Community Health Needs Assessment

North Central Accountable Community of Health
Demographics

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population, in 1000’s

<table>
<thead>
<tr>
<th></th>
<th>Chelan</th>
<th>Douglas</th>
<th>Grant</th>
<th>Okanogan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>74</td>
<td>39</td>
<td>91</td>
<td>41</td>
</tr>
<tr>
<td>Density, Persons per square mile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chelan</td>
<td>25.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douglas</td>
<td>21.5</td>
<td></td>
<td></td>
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<tr>
<td>Grant</td>
<td>31.1</td>
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<td></td>
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<tr>
<td>Okanogan</td>
<td>7.8</td>
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<td>19.4</td>
</tr>
<tr>
<td>NC ACH</td>
<td>19</td>
<td></td>
<td></td>
<td>104</td>
</tr>
<tr>
<td>Washington</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographics—Race/Ethnicity

Linguistically Isolated Population

Population, Percent by Race

Age Distribution, by Ethnicity

Median Age, All (Hispanic, Not Hispanic)

Chelan 39 (23, 48)
Douglas 37 (23, 47)
Grant 32 (22, 43)
Okanogan 43 (22, 52)
Washington 37 (24, 42)
Demographics—Poverty

Population in Poverty

Children (under 18) in Poverty

Percent of Children Eligible for Free/Reduced Price Lunch

>50% of children are at or below 200% FPL

>20% of children are at or below 100% FPL

### Demographics—Poverty

#### Supplemental Nutrition Assistance Program Recipients

- **Chelan**
- **Douglas**
- **Grant**
- **Okanogan**
- **NC ACH**
- **WA**

#### Percent of Households with Public Assistance Income

US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

#### Unemployment Rates

- **Highest** Level of Unemployment in past 12 months: 9.5%
- **Lowest** Level of Unemployment in past 12 months: 4.7%
One of the primary ways transportation affects health in North Central Washington is its affect on access to health care. With great distances between rural communities and limited access to providers, especially specialists, the ability to travel for appointments in addition to urgent or emergency care needs is vital to receiving care.


Households with No Motor Vehicle, 2010-14

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>7.9%</td>
</tr>
<tr>
<td>Douglas</td>
<td>3.1%</td>
</tr>
<tr>
<td>Grant</td>
<td>2.7%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>5.7%</td>
</tr>
<tr>
<td>NC ACH</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Non-Emergency Medical Transportation Trips, 2015-16

<table>
<thead>
<tr>
<th>County</th>
<th>Trips</th>
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</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>14067</td>
</tr>
<tr>
<td>Douglas</td>
<td>4813</td>
</tr>
<tr>
<td>Okanogan</td>
<td>16728</td>
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</tbody>
</table>

Non-Emergency Medical Transportation Clients, 2015-16

<table>
<thead>
<tr>
<th>County</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>776</td>
</tr>
<tr>
<td>Douglas</td>
<td>297</td>
</tr>
<tr>
<td>Okanogan</td>
<td>1006</td>
</tr>
</tbody>
</table>
**Education**

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

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

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Not Hispanic</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>16%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Douglas</td>
<td>20%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Grant</td>
<td>24%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>18%</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>NC ACH</td>
<td>20%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Washington</td>
<td>10%</td>
<td>12%</td>
<td>11%</td>
</tr>
</tbody>
</table>


### On-Time Graduation Rate, 2013-14

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>74%</td>
</tr>
<tr>
<td>Douglas</td>
<td>80%</td>
</tr>
<tr>
<td>Grant</td>
<td>75%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>83%</td>
</tr>
<tr>
<td>NC ACH</td>
<td>77%</td>
</tr>
<tr>
<td>Washington</td>
<td>80%</td>
</tr>
</tbody>
</table>
Access to Healthy Food

“A lack of access to fresh, healthy foods can contribute to poor diets and higher levels of obesity and other diet-related diseases.”* These diet-related diseases include hypertension, diabetes, heart disease, and cancer which are ranked among the top causes of death in the United States today.


- In a survey of community stakeholders in NCW, obesity and diabetes were identified as two of the top five most important "health problems" that impact your community?

- In the same survey, community stakeholders indicated that they thought poor eating habits was the third most significant “unhealthy behavior” affecting overall health seen in the region. Stakeholders in Chelan and Douglas Counties indicated poor eating habits as the #1 “unhealthy behavior” affecting overall health.

- A SWOT analysis performed in each of the four counties in the region revealed that despite the agricultural richness of the region, there are seasons of the year when it is difficult to access affordable, healthy food.

**Food Insecurity**

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

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**Data sources:** Feeding America. 2013.  
**Source geography:** County
**Access to Healthy Food**

**Food Deserts**
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract, where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

**Fast Food Restaurant Access**
This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

**Population with Low Food Access, 2010**
- Chelan: 22%
- Douglas: 56%
- Grant: 29%
- Okanogan: 14%
- NC ACH: 29%

**Fast Food Establishments Rate, per 100,000 pop., 2014**
- Chelan: 73
- Douglas: 39
- Grant: 64
- Okanogan: 46
- NC ACH: 60

Homelessness

Simply stated, “Homelessness creates new health problems and exacerbates existing ones.”* The combination of stress, exposure to communicable diseases, violence, exposure to inclement weather, and malnutrition make caring for one’s health difficult, if not impossible. Illnesses and injuries do not heal properly because of the inability to keep bandages clean, get appropriate rest, or store medications and syringes.

* http://www.rwjf.org/content/dam/70451

- A SWOT analysis performed in each of the four counties in the region revealed that affordable housing was a threat to the health of the community, especially in the Chelan and Douglas Counties.

2015 Point-in-Time Count for Chelan & Douglas Counties

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Chronically Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>303</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsheltered</td>
<td></td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>Chronically Homeless</td>
<td></td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>

Point-in-Time Count

Point-in-Time Counts are unduplicated 1-night estimates of both sheltered & unsheltered homeless populations. The 1-night counts occur the last week in January of each year.

- **Sheltered Homeless** are individuals who are staying in emergency shelters, transitional housing programs, or safe havens.
- **Unsheltered Homeless** are people who stay in places not meant for human habitation (streets, abandoned buildings, vehicles, or parks).
- **Chronically Homeless** are individuals who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years and have a disabling condition.

Chelan-Douglas Counties Homeless Point-in-Time Count

Affordable Housing

Housing Cost Burden
This indicator reports the percentage of the households where housing costs exceed 30% of total household income. The information offers a measure of housing affordability and excessive shelter costs.

Percentage of Cost Burdened Households

Vacancy Rates
This indicator reports the number of housing units that are vacant units for sale and rent. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview.

Vacant Housing Units

Assisted Housing
This indicator reports the total number of HUD-funded assisted housing units available to eligible renters.

HUD-Assisted Units, Rate per 10,000 Housing Units

In a survey of community stakeholders, participants from Chelan County identified affordable housing as the “Most important factor to improve the quality of life of the community.” (It was also ranked as #3 in Douglas County)

Drug/Alcohol Abuse

- In a recent survey of stakeholders in the NCW region, Drug and Alcohol abuse were the #1 and #2 “Unhealthy Behaviors that affect overall health” in Grant and Okanogan Counties and drug abuse was in the top 3 identified for Chelan and Douglas Counties.

### Percent of Driving Deaths with Alcohol Involvement, 2010-14

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>28%</td>
</tr>
<tr>
<td>Douglas</td>
<td>44%</td>
</tr>
<tr>
<td>Grant</td>
<td>25%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>45%</td>
</tr>
<tr>
<td>WA</td>
<td>37%</td>
</tr>
</tbody>
</table>

### Drug Overdose Deaths, 2012-14

<table>
<thead>
<tr>
<th>County</th>
<th>Deaths per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>13</td>
</tr>
<tr>
<td>Douglas</td>
<td>13</td>
</tr>
<tr>
<td>Grant</td>
<td>7</td>
</tr>
<tr>
<td>Okanogan</td>
<td>10</td>
</tr>
<tr>
<td>WA</td>
<td>14</td>
</tr>
</tbody>
</table>

### Alcohol and Drug Use Among 12th Graders, 2014

The question: During the past 30 days, on how many days did you use -

- Cigarettes
- Alcohol
- Marijuana
- Illegal drugs, excluding alcohol, tobacco, or marijuana
- Used painkillers to get high
- Prescription drugs not prescribed to you

Accidents/Homicide

Note: small numbers suggest caution in interpreting these rates.

**Motor Vehicle Crash Mortality Rate**

- **Age-Adjusted Death Rate, per 100,000 population**
  - Chelan
  - Douglas
  - Grant
  - Okanogan
  - NC ACH
  - WA
  - 2008-10
  - 2010-14

**Pedestrian Motor Vehicle Crash Average Annual Death Rate, 2011-2015**

- **Death Rate per 100,000 population**
  - Chelan
  - Douglas
  - Grant
  - Okanogan
  - NC ACH
  - WA
  - 0.5
  - 0
  - 3.4
  - 3.2
  - 1.9
  - 2

**Unintentional Injury Age-Adjusted Death Rate, 2010-2014**

- **Death Rate per 100,000 population**
  - Chelan
  - Douglas
  - Grant
  - Okanogan
  - NC ACH
  - WA
  - 45.5
  - 37.8
  - 43.4
  - 55.6
  - 45.2
  - 38.6

**Homicide Average Annual Deaths, 2010-14**

- **Crude Death Rate, per 100,000 population**
  - Chelan
  - Douglas
  - Grant
  - Okanogan
  - NC ACH
  - WA
  - 3.26
  - 0
  - 4.16
  - 4.85
  - 4
  - 2.91

**Violent Crime**

- **Per 100,000 Population**
  - Chelan
  - Douglas
  - Grant
  - Okanogan
  - NC ACH
  - WA
  - 162.1
  - 137.8
  - 299.4
  - 194.8
  - 212.8
  - 302.4

**Data sources:**
- Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data.
Suicide

Suicide is an indicator of poor mental health. “The great majority of people who experience a mental illness do not die by suicide. However, of those who die from suicide, more than 90 percent have a diagnosable mental disorder.” (http://depts.washington.edu/mhreport/facts_suicide.php) It is included in this set of health needs because of the increase over the past few years in Chelan County and the higher rate in Okanogan County (seen below).

While suicide was not a major theme of the stakeholder survey or stakeholder SWOT analysis, it is of concern in the region. Increasing substance abuse problems, increasing mental health care needs, limited mental health resources, and rural isolated communities are all characteristics of NCW and are all associated with increased risk for suicide.

Self-Inflicted Harm
This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Note: small numbers suggest caution in interpreting these rates.

Mental Health Care Access

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

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

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

For the period 1/1/2014 to 3/31/2016:
- Total # of unduplicated clients served → 3417
- Total # of Requests for Services → 4348
- Total # of intakes completed for enrollment → 3226

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

Mental Health Care Provider Rate

<table>
<thead>
<tr>
<th>Location</th>
<th>Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA</td>
<td>266</td>
</tr>
<tr>
<td>NC ACH</td>
<td>162</td>
</tr>
<tr>
<td>Okanogan</td>
<td>252</td>
</tr>
<tr>
<td>Grant</td>
<td>154</td>
</tr>
<tr>
<td>Douglas</td>
<td>35</td>
</tr>
<tr>
<td>Chelan</td>
<td>192</td>
</tr>
</tbody>
</table>

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

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

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

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

**Data source:** US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County

**Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2004-2010, 2006-12.**

**Source geography:** County

### Number of Primary Care Physicians, 2013

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>89</td>
</tr>
<tr>
<td>Douglas</td>
<td>12</td>
</tr>
<tr>
<td>Grant</td>
<td>48</td>
</tr>
<tr>
<td>Okanogan</td>
<td>39</td>
</tr>
<tr>
<td>NC ACH</td>
<td>188</td>
</tr>
<tr>
<td>Washington</td>
<td>5879</td>
</tr>
</tbody>
</table>

### Primary Care Physicians Rate, per 100,000 population

![Graph showing primary care physicians rate per 100,000 population for Chelan, Douglas, Grant, Okanogan, NC ACH, and WA from 2003 to 2013.]

### Percent of Adults Without Any Regular Doctor

![Graph showing percent of adults without any regular doctor from 2006-10 and 2011-12 for Chelan, Douglas, Grant, Okanogan, NC ACH, and WA.]

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 110% 120%

Chelan Douglas Grant Okanogan NC ACH WA

2003 2005 2007 2009 2011 2013

Chelan Douglas Grant Okanogan NC ACH WA

Graph showing primary care physicians rate per 100,000 population for Chelan, Douglas, Grant, Okanogan, NC ACH, and WA from 2003 to 2013.

Graph showing percent of adults without any regular doctor from 2006-10 and 2011-12 for Chelan, Douglas, Grant, Okanogan, NC ACH, and WA.
Access to Care

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

Percent of Adults Self-Reported Having Poor or Fair Health

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

Dental Care, 2006-2010

~35% of adults report NO dental exam in the past year

~15% have had 6+ permanent teeth Removed

Pre-conceptual and Perinatal Health

Infant Mortality Rates
This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Note: small numbers suggest caution in interpreting these rates.

Low Birth Weight
This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems.

Percent of Births to Smoking Mothers

Pre-conceptual and Perinatal Health

- Pre-conceptual and perinatal health was one of the key health needs in the 2013 CHNA.

- While the charts show improvements, there are still some strong disparities; notably the difference between Hispanic and Non-Hispanic teen birth rates and the difference between Hispanic and Non-Hispanic births to smoking mothers.

- Pre-conceptual and perinatal health was not one of the key needs identified in the stakeholder survey, SWOT analysis, or surveys conducted by other organizations over the past three years.

Teen Birth Rates
This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate

![Graph showing teen birth rate by ethnicity, 2011-2015](image)

Obesity

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

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

- In a survey of community stakeholders across the region, Overweight/Obesity was identified as the #2 “most important health problems that affect the community”

- Lack of exercise and poor eating habits, which are directly related to overweight and obesity, were voted as the #3 and #4 “most important unhealthy behaviors seen in the community”

Percentage of Adults who are Overweight or Obese, 2012

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>60%</td>
</tr>
<tr>
<td>Douglas</td>
<td>68%</td>
</tr>
<tr>
<td>Grant</td>
<td>70%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>65%</td>
</tr>
<tr>
<td>NC ACH</td>
<td>65%</td>
</tr>
<tr>
<td>Washington</td>
<td>62%</td>
</tr>
</tbody>
</table>

- over 60% of people are overweight or obese
- over 25% of people are obese

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

“Diabetes increases [a person’s] risk for many serious health problems...with the correct treatment and recommended lifestyle changes, many people with diabetes are able to prevent or delay the onset of complications.”* Correct treatment is benefited by regular doctor visits and the appropriate use of correct medications, and lifestyle changes that involve dietary and physical activity changes.


18.2% of inpatients seen at Central Washington Hospital are Diabetic

Data sources: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County
Centers for Medicare and Medicaid Services. 2014. Source geography: County
Cervical Cancer New Cases Annual Average, 2009-2013

- Chelan: 2.6
- Douglas: 0.6
- Grant: 2.2
- Okanogan: 2
- NC ACH: 1.5
- Washington: 242

Prostate Cancer New Cases Annual Average, 2009-2013

- Chelan: 69
- Douglas: 41
- Grant: 51
- Okanogan: 42
- NC ACH: 1017
- Washington: 22,831

Breast Cancer Screening


Cancer

Cancer is the second leading cause of death in the United States* and is the leading cause of death in the state of Washington**. While it wasn’t one of the focus areas of the stakeholder survey or SWOT analysis, it is included in this set of needs due to the disparity in certain cancer types in Okanogan County compared to the other counties in the region.

**http://www.doh.wa.gov/
Lung Diseases

While lung diseases weren’t one of the priorities identified through the stakeholder survey or the SWOT analysis, this topic is included as a potential health need due to the increasing prevalence over the past several years and the higher than average rates in several NCW counties compared to the state.

**Lung Disease Mortality**

<table>
<thead>
<tr>
<th>County</th>
<th>2006-2010</th>
<th>2010-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Douglas</td>
<td>25</td>
<td>35</td>
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<td>Grant</td>
<td>35</td>
<td>45</td>
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<td>Okanogan</td>
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<td>45</td>
</tr>
<tr>
<td>WA</td>
<td>30</td>
<td>40</td>
</tr>
</tbody>
</table>

**Asthma Prevalence**

<table>
<thead>
<tr>
<th>County</th>
<th>2006-2010</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Douglas</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Grant</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Okanogan</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>NC ACH</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>WA</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

**Percent of Population Currently Smoking Cigarettes, age-adjusted**

<table>
<thead>
<tr>
<th>County</th>
<th>Chelan</th>
<th>Douglas</th>
<th>Grant</th>
<th>Okanogan</th>
<th>NC ACH</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2010</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>25</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>2011-2012</td>
<td>20</td>
<td>15</td>
<td>25</td>
<td>30</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>

**Percent of Smokers with Quit Attempt in Past 12 Months**

<table>
<thead>
<tr>
<th>County</th>
<th>Chelan</th>
<th>Douglas</th>
<th>Grant</th>
<th>Okanogan</th>
<th>NC ACH</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2010</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>2011-2012</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>50</td>
<td>40</td>
</tr>
</tbody>
</table>

Sexually Transmitted Infections

Gonorrhea and Chlamydia
These indicators report the incidence rate of Gonorrhea and Chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

The emergence of multidrug- and cephalosporin-resistant gonorrhea in the United States would make gonorrhea much more difficult to treat.”

—CDC.gov

### Total Gonorrhea Infections, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>Gonorrhea Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>13</td>
</tr>
<tr>
<td>Douglas</td>
<td>8</td>
</tr>
<tr>
<td>Grant</td>
<td>80</td>
</tr>
<tr>
<td>Okanogan</td>
<td>11</td>
</tr>
<tr>
<td>NC ACH</td>
<td>112</td>
</tr>
</tbody>
</table>

### Total Chlamydia Infections, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>Chlamydia Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>291</td>
</tr>
<tr>
<td>Douglas</td>
<td>152</td>
</tr>
<tr>
<td>Grant</td>
<td>396</td>
</tr>
<tr>
<td>Okanogan</td>
<td>81</td>
</tr>
<tr>
<td>NC ACH</td>
<td>920</td>
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