Mid-Valley Hospital & Clinic

2024-2026 Community Health Needs Assessment

Adopted by the Okanogan County Public Hospital District No. 3, August 22nd, 2024

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I. Introduction

Community Health Needs Assessment

Okanogan County Public Hospital District No. 3 (the District), dba Mid-Valley Hospital & Clinic (Mid-Valley) is pleased to present its 2024-2026 Community Health Needs Assessment (CHNA). This CHNA provides a comprehensive summary and assessment of quantitative data on the health indicators and socioeconomic characteristics of the diverse communities comprising Okanogan County. Qualitative data, including a County wide survey with more than 200 completes and providing important perceptions of the community, is also included.

The CHNA concludes by outlining the most pressing needs and health priorities identified in the County. The final step will be the development and board adoption of an Implementation Plan that guides the efforts of Mid-Valley to improve access, equity and health status over the next 3 years. We will engage our community partners, including the other two Public Hospital Districts in the County, and Family Health Centers, a large, six clinic FQHC serving the County, in developing the Implementation Plan.

Okanogan County Public Hospital District No. 3 dba Mid-Valley Hospital & Clinic

Okanogan County Public Hospital District No. 3 is a licensed 44-bed (25 set-up beds, 10 bassinets, 5 swing beds) Critical Access Hospital (CAH) located in Omak, Washington). Mid Valley is a Public Hospital District and a critical access hospital.

Mid-Valley Hospital & Clinic
Mission and Vision

Mission: *Redefining exceptional service through compassionate care to our neighbors.*

Vision: *To be the provider of choice in Okanogan County by delivering excellent patient-centered care while maintaining financial accountability.*

Mid-Valley acknowledges and honors that Okanogan County is the ancestral homeland and traditional territory of the people of the Confederated Tribes of the Colville Reservation. Okanogan County's history is deeply rooted in the traditions of Native American tribes such as the Okanogan, Colville, and Methow peoples, who have inhabited the region for millennia. The County's name itself derives from the Okanagan language, spoken by Indigenous peoples in the region.

The first hospital in Omak opened in 1923 and was expanded and remodeled in 1941. In 1966, the District opened the current hospital, which was expanded in 1974 and again in 1977. Between 1997 and 2002, several additions and renovations occurred to patient rooms, the surgery department, pharmacy, birth center, imaging center, physical therapy and the health information management department.

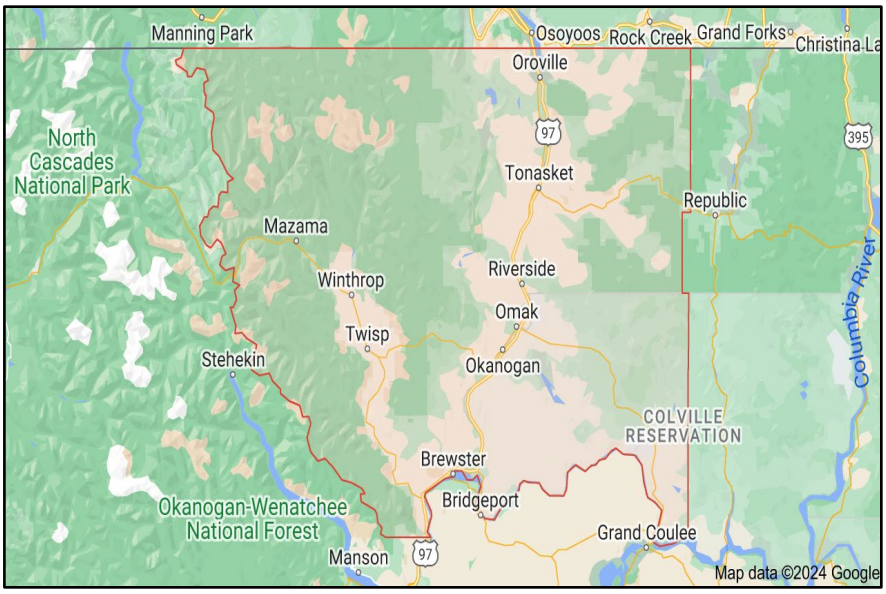
In 2003, the District purchased Mid-Valley Medical Group, now known as Mid-Valley Clinic, a rural health clinic (RHC) offering primary care and other specialty services. Today, the hospital, the largest in the County, and its RHC provide acute care and clinical services to patients in Omak and surrounding areas. The RHC operates under the Collaborative Care Model, with a focus on integrating primary care and behavioral health services within the clinic. Comprehensive obstetrics and pediatric care are also offered through the clinic.

The Omak Family Medicine Residency Program, a partnership between MultiCare, Family Health Centers, and Mid-Valley, recently received accreditation and will provide a rural training track at Mid-Valley.

II. Okanogan County & Communities

Okanogan County is in north central Washington State, in an area commonly called the North Cascades, along the Canada-U.S. border (**Exhibit 1**). The county is about 150 miles northwest of Spokane and 220 miles east of Seattle. It's the largest county in Washington by area, covering 5,268 square miles of land and 47 square miles of water.

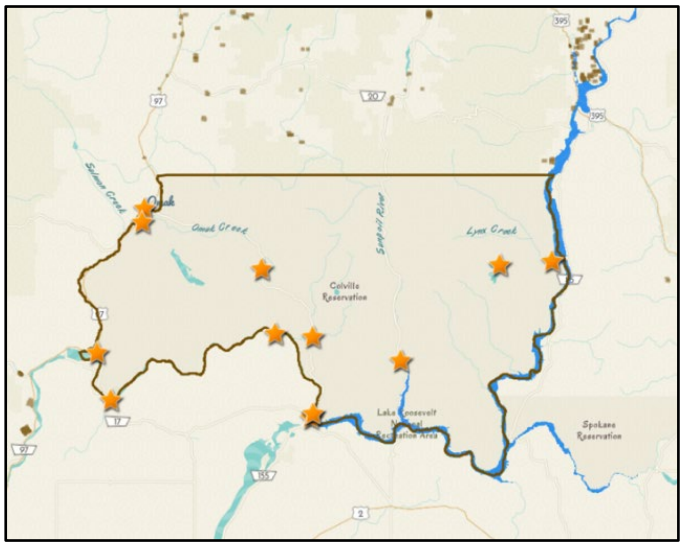
Exhibit 1: Okanagon County Map



Okanogan County's current population is just over 44,000 residents and is home to a diverse landscape characterized by its expansive wilderness and rural communities. The county is renowned for its natural beauty, featuring rugged mountain ranges, pristine rivers, and vast forests that are a haven for both tourism and outdoor enthusiasts. The county is also an agricultural and forestry center in the state.

Okanogan County's most populous. cities are Omak, Okanogan, Brewster, and Tonasket. Omak, situated in the northern part of the county, has a population of approximately 5,000 residents. Known for its American Indian heritage and the annual Omak Stampede, Omak attracts thousands of visitors annually and supports a range of local businesses, from retail to agriculture. Omak is home to Mid-Valley.

Exhibit 2: Colville Reservation Map



Considered part of the Greater Omak Area, the city of Okanogan is the county seat, with a population of around 2,300 people. Okanogan's historic downtown, home to the Okanogan County Historical Museum, reflects the county's heritage, while also continuing to be an important civic, governmental, and cultural hub.

Brewster, located along the Columbia River in the southern part of the county, is home to just over 2,200 residents and is known for its recreational activities and agricultural industry, particularly apple orchards and fruit packing facilities. Brewster is home to Okanogan County Public Hospital District No. 1 (dba Three Rivers Hospital).

Tonasket, with a population of just over 1,100 residents, is located in the northernmost part of the county. It is known for its agricultural production and outdoor recreational opportunities in the nearby Okanogan National Forest. Tonasket is home to Okanogan County Public Hospital District No. 4 (dba North Valley Hospital).

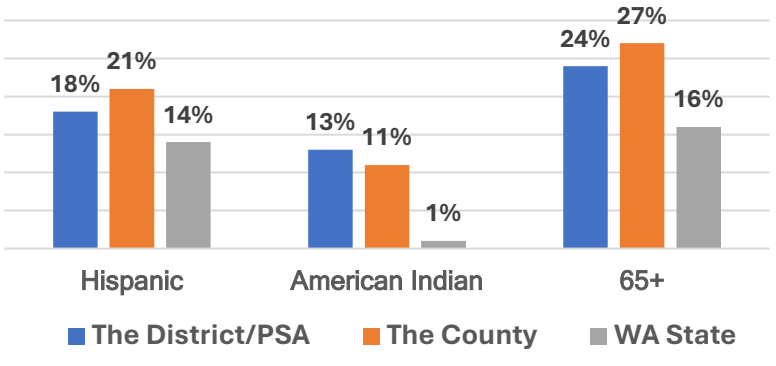
Service Area and Demographics

The primary service area for this CHNA encompasses the entirety of Okanogan County and includes the service areas of all three of Okanogan County's public hospital districts. Mid-Valley's primary service area (the District), outlined below, is comprised of the zip codes where most of Mid-Valley's patients reside. Where available or applicable, data from the entire service area (the County) and the hospital's primary service area (PSA/the District) are disaggregated and presented.

Okanogan County Service Area and Demographics (the County)

As shown in **Exhibit 3**, Okanogan County is home to a diverse population that reflects both its rural character and cultural diversity. The county's current population is just over 44,000 residents and includes a higher proportion of Hispanic, American Indian, and senior (65+) residents than Washington State's average.

Exhibit 3: Select Demographics, % of Total Population



Source: American Community Survey, 5-year Estimates, 2022

The Confederated Tribes of the Colville "strive to protect and enhance the quality of life for Colville tribal members and at the same time, govern as a sovereign nation." The current Colville Indian Reservation encompasses 1.4 million acres of land, of which about 700,000 acres is located in Okanogan County. The Colville Business Council oversees a diverse, multi-million-dollar enterprise that employs between 1,200 and 1,500 individuals in permanent, part-time, and seasonal positions. According to the Indian Health Board, current tribal enrollment is approximately 8,700, with 58% of the membership living on the reservation.

As demonstrated in **Exhibit 4**, the county's population grew just under 3% between 2010 and 2020 and is expected to grow 4.5% by 2029. This rate of growth was significantly lower than that of the state (15%) during the same time frame.

Between 2010 and 2020, the county's 65+ population grew at a rate 10x faster (43%), than the County at large. In 2024, residents age 65+ account for almost 27% of the total population. The cohort of 65+ residents is expected to grow another 14%, to almost one-third of the total population, by 2029. The under 65 population declined almost 6% between 2010 and 2020, and is expected to remain relatively flat, with a modest 1% growth by 2029.

In 2024, Hispanic residents represent 21% of Okanogan County's total population, and are expected to grow another 10% by 2029. The service area also encompasses portions of the Confederated Tribes of the Colville Nation, and Indigenous Americans constitute slightly about 11% of the county's population.

Exhibit 4: Okanogan County Demographics

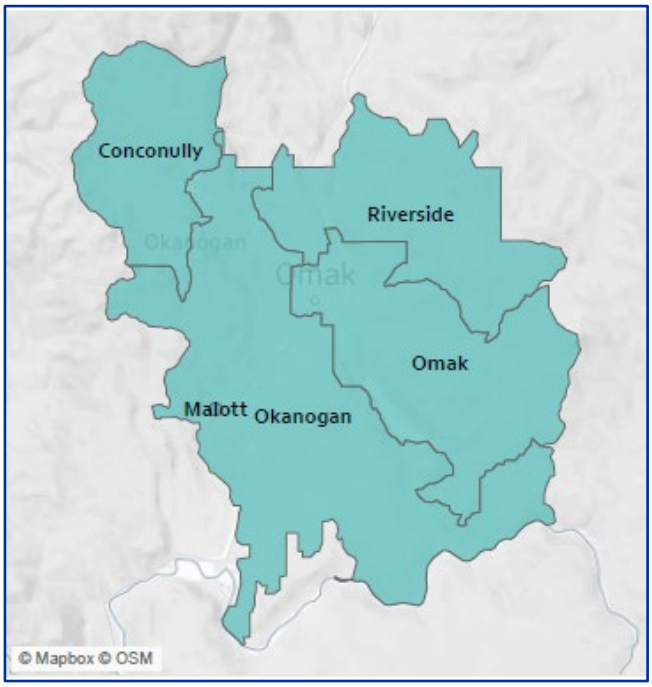
Okanogan County	2020	Pct. Chg. 2010-2020	2024, Est.	Pct. of Tot. Pop.	Pct. Chg 2020-2024	2029, Proj.	Pct. of Tot. Pop.	Pct. Chg. 2024-2029
Tot. Pop.	**43,039**	**2.7%**	**44,215**	**100%**	**2.7%**	**46,209**	**100%**	**4.5%**
Tot. 0-64	32,750	-5.6%	32,381	73.2%	-1.1%	32,747	70.9%	1.1%
Tot. 65+	10,289	43.1%	11,834	26.8%	15.0%	13,462	29.1%	13.8%
Hispanic	8,684	14.5%	9,254	20.9%	6.6%	10,147	22.0%	9.6%
Fem. 15-44	6,452	-4.3%	6,777	15.3%	5.0%	7,158	15.5%	5.6%
American Indian/Alaskan Native Alone	4,860	4.7%	4,647	10.5%	-4.4%	4,387	9.5%	-5.6%
Some Other Race Alone	5,088	19.8%	5,407	12.2%	6.3%	5,893	12.8%	9.0%
Two or More Races	4,490	205.9%	5,044	11.4%	12.3%	5,863	12.7%	16.2%
White Alone	28,105	-9.7%	28,587	64.7%	1.7%	29,474	63.8%	3.1%

Mid-Valley Primary Service Area and Demographics (the District)

Mid-Valley's primary service area (PSA) is the Okanogan County Public Hospital District No. 3. (**Exhibit 5**) and includes the communities of Omak, Okanogan, Riverside, Malott, and Conconully (**Exhibit 6**). It also includes portions of the lands of th, Confederated Tribes of the Colville Reservations.

Exhibit 5: Mid-Valley Hospital PSA	
98841	Omak
98840	Okanogan
98849	Riverside
98829	Malott
98819	Conconully

Exhibit 6: Mid-Valley Primary Service Area



As demonstrated in **Exhibit 7**, between 2010 and 2020, the District experienced significantly slower growth (0.6%) than the county (2.7%), state (15%), or other rural hospitals, on average (9%). By 2029, an additional 3.2% growth is projected for the District, which is still less than the rural (4.5%) or state (4.4%) average.

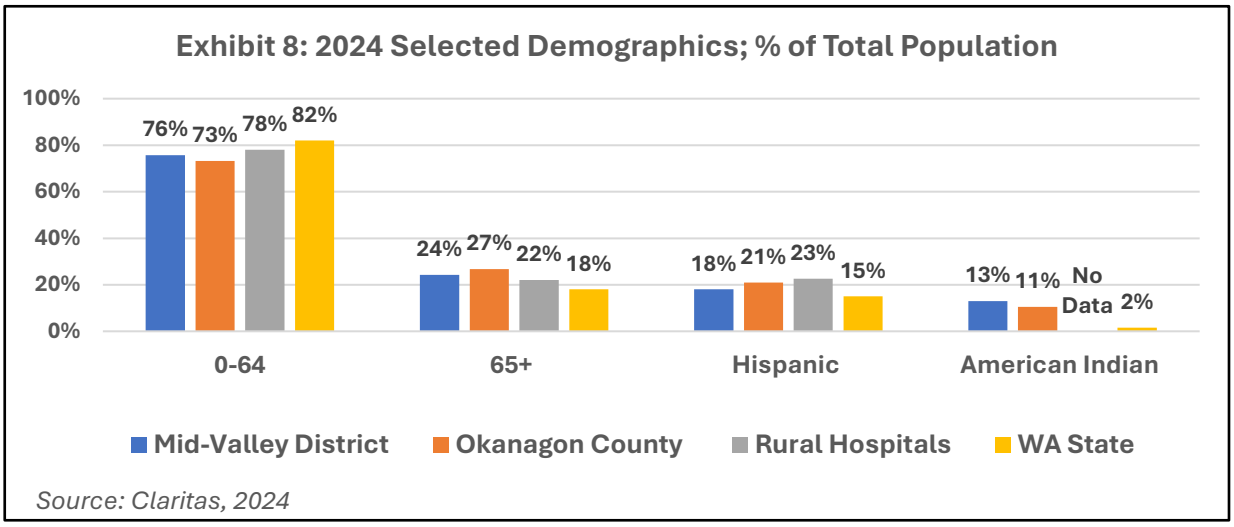
The District's 65+ population grew at a much faster rate (12.6%), and in 2024 accounted for 24% of the total population. The cohort of residents 65+ is expected to grow another 11%, accounting for more than one-fourth of the total population by 2029. The under 65 population declined 1.7% between 2010 and 2024 and is expected to remain relatively flat with a minimal 0.7% growth by 2029.

Hispanic residents represent 18% of the total population of the District and will continue to grow through at least 2029 (+12%). About 13% of the District 's population is Indigenous Americans. The American Indian population is expected to decline in the District at a rate twice as fast as the county (-10.3% and -5.6%, respectively) over the period of 2024-2029, while the Hispanic population is expected to grow slightly faster in the District than the County (11.7% vs. 9.6% respectively).

Exhibit 7: Mid-Valley (District) Demographics								
Primary Service Area	**2020**	**Pct. Chg. 2010-2020**	**2024, Est.**	**Pct. of Tot. Pop.**	**Pct. Chg. 2020-2024**	**2029, Proj.**	**Pct. of Tot. Pop.**	**Pct. Chg. 2024-2029**
Tot. Pop.	**15,894**	**0.6%**	**16,129**	**100%**	**1.5%**	**16,638**	**100%**	**3.2%**
Tot. 0-64	12,410	-5.4%	12,205	75.7%	-1.7%	12,286	73.8%	0.7%
Tot. 65+	3,484	30.3%	3,924	24.3%	12.6%	4,352	26.2%	10.9%
Hispanic	2,669	25.6%	2,900	18.0%	8.7%	3,238	19.5%	11.7%
Fem. 15-44	2,484	-7.0%	2,587	16.0%	4.1%	2,723	16.4%	5.3%
AI/AN Alone	2,342	2.2%	2,165	13.4%	-7.6%	1,943	11.7%	-10.3%
Some Other Race Alone	1,481	29.7%	1,593	9.9%	7.6%	1,742	10.5%	9.4%
Two or More Races	1,593	151.3%	1,798	11.1%	12.9%	2,109	12.7%	17.3%
White Alone	10,243	-11.4%	10,320	64.0%	0.8%	10,552	63.4%	2.2%

Overall Demographic Trends

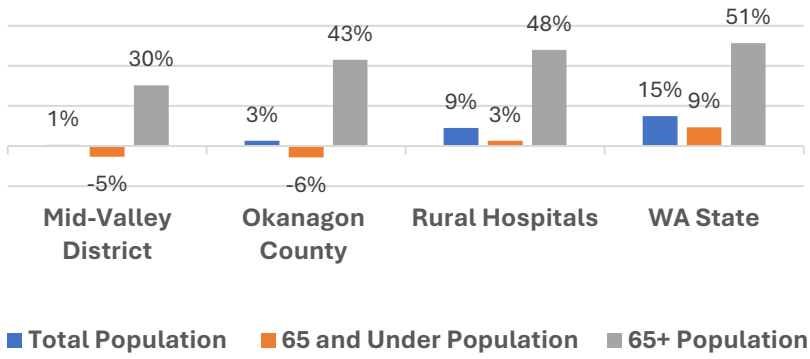
The data in **Exhibit 8** shows that the percent of the population 65+ is greater in the PSA and County than other rural hospitals in the State or the State at large. Additionally, the PSA and County are more diverse overall with a higher population of Hispanic residents and a significantly higher percentage of American Indians than the State.



Source: Claritas, 2024

Exhibit 9, confirms a key trend in the County and the State over the 2010-2020 timeframe: the rate of growth in the 65+ population consistently outpaced overall population growth. This trend continued between 2020 and 2024, with growth in the 65+ population of 13% and a continued decrease in the 0-64 population of 2%.

Exhibit 9: Population Growth, 2010-2020



Source: Claritas, 2024

Demographics: Key Takeaways

- Between 2010 and 2020, the District experienced significantly slower population growth (0.6%) than the county (2.7%), state (15%), or other rural hospitals, on average (9%). Okanagon County's population change during the same time period was 3% compared to 15% for the State at large.
- By 2029, an additional 3.2% growth is projected for the District, which is still less than the county (4.5%), rural average (4.5%), or state (4.4%) projections.
- Okanogan County's 65+ population accounts for almost 27% of the total population in 2024 and is expected to grow another 14% by 2029.
- Hispanic residents represent 21% of the county population in 2024, and that number is expected to grow another 10% by 2029.
- Indigenous Americans represent about 11% of the county population and about 13% of the District's. This population is decreasing in both the county and District.

III. Prior CHNAs & Accomplishments

Thriving Together Now

Mid-Valley is part of the Thriving Together NCW Accountable Communities of Health (Thriving Together). Thriving Together, previously known as North Central Accountable Community of Health, formed in 2016 as the region's designated ACH to improve the health and wellbeing of Chelan, Douglas, Grant, and Okanogan County residents.

When Thriving Together was formed, improving healthcare access and quality of care, along with reducing per capita healthcare costs in the region, were top priorities. These initiatives were carried out through the Washington State Medicaid Transformation Project. With the end of the Medicaid waiver approaching, the Thriving Together Board adopted a revised mission statement and launched a strategy workgroup in late 2020. Building on the momentum of the Medicaid waiver—and hopefully engaging in future waivers—Thriving Together began to broaden its scope of work to focus. on whole person health and health equity for all residents of North Central Washington.

2020 CHNA

Regional partners, including the Mid-Valley Hospital District, Confluence Health, Chelan-Douglas Health, and Action Health Partners, conducted a collaborative regional CHNA in 2020.

Assessment Process and Methods

Information for the assessment was gathered through four data collection methods: health indicators, a community survey, focus groups, and other community assessments. Data was collected for over 100 health indicators used to identify trends and changes from the previous two CHNAs, as well as to better inform the assessment process. The Community Voice Survey, a community survey, was used to capture the voice of the community regarding important health needs. It was the same survey used for the 2016 CHNA, with the addition of one question. Focus groups were performed in each of the counties, resulting in an overview of strengths, weaknesses, opportunities, and threats affecting the health of the communities in the region. Finally, assessments completed by organizations or coalitions throughout the region over the past three years were gathered, reviewed, and collated to help identify community health priorities and themes of needs. The data collection process has benefited from in-person input from over 85 people and survey data collected from 5,010 North Central Washington residents.

Summary of Prioritization Process

For the prior Mid-Valley CHNA, co-authors came together and reviewed the data from the four data collection methods, which culminated in the identification of 10 potential health needs of the region. During a CHNA Steering Committee meeting, members reviewed and confirmed the 10 most pressing health needs.

This was followed by a diverse group of community stakeholders from across North Central Washington gathering to review and prioritize the health needs for the region. Through a multi-voting technique, the group prioritized the five health needs designated as the focus of the region, plus a sixth priority that is unique to the Mid-Valley District.

Mid-Valley's Prior CHNA
Summary of Prioritized Needs

1. ***Access to Care (Behavioral & Physical Health)***
2. ***Affordable Housing***
3. ***Chronic Disease Management***
4. ***Education***
5. ***Substance Abuse***
6. ***Preventable ER Visits (Mid-Valley District)***

The CHNA report was adopted by the Okanogan County Public Hospital District No. 3 Board.

Mid-Valley's Prior CHNA Implementation Plan & Accomplishments

In addition to the six priorities outlined above, Mid-Valley addressed the below three overarching themes:

- Reduce barriers to care
- Improve care coordination
- Focus on health outreach and education

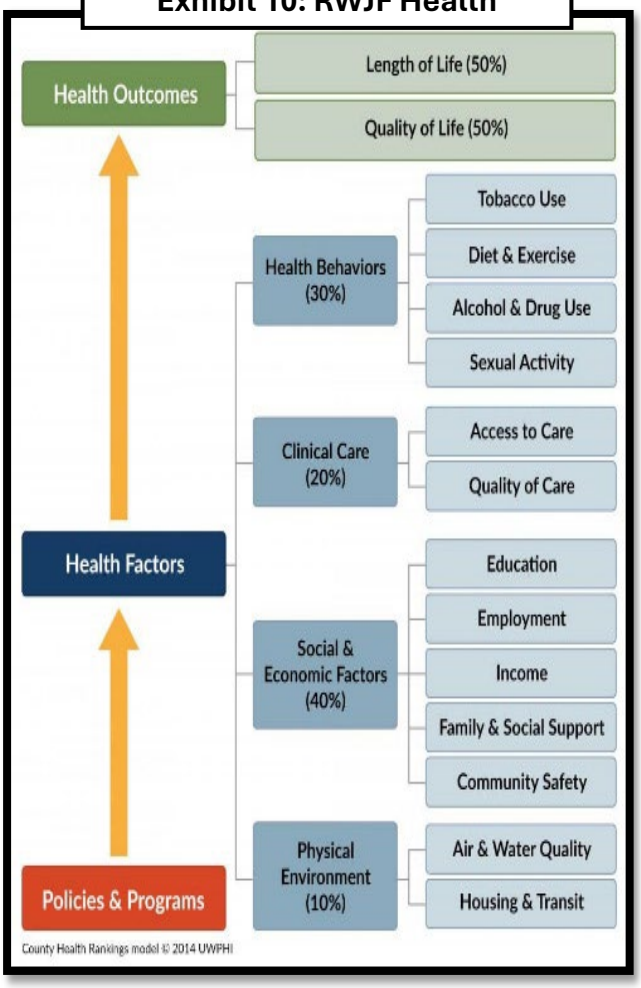
Appendix 1 includes Mid-Valley's Implementation Plan including the priorities and established goals, action-oriented strategies to achieve those goals, metrics of achievement or success, and potential partner organizations. Included with each goal are the key accomplishments achieved during the last three years.

IV. Methodology

2024 CHNA Process

The Robert Wood Johnson Foundation's (RWJF) Health Rankings Model, shown in **Exhibit 10**, was used to organize our CHNA work. This model emphasizes the many factors in population health that, if improved, can help make communities healthier places to live, learn, work, and play. In the Health Rankings Model, the current health status of a community is called health outcomes and is calculated by rates of mortality (premature death) and morbidity (chronic diseases). In turn, these health outcomes are influenced by health factors in a community, ranked by a calculation of various health behaviors, clinical care, social and economic factors, and physical environment measures. Health factors represent what will influence the future health of a community, while health outcomes represent how healthy a community is today.

Exhibit 10: RWJF Health



Both primary and secondary data collection were used to determine the health of Okanogan County and the service area. In addition to RWJF, data from several federal and state-level sources were used to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics. Specific data sources included:

- Centers for Disease Control, Behavioral Risk Factor Surveillance Survey (BRFSS)
- American Community Survey (ACS)
- U.S. Census. Bureau
- Washington Healthy Youth Survey
- UDS Mapper HRSA Data Warehouse
- Claritas Population Data
- Community Convening Survey Data

When possible, data was analyzed at the sub-county level (the District/service area). Where sub-county data was unavailable, it is reported at the county level. Additionally, Mid-Valley, in partnership with other county organizations, undertook a community survey process to assess, identify, and prioritize community needs across the county. Detailed outcomes from the survey are presented and discussed in the **Community Convening** section of this CHNA.

The RWJF County Health Rankings compare counties within each state on more than 30 factors. Washington's 39 counties are ranked according to a variety of health measures, and counties are ranked relative to the health of other counties in the state. The composite scores for Okanogan County, identified in **Exhibit 11**, show that Okanogan County is ranked in the lower quartile (0%-25%) of counties in Washington for Overall Health Outcomes (36th out of 39 counties) and Overall Health Factors (37th out of 39 counties).

Exhibit 11: RWJ County Health Rankings, 2018-2023

Name	*Measure*	*'19*	*'20*	*'21*	*'22*	*'23*	*Ranking Change 2019-2023*
Overall Health Outcomes		**34**	**32**	**35**	**35**	**36**	↓ **-2**
Length of Life	Premature death	31	31	34	33	33	↓ **-2**
Quality of Life	Poor or fair health, poor physical or mental health days, low birthweight	35	31	37	36	39	↓ **-4**
Overall Health Factors		**36**	**37**	**36**	**37**	**37**	↓ **-1**
Clinical Care	Uninsured adults, primary care provider ratio, preventable hospital stays, screenings	35	39	36	37	33	↑ **+2**
Health Behaviors	Smoking, obesity, binge drinking, motor vehicle crash deaths, teen births	37	36	35	33	38	↓ **-1**
Social and Economic Factors	High school graduation rate, college degrees, poverty, income inequality, social support	34	34	35	37	33	↑ **+1**
Physical Environment	Air and water quality, housing, and transit	29	26	25	38	24	↑ **+5**

Source: RWJ County Health Rankings, 2024

The Overall Health Outcomes composite score is being driven by decreases in Length of Life and Quality of Life measures. Quality of Life in particular, which measures residents' self-reporting of both poor physical and mental health and low birthweight babies in the county, has decreased by four positions since 2019, and now ranks last of Washington's 39 counties.

While declining one position since 2019 (from 36th to 37th of Washington's 39 counties), there has been improvement in some composite measures within Overall Health Factors. Access to clinical care in the county has improved two positions to 33rd of Washington's 39 counties. Measures of the physical environment (air/water quality, housing, transit) have improved five positions since 2019, and now rank 24th out of 39 counties.

V. Health Outcomes

Length of Life

Measuring how long people in a community live demonstrates whether people are dying too early and prompts evaluation of what is driving premature deaths. By exploring a county's data related to Length of Life, important indicators about a community's health can be highlighted.

WHAT ARE HEALTH OUTCOMES?

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

Starting with the general measure of Life Expectancy, comparisons can be made between geographic areas and populations within an area. A deeper look into length of life is the measure of Premature Mortality, an age-adjusted measure of unfulfilled life expectancy for deaths that occur before the age of 75. Years of Potential Life Lost (YPLL) is another widely used measure of the rate and distribution of premature mortality. This measure calculates the years of potential life lost under age 75 per 100,000 people. Measuring Premature Mortality and YPLL, rather than just overall mortality, focuses attention on deaths that might have been prevented.

As shown in **Exhibit 12**, data from Okanogan County highlights disparities in length of life compared to state and national averages, and across demographic groups within the county. Overall, Okanogan County has a life expectancy of 76.8 years, slightly below the state average of 79.4 years and the national average of 77.6 years. Premature mortality data, measured as deaths under age 75 per 100,000 population, shows the county reports 430 premature deaths per 100,000 residents overall, higher than both state (320) and national (390) averages.

Looking at YPLL measures, the county has 9,000 YPLL per 100,000 residents, higher than state (6,300) and national (8,000) averages.

Exhibit 12: Health Outcomes (Length of Life)

	Okanogan County					
	Total	**White**	**Hispanic**	**AI/AN**	**WA**	**U.S.**
Life Expectancy	76.8	77.4	90.1	66.8	79.4	77.6
Premature Mortality (2018-2020)	430	400	250	930	320	390
Years of Potential Lost Life	9,000	8,200	5,400	21,400	6,300	8,000

Source: RWJ County Health Rankings, 2024

There are also notable disparities within Okanogan County. The life expectancy for the White population in Okanogan County is 77.4 years, slightly above the county average overall. The Hispanic population shows significantly higher life expectancy at 90.1 years, highlighting a positive health outcome compared to other groups. In contrast, the American Indian population has a much lower life expectancy of 66.8 years.

The White population in Okanogan County experiences 400 premature deaths per 100,000 people, lower than the overall county average, while the Hispanic population has a much lower premature mortality rate at 250 deaths per 100,000. American Indian residents again have a much higher premature mortality rate (930 deaths per 100,000), significantly surpassing county, state, and national overall averages.

The White population in the county experiences 8,200 YPLL per 100,000, slightly below the county average. Hispanic residents show a significantly lower YPLL at 5,400, indicating fewer years lost due to premature mortality compared to other groups. American Indian residents have a much higher YPLL of 21,400, illustrating substantial health disparities and challenges leading to premature deaths.

Exhibit 13 highlights the leading causes of death for Okanogan County. While the state has the same top two leading causes of death, Okanogan County had a higher rate of unintentional injuries/accidents than the state (65.1 in the county vs. 62.8 in the state).

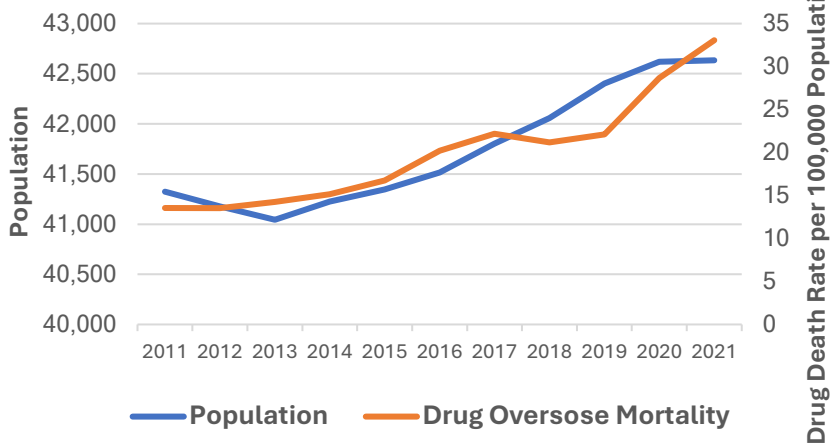
Exhibit 13: Leading Causes of Death (under age 75), Okanogan County, 2022

	Deaths	Age-Adjusted Rate per 100,000
Cancer	201	172.2
Heart Disease	102	87.4
Accidents	76	65.1
COVID-19	62	53.1
Chronic Liver Disease	41	27.6

Source: RWJ County Health Rankings, 2024

Nonetheless, as seen in **Exhibit 14**, rising drug overdose mortality is significant in the county. Drug overdose deaths also continue to rise, outpacing population growth between 2011 and 2021. Continued vigilance is needed to measure the possible impact of pandemic (and post-pandemic) health behaviors on drug overdoses.

Exhibit 14: Drug Overdose Mortality, Okanogan County (2011-2021)



Source: NCHS, National Vital Statistics System, mortality data (see http://www.cdc.gov/nchs/deaths.htm)

Quality of Life

Quality of Life data tells us about how people perceive their health. It tells us whether they feel healthy and satisfied. It is important to understand the perceived health of a community so we can distinguish patterns over time and identify risk factors and policies that address those risk factors.

According to 2024 county health rankings (**Exhibit 15**), more Okanogan County residents (20%) report they are in "poor or fair health," a measure of adults who rate their own health as poor or fair on a scale of poor, fair, good, very good, or excellent, than the state (14%).

Exhibit 15: Percent of Residents Reporting Poor or Fair Health (age-adjusted)

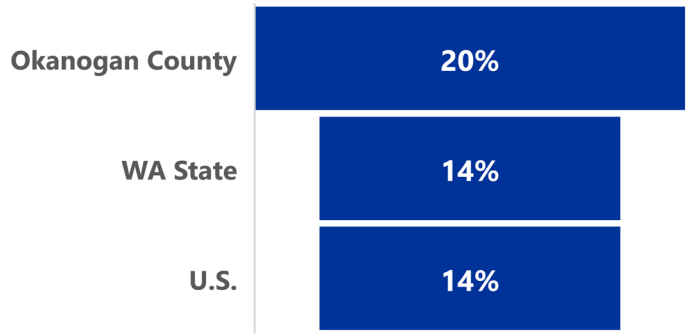
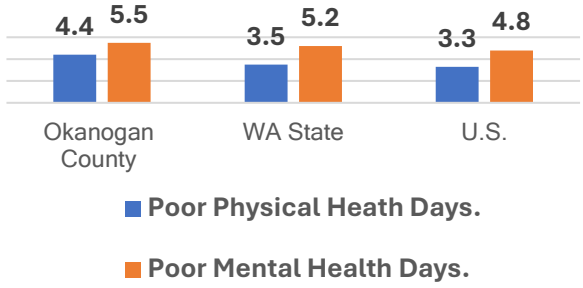


Exhibit 16 demonstrates that county residents report about 20% more poor physical health days (4.4) in the past 30 days than state residents overall (3.5). This includes chronic conditions such as arthritis, asthma, cancer, diabetes, heart disease, and stroke,

as well as acute conditions such as colds, flu, and injuries. County residents also report more poor mental health days then either Washington State or the U.S.

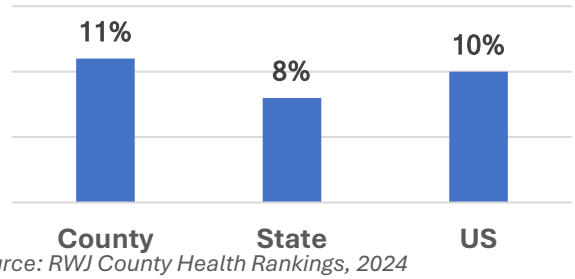
Chronic conditions also impact quality of life, with significant impacts on physical, social, and mental well-being. They cause significant morbidity and mortality rates. In addition to the leading causes of death outlined in **Exhibit 14**, the county also has higher rates of diabetes (11%) than the state (8%) or U.S. (10%), as seen in **Exhibit 17**.

Exhibit 16: Average Number of Phycially and Mentally Unhealthy Days (past 30 days, age-adjusted)



Source: RWJF County Health Rankings, 2024

Exhibit 17: % of Adults Ever Told They Have Diabetes



Source: RWJ County Health Rankings, 2024

Health Outcomes: Key Takeaways

- Okanogan County ranks 36th of 39 counties in Washington for Health Outcomes and Health Factors, according to RWJF County Health Rankings.
- Significant health disparities exist in health outcomes in the county, particularly related to length of life and premature mortality, with the Hispanic population faring better than other populations, and the American Indian population faring significantly worse.
- The county fares worse across measures for quality of life, with 30% more county residents reporting poor or fair health than the state or U.S. averages.
- Drug overdose death rates continue to rise, outpacing population growth between 2011 and 2021. Continued vigilance is needed to measure the possible impact of pandemic (and post-pandemic) health behaviors on drug overdoses. Nonetheless, rising drug overdose mortality is significant in Okanogan County.

VI. Health Behaviors

In the United States, 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.

WHAT ARE HEALTH BEHAVIORS?

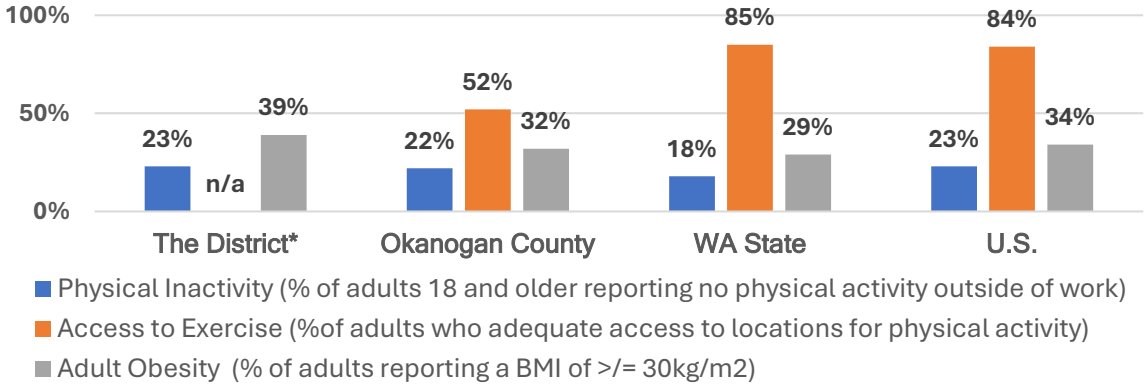
Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. Health behaviors are modifiable.

Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors, as well as ensuring that they can access nutritious. food, safe spaces to be physically active, and receive support to make healthy choices.

Nutrition and Exercise

Diet and activity patterns are closely correlated with chronic disease. As shown in **Exhibit 18**, the percentage of the District (23%) and county (22%) population that is physically inactive is higher than the state (18%). The percentage of adults who live close to exercise opportunities is significantly lower in Okanogan County (52%) than the statewide percentage (85%). Almost four-in-ten District residents report being obese, compared to three-in-ten in the county. The rate is also 25% higher than the state average.

Exhibit 18: Health Risk Factors



*Source: RWJ County Health Rankings, 2024, * Source: BRFSS, 2022*

Access to Healthy, Sufficient Food

The Food Environment Index (FEI) measures factors that contribute to a healthy food environment from 0 (worst) to 10 (best). The RWJF County Health Rankings' measure of the food environment accounts for both access to healthy foods (distance, location) and income (cost barriers). The lack of consistent access to adequate amounts of nutritious, balanced food is called "food insecurity." According to Feeding America's *Map the Meal Gap 2020, A Report on County and Congressional District Food Insecurity*, in addition to having negative impacts on the health of individuals at all ages (e.g., weight gain and premature mortality), this measure is correlated to higher prevalence for disease and is a key social determinant of health. The percentage of a population who are low-income and do not live close to a grocery store are identified as having "limited access to healthy foods." This, in turn, impacts overall health in the community.

As shown in **Exhibit 19**, Okanogan County scored 7.5 out of a possible 10 on the FEI, underperforming against the state (8.5) and the nation (7.7). Importantly, the percentage of county residents with limited access to foods is 13%, again worse than the state (9%) or U.S. (10%).

Exhibit 19: Access to Healthy, Sufficient Food

	County	WA	U.S.
Food Environment Index *(index of factors that contribute to a healthy food environment)*	**7.5**	**8.5**	**7.7**
Food Insecurity Rate *(% of population who lack adequate access to food)*	**13%**	**9%**	**10%**

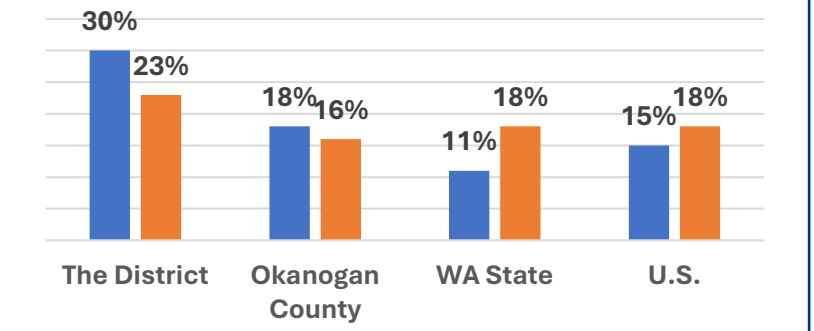
Source: 2024 RWJF County Health Rankings

Substance Use

Tobacco use is the leading preventable cause of death and disease in the U.S., and according to the CDC, cigarette smoking alone kills more than 480,000 Americans each year. Excessive alcohol consumption (binge drinking, heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weaking of the immune system. Alcohol-impaired driving deaths significantly contribute to unintentional injuries (the only top cause of death in the county that is not directly related to chronic disease). One-third of all traffic-related deaths involve alcohol, and drunk driving is the number one cause of death among teenagers.

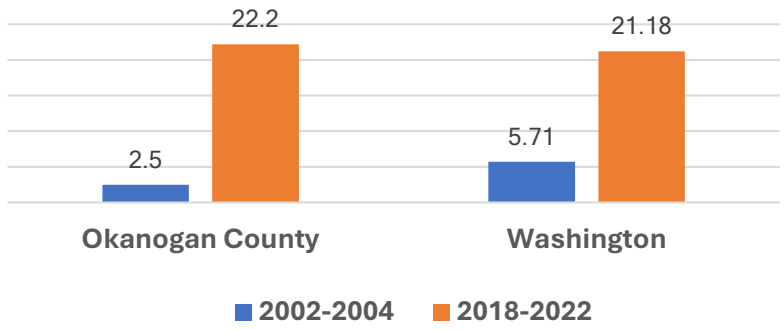
Across almost every measure of substance use, the county fares worse than the state and the nation. Significantly, more District residents report participating in smoking and excessive drinking than the county. **Exhibit 20** shows that almost one-third of District adults (30%) report being current cigarette smokers, a greater percentage than Okanogan County (18%), Washington State (11%), or the U.S. (15%). Almost one-fourth of District adults (23%) report excessive drinking, again greater than the county (16%), state (18%), or nation (18%).

Exhibit 20: Substance Use



Source: 2024 RWJF County Health Rankings

Exhibit 21: Deaths Attributed to Any Opioid (per 100,000 Residents)

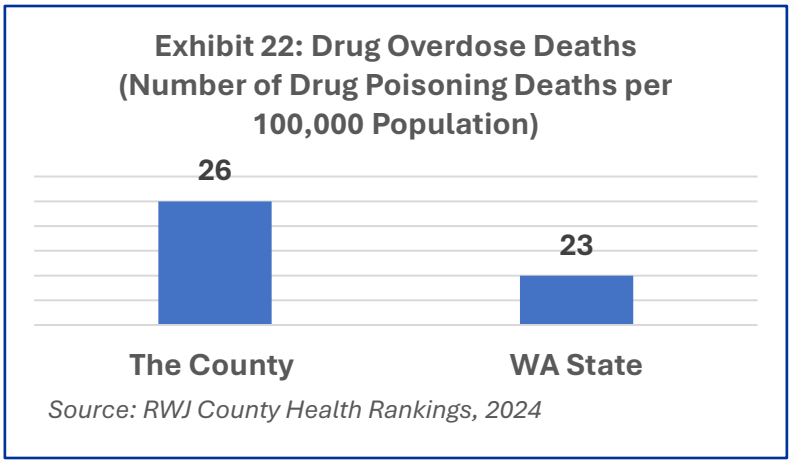


Source: University of Washington Addictions, Drug & Alcohol Institute, "Opioid Trends Across Washington"

Drug overdoses and opioid misuse mark a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from prescription and illicit opioids have increased sharply since 1999. Nationwide, over 300,000 people have died from drug overdoses in the last 15 years. That's about 55 people per day.

Washington State has experienced a similar trend. As shown in **Exhibit 21**, the University of Washington's Addictions, Drug & Alcohol Institute research compared all opioid death rates between 2002-2004 and 2020-2022. Washington experienced a staggering 730% increase in opioid deaths per 100,000 residents (from 5.71 to 21.18) between the two points in time. Okanogan County fared worse, with an astonishing 782% increase in opioid deaths per 100,000 (from 2.5 to 22.2) in the same time frame.

Exhibit 22 shows that drug overdose deaths are 13% higher in Okanogan County, in general, than Washington State's rate.



Healthy Youth Survey

The Healthy Youth Survey (HYS) is a biennial survey administered to 6th-12th grade students across the state. The HYS measures health risk behaviors that contribute to illness, death, and social problems among youth in Washington State, including alcohol and drug use intentional and unintentional injuries, food and physical activity, mental health, school climate, and related risk and protective factors. The most recent 2021 survey was the 17th statewide survey, with 200,000 students participating from all 39 counties.

The Omak School District's 2023 Healthy Youth Survey, surveyed 107 8th grade students and found that:

- One-in-five (21%) rode with a drinking driver (vs. 12% statewide).
- More than a quarter (26%) rode with a marijuana using driver (vs. 8% statewide).
- 7% reported using marijuana in the past 30 days (vs. 4% statewide).
- One-in-three (33%) reported being bullied in the last month, a rate about 18% higher than the statewide average.
- 20% reported being harassed due to sexual orientation and 23% reported being harassed due to race.
- 51% reported feeling nervous or anxious in the past two weeks, while 30% reported being "unable to stop or control worrying" in the past two weeks.

The Washington State HYS uses research from the University of Washington model to analyze youth substance abuse and misuse that identifies both Risk Factors and Protective Factors in the community. The 2023 HYS 8th grade survey data found that:

- 49% had risk factors associated with low neighborhood attachment (social opportunities, crime, vandalism)
- 47% had protective factors of participation in afterschool activities (vs. 62% for the State).

- While only 38% identified opportunities for prosocial community involvement, 75% were active in sports teams or recreation.
- 70% had a risk factor of low commitment to school (absences, truancy, academic failure).
- Protective factors include both opportunities (69%) and rewards (59%) for prosocial school involvement, students reporting they can "talk to teacher" (78%) and "teachers tell me when I'm doing good work" (70%).
- 56% reported opportunities for prosocial family involvement (vs. 68% statewide), 72% reported they "can discuss problems with parents" and 78% reported "chances for fun with parents".

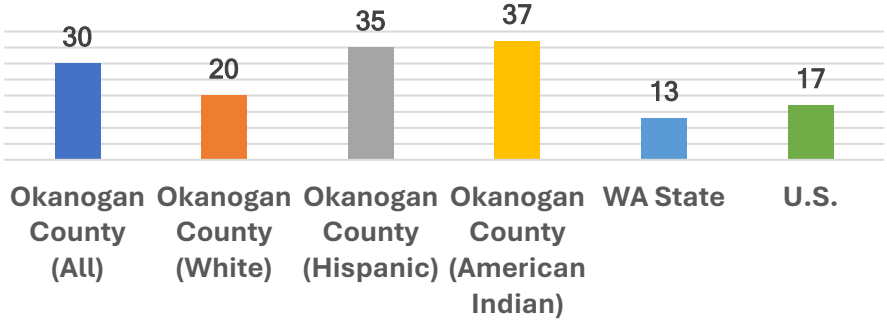
Teen Pregnancy and Childbearing

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

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

As shown in **Exhibit 23**, the number of teen births per population of 15 to 19-year-olds is 130% higher in Okanogan County than in Washington State, and disaggregated rates for Hispanic and American Indian populations are higher still.

Exhibit 23: Number of Births per 1,000 Female Population, Ages 15-19



Source: *RWJF County Health Rankings, 2024*

Health Behaviors: Key Takeaways

- Okanogan County ranks 37th out of 39 counties in Washington State for health factors and fares worse than the average county in the nation.
- Across almost every measure of Health Behavior, Okanogan County fares worse than the state and U.S.
- The percentage of adults who live close to exercise opportunities is significantly lower in Okanogan County than the state, and a significantly higher percentage of District residents report being obese than that of the county or statewide.
- Significantly, the District also fares worse than the county in measures of smoking and drinking.
- The county has experienced a higher rate of drug overdose deaths than the state.
- Teen births in the county are significantly higher than statewide, and there is significant discrepancy based on race and ethnicity with much higher teen birth rates for the Hispanic and American Indian populations.

VII. Clinical Care

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

WHAT IS INCLUDED IN CLINICAL CARE MEASURES?

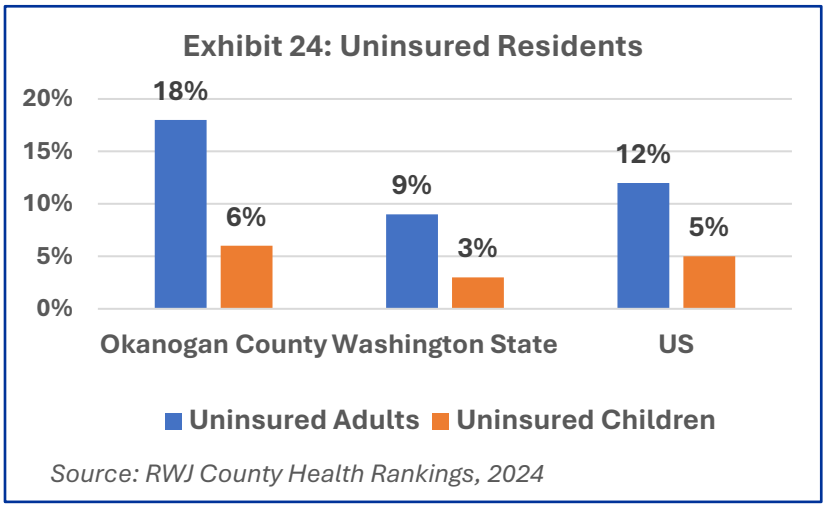
Clinical care includes what people view as medicine: primary care providers, vaccines, screenings, etc. Access means making sure all people can get these services in convenient, timely, and affordable ways. There are many barriers to accessing health services, from financial to geographic limitations. Provider ratios per 1,000 residents and rates of insured are also important factors.

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

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

Uninsured

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



Source: RWJ County Health Rankings, 2024

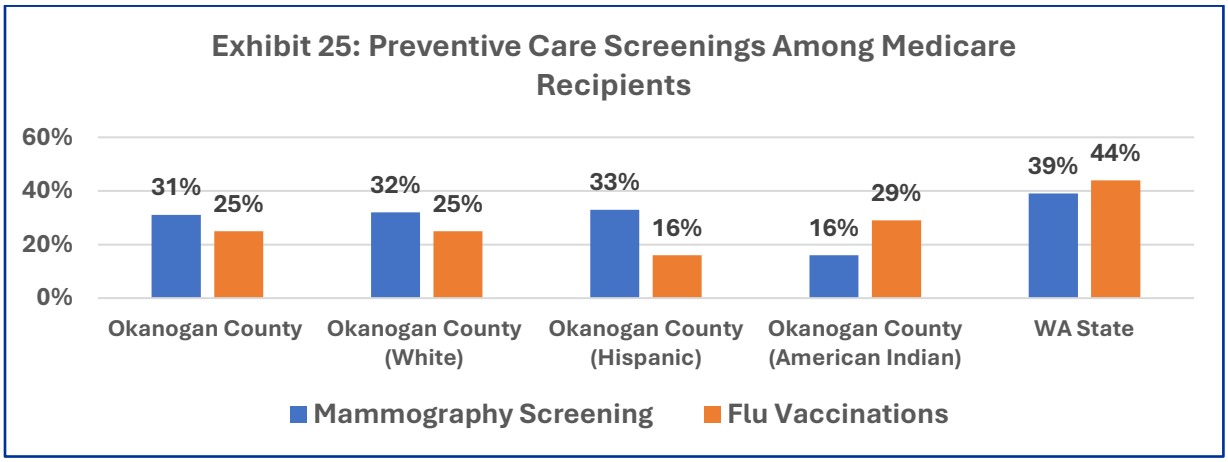
Uninsured people are:

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

Exhibit 24 shows that as of 2022, 18% of county adults and 6% of county children were without health insurance, a rate twice as high as their state peers (9% and 3%, respectively).

Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Vaccinations prevent many life-threatening illnesses from ever occurring, and preventive screenings catch disease processes early so that treatments are more effective. Yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised—vaccines prevent people from getting severe flu.



As indicated in **Exhibit 25**, the rate of Medicare recipients in Okanogan County who receive annual flu vaccines compared to the state is significantly lower (25% versus 44%), while the rate of mammography screening is also lower in the county (31%) compared to the state (39%).

Additional disparities in these rates exist by race and ethnicity. Per **Exhibit 25**, the flu vaccine rate for Hispanic residents who are Medicare recipients residing in Okanogan County is 16%, compared to 25% for the overall county population. Only 16% of the

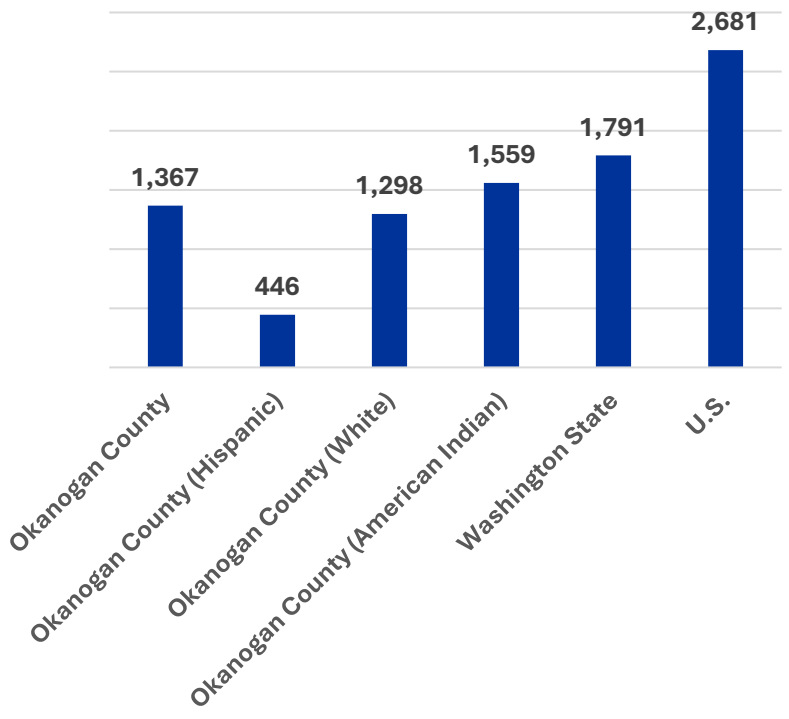
American Indian residents Okanogan County received recommended mammography screenings, compared to 31% of the county population.

Preventable Hospital Stays

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

As shown in **Exhibit 26**, Okanogan County is doing better than Washington State and U.S. top performers in terms of the rate of preventable hospital stays, with a rate of 1,367 per 100,000, compared to 1,791 for the state and 2,681 for U.S. top performers. Discrepancies in the data appear when disaggregating by race and ethnicity. The Hispanic population of the county outperforms the county and all peers, while the American Indian population fares worse than the county and all peers on this measure.

Exhibit 26: Preventable Hospital Stays (per 100,000 People Enolled in Medicare)



Source: RWJF County Health Rankings, 2024

Health Professional Shortages

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

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

Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need (see **Exhibit 27**). HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care.

Exhibit 27: HPSA Scoring Criteria

Three scoring criteria are common across all disciplines of HPSA:

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

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

Source: Health Resources and Services Administration (HRSA)

These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas. **Exhibit 28** reflects Okanogan County's HPSA designations. Note that the Okanogan County Mid-Valley Medical Group scores 15 or higher (out of a possible 26) in all three determiners (scoring 19 for dental and mental health), indicating high levels of need. The entire county is designated as a mental health HPSA with a score of 19.

Exhibit 28: Okanogan County HPSA Designations				
HPSA	**Area**	**Designation Type**	**Designation Date**	**Score**
Primary Care	North Okanogan County	Low-Income	8/26/2021	13
Primary Care	South Okanogan County	Low-Income	10/20/2021	18
Primary Care	Mid-Valley Medical Group	Rural Health Clinic	12/27/21	15
Dental Care	Okanogan County	Low-income, Homeless, Migrant Farm Woker	8/31/17	18
Dental Care	Mid-Valley Medical Group	Rural Health Clinic	12/27/21	19
Mental Health	Okanogan County	Geographic	8/31/17	18
Mental Health	Mid-Valley Medical Group	Rural Health Clinic	12/27/21	19
Source: HRSA Data Warehouse – HPSA Find				

HRSA's MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. The MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. **Exhibit 29** outlines the criteria for MUA/P scores.

Exhibit 29: MUA/P Scoring Criteria

MUA/P Indicators

- *Provider per 1,000 population ratio*
- *% Population at 100% of the Federal Poverty Level (FPL)*
- *% Population age 65 and over*
- *Infant Mortality Rate*

Source: Health Resources and Services Administration (HRSA)

As seen in **Exhibit 30**, all of Okanogan County is designated as a Medically Underserved Area by HRSA. Both the county and District are designated healthcare shortage areas for primary, dental, and mental health.

Exhibit 30: Okanogan County MUA/P Designations

MUA/P	Area	Designation Type	Designation Date	Score
Primary Care	Okanogan County	MUA	4/6/90	59.1

Source: Health Resources and Services Administration (HRSA)

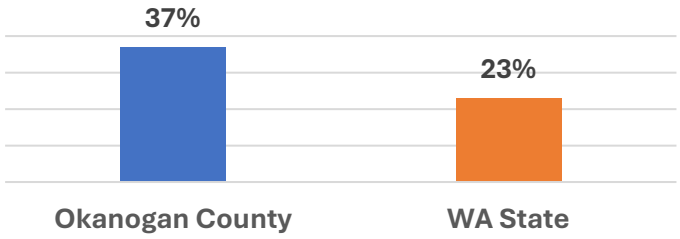
Exhibit 31 illustrates that Okanogan County residents are faring worse in terms of access to primary care than the state.

Exhibit 31: Access to Care
Ratio of Population to Provider

	Okanogan County	Washington State	U.S. Top Performers
Primary Care Physicians	1,220:1	1,200:1	1,330:1
Dentists	1,310:1	1,150:1	1,360:1
Mental Health Providers	270:1	200:1	320:1

Source: 2024 RWJF County Health Rankings

Exhibit 32: Residents with Access to Medicaid Services (2020)



Source: Healthier Washington (HCA, OFM Data)

As shown in **Exhibit 32**, Okanogan County has almost 40% more residents eligible for Medicaid services than Washington State. In fact, Okanogan County has the third-highest rate of Medicaid eligible residents (37%) in the state, behind only Adams (47%) and Yakima (41%) counties.

Clinical Care: Key Takeaways

- The percentage of adults and children in Okanogan County without health insurance is twice that of the state.
- Okanogan County Medicare recipients have significantly lower rates of receiving preventive screenings, and additional disparities exist by race and ethnicity within the county.
- Okanogan County has the third highest rate of Medicaid eligible residents in the state – behind only Adams and Yakima counties.

VIII. The Social Determinants: Social and Economic Factors

Our basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, family-wage employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment and underemployment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

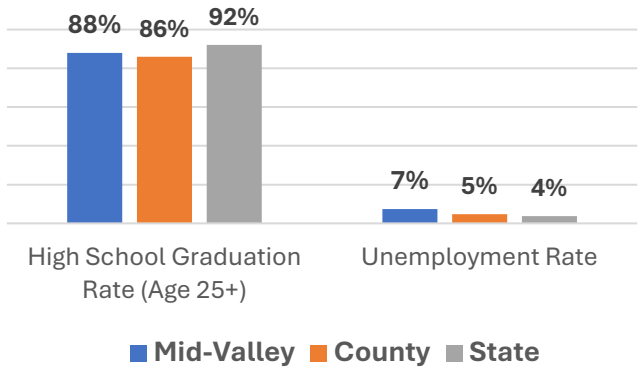
WHAT ARE SOCIAL AND ECONOMIC FACTORS

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.

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.

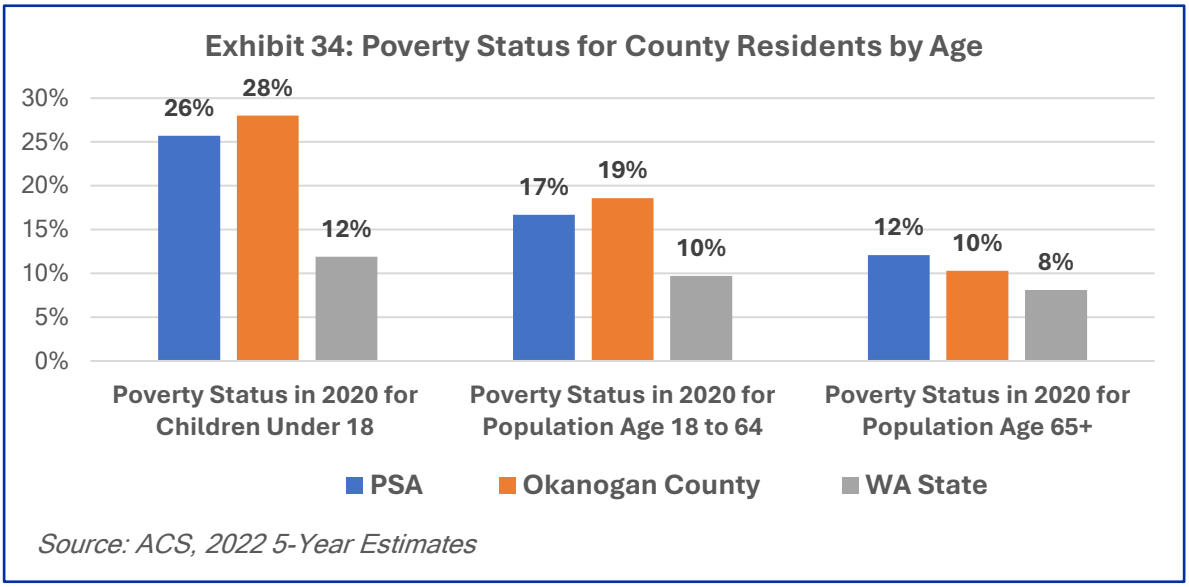
As seen in **Exhibit 33**, both the District and the county perform worse than the state in measures of high school graduation and unemployment. District residents graduated high school at a higher rate (88%) than their county peers, though unemployment was higher in the District than in the county.

Exhibit 33: Adult Social Indicators



Source: American Community Survey 2022, 5-Year Estimates

According to the U.S. Census Bureau, the child poverty rate fell to its lowest recorded level in 2021, driven by the impact of anti-poverty programs during the COVID-19 pandemic. However, **Exhibit 34** shows that in both the Mid-Valley District and Okanogan County, the childhood poverty rate in 2022 (26% and 28%, respectively) was over twice that of the state rate (12%). Poverty rates are higher in the District and county than the state across all age groups.



Poverty is defined in the Census by family size and income and is a primary measure of financial stability. However, many families living above the federal poverty level (FPL) still cannot make ends meet. The United Ways' ALICE measure (Asset Limited, Income Constrained, Employed) looks at those making above 100% of FPL. By factoring in a "household survival budget" and "threshold of financial survival" into the equation, the ALICE measure targets those above the FPL, but who fall below a "basic cost of living". Therefore, it can be combined with the 100% or below FPL to create a more accurate number of those struggling.

As seen in **Exhibit 35**, the communities of the District and Okanogan County are struggling economically. More than one-in-four households struggle with the basic cost of living. That rate is over 50% in the communities of Riverside and on the Colville Reservation.

Exhibit 35: 2024 ALICE Data

ZIP	Households	Poverty	ALICE	Above ALICE	Combined Poverty + ALICE	
Okanogan County	**16,630**	2,662	4,743	9,225	**7,405**	**45%**
PSA	**6,173**	1,172	1,642	3,359	**2,814**	**46%**
Colville Reservation	**2,175**	553	517	1,105	**1,070**	**49%**
98819 - Conconully	**100**	20	37	43	**1340**	**43%**
98829 - Malott	**242**	106	43	93	**399**	**45%**
98840 - Okanogan	**1,890**	276	483	1131	**759**	**40%**
98841 - Omak	**3,416**	655	900	1861	**1,555**	**46%**
98849 - Riverside	**525**	115	179	231	**294**	**56%**

Source: ALICE, 2024

Another measure of economic health in a community is the Distressed Community Index (DCI). The DCI is used to sort zip codes, counties, and congressional districts into five quintiles of wellbeing: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The seven components of the index are:

1. **No high school diploma**
2. **Housing vacancy rate**
3. **Adults not working**
4. **Poverty rate**
5. **Median income ratio**
6. **Changes in employment**
7. **Changes in establishments**

The primary data source for the DCI is the U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates. These ACS estimates are multiyear averages that provide the most statistically reliable data for smaller geographic units such as zip codes and less populated counties. Census Business Patterns data is used to calculate employment and establishment growth.

Exhibit 36: Distressed Community Index

Area, Town, Zip Code	Classification	Score (out of 100)
Okanogan County	*At-Risk*	**72.2**
98819 Conconully	*Data suppressed when less than 100 households.*	
98829 Malott	*At-Risk*	**77.4**
98840 Okanogan	*At-Risk*	**78.1**
98841 Omak	*Distressed*	**92.7**
98849 Riverside	*Mid-tier*	**54.6**

Source: Distressed Communities Index

As seen in **Exhibit 36**, Okanogan County has an overall DCI score of 72.2, which puts it "At-Risk." This score means the county ranks 37th out of 39 counites in Washington on the DCI. Similar to ALICE, we can see the communities of the District are all impacted, with Omak scoring 92.7 as a "Distressed" community on DCI measures.

Social and Economic Factors: Key Takeaways

- The communities of the District and the county are struggling economically to make ends meet across multiple measures (poverty, ALICE, DCI).
- The number of children living in poverty is more than twice as high in the District and county than the state.
- Disparities within Okanogan County are present as well, particularly in the communities of Omak, Riverside, and the Colville Reservation.

IX. 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 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 disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and increased risks of cancer.

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

Housing

RWJF County Health Rankings data provides estimates of individuals who have "severe housing problems," meaning individuals who live with at least one of four of the following conditions: overcrowding, high housing costs relative to income, lack of a kitchen, or lack of plumbing. Similarly, RWJF defines a "cost-burdened" household as a household that spends 30% or more of their household's income on housing.

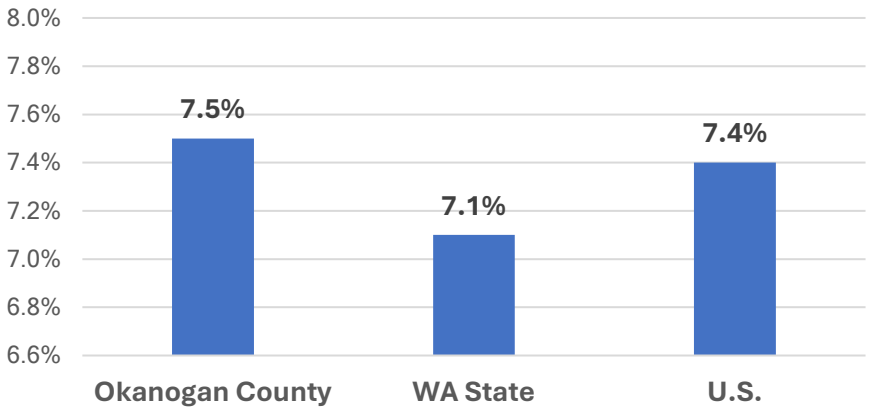
While **Exhibit 37** identifies that the district and county's renters and homeowners are generally in-line with state peers on cost-burdened households relative to the state and nation. Also evident in **Exhibit 37**, one-in-five renters and almost one-in-four homeowners in Okanogan County are spending more than 30% of their household income on rent. Households experiencing these cost burdens face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, healthcare and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels, emotional strain, and disease.

Exhibit 37: Housing Metrics	District	County	WA State	U.S.
Renting				
Cost-Burdened *% of Renters Spending 30%-49% of Household Income on Rent*	**21%**	**19%**	**25%**	**23%**
Severe Cost-Burdened *% of Renters Spending 50% or More of Household Income on Rent*	**7%**	**14%**	**22%**	**23%**
Home Ownership				
Cost-Burdened *% of Homeowners Spending 30%-49% of Household Income on Home Ownership Costs*	**21%**	**23%**	**24%**	**22%**
Severe Cost-Burdened *% of Homeowners Spending 50% or More of Household Income on Home Ownership Costs*	**12%**	**11%**	**9%**	**9%**
Source: American Community Survey 2022, 5-year Estimates. Accessed through Social Explorer.				

Air and Water Quality

RWJF's County Health Rankings measures air pollution by the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers ($PM_{2.5}$).

Exhibit 38: Air Pollution – Particulate Matter



Source: RWJF County Health Rankings, 2024

As seen in **Exhibit 38**, Okanogan County fares slightly worse than Washington State and U.S. top performers on this measure of air quality.

In addition to clean air, ensuring the safety of drinking water is important to prevent illness, birth defects, and death. One method for measuring the safety of water in a community is to evaluate drinking water violations (defined as at least one community water system in the area receiving at least one health-based violation in the last year). Okanogan County received no drinking water violations in 2021 the year of most recent data).

Physical Environment: Key Takeaways

- The burden of rental housing and home ownership costs in the District and County are in-line with State and National averages.
- Okanogan County had no water quality issues and the air quality is on par with state and U.S. averages.

X. Community Convening

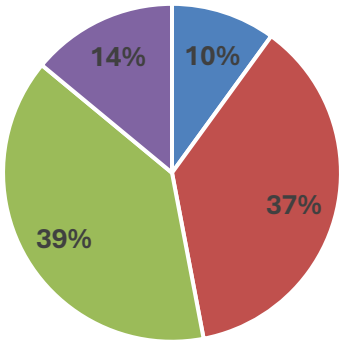
In 2024, Mid-Valley Hospital & Clinic (the District) conducted a rigorous. community survey to gather information on the experiences, perceptions, and needs of the community related to healthcare, health status, and quality of life. The survey was purposefully short (17 questions) to keep the completion rate high. Emails, flyers, and social media posts that included survey links, QR codes, and options for completing phone or hard copy surveys were developed, allowing for multiple ways to access the survey, which ran June-July 2024. The survey was also translated and disseminated in Spanish.

Mid-Valley placed hard copy surveys and collection boxes in hospital admissions and clinic reception areas, and the following organizations shared the survey via Listserv, email distribution, social media, and/or posting flyers at their locations:

- Mid-Valley Hospital & Clinic
- Three Rivers Hospital
- Family Health Centers
- Okanogan County Transportation & Nutrition
- Omak School District
- Okanogan School District
- Omak Senior Center
- Okanogan Senior Center
- Okanogan Chamber of Commerce

As shown in **Exhibit 39**, Okanogan County residents 65 years of age and up make up 27% of the population, but are 14% of survey respondents, suggesting some underrepresentation of seniors' voice. Hispanic respondents trend much younger than other survey demographic groups. Of the 55 Hispanic respondents, more than half (53%) were 18-34, the rest were 35-64, with no Hispanic respondents 65+.

Exhibit 39: Okanogan County Health Survey: Age Distribution



Okanogan County's population is 21% Hispanic and 11% American Indian. **Exhibit 40** shows that Hispanic survey responses are proportional at 22%, while American Indian respondents are underrepresented at 3%.

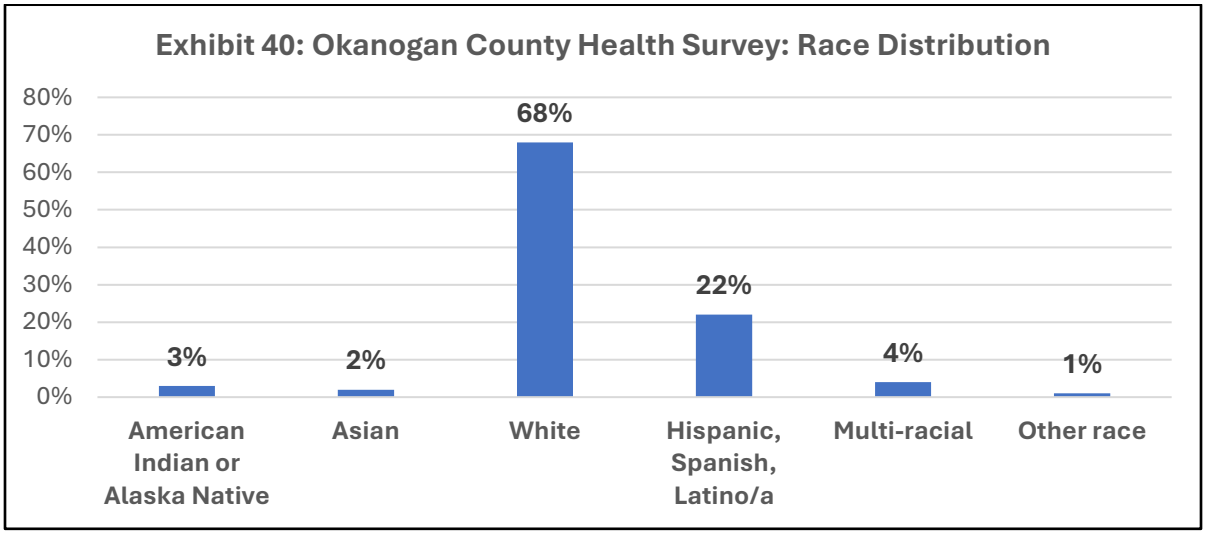
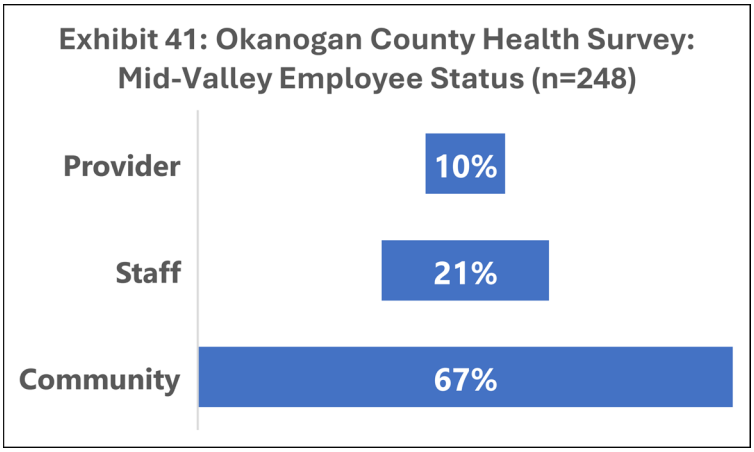


Exhibit 41 shows that Mid-Valley employees made up 31% of respondents (10% providers, 21% staff).

Exhibit 41 shows that almost 9 of every 10 survey respondents have used Mid-Valley hospital in the past two years.



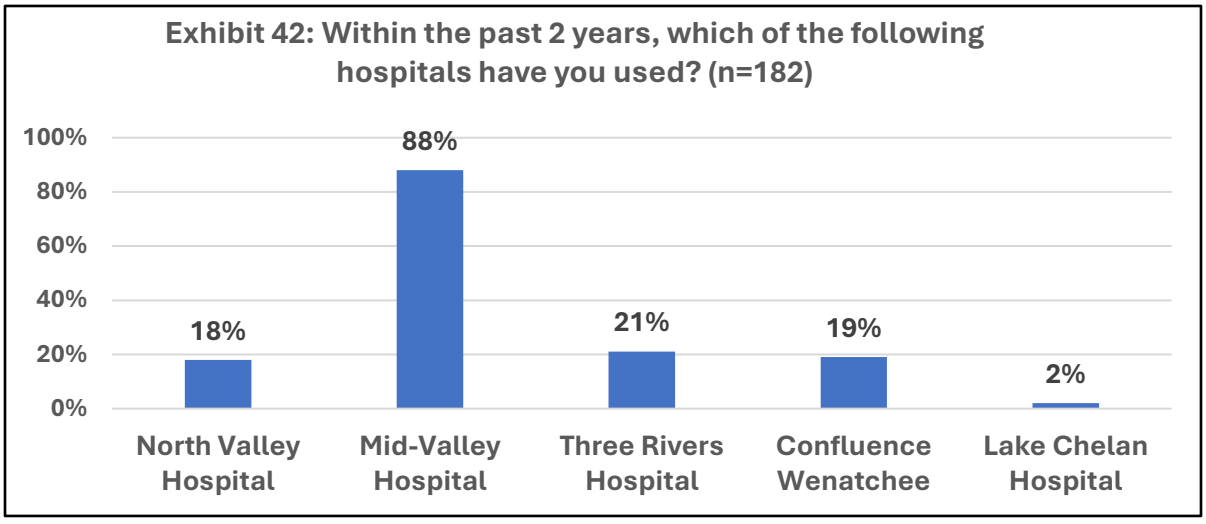


Exhibit 43 shows respondents that currently have and use a regular health care provider. 65+ respondents were more likely to have a primary care provider (97%) vs. all others (84%) or Hispanic (85%).

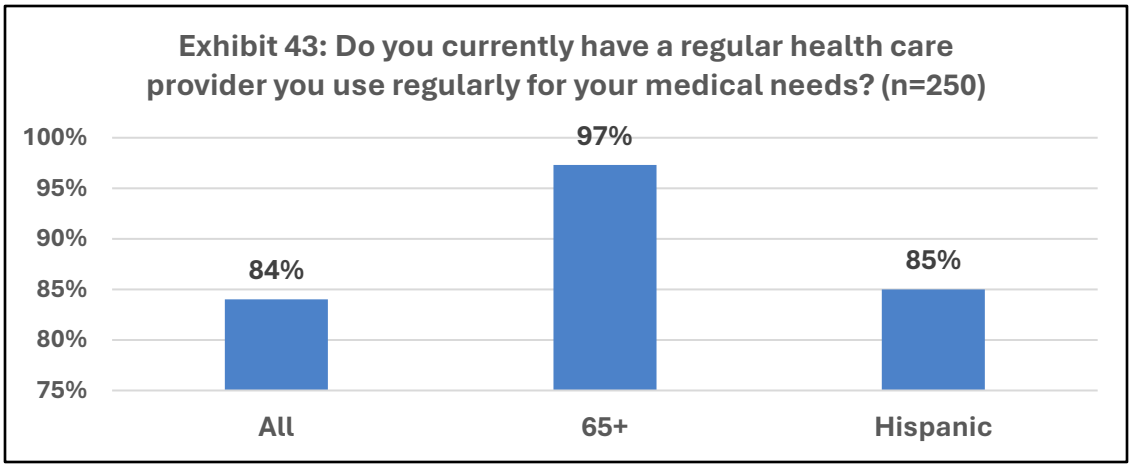
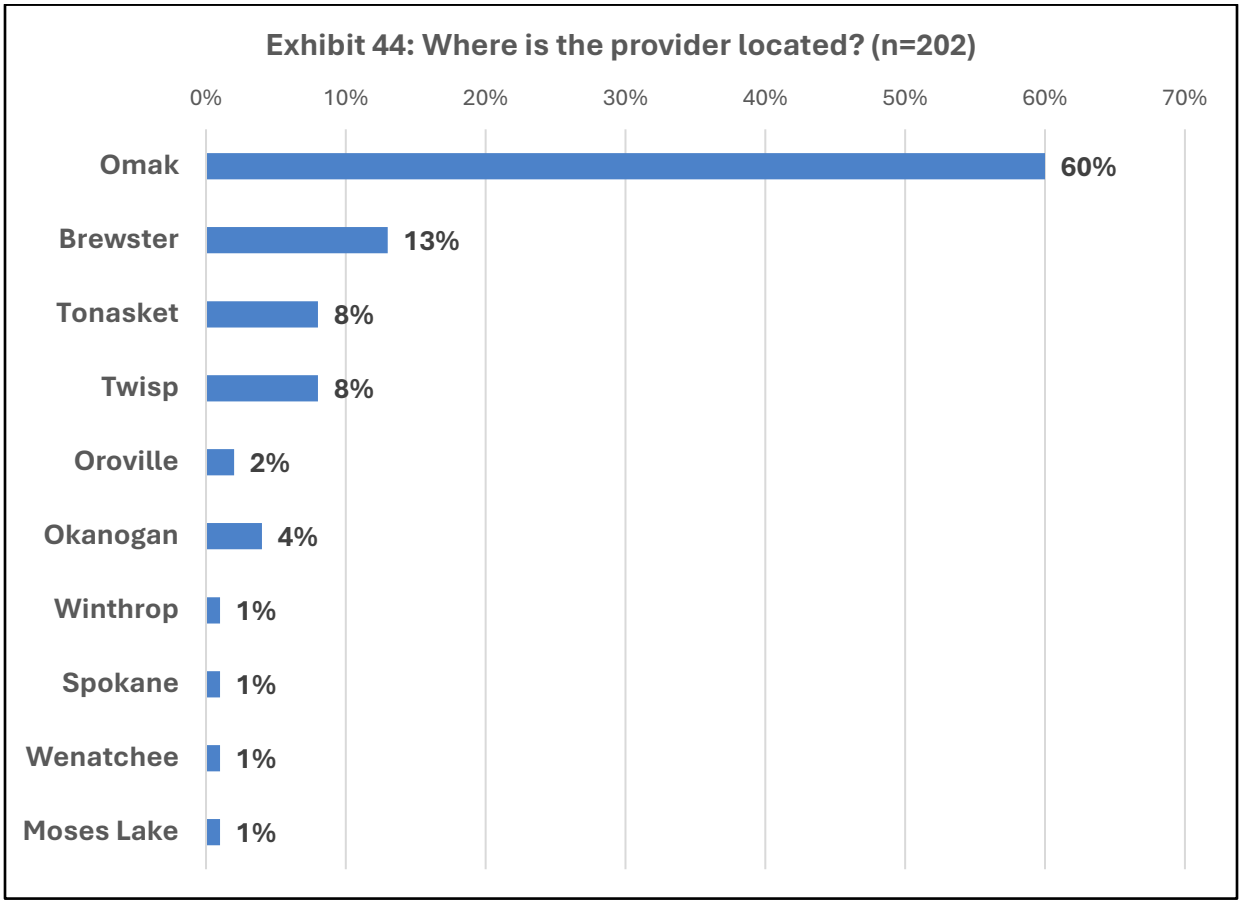


Exhibit 44 shows the location of respondent's primary care, with 60% of respondents who have primary care reporting their primary care provider is located in Omak.



Exhibits 45 show respondent wait times to access routine primary care. Almost one-third (30%) of respondents report delayed access to care for longer than 3 months.

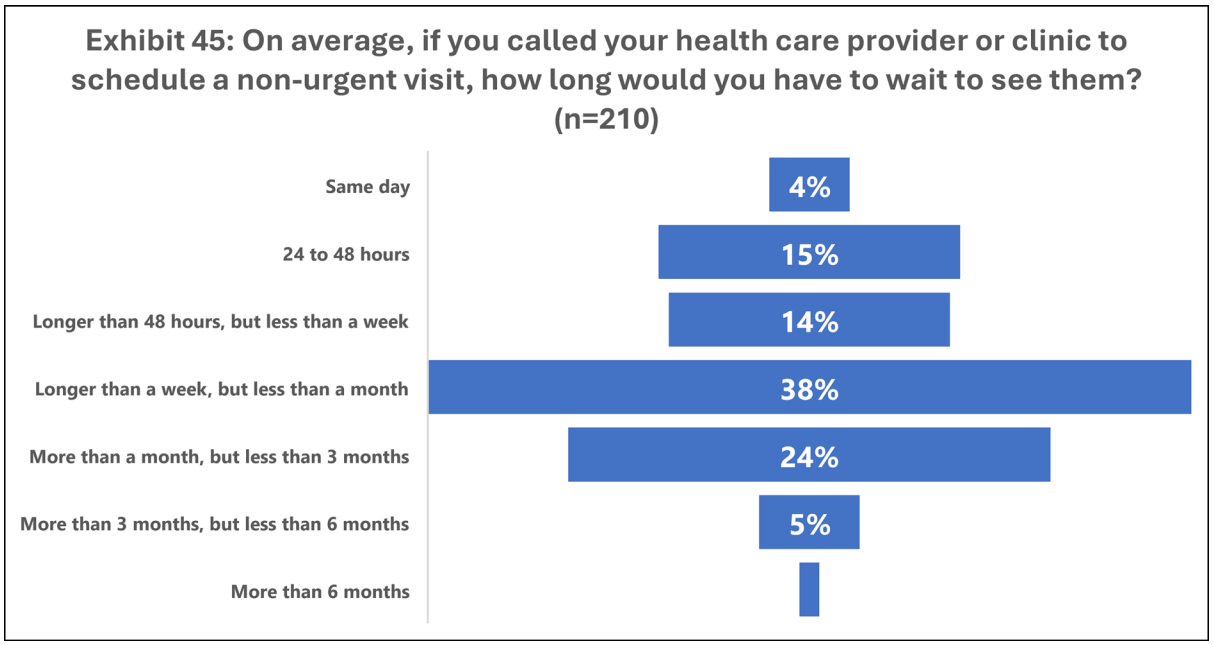
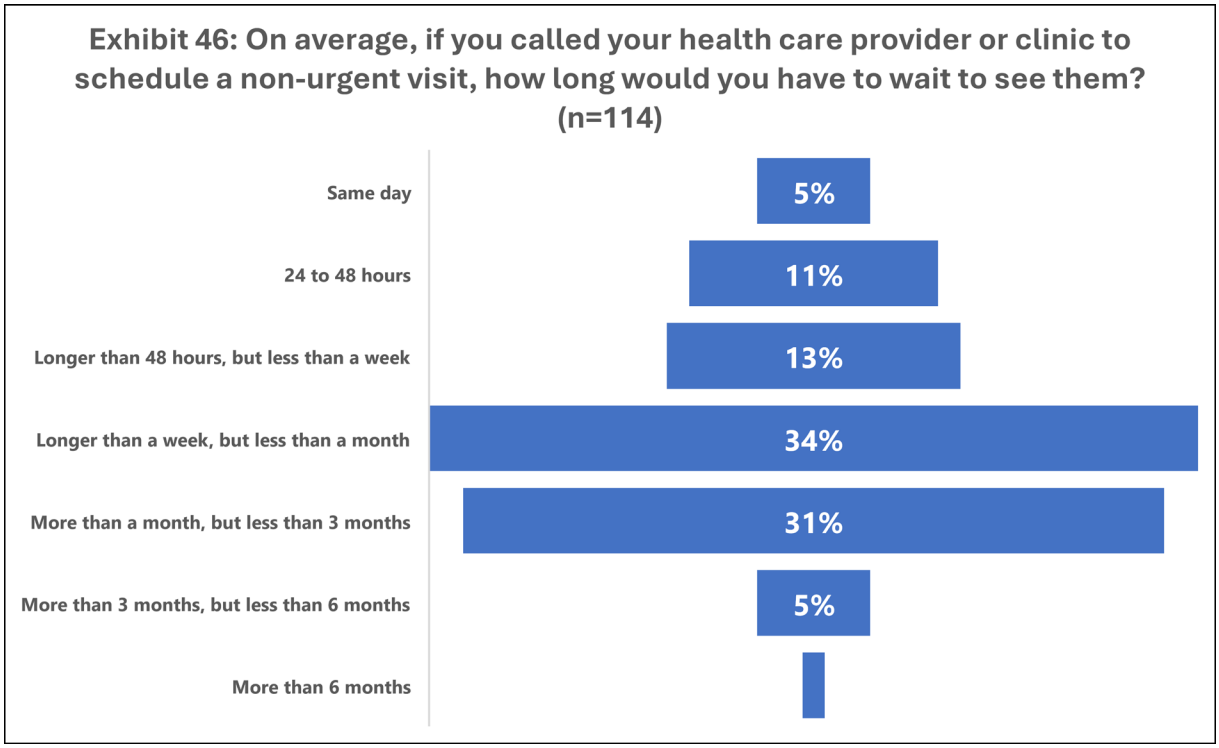
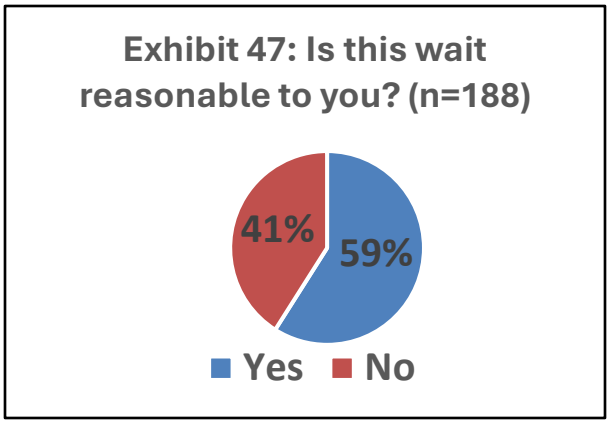


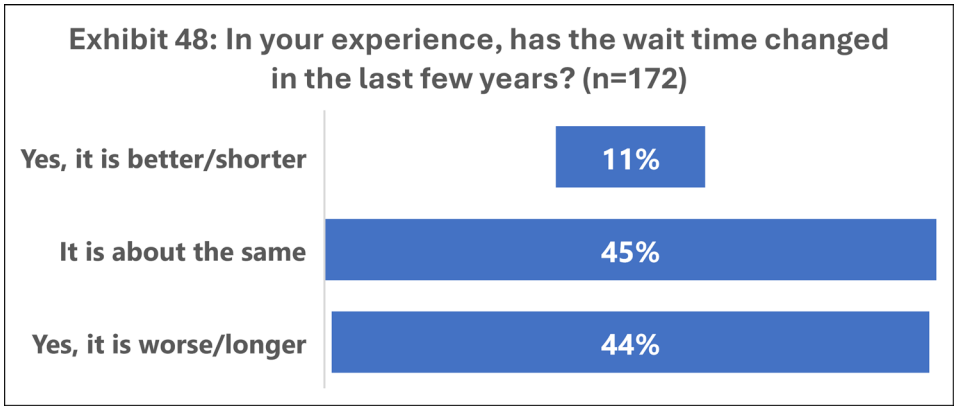
Exhibit 46 shows that number was 37% for respondents who receive primary care in Omak.



When asked if the identified wait time was reasonable, 41% of respondents did not find the wait "reasonable" (**Exhibit 47**), and 44% identified wait times had gotten worse in the last few years (**Exhibit 48**).

As shown in **Exhibit 49**, almost as many respondents reported using Emergency/Urgent Care (62%) as did Primary Care (76%). **Exhibit 50** identifies the percentage of all respondents who used Mid-Valley for their care.





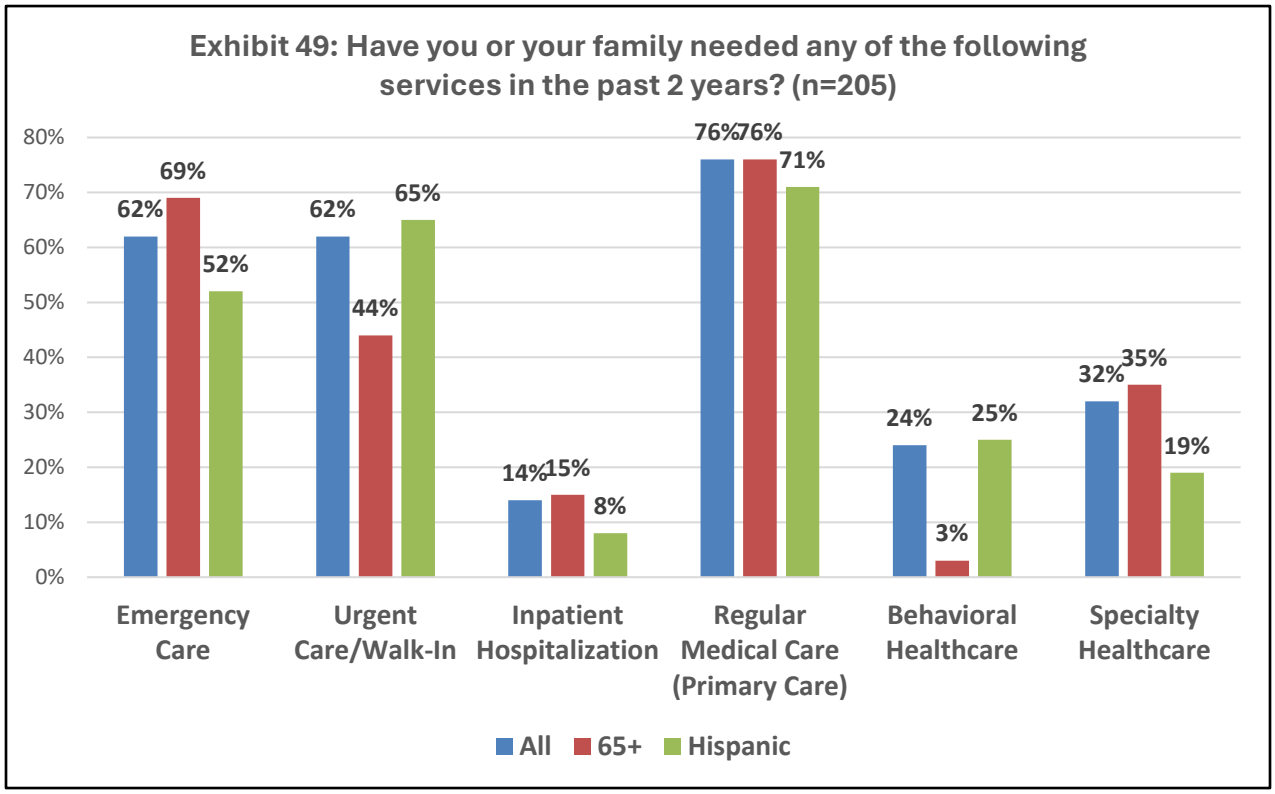
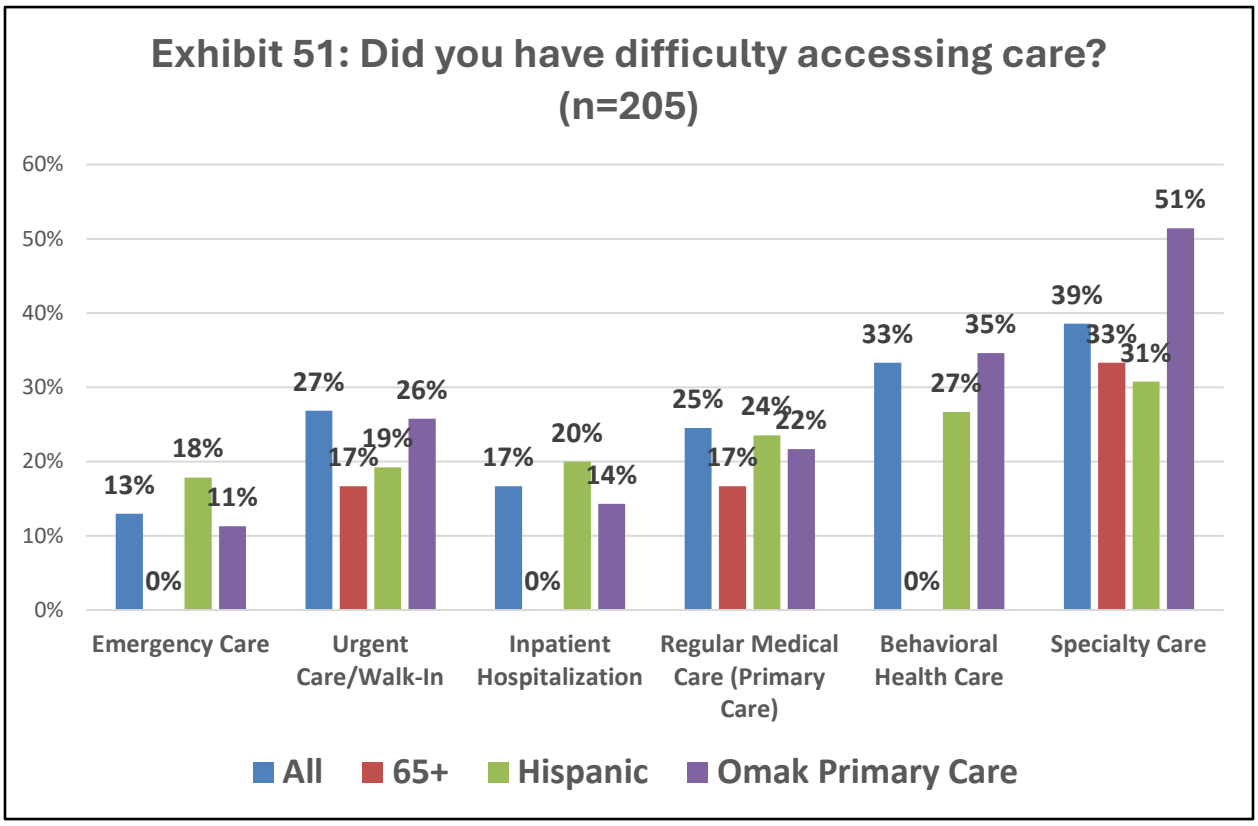


Exhibit 50: % of Respondents using Mid-Valley for care (n=205)	
Emergency Care	**62%**
Urgent Care/Walk-In	**32%**
Inpatient Hospitalization	**49%**
Regular Medical Care (Primary Care)	**21%**
Behavioral Health Care	**13%**
Specialty Care	**20%**

Of the respondents that reported they needed Specialty Care, **Exhibit 51** shows that 39% indicated they had difficulty accessing care, and one-third (33%) had difficulty accessing behavioral health services. Omak patients reported more difficulty accessing specialty care. 65+ respondents reported much less difficulty accessing care overall.



Of those that reported difficulty accessing care (53%, n=113), 71% reported they were unable to get an appointment when needed. Services not available in the county (29%) and costs not covered by insurance (19%) were the other top reasons. Hispanic residents reported more trouble accessing care overall (61% vs. 53% of all respondents).

Exhibit 52 shows clear support (85% of those that responded) for the importance of local, 24/7 access to care (emergency, primary, specialty) in the county. That support dips slightly for 65+ respondents (79%) but rises to 87% for respondents that receive primary care in Omak.

Exhibit 52: Respondents who rated the imporatnce of having 24/7 access to emergency care, primary care, and other healthcare services locally as important-to-very-important. (n=237)

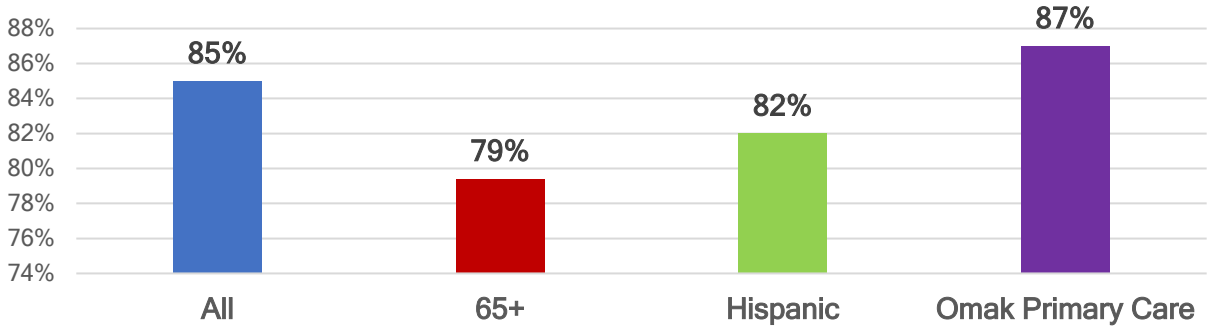


Exhibit 53: Top Problems (n=207)

1. **Chronic Health Conditions**
2. **Opioids and Other Drug Use**
3. **Alcohol Use**
4. **Behavioral/Mental Health Conditions**
5. **Health Inequities**

When asked to identify and rank the three greatest "health problems" in the community, aggregate responses selected Chronic Health Conditions, Opioids/Drug Use, and Alcohol Use in the top 3 (**Exhibit 53**).

When looking at the top selections across demographics, both Hispanic and 65+ respondents ranked "Unhealthy behavior in youth and adolescents" in their Top 3. Omak Primary Care respondents ranked "Unintentional injury" in their Top 3.

When asked to identify and rank the three "most important factors that will improve health and quality of life in the community" (**Exhibit 54**), the ability to recruit/retain quality

Exhibit 54: Top Factors (n=200)

1. **Ability to recruit and retain a quality healthcare workforce**
2. **Better access to behavioral health services**
3. **Affordable housing**
4. **Improved access to healthcare**
5. **Access to healthy and nutritious food**

healthcare workers (68% selected it as the top factor) and better access to behavioral health services (40% selected it as the top factor) were the leading vote getters, followed by affordable housing and improved access to healthcare.

When looking at the top selections across demographics, 65+ respondents (n=26) selected Services to Support senior in the Top 3. Affordable Childcare and Health Education/Prevention appeared in the Top 5 for Hispanic residents.

Community Survey: Key Takeaways

- 65+ respondents were more likely to have a primary care provider (97%) vs. all others (84%) or Hispanic (85%).
- 60% of respondents who have primary care, report their provider is located in Omak.
- Almost one-third (30%) of respondents report delayed access to care, longer than 3 months. That number was 37% for respondents who receive primary care in Omak.
- 41% of respondents did not find the wait "reasonable", and 44% identified wait times had gotten worse in the last few years.
- Almost as many respondents reported using Emergency/Urgent Care (62%) as did Primary Care (76%).
- Of the respondents that reported they needed Specialty Care, 39% indicated they had difficulty accessing care, and one-third (33%) had difficulty accessing behavioral health services. Omak patients reported more difficulty accessing specialty care. 65+ respondents reported much less difficulty accessing care overall.
- Of those that reported difficulty accessing care (53%, n=113), 71% reported they were unable to get an appointment when needed, services were not available in the county (29%), or cost was not covered by insurance (19%). Hispanic residents reported more trouble accessing care overall (61% vs. 53% of all respondents).
- Hispanic and 65+ respondents ranked "Unhealthy behavior in youth and adolescents" in their Top 3. Omak Primary Care respondents ranked "Unintentional injury" in their Top 3.
- The ability to recruit/retain quality healthcare workers and better access to behavioral health services were the top factors identified, followed by affordable housing and improved access to healthcare.
- When looking at the top selections across demographics, 65+ respondents (n=26) selected Services to Support senior in the Top 3. Affordable Childcare and Health Education/Prevention appeared in the Top 5 for Hispanic residents.

XI. Implementation Strategy

Consistent with 26 CFR § 1.501(r)-3, Mid-Valley (the District) will adopt an Implementation Strategy on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or by May, 15th 2025. Prior to this date, the Implementation Plan will be presented to the Okanogan Public Hospital District No. 3 for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities.

The data collected within this CHNA strongly suggests that Mid-Valley continue to focus on priorities established during the 2020 CHNA process and cycle, including:

1. ***Access to Care*** *(Behavioral & Physical Health)*
2. ***Chronic Disease Management***
3. ***Substance Abuse***
4. ***Health Behaviors***
5. ***Barriers to Health*** *(Insurance, Healthy/Nutritious Food, Affordable Housing)*

The data and community convening included in this CHNA added additional perspective, including:

- Access barriers in the County and Mid-Valley service area include high rates of the uninsured and a lack of services to support behavioral and mental health and specialty care.
- Providing local, accessible, convenient, and culturally appropriate primary and behavioral health care, and reducing unnecessary outmigration for specialty services needs to be a continued focus.
- The need for specific strategies and partnerships to recruit and retain a quality healthcare workforce. A quality workforce is key to increasing healthcare access and addressing barriers to access.
- The County and Mid-Valley Service Area continue to face a significant chronic disease burden, suggesting an emphasis on supporting healthy behaviors, chronic health conditions (prevention and management), and substance use disorders is compelling for all segments of the community.
- Structural barriers to health, such as insurance, access to healthy and nutritious foods, and affordable housing also impact access and outcomes in the community, demonstrating the benefit of a continued focus on community partnerships and approaches to addressing economic development and health equity.

Appendix 1
Mid-Valley's 2022 CHNA Implementation Plan and Accomplishments

Health Need 1: Access to Care (Behavioral & Physical Health)				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *Improve access to healthcare and mental health services for all ages and populations.*	**Strategy 1:** Enhance and expand telemedicine opportunities	• Increase total consults • Identify community partners to strategize on creatively delivering care	• Leslie Hite, PMHNP (MVC) • Terri Greer, PhD • FHC • Lifeline	• Telemedicine appointments offered through Mid-Valley Clinic for medical and behavioral health needs
	Strategy 2: Enhance awareness of available services	• Resource information distribution • Participation in Community Health Initiative Workgroup • Informing the community through advertisement for local available services	• OBHC • Public Health • Colville Confederated Tribe	• Participated in several community fairs • Increased advertising and number of social media posts
	Strategy 3: Connect uninsured to private insurance, Medicaid, or other available coverage	• Number of insured patients	• HCA • FHC • Patient Financial Counselor	• Availability of financial navigators in both hospital and clinic

Goal	Strategies	Metrics	Potential Partnering/ External Organizations	Accomplishments
Goal 2: *Improve access and integration/ coordination of family health services, mental health, and substance abuse services.*	**Strategy 1:** Expand program(s) to support ED patients waiting for outpatient mental health and/or substance use disorder treatment	• Number of follow-up phone calls and outreach to patients who have experienced an overdose • Number of patients served by the Bridge Clinic	• Leslie Hite, PMHNP (MVC) • OBHC	• Initiated Substance Use Disorder and Medication Assisted Treatment grant programs
	Strategy 2: Improve care coordination for mental health and substance abuse co-occurring conditions through facilitation of direct hand-offs to the next level of care	• Number of patients referred between systems • Improve access by providing education regarding available resources and services • Utilize Transitional Care Management and discharge planning resources	• OBHC • Physician practices • Local Health Departments • Colville Confederated Tribe	• Coordinated care with Okanogan Behavioral Healthcare • Created policies and procedures for detox admissions • Initiated Transitional Care Management and discharge planning for better care coordination with primary care providers • Connected to Advance Northwest through OBHC • Agreement in place for San Poil Treatment Center for Indian Health

Health Need 2: Affordable Housing				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *To increase access to affordable housing.*	**Strategy 1:** Be strong partners with Okanogan County Community Action Council and Okanogan County Housing Authority	• MVH, while not addressing directly, will continue to provide support to local agencies addressing these needs	• Okanogan County Housing Authority • Okanogan Community Action	• Partnered with Okanogan County Community Action Council during COVID pandemic • Referral structure in place for Man Fisher Ministries, Shove House

Health Need 3: Chronic Disease Management				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *Prevent, detect, and manage chronic diseases.*	**Strategy 1:** Work with community organizations, congregational networks, and individuals to improve care, management, and prevention of chronic diseases	• Number of health education/outreach encounters provided to community-based organizations and churches • Number of participants in health events and number of screenings performed • Number of outreach programs	• Local Health Departments • Community Health Initiative (CHI) • North Central Accountable Communities of Health (NCACH) • Confluence • Family Health Centers	• Outreach was performed at Senior Citizens Center and county health fairs • Mid-Valley Hospital Dietician provided diabetic education
	Strategy 2: Screen for barriers/social needs of patients with chronic conditions during transitions to improve ability of patient to manage condition	• Increased transition support available to patients with chronic disease • Number of patients connected to services addressing social needs	• Population Health Nurse • CHI	• Increased clinic patient screening for depression • Included home health agencies into discharge planning • Increased Annual Wellness visits in clinic • Started diabetic patient referrals to dietician
	Strategy 3: Continue to educate the community about Lung Cancer Screening Program and support programming to reduce use of tobacco products	• Earlier detection of lung cancer • Improve survival rates	• County Health Departments • Community Providers • CHI	• Screening done by Lifeline • Emphasis placed on providing smoking cessation assistance for clinic and ER patients

Health Need 4: Education				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *Increase health literacy for all age groups.*	**Strategy 1:** Continue to implement new and improve upon existing patient education materials	• Increase total consults • Identify community partners to strategize on creatively delivering care	• FHC • Confluence Health • Area hospitals • School Districts • Civic Leagues	• Updated electronic medical record discharge process now includes patient education materials specific to needs • Participated in several women's health grants
	Strategy 2: Work with universities to create health literacy programs for K-8	• Rolling out touch points for healthcare for all grade levels • Teddy Bear Clinic	• OBHC • Colville Confederated Tribe	• Clinic participated with K-6 reading programs

Health Need 5: Substance Abuse				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *Improve access and integration/ coordination substance abuse services.*	**Strategy 1:** Provide individual, group, medication assisted treatment, and other mental health services, including prevention and support services	• Re-hospitalization rates • Number of patients who accept treatment following an overdose • Number of adults who utilize services • Increased family and patient understanding of mental health treatment options	• OBHC • County Health Department • FHC	• Initiated Substance Use Disorder and Medication Assisted Treatment grant programs • Increased clinic patient screening for substance use • Created policies and procedures for detox admissions
Goal 2: *Raise awareness and provide education about substance use and cessation.*	**Strategy 1:** Connect with local agencies and groups to identify gaps, spread awareness and treatment options for the community	• Identify people seeking these services • Assess effectiveness of the programs • Reduce number of ED visits related to substance use	• Local AA group • Local NA group • OBHC • County Health Department • Okanogan County Jail • Colville Confederated Tribes	• Initiated Substance Use Disorder and Medication Assisted Treatment grant programs

Health Need 6: Preventable ER Visits				
Goal	**Strategies**	**Metrics**	**Potential Partnering/ External Organizations**	**Accomplishments**
Goal 1: *Help patients obtain "The Right Care, at the Right Place, at the Right Time."*	**Strategy 1:** Provide community health education to improve understanding of appropriate use of primary care, urgent care, and emergency department in terms of medical capability and patient needs	• Decrease number of unnecessary emergency department visits • Increase health literacy	• Payers • Community media outlets • NCACH	• Public announcements regarding COVID and appropriateness of location for treatment
	Strategy 2: Improve care coordination, info sharing, and protocols to achieve safer, more effective care	• Protocols developed • Chronic disease management • Transitional Care Coordination • Assess gaps in the discharge and referral process	• Community providers • County health departments • Social services • EMS agencies • Aging agencies • NCACH	• Created an Emergency Department Fast Track service • Created access to Epic Care Link for information sharing • Ward clerks pull patient histories and medication lists • Subscribed to WATrac and EDIE • Subscribed to Prescription Drug Monitoring Program database

Appendix 2

Community Health Implementation Plan FY2024-FY2027

The Community Health Implementation Plan (CHIP) is a list of specific goals and strategies that demonstrate how Mid-Valley Hospital & Clinic (MVHC) plans to address the most significant needs identified in the CHNA in alignment with community health improvement initiatives and national, state, and local public health priorities.

Our Annual Operating Plan, which is derived from our strategic plan and our CHNA, includes community benefit and population health improvement activities.

Based on qualitative and quantitative data collected and analyzed during the CHNA process, MVHC's Implementation Plan remains committed to the goals and strategies identified in the FY2021- FY2023 CNHA. Although some of the focus areas have shifted in order of priority per community feedback, the overall needs remain the same, as reported in the previous CHNA.

Health Priorities FY2024-2027

The top five priorities:

1. **Access to Care** (Behavioral & Physical Health)
2. **Chronic Disease Management**
3. **Substance Abuse**
4. **Health Behaviors**
5. **Barriers to Health** (Insurance, Healthy/Nutritious Food, Affordable Housing*)*

The data and community convening included in the CHNA provided a richer perspective and identified:

- Access to care barriers in the County and Mid-Valley service area are disproportionately reported by those who are uninsured and those seeking behavioral and mental health and specialty care services.
- Providing local, accessible, convenient, and culturally appropriate primary and behavioral health care and reducing unnecessary outmigration for specialty services needs to be a continued focus.
- A quality, trained workforce is key to increasing healthcare access and addressing barriers to access. Specific strategies and partnerships to recruit and retain a quality healthcare workforce are critical.
- The County and Mid-Valley service area continue to face a significant chronic disease burden, suggesting an emphasis on supporting healthy behaviors, chronic health conditions (prevention and management), and substance use disorders is compelling for all segments of the community.
- Structural barriers to health, such as insurance, access to healthy and nutritious foods, and affordable housing also impact access and outcomes in the community, demonstrating the benefit of a continued focus on community partnerships and approaches to addressing economic development and health equity.
- The effort should be prioritized to the extent that joint planning and interlocal agreements between the three PHDs that serve the County will facilitate access improvements.

HEALTH NEED 1: ACCESS TO CARE (ACC)			
Goal	**Strategies**	**Anticipated Impact**	**Resources/ Community Partners**
1. Improve access to Physical and Behavioral Health	*Strategy ACC 1.1:* Recruit additional Family Practice providers to allow for more appointments	Improved appointment and walk-in availability with Family Practice at Mid Valley Clinic	HR Clinic managers
	Strategy ACC 1.2: Recruit additional mental health professionals to allow for more counseling availability	Expanded Behavioral Health (BH) services at the hospital and clinic for patients in need of BH services	FP providers Telepsychiatry providers
	Strategy ACC 1.3: Recruit additional Advance Practice Providers to cover Fast Track 7 days per week	Expanded Fast Track availability at Mid Valley Hospital to reduce Left Without Being Seen rates for lower-acuity emergencies	CMO HR
2. Raise awareness and provide education on MVHC service lines	*Strategy ACC 2.1:* Expand Marketing for all service lines	Increased utilization of all service lines	Marketing Social Media SocialClimb TRC
	Strategy ACC 2.2: Develop and expand educational and promotional materials for all service lines	Better patient knowledge of care options	Marketing Education Coordinator Department Managers TRC

HEALTH NEED 2: CHRONIC DISEASE MANAGEMENT (CDM)			
Goal	**Strategies**	**Anticipated Impact**	**Resources/ Community Partners**
1. Prevent, detect, and manage chronic diseases for patients of Mid Valley Hospital and Clinic and the community	*Strategy CDM 1.1:* Recruit Population Health nurses for the clinic to provide patients with chronic disease support	Enhanced and expanded population health initiatives at Mid Valley Clinic	Clinic managers Clinic Medical Director CVS ACO TRC Molina VBC
	Strategy CDM 1.2: Increase the screening percents for Diabetes, COPD, Hypertension, and Anxiety/Depression	Improved care management for high-incidence chronic conditions; increased number of patients in the Chronic Care Management program; increased number of people receiving appropriate Behavioral Health counseling.	Clinic managers ED/AC nurse manager Informatics IT Cerner CVS ACO TRC Case manager Molina VBC
2. Raise awareness and provide education for the prevention and/or management of chronic diseases	*Strategy CDM 2.1:* Develop and expand educational materials for high-incidence chronic conditions	Better patient knowledge of care options and better compliance with care plans	Clinic Managers Education Coordinator Marketing CVS ACO TRC Case Manager Molina VBC
	Strategy CDM 2.2: Partner with community groups to participate in health education and support groups for defined chronic conditions	Increased upstream education on healthy living and improved participation in chronic condition care plans	OBHC Public Health Home Health Hospice Molina VBC
HEALTH NEED 3: SUBSTANCE USE DISORDERS (SUD)			

Goal	Strategies	Anticipated Impact	Resources/ Community Partners
1. Improve access and integration of substance use disorder services	*Strategy SUD 1.1:* Enhance and support community SUD services	Increased number of people receiving SUD/OUD recovery services	OBHC Family Health Centers
	Strategy SUD 1.2: Provide safe medication disposal options at hospital and clinic	Increased public disposal of medications to prevent abuse	MED-Project WSHA Pharmacy
	Strategy SUD 1.3: Increase access to Naloxone; make sure it is carried by all first responders	Reduced number of overdose deaths	Narcan dispensaries
2. Improve screening and preventive care for substance use disorders	*Strategy SUD 2.1:* Identify patients who may need SUD treatment and support	Improved SUD screening at the hospital and the clinic and increased referrals to SUD resources	STARR program Clinic managers ER/AC Nurse Manager Informatics TRC
	Strategy SUD 2.2: Provide naloxone to SUD patients and their families at hospital and clinic	Reduction of overdose deaths	Pharmacy WSHA
3. Raise awareness and provide education about SUD and cessation	*Strategy SUD 3.1:* Partner with community groups to participate in health education and support groups for SUD	Improved education opportunities for the public to learn about resources available for SUD	OBHC Public Health STARR Family Health Centers Collaborative Community

HEALTH NEED 4: HEALTH BEHAVIORS (HB)			
Goal	**Strategies**	**Anticipated Impact**	**Resources/ Community Partners**
1. Improve healthy behaviors and habits for MVHC patients and the community	*Strategy HB 1.1:* Promote preventive health for Family Practice patients by enhancing screening and annual wellness checks	Increased screening for alcohol use, breast cancer, colorectal cancer, anxiety/depression, smoking, and SUD to be able to provide specific population health assistance with a care plan	Clinic managers ER/AC Nurse manager CVS ACO TRC Case Manager Molina VBC
	Strategy HB 1.2: Reduce teen pregnancy and STDs	Improved education opportunities for teen birth control/ prevention of teen pregnancy	CNO OB providers Public Health Marketing Molina VBC
	Strategy HB 1.3: Improve collection of Advanced Health Care planning documentation to make sure patient's wishes are followed	Increased number of patients with POLST and Advance Care Planning for the 65+ population	HIM FP and ED providers Population Health Case Manager

HEALTH NEED 5: BARRIERS TO HEALTH (BARR)

Goal	Strategies	Anticipated Impact	Resources/ Community Partners
1. Provide education and information about Insurance, Healthy/Nutritious Food, Affordable Housing	*Strategy BARR 1.1:* Partner with community groups to improve information about health insurance options for MVHC patients and the community	Increased enrollment of MVHC patients and community members in health insurance	Business Office Medicaid providers Thriving Together
	Strategy BARR 1.2: Promote healthy diets to prevent or control chronic diseases	Increased participation with community groups about healthy food choices and options	Clinic managers Population Health Education Coordinator Thriving Together
	Strategy BARR 1.3: Improve patients' living conditions to promote health and welfare	Increased connections between MVHC case worker and population health nurses to community partners to assist patient navigation to affordable housing options	Case manager Population health Public Health Thriving Together