The Health of Clallam County 2017
Community Health Assessment

Engaging the community and partners for a measurably healthier Clallam County.
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Thanks to the many community residents and partners who completed surveys and participated in focus groups.

Thanks to Siri Kushner, epidemiologist, and her team at the Kitsap Public Health District, for providing data analysis of health indicators and producing the Clallam Community Health Status Assessment; and to the Public Health Centers for Excellence staff for facilitating the process, conducting the community engagement activities and producing the CHA report.
Executive Summary

Background
Clallam County Health and Human Services and its partners produced this Community Health Assessment (CHA) to better understand the health needs of Clallam County residents. The purpose of the CHA is to review key health indicators and issues—through both quantitative and qualitative data—and to use this information to identify assets and problems. Ultimately, the goal of this process is to address community health priorities in a Community Health Improvement Plan (CHIP) to strengthen the health of Clallam County residents.

Methods
The Clallam County CHA consisted of four assessments, following a process developed by the National Association for City and County Health Officials (NACCHO), called Mobilizing for Action through Planning and Partnerships (MAPP). The four assessments are:

- Community Health Status Assessment—a comprehensive analysis of more than 100 health indicators.
- Community Themes and Strengths Assessment—a survey of residents and partners to identify health needs and resources.
- Forces of Change Assessment—focus groups of community partners in east, central and west Clallam County to identify potential factors that may affect the future of their communities’ health.
- Local Public Health System Assessment—also conducted through the community partner focus groups to identify public health resources and gaps.

Key Findings
Findings from the four assessments revealed five key issues that present both concerns and opportunities for Clallam County:

1. Housing Availability & Affordability
2. Access to Health Care
3. Alcohol, Tobacco & Other Drugs
4. Youth Access to Healthy Foods
5. Poverty

Significant inequities exist among low-income residents and non-white residents in Clallam County. Examples include:

- Non-white residents are twice as likely to live in poverty compared to white residents.
- American Indian/Alaska Native residents have the lowest life expectancy among all race groups at 71 years. The next lowest are white residents at 80 years.
- Residents with a high school degree or less were four times more likely to be without health insurance compared to residents who graduated from college. Non-white residents were twice as likely to be without health insurance compared to white residents.
- Residents with a high school degree or less were almost three times more likely to report binge drinking compared to residents with a college degree.
The Clallam CHA Steering Committee and its partners will next determine what issues are critical to the success of the local public health system, and what policy choices or critical challenges must be addressed in order for the community to achieve its vision.

Introduction
In December 2016, Clallam County Health and Human Services formed a Steering Committee to guide the Community Health Assessment process.

As an initial step, the Steering Committee developed a vision statement:

“Engaging the community and partners for a measurably healthier Clallam County.”

After organizing and identifying key participants the committee launched into engaging residents and partners, and gathering qualitative and quantitative data to gain a comprehensive picture of health in the community. The framework of this assessment helps communities prioritize public health issues, identify resources for addressing them, and take action to improve conditions that support healthy living ((NACCHO)).

Methods

The NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) philosophy recommend four assessments to provide a comprehensive picture of health in a community.

The Four Assessments

Community Themes and Strengths Assessment (CTSA) – Steering Committee members distributed a confidential electronic survey to community members. Survey questions included:

- How would you rate your community’s overall health?
- How satisfied are you with the quality of life in your community?
- How connected do you feel to your community?
- What are your three biggest concerns affecting your community?
- Do you have children in their household age 18 or under? If yes, what are your three biggest concerns affecting youth in your community?
- Name one example of people working together to improve your quality of life in your community. This can be anything that helps you or others have a better life.
**Forces of Change (FoC) and Local Public Health Systems Assessments (LPHSA)** - Public Health Centers for Excellence (Centers) staff conducted three focus groups with key leaders from three regions of Clallam County – east, central and west. Each focus group had between four to eight participants and was 90 minutes in length. We randomly selected participants from a larger list of 50 key leaders provided by the CHA Steering Committee. These key leaders represented diverse sectors and demographic and social groups, such as education, business, law enforcement, tribal leadership, medicine, pharmacy, health administration, media, and local government. (Invited but absent were representatives from faith-based organization, Latino/Hispanic communities, and youth).

Notes were analyzed from the focus groups using thematic analysis. This means we assigned codes to units of meaning within textual responses, then examined them for patterns or common themes. We labeled themes “common” if two or more focus groups discussed the issue at length and prioritized it as a key concern. We shared common themes back with focus group participants to give them the opportunity to accept or revise the findings, to ensure we captured their discussion and experiences accurately.

FoC assessment questions included:

- What has occurred in the past year that is affecting (or may affect) the health of our community? What threats (challenges) and opportunities are generated by these occurrences?
- What may occur in the future to affect the health of our community? What threats (challenges) and opportunities are generated by these occurrences?
LPHSA questions included:

- Where are there gaps in public health services in Clallam County? (For example, are there laws to ensure everyone’s safety? Do we have competent health care staff? Are policies being developed to support community health?)

**Community Health Status Assessment (CHSA)** – Kitsap Public Health District (KPHD) epidemiologists collected data from various sources to analyze the status of the health of Clallam County residents. Sources included Behavioral Risk Factor Surveillance System, Washington State Department of Health—Center for Health Statistics’ Birth and Death Records, County Health Rankings, Healthy Youth Survey, and many other Washington state and national health databases. KPHD collected more than 100 data indicators among the following categories: demographics, socioeconomics, environmental health, pregnancy & births, health care resources, quality of life, health behaviors, and illness and deaths.

KPHD staff calculated Clallam County rates compared to Washington State rates using 95% confidence intervals and the X2 test. We calculated statistical trends over time using Joinpoint Regression Program for those indicators where data are available for multiple and consecutive years. When trends over time were not available, we calculated statistical differences between two points in time using 95% confidence intervals and the X2 test.

The CHA Steering Committee selected weighted criteria to synthesize and score findings from all four assessments. Centers staff applied the criteria and weights to each finding. Both opportunities and threats associated with each health issue or theme were considered for inclusion.

### Scoring

Indicators and themes from all 4 assessments were scored based on five criteria:

1. Affects more than 15,000 residents (1 pt).
2. Comparison with Washington State average (1 pt).
3. Clallam County Trend (1 pt).
4. Top concern of community survey respondents (1 pt).
5. Key theme identified by key leader focus group participants (1/2 pt).
Assessment Results

Community Themes and Strengths Assessment
A total of 1353 respondents completed the survey. Compared to Clallam County demographics, survey participants were more likely to be:

- Women—71.6% female
- Age—4.1% 18-29, 15.7% 30-44, 22.4% 45-59, 57.8% 60+
- Hispanic—2.1%
- White—94.5%
- Language spoken at home—99.5% English

Survey respondents lived mostly in central and east regions of the County (approximately 46% each) while less than 10% of respondents lived in the west region.

When asked about the biggest concerns affecting their community, west and central Clallam survey participants stated alcohol and substance abuse as their top concern. Access to health care was the primary concern for survey participants who lived in east Clallam County (Public Health Centers for Excellence).
Survey participants shared examples of people working together to improve the quality of life in their community. They were asked to list anything that helps them or others have a better life. The top responses are shown below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Non-Profit</td>
<td>201</td>
</tr>
<tr>
<td>Healthcare Services/Clinics</td>
<td>95</td>
</tr>
<tr>
<td>Faith-based Organizations/Churches</td>
<td>84</td>
</tr>
<tr>
<td>Food Access/Farmer’s Markets</td>
<td>84</td>
</tr>
<tr>
<td>Senior Services</td>
<td>69</td>
</tr>
<tr>
<td>Neighborhood Events</td>
<td>62</td>
</tr>
<tr>
<td>Outdoor Events/Physical Activity</td>
<td>54</td>
</tr>
<tr>
<td>Volunteer Work</td>
<td>44</td>
</tr>
</tbody>
</table>

*Non-Profit Responses by Category

Survey participants who named non-profit organizations as an example listed a wide variety of agencies and focus areas. The types of responses within the non-profit category are shown below:
FoC and LPHS

Key leaders within three regions of Clallam County (West, Central and east) agreed that the following “forces of change” are most concerning to them and have affected the health of residents in the past, or could potentially do so in the near future:

- Increase in housing costs. (Past and Future)
- Opioid epidemic - specifically a “surge in opioid-related deaths.” (Past)
- Diminished living wage jobs. (Past)
- Cuts to education funding. (Past and Future)
- Affordable Care Act (ACA) repeal and replace. (Future)
- Climate change. (Past and Future)
- More stringent environmental regulations. (Past and Future)
- Response to homelessness. (Past)
- Immigration legislation. (Future)

Both threats and opportunities of each “force of change” were discussed in this assessment (see Appendix C for detail). In addition, key leaders identified the following gaps exist in the following local public health systems:

- Mental health services;
- Emergency medical care;
- Policies that support affordable housing and job creation; and
- A regional provider shortage (Public Health Centers for Excellence).

**Opportunity** “... [the opioid epidemic] used to seem insurmountable and now has positive solutions - either being implemented or in the works. The difference is a coordinated community response by all partners, coming together with open minds.”

**Threats** “People won’t put down roots in Forks because of the economy...”

“Spouses can’t find a job, once someone is recruited to the community.”
CHSA

The analysis of 100+ indicators conducted for the CHSA identified many areas where Clallam residents had worse outcomes compared to the Washington state average, as well as where the trend for Clallam County worsened. For each indicator, CHSA summary tables show the most recent estimate/value, number of residents affected, the statistical trend and the statistical comparison to the state average (See appendix C for full summary tables).

For many of these indicators, inequities exist among residents with lower education levels and among non-white residents in Clallam County. Examples include:

- Non-white residents are twice as likely to live in poverty compared to white residents.
- Non-white residents are less likely to report having good, very good or excellent health status compared to white residents.
- American Indian/Alaska Native residents have the lowest life expectancy among all race groups at 71 years. The next lowest are white residents at 80 years.
- Pregnant women with a high school education or less are almost twice as likely to smoke compared to pregnant women with at least some college education.
- Non-white residents are less likely to obtain prenatal care within the first trimester compared to white residents.
- Women with a high school degree or less were less likely to breastfeed their babies compared to women with at least some college education.
- Residents with a high school degree or less were four times more likely to be without health insurance compared to residents who graduated from college. Non-white residents were twice as likely to be without health insurance compared to white residents.
- Non-white residents were less likely to have a personal doctor or health care provider compared to white residents.
- White residents were almost twice as likely to have had a routine dental visit in the past year compared to non-white residents.
• Residents with a college degree were two times less likely to report mental distress compared to residents with a high school degree or less.

• Residents with a high school degree or less were almost three times more likely to report binge drinking compared to residents with a college degree.

Sample CHSA Summary Table showing outcomes for health indicators related to Alcohol, Tobacco and other Drug use
Summary of Key Findings

The following key findings scored the highest, based on the selected criteria and weights:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Scope</th>
<th>Trend</th>
<th>Comparison</th>
<th>Focus Groups</th>
<th>Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Availability &amp; Affordability</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>4.5</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>4.5</td>
</tr>
<tr>
<td>Alcohol, Tobacco &amp; Other Drugs</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Youth Access to Healthy Foods</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Poverty</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Specific indicators/themes associated with each issue include:

1. Housing Availability & Affordability

   **HOUSING STOCK**
   - OWNER OCCUPIED HOUSING
   - RENTER OCCUPIED HOUSING
   - INCREASED RISK OF LEAD EXPOSURE IN HOUSING (BUILT BEFORE 1980)
   - HOUSEHOLD SPENDS 30% OR MORE OF MONTHLY INCOME ON HOUSING
   - HOUSING AFFORDABILITY GAP
   - YOUTH REPORT LIVING WITH FAMILY IN OWN HOME/APARTMENT: 8th grade
   - YOUTH REPORT LIVING WITH FAMILY IN OWN HOME/APARTMENT: 10th grade

2. Access to Health Care

   **ADULTS WITHOUT HEALTH INSURANCE**
   - MEDICARE ENROLLMENT
   - PRENATAL CARE ACCESS IN FIRST TRIMESTER
   - MEDICAID ENROLLMENT
   - ADULTS UNABLE TO SEE DOCTOR BECAUSE OF COST
   - ADULTS WITH UNMET HEALTHCARE NEEDS
   - ADULTS REPORT HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER
   - ADULTS HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN THE PAST YEAR
   - YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 8th grade
   - YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 10th grade
   - EMERGENCY DEPARTMENT VISITS BY MEDICAID POPULATION BY TYPE
   - RATE PER 1,000 MEMBER MONTHS
   - MENTAL HEALTH PROVIDER RATE
   - BEHAVIORAL HEALTH TREATMENT NEED AMONG MEDICAID POPULATION BY TYPE
   - ADULTS HAVE HAD ROUTINE DENTAL VISIT WITHIN THE PAST YEAR
3. Alcohol, Tobacco & Other Drugs

**ADULT CURRENT SMOKING**
- Adult current smoking

**YOUTH CURRENT SMOKING**
- 8th grade youth current smoking
- 10th grade youth current smoking

**YOUTH TOBACCO COMPLIANCE CHECKS RESULTING IN A SALE**

**YOUTH CURRENT E-CIGARETTE USE**
- 8th grade youth current e-cigarette use
- 10th grade youth current e-cigarette use

**ADULT BINGE DRINKING**
- Adult binge drinking

**YOUTH BINGE DRINKING**
- 8th grade youth binge drinking
- 10th grade youth binge drinking

**6TH GRADERS EVER USED ALCOHOL**

**YOUTH CURRENT ALCOHOL USE**
- 8th grade youth current alcohol use
- 10th grade youth current alcohol use

**YOUTH CURRENT MARIJUANA USE**
- 8th grade youth current marijuana use
- 10th grade youth current marijuana use

**ALCOHOL-RELATED HOSPITALIZATION RATE**

**ALCOHOL-RELATED DEATH RATE**

**SMOKING DURING PREGNANCY**

**SMOKING CESSATION DURING PREGNANCY**

**ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES**

**YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES**

4. Youth Access to Healthy Foods

**LOW ACCESS TO SUPERMARKET/GROCERY STORE**

**DENSITY OF SUPERMARKET AND CONVENIENCE STORES**

**DENSITY OF SNAP (FORMERLY FOOD STAMPS) AUTHORIZED FOOD STORES**

**FARMERS MARKETS**

**WIC USE OF FARMERS MARKET VOUCHERS**

**YOUTH MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLES**
- 8th grade youth meet recommended 5 a day fruit/vegetables
5. Poverty

- POPULATION LIVING IN POVERTY
- POPULATION LIVING BELOW 200% OF POVERTY LEVEL
- PUBLIC SCHOOL STUDENTS WITH FREE AND REDUCED LUNCH
- HOUSEHOLDS WITH CHILDREN UNDER AGE 18 RECEIVING PUBLIC ASSISTANCE
- FOOD STAMP/SNAP RECIPIENTS
- FOOD BANK USE
- PERCENT OF INFANTS BORN SERVED BY WIC
Key Findings

Housing Availability & Affordability

Access to Care

Alcohol, Tobacco & Other Drugs

Youth Access to Healthy Foods

Poverty

For further information, call Clallam Co. Health & Human Services - 417-2274
Next Steps

This report is intended to provide foundational information for Clallam County residents, community partners, elected official and others to use as they come together to identify priorities and work on agreed upon issues. Steering Committee members are encouraged to use this information strategically and share this information broadly. All county residents are encouraged to take an active role in understanding how issues intersect and what role they can have in finding the most effective actions to address the most important problems.
References


Appendix A: Community Themes & Strengths Assessment Survey

The purpose of this survey is to find out what you think about the overall health, strengths and needs of your community. Your answers are anonymous.

This survey should take no more than 10 minutes to complete. Thank you!

1. How satisfied are you with the quality of life in your community? (Community can mean a neighborhood, school, family, church, etc.)
   - Very satisfied
   - Somewhat satisfied
   - Neither satisfied or unsatisfied (neutral)
   - Somewhat unsatisfied
   - Very unsatisfied

2. How would you rate your community's health overall?
   - Very healthy
   - Healthy
   - Somewhat healthy
   - Somewhat unhealthy
   - Very unhealthy

3. How connected do you feel to your community? By connected we mean being involved with others in your community (ex. Such as a church or other spiritual association, neighborhood group, your child's school, sports, etc.).
   - Very connected
   - Somewhat connected
   - Somewhat unconnected
   - Very unconnected
4. What are the THREE biggest concerns affecting your community?

- Access to healthcare
- Discrimination (culture, language, race, etc.)
- Obesity (adult and child)
- Alcohol and substance abuse
- Access to education
- Access to healthy food
- Illness/disease
- Available housing
- Poverty
- Safety
- Mental health
- Something else (fill in blank below)

5. Name one example of people working together to improve your quality of life in your community. This can be anything that helps you or others have a better life.

Write your example here
6. Do you have a child in the household under the age of 18?

- Yes
- No
7. What are the THREE biggest concerns for children and youth in your community?

- Drug and alcohol use (including tobacco and marijuana)
- Mental illness
- School violence (including bullying)
- Child abuse and neglect
- Gun related injuries
- Suicide
- Childhood disease and illness
- Access to healthy food
- Teen pregnancy
- Education
- Internet safety
- Healthy parenting
- Obesity
- Car crashes
- Children not getting medically recommended vaccines
- Lack of opportunities for exercise
- Something else (fill in blank below)
8. Which gender do you identify as?
   - Female
   - Male
   - Other
   - Choose not to answer

9. What is your age?
   - 18 - 29
   - 30 - 44
   - 45 - 59
   - 60 +

10. Are you of Hispanic, Latino or Spanish origin?
    - Yes
    - No
    - Multiple ethnicity / Other (please specify)

11. What is your race (Mark all that apply)?
    - White
    - Black or African American
    - American Indian or Alaska Native
    - Asian/Pacific Islander
    - Some other race

12. In what zip code do you live
    ZIP: ____________________________
13. What language do you mainly speak at home?

- English
- Spanish
- S'klallam
- Xinca
- Other
Appendix B: Forces of Change and Local Public Health Systems Assessment Findings

Executive Summary

The Public Health Centers for Excellence conducted focus groups with key community leaders as part of the Clallam County Community Health Assessment. Our intent is to take a closer look at what factors may affect Clallam County residents’ health. National Association of County and City Health Officials Mobilizing for Action through Planning (MAPP) and Partnerships recommends two qualitative assessments:

- **Forces of Change** – Identify past, present and future changes that affect community health.
- **Local Public Health Systems** – Determine the activities, competencies and capacities of the local public health system.

Key leaders within three regions of Clallam County (West, Central and East) identified factors that most affect community health:

<table>
<thead>
<tr>
<th>Forces of Change</th>
<th>Affect (Past/Present/Future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in housing costs</td>
<td>Past, Present and Future</td>
</tr>
<tr>
<td>Opioid epidemic - specifically a “surge in opioid-related deaths.”</td>
<td>Past</td>
</tr>
<tr>
<td>Diminished living wage jobs</td>
<td>Past</td>
</tr>
<tr>
<td>Cuts to education funding</td>
<td>Past, Present and Future</td>
</tr>
<tr>
<td>ACA repeal and replace</td>
<td>Future</td>
</tr>
<tr>
<td>Climate change</td>
<td>Past, Present and Future</td>
</tr>
<tr>
<td>More stringent environmental regulations</td>
<td>Past, Present and Future</td>
</tr>
<tr>
<td>Response to homelessness</td>
<td>Past</td>
</tr>
<tr>
<td>Immigration legislation</td>
<td>Future</td>
</tr>
</tbody>
</table>

In addition, key leaders agreed that gaps exist in the following local public health systems: Mental health services; emergency medical care; policies that support affordable housing and job creation; and, there exists a regional provider shortage. The results from this assessment will be synthesized into the overall Clallam County Community Health Assessment, to inform priorities and actionable results.
Methods

Centers for Excellence conducted three focus groups with key leaders from three regions of Clallam County – West, Central and East. Each focus group had between 4-8 participants and was 90 minutes in length. We provided participants a background of the project and asked the same questions. This prompted a group discussion. All participants consented to audio recording and confidentiality. We provided participants a $10 gift card to Starbucks and lunch during the meeting.

We analyzed focus group data using thematic analysis. This means we assigned codes to units of meaning within textual responses, then examined them for patterns or common themes. Themes were deemed common if two or more focus groups discussed the issue at length and prioritized it as a key concern. The common themes were then shared with participants who were given the opportunity to accept the findings, to ensure we captured their discussion and experiences accurately.

Forces of Change Assessment Questions

- What has occurred in the past year that is affecting (or may affect) the health of our community?  
What threats (challenges) and opportunities are generated by these occurrences?

- What may occur in the future to affect the health of our community?  
What threats (challenges) and opportunities are generated by these occurrences?

Local Public Health System Assessment Question

- Where are there gaps in public health services in Clallam County?  
- Are there laws to ensure everyone’s safety? Do we have competent health care staff? Are policies being developed to support community health?

Forces of Change: Common Themes

1. Increase in Housing Costs

Participants from all three focus groups commented on the increase of housing costs in the county, which poses both opportunities and threats to the health of the community. Some attributed the increase to economic growth in the region, and people relocating from the city – which they agreed has the potential to strengthen the local economy and increase tourism. Participants referenced that approximately, “70% of housing is owner-occupied,” in Clallam County, resulting in a lack of rentals and low-income housing. Two groups also commented on the impact this has on the college to attract students into their “allied health” fields with little housing available.

2. Opioid Epidemic - specifically a “surge in opioid-related deaths.”
All three focus groups discussed the affect opioid addiction has had on the community in the past year. Participants agreed the opioid epidemic continues to pose threats to community health through: 1) a rise in childhood trauma related to parent’s substance abuse (for ex. suicide ideation among 2nd and 3rd graders), 2) an increase in overdoses and deaths, and 3) an increase in property crime and petty theft.

Two groups commented on the opportunities this change has created including improved collaboration among residents, service providers, and law enforcement to share resources, information and expertise (for ex. Mental health professionals and law enforcement are now co-responding to cases). Harm reduction models have also become more embraced by these partners, and there is opportunity for more medication-assisted treatment.

“... [The opioid epidemic] used to seem insurmountable and now has positive solutions - either being implemented or in the works. The difference is a coordinated community response by all partners, coming together with open minds.”

3. Diminished Living Wage Jobs

According to key leaders in all three focus groups, living wage jobs have diminished over the past year in Clallam County, resulting in higher unemployment and poverty. The jobs that are available, especially in healthcare, are difficult to fill and have resulted in a regional provider shortage. Participants discussed how new residents do not stay long, especially if they can seek more competitive salaries outside the region:

“People won’t put down roots in Forks because of the economy...”

“Spouses can’t find a job, once someone is recruited to the community.”

Key leaders agreed that this poses a unique opportunity for existing residents to help new employees/families transition to the area to support retention.

4. Cuts to Education Funding – ex. McCleary decision. (Past and Future)

Two focus groups discussed how State cuts to education funding have led to less trade-school/post-secondary education options for students locally. Peninsula College did not receive funding to build dorms, making it difficult to attract new students without affordable housing options. Participants saw this force of change as something that could continue to affect the lives of County residents in the future under current legislation. (Groups did not present specific opportunities for this issue).

5. ACA repeal and replace. (Future)

Key leaders from all focus groups agreed Clallam County has the potential to be heavily affected by a repeal and/or replace of the Affordable Care Act due to the percentage of the population on Medicare and Medicaid and the potential loss of funding for social services (e.g. 2/3 of Makah Tribe members are
on Medicaid). Participants in one group discussed how the current uncertainty is stressful for senior citizens and affecting their mental health. (Groups did not present specific opportunities for this issue).

6. **Climate change. (Past and Future)**

Two focus groups discussed climate change and its past and future affect on health, safety and the fishing industry in Clallam County. Key leaders specifically discussed how ocean acidification is affecting fish species, and how the weather this year delayed the fishing season entirely. Others commented on the changing weather leading to a harsh winter this year and concern for safety due to more snow and ice on the roads. (Groups did not present specific opportunities for this issue).

7. **More stringent environmental regulations. (Past and Future)**

According to participants, more stringent environmental regulations have led to job and revenue loss to the region. Although participants agreed regulations present an opportunity to protect our environment including vital fish species, the result is often less funding for things like public health services and education.

“The $2M that went to upgrading the water treatment plant required by the feds now can’t go to something else…”

8. **Response to homelessness. (Past)**

Key leaders from the county’s Eastern region spoke positively of the community’s response to homelessness over the past year. Participants shared that a shift in community attitudes toward the homeless has improved overall response to provide individuals with basic needs, “instead of just imposing the law,” and harm reduction models are more embraced. (Groups did not present specific threats for this issue).

9. **Immigration legislation. (Future)**

Key leaders from two focus groups discussed how future changes in immigration legislation under a new administration may impact the region negatively. Participants agreed undocumented residents currently contribute to the workforce and economy, and that racial and ethnic diversity has a positive impact on students and families in the community. If undocumented residents were forced to leave the area, this could threaten the local economy due to the sheer numbers of immigrants living in the area (e.g. there are 200-300 students in Quillayute Valley School District alone).

**Local Public Health System Assessment: Common Themes (gaps in services)**

1. **Mental Health Services**
   a. Issues: No psych beds in Clallam County (The closest facility is in Bremerton). Lack of State funding for behavioral health services.
   b. Opportunities/Assets: None discussed.

2. **Provider Shortage**
   a. Issues: Positions are left unfulfilled for as long as 6 months. Lack of specialists.
b. Opportunities/assets: Shared-services. For example, the Makah tribe is in discussion about sharing an ARNP with two other tribes.

c. Create a “fast-track provider training at Peninsula College.” There are current plans to expand allied health training programs.

3. Emergency Medical care
   a. Issues: Distance to Emergency Department. No urgent care in Sequim.
   b. Opportunities/assets: Stand Alone Emergency Rooms. The new Olympic Medical Center walk-in clinic may divert emergency department primary care cases.

4. Policies that support affordable housing (and job creation)
   o Issues: Lack of low-income housing, and rentals. Hard to attract new residents and students.
   o Opportunities/Assets: Economic - People want to move to Clallam, rent or buy houses, be in nature, etc. There is an opportunity to attract new students, and keep local kids here at the college to train into the healthcare workforce.
## Appendix C: CHSA Summary of Health Indicators

### Demographics

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>Number of residents affected in most recent year</th>
<th>Most recent value</th>
<th>Most recent year</th>
<th>Statistical trend or year to year comparison</th>
<th>Statistical comparison of CHSA to VA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL POPULATION AND GROWTH</td>
<td>73,410</td>
<td>1%</td>
<td>2016</td>
<td>↑</td>
<td>--</td>
</tr>
<tr>
<td>POPULATION GROWTH COMPONENTS</td>
<td>SEE REPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POPULATION PROJECTIONS</td>
<td>SEE REPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POPULATION DENSITY</td>
<td>--</td>
<td></td>
<td>2016</td>
<td>↑</td>
<td>less dense</td>
</tr>
</tbody>
</table>

### Population by Subgroup

<table>
<thead>
<tr>
<th>POPULATION BY SUBGROUP</th>
<th>SEE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE GENDER PYRAMID</td>
<td></td>
</tr>
<tr>
<td>POPULATION BY AGE GROUP OVER TIME</td>
<td></td>
</tr>
<tr>
<td>MEDIAN AGE</td>
<td>--</td>
</tr>
<tr>
<td>POPULATION BY INCORPORATED AREA</td>
<td></td>
</tr>
<tr>
<td>POPULATION BY ZIP CODE AREA</td>
<td></td>
</tr>
<tr>
<td>POPULATION BY SCHOOL DISTRICT AREAS</td>
<td></td>
</tr>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
</tr>
</tbody>
</table>

### Language

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>SEE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANGUAGE AT HOME (AGE 5+): ENGLISH</td>
<td>65,220</td>
</tr>
<tr>
<td>NON-ENGLISH SPEAKERS WHO SPEAK ENGLISH LESS THAN 'VERY WELL'</td>
<td>1,599</td>
</tr>
<tr>
<td>STUDENTS IN TRANSITIONAL BILINGUAL LANGUAGE PROGRAM</td>
<td>227</td>
</tr>
</tbody>
</table>

### Socioeconomics

<table>
<thead>
<tr>
<th>HOUSEHOLDS</th>
<th>SEE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSEHOLD COMPOSITION</td>
<td></td>
</tr>
<tr>
<td>NONFAMILY HOUSEHOLDS</td>
<td>12,806</td>
</tr>
<tr>
<td>OLDER ADULTS LIVING ALONE</td>
<td>5,243</td>
</tr>
<tr>
<td>FAMILY HOUSEHOLDS WITH CHILDREN</td>
<td>6,520</td>
</tr>
</tbody>
</table>

### Economic Well-Being

<table>
<thead>
<tr>
<th>ECONOMIC WELL-BEING</th>
<th>SEE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDIAN HOUSEHOLD INCOME</td>
<td>$44,919</td>
</tr>
<tr>
<td>MEDIAN EARNINGS FOR FULL-TIME, YEAR ROUND CIVILIAN WORKERS</td>
<td>$40,515</td>
</tr>
<tr>
<td>PER CAPITA PERSONAL INCOME</td>
<td>$59,738</td>
</tr>
<tr>
<td>AVERAGE WAGE PER JOB</td>
<td>$48,938</td>
</tr>
<tr>
<td>POPULATION LIVING IN POVERTY</td>
<td>10,683</td>
</tr>
<tr>
<td>POPULATION LIVING BELOW 200% OF POVERTY LEVEL</td>
<td>16,621</td>
</tr>
<tr>
<td>PUBLIC SCHOOL STUDENTS WITH FREE AND REDUCED LUNCH</td>
<td>4,381</td>
</tr>
<tr>
<td>PERCENT OF INFANTS BORN SERVED BY WIC</td>
<td>1,797</td>
</tr>
<tr>
<td>HOUSEHOLDS WITH CHILDREN UNDER AGE 18 RECEIVING PUBLIC ASSISTANCE</td>
<td>4,540</td>
</tr>
<tr>
<td>FOOD STAMP/SNAP RECIPIENTS</td>
<td>16,242</td>
</tr>
<tr>
<td>HOUSEHOLDS RECEIVING ENERGY ASSISTANCE</td>
<td>2,126 households</td>
</tr>
</tbody>
</table>

### Employment

<p>| UNEMPLOYMENT RATE                        | 2,146                       |
|                                        | 1%                           |
|                                        | 2015                         |
|                                        | ↓                             |
|                                        | higher                       |</p>
<table>
<thead>
<tr>
<th>Education</th>
<th>Number of residents affected in most recent year</th>
<th>Most recent</th>
<th>Most recent</th>
<th>Children's trend or year to year comparison</th>
<th>Statistical comparison of Children to WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children age 3-4 enrolled in school</td>
<td>300</td>
<td>77%</td>
<td>2012-13</td>
<td>4</td>
<td>Higher</td>
</tr>
<tr>
<td>Kindergarten enrollment</td>
<td>676</td>
<td>90%</td>
<td>2016-17</td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td>Public school enrollment [K-12]</td>
<td>10,460</td>
<td>94%</td>
<td>2016-17</td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td>Risk of low commitment to school, 8th grade</td>
<td>197</td>
<td>33%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>Risk of low commitment to school, 10th grade</td>
<td>547</td>
<td>49%</td>
<td>2016</td>
<td>4</td>
<td>Higher</td>
</tr>
<tr>
<td>Risk of academic failure, 8th grade</td>
<td>609</td>
<td>49%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>Risk of academic failure, 10th grade</td>
<td>516</td>
<td>47%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>Youth employed at school over the past year, 8th grade</td>
<td>257</td>
<td>41%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>Youth employed at school over the past year, 10th grade</td>
<td>356</td>
<td>32%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>High school 2-year graduation rate</td>
<td>760</td>
<td>64%</td>
<td>2015-16</td>
<td>↑</td>
<td>Same</td>
</tr>
<tr>
<td>Dropout rate</td>
<td>86</td>
<td>34%</td>
<td>2015-16</td>
<td>↓</td>
<td>Same</td>
</tr>
<tr>
<td>Academic achievement [% failing in at least one content area], 4th grade</td>
<td>246</td>
<td>54%</td>
<td>2013</td>
<td>↓</td>
<td>Higher</td>
</tr>
<tr>
<td>Academic achievement [% failing in at least one content area], 7th grade</td>
<td>290</td>
<td>47%</td>
<td>2013</td>
<td>↓</td>
<td>Same</td>
</tr>
<tr>
<td>Academic achievement [% failing in at least one content area], 10th grade</td>
<td>418</td>
<td>38%</td>
<td>2013</td>
<td>↓</td>
<td>Higher</td>
</tr>
<tr>
<td>Population 25+ with more than a high school education</td>
<td>34,935</td>
<td>64%</td>
<td>2011-13</td>
<td>↑</td>
<td>Lower</td>
</tr>
<tr>
<td>Mothers with more than a high school education</td>
<td>301</td>
<td>61%</td>
<td>2015</td>
<td>↑</td>
<td>Same</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing</th>
<th>Number of residents affected in most recent year</th>
<th>Most recent</th>
<th>Most recent</th>
<th>Children's trend or year to year comparison</th>
<th>Statistical comparison of Children to WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing stock</td>
<td>–</td>
<td>36,620</td>
<td>2016</td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td>Building permits</td>
<td>–</td>
<td>213 permits</td>
<td>2016</td>
<td>↓</td>
<td>Same</td>
</tr>
<tr>
<td>Owner occupied housing</td>
<td>21,854 units</td>
<td>63%</td>
<td>2011-15</td>
<td>↓</td>
<td>Higher</td>
</tr>
<tr>
<td>Renter occupied housing</td>
<td>9,477 units</td>
<td>27%</td>
<td>2012-15</td>
<td>↑</td>
<td>Lower</td>
</tr>
<tr>
<td>Increased risk of lead exposure in housing (built before 1990)</td>
<td>18,020 houses</td>
<td>51%</td>
<td>2016</td>
<td>4</td>
<td>Higher</td>
</tr>
<tr>
<td>Median home prices [based on sales of existing homes]</td>
<td>–</td>
<td>$214,900</td>
<td>2015</td>
<td>↓</td>
<td>Lower</td>
</tr>
<tr>
<td>Median monthly rent</td>
<td>–</td>
<td>$1,590</td>
<td>2015</td>
<td>↓</td>
<td>Lower</td>
</tr>
<tr>
<td>Household spends 30% or more of monthly income on housing</td>
<td>16,168 households</td>
<td>34%</td>
<td>2011-15</td>
<td>↑</td>
<td>Lower</td>
</tr>
<tr>
<td>Housing affordability index</td>
<td>–</td>
<td>–</td>
<td>2016</td>
<td>↑</td>
<td>Better</td>
</tr>
<tr>
<td>Housing affordability index, first time buyers</td>
<td>–</td>
<td>–</td>
<td>2016</td>
<td>↑</td>
<td>Better</td>
</tr>
<tr>
<td>Housing affordability gap</td>
<td>–</td>
<td>$10,000</td>
<td>2016</td>
<td>↑</td>
<td>Lower</td>
</tr>
<tr>
<td>Youth report living with family in own home/apartment, 8th grade</td>
<td>610</td>
<td>67%</td>
<td>2016</td>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>Youth report living with family in own home/apartment, 10th grade</td>
<td>1,045</td>
<td>54%</td>
<td>2016</td>
<td>↓</td>
<td>Same</td>
</tr>
<tr>
<td>Public school students experiencing homelessness</td>
<td>512</td>
<td>1,000</td>
<td>2015-16</td>
<td>↑</td>
<td>Higher</td>
</tr>
<tr>
<td>Population experiencing homelessness, the point in time count</td>
<td>293</td>
<td>4 per 1,000</td>
<td>2016</td>
<td>↓</td>
<td>Higher</td>
</tr>
<tr>
<td>NATURAL AND BUILT ENVIRONMENT</td>
<td>residents affected in most recent year</td>
<td>Most recent value</td>
<td>Most recent year</td>
<td>Statistical trend or year comparison</td>
<td>Statistical comparison to California to WA State</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------</td>
<td>------------------</td>
<td>-----------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>FOOD SERVICE PERMITS ISSUED (PERMANENT)</td>
<td>428</td>
<td>2016</td>
<td>↓</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>FOOD SERVICE PERMITS ISSUED (TEMPORARY)</td>
<td>174</td>
<td>2016</td>
<td>↓</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>FOOD SERVICE INSPECTIONS (PERMANENT &amp; TEMPORARY)</td>
<td>660</td>
<td>2016</td>
<td>↓</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>FOOD HANDLER CARDS ISSUED</td>
<td>5,559</td>
<td>2016</td>
<td>↑</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>% FOOD SERVICE ESTABLISHMENTS THAT ARE SAFE</td>
<td>--</td>
<td>100%</td>
<td>2013</td>
<td>↑</td>
<td>Higher</td>
</tr>
<tr>
<td>ON-SITE SEPTIC SITE REGISTRATIONS AND PERMITS</td>
<td>540</td>
<td>2016</td>
<td>↑</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>ON-SITE SEPTIC OPERATION AND MAINTENANCE REPORTS RECEIVED</td>
<td>2,056</td>
<td>2016</td>
<td>↑</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>% OF FAILED ON-SITE SEWAGE SYSTEMS WITH TIMELY CORRECTION</td>
<td>--</td>
<td>100%</td>
<td>2014</td>
<td>↑</td>
<td>Higher</td>
</tr>
<tr>
<td>% OF DAYS WITH LOW AIR POLLUTION</td>
<td>341 days</td>
<td>0.3%</td>
<td>2016</td>
<td>↑</td>
<td>-</td>
</tr>
<tr>
<td>DENSITY OF ARTS, ENTERTAINMENT AND RECREATION ESTABLISHMENTS</td>
<td>32 per 100,000</td>
<td>2015</td>
<td>↑</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>LOW ACCESS TO SUPERMARKET/GROCERY STORE</td>
<td>44,354</td>
<td>62%</td>
<td>2016</td>
<td>↑</td>
<td>Higher</td>
</tr>
<tr>
<td>DENSITY OF SUPERMARKET AND CONVENIENCE STORES</td>
<td>16 stores 100,000</td>
<td>2014</td>
<td>↓</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>DENSITY OF SNAP (FORMERLY FOOD STAMPS) AUTHORIZED FOOD STORES</td>
<td>14 stores 100,000</td>
<td>2016</td>
<td>--</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>FARMERS MARKETS</td>
<td>3 per 100,000</td>
<td>2016</td>
<td>--</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>WC USE OF FARMERS MARKET VOUCHERS</td>
<td>2,100 vouchers 35%</td>
<td>2016</td>
<td>↓</td>
<td>Lower</td>
<td></td>
</tr>
<tr>
<td>SENIOR USE OF FARMERS MARKET VOUCHERS</td>
<td>5,559 vouchers 76%</td>
<td>2016</td>
<td>↑</td>
<td>Lower</td>
<td></td>
</tr>
</tbody>
</table>

| TRANSPORTATION | |
|----------------|-----------------|-----------------|-----------------|-------------------------------------|----------------------------------------|
| EMPLOYED RESIDENTS COMMUTING BY MEANS OTHER THAN DRIVING ALONE | 3,147 | 20% | 2013-15 | ↓ | Lower |
| YOUTH WALK TO SCHOOL AT LEAST ONE DAY A WEEK: 8th grade | 262 | 42% | 2016 | ↑ | Higher |
| YOUTH WALK TO SCHOOL AT LEAST ONE DAY A WEEK: 10th grade | 381 | 54% | 2016 | ↓ | Same |
| YOUTH BIKE TO SCHOOL AT LEAST ONE DAY A WEEK: 8th grade | 57 | 9% | 2016 | ↑ | Same |
| YOUTH BIKE TO SCHOOL AT LEAST ONE DAY A WEEK: 10th grade | 51 | 6% | 2016 | ↑ | Same |
| MOTOR VEHICLE-RELATED HOSPITALIZATION RATE | 56 per 100,000 | 2015 | ↓ | Same |
| MOTOR VEHICLE-RELATED DEATH RATE | 0 per 100,000 | 2013-15 | ↓ | Same |

| PREGNANCY AND BIRTHS | |
|----------------------|-----------------|-----------------|-----------------|-------------------------------------|----------------------------------------|
| PREGNANCY RATE PER 1,000 WOMEN AGE 15-44 | 799 | 79 per 1,000 | 2015 | ↓ | Same |
| TEEN PREGNANCY RATE PER 1,000 WOMEN AGE 15-17 | 17 | 17 per 1,000 | 2015 | ↓ | Same |
| BIRTH RATE: BIRTHS PER 1,000 RESIDENTS | 672 | 9 per 1,000 | 2012 | ↓ | Lower |
| FERTILITY RATE: BIRTHS PER 1,000 WOMEN AGE 15-44 | 672 | 66 per 1,000 | 2015 | ↓ | Same |
| ABDONIMENT RATE PER 1,000 WOMEN AGE 15-44 | 121 | 12 per 1,000 | 2015 | ↓ | Same |

| BIRTH RISK AND PROTECTIVE FACTORS |
### Prenatal Care Access in First Trimester
- Number of incidents affected in most recent year: 403 (2015)
- Most recent trend: ↓
- Statistical comparison of WA state: same

### Smoking During Pregnancy
- Number of incidents: 312 (2015)
- Trend: ↓
- Statistical comparison of WA state: same

### Smoking Cessation During Pregnancy
- Number of incidents: 15 (2015)
- Trend: ↑
- Statistical comparison of WA state: same

### Gestational Diabetes
- Number of incidents: 17 (2015)
- Trend: ↑
- Statistical comparison of WA state: lower

### Gestational Hypertension
- Number of incidents: 42 (2015)
- Trend: ↑
- Statistical comparison of WA state: same

### Delivery Method of Births
- SEE REPORT

### Births
- Premature births: 75 (2015)
- Trend: ↑
- Statistical comparison of WA state: same

### Low Birth Weight
- Number of incidents: 9 (2015)
- Trend: ↑
- Statistical comparison of WA state: same

### Breastfeeding at Birth
- Number of incidents: 610 (2015)
- Trend: ↑
- Statistical comparison of WA state: same

### Health Care Resources

#### Health Care Access

<table>
<thead>
<tr>
<th>Adults Without Health Insurance</th>
<th>5,976</th>
<th>7%</th>
<th>2015</th>
<th>↑</th>
<th>same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Adults by Health Insurance Type</td>
<td>SEE REPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Enrollment</td>
<td>24,872</td>
<td>33%</td>
<td>2016</td>
<td>↑</td>
<td>same</td>
</tr>
<tr>
<td>Medicaid Enrollment</td>
<td>Total</td>
<td>22,505</td>
<td>30%</td>
<td>Mar-2017</td>
<td>--</td>
</tr>
<tr>
<td>Adult</td>
<td>15,660</td>
<td>23%</td>
<td>Mar-2017</td>
<td>--</td>
<td>higher</td>
</tr>
<tr>
<td>Children</td>
<td>6,845</td>
<td>17%</td>
<td>Mar-2017</td>
<td>--</td>
<td>higher</td>
</tr>
<tr>
<td>Adults Unable to See Doctor Because of Cost</td>
<td>6,930</td>
<td>12%</td>
<td>2011-15</td>
<td>--</td>
<td>same</td>
</tr>
<tr>
<td>Adults with Unmet Healthcare Needs</td>
<td>18,999</td>
<td>31%</td>
<td>2015</td>
<td>--</td>
<td>same</td>
</tr>
<tr>
<td>Adults Report Having a Personal Doctor or Healthcare Provider</td>
<td>50,759</td>
<td>64%</td>
<td>2015</td>
<td>↑</td>
<td>same</td>
</tr>
<tr>
<td>Adults Have Had Routine Medical Check-Up Within the Past Year</td>
<td>58,905</td>
<td>66%</td>
<td>2015</td>
<td>↔</td>
<td>same</td>
</tr>
<tr>
<td>Youth Have Had Routine Medical Check-Up Within Past Year: 5th grade</td>
<td>452</td>
<td>72%</td>
<td>2014</td>
<td>--</td>
<td>same</td>
</tr>
<tr>
<td>Youth Have Had Routine Medical Check-Up Within Past Year: 10th grade</td>
<td>741</td>
<td>67%</td>
<td>2014</td>
<td>--</td>
<td>same</td>
</tr>
</tbody>
</table>

#### Emergency Department Visits by Medicaid Population by Type

<table>
<thead>
<tr>
<th>Rate per 1,000 Member Months</th>
<th>Disabled</th>
<th>2,062</th>
<th>15 per 1,000</th>
<th>FY 2016</th>
<th>↔</th>
<th>higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic</td>
<td>3,515</td>
<td>16 per 1,000</td>
<td>FY 2016</td>
<td>↓</td>
<td>higher</td>
<td></td>
</tr>
<tr>
<td>Expansion</td>
<td>5,310</td>
<td>7 per 1,000</td>
<td>FY 2016</td>
<td>↔</td>
<td>lower</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>2,900</td>
<td>4 per 1,000</td>
<td>FY 2016</td>
<td>↔</td>
<td>same</td>
<td></td>
</tr>
</tbody>
</table>

| Adults Have Had Routine Dental Visit Within the Past Year | 38,773 | 62% | 2015 | ↔ | same |
| Youth Have Had Dental Visit Within Past Year: 5th grade | 355 | 85% | 2015 | ↔ | same |
| YOUTH HAVE HAD DENTAL VISIT WITHIN PAST YEAR: 10th grade | 601 | 81% | 2015 | ↔ | same |

#### Third Graders Who Have Had Dental Sealants
- Number of incidents: 25,254 (2016)
- Trend: ↑
- Statistical comparison of WA state: --

#### Eligible Medicaid Population Using Dental Services
- Number of incidents: 7,551 (2016)
- Trend: ↔
- Statistical comparison of WA state: lower

#### Health Care Professional Shortage Areas
- SEE REPORT

<p>| Primary Care Physician Rate | 0.4 PCPs | 80 per | 100,000 | 2014 | ↔ | same |
| Dentist Rate | 65 Dentists | 100,000 | 2016 | ↔ | lower |
| Mental Health Provider Rate | 1.0 MHP | 245 per | Providers | 100,000 | 2016 | ↔ | lower |</p>
<table>
<thead>
<tr>
<th>QUALITY OF LIFE</th>
<th>Number of residents affected in most recent year</th>
<th>Most recent value</th>
<th>Most recent year</th>
<th>Callan's Statistical trend or year comparison</th>
<th>Statistical comparison of Callan to WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFETY AND VIOLENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL CRIME RATE (GROUP A)</td>
<td>4,423 crimes</td>
<td>62 per 1,000</td>
<td>2015</td>
<td>+ →</td>
<td>higher</td>
</tr>
<tr>
<td>PERSONAL CRIME RATE</td>
<td>1,227 crimes</td>
<td>17 per 1,000</td>
<td>2015</td>
<td>± →</td>
<td>higher</td>
</tr>
<tr>
<td>PROPERTY CRIME RATE</td>
<td>3,292 crimes</td>
<td>47 per 1,000</td>
<td>2015</td>
<td>± →</td>
<td>higher</td>
</tr>
<tr>
<td>RATE OF CRIMES TO SOCIETY</td>
<td>304 crimes</td>
<td>4 per 1,000</td>
<td>2015</td>
<td>↓ →</td>
<td>higher</td>
</tr>
<tr>
<td>DOMESTIC VIOLENCE OFFENSE RATE</td>
<td>340 crimes</td>
<td>12 per 1,000</td>
<td>2015</td>
<td>↑ →</td>
<td>higher</td>
</tr>
<tr>
<td>CHILD ABUSE AND NEGLECT REFERRAL RATE</td>
<td>709 crimes</td>
<td>20 per 1,000</td>
<td>2015</td>
<td>↑ →</td>
<td>higher</td>
</tr>
<tr>
<td>TOTAL ARRESTS: ADOLESCENTS AGE 10-17</td>
<td>143 crimes</td>
<td>20 per 1,000</td>
<td>2015</td>
<td>↓ →</td>
<td>same</td>
</tr>
<tr>
<td>TOTAL ARRESTS: ADULTS</td>
<td>1,749 crimes</td>
<td>28 per 1,000</td>
<td>2015</td>
<td>+ →</td>
<td>higher</td>
</tr>
<tr>
<td>ADULT PRISONERS IN STATE CORRECTIONAL SYSTEMS</td>
<td>266 crimes</td>
<td>6 per 1,000</td>
<td>2015</td>
<td>↑ →</td>
<td>higher</td>
</tr>
<tr>
<td>YOUTH FEEL UNSAFE AT SCHOOL: 8th grade</td>
<td>100</td>
<td>16%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH FEEL UNSAFE AT SCHOOL: 10th grade</td>
<td>223</td>
<td>20%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH HAVE BEEN BULLIED IN PAST MONTH: 8th grade</td>
<td>209</td>
<td>33%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH HAVE BEEN BULLIED IN PAST MONTH: 10th grade</td>
<td>310</td>
<td>26%</td>
<td>2016</td>
<td>↑ →</td>
<td>higher</td>
</tr>
<tr>
<td>YOUTH IN A PHYSICAL FIGHT ONCE OR MORE WITHIN THE PAST YEAR: 8th grade</td>
<td>134</td>
<td>28%</td>
<td>2015</td>
<td>↓ →</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH IN A PHYSICAL FIGHT ONCE OR MORE WITHIN THE PAST YEAR: 10th grade</td>
<td>249</td>
<td>22%</td>
<td>2016</td>
<td>↓ →</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH MADE TO FEEL UNSAFE BY A BOY/GIRLFRIEND IN PAST YEAR: 8th grade</td>
<td>62</td>
<td>15%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH MADE TO FEEL UNSAFE BY A BOY/GIRLFRIEND IN PAST YEAR: 10th grade</td>
<td>130</td>
<td>14%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH HAVE EVER BEEN PHYSICALLY ABUSED BY AN ADULT: 8th grade</td>
<td>151</td>
<td>21%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH HAVE EVER BEEN PHYSICALLY ABUSED BY AN ADULT: 10th grade</td>
<td>251</td>
<td>23%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>PHYSICAL AND EMOTIONAL WELL-BEING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULTS REPORT EXCELLENT, VERY GOOD, OR GOOD GENERAL HEALTH</td>
<td>46,704</td>
<td>77%</td>
<td>2015</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>ADDITIONAL YEARS OF HEALTHY LIFE AT AGE 20</td>
<td>–</td>
<td>47 years</td>
<td>2014</td>
<td>± ↔</td>
<td>lower</td>
</tr>
<tr>
<td>LIFE EXPECTANCY AT BIRTH</td>
<td>–</td>
<td>79 years</td>
<td>2015</td>
<td>↑ →</td>
<td>higher</td>
</tr>
<tr>
<td>ADULTS WITH 3 OR MORE ADVERSE CHILDHOOD EXPERIENCES</td>
<td>19,769</td>
<td>13%</td>
<td>2011</td>
<td>– →</td>
<td>same</td>
</tr>
<tr>
<td>POPULATION WITH A DISABILITY</td>
<td>14,545</td>
<td>20%</td>
<td>2011-15</td>
<td>↓ ↔</td>
<td>higher</td>
</tr>
<tr>
<td>ADULTS REPORT ACTIVITIES LIMITED BY POOR PHYSICAL/MENTAL HEALTH</td>
<td>37,471</td>
<td>54%</td>
<td>2015</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>ADULTS REPORT MENTAL DISTRESS</td>
<td>7,200</td>
<td>12%</td>
<td>2011-15</td>
<td>– →</td>
<td>same</td>
</tr>
<tr>
<td>ADULTS REPORT EVER BEING TOLD THEY HAVE DEPRESSION</td>
<td>12,566</td>
<td>24%</td>
<td>2015</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH SO SAD OR HOPELESS THEY STOPPED DOING USUAL ACTIVITIES: 8th grade</td>
<td>136</td>
<td>25%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH SO SAD OR HOPELESS THEY STOPPED DOING USUAL ACTIVITIES: 10th grade</td>
<td>117</td>
<td>19%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS: 8th grade</td>
<td>117</td>
<td>19%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS: 10th grade</td>
<td>136</td>
<td>24%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
<tr>
<td>YOUTH SERIOUSLY CONSIDERED SUICIDE IN PAST YEAR: 8th grade</td>
<td>101</td>
<td>17%</td>
<td>2016</td>
<td>± ↔</td>
<td>same</td>
</tr>
</tbody>
</table>
### HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th>NUTRITION, ACTIVE LIVING, AND WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Youth seriously considered suicide in past year, 10th grade</td>
</tr>
<tr>
<td>Suicide non-fatal hospitalizations</td>
</tr>
<tr>
<td>Suicide death rate</td>
</tr>
<tr>
<td>Adults meet recommended 5 a day fruit/vegetable intake</td>
</tr>
<tr>
<td>Youth meet recommended 5 a day fruit/vegetables: 8th grade</td>
</tr>
<tr>
<td>Youth meet recommended 5 a day fruit/vegetables: 10th grade</td>
</tr>
<tr>
<td>Youth have 2 hours or less of daily screen time: 8th grade</td>
</tr>
<tr>
<td>Youth have 2 hours or less of daily screen time: 10th grade</td>
</tr>
<tr>
<td>Youth physically active at recommended level: 8th grade</td>
</tr>
<tr>
<td>Youth physically active at recommended level: 10th grade</td>
</tr>
<tr>
<td>Youth drink 0 sugary beverages daily: 8th grade</td>
</tr>
<tr>
<td>Youth drink 0 sugary beverages daily: 10th grade</td>
</tr>
<tr>
<td>Adults with any leisure time physical activity</td>
</tr>
<tr>
<td>Adults physically active at recommended level (250 minutes/week)</td>
</tr>
<tr>
<td>Youth report taking physical education class: 8th grade</td>
</tr>
<tr>
<td>Youth report taking physical education class: 10th grade</td>
</tr>
<tr>
<td>Youth report spending more than 30 minutes exercising in PE class: 8th grade</td>
</tr>
<tr>
<td>Youth report spending more than 30 minutes exercising in PE class: 10th grade</td>
</tr>
<tr>
<td>Youth report participating in after-school activities or sports: 8th grade</td>
</tr>
<tr>
<td>Youth report participating in after-school activities or sports: 10th grade</td>
</tr>
<tr>
<td>Youth report availability of sports: 8th grade</td>
</tr>
<tr>
<td>Youth report availability of sports: 10th grade</td>
</tr>
<tr>
<td>Youth report availability of sports at school: 8th grade</td>
</tr>
<tr>
<td>Youth report availability of sports at school: 10th grade</td>
</tr>
<tr>
<td>Adults overweight or obese (BMI 25+)</td>
</tr>
<tr>
<td>Adults obese (BMI 30+)</td>
</tr>
<tr>
<td>Youth overweight: 8th grade</td>
</tr>
<tr>
<td>Youth overweight: 10th grade</td>
</tr>
<tr>
<td>Youth obese: 8th grade</td>
</tr>
<tr>
<td>Youth obese: 10th grade</td>
</tr>
<tr>
<td>Low-income preschool obesity rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBSTANCE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Adult current smoking</td>
</tr>
<tr>
<td>Youth current smoking: 8th grade</td>
</tr>
<tr>
<td>Youth current smoking: 10th grade</td>
</tr>
<tr>
<td>Youth tobacco compliance checks resulting in a sale</td>
</tr>
<tr>
<td>Youth current e-cigarette use: 8th grade</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>YOUTH CURRENT E-CIGARETTE USE: 10th grade</td>
</tr>
<tr>
<td>ADULT BINGE DRINKING</td>
</tr>
<tr>
<td>6TH GRADERS EVER USED ALCOHOL</td>
</tr>
<tr>
<td>YOUTH CURRENT ALCOHOL USE: 8th grade</td>
</tr>
<tr>
<td>YOUTH CURRENT ALCOHOL USE: 10th grade</td>
</tr>
<tr>
<td>YOUTH BINGE DRINKING, 8th grade</td>
</tr>
<tr>
<td>YOUTH CURRENT MARIJUANA USE: 8th grade</td>
</tr>
<tr>
<td>YOUTH CURRENT MARIJUANA USE: 10th grade</td>
</tr>
<tr>
<td>YOUTH CURRENT PRESCRIPTION DRUG (PAINKILLERS) USE TO GET HIGH: 10th grade</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH TREATMENT NEED AMONG MEDICAID POPULATION BY TYPE</td>
</tr>
<tr>
<td>DISABLED</td>
</tr>
<tr>
<td>CLASSIC</td>
</tr>
<tr>
<td>EXPANSION</td>
</tr>
<tr>
<td>CHILDREN</td>
</tr>
<tr>
<td>ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES</td>
</tr>
<tr>
<td>YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES</td>
</tr>
<tr>
<td>HEALTH DEPARTMENT SYRINGE EXCHANGE</td>
</tr>
<tr>
<td>OPICED OVERDOSE REPORTS</td>
</tr>
<tr>
<td>IMMUNIZATIONS</td>
</tr>
<tr>
<td>CHILDREN AGE 19-35 MONTHS WITH COMPLETE VACCINATIONS</td>
</tr>
<tr>
<td>KINDERGARTNERS WITH COMPLETE IMMUNIZATIONS</td>
</tr>
<tr>
<td>SIXTH GRADERS WITH COMPLETE IMMUNIZATIONS</td>
</tr>
<tr>
<td>ADULTS HAVE GOTTEN FLU SHOT IN PAST YEAR</td>
</tr>
<tr>
<td>ADULTS AGE 65+ HAVE GOTTEN PNEUMONIA SHOT IN PAST YEAR</td>
</tr>
<tr>
<td>ILLNESS AND DEATHS</td>
</tr>
<tr>
<td>INFECTIOUS DISEASE</td>
</tr>
<tr>
<td>CHLAMYDIA CASE RATE</td>
</tr>
<tr>
<td>HIV INCIDENCE RATE</td>
</tr>
<tr>
<td>RATE OF PEOPLE LIVING WITH HIV AND AIDS</td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
</tr>
<tr>
<td>CHRONIC HEPATITIS B</td>
</tr>
<tr>
<td>CHRONIC HEPATITIS C</td>
</tr>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE PRE DIABETES</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE DIABETES</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE HIGH CHOLESTEROL</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE HIGH BLOOD PRESSURE</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE ANY CARDIOVASCULAR DISEASE (MYOCARDIAL INFARCTION, CORONARY HEART DISEASE OR STROKE)</td>
</tr>
<tr>
<td>ADULTS EVER TOLD THEY HAVE ASTHMA</td>
</tr>
<tr>
<td>YOUTH EVER TOLD THEY HAVE ASTHMA 8th grade</td>
</tr>
<tr>
<td>YOUTH EVER TOLD THEY HAVE ASTHMA 10th grade</td>
</tr>
</tbody>
</table>

**Cancer Diagnoses and Deaths**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
<th>Year</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (Age 50+) Breast Cancer Screening</td>
<td>13,651</td>
<td>64%</td>
<td>2015</td>
<td>lower</td>
</tr>
<tr>
<td>Female (Age 21+) Cervical Cancer Screening</td>
<td>14,132</td>
<td>47%</td>
<td>2013</td>
<td>lower</td>
</tr>
<tr>
<td>Adult (50+) Colorectal Cancer Screening</td>
<td>15,991</td>
<td>66%</td>
<td>2014-15</td>
<td>same</td>
</tr>
<tr>
<td>Lung Cancer Incidence</td>
<td>06</td>
<td>64 per 100,000</td>
<td>2014</td>
<td>lower</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence</td>
<td>45</td>
<td>37 per 100,000</td>
<td>2014</td>
<td>same</td>
</tr>
<tr>
<td>Breast (Female Only) Cancer Incidence</td>
<td>116</td>
<td>183 per 100,000</td>
<td>2014</td>
<td>same</td>
</tr>
<tr>
<td>Lung Cancer Death Rate</td>
<td>61</td>
<td>62 per 100,000</td>
<td>2015</td>
<td>same</td>
</tr>
<tr>
<td>Colorectal Cancer Death Rate</td>
<td>19</td>
<td>24 per 100,000</td>
<td>2015</td>
<td>same</td>
</tr>
<tr>
<td>Breast (Female Only) Cancer Death Rate</td>
<td>38</td>
<td>24 per 100,000</td>
<td>2015</td>
<td>same</td>
</tr>
</tbody>
</table>

**Hospitalizations**

<table>
<thead>
<tr>
<th>Category</th>
<th>Incidence</th>
<th>Year</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cause Hospitalization Rate</td>
<td>8,000</td>
<td>8,004 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Unintentional Injury Hospitalizations</td>
<td>573</td>
<td>547 per 100,000</td>
<td>2011-15</td>
</tr>
<tr>
<td>Leading Causes of Hospitalization</td>
<td>SEE REPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leading Causes of Unintentional Injury Hospitalization</td>
<td>SEE REPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol-Related Hospitalization Rate</td>
<td>207</td>
<td>234 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Drug-Related Hospitalization Rate</td>
<td>472</td>
<td>742 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Opioid-Related Hospitalization Rate</td>
<td>217</td>
<td>345 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Diabetes-Related Hospitalization Rate</td>
<td>1,160</td>
<td>1,310 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Asthma Hospitalization Rate</td>
<td>29</td>
<td>37 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>Falls Hospitalization Rate for Older Adults (Age 85+)</td>
<td>239</td>
<td>1,140 per 100,000</td>
<td>2015</td>
</tr>
<tr>
<td>All Cause Death Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of residents affected in most recent year: 957</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most recent value: 720 per 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latest year: 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latest trend: ↓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistical comparison to WA state: same</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 5</td>
</tr>
<tr>
<td>Most recent value: 8 per 1,000</td>
</tr>
<tr>
<td>Latest year: 2011-15</td>
</tr>
<tr>
<td>Latest trend: ↔</td>
</tr>
<tr>
<td>Statistical comparison to WA state: higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of Potential Life Lost (YPLL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 5,985 years per 100,000 people</td>
</tr>
<tr>
<td>Latest year: 2015</td>
</tr>
<tr>
<td>Latest trend: ↔</td>
</tr>
<tr>
<td>Statistical comparison to WA state: higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>See report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leading Causes of Unintentional Injury Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>See report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol-Related Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 15</td>
</tr>
<tr>
<td>Most recent value: 17 per 100,000</td>
</tr>
<tr>
<td>Latest year: 2012-13</td>
</tr>
<tr>
<td>Latest trend: ↑</td>
</tr>
<tr>
<td>Statistical comparison to WA state: higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug-Related Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 16</td>
</tr>
<tr>
<td>Most recent value: 22 per 100,000</td>
</tr>
<tr>
<td>Latest year: 2011-15</td>
</tr>
<tr>
<td>Latest trend: ↔</td>
</tr>
<tr>
<td>Statistical comparison to WA state: higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opioid-Related Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 15</td>
</tr>
<tr>
<td>Most recent value: 19 per 100,000</td>
</tr>
<tr>
<td>Latest year: 2011-15</td>
</tr>
<tr>
<td>Latest trend: ↔</td>
</tr>
<tr>
<td>Statistical comparison to WA state: higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes-Related Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents affected in most recent year: 70</td>
</tr>
<tr>
<td>Most recent value: 70 per 100,000</td>
</tr>
<tr>
<td>Latest year: 2015</td>
</tr>
<tr>
<td>Latest trend: ↑</td>
</tr>
<tr>
<td>Statistical comparison to WA state: same</td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

**County Health Rankings**

- Health Outcomes Rank Among Washington Counties: 21 of 39
- Health Factors Rank Among Washington Counties: 20 of 39