

COMMUNITY HEALTH ASSESSMENT

2023-2024

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- La Cabaña Royal City
- Columbia Basin Hospital
- Grand Coulee Dam Chamber of Commerce
- Royal High School
- North Central Regional Libraries
- Grant County PUD
- City of Royal City
- City of Moses Lake
- City of Grand Coulee
- City of Coulee City
- City of George
- City of Ephrata
- City of Quincy
- City of Wilson Creek
- City of Warden
- Grant County Board of Health
- Jbe Marketing
- Quincy Partnership for Youth
- Royal Community Prevention Coalition
- Soap Lake Prevention Coalition
- Moses Lake Community Coalition
- Wahluke Prevention Coalition
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 - Toni Forsgren

Health Officer & Administrator

||

Dear Fellow Grant County Residents,

We are honored to present to you the Grant County Community Health Assessment. This report provides an overview of the health needs and priorities of our diverse communities. As your Public Health Officer and Administrator, it is our privilege to lead this vital initiative aimed at promoting the well-being of every individual residing in our county.

We live in turbulent times. The economic and societal consequences of the fading pandemic are difficult to miss. We have all experienced some effects of a changing climate. We hear about devastations of military conflicts. These and other adversities have tested the resilience of communities worldwide, including in Central Washington.

Changes in the world around us change our health. This assessment is not just a collection of data; it is a testament to our commitment to fostering a healthier and more equitable community for all. It highlights the strengths and assets that we can leverage to promote health and well-being, as well as the disparities and challenges that require our urgent attention. You will discover our changing demographic diversity, realize the greater pandemic impact on our healthcare system, find concerning substance use and poverty trends, a greater risk of chronic diseases and a shorter lifespan compared to the state average, to name a few.

However, within the turbulence lies the seed of hope—a determination to overcome these challenges. The Community Health Assessment is one of your public health agency's tools which could help us navigate the turbulence we face. As you review the findings of the Grant County Community Health Assessment, we encourage you to reflect on the role each of us can play in creating a healthier and safer Grant County where everyone has the opportunity to thrive. Your input, feedback, and active participation are invaluable as we strive to prioritize and implement initiatives and actions that make a meaningful difference in people's lives. The insights gathered here could serve as a compass guiding our efforts to enhance well-being and add to understanding of the health needs of our community.

Uncertainties create opportunities. We invite you to read this assessment and join us in our search for creative ways to building a healthier Grant County.



Alexander L. Brzezny, MD, MPH
Health Officer
Grant County



Theresa Adkinson
Administrator
Grant County Health District

INTRODUCTION

PG. 1

Public health assessment is one of three core functions of public health. Assessment informs decisions about what we do, as well as where and how we do it. This report focuses on the community health assessment (CHA). A CHA is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal is to develop strategies to address the community's health needs and identify issues. A CHA answers the following questions:

- What are the health problems in a community?
- Why do health issues exist in a community?
- What factors create or determine the health problems?
- What resources are available to address the health problems?
- What are the health needs of the community from a population-based perspective?

This report is broken down into several key sections: demographics, health outcomes, health behaviors, and health environment. Primary data collected from community members through the Community Survey and Focus Groups will be used to provide context to certain data points or sections throughout this report. There are several appendices included at the end of this report that can provide more detailed information on metrics and data sources that are not included in the body of this work. Metrics included in this report will have a directionality listed where appropriate. Metrics that do not include a directional indicator are likely descriptive in nature or are not detailed enough to provide a clear directional indication of "improved health." Additionally, metrics that allow for comparisons to the state will include a temperature gauge to indicate whether it is better, similar, or worse than the state. A list of key terms and this temperature gauge legend is provided on the following page. Any questions about metrics, their meaning or how they apply to your work should be directed to the Grant County Health District by calling (509)-766-7960 or emailing info@granthealth.org.

Statement on our equity approach to our CHA:

For the purpose of this document, we can think of equality as availability and equity as accessibility. Equality simply means being the same in quantity, size, degree or value. Health equality therefore implies that everyone receives the same treatment regardless of their circumstances. Equity is an individual's ability to access, understand or navigate that equal opportunity. It goes beyond equality by recognizing that different individuals have different needs and face varying barriers to health, emphasizing the importance of providing additional support and resources to those who are disadvantaged or marginalized. In the context of our CHA, prioritizing health equity will include identifying disparities where they apply, either racial disparities or geographic ones between our county and the state. Identifying these disparities helps us acknowledge which populations may need extra support or targeted health interventions, and this equity work will be continued in our next Community Health Improvement Plan.

1: Centers for Disease Control and Prevention. (2022, November 25). CDC - Assessment and plans - community health assessment - STLT gateway. Centers for Disease Control and Prevention. <https://www.cdc.gov/publichealthgateway/cha/plan.html>
2: Centers for Disease Control and Prevention. (2022b, December 16). What is health equity?. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchhstp/healthequity/index.html>

SUMMARY & LIMITATIONS PG. 2

The Grant County Health District, in partnership with a diverse array of community stakeholders, external agencies, and technical consultants, have crafted this document featuring key indicators, contextualized by community feedback from survey responses and focus groups; this work highlights changes in health trends over time, provides comparisons to the state, and gives context to the factors that impact the health of Grant County residents. This document serves as a comprehensive tool for understanding Grant County's health landscape, with a particular emphasis on addressing disparities and fostering collaboration. By pinpointing priorities and mobilizing community support, we aim to create a more equitable and healthier future for all residents.

Our primary focus is to create a healthier community and advance health equity here in Grant County. We delve into our strengths and weaknesses in health outcomes and determinants to prioritize areas for growth, collaboration, and community support. These topics were chosen as areas of focus due to the survey and focus group results, disparities that exist, and the urgency and extensiveness of the health impacts on the community:

Behavioral Health and Substance Use:

- *Community concern about mental health stigma and suicides.*
- Shortage of mental health providers.
- Environmental factors like poverty, food insecurity, overcrowded housing, and trauma contribute to risk.
- Similar or worse than the state.
- *Community concerns about substance use among youth and adults.*
- Need for prevention resources and support to address substance abuse issues in Grant County.
- Similar or worse than the state.

Access to Healthcare:

- *Community concerns regarding availability of primary care doctors.*
- Challenges in accessing healthcare, especially for low-income residents.
- Limited availability of providers addressing health-related social needs, including sufficient and culturally appropriate care and adequate prenatal care for mate
- Worse than the state.




Environmental Health (Climate Change, Food Insecurity, Housing):

- *Community concern around housing and food insecurity.*
- Increasing excessive heat, drought, and wildfire risk which can put vulnerable populations and those with respiratory health issues at risk.
- Influence on the spread of infectious diseases due to changing environmental conditions.
- Disparities between Grant County and state in food insecurity, as well as racial disparities within Grant County.
- Racial disparities in homelessness within Grant County.



- **Abortion:** The termination (spontaneous or induced) of a pregnancy by removal or expulsion of an embryo or fetus
- **Adults:** this refers to people 18 years of age and greater, unless otherwise specified
- **Air quality standard or National Ambient Air Quality Standard (NAAQS)**
- **American Community Survey (ACS)**
- **Behavioral Risk Factor Surveillance System (BRFSS)**
- **Centers for Disease Control and Prevention (CDC)**
- **Community Health Assessment Tool (CHAT)**
- **Comprehensive Hospital Abstract Reporting System (CHARS)**
- **County (the County):** refers to Grant County
- **Department of Children, Youth and Families (DCYF)**
- **Department of Health (DOH)**
- **Healthy Youth Survey (HYS)**
- **Health Resources and Services Administration (HRSA)**
- **Immunization Information System (IIS)**
- **National Environmental Public Health Tracking Network (NEPHTN)**
- **[North Central] Accountable Community of Health (NCACH or ACH):** refers to Chelan, Douglas, Grant, & Okanogan counties. It may appear as either NCACH or ACH in graphics and text.
- **Office of Financial Management (OFM)**
- **Public Health Issue Management System – Sexually Transmitted Diseases (PHIMS-STD)**
- **Public Health Issue Management System – Tuberculosis (PHIMS-TB)**
- **Race/ethnicity groups:** White non-Hispanic (White NH) means reported white as the racial group and did not indicate Hispanic for their ethnicity group. American Indian or Alaskan Native (AI/AN) are the counted as the same racial group in this report. Hispanic only refers to reported ethnicity, could be any racial group
- **Region (the Region):** refers to Chelan, Douglas, Grant, Kittitas, & Okanogan counties
- **Social Vulnerability Index (SVI)**
- **State (the State):** refers to Washington State
- **Washington Office of the Superintendent of Public Instruction (WA OSPI)**
- **Washington State Cancer Registry (WSCR)**
- **Washington State Department of Transportation (WSDOT)**
- **Years of Potential Life Lost (YPLL or YPLL65):** refers to the number of years of life lost due to death prior to the age of 65.
- **Youth:** this refers to people under 18 years of age unless otherwise specified

Temperature Gauge Key:

	<p>This indicator is of concern and is worse than the state.</p>
	<p>This indicator is of little to no concern and could be a strength; this indicator is better than the state.</p>
	<p>This indicator is around the same as the state and could be a concern.</p>

Methods:

The CHA includes a combination of key indicators from secondary sources, a community survey, and community focus groups.

Key Indicators:

The metrics used throughout this report were identified through an iterative process. First, prior CHA's from Chelan, Douglas, Grant, Kittitas, Okanogan, and Spokane counties were reviewed and all identified metrics were compiled into a list sorted by health domains similar to those used in this report. Indicators that appeared in two or more prior CHAs were selected to be included as core measures for all of the participating LHJs in the regional assessment group. The list of all indicators was also reviewed by GCHD leadership and assessment staff who indicated additional measures beyond the core set that should be included in the GCHD CHA. Some measures were further excluded based on lack of recent data or lack of access to data sources. A full list of indicators by data source is available in Appendix B. Appendix C contains more detailed information about each of the data sources including their limitations. Please note that key indicator data that includes the year 2020 and beyond is likely to have been significantly impacted by the COVID-19 public health emergency.

Community Survey:

Community Survey: A public survey was distributed from August 1, 2022 to September 15, 2022. The survey was available in English, Spanish, and Russian. 273 participants responded to the public survey distributed online and in-person (255 English, 18 Spanish, 0 Russian). Paper copies of the surveys were made available at all local county libraries, were distributed in the Star Newspaper in Northern Grant County, at the GCHD office in Moses Lake, and during the Grant County Fair at the GCHD booth in the Commercial building. The survey was promoted through GCHD's social media channels, flyers at local post offices and grocery stores, and through community partners. The survey was open to all Grant County Residents regardless of age. Participants were incentivized to participate by being entered into a drawing to win 4 tickets to the Woodland Park Zoo that were donated by the Grand Coulee Dam Chamber of Commerce. The questions in the community survey focused on identifying priority areas that impact community health in Grant County and assessing community perceptions about community health and resources available to address health needs. The survey was modeled after community surveys conducted by other local health jurisdictions across the nation. The survey also collected demographic information from participants. The community survey was anonymous and entirely voluntary; participants could skip any questions that they did not want to answer. The English version of the community survey can be found in Appendix G. The full survey results for closed ended questions can be found in Appendix H.

Focus Groups:

JBe Marketing facilitated the focus groups for the CHA. The focus group participants were selected according to geographic locations in Grant County. The county was divided into three geographic locations, North County (Coulee City, Electric City, Grand Coulee, Hartline, Marlin, Stratford, and Wilson Creek), Central County (Ephrata, Moses Lake, and Soap Lake), and South County (Beverly, Desert Aire, George, Mattawa, Quincy, Royal City, and Warden). Participants were recruited through the Community Survey, outreach to the CHA Advisory Committees and through the Grant County Health District Social Media accounts. Survey participants were asked at the end of the written survey if they would like to participate in the focus group. 44 participants provided their name and email contact for staff to follow-up. In addition to participants who were recruited through the survey, social media, and advisory groups, key stakeholders were invited to participate based on the geographic area their organization served.

Based on the survey responses, the focus group questions were written to narrow in on four main categories: community factors, health problems, chronic diseases, and violence related trauma. The questions were written by the Grant County Health District's management team and the lead assessment coordinator. All questions were reviewed and approved by Grant County Health District staff and advisory committee members prior to the focus group facilitation. All questions were read to participants in every group as noted in the conversations. The focus group guide can be found in Appendix F.



PHOTO CREDIT: Lexi Smith, Blue Lake.

ABOUT GRANT COUNTY

PG. 6

Grant County is a community that embraces all four seasons with captivating scenery and a wide variety of recreational opportunities. Named after the 18th President of the United States, Ulysses S. Grant, and located on the Eastern side of the Cascade Mountains, Grant County is a rural community currently home to just over 100,000 people.

Geographically, Grant County is fairly large, stretching almost 3,000 sq miles across Washington State. This vast terrain is equipped to support the robust agricultural community that has been the base of Grant County since the mid-to-late 19th century. Much of the rural land is actively used for growing crops, feeding livestock, and providing mineral resources. Agricultural products that are grown here include, wheat, mint, and onions. Grant County is also the largest potato-producing county in the nation.



https://www.nass.usda.gov/Publications/AgCensus/2017/Online_Resources/County_Profiles/Washington/cp53025.pdf

While rolling fields of farmland extend as far as the eye can see, it's important to note that 3.95% of Grant County is made up of water. As you travel through Grant County, you'll catch glimpses of the ample shoreline, but the deeper one delves into the exploration of the County's hidden gems, the greater the beauty and entertainment they are bound to discover. People visit from near and far to enjoy the excitement of water sports and recreation found in our rural community. Some of the most common are fishing, swimming, and boating.

Among the many hidden gems in Grant County, there are also significant landmarks that do not take much digging to uncover. The Columbia Basin Project is the U.S. Bureau of Reclamation irrigation project that diverts water from the Columbia River at Lake Roosevelt and distributes it to about 650,000 acres of agricultural lands between Grand Coulee and the Quad Cities. There are currently 28 dams in Grant County.


Grant County offers abundant land and possibilities, making it more than a mere residence for those that live within its boundaries. It embodies a lifestyle suitable for families, adventurers, and entrepreneurs. Our community and hometown are important to us. The Community Health Assessment is an important tool to help us gain a deeper understanding of our neighbors and the mutual obstacles we face. The Grant County Health District encourages our community and community leaders to utilize this resource as a guide to continue working toward a safer and healthier Grant County.

1. Grant County, WA: Official website. GC_HEADER_300x98_OPTIMIZED. (n.d.). <https://www.grantcountywa.gov/>



PHOTO CREDIT: Josue Ramirez, Moses Lake.

DEMOGRAPHICS

 PHOTO CREDIT: Paula Zanter - Stout, Lind Coulee.





DEMOGRAPHICS



- Population
- Racial/Ethnic Makeup
- Education
- English Language
- Median Household Income
- Per Capita Income
- Social Assistance (Income)
- Poverty
- Employment Sectors
- Unemployment Rates
- Farm Workers

- The indicators in this section help to describe the Grant County population, and provide context for the health outcomes, behavior and environment of the community. All of these indicators are considered social determinants of health.
- Survey: In the community survey, respondents were asked if they were satisfied with the quality of life within their community, **61% agreed or strongly agreed with this statement and only 7% disagreed or strongly disagreed.**
- Please note that key indicator data that includes the year 2020 and beyond is likely to have been significantly impacted by the COVID-19 public health emergency.

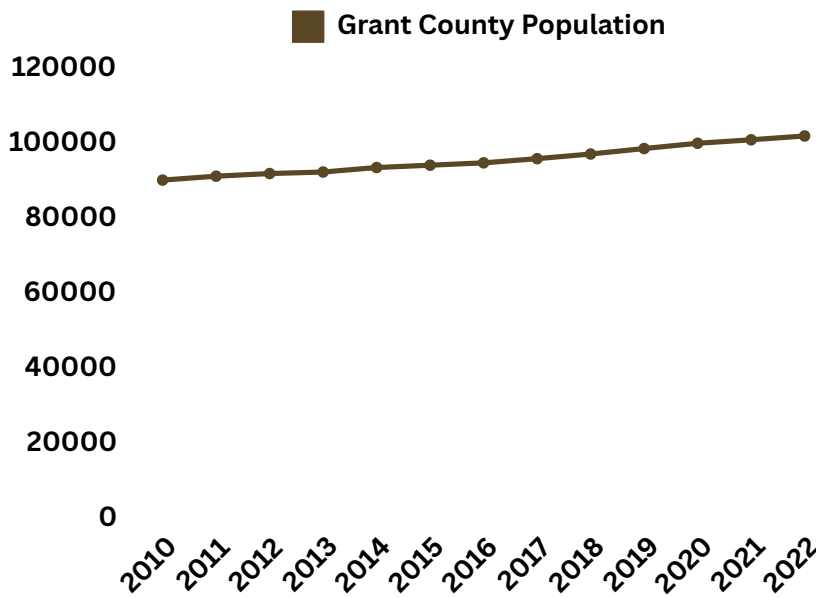


 PHOTO CREDIT: Leslie Affeldt Photography, Columbia River.

DEMOGRAPHIC DATA PG. 9



POPULATION



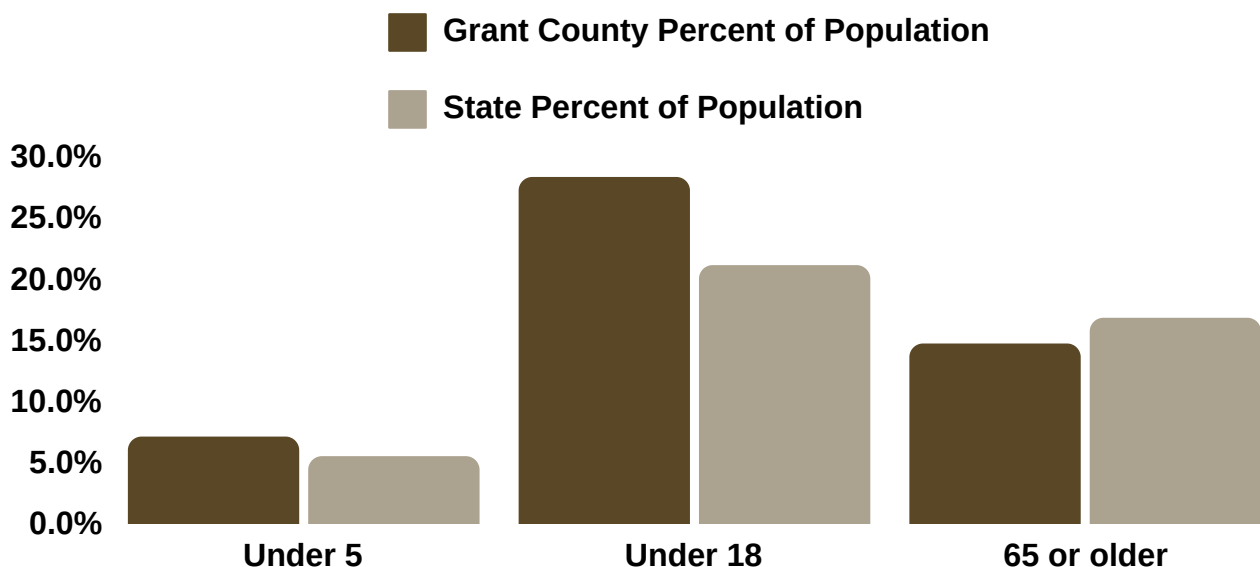
37

PEOPLE PER
SQUARE MILE IN
GRANT COUNTY IN
2020.

115

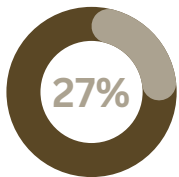
PEOPLE PER
SQUARE MILE IN
WASHINGTON
IN 2020.

The Grant County Population has grown about 12% since 2010, which is slightly lower than the overall Washington population growth of 14.8%, but much higher than the United States average of 7.3%. The current population is just over 100,000. Overall, the population in Grant County is much more rural, with 37 people per square mile in Grant County and 115 people per square mile in Washington; additionally, the Grant County population is younger than the state, with less people over the age of 65 and more people under 18 than the state. These are all demographic factors that can help to inform both who and how health interventions are used in the community.



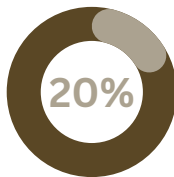


ENGLISH LANGUAGE



Grant

of residents over 5 years old speak a language other than English at home



State



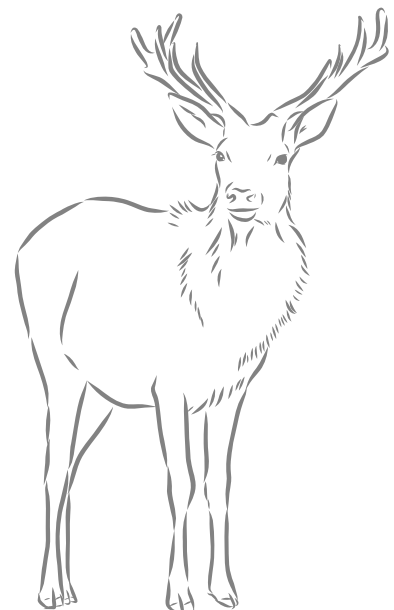
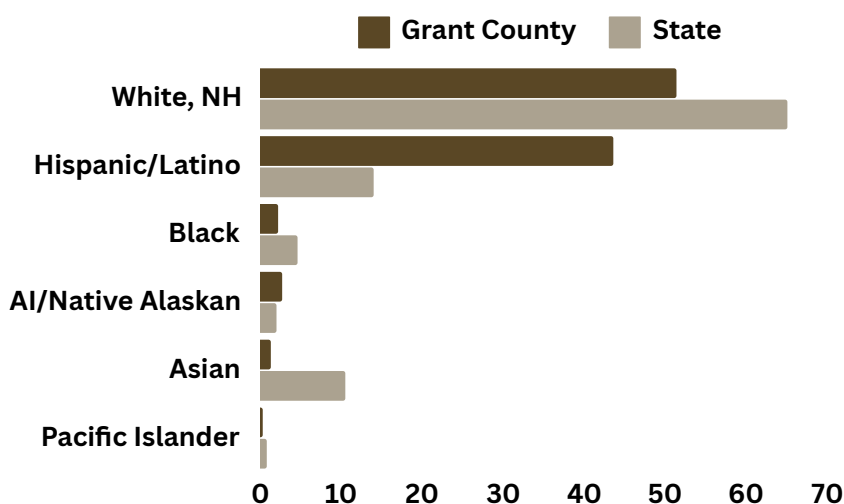
PHOTO CREDIT: Jesse Horwath, Moses Lake.

About 1/3 of Grant County residents over the age of 5 speak a language other than English at home. ***This is higher than the State estimate which was 1/5 in the 2016-2020 time period.*** This is an important factor when providing culturally relevant care and understanding barriers to healthcare, education, employment and addressing these disparities. ***The most common languages are English (63.2%), Spanish (33.7%), and other Indo-European languages (primarily Russian and Ukrainian, 2.5%).***



RACIAL/ETHNIC MAKEUP

This figure shows the racial and ethnic makeup of Grant County residents compared to the state in 2022 based on census data; importantly, the racial and ethnic categories do not necessarily add up to 100% because people can identify as multiple races as well as Hispanic, with the only mutually exclusive category being Hispanic and white non-Hispanic. Grant County has a significantly different racial and ethnic makeup than the state as a whole. ***Grant County has a lower percentage of White Non-Hispanic (51.4%) and a much higher percentage of Hispanic than the state (43.6%).*** This is also important when it comes to public health communication, culturally appropriate care, and addressing barriers to health equity in the county.





EDUCATION

This indicator has two parts, the percentage of residents aged 25 or above with a high school diploma, and the percent of residents age 25 or above with a bachelor's degree or higher. Education is associated with improved health outcomes, and higher numbers are better.¹ **For both education indicators, Grant County is significantly below the state between 2017-2021.**

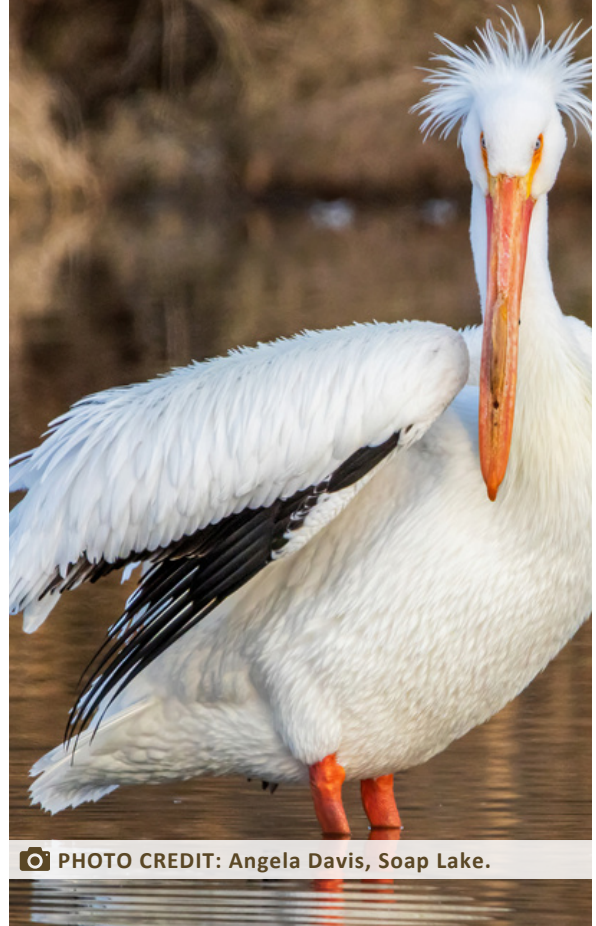
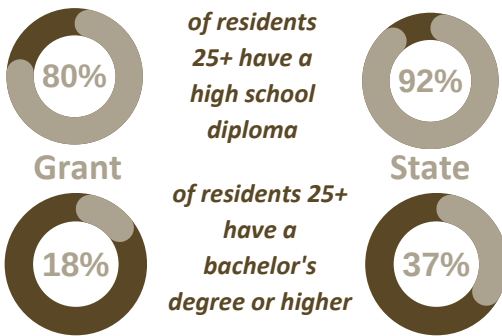
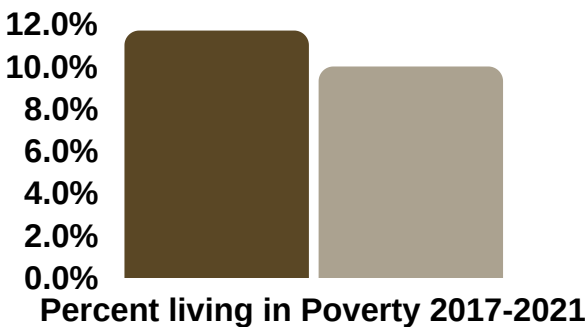


PHOTO CREDIT: Angela Davis, Soap Lake.



POVERTY



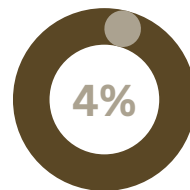
Percent living in Poverty 2017-2021

This is a measure of the percentage of the population living below the federal poverty level from 2017-2021. Poverty can lead to poorer health outcomes, so lower numbers are better.² **Grant County has higher rates of poverty than the state.**



SOCIAL ASSISTANCE

This is a measure of the percent of households receiving public assistance income. **The percent receiving assistance was 4% in 2016-2020; this is similar to the state.**



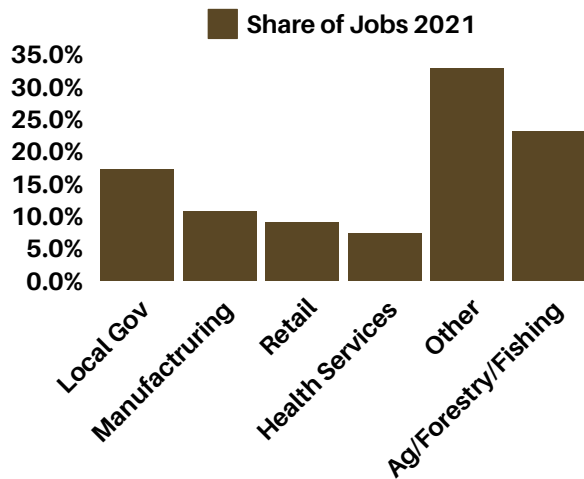
of Grant County households receive public assistance

1. Centers for Disease Control and Prevention. (2022a, August 19). Health and academics. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyschools/health_and_academics/index.htm

2. Centers for Disease Control and Prevention. (2022c, December 8). Social Determinants of Health at CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/about/sdoh/index.html>

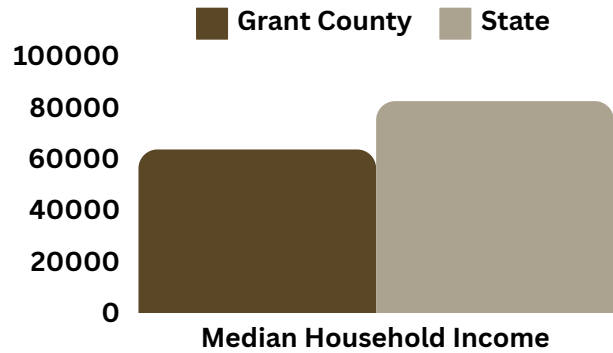


EMPLOYMENT SECTORS



This chart shows the largest employment sectors by number of jobs in 2021, with **agriculture, forestry and fishing having the largest share at over 23%. The 2 largest individual employers in Grant County are the Moses Lake School District and Samaritan Healthcare.**

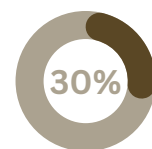
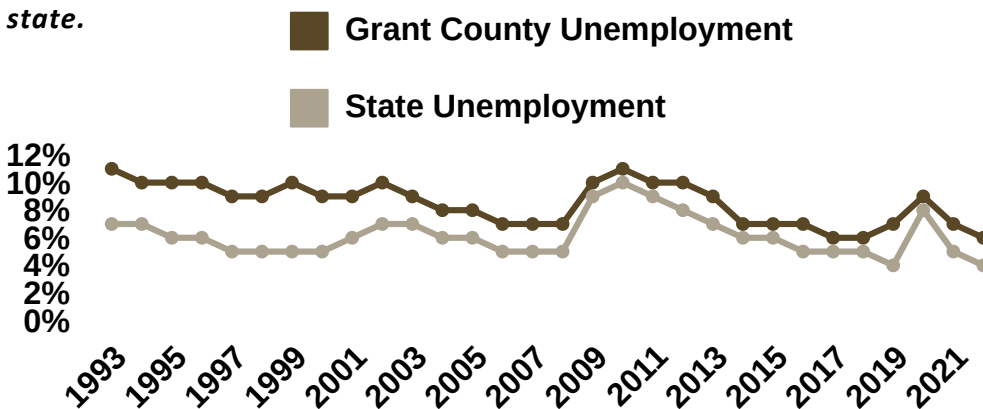
HOUSEHOLD INCOME



This is a measure of the median household income between 2017-2021 of Grant County and the state. **This figure shows Grant County residents have a lower median household income of \$63,566 versus the median income for the state of \$82,400.** Income can be an important factor in living conditions, nutrition quality, and access to healthcare, which all impact the health of a given community.¹

UNEMPLOYMENT RATE

This is a measure of the percentage of the 16 and older civilian labor force that is considered unemployed. Not only does employment help to strengthen the economy and can often provide benefits like health insurance that directly relate to improved health, but employment can also provide other mental, physical and social benefits that improve population health, so lower levels of unemployment are better. **This trend graph shows that Grant County has consistently had higher rates of unemployment than the state but has followed similar trends with a recent low of around 6% in Grant County and 4% for the state.**



30% of survey respondents agreed or strongly agreed that their community had economic opportunity.

1. Centers for Disease Control and Prevention. (2022c, December 8). Social Determinants of Health at CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/about/sdoh/index.html>

FARM WORKER SPOTLIGHT



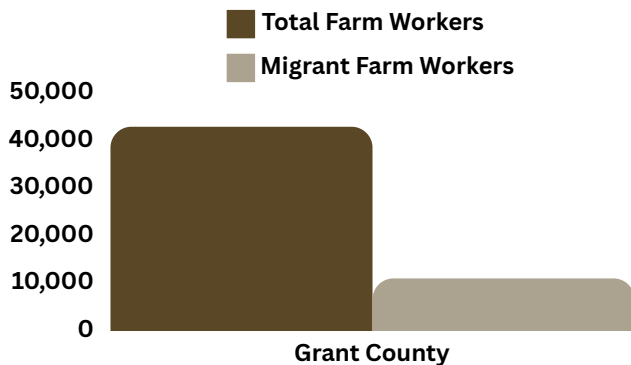
19%

OF WASHINGTON'S FARM WORKERS WERE HIRED IN GRANT COUNTY.

20%

OF WASHINGTON'S MIGRANT WORKERS WERE HIRED IN GRANT COUNTY.

NUMBER OF FARMWORKERS WHO WORKED IN GRANT COUNTY



TOP HEALTH CONCERNS FOR FARM WORKERS

- HEAT-RELATED ILLNESSES
- PESTICIDE EXPOSURE
- RESPIRATORY HAZARDS
- INJURIES FROM MACHINERY & EQUIPMENT
- ZOOBOTIC DISEASES



COMMUNITY IMPACT


Grant County houses the largest population of H2A workers in the state. In 2017, 20% of Washington's migrant workers were hired in Grant County, representing 10,828 workers.¹ In addition, 19% of Washington's Farm workers were employed in Grant County, representing approximately 42,925 workers.¹ Many of these farmworkers, are seasonal regardless of immigration status and are *not* full-time residents of Grant County, nor exclusively work in Grant County. Farm workers make invaluable contributions to the food system and local communities, bringing positive impacts to the economy. Through their labor-intensive work, they help maintain agricultural productivity and ensure a stable food supply and positively affect the agricultural sector thus improving economic growth. Additionally, research highlights that communities with higher migrant worker populations tend to experience lower crime rates.² In the context of public health, farm workers often face health risks due to their work environment. Migrant workers are especially vulnerable due to their lack of accessible and culturally relevant health care and often substandard living conditions.³

PHOTO CREDIT: Paula - Zanter Stout, Moses Lake.



1. United States Department of Agriculture. USDA. (2017). https://www.nass.usda.gov/Publications/AgCensus/2017/Full_Report/Volume_1,_Chapter_1_US/
2. Light, M. T., He, J., & Robey, J. P. (2020). Comparing crime rates between undocumented immigrants, legal immigrants, and native-born US citizens in Texas. Proceedings of the National Academy of Sciences, 117(51), 32340–32347. <https://doi.org/10.1073/pnas.2014704117>
3. Centers for Disease Control and Prevention. (2023, September 18). National Farm Safety and Health Week: No One Can take your place. Centers for Disease Control and Prevention. <https://www.cdc.gov/niosh/newsroom/feature/national-farm-safety-and-health.html#:~:text=Data%20from%20the%20U.S.%20Bureau,19.5%20deaths%20per%20100%2C000%20workers.>

HEALTH OUTCOMES

 PHOTO CREDIT: Paula Zanter - Stout, Moses Lake.



CHRONIC DISEASE

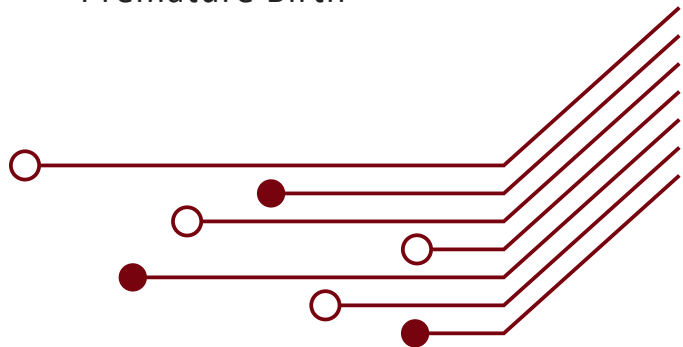
- Asthma
- Stroke
- Diabetes
- Cancer
- Obesity

MATERNAL & CHILD HEALTH

- Birth Rate
- Maternal Mortality
- Low Birth Weight
- Premature Birth

INFECTIOUS DISEASE

- Notifiable Conditions
- Sexually Transmitted Diseases
- Covid-19
- Tuberculosis



INJURY & VIOLENCE

- Motor Vehicle (Injuries & Deaths)
- Falls
- Drownings
- Poisonings

MORTALITY & MORBIDITY

- Years of Potential Life Lost
- Disability
- Life Expectancy
- Overall Mortality Rate
- Cause of Death

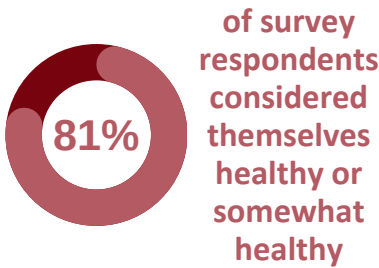
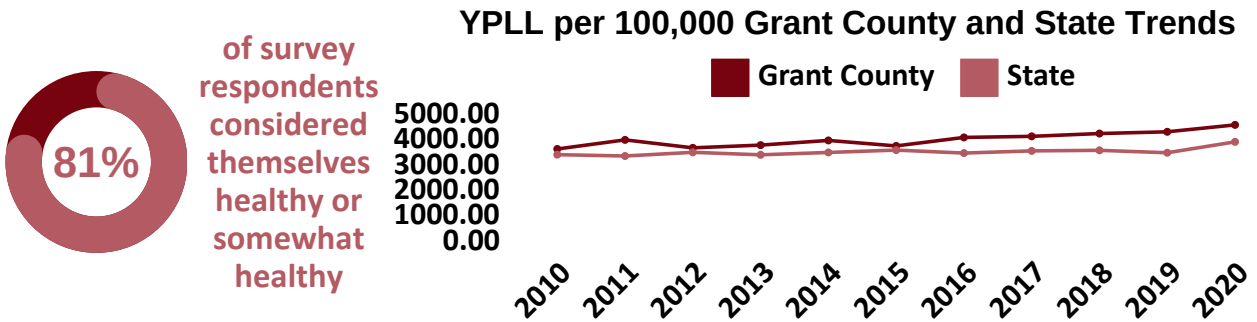
- The indicators in this section help to describe the health outcomes, both current and historical trends, within Grant County.
- Survey: In the community survey, respondents were asked to rate their own personal health, the health of their community, and the health of the county. While most respondents rated their own personal health as at least somewhat healthy, only **about 63% rated their community as somewhat healthy and 48% rated the county as either unhealthy or very unhealthy.**
- Please note that key indicator data that includes the year 2020 and beyond is likely to have been significantly impacted by the COVID-19 public health emergency.

MORTALITY & MORBIDITY

YEARS OF POTENTIAL LIFE LOST

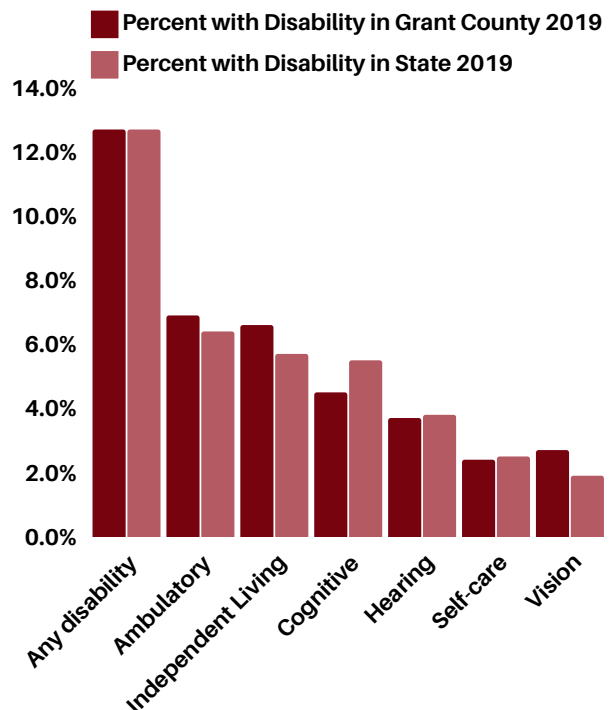
Years of Potential Life Lost (YPLL) is a measure of the cumulative number of years of life lost due to death prior to the age of 65 per 100,000 population and includes all causes of mortality, so lower numbers and decreasing trends indicate improved population health.

Grant County has seen a significant rise in the YPLL from 2015 to 2020. **Grant County has consistently experienced a higher YPLL compared to the state.** From 2019-2020 there was a significant rise in YPLL for both Grant County and the state. This increase was likely attributable to the COVID-19 pandemic, but the rise in YPLL prior to the pandemic suggests that there are other factors contributing to the increase as well.



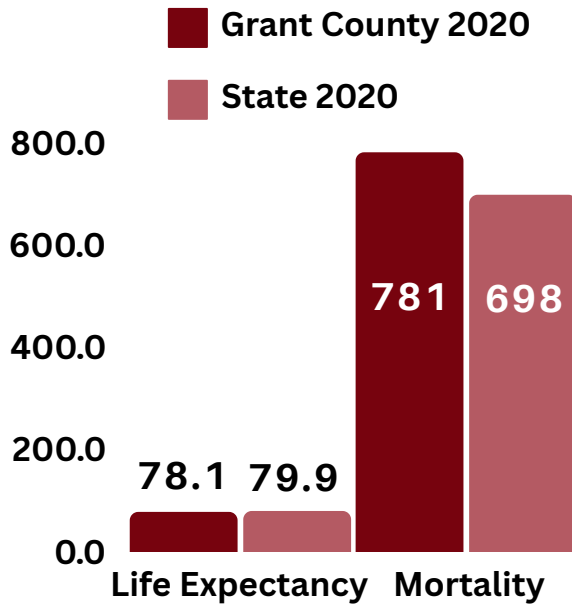
DISABILITY

This measure is made up of six metrics measuring the percent of the population that are living with a specific disability: ambulatory and independent living impairments, cognitive impairment, hearing impairment, and self-care and vision impairments. **Overall, the disability rate in Grant County and the state in 2019 was the same at 12.7%. Females experienced slightly higher rates of disability than men in Grant County.** While some disabilities are preventable, other forms are not. The most important consideration for disability in this context is ensuring appropriate access to services and supports for individuals with different impairment types.



MORTALITY & MORBIDITY

LIFE EXPECTANCY & MORTALITY



Life expectancy is measured as the expected number of years a person born today would live if current mortality rates continued. Higher numbers are better. In 2020 there was a decline in life expectancy, likely due to Covid-19, to 78.1 years. **Grant County's life expectancy in 2020 was lower than the state's (79.9 years) in 2020.**

The overall mortality rate is a measure of deaths occurring for all causes and is adjusted by age to allow comparisons between populations with different underlying age distributions. Lower numbers are better. **The death rate in 2020 was 781 per 100,000 population, higher than the state at 698 per 100,000 population.**

CAUSE OF DEATH

Leading Causes of Death 2020	Mortality Rate per 100,000 2020
Major cardiovascular diseases	217
Malignant neoplasms	157
COVID-19	82
Accidents	54
Alzheimer's disease	47
Chronic lower respiratory diseases	35
Diabetes mellitus	29
Intentional self-harm (suicide)	15
Influenza and pneumonia	12
Nutritional deficiencies	12



CHRONIC DISEASE



HEART DISEASE

This is a measure of the rate of hospitalizations due to heart disease between 2016-2020, which can include heart attack, congestive heart failure, and coronary atherosclerosis. Heart disease is one of the leading causes of death in Grant County and the state. *This figure below indicates that both male and female residents in Grant County experience higher hospitalization due to heart disease than at the state level, and that males experience higher rates than females.*

Rate of Hospitalization due to Heart Disease per 100,000

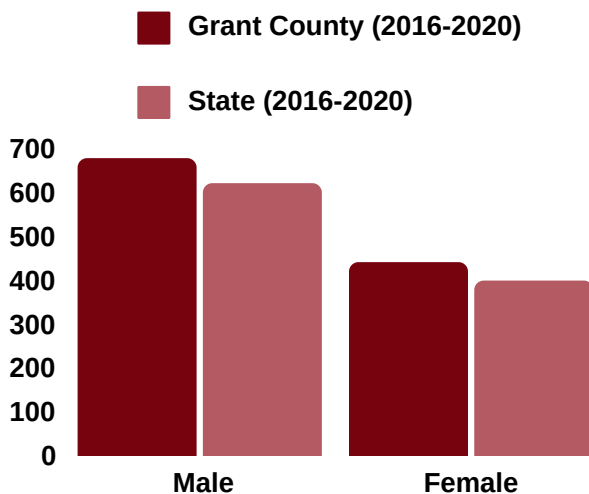


PHOTO CREDIT: Jesse Horwath, Moses Lake.

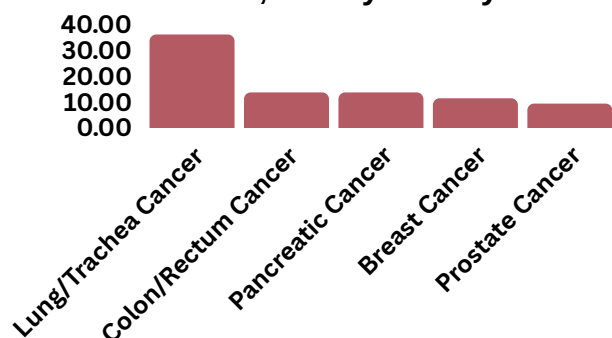


CANCER

This table depicts the leading causes of new cancer diagnoses at any stage in Grant County males and females, from most to least diagnosed from 2016-2020, **with breast cancer, prostate cancer and lung cancer having the highest incidence rate.** The figure below depicts the leading cause of cancer deaths with rates per 100,000, **with lung, colon and pancreatic cancer having the highest mortality.**

Top New Cancer Types (Incidence) Females	Top New Cancer Types (Incidence) Males
Breast	Prostate
Lung	Lung
Uterine	Bladder
Thyroid	Melanoma (Skin)
Melanoma (Skin)	Kidney

Cancer Mortality Rate per 100,000
2016-2020, Granty County

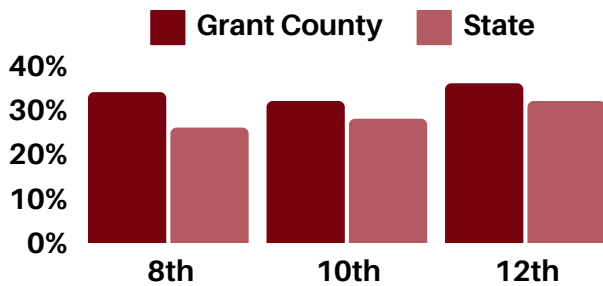


CHRONIC DISEASE



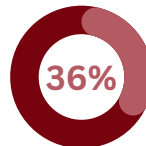
YOUTH OBESITY

This is a measure of the percentage of youth who are overweight *or* obese. Obesity can increase risk of chronic diseases such as heart disease, asthma, and cancer.¹ **Grant County has higher rates of obese and overweight students at all grade levels than the state in 2018.**



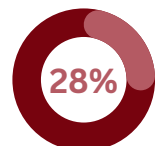
ADULT OBESITY

This is a measure of the percentage of adults who are obese based on their BMI being 30 or above, from 2016-2020. Similarly for youth, obesity in adults can be a risk factor for many chronic illnesses.¹ **Grant County has significantly higher rates of obesity in adults than the state.**



Grant

of adult residents are obese

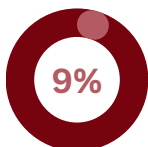


State



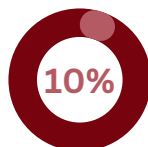
ASTHMA

This is a measure of the percent of adults that self-reported having asthma between 2016-2020. Those with asthma are at higher risk when the county experiences poor air quality or contagious respiratory infections.² **Grant County has slightly lower rates of asthma than the state.**



Grant

of adult residents have asthma



State



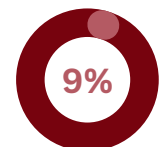
DIABETES

This is a measure of the percent of adults that self-reported having diabetes 2016-2020. **Grant County has slightly higher rates of diabetes than the state.**



Grant

of adult residents have diabetes



State

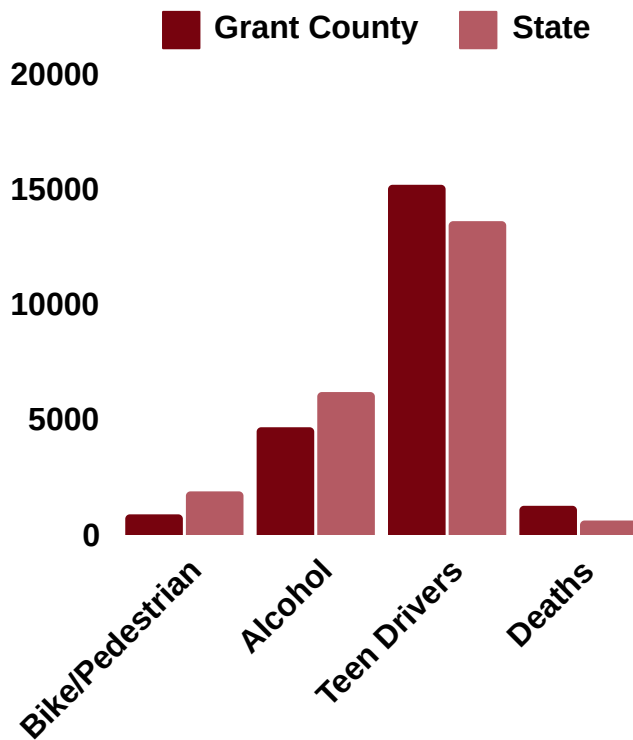
1. Centers for Disease Control and Prevention. (2023b, September 21). Overweight & obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/index.html>
2. Centers for Disease Control and Prevention. (2023a, May 22). Asthma. Centers for Disease Control and Prevention. <https://www.cdc.gov/asthma/default.htm>

INJURY/VIOLENCE



MOTOR VEHICLE INJURIES AND FATALITIES

Types of Collisions per 100,000 in 2020

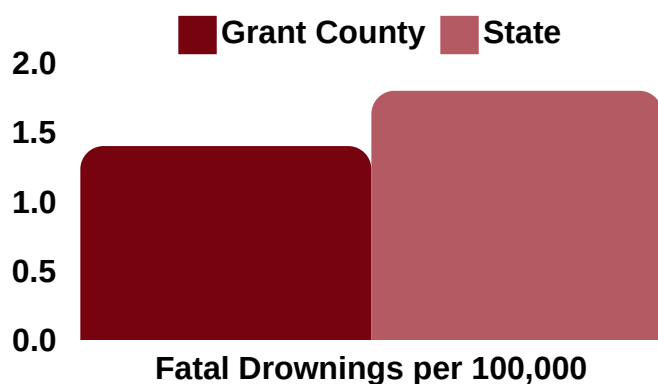


The rates in the figure include motor vehicle collisions in 2020 involving a bike or pedestrian, involving alcohol impairment, involving teen drivers, and involving fatalities, all per 100,000 motor vehicle collisions. Lower numbers are better. The rates are compared to the state level rates in 2020. **For accidents involving pedestrians or bicyclist, or for those involving alcohol impairment, the state had higher rates of collisions; for accidents that involved teen drivers and for those that ended in fatalities, Grant County had higher rates. For the fatal accidents, Grant had over twice the rate per 100,000, highlighting a concern for traffic safety.**



DROWNINGS

This is the age-adjusted rate per 100,000 population of deaths by drownings of Grant County residents. **From 2016-2020, the state had higher rates of drowning than Grant County; 15–24-year-olds have the highest drowning mortality rate in Grant.**



FALLS

This is a measure of the number of the age adjusted inpatient hospitalizations due to an injury related to a fall per 100,000 population. **Between 2016-2020 there were 287 falls in Grant County relating in injury per 100,000 population and the most at risk group were those aged 65 and above.**

MATERNAL AND CHILD HEALTH



MATERNAL MORTALITY

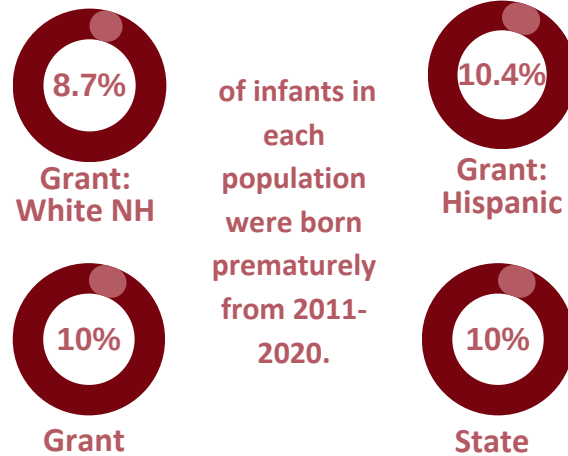
This is a measure of deaths due to pregnancy, childbirth, or in the first 6 weeks after birth per 100,000 population. Research indicates that the majority of maternal deaths are preventable and have devastating impacts¹ on the surviving family. The data from Grant County has very small numbers so should be understood cautiously, and why such a large time range is shown. **The data shows that Grant County has had a similar maternal mortality rate than the state over the last 20 years, with a total of 4 maternal deaths.**

4

MATERNAL DEATHS IN 20 YEARS



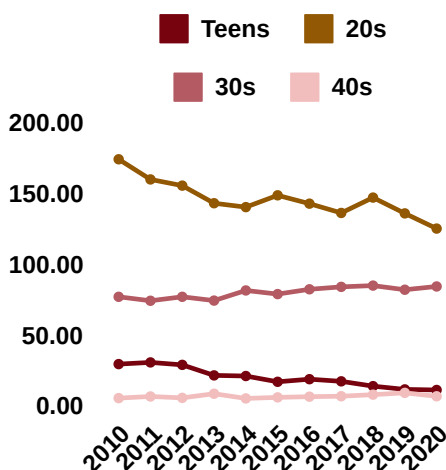
BIRTH OUTCOMES



The measure is defined as the percent of babies born before 37 weeks gestation, which can be a risk factor for serious disability or death of the infant. **The Hispanic population in Grant County experienced a significantly higher percentage of premature births than the white non-Hispanic population from 2011 to 2020 which potentially highlights a disparity in access to care or environmental risk factors. Rates between Grant County and the state are the same.**



BIRTH RATE



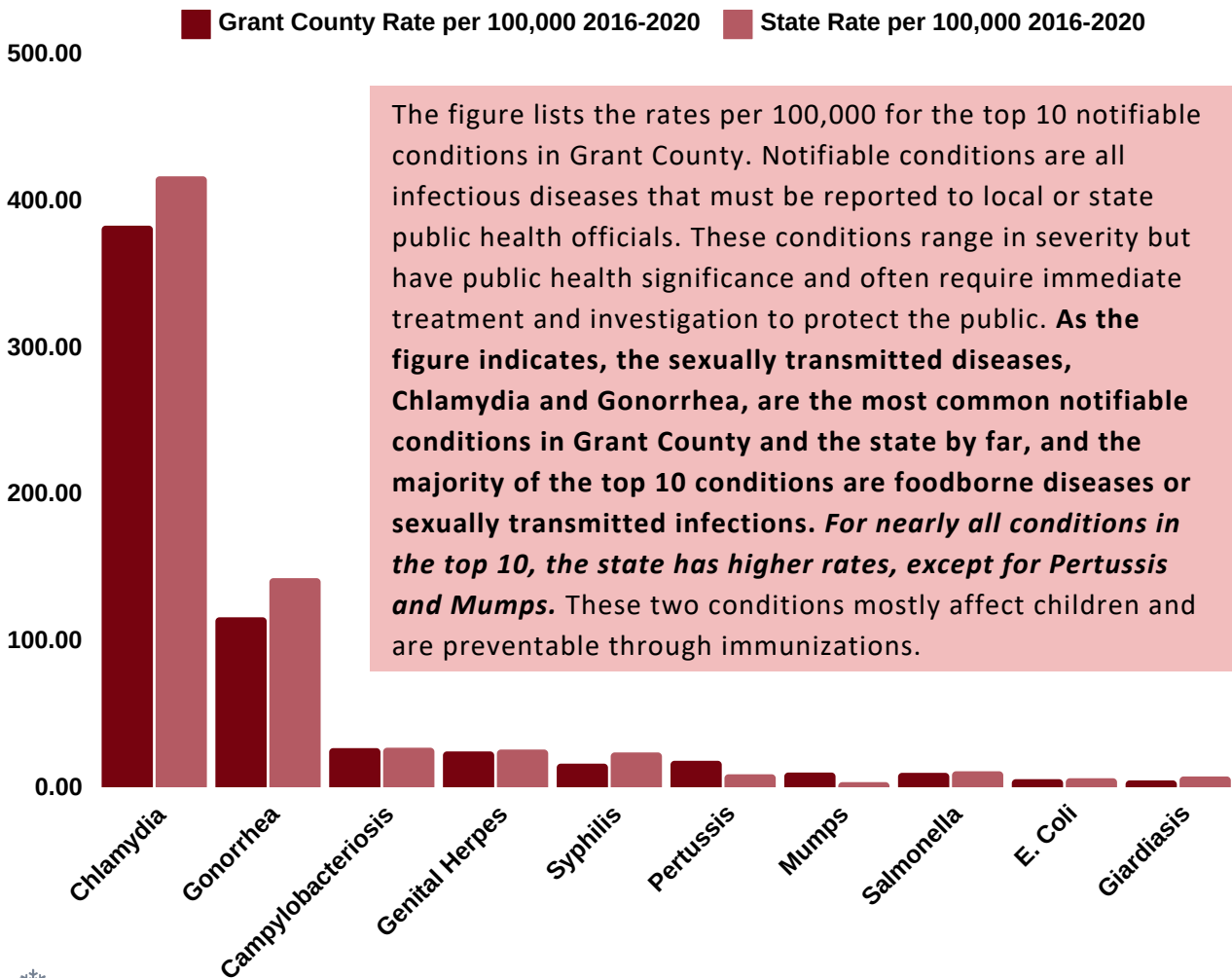
This figure of birth rate represents the number of births to women in a specific age range per 1000 women in that age range and can be an indicator of population growth. It shows that the birth rate for the teens, 30s and 40s have remained consistent or decreased, while birth rates for women in their 30s has increased. **Overall, for all age ranges, birth rates have decreased in the last 10 years. The state's birth rates have followed a similar decreasing trend but have consistently been lower than Grant County birth rates.**

1. Centers for Disease Control and Prevention. (2023a, April 26). Maternal mortality. Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>

INFECTIOUS DISEASE



NOTIFIABLE CONDITIONS



The figure lists the rates per 100,000 for the top 10 notifiable conditions in Grant County. Notifiable conditions are all infectious diseases that must be reported to local or state public health officials. These conditions range in severity but have public health significance and often require immediate treatment and investigation to protect the public. **As the figure indicates, the sexually transmitted diseases, Chlamydia and Gonorrhea, are the most common notifiable conditions in Grant County and the state by far, and the majority of the top 10 conditions are foodborne diseases or sexually transmitted infections. For nearly all conditions in the top 10, the state has higher rates, except for Pertussis and Mumps.** These two conditions mostly affect children and are preventable through immunizations.



TUBERCULOSIS CASES

Tuberculosis cases are measured as a rate of the number of new cases per 100,000 population and lower numbers are better. While the overall cases of Tuberculosis are low, with 4 new cases between 2012 and 2021 and an incidence rate of .47 per 100,000 residents, Tuberculosis still has a significant impact on the community. *Because Tuberculosis is contagious and the mortality rate for untreated Tuberculosis is 50%, each new case requires significant follow up and contact tracing to determine who else may have been exposed.*¹

4

new TB cases from 2012-2021

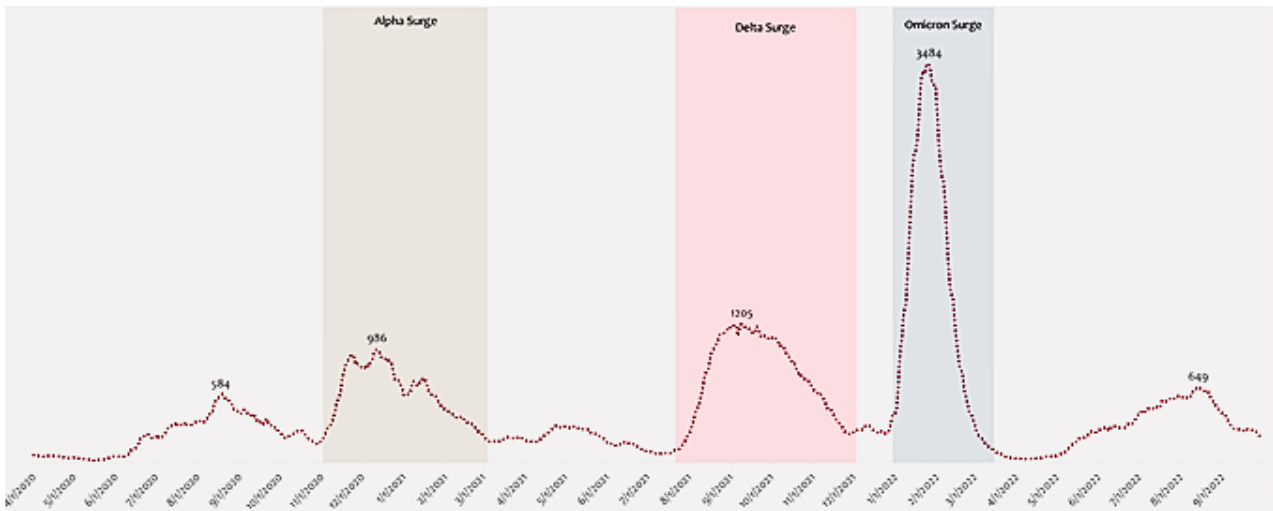
1. World Health Organization. (n.d.). 2.2 tb mortality. World Health Organization. [https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022/tb-disease-burden/2-2-tb-mortality#:~:text=The%20death%20rate%20for%20untreated,more%20delayed%20\(Section%202.1\).](https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022/tb-disease-burden/2-2-tb-mortality#:~:text=The%20death%20rate%20for%20untreated,more%20delayed%20(Section%202.1).)

INFECTIOUS DISEASE

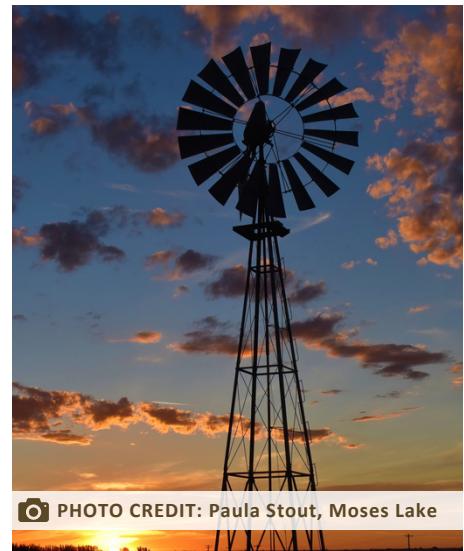
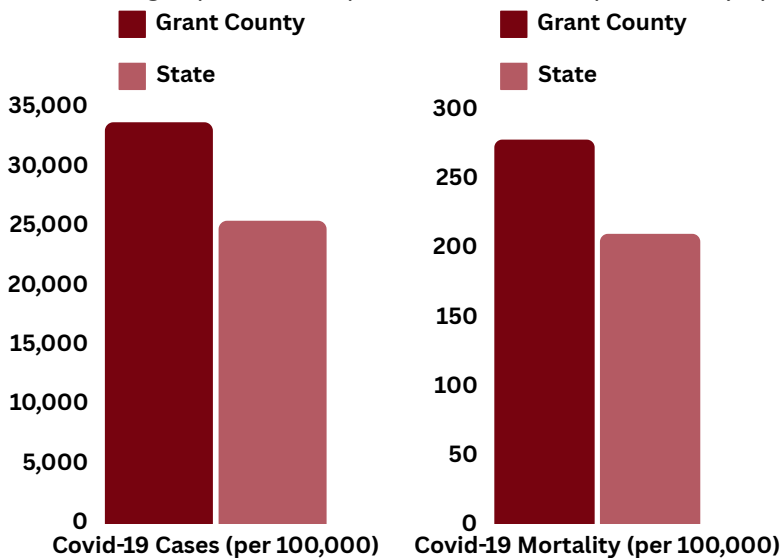


COVID-19 CASES AND MORTALITY

GRANT COUNTY 14-DAY INCIDENCE RATE (NEW CASES/14-DAYS/100,000)

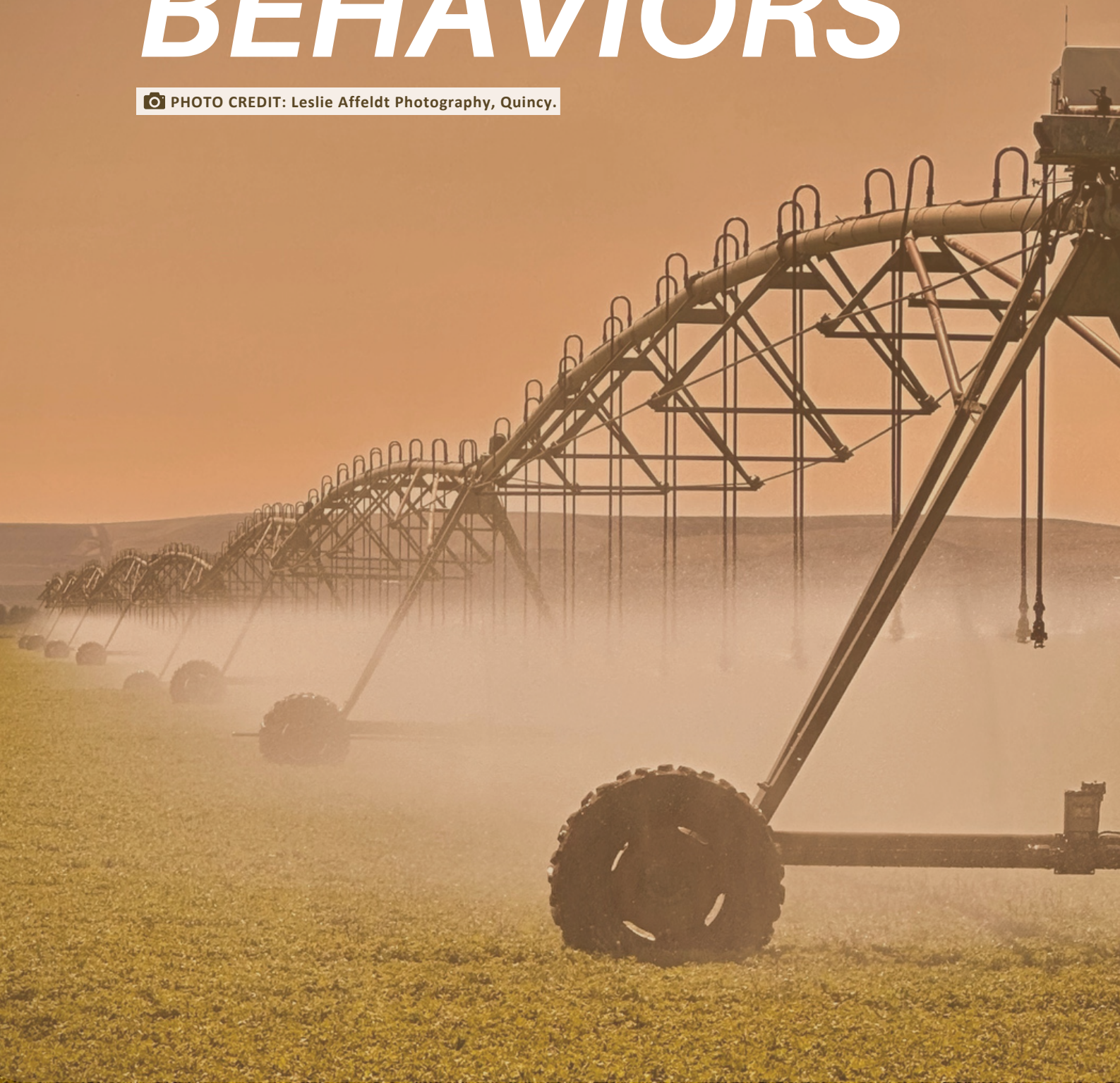


Grant County had a total of 33,011 reported COVID-19 cases from April 1, 2020, through September 2023; **this is a case rate of 33,777 per 100,000, and much higher than the state rate at 25,486 per 100,000. Out of these cases, 271 of these were fatal in Grant County. This disparity may be due to lower vaccinations in Grant County or less access to healthcare.** The highest number of new COVID-19 cases per 14-day period per 100,000 population was 3,484 at the height of the Omicron surge. Prior to this the peak incidence was 1,205 cases per 14-days per 100,000 population when the Delta variant was most prominent. A similar surge was seen during Alpha with a peak of 986 cases per 14-days per 100,000 population.



HEALTH BEHAVIORS

 PHOTO CREDIT: Leslie Affeldt Photography, Quincy.





YOUTH HEALTH

- Tobacco use
- Vaping
- Substance Use
- Alcohol Use
- Dietary Behavior
- Sexual Behavior
- Physical Activity
- Disconnected Youth
- Mental Health
- Bullying



UTILIZATION

- Prenatal Care
- Dental Care
- Diabetes
- Personal Doctor
- Health Insurance
- SNAP
- Medicaid
- Preschool Vaccination
- Youth Vaccination
- Vaccination Exemptions
- Flu Shots



ADULT HEALTH

- Alcohol Use
- Tobacco Use
- Physical Activity
- Dietary Behavior
- Mental Health
- Maternal Smoking
- Suicide
- Mental Health
- Alcohol Use
- Drug Use



CRIME AND SAFETY

- Crime

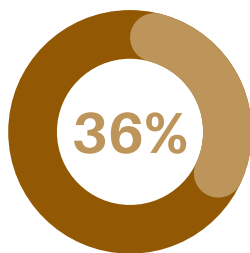
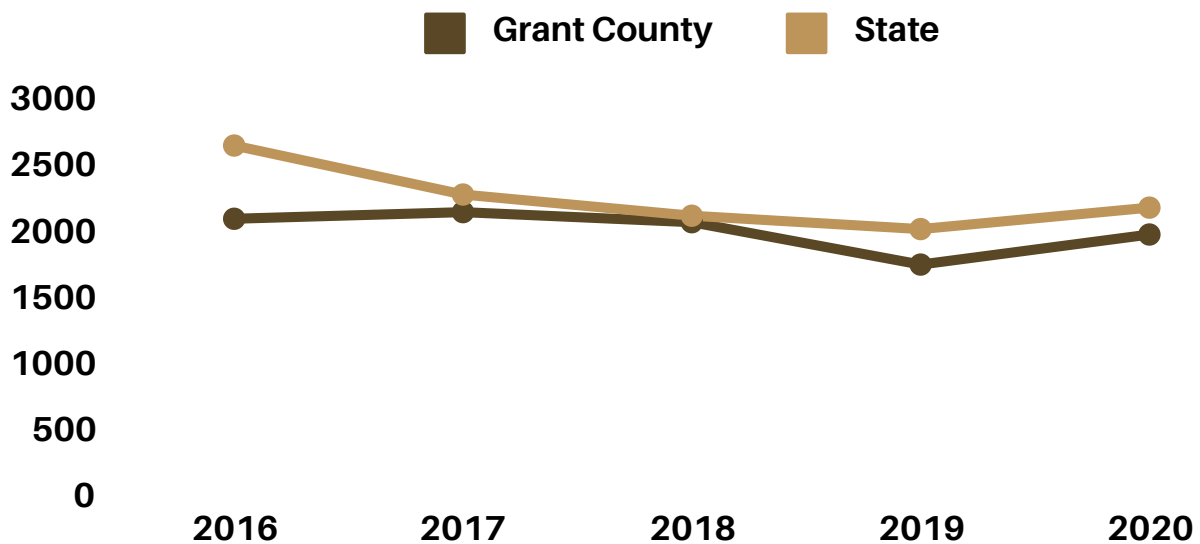
- The indicators in this section help to describe health behavior in Grant County, specifically highlighting youth health behavior, adult health behavior, healthcare and social assistance utilization, and crime activity.
- Survey/focus group: The community survey identified alcohol, tobacco, vaping, and other drug use as the biggest risky behavior that impacts community health. Not eating healthy and not exercising were the second and third most important risky behaviors impacting community health. Only 51% of respondents agreed or strongly agreed that their community was a good place to raise children, which could be indicative of youth health in Grant.
- Many of these health behavior indicators are self-reported which should be a consideration when interpreting and using the data. Specifically, the youth health behaviors of substance, tobacco, alcohol use etc. are taken from the healthy youth survey (HYS) with limited response in 2021, so 2018 data is used instead.



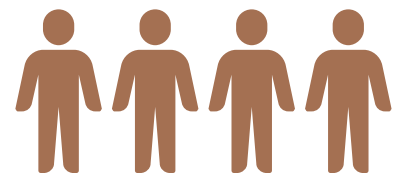
CRIME AND SAFETY

CRIME

Grant County saw a downward trend in the violent crime rate from 2016 to 2019 and then saw an increase from 1,749 per 10,000 population aged 18-39 in 2019 to 1,976 per 10,000 population aged 18-39 in 2020. **The Grant County violent crime rate has been lower than the state's violent crime rate since 2018.**



of community survey respondents agreed or strongly agreed that their community was a safe place to live



On average there are 4 homicides per year in Grant County



PHOTO CREDIT: Leslie Affeldt Photography, Quincy, WA.

YOUTH BEHAVIORS: SUBSTANCE USE



TOBACCO & VAPING

This is a metric made up of three measures: the percentage of 10th graders who report using (1) cigarettes and (2) smokeless tobacco in the last 30 days and (3) used an e-cigarette or vape pen in the last 30 days for any substance. Lower numbers are better. **In 2018 in Grant County 6.7% of 10th graders reported current cigarette use and 4.4% reported current smokeless tobacco use, higher than the state at 5% and 2.4% respectively; about 21.6% of Grant County 10th graders had used an e-cigarette or vape pen, comparable to the state estimate of about 21.4% in 2018.**

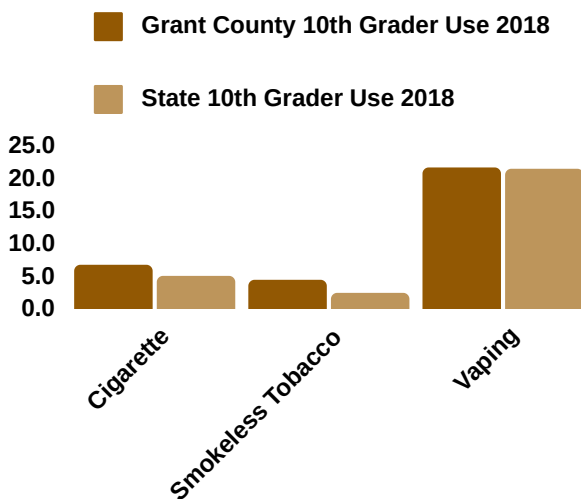
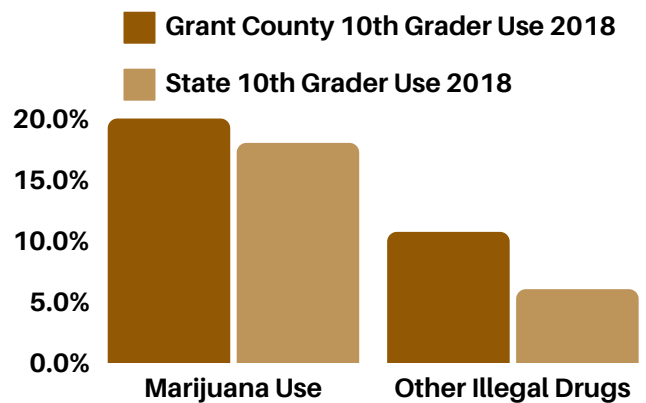


PHOTO CREDIT: DONNA CARAWAY. MOSES LAKE, WA.



SUBSTANCE USE

This metric is made up of two measures. The first measure is the percentage of 10th graders who report current (past 30 days) use of marijuana. The second measure is the percentage of 10th graders who report using all other illegal drugs. **Grant County's youth substance use is significantly higher than the state's.**



"We have a lot of overdoses. Highschool, there is nothing for them to do. Drug use and overdose is high."

-Focus Group Participant



ALCOHOL USE

This is a measure of the percentage of youth who report using alcohol in the past 30 days. Lower numbers are better. **In the 2018 survey, 28.1% of 12th graders reported using alcohol in the past 30 days, comparable to the state rate of 27.9%.**

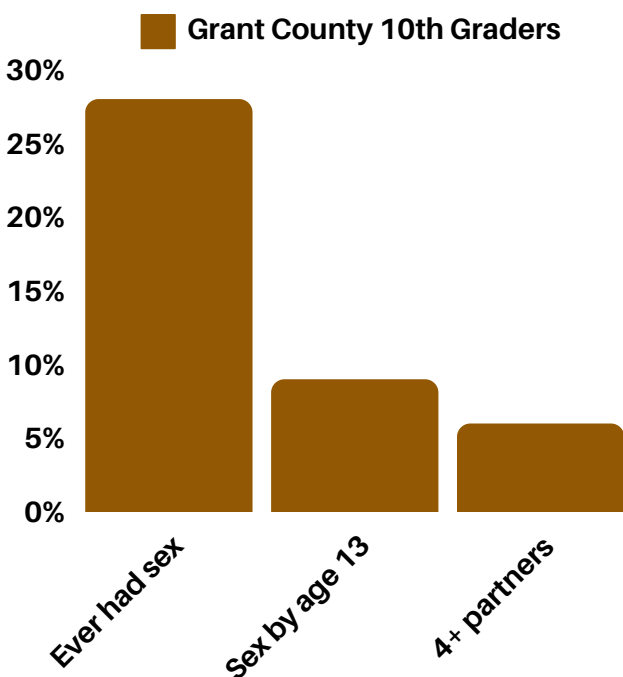


of 12th graders report using alcohol in 2018

YOUTH BEHAVIORS

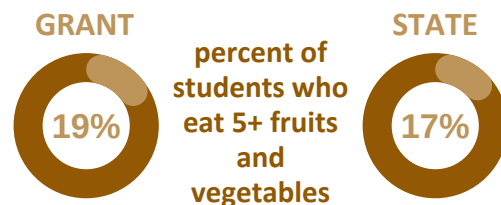
SEXUAL BEHAVIOR

This metric is made up of four distinct measures of 10th graders in 2018: (1) the percentage that have ever had sex, (2) the percentage that have had sex by age 13, (3) the percentage of that have had 4 or more sexual partners, and (4) the percentage that used a condom to prevent sexually transmitted diseases (STDs). *The only measure with a preferred directionality is condom use and higher numbers are better; Grant County has lower condom use than the state.*



DIETARY BEHAVIOR

This is a measure of the percentage of 10th graders who ate the recommended five or more servings of fruit and vegetables per day, with higher numbers being better. **Grant Country students eat more fruits and vegetables in 2018 than the state.**

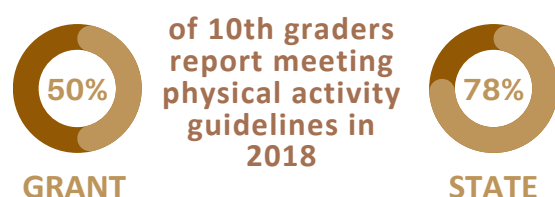


“I just wish we had something for the kids to do. Food banks with regular hours and openings. You can easily miss your meal.”

 Focus Group Participant

PHYSICAL ACTIVITY

This is a measure of the percentage of youth who did not meet physical activity recommendations of 60 minutes or more daily. In 2018, 77.2% of Grant County 10th graders did *not* meet recommended physical activity guidelines. **This is slightly better than the state average of 78.4%.**



YOUTH BEHAVIORS: MENTAL AND SOCIAL WELL BEING

SUICIDE

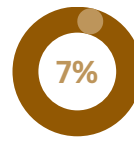
This is a measure of the percentage of 10th graders who reported considering suicide in the past year. In 2018 in Grant County, 21% of 10th graders reported considering suicide in the past year; that's 1 in 5. **The state has a slightly higher rate at 23% and both have had a significant increasing trend.**



1 in 5 youth in Grant County considered suicide in 2018

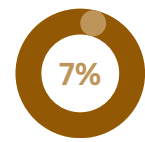
DISCONNECTED YOUTH

This is a measure of the percentage of youth aged 16-19 years old who are neither working nor going to school. This is an important indicator for youth well-being. **Grant County has less disconnected youth than the state in 2020.**



GRANT

of youth were disconnected between 2017-2021



STATE

BULLYING

This is a measure of the percentage of youth who report being bullied in last 30 days. Lower numbers are better. **Grant County youth in grades 6, 8, 10, and 12 report more bullying in the last 30 days compared to their peers across the state.** In 2018, 37% of 6th graders, 28% of 8th graders, 22% of 10th graders, and 20% of 12th graders reported current bullying in Grant County. Bullying appears to decline as youth age, but the effects of bullying can continue to have an impact on development even if it is no longer happening.

PERCENTAGE OF YOUTH WHO REPORT BEING BULLIED IN LAST 30 DAYS IN 2018

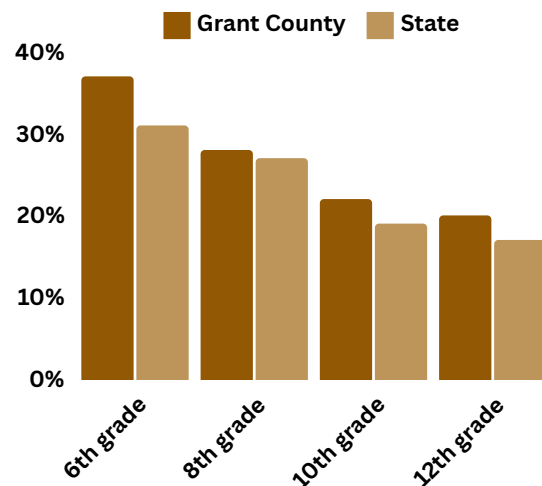
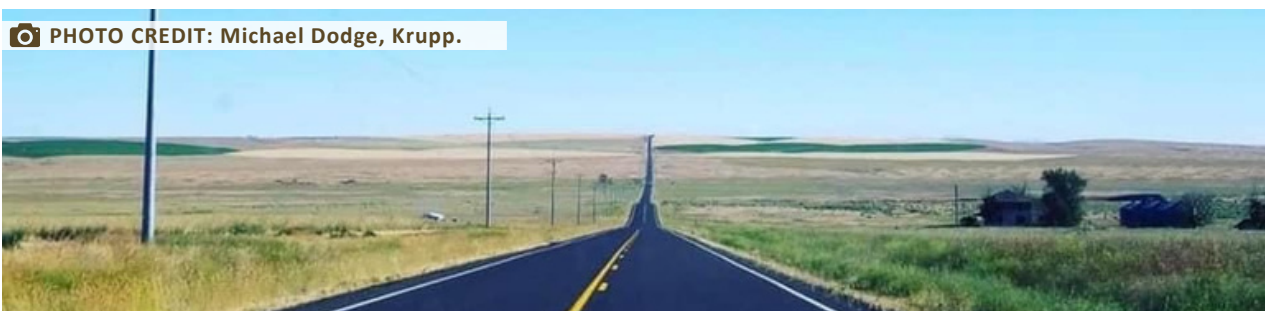


 PHOTO CREDIT: Michael Dodge, Krupp.



Grant County Breastfeeding Coalition



GRANT COUNTY BREASTFEEDING COLAITION

Formerly the Moses Lake Breastfeeding Coalition, has been actively involved in the community since January 2003 as part of the Healthy Community's Project from the CDC.

- Collaborates with various organizations, including Samaritan Hospital, Moses Lake Community Health Center WIC Nutrition Program, and Grant County Health District, to promote and support breastfeeding within the community.
- Part of The Breastfeeding Coalition of Washington State, consisting of 21 Washington Coalitions.
- Assisted Samaritan Hospital in the application process towards reaching Gold Status accreditation from Breastfeeding Friendly.
- Sponsors a yearly event to celebrate World Breastfeeding Week, showcasing the power of community involvement in raising awareness and normalizing breastfeeding.
- Sponsors an adequate baby feeding station at the Grant County Fair for the last 7 years, providing a cool, private, and clean place for lactating people to feed their babies during fair week.
- Conducting a community and provider breastfeeding survey to gather data on breastfeeding support needs in Grant County.



ADULT BEHAVIORS: CHRONIC DISEASE



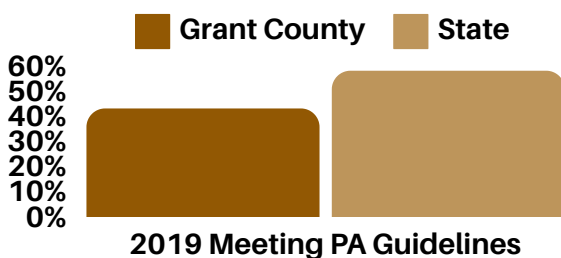
MATERNAL SMOKING

This is a measure of the percent of births where mothers reported smoking during pregnancy. Smoking during pregnancy can increase the risk of poor birth outcomes for the infant, such as preterm labor.¹ **Grant County has consistently had lower rates of maternal smoking than the state and continues to trend down, highlighting this health behavior as a strength.**



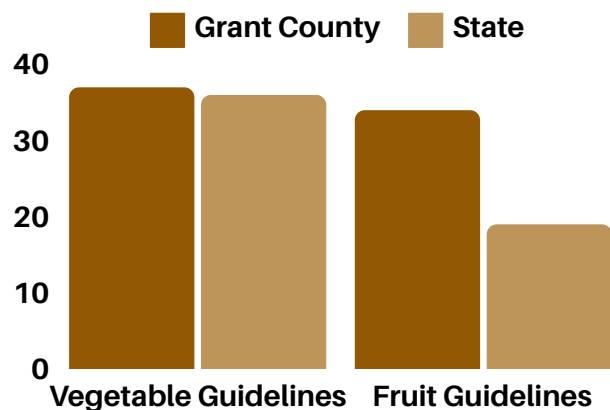
PHYSICAL ACTIVITY

This figure below measures the theorized proportion of county and state residents that currently meet activity guidelines: 150 minutes or more of physical activity a week. Physical activity is an important indicator for preventing heart disease and other chronic illness and can improve mental health. **The state (58%) has significantly more adults meeting these guidelines than Grant (43%).**



DIETARY BEHAVIOR

This indicator is made up of two measures. The first is a measure of the estimated percentage of adults that eat at least one serving of fruit per day. The second measure is the estimated percentage of adults who ate at least one serving of vegetables per day. These dietary habits help in the prevention of chronic disease. **Grant County has higher fruit (34%) and vegetable (37%) consumption than the state (19% and 36%) and the vegetable consumption has increased between 2017 and 2019.**



TOBACCO USE

This is a measure of the percentage of adults that report currently smoking tobacco products. Lower numbers are better. The adult smoking rate in Grant County in 2019 was **18%, significantly higher than the state at 12%.**



1. Centers for Disease Control and Prevention. (2020, April 28). Smoking during pregnancy. Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

Syringe Service Program



SYRINGE SERVICE PROGRAM (SSP)

Community-based programs that provide access to sterile needles and syringes for a 1-1 exchange, facilitate safe disposal of used syringes, and provide and link to other important services and programs.

- The Grant County Health District’s Syringe Service Program (SSP) was established in 2018 to prevent the spread of infectious diseases among injection drug users. Since then, GCHD has tripled in size and operates at 3 different sites across the county in identified areas of need.
- GCHD’s SSP provides a safe space for those who choose to use drugs while simultaneously protecting the public by reducing exposure to communicable diseases by accidental needle sticks. This SSP also provides needed supplies: hygiene material, weather-appropriate clothing, safe injection kits, wound care kits, condoms, naloxone and referrals to other social services locally.
- Syringe services programs can benefit public health and safety by reducing needle-stick injuries (which can lead to transmission of HIV or viral hepatitis), complications and overdose deaths, without increasing illegal injection of drugs or criminal activity.
- GCHD’s SSP collaborates with social service providers and community organizations, gaining the trust of the drug-user population and law enforcement, and has had clients referred to the program from various organizations due to its success in getting clients the services they need.

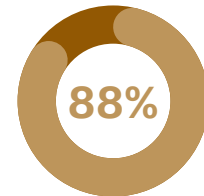
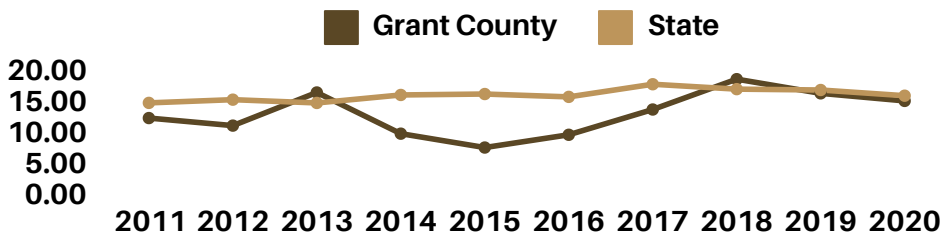


<https://granthealth.org/overdose-prevention-awareness/>

ADULT BEHAVIORS: MENTAL HEALTH

SUICIDE

This is the age-adjusted suicide death rate per 100,000 population. Suicides have lasting impacts across a community and are preventable.¹ The figure shows the state and county saw a similar slight increase in rate of suicide per 100,000 population from 2011 to 2020, and then a slight decrease from 2018 to 2020; **overall, the Grant County suicide rate is on par with the state.**



OF SURVEY
RESPONDENTS
SAID THAT
BEHAVIORAL
HEALTH
PROBLEMS WERE
A TOP 3 HEALTH
PROBLEM IN
GRANT COUNTY

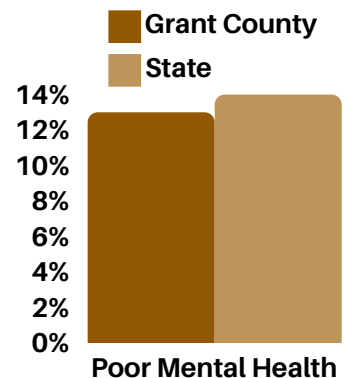
“MENTAL HEALTH IS CONSIDERED A SHAME, IT IS HARD TO GET PEOPLE TO OPEN UP. OUR COMMUNITY HAS BEEN SHOCKED BY THE NUMBER OF SUICIDES BY VERY WELL-KNOWN PEOPLE THAT HAVE DECIDED TO END THEIR LIVES AND WE KEEP THINKING HOW DO WE COME TOGETHER.”
-Focus Group Participant

PHOTO CREDIT: Michael Dodge, Trinidad.



MENTAL HEALTH

This is an estimate of the percentage of adults who report poor mental health. Poor mental health is defined as experiencing more than 14 poor mental health days in a month. Lower numbers are better. **Both the state and the county appear to have a slight upward trend from 2012 to 2020, meaning mental health is getting worse. While Grant County appears to have better mental health than the state, survey respondents believe it to be a top health problem in the community.**



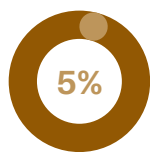
¹ Centers for Disease Control and Prevention. (2023c, August 10). Suicide data and statistics. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>

ADULT BEHAVIORS: SUBSTANCE USE



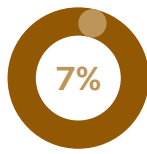
ALCOHOL USE

This is a measure of the percentage of adults that report heavy drinking, defined as adult men having 2 or more drinks per day or adult women having 1 or more drinks per day, with the goal to have lower numbers. Heavy alcohol consumption can put individuals at greater risk of cancer, heart disease and stroke.¹ **Since 2013, Grant County has consistently had lower rates of heavy alcohol consumption than the state.**



of survey respondents said they heavily drank between in 2016-2020

Grant



State

“IT DOESN'T MATTER WHO YOU THINK WOULD BE DOING THESE DRUGS. IT DOESN'T MATTER COLOR, HOME LIFE IT ISN'T WHAT YOU THINK”

-Focus Group Participant



DRUG USE

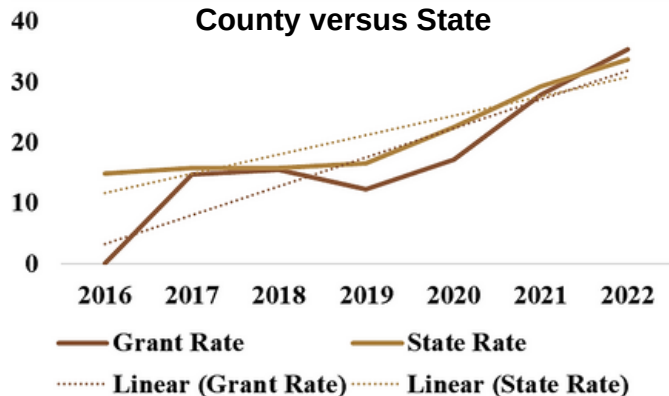
These two indicators are drug overdose deaths and drug hospitalizations per 100,000 population and based on ICD-10 codes, from the 2016-2020 time period. **As the graphs indicate, the state had higher rates of drug overdoses and deaths during this time period, but Grant County has had increasing trends for both since 2020, possibly due to the Covid-19 pandemic. The dotted lines are trend lines.**



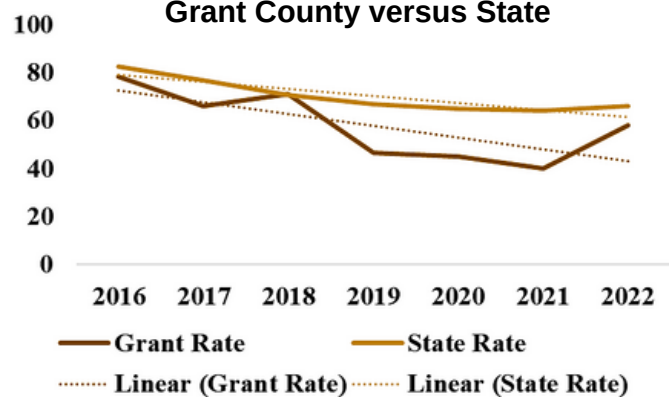
of respondents said "Using Alcohol, Tobacco, Vaping, and Other Drugs" was a top 3 "health problem" in Grant County.

Substance use was also pointed out as being a top concern in the community survey and focus groups, for both youth and adults. Substance use is a preventable chronic disease that impacts one in 7 people over age 12 and should be a primary focus for prevention work in Grant County.

Any Drug Mortality per 100,000 Grant County versus State



Any Drug Hospitalization per 100,000 Grant County versus State



1. Centers for Disease Control and Prevention. (2022a, July 25). Alcohol and other substance use. Centers for Disease Control and Prevention. <https://www.cdc.gov/alcohol/fact-sheets/alcohol-and-other-substance-use.html>

UTILIZATION: HEALTHCARE



PRENATAL CARE

This is a measure of the percentage of births where the mother received less than 80% of the expected prenatal care visits. **Grant County has consistently had lower rates of prenatal care than the state average since 2012, with little to no progress.**

Rates of Prenatal Care 2011-2020

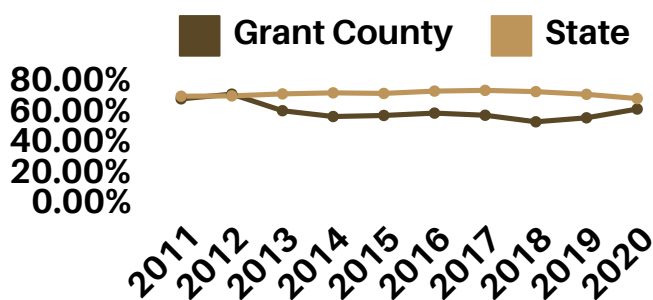
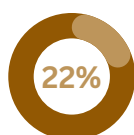


PHOTO CREDIT: Doug Sherman, Warden.



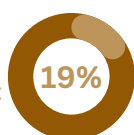
DENTAL CARE

This measure is the percentage of youth (10th graders) and adults who have not had a dental visit in the last 12 months, and lower numbers are better. Dental visits are important in preventing further health complications. **Grant County has less adults and youth having regular dental care than the state.**

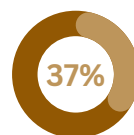


of Grant County 10th graders in 2021 report not having a dental visit in the past year.

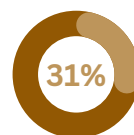
GRANT



STATE

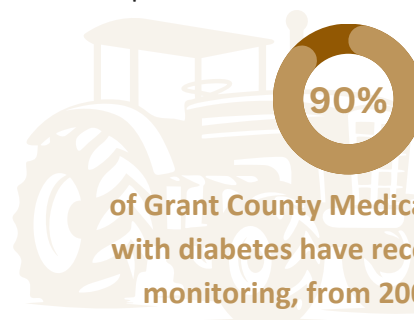


of Grant County adults in 2020 reported not having a dental visit in the past year.



DIABETES MONITORING

This measure helps us understand how many Medicare beneficiaries in our county are annually HbA1c testing. This measure is a vital aspect of diabetes management, assisting individuals with diabetes and their healthcare providers in identifying when they might face elevated risk of diabetes-related complications.



of Grant County Medicare enrollees with diabetes have received annual monitoring, from 2008 to 2019

UTILIZATION: HEALTHCARE

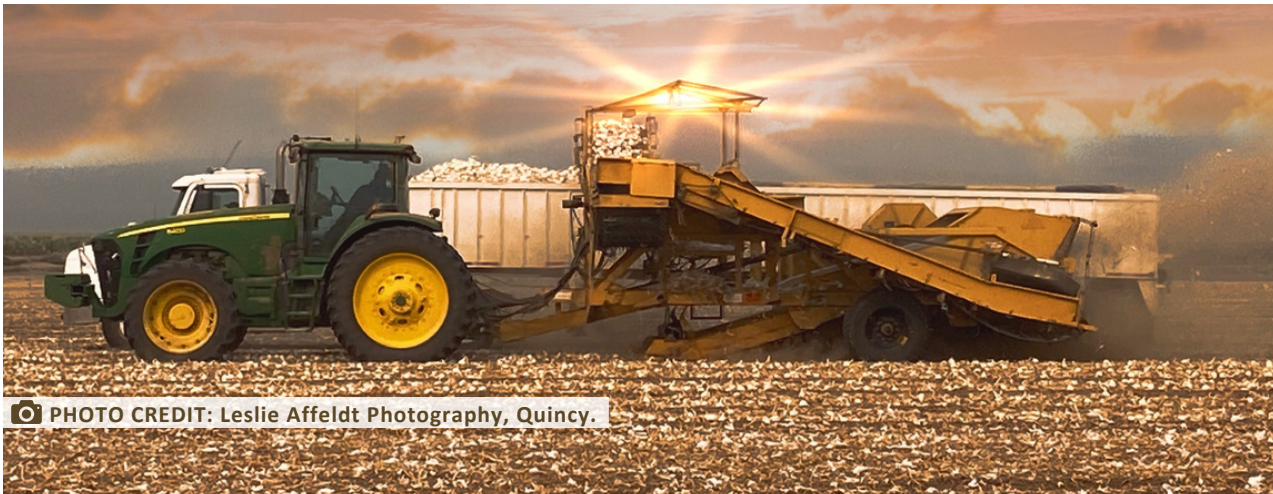
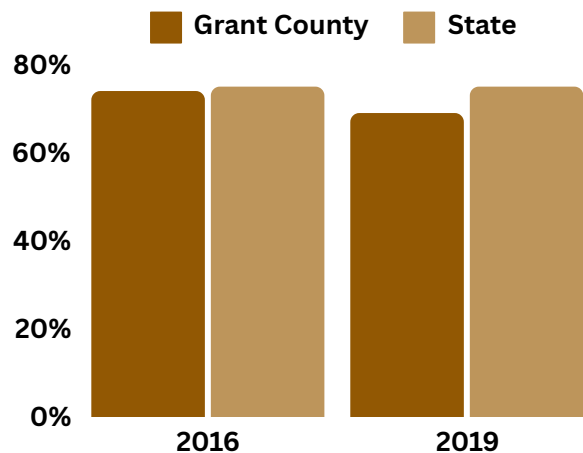


PHOTO CREDIT: Leslie Affeldt Photography, Quincy.



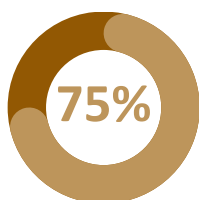
PRIMARY CARE

This is a measure of the percentage of adults who report seeing a healthcare provider in the last 12 months and can be an important part of disease prevention. **Grant County consistently underperforms in this metric compared to the state, with slightly decreasing rates.**



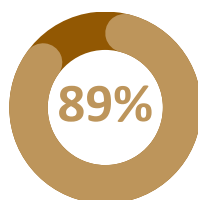
HEALTH INSURANCE

This is a measure of the percentage of adults who currently have medical insurance, and higher numbers are better. Health insurance coverage contributes to better healthcare access which can help to prevent and treat disease. **Grant County has consistently had significantly lower health insurance than the state, around 75% compared to 89% in 2018.**



GRANT

of adults have health insurance



STATE

“THE PROBLEM IS INSURANCE, SOMETIMES PEOPLE ARE COVERED BY THE STATE AND THE CLINICS DO NOT ACCEPT THIS”

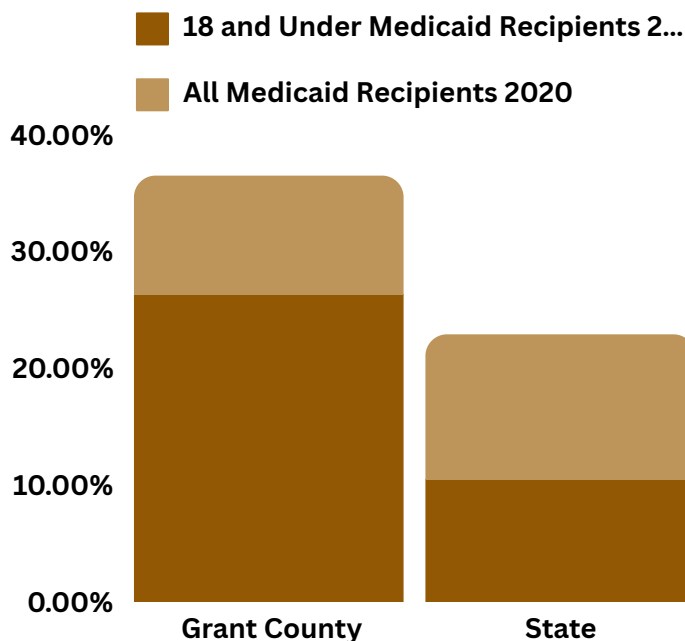
-Focus Group Participant



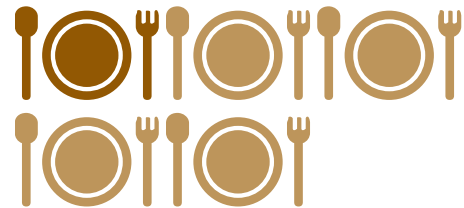
UTILIZATION: SOCIAL ASSISTANCE

MEDICAID

This measure presents the percentage of the population that receives Medicaid benefits. Lower numbers are better, if uninsurance rates don't increase. *The number of eligible clients has been rising, and in 2020 36.5% of Grant County residents were receiving Medicaid benefits. 72% of these Medicaid beneficiaries were 18 or under. The state percentage of Medicaid users was much lower at 22.9% and 46% of the users were 18 or under.*



SNAP UTILIZATION



NEARLY ONE IN FIVE GRANT COUNTY RESIDENTS PARTICIPATE IN SNAP BETWEEN 2016-2020

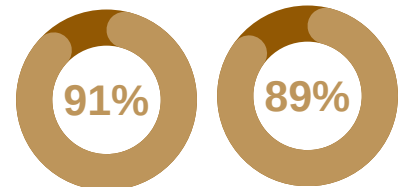
This is a measure of the percentage of residents participating in basic food programs also known as SNAP or food stamps. While lower measures of food insecurity are better, that does not mean that lower numbers of food program participation are better. *Grant County has had consistently higher rates of participation in basic food programs compared to the state as a whole.* From 2006-2010 time period to the 2011-2015 time period grant county saw a rise in food program participation from 18% to 21%. This was followed by a decrease back to 18% in the 2016-2020 time period. The state saw a similar trend as the county but the increase from 2006-2010 to 2011-2015 was greater and declined to previous levels in the 2016-2020 time period.

UTILIZATION: VACCINATION



KINDERGARTEN VACCINATIONS

This is a measure of the percentage of Kindergartners who are up to date on all required vaccinations. Higher numbers are better and help to protect those who receive immunizations as well as those who are unable to receive immunizations. Immunization against the following are required to be considered up to date: Chickenpox (Varicella), Mumps, Diphtheria, Pneumococcal disease, German measles (Rubella), Polio (Poliomyelitis), Haemophilus influenzae type b disease (Hib), Tetanus, Hepatitis B, Whooping cough (Pertussis), Measles (Rubeola). **Grant County has higher rates of required vaccinations for kindergarteners than the state.**



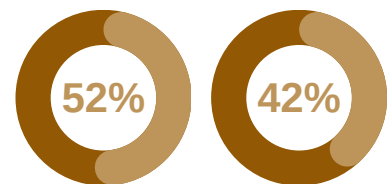
GRANT STATE

of Kindergarteners were up to date on all required vaccinations in 2021



YOUTH VACCINATIONS

This metric measures the percent of adolescents (age 13-17) who are up to date on their 1:1:Up-To-Date (UTD) vaccination series. Higher numbers are better. The 1:1:UTD series consists of 1+ doses of Tdap vaccine (protects against tetanus, diphtheria, and pertussis), 1+ dose of MCV vaccine (protects against meningococcal infections) and up to date for HPV vaccine (protects against human papillomavirus). **Grant County has consistently outperformed the state by nearly 10% in the last few years and the trends have been increasing significantly, yet ideally this percentage would be higher to protect the most vulnerable in our community.**



GRANT STATE

of adolescents were up to date on their UTD vaccination series in 2021



PHOTO CREDIT: Leslie Affeldt Photography, Quincy.

UTILIZATION: VACCINATION



VACCINE EXEMPTIONS



GRANT

of K-12 students have a personal vaccine exemption



STATE

This is the percentage of students enrolled in public schools who have a personal exemption from receiving immunizations. Lower numbers are better. ***In the 2021-2022 school year, 2.1% of Grant County public school students had a personal exemption to vaccinations. This is lower than the State.***



ADULT FLU SHOTS



GRANT

of adults got their flu shot in 2018

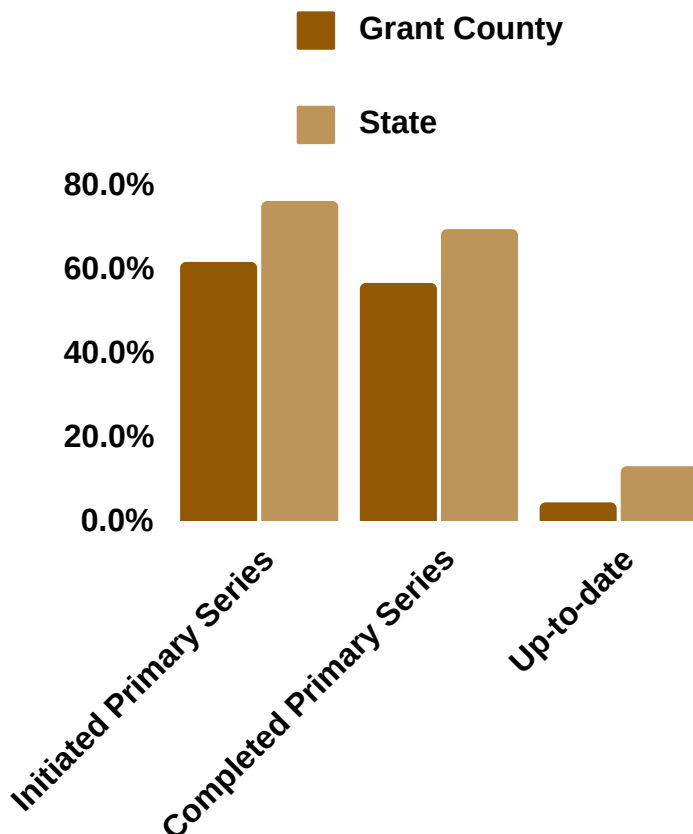


STATE

This is the percentage of *adults* who got a flu immunization in the last 12 months. Higher percentages are better. ***27% of Grant County adults got their flu shot in 2018, which is lower than the state at 38%.***



COVID-19 VACCINATIONS



This figure shows the percentage of Grant County residents who have either initiated their primary Covid-19 vaccination, completed their primary Covid-19 vaccination or are up-to-date fully on their Covid-19 vaccinations, versus the state levels overall. Higher percentages of vaccinations are better to help reduce the burden on local healthcare facilities and protect vulnerable members of our community. ***This figure indicates that the county is behind on vaccinations compared to the state. This may be one cause for the higher Covid-19 case rate and mortality rate in the county.***

HEALTH ENVIRONMENT

 PHOTO CREDIT: Toni Forsgren, Banks Lake.





CLIMATE HEALTH

- Air Quality
- Smoke days
- Excessive heat and drought
- Food and Waterborne diseases



ACCESS

- Access to healthcare providers
- Affordability of healthcare
- Food Insecurity
- Broadband access
- Transportation access
- Recreation access
- Housing cost burden
- Homelessness



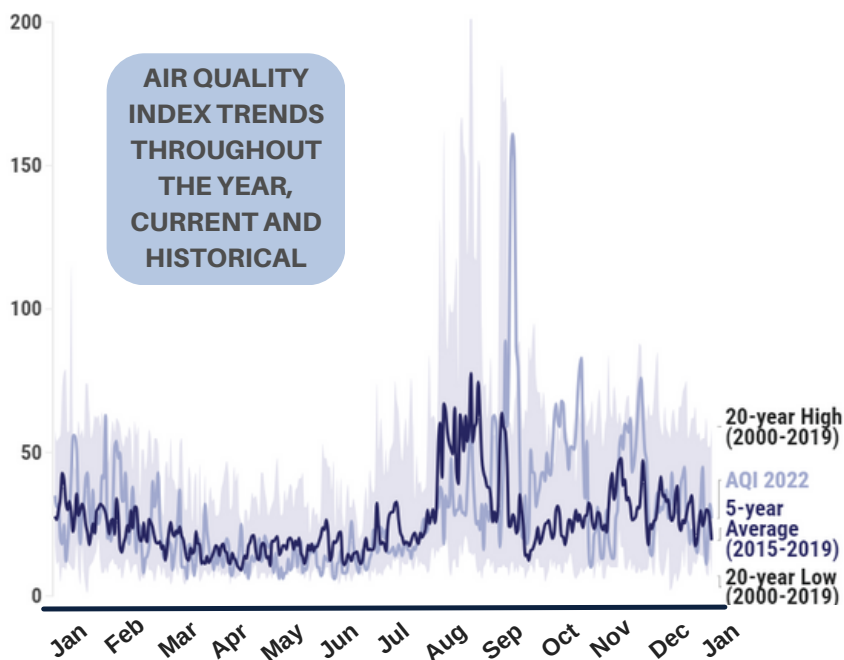
- The indicators in this section help to describe the health environment, both natural and built which can often be an upstream cause of health behaviors and health outcomes listed in this report.
- Survey/focus group: In the community survey, respondents were asked three most important factors for a “Healthy Community?” and 66% chose access healthcare, 35% chose affordable housing, and 31% chose affordable healthy foods. For healthcare access, residents expressed difficulty in access due to lack of transportation, staffing shortages, and lack of culturally appropriate care. These were just some of the most common responses that relate to the built environment in Grant County and that can contribute to improved public health in the community.

CLIMATE HEALTH: SMOKE AND AIR QUALITY



AIR QUALITY AND SMOKE

The Air Quality Index (AQI) is a tool that uses numbers to indicate how polluted the air is. It has four ranges: 0-50 (good), 51-100 (moderate), 101-150 (unhealthy for sensitive groups), and 151-200 (unhealthy for all groups). These numbers help us understand the potential long-term risks of breathing in polluted air. Breathing polluted air over time, such as pollution caused by wildfire events, can harm our lungs and hearts, increasing the risk of conditions like asthma.



This figure shows historical AQI trends throughout the year from the last 20 years, including the 20-year low, 20-year high, and 5-year average for AQI. ***This indicates that the worst air quality tends to occur between August and October. This figure also demonstrates that the AQI in 2022 was much higher than average during the peak months.***

In Moses Lake between 2009 and 2015 there were on average 44 smoke days per year. Between 2016 and 2020 there were on average 55 smoke days per year. ***On average this represents a 24% increase in smoke days, or 11 extra days with smoke since 2009.***



PHOTO CREDIT: Paula Zanter - Stout, Potholes.

1. Centers for Disease Control and Prevention. (2023b, May 1). Air Quality. Centers for Disease Control and Prevention. <https://www.cdc.gov/nceh/features/air-quality-awareness/index.html>

CLIMATE HEALTH: EXCESSIVE HEAT AND DROUGHT



EXTREME HEAT

ANNUAL DAYS WITH EXTREME HEAT 2000

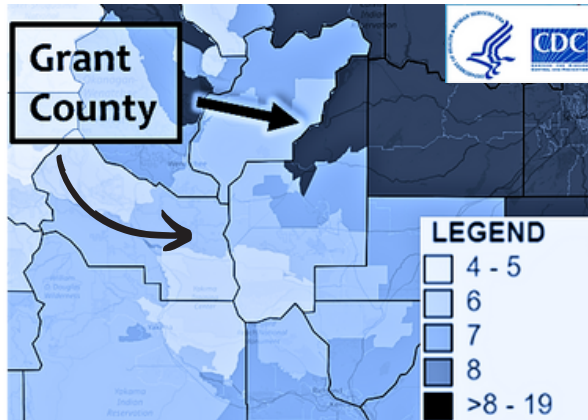


Image source: <https://ephtracking.cdc.gov/DataExplorer/>

ANNUAL DAYS WITH EXTREME HEAT 2021

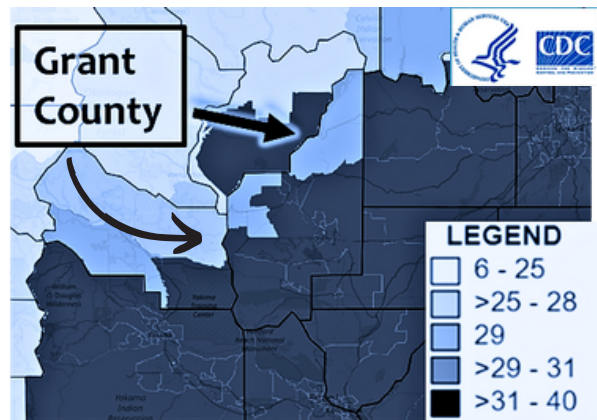


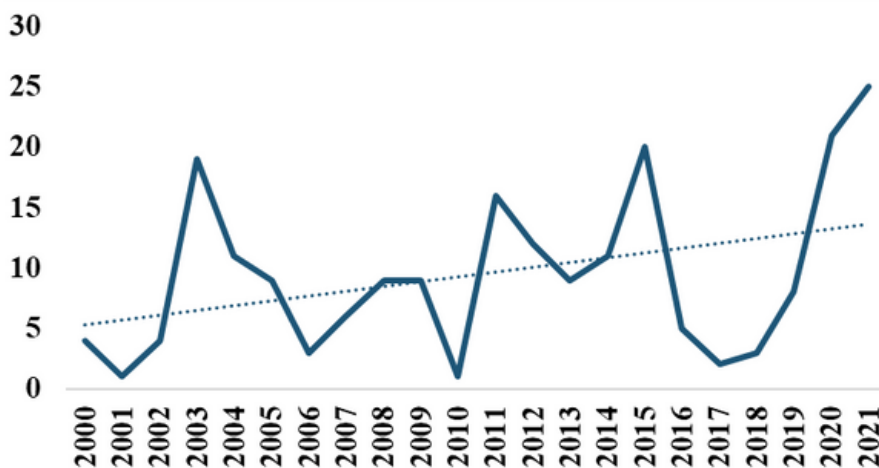
Image source: <https://ephtracking.cdc.gov/DataExplorer/>

The maps above show the annual heat days between May-September, in the 90th percentile of temperature from 1979 to 2019. Lower numbers are better, as extreme heat can lead to wildfire risk, greater risk of heat stroke and other heat related illnesses, and more volatile growing seasons in agriculture. ***The maps show this data by census tract and indicate that in 2021 all census tracts in Grant County experience at least 29 days above the 90th percentile heat, as compared to in 2000 where most census tracts experienced 8 or less days of extreme heat.***¹



DROUGHT

ANNUAL WEEKS PER YEAR WITH SEVERE DROUGHT CONDITIONS



The trend graph to the right indicates an increasing trend in annual weeks per year of severe drought in Grant County.

Increasing drought and extreme heat conditions can negatively impact other health outcomes as well as our food and water systems here in Grant County.

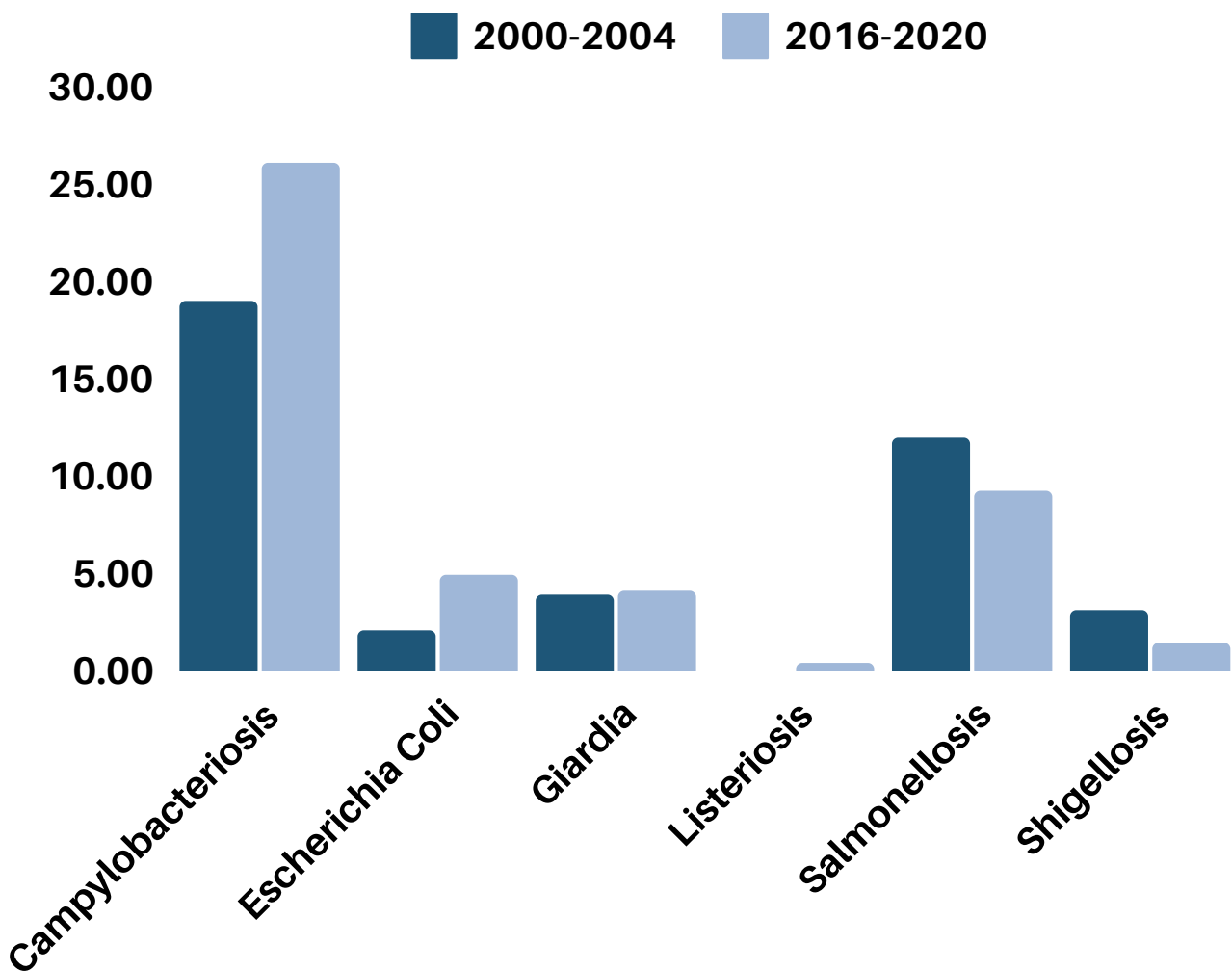
¹ Centers for Disease Control and Prevention. (2023e, September 12). Extreme heat. Centers for Disease Control and Prevention. <https://www.cdc.gov/disasters/extremeheat/index.html>

CLIMATE HEALTH: ZONOTIC & FOODBORNE DISEASES



FOOD & WATERBORNE DISEASES

This metric is made up of six individual rates of new cases per 100,000 population for the following diseases: campylobacteriosis, Escherichia coli (E. coli), giardiasis, listeriosis, salmonellosis, and shigellosis, and lower numbers are better. The figure below indicates that campylobacteria, E. Coli, Giardia, and Listeriosis, 5-year average cases have increased since 2000. These infections are all zoonotic, meaning they can be passed between humans and animals. ***Importantly, zoonotic diseases are increasingly affected by climate change as shifts in temperature and ecosystems can change the behavior of animal hosts and vectors, leading to changes in disease transmission patterns which can make humans sick.***



Cyanobacteria Surveillance by Citizens, Users, and Managers (CSCUM)



HEALTHY LAKES TRACKER PROGRAM

In 2023, we launched the Healthy Lakes Tracker program in partnership with the Columbia Basin Conservation District, placing significant emphasis on the involvement of dedicated volunteers.

- Grant County commonly deals with toxins in its bodies of water, produced by harmful algal blooms (HAB) that can cause health issues. Handling harmful algal blooms relies on complaints rather than regular monitoring.
- In recent years, the lake experienced extended "Warning Advisory" periods due to elevated toxin levels with over and over 60 days in 2023.
- Currently in its pilot phase at Moses Lake, our objective is to extend the program to Potholes Reservoir next year and gradually encompass more lakes as the initiative expands.
- Committed volunteers play a crucial role by collecting observations on a weekly basis, assessing the prevailing conditions in six advisory zones and 13 predetermined observation points. The data they gather is then uploaded to a publicly accessible portal, **empowering visitors to make well-informed decisions regarding their recreational activities on Moses Lake.**



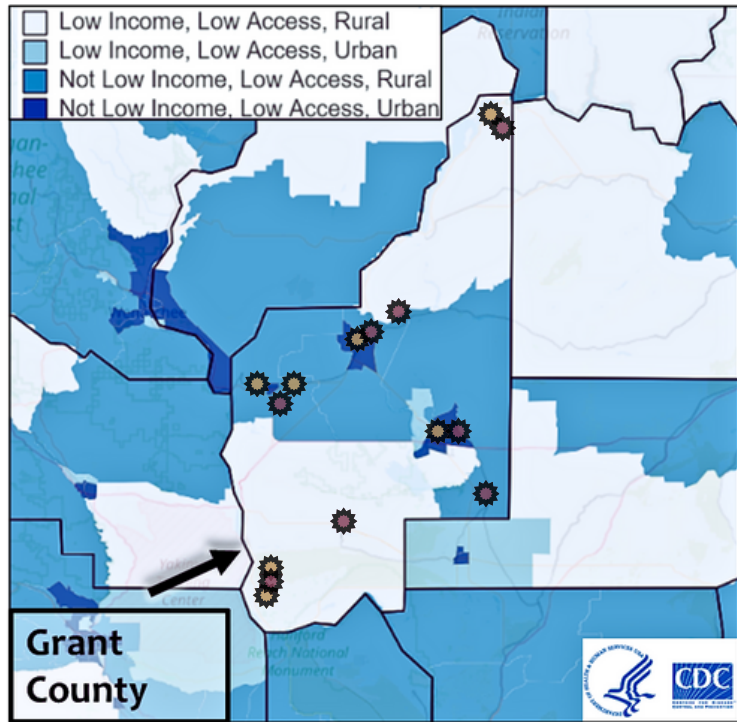
<https://granthealth.org/blue-green-algae-monitoring/>

ACCESS: FOOD



FOOD SYSTEM

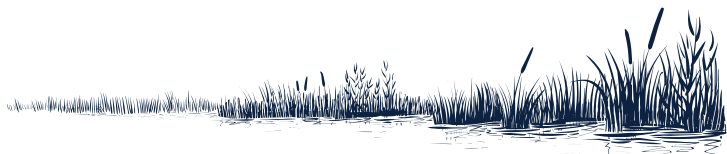
Access to healthy foods can improve nearly all aspects of an individual's health, and **31% of the survey respondents agreed that food access should be a top 3 priority** to improve the health of Grant County. This figure below depicts a map of food access (measured at 1 mile for urban and 10 miles for rural) and income by census tract in Grant County, with locations of farmers markets and food banks in the county. The Moses Lake Farmers Market is the only market location in Grant County that participates in SNAP Market Match for SNAP participants. *As seen on the map, rural north Grant County and south Grant County have the lowest income and access to food, making them possible food deserts.*



<https://ephtracking.cdc.gov/DataExplorer/>

★ LOCATIONS OF FARMERS MARKETS WITHIN GRANT COUNTY

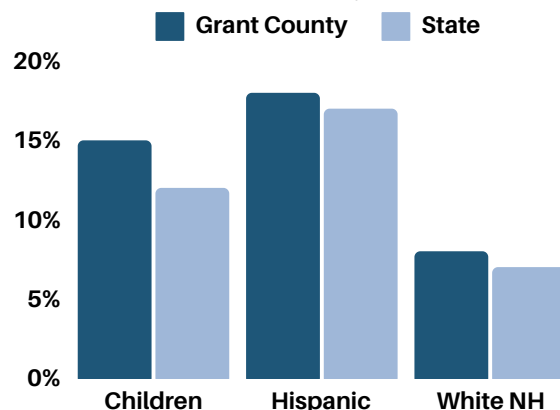
★ LOCATIONS OF FOOD BANKS/PANTRIES WITHIN GRANT COUNTY



FOOD SECURITY

The USDA defines food insecurity as a lack of consistent access to enough food for every person in a household to live an active, healthy life. Food security can be an important indicator for the overall local food system. *Grant County has lower food security for Hispanic and white non-Hispanic, and much lower for children. Additionally, within Grant County, children and Hispanic/Latino populations experience the worst food insecurity, as seen in the figure.*

PERCENT OF FOOD INSECURE BY DEMOGRAPHIC, 2018

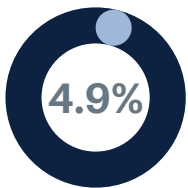


ACCESS: BUILT ENVIRONMENT



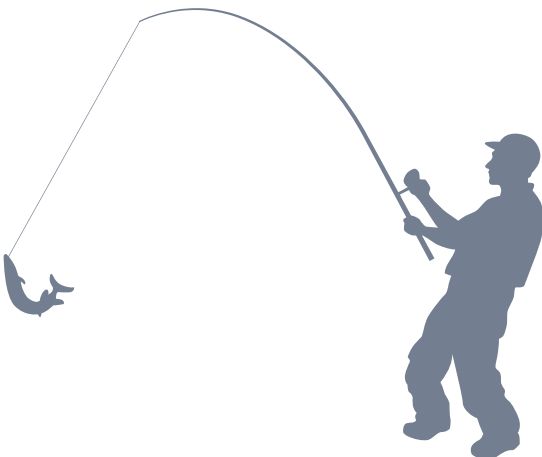
TRANSPORTATION

Grant County is a geographically large area that has resources concentrated in the larger city areas of the county. In order for people to be able to access the services, they often need some form of transportation. Grant County also currently has limited public transportation infrastructure. This means most residents must rely on private vehicles for primary transportation needs.



of Grant County households *did not have a personal vehicle* in 2020

In 2020, it was estimated that 4.9% of Grant County households did *not* have a personal vehicle. This is equivalent to approximately 1,568 households. This can contribute to lack of access to necessary health care, nutritional needs, and recreation access, among others.



RECREATION ACCESS

This is a measure of the percentage of the population who live within 1/2 mile of a park, or within 1 mile of a recreation facility in an urban area or 3 miles in a rural area. Recreation access can contribute to a more active lifestyle and improved health and quality of life for residents. **Grant County has less recreation access than the state in 2022.**

GRANT



of residents with adequate access to locations for physical activity

STATE



PHOTO CREDIT: Leslie Affeldt Photography, Frenchman Coulee.



ACCESS: HEALTHCARE



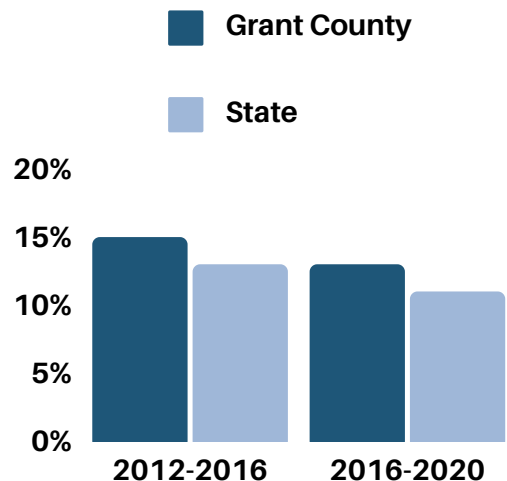
ACCESS TO HEALTHCARE

The ratio of physicians to residents in 2020 for Grant County was 1 to 75.47 and the ratio of dentists to residents in 2020 was 1 to 41.26. Further, 15.7% of Grant County residents live in a geographic HPSA for primary care, as designated by HRSA, in Mattawa-Royal City Census County Division. In order to meet the needs of the current population in this area, there would need to be an additional 3 full-time primary care providers. **Additionally, 100% of Grant County residents live in a mental health HPSA; an additional 4.2 FTE mental health providers are needed to meet the current patient to provider ratio for Grant County;** 83.2% of Grant County residents live in a low-income primary care HPSA and requires an additional 4.76 primary care providers. There is also a dental health HPSA for low-income, homeless, and migrant farmworker populations in Grant County. **This data indicates that healthcare access should be focused on dental health and mental health, as well as primary care, and that low income and migrant communities, as well as those in Mattawa-Royal City region, who have inequitable access to necessary healthcare.**



AFFORDABILITY

This is a measure of the percentage of adults who reported being unable to obtain medical services due to costs. Lower numbers are better. **The figure to the right indicates that Grant County has had decreasing rates of people not seeking care due to cost yet is still higher than the state between 2012 and 2020.**



ACCESS: CONNECTIVITY AND COMMUNITY



BROADBAND ACCESS

High speed internet access is an important factor in community connectedness and can influence how accessible information and communications are to the populous. In addition, internet access can also factor into how easily community members are able to access healthcare, telehealth services, and other community resources. *In 2020, it was estimated that 85.2% of Grant County residents had access to high-speed internet of some form, compared to 90.1% at the state.*

BROADBAND ACCESS MAP

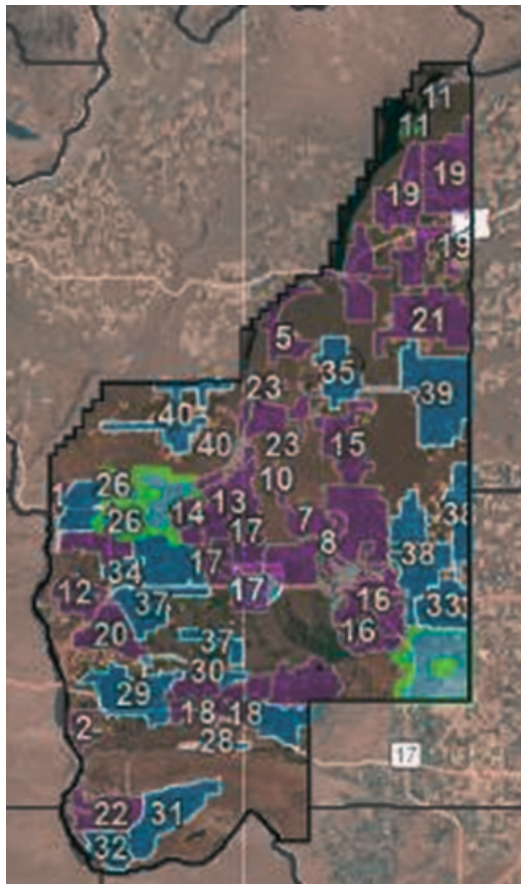
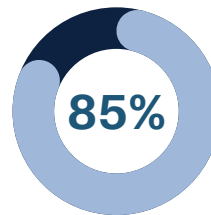
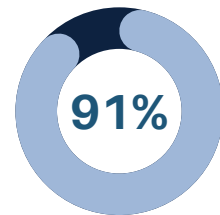


Image source: <https://www.grantpud.org/getfiber>

GRANT



STATE



of residents that have access to high-speed internet

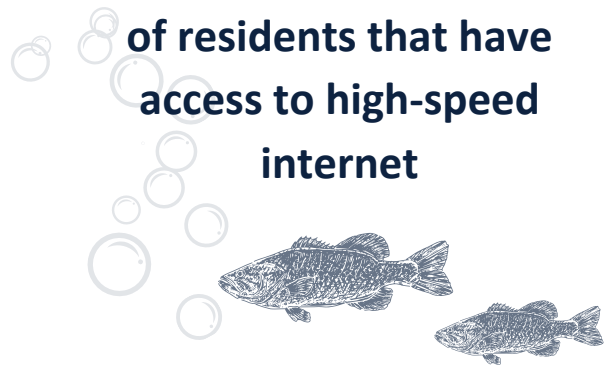


PHOTO CREDIT: Gene Salvetti, Moses Lake.

ACCESS: HOUSING



HOUSING COST BURDEN

The quality of housing and the burden of housing costs can significantly impact individuals' health and well-being, including respiratory issues, allergies, and mental health concerns. Additionally, a high housing cost burden can lead to financial stress and reduced resources for other essential needs such as food, potentially exacerbating health disparities and overall quality of life.¹

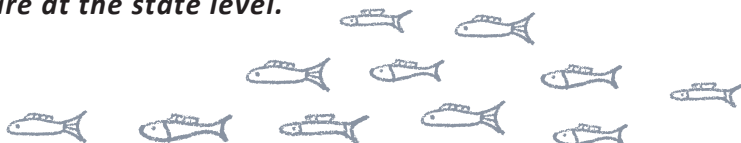


A household is considered severely cost burdened when the cost of the shelter per month exceeds 50% of the total household income per month. Lower numbers are better.



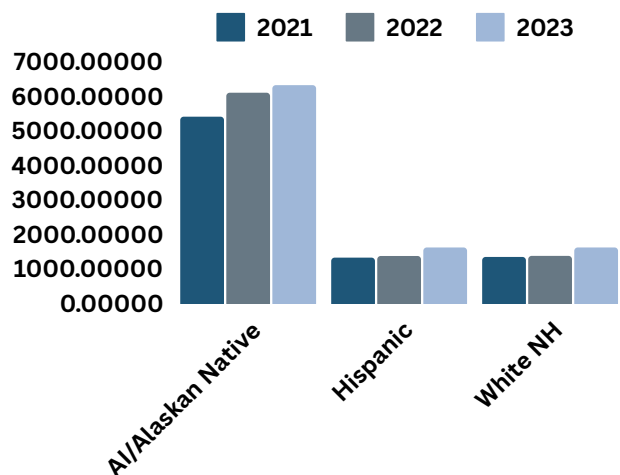
A housing problem includes overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities. Lower numbers are better.

The state rates of severe household cost burden and housing problems are both higher than Grant County, which indicates that housing costs and living conditions are less of an issue in Grant County than they are at the state level.



HOMELESSNESS

This indicator is defined by the total number of homeless people in Grant County based on combined Medicaid, Economic Service, and HMIS populations and meant to supplement the official DOH Point in Time Count. Lower numbers are better. **These totals are shown below by the top 3 racial/ethnic categories in Grant County and this figure indicates the American Indian /Alaskan Natives residents experience the highest rate of homelessness in Grant County, and that for nearly all racial groups homelessness has been increasing in the last 3 years.**



“ WE KNOW OUR HOMELESS PEOPLE HERE, SO IT DOES NOT SCARE ME.”

-Focus Group Participant

1. Centers for Disease Control and Prevention. (n.d.). https://www.cdc.gov/nceh/publications/books/housing/housing_ref_manual_2012.pdf

CONCLUSION & LIMITATIONS

The next step in the process is to identify which health behaviors, outcomes, contextual factors, and populations are of the highest priority and work on shared, community approaches to address them. By pooling resources and working collaboratively, organizations can ensure that they can have the greatest impact and prevent duplicative work. The Grant County Health District can provide support to agencies in prioritizing concerns, identifying promising interventions, and implementing solutions. Health District Staff are also able to provide expertise and information regarding current existing programs across the county that may be expanded in order to support improvements in health. Strategies should focus on multiple levels of prevention and should reflect the needs and values of the community and community organizations. It will be important to identify community leaders that can provide support for and champion interventions to ensure that the effects are sustained across the population.

Future iterations of this CHA can be used to measure progress on goals, identify new or emerging problems, and continue to provide data and evidence of the need for resources and interventions to work towards a safer and healthier Grant County. For more information about current GCHD programs, expertise, technical assistance, data interpretation and uses for the data provided in this report, please reach out to the Grant County Health District by phone at (509)-766-7960, email info@granthealth.org, or by coming into the office located at 1038 W Ivy Ave Suite 1, Moses Lake, WA 98837.

Limitations to the data:

It is important to recognize the limitations when working with data derived from a variety of sources, including self-report, local, state, and federal surveys, among others. This is especially true for the focus group and community survey results, which offer valuable insights, but cannot be assumed to hold statistical significance or be entirely representative of our community. As such, it would be premature to make causal associations based solely on this data. Rather, we should view these datasets as snapshots of community perspectives and health indicators at specific points in time and within the scope of the trends presented. To truly understand statistical significance and larger trends, a more comprehensive and in-depth analysis is necessary. Nonetheless, these diverse data sources serve as invaluable resources for informing priority actions, interventions, and guiding further research efforts to gain a more comprehensive understanding of community health and needs.

REFERENCES

- Data published by HRSA, Bureau of Health Workforce (BHW), Division of Policy and Shortage Designation (DPSD)
- Washington State Healthy Youth Survey 2021, Grant County Fact Sheets, www.askhys.net
- WA OSPI, Child Nutrition Program Reports, Eligibility Data, <https://www.k12.wa.us/policy-funding/child-nutrition/child-nutrition-program-reports>
- Washington State Office of Financial Management, Statistical and Analysis Center, <https://sac.ofm.wa.gov/sites/default/files/public/cjdb/CrimeStatsOnline.html>
- Centers for Disease Control and Prevention: Chronic Disease and Health Promotion; PLACES
- Washington State Department of Commerce; Annual Point in Time (PIT) Count
- Washington state Department of Health Communicable Disease Report
- WA DOH, Office of immunization and child profile
- WA DOT, WA State Crash data portal
- WA Medicaid Explorer
- Data request from WA State Poison Center
- Washington State Immunization Information System (WA IIS)
- Washington State Cancer Registry (WSCR)
- CDC Diabetes Management <https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html>

- CDC Environmental Health Tracking <https://ephtracking.cdc.gov/DataExplorer/>
- Feeding America- Map the Meal Gap <https://map.feedingamerica.org/county/2020/overall/alaska>
- CDC Alcohol and Other Substance Use <https://www.cdc.gov/alcohol/fact-sheets/alcohol-and-other-substance-use.html>
- CDC Smoke and Pregnancy https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm
- CDC What SI Health Equity <https://www.cdc.gov/nchhstp/healthequity/index.html>
- Community Health Assessment Tool <https://doh.wa.gov/public-health-healthcare-providers/public-health-system-resources-and-services/community-health-assessment-and-improvement/chat>

APPENDIX A



INDICATOR LIST

DEMOGRAPHICS

- Population
- Racial/Ethnic Makeup
- Education
- English Language
- Median Household Income
- Per Capita Income
- Social Assistance (Income)
- Poverty
- Employment Sectors
- Unemployment Rates
- Farm Workers

HEALTH OUTCOMES

- Asthma
- Stroke
- Diabetes
- Cancer
- Notifiable Conditions
- Sexually Transmitted Diseases
- Covid-19
- Tuberculosis
- Motor Vehicle (Injuries & Deaths)
- Falls
- Drownings
- Poisonings
- Birth Rate
- Maternal Mortality
- Low Birth Weight
- Premature Birth
- General Adult Health
- Years of Potential Life Lost
- Disability
- Life Expectancy
- Overall Mortality Rate
- Cause of Death
- Obesity

INDICATOR LIST

HEALTH BEHAVIORS

- Tobacco use
- Vaping
- Substance Use
- Alcohol Use
- Obesity
- Dietary Behavior
- Sexual Behavior
- Physical Activity
- Disconnected Youth
- Mental Health
- Bullying
- Alcohol Use
- Tobacco Use
- Physical Activity
- Dietary Behavior
- Mental Health
- Maternal Smoking
- Suicide
- Mental Health
- Alcohol Use
- Drug Use
- Prenatal Care
- Dental Care
- Diabetes
- Personal Doctor
- Health Insurance
- SNAP
- Medicaid
- Preschool Vaccination
- Youth Vaccination
- Vaccination Exemptions
- Flu Shots
- Crime

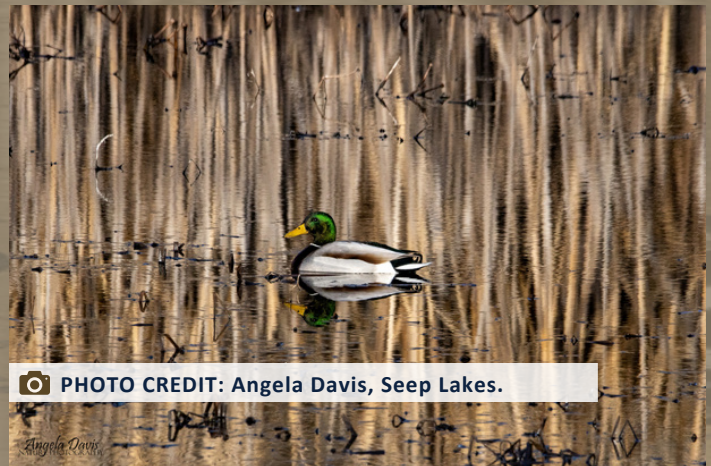


PHOTO CREDIT: Angela Davis, Seep Lakes.

APPENDIX A

v

INDICATOR LIST

HEALTH ENVIRONMENT

- Air Quality
- Smoke days
- Excessive heat and drought
- Food and Waterborne diseases
- Access to healthcare providers
- Affordability of healthcare
- Food Insecurity
- Broadband access
- Transportation access
- Recreation access
- Housing cost burden
- Homelessness



APPENDIX B

INDICATORS BY SOURCE

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Farm labor workers*	2017 Census of Agriculture	Demographics
Education	ACS	Demographics
Employment sectors	ACS	Demographics
English language	ACS	Demographics
Median household income	ACS	Demographics
Per capita income	ACS	Demographics
Poverty	ACS	Demographics
Unemployment rate	ACS	Demographics
Diabetes	BRFSS	Health Outcomes
Pregnancy	Abortion Reporting System, Vital Statistics	Health Outcomes
Teen birth rate	Abortion Reporting System, Vital Statistics	Health Outcomes
Low birth weight	Birth Certificate Data	Health Outcomes
Pre-term birth*	Birth Certificate Data	Health Outcomes
General adult health	BRFSS	Health Outcomes
Falls*	CHARS	Health Outcomes
Cause of death	Death Certificate Data	Health Outcomes
Drowning	Death Certificate Data	Health Outcomes
Life expectancy	Death Certificate Data	Health Outcomes
Overall mortality rate	Death Certificate Data	Health Outcomes
Unintentional injury mortality*	Death Certificate Data	Health Outcomes
Years of potential life lost	Death Certificate Data	Health Outcomes
Infant mortality	Linked Birth and Death File	Health Outcomes
STIS	PHIMS-STD	Health Outcomes
Tuberculosis cases	PHIMS-TB	Health Outcomes
Disability	ACS	Health Outcomes
Child abuse and neglect	DCYF	Health Outcomes
COVID-19 cases*	Internal Database	Health Outcomes
Notifiable conditions™*	Internal Database	Health Outcomes
Stroke	PLACES	Health Outcomes

APPENDIX B

VII

INDICATORS BY SOURCE

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Bike/pedestrian collisions*	WA DOT, WA State Crash data portal	Health Outcomes
Motor vehicle crash mortality*	WA DOT, WA State Crash data portal	Health Outcomes
Motor vehicle occupant injuries*	WA DOT, WA State Crash data portal	Health Outcomes
Poisoning™	WA State Poison center	Health Outcomes
Cancer	Washington State Cancer Registry	Health Outcomes
Abortions	Abortion Reporting System, Vital Statistics	Health Outcomes
Asthma	BRFSS	Health Outcomes
Maternal smoking	Birth Certificate Data	Health Behaviors
Prenatal care*	Birth Certificate Data	Health Behaviors
Adult alcohol use	BRFSS	Health Behaviors
Adult dental check up	BRFSS	Health Behaviors
Adult dietary behavior	BRFSS	Health Behaviors
Adult mental health	BRFSS	Health Behaviors
Adult obesity*	BRFSS	Health Behaviors
Adult physical inactivity	BRFSS	Health Behaviors
Adult tobacco use	BRFSS	Health Behaviors
Colorectal Cancer Screening*	BRFSS	Health Behaviors
Flu shot	BRFSS	Health Behaviors
Personal doctor	BRFSS	Health Behaviors
Drug hospitalizations*	CHARS	Health Behaviors
Opioid hospitalization*	CHARS	Health Behaviors
Drug overdose deaths	Death Certificate Data	Health Behaviors
Suicide	Death Certificate Data	Health Behaviors
Disconnected youth*	ACS	Health Behaviors
Snap Utilization	ACS	Health Behaviors
Lack of insurance	ACS	Health Behaviors
Social assistance	ACS	Health Behaviors
Diabetes monitoring	Dartmouth Atlas of Health	Health Behaviors

APPENDIX B

VIII

INDICATORS BY SOURCE

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Gang activity*	Grant County Sheriff's office	Health Behaviors
Youth alcohol use	HYS	Health Behaviors
Youth bullying	HYS	Health Behaviors
Youth dental care use	HYS	Health Behaviors
Youth dietary behaviors	HYS	Health Behaviors
Youth mental health	HYS	Health Behaviors
Youth obesity and overweight	HYS	Health Behaviors
Youth physical activity	HYS	Health Behaviors
Youth sexual behaviors	HYS	Health Behaviors
Youth substance use	HYS	Health Behaviors
Youth tobacco use	HYS	Health Behaviors
Youth vaping*	HYS	Health Behaviors
Free/reduced lunch*	WA OSPI, Child Nutrition Program Reports Eligibility Data	Health Behaviors
Crime rate	OFM	Health Behaviors
School immunization exemption™	WA DOH, Office of immunization and child profile	Health Behaviors
Medicaid*	WA Medicaid Explorer	Health Behaviors
Preschool immunizations	WA-IIS	Health Behaviors
School age immunizations	WA-IIS	Health Behaviors
Affordability	BRFSS	Health Environment
Broadband access*	ACS	Health Environment
Housing cost burden	ACS	Health Environment
Transportation*	ACS	Health Environment
Recreation access	CDC National Environmental Public Health Tracking Network	Health Environment
Overcrowded Housing*	CDC Social Vulnerability Index Data, 2020	Health Environment
Air quality	EPA	Health Environment
Access to providers	HRSA	Health Environment

APPENDIX B

IX

INDICATORS BY SOURCE

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Health professional shortage*	HRSA	Health Environment
Homelessness	WA Department of Commerce	Health Environment
Food and waterborne disease	WA DOH	Health Environment
Excessive Heat	CDC Tracking Network	Health Environment
Drought	CDC Tracking Network	Health Environment
Food Access	USDA Food Research Atlas	Health Environment
Food Insecurity	Feeding America, Map the Meal Gap	Health Environment
Smoke Days	EPA	Health Environment

APPENDIX C

X

DATA DESCRIPTIONS

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
2017 Census of Agriculture	This is a postal mail survey that is sent to "any place from which \$1,000 or more of agricultural products were produced and sold, or normally would have been sold, during the census year." Additional information is collected by interview and follow-up to survey responses.	Data for non-response and missing fields is imputed using statistical methods. Data is from 2017, anticipated release of 2022 data is Spring/Summer of 2024 For more information visit https://www.nass.usda.gov/AgCensus/
American Community Survey (ACS)	The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The Census Bureau uses data collected in the ACS to provide estimates on a broad range of population, housing unit, and household characteristics for states, counties, cities, school districts, congressional districts, census tracts, block groups, and many other geographic areas. The data used in these metrics are from the ACS 5-year estimates. The Census Bureau combines 5 consecutive years of ACS data to produce multiyear estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months.	In general, ACS 1-year data are more likely to show year-to-year fluctuations, however 5-year estimates are only available for geographic area of interest. Changes to ACS questions over time may make it difficult to measure trends. For example, the Census Bureau made substantial changes to the 2008 ACS questions on labor force participation and number of weeks worked. As a result, the Census Bureau recommends using caution when comparing 2008 and later labor force data with 2007 and earlier estimates. ACS multiyear estimates with dollar values are adjusted for inflation to the final year of the period. For example, the 2014–2018 ACS 5-year estimates are tabulated using dollars adjusted to 2018. Note that inflation adjustment does not adjust for differences in costs of living across different geographic areas.
CDC National Environmental Public Health Tracking Network (NEPHTN)	This utilizes data from NAVTEQ (2010), Esri StreetMap Premium HERE (2016), and PAD-US (2015). Park data are from NAVTEQ (2010), Esri StreetMap Premium HERE (2016), and PAD-US (2015), providers of Geographic Information Systems (GIS) data. The underlying map database is a compilation of first-hand observation of geographic features and third-party data sources.	If a half- or one-mile buffer crossed county or state boundary, the population residing within this buffer is estimated and attributed to the county within which the population resides. These estimates are not attributed to the county within which the park is located. The data source may contain inherent errors in park locations and/or omissions. Using percent of population living within a half mile of a park as a proxy for proximity may underestimate the number of people who have access to parks in populations that are willing to travel farther to reach a park. People may use parks located close to their schools or places of work rather than parks close to their homes. This may overestimate access since walk routes to park entrances may be unsafe or much farther than a direct line from a residence to a park boundary. Proximity to a park does not guarantee access or use. The data may not capture places that serve park functions but are not classified as parks.
CDC Social Vulnerability Index (SVI)	A tool to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. SVI indicates the relative vulnerability of every U.S. County. SVI ranks the counties on 16 social factors, including unemployment, racial and ethnic minority status, and disability, and further groups them into four related themes.	SVI uses 5 years ACS estimates to calculate data. This means that SVI data is not comparable year to year. Limitations to ACS data may also apply to SVI rankings as it is the primary data source for estimates and calculations used.
Abortion Reporting System	Data from abortion reports filed by abortion providers to the State Department of Health. This data is part of the State's Vital Statistics Program.	Through agreement, these data also include events in other states and Canada for Washington State residents. Abortion reports are non-identified for both patient and facility and include only information on induced abortion. The abortion reporting system only includes induced abortions.
Birth Certificate Data	Data from live birth certificates completed by hospitals or birth attendants and filed with the State Department of Health. This data is part of the State's Vital Statistics Program.	Birth and death certificates are designed to gather information in a manner consistent with federal reporting requirements of the National Center for Health Statistics. Through agreement, these data also include events in other states and Canada for Washington State residents.
Behavioral Risk Factor Surveillance System (BRFSS)	The BRFSS is a yearly survey that measures changes in the health of people in our state. It is the longest continuously running phone survey in the world. This survey is an important source of health-related data. It is the only survey that collects information on certain health factors like tobacco use and insurance coverage. ICF International, a health research company, will contact selected households on behalf of Washington State Department of Health.	BRFSS is a population-based, cross sectional telephone survey. Cross sectional design introduces selective survival bias, and the interview conducted at one point in time does not allow one to infer causality. Surveys are self-reported, and this can introduce recall bias. Vulnerable populations such as those incarcerated or those in nursing homes cannot participate in the survey since BRFSS does not permit proxy interviews. Proportions with a Relative Standard Error (RSE) greater than 0.25 are considered unreliable and should not be used. BRFSS only samples individuals age 18 years or older.
Comprehensive Hospital Abstract Reporting System (CHARS)	The Comprehensive Hospital Abstract Reporting System (CHARS) is a Department of Health system which collects record level information on inpatient and observation patient community hospital stays.	The 2021 and 2022 data are preliminary. The 2021 death and hospitalizations numbers are based on data available at the time this dashboard was produced. Some causes of death may be pending investigation, or hospitals may not have submitted all data for the quarter by the time the dashboard is developed. The numbers are expected to change in future releases.

APPENDIX C

DATA DESCRIPTIONS

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Death Certificate Data	Data from death certificates completed by the Funeral Director and Physician, Coroner or Medical Examiner and filed with the Local Health Jurisdiction. This data is part of the State's Vital Statistics Program.	Birth and death certificates are designed to gather information in a manner consistent with federal reporting requirements of the National Center for Health Statistics. Through agreement, these data also include events in other states and Canada for Washington State residents.
Linked Birth and Death File	Information from the medical and statistical section of the birth certificate linked to death certificate data for infants less than 1 year of age.	Data in this file are collected from birth and death certificates. Limitations to these data files also apply here.
Public Health Issue Management System - Sexually Transmitted Diseases (PHIMS-STD)	PHIMS is Washington State's standardized internet reporting system for notifiable conditions data. Department of Health and local public health agencies work together in Washington State to collect information and conduct investigations into the causes, spread and containment of certain chronic and contagious diseases.	Clinically diagnosed STD cases may be under-reported through public health surveillance. Completeness of reporting may vary by source of health care, because diagnostic practices differ. Data is only contained for laboratory confirmed cases.
Public Health Issue Management System - Tuberculosis (PHIMS-TB)	PHIMS is Washington State's standardized internet reporting system for notifiable conditions data. Department of Health and local public health agencies work together in Washington State to collect information and conduct investigations into the causes, spread and containment of certain chronic and contagious diseases.	Date of birth is not verified so some ages could be incorrect. For the small number of death certificate only cases, race and ethnicity are determined by family members or the medical examiner and may not be the race or ethnicity that the person would have reported.
Dartmouth Atlas of Health Care	The project uses Medicare and Medicaid data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.	Regarding the measure "diabetic screening measures" We noted large changes in rates of secondary screening for diabetics for a few regions between 2017 and 2018, including substantial decreases in hemoglobin A1c testing in several HRRs in Montana and North Dakota. We could not establish a conclusive explanation for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for these screening measures.
Department of Children, Youth and Families (DCYF)	Quarterly deidentified data extracts from FamLink, the case management information system adopted in 2009.	All households with a screened-in report of concerns for child safety receive a CPS investigation or are assessed for other services, so the rate of investigations and assessments is a population-based rate of screened-in reports. For privacy, all counts on the Data Portal are jittered - a small amount of random statistical noise is added to the data to prevent individual from being identifiable. All zeroes are kept as zero, and all non-zeroes are kept as non-zero, but reported numbers should be thought of as having a margin of error of at least one or two.
Environmental Protection Agency (EPA)	Data is collected from air quality monitors around the state and statistical methods are used to model air quality for areas without indicators.	This data is made up of both observational and modeled data. Air quality monitors only provide information regarding pollution concentrations in the area surrounding each monitor. Intra-county variation in concentrations among monitor sites will not be captured in this measure. Modeled PM2.5 and ozone results may over or underestimate true pollutant concentrations.
Grant County Sheriff's Office	A data request was submitted to the Grant County Sheriff's Office requesting data to identify the number of gang offenses by offense type, and the number of gang related calls.	Data are based on how calls are classified by the responding officer at the time of the incident.
Health Resources and Services Administration (HRSA)	These data provide areas designated by HRSA as having shortages of primary care, dental care, or mental health providers.	HRSA's Bureau of Health Workforce (BHW) develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). HPSAs may have shortages of primary medical care, dental, or mental health providers; may be urban or rural areas; population groups; or medical or other public facilities.
Healthy Youth Survey (HYS)	A collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Health Care Authority - Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board to provide important survey results about the health of adolescents in Washington. This information is used to guide policy and programs that serve youth.	Data is self-report data from youth. Changes to the format of the survey for the 2021 year limit its ability to be compared to prior years of data. Data around sexual behaviors should be interpreted with caution as some school districts have excluded these questions.
Internal Database	GCHD maintains an internal database to track all reported probable and confirmed cases of COVID-19.	Data included in database only includes reported data. While all healthcare providers are required to submit test results under notifiable conditions regulations, home test kits that are not reported are not contained in this data.
Washington Office of the Superintendent of Public Instruction (WA OSPI), Child Nutrition Program Reports Eligibility Data	Federally-funded programs report data such as eligibility information, participation, and administrative review findings.	Child Nutrition Services collects free and reduced-price meals eligibility data from public school districts that participate in the National School Lunch Program each year in October. This data reflects students enrolled in a participating school with access to school meals. Data is aggregated to represent a school and district free and reduced-price percentages.

APPENDIX C

DATA DESCRIPTIONS

INDICATOR	SOURCE (IF CHAT: SECONDARY SOURCE)	SECTION
Office of Financial Management (OFM)	Reported crime statistics include The Uniform Crime Report's Summary Reporting System (SRS) and the National Incident-Based Reporting System (NIBRS). The Summary Reporting System (SRS) has been a national method of collecting Uniform Crime Reporting statistics for the FBI since the 1930s. The National Incident-Based Reporting System (NIBRS) was developed in the 1980s to illustrate the volume, diversity and complexity of crime more effectively than the original SRS method.	Washington Association of Sheriffs and Police Chiefs (WASPC) collects monthly reported incident based offense statistics from participating law enforcement agencies. The agencies participate on a voluntary basis as part of the Federal Bureau of Investigation's Uniform Crime Reporting program. County annual totals include the sum of all reported National Incident-Based Reporting (NIBRS) offenses known to participating agencies within the county and reported to WASPC.
PLACES	PLACES provides model-based, population-level analysis and community estimates of health measures to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States. Models are based off of data pulled from BRFSS.	The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. BRFSS limitations may apply here as the basis for modeling. Please note that this data does not represent real counts of individuals.
Washington Department of Commerce	Each year the U.S. Department of Housing and Urban Development (HUD) and Washington state require a statewide count of all persons staying in temporary housing programs (sheltered count) and places not meant for human habitation (unsheltered count). The Department of Commerce provides survey forms for counties and agencies to use for their counts. Counties can opt to use their own forms as long as they comply with state guidelines.	The Point-in-Time (PIT) Count is an annual census of people living in transitional housing, emergency shelters, and places not meant for human habitation. Because of the surge in cases of the Omicron variant of COVID-19, there was no statewide census of unsheltered homelessness (known as the "unsheltered count") in 2021. The Snapshot counts homelessness form a variety of other sources and includes each person in household with the homeless individual, which could inflate the true number of homeless population.
Washington Department of Health (DOH)	Metrics described here are considered notifiable conditions in Washington State. Cases of communicable notifiable conditions are counted if they meet the following criteria: Resident of Washington. Reported to DOH and entered prior to September 30, 2021. First report of very rare conditions (zero to two cases per year) received by DOH after the previous year's deadline. Given a valid DOH case classification by DOH	Typically, a fraction of the actual number of cases are reported to a surveillance system. Infected persons may: be unaware of being infected, be symptomatic but have not contacted a health care provider, not be confirmed with appropriate tests, or not be reported after the diagnostic testing. Data completeness may have been impacted by the COVID-19 pandemic. County incidence rates not calculated for <5 cases.
DOH, Office of immunization and child profile	These data are submitted by all public and private schools, daycares and preschools by November 1 of each school year in accordance with RCW28A.210-110 and WAC 246-105-060. Once submitted, data are assessed for accuracy and completeness. Data is not imputed or changed by the DOH.	Where obviously erroneous data are submitted, schools are asked to re-submit their data or are counted as non-reporters. Each report requires school nurses or administrative staff to count information received from families attesting to the student's immunization status.
WSDOT, WA State Crash data portal	High-level and basic summarized crash data for both members of the public (non-WSDOT consultants, private citizens, attorneys, members of the media, university personnel, students or tribal members) and WSDOT personnel, consultants and partners.	The crash data comes from data fields off of the Police Traffic Collision Report (PTCR) completed by Law Enforcement Officers throughout the state. Non-reported crashes are not included here. The data fields are analyzed from an engineering perspective for safety and engineering purposes by the WSDOT Crash Data Analysts.
WA Medicaid Explorer	The dashboard uses Washington State Medicaid enrollment data and Washington state population estimates from Office of Finance Management.	Excludes people who are dually eligible for Medicare and Medicaid. Small numbers are suppressed
WA State Poison Center	Data are collected from calls into the Poison Center and assigned an area based on the caller's location.	Data are only collected for calls that are received by the Poison Center and are likely an undercount of possible poisonings. Not all ingestion results in medical care so results may not be comparable to other poisoning data sources.
WA Immunization Information System (IIS)	The Washington State Immunization Information System (IIS) is a lifetime registry that tracks immunization records for people of all ages in Washington State. It is a secure, Web-based tool that is administered by the Department of Health (DOH).	Because reporting to the IIS is voluntary, not all providers report all immunizations for their patients. This means that IIS estimates of immunization coverage will be lower than the true immunization rates. Most providers use the IIS, but they are not required to do so; participation is voluntary. The percent of the population immunized is based on the population with data entered in the IIS. Some people are not in the IIS and not all immunizations are entered into the IIS. The series estimated coverage is determined by each individual having all the listed vaccines. Those who are missing even one immunization in the total series are not considered complete for the series.
Washington State Cancer Registry (WSCR)	As part of a national system, the Washington State Cancer Registry (WSCR) collects data about cancer diagnosis, treatment, and death in Washington State. The data are used to identify better ways to prevent, diagnose, and treat cancer, and to plan programs and policies.	WSCR regularly receives information on people newly diagnosed with cancer and new information about previously diagnosed cancer cases. Thus, the current online data may differ from earlier printed reports. WSCR online provides data on cancer of all types combined and the 24 most frequently diagnosed cancers. Information is also provided on "Hodgkin lymphoma" and "Larynx" because previous years of the WSCR Annual Report included them among the 24 most frequently diagnosed cancers.
Map the Meal Gap-Feeding America	The relationship between food insecurity and its closely linked indicators (poverty, unemployment, homeownership, disability prevalence, etc.) are first analyzed at the state level. Then, the coefficient estimates from this analysis are used with the same variables for every county and congressional district.	Feeding America uses a model to estimate the number of food insecure individuals in a region, using primarily demographic information that is assumed to represent potential for food insecurity. These results should be taken cautiously and with an interpretation that the numbers are those at risk of food insecurity.

FOCUS GROUP QUESTIONS

QUESTIONS

LET'S GET STARTED...

Community Factors: The community survey asked respondents to identify the top 3 factors that affect a community's health. The next couple of questions will focus on the top factors identified in the survey.

Access to healthcare was the most important factor from the survey results. Access to healthcare is made up of many pieces. These include things like the cost to get care, the availability of a provider that meets your healthcare needs (like a specialist), how easy the provider is to get to (do you need a car? Is it a long distance/time away?), if the provider is available when you need them (e.g. long wait times, needing multiple appointments to establish care, is it easy to schedule an appointment, hours of operation, etc.), and whether or not you're comfortable with your provider.

- 1) On a scale of 1-10, with 10-being excellent and 1-being poor, how would you rate, in general, the access to healthcare?
 - a) Why did you provide the rating?
 - b) Thinking about your and your family's healthcare needs, are there accessible services in your community?
 - i) If so, what makes them accessible?
 - ii) If not, why aren't they accessible or what's missing?
 - iii) Are there other things that keep you from caring for your health/the health of your family?
 - iv) Are there things in the community that make it easier to care for your health/the health of your family?
- 2) On a scale of 1-10, with 10-being excellent and 1-being poor, how would you rate crime in your community?
 - a) Why did you give the rating?
- 3) On a scale of 1-10, with 10-being very safe and 1-being very unsafe, how safe would you rate your community?
 - a) Why did you give this rating?
 - i) What are the main reasons you feel safe?
 - ii) What are the main reasons you feel unsafe?
 - iii) Are there places you avoid because you do not feel safe there?
- 4) Can you give me any examples of situations in your community over the past year that have changed how safe you feel there?
 - i) For example, were there any crimes in your community? Did this reduce your feeling of safety?
 - ii) Did any people or groups of people occupy certain places at night, make noise or frighten you?

Health Problems: The community survey also asked about the most important health problems in our county. These questions focus on specific types of health problems and how they affect the community.

Behavioral Health: Behavioral Health encompasses all contributions to mental wellness including substances and their abuse, behavior, habits, and other external forces. This also includes mental health conditions and serious mental illnesses, and outcomes related to those conditions.

FOCUS GROUP QUESTIONS

5) On a scale of 1-10, with 10-being excellent and 1-being poor, how would you rate, in general, the behavioral health resources?

a) Why did you give the rating?

- i) How do you see behavioral health impacting your community?
- ii) What resources (i.e agencies, institutions, programs) does the community have to address behavioral health problems or prevent them from happening in the first place?
- iii) What other resources are needed that aren't currently available?

Using Alcohol, Tobacco, and Other Drugs is associated with mental health conditions both as a cause and as an outcome.

6) Do you know your local resources for prevention and treatment as it relates to addressing Alcohol, Tobacco, and other drug use?

- a) What resources does the community have that specifically address using Alcohol, Tobacco, and other drugs (both prevention and treatment)
- b) What resources does your community need?
- c) Are there other things happening in your community that make it more or less likely for people to use substances?

Chronic Disease: Many of us have chronic diseases like diabetes, heart disease, hypertension, asthma, or obesity – or if we don't someone in our family might.

7) On a scale of 1-10, with 10-being excellent and 1-being poor, how would you rate, in general, the access to treatment for chronic disease(s)?

a) Why did you give the rating?

- i) Does your community have enough resources and specialists to provide treatment and management of chronic diseases?
- ii) What other resources are needed to treat or manage chronic disease in your community?

Healthy eating and regular exercise can have a big impact on chronic disease risk and development. Many of the risk factors and behaviors that contribute to chronic disease development happen long before the disorder or diagnosis happens.

8) What kinds of things does your community have that make it easier to live a healthy life?

- a) Are there things that make exercising regularly or eating healthy easier?
- b) What about things that make it more difficult to exercise regularly or eat healthy?
- c) Are there other things that you wish your community had that would help you live a healthier life?

Violence Related Trauma: Violence related trauma can come from many different sources. Sometimes people can experience trauma just from witnessing/knowing about a violent event that happened. Other times people can be the survivor of a violent or traumatic event. Sometimes these events happen on a large scale (like terrorist attacks(9/11), Boston marathon bombing) and sometimes they happen individually (being robbed, assaulted or abused).

9) On a scale of 1-10, with 10-being excellent and 1-being poor, how would you rate, in general, the community's response to violence and local resources?

a) Why did you give the rating?

FOCUS GROUP QUESTIONS

- i) How prepared do you think your community is to respond to violence related trauma? Are there things that make your community more prepared or less prepared? What resources do people have if they are experiencing violence related trauma?
- b) Are there any events or occurrences that have happened in your community in the last year that you think may contribute to violence related trauma?

Ending Question:

- 10) Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

Facilitator Summary & Closing Comments: Thank you for your participation in this focus group meeting. You have all raised a number of great issues for us to consider. We will look at what you have told us and use this information to make recommendations to the Grant County Health District and other community leaders on factors affecting the health of Grant County residents. Please contact the granthealth.org for all your resources...

SURVEY QUESTIONS

Grant County 2022 Community Survey



This survey allows Grant County community members to provide feedback on the needs of our communities and ways to improve the health of Grant County residents. Your responses to this survey are anonymous. Please answer each question as honestly and fully as possible. This survey is completely voluntary, and you are able to skip any of the questions that you do not wish to answer. This survey should take approximately 10 minutes to complete. Please take the survey only one time. Scan the QR code to take the survey online. Return paper copies to the Grant County Health District or drop them in the 24-hour city payment drop box in Coulee City, Ephrata, George, Grand Coulee, Moses Lake, Quincy, Royal City, Warden or Wilson Creek.

For additional information, questions or to get a paper copy of the survey, please reach out to the Grant County Health District by phone: 509-766-7960 or email info@granthealth.org.

The final assessment will be available around January 2023 on the Grant County Health District website at <https://granthealth.org/community-health-assessment-and-improvement-plan/>

Health Profiles and Priorities

This section asks about different factors and behaviors that can impact a community's health. When answering these questions, think about your local community as well as the entirety of Grant County.

1. In the following list, what do you think are the **three (3) most important factors** for a "Healthy Community?" (Those factors which most improve the quality of life in a community.) **Select only 3.**

- | | |
|--|---|
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Good Schools |
| <input type="checkbox"/> Affordable, healthy foods | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low crime / safe neighborhoods |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Strong sense of belonging |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> <input type="text" value="Other"/> |

2. In the following list, what do you think are the **three most important "health problems"** in our community? (Those problems which have the greatest impact on overall community health.) **Select only 3.**

- | | |
|---|---|
| <input type="checkbox"/> Aging problems (arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Infectious Disease (hepatitis, Tuberculosis, HIV/AIDS, Sexually Transmitted Diseases/Infections, etc.) |
| <input type="checkbox"/> Behavioral Health Problems (mental health, substance use, suicide, etc.) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Unintentional injuries (firearm-related injuries, motor vehicle accidents, etc.) |
| <input type="checkbox"/> Chronic disease (diabetes, heart problems, lung problems, obesity) | <input type="checkbox"/> Violence related trauma (child abuse/neglect, domestic violence, rape/sexual assault, homicide, etc.) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> <input type="text" value="Other"/> |
| <input type="checkbox"/> Infant Death or Disability | |

SURVEY QUESTIONS

3. In the following list, what do you think are the **three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.) **Select only 3.**

- Using Alcohol, Tobacco, Vaping and Other Drugs
- Not following doctor’s advice
- Dropping out of school
- Not exercising
- Not getting "shots" to prevent disease
- Not using seat belts/child safety seats
- Not eating healthy
- Discrimination/Racism/Excluding others
- Unsafe sex practices (not using condoms, not using birth control, etc.)
-

4. Complete each of the statements below by selecting one of the 5 options.

Our county is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Our community is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

My own personal health is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

SURVEY QUESTIONS

3. In the following list, what do you think are the **three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.) **Select only 3.**

- Using Alcohol, Tobacco, Vaping and Other Drugs
- Not following doctor’s advice
- Dropping out of school
- Not exercising
- Not getting "shots" to prevent disease
- Not using seat belts/child safety seats
- Not eating healthy
- Discrimination/Racism/Excluding others
- Unsafe sex practices (not using condoms, not using birth control, etc.)
-

4. Complete each of the statements below by selecting one of the 5 options.

Our county is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Our community is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

My own personal health is...

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

SURVEY QUESTIONS

Quality of Life

This section asks questions about how your community impacts quality of life.

5. Please read each of the following statements and rate your level agreement with them below.

I am satisfied with the quality of life in my community. (Consider your sense of safety, well being, participation in community life and associations, etc.)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I am satisfied with the health care system in my community. (Consider access, cost, availability, quality, and options in health care)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My community is a good place to raise children. (Consider school quality, day care, after school programs, recreation, etc.)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My community is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

There is economic opportunity in my community. (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

SURVEY QUESTIONS

My community is a safe place to live. (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My community has good support networks for people during times of stress and need. (Consider informal and formal connections like neighbors, community organizations, support groups, faith groups, and other agencies.)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My community provides all individuals and groups the opportunity to contribute to and participate in the community's quality of life.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My community allows members and organizations to work together to achieve shared community goals in a respectful and trusting way.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

SURVEY QUESTIONS

Demographic Information

The next set of questions asks about you and your household. These questions help us understand how different types of people feel about local health issues. Remember, all of your answers are anonymous and cannot be linked back to you.

6. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-64
- 65+

7. What is your race? (Select all that apply)

- White/Caucasian
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Prefer not to say
- Other

8. What is your ethnicity?

- Hispanic/Latino/Latina/Latinx
- Not Hispanic/Latino/Latina/Latinx
- Prefer not to say

9. Including yourself, how many people live in your household?**10. What is your sexual orientation?**

- Straight/Heterosexual
- Gay/Lesbian
- Bisexual
- Questioning
- Prefer not to say

11. What is your gender identity?

- Woman
- Man
- Non-binary
- Transgender
- Prefer not to say
- Other

12. What city do you live in?

- Beverly
- Coulee City
- Electric City
- Ephrata
- George
- Grand Coulee
- Hartline
- Marlin
- Mattawa
- Moses Lake
- Quincy
- Royal City
- Soap Lake
- Stratford
- Warden
- Wilson Creek

13. What is your marital status?

- Single (never married)
- Married
- Divorced
- Widowed
- Prefer not to say

14. What is the highest level of education you have completed?

- Less than High School
- High School/GED
- Some College
- 4-year College Degree
- Advanced Degree
- Prefer not to say

15. What is your total annual household income?

- Less than \$40,000
- \$40,000-\$44,999
- \$45,000-\$54,999
- \$55,000-\$64,999
- \$65,000 or higher
- Don't know/Prefer not to say

SURVEY QUESTIONS

16. If you needed to go to the doctor, how would you pay for your care? (select all that apply)

- Cash (no insurance)
- Private/Employer sponsored health insurance
- Medicaid
- Medicare
- Veterans' Administration
- Tribal Health Services
-

17. What is your employment status?

- Student
- Employed full-time (1 job)
- Employed full-time (more than 1 job)
- Employed part-time (1 job)
- Employed part-time (more than 1 job)
- Unemployed
- Homemaker/Stay-at-home parent
- Prefer not to say
- Other

18. How do you normally get to places that you need to go (e.g., grocery store, doctor's appointments, school/work, etc.)?

- Walk
- Bicycle
- Bus
- Taxi or Ride Share (e.g., Uber)
- Private Vehicle
- Get a ride from a friend/family member
- Other

Follow-up

We may have more questions regarding the information provided in this survey. To collect that information, we plan to conduct focus groups. If you would be interested in participating in a focus group, please provide your information below.

19. Contact Information for focus group participation.

20. To be entered into the raffle, please provide your name and contact details below.