2024

Providence

COMMUNITY HEALTH NEEDS ASSESSMENT
EXECUTIVE SUMMARY

PROVIDENCE SPOKANE HOSPITALS—SPOKANE, WA

PROVIDENCE SACRED HEART MEDICAL CENTER AND CHILDREN'S HOSPITAL
PROVIDENCE HOLY FAMILY HOSPITAL
PROVIDENCE ST. LUKE'S REHABILITATION MEDICAL CENTER

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Spokane—Providence Sacred Heart Medical Center and Children's Hospital, Providence Holy Family Hospital and Providence St. Luke's Rehabilitation Medical Center—to engage the community every three years with the goal of better understanding community strengths and needs.

These Providence hospitals are organized together for this assessment as Providence Spokane. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

Providence Spokane participated in a collaborative process to evaluate the community's needs in partnership with the Spokane Regional Health District, Empire Health Foundation and MultiCare Deaconess and Valley Hospitals. This is a "joint CHNA report," within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence including the three Providence Spokane hospitals. This report reflects the entities' collaborative efforts to identify the significant health-related needs in the community and the community strengths. The entities participating in this joint CHNA share a service area and community served. This CHNA engaged with and sought input from that community. Based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties, Spokane County serves as the boundary for the shared CHNA service area. The process and needs are documented in **Appendix 1: The Spokane County Community Health Needs Assessment.**

The 2024 CHNA was approved by the Community Mission Board on October 24, 2024, and made publicly available by December 28, 2024.

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

Who We Are

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. Providence Sacred Heart Medical Center is a Level II trauma hospital and serves as the region's main hospital for emergency care. In addition, Providence Sacred Heart Medical Center 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 Providence Sacred Heart Medical Center 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. Providence Holy Family Hospital provides expertise in orthopedics, surgical services, women and children's services, cardiac and neuro care, and emergency care as a Level III hospital.

Providence St. Luke's Rehabilitation Medical Center is the largest freestanding medical rehabilitation hospital in inland northwest Washington with 102 beds. Providence St. Luke's Rehabilitation Medical Center offers treatment and rehabilitation of patients with strokes, spinal cord injuries, orthopedic issues, and traumatic brain injuries.

Providence Medical Group employs more than 800 physicians and advanced practitioners with more than 60 clinic locations. Providence has numerous relationships with physician groups in the community including Cancer Care Northwest, Inland Neurosurgery and Spine, Spokane OB-GYN and more.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

Gathering Community Health Data and Community Input

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

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Local public health data

- Hospital-level data
- Agency for Healthcare Research and Quality, Prevention Quality Indicators (AHRQ PQI)
- Centers for Disease Prevention and Control, National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-based Epidemics (CDC NSSP ESSENCE)
- City of Spokane Community Housing & Human Services, Point-in-Time Count
- Comprehensive Hospital Abstract Reporting System (CHARS)
- County Health Rankings
- Health Resources and Services Administration (HRSA)
- Healthy Youth Survey (HYS)
- Reinvestment Fund
- Spokane Regional Health District, Quality of Life Survey
- U.S. Bureau of Labor Statistics Local Area Unemployment Statistics (BLS LAUS)
- U.S. Census Bureau, American Community Survey (ACS)
- Washington Association of Sheriffs & Police Chiefs (WASPC)
- Washington Department of Children, Youth, and Families (DCYF)
- Washington Office of Superintendent of Public Instruction (OSPI)
- Washington State Cancer Registry
- Washington State Department of Health, Center for Health Statistics
- Washington State Immunization System
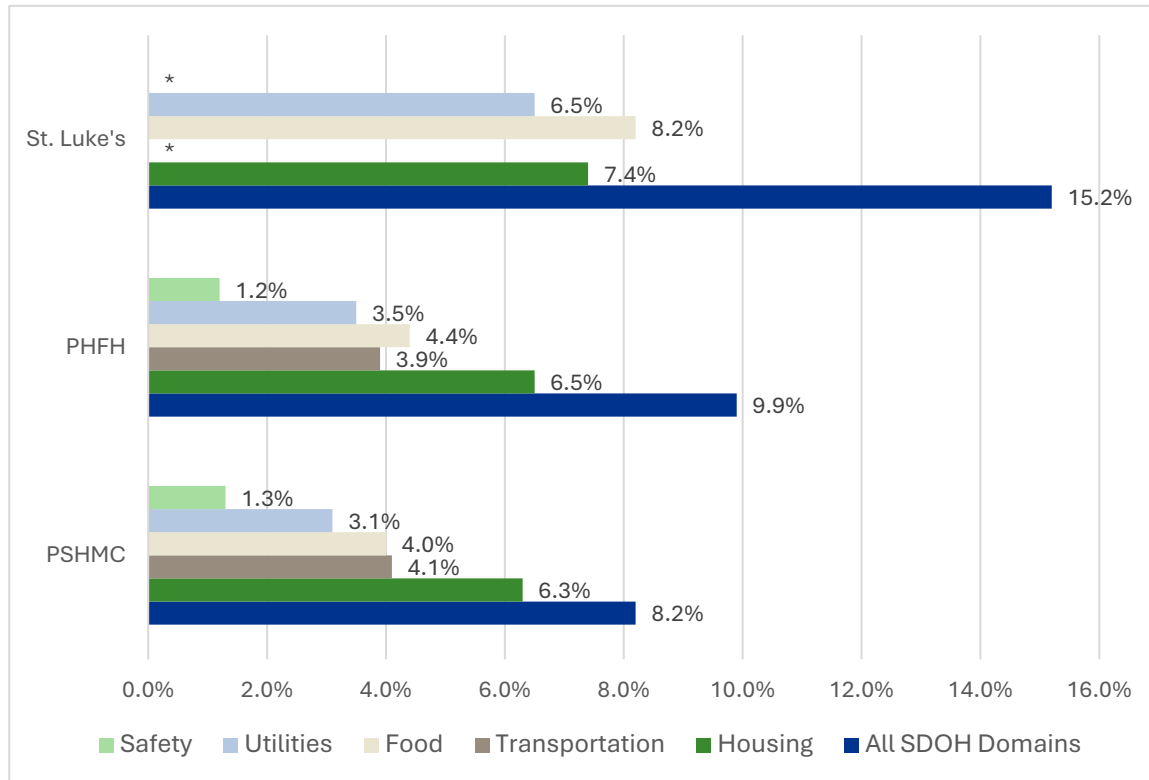- Washington State Office of Financial Management (OFM)

To actively engage the community, the Spokane Collaborative engaged the community through a variety of methods, including key informant interviews, story cards, focus groups, and a workshop. All Community engagement activities took place between April and June 2024. Findings are included in the Collaborative CHNA Report in Appendix 1. See **Appendix 3 for details on the Spokane County Collaborative CHNA Community Engagement.**

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.

HOSPITAL SOCIAL DETERMINANT OF HEALTH SCREENING DATA
To better understand and respond to patients' Social Determinant of Health (SDOH) needs, each inpatient over the age of 18 is asked about support needs related to housing, transportation, food, utilities, and safety. From October 1, 2023- June 30, 2024, at PSHMC, 8.2% of patients screened positive for at least one need, and at PHFH, 9.9% screened positive. Housing was the greatest need reported at both hospitals, with 6.3% of patients screening positive at PSHMC and 6.5% at PHFH. At PSHMC, a greater percentage of patients identifying as Black or African American (21.6%) and Alaska Native/Indigenous American (20.7%) reported at least one SDOH need compared to patients identifying as Latino/a/e (11.4%) and white (9.0%).

Figure 1. Percent of PHFH, PSHMC, St. Luke's Inpatients Screening Positive for SDOH Needs

St. Luke's
*
Utilities: 6.5%
Food: 8.2%
*
Housing: 7.4%
All SDOH Domains: 15.2%

PHFH
Safety: 1.2%
Utilities: 3.5%
Food: 4.4%
Transportation: 3.9%
Housing: 6.5%
All SDOH Domains: 9.9%

PSHMC
Safety: 1.3%
Utilities: 3.1%
Food: 4.0%
Transportation: 4.1%
Housing: 6.3%
All SDOH Domains: 8.2%

Legend: Safety | Utilities | Food | Transportation | Housing | All SDOH Domains

* Data are omitted due to small sample sizes
Source: CPH Population Trends, inpatients, 18+ years, discharged between 10/1/23-6/30/24

SUMMARY OF COMMUNITY INPUT FROM PROVIDENCE KEY INFORMANT INTERVIEWS

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence conducted 17 key informant interviews with representatives from community-based organizations and agencies serving Spokane County between April and May 2024. **See Appendix 2 for methodology, participant details, and in-depth findings of the Providence key informant interviews.**

Community Strengths

Key informants were asked to highlight community strengths, and the following themes emerged:

- Community members use their lived experiences and trust to support others and advocate for positive change
- Strong community connections are centered on culture, shared experiences, and mutual care
- Community members are resilient and work towards achieving their full potential despite challenges
- Spokane County has many organizations and services, and those organizations are striving to align and collaborate

Community Needs from Key Informant Interviews

High Priority Unmet Health-Related Needs

Behavioral health challenges and access (mental health and Substance use/misuse)	Most key informants identify addressing behavioral health needs as a priority. They discussed the root causes of behavioral health needs, including racism and discrimination, historical and intergenerational trauma, and lack of access to meeting basic needs. Key informants discussed the need for more bilingual and bicultural providers to provide culturally matched care, particularly Spanish-speaking mental health providers. There is also a need for more culturally responsive and community-centered behavioral health care, which may look different than the typical therapy model. Key informants also noted a need for more crisis support and preventive behavioral health care, substance use disorder treatment services including detox centers, social emotional supports for children, and increased behavioral health workforce. Certain populations and groups may experience more behavioral health challenges and/or barriers to accessing needed care including pregnant people and new parents, people experiencing homelessness, people with criminal legal system involvement, individuals identifying as transgender, older adults, and survivors of domestic violence, assault, and other traumas.
Homelessness and housing stability	Key informants emphasized the importance of addressing housing challenges and described a housing crisis in Spokane County. They shared that there is limited rental assistance and affordable housing available. There is a need for more affordable housing, including permanent and temporary housing to meet community needs. A critical gap in housing in the community is for a respite facility with on-site medical care for people experiencing homelessness that cannot live independently or stay in a shelter. This is especially relevant for people with disabilities and those that cannot perform the Activities of Daily Living. Key informants were particularly concerned about the increase in older adults entering homelessness for the first time due to being priced out of their homes, with older adults seeing the largest increase in homelessness compared to other populations. People with HIV and experiencing homelessness may experience discrimination and harassment in shelters for their HIV status and may have their medication stolen. People experiencing domestic violence may experience homelessness when leaving an abusive relationship or may be unable to leave due to the lack of affordable housing available.
Access to health care services	Key informants shared there is a need for more primary care and specialty care providers in Spokane County. There is specifically a need for more bilingual and bicultural providers, particularly for immigrant and refugee populations. There is also a need for more culturally responsive and traditional health care services and providers. Key informants shared that providing care that is culturally specific, not necessarily more access to the medical systems as they exist in the U.S., is needed. Key informants shared that there is a need for improved access to primary care, including school-based health centers, and health assessments for autism, speech, and developmental delays for children. Additionally, more health education, particularly related to Sexually Transmitted Infections and HIV, is needed to reduce stigma. Racism and discrimination,

insurance challenges and complexity, and transportation can prevent people from receiving timely, respectful, and responsive care.

Certain populations may be more hesitant to access health care services for fear of not being heard or treated with dignity, including people identifying as LGBTQIA+, particularly transgender people; pregnant people, particularly Black people; people experiencing homelessness; people with behavioral health conditions; and people with Intellectual and Developmental Disabilities. More provider education is needed to ensure inclusive care and a welcoming environment. To do this, key informants recommended funding community-based organizations with deep expertise and trust, as well as paying community members with lived experience for their feedback and guidance.

Medium Priority Unmet Health-Related Needs

Racism and discrimination	Racism and discrimination are connected to all other needs, including access to health care services, behavioral health, economic security, environmental justice, and chronic conditions. Key informants shared that racism contributes to isolation, demoralization, fear, and behavioral health challenges. Historical and intergenerational trauma is a concern for Indigenous Peoples of America and the ways in which people cope with that trauma is an unmet health need in the community. Key informants shared how racism and discrimination affect access to responsive and respectful health care services and contribute to health disparities. They shared there is a need for more culturally specific and traditional healthcare. Specifically, for Indigenous Peoples of America, where healthcare is not the same as defined by the medical system. There is also a need for more inclusive and respectful care for people identifying as LGBTQIA+, including gender-affirming care, and Black pregnant people.
	Key informants spoke to the need for more disability inclusion in health care, employment, and legal services, particularly for people with Intellectual and Developmental Disabilities (IDD). Related to land and green spaces, key informants spoke to the importance of having access to ancestral lands for Indigenous Peoples and Black communities feeling safe and welcome in outdoor spaces. Within education, key informants spoke to the importance focusing on social emotional support for children, disrupting the over disciplining of Black students, and creating more accountability within school systems to address racism.
Economic security	Economic security is important because it is foundational to well-being and connected to other needs including housing, education, health, and more. Economic security can create stability and safety for people. To promote economic security, key informants suggested promoting workforce development opportunities for high school students, specifically for students identifying as Indigenous Peoples, to support accessing well-paying jobs. Another recommendation is to provide financial support for legal fees particularly for domestic violence survivors seeking safety and family unification.
	Key informants shared there are jobs, but many do not pay people well. To access these living wage jobs, people may need to develop their English language skills or

	enroll in a job skill training or education program. Key informants recommend employers support people accessing these programs by offering free childcare during classes and subsidizing training programs and education. Certain populations may experience more economic insecurity, including immigrants and refugees, people with criminal legal system involvement, and people receiving disability benefits.
Access to childcare and preschools	Key informants emphasized the importance of investing in early learning and early childhood wellbeing through high-quality, affordable childcare and preschools, which will have lasting benefits. Accessing childcare and preschools can be difficult because of a lack of facilities and the high cost. Certain areas have very few childcare facilities and families may not always know which childcare facilities are close by and have openings. Parents may have to determine if the cost of childcare is worth the added income of working and may have more difficulty finding evening, overnight, or weekend childcare. Some families may be hesitant to access programs like the Early Childhood Education and Assistance Program (ECEAP) due to fear related to immigration or discomfort with using public benefits. The childcare workforce has high turnover and low pay, contributing to a lack of childcare spots available. The licensing process to start a childcare facility is also difficult and complicated. Key informants spoke to a lack of Latino-based daycare facilities. They also spoke to concerns about Black students being underserved in early learning, noting that they can be over disciplined and under supported, emphasizing the importance of social emotional support for children.

Identifying Collaborative Health Priorities

Through a collaborative process engaging the Spokane community and based on data from the Spokane County 2024 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 2024 CHNA identified the following priority areas:

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

Priority Spokane is a collaborative effort among stakeholders in Spokane County, including government, education, universities, business, health, Tribes, philanthropy, and nonprofit sectors. Priority Spokane identifies and addresses priorities for Spokane County through a unique collaboration and commitment to a data-driven process.

The most recent assessment by Priority Spokane was completed in May 2023. Participants voted to prioritize the following:

	Priority	Supporting Data
1	To improve public safety, provide greater access to services/resources for patients with mental health needs.	Adults reporting poor mental health through 2020 show a nearly 50% increase. It is likely that when the 2022 survey is released, the estimate will be higher than 17% of all adults. *5.3.2, SpokaneTrends.org*
2	Build out local capacity for childcare to boost the economy.	The number of childcare providers in Spokane County dropped from 277 in 2015 to 245 in 2020 despite the need for childcare only growing. *ChildCare Aware of Washington, www.childcareawarewa.org*
3. TIE	Increase the tree canopy to improve the environment, counteract dangerous heat days, improve air and water quality, etc.	Spokane County has seen a 725% increase in the number of dangerous high heat days since 2000. *4.2.9, SpokaneTrends.org*
3. TIE	Promote housing innovations such as shared equity housing, tiny homes, and co-operative living to address housing issues.	The housing affordability index for first time home buyers in Spokane County in 2022 was 51 decreasing from 100.9 in 2017 (51=51% able to afford first time home buying). *6.3.6, SpokaneTrends.org*

Providence Spokane 2024 Priority Needs

Based on the collaborative priorities above, key informant interview findings and Priority Spokane Needs Assessment findings, the following were the top needs identified:

1. Behavioral health challenges and access (mental health and substance use/misuse)
2. Homelessness and housing stability
3. Access to health care services
4. Racism and discrimination
5. Economic security
6. Expand early learning/childcare capacity to boost the economy
7. Expand the tree canopy to enhance the environment

These needs, along with the relevant primary and secondary data, were presented at the September 18th Inland Northwest Washington (INWA) Community Benefit Committee (CBC) for a poll for further prioritization. Based on the results from the CBC's polling, Providence Spokane is committed to addressing the following priority areas:

PRIORITY 1 – BEHAVIORAL HEALTH CHALLENGES AND ACCESS (MENTAL HEALTH AND SUBSTANCE USE/MISUSE): Key informants identified racism and discrimination, historical and intergenerational trauma, and lack of access to meeting basic needs as root causes of mental health issues. The following populations and groups experience more behavioral health challenges and/or barriers to accessing needed care including immigrants, pregnant people and new parents, people experiencing homelessness, people with criminal legal system involvement, individuals identifying as transgender, older adults, and survivors of domestic violence, assault, and other traumas.

PRIORITY 2 – HOMELESSNESS AND HOUSING STABILITY: There is a need for more affordable housing, including permanent and temporary housing to meet community needs. A critical gap in housing in the community is for a respite facility with on-site medical care for people experiencing homelessness that cannot live independently or stay in a shelter, people living with HIV and those experiencing domestic violence.

PRIORITY 3 – ACCESS TO HEALTH CARE SERVICES: There is specifically a need for more bilingual and bicultural providers, particularly for immigrant and refugee populations. There is also a need for more culturally responsive and traditional health care services and providers. Certain populations may be more hesitant to access health care services for fear of not being heard or treated with dignity, including people identifying as LGBTQIA+, particularly transgender people; pregnant people, particularly Black people; people experiencing homelessness; people with behavioral health conditions; and people with Intellectual and Developmental Disabilities.

For a list of potential resources available to address the identified needs, see page 61 on Health Priorities and Resources of the collaborative CHNA report. Additional resources for community support services programs in Spokane can be found on findhelp.org

Providence Spokane 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 2025-2027 CHIP will be approved and made publicly available no later than May 15, 2025.

Measuring Our Success: Results from the 2021 CHNA and 2022–2024 CHIP

This report evaluates the impact of the 2022-2024 CHIP. Providence Spokane 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. In addition, we invited written comments on the 2021 CHNA and 2022-2024 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2021 CHNA and 2022-2024 CHIP. The priorities were the following: high housing cost burden/homelessness; domestic violence and child abuse; poor mental health; access to health services.

Below is a summary of the outcomes for each priority:

Table 1. Outcomes from 2022-2024 CHIP

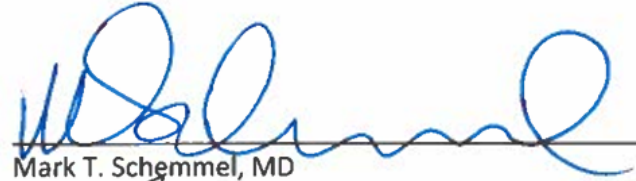| Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
High housing cost burden/ homelessness	Respite programs for patients experiencing homelessness	Stably house individuals who experience medical needs	Ongoing two respite programs with Catholic Charities and Volunteers of America. Conducted a needs assessment and a pilot for 'supportive' respite in 2022 for people with ADL needs.
	Medical-Legal Partnership	Health and Justice initiative to address legal issues affecting health outcomes	Supportive decision-making training for social workers. A key highlight was the increase in the number of referrals for Native Americans
	Supports for medically fragile older adults	Adult Family Home placement support to provide additional services for hard-to-place patients	No initiative was created for this program
Domestic violence and child abuse	Domestic Violence (DV) Toolkit	Business toolkit to provide DV resources	Toolkit launched in 2023, and 22 businesses have adopted it so far. There is also a personal self-paced curriculum online accessible for free to the public.
	DV Survivor Identification Program	YWCA Spokane identification of survivors in the Providence system to enhance their safety	607 clients served and provided with safety planning services
	Partners with Families & Children and their child advocacy center	Behavior health services referrals for children experiencing abuse and their families	261 clients served, 80 served by Children's Advocacy Center Mental Health program (immediate intervention, safety planning, case management, etc.) and 35 referred for outside behavioral health treatment in 2023
Poor mental health	Frontier Behavioral Health & Fire Department Response Unit	Behavioral Response Unit (BRU) for those calling 911 for mental health issues	In 2023, the BRU contacted 309 individuals, a 66% increase over the previous year where 204 individuals were contacted. Of the 309 contacts, 115 individuals or 37.3% were diverted from the Emergency Department

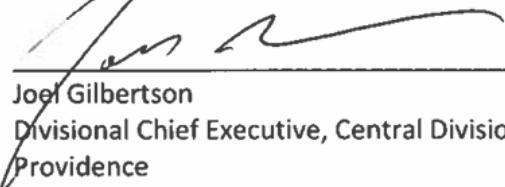|			
	Spokane Treatment & Recovery Services (STARS) Emergency Room Diversion Program	Substance use disorder diversion into sobering/treatment centers	928 people served and 501 diverted to Withdrawal Management and/or treatment services for a 54% diversion rate.
	National Association of Mental Illness (NAMI) Spokane Stability	Establishing a sustainable Executive Director program to support those seeking mental health services in Spokane	Providence funded the Executive Director position in 2023
	Community Health Workers	Focus on prenatal and postnatal mental health care for the Black community	This initiative is inactive, but a Behavioral Health Coordinator was hired in partnership with the MLK Center and connecting community members with maternal health care.
Access to health services	Vaccination Clinics	COVID-19 vaccination clinics for the broader community	Supported Health District vaccine clinics
	Spokane Immigrant Rights Coalition immigrant families support services	Legal and family support through the citizenship process	Over 280 consultations with families in FY 2022 about the pandemic, immigration, obtaining WA ID, healthcare, legal/emergency aid, and documentation from their country of origin.
	Spectrum LGBTQ+ Community Health Worker	Care coordination services for LGBTQ+ individuals	Provided direct services to 325 individuals including: -274 Gender Affirming Products Program applicants in 2023, 48 of whom completed a legal name change -15 insurance sign-ups through health care exchange -10 Behavioral health micro-grants distributed 1 centralized diversion fund application to gain housing. Healthcare referrals: -25 Primary Care Provider referrals -50 Behavioral Health referrals

2024 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the INWA Community Mission Board of the hospital on October 24, 2024. The final report was made widely available by December 28, 2024.

(signature)   10/28/24

Susan Stacey   Date
Chief Executive, Providence Inland Northwest Washington
Providence

(signature)   10/24/24

Mark T. Schemmel, MD   Date
Chair, INWA Community Mission Board

(signature)   10/30/24

Joel Gilbertson   Date
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APPENDICES

Appendix 1. Spokane County Community Health Needs Assessment
2024-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Spokane County • 2024-2025

Community Health
Needs Assessment

MultiCare   Providence   SPOKANE REGIONAL HEALTH DISTRICT

Executive Summary

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

Priority 1. Reduce housing cost burden

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

Priority 2. Reduce substance use

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

Priority 3. Improve mental health

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

Next Steps

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

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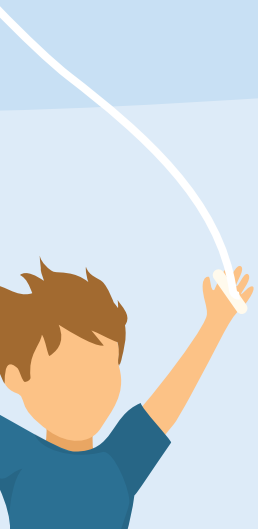
Everyone has a role in community health.

What will you do?

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Introduction

Community Health Improvement

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

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

Health Equity

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

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

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

CHNA Requirements and Partnership

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

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

Methodology

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

Community Status Assessment
(April to June 2024)

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

Community Context Assessment
(March to July 2024)

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

Collective Sensemaking
(June 2024)

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

Prioritization
(August 2024)

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

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

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

Participating Organizations

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

Aging & Long-Term Care of Eastern Washington

Asians for Collective Liberation in Spokane

Better Health Together

City of Spokane Community, Housing, and Human Services

Communities in Schools Spokane

Community Assembly

Disability Action Center NEW

Family Promise Emergency Sheltering

Feed Spokane

Gonzaga University Institute for Climate, Water, and the Environment

Health & Justice Recovery Alliance

Hałmxiłp Indigenous Birth Justice

Hillyard Neighborhood Council

Latinos En Spokane

Martin Hall Juvenile Detention

Measure Meant

MultiCare Health System Inland Northwest Region

NAACP Spokane

NHCC Isabella House

Nuestras Raíces

Peer Spokane

Planned Parenthood of Greater Washington and North Idaho

Priority Spokane

Providence Inland Northwest Washington

Second Harvest

Spokane City Fire Department

Spokane County Emergency Management

Spokane County Housing and Community Development

Spokane County Safe Baby Court

Spokane Fatherhood Initiative

Spokane Public Library

The NATIVE Project

Washington Department of Ecology

Washington State University Center for Native American Health

YWCA Spokane

Acknowledgements

Thank you to the hundreds of community partners and members who gave time and energy to this assessment.
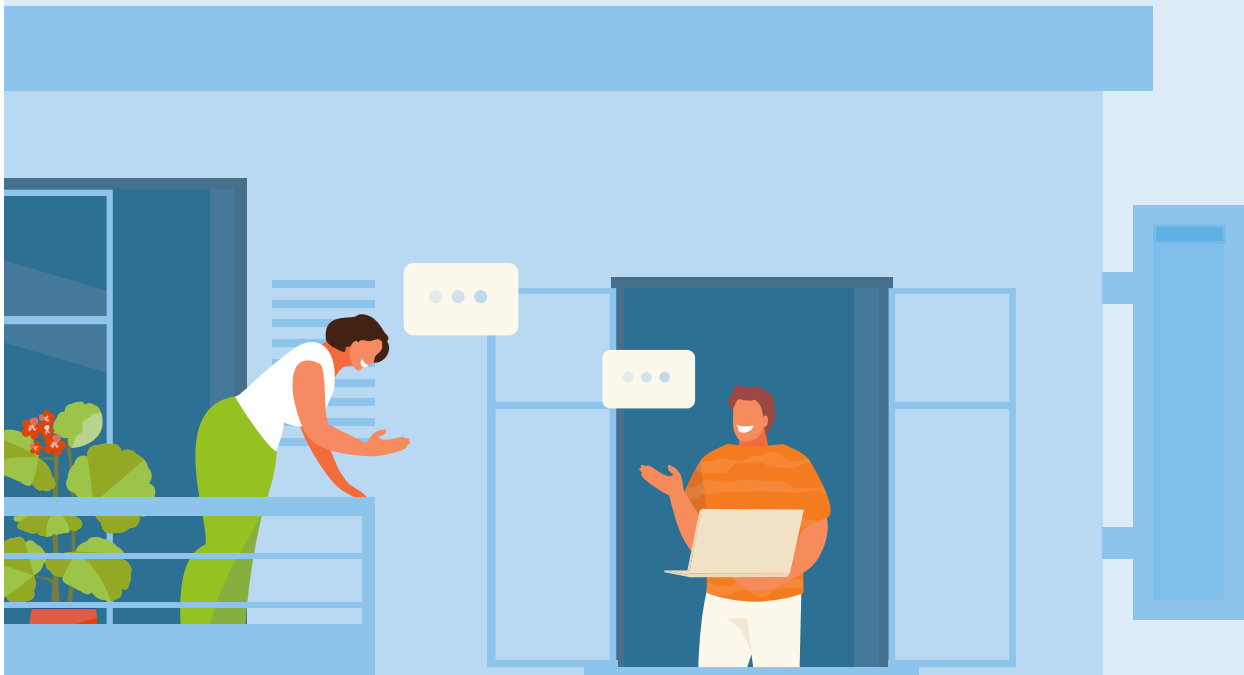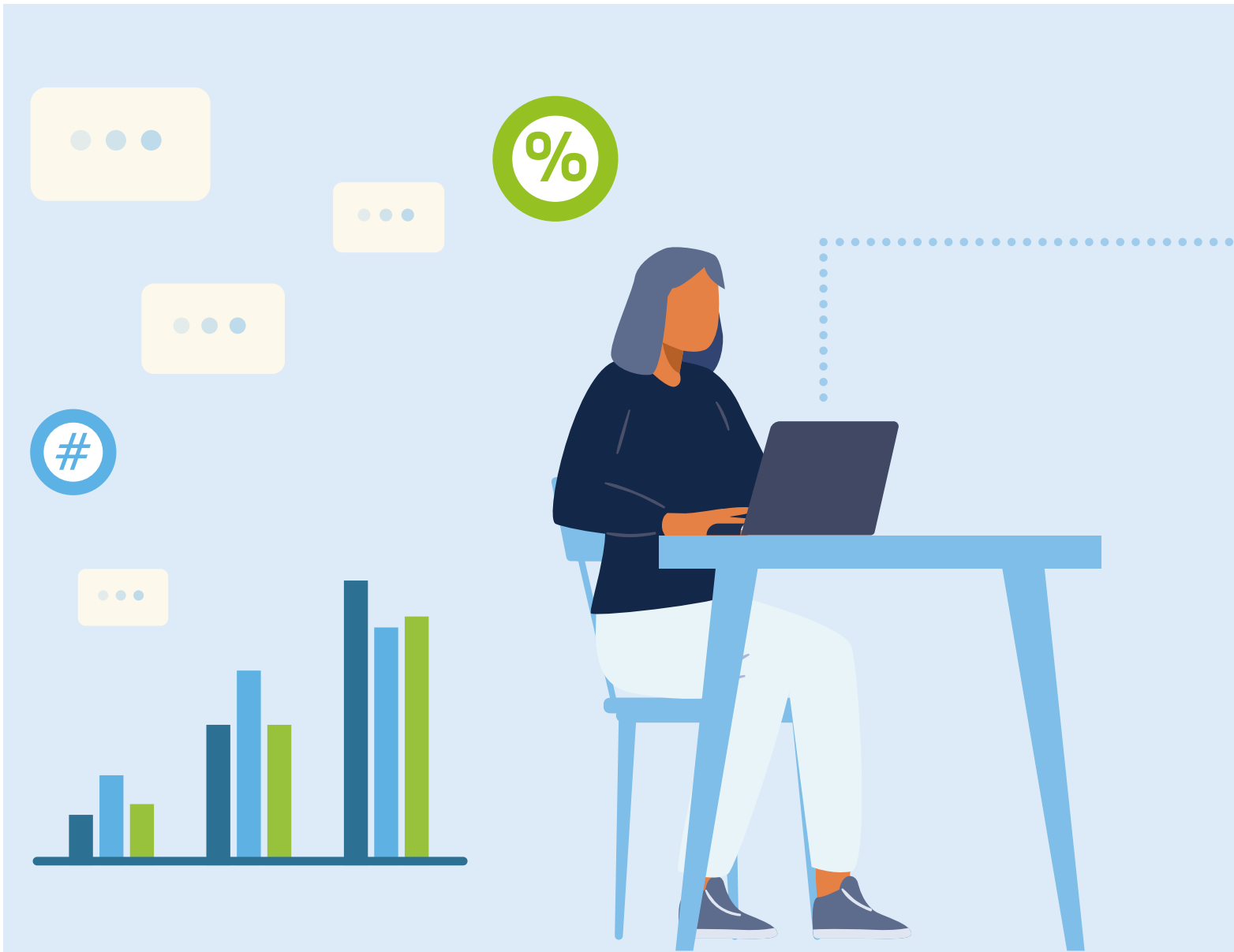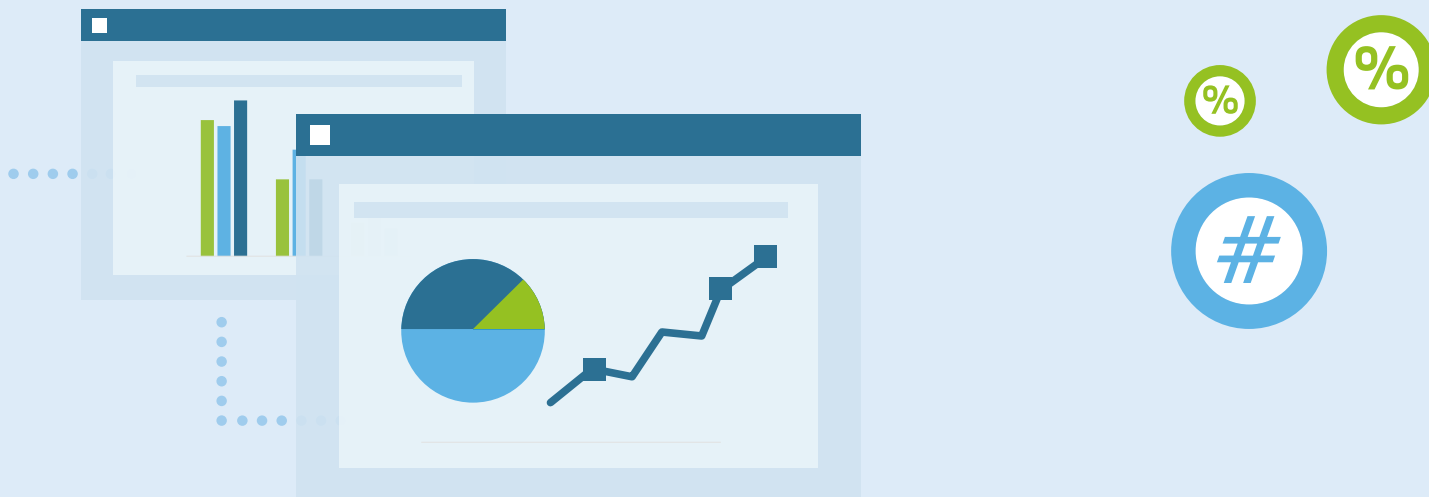
Findings

Community Health Indicators

Community health indicators measure factors related to the health and well-being of people in Spokane County. They provide essential information for making data-driven decisions that improve community health.
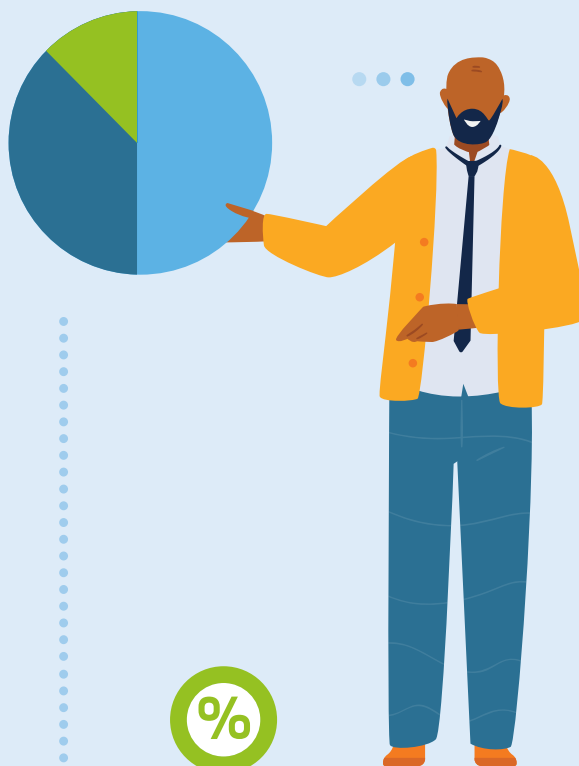
Charts in this section use abbreviations. Please refer to this key for definitions.

AIAN people: American Indian/Alaska Native people

API people: Asian and Pacific Islander people

Exp.: experiencing

HS/GED: high school/General Educational Development

NHOPI people: Native Hawaiian and Other Pacific Islander people

Description of the Community

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

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

Population & Age

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

In 2023, approximately 554 600 people lived in Spokane County, an increase of more than 39 000 people since 2019.[5] Adults 65 years and older were the smallest age group, but they are estimated to become the second largest age group by 2050.[6]

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

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

[a]Data from Washington State Office of Financial Management[5]
[b]Data are estimates. Counts may not equal total due to rounding.

Citizenship Status

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

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

Disability

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

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

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

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

[a]Data from American Community Survey[9]

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

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

[a]Data from American Community Survey[7]

Family Structure

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

825

children in foster care

Language Access

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

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

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

[a]*Data from American Community Survey*[12,13]

Languages Spoken

Most residents aged 5 years and older spoke only English at home in 2022.[12] Approximately 7% of residents spoke a language other than English at home. After English, the most common language spoken at home was Spanish.

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

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

[a]*Data from American Community Survey*[12]

Race/Ethnicity (Total)

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

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

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

[a]*Data from Washington State Office of Financial Management*[5]

Race/Ethnicity (<18)

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

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

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

[a]*Data from Washington State Office of Financial Management*[5]

Health Behaviors and Health Outcomes

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

It's important to remember that health behaviors and health outcomes are not only influenced by individual choices or biology. The root causes of inequity create hierarchies of privilege and oppression that lead to imbalances in power and access to power, generating preventable differences in individual health.[4] The following sections illustrate individual health in Spokane County, and data are stratified where possible to highlight meaningful differences by age, education, ethnicity, income, race, and sex.

Health Status

Fair/Poor Health

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

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

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

Education, employment, and income played a role across all types of health, especially for[14]:

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

Figure 1. People Reporting Fair or Poor Health by Employment Status, Spokane County, 2022[a]
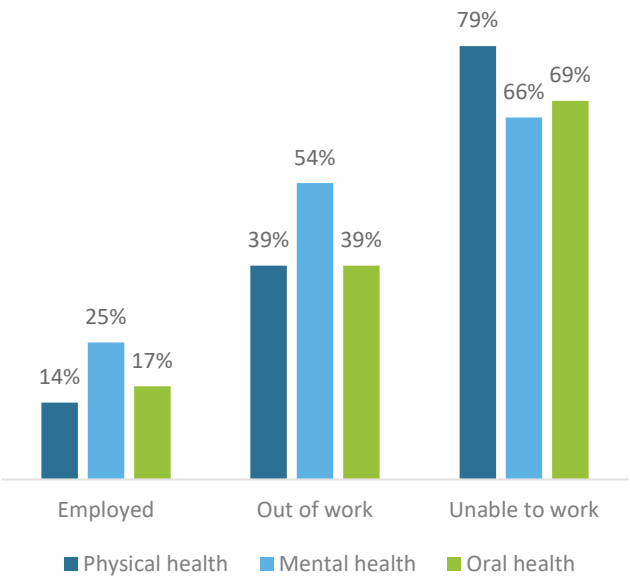
ᵃData from Quality of Life Survey[14]

Unhealthy Mental Health Days

More than 18% of residents reported 14 or more days of poor mental health during a 30-day period in 2022.[14] People who did not graduate from college were more likely to report poor mental health. Similarly, people earning less than $50 000 per year reported poor mental health more often than those earning $50 000 or more. More women reported poor mental health compared with men (22.5% vs. 13.9%).[14]

Figure 2. People Reporting 14 or More Mentally Unhealthy Days in a 30-Day Period, Spokane County, 2022[a]
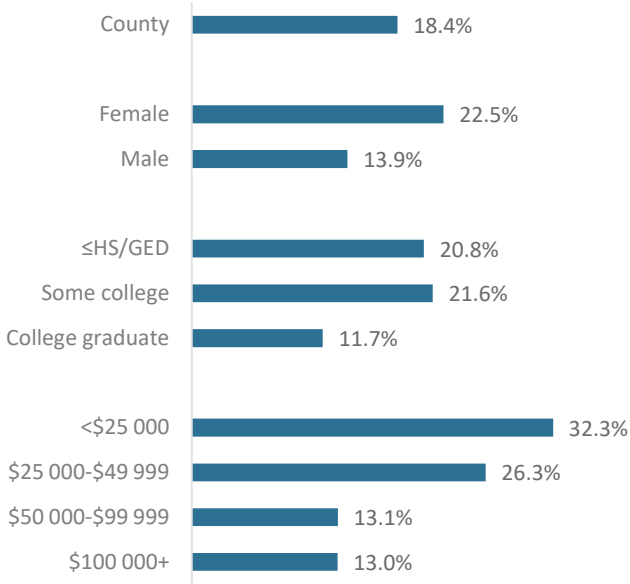
ᵃData from Quality of Life Survey[14]

Unhealthy Physical Health Days

Almost 13% of residents reported 14 or more days of poor physical health during a 30-day period in 2022.[14] People who did not graduate from college were more likely to report poor physical health. Similarly, people earning less than $25 000 per year reported poor physical health more often than any other group of earners.

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

County — 12.8%
≤HS/GED — 15.6%
Some college — 14.1%
College graduate — 8.5%

<$25 000 — 30.2%
$25 000-$49 999 — 16.1%
$50 000-$99 999 — 9.5%
$100 000+ — 6.3%
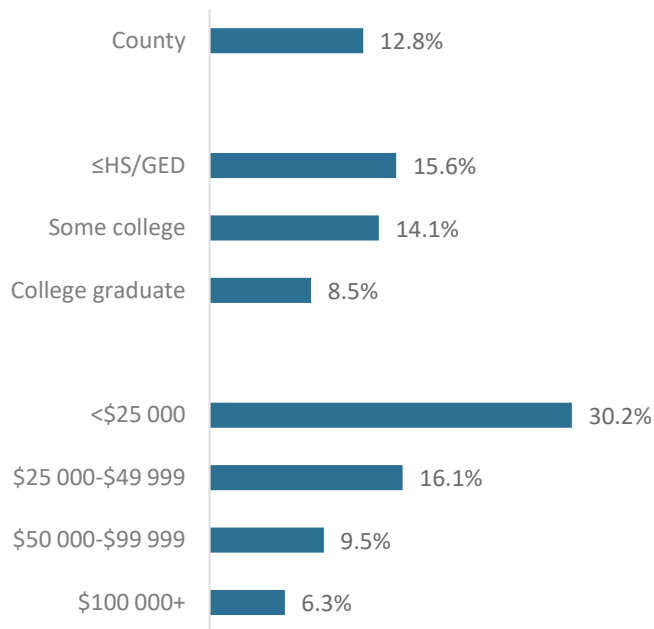
[a]*Data from Quality of Life Survey*[14]

Life Expectancy

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

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

Life expectancy varied across groups.

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

See Appendix C to see 2022 data for life expectancy by sex and race in Spokane County.

Dental Checkups

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

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

Most youths (78.5%) had received a recent dental checkup in 2023.[18] Another 7.6% had received a dental checkup within the last 2 years, and for 3.4%, more than 2 years passed since their last dental checkup.

1.2%

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

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

Education and income were associated with significant differences.

- Less than 40% of people who did not earn a high school diploma or GED had received a recent dental checkup compared to 84% of people who graduated from college. There was a 44.3% difference between these residents, the largest gap between any group.

- Approximately 46% of people who earned less than $25 000 per year had received a recent dental checkup compared to almost 80% of people who earned more than $50 000 per year.

Figure 4. Adults Who Received a Dental Checkup in Last Year, Spokane County, 2018-2022[a]
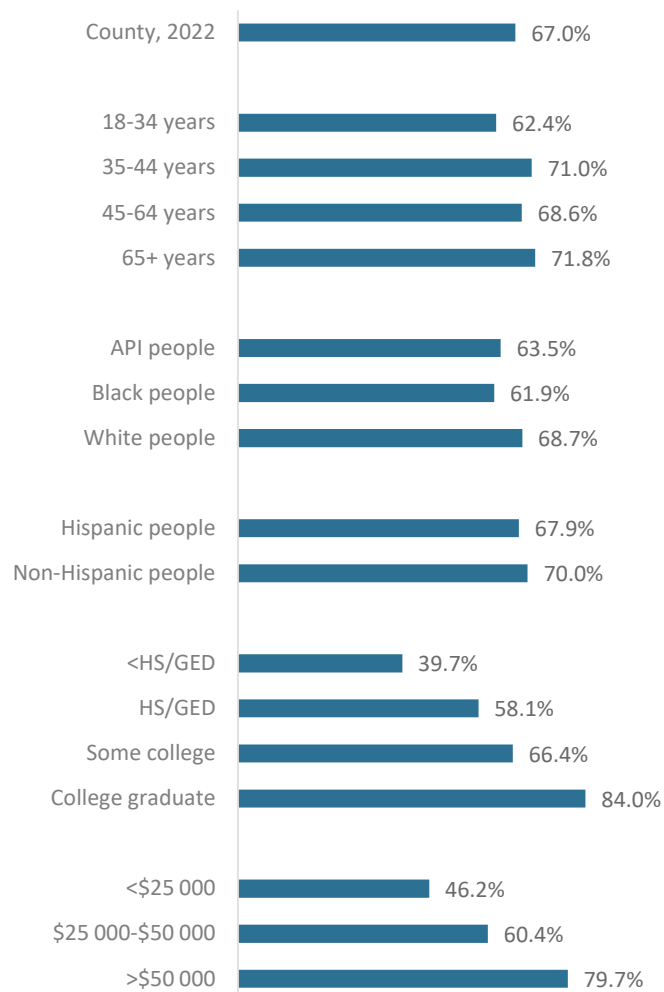
Group	Percent
County, 2022	67.0%
18-34 years	62.4%
35-44 years	71.0%
45-64 years	68.6%
65+ years	71.8%
API people	63.5%
Black people	61.9%
White people	68.7%
Hispanic people	67.9%
Non-Hispanic people	70.0%
<HS/GED	39.7%
HS/GED	58.1%
Some college	66.4%
College graduate	84.0%
<$25 000	46.2%
$25 000-$50 000	60.4%
>$50 000	79.7%

[a]Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)[17]
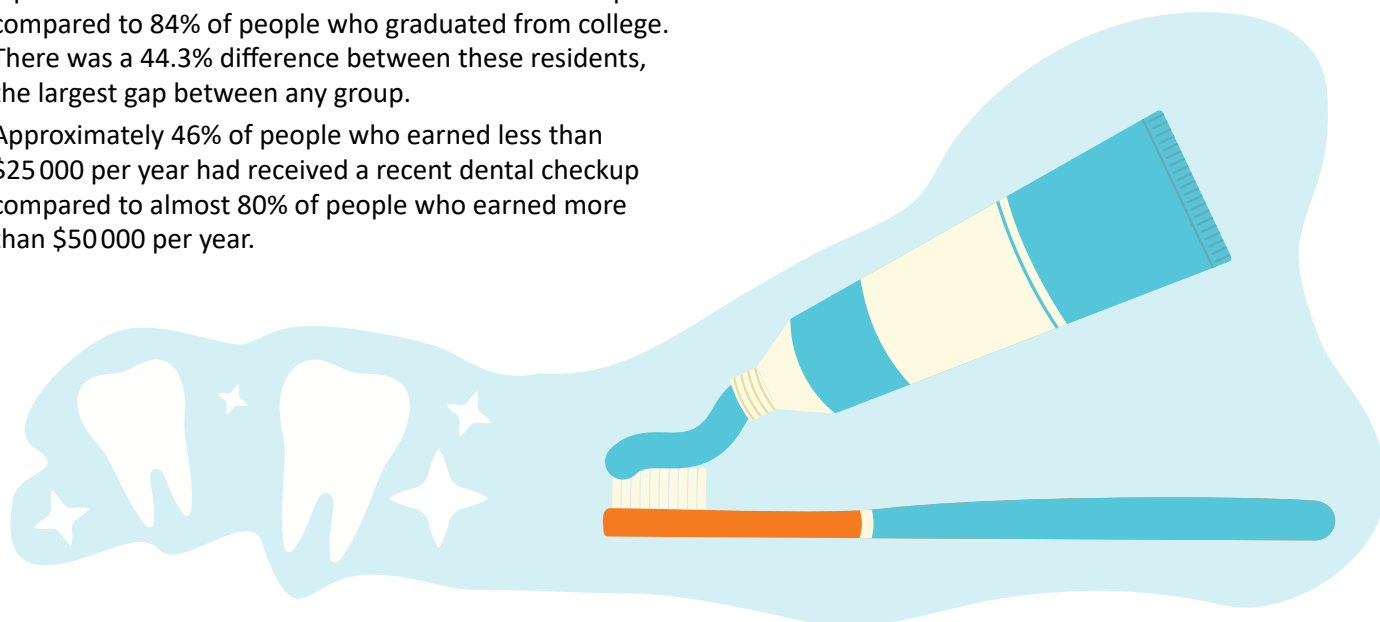
Colorectal Cancer Screenings

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

The percentage of adults who are screened for colorectal cancer contributes to understanding a community's health behaviors but also a community's access to health care and quality of health care. People choose to skip or delay care recommendations for many reasons, including affordability.
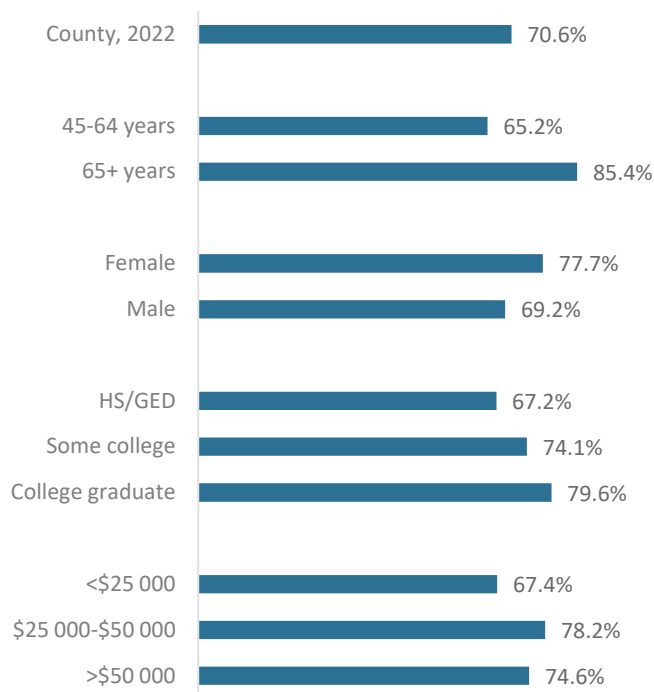
In 2022, almost 71% of people aged 50 years and older were screened for colorectal cancer.[20] However, the rate changed by age, education, income, and sex.

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

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

County, 2022	70.6%
45-64 years	65.2%
65+ years	85.4%
Female	77.7%
Male	69.2%
HS/GED	67.2%
Some college	74.1%
College graduate	79.6%
<$25 000	67.4%
$25 000-$50 000	78.2%
>$50 000	74.6%

[a]Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)[17]
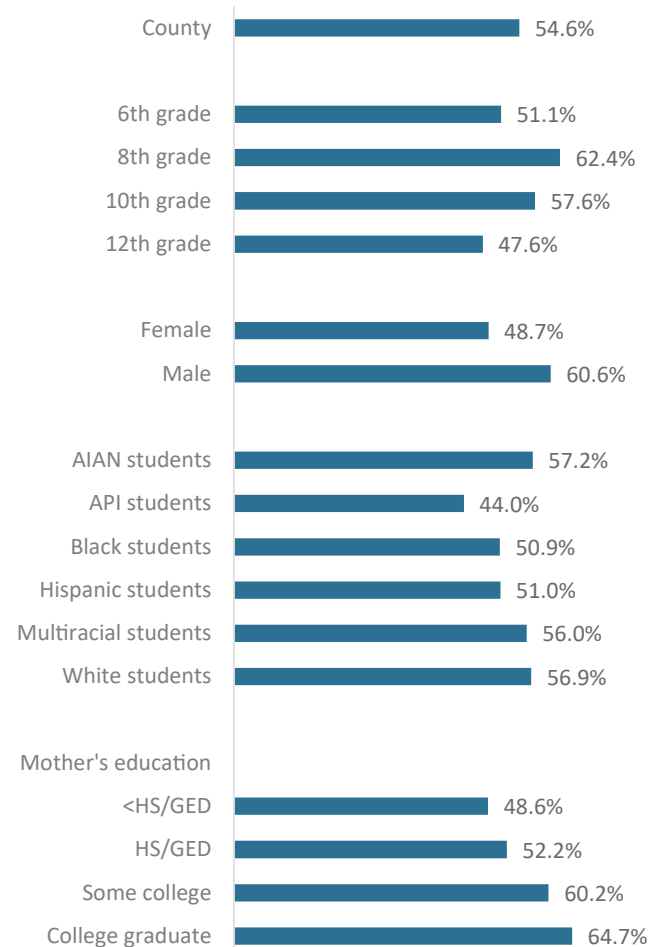
Physical Activity (Youth)

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

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

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

Figure 6. Youth Meeting Physical Activity Recommendations, Spokane County, 2023 [a,†]

County	54.6%
6th grade	51.1%
8th grade	62.4%
10th grade	57.6%
12th grade	47.6%
Female	48.7%
Male	60.6%
AIAN students	57.2%
API students	44.0%
Black students	50.9%
Hispanic students	51.0%
Multiracial students	56.0%
White students	56.9%
Mother's education	
<HS/GED	48.6%
HS/GED	52.2%
Some college	60.2%
College graduate	64.7%

*[a]Data from Healthy Youth Survey[20]*

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

Preventable Hospital Stays

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

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

Figure 7. Preventable Hospital Stays, Spokane County, 2017-2021[a]
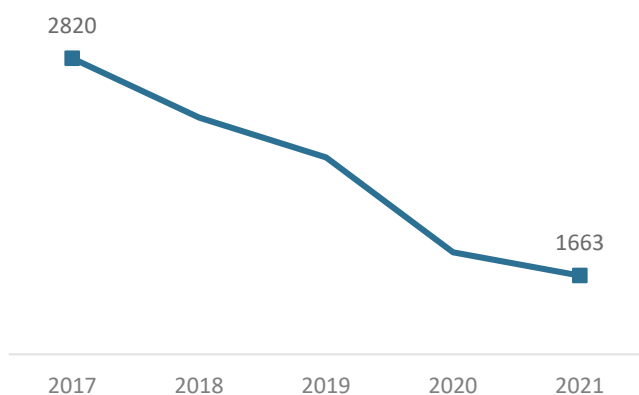
ᵃData from Centers for Medicare & Medicaid Services[23]

Smoking (Adults)

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

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

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

Figure 8. Adults Who Smoked Cigarettes Every Day or Some Days, Spokane County, 2018-2022[a]
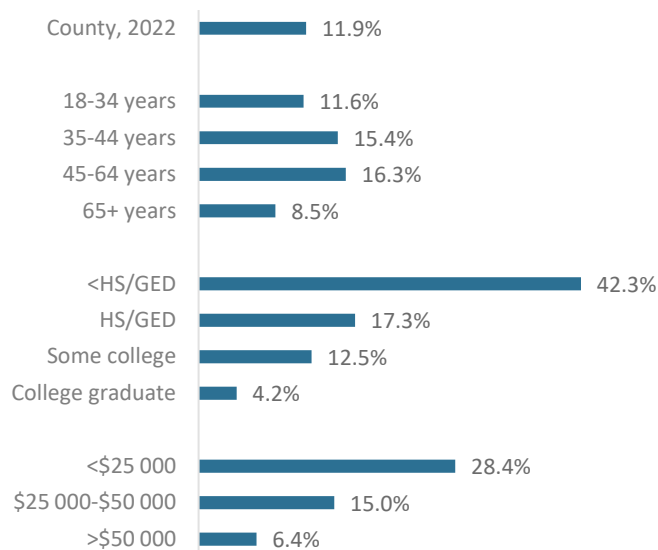
ᵃData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)[17]

Substance Use (Youth)

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

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

- Grade: Substance use increased as age and grade increased. More than 16% of 12th-grade youth used a substance compared with 1.5% of 6th-grade youth.

- Mother's education: The percentage of youth who used substances decreased as their mother's education level increased.

- Sex: Females were more likely to use substances than males.

Figure 9. Youth Substance Use in Last 30 Days, Spokane County, 2023[a]
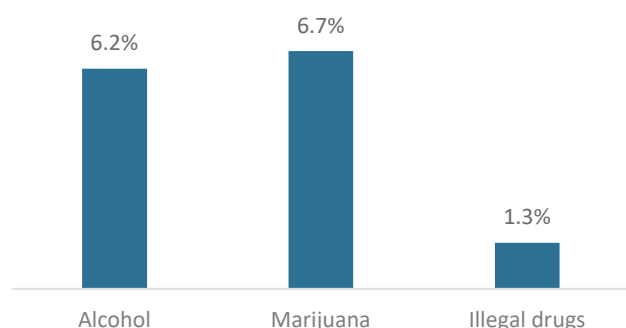
[a]*Data from Healthy Youth Survey*[20]

Usual Source of Care (Adults)

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

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

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

- Education: The likelihood of having a usual source of care increased with education level.

- Income: People who earned less than $25 000 and people who earned $25 000 to $50 000 were equally likely to have a usual source of care, but both groups were less likely to have one than people who earned more than $50 000.

- Race: Asian and Pacific Islander residents were less likely to have a usual source of care than other residents.

- Sex: Males were less likely to have a usual source of care than females.

Figure 10. Adults with a Usual Source of Care, Spokane County, 2018-2022[a]
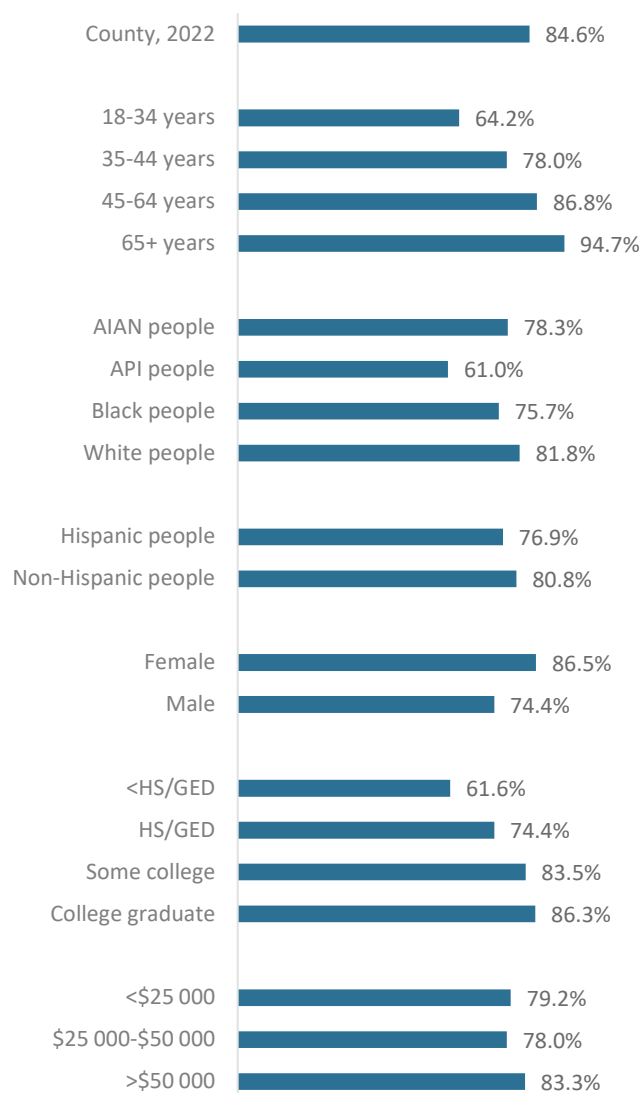
[a]*Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)*[17]
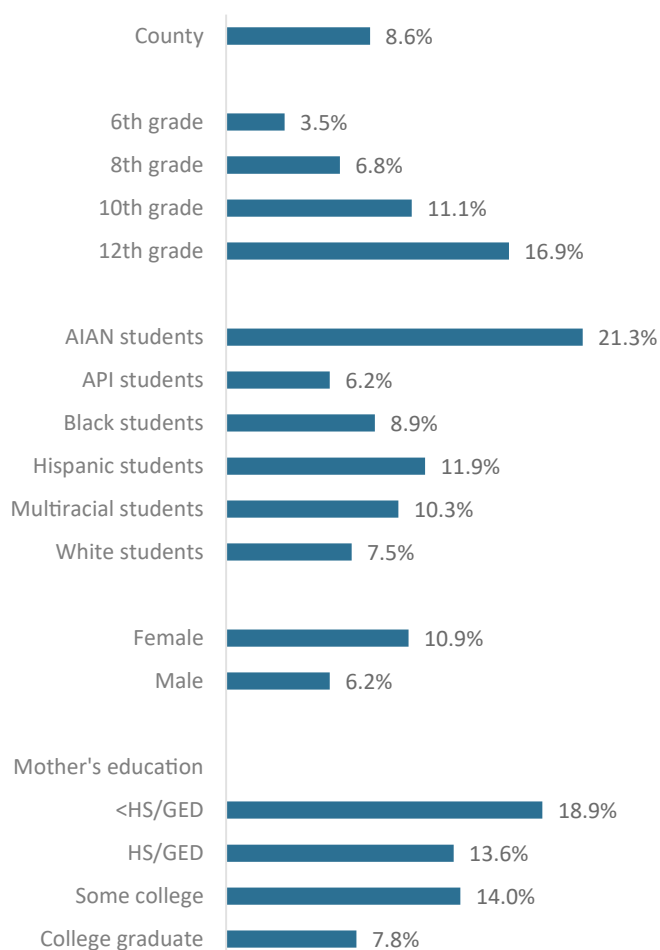
Vaping (Youth)

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

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

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

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

Category	%
County	8.6%
6th grade	3.5%
8th grade	6.8%
10th grade	11.1%
12th grade	16.9%
AIAN students	21.3%
API students	6.2%
Black students	8.9%
Hispanic students	11.9%
Multiracial students	10.3%
White students	7.5%
Female	10.9%
Male	6.2%
Mother's education	
<HS/GED	18.9%
HS/GED	13.6%
Some college	14.0%
College graduate	7.8%

[a]Data from Healthy Youth Survey[20]

Vaccination (Children)

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

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

55.9%

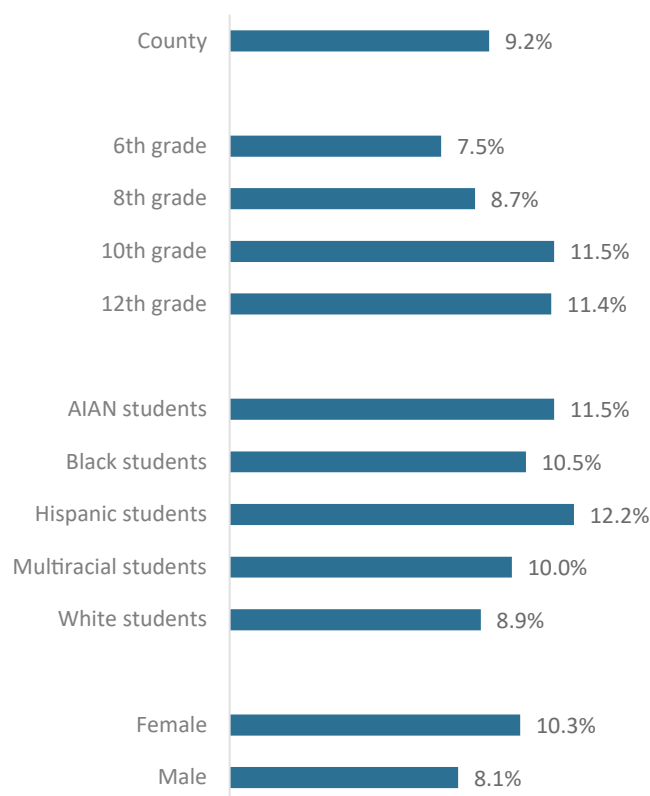*of children ages 19 to 35 months are fully vaccinated.*

Asthma (Youth)

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

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

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

Figure 12. Youth with Asthma, Spokane County, 2023[a]

Category	Percentage
County	9.2%
6th grade	7.5%
8th grade	8.7%
10th grade	11.5%
12th grade	11.4%
AIAN students	11.5%
Black students	10.5%
Hispanic students	12.2%
Multiracial students	10.0%
White students	8.9%
Female	10.3%
Male	8.1%

[a]Data from Healthy Youth Survey[20]

Cancer

In Spokane County, cancer was the leading cause of death in 2022.[15] People can lower their cancer risk by making healthy choices, like getting recommended vaccinations and screening tests. Treatment works best when cancer is found early.[32]

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

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

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

[a]Data from Washington State Cancer Registry[33]
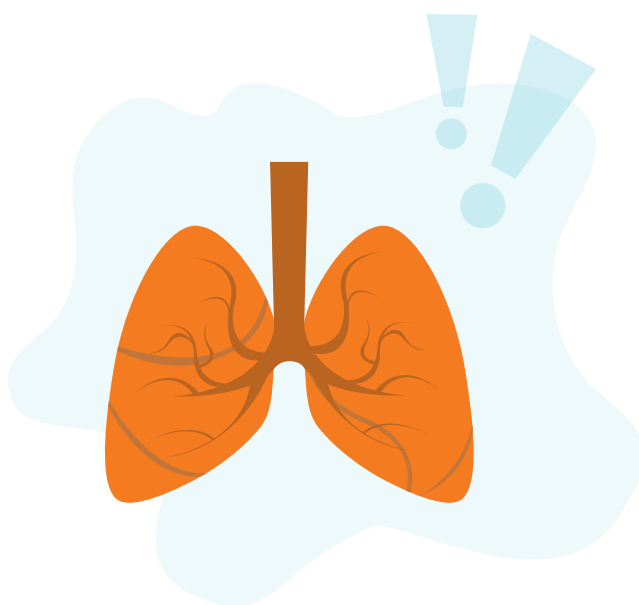
Causes of Hospitalization

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

Mental illness was not a leading cause of hospitalization in 2018.[34] There are several potential explanations for the increase seen in 2021. There were more hospitalizations for mental illness and fewer total hospitalizations in the county. The COVID-19 pandemic may have contributed to both factors. The change in mental illness hospitalization rate may also be attributable to another factor: hospital capacity.

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

Table 9. Leading Causes of Hospitalization, Spokane County, 2021[a,b]

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

[a]*Data from Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)[36]*
[b]*To focus on disease burden, hospitalizations for live childbirth have been excluded, and diseases of the circulatory system have been separated.*
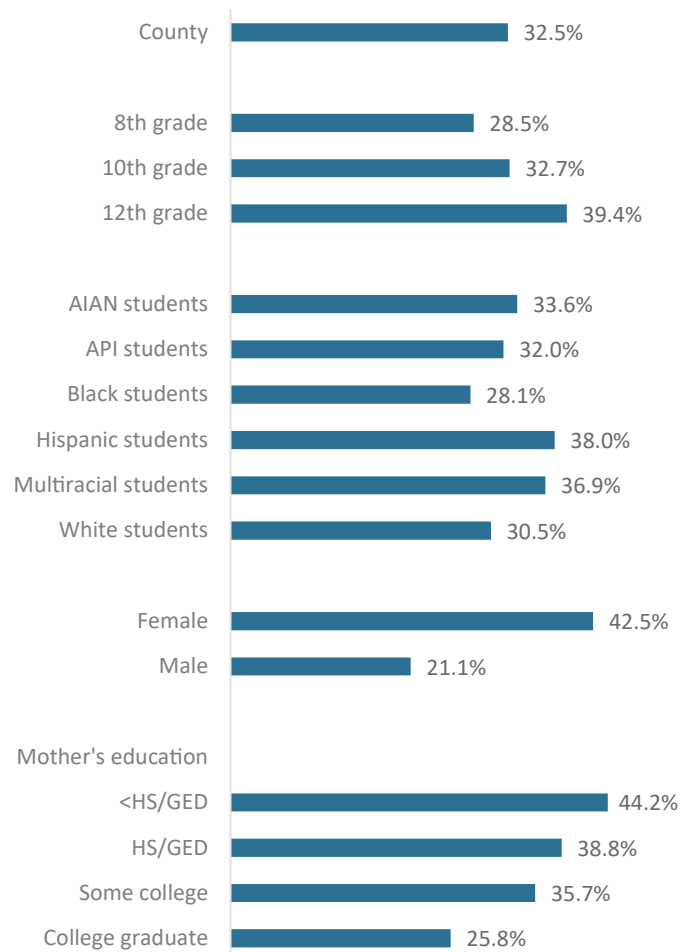
Depressive Feelings (Youth)

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

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

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

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

County	32.5%
8th grade	28.5%
10th grade	32.7%
12th grade	39.4%
AIAN students	33.6%
API students	32.0%
Black students	28.1%
Hispanic students	38.0%
Multiracial students	36.9%
White students	30.5%
Female	42.5%
Male	21.1%
Mother's education	
<HS/GED	44.2%
HS/GED	38.8%
Some college	35.7%
College graduate	25.8%

[a]*Data from Healthy Youth Survey[20]*

Diabetes

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

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

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

Figure 14. Adults Diagnosed with Diabetes, Spokane County, 2018-2022ª
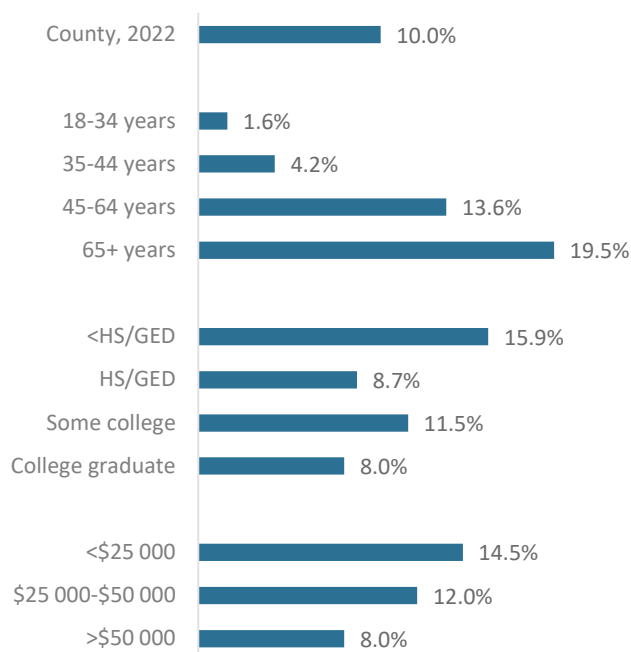
ªData from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)[17]
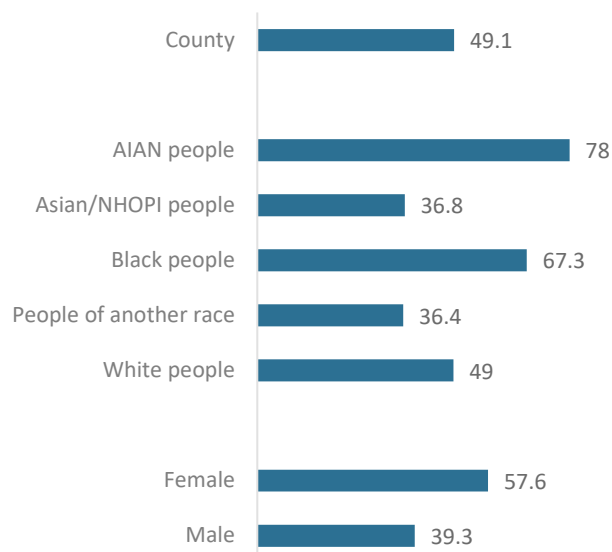
Emergency Department (ED) Visits – Attempted Suicide

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

In 2022, Spokane County hospitals received 1102 emergency department visits for attempted suicide.[39] When looking at the number of visits by sex, females accounted for 62.4% of the total visits. When looking at the number of visits by race, people who were White accounted for 83.9% of the total visits, but people who were American Indian and Alaska Native had the highest rate per 10 000 ED visits.

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

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

ªData from ESSENCE[39]

Figure 16. Rate of ED Visits for Attempted Suicide per 100 000 Visits by Age, Spokane County, 2022ª
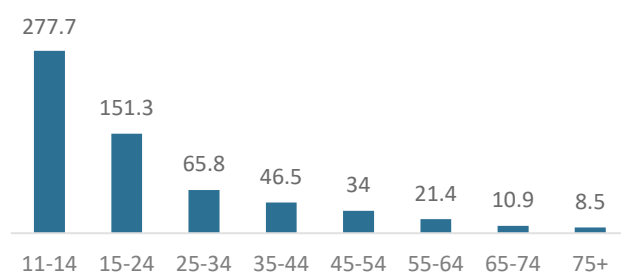
ªData from ESSENCE[39]

Emergency Department (ED) Visits – Domestic Violence

Studying ED visits related to domestic violence is another way to understand community violence besides police or 911 data. The following numbers only report ED visits. These numbers underreport the prevalence of domestic violence in Spokane County as they exclude those who did not seek care in an ED.
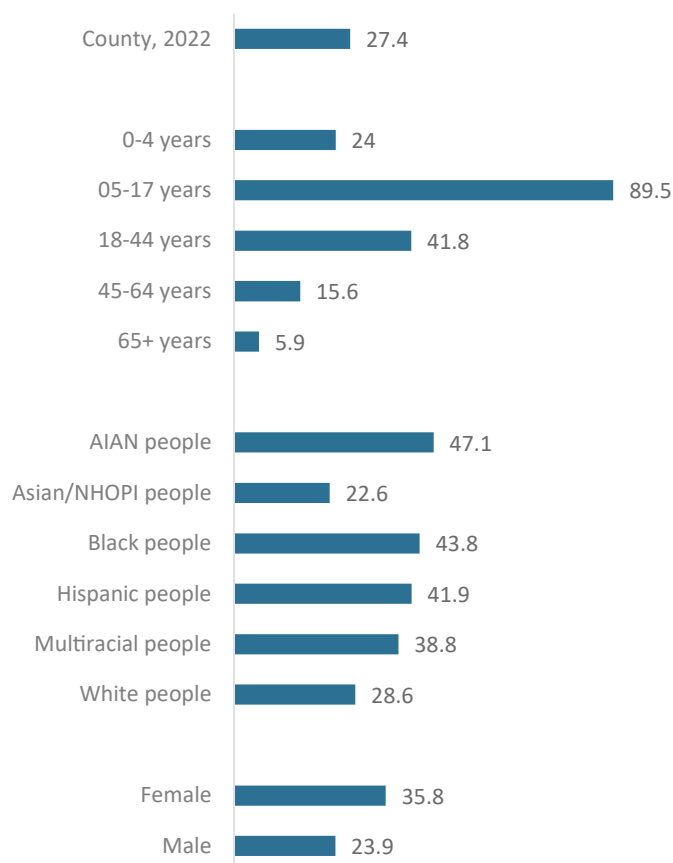
In 2022, Spokane County hospitals received 27.4 domestic violence-related ED visits for every 10 000 visits.[39] This is similar to the Washington state rate of 26.2 per 10 000.

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

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

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

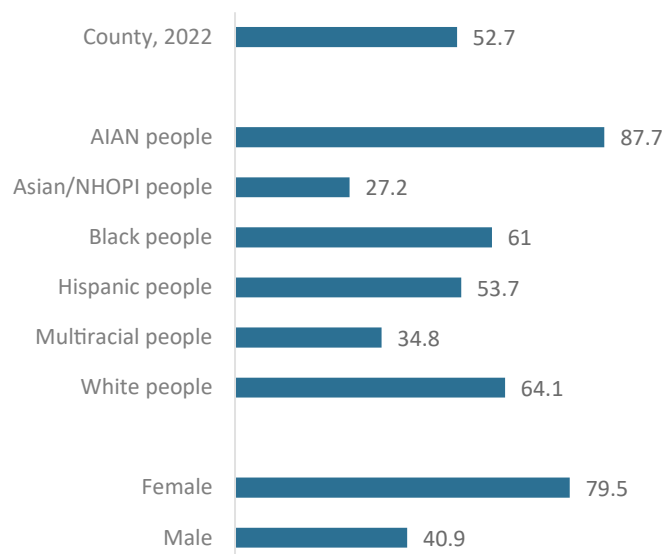|	
County, 2022	27.4
0-4 years	24
05-17 years	89.5
18-44 years	41.8
45-64 years	15.6
65+ years	5.9
AIAN people	47.1
Asian/NHOPI people	22.6
Black people	43.8
Hispanic people	41.9
Multiracial people	38.8
White people	28.6
Female	35.8
Male	23.9

[a]*Data from ESSENCE*[39]

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

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

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

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

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

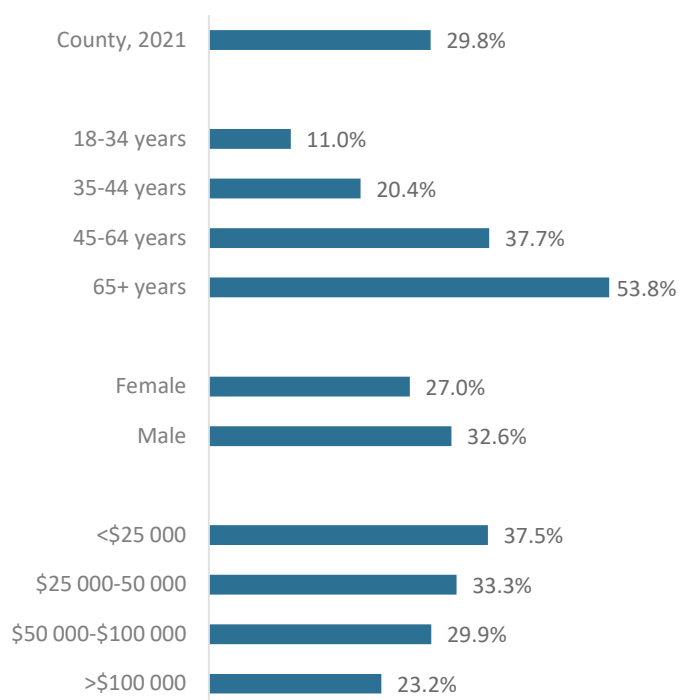|	
County, 2022	52.7
AIAN people	87.7
Asian/NHOPI people	27.2
Black people	61
Hispanic people	53.7
Multiracial people	34.8
White people	64.1
Female	79.5
Male	40.9

[a]*Data from ESSENCE*[39]

High Blood Pressure

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

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

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

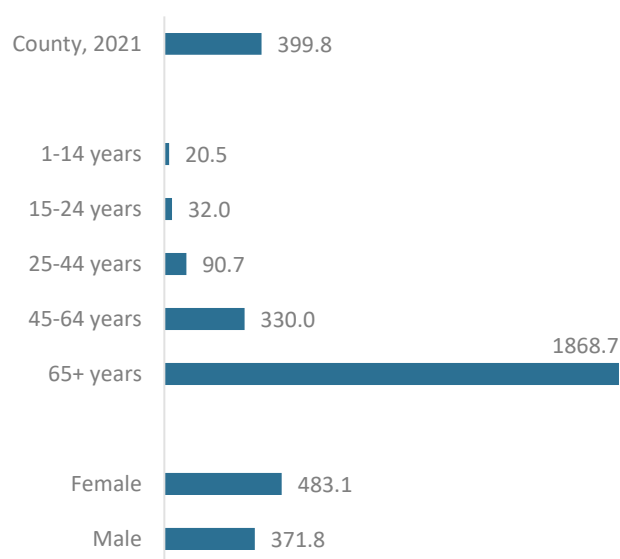**Figure 19. Adults Diagnosed with High Blood Pressure, Spokane County, 2018-2022**[a]

County, 2021 — 29.8%
18-34 years — 11.0%
35-44 years — 20.4%
45-64 years — 37.7%
65+ years — 53.8%
Female — 27.0%
Male — 32.6%
<$25 000 — 37.5%
$25 000-50 000 — 33.3%
$50 000-$100 000 — 29.9%
>$100 000 — 23.2%

[a]*Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)*[17]

Hospitalization – Falls

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

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

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

County, 2021 — 399.8
1-14 years — 20.5
15-24 years — 32.0
25-44 years — 90.7
45-64 years — 330.0
65+ years — 1868.7
Female — 483.1
Male — 371.8

[a]*Data from Washington State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)*[36]

Hospitalization – Intentional Injury

Intentional injuries include self-inflicted and assault injuries.

In 2021, the rate of hospitalization for intentional injury was 88 per 100 000 residents.[36] The top mechanism of injury was poisoning.

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

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

[a]*Data from Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)*[36]

Low Birthweight

Low birthweight is when a baby is born weighing less than 5.5 pounds.[42] Babies with a low birthweight have increased risk of infant death, inhibited growth, and inhibited cognitive development. Additionally, they are at higher risk of non-communicable diseases, like heart disease, later in life.
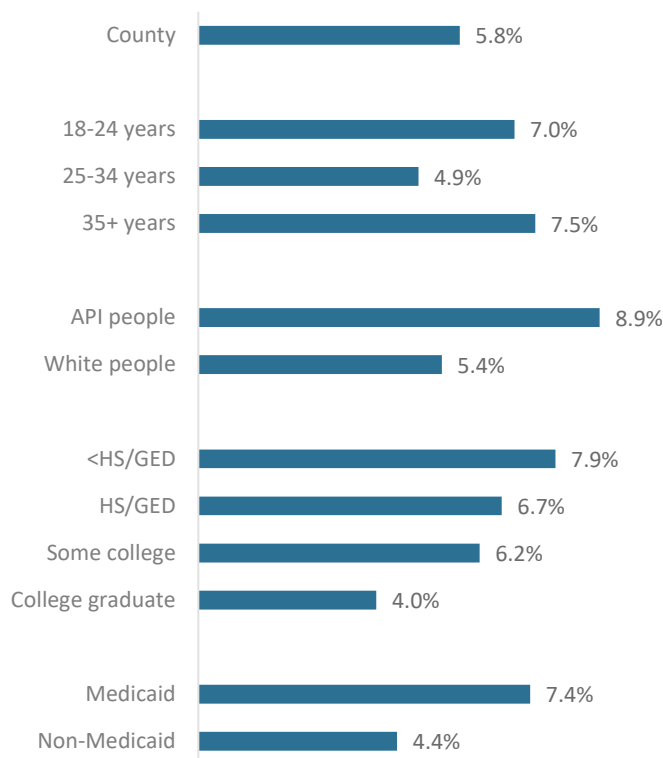
While low birthweight is a good measure of infant and child health, it's also an important measure of maternal health, access to health care, and quality of health care.

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

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

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

County	5.8%
18-24 years	7.0%
25-34 years	4.9%
35+ years	7.5%
API people	8.9%
White people	5.4%
<HS/GED	7.9%
HS/GED	6.7%
Some college	6.2%
College graduate	4.0%
Medicaid	7.4%
Non-Medicaid	4.4%

[a]*Data from Washington State Department of Health, Birth Certificate Data*[43]
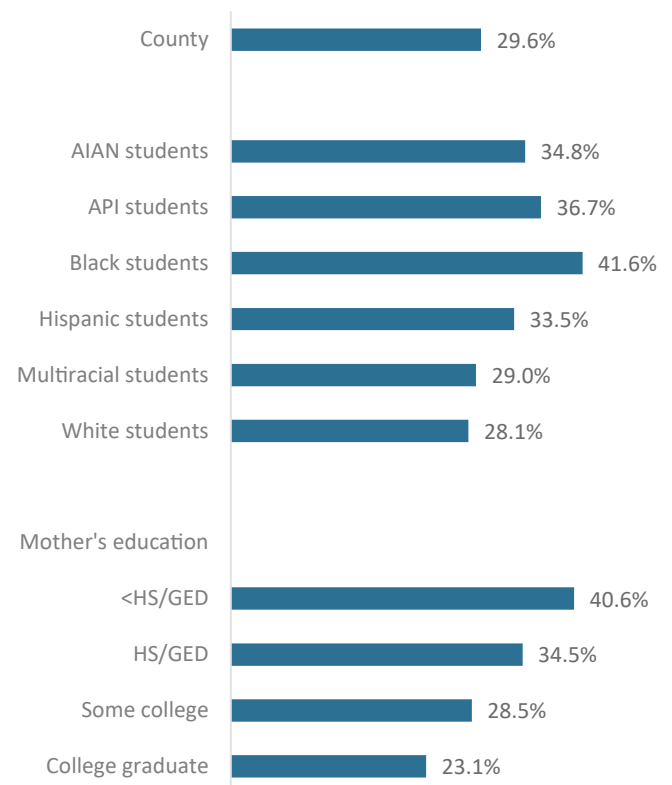
Obesity

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

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

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

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

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

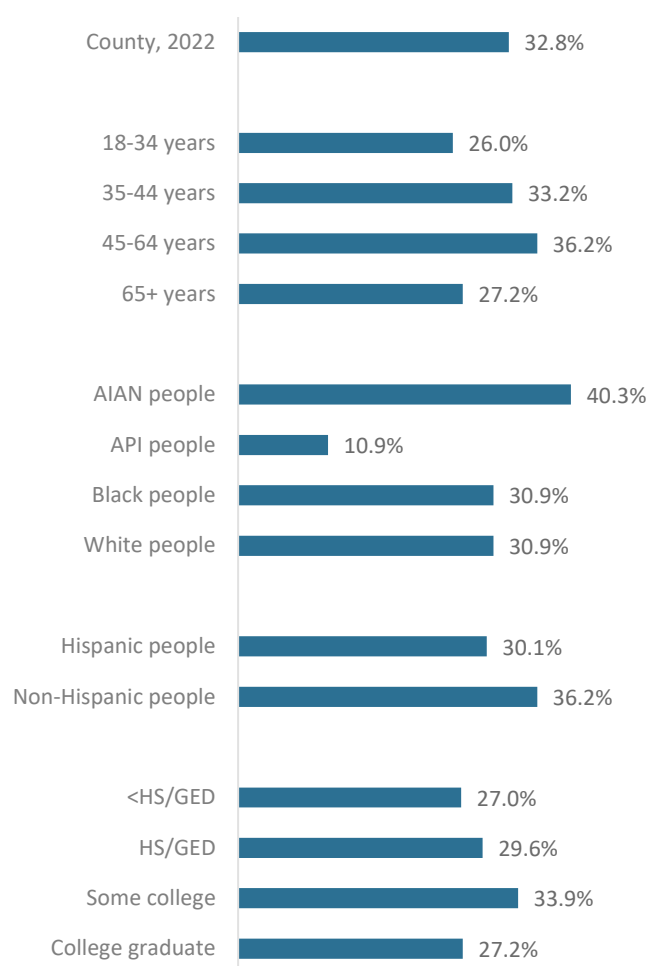|	
County	29.6%
AIAN students	34.8%
API students	36.7%
Black students	41.6%
Hispanic students	33.5%
Multiracial students	29.0%
White students	28.1%
Mother's education	
<HS/GED	40.6%
HS/GED	34.5%
Some college	28.5%
College graduate	23.1%

[a]*Data from Healthy Youth Survey*[20]

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

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

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

County, 2022	32.8%
18-34 years	26.0%
35-44 years	33.2%
45-64 years	36.2%
65+ years	27.2%
AIAN people	40.3%
API people	10.9%
Black people	30.9%
White people	30.9%
Hispanic people	30.1%
Non-Hispanic people	36.2%
<HS/GED	27.0%
HS/GED	29.6%
Some college	33.9%
College graduate	27.2%

[a]Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)[17]
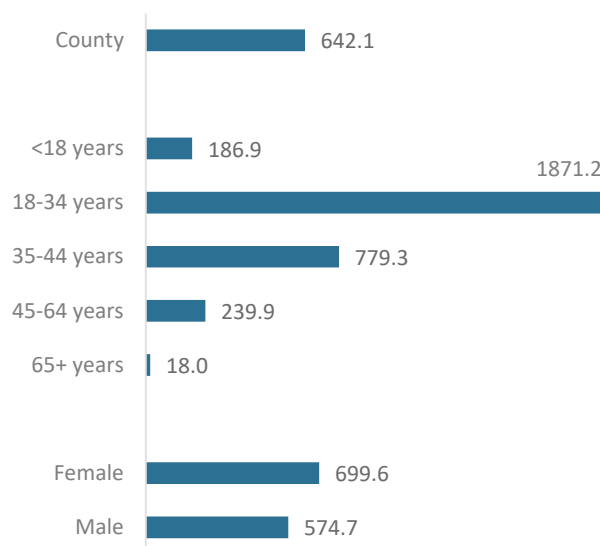
Sexually Transmitted Infections

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

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

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

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

County	642.1
<18 years	186.9
18-34 years	1871.2
35-44 years	779.3
45-64 years	239.9
65+ years	18.0
Female	699.6
Male	574.7

[a]Data from Washington State Department of Health, PHIMS-STD[49]

Syphilis

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

Syphilis is included in the STI rate. However, locally and nationally, there have been sharp increases in the number of syphilis cases. The CDC reported a 937% increase in the number of congenital syphilis cases in 2022.[51] In Spokane County, the rate of syphilis cases increased by approximately 50% between 2022 and 2023, prompting a response from Spokane Regional Health District's HIV/STI Prevention program.[49]

Figure 25. Rate of Syphilis in Spokane County per 100 000 People, 2014-2023[a,b]
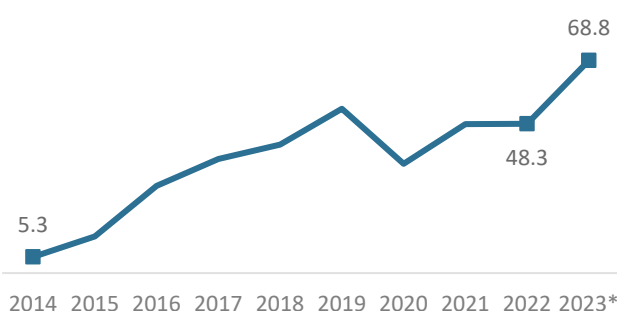
[a]Data from Washington State Department of Health, PHIMS-STD[49]
[b]Please note that data from 2023 are preliminary and subject to change.

Leading Causes of Death

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

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

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

- Sex: Alzheimer's was the third leading cause of death for women and the fifth leading cause of death for men

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

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

[a]*Data from Washington State Department of Health Death Certificate Data*[15]
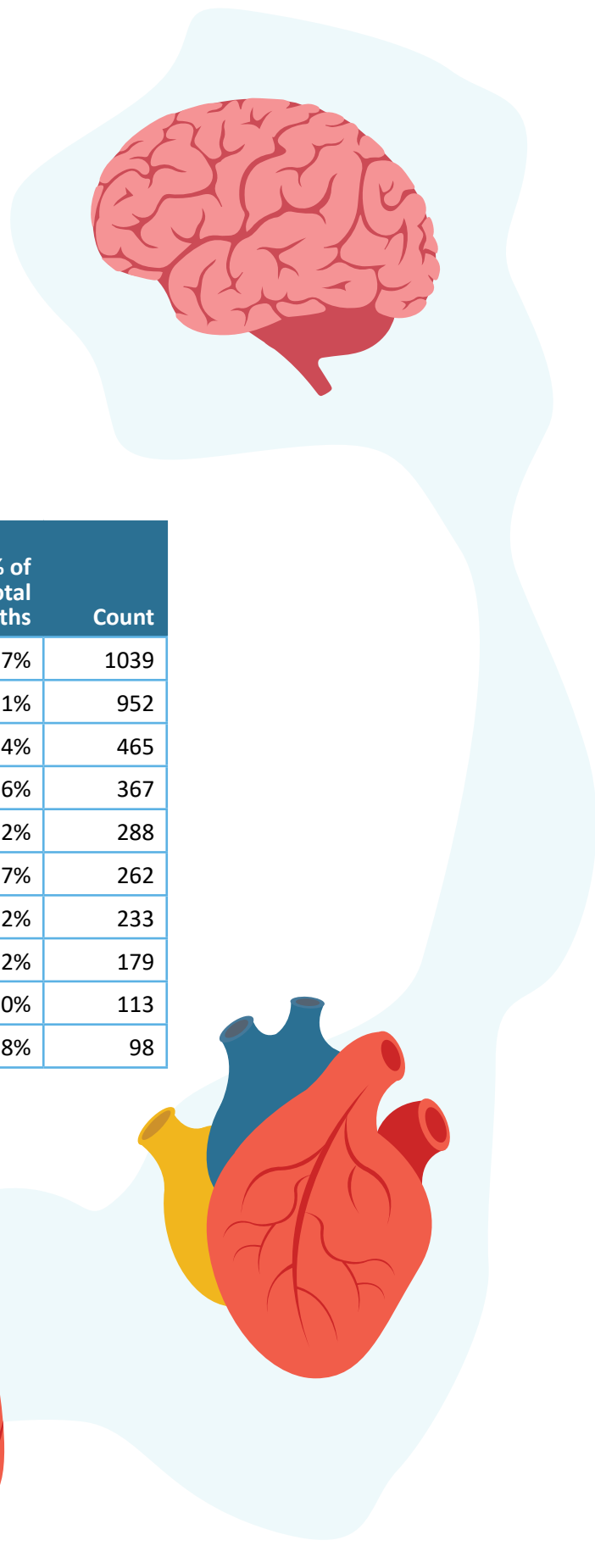
Drug Overdose Deaths

Overdose deaths are preventable. In Spokane County, the number of drug overdose deaths increased every year from 2019 through 2023.[14] In 2022, 42.3 people died from drug overdoses for every 100 000 residents. Not all groups die from overdoses at equal rates. Combining data from 2018 through 2022 shows differences in rates by age, race, and sex.[15]

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

**Figure 26. Drug Overdose Deaths, Spokane County, 2018-2023[a]**

Opioid-related overdose deaths

All overdose deaths
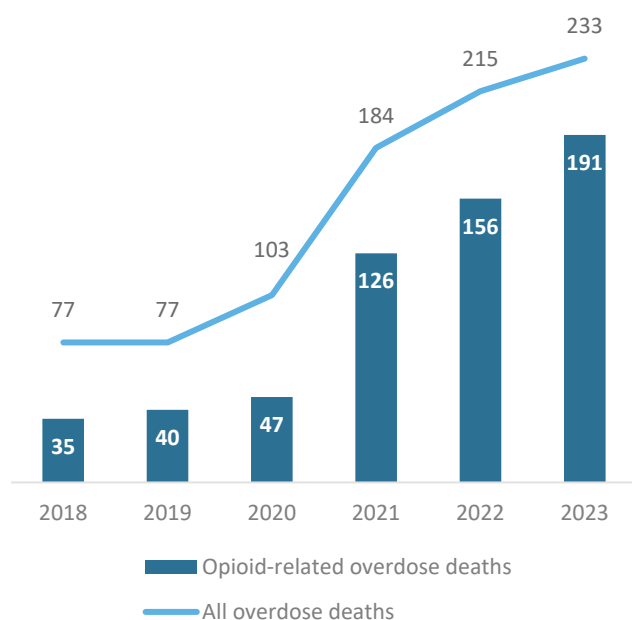
[a]*Data from Washington State Department of Health, Death Certificate Data*[15]

Infant Mortality Rate

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

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

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

BIPOC   White
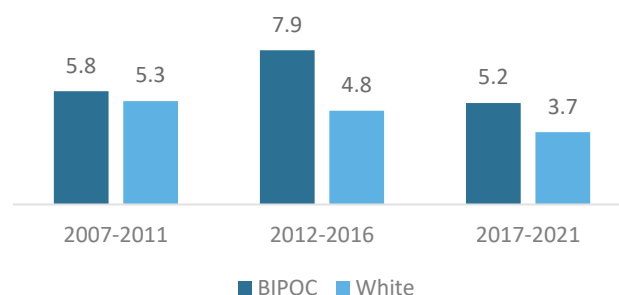
[a]*Data from Washington State Department of Health, Death Certificate Data*[15]
[b]*This graph displays aggregated data and has a high relative standard error, which may affect the accuracy of the information. Please use the data with caution.*
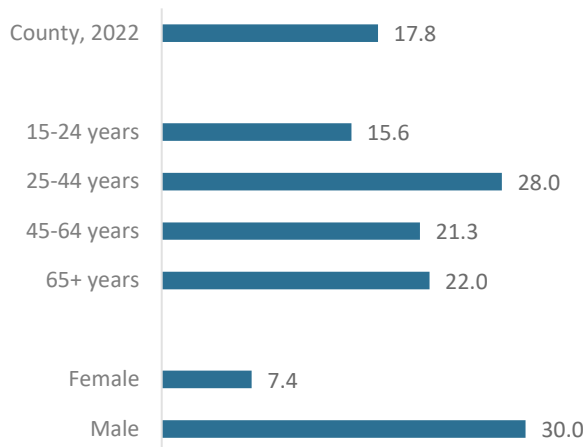
Suicide Mortality Rate

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

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

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

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

County, 2022 — 17.8
15-24 years — 15.6
25-44 years — 28.0
45-64 years — 21.3
65+ years — 22.0
Female — 7.4
Male — 30.0

[a]*Data from Washington State Department of Health, Death Certificate Data[15]*
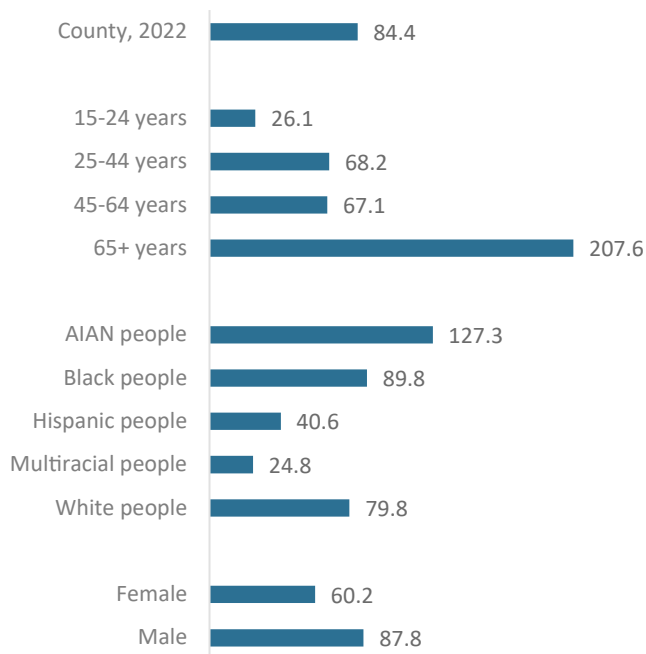
Unintentional Injury Mortality Rate

Unintentional injuries caused 465 deaths in 2022.[15] Like previous years, poisoning, falls, and motor vehicle accidents were the top 3 causes of these deaths.

Differences appeared by age, sex, and race.[15]

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

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

County, 2022 — 84.4
15-24 years — 26.1
25-44 years — 68.2
45-64 years — 67.1
65+ years — 207.6
AIAN people — 127.3
Black people — 89.8
Hispanic people — 40.6
Multiracial people — 24.8
White people — 79.8
Female — 60.2
Male — 87.8

[a]*Data from Washington State Department of Health, Death Certificate Data[15]*

Social Determinants of Health

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

In this report, data about social determinants of health are organized into 5 domains, aligned with Healthy People 2030[54] and definitions from the Child Welfare Information Gateway.

- **Economic stability** means having "reliable access to resources to meet their basic needs, such as food, shelter, and clothing."[55]
- **Education access and quality** means "equipping individuals with the skills and knowledge to promote economic success and social mobility."[56]
- **Health care access and quality** "includes having health insurance, regularly visiting a primary care doctor, seeing doctors for illness and injuries, receiving mental and behavioral health services, and responding to medical emergencies. Quality health care includes access to culturally responsive services and gender-affirming care."[57]

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

Economic Stability

Food Insecurity (Households)

The Supplemental Nutrition Assistance Program (SNAP) helps low-income families afford nutritious food.[60] An estimated 15% of Spokane County households received SNAP benefits in 2022.[61] Among households receiving SNAP benefits:

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

The SNAP household median income dropped by $5510 from 2021 to 2022.[61] Temporary policy changes and economic relief measures from the COVID-19 pandemic could have inflated the 2021 rate, but many of these temporary efforts ended in 2022.

$28 848
SNAP household median income

Food Insecurity (Youth)

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

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


Almost every month, 20%

1-2 months, 32.5%

Some months, 47.5%
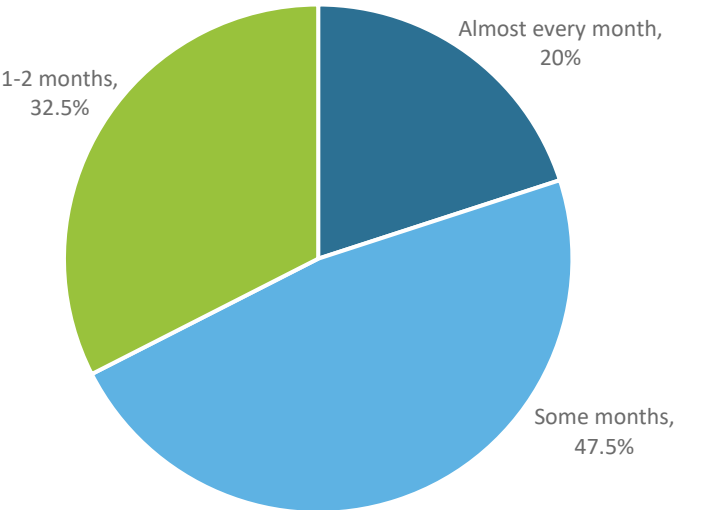
ªData from Healthy Youth Survey[20]

Free/Reduced-Price Lunch

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

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

45.3%   47.6%   46.7%   56.9%   55.6%

2019-2020   2020-2021   2021-2022   2022-2023   2023-2024
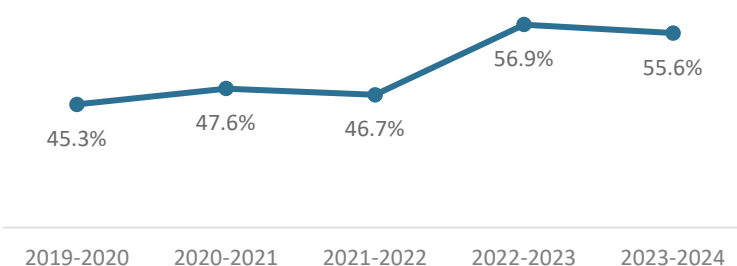
[a]*Data from Washington Office of Superintendent of Public Instruction*[62]

Homelessness by Age and Race

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

Homelessness in Spokane County increased by more than 1000 individuals from 2019 to 2023.[64] The number of households experiencing homelessness increased by nearly 100% from 2019 to 2023.

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

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

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

[a]*Data from City of Spokane*[64]

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

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

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

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

[a]*Data from Washington State Office of Financial Management*[5] *and City of Spokane*[64]

Median Household Income

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

Not all households earned equally in 2022. White householders earned significantly more than Black and multiracial householders.[66,67]

Figure 32. Median Household Income, Spokane County, 2018-2022[a,†]

$91 306

$84 247

$78 687

$74 073

$65 722 $69 070

$59 783 $59 974

2018   2019   2020   2021   2022
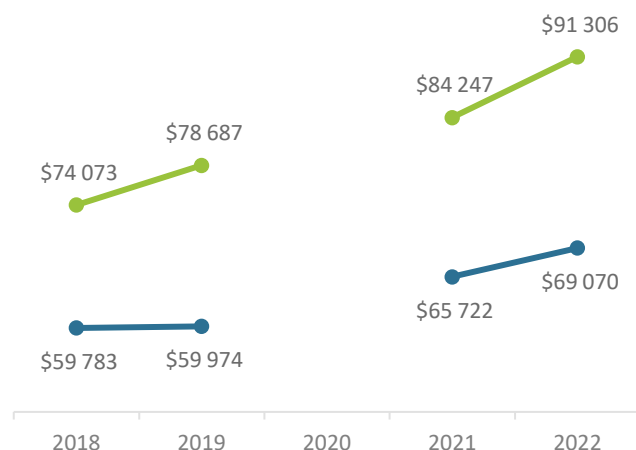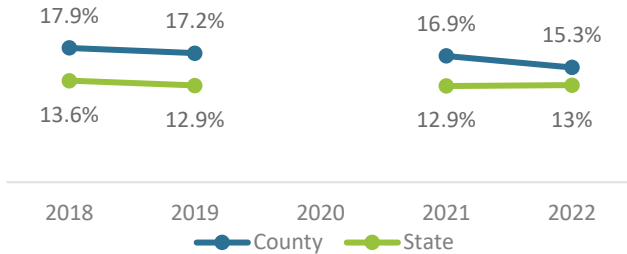
[a]*Data from American Community Survey*[65]

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

Poverty and Near Poverty

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

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

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

17.9% 17.2% 16.9% 15.3%
13.6% 12.9% 12.9% 13%

2018 2019 2020 2021 2022
County — State

[a]*Data from American Community Survey*[69]

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

20.2%
11.9%
11.1%
4.3%

<HS/GED | HS/GED | Some college or associate's degree | Bachelor's degree+
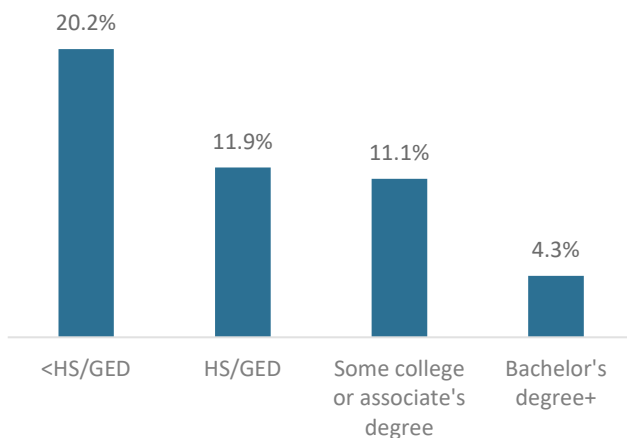
[a]*Data from American Community Survey*[59]

Unemployment

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

Figure 35. Unemployment, Spokane County, 2019-2023[a]

8.7%
5.3% 5.4% 4.6% 4.2%

2019 2020 2021 2022 2023
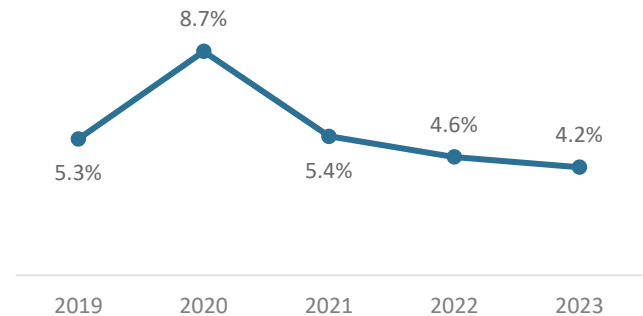
[a]*Data from Bureau of Labor Statistics*[71]

Educational Attainment

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

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

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

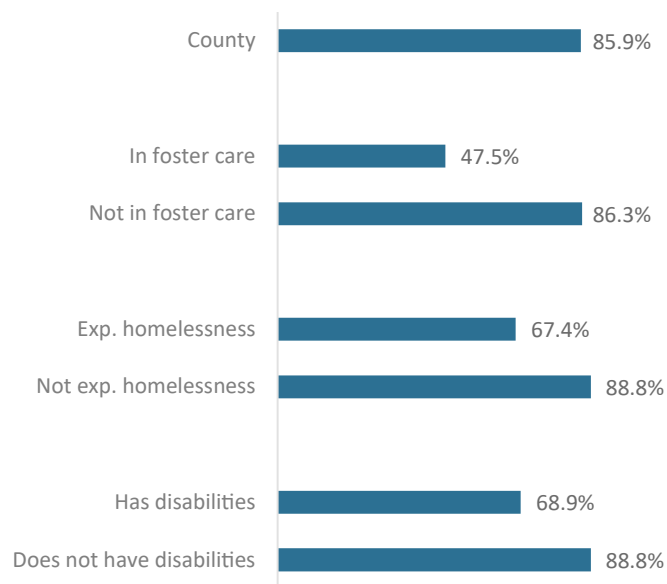|	County	State
High school graduate (includes equivalency)	23.5%	21.5%
Some college, no degree	24.5%	21.2%
Associate's degree	11.9%	10.0%
Bachelor's degree	21.7%	23.8%
Graduate or professional degree	12.5%	15.7%
High school graduate or higher	94.1%	92.2%

[a]*Data from American Community Survey*[72]

On-Time Graduation

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

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

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

County	85.9%
In foster care	47.5%
Not in foster care	86.3%
Exp. homelessness	67.4%
Not exp. homelessness	88.8%
Has disabilities	68.9%
Does not have disabilities	88.8%

[a]*Data from Washington Office of Superintendent of Public Instruction*[74]

Health Professional Shortage Areas

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

Dental Care

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

Mental Health

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

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

Primary Care

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

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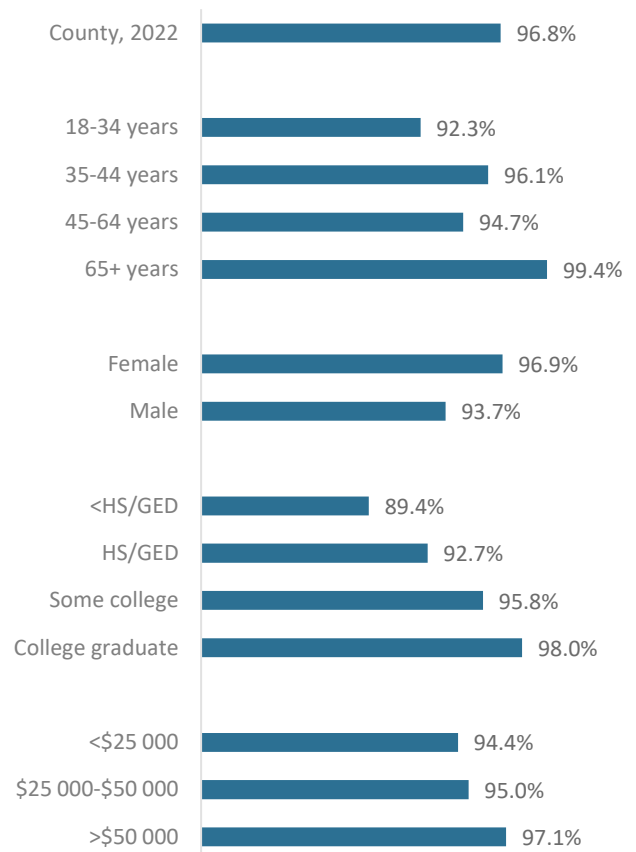
Insured (Adults)

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

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

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

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

Category	Percentage
County, 2022	96.8%
18-34 years	92.3%
35-44 years	96.1%
45-64 years	94.7%
65+ years	99.4%
Female	96.9%
Male	93.7%
<HS/GED	89.4%
HS/GED	92.7%
Some college	95.8%
College graduate	98.0%
<$25 000	94.4%
$25 000-$50 000	95.0%
>$50 000	97.1%

[a]*Data from Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)*[17]

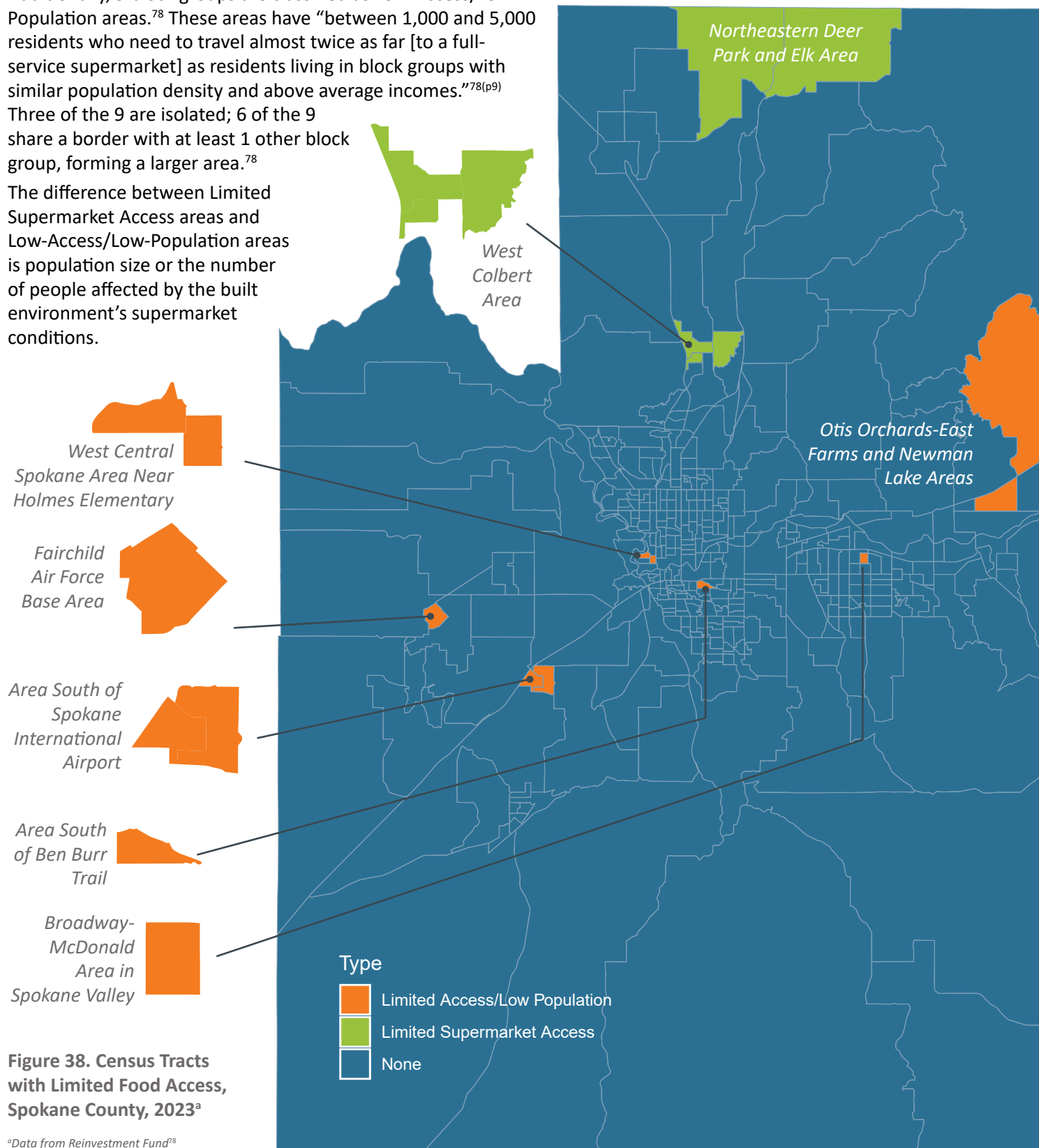**See maps of Health Professional Shortage Areas at doh.wa.gov.**

Food Access

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

Additionally, 9 block groups are classified as Low-Access/Low-Population areas.[78] These areas have "between 1,000 and 5,000 residents who need to travel almost twice as far [to a full-service supermarket] as residents living in block groups with similar population density and above average incomes."[78(p9)] Three of the 9 are isolated; 6 of the 9 share a border with at least 1 other block group, forming a larger area.[78]

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

Northeastern Deer Park and Elk Area

West Colbert Area

West Central Spokane Area Near Holmes Elementary

Fairchild Air Force Base Area

Area South of Spokane International Airport

Area South of Ben Burr Trail

Broadway-McDonald Area in Spokane Valley

Otis Orchards-East Farms and Newman Lake Areas

Type

■ Limited Access/Low Population
■ Limited Supermarket Access
□ None

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

Housing Cost Burden

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

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

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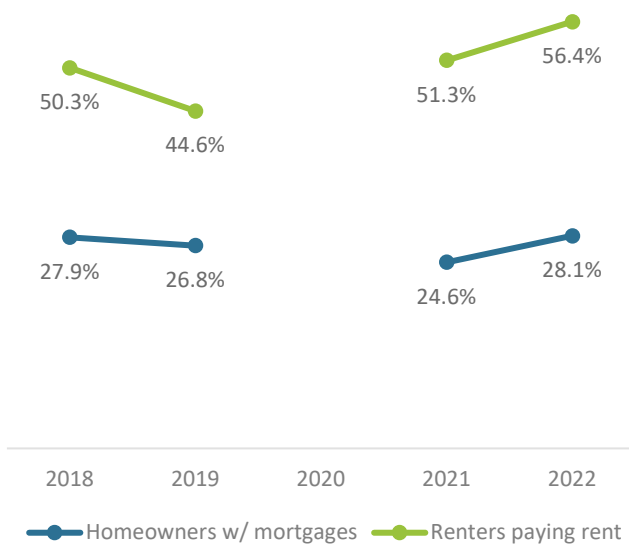

Data from American Community Survey[80]

Housing Insecurity

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

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

**Figure 40. Households With at Least 1 Problem, Spokane County, 2017-2021**[a]
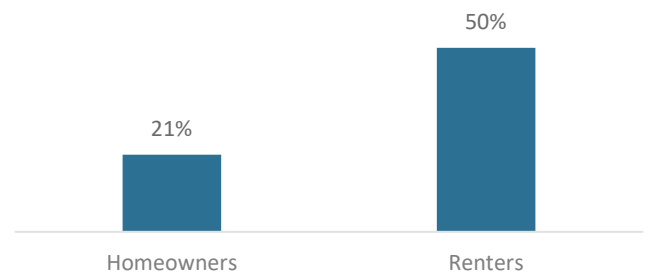
Data from U.S. Department of Housing and Urban Development[81]

Child Abuse and Neglect Reports

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

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

**Figure 41. Child Abuse and Neglect Reports per 1000 Children, Spokane County, 2018-2022[a]**
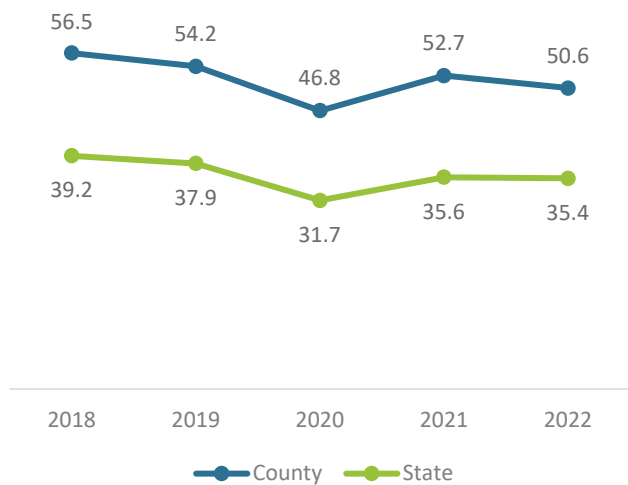
ᵃ*Data from Washington State Department of Children, Youth, and Families*[82]

Domestic Violence Offenses

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

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

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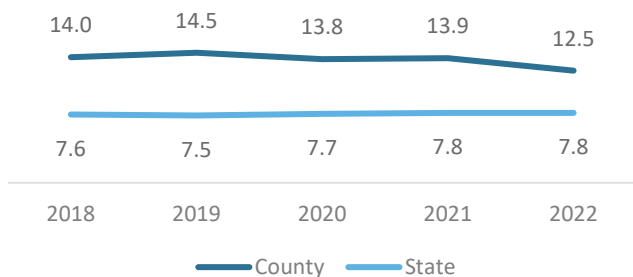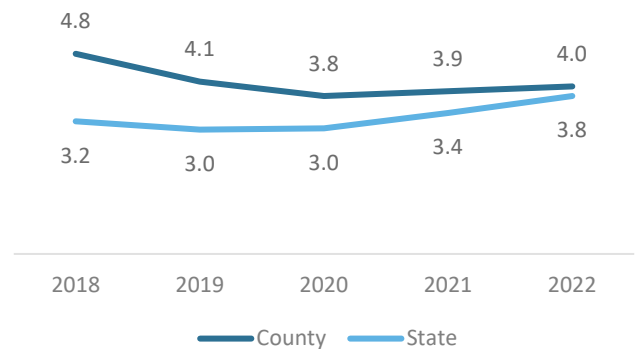

ᵃ*Data from Washington Association of Sheriffs and Police Chiefs*[83]

Violent Crime

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

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

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

ᵃ*Data from Washington Association of Sheriffs and Police Chiefs*[83]

Mutual Aid

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

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

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

ᵃ*Data from Quality of Life Survey*[14]

Political Participation

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

Table 16. Political Participation, Spokane County, 2022[a]

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

[a]*Data from Quality of Life Survey*[14]

Social Associations

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

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

8.9

social associations per 10 000 people

Systems of Power, Privilege, and Oppression

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

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

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

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

Income Inequality

The Gini Index measures income inequality.[94] The coefficient is expressed as a single value ranging from 0 to 1, but it can be expressed as a percentage ranging from 0% to 100% as well. The smaller the number, the closer a geography is to perfect equality, where everyone receives an equal share. The higher the number, the closer a geography is to perfect inequality.
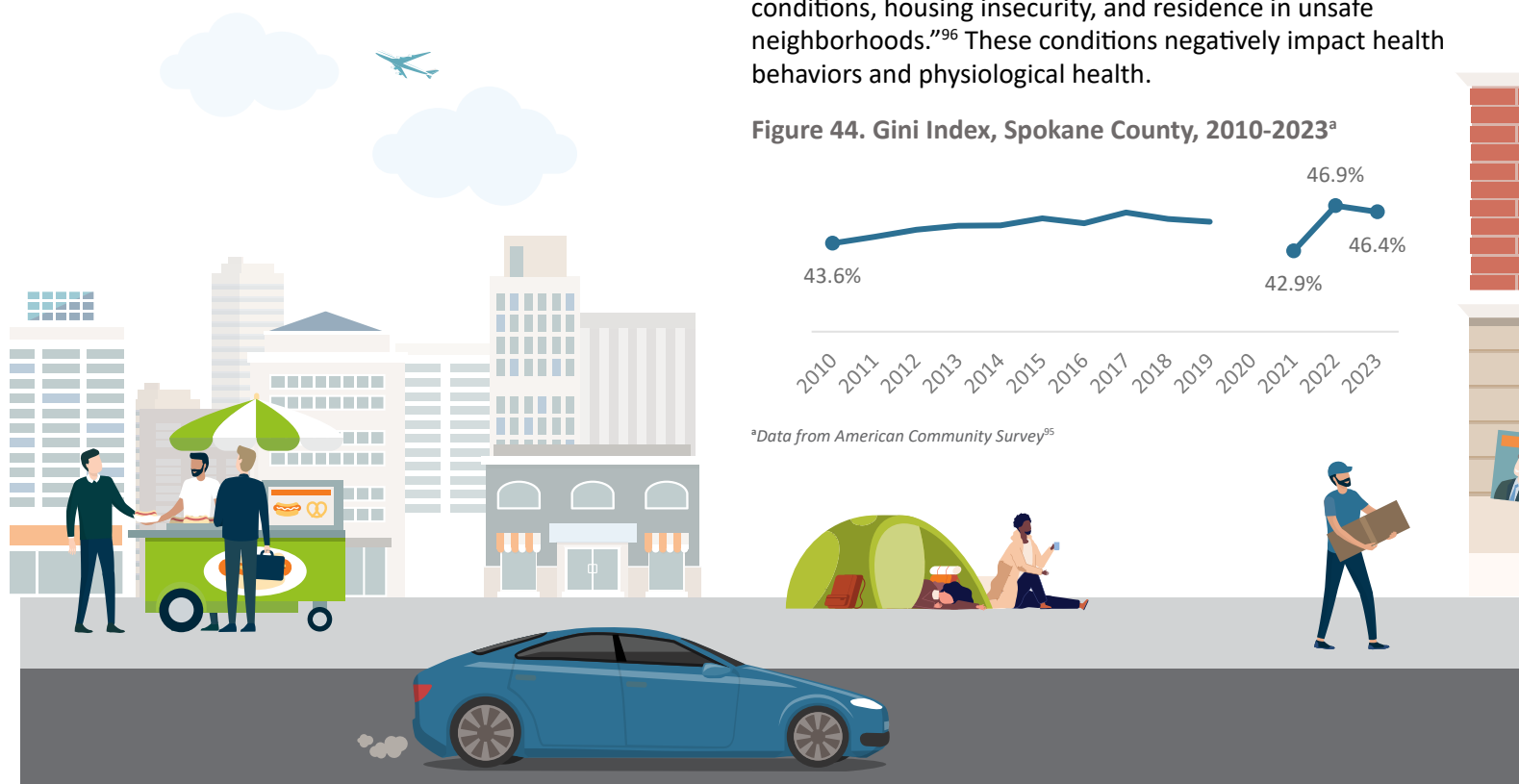
In Spokane County, the Gini coefficient generally increased from 2010 to 2019.[95] In 2020, the COVID-19 pandemic disrupted the economy and spiked unemployment.[71] However, 2021 saw the lowest Gini coefficient since before 2010.[95] Like the measure for SNAP household median income, this could be due to temporary policy changes and economic relief measures from the COVID-19 pandemic, but many of these temporary efforts ended in 2022. The 2022 and 2023 Gini coefficients were both higher than any year from 2010 through 2019.

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

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

43.6%   46.9%   42.9%   46.4%

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023
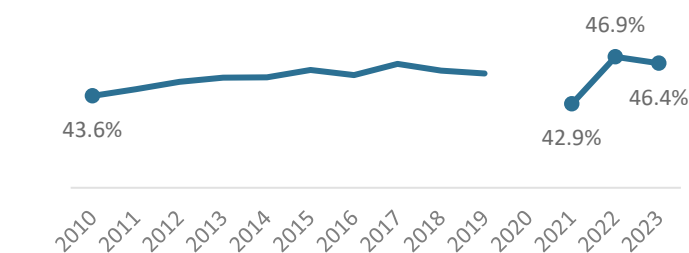
[a]*Data from American Community Survey*[95]

Incarceration Rates

The U.S. correctional system oppresses people based on factors including race, socioeconomic status, and disability status. This oppression occurs through several mechanisms. Mass incarceration is a phrase that describes high incarceration rates in the U.S. in comparison to other nations, a phenomenon made possible by mechanisms like policy, legislation, institutions, and norms.[97]
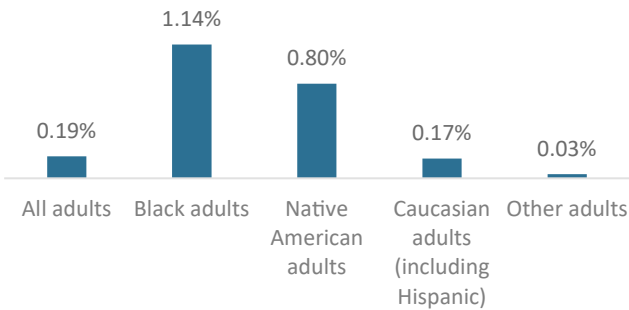
Incarceration is a social determinant of health, and people who have been incarcerated face discrimination in other areas of life, like employment[98] and eligibility for public assistance programs.[99] According to the U.S. Department of Health and Human Services, "Without mass incarceration, it is estimated that 5 million fewer Americans would have been poor between 1980 and 2014."[100]

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

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

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

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

All adults	Black adults	Native American adults	Caucasian adults (including Hispanic)	Other adults
0.19%	1.14%	0.80%	0.17%	0.03%

[a]*Adapted from Spokane Trends*[104]

Community Voice

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

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

- What strengths do community members have, and how do these strengths contribute to community health?

- How do community members view and interact with their local built environment, and how do these interactions impact the health of community members?

- What forces, good or bad, are affecting the health and well-being of the community?

Community Strengths

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

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

Social Connection

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

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

"En cualquier ocasión no falta la comida o la música, y pasar el tiempo en familia."
(Whatever the occasion, there is always food or music, and spending time with the family.)
Focus Group

"We'll feed everybody and make it a party instead of an event."
Interview

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

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

"I love the feeling of being with them."
Story Card

> *"…brimming with laughter."*
> *Story Card*

> *"It was a lot of work but also really nice to get together with community and celebrate."*
> *Story Card*

> *"We had so much fun."*
> *Story Card*

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

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

Social Support

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

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

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

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

Generational Storytelling

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

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

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

Story Card

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

Story Card

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

Community Care

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

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

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

> *"Our job...is not to "fix" them [clients]. It's to walk alongside with them and...help them build the tools."*
>
> *Interview*

> *"We help be that advocate and be that peer as they navigate. It's all based on a shared experience and the shared understanding of what it's like."*
>
> *Interview*

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

> *"Asking for help is one of the hardest things to do."*
>
> *Interview*

> *"When they come in, they learn to trust the process, but trust themselves while going through the process."*
>
> *Interview*

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

Built Environment

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

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

Places People Love in Their Neighborhoods

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

People also loved places based on beauty and art.

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

> *"Down on Market and Olympic is this gorgeous historic building that used to be the old Hillyard Library."*
>
> *Story Card*

> *"I love London Park and its small but mighty trail system…Each season is beautiful, and I go there year-round, rain or shine."*
>
> *Story Card*

Connection/Disconnection

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

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

Neighborhood social ties can be a great source of social support, increasing people's access to emotional support and resources.[111]
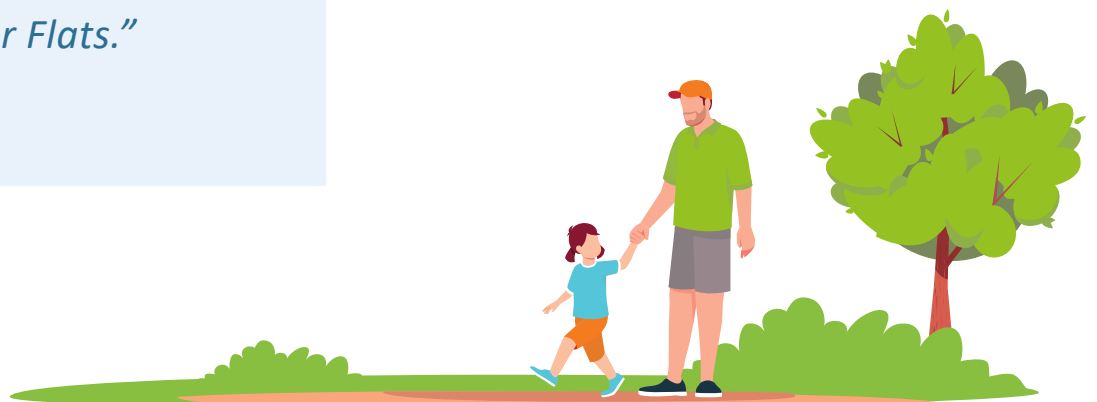
"Mis vecinos no salen mucho. Cada quien se reserva en su hogar."
(My neighbors do not go out much. Everybody keeps to themselves at home.)

"Es verdad, todos los vecinos llegan del trabajo y se encierran en su casa."
(It's true, all the neighbors come home from work and lock themselves in their house.)

"…ya ves que los vecinos aquí no son muy solidarios. No es que los visitemos…"
(You see the neighbors here are not very supportive. It is not like we visit them.)

Lack of Noise Pollution

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

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

Pedestrian Safety

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

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

Forces of Change

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

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

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

Top-Voted Force of Change: Climate Change

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

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

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

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

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

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

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

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

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

Project Highlight ——————————————

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

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

Partner Highlight ————————————————

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

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

Cross-Cutting Themes

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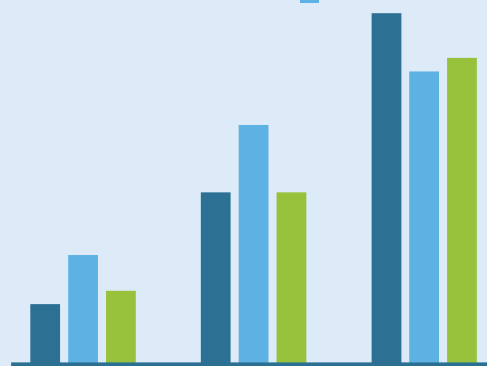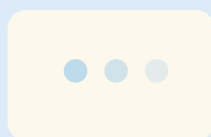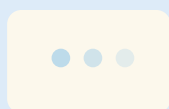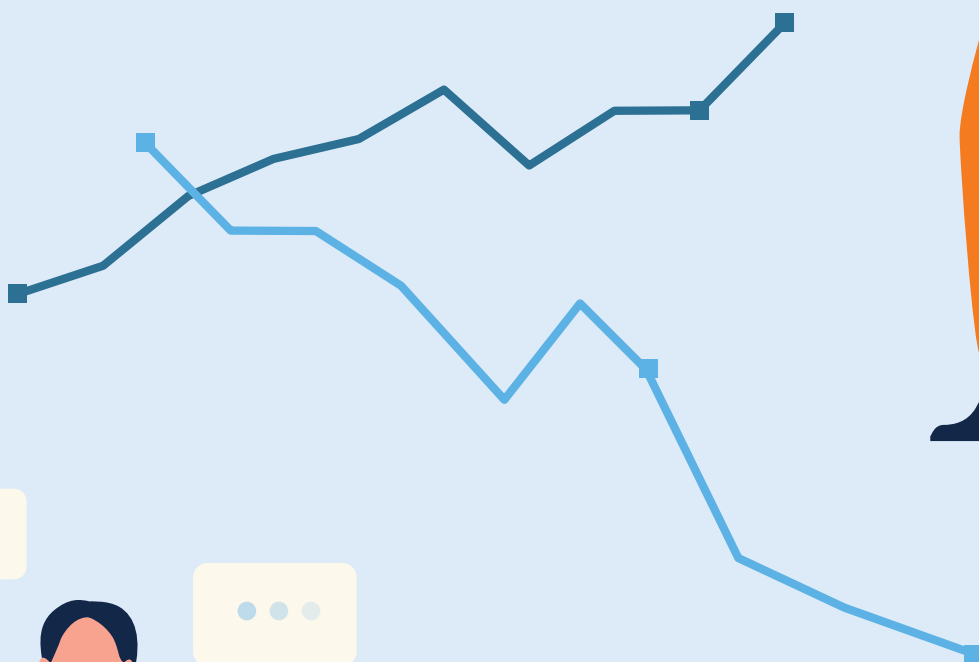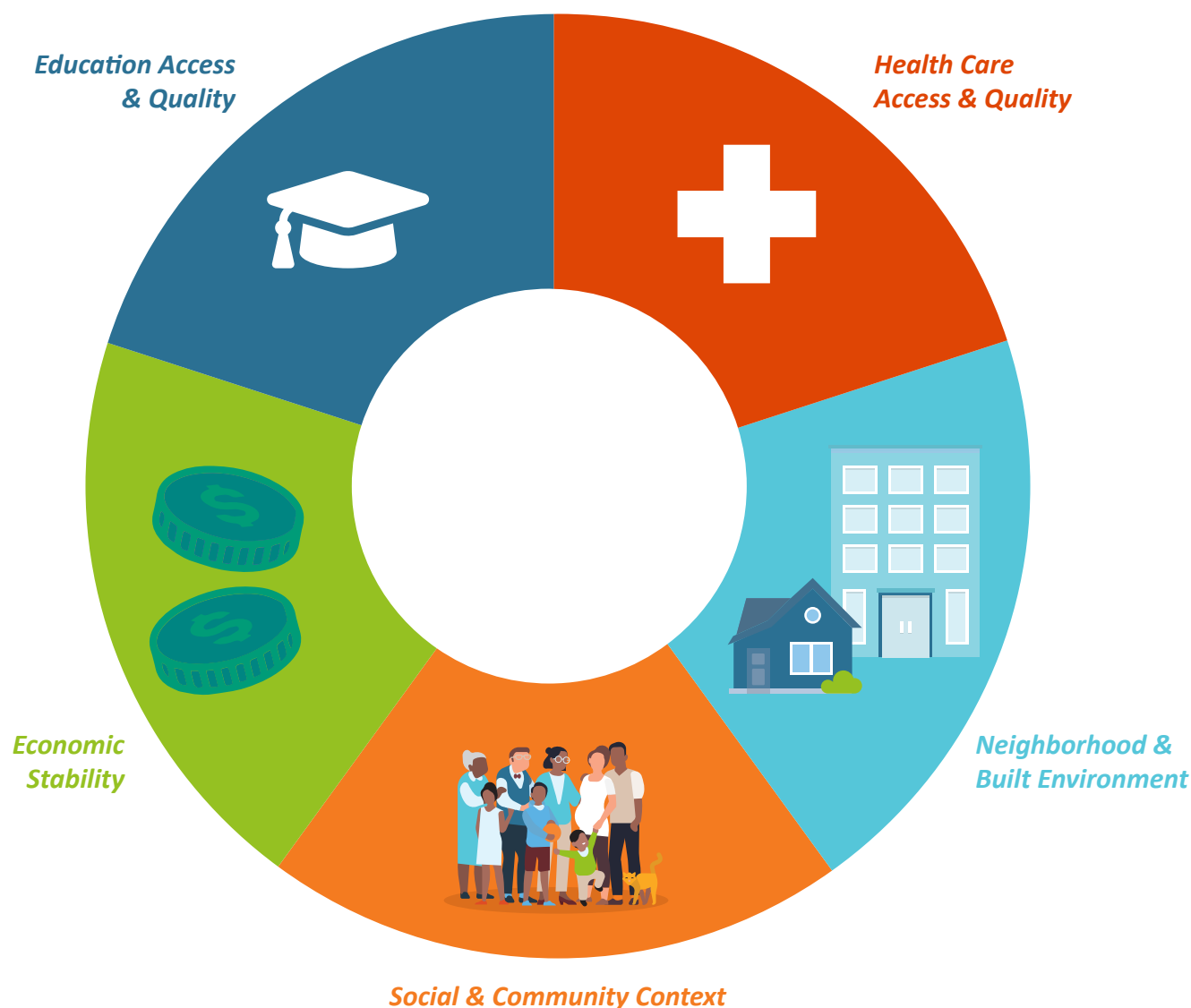
Social Determinants of Health

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

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

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

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

Social determinants of health can have a positive impact on individual health. Social conditions, for example, increase access to resources, opportunities, and information. In Spokane County, community care plays a powerful role in health and well-being. Almost 3 in 4 people provided mutual aid in 2022[14]; this aid uplifts the community, making it a better place to live and work. Successful community health improvement strategies capitalize on community strengths like this and seek to grow them.

Education Access & Quality

Health Care Access & Quality

Neighborhood & Built Environment

Social & Community Context

Economic Stability

Systems of Power, Privilege, and Oppression

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

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

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

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

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

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

Additional Themes

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

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

Need for meaningful access to care: "The community sees a need for meaningful access to care—their mental and physical health needs are not being met in the best possible ways. There is a lack of access to services that are affordable. Physical, mental, and dental health is suffering."

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

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

Action and More Information

Health Priorities and Resources

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

Priority 1. Reduce housing cost burden

In the Data

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

Community Resources

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

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

See the Housing Innovation Issue Profile and Organizational Resources Chart for additional details.

Casa MiA: from Survival to Well-being

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

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

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

Priority 2. Reduce substance use

In the Data

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

Community Resources

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

Maddie's Place Mom Program: the Hope Dealers

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

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

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

In the Data

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

Community Resources

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

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

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

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

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

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

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

Learn more about QPR. To arrange a free training, visit srhd.org/mrc.

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

Next Steps →

What You Can Do

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

What We're Doing

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

MultiCare Health System Inland Northwest Region

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

Providence Inland Northwest Washington

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

Spokane Regional Health District

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

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

2027-2028 CHNA

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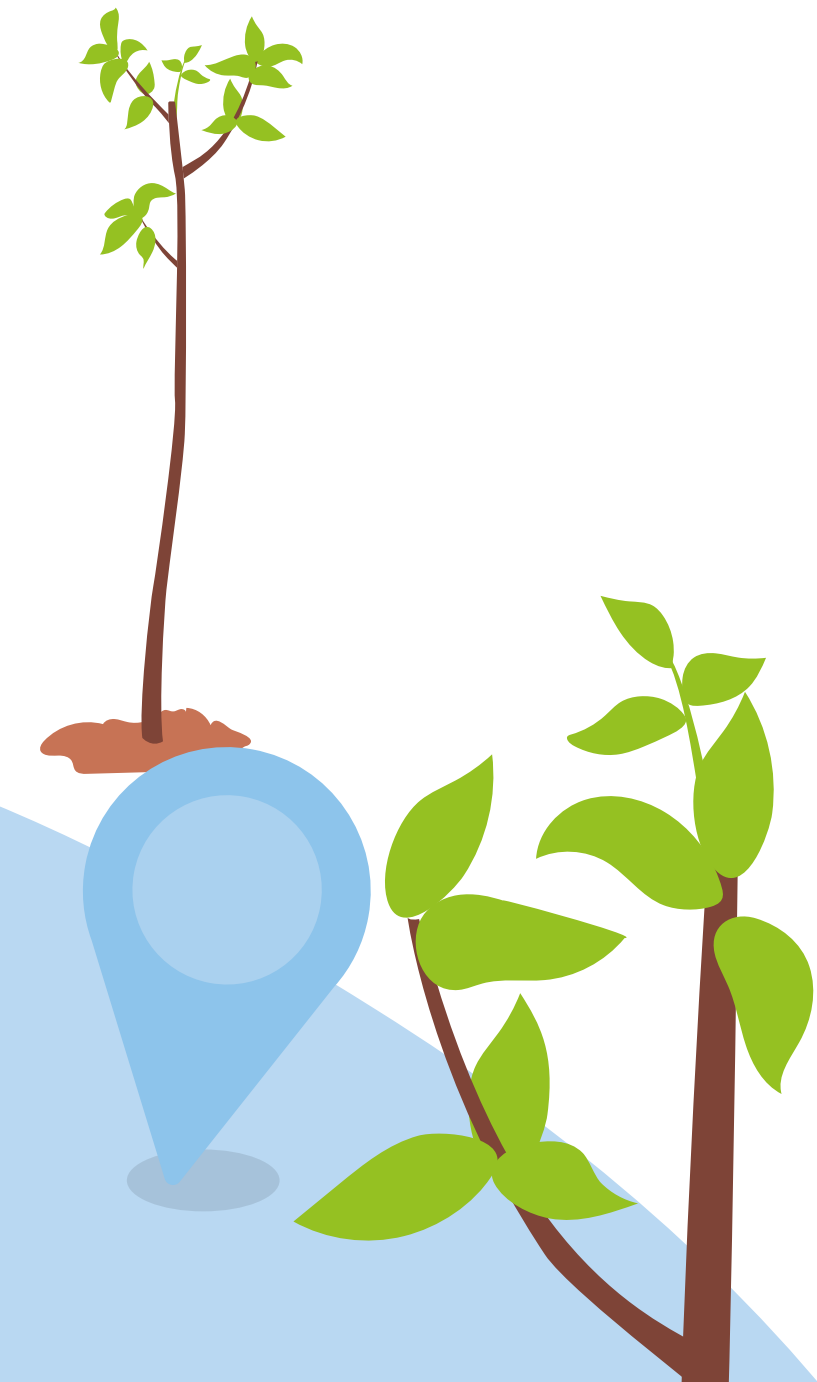
Appendices

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

Abbreviation Key

An abbreviation key for charts is outlined below.

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

Additional Data Sources

County Health Insights

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

countyhealthinsights.org

County Health Rankings

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

countyhealthrankings.org

Healthy Youth Survey

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

askhys.net

Population Level Analysis and Community Estimates (PLACES)

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

cdc.gov/places

Spokane Trends

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

spokanetrends.org

Washington Tracking Network (WTN)

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

doh.wa.gov/wtn

Materials Available by Request

The following materials are available upon request.

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

Appendix B: Outreach Strategy

Five groups were prioritized when seeking community input on the 2024-2025 Community Health Needs Assessment, including community members and leaders who are Indigenous, Black, Hispanic/Latino, LGBTQIA+, and/or low-income.

The following table guided outreach for qualitative data collection and collective sensemaking activities.

Domain/area	Other Groups to Engage
Domain 1: Community Strengths and Assets	• Mutual aid organizations • Educators • Outreach workers/promotoras • Staff of community centers, nonprofits, and community health centers
Domain 2: Built Environment	• Staff and members of environmental justice organizations • Residents in low-income or affordable housing • Families with kids • Organizations that use parks and recreation facilities • Staff from housing, redevelopment, and planning agencies • Tenants' unions
Domain 3: Forces of Change	Prior groups, plus the following: • Food banks/pantries • Business leaders • Educators • Disaster preparedness staff • Neighborhood groups • Librarians • Historians, archivists, and scholars • Regional planners
Collective sensemaking	• All prior groups

Appendix C: Life Expectancy Tables

Life Expectancy by Sex and Race, Spokane County, 2022[a]

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

[a]Data from Washington State Department of Health, Death Certificate Data[15]
*American Indian/Alaska Native
**Removed due to a high relative standard error (RSE). A high RSE means data are unreliable.

# Appendix D: Data Sheets on Priorities

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

Housing Cost Burden

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

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

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

2018 2019 2020 2021 2022

—●— Homeowners w/ mortgages —●— Renters paying rent
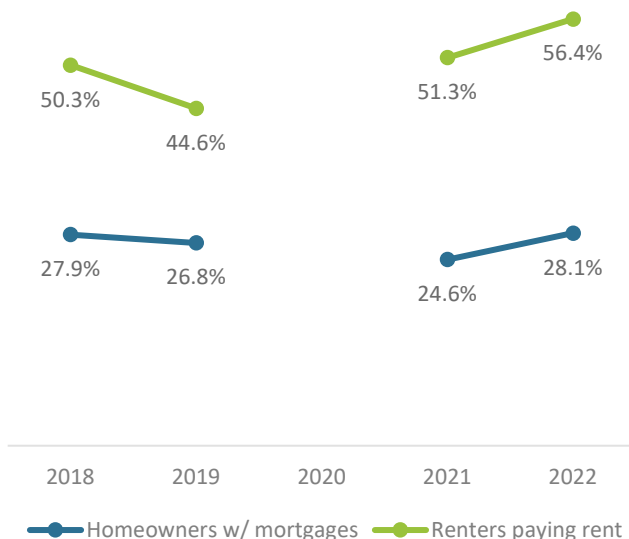
[a]*Data from American Community Survey*[ii]

Housing Insecurity

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

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

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

Homeowners	Renters
21%	50%
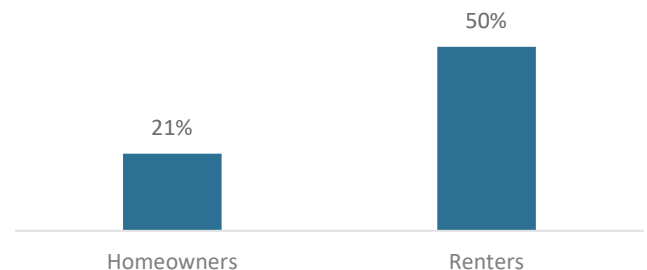
[a]*Data from U.S. Department of Housing and Urban Development*[iii]

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

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

Drug Overdose Deaths

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

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

Drug Overdose Deaths, Spokane County, 2018-2023[a]
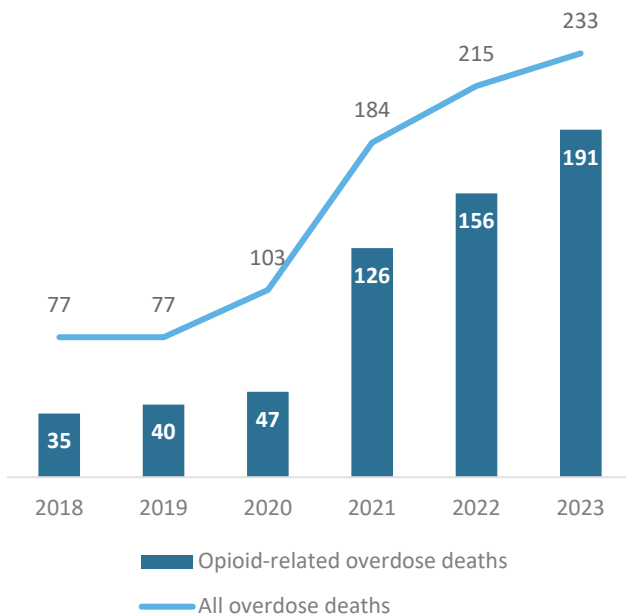
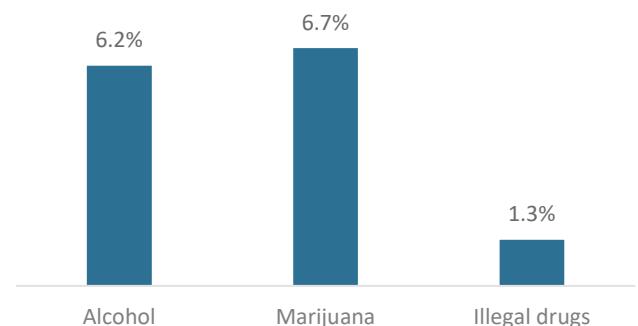*[a]Data from Washington State Department of Health, Death Certificate Data[iii]*

Substance Use (Youth)

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

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

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

Youth Substance Use in Last 30 Days, Spokane County, 2023[a,†]

[a]Data from Healthy Youth Survey[2]

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

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

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

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

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Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit srhd.org. // Created: December 2024
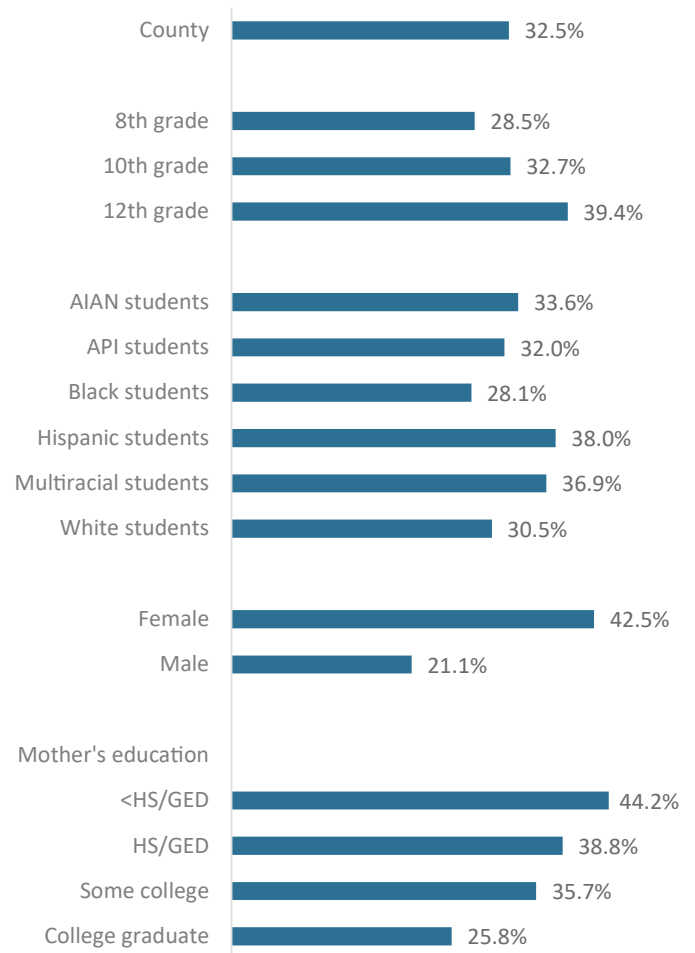
Mental health challenges, like anxiety, depression, and trauma, affect health and well-being in Spokane County.

Depressive Feelings (Youth)

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

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

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

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

Category	Percent
County	32.5%
8th grade	28.5%
10th grade	32.7%
12th grade	39.4%
AIAN students	33.6%
API students	32.0%
Black students	28.1%
Hispanic students	38.0%
Multiracial students	36.9%
White students	30.5%
Female	42.5%
Male	21.1%
Mother's education	
<HS/GED	44.2%
HS/GED	38.8%
Some college	35.7%
College graduate	25.8%

[a]*Data from Healthy Youth Survey[ii]*

Indicators Index

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Appendix 2. Providence Key Informant Interview Findings and Methodology

The hospital completed 17 key informant interviews that included a total of 18 participants. The interviews took place between April and May 2024.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Table_Apx 2. Key Community Key Informant Participants

Organization	Name	Title	Sector
Asians for Collective Liberation	Ryann Louie	Executive Director	Nonprofit
Cancer Can't	Becky Van Keulen	Executive Director	Nonprofit
Community Health Association of Spokane (CHAS Health)	Aaron Wilson	Chief Executive Officer	Healthcare
Community-Minded Enterprises	John Hindman	Executive Director	Nonprofit
Spokane County	Amber Waldref	County Commissioner	Public
FEAST Collective	Ross Carper and Maisa Abudayha	Co-Executive Directors	Nonprofit
Forge	Quinton Baker	Executive Director	Nonprofit
Indigenous Birth Justice Center	Symetria Gongyin	Indigenous Birth Justice Network Coordinator	Nonprofit
Jewels Helping Hands	Julie Garcia	Executive Director	Nonprofit
Mujeres in Action	Hanncel Sanchez	Executive Director	Nonprofit
NAACP	Lisa Gardner	President	Nonprofit
RAZE Early Learning & Development Center	Kerra Bower	Executive Director	Nonprofit
Revive Center for Returning Citizens - I Did the Time	Kurtis Robinson	Executive Director	
SAN - Spokane AIDS Network	Grant Ogren	Executive Director	Nonprofit
Spectrum Center Spokane	Roo Ramos	Executive Director	Nonprofit
The Arc of Spokane	Pam Norr	Executive Director	Nonprofit
Volunteers of America	Fawn Schott	Chief Executive Officer	Nonprofit

Facilitation Guides

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2024 CHNAs:

- The community served by the key informant's organization
- The community strengths

- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need.

The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

Limitations

While key informant interview participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these strengths to address needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Community members use their lived experiences and trust to support others and advocate for positive change

Key informants shared that there are already many community members and populations that are engaging in their communities to make positive change through advocacy, volunteerism, and supporting their peers. Specifically, Indigenous Peoples of America advocate for environmental justice, which positively impacts everyone. They share their experiences, historically and present day, to build understanding and mutual respect with the systems they live and work in. The Latino/a/e community is compassionate and generous, serving community members in need.

> *"There's people within our [Latino or Hispanic] community that are very passionate about serving the community, and we can't turn a blind eye to the need of others. We are a very compassionate, generous, and connected community in Spokane."—Key Informant*

A strong volunteer base supports oncology patients that are traveling to the area for care. Community Health Workers (CHWs) and peer counselors leverage their lived experience and community trust to support others.

> *"I do believe the idea of Community Health Workers and peer counselors and really engaging with different communities with trusted messengers was something that we learned a lot about during the pandemic. I still see those people now continuing to be hired and supported through a variety of nonprofit and hospital systems, nonprofits, the health district. I hope we can continue that. I think that's a huge strength."—Key Informant*

To leverage this strength, key informants recommended supporting community-based efforts, including people and organizations that already have trust built with the community:

- Leverage community voices: Pay community members to consult on program planning to provide feedback. Even when the feedback is uncomfortable, listen to what the community needs.
- Fund community members and community-based organizations that are already meeting needs and bridging gaps in services: The community already has the solutions to many issues and need the resources and support to carry out their plans. For example, gives funds to Indigenous Peoples and groups that are doing the work to support Native healing, acknowledging their sovereignty to move forward.

> *"Supporting those efforts already happening within the community, within trusted organizations, trusted messengers by community leaders to meet those needs, because I feel like often-- I love this question too because the solution also, we already have the solution. We already know we need those resources; we need that support because we cannot do it alone."—Key Informant*

- Fund and build capacity in the CHW and peer support network: Support culturally matched peer navigators that can help community members navigate resources by investing in the leaders that already exist in the community. Many peer navigators or CHWs begin as volunteers informally supporting their community. Continue to build the capacity of this peer support and CHW network by investing in them to gain technical skills and training needed so that they can be paid for their trust, knowledge, and connections. This may include offering free childcare or a scholarship, subsidizing training programs.

> *"I'm a really big fan of just listening to who in the community are already the leaders and the caregivers, then figuring out how we can actually get them paid for the important work that they do, and also some of the technical skills."—Key Informant*

- Support community organizing: Bring people together at different levels to create shared priorities to direct how funds are used.

Strong community connections centered on culture, shared experiences, and mutual care

Key informants shared that a key community strength is the community itself, people are caring for one another and connected by culture, tradition, and shared lived experiences. Native culture keeps Indigenous Peoples connected through gathering for events that center ceremony, art, language, and traditional food. Refugees bring their cultures and traditions to the community and build relationships and connections based on shared culture. For people living with HIV, there is effort to ensure that everyone is cared for and knows they are not alone. Connection and community are very important.

> *"Nobody's left behind, and everybody has a voice."—Key Informant*

To leverage this strength, focus on supporting efforts that center culture, traditional foods, and connection to language and land. Specifically, give land back to Native communities to heal through gathering on ancestral lands. Use food to teach students about other cultures and bring people together. Support and elevate multilingual people that can provide support and care to people in their preferred language.

Community members are resilient and work towards achieving their full potential despite challenges

Key informants described the people and communities they serve as resilient, self-aware and working towards self-realization, and having autonomy over their lives. For example, refugees who may have experienced war or genocide are resilient and very motivated to improve their lives. People who have experienced discrimination, including people identifying as LGBTQIA+ are "living their full existence as [themselves]," despite systems that are not designed for them. People living with HIV are living full and meaningful lives despite challenges. And people with Intellectual and Developmental Disabilities are striving for independence and to have autonomy and control over their own lives.

Spokane County has many organizations and services, and those organizations are striving to align and collaborate

Within Spokane County, there are a variety of organizations that are working to meet community needs through collaboration. Homelessness providers are prioritizing shared strategies and collectively advocating to focus on the greater whole. This is leading to regional discussions about how to support people experiencing homelessness. In health care, there is a willingness for different providers to collaborate across health care systems and school-based provider groups. Strengths in services include a hub of oncology services that people travel to and more mobile health care that is delivering care where people are.

Community-based organizations know how to connect people to needed resources in the community because of their relationships. This is creating a more connected network of services. Additionally, convenor organizations are supporting organizations in coming together to support specific populations and groups.

To leverage this strength, key informants recommended including organizations with strong community relationships, including churches, in efforts to address community needs. Build capacity of these community-based organizations so that they can train new peer mentors and CHWs, which have some of the strongest connections to the communities.

Additionally, improve data sharing between organizations to understand how to best support patients and clients that are shared across systems.

Leverage the energy around collaborating to create shared strategies, moving beyond just information sharing. It is particularly important for health care to engage community partners in addressing complex issues such as homelessness, to be more strategic and thoughtful in how to serve people to improve the overall health of the community.

> *"I would just encourage us to maybe think about using our energy and excitement to want to solve these issues, to pull groups together to make some recommendations, and then activate solutions that come from all of the community assets that we have."—Key Informant*

High Priority Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Three additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Behavioral health challenges and access (mental health and substance use/misuse)
2. Homelessness and housing stability
3. Access to health care services

Behavioral health challenges and access (mental health and substance use/misuse)

Most key informants shared that addressing behavioral health needs in Spokane County is a big need and a challenge.

"Behavioral health seems to be the biggest challenge we are facing."—Key Informant

They discussed the root causes of behavioral health needs, including racism and discrimination, historical and intergenerational trauma, and lack of access to meeting basic needs. Specifically, historical and intergenerational trauma is a concern for Indigenous Peoples of America and the ways in which people cope with that trauma is an unmet health need in the community. There are also misconceptions about why some communities are disproportionately affected by behavioral health challenges, with Indigenous Peoples of America being pathologized rather than acknowledging factors, like trauma and disconnection from community and ceremony, which contribute to these challenges.

Key informants discussed the following community needs related to behavioral health:

- Bilingual and bicultural providers to provide culturally matched care: Key informants shared that there is a need for more bilingual providers to serve patients identifying as Asian, including the numerous dialects spoken in Spokane County. Additionally, there is a need for more Spanish-speaking mental health providers. There are very few English and Spanish bilingual providers and limited capacity to serve everyone.

  "We hear that participants, they connect with mental health therapists who [do not] speak Spanish and they're using interpreting, and the result of that is not ideal. They walk away from the therapy because there's no connection there. It gets very awkward. That's a huge gap in our community."—Key Informant

- Culturally responsive and community-centered behavioral health: There is a need for more mental health services that are informed by community members and provide meaningful support, as defined by the individual. For example, there are differences between Eastern and Western medicine and how to approach health, including behavioral health. Providing culturally centered behavioral health care should be informed by the community, which may look different than the typical one-on-one therapy model with a provider. For Indigenous Peoples of America, it could include coffee and cradleboard gatherings or canoe journeys. In general, it could also include cultural events that create community and bring people together, promoting joy and belonging.

  "There's different ways of healing in community, but I think what they're promoting is healing within community in a way that you're connected with people that look like you, that speak your language. Not only are people receiving services with you, but those are providing services. That makes a huge difference because there's such a stigma and a taboo around mental health in our community, in many communities."—Key Informant

- Crisis support and more preventive behavioral health care: Key informants shared concerns that people are seeking behavioral health care in the Emergency Department or in a crisis situation. They shared there needs to be a safe space to provide the appropriate level of care to people experiencing a behavioral health crisis and to provide appropriate care to prevent those crises.

> *"We don't have any place to take people experiencing [behavioral health] crisis."—*
> *Key Informant*

- Substance Use Disorder treatment services: There is a need for detox centers and more substance use disorder treatment services locally. Key informants shared concerns about increased fentanyl use and resulting deaths. There is also complexity and gaps in insurance coverage of substance use disorder treatments that would need to be addressed.
- Social emotional supports for children: Key informants discussed the importance of addressing behavioral health needs early on, particularly from birth to age five. They shared the importance of reducing trauma in the first years of a child's life, incorporating generational healing practices, and providing more support to children rather than more discipline.
- Behavioral health workforce: There is a need for more people entering the behavioral health workforce and less turnover. Key informants shared that many patients lack stable and consistent support from one behavioral health provider, rather seeing multiple providers. They suggested being creative in meeting behavioral health needs despite workforce challenges. For example, using peer groups or other kinds of community groups to provide support.

> *"The biggest challenge is just having people to hire, having enough mental health,*
> *behavioral health experts in our community to be able to work. The biggest issue is*
> *just turnover of people."—Key Informant*

Certain populations and groups may experience more behavioral health challenges and/or barriers to accessing needed care:

- Pregnant people and new parents: Key informants shared there are not enough behavioral health support for new parents. There is a need for more funds to support this population. Suicide and substance use overdose in the first-year postpartum are considered pregnancy related deaths and preventable.
- People experiencing homelessness: Housing is connected to behavioral health needs and there is a need for more behavioral health supports for people living unsheltered. Substance use disorders can also contribute to economic insecurity and housing instability. Addressing behavioral health needs when people are living unsheltered is difficult; people need a safe and permanent space for care and healing.

> *"As we continue to have a housing crisis, many times it is people who are pushed out*
> *who cannot afford the cost of housing that have the biggest mental and physical*
> *health needs."—Key Informant*

- People with criminal legal system involvement: There is a need for more support for re-entry that addresses trauma and behavioral health needs, including a wraparound re-entry approach. Many people formerly incarcerated have experienced trauma.
- Trans+ individuals: A lack of access to gender affirming care, along with discrimination, seriously affect mental health needs.

- Survivors of domestic violence, assault, and other trauma: Key informants shared that many of their clients have experienced trauma, from domestic violence, assault, and more. This may include immigrants and refugees, along with other populations. They shared there is a need to ensure culturally responsive and linguistically appropriate services to address trauma.

    "There's a lot of trauma. We're getting more refugees and immigrants that journey to get to the U.S. is traumatic enough. Then there are also survivors of domestic violence and sexual assault. There's a lot of trauma that it's really weighing down on people and it's really damaging their health."—Key Informant

- Older adults: Key informants shared concerns that some older adults may not have access to substance use/misuse treatment and may have had untreated behavioral health challenges for years.

Homelessness and housing stability

Key informants emphasized the importance of addressing housing challenges and described a housing crisis in Spokane County. Addressing housing needs is critical to addressing other health needs; people need a safe and stable place to address their behavioral health and physical health needs.

They shared that there is limited rental assistance, often for three months, and people are unable to access Section 8 vouchers. If people do have housing vouchers to pay for rent, there are very limited affordable housing units available. Key informants emphasized the lack of affordable housing and shared that NIMBYism ("Not in My Backyard") makes it difficult to address the housing crisis in the community.

"We do not have enough affordable, safe housing for the individuals in our community. Even as we are working through the process and even if we have a voucher that will pay the rent for somebody, we can't find a unit in the community that they can afford."—Key Informant

There is a need for more affordable housing, including permanent and temporary housing to meet people's needs.

"I think housing in all of its forms, whether it's temporary housing, permanent housing, we need to have a variety of affordable housing types so that—especially those who are the most challenged with their physical and mental health needs can be served."—Key Informant

A critical gap in housing in the community is for a respite facility with on-site medical care for people experiencing homelessness. This would be a long-term care facility for people that do not have a safe place to live. There are older adults and disabled people with no housing access that cannot live independently or stay in a shelter. There is currently nowhere for these individuals to go if they have low incomes and need skilled nursing.

"Assisted living for low-income Medicaid recipients that need group home and assisted living and can't live independently. We just have absolutely nowhere for those individuals to go. They land in housing and then they can't care for themselves there. They're not safe and can't live independently."—Key Informant

Key informants shared the following populations have specific housing related needs:

- People with disabilities: Some people with disabilities, particularly those that cannot perform their Activities of Daily Living (ADLs), are not able to access shelters. There is not a lot of access for folks that use wheelchairs, need dialysis, etc. There are also limited affordable housing options that meet accessibility needs, which contributes to economic insecurity and homelessness. There is a need for respite care for individuals who cannot live independently (see above for more information on respite facility needs).
- Older adults: Many older adults are being priced out of their homes, particularly those that are living on a fixed income, and are entering homelessness for the first time. They may have mobility limitations or health needs that make them more vulnerable to assault, robbery, and other traumatic events.

> *"[Older adults'] level of trauma from being unsheltered is enormous."—Key Informant*

Key informants shared they are seeing older adults make up the largest increase in the homelessness population due to being priced out of their homes, loss of a spouse, and increasing housing costs.

> *"Our average age used to be about 40 for women at the women's shelter. We've bumped up to age 55 and we're seeing first-time homeless seniors that they live on a fixed income, they've been priced out of what they could afford for their rent or their significant other has passed and they can't make rent anymore and they find themselves very first-time ever homeless and landing at the shelter. Definitely seeing a rise in our senior population."—Key Informant*

- People with HIV and experiencing homelessness: People living with HIV and experiencing homelessness may not have the support and community that other people that are housed with HIV might have. They may experience discrimination and intimidation in shelters because of their HIV status with people stealing their medication or bullying them. This can lead to people feeling safer sleeping unsheltered than in a shelter for fear of the harassment they might experience. There is a strong need for more education to promote respect and accurate understanding of HIV to help reduce stigma.

> *"It's educating everybody in the community, that everybody's the same, doesn't matter—They're white, they're Black, they're gay, they're straight, they're HIV-positive or negative. It doesn't matter. Everybody deserves respect, and they deserve to be treated well."—Key Informant*

- People experiencing domestic violence: A lack of affordable housing keeps people trapped in domestic violence situations. People leaving a domestic violence situation may experience homelessness.

Access to health care services

Key informants shared there is a need for more primary care and specialty care providers in Spokane County. They described a "primary care crisis" with not enough primary care providers. They also shared that many people seek specialty care in Seattle or via telehealth for services they cannot access locally.

There is specifically a need for more bilingual and bicultural providers. Language barriers prevent people, including immigrants and refugees, from receiving responsive care. Particularly for people identifying as Asian, there are many dialects that are written and spoken in Spokane, and it may be difficult for people to access care in their preferred language.

There is also a need for more culturally responsive and traditional health care services and providers. Key informants shared that providing care that is culturally specific is needed, not necessarily more access to the medical systems as they exist in the U.S.. There is a need for more providers that can serve diverse populations, particularly communities that experience racism and discrimination. Physicians and health care providers need to self-educate and ensure they understand the culture and needs of the people they serve. Additionally, providers should understand intersectionality and how people's lived experiences and identities affect their health and experiences in health care. They emphasized that all people should be treated with dignity and respect when seeking health care.

Key informants shared there is a need for improved access to primary care and health assessments for children. They would like to see more school-based health centers that are easily accessible for young people. They would also like to improve access to care for young people experiencing homelessness or seeking care without a guardian, as access can be more challenging. Additionally, there is a need for more access to early education assessments to connect children to appropriate services related to autism, speech and developmental delays, and more. There are long waitlists that prevent people from accessing the assessments to get the care they need.

Additionally, more health education, particularly related to Sexually Transmitted Infections, is needed. More education related to HIV would reduce stigma and help people understand how treatment of HIV has advanced and quality of life for people living with HIV has improved.

Barriers to seeking timely and responsive care include the following:

- Racism and discrimination: People may not seek care for fear of not being treated well or experiencing racism or discrimination. This was specifically noted for pregnant people.
- Insurance challenges and complexity: People without insurance may delay care. The high cost of insurance and the complexity of coverage can affect if people receive the care they need. Insurance can affect coverage of medications which can be complex and challenging for people to navigate. For example, people with Medicaid seeking HIV medication may have to take two or three different daily medications compared to a monthly injection covered by other kinds of insurance. Inequities in coverage make it so that people with the "high-end" of insurance coverage have access to this more user-friendly and convenient medication compared to people that are uninsured, underinsured, or covered by Medicaid.
- Transportation: People living in more rural areas, older adults, and people with low incomes may have difficulty getting to appointments. The transit information is also only offered in English which is a barrier for people that need translated information. Affording gas to drive to care can be a barrier for people with low incomes and lodging for people visiting from out of town for specialty care can also be a challenge.

Certain populations and groups may experience more challenges and barriers to accessing needed care:

- People experiencing homelessness: The health care system is not user friendly for people experiencing homelessness. It can be difficult for people to make and get to appointments, which can lead to utilization of the Emergency Department for care. Key informants shared concerns that many people experiencing homelessness have multiple health issues and may experience loss of quality of life or even death from preventable causes. They shared there are a lot of health disparities, with untreated cancer, diabetes, and other health conditions.
- LGBTQIA+ and Trans+ individuals: Key informants shared that people identifying as LGBTQIA+ may avoid accessing care for fear of not being heard or treated with respect, or even being dehumanized, in health care settings. They are also disproportionately affected by chronic conditions and experience untreated health conditions. There is a need for gender-affirming care that is much more accessible and providers who are well-versed and comfortable supporting these conversations and treatments. To provide more education to healthcare providers on how to better care for LGBTQIA+ patients, key informants recommended paying community-based organizations and people with lived experience already doing this work and with trusted relationships in the community.

   "I think the industry really needs to understand that their queer cultural competence is so lacking that it is astronomically painful for some of our community to walk into the urgent care or to the ER or to go get their blood tested because of how they're treated, how they're misgendered, how they're dehumanized as queer people."—Key Informant

- Pregnant people: Key informants shared specific concerns about pregnant people not wanting to access care for fear of experiencing discrimination and racism in health care. Black pregnant people specifically may not receive responsive health care services.
- People with behavioral health conditions. People with behavioral health conditions may not be well connected to health care services and have untreated health issues. They may not feel comfortable going to a health clinic, leading them to seek care in the Emergency Department. To address this issue, key informants recommended ensuring they are being connected to care through community-based organizations and welcomed into health care spaces.
- People with disabilities, particularly Intellectual and Developmental Disabilities (IDD): People with IDD may have their concerns unheard or disregarded in health care settings, particularly if they are not able to communicate or do not have someone with them to support communication. There is a need for more training of health care professionals, particularly in the Emergency Department, to better understand how to serve people with IDD.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by key informants:

4. Racism and discrimination
5. Economic security
6. Access to childcare and preschools

Racism and discrimination

Racism and discrimination are connected to all other needs, including access to health care services, behavioral health, economic security and more. They are also connected to environmental justice and chronic conditions, with disproportionate effects on Black, Brown, Indigenous, and Peoples of Color (BBIPOC) communities.

Key informants shared that racism contributes to isolation, demoralization, fear, and behavioral health challenges. It can lead to vandalizing properties and intimidation.

> *"We have a culture of isolation in the United States. Racism is the worst demoralizing thing as it creates fear of violence."—Key Informant*

> *"I think that behavioral health challenges are because of the racism and discrimination."—Key Informant*

Historical and intergenerational trauma is a concern for Indigenous Peoples of America and the ways in which people cope with that trauma is an unmet health need in the community There are also misconceptions about why some communities are disproportionately affected by behavioral health challenges, with Indigenous Peoples of America being pathologized rather than acknowledging factors, like trauma and disconnection from community and ceremony, which contribute to these challenges.

Key informants shared how racism and discrimination affect access to responsive and respectful health care services and contribute to health disparities. They shared there is a need for more culturally specific and traditional healthcare. Specifically, for Indigenous Peoples of America, healthcare is not the same as defined by the medical system. Key informants shared the following needs to address racism and discrimination:

- Culturally responsive health care services: There is a need for more providers that can serve diverse populations, particularly communities that experience racism and discrimination. Physicians and health care providers need to self-educate and ensure they understand the culture and needs of the people they serve. Additionally, providers should understand intersectionality and how people's lived experiences and identities affect their health and experiences in health care. They emphasized that all people should be treated with dignity and respect when seeking health care.
- Inclusive care for LGBTQIA+ and Trans+ individuals: Key informants shared that people identifying as LGBTQIA+ may avoid accessing care for fear of not being heard or treated with respect, or even being dehumanized, in health care settings. They are also disproportionately affected by chronic conditions and experience untreated health conditions. There is a need for gender-affirming care that is much more accessible and providers who are well-versed and comfortable supporting these conversations and treatments. To provide more education to healthcare providers on how to better care for LGBTQIA+ patients, key informants recommended paying community-based organizations and people with lived experience already doing this work and with trusted relationships in the community.

> *"I think the industry really needs to understand that their queer cultural competence is so lacking that it is astronomically painful for some of our community to walk into the urgent care or to the ER or to go get their blood tested because of how they're treated, how they're misgendered, how they're dehumanized as queer people."—Key Informant*

- Care for Black pregnant people: Key informants shared specific concerns about Black pregnant people specifically not feeling heard or believed when they seek care.

Key informants spoke to the need for more disability inclusion in health care, employment, and legal services. People with Intellectual and Developmental Disabilities (IDD) are not always included in efforts to make the community more inclusive for people with physical disabilities. Within health care, people with IDD may have their concerns unheard or disregarded, particularly if they are not able to communicate or do not have someone with them to support communication. There is a need for more training of health care professionals, particularly in the Emergency Department, to better understand how to serve people with IDD.

Related to land and green spaces, key informants spoke to the importance of having access to ancestral lands and outdoor spaces. They recommended giving ancestral lands back to Indigenous Peoples so that they do not need permission to heal through gathering on ancestral lands. Black, Brown, Indigenous and Peoples of Color should also have access to and feel safe and welcome in using parks and outdoor spaces. Historically, Black people were not allowed in National Parks which has led to less access of them.

"Historically, African Americans were not allowed in National Parks, so we've been conditioned not go to these spaces."—Key Informant

Within education, key informants spoke to the importance of disrupting the pipeline from preschools to the criminal legal system, with Black students being over disciplined and under supported from a very young age. They shared the importance of focusing instead on social emotional support for children and better serving students in early learning. Creating more accountability within school systems is also important.

Economic security

Economic security is important because it is foundational to well-being and connected to many other needs including housing, education, health, and more. A lack of economic security can contribute to fear and families making spending tradeoffs. Economic security can create stability and safety for people.

"When people have the stability to let go of fear like 'Can I [afford to] take my kids to the doctor, or will I be able to pay rent?" people become stable."—Key Informant

"Economic security, like I just said, is huge because is the foundation for health, well-being, education, being able to afford housing."—Key Informant

To promote economic security, key informants shared the following recommendations:

- Workforce development for high school students: Give high school students access to Native specific programs in colleges and universities, as well as access to health care facilities to help create opportunities for workforce development. This will help young people, specifically Indigenous Peoples of America, to have well paid jobs.
- Financial support for legal fees: Many survivors of domestic violence need affordable legal services to be safe and to keep their families together. Legal fees can compete with affording housing and other basic needs.

"Either you pay the rent, or you pay this attorney to help you make sure that you can keep your kids. It's connected. It's all connected."—Key Informant

Key informants shared there are jobs, but many do not pay people well. To access these living wage jobs, people may need to develop their English language skills or enroll in a job skill training or education program. Accessing these classes or programs can be difficult to do outside of work hours, particularly if they are single parents and need childcare. The cost of programs can also be prohibitive. Key informants recommended finding creative ways to support people in accessing these opportunities, including employers or programs offering free childcare during classes and subsidizing training programs and education.

Certain populations may experience more economic insecurity:

- Immigrants and refugees: There is a growing community of recent immigrants and refugees in Spokane County that need support in accessing training programs to support income stability.
- People with criminal legal system involvement: Legal issues hinder individuals from gaining employment and reaching economic stability. People with a criminal record may not be able to afford to vacate their records to attend school, limiting them from improving their financial security.
- People receiving disability benefits: People that rely on disability benefits for their income, including some individuals that are living with HIV, may have more difficulty affording their basic needs, such as nutritious foods, hygiene items, and cleaning supplies. Disabled people may not have stable income, which makes accessing and keeping stable housing difficult too.

Access to childcare and preschools

Key informants emphasized the importance of investing in early learning and early childhood wellbeing. Investing in child health and providing support for families early on improves the health and quality of life later. Investing in kindergarten readiness and early learning will continue to show benefits years in the future.

Accessing childcare and preschools can be difficult because of a lack of facilities and the high cost. Certain areas have very few childcare facilities and families may not always know which childcare facilities are close by and have openings.

The high cost of childcare contributes to workforce issues, with employees trying to decide if the cost of childcare is worth the added income. For parents that work outside of traditional work hours, finding childcare for evenings, overnight, or weekends is even more difficult.

"I would also say childcare for a lot of our moms is something that they struggle with. Our moms typically do work in not nine to five shifts, so they can't find childcare in the evenings or the weekends or even overnight, and that really does inhibit their ability to support their family."—Key Informant

While there are some early learning programs, such as the Early Childhood Education and Assistance Program (ECEAP) for families with low incomes, some families may be hesitant to access these services due to fear related to immigration or discomfort with using public benefits.

The childcare workforce also has high turnover and low pay, contributing to a lack of childcare spots available. The licensing process to start a childcare facility is also difficult and complicated. More support for bringing online childcare facilities is needed. The pre-licensing process can create a bottleneck for people wanting to have their own childcare facility.

Key informants spoke to a lack of Latino-based daycare facilities. They also spoke to concerns about Black students being underserved in early learning, noting that they can be over disciplined and under supported.

Particularly because of the COVID-19 pandemic, young children may be behind in language and need early learning support to develop their social emotional skills.

Appendix 3. Spokane County Collaborative CHNA Community Engagement

FORCES OF CHANGE WORKSHOP

Format: workshop	**Date**: 05/02/2024	**Location**: Spokane Public Library, Hillyard Studio	**Language**: English

Populations represented:
- Black community members and leaders
- Community members and leaders with disabilities
- Hispanic/Latino/a community members and leaders
- Indigenous community members and leaders
- LGBTQIA+ community members and leaders
- Local community-based organizations led by communities experiencing inequities
- Low-income community members and leaders

Other groups represented:
- Disaster preparedness staff
- Food banks/pantries
- Librarians
- Mutual aid organizations
- Neighborhood groups
- Organizations that use parks and recreation facilities
- Outreach workers/promotoras
- Regional planners
- Staff and members of environmental justice organizations
- Staff from housing, redevelopment, and planning agencies
- Staff of community centers, non-profits, and community health centers

Community partners:
- Asians for Collective Liberation in Spokane
- City of Spokane Community, Housing, and Human Services
- Community Assembly
- Disability Action Center Northeast Washington
- Feed Spokane
- Gonzaga University Institute for Climate, Water, and the Environment
- Health & Justice Recovery Alliance
- háłmxiłp Indigenous Birth Justice
- Measure Meant
- NAACP Spokane
- Nuestras Raíces
- Peer Spokane
- Planned Parenthood of Greater Washington and North Idaho
- Providence Inland Northwest Washington
- Second Harvest
- Spokane County Emergency Management
- Spokane County Housing & Community Development
- Spokane Fatherhood Initiative
- Spokane Public Library
- Spokane Regional Health District
- Washington Department of Ecology
- Washington State University Center for Native American Health

STORY CARDS

Format: tabling; texting	**Dates**: 05/2025 through 06/2024	**Locations**: various tabling; virtual	**Language**: English
Tabling locations: Asian, Native Hawaiian, and Pacific Islander Heritage Festival; Spokane Valley Connect resource fair, SRHD immunization clinic, Perinatal Collaborative meeting			
Populations represented: • Business leaders • Families with children • Immigrant community members and leaders • LGBTQIA+ community members and leaders • Low-income community members and leaders		**Community partners**: • N/A – tabling by SRHD at community events; texting by SRHD staff with access to specific populations	

COMMUNITY INTERVIEWS

Format: group interviews/focus groups	**Date**: 06/20/2024	**Location**: Nuestras Raíces	**Language**: Spanish
Populations represented: • Hispanic/Latino/a community members and leaders • Immigrant community members and leaders • Low-income community members and leaders		**Community partners**: • Nuestras Raíces (translated questions; facilitated group)	
Format: pair interview	**Date**: 06/20/2024	**Location**: Nuestras Raíces	**Language**: English & Spanish
Populations represented: • Hispanic/Latino/a community members and leaders		**Community partners**: • Nuestras Raíces (translated questions; facilitated interview)	

KEY INFORMANT INTERVIEWS

Format: key informant interviews	**Dates**: 06/2024 through 07/2024	**Location**: virtual	**Language**: English
Populations represented: • Child welfare involved families with children ages 0-3 • Community members and leaders with disabilities • Families experiencing homelessness • Low-income community members and leaders • Older adult community members and leaders		**Community partners**: • Aging & Long-Term Care of Eastern Washington • Communities in Schools Spokane • Disability Action Center Northeast Washington • Family Promise Emergency Sheltering • NHCC Isabella House • Safe Baby Court	

• School aged youth considered at-risk • Women being treated for substance use			
Format: combined; community strengths & key informant interview	**Date**: 06/03/2024	**Location**: The NATIVE Project	**Language**: English
Populations represented: • Indigenous community members and leaders **Other groups represented**: • Staff of community health center		**Community partners**: • The NATIVE Project	

COLLECTIVE SENSEMAKING WORKSHOP

Format: workshop	**Date**: 06/27/2024	**Location**: Spokane Public Library, Shadle Park	**Language**: English
Populations represented: • Community members and leaders with disabilities • Indigenous community members and leaders • Hispanic/Latino/a community members and leaders • Low-income community members and leaders • LGBTQIA+ community members and leaders • Local community-based organizations led by communities experiencing inequities • School aged youth considered at-risk • Older adult community members and leaders • Women being treated for substance use **Other groups represented**: • Food banks/pantries • Mutual aid organizations • Neighborhood groups • Outreach workers/promotoras • Staff of community centers, non-profits, and community health centers		**Community partners**: • Aging & Long-Term Care of Eastern Washington • Better Health Together • Communities in Schools Spokane • həłmxiłp Indigenous Birth Justice • Hillyard Neighborhood Council • Latinos en Spokane • Martin Hall Juvenile Detention • MultiCare Inland Northwest Region • NAACP Spokane • Nuestras Raíces • Second Harvest • Spokane City Fire Department • Spokane Regional Health District • YWCA Spokane	