CASCADE MEDICAL
PARTNERS IN YOUR HEALTH







2019 – 2021

Community Health Needs Assessment

Pending Adoption

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Executive Summary

Background

With the enactment of the federal Patient Protection and Affordable Care Act in 2010, not-for profit hospitals were required to develop a Community Health Needs Assessment (CHNA) once every three years. This report represents Chelan County Public Hospital District No. 1, Cascade Medical's third Community Health Needs Assessment (CHNA). Cascade Medical's previous CHNA was undertaken in 2016 in partnership with the Community Choice Healthcare Network (now known as Action Health Partners), Chelan-Douglas Health District, and Confluence Health, as well as a number of other rural regional providers. It culminated in a multi-county CHNA.

Cascade Medical embraces the CHNA process. We strive to understand the health needs of our community; as our community changes, our commitment is to change with it. For our 2019-2021 CHNA, we decided to focus on our individual district to better tailor our services to what is most needed.

Cascade Medical

Chelan County Public Hospital District No. 1, dba Cascade Medical, is a nonprofit, Critical Access Hospital (CAH) dedicated to caring for the health and well-being of the community. Our hospital district covers 1,200 square miles in North Central Washington, including the towns of Plain, Leavenworth, Peshastin and Dryden. The district includes approximately 9,000 residents and spans three zip codes: 98826, 98821, and 98847, plus a small portion of zip code 98815. In addition to those who reside within the district, Cascade Medical also supports the nearly two million tourists that come to our community each year.

Our mission statement speaks to our compassionate, inspired work: *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.*

2019 Community Health Needs Assessment Process—Community Voice

During the summer of 2019, Cascade Medical began primary data collection. Cascade Medical's main primary data collection methods were community stakeholder interviews and an online survey. Ten individuals and organizations were interviewed and another 44 completed the online survey.

Secondary data, including data from federal, state and regional level sources, was used to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the district. Cascade Medical used data collected and analyzed by the North Central Accountable Community of Health and reported in its 2018 Regional Health Needs Inventory (Inventory). This Inventory reflects the input and the expertise of the Chelan-Douglas Health District.

Priorities that emerged during the CHNA process include:

- **Child and Family Wellness**:
  - The following needs of the community were identified as primary concerns: adult and youth mental health, including substance abuse and opioid prescribing; childhood food insecurity, lack of affordable housing; barriers with access to care, including language, insurance, and service location; improved care coordination; lack of local pre- and postnatal care; and limited childcare options.
- **Aging in Place:**
  - Data shows that the hospital district is aging. Stakeholders described the challenges of active living for older adults, especially during winter months, and identified disparities affecting the older adult population; for example, high poverty rates in Leavenworth, and many seniors struggling to make ends meet, even while living above the Federal Poverty Guideline (FPG). The lack of community-based services for elderly who need additional support, such as assisted living, skilled nursing, and access to specialty care, were also identified.
- **Equity for Neighbors in Poverty and the Working Poor**
  - Our community members who live in poverty or are part of the working poor are particularly impacted by other challenges our community faces, such as lack of affordable housing, food insecurity, lack of adequate childcare options, lack of a robust public transportation system, and barriers to access other public supports, due to the rural nature of Cascade Medical's service area.

Introduction

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a process designed to collect data and engage the community in order to better understand the health needs of the community and to provide direction for providers (healthcare organizations, community hospitals, public health districts, and community organizations) to focus collaborative efforts. CHNAs are a federal requirement of not-for-profit hospitals under the Patient Protection and Affordable Care Act.

The CHNA process is undertaken every three years and includes input from community members, organizations, and health care providers. Consistent with federal requirements, this CHNA included specific steps: (1) collecting and taking into account input from public health experts, as well as community leaders and representatives of high-need populations; (2) identifying and prioritizing community health needs; and (3) making the CHNA report widely available to the public.

Prior Community Health Needs Assessment, 2016

In 2016, Cascade Medical collaborated with other organizations across North Central Washington to better understand the health needs of the region. North Central Washington includes Okanogan, Chelan, Douglas, and Grant counties.

At the beginning of the assessment process, it was agreed that the potential needs selected had to meet 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 health needs of the community prioritized in the Regional 2016 CHNA were:

- Behavioral Health Care Access
- Access to Health Care
- Education (percent of population with no high school diploma)
- Obesity

While these were the needs identified, Chelan County was the top performer in two of the four areas of focus (Education and Access to Health Care). Out of the four counties, Chelan County had the second highest rate of mental health care providers.

Cascade Medical took steps to address the areas of focus in the following ways:

- In 2017, integrated a behavioral health consultant as part of the primary care team. The behavioral health consultant is involved with group medical visits for diabetes and chronic pain. He has also partnered with Cascade School District to provide a community forum for suicide prevention, as well as on-site support for staff and students as needed.
- In 2018, hired an integrated social worker, who serves patients in the clinic and in the hospital acute care and swing bed programs. In 2019, she partnered with a local parent-teacher association to screen a film about resilience and ACES for community members, with a Q&A session afterward that addressed local behavioral health resources for children.
- Upgraded our mammography program to 3D equipment, which made this preventative screening accessible for local women whose breast density required 3D imaging.
- Parking lot improvements for better accessibility, as well as a new online patient portal for clinic patients that empowers them to securely communicate with their care team, review medical records and request prescription refills.
- Created more mobile screening and vaccination options, including an off-site community flu shot clinic, which resulted in 80 immunizations. We have also coordinated free sports physicals since 2016, which serves 120-150 students a year and collectively saved local families $3,600-$4,500 annually. In 2019, the event included immunizations.
- Increased awareness of our bilingual insurance navigator program and financial assistance program, including an on-site health insurance fair during open enrollment.
- Continued work with University of Washington School of Medicine to share expertise with third-year medical students. We expanded preceptorship opportunities to include physician assistants through the UW MEDEX Program. We also launched a job shadow program for high school students in partnership with Cascade School District in 2016.
- In 2018, began hosting interactive, medical career-focused tours of our facility for all first-graders at Cascade School District.
- In 2018, launched a community CPR outreach program. Cascade Medical EMTs taught CPR for every ninth-grader in Cascade School District, which fulfilled a graduation requirement. We also hosted two free community CPR trainings, which was attended by more than 60 people. We've conducted basic life support and stop-the-bleed trainings for local fire districts, sports coaches, search-and-rescue volunteers, and several private businesses.

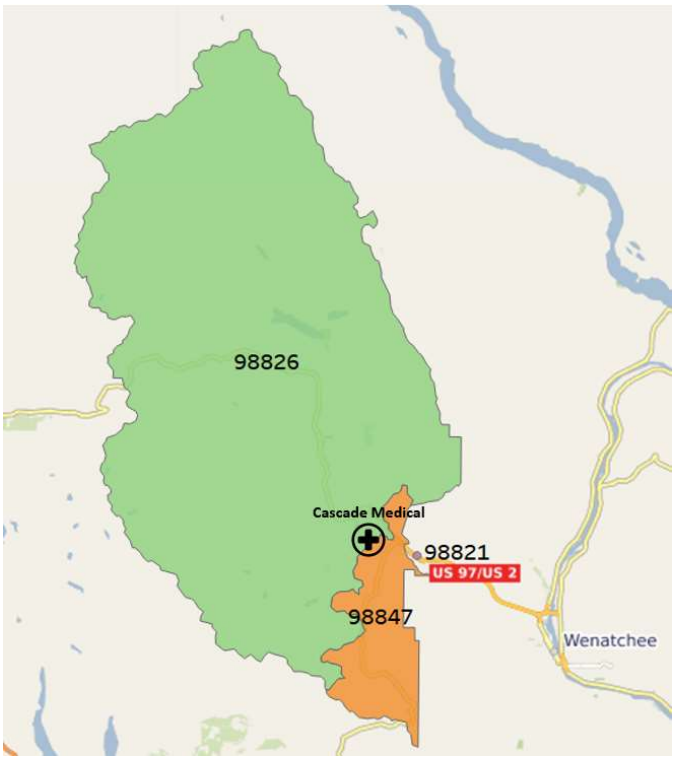
- Continued emphasis on increasing access to Spanish-speaking patients by hiring more bilingual staff and providing more Spanish-language resources. In 2018, we partnered with a local nonprofit regarding the development of a Spanish-language curriculum for medical providers and first responders.
- Regarding obesity, hired a full-time dietitian, who coordinates with our primary care team and our acute care/swing bed team.
- In 2019, launched a new pediatric occupational therapy and speech practice to fulfill a need in the community.

A Profile of Our Community

Service Area Definition

A key interest of the district's commissioners and leadership is to use the 2019 CHNA as an opportunity to "deep dive" into district-specific needs. Map 1 shows that the district encompasses three zip codes: 98826 (Leavenworth/Plain), 98821 (Dryden), and 98847 (Peshastin), as well as a small portion of 98815 (Cashmere)[1]. In order to better understand the needs of the community, the smallest reliable unit of data available for each topic was sourced. Throughout the CHNA different geographical units are used based on the available data: state, county, zip code, and block group.

Map 1: The hospital district



Block groups are a geographical unit used by the United States Census Bureau. They are the smallest geographical unit in which the bureau publishes data. Because block group data is comprised of small numbers, especially in rural areas, only data that could be reliably reported was considered. The next larger-size geographical units in ascending order are zip code, county (Chelan County), then state. State-level measures were mostly used as a reference for other measures.

Demographic Overview

As shown in Table 1, the district continues to grow and age, with the largest growth seen among the elderly (an increase of 40% between 2010 and 2019). In addition, with approximately 12% of the district of Hispanic/Latino origin, this population is growing faster than the district as a whole.

[1] According to the public hospital district by zip code information retained from OFM, only 8.2% of the Cashmere (98815) zip code boundary is within the district boundary.

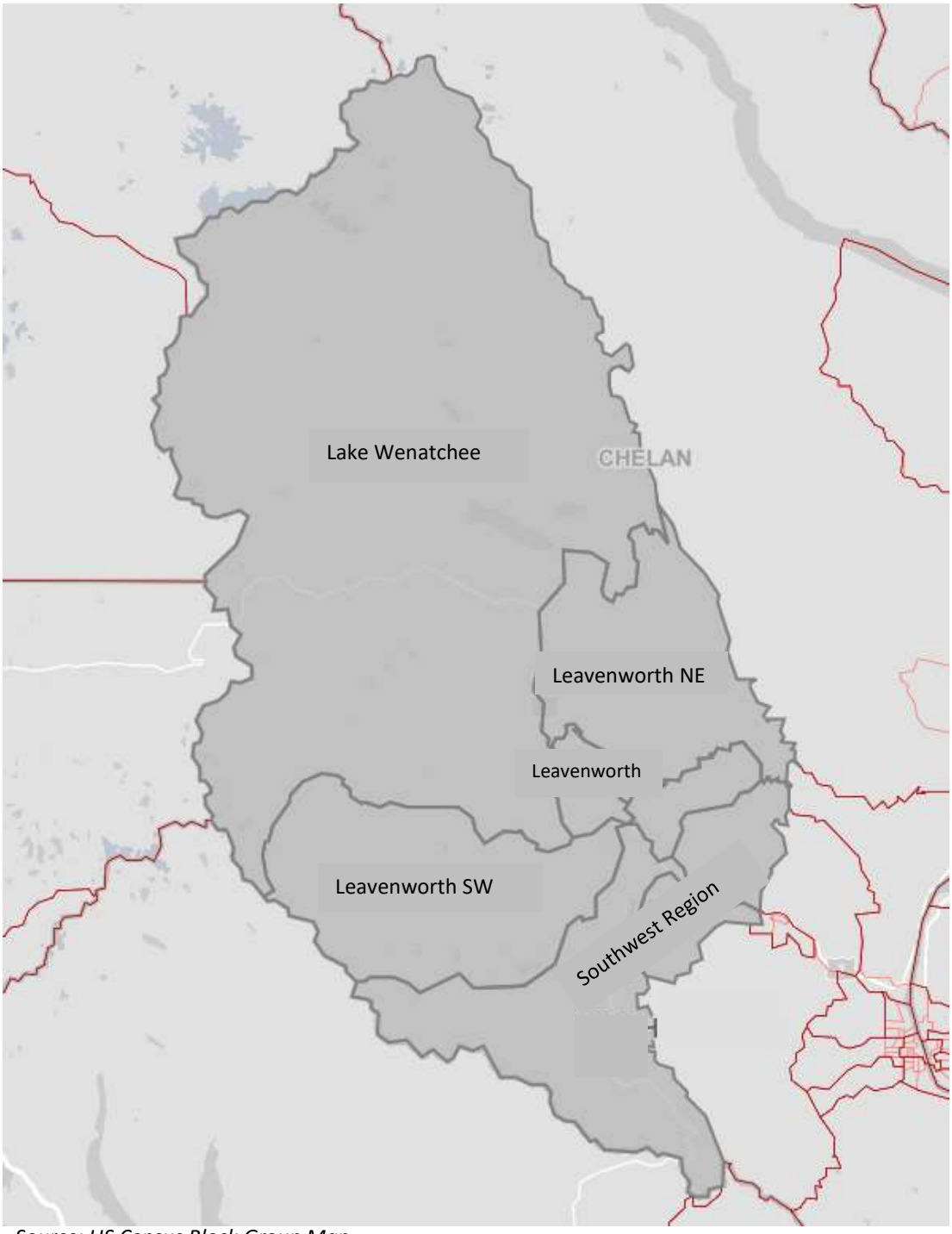
Table 1: Hospital District Demographic Changes Over Time, 2010-2024

	2010	% of Total Pop.	2019 Estimate	% of Total Pop.	% Change 2010 2019	2024 Projections	% of Total Pop.	% Change 2019 2024
Tot. Pop.	8,937	100.0%	9,540	100.0%	6.8%	9,983	100.0%	4.6%
Pop. By Age								
0-17	1,817	20.3%	1,753	18.4%	-3.5%	1,781	17.8%	1.6%
18-44	2,467	27.6%	2,659	27.9%	7.8%	2,829	28.3%	6.4%
45-64	2,962	33.1%	2,750	28.8%	-7.1%	2,569	25.7%	-6.6%
65-74	1,004	11.2%	1,521	15.9%	51.5%	1,871	18.7%	23.0%
75-84	488	5.5%	640	6.7%	31.3%	685	6.9%	7.0%
85+	200	2.2%	217	2.3%	8.5%	248	2.5%	14.3%
Tot. 0-64	7,245	81.1%	7,163	75.1%	-1.1%	7,179	71.9%	0.2%
Tot. 65 +	1,692	18.9%	2,378	24.9%	40.6%	2,804	28.1%	17.9%
Hispanic	1,027	11.5%	1,110	11.6%	8.0%	1,182	11.8%	6.5%
Fem. 15-44	1,382	15.5%	1,462	15.3%	5.8%	1,543	15.5%	5.5%

Source: Nielsen Claritas, zip codes 98826, 98847, 98821 and part of 98815

As part of the CHNA process, additional analysis was conducted by using the census blocks as a baseline. The district is comprised of eight census block groups. To increase the reliability of the data, the census block groups for the Peshastin and Dryden were combined; resulting in a total of five census block groups.

Map 2: Hospital District Block Group Map[2]



Source: US Census Block Group Map

[2] The specific census block groups are as follows: Lake Wenatchee: 530079602001, Leavenworth NE: 530079602003, Leavenworth: 530079602004, Leavenworth SW: 530079602002, the Southwest Region includes the towns of Dryden and Peshastin: 530079605001, 530079605005, 530079605002, 530079605006

As Table 2 demonstrates, the defined Leavenworth block group contains nearly 30% of the district's population. The data also suggests that the defined southeast region (Peshastin-Dryden) is younger, has a larger percentage of Hispanic/Latino population, has lower levels of owner-occupied homes, and has high rates of people who own no vehicles.

Table 2: Hospital District Block Group and Overall Demographics, 2019 estimates

	SW Leavenworth (Icicle Valley)	Lake Wenatchee	Leavenworth	NE Leavenworth (Chumstick Highway)	Southeast Region (Peshastin Dryden)	District Total
Total Population	1,383	1,935	2,985	1,825	1,023	9,151
Hispanic or Latino	6%	3%	9%	4%	27%	8%
Age 65 and over	29%	29%	25%	27%	18%	26%
No Vehicles	8%	5%	9%	4%	8%	7%
Owner Occupied	72%	81%	68%	82%	66%	74%
Renter Occupied	28%	19%	32%	18%	34%	26%

Source: Nielsen Claritas

Community Health Needs Assessment Methodology

Cascade Medical's CHNA process included both primary and secondary data collection. Primary data, collected directly from a source, was captured by interviewing and surveying community stakeholders. Secondary data, data gathered and organized for use by others, came from various state and federal organizations.

In determining priorities, Cascade Medical utilized the framing methodology summarized below, which was developed by the Center for Disease Control and the National Association of County Health and City Health Officials.

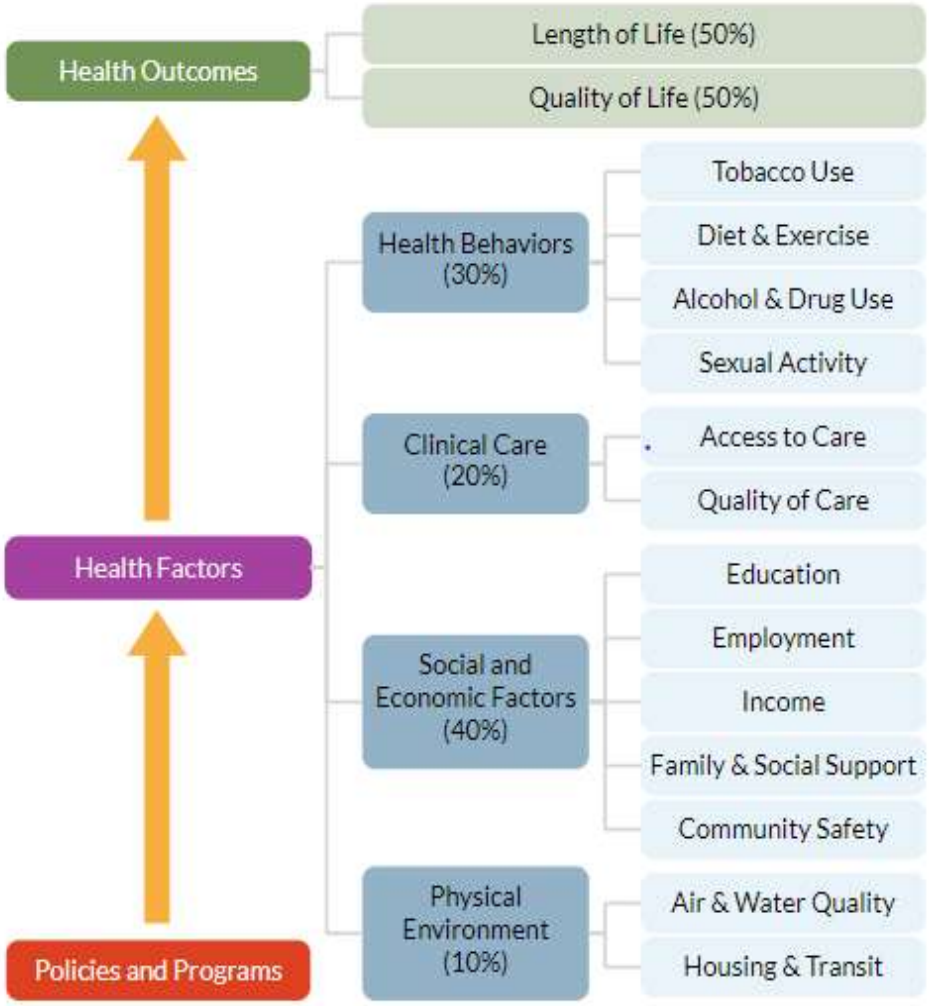
Framing Factor	Factor Question
Size	How many people are affected? Compared to other issues is it a large or small number or percent of the population?
Seriousness	Deaths, hospitalizations, disability
Trends	Is it getting worse or better?
Equity	Are some groups affected more?
Intervention	Is there a primary prevention, secondary prevention, or clinical intervention proven strategy?
Values	Does our community care about it?
Resources	Do we have funds, human capital, community will and other necessary resources to tackle some or all of the issue?
Social Determinants	Root causes?
Builds on Current Work	If we were to take on this issue, would the interventions build upon work that is already happening so that resources are efficiently used?
Others?	Where should the hospital lead, where should it partner, and where should it simply advocate?

Source: CDC and the National Association of County Health and City Health Officials

What Influences Health?

When evaluating community needs, it is important to remember that clinical care is just one element impacting a person's health. The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute publishes an annual report of health data for every county in the United States. In order to demonstrate the impact of factors influencing health, the Robert Wood Johnson Foundation (RWJF) model in Figure 2 was used.

Figure 2: RWJF Health Model



As identified in Figure 2, clinical care makes up only 20% of the factors influencing health outcomes. The other health factors impacting the length and quality of life include health behaviors, social and economic factors, and physical environment. It is critical to evaluate and work to influence each of these modifiable health factors.

Chelan County RWJF Rankings

The data in Table 3 tracks Chelan County's progress on the RWJF's metrics when ranked in comparison to the other 38 counties in Washington. In terms of the composite "health factors" score (including clinical care, health behaviors, and social and economic factors), Chelan County has worsened over time.

Table 3: Chelan County Health Rankings 2011-2019

Name	*Measure*	*'11*	*'12*	*'13*	*'14*	*'15*	*'16*	*'17*	*'18*	*'19*	*Ranking Change 11 19*
Health Outcomes	Morbidity and mortality	**7**	**7**	**8**	**7**	**13**	**16**	**17**	**10**	**7**	**0**
Length of Life	Premature death	7	5	5	5	16	16	17	12	6	1
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birthweight	10	9	19	12	9	18	22	10	11	-1
Health Factors	(composite of factors below: Clinical Care, Health Behaviors, and Social & Economic Factors)	**5**	**11**	**7**	**11**	**9**	**12**	**6**	**8**	**10**	**5**
Clinical Care	Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings	5	5	4	10	2	2	3	3	10	-5
Health Behaviors	Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, chlamydia, teen birth rate	6	7	6	4	5	7	6	10	8	-2
Social and Economic Factors	High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support	13	19	18	21	17	16	13	16	15	-2

Source: RWJF County Health Rankings

Health Factors: Health Behaviors

What are Health Behaviors?

Health behaviors are actions individuals take that affect their health. They 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, excessive alcohol intake, and risky sexual behavior.

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

Education and income directly influence individuals' ability to live healthily. For example, white collar workers are more likely than other groups to have excess income to spend on gym memberships and fresh food. Addressing health behaviors at the community level requires considering strategies to ensure that all neighbors, regardless of income, can access nutritious food, safe spaces to be physically active, and supports for healthy choices.

Food Insecurity

Lacking consistent access to a nutritious, balanced, sufficient amount of food is called "Food Insecurity," and it is related to negative health outcomes, such as weight gain and premature mortality. In addition, measuring consistent food availability in the past year, the food insecurity metric also assesses intake of balanced meals with adequate macronutrient variety.

In Chelan County and Washington State, nearly 1 in 5 children are food insecure. When it comes to food insecurity in the overall population (children, adults, and seniors combined), Chelan County has lower rates of food insecurity than Washington State (9.5% in Chelan County; 12% in Washington State). Much of the hospital district's geography is defined as a food desert, where it is inconvenient and difficult to access groceries and other foods (to be discussed further in the Physical Environment section of this CHNA).

Washington State's Supplemental Nutrition Assistance Program (SNAP) provides monthly benefits to low-income individuals to buy food and combat food insecurity. The eligibility requirements for SNAP involve gross and net monthly income and are different from the poverty determination.

Many Chelan County families live above the poverty line but are unable to afford a basic household budget (ALICE families, further discussed in "Health Factors: Social and Economic Factors"). Children in these families are particularly vulnerable to the negative effects of hunger and poor school outcomes from hunger-related stress and discomfort.

Table 4: Food Related Indicators

	Washington State	Chelan County
Child Food Insecurity Rate	18%	18%
Overall Food Insecurity Rate	12%	10%
Percent of Population Eligible for SNAP	13%	10%
Food Environment Index*	8.1	8.5

Sources: Feeding America, US Census American Fact Finder, RWJF County Health Rankings
**index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) [RWJF, 2019]*

Physical Health/Activity

While the hospital district performs better than the state in key physical health indicators that contribute to sufficient physical activity (see Table 5), the community described barriers to year-round exercise. These barriers, occurring primarily in the winter season and especially for the elderly, include lack of well-maintained sidewalks and the lack of a covered pool.

Table 5: Physical Health Indicators

Indicators	Percentage	Geography	Better than WA	Equal to WA	Worse than WA
Adult obesity -*Percentage of adults who report a body mass index (BMI) greater than or equal to 30 kg/m2*	21%	The District	●		
	26%	Chelan County		●	
Diabetes - *Have you ever been told you have diabetes*?	7%	The District	●		
	9%	Chelan County	●		
High Blood Pressure -*Have you ever been told you have HBP*?	31%	The District	●		
	38%	Chelan County	●		

Sources: Washington Behavioral Risk Factor Surveillance System, RWJF County Health Rankings

Behavioral Health

Behavioral health includes both mental health conditions and substance abuse disorders. Behavioral health is an integral aspect of overall health, and one that is often overlooked at all levels of society, from individuals, to health systems, to society as a whole.

Data shows that Chelan County is similar to Washington state in several key behavioral health indicators, including poor mental health days, excessive drinking (includes binge and heavy drinking), and drug overdose deaths (see Table 6).

While it is a positive sign that adults in Chelan County are not doing worse than Washingtonians overall on these measures, the data show that nearly 1 in 5 Chelan County adults drinks heavily—enough to negatively impact their health and well-being and put them at risk for alcohol dependence.

Table 6: Behavioral Health Indicators

	Washington State	Chelan County
Poor Mental Health Days	3.8	3.8
Excessive Drinking	18%	19%
Drug Overdose Deaths (per 100,000 population)	15	11

Source: RWJF County Health Rankings

The National Institutes of Health (NIH) report that adolescents have the highest percent of any age cohort for anxiety and depression, as well as suicide being the second leading cause of death, for the same age cohort. Table 7 compares the hospital district to Chelan County on a number of behavioral health and substance use behaviors captured in either the Healthy Youth Survey or the CDC's Behavioral Health and Behavioral Risk Factor Surveillance System (BRFSS) survey.

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board. It is intended to provide important information about youth in Washington. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. Questions ask about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Table 7: Behavioral Health Indicators by Hospital District and Chelan County

Indicators	%	Geography	Better than WA	Equal to WA	Worse than WA
Youth who reported considering attempting suicide in the past 12 months (10th grade)	24%	The District			●
	22%	Chelan County	●		
Youth who reported smoking in the past 30 days (10th grade)	4%	The District		●	
	5%	Chelan County		●	
Youth who reported having consumed alcohol in the past 30 days (10th grade)	23%	The District		●	
	21%	Chelan County	●		
Adult poor mental health *-(Adults who reported that their mental health was "not good" between one and 30 days in the past 30 days)*	9%	The District		●	
	9%	Chelan County		●	
Smoking *-(Adult smoking is the percentage of the adult population who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime)*	9%	The District		●	
	11%	Chelan County		●	

Sources: Washington Healthy Youth Survey, Washington Behavioral Risk Factor Surveillance System, RWJF County Health Rankings

When looking at behavioral health indicators by grade level in the district, the data shows that each indicator has a unique pattern. For example, cigarette smoking peaked in the 12th grade, current marijuana use peaked in the 9th grade, and alcohol use peaked in the 10th grade. Mental health patterns also varied: considered attempting suicide rates peaked in the 9th grade, while depressive feelings peaked in 11th and 12th grades.

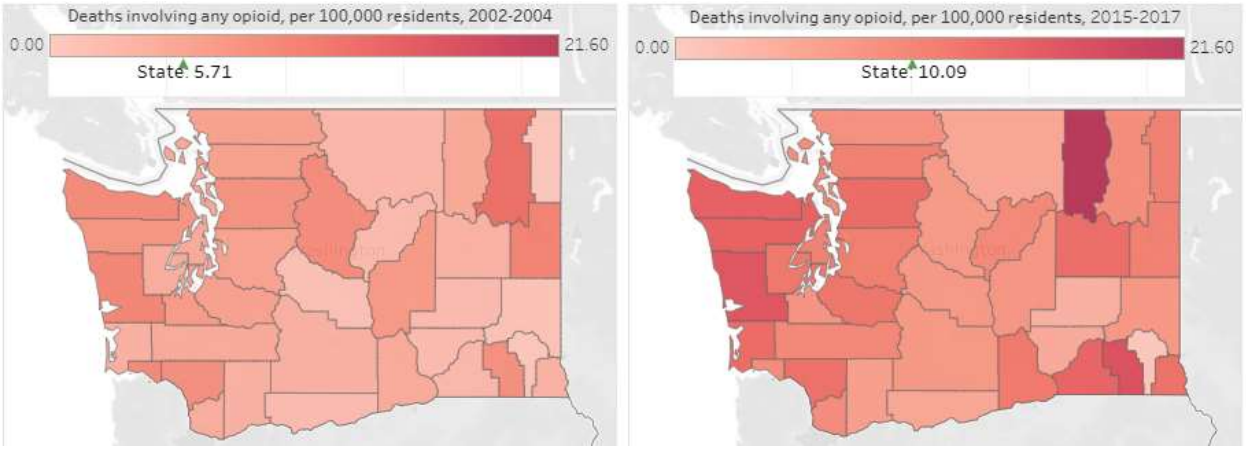
While adolescents have the highest rates of depression and anxiety, mental health needs among older adults are also pressing and often overlooked, sometimes due to generational differences in the perception of mental wellness. The CDC reports that "healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as something to be treated. Older adults themselves often share this belief and do not seek help because they don't understand that they could feel better with appropriate treatment."

Nationwide, depression rates for older adults range from under 1% to about 5%, and increase to 11.5% in older hospital patients, and to 13.5% among those who require home care support.

Opioid Epidemic

In the state of Washington, deaths involving any opioid, per 100,000 residents, was at 10.1 in 2015-2017. This is a 77% increase since 2002-2004. This trend is reversed in Chelan County, which has seen a drop in deaths involving any opioid by 21.4% in the same time period. Map 2 shows rates by county.

Map 2: Rate of Death Attributed to any Opiate by County



Sources: University of Washington Alcohol & Drug Abuse Institute

While Chelan County has benefited from the drop in opioid-related mortality, the county has consistently had a higher opioid prescription rate than the state overall. In 2018, Chelan County had an opioid prescription rate 5.1% higher than the state. Lowering the opioid prescription rate and putting in measures to reduce opioid mortality will benefit the Chelan County community.

Health Factors: Clinical Care

Access to affordable, quality, and timely health care can prevent disease by detecting and addressing health concerns early. Understanding clinical care in our community helps us understand how we might improve the health of our neighbors.

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

Despite these advances, nationally, many individuals do not have access to a primary care provider and nearly 30 million Americans remain without health insurance, generally considered the doorway to quality health care. In Washington state, the Affordable Care Act (ACA) has led to a sharp decrease in the percentage of people who are uninsured. In 2013, about 14% of Washingtonians were uninsured; once the ACA took effect, the rates dropped to 8.2% in 2014, and then to 5.4% in 2016, which was expected to be about the same in 2017. In Chelan County, there was a 64% decrease in uninsured between 2013 and 2016, with rates in 2013 at 17.2%, and 6.1% in 2016. The national rate dropped to about 8.6% uninsured in the same time.

Even among individuals with health insurance, there are many barriers to accessing health care: high deductible costs, language barriers, long distance to a provider, or lack of specialists in their geographic area or health network. 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.

What is included in Clinical Care measures?

Clinical care includes what people view as traditional medicine: primary care providers, vaccines, screenings, etc. Access to these services means making sure all people can get these services in convenient, timely, and affordable ways. There are many barriers to accessing health services, from financial to geographic limitations. In order to understand access to clinical care there is a wide range of factors to consider: health of the community, provider ratios, health insurance rates, and socioeconomic factors.

According to Table 8 (p. 21), residents of Chelan County and Washington state report similar numbers of poor or fair overall health days and poor physical health days, indicating they may have similar access to care. Even with the significant increase in those with health insurance, Chelan County still lags behind the state in health insurance rates. With medical costs contributing to roughly two-thirds of all personal bankruptcy cases in the US, being uninsured puts additional strain on low-income households.

Table 8: Clinical Access Measures

	Washington	Chelan County
Poor or Fair Health	14%	14%
Poor Physical Health Days	3.7	3.7
Uninsured	7%	10%
Uninsured Adults	8%	12%
Uninsured Children (under 19 years)	4%	3%

Sources: RWJF County Health Rankings, US Census

Maternal health appears better in the hospital district compared to the state, but the rates of gestational diabetes in Chelan County are higher than Washington, indicating that proper prenatal care is vital to Chelan County women and infants. Local access to prenatal services reduces out-of-pocket costs and transportation barriers for rural patients. When care is not local, we know that travel to services can and does result in delayed initial prenatal care visits, missed return visits, and late identification of obstetric complications. In Washington, where the Medicaid program currently pays for obstetric care only in a bundle at the delivery hospital, challenges exist in rural communities like ours that don't deliver babies locally. A focus on more providers being supported to manage prenatal and postnatal care locally will result in improved outcomes, and reduced stress, financial costs and transportation barriers.

Table 9: Maternal Health Indicators

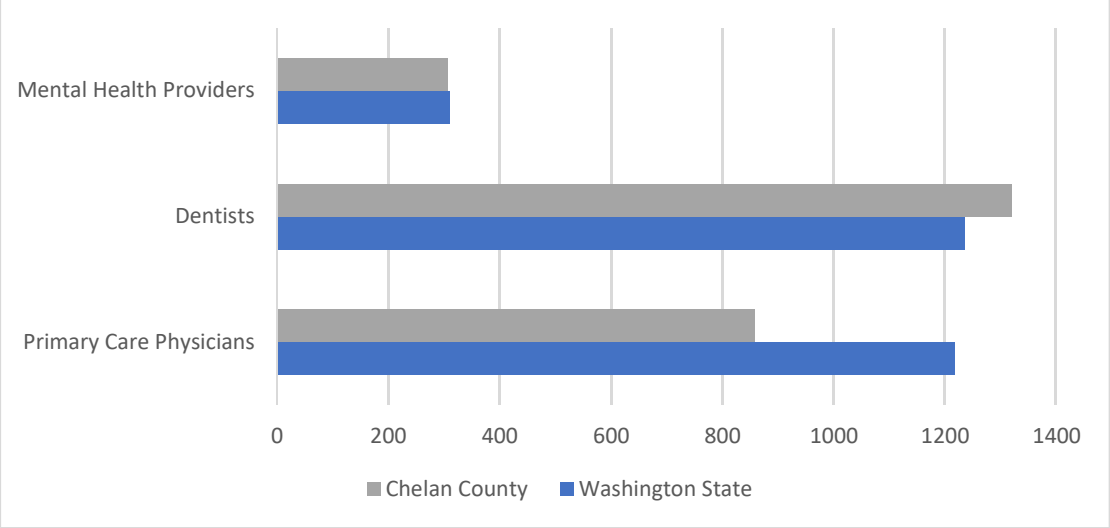
	Washington	Chelan County	District
Underweight at Birth – less than 2,500 grams	6.6%	5.7%	4.1%
Preterm births – babies born at less than 37 weeks of gestation	8.3%	8.4%	5.6%
Mothers with gestational diabetes	8.5%	9.5%	*

**data not available*

Source: Washington Vital Statistics

While uninsured rates are high for Chelan County, the county does well in a key component of access to health care: the ratio of primary care physicians to population. Washington has a ratio of 1,218:1, whereas Chelan County has a ratio of 858:1, meaning there are more primary care physicians in Chelan County per capita than the state. Having more physicians per capita improves access to primary care and lessens a community's reliance on emergency services. Figure 3 shows that Chelan County is on par with the state regarding the mental health provider ratio and is slightly worse than the state in the dentist to population ratio.

Figure 3: Ratio of Population to Healthcare Providers



Source: RWJF County Health Rankings

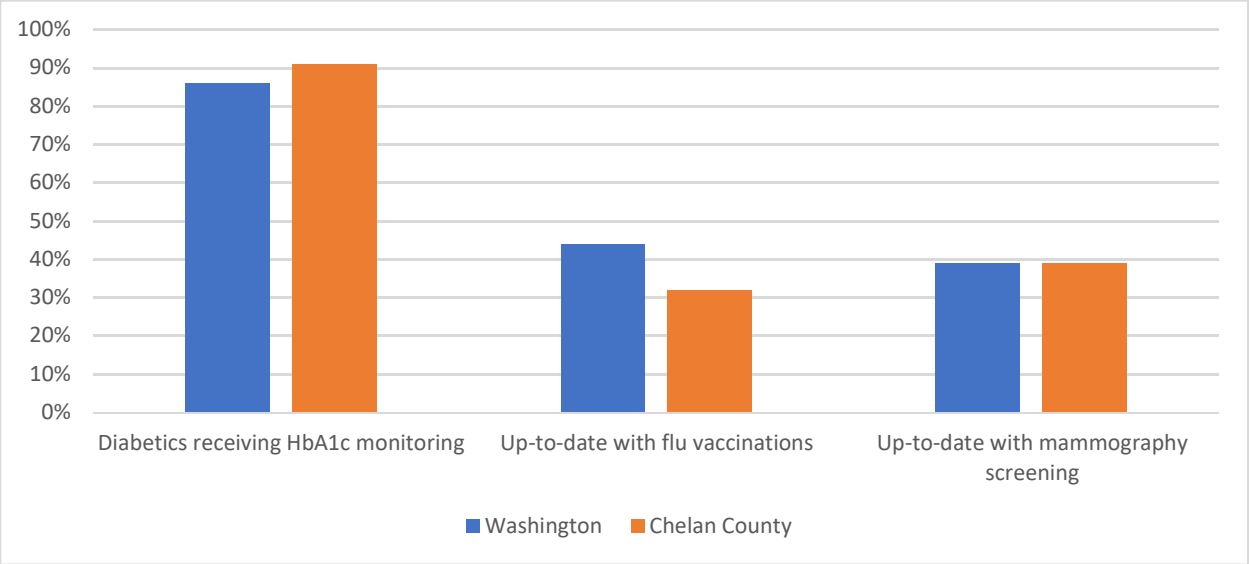
Preventive Care

Key markers of access to health care in a community are the rates of preventive screenings and vaccines. Getting vaccinated prevents many life-threatening illnesses from ever occurring, and preventive screenings catch disease processes early so that treatments are more effective.

Chelan County has the same rate of mammography screenings as the state (39%) and exceeds the state rate for diabetic monitoring. However, disparities arise in these rates when broken down by race. Among Medicare recipients in Chelan County, white residents are more likely than Hispanic/Latina residents to have an up-to-date mammogram (40% versus 34%).

Yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised, and vaccines prevent people from getting severe flu. Despite the importance of the flu vaccine, especially in an area with many seniors, less than a third of Chelan County fee-for-service Medicare recipients are vaccinated against the flu, compared with 44% of Washington state fee-for-service Medicare recipients. Significant racial/ethnic disparities in flu vaccination exist, with only a quarter of Hispanic/Latino residents have gotten a flu vaccine, compared with 32% of white residents.

Figure 4: Proportion of Medicare enrollees receiving appropriate preventive care



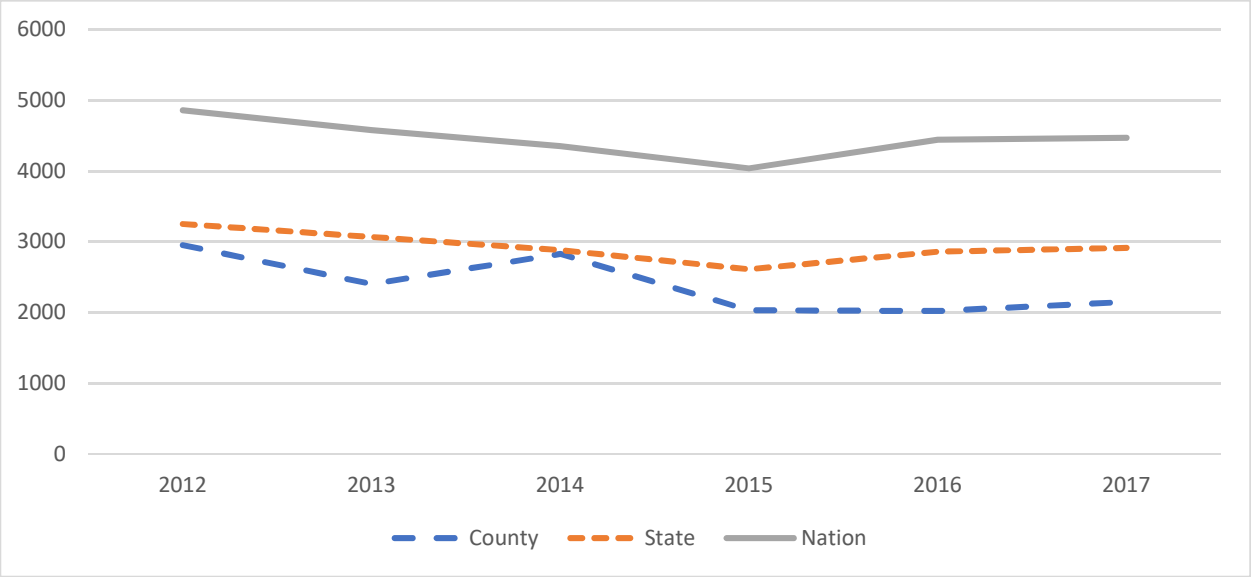
Source: RWJF County Health Rankings

In Chelan County, 64% of 18-35-month-olds are up to date on immunizations, compared to 59% of 18-35-month-olds in Washington state overall. Increasing efforts to improve immunization compliance at all ages will help safeguard Chelan County's most vulnerable members.

Preventable Hospital Stays

One measure to understand preventable hospital stays is the rate of hospitalizations for ambulatory care sensitive conditions (ACSC), which are conditions treatable in outpatient settings. Hospitalizations for these conditions, including diabetes and asthma, suggests inadequate care and management of these conditions in outpatient settings. This measure can also signify an overuse of hospitals as a main source of care. Hospitalization rates for ambulatory care sensitive conditions are often used as a proxy measure of access to primary health care in a community.

Figure 5: Prevention Quality Indicators (per 100,000 Medicare beneficiaries, per year)



Source: RWJF County Health Rankings

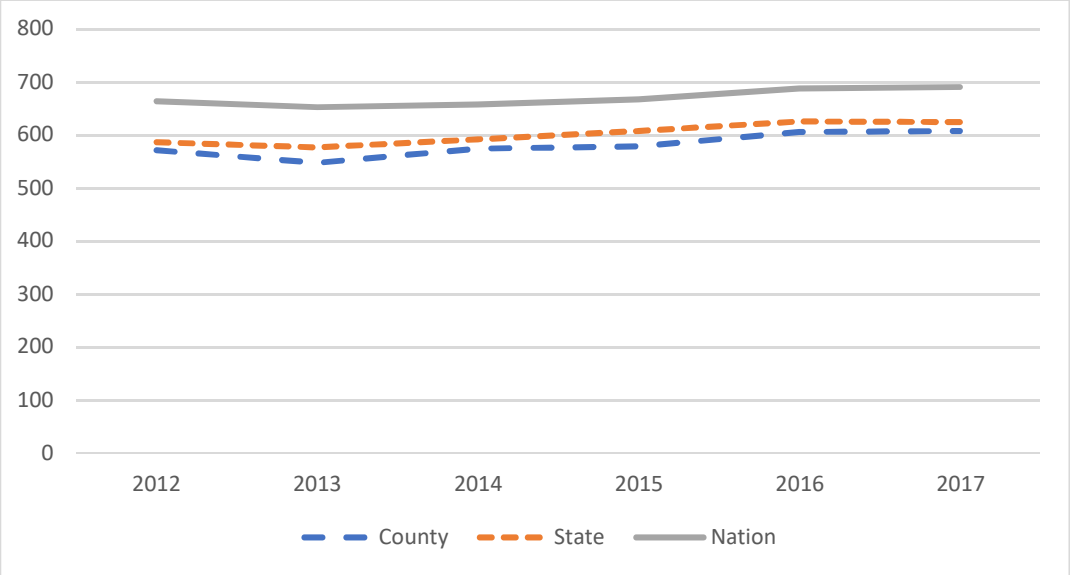
Prevention Quality Indicators, or PQIs, are used to identify ambulatory care sensitive conditions. These are conditions that, with good outpatient care, should not require hospitalization. For all PQIs Chelan County is below both the state and national levels in 2017, meaning that it has fewer hospitalizations for ambulatory care sensitive conditions (ACSC) than the rate at the state and national level. This 2017 number shows the continuance of trends across all levels, as Chelan County remains lower than the state and national rates over time. When broken down further by age group, Chelan County continues to have fewer hospitalizations for ACSCs, indicating that Chelan County is doing better than the state and nation at treating these conditions outside of the hospital settings.

Emergency department (ED) visit rates is another measure that sheds light on the healthcare utilization of an area. Many people use the emergency department as a means of primary care. Nationwide, in 2016, only 8.7% of ED visits resulted in a hospital admission and 39% of patients were seen in fewer than 15 minutes.

Among Medicare recipients, Chelan County has a lower rate of ED visits than the state or nation, suggesting that Chelan residents receive appropriate outpatient care (Figure 6). This remains true for several age cohorts among older adults (<64, 65-74, 75-84), except for the age group of 85+. Chelan County's ED visit rate for residents aged 85+ is higher than both the state and national rates, suggesting that injury (e.g. falls) prevention services for very elderly may be lacking in Chelan County.

From 2016-2018, 22% of all patients seen in the Cascade Medical Emergency Department were aged 65 years and older, though people aged 65 and older comprise 28% of the Cascade Medical service area. It is possible that patients aged 65 and older comprise a relatively low percentage of ED visit rates because the most ill elderly leave the Cascade Medical service area in order to access skilled nursing facilities and other important supports for aging.

Figure 6: Emergency Department Visit Rate (per 1,000 beneficiaries, per year)



Source: Centers for Medicare & Medicaid Services "Mapping Medicare

Health Factors: Social and Economic Factors

What are Social and Economic Factors?

Social and economic factors, such as income, education, employment, community safety, and social supports significantly affect how well and how long we live. These factors affect our ability to make healthy choices and to afford medical care and housing.

Our basic social and economic supports—good schools, stable family-wage jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment limits 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 an even greater impact on health than many strategies traditionally associated with health improvement.

Poverty and ALICE Households

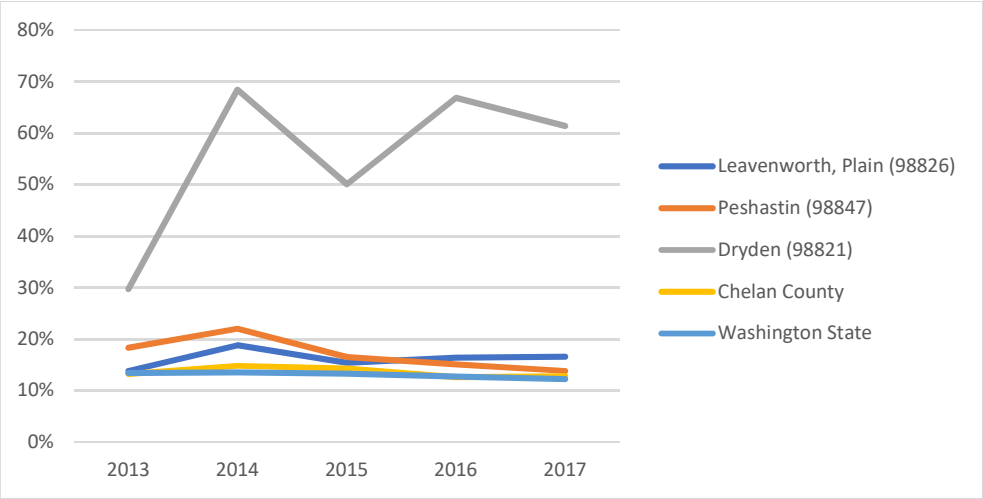
Poverty is defined by family size and income and is the primary measure of financial stability. However, many families living above the poverty line cannot make ends meet.

When looking at poverty across the district (Figure 7), the Dryden area has the highest rates of poverty over time. The Leavenworth/Plain area has seen a slight increase in poverty between 2013-2017. Conversely, the Peshastin area has seen a decrease in poverty rates between 2013-2017. When looking at poverty by age group, Dryden reports the highest poverty rate for the age 0-64 population in the district, at 64%. For the 65+ population, only Leavenworth has reliable data, which reports their 65+ poverty rate at 23%. This is significantly higher than the Leavenworth poverty rate for the 0-64-years old population, at 16%.

What is an ALICE Household?

ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE is a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare bones household budget. For far too many families, the cost of living outpaces what they earn. These households struggle to manage even their most basic needs housing, food, transportation, childcare, health care, and necessary technology. When funds run short, cash strapped households are forced to make impossible choices, such as deciding between quality childcare or paying the rent, filling a prescription or fixing the car.

Figure 7: Poverty Rates, 2013-2017



Source: US Census

Peshastin has the highest percentage of people who struggle to afford a bare-bones household budget (ALICE, at 37%). The Dryden community has the highest percentage of persons living in poverty, but no households qualify for the ALICE designation, demonstrating that in the Dryden community is polarized between poverty and living wages. Overall, Chelan County has a higher percentage of households in ALICE and poverty than the state and the nation.

In 2016, the United Way looked at how poverty and ALICE affect different age groups. In the state of Washington, the age groups that have the largest portion of ALICE households are under-25 and the over-65 age cohorts. The under-25 age cohort in Washington has an ALICE rate of 32%. The over-65 age cohort has a similar rate of 31%.

Figure 8: Poverty and ALICE rates

U.S Average	Chelan County	Washington State
•41% ALICE & Poverty	•45% ALICE & Poverty •Poverty 20% •ALICE 25%	•39% ALICE & Poverty •Poverty 12% •ALICE 27%

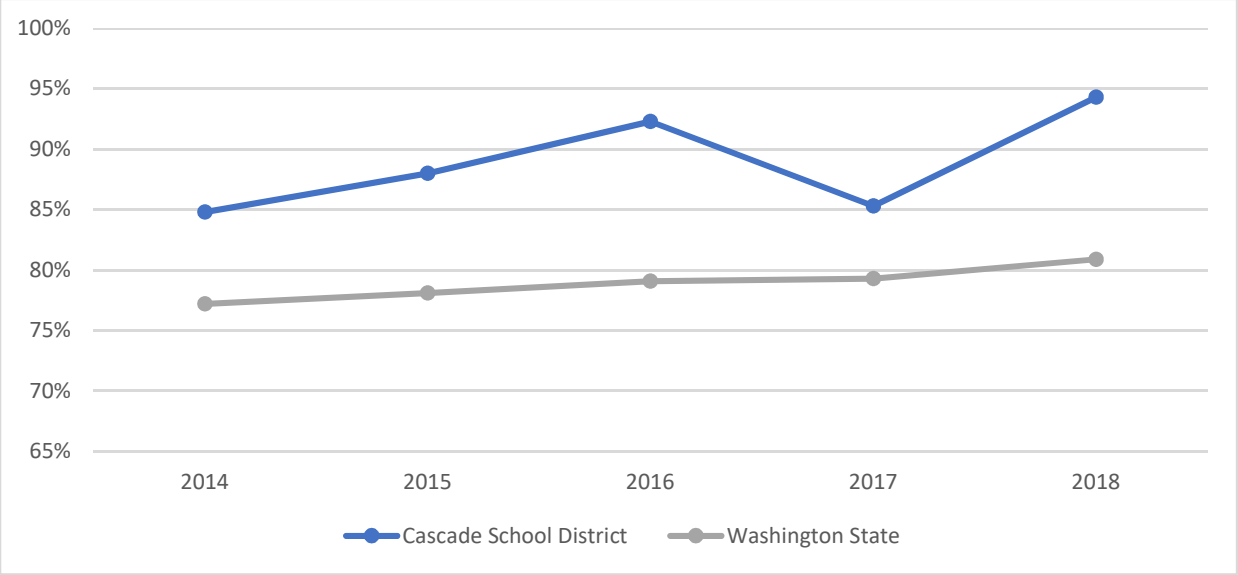
Peshastin (98847)	Dryden (98821)	Leavenworth/Plain (98826)
•50% ALICE & Poverty •Poverty 12% •ALICE 37%	•64% ALICE & Poverty •Poverty 64% •ALICE 0%	•40% ALICE & Poverty •Poverty 18% •ALICE 22%

Source: United for ALICE, 2018

Education

High school graduation rates in the district have consistently been higher than the state average (Figure 9). Despite the overall strong graduation rates, there are disparities within the district: Dryden and Peshastin have higher rates of people with no high school diploma by age 25; in Dryden, nearly 1 in 5 adults lacks a high school diploma. Among areas in the district, Leavenworth has the highest rate of individuals with some college or a college degree.

Figure 9: Four-year Graduation Rates, Cascade School District and Washington State



Source: Washington Education & Research Data Center

Childcare

Childcare is a foundational necessity as most (74%-78%) families in the hospital district have both parents in the labor force. A childcare desert is any area with more than 50 children under age 5 that contains either no childcare providers or so few options that there are more than three times as many children as licensed childcare slots (Table 10). Sixty-three percent of people in Washington live in a childcare desert, and the hospital district qualifies as a childcare desert as well. This lack of resources causes financial and personal strain on households. Families often must resort to non-licensed childcare options, which leave children more vulnerable to poor care. The childcare capacity in the Leavenworth/Plain area can only accommodate 10% of the total number of children, whereas the Peshastin and Dryden area is similarly low, at 13%.

Table 10: Childcare Indicators

	Leavenworth/Plain	Peshastin, Dryden, and areas around Wenatchee
Percent of children with all parents in the labor force	78%	74%
Licensed Child Care Providers	2	3
Family childcare homes	1	2
Total childcare capacity	24	60
Population under age 5	248	472

Source: Center for American Progress

Physical Environment

How Does the Physical Environment Affect Health?

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environments can affect our ability and that of our families and neighbors to live long and healthy lives.

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

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

Our collective health and well-being depend on opportunity for everyone, yet across and within counties there are stark differences in the opportunities to live in safe, affordable homes, especially for people with low incomes and people of color.

Food Deserts

The United States Department of Agriculture measures food deserts, or areas with poor access to groceries, in terms of distance from the nearest supermarket. At 10 miles, the hospital district is categorized as “low access,” meaning that at least 500 people live farther than 10 miles from the nearest supermarket. This issue is then compounded by the hospital district being categorized as a low vehicle access area. This designation means that at least 100 people have no access to a vehicle and live more than a half-mile from the nearest supermarket. Lack of convenient, timely, and affordable access to balanced and healthy foods carries many mental and physical health risks, particularly for children.

Housing

While the ratio of people who are severely housing cost burdened in the district is lower than the state, the median rent has increased significantly faster than the state (Table 11).

Table 11: Housing Indicators

Indicators		Geography	Better than WA	Equal to WA	Worse than WA
Median Rent Trend (2018-2019) ***No rental data available for Peshastin or Dryden, but 2017 data shows no vacancies, which is an indicator for high rental rates.***	68% increase	Leavenworth			●
High Housing Cost Burdened ***Individuals who spend 30% or more of their income on housing. Numbers are too small to report for Dryden.***	25%	Leavenworth	●		
	33%	Peshastin		●	
	29%	Chelan County	●		
High Housing Cost Burdened, 0-64 years	27%	Chelan County	●		
High Housing Cost Burdened, 65+ years	30%	Chelan County	●		
Severe Housing Problems ***(Percentage of the population with at least 1 of 4 problems: overcrowding, lack of plumbing, lack of kitchen facilities, severe housing cost burden [50% or more of income to housing])***	17%	Chelan County		●	

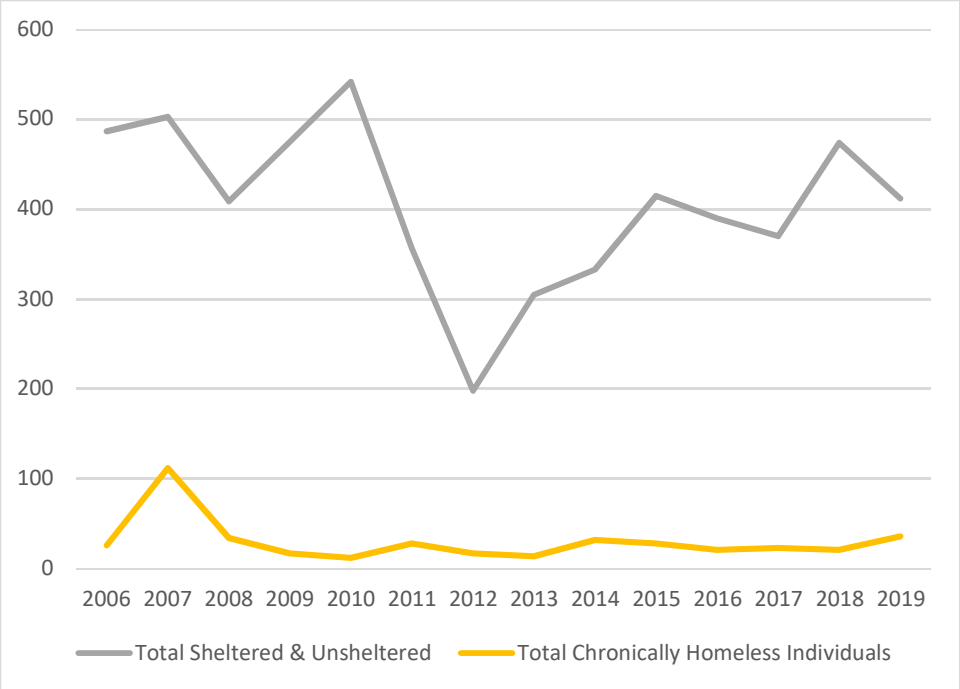
Source: US Census, RWJF County Health Rankings

Individuals 65 years and older bear a disproportionate share of housing burdens in the hospital district. Individuals aged 65 and over experience greater rates of high housing cost burden than those aged 0-64. Furthermore, there is an urgent lack of home health aids for community-dwelling older adults and a lack of assisted living facilities for those that need additional help with their activities of daily living. The single assisted living facility in the district has only 41 rooms, and only three adult family homes exist, with a total of 18 beds. There is no home health agency physically based in the hospital district, although there are several in Wenatchee that provide services. Finally, there are no adult daycare options in the hospital district.

Homelessness

Point-in-time counts are done every year to better understand the population of individuals who are experiencing chronic and acute homelessness. Up until 2019, the counties of Chelan and Douglas did a joint point-in-time count. Figure 10 shows the change over time in the number of people who are experiencing homelessness. In the 2018 combined measure, Chelan County made up 95% of the total sheltered and unsheltered homeless individuals and 100% of the chronically homeless individuals.

Figure 10: Chelan-Douglas Homelessness Point-in-Time Count, 2006-2019



Source: Washington Department of Commerce

In 2019, Chelan County did a solo point-in-time count (Table 12) identifying close to sheltered and unsheltered homeless individuals and 36 chronically homeless individuals in the county.

Table 12: 2019 Chelan County Point-in-Time Count

Total Sheltered	264
Total Unsheltered	127
Total Sheltered & Unsheltered	391
Total Chronically Homeless Individuals	36

Source: Washington Department of Commerce

Community Input and Prioritized Community Health Needs

Community Stakeholder Interviews/Surveys

Community stakeholder interviews and surveys were conducted during the CHNA process to help understand the perspective of the community and the perceived needs.

Respondents and interviewees were reminded of the four priorities from the 2016 CHNA and given a summary of community needs that "rose to the top" based on data, and then were asked to select the top three needs/improvements most important to the community from their perspective. They were also given the option to identify other issues not on the list. The list included:

- Child and family wellness
- Providing services in non-traditional settings, such as homes, schools, and the places where residents live, work, play and learn.
- Access to care
- Access to sufficient exercise options
- Access to mental health
- Obesity
- Graduation rates

Community Input

Dryden Community Church

Lake Wenatchee Fire and Rescue

Leavenworth Soccer Club

Cascade Medical Foundation

Cascade School District

Upper Valley MEND

In addition, 44 surveys completed.

Survey respondents identified the following areas as their top four:

1. Access to mental health
2. Child and family wellness
3. Access to care
4. Providing services in non-traditional settings such as in homes, schools, and the places where residents live, work, play and learn.

The community health needs identified by survey respondents align closely with those chosen by key informants in phone interviews:

1. Child and family wellness
2. Access to care
3. Move beyond the walls of the hospital and clinic into the community to meet people "where they are."

Community stakeholders specifically identified the importance of investigating further the needs of older adults.

After reviewing the primary and secondary data and after input from the community, Cascade Medical has identified three areas of focus for implementation strategies:

- **Child and Family Wellness**:
  - The following needs of the community were identified as primary concerns: adult and youth mental health, including substance abuse and opioid prescribing; childhood food insecurity, lack of affordable housing; barriers with access to care, including around language, insurance, and service location; improved care coordination; lack of local pre- and postnatal care; and limited childcare options.
- **Aging in Place:**
  - Due to the rapidly growing 65+ population in the hospital district, services to promote healthy aging were identified as high priorities for the community. Stakeholders described the challenges of active living for older adults, especially during winter months, and identified disparities affecting the older adult population; for example, high poverty rates in Leavenworth, and many seniors struggling to make ends meet, even while living above the Federal Poverty Guideline (FPG). The lack of community-based services for elderly needing additional support-such as assisted living, skilled nursing, and access to specialty care were also identified.
- **Equity for Neighbors in Poverty and the Working Poor**
  - The data for Cascade Medical's service area show that a high percentage of our community members live in poverty or are ALICE (working poor), and that non-white members of our community are more likely to live in poverty than white community members. Social and economic factors heavily impact community health and wellness. Our community members who live in poverty or are part of the working poor are particularly impacted by other challenges our community faces, such as lack of affordable housing, food insecurity, lack of adequate childcare options, lack of a robust public transportation system, and barriers to

access other public supports, due to the rural nature of Cascade Medical's service area.

When examining the fit between local community needs and the hospital's capabilities, Cascade strived to think broadly about the needs identified as well as how socioeconomic factors impact the lives of our community. Our areas of focus: Child and Family Wellness, Aging in Place, and Equity for Neighbors in Poverty and the Working Poor, will provide measurable benefit to the mental and physical well-being of our community, and in the long term may improve facets beyond those directly addressed in these priorities.

Implementation Plan

Consistent with 26 CFR § 1.501(r)-3, Cascade Medical must adopt an implementation strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by May 2020.

Prior to this date, the implementation plan will be presented to the Board of Commissioners for review. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as Cascade Medical's guidance for the next three years in prioritizing and decision-making regarding resources and will guide the development of an annual plan that operationalizes each initiative.

The implementation plan, which has been informed by community stakeholders, partners and our Board of Commissioners and medical staff, dovetails and supports Cascade Medical's three-year organizational strategic plan. Preliminary implementation strategies are outlined below:

Focus Area: Child and Family Wellness

Strategies:

- Develop an embedded clinic within the school district
- Establish primary care outreach in the outlying areas of the district, including in the Plain/Lake Wenatchee and Peshastin / Dryden areas
- Explore additional ways to move beyond the walls of the traditional hospital and clinic and into the community with mobile services and technology/telehealth
- Explore ability to offer pre- and post-natal care
- Ensure all front-facing forms and community communication are consistently dual language; establish structure to prioritize hiring dual language staff
- Implement a Patient and Family Engagement Council
- Explore region's interest in Blue Zones work and advocate for inclusion in that work
- Secure and affordable housing: participate in efforts to bring affordable housing to the community
- Participate in efforts to increase supply of affordable, quality childcare
- Deliver vaccination and sports physical clinics out in the community

- Explore development of pediatric occupational and speech therapy programs
- Continue to grow breadth of mental health services, including increasing screening rates in primary care and ED care for mental health and substance abuse disorders
- Support community development of structured gathering places, such as a community center
- Evaluate opioid prescribing practices among Cascade Medical providers for appropriateness/time horizon and consider provider and patient education around alternatives to opioids

Focus Area: Aging in Place

Strategies:

- Improve senior flu vaccination rate
- Develop a stroke program
- Enhance inpatient hospital services so we can take care of more community members at Cascade Medical rather than transporting them out of area for care
- Develop strategies to deliver care to the elderly in outlying areas, either through mobile services, telemedicine/technology, improved transportation or a combination of these strategies
- Ensure Cascade Medical is appropriately contracted to care for veterans
- Explore additional specialty outreach services to optimize local care for aging population
- Growth and standardization of an anti-coagulation clinic
- Understand impacts of isolation on seniors and develop plan to raise awareness or mitigate
- Perform a gap analysis on which services are lacking in our community which are necessary to grow a robust aging-in-place community and then develop strategies to begin to close gaps
- Support community development of structured gathering places, such as a community center

Focus Area: Poverty & the Working Poor

Strategies:

- Establish care presence in outlying areas
- Continue to develop insurance navigator services and deliver those resources out in the community as well as in our facility
- Continue to educate community members about Cascade Medical's Community Financial Support Services, including our commitment to care for everyone, regardless of their ability to pay
- Work with Upper Valley MEND to help Free Clinic patrons establish ongoing care with a Cascade Medical primary care provider, to improve continuity of care

- Educate the community about the high level of poverty and working poor in our community; other leaders are unaware of this challenge for so many our neighbors
- Participate in community efforts to increase availability of affordable housing
- Understand how Cascade Medical's lower wage pay scales may contribute to the numbers of working poor and explore strategies to mitigate
- Appropriately support efforts to enhance the economic development of areas of our hospital district
- Ensure the robust availability of social worker services, to better connect our community with supportive services
- Mindfully develop and grow connections with other community agencies with the purpose of establishing collaborative approaches to meeting community needs
- Support community development of structured gathering places, such as a community center

Community Assets/Strategic Partners

These entities are partners in our work to improve health and well-being in the hospital district.

Organization	Type	Description
Community Cupboard (MEND)	Food Security	Food bank
Das Thrift Haus (MEND)	Miscellaneous	Low-cost thrift store
SHARE Community Land Trust (MEND)	Housing Security	Affordable homeownership program that was established in 1998. It arose out of concern for the rising costs of homes and land in Leavenworth, WA. Currently SHARE stewards 20 homes in two neighborhoods - Alpine Heights and Aldea Village.
Cornerstone Community (MEND)	Housing Security	Mission Statement: To provide a loving home and gathering place for people with developmental disabilities.
Upper Valley Free Clinic (MEND)	Health	The Upper Valley Free Clinic provides free medical care and dental consultation at the Cascade Medical Center in Leavenworth.
Jubilee Global Gifts (MEND)	Fundraising	Jubilee Global Gifts is a non-profit Fair-Trade retail store selling hand-crafted items from around the developing world. All proceeds from Jubilee support Upper Valley MEND programs.
Leavenworth Shuttle & Taxi	Transportation	Local, family owned, complete shuttle services company that provides daily tax services; among other services.
The Pantry	Food Security	Primary focus is giving quality food to those who find themselves in difficult circumstances. We connect surplus food with people who can utilize it. Especially during the growing season, we have donations from area farms and gardens of fresh vegetables and fruit that are available for pick up for anyone!
Leavenworth Senior Center	Miscellaneous	Provide social support, walk-in legal clinics, and a variety of fun activities.
Mountain Meadows Senior Living Campus	Assisted Living Facility	Mountain Meadows Senior Living Campus includes the following basic services: lodging, laundry services, weekly housekeeping, well-balanced meals and snacks, 24-hour staff, nurse supervision, and utilities paid except for telephone. In addition to the included basics, Mountain Meadows Senior Living Campus offers enhanced care options that take your loved one's specific personal needs into detailed account. Our assessment process helps our community directors identify prospective residents' needs to ensure that your loved one receives only the care specific to them.

Coyote House	Assisted Living Facility	Coyote House, AFH is a dedicated residential program for Adults with Developmental Disabilities including Autism, Downs Syndrome, Microcephaly, and others. It is their vision to expand our residential program into an entire residential village for disabled adults.
North Central Regional Library - Leavenworth	Miscellaneous	Facilities include: Public Computers, Free Wireless Internet, Early Literacy Computers, Printers, Public Restrooms
North Central Regional Library – Peshastin/Dryden	Miscellaneous	Facilities include: Public Computers, Free Wireless Internet, Early Literacy Computers, Printer, Public Restrooms
Cascade Mountain Bible Church	Faith Organization	
Dryden Community Church	Faith Organization	
Leavenworth Church of the Nazarene	Faith Organization	
Leavenworth United Methodist Church	Faith Organization	BackPack Mission: feed hungry school children over the weekend when they wouldn't be receiving meals through the schools' "Free and Reduced Lunch" program.
Light in the Valley Church	Faith Organization	
Mid-Valley Baptist Church	Faith Organization	
Senior Best	Senior Services	Provides respite care, home visits, among many other services. Can be contacted at 509-668-7423
School Services	Cascade School District	
Upper Valley Cares	Mental Health Services	Offers free teletherapy throughout the area.
City of Chelan	Affordable Housing	
County of Chelan	Affordable Housing	
Major employers	Outreach	Wal-Mart, Blue Bird, Chelan Fruit Co-op, etc.

Out-of-District Assets

The following list identifies regional partners and their capabilities as we work to address the community health needs identified in this assessment.

Organization	Type	Description
SAGE	Domestic violence agency	Services for survivors of domestic violence.
Catholic Charities Serving Central Washington	Variety	Serves central Washington to provide help and create hope to people each year regardless of religious, social, or economic background.
SL Start	Housing/staff residential environment	Provides support to children experiencing intellectual and developmental disabilities.
Mission Vista Residential Living	Residential support	A non-profit agency providing residential and vocational supports to adults with developmental disabilities.
Northwest Family Services Institute	Counseling/Education	Committed to providing superior bilingual counseling and educational services.
Serve Wenatchee Valley	Variety	Dedicated to helping people in need through compassionate, prayerful non-judgmental atmosphere. Needs for food, clothing, furniture, rent, utilities and more are addressed through community referral model.
Women's Resource Center	Housing	Provides individuals and families experiencing poverty and homelessness with housing and supportive services.
RSVP – Retired and Senior Volunteer Program of North Central WA	Variety	Connects adults aged 55 and over with volunteer opportunities in the area.
Hospitality House	Housing	Provides emergency shelter and transitional housing for homeless men.
Haven of Hope	Housing	A shelter for homeless women and women with children, a transitional housing program that provides a safe place for women to overcome difficult circumstances and get a new start on life.
Chelan-Douglas Community Action Council	Variety	A non-profit organization that provides assistance with home heating, energy conservation, housing, education, adult literacy and food distribution.

Mobile Meals	Food Delivery	Deliver meals for those who are recovering from surgery, disabled, those with a disease or illness, the homebound and others who are not able to fully care for themselves.
Housing Authority of Chelan County	Housing	It is the mission of the Housing Authority to assist in providing affordable housing to household that are 80% or below the area's median incomes.
Lighthouse Christian Ministries	Variety	A Christ centered ministry dedicated to reaching people with the Gospel of Jesus Christ. Lighthouse Christian Ministries will also help the poor and needy through physical means that includes but is not limited to operating a soup kitchen, food distribution, emergency and transitional shelter.
Ambitions	Support Services	Ambitions provides a variety of support services based on individual need and designed to preserve human dignity, protect civil and human rights and encourage the involvement and responsibility of the individual's family and community.
Aging & Adult Care-Central WA	Variety	Develops, supports, and maintains a comprehensive and coordinated service delivery system for elderly and disabled adults. The objective of the programs is to maintain individuals at the most appropriate (least restrictive) level of service and to minimize premature or unnecessary residential care placement.
Wenatchee Food Bank	Food Security	
Cashmere Emergency Food Bank	Food Security	
CLEAR Intake/Screening Line & NW Justice Project	Legal assistance	Services are targeted to problems that affect basic needs such as housing, income, medical care and family safety.
Center for Alcohol and Drug Treatment	Substance Abuse Treatment	Their mission is to remain on the cutting edge, committed to leading the way in the treatment and prevention of substance abuse throughout the total community by providing caring, quality and affordable state-of-the-art services with the understanding that addiction is a treatable disease.
Children's Home Society	Education	They give tools to raise healthy, happy children. They help families build on their strengths, find support networks, and promote overall well-being.