

2015 SKAGIT COUNTY COMMUNITY HEALTH ASSESSMENT SUMMARY REPORT



POPULATION HEALTH TRUST ADVISORY COMMITTEE

Acknowledgements

This report is part of a Community Health Assessment process supported by the Skagit County Population Health Trust Advisory Committee. These community volunteers are committed to improving health for all Skagit people. Members represent diverse community sectors and perspectives. For more information about The Population Health Trust Advisory Committee see links on the reference page. Members who contributed to the work behind this report were:

Behavioral Health for All Ages (Substance Use Disorders, Mental Health, Development Disabilities)

- Margaret Rojas, Contracts Manager, North Sound Mental Health Administration

Medical Sector

- Michael Sharp, Director of Laboratory Services, Island Hospital
- Chris Johnston, Pharm D, Peace Health United General Medical Center
- Connie Davis, Chief Medical Officer, Skagit Regional Health

Health Promotion, Prevention Services

- Diane Smith, Regional Food and Nutrition Specialist, WSU Extension
- Carol Hawk, Director, United General District #304

Social Services and Housing (Community Action, YMCA, United Way, etc)

- Bill Henkel, Executive Director, Community Action

Education (College, Schools)

- Karen Wanek, Associate Dean of Nursing, Skagit Valley College

Government (County, City, Departments, Commissioners, employees, Public Health)

- Lisa Janicki, Skagit County Commissioner
- Jennifer Johnson, Director, Skagit County Public Health

Latino Representation

- Colleen Pacheco, Program Manager Promotores & Homeless Healthcare Skagit/Whatcom Counties, Sea Mar
- Doug Spingelt, Vice President of Operations, Sea Mar

Employers (Business, Chamber of Commerce, Economic Development)

- Terry Belcoe, CEO, North Coast Credit Union

Long Term Care (Seniors, Skilled Nursing Facilities, Any senior service)

- Tina Willett, Director of Nursing, Mira Vista Care Center

Environment (Parks, Streets, Food, Nutrition, Air, Water, Sanitation)

- Liz McNett Crowl, Outreach and Development, Skagit Regional Health

Criminal Justice (Judge, Attorney, Sheriff, Probation, Jail)

- Charlie Wend, Chief of Corrections, Skagit County Jail

Tribal Representation

- John Miller, Council Member, Samish Indian Nation

Health Plans

- Brian Burch, Regional Manager for Provider Relations, Group Health Cooperative

Information Services (Electronic Health Records, Internet, Web Specialist)

- Duncan West, Director of Business Development, Medical Information Network North Sound

Foundations (Philanthropy)

- Debra Lancaster, CEO, United Way

County Area Representatives

- Andrea Doll, community representative, West County
- Stephanie Morgareidge, East Skagit County Resource Center Coordinator, Community Action of Skagit County

Pharmacy

- Randy Elde, Pharmacist/Manager, Hilltop Pharmacy

Communications

- Kari Ranten, Director of Planning and Marketing, Skagit Regional Health

Emergency Medical Services

- Mark Raaka, Director, Emergency Medical Services

Public / Environmental Health

- Corinne Story, Environmental Public Health Manager, Skagit County Environmental Public Health

Public / Community Health

- Howard Leibrand, Medical Officer, Skagit County Public Health
- Jennifer Sass-Walton, Child & Family Health Manager

Skagit County Population Health Trust

2015 Skagit County Community Health Assessment Summary Report

Table of Contents

Executive Summary

1. Background.....	1
2. Community Assessment Process	3
3. Highlights from Data Review	5
Population Summary.....	5
Quality of Life Survey	6
Community Health Indicators Data Carousel	7
Forces of Change	8
4. Community Listening Sessions	10
5. Community Strengths	13
6. The Way Forward	14
References.....	15

For more information:

David Jefferson, MSW
Community Health Analyst
Skagit County Public Health
Office: 360.416.1545
Mobile: 360.708.8837

Davidj@co.skagit.wa.us

Skagit County Population Health Trust

<http://www.skagitcounty.net/Departments/PHTAC>

2015 Skagit County Community Health Assessment

Executive Summary

Skagit County has a history of strong community partnerships to improve health. In February 2015 a 23-member *Population Health Trust Advisory Committee* was convened, and a dedicated Community Health Analyst position created by the Skagit County Board of Health, for the purpose of developing a Community Health Improvement Plan.

During 2015 this diverse group conducted a Skagit County Community Health Assessment as a first step toward identifying and selecting health improvement priorities. The assessment process included review of multiple data sources, and engagement of diverse community partners through multiple channels to process information. Key assessment activities included:

- A Forces of Change assessment, to identify important factors driving the work of partner organizations in the community working to improve health;
- A Quality of Life Community Survey, conducted among more than 1,500 Skagit County residents to gather detailed information from diverse community members about their perceptions of factors influencing health;
- An extensive review of existing Community Health Indicators (such as existing health behavior surveys of adults and youth, vital statistics records, economic data), and a “Data Carousel” process engaging 90 community leaders to select a subset of priorities; and
- Five Community Listening Sessions, with nearly 200 participants, to present initial findings from the assessment, validate and gather feedback about the identified priorities, and to determine whether anything is missing.

Health issues that were identified during this process as important priorities for action included:

- Childhood immunization
- Prenatal care and routine preventive medical care
- Adult obesity and overweight
- Fruit and vegetable consumption
- Marijuana (among youth) and opioid use
- Chlamydia
- Youth violence (among youth peer and by adults)
- Youth depression and suicide
- Affordable housing
- Living wage jobs

This careful, comprehensive review of data to describe and prioritize the health issues of Skagit County’s people provides the foundation for selecting and taking action to address the most important health issues in the community. The action plan will be completed in 2016.

1. Background

Skagit County: A History of Partnerships for Health

Skagit County community partners have been working to strengthen collaboration among different organizations in support of better outcomes for clients seeking services in Skagit County. One recent effort, dating back to 2011, was *One Community-One Voice* where community leaders had a series of meetings to identify how to strengthen partnerships, increase collaborations, and develop strategies that would improve the health of people living in Skagit County.

Later the *Skagit County Alliance for Health Care Access (SCAHA)* was created to continue the work begun in *One Community-One Voice*. A significant achievement of this group was to enroll people in the new health insurance plans available as part of the Affordable Care Act. This group actively pooled funds to hire a central coordinator for the effort. The Health Insurance drive was remarkably successful, resulting in many thousands of people getting health insurance and decreasing the percent of Skagit County's population who are uninsured from 16% in 2012 to 9% in 2015.

Both these efforts struggled with moving from processing and planning into action. Many members believed that a stronger infrastructure was needed to support implementation and make their work sustainable and successful in the long-term. To provide this support, Skagit County created a Community Health Analyst position to support this work, and in August 2014 David Jefferson was hired for the position to lead the Population Health Trust. In the fall of 2014, the SCAHA board began a transition to form what was to become the Population Health Trust or "The Trust."

Skagit County Population Health Trust

On Feb 27, 2015, the Skagit County Board of Health delivered a proclamation announcing the unveiling of the *Population Health Trust Advisory Committee*. On this same date, a second proclamation was read announcing the initial 23 members of the board. The Population Health Trust is charged with developing a Community Health Improvement Plan that will unite a wide range of organizations and community partners to improve the health of people who live in Skagit County. The work is driven by a variety of changes in the healthcare landscape (such as the Affordable Care Act), statewide policies, and continually shrinking funding sources.

Together, the Community Health Analyst and the Population Health Trust began to address three tasks:

1. *Deciding how to approach the work of creating a Community Health Improvement Plan.* The Trust members wanted to use an established community health assessment and planning model. Members chose the Robert Wood Johnson "County Health Ranking Model" to serve as their guide for the upcoming work. This model was appealing because of its clear documentation and available tools (see Appendix).
2. *Engaging representatives from multi-service sectors.* The intention was to provide diverse perspectives that would contribute to the process and advocate for the needs of different populations.

3. *Planning a community health assessment.* After reviewing existing community health related plans for Skagit County (e.g., plans by Community Action, Skagit Regional Health, Island Hospital, Peace Health, United Way, Skagit Valley College) the Board members chose to implement a comprehensive, county-wide health assessment model, using a variety of existing data and complemented with new data.

This report describes the process and findings of the Community Health Assessment completed by the Population Health Trust and the Skagit County community as a first step in developing a Community Health Improvement Plan. The results of this assessment provide a strong foundation for future selection of Skagit County's health improvement priorities and goals.

2. Community Assessment Process

On February 5, 2015, the Population Health Trust held their first meeting. Their plan was to complete the community health assessment in 2015, and transition to action planning for community health in 2016. The Trust members met for 3 hours each month in 2015 to guide the community health assessment.

After careful review of the Robert Wood Johnson county health ranking model, the Population Health Trust members decided on three important assessments that would be part of the overall process. The three assessments were:

- A Forces of Change assessment, to identify important factors driving the work of partner organizations;
- A Quality of Life Community Survey, to gather detailed information from community members about their perceptions of factors influencing health; and
- A detailed review of existing Community Health Indicators through a stakeholder Data Carousel.

These assessments were implemented in 2015 (see Figure 1). Methods for each are briefly summarized in the remainder of this section. The next section of this report (section 3) summarizes key findings from each of the assessments.

Findings were reviewed by the community through a series of Community Listening Sessions: facilitated discussions of the findings from the assessments. The findings from this process are described in section 4.

Figure 1: Skagit County Community Health Assessment Timeline

2015 ACTIVITIES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Population Health Trust Meetings												
Steering Committee												
Forces of Change Assessment												
Quality of Life Survey												
Indicator Review/Data Carousel												
Community Listening Sessions												

Forces of Change

Every community partner participating on the board and the organization they represent are being influenced by significant “forces of change.” The Trust believed that it would be important for partners to understand the policy, fiscal, workforce development, and goals of other participating organizations so that people would have a better understanding of the direction and goals of the different service sectors. The Trust members established a standard list of questions for each member to answer about their organization. Results were presented and discussed during monthly meetings. Over the course of the year, twelve Forces of Change presentations were completed.

Quality of Life Survey

Another important assessment activity was to gather the opinions of the people who live in Skagit County. The Population Health Trust collaborated with Spokane County, Snohomish Health District, Whatcom County, Island County, and Kitsap County to identify Quality of Life Surveys that had been used in Washington State, as well as to get technical assistance about what might be the best questions and methodology for collecting responses in Skagit County. A survey sub-committee developed a Skagit County-specific Quality of Life survey.

The final survey included 40 questions designed to gather input about living in Skagit County. The Trust determined that a “convenience sample” survey would provide good information, and avoid the cost and time required for a scientifically sampled survey. The survey was available electronically and printed in both English and Spanish. Population Health Trust members distributed the electronic link to their community partners, and asked their community partners to further distribute it to their networks and stakeholders. The paper version was used by community partners to reach those that did not have access to computers. The Upper Skagit Tribe and the Samish Nation made an effort to distribute the survey electronically and provide paper copies at their medical clinics. Skagit County contracted with Community Action and Sea Mar Community Health Centers and their *promotores* (community health workers in the Spanish-speaking community) who took paper copies of the survey into the Latino and Migrant Worker communities. To encourage participation, the first three hundred people who answered the survey online received a \$5 incentive card, and the first one hundred people that completed the paper copy received a \$5 incentive card. We collected more than 1,500 surveys, exceeding our goal of 750.

Health Data Indicator Review and Data Carousel

Skagit County subcontracted with Snohomish Health District’s assessment staff to provide the Trust with a comprehensive list of health indicators that are commonly used to evaluate the health status of populations in Washington State. This robust list included over 150 health indicators, with trends as well as state and national comparisons when available. The Population Health Trust members divided into 4 workgroups, which met 1-2 times over a period of six weeks to review the indicators. These workgroups participated in a data weighting process, to select highest-priority indicators, reducing the final list to 70 indicators.

Skagit County also started a Business Advisory Committee consisting of business leaders with the goal of eliciting their input about what indicators are important to them, and finding ways to engage them in our assessment process. Ms. Anneliese Vance-Sherman from the Washington Economic Services Division of Employment Security provided an extensive list of economic indicators. The Business Advisory Committee members met several times to review economic data and were able to vote on what they thought were the primary data indicators to consider.

Population Health Trust Board members thought it was imperative to involve the public in the analysis of the data indicators. To that end, the Board hired Dr. Maureen Pettitt to facilitate a process called a “Data Carousel” where key community members participate in a “public data analysis process” to select highest-priority indicators. On October 20, 2015, almost ninety people joined a 5-hour event where community members analyzed the data and voted on their priorities. This effort resulted in a final 12 priority indicators.

3. Highlights from Data Review

Population Summary

A demographic summary provided a sense of the Skagit County population in terms of numbers, age, race and ethnicity, economic status, educational attainment and location.

What did the data show?

Skagit County has about 120,000 residents.¹

- 6,000 pre-school age children (5 and under)
- 21,000 school-age children (ages 5-17)
- 71,000 workforce-aged adults (ages 18-64)
- 23,000 seniors (ages 65+)

About 71,000 people (59%) live in city areas, and 49,000 (41%) live in unincorporated areas. The west side of the county is relatively more populated, and the east side is more rural (see Figure 2). Four Tribal communities are included in the county area: Upper Skagit Tribe, Swinomish Indian Tribal Community, Samish Indian Nation and Sauk-Suiattle Indian Tribe.

Figure 2: Map of Skagit County



What did we learn?

The County's population has distinct subgroups, who will each warrant attention in health planning. For example, efforts to improve health will need to support people living in both urban and rural community settings. Many people live in multi-unit housing (about 9,000 of a total 52,000 housing units in the county); thus, any health improvement strategies relating to home environment must relate to both single- and multi-unit housing settings.

¹ April 2015 estimates from the Washington State Office of Financial Management (OFM)
<http://www.ofm.wa.gov/pop/april1/default.asp>

Poverty is not uncommon. About 16,000 people (5,000 children) are living below the federal poverty level. Efforts to address health problems must consider poverty as a contributing factor to their health.

Hispanic and indigenous Mexican immigrant communities are important to include, with an estimated 21,000 people in Skagit County. About 6,000 Skagit County residents speak English less than “very well,” thus efforts to understand health risk factors and to address them will need to be inclusive of other languages.

Quality of Life Survey

The Skagit County Quality of Life Survey provided details about factors influencing health in the community, and more information from some community groups who might be excluded or unidentifiable within other data sources. Results were organized by the Robert Wood Johnson County Health Ranking Model categories: Socio Economic & Environment, Physical Environment, Health Care Access & Quality, and Health Behaviors. Results were examined by specific groups that the Trust thought would be significant and relevant for Skagit County: by each Commissioner District, the “working well” (people who are employed, have some college education, have medical insurance, and annual household income of \$50,000 or more) and “struggling families” (adults with school-aged children in the home, who are below the 100% federal poverty threshold, and who said they were unable to access essentials like food, clothes or medications during the past year), young adults (ages 18-29), elders (ages 60 or better), American Indian/Alaska Native, Hispanic and indigenous Mexican communities.

What did the data show?

When asked about their “top 3” changes to improve health and well-being in Skagit County, most groups identified affordable housing, more/better jobs and better access to affordable healthcare as top issues. When asked about their 5 biggest personal day-to-day health challenges, the most commonly identified were:

- Stress (49%)
- Time (44%)
- Income (42%)
- Physical activity (36%)
- Healthy food and employment (22% each)

What did we learn?

Our community groups reported different experiences with common life challenges that can affect health. Although some groups (like the “working well”) were less likely than average to experience challenges, they represent a relatively large portion of the total population, and so are still important to consider in community planning.

- Struggling families and young adults reported more health risk factors than average.
- People living in Skagit County Districts 2 and 3 reported more overall health risk concerns than people in District 1.
- People who identified as indigenous Mexican expressed a number of significant challenges that were different from patterns reported by other groups, especially related

to poverty and to access to healthcare, but were less likely to report others such as current substance abuse and concerns about mental health.

Motivations for healthy behaviors were different among groups. For example, when asked what would help to increase daily fruit and vegetable consumption, the “working well” group said that more time to prepare was an important factor; elders said that more places to buy them was important; and “struggling families,” young adults and indigenous Mexican adults said making them less expensive was important. This suggests that different interventions may be required to effectively reach specific groups of people.

Community Health Indicators Data Carousel

What did the data show?

Multiple data points were reviewed across four domains: Healthcare Access; Health Behaviors; Safety and Support; and Socio-Economic and Physical Environment.

Twelve top indicators of health concerns were chosen from among the different health domains (see Figure 3). These indicators were prioritized based on criteria that included: observation that Skagit County was lagging behind the state, trends were moving in a negative direction, or because large numbers of people were affected.

Notably, many of these health concerns have common root causes – income inequality or poverty, personal education, limited numbers of programs and providers, policies and personal choices. All these were identified as contributors to health concerns.

Figure 3: Skagit County Top 12 Health Issues and Indicators of Community Concern

Top 12 Health Indicators	Skagit County	WA
1. Skagit County has a low rate of complete childhood immunizations. (indicator: % with complete immunizations among children ages 19-35 months)	36%	53%
2. Some women in Skagit County are not receiving sufficient prenatal care during the first trimester of pregnancy. (indicator: % women receiving prenatal care in first trimester)	75%	80%
3. Some Skagit County children and adults are not getting routine and preventive medical care. (indicator: % adults who visited a doctor for routine care in the past year)	58%	60%
4. Many Skagit County adults are either obese or overweight. (indicator: % of adults who are obese or overweight, based on self-reported height and weight)	64%	62%
5. Some Skagit County adults and children do not consume enough fruits and vegetable. (indicator: % adults with very low fruit intake [fewer than 1 fruit per day])	41%	37%
6. Marijuana use is increasing among youth in Skagit County. (indicator: any use of marijuana in the past 30 days among 10 th graders)	21%	18%

7. The rate of Chlamydia among Skagit County’s young women is increasing. (indicator: rate of Chlamydia [sexually transmitted infection] cases per 1,000 women ages 15-24)	3.0	2.7
8. There is too much youth violence in Skagit County. (indicator: % of 8 th graders who were bullied in past month)	31%	28%
9. Too many Skagit County children and youth are depressed or have thought about suicide. (indicator: % of 10 th graders who considered suicide in past year)	21%	21%
10. Too many Skagit County youth have been hurt by an adult in their lifetime. (indicator: % of 10 th graders who say they have ever been hurt on purpose by an adult)	30%	26%
11. Skagit County housing is unaffordable and unavailable for too many Skagit County residents. (indicator: % of households spending 30% or more of their income on housing)	39%	37%
12. Skagit County lacks an adequate number of living wage jobs. (indicator: % of people living in poverty, based on federal poverty guidelines)	16%	14%

What did we learn?

It is difficult to prioritize among multiple important topics. Understanding the root causes, and commonalities among different health concerns, will assist with identifying effective strategies to address the problems.

Forces of Change

The Forces of Change Assessment was designed to help Trust members understand what is occurring or might occur that influences their goals, direction and organizational choices driven by changing internal and external factors. Another purpose was to cross-educate all members about each other’s “book of business” and explore what opportunities and threats exist to collaboratively improving population health.

These assessments were completed by twelve Trust partner organizations during the 2015 year. Six organizations were healthcare service providers, and six were from other diverse sectors serving the public.

What did the data show?

Multiple healthcare agencies mentioned increasing use of electronic medical records, and changing federal laws around healthcare (including the Affordable Care Act) as major current influences on their work. Multiple organizations said other (non-ACA) changes in federal or state laws or performance standards, decreasing resources or increasing costs impact their work.

Some organizations described people as the primary factor shaping their services. Changing community demographics and numbers, and expectations for how people are engaging in their own healthcare are influencing the work of these organizations. Other organizations described guidelines, models or performance measures as shaping their services. Some said they were starting new efforts to prioritize or redesign their work.

The top organizational goals and objectives articulated by different Trust members were aligned with both missions and the sector (e.g., healthcare services vs. public service sector). Many included goals to improve efficiency, and reduce costs. Notably, some organizations framed their goals in terms of the outcome for the community (e.g., “Food Access” or “Keeping people well”) while others framed their goals around the organization’s work, which would contribute to the health outcomes for the community (e.g., “data-driven decision-making” or “increase level of service in the jail by medical professionals”).

What did we learn?

These partners committed to community health include many organizations working in healthcare, but also diverse partners from other sectors that recognize the relationship and the importance of community health to their work. The organizations have largely different affiliations and perceptions of trends in their fields and factors shaping their services.

More community-based goals (e.g., “Keep people well”) may lend themselves better to collaborations, while more detailed and organization-specific goals (e.g., “fair and consistent enforcement of public health laws”) may *contribute* to community-based goals, but do not lend themselves as well to specific collaborations.

In developing a strategic plan for the community, the Board may work together to articulate common community-based goals, and then apply their organization-specific goals alongside others to identify opportunities for partnerships, collaboration or sharing of resources.

4. Community Listening Sessions

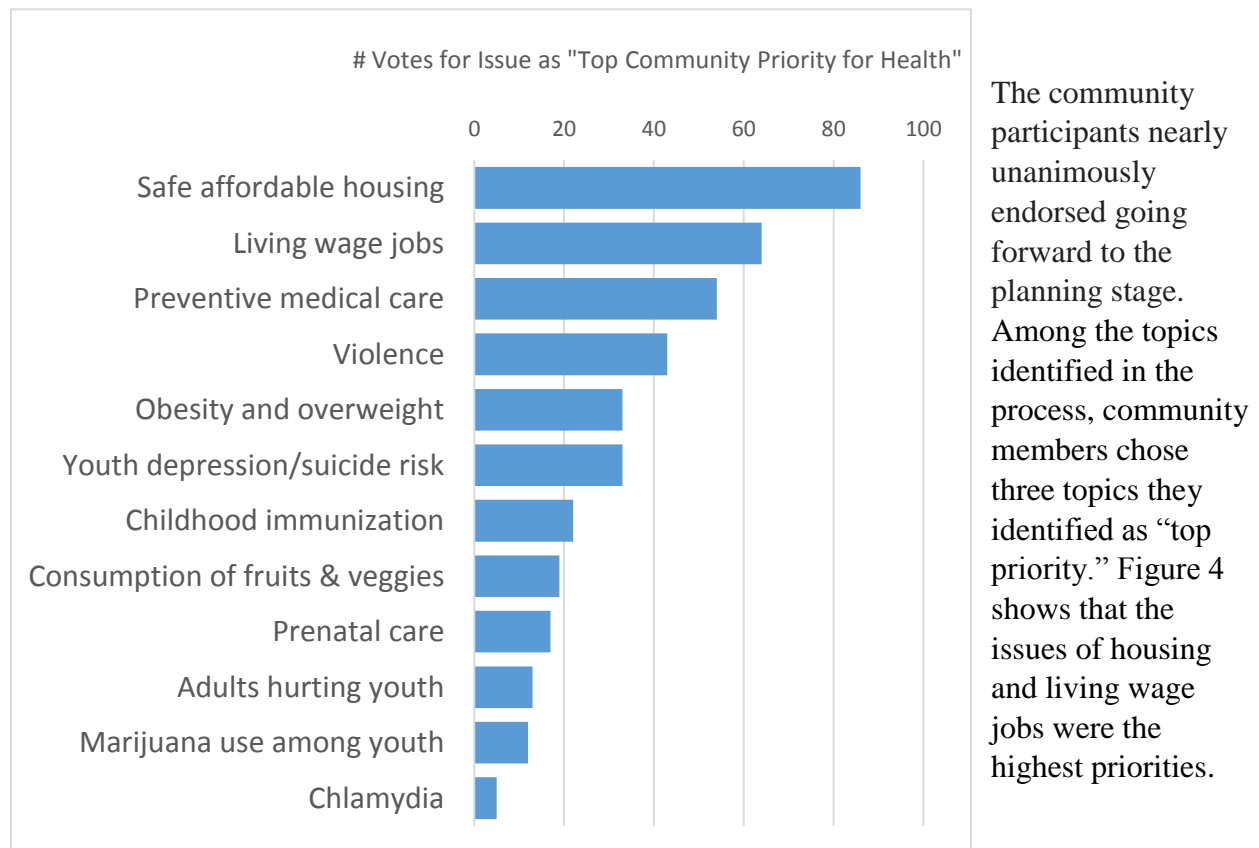
To validate the findings from the prioritization that occurred during the Data Carousel, and to identify any gaps or missed topics, the Trust conducted five “community listening session” forums in Skagit County. During these forums a report summarizing the results of the Quality of Life Survey and the Data Indicators was presented to the community. The summary report was available in both English and Spanish, and also online.

Forums were promoted by all Trust Board members reaching out to their constituents, radio announcements, and web site postings. Nearly 200 people participated in these forums, which took place over a three-week period and took place in Anacortes, Sedro-Woolley, Concrete, and Mount Vernon. In addition, the Skagit County Child and Family Consortium participated in the pilot forum and provided feedback on the results, as well as feedback on the content of the community forum presentations.

During the forums, participants provided feedback during large and small group discussions, and also written comments. Participants

- indicated whether they felt the assessment was thorough,
- offered their perspectives on the health priorities including whether additional data should be considered,
- gave their endorsement for moving forward from assessment to planning phases, and
- voted on their top priorities.

Figure 4: Skagit County Community Listening Sessions – Top Priority Votes



Participants identified several topics they wanted to have taken into consideration, which were not included in previous public review processes. These topics were taken by the Board and matched to findings considered in the Community Assessment, to assure that they were considered in any action planning. The most commonly noted topics, and related information from the Community Assessment data review, included:

- Dental Care
 - Health Indicators Report: Skagit County 10th graders were less likely than 10th graders statewide to say they saw a dentist in the past year (73% vs. 79%).
 - Quality of Life Survey: Struggling families, young adults, indigenous Mexican adults, and people in District 2 were relatively more likely to report barriers to getting dental services they needed (such as services being too expensive, not having insurance, or not having a dental provider).
- Data about Seniors.
 - Health Indicators: Skagit County seniors (ages 65 and older) were similar to seniors statewide for receiving pneumonia vaccinations (73%) and more likely than seniors statewide to have received flu vaccinations (67%).
 - Quality of Life Survey: All results were examined among seniors specifically (ages 60+, 20% of all respondents), and contrast with the general population and people ages 18-59. Seniors identified their biggest challenges as living on a fixed income, social isolation, managing health problems, costs of needed care, and support to live independently. Seniors said that their biggest personal day-to-day health challenges included stress, time, income, physical activity, and health problems.
- Mental Health.
 - Health Indicators: Skagit County has historically had fewer mental health providers per population than statewide, but in recent years this ratio is similar to the state (about 386:1 people:provider ratio). The percentage of Skagit County adults with self-assessed poor mental health (15%), and unmet need for emotional support (23%), were similar to adults statewide. Skagit County youth mental health was also similar to the state, but was identified as a priority in the Community Assessment process.
 - Quality of Life Survey: “Better access to affordable mental health care” was identified as a top recommended change to improve health in Skagit County by the “working well” group and people from District 1. Struggling families were more likely than other groups to report being “extremely stressed” on most days. Adults in Districts 2 and 3 were more likely to report extreme stress than adults in District 1. American Indian/Alaska Native adults were more likely than other groups to report concern about mental health struggles for themselves and their families. Latino and “struggling families” were less likely to say they had social and emotional support in their communities.
- Opiates (prescription pain medication and heroin).
 - Five percent of 10th graders in Skagit County said they had used a painkiller to “get high” in the past month, which is similar to state rates. The percent of 10th graders

- who said they had ever used heroin in their lifetime was slightly higher in Skagit County in comparison to the state (4.5% vs. 3.4%).
- The Board staff investigated additional state and local data sources to better understand the opioid issues in Skagit County. In 2015, 530 Skagit County residents received substance use disorder treatment with heroin dependence listed as their primary concern upon admission.² This was 35% of all dependence treatment in the County, although heroin treatment makes up only 26% of treatment statewide.
 - Healthy Activities
 - Health Indicators: More than half (56%) of Skagit County 10th graders were meeting physical activity recommendations of exercising for an hour at least 5 days per week, vs. 52% of youth statewide.
 - Quality of Life Survey: There were not many differences in satisfaction with community physical activity opportunities, except that people living in District 3 were more likely than people living in other districts to be dissatisfied with all community-based physical activity opportunities.
 - Environment.
 - Health Indicators: Skagit County has better or similar healthy air days, drinking water quality, and rates of enteric diseases compared to the rest of the state.
 - Quality of Life Survey: Struggling families, women, and people living in Districts 2 and 3 were less likely to say they were satisfied with the safety of their parks and of walking alone at night. Young adults and people living in Districts 2 and 3 were more likely to say they were exposed to secondhand smoke in at least one location (public spaces where they are active, work, or their homes).
 - Adverse Childhood Experiences (ACES).
 - Health Indicators: 30% of Skagit County 10th graders (vs. 26% statewide) reported they had ever been hurt on purpose by an adult. There were 952 domestic violence offenses in Skagit County in 2013, and the rate of 8 offenses per 1,000 people is higher than the state rate of 6 per 1,000. This was identified as a high priority during the Community Assessment.
 - Quality of Life Survey: About 31% of Skagit County parents with school-aged children said that “unhealthy or unstable home life” was a top health challenge for high school youth.
 - Transportation.
 - Health Indicators: Thousands of adults leave Skagit County to work outside the area (23,344) and others commute into Skagit County for work (16,993) – meaning more than 40,000 people are regularly moving in and out of the county for work.
 - Quality of Life Survey: About 10% of Skagit County adults said that “more public transportation options” are a needed change for health in the community.

² Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery, System for Communicating Outcomes, Performance and Evaluation (SCOPE-WA).

5. Community Strengths

Based on the multiple sources of data reviewed for this Community Health Assessment, as well as the process, Skagit County demonstrates multiple strengths:

- **Leadership.** The formation of the Population Health Trust, and dedication of resources (time and money) to this process demonstrates the commitment from community leaders to long-term improvements in community health.
- **Committed Partners.** Volunteer Population Health Trust Board member who represents a wide range of Skagit County services sectors pledged to a common set of goals and values and committed to accomplishing the work of the Trust.
- **Availability of Data.** The community has multiple existing sources of data to describe health among people of different ages, in different domains, and for a spectrum of health from prevention-related factors and social determinants of health to serious illnesses.
- **Proactive Decision-making vs. Crisis Management.** In reviewing multiple data sources, Skagit County primarily falls “in the middle” – that is, generally not among the best or worst counties in the state. Skagit County has an emerging affordable housing shortage and a rise in opiate use disorders which is a trend being seen in many Washington counties. Both of these items are receiving local and statewide attention and are still in the “emerging action phase.” Otherwise, Skagit County has a relatively stable health status which allows partners to focus thoughtfully on where the best opportunities for action exist. It is also an opportunity to address these emerging health concerns or target another priority that is not getting sufficient attention.
- **Positive Directions.** Data suggest that Skagit County people fare better in some health factors, and these may provide insight for health promotion efforts. Indicators where Skagit County is doing “better than average” or moving in a positive direction include:
 - *Improving access to healthcare.* About 9% of the population is uninsured in 2015 vs. 16% in 2012. This may be associated with the implementation of the Affordable Care Act.
 - *Declining unemployment rate.* Like the state, following a sharp increase in unemployment following the recession of the late 2000s, Skagit County’s unemployment rate has fallen, dropping from 13% unemployment in January 2010 to 9% in January 2015.
 - *Better than state average for infant mortality.* Skagit County’s infant mortality rate is 2.1 per 1,000 live births, while Washington State’s is 4.5 per 1,000.
 - *Good air and water quality.* Skagit County had 100% of days with healthy air quality (measured by low particulate matter) in 2013, and 100% of Group A drinking water systems met standards for acceptable levels of nitrates.
 - *Preventive care for seniors.* 67% of Skagit County seniors (ages 65+) received flu shots, compared to 61% statewide.

- *Lower cigarette smoking rates.* Both Skagit County youth and adults are less likely than people statewide to smoke cigarettes (7% vs. 8% among youth, 15% vs. 17% among adults).
- *More active youth.* 56% of Skagit County 10th graders are meeting exercise recommendations of 60+ minutes per day, vs. 52% of youth statewide.
- *Less risky alcohol use among adults.* 13% of Skagit County adults reported recent “binge drinking” (five or more drinks on one occasion), vs. 17% of adults statewide.

6. The Way Forward

After this process of careful, comprehensive review of data to describe the health and health-related factors of Skagit County’s people, the next phase of work is to develop a Community Health Improvement Plan (CHIP). The CHIP is an action plan to address health priorities identified during the assessment. The plan should be completed during 2016.

Strategies for action will be created by a diverse group of community partners, and include shared measures to monitor performance, track progress, and learn what is working well and what is not working.

References

Skagit County Population Health Trust Advisory Committee

<http://www.skagitcounty.net/Departments/PHTAC>

Reports available on the Skagit County Community Health Assessment Reports Tab:

<http://www.skagitcounty.net/Departments/PHTAC/reportsmain.htm>

Skagit County Community Assessment Health Priorities: Report for Community Response. December 2015.

Skagit County Population Demographics Summary, revised March 25, 2016

Population Health Trust Data Indicator Charts – Summary Set with Sub Population Information. Revised April 5, 2016

Population Health Trust Data Indicator Charts – Full Set. Revised April 5, 2016

Skagit County Quality of Life Survey Report, published September 28, 2015

Robert Wood Johnson Foundation.

2015 County Health Rankings Key Findings Report. Published March 25, 2015.

Available at: <http://www.rwjf.org/en/library/research/2015/03/2015-county-health-rankings-key-findings-report.html>

Specific information about the Ranking System and domains for health are available at

<http://www.countyhealthrankings.org/our-approach>

<http://www.countyhealthrankings.org/ranking-methods/ranking-system>