

# 2020-2021 COMMUNITY HEALTH ASSESSMENT



**VISION:** Growing Healthy Communities



**POPULATION  
HEALTH TRUST**  
ADVISORY COMMITTEE



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## PARTNERS

The members of the Population Health Trust (Trust) dedicated their time and effort in the most unusual and challenging of circumstances to complete this pandemic Community Health Assessment (CHA). Their vested interest in, and commitment to, community health and wellness has been integral to moving this process forward.

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In addition to these key partners, many community members were critical to helping the Trust understand areas of opportunity and growth. We're grateful for their contributions to this process!

Brianna Steere, Heather Millirin, Cindy Hubert, Linden Jordan, Mary Rose Denton, Vernon Hunter, Susan Brisby, Chris Diaz, Stephanie Morgareidge, Mary Wahl, Marla Johns, Pat Morris, Kevin Riley, Erin Von Fempe, Delene Brugman, Emily Bianconi, Rufina Leticia Jimenez, Cole Bitzenburg, Renee Corcoran, Amanda McDade, Bob Walton, Stacy Malone Miller, Nicholle Petersen, State Street students, Darannie Waham, Jennifer Lindbeck, Cate Anderson, Mike Hudson, Marcelina Mendoza, Kati Ortiz, Graciela Ibarra, Jackie Cress, Helen Thayer, Bianca Ochoa, Doricella Ortiz, Amy Lecoq.

2020 was to be our Community Health Assessment year. Little did we know that our community would be pushed to the breaking point by a pandemic. There is no simulation that we could have devised that would have provided a more thorough stress test.

We saw the **strength** of our medical community and the **resilience** of our population. We saw the incredible **responsiveness** of our community partners during times of crisis, and were in constant **awe** at how quickly and successfully we were able to come together with these partners to respond to the emerging needs of our residents. We also saw the dramatic impacts of the social determinants of health in our community: the forces driving both good and bad health outcomes in response to COVID-19.

The work put in over the previous two years—the time spent learning about and focusing on equity—truly set the stage for our new assessment. The stresses of the pandemic greatly magnified the inequities in Skagit County, allowing us to see more clearly what needs to be one of our leading priorities.

This document is a summary of the work that began more than a year ago before so many things changed. It is the result of hours spent gathering and analyzing data, consulting with county residents and community leaders, and learning about the drivers of health and wellness in our community—straight from the mouths of our residents. The CHA contained on the following pages provides information to help the Board of Health, Public Health, and any organization/agency in the community concerned about health and wellness. It is our hope that this document will help to inform our county's priorities and decision-making over the next five years.

Howard Leibrand, PhD | *Public Health Officer*

## BACKGROUND

The Population Health Trust (Trust) is the community advisory board to the Skagit County Board of Health. The Trust is responsible for the CHA and planning to ensure that Skagit County and all its residents have equitable access to opportunities for health and wellness.

In addition to the traditional focus on population health, the Trust was interested in understanding conditions that led to disparate COVID outcomes in order to lay the foundation for a COVID Recovery Plan. The overarching goal was to identify the County's most pressing population health and COVID-19 recovery issues and the opportunities that exist to improve health and wellness for those most highly impacted by COVID-19. Our aim is to address the underlying causes of health inequities to ensure the best opportunities for all to achieve optimal health. Many of these causes were present prior to COVID-19 but exacerbated by the pandemic.

Because of the Trust's evolving equity framework and challenges presented by the pandemic, we chose to lead this CHA with community input from populations that have challenges to health equity and would potentially be more heavily impacted by COVID-19. We interviewed 29 key sector leaders to help identify the biggest impacts of COVID-19 on our community and the greatest challenges to health recovery post-COVID. We relied heavily on the observations and perceptions of these community members to guide our choice of data, themes and indicators.

### Key Sectors Include:

- Individuals with behavioral health conditions
- Families with young children
- Veterans
- Hispanic/Latino/Latinx populations
- LGBTQ+ community members
- Individuals experiencing developmental disabilities
- Seniors
- Youth

# PROCESS

**1 Key Sector Leader Interviews** - collection of information on COVID impacts, recovery needs, and community strengths to build upon

**2 Forces of the Future Survey** - Trust members' projections of future conditions that could impact health 5-10 years into future

**3 Quantitative Data Collection** - search for high-quality data illustrating trends identified by community leaders

**4 Data Review and Analysis by Trust members** - analysis that led to crossover themes and a portrait of community health status

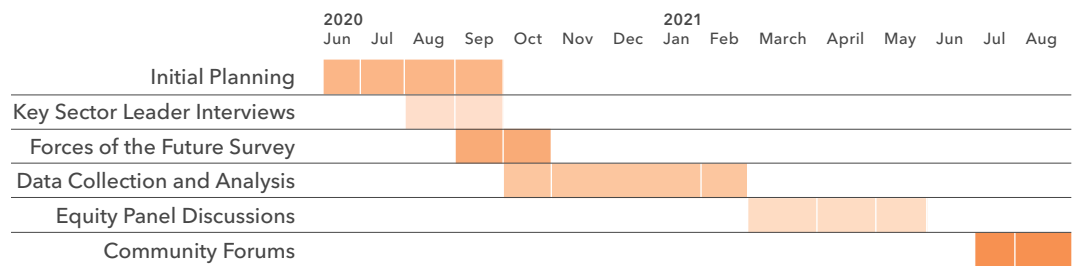
**5 Deep Dive Equity Panels** - further discussion with individuals representing identified groups

**6 Community Forums** - the final component of the CHA, allowed Trust members to learn about community strengths and opportunities for improving health

Despite the fact that COVID-19 restrictions and safety protocol necessitated shifts in our CHA methodology, the Population Health Trust maintained principles found in the Mobilizing Action through Planning and Partnership (MAPP) process. Our six data collection efforts were:

- 1 Key Sector Leader Interviews
- 2 Forces of the Future Survey
- 3 Quantitative Data Collection
- 4 Data Review and Analysis by Trust Members
- 5 “Deep Dive” Equity Panel Discussions
- 6 Community Forums

Fig. 1 Community Health Assessment 2020-21 Timeline



# KEY FINDINGS

**COVID disproportionality** Hispanics or Latinos, along with other communities of color, have been disproportionately harmed by COVID-19. Latinos are disproportionately represented in essential workforces and, consequently, overexposed to the virus. Their vulnerability was further exacerbated by inequitable structures and systems that existed prior to the pandemic.

**Overwhelming need for behavioral health supports** One of the most prominent issues mentioned in all phases of the Community Health Assessment was the need for more behavioral health support mechanisms, including expanded access to mental health and substance use disorder care and treatment resources, more training for the medical workers, and community education.

**Wide-scale disconnection from services and programs** A variety of barriers create disconnects between some Skagit communities and the services and programs they need. Access to broadband internet, transportation, and childcare were often mentioned.

**Foundational needs for housing, food, employment, and childcare are not being met** We learned from our assessment that to build a thriving community, foundational needs—access to physical and behavioral health care, nutritious foods, good jobs, childcare, and quality early learning—must be met. The pandemic intensified these needs, resulting in growing awareness and collective efforts to address the limited resources available to many Skagitonians.

**Quick technology shifts provided resiliency** The shift from in-person delivery of health care, education, and social support services to web-based delivery was swift and relatively effective. This shift also highlighted the disparities in technology access across Skagit County.

## The Trust Vision for Health Equity in Skagit County

Health Equity means that everyone in our community has a fair and just opportunity for healthy living. This requires that we address and remove barriers to individual and community health that arise from poverty and discrimination (whether based on race, education, gender identity, sexual orientation, job status, housing status, or disability) that result in compromised health and powerlessness. These barriers are often derived from lack of access to:

- Good jobs with fair pay
- Access to and quality of education
- Healthy housing
- Nutritious food
- Safe environments
- Active lifestyles
- Quality health care

We are especially committed to eliminating disparities in health for excluded or marginalized groups within our community.

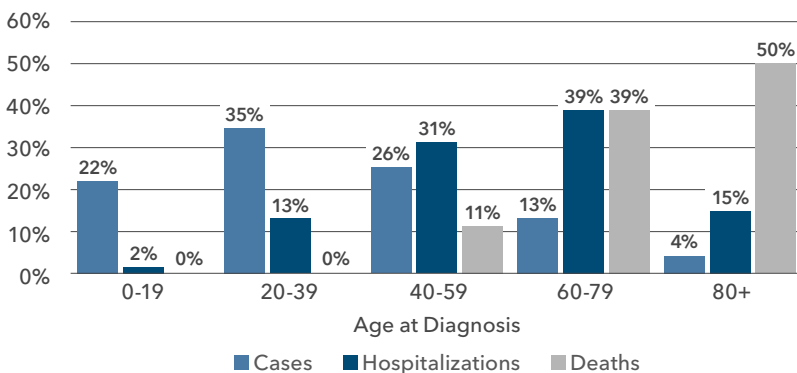
The COVID data from 2020 shows us how far we are from our vision.

COVID-19 did not impact all Skagit sub-populations equally. Those older than 60 years of age accounted for 89% of all COVID-19 deaths in Skagit County while accounting for only 17% of diagnosed cases.

Fig. 2 Skagit COVID-19 Cases, Hospitalizations, and Deaths, by Age

Ages	CASES		HOSPITALIZATIONS		DEATHS	
	Number	Percentage	Number	Percentage	Number	Percentage
0-19	764	22%	3	2%	0	0%
20-39	1173	35%	26	13%	0	0%
40-59	874	26%	62	31%	6	11%
60-79	452	13%	77	39%	21	39%
80+	136	4%	29	15%	27	50%
Total	3,399	100%	197	100%	54	100%

Fig. 3 Age Distribution of Skagit COVID-19 Cases, Hospitalizations, and Deaths



“HEALTH EQUITY IS ASSURANCE OF THE CONDITIONS FOR OPTIMAL HEALTH FOR ALL PEOPLE. ... ACHIEVING HEALTH EQUITY REQUIRES VALUING ALL INDIVIDUALS AND POPULATIONS EQUALLY, RECOGNIZING AND RECTIFYING HISTORICAL INJUSTICES, AND PROVIDING RESOURCES ACCORDING TO NEED.”

—CAMARA P. JONES, MD, MPH, PHD

# HEALTH EQUITY

Geography was also an indicator of risk, with those in Mount Vernon and Burlington suffering a higher disease burden than residents of other geographies.

Fig. 4 Skagit COVID-19 Cases, By Geography of Residence

City	Cases	Population	Rate per 100,000
Mount Vernon	1,834	50,996	3,596.4
Burlington	553	16,261	3,400.8
Sedro-Woolley	524	26,518	1,976.0
La Conner	64	4,470	1,431.8
Anacortes	312	22,954	1,359.2
Bow	50	4,336	1,153.1
Concrete	62	5,380	1,152.4
<b>Total</b>	<b>3,399</b>	<b>130,915</b>	<b>2,596.3</b>

Note: Sorted from highest case rate to lowest. Due to small numbers, some geographies are combined. Sedro-Woolley data includes Hamilton and Lyman. Mount Vernon data includes Clearlake and Conway. Concrete data includes Marblemount and Rockport. Population estimates from the American Community Survey 2019 5-year estimates.

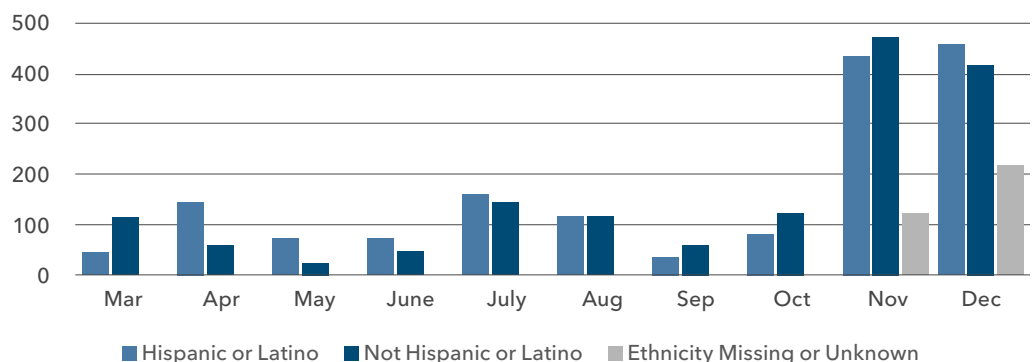
Additionally, non-Hispanic Hawaiian/Pacific Islander and non-Hispanic American Indian/Alaska Native populations and Hispanic individuals of all races in Skagit bore considerable burden. Per capita, the Hispanic community had 4.5 times more cases, compared to white, non-Hispanic individuals (case rates of 6,624.2 and 1,470.4 cases per 100,000 people, respectively). There are many lessons to be learned from this data, particularly around racial equity and social determinants of health.

Fig. 5 Skagit COVID-19 Case and Rates per 100,000 Population, by Race and Ethnicity

Race/Ethnicity	Cases	Population	Rate per 100,000
Native Hawaiian/Pacific Islander, non-Hispanic	24	291	8,247.4
Hispanic, all races	1,530	23,097	6,624.2
American Indian/Alaska Native, non-Hispanic	58	1,897	3,057.5
Black, non-Hispanic	24	874	2,746.0
White, non-Hispanic	1,374	93,444	1,470.4
Asian, non-Hispanic	27	2,356	1,146.0
<b>Total</b>	<b>3,399</b>	<b>130,915</b>	<b>2,596.3</b>

Note: Sorted from highest case rate to lowest. There was no information on race or ethnicity for 327 cases. Population estimates from the American Community Survey 2019 5-year estimates.

Fig. 6 Skagit County COVID-19 cases per Month, by Ethnicity



Note: Due to small numbers and concerns for patient confidentiality, ethnicity cannot be disaggregated by month.

# UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH

Social determinants (or drivers) of health are the environments in which people are born, go to school, live, work, play, worship, and age. These environments affect a wide range of health and wellness risks, opportunities, access, and ultimately outcomes.

## EXAMPLES OF SOCIAL DETERMINANTS OF HEALTH INCLUDE:

Resources to meet daily needs (e.g., safe housing, food, medication)

Access to high-quality childcare and education

Job training and job opportunities

Transportation

Public safety

Social support

Opportunities for recreational and leisure activities

Social norms and attitudes (e.g., discrimination and racism)

Exposure to crime, violence, and social disorder

Socioeconomic conditions such as concentrated poverty

Language/literacy

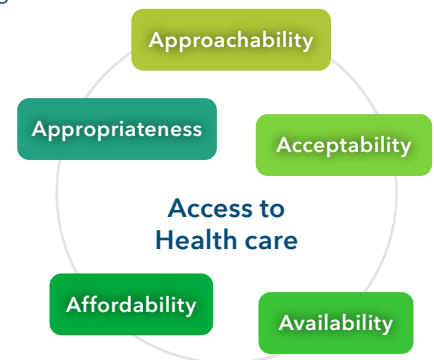
Residential segregation

Drivers of health seemed to play a key role in COVID-19 outcomes for individuals in our community. Individuals who are essential workers, those who live in crowded conditions, those with limited access to care, and those with other barriers due to social determinants of health (transportation to testing, eligibility for sick leave, ability to quarantine, etc.) had higher rates of exposure. These life experiences and situations are foundational to prospects for health and wellness, especially during a pandemic.

Through the CHA process, most of what we heard from the community regarding health equity was not COVID specific. Comments from the community reinforced the notion that access to care is multi-faceted, as shown in *Figure 7*. There are barriers to care based on race, gender identity, and ethnic identity:

- Community providers, including medical providers, lack knowledge about the unique health challenges for these groups.
- Services and programs are not designed with their specific health, linguistic, or cultural needs in mind.
- There are additional barriers to care, such as transportation, hours of service, and location of programming.

Fig. 7



# DATA HIGHLIGHTS

The following tables highlight community themes that were brought up consistently during Key Sector Leader Interviews, Forces of the Future Surveys, Equity Panels, and/or Community Forums. From this feedback, the Trust was able to gauge what community members felt were Skagit County’s greatest strengths, as well as areas of greatest need.

## Community Themes

STRENGTHS/RESILIENCY	KEY SECTOR LEADER INTERVIEWS (KSLI)	FORCES OF THE FUTURE SURVEY (FOF)	EQUITY PANELS	COMMUNITY FORUMS
Skagitonians pull together	✓	✓	✓	✓
Organizations and medical providers have exhibited flexibility and adaptability	✓	✓	✓	✓
Schools, families, and community support accessible, quality education	✓		✓	
Innovative and collaborative responses have solved complex problems		✓		✓
Community understanding of and empathy for behavioral health needs have increased			✓	✓
Individuals have shown great adaptability		✓		✓

OPPORTUNITIES/COMMUNITY NEEDS	KSLI	FOF	EQUITY PANELS	COMMUNITY FORUMS
Increase understanding of health care needs of underserved populations	✓	✓	✓	✓
Improve employment opportunities for groups with the least financial and job security	✓	✓	✓	✓
Increase access to affordable, quality childcare	✓	✓	✓	✓
Address local housing crisis	✓	✓		✓
Improve access to culturally relevant food for those in need	✓	✓	✓	✓
Expand “no barrier” access to behavioral health services and supports	✓	✓	✓	✓
Boost workforce development for behavioral health services	✓	✓	✓	✓
Provide equitable broadband access	✓	✓	✓	✓
Develop culturally relevant system navigation for individuals with barriers to care and supports	✓		✓	✓
Create service and resource hubs to improve access to information, referrals, and care	✓	✓	✓	✓

In addition to these community needs and opportunities for improvement, community members raised three issues that did not come up in other assessment activities. They were:

- Climate change
- “Double-racism” experienced by individuals who speak indigenous languages
- Access to dental care





# KEY SECTOR LEADER INTERVIEWS

The Trust interviewed 32 Key Sector Leaders to learn more about the impact of COVID-19 and possible changes to programs, services, and systems in these areas:

- Behavioral Health
- Child and Family Health
- Disability Status
- Hispanics/Latinos
- LGBTQ+
- Seniors
- Veterans
- Youth

## Focus of Interviews – COVID Impact & Recovery

Both closed-ended surveys and open-ended interview questions addressed the following:

- 1 Critical community health needs and challenges**
- 2 How programs/ services might evolve**
- 3 Structures/systems needed for a better future**
- 4 Examples of resiliency**

### KEY FINDINGS

★ CRITICAL NEEDS



Housing



Behavioral Health Services




Childcare


### OTHER SIGNIFICANT CHALLENGES

- Food Access
- Community Services & Resources
- Education
- Economic Development
- Health Services

## Building Better Systems & Structures




Housing developers, non-profits, and government entities that can impact the availability of affordable, safe housing should stay focused on this issue.




Build “local resource hubs” located where vulnerable populations live and work:

- behavioral health resource hub
- behavioral health resource hub for farmworkers
- resource hubs for each school district and their families




Focus employment development and financial security initiatives on groups of individuals with the least access to job stability, including youth.




Address behavioral health issues (including mental health and substance use disorders) through:


- improved insurance access and benefits
- better telehealth options and availability
- attention to the unique needs of Hispanic, indigenous and farmworker populations
- more education around behavioral health issues
- safe, supportive spaces for youth to talk about behavioral health issues such as cyber-bullying, body image, substance use without stigma




Identify and resolve the inconsistencies with broadband access.




Develop a more coordinated food distribution system.



Promote a “whole health” approach to health care that includes non-clinical, low-cost therapies, including yoga, meditation, etc.



Identify and support practices that improve the recruitment, retention, and working conditions of childcare professionals.

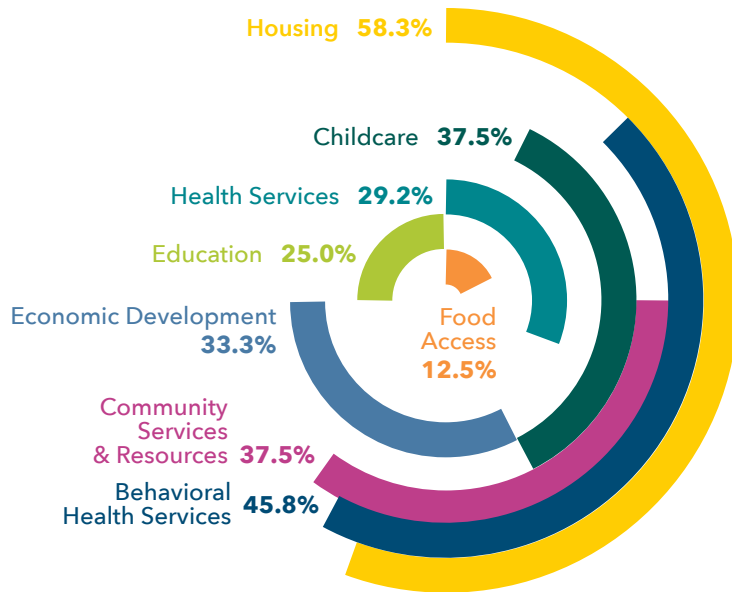


Promote long-term, ongoing relationships between Public Health and the Hispanic community to improve communications and build trust and confidence.

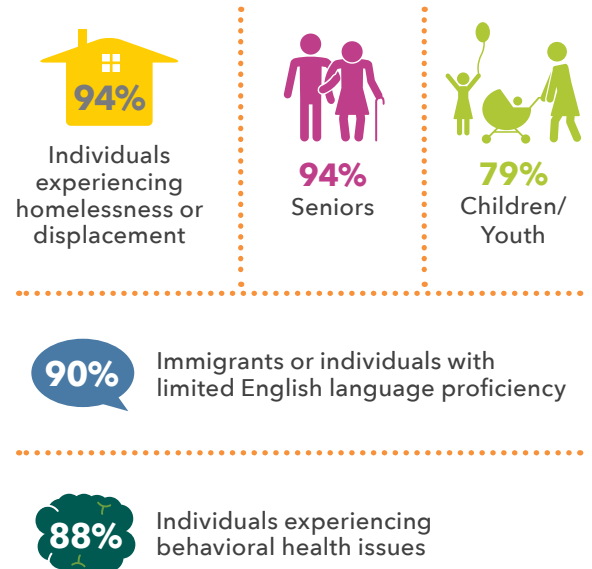
# FORCES OF THE FUTURE

The Forces of the Future Survey is an opportunity for Trust members to look five to 10 years into the future and to project future conditions that could impact the health of our community. This practice allows the Trust to analyze the broader, long-term impacts of the COVID pandemic. By considering how certain populations may be impacted over time, the Trust can think innovatively when developing a health recovery plan and coordinating strategies that work to reduce health inequities.

## Most significant challenges to health/wellness recovery:



## Groups that have been most impacted by COVID-19:



## TOGETHER We Will RECOVER

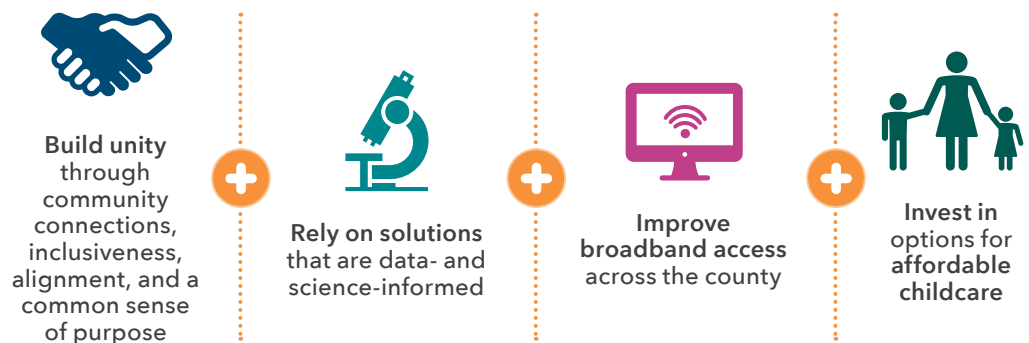
- Individuals have shown great adaptability
- Organizations have provided examples of flexibility and ability to pivot
- Generosity and volunteerism are abundant in Skagit County
- Innovative and collaborative responses have solved complex problems on behalf of our community

## Factors that may impact health in the future as we move out of the pandemic:

Some of the concerns expressed by Trust members, beyond containing and treating COVID, were the **economic impacts** (unemployment and viability of businesses) and access to **basic needs** (housing, food, health care, education).

- #1** The most commonly mentioned concerns expressed by Trust members were the short-term and (yet unknown) long-term impacts of the pandemic on **behavioral health** (e.g., increased anxiety and depression as a result of isolation; rising suicides, alcohol and drug abuse; domestic violence).

## Trust members suggested that the following were critical to our efforts to meet these challenges:





## ASSESSMENT INDICATORS

Baseline data below was used during the assessment.

RECOVERY INDICATOR	BASELINE DATA SUMMARY
COVID-19 Cases	6,085 (as of July 13, 2021)
COVID-19 Hospitalizations	358 (as of July 13, 2021)
COVID-19 Deaths	77 (as of July 13, 2021)
Vaccines Administered	151,499 (as of July 13, 2021)
Adults Lacking Social/Emotional Support	12.4% of total Skagit County population
% of Medicaid Enrollees with any Mental Health Need	35.8% of all enrollees
Adults with High-Risk Health Conditions	18% of total Skagit County population
Adult Obesity	During 2018, the share of adults who were considered obese was 35.8%, increasing from 27.9% in 2012
Youth Overweight or Obese	During 2018, the share of public school students who were either overweight or obese was: Eighth graders: 35% (31% in 2008) 10th graders: 31% (28% in 2008) 12th graders: 36% (28% in 2008)
Suicide Rate per 100,000 Residents	In 2019, there were 20 suicides in Skagit County, increasing from 9, or by 122%, since 1990. During 2019, the rate of suicides per 100,000 residents in Skagit County was 15.5, increasing from 11 in 1990.
Continued Unemployment Claims	Week ending 4/29/20 = 9,714 Week ending 1/2/21 = 2,622
Housing Costs - Married Couple Families	24% of median household income

# DATA & THEME SUMMARIES

## HOUSING

HOUSING WAS RATED AS THE HIGHEST NEED AMONG THE KEY SECTOR LEADERS INTERVIEWED; 71% RATED HOUSING AS A SIGNIFICANT CHALLENGE.

Despite efforts and programs to support affordable and equitable housing, the availability of housing remains a challenge. During 2019, the number of multi-family building permits per 10,000 residents in Skagit County was 6.4, decreasing from 11 in 2000. By comparison, that figure for Washington state was 33 in 2019, increasing from 23 in 2000, and that figure for the U.S. was 16 in 2019, increasing from 14 in 2000. Furthermore, in Skagit County, housing costs consume 24% of median household income for married couple families. For single-parent families, that number is 33%. Skagit County also has a 0.7% rental vacancy rate, which is squeezing a lot of families.

Housing was rated as the highest need among the Key Sector Leaders interviewed; 71% rated housing as a significant challenge. Key leaders indicated that without better access to safe, stable, and affordable housing, all other challenges are multiplied. Several key leaders urged the Trust and County leadership to stay focused on housing as a primary concern for population health.

## ACCESS TO CARE

ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, 88% OF HOUSEHOLDS HAVE BROADBAND INTERNET CONNECTION NATIONALLY. THE RANGE FOR WASHINGTON COUNTIES IS 66% - 92%, WITH A STATEWIDE AVERAGE OF 88%.

Access to and coordination of care across sectors was a common theme from the Key Sector Leader Interviews. Community members in all groups talked in some way about disjointed care. Nearly all groups were challenged to obtain services that were relevant to their needs. They noted that the treatment system is difficult to enter, and it is not obvious to people how to access resources. Veterans suggested that the system could be improved by greater coordination between the VA and Public Health. The Maternal & Child Health group suggested that the school districts and childcare providers would both benefit from increased collaboration. Several groups cited the need to develop structures to deliver information and resources to the most vulnerable, and that this should be done in the form of a central “hub” that serves as the “go-to” source of information about services and opportunities located where these population groups live and work. Barriers to care are especially damaging for the 18% of Skagit adults who have high-risk health conditions.

The increasing integration of technology into health care as a result of the COVID pandemic provides (1) a template for transforming episodic, discontinuous care into a seamless, coordinated system, (2) a mechanism for health care leaders to more collaboratively and rapidly design and deploy health care processes and protocols, and (3) an opportunity for patients, families, health care providers and community members to share knowledge about addressing health challenges. However, the results from our CHA data collection activities suggest that without equitable access to technological equipment and consistent broadband access, these advances cannot be achieved, and that, as a community, we need to attend to the lack of internet access for some residents and geographies.

According to the Robert Wood Johnson Foundation County Health Rankings, 88% of households have broadband internet connection nationally. The range for Washington counties is 66% - 92%, with a statewide average of 88%.

## BEHAVIORAL HEALTH

Behavioral health was a topic mentioned by every group of key sectors leaders we interviewed. All groups talked about the impact of social isolation and loneliness on their behavioral health and acknowledged that the pandemic and its associated stressors such as job loss, school

# DATA & THEME SUMMARIES

closures, inability to gather with family and friends, and the fear of the disease itself were causing significant problems. According to the Robert Wood Johnson foundation:

- There is robust evidence that social isolation and loneliness significantly increase risk and, conversely, that social connection reduces risk for premature mortality.
- Social isolation and loneliness are also associated with increased morbidity and dysregulation of various biomarkers of health, such as inflammation.

The impact of isolation and loneliness was especially pronounced for those with existing behavioral health challenges, including substance use disorders and mental health issues.

These are community-wide problems that require community-wide solutions. They must be solved through coordination among the clinical and behavioral health care systems (community-based prevention, treatment, and recovery organizations) and coalitions of community organizations working toward better behavioral health outcomes. We need strategies to collectively address social isolation and loneliness, especially for vulnerable communities.

## CHILDCARE

Childcare was often mentioned as a challenge for Skagit residents during the CHA data collection activities, and this concern is supported by the most recent data on cost and availability of childcare in Skagit County.

In its report *Picking Up the Pieces* (Fall 2020), Childcare Aware examines how the COVID pandemic has “broken an already fragile industry.” The report noted that the childcare system is fragmented, inaccessible, inequitable, and underfunded. It recommended a focusing on public investment, developing a strong data foundation, and creating additional, better resources and supports for families, children, and childcare providers.

**Cost of Childcare as % of Median Income in Washington State:**  
 Married Couple Families 17%  
 White 14% | Hispanic 24%

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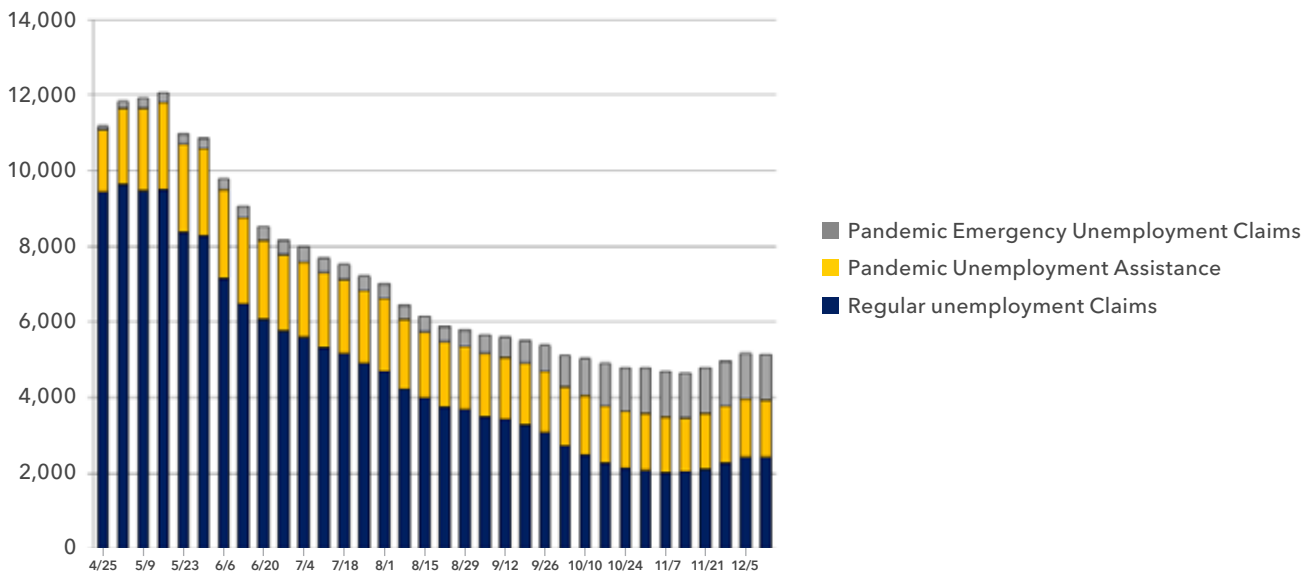
Single-Parent Families 31%  
 White 21% | Hispanic 50%

**# of Licensed Childcare Providers/Spots in Skagit County**  
 September 2016: 107/2,536  
 September 2020: 91/2,482

## ECONOMIC SECURITY

Financial and economic security came up as strong themes of concern for Skagit County residents. During the COVID-19 pandemic, the Skagit County unemployment rate reached a peak of 19.6% in April 2020.

Fig. 8 Total Continued Claims, Skagit County



# DATA & THEME SUMMARIES

In June 2021, Skagit County’s resident labor force was estimated at 62,648, increasing by 0.9% since the beginning of the year. Between June 2020 and the summer of 2021, the number of people counted as “employed” in Skagit County increased by 4,515 (8.3%), and the number of people counted as “unemployed” decreased by 3,944 (52.5%). The greatest gains between June 2020 and summer 2021 were in the leisure and hospitality services industries (+12.5%).

Proactive planning to address widespread financial distress was raised by several groups of key leaders. Creating job stability, especially for families with children at home, will be critical moving forward. Key leaders linked job losses and financial insecurity to mental health impacts and raised the need for coordination across systems to make employment inroads to geographically isolated communities. Sub-groups of individuals who have employment insecurity—such as farmworkers, individuals with developmental disabilities, veterans, the LGBTQ+ community, and those with behavioral health concerns—need coordinated and targeted efforts on their behalf.

Interviewees also raised the need to find a structure for providing financial stimulus for undocumented workers who have not been eligible for other forms of stimulus or benefits. While they are essential workers in many areas—retail, food production, housekeeping, etc.—they lack resources and financial supports.

Lastly, interviewees pointed out that funding structures need to change to ensure that dollars go directly to the community and not to those who administer funds. Small businesses may especially need budgeting and legal services combined with hardship waivers to survive the impacts of COVID and to rebuild.

KEY LEADERS LINKED JOB LOSSES AND FINANCIAL INSECURITY TO MENTAL HEALTH IMPACTS AND RAISED THE NEED FOR COORDINATION ACROSS SYSTEMS TO MAKE EMPLOYMENT INROADS TO GEOGRAPHICALLY ISOLATED COMMUNITIES.

## FOOD SECURITY

A safe, stable, and food-secure home and neighborhood environment is important for everyone’s well-being but is especially crucial for the healthy development of young children. There is significant data and evidence demonstrating that the COVID-19 pandemic has disrupted this stability for many young families, exacerbating existing social inequities as seen by a skyrocketing prevalence of hunger, homelessness, unemployment, health care inaccessibility, education interruptions, and behavioral health concerns.

Childhood hunger, in particular, has reached startling levels. According to an October 2020 *Feeding America* report on the impacts of COVID-19 on food insecurity, an estimated 17 million children across the nation could go without enough to eat this year.

The latest data show that more than 37 million Americans, including 11 million children, are food insecure, meaning they are not able to afford enough food to support a healthy life. Before COVID-19, more than half of American students and their families relied on free and reduced-price school meals as their primary source of nutrition. In fact, many children consume up to half their daily calories at school.

On the other side of the coin, childhood obesity has been an ongoing epidemic for a generation. The national childhood obesity rate has been rising, and Skagit County has not been immune to this epidemic. During 2018, the share of public school eighth graders who were either overweight or obese was 35%, increasing from 31% in 2008.

That figure was 31% for 10th graders, increasing from 28% in 2008, and 36% for 12th graders, increasing from 28% in 2008. Obesity puts children at greater risk for type 2 diabetes, high blood pressure, asthma, and other serious conditions. Early research shows a strong connection between obesity and COVID-19. People, including children, with obesity tend to become more severely ill, are more likely to be hospitalized, and are even more likely to die if they contract COVID-19.

ACCORDING TO AN OCTOBER 2020 *FEEDING AMERICA* REPORT ON THE IMPACTS OF COVID-19 ON FOOD INSECURITY, AN ESTIMATED 17 MILLION CHILDREN ACROSS THE NATION COULD GO WITHOUT ENOUGH TO EAT THIS YEAR.

The Population Health Trust will use these findings to create a COVID Recovery Plan for the community. The Recovery Plan will be presented to the Board of Health for adoption and will drive community decision-making on goals, strategies, actions, and funding.

Like all community health improvement plans created by the Population Health Trust and community partners, the COVID Recovery Plan will be achieved when community partners with a wide range of needs, goals, and expertise work toward a common vision for health and wellness.



### What Comes Next?

What we generally refer to as “best practices” have drawn their power from data gathered before the COVID-19 epidemic. However, falling back upon what were best policies, programs, and practices is likely to suppress creativity and work against the future-oriented approaches we need to build new and better post-COVID structures and systems. To be successful, community health leaders will need to transition from current strategies to approaches that answer the question of “What Comes Next?” This will not be easy. Leaders will have to answer these key questions: How does the fallout from the pandemic affect community health outcomes and expectations? How does that differ among various sub-populations? How can agencies and organizations retool to provide structures, systems and programs that meet those expectations and foster equitable outcomes? Community leaders who seek to understand and address these new realities will help Skagit County face the challenges of today with a better set of policies, programs, and practices for the future.

# DATA SOURCES

Center for Disease Control & Prevention  
[www.cdc.gov/places](http://www.cdc.gov/places)

Childcare Aware - Washington CCDC  
[www.childcareaware.org/our-issues/research/ccdc/state/wa](http://www.childcareaware.org/our-issues/research/ccdc/state/wa)

North Sound ACH Vulnerable Communities  
[northsoundach.org/covid-19-vulnerable-communities%20data-tool](http://northsoundach.org/covid-19-vulnerable-communities%20data-tool)

Skagit County Trends Website  
[skagitcountytrends.org](http://skagitcountytrends.org)

Washington Department of Commerce Data Dashboard  
[www.commerce.wa.gov/datadashboard](http://www.commerce.wa.gov/datadashboard)

Washington Employment Security Department. Northwest Washington Labor Market Review. Vol 2021, No 6.

Washington Health Department COVID Data  
[www.doh.wa.gov/Emergencies/COVID19/DataDashboard](http://www.doh.wa.gov/Emergencies/COVID19/DataDashboard)

Washington OSPI Report Card  
[washingtonstatereportcard.ospi.k12.wa.us](http://washingtonstatereportcard.ospi.k12.wa.us)

Washington OSPI Data Portal  
[www.k12.wa.us/data-reporting/data-portal](http://www.k12.wa.us/data-reporting/data-portal)

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