Providence

2021

COMMUNITY HEALTH NEEDS ASSESSMENT EXECUTIVE SUMMARY

Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital (Spokane, WA)

UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is foundational to our Mission and a commitment deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, especially our neighbors who are most economically poor and vulnerable.

The CHNA was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness, and other important community health issues and needs in partnership with the Spokane Regional Health District (SRHD) and MultiCare Hospital Systems in the Spokane community including Deaconess and Valley Hospitals. The collaboration between health systems allows for a deeper look into priority health needs, stronger relationships, and alignment of improvement efforts for more effective and sustainable change.

The collaborative CHNA report is available in Appendix 1.

The 2021 CHNA was approved by the Providence Health Care Community Ministry Board on November 4, 2021 and made publicly available by December 28, 2021.

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Providence Sacred Heart Medical Center and Providence Holy Family Hospital provide care to Spokane County, which includes a population of approximately 528,652 people.

Approximately 60 indicators were chosen that help illustrate the health of the community. Demographic data and data on key socioeconomic drivers of health status – including poverty, housing and educational attainment – are presented first. This is followed by the data and analysis of each health indicator and identified disparities and trends in the data.

Input was gathered through key informant interviews and focus groups from individuals representing the broad interests of their communities. Participants were prioritized to include groups experiencing

inequities in the determinants of health or who have historically been excluded from community conversations. A list of participating community partners can be found in the 2021 CHNA.

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Healthy Youth Survey (HYS)
- Birth and Death Certificate data
- Washington State Office of Financial Management (OFM)
- Washington State Department of Health, Center for Health Statistics
- American Community Survey (ACS)
- Washington State Cancer Registry (WSCR)
- Comprehensive Hospitalization Abstract Reporting System (CHARS)
- The Office of the Superintendent of Public Instruction (OSPI)
- Washington State Immunization Information System (IIS)
- Department of Social and Human Services (DSHS)
- County Health Insights, SRHD
- Quality of Life, SRHD
- LGBTQ+ survey, SRHD

To actively engage the community, we conducted listening sessions and stakeholder interviews with representatives from organizations that serve various populations, specifically seeking to gain deeper understanding of community strengths and opportunities throughout 2021. Some key findings include the following:

- Culture was a strength and that the sense of belonging, connection, solidarity, understanding and commonality that came with sharing cultural foods, speaking in their native languages, and gathering with folks who looked like them was essential to their communities and their health.
- Different communities act as a link or network to resources, an informal safety net when more formal resources are inaccessible.
- Spirituality and religion were themes for many communities, providing a place for emotional support.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. A full accounting of data limitations can be found in the full CHNA report. For more information related to the CHNA methods and process please see the full CHNA document in Appendix 1.

IDENTIFYING COLLABORATIVE HEALTH PRIORITIES

Through a collaborative process engaging the Spokane community and based on data from the Spokane County 2021 CHNA, priority health needs among Spokane County residents were identified. These

priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes. The prioritization criteria included trend, comparison to Washington state, number of disparities, percentage of the population impacted, and the amount of concern expressed in community conversations. To ensure that community voice was represented in the prioritization, a list of top-scoring indicators, along with frequently mentioned themes from the community not represented by indicator data was sent to interview and focus group participants. Participants were asked to vote for the top 3 priorities that most impact their communities.

Spokane County 2021 CHNA identified the following priority areas: high housing cost burden/ homelessness (#1), racism/discrimination (#2), domestic violence (#3), and poor mental health in adults (#4). For a description of significant health needs and list of potential resources available to address the identified needs, see the collaborative CHNA report.

PROVIDENCE SACRED HEART MEDICAL CENTER AND CHILDREN'S HOSPITAL AND PROVIDENCE HOLY FAMILY HOSPITAL 2021 PRIORITY NEEDS

Based on the collaborative priorities above and known efforts of other partners, Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital are committed to addressing the following priority areas:

High housing cost burden/homelessness**:** The lack of available housing (low vacancy rate) and the lack of affordable housing along with specific barriers that kept them from getting housing. The instability or lack of housing was a threat to health. Food insecurity is a contributing factor to housing cost burden and necessity to address for health.

Domestic violence and child abuse**:** Felt throughout all areas of need, from housing and economic pressures to mental health and discrimination. Providence is including child abuse due to our Children's hospital and the extreme cases we see through that specialty.

Poor mental health**:** The lack of mental health services available in the languages that they speak, and the barriers are even greater for those that are undocumented. Stigma and shame around mental health is prevalent in some communities and therefore mental health issues are underreported or hidden. Stakeholders shared stressors, trauma, culture shock, the fear of deportation, basic needs not being met, family violence, racism and discrimination as some of the causes for mental health issues.

Access to health services: Throughout the pandemic there has been a need to focus on access to health care, education, and prevention access. This has been a continued need of the poor and vulnerable as evident in the homeless data as well as from the statement from the focus groups and interviews.

Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2022-2024 CHIP will be approved and made publicly available no later than May 15, 2022.

MEASURING OUR SUCCESS: RESULTS FROM THE 2018 CHNA AND 2019-2021 CHIP

This report evaluates the impact of the 2019-2021 CHIP. Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. This summary includes just a few highlights of our efforts across Spokane County. In addition, we invited written comments on the 2018 CHNA and 2019-2021 CHIP, made widely available to the public. No written comments were received on the 2018 CHNA and 2019-2021 CHIP. Below is a summary of the outcomes for each priority:

Table 1. Outcomes from 2019-2021 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Reduce family violence and trauma	YWCA hospital outreach	DV survivors identified through program will have enhanced safety plans	As a result of contact with the hospital and court-based advocacy project, 80% or more of identified domestic violence survivors created strategies for enhancing their safety.
Increase access to mental health and substance abuse treatment	Excelsior referral program	Increase ability to navigate community services as a result of this program	33 clients diverted from inpatient care with 22 clients and families assisted with holistic resource needs.
Increase access to affordable housing	Respite programs for patients experiencing homelessness.	Stably house individuals who experience medical needs	Family Respite on hold due to COVID, 47% exited to permanent housing.

2021 CHNA Governance Approval

11-11-2021

Peg Currie — Date
Chief Executive, Providence Health Care Service Area

11-11-2021

Larry Soehren — Date
Chair, Providence Health Care Community Ministry Board

12-22-2021

Justin Crowe — Date
Senior Vice President, Community Partnerships
Providence

CHNA/CHIP Contact:

Merry Hutton
Regional Director, Community Health Investment
merry.hutton@providence.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

Appendices

APPENDIX 1. SPOKANE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Spokane County Community Health Needs Assessment

2021 - 2022

Sponsors

MultiCare Health System
Providence Health System

Contributors

Empire Health Foundation
Spokane Regional Health District

Data Analysis & Report Preparation

Amy Riffe, Research Scientist
Brittany Bannon, Research Scientist
Danielle Wrenn, Program Manager
Morgan Rosengrant, Research Scientist
Naomi Abella, Research Scientist
Sara Rodgers, Research Scientist
Maker and Made, Graphic Design Firm

Planning Team

Emma Noyes, Empire Health Foundation
Jamilia Sherls-Jones, MultiCare
Sara Clements-Sampson, Providence
Stefan Agyemang, MultiCare

MultiCare

PROVIDENCE
Health Care

05 Introduction

Summary of Needs Assessment

Methodology

Data Limitations

COVID-19

Prioritization

09 Description of the Community

Demographics

Housing

Housing Affordability

Housing Affordability Index

Rental and Homeowner Vacancy Rates

Homelessness

17 Economic Characteristics

Income and Employment

Unemployment

Education

21 Leading Causes of Death

Life Expectancy

Unintentional Injury Deaths

Leading Causes of Death

25 Chronic Illness

Hypertension, Adults

Asthma, Youth

Leading Causes of Hospitalization

Leading Causes of Cancer

Diabetes Prevalence, Adults

29 Access to Health Care and Use of Preventive Services

Childhood Vaccination Rates 19-35 Months (Full Series)

Uninsured Adults

Colorectal Cancer Screening

Dental Checkups, Adults

Provider Shortage Area

33 Mental Health and Substance Abuse

Poor Mental Health, Adults

Depression Prevalence, Teens

E-cig or Vape Pen Use, Teens

Alcohol, Marijuana, Painkiller or Any Illicit Drug Use in the Past 30 Days, Teens

Marijuana Use, Teens

Current Cigarette Smokers, Adults

Opioids & Other Drug-Related Deaths

41 Maternal and Child Health

Infant Mortality

Early and Adequate Prenatal Care

Low Birth Weight

45 Physical Activity, Nutrition and Weight

Meets Physical Activity Recommendations, Adults and Youth

Drank Soda or Sugar-Sweetened Beverages Daily, Youth

Obese/Overweight, Adults and Youth

49 Violence and Injury

Suicide

Firearm-Related Deaths

Intentional Injury Hospitalizations (Top Three)

Domestic Violence

Child Abuse and Neglect

55 Community Voice

Quality of Life

LGBTQIA2S+ Needs Assessment in Spokane County

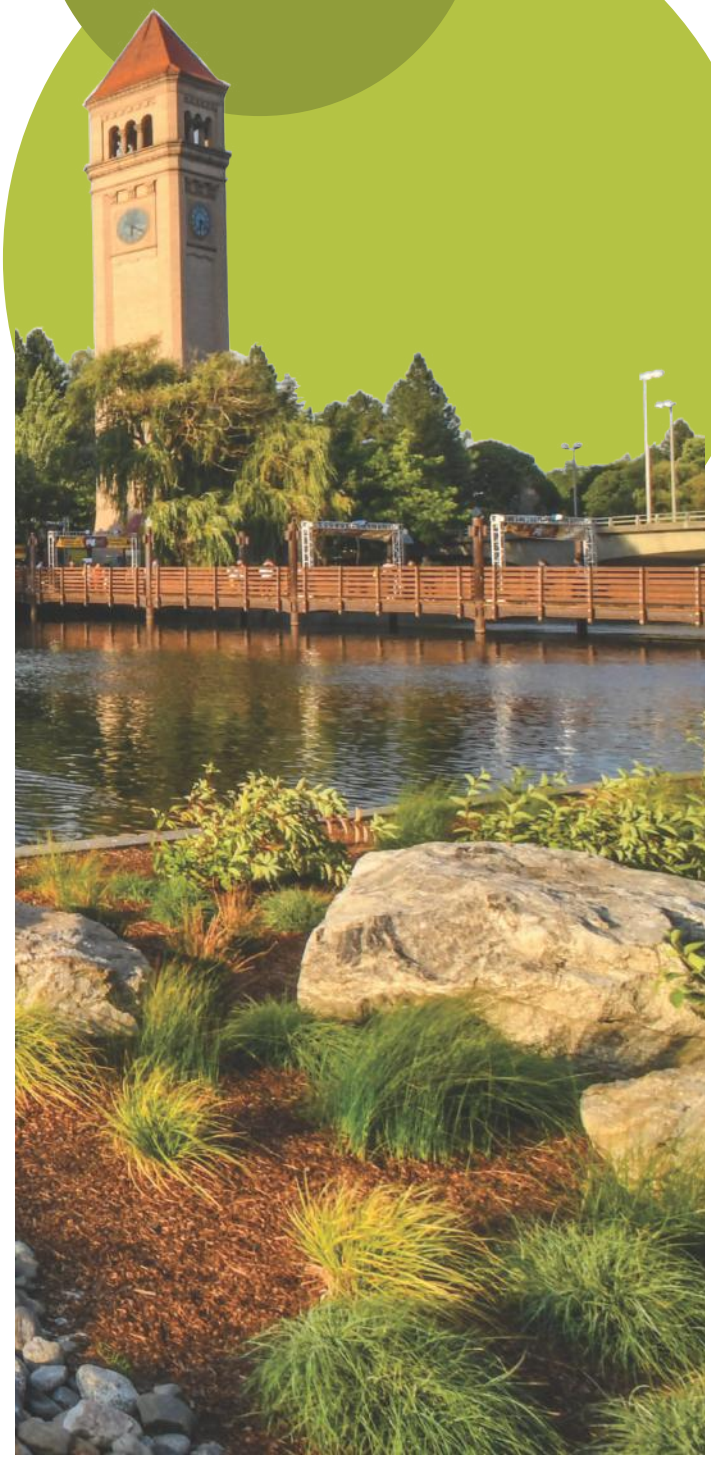
Community Assets

67 Supplemental Information

Quantitative Data Sources and Methods

Calculating and Interpreting Rates

Selection of Priority Health Needs



A HEALTHY COMMUNITY IS ONE THAT EMBRACES DIVERSITY OF ALL TYPES

- Interview Participant

Introduction

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

Historically, Spokane County needs assessments were independently planned and conducted by individual organizations or single coalitions. In 2018, local stakeholders across multiple sectors worked to align planning and assessment cycles to leverage resources and improve collaboration for collective impact. This collaborative community-wide assessment is planned to occur every five years with the intention of syncing assessment and improvement efforts across the community. The Affordable Care Act (ACA, 2010) requires that nonprofit hospitals conduct a Community Health Needs Assessment (CHNA) once every three years. MultiCare, Providence and Empire Health Foundation have partnered with Spokane Regional Health District (SRHD) to conduct a mid-term 2021 CHNA to satisfy this requirement and to guide improvement planning over the next three years. This collaboration between health systems allows for a deeper look into priority health needs, stronger relationships, and alignment of improvement efforts for more effective and sustainable change. The purpose of this document is to present the findings of Spokane County's 2021 CHNA.

This report is a collection of data on more than 60 health indicators that represent the health behaviors, health outcomes, and status of residents in Spokane County. Community input was gathered through focus groups, key-informant interviews, LGBTQ+ needs assessment, and the 2020 Quality of Life (QOL) survey. While indicator data can serve as a guidepost, community voice allows for a deeper dive into the context behind the numerical data. Participants and stakeholders can use this document to help identify priorities for program planning and funding over the next three years.

Summary of Needs Assessment Methodology

This report was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness, and other important community health issues and needs.

Approximately 60 indicators were chosen that help illustrate the health of the community. Demographic data and data on key socioeconomic drivers of health status are presented first. This is followed by the data and analysis of each health indicator and identified disparities and trends in the data.

Input was gathered through key informant interviews and focus groups from individuals representing the broad interests of their communities. Communities experiencing disparities in the determinants of health and those who have historically been left out of community conversations were prioritized.

Data Limitations

This CHNA presents a robust set of secondary data indicators that enable a broad view of the health needs of Spokane County. However, as with all data reports, there are some limitations:

- Data regarding age, race, ethnicity and gender were not available for all indicators, which limited the author's ability to look at health inequities in the community.

- Data for Spokane County may be limited by the size of the population, requiring aggregation of several years of data. This limited the author's ability to represent the most current state of health.

- Data for some indicators are not always collected annually, resulting in the use of data that are several years old.

- There can be uncertainty or error in the measurement of a reported indicator, which can be due to several factors (e.g., biases due to selection or unrepresentative samples, under- or overreporting in surveys, and small numbers limiting data accuracy). To address the issue of uncertainty due to small numbers for some of the demographic breakdowns, aggregated data are reported when appropriate. Data aggregation was performed using a few approaches, including combining data for certain population subgroups or reporting the average estimate across multiple years.

- When statistical comparisons between population subgroups were appropriate (i.e., when there were sufficient data for reliable and accurate estimates), statistically significant differences were noted.

For the purposes of this report, when the likelihood that the reported group difference was due to chance alone was less than 5%, this was viewed as a statistically significant result. Importantly, differences that are not statistically significant may have practical importance. It is also still possible that other statistically significant differences were missed due to chance.

• Each chart includes some demographic breakdowns. The use of aggregated data is indicated in the chart title. Statistically significant differences across all available demographic breakdowns are noted for each indicator. Due to space constraints, all available demographics are not represented in every chart. For more information about select indicators, visit the County Health Insights website at countyhealthinsights.org.

COVID-19

COVID-19 has impacted individuals and families throughout the nation and worldwide. In Spokane County, the first cases were detected in March 2020. School closures and a subsequent stay-at-home order soon followed. COVID-19 changed everyday life for many individuals and families. Many people lost employment and in-person social events were restricted. The indicators included in this report highlight inequities that existed prior to the COVID-19 pandemic. Unfortunately, the COVID-19 data illustrate how existing health inequities and discrimination can lead to communities with fewer resources bearing the brunt of a global health crisis.

• In Spokane County, Pacific Islanders, Hispanics and Blacks experienced significantly higher rates of cases, deaths and hospitalizations associated with COVID-19 than whites. As of Aug. 25, 2021, Spokane County recorded 55,083 cases and 727 deaths. For more information about the impacts of COVID-19 in Spokane County, please visit Spokane Regional Health District's COVID-19 website at covid.srhd.org.

Prioritization

Based on data from this CHNA, priority health needs among Spokane County residents were identified. These priorities were determined by applying a prioritization process and criteria to the health indicator data and community engagement themes. The prioritization criteria included trend, comparison to Washington state, number of disparities, percentage of the population impacted, and the amount of concern expressed in community conversations.

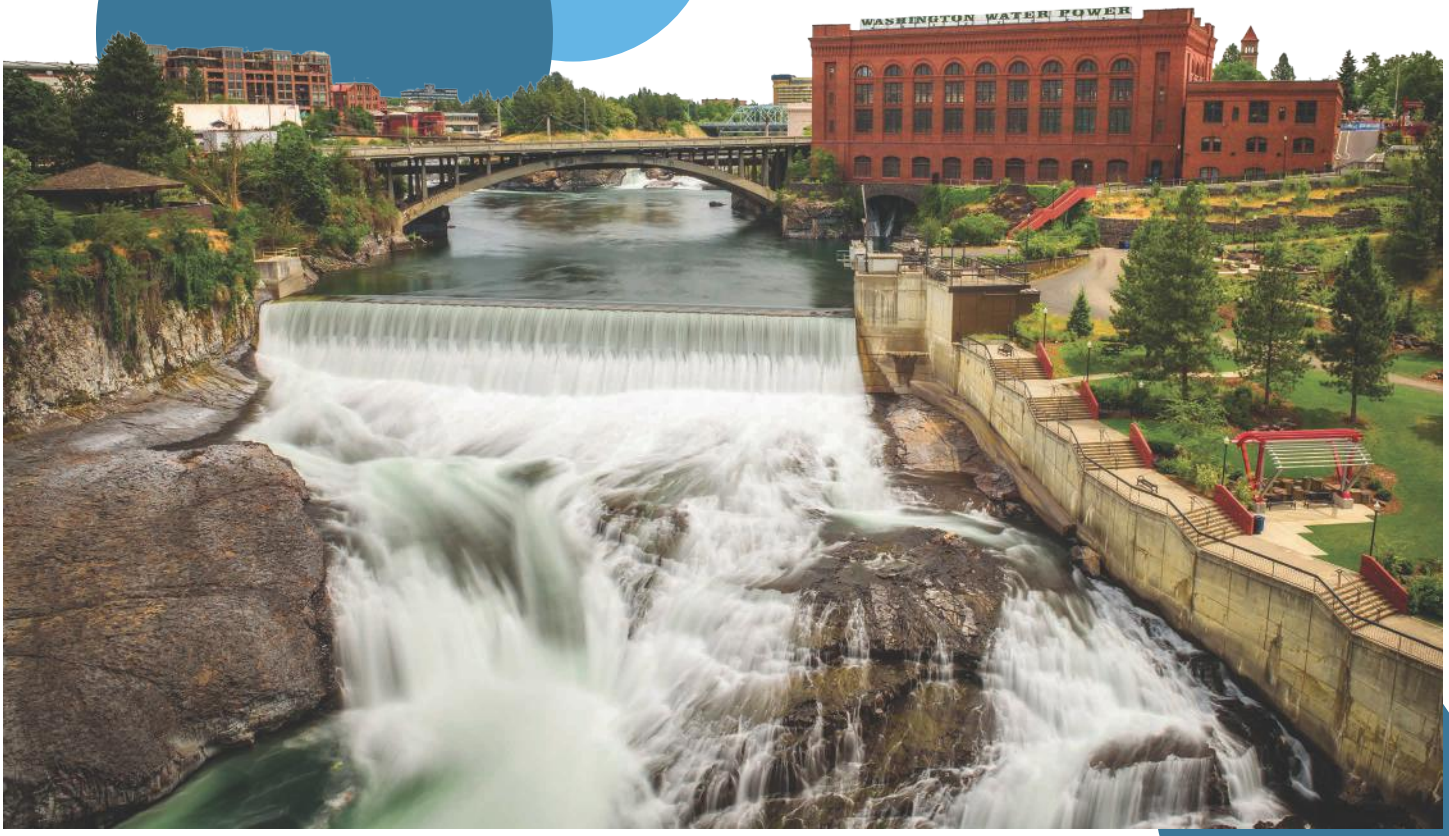
To ensure that community voice was centered in the prioritization, a phased approach was used in the prioritization process. During the second phase, a list of top-scoring indicators from the prioritization criteria, along with frequently mentioned themes from the community that were not represented by indicator data, was sent to interview and focus group participants. Participants were asked to vote for the three priorities that most impacted their communities.

The following issues scored the highest:

- High housing cost burden and homelessness
- Racism and discrimination
- Domestic violence
- Poor mental health in adults

These priority health needs provide guidance for planners and decision makers about where to provide community benefit programs and services to address the most important health needs of the community. Working together on these priorities, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in Spokane County.

Although it is objective, this approach has limitations. Different selection criteria might have resulted in a different list of priority areas. This method identifies problem areas, but not solutions. For some problem areas, solutions may be unknown or impractical. For these reasons, the list of priority needs can be viewed as a starting point for discussion, not a definitive short list requiring action.



Description of the Community

Understanding who lives in a community is the first step toward understanding that community's health needs. The demographic characteristics of a community are strong predictors of health outcomes and health service needs. For example, communities with largely older populations may have different health needs than those with younger populations. Factors such as lower income and lower education levels are also strongly linked to worse health outcomes.

Demographics

Population by Age Group

0-19	134,401	26%
20-34	104,638	20%
35-64	187,049	36%
65+	89,163	17%
Total	515,251	

**Source: Washington State Office of Financial Management - April 1 Official Population Estimates*

In 2019, the population of Spokane County was 515,251. The population had increased from 492,530 in 2016. Seniors made up the smallest proportion of Spokane County's population but saw an increase of 2% from 2016. Over the last decade, the percentage of seniors has increased by 4%, while the percentage under the age of 18 has remained steady.

Demographics *Continued*

Population by Race/Ethnicity

White	456,558	88.6%
Black or African American	10,255	2.0%
American Indian/Alaska Native	8,930	1.7%
Asian	13,609	2.6%
Native Hawaiian/Other Pacific Islander	3,088	0.6%
Two or More Races	22,810	4.4%
Hispanic	29,334	5.7%
Non-Hispanic	485,916	94.3%

**Source: Washington State Office of Financial Management - April 1 Official Population Estimates*

According to 2019 data, Spokane County was not racially diverse. Among Spokane County residents, 88.6% were white, 4.4% were of two or more races, 2.6% were Asian, 2% were Black, 1.7% were American Indian/Alaska Native, and 0.6% were Native Hawaiian and other Pacific Islander. Residents of Hispanic ethnicity comprised 5.7% of Spokane County's population.

Demographics *Continued*

Population Under the Age 18 by Race/Ethnicity

Age	Total	White	Black	AIAN	Asian	NHOPI	2+ Races	Hispanic	Non-Hispanic
0 to 17	117,511	96,657	2,777	2,650	2,943	1,126	11,357	11,159	106,352
Percent	100.0%	82.3%	2.4%	2.3%	2.5%	1.0%	9.7%	9.5%	90.5%

**Source: Washington State Office of Financial Management - April 1 Official Population Estimates*

Demographic data for youth under the age of 18 shows a slightly more diverse population, with 82.3% white and 9.7% two or more races.

Immigration/Non-English-Speaking Persons

The majority of Spokane County residents speak only English at home (92.2%), followed by Spanish (2.2%) and Russian (1.7%). Three percent of Spokane County residents speak English "less than very well."

Population by Top 10 Languages Spoken

Total	451,005	100%
Speak only English	415,680	92.2%
Spanish or Spanish Creole	9,807	2.2%
Russian	7,683	1.7%
Other Slavic languages	2,024	0.4%
Vietnamese	2,005	0.4%
German	1,701	0.4%
Other Pacific Island languages	1,208	0.3%
Chinese	1,163	0.3%
French (incl. Patois, Cajun)	1,006	0.2%
Arabic	871	0.2%
Speak English less than "very well"	13,897	3.1%

Source: U.S. Census Bureau, American Community Survey 2011-2015 5-Year Estimates Table B16001

Demographics *Continued*

Population by Immigration (foreign born)

	Spokane County	Percent	WA State	Percent
U.S. citizen, born in the U.S.	489,797	93.7%	6,348,748	83.4%
U.S. citizen, born in Puerto Rico or U.S. island areas	967	0.2%	22,847	0.3%
U.S. citizen, born abroad of American parent(s)	3,484	0.7%	110,464	1.5%
U.S. citizen by naturalization	18,213	3.5%	533,236	7%
Not a U.S. Citizen	10,337	2%	599,598	7.9%
Total	522,798	100%	7,614,893	100%

Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table B05001

Disability

Disabilities can include physical or mental health conditions that make it more difficult to perform and/or result in substantial activity limitations in any one or more of six functions: hearing, vision, cognition, ambulatory, self-care or independent living. Disabilities can negatively impact a person's quality of life and limit the opportunity to hold a steady job.

Population of individuals Living with a Disability by Age Group

	Spokane County	WA State
Total	14.1%	12.7%
Under 5 years	0.6%	0.5%
5-17 years	6.6%	5.8%
18-34 years	8.2%	6.9%
35-64 years	15.5%	12.2%
65-74 years	24.8%	24.1%
75+ years	43.9%	49.4%

Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table S1810

Housing

Housing is a basic human need. When an individual is worried about meeting this need, they cannot pursue other areas of their life, such as education, work and family development. From a health perspective, there is a clear link between the availability and quality of housing and health. Poor-quality housing is associated with multiple negative health outcomes, including chronic disease, injury and poor mental health. Low-income families and racial and ethnic minorities may be more likely to live in poor-quality housing and suffer adverse health outcomes as a result.[1] The availability of affordable housing choices for Spokane County residents is currently low. Making housing more affordable and available to all residents has been identified as a top priority in previous Spokane County needs assessments.

- In 2019, there were 211,723 occupied housing units in Spokane County. Of these, 38.6% were renter-occupied units and 61.4% were owner-occupied units.

Housing Affordability

In 2019, nearly half of renters (44.6%) and a third (26.8%) of homeowners with a mortgage in Spokane County were paying more than 30% of their household income on housing; spending more than 30% of household income on housing is financially burdensome. These rates have decreased from 2015, when 52% of renters and 32% of homeowners with a mortgage experienced financial burden, spending more than 30% of their household income on housing.

Population of Homeowners with a Mortgage by Monthly Costs as a Percentage of Household Income

	Spokane County	Spokane %	WA state %
Total	86,276	100%	100%
Less than 20.0%	38,461	44.6%	41.9%
20.0% to 24.9%	14,190	16.4%	17.1%
25.0% to 29.9%	10,452	12.1%	12.3%
30.0% to 34.9%	6,160	7.1%	8.1%
35.0% +	17,013	19.7%	20.7%

Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table DP04

Housing *Continued*

Renter Population by Gross Rent as a Percentage of Household Income

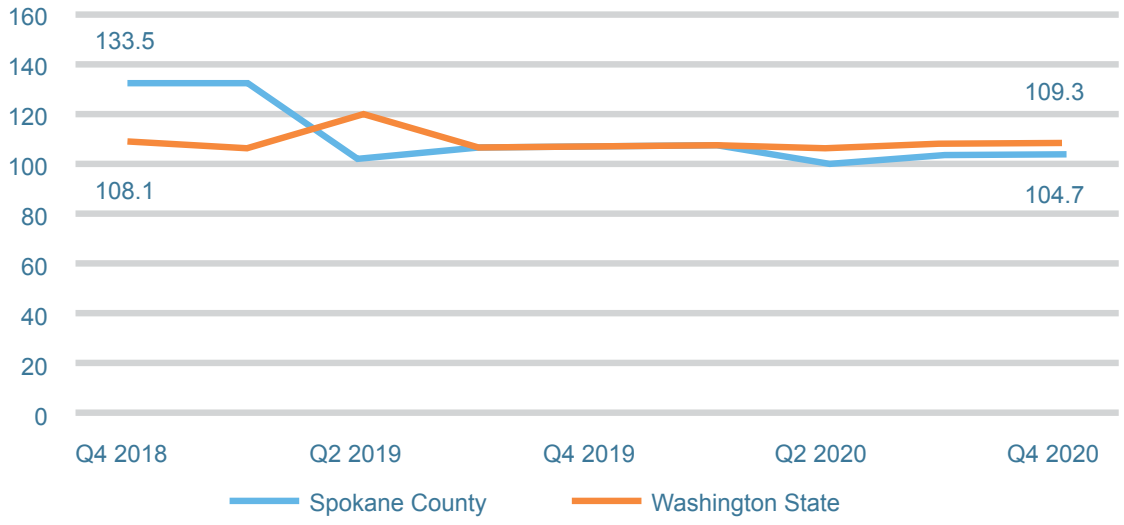
	Spokane County	Spokane %	WA state %
Total	78,838	100%	100%
Less than 15.0%	10,870	13.8%	13.1%
15.0% to 19.9%	9,086	11.5%	13.6%
20.0% to 24.9%	12,057	15.3%	13.3%
25.0% to 29.9%	11,709	14.9%	12.4%
30.0% to 34.9%	6,694	8.5%	9.6%
35.0% +	28,422	36.1%	38.1%

Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table DP04

Housing Affordability Index

A central assumption of the Housing Affordability Index is that a household does not spend more than 25% of income on principal and interest payments. When the index lies at 100, the household pays exactly this share of income to principal and interest. Higher indices indicate that housing is more affordable. In the fourth quarter of 2020, housing affordability for all homebuyers in Spokane County was 104.7, down from 133.5 in the fourth quarter of 2018. Compared to Washington state, housing in Spokane County was less affordable (104.7 versus 109.3, respectively).[2]

Housing Affordability Index



Source: University of Washington: Runstad Department of Real Estate - Archived Reports, Accessed May 2021

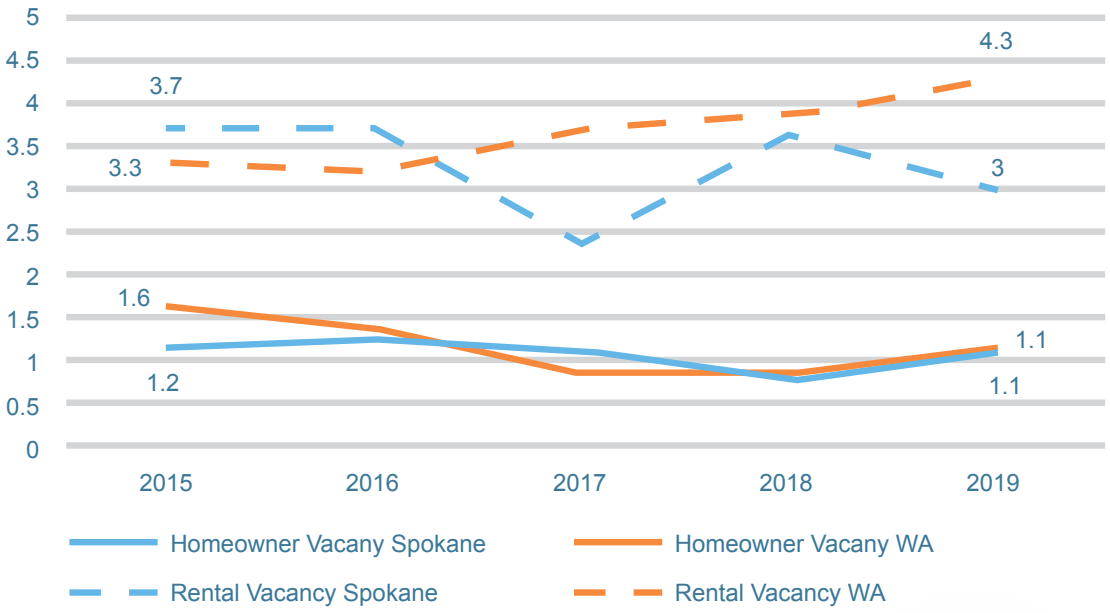
Rental and Homeowner Vacancy Rates

Vacancy data are used to make decisions about the need for housing. Vacancy rates influence the price of housing and rent. The rental market is impacted by the strengths of the owner-occupied housing market.

• Spokane County has seen a decrease in the rental vacancy rate from 5.1% in 2005 to 3.0% in 2019.

• According to the Washington Center for Real Estate Research, the apartment vacancy rate in Spokane County fell to 0.5% in spring 2021.[2]

Rental and Homeowner Vacancy



Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table DP04

Homelessness

Homelessness is an increasing problem due in part to poverty and inequities in housing.[3] A Point in Time count of sheltered and unsheltered homeless persons is conducted annually in Spokane County. In 2019, there were 1,309 people counted, of which 14.7% (192) were youth under the age of 18 years. Nine percent of homeless persons counted in 2019 were Black, 8.0% were American Indian or Alaska Native, 8.0% were multiracial, and 2.0% were Native Hawaiian or Other Pacific Islander.

Unhoused Persons by Age

	Number	Percent
Total	1,309	100%
<18	192	14.7%
18 to 24	106	8.1%
25+	1,011	77.2%

Source: City of Spokane Community, Housing and Human Services, 2019

Unhoused Persons by Race

	% of Homeless Persons	% of Total Population
White	73.0%	88.6%
Black	9.0%	2.0%
AIAN	8.0%	1.7%
Asian	<0.1%	2.6%
NHOPI	2.0%	0.6%
2+ Races	8.0%	4.4%

Source: City of Spokane Community, Housing and Human Services, 2019, Washington State Office of Financial Management - April 1, 2020 Official Population Estimates AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/Other Pacific Islander

Economic Characteristics

Socioeconomic status is the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.

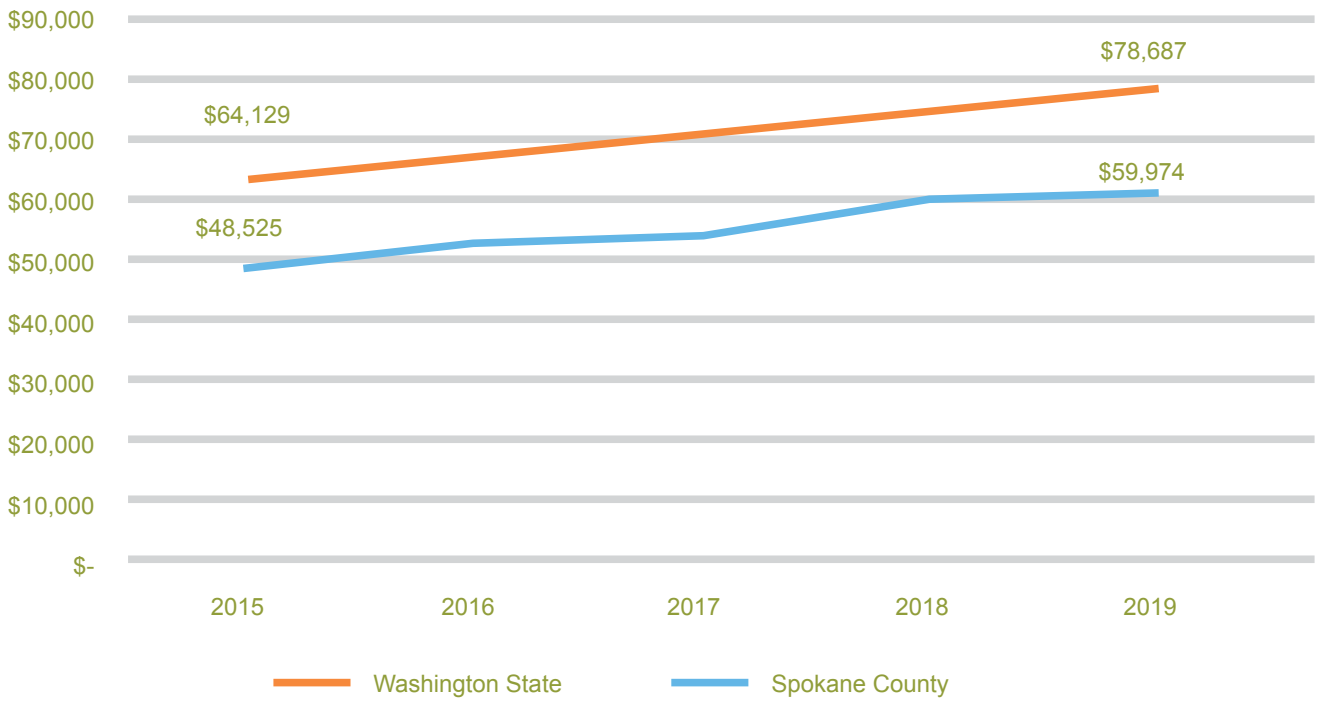
Examinations of socioeconomic status often reveal inequities in access to resources.[4]

Income and Employment

The relationship between higher levels of economic wealth and optimal health, and lower levels of economic wealth and poor health, are well documented.[1] Income is the indicator that most directly measures material resources and can influence health by its direct effect on living standards; specifically, access to better quality food, housing and healthcare services.

• In 2019, the median household income in Spokane County was $59,974, compared to $78,687 for Washington state. The median household income in Spokane County has increased by 24% since 2015.

Median Household Income



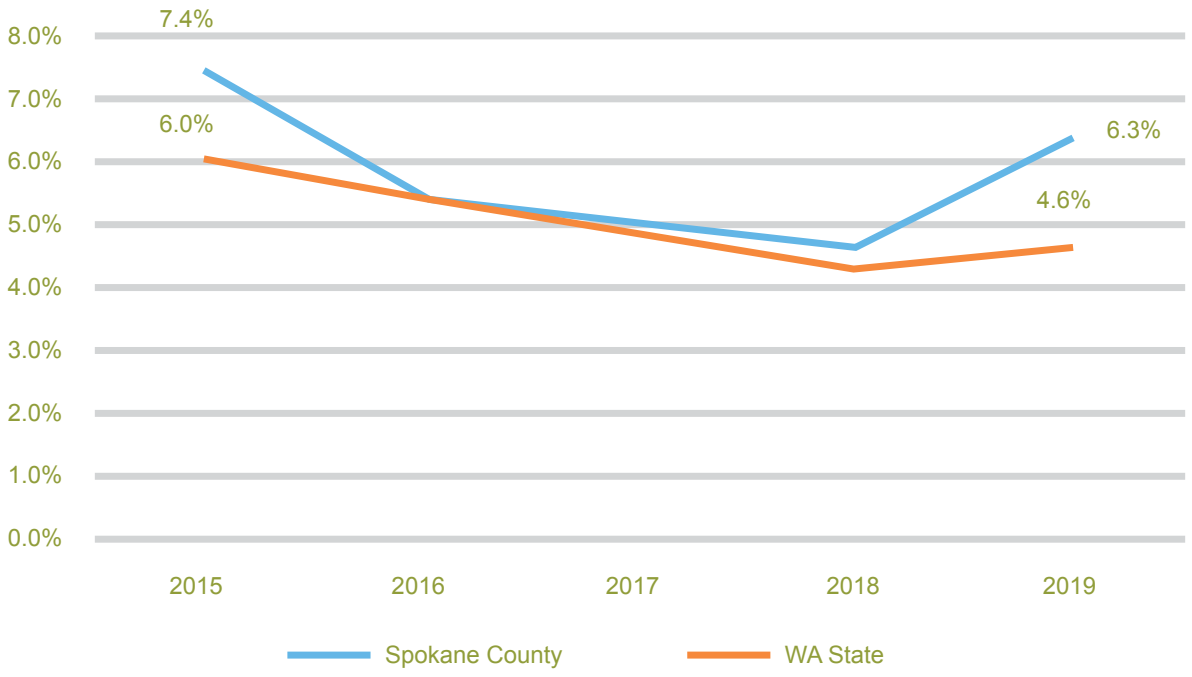
Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table B19013

Economic Characteristics *Continued*

Unemployment

The unemployment rate in Spokane County has followed a pattern similar to Washington state's since 2015. In 2019, the rate rose more sharply in Spokane County (6.3%) than in Washington state (4.6%). In 2020, Washington had large increases in unemployment related to COVID-19.

Unemployment Rate



Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table DP03

Food Insecurity

Food insecurity is defined as not having access to an adequate supply of food, including quality food. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Food insecurity is associated with poorer self-reported health status and lower intake of fruits and vegetables.[5] Poor eating habits in childhood may continue into adulthood, contributing to declines in health.

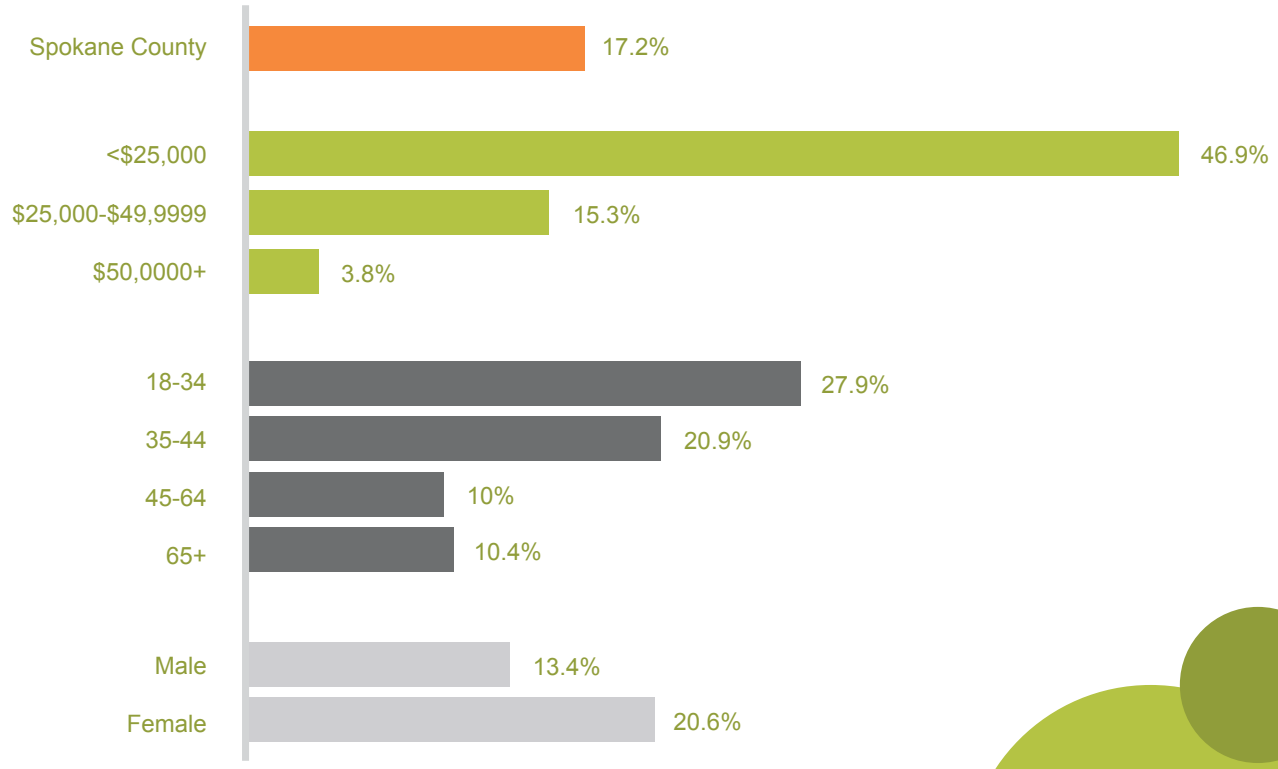
- Spokane County residents with household incomes in the poverty range (i.e., an annual household income less than $25,000) experienced food insecurity at a rate 12 times higher than residents with household incomes greater than $50,000 (46.9% versus 3.8%, respectively).

- Spokane County residents ages 18-34 years were more likely to experience food insecurity (27.9%) than individuals ages 45-64 years (10.0%).

- Spokane County residents identifying as female were 7.2 percentage points more likely (20.6%) to experience food insecurity than males (13.4%).

Economic Characteristics *Continued*

Adult Food Insecurity, 2019



Source: BRFSS

Indicator disparities: significant differences by sex, age and income

Education

Education is correlated with health and quality of life. Educational attainment impacts income, employment, and housing. An individual's overall physical and mental health and life expectancy are directly correlated to their income.[1]

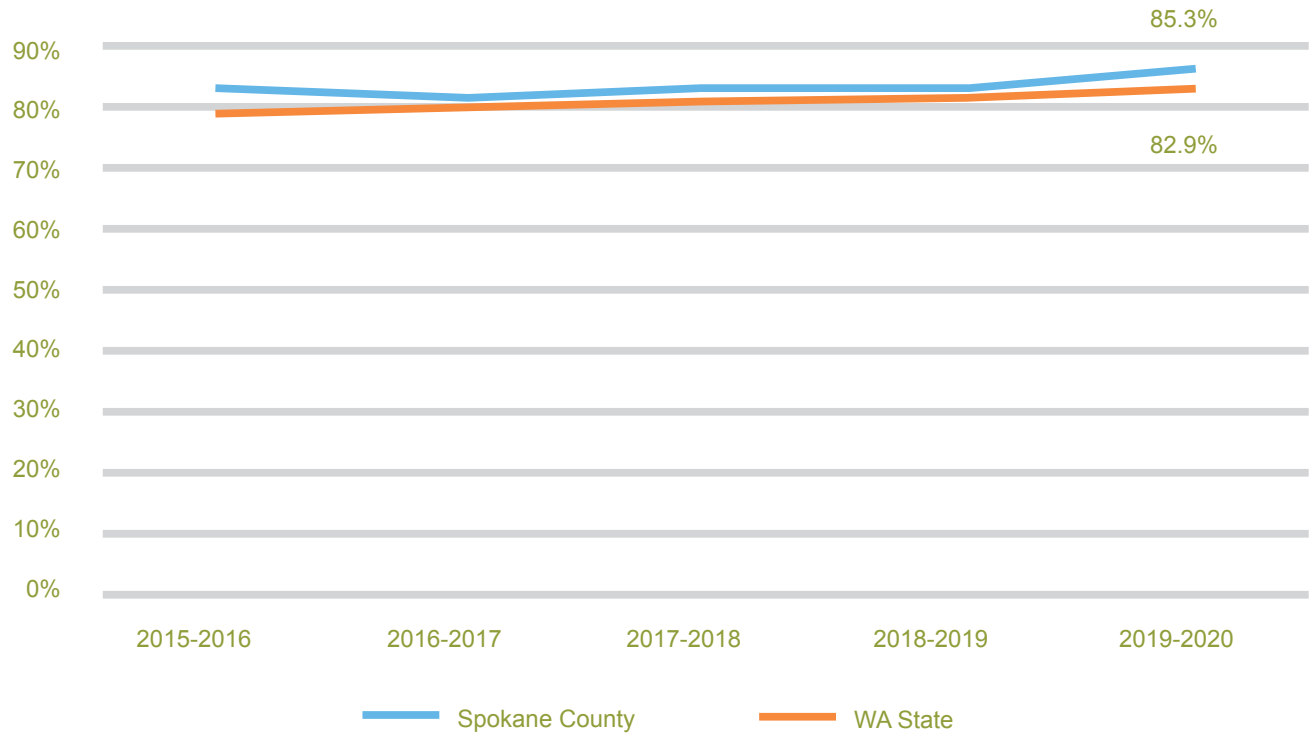
Among students who began ninth grade, 85.3% graduated from high school on time during the 2019/2020 school year. Another 5.9% continued high school beyond the traditional graduation date. Statewide, 82.9% of these students graduated on time.

From 2015 to 2019, the Spokane County on-time graduation rate generally mirrored the rates for Washington state as a whole, although it was consistently slightly higher.

In 2019, 93.8% of the population ages 25 years and older had at least a high school degree or GED. Compared to the state as a whole, Spokane County residents are less likely to have a bachelor's degree or higher.

Economic Characteristics *Continued*

On-Time High School Graduation



Source: Washington State Office of Superintendent of Public Schools: Data and Reports, Accessed May 2021

Educational Attainment, Adults

	Total	Percent	WA State %
Population 25 years of age or older	358,868	100%	100%
Less than 9th grade	6,070	1.7%	3.5%
9th to 12th grade, no diploma	16,579	4.6%	4.8%
High school graduate/GED	81,040	22.6%	22.1%
Some college, no degree	96,613	26.9%	22.7%
Associate's degree	47,598	13.3%	10%
Bachelor's degree	69,847	19.5%	22.8%
Graduate or professional degree	41,121	11.5%	14.2%

Source: U.S. Census Bureau, American Community Survey 2019 1-Year Estimates Table S1501

Leading Causes of Death

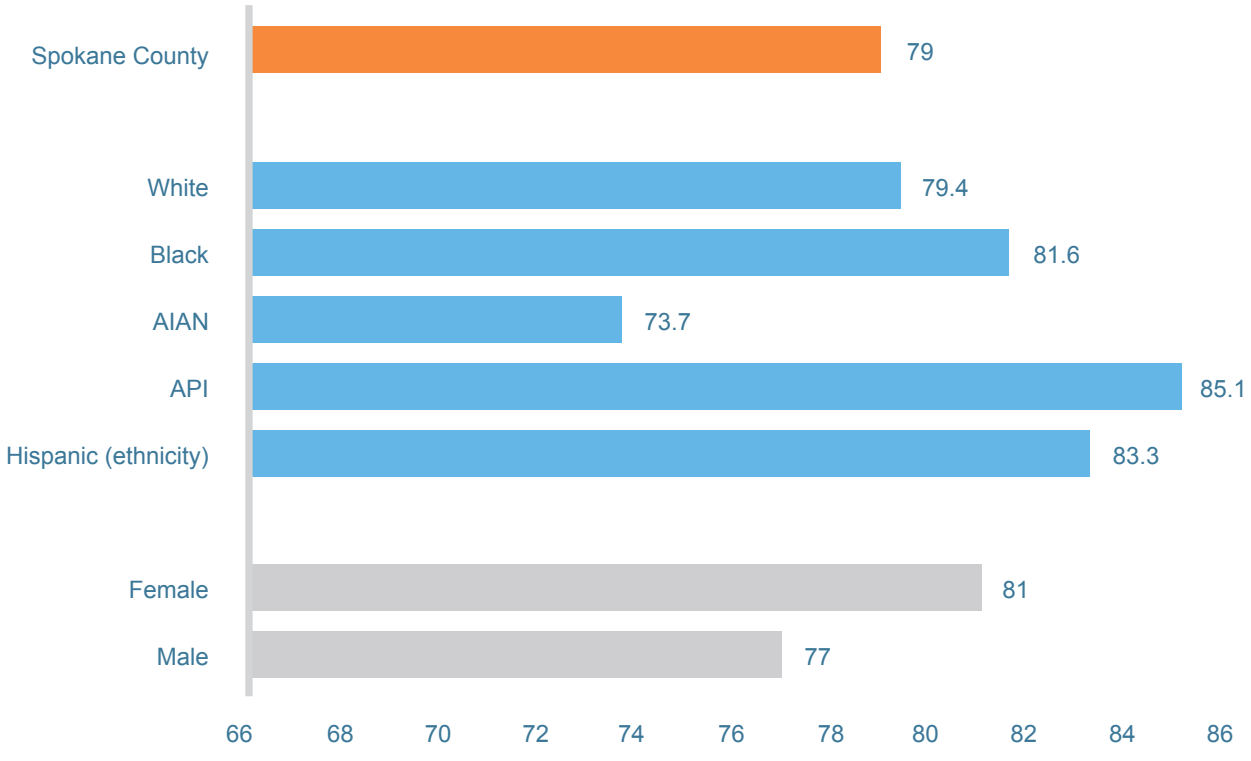
Life Expectancy

Life expectancy is the number of years an individual is expected to live if current age-specific death rates continue. Life expectancy is linked to health promoting and debilitating factors throughout an individual's lifespan. There is a correlation between life expectancy and some of the social determinants of health, such as neighborhood and income.[1] Life expectancy can be improved by reducing specific causes of diseases and health inequities.

• In 2019, life expectancy was lowest for American Indian/Alaska Natives (73.7 years) and highest for Asian/Pacific Islanders (85.1 years). From 2015 to 2019, American Indian/Alaska Natives had the lowest life expectancy each year.

• In 2019, life expectancy for males was 77 years and life expectancy for females was 81 years. From 2015 to 2019, life expectancy was lower for males compared to females in Spokane County each year.

Life Expectancy, 2019



Source: Washington State Department of Health, Center for Health Statistics AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by sex, age and income

Leading Causes of Death *Continued*

Unintentional Injury Deaths

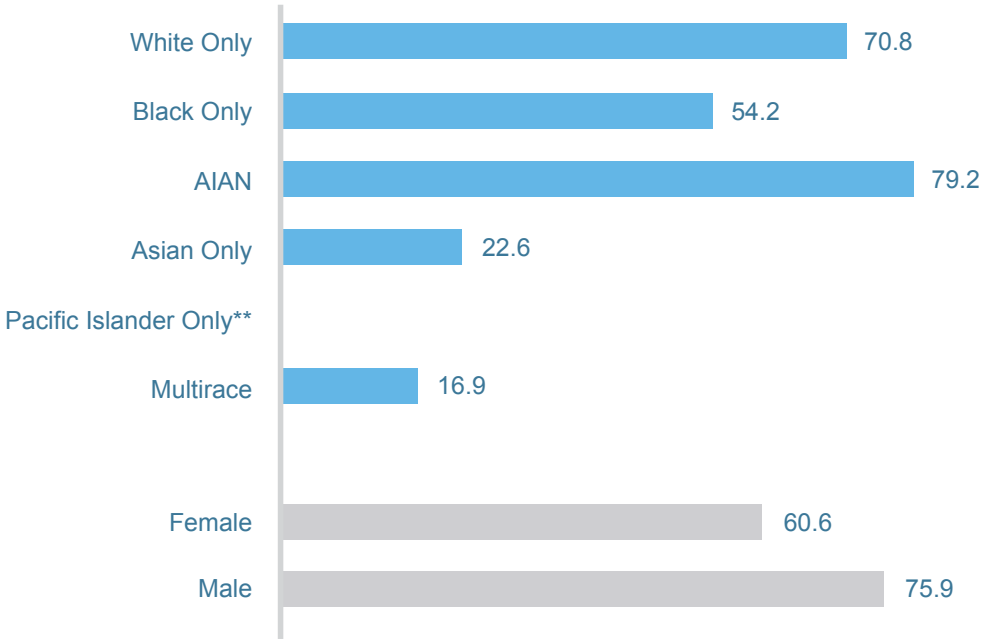
Unintentional injury deaths (reported below as number of deaths per 100,000 population) measures mortality that may have been prevented by taking additional precautions or under different circumstances. In 2019, unintentional injury deaths ranked fourth among the top 10 leading causes of death in Spokane County.

• Spokane County residents who identified their race as American Indian/Alaska Native (79.2 deaths per 100,000), white only (70.8 deaths per 100,000), and Black only (54.2 deaths per 100,000) had the highest rates of unintentional injury deaths compared to other racial groups.

• Male Spokane County residents also had higher rates of unintentional injury deaths than female residents (75.9 versus 60.6 deaths per 100,000, respectively).

• The top three causes of unintentional injury death in Spokane County overall were poisoning (often related to an accidental drug overdose), falls and motor vehicle accidents.

Unintentional Injury Deaths per 100,000 Population, 2015-2019



Source: Washington State Department of Health, Center for Health Statistics AIAN=American Indian/Alaska Native
*Note: **numbers too small to report*

Indicator disparities: significant differences by sex, age and income

Leading Causes of Death

Analyses of causes of death and disparities among segments of the population can help members of the community identify health needs, prioritize health concerns, and develop intervention programs. From 2018 to 2019, the leading causes of death in the United States were heart disease, cancer, unintentional injuries, chronic lower respiratory diseases and stroke. The top 10 leading causes of death in Spokane County accounted for 84% of all deaths in 2019. The leading cause of death in Spokane County was cancer, followed closely by heart disease.

Leading Causes of Death *Continued*

• Diabetes was the third leading cause of death for Spokane County residents who identified their race as Hispanic or American Indian/Alaska Native. Diabetes was the seventh leading cause of death for Spokane County overall.

• Alzheimer's disease was the third leading cause of death for women, as compared to the fifth leading cause for men.

• Unintentional injury was the leading cause of death for the 1- to 44-year age group, compared to cancer among the 45- to 64-year age group, and heart disease for the 65 years and older age group.

10 Leading Causes of Death

Rank	Cause of Death	Age Adjusted Rate Per 100,000	% of Total	Count
1	Cancer	143.9	22.9%	930
2	Heart disease	135.3	21.1%	856
3	Unintentional injury	56.1	7.9%	320
4	Alzheimer's disease	52.4	8.1%	326
5	Chronic lower respiratory disease	48.6	7.8%	315
6	Stroke	36	5.6%	226
7	Diabetes	23.3	3.7%	150
8	Suicide	17.7	2.2%	91
9	Infectious and parasitic diseases	16.4	2.6%	104
10	Abnormal symptoms/findings	13.1	2.1%	83
	All other diseases	103.5	16%	647

Source: Washington State Department of Health Rate shown is age-adjusted per 100,000 population

I think we need to metaphorically join hands to truly be collaborative and truly be committed to all and not just some

- Interview Participant

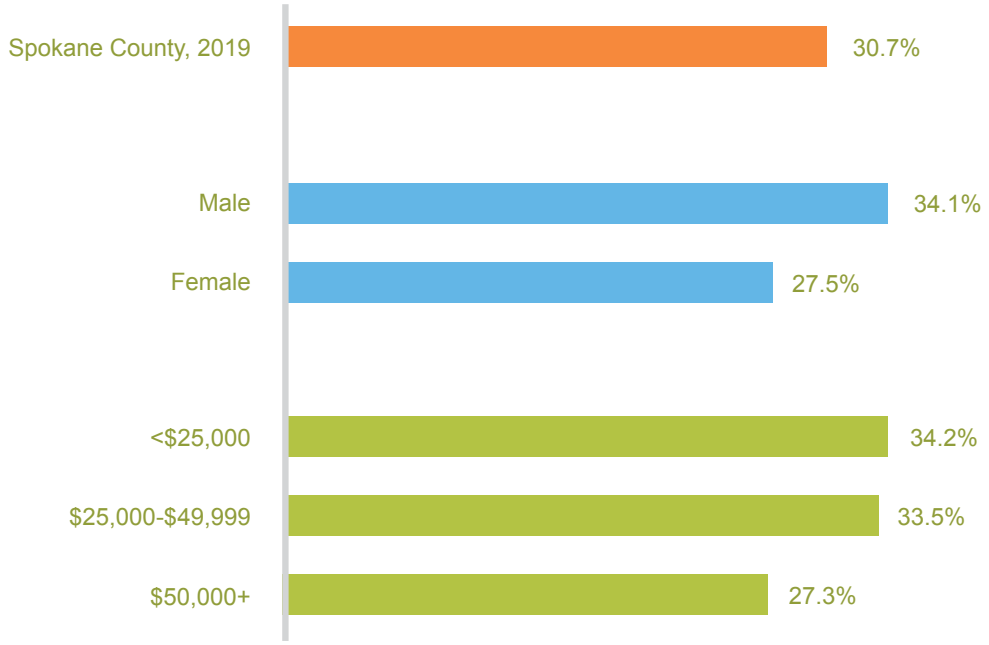
Chronic Illness

Hypertension, Adults

Hypertension is defined as abnormally high blood pressure. Hypertension is a risk factor for other poor health outcomes, including stroke.[6]

• In 2019, the overall rate of high blood pressure in Spokane County (30.7%) was comparable to the rate for Washington state (30.3%).

Adult Hypertension, 2019



Source: BRFSS

Indicator disparities: significant difference by age

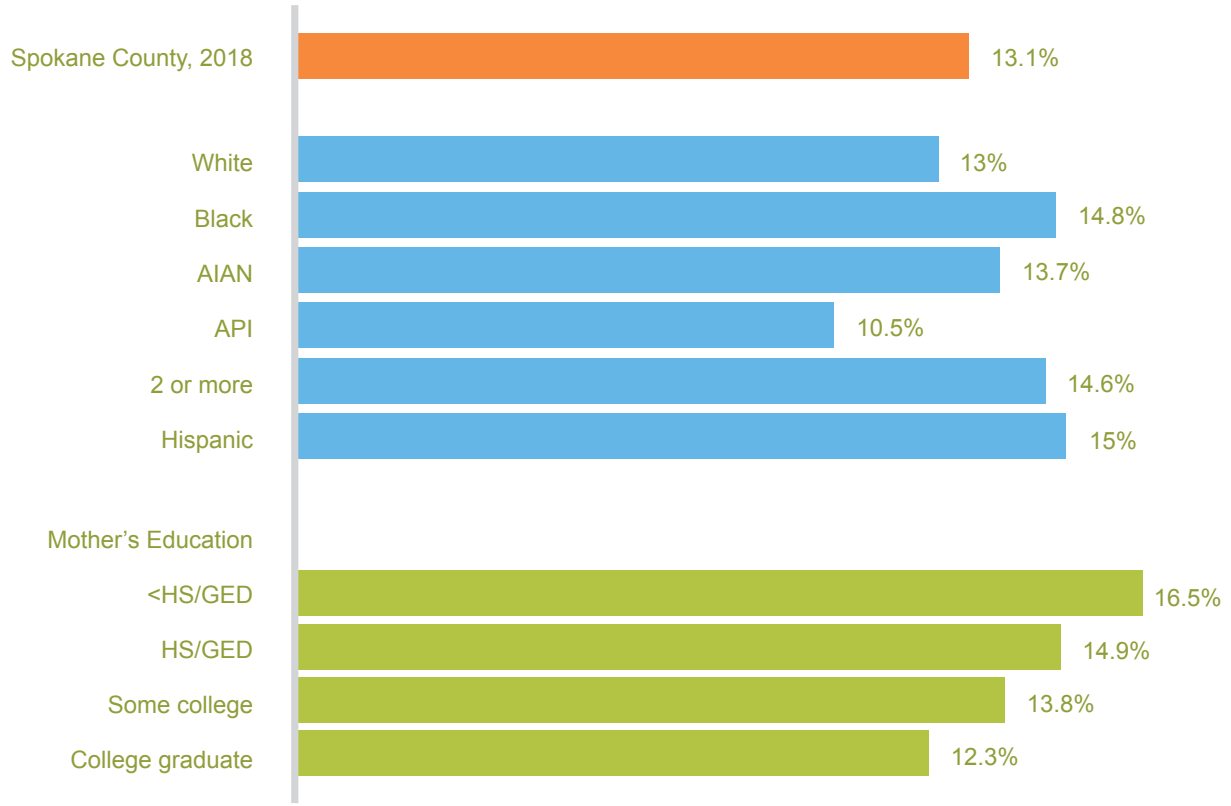
Asthma, Youth

Asthma is a leading chronic illness among youth and a leading cause of school absenteeism.[7] However, with proper diagnosis, care and management, asthma can be controlled.

• In 2018, asthma rates for Spokane County's overall youth population were higher than the rate for Washington state (13.1% versus 11.8%, respectively).

• Asthma rates were higher for youth in 12th grade (15.3%) as compared to sixth grade (11.6%).

Youth Asthma, 2018



Source: Health Youth Survey AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age

Leading Causes of Hospitalization

The leading causes of hospitalization provide information about the impact of health status on the healthcare delivery system and about the chronic disease burden in the community.

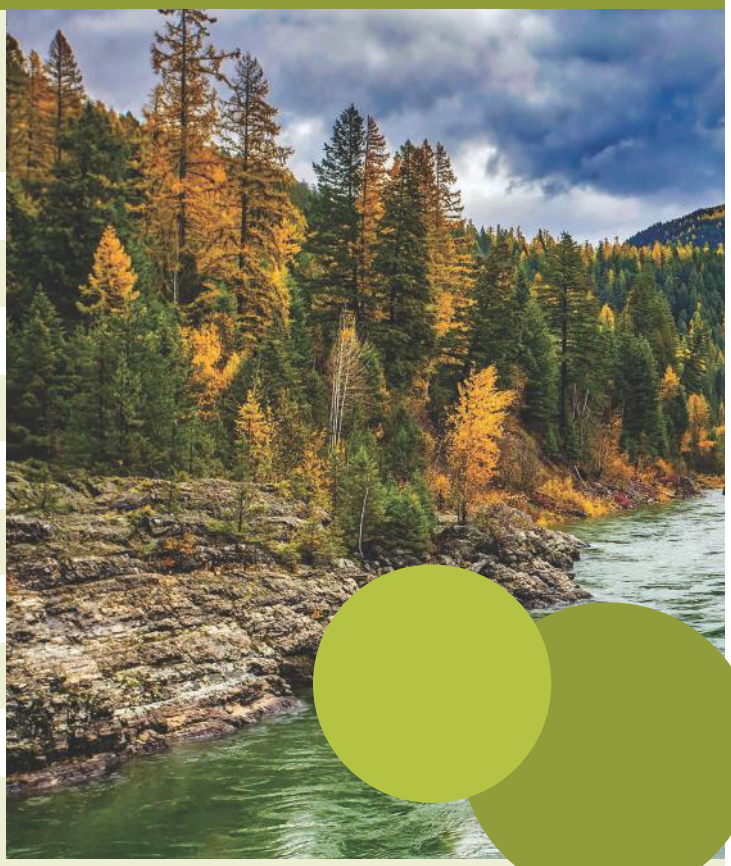
• In 2018, heart disease was the leading cause of hospitalization in Spokane County, followed closely by infection and parasitic disease, and digestive system disease.

Chronic Illness *Continued*

Leading Causes of Hospitalization, 2018

Rank	Cause of Hospitalization	% of Total	Count
1	Heart disease	9.2%	4,022
2	Infection & parasitic diseases	8.7%	4,019
3	Digestive system disease	8.1%	3,705
4	Respiratory disease	6.3%	2,883
5	Unintentional Injury	5.2%	2,383
6	Psychoses - not dementia	4.6%	2,094
7	Pregnancy complications	3.5%	1,588
8	Genito/urinary disease	3.1%	1,438
9	Cancer	2.9%	1,352
10	Cerebrovascular	2.9%	1,350

Source: Washington State Comprehensive Hospital Abstract Reporting System To focus the analysis on disease burden, hospitalizations for live childbirth and residual were excluded



Leading Causes of Cancer

Cancer was the leading cause of death in Spokane County in 2019. Many deaths from the most common (e.g., breast, prostate) or deadliest (e.g., melanoma) cancers could be prevented if more people received preventive screenings. A cancer diagnosis not only imposes a physical burden on the individual, but also a financial burden due to the cost of treatment.[8]

- Breast cancer in females (165.7 per 100,000 population) was the leading cause of cancer in Spokane County from 2015 to 2017, followed by prostate cancer in males (51.7 per 100,000 population) and lung cancer (50.8 per 100,000 population).

Leading Cancers, 2015-2017

Rank	Type of Cancer	Rate per 100,000
1	Breast (female)	165.7
2	Prostate (male)	51.7
3	Lung	50.8
4	Colorectal	32
5	Endometrium (female)	22.3
6	Bladder	19.9
7	Melanoma	19.1
8	Kidney and renal pelvis	16.8
9	Non-Hodgkin lymphoma	14.5
10	Pancreas	13.7

Source: Washington State Cancer Registry Rate shown is age-adjusted per 100,000 population

Indicator disparities: significant differences by age, sex and race

Diabetes Prevalence, Adults

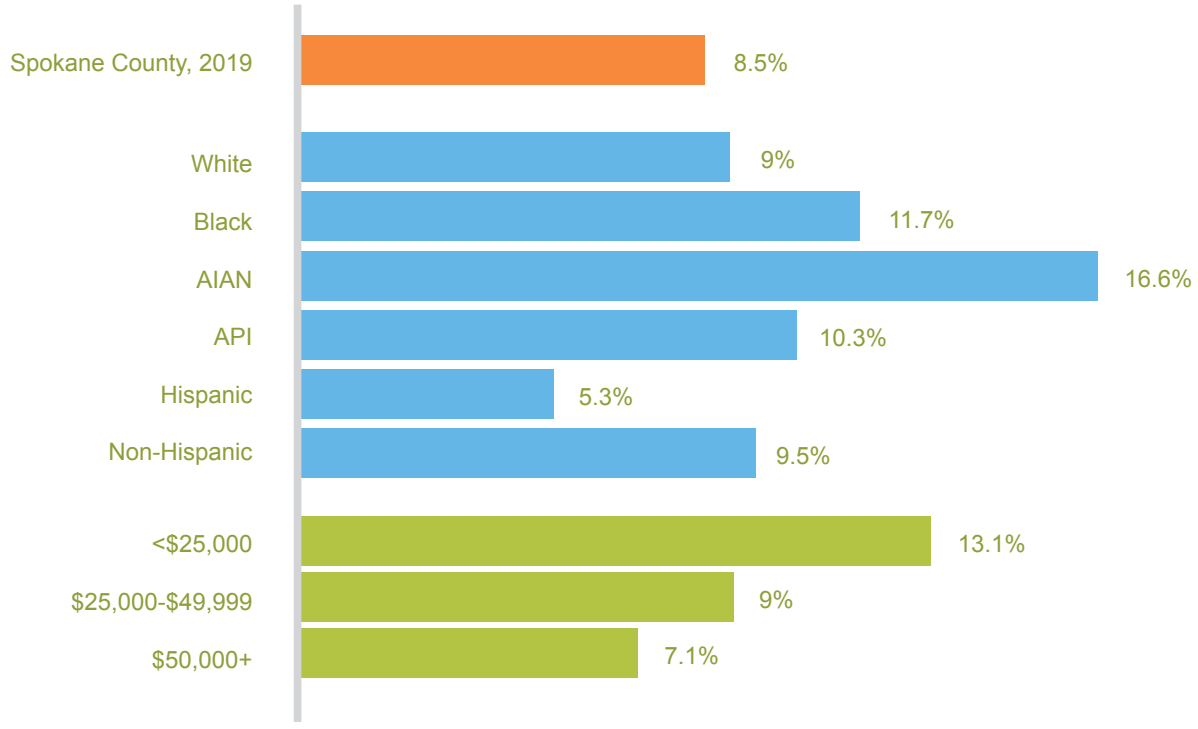
Diabetes is a chronic disease that, if poorly managed, can lead to serious complications, such as blindness, kidney damage and lower-limb amputation. In 2019 in Spokane County, diabetes was the seventh leading cause of death. Appropriate and timely diagnosis, care and management of the disease can lower the risk of complications. Importantly, among individuals who are at risk for type 2 diabetes, the disease can also be prevented through behavior and lifestyle changes, including a healthful diet and physical activity.

• In 2019, the diabetes rate among adults in Spokane County was 8.5%, similar to the rate of 9.4% for Washington state.

• From 2015 to 2019, there were significant age differences in diabetes rates in Spokane County, with adults 65 years and older having the highest rates (19.5%), followed by adults ages 45-64 years (12.4%). Rates for adults 18-34 years were much lower (1.6%).

• Adult Spokane County residents with an annual household income of $50,000 or more per year had lower rates (7.1%) compared to those with an annual household income of less than $25,000 (13.1%).

Adult Diabetes, 2015-2019



Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age and income

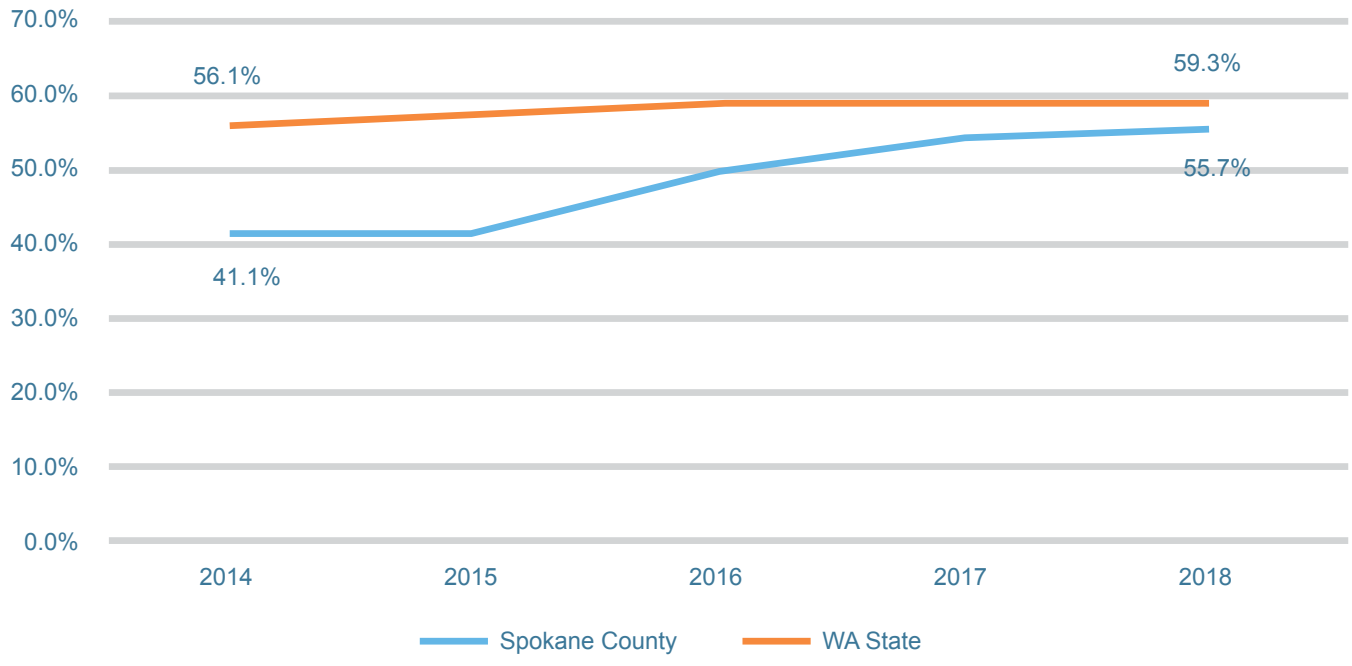
Access to Health Care and Use of Preventive Services

Childhood Vaccination Rates 19-35 Months (Full Series)

Childhood immunizations have provided one of the greatest improvements in public health by controlling serious conditions such as measles, polio, diphtheria and pertussis (whooping cough). Immunizing individual children also helps protect the health of those who cannot receive immunizations, such as infants or children with certain health conditions. Childhood immunizations lower the risk of a disease circulating through the community; thus, children who cannot receive these immunizations are less likely to be exposed to the disease-causing germs.

• Between 2014 and 2018, the percentage of children ages 19-35 months with complete vaccination records in Spokane County increased from 41% to 56%, respectively.

Childhood Vaccination Rates, 19-35 Months (Full Series)



Source: Washington State Immunization System

Access to Health Care *Continued*

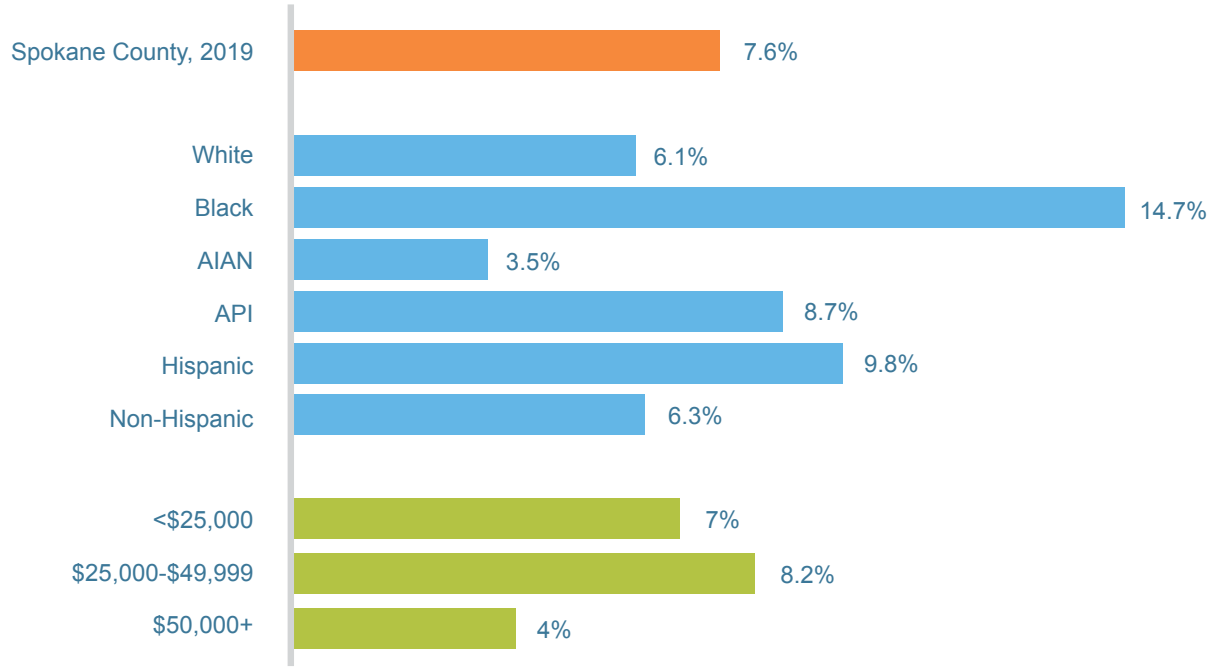
Unisured Adults

Having health insurance is associated with healthcare access; timely access can reduce complications from illness and avoidable long-term health expenditures. Health insurance allows individuals to develop and maintain a good relationship with a healthcare provider. This is especially important for individuals with chronic health conditions that benefit from consistent monitoring and a continuity of care.

• In 2019, 7.6% of adult Spokane County residents were uninsured, compared to 9.7% of adults in Washington state.

• Senior residents age 65 and older had the lowest uninsured rate (1.0%), whereas adults ages 18-34 had the highest rate (11.0%).

Uninsured Adults, 2015-2019



Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age, sex, education and income

Colorectal Cancer Screening

The U.S. Preventive Services Task Force (USPSTF) recommends that individuals be screened for colorectal cancer soon after turning 50 years of age.[9] Screening tests, such as a sigmoidoscopy or colonoscopy, can find precancerous polyps so they can be removed before they become cancerous. They can also detect cancer at an early stage when treatment is more effective.

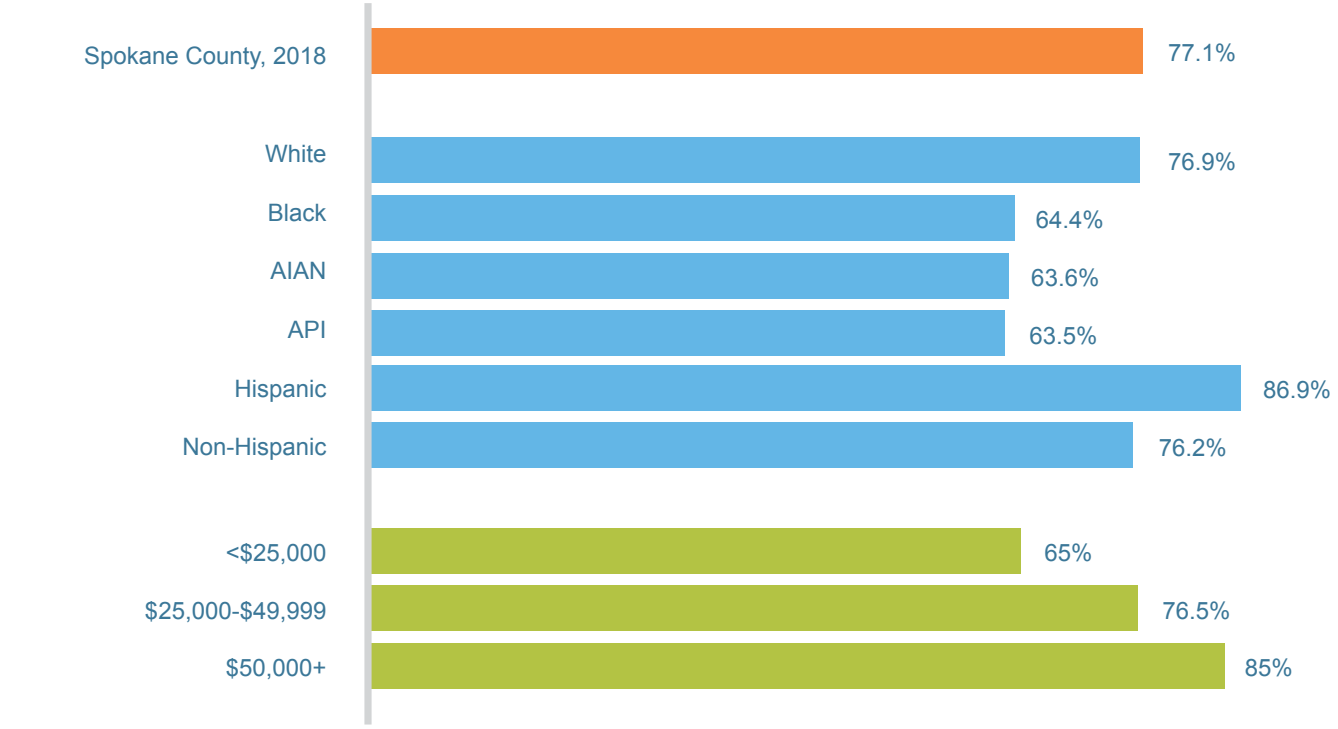
• In 2018, adult Spokane County residents had an overall sigmoidoscopy rate of 77.1%, compared to 72.3% in Washington state.

• Averaging across 2014-2018, sigmoidoscopy rates were consistently higher for adults age 65 and older compared to adults ages 50-64. Screening rates were also higher for females than for males.

• Averaging across 2014-2018, sigmoidoscopy rates were higher for college graduates in Spokane County (83.8%) compared to those with less than a high school diploma or GED (54.7%).

Access to Health Care *Continued*

Sigmoidoscopy/Colonoscopy in the Past year, 2014-2018



Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age, sex, education and income

Dental Checkups, Adults

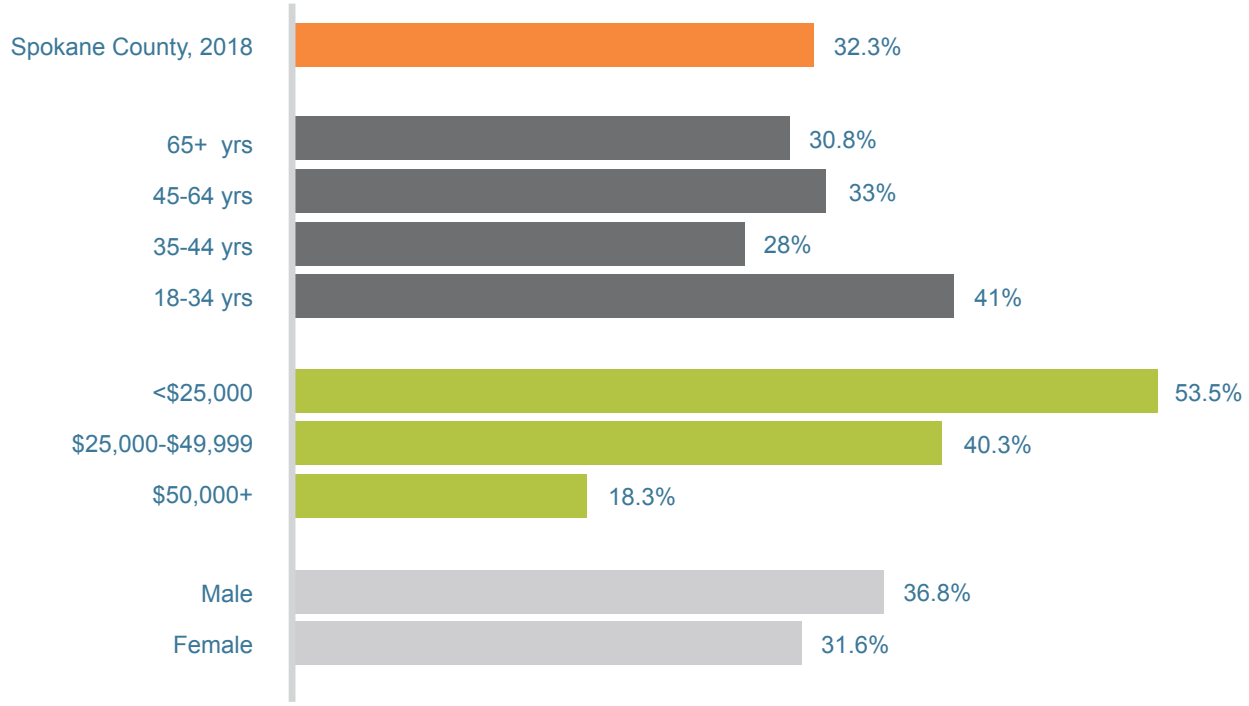
The American Dental Association recommends that individuals visit the dentist at regular intervals to maintain optimal oral health.[10] Dental checkups allow the dentist to clean the teeth, identify any oral health problems, and provide education on improving or maintaining good oral health.

• In 2018, 32.3% of adult Spokane County residents had not received a dental checkup in the past year, compared to 30.8% of adults in Washington state.

• Adults making less than $25,000 a year were more likely (53.5%) to have not visited a dentist compared to adults making $50,000 or more (18.3%).

Access to Health Care *Continued*

No Dental Checkup in the Past Year, Adults, 2014-2018



Source: BRFSS

Indicator disparities: significant differences by age, sex, education and income

Provider Shortage Area

The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care or mental health providers. They are designated as geographic (total population) or low-income population. According to the Washington State Office of Community Health Systems, Spokane County has shortages in each of these areas with both primary care and mental health provider shortages for the general population and the low-income population, and dental provider shortages for the low-income population only.

See Washington Healthcare Professional Shortage Area Maps (as of October 2020) by visiting doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/DataMapsandOtherResources and viewing “Maps.”

Mental Health and Substance Abuse

Mental health is essential to a person's well-being and ability to live a full and productive life. People of all ages, including children and adolescents, with untreated mental health disorders are at high risk for numerous unhealthy and unsafe behaviors and co-occurring disorders, including alcohol or drug abuse. Information and resources that better integrate behavioral health services into the overall healthcare system can lower the risk of poor health outcomes.[11, 12]

Poor Mental Health, Adults

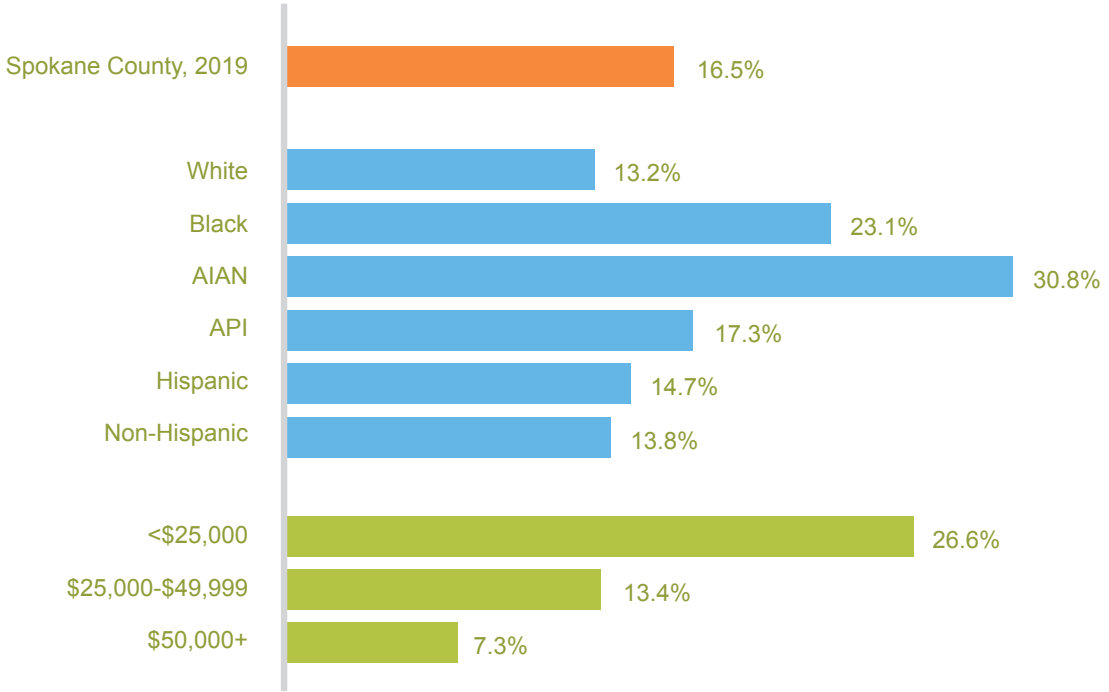
For the purposes of this report, poor mental health is defined as adults reporting poor mental health (including stress, depression and problems with emotions) on 14 or more days in the past 30 days. Good mental health enables a person to think and act productively, to cope with adversity, and to build strong relationships.[13]

• The percentage of adults experiencing poor mental health in Spokane County is trending upwards. In 2019, 16.5% of adult Spokane County residents had experienced frequent mental distress, compared to 13.6% of adults in Washington state.

• Since 2011, American Indian/Alaska Native residents had consistently higher rates of mental distress compared to other racial groups.

• From 2015 to 2019, adults with annual household incomes less than $25,000 also had higher rates of mental distress (26.6%) compared to those with an annual household income of $50,000 or more (7.3%).

Adult Frequent Mental Health Distress, 2015-2019



Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age, sex, race, education and income

Mental Health and Substance Abuse *Continued*

Depression Prevalence, Teens

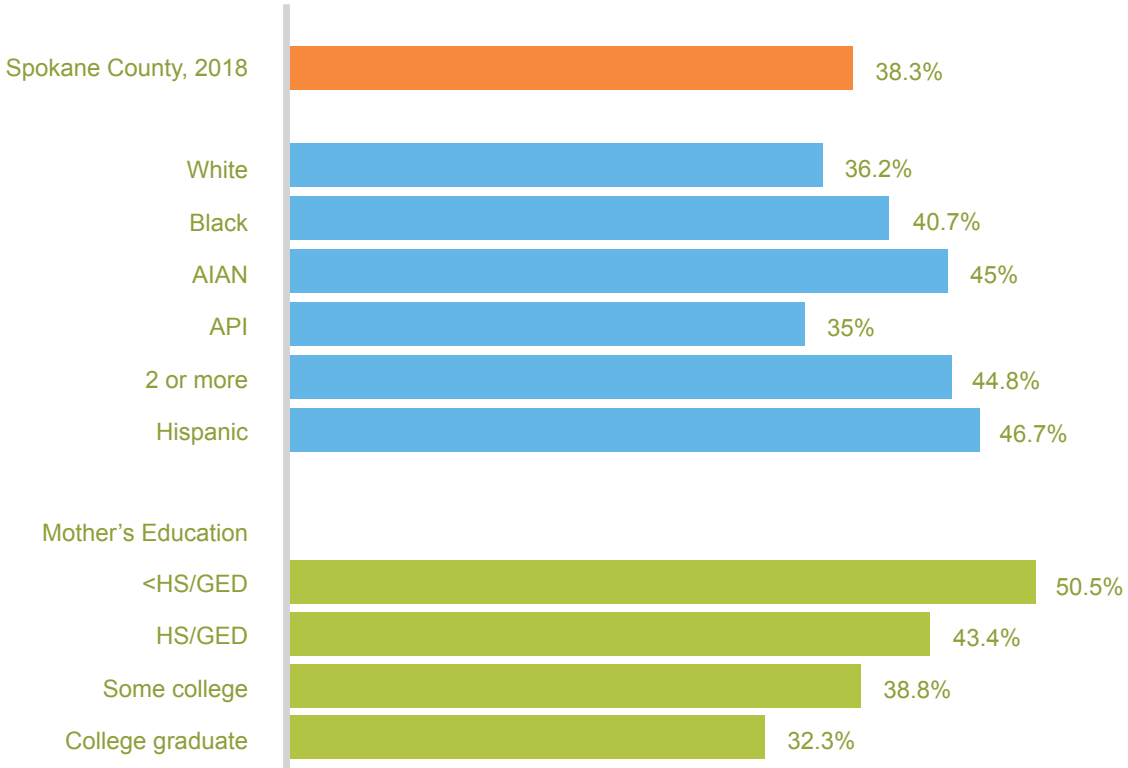
Depression among youth may lead to failure in school, alcohol or drug use, suicide, or other negative outcomes. Although depression is treatable, research estimates two-thirds of children with mental health problems do not get the help they need.[14]

- In 2018, the rate of depression among youth residents in Spokane County was similar to the rate in Washington state overall (38.3% and 37.6%, respectively).

- Rates of depression were higher for youth whose mothers received less than a high school diploma or GED (50.5%) as compared to youth whose mothers were college graduates (32.3%).

- Rates were also higher for females (47.6%) compared to males (28.5%), and for youth who identified their race or ethnicity as Hispanic (46.7%), multiracial (44.8%), or American Indian/Alaska Native (45.0%), compared to other racial or ethnic groups.

Youth Depression, 2018, Grades 8, 10, and 12 Combined



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age, gender, race and mother's education

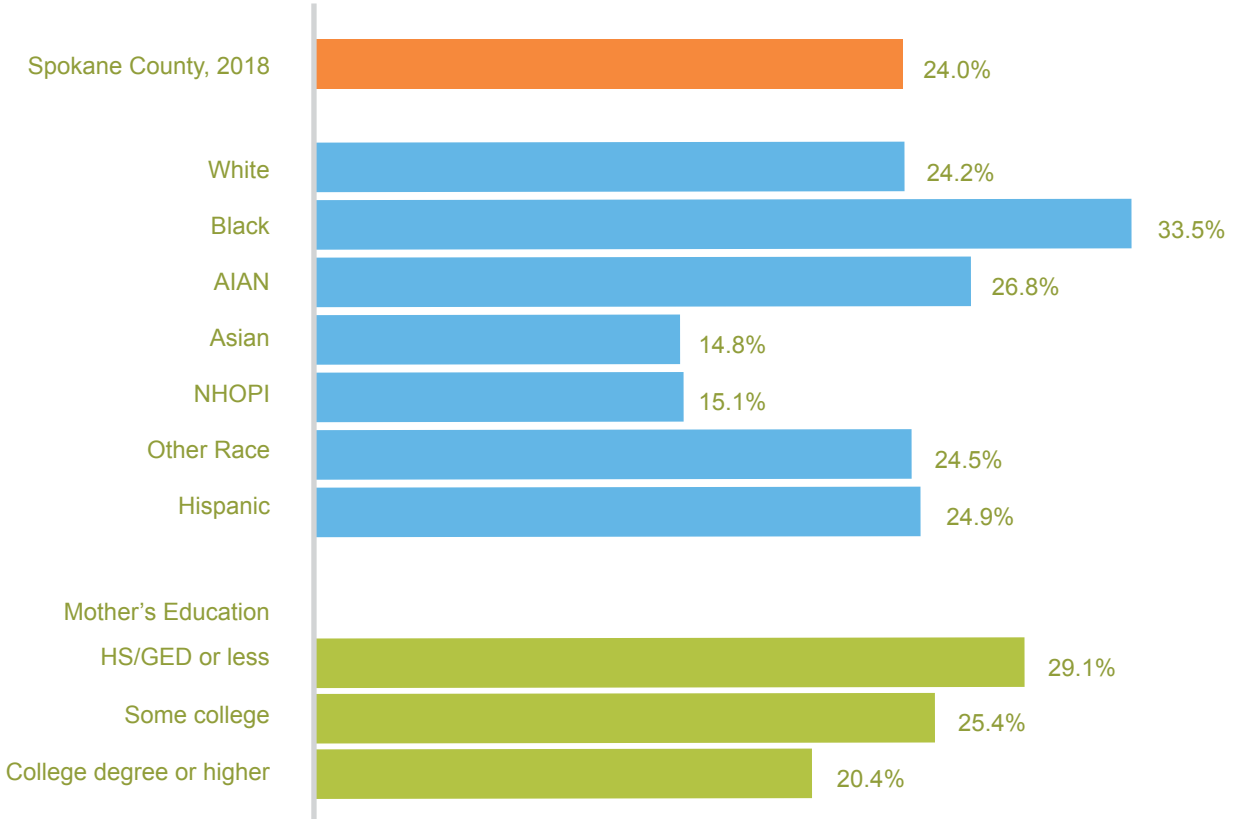
E-cig or Vape Pen Use, Teens

Vaping is defined as use of either e-cigarettes or vape pens containing nicotine. Most e-cigarettes contain the addictive drug nicotine, which can harm youth's brain development. Nicotine use in adolescence can harm the parts of the brain that control attention, learning, mood and impulse control. It may also increase the risk for future addiction to other drugs.[15]

• In 2018, the overall rate of vaping among Spokane County youth in grades 8, 10 and 12 was higher than the rate in Washington state (24.0% versus 19.1%, respectively).

• Vaping was more prevalent among Black youth (33.5%) as compared to youth from other racial and ethnic groups. It was also highest among youth whose mothers received a high school diploma or GED or less (29.1%), as compared to youth whose mothers received a college degree or higher (20.4%).

Youth Vaping, 2018, Grades 8, 10, and 12 Combined



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/ Other Pacific Islander

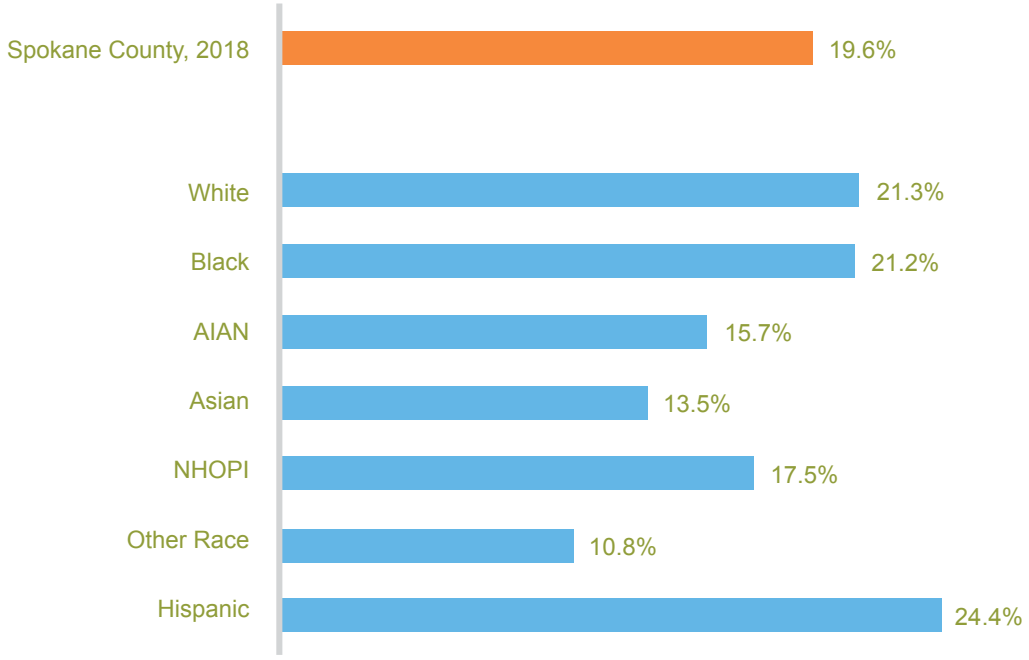
Indicator disparities: significant differences by age, gender, race and mother's education

Alcohol, Marijuana, Painkiller, or Any Illicit Drug Use in the Past 30 Days, Teens

Combining high-risk substance use, including alcohol, marijuana, painkillers or other illegal drugs, provides an overall indicator of substance use among teens.

- In 2018, 19.6% of the youth residents of Spokane County reported current high-risk substance use, compared to 19.2% of youth in Washington state.
- Females (20.4%) were more likely to use high-risk substances than males (18.8%).
- Asian (13.5%) and American Indian/Alaska Native (15.7%) youth were less likely to use high-risk substances than white youth (21.3%).
- Substance use varied greatly by age; 12th graders were most likely to use substances (40.1%), followed by individuals in 10th grade (28.4%), eighth grade (14.2%), and sixth grade (3.9%).

Youth Substance Use, 2018, Grades 6,8, 10 and 12 Combined



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/ Other Pacific Islander

Indicator disparities: significant differences by age, race and mother's education

Marijuana Use, Teens

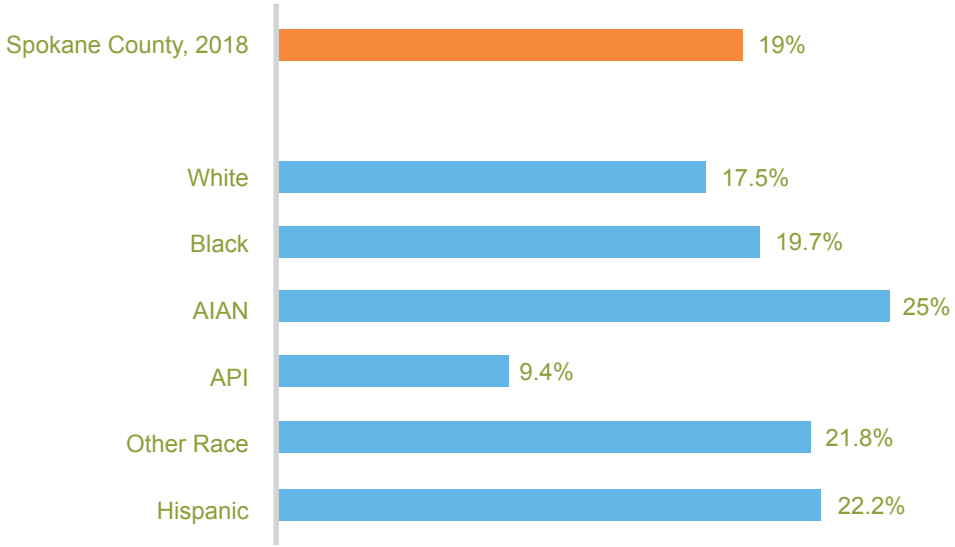
Marijuana use among youth may be physically harmful and may lead to other dangerous or unhealthy behaviors.[16]

• In 2018, 19% of 10th grade youth residents in Spokane County reported marijuana use.

• Youth in 12th grade were more likely to use marijuana (26.0%) than youth in 10th (19.0%) or eighth grade (9.0%).

• In 10th grade, Asian and Native Hawaiian or Pacific Islander youth were the least likely of all racial groups to report using marijuana (9.4%).

Youth Marijuana, 2018, 10th Grade



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by race and grade level

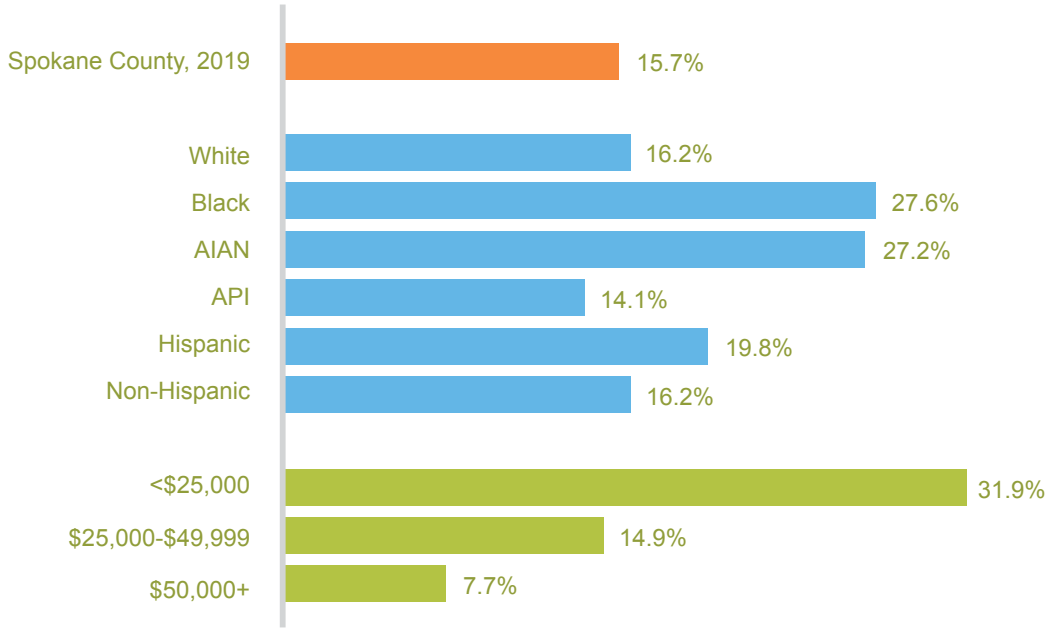
Current Cigarette Smokers, Adults

Tobacco use is the leading cause of preventable death in the United States.[17] Public health promotes a healthy lifestyle through education and policy efforts to help prevent youth from starting to smoke, providing smoking cessation assistance for youth and adults, monitoring sales of cigarettes to youth, and working for environmental changes to limit exposure to second-hand smoke.

• In 2019, the overall rate of adult smokers in Spokane County (15.7%) was higher than the rate of Washington state (12.6%).

• From 2015 to 2019, cigarette smoking was more prevalent among adults with an annual household income of less than $25,000 (31.9%) compared to those with an annual household income of $50,000 or more (7.7%).

Adult Current Cigarette Smokers, 2015-2019



Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by age, education and income

Opioids and Other Drug-Related Deaths

For the purposes of this report, drug-related deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (i.e., drug overdose) and deaths from medical conditions resulting from chronic drug use. This includes death resulting from the use of illicit drugs, such as heroin and cocaine, as well as the misuse of legal prescription and over-the-counter drugs.

• In 2019, the rate of drug-related deaths by poisoning among Spokane County residents was 15.9 deaths per 100,000 population, compared to the Washington state rate of 18.5 deaths per 100,000 population.

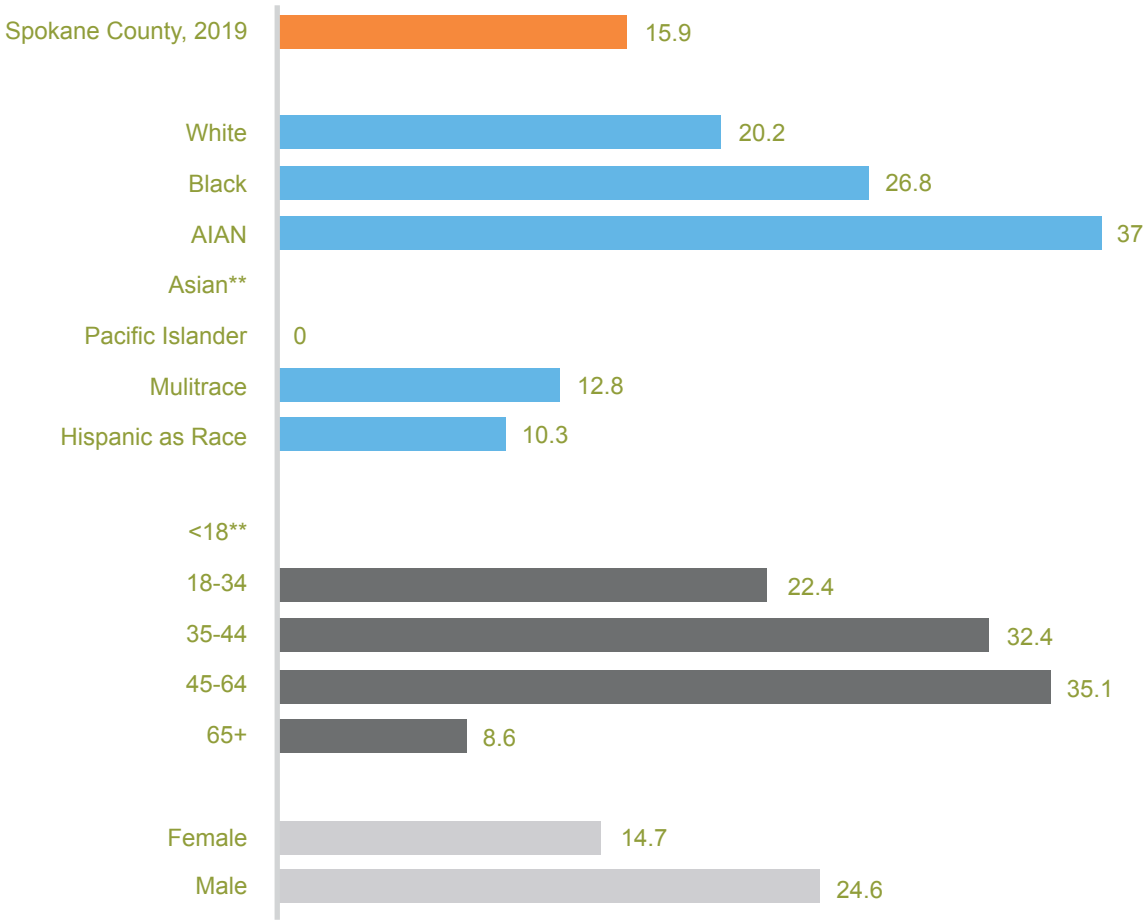
• Rates of drug-related deaths by poisoning were highest for American Indian/Alaska Native residents (37.0 per 100,000 population) and white residents (20.2 per 100,000 population).

• Rates of drug-related deaths by poisoning were higher for adults ages 45-64 (35.1 per 100,000 population) compared to adults ages 18-34 (22.4 per 100,000 population).

• Rates of drug-related deaths by poisoning were also higher for males (24.6 per 100,000 population) than for females (14.7 per 100,000 population).

Mental Health and Substance Abuse *Continued*

Drug-Related Death (Poisoning) per 100,000 Population, 2015-2019



Source: Washington State Department of Health, Center for Health Statistics AI/AN=American Indian/Alaska Native
***Numbers too small to report*

Indicator disparities: significant differences by age, race and sex

I think a healthy community is folks who have access to or feel that they have access to health services in an equitable way. And feel welcomed and included in those services because that's one of the barriers that I've heard from the community.

- Interview Participant

Maternal and Child Health

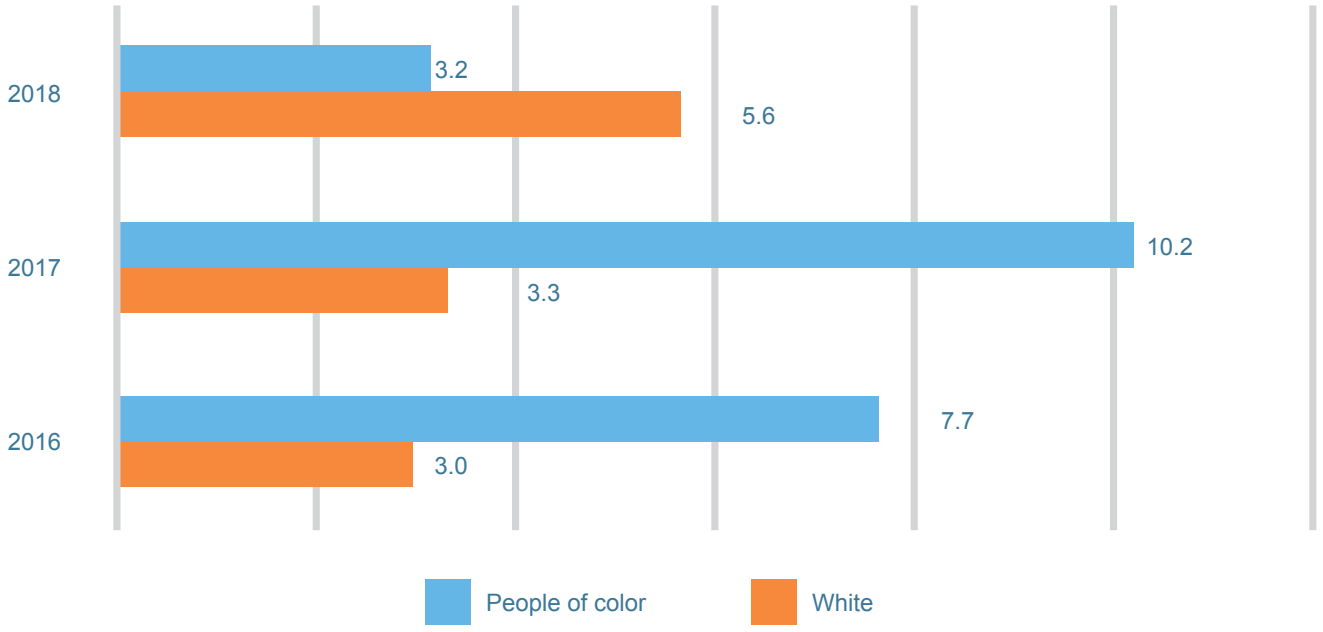
Improving the well-being of mothers, infants and children may directly affect the health of the next generation. Because maternal health is closely linked to newborn health, preventive efforts such as early and adequate prenatal care and breastfeeding can help reduce infant mortality and morbidity. Low birth weight is a risk factor for poor health outcomes in newborns.[18]

Infant Mortality

Infant mortality is a widely used indicator of a community's health. Infant mortality is affected by environmental and socioeconomic factors. It is also impacted by the availability of and access to high-quality health care, maternal factors (e.g., race, education), and birth outcomes.

- In 2018, the overall infant mortality rate in Spokane County was 5.2 per 1,000 births, compared to 4.7 per 1,000 births in Washington state.

Infant Mortality per 1,000 Births by Black, Indigenous, and People of Color (BIPOC) Status, 2016-2018



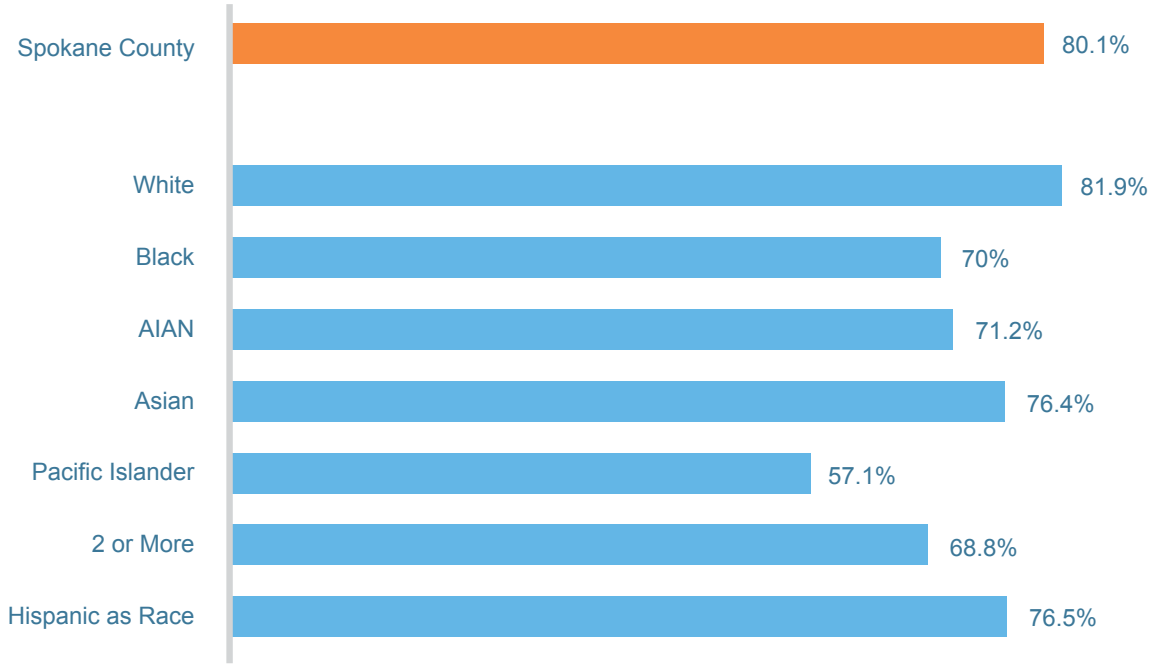
Source: Washington State Department of Health, Center for Health Statistics

Early and Adequate Prenatal Care

Having regular prenatal visits during pregnancy improves the chances of a healthy pregnancy.[19] This indicator calculates the adequacy of prenatal care based on when care began and the number of visits prior to delivery. It is calculated as the ratio of observed-to-expected visits based on the clinical guidelines of the American College of Obstetricians and Gynecologists (ACOG) and is reported as a percentage; a higher percentage reflects more regular or continuous prenatal care. ACOG considers a ratio of 80% or greater to be an adequate percentage of visits, but importantly, it does not consider this to be an indicator of the quality of prenatal care.[20]

- In 2019, 80.1% of pregnant residents in Spokane County received early and adequate prenatal care.
- Native Hawaiian/Pacific Islander residents were the least likely among all racial and ethnic groups to receive early and adequate prenatal care (57.1%), whereas white residents were the most likely to receive early and adequate care (81.9%).

Early and Adequate Prenatal Care, 2019



Source: Washington State Department of Health, Center for Health Statistics AI/AN=American Indian/Alaska Native

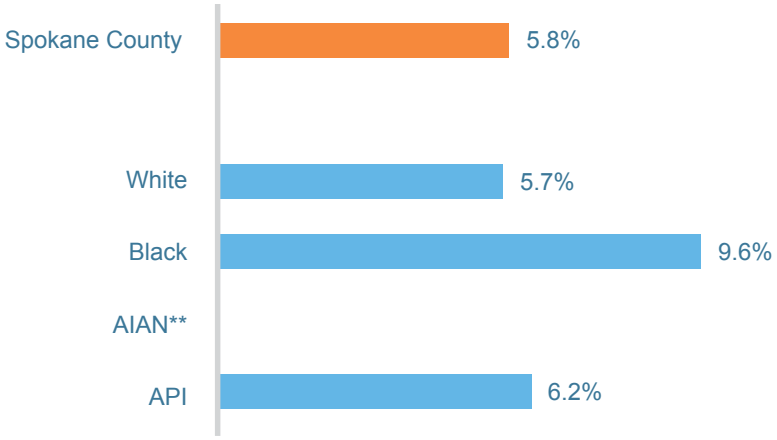
Low Birth Weight

Low birth weight has been defined by the World Health Organization (WHO) as weight at birth of less than 2,500 grams (5.5 pounds). Infants of low birth weight are at increased risk of dying within the first year of life, of experiencing delayed motor and social development, and of having a learning disability.[21] The risk of these outcomes increases as birth weight decreases, with infants of very low birth weight at greatest risk.

• In 2019, 5.8% of infants in Spokane County were born at low birth weight compared to 5.1% in Washington state.

• Each year from 2016 to 2019, the percent of infants born at low birth weight was higher for the population with health insurance through Medicaid compared to the non-Medicaid population, and for Black residents compared to other racial groups.

Low Birth Weight, 2019



Source: Washington State Department of Health, Center for Health Statistics AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

***Numbers too small to report*

Indicator disparities: significant differences by age, race, education and income

WE NEED TO BE ABLE TO SEE THINGS THROUGH EYES OTHER THAN OURS

- Interview Participant

Physical Activity, Nutrition and Weight

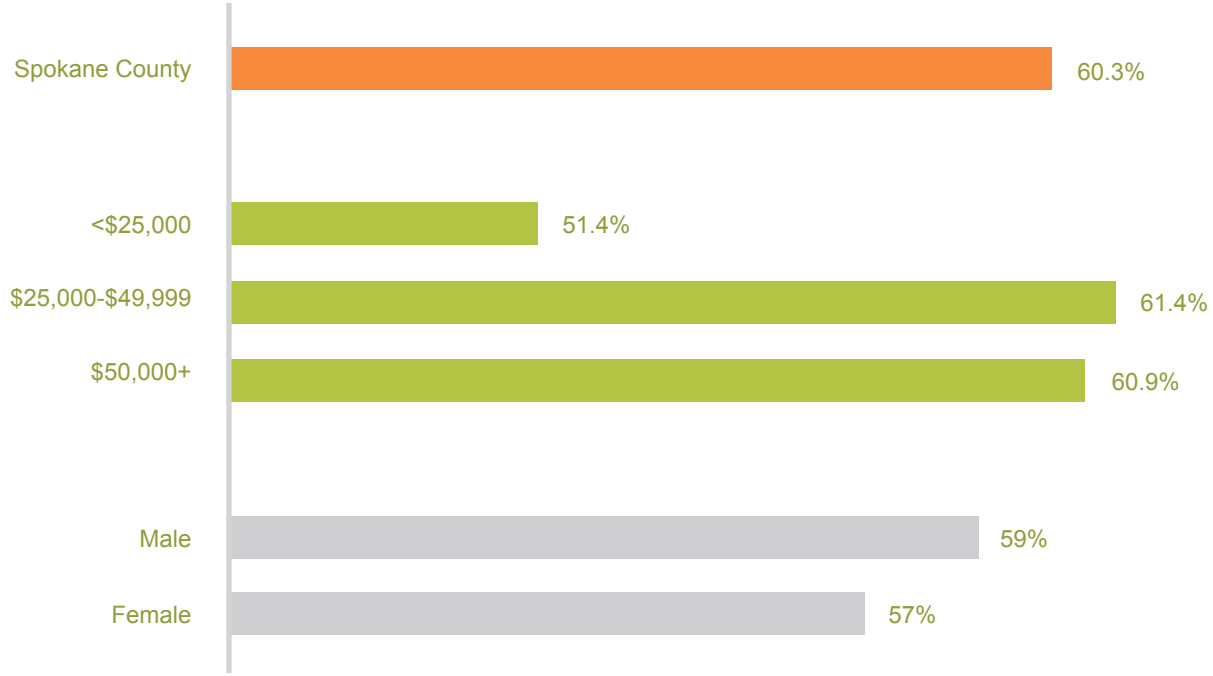
Meets Physical Activity Recommendations, Adults and Youth

Regular physical activity reduces the risk of developing chronic health conditions, helps to control weight, reduces symptoms of anxiety and depression, and improves physical health. The Centers for Disease Control and Prevention (CDC) recommends that adults engage in 150 minutes or more of aerobic activity per week and in muscle strengthening activity on two or more days per week. Children and adolescents should engage in 60 minutes or more of physical activity each day.[22]

• In 2019, 60.3% of adult Spokane County residents met the CDC's physical activity recommendations, which was similar to the rate in Washington state overall (59.3%).

• In 2018, 56.1% of youth in Spokane County were physically active for 60 minutes five times per week, compared to 53.8% in Washington state overall.

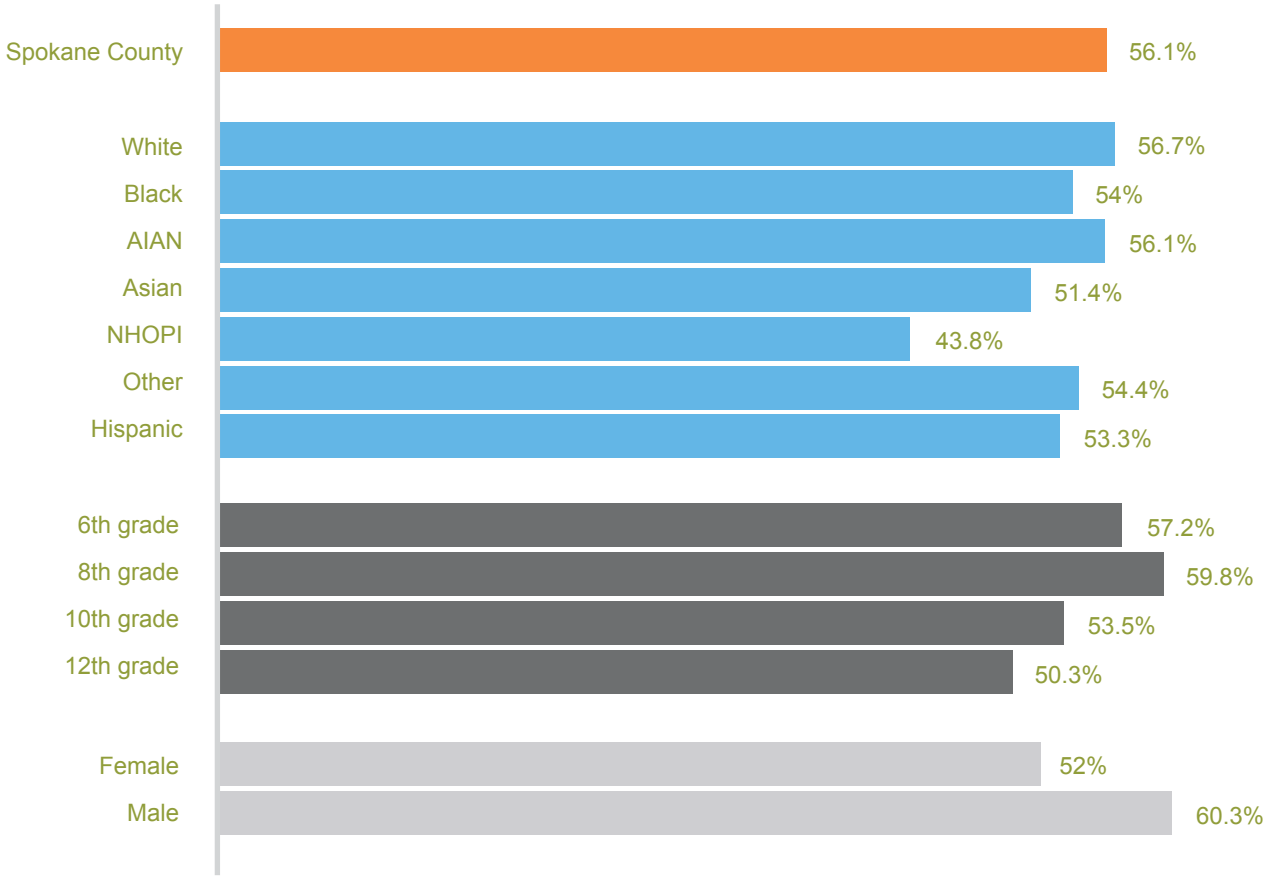
Adults Meeting Physical Activity Guidelines, 2019



Source: BRFSS

Indicator disparities: significant differences by income

Youth Meeting Physical Activity Guidelines, 2018



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/Other Pacific Islander
Indicator disparities: significant differences by grade level, sex, race and education

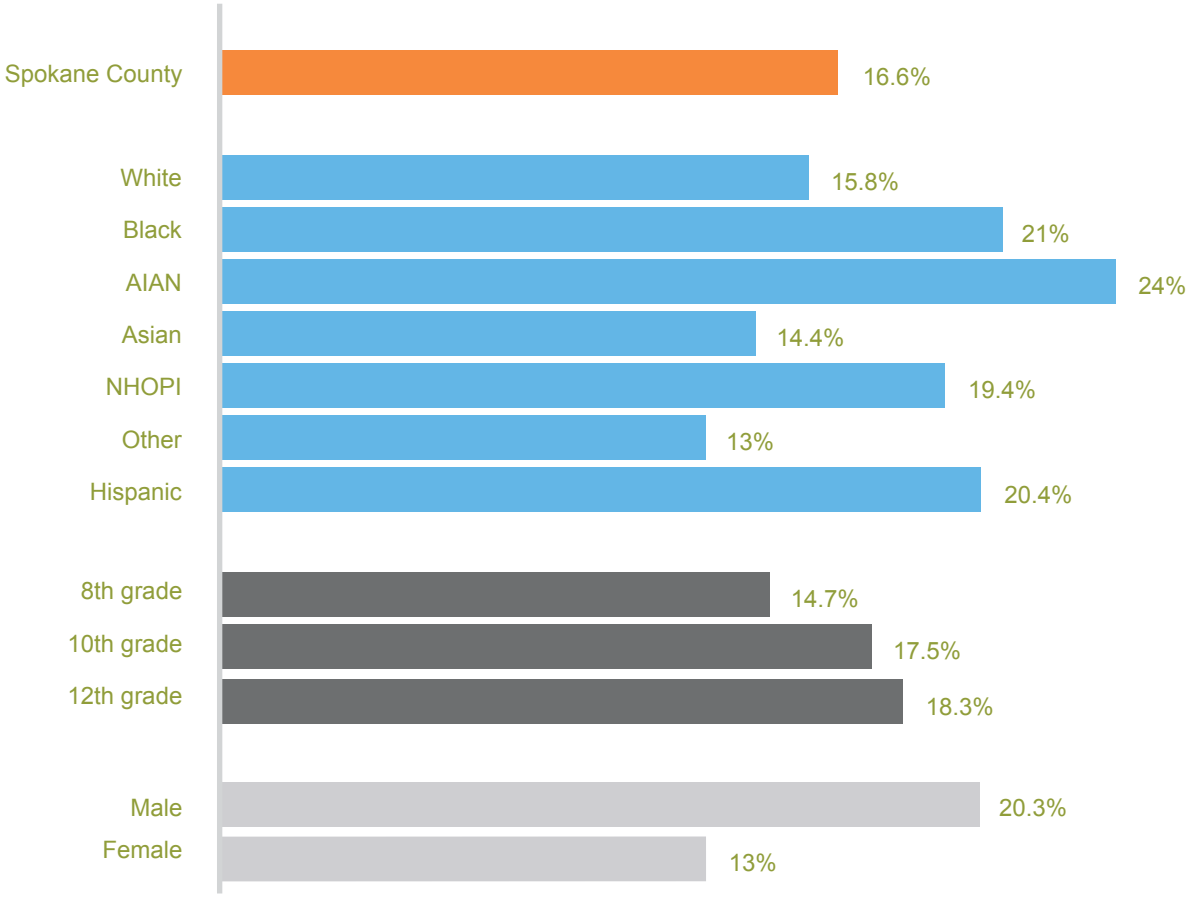
Drank Soda or Sugar-Sweetened Beverages Daily, Youth

Sugar-sweetened beverages include regular soda, sports drinks or other flavored sweetened drinks. Sugary beverage consumption leads to excess caloric intake and weight gain, increased obesity rates among children and adolescents, and it can also contribute to increased tooth decay.

• Between 2014 and 2018, the percentage of youth who drank soda or a sugar-sweetened beverage daily decreased from 23.4% to 16.6%.

Physical Activity, Nutrition and Weight *Continued*

Youth Who Drank Soda or Sugar Sweetened Beverage Daily, 2018



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/Other Pacific Islander

Indicator disparities: significant differences by grade level, sex and race

Obese/Overweight, Adults and Youth

Obesity and overweight are defined as weight that is higher than what is considered healthy based on someone's height. Obesity and being overweight increase the risk of respiratory problems and chronic health conditions, such as hypertension and type 2 diabetes. Youth who are overweight are at greater risk for physical, social and psychological problems and are more likely to become adults who are overweight or obese.[23]

• In 2019, 29.3% of adult Spokane County residents were obese, which was comparable to the obesity rate in Washington state (28.3%).

• In 2018, 26.7% of youth Spokane County residents were overweight, compared to 28.5% in Washington state.

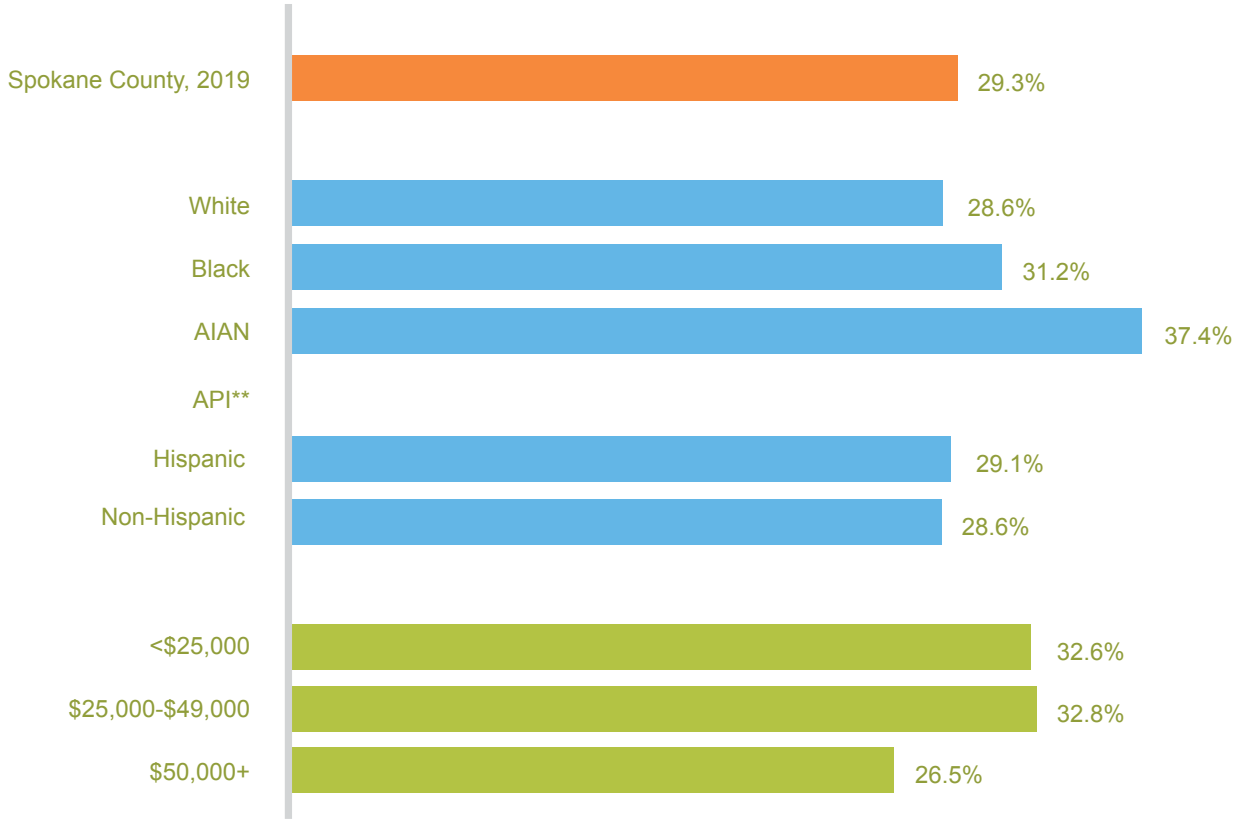
• Adults with an annual household income of $50,000 or more had lower rates of obesity compared to those with an annual household income less than $50,000.

• Male youth were more likely to be overweight (28.9%) compared to female youth (24.5%).

• Youth whose mothers received less than a high school degree or GED were more likely to be overweight compared to those whose mothers were college graduates.

Physical Activity, Nutrition and Weight *Continued*

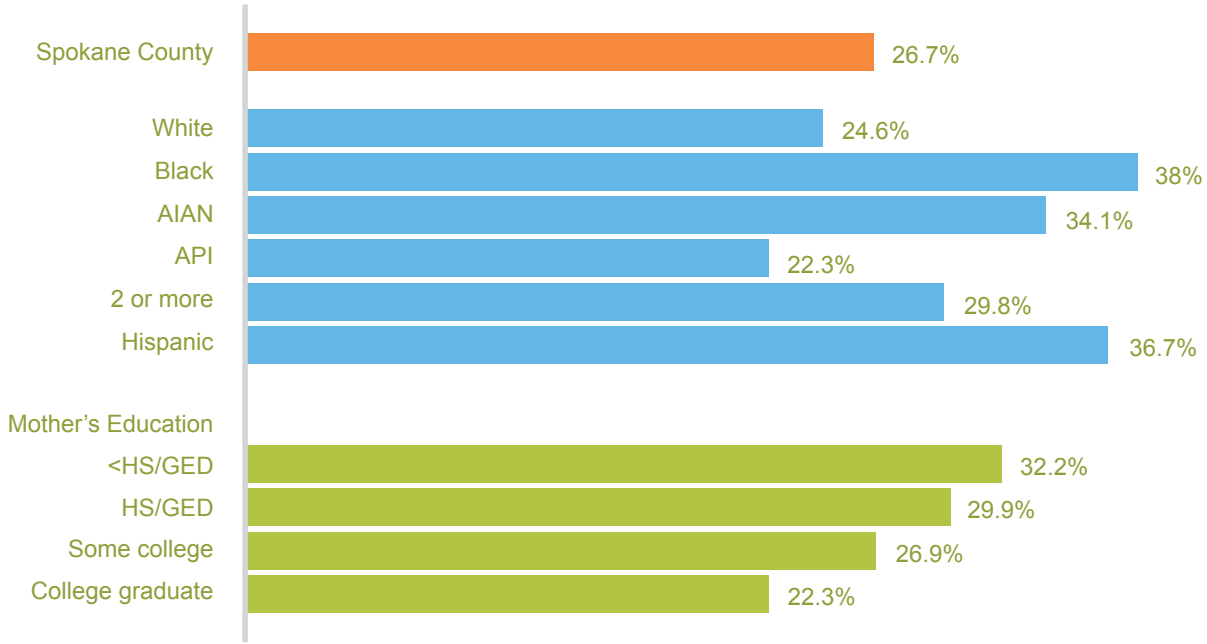
Adult Obesity, 2015-2019



*Source: BRFSS AIAN=American Indian/Alaska Native API=Asian/Pacific Islander **Numbers too small to report*

Indicator disparities: significant differences by age, education and income

Overweight Youth, 2018



Source: Healthy Youth Survey AIAN=American Indian/Alaska Native API=Asian/Pacific Islander

Indicator disparities: significant differences by sex, race and education

Violence and Injury

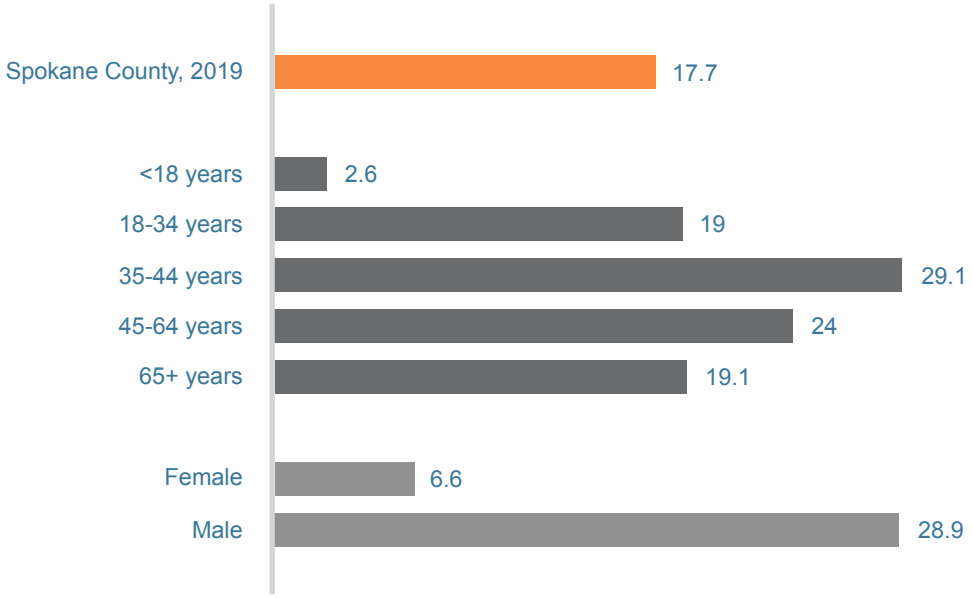
Although most of the data in this section were collected prior to 2020, it is important to note that during the COVID-19 pandemic, some patterns related to violence, suicide and mental health may be changing.

Suicide

In 2019, suicide was the eighth leading age-adjusted cause of death in Spokane County. Factors that increase the risk of death by suicide include a history of depression or mental illness, alcohol or drug abuse, a family history of suicide or violence, and loneliness. Suicide affects not only the individual's family and friends, but also the community as a whole. [24, 25]

- In 2019, the overall suicide rate in Spokane County was 17.7 per 100,000 population.
- The suicide death rate was highest for individuals ages 35-44 (29.1 deaths per 100,000 population) compared to other age groups, and for males (28.9 deaths per 100,000 population) compared to females.
- The rate of suicide attempts by Spokane County youth has been sharply increasing since 2015.

Suicide Deaths per 100,000 Population, 2019

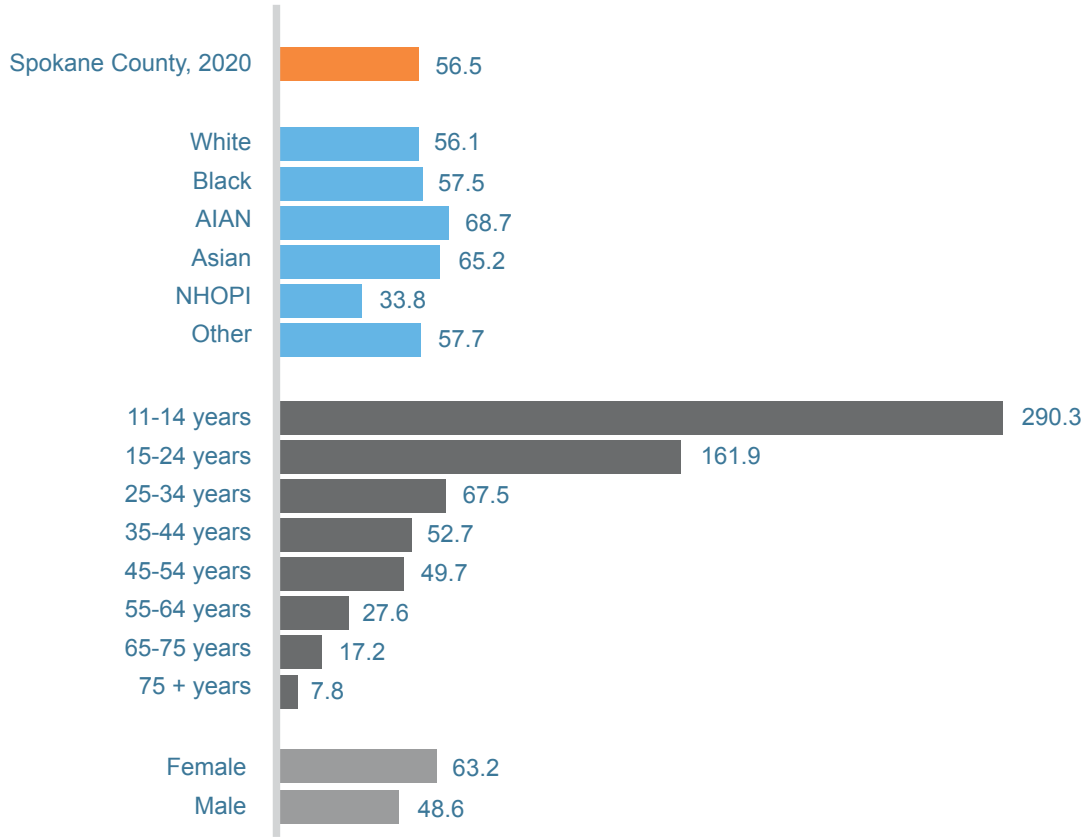


Source: Washington State Department of Health Center for Health Statistics

Indicator disparities: significant differences by age and sex

Violence and Injury *Continued*

Suicide Attempts per 10,000 Emergency Department Visits, 2020

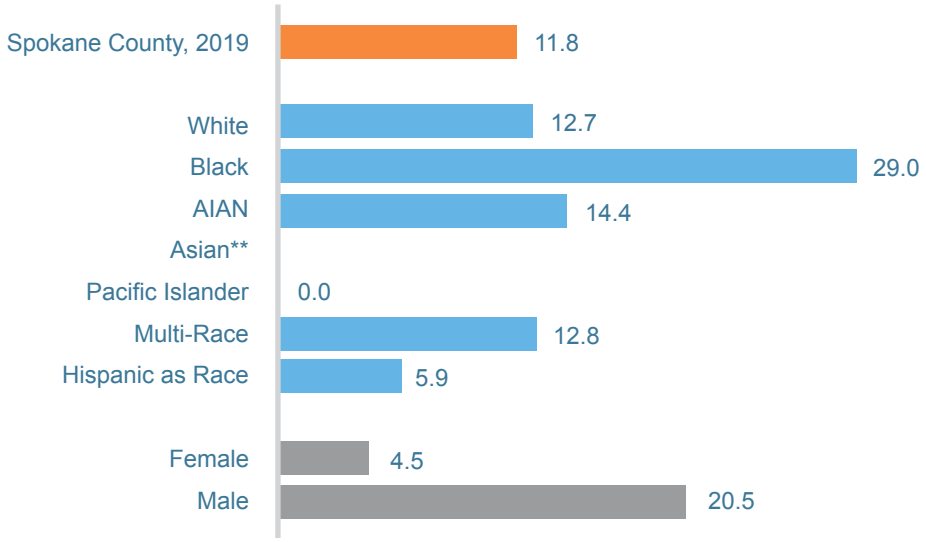


Source: Washington State Department of Health (RHINO), data retrieved from County Health Insights AIAN=American Indian/Alaska Native NHOPI=Native Hawaiian/ Other Pacific Islander

Firearm-Related Deaths

The 2019 rate of death by firearm was 11.8 per 100,000 population, which was comparable to the rate in Washington state of 11.2 per 100,000 population. Males had much higher rates (20.51) compared to females (4.5)

Firearm-Related Deaths per 100,000 Population, 2015-2019



Source: Washington State Department of Health, Center for Health Statistics AIAN=American Indian/Alaska Native
***Numbers too small to report*
Indicator disparities: significant differences by sex and race

Intentional Injury Hospitalizations (Top Three)

In 2019, most intentional injury hospitalizations in Spokane County were from poisoning (54.65 per 100,000 population), followed by cutting or piercing (61 per 100,000 population).

Intentional Injury Hospitalization Rate per 100,000

Rank	Injury Mechanism	Count	Rate
1	Poisoning drug	271	54.6
2	Cut/pierce	61	12.1
3	Struck by/against	38	7.9

Source: Washington State Department of Health, Center for Health Statistics

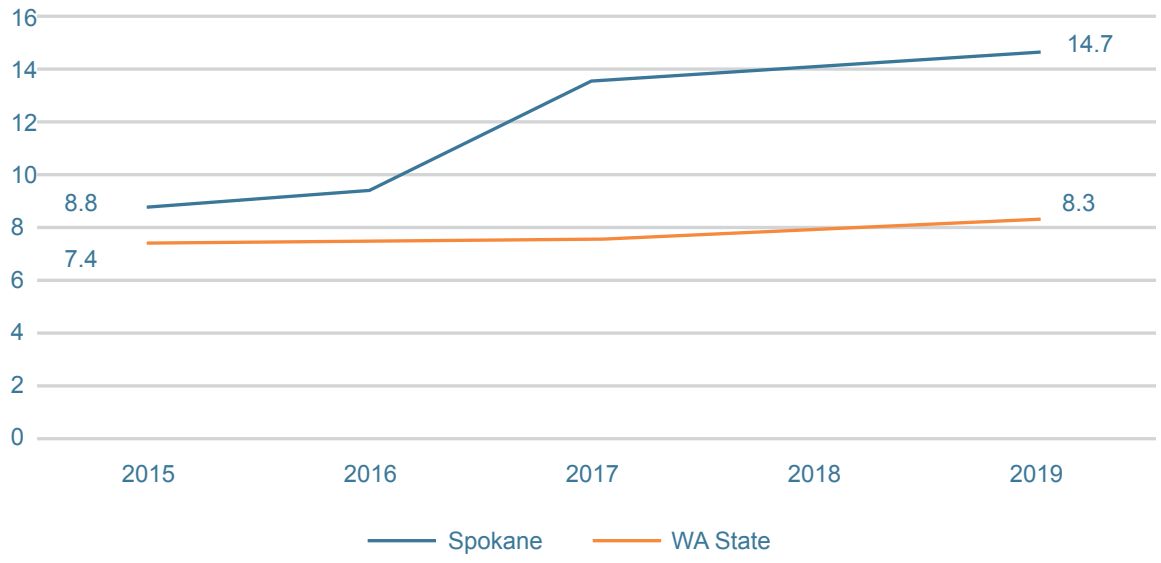
 Note: Community resources have been moved to page 66 in this document

Domestic Violence

Domestic violence includes physical assault or battery, sexual assault or other abusive behavior that results in physical injury, psychological trauma or death. The rate underrepresents the real level of domestic violence in the community because not all incidents are reported to law enforcement.

• From 2015 to 2019, the domestic violence rate in Spokane County increased and remained higher than the rate in Washington state.

Rate of Domestic Violence Offenses Reported to Law Enforcement per 1,000 Population



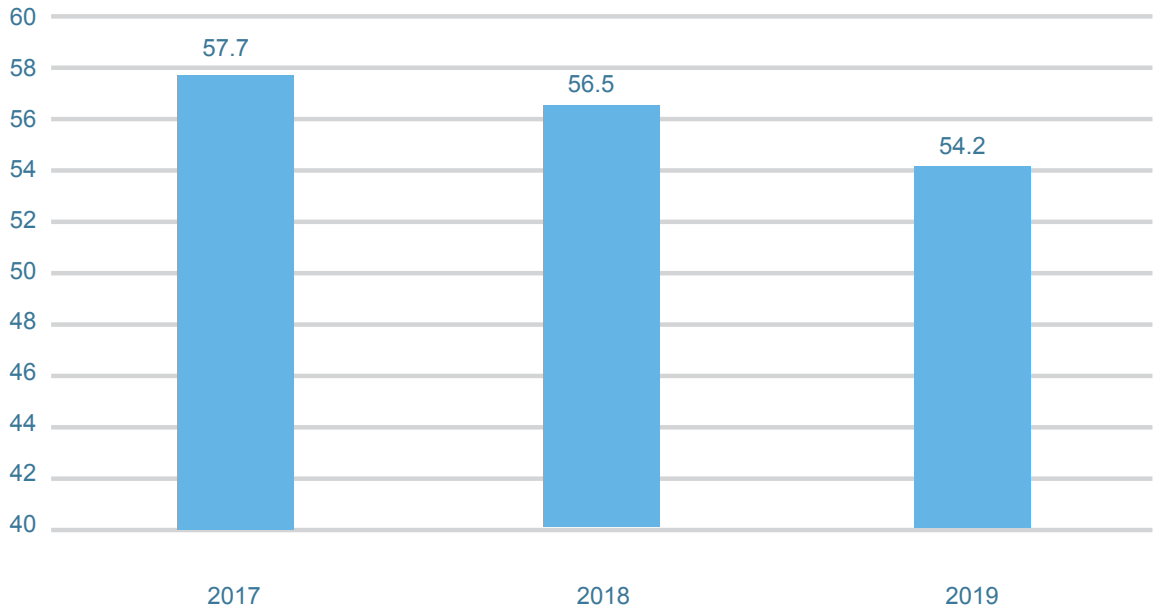
Source: Washington Association of Sheriff and Police Chiefs reported by Spokane Trends

Child Abuse and Neglect

Abused children often suffer physical injuries, such as cuts, bruises or broken bones. Abuse at a young age may disrupt brain development. As abused children grow into adults, they are at higher risk for poor health behaviors and health outcomes, such as depression, drug abuse, obesity, high-risk sexual behaviors, smoking and suicide.

For the purposes of this report, child abuse is measured as the number of children 0-17 years of age who were reported to Child Protective Services (CPS) as victims of abuse or neglect and were accepted for further action. The incidence of abuse is likely higher than the rates indicate because not all abuse is reported to CPS.

Child Abuse Reports per 1,000 Children



Source: DCYF Family Link

We're seeing a lot of our BIPOC community, our LGBTQ+ community, our community members with disabilities really struggle because systems are stacked against them, quite frankly. I think that racism/ableism is one of the key factors that is impacting a lot of this for people.

- Interview Participant

Community Voice

Quality of Life

The following are results from the 2020 Quality of Life survey. In total, 3,365 community members throughout Spokane County responded.

- More than half of respondents in Spokane County reported excellent (14%) or very good (47%) quality of life. Those reporting poorer quality of life were less educated, lower income, younger adults or out of work.

- Sixteen percent reported they were very or somewhat stressed about access to health care in the last 12 months.

- Almost half (48%) were very or somewhat stressed by health concerns.

- When asked about the most import issues facing the Spokane area today, respondents indicated the leading issue was homelessness, followed by COVID-19, crime, housing and the economy.

Key Informant Interviews and Community Conversations

Key informant interviews and community conversations were conducted to gather context from community members related to health outcomes and community needs and assets. Participants were chosen to include diverse representation with a focus on populations that may receive fewer resources and experience poorer health outcomes. Many of the individuals and organizations included were identified by the COVID Equity Taskforce as having been most impacted by COVID-19 and their health outcomes exacerbated by inequities.

Within these interviews, eight themes emerged that aligned with how these organizations see health and well-being in Spokane, including both positive and negative aspects. The sections below outline the themes that were uncovered and the thoughts from these representatives regarding the state of health in Spokane County.

Key Informant Interviews

Eight key informant interviews were conducted with representatives from the following organizations:

- American Indian Community Center
- Big Table
- Carl Maxey Center
- Greater Spokane Incorporated
- The NATIVE Project
- Northeast Washington Educational Service District 101
- Spokane Neighborhood Action Partners
- Spokane Police Department

Community Voice *Continued*

Equity

The majority of the stakeholders mentioned the inequitable distribution of resources, including services and physical resources, in Spokane to be a factor that negatively impacted health for all groups. Multiple stakeholders mentioned the need to decrease racism and discrimination, with two specifically mentioning the need to dismantle structural racism. One stakeholder mentioned the need to return land and resources to Native people. Several stakeholders also mentioned the importance of moving forward to provide on-site care and meeting people where they live, work and gather, and more specifically, culturally appropriate care when targeting minority groups. Reducing health disparities was also emphasized as important.

Stakeholders mentioned the need to increase diversity and representation, especially when it comes to planning services for underrepresented groups or other target populations. This included advocacy for groups who are not typically brought to the table. One organization also emphasized the benefit of having a nonjudgmental atmosphere for their clients.

Resources and Services

A lack of affordable housing in Spokane and homelessness in general were mentioned by stakeholders during most of the interviews, but other services impacted by equity and demand included transportation, education and childcare. Stakeholders shared that the lack of these resources makes access to services difficult in general. Two stakeholders mentioned a lack of investment and funding for nonprofit organizations and those offering services to vulnerable populations to be detrimental to their target populations. One person mentioned the need to provide better instructions on how to access the resources that are currently available.

Collaboration

Collaboration was a common theme among those interviewed, including cross-sector collaboration and collaboration with service providers and their intended populations. Two stakeholders discussed the ability of organizations in the community to collaborate with each other as a positive characteristic of Spokane. Another stakeholder mentioned the mindset of support and care in their community, while two others mentioned a sense of openness and acceptance as aiding them in providing services. Further, multiple stakeholders mentioned the importance of a mindset of resiliency within the population they typically work with.

Economy

Many of those interviewed mentioned issues with the economy or employment as having a negative impact on health and well-being in Spokane. This included problems with their community members finding living wage jobs that would allow them to support their families, or employment with nontraditional hours making it difficult for families to find appropriate childcare. One stakeholder also mentioned a current issue with employers being unable to fill vacant positions. Another emphasized the need for a healthy economy overall to improve health in Spokane County.

Community Voice *Continued*

Government

Several of the stakeholders interviewed mentioned safety and cleanliness as major concerns in Spokane and two stakeholders mentioned a lack of support from law enforcement and the criminal justice system overall as having a negative impact on health in Spokane. However, another stakeholder mentioned that the criminal justice system may be responsible for some of the violence that their community faces and that the majority of the members of their population had had negative experiences with law enforcement overall. Many stakeholders mentioned the need for policy changes or deeper government level changes to address many of the issues that are currently impacting health in Spokane.

Information

One stakeholder mentioned the importance of data sharing, specifically between healthcare and the nonprofit sector, to make informed decisions regarding programming for their target population. Thoughts were also discussed by two stakeholders regarding the misinformation of community members through the media or other sources, which impacted their ability to get the information needed to make decisions that would impact their lives. One of the stakeholders also proposed trainings to address a lack of knowledge in the community about how to deal with specific issues that may be detrimental to health. Training specifically for people from communities of color in order to close care gaps was also proposed. Another stakeholder discussed the need to have more community representatives taking leadership roles in providing health information to the community.

Mental and Physical Health

The majority of stakeholders mentioned mental and behavioral health as issues greatly impacting the Spokane area. Although many agree that Spokane has a variety of services available to help people with their mental health, there are equity issues related to access. One stakeholder also mentioned that there are fewer resources for those who are in a state of crisis and need immediate assistance. The COVID-19 pandemic and the transition to telehealth has exacerbated these equity issues.

Multiple stakeholders also mentioned the need for easily accessible and affordable health insurance for all while another mentioned having universal access to health services for every population. Public health was also mentioned by many stakeholders as currently playing a role in health in the community, which was brought to the forefront during the pandemic.

Community Voice *Continued*

Community Issues

Those interviewed were asked about what they see as some of the issues impacting health and well-being in Spokane County currently. Along with housing and homelessness, all interviewees agreed that family violence, mental health and substance abuse were important issues to focus on. The cost of living and rent increases were also mentioned by multiple people.

Individual responses also included the COVID-19 pandemic, general poverty, property crime, healthy food costs and trauma. One stakeholder suggested that instead of focusing on family violence, that violence in general against their community be addressed, since it was causing a similar amount of trauma to the people they worked with through their organization.

Stakeholders mentioned the following sectors or groups should be included in future collaboration to make changes to the factors affecting community health:

- Criminal justice system
- Education
- Health care
- Government
- Mental/behavioral health care
- Nonprofit sector
- Public health
- Target populations

Community Conversations

Eight community focus groups and 11 interviews were conducted with representatives from the following organizations:

- Arc of Spokane
- Asian Pacific Islander Coalition
- Continuum of Care
- People First Lilac Chapter
- Mujeres in Action
- Muslims for Community Action and Support
- Pacific Islander Community Association
- Spokane Immigrant Rights Coalition
- Vulnerable Adults Links United
- World Relief
- Youth Advisory Lutheran Services

Within these interviews and focus groups, 10 major themes emerged that aligned with how these organizations see health and well-being in Spokane, including both positive and negative aspects. The sections below outline the themes that were uncovered and the thoughts from these community members regarding the state of health in Spokane County.

Cultural Expression

When asked about the strengths and assets of their communities, many stakeholders shared that their culture was a strength and that the sense of belonging, connection, solidarity, understanding and commonality that came with sharing cultural foods, speaking in their native languages, and gathering with folks who looked like them was essential to their communities and their health.

Many shared how their ethnic and cultural community was able to provide informational support such as sharing resources for financial assistance with medical bills, information about their rights, education on chronic diseases, screening and rental assistance. A couple of stakeholders even shared ways they provided tangible support to their community with transportation to medical appointments or by serving as translators for family members and friends. In many ways, stakeholders gave examples of how different communities acted as a link or network to resources, an informal safety net when those things were inaccessible. Stakeholders also indicated that, for many communities, spirituality and religion provided a place for emotional support.

Education

Education was a theme that came up in many different contexts. For many groups, education and higher education were named as an important part of health. Many saw education as the pathway to well-paying or better-paying jobs, opportunity, advancement, stability and success, and ultimately making it possible to access other basic needs such as food, health insurance and housing.

For the immigrant community, education was mentioned as extremely important. One of the common sentiments shared was about the barriers and challenges related to not having their degrees and formal education from their previous countries recognized. This impacts job opportunities or forces individuals to apply for and accept jobs that they are overqualified for.

Stakeholders named education as essential for connecting individuals to important services and resources, learning the skills needed to navigate different systems and, more specifically, improving cultural competency among healthcare providers. Several stakeholders emphasized the importance of providers receiving training on caring for individuals with disabilities, implicit bias, trauma-informed practices, best practices and understanding the disproportionate health outcomes experienced by different groups.

Housing

Housing was one of the most prevalent issues that came up across the focus groups and interviews conducted. Many stakeholders cited the lack of available housing (low vacancy rate) and the lack of affordable housing. Each group named specific barriers that kept them from getting housing—criminal history, multiple evictions, racism, discrimination, low income, lack of housing options for those that are disabled or for those living in multigenerational households, and a system that does not support folks who are trying to maintain housing. Two stakeholders shared that the barriers to getting housing were even greater for undocumented folks.

Stakeholders expressed how the instability or lack of housing was a threat to health. One stakeholder shared that the lack of available housing had forced individuals in their community to stay in domestic violence situations and other stakeholders shared that their housing was unsafe, unsanitary and low quality. Others were

Housing *Continued*

experiencing stress about the expiration of the eviction moratorium, and some stakeholders mentioned that many families and individuals were in a survival state as they tried to pay rent or utilities. Changes in employment or hours have impacted individuals' ability to afford housing. For some in the elderly population, loss of mobility and isolation created a host of new challenges — their housing was no longer adequate for the onset of limitations and disabilities they were experiencing.

Stakeholders said that they wished for safe, affordable and accessible housing that would provide stability. They wished that there would not be waitlists or a lack of housing options for the variety of needs that individuals and families have when it comes to housing.

Income and employment

Income was most often referenced in relationship to the ability to afford essential needs such as childcare, rent, utilities, food and medical care. Several stakeholders pointed out that many employed individuals received low wages. Others mentioned that the COVID-19 pandemic had also impacted small businesses, resulting in individuals losing hours or being laid off. Stakeholders named employment as one of the primary ways to get health insurance, benefits and income for basic needs such as food.

Language Access

Language access continues to be a high barrier for many immigrants and populations where English is a second language. These barriers keep individuals from accessing health care and stakeholders explained that the language barriers impact community members' ability to gain employment. Stakeholders also shared that in some cases, not being able to navigate systems or understand the laws can negatively impact individuals.

With an interpreter not always guaranteed, several stakeholders reported experiences shared by individuals in their community who reported they did not know what was going on or happening to them when they visited the doctor's office. One stakeholder shared that they knew many community members who choose not to see a doctor because there was a language barrier. Another stakeholder explained the challenge of varying dialects and accents in other languages, which prevented patients from understanding despite the provision of an interpreter.

Mental Health

Mental health was a consistent topic in many of the focus groups and interviews. More specifically, stakeholders shared that there is a lack of mental health services available in the languages that they speak, and the barriers are even greater for those that are undocumented. Several stakeholders cited ways that the mental health of individuals and groups has historically been overlooked and dismissed due to stereotypical and discriminatory perceptions of certain groups.

Several stakeholders mentioned stigma and shame around mental health as prevalent in some communities, and therefore, mental health issues were underreported or hidden, keeping individuals from reaching out or getting the help that they needed.

Stakeholders shared stressors, trauma, culture shock, the fear of deportation, basic needs not being met, family violence, racism and discrimination as some of the causes for mental health issues.

Racism and Discrimination

Many groups identified racism and discrimination as a threat to health and said that some were refused care, dismissed by their provider when bringing up health concerns or kept from getting the care they needed because of the color of their skin, the language that they spoke, or because they had a disability. Very real health impacts were cited by stakeholders including misdiagnosis, late diagnosis, and withholding treatment because of racism and perceptions about a certain group of people.

Stakeholders shared about the microaggressions they have experienced, from verbal insults telling individuals that they were not welcome or didn't belong in the United States, to body language communicating fear and hostility. The impact of these microaggressions has been felt by communities. Some stakeholders shared that individuals in their communities were fearful of going out, and that some have internalized narratives that they are less than. For certain individuals, their intersecting identities of ethnicity, sexual orientation, age and abilities meant that they experienced greater discrimination and prejudice.

One stakeholder stated that they saw a lack of empathy and understanding about what other communities were going through. Many stakeholders said that a healthy community is one where there is acceptance and respect.

Community Voice *Continued*

Resources and Services

On the topic of healthcare access, several stakeholders and stakeholder groups mentioned that people in their community do not have access to preventive care or only seek medical care when it is urgent, or the health issue has advanced. Many of the reasons for this included the fear of not being able to afford the cost of the bill, challenges with scheduling appointments, lack of insurance, and the challenges with navigating those processes.

As one stakeholder put it, “There are not just enough resources, but not enough low barrier resources.”

The barriers to accessing resources, and ultimately, services, were identified by stakeholders as the long waitlists for housing or seeing a specialist for medical care. Stakeholders also shared that for individuals without access to internet or for the elderly population, using technology and navigating even automated messaging was a barrier.

One stakeholder expressed the importance of a team approach, a coordinated system where a team of providers (specialists, primary care physician, psychologist) communicate with each other and bring all the needed services to their patient.

Social Connection and Support

When groups were asked about the strengths and assets of their communities—noteworthy people, places and activities that promoted health—many groups shared the ways they saw their communities helping one another out. One stakeholder said that people in their community share what they have, demonstrating a more collectivist mindset or culture.

Stakeholders identified the power of social connection and support, having seen the impact that COVID-19 has had on their communities where isolation has threatened individuals’ health — especially those who are elderly.

When asked about the characteristics of a healthy community, many stakeholders named trust and community members knowing one another as essential, along with feeling that they could go to their neighbors for support and help.

Transportation

Multiple groups cited access to transportation (mostly public transportation) as an issue and pointed to challenges within the system itself impacting more than just individuals’ physical health and their ability to make it to medical appointments. Multiple stakeholders cited transportation as important as it provides an avenue to experience social connection with others, independence, and access to programs and resources, as well as being essential to maintaining employment.

LGBTQIA2S+ Needs Assessment in Spokane County

A needs assessment specific to the LGBTQIA2S+ community in Spokane County was conducted in 2021 to provide deeper insight into the unique needs of this group. A summary of results is included here to complement the indicator data and provide additional context as part of the community voice. The survey was delivered online through social media channels and in-person through community outreach from April to July 2021. These data were filtered by ZIP Code to include only respondents living in Spokane County.

For the full survey results, refer to Appendix A.

Description of Participants

Respondents were 357 members of the Spokane County LGBTQIA2S+ community between the ages of 12 and 83 years old, including 57 youth (ages 12-17 years), 170 young adults (ages 18-34 years), and 127 adults ages 35 years and older. Most respondents identified as women (30.5%), cisgender (29.1%) or non-binary (23.5%). Nearly one-fifth (19%) of respondents identified as transgender. Regarding sexual orientation, most respondents identified as bisexual (33%), pansexual (27.7%) or queer (24%).

Experience with Accessing Health Care: Qualitative Analysis

Getting Medical Care

Respondents who had positive experiences getting medical care reported having doctors that were knowledgeable about the LGBTQIA2S+ community, particularly if those providers were gender affirming, trans-knowledgeable, and welcoming toward the LGBTQIA2S+ community. Overwhelmingly, respondents that reported having Medicaid or other insurance that provided little or no out-of-pocket expenses had positive experiences with accessing medical care.

Respondents who had negative experiences getting medical care reported having providers that were unknowledgeable in LGBTQIA2S+ concerns. Some respondents reported feeling uncomfortable talking about gender identity and sexual orientation with their providers. Many respondents mentioned not having insurance, poor insurance, or having to pay for care out of pocket as the main reasons they did not seek out medical care. A few respondents reported transportation, availability of appointments (lack of nights and weekends), and constantly having to see new providers as barriers to getting medical care. Many explained it was hard to establish trust with a provider when they were constantly getting a different provider.

"This means less of a personal relationship for safety, but also leads to multiple forced 'coming out' moments with each new provider"

- Survey Respondent

Getting Mental Health Care

Many respondents who reported needing mental health care had access. Respondents reported sliding fee scales, Medicaid and other insurance helped them access these services. Many found it helpful to have a mental health provider that was part of the LGBTQIA2S+ community or openly accepting of the LGBTQIA2S+ community as a positive factor in accessing mental health care. A few respondents mentioned having this information on a provider's website was helpful when looking for a LGBTQIA2S+ provider.

"It's taken a long time, but I finally have good mental health providers who are LGBTQ+ competent and accepting."

- Survey Respondent

Respondents who had negative experiences reported that the out-of-pocket cost of care was a barrier to getting mental health care. Many explained that although they have insurance, mental health is not a covered service. Many respondents felt uncomfortable with or lacked trust in providers that were unknowledgeable in LGBTQIA2S+ concerns. Many respondents felt that they have specific needs around gender identity, sexual orientation and LGBTQIA2S+ relationships that many providers in Spokane County do not have the knowledge to address. The inability to find a culturally competent provider was mentioned by a few respondents. Many respondents mentioned long waitlists and the lack of flexibility in scheduling made it difficult to access mental health care.

"I'm a veteran so getting mental health care is easier for me, but I feel like mental health care for being a trans man is very limited."

- Survey Respondent

Finding Help for Substance Use Disorders

Many respondents were able to access help for substance abuse disorders or thought that they would be able to if the service was needed. Respondents mentioned using programs like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other "12-step" programs. A few respondents mentioned that a solid support system is crucial to finding help with substance use disorders.

Respondents who were looking to access help for substance use disorders were discouraged by the lack of variety in treatment options, with many identifying religion-focused programs that do not work for everyone. Many respondents also stated that they would like to access LGBTQIA2S+ inclusive programs, but these are hard to find if available at all. A few respondents reported not knowing where to find substance use disorder services at all.

Other Community Needs and Barriers to Health

• Of survey respondents, 72.6% reported being comfortable disclosing their gender identity or sexual orientation when seeking healthcare services, but more than half of respondents preferred a healthcare provider to bring it up rather than bringing it up themselves.

•The most widely reported areas of dissatisfaction with life in Eastern Washington included monthly income (58%), feeling accepted by family members (50.7%), accessing needed mental health care (51.3 %), and participating in local, state or national decision making (51%).

Refer to Appendix A, Figure 1 for the full results.

• Respondents most frequently experienced discrimination in Eastern Washington when in the workplace, when participating in religious activities, and when interacting with law enforcement.

Refer to Appendix A, Figure 2 for the full results.

LGBTQIA2s+ Needs Assessment Conclusions

The quantitative analysis supported the qualitative analysis regarding the need for more culturally competent healthcare providers in Spokane County who are both knowledgeable and accepting of LGBTQIA2S+ issues and concerns, and the difficulty that this gap poses to establishing trust and promoting access to medical and mental health care. Although nearly three-quarters of respondents reported being comfortable disclosing their gender identity or sexual orientation when seeking healthcare services, more than half still preferred that their health provider initiate that conversation rather than bringing it up themselves. Furthermore, nearly a quarter reported experiencing discrimination when disclosing their identity in this setting. Culturally competent providers who are openly accepting and welcoming to the LGBTQIA2S+community were seen as a positive factor for establishing trust.

Many respondents were dissatisfied with both their income and ability to access mental health care. Open-ended responses revealed that being underinsured or having high out-of-pocket costs and inconvenient scheduling were the primary barriers to accessing this type of care. Apart from income and access to mental health care, the aspects of life in Eastern Washington that LGBTQIA2S+ community members were most dissatisfied with were family acceptance and civil participation. These two areas were particularly difficult for youth respondents.

Another key finding was that some LGBTQIA2S+ community members living in Spokane County reported experiencing discrimination most often when trying to engage in religious practices. Although nearly half of respondents reported that this situation was not applicable for them, the highest proportion of respondents reported that they experienced discrimination “most of the time” in this setting. Religion was also cited as a key barrier to seeking treatment or services for substance use disorder, as many reported the only available treatment programs were religion-based and therefore not as inclusive to the LGBTQIA2S+ community. Community members also reported experiencing discrimination most often when in the workplace and in their interactions with law enforcement.

Assets from Community Conversations

Identifying strengths in a community is an important part of the needs assessment process. A strength-based approach to community improvement builds on the assets and strengths that already exist in the community. The following organizations were specifically mentioned during the community conversations as being assets to the community:

- Arc of Spokane
- Asian Pacific Islander Coalition (APIC)
- Better Health Together
- Carl Maxey Center
- Cosechando Esperanza
- Deaconess Behavioral Health
- Filipino – American Association
- Hifumi En
- Hispanic Business Professionals Association (HBPA)
- If You Could Save Just One
- Inland Northwest Behavioral Health
- Jewels Helping Hands
- Latinos en Spokane
- Lutheran Services – Youth Advisory Board
- Meals on Wheels
- Mujeres in Action
- Muslims for Community Action Support
- Pacific Islander Community Association
- Project ID
- Raiz of Planned Parenthood
- Refugee Connections
- Sacred Heart Triage Center
- SOAR
- Spark Central
- Spectrum
- Spokane Chapter Japanese American Citizens League (JACL)
- Spokane Eastside Reunion Association
- Spokane Immigrant Rights Coalition
- Spokane Immigrant Rights Coalition (SIRC)
- Spokane Islamic Center
- The Isaac Foundation
- The NATIVE Project
- The Zone
- World Relief
- YWCA

The following organizations were not specifically mentioned during the community conversations, but were identified by the CHNA partners as organizations working in the priority areas of mental health, domestic violence, housing and homelessness, and racism and discrimination:

- Catholic Charities (Housing/DV)
- CHAS (MH/DV)
- Children's Home Society (DV)
- Excellerate Success (R&D)
- Empire Health Foundation (R&D)
- Family Promises of Spokane (Housing)
- Frontier Behavioral Health (MH/DV)
- Greater Spokane Progress (R&D)
- MultiCare Health Care facilities (MH/DV)
- National Association for Mental Illness (NAMI) Spokane (MH)
- Northwest Justice Project (Housing/DV)
- Partners with Families and Children (DV)
- Providence Health Care facilities (MH/DV)
- Salvation Army (Housing)
- SNAP (Housing)
- Spokane Teaching Health Center (MH)
- Spokane Treatment and Recovery Center (MH)
- Transitions (Housing/DV)
- Volunteers of America (Housing)

For more information about resources in Spokane County related to these priority areas, please visit 211 at 211.org/ or see "The Fig Tree: COVID-19 Resource Supplement" at spokaneresourcecenter.org/userfiles/Fig-Tree-Covid-20-10-14.pdf.

Supplemental Information

This report includes both primary and secondary data sources. Primary data consists of new information gathered directly from the community through surveys, interviews or focus groups. Secondary data includes information that has already been collected by someone else.

Quantitative Data Sources and Methods

Much of the data in this report comes from several key sources. These sources, the methods used to analyze the data, and the data limitations are briefly described below.

Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest continuously conducted telephone health survey in the world. The survey collects self-reported information on a vast array of health conditions, health related behaviors, and risk and protective factors about individual adult (18 years and older) health. It enables the CDC, state and local health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. Data are reported annually.

For more information, visit cdc.gov/brfss.

Healthy Youth Survey (HYS)

This school-based survey is administered in even-numbered years throughout Washington state. The survey includes grades 6, 8, 10 and 12. HYS topics include self-reported information on health risk behaviors, family, community risk and protective factors, and current health conditions. Like other survey data, it is subject to social desirability bias and recall error.

For more information, visit askhys.net.

Death Certificates

For death certificates, funeral directors collect information about the deceased person, including race and ethnicity, from an informant who is usually a family member or close personal friend of the deceased person. A certifying physician, medical examiner, or coroner generally provides cause-of-death information. Cause-of-death data come from underlying causes of death and not immediate causes. For example, if a person dies of a complication or metastasis of breast cancer, breast cancer would be the underlying cause of death. Data are compiled by the Washington State Department of Health Center for Health Statistics.

For more information, visit doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.

Supplemental Information *Continued*

Birth Certificates

The birth certificate system contains records on all births occurring in the state and nearly all births to residents of the state. Information is gathered about the mother, the father, the pregnancy and the child. The information is collected at hospitals and birth centers; information sources include worksheets completed by parents or medical staff, medical charts, or a combination of these sources. Midwives and family members who deliver a baby complete the birth certificate and collect the information from a parent or from their records. Data are compiled by the Washington State Department of Health Center for Health Statistics.

For more information, visit doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.

American Community Survey (ACS)

The American Community Survey is a mailed survey conducted every year by the U.S. Census Bureau to estimate a wide variety of social and economic data for the U.S. population. The ACS replaces the long form of the census for collecting detailed population data and has the advantage of being released annually rather than at ten-year intervals. The ACS location of residence is based on census tracts, which don't align with ZIP Code boundaries.

For more information, visit census.gov/programs-surveys/acs

The Office of the Superintendent of Public Instruction (OSPI)

The Office of the Superintendent of Public Instruction provides graduation and free and reduced-price meal data. Information regarding student graduation, transfers and drop-outs are used for an adjusted cohort method which follows a single cohort of students for four years based on when they first entered ninth grade. The cohort is "adjusted" by adding in students who transfer into the school and by subtracting students who transfer out of the school.

For more information, visit k12.wa.us.

Washington State Immunization Information System (IIS)

The Washington State Immunization Information System is a lifetime registry that tracks immunization records for people of all ages in Washington. Immunization rates for children, adolescents and adults are available through the IIS. This data source is best used to calculate childhood immunization rates. The department of health publishes annual data for immunization coverage among toddlers, children and adolescents by county and state.

For more information, visit doh.wa.gov/DataandStatisticalReports.

Washington State Cancer Registry (WSCR)

The Washington State Cancer Registry monitors the incidence of cancer in the state to better understand, control and reduce the occurrence of cancer. This program is designed to standardize data collection and provide information for cancer prevention and control programs.

For more information, visit fortress.wa.gov/doh/wscr.

Comprehensive Hospitalization Abstract Reporting System (CHARS)

The Comprehensive Hospital Abstract Reporting System (CHARS) collects record-level information on inpatient and observation patient community hospital stays. This data is compiled by the Washington State Department of Health Center for Health Statistics.

For more information, visit doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalDischargeDataCHARS.

Supplemental Information *Continued*

Washington State Department of Health- Health Professional Shortage Areas

Maps of health professional shortage areas provided by Washington State Department of Health (DOH).

For more information, visit doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/DataMapsandOtherResources#heading28017.

Washington State Department of Social and Human Services

The Department of Social and Human Services (DSHS) publishes unduplicated counts of clients served for each category of service used during the year.

For more information, visit dshs.wa.gov/sesa/research-and-data-analysis/client-data.

Spokane County Point in Time Count

The Homeless Housing and Assistance Act (ESSHB 2163-2005) requires each county to conduct an annual point in time count of sheltered and unsheltered homeless persons (RCW 43.185C.030) in accordance with the requirement of the U.S. Department of Housing and Urban Development (HUD). The Spokane County Point in Time Count is conducted every year during the last 10 days in January. The data in this report are from the January 24, 2019, count.

For more information, visit my.spokanecity.org/endinghomelessness/point-in-time-count.

Supplemental Information *Continued*

Calculating and Interpreting Rates

Rates:

Most health data are reported as percentages (%). In other cases, rates are used to compare risk between groups. A rate converts a count of events (e.g., number of births per year) in a target population to a ratio that represents the number of the same events in a standard population. This removes the variability associated with the size of the sample. Each rate has its own standard denominator that is specified (e.g., 1,000 women, 100,000 residents) for that rate. Rates present the magnitude of an indicator.

Averages:

Multiple-year estimates were used to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

Stratification:

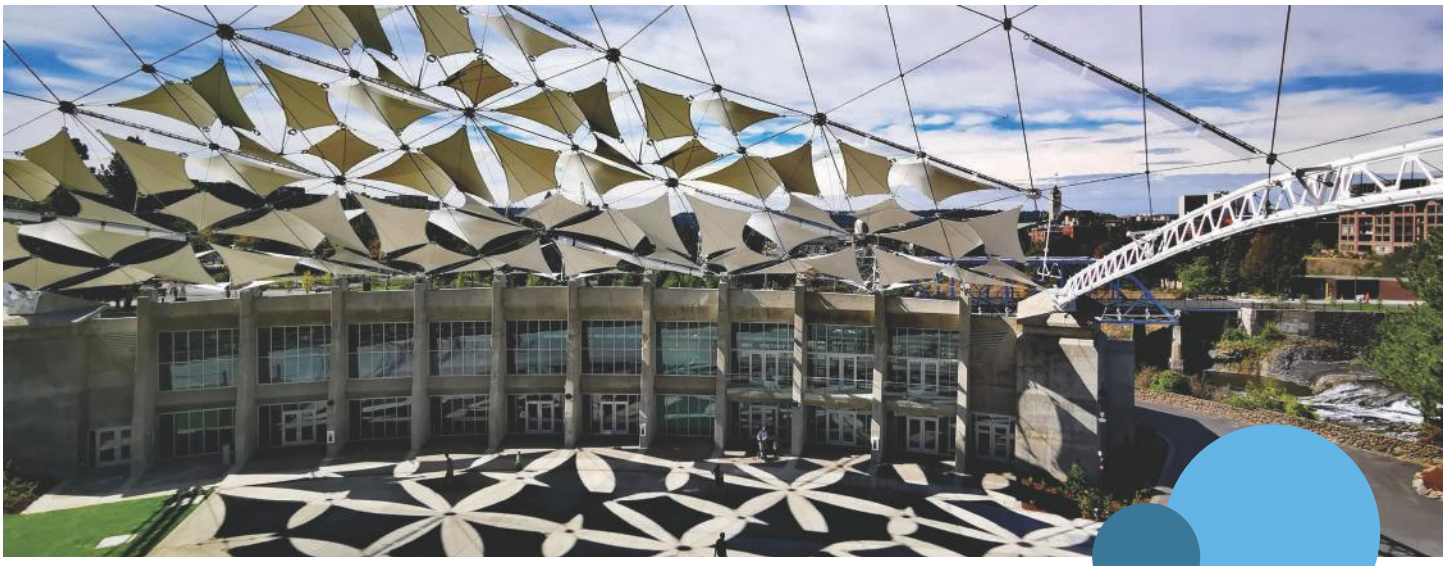
Where possible (i.e., the population size or counts were adequate to determine significance and protect anonymity), the report authors analyzed the indicators by race and ethnicity, sex, income, age and mother's education (as a proxy for income). The report authors used the following terms to describe race and ethnicity:

Ethnicity	
• Hispanic	
• Non-Hispanic	
Race	
• White	• AIAN: American Indian/Alaskan Native
• Black	• API: Asian/Pacific Islander
• Asian	• NHOPI: Native Hawaiian/Other Pacific Islander

Selection of Priority Health Needs

The selection of priority health needs followed a process of reviewing both the qualitative and quantitative data elements in the report, followed by feedback from community participants. The criteria used to rank the indicators included the following:

- Was a health concern or indicator significantly worse in Spokane County than in the state?
- Were relatively large numbers of people impacted by a health concern or indicator?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment (e.g., survey, focus groups, or interviews)?
- Was the indicator trending in the wrong direction?
- Were there disparities across subpopulations for the health concern or indicator?



Community Voice

Focus Group Questions

- What do you think makes an ideal (good) community or neighborhood?
- How does your community support and advocate for health and well-being; what are the strengths and assets?
- What issues impact health and well-being for people in your community?
- Are there things in your community that keep every person from having an opportunity to achieve their best health?
- During the last community needs assessment, three issues emerged as priorities: Family violence and trauma, housing, and mental health and substance use. Do you believe these issues are still a priority?
- Overall, what needs to be done (what would work) to address the issues impacting health and well-being in your community?
- How can healthcare partner with the community in addressing these concerns?
- Is there anything else you would like us to know?

Key-Informant Interview Questions

- What is your role in your organization?
- What does a healthy community look like to you and your organization?
- What current strengths or resources in your community could be built upon to improve health and well-being for all residents?
- What are some concerns you or your organization have about the conditions that impact the health and well-being of your community right now?
- Are there things in the community that prevent everyone from having an equal opportunity to health?
- During the last community needs assessment, three issues emerged as priorities: Family violence and trauma, housing, and mental health and substance use. Do you believe these issues are still a priority?
- Overall, what needs to be done (what would work) to address the issues impacting health and well-being in your community?
- Is there anything else you would like to add?

Endnotes

1 Adrian Dominguez, Odds Against Tomorrow (Spokane, WA: Spokane Regional Health District, 2021) *srhd.org/media/documents/OddsAgainstTomorrowHealthInequitiesReport2012.pdf.*

2 Washington State Apartment Market Report (Seattle: University of Washington, 2021) *wcrer.be.uw.edu/wp-content/uploads/sites/41/2021/05/2021SpringApartmentMarketReport.pdf.*

3 "Homelessness and Racial Disparities," National Alliance to End Homelessness, October 2020 *endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality.*

4 "Children, Youth, Families and Socioeconomic Status," American Psychological Association, 2010 *apa.org/pi/ses/resources/publications/children-families.*

5 Hilary K Seligman et al., "Food Insecurity is Associated with Chronic Disease Among Low-income NHANES Participants," The Journal of Nutrition 140 (2010), accessed October 20, 2021 *doi.org/10.3945/jn.109.112573.*

6 Mauricio Wajngarten, Gisele S. Silva, "Hypertension and Stroke: Update on Treatment," European Cardiology 14 (2019), accessed October 20, 2021 *ncbi.nlm.nih.gov/pmc/articles/PMC6659031/.*

7 Charles Basch, "Asthma and the Achievement Gap Among Urban Minority Youth," The Journal of School Health 81 (2011), accessed October 20, 2021 *pubmed.ncbi.nlm.nih.gov/21923872/.*

8 Pricivel Carrera, Hagop Kantarjian, Victoria Blinder, "The Financial Burden and Distress of Patients with Cancer: Understanding and Stepping-up Action on the Financial Toxicity of Cancer Treatment: A Primer on Financial Toxicity," A Cancer Journal for Clinicians 68 (2018), accessed October 20, 2021, DOI:10.3322/caac.21443

9 "Colorectal Cancer: Screening," U.S. Preventative Services Task Force, last modified May 18, 2021 *uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening.*

10 "American Dental Association Statement on Regular Dental Visits," American Dental Association, June 10, 2013 *ada.org/en/press-room/news-releases/2013-archive-june/american-dental-association-statement-on-regular-dental-visits.*

11 Elizabeth B. Robertson, Susan L. David, Suman A. Rao, Preventing Drug Use Among Children and Adolescents (Bethesda, MD: National Institute on Drug Abuse, 2021) *drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/acknowledgments.*

12 Common Comorbidities with Substance Use Disorders Research Report (National Institute on Drug Abuse, 2021) *drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness.*

13 "About Mental Health," Centers for Disease Control and Prevention, last modified June 28, 2021 *cdc.gov/mentalhealth/learn/.*

14 "Recognizing Mental Health Problems in Children," Mental Health America, last accessed October 2021 *mhanational.org/recognizing-mental-health-problems-children.*

15 "Electronic Cigarettes Drug Facts," National Institute on Drug Abuse, last modified January 2020 *drugabuse.gov/publications/drugfacts/vaping-devices-electronic-cigarettes.*

16 "Teen Substance Use and Risks," Centers for Disease Control and Prevention, last modified February 10, 2020 *cdc.gov/ncbddd/fasd/features/teen-substance-use.html.*

17 "Tobacco Use, National Center for Chronic Disease Prevention and Health Promotion," Centers for Disease Control and Prevention, 2021 *cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm.*

18 Khanh Nguyen, State Approaches to Ensuring Healthy Pregnancies Through Prenatal Care (Washington, D.C., Denver: National Conference of State Legislators, 2021), accessed October 20, 2021 *ncsl.org/Portals/1/Documents/Health/Healthy-Pregnancies-Through-Preatal-Care_v04_web.pdf.*

Endnotes *Continued*

19 “What is Prenatal Care and Why is it Important,” U.S. Department of Health and Human Services, last modified January 1, 2017
nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care.

20 AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice, Guidelines for Perinatal Care Eighth Edition, ed. Sarah J. Kilpatrick, Lu-Ann Papile and George A. Macones (Washington, D.C., Elk Grove Village, IL: American College of Obstetricians and Gynecologists, 2017)
ebooks.aappublications.org/content/guidelines-for-perinatal-care-8th-edition.

21 “Low Birthweight,” March of Dimes, last modified June 2021
marchofdimes.org/complications/low-birthweight.aspx.

22 “Physical Activity for Different Groups,” Centers for Disease Control and Prevention, last modified July 29, 2021
cdc.gov/physicalactivity/basics/age-chart.html.

23 Biro Frank M Biro, Michelle Wien, “Childhood Obesity and Adult Morbidities,” American Journal of Clinical Nutrition 91, no. 5 (2010), accessed October 20, 2021
doi.org/10.1111/obr.12316.

24 Youth Suicide (Spokane, WA: Spokane Regional Health District, 2017)
srhd.org/media/documents/Youth-Suicide-Factsheet.pdf.

25 Understanding Suicide (Centers for Disease Control and Prevention, 2015)
cdc.gov/violenceprevention/pdf/suicide_factsheet-a.pdf.

Appendix A: Addendum to Spokane CHNA

LGBTQIA2S+ in Spokane County

This section includes findings from the LGBTQIA2S+ Community Health Survey, completed by 357 members of the LGBTQIA2S+ community living in Spokane County. The survey was administered online through social media channels and in-person through community outreach from April through July 2021 and included both multiple choice and open-ended questions. The focus of the survey was to identify community needs and barriers to health and access to care. Respondents were asked to reflect on their satisfaction with various aspects of life and experiences with discrimination in Eastern Washington, as well as their beliefs, attitudes and preferences regarding disclosure of their gender identity and sexual orientation in healthcare settings.

Description of Participants

• Regarding gender identity, many respondents held more than one identity. These results were reported alone or in combination, and percentages therefore added up to more than 100%. Most of the respondents identified as women (30.5%), cisgender (29.1%), or non-binary (23.5%). Nineteen percent of respondents were transgender. Regarding sexual orientation, most identified as bisexual (33%), pansexual (27.7%), or queer (24%). Less than one-fifth of respondents identified as lesbian or gay.

• Respondents were between the ages of 12 and 83 years old and included 57 youth (ages 12-17 years old), 170 young adults (ages of 18-34 years old), and 127 adults above the age of 35.

• Approximately one-fifth of the sample (19%) were Black, Indigenous and People of Color (BIPOC). Most of these individuals identified as multiracial or as American Indian or Alaska Native. Eight percent of respondents identified as Hispanic or Latino(a/x).

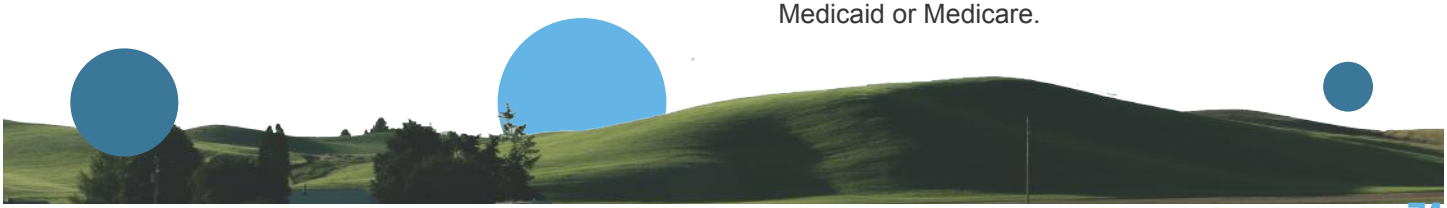
• The median educational attainment was a two-year college degree. A quarter of respondents held a graduate or professional degree. Many respondents were still completing their education, with 20% reporting having completed "some college, no degree," and 17% reporting "less than 12th grade."

• The median annual household income range was between $35,000 to $49,999, and nearly one-third reported making less than $20,000 annually. Most respondents (66.2%) did not own a home. Specifically, 43.7% reported renting or sharing rental costs, 16.3% lived with family members, and 7% reported insecure housing (e.g., either temporarily or chronically unhoused or living in a shelter or subsidized housing).

• Most respondents live in the northwest and southeast regions of Spokane County (37.8% and 28%, respectively).

• Nearly half of respondents (45.5%) identified as a person with a disability.

• More than half of respondents had private health insurance, while 39.3% were publicly insured through Medicaid or Medicare.



Experiences, Barriers, and Facilitators to Accessing Health Care

Barriers

• Respondents who had negative experiences getting medical and mental health care reported being seen by providers that were unknowledgeable in LGBTQIA2S+ concerns, being un- or under-insured, or having to pay for care out of pocket as the main reason they did not seek out care.

• Barriers to medical care included lack of transportation, availability of appointments (lack of nights and weekends), and constantly having to see new providers, which made it difficult to establish trust.

"This means less of a personal relationship for safety, but also leads to multiple forced 'coming out' moments with each new provider."

- Survey Respondent

• Barriers to mental health care were long waitlists, lack of scheduling flexibility, and difficulty finding culturally competent providers in Spokane County to address specific needs around gender identity, sexual orientation and LGBTQIA2S+ relationships.

"I'm a veteran so getting mental health care is easier for me, but I feel like mental health care for being a trans man is very limited."

- Survey Respondent

• The main barrier for finding help for substance use disorders was the lack of variety in treatment options, with many identifying religion-focused programs that do not work for everyone. Many respondents also stated that they would like to access LGBTQIA2S+ inclusive programs, but these were hard to find if available at all.

Facilitators

• Respondents that had positive experiences getting medical care reported having doctors that were knowledgeable about the LGBTQIA2S+ community, gender affirming, trans-knowledgeable and welcoming. Overwhelmingly, respondents that reported having Medicaid or other insurance that resulted in little or no out-of-pocket expenses had positive experiences with accessing medical care.

• Regarding mental health care, respondents reported sliding fee scales, Medicaid, and other insurance helped them access these services. Many found it helpful to have a mental health provider that was part of the LGBTQIA2S+ community or openly accepting of the LGBTQIA2S+ community (including having this information on a provider's website) as a positive factor in accessing mental health care.

"It's taken a long time, but I finally have good mental health providers who are LGBTQ+ competent and accepting."

- Survey Respondent

• For accessing care for substance use disorder, respondents mentioned using programs like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other "12-step" programs. A few respondents mentioned that a solid support system is crucial to finding help with substance use disorders.

Disclosure in Healthcare Settings

• 72.6% of respondents reported being comfortable disclosing their gender identity or sexual orientation when seeking healthcare services, but more than half preferred a healthcare provider to bring it up rather than bringing it up themselves.

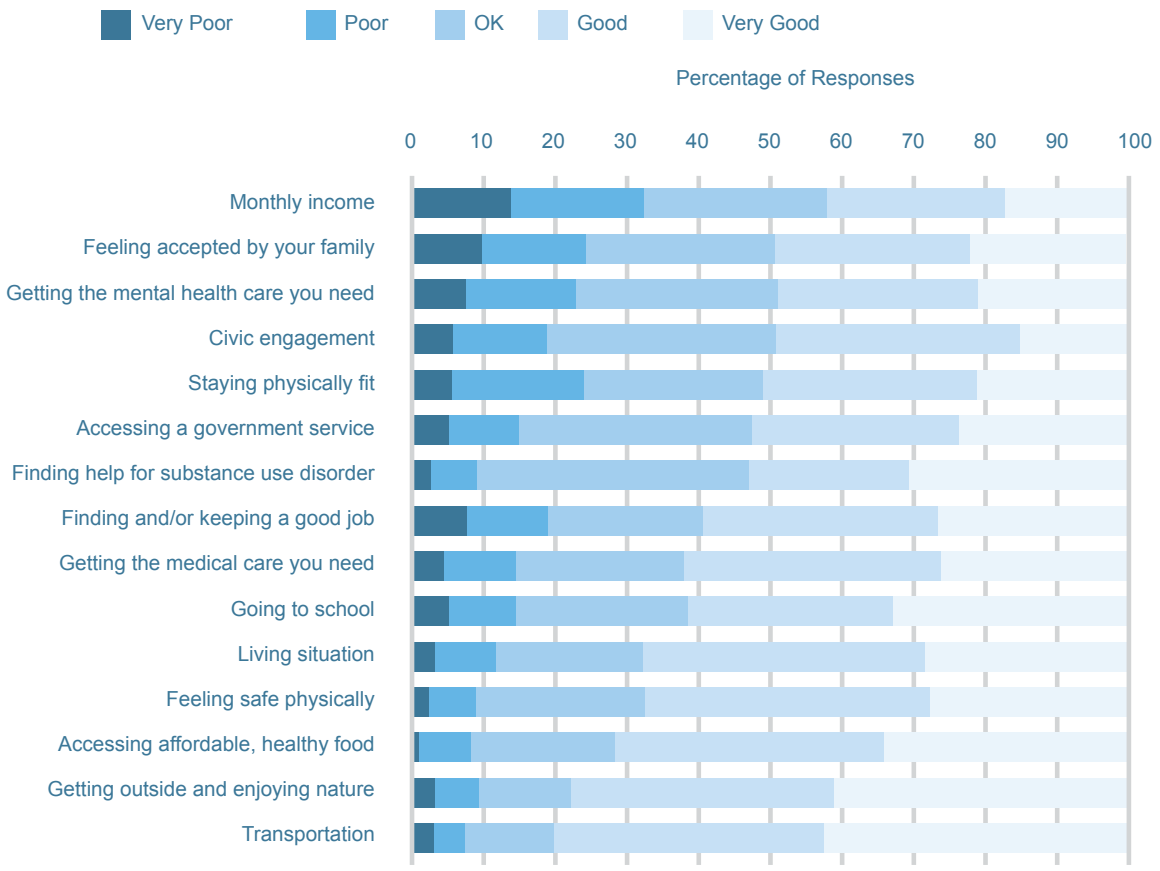
Other Community Needs and Barriers to Health

• The most widely reported areas of dissatisfaction with life in Eastern Washington included monthly income (58% of respondents reported a satisfaction level of "OK," "Poor," or "Very Poor"); feeling accepted by family members (50.7%); accessing needed mental health care (51.3 %); and participating in local, state or national decision making (51%).

• The complete results pertaining to satisfaction with aspects of life in Eastern Washington are summarized in Figure 1.

Supplemental Information *Continued*

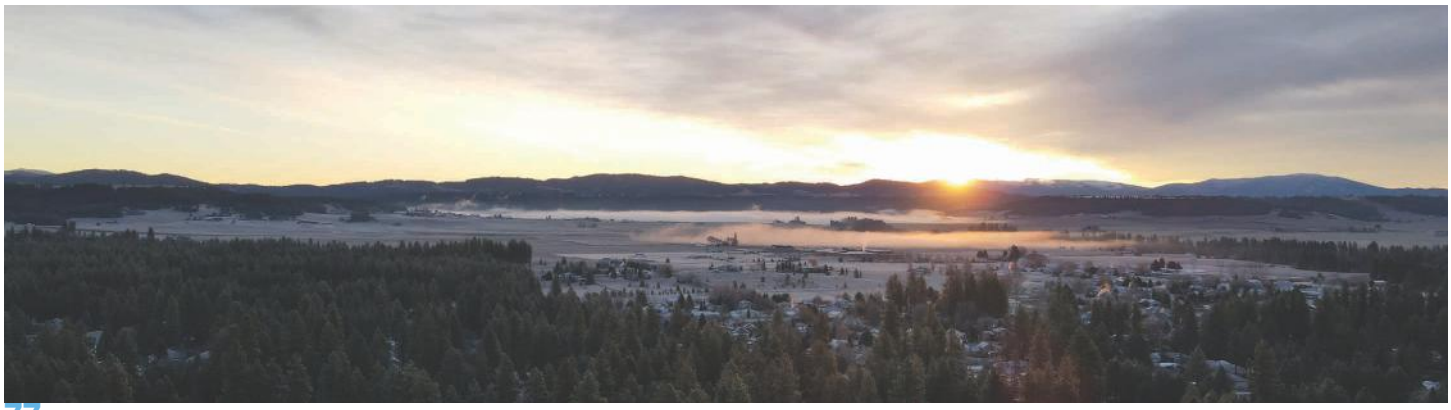
Figure 1. Satisfaction with Aspects of Life in Eastern Washington



• Respondents most frequently experienced discrimination in Eastern Washington when in the workplace (36.6% of respondents reported experiencing discrimination “Sometimes” or “Most of the time”), when finding a place to worship or participating in religious activities (30%), and when interacting with law enforcement (29.1%).

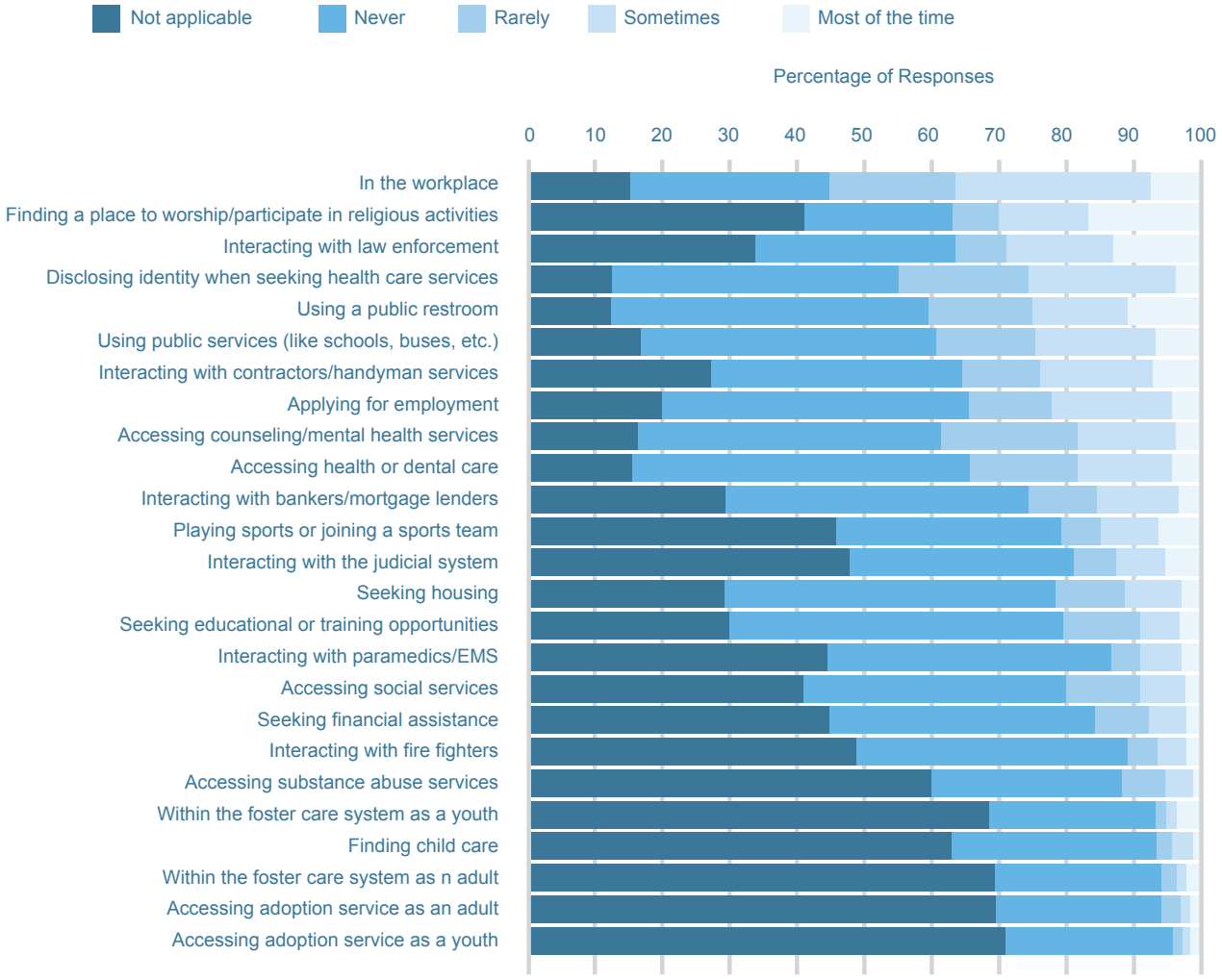
• Other frequently reported areas of discrimination included when disclosing gender identity or sexual orientation when seeking health care, when using public restrooms or other public services, and when interacting with contractors and handyman services.

• The complete results pertaining to discrimination in Eastern Washington are summarized in Figure 2.



Supplemental Information *Continued*

Figure 2. Experiences of Discrimination



Intersectionality and Barriers to Health

Intersectionality describes how different social identities occurring within the same individual or group (identities based on gender, race, class, age, disability and other social groupings) can overlap to create unique lived experiences of disadvantage, discrimination and racism. The authors of this report examined differences in LGBTQIA2S+ community members' responses regarding barriers to their health by age, race, class, disability and geographic groups. Some of the main findings are summarized below.

- Youth respondents were significantly more likely than adult respondents to report being dissatisfied with their family's acceptance (64.8% versus 47.6%, respectively) as well as their participation in local, state and national decision making (70.2% of youth versus 48.1% of adults). Adult respondents, however, were more likely than youth respondents to be dissatisfied with their access to needed mental health care (54.1% versus 35.9%, respectively).

- Respondents who were Black, Indigenous, and People of Color (BIPOC) were significantly more likely than white respondents to report being dissatisfied with their income (93.8% versus 80.8%, respectively).

- There were no regional differences (northeast, northwest, southeast or southwest Spokane County) in respondents' satisfaction with their income, family acceptance, access to needed mental health care, or civil participation.

LGBTQIA2S+ Needs Assessment Conclusions

The quantitative analysis supported the qualitative analysis regarding the need for more culturally competent healthcare providers in Spokane County who are both knowledgeable and accepting of LGBTQIA2S+ issues and concerns, and the difficulty that this gap poses to establishing trust and promoting access to medical and mental health care. Although nearly three-quarters of respondents reported being comfortable disclosing their gender identity or sexual orientation when seeking healthcare services, more than half still preferred that their health provider initiate that conversation. Furthermore, nearly a quarter reported experiencing discrimination when disclosing their identity in this setting. Culturally competent providers who are openly accepting and welcoming to the LGBTQIA2S+ community were a positive factor for establishing trust.

Many respondents were dissatisfied with both their income and ability to access mental health care. Open-ended responses revealed that being underinsured or having high out-of-pocket costs and inconvenient scheduling were the primary barriers to accessing this type of care. Apart from income and access to mental health care, the aspects of life in Eastern Washington that LGBTQIA2S+ community members were most dissatisfied with were family acceptance and civil participation. These two areas were particularly difficult for youth respondents.

Another key finding was that some LGBTQIA2S+ community members living in Spokane County reported experiencing discrimination most often when trying to engage in religious practices. Although nearly half of respondents reported that this situation was not applicable for them, the highest proportion of respondents reported that they experienced discrimination “most of the time” in this setting. Religion was also cited as a key barrier to seeking treatment or services for substance use disorder, as many reported the only available treatment programs were religion based and therefore not as inclusive to the LGBTQIA2S+ community. Community members also reported experiencing discrimination most often when in the workplace and in their interactions with law enforcement.

APPENDIX 2. PROVIDENCE SACRED HEART MEDICAL CENTER AND CHILDREN'S HOSPITAL AND PROVIDENCE HOLY FAMILY HOSPITAL

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Providence Sacred Heart Medical Center (PSHMC) and Children's Hospital are acute-care hospitals with 821 (644 PSHMC + 177 Children's Hospital) licensed beds, founded in 1886 and located in Spokane, WA. PSHMC is a Level II trauma hospital and serves as the region's main hospital for emergency care. In addition, PSHMC has breadth of medical expertise in heart and vascular care, transplant services, neurosurgery, orthopedics and sports medicine, surgical services, women and children's services and cancer care. Sacred Heart Children's Hospital is a dedicated pediatric hospital within PSHMC and was established in 2003.

Providence Holy Family Hospital (PHFH) was opened by the Dominican Sisters in 1964.The acute-care hospital has 272 licensed beds. PHFH provides expertise in orthopedics, surgical services, women and children's services, cardiac and neuro care, and emergency care as a Level III hospital.

PSHMC & PHFH dedicate resources to improve the health and quality of life for the communities they serve, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, Providence provided $148 million in Community Benefit in response to unmet needs in Spokane and Stevens Counties.

Providence St. Luke's Rehabilitation Medical Center is the largest freestanding medical rehabilitation hospital in the inland northwest. We're renowned pioneers in the use of therapeutic technology and globally recognized leaders in the treatment and rehabilitation of patients with strokes, spinal cord injuries (SCI), orthopedic issues and traumatic brain injuries (TBI). We're driven by innovation, compassion, holistic care and the desire to see each patient thrive.