

Spokane County Community Needs Assessment

2017-2018



SPOKANE

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Executive Summary

Developing a plan for identifying local needs and resources can help changemakers understand how to improve their communities in the most logical and efficient ways possible. Accordingly, local stakeholders across multiple sectors in Spokane County worked to align planning and assessment cycles to leverage resources and improve collaboration for collective impact—Spokane County’s 2017/2018 community-wide assessment process. The purpose of this document is to present the process and findings of the assessment.

The process was adopted from Priority Spokane, building on its past successes. A structure of six task forces was utilized, representing major areas of community well-being and reflecting the general understanding that multiple, broad factors contribute to overall quality of life.

Stakeholders in each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. Over the course of the process, more than 300 indicators were reviewed.

The task forces prioritized and voted on indicators they believed best represented key issues in the community. After each task force identified top issues, stakeholders across all task forces convened in a public assembly to identify the key, cross-cutting community issues and needs.

Additional analysis of data was done on select indicators to deepen understanding of the priorities and the subpopulations most affected. This reflects SRHD and many partnering organizations’ deep concern about inequity in health and well-being. Participants of the assessment and stakeholders alike can use this document to help meet funder or other organizational mandates. They are also encouraged to use the identified priorities to align resources and bolster population-level improvements in health and well-being.

The following three community priorities were identified and are presented along with key data findings.





1. Reduce family violence and trauma.

Family violence was voted in as the community's top priority. Key indicators of family violence illustrate concerning trends specific to domestic violence (DV) and child abuse.

- There were 5,102 DV offenses in 2016 data reviewed by participants. Since 2004, the rate of DV offenses per 1,000 residents increased from 6.5 to 9.4 and remains higher than Washington state (9.4 compared to 7.4).
- Child abuse, measured as the number and rate of accepted referrals for abuse and neglect to Child Protective Services, increased by 61% since 2000, from 4,074 victims to 6,564 victims in 2017.
- Other indicators of family violence are also cause for concern; one out of five youth reported having been abused by an adult, and youth of color were more likely to indicate abuse.

Family violence impacts everyone, whether personally or indirectly through effects on community well-being, but some of Spokane's most vulnerable individuals are disproportionately impacted.

2. Increase access to mental health and substance abuse treatment.

Mental health and/or substance use were top priorities identified by the Education, Health, and Public Safety task forces.

- Of concern to educators and the community was the number of students reporting feeling sad or hopeless almost every day for two weeks or more in a row—an indicator of depression. Approximately one in three youth in Spokane County reported signs of depression and youth of color were more likely to experience depression. Such symptoms are related to increased likelihood for risky behaviors (such as drinking, abusing drugs, and carrying weapons) and consideration of suicide.
- During 2016 in Spokane County, there were a combined 263 suicides and suicide attempts by adolescents aged 10-17, increasing from 48, or by 448%, since 2000. A spike seen in youth suicide and attempts in 2015 and 2016 could be explained in part due to changes in ICD-10 code transition in late 2015. However, it is important to note that suicide was also increasing prior to this shift (2014, unaffected by the ICD-10 code change) and that risk factors for suicide, including depression, trauma, and suicide ideation are either increasing or remain unacceptably high.
- Adult suicides also increased by 41% since 1995, for a total of 90 deaths in 2016.

- Substance use remains a concern; opioid-related deaths increased from 10 deaths in 1995 to 84 in 2016—a 740% increase. The death rate is higher in Spokane than in Washington state (17.1/100,000 vs. 9.0/100,000).

Mental health and substance use are very often interrelated and linked to multiple other community issues, including family violence, homelessness, and crime.

3. Increase access to affordable housing.

Lack of housing, or housing instability, affects multiple domains of well-being, including health, the ability to get and sustain a job, and safety. Making housing affordable and available to all residents are still top priorities in Spokane County.

- During 2016 the overall rental vacancy rate in Spokane County was 3.7%, down from 5.1% in 2005, though not statistically significant.
- The estimated total number of renters spending 50% or more of their household income for shelter costs in Spokane County was 18,394 individuals, approximately one in five householders. The lowest income renters bear the greatest housing cost burden.
- Homeless students have consistently lower graduation rates than other students; the five-year graduation rate for ALL students in Spokane County public high schools was 86% for 2016-2017, compared to 67% for homeless students.

From the public health perspective, there is a clear link between housing availability and quality of life and health. Poor-quality housing is associated with multiple negative health outcomes, including chronic disease, injury and poor mental health.^{2, 4, 6, 7, 11, 12, 13, 14} Low-income families and racial

and ethnic minorities may be more likely to live in poor-quality housing and suffer adverse health outcomes as a consequence.^{4, 6, 18}

Based on the results of this assessment, SRHD recommends several broad-based strategies for community action. Recommendations include:

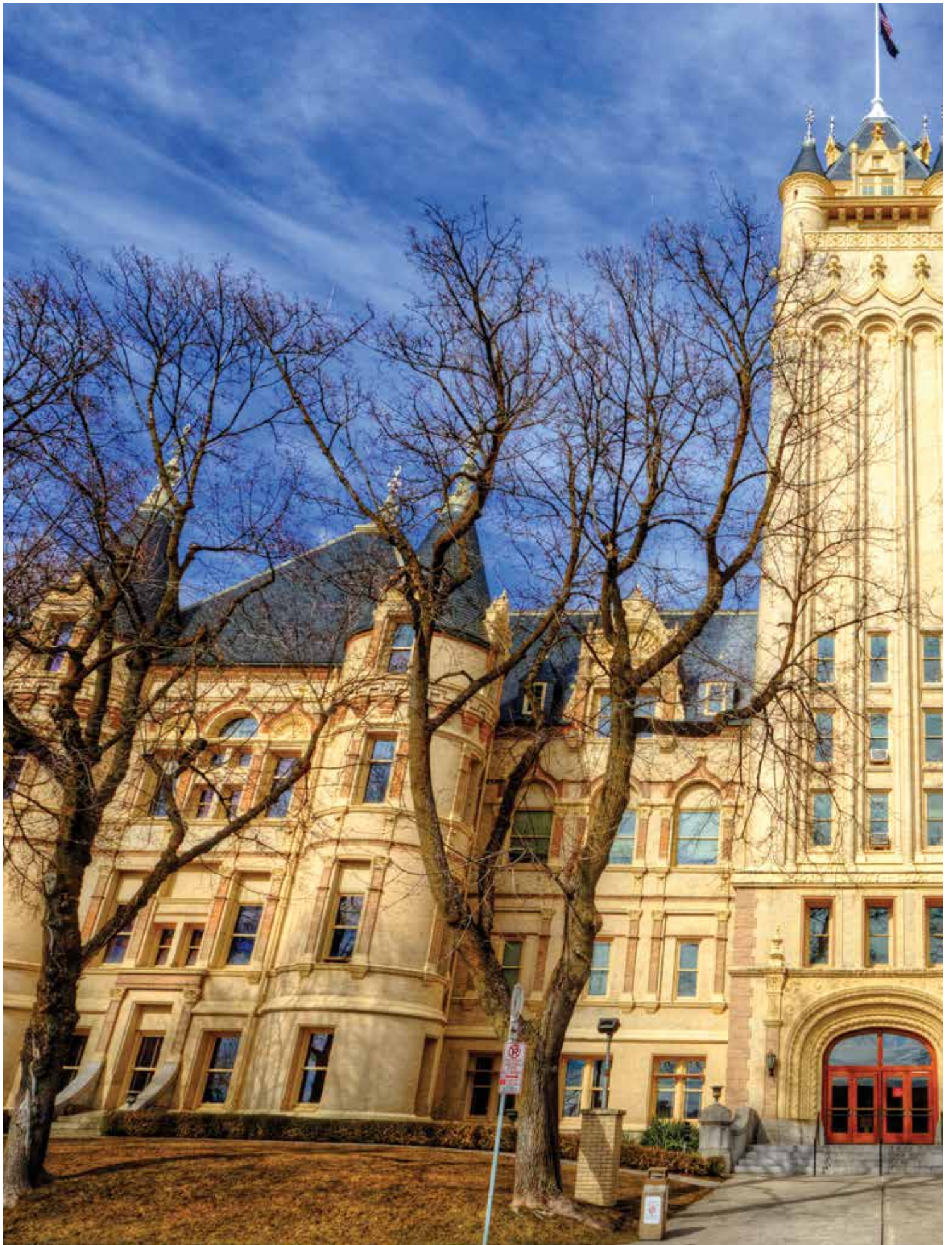
- Vetting priorities by the public and vulnerable communities, especially low-income populations and people of color to understand community context.
- Focusing on disparities to bring the community closer to equity.
- Establishing a community-driven research agenda to provide additional information needed to inform interventions.
- Working “upstream” on policy, systems and environmental changes for the greatest impact.
- Leveraging and networking existing efforts and partnerships (including existing coalitions), already working in the priority areas.

Stay Informed!

As community improvement efforts continue, updates and other reports produced will be located here:

countyhealthinsights.org





Overview

Purpose

Developing a plan for identifying local needs and resources can help changemakers understand how to improve their communities in the most logical and efficient ways possible. In fact, nonprofit hospitals, public health, government, social service providers and others are often required by federal law, state mandates, or agency policy to periodically evaluate the needs of the communities and client populations they serve. These assessments typically produce key priority needs or issues and are subsequently used to support organizational and program planning. They can also be used as the impetus for community improvement plans.

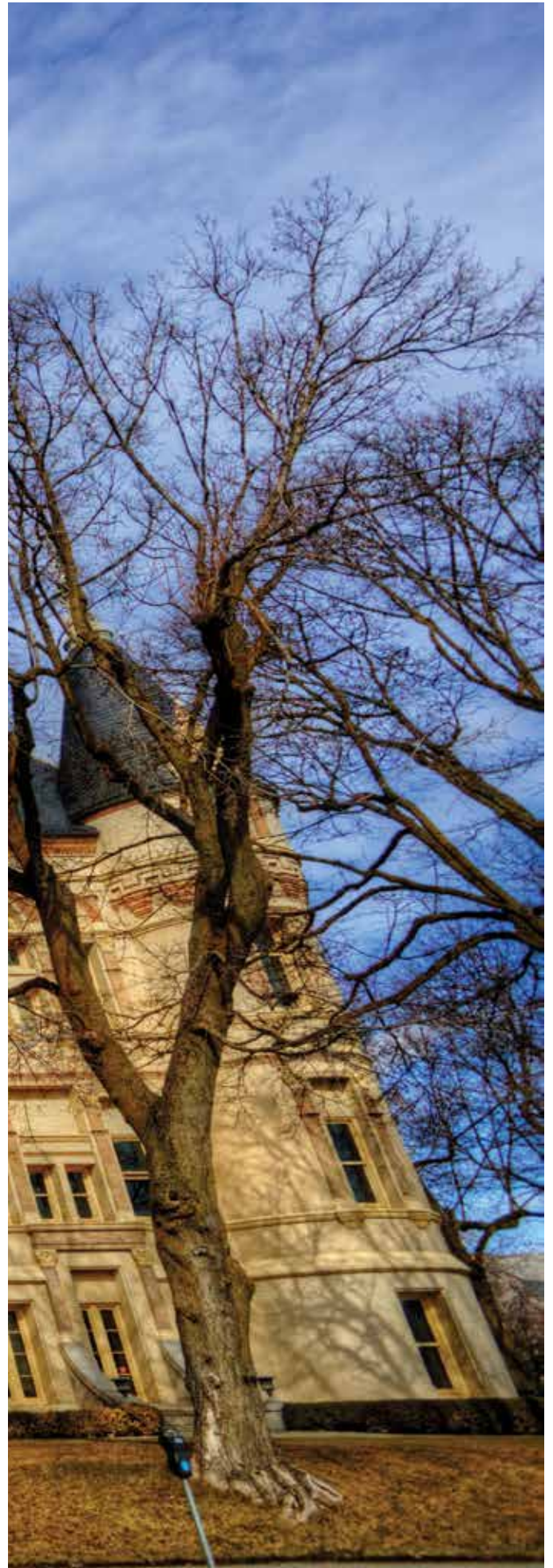
Historically, in Spokane County, as in many other regions, these processes were independently planned and conducted by individual organizations or single coalitions. Recognizing the redundancy of effort and duplication of priorities, local stakeholders across multiple sectors worked to align planning and assessment cycles to leverage resources and improve collaboration for collective impact.

The purpose of this document is to present the process and findings of Spokane County's 2017/2018 community-wide assessment process. Assessment participants and stakeholders can use this document to help meet funder or other organizational mandates. They are also encouraged to use the identified priorities to align resources and bolster population-level improvements in health and well-being. Stakeholder use of assessment outcomes and lessons learned positions the community to align timelines and coordinate future improvement cycles.

Cross-Cutting Priorities: Results of Final Public Assembly

Throughout the community assessment process, numerous stakeholders participated in various phases of the process. These phases culminated in a final community assessment meeting, where over 200 individuals participated. The following three community priorities were identified:

1. Reduce family violence and trauma
2. Increase access to mental health and substance abuse treatment
3. Increase access to affordable housing



Participants

More than 361 unique stakeholders representing over 111 organizations participated in the process. The following is an overview of participants and their roles and responsibilities.

Participating Coalitions

Priority Spokane and the Community Health Assessment Board (CHAB) worked together with staff from Eastern Washington University's (EWU) Institute for Public Policy and Economic Analysis and Spokane Regional Health District's (SRHD) Data Center to staff and implement the assessment process. Members from each coalition participated in a planning committee. Notably, members of both collaborations and the assessment planning committee included leaders from area nonprofit hospitals as the hospitals have a federal requirement to conduct community health needs assessments. Participation from the hospitals ensured alignment of the assessment with Patient Protection and Affordable Care Act requirements.

Priority Spokane

Founded in 2004, Priority Spokane is a collaboration of organizations across multiple sectors working to create a vibrant future for Spokane County. Priority Spokane brings together leaders from city government, education, universities, business, health, and nonprofit sectors to use an evidence-based approach to identify and address the most significant issues affecting Spokane County. The Priority Spokane steering committee consists of 23 leaders in the community. Each steering committee leader/organization contributes funding to maintain an executive director for Priority Spokane who is responsible for the ongoing operations of the collaborative. Priority Spokane's goal is to foster measurable improvements in key areas of community vitality by focusing efforts on a few priorities associated with economic vitality, education, the environment, health, and community safety.

Community Health Assessment Board

Based on a desire and agreement to leverage community resources and align efforts, the CHAB was formed in 2016 by SRHD, with the primary purpose of identifying individual organizations' needs for assessment and convening partners to collaboratively plan and execute a "master" assessment process. Additional CHAB goals include improving the collaborative use of data and supporting individual organizations with their research (data, evaluation and information) needs. This is done by helping connect organizations to the university-based faculty resources and technical expertise inherent to the board. CHAB is different from Priority Spokane in that its membership is less structured, participation is open to anyone or any organization that perceives value in participation, and its focus is on sharing and use of data and data-related expertise

vs. implementation of strategies to improve health issues. To date, CHAB is comprised of 49 partners representing 35 organizations. The collaboration has a charter that defines membership roles, expectations, and overarching purpose.

Organizing Framework

Needs Assessment Planning Committee

The planning workgroup for the 2017/2018 needs assessment included members from Priority Spokane, Providence Health Care, St. Luke's Rehabilitation Institute, Shriners Hospital for Children Spokane, Spokane Neighborhood Action Partnership, SRHD, and Spokane County United Way.

Community Leadership Support

The community needs assessment process was adopted from Priority Spokane, building on its past successes. Priority Spokane, under the direction and leadership of Patrick Jones, Ph.D., executive director of EWU's Institute for Public Policy & Economic Analysis and manager of Spokane Community Indicators, developed and institutionalized a five-year cycle of assessment and improvement planning, starting in 2006. The process uses a structure of six task forces that represent major areas of community well-being. Each of the six task forces are co-chaired by local leaders representing that sector who were responsible for identifying stakeholders and inviting them to participate. The task forces and co-chairs for the 2017-2018 assessment were:

Economic Vitality

- Shelly O'Quinn, Chief Executive Officer, Innovia Foundation
- Todd Mielke, Chief Executive Officer, Greater Spokane, Inc.

Education

- Mike Dunn, Superintendent, Northeast Washington Educational Service District 101
- Dr. Vincent Alfonso, Dean, School of Education, Gonzaga University

Environment

- Britt Bachtel-Browning, Senior Counsel, Avista Corporation
- Katy Sheehan, Executive Director, Community Building Foundation

Healthy People

- Sara Clements-Sampson, Community Benefits, Providence Health Care

- Torney Smith, Administrator, Spokane Regional Health District

Housing & Transportation

- Amber Waldref, Director, The Zone Project, Northeast Community Center
- Pam Tietz, Executive Director, Spokane Housing Authority

Public Safety

- Karen Stratton, City Council Member, City of Spokane
- Craig Meidl, Police Chief, Spokane Police Department

Stakeholder Participation and Representation

Broad-based community participation was accounted for across multiple sectors. First, a broad master invitee list was obtained, drawing from the participant list from previous assessments and updated based on the knowledge and relationships among planning committee members. The draft contact list was vetted by each of the task force co-chairs. Task force co-chairs added additional invitees to the list, based on professional knowledge and peer networks. As awareness of the assessment process spread, more people asked and/or were invited to attend. A full list of participants can be found in the appendix.

Methodology

Process

Stakeholders in each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. Task forces reviewed and provided input on Spokane Community Indicators, a data set maintained by EWU's Institute of Economic Policy and Research. Data were selected using established criteria and guided discussions by task force co-chairs. The task forces prioritized and voted on indicators they believed best represented key issues in the community. After each task force identified top issues, stakeholders across all task forces convened in a public assembly and voted on the final cross-cutting priorities.

Additional analysis of data was done on selected indicators to deepen understanding of the priorities and the subpopulations most affected. These data and findings are presented in this report. Further work is being undertaken to vet the priorities using focus groups with communities known to experience inequities, including racial and ethnic minorities. Findings from the focus groups will be reported as an addendum to this report.

Data Sources

Data used in the assessment were drawn from resident surveys and two public indicator data sets. More current data may be available on the websites described below than what is in this report. To identify top priorities within each task force area, more than 300 indicators were reviewed. References and attributions for specific indicators are cited with the data in the section on Task Force Sub-Priorities starting on page 13.

Quality of Life (*direct community input*)

countyhealthinsights.org/county/spokane/indicators

Due to the magnitude of the process and limited resources, existing sources of direct community input were used to inform the task forces, primarily drawn from local survey data, including the area's Quality of Life (QoL) survey. The QoL survey was launched and funded in 2015 out of partnership by several CHAB member organizations, including Providence Health Care, Spokane County, City of Spokane, and Empire Health Foundation. The QoL survey is a cross-sector effort managed by SRHD to measure the quality of life of Spokane County residents, including health-related quality of life, satisfaction with local government services, community engagement, social capital and mental health.

The survey is administered in odd years following a "push-to-web" model used extensively within Washington and other states. Survey invitations are mailed to a random sample of addresses within Spokane County. Residents are encouraged to respond to the survey online (pushed to web) before being given the option of completing a hardcopy survey. The survey was fielded initially in 2015 and repeated in 2017. In 2017, a total of 3,833 persons responded (32% response rate) and 3,334 records (28%) were valid for analysis.

There are three open-ended questions in the survey. These questions are used as a means for the public to provide voice to the community issues of greatest concern within the county as well as within the specific residents' neighborhood. The issues reported by residents were themed and reported at the first meeting of each task force.

The detailed QoL survey methodology can be found here: srhd.org/data-and-reports

Spokane Community Indicators

communityindicators.ewu.edu

Spokane Community Indicators is a web-based data resource for the Spokane community, tracking over 200 indicators across 10 categories. It was launched by a group of local organizations in response to a need for data-driven decision-making. Founding members included the City of Spokane, Lands Council, New Priorities Foundation, Spokane County United Way, SRHD, and EWU Institute for Public Policy & Economic Analysis.

County Health Insights

countyhealthinsights.org

SRHD Data Center manages and reports on numerous public health indicators via its County Health Insights dashboard. These data are used by public health to identify emerging health and other social issues needing deeper exploration. They are also used by the local and regional community to identify health needs and disparities, inform grant applications, and support evaluation of community health improvement efforts. Several of the indicators can also be found on Spokane Community Indicators—but additional information and demographic details for these data are included on County Health Insights.

Criteria for Prioritization

The following criteria were used to guide review of data and prioritization of issues:

- An issue that affects the greatest number of residents in Spokane County—either directly or indirectly.
- A condition that is unambiguously below where participants want it to be, via a comparison to a benchmark or its own trend.
- A condition that is unambiguously above a benchmark, and therefore one that stakeholders want to preserve.
- An issue that is predictive of other outcomes, as best as stakeholders can currently determine.
- An issue that appears to impact several aspects of community life.
- A condition that stakeholders, at the local level, have some opportunity to change.
- A proposed time horizon of five years to show improvement.

Factoring in Holistic Health and Equity

In consideration of the many ties the assessment has to health and equity, the process also needed to account for a shared understanding of health and how it relates to equity. In 1948, the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”ⁱ There is a general understanding that the environment and social circumstances in which a person lives have a far greater contribution to health and well-being than individual genetics or behaviors.ⁱⁱ This assessment broadly encompassed multiple aspects of the lived experience as evaluated through a review of more than 300 indicators across the broad categories of community well-being represented by the task forces, thus capturing a holistic view of health in Spokane County.

SRHD and many partnering organizations are deeply concerned about health inequity. Health inequities are differences in population health that can be traced to unequal economic and social conditions and are systematic and avoidable, and thus, inherently unjust and unfair. Though concerns about equity were prompted in the task force discussions, resource limitation prohibited a deeper exploration and data analysis for all 300 + indicators to identify disparities in the data. Thus, when available, a demographic breakdown for the top priorities within each task force area are presented in this report. The purpose of disaggregating the data was to examine subpopulations most affected; i.e. to identify potential inequities.

At the end of each task force section of this report, key disparities are briefly highlighted in an “Eye on Equity” section. It is critical that the observed root causes of disparities in the community continue to be highlighted in assessment outcomes and work moving forward. The additional data can be used to establish baselines and monitor trends over time, inform partners about where to focus resources and interventions, and ensure strategies account for the needs of populations most impacted. Without a clear understanding of existing disparities, well-intentioned strategies may have no effect on, or could even worsen, health and social issues.

Findings

What follows are data describing the residents and lived experiences in Spokane County, including a description of the population, key issues identified by residents, and data reviewed and used to identify priority community concerns. The information is presented in sections that are organized by the six task force areas.

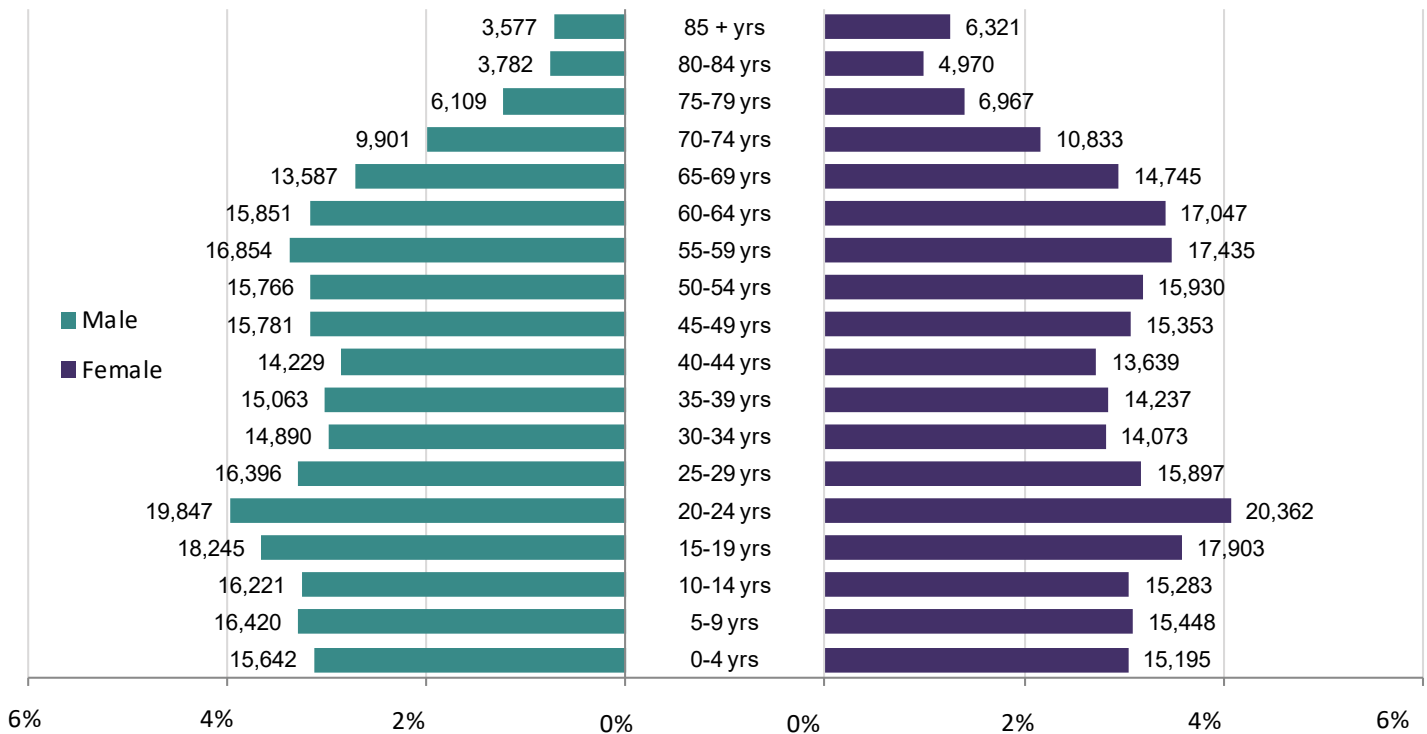
Population Description

Spokane County is located along the central portion of the eastern edge of Washington state. In 2018, Spokane County was the fourth most populous county in the state with 507,950 individuals. This accounted for 6.8% of the state's population. The city of Spokane was the state's second most populous incorporated city with 220,100 individuals. The city of Spokane accounted for 43.3% of the county population, with another 27.6% living in other incorporated municipalities and 29.1% living in unincorporated areas in Spokane County. Of the 39 counties in Washington state, Spokane County had the eighth highest population density

with 288 individuals per square mile. In 2017, seniors 65 years and older made up the smallest proportion of Spokane County's population. Spokane County had similar proportions by age group to statewide proportions. Over the last decade, the proportion of the population younger than 18 years of age decreased by approximately 1%. The proportion of the population aged 65 years or older increased approximately 3%.

According to 2017 data, Spokane County was not racially diverse. Among county residents, 88.0% were white, 5.1% were of two or more races, 2.2% were Asian, 1.4% were black, 1.4% were American Indian/Alaska Native (AI/AN), and 0.6% were Native Hawaiian and other Pacific Islander. Statewide, the population was somewhat more racially diverse. While residents of Hispanic ethnicity comprised 12.7% of the statewide population, they accounted for 5.7% (29,049) of Spokane County's population. Hispanics are included in all race categories in the following table.

FIGURE 1. DISTRIBUTION OF POPULATION BY AGE AND SEX SPOKANE COUNTY, 2017



Spokane Regional Health District, Data Center | Source: Washington State Office of Financial Management, postcensal estimates, 2017
 Note: For more information on community demographics, go to srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf

TABLE 1. POPULATION BY RACE ALONE, 2017

	Spokane County	Washington State	
Total	506,152	100%	100%
White	445,297	88.0%	75.4%
Black or African American	7,131	1.4%	3.7%
American Indian/Alaska Native	6,855	1.4%	1.3%
Asian	11,346	2.2%	8.5%
Native Hawaiian & other Pacific Islander	2,907	0.6%	0.7%
Some other race	6,622	1.3%	4.6%
Two or more races	25,994	5.1%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2017. Table B02001

TABLE 2.* POPULATION BY RACE ALONE OR IN COMBINATION, 2017

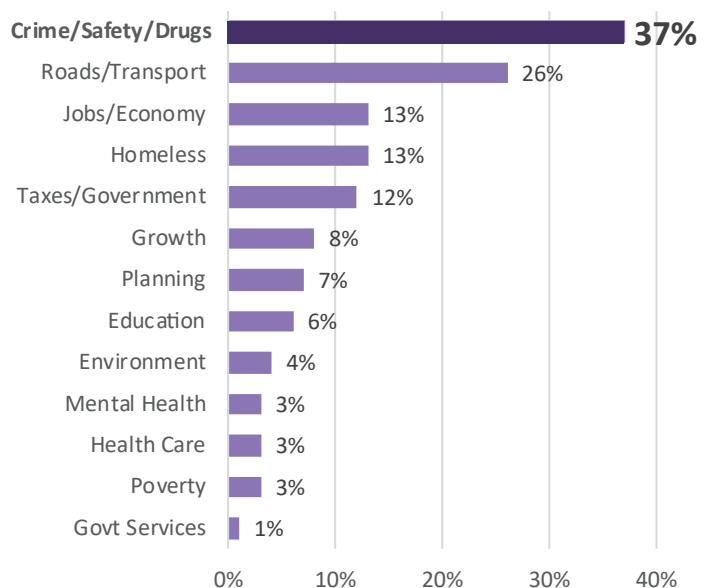
	Spokane County	Washington State	
White	468,838	92.6%	80.7%
Asian	19,057	3.8%	10.9%
American Indian/Alaskan Native	17,464	3.5%	3.0%
Black or African American	16,646	3.3%	5.5%
Native Hawaiian or other Pacific Islander	6,069	1.2%	1.3%
Some Other Race	8,877	1.8%	5.3%

*“The race concept ‘alone or in combination’ includes people who reported a single race alone (e.g., Asian) and people who reported that race in combination with one or more of the other race groups (i.e., white, black or African American, American Indian/Alaska Native, Native Hawaiian and other Pacific Islander, and some other race). The ‘alone or in combination’ concept, therefore, represents the maximum number of people who reported as that race group, either alone, or in combination with another race(s). The sum of the six individual race ‘alone or in combination’ categories may add to more than the total population because people who reported more than one race are tallied in each race category.” Source: U.S. Census Bureau, American Community Survey, 2017. Tables B02008-B02013

Community Voice

The QoL survey was used to identify key issues affecting the community, as reported by community members. Survey recipients responded to an open-ended question asking for their perspective on the top issues facing Spokane County. The findings were presented during the first meeting of each task force. The complete survey data can be found at countyhealthinsights.org/county/spokane/indicators

FIGURE 2. RESIDENT-REPORTED TOP ISSUES FACING SPOKANE AREA, 2017



Spokane Regional Health District, Data Center
Source: Spokane County Quality of Life Survey, 2017

Task Force Sub-Priorities

Prior to voting on the top three overarching community priorities, each task force voted to identify the priorities within their respective area. The top three priorities for each are presented here, along with the evaluated indicator data that led to selection of the sub-priority.

Economic Vitality

A vibrant community is almost always rooted in a solid economic base. Without it, efforts to achieve excellence in all facets of community life may falter. **Socioeconomic status** is the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation. Examinations of **socioeconomic status** often reveal inequities in access to resources, plus issues related to privilege, power and control. As shown in other reports for Spokane County, those with higher incomes generally have better health and longer life, better opportunities and overall higher quality of life.ⁱⁱⁱ

The Economic Vitality Task Force met twice. First, 30 people voted on indicators to track. Then, 24 people cast votes to determine this task force’s top three priorities:

- **Priority 1:** Develop a more educated workforce
- **Priority 2:** Create nationally competitive and sustainable jobs
- **Priority 3:** Increase wages and income

Priority 1: Develop a more educated workforce

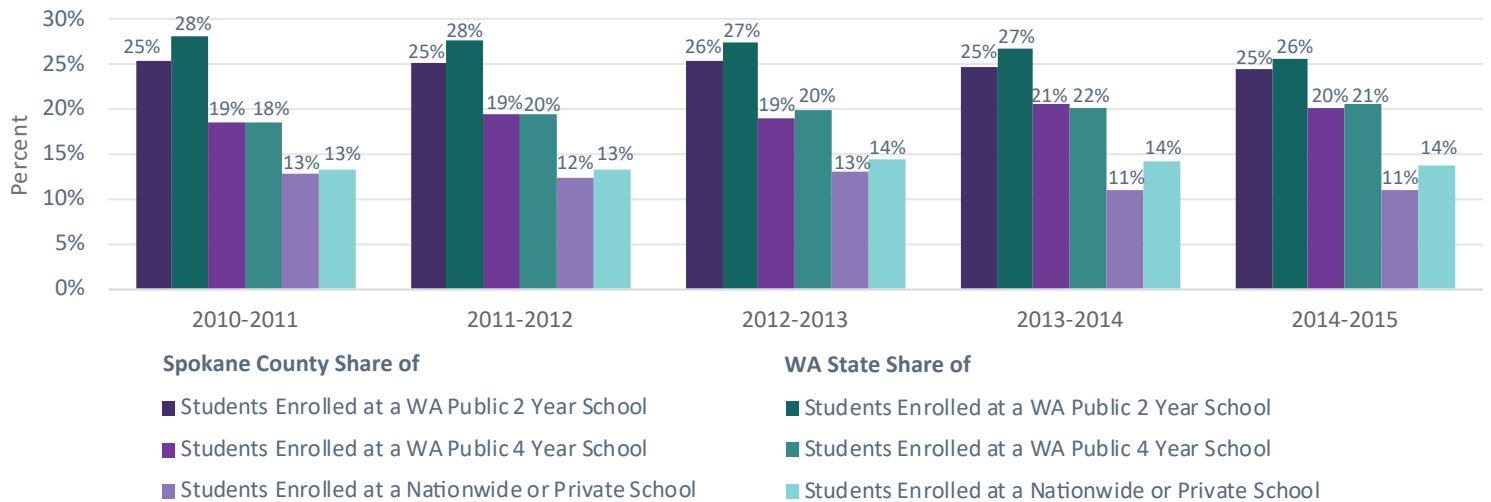
I believe that workforce educational attainment is the most important priority in order to prepare individuals to have upward financial mobility in the regional economy.

Task Force Participant

Indicator: First-Year Post-High School Enrollment

This indicator measured the number of high school graduates who were enrolled in post-secondary education within one year of graduating from high school in Spokane County.

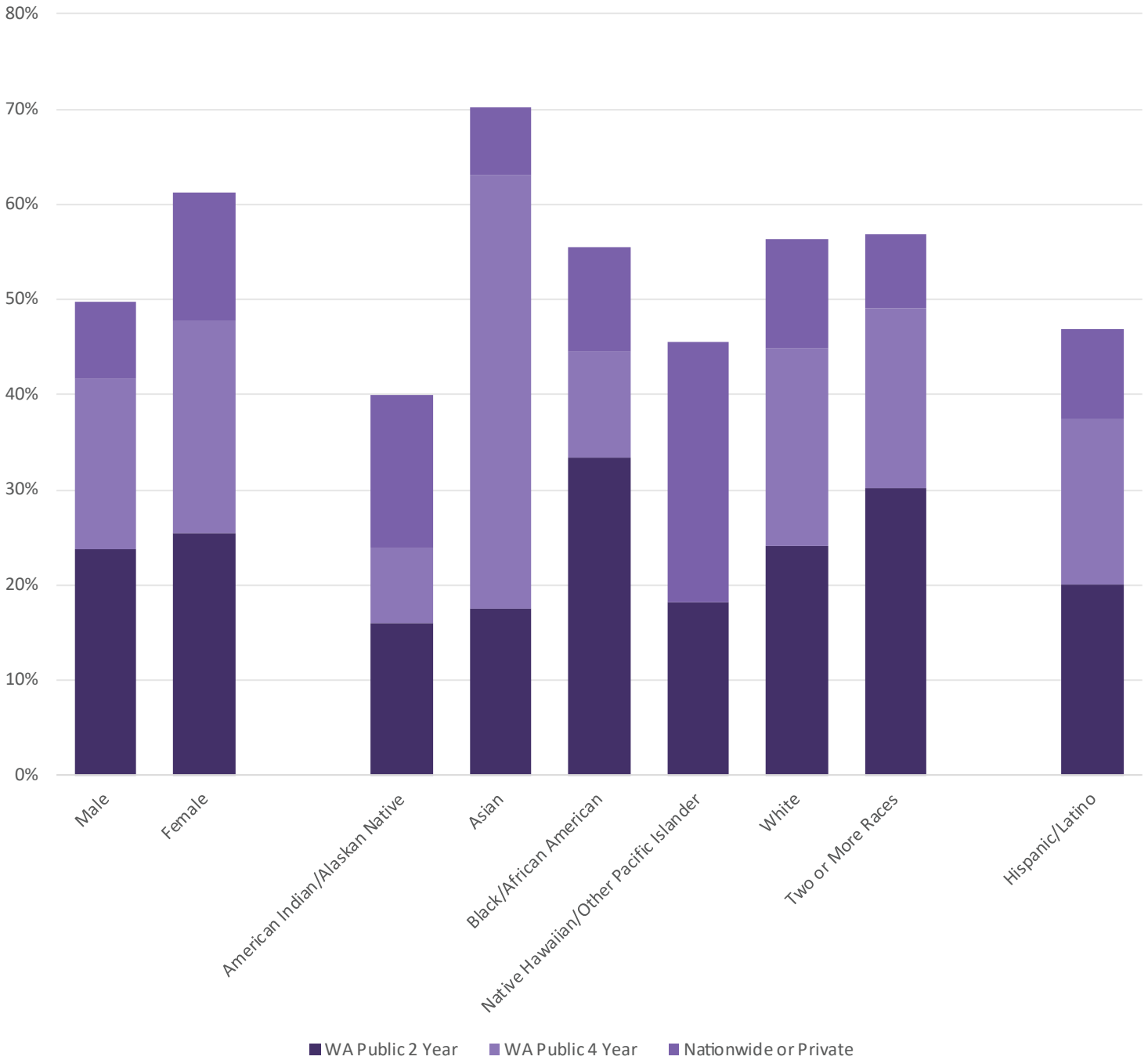
FIGURE 3. SHARE OF PUBLIC HIGH SCHOOL STUDENTS WHO ATTEND HIGHER EDUCATION INSTITUTES WITHIN THE 1ST YEAR AFTER HIGH SCHOOL GRADUATION



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: State of Washington Office of Superintendent of Public Instruction (OSPI)
 Note: most current data found at communityindicators.ewu.edu

During the 2014-2015 school year, the overall post-secondary enrollment rate of recent high school graduates in Spokane County was 57%, decreasing from 60% in 2006. The rate in Spokane County was slightly lower than that in Washington state (60%) in 2014-2015.

FIGURE 4. SHARE OF PUBLIC HIGH SCHOOL STUDENTS WHO ATTEND HIGHER EDUCATION INSTITUTES WITHIN THE FIRST YEAR AFTER HIGH SCHOOL GRADUATION, SPOKANE COUNTY, 2015



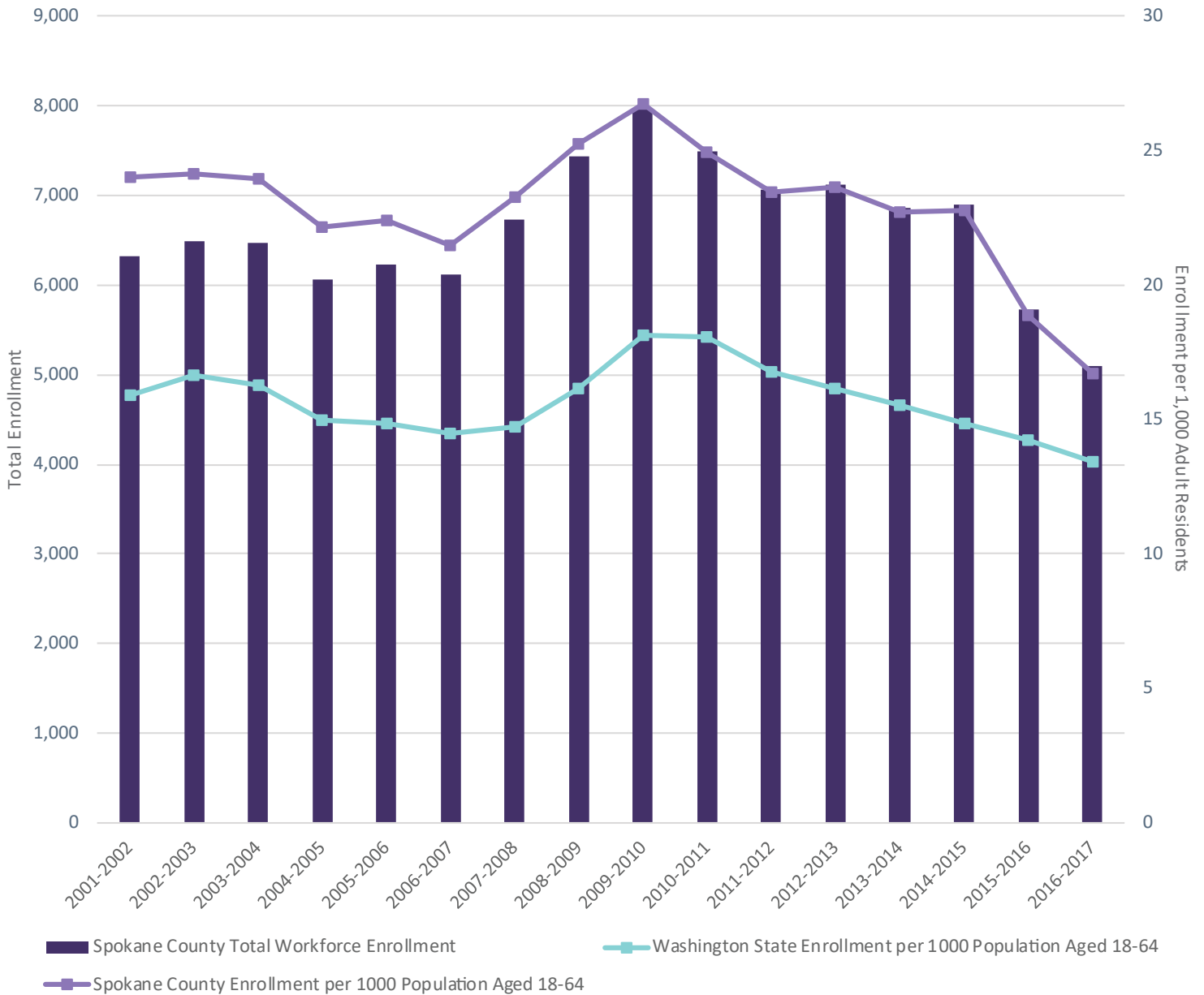
Spokane Regional Health District, Data Center | Source: State of Washington Office of Superintendent of Public Instruction (OSPI)
 Note: most current data found at www.communityindicators.ewu.edu

In Spokane County, the overall post-secondary enrollment rate varied by sex and race/ethnicity. Specifically, females had a higher rate of attending higher education institutions within the first year after high school graduation compared to males. Additionally, among all races, Asians had the highest post-secondary enrollment rate of recent high school graduates (71%) while AI/AN had the lowest rate (40%).

Workforce Training at Community Colleges

Specific to enrollment in community college for the purpose of workforce training, this indicator measured, per 1,000 Spokane County residents aged 18-64, total enrollment vs. total state-funded enrollment.

FIGURE 5. NUMBER OF STATE FUNDED STUDENTS ENROLLED IN COMMUNITY COLLEGE FOR THE PURPOSE OF WORKFORCE TRAINING PER 1,000 GENERAL POPULATION AGED 18-64



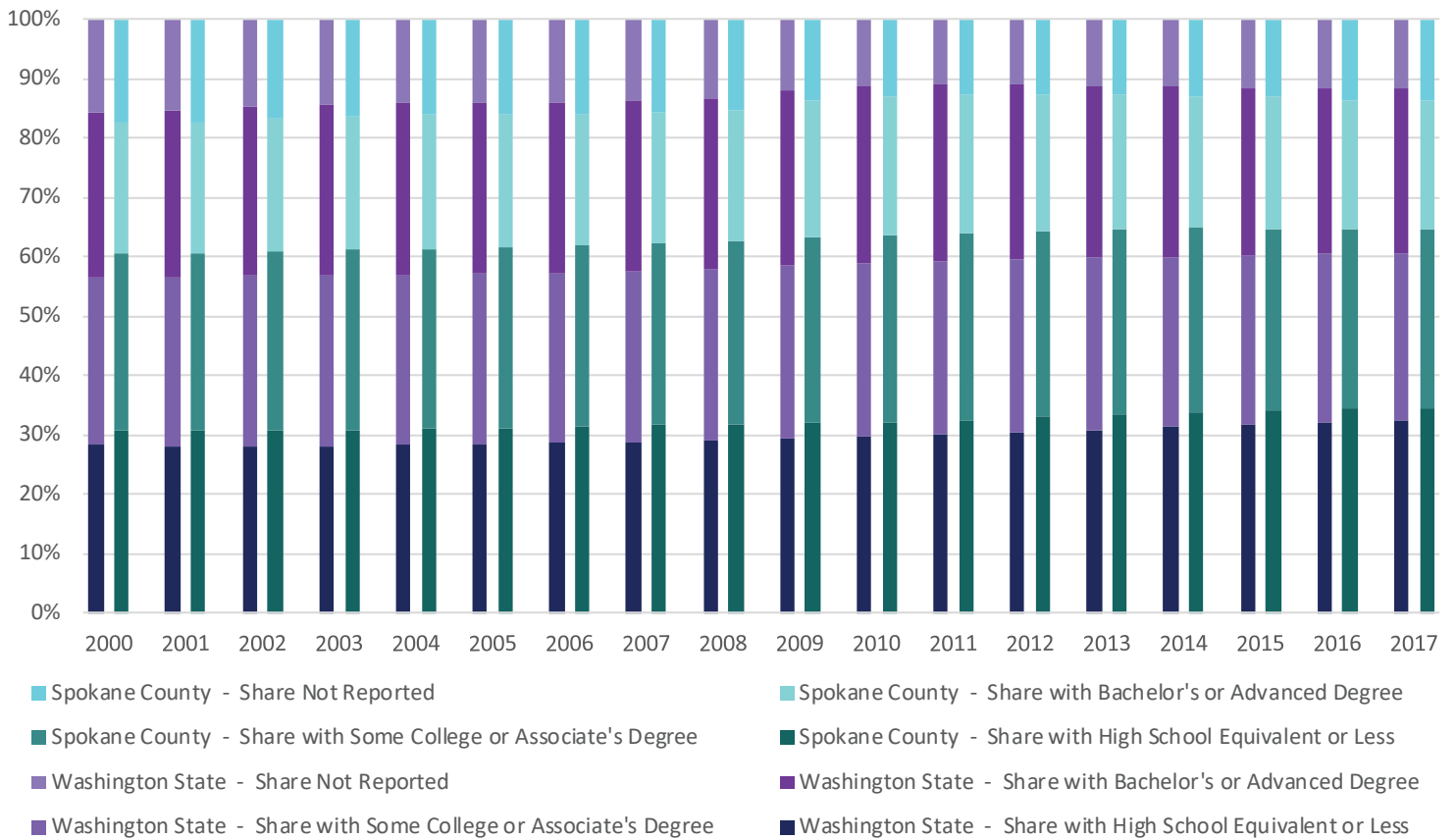
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Sources: Washington State Board for Community & Technical Colleges; State of Washington: Office of Financial Management – Postcensal Estimates of Population by Age and Sex, 2010-2014
 Note: most current data found at communityindicators.ewu.edu

During the 2016-2017 school year, the enrollment in community colleges for the purposes of workforce training in Spokane County was 16.7 per 1,000 residents, down from 24.0 per 1,000 residents during the 2001-2002 school year. The rate in Spokane County was higher than that in Washington state (13.4 per 1,000 residents).

Jobs by Educational Attainment

This indicator measured the share of jobs in Spokane County and what kind of degree, if any, was needed to perform the job.

FIGURE 6. SHARE OF JOBS BY EDUCATIONAL ATTAINMENT

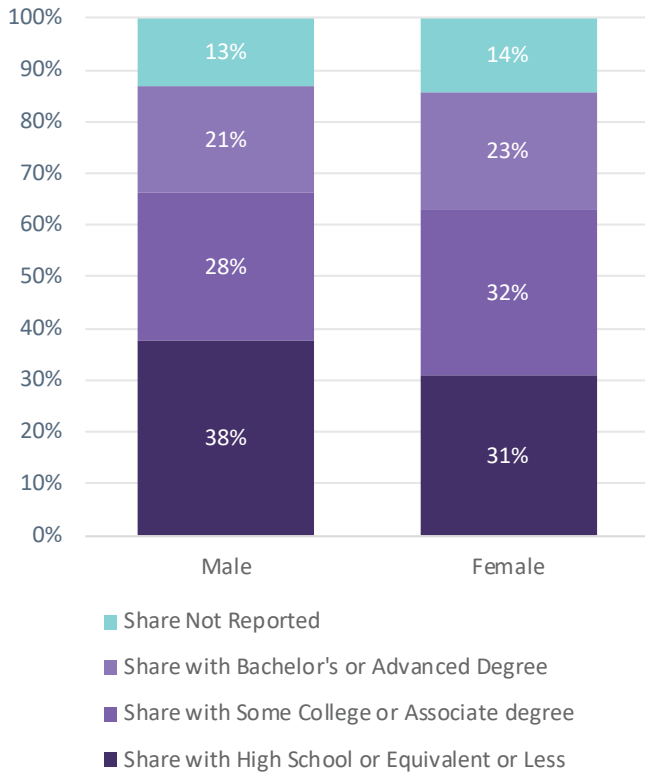


EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Census Bureau: Center for Economic Studies, LEHD - Quarterly Workforce Indicators Explorer | Note: most current data found at communityindicators.ewu.edu

In 2016 in Spokane County, 36% of jobs required a high school degree or less, 30% required some college or an associate's degree and 21% required a bachelor's or advanced degree. Compared to Washington state, Spokane County had fewer jobs that required a bachelor's degree.



FIGURE 7. SHARE OF JOBS BY EDUCATIONAL ATTAINMENT BY SEX, SPOKANE, 2016



Spokane Regional Health District, Data Center | Source: U.S. Census Bureau: Center for Economic Studies, LEHD - Quarterly Workforce Indicators Explorer

Additionally, the share of jobs that required a high school degree or less was higher for males than females.

Priority 2: Create nationally competitive and sustainable jobs

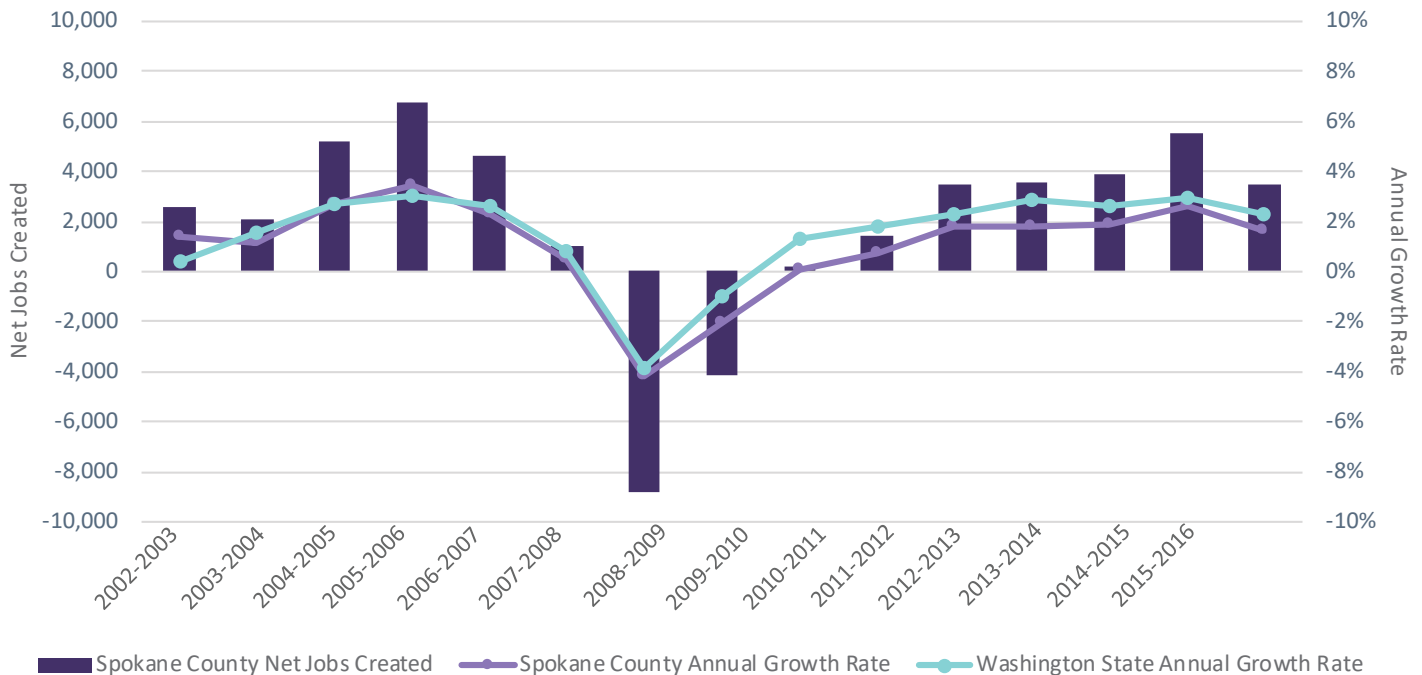
I believe providing good, competitive-wage jobs, is the most important thing we can do to grow our economy and improve everyone's quality of life. We need to continuously increase the number of good paying jobs that are available.

Task Force Participant

Net Jobs Created

This indicator measured the number of net jobs created and the annual percentage change from year to year in Spokane County. A positive number represented job growth, while a negative number represented the number of net jobs lost during the year.

FIGURE 8. NET JOBS CREATED & ANNUAL GROWTH RATE



WU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Census Bureau: Center for Economic Studies, LEHD - Quarterly Workforce Indicators Explorer | Note: most current data found at communityindicators.ewu.edu

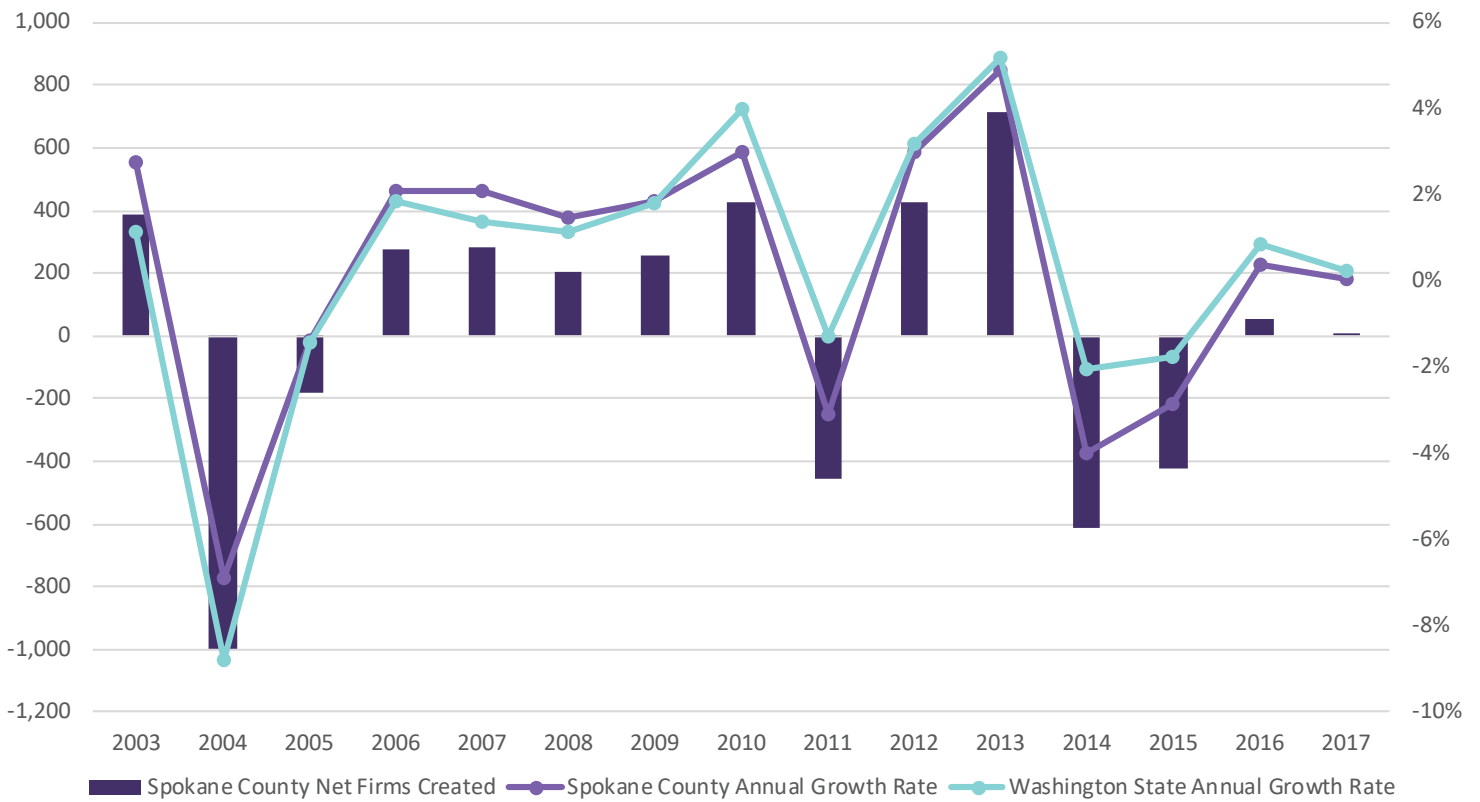
From 2015 to 2016, there were a total of 5,468 jobs created in Spokane County. Compared to Washington state, the annual growth rate in Spokane County was slightly lower (2.6% versus 2.9%).



Net Firms

This indicator measured the number of Spokane County firms that were added or lost during the year, or the final “net” number created, as well as the annual percentage change in firm creation from the previous year.

FIGURE 9. NET FIRMS CREATED & ANNUAL GROWTH RATE



There was a gain of 29 firms in Spokane County during 2016. Compared to Washington state, the percentage change of the number of firms in Spokane County was lower (0.2% versus 0.9%).

Priority 3: Increase wages and income

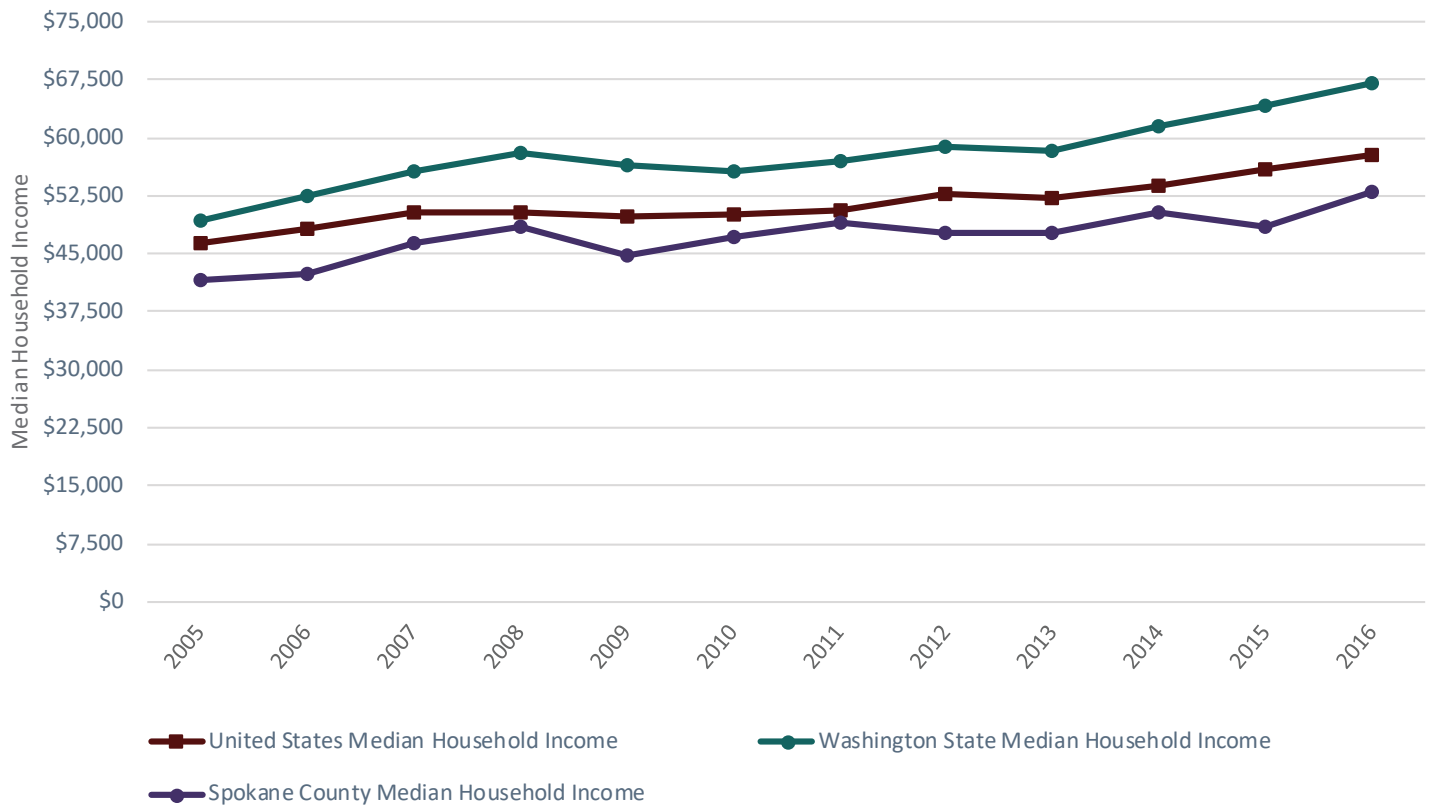
I do believe we need to track progress against the movement of income for our citizens. The lack thereof is the root of so many social challenges, not the least of which is the likelihood of broadly defined success by our youth.

Task Force Participant

Median Household Income

This indicator measured median household income in Spokane County.

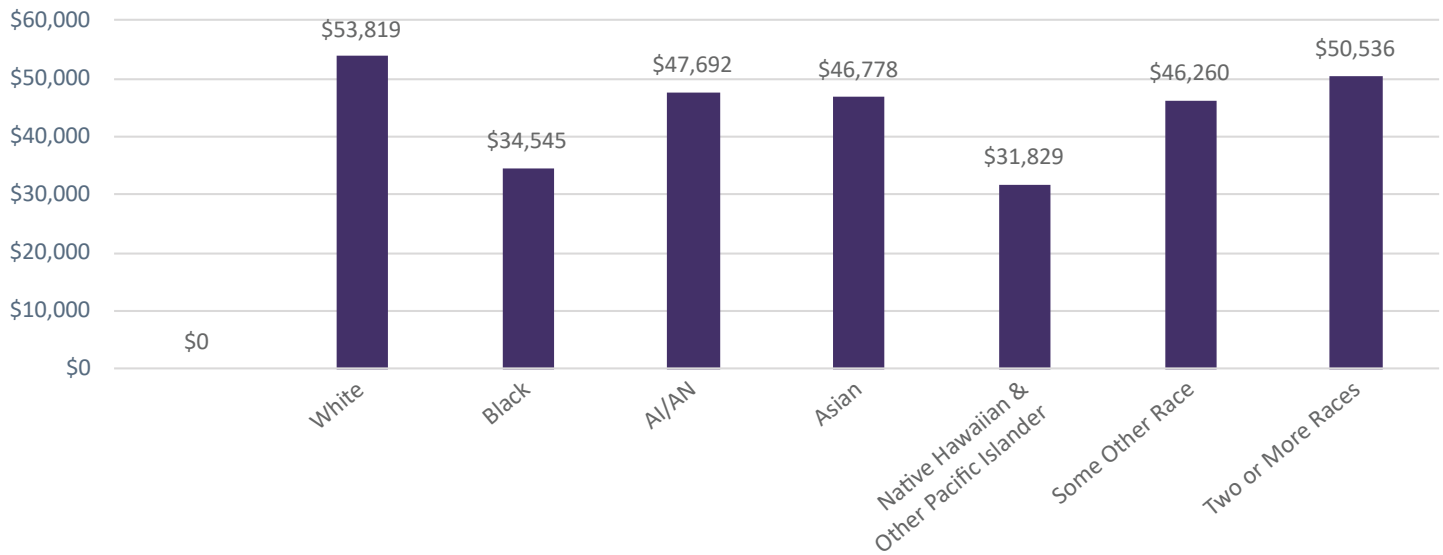
FIGURE 10. MEDIAN HOUSEHOLD INCOME



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)
Note: most current data found at communityindicators.ewu.edu

In 2016, the median household income in Spokane County was \$53,043, increasing from \$41,667, or by 27% since 2005. The median household income in Spokane County was lower than that in Washington state (\$67,106) and the United States (US) (\$57,617).

FIGURE 11. MEDIAN HOUSEHOLD INCOME BY RACE OF HOUSEHOLDER, SPOKANE COUNTY, 2016



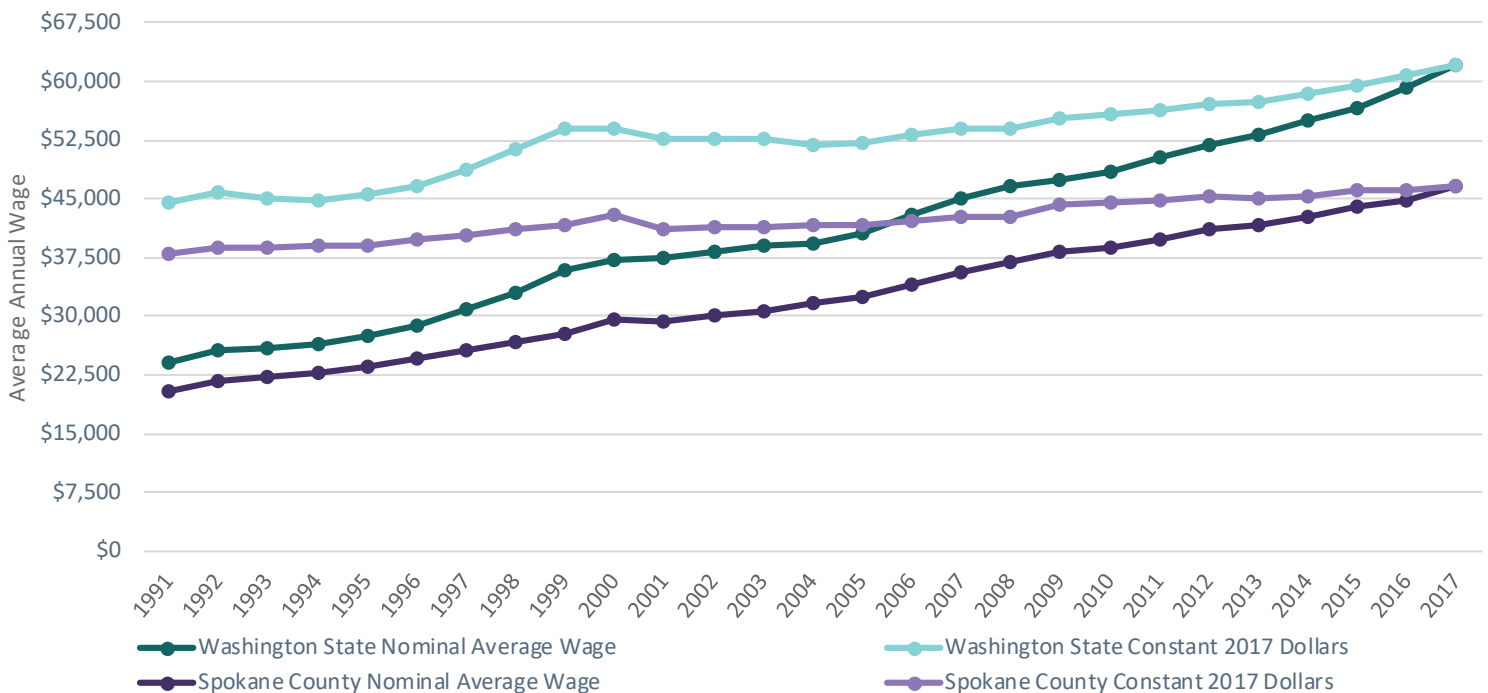
Spokane Regional Health District, Data Center | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)

The median household income in Spokane County varied by the race of a householder. Among all races, white householders had the highest median household income and Native Hawaiian and other Pacific Islander alone had the lowest median household income.

Overall Average Annual Wage

This indicator measured overall average annual wage for residents of Spokane County. It is presented as both a nominal dollar value (where no attempt was made to adjust for inflation) and as a constant 2017 dollar value.

FIGURE 12. OVERALL AVERAGE ANNUAL WAGE



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Employment Security Department: Quarterly Census of Employment and Wages | Note: most current data found at communityindicators.ewu.edu

During 2017 in Spokane County, the overall average annual wage in constant 2017 dollar values was \$46,542, increasing from

\$36,943, or by 26% since 1990. Compared to Washington state, Spokane had lower overall average annual wage.

Eye on Equity in Economic Vitality

The relationship between higher levels of economic wealth and optimal health, and lower levels of economic wealth and poor health, are well documented. Income is the indicator that most directly measures material resources and can influence health by its direct effect on living standards; specifically, access to better quality food, housing and healthcare services.^{iv}

In Spokane County, the data showed disparities in economic well-being by race:

- AI/AN had the lowest rate (40%) of post-secondary enrollment in higher education.
- White householders had the highest median household income and Native Hawaiian and other Pacific Islander Native Hawaiian alone had the lowest median household income.

Efforts should be made to understand how local economic development initiatives may inadvertently contribute to economic disparities, and conversely, how they can be developed to address racial and other disparities in economic well-being.

Education

Like income, education is also correlated with health and quality of life. An individual's overall physical and mental health and life expectancy are directly correlated to their income, and research has shown that educational attainment is one of the strongest predictors of income.^v The Education Task Force met twice. First, 15 people voted on indicators to track, then 20 people cast votes to determine the top three priorities, which are:

- **Priority 1:** Improve access and services among students for mental health
- **Priority 2:** Assist low-income students' success in K-12 and entry into post-secondary schools
- **Priority 3:** Improve school safety

Priority 1: Improve access and services among students for mental health

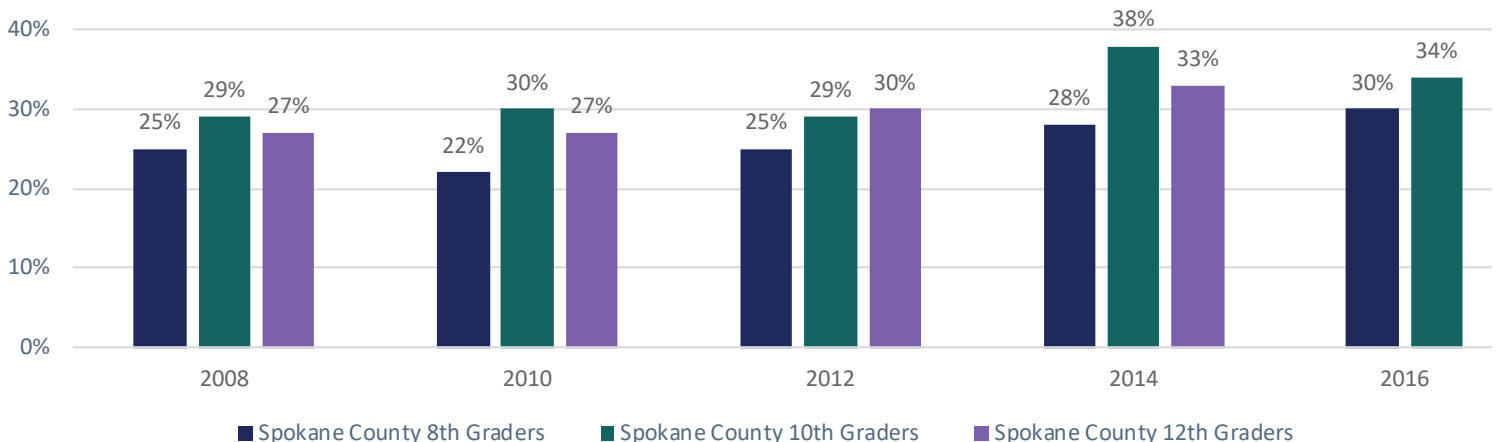
I believe that we have a mental health crisis in that youth suicide, depression and bullying are all issues among youth that are evident in the data. These issues are influenced by social media. Thus, I'm recommending that we focus on youth mental health and related issues.

Task Force Participant

Youth Hopelessness

Of concern to educators and the community was the number of students reporting feeling sad or hopeless almost every day for two weeks or more in a row—an indicator of depression. Such symptoms are related to increased likelihood for risky behaviors (such as drinking, abusing drugs and carrying weapons) and consideration of suicide.

FIGURE 13. PERCENT OF YOUTH REPORTING FEELING SAD OR HOPELESS

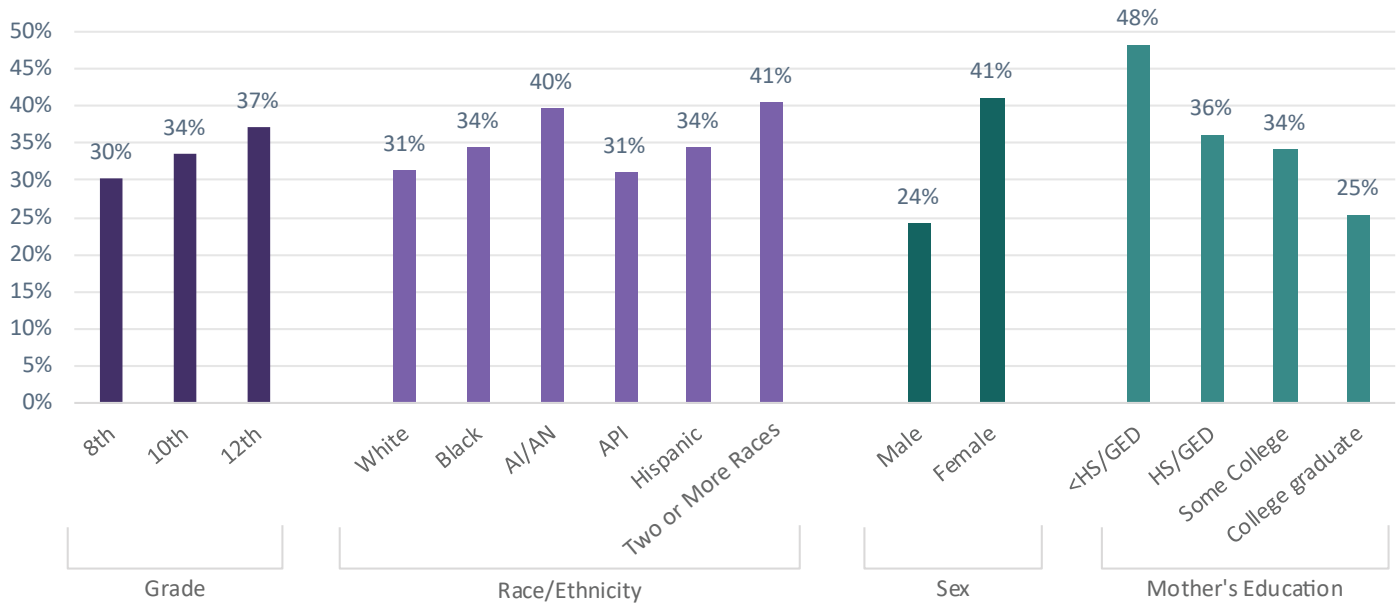


Spokane Regional Health District, Data Center | Source: Healthy Youth Survey, Washington State Department of Health | Note: 2016 data for 12th Graders was unavailable



The percent of adolescents in Spokane County reporting feeling sad or hopeless rose among all three grade groups measured. For 8th graders the percent rose from 25% in 2008 to 30% in 2016; for 10th graders, it was up to 34% from 2008 when it was 29%; and for 12th graders, the rate was up to 33% in 2014 from where it was in 2008 at 27%.

FIGURE 14. DEPRESSED ADOLESCENTS, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: Healthy Youth Survey, Washington State Department of Health

There were significant disparities by grade, sex, race and mother's education (a proxy for socioeconomic status):

- Compared to 8th grade students, 10th and 12th grade students were more likely to experience depression.
- Compared to white students, AI/AN and 'two or more' race students were more likely to experience depression.
- Male students were less likely than females to experience depression.
- Students whose mothers had less than a high school equivalency were the most likely to experience depression.

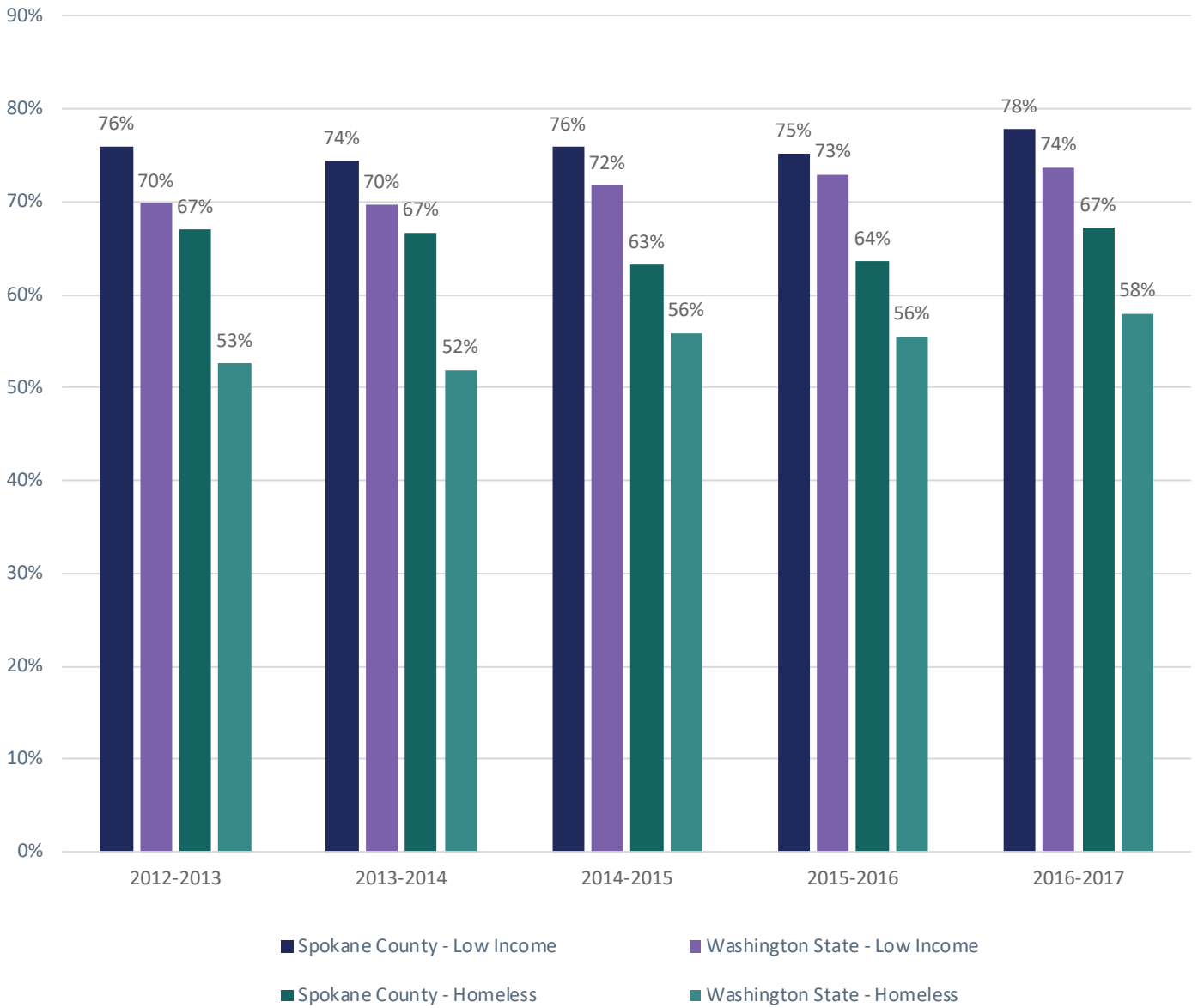
Priority 2: Assist low-income students' success in K-12 and entry into post-secondary schools

It is important to bridge the gap between high school and post-secondary education (higher ed/technical/career training) for students experiencing homelessness and poverty. There are several indicators that might help us gather data to make positive changes in this area. Ultimately this would help all students with post-secondary opportunities.

Graduation Rates: Low-Income and Homeless Students

One indicator of educational attainment is the five-year graduation rate. Academic success, as measured by graduation from high school, is influenced by multiple factors. Since the last community assessment conducted by Priority Spokane in 2015, stakeholders in the community have been particularly interested in addressing disparities in graduation rates observed among low-income and homeless students. The following chart shows the public high school graduation rate for both low-income and homeless students in Spokane County, with Washington state rates shown for comparison purposes.

FIGURE 15. PUBLIC HIGH SCHOOL FIVE-YEAR GRADUATION RATES FOR LOW INCOME & HOMELESS STUDENTS

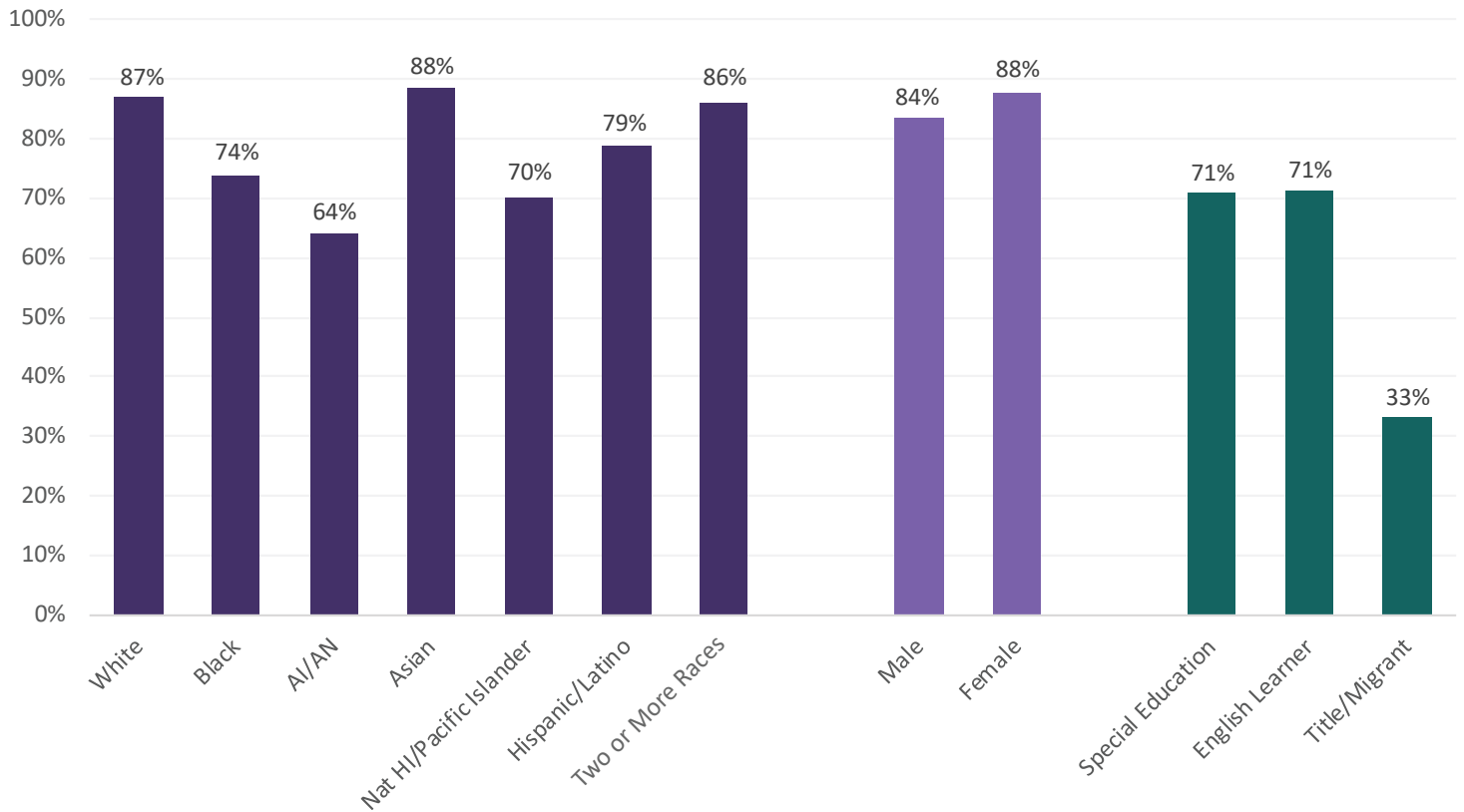


EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Office of Superintendent of Public Schools: Data and Reports
 Note: most current data found at communityindicators.ewu.edu

The five-year graduation rate for ALL students in Spokane County public high schools was 86% for 2016-2017, compared to 78% for low-income students and 67% for homeless students—a notable disparity. Low-income and homeless graduation rates were consistently higher for Spokane County than for the state.



FIGURE 16. PUBLIC HIGH SCHOOL FIVE-YEAR GRADUATION RATES BY DEMOGRAPHIC GROUPS, 2016-2017



Spokane Regional Health District, Data Center
 Source: Washington State Office of Superintendent of Public Schools: Data and Reports

There were additional disparities observed within other sociodemographic categories as well. The five-year graduation rate for the 2016-2017 school year showed that black, AI/AN, Native Hawaiian and other Pacific Islander, and Hispanic/Latino students had lower graduation rates than white and Asian counterparts. Graduation rates were also lower for males, special education students, English learner students and students from migrant families.

Priority 3: Improve school safety

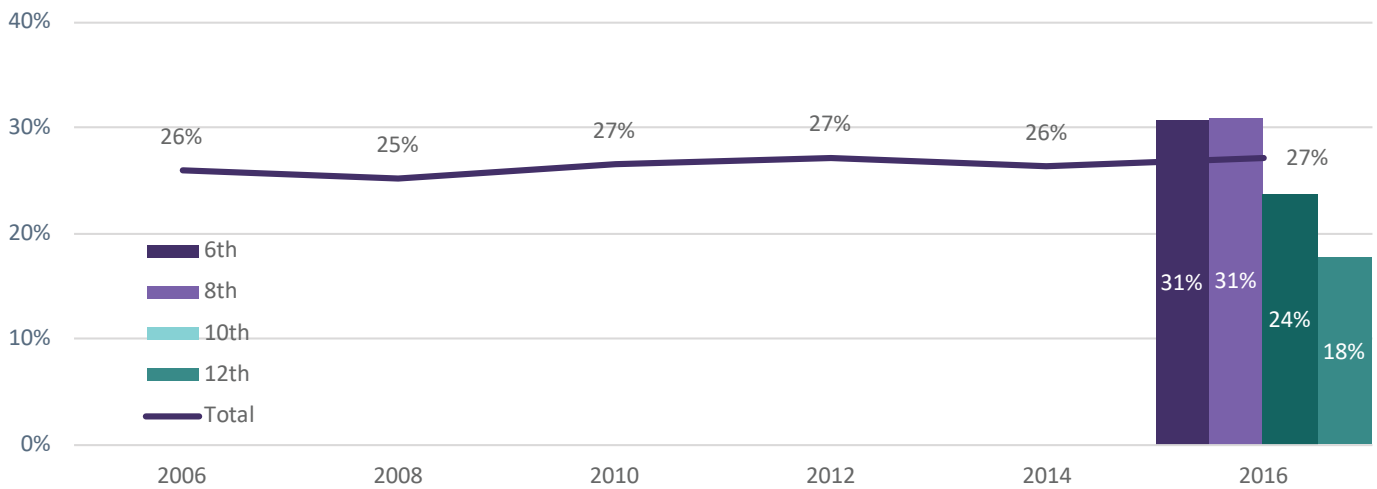
Our kids, teachers and communities need to feel their kids will be safe when they drop them off at school.

Task Force Participant

Youth Bullying

Bullying has remained a persistent issue among adolescents over the last decade. Bullying can include both physical and emotional harm. Youth who report being bullied frequently are at greater risk for suicide-related behaviors.^{vi}

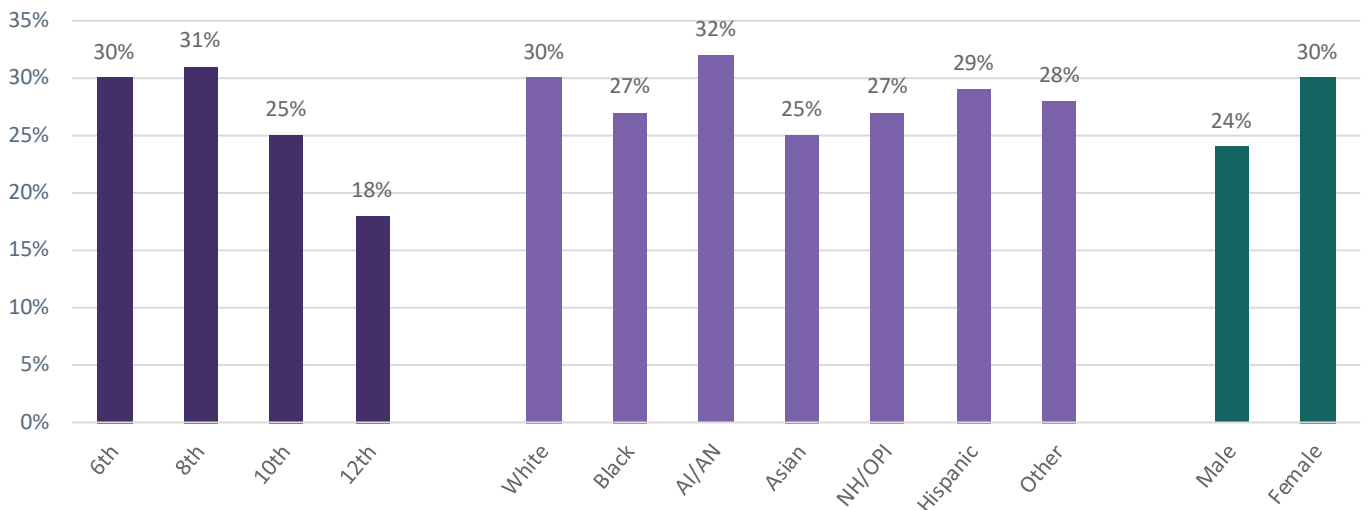
FIGURE 17. BULLIED ADOLESCENTS, SPOKANE COUNTY



Spokane Regional Health District, Data Center | Source: Healthy Youth Survey, Washington State Department of Health

Twenty-seven percent of Spokane County adolescents reported being bullied in the last 30 days in 2016. The proportion of bullied youth was consistent over the last decade.

FIGURE 18. BULLIED ADOLESCENTS BY DEMOGRAPHICS, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: Healthy Youth Survey, Washington State Department of Health

Having been bullied decreased as youth aged. Compared to white students, AI/AN students were more likely to have been bullied and female students were more likely than males.



Eye on Equity in Educational Attainment

There were significant disparities in the educational attainment indicators among different racial/ethnic and sociodemographic groups in Spokane County. For example:

- Five-year graduation rates were lower for AI/AN, Native Hawaiian and other Pacific Islander, and Hispanic/Latino students compared to white or Asian students.
- There is a 55 percentage point difference between graduation rates for the group with the highest graduation rates (Asian; 88%) compared to the group with the lowest rates (33% for migrant/Title 1 students).
- AI/AN students experienced higher rates of bullying.
- AI/AN and ‘other’ race students, and students whose mothers had less than a high school education, were more likely to experience depression than white and higher-income students.

To advance educational equity and related health equity, efforts should focus on creating equal opportunity for educational attainment for all groups. There are two key principles suggested to advance educational equity: fairness and inclusion.^{vii} Fairness in education calls for efforts to make available the same opportunities for people of color that exist for other people. Principles of inclusion suggest that efforts should be made to elevate the minimum standard of educational quality for all. These data show that youth of color and low-income youth are experiencing higher rates of depression and bullying; special effort should be made to mediate these risk factors that interfere with academic success.

Environment

The Inland Northwest is known for the region’s beauty and abundant natural resources. Community members value pristine water, clean air, abundant land and cheap energy, as demonstrated by the community’s desire to track environmental indicators. Presented here are data representing the top issues of concern in this category.

The Environment Task Force met twice. First, 22 people voted on indicators to track. Then 24 people cast votes to determine the top three environment priorities, which are:

- **Priority 1:** Reduce local impacts of climate change by local actions
- **Priority 2:** Protect and preserve the Spokane Valley-Rathdrum Prairie Aquifer (SVRP)
- **Priority 3:** Increase population density to prevent urban sprawl into rural resources

Priority 1: Reduce local impacts of climate change by local actions

I believe reducing global warming and climate change is the highest priority as it impacts human health, our local economy and the natural environment; therefore we should focus efforts on reducing total greenhouse gas emissions. Spokane needs a Climate Action and Adaptation Plan.

Task Force Participant

Greenhouse Gas Emissions

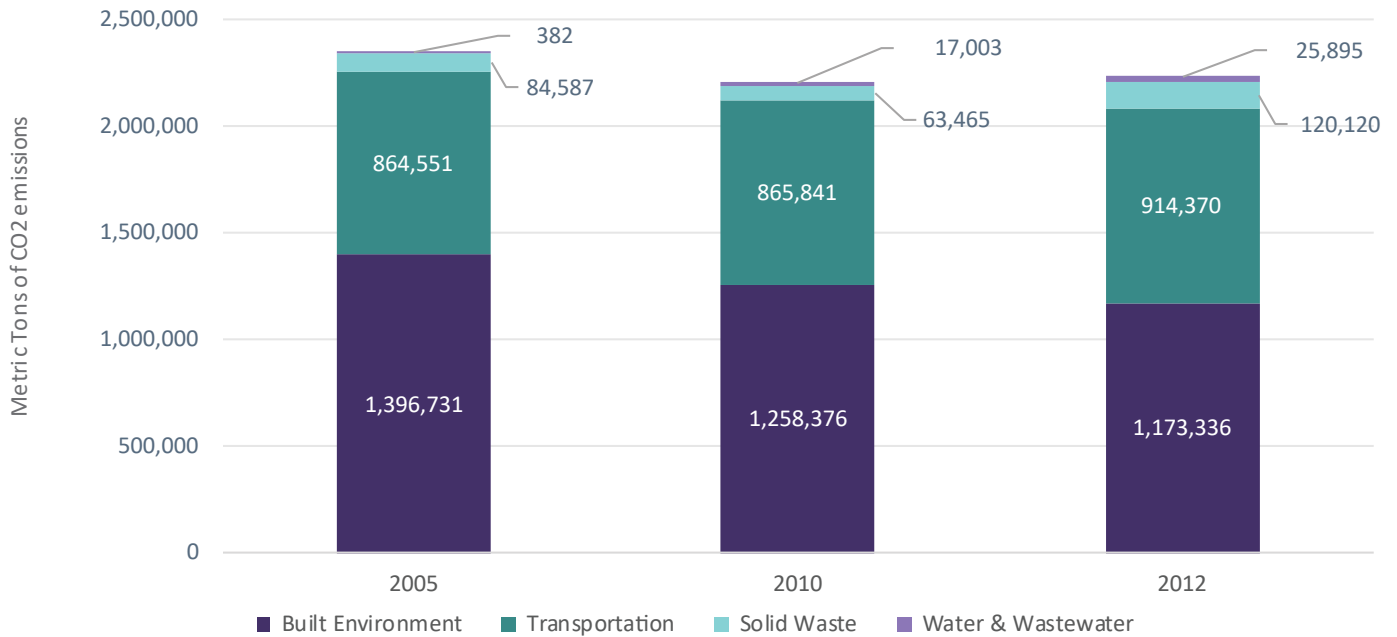
Greenhouse gases include carbon dioxide, methane, nitrous oxide and fluorinated gasses. Greenhouse gas emissions (GHGe) are measured in metric tons of carbon dioxide (CO₂e) equivalents. These emissions have been of concern for decades due to the effects on the environment. The Spokane City Council passed a resolution in 2010 setting GHGe reduction goals for both the city government and the community. Efforts continue to reduce such emissions.

Overall, metric tons of CO₂e dropped by 5% since 2005.

During 2012 in the city of Spokane, GHG emissions, by source were:

- 1,173,336 CO₂e from the built environment, down from 1,396,731, since 2005.
- 914,370 CO₂e from transportation, up from 864,551 since 2005.
- 120,120 CO₂e from solid waste, up from 84,587 since 2005.
- 25,895 CO₂e from water & wastewater, up from 382 since 2005.

FIGURE 19. METRIC TONS OF CO₂E BY YEAR AND SOURCE, CITY OF SPOKANE



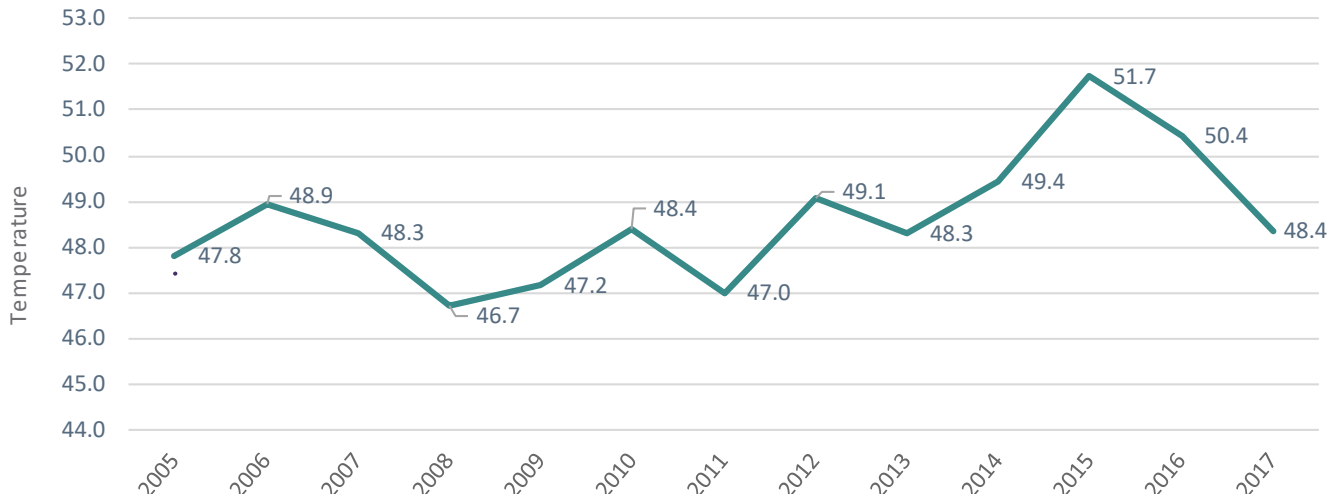
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: City of Spokane, Washington: Public Works & Utilities
 Note: most current data found at communityindicators.ewu.edu



Average and Maximum Average Annual Air Temperature

Tracking average annual air temperature is one of the easiest ways to monitor weather and, ultimately, climate fluctuations over time.

FIGURE 20. ANNUAL AVERAGE TEMPERATURE, SPOKANE COUNTY



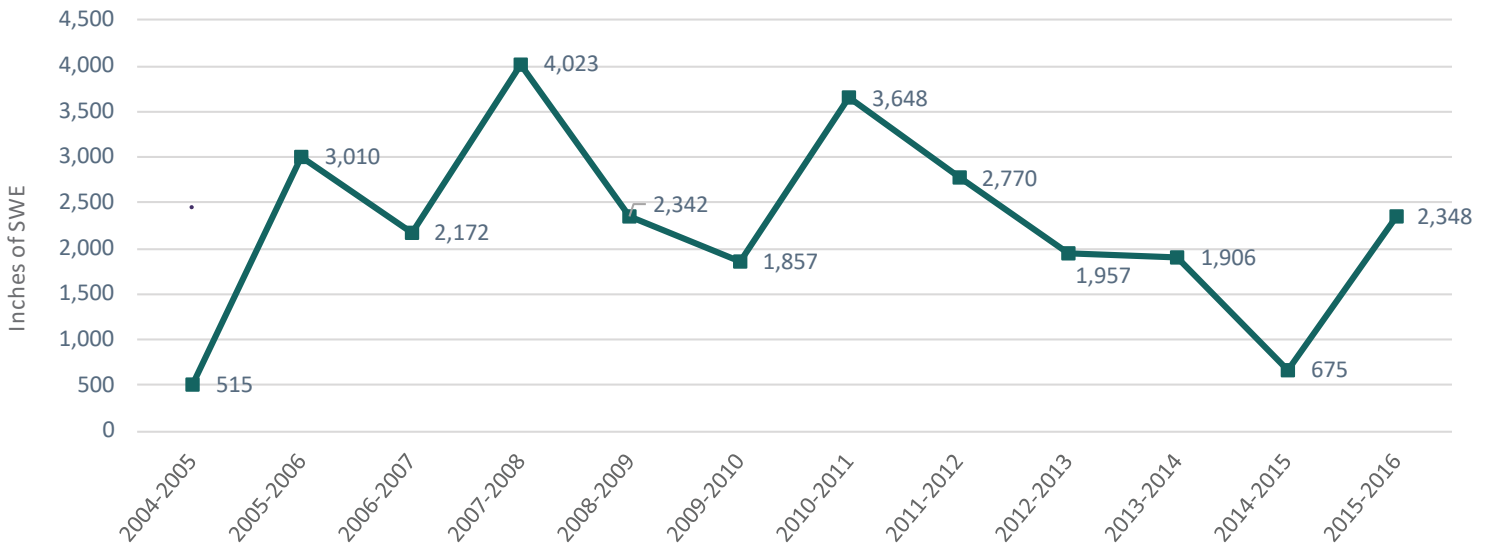
Spokane Regional Health District, Data Center | Source: Western Regional Climate Center: Period of Record Monthly Climate Summary - Spokane International Airport
 Note: a longer-term record of annual average air temperature can be found on Spokane Trends
www.communityindicators.ewu.edu

In 2017, the annual average temperature for Spokane County was 48.4. Year to year, the trend has been unstable, rising and falling year to year. From 2005-2017 the average annual air temperature ranged from 46.7 to 51.7 degrees Fahrenheit. Spokane Community Indicators provides additional perspective on this topic.

Snowpack at Mt. Spokane

Snowpack is important to the region as it serves to replenish rivers, lakes and groundwater—the primary sources of local water supplies. It is also another way to monitor weather and climate fluctuations. Snowpack levels were measured in snow water equivalents (SWE), a better indicator than just snow depth of the actual amount of water contained within. It reflected how many actual inches of water would result from instantaneous snow melting.

FIGURE 21. TOTAL SNOW WATER EQUIVALENT ACCUMULATED NOV-MAY MEASURED AT QUARTZ PEAK AROUND MOUNT SPOKANE



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: The US Department of Agriculture: Natural Resources Conservation District, Report Generator | Note: most current data found at communityindicators.ewu.edu

The SWE for the area trended downward since the 2004-2005 season; however, more insight can be gained from evaluating a longer-term trend. See the Spokane Community Indicators website.

Priority 2: Protect and preserve the Spokane Valley-Rathdrum Aquifer

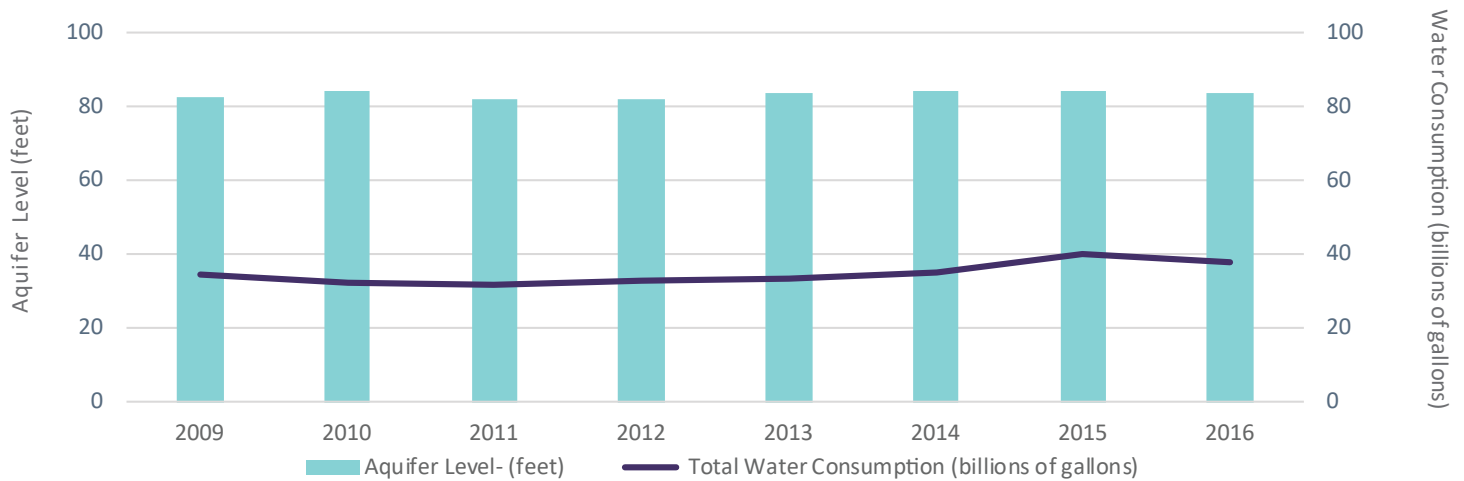
I believe our greatest asset and resource that must be protected, monitored and preserved is the Spokane Valley-Rathdrum Aquifer. I further believe that there is not enough known about the various interactions between air quality, water quality and human health. Spokane and the Inland Northwest are well-positioned to lead the research, applied research and to implement the leading best practices in this discipline globally.

Task Force Participant

Aquifer Levels and Water Consumption

The Spokane Valley-Rathdrum Aquifer has been declared a "sole source drinking water supply" according to the federal Safe Drinking Water Act. The aquifer is a primary source of drinking water for Spokane County residents and is important for the health of residents and the Spokane River.

FIGURE 22. AQUIFER LEVEL (IN FEET) AND TOTAL WATER CONSUMPTION (BILLIONS OF GALLONS), SPOKANE COUNTY



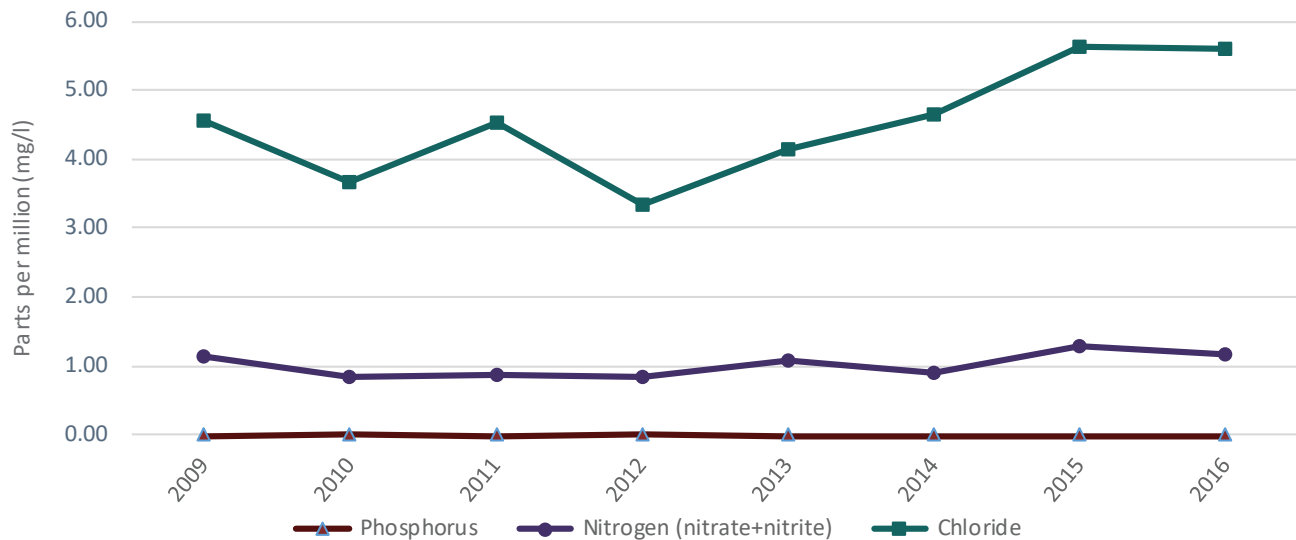
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Spokane County, Washington: Water Quality Data
Note: most current data found at communityindicators.ewu.edu

In 2016, the level of the aquifer was 83.4 feet, a slight increase since the 2009 level of 82.7 feet. In the same time period, the average daily water consumption increased from 34.7 billion gallons in 2009 to 37.9 billion gallons in 2016. Consumption per capita has decreased over this time frame from 283 gallons in 2009 to 277 in 2016.

Aquifer Levels and Water Quality

Contaminants were first detected in the aquifer in the 1970s, when elevated levels of nitrates were detected in highly populated areas that used septic systems. Since then, industrial solvents and pesticides were detected.

FIGURE 23. WATER QUALITY MEASURE FOR THE RATHDRUM-SPOKANE VALLEY AQUIFER



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Spokane County, Washington: Water Quality Data
Note: most current data found at communityindicators.ewu.edu

During 2016, SVRP water quality showed there were 4.97 ppm of chloride and 1.10 ppm of nitrogen, both an increase since 2009. Phosphorus levels remained consistent at 0.00-0.01 ppm.

Priority 3: Increase population density to prevent urban sprawl into rural resources

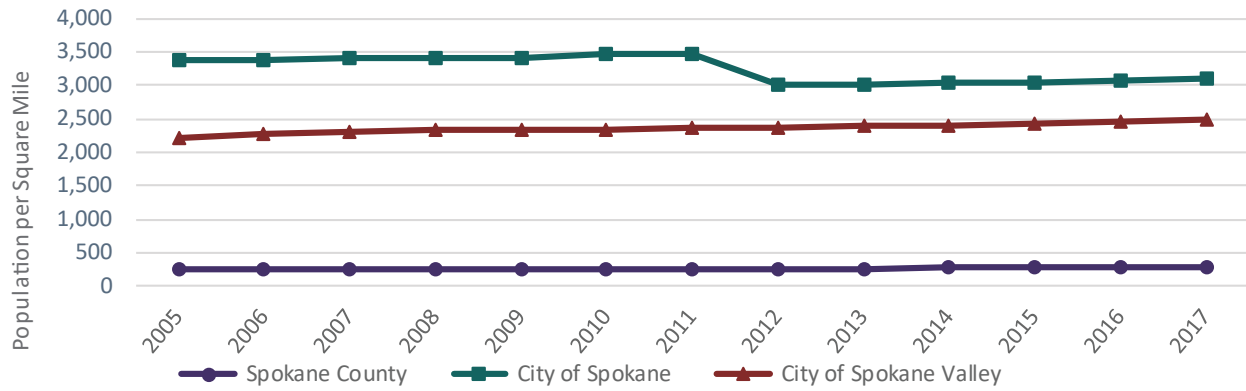
Creating density in the areas with access to transit. This will reduce energy consumption, water consumption and transportation GHG emissions per capita in our growing region and allow us to preserve more open space and shoreline buffers by reducing the pressure to push growth into rural areas.

Focus Group Participant

Population Density

Population density is related to population growth. A minimum population density is required to financially support urban services such as public transit, grocery stores, etc. However, complementary land use planning is necessary to ensure healthy growth. “Smart growth” is associated with how communities manage growth - comprehensive plans, environmental groups and economic development agencies can call for certain levels of population density. Goals are to reduce the negative impacts of sprawl, establish walkable communities, and enhance economic activity.

FIGURE 24. POPULATION DENSITY: POPULATION PER SQUARE MILE SPOKANE COUNTY, CITIES OF SPOKANE AND SPOKANE VALLEY



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State: Office of Financial Management (OFM) - Population Density

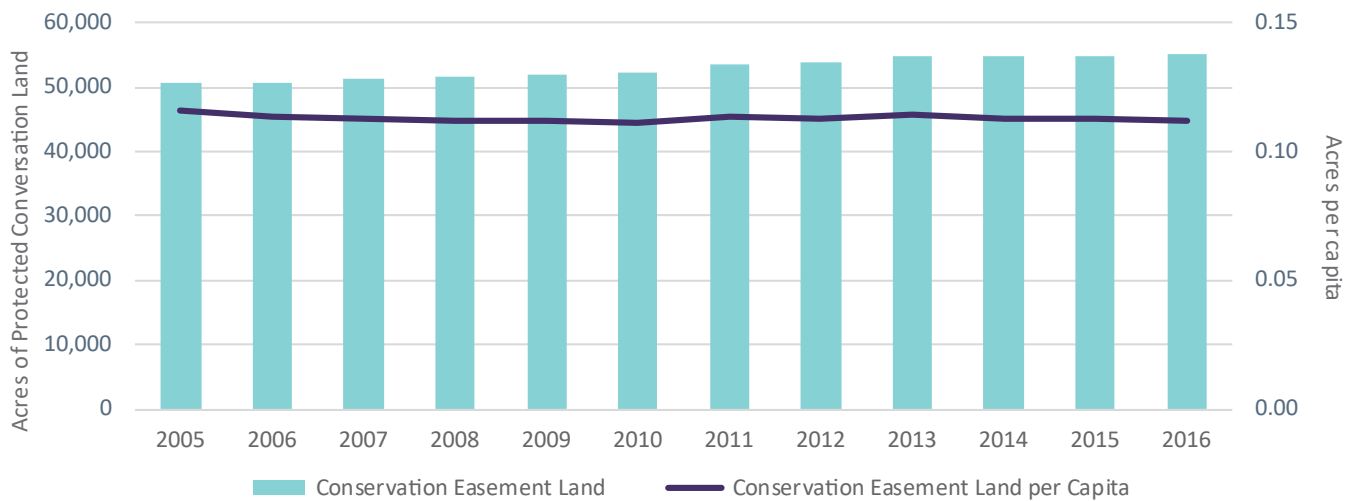
Note: most current data found at communityindicators.ewu.edu

Since 2005, Spokane County’s population density increased 14%, and the city of Spokane Valley increased by 11%. Density in the city of Spokane dropped by 8%.

Acreage of Protected Conservation Land

Supporting urban living conditions must be balanced with regard for an area’s ecology. As indicated during the task force meetings, protecting rural lands is a priority for the county, to preserve wildlife, conserve natural resources and increase accessibility for outdoor recreation. This indicator measured the total acreage of protected lands and protected land on a per capita basis in Spokane County. Some lands were excluded from these measurements, such as any lands that may be in rural areas or national or state parks, but were developed for human use (e.g. ski resorts or campgrounds). Acreage measured in this indicator may contain minor development, such as hiking trails, but overall, it consisted of untouched land.

FIGURE 25. ACRES OF PROTECTED CONSERVATION LAND - TOTAL AND PER CAPITA, SPOKANE COUNTY



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Spokane County Parks, Recreation and Golf

Note: most current data found at communityindicators.ewu.edu

In 2016, there were 55,034 acres of protected conservation land, increasing by 8.4% from 2005. On a per capita basis, this represented a drop from 0.12 to 0.11.

Eye on Equity in Environment

Place matters. A community’s natural and built environment influence a person’s health. Having access to recreation, amenities, clean air and water promote healthy lifestyles that can result in longevity.^{viii} Efforts should be made to understand how local natural and built environments, and changes over time, are linked to health and other outcomes. For example, the relationship between local quality of life and recreational activities could be further explored. Stakeholders could confirm where there is smart growth and also examine if there is equal access to jobs and amenities in disadvantaged neighborhoods. Given that the community voted climate change as a top issue, further work could be done to determine how climate change does or will impact different people and groups disproportionately locally. For example, with recent experiences of annual forest fires, impacts on air quality and health (asthma, etc.) among subpopulations could be further explored.

Health

Health is a key component of quality of life. Health and quality of life are both strongly influenced by social determinants which are defined as, “the conditions in which people are born, grow, live, work and age.”^{ix} Said another way, health and quality of life are affected by income, employment, education, access to health care, and larger-scale circumstances like the built environment.

The Health Task Force met three times: 49 people voted on indicators to track and 31 people cast votes to determine the top three health priorities, which are:

- **Priority 1:** Reduce suicide rates by improving life preservation strategies
- **Priority 2:** Reduce impacts of family trauma and violence
- **Priority 3:** Reduce food insecurity

Priority 1: Reduce suicide rates by improving life preservation strategies

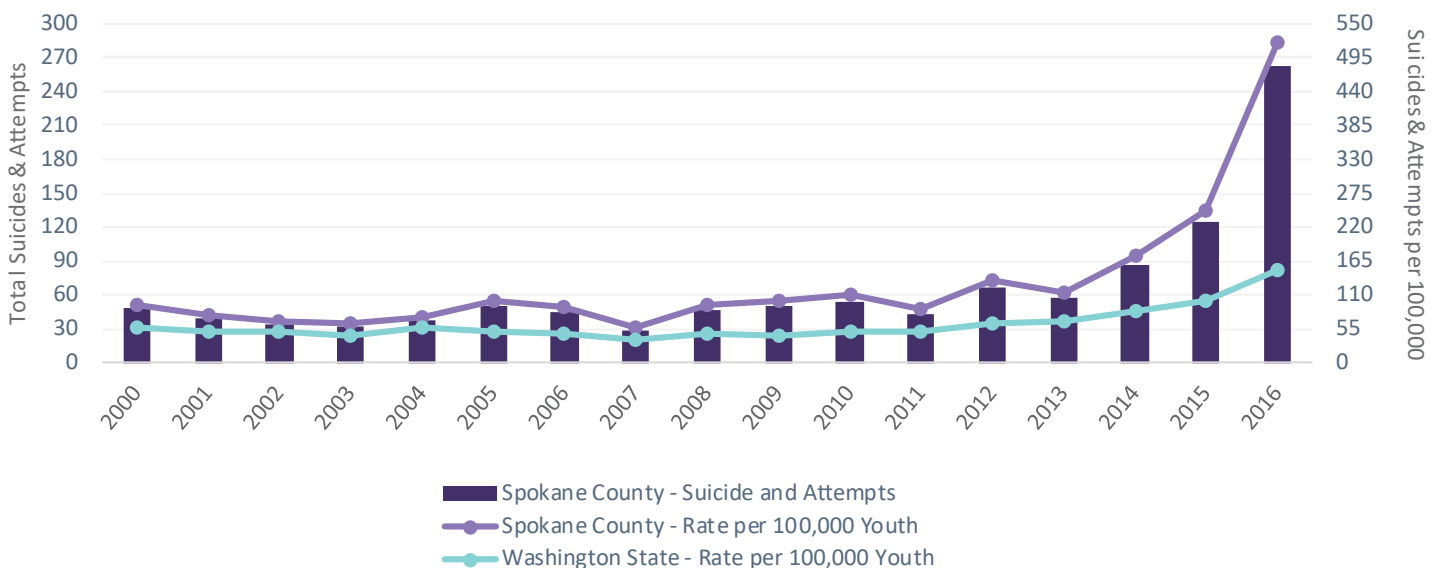
Attending to the social-emotional and mental health issues of EVERY student in the County.

Task Force Participant

Youth Suicides and Suicide Attempts

This indicator measured the rate of suicides and suicide attempts by youth (ages 10-17) per 100,000 youth of the same age in Spokane County. Suicides were counted based on death certificate information and attempts were tallied from hospital admissions information (excluding federal hospitals).

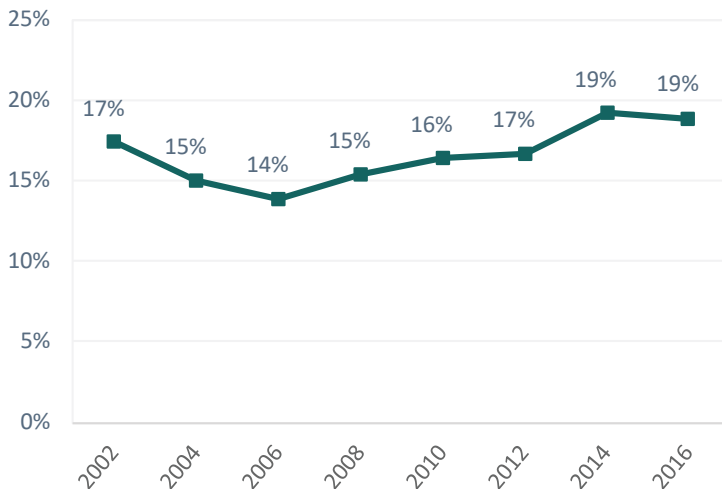
FIGURE 26. TOTAL YOUTH SUICIDES AND SUICIDE ATTEMPTS & RATE PER 100,000 YOUTH AGES 10-17



During 2016 in Spokane County, there were a combined 263 suicides and suicide attempts by adolescents aged 10-17, increasing from 48, or by 448% since 2000. The spike seen in youth suicide and attempts in 2015 and 2016 could be explained in part due to changes in ICD-10 code transition in late 2015. But, it is important to note that suicide was also increasing prior to this shift (2014, unaffected by the ICD-10 code change). Given challenges associated with the ICD-10 code transition, additional data sources were examined to validate stakeholder concerns with the drastic spike observed in suicides and suicide attempts.

Youth Considering Suicide

FIGURE 27. ADOLESCENTS CONSIDERING SUICIDE, SPOKANE COUNTY



Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey | Note: more information on youth suicide can be found at <https://srhd.org/media/documents/Youth-Suicide-Factsheet.pdf> and communityindicators.ewu.edu

The proportion of youth who have seriously considered suicide increased from 17% in 2002 to 19% in 2016.

Compared to 6th grade students, 10th and 12th grade students were more likely to have considered suicide. Compared to white students, 'other' race students were more likely to have considered suicide. Male students were less likely than females to have considered suicide.

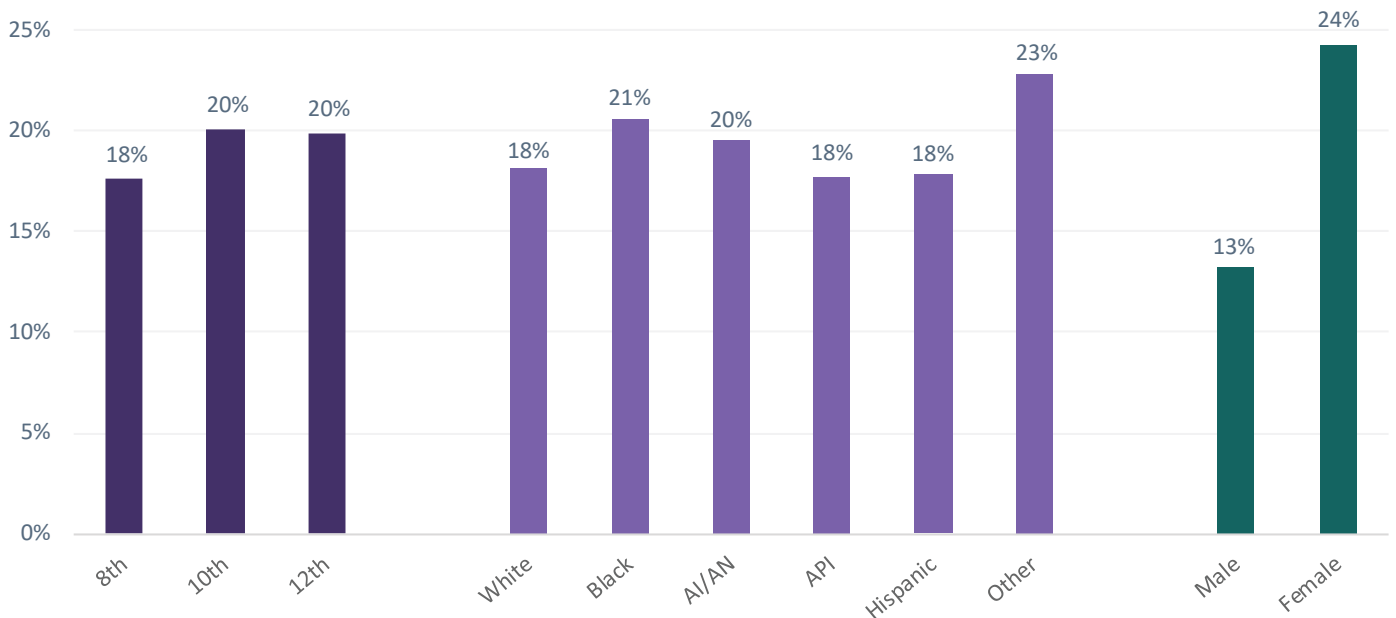
Multiple factors known to increase the likelihood of suicide (risk factors) or decrease the likelihood of suicide (protective factors) were examined and reported elsewhere in detail.^x Briefly,

- Suicide ideation increased since 2006—nearly one in five youth.
- Depression increased since 2006—nearly one in three youth.
- Reported trauma (abuse by an adult) among youth increased to over one in five youth.

While the actual increase may not be as drastic as it appears (due to the changes in ICD-10 coding during the same time), it remains cause for alarm as risk factors for suicide, and lack of protective factors, remain high.

The conclusion is that youth suicide increased in Spokane County at alarming rates, greater than those in the state of Washington.

FIGURE 28. ADOLESCENTS CONSIDERING SUICIDE, SPOKANE COUNTY, 2016

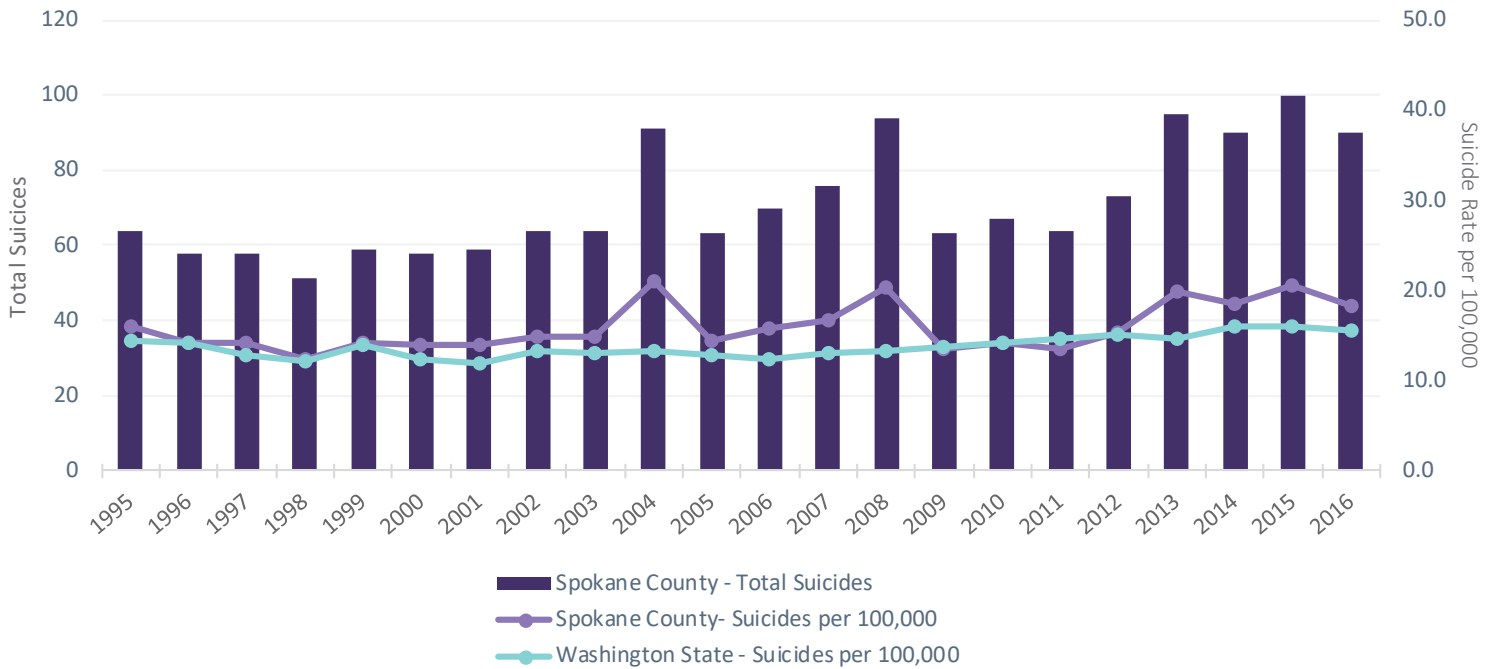


Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey | Note: more information on youth suicide can be found at <https://srhd.org/media/documents/Youth-Suicide-Factsheet.pdf> and http://www.communityindicators.ewu.edu/graph.cfm?cat_id=5&sub_cat_id=2&ind_id=16

Suicide Rate

This indicator measured the total number of suicides and the suicide rate per 100,000 residents in Spokane County.

FIGURE 29. TOTAL SUICIDES AND SUICIDES PER 100,000 RESIDENTS



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health: Community Health Assessment Tool (CHAT)
Note: most current data found at communityindicators.ewu.edu

During 2016, the total number of suicides in Spokane County was 90, increasing from 64, or by 41%, since 1995.

Priority 2: Reduce impacts of family trauma and violence

I believe family violence is the biggest issue. I have selected child abuse. DV and substance use are also closely linked.

Task Force Participant

Family violence, also referred to as domestic violence (DV) or abuse, in any form, by one person against another in a domestic (i.e. family) setting, includes intimate partner violence.¹ Domestic violence is a major problem affecting virtually all sectors, and is a top priority in the community. Family violence was the number one issue voted by stakeholders in the 2018 community needs assessment.

Youth Report of Abuse

This indicator, sourced by Washington State Department of Health's Healthy Youth Survey (HYS), is based on youth perception. The survey counted the incident if a youth was physically hurt by an adult, and:

- The action resulted in an injury (a visible mark, bruise or injury), and
- The youth believed the adult's action was "on purpose" or that the adult intended to hurt them bad enough to cause injury (a visible mark, bruise, or injury), and
- The youth answered the survey question as affirmative.

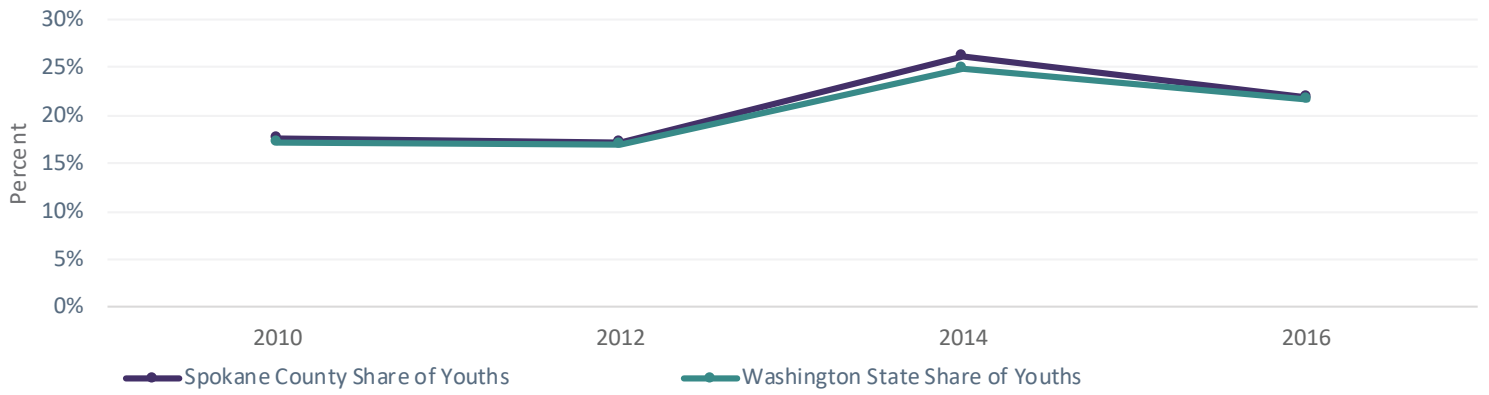
This indicator measured the combined share of 8th, 10th, and 12th graders in Spokane County who self-reported that an adult had hurt them on purpose, leaving a mark, bruise, or an injury.

This indicator does not imply any subsequent legal or criminal jeopardy, but simply the opinion of a youth who was injured by an adult and believed it to be on purpose.

Compared to 8th grade students, 12th grade students were more likely to have been abused. Compared to white students, 'other' race students were more likely to have been abused.

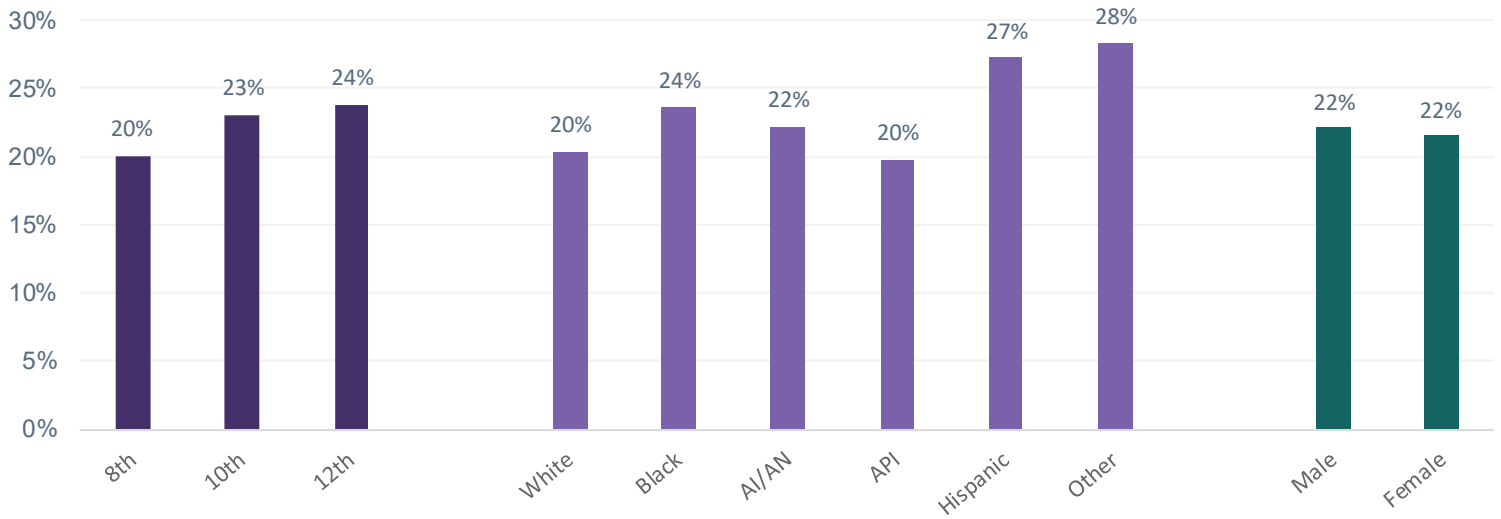
¹ Definitions of domestic violence vary by stakeholder organization and sector. A broad definition of domestic violence, to include non-intimate partners and children, is used here.

FIGURE 30. SHARE OF YOUTH EVER HAVING AN ADULT PHYSICALLY HURT THEM ON PURPOSE LEAVING A MARK, BRUISE, OR INJURY



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health, Healthy Youth Survey
 Note: most current data found at http://www.communityindicators.ewu.edu/graph.cfm?cat_id=5&sub_cat_id=2&ind_id=15

FIGURE 31. ABUSED ADOLESCENTS, SPOKANE COUNTY, 2016



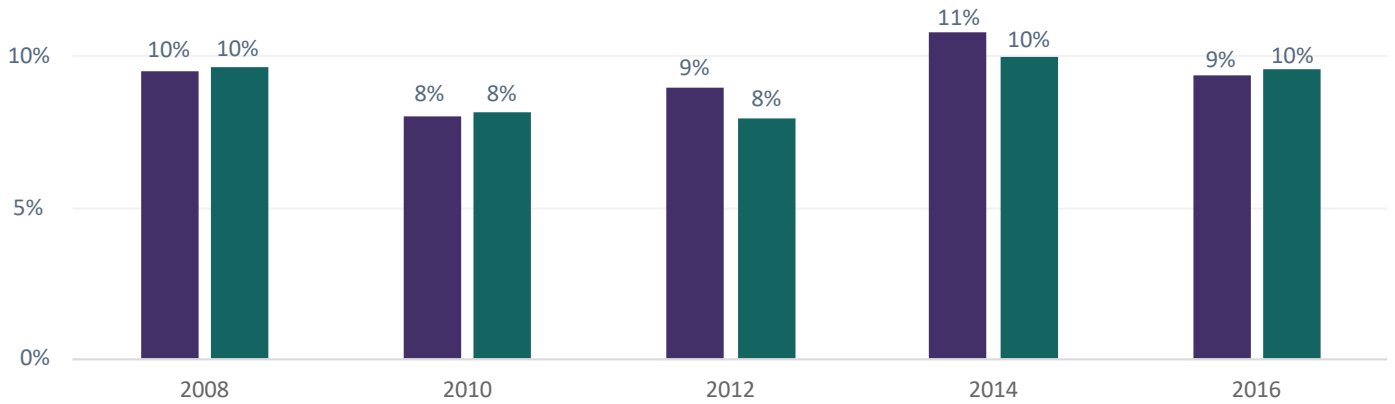
Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey
 Note: more information on youth violence can be found at <https://srhd.org/media/documents/Confronting-Violence-Executive-Summary.pdf>



Dating Violence (also referred to as intimate partner violence)

DV is generally viewed as a learned behavior, often observed early in life.^{xi} This indicator measured the combined share of 8th, 10th, and 12th graders who had been involved with dating partner abuse in Spokane County. Washington state is offered as a benchmark. Data were provided by HYS which asked, “During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?” and “Did your boyfriend or girlfriend ever limit your activities, threaten you, or make you feel unsafe in any other way?” Any “yes” answers to either of these questions were counted for this indicator.

FIGURE 32. SHARE OF YOUTH REPORTING DATING PARTNER ABUSE (8TH, 10TH & 12TH GRADERS)

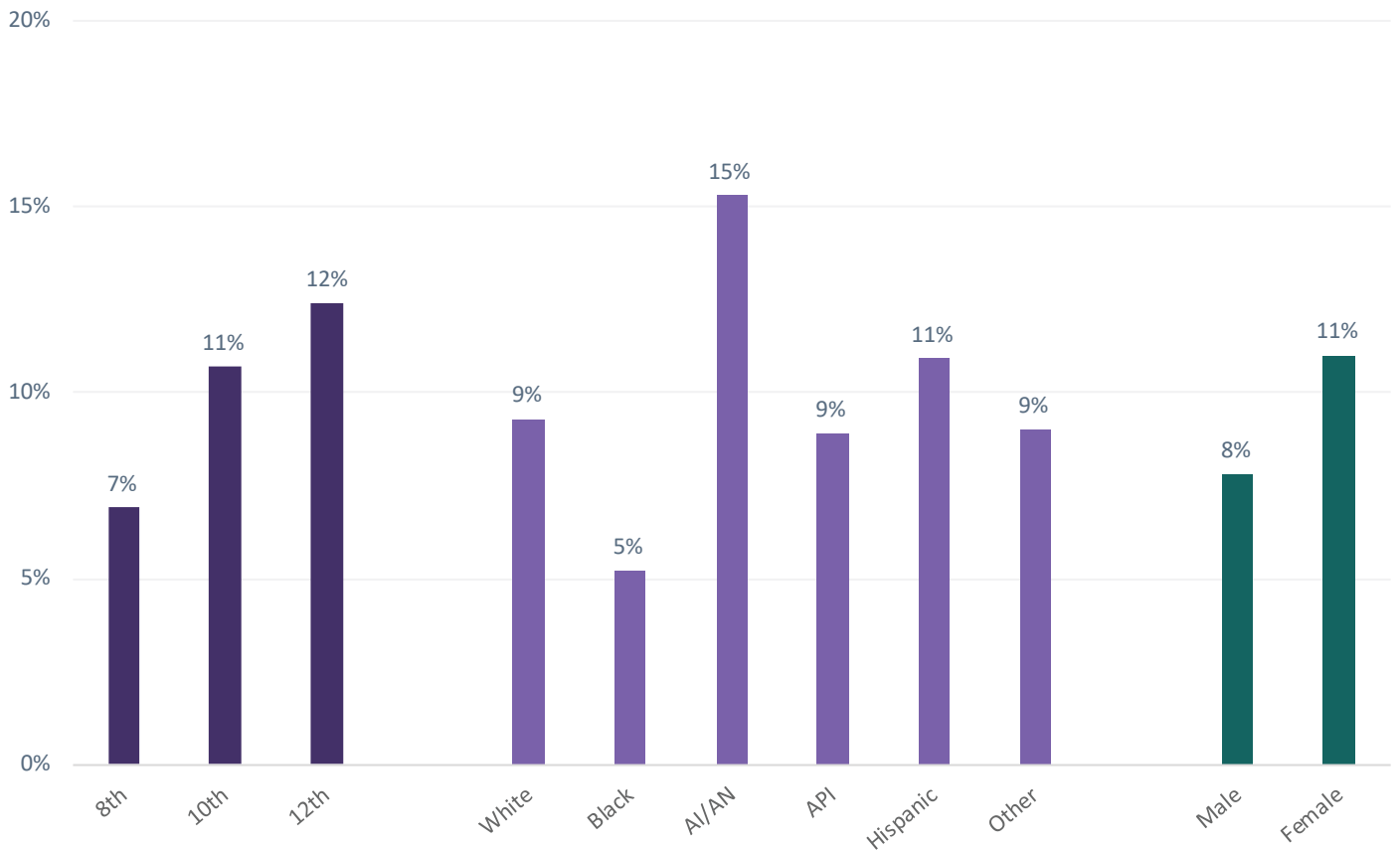


EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health, Healthy Youth Survey
Note: more information on youth violence can be found at <https://srhd.org/media/documents/Confronting-Violence-Executive-Summary.pdf>; communityindicators.ewu.edu

During 2016, the combined share of public school 8th, 10th and 12th grade students involved in dating partner abuse in Spokane County was 9.4%, comparable to Washington state.



FIGURE 33. SHARE OF YOUTH REPORTING DATING PARTNER ABUSE (8TH, 10TH & 12TH GRADERS)



Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey
 Note: more information on youth violence can be found at <https://srhd.org/media/documents/Confronting-Violence-Executive-Summary.pdf>

Compared to 8th grade students, 10th and 12th grade students were more likely to have experienced intimate partner violence. Compared to white students, AI/AN students were more likely to have experienced intimate partner violence. Male students were less likely than females to have experienced intimate partner violence.

Priority 3: Reduce food insecurity

Adult and child food insecurity. It's a basic measure that relates to multiple community issues.

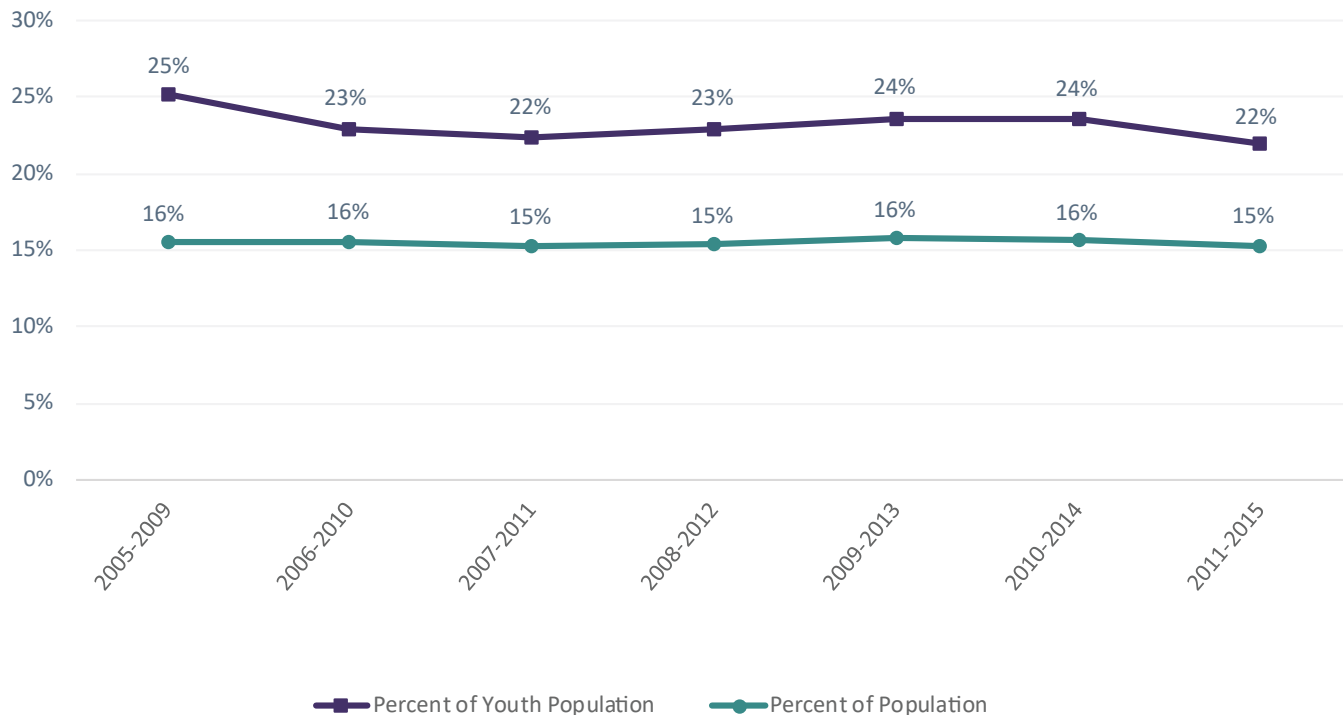
Task Force Participant

Food Insecurity Rates

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.^{xii} Food insecurity may be temporary or long-term and is affected by multiple factors, including employment, geography, access and social determinants like race and ethnicity.^{xiii} Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Food insecurity is associated with poorer self-reported health status and lower intake of fruits and vegetables. Poor eating habits in childhood may continue into adulthood, contributing to declines in health.

Food insecurity can be measured in various ways.^{xiv} Two data sources are examined in this report: Feeding America and HYS.

FIGURE 34. PERCENT OF POPULATION AND YOUTH POPULATION REPORTING FOOD INSECURITY IN THE PAST YEAR, FIVE-YEAR AVERAGES, SPOKANE COUNTY



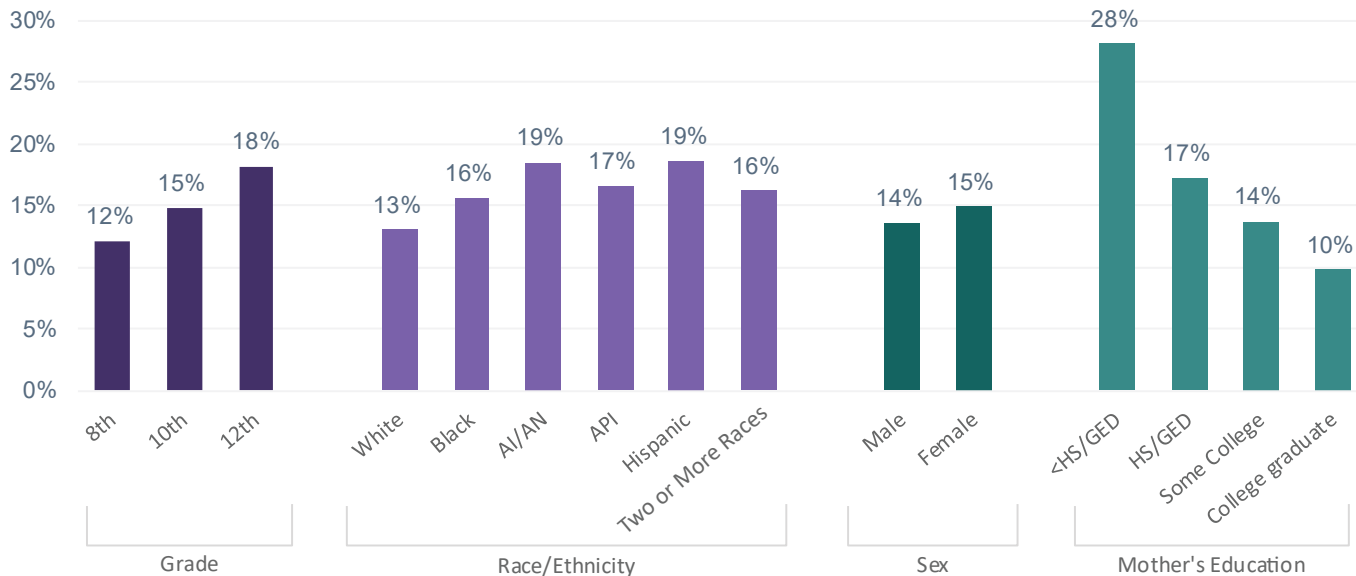
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Feeding America – Data by County in Each State
 Note: most current data found at communityindicators.ewu.edu

According to data from Feeding America, in Spokane County, the percent of total population and of youth population that were food insecure dropped since 2005-2009.

HYS data were used to evaluate disparities in food insecurity experienced by youth in the county. This indicator represented the percent of youth in grades 8th, 10, and 12 who reported having to skip or cut the size of a meal in the last year because there was not enough money for food.

Older youth, youth of color, and youth whose mothers have less than a high school education had higher rates of food insecurity.

FIGURE 35. FOOD INSECURE YOUTH, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey | Note: most current data found at countyhealthinsights.org/county/spokane/indicators/food-insecurity-youth/

Eye on Equity in Health

Health outcomes in Spokane County vary by multiple factors, including education, income, race and ethnicity, and neighborhood.^{xv} Two sub-priorities specific to health and this assessment are violence-related, and significant disparities between subgroups are observed.

- Youth of color were more likely to have seriously considered suicide.
- Compared to white students, AI/AN students were more likely to have been involved in intimate partner violence, as were female students compared to male.
- Youth of color were more likely to experience abuse by an adult.

The U.S. Surgeon General, the nation's leading authority on matters of public health, issued a call to action for the elimination of health disparities, including health outcomes and risks associated with exposure to violence. The Surgeon General specifically recommended a strategic focus on communities at greatest risk. "Community," can be defined by the different social and demographic factors just discussed, including race/ethnicity, neighborhood or place, gender, and socioeconomic status. Violence is a health equity issue, and thus prevention of violence is a responsibility spanning the whole of society and is especially important for subsets of a community who are disproportionately and unfairly impacted by violence. Multiple actions can be taken across sectors to address these issues and can be found in SRHD's report [Confronting Violence](#).^{xv}

The remaining health sub-priority – food insecurity – also showed disparities by subpopulation groups. In Spokane County, older youth, youth of color, and youth whose mothers have less than a high school education had higher rates of food insecurity, findings that were similar to national statistics.^{xvi}

Food insecurity can also be linked to neighborhood conditions or transportation challenges. Research shows that low-income neighborhoods and predominately black and Hispanic neighborhoods have fewer full-service supermarkets than predominately white and or higher income neighborhoods.^{xvii} Further efforts can be made to understand the availability of quality food and equitable food systems available to low-income and minority populations in Spokane County. Current policies on comprehensive growth and development can be evaluated to ensure that all people have equal access to basic needs like food.

Housing and Transportation

Shelter is a basic need essential to the human experience. Lack of housing, or housing instability, affects multiple domains of well-being, including health, the ability to get and sustain a job, safety and others. The availability of housing choices for residents of Spokane County is currently longer than in previous years and alternatives to detached, single-family dwellings are becoming more common. Yet, making housing more affordable and available to all residents are still top priorities in Spokane County, as evidenced by priorities raised by stakeholders in the Housing and Transportation Task Force.

The Housing and Transportation Task Force met twice: 26 people voted on indicators to track and 25 people cast votes to determine the top three priorities, which are:

- **Priority 1:** Improve the availability of affordable housing
- **Priority 2:** Develop housing together with transit systems
- **Priority 3:** Reduce poverty rates

Priority 1: Improve the availability of affordable housing

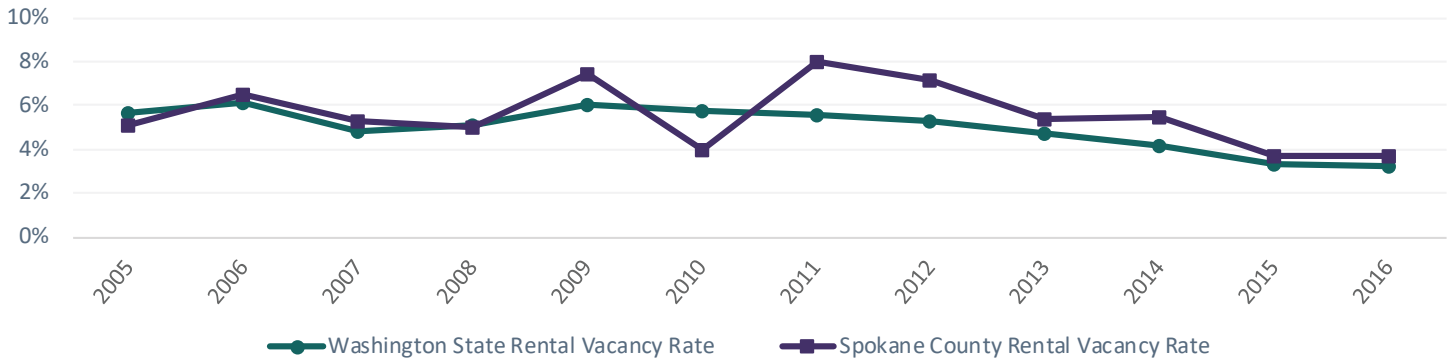
The lack of affordable rentals for low-income households is keeping people experiencing homeless from gaining and maintaining stability for themselves and their families. In terms of impact to community, homelessness is very expensive. Providing more housing to our marginalized populations such as domestic violence survivors, people with disabilities, minorities and youth should be our top priorities.

Task Force Participant

Rental Vacancy Rate

This indicator measured the availability of rental housing in Spokane County.

FIGURE 36. OVERALL RENTAL VACANCY RATE



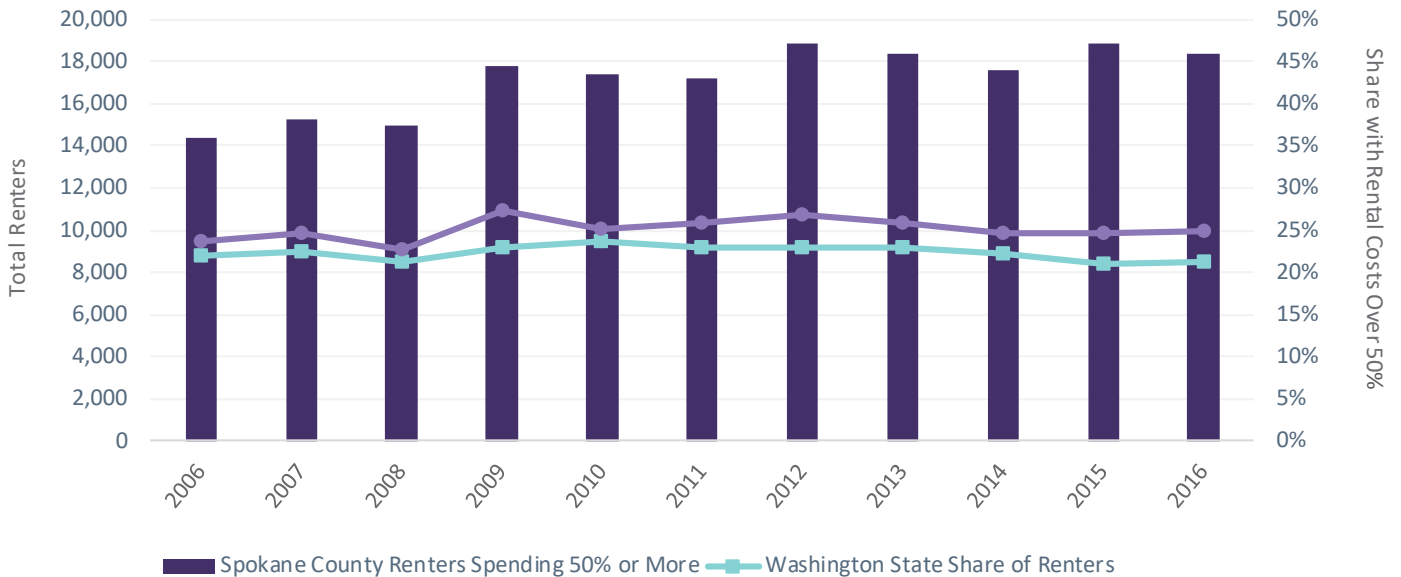
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS) | Note: most current data found at communityindicators.ewu.edu

During 2016 the overall rental vacancy rate in Spokane County was 3.7%, down from 5.1% in 2005.

Renters Paying 50% on Shelter Costs

During 2016, the estimated total number of renters spending 50% or more of their household income for shelter costs in Spokane County was 18,394, increasing from 14,363, or by 28% since 2006. During 2016, the estimated share of renters who were spending 50% or more of their household income for shelter costs in Spokane County was 25%, increasing from 24% in 2006. The share of renters who were spending 50% or more of their household income for shelter costs in Spokane County was slightly higher than that in Washington state (25% versus 21%).

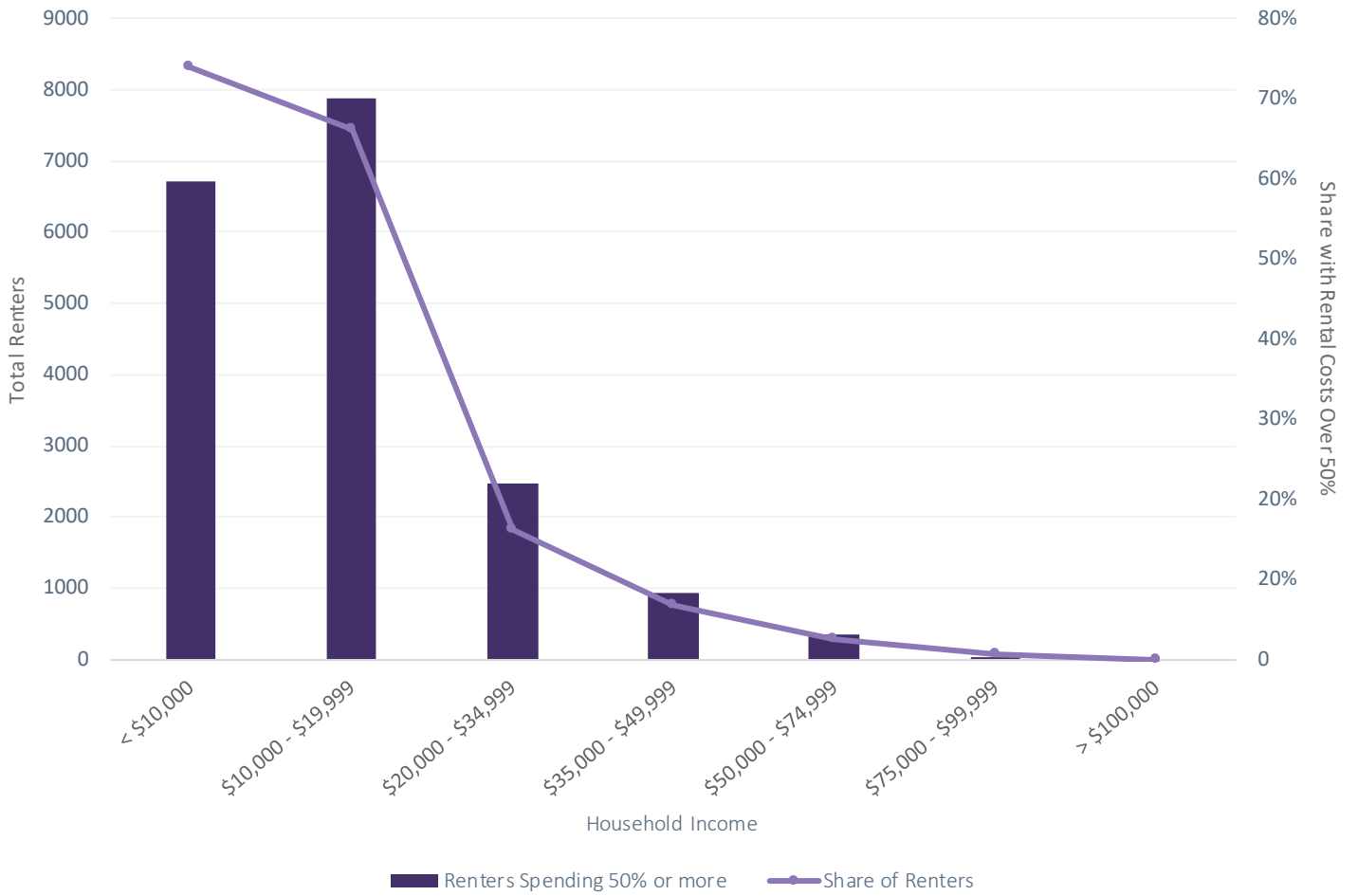
FIGURE 37. TOTAL AND SHARE OF RENTERS SPENDING 50% OR MORE OF THEIR HOUSEHOLD INCOME FOR SHELTER COSTS



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS) | Note: most current data found at communityindicators.ewu.edu

Data were examined to identify disparities related to housing expenses by income. Figure 38 shows that the lowest income renters bear the greatest housing cost burden. A higher proportion of low-income (less than \$20,000) renters spend greater than 50% or more of their household income for shelter costs compared to higher income renters in Spokane County.

FIGURE 38. TOTAL AND SHARE OF RENTERS SPENDING 50% OR MORE OF THEIR HOUSEHOLD INCOME FOR SHELTER COSTS BY HOUSEHOLD INCOME, SPOKANE COUNTY, 2016

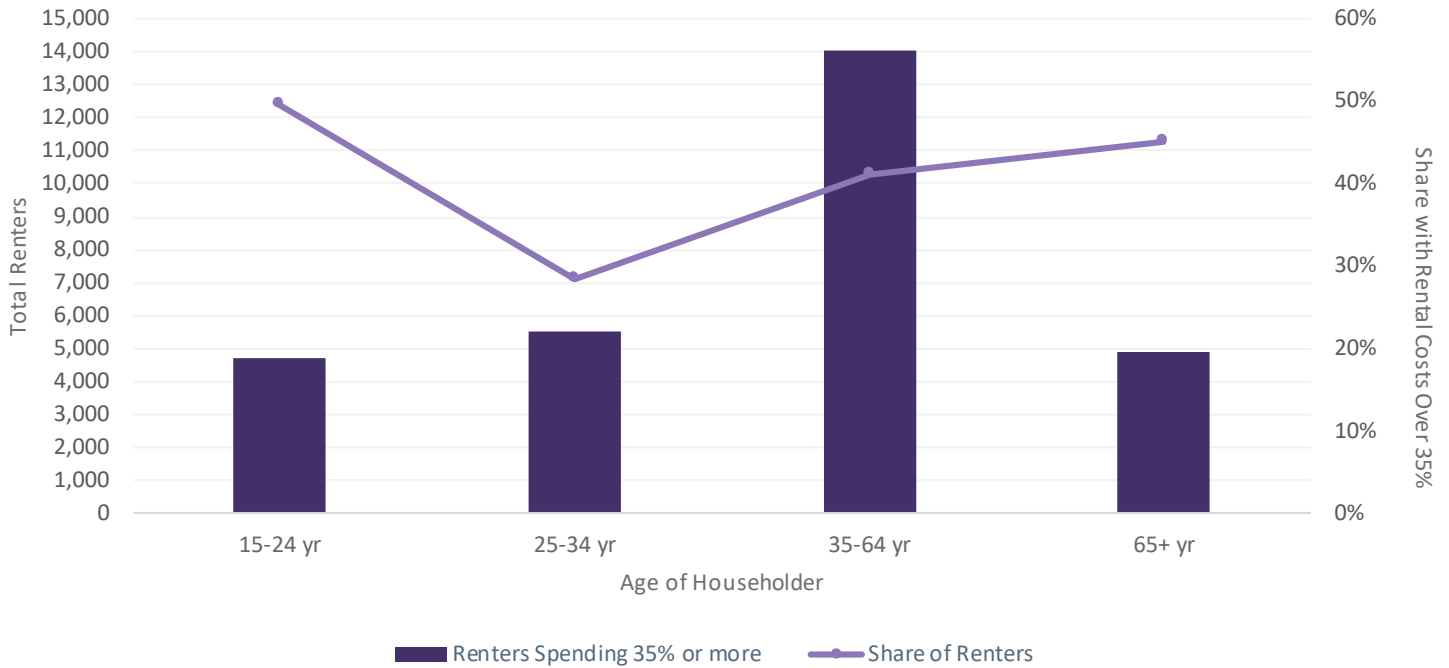


Spokane Regional Health District, Data Center | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)



Renters Paying 50% on Shelter Costs by Age

FIGURE 39. TOTAL AND SHARE OF RENTERS SPENDING 35% OR MORE OF THEIR HOUSEHOLD INCOME FOR SHELTER COSTS BY AGE OF HOUSEHOLDER, SPOKANE COUNTY, 2016



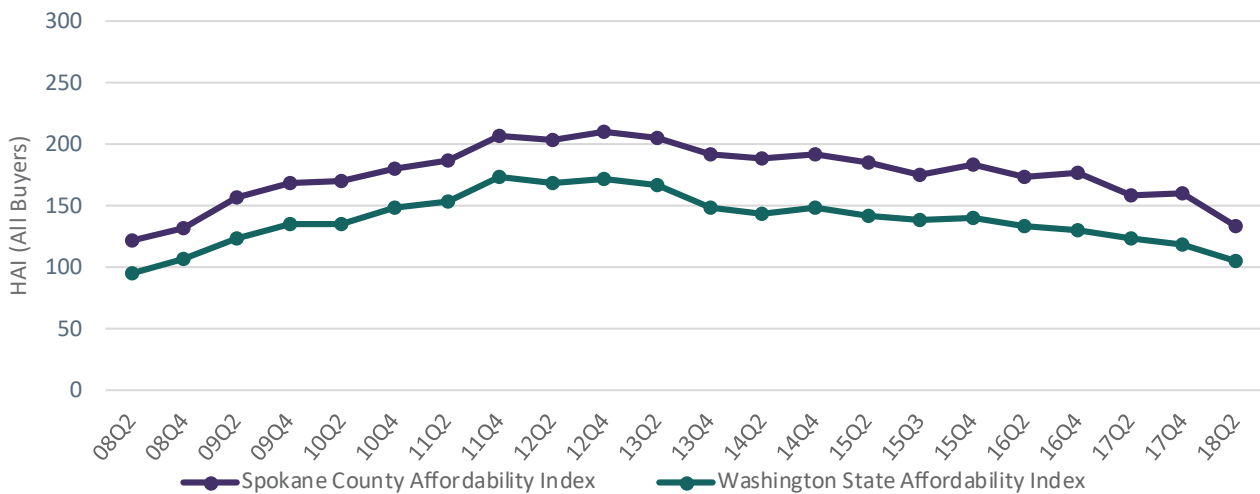
Spokane Regional Health District, Data Center | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)

Among all age groups of householder in Spokane County in 2016, householders between the ages of 15 - 24 years old had the highest share (50%) of renters spending 35% or more of their household income for shelter costs. Householders between the ages of 25 - 34 years old had the lowest share (28%).

Housing Affordability Index

A central assumption of the Index is that a household not spend more than 25% of its income on principal and interest payments. When the index lies at 100, the household pays exactly this share of its income to principal and interest. Higher indices indicate that housing is more affordable. In the fourth quarter of 2017, housing affordability for all homebuyers in Spokane County was 160.5, up from 119.2 in the fourth quarter of 2007. Compared to Washington state, housing in Spokane County was more affordable (160.5 versus 118).

FIGURE 40. HOUSING AFFORDABILITY INDEX FOR ALL BUYERS



Priority 2: Develop housing together with transit systems

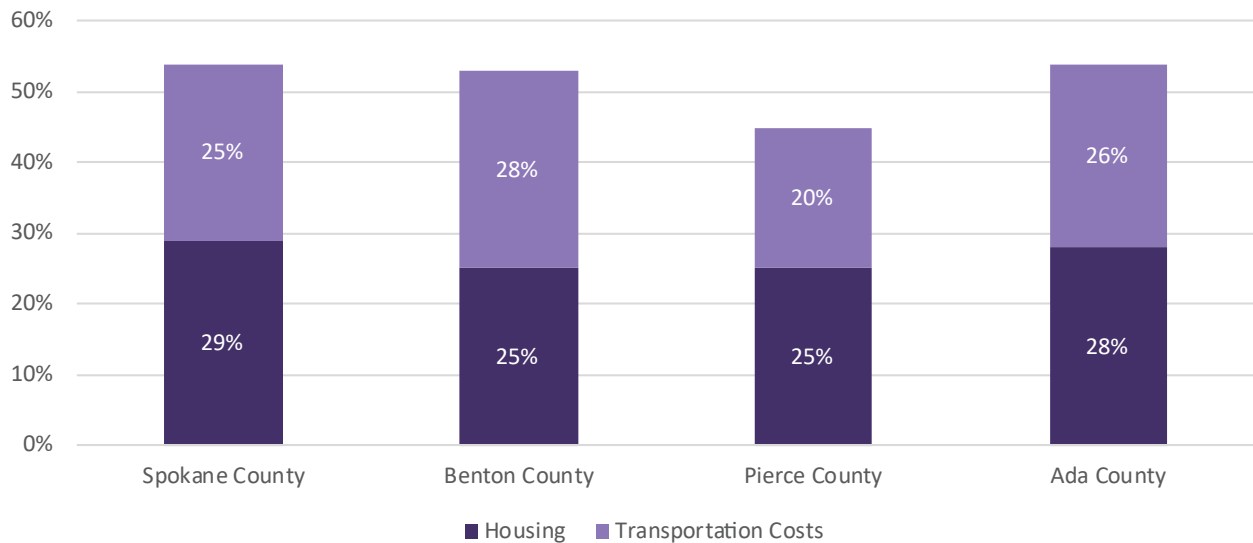
My top priority is intersectional - addressing social, economic and environmental concerns by creating a plan for affordable housing for all and making sure it is located in places with access to transit, jobs, goods and services via affordable and sustainable modes of transportation.

Task Force Participant

Housing and Transportation Index

This indicator measured two aspects of the Housing and Transportation (H+T) Index of Spokane County. First, the combined H+T Index, which is the share of household income required for housing and transportation costs. The second part is just the transportation portion of the H+T Index. Benton and Pierce counties in Washington, as well as Ada County in Idaho, are offered as benchmarks.

FIGURE 41. EXPENDITURES ON HOUSING AND TRANSPORTATION (H+T) AS A SHARE OF TOTAL INCOME, 2017



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: The Center for Neighborhood Technology (CNT): H+T Fact Sheet
Note: most current data found at communityindicators.ewu.edu

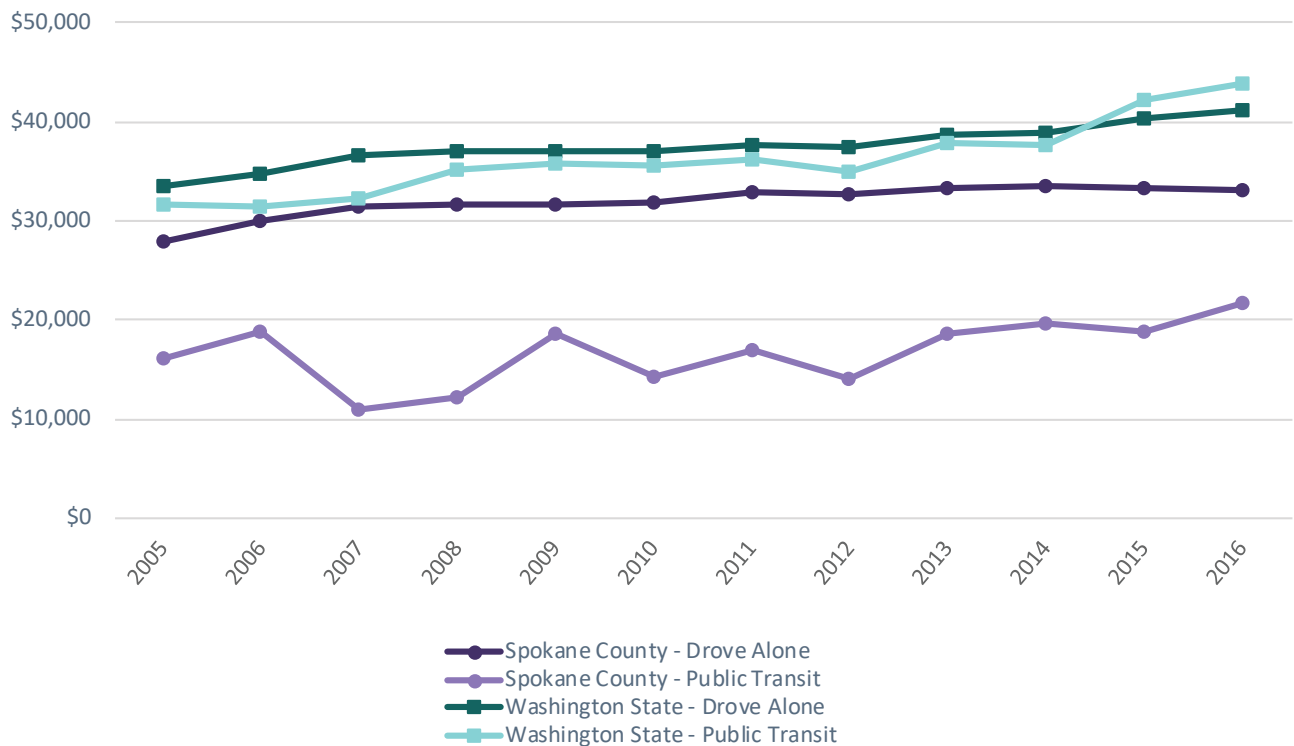
In 2017, the share of household income required for both housing and transportation costs in Spokane County was 54%. The share of household income required just for transportation costs in Spokane County was 25%.



Median Earnings by Commute Type

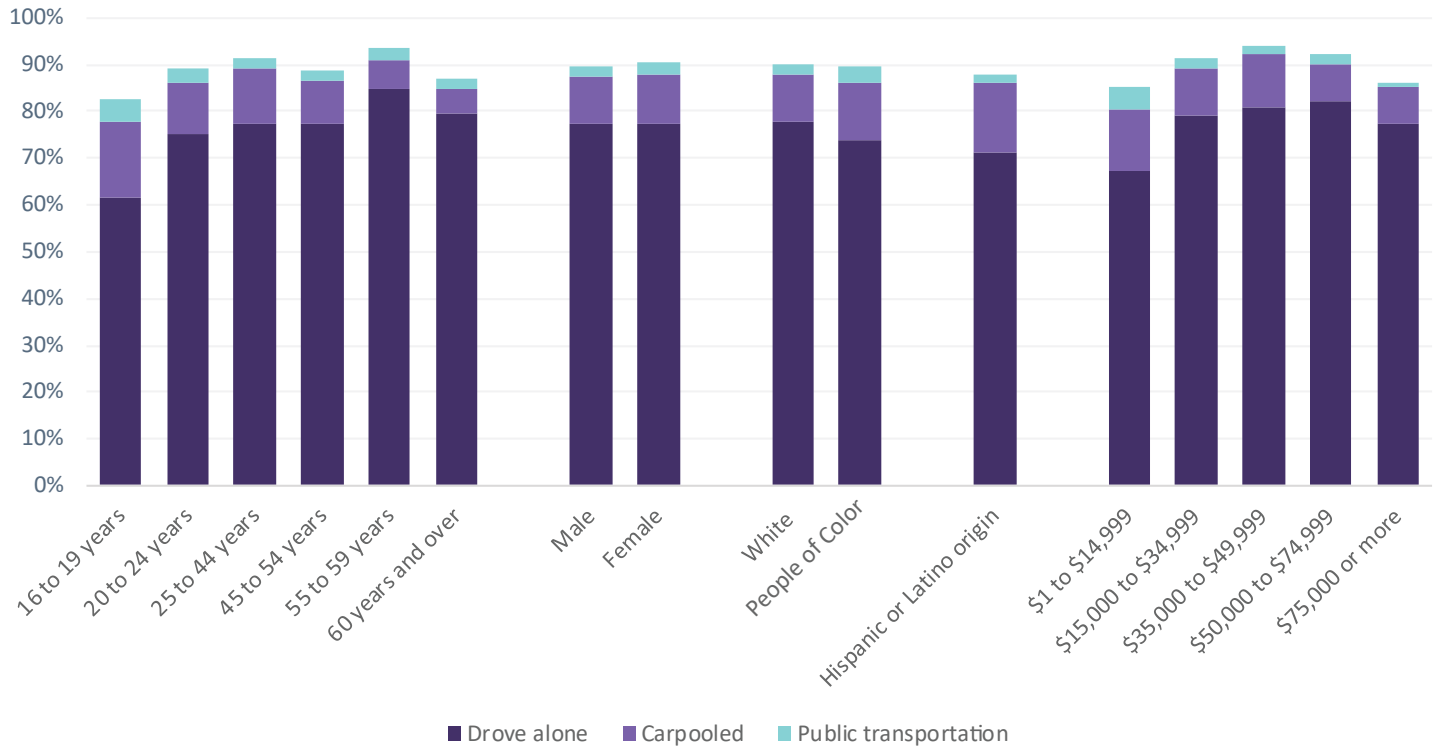
This indicator measured the median earnings of workers ages 16 and older by their means of transportation to work: drove alone or took public transportation.

FIGURE 42. MEDIAN EARNINGS OF WORKERS AGE 16+ BY MEANS OF TRANSPORTATION TO WORK



During 2016 in Spokane County, the estimated median earnings of workers ages 16 years and older whose means of transportation to work was driving alone was \$33,054, increasing from \$27,884, or by 19% since 2005, while the estimated median earnings of those whose means of transportation to work was public transportation was \$21,821, increasing from \$16,063, or by 36% since 2005.

FIGURE 43. MEANS OF TRANSPORTATION TO WORK FOR WORKERS AGE 16+, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)

The means of transportation to work for workers aged 16 years old or older varied by age and income.

Priority 3: Reduce poverty rates

I feel poverty is the leading issue contributing to housing and transportation problems.

Task Force Participant

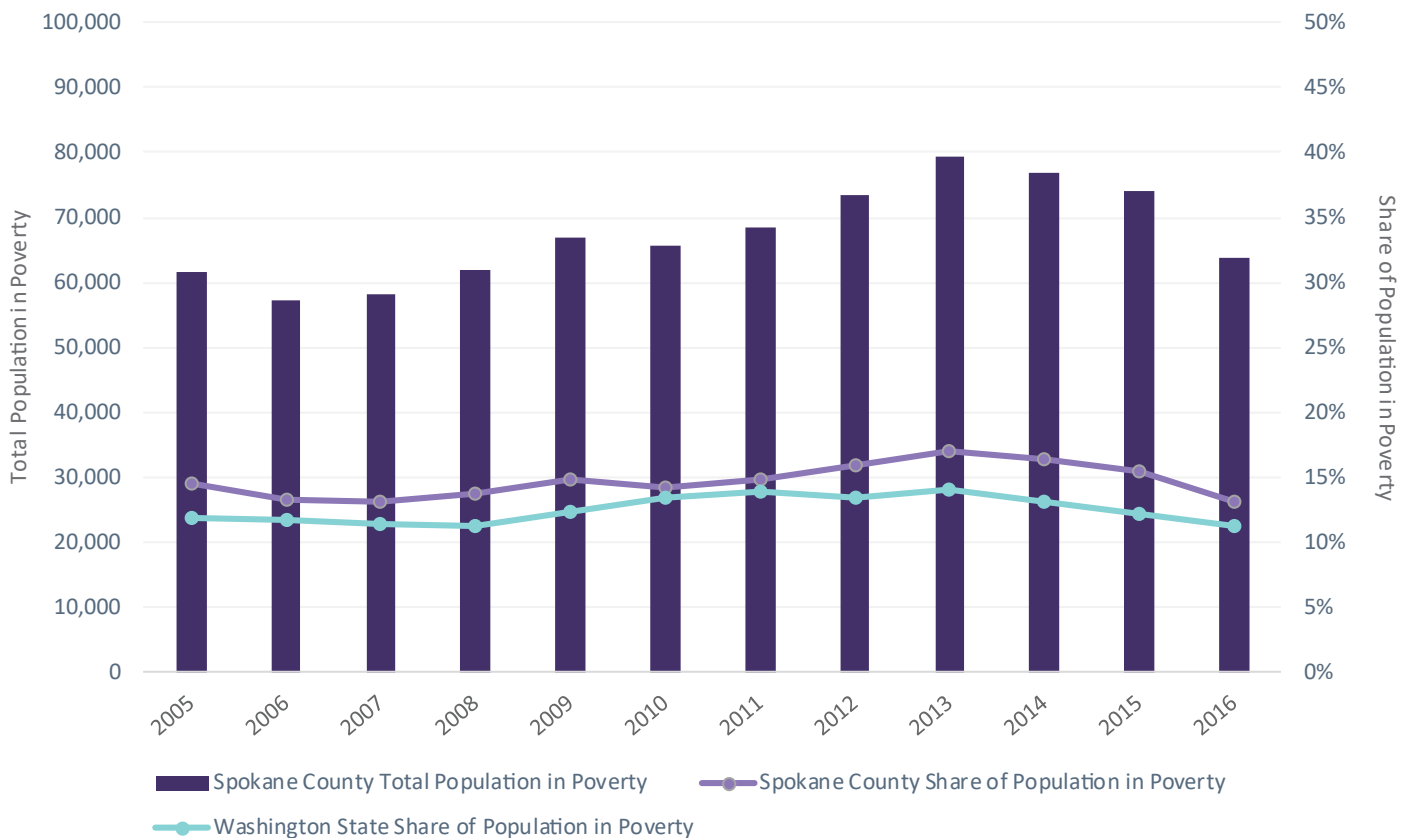




Overall Poverty Rate

This indicator measured the share of the overall population who is living at or below the federal poverty level (FPL) in Spokane County.

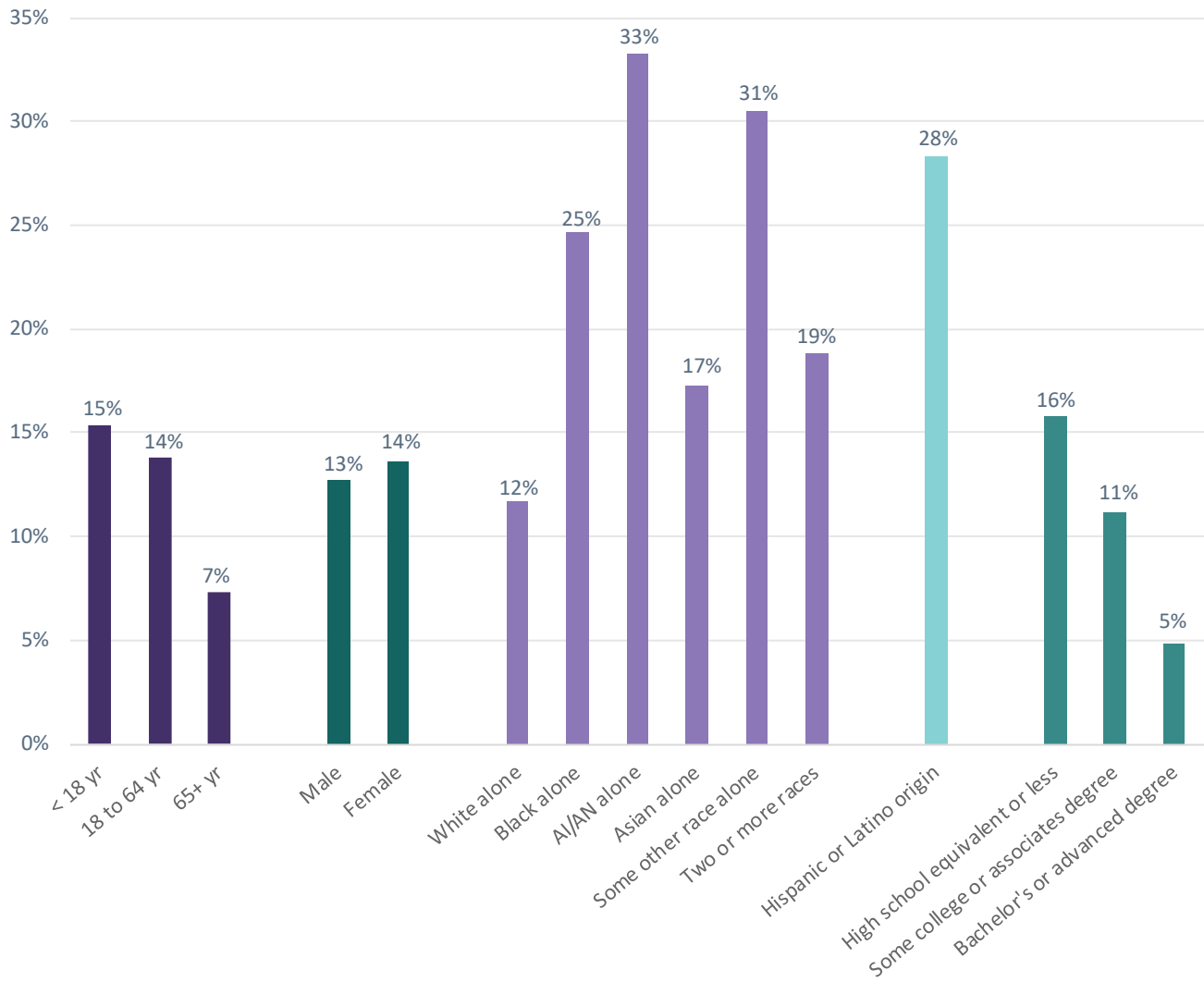
FIGURE 44. TOTAL AND SHARE OF OVERALL POPULATION LIVING IN POVERTY



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)
 Note: most current data found at communityindicators.ewu.edu

During 2016, the total number of people living below FPL in Spokane County was 63,748, increasing from 61,504, or by 4% since 2005. By comparison, during 2016 the share of the total population living below FPL in Spokane County was 13%, decreasing from 15% in 2005. In 2016, the share of the total population living below the FPL in Spokane County was higher than that in Washington state (13% versus 11%).

FIGURE 45. SHARE OF POPULATION LIVING IN POVERTY, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)

The share of population living in poverty varied by age, race and education.



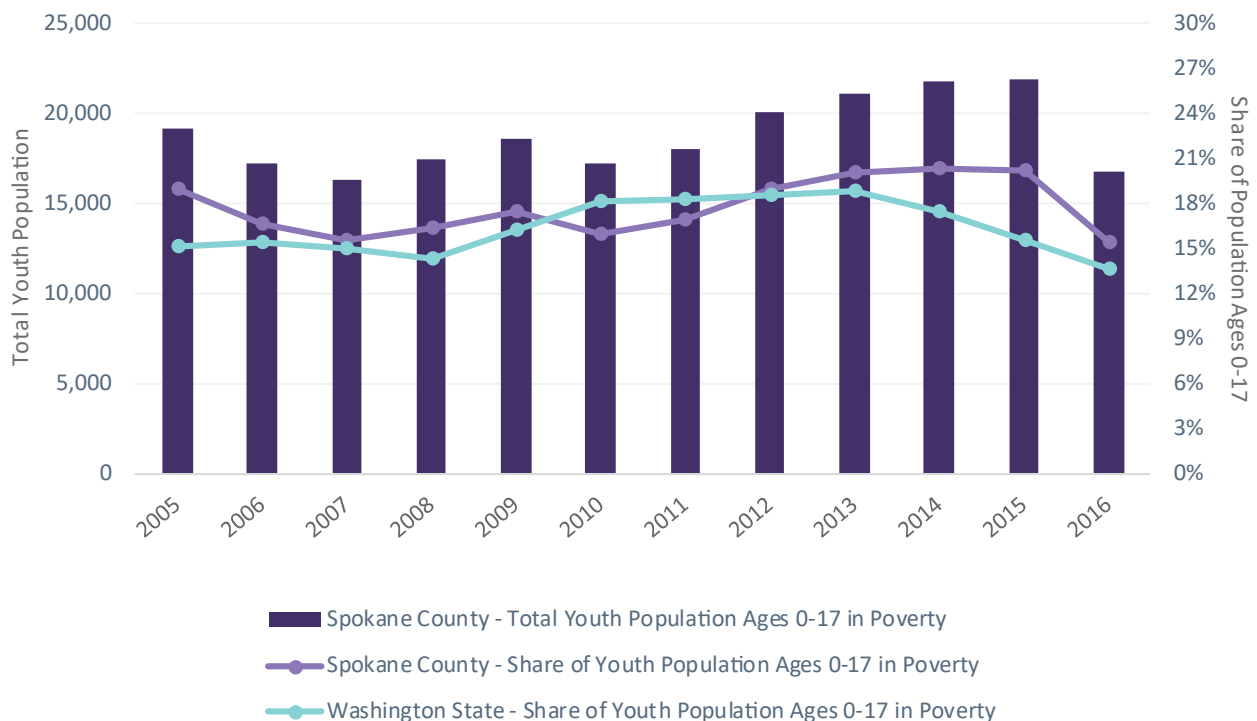


Youth Poverty Rate

This indicator measured both the total number of children and youth and the share of children and youth, aged 0 - 17 years, who were living below FPL in Spokane County.

During 2016, the total population of youth aged 0 - 17 years living below FPL in Spokane County was 16,760, decreasing from 19,835, or by 15% since 2005. The share of youth aged 0 - 17 years living below FPL in Spokane County was 15%, decreasing from 19% in 2005. The youth poverty rate in Spokane County was higher than that in Washington state (15% versus 14%).

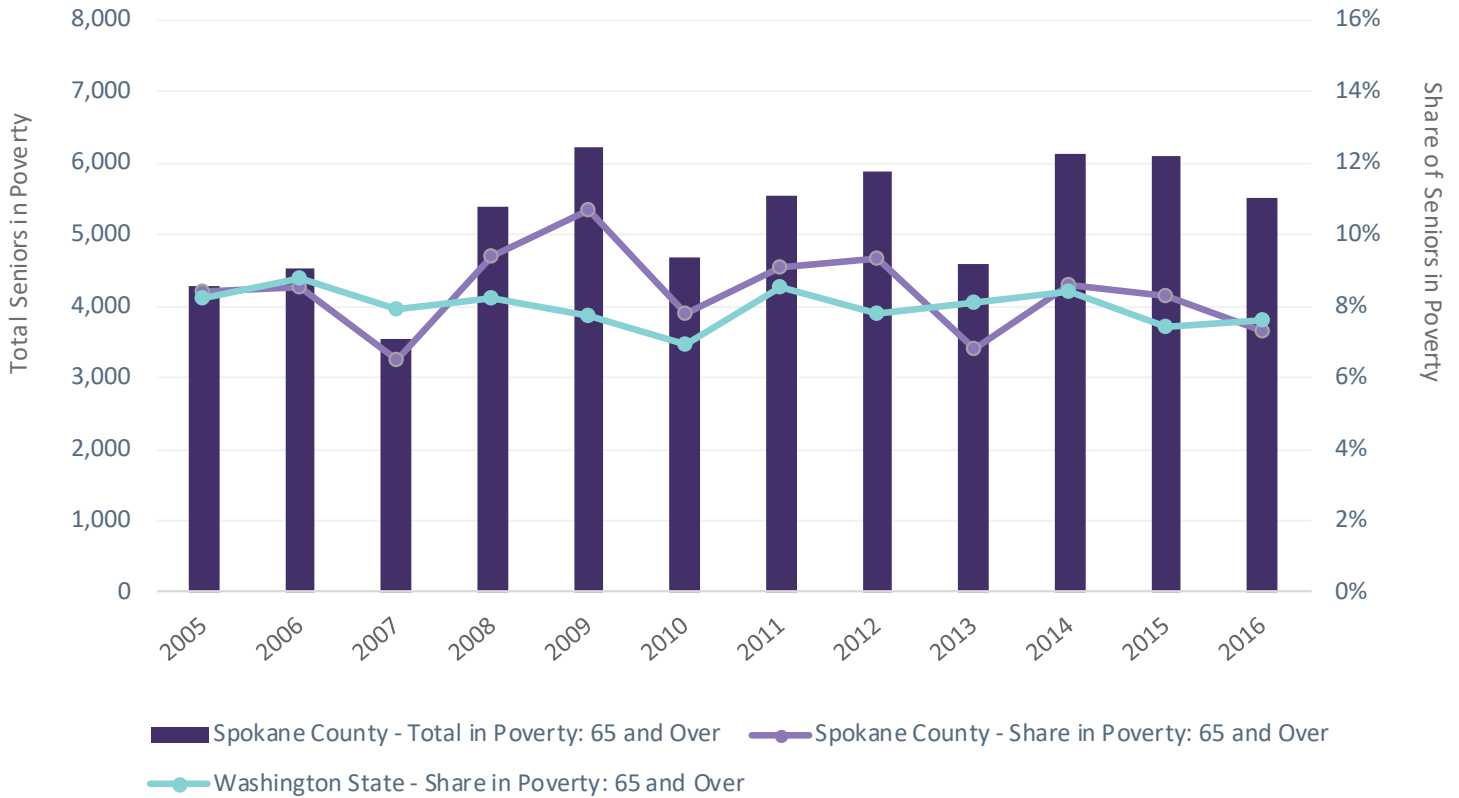
FIGURE 46. TOTAL AND SHARE OF YOUTH POPULATION AGES 0-17 LIVING IN POVERTY



Senior Poverty Rate

This indicator measured the share of the senior population (residents aged 65 and older) of Spokane County who live at or below FPL. During 2016 in Spokane County, the estimated number of seniors aged 65+ living at or below FPL was 5,499, increasing from 4,279, or by 29% since 2005. The estimated share of seniors living at or below FPL in Spokane County was 7%, decreasing from 8% in 2005. Compared to Washington state, the senior poverty rate in Spokane County was slightly lower (7% versus 8%).

FIGURE 47. TOTAL AND SHARE OF SENIOR POPULATION (AGES 65+) LIVING IN POVERTY



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: U.S. Department of Commerce: U.S. Census Bureau – American Community Survey (ACS)
 Note: most current data found at communityindicators.ewu.edu

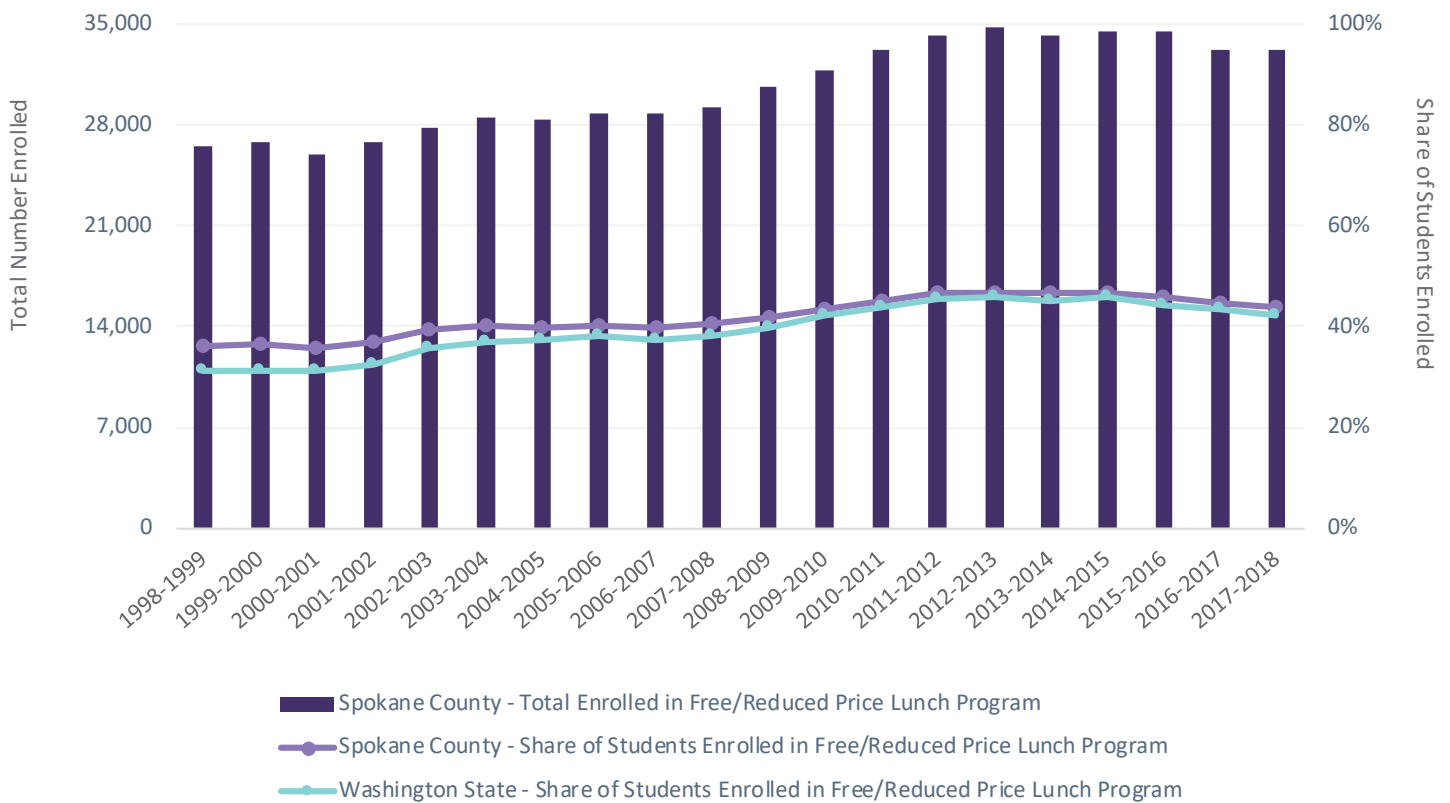




Free- and Reduced-Price Lunch Enrollment

This indicator measured the number and share of K-12 students, out of the entire K-12 student population, in Spokane County public school districts who were eligible to receive either free or reduced lunches.

FIGURE 48. TOTAL AND SHARE OF K-12 STUDENTS ENROLLED IN USDA FREE & REDUCED PRICE LUNCH PROGRAM



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: State of Washington Office of Superintendent of Public Instruction: Child Nutrition – Reports
 Note: most current data found at communityindicators.ewu.edu

During the 2016-2017 school year in Spokane County, there were 33,191 public K-12 students who were eligible for free- or reduced-price lunches, increasing from 26,498, or by 25% since the 1998-1999 school year. By comparison during the 2016-2017 school year, the share of public K-12 students who were eligible for free or reduced lunches in Spokane County was 45%, increasing from 36% since the 1998-1999 school year. The rate of public K-12 students who were eligible for free or reduced lunches in Spokane County was slightly higher than that in Washington state.

Eye on Housing & Transportation Equity

Housing is a basic human need. When an individual is worried about meeting this need, they cannot pursue other areas of their life, such as education, work and family development. Policymakers suggest that housing location is especially important for children, as location determines schools attended, safety, and other aspects critical for child growth and development.^{xix}

The U.S. has a history of racial bias in housing policy. It's well documented that housing discrimination has limited people of color from living in higher socioeconomic status neighborhoods that have more opportunity and healthy amenities. The Fair Housing Act banned discrimination based on race, color, religion, sex and national origin,^{xi} but, the outcomes of housing discrimination persist today. In Spokane County, there are "white only" covenants still on record in some neighborhoods, though the restrictions are not enforceable by law.^{xx}

From the public health perspective, there is a clear link between housing availability and quality, and health. Poor-quality housing is associated with multiple negative health outcomes, including chronic disease, injury, and poor mental health.^{2, 4, 6, 7, 11, 12, 13, 14} Low-income families and racial and ethnic minorities may be more likely to live in poor-quality housing and suffer adverse health outcomes as a consequence.^{4, 6, 18}

As shown locally:

- The share of population living in poverty varied by age, race and education.
- People of color were more likely to be living in poverty in Spokane County, as were people with less than a high school education.
- The majority of renters whose household income was less than \$20,000 spent 50% or more of their household income for shelter costs in Spokane County in 2016.

Housing and transportation are interrelated. As shown in the local data, those who depend on public transportation have a lower income than those who don't; this data demonstrates how important it is that housing opportunities be considered in conjunction with transportation planning.

General strategies to promote housing equity include:^{xi}

- Build safe, healthy housing
- Mitigate environmental impacts
- Reduce barriers to high-opportunity neighborhoods
- Supplement incomes for poor families



Public Safety

Indicators of public safety measured how secure the environment is for citizens to lead their lives. Public safety underlies two of the three overarching community priorities that stakeholders overall confirmed—family violence and access and services for residents with co-occurring substance use and mental health issues.

The Public Safety Task Force met twice: 28 people voted on indicators to track and 29 people cast votes to determine the top three priorities, which are:

- **Priority 1:** Reduce impacts of family trauma and violence
- **Priority 2:** Increase access and services for residents with co-occurring substance use and mental health Issue
- **Priority 3:** Increase access and services for residents dealing with substance use issues

Priority 1: Reduce impacts of family trauma and violence

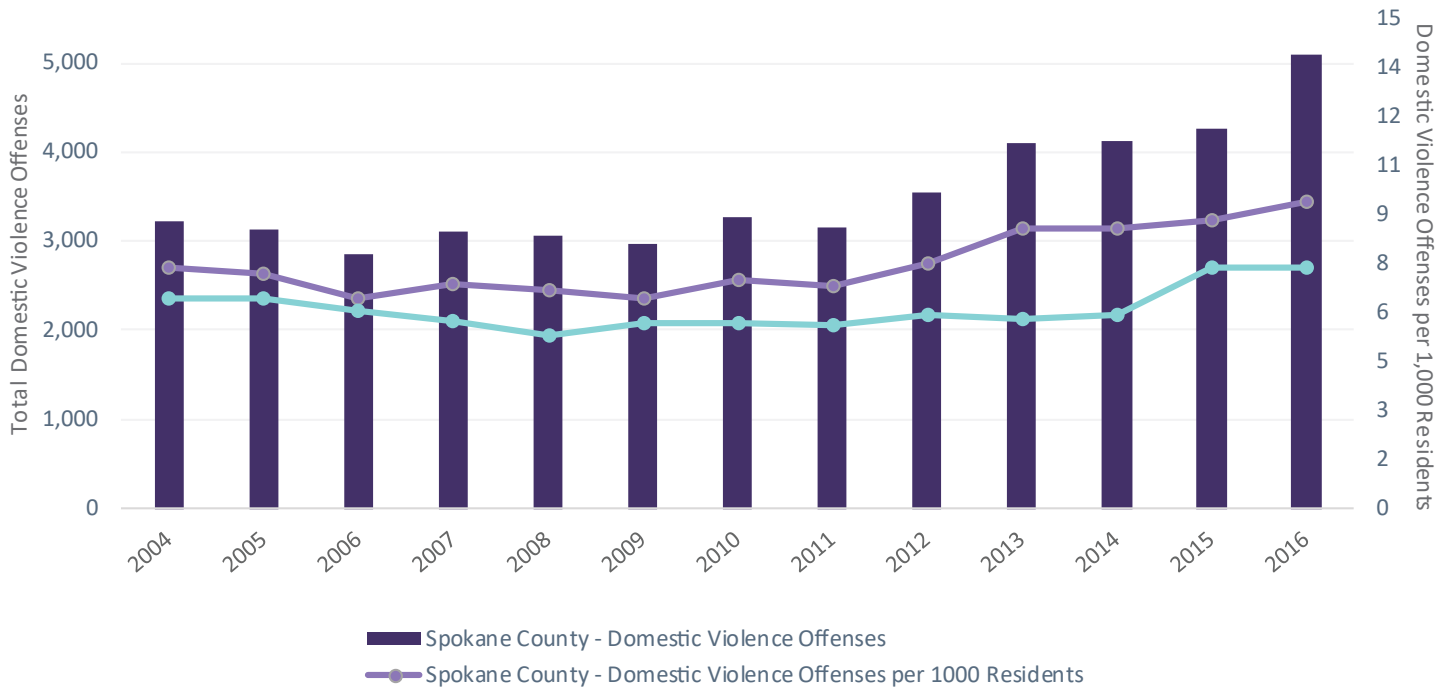
Healthy relationships — taught and reinforced in public schools k-12. Unhealthy relationships lead to abuse, mental health issues, ACEs, bullying, DV, SA, crime, etc.

Task Force Participant

Domestic Violence

This indicator measured the number of DV offenses per 1,000 residents of Spokane County. Victims of DV may be children or adults who live in the same household.

FIGURE 49. TOTAL DOMESTIC VIOLENCE OFFENSES & RATE PER 1,000 RESIDENTS



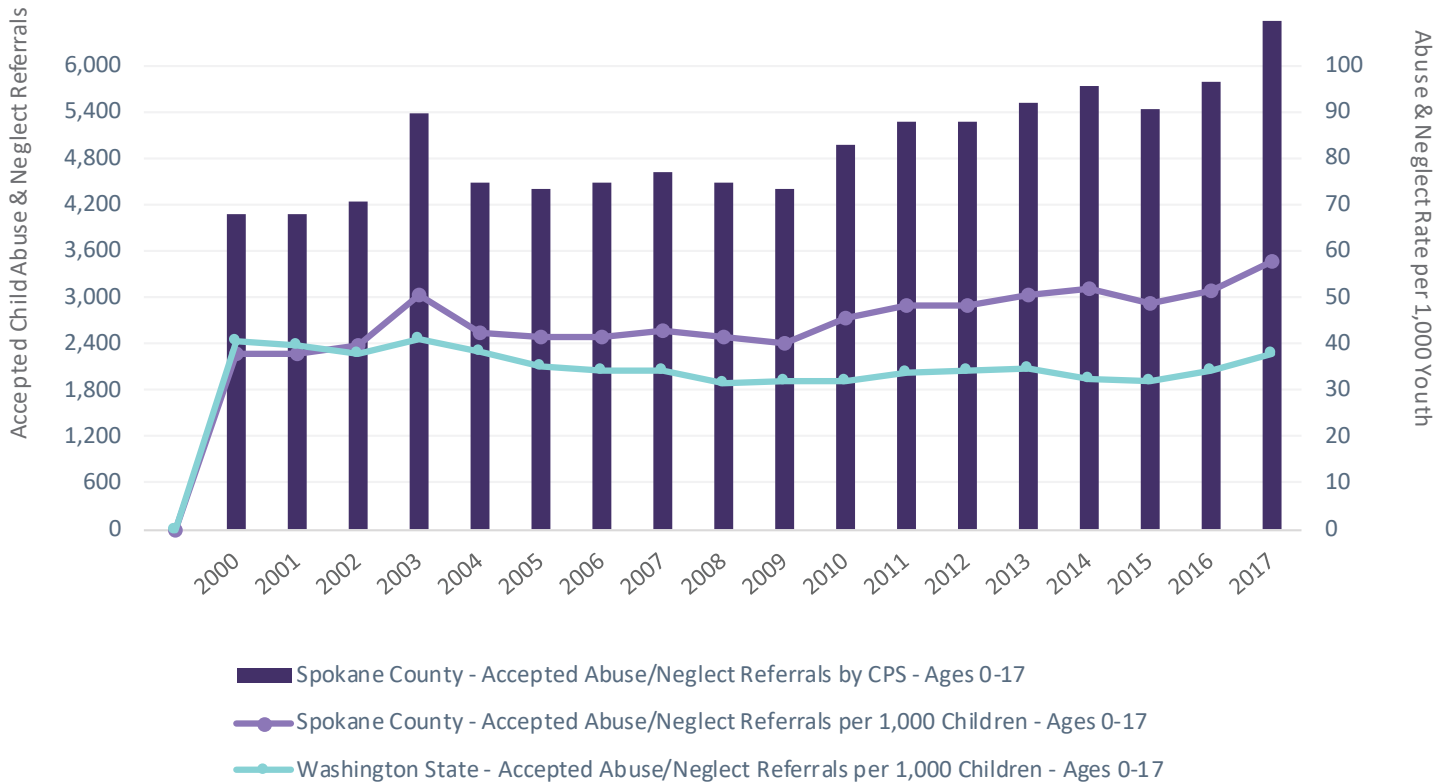
EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Social and Health Services: Risk and Protection Profiles for Substance Abuse Prevention Planning | Note: most current data found at communityindicators.ewu.edu

During 2016 in Spokane County, the total number of DV offenses was 5,102, increasing from 3,212, or by 59% since 2004. The rate of DV offenses per 1,000 residents of Spokane County was 9.4, increasing from 6.5 in 2004. The DV offense rate was higher in Spokane County than that in Washington state (9.4 versus 7.4 per 1,000 residents).

Child Abuse and Neglect

This indicator measured the number of accepted referrals of child abuse and neglect to Child Protective Services (CPS), and the rate of accepted referrals per 1,000 children ages 0-17 in Spokane County. Referrals are cases of child abuse and neglect reported to CPS that have been accepted for further investigation. Not all reports to CPS are referred for further investigation.

FIGURE 50. ACCEPTED CHILD ABUSE/NEGLECT REFERRALS BY CPS AND RATE PER 1,000 YOUTH AGES 0-17



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: State of Washington Office of Superintendent of Public Instruction: Child Nutrition – Reports
 Note: most current data found at communityindicators.ewu.edu

During 2017 in Spokane County, the total number of accepted victims of child abuse and neglect was 6,564, increasing from 4,074, or by 61% since 2000. During 2016, the number of accepted cases of child abuse and neglect per 1,000 residents aged 0-17 in Spokane County was 51.6, increasing from 37.9 in 2000. The rate was higher in Spokane County than in Washington state (51.6 versus 34.0 per 1,000 residents aged 0-17).



Priority 2: Increase access and services for residents with co-occurring substance use and mental health issues

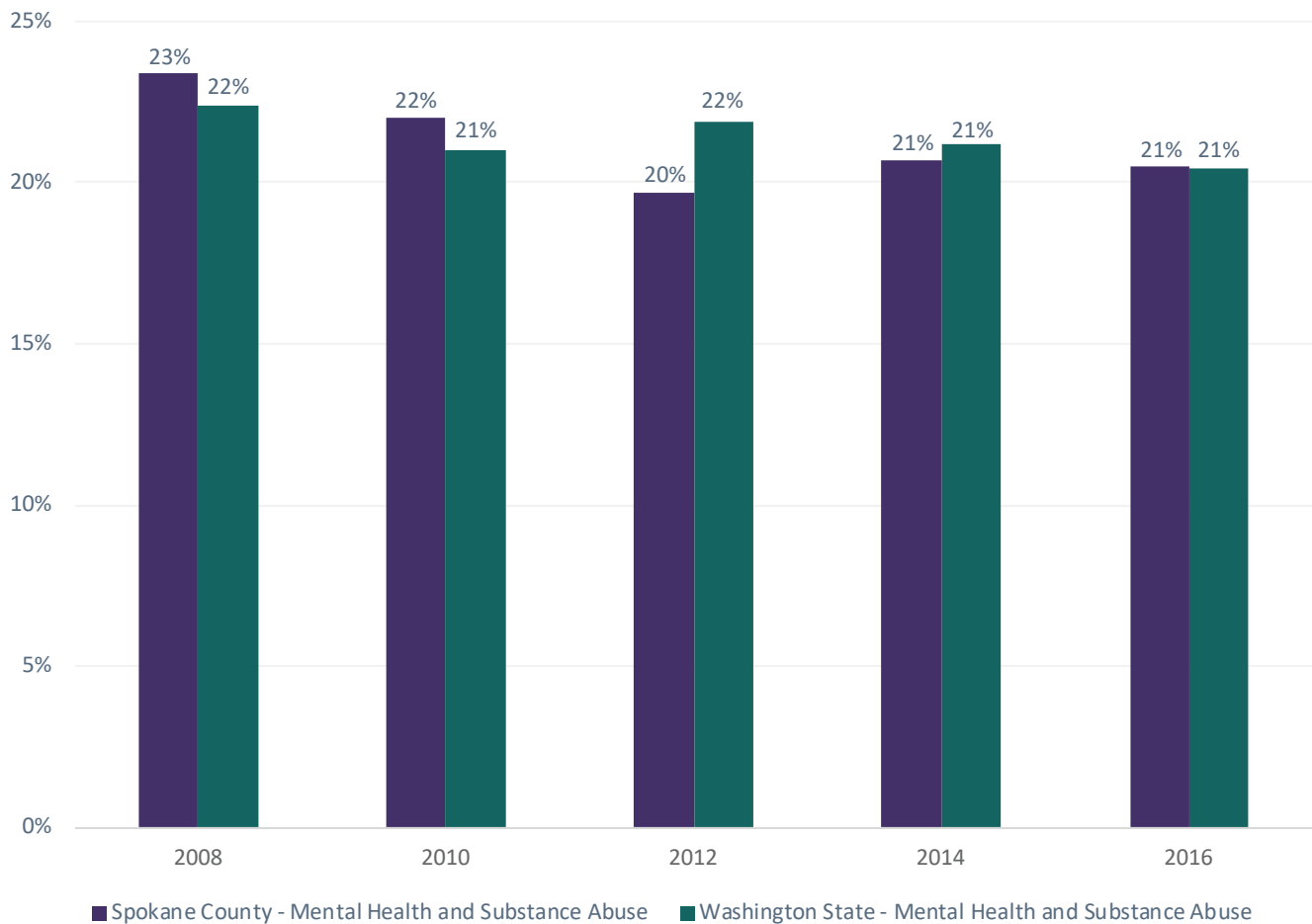
I believe the primary drivers for many crime and safety issues are a complex mix of mental health, drug abuse and fractured family support-related problems. The area having the biggest impact on public safety is a combination of mental health with drug abuse.

Task Force Participant

Youth Mental Health and Substance Use

This indicator measured the share of students in Spokane County who reported mental health issues or who were involved with substance use. Mental health and substance use are both risk factors for suicide.

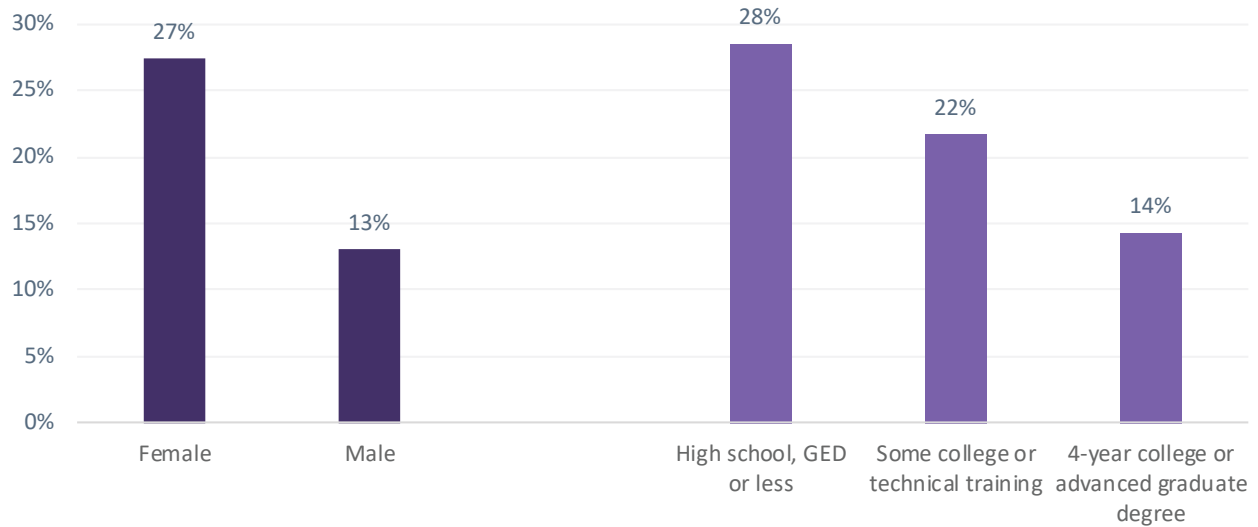
FIGURE 51. SHARE OF 8TH GRADERS REPORTING TWO OR MORE MENTAL HEALTH OR SUBSTANCE USE EXPERIENCES



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health, Healthy Youth Survey
Note: most current data found communityindicators.ewu.edu

During 2016, the share of students who reported mental health issues or who were involved with substance use in Spokane County was 20.5%, decreasing from 23% since 2006. The rate in Spokane County was similar to that in Washington state.

FIGURE 52. SHARE OF 8TH GRADERS REPORTING TWO OR MORE MENTAL HEALTH OR SUBSTANCE USE EXPERIENCES, BY SEX AND MOTHER'S EDUCATION, SPOKANE COUNTY, 2016



Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Healthy Youth Survey
 Note: most current data found countyhealthinsights.org/county/spokane/indicators/depression-youth/

This rate varied by sex and mother's education in Spokane County. Female 8th graders had a higher share of reporting two or more mental health or substance use experiences than males (27% versus 13%). Youth whose mothers had four-year college or advanced graduate degrees had a lower share of poor mental health or substance use compared to youth whose mothers had a high school degree or less (14% versus 28%).

Priority 3: Increase access and services for residents dealing with substance abuse issues

Substance abuse with lack of opportunity...[is the biggest issue in public safety]

Task Force Participant

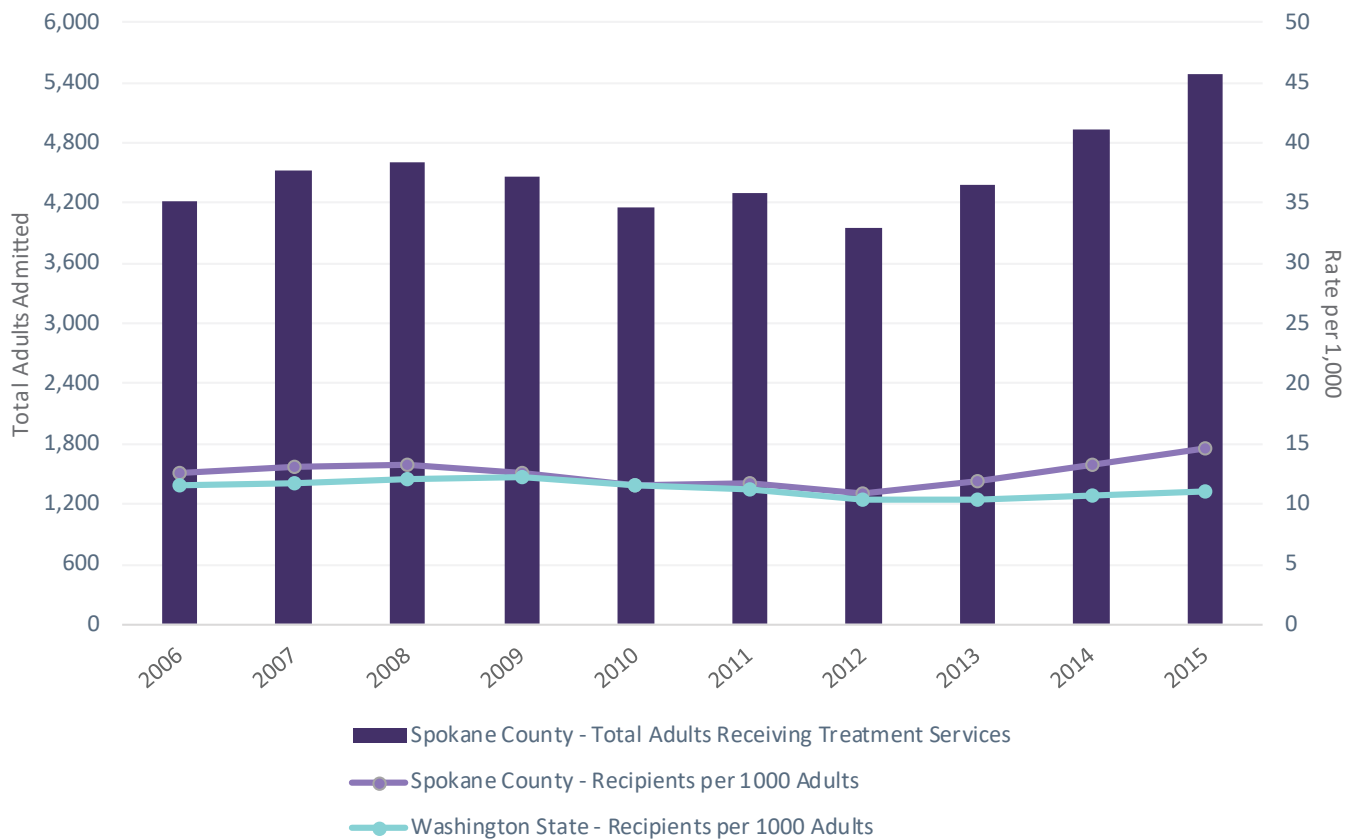




Adults Admitted to State-Funded Treatment Services

This indicator measured the number of clients of state-funded alcohol and drug services and share per 1,000 adults in Spokane County.

FIGURE 53. ADULTS ADMITTED TO STATE-FUNDED ALCOHOL AND DRUG TREATMENT SERVICES & RATE PER 1,000 ADULTS



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Social and Health Services: Risk and Protection Profiles for Substance Abuse Prevention Planning | Note: most current data found communityindicators.ewu

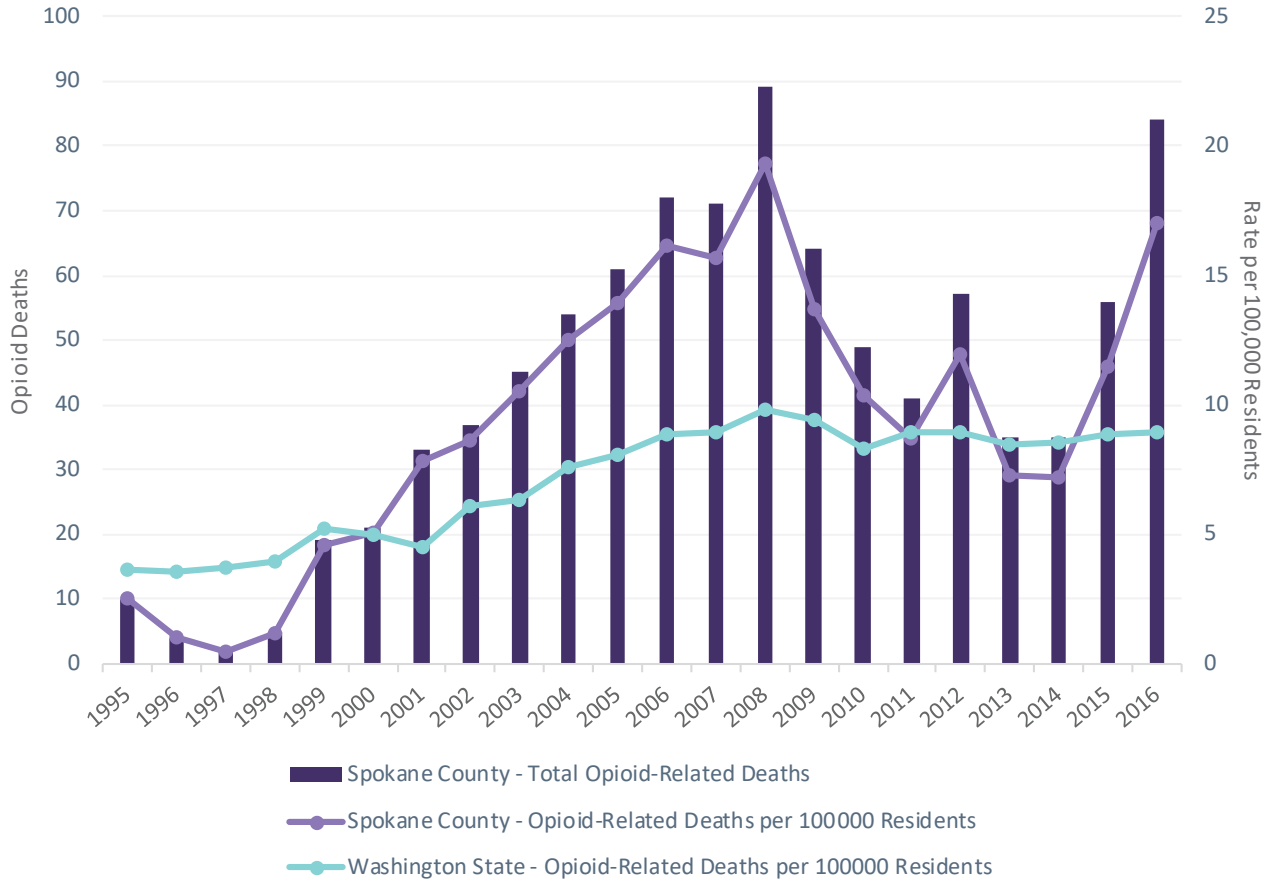
During 2015, the total number of admitted clients into state alcohol and drug services in Spokane County was 5,482, increasing from 4,219, or by 30% since 2006. The number of admitted clients into state alcohol and drug services per 1,000 in Spokane County was 14.6, increasing from 12.5 in 2006. The number of admitted clients into state alcohol and drug services was higher in Spokane County than that in Washington state (14.6 versus 11.1 per 1,000).

Opioid-Related Deaths

This indicator measured the number of opioid-related deaths, where an opioid was noted on the death certificate.

During 2016 in Spokane County, there were a total of 84 opioid-related deaths, increasing from 10, or by 740% since 1995. The opioid-related deaths per 100,000 residents of Spokane County was 17.1, increasing from 2.5 in 1995. Compared to Washington state, the opioid-related death rate was higher in Spokane than that in Washington state (17.1 versus 9.0 per 100,000).

FIGURE 54. TOTAL OPIOID-RELATED DEATHS AND RATE PER 100,000 RESIDENTS

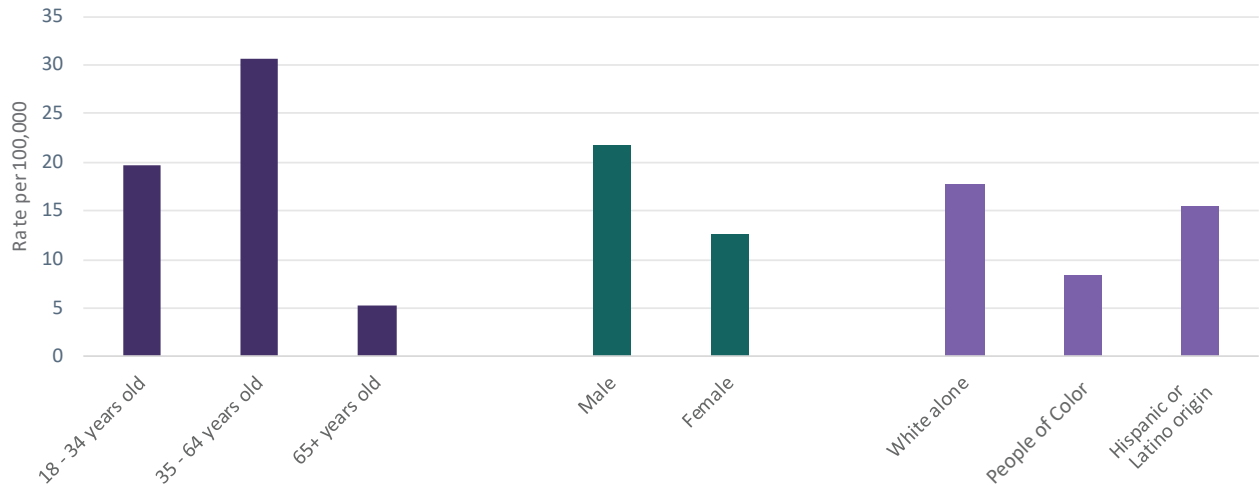


EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health, CHAT Tool
Note: most current data found communityindicators.ewu.edu



The rate of opioid-related deaths varied by age, sex, and race. Those who were aged 35 to 64 years old, male, and white had a higher rate of opioid-related death than their counterparts in Spokane County in 2016.

FIGURE 55. OPIOID-RELATED DEATHS, RATE PER 100,000 RESIDENTS, SPOKANE COUNTY, 2016

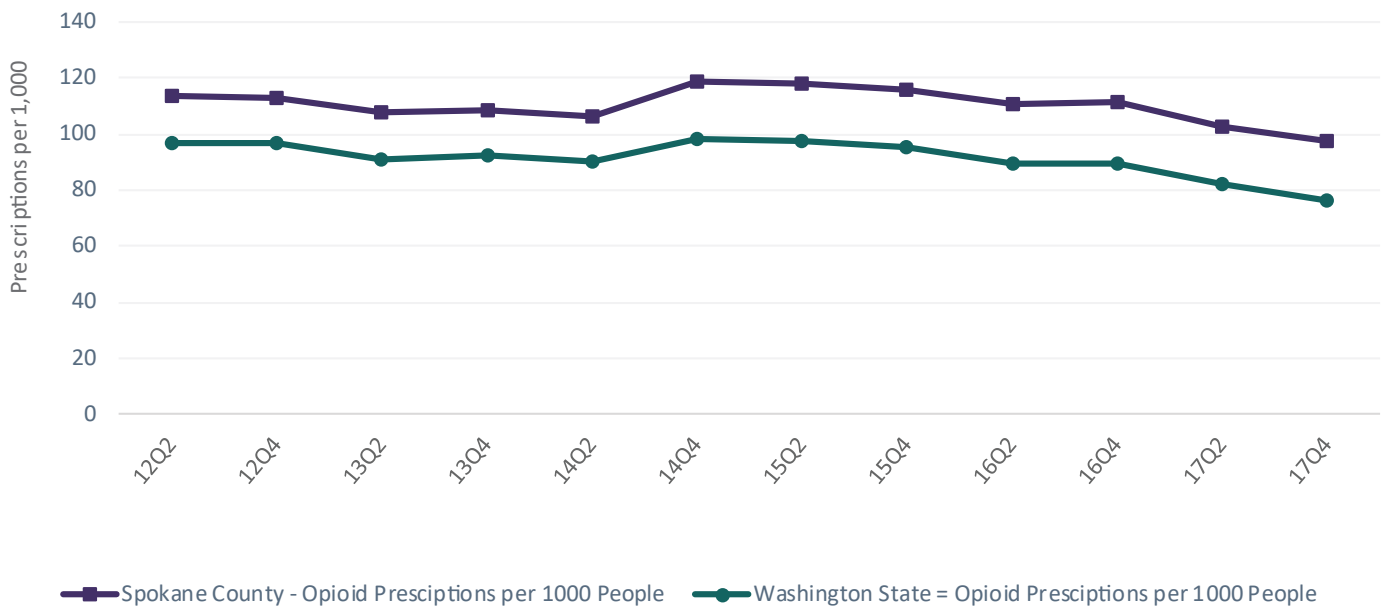


Spokane Regional Health District, Data Center | Source: Washington State Department of Health, Vital Statistics

Opioid Prescription Rates

This indicator measured the opioid prescriptions per 100 residents of Spokane County. During 2016, the opioid prescription rate per 100 residents of Spokane County was 83.7, decreasing from 102.6 in 2006. The opioid prescription rate in Spokane County was higher than that in Washington state (83.7 versus 64.9 per 100 residents).

FIGURE 56. RECIPIENTS OF OPIOID PRESCRIPTIONS PER 1,000 RESIDENTS



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health: Community Health Assessment Tool (CHAT)
 Note: most current data found communityindicators.ewu.edu

Eye on Equity in Public Safety

Family violence impacts everyone, whether personally, or indirectly through effects on community well-being, but some of Spokane's most vulnerable populations are disproportionately impacted. For example,

- Research has shown that women of color experience higher rates of domestic violence than white women, and Native American women are victimized at a rate that exceeds those experienced by women of other races.^{xx}
- Numerous studies have documented racial disproportionality in the child welfare system.^{xxii} As seen in the local data in figure 31, more youth of color have reported being abused by an adult.
- The link between individual poverty and child abuse has been established^{xxiii}; community-level poverty has also been linked to child abuse. A recent study found that in communities with a high concentration of poverty, there were increased rates of child abuse fatalities.^{xiv}
- Poor mental health and substance use are higher among youth whose mother had high school degree or less.
- Illicit narcotic use was higher among people of color and those of low-income according to additional local data,^{xxv} although opioid-related deaths were higher among the white population.

Evidence suggests that family violence is influenced by multiple and often interrelated risk factors such as harmful gender norms, weak and insufficient community response, housing and economic insecurity, community violence, mental health and substance use, as well as other factors.^{xxvi} Substance use and mental health are also top concerns in the community and are linked with indicators of family violence as well as multiple other community outcomes.

Additional local information is needed to (1) more fully understand who in this community is disproportionately experiencing family violence, (2) the root causes for it, and (3) how to change community norms and improve community response to prevent and mitigate the effects of family trauma.



Recommendations and Next Steps

Based on the results of this assessment, SRHD recommends a number of broad-based strategies for community action.

Vet priorities by the general public and vulnerable communities, especially low-income populations and people of color.

Though direct public feedback was evaluated in this assessment through local survey data, there was little direct participation from the public in the meetings held. Additional input is being gathered through focus groups to understand if the three cross-cutting priorities identified in this report resonate with the direct public. The data is unavailable at the time of writing this report but should be reflected upon as strategies for addressing these issues are developed.² Future assessment cycles should consider how opportunities for direct public input could be built into the process prior to the final selection of priorities.

Focus on disparities to bring the community closer to equity.

The data show that some populations are experiencing problems disproportionately. By focusing on disparities, strides are made toward equity. Equity requires widening the lens to bring into view the ways in which early childhood development, jobs, working conditions, education, housing, social inclusion, and even political power, influence population well-being. When societal resources are distributed unequally by class and by race, population well-being is distributed unequally along those lines as well.

Recommendations include:^{xxviii}

- Increase community awareness of disparities as persistent problems in this community.
- Set priorities among disparities to be addressed.
- Implement the dual strategy of universal and targeted intervention based on lessons learned from successes in other public health areas (e.g., the virtual elimination of disparities in certain vaccination rates among children).
- Establish a commitment to closing gaps in the priority issues identified and allocate resources in proportion to need.

Establish a community-driven research agenda.

With six different academic institutions located in Spokane County, there exists substantial research capacity and expertise. Not only is additional information needed on each of the three priority community needs identified, but existing and new interventions addressing the priorities should be evaluated for impact and continuous quality improvement. The Health Services Research Roundtable (HSRR) is a collaboration between local universities and community partners to conduct research to benefit community health and provides a great opportunity to support research needed to inform and evaluate strategies to improve the top priorities identified.



² Focus group findings will be made available on www.countyhealthinsights.org.

Focus on policy, systems, and environmental changes for the greatest impact.

Personal and community quality of life is shaped by the policies, systems and environments (PSEs) in communities, schools, workplaces, government, social and healthcare settings. When policies are made, environments influenced, and systems developed without consideration for human health, well-being, and equity, poor outcomes can result. For instance, if housing is planned without consideration for transportation, health care, access to healthy foods and other needs, people have fewer opportunity to make healthy choices. Poor health and inequitable outcomes can result. Many health departments around the nation are transforming the way they conduct work, by focusing upstream on the social determinants of health and well-being and changing the PSEs in communities.

What is PSE? ^{xxix}		
Policy	Interventions that create or amend laws, ordinances, resolutions, mandates, regulations, or rules	Increasing taxes on cigarettes to discourage purchase and use of tobacco
Systems	Interventions that impact all elements of an organization, institution, or system	Improving school systems, transportation systems, and parks/recreation systems
Environments	Interventions that involve physical or material changes to the economic, social, or physical environment	Incorporating sidewalks, paths, and recreation areas into community design

Leverage and network existing efforts and partnerships (including existing coalitions) currently working in the priority areas.

No one sector, community or organization alone can improve complex health and social problems at a population level. Given the complex and interwoven nature of the issues, a cross-sector, collective action approach is recommended, as are interventions that change policy, systems or the environment.^{18 19} Residents, nonprofit organizations and government agencies all have a role in using and acting on this information to pursue strategies to improve the priority issues in Spokane County. A systematic and collaborative approach will increase the likelihood of collective impact over time.

Measure and continuously improve over time.

Measurement is necessary to monitor progress and to identify if strategies undertaken result in improvement. Sound planning, evaluation and improvement methods increase the likelihood that interventions will produce the desired change. Community planning and improvement methods should employ systematic decision-making processes that consider the information in this report together with best practice solutions, other data, available resources, and organizational and community contexts and assets.

Limitations and Lessons Learned

A short survey was sent to participants to gather feedback for the purpose of continuously improving this process over time. Though there were only eight respondents, some strengths and limitations are provided here, drawing from the survey responses and feedback from planners.

Limitations

As with any project, there were constraints in terms of resources. This assessment process was not directly funded; the contribution of planners and stakeholders was constrained, given other competing priorities. Each task force area would have benefited from a deeper exploration of data and public perspective, including discussions on populations disparately impacted, but due to the magnitude of the effort in prioritizing across six broad categories of community vitality, it was impractical to disaggregate all data viewed without dedicated resources. The planners attempted to ameliorate this limitation by further analyzing a subset of indicators based on what stakeholders prioritized.

Strengths

A number of strengths noted by participants and planners included:

- Use of the six task forces was viewed positively; this structure prompted a holistic look at community well-being.
- Involvement of leaders in this community through use of co-chairs was positive; this was an important factor contributing to the high participation levels.
- Reasonable time expectation.
- High participation and organizational representation.
- Discussion and reflection on the data and issues.

Opportunities for Improvement

The following are offered as opportunities to improve the next assessment cycle:

- Continue to enhance and broaden communication and outreach to ensure inclusivity.
- Close the final Task Force Assembly with a formal next step or call to action, so that participants who want to continue to plan improvements have structured opportunity for further engagement.
- Create more opportunities to obtain direct community (public) participation and more involvement of people of color.
- Provide opportunity for more/richer discussion, especially focused on root causes vs. symptoms, for those willing and able to participate further.
- Revisit the process of final scoring/selection of indicators; the existing process may inadvertently prevent some task force areas from having issues represented in the top priorities--namely environmental issues.

Stay Informed!

As work evolves, updates and other reports produced will be located here: countyhealthinsights.org/initiatives



Appendices

Following are lists of participants for each Task Force as well as the final public assembly. The final participant list was compiled from meeting registration lists and sign-in sheets but may not accurately reflect all present. Participants are listed if they attended at least one meeting. Participants may have attended meetings in more than one task force.

Economic Vitality

Breean Beggs
David Camp
Sheila Collins
Betsy Cowles
Elizabeth Cowles
Rob Crow
Stephen Dubois
Matt Ewers
Grant Forsyth
Al French
Lars Gilberts
Kaely Glaze
Pam Haley
Heather Hamlin
Greg Hansen
Tobby Hatley
Jack Heath
Manuel Hochheimer
Chad Jensen
Tom Johnson
Patrick Jones
Brian Kennedy
Jessica Kirk
Lucy Lepinski
Bob Lutz
Jonathan Mallahan
Mary McDirmid
Patricia McRae
Todd Mielke
Ryan Oelrich
Shelly O'Quinn
Timm Ormsby
Kevin Person
Grant Person
Steve Peterson
Jeff Philipps
Ken Plank
Stacia Rasmussen
Paul Read
John Shasky
Lawrence Stone
Beth Thew
Joe Tortorelli
Robin Toth
Steve Trabun
Albert Tripp
Tom Trulove

Doug Tweedy
Linda Underwood
Francisco Velazquez
Cara Weipert
Chris Wherity
Kristine Williams
Doug Yost

Education

Vincent Alfonso
MJ Bolt
Catherine Brazil
Lynn Briggs
Deana Brower
Leslie Camden Goold
Andrew Chanse
Brian Davenport
Kayla DeBusk
Shannon Demant
Tara Dowd
Derek Duchesne
Mike Dunn
Meryl Gersh
Lars Gilbert
Jennifer Hansen
Travis Hanson
Kimberly Headrick
Krystal Jaeger
Sandra Jarrard
Christine Johnson
Patrick Jones
Annie Keebler
Brian Kennedy
Meg Lindsay
Nikki Lockwood
Bob Lutz
Brooke Matson
Rodney McAuley
Kelly Morron
Susan Nielsen
Cleve Penberthy
Darryl Potyk
Sally Pritchard
Shelley Redinger
David Rovick
Fred Schrupf
Gene Sementi
Greg Shepke
Torney Smith

Dana Stevens
Natalie Tauzin
Chuck Teegarden
Kathy Thamm
Alex Thomas
John Traynor
Albert Tripp
Debbie Tully
Stacy Wenzl

Environment

Ofer Amram
Terri Anderson
Britt Bachtel-Browning
Rahma Benyoussef
Erik Budsberg
Gregory Busch
David Camp
John Culton
Rick Eichstaedt
Steve Faust
Cassandra Harvey
Joani Havens
Cassandra Harvey
Summer Hess
Bruce Howard
Patrick Jones
Brian Kennedy
Kitty Klitzke
Rob Lindsay
Bob Lutz
Rebecca MacMullan
D.R. Michael
Ryan Oelrich
Jean Oglesbee
Julie Oliver
Mike Petersen
Jorgen Rasmussen
Joe Reilly
Brian Schaeffer
Dave Schaub
Katy Sheehan
Julie Schultz
Katy Sheehan
Jim Simon
Juliet Sinesterra
Torney Smith
Greg Sweeney
Gavin Tenold

Alex Thomas
Heidi Wilson
Jerry White
Kim Zentz

Healthy People

Jerrie Allard
Sandy Altschuler
Terri Anderson
Kelly Armstrong
Laura Bacon
Julie Banks
Breean Beggs
Alisha Benson
Betsy Bertelsen
Greg Blackwell
Shannon Boniface
Dick Boysen
Susan Boysen
Catherine Brazil
Sarah Bunney
Leslie Camden-Goold
Kim Choat
Gretchen Chomas
Jason Clark
Sara Clements-Sampson
Wade Colvin
Maureen Correia
Dan Curley
Kayla Debusk
John Dickson
Lisa Diffley
Sam Dompier
Dylan Dressler
Gina Drummond
Becky Duffy
Rick Eichstaedt
Matthew Emerson
Maureen Finneran
Cameryn Flynn
Sarah Foley
Christina Fox
Luisita Francis
Rob Fraser
Jared Frerichs
Lars Gilberts
Cindy Green
Chuck Hafner
John Hancock

Jennifer Hansen
Oscar Harris
Tim Henkel
Andrew Hill
Brian Holloway
Rachel Houglum
Brianna Howe
Krystal Jaeger
Imena James
Jim Kaufman
Amir Kazim
Kathy Knox
Lance Laurier
Nikki Lockwood
Toni Lodge
Yolanda Lovato
Nicole Manus
Sheila Masteller
Jamie McIntyre
Hadley Morrow
Brian Myers
Susan Nielson
Kathy Oneill
Carol Plischke
Charisse Pope
Rick Purcell
Stacia Rasmussen
Kristie Ray
Mariah Rhodes
Edie Rice-Sauer
Dave Richardson
Kurtis Robinson
Barb Richardson
Lindsey Ruivivar
Heather Schleigh
Fawn Schott
Gene Sementi
Mickael Shaw
Jamilia Sherls
Torney Smith
Paula Smith
Sarah Spier
Janet Stowe
Becky Swan
Kathy Thamm
Anna Tresidder
Mike Tresidder
Nadine VanStone
Heather Wallace

Doug Weeks
Stacy Wenzl
Stephanie Wetzel
Chris Wherity
Kristine Williams
Erin Williams Hueter
Devon Wilson
Lyndia Wilson
Elin Zander
Diane Zemke

Rowena Pineda
Amanda Presho
Michelle Rasmussen
Edie Rice-Sauer
Dave Scott
Torney Smith
Scott Snider
Sharon Stadelman
Pam Tietz
Amber Waldref
Anne Whigham
Arthur Whitten
Kristine Williams
Chris Workman
Diane Zemke

Housing & Transportation

Olivia Alley
Steve Allen
Terry Anderson
Dave Anderson
Besse Bailey
Tyler Baianchetto
Lorraine Brooks
Leslie Camden Goold
Bridget Cannon
Gretchen Chomas
Chad Coles
Tija Danzig
Heleen Dewey
Tija Danzig
Ron Devonport
Sam Dompier
Rick Eichstaedt
Lars Gilberts
Jennifer Haynes
Hilary Hibbein
Rob Higgins
Marley Hochendoner
Julie Honekamp
Gordan Howell
Christy Jeffers
Kitty Klitzke
Larry Krauter
Marion Lee
John Lemus
Lucy Lepinski
Jason Lien
Brett Lucas
Bob Lutz
Kim McCollim
Sean Messner
Stephen Miller
Louis Mueler
Kay Murano
Andrey Muzychenko
Stacy Okihara
Ryan Patterson
Fred Peck

Public Safety

Sandra Altschuler
Breean Beggs
Justin Bingham
Bonnie Bush
Ed Byrnes
Tony Cane
Chad Childears
Gretchen Chomas
Morgan Colburn
Kelly Cruz
Ed Cushman
Kim Ferraro
Chandra Fox
John Goldman
Kara Gunning
Zachary Hamilton
Jen Hansen
Larry Haskell
John Hensley
Brienne Howe
Stephen James
Patrick Jones
Jim Kaufman
Karen Kearney
Brian Kennedy
Dawn Kinder
Lori Kinnear
Thomas Krzemyinski
Lance Lauerier
Shar Lichty
Michael Lopez
Bob Lutz
Rob McCann
Jaime McIntyre
Craig Meidl
Maryanne Moreno
John Olsen
Mike Ormsby
Mark Richard

Kurtis Robinson
Jenny Rose
Lynn Sexton
Scott Snider
Karen Stratton
Patrick Striker
Jeff Tower
Tiffany Turner
Phil Tyler
Georgie Ann Weatherby
Mark Werner
Bob West
Kim Zentz

Final Public Assembly

Joe Ader
Rachel Alexander
Vincent Alfonso
Sandy Altschuler
Terri Anderson
Elizabeth Backstrom
Julie Banks
Betsy Bertelsen
Justin Bingham
MJ Bolt
Catherine Brazil
Rob Bryceson
Erik Budsberg
Leslie Camden Goold
David Camp
Danielle Cannon
Ashley Ceresa
Gretchen Chomas
Jason Clark
Sara Clements-Sampson
Chad Coles
Sheila Collins
David Condon
Noelle Connolly (for Senator Andy Billig)
Mary Cullinan
Brian Davenport
Kayla DeBusk
Stephen Dubois
Matt Ewers
Cameryn Flynn
Sarah Foley
Sadonia Garner
Meryl Gersh
Chuck Hafner
Mary Joan Hahn
Sarah Hannah
Michele Harris
Cassandra Harvey
Larry Haskell

Jennifer Haynes
Kimberly Headrick
Kathy Hedgcock
Tim Henkel
Hilary Hibbelin
Kim Hirling
Marley Hochendoner
Manuel Hochheimer
Cindy Hogberg
Julie Honekamp
Gordon Howell
Christy Jeffers
Elizabeth Johnson
Christina Kamkosi
Jim Kaufman
Kelly Keenan
Teri Kook
Larry Krauter
Amber Lenhart
Luci Lepinski
Shar Lichty
Nikki Lockwood
Kim Longhofer
Aileen Luppert
Bob Lutz
Shannon Mack
Nicole Manus
Brandy Marsh
Anne Martin
Sheila Masteller
Angela Matson
Brooke Matson
Kim McCollim
Jamie McIntyre
Patricia McRafe
Craig Meidl
Louis Meuler
Teresa Michielli
Todd Mielke
Jim Mohr
Kelly Morrow
Hadley Morrow
Kay Murano
Andrey Muzychenko
Jessi Nowling
Ryan Oelrich
Fred Peck
Joy Peltier
Cleve Pemberthy
Keven Person
Carol Pilschke
Sally Pritchard
Bryan Raines
Michelle Rasmussen
Jeri Rathbun
Mariah Rhoades

Leslie Rogers
Linda Safford
David Schaub
Mark Schuller
Julie Schultz
Gene Sementi
Sara Sexton-Johnson
Katy Sheehan
Jim Simon
Paula Smith
Scott Snider
Elysia Spencer
Becky Swan
C.G. Greg Sweeney
Kathy Thamm
Beth Thew
Joe Tortorelli
Debbie Tully
Tiffany Turner
Larry Valadez
Nadine Van Stone
Amber Waldref
Heater Wallace
Doug Weeks
Stacy Wenzl
Stephanie Wetzel
Chris Wherity
Anne Whigham
Erin Williams Hueter
Lyndia Wilson
Heidi Wilson
Elin Zander
Diane Zemke
Kim Zentz

Organizations Represented

350 Spokane
Aging and Long-Term Care of Eastern Washington (ALTCEW)
Alliance for Innovative Educational Redesign
Arcora Foundation
Avista
Better Health Together
Brigid's Cloak Homeless Outreach
Camp Creative
Care to Stay Home
Catholic Charities
Center for Justice
Central Valley School District
CHAS
Children's Administration
Children's Home Society of WA

City of Cheney	Frontier Behavioral Health	Ombudsman Commission	Sheriff's Office	The Guardians Foundation
Planning Department	Futurewise	Partners with Family & Children	Superior Court	The Lands Council
Police Department	Gonzaga University	Peace and Justice Action League of Spokane	Spokane County United Way	The Zone NE Community Center
City of Spokane	Goodwill Industries	Prescription Drug Assistance Network	Spokane Guilds School	Transitions
City Council	Greater Spokane Emergency Management	Priority Spokane	Spokane Home Builders Association	Transportation Improvement Board
Community Court	Greater Spokane Incorporated	Providence Health Care	Spokane Housing Authority	U-District
Community Housing and Human Services	Hospice of Spokane	Pura Vida	Spokane Housing Ventures	Upper Columbia United Tribes
Fire Department	House of Charity	Second Harvest	Spokane International Airport	Urbanova
Police Department	HUD	Smile Spokane	Spokane Parent Advocacy Network	US Senator Patty Murray's Office
Public Defenders	Inland Northwest Land Conservancy	SNAP	Spokane Low Income Housing Consortium	Volunteers of America
Columbia Medical Associates	Inland Power	Solar Acres Farm	Spokane Public Schools	Washington State Department of Commerce
Communities in Schools of Spokane County	KHQ	Spokane Addiction Recovery Center	Spokane Regional Health District	Washington State University
Community Building	Kiemle & Hagood	Spokane Association of Realtors	Spokane Regional Transportation Council	West Central Community Center
Community Frameworks	Landlord Association of Spokane	Spokane Bicycle Advisory Board	Spokane River Keeper	West Valley School District
Community Health Assessment Board	Lutheran Community Services	Spokane C.O.P.S.	Spokane Summit Cancer Foundation	Wishing Star
Community-Minded Enterprises, Child Care Aware	Mass Mutual	Spokane County	Spokane Transit Authority	Women and Children's Free Restaurant
Coordinated Care	Molina Healthcare	Citizen's Advisory Board	Spokane Valley Fire	Women Helping Women Fund
Daybreak Youth Services	Mountain West Bank	Community Services, Housing and Community Development	Spokane Valley Police	Youth for Christ
Deep Creek Consulting	MultiCare	Drug and Mental Health Court	St. Luke's Rehabilitation	YMCA of the Inland NW
Eastern Washington University	NAACP	Human Rights Task Force	Tenants Union of Washington State	YWCA Spokane
Empire Health Foundation	Native Project	Jail	The Arc of Spokane	
Excelsior Youth Center	Northeast Community Center	Prosecutor's Office	The Gathering House	
Family Promise	Northwest Fair Housing Alliance			
Freeman School Board	Numerica			



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