

CHNA- Okanogan SWOT Analysis

Strengths:

- 3 local hospitals
- Community based self-help groups.
- Community coalition
 - Prevention
 - Suicide prevention
- Behavioral Health Services:
 - School based mental health
- Pockets of progressively thinking groups.
- Strong interest collaborative relationships-
[Mental and Behavioral Health](#)
- Spokane BHO
- Local legislative support.
- Improved financial positions at 3 Hospitals
- Va Clinic in Tonasket.
- Paid veterans service officers.
- Nursing department at Wenatchee Valley Community College.
- Community Action in Okanogan:
 - Cooking
 - Food access
 - Financial
 - Vet services
- Strong culture of arts
- Growing understanding of community health needs.
- Collaboration with tribes for services:
 - Community involvement and resources
- Telemedicine
- Managed care support to community member and providers.
- Expanded funding for new programs.
- We have ACH to inspire and encourage awareness!!!
- FHC care provided in appropriate language.

Weaknesses:

- Huge distances/Remote living
- Lack of specialties.
- Consistent and affordable elder care.

- Poverty
- Access to care:
 - Distance to services
 - Availability of qualified providers
- Transportation
- Cultural attitude towards wellness.
- Substance abuse (Lack of suboxone providers)
- Expense of healthcare/hospitals have limited funds.
- Language barrier (Behavioral health)
- Technology
- Traditional views on healthcare/health
- Health care and health literacy.
- Discomfort distress intolerance.
- Poor sleep hygiene.
- Stigma associated with seeking help
- Housing & homelessness→Limited housing stock that is affordable and safe.
- Racial inequity and health disparities in health and health outcomes.
- Shortage of caregivers and ineligibility of financial support for clients who need it. (At this time one in the area who does fingerprinting. GC or Wenatchee is the closest)
- Rural areas
- Culture competencies
- Struggling economic organization.
- Way too easy to access fast food.
- Education and understanding the 20/20 integration.
- New Pt. unable to access (PCP) accepting new Pt.
- No dementia CARE unit (Residential Care)
- Limited residential CARE (SNF.AFH) for medicaid residence.
- No Beds available

Opportunities:

- Housing plan for OK being refocused→Community could invest in housing
- Non-Disaster related- community connection- in progress

- pnonties and collect data on progress/ongoing needs.
- Strong veteran service program→Opportunity to wrap around and connect with veterans.
- Community health events are visible and being carried forwards in omak/okanogan.
- Opportunity to extend these community health reits to other parts of the county.
- Strong performing arts across many parts of okanogan.
- Opportunity could leverage its resources to improve mental health, particularly with youth, but adults as well.
- Healthy young initiative to prevent teen pregnancy.
- Opportunity: fund sustaining funding.
- Committed and passionate public health district.
- Opp: Commissioner leadership on support expansion and deepening of Public Health.
- Increased transportation-TRANGo
- Healthy Living Safe Streets-in progress.
- Gleaning Projects-in Progress.
- Food bank-Church groups-grow extra produce
- Bring ABCD Dental Program.
- Behavioral Healthcare to get into satellite offices
- Effective health education (hospitals/schools/community groups)[Especially for youth]
- Health school lunches.
- Restore Physical ed to school curriculum.
- Promote productive health volunteerism
 - Companies supporting volunteer work by employees
- Build on existing collaborative relationships.

Threats:

- Lack of technology
- Lack of funding for healthcare professionals.
- Culture disparity/culturally informed professionals
- Easy access to firearms.
- Epidemic of opioids/heroin/meth
- Unemployment→Business closing up north
- Low wages paid for employment.
- Childcare is hard to find and afford.
- High incidence on accident in logging industry.
- Access to reproductive health information for teens and access to contraception.
- Lack of walkable communities.

- Income inequality across the U.S.
- Are there enough medical professionals- Point of entry of PCP
- Comprehending health d/t lack of resources.
- Lack of caregivers for IHC services.
- Isolation d/t lack of information.
- Serve BH health- generational lack of knowledge
- SUD- ver large marginalized-Isolate
- Barrier to appropriate nutritions: Need to educate the importance of proper nutrition.
- Lack of provider overall (Psychiatry substance abuse)

Deb's Notes:

★ Sectors:

- Behavioral Health
- Healthcare
- MCO
- Community
- AAA

★ Final Room Comments:

- New projects/ideas wasn't familiar with.
 - That could help in improving health/lifestyle changes.
- Process felt positive-reiteration of collaboration.
- Okanogan data stand out- general meeting representation-obviously missing some groups (Tribal)
- Exercise- Opens eyes to varying visions.
- Positive experience-common challenge theme for rural communities.

- Justification of strength/weakness
 - Takes the positive spin
- Appreciate exercise
- How large county is and the challenges that poses challenges-yet more strength than realized.
- How far we have come- it's very encouraging-still work to be done.