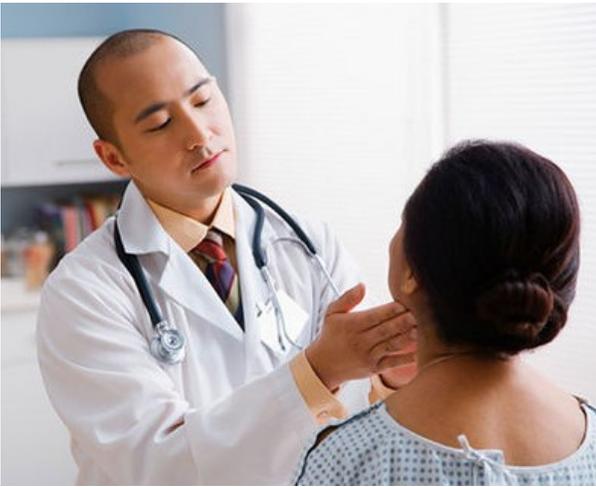




# Community Health Needs Assessment



## North Central Accountable Community of Health



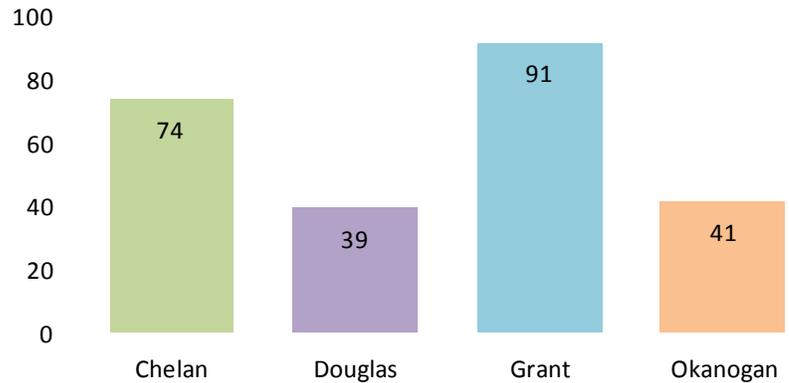


Population Density (per square mile)	
Chelan	25
Douglas	22
Grant	31
Okanogan	8
NC ACH	19
Washington	104

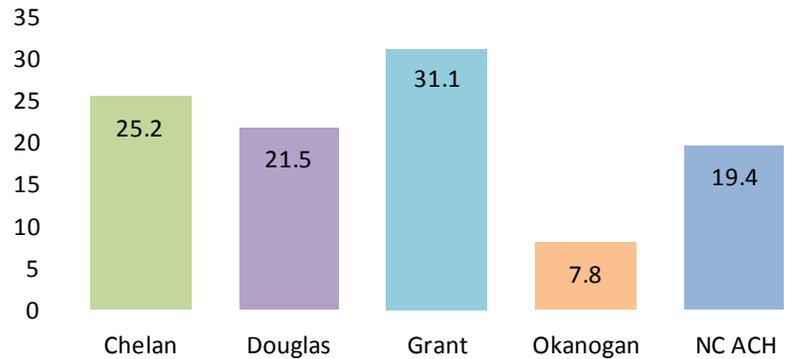
# Demographics

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.

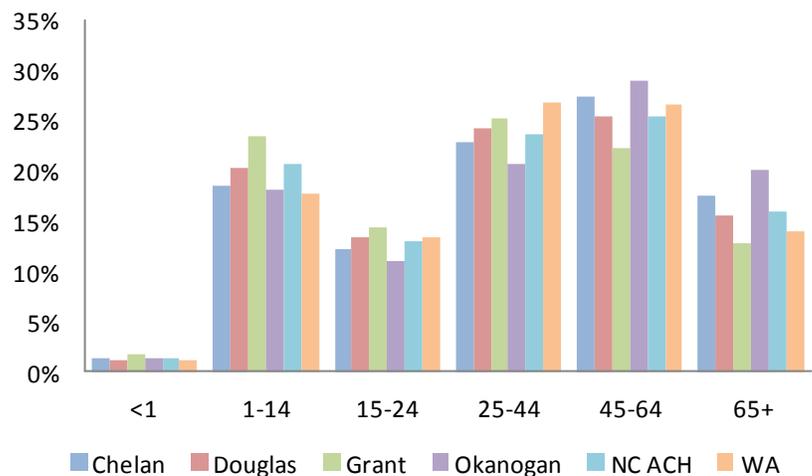
**Total Population, in 1000's**



**Population Density, Persons per square mile**



**Age Distribution**

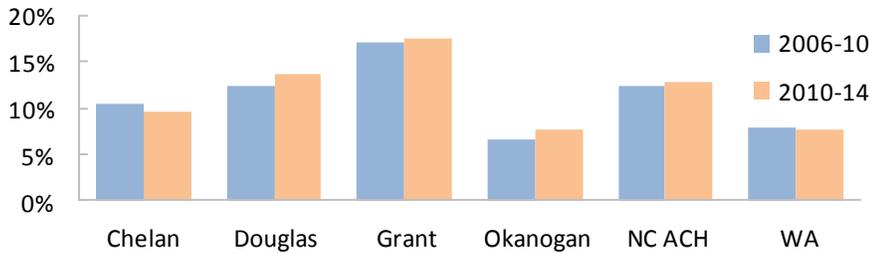


Data sources: US Census Bureau, American Community Survey. 2006-10, 2010-14. Source geography: Tract Washington State Department of Health. Community Health Assessment Tool. 2011, 2014.

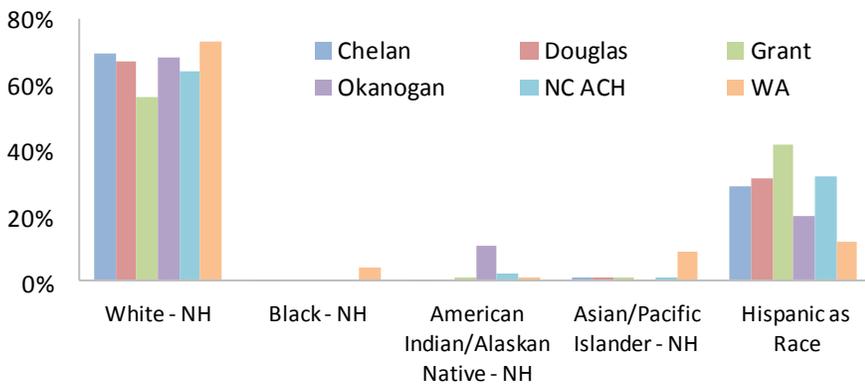
# Demographics—Race/Ethnicity



### Linguistically Isolated Population



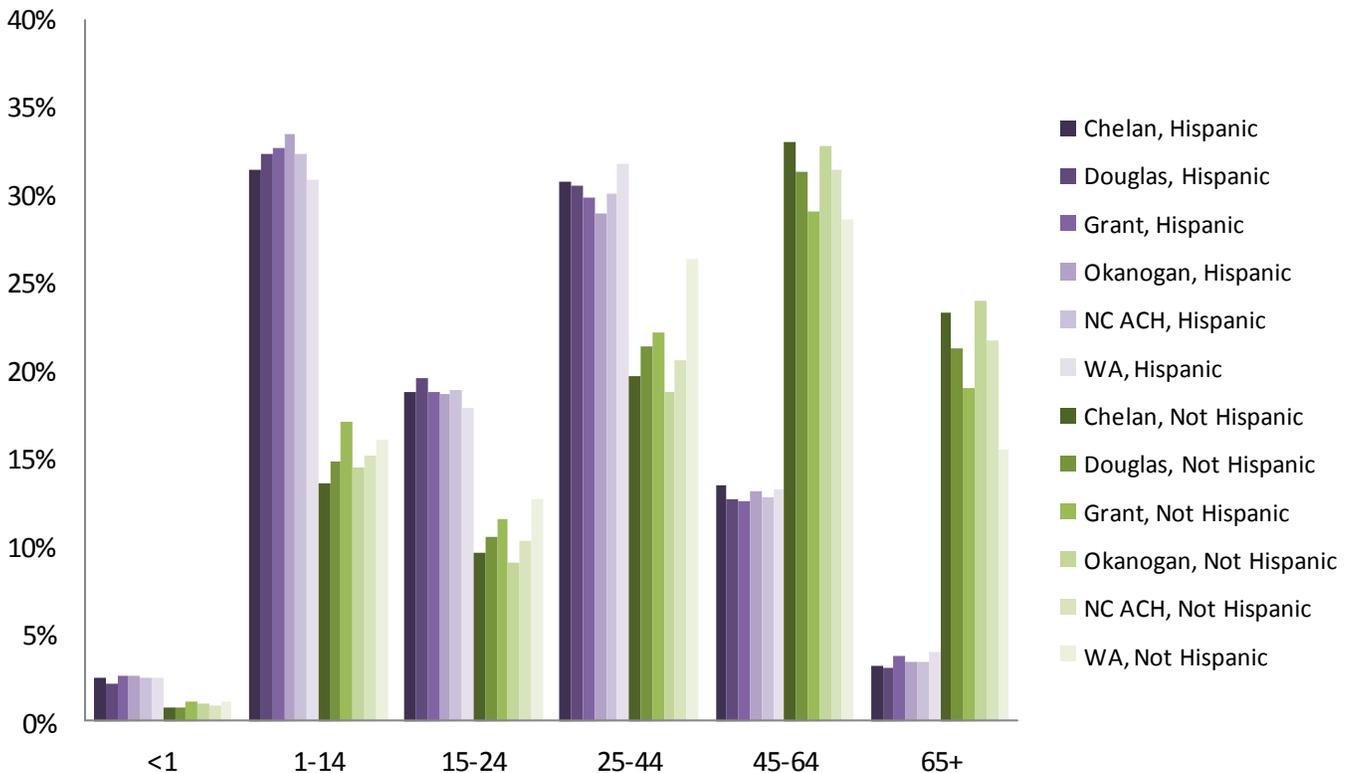
### Population, Percent by Race

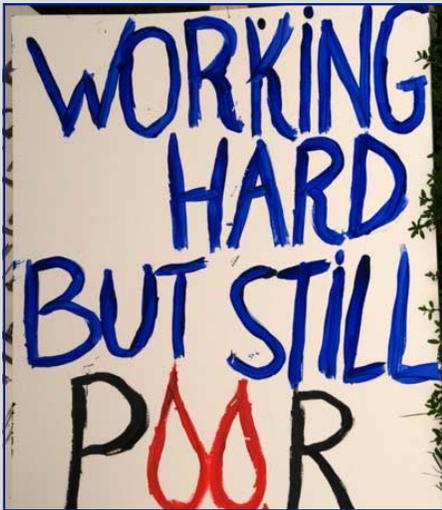


### Median Age, All (Hispanic, Not Hispanic)

<b>Chelan</b>	<b>39 (23, 48)</b>
<b>Douglas</b>	<b>37 (23, 47)</b>
<b>Grant</b>	<b>32 (22, 43)</b>
<b>Okanogan</b>	<b>43 (22, 52)</b>
<b>Washington</b>	<b>37 (24, 42)</b>

### Age Distribution, by Ethnicity





>50%

of children  
are at or below  
**200% FPL**

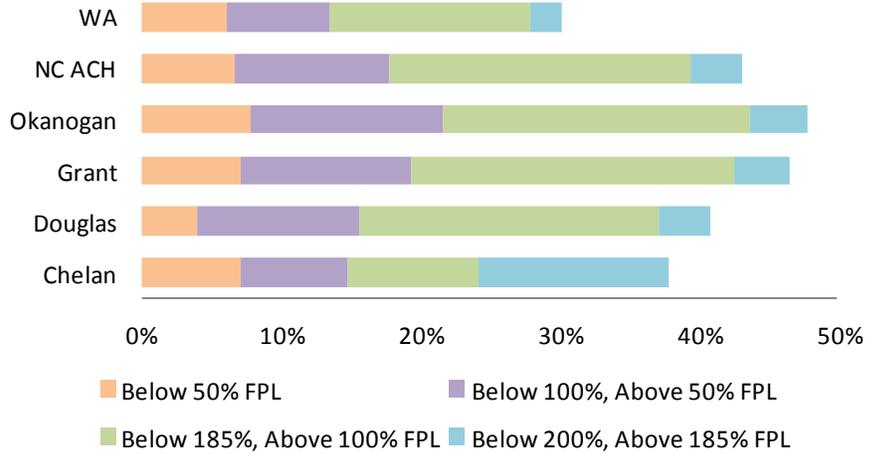
>20%

of children  
are at or below  
**100% FPL**

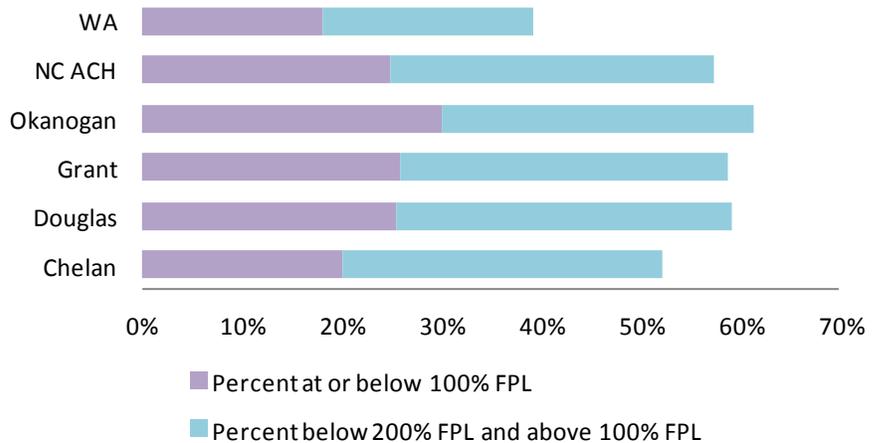
*Data source: US Census Bureau, American Community Survey. 2006-2010, 2010-14. Source geography: Tract National Center for Education Statistics, NCES - Common Core of Data. 2010-2011, 2013-14. Source geography: Address.*

## Demographics—Poverty

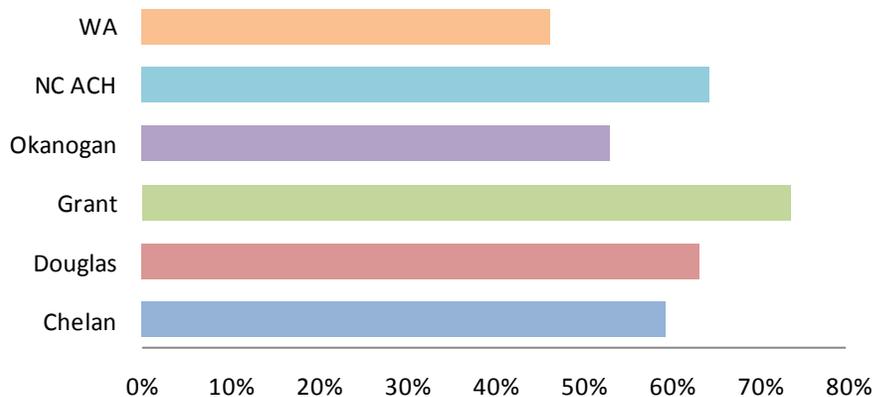
Population in Poverty



Children (under 18) in Poverty

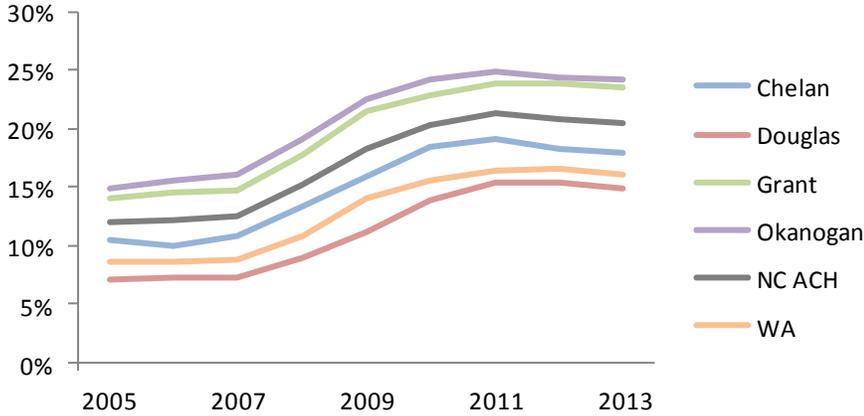


Percent of Children Eligible for Free/Reduced Price Lunch

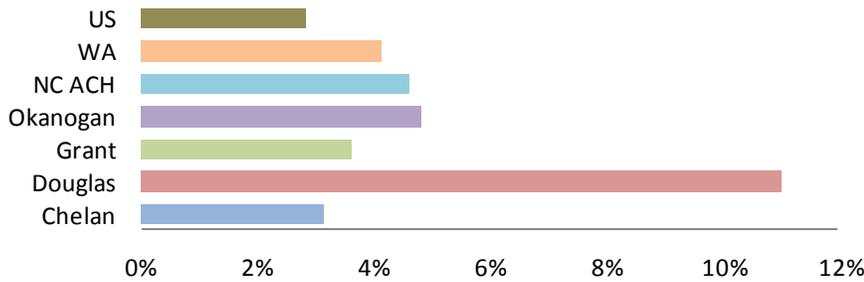


# Demographics—Poverty

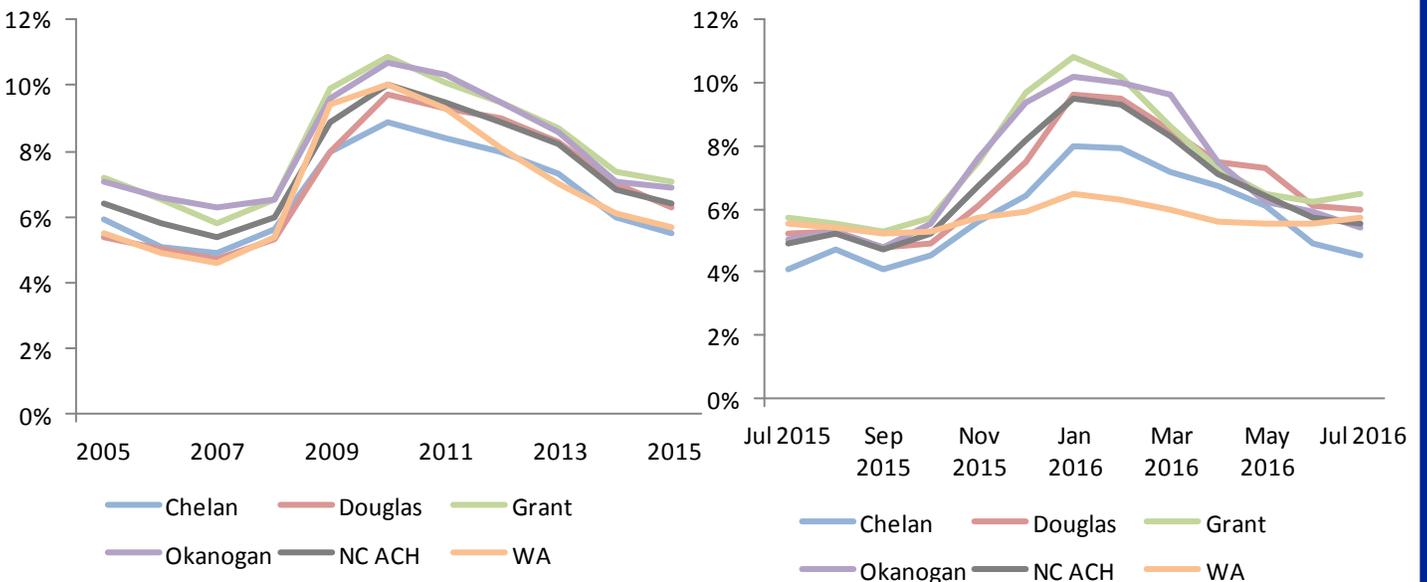
## Supplemental Nutrition Assistance Program Recipients



## Percent of Households with Public Assistance Income



## Unemployment Rates



**Highest** Level of *Unemployment* in past 12 months:

**9.5%**

**Lowest** Level of *Unemployment* in past 12 months:

**4.7%**



Data sources: US Census Bureau, Small Area Income & Poverty Estimates. 2013. Source geography: County  
US Census Bureau, American Community Survey. 2010-14. Source geography: Tract  
US Department of Labor, Bureau of Labor Statistics. 2016 - July. Source geography: County



### Households with No Motor Vehicle, 2010-14

<b>Chelan</b>	<b>7.9%</b>
<b>Douglas</b>	<b>3.1%</b>
<b>Grant</b>	<b>2.7%</b>
<b>Okanogan</b>	<b>5.7%</b>
<b>NC ACH</b>	<b>6.0%</b>

### Non-Emergency Medical Transportation Trips, 2015-16

<b>Chelan</b>	<b>14067</b>
<b>Douglas</b>	<b>4813</b>
<b>Okanogan</b>	<b>16728</b>

### Non-Emergency Medical Transportation Clients, 2015-16

<b>Chelan</b>	<b>776</b>
<b>Douglas</b>	<b>297</b>
<b>Okanogan</b>	<b>1006</b>

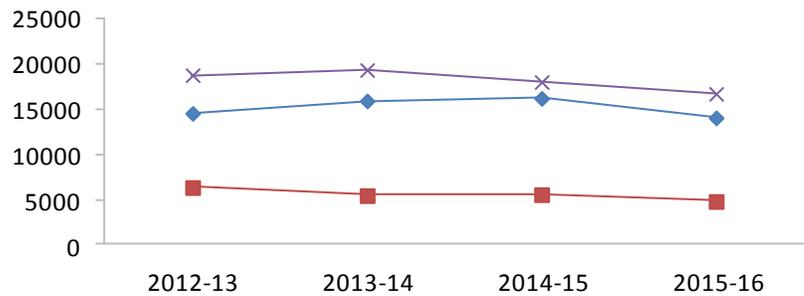
Data sources: US Census Bureau, American Community Survey. 2010-14; People for People, Non-Emergency Medical Transportation. July 2015-June 2016

# Transportation

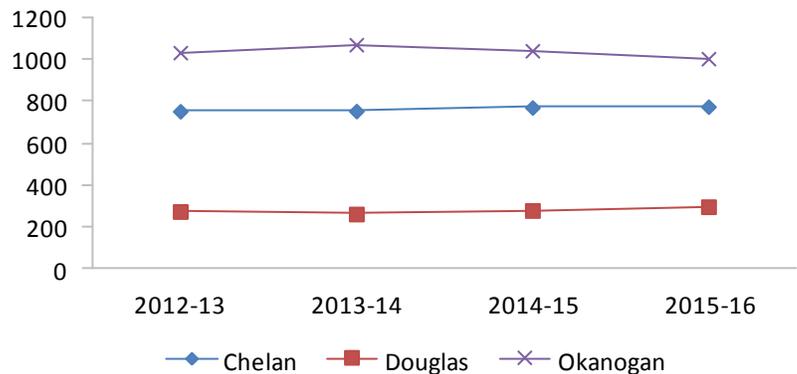
One of the primary ways transportation affects health in North Central Washington is its affect on access to health care. With great distances between rural communities and limited access to providers, especially specialists, the ability to travel for appointments in addition to urgent or emergency care needs is vital to receiving care.

## Non-Emergency Medical Trips, 7/1/2012-6/30/2016

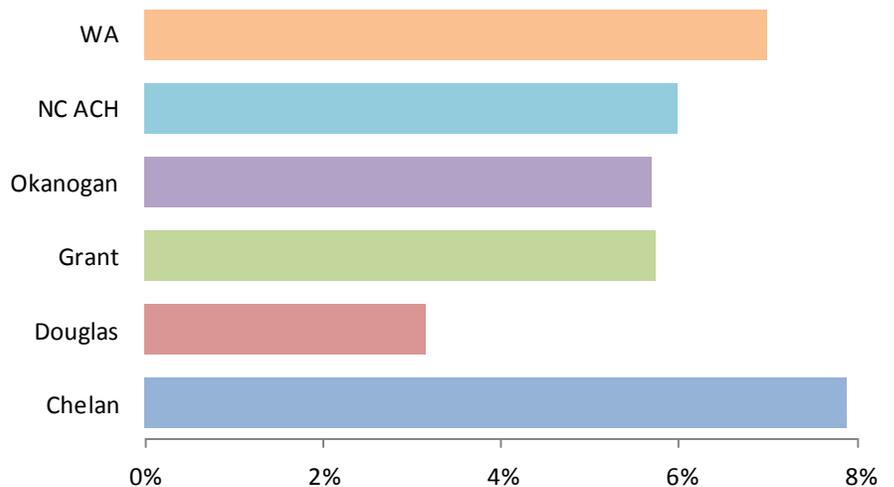
### Completed Trips



### Number of Unduplicated Clients

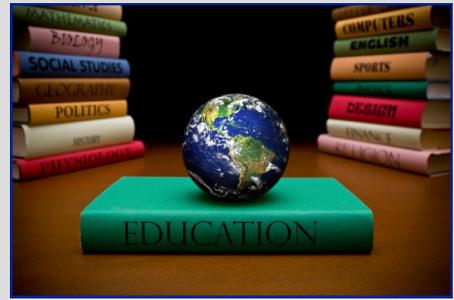


## Households with No Motor Vehicle, 2010-14

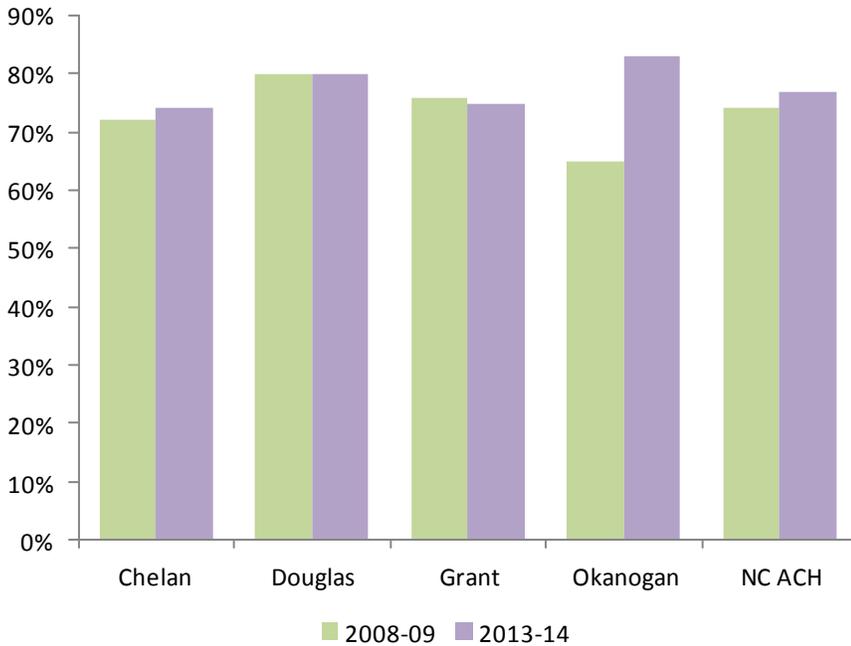


# Education

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



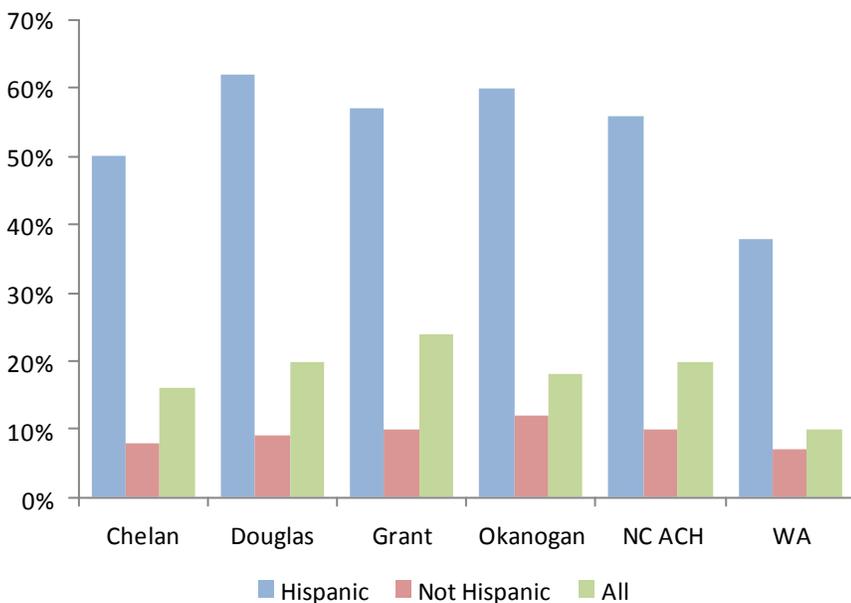
**Percent On-Time Graduation Rate**



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

<b>Chelan</b>	<b>74%</b>
<b>Douglas</b>	<b>80%</b>
<b>Grant</b>	<b>75%</b>
<b>Okanogan</b>	<b>83%</b>
<b>NC ACH</b>	<b>77%</b>
<b>Washington</b>	<b>80%</b>

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



**Percent of Population with No High School Diploma, 2010-14**

<b>Chelan</b>	<b>16%</b>
<b>Douglas</b>	<b>20%</b>
<b>Grant</b>	<b>24%</b>
<b>Okanogan</b>	<b>18%</b>
<b>NC ACH</b>	<b>20%</b>
<b>Washington</b>	<b>10%</b>

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



**12%**  
of people  
report experiencing  
**Food Insecurity**

**24%**  
of children  
report experiencing  
**Food Insecurity**

Data sources: Feeding America. 2013.  
Source geography: County

## Access to Healthy Food

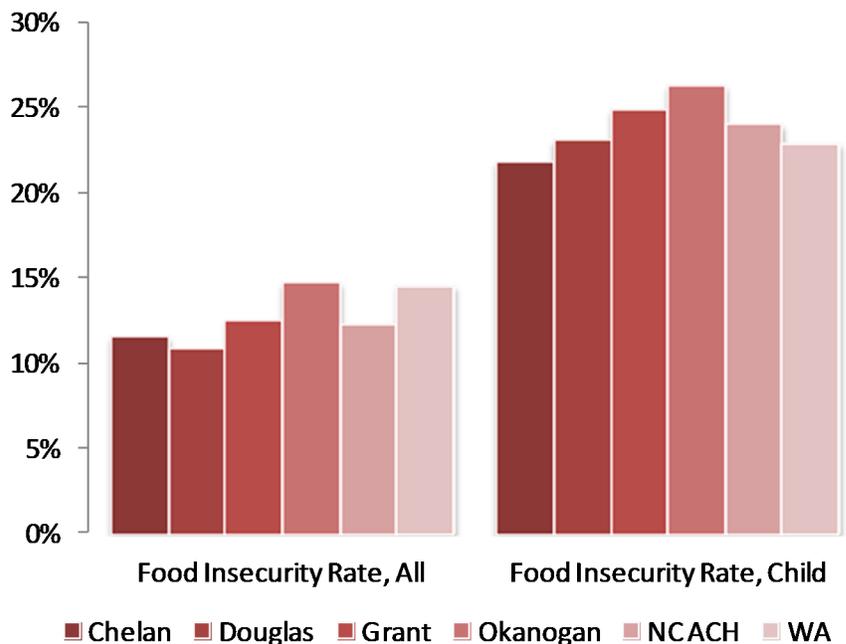
“A lack of access to fresh, healthy foods can contribute to poor diets and higher levels of obesity and other diet-related diseases.”\* These diet-related diseases include hypertension, diabetes, heart disease, and cancer which are ranked among the top causes of death in the United States today.

\*(<http://www.usda.gov/documents/7-Healthyfoodaccess.pdf>)

- 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

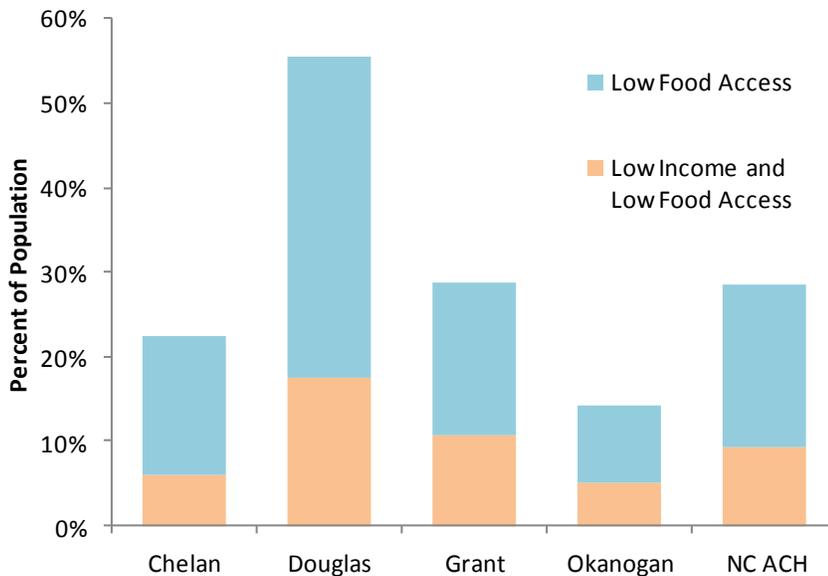
This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.



# Access to Healthy Food

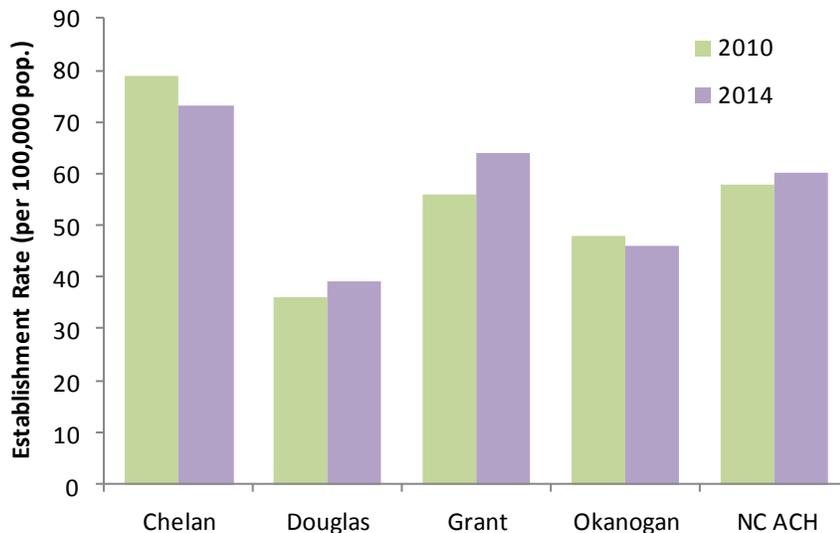
## Food Deserts

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

Data sources: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.  
 Source geography: Tract  
 US Census Bureau, County Business Patterns. 2010, 2014. Source geography: County



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

Sheltered	303
Unsheltered	112
Chronically Homeless	28

Data source: The City of Wenatchee, Ten-Year Plan to Reduce Homelessness in Chelan & Douglas Counties: 2015 Action Plan Update, September 2015

# 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/farm/reports/issue\\_briefs/2011/rwjf70451](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70451)

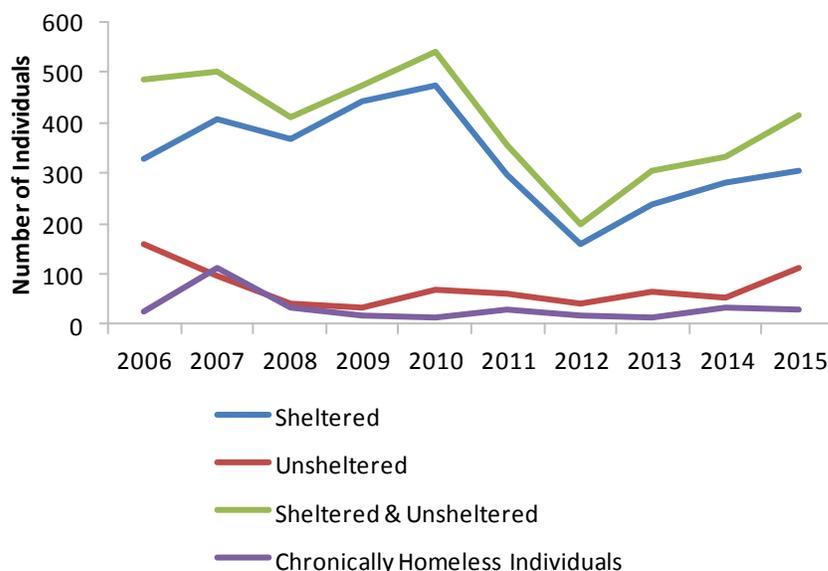
- A SWOT analysis performed in each of the four counties in the region revealed that affordable housing was a threat to the health of the community, especially in the Chelan and Douglas Counties.

### 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

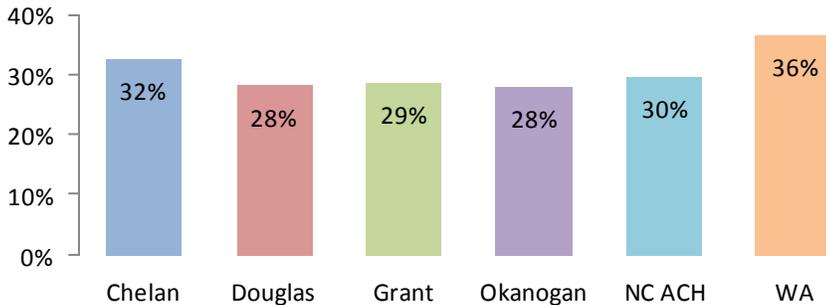


# Affordable Housing

## 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.

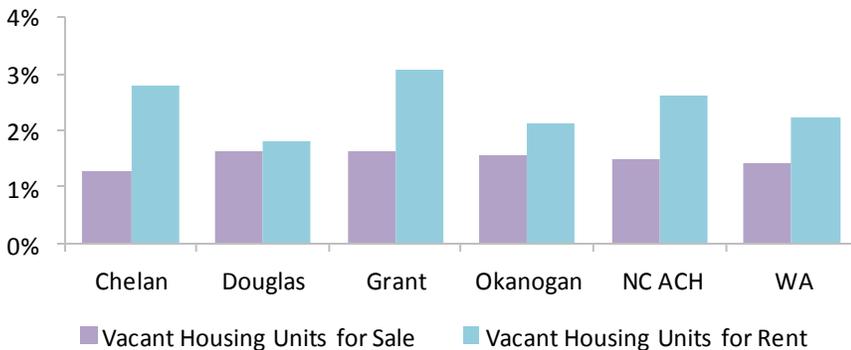
Percentage of Cost Burdened Households



## 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.

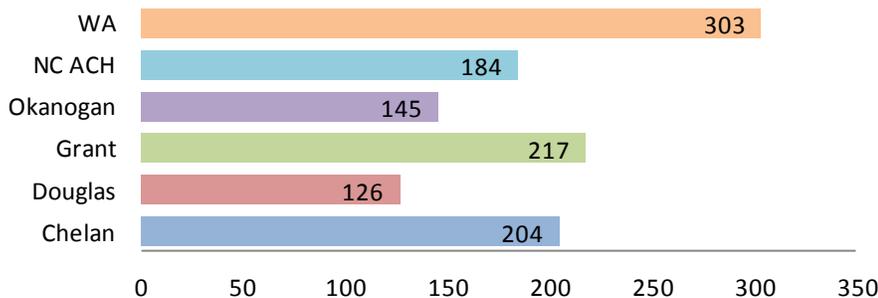
Vacant Housing Units



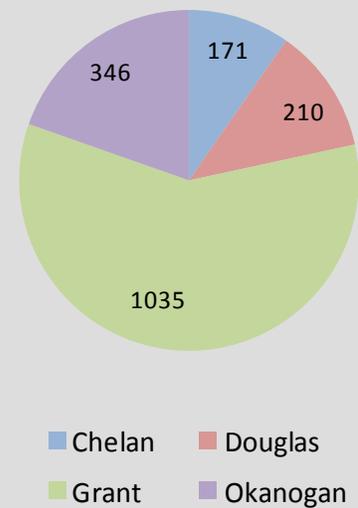
## Assisted Housing

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



Low Income Housing Tax Credit 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)*

Data sources: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract  
 US Department of Housing and Urban Development. 2015. Source geography: County  
 US Department of Housing and Urban Development. 2014. Source geography: County



**Excessive Drinking (>4 (women) or >5 (men) alcoholic beverages on a single occasion in past 30 days)**

<b>Chelan</b>	<b>19%</b>
<b>Douglas</b>	<b>19%</b>
<b>Grant</b>	<b>19%</b>
<b>Okanogan</b>	<b>17%</b>
<b>Washington</b>	<b>19%</b>

**≥ 25%**

*of Driving Deaths involve*

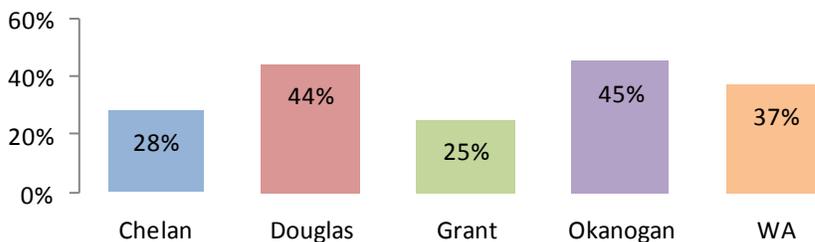
**ALCOHOL**

Data source: Behavioral Risk Factor Surveillance System. 2014.  
 Fatality Analysis Reporting System. 2010-2014  
 CDC Wonder. 2012-2014.  
 Healthy Youth Survey. 2014.

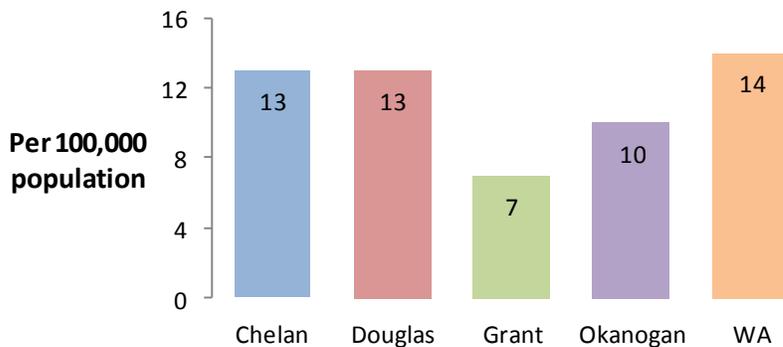
# Drug/Alcohol Abuse

- 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.

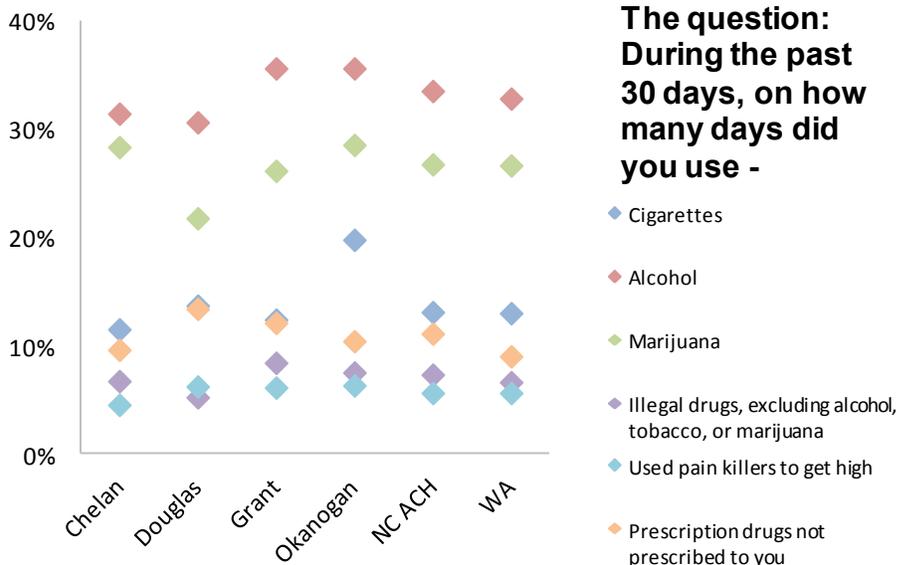
**Percent of Driving Deaths with Alcohol Involvement, 2010-14**



**Drug Overdose Deaths, 2012-14**



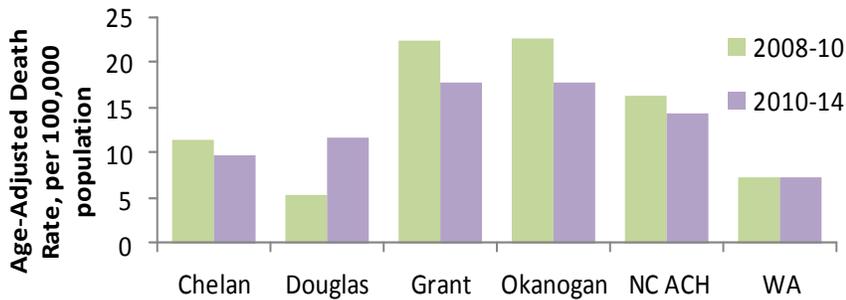
**Alcohol and Drug Use Among 12<sup>th</sup> Graders, 2014**



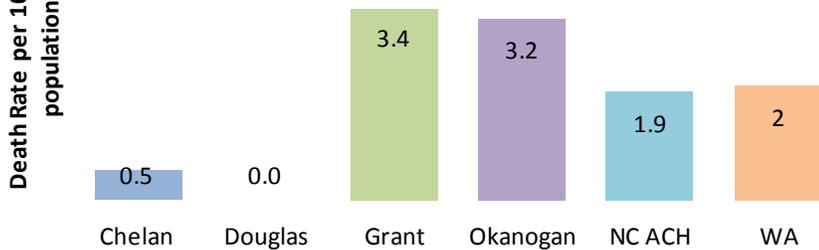
# Accidents/Homicide

Note: small numbers suggest caution in interpreting these rates.

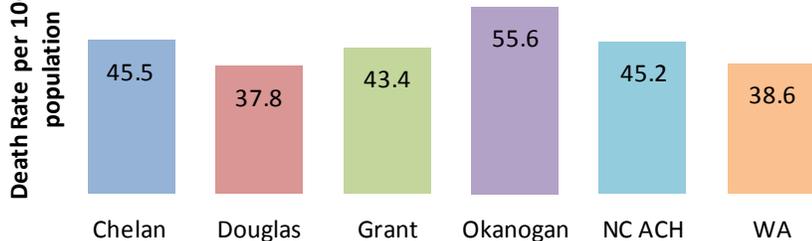
## Motor Vehicle Crash Mortality Rate



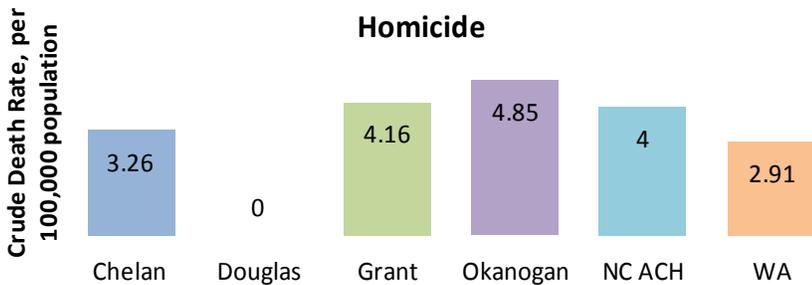
## Pedestrian Motor Vehicle Crash Average Annual Death Rate, 2011-2015



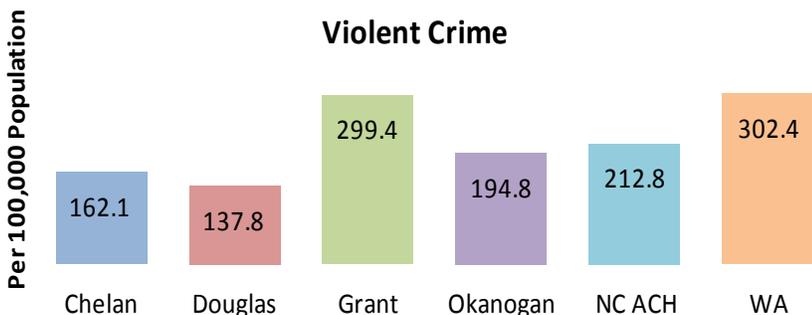
## Unintentional Injury Age-Adjusted Death Rate, 2010-2014



## Homicide



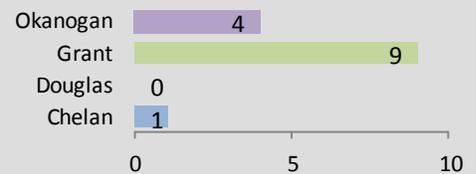
## Violent Crime



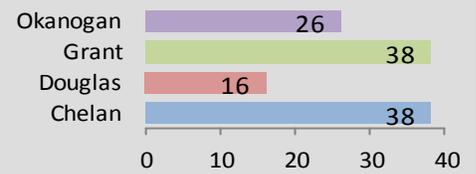
## Motor Vehicle Crash Average Annual Deaths, 2010-2014



## Total Pedestrian Motor Vehicle Crash Deaths, 2011-2015



## Unintentional Injury Average Annual Deaths, 2010-14



## Homicide Average Annual Deaths, 2010-14



Data sources: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010, 2011-2015. Source geography: County. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County. 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](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).

\*[http://depts.washington.edu/mhreport/facts\\_suicide.php](http://depts.washington.edu/mhreport/facts_suicide.php)

- 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.

## Suicide, Age-Adjusted Rate, 2011-2015 (CI)

<b>Chelan</b>	<b>18.3</b> (14.1, 23.5)
<b>Douglas</b>	<b>11.2</b> (7.0, 17.2)
<b>Grant</b>	<b>11.7</b> (8.7, 15.5)
<b>Okanogan</b>	<b>21.6</b> (15.5, 29.7)
<b>NC ACH</b>	<b>15.2</b> (13.1, 17.6)
<b>Washington</b>	<b>14.7</b> (14.3, 15.1)

## Average Annual Suicide Deaths, 2011-2015

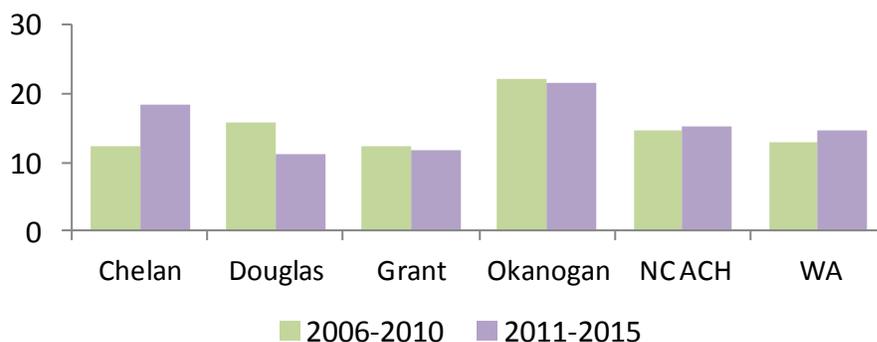
<b>Chelan</b>	<b>14</b>
<b>Douglas</b>	<b>5</b>
<b>Grant</b>	<b>10</b>
<b>Okanogan</b>	<b>9</b>
<b>NC ACH</b>	<b>38</b>
<b>Washington</b>	<b>1056</b>

Data source: Washington State Department of Health Community Health Assessment Tool, 5 year average 2011-2015.

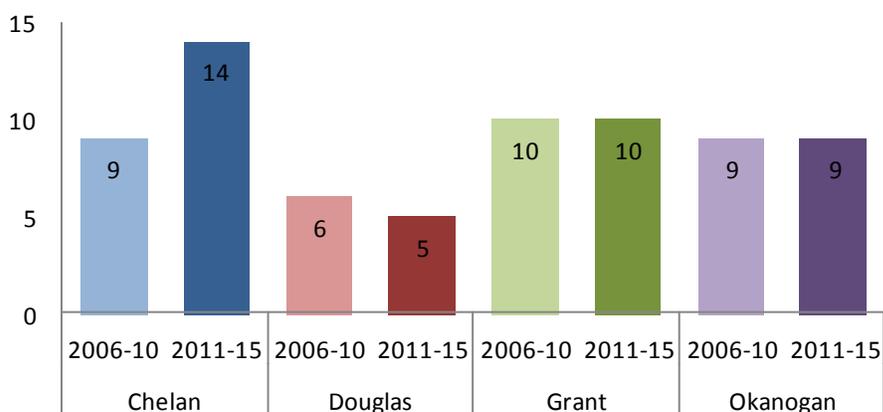
## Self-Inflicted Harm

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.

**Suicide Rate, Age-adjusted Death Rate**



**Average Annual Deaths from Suicide**



# Mental Health Care Access

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

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

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

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

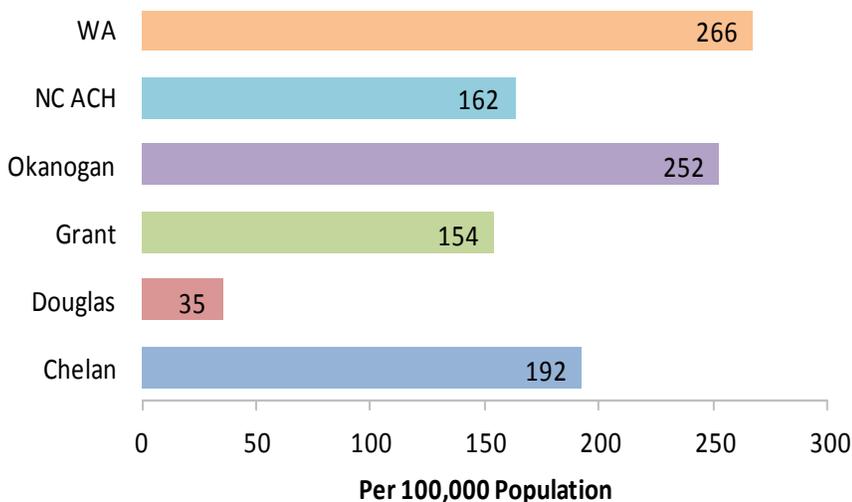
- Total # of unduplicated clients served → **3417**
- Total # of Requests for Services → **4348**
- Total # of intakes completed for enrollment → **3226**

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



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

**Mental Health Care Provider Rate**



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



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

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

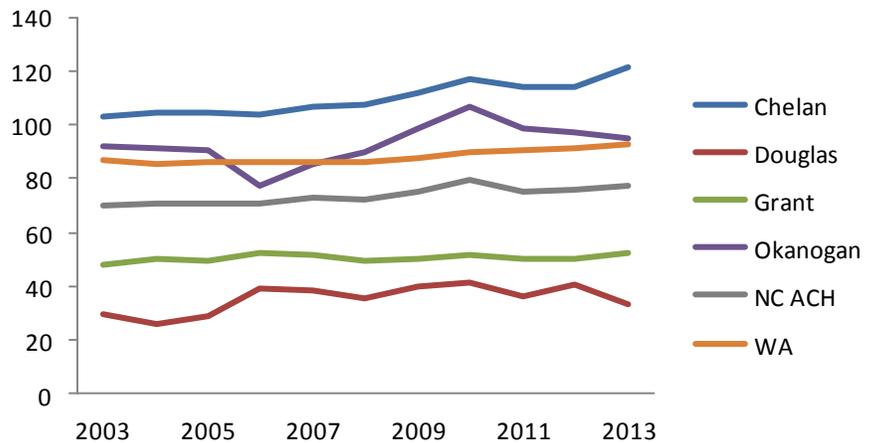
## Access to Care

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:

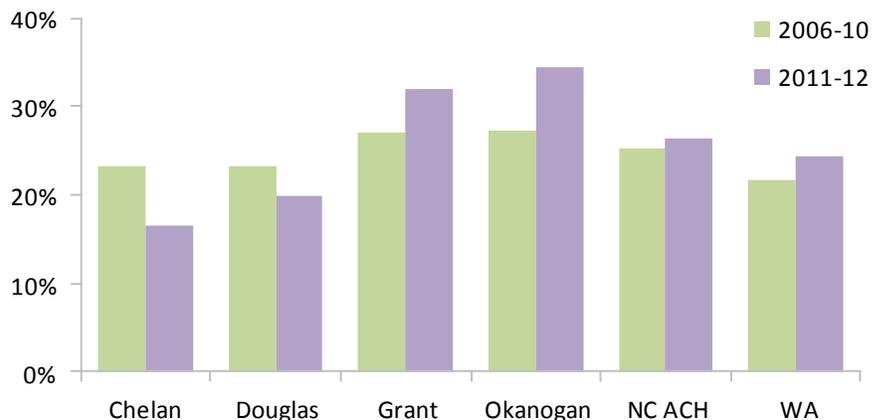
- Insufficient number of providers—especially specialists
- Traveling distance to specialists and patient limitations of time, vehicle, or transportation fare
- Insurance challenges—both high rates of those without insurance, and a lack of providers (especially dentists) who will accept Medicare/Medicaid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

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

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



**Percent of Adults Without Any Regular Doctor**

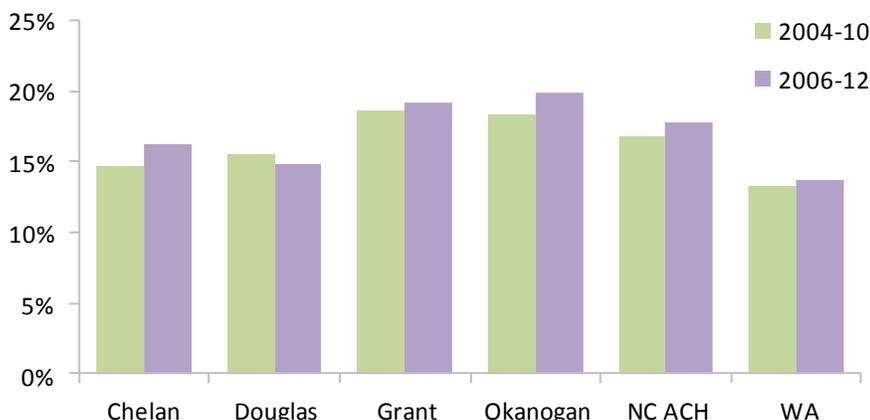


# Access to Care

## 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?”

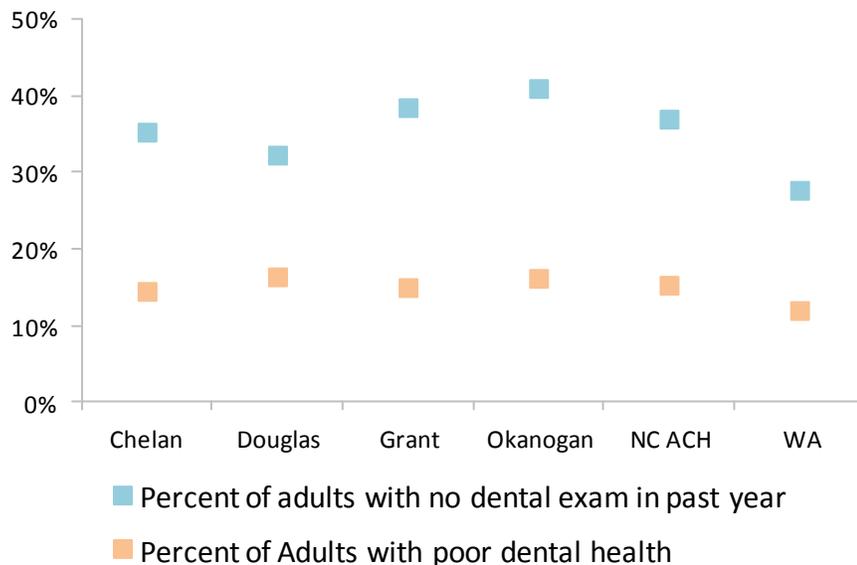
Percent of Adults Self-Reported Having Poor or Fair Health



## 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**

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



### Number of Infant Deaths, 2011-2015 (combined)

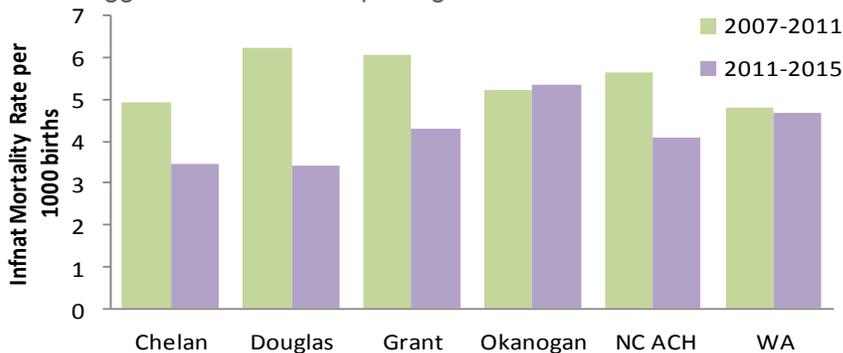
<b>Chelan</b>	<b>16</b>
<b>Douglas</b>	<b>9</b>
<b>Grant</b>	<b>33</b>
<b>Okanogan</b>	<b>14</b>
<b>NC ACH</b>	<b>72</b>
<b>Washington</b>	<b>2044</b>

Data source: Washington State Department of Health Community Health Assessment Tool. 2007-15.

## Pre-conceptual and Perinatal Health

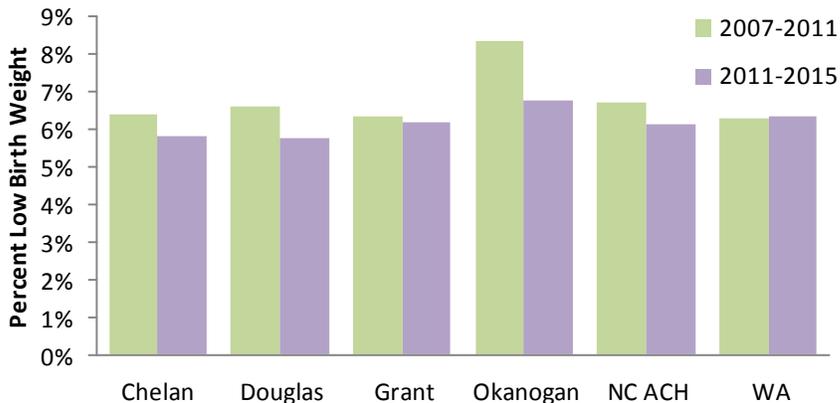
### Infant Mortality Rates

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.

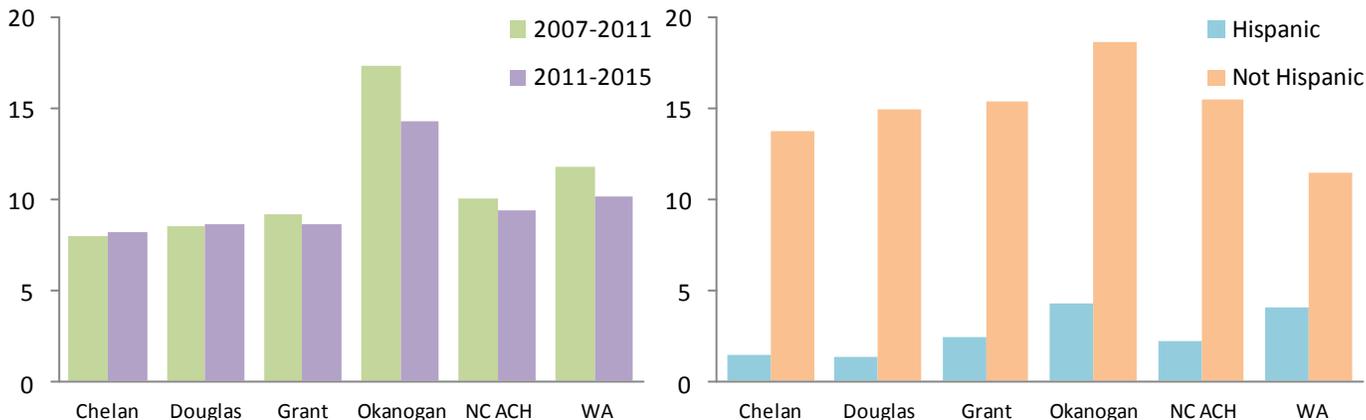


### Low Birth Weight

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

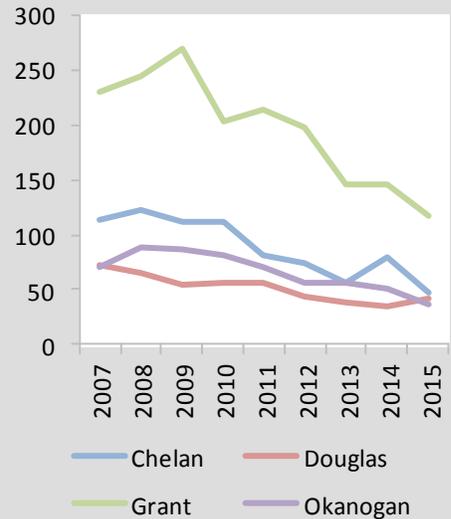


# Pre-conceptual and Perinatal Health

- 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.



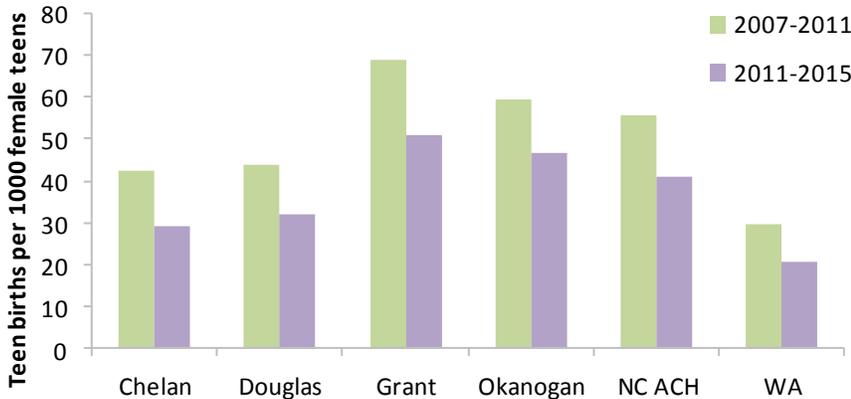
Number of Teen Births



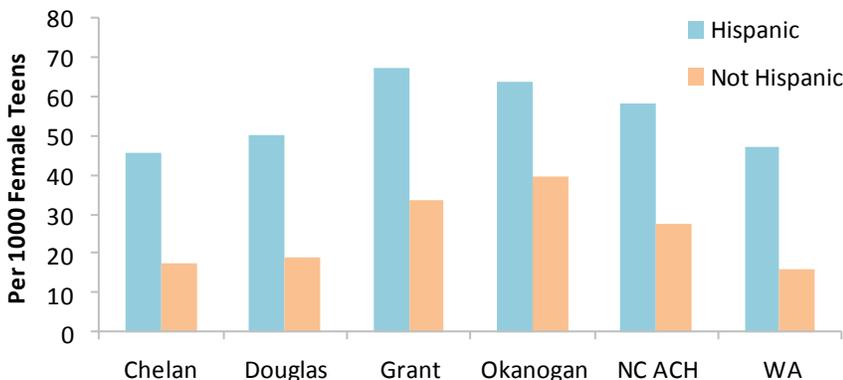
## Teen Birth Rates

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



Teen Birth Rate by Ethnicity, 2011-2015



Data source: Washington State Department of Health Community Health Assessment Tool. 2007-15.



# 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/riskshhttp://>

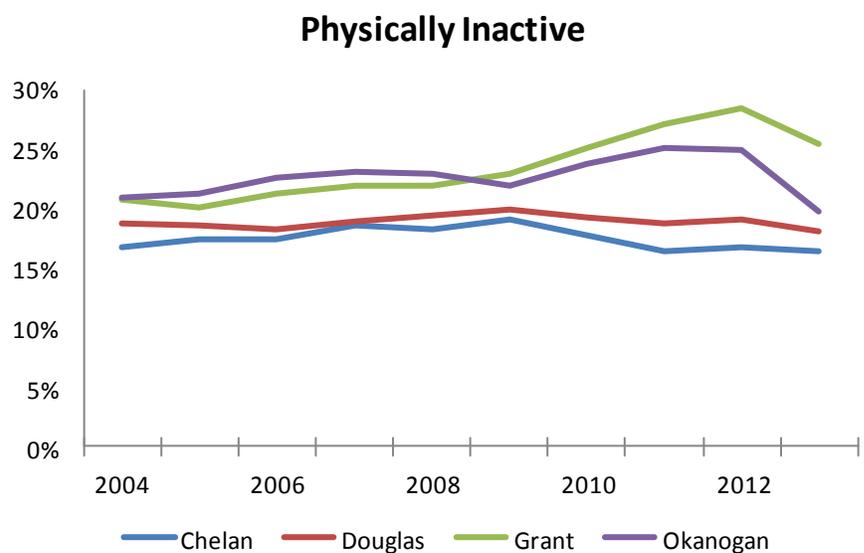
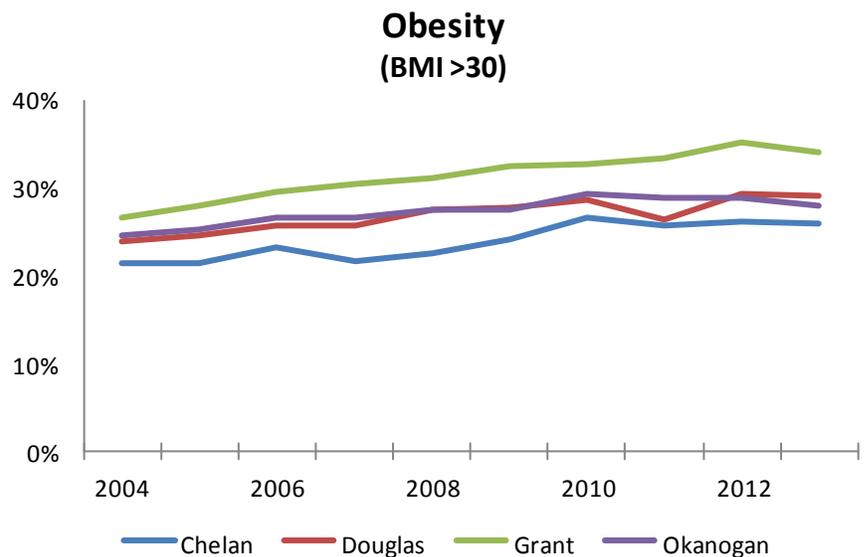
Percentage of Adults who are Overweight or Obese, 2012	
Chelan	60%
Douglas	68%
Grant	70%
Okanogan	65%
NC ACH	65%
Washington	62%

- 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”

 **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.

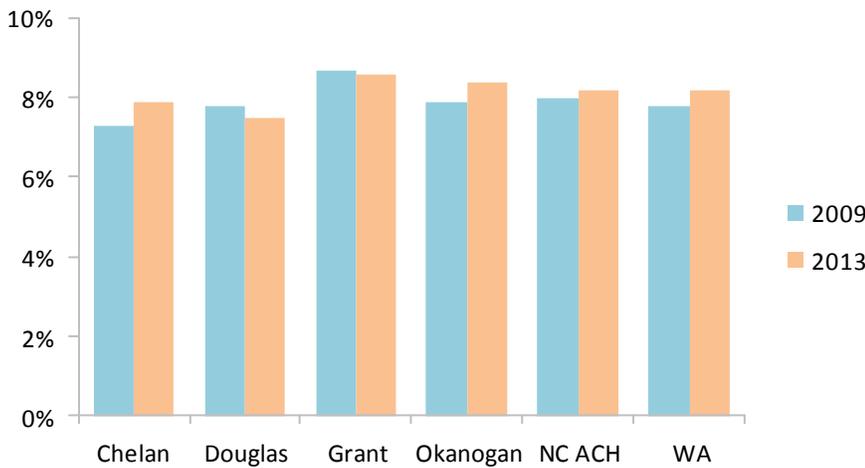
\*<http://www.diabetes.org/living-with-diabetes/complications/?referrer=https://www.google.com/>



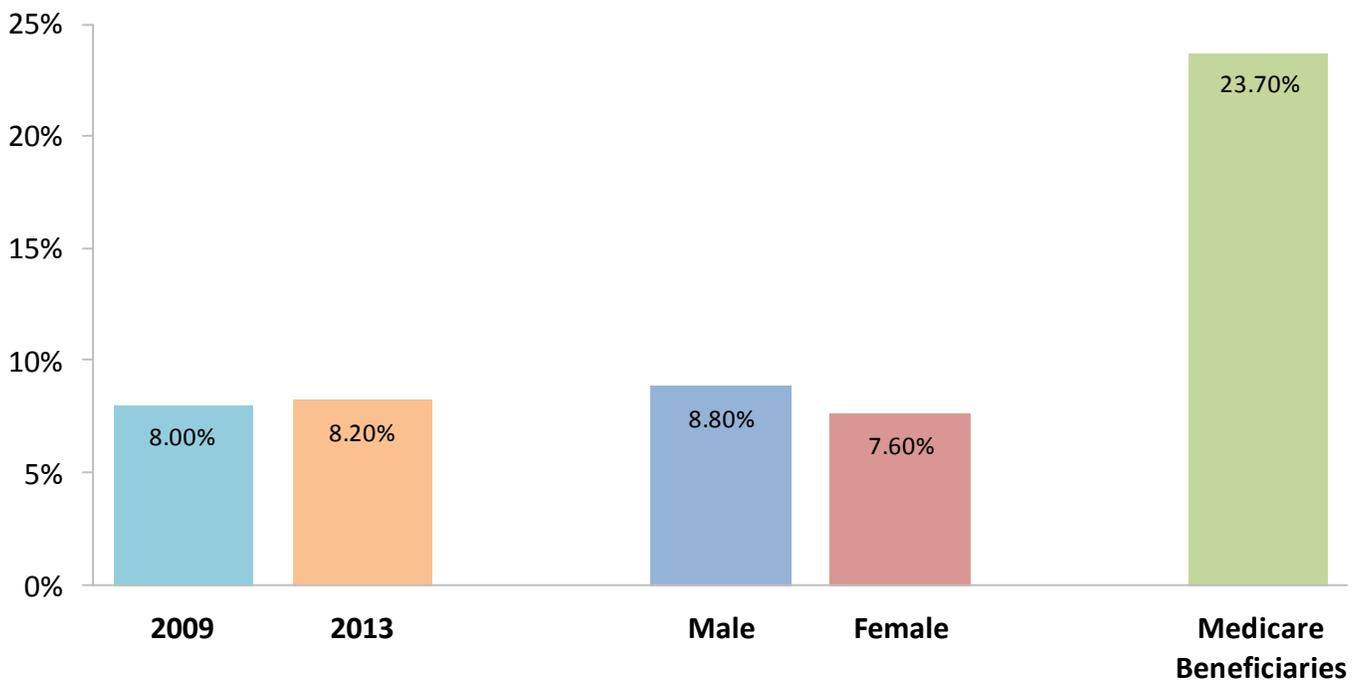
**18.2%**  
of inpatients seen at  
**Central Washington Hospital**  
are *Diabetic*

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

## Diabetes Prevalence



## North Central ACH Percent with Diagnosed Diabetes, 2013





# Cancer

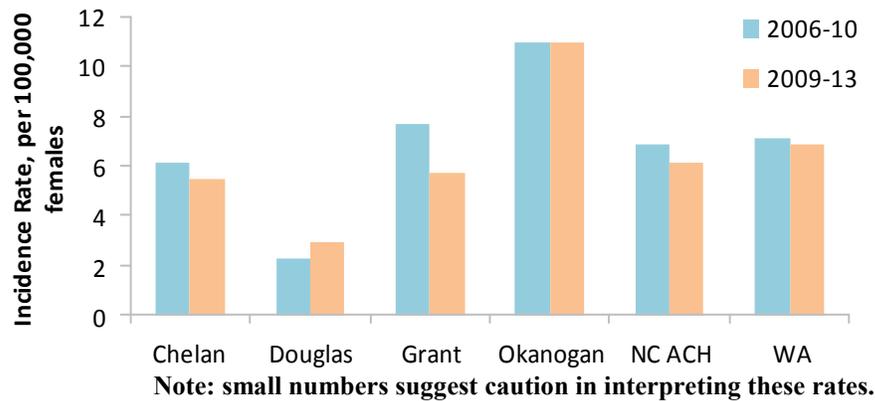
Cancer is the second leading cause of death in the United States\* and is the leading cause of death in the state of Washington\*\*. While it wasn't one of the focus areas of the stakeholder survey or SWOT analysis, it is included in this set of needs due to the disparity in certain cancer types in Okanogan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

\*<http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>  
 \*\*<http://www.doh.wa.gov/>

## 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

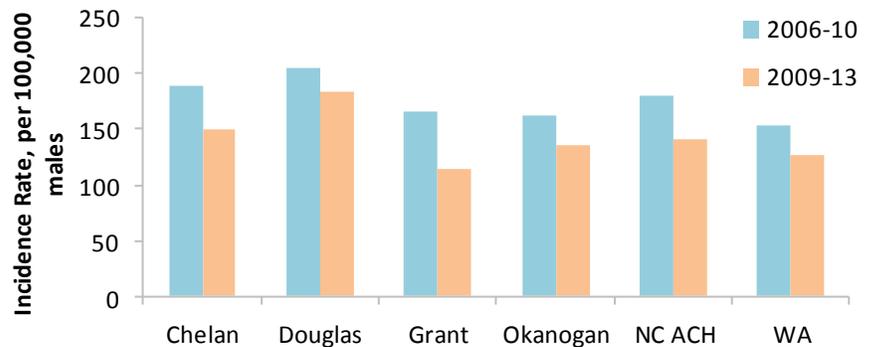
## Age Adjusted Cervical Cancer Incidence



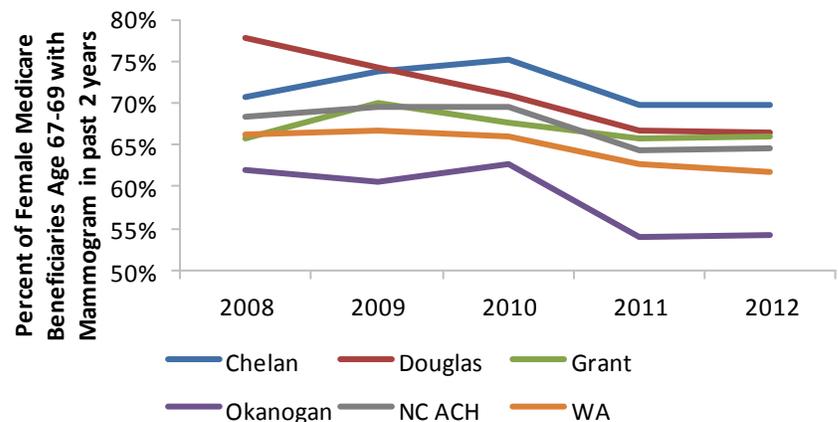
## Prostate Cancer New Cases Annual Average, 2009-2013

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

## Age Adjusted Prostate Cancer Incidence



## Breast Cancer Screening



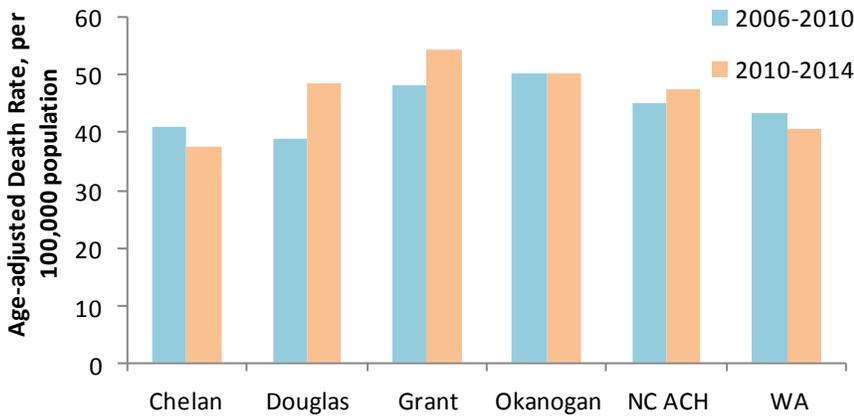
Data source: Washington State Department of Health, Community Health Assessment Tool, 2016. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012. Source geography: County

# Lung Diseases

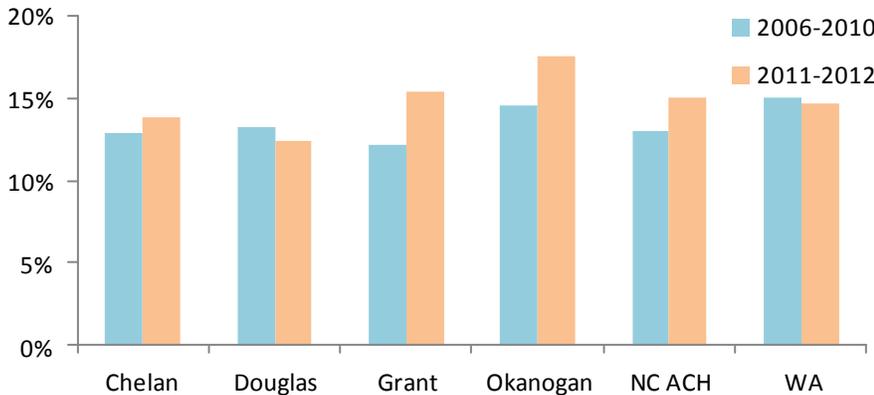
While lung diseases weren't one of the priorities identified through the stakeholder survey or the SWOT analysis, this topic is included as a potential health need due to the increasing prevalence over the past several years and the higher than average rates in several NCW counties compared to the state.



### Lung Disease Mortality



### Asthma Prevalence



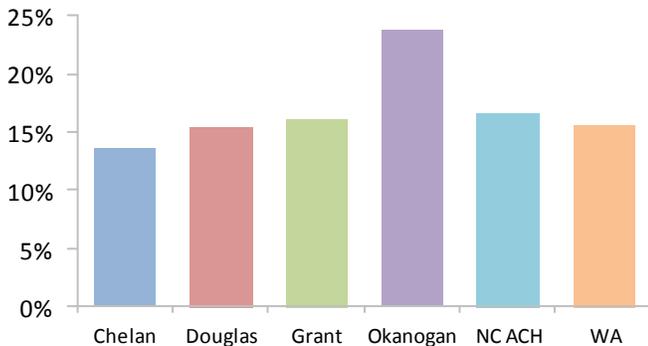
Data sources: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.

Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14.

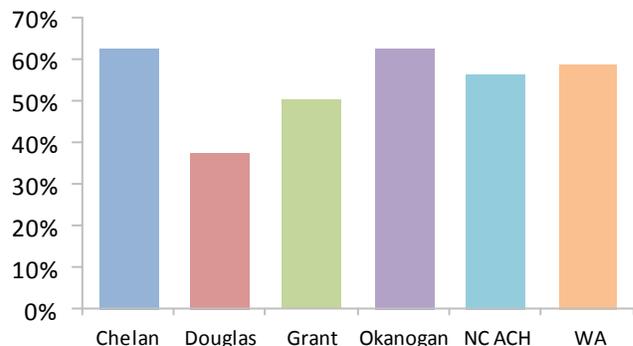
Source geography: County.

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2004-2010, 2006-2012, 2006-2010, 2011-12. Source geography: County.

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



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



# Sexually Transmitted Infections



“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

Chelan	13
Douglas	8
Grant	80
Okanogan	11
NC ACH	112

## Total Chlamydia Infections, 2014

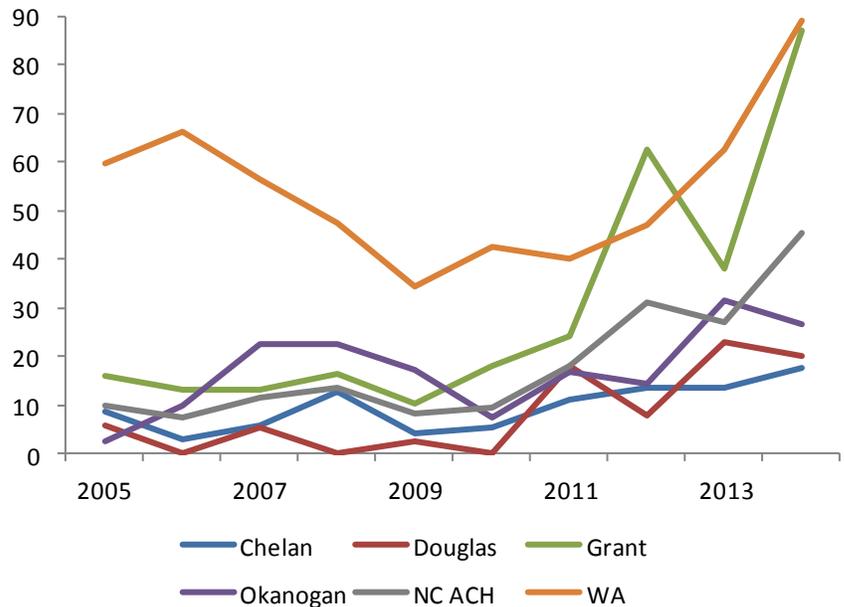
Chelan	291
Douglas	152
Grant	396
Okanogan	81
NC ACH	920

Data source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

## 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.

### Gonorrhea Incidence Rate, per 100,000 population



### Chlamydia Incidence Rate, per 100,000 population

