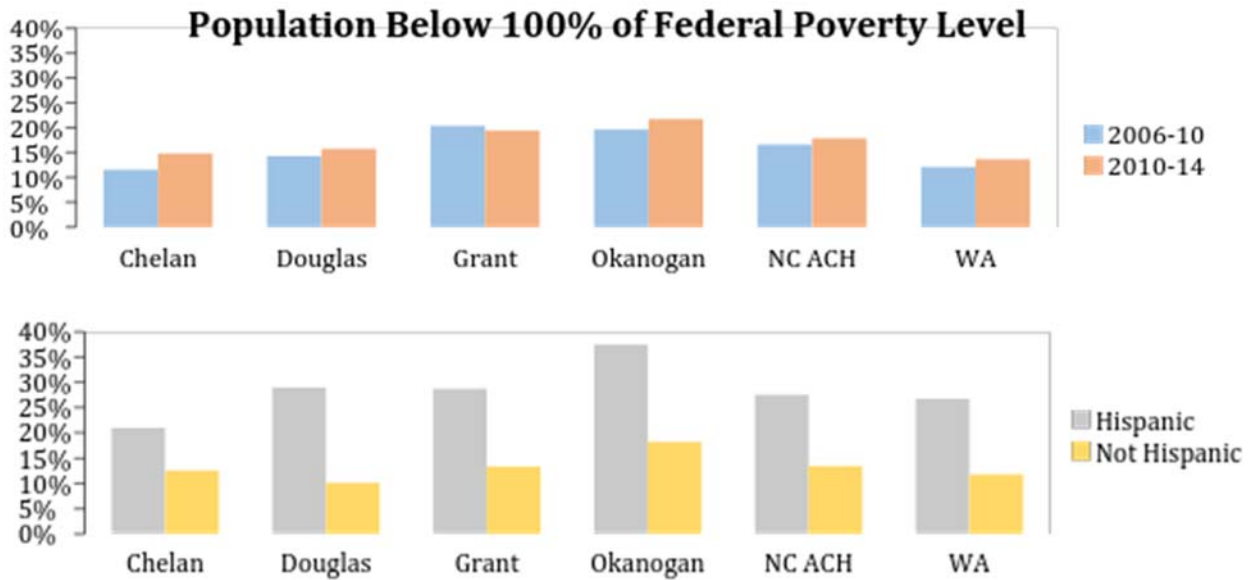
The population and diversity varies from county to county. The highest density of population is in the greater Wenatchee area near the confluence of the Columbia and Wenatchee Rivers. The population of the region is predominantly white, however, Okanogan County includes part of the Colville Native American Reservation making this native American tribe an important demographic of that area of the region. The region is also home to some 75,000 Hispanics with the greatest proportion of them residing in Grant County.

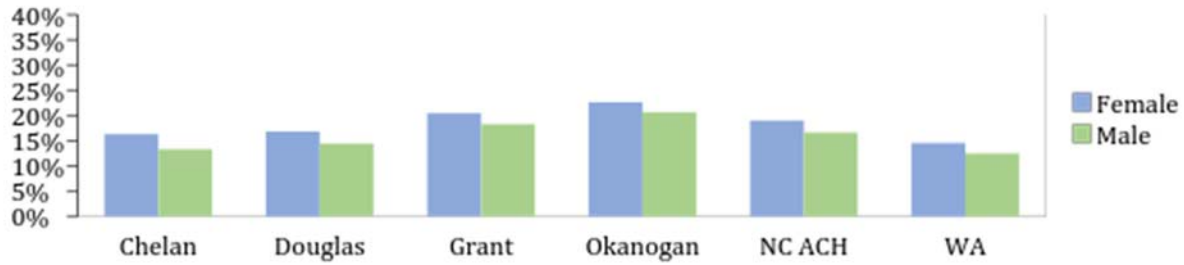
### Population, Percent by Race, 2010-14



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

The region also struggles 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% to 17.8% which is higher than the state average of 13.6% and the national average of 15.6%. The Hispanic/Latino population and females have a higher percentage of the population below 100% of the Federal Poverty Level than the non-Hispanic and Male populations.

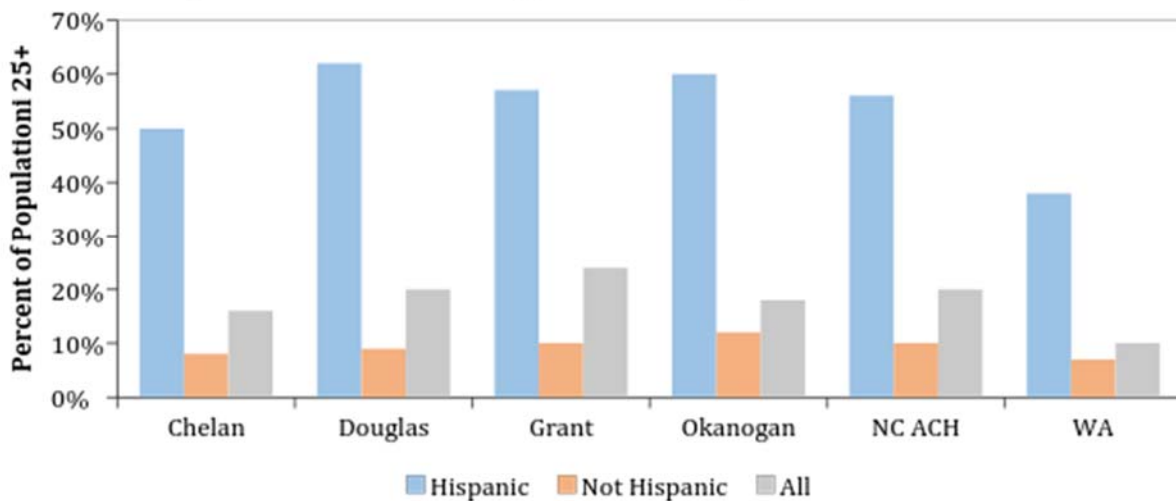




Data Source: US Census Bureau, 2010-14

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 between the Hispanic/Latino population and the non-Hispanic/Latino population as noted above in the table of the population in poverty and the chart below that shows high school diploma rates for Hispanics and non-Hispanics by county, the state of Washington, and the United States. 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.

### Population with No High School Diploma, 2010-2014



Data Source: US Census Bureau, 2010-14

## Data Collection Process and Methods

The gathering of data, both primary and secondary, and both 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 ( <a href="http://www.chelandouglastrends.ewu.edu/">http://www.chelandouglastrends.ewu.edu/</a> ) 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**

Over the past three years since, the 2013 CHNA, 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. This results in having to schedule appointments with specialists months in advance in some cases and or having to 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. The lack of access for mental or behavioral health providers suffers from the same challenges mentioned above, namely an insufficient number of specialists and the challenges associated with having to travel for care. However, mental and behavioral healthcare access is further challenged because of a social stigma associated with needing and utilizing these types of services.

#### **Poverty and Unemployment**

Poverty and unemployment were identified as a particular challenge in each of the counties in North Central Washington. It was noted in more than one assessment that the rates of poverty and unemployment are higher in each county in the service area 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 can also become a challenge for those experiencing health challenges, for families with children and youth with special healthcare needs, and for the elderly.

### **Coordination**

The need for greater coordination also appeared in many of the assessment. 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.

### **Community Focus Groups (SWOT Analysis)**

During July and August 2016, the CHNA team held community stakeholder meetings in each of the counties within the North Central Washington region. 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 competent 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 Mental and Behavioral Health Resources** - Another weakness addressed by each county is the lack of mental and 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 mental and behavioral health is insufficient for the current and future needs in the region.

### **Opportunity**

In each county, the health districts, a number of community organizations, healthcare organizations, and faith-based organizations who have health improvement programs. 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 recruited 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.

### **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. 169 individuals, representing a variety of sectors, including healthcare, public health, government, social services, and the community at large, participated in the survey. 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**

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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:



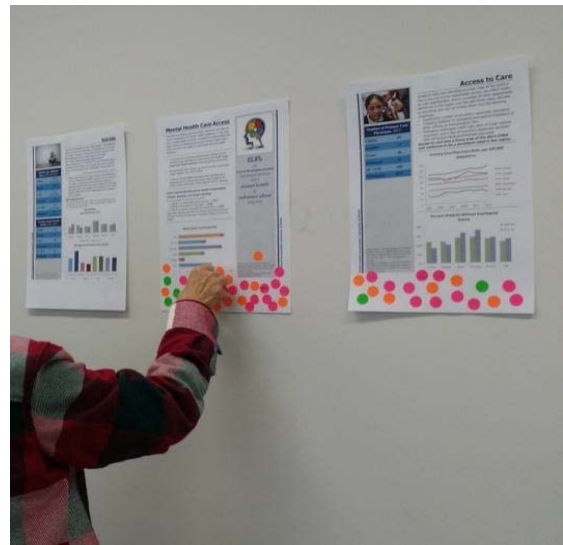
- The issue affects the greatest number of residents in the region, either directly or indirectly.
- The condition or outcome is unambiguously below its desired state, by comparison to a benchmark or its own trend.
- There is a large disparity between racial or geographically different population groups.
- 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 or condition 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 factsheet for the 16 potential needs listed above. The fact sheets for the prioritized needs are below and the remainder can be found in Appendix C. 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 give 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:

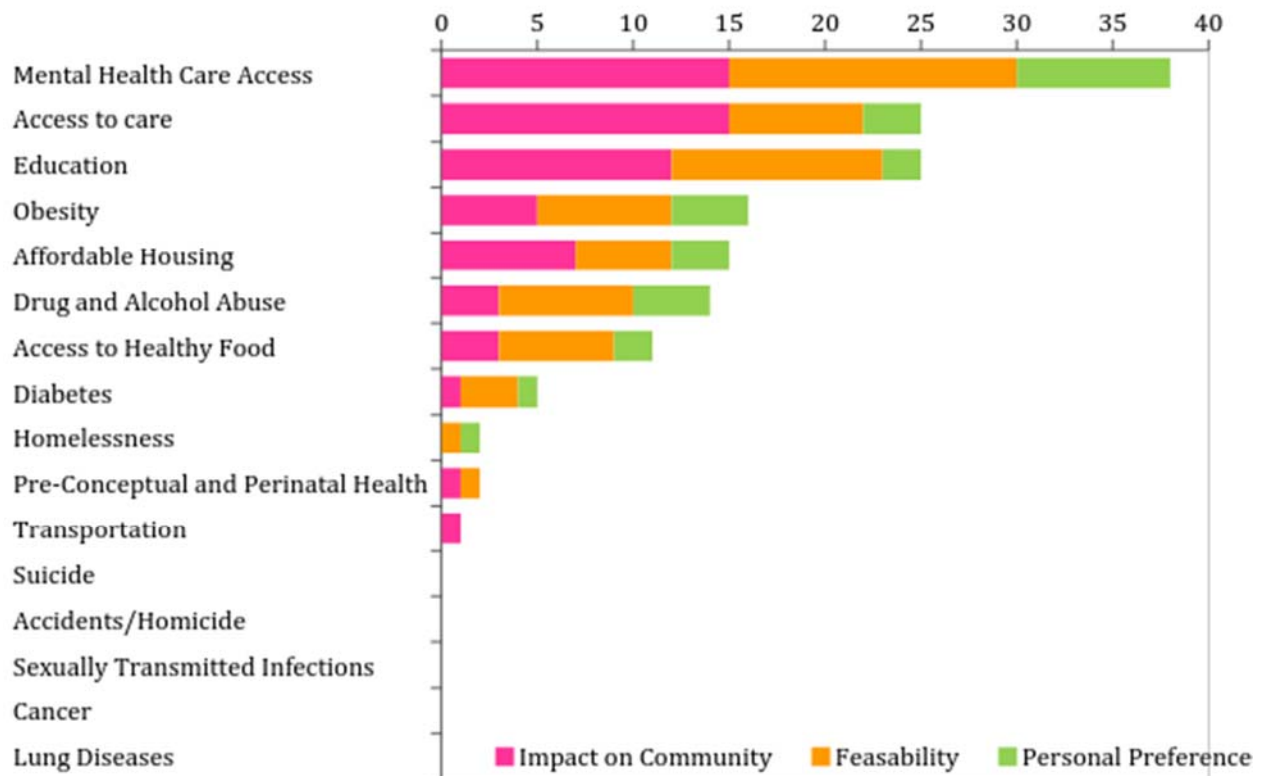


Impact of the health need in our region – select the needs that have the greatest impact on our community

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:

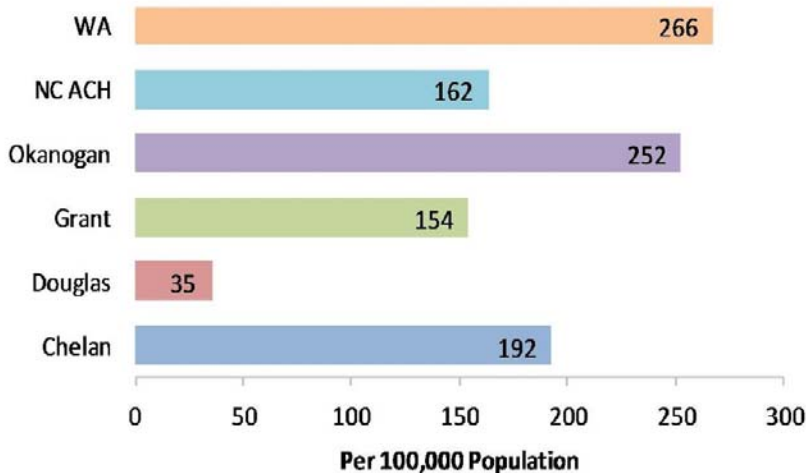
- Total # of unduplicated clients served → **3417**
- Total # of Requests for Services → **4348**
- Total # of intakes completed for enrollment → **3226**

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

**Mental Health Care Provider Rate**



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



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

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.

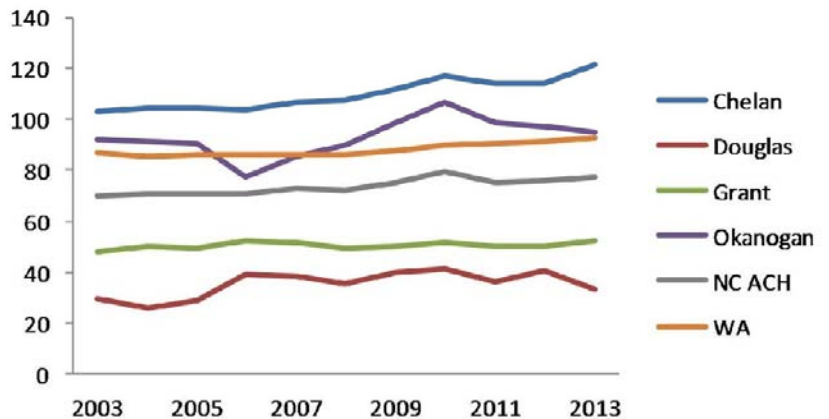
## Access to Care

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:

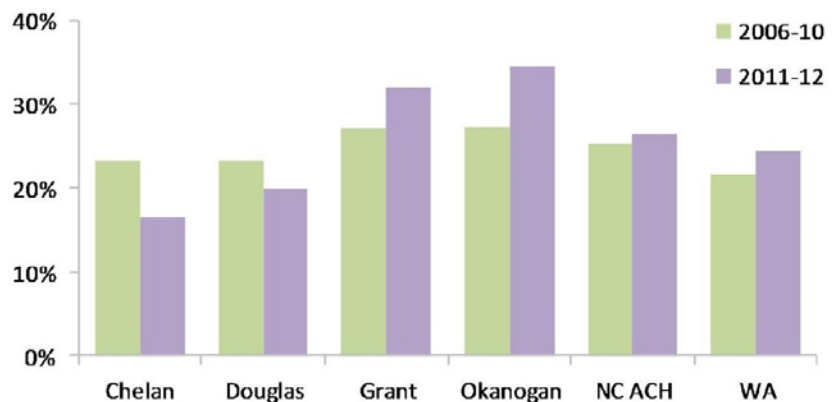
- Insufficient number of providers—especially specialists
- Traveling distance to specialists and patient limitations of time, vehicle, or transportation fare
- Insurance challenges—both high rates of those without insurance, and a lack of providers (especially dentists) who will accept Medicare/Medicaid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

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

**Primary Care Physicians Rate, per 100,000 population**



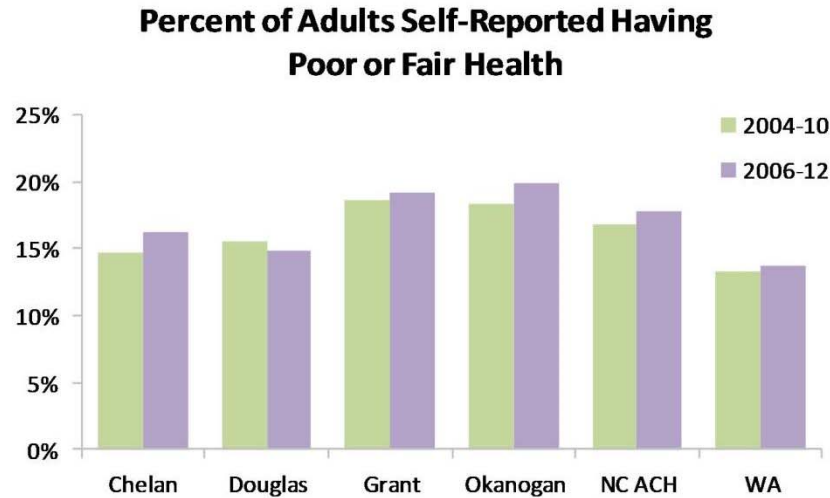
**Percent of Adults Without Any Regular Doctor**



# Access to Care

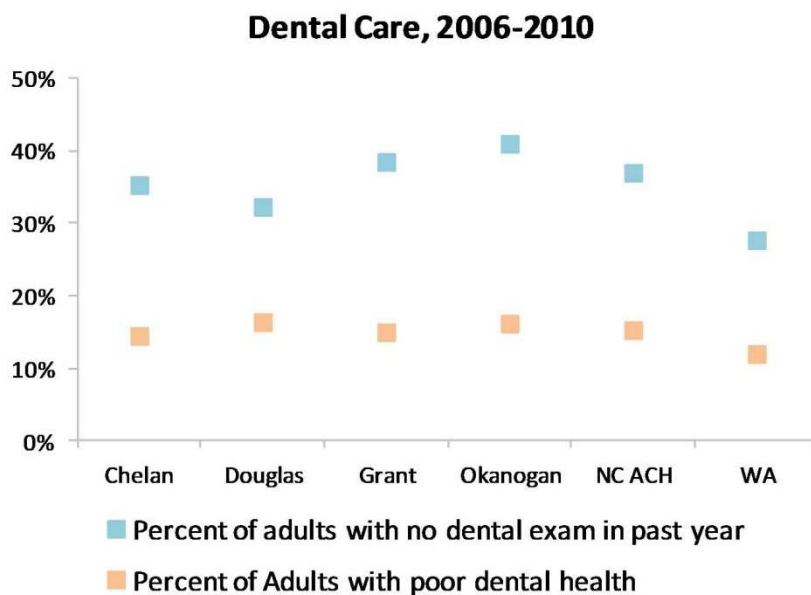
## Poor General Health

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?"



## 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.



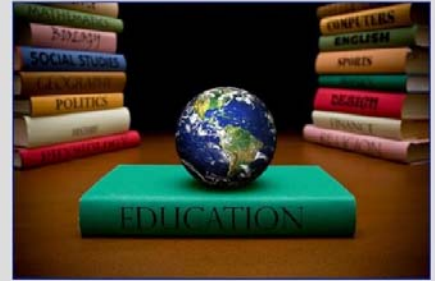
~ 35%  
of adults report  
**NO dental exam**  
in the past year

~15%  
have had **6+**  
permanent teeth  
**Removed**

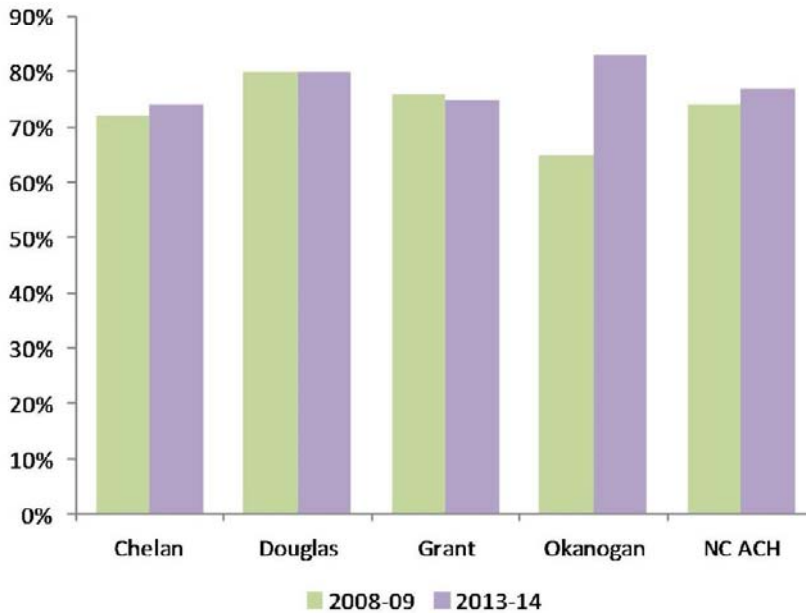
Data sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10, 2011-12. Source geography: County

# 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>)



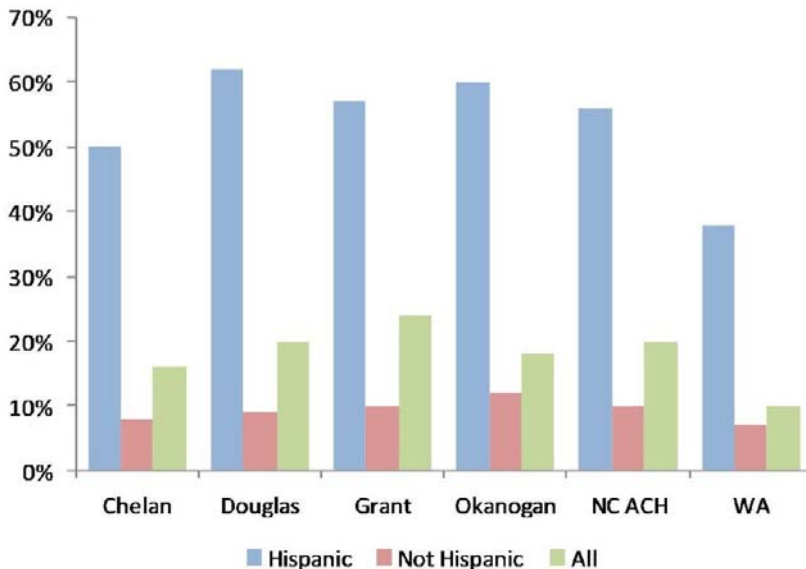
**Percent On-Time Graduation Rate**



**On-Time Graduation Rate, 2013-14**

<b>Chelan</b>	<b>74%</b>
<b>Douglas</b>	<b>80%</b>
<b>Grant</b>	<b>75%</b>
<b>Okanogan</b>	<b>83%</b>
<b>NC ACH</b>	<b>77%</b>
<b>Washington</b>	<b>80%</b>

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



**Percent of Population with No High School Diploma, 2010-14**

<b>Chelan</b>	<b>16%</b>
<b>Douglas</b>	<b>20%</b>
<b>Grant</b>	<b>24%</b>
<b>Okanogan</b>	<b>18%</b>
<b>NC ACH</b>	<b>20%</b>
<b>Washington</b>	<b>10%</b>

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

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.

#### **North Valley Hospital District #4 Implementation Plan**

North Valley Hospital will move forward with education, promoting, outreach and grant support. These programs will support our community through exploration of Behavioral Health funding, continue to develop Emergency Preparedness plans, Diabetes support groups, provide training and resources to Rural Healthcare to recruit and develop Rural Healthcare in our community, and provide education to our community about services that North Valley Hospital can provide.

### **Actions Taken Since Preceding CHNA**

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The previous Community Health Needs Assessment, and the 2015 Community Decision Program helped shape the strategic vision of North Valley Hospital District and played a large role in the evolving service lines and focuses for the District. The primary focuses centered on access to care, education, obesity, and mental health. The following activities, projects, and program outline the District's actions in these key areas.

#### Access to Care

- Training through Kiosk, and community outreach in response to open enrollment for the Affordable Care Act
- Northwest Telehealth (Parkinson's and Diabetes)
- VA Coordination to set up transportation to help Local Veterans get to appointments in Spokane at Mann Grandstaff VA Medical Center

## Education

- Re-established Childbirth Education Classes
- Virginia Mason Webinar (provider training)
- WISHA Training (for management)
- Upward Bound
- Job Shadowing for local High School Students
- Project Hope
- UW Job clinical shadowing
- Wellness courses
  1. Women and Health Disease
  2. Respiratory
  3. Colon Care
- VA Outreach through Healthline and Open Enrollment

## Obesity

- Diabetic Meal program development
- Girls on the Run program for Local schools to promote active lifestyles
- Lipid and Glucose testing

## Mental Health

- Spokane Vet Center Counseling with Andrew Rowley
- Friday Night Lights
- Magellan Counseling