CHELAN-DOUGLAS HEALTH DISTRICT

2016

Community Health Needs Assessment

A Collaborative Approach to Impacting Population Health in North Central Washington

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

Chelan-Douglas Health District

Community Health Needs Assessment Report

December 31, 2016

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

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Executive Summary

BACKGROUND

A regional community health needs assessment (CHNA) is performed every three years in North Central Washington. The CHNA is an effort to understand community health needs and provide direction for healthcare organizations, community hospitals, public health districts, and community organizations to focus collaborative efforts on improving the health of the communities and making North Central Washington the a healthy place to work, learn, grow, and receive care.

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

COMMUNITY DEFINITION

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

ASSESSMENT, PROCESS AND METHODS

Information for the assessment was gathered through a variety of methods. In 2013, when the first community health needs assessment was conducted, a set of community health indicators were selected by a regional leadership committee. In 2016, the same committee determined to utilize the same set of indicators for this assessment to identify trends and changes in indicators since the past assessment. Focus groups were also conducted in each of the counties resulting in an overview of strengths, weaknesses, opportunities, and threats that affect the health of the communities in the

[1] (Washington State Healthcare Authority, 2016)

region. Through a survey of community stakeholders, representing a variety of sectors, an effort was also made to capture the voice of the community regarding important health needs. Finally, the assessment team gathered, reviewed, and collated assessments performed by individual organizations or coalitions over the past 3 years to help identify health themes, trends, and needs of the community. The data collection process has benefited from in-person input of over 50 people and input via survey by over 160 people.

SUMMARY OF PRIORITIZATION PROCESS

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

SUMMARY OF PRIORITIZED NEEDS

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

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

This report is widely available to the public on the Chelan-Douglas Health District website, www.cdhd.wa.gov, and a paper copy is available for inspection upon request at the Chelan-Douglas Health District, 200 Valley Mall Parkway, East Wenatchee, WA 98802.

Written comments on this report can be submitted to Barry Kling or by e-mail to cdhd@cdhd.wa.gov.

Acknowledgements

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

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

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

Introduction

Community Health Needs Assessment Background

The following Community Health Needs Assessment (CHNA) is an important step in a continuous assessment and improvement process. An in-depth assessment of the health needs of the north central region is undertaken every three to five years. This report will focus on the assessment process and will describe the efforts taken to gather information, and prioritize and select the health needs that will be the focus of the health improvement plans and implementation efforts that will follow.

About the Chelan-Douglas Health District

Formed in 1961, the mission of the Chelan-Douglas Health District (CDHD) is "to protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury." To that end, CDHD has wide-ranging responsibilities including maternal and child health, environmental health, community health, emergency preparedness, and disease prevention. To fulfill these responsibilities CDHD administers the following:

Personal Health	Environmental Health	Community Health
• Vaccines for Children • Women, Infants, and Children (WIC) • Children with Special Health Care Needs • Access to Baby and Child Dentistry • Communicable Disease program including Disease Outbreak Investigations • Tuberculosis Program • Immunizations • Healthy Communities Program • Teen Pregnancy Prevention • Diabetes Prevention Program	• Food Safety Program • On-Site Septic Program • Vector Surveillance and testing • Living Environment (Pools/Spas, Schools) • Safe Drinking water • Solid and Hazardous Waste • Chemical and Physical Hazards	• Public Health Emergency Preparedness and Response • Vital Records • Assessment

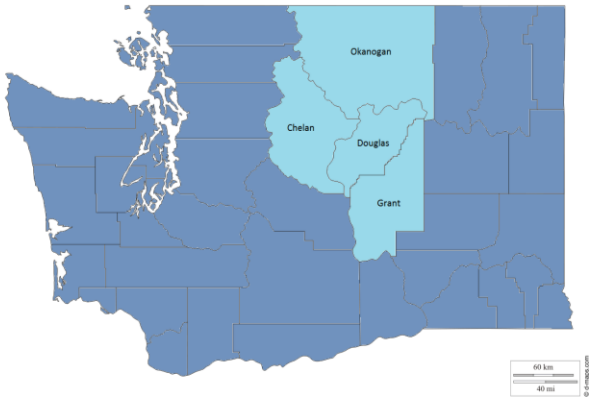
The core values of the Chelan-Douglas Health District are:

- **Prevention:** We believe that prevention is the most effective way to protect our community from disease and injury.
- **Collaboration:** Community partnerships produce cost effective health outcomes by bringing people, resources, and organizations together.

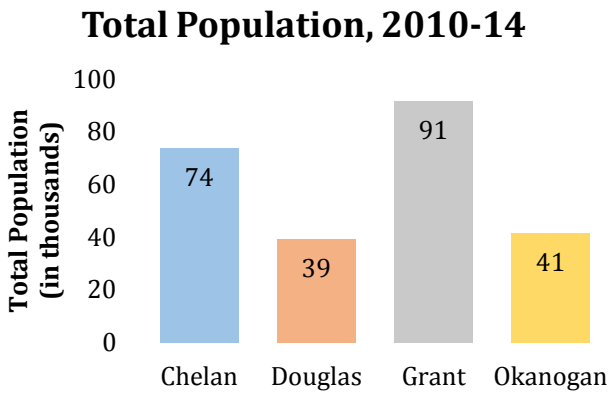
- **Population-Based Services:** We make data-driven decisions and deliver science-based programs, knowing that the provision of population-based services is the defining responsibility of public health.
- **Equity:** We believe everyone in our community deserves an equal opportunity for a healthy life.
- **Community Service and Accountability:** As vigilant stewards of the public's trust, we provide efficient services that are responsive and accountable to the community and its elected representatives.
- **Improvement:** We continuously improve the quality of our services and systems to better serve our community through a system of benchmarks and program evaluation.
- **Education:** Education is a key tool in achieving all public health objectives.

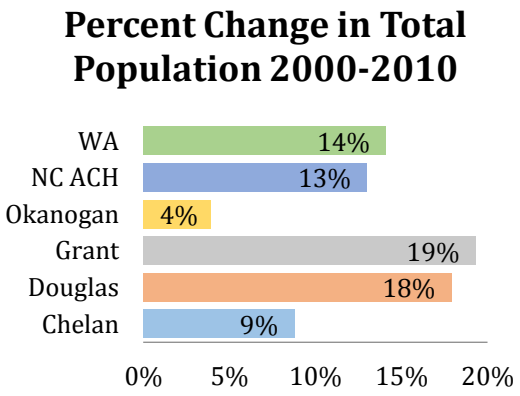
Community Profile

The Chelan-Douglas Health District serves Chelan and Douglas counties which, along with Grant and Okanogan counties, make up the North Central Accountable Community of Health (NC ACH). Due to the regional nature of the health care system in North Central Washington and the future NC ACH partnerships, the Community Health Needs Assessment for Chelan-Douglas Health District covers the four counties: Chelan, Douglas, Grant, and Okanogan.



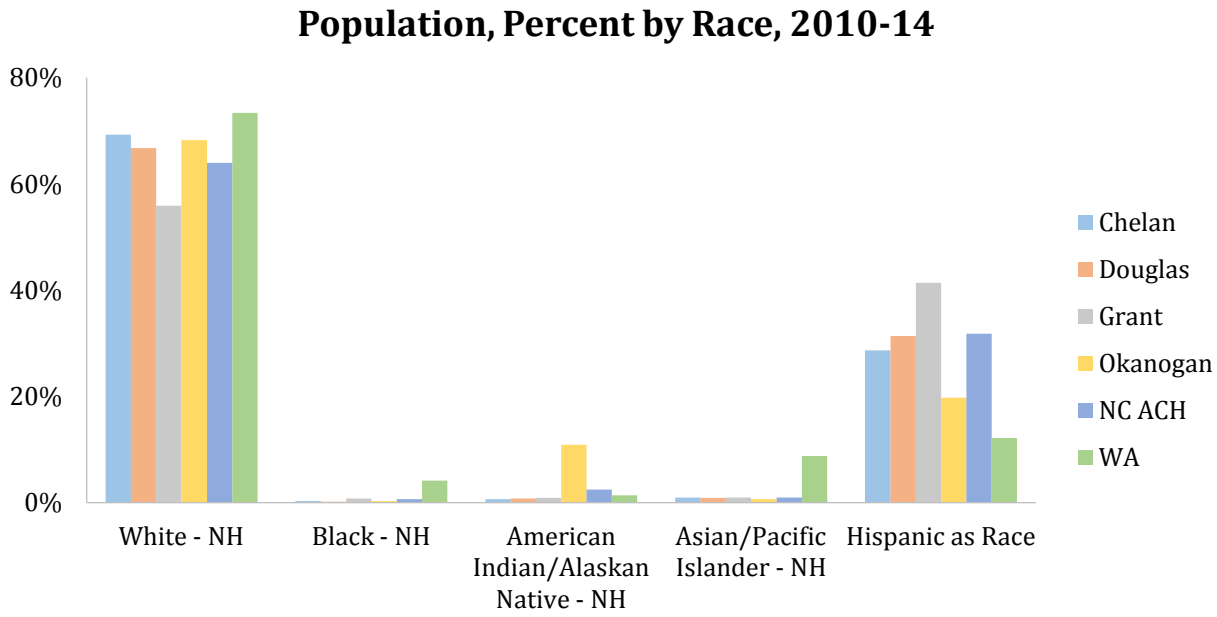
These four counties include 12,684 square miles of land in the north central part of the state. The population of each of the 4 counties has been increasing at a rapid pace over the past years and is estimated to be 245,546 for the region. The greatest proportion of the population resides in the Chelan and Douglas Counties which includes the greater Wenatchee area. Moses Lake, in Grant County, follows in size of population. There are communities of varying sizes scattered throughout the region generally along the river paths.





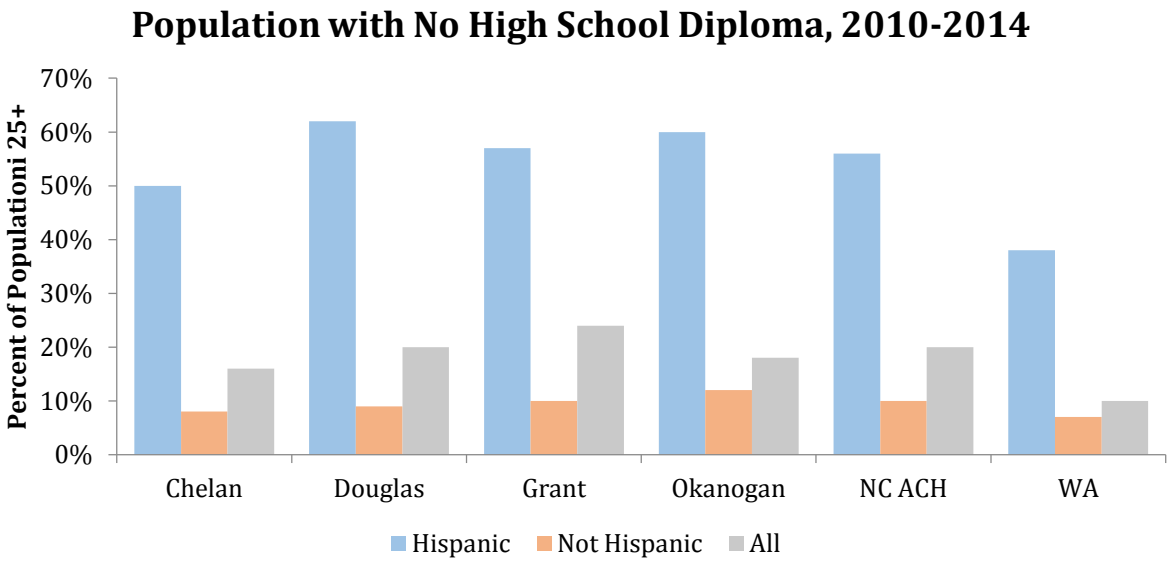
Data Source: US Census Bureau

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



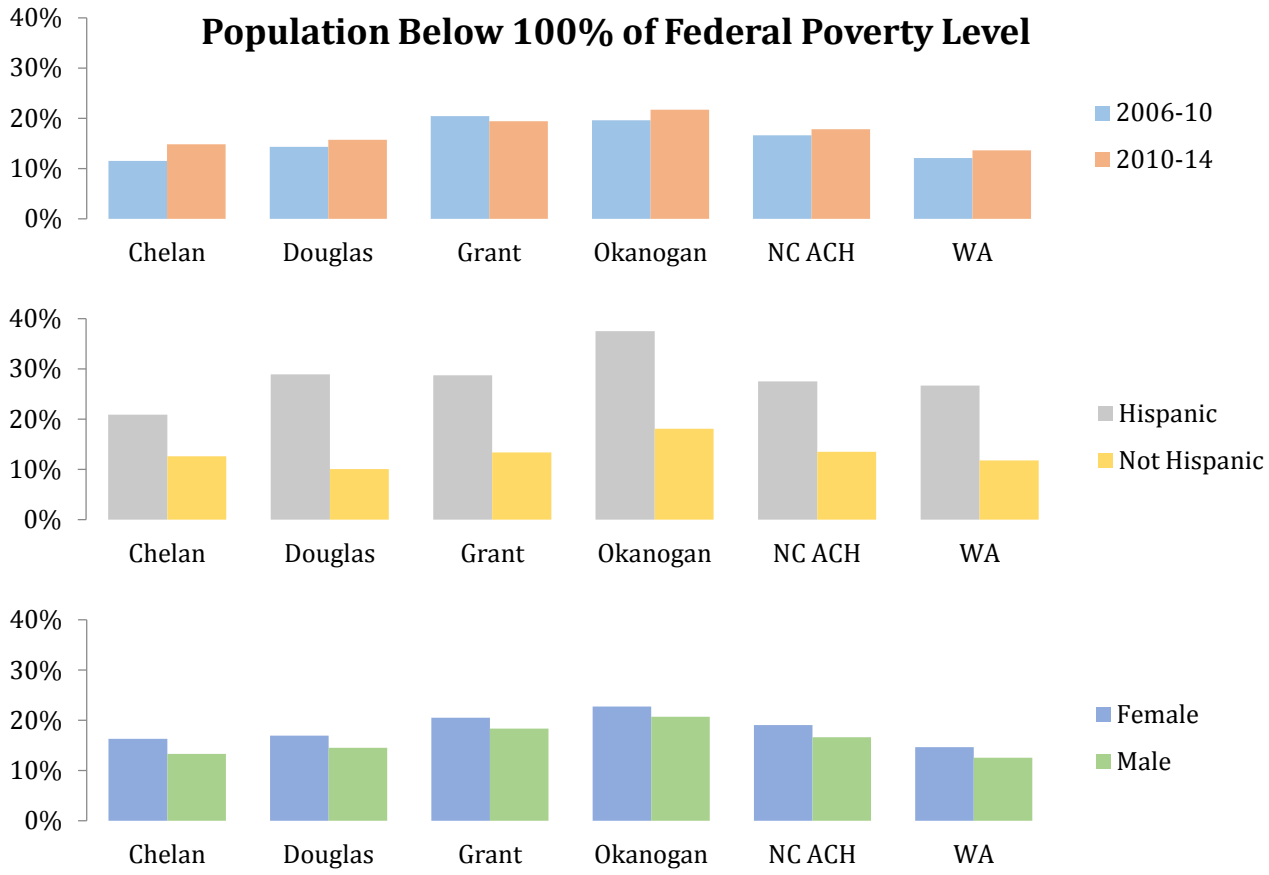
Data Source: Washington State Department of Health, Community Health Assessment Tool

The rate of those with no high school diploma has decreased slightly, however, regional averages remain much higher than state and national averages. Of significance, is the notable disparity of high school diploma rates between the Hispanic population and the non-Hispanic population by county, state of Washington, and the United States.



Data Source: US Census Bureau, 2010-14

The region also struggles with poverty and employment opportunities. The charts below show a slight increase in the percentage of those in poverty in the region from 16.6% to 17.8% from 2006-10 to 2010-14, which is higher than the state average of 13.6% and the national average of 15.6%. The Hispanic population and females represent a higher percentage of the population below 100% of the Federal Poverty Level than non-Hispanic and male populations.



Data Source: US Census Bureau, 2010-14

Data Collection Process and Methods

The gathering of data, both primary and secondary, and both quantitative and qualitative is the foundation of the community health needs assessment. Gathering primary, secondary, quantitative and qualitative data is the foundation of this community health needs assessment. For the 2016 CHNA, data collection consisted of a core set of community health indicators, a review of assessments performed by other organizations since January 2014, community stakeholder meetings in each county, and a survey of community stakeholders. This process started in May 2016 and ended in August 2016.

Health status indicators

In 2013, when the first regional community health needs assessment was performed, a set of data indicators was selected to inform the assessment and prioritization processes. These indicators were used again in the 2016 CHNA to show trends in health issues and changes in health outcomes. Indicators and data sets were taken from the following sources. (A complete summary of the indicators used in this assessment are included in Appendix A.)

Source/Dataset	Description
Community Health Assessment Tool	The Community Health Assessment Tool (CHAT) is an integrated set of public health data sources, created and hosted by the Washington State Department of Health, with a powerful report generator as a front end. It draws on a wide variety of data sources, from the US Census to state disease reporting registries, death records and hospitalization reports.
Washington Behavioral Risk Factor Surveillance System	The Behavioral Risk Factor Surveillance System (BRFSS) is the largest, continuously conducted, telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
US Census	National census data is collected by the United States Census Bureau every 10 years.
CDC's National Vital Statistics System	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics (births, deaths, marriages, fetal deaths) as part of America's oldest and most successful intergovernmental public health data sharing system.
Health Youth Survey	The Healthy Youth Survey is conducted every other year by Washington State Department of Health in cooperation with public schools, and can be used to identify trends in the patterns of behavior over time. Students answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Chelan-Douglas Trends	A community indicators web site with the objective of ranking the most pressing needs within Chelan & Douglas Counties. The objective of Chelan-Douglas Trends is to collect and publish relevant data for the benefit of our communities.
Community Commons	Drawing on a wide variety of data sources, Community Commons is an interactive mapping, networking, and data analysis tool for demographic, health, behavioral, and economic factors.

Assessments from other organizations

Since the 2013 CHNA, many organizations in North Central Washington performed assessments for their own businesses, community development, or service purposes. The 2016 CHNA steering committee has gathered, reviewed, and collated results of these assessments as they represent a

significant effort to understand the needs of the community. The assessments focused on target areas or populations of varying sizes. Results of the assessments identified a large range of health related community needs. Below is an overview of the themes found in the review of these assessments. For a complete summary of each assessment reviewed as part of the 2016 CHNA process, see Appendix B.

Access to Specialty Care

A number of diverse organizations identified the need for greater access to specialist healthcare providers, especially for low-income individuals and families, children with special healthcare needs, and for rural communities outside the greater Wenatchee area. There are multiple challenges that contribute to this need.

a. There is an insufficient number of specialist providers in rural parts of the region. This results in having to schedule appointments with specialists months in advance in some cases and or having to travel great distances to see a needed specialist. Children seeking appointments in Spokane or Seattle to diagnose or confirm autism can wait up to one year for an appointment, significantly delaying therapeutic intervention and often causing children to "age out" of Early Intervention with no other available specialty therapeutic opportunity, causing great developmental delay and increasing costs.
b. Traveling requires time, a reliable vehicle or the use of public transit, and money to purchase the gasoline or to pay the transportation fare, all of which can create barriers for low-income patients or families with children with special healthcare needs.

Access to and Utilization of Mental or Behavioral Health Providers

This could have been included in the previous note about access to specialists, but it was mentioned separately in enough of the assessments that it merits being mentioned separately. The lack of access for mental or behavioral health providers suffers from the same challenges mentioned above, namely an insufficient number of specialists and the challenges associated with having to travel for care. However, mental and behavioral healthcare access is further challenged because of a social stigma associated with needing and utilizing these types of services.

Poverty and Unemployment

Poverty and unemployment were identified as a particular challenge in each of the counties in North Central Washington. It was noted in more than one assessment that poverty and unemployment rates are higher in each county in the service area than state or national averages. Poverty and unemployment can affect one's ability to access healthy foods, to obtain health insurance, to travel to and access healthcare when needed, to afford appropriate housing, and much more. Poverty and unemployment compounds health challenges for individuals, families with children with special healthcare needs, and for the elderly.

Coordination

The need for greater coordination also appeared in many of the assessments. This need was most prominent in the assessment performed for children and youth with special healthcare

needs. When a child has a special healthcare need, that child's family will consult and be supported by a number of physicians, specialists, and other service providers. However, in the Chelan-Douglas area or the surrounding region, there are limited systems for families to communicate with providers or for providers to communicate with providers. The need for greater coordination was also identified in assessments focused on homelessness and healthcare in both the Wenatchee area and in more rural parts of the region. Greater coordination is a focus of the Grant County Health District Community Health Assessment and Health Improvement Plan.

Community Focus Groups (SWOT Analysis)

During July and August 2016, the CHNA team held community stakeholder meetings in each of the counties within the North Central Washington region. Each meeting was attended by community stakeholders from healthcare organizations, federally qualified health centers (FQHC), education, housing, and other social and community service organizations. Each group participated in a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) discussing and recording the challenges, assets, gaps, and opportunities that affect the health of the community. While each county differs from the others in some specific needs, challenges, strengths, and opportunities, there are some themes and commonalities between each of the counties that merit highlighting.

Strengths

Interest in Collaborating **-** Each county mentioned collaborations and partnerships and the interest/desire to collaborate as a strength. All three mentioned efforts for mental/behavioral health collaboration. Grant County highlighted a strong collaborative faith-based community, evidenced in part, by well-represented coalitions in each region.

The Food Environment - Each region noted challenges accessing healthy food options at certain times of the year. However, each county noted active efforts by food banks, farm to school programs, and farmers markets to increase access to healthy food. These efforts represent both a strength within the community and an opportunity to further improve access to healthy foods, especially for those in poverty.

Access to Primary Care can be considered a strength in the region. There is a significant system of healthcare clinics, federally qualified healthcare centers, in addition to the hospitals in Wenatchee and Moses Lake, and a series of critical access hospitals scattered about the region. This provides a reasonable system of primary care provision however meeting the community need for specialty care is a persistent challenge in all areas, including the greater Wenatchee area as will be discussed below.

Weaknesses

Medical Provider Shortages - Insufficient access to competent providers is a challenge throughout the region. There is a shortage of providers, especially specialty providers in the North Central Region. The problem increases as the distance from Wenatchee increases.

Cultural and language barriers - Providing culturally competent care is a challenge for many health providers. A large number of our community members speak little or no English. Many are making efforts to address this need, but it remains a barrier for care.

Insufficient Mental and Behavioral Health Resources - Another weakness addressed by each county is the lack of mental and behavioral health resources, especially for low income individuals and families. There are some providers in each county, but the number of providers, access to care, and the number of beds for mental and behavioral health is insufficient for the current and future needs in the region.

Opportunity

In each county, the local health jurisdictions, a number of community organizations, healthcare organizations, and faith-based organizations have health improvement programs. Each focus group indicated that there is a great opportunity to simply increase awareness of existing programs and health events to increase participation in and impact of the programs.

Threats

A significant threat mentioned in each of the county focus groups is the challenge associated with recruiting medical professionals of all types to the region, especially the more rural areas. The different elements that contribute to this community threat include an aging physician workforce, a limited supply of medical professionals of all types nationally, and the challenge to recruit medical professionals of all types to rural regions.

Poverty plays a significant role in all aspects of health from access to healthy foods, transportation, housing, and the ability to pay for care. Each county mentioned poverty as a weakness and/or threat to the health of the community and individuals. Related threats included a low number of living-wage jobs, a lack of affordable housing, and the high cost of living in the region. Two of the counties mentioned the departure of large employers from the region leaving hundreds without jobs.

Community Voice Survey

Further effort was taken to collect information from the community on opinions and perceptions of health and quality of life. The CHNA steering team adapted a survey used in other jurisdictions to gather information about community health themes and strengths. The survey was administered using SurveyMonkey, an online survey tool, to community stakeholders in the region. 169 individuals, representing a variety of sectors, including healthcare, public health, government, social services, and the community at large, participated in the survey. The survey captured the opinions of the health of the community, the greatest risks to health in the region, the needs of the region to improve health, and the behaviors in the community that positively or negatively affect health. Below are several of the key questions and the top responses to the questions. For a complete summary of the survey questions and responses, see Appendix C.

"…what do you think are the three most important factors that will improve the quality of life in your community?"

1. Improved access to mental health care
2. Healthy economy
3. Good jobs

"…what do you think are the three most important "health problems" that impact your community?"

1. Mental Health Problems
2. Overweight/Obesity
3. Access to health care

"…what do you think are the three most important "unhealthy behaviors" seen in your community? (those behaviors that have the greatest impact on overall health)"

1. Drug abuse
2. Alcohol abuse
3. Poor eating habits

Identification and Prioritization of Community Health Needs

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

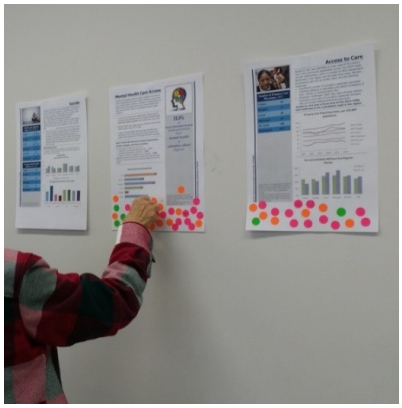
- The issue affects the greatest number of residents in the region, either directly or indirectly.
- The condition or outcome is unambiguously below its desired state, by comparison to a benchmark or its own trend.
- There is a large disparity between racial or geographically different population groups.
- The issue is predictive of other poor health outcomes.
- The issue appears to impact several aspects of community life.
- There is some opportunity to change the issue or condition by stakeholders at the regional level.

The 16 potential needs included:

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

In October 2016 a group of 34 diverse stakeholders representing 25 different organizations from across the region gathered to review the findings of the information gathering phase of the

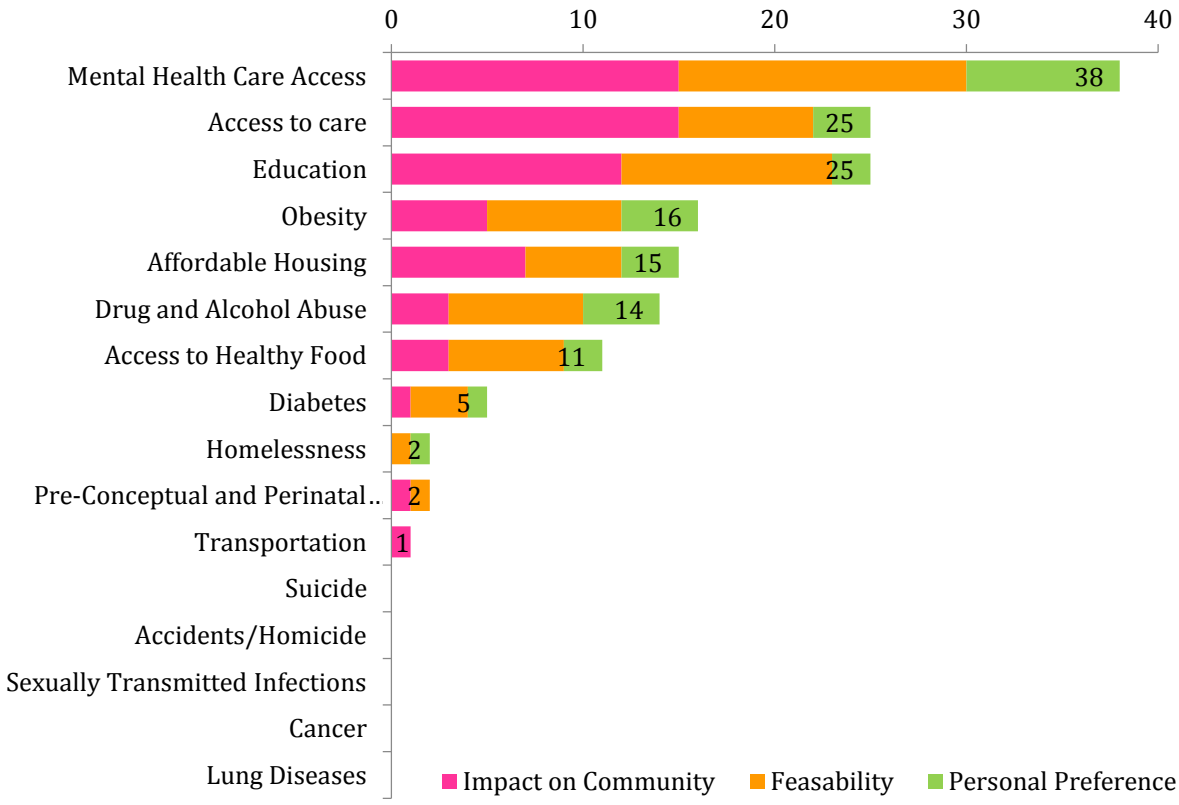
assessment. Working in small groups, participants reviewed fact sheets for the 16 potential needs listed above. (Fact sheets for the four prioritized needs, including data from health status indicators, comments from the community focus groups, survey results, and applicable sections from other community assessments, are included on pages 19-23 of this report. The remainder of the fact sheets presented can be found in Appendix D.)



Then, through a multi-voting technique, the group prioritized the potential needs to four that will be the focus of this regional collaborative group of stakeholders for the coming three years. Each organization was given three pink stickers and three orange stickers; and each individual was given one green sticker. Stickers were used to cast votes according to the following criteria:

Impact of the health need in our region – select the needs that have the greatest impact on our community
Doability - how feasible is addressing this need? – select the needs that are the most feasible to address
Personal Preference – which is the need you would most like to see as a priority focus area?

The results of the prioritization process are presented below with the highest number of votes for Mental Health Care Access, Access to Care, Education, and Obesity.



The CHNA process ultimately resulted in the identification of four health needs four our region:

1. Mental Health Care Access
2. Access to Care
3. Education
4. Obesity

Future health improvement efforts and implementation plans should take into account a focus on these areas in order to address the greatest health needs in our area.

Mental Health Care Access

Just like not treating physical health conditions can lead to more complicated and severe health problems, so too, leaving a mental health condition untreated or undertreated can lead to more complicated and severe mental health problems, and can even cause or exacerbate physical health problems.

- In a survey of community stakeholders, *Mental health problems* was identified by each county as the **#1 most important health problem** that impacts the community.
- Mental Health was chosen as one of the four community health needs in the 2013 CHNA.
- A lack of mental health resources was identified as a weakness of the community and a major threat to the health of the community in the regional SWOT analysis.

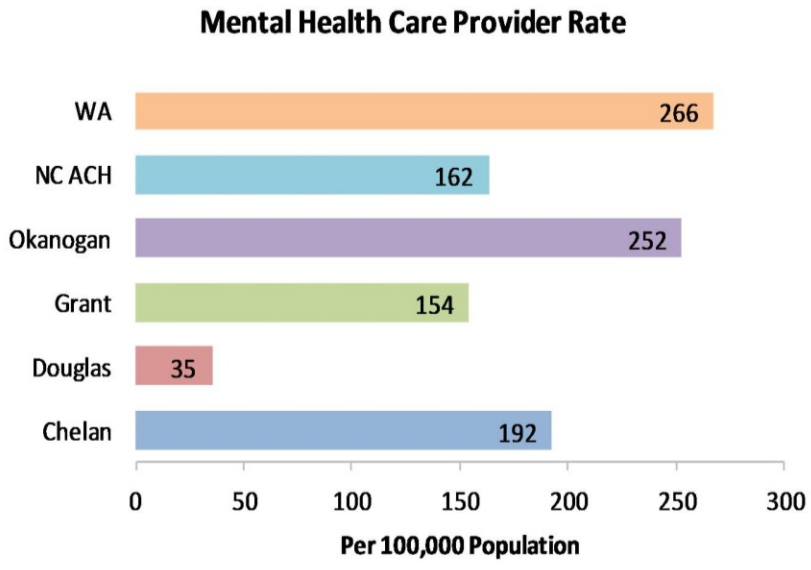
North Central WA Behavioral Health Organization (Chelan, Douglas, and Grant counties)

For the period 1/1/2014 to 3/31/2016:

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

Agencies included are Catholic Family and Child Services, Children's Home Society and Columbia Valley Community Health.

13.8%
of
Central Washington Hospital
discharged patients
had a
mental health
or
substance abuse
diagnosis



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

Access to Care

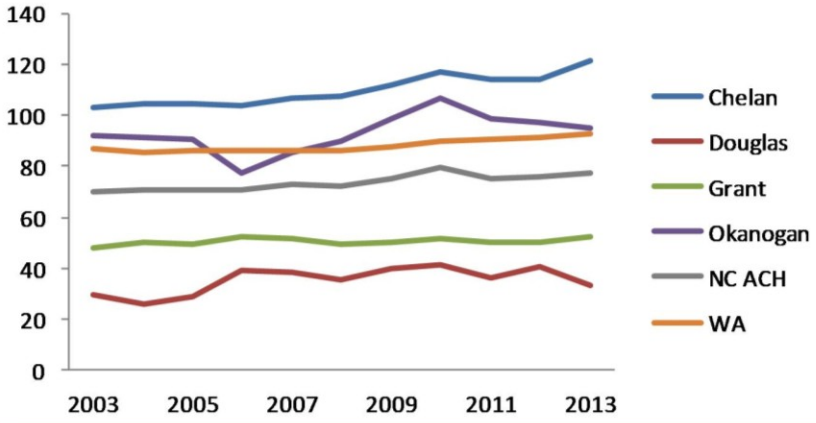
Access to care was identified as a key need of the community in the community stakeholder survey, the SWOT analysis with stakeholders, and in a number of other assessments performed in the region over the past three years. Barriers to accessing care can be broken down into the following subgroups:

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

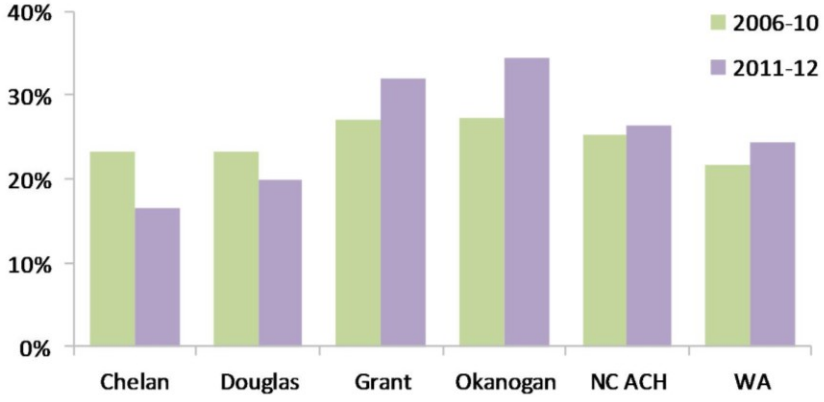
Access to care was a focus area of the 2013 CHNA and continues to be a persistent need in the region.

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

Primary Care Physicians Rate, per 100,000 population



Percent of Adults Without Any Regular Doctor

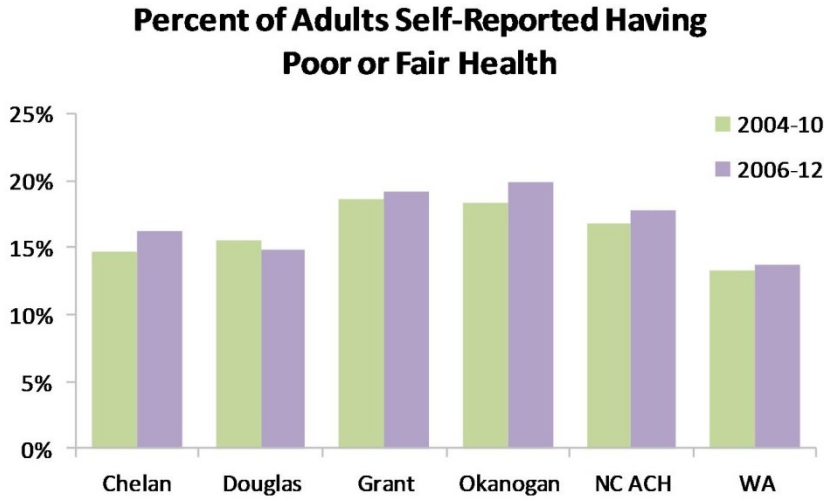


Data source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2004-2010, 2006-12.Source geography: County.

Access to Care

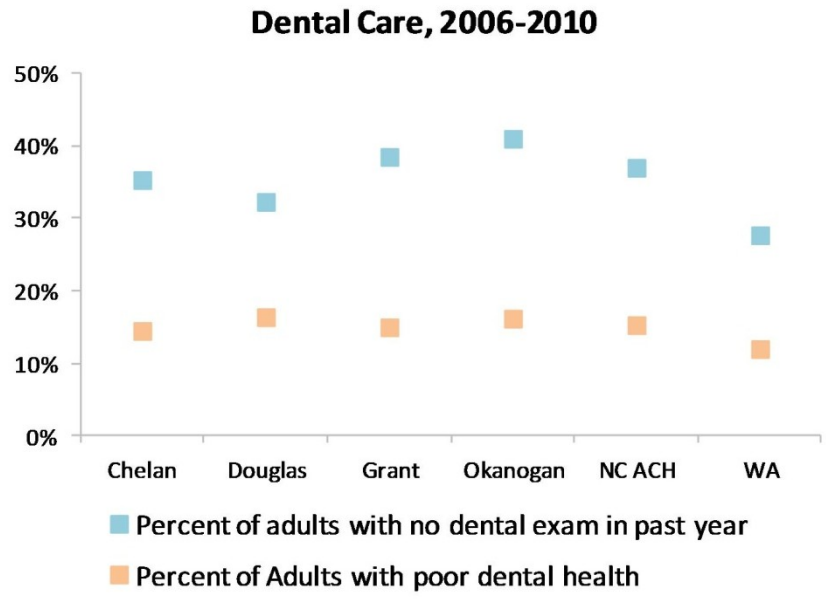
Poor General Health

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



Dental Care

The percent of adults with no dental exam in the past year and the percent of adults who report poor dental health (six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection) is important because it highlights lack of access to dental care, lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



~ 35%

of adults report

NO *dental exam*

in the past year

~15%

have had **6+**

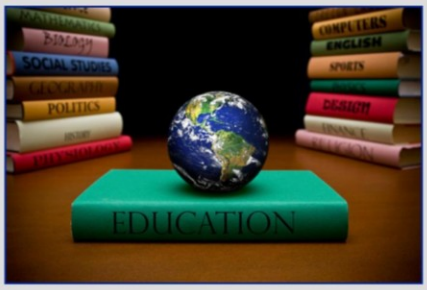
permanent **teeth**

Removed

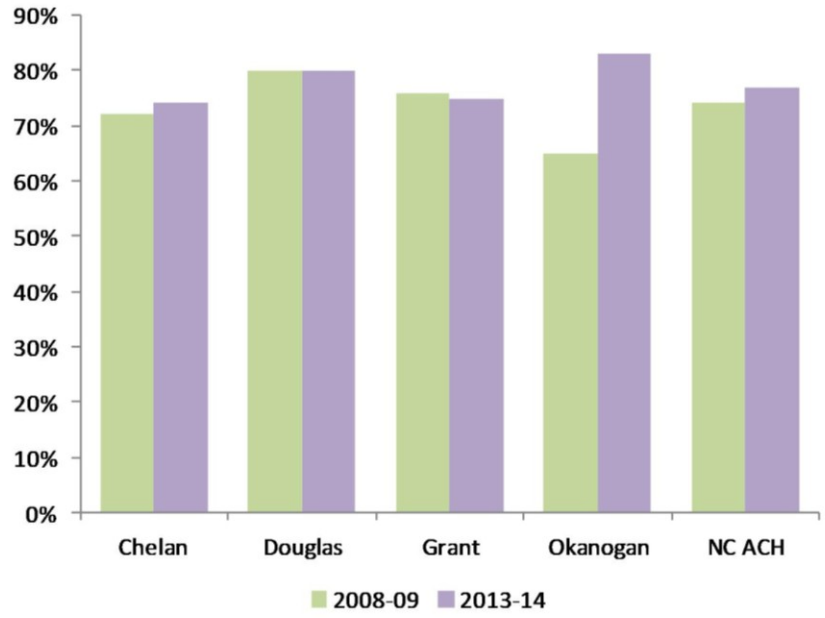
Data sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis byCARES. 2006-10, 2011-12. Source geography: County

Education

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

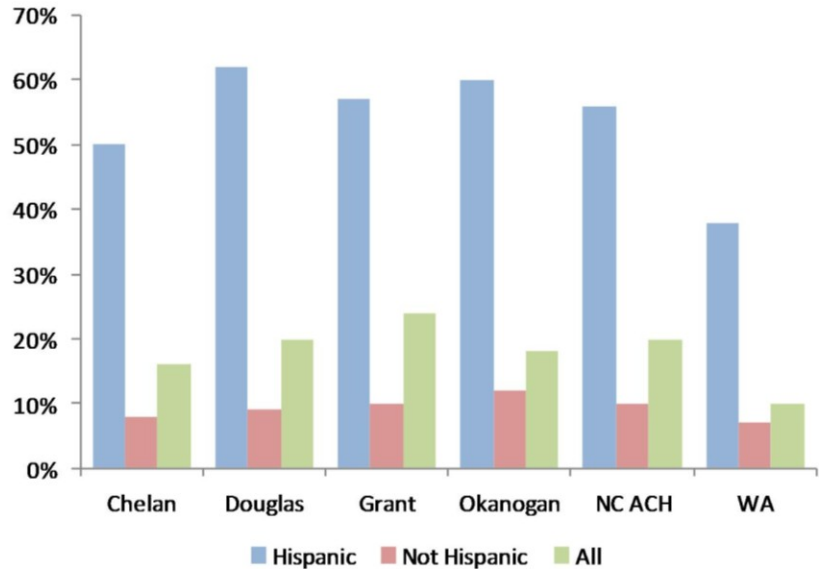


Percent On-Time Graduation Rate



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

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



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

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

Obesity

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

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

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

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

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

over 25%
of people are
obese

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