CENTRAL WASHINGTON HOSPITAL

2016

Community Health Needs Assessment

A Collaborative Approach to Impacting Population Health in North Central Washington

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

Central Washington Hospital

Community Health Needs Assessment Report

December 31, 2016

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

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Executive Summary

BACKGROUND

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

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

COMMUNITY DEFINITION

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

ASSESSMENT, PROCESS AND METHODS

Information for the assessment was gathered through a variety of methods. In 2013, when the first community health needs assessment was conducted, a set of community health indicators were

[1] (Washington State Healthcare Authority, 2016)

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

SUMMARY OF PRIORITIZATION PROCESS

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

SUMMARY OF PRIORITIZED NEEDS

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

1. Mental health care access
2. Access to health care
3. Education
4. Obesity

This report is widely available to the public on the hospital's web site www.confluencehealth.org , and a paper copy is available for inspection upon request at Administration at Confluence Health.

Written comments on this report can be submitted to Administration at Confluence Health or by e-mail to Tracey Kasnic, SVP, Chief Nursing Officer.

Acknowledgements

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

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

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

Introduction

Community Health Needs Assessment (CHNA) Background
Central Washington Hospital, an affiliate member of Confluence Health is dedicated to serving the North Central Washington region and to meeting the health needs of individuals and families who make this area their home. 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 Central Washington Hospital, Confluence Health
Confluence Health is an integrated, rural healthcare delivery system with two hospitals - Central Washington Hospital (CWH) and Wenatchee Valley Hospital (WVH), multi-specialty care in more than 30 specialties and primary care in 11 communities across north central Washington State. 270 physicians and 130 advanced practice clinicians serve an area of approximately 12,000 square miles and cover nearly every corner of this region through specialty outreach. Confluence Health truly serves the north central region of Washington State with 47% of patients at CWH and 62% of patients at WVH coming from outside the greater Wenatchee area. Some 93% of patients come from the four-county region of Grant, Chelan, Douglas, and Okanogan Counties.

Confluence Health Mission:
We are dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost effective manner.

Core Values:

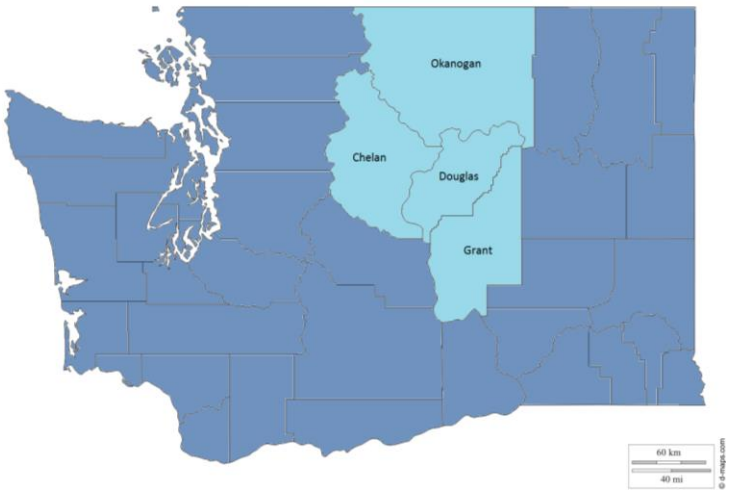
1. Our patients are the reason for our being, and their needs will drive all of our actions.
2. We will treat everyone (including patients, their families, referring offices, and colleagues) with dignity, respect and compassion.
3. We will work as a team, utilizing collaboration, active participation and open communication among all physicians and staff.

4. We will continue to innovate ways to improve the delivery of excellent, high value care.
5. We will measure successes and failures, and use the results to drive further improvement.
6. We will be a good neighbor in the communities we serve with donations of time, talent, and capital.
7. We will be ethical and accountable in all of our decisions and actions.

Confluence Health has established a number of important affiliations with other healthcare organizations to ensure our ability to meet the care needs of the community we serve.

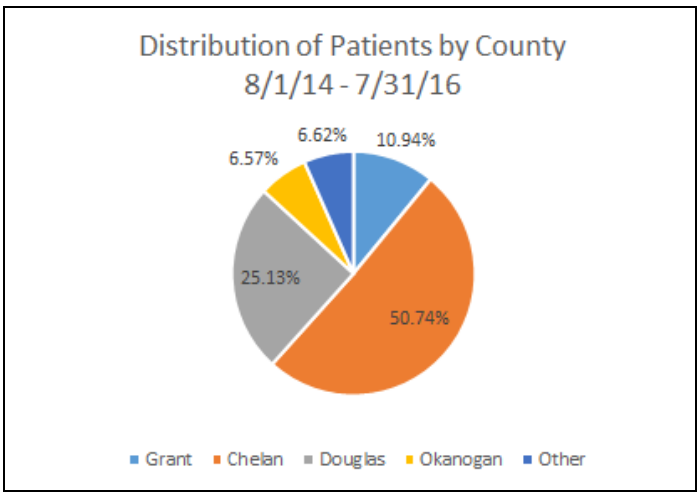
- Confluence Health is affiliated with the **Seattle Cancer Care Alliance** for cancer care.
- Confluence Health and **Virginia Mason** have a cardiac affiliation through which physicians from each organization collaborate on numerous aspects of patient care and share best practices with one another. This affiliation represents two outstanding health care organizations, who share similar values, formalizing a relationship to provide the residents of North Central Washington with access to high-quality, efficient and cost-effective health care.
- Confluence Health has an affiliation with **University of Washington / Harborview Medical Center** to provide for expert Stroke consultation services and neurosurgical coverage. This partnership allows for the rapid diagnosis and treatment of all types of Strokes, and provides for immediate transport to a level 1 Comprehensive Stroke Center if needed, while allowing the majority of North Central Washington patients to remain at our locally at our level 2 Primary Stroke Center.

Community Profile

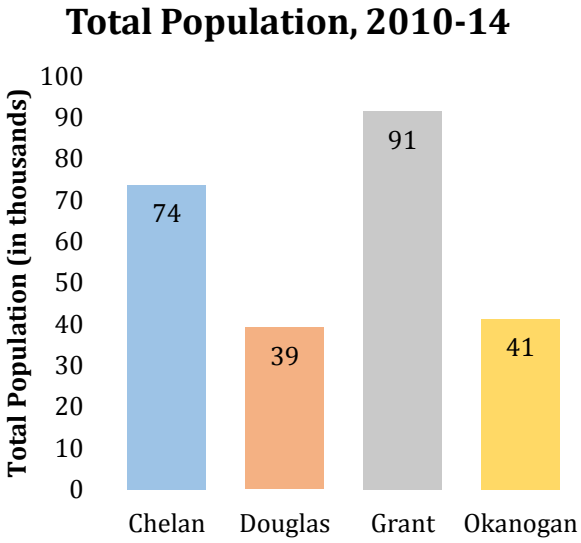


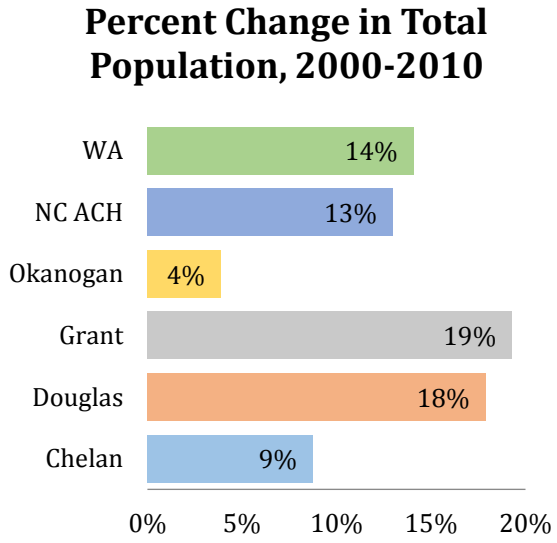
Definition of Community
Central Washington Hospital serves the north central Washington region of Washington State which primarily includes the Chelan, Douglas, Okanogan, and Grant counties. These four counties include 12,684 square miles of land in the north central part of the state.

Over 90 percent of patients served by Confluence Health over the past 24 months reside in these four counties. The chart below shows the distribution of patients by county. The greater Wenatchee area, which sits on the border of Chelan and Douglas Counties is home to the highest density of population in the region and also both CWH and WVH. For this reason, the greatest proportion of patients served by Confluence Health come from these two counties.



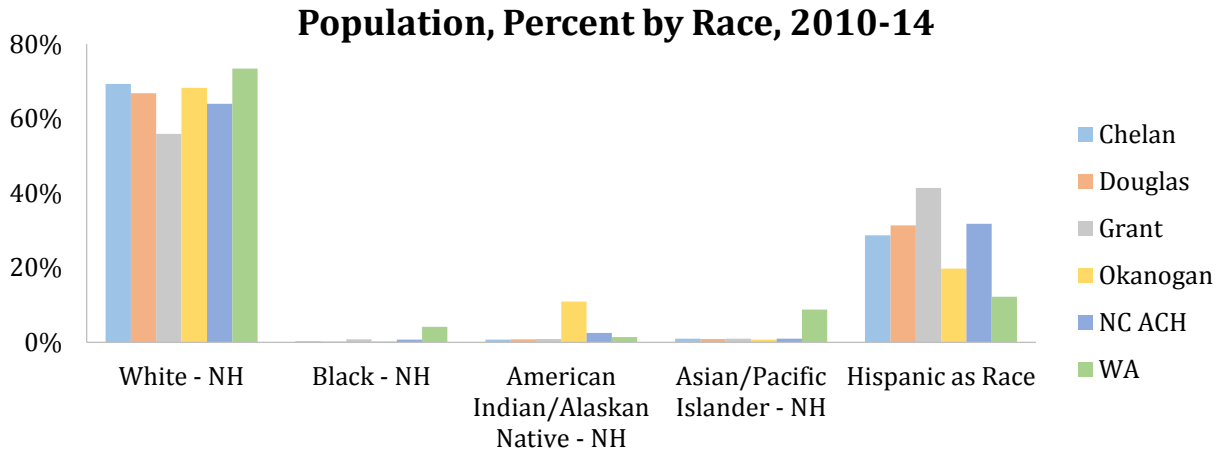
The population of each of the 4 counties has been increasing at a rapid pace over the past years and is estimated to be 245,546 for the region. The greatest proportion of the population resides in the Chelan and Douglas Counties which includes the greater Wenatchee area. Moses Lake in Grant County follows in size of population, and there are communities of varying sizes scattered throughout the region generally along the river paths.





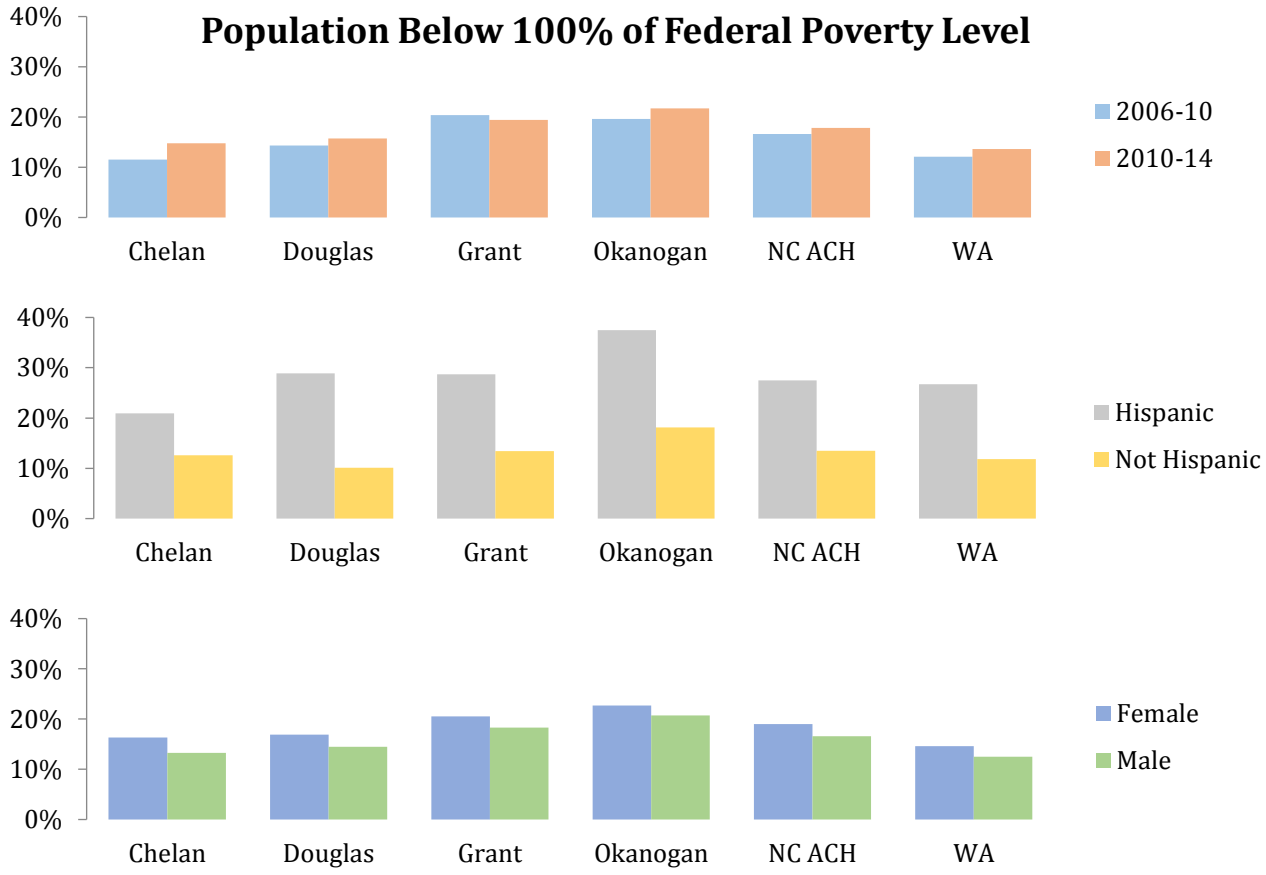
Data Source: US Census Bureau

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 Coleville Native American Reservation making this native american tribe an important demographic of that area of the region. The region is also home to nearly 75,000 Hispanics with the greatest proportion of them residing in Grant County.



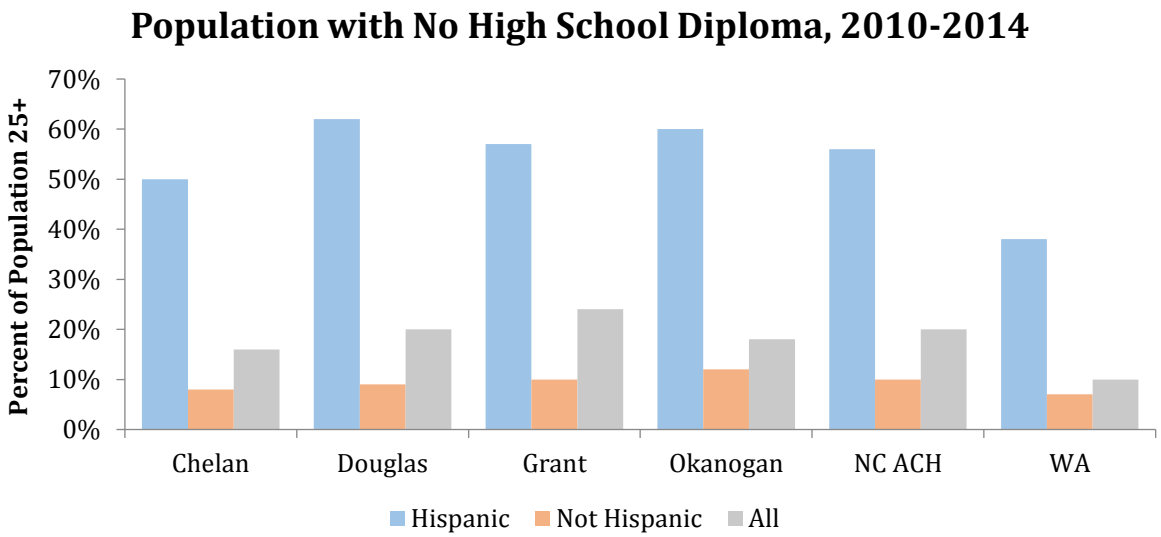
Data Source: Washington State Department of Health, Community Health Assessment Tool

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.



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 Washington State Department of Health 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
Community Commons	Drawing on a wide variety of data sources, Community Commons is an interactive mapping, networking, and data analysis tool for demographic, health, behavioral, and economic factors.

Assessments from other organizations

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 assessments 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 assessments that were reviewed as part of the 2016 CHNA process, 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 assessments. This need was most prominent in the assessment performed for children and youth with special healthcare needs. When a child has a special healthcare need, that child's family will consult and be supported by a number of physicians, specialists, and other service providers. However, in the Chelan-Douglas area or the surrounding region, there is no system for families to communicate with providers or for providers to communicate with providers. The need for greater coordination also came out in assessments focused on homelessness and healthcare in both the Wenatchee area and in the more rural parts of the region, and is a focus of the Grant County Health District Community Health Assessment and Health Improvement Plan.

Community focus groups (SWOT)

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 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 a 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 distance from Wenatchee increases.

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

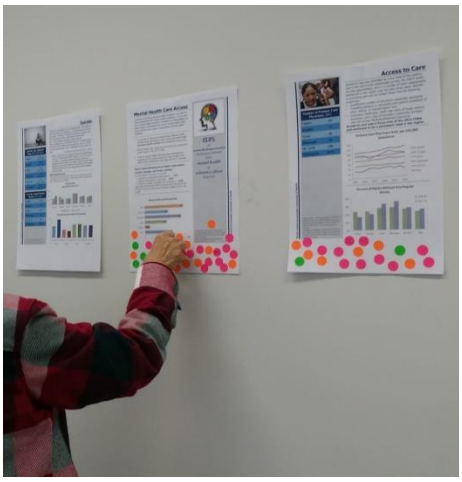
The data collection process resulted in the identification of 16 potential health needs of the community. These 16 potential needs were selected because of their meeting one or more of the following criteria:

- 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:

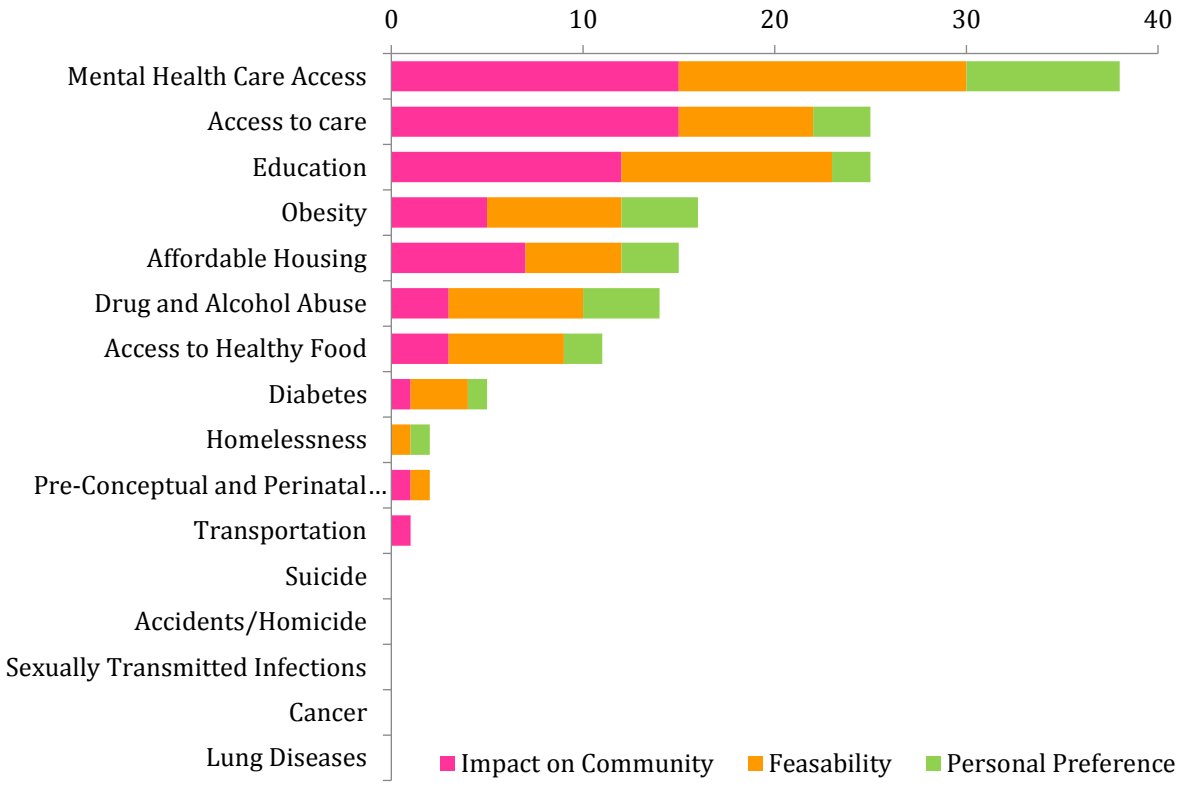
Transportation
Education
Access to healthy food
Homelessness
Affordable housing
Drug/Alcohol abuse
Accidents/Homicide
Suicide
Access to mental health care
Access to care
Pre-conceptual and Perinatal health
Obesity
Diabetes
Cancer
Lung Disease
Sexually Transmitted Infections

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 factsheets for the 16 potential needs listed above. The fact sheets for the prioritized needs are below and the remainder can be found in Appendix D. 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.

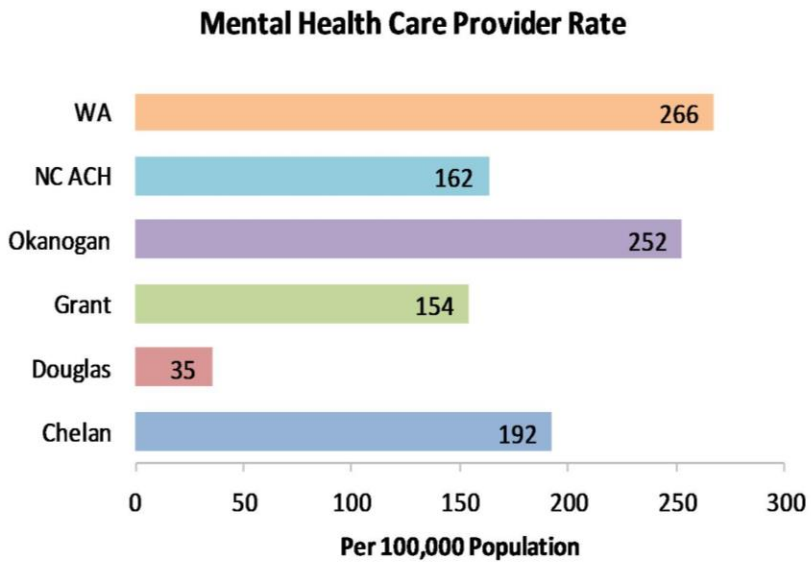
North Central WA Behavioral Health Organization (Chelan, Douglas, and Grant counties)

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



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

Access to Care

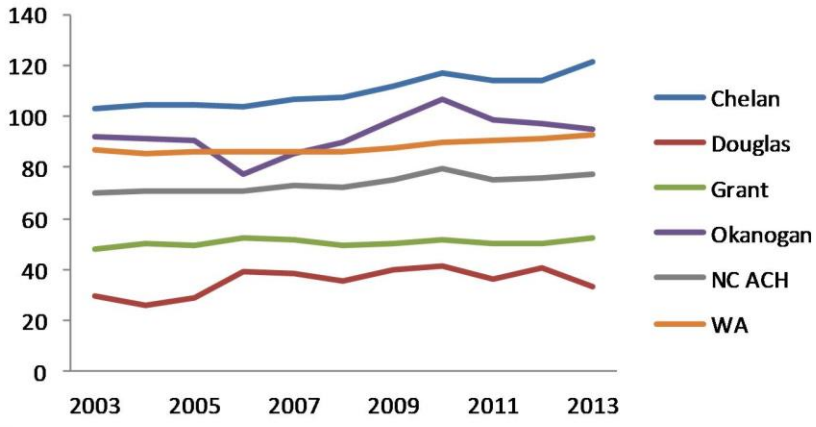
Access to care was identified as a key need of the community in the community stakeholder survey, the SWOT analysis with stakeholders, and in a number of other assessments performed in the region over the past three years. Barriers to accessing care can be broken down into the following subgroups:

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

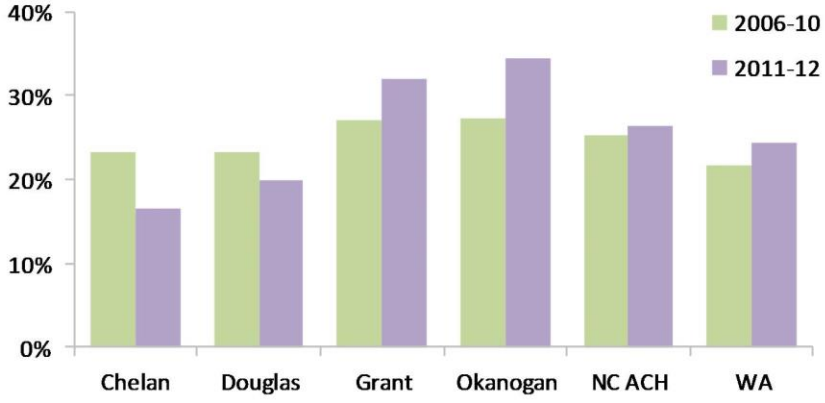
Access to care was a focus area of the 2013 CHNA and continues to be a persistent need in the region.

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

Primary Care Physicians Rate, per 100,000 population



Percent of Adults Without Any Regular Doctor

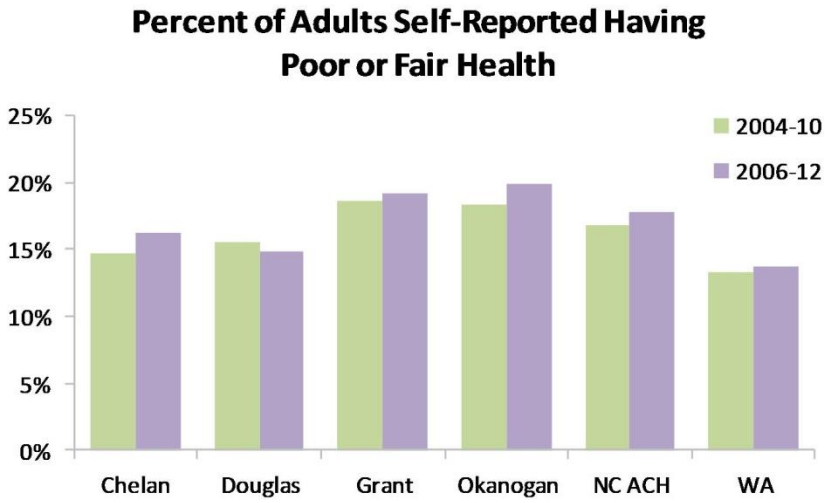


Data source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2004-2010, 2006-12.Source geography: County.

Access to Care

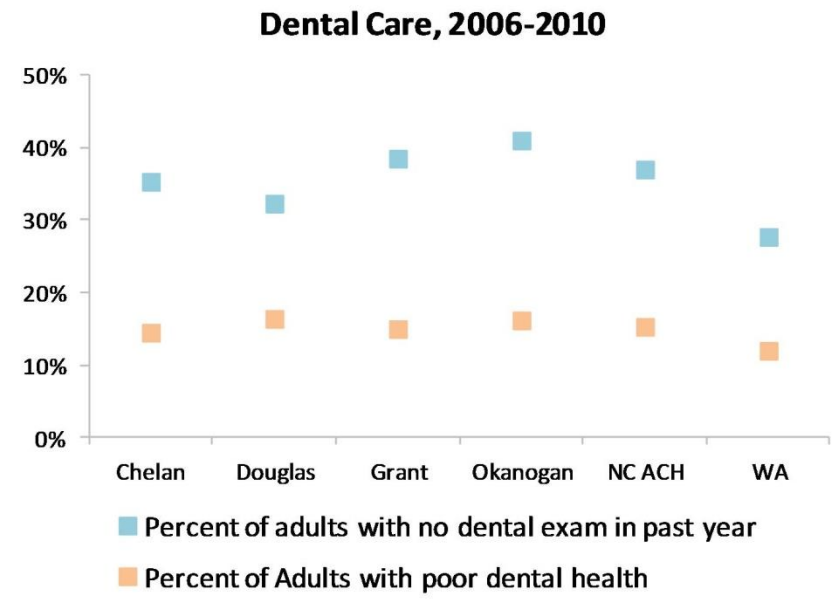
Poor General Health

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



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**

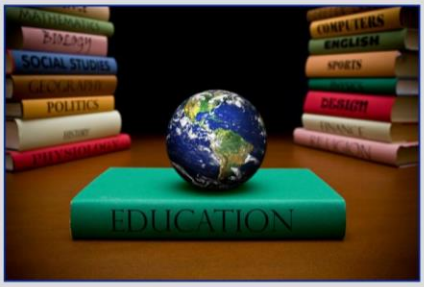
Removed

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

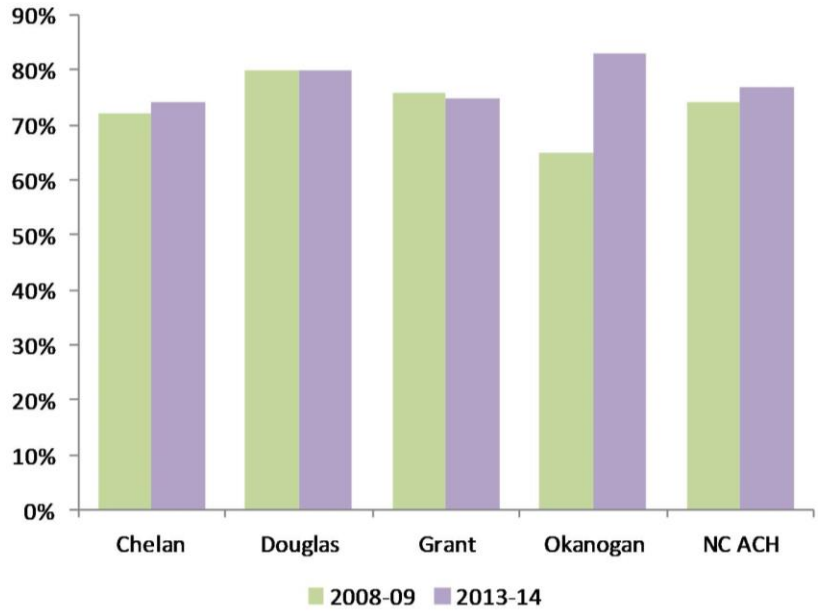
North Central Accountable Community of Health

Education

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

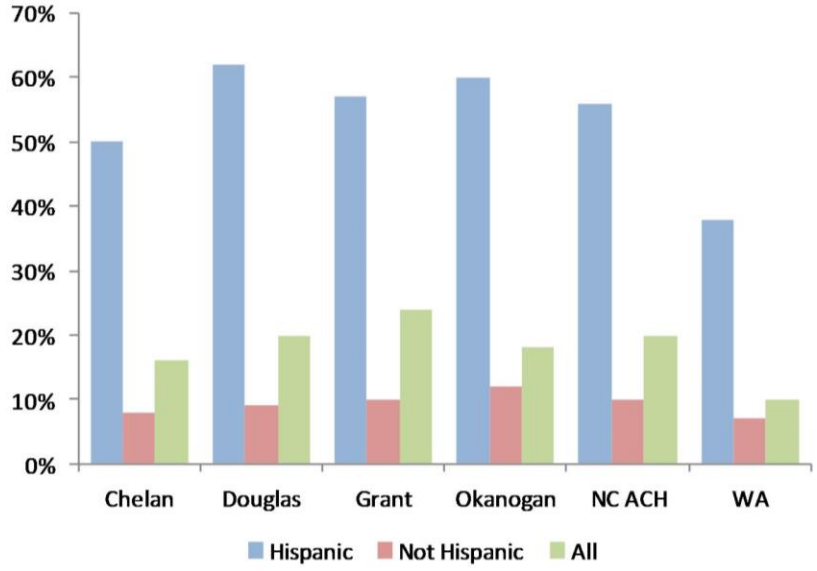


Percent On-Time Graduation Rate



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

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



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

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

Obesity

Overweight and obesity greatly raise the risk of other health problems including Coronary Heart Disease, Stroke, Type 2 Diabetes, and some Cancers.*

*https://www.nhlbi.nih.gov/health/health-topics/topics/obe/riskshttp://

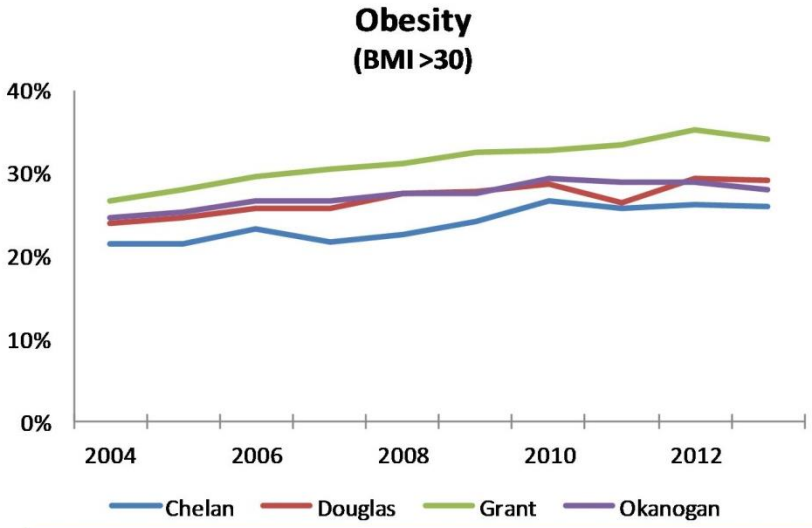
- In a survey of community stakeholders across the region, Overweight/Obesity was identified as the #2 "most important health problems that affect the community"
- *Lack of exercise* and *poor eating habits,* which are directly related to overweight and obesity, were voted as the #3 and #4 "most important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

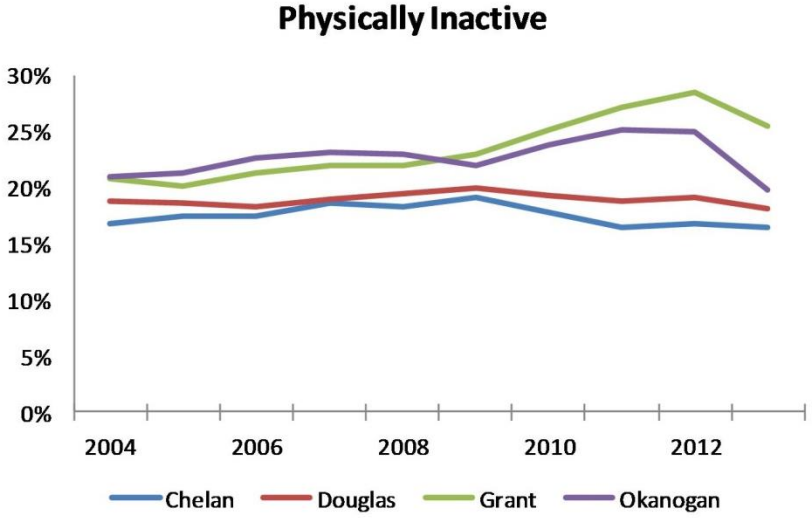
Percentage of Adults who are Overweight or Obese, 2012	
Chelan	60%
Douglas	68%
Grant	70%
Okanogan	65%
NC ACH	65%
Washington	62%

over 60%
of people are
overweight or **obese**

over 25%
of people are
obese

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.





Implementation Planning

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.

Confluence Health is an active participant in the regional community health improvement planning and is actively working to define its contributions to the plan.

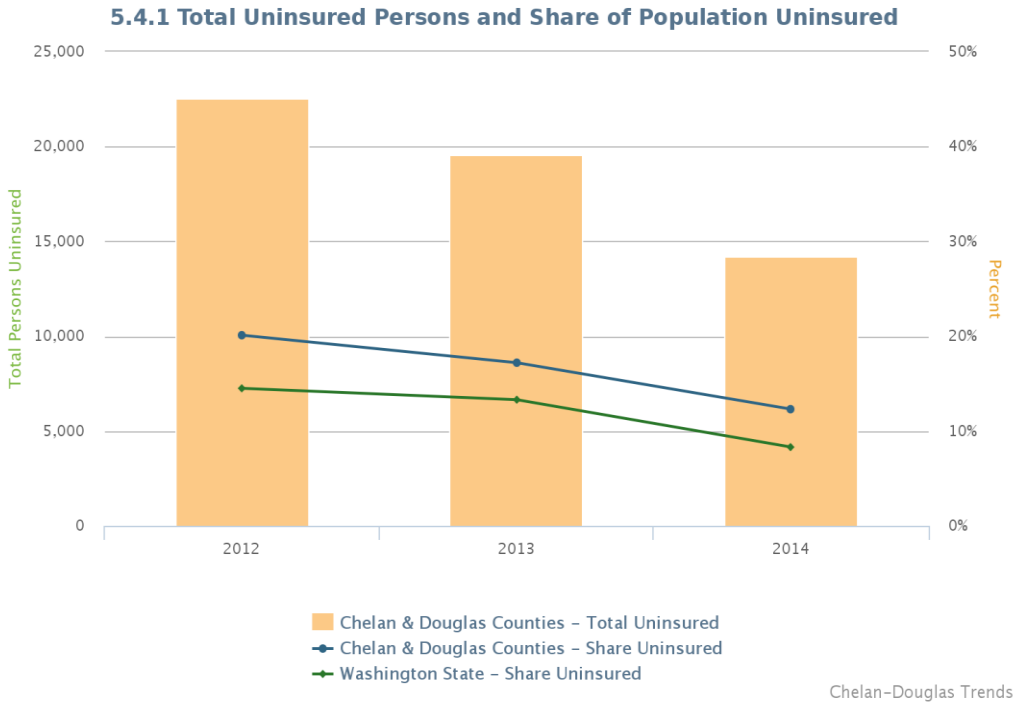
Impact of Actions Taken Since Preceding CHNA

The 2013 CHNA identified access to health care, mental health, pre-conceptual and perinatal health, and chronic disease as the priority areas for the 2013 – 2016 period. Below is a summary of the efforts and successes of Confluence Health to make improvements with regard to the priority areas.

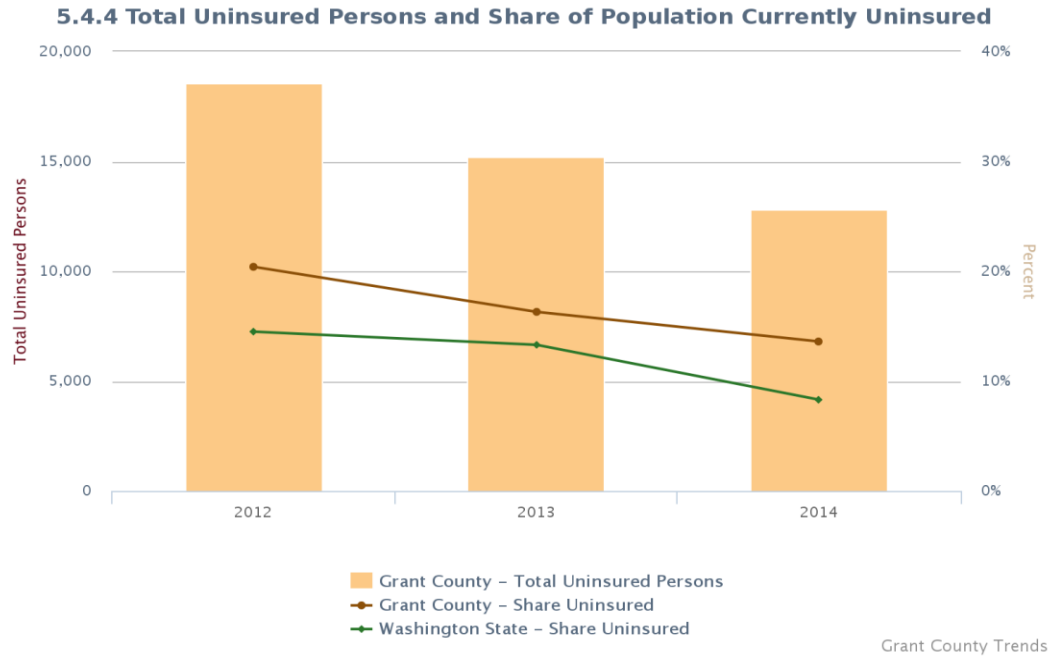
Access to health care

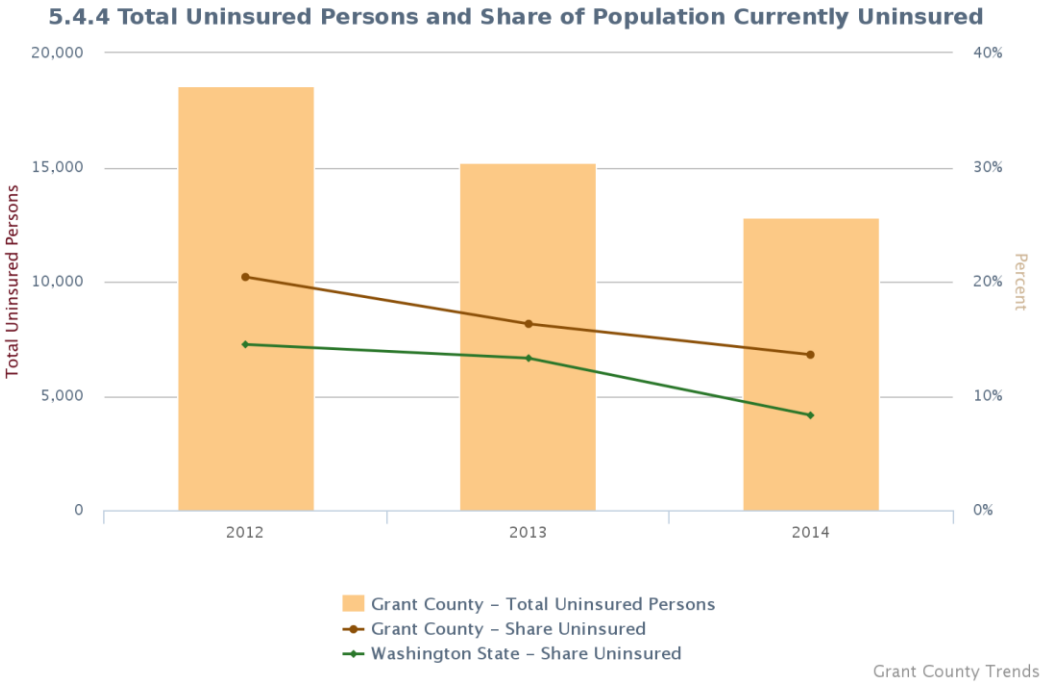
- In-Person Assistance Network Program - Confluence Health has been an important contributor to the In-Person Assistance Network Program in the North Central Washington region by actively working to help enroll individuals and families in Qualified Health Plans. In 2015, Confluence Health became the lead organization for the coordinated work to increase insurance enrollment in the region.

The



number of uninsured individuals has decreased in the Chelan-Douglas Counties region from 22,544 individuals in 2012 to 14,210 individuals in 2014, and although it is difficult to identify data for 2015 and the start of 2016 at this point, it is expected that the trend from 2012 to 2014 will continue in the downward slope. A similar trend can be seen in Grant County, decreasing from 18,582 in 2012 to 12,843 in 2014.





- CH Contact Center - In 2013 Confluence Health established a contact center with the intent to facilitate efficient and appropriate access to care. In addition to scheduling patients and routing phone calls to the appropriate departments so patients' questions can be answered,

Confluence Health has also established a unique model of providing pharmacy support through the contact center. The pharmacy team in the contact center consists of pharmacists, pharmacy technicians, and assistants. They are primarily responsible for providing refill authorization to patients for prescription medications, however, they also are able to answer questions patients may have about their medications, or medication discharge instructions after a hospital stay. This program has increased patient access, decreased costs of time and money for patients, and has removed a non-direct patient care function from the primary care team thereby allowing them to spend more time in direct patient care endeavors.

An analysis of the program from January 2015 to January 2016 showed that volume of prescription refill requests processed by the contact center pharmacy team increased from about 3,500 requests a month to over 7,000 requests a month. 94% of clinical staff and 95% of providers indicated in a survey that the refill authorization program and prior authorization program allowed them to spend more time in direct patient care activities. This team continues to be developed to allow these services to be extended to all Confluence Health primary care facilities throughout the entire region.

- ACH involvement - Healthier Washington is a statewide initiative aimed to "help people experience better health throughout their lives and receive better—and more affordable—care when they need it."[1] One of the ways that this is being accomplished is through regional Accountable Communities of Health (ACHs). ACH's bring together leaders from multiple health sectors [in a give region of the state] with a common interest in improving health and health equity. As ACHs better align resources and activities they improve whole person health and wellness.
  There are nine ACHs that cover the entire state. The main goals of the ACH are to:
  - ❏ Promote health equity across the state.
  - ❏ Address issues that affect health through local health improvement plans.
  - ❏ Support local and statewide initiatives such as practice transformation, value-based purchasing and the alignment of performance measures.
  - ❏ Better align resources and activities that improve whole person health and wellness.

  Two Confluence Health leaders sit on the board of the North Central Washington ACH and are active participants in the planning and improvement decisions made by the ACH. The ACH is still in its infancy, but it currently is championing two initiatives, one related to transforming primary care, and one related to improving childhood obesity. This current CHNA will also provide important health assessment information that will inform a larger health improvement process in the region of which Confluence Health and many other regional stakeholders will be a part.

Mental Health

- Medical Unit 1 (MU1) - In September 2014, Confluence Health opened a new unit at Central Washington Hospital & Clinics, to provide additional capacity to care for our patients and decrease diversions to other area hospitals. Located on the first floor of the patient tower,

the space is made up of two nursing units, with a total of 26 beds. Medical Unit 1 (MU1) has 10 beds to treat medical patients with mental health, dementia and other related diagnoses. This unit has specially-trained staff, and serves to provide a safer environment for our vulnerable patients.[2]

- The demand for behavioral health services in North Central Washington has surpassed capacity, resulting in significant unmet needs. To offer timely access to high quality, effective, behavioral health services that improve the medical outcomes for patients, Confluence Health recently embarked on a significant expansion of its Behavioral Health Service Line. In the greater Wenatchee area, two distinct outpatient behavioral health clinics were established for adults and children, providing increased focus on the specific needs of each population. The Adult Behavioral Health Clinic has one psychiatrist, two psychiatric nurse practitioners and two licensed therapists, while the Youth Behavioral Health Clinic has one psychiatric nurse practitioner specializing in child/adolescent mental health and five licensed therapists. In the Columbia Basin, mental health services were expanded at the Moses Lake Clinic, which now has two psychiatric nurse practitioners and one licensed therapist.

  Complementing the enhanced outpatient services is an integration of behavioral health into the local primary care medical clinics, offering improved access to behavioral specialists who can provide short-term care while collaborating with, and referring to, the outpatient behavioral health clinics for ongoing care. This integrated model enables a patient to be seen by the right specialist at the right time, resulting in better coordination of care between the primary care provider, the behaviorist and the patient. Confluence Health is currently recruiting post-doctoral residents to fill these roles (individuals who have completed their PhD in clinical, counseling or health psychology).[3]

Preconceptual and perinatal health

- In addition to providing OBGYN services at several clinics and primary care throughout the four-county region, Confluence Health offers a variety of classes to support women's preconceptual and perinatal health. These classes include "Prepared Childbirth" and a breastfeeding class. These classes are offered at Central Washington Hospital and Wenatchee Valley Hospital. From January 2013 through August 2016, 332 people have participated in the "Prepared Birth" class, and 438 people have participated in the breastfeeding class during the same timeframe.

Chronic Disease

- Diabetes Self Management Training - DSMT is a four-class series taught by trained physicians and dieticians. There were 47 participants in the program in 2015 and there have been 27 participants to date in 2016 through the month of August. Numbers prior to 2015 are not available. We track A1C pre class and post class. Successful participation in

[2] (Confluence Health, 2014)
[3] (Confluence Health, 2015)

the course is defined as any reduction in A1c from pre to post class and/or an A1C of less than 7%. Data from August 2015 to July 2016 shows that 88% met the success definition. Evaluations are also administered at the end of the series. Below are several comments by participants:
"I have gained insight on why control is so important. Thank you for your knowledge and sharing with us."
"Very good class. It has been very helpful attending each class."
"Thank you for teaching me how to test my fingers without it hurting."

- Cooking with Confluence - Towards the end of 2015 Confluence Health began an innovative community collaboration to provide basic cooking skills, recipes, information, and ideas to help manage diabetes, weight, high blood pressure, high cholesterol and overall health. Classes are taught by a Registered Dietitian from Confluence Health at a community kitchen in a Public Market. From November 2015 through June 2016, 112 people have participated in the classes. Participants have loved their experience in the class. One said that the "diabetic cooking classes introduced me to easy ways to cook healthy, low-carb meals. Not only did she provide the recipes, but also the ingredients — spices to veggies to meats — and safe, expert techniques for slicing, chopping, mixing, sautéing, baking and roasting a whole bunch of yummy dishes." Another shared that "the best thing about [the] classes was how they introduced me to a community of other diabetics. I'd only been diagnosed a few months earlier, and it was encouraging to see happy, healthy people leading normal lives and enjoying really good food."

  These classes have outgrown the space at the community kitchen in the public market. A new location has been identified that will accommodate greater attendance for each class. The classes began at the new location in September 2016.