

# 10 Priority Areas to Improve the Health & Wellness of Skagit County Residents

September 2017

Population Health Trust Advisory Committee

Prepared by

Skagit County Public Health

This report is a summary of the priority areas that were identified by a year-long Community Needs Assessment Process. These priorities guide the work of Population Health Trust members. We believe our focused collaboration will lead to improved health for ALL.





## Skagit County Board of Health

Ron Wesen, First District

Kenneth A. Dahlstedt, Second District

Lisa Janicki, Third District

August 7, 2017

### From: Skagit County Board of Health

Dear Community Partners and Skagit County Residents,

Quality health for every Skagit County resident is our top priority as the Board of Health. We know that health is more than just medical care. Health also depends on clean water, safe and affordable housing, access to living-wage jobs, opportunities for recreation and activity, and readily available healthy food.

We can't create opportunities for health without a network of community partners. The Board of Health, Skagit County Public Health Department and the Population Health Trust Advisory Committee (PHT) are focused on whole population health – essentially, improving health for all.

As part of that effort, Public Health will continue to assess and measure the health of our communities using Community Health Assessments leading to Community Health Improvement Plans. These tools guide our work and allow us to find innovative, practical ways to develop a culture of better health and find areas where we can improve. Healthy communities are built when people work together toward meaningful common goals.

This report is the culmination of a year-long process to examine the health of our community and to prioritize health concerns. By sharing this information with the community, we hope to raise awareness of the issues facing us all as we strive for healthy lifestyles and outcomes. This 10 Priorities Report is our roadmap for future strategic planning related to critical population health issues. It provides guidance to the Board of Health, focuses the work of the PHT and Public Health, and offers direction for anyone in our community focused on improving health.

Our community has a long history of working together to solve challenges. We are confident that our strong community partnerships will result in new and innovative opportunities to improve health for ALL.

Thank you,

### SKAGIT COUNTY BOARD OF HEALTH

Ron Wesen,  
Chair

Kenneth A. Dahlstedt,  
Commissioner

Lisa Janicki,  
Commissioner

## INTRODUCTION

### *Public Health and the Population Health Trust working together to meet the health needs of the community*

In 2015, the Skagit County Board of Health appointed their first advisory committee to guide Public Health and our community in working together for health improvement. This committee, known as the Population Health Trust Advisory Committee (PHT or the Trust), is a group of community leaders with a shared commitment to improve the “quality of life” for ALL in Skagit County. The PHT, which is staffed by Public Health, aims to achieve the goals of Collective Impact which are:

- A common agenda to solve specific health problems
- Shared measures, mutually reinforcing activities and ongoing communication
- Commitment to cross-systems collaboration on solutions designed to improve well-being

In order to determine how to improve quality of life, the Trust and Public Health needed to understand from residents what factors drive their health and wellness. Such an endeavor required engaging multiple partners in the analysis of the social determinants of health in order to understand how employment, education, housing, access to health care, access to healthy food, recreational opportunities and clean air and water impact our health and wellness. Together, the Population Health Trust and Public Health launched a Community Health Needs Assessment in 2015. They engaged the public and multiple partner agencies in a process to determine the health status of the population.

### **Community Needs Assessment**

The foundation of the assessment work was based on the Robert Wood Johnson (RWJ) County Health Rankings model which emphasizes the importance of making improvements in Health Behaviors, Clinical Care, Social and Economic Factors and the Physical Environment in order to make communities healthier places to live, learn, work and play (see next page). The *RWJ County Health Rankings* measure the health of nearly all counties in the nation, and ranks them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. The PHT used the RWJ Model as a guide to complete their community assessment.

Data for this assessment was collected through a variety of methods:

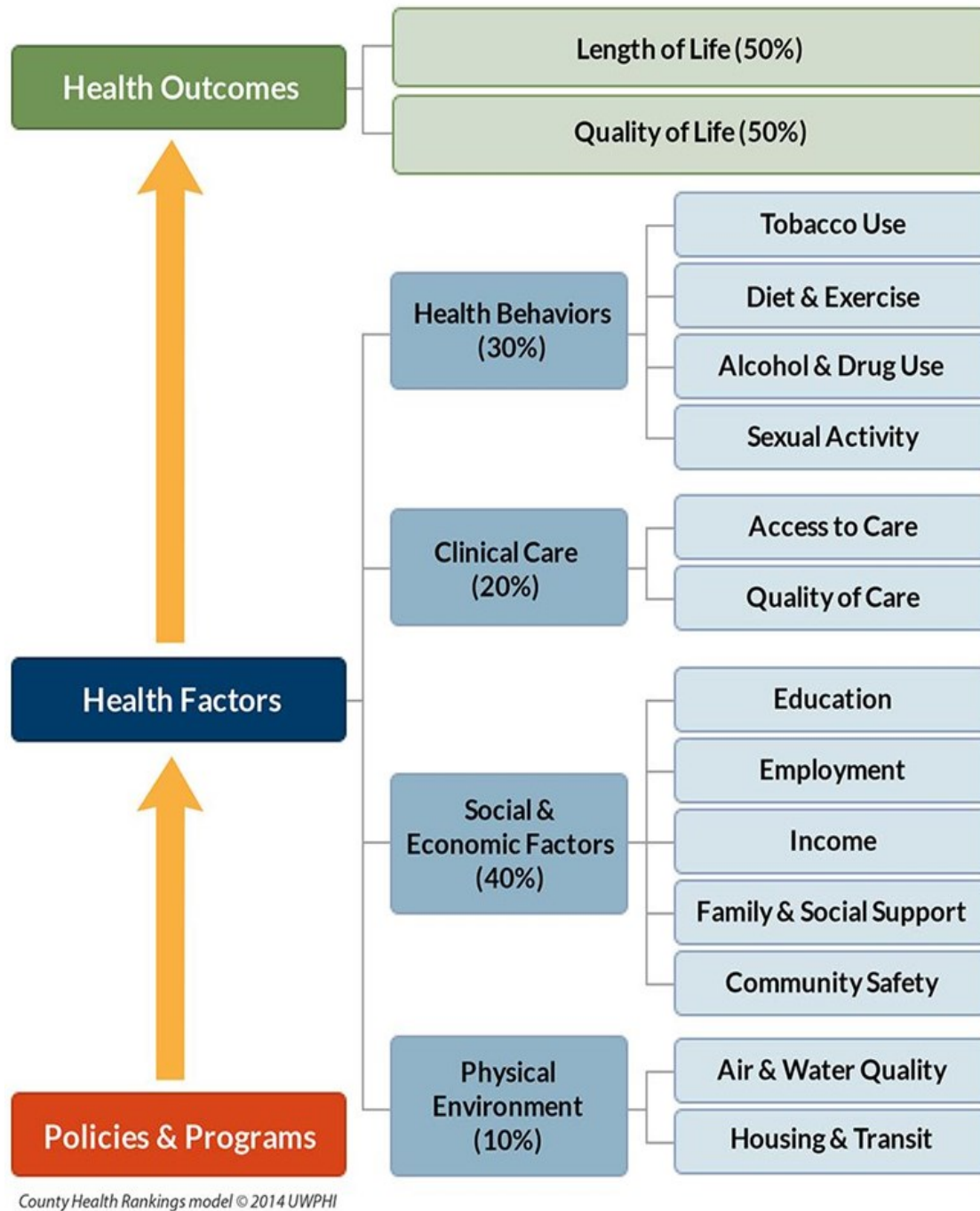
- More than 1500 residents of Skagit County responded to a Quality of Life Survey
- Partner agencies of the Trust completed a “Forces of Change Assessment”
- A data review of a comprehensive set of more than 150 county, state and national health indicators

Combined, these sources provided the information required for the Trust to begin selecting the highest-priority health concerns for Skagit County. Next, results from the data analysis were presented to the community in a series of five community forums, attended by nearly 200 people. The community identified 13 priority areas for improving health and wellness for all. As further discussions and data analysis occurred, these developed into a final list of 10 priorities.

In this report, you will find descriptions of the data indicators used by the PHT and Public Health to look at the health challenges and inequities within our county.

## THE ROBERT WOOD JOHNSON APPROACH TO HEALTH

The health factors outlined in this model—physical environment, social and economic factors, clinical care and health behaviors—became the organizing components of the data review conducted by the Trust and Public Health. Throughout this report you will see priority data indicators grouped by these headings.



The weights of these health factors (Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment) are based on scientific research, available data, expert opinion and statistical analysis. They are estimates based on the best available evidence at this time and reasonably reflect the different components and determinants of health, but do not factor in genetics.

## HEALTH AREAS AND PLANNING PROCESS

The following are the health topics that rose to the top, based on one of four health factor categories in the RWJ County Health Ranking:

HEALTH BEHAVIORS	CLINICAL CARE	SOCIAL & ECONOMIC FACTORS	PHYSICAL ENVIRONMENT
Nutrition, Weight & Physical Activity	Access to Health Care	Youth Safety	Affordable Housing
Youth Mental Health	Maternal & Child Health	Living Wage Jobs	
Youth Substance Abuse			
Chlamydia			
Opioid Misuse and Abuse			

### INDIVIDUAL SUBJECT AREA STRATEGY

Each topic will receive focused attention leading to a strategic plan for improvement. Beginning in March 2016, the PHT began selecting issue areas to delve more deeply into, starting with opioids.

In order to look deeper into each focus area, the PHT will conduct a process called “gaps analysis.” The goals are: to assess current programs, services, practices and policies in the priority area; review data; find out what works and doesn’t work in our community; and identify what needs to be done to improve health.

The specific activities include:

#### Analyzing

- Thorough data review, including information from local agencies, consortium or coalitions, stakeholders and people involved in the topic area
- Using a steering committee of subject area experts to guide the data analysis and group formation
- Creating a cross-sectional team of issue area experts working both at the policy and programmatic levels
- Conducting a thorough asset map of our programs, services and policy

#### Planning

- Identifying priorities within the topic issue
- Gathering input from the community and constituents impacted by the issue area
- Creating a strategic plan

#### Developing community commitment

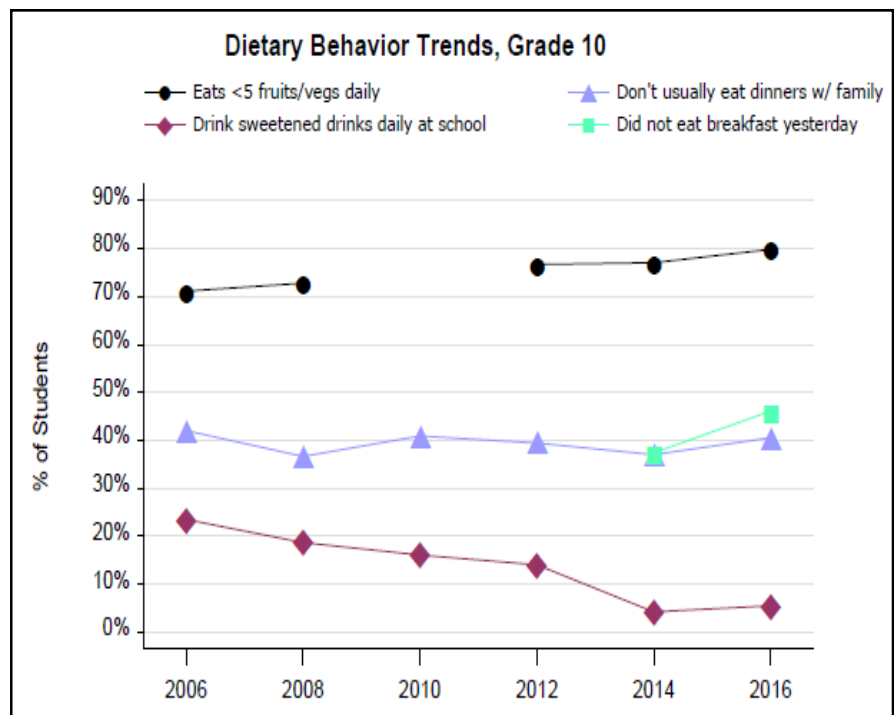
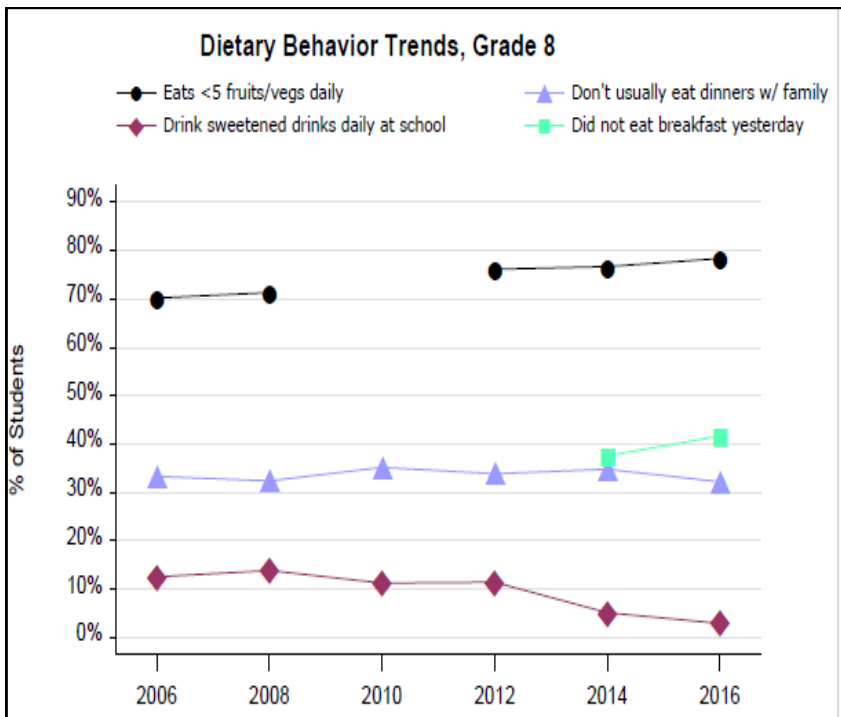
- Outreach to community regarding an action plan
- Activating agencies, organizations, and interested community partners to participate in achieving the outlined steps within the plan

## HEALTH BEHAVIORS

### Nutrition, Weight and Physical Activity

#### Nutrition

Good nutrition is vital for the healthy growth and development of adolescents and children. A nutritious diet can reduce major risk factors for chronic disease such as obesity, high blood pressure, diabetes, and high cholesterol. Poor nutrition has the potential to affect the growth, development, health status and academic achievement of children and adolescents. Of particular importance in the graphs below is the high number of youth who don't eat five servings of fruits and vegetables a day.



**Data Source:** Washington State Department of Health: Healthy Youth Survey-Fact Sheets

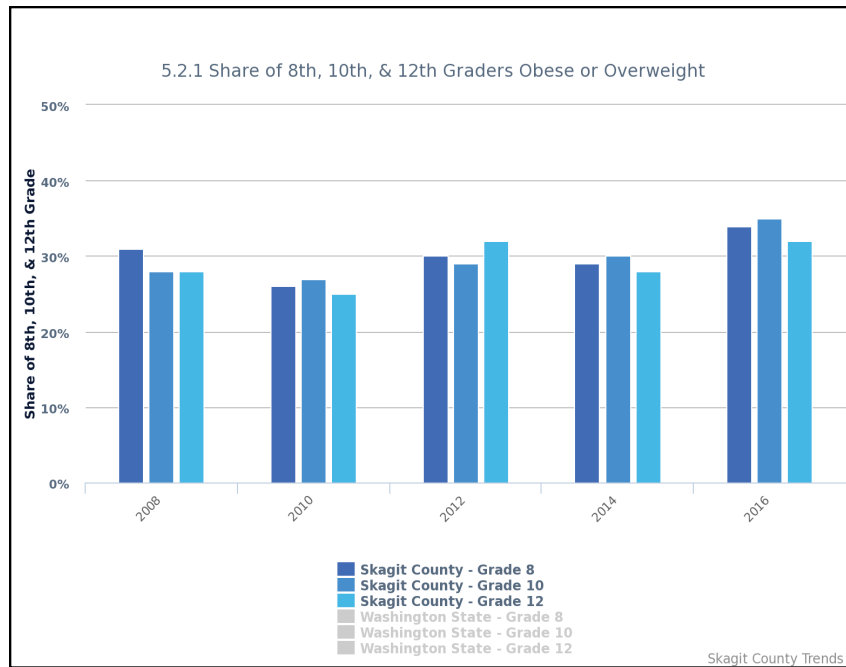
## HEALTH BEHAVIORS

### Nutrition, Weight and Physical Activity

#### Weight

A high prevalence of obesity in a community can have negative implications for both the individual and for society. Obesity puts a person at higher risk for a myriad of health problems including high blood pressure, high cholesterol, diabetes, heart disease and stroke. Other, less obvious side effects of a population with overweight individuals include: increased use of sick days, more hospital visits, and higher health insurance costs.

Children who are overweight are more likely to become overweight adults and, eventually, will face the many negative outcomes associated with unhealthy weight.



**Data Source:** Washington State Department of Health: Healthy Youth Survey-Fact Sheets

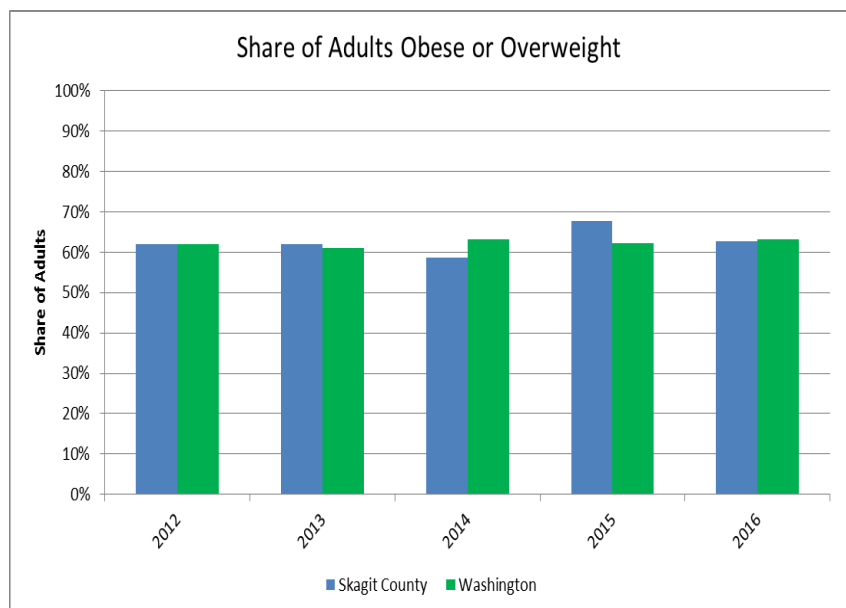
During 2015, the share of adults who were overweight in Skagit County was 37%, increasing from 36% in 2011. This is defined as persons with a body mass index (BMI) falling between 25.0 and 29.9.

The BMI formula assesses body weight relative to height. It is a useful, indirect measure of body composition, because in most people it correlates highly with body fat. To calculate, multiply weight in pounds by 703, divide by height in inches, then divide again by height in inches.

In studies by the National Center for Health Statistics:

- BMI values from 18.5 to 24.9 are normal.
- BMI values 25-29.9 are overweight
- BMI values over 30 are considered obese

**Data Source:** Washington State Department of Health: Washington Tracking Network (WTN)





## HEALTH BEHAVIORS

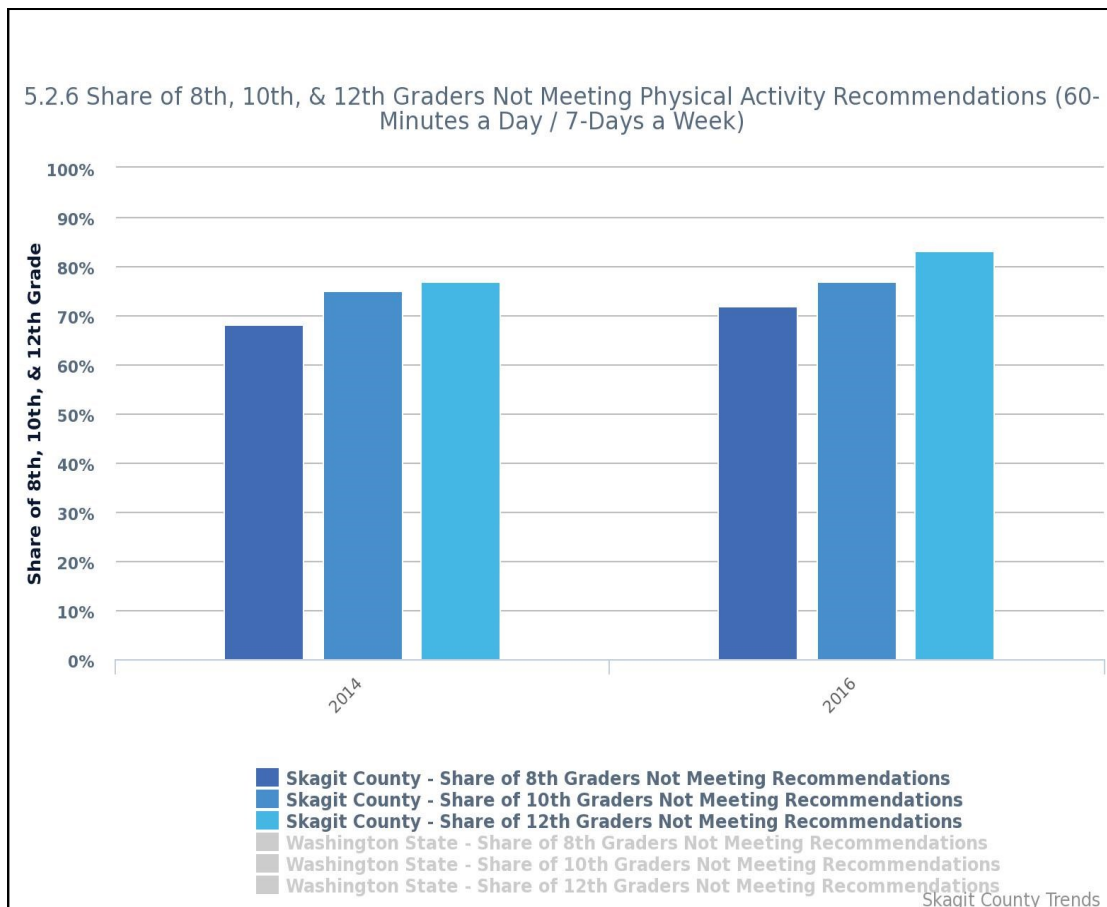
### Nutrition, Weight and Physical Activity

#### Physical Activity-Youth

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. Controlling weight through proper nutrition and regular physical activity is an important part of a healthy lifestyle. Lack of exercise and being overweight are risk factors for serious illnesses such as coronary heart disease, hypertension and diabetes, and can contribute to premature death.

Children and adolescents need weight-bearing exercise for normal skeletal development. Young adults need such exercise to achieve and maintain peak bone mass. The U.S. Centers for Disease Control and Prevention (CDC) recommends that children and adolescents do 60 minutes or more of physical activity per day. Physical activity is influenced not only by individual behavior, but also by the built environment in a community, such as walkable streets, playgrounds, or bicycle access.

A growing body of research, synthesized by the CDC, has also shown that physical activity may help improve academic achievement. School-based physical education can also play an important role in helping kids achieve the minimum daily activity levels.



Data Source: Washington State Department of Health: Healthy Youth Survey-Fact Sheets

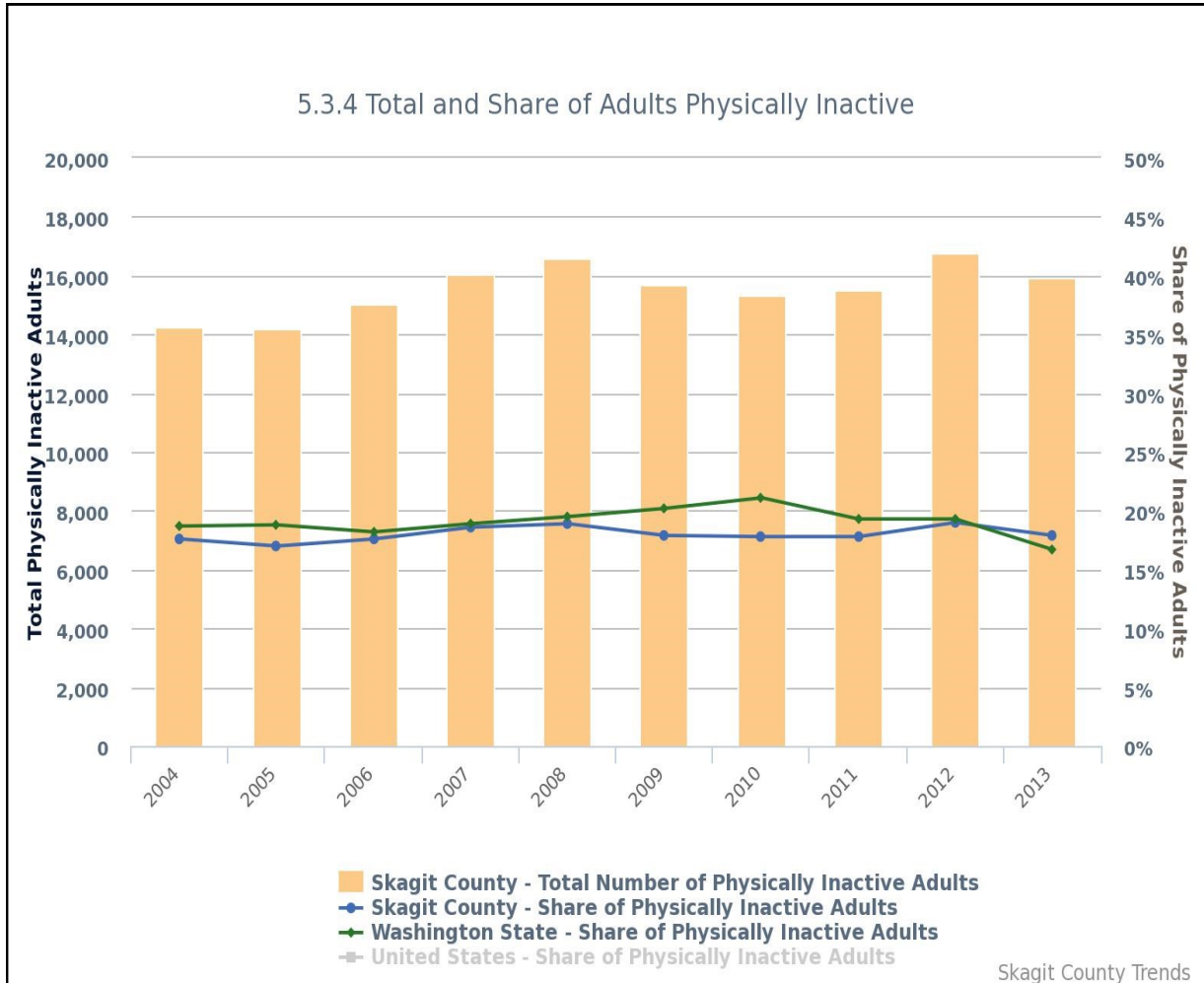


## HEALTH BEHAVIORS

### Nutrition, Weight and Physical Activity

#### Physical Activity –Adults

According to the *2008 Physical Activity Guidelines for Americans*, a publication by the U.S. Department of Health and Human Services, adults need both aerobic and strength training exercise each week to improve health. Adults need weight-bearing exercises to achieve and maintain peak bone mass. Adults aged 18-64 need at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity (or an equivalent mix) every week, plus muscle strengthening activities on two or more days a week that work all major muscle groups. Greater health benefits result from increased recommended amounts.



**Data Source:** U.S. Centers for Disease Control and Prevention: Diabetes Data and Statistics - County Data

## HEALTH BEHAVIORS

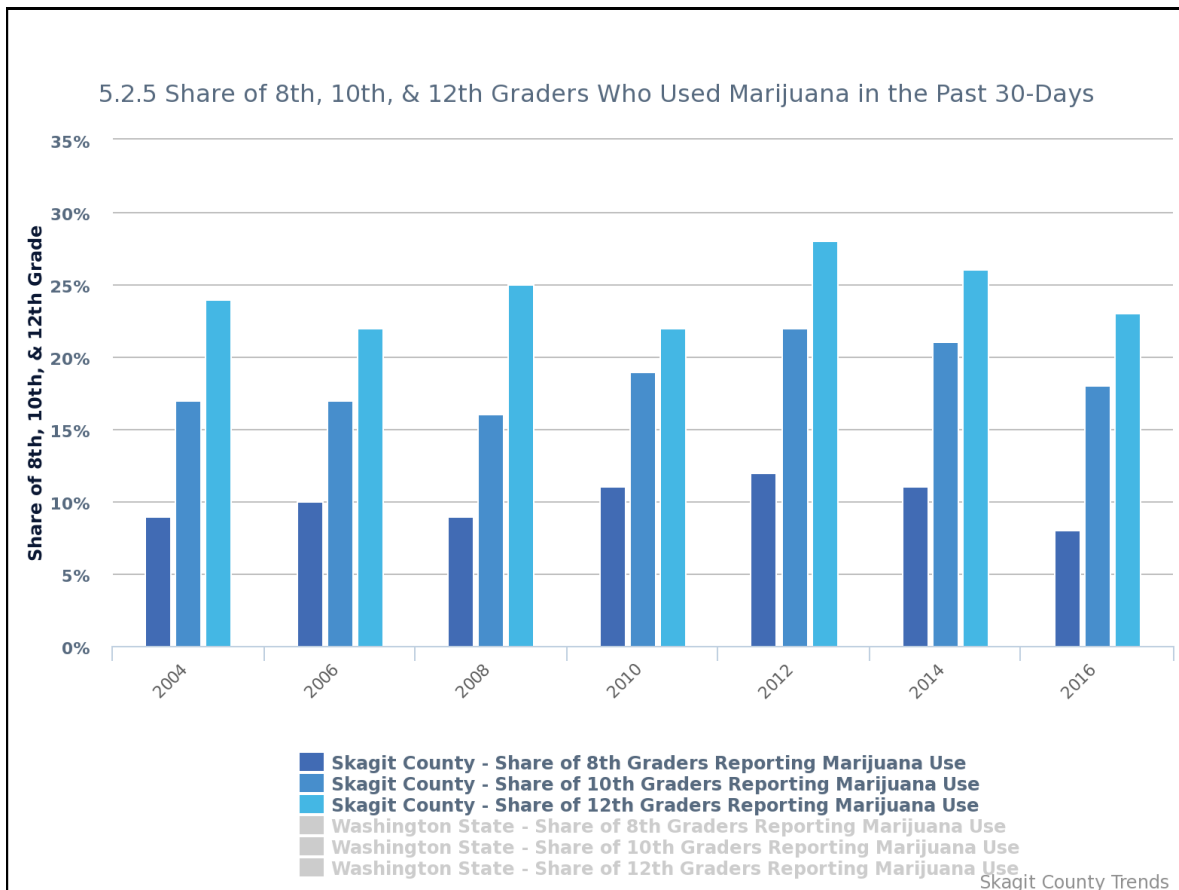
### Substance Use Among Youth

#### Marijuana

The 2015 Skagit County Quality of Life Survey indicated that substance use was the biggest challenge for parents with high school age youth. Marijuana use by youth is an increasing concern for parents, schools and the medical community, since the relaxation of laws around its use. Marijuana impairs short-term memory and learning, the ability to focus attention, and coordination. The consequences of youth using marijuana can include worsening attitudes towards school, favorite activities, appearance, approach to life, and previously held goals.

Introducing drugs may have long-lasting, damaging consequences on the prefrontal cortex, a critical part of the adolescent's brain that governs executive functioning, which is still developing. Statewide, 10th graders who use marijuana are more likely to have academic problems in school and receive lower grades. This statistic is a good barometer for how well the community's prevention efforts against youth substance use are doing.

Though there was a spike in use in 2012, adolescent use of marijuana has not decreased over the past 15 years at the same rate as other substances such as alcohol and tobacco. Health professionals and concerned citizens are monitoring to see what happens with this trend as the years progress, post legalization.



Data Source: Washington State Department of Health: Healthy Youth Survey-Fact Sheets

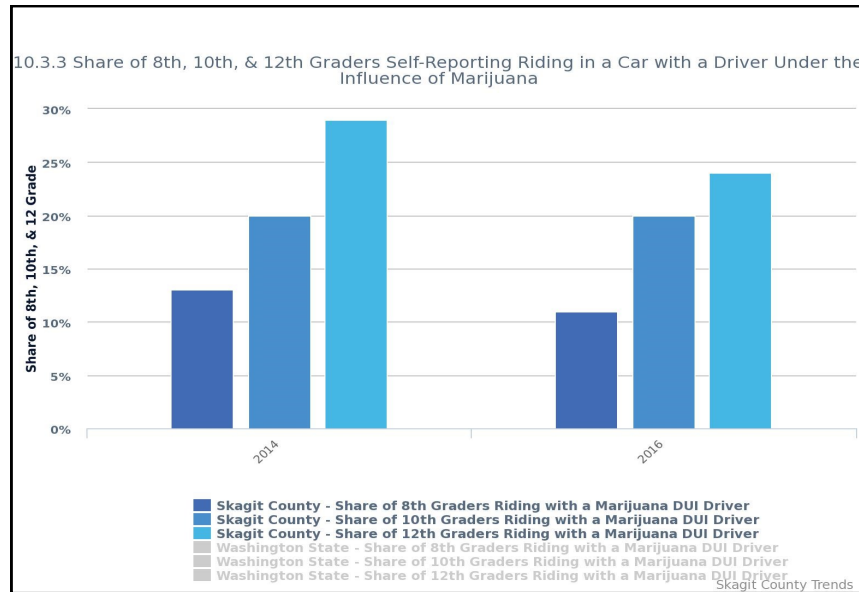
## HEALTH BEHAVIORS

### Substance Use Among Youth

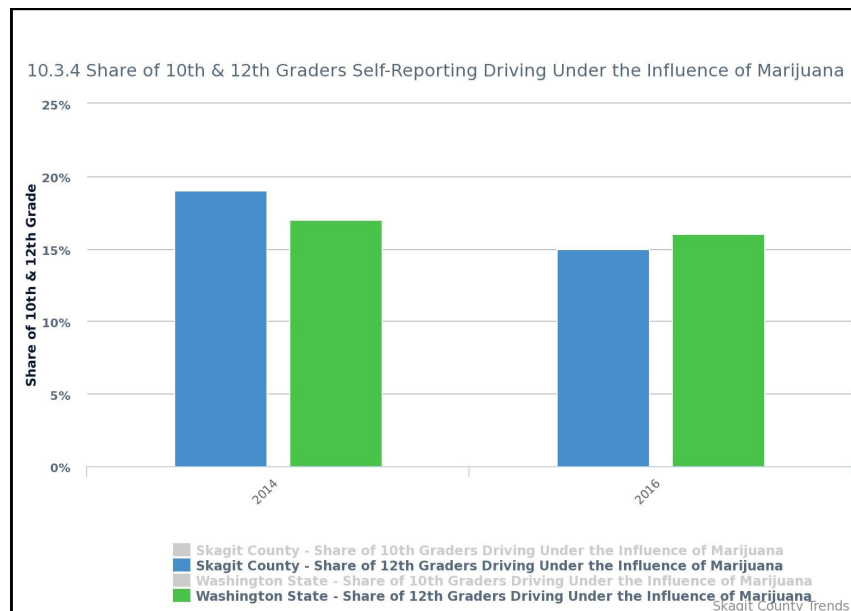
#### Driving Under the Influence

The use of any drugs, including marijuana, makes driving a car unsafe. According to the National Institute on Drug Abuse, marijuana's short-term effects include: altered senses, changes in mood, impaired body movement, and difficulty thinking and problem-solving. Additionally, these effects last longer when edible cannabis is used. Driving under the influence puts the driver, passengers, and others who share the road at risk.

During 2016, the share of Skagit County 10th graders reporting riding in a car with a driver under the influence of marijuana was 20%, maintaining the 2014 rate. By comparison, the Washington State rate was 25%, down from 26% in 2014.



During 2016, the share of Skagit County 12th graders reporting driving a car after using marijuana was 15%, down from 19% in 2014. The rate in Washington State was 16%, down from 19% in 2014.



Data Source: Washington State Department of Health: Healthy Youth Survey Fact Sheets

## HEALTH BEHAVIORS

### Sexually Transmitted Disease

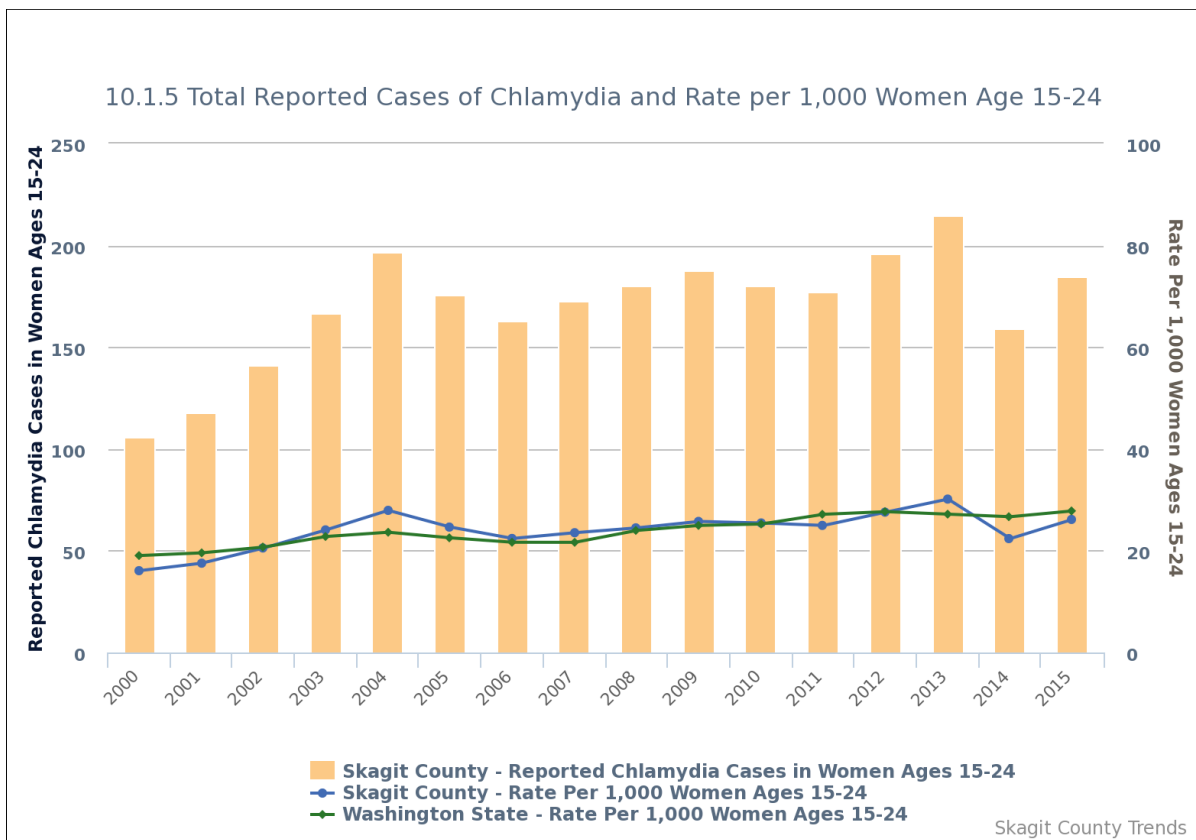
#### Chlamydia Rates

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States, with an estimated 2.86 million infections reported annually by the Centers for Disease Control and Prevention (CDC). It is caused by the bacteria Chlamydia Trachomatis and can be cured with a seven-day course of antibiotics, prescribed by a health professional.

Chlamydia can often go untreated because many infected people show no signs of symptoms, with a reported 10% of men and as many as 30% of women not showing any signs of contracting the disease. While both men and women can experience symptoms, those for women, especially pregnant women, can lead to more serious complications if left untreated such as: pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy and chronic pelvic pain.

In Skagit County, 68.8% of the cases in the last 10 years were found in people 15-24 years old, and 75.7% were female. During 2015, the total reported cases of chlamydia for women between the ages of 15 and 24 in Skagit County was 185, increasing from 163 in 2006, for an increase of 13.4%.

Seen another way, the reported number of cases of chlamydia per 1,000 women in Skagit County between the ages of 15 and 24 has increased from 16 in 2000 to 28 in 2015 which is a 75% increase.



Data Sources: Public Health Issues Management System and Community Health Assessment Tool (CHAT)

## HEALTH BEHAVIORS

### Youth Mental Health

#### Youth Feeling Sad or Hopeless

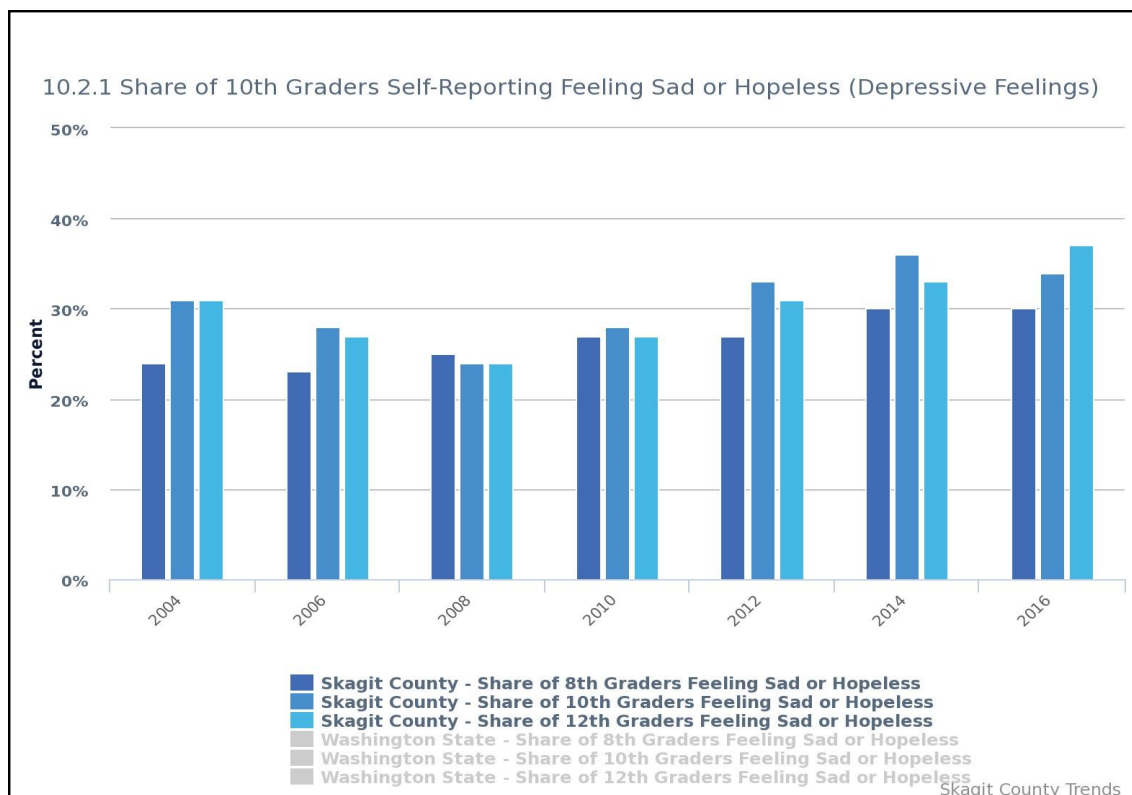
The U.S. Surgeon General has defined mental health as "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity." The National Institute of Mental Health (NIMH) states mental health problems are common affecting an estimated one in four adults in a given year in the U.S. and mental health disorders are the leading cause of disability for Americans. Statistics released in 2013 by the Centers for Disease Control indicate at least 20 percent of children ages 3 to 17 have some kind of mental illness.

Because such a large percentage of youth are affected by mental health issues, this indicator is of high importance to our community. The changes are also statically significant. According to reports from the WA State Department of Health, "Youth who reported feeling sad and hopeless are more likely than others to engage in high risk behaviors, such as drinking alcoholic beverages, abusing prescription painkillers, and carrying weapons. They are also more likely to report considering suicide, being abused by an adult, and having a low quality of life."

This indicator measures the share of 10th grade students in Skagit County who within the last year said they felt sad or hopeless almost every day for two weeks or more in a row, resulting in not doing some of their usual activities. For purposes of this indicator, "Sad and Hopeless" is interchangeable with "Depressive Feelings."

During 2016 in Skagit County, the share of public school students who felt sad or hopeless for almost every day for two weeks or more in a row during the past year and were in the:

- 8th grade was 30.0%, increasing from 24.0% in 2004
- 10th grade was 34.0%, increasing from 31.0% in 2004
- 12th grade was 37.0%, increasing from 27.0% in 2004



Data Source: Washington State Department of Health: Healthy Youth Survey-Fact Sheets

## HEALTH BEHAVIORS

### Youth Mental Health

#### Youth Suicide

According to the CDC, suicide is the third-leading cause of death for 15-24 year olds. The reasons behind a teen's suicide or attempted suicide can be complex, from pressures related to fitting in to performing academically and acting responsibly. Life changes, relationships, mental health problems, and environmental hazards such as access to guns also play a role.

According to the Washington State Department of Social and Health Services (DSHS) Risk and Protection Profiles for Substance Abuse Prevention Planning, the number of combined suicides and suicide attempts has doubled since 2003. The trend line since 2010 has been increasing.

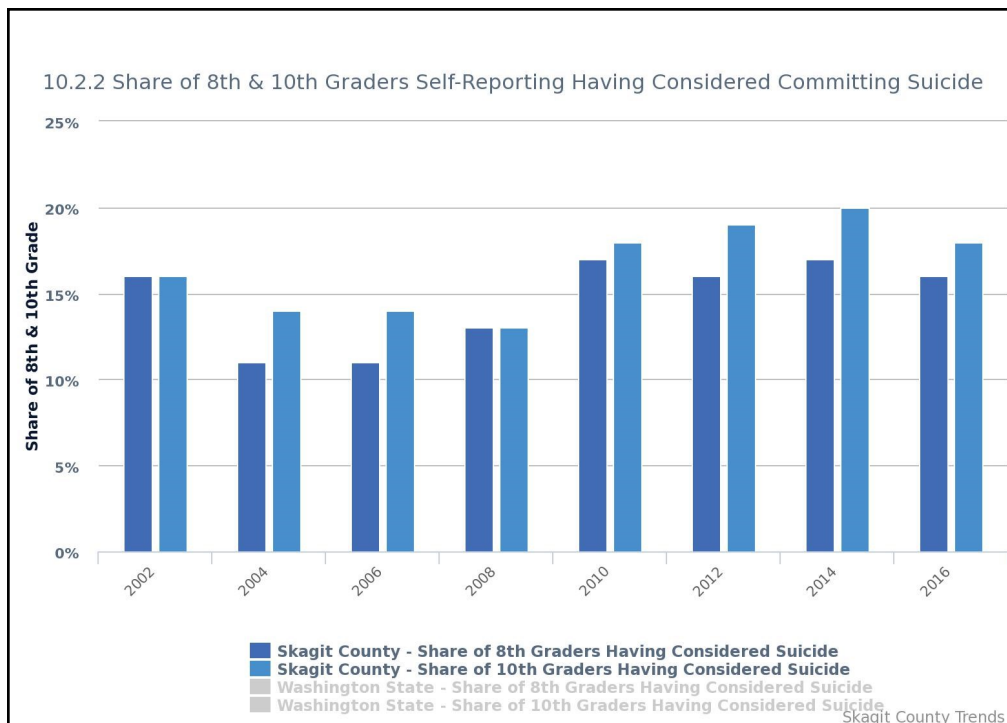
In another measure, the Healthy Youth Survey asks 8th and 10th graders to report on whether they have considered suicide:

During 2016, the share of 8th graders who had considered suicide in:

- Skagit County was 16%, decreasing from 17% in 2014
- Washington State was 17%, increasing from 16% in 2014

During 2016, the share of 10th graders who had considered suicide in:

- Skagit County was 18%, decreasing from 20% in 2014
- Washington State was 21%, increasing from 20% in 2014



Data Source: Washington State Department of Health: Healthy Youth Survey-Fact Sheets

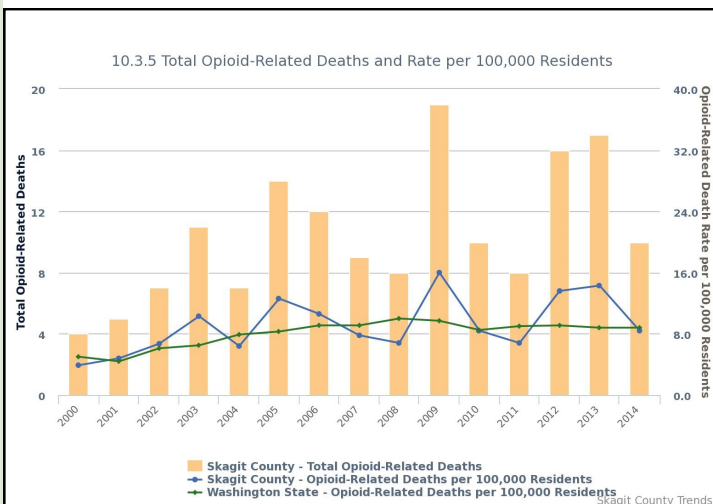
## HEALTH BEHAVIORS

### Opioid Misuse and Abuse

#### Opioid Related Deaths

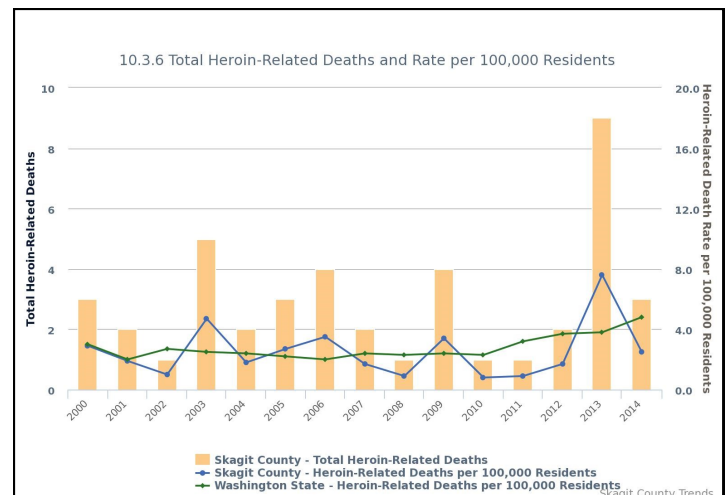
Public information about opioids and heroin has exploded in the last year with major news outlets featuring a story almost every week. When the Population Health Trust began the Community Needs Assessment, most opioid data was state or federal level. There was, however, access to the number of local opioid or heroin-related deaths.

Opioids are most notably prescribed for a variety of pain conditions such as dental and injury-related pain and pre-and post-operative surgery. Medications that fall into the class of opioids include hydrocodone, oxycodone, and morphine, among others. Heroin is an opioid drug that is synthesized for the opium poppy plant. Opioids work to reduce pain by attaching to opioid receptors throughout the body to dampen the perception of pain. Opioid receptors are located in the brain stem, which controls processes critical to life such as blood pressure and respiration. Heroin overdoses are associated with the suppression of breathing resulting in a loss of oxygen to the brain, which has adverse effects including coma and permanent brain damage.



Opioid-related deaths have been a growing concern of health officials. The Centers for Disease Control (CDC) shows nationwide the death rate due to opioid poisoning has almost quadrupled from 1999-2011, moving from 1.4 deaths per 100,000 in 1999 to 5.4 deaths in 2011. In Skagit County during 2014, the total number of opioid related deaths was 10, increasing from 4 or by 150% since 2000. We also now know that these numbers do not reflect the full scope of opioid related deaths. Toxicology reports were not frequently sent to the lab prior to 2016, but with the arrival of a new Skagit County Coroner in 2016, all deaths that have suspected opioid involvement are sent for analysis. Reported numbers will be significantly higher for 2016.

There have been many studies citing that legal opioids such as oxycodone and hydrocodone are a starting point for heroin usage. According to the American Society of Addiction Medicine, four out of five new heroin users started out misusing prescription painkillers. From this study they also found that majority of those in treatment for opioid addiction said they chose to use heroin because prescription opioids were far more expensive and harder to obtain. The indicator below is a subset of the overall Total Opioid Related Death indicator (10.3.5.). Comparing this data, heroin represented just 30% of the total opioid related deaths in 2014. It is clear that efforts to reduce heroin deaths must also address opioids as a whole.



**Data Source:** University of Washington: Center for Opioid Safety Education—Alcohol and Drug Abuse Institute (ADAI)



## CLINICAL CARE

### Maternal & Child Health

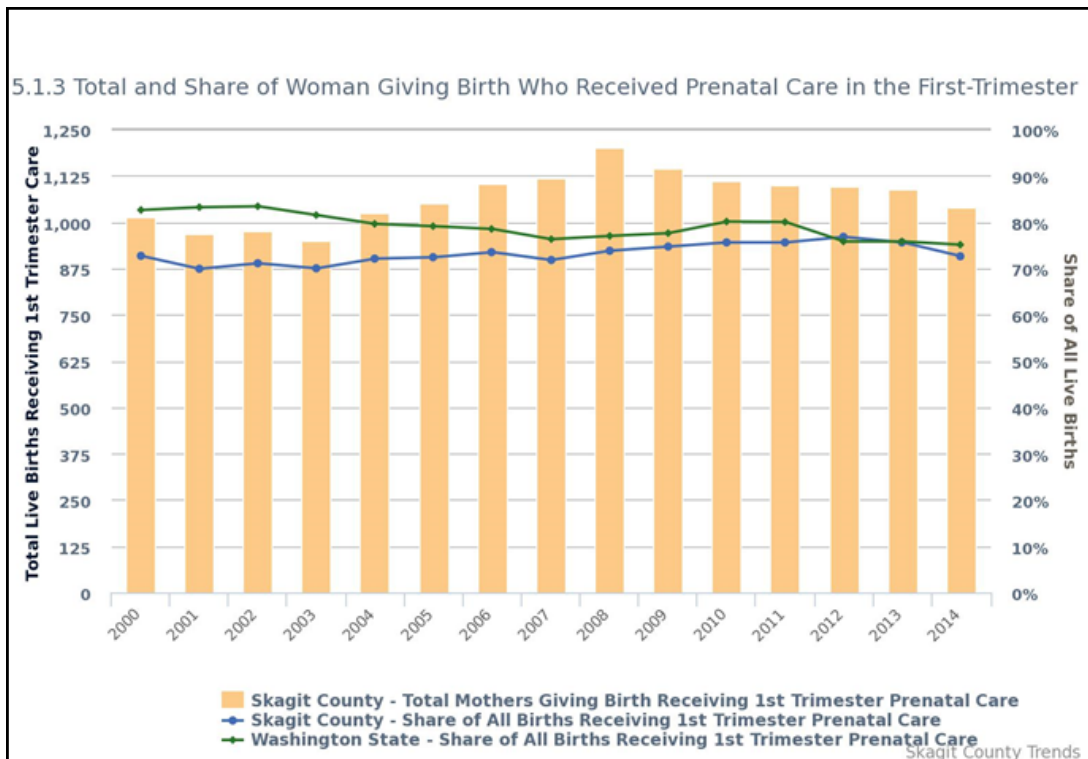
#### Sufficient Prenatal Care

Prenatal care, or the medical care received by pregnant women before and during pregnancy, is associated with positive birth outcomes, particularly if prenatal care is started during the first trimester. Prenatal visits are not only important for the health of the infant, but also for the health of the mother. During prenatal visits, health care providers educate mothers on important issues that can affect the health of their child, such as: nutrition, exercise, immunizations, weight gain, and abstaining from alcohol and other drugs. Women who begin prenatal care after the first trimester are more at risk for poor pregnancy outcomes.

During 2014 in Skagit County, the total number of women who gave birth and received prenatal care in the first trimester was 1,038, increasing from 1,015, or by 2% in the years since 2000.

We can also compare the *share* of women in Skagit County who gave birth and received prenatal care in the first trimester. Out of all the women who gave birth in 2014, 72.6% received prenatal care in the first trimester. This is a decrease from 72.7% in 2000. The Washington State rate for comparison was 75.1% in 2014, decreasing from 82.6% in 2000.

The community would prefer to see a trend line that is increasing rather than decreasing. Giving moms and infants a healthy start is a high priority. Additionally, Healthy People 2020 has set a goal of 77.9% for this data indicator.



**Data Source:** Washington State Department of Health: Vital Statistics and Population

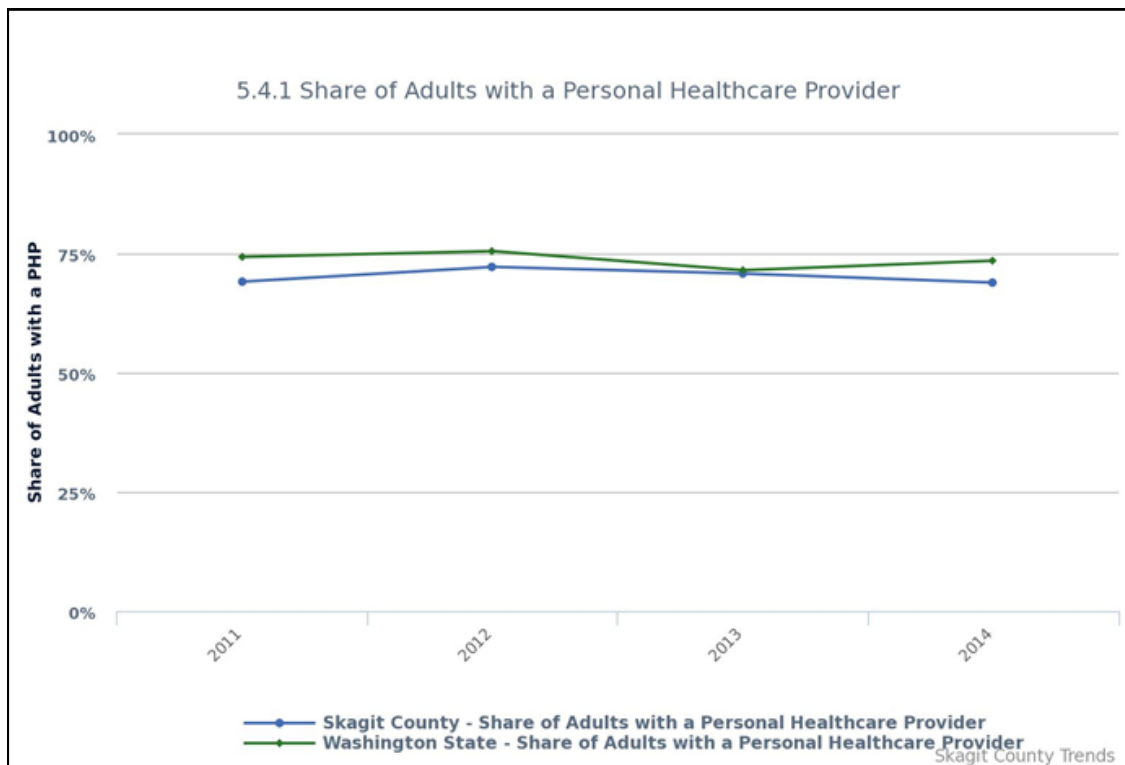
## CLINICAL CARE

### Access to Health Care

#### *Having a Personal Health Care Provider*

One of the most important steps to leading a healthy life is to establish a relationship with a primary care provider, such as a family physician. With the increasing size and complexity of the U.S. health care system, patients need to be able to rely on a caring relationship with a medical provider who knows their medical history and is familiar with the physical, psychological and lifestyle factors that may impact their health. Annual medical exams provide important health statistics, and are a good way for people to stay on top of their health. Seeing a medical professional annually allows individuals to gather information about making healthy life choices. Additionally, providers may recommend preventive care steps and goals for individuals based on overall health, family history, gender and age.

During 2015, the share of adults in Skagit County who received a routine medical exam in the last year was 68.3%, increasing from 65.7% in 2011. By comparison, the rate in Washington State was 68.0%, increasing from 65.7% in 2011.



Despite this upward trend following the Affordable Care Act, accessing care in Skagit County can be difficult depending on a resident's location, transportation options and work schedule. Additionally, Skagit County lacks many sub-specialty care providers and dental care can be especially difficult to access due to the lack of providers who take Medicaid. Workforce shortages mean that wait times can also be long.

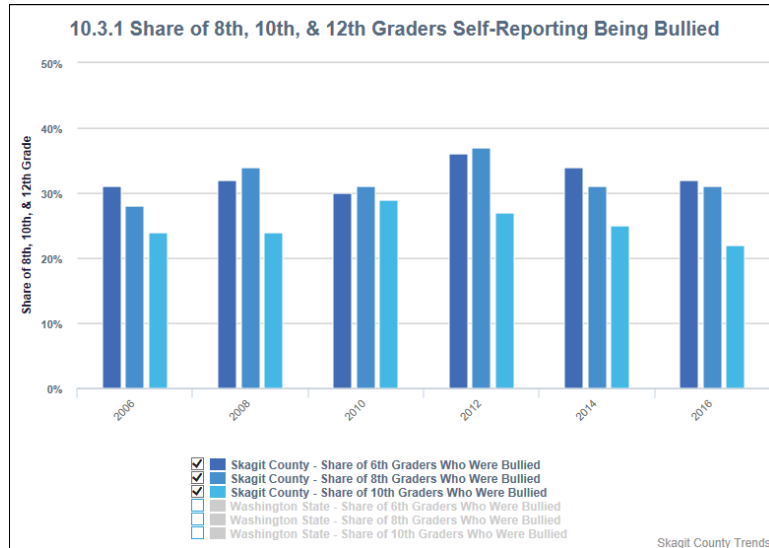
**Data Source:** Washington State Department of Health: Washington Tracking Network (WTN)

## SOCIAL & ECONOMIC FACTORS

### Youth Safety

#### Bullying

Bullying is defined by the Center for Disease Control (CDC) as “any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, involving an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.” A growing form of bullying comes indirectly through technology such as email, chat rooms, instant messages, websites, text messages or social media, and is referred to as “cyber-bullying.”



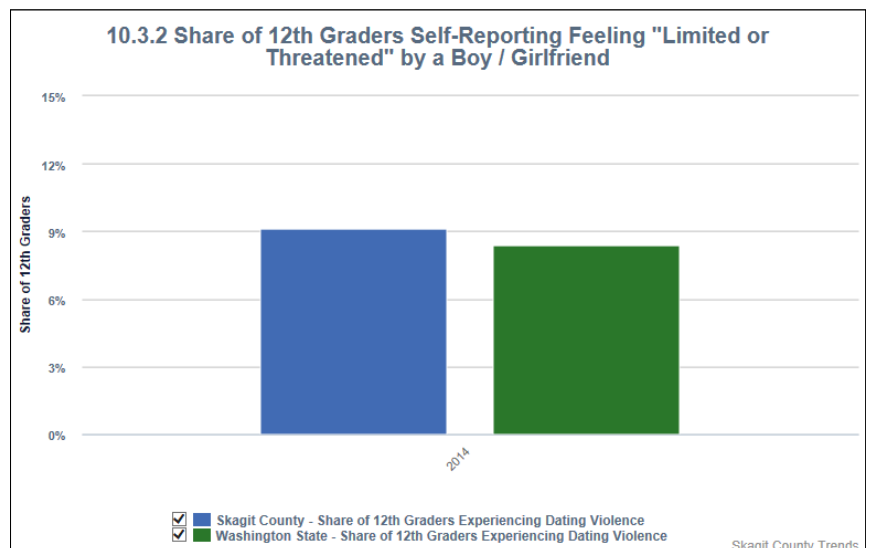
The share of Skagit County 8th graders reporting being bullied increased from 27% in 2002 to 31%, in 2016, while the rate of reported bullying has remained relatively constant in the rest of the state.

**Data Source:** Washington State Department of Health: Healthy Youth Survey-Fact Sheets

#### Dating Violence

Dating violence is a widespread issue that has serious short-and long-term effects. This type of violence can negatively influence the development of healthy sexuality, intimacy and identity as youth get older. It can also increase the risk of physical injury, poor academic performance, binge drinking, suicide, substance abuse, and domestic violence in future relationships.

During 2016, the share of 12th graders reporting feeling “limited or threatened by a significant other” in Skagit County was 9.1% as compared to 8.4% in the state as a whole.



**Data Source:** Washington State Department of Health: Healthy Youth Survey-Fact Sheets

## SOCIAL & ECONOMIC FACTORS

### Youth Safety

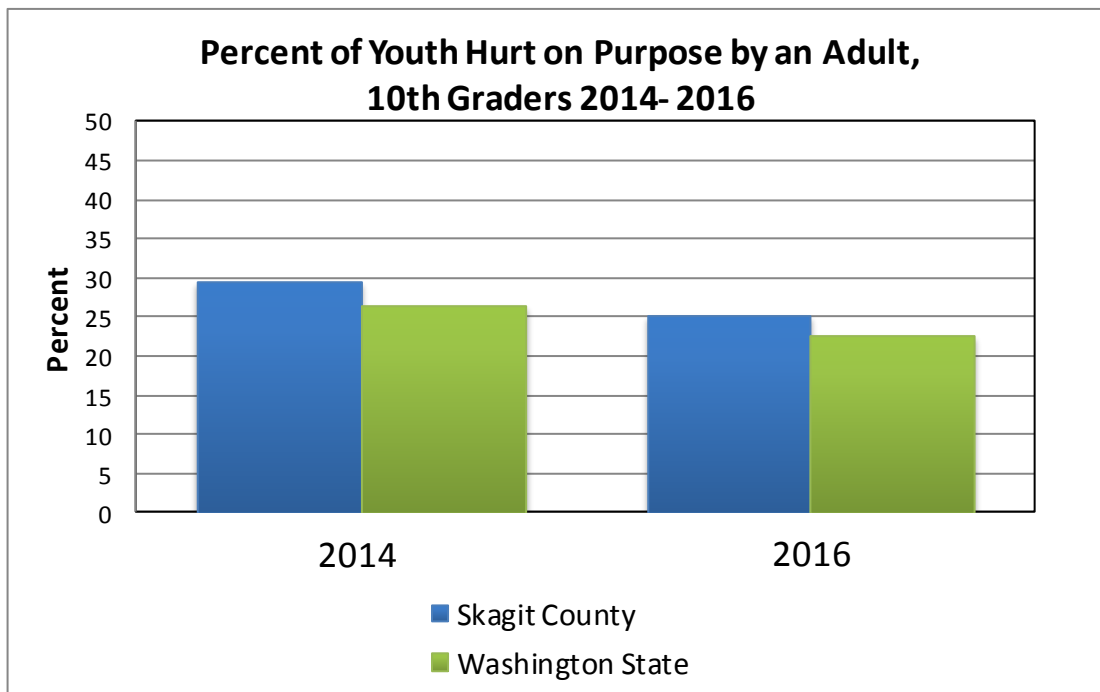
#### *Youth Hurt on Purpose by an Adult*

Child maltreatment is a significant public health problem in the United States and around the world. There are four common types of abuse: physical abuse, sexual abuse, emotional abuse and neglect. Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child.

Physically abused children suffer injuries including cuts, bruises, burns, and broken bones. However, physical injury is far from the only negative impact of maltreatment—it can also affect broader health outcomes like; mental health, social development, and risk-taking behavior into adolescence and adulthood.

Our community is committed to the prevention of Adverse Childhood Experiences (ACEs), the term that is given to describe all types of abuse, neglect, and other traumatic experiences that occur to children under the age of 18. The ACE study by the Kaiser Foundation showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and life expectancy.

The Healthy Youth Survey changed how it asked a question about abuse, because prior wording may have prevented youth from being forthright. Survey language often changes when researchers discover challenges like this. The new question: “Has an adult ever physically hurt you on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury” has yielded two data points so far. The rate of 30% in 2014, up from 25% in 2016 is of significant concern in the community because of the risk of future health problems.



**Data Source:** Washington State Department of Health: Healthy Youth Survey-Fact Sheets

## SOCIAL & ECONOMIC FACTORS

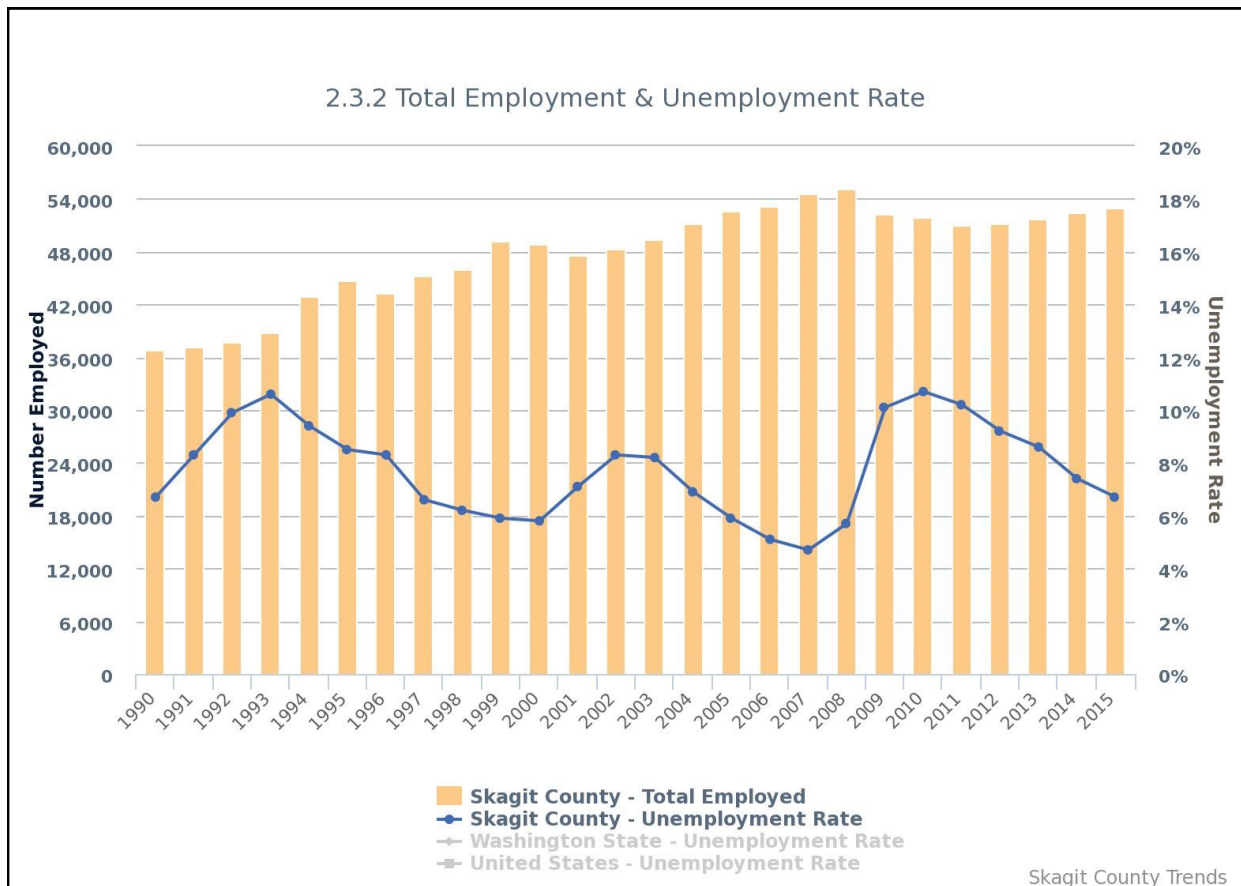
### Living Wage Jobs

#### Unemployment

The unemployment rate measures the portion of the population which currently does not have a job, and is actively seeking work in Skagit County. The government uses information collected in the Current Population Survey (CPS), a monthly sample survey conducted by the U.S. Census Bureau consisting of in-home and phone interviews of roughly 60,000 households across the country. The CPS has been conducted by the U.S. government every month since 1940. Economists have generally regarded a 4-5% unemployment rate as one that reflects a fully employed workforce characterized by moderate wage growth that is matching gains in labor productivity.

During 2015 in Skagit County, there were a total of 53,065 people employed, increasing from 36,910, or by 43.8% since 1990. The population increase during this timeframe was 58.5%.

During 2015, the unemployment rate in Skagit County was 6.7%, remaining unchanged from 1990. The statewide rate was 5.7% in 2015. The unemployment rate climbed to 10.4% following the 2008 economic downturn, and has still not reached pre-recession levels.



**Data Source:** National Data - United States Department of Labor: Bureau of Labor Statistics – Current Employment Statistics (CES)

## PHYSICAL ENVIRONMENT

### Affordable Housing

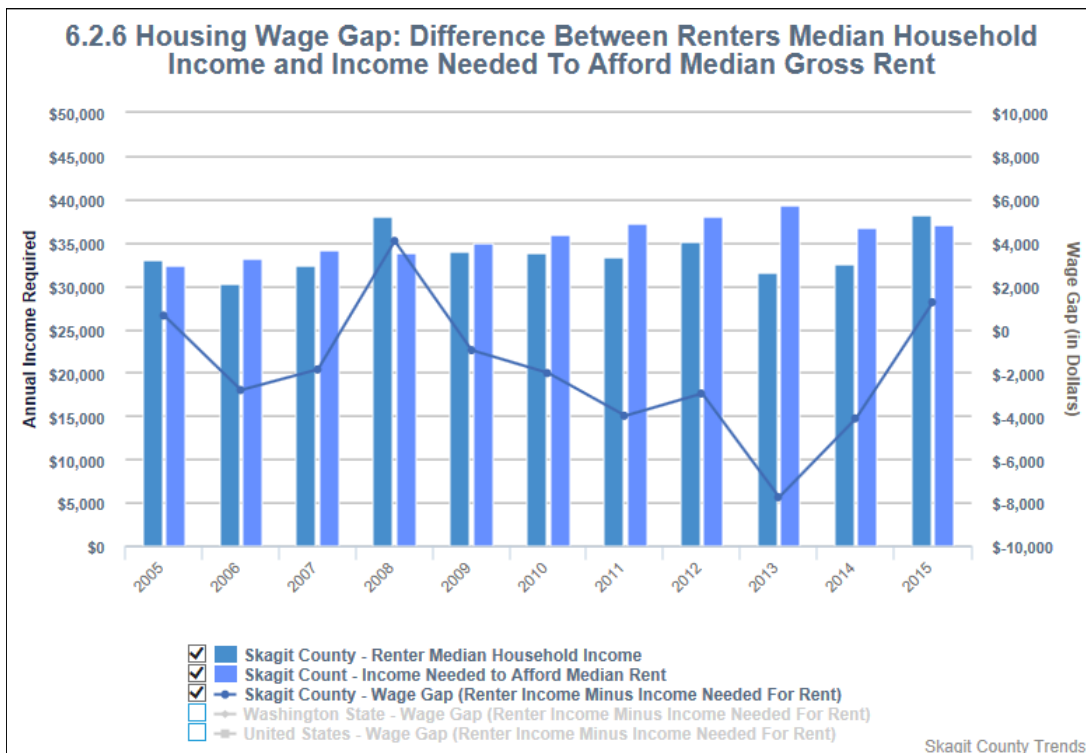
#### Housing Wage Gap

Skagit County’s economic downturn of 2008-2014 significantly impacted families’ ability to pay their rent. During this time, incomes declined while rents remained relatively stable. Because housing affordability is a function of both a household’s income and the cost of their housing, we saw more and more people struggling to afford housing and still have enough left for other basics like groceries, gas and childcare.

One measure of housing affordability is the “housing wage gap.” A housing wage gap exists when the median household income (amount that divides income distribution into two equal groups) differs from the income needed to afford the median rent in a given area. For example, there would be a gap of \$4,000 if the median income was \$31,000 and the income needed to afford the median rent was \$35,000.

In 8 of the past 11 years, median rent exceeded what the median income was in households in Skagit County. Just prior to the start of the Great Recession, renters had a positive ratio of income to rent, but it took seven years for renters to regain their purchasing power. In 2015, the wage gap was back in positive territory (see wage gap line in chart below), giving the median renter a \$1,251 cushion. However, rents continue to rise faster than incomes. From 2005 to 2015, incomes would have had to increase 14% to keep pace with rent increases when, in fact, the median renter income only increased by 6% during this period.

More than a third of households across the country live in rental housing and are at the mercy of escalating rents. Some households have chosen rental housing due to convenience, costs, or other reasons. Others live in rental housing because ownership may be financially out of reach. The availability of affordable rental housing is critical for our community as a whole. When families can afford their housing, they have more discretionary income to spend in the local economy, on their children’s basic needs and on their health and wellbeing.



**Data Source:** U.S. Department of Commerce: U.S. Census Bureau – American Community Survey “Table B25070”

## PHYSICAL ENVIRONMENT

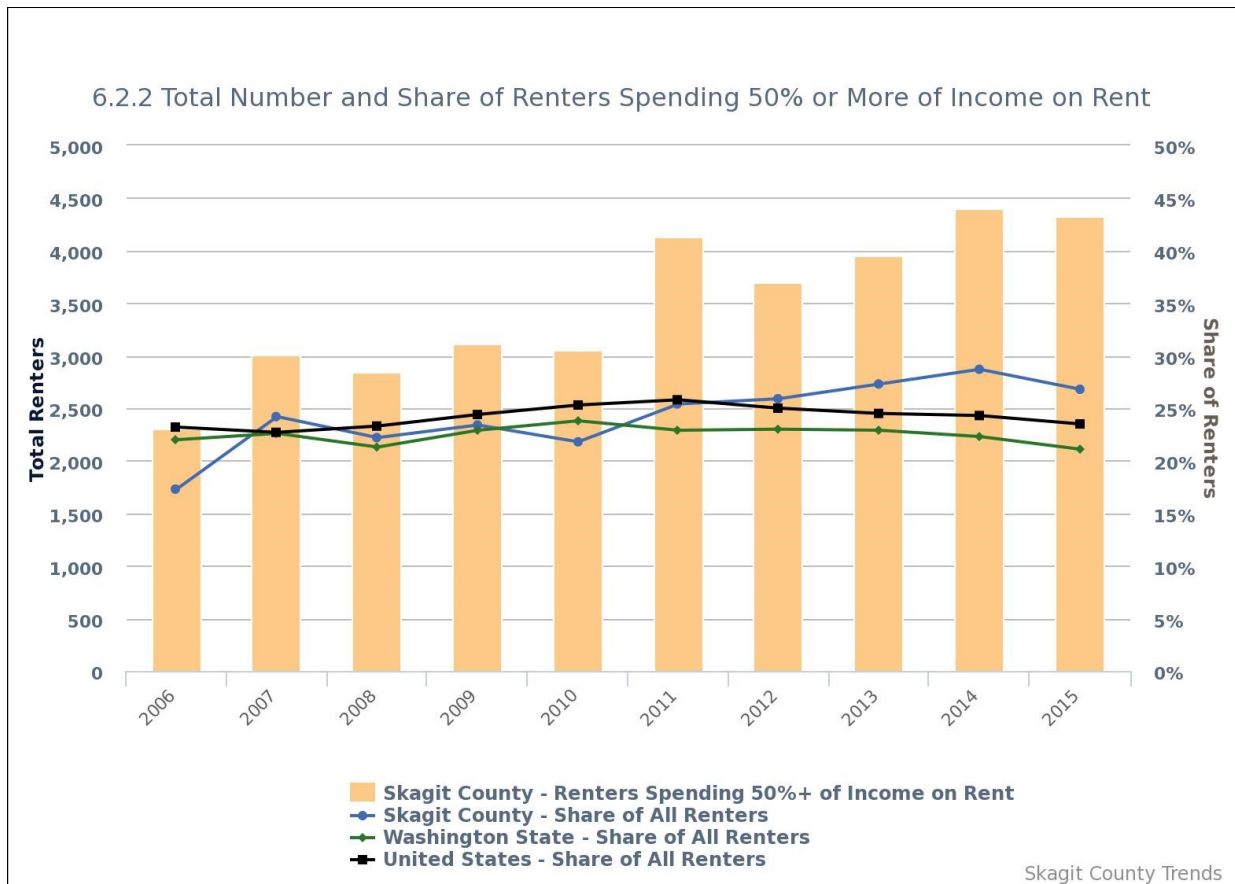
### Affordable Housing

#### Rental market

Since the early 1980s, federal housing authorities have suggested that 30% of a household's income is the threshold under which housing is considered "affordable." This 30%-of-income standard says that non-housing needs, i.e. costs for basic necessities such as clothing, food, and other non-housing monthly bills that do not include rent, mortgage, property taxes, and the like, can be met with 70% of a household's annual income. When housing costs exceed 30%, household savings are significantly reduced or eliminated and meeting basic needs with the remaining income becomes more difficult.

A healthy population and a healthy economy require the availability of housing that families of all incomes can afford. In the Puget Sound region, low-income families and individuals may find jobs but often struggle to find affordable rental housing. When a large share of the renter population must pay half or more of their income on housing, a community has a significant housing affordability problem. This is an indicator of distress for lower socio-economic households.

During 2015, the total number of renters paying 50% or more of their household income for rent in Skagit County was 4,330, which is a 47% increase from 2006 (2,310). During 2015, the share of renters paying 50% of their income for housing was 26.8%, compared to 17.5% in 2006. Washington State as a whole did not see such a significant change. 22% of renters in Washington State paid more than half their income for housing in 2006, and in 2015 this number was not significantly different at 21.1%. By 2017, however, we are seeing that affordability challenges have reached the four corners of Washington State and the Puget Sound region continues to be hit particularly hard.



**Data Source:** U.S. Department of Commerce: U.S. Census Bureau – American Community Survey “Table B25070”



## Summary

The strategic issues identified in this report represent the community's needs and interests for improving health and quality of life in Skagit County. The goal of this report is to serve as a guide to draw community partners together to take collective steps to address these community concerns. This report provides direction for the Trust member organizations and Public Health to focus on policy, programs and resources to make the necessary changes to improve health for ALL.

### Next Steps

In July 2016, the Trust selected opioids as the first priority area to study and research. Between July 2016 and January 2017, a community leadership group known as the Opioid Workgroup Leadership Team (OWLT) formed with the charge to:

1. Understand the scope of the opioid problem in Skagit County
2. Understand what was being done throughout the community to address the problem
3. Identify opportunities to do more to improve lives
4. Develop an action plan

There were approximately 30 dedicated community partners involved and their work resulted in a community-wide [Action Plan](#) and [Call to Action](#) that was endorsed by the Board of Health in early 2017.

Currently, a workgroup dedicated to improving maternal and child health has begun to form to examine assets, analyze gaps in services, and determine strategic action steps to improve quality of life for two generations, parents and babies.

In turn, each topic presented in this report will receive the attention of stakeholders in the community dedicated to improving health outcomes across our populations. Together we will form new community partnerships, create plans that address our priority health concerns, and design new and unique ways to create better health in all our communities.

We invite you to follow our progress at the Population Health Trust website:  
<https://www.skagitcounty.net/Departments/PHTAC>

#### Data Resources:

<http://www.skagitcountytrends.ewu.edu/>

<http://www.askhys.net/>



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| Andrea Doll-West County Representative           | Kenneth Lawson-Skagit Valley College                   |
| Barbara Juarez-Northwest Indian Health Board     | Kevin Murphy-Skagit Council of Governments             |
| Bill Henkel-Community Action of Skagit County    | Kristen Ekstran-Skagit County Public Health            |
| Carol Hawk-Public Hospital District #304         | Liz McNett Crowl-Skagit Regional Health                |
| Charlie Wend-Skagit County Jail                  | Margaret Rojas-North Sound Behavioral Health Org.      |
| Cheryl Rasar-Swinomish Indian Tribe              | Mary Ellen Lykins-Skagit/Islands Head Start & ECEAP    |
| Chris Johnston-Peace Health United General       | Michael Sharp-Island Hospital                          |
| Colleen Pacheco-SeaMar Community Health Centers  | Maureen Pettitt-Consultant                             |
| Connie Davis MD-Skagit Regional Health           | Murray Laidley-Medical Information Network-North Sound |
| David Jefferson-Skagit County Public Health      | Phil Brockman-Sedro-Woolley School District            |
| Debra Lancaster-United Way of Skagit County      | Randy Elde-Pharmacies Representative                   |
| Diane Smith-WSU Extension                        | Scott Hale-Symmetry Healthcare Management              |
| Howard Leibrand MD-Skagit County Public Health   | Sonia Garza-SeaMar Community Health Centers            |
| Jennifer Sass-Walton-Skagit County Public Health | Stacy Phelps-Upper Skagit Indian Tribe                 |
| Jennifer Johnson-Skagit County Public Health     | Stephanie Morgareidge-East County Representative       |
| Joanne Lynn-Skagit County Public Health          |  |
| John Sternlicht-EDASC                            |  |
| Kari Ranten-Skagit Regional Health               |  |



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