

2025

COMMUNITY HEALTH NEEDS ASSESSMENT

MultiCare Valley Hospital



Spokane CHNA Executive Summary

The 2025 Community Health Needs Assessment (CHNA) reflects a collaborative, countywide effort to understand the health needs, strengths, and lived experiences of individuals and families across Spokane County. Developed jointly by MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and the Spokane Regional Health District, the CHNA integrates community input, public health data, demographic trends, and an equity-centered framework to identify the conditions that most influence health and well-being.

Spokane County is home to a diverse mix of urban, suburban, and rural communities, with a growing population and shifting economic landscape. Residents experience both the benefits of a strong regional healthcare network and the challenges associated with rising housing costs, workforce shortages, and behavioral health system pressures.

Community members across the county emphasized the importance of belonging, connection, and stability — and described how unmet behavioral health needs, substance use, trauma, and housing stressors impact their daily lives.

MultiCare hospitals included in this CHNA:

- MultiCare Valley Hospital
- MultiCare Deaconess Hospital

High-Level Findings From the CHNA

The CHNA highlights several critical issues affecting the health of Spokane County residents. Community members described significant challenges related to mental health, substance use, trauma and violence, and housing instability. Residents spoke about long wait times for behavioral health services, limited availability of treatment options, and the strain placed on families and caregivers as they navigate increasingly complex systems. Stakeholders also noted that the behavioral health workforce shortage and rising demand have created gaps in prevention, treatment, and crisis response.

Housing instability emerged as a deeply interconnected issue. Many Spokane County residents reported difficulty securing affordable housing, increased displacement, and the health impacts of living in substandard or temporary housing. Rising rents and stagnant incomes continue to place pressure on low- and moderate-income households. These concerns are shaped by broader social and structural factors including income and employment, access to transportation, neighborhood conditions, and availability of culturally responsive and affordable services. Spokane County's diverse communities — including rural residents, Indigenous communities, people of color, immigrant and refugee families, and LGBTQIA+ individuals — experience these inequities in distinct ways, further underscoring the importance of tailored and community-aligned approaches.

Across all data sources, a shared theme emerged: **behavioral health, housing stability, and personal and community safety are deeply interconnected**, each influencing the others and collectively shaping individual and community well-being.



Executive Summary

CHNA Priority Areas

Based on comprehensive data analysis and community engagement, the 2025 CHNA identified the following priority areas:

- **Reduce housing cost burden**
- **Reduce substance use**
- **Improve mental health**

These priorities reflect the most significant and cross-cutting areas of need identified across Spokane County.

Refinement of Priority Areas by the MultiCare Inland Northwest Regional Board

As part of the CHNA implementation planning process, MultiCare Valley Hospital and MultiCare Deaconess Hospital review the CHNA's priority areas through the lens of their organizational mission, clinical strengths, and opportunities to advance measurable community impact. Following this review, the **MultiCare Inland Northwest Regional Board refined the CHNA priorities** to better align with actionable strategies, system capabilities, and the realities described by community members during engagement.

The Board-approved priorities reflect the intent of the CHNA findings while incorporating refined language — particularly related to housing — to more accurately capture the experiences and challenges faced by Spokane County residents.

These three areas are presented as equally important for implementation planning. Their order does not imply ranking, weighting, or level of importance.

Board-Approved Priority Areas for Implementation

- **Address the impacts of inadequate housing and homelessness**
- **Reduce substance use**
- **Improve mental health**

These Board-approved priority areas will guide MultiCare Valley Hospital and MultiCare Deaconess Hospital as they develop the next Community Health Improvement Plans (CHIPs). Implementation efforts will focus on strengthening partnerships, improving access to care and supportive services, addressing the social and structural conditions that drive poor health outcomes, and advancing health equity for residents across Spokane County.



Community Assessment

MHS Valley and Deaconess Hospitals engaged in multiple activities to conduct its community health improvement planning process. These included conducting a Community Health Needs Assessment with community input, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators. This evaluation of impact outlines many of the programs that Valley and Deaconess Hospital supported, either through financial or in-kind support, and that addressed the health needs identified in the CHNA.

Significant Health Needs

From 2022 through 2025, both Valley and Deaconess Hospitals focused on the following priority health needs:

1. Behavioral Health
2. Housing/Homelessness
3. Intentional Harm

Strategy by Health Need

The tables below present strategies and program activities the medical center delivered to help address significant health needs identified in the CHNA report. They are organized by health need and include statements of the strategies’ impact and any collaboration with other organizations in our community.

Health Need: Behavioral Health

Strategy or Program Name	Summary Description
Continue partnership with Quartet Health and Valera Health to increase access to care by referring patients.	Partnership continued and expanded from 194 prescribers and 939 clinicians at the end of 2022 to 653 prescribers and 1606 clinicians as of Q3 2024, after which the vendor discontinued service to Washington state.
Expand access to the most challenged zip code in Spokane.	Service to the highest-need zip code in the region, 99217, expanded from 40 clients at the end of 2022 to 284 clients at the highest point in 2025. Expansion can be attributed, largely, to the new behavioral health center strategically co-located near the middle school campus.
Continue State opioid response program and make Narcan more readily available to those in need.	Contractual relationships between Emergency Departments and Community partners continued and shifted from 8 to 7 between the end of 2022 and Q2 2025; retaining the same number of FTEs. The number of clients referred to resources through contractual relationships fluctuated between 483 and 277 during the three-year cycle.
Expand Access to Medication for Opioid Use Disorder Program and expansion into primary care.	The number of prescriptions written by MHS Primary Care Clinics and existing MHS facilities expanded from 1055 at the end of 2022 to 1577 as of Q2, 2025.

Impact: The suicide rate for men and women in Spokane County has fluctuated since 2018, with an increase from 29.8 per 100,00 in 2022 to 31.8 per 100,000 in 2023. Men in Spokane County are 4.24 times as likely to complete a suicide than women.

Planned Collaboration: We are re-activating our partnership with Hutton Settlement and will have a therapist going there regularly to provide onsite services to impacted youth. We are evaluating opportunities to work with local school districts to repeat the success patterns of the 99217 clinic and growing integrated behavioral health.

Health Need: Housing/Homelessness

Strategy or Program Name	Summary Description
Continue partnership with House of Charity for transitional program, which provides access to beds, medical follow up and wound care.	Partnership continued and was adjusted from 10 contracted beds to 5 in June 2023. Patients served through this program fluctuated from 46 at the end of 2022 to 39 by the end of Q2 2025.
Maintain partnership with Avalon Skilled Nursing for transitional program to provide additional respite beds.	Partnership was maintained and was adjusted from 10 contracted beds to 5 in June 2023. Patients served through this program fluctuated from 37 at the end of 2022 to 35 by the end of Q2 2025. Following the first of two program leadership transitions during this cycle, metrics were developed to track the cost savings. Once these metrics were implemented it has been determined that the program provided cost savings of \$5,891,200 from October 1, 2024-June 30, 2025.
Expand partnership with Family Promise to increase respite care for women and children.	Partnership was expanded through formal introductions between Family Promise Executive Director and INW Manager of Social Workers and team. Additionally, Family Promise of Spokane was awarded 2023 and 2024 MultiCare INW Community Partnership Fund grants.
Collaborate with local government and business coalitions to participate in comprehensive initiatives addressing the issue of homelessness in our community.	Collaboration includes partnership with the Spokane Regional Health District and participation in the totality of the Community Health Needs Assessment, Partnership for Outreach and Impact with Family Promise of Spokane, MiA Advocacy for Survivors of Domestic Violence and Sexual Assault, Nuestras Raices Community Center, HERO Coalition, Innovia Foundation, Priority Spokane, City of Spokane, CHAS, HSSA, YWCA, SRDVA and others.
Identify and apply to grant opportunities that address housing and homelessness.	Submitted three grant applications, none were awarded. Total funding requested during the period was \$453,200

Impact: The Housing Cost Burden, measured by percentage of homeowners with a mortgage and renters spending 30% of more of household income on housing costs for Spokane County shows steadily rising patterns from 2018 through 2023. Homeowners showed an increase from 28.1% in 2022 to 30.2% in 2023 with a decline for renters from 56.4% in 2022 to 52.1% in 2023. Nearly 60% of unhoused adults are affected by substance use disorder, with over 50% of unhoused adults impacted by serious mental health disorders.

Planned Collaboration: Agreements with HOC, Avalon, and Family Promise will continue for patients being discharged, who meet the qualifying criteria. Community partner, MiA, purchased 2 acres to build Casa Mia through multiple funders, which will be a housing sanctuary for DV/SA survivors who are transitioning beyond crisis intervention to stabilization. This facility responds to all three areas of focus related to CHNA: Behavioral health, Housing, and Intentional Harm.

Health Need: Intentional Harm

Strategy or Program Name	Summary Description
Implement DV screening tools for MultiCare patients of all ages in the region.	HARK and HIIT Screening tools have been implemented throughout the course of this CHNA cycle. The HARK screening tool, initially piloted within Emergency and Mother/Baby units, has been adopted throughout the MHS system.
Screen every new mother after delivery and prior to discharge for safety at home.	Reporting reveals screening for 100% of birthing people this CHNA cycle. Tracking reveals an increase in new birthing people screened from 1503 in 2022 to 1692 in 2024. As of Q2 2025, 1238 patients have been screened through the Mother/Baby unit.
Continue to partner with community-based organizations such as Mujeres in Action and the Spokane Regional Domestic Violence Coalition to increase staff training and awareness for domestic violence.	The number of MHS community partners trained in domestic violence, intimate partner violence, and non-fatal strangulation increased from zero at the end of 2022 to 1044 (cumulative) at the end of Q2, 2025. Those trained include internal staff as well as external community partners and teams, when available.
Expand the scope of forensic nurses to include training in domestic violence, intimate partner violence, and non-fatal strangulation.	The number of nurses trained and implementing skills learned in the forensic program increased from zero at the end of 2022 to 1316 (cumulative) at the end of Q2, 2025. Those trained include internal staff as well as external community partners and teams, when available.
Send all domestic violence referrals to the intended internal and external partners, on the patient's behalf.	Completed domestic violence referrals increased from 3/3 recorded at the end of 2022 to 374/376 recorded (cumulative) at the end of Q2, 2025.
Expand domestic violence signage into inpatient and outpatient facilities, including bathroom stalls in all MultiCare facilities in the Inland Northwest to increase staff and visitor awareness.	675 signs, focused on support for domestic violence survivors, have been placed across 17 INW MultiCare facilities. Signs include the INW DV hotline, as well as a QR code which can be scanned covertly from across the room, or privately from a bathroom stall.

Impact: The rate of domestic violence offenses reported to law enforcement per 1,000 population for Spokane County has decreased since 2018 yet remains unchanged at 12.5 since 2022. The rate of children under age 18 found to be victims of abuse or neglect per 1,000 decreased between 2018 to 2020, and has increased from 50.6 in 2022 to 56.8 in 2024.

Planned Collaboration: 1) MHS INW Forensics Program Manager provided letters of support for 3 external stakeholder grant applications r/t DV/IPV which would benefit Spokane County and/or hospital. 2) Updated DV screening in EPIC project nearing completion and will span the system. 3) Project to update Forensic Nursing documentation in EPIC to include lethality screening. Update go-live planned for fall '25, 4) Updating DV signage, replacing existing signs with MultiCare branded posters in designated locations.

New CHNA Implementation Plan

As part of the Community Health Needs Assessment (CHNA) process, each hospital will develop a Community Health Implementation Plan (CHIP) to ensure that identified priorities translate into actionable strategies. These strategies will include clear objectives, measurable outcomes, and cross-sector partnerships that address the most pressing community health concerns. The CHIP serves as a framework for aligning resources, guiding program development, and reinforcing MultiCare’s long-standing commitment to improving the health and well-being of children, families, and communities.

While the prior CHNA and CHIP were prepared and released simultaneously, this cycle reflects a deliberate shift in process. By utilizing additional time between the completion of the CHNA and the finalization of the CHIP, we are strengthening opportunities for collaboration, dialogue, and alignment. This enables deeper engagement with community stakeholders, hospital leaders, and system-level decision makers, resulting in a stronger connection between community health priorities and the strategic direction of MultiCare hospitals. In this way, the CHIP is not simply an operational document, but a strategic blueprint that ties community health priorities to long-term organizational goals.

The CHIP will be formally presented for approval and adoption by the Board of Directors no later than **May 15th, 2026**, in compliance with federal CMS and IRS requirements.

An essential component is the development of a robust data visualization and reporting strategy. This approach translates complex community health data into accessible, dynamic tools that enable internal monitoring of progress in real time. By integrating quantitative indicators with qualitative community insights, these tools allow hospitals and the broader MultiCare system to track performance against stated goals, identify emerging trends, and make timely, data-informed adjustments to implementation strategies.

Importantly, this work will extend across the entire MultiCare system. The intent is not only to strengthen the link between CHNA priorities and hospital-level planning, but also to create a unified framework that connects community health improvement efforts with system-wide strategic initiatives. This alignment ensures that the lessons learned in one community can inform action in others, while also promoting consistency in measurement, accountability, and impact reporting across the system.

The CHNA, CHIP, and data visualization strategy create a continuous cycle of assessment, planning, action, and evaluation. This cycle enables MultiCare hospitals to remain responsive to evolving needs while also advancing long-term system goals. By building a process that is collaborative, transparent, and data-driven, MultiCare is positioning itself to more effectively demonstrate measurable impact for communities.



Board Approval and Adoption

MultiCare **Valley Hospital** has undertaken this Community Health Needs Assessment (CHNA) to better understand the most significant health challenges and opportunities facing individuals and families in our region. This assessment represents an important continuation of our commitment to improving community health, advancing health equity, and ensuring that every person has the opportunity to flourish.

The CHNA process reflects the integration of local and national data sources, health indicators, and social determinants of health with the lived experiences of community members, providers, and local leaders. Through focus groups, key informant interviews, surveys, and collaborative analysis, the CHNA provides a comprehensive picture of the current state of health in our service area. By engaging directly with the voices of those most impacted, **Valley Hospital** ensures that this assessment is both evidence-based and community-driven.

This CHNA fulfills federal requirements under the Affordable Care Act and Washington State standards, while also serving as a roadmap for future strategy within MultiCare. The findings and priorities identified here will inform how **Valley Hospital** aligns resources, develops innovative partnerships, and strengthens programs that meet the unique needs of our population.

The Board of Directors of MultiCare **Valley Hospital**, together with leadership across MultiCare Health System, has formally reviewed and acknowledges this Community Health Needs Assessment as the official CHNA for the hospital. In doing so, the Board affirms its responsibility to ensure that identified community health needs guide organizational planning, program design, and investment decisions over the next three years.

This acknowledgement reflects more than compliance with state and federal requirements. It affirms a shared vision: to create healthier communities through a commitment to health, equity, and well-being. The Board recognizes that meaningful progress requires sustained collaboration across public health, education, social services, and health care delivery partners.

By endorsing this CHNA, the **Valley Hospital Board** and MultiCare leadership signal their dedication to turning assessment into action. This document will serve as a framework for measurable improvement in the identified priority areas (**Address the impacts of inadequate housing and homelessness, Reduce substance use, Improve mental health**), transparent reporting, and continued accountability to the communities we serve.

Approved by the MultiCare Valley Hospital Board of Directors

Date: September 22, 2025





Spokane County • 2024-2025

Community Health Needs Assessment





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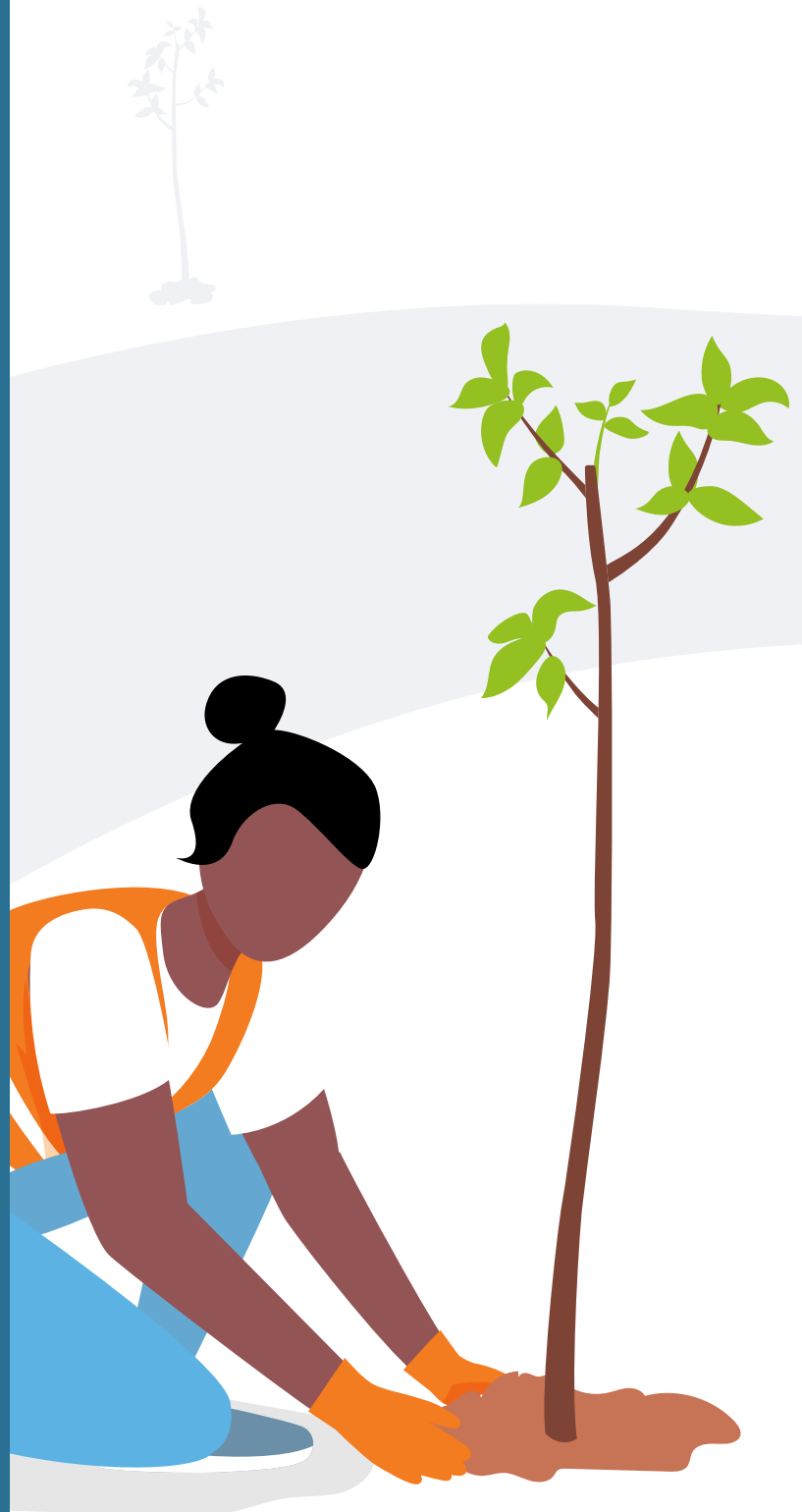
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Executive Summary

A community health needs assessment is like planning a road trip. It looks at the health and well-being of people in our community, highlighting where we are, where we want to be, and what resources we have to get there. In accordance with Patient Protection and Affordable Care Act (ACA) requirements and Public Health Accreditation Board standards, MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and Spokane Regional Health District partner to produce a joint community health needs assessment every 3 years.

Priority 1. Reduce housing cost burden

Many people are housing cost burdened in Spokane County, but renters are disproportionately impacted. In 2022, 56% of renter-occupied households in Spokane County spent 30% or more of their income on rent, compared to 28% of owner-occupied households that spent 30% or more of their income on a mortgage.

Priority 2. Reduce substance use

Substance use increasingly results in deaths by overdose in Spokane County. From 2019 through 2023, the number and rate increased. In 2023, there were 233 deaths by overdose (42.3 deaths for every 100 000 people), compared to 77 deaths by overdose (14.8 deaths for every 100 000 people) in 2018. More than 80% of these deaths were related to opioids.

Priority 3. Improve mental health

Mental health challenges, like anxiety, depression, and trauma, affect health and well-being in Spokane County. The rate of deaths by suicide is significantly higher in Spokane County than in the state. In 2023, 33% of 8th, 10th, and 12th-grade youth felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some of their usual activities.

Next Steps

The next step for MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and Spokane Regional Health District will be to create community health improvement plans that outline how to move from data to action.

You can also take part in building a roadmap to overcome the issues preventing people from reaching their optimal health. Join us by creating change as an individual or organization. Individuals can use this report to make healthier choices for themselves and their families, take action to strengthen neighborhoods, and get involved in community improvement efforts. Organizations can create healthy workplaces, align programs with community needs, and get involved in community improvement efforts.

*Everyone has a role in
community health.*



What will you do?

Table of Contents

Executive Summary	3
Introduction	7
<i>Community Health Improvement</i> -----	8
<i>Health Equity</i> -----	8
<i>CHNA Requirements and Partnership</i> -----	8
<i>Methodology</i> -----	8
<i>Participating Organizations</i> -----	9
<i>Acknowledgements</i> -----	9
Findings.....	11
Community Health Indicators	12
<i>Description of the Community</i> -----	13
<i>Health Behaviors and Health Outcomes</i> -----	16
<i>Social Determinants of Health</i> -----	33
<i>Systems of Power, Privilege, and Oppression</i> -----	42
Community Voice	44
<i>Community Strengths</i> -----	45
<i>Built Environment</i> -----	49
<i>Forces of Change</i> -----	51
Cross-Cutting Themes	52
<i>Social Determinants of Health</i> -----	53
<i>Systems of Power, Privilege, and Oppression</i> -----	54
<i>Additional Themes</i> -----	55
Action and More Information	57
Health Priorities and Resources	59
<i>Priority 1. Reduce housing cost burden</i> -----	60
<i>Priority 2. Reduce substance use</i> -----	60
<i>Priority 3. Improve mental health</i> -----	61
Next Steps	62
<i>What You Can Do</i> -----	63
<i>What We're Doing</i> -----	63
<i>2027-2028 CHNA</i> -----	63
Appendices.....	64
<i>Appendix A: Abbreviation Key, Additional Data Sources, and Materials Available by Request</i> -----	64
<i>Appendix B: Outreach Strategy</i> -----	65
<i>Appendix C: Life Expectancy Tables</i> -----	66
<i>Appendix D: Data Sheets on Priorities</i> -----	67
Indicators Index.....	71
References.....	73



Introduction



Community Health Improvement

Community health improvement brings together health care, government, and community representatives to improve health outcomes in Spokane County. There are 2 key elements to the process.

A community health needs assessment (CHNA) studies the health and well-being of a community and identifies priority health issues. A community health improvement plan (CHIP) describes how a community will work together to address the issues from the community health needs assessment.

Health Equity

Health equity is a state achieved when everyone has a fair and just opportunity to achieve optimal health.¹ Optimal health means complete physical, mental, and social well-being and not only the absence of disease or illness.² Achieving health equity requires assuring the conditions for this state to exist.³ This involves addressing systems of power, privilege, and oppression in Spokane County. Systems of power, privilege, and oppression are also called the root causes of inequity.

The root causes of inequity create hierarchies of privilege and oppression that lead to imbalances in power and access to power, generating preventable differences in individual health.⁴ The 2024-2025 CHNA is structured around this understanding of health with 3 repeating elements:

- Systems of power, privilege, and oppression (root causes of inequity),
- Social determinants of health (imbalances in power and access to power), and
- Health behaviors and health outcomes (individual health).

CHNA Requirements and Partnership

The Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals to conduct a community health needs assessment (CHNA) every 3 years. Local public health agencies typically conduct community health assessments every 3 to 5 years in alignment with Public Health Accreditation Board standards.

MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and Spokane Regional Health District collaborate on a joint community health needs assessment to reduce redundancies and align activities. The organizations worked closely to produce CHNAs in 2021 and 2024.

Methodology

The CHNA uses a robust process to study the health and well-being of people in Spokane County. The process outlined here is based on *Mobilizing for Action through Planning and Partnerships*, a best practice resource from the National Association of County and City Health Officials (NACCHO).⁴

Community Status Assessment

(April to June 2024)

Researchers collected and analyzed quantitative data pertaining to demographics, community health status, and health inequities. More than 65 indicators were chosen to understand the health and well-being of people in Spokane County.

Community Context Assessment

(March to July 2024)

Researchers talked with community members to learn about community strengths and assets, the built environment, and forces of change. They centered data collection on people and communities with lived experiences and expertise. Researchers used several methods, including story cards, interviews, focus groups, and a workshop.

Collective Sensemaking

(June 2024)

Community members cocreated meaning in an activity called collective sensemaking. Small groups of community members clustered raw data and identified themes. They then translated data clusters into community health insights.

Prioritization

(August 2024)

Prioritization involved a collaborative approach. Using multi-voting, researchers asked community members which criteria to use when narrowing down the list of health issues. Researchers adopted and applied the criteria in 2 rounds with participation from community members.

Round 1 used a prioritization matrix to measure issues based on the size and seriousness of the issue, urgency to solve the issue, and impact of the issue on communities impacted by inequities. Round 2 used a modified PEARL test,[†] which measured the feasibility of issues and their interventions based on propriety, economics, acceptability, resources, and longitudinal focus. In both rounds, participants rated health issues against each criterion, and researchers calculated an average of subgroups to score the results.

[†] For an overview of the PEARL test and its application, see the National Association of County & City Health Officials (NACCHO) *Guide to Prioritization Techniques* at <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>.

Participating Organizations

Community health improvement is a collaborative process. The following organizations participated in interviews, workshops, and other activities.

Aging & Long-Term Care of Eastern Washington

Asians for Collective Liberation in Spokane

Better Health Together

City of Spokane Community, Housing, and Human Services

Communities in Schools Spokane

Community Assembly

Disability Action Center NEW

Family Promise Emergency Sheltering

Feed Spokane

Gonzaga University Institute for Climate, Water, and the Environment

Health & Justice Recovery Alliance

Hálmxiłp Indigenous Birth Justice

Hillyard Neighborhood Council

Latinos En Spokane

Martin Hall Juvenile Detention

Measure Meant

MultiCare Health System Inland Northwest Region

NAACP Spokane

NHCC Isabella House

Nuestras Raíces

Peer Spokane

Planned Parenthood of Greater Washington and North Idaho

Priority Spokane

Providence Inland Northwest Washington

Second Harvest

Spokane City Fire Department

Spokane County Emergency Management

Spokane County Housing and Community Development

Spokane County Safe Baby Court

Spokane Fatherhood Initiative

Spokane Public Library

The NATIVE Project

Washington Department of Ecology

Washington State University Center for Native American Health

YWCA Spokane

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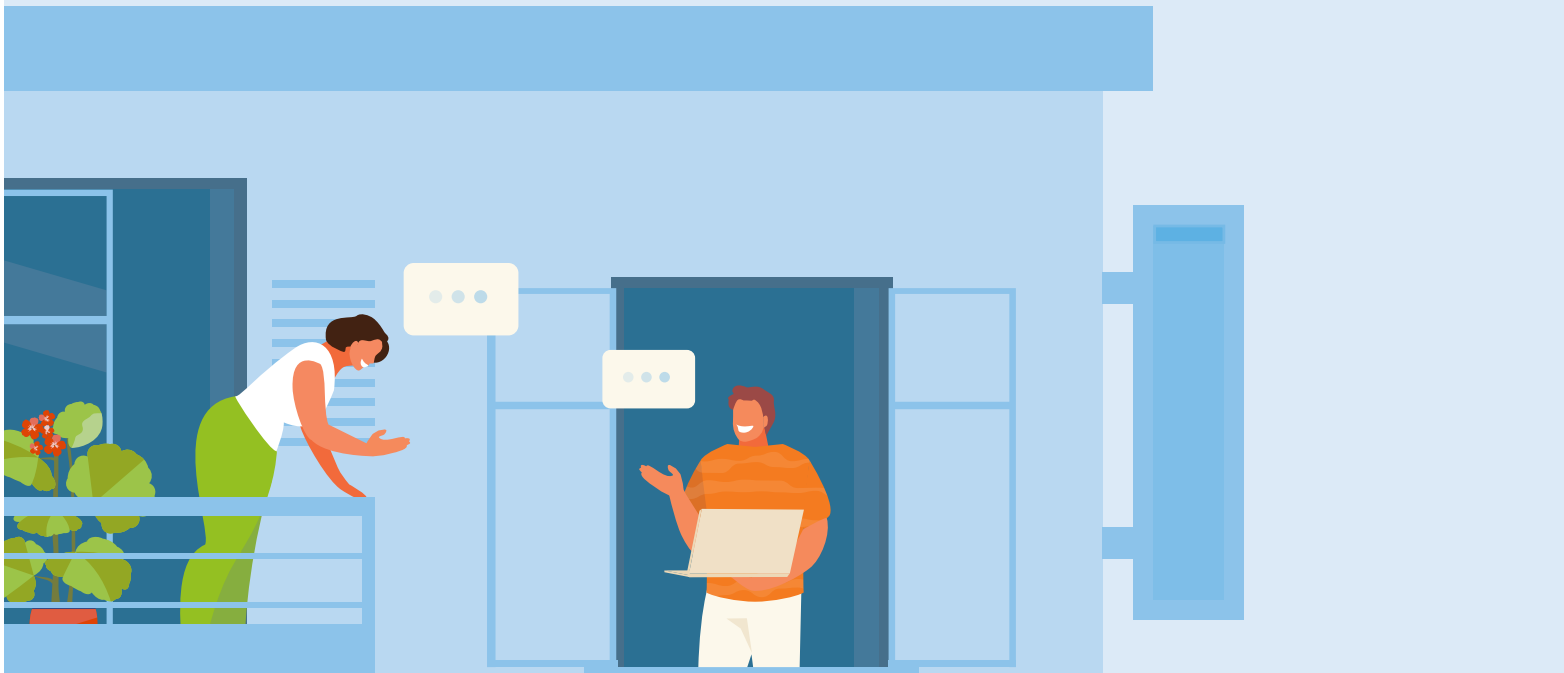
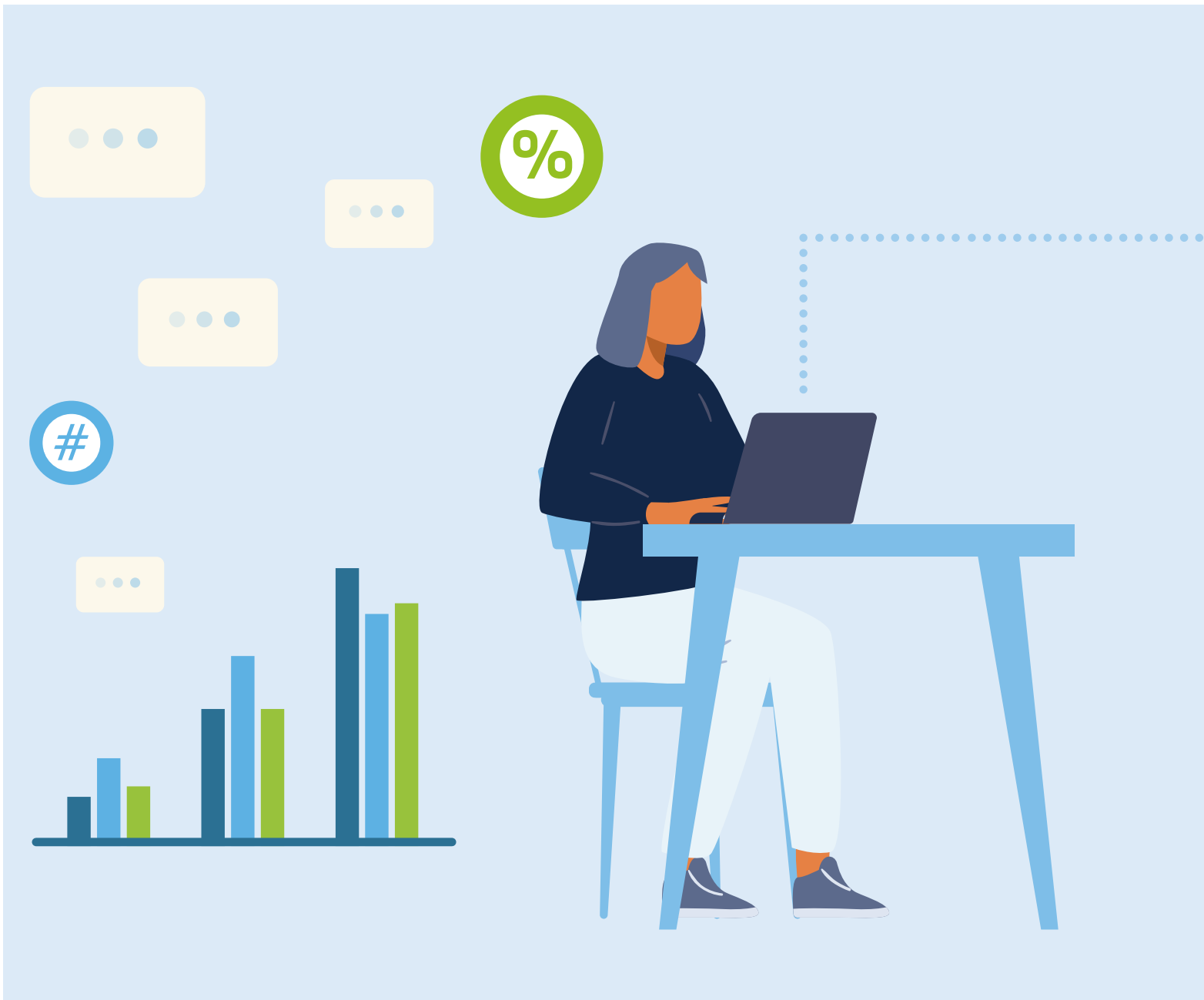
Special thanks to partners and sponsors for participating in the research design, data collection, and sensemaking activities:

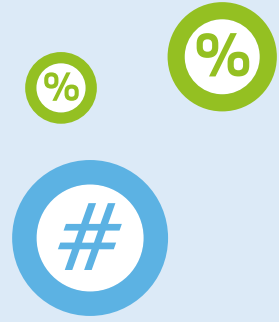
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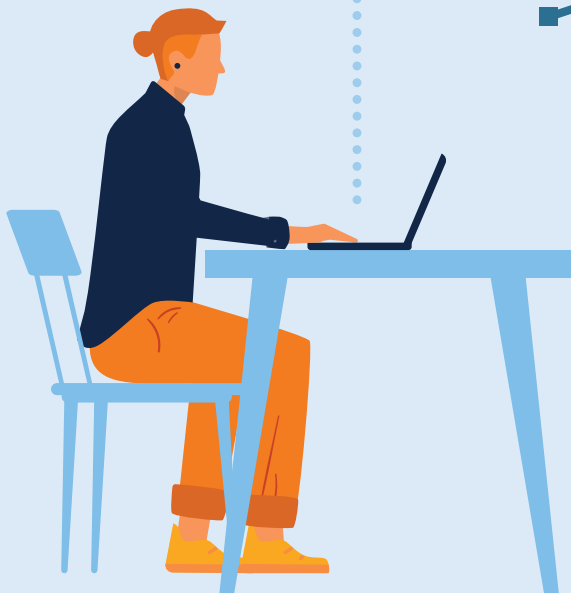
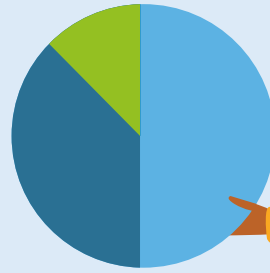


Findings



Community Health Indicators

Community health indicators measure factors related to the health and well-being of people in Spokane County. They provide essential information for making data-driven decisions that improve community health.



Charts in this section use abbreviations. Please refer to this key for definitions.

AIAN people: American Indian/Alaska Native people

API people: Asian and Pacific Islander people

Exp.: experiencing

HS/GED: high school/General Educational Development

NHOPI people: Native Hawaiian and Other Pacific Islander people

Description of the Community

Demographics tell a story about who lives in a community. It's important to understand demographics because characteristics, like population age and languages spoken, affect health outcomes and health service needs.

Demographics also highlight the hierarchies of privilege and oppression that may exist in a community. These hierarchies lead to imbalances in power and access to power and generate preventable differences in individual health.⁴

Population & Age

Spokane County is the fourth most populated county in Washington and is home to the City of Spokane, the second most populated city in Washington.⁵

In 2023, approximately 554 600 people lived in Spokane County, an increase of more than 39 000 people since 2019.⁵ Adults 65 years and older were the smallest age group, but they are estimated to become the second largest age group by 2050.⁶

Table 1. Population by Age Group, Spokane County, 2023^a

	Count	Percent
0-19 years	134 276	24%
20-34 years	114 813	21%
35-64 years	203 020	37%
65+ years	102 492	18%
Total	554 600	100%

^aData from Washington State Office of Financial Management⁵

^bData are estimates. Counts may not equal total due to rounding.

Citizenship Status

As of 2022, most residents are U.S. citizens (97.9%).⁹ However, the estimates may underestimate the number of people who are not U.S. citizens currently residing in Spokane County.

Temporary programs, like Operation Allies Welcome (OAW) and Uniting for Ukraine (U4U), have created pathways for Afghan, Ukrainian, and other foreign citizens and their families to stay in the United States. Spokane County welcomed many new community members over the last few years. From October 2023 to July 2024 alone, there were 1143 Washington State Department of Health and Human Services (DSHS) services applications for newly arrived refugees and humanitarian immigrants living in Spokane County.¹⁰

Table 3. Population by Citizenship Status, Spokane County, 2022^a

	County	Percent	State	Percent
U.S. citizen	538 238	97.9%	7 178 840	92.2%
Born in the United States	515 120	93.7%	6 445 562	82.8%
By naturalization	16 252	3%	581 446	7.5%
Born abroad of American parent(s)	6177	1.1%	125 030	1.6%
Born in Puerto Rico or U.S. Island Areas	689	0.1%	26 802	0.3%
Not a U.S. citizen	11 452	2.1%	606 946	7.8%

^aData from American Community Survey⁷

Disability

As of 2022, almost 17% of Spokane County residents lived with a disability.⁷ The percentage of people living with disabilities increased with age, and disabilities were more common among adults 75 years and older than any other age group.

These estimates are provided by the American Community Survey (ACS) and based on self-reported disability status. However, the ACS has a narrow definition of disability, and it is likely that the ACS underestimates how many people live with a disability in Spokane County. Their definition may not include people with upper body disabilities or people with mental illnesses.⁸

Table 2. Population Living with a Disability by Age Group, Spokane County, 2022^a

	County	State
Under 5 years	2.1%	0.6%
5-17 years	7.1%	5.5%
18-34 years	11.1%	9.3%
35-64 years	17.3%	12.4%
65-74 years	28.8%	24.8%
75+ years	47.8%	47.7%
All ages	16.6%	13.5%

^aData from American Community Survey⁹

Family Structure

As of 2021, 825 children were in foster care.¹¹ Approximately 48% were placed in licensed foster homes, and 36% were placed with unlicensed kin. More than half of children in foster care in Spokane County were 0 to 6 years old.

825

children in foster care

Language Access

Spokane County has a small percentage of people who speak a language other than English.¹² In 1.4% of households, no one 14 years and older speaks only English or speaks a non-English language and speaks English “very well.”¹³ Additionally, 2.7% of people older than 5 years who live in multilingual households speak English less than “very well.”

Table 4. Percentage of Residents Who Speak a Language Other Than English, Spokane County, 2022^a

	Count	Percent
Speak English less than “very well”	14 179	2.7%
Households with limited English	3063	1.4%

^aData from American Community Survey^{12,13}

Languages Spoken

Most residents aged 5 years and older spoke only English at home in 2022.¹² Approximately 7% of residents spoke a language other than English at home. After English, the most common language spoken at home was Spanish.

Table 5. Population by Language Spoken at Home, Spokane County, 2022^a

	Count	Percent
Total population 5 years and over	519 662	100%
English only	482 993	92.9%
All languages (except English)	36 669	7.1%
Spanish	11 073	2.1%
Russian, Polish, or other Slavic languages	8104	1.6%
Other Asian and Pacific Island languages	3887	0.7%
Arabic	3334	0.6%
Vietnamese	2361	0.5%
Chinese (incl. Mandarin, Cantonese)	1422	0.3%
German or other West Germanic languages	1313	0.3%
Other Indo-European languages	1301	0.3%
Other and unspecified languages	1273	0.2%
Tagalog (incl. Filipino)	1163	0.2%
French, Haitian, or Cajun	1129	0.2%
Korean	309	0.1%

^aData from American Community Survey¹²



Race/Ethnicity (Total)

Spokane County is not a racially diverse county, but it is growing more diverse.⁵ Population estimates show the percentage of residents who were 2 or more races rose from 4.4% in 2019 to 8.9% in 2023. The percentage of White residents declined at the same time.

Table 6. Population by Race/Ethnicity, Spokane County, 2023^a

	Count	Percent
Total	554 600	100%
White	463 873	83.6%
Black or African American	12 391	2.2%
American Indian and Alaska Native	9410	1.7%
Asian	14 343	2.6%
Native Hawaiian and Other Pacific Islander	5008	0.9%
Two or More Races	49 575	8.9%
Hispanic or Latino	40 653	7.3%
Non-Hispanic	513 947	92.7%

^aData from Washington State Office of Financial Management⁵

Race/Ethnicity (<18)

Demographic data for youth under the age of 18 shows a more diverse population.⁵ The percentage of youth who were 2 or more races increased from 9.7% in 2019 to 16% in 2023. Additionally, the percentage of White youth declined from 82.3% to 75.9% at the same time.

Table 7. Population Under 18 Years by Race/Ethnicity, Spokane County, 2023^a

	Count	Percent
Total	118 927	100%
White	90 259	75.9%
Black or African American	3031	2.5%
American Indian and Alaska Native	2104	1.8%
Asian	2643	2.2%
Native Hawaiian and Other Pacific Islander	1867	1.6%
Two or More Races	19 023	16.0%
Hispanic or Latino	15 014	12.6%
Non-Hispanic	103 914	87.4%

^aData from Washington State Office of Financial Management⁵



Health Behaviors and Health Outcomes

Health behaviors are actions people take that lead to improved health or increased risk of disease. They include actions like physical activity or smoking. Health outcomes represent how healthy a community is through measures like length and quality of life. Health status and mortality are also measures of health outcomes.

It's important to remember that health behaviors and health outcomes are not only influenced by individual choices or

biology. The root causes of inequity create hierarchies of privilege and oppression that lead to imbalances in power and access to power, generating preventable differences in individual health.⁴ The following sections illustrate individual health in Spokane County, and data are stratified where possible to highlight meaningful differences by age, education, ethnicity, income, race, and sex.

Health Status

Fair/Poor Health

County residents self-reported on their health in the 2022 Quality of Life survey.¹⁴ "Fair" and "poor" are the 2 lowest options they could select. Approximately 1 in 5 people reported fair or poor health for physical and oral health. One in 4 people reported fair or poor health for mental health.

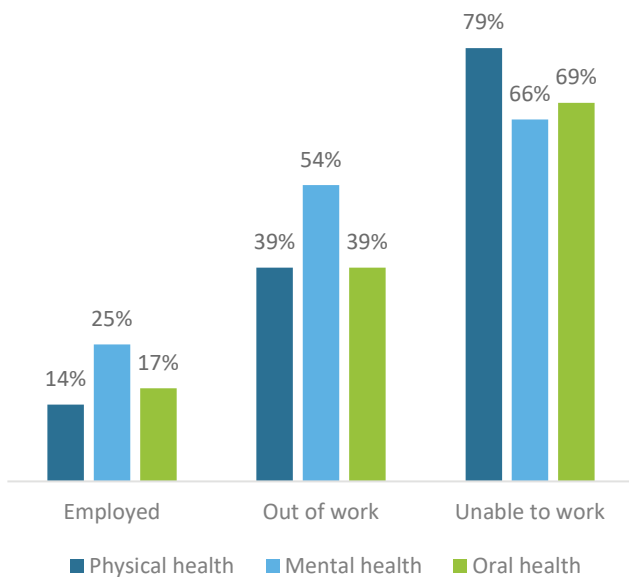
Certain groups were more likely to report fair or poor health.

- Adults aged 18 to 39 years were more likely to report fair or poor mental health.
- American Indian and Alaska Native residents reported fair or poor mental and oral health more often than White residents.

Education, employment, and income played a role across all types of health, especially for¹⁴:

- Residents who earned a high school degree or GED or who did not complete high school
- Residents who were out of work or unable to work
- Residents who earned less than \$50,000 per year

Figure 1. People Reporting Fair or Poor Health by Employment Status, Spokane County, 2022^a

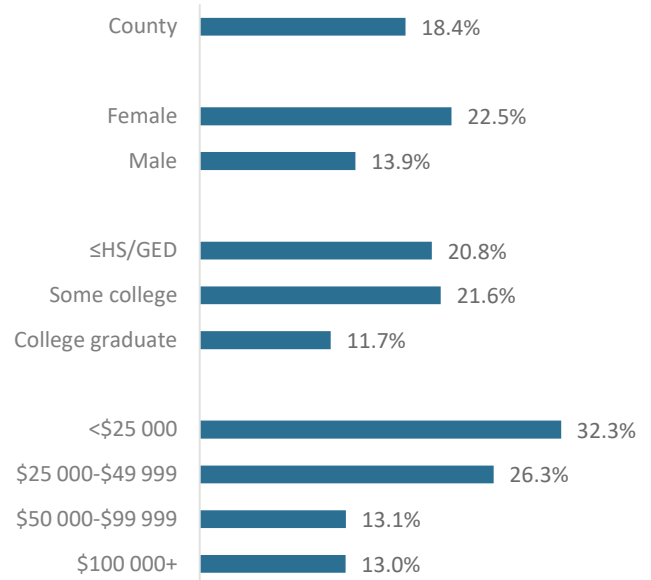


^aData from Quality of Life Survey¹⁴

Unhealthy Mental Health Days

More than 18% of residents reported 14 or more days of poor mental health during a 30-day period in 2022.¹⁴ People who did not graduate from college were more likely to report poor mental health. Similarly, people earning less than \$50,000 per year reported poor mental health more often than those earning \$50,000 or more. More women reported poor mental health compared with men (22.5% vs. 13.9%).¹⁴

Figure 2. People Reporting 14 or More Mentally Unhealthy Days in a 30-Day Period, Spokane County, 2022^a

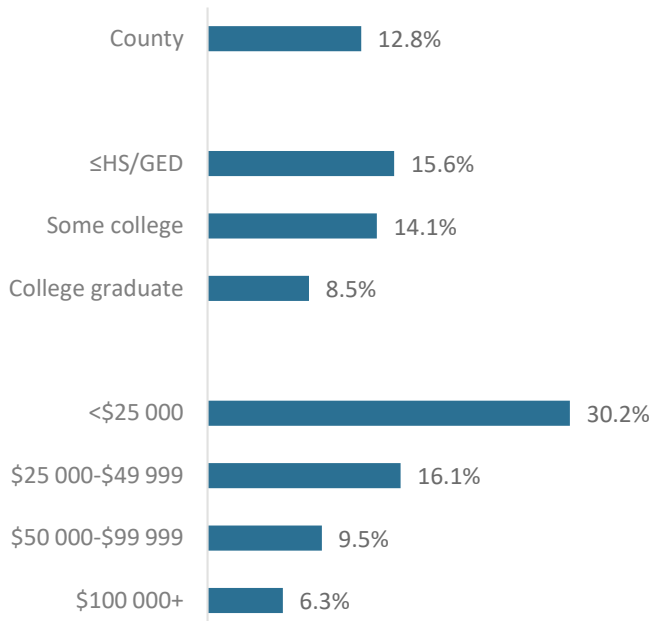


^aData from Quality of Life Survey¹⁴

Unhealthy Physical Health Days

Almost 13% of residents reported 14 or more days of poor physical health during a 30-day period in 2022.¹⁴ People who did not graduate from college were more likely to report poor physical health. Similarly, people earning less than \$25 000 per year reported poor physical health more often than any other group of earners.

Figure 3. People Reporting 14 or More Physically Unhealthy Days in a 30-Day Period, Spokane County, 2022^a



^aData from Quality of Life Survey¹⁴

Life Expectancy

Life expectancy is the average number of years a person is expected to live. In an equitable and healthy community, preventable differences in factors that shorten life expectancy would not exist and would no longer shorten life expectancy.

In 2022, life expectancy at birth in Spokane County was 77.5 years.¹⁵ From 2019 to 2021, life expectancy at birth dropped by 2.8 years. The COVID-19 pandemic may be a contributing factor to this drop.

Life expectancy varied across groups.

- Race: Multiracial residents have the longest life expectancy, while Pacific Islander residents have the shortest life expectancy.
- Sex: Females have a longer life expectancy than males in all age groups.

See [Appendix C](#) to see 2022 data for life expectancy by sex and race in Spokane County.



Dental Checkups

Oral health is connected to overall health, affecting people’s smile and their ability to eat and speak. Oral health also interacts with other chronic health conditions.¹⁶ Gum health, for example, is connected to blood sugar levels in people with diabetes.¹⁷

Yearly dental checkups allow providers to identify issues and treatment options. Like other types of preventive care, the percentage of people who have had a recent dental checkup contributes to understanding a community’s health behaviors and access to dental care.

Most youths (78.5%) had received a recent dental checkup in 2023.¹⁸ Another 7.6% had received a dental checkup within the last 2 years, and for 3.4%, more than 2 years passed since their last dental checkup.

1.2%

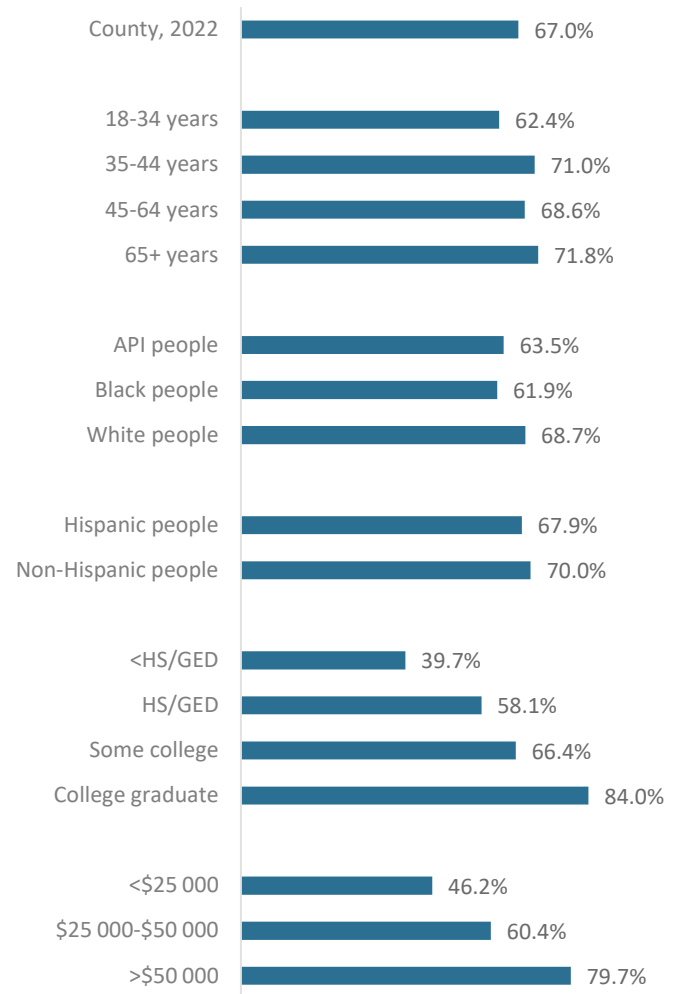
of 8th and 10th grade youth never had a dental checkup.

In 2022, 67% of adults had received a recent dental checkup.¹⁷ Certain groups were more likely to have had a recent dental checkup, including residents aged 65 years and older, White residents, and non-Hispanic residents.

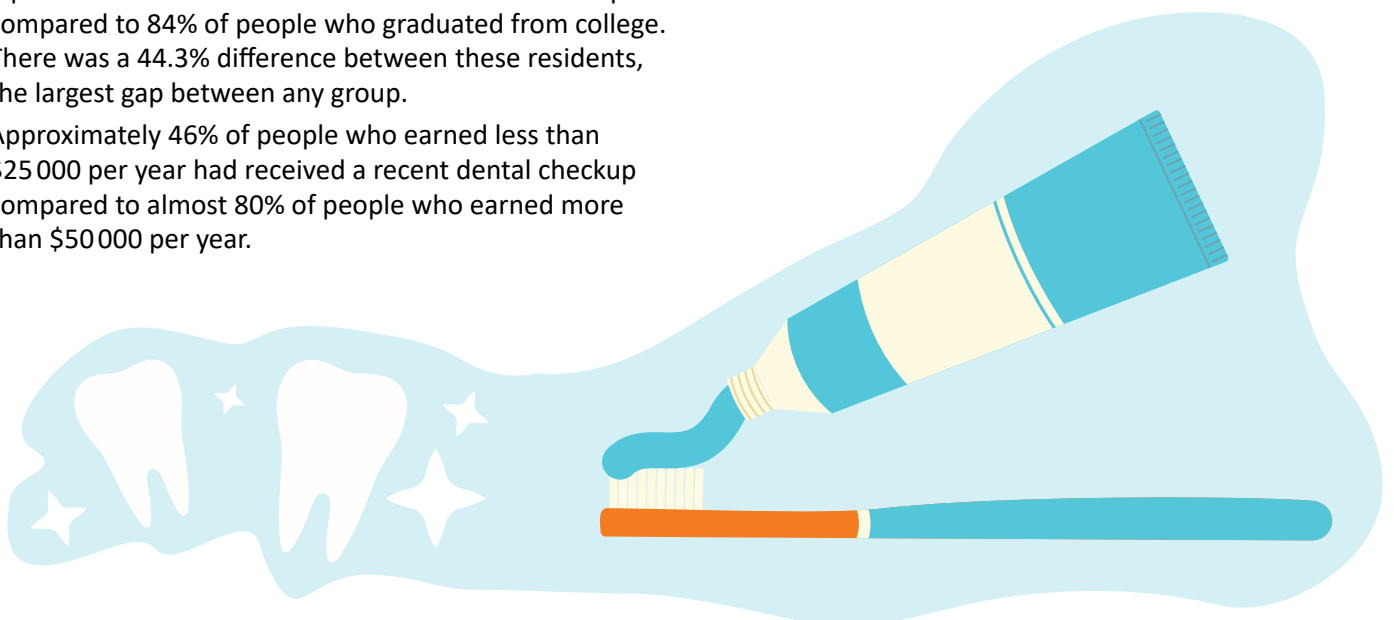
Education and income were associated with significant differences.

- Less than 40% of people who did not earn a high school diploma or GED had received a recent dental checkup compared to 84% of people who graduated from college. There was a 44.3% difference between these residents, the largest gap between any group.
- Approximately 46% of people who earned less than \$25 000 per year had received a recent dental checkup compared to almost 80% of people who earned more than \$50 000 per year.

Figure 4. Adults Who Received a Dental Checkup in Last Year, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷



Colorectal Cancer Screenings

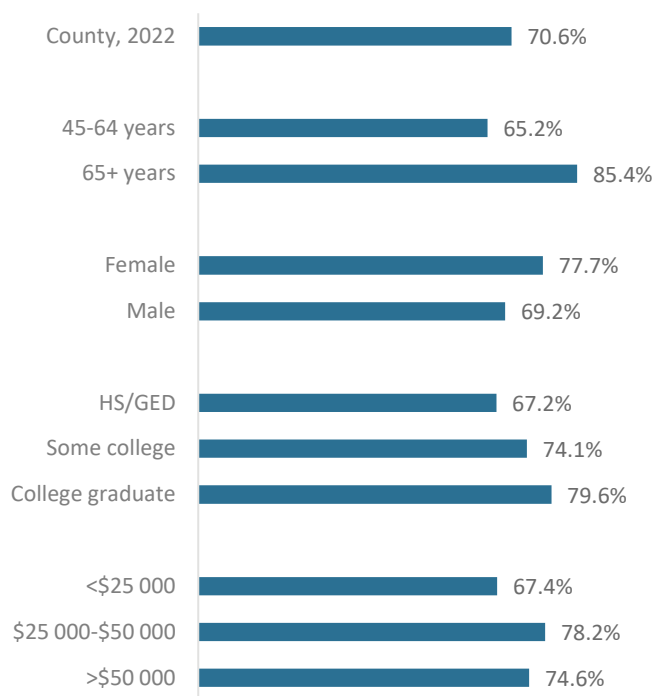
Colorectal cancer screenings test people for precancerous polyps and colorectal cancer, even if they don't have symptoms. The goal of screening is to find problems early to help people live healthier and longer lives. The Centers for Disease Control and Prevention (CDC) recommend most people start colorectal cancer screenings at age 45. Some people may need to be tested earlier.¹⁹

The percentage of adults who are screened for colorectal cancer contributes to understanding a community's health behaviors but also a community's access to health care and quality of health care. People choose to skip or delay care recommendations for many reasons, including affordability.

In 2022, almost 71% of people aged 50 years and older were screened for colorectal cancer.²⁰ However, the rate changed by age, education, income, and sex.

- Age: People aged 45 to 64 years were less likely to be screened than people aged 65 years and older.
- Education: People who did not graduate from college were less likely to be screened than people who graduated from college.
- Income: People who earned less than \$25 000 per year were less likely to be screened than any other group of earners.
- Sex: Males were less likely to be screened than females.

Figure 5. Adults Aged 50 Years and Older Screened for Colorectal Cancer, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

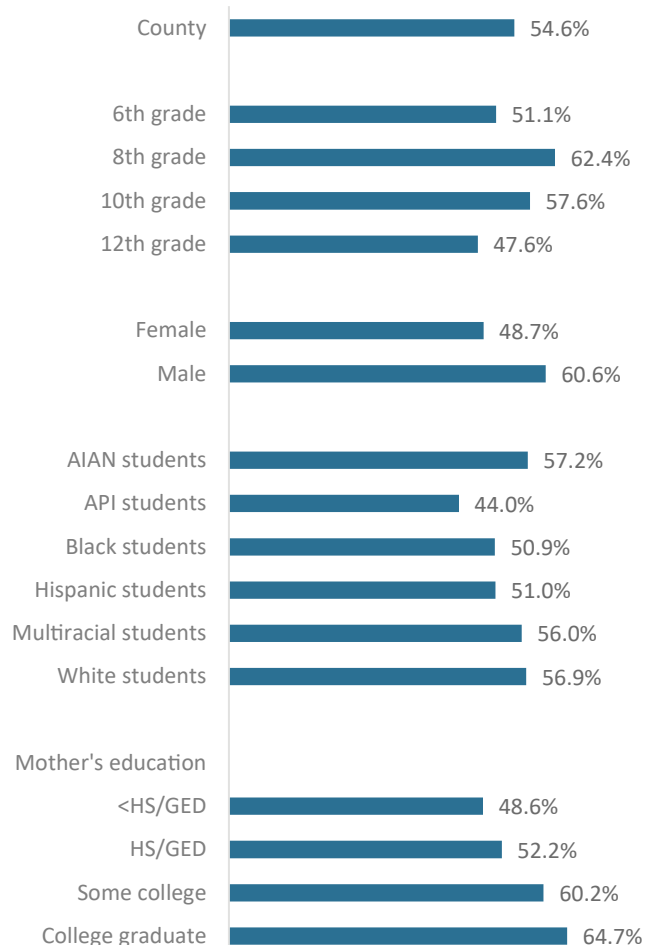
Physical Activity (Youth)

Physical activity improves health and reduces the risk of many health conditions. The CDC recommends that youth aged 6 to 17 years do 60 minutes of moderate-to-vigorous exercise on 5 or more days of the week.²¹

In 2023, nearly 55% of youth in 6th, 8th, 10th, and 12th grade met the recommendations for physical activity.²⁰ Rates were different by grade, mother's education, race, and sex.

- Grade: Eighth grade youth were more likely to meet the recommendations.
- Mother's education: The percentage of youth meeting the recommendations increased with their mother's education level.
- Race: American Indian and Alaska Native youth were more likely to meet the recommendations than other youth.
- Sex: Males were more likely to meet the recommendations than females.

Figure 6. Youth Meeting Physical Activity Recommendations, Spokane County, 2023^{a,†}



^aData from Healthy Youth Survey²⁰

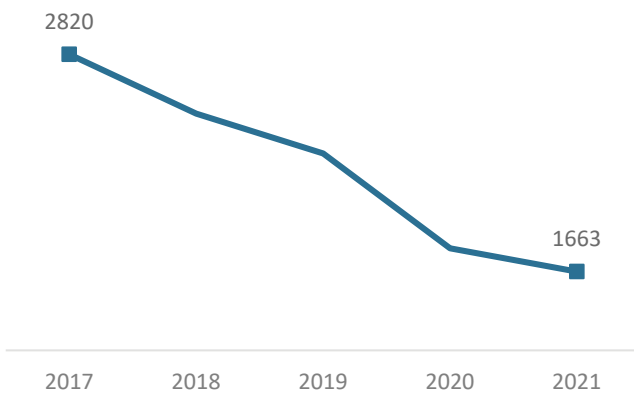
† Grade is used as a proxy for youth age throughout this report.

Preventable Hospital Stays

Preventable hospital stays are hospitalizations that may have been prevented by timely and quality outpatient care, like primary care. Data on preventable hospital stays contribute to understanding a community’s health behaviors, access to health care, and the quality of that health care.

The number of preventable hospital stays dropped in Spokane County from 2017 through 2021, with 1157 fewer preventable stays.²² The largest year-to-year decline occurred from 2019 to 2020. However, data from 2020 and 2021 may be impacted by the COVID-19 pandemic.²³

Figure 7. Preventable Hospital Stays, Spokane County, 2017-2021^a



^aData from Centers for Medicare & Medicaid Services²³

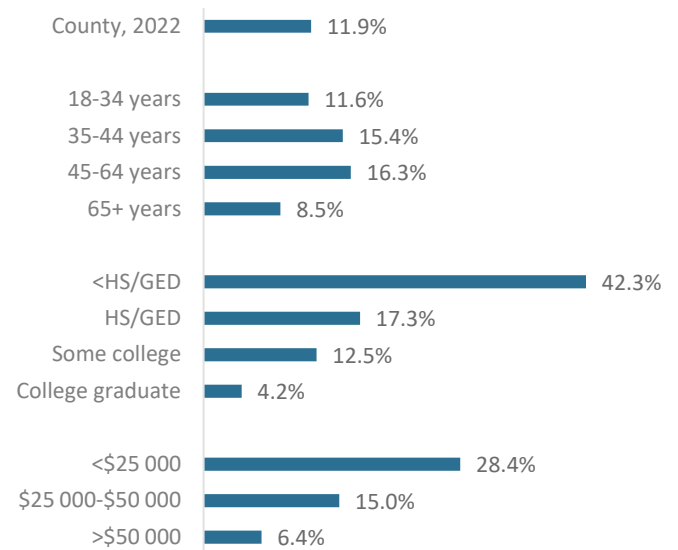
Smoking (Adults)

Smoking causes harm to most organs and causes diseases like cancer, heart disease, and Type 2 diabetes. “Commercial tobacco use is the leading cause of preventable disease, disability, and death in the United States.”²⁴

In 2022, almost 12% of adults smoked cigarettes every day or some days in a 30-day period.¹⁷ There were differences in the rate by age, education, and income.

- Age: People aged 45 to 64 years were more likely to smoke than other age groups.
- Education: Smoking decreased as education level increased. More than 42% of people who did not graduate from high school or earn a GED smoked compared with 4.2% of people who graduated from college. There was a 38.1% difference between these residents, the largest gap between any group.
- Income: Similarly, smoking decreased as income increased. More than 28.4% of people who earned less than \$25 000 smoked compared with 6.4% of people who earned more than \$50 000.

Figure 8. Adults Who Smoked Cigarettes Every Day or Some Days, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷



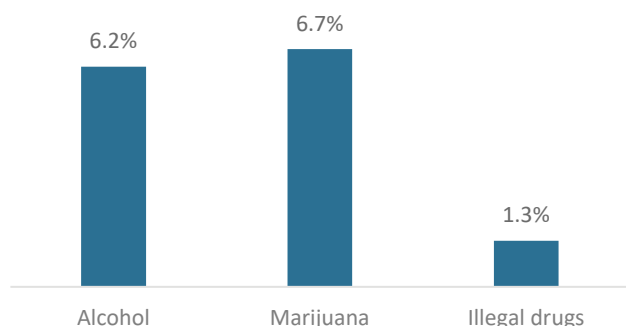
Substance Use (Youth)

Some youth are more likely than others to use substances.²⁵ Emotional and environmental stressors increase the risk of youth substance use and adverse outcomes. Additionally, most adults with substance use disorders started using substances as a teen or young adult.

In 2023, 6.7% of 6th, 8th, 10th, and 12th-grade youth used an illicit drug at least once in a 30-day period.²⁰ The rate changed based on grade, mother’s education, race, and sex.

- **Grade:** Substance use increased as age and grade increased. More than 16% of 12th-grade youth used a substance compared with 1.5% of 6th-grade youth.
- **Mother’s education:** The percentage of youth who used substances decreased as their mother’s education level increased.
- **Sex:** Females were more likely to use substances than males.

Figure 9. Youth Substance Use in Last 30 Days, Spokane County, 2023^a



^aData from Healthy Youth Survey²⁰

Usual Source of Care (Adults)

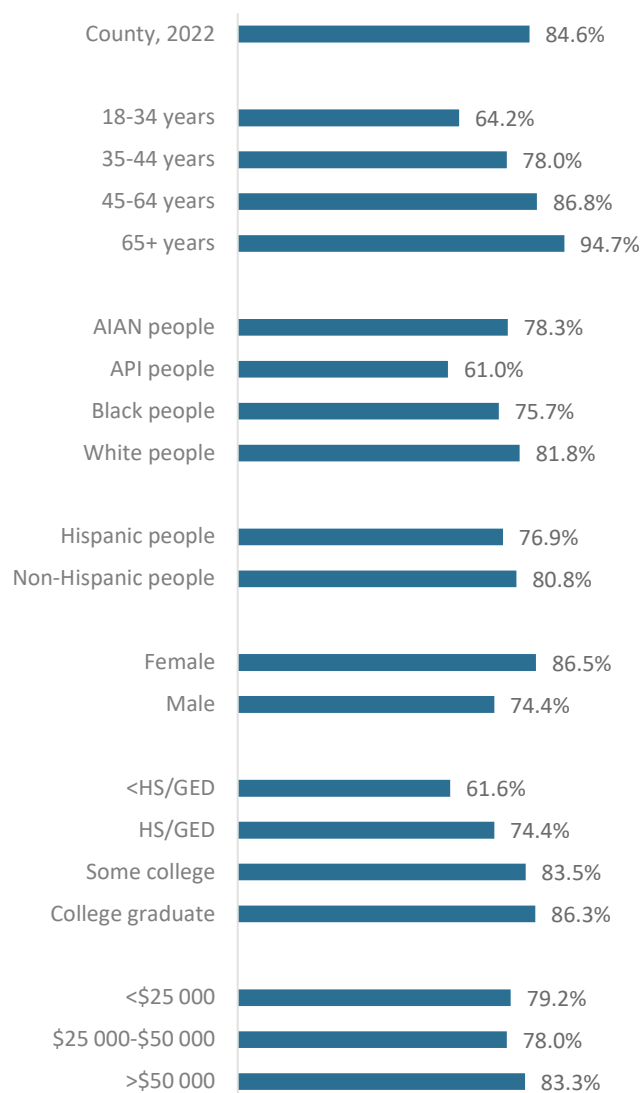
A usual source of care is “the particular medical professional, doctor’s office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.”²⁶ Having a usual source of care allows patients to receive higher quality health care, spend less on health care, and have better outcomes.²⁷ The percentage of people who have a usual source of care contributes to understanding a community’s health behaviors and also a community’s access to health care.

In 2022, almost 85% of adult residents had a usual source of care.¹⁷ Some groups were more likely to have one than others.

- **Age:** Almost 95% of people aged 65 years and older had a usual source of care. This is the highest rate of any group. People aged 18 to 34 years were less likely to have a usual source of care compared to other age groups.
- **Education:** The likelihood of having a usual source of care increased with education level.

- **Income:** People who earned less than \$25 000 and people who earned \$25 000 to \$50 000 were equally likely to have a usual source of care, but both groups were less likely to have one than people who earned more than \$50 000.
- **Race:** Asian and Pacific Islander residents were less likely to have a usual source of care than other residents.
- **Sex:** Males were less likely to have a usual source of care than females.

Figure 10. Adults with a Usual Source of Care, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

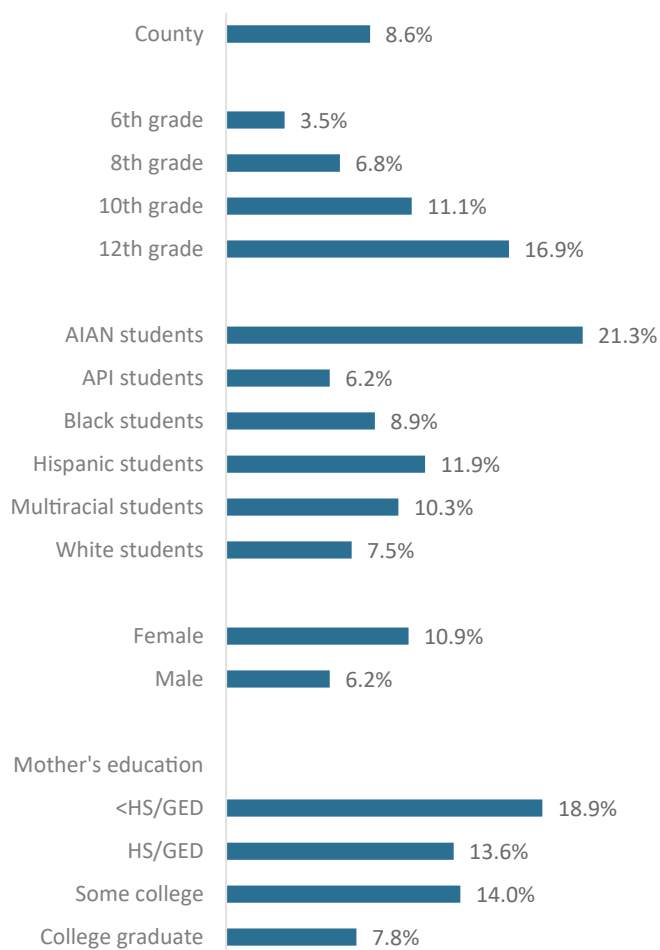
Vaping (Youth)

The most common tobacco product used by youth are e-cigarettes (also called vapes or vape pens).²⁸ Most e-cigarettes contain nicotine. Nicotine is addictive and can harm an adolescent’s brain.

In 2023, 8.6% of 6th, 8th, 10th, and 12th-grade youth used an e-cigarette at least once in a 30-day period.²⁰ The rate changed based on grade, mother’s education, race, and sex.

- **Grade:** Substance use increased as age and grade increased. Almost 17% of 12th-grade youth used a substance compared with 3.5% of 6th-grade youth.
- **Mother’s education:** Youth whose mothers did not receive a high school diploma or GED were more likely to use an e-cigarette than youth whose mothers graduated from college.
- **Race:** Asian and Pacific Islander youth were less likely to use an e-cigarette. American Indian and Alaska Native youth were more likely to use an e-cigarette.
- **Sex:** Males were more likely to use an e-cigarette than females.

Figure 11. Youth E-Cigarette Use in Last 30 Days, Spokane County, 2023^a



^aData from Healthy Youth Survey²⁰

Vaccination (Children)

Vaccines protect children from disease.²⁹ They have been used to reduce or eradicate many illnesses. Childhood vaccination protects people who cannot receive vaccines by preventing the spread of diseases. This includes babies too young for vaccination, people with allergies, people with weakened immune systems, and others.

In 2022, almost 56% of children aged 19 to 35 months had complete vaccination records.³⁰ The rate was similar to 2018 and higher than the 2014 rate of 41.1%.

55.9%

of children ages 19 to 35 months are fully vaccinated.



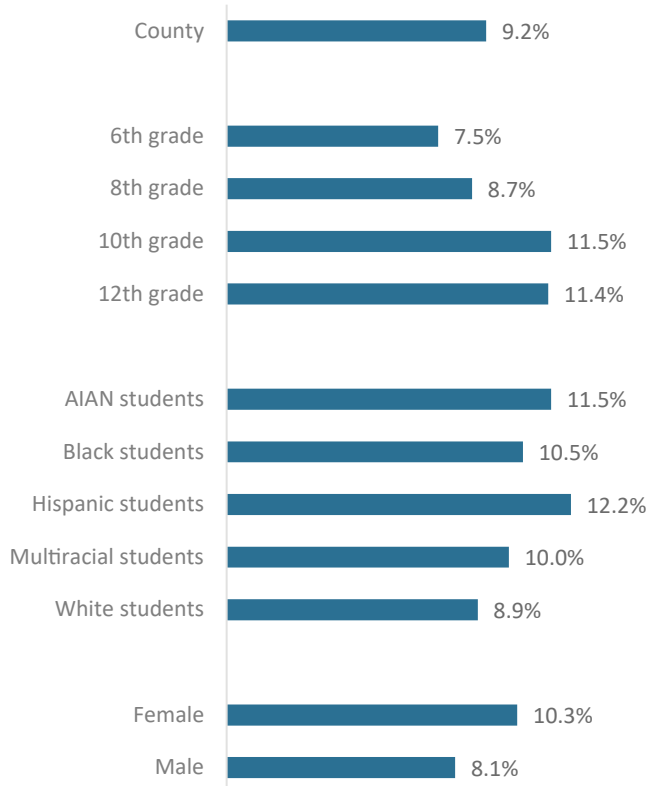
Asthma (Youth)

Asthma affects breathing and the lungs.³¹ It is a common disease among children and is a leading cause of school absenteeism. The CDC estimates that 3 children in a classroom of 30 are likely to have asthma.

In 2023, 9.2% of youth in grades 6, 8, 10, and 12 had asthma.²⁰ The trend is improving as the rate has steadily declined from 13.5% in 2016. Some youth were more likely to have asthma than others.

- Grade: 6th-grade youth were less likely to have asthma.
- Race and ethnicity: Hispanic youth were more likely to have asthma.
- Sex: Females were more likely to have asthma than males.

Figure 12. Youth with Asthma, Spokane County, 2023^a



^aData from Healthy Youth Survey²⁰

Cancer

In Spokane County, cancer was the leading cause of death in 2022.¹⁵ People can lower their cancer risk by making healthy choices, like getting recommended vaccinations and screening tests. Treatment works best when cancer is found early.³²

From 2016 through 2020, breast cancer in females was the most common cancer type with 170.5 cases per 100 000 people in Spokane County.³³ Prostate cancer was the second most common cancer type with 58.8 cases per 100 000 people.

Table 8. Leading Cancers, Spokane County, 2016-2020^a

Rank	Type of Cancer	Rate per 100 000
1	Breast (female)	170.5
2	Prostate (male)	58.8
3	Lung and Bronchus	45.5
4	Colorectal	31.8
5	Endometrium (female)	24.1
6	Bladder	19.5
7	Melanoma	16.7
8	Kidney and Renal Pelvis	15.4
9	Non-Hodgkin Lymphoma	14.8
10	Pancreas	13.2

^aData from Washington State Cancer Registry³³



Causes of Hospitalization

The leading causes of hospitalization identify common health issues in a community. In 2021, the top 3 causes of hospitalization were mental illness, infectious and parasitic disease, and injury and poisoning.³⁴

Mental illness was not a leading cause of hospitalization in 2018.³⁴ There are several potential explanations for the increase seen in 2021. There were more hospitalizations for mental illness and fewer total hospitalizations in the county. The COVID-19 pandemic may have contributed to both factors. The change in mental illness hospitalization rate may also be attributable to another factor: hospital capacity.

The rate initially increased in 2019, predating the pandemic. Hospitalizations are influenced by the number of licensed and staffed beds. Inland Northwest Behavioral Health opened in fall 2018, bringing 100 inpatient psychiatric beds to the county.³⁵ The facility’s first full year of operations was 2019, during which it discharged patients 1341 times and provided approximately 13 333 days of care to the community.³⁶ The facility’s opening at least partially explains the increase in recent years.

Table 9. Leading Causes of Hospitalization, Spokane County, 2021^{a,b}

Rank	Cause of Hospitalization	% of Total	Count
1	Mental illness	9.6%	4179
2	Infectious and parasitic disease	9.2%	3983
3	Injury and poisoning	7.4%	3212
4	Digestive system disease	6.7%	2918
5	Heart disease	6.2%	2690
6	Pregnancy complications	5.2%	2261
7	Respiratory disease	4.0%	1746
8	Cancer	3.5%	1528
9	Hypertension	3.3%	1438
10	Cerebrovascular disease	2.8%	1230

^aData from Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)³⁶

^bTo focus on disease burden, hospitalizations for live childbirth have been excluded, and diseases of the circulatory system have been separated.

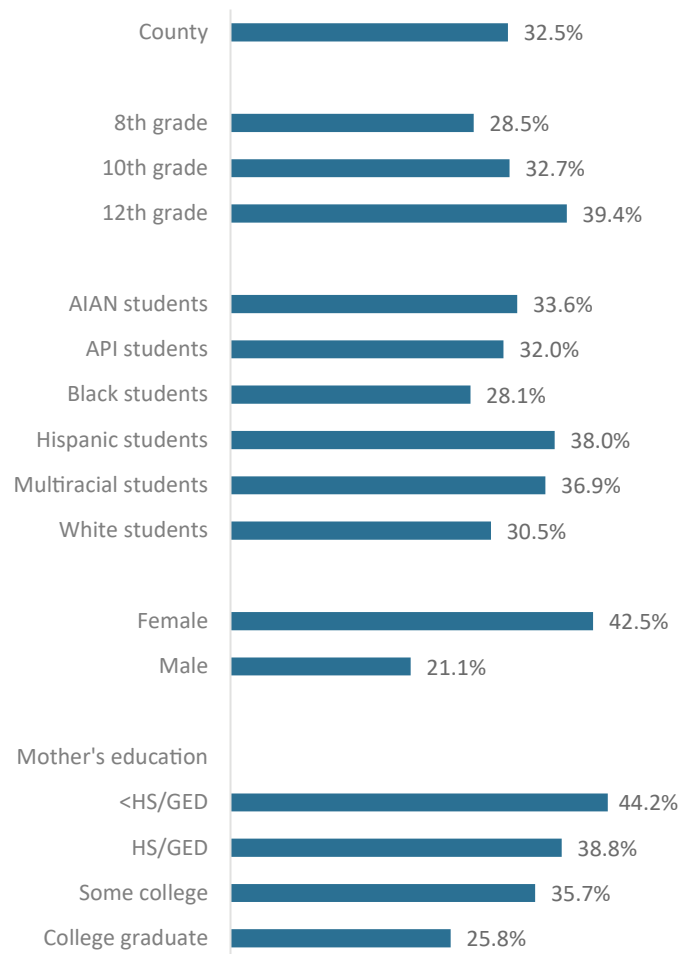
Depressive Feelings (Youth)

Depression impacts more than youth mental health. Youth with depression are more likely to struggle with school, decision making, and healthy choices.³⁷ Having poor mental health increases youth risk of substance use and higher risk sexual behaviors. Additionally, habits formed as an adolescent carry over to adulthood.

In 2023, 32.5% of youth in grades 8, 10, and 12 felt so sad or hopeless for 2 weeks or more that they stopped doing some of their usual activities in the past 12 months.²⁰ Some youth were more likely to be affected by persistent depressive feelings than others.

- Grade: 12th-grade youth were most likely to report depressive feelings.
- Mother’s education: Youth depressive feelings decreased as their mother’s education level increased.
- Race and ethnicity: Black youth were least likely to report depressive feelings.
- Sex: Females were twice as likely as males to report depressive feelings.

Figure 13. Youth Who Felt Sad or Hopeless for 2 Weeks or More in the Past 12 Months, Spokane County, 2023^a



^aData from Healthy Youth Survey²⁰

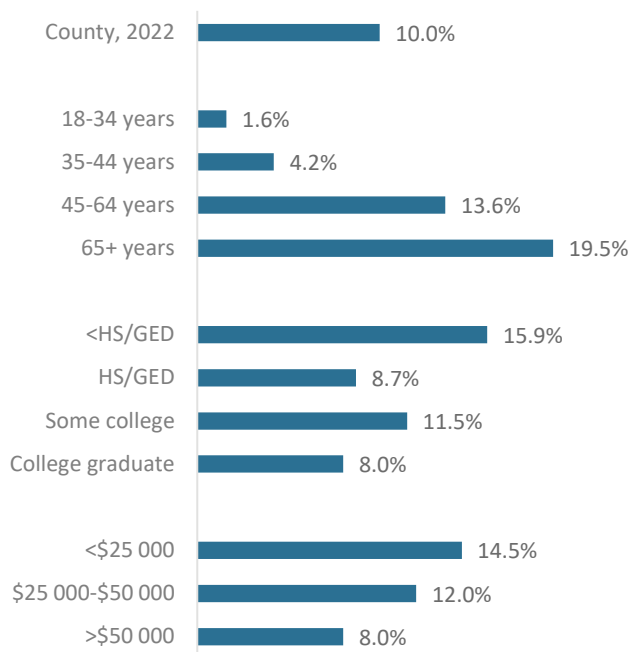
Diabetes

Diabetes is a chronic health condition in which a person’s body either doesn’t make enough insulin or stops responding to insulin.³⁸ It can lead to heart disease, vision loss, and kidney disease.

In Spokane County, diabetes is a leading cause of death.¹⁵ Approximately 10% of adult residents had diabetes as of 2022. This rate is similar to the state. Some people were more likely to have diabetes than others.¹⁷

- **Age:** The rate of diabetes increased with age. Almost 20% of people aged 65 years and older had diabetes compared with 1.6% of people aged 18 to 34 years.
- **Education:** People who graduated from college were less likely to have diabetes, while people who did not graduate from high school or earn a GED were more likely to have diabetes.
- **Income:** The rate of diabetes decreased as income increased. Almost 15% of people who earned less than \$25 000 had diabetes compared with 8% of people who earned more than \$50 000.

Figure 14. Adults Diagnosed with Diabetes, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

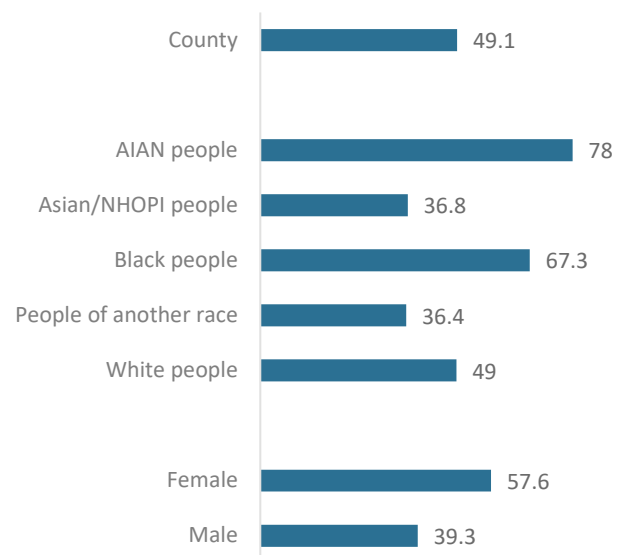
Emergency Department (ED) Visits – Attempted Suicide

Studying emergency department (ED) visits related to attempted suicide is another way to understand the mental health of a community. The following numbers only report emergency department visits. These numbers underreport the level of suicide-related behavior as they exclude those who did not seek care in an emergency department.

In 2022, Spokane County hospitals received 1102 emergency department visits for attempted suicide.³⁹ When looking at the number of visits by sex, females accounted for 62.4% of the total visits. When looking at the number of visits by race, people who were White accounted for 83.9% of the total visits, but people who were American Indian and Alaska Native had the highest rate per 10000 ED visits.

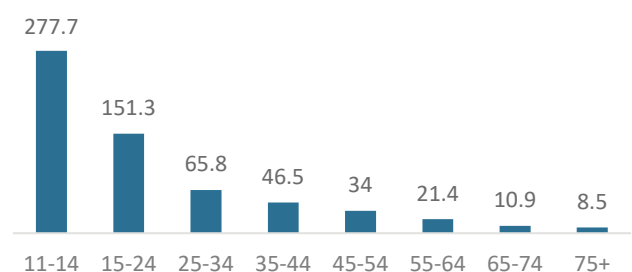
Two age groups accounted for more than 54% of all 2022 emergency department visits for attempted suicide.³⁹ People aged 15 to 24 years accounted for 35.2% of visits, and people aged 25 to 34 years accounted for 19.2% of the visits. Suicide is the second leading cause of death for both age groups in Spokane County.

Figure 15. Rate of ED Visits for Attempted Suicide per 100 000 Visits, Spokane County, 2022^a



^aData from ESSENCE³⁹

Figure 16. Rate of ED Visits for Attempted Suicide per 100 000 Visits by Age, Spokane County, 2022^a



^aData from ESSENCE³⁹

Emergency Department (ED) Visits – Domestic Violence

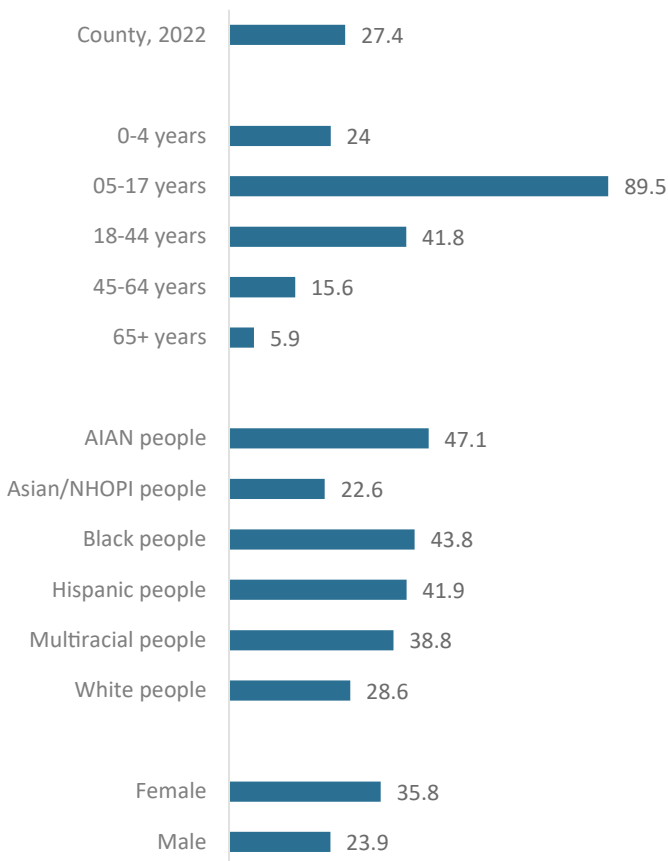
Studying ED visits related to domestic violence is another way to understand community violence besides police or 911 data. The following numbers only report ED visits. These numbers underreport the prevalence of domestic violence in Spokane County as they exclude those who did not seek care in an ED.

In 2022, Spokane County hospitals received 27.4 domestic violence-related ED visits for every 10 000 visits.³⁹ This is similar to the Washington state rate of 26.2 per 10 000.

Some groups were more likely to have ED visits related to domestic violence than others.³⁹ People aged 5 to 17 years had the highest rate, while people aged 65 and older had the lowest rate (89.5 vs. 5.9 per 10 000 visits). It’s important to note that people aged 5 to 17 years have fewer ED visits for other conditions, which impacts the rate. By count, people aged 18 to 44 years have the most ED visits related to domestic violence.

Females were 1.5 times as likely as males to have emergency department visits related to domestic violence (35.8 vs. 23.9 per 10 000 visits).³⁹ American Indian and Alaskan Native residents had the highest rate, while Asian, Native Hawaiian, and other Pacific Islander residents had the lowest rate (47.1 vs. 22.6 per 10 000 visits).

Figure 17. Rate of ED Visits Related to Domestic Violence per 100 000 Visits, Spokane County, 2019-2022^a



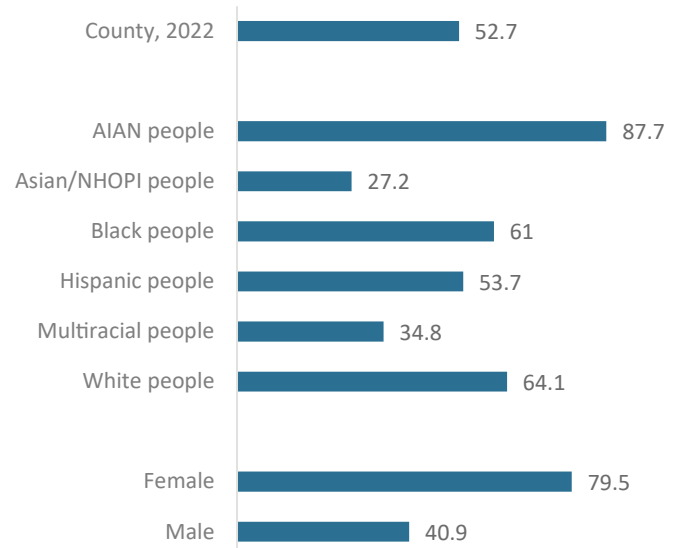
Emergency Department (ED) Visits – Suspected Child Abuse and Neglect

Studying ED visits related to suspected child abuse and neglect is another way to understand community violence besides reviewing police or Department of Children, Youth, and Families data. The following numbers only report ED visits. These numbers underreport the prevalence of suspected child abuse and neglect in Spokane County as they exclude those who did not seek care in an ED.

In 2022, Spokane County hospitals received 52.7 ED visits where child abuse and neglect was suspected for every 10 000 visits.³⁹ This was higher than Washington state’s rate of 35.5 per 10 000 visits.

Girls were nearly twice as likely as boys to have ED visits related to suspected child abuse and neglect (79.5 vs. 40.9 per 10 000 visits).³⁹ American Indian and Alaskan Native residents had the highest rate, while Asian, Native Hawaiian, and other Pacific Islander residents had the lowest rate (87.7 vs. 27.2 per 10 000 visits).

Figure 18. Rate of ED Visits Related to Suspected Child Abuse and Neglect per 100 000 Visits, Spokane County, 2019-2022^a



^aData from ESSENCE³⁹

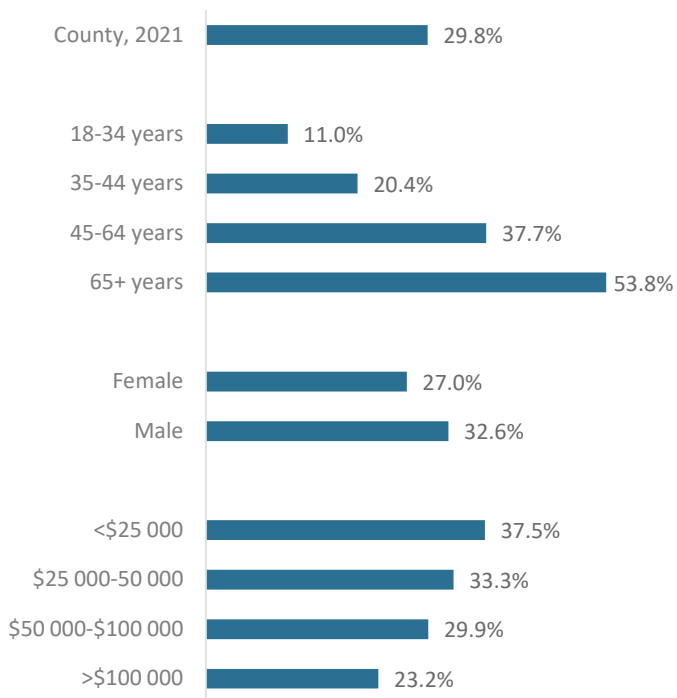
High Blood Pressure

High blood pressure typically develops over time with no warning signs. It increases people’s risk of heart disease and stroke.⁴⁰

In 2021, almost 30% of adults in Spokane County had high blood pressure.¹⁷ Some people were more likely than others to have high blood pressure.

- Age: The rate increased with age. Almost 54% of people aged 65 years and older had high blood pressure compared to 11% of people aged 18 to 34 years.
- Income: The rate decreased as income increased. More than 37% of people who earned less than \$25 000 had high blood pressure compared to 23.2% of people who earned more than \$100 000.
- Sex: Males were more likely to have high blood pressure than females.

Figure 19. Adults Diagnosed with High Blood Pressure, Spokane County, 2018-2022^a



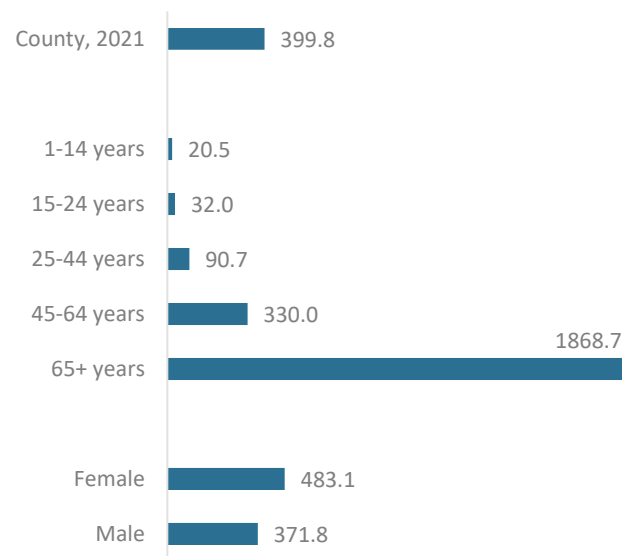
^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

Hospitalization – Falls

Falls are preventable, and they can cause serious health problems, like traumatic brain injury.⁴¹ In 2021, there were almost 400 fall-related hospitalizations per 100 000 residents, but not everyone was equally likely to have a fall requiring hospitalization.³⁶

- Age: People aged 65 years and older were 5.7 times more likely to have a fall-related hospitalization than people aged 45 to 64 years.
- Sex: Females were 1.3 times more likely to have a fall-related hospitalization than males.

Figure 20. Rate of Hospitalizations for Falls per 100 000 People, Spokane County, 2017-2021^a



^aData from Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)³⁶

Hospitalization – Intentional Injury

Intentional injuries include self-inflicted and assault injuries. In 2021, the rate of hospitalization for intentional injury was 88 per 100 000 residents.³⁶ The top mechanism of injury was poisoning.

Table 10. Top 3 Causes of Intentional Injury Hospitalizations, Spokane County, 2021^a

Rank	Injury Mechanism	Count	Rate per 100 000
1	Poisoning drug	250	46.3
2	Cut/pierce	81	15.0
3	Struck by/against	40	7.4

^aData from Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)³⁶

Low Birthweight

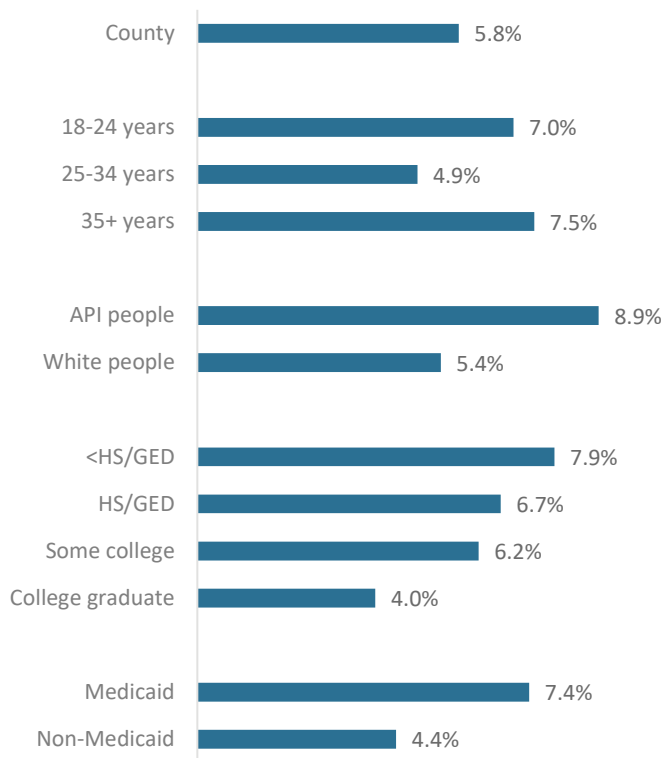
Low birthweight is when a baby is born weighing less than 5.5 pounds.⁴² Babies with a low birthweight have increased risk of infant death, inhibited growth, and inhibited cognitive development. Additionally, they are at higher risk of non-communicable diseases, like heart disease, later in life.

While low birthweight is a good measure of infant and child health, it's also an important measure of maternal health, access to health care, and quality of health care.

In 2022, 5.8% of babies were born with low birthweight.⁴³ The rate of babies born with low birthweight changed with maternal characteristics.

- Age: Births with low birthweight were less common among women aged 25 to 34 years than among women aged 18 to 24 years and 35 years and older.
- Education: The rate of low birthweights decreased as education level increased.
- Income/insurance: Births with low birthweight were more common among women on Medicaid insurance than women on other insurances.
- Race: Births with low birthweight were more common among women who were Asian or Pacific Islander than women who were White. Rates for American Indian/Alaska Native and Black women were suppressed to protect confidentiality.

Figure 21. Babies Born With Low Birthweight by Maternal Characteristics, Spokane County, 2022^a



^aData from Washington State Department of Health, Birth Certificate Data⁴³

Obesity

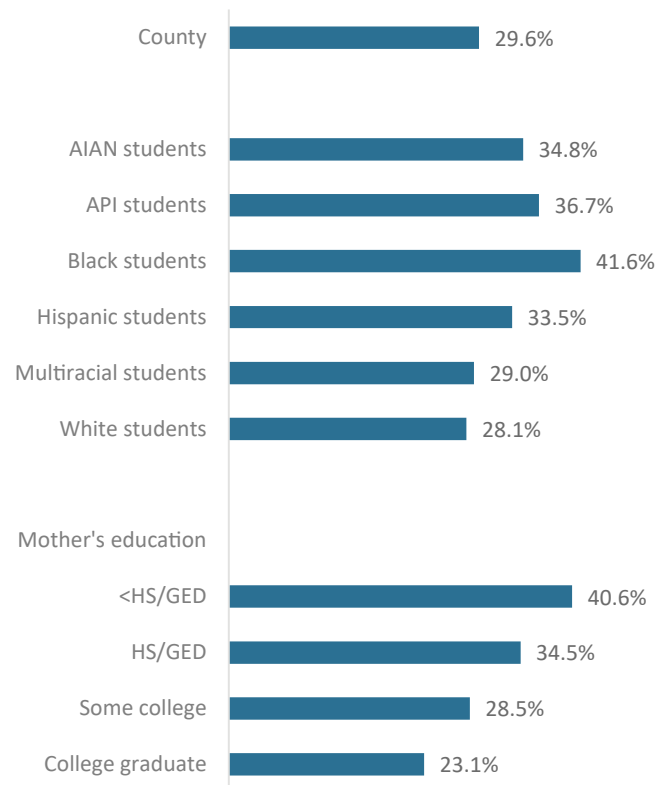
Obesity is a common chronic disease, but it is a serious condition. According to the CDC, “children with obesity are more likely to have obesity as adults.” Adult obesity is linked with higher risks for many diseases, like heart disease, stroke, and mental illness.⁴⁴

The body mass index, or BMI, is a screening measure that assesses obesity based on height and weight. Youth aged 2 to 19 years use a different BMI chart than people aged 20 and older.⁴⁵ BMI is a problematic measurement that has caused historical harm due to racist exclusion and fat phobia.⁴⁶ Additionally, BMI is not a reliable predictor of fat mass at the individual level. However, it is a reliable predictor at the population level, which is why this measure is used in this report.⁴⁷

In 2023, almost 30% of youth in grades 8, 10, and 12 had a BMI categorized as overweight or obese.²⁰ Some groups were more likely than others to have a BMI of over 25.

- Mother’s education: The rate of youth with a BMI over 25 decreased as their mother’s education level increased.
- Race: Black youth were more likely to have a BMI over 25.

Figure 22. Youth With a BMI Over 25, Spokane County, 2023^a

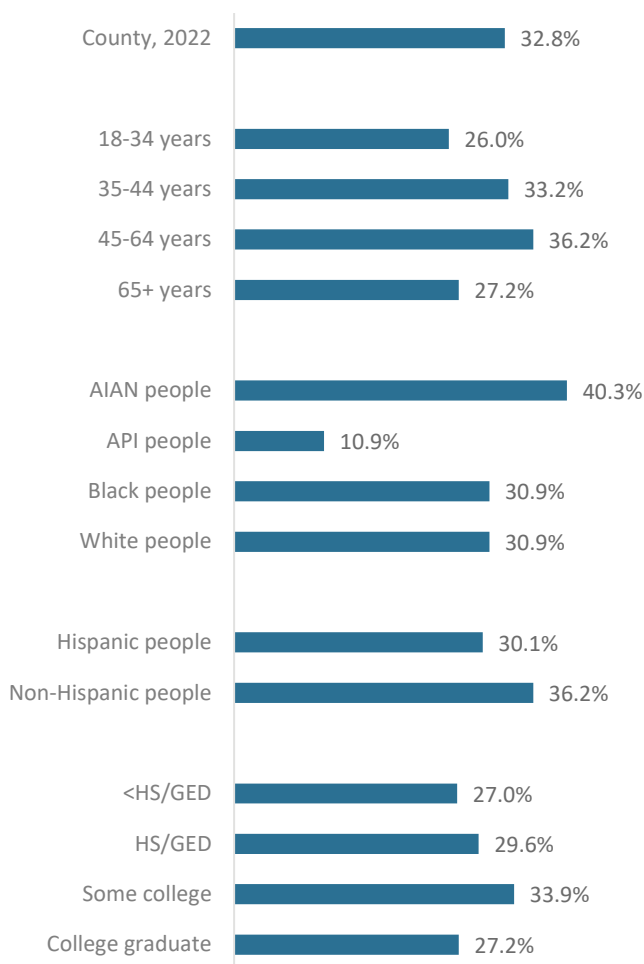


^aData from Healthy Youth Survey²⁰

In 2022, almost 33% of adults had a BMI categorized as obese.¹⁷ Some groups were more likely than others to have a BMI of 30 or higher.

- Age: People aged 45 to 64 were more likely to have obesity than other age groups.
- Race and ethnicity: Asian and Pacific Islander residents were 3 to 4 times less likely to have obesity than other residents. Hispanic residents were less likely to have obesity than non-Hispanic residents.
- Education: People who attended some college were more likely to have obesity.

Figure 23. Adults With a BMI of 30 or Higher, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

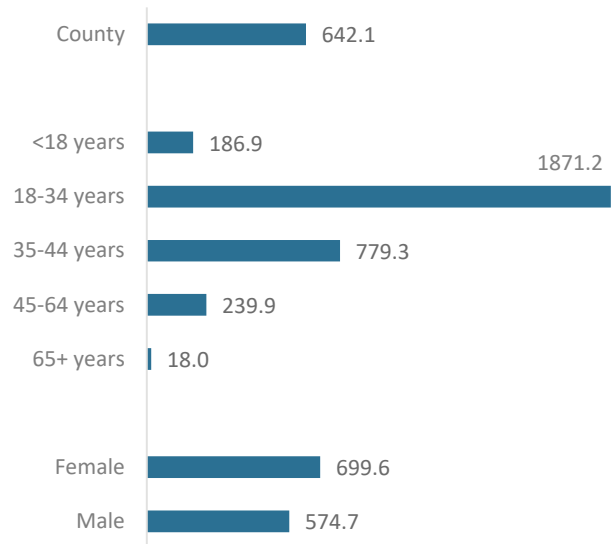
Sexually Transmitted Infections

Sexually transmitted infections (STIs) are preventable. People can reduce their exposure through actions like getting vaccinated, getting tested regularly, and using condoms the right way. Many STIs are curable, and all STIs are treatable.⁴⁸

In 2022, there were 642.1 STI cases per 100 000 residents.⁴⁹

- The rate of STIs declined as age increased past 18 to 34 years.
- Males were less likely to have an STI than females.

Figure 24. Rate of Sexually Transmitted Infections per 100 000 People, Spokane County, 2022^a



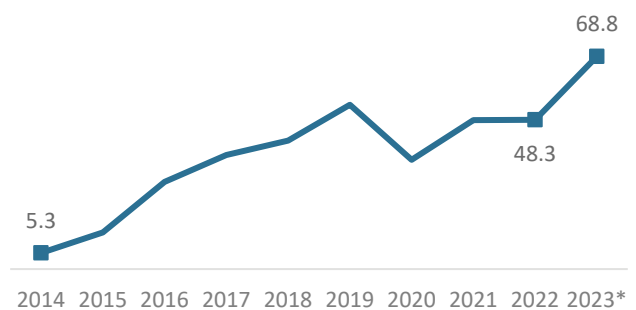
^aData from Washington State Department of Health, PHIMS-STD⁴⁹

Syphilis

Syphilis is a curable sexually transmitted infection (STI) that develops in stages.⁵⁰ Babies can get congenital syphilis, which is passed through pregnancy.

Syphilis is included in the STI rate. However, locally and nationally, there have been sharp increases in the number of syphilis cases. The CDC reported a 937% increase in the number of congenital syphilis cases in 2022.⁵¹ In Spokane County, the rate of syphilis cases increased by approximately 50% between 2022 and 2023, prompting a response from Spokane Regional Health District’s HIV/STI Prevention program.⁴⁹

Figure 25. Rate of Syphilis in Spokane County per 100 000 People, 2014-2023^{a,b}



^aData from Washington State Department of Health, PHIMS-STD⁴⁹

^bPlease note that data from 2023 are preliminary and subject to change.

Leading Causes of Death

In 2022, the 3 leading causes of death in the United States were heart disease, cancer, and unintentional injuries, similar to Spokane County.⁵² The 10 leading causes of death accounted for approximately 72% of all Spokane County deaths.¹⁵

Leading causes of death change when looking at subgroups of the population.¹⁵

- Age: Cancer is not a leading cause for people younger than 24 years old. For people aged 25 to 44 years, it is the third leading cause of death, and for people aged 45 years and older, it is the first leading cause of death.
- Sex: Alzheimer’s was the third leading cause of death for women and the fifth leading cause of death for men

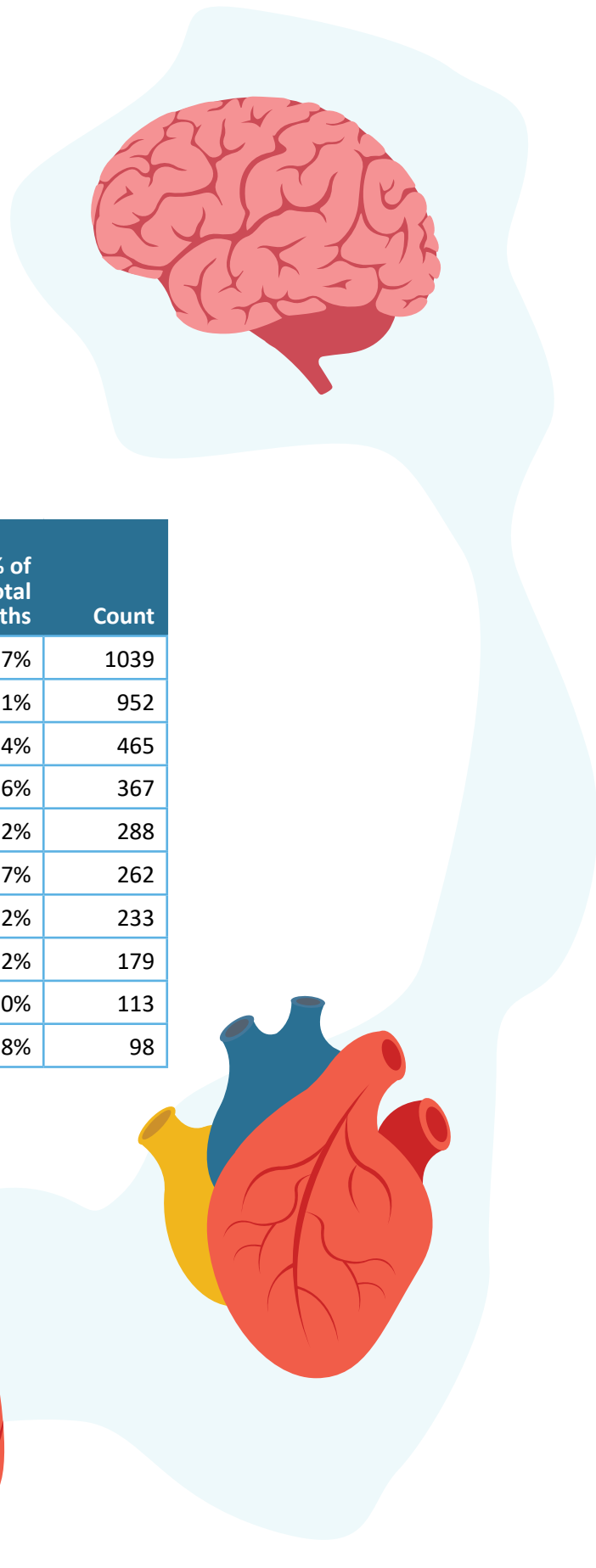


Table 11. Leading Causes of Death, Spokane County, 2022^a

Rank	Cause of Death	Age Adjusted Rate per 100 000	% of Total Deaths	Count
1	Cancer	144.8	18.7%	1039
2	Heart disease	140.3	17.1%	952
3	Unintentional injury	80.3	8.4%	465
4	Alzheimer’s disease	55.3	6.6%	367
5	Chronic lower respiratory diseases	40.0	5.2%	288
6	Stroke	38.1	4.7%	262
7	COVID-19	34.2	4.2%	233
8	Diabetes	25.9	3.2%	179
9	Chronic liver disease and cirrhosis	16.7	2.0%	113
10	Suicide	17.3	1.8%	98

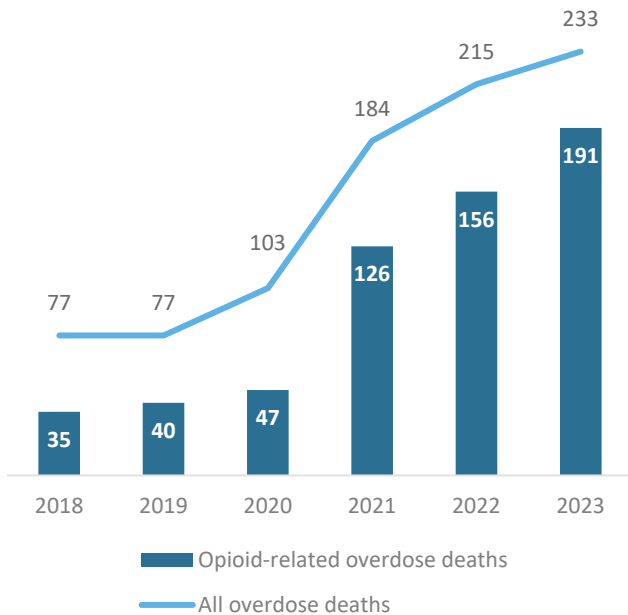
^aData from Washington State Department of Health Death Certificate Data¹⁵

Drug Overdose Deaths

Overdose deaths are preventable. In Spokane County, the number of drug overdose deaths increased every year from 2019 through 2023.¹⁴ In 2022, 42.3 people died from drug overdoses for every 100 000 residents. Not all groups die from overdoses at equal rates. Combining data from 2018 through 2022 shows differences in rates by age, race, and sex.¹⁵

- Age: People aged 15 to 24 and 65 years and older died from drug overdoses at the lowest rates. People aged 25 to 44 and 45 to 64 years died from drug overdoses at the highest rates.
- Race: Multiracial residents died from drug overdoses at the lowest rate. Black and American Indian and Alaska Native residents died from drug overdoses at the highest rates.
- Sex: Males died from drug overdoses 1.9 times more often than females.

Figure 26. Drug Overdose Deaths, Spokane County, 2018-2023^a



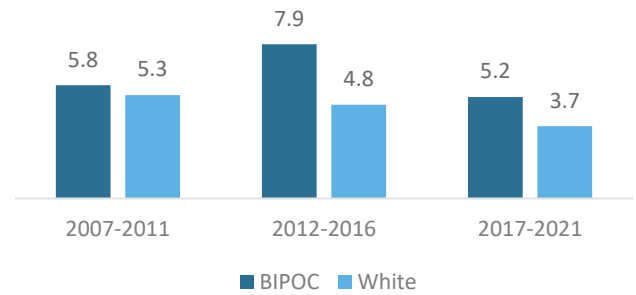
^aData from Washington State Department of Health, Death Certificate Data¹⁵

Infant Mortality Rate

Infant mortality is the death of an infant before their first birthday. Infant mortality is influenced by social determinants of health, including factors like birthplace and mother’s education.⁵³

In 2021, the infant mortality rate for Spokane County was 2.7 per 1000 live births. Congenital disorders were the leading cause of death for infants younger than 28 days. Sudden unexpected infant death was the leading cause of death for infants aged 28 days to 1 year.¹⁵

Figure 27. Rate of Infant Mortality per 1000 Live Births by Race, Spokane County, 2007-2021^{a,b}



^aData from Washington State Department of Health, Death Certificate Data¹⁵

^bThis graph displays aggregated data and has a high relative standard error, which may affect the accuracy of the information. Please use the data with caution.



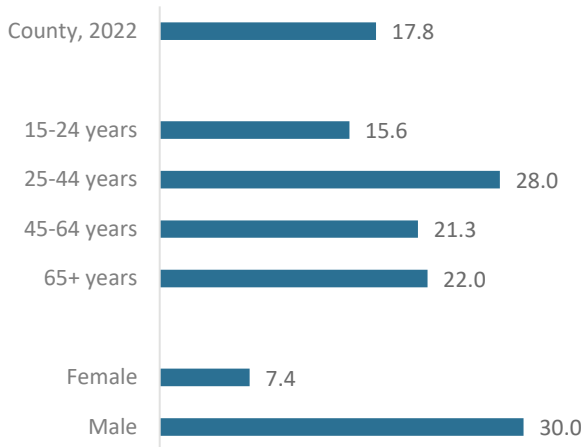
Suicide Mortality Rate

In 2022, suicide was the 10th leading cause of the death in Spokane County.¹⁵ It was the second leading cause of death for people aged 25 to 44 years and 45 to 64 years. Like previous years, firearms, suffocation, and poisoning were the most common suicide death methods. Firearms accounted for more than half (51.9%) of suicide deaths from 2018 through 2022.

There are differences in deaths by suicide by age and sex.¹⁵

- Age: People aged 15 to 24 died by suicide the least often, while people aged 25 to 44 died by suicide the most often.
- Sex: Males died by suicide at a significantly higher rate and were 4 times more likely to die by suicide than females.

Figure 28. Deaths by Suicide per 100 000 People, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Death Certificate Data¹⁵

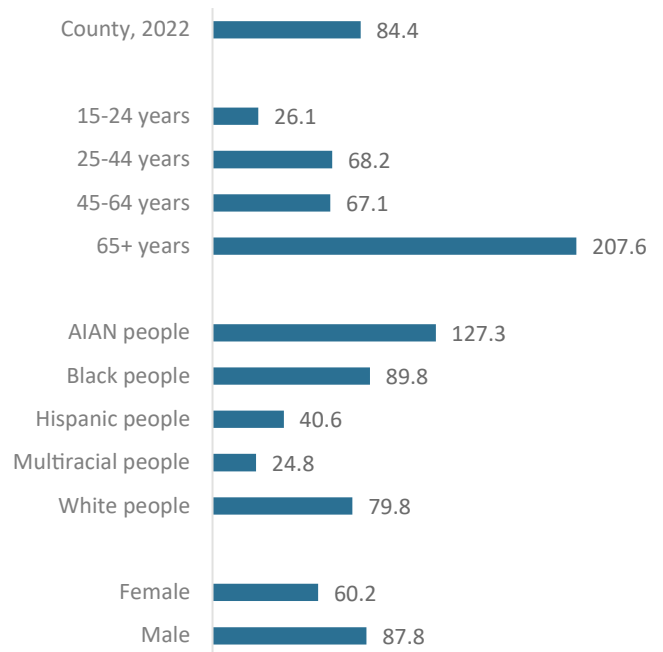
Unintentional Injury Mortality Rate

Unintentional injuries caused 465 deaths in 2022.¹⁵ Like previous years, poisoning, falls, and motor vehicle accidents were the top 3 causes of these deaths.

Differences appeared by age, sex, and race.¹⁵

- Age: People aged 65 and older died by unintentional injury most often. People in this age group were more than 3 times as likely as people aged 25 to 44 to die by unintentional injury.
- Race: Multiracial residents died from unintentional injuries the least often, while American Indian and Alaska Native residents died from unintentional injuries the most often.
- Sex: Males were more likely to die by unintentional injury than females.

Figure 29. Unintentional Injury Deaths per 100 000 People, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Death Certificate Data¹⁵

Social Determinants of Health

Social determinants of health are the conditions in which people are born, live, learn, work, play, worship, and age. Differences in these conditions mean many people do not have the opportunity to achieve optimal health.⁴

In this report, data about social determinants of health are organized into 5 domains, aligned with Healthy People 2030⁵⁴ and definitions from the Child Welfare Information Gateway.

- **Economic stability** means having “reliable access to resources to meet their basic needs, such as food, shelter, and clothing.”⁵⁵
- **Education access and quality** means “equipping individuals with the skills and knowledge to promote economic success and social mobility.”⁵⁶
- **Health care access and quality** “includes having health insurance, regularly visiting a primary care doctor, seeing

doctors for illness and injuries, receiving mental and behavioral health services, and responding to medical emergencies. Quality health care includes access to culturally responsive services and gender-affirming care.”⁵⁷

- **Neighborhood and built environment** describe the man-made surroundings in a community, such as greenspaces, buildings and grocery stores—things people interact with every day. Neighborhoods and built environments “impact access to economic and concrete supports, which are both related to poverty.”⁵⁸
- **Social and community context** “refers to the impacts of relationships and the settings where people live, work, and interact with others...When people are well-connected and supported by their communities, their health and well-being are positively impacted.”⁵⁹

Economic Stability

Food Insecurity (Households)

The Supplemental Nutrition Assistance Program (SNAP) helps low-income families afford nutritious food.⁶⁰ An estimated 15% of Spokane County households received SNAP benefits in 2022.⁶¹ Among households receiving SNAP benefits:

- 39.5% have at least 1 child under the age of 18
- 35.3% have at least 1 person aged 60 years or older
- 55.4% have at least 1 person with a disability

The SNAP household median income dropped by \$5510 from 2021 to 2022.⁶¹ Temporary policy changes and economic relief measures from the COVID-19 pandemic could have inflated the 2021 rate, but many of these temporary efforts ended in 2022.

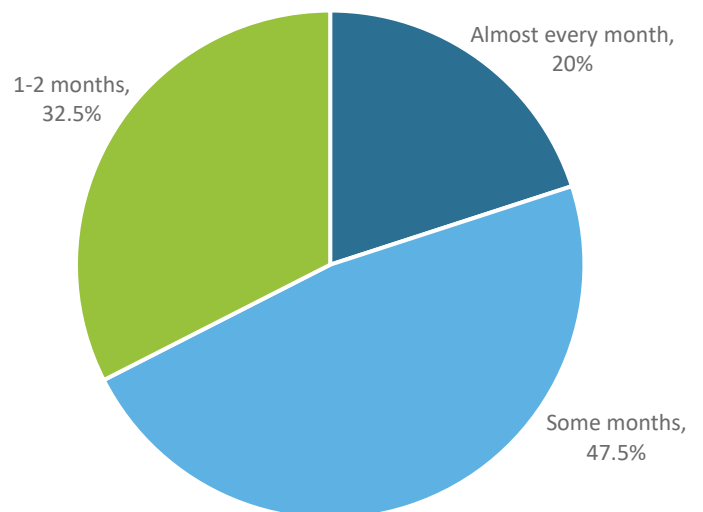
\$28 848

SNAP household median income

Food Insecurity (Youth)

Reducing meal size or skipping meals is a sign of food insecurity. In 2023, 10.7% of students in 8th and 10th grade reported having to reduce meal size or skip meals because there wasn't enough money for food in at least 1 to 2 months of the last year.²⁰ Of these students, 47.5% had to reduce meal size or skip meals some months, but not every month.

Figure 30. Frequency of Reduced or Skipped Meals Among Food Insecure Students, Spokane County, 2023^a

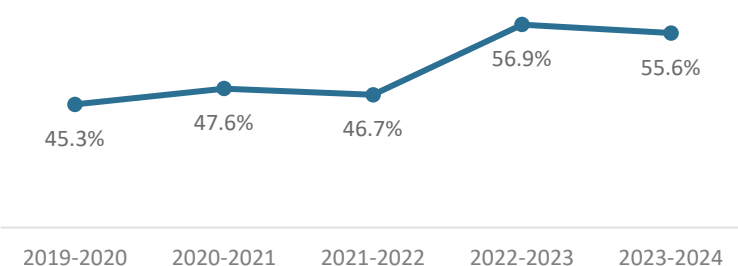


^aData from Healthy Youth Survey²⁰

Free/Reduced-Price Lunch

Students are eligible for free or reduced-price lunches if their family circumstances match certain eligibility criteria. The percentage of students who were eligible rose from 45.3% in the 2019-2020 school year to 55.6% in the 2023-2024 school year.⁶²

Figure 31. Students Eligible for Free or Reduced-Price Lunch, Spokane County, 2019-2024^a



^aData from Washington Office of Superintendent of Public Instruction⁶²

Homelessness by Age and Race

Homelessness is strongly related to a community's economic conditions, including the cost of living, unemployment, and poverty.⁶³

Homelessness in Spokane County increased by more than 1000 individuals from 2019 to 2023.⁶⁴ The number of households experiencing homelessness increased by nearly 100% from 2019 to 2023.

In 2023, most people experiencing homelessness were aged 25 years and older.⁶⁴ The percentage of youth decreased from 14.7% in 2019 to 8.7% in 2023. Of this age group, 12.5% were from households with only children. This household classification includes unaccompanied minors, adolescent parents and their children, and any other household where no one is older than 17 years.

Table 12. Homeless Persons by Age, Spokane County, 2023^a

	Count	Percentage
<18 years	208	8.7%
18-24 years	221	9.2%
25+ years	1961	82.1%
Total	2390	100.0%

^aData from City of Spokane⁶⁴

Approximately 8% of people experiencing homelessness were American Indian or Alaska Native, despite only accounting for 1.7% of the total county population.^{5,64} Similarly, 7% of people experiencing homelessness were

Black, despite only accounting for 2.2% of the total county population.

Table 13. Homeless Persons by Race Compared to Total Population, Spokane County, 2023^a

	% of Homeless Persons	% of Total Population
White people	74.6%	83.6%
American Indian or Alaska Native people	7.8%	1.7%
People who are two or more races	7.2%	8.9%
Black people	6.9%	2.2%
Native Hawaiian or Other Pacific Islander people	2.5%	0.9%
Asian people	0.9%	2.6%
Total	100%	99.9%

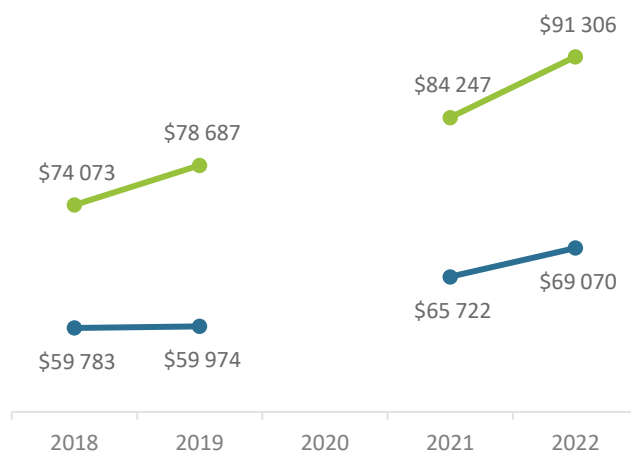
^aData from Washington State Office of Financial Management⁵ and City of Spokane⁶⁴

Median Household Income

The median household income continues to rise in Spokane County.⁶⁵ In 2022, the median household income was \$69,070, an increase from the 2018 median of \$59,783. This growth is slower than Washington state's growth, and the Spokane County median household income continues to be less than the state median.

Not all households earned equally in 2022. White householders earned significantly more than Black and multiracial householders.^{66,67}

Figure 32. Median Household Income, Spokane County, 2018-2022^{a,†}



^aData from American Community Survey⁶⁵

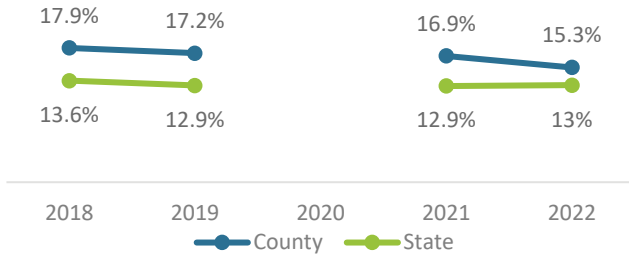
[†] The Census Bureau did not release 1-year estimates for 2020 because of the COVID-19 pandemic. Experimental estimates were released but are not used in this report. Response efforts affected policy, health behaviors, and health outcomes, which are discussed throughout this report.

Poverty and Near Poverty

A “poverty threshold” is a measure used to understand economic need. Poverty thresholds should not be used as a single indicator of need because they lack context. For example, the federal poverty guidelines differ only by family size and do not vary by geography for the 48 contiguous U.S. states.⁶⁸ The U.S. Census Bureau threshold, which is used for this indicator, differs by family size and age of family members, but it does not change by state.⁶⁹ To understand poverty and near poverty in Spokane County, this indicator should be looked at with the additional local context described throughout the Community Health Indicators section of this report, including factors such as local housing cost burden, unemployment, and food insecurity.

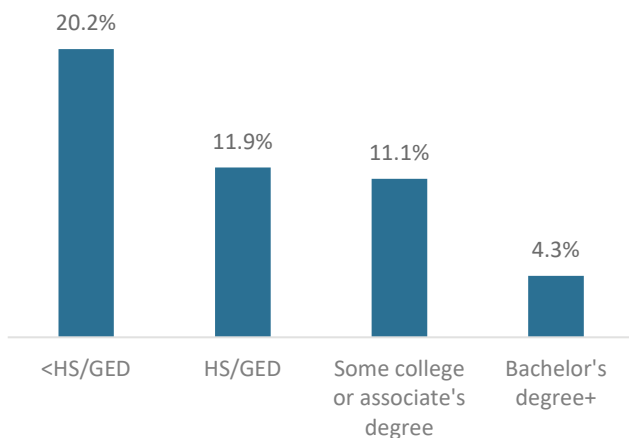
Approximately 15.3% of Spokane County residents earned near or less than the poverty threshold in 2022, the lowest rate in the last 5 years.⁷⁰ Temporary policy changes and economic relief measures from the COVID-19 pandemic could play a role in this. People aged 25 and older with a high school diploma or higher were more likely to earn above the poverty threshold than people without a high school diploma.

Figure 33. People in Poverty or Near Poverty, Spokane County, 2018-2022^a



^aData from American Community Survey⁶⁹

Figure 34. Poverty by Education Level, Spokane County, 2022^a

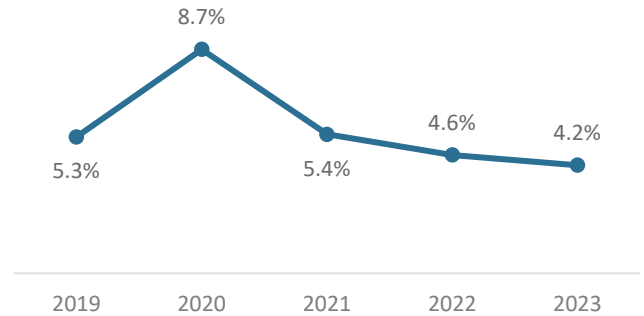


^aData from American Community Survey⁶⁹

Unemployment

In 2023, the Spokane County unemployment rate was 4.2%.⁷¹ The county’s unemployment rate is usually similar, but slightly higher than the state rate. The county saw a spike in unemployment during the COVID-19 pandemic with 8.7% unemployment.

Figure 35. Unemployment, Spokane County, 2019-2023^a



^aData from Bureau of Labor Statistics⁷¹



Educational Attainment

Educational attainment refers to the highest level of education a person has completed. It only includes people aged 25 and older because people aged 18 to 24 years typically haven't completed their formal education.

As of 2022, 94.1% of residents obtained a high school diploma, GED, or higher in Spokane County.⁷² This rate is higher than the Washington state rate of 92.2%.

Table 14. Adults Aged 25 and Older by Education Level, Spokane County, 2022^a

	County	State
High school graduate (includes equivalency)	23.5%	21.5%
Some college, no degree	24.5%	21.2%
Associate's degree	11.9%	10.0%
Bachelor's degree	21.7%	23.8%
Graduate or professional degree	12.5%	15.7%
High school graduate or higher	94.1%	92.2%

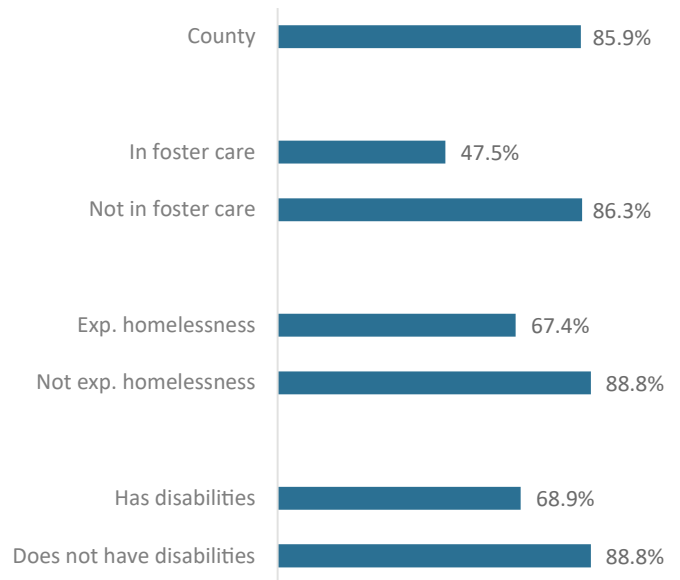
^aData from American Community Survey⁷²

On-Time Graduation

High school graduation is linked to better health outcomes.⁷³ In the 2022-2023 school year, 85.9% of public high school students graduated on time.⁷⁴ Not all students had an equal chance of graduating on time.

- Students were less likely to graduate on time if they were in foster care, experiencing homelessness, or had disabilities.
- Additional disparities appeared across gender, language abilities, and household income.

Figure 36. High School On-Time Graduation, Spokane County, 2022-2023^a



^aData from Washington Office of Superintendent of Public Instruction⁷⁴



Health Professional Shortage Areas

Spokane County has several health professional shortages based on geography, service area, and population.⁷⁵ The shortages are summarized below.

Dental Care

Throughout the entire county, there is a dental health professional shortage for low-income and homeless populations.⁷⁵ The population is short by more than 1308 hours of dental care per week.

Mental Health

Three service areas have a mental health professional shortage, including the north Spokane, southeast Spokane, and southwest Spokane service areas.⁷⁵ These service areas are short by 374 hours of mental health care per week.

In the City of Spokane, there is a mental health professional shortage for low-income and homeless populations.⁷⁵ The population is short by more than 292 hours of mental health care per week.

Primary Care

North Spokane, southeast Spokane, and southwest Spokane also have a primary care professional shortage.⁷⁵ These service areas are short by almost 2188 hours of primary care per week.

In the City of Spokane, there is a primary care professional shortage for low-income and homeless populations.⁷⁵ The population is short by more than 1441 hours of primary care per week.

See maps of Health Professional Shortage Areas at doh.wa.gov.

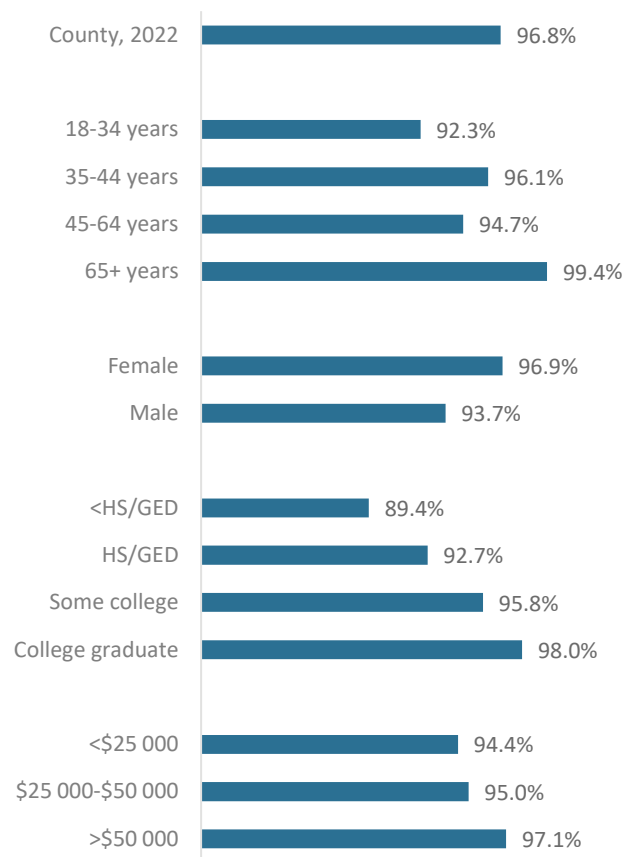
Insured (Adults)

Having medical insurance is associated with timelier access to health care.⁷⁶ The percentage of adults who have medical insurance continues to improve in Spokane County. In 2022, approximately 97% of residents were insured.¹⁷

However, disparities in health insurance status can still be seen.¹⁷

- Age: People aged 18 to 34 years are more likely to be uninsured than other age groups.
- Sex: Males are more likely to be uninsured than females.
- Education: The percentage of adults who have medical insurance increases as education increases. People who did not earn a high school diploma or GED are more likely to be uninsured.
- Income: People earning less than \$25 000 per year are more likely to be uninsured than people earning more than \$50 000 per year.

Figure 37. Insured Adults, Spokane County, 2018-2022^a



^aData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)¹⁷

Food Access

In Spokane County, 5 block groups are classified as Limited Supermarket Access (LSA) areas.⁷⁷ LSA areas “have at least 5,000 residents who need to travel almost twice as far to a full-service supermarket compared to residents in block groups with similar population density and above average incomes.”^{78(p9)} Two of these are part of a larger block group on both sides of the Spokane County and Pend Oreille County border.

Additionally, 9 block groups are classified as Low-Access/Low-Population areas.⁷⁸ These areas have “between 1,000 and 5,000 residents who need to travel almost twice as far [to a full-service supermarket] as residents living in block groups with similar population density and above average incomes.”^{78(p9)}

Three of the 9 are isolated; 6 of the 9 share a border with at least 1 other block group, forming a larger area.⁷⁸

The difference between Limited Supermarket Access areas and Low-Access/Low-Population areas is population size or the number of people affected by the built environment’s supermarket conditions.

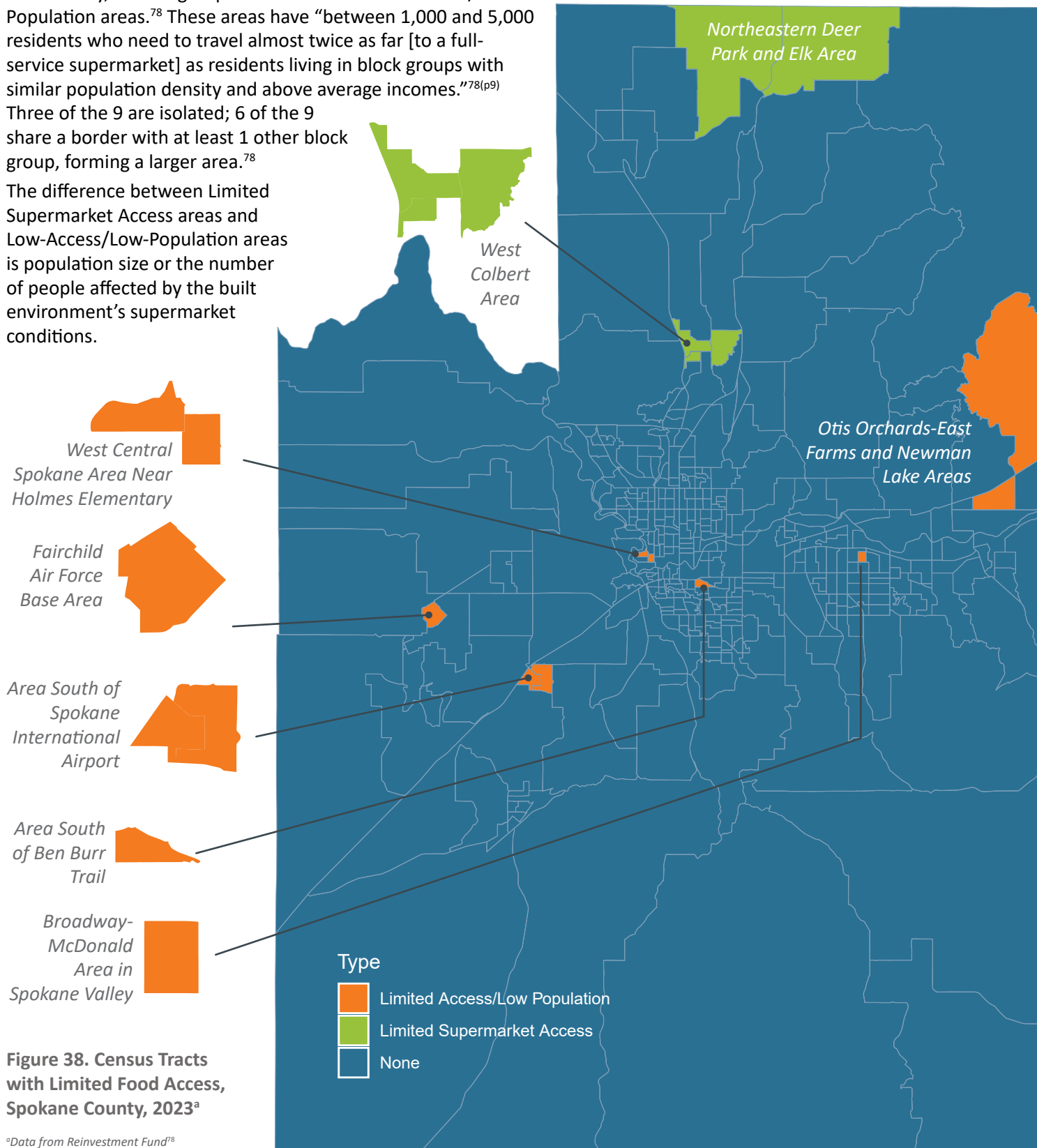


Figure 38. Census Tracts with Limited Food Access, Spokane County, 2023^a

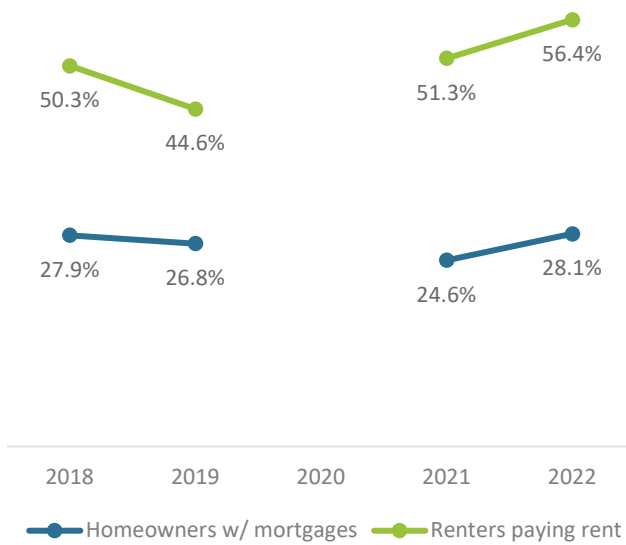
^aData from Reinvestment Fund⁷⁸

Housing Cost Burden

Households that spend more than 30% of their income on housing costs are cost burdened. Cost-burdened households experience more financial stress and spend less on health care.⁷⁹

In 2022, an estimated 28.1% of homeowners with a mortgage and 56.4% of renters spent 30% or more of their household income on housing costs.⁸⁰ Additionally, only 33.2% of renters spent less than 25% of their household income on housing costs compared to 61.7% of homeowners. This highlights disparities in the housing cost burden between homeowners and renters.

Figure 39. Households Paying More Than 30% of Income on Housing, Spokane County, 2018-2022^a



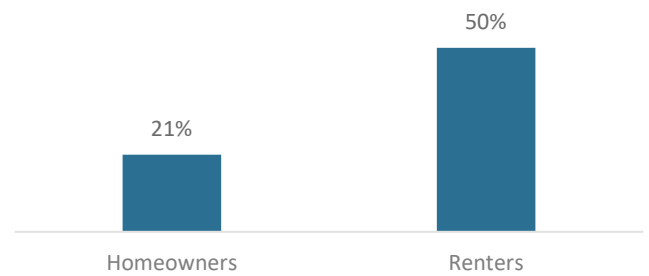
^aData from American Community Survey⁸⁰

Housing Insecurity

From 2017 through 2021, more than 31% of households in Spokane County had 1 or more of the following problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.⁸¹ This does not capture households where cost burden was not available and they had no other problems.

Homeowners had better quality housing.⁸¹ Approximately 21% of homeowners had at least 1 of the 4 problems, while 50% of renters had at least 1 of the 4 problems.

Figure 40. Households With at Least 1 Problem, Spokane County, 2017-2021^a



^aData from U.S. Department of Housing and Urban Development⁸¹

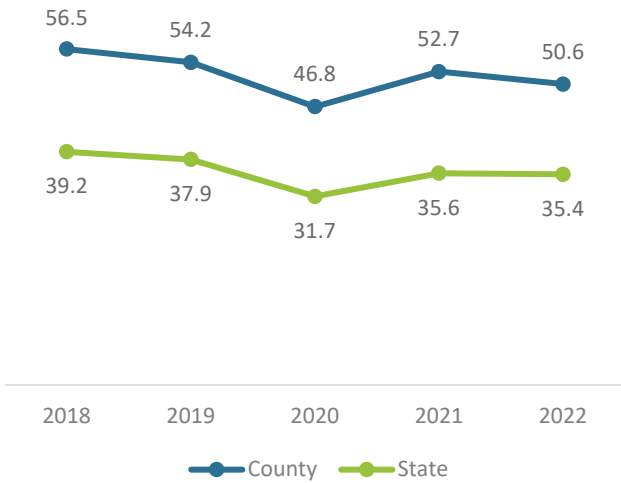


Child Abuse and Neglect Reports

In 2022, there were 6035 accepted referrals of child abuse and neglect in Spokane County.⁸² The rate was 50.6 accepted referrals of child abuse and neglect for every 1000 children. The Spokane County rate has been higher than the Washington state rate every year since 2002.

These numbers report only the number of *accepted* referrals of child abuse and neglect to Child Protective Services (CPS); consequently, these numbers under-report the level of child abuse and neglect.

Figure 41. Child Abuse and Neglect Reports per 1000 Children, Spokane County, 2018-2022^a



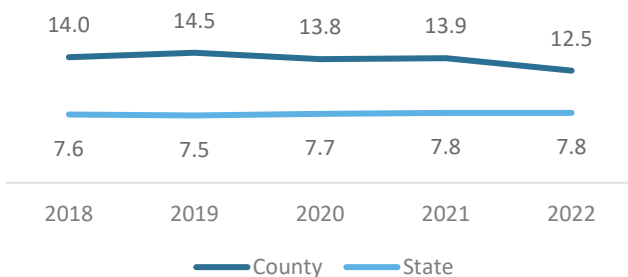
^aData from Washington State Department of Children, Youth, and Families⁸²

Domestic Violence Offenses

In 2022, there were 6898 domestic violence offenses in Spokane County, which equates to 12.6 domestic violence offenses for every 1000 residents.⁸³ This is the lowest rate in the last 5 years. The Spokane County rate has been higher than the Washington state rate every year since 2002.

These numbers report only domestic violence offenses reported to law enforcement; as such, these numbers under-report the level of domestic violence.

Figure 42. Domestic Violence Offenses per 1000 Residents, Spokane County, 2018-2022^a



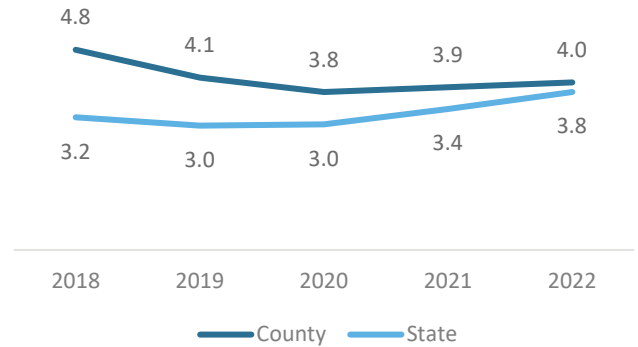
^aData from Washington Association of Sheriffs and Police Chiefs⁸³

Violent Crime

In 2022, there were 2201 violent crimes in Spokane County, which equates to 4 violent crimes for every 1000 residents.⁸³ This rate is similar to recent years.

These numbers report only violent crimes known to law enforcement; consequently, these numbers underreport the level of violent crime.

Figure 43. Violent Crime Offenses per 1000 Residents, Spokane County, 2018-2022^a



^aData from Washington Association of Sheriffs and Police Chiefs⁸³

Mutual Aid

In 2022, 74% of Spokane County residents provided unpaid help to people outside of their families, up slightly from 2020 (72%).¹⁴ Similarly, 47% of residents volunteered in 2022 compared with 45% in 2020. Approximately 53% of residents reported receiving support from their families, which was down slightly from 2020 (55%).

Table 15. Residents Who Gave or Received Mutual Aid, Spokane County, 2022^a

	Percent
Provided unpaid help to non-relatives	74%
Received support from relatives	53%
Volunteered	47%

^aData from Quality of Life Survey¹⁴



Political Participation

In 2022, 54% of Spokane County residents reported being interested or very interested in politics, and 64% reported following what local government is doing at least once a week.¹⁴ Despite this, residents infrequently participate in local politics.

Table 16. Political Participation, Spokane County, 2022^a

	Percent
Interested or very interested in politics	54%
Follow what local government is doing weekly or daily	64%
Do not participate in local politics	72%

^aData from Quality of Life Survey¹⁴

Social Associations

Social associations are membership organizations, including “political, religious, sports and professional organizations.”⁸⁴ Social connection and support improve the health of a community, and social associations are places where people can build relationships and connection.⁸⁵

In 2021, Spokane County had 8.9 membership organizations for every 10 000 people.⁸⁴ This is higher than Washington state (8.3) and lower than the nation (9.1).

8.9

social associations per 10 000 people



Systems of Power, Privilege, and Oppression

The root causes of inequity are also called systems of power, privilege, and oppression. These systems are steeped in ideologies of white dominance, cultural superiority, and genetic superiority.^{86,87}

The modern concept of race emerged to justify the codification of chattel slavery in the 17th century.⁸⁸ It was also used to justify tactics like settler colonialism and genocide of Indigenous peoples.⁸⁹ Mechanisms of power, like laws, policies, and norms, were used to obtain, maintain, and express power.⁴ Over time, these mechanisms became entrenched in American society,⁹⁰ and modern expressions can be seen in policies like blood quantum or practices like race-based medicine.^{91,92}

Mechanisms of power are used to oppress people based on other social identities. The systems of power, privilege, and oppression include racism, (cis)sexism, heterosexism, religious fundamentalism, ageism, nationalism, ableism, and capitalism. The systems lead to differences in the conditions in which people live and work and ultimately generate preventable differences in individual health.^{4,93}

Achieving health equity requires a community to look at the status of inequity.

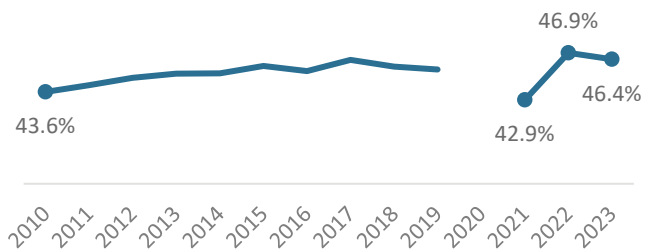
Income Inequality

The Gini Index measures income inequality.⁹⁴ The coefficient is expressed as a single value ranging from 0 to 1, but it can be expressed as a percentage ranging from 0% to 100% as well. The smaller the number, the closer a geography is to perfect equality, where everyone receives an equal share. The higher the number, the closer a geography is to perfect inequality.

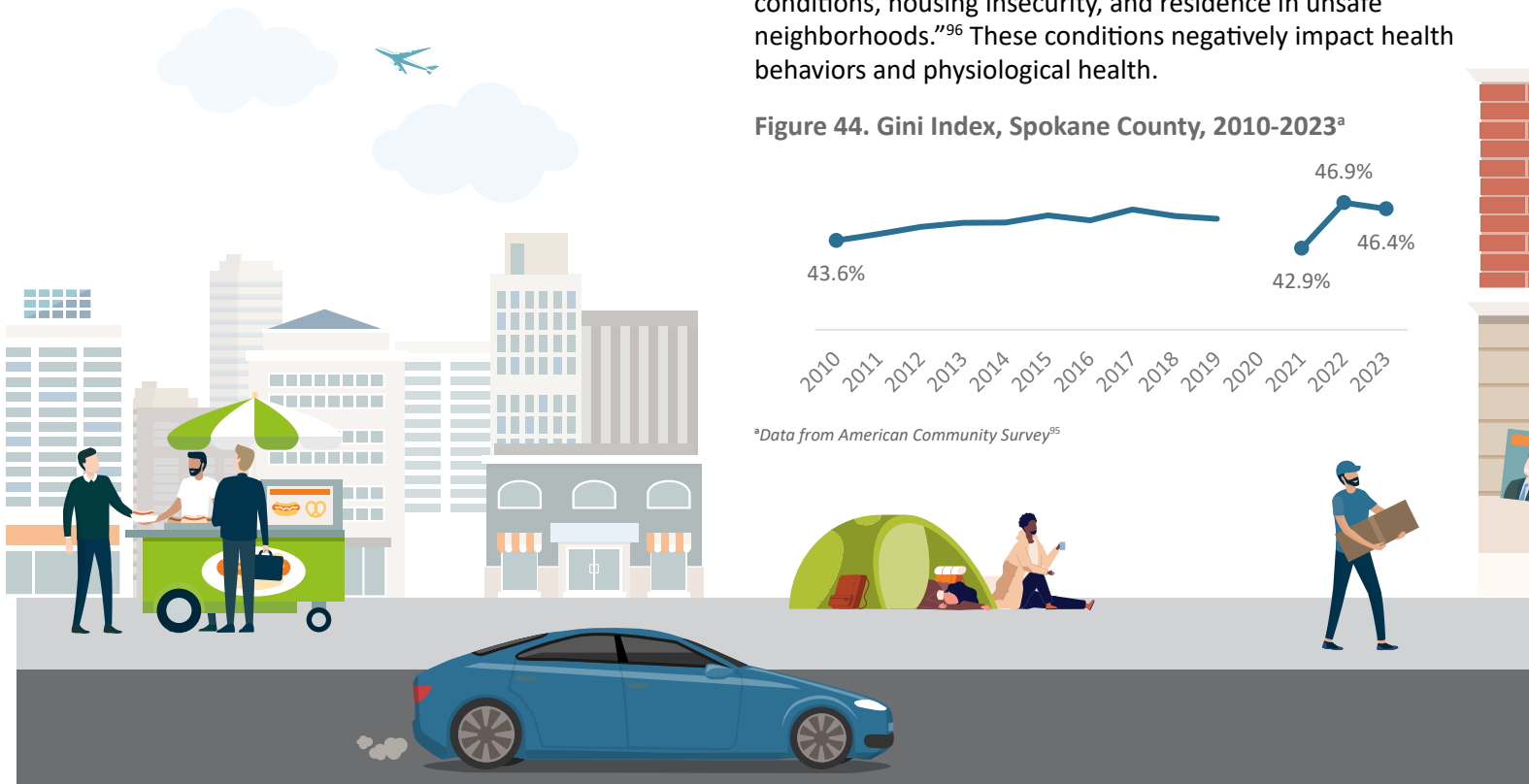
In Spokane County, the Gini coefficient generally increased from 2010 to 2019.⁹⁵ In 2020, the COVID-19 pandemic disrupted the economy and spiked unemployment.⁷¹ However, 2021 saw the lowest Gini coefficient since before 2010.⁹⁵ Like the measure for SNAP household median income, this could be due to temporary policy changes and economic relief measures from the COVID-19 pandemic, but many of these temporary efforts ended in 2022. The 2022 and 2023 Gini coefficients were both higher than any year from 2010 through 2019.

This indicates that the mechanisms of power and systems, like capitalism, are at play in the county and may be worsening the conditions for life and work. Increasing income inequality means the distribution of wealth in Spokane County is becoming less even, and wealth concentrates among people with higher socioeconomic status. The concentration of wealth leaves people with middle and lower socioeconomic status with fewer financial resources. According to the CDC, "Individuals with lower incomes lack economic resources, resulting in social disadvantage, poor education, poor working conditions, housing insecurity, and residence in unsafe neighborhoods."⁹⁶ These conditions negatively impact health behaviors and physiological health.

Figure 44. Gini Index, Spokane County, 2010-2023^a



^aData from American Community Survey⁹⁵



Incarceration Rates

The U.S. correctional system oppresses people based on factors including race, socioeconomic status, and disability status. This oppression occurs through several mechanisms. Mass incarceration is a phrase that describes high incarceration rates in the U.S. in comparison to other nations, a phenomenon made possible by mechanisms like policy, legislation, institutions, and norms.⁹⁷

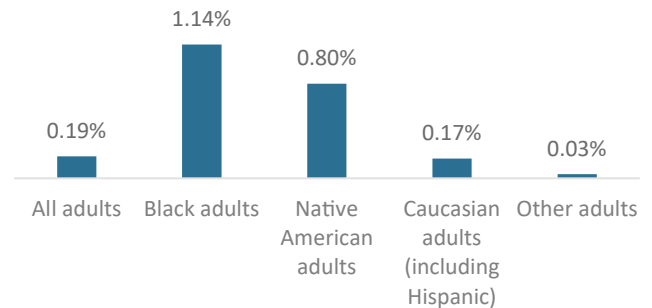
Incarceration is a social determinant of health, and people who have been incarcerated face discrimination in other areas of life, like employment⁹⁸ and eligibility for public assistance programs.⁹⁹ According to the U.S. Department of Health and Human Services, “Without mass incarceration, it is estimated that 5 million fewer Americans would have been poor between 1980 and 2014.”¹⁰⁰

Incarceration harms the health of people who are or were incarcerated and their families’ health.¹⁰¹ Incarceration is associated with poor health outcomes, although specific outcomes typically depend on incarceration status and time since release.¹⁰² However, it is important to note that, in each scenario, incarceration negatively affects health. Parental incarceration is also an adverse childhood experience (ACE). ACEs “are potentially traumatic events that occur in childhood (0-17 years)”¹⁰³ and are associated with poor health outcomes like heart disease, depression, and cancer.

Locally, the correctional system’s oppressive force can be partially studied by looking at the share of the adult population by race in the Spokane County Jail. In 2023, on average, 1.14% of Spokane County’s Black population were incarcerated in the Spokane County Jail.¹⁰⁴ This rate is 6 times higher than the total incarceration rate of 0.19%. The rate for the Native American population was more than 4 times higher than the total incarceration rate.

In a world where systems of power, privilege, and oppression do not exist, these rates would be similar to the total incarceration rate. However, since at least 2011, the incarceration rates for White adults and other adults in Spokane County have been lower than for Black adults and Native American adults.

Figure 45. Incarceration Rates by Race, Spokane County, 2023^a



^aAdapted from Spokane Trends¹⁰⁴






Community Voice

A community health needs assessment is like planning a road trip. It looks at the health and well-being of people in the community, highlighting where they are, where they want to be, and what resources the community has to get there.

Using quantitative data alone is like drawing only half of the map. Qualitative data are used to draw the rest, capturing essential knowledge, experiences, and opinions from people who live and work in Spokane County. The next 3 sections of this report answer the following questions:

- What strengths do community members have, and how do these strengths contribute to community health?
 - How do community members view and interact with their local built environment, and how do these interactions impact the health of community members?
 - What forces, good or bad, are affecting the health and well-being of the community?
- 

Community Strengths

People are the greatest resource any community has. Society often places value on a certain set of skills, while devaluing or undervaluing others. Yet, no community can function well without a diversity of skills.¹⁰⁵

Researchers identified community strengths in Spokane County by analyzing interview and focus group transcripts, story cards, and the results of a visioning activity using inductive and deductive coding. The following sections outline the strengths identified by community members during these activities and explore how they contribute to the community's health and well-being. Strengths that appeared across multiple populations or data collection methods are included. The quotations shared in these sections are just a few examples of how each strength surfaced in the qualitative data.

Social Connection

People shared stories about their recent get-togethers. Some shared about spending time with family and friends, and others shared about gathering with volunteers and community.

In several interactions, people mentioned using food and stories to socially connect. Even within one CHNA focus group, researchers observed that discussion about food created simple, positive connections between participants, while stories created quick but deeply emotional connections.

“En cualquier ocasión no falta la comida o la música, y pasar el tiempo en familia.”

(Whatever the occasion, there is always food or music, and spending time with the family.)

Focus Group

“We’ll feed everybody and make it a party instead of an event.”

Interview

“Recently my siblings converged on Spokane and my house to share memories. We were able to share what we loved like books, comics, and board games. We made multiple trips to Merlyn’s and played hours of card games that strengthened our bonds. The evenings were quiet yet brimming with laughter. Meal shared, stories exchanged – the walls absorbed it all.”

Story Card

Stories shared about gatherings always featured a positive personal feeling gained from interactions. This implies that people find social connection revitalizing or even healing.

“I love the feeling of being with them.”

Story Card

“...brimming with laughter.”

Story Card

“It was a lot of work but also really nice to get together with community and celebrate.”

Story Card

“We had so much fun.”

Story Card

“...I felt lost and wanted to find something to do that was meaningful. I thought long about how my involvement could help the broadest group of folks. I ended up finding 350 Spokane. This group taught me so much about local climate action. I felt better equipped to take action myself in my day to day, as well as during an election season.”

Story Card

Social connection has many positive health benefits, including reducing the risk of chronic disease and improving the length and quality of a person’s life.¹⁰⁶ People with high quality relationships are also more able to manage stress and anxiety.

Social Support

Social connections give people social support. Social support refers to the different types of support people receive from their social network, including friends, family, coworkers, and neighbors.

Many stories about life in Spokane County highlighted what social support people received and appreciated in their lives. People mentioned emotional support, like being present and listening, and esteem support, like encouragement and motivation. Other types of support people highlighted included informational support, like teaching skills and sharing information, and instrumental support, like providing meals and taking care of tasks.

“Amidst a family crisis, our support network became a lifeline. Family & friends offered strength & vulnerability, friends brought warm meals & laughter, & coworkers donated time & resources. They all helped give a foundation to move forward.”

Story Card

Giving and receiving social support is an important factor in the health and well-being of people in Spokane County. It creates a buffer to protect people from stressful life events and improves people's ability to cope. Social support is positively associated with physical health, mental health, and quality of life.¹⁰⁷

Generational Storytelling

Generational storytelling refers to passing stories down in families or cultures. Stories from an older generation share experiences, knowledge, values, and skills with a younger generation.

In Spokane County, generational storytelling is a tool for teaching values in families. Several people shared stories passed down in their families that taught them values they honor today.

“The way my mom tells it, [a person they know] drew the sketch that got him caught. The way that Ramirez was caught was not actually by the police but by the general public, who recognized him from the sketch and started beating him up. This taught me that the police are not as helpful as an informed public and a decent cartoonist.”

Story Card



“My grandmother grew up on a wheat farm in Waitsburg. She attended two years at WSU and would have continued to a degree. But her father said ‘no, it’s your sister’s turn now.’ It was the 30s, and they were fortunate enough to afford tuition for one. Education shapes my family because it was so important to my grandmother: ‘get your education, no one can take it away from me.’”

Story Card

Storytelling helps people make sense of their experiences, identities, and thoughts.¹⁰⁸ It supports social connection, inclusion,¹⁰⁹ and emotional well-being through interaction. Generational storytelling reduces ageism and creates tighter family bonds.¹¹⁰

Community Care

Community care refers to actions that a community takes to care for its members. People and organizations in Spokane County take care of the community through actions such as offering mutual aid, throwing community celebrations, and volunteering.

Volunteerism appeared in several stories. At the individual level, volunteerism expands social networks, provides active recreation opportunities, and builds skills. People enjoyed supporting the community, especially through nonprofit and neighborhood organizations. As one person wrote, “Neighborhood clean-up day is the greatest thing you can do for a working-class neighborhood. You see everyone, and the whole place looks so much more like we care about it.”

Another way community members care for each other is by teaching skills to reach independence. This type of teaching occurs in personal and professional settings and requires listening to people to learn about their goals and working with them as individuals, instead of applying one universal solution.

“Our job...is not to “fix” them [clients]. It’s to walk alongside with them and...help them build the tools.”

Interview

“We help be that advocate and be that peer as they navigate. It’s all based on a shared experience and the shared understanding of what it’s like.”

Interview

This type of teaching also requires people to trust the process. People admired the courage and vulnerability it takes to do that, citing these as community strengths.

“Asking for help is one of the hardest things to do.”

Interview

“When they come in, they learn to trust the process, but trust themselves while going through the process.”

Interview

“The women that come here [substance use treatment] are really forced into a situation where everything is uncomfortable. Everything is very different from what they were experiencing before that. We always have to be mindful of the massive effort that it’s taken for them to even walk through the door.”

Interview

Built Environment

The built environment is the man-made surroundings of a community. It includes the things people interact with as they live, work, learn, and play. Examples include buildings, bridges, sidewalks, green spaces, and grocery stores.

Researchers collected data about how people in Spokane County view and interact with their local built environment in interviews, focus groups, story cards, and a Forces of Change Workshop. Transcripts were analyzed using inductive and deductive coding. This section outlines key themes and explores how people's interaction with the built environment contributes to the community's health and well-being. Themes that appeared across multiple populations or data collection methods are included. The quotes shared are just a few examples of how each theme surfaced in the qualitative data.

Places People Love in Their Neighborhoods

People shared many stories about outdoor spaces they love in their neighborhoods. Parks and trails featured heavily in interactions with community. Many people commented on the social aspects of these outdoor spaces, exploring how they use them to build and maintain relationships or gather groups of people. They most often mentioned sports, picnics, and family walks.

People also loved places based on beauty and art.

“High Bridge Park is half untouched ecosystem along the Latah Creek. There are multiple bridges, and all the pylons have amazing graffiti on them, so it is like a free, open air walking museum in Vinegar Flats.”

Story Card

“Down on Market and Olympic is this gorgeous historic building that used to be the old Hillyard Library.”

Story Card

“I love London Park and its small but mighty trail system...Each season is beautiful, and I go there year-round, rain or shine.”

Story Card

Connection/Disconnection

Both connection and disconnection appeared at the neighborhood level. Some people commented on the friendliness of their neighborhood, and a couple of people talked about different events that bring people together in their neighborhood, like rodeos and fairs.

However, there was also a short focus group conversation about disconnection between neighbors in which several people commented on how neighbors keep to themselves. Some people also commented on their own disconnection from the neighborhood and broader community, saying they stay home.

Neighborhood social ties can be a great source of social support, increasing people's access to emotional support and resources.¹¹¹



“Mis vecinos no salen mucho. Cada quien se reserva en su hogar.”

(My neighbors do not go out much. Everybody keeps to themselves at home.)

“Es verdad, todos los vecinos llegan del trabajo y se encierran en su casa.”

(It’s true, all the neighbors come home from work and lock themselves in their house.)

“...ya ves que los vecinos aquí no son muy solidarios. No es que los visitemos...”

(You see the neighbors here are not very supportive. It is not like we visit them.)

Lack of Noise Pollution

Long-term exposure to noise, or unwanted or disturbing sounds, can lead to health problems like tinnitus, trouble sleeping, and stress.¹¹² Environments can be polluted by noise, just like water or air.¹¹³

Many people appreciated how quiet their neighborhood, area, or street is. One person said that living on a gated street made their area less busy and quieter. While many people consider a lack of noise pollution to be a neighborhood and environmental strength, not everyone values that. In one focus group, someone said, “He notado que es muy tranquilo aquí. Demasiado tranquilo.” (“I have noticed that it is very quiet here. Too quiet.”)

Pedestrian Safety

Pedestrian safety in neighborhoods was a concern for residents. During a focus group, several people commented on speeding in neighborhoods. One person mentioned traffic, and when asked by the moderator if they live in a busy neighborhood, they responded, “No. They are just crazy people.”

People requested more vigilance by police for speeding in neighborhoods and commented that they would like to see things like speed bumps or speedometers. This implies that community members might welcome Crime Prevention Through Environmental Design (CPTED) and traffic calming interventions to promote public safety and prevent injuries.



Forces of Change

Forces of change are trends, factors, and events at play in the community's health.⁴ These forces can be social, economic, political, technological, environmental, scientific, legal, or ethical. They can occur in the past, present, or future.

Researchers collected data about what forces, good or bad, are affecting the health and well-being of people in Spokane County in a Forces of Change Workshop. During the workshop, participants worked in small groups to ideate forces of change in one category, then rotated to review and add onto other categories of forces. To complete the activity, they used dots to vote on what they consider the top 3 forces. Participants also completed a visioning activity in which they reflected on how a future where people got what they needed to live long and healthy lives would impact their cultures.

This section explores the highest voted force of change, which appeared in interviews as well. The quotes shared are just a few examples of how this force surfaced in the qualitative data.

Top-Voted Force of Change: Climate Change

Climate change creates many health threats. Extreme weather increases people's exposure to extreme heat and cold. Wildfires expose people to PM2.5. Droughts reduce the availability and quality of water.



In participants' visions of health, people commented on climate change and the environment.

"Companies are no longer allowed to pollute our planet or produce wasteful single-use plastic products wantonly."

"Would see more thriving LGBTQ+ communities and more capacity to respond to challenges (like climate change)"

"Community would be able to respond to more long-term impacts like climate change = more climate resilient"

Climate change affects people differently based on their power and access to power. Communities most impacted by climate change include communities of color, low-income communities, rural communities, and unhoused communities. One key informant commented on how climate change is connected to conditions like housing and income, saying:

"Those all play into this. In the climate world and...in the health world too—we say 'there's a risk.' We define risk. But then the piece of it that we ask next is, 'what's the adaptive capacity?'"

"We know we have risk for wildfires or for fires. We have a really strong fire department, and that creates an adaptive propensity for us..."

"Climate change is coming, and it's impacting all of us. But if you're in our community and you're someone who's suffering from addiction or experiencing homelessness or housing issues, your adaptive capacity is diminished, and so your vulnerability is increased."

Project Highlight

The Spokane Climate Project is a collaborative effort between the Pacific Northwest Climate Impacts Research Consortium (CIRC) and the community of Spokane, Washington. The project's goals are to identify climate and weather impacts faced by the Spokane community as well as resiliency actions designed to keep the community, its economy, and natural systems healthy and prosperous.

Read more about the health impacts of climate change in Spokane County at spokaneclimateproject.org.

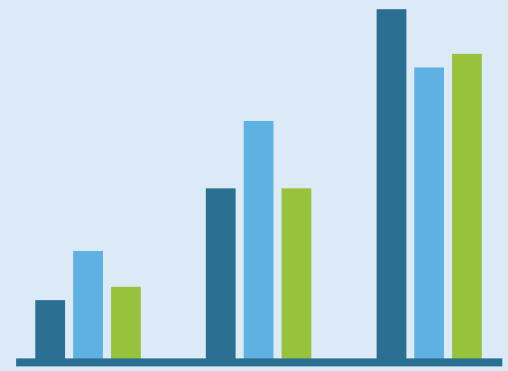
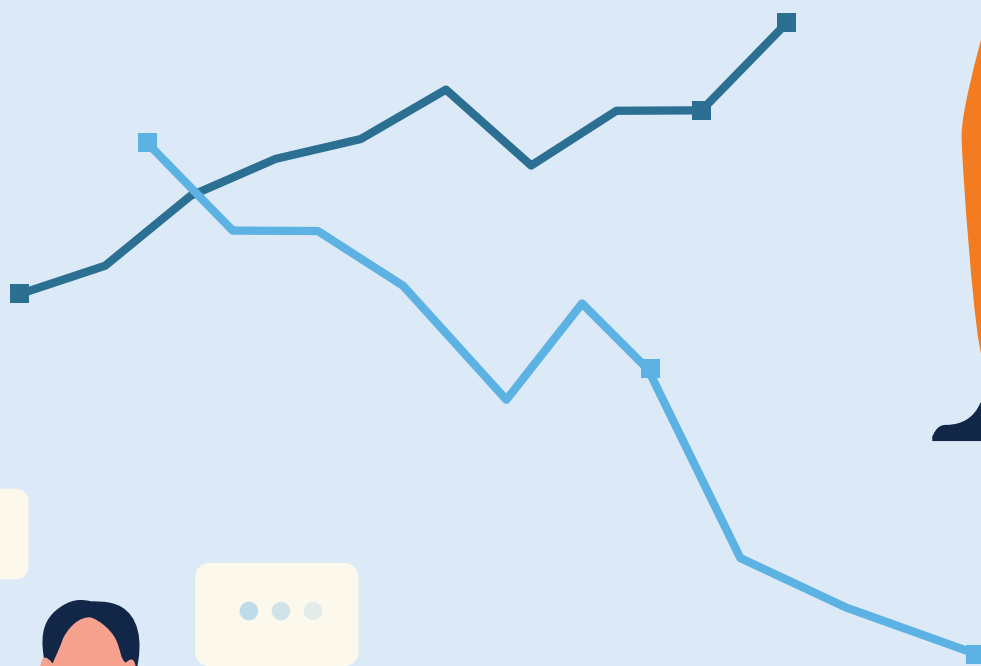
Partner Highlight

Informed by an abiding commitment to a just society and care for the planet, the Gonzaga Institute for Climate, Water, and the Environment engages in regional capacity building, scholarship, and teaching to promote the flourishing of inland northwest communities, waters, and lands in the face of a changing climate.

Learn more about the Institute's work at gonzaga.edu/climate-institute.

Cross-Cutting Themes

Cross-cutting themes are themes that appeared in both qualitative and quantitative data. Researchers analyzed the data and invited community members and participants to make sense of the data as well.



Social Determinants of Health

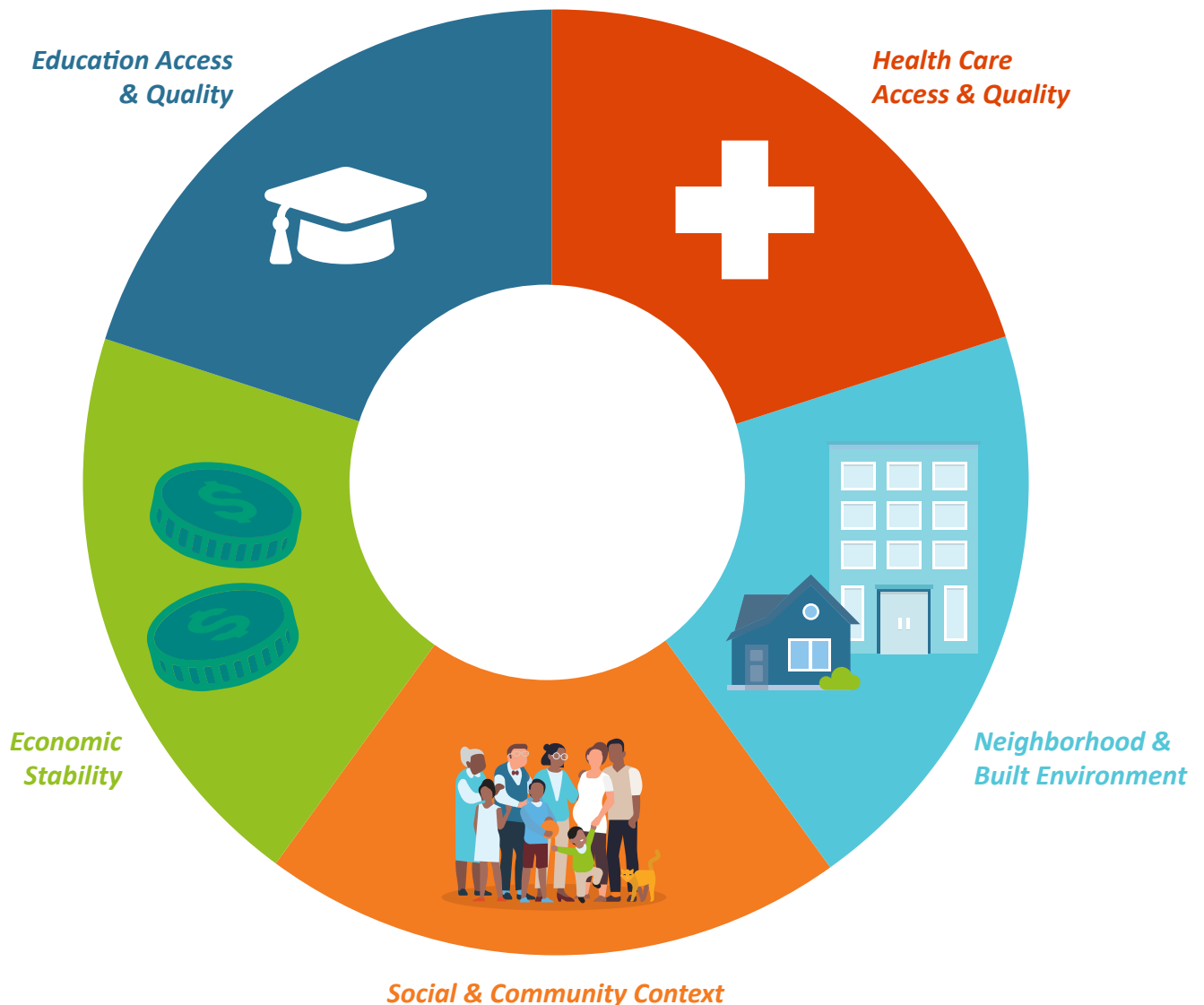
Differences in the conditions in which people live and work exist locally. Analysis of Spokane County’s community health indicators revealed differences in individual health by factors like age, disability status, education, race, and sex.

This was reflected in the qualitative data. In one activity, participants envisioned futures in which people had what they needed to live a long and healthy life. In these visions, achieving vital conditions for optimal health freed up personal time and resources that could then be spent on recreation, community care, cultural activities, and individual resilience activities. Examples include:

- “Opportunities for relaxation and recreation”
- “Increased service and philanthropy”
- “More time and resources for cultural activities like music, art, and theater”
- “Time to invest in self”

This indicates that people currently view time and resources as barriers to achieving optimal health.

Social determinants of health can have a positive impact on individual health. Social conditions, for example, increase access to resources, opportunities, and information. In Spokane County, community care plays a powerful role in health and well-being. Almost 3 in 4 people provided mutual aid in 2022¹⁴; this aid uplifts the community, making it a better place to live and work. Successful community health improvement strategies capitalize on community strengths like this and seek to grow them.



Systems of Power, Privilege, and Oppression

Systems of power, privilege, and oppression exist locally. They prevent people from achieving optimal health, which is the level of health needed for “people to reach their full capacity and participate in society.”⁴ These systems are a public health issue.

This report used a limited number of indicators to understand the systems of power, privilege, and oppression, including income inequality and incarceration rates. More research is needed to study the health impacts of systems of power, privilege, and oppression in Spokane County. However, these systems appeared in conversations with community partners and community members.

In the Forces of Change visioning activity, several participants envisioned futures where these systems would not exist in Spokane County.

“People would...achieve their goals without being dehumanized, discriminated against or disproportionately impacted by exclusionary policies created by white supremacy.”

“Being proud of our heritage and language without being in fear of being persecuted for it”

“As a transgender person, my community would have much more joy and our real ‘culture’ would have a chance to fully emerge and to be based fully in celebration, rather than continue to exist as a culture where we bond over our mutual experiences of marginalization. Much of trans people connecting with each other revolves around supporting each other in a hostile world, never far from a fight-or-flight state of mind. We could instead share in the joy of living as trans people with all our needs met.”

Additional Themes

Community members cocreated meaning in an activity called collective sensemaking, during which small groups translated data into community health insights. Some of their insights are included in the following passages, which are unedited to preserve their voice.

Family support: “Family means something different to each person; whether good or bad, the impact of family is felt on the daily. When family needs aren’t met internally, they rely on external systems and receive varied success. Some are left fulfilled, others cast out and left with feelings of not belonging.”

Need for meaningful access to care: “The community sees a need for meaningful access to care—their mental and physical health needs are not being met in the best possible

ways. There is a lack of access to services that are affordable. Physical, mental, and dental health is suffering.”

Third spaces: “People want a third space (not work or home) to feel seen, safe, and included in community. Not all people can access third spaces that feel safe and accessible to their income, transportation access, and affirm their cultural identity. Without third spaces, people’s social isolation increases, which decreases the sense of belonging in Spokane.”

Violence: “Family violence continues to impact Spokane families at high rates. Children are living in unsafe homes that negatively impact their ability to learn, grow, and enjoy full wellness. We are losing incredible amounts of human potential.”





Action and More Information





Health Priorities and Resources

Similar to past editions of the Community Health Needs Assessment, housing cost burden and mental health challenges (like stress, depression, and trauma) were voted on by CHNA participants and determined to be top issues in Spokane County. This year, substance use also appeared as a top issue. These issues translate into health priorities for Spokane County.



Priority 1. Reduce housing cost burden

In the Data

Many people are housing cost burdened in Spokane County, but renters are disproportionately impacted. In 2022, 56% of renter-occupied households in Spokane County spent 30% or more of their income on rent, compared to 28% of owner-occupied households that spent 30% or more of their income on a mortgage.⁸⁰



Community Resources

In late 2023, community members convened to build collective knowledge about the status of housing innovation in Spokane County. They identified the following resources:

- Architects and designers providing trauma-informed design
- Higher education research and future professionals
- Public investment in housing
- Public-private partnerships
- Sustainable Energy Trust (SET) and other state energy programs to help finance related systems for housing
- Shared equity housing

See the [Housing Innovation Issue Profile and Organizational Resources Chart](#) for additional details.

Casa MiA: from Survival to Well-being

M.i.A. Mujeres in Action aims to build a permanent low-income housing community for survivors of domestic violence and sexual assault called Casa MiA.

Casa MiA will offer supportive housing to survivors of domestic violence and sexual assault. The program is designed for those who are homeless or at risk of becoming homeless. Families will receive services like safety planning, crisis intervention, and case management.

Learn more about Casa MiA at miaspokane.org/en/casa-mia.

Priority 2. Reduce substance use

In the Data

Substance use increasingly results in deaths by overdose in Spokane County. From 2019 through 2023, the number and rate increased.¹⁵ In 2023, there were 233 deaths by overdose (42.3 deaths for every 100 000 people), compared to 77 deaths by overdose (14.8 deaths for every 100 000 people) in 2018. More than 80% of these deaths were related to opioids.

Community Resources

The Spokane Regional Health District created a [substance use disorder resource map](#) for Spokane County. The resource map can be used to engage the community in conversations about the availability of services along the continuum from prevention to recovery. The map documents 6 service categories of resources including prevention, treatment and intervention, harm reduction, reducing overdose and death, and supporting recovery.

Maddie's Place Mom Program: the Hope Dealers

Maddie's Place is a nonprofit nursery for babies experiencing withdrawal due to prenatal substance exposure. Maddie's Place provides services for infants and parents, including the Mom Program, which the nonprofit describes as meeting "parents where they are at, helping them to access any support or community resources that they need, all while encouraging them in their recovery and parenting."

In early 2024, Maddie's Place received funding for the Mom Program from Spokane County, enabling the program to expand their team and services.

Learn more about Maddie's Place and the Mom Program at maddiesplace.org/introducing-the-hope-dealers.

Priority 3. Improve mental health

In the Data

Mental health challenges, like anxiety, depression, and trauma, affect health and well-being in Spokane County. The rate of deaths by suicide is significantly higher in Spokane County than in the state.¹⁵ In 2023, 33% of 8th, 10th, and 12th grade youth felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some of their usual activities.²⁰



Community Resources

The Washington State Department of Social and Health Services maintains a robust list of [community resources](#) around the state. Visit their site to find information about local resources.

In late 2023, community members convened to build collective knowledge about the status of mental health services in Spokane County. See the [Access to Mental Health Services Issue Profile and Organizational Resources Chart](#) for resources they identified.

Quality of life and healthy behaviors are important to improving mental health. The following are resources and community assets for volunteering, socializing, learning, and exercising:

- [Volunteer Spokane](#)
- Parks and recreation (classes, sports):
 - [Spokane County Parks, Recreation, & Golf](#)
 - [City of Spokane Parks & Recreation](#)
 - [Spokane Valley Parks & Recreation](#)
- Events
 - [Greater Spokane Inc. Community Calendar](#)
 - [Spokane Arts Events](#)
 - [Spokane County Library District Events](#)
 - [Spokane Public Library Events](#)
 - [Visit Spokane Events](#)
 - [Meetup](#)

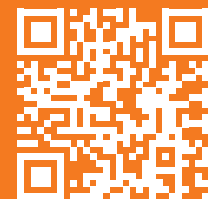
MRC Question, Persuade, Refer: Teaching Community 3 Simple Steps to Save a Life

The Medical Reserve Corps (MRC) of Spokane County is part of the national network of MRC volunteers. MRC volunteers work to improve the health and safety of the community. One way they do this is by working with community groups to provide suicide prevention training.

Question, Persuade, Refer (QPR) is a 3-step training curriculum that teaches participants how to recognize the warning signs of suicide, offer hope, get help and save a life.

[Learn more about QPR.](#) To arrange a free training, visit srhd.org/mrc.

Community resources available
online at srhd.org/chna-priorities





What You Can Do

You can help build a roadmap to overcome the issues preventing people from reaching their optimal health. Join us by creating change as an individual or organization. Individuals can use this report to make healthier choices for themselves and their families, take action to strengthen neighborhoods, and get involved in community improvement efforts. Organizations can create healthy workplaces, align programs with community needs, and get involved in community improvement efforts.

What We're Doing

The next step for MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and Spokane Regional Health District will be to create community health improvement plans that outline how to move from data to action.

MultiCare Health System Inland Northwest Region

MultiCare Health System Inland Northwest will develop a 3-year, progressive Community Health Needs Assessment (CHNA) Implementation Strategy for each of the selected CHNA priorities. With the CHNA cycle renewing in 2026, our current cycle's Implementation Strategies will be evaluated, with emphasis on progress, community needs and resources, as well as lessons learned in each area of focus. The new CHNA Implementation Strategies will be reviewed, discussed, and approved by MHS INW Hospital and Health Board Leadership and made publicly available by May 15, 2026.

Providence Inland Northwest Washington

Providence Spokane will develop a 3-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources, community strengths, and capacity. The 2025-2027 CHIP will be approved and made publicly available no later than May 15, 2025.

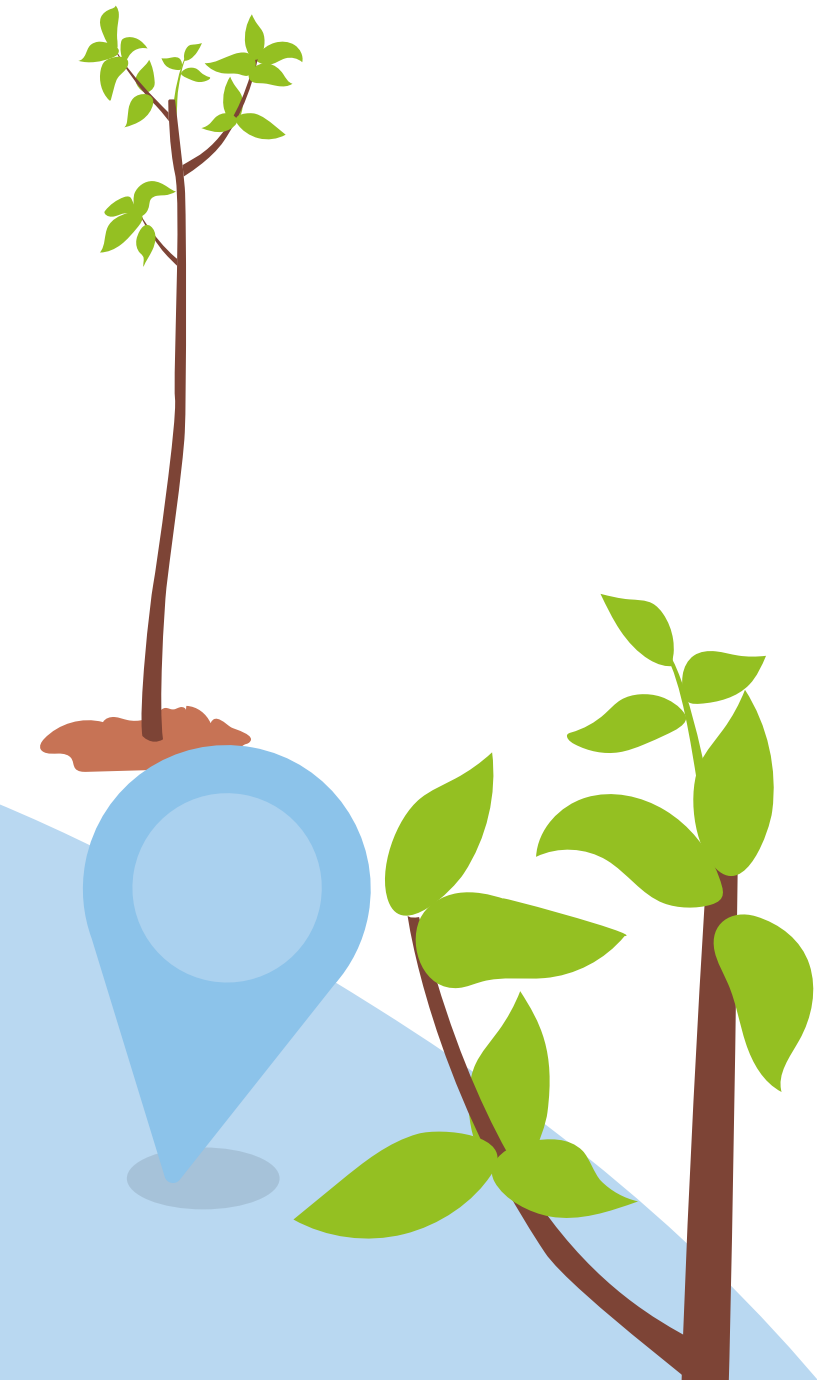
Spokane Regional Health District

Spokane Regional Health District (SRHD) is creating a community health improvement plan, working to identify effective strategies already in use and new strategies people want to see developed in Spokane County. The plan will cover key issues from the 2021-2022 and 2024-2025 Community Health Needs Assessments and will be published in 2025.

SRHD continues to take action to advance health equity. Learn more about recent and future efforts in the 2024 Health Equity Report: srhd.org/equity2024.

2027-2028 CHNA

We welcome thought partners, in-kind contributors, and sponsors for the 2027-2028 Community Health Needs Assessment. Connect with the Spokane Regional Health District Data Center at datacenter@srhd.org to learn more.



Appendices

Appendix A: Abbreviation Key, Additional Data Sources, and Materials Available by Request

Abbreviation Key

An abbreviation key for charts is outlined below.

- AIAN people: American Indian/Alaska Native people
- API people: Asian and Pacific Islander people
- Exp.: experiencing
- HS/GED: high school/General Educational Development
- NHOPI people: Native Hawaiian and Other Pacific Islander people

Additional Data Sources

County Health Insights

County Health Insights, an online data hub administered by the Spokane Regional Health District Data Center, gives the community information on health issues and affected populations. Data provided by County Health Insights may help direct health and social interventions to areas of greatest need and build support for health policies, as well as educate the public, community organizations, and policymakers on the community's health and well-being.

countyhealthinsights.org

County Health Rankings

County Health Rankings (CHR) provides a snapshot of health in counties across the U.S. The CHR model of health explores data about policies and programs, health factors, and health outcomes.

countyhealthrankings.org

Healthy Youth Survey

The Healthy Youth Survey is a Washington state survey of school-aged youth. It explores topics like mental health, substance use, physical movement, social engagement and support, families, and school experience. It also includes data about risk and protective factors.

askhys.net

Population Level Analysis and Community Estimates (PLACES)

PLACES is a public health tool that provides estimates for health-related measures at the local level. The tool identifies overlapping health and social needs as well.

cdc.gov/places

Spokane Trends

Spokane Trends provides local data on topics like economic vitality, education, public safety, and transportation.

spokanetrends.org

Washington Tracking Network (WTN)

The Washington Tracking Network monitors environmental and health indicators. The WTN includes data on demographics and community characteristics, health outcomes and surveillance, and climate change and the environment.

doh.wa.gov/wtn

Materials Available by Request

The following materials are available upon request.

1. Environmental Scan
 - a. Results
 - b. Tools and templates
2. Community Context Assessment
 - a. Codebook
 - b. Collective Sensemaking Analysis
 - c. Collective Sensemaking Workshop Results
 - d. Forces of Change Workshop Results
 - e. Guiding questions
 - f. Story Cards Analysis
 - g. Tools and templates
 - h. Visions of Health Analysis
 - i. Visions of Health Impactful Quotes
3. Community Status Assessment
 - a. Data collection plan
 - b. Guiding questions
 - c. Indicators graphics (in development)
4. Project Resources
 - a. Detailed methodology
 - b. Health Equity Action Spectrum presentation
 - c. Prioritization scores
 - d. Tools and templates

Appendix B: Outreach Strategy

Five groups were prioritized when seeking community input on the 2024-2025 Community Health Needs Assessment, including community members and leaders who are Indigenous, Black, Hispanic/Latino, LGBTQIA+, and/or low-income. The following table guided outreach for qualitative data collection and collective sensemaking activities.

Domain/area	Other Groups to Engage
Domain 1: Community Strengths and Assets	<ul style="list-style-type: none"> • Mutual aid organizations • Educators • Outreach workers/promotoras • Staff of community centers, nonprofits, and community health centers
Domain 2: Built Environment	<ul style="list-style-type: none"> • Staff and members of environmental justice organizations • Residents in low-income or affordable housing • Families with kids • Organizations that use parks and recreation facilities • Staff from housing, redevelopment, and planning agencies • Tenants' unions
Domain 3: Forces of Change	<p>Prior groups, plus the following:</p> <ul style="list-style-type: none"> • Food banks/pantries • Business leaders • Educators • Disaster preparedness staff • Neighborhood groups • Librarians • Historians, archivists, and scholars • Regional planners
Collective sensemaking	<ul style="list-style-type: none"> • All prior groups



Appendix C: Life Expectancy Tables

Life Expectancy by Sex and Race, Spokane County, 2022^a

Age (years)	Total	Female	Male	AI/AN*	Asian	Black	Hispanic	Multi-Race	Pacific Islander	White
>1.....	77.5	80.2	74.9	69.5	82.6	71.1	77.0	88.6	64.7	77.5
1-4	76.8	79.6	74.2	68.5	81.6	70.5	76.4	88.0	63.7	77.0
5-9	72.9	75.6	70.3	64.5	77.6	66.5	72.4	84.0	59.7	73.1
10-14	67.9	70.6	65.3	59.5	73.1	61.5	67.4	79.0	54.7	68.1
15-17	63.0	65.6	60.4	54.5	68.1	56.5	62.4	74.0	50.2	63.1
18-19	60.0	62.7	57.5	51.5	65.1	53.5	59.4	71.0	47.2	60.2
20-24	58.1	60.7	55.6	49.9	63.1	51.5	57.6	69.0	45.2	58.3
25-29	53.3	55.9	50.8	44.9	58.4	47.1	52.9	64.4	40.9	53.4
30-34	48.6	51.0	46.3	40.2	53.4	43.5	48.2	59.5	36.5	48.7
35-39	44.1	46.3	42.0	36.3	48.6	38.7	43.5	55.0	32.0	44.3
40-44	39.7	41.6	37.7	32.2	43.8	34.7	39.0	51.1	29.0	39.7
45-49	35.3	37.0	33.5	28.3	39.2	30.6	34.9	46.6	23.9	35.3
50-54	30.8	32.5	29.2	24.6	34.2	26.5	30.3	41.9	21.2	30.9
55-59	26.7	28.2	25.1	20.4	29.4	22.4	26.1	37.7	**	26.8
60-64	22.7	24.0	21.3	17.0	24.9	19.6	21.9	33.3	16.3	22.7
65-69	18.9	19.9	17.9	13.8	20.9	15.4	18.3	29.8	**	19.0
70-74	15.4	16.0	14.6	11.7	17.2	13.7	15.1	25.4	10.2	15.4
75-79	12.0	12.4	11.4	7.7	13.5	10.5	11.9	21.8	8.4	11.9
80-84	8.9	9.2	8.5	6.8	9.4	7.0	7.9	17.8	**	8.9
85+.....	6.3	6.6	6.0	4.2	6.2	3.0	6.1	14.4	1.0	6.4

^aData from Washington State Department of Health, Death Certificate Data¹⁵

*American Indian/Alaska Native

**Removed due to a high relative standard error (RSE). A high RSE means data are unreliable.

Appendix D: Data Sheets on Priorities

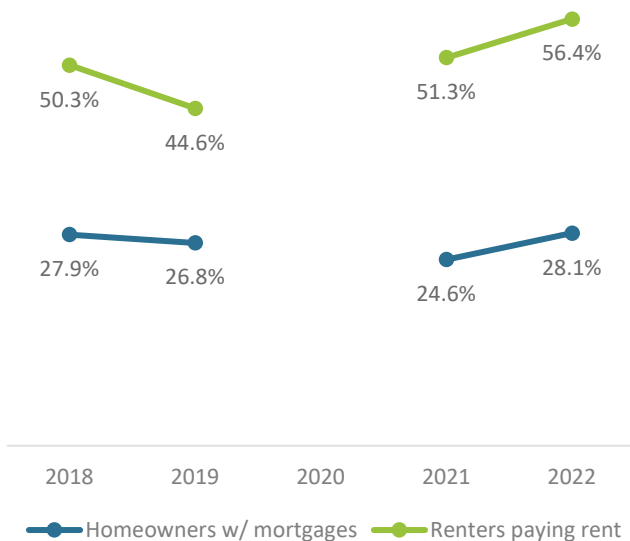
Many people are housing cost burdened in Spokane County, but renters are disproportionately impacted.

Housing Cost Burden

Households that spend more than 30% of their income on housing costs are cost burdened. Cost burdened households experience more financial stress and spend less on health care.ⁱ

In 2022, an estimated 28.1% of homeowners with a mortgage and 56.4% of renters spent 30% or more of their household income on housing costs.ⁱⁱ Additionally, only 33.2% of renters spent less than 25% of their household income on housing costs compared to 61.7% of homeowners. This highlights disparities in the housing cost burden between homeowners and renters.

Households Paying More than 30% of Income on Housing, Spokane County, 2018-2022^a



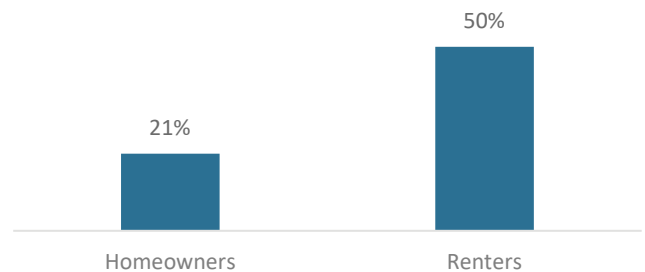
^aData from American Community Surveyⁱⁱ

Housing Insecurity

From 2017 through 2021, more than 31% of households in Spokane County had 1 or more of the following problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.ⁱⁱⁱ This does not capture households where cost burden was not available and they had no other problems.

Homeowners had better quality housing. Approximately 21% of homeowners had at least 1 of the 4 problems, while 50% of renters had at least 1 of the 4 problems.

Households with at least 1 Problem, Spokane County, 2017-2021^a



^aData from U.S. Department of Housing and Urban Developmentⁱⁱⁱ

ⁱ Maqbool N, Viveiros J, Ault M. The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy. April 2015. <https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-A-Research-Summary.pdf>

ⁱⁱ U.S. Census Bureau. American Community Survey 1-Year Estimates. Table DP04: Selected Housing Characteristics. 2018-2022. <https://data.census.gov/>

ⁱⁱⁱ Consolidated Planning/Comprehensive Housing Affordability Strategy Data. U.S. Department of Housing and Urban Development; 2024. Updated September 12, 2024. Accessed October 17, 2024. https://www.huduser.gov/portal/datasets/cp.html#query_2006-2021

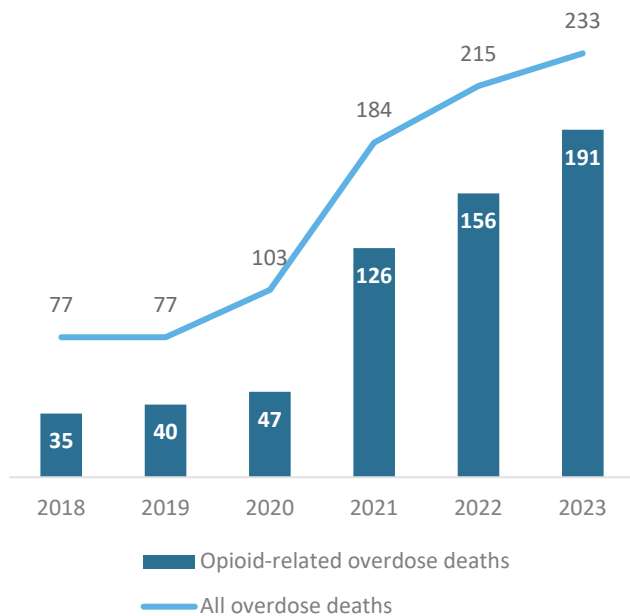
Substance use increasingly results in deaths by overdose in Spokane County.

Drug Overdose Deaths

Overdose deaths are preventable. The number of drug overdose deaths increased every year from 2019 through 2023.ⁱ In 2023, 42.3 people died from drug overdoses for every 100 000 residents. Not all groups die from overdoses at equal rates. Combining data from 2018 through 2022 shows differences in rates by age, race, and sex.

- Age: People aged 15 to 24 and 65+ years died from drug overdoses at the lowest rate. People aged 25 to 44 and 45 to 64 years died from drug overdoses at the highest rates.
- Race: Multiracial residents died from drug overdoses at the lowest rate. Black and American Indian and Alaska Native residents died from drug overdoses at the highest rates.
- Sex: Males died from drug overdoses 1.9 times more often than females.

Drug Overdose Deaths, Spokane County, 2018-2023^a



^aData from Washington State Department of Health, Death Certificate Dataⁱⁱⁱ

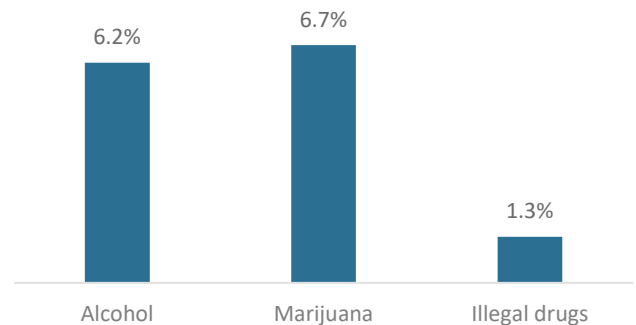
Substance Use (Youth)

Some youth are more likely than others to use substances.ⁱⁱ Emotional and environmental stressors increase the risk of youth substance use and adverse outcomes. Additionally, most adults with substance use disorders started using substances as a teen or young adult.

In 2023, 6.7% of 6th, 8th, 10th, and 12th-grade youth used an illicit drug at least once in a 30-day period.ⁱⁱⁱ The rate changed based on grade, mother’s education, race, and sex.

- Grade: Substance use increased as age and grade increased. More than 16% of 12th grade youth used a substance compared to 1.5% of 6th grade youth.
- Mother’s education: The percentage of youth who used substances decreased as their mother’s education level increased.
- Sex: Females were more likely to use substances than males.

Youth Substance Use in Last 30 Days, Spokane County, 2023^{a,†}



^aData from Healthy Youth Survey²

[†]Grade is used as a proxy for youth age throughout this report.

ⁱ Community Health Assessment Tool (CHAT). Death Certificate Data (1990-2023). Washington State Department of Health, Center for Health Statistics.

ⁱⁱ High-Risk Substance Use Among Youth. Centers for Disease Control and Prevention. September 29, 2022. Accessed September 14, 2024. <https://www.cdc.gov/healthyyouth/substance-use/>

ⁱⁱⁱ Washington Healthy Youth Survey (2018-2022). Washington State Health Care Authority, Department of Health, Office of the Superintendent of Public Instruction, and Liquor and Cannabis Board.



Priority #3: Improve Mental Health

Mental health challenges, like anxiety, depression, and trauma, affect health and well-being in Spokane County.

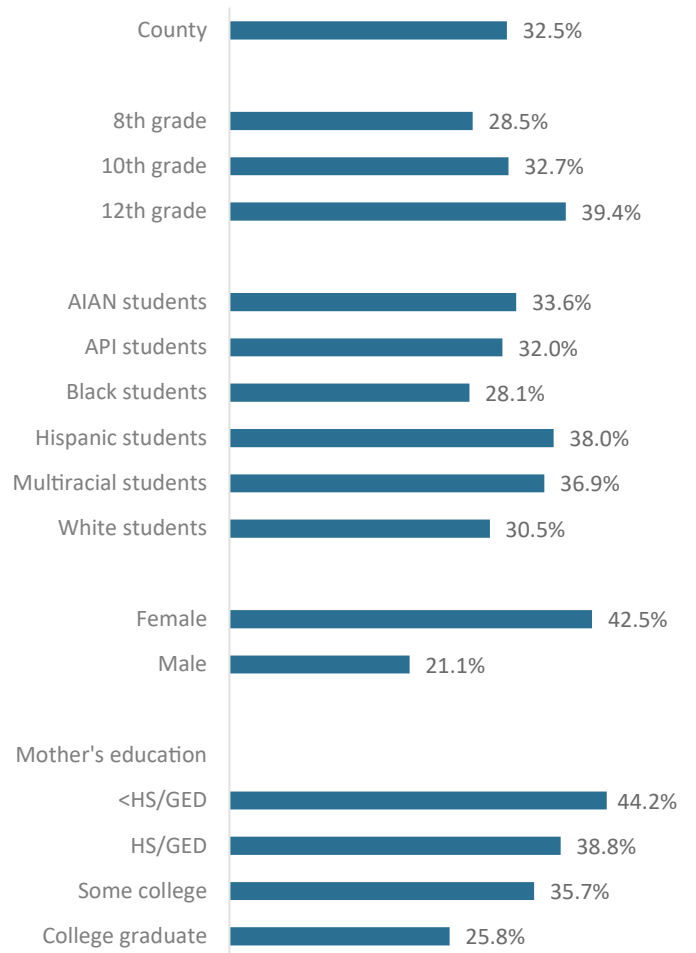
Depressive Feelings (Youth)

Depression impacts more than youth mental health. Youth with depression are more likely to struggle with school, decision making, and healthy choices.ⁱ Having poor mental health increases youth risk of substance use and higher risk sexual behaviors. Additionally, habits formed as an adolescent carry over to adulthood.

In 2023, 32.5% of youth in grades 8, 10, and 12 felt so sad or hopeless for 2 weeks or more that they stopped doing some of their usual activities in the past 12 months.ⁱⁱ Some youth were more likely to be affected by persistent depressive feelings than others.

- Grade: 12th-grade youth were most likely to report depressive feelings.
- Mother’s education: Youth depressive feelings decreased as their mother’s education level increased.
- Race/ethnicity: Black youth were least likely to report depressive feelings.
- Sex: Females were twice as likely as males to report depressive feelings.

Youth Who Felt Sad or Hopeless for 2 Weeks or More in the Past 12 Months, Spokane County, 2023^a



^aData from Healthy Youth Surveyⁱⁱ



Indicators Index

Description of the Community	13
Population & Age	13
Disability	13
Citizenship Status	13
Family Structure	14
Language Access	14
Languages Spoken	14
Race/Ethnicity (Total)	15
Race/Ethnicity (<18)	15
Health Behaviors and Health Outcomes	16
Health Status	16
<i>Fair/Poor Health</i> -----	16
<i>Unhealthy Mental Health Days</i> -----	16
<i>Unhealthy Physical Health Days</i> -----	17
<i>Life Expectancy</i> -----	17
Health Behaviors	18
<i>Dental Checkups</i> -----	18
<i>Colorectal Cancer Screenings</i> -----	19
<i>Physical Activity (Youth)</i> -----	19
<i>Preventable Hospital Stays</i> -----	20
<i>Smoking (Adults)</i> -----	20
<i>Substance Use (Youth)</i> -----	21
<i>Usual Source of Care (Adults)</i> -----	21
<i>Vaping (Youth)</i> -----	22
<i>Vaccination (Children)</i> -----	22
Disease/Injury	23
<i>Asthma (Youth)</i> -----	23
<i>Cancer</i> -----	23
<i>Causes of Hospitalization</i> -----	24
<i>Depressive Feelings (Youth)</i> -----	24
<i>Diabetes</i> -----	25
<i>Emergency Department (ED) Visits – Attempted Suicide</i> -----	25
<i>Emergency Department (ED) Visits – Domestic Violence</i> -----	26
<i>Emergency Department (ED) Visits – Suspected Child Abuse and Neglect</i> -----	26
<i>High Blood Pressure</i> -----	27
<i>Hospitalization – Falls</i> -----	27
<i>Hospitalization – Intentional Injury</i> -----	27
<i>Low Birthweight</i> -----	28
<i>Obesity</i> -----	28
<i>Sexually Transmitted Infections</i> -----	29
<i>Syphilis</i> -----	29

Mortality	30
<i>Leading Causes of Death</i> -----	30
<i>Drug Overdose Deaths</i> -----	31
<i>Infant Mortality Rate</i> -----	31
<i>Suicide Mortality Rate</i> -----	32
<i>Unintentional Injury Mortality Rate</i> -----	32
Social Determinants of Health	33
Economic Stability	33
<i>Food Insecurity (Households)</i> -----	33
<i>Food Insecurity (Youth)</i> -----	33
<i>Free/Reduced-Price Lunch</i> -----	34
<i>Homelessness by Age and Race</i> -----	34
<i>Median Household Income</i> -----	34
<i>Poverty and Near Poverty</i> -----	35
<i>Unemployment</i> -----	35
Education Access and Quality	36
<i>Educational Attainment</i> -----	36
<i>On-Time Graduation</i> -----	36
Health Care Access and Quality	37
<i>Health Professional Shortage Areas</i> -----	37
<i>Insured (Adults)</i> -----	37
Neighborhood and Built Environment.....	38
<i>Food Access</i> -----	38
<i>Housing Cost Burden</i> -----	39
<i>Housing Insecurity</i> -----	39
Social and Community Context	40
<i>Child Abuse and Neglect Reports</i> -----	40
<i>Domestic Violence Offenses</i> -----	40
<i>Violent Crime</i> -----	40
<i>Mutual Aid</i> -----	40
<i>Political Participation</i> -----	41
<i>Social Associations</i> -----	41
Systems of Power, Privilege, and Oppression	42
Income Inequality.....	42
Incarceration Rates.....	43

References

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