CASCADE MEDICAL

Community Health Needs Assessment

2026-2028



TABLE OF CONTENTS

1. About Cascade Medical 1
Our Mission
Our Services
Our Community

2. Methodology 3
Process
Data Collection
Primary Data
Secondary Data

3. Prior CHNA 5

4. 2026-2028 Priorities 6
Prioritization
Community Priorities

5. Implementation Plan 10

6. Community Demographics 10
Community Profile
The District
Population Table

7. The Social Determinants: Social and Economic Factors 13

8. Health Outcomes 18

9. Health Factors 22

10. Clinical Care 25

11. Physical Environment 31

12. Community Convening 33

Appendix 1: 2023-2025 CHNA Implementation Plan Accomplishments

About Cascade Medical

Cascade Medical (Cascade) is a publicly owned and operated critical access hospital (CAH) located in Leavenworth, WA. The original hospital in Leavenworth was opened as the Cascade Sanitarium over 100 years ago. The public hospital district, Chelan County Public Hospital District No.1, was formed in 1965.

Our Mission Inspires the Work We Do Here

Cascade Medical is an exceptional rural healthcare facility. We are a team of compassionate and dedicated professionals who provide quality primary care, services and resources to our patients and their families.

In 2010, the District completed a major renovation, including an addition, which upgraded facilities and provided space to house its growing primary care services. Cascade's strong commitment to understanding the community's health needs, providing accessible community health, wellness, and whole person care guides its programming. Cascade is licensed for 12 beds and currently operates 9 beds and a Level V emergency department. In addition to the hospital, the District also operates ambulance services.

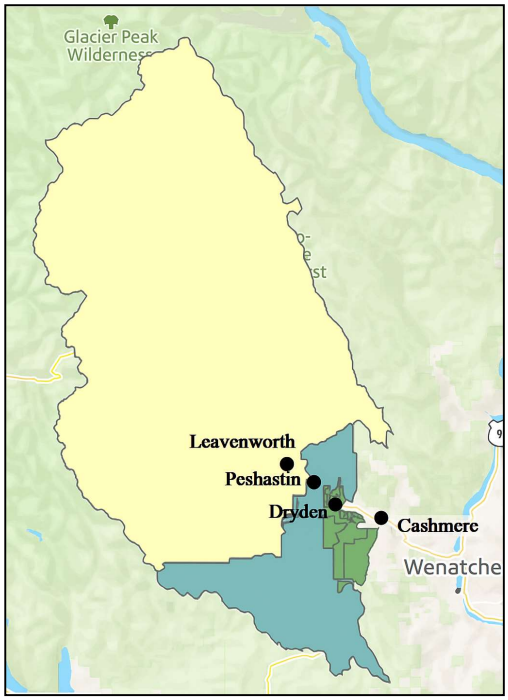
Other recent service and program additions include the opening of a Cardiac Rehabilitation Program, the expansion of radiology services to include ultrasound and mobile MRI, and outpatient wound care. Cascade also recently started a mobile clinic with the goal of meeting those who need care where they are. The mobile clinic provides walk-in and scheduled appointments for primary care, preventive care, and minor urgent issues and injuries. It is staffed with a bilingual provider (Spanish/English). Cascade also offers the use of its exam rooms, and staff donated time for Upper Valley MEND's Free Clinic program.

Our Services

- 24/7 Emergency Care
- Inpatient Hospital
- Ambulance Service
- Family Medicine Clinic
- Behavioral Health
- Diagnostic Imaging
- Endoscopy
- Laboratory
- Wound Care
- Rehab Services

Our Community

Chelan County Public Hospital District No. 1 includes 1,200 square miles between the summits of Stevens and Blewett Passes, including the communities of Leavenworth, Plain, Peshastin, Dryden, and a portion of Cashmere. The District includes approximately 10,791 residents across these communities, with the Cashmere portion of the District representing about 10% of the total District population.



The District by geographic zip code area is identified in the map and includes:

98826 – Leavenworth and Plain
98847 – Peshastin
98821 – Dryden (rural PO Box)
98815 – Cashmere (partial zip code area)

In 2024, Cascade Medical provided:

14,497 Primary Care Visits

4,379 Emergency Department Visits

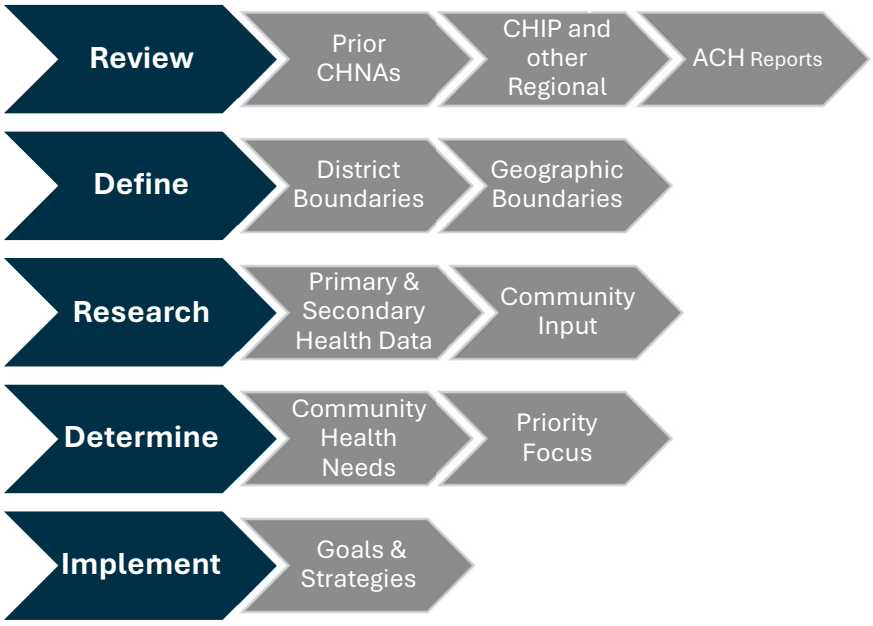
1,301 Behavioral Health Visits

1,280 Ambulance Calls

Methodology

Process

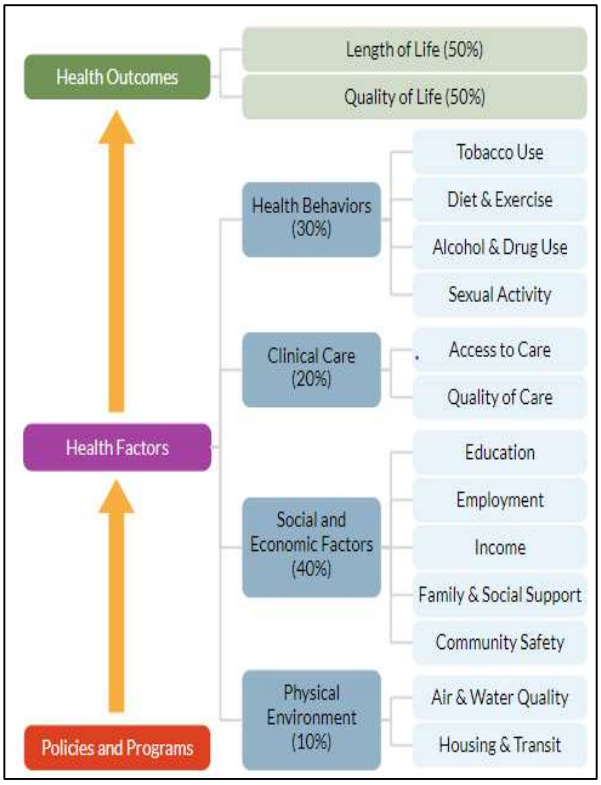
Cascade Medical engaged Health Facilities Planning & Development, Seattle, to conduct its 2026 CHNA using the following framework:



After gathering and analyzing primary and secondary source data and information, several frameworks were applied to identify themes and priorities in the data.

Foremost, the Robert Wood Johnson Foundation's (RWJ) Health Rankings Model emphasizes the many factors in population health that, if improved, can help make communities healthier places.

In the Health Rankings Model, the current health of a community is referred to as Health Outcomes and includes rates of mortality (premature death) and morbidity (chronic diseases). In turn, these Health Outcomes are influenced by Health Factors in a community, ranked by the calculation of various health behaviors, clinical care measures, social and economic factors, and measures of the physical environment.



Source: RWJ County Health Rankings, 2025

Data Collection

Both primary and secondary data collection was used to determine the general health of the District. Data and information gathered formed the basis of an analysis of both unmet health needs and the social determinants of health and guided themes and priorities related to community health and wellbeing.

Primary Data

Primary data, representing the experiences and voices of District residents directly, was collected through a community-wide survey and selected listening sessions. The survey was conducted by Cascade between March and April with over 200 responses collected. Listening sessions with community leaders were conducted on April 28th and 29th with representatives from local healthcare, education, and non-profit sectors. In addition, Thriving Together NCW conducted a region-wide Wellbeing survey in 2024. Data from that survey report were analyzed in conjunction with Cascade Medical's survey. These efforts and findings are detailed in the Community Convening section of this report.

Secondary Data

Secondary data was collected from several national, state, and regional/local sources to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the District and regional communities.

Specific data sources included, but are not limited to:

- American Community Survey (ACS)
- Robert Wood Johnson County Health Rankings
- Claritas Population Data
- Washington State Office of Financial Management, Small Area Estimates
- Centers for Disease Control (Places)
- Behavioral Risk Factor Surveillance System
- Washington State Department of Health, Center for Vital Statistics
- Health Resources & Services Administration (GeoCare Navigator)
- U.S. Census Bureau
- United for ALICE
- University of Washington, Addictions, Drug & Alcohol Institute
- Washington State Healthy Youth Survey

When possible, data was analyzed at both the county and the District level. Where sub-county data was unavailable, it is reported at the county level.

Prior Community Health Needs Assessment and Accomplishments

2023–2025 CHNA Implementation Plan Accomplishments

Cascade's Board adopted its 2023-2025 Community Health Needs Assessment (CHNA) in December of 2022. Cascade subsequently adopted an Implementation Plan in support of the CHNA and informed by community stakeholders, partners, the Board of Commissioners, and employees, including medical staff. The Implementation Plan was then fully integrated into Cascade Medical's three-year organizational strategic plan.

The adopted CHNA Implementation Plan priorities and focus areas were:

1. **Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health:**
   a) *Innovations to increase access to primary care, including mitigating lack of providers, language, trust, and service locations; and by focusing on recruiting and retaining staff.*
   b) *Continuing growth in behavioral health programming, including substance abuse and opioid prescribing.*
   c) *Continuing outreach and partnership with the schools*

2. **Aging in Place:**
   a) *Innovations to increase access to care.*
   b) *Increasing use of mobile clinic and mobile integrated care.*
   c) *Focus on management of chronic diseases.*
   d) *Advocating for more community-based services for elderly needing additional support*

3. **Equity, and Building Trust in Traditionally Underserved Communities**
   a) *Primary care that is accessible and available.*
   b) *Building trust and recognition that all are welcome at Cascade.*
   c) *Continuing existing and growing new partnerships to support our traditionally underserved.*
   d) *Development of a Patient and Family Engagement Council that actively seeks the voice of these communities.*

Significant accomplishments were made related to Cascade Medical's 2023-2025 CHNA Implementation Plan priorities and focus areas. These accomplishments are provided in detail in **Appendix 1**.

2026-2028 Priorities

Determining Priorities

After an analysis of the themes identified through national, state, and regional data, and in the data collected through community convenings, priorities were developed using a synthesized logic model based on established strategic planning concepts.



In addition to the themes and priorities emerging directly from primary and secondary source analysis conducted for this CHNA, and beyond Cascade's 2023-2025 CHNA, a review of other recent health assessment projects was also included, primarily:

2024 Thriving Together North Central Washington Wellbeing Survey. Over 3,000 residents of the North Central Washington region took the survey (30% from Chelan County). The survey design and responses were formatted around the 7 Vital Conditions for Health & Wellbeing and Gallups' wellbeing continuum, a self-assessment of present and future best possible life on a continuum of thriving, struggling, or suffering.

Disaggregating the survey data by Chelan County residents, some clear areas of focus emerged.

- Adults over 65+ self-identified as struggling at significantly higher rates (>50%) relative to other adults (33%-37% across cohorts).
- Almost 77% of American Indian residents and 59% of multiple race residents identified as struggling relative to all other racial and ethnic populations (38%-42%).
- Just over 50% of the Chelan County respondents rated their physical health an 8 or higher (out of 10), with over 10% rating their physical health a 4 or below (out of 10).
- Almost 54% of the Chelan County respondents rated their mental health an 8 or higher (out of 10), with almost 8% rating their mental health a 4 or below (out of 10).
- 25% of respondents felt lonely some of the time or often/always.
- Asked to rate the wellbeing of the community, almost 34% of Chelan County residents rated community wellbeing an 8 or above (out of 10), while almost 16% of respondents rated community wellbeing a 4 or below (out of 10).

2022 Chelan, Douglas, Grant, & Okanogan Counties CHNA/CHIP (Sponsored by Confluence Health – Central Washington Hospital and Wenatchee Valley Hospital), which in addition to health outcomes and health behaviors data, included a community survey of 801 residents of the combined service area and a key survey of 62 leaders in healthcare, non-profit, and business organizations.

- Areas of Opportunity identified: mental health and substance use, health behaviors (teen pregnancy, nutrition, physical activity), chronic health conditions, access to health care.

Community Priorities

Community convening and secondary source data included within this CHNA suggests, at a minimum, that continuing and deepening work on previously identified community health priorities is indicated.

Survey respondents overwhelmingly supported continuing the current priority focus areas. Additionally, when asked to select the most pressing health problems in the community, Chronic Health Conditions, Behavioral Health, and Health Inequalities were the most cited factors. When asked to identify the most important factors that will improve community wellbeing, priorities stayed in alignment, with enhanced access (healthcare, insurance, services, housing, childcare) being the consistent themes. The listening sessions added additional perspective, confirming alignment with existing priorities and survey themes, and suggesting prioritizing themes of access, youth support, aging support, substance use/abuse, and vital conditions for community health (housing, childcare, food, transportation, etc.).

Community-identified priorities to explore in strategic planning include:

Priority: Aging Supports and Chronic Health Conditions

- According to survey respondents, one of the top three most pressing health problems in the District is Chronic Health Conditions.
- A Key listening session theme was the need for affordable senior housing options, assisted living, adult family homes, etc.
- The 65+ population is growing rapidly, projected to be a third of the population by 2030 with implications for the provision of healthcare resources and services related to typically higher prevalences of chronic conditions.
- 8% of 65+ survey respondents reported needing in-home healthcare support, with 40% reporting being able to find or afford that care.
- The 2024 Thriving Together regional wellbeing study found adults over 65+ identified through self-report as struggling on Gallup's wellbeing continuum at higher rates than other age cohorts.

Priority: Access to Healthcare, With Focus on Behavioral Healthcare

- According to survey respondents, two of the top three most pressing health problems in the community are Behavioral Health and Health Inequalities.
- Key survey and listening session theme: better access to primary and specialty care scheduling, improving phone access to clinic/scheduling and the need for consistently available bilingual staff and resources.
- The most selected reasons for difficulty in scheduling were the time it took to schedule, or the inability to get an appointment.
- Hispanic respondents, who reported roughly the same level of primary care use, were more likely to use Columbia Valley Community Health or Confluence for primary care (81%) than Cascade.
- Residents in the eastern district communities of Peshastin, Dryden, and Cashmere receive approximately 5% fewer preventative screenings (mammograms, colorectal screening), annual doctor visits, and dental visits relative to the western communities of Leavenworth and Plain.
- Key survey and listening session theme: need for increased behavioral health services and the lack of community-based prevention, assessment, and treatment resources or services for substance use/abuse.
- A key listening session theme was the possibility of increased use of the mobile clinic (as a school-based health center resource, to engage underserved communities, etc.)
- Other themes from listening sessions included Spanish-speaking community navigators, bilingual staffing, youth access to care, and dental services.
- Chelan County is a designated Health Professional Shortage Area for all three types of health care disciplines for multiple population types (geographic, low-income, migrant-farmworker, and homeless).
- Chelan County's uninsured rate is twice as high as Washington State. District uninsured rates are heavily dependent on geography. Leavenworth and Plain to the west have rates of the uninsured that are 3 times lower than the County and 4 times lower than the communities of Dryden and Peshastin to the east.
- 2024 Thriving Together regional wellbeing study: almost 8% of Chelan County respondents rated their mental health a 4 or below (out of 10); 25% of respondents felt lonely some of the time or often/always.2022 Regional CHNA/CHIP: (significant health needs) identified: mental health and substance use, health behaviors (teen pregnancy, nutrition, physical activity), chronic health conditions, access to health care.

Priority: Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health

- Key survey and listening session themes: mitigating outmigration of Spanish speaking families to Wenatchee, increased needs for behavioral health support (particularly drug/alcohol prevention and treatment).
- Community responses included the need for a school district/Cascade liaison, and the integration of the mobile clinic as a school-based health center.
- Key listening session theme: high rates of youth alcohol use/abuse and a lack of school or community-based resources for prevention and treatment.
- Cascade 10th graders show higher rates of substance use and binge drinking than their Washington State peers.
- While reporting high levels of feeling safe at school, Cascade School District's 8th and 10th graders report significant levels of bullying and lack of engagement.
- Almost a quarter of 8th graders, and a third of 10th graders report feeling so sad or hopeless every day for 2+ weeks that it impacted their usual activity in the past year.
- Although in line with state peers, more than one-in-ten (14%) of tenth graders report having seriously considered suicide in the last 12 months.

Priority: Equity and Building Trust in Traditionally Underserved Communities

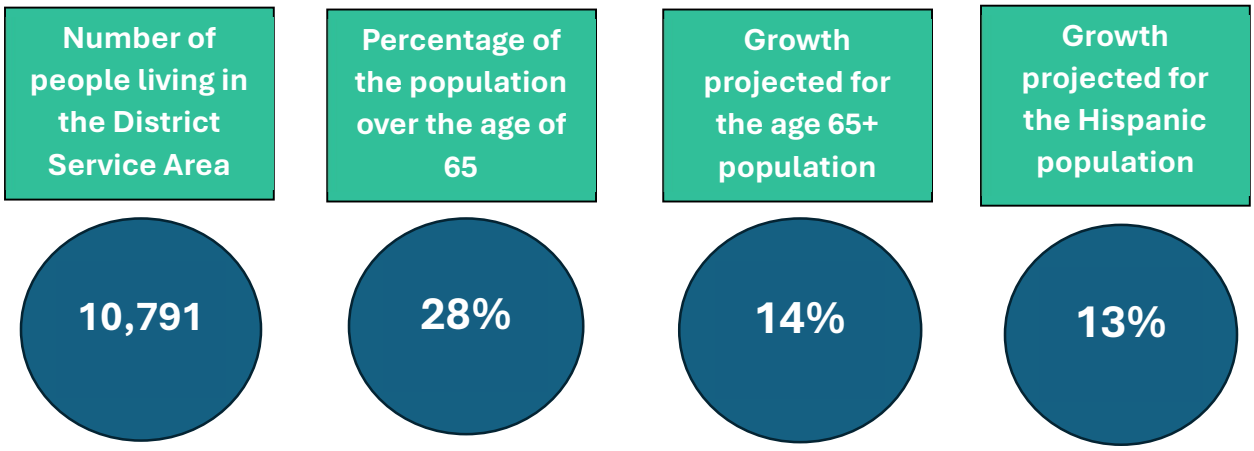
- According to survey respondents, Health Inequalities is a "top 3" most pressing health problems in the community.
- Survey and listening session themes included high needs in the community around the vital conditions of housing, childcare, food/groceries, transportation, etc.
- Lack of transportation outside the city limits and the disproportionate impact on underserved, Hispanic communities.
- While 8% of total respondents indicated they had to cancel/change an appointment due to transportation problems, that was 29% for Hispanic respondents.
- Median income in the District is about 11% lower the state average and about 11% higher than Chelan County, however, the median income for Hispanic households in the District is more than 50% lower than the district as a whole.
- The population for whom poverty status has been determined is almost 50% higher (worse) for the Hispanic/Latino relative to White residents of the District.
- Chelan County's uninsured rate (15%) is twice that of Washington State (7%). District uninsured rates, while 9% in the aggregate, are heavily dependent on where you reside. Leavenworth and Plain to the west have rates of the uninsured (5%) that are three times lower than the county and 4 times lower than the communities of Dryden (18%) and Peshastin (20%) to the east.
- In 2024, there were 230 calls to the 211 system from the District:21% of calls (48) were related to healthcare, with 73% of those calls concerned with health insurance and another 17% concerned with medical expenses.

Implementation Plan

Consistent with 26 CFR § 1.501(r)-3, Cascade will adopt an Implementation Plan on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or, by May 15, 2026. Prior to this date, the Implementation Plan will be presented to the Chelan County Public Hospital District No. 1 Board for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities adopted.

Community Demographics

Community Profile



The District

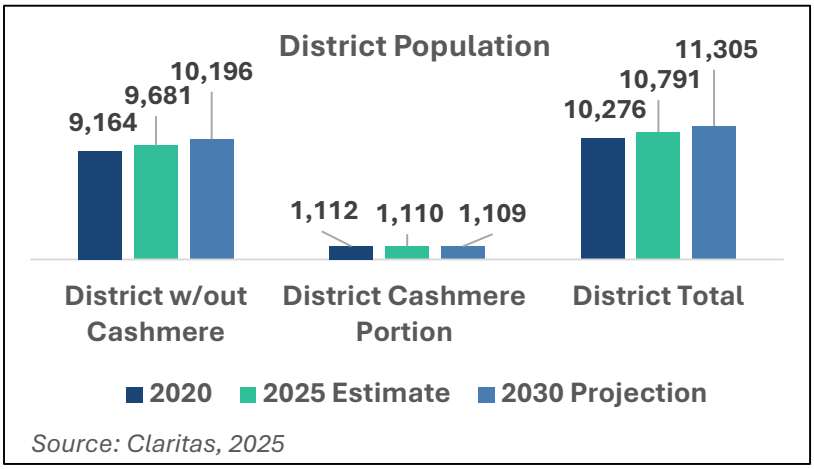
The District, one of two public hospital districts in Chelan County, covers the western and southern areas of the county. The Census Bureau considers the entirety of Chelan County (and neighboring Douglas County) a Metropolitan area, connected to the urban core centered around Wenatchee, WA. Nonetheless, over a third (34%) of Chelan County lives in a low population density area, defined by the Census Bureau as populations less than 2,000 households and 5,000 people. The District lies outside the Wenatchee urban core, contains a mix of both low-density rural areas and urban areas, and is designated as rural by the Federal Office of Rural Health Policy and the Centers for Medicare and Medicaid Services.

The District and is comprised of all, or parts of, five communities:

- Leavenworth and Plain (98826)
- Peshastin (98847)
- Dryden (98821)
- Cashmere (98815)

Population

The District encompasses a small portion of the community of Cashmere. Using 2020 Census Block population data for the Cashmere portion of the District and applying Claritas growth rates both the size of the Cashmere portion of the District and the projected population for the entire District through 2030 was interpolated. The 2025 estimated population of the District is 10,791 people, growing 4.8% to 11,305 in 2030. The four communities of Leavenworth, Plain, Peshastin, and Dryden comprise about 90% of the total population of the District, while the Cashmere portion of the District is about 10% of the total population.



Source: Claritas, 2025

Population Table

The following table reflects the three primary (completely in-District) zip codes (about 90% of total population).

Population Table for Completely In-District Communities (Leavenworth, Plain, Peshastin, Dryden)

	2010	2020	Pct Chg 2010-2020	2025 est	Pct of Tot Pop	Pct Chg 2020-2025	2030 proj	Pct of Tot Pop	Pct Chg 2025-2030
Tot. Pop.	8,437	9,164	8.6%	9,681	100.0%	5.6%	10,196	100.0%	5.3%
Pop. By Age									
0-17	1,690	1,679	-0.7%	1,738	18.0%	3.5%	1,762	17.3%	1.4%
18-44	2,306	2,605	13.0%	2,834	29.3%	8.8%	2,918	28.6%	3.0%
45-64	2,826	2,548	-9.8%	2,441	25.2%	-4.2%	2,465	24.2%	1.0%
65-74	965	1,413	46.4%	1,568	16.2%	11.0%	1,688	16.6%	7.7%
75-84	466	667	43.1%	827	8.5%	24.0%	1,039	10.2%	25.6%
85+	184	252	37.0%	273	2.8%	8.3%	324	3.2%	18.7%
Tot. 0-64	6,822	6,832	0.1%	7,013	72.4%	2.6%	7,145	70.1%	1.9%
Tot. 65 +	1,615	2,332	44.4%	2,668	27.6%	14.4%	3,051	29.9%	14.4%
Hispanic	893	1,134	27.0%	1,273	13.1%	12.3%	1,437	14.1%	12.9%
Fem. 15-44	1,293	1,425	10.2%	1,523	15.7%	6.9%	1,574	15.4%	3.3%

Source: Claritas, 2025

As shown in the population table above, the four fully in-District communities (Leavenworth, Plain, Peshastin, and Dryden) grew 14.2% between 2020-2025 and are projected to grow an additional 5.3% by 2030. That level of growth is higher than the service

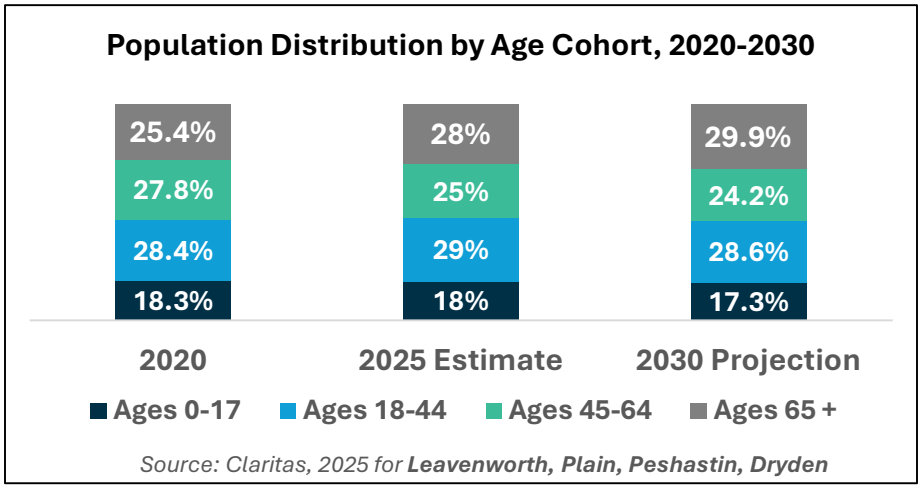
areas of other rural hospitals statewide (12%) and less than Washington State as a whole (17%) during the same period.

Separately, the entirety of the Cashmere zip code declined 2.1% in the same timeframe and is projected to remain flat through 2030.

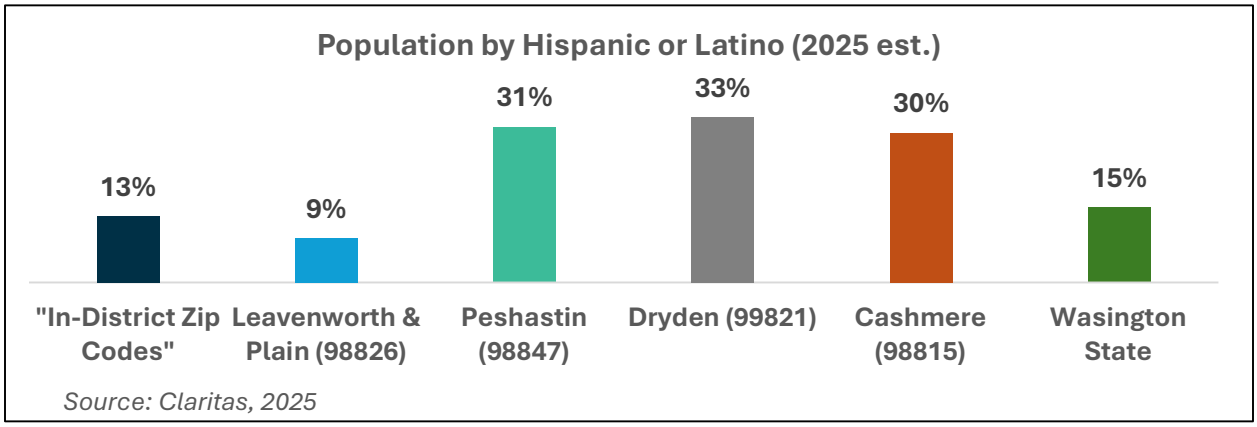
It is notable that the growth in the District was concentrated only in the Leavenworth/Plain zip code (98826), which experienced almost 20% growth. The other District zip codes (including Cashmere) have all experienced flat growth or population declines since 2020, and all are projected to continue declining (+/-) 1.0% by 2030.

The fastest growing cohort in the District are those aged 65+, growing over 14% between 2020 and 2025 and are projected to grow another 14% by 2030, when they will represent one-third of the population. This has implications for the provision of healthcare resources and social services in the community, due to typically higher prevalences of chronic conditions, increased support needs, and higher use of health care services.

Growing almost as fast as those 65+, is the Hispanic/Latino population of the complete in-District communities, which grew over 12% between 2020 and 2025 and is projected to grow another 13% by 2030, to be 14% of the population. The western communities of Leavenworth and Plain (98826) are 8.8% Hispanic, below county and state averages, having the effect of flattening the Hispanic population when combined with all District communities. However, the eastern communities of Peshastin (98847), Dryden (98821), and Cashmere (98815) have Hispanic populations two to four times higher, which is in line with the county but much higher than the State.



*Source: Claritas, 2025 for **Leavenworth, Plain, Peshastin, Dryden***



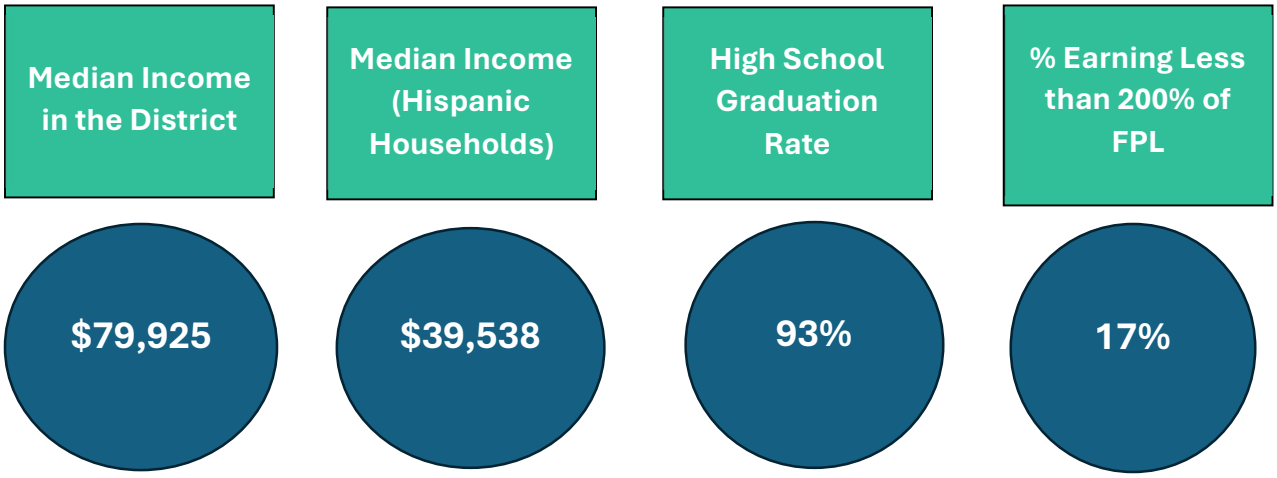
Source: Claritas, 2025

Another lens on race and ethnicity is looking at school-aged children. The Cascade School District serves roughly the same geography as the Public Hospital District. While there are 1,277 school-aged children (5-17 years old) in the District, or 13% of the District population, 23.8% of those school aged children are Hispanic/Latino, much higher than the District percentage of the total population of 13%.

It is important to understand and examine race and ethnicity when exploring health outcomes and social determinants of health such as access to quality education, healthcare, and economic opportunity, environmental hazards, and systemic discrimination. Research has consistently shown that marginalized racial and ethnic populations often experience disparities in the rates of chronic disease, mental health challenges, lower life expectancy, and overall wellbeing.

Social Determinants of Health

District Profile*



*** Excludes** *Cashmere portion of the District.*

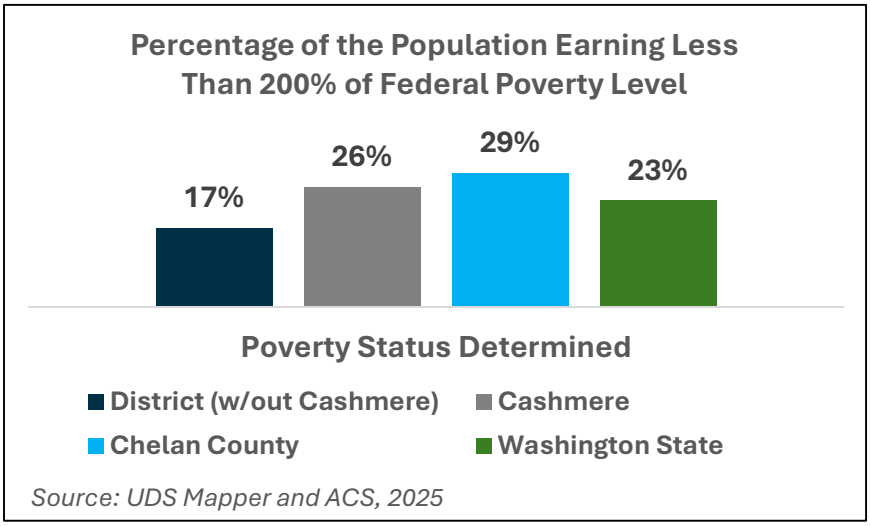
Basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, family-wage employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment and underemployment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress. Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have a greater impact on health than many strategies traditionally associated with health improvement.

Looking at median income offers a view of economic status of the District. Median income in the District is about 11% lower than the state average and about 11% higher than Chelan County, driven by incomes in Leavenworth/Plain (98826). In contrast, the median income of

the Peshastin zip code (98827) is significantly lower than the state, county, or District, at $63,917. As shown below, the median income for Hispanic households in the District is more than 50% lower than the District as a whole.

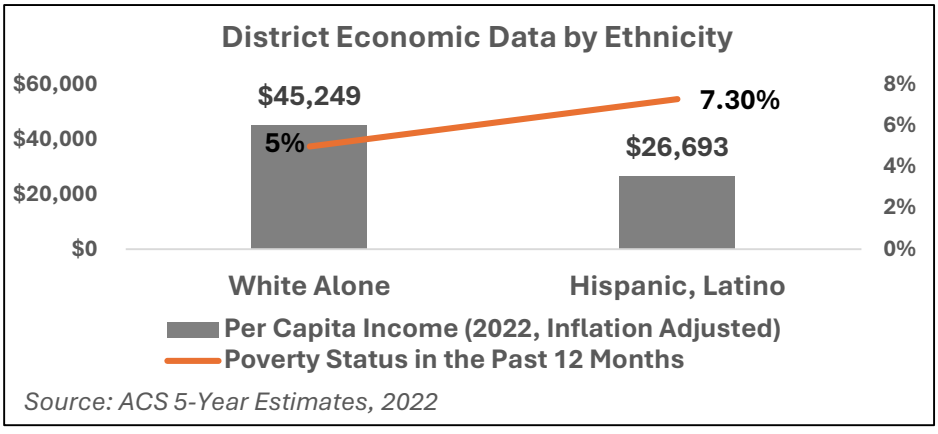
Economic Factors				
	District	**District Hispanic Households**	**Chelan County**	**Washington State**
Median Household Income (In 2022 Inflation Adj. Dollars)	$79,925	$39,538	$71,876	$90,325
Source: ACS 2022 (5-Year Estimates), excludes Cashmere				

Another widely accepted measure of poverty, or low-income status, is those making less than 200% of the Federal Poverty Level (FPL). While the District (without Cashmere) has significantly lower (better) rates of poverty than the county or state, there is a much higher poverty rate in Cashmere. Some caution is required in analyzing District poverty data as Dryden is a small community with a rural PO Box, not accurately reflected in the Census' American Community Survey data, and Dryden, Peshastin, and Cashmere are susceptible to undercount due to the high number of migrant agricultural workers.



Source: UDS Mapper and ACS, 2025

When further disaggregating income and poverty data by ethnicity, Hispanic/Latino residents earn about $18,000 less per capita than their white peers. The population earning less than the federal poverty level is almost 50% higher (worse) for Hispanic/Latino residents relative to white residents of the District.



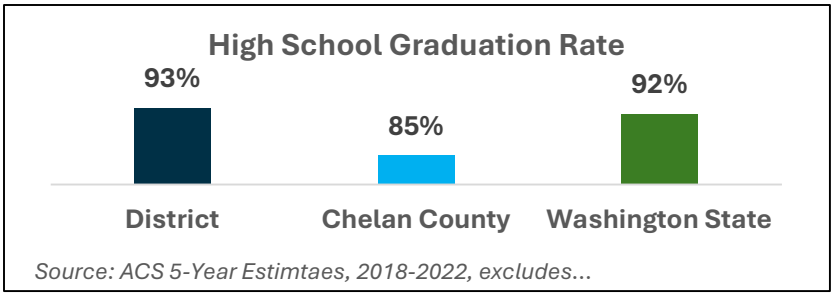
Source: ACS 5-Year Estimates, 2022

Another way to view the impacts of poverty on households is the United Ways' ALICE measure (Asset Limited, Income Constrained, Employed), which looks at those making above 100% of FPL. By factoring in a "household survival budget" and "threshold of financial survival" into the equation, the ALICE measure targets those living above the FPL, but who fall below a "basic cost of living" threshold. Therefore, the ALICE measure can be combined with those at 100% or below FPL to create a more accurate number of those struggling financially.

The District, Chelan County, and Washington State all have lower rates of households meeting the ALICE threshold relative to the last CHNA (2023-2025). Currently, the District fares slightly better than the county as a whole and slightly worse than the state in households struggling to make ends meet. The service area has 7.5% less population below the ALICE threshold relative to the county and 5.7% more above the ALICE threshold relative to the state, with 37% of District households struggling to make ends meet.

ALICE Data (2022)				
	Total Households	**Below 100% of FPL**	**ALICE**	**% of Population Below ALICE Threshold**
District	4,524	275	1,377	**37%**
Chelan County	30,414	2,501	9,692	**40%**
Washington State	3,064,367	312,012	747,889	**35%**
Source: UnitedforALICE.org, 2025, excludes Cashmere				

Education is an important predictor of health. Completing more education is associated with improved physical health outcomes, self-reported health, reduced psychosocial stress, and healthier behaviors, including being less likely to smoke and more likely to exercise. While slightly higher than the state average, the District significantly outperforms Chelan County which has a more than 9% lower (worse) high school graduation rate relative to the District and state.



Healthy Youth Survey

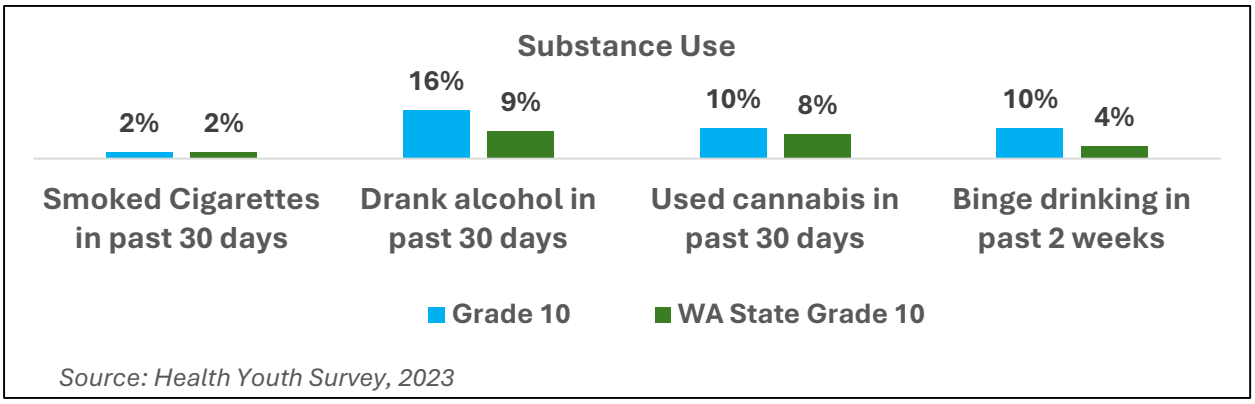
The Healthy Youth Survey (HYS) is a collaborative effort of the State Office of the Superintendent of Public Instruction, the Washington State Department of Health, and the Washington State Health Care Authority. The HYS is a biennial survey of 6th- 12th graders that measures health and wellbeing. It provides important information about the health of adolescents in Washington. It has been administered in Washington State since 2002 and assesses risk behaviors such as:

- Substance use
- Behaviors that result in intentional and unintentional injuries

- Behaviors related to food and physical activity
- Mental health
- School climate
- Risk and protective factors

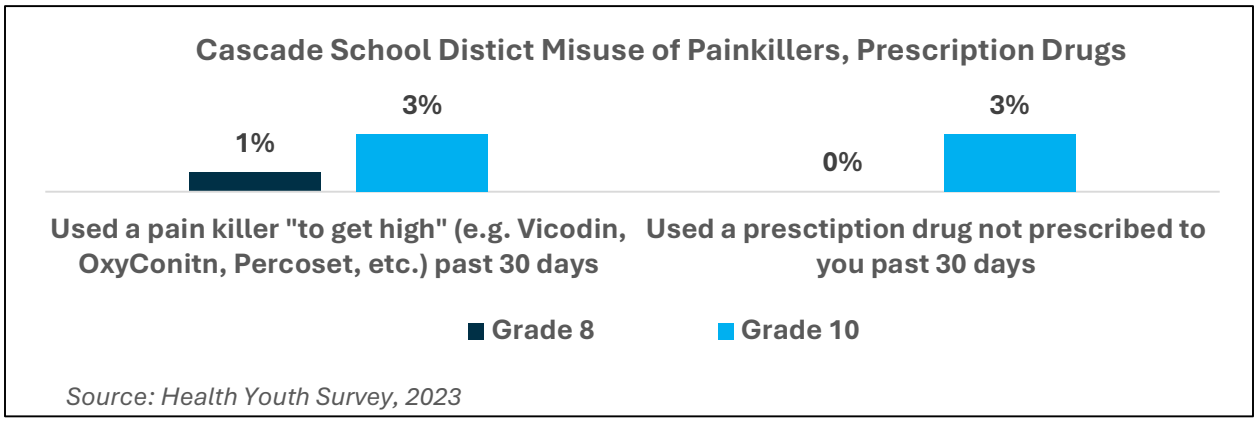
The most recent 2023 HYS found that among 10th grade students across Washington State COVID-19 pandemic-driven reductions in vaping, cannabis, and alcohol use have remained stable. Additionally, mental health outcomes for 10th graders improved between 2021-2023, but remain an area of concern. While depressive feelings (30%) and contemplation or planning of suicide (15%) are at their lowest level in 20 years, the rates still present a highly concerning level of youth mental health concerns.

Cascade 10th graders show higher rates of substance use and binge drinking than their Washington State peers. Although not evidenced in the Cascade data, there has been a trend showing a general reduction in alcohol and marijuana use in youth statewide.



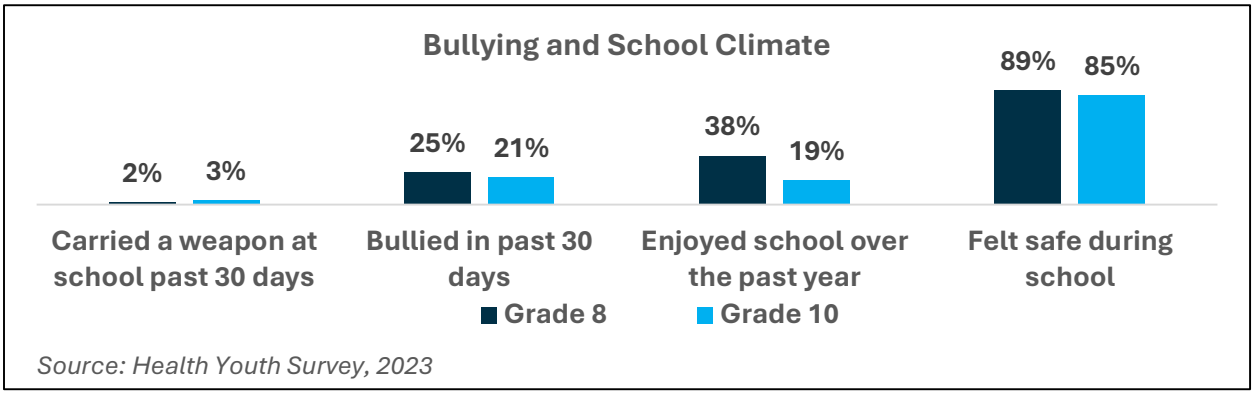
Source: Health Youth Survey, 2023

An exception to this general trend is an increase in the use of painkillers and prescription drugs. Cascade 10th graders are in line with state peers, with about 3% reporting using painkillers or prescription drugs within the last 30 days.



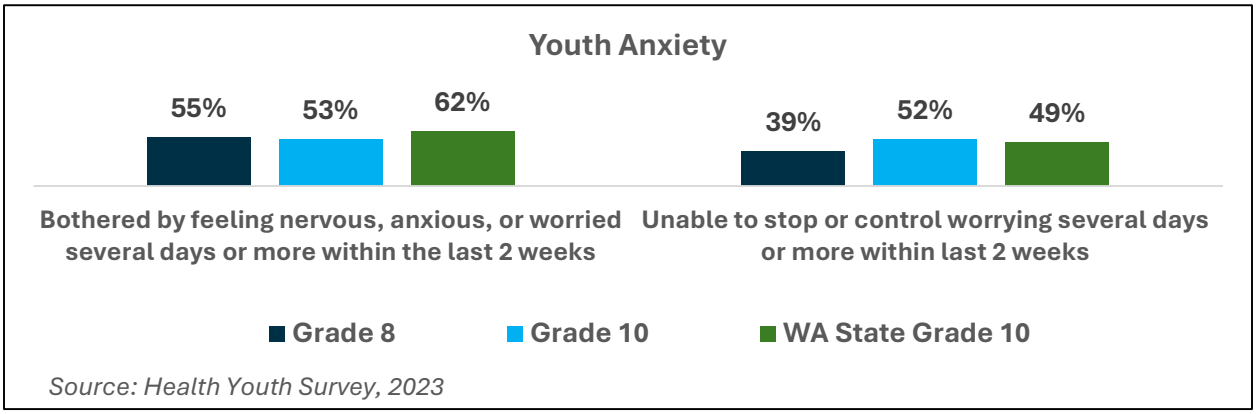
Source: Health Youth Survey, 2023

While generally reporting high levels of feeling safe at school, Cascade 8th and 10th graders report significant levels of bullying and a lack of engagement at school.

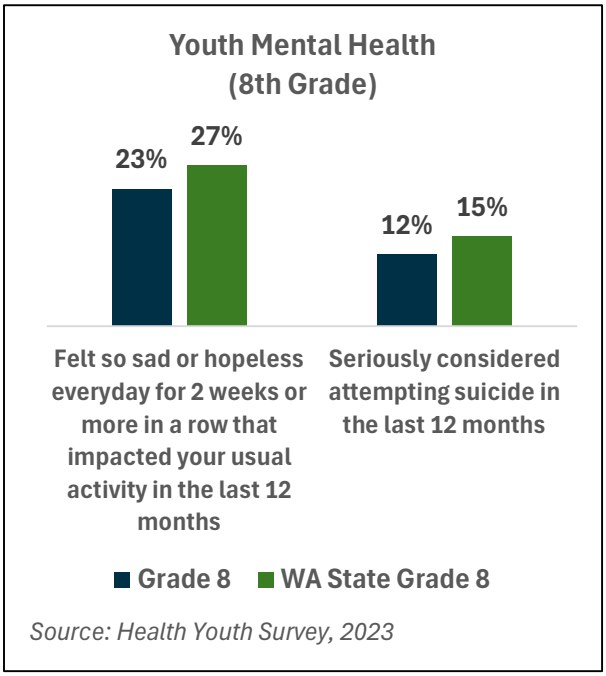


Source: Health Youth Survey, 2023

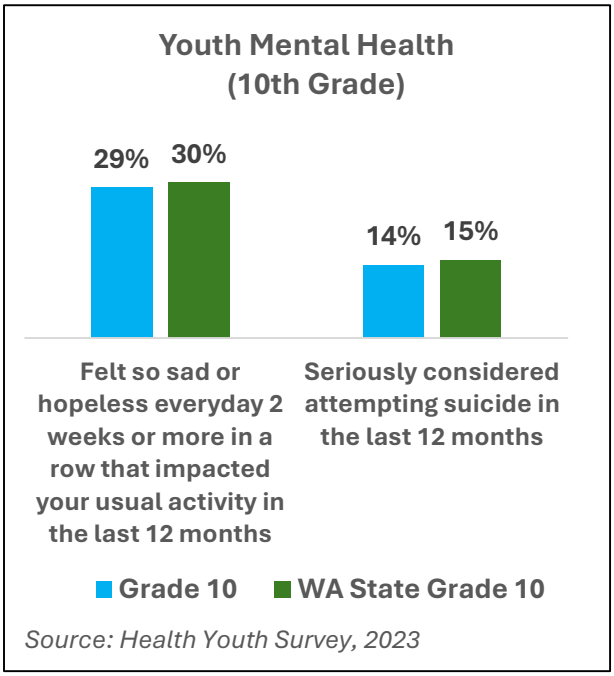
Local and statewide, students report high levels of anxiety and struggles with mental health. About 15% fewer Cascade 10th graders report generalized anxiety, but about 6% more report being unable to control worry, relative to state peers. 8th grade rates for anxiety are in line with their state peers. Both Cascade 8th and 10th grade cohorts are in line with their state peers on measures of mental health.



Source: Health Youth Survey, 2023



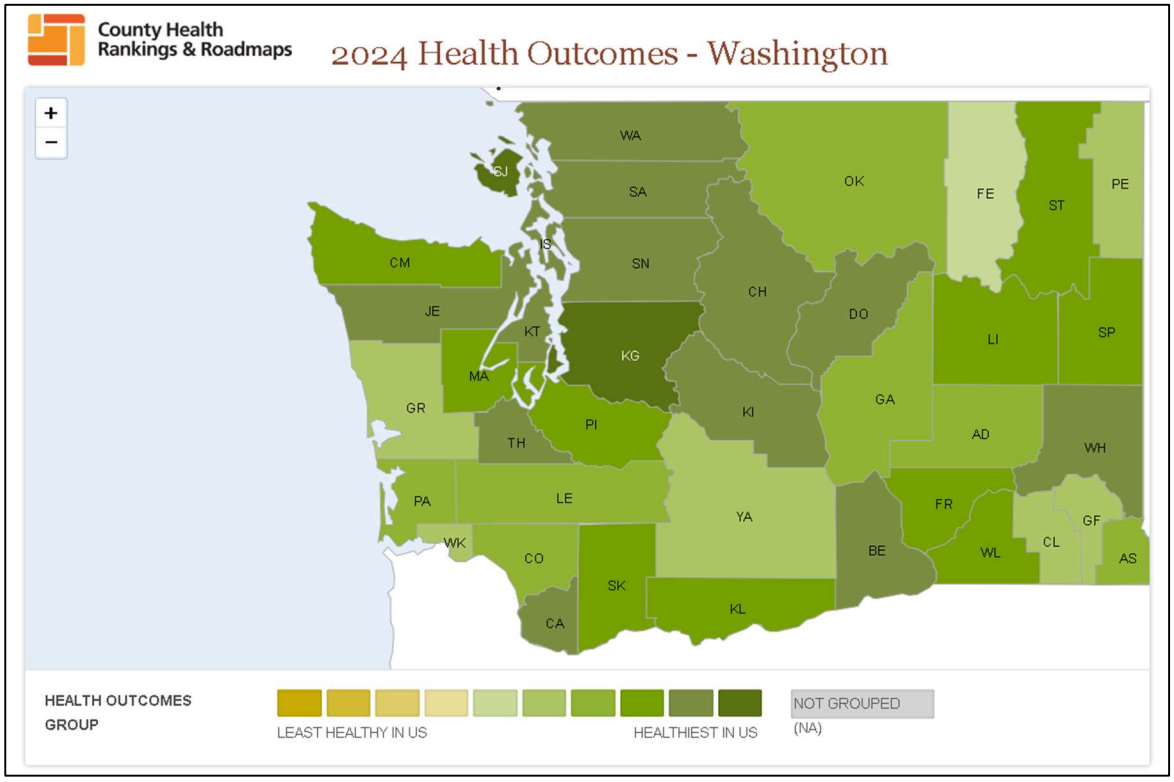
Source: Health Youth Survey, 2023

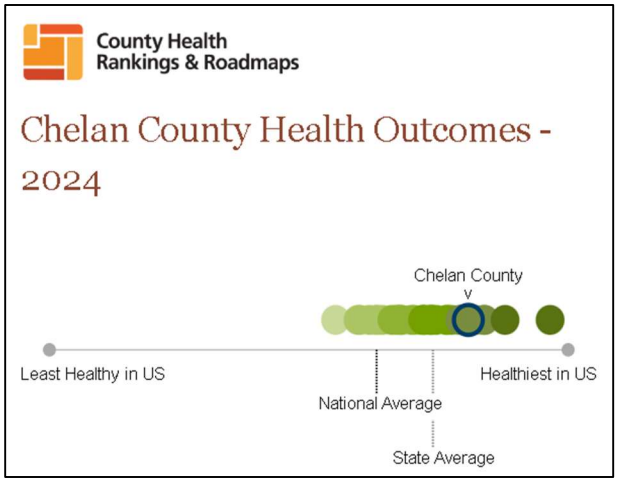


Source: Health Youth Survey, 2023

Health Outcomes

Prior to 2024, the RWJ County Health Rankings compared and ranked counties on more than 30 factors relative to the health of other counties: Beginning in 2024, RWJ County Health Rankings have shifted away from numerical rankings to a scaled approach. Counties in a state are now represented by a dot, shaded a certain color, and placed on a decile scale from least healthy to most healthy in the state and nation. In the maps below, darker colored areas indicate populations with healthier rankings. The RWJ County Health Rankings does not provide data below the county level.

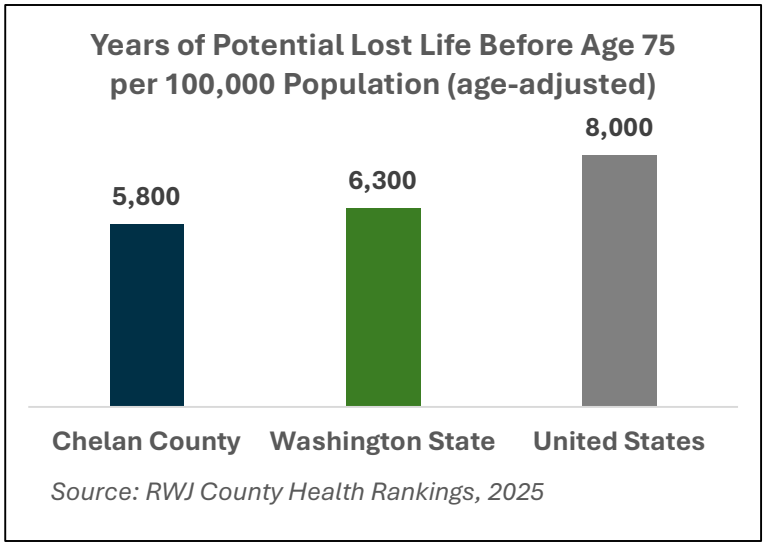




Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Chelan County is faring slightly better than the average county in Washington for Health Outcomes, and better than the average county in the nation. In the section that follows, when possible, Health Outcomes data was analyzed at both the county and the District service area level. Where sub-county data was unavailable, it is reported at the county level.

Years of Potential Life Lost (YPLL)

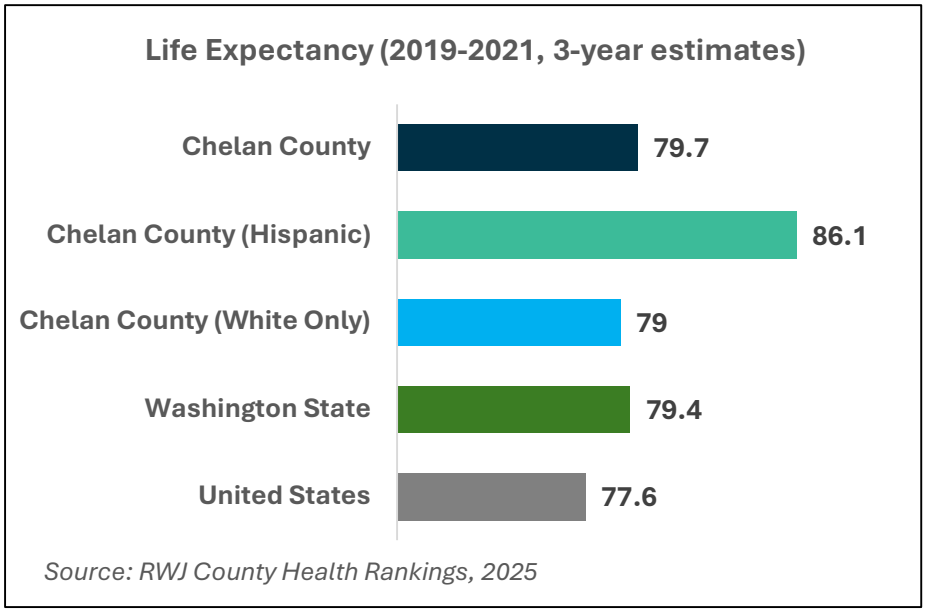
YPLL is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people. Chelan County has almost 8% fewer years of lost life when compared to Washington State and outperforms the national average by over 27%.



Length of Life

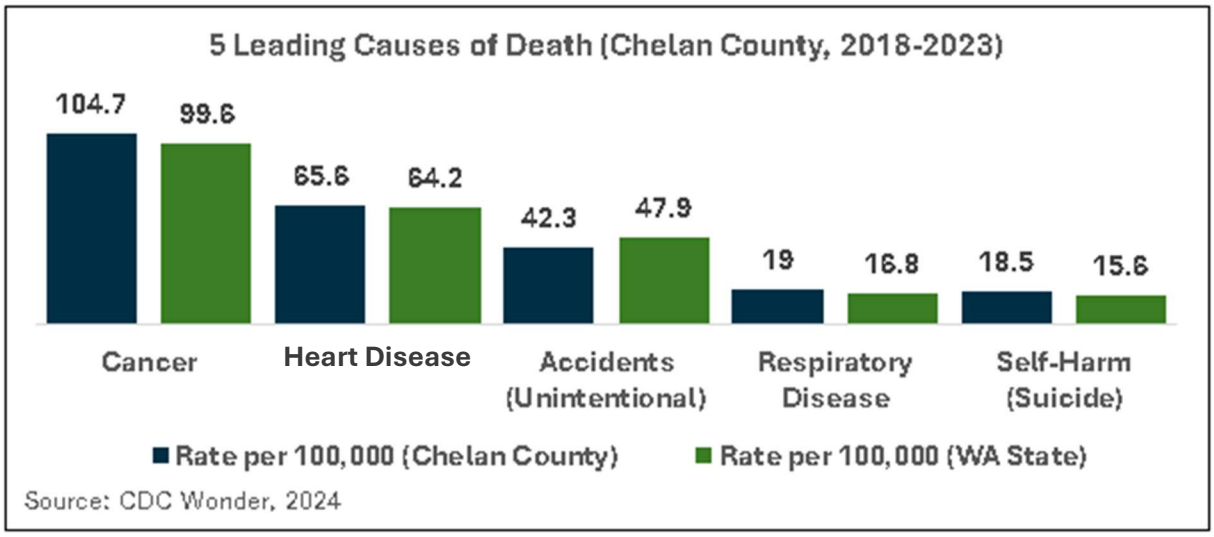
Measuring how long people in a community live demonstrates whether people are dying prematurely, and it prompts evaluation of what is driving those premature deaths. Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population.

Chelan County fares slightly better than Washington State and the nation on life expectancy overall. When disaggregated by race and ethnicity, Hispanic residents fare significantly better than the county or state, living around seven years longer than white residents or the county on average and experience fewer years of lost life (3,800 vs. 5,600) the County as a whole.



Causes of Death

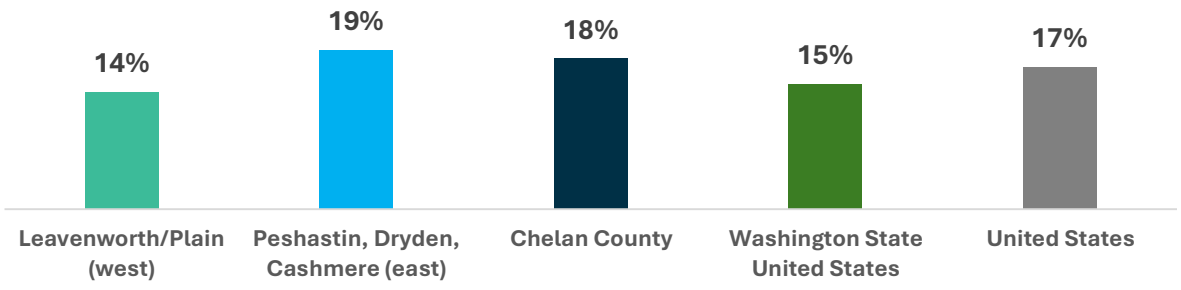
Leading causes of death are widely used as an indicator of a population's overall health status and ranking causes of death is a useful tool for illustrating the relative burden of cause-specific mortality. The Centers for Disease Control (CDC) publishes the leading causes of death for those under the age of 75 in Chelan County. Chelan County fares worse (higher rates of death) than the state average for 3 of the 5 leading causes, with deaths from respiratory disease 13% higher than the state and death from cancer 5% higher than the state.



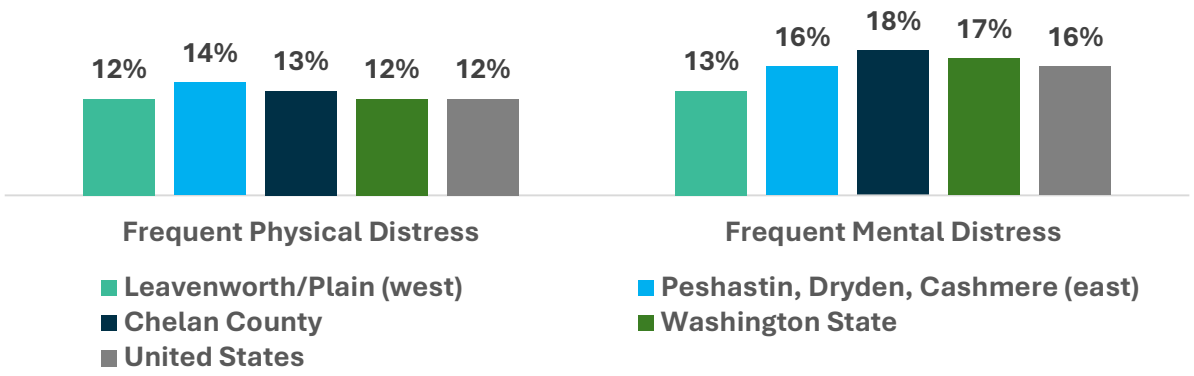
Quality of Life

In addition to measuring how long people live, measures that consider how *well* people live are also important to evaluate. Quality of life refers to how healthy people feel while alive. It represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Behavioral Risk Factor Surveillance System (BRFSS) data on measures of Quality of Life include adults self-reporting fair or poor health and the self-reporting of frequent physical or mental distress (14+ days per month). While the westerly communities of Leavenworth and Plain fare better than the county, state, or national rates for these quality-of-life measures, the easterly portion of the district fares significantly worse. Up to 26% more eastern District residents report fair or poor health relative to western district communities, the county, Washington State, or the nation. Eastern District and Chelan County adults also report higher average numbers of days feeling physically and mentally unwell relative to adults in the western district, Washington State, or the nation.



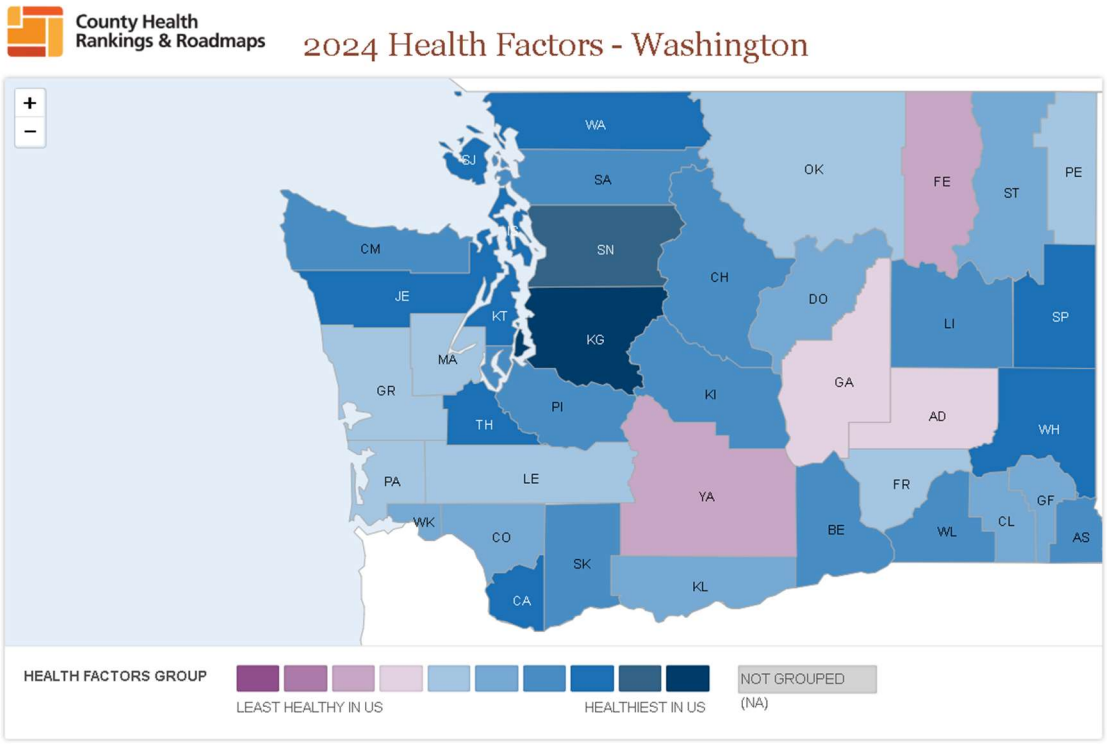
Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

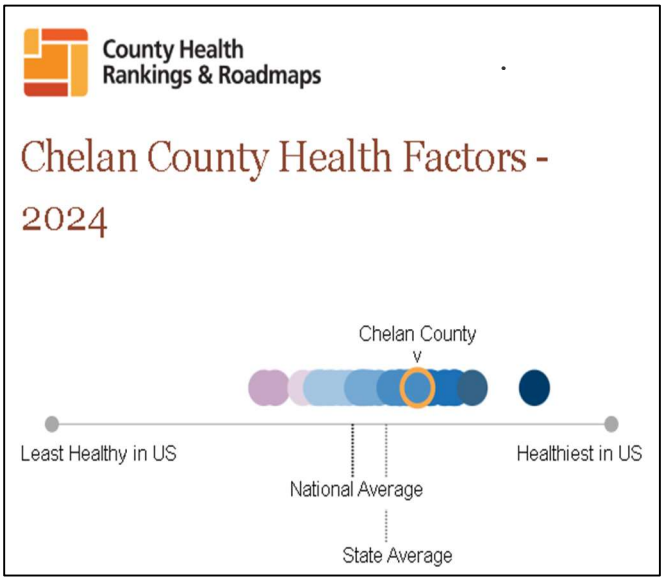


Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

Health Factors

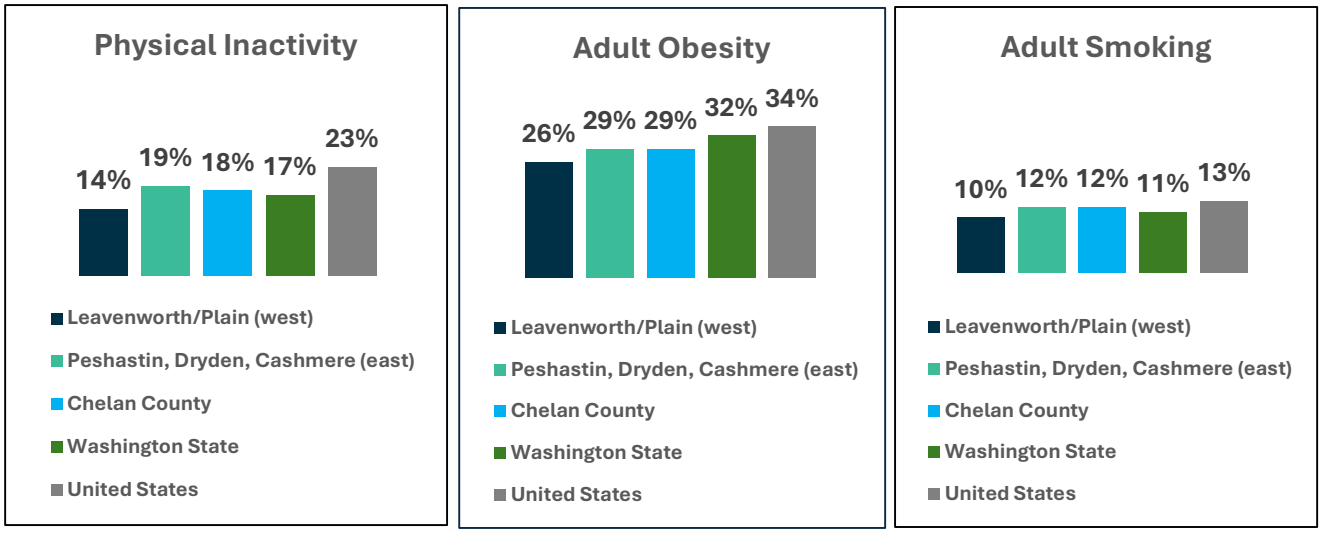
As with Health Outcomes data, the RWJ County Health Rankings uses a scaled approach to rank counties on a decile scale from least healthy to most healthy in the state and nation on select Health Factors. In the maps below, darker colored areas indicate populations with healthier rankings.





Health Factors represent those things we can improve to live longer and healthier lives and are indicators of the future health of our communities. Chelan County is faring slightly better than the average county in Washington for Health Factors, and slightly better than the average county in the nation.

Health behaviors are actions individuals take that impact their health. These include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking or excessive alcohol intake.



Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

While generally faring better on key health behaviors, relative the United States as a whole, Chelan County and the District have higher (worse) rates of adult smoking when compared to Washington State. As with other health data, disaggregating the District by geography shows that the western communities fare better, with measures of physical inactivity 26% lower (better) relative to eastern communities, the county, and state. Obesity is also lower in Leavenworth and Plain relative to the rest of the district, county, state, or nation.

Drug and Alcohol Use is another key health behavior with direct and indirect impacts on health outcomes. Excessive alcohol consumption (binge or heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weakening of the immune system. Alcohol-impaired driving deaths significantly contribute to unintentional injuries (the only top cause of death in the country that is not directly related to chronic disease).

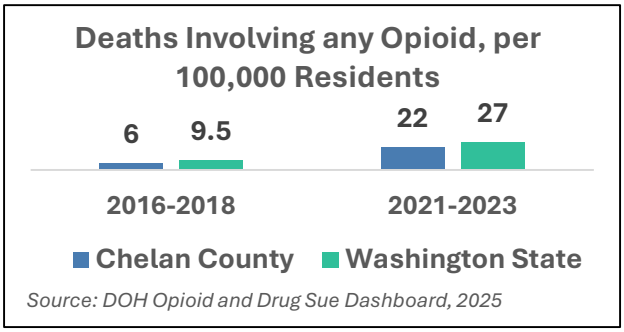
Chelan County is in-line with both state and national averages of self-reported excessive drinking. The number of alcohol-impaired driving deaths in the county are significantly lower (better), 28% lower than Washington State and 12% lower than the national average. Binge drinking data, available at the District level, is in line with the county findings.

Alcohol Related Health Behaviors (BRFSS, 2022)	District*	Chelan County	Washington State	United States
Excessive Drinking (% adults reporting binge/heavy drinking, age-adjusted)	**17%**	**18%**	**18%**	**18%**
Alcohol-Impaired Driving Deaths (% driving deaths with alcohol involvement)	**No data at district level**	**23%**	**32%**	**26%**

Source: RWJ County Health Rankings, 2025;
**" Binge drinking" only, average of District zip codes pulled from CDC Places, 2025*

Drug overdoses and opioid misuse mark a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from opioids in Washington State have increased dramatically since 2002 and Chelan County has experienced a similar trend.

The University of Washington's Addictions, Drug & Alcohol Institute research compared opioid death rates between two periods in time: 2016-2018 and 2021-2023. Washington experienced a dramatic 184% increase in opioid deaths per 100,000 residents (from 9.5 to 27) between the two timeframes. Chelan County fared worse, with a 266% increase in opioid deaths per 100,000 (from 6 to 22) in the same time frame.



Source: DOH Opioid and Drug Sue Dashboard, 2025

Recent provisional data from the CDC indicates that drug overdose deaths have declined nationally (29%) and in Washington State (12%) between 2023 and 2024 for the first time in more than a decade. While encouraging, that rate of decline is less in the state relative to the nation and the data is provisional and does not yet represent a trend.

Teen Pregnancy

According to the CDC, the U.S. teen birth rate has been on the decline since 1991. However, U.S. teen birth rates are still higher than in other high-income countries and vary greatly among racial, ethnic, geographic, and socioeconomic groups within and across states. Recent research recognizes that pregnancy and childbirth have significant impacts on the educational outcomes of parents. The CDC reports that children born to teen mothers are more likely to:

- Have a higher risk for low birthweight and infant mortality.
- Have lower levels of emotional support and cognitive stimulation.
- Have fewer skills and be less prepared to learn in kindergarten.
- Have behavioral problems and chronic medical conditions.
- Rely more heavily on publicly-funded healthcare.
- Have higher rates of foster care placement.
- Be incarcerated some time during adolescence.
- Give birth as a teen.
- Be unemployed or underemployed as a young adult.

The District's teen birth rate is much lower (better) relative to both the county or state averages.

Teen Births (2024)	District*	Chelan County	Washington State
Number of births per 1,000, female population ages 15-19	**3.7**	**12.6**	**8.8**

Source: DOH Community Health Assessment Tool, 2025
** Excluded Cashmere portion of the District*

Clinical Care

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care needs in a community helps in understanding how the community can improve the health of its neighbors.

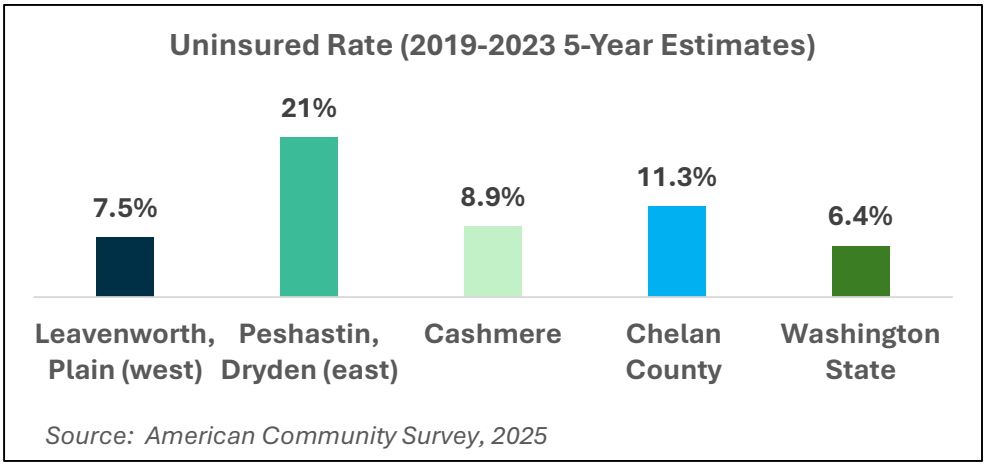
Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability and affordability of health insurance are considered key drivers of health status. Health insurance coverage helps patients get into the health care system. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor health status.

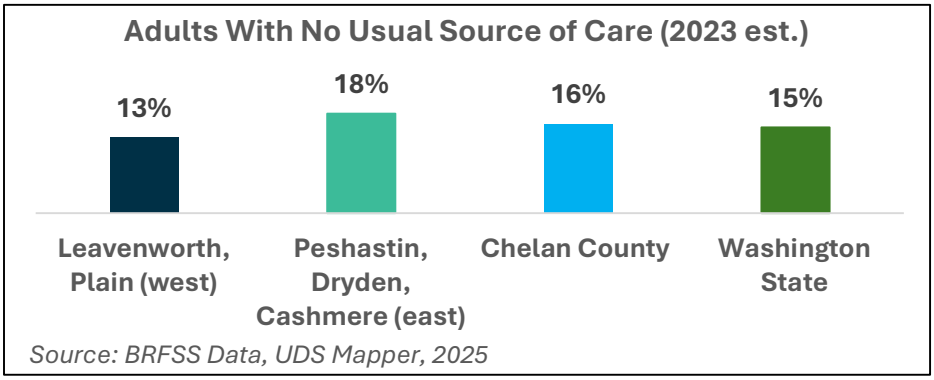


According to the Department of Health and Human Services' October 2024 ASPE report, while the rates of the uninsured have fallen since the passage of Affordable Care Act (ACA), rural areas continue to have higher rates of the uninsured than urban areas. Other barriers to care, including geographic distance, infrastructure limitations, and provider shortages, continue to contribute to rural health care access disparities.[1] 2022 BRFSS data show Chelan County's uninsured rate (11%) was almost twice as high (worse) than Washington State (6%). District

[1] Turrini G, Volkov E, Peters C, De Lew N, Buchmueller T. Access to Health Care in Rural America: Current Trends and Key Challenges (Issue Brief No. HP-2024-22). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2024.

uninsured rates are heavily dependent on where you reside. Leavenworth and Plain to the west have uninsured rates (5%) that are 50% lower (better) than the county and more than 3 times lower (better) than the average uninsured rate of Peshastin, Dryden, and Cashmere (16%) to the east.

No Usual Source of Care



Source: BRFSS Data, UDS Mapper, 2025

Another measure impacting clinical care outcomes is the percentage of adults reporting not having a personal doctor or regular healthcare provider. Not having a usual source of care can interrupt the continuity of care and impose significant barriers to receiving timely medical treatment. While separate from lacking health insurance, it is similar, in that both measures impact the timely and adequate receipt of medical care. Numerous studies have shown that having a usual source of care is positively linked to patient satisfaction, decreased use of the emergency room, reduced likelihood of hospitalization, and increased rates of immunization and cancer screenings. Similar to District rates of the uninsured, Leavenworth and Plain to the west have lower (better) rates of those without a usual source of care, while the communities to the east have 13% higher (worse) rates of those without a usual source of care than the county, and 38% higher (worse) relative to their western District peers.

Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Preventive screenings catch disease processes early, improving treatment efficacy and quality of life and preventing premature death. Vaccinations prevent many life-threatening illnesses from ever occurring. For example, yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised; vaccines prevent people from getting severe flu. The CDC's Behavioral Risk Factor Surveillance System (BRFSS) collects preventative and other health care data through over 400,000 telephone surveys annually across all 50 states, allowing for comparison between the District, county, and state averages.

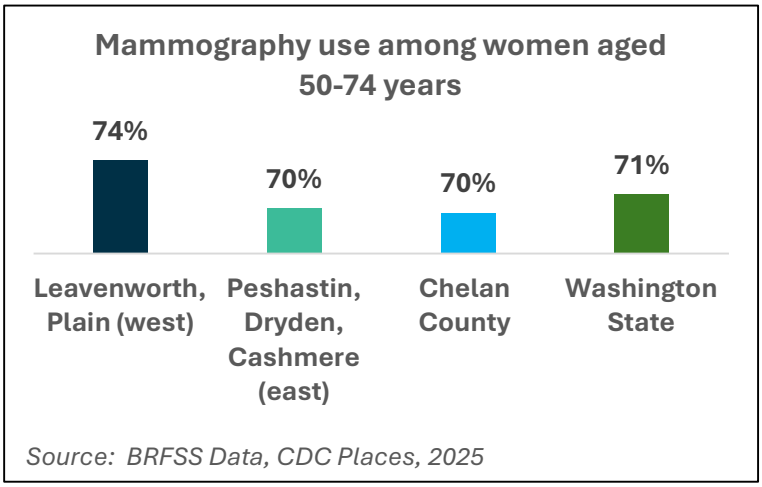
Approximately 70% of Chelan County female residents aged 50-74 report receiving mammography screenings, a rate in line with state rates and that of the eastern communities of the District. The Leavenworth and Plain communities to the west have an almost 6% higher (better) rate of mammography screening.

Colorectal cancer screening rates are over 7% higher (better) in Leavenworth/Plain than in the county and more than 12% higher than the communities to the east.

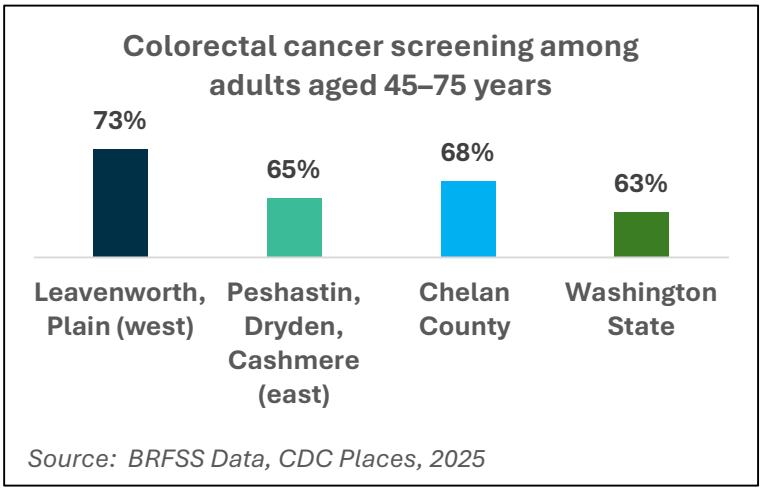
About 5% fewer adults in the District communities to the east are receiving annual doctor visits relative to the western District communities, though the district in the aggregate is in line with the county and outperforms the national average.

11% fewer adults in the District communities to the east have visited a dentist or dental clinic in past year relative to the western District communities, though the district in the aggregate is in line with the county and outperforms the national average.

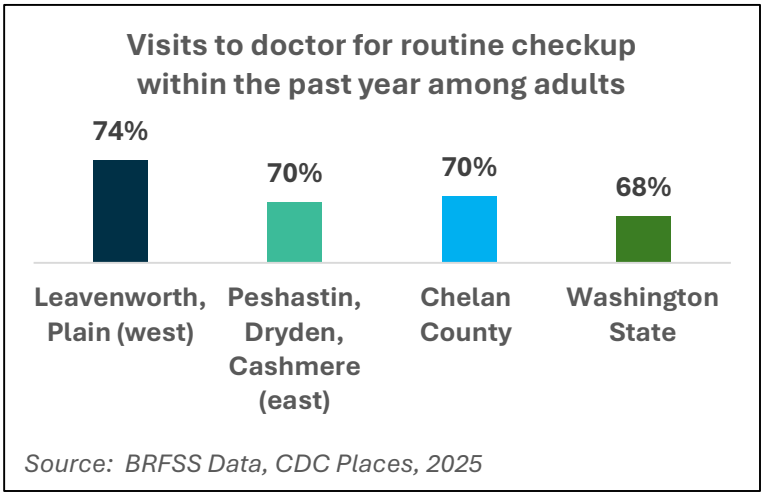
As measured by the biennial 2023 Washington State Healthy Youth Survey, about 20% of youth, measured in both 8th and 10th grade cohorts, had not had a routine or preventive visit to a healthcare provider in the past two years.



Source: BRFSS Data, CDC Places, 2025

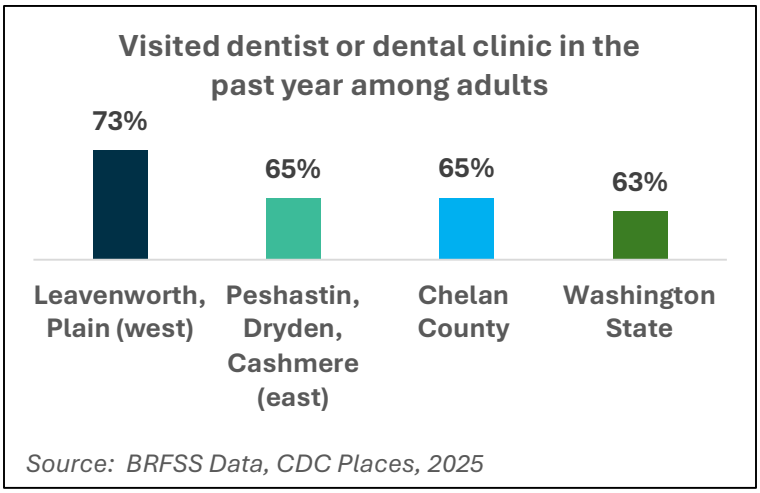


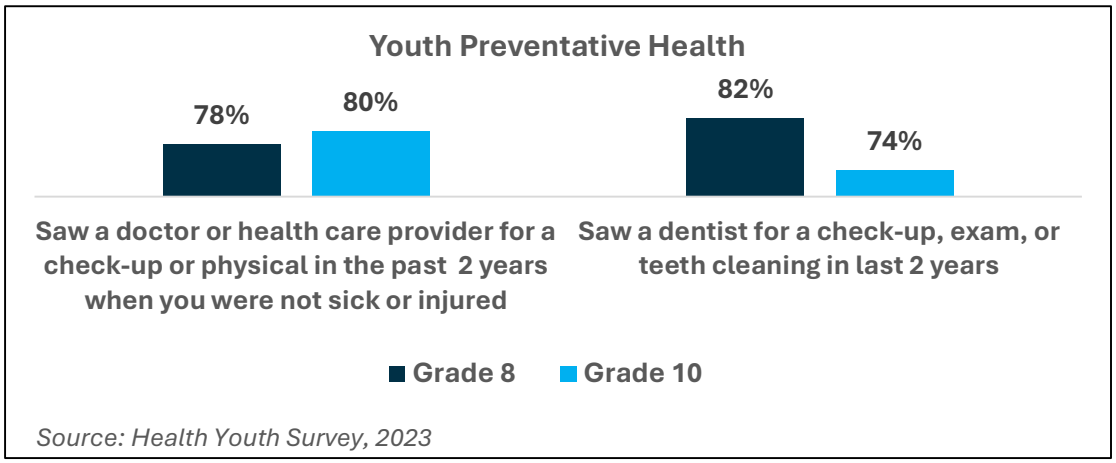
Source: BRFSS Data, CDC Places, 2025

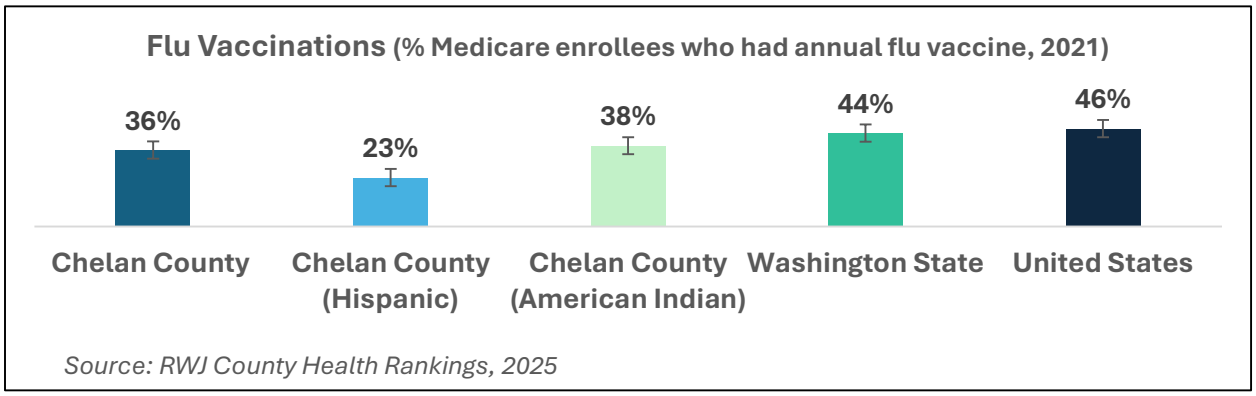


Source: BRFSS Data, CDC Places, 2025

Chelan County significantly underperforms relative to both state and national averages on annual flu vaccinations for adults on Medicare. County adults on Medicare are vaccinated for the flu 18 % less than the state average and 22% less than the national average. Of note, when disaggregated by race and ethnicity, flu vaccinations for Hispanic residents are 36% lower (worse) than the County, while American Indian residents are outperforming the county with a 5.5% higher vaccination rate.







Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). HPSA designations identify a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs depending on whether shortages are widespread or limited to specific groups of people or facilities. These designations include a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, Native Americans).

HSPA Scoring Criteria

Three scoring criteria are common across all disciplines of HPSA:

- *The population-to-provider ratio,*
- *The percentage of the population below 100% of the Federal Poverty Level (FPL), and*
- *The travel time to the nearest source of care (NSC) outside the HPSA designation.*

The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:



Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care. These designations are important as more than 30 federal programs depend on the

Chelan County HPSA Designations 2021 Update		
Category	**Designation Type**	**Score**
Primary Care	Low Income, Homeless, Migrant Farmworker	13
Dental Health	Low Income, Homeless, Migrant Farmworker	16
Mental Health	Geographic	17
Source: HRSA Data Warehouse, HPSA Find		

Chelan County Population to Provider Ratios			
Provider Type	**Chelan County**	**Washington State**	**United States**
Primary Care Physicians	910:1	1,200:1	1,330:1
Dentists	1,160:1	1,150:1	1,360:1
Mental Health Providers	190:1	200:1	320:1
Source: County Health Rankings 2024			

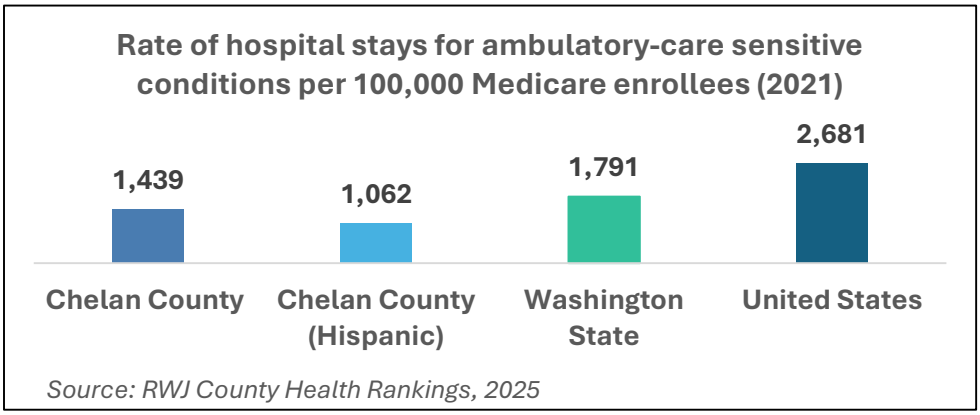
shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas.

Chelan County is a designated Health Professional Shortage Area for all three types of health care disciplines for multiple population types (geographic, low-income, migrant-farmworker, and homeless).

Despite Chelan County's HRSA designations, the county experiences lower (better) provider-to-population ratios relative to state and national averages. Relative to Washington State as a whole, Chelan County has 24% lower ratios (more per resident) for primary care physicians, is in line with the state on dental providers, and has 5% lower (better) ratios of mental health providers.

Preventable Hospital Stays

Preventable hospital stays are hospitalizations for ambulatory care-sensitive conditions. These are conditions that, if diagnosed and treated in an outpatient setting, could have prevented hospitalization. Preventable hospital stays can be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare. This measure may also represent a tendency to overuse hospitals as a main source of care.



Source: RWJ County Health Rankings, 2025

Despite being subject to the pressures of health care provider shortages outlined above, this is an area of relative strength in the county. Chelan County reports 20% fewer (better) rates of preventable hospital stays than the state and over 46% fewer (better) than the national average. When disaggregating by race, Hispanic residents have 26% fewer a preventable hospital stays than the county average.

Physical Environment

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family, and when a large portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and an increased risk of cancer.

Community Need

In 2006, Washington State created a 211-phone system, creating a simple, easy number to call when residents need help or access to human services. The 211 system provides access to a comprehensive database of resources for coordinated care and referral systems. The 211 system makes publicly available the location and type of services callers are asking for, searching for online, and types of referrals made, allowing for accurate, unbiased, real-time information about community needs and gaps in services.

In 2024, there were 230 calls to the 211 system from the District service area:

- **35% of calls (80) were related to employment and income**, mostly (86%) to do with tax preparation.
- **21% of calls (48) were related to healthcare**, with 73% of those calls concerned with health insurance and another 17% concerned with medical expenses.
- **9.6% of calls (22) were related to housing and shelter**, with most related to rental assistance or availability of low-cost housing.
- **9% of calls (20) were related to food insecurity**.
- Of the 7.4% of calls (17) related government and legal assistance, all were related to housing law.

Housing

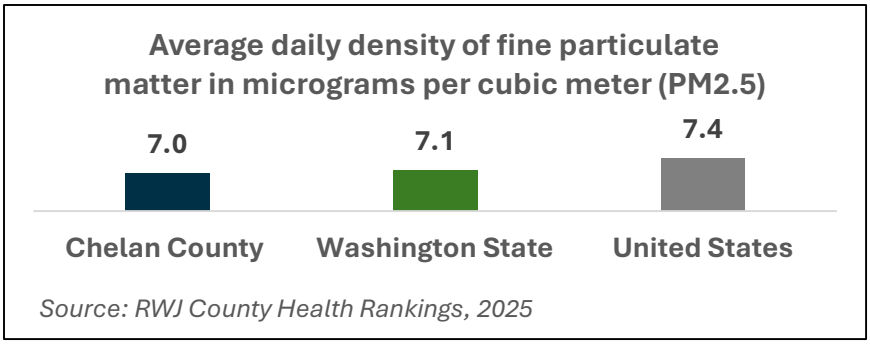
RWJ County Health Rankings data provides estimates of individuals who have “severe housing problems,” meaning individuals who live with at least one of the following four conditions: overcrowding, high housing costs relative to income, lack of a kitchen, or lack of plumbing. Chelan County (14%) fares slightly better than state (16%) and national (17%) averages on the population experiencing “severe housing problems”.

The U.S. Census defines a “cost-burdened household” as a household that spends 30% or more of its income on housing and a “severe cost burdened household” as a household that spends more than 50% of income on housing.

Renters in the District fare lower (better) overall than the county or state on measures of the severe cost burden renting. District homeowners have lower (better) measures overall than the county or state on measures of the cost-burden of homeownership.

Housing Metrics	Leavenworth Plain	Peshastin Dryden	Cashmere	Chelan County	Washington State
Renting					
Cost-Burdened *(>30% of income on rent)*	19%	39%	20%	20%	25%
Severe Cost-Burdened *(>50% of income on rent)*	15%	4%	19%	17%	22%
Home Ownership					
Cost-Burdened *(>30% of income on home ownership)*	15%	10%	26%	19%	24%
Severe Cost-Burdened *(>50% of income on homeownership)*	7%	2%	13%	7%	9%
Source: ACS 2022, 5-Year Estimates, excludes Cashmere					

Air and Water Quality

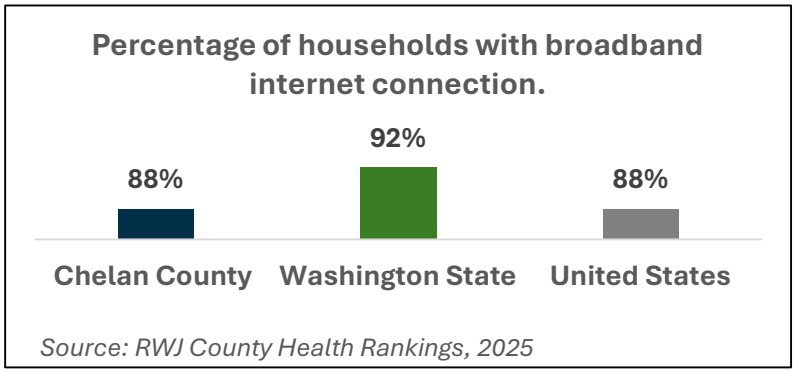


Source: RWJ County Health Rankings, 2025

RWJF's County Health Rankings measures air pollution by the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers ($PM_{2.5}$). A number of adverse health effects are associated with exposure to particulate matter, including premature mortality, increased hospitalization, acute and chronic bronchitis, asthma, ER visits, and restricted daily activities. Research points to older adults with chronic heart and lung disease, children, and asthmatics as the groups most likely to experience adverse effects with exposure to particulate matter.[2] According to data from the RWJF County Health Rankings, Chelan County has lower (better) measures on particulate matter and no water systems in Chelan County reported a health-based drinking water violation in 2022.

[2] California Air Resources Board

Broadband Access



Source: RWJ County Health Rankings, 2025

Broadband is high-speed internet access that is faster than dial-up and ready for use immediately. Broadband speed and bandwidth vary but can be measured as download/upload speed in megabits per second (Mbps). According to the U.S. Department of Commerce, internet access is the backbone of today's world, powering education and the economy, supporting health and well-being. Roughly 20% of Americans aren't connected to the internet and left unable to fully participate in modern life. 88% of Chelan County households have broadband internet connection, a rate in line with national rates, but 4.3% lower than the state rate.

Community Convening

Cascade's community convening process included a community-wide survey and community listening sessions in the District.

Community Survey

A community survey was conducted between March and April of 2025, with a total of 202 survey responses being received. Surveys, in English and Spanish, were distributed digitally via the Cascade website, social media, and to employees. Hard copy surveys in both languages were also made available in hospital and clinic spaces.

In addition to Cascade's distribution and promotion, community partners, including the Cascade School District, the Chamber of Commerce, and Upper Valley Mend distributed the survey. Community engagement efforts also included a survey promotion at a local business location in the eastern end of the District focused on increased Hispanic voice, resulting in 20 additional surveys, or a 10% increase in Hispanic respondents.

The survey was designed to solicit feedback on the areas prioritized in Cascade's 2022 CHNA and to help identify other potential health needs and gaps. The distribution channels were intended to facilitate respondents representing the communities Cascade serves.

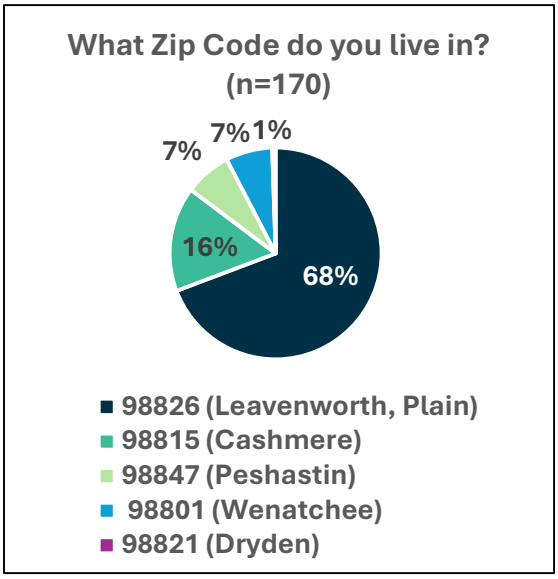
Demographics

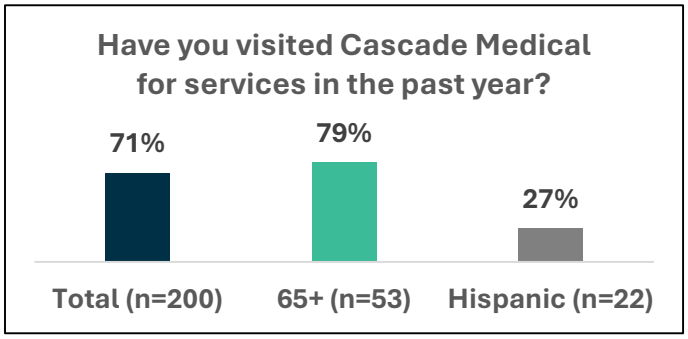
68% of survey respondents were from the Leavenworth/Plain zip codes. 16% of respondents came from the Cashmere community, which accounts for 10% of the District population.

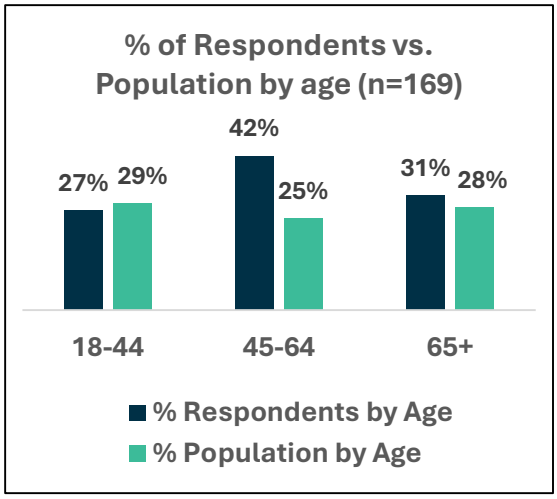
71% of survey respondents received services from Cascade in the last 12 months. That number was much lower for Hispanic respondents (n=22), with only 30% having received care at Cascade Medical in the past year.

79% of 65+ respondents received services at Cascade in the past year.

By geography, 75% of respondents living outside the District in Wenatchee (n=12) received services at Cascade in the last 12 months and 41% of respondents living in Cashmere (n=27) received services at Cascade in the last 12 months.

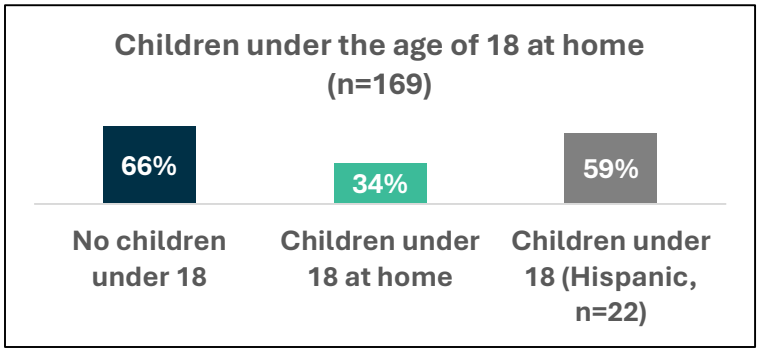






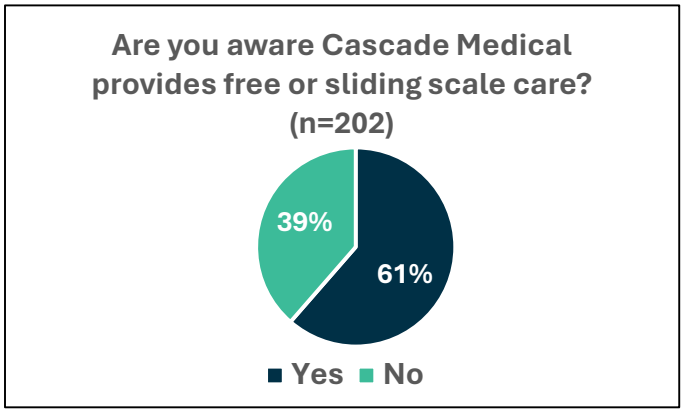
Of respondents who answered (n=165), 22% (27) speak a language other than English at home. Of the 27 who spoke another language at home, 25 indicated their primary language is Spanish.

The survey excludes those under 18 and overrepresents those aged 45-64. Just over a third (34%) of respondents had households with children under age18 relative to 25% of the households in the District. The rate of Hispanic respondents with children under 18 is almost double (59%).

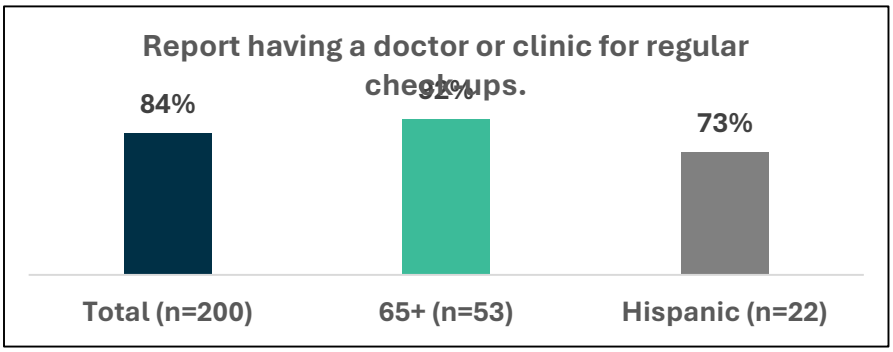


Healthcare Utilization

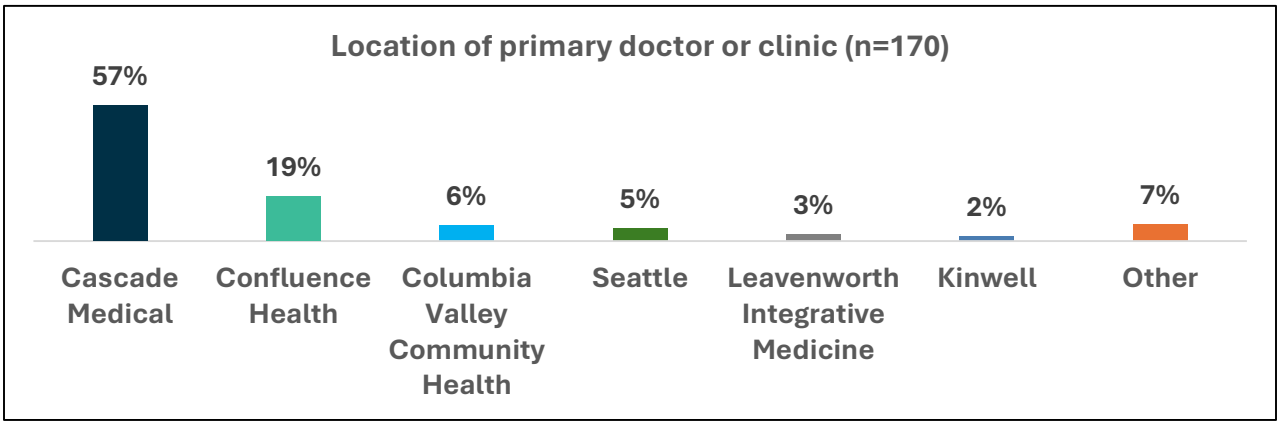
61% of respondents (n=202) were aware that Cascade Medical provided free and/or sliding scale care to patients. However, less than half that number (30%) of Hispanic respondents (n=23) were aware.



84% of respondents (n=200) indicated they currently had a primary care doctor or clinic they use for regular checkups. This rate was 10% higher (92%) for 65+ respondents and 13% lower (73%) for Hispanic respondents.

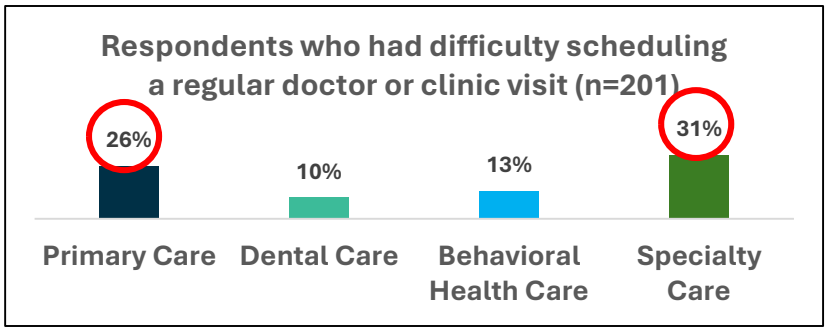


Of those that identified their primary care location (n=170), 57% utilized Cascade, with Confluence Health (19%) and Columbia Valley Community Health (6%) the other most selected locations. 5% of all respondents indicated receiving primary care in Seattle. Locations identified under "Other" included Monarch Health, Alpine Valley Wellness Center, Catalyst Medical Group, and locations in Chelan and Spokane.

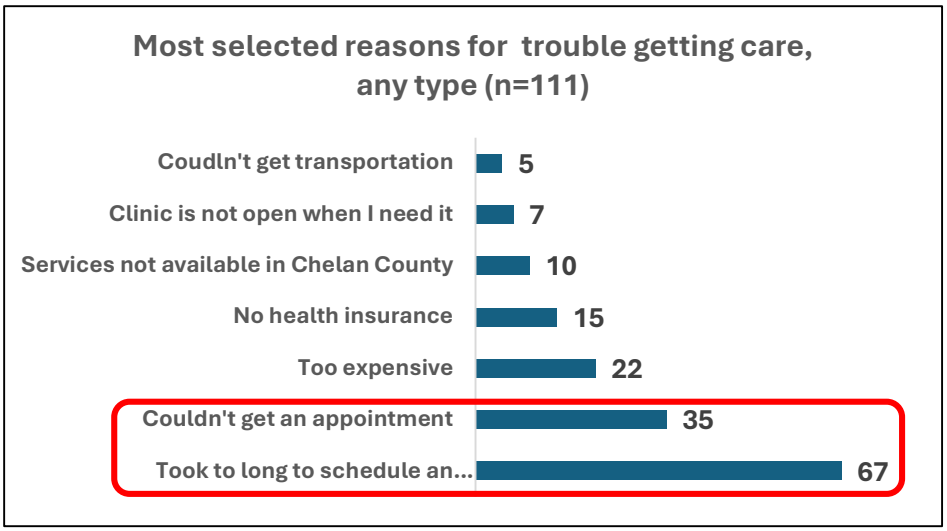


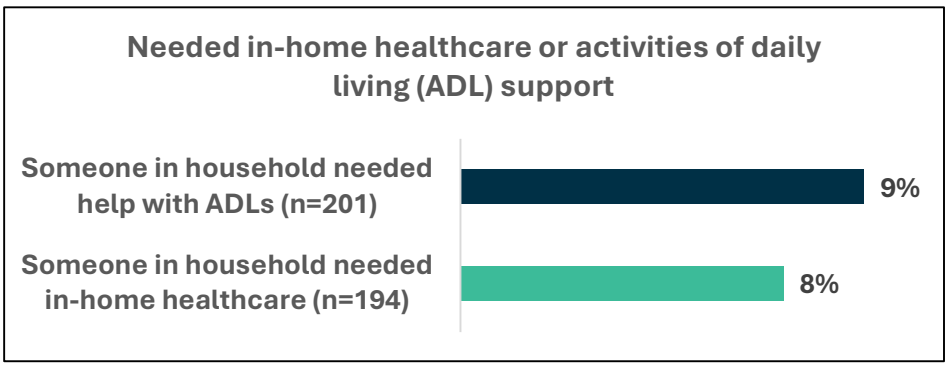
Hispanic respondents (n=23) were less likely to use Cascade, with 81% using Columbia Valley Community Health and Confluence for primary care, while 65+ respondents were more likely to use Cascade Medical (69%).

Respondents were asked if they had any difficulty scheduling appointments in the past year across multiple types of care. More than a quarter (26%) affirmed they had difficulty scheduling a regular primary care appointment and more than a third (31%) had difficulty scheduling a specialty appointment. This rate of having difficulty was roughly the same for Hispanic and 65+ respondents.



55% of respondents (n=201) provided the reasons for the difficulty they experienced. The most selected reasons were the time it took to schedule an appointment, or the inability to get an appointment. 65+ respondents were in line with aggregate responses, while Hispanic respondents were more likely to have difficulty with expense or lack of health insurance.

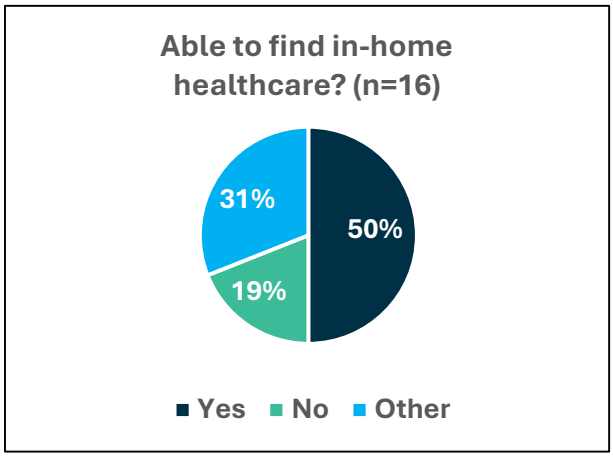


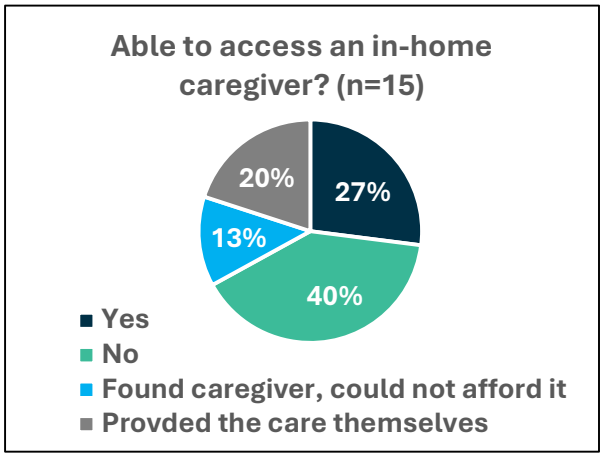


Between 8% and 9% of respondents needed in-home help for healthcare and/or activities of daily living for themselves or someone in their household.

Of those that needed support with in-home healthcare (16), half were able to find care, while a third were not. Of those in the “Other” category, responses included, “husband provided” and “I provided the health care”.

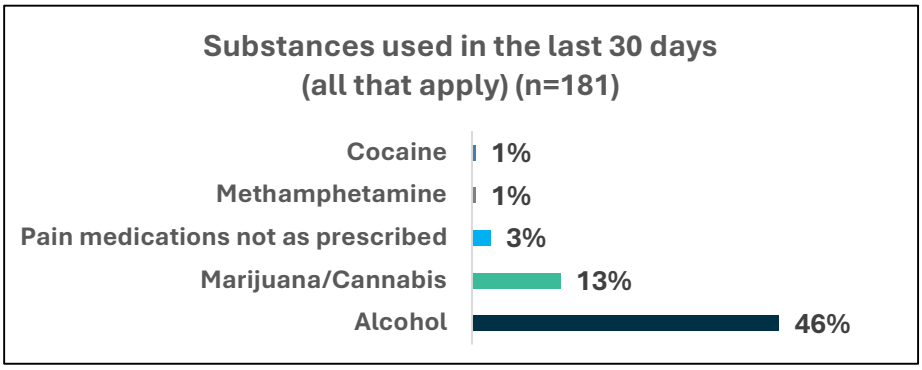
Of those that needed support with activities of daily living (19), 15 responded, with less than a third able to find a provider and 40% unable to find a provider. 13% reported they could not afford a provider and 20% reported providing the care themselves.





Substance Use

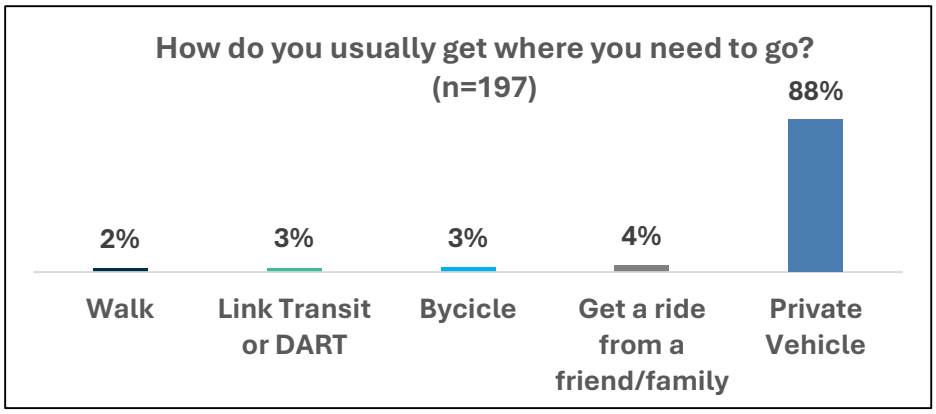
Respondents were asked if they were currently in treatment for substance use disorder (SUD) and 2 respondents (1%) affirmed that they were. 3 additional respondents (1.5%) indicated they are considering SUD treatment in the future.

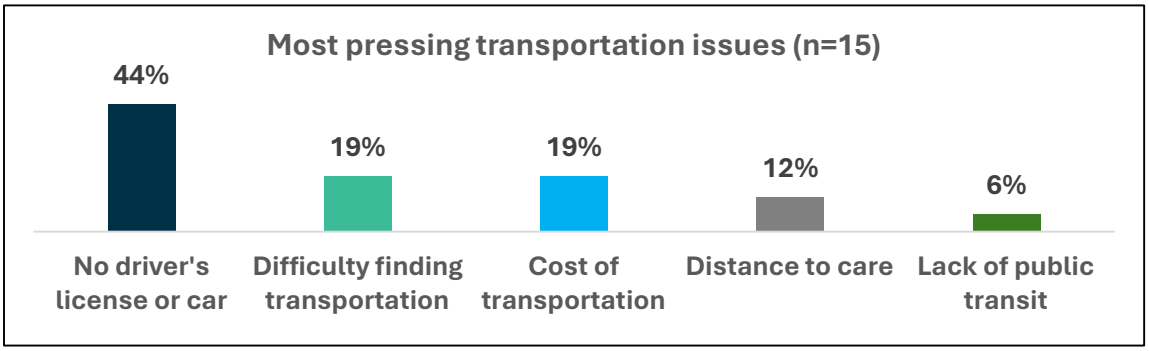


When asked what substances they had used in the last 30 days, 50% of respondents (n=181) had not used drugs or alcohol. Of those that had, alcohol was the leading substance at 46%, followed by marijuana (13%).

Transportation

Survey respondents were asked about transportation utilization and its impacts on care. 88% of those that answered (n=197) report using a private vehicle as the usual mode of transportation, with 12% using another form of transportation. Hispanic respondents (n=22) were more like to get a ride from friends/family, 18% versus 4% in the aggregate. While 8% of aggregate respondents (n=195) indicated they had to cancel or change an appointment due to transportation problems, that number rose to 29% for Hispanic respondents. Of those 15 respondents for whom transportation impacted access to care, the top issues with transportation were no driver's license or car, followed by the difficulty finding, or cost of, transportation.


How do you usually get where you need to go? (n=197)
2%
3%
3%
4%
88%
Walk
Link Transit or DART
Bycicle
Get a ride from a friend/family
Private Vehicle


Most pressing transportation issues (n=15)
44%
19%
19%
12%
6%
No driver's license or car
Difficulty finding transportation
Cost of transportation
Distance to care
Lack of public transit

Community Wellbeing

Asked what positively influences the wellbeing of our community, 116 respondents answered:

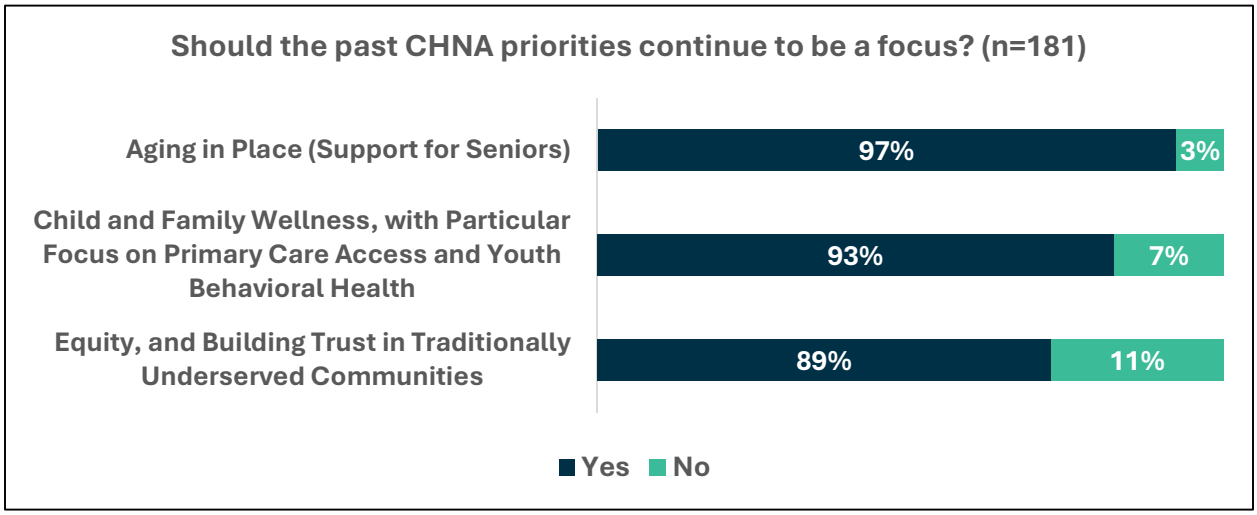


Asked what limits the wellbeing of our community, 118 respondents answered:


Lack
Healthcare
Health
Access
Service
Housing
Cost
Resource
Afford
Live
Limits
Lack of doctors
Insurance
Specialist
Community
Healthcare
Expenses
Population
Activities
Receive
Kids
Sick
Full
Internet
Clinic
Adult
Information
Together
Nurse
Staff
Sure
Testing
High
Available
Current
Legal
People
Loneliness
Role
Travel
Haven't
Childcare
Mass
Pain
Low
Time
Deductible
Mental
Need
Well
Long
Having
Panel
Young
Skin
Education
Pay
Term
School
Folks
Pool
Form
Very
Spaces
Fear
Busy
Safe
Med
Computer
Crime
Colon
Support
Conditions
Poverty
Doc
Prices
Hate
Pesticides
Want
Small
Ems
Ability
Up
Enough
Home
Jobs
Turnover
Share
Portal
Number
Abuse
Patients
Far
Parking
Money
Shortage
Roads
Mess
Crazy
Days
Politics
Wait for specialty
Tourist
Social
Income
Challenge
Increase
Substance
Flare
Many
Today
Media
Believe
Medical
Program
Basic
Issue
Mayor
Phones
Supply
Lanes
Wetlands
Local
Alcoholism
Skin
Young
Panel
Understanding
Area
Shelter
Common
Drug
Atmosphere
Destruction
Outside
Transportation
Unique
Spanish
Scary
Benefits
Fonehound
Passenger
Unfamiliarity
Meet
Landed
Aging
Days
Trouble
Town
Served
Records
Residential
Inflation
Outlying
Caregiver
Lengthy
Lengths
Grounded
Foreclosures
Failure
Dictatorship
Procedures
Difficult
Readily
Remind
Disclosure
Correctly
Dealing
Walking paths
Framing
Status
Projects
Around
Much
Encourage
Quality
Things
Others
Together
Indoor
Remote
Sometimes
Charges
Physicians
Figures
Addiction
Touched
Including
Food
Primary
Good
Pair
Positive
Environment
Delay
Poor
Interest
Surgery
Giving
Provided
Major
Smoky
Inability
Agree
Older
Seem
Ignorance
Gather
Working
Commuting
Lanes
Wetlands
User
Traffic
Hospital
Professionals
Interpret
Help
Stress
Trashy
Financial
Scarce
Deductible
Alcoholism
Local
Having
Skin
Panel
Young
Understanding
Area
Mayor
Issue
Basic
Common
Program
Shelter
Medical
Believe
Benefits
Today
Media
Flare
Substance
Challenge
Increase
Income
Social
Tourist
Politics
Wait for specialty
Roads
Money
Parking
Share
Portal
Number
Abuse
Patients
Far
Specialist
Phones
Supply
Insurance

Community Priorities

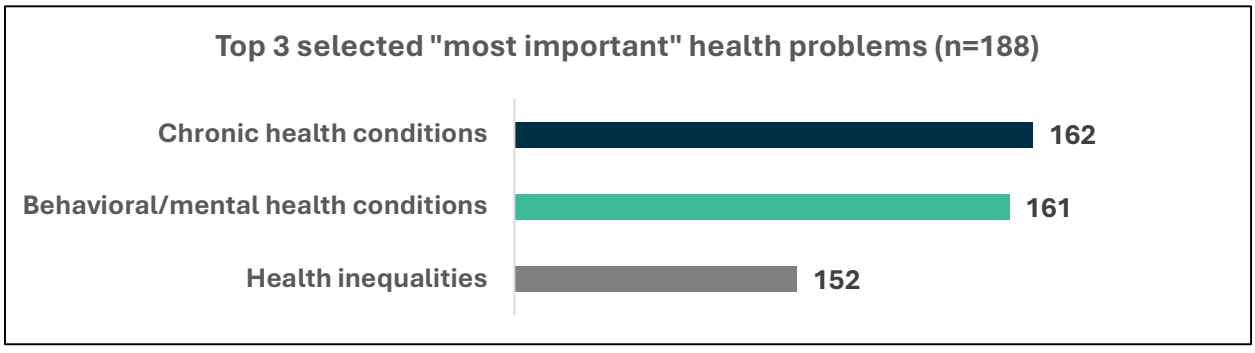
Of those that answered (n=181), support was high for continuing past priorities, especially Aging in Place (97%), and Child and Family Wellness (93%). This was equally true for 65+ and Hispanic respondents, though Equity was in the top spot at 95% for Hispanic respondents.



Health Problems Selection Options
Alcohol, Opioids, and Other Drug Use
Alzheimer's & Dementia
Chronic health conditions
Health inequalities
Behavioral/mental health conditions
Loneliness or no connection to community
Unhealthy behaviors in youth and adolescents

Respondents were then asked to rank the top three health problems in the community from the list provided. The problems selected most overall (at any ranking level) were: **Chronic Health Conditions**, **Behavioral & Mental Health**, and **Health Inequalities**. Substance Use/Abuse and Unhealthy Behaviors in Youth, both tied for 4th, each being selected 139 times.

The Hispanic response was largely the same, except that Unhealthy Behaviors in Youth was in 3rd, above Health Equity. The 65+ was also in line, with Alzheimer's & Dementia in 5th, after Substance Use/Abuse.



Respondents were also asked to select, and rank in order of importance, the factors that would help improve the health and quality of life in the community. Of 179 responses, the top factors selected were:

Most Selected Factors to Improve Community Wellbeing			
Rank	Total Responses (n=179)	Hispanic Responses (n=23)	65+ Responses (n=53)
#1	Access to healthcare	Affordable housing	Access to healthcare
#2	Affordable housing	Transportation	Affordable childcare
#3	Access to behavioral health services	Affordable childcare	Affordable housing
#4	Health insurance	Access to healthcare	School connectedness
#5	Affordable childcare	Services to support seniors	Services to support seniors

Some selected responses when prompted to think of other issues factors, not mentioned in the survey, that should be a focus moving forward:

- "My husband and I used to get our healthcare at Cascade, but became disappointed in the inability to get timely appointments and messages answered"
- "Partnering with LINK transit and/or Chelan County on bike paths that would connect loops around Leavenworth and surrounding areas."
- "More approachable mental healthcare providers."
- "Better parking so one doesn't have to walk so far."
- "Better and prompt billing; detailed statements."
- "Coordination with specialists, effectiveness of referral networks outside Cascade Medical."
- "A walk-in clinic, 5-6 days/week."
- "More specialty care."
- "Staffing; good interpersonal skills."

Listening Sessions

On April 28th and 29th, 2025, Cascade Medical convened listening sessions at several community locations to gather input and perspectives from community leaders and organizations that work directly in District communities. After reviewing the current 2022-2025 CHNA priorities, framing questions included:

- *What changes have you seen in the community related to these priorities?*
- *What are the greatest health-related needs or gaps you see in the mission population that you serve?*
- *From your organization's perspective, where are the opportunities to improve the community's health? What organizations need to be at the table to do that work? What are the obstacles?*

The sessions were attended by 10 community leaders representing:

- Cascade Medical
- Cascade EMS
- Cascade School District
- Upper Valley MEND

Asked to identify both areas of improvement and the highest needs for community health related to the 2022-2025 priorities, the following were named:

Positive Trends	Gap Areas
• Increased mental health support for youth through partnership between Cascade Medical and Cascade School District • Cascade Medical's continued support of community engagement in youth athletics by providing sports physical via the mobile clinic • EMS and Emergency services were frequently named as community assets and working well	• Difficulty accessing the primary care clinic (long hold times, transfers to voice mail, difficulty getting an appointment or establishing care) was a common theme • Establishment of the mobile clinic, while a positive trend, was frequently identified as a gap (for integration into schools, to support underserved residents, etc.) • Outmigration of Spanish speaking families to Wenatchee for care and a lack of bilingual support (staff, navigators, materials) • Lack of local resources for substance use/abuse

Participants were asked about the highest leverage opportunities to improve the community's health. Strong themes emerged from this discussion, recognized as follows:

Theme	Opportunities/Comments
Improve Healthcare Access & Unnecessary Outmigration	• Improved phone access to the clinic • Need for bilingual staff and resource material • Increased use of the mobile clinic (as a school-based health center resource, to engage underserved communities, etc.) • Need for Spanish-speaking community navigators, bilingual staff • Need for increased behavioral health services (particularly substance use/abuse) and dental services
Youth Support	• Mitigating outmigration of Spanish speaking families to CVHC/Wenatchee • Student's increasing needs for behavioral health support (particularly drug/alcohol prevention and treatment) • Need for a school district/Cascade liaison? • Integration of the mobile clinic as school-based health center?
Aging Support	• Lack of affordable housing options for seniors (assisted living, adult family homes, etc.)

Substance Use/Abuse	• Youth alcohol abuse • Lack of community-based resources (most in Wenatchee), dearth of prevention, assessment, treatment resources or services generally
Vital Conditions for Community	• Housing, especially assisted living, adult family homes • Loss of childcare, "childcare desert" • "Exponential" increases in need for food bank, groceries • Lack of transportation outside the city limits (disproportionate impact on underserved, Hispanic communities)

APPENDIX 1: 2023-2025 CHNA Implementation Plan Accomplishments

Focus Area	Tactic or Initiative	Timeline or Measure	Accomplishments 2023-2025
1a, 2a, 3a	Implement Team-Based Care	End of 2023	Implemented '23, Optimized '24-25
1a, 2a, 3a	Implement Hospitalist Program	End of 2023	Implemented July 2023
1a	Develop and Implement a Living Well Program	Implemented by end of 2025	Done
1a, 2a, 3a	Continue MA Apprenticeship Program	Continue through 2025	Done/Continuing
1a	Implement CNA Apprenticeship Program	End of 2023	Done/Continuing
1a, 1c, 3a	Continue Robust Student Preceptorship Programs	Continue through 2025	Continuing
1a	Build and Implement Robust Education Program Across the Organization	Implemented by end of 2025	Done/Continuing
1a, 3a	Utilize Consulting Pharmacy Resources for Prescription Refills	Implemented by end of 2023	Implemented
1b	Expand Telepsychiatry Referral Options	Continue through 2025	Not complete
1a, 1c, 3a, 3c	Explore Restarting School-Based Clinic	End of 2024	Behavioral Health & Primary Care offered w/ school district
2a	Explore Certification for CMS Swing Bed Program	End of 2023	Delayed exploration, not implemented
2a	Certify Telestroke Program	End of 2023	Done, certified mid-2023
2a	Implement Cardiac Rehab program	End of 2023	Done, implemented Jan 2024
1a, 2a, 2b, 3a, 3b, 3c	Optimize Utilization of Mobile Clinic	End of 2023 & continuing	Work continuing re: how to drive more volume/access there
1a, 2a, 2b, 2c, 3a	Finalize Mobile Integrated Health Needs Assessment and Implement Program	End of 2023 & continuing	MIH implemented 2024, optimizing in 2025
2c	Restart Chronic Care Management Program	End of 2023	Done
2c	Continue to Conduct and Grow Chronic Disease Group Classes	Continue through 2025	Done / continuing
3a, 3b	Develop and Implement Gender-Affirming Care Program	End of 2024	Done
3a, 3b, 3c	Continue Focused DEI Work and Participation in WSHA DEI Collaborative	Continue through 2025	Done, now focused on building access / equity for all patients
3a, 3b, 3c	Continue Partnership with UV MEND for Free Clinic	Continue through 2025	Continuing
3b, 3c	Expand Opportunities for Employment for Disabled Adults	End of 2023 & continuing	Continuing
3d	Implement Patient & Family Advisory Council	End of 2023 & continuing	Done, meets regularly

Focus Area	Tactic or Initiative	Timeline or Measure	Accomplishments 2023-2025
3a, 3b, 3c	Explore Options to Replace Translation Services Provider	End of 2023	Complete/Implemented
3a, 3b, 3c, 3d	Initiate Full External Communication Plan	End of 2023	Partially complete / improved from baseline
1a, 3a, 3b	Continued Focus on Dual Language Recruitment	Continue through 2025	Continuing
1a, 1c	Continue Free Sports Physicals Night with Vaccination Support	Continue through 2025	Continuing on annual basis
1a, 2a	Continue to Offer Drive Through Flu Shot Clinics	Continue through 2025	Continuing
2a, 2b, 2c, 2d	Explore IHI's Concept of an Age Friendly Health System	End of 2024	Not done
1a, 3a, 3b	Develop Expanded Hours for Clinic/Urgent Care Services	End of 2024	Urgent Care study showed not financially feasible; expanding Rural Health Clinic hours by end of 2025
2a, 2c, 3a	Explore Additional Service Line Expansion including for Wound Care, Infusion Services, and Outpatient Ultrasound	End of 2023 & continuing	Wound care and outpatient ultrasound launched 2024; Infusion services still being explored
2a, 2d, 1a	Implement OTAGO (Community Fall Prevention Program)	End of 2023	Regularly being offered
2a, 2d, 1a	Continue working with North Central Region Fall Prevention Coalition and host fall prevention education event	End of 2023 & continuing	Continuing work with the regional falls prevention group
1a, 2a, 2d, 3a, 3c	Explore transportation options, including but whether DART expansion is possible and understand possibilities about being able to bill for wheelchair van service.	End of 2025	No movement/success on transportation goals identified
1b	Continue peer support work	Continue through 2025	Peer support work continuing
1a, 1b, 3c	Provide behavioral health education to partner organizations' teams, to support their staff working through behavioral health emergencies.	End of 2023 & continuing	Behavioral health education provided to other organizations & continuing
2a, 2d	Provide Cognitive Pyramid training to Mountain Meadows	End of 2023	Done
3b, 3c	Broaden community events offerings	End of 2025	Expanded community events via expansion of CPR classes
1a, 1b, 2a, 2b, 3b	Explore offering behavioral health services in conjunction with the Mobile Clinic	End of 2025	We should have a plan for behavioral health in conjunction with mobile clinic by end of 2025 (in process)