

## CHNA- Chelan-Douglas SWOT Analysis

### Strengths:

- Agencies collaborate
  - Good networkers
- Large multi specialty medical group.
- Coordinated entry for homeless:
  - Housing first
- After school programs.
- Ad's for summer activities.
- Lunch programs for kids.
- Food banks
- Wic
- Activities available regardless of income:
  - Farm to school
  - Foodbank
  - Farm to food bank
  - Healthy options
- Run wenatchee program.
- MAX kids wellness program (Chelan and Manson)
- Farmer's market
- Early learning collaborative work.
- Silo breaking to overcome barriers to access resources.
- Strong head start (Care coordination for families health/resources/dental)
- FIN (Faith based meals program, Ex: Packing Friendship)
- Empty bowls project.
- Gleaning projects (20,000 lbs of food for charity)
- Strong nursing program ( health services & tech services)
- Full chemical dependency services program.
- Youth advocacy programs/ coalitions & prevention
- SNAPPED in schools→Famers mkg
- Ncw Foundation and other local agencies.
- Natural land and Ag. resources= Awesome people
- Community (strong sense of working together)
- "What's Next"
- NAMI Chelan-Douglas (Mental Health Support)
- Referral processes-fair to good.
- Agency infrastructure strong. (Always room for improvement)

**Weaknesses:**

- No inventory recorded.
- Too much duplication without coordination.
- No respiratory for health consumers.
- Financial
- Referral network
- Lack of coverage for alternative therapies ie., PET Therapy
- Limited preventative care-access
- Personal accountability for choices.
- Isolated community
- Challenge attracting providers.
- No visiting nurses.
- Standard housing combined with limited resources/support
- Housing
- Lack of opportunity to age in place.
- Support, navigation for developmentally disabled (DD)
- Permanent supportive/housing first
- Emergency beds for Mental Health.
- Education/ awareness/communication of inventory to community.
- Policy/regulations on all elements of health.
- Restricted hrs access to ancillary services.
- Rural and Urban poverty, access, resources, food, transportation, housing, health ( But some choose to live in rural area lifestyle not a weakness of choice.
- Natural disasters-Fire
- Stigma (Cultural, rural, tribal, poverty, DP, Mental Health)
- LGBTQIA equity Issues (Beyond racial, financial, cultural, disease)
- Data, paperwork, Administrative costs, red tape preventing whole person healthcare.
- Weak universal screening process for developmental and Behavioral health issues.
- Difficult for homeless, cultural, immigrants, and refugees to navigate systems.
- Limited english proficiency.
- Lack of funding for low income homeowner maintenance.
- Low access to transportation.
- Limited bilingual professional staff.
- Health literacy
- Limited health exercise opportunity for low income.
- Lack of affordable housing.
- Limited employment opportunity.

**Opportunities:**

- Infrastructure privatization plan.
- Senior Services: Variety and availability.
- Youth activities: After school/summer
  - Health education
- Support for Kinship Care.
- 1422 effort (Dept. of Health grant- Multiple health improvement projects)
- Our Valley What's Next
- Parks/ recreation trails
- Increased community health awareness
  - Coalitions (Need to meet, discuss and collaborate)
- Collaborations for health partnerships.
- Child care- Variety and availability
- Access to healthy foods ( Farms to School)
- Physical activity Support ( Groups, Camp, Environment)
- Training Opportunities
- Know the cultural and generational differences.
- Better community outreach on health education.
- More community education (Use what you have and fund them)(Suitable funding)
- Better supportive after care- Community health workers
- Dept. of early learning legislation next year
- Expansion ECAP/Head Start
- Expansion ABCD Dental program in rural areas/ pregnant moms
- Improve access to care standards.
- Broaden access definitions and screenings.
- Early intervention provided and paid for leave
- Standardize data share/ HIPPA Law CFR 42 make medical/ Behavioral Health/ CD abl to coordinate PHI/care/ resources for care
- "Whole person health care"
- Community voice in our care.
- Expanded alt. Cultural and natural care for medicaid pop (acupuncture, chiro, counseling)
- Increase awareness for mental health consumers ( ie support program)
- Interrupting homeless cycle at all points:
  - Jail
  - ER
  - Shelters
  - Housing
  - Outreach
- Supportive reentry programs In and out of jail systems.
- Suspend, not drop medical benefits.

### **Threats:**

- Transportation
- Poverty
- Substance abuse disorder
- Economic
  - Support for policies
  - Politician for health
- ACES/ Trauma informed
- Lacking resources for very young children/ Pre K/ Families
- Lack of coordination of whole person care
- Lack of long term parenting
- Ed and support/ care coordination after hours/weekend services
- Safe routes to school
  - Road signs
  - Bike walk routes
  - Lack of outdoor activities
  - Safe areas to play
- Lack of bilingual cultural services for Behavioral Health/ Medical
- Housing
- Health food access.
- Seasonal food desert.
- Lack of coordination/communication
  - Between & within all the way around
- Environmental→ agriculture/machining
- Lack of preventative programs or access to them
- Policy: All levels
- Lack of understanding preventative and reactive.
- Funding
- Rural community food access challenges
- Finacial/ low income
- No proactive support for mental health.
- Person accountability for financial; choices (fast food vs healthy eating)
- Lack of school curriculum that provides more physical activity and healthy living education
- Not walkable or bikeable, minimal to no street lights, wide streets, fast cars (No parking ex. North Wenatchee Ave.)
- Sidewalk barriers
  - Lights posts
  - Poor signage
- Car-centric community.
- Enforce parking/car laws (Ex. parking on sidewalks)
- Lack life skills/food preparation knowledge
- Competition leading to duplication of services and funding deficits.
- Lack of reliable and valid measurements.
- People are not feeling heard/communication banners ↔providers & clients
- Increased prevalence of undiagnosed pre-diabetes.

**Room Synopsis:**

- Employment for one spouse, but not the other.
- Challenge: Lack of affordable housing.
- 20-40 year olds to Seattle (living wage jobs to economic needs)
- Types of employment are limited.
- Weakness- lack of service inventory.
  - Need to use WIN 211 coordinated entry.

**Deb's Notes:****★ C-D Sectors**

- Public Health
- Healthcare
- Mental Health
- MCO
- Social Service
- Early Education
- City Government
- Chemical dependency
- Prevention
- Student

**★ Final Room Comments:**

- Awareness efforts around homelessness, but not a plan break in the cycle- Destructive Interference.
- Focus on coordination- many services are still available in Silos.
- Breaking homelessness cycle-interrupting it at different places.
- How to get health education out into into community-communication efforts.
- Life skills- education needed
- System implementation needs to start from community.

- Resource literacy-Access to programs
- Learning of new programs.
- Health community when basic needs are met/available.
- Affirmation of importance of coalition work→is strength/opportunity here.
- Need major strategic communication plan.
- Importance of social determinants & how city-local-government can help more.
- Great organizations/resources, but constant lack of communication.
- Great potential to make movement, but we need to involve who we are doing it for
- Surrounded by passionate people wanting to help the community.
- Lack of variety of jobs to keep people local/affordable housing.
- Blind man/elephant story- We define the bigger thing by what we know.
- Hopefully we will see the day that we can envision the thing as "One"
- Compassionate groups who wants to help.
- Where are the people who can make affordable housing work?