



COMMUNITY

HEALTH ASSESSMENT



ASOTIN COUNTY HEALTH DISTRICT

FEBRUARY 2024

ACKNOWLEDGEMENTS

Asotin County Health District team included:

SAMANTHA BINGMAN

PEGGY BURCH

AMY FINNEY

LORA GITTINS

LAURIE HERSEY, M.Ed

COLLIN JURRIES

BOB LUTZ, MD, MPH

Local Health Officer

MAURINE NICHOLSON

BETH USHER, M.Ed

BRADY WOODBURY, MPH

Administrator

Community Health Assessment conducted by Heidi Berthoud Consulting. team included:

HEIDI BERTHOUD, MPH
Principal Consultant, Qualitative Data Lead,
Writing Lead

JANESSA GRAVES, PhD, MPH
Quantitative Data Lead

KARA BENSLEY, PhD, M.Sc
Qualitative Analysis

CRISTINA CIUPITU-PLATH, PhD
Qualitative Analysis

KRISTINA SPAID
Visual Designer

KIMBERLY DANKE
Editor

KATHARINE TIBBITTS
Proofreader



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WELCOME

Thank you for taking the time to review Asotin County Health District's (ACHD) most recent Community Health Assessment (CHA). We have a long and proud tradition of providing public health services to the people living and working in Asotin County. We hope that the information contained in this assessment is valuable to you as a community member.

People sometimes wonder: What is Public Health and what does the Health District do? Public Health is broad, and its purpose is wide-ranging. Asotin County Health District provides public health services for residents of our county. We work with individuals and businesses to make sure the food we eat is safe. We work with people to make sure they have access to clean water and safe living environments. We collaborate with community partners to help improve the quality of life of people who are in Asotin County. We prepare for public health emergencies by putting response plans in place to help ensure people's safety and reduce the impact when our community's health is in danger. We support families with nutritional education, breastfeeding services, and supplemental foods through the WIC program.

Each community faces unique challenges and has unique strengths. By learning more about what makes Asotin County a great place to live, work, or play, we can work to make this community even better. By learning about the challenges people face, we can find ways to work with community partners to make it easier for people to be their healthiest. We have been working on this Community Health Assessment because we believe strongly that the more individuals know about public health the better prepared we all are to do our part to help improve the overall health of our community.

We would like to thank everyone who provided input. We could not have completed this assessment without your help. Over 800 people took the time to participate in an interview or focus group or to complete the survey.

As we move into 2024 and beyond, we are looking forward to working with more community partners to improve the health of Asotin County residents. Please feel free to contact us with any questions or if you are interested in partnering with us to improve the Public Health of Asotin County. Thank you again for your participation in creating our newest CHA.



Brady Woodbury
Administrator

EXECUTIVE SUMMARY

Conducting a Community Health Assessment (CHA) helps our Health District and community better understand the community's health needs, guide program development, inform policy-makers, and advocate for funding to improve public health.

We partnered with our community to understand health needs, gaps, and existing community strengths.

We conducted several data collection activities including:

- ◆ 15 community leader interviews
- ◆ 4 focus groups
- ◆ Community survey
- ◆ Quantitative data from state and national sources

We met with a diverse group of community members and community leaders to better understand their health needs.

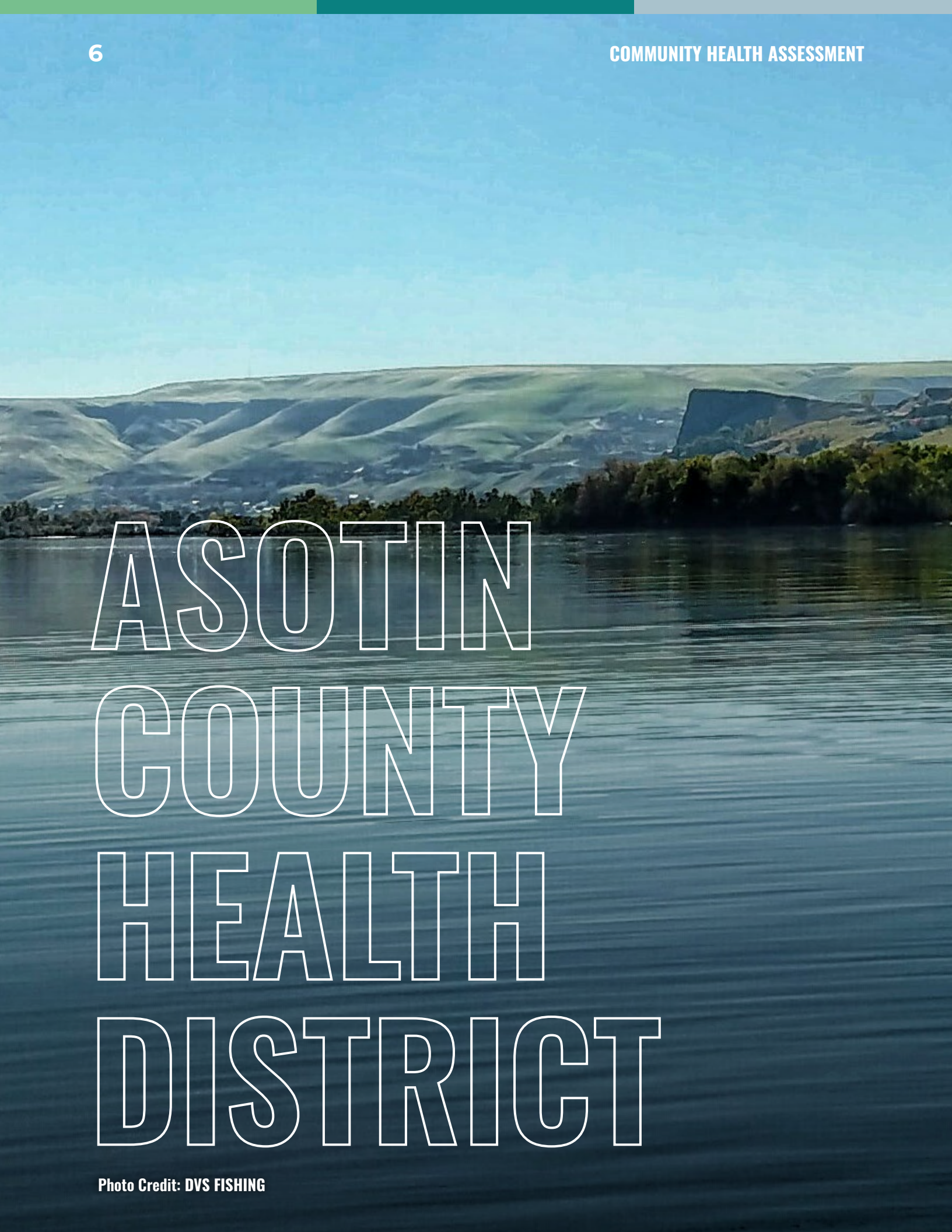
Our top community-identified needs were:

- ◆ Mental health
- ◆ Housing and Aging-in-Place
- ◆ Access to health care services
- ◆ Substance use



Photo Credit: RICAHRD HAYWARD

We will use these findings to develop our Community Health Improvement Plan and continue collaborating with our dedicated community partners to improve health and health outcomes.



ASOTIN COUNTY HEALTH DISTRICT

Photo Credit: DVS FISHING

Mission Statement

Asotin County Health District is committed to being a trusted source of public health information by providing education, promoting health, preventing illness, and protecting the environment to help those who work, play, and live in Asotin County achieve their best health.

Vision Statement

Asotin County Health District is always working towards a safer, healthier, and more resilient community.

Guiding Principles

- ◆ Being Data-Informed
- ◆ Practicing Integrity
- ◆ Serving with Compassion
- ◆ Demonstrating Optimism
- ◆ Developing Community

ACHD is directed by a 6-member Board of Health and our Health Officer. We serve our community through different programs within Personal and Family Health, Community Health, and Environmental Health.



SERVICES
WE
PROVIDE



Personal & Family Health

- ◆ WIC (Women, Infants, Children)
- ◆ Maternal and Child Health
- ◆ Children and Youth with Special Health Care Needs
- ◆ Home COVID tests
- ◆ Immunization information
- ◆ Communicable disease investigation and reporting
- ◆ Dental supplies



Community Health

- ◆ Public Health Emergency Preparedness
- ◆ Safer storage lock boxes and lock bags
- ◆ Naloxone distribution
- ◆ Community prevention initiatives
- ◆ Assessment and reporting (like the CHA!)
- ◆ Smoking quit kits
- ◆ Work with schools, long term care, and childcare providers to address public health concerns
- ◆ Vital Records
- ◆ Participate in local resource-sharing events
- ◆ Drug mail back envelopes



Environmental Health

- ◆ Sharps containers and syringe collection
- ◆ On-site sewage permitting
- ◆ Public pool inspections
- ◆ Solid waste
- ◆ Food safety, inspections and permitting
- ◆ Water test kits
- ◆ On-site sewage education
- ◆ Waterborne and foodborne illness outbreak investigation
- ◆ Elevated lead blood level follow-up
- ◆ Animal bite follow-up
- ◆ Food worker cards and information
- ◆ Bloodborne pathogen training



A Community Health Assessment (CHA) is a process of gathering information about a defined community to understand important health needs, uncover public health gaps, and highlight existing strengths and community assets. Conducting a CHA helps our Health District and community better understand what health issues need to be addressed and design programs to address those needs to improve public health.

This CHA report will support ACHD to build better programs to support you. We included our community in this CHA because we wanted to hear directly from community members about their health needs and assets.

HOW WE CONDUCTED THE CHA

Our CHA used several data collection and analysis activities. We included data we collected directly for this report and data that had already been collected by others.

OUR DATA

Numbers help us understand the amounts or quantities, but we also want to know about the quality and the context of the information. That's why we collected and analyzed both quantitative and qualitative data for this CHA.

QUANTITATIVE DATA

An easy way to think of quantitative data is with the word "quantity." This kind of data helps answer the question, "How much?" using numbers shown in percentages, ratios, and counts. When people think about data, they often think about numbers like statistics but numbers only tell part of the story.

QUALITATIVE DATA

An easy way to think of qualitative data is with the word "quality." Qualitative data helps us answer the questions, "How?" or "Why?" We answer these questions with the help of community member insights focused on specific questions and themes. For the CHA, we used interviews, responses to the community survey, and focus groups to gather qualitative data. This input helped us understand how or why the numbers we collected about the community's health might impact individuals and families.

Using these two types of data together creates a more complete picture of Asotin County's health. This report shares what we learned from this process.



Photo Credit: DVS FISHING

HEALTH INDICATORS

We compiled a list of indicators, or numbers, that are available from the state of Washington and other data sources like the U.S. Census Bureau. We then decided which indicators are most relevant to our county. We compared our data to Klickitat and Pend Oreille Counties. These counties were selected due to having similar demographics including median income, race/ethnicity, age distribution and rate of poverty. Like Asotin County, they also border another state.

COMMUNITY LEADER INTERVIEWS

We reached out to community leaders in Asotin County, including those who work in health care, social services, and schools. We conducted 15 interviews with community leaders. The interviews included questions about their perception of community values, health needs, and community assets and strengths.

COMMUNITY FOCUS GROUPS

We conducted 4 focus groups in English. All groups were held in Clarkston and were open to the public. Focus groups talked about topics that came up in interviews and early survey data. Each focus group was made up of 10 to 15 participants and gave us valuable information about our community's needs and opportunities to support each other.

COMMUNITY SURVEY

We developed a community survey to hear directly from Asotin County residents about the health needs that are most important to them and the local resources they know about. We advertised the survey at a variety of community locations including on the ACHD Facebook

page, ACHD website, at community events and resource fairs, on flyers around town, direct outreach to WIC participants, business cards with QR codes, paid Facebook ads, ads in the newspaper, email invites to partners, and through word of mouth. There were multiple opportunities in the survey for people to write in their own response, as well as questions that were multiple choice or checkboxes.

We offered the survey in English and received 775 responses. This number includes only people who answered at least 1 question besides “Do you live or work in Asotin County?”. If someone opened the survey and did not answer any other question, that response was not included in the data analysis. The survey was offered to those who live or work in Asotin County, but most of the responses were from Asotin County residents. The ages, races, and genders of the people who completed the survey were very similar to the overall makeup of Asotin County. Almost 40% of survey participants have lived in Asotin County for at least 21 years. The survey was open for 15 weeks.

FOCUS GROUP TOPICS

- ◆ Mental Health
- ◆ Housing and Aging-in-Place
- ◆ Substance Use
- ◆ Open session focused on health needs

HOW WE USED THE DATA

After we collected and analyzed the data, we used our findings to create this report. We are grateful to everyone in Asotin County who contributed to this community data collection.

WHAT MAKES A HEALTHY COMMUNITY?

Good health is more than just going to the doctor or not being sick. Our health is shaped by our community, where we live, the types of food we have access to, good jobs, access to safe places for recreation and exercise, and many other factors. These factors form our “social needs” and our “social determinants of health.” Social needs are our immediate needs, like housing and food. Social determinants of health are the community-wide conditions that influence where and how we work, live, learn, and play.

Addressing gaps in social needs and social determinants of health is essential for a healthy, thriving community.



WHO WE ARE

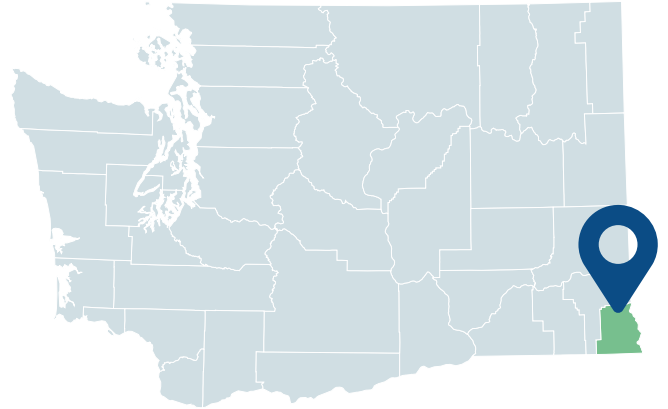
Asotin County sits along the Snake River and is bordered by Idaho to the east and Oregon to the south. The county is in the historical lands of the Nez Perce, Walla Walla, Umatilla, Cayuse, and Colville Tribes. The county was the homeland of the powerful Chief Joseph of the Wallowa band of the Nez Perce Tribe who led his people through the forcible removal from their ancestral lands. The name Asotin means “place of the eels” in the Nimiipuu language and was a traditional location for harvesting lamprey eels.

Asotin County and Nez Perce County (Idaho) make up the Lewiston-Clarkston Valley Metropolitan Area (LC Valley) which has a population of about 65,000.

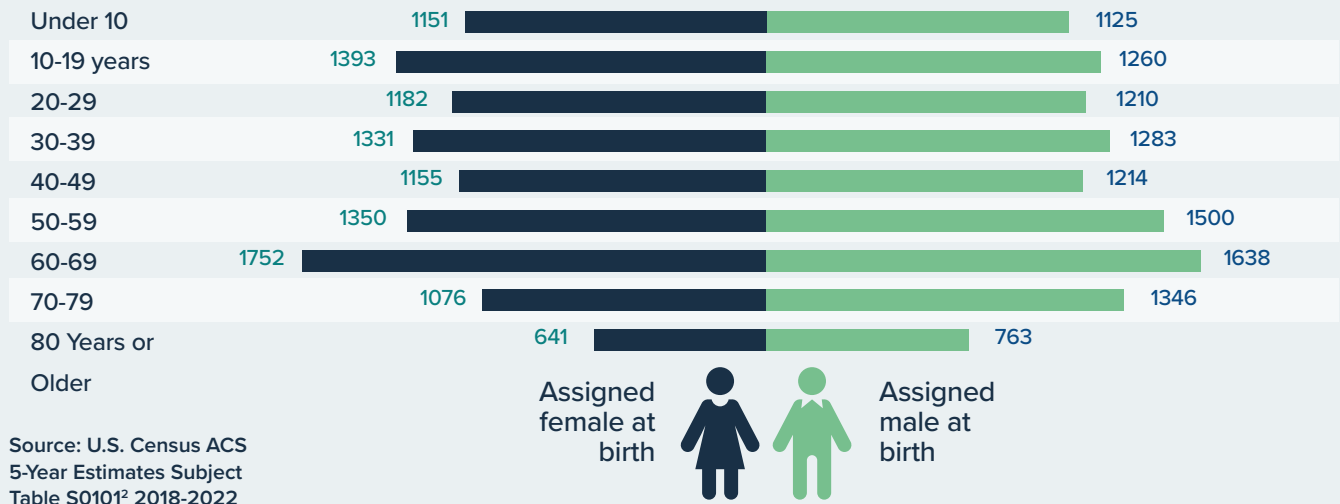
Lewiston and Clarkston have been linked by bridges since 1899 and still share a Chamber of Commerce today. The Lewiston-Clarkston Bridge was the first to cross the Snake River to connect Washington and Idaho. As the population grew, a larger bridge was needed. The “Blue Bridge” (as it is locally known) was completed in 1939. In the 1980s a second bridge was added to connect the two cities. Clarkston and Lewiston continue to operate as one city with many people crossing a bridge for work or errands each day.

The Port of Clarkston was established in 1958. Since the mid-1970s, the port has exported agricultural products from the LC Valley to west coast ports. There is still a steamboat that makes seasonal trips to the LC Valley.

Asotin County is the gateway to Hells Canyon, which is the deepest river gorge in North America. Hells Canyon is a popular recreational area for fishing, jet boat tours, hunting, camping, and whitewater rafting. Because of the mild climate, especially when compared to nearby areas, Clarkston continues to attract retirees.



Age Distribution



Population



Poverty

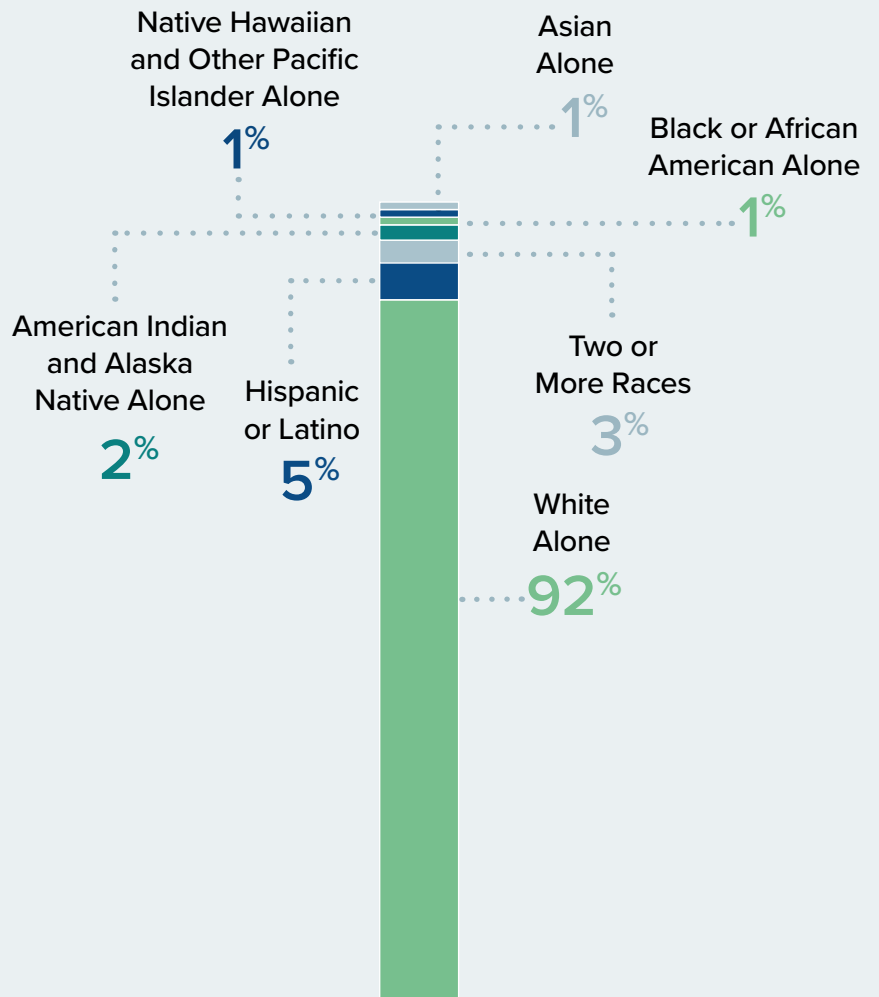


of the population lived below the poverty line, which is **SLIGHTLY HIGHER** than the national average, 2021.



Source: Data USA. Asotin County, Washington. 2021

Asotin County Race and Ethnicity



Source: ACS 1-Year Estimates Data Profiles, Table DP05, 2022.

Income

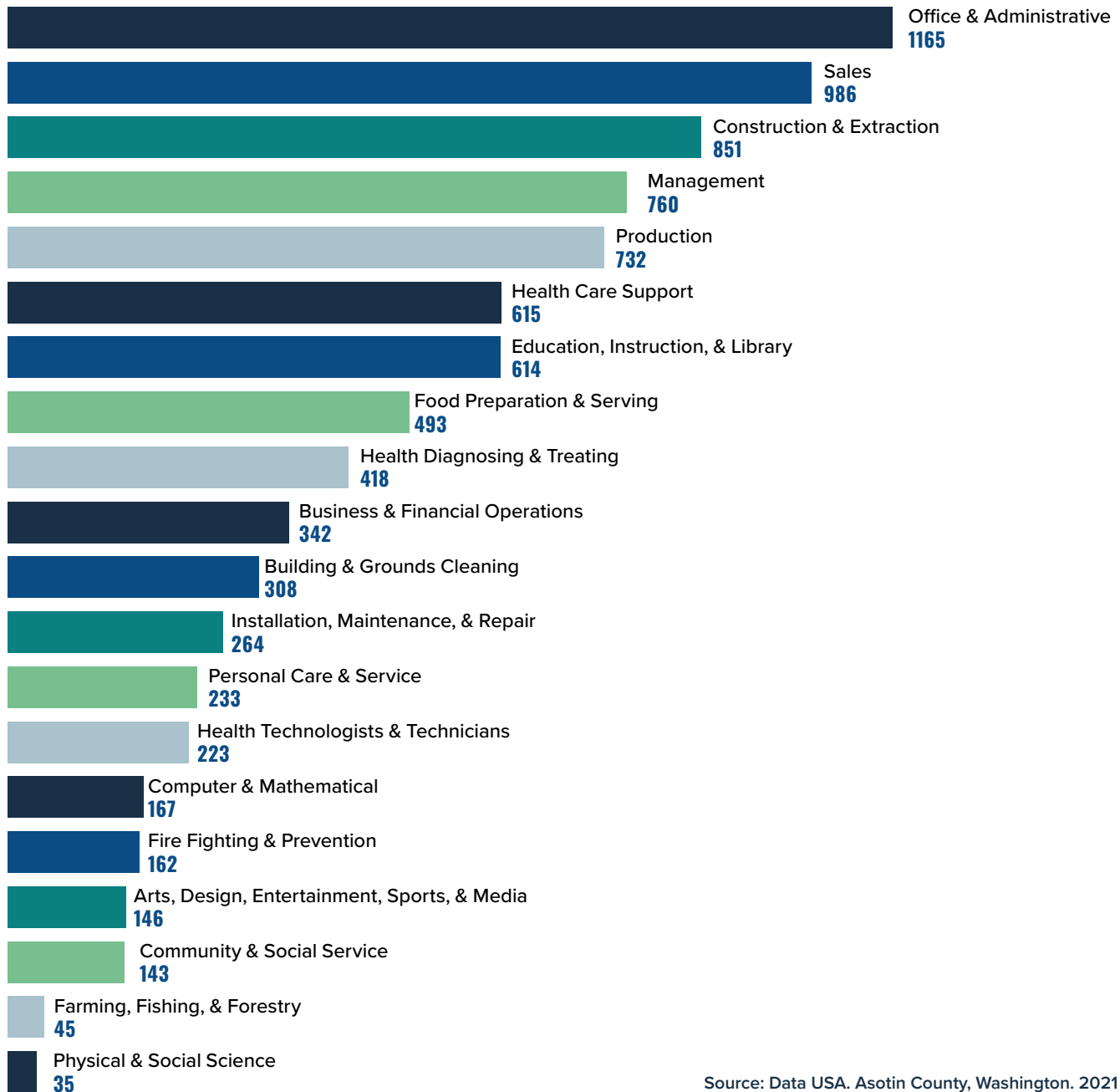


Asotin County's
MEDIAN HOUSEHOLD
income in 2021.



TOTAL NUMBER
in the workforce
accounted for in this
graphic below

Occupations



Source: Data USA. Asotin County, Washington. 2021



We collected information through interviews with community leaders, focus groups with community members, and a community survey. The topics community members brought up most often are included in this section of the CHA.

What you said about living in Asotin County



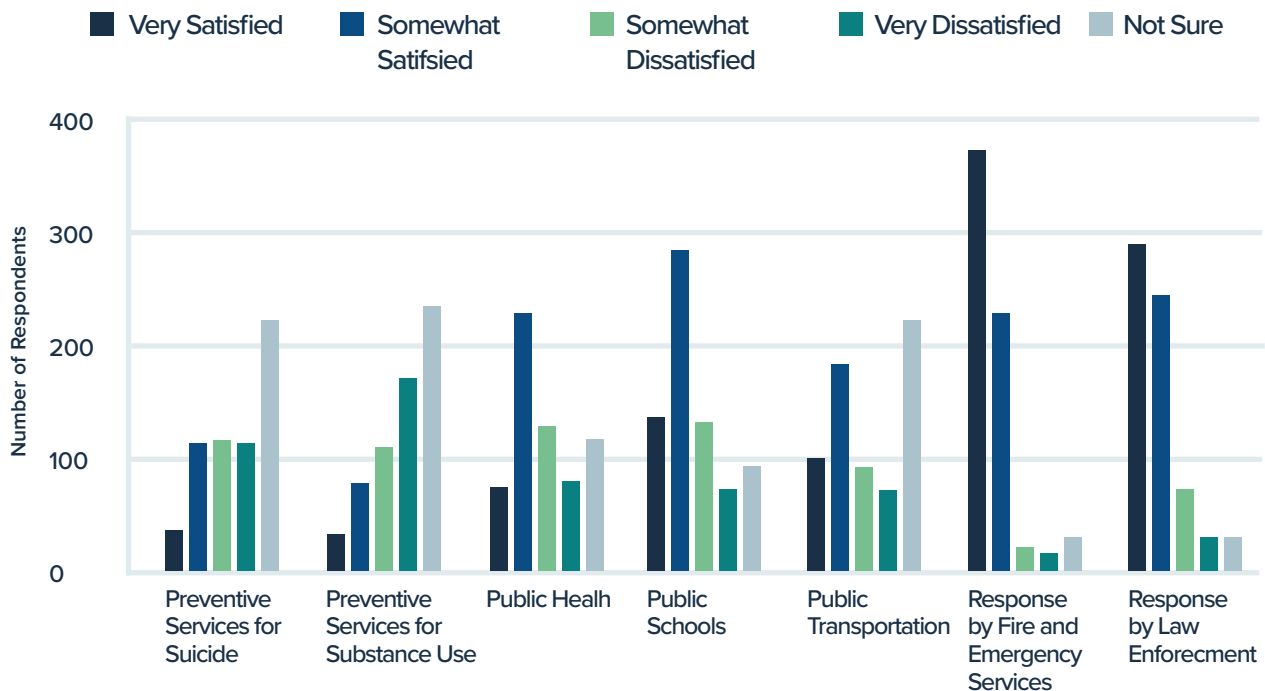
of survey respondents said Asotin County was a “good” or “very good” place to live.⁷

ACCESS TO SERVICES

As part of the community survey, we asked participants to rate their satisfaction with public services and with accessing key services in the county.

Respondents reported higher satisfaction with law enforcement, fire, and emergency services and dissatisfaction with preventive services for suicide and substance use.

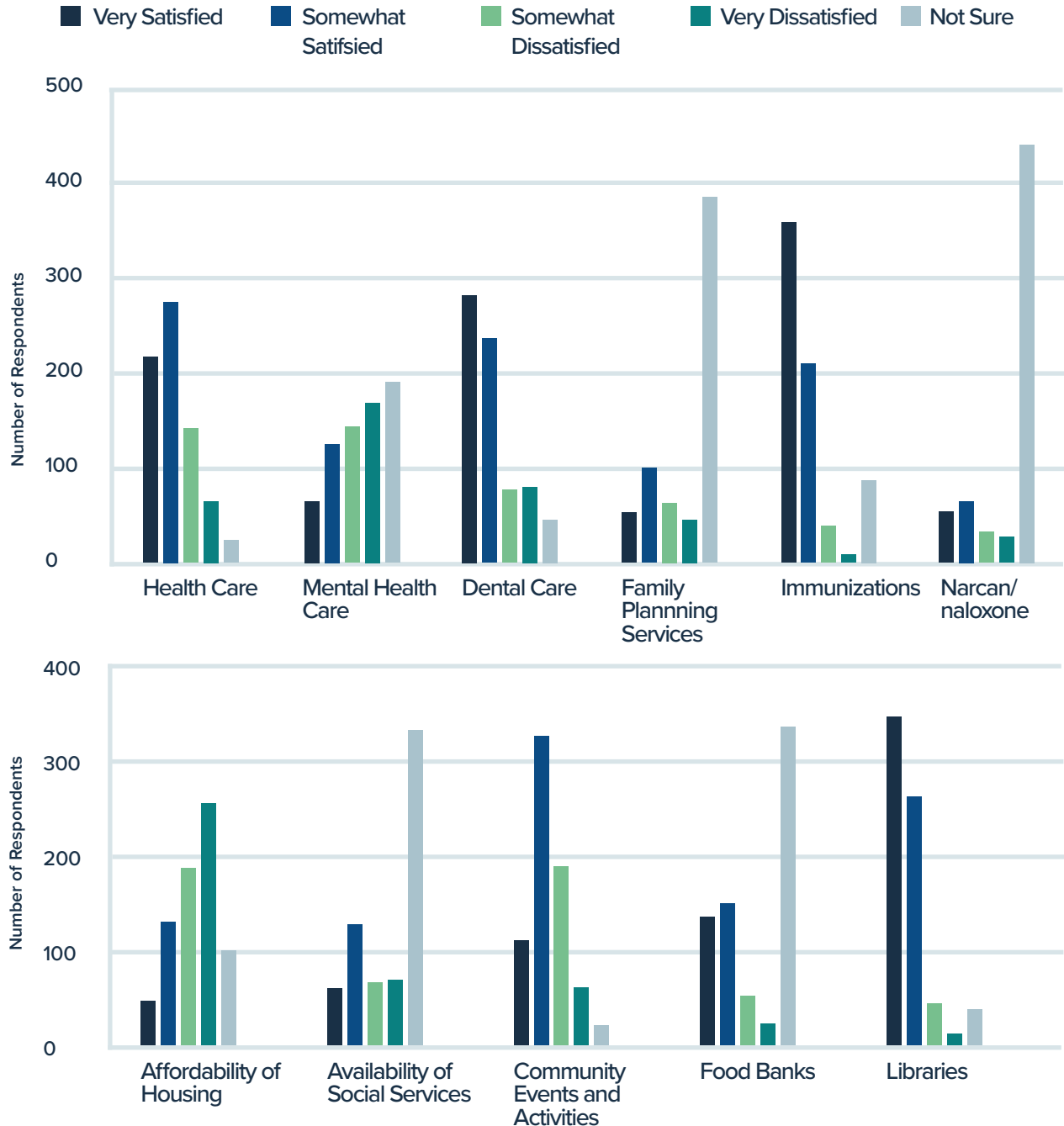
Satisfaction with Public Services in Asotin County



Source: Community Survey 2023 | n=761



Satisfaction with Access to Asotin County Services



Source: Community Survey 2023 | n=721

COMMUNITY- IDENTIFIED ASSETS AND STRENGTHS

ASSETS AND STRENGTHS



1. Supportive, tight-knit community



2. Approachable, knowledgeable leadership



3. Strong and supportive business community, helpful programs/organizations



4. Weather and geography

“

We have a community that is extremely supportive. And even though we're small, we have a lot of people that are willing to help and/or help find the people help.

DALE BONFIELD,
Superintendent, Asotin-Anatone
School District

A note about the data you'll see in the rest of this report.

PER 100,000

What do you mean by “per 100,000”?

In the data tables, you'll see numbers reported as “per 100,000”. The “rate per 100,000” is used to compare data across populations of different sizes. For example, by using this standardized rate, we can compare disease or injury rates between Asotin County and another county that is much larger.

How is the “rate per 100,000” calculated?

The rate per 100,000 is calculated by dividing the number of cases (e.g., deaths) by the total population, then multiplying by 100,000.

What about a smaller county with less than 100,000 people, like ours?

In a smaller county, the rate per 100,000 can be useful to compare to other counties. However, fewer cases within small counties can make estimates harder to interpret. When looking at rates, it is important to consider the question, context, nature of the data, and specific population characteristics. It is possible for the rate per 100,000 to be a higher number than the raw count actual number

AGE ADJUSTED

What does age-adjusted mean?

Age-adjustment is used to compare rates across different populations or within the same population but over time when the ages of people in the group may have changed. This is important because age can be associated with injury rates (e.g., teens or young adults for car accidents or older adults for falls) or disease risk. By adjusting for age, we can make better comparisons and remove any inaccuracies caused by differences in age distributions.

ROLLING COUNT

Why do you use a rolling count?

A rolling count is used to show a trend over more than one year when the data in each year are very different. For example, later in this report we show opioid deaths on a rolling count. Because the number of deaths each year is so different, it might be hard to see if the number is increasing, decreasing, or staying the same over time. The rolling count helps us quickly see if there is a trend.

COMPARISONS

How do you determine the comparisons between Asotin County and Washington State?

In the data tables in this report, you'll see a column comparing our county to the State. We use an icon showing higher, lower, or about the same. For any data that are within 2% of each other, we show that they are “about the same”.

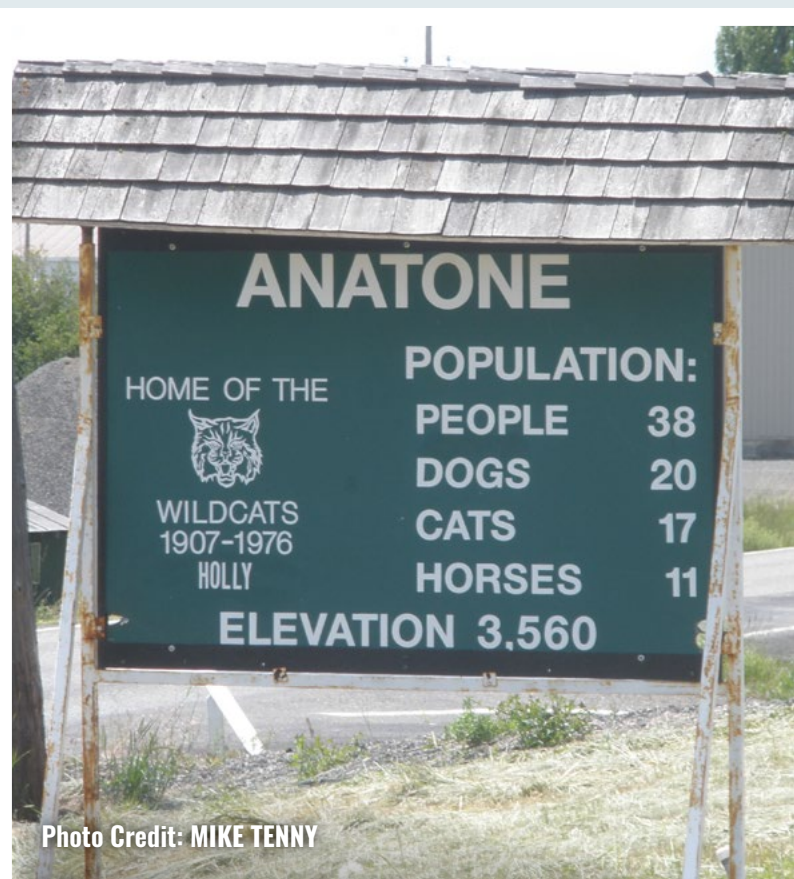


Photo Credit: MIKE TENNY



COMMUNITY- IDENTIFIED HEALTH NEEDS

Photo Credit: LAURIE HERSEY

The community survey, focus groups, and interviews with leaders revealed 4 key health needs. Findings of key health needs and barriers are discussed in this section.



MENTAL HEALTH



HOUSING AND AGING-IN-PLACE



ACCESS TO HEALTH CARE SERVICES



SUBSTANCE USE

Throughout this section, quantitative data in the form of community health indicators are presented alongside the qualitative description of key health needs to support and inform the community-identified data. We show some data for Asotin County compared to Washington State and some data for Asotin County compared to 2 counties in our state. Additional community health indicators can be found in the health indicators section of this report.



Mental Health

Mental health services were the most urgent and frequently expressed need by community members. Long wait times for appointments, a lack of providers, and the need for day-to-day care instead of just crisis care were needs we heard from the community.

According to survey respondents, in the past 12 months:



“

I would say the biggest concern I have with our community right now is mental health, the access to [services], the availability [of services] and the ability to afford it. And [the ability] to commit to it because mental health is not a one and done situation

DALE BONFIELD,
Superintendent, Asotin-Anatone School District

ADULT MENTAL HEALTH

Indicator	Comparison with the State	Asotin County	Washington State
Percentage of adults who report 14 or more days of poor mental health in the past month	≈	18%	16%
Percentage of adults reporting poor physical or mental health keeping them from completing usual activities	↑	24%	11%
Percentage of Medicaid beneficiaries aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment (acute treatment)	↑	70%	64%
Percentage of Medicaid beneficiaries aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment (continuation of treatment)	≈	48%	46%

Sources: BRFSS/CHAT, 2018-2020,2021⁸ | WA Healthcare Authority, 2022⁹

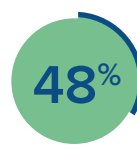


For mental health care [in the county], there is Quality Behavioral Health (QBH). They do absolutely everything they can, but they don't have enough. So if you need care, if you need urgent care, you have to [get there] at seven in the morning, and just hope that somebody can see you. And a lot of times they can't attend to people. So, your best bet is to go into crisis, and you know, threaten to [die by suicide] and then they have crisis people who deal with that but that's about the only way that you get quick mental health care is through QBH. You go to the ER and then their crisis person comes and sees you there.

SKATE PIERCE, Business owner, Clarkston City Council, Board of Health Chair



of survey respondents said that they would be **COMFORTABLE TALKING TO THEIR DOCTOR** if they needed mental health support.



said they would be **COMFORTABLE TALKING TO THEIR FRIENDS OR FAMILY.**

ADULT MENTAL HEALTH & SELF HARM

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Age-adjusted mortality due to Intentional self-harm or suicide, (all ages) per 100,000	↑	22	17	34	16
Rate of adult (aged 18-64 years) deaths from intentional self-harm or suicide per 100,000	↑	25	14	41	21
Rate of older adult (aged 65+ years) deaths from intentional self-harm or suicide per 100,000	↑	39	22	0	20
Age adjusted non-fatal hospitalizations from intentional self-harm or suicide per 100,000	↓	14	11	35	50

Sources: WA Death Certificate Data (2018-2020)¹⁰ | WA Hospitalization Data (2019-2020)¹¹

Focus group attendees also shared experiences with the co-occurrence of substance use disorder and mental health conditions and the impacts that treatment gaps have on both health needs.

“

Mental health is another big one. The providers we have in the area are booked out so far that a lot of people can't get into them for months at a time, which is very sad, because we need that.

COMMUNITY MEMBER

“

Substance use and mental health treatment... we're kind of in a crisis. Our community has a very high need and very low capacity to respond. We really only have one service provider for Medicaid for mental health and substance use...and there is just an inability to fully keep up with the need. And we also have lost in our area any inpatient treatment. The closest inpatient treatment for substance use and mental health was out of Kootenai County, which is in Coeur d'Alene, which is about a three-hour drive from here and they no longer do inpatient treatment, in particular for SUD. We do have mental health emergency in Idaho, at St. Joe's, but there's no ability outside of that emergency intake of harm of self or others, there's really no inpatient resources.

COMMUNITY MEMBER



Youth mental health was also a big community concern.

I would say the community’s number one unmet need is mental health support. There are many people in need of services, and there are often waiting lists to establish care with mental health professionals. When addressing school absences, behavior concerns, and health issues, there’s almost always some component of mental health involved. Students report anxiety, depression, suicidal thoughts, and self-harming behaviors. A significant number of students also have neurodiverse conditions that may increase their need for mental health support.

DONNA FRANKLIN, RN, BSN, NCSN,
Director of Health Services, Clarkston School District

In 2021, the percentage of 8th graders who reported they had seriously thought about suicide or attempted suicide was higher in Asotin County than the statewide percentage. However, the rate of death from intentional self-harm was much lower than the state and comparison counties.

YOUTH MENTAL HEALTH & SELF HARM

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of 8th grade students who seriously contemplated suicide within the past 12 months	↑	26%	25%	18%	19%
Percentage of 8th grade students who actually attempted suicide within the past 12 months	↑	13%	18%	5%	9%
Rate of youth (10-17 years old) deaths from intentional self-harm or suicide per 100,000 (Age-adjusted)	↓	0	33	27	6

Source: Healthy Youth Survey 2021 | WA Death Certificate Data 2018-2020¹²

“

I can be there for [my child] and listen and talk but I also want to get help from as many different sides as I can. But when you pick up the phone and say, “Can we schedule a [mental health] assessment?” [the response is] ‘Oh, you know, we're a month, two months out, but you can call every day at seven o'clock in the morning and if somebody's not coming in that day, then you get to come in that day’. If you're already in a stressful situation, and [your kid is] trying to figure out how to stop their life [you can't tell them call] every morning at that time to see if there is an opening.

FOCUS GROUP ATTENDEE

Community members talked about the impacts of the pandemic and isolation on youth and teen mental health. Community members also talked about the need for a community center or somewhere teens could gather safely and socialize with each other.

“

We could use a day program [for teens], but we don't have access to that. Back in the early '90s there used to be something called a yak dance that they had at the Lewiston Community Center. It didn't matter if you went to Lewiston [schools], or you went to Clarkston [schools]. You could go there. High school kids only with adult chaperones. No alcohol, you couldn't bring anything in, and it was completely safe for them. And that's just all disappeared.

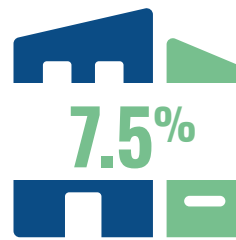
COMMUNITY MEMBER

HOUSING AND AGING-IN-PLACE

Housing was the second biggest health need raised by community members. Access to affordable housing, both to rent and own, and access to quality housing were key issues raised. Many community members raised concerns about a growing unhoused population in Asotin County.



Number of **OCCUPIED HOUSING UNITS** in the county



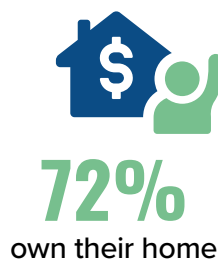
Percentage of **VACANT HOUSING UNITS** in the county

Sources: ACS 5-Year Estimates Data Profiles (DP04), 2017-2021¹³

“

Our wages are very suppressed, and our rent is very high. And there's also a lack of actual places to live and rent. So, housing and homelessness is a big issue.

COMMUNITY MEMBER



Source: Data USA. Asotin County, Washington. 2021.¹⁴



Photo Credit: FRED WELLER

“

Our community needs more sustainable and affordable housing. When families experience hard times or have limited resources, they may become homeless.

We have a number of students and families that are considered homeless because they're couch surfing, living with relatives, staying at the youth center, or being housed in hotels.

Families that struggle with addiction, violence, or legal issues often have even more challenges in finding stable shelter.

**DONNA FRANKLIN, RN, BSN, NCSN,
Director of Health Services,
Clarkston School District**



3.5%
**OF CHILDREN IN ASOTIN COUNTY
PUBLIC SCHOOLS ARE UNHOUSED**
compared to 2.8% statewide

Source: OSPI Enrollment Report Card 2022-2023¹⁵

“

The definition of homelessness isn't necessarily sleeping in a park, sleeping on a bench, sleeping on a step. If you are displaced and you're doubled up, that's homelessness.

People living in hotels who still have showers, that's homelessness. Living in your car or living in an RV... it's displaced housing, that's what makes it homelessness. We have lots of students in our district that are considered homeless, and we give them food bags and wash their clothes at school.

FOCUS GROUP ATTENDEE



Photo Credit: FRED WELLER

HOUSING					
Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of households that spend 50% or more of their household income on housing	↓	10%	12%	10%	14%
Percentage of households WITH a mortgage that spend 35% or more of their household income on housing	↓	18%	n/a	n/a	21%
Percentage of RENTAL households that spend 35% or more of their household income on rent	≈	36%	n/a	n/a	38%
Rent estimates at the 50th percentile (or median), 0-bedroom unit (studio) (\$)	n/a	\$841	\$898	\$758	n/a
Rent estimates at the 50th percentile (or median), 1-bedroom unit (\$)	n/a	\$915	\$1,008	\$851	n/a
Rent estimates at the 50th percentile (or median), 2-bedroom unit (\$)	n/a	\$1,180	\$1,325	\$1,118	n/a

Source: County Health Ranking, 2017-2021¹⁶ | ACS 5-Year Estimates Subject Table S2501¹⁷
 U.S. Department of Housing and Urban Development's (HUD's) Office of Policy Development and Research (PD&R)¹⁸



of county residents **ARE OVER AGE 60.**



of county residents **ARE OVER AGE 70.**



of seniors (65+) **ARE BELOW THE ALICE THRESHOLD,** meaning they earn more than the Federal Poverty Level of \$12,996 but less than the basic cost of living for a senior in the county (\$27,780).

Sources: ACS 5-Year Estimates Subject Table S0101, 2017-2021.¹⁹ ALICE, 2021.²⁰

“

I have a client who lives in a 55 and over community in a manufactured home and she is now in a position where she is being priced out of her home because of the price of the land. Her land rent just went up to \$600 a month. And that doesn't include utilities and her income is not going to stretch that far.

FOCUS GROUP ATTENDEE



AGING-IN-PLACE

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of older adult population (75 yrs. & over) with an independent living difficulty	↓	16%	12%	19%	23%
Percentage of grandparents living with grandchildren or who are responsible for caring for grandchildren	↑	53%	21%	55%	30%
Percentage of occupied housing units wherein the household consists of a householder 65 years and over living alone	↑	14%	15%	12%	10%

Sources: ACS 5-Year Estimates Subject Table S1810²¹
 ACS 5-Year Estimates Data Profile DPO2²²

ACCESS TO HEALTH CARE SERVICES

Accessing health care services of any kind, including mental health and dental care services, was another major health need identified by the community. The lack of services is made worse by the difficulty in finding health care providers. Interviewees and focus group attendees talked about how hard it is to bring new providers into the community because of the shortage of housing and child care caused by low housing and child care availability, making relocation to Asotin County difficult.

“

People don't understand that unless you live in Walla Walla or Spokane near the hospital or something, there are no services. Out in the rural area, we have no services. Our veterans have to go to an appointment, it's 110 miles [each way] in the winter. But again, when we try to bring in professionals from out of the area here [there are limitations] you know, the availability of a house.

CHUCK WHITMAN,
County Commissioner,
Board of Health Vice Chair

“

People's [lack of] access to dental is huge. I mean, that opens the door to so many different disabilities and infections. And I feel like a lot of my clients don't do anything with dental because that's not something they can afford. I think it should be pushed as more of a priority because it's extremely important in health care.

FOCUS GROUP ATTENDEE



ACCESS TO HEALTH CARE SERVICES

Indicator	Comparison with the State	Asotin County	Washington State
Percentage of adults (18+) who report needing to see a doctor within the past year but could not due to cost (age-adjusted)	≈	10%	9%
Percentage of adults (18+) who reported having a health care provider (age-adjusted)	↑	94%	83%
Percentage of adults aged 18-64 years who reported having health insurance	≈	91%	92%
Percentage of children aged 0-18 years with health insurance	≈	97%	97%
Percentage of population of all ages eligible for Medicaid coverage	↑	34%	26%
Percentage of Medicaid beneficiaries of all ages who received at least one dental service within the reporting year	↓	32%	40%

Source: BRFSS, CHAT 2021²³
 WA Healthcare Authority (Washington State Medicaid Explorer) 2021²⁴
 ACS 5-Year Estimates Subject Table S2701





of survey respondents over 18 years old said **THEY HAVE A PRIMARY CARE PROVIDER**

“

We had an Access to Care Committee that was formed. [Asotin County] was actually designated as medically underserved as well as a health care provider shortage [area]. So we do have a number of providers who have come and served for a while to help alleviate their med school debts, but they aren't here long-term. I know the hospitals have tried to recruit based on [this area] is a great area to live, we have access to recreation and things like that, but it's still a hard sell. Still a very hard sell.

FOCUS GROUP ATTENDEE

ACCESS TO HEALTH CARE PROVIDERS

Indicator	Comparison with the State	Asotin County	Washington State
Population to provider ratio - Dentists	↑	1,490 : 1	1,170 : 1
Population to provider ratio - Primary Care Physician (PCP)	↑	1,340 : 1	1,180 : 1

WA Healthcare Authority 2021²⁵

“

Physician shortages and turnover. That's a very significant barrier. I don't even know what percentage of our population if asked, “Who's your physician? Who's your personal physician? Who's your specialist doctor?” would have an answer that rolls off the tip of their tongue.

DAN BUTTON,
Retired, Board of Health Member

THERE WAS PARTICULAR CONCERN FOR AGING AND ELDERLY PEOPLE IN ASOTIN COUNTY ESPECIALLY WHEN IT COMES TO ACCESSING HEALTH CARE.

“

Our elderly community has a lot of health issues, not only needing to make doctor's appointments and stuff like that, because those become more prominent as a person gets older, but also dementia.

**MONTE RENZELMAN,
Police Chief, Asotin Police Department**

“

As the senior citizen population continues to grow in Asotin County due to aging Baby Boomers and retirees moving into the county, there will not be enough assisted living and skilled nursing beds in the county if senior citizens continue to need those facilities at the rate they utilize them now.

**MARK M. HAVENS,
Executive Director, Interlink**



SUBSTANCE USE IS A CONCERN FOR MANY COMMUNITY MEMBERS, PARTICULARLY THOSE WHO RESPONDED TO THE COMMUNITY SURVEY.



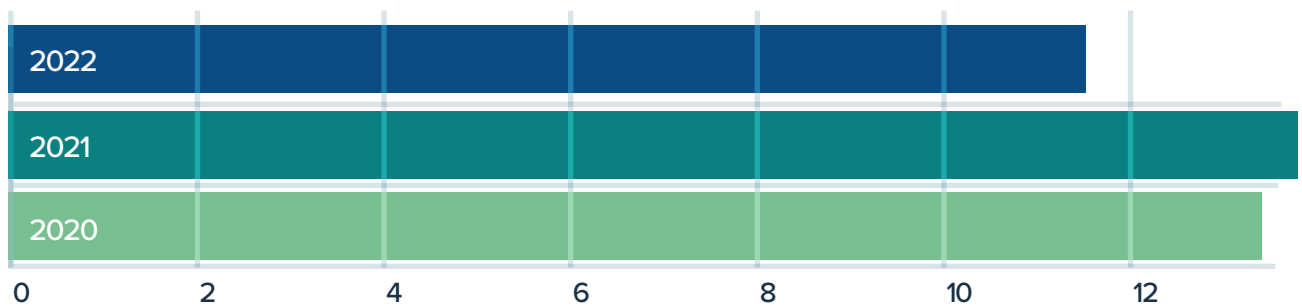
of survey respondents who chose to write a response about the **MOST IMPORTANT ISSUE** facing Asotin County, listed **SUBSTANCE USE.**

Opioid deaths in the county have been increasing steadily according to quantitative data. The chart below shows the 5-year rolling count for non-fatal opioid hospitalizations and opioid deaths. The rolling count is a way of calculating data by adding in new data each year and removing data from the 6th year. Because Asotin County has a small population, this is the best way to see the trend without reporting very small numbers, which could possibly identify someone who doesn't want to be identified. The most recent data we have for these numbers is from 2022.

AS YOU CAN SEE HOSPITALIZATIONS SLIGHTLY DECREASED SINCE 2020 BUT OPIOID DEATHS HAVE INCREASED.

Non-Fatal Opioid Hospitalizations

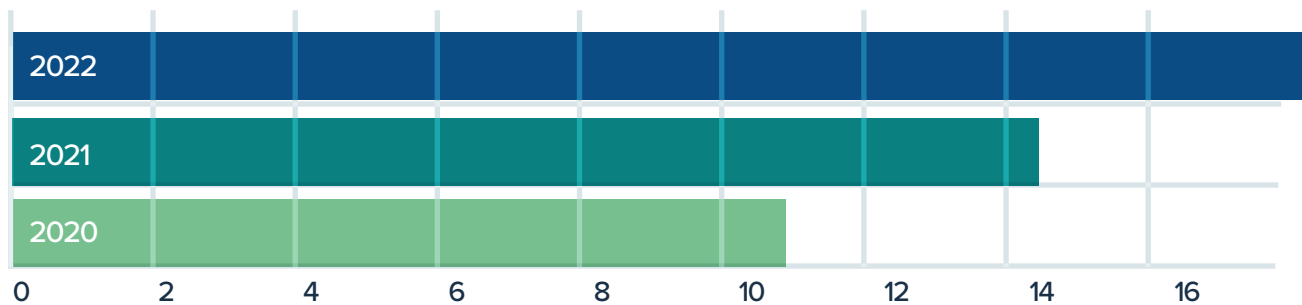
5-year rolling count



Source: WA DOH Opioid and Drug Overdose Dashboard

Opioid Deaths

5-year rolling count



Source: WA DOH Opioid and Drug Overdose Dashboard



Lack of inpatient and outpatient substance use treatment options was an issue raised repeatedly by focus group attendees who had personal experience as patients seeking treatment or as health care providers trying to coordinate care for patients.

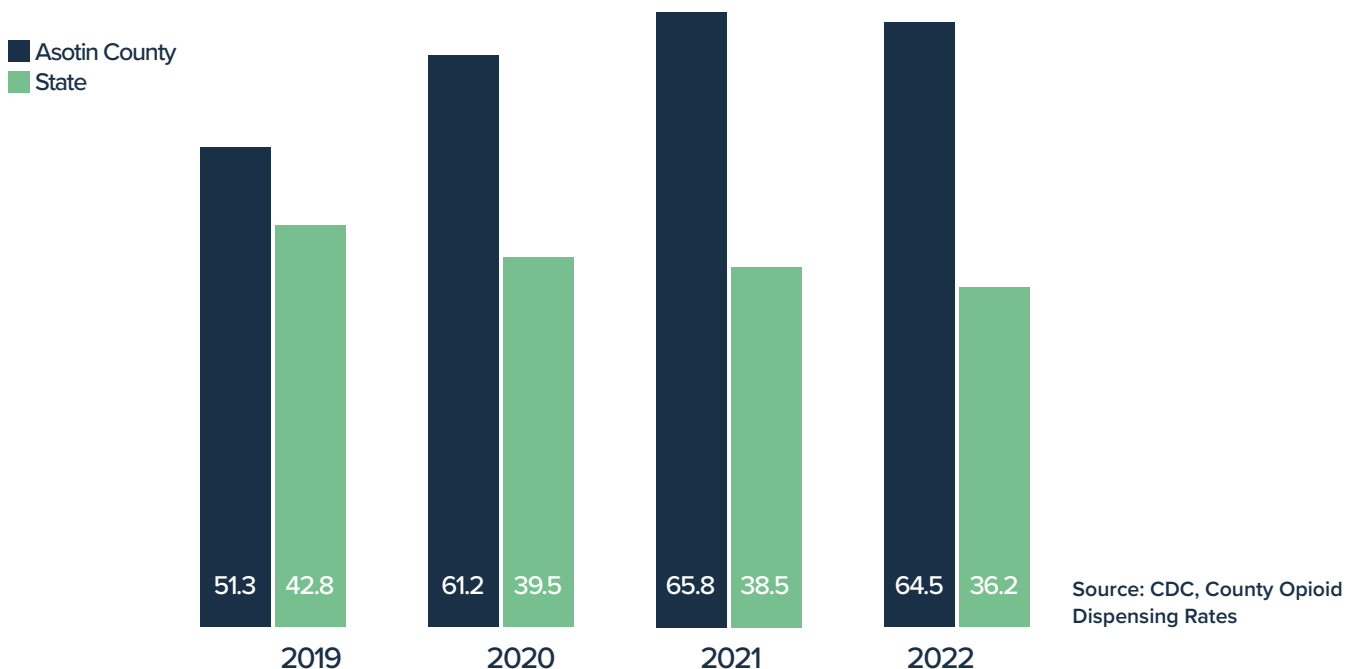
OPIOID PRESCRIBING RATES ARE ALSO VERY HIGH COMPARED TO THE STATE AND HAVE CONTINUED TO INCREASE SINCE 2019.

“

I think the community is lacking multiple substance use disorder treatment opportunities. The only place I can send people is QBH (Quality Behavioral Health) and they're also the only place that takes Washington Medicare and Medicaid. The other thing that I noticed is Narcan is an over-the-counter drug, but it's not available in our community as much as it should be. I carry it because I'm an officer and I have to, but you know, it should be something that they hand out at the health district just like they do condoms.

FOCUS GROUP ATTENDEE

Rate of Opioid Prescriptions per 100 People



ADULT (18+) SUBSTANCE USE: PRESCRIBING AND TREATMENT

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of Medicaid beneficiaries prescribed chronic opioids and a concurrent chronic sedative prescription, among beneficiaries prescribed chronic opioids	↓	17%	21%	9%	21%
Percentage of Medicaid enrollees with a history of opioid use disorder, treated with any MAT (methadone, buprenorphine, buprenorphine-naloxone, or naltrexone)	↑	37%	30%	21%	30%

Source: CDC Drug Overdose Data 2022²⁶ | WA Healthcare Authority 2022²⁷

ADULT SUBSTANCE USE: TRENDS OVER TIME

Indicator	Asotin 2016	Asotin 2017	Asotin 2018	Asotin 2019	Asotin 2020
Treatment of Medicaid enrollees with OUD with any medication-assisted treatment (MAT)	n/a	n/a	33%	32%	36%
Percentage of adults (18+) who report binge drinking (5 drinks for men; 4 drinks for women) on at least one occasion in the last 30 days	16%	13%	13%	16%	18%

Source: CDC Drug Overdose Data 2020²⁸ | WA Healthcare Authority 2022²⁹ | BRFSS, CHAT 2021³⁰

YOUTH SUBSTANCE USE

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of 8th grade students who report alcohol consumption in the past 30 days	≈	4%	6%	7%	4%
Percentage of 8th grade students who reported using marijuana in last 30 days	≈	3%	7%	7%	3%
Percentage of 8th grade students who report illicit drug use within the last 30 days	≈	4%	10%	9%	3%

Source: Healthy Youth Survey 2021

COMMUNITY MEMBERS ALSO SHARED IMPORTANT CONNECTIONS AND SUPPORT RESOURCES AVAILABLE IN THE COUNTY.



We have a fantastic AA (Alcoholics Anonymous) community. Every month there's events going on. They do camp outs every weekend in the summer. They have all these gratitude banquets and different things that they do this time of year, and they have recovery coaches that some of the agencies pay, that will take people to meetings. It used to be you had to go to a meeting and introduce yourself, walk up individually, but now they're realizing that's a real obstacle for a lot of people. So they have people that will help you to get involved.

FOCUS GROUP ATTENDEE



There is a recovery navigator program [through Quality Behavioral Health]. It's fairly new. It's designed to focus on people who intersect with the legal system that have substance use and mental health issues. [The program is] trying to make sure that we're connecting people with the right services. As the prosecutor, I get to learn more about people who are struggling with those issues so that I'm not prosecuting a mental health disorder, when what I really need to be doing is hooking them up with services. I think that the recovery navigator program is good.

FOCUS GROUP ATTENDEE

COMMUNITY- IDENTIFIED BARRIERS TO MEETING HEALTH NEEDS

THE FOLLOWING BARRIERS WERE MENTIONED MOST FREQUENTLY IN COMMUNITY INTERVIEWS.

We explored these topics further during focus groups. Many of these barriers were also highlighted in the data shared previously in this report and demonstrate how needs and barriers intersect.

The top 5 issues community members shared as barriers to meeting health needs were:



1. Lack of health care providers



2. Lack of health insurance coverage and insufficient or inconsistent coverage for specific needs like dental or mental health services



3. Prejudice and stigma



4. Cost or financial barriers



5. Collaboration between health care and social service organizations and service access

One issue that was raised as a barrier was prejudice and stigma. People don't feel comfortable seeking certain services or people may feel isolated and disconnected from the larger community.

We heard a lot about the community's concerns about people who do not have housing in the county and how to address their needs. For some, there is a perception that unhoused people in the county have come from other communities and are not from Asotin County. However, people working with unhoused community members shared that many of them are local, have been priced out of their homes, and experience stigma and vilification for being unhoused.



The stigma of having mental health issues. [We have a] rugged individualist idea here that you're weak if you have mental health issues that need to be tended to. I think a lot of people are reluctant to go get those things addressed.

SKATE PIERCE,
Business owner, Clarkston City Council,
Board of Health Chair



Community health indicators are the numbers, percentages, and ratios we obtained from state and national data sources to understand how Asotin County is doing with health, wellness, and social determinants of health like housing and childcare. These numbers are an important companion to the community-identified data shared previously in this report.

PREVENTIVE CARE AND WELLNESS

Indicator	Comparison with the State	Asotin County	Washington State
Percentage of adults (18+) who had at least one doctor visit for routine checkup within the past year	↑	84%	65%
Percentage of Medicaid beneficiaries aged 3–21 who had at least one comprehensive well-care visit	↓	45%	49%
Percentage of fee-for-service Medicare enrollees with an annual wellness visit	↑	59%	34%
Percentage of female fee-for-service (FFS) Medicare enrollees aged 65–74 that had at least one mammogram over a two-year period.	↑	39%	31%
Percentage of Medicaid beneficiaries aged 50–75 years who had appropriate screening for colorectal cancer	↑	45%	39%
Percentage of women aged 21–64 who were screened for cervical cancer	≈	45%	46%
Percentage of women aged 21–65 who reported receiving a Pap smear test within the past 3 years, and who had not had a hysterectomy	↑	81%	73%
Percentage of women aged 50–74 who reported receiving a mammogram within the past 2 years (age-adjusted)	↓	71%	75%
Percentage of Medicaid beneficiaries aged 18–75 with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test	≈	82%	82%
Percentage of Medicaid beneficiaries of all ages who received preventative or restorative dental services	↓	32%	40%



Childhood Immunizations

Childhood immunization data include school immunizations, which public schools in Washington State must report to the Department of Health, and other immunizations recommended by pediatricians to reduce childhood and adolescent disease. Required school vaccines include DTaP/ TDaP (Diphtheria, Tetanus, Pertussis), MMR (Measles, Mumps, Rubella), Polio, Hepatitis B, and Varicella (Chickenpox).

Vaccines given out of state (even in Idaho) are not automatically captured in the state immunization system for reporting. However, once children attend school and provide vaccine records, we can see that immunization rates are in line with the state average.

Immunizations are recommended to protect children from preventable diseases, such as measles, and help prevent illness spread. Many children and adults got behind on vaccines during COVID. Individuals can talk to their health care provider about a “catch up” plan.

CHILDHOOD IMMUNIZATIONS

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
School immunization status (% complete)—K-12	≈	92%	89%	76%	92%

Source: WA DOH School Immunization Data Dashboard (2021-2022 school year)³¹



Disability

ADULT DISABILITY					
Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of households with one or more people with any disability	↑	34%	30%	36%	26%
Percentage of older adult population (65 yrs. & over) with a self-care difficulty (has difficulty dressing or bathing)	≈	6%	3%	6%	7%
Percentage of older adult population (65 yrs. & over) with a vision difficulty (blind or has serious difficulty seeing even with glasses)	≈	5%	4%	4%	6%
Percentage of older adult population (65 yrs. & over) with an ambulatory difficulty (has serious difficulty walking or climbing stairs)	≈	20%	13%	16%	20%
Percentage of older adult population (65 yrs. & over) with an independent living difficulty (has difficulty doing errands alone such as visiting a doctor's office or shopping)	↓	9%	6%	10%	13%
Percentage of older adult population (75 yrs. & over) with a cognitive difficulty (has serious difficulty concentrating, remembering, or making decisions)	↓	10%	8%	11%	14%
Percentage of older adult population (75 yrs. & over) with a hearing difficulty (deaf or has serious difficulty hearing)	≈	24%	27%	18%	25%
Percentage of older adult population (75 yrs. & over) with a self-care difficulty (has difficulty dressing or bathing)	≈	13%	4%	11%	13%
Percentage of older adult population (75 yrs. & over) with a vision difficulty (blind or has serious difficulty seeing even with glasses)	↓	6%	8%	7%	9%
Percentage of older adult population (75 yrs. & over) with an ambulatory difficulty (has serious difficulty walking or climbing stairs)	≈	29%	18%	25%	31%
Percentage of older adult population (75 yrs. & over) with an independent living difficulty (has difficulty doing errands alone such as visiting a doctor's office or shopping)	↓	16%	12%	19%	23%

Leading Causes of Death in Asotin County

1. Heart diseases
2. Cancer
3. Chronic lower respiratory diseases
4. Cerebrovascular diseases
5. Unintentional injuries (accidents)
6. Alzheimer disease
7. Diabetes mellitus
8. Influenza and pneumonia
9. Intentional self-harm (suicide)
10. Chronic liver disease and cirrhosis

Source: CDC Wonder³³

POVERTY

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of older adults living in poverty (65 years and over)	≈	7%	8%	6%	8%
Percentage of people below poverty level: 18-64 years old	↑	14%	16%	14%	10%
Percentage of families with [related] children under 18 living below poverty level	↑	14%	17%	11%	10%
Percentage of people below poverty level: 5-17 years old	↑	16%	17%	9%	12%
Percentage of people below poverty level: Under 5 years old	↑	19%	22%	15%	13%

Source: ACS 5-Year Estimates Subject Table S1701, S1702 2017-2021³⁴



Food Access

Access to free and reduced meals at school and the Basic Food program, also known as Supplemental Nutrition Assistance Program (SNAP), are important resources for many families in the county. These nutrition security programs are a source of nourishment for community members and improve overall community health.

FOOD ACCESS

Indicator	Comparison with the State	Asotin County	Klickitat County	Pend Oreille County	Washington State
Percentage of children enrolled in public schools eligible for free or reduced-price lunch	↑	60%	60%	75%	52%
Percentage of households receiving Basic Food/SNAP in the last 12 months	↑	18%	14%	15%	11%
Percentage of children (under 18 years old) who have food insecurity	↑	15%	15%	15%	12.0%
Percentage of youth (8th grade) who had to skip or cut the size of a meal in the last year	↑	9%	n/a	n/a	5%

Source: OSPI 2022-2023³⁵ | Feeding America Action, 2021³⁶ | Healthy Youth Survey 2021³⁷

WIC (Women, Infants, and Children)

Women, Infants, and Children (WIC) is a supplemental food program to help support families. WIC is not the same thing as “food stamps” or SNAP. In fact, many families who do not qualify for Basic Food or Temporary Assistance for Needy Families (TANF) qualify for WIC. Almost 50% of all babies in Washington State are on WIC. You can sign up for WIC as soon as you know you are pregnant. 1/3 of pregnant women are on WIC in Washington State.

WIC is more than just food. Participation in WIC also helps connect you to other resources and referrals. WIC is a public health prevention program that reduces low birth rate and promotes breastfeeding. Check out ac-hd.org to learn more.



\$187,838
Total WIC food dollars redeemed



\$51,233
Total WIC food dollars redeemed on fruits/vegetables

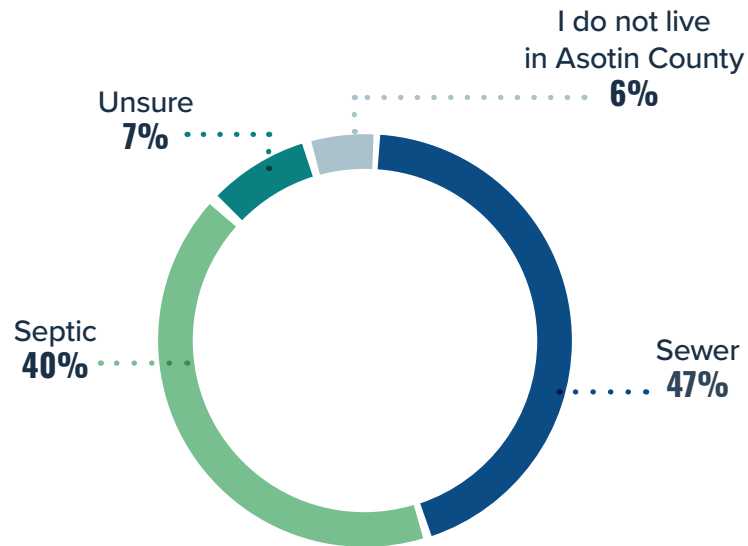


380
PARTICIPANTS
Total Authorized Caseload

Source: WA DOH WIC


Septic System Use

If you live in Asotin County, does your home use the city sewer or do you have a septic system (on-site sewage)?



Source: Community Survey 2023 n=759

If you are unsure if you have a septic system (on-site sewage), contact ACHD and we can help. Visit (ac-hd.org) for more information about OSS and how to best care for your system.



WHAT WE'RE
DOING TO
ADDRESS
OUR HEALTH
NEEDS

ACHD has carefully reviewed the survey data and indicators. Heidi Berthoud Consulting provided summary information from interviews and focus groups. We have also had discussions internally and with community partners about the role of ACHD in meeting community health needs. The following are areas ACHD is taking immediate action on:

1. Developing a senior resource guide, with other resource guides to follow
2. Community Health Improvement Plan developed from CHA data
3. Increased awareness/education about safer storage
4. Having naloxone available
5. Increased social media presence
6. Actively looking for opportunities to collaborate with other organizations
7. Relocation of ACHD office to Clarkston
8. Growing our staff in order to increase programs and outreach

Thank you to all community partners and individuals who participated in our assessment.



APPENDIX

Methodology for Survey, Interviews and Focus Groups



COMMUNITY LEADER INTERVIEWS

ACHD identified a list of 26 local leaders across the county who could provide insights on community health. The leaders included people from the school district, local government, health care, and public health. 15 community leaders agreed to participate in the interviews. The consultant team contacted each interviewee and scheduled a video call or in-person meeting. Interviewees were notified that video calls would be recorded, and any direct quotations used in the final report would be approved before inclusion in the report. Interviews ranged from 45 to 60 minutes, with most calls taking about 45 minutes. Interviewees were not provided with a list of questions in advance. The interviewers prepared the interviewee at the beginning of the call by explaining the format and flow of the questions and asking for verbal consent to take part in the interviews and to record each session. Recordings and raw data were not shared with ACHD. Data were analyzed using Dedoose which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.⁴



SURVEY

Survey questions were developed in collaboration with ACHD and the consultant team around eight key domains:

1. Quality of Life
2. COVID-19, focused on mental health, employment, information access
3. Health care access, provider access, preventive care
4. Transportation
5. Food access
6. Services access, focused on self-report of ease or difficulty accessing services in Asotin County
7. Demographics

The survey was available in English and was open August 1, 2023-November 8, 2023. Individuals who work in Asotin County were able to complete the survey but more than 90% of responses came from people who live in Asotin County. We received 775 responses to our community survey. The survey was delivered using the SurveyMonkey survey delivery platform and data were analyzed in SurveyMonkey and Excel. The list of survey questions can be found in the next section of this Appendix.



FOCUS GROUPS

Focus groups were conducted in a variety of settings around Clarkston, Washington. The focus groups centered on these key topics: 1) Substance use; 2) Mental health; 3) Housing access and aging-in-place; and 4) Open topic health needs. Focus groups were open to the public and advertised through ACHD's Facebook, website, email invites, word of mouth, and on Eventbrite. Each attendee was offered a gift card for participating. Focus groups were recorded with permission, but participants did not name themselves on the recording when they spoke and no participants were named in the final report. Recordings and raw data were not shared with ACHD. Data were analyzed using Dedoose, which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.



INDICATORS

Public health and community indicators were obtained from national, state, regional, and local data sources, including the American Community Survey and the Washington State Department of Health. Comparison county and state rates were also obtained for select indicators. Some indicators may be measured differently across the data sources, time intervals, or geographies, in which cases data were collected from all possible sources to allow for comparison across similar indicators and interpretation of the results in the context of the CHA. The nature of each indicator (e.g., percentage, rate per 100,000) was specifically noted; in cases when estimates were too small to report as percentages, indicators were reported as counts. Data management and analysis were conducted in Microsoft Excel and Stata/MP v15.1.

SURVEY

Questions	Answers					
1. How many years have you lived or worked in Asotin County?	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+ <input type="checkbox"/> I do not live or work in Asotin County					
2. How would you rate the overall of quality life in Asotin County?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Somewhat dissatisfied	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Not sure	<input type="checkbox"/> Not applicable to me
3. How satisfied or dissatisfied are you with the following:	Access to dental care Access to food banks Access to health care Access to immunizations Access to mentalhealth care Access to Narcan/naloxone Affordability of housing Availability of social services (utility assistance, housing vouchers, SNAP, WIC, etc.) Community events and activities Family planning services Libraries					
	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Somewhat dissatisfied	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Not sure	<input type="checkbox"/> Not applicable to me
4. How satisfied or dissatisfied are you with the following:	Preventive services for suicide Preventive services for substance use Public Health Public schools Public transportation Response by fire and emergency services Response by lawenforcement					

Questions	Answers					
5. Optional: What are the most important issues facing Asotin County today?						
6. If you live in Asotin County, what is your current housing situation?	<input type="checkbox"/> I own my own home (with or without a mortgage) <input type="checkbox"/> I rent my home <input type="checkbox"/> I live with family or friends in their home <input type="checkbox"/> I am homeless <input type="checkbox"/> I do not live in Asotin County <input type="checkbox"/> Other (please specify)					
7. If you live in Asotin County, how do you feel about your current housing situation?	<input type="checkbox"/> Very stable and secure <input type="checkbox"/> Fairly stable and secure <input type="checkbox"/> Fairly unstable and insecure <input type="checkbox"/> Very unstable and insecure <input type="checkbox"/> Not sure <input type="checkbox"/> I do not live in Asotin County					
8. Optional: What else would you like to share about housing in Asotin County?						
9. If you live in Asotin County, do you have internet access at home?	<input type="checkbox"/> Yes and it meets my needs <input type="checkbox"/> Yes but it does not meet my needs <input type="checkbox"/> No <input type="checkbox"/> Don't know/does not apply <input type="checkbox"/> I do not live in Asotin County					
	<input type="checkbox"/> Personal or household car	<input type="checkbox"/> Rides from friends/family	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Community transit (PTBA etc.)	<input type="checkbox"/> Does not apply
10. How do you usually get around to where you need to go? Select all that apply.	Child's school/ Childcare					
	Grocery store					
	Health care					
	Other shopping					
	Work					
	Social activities/recreation					

SURVEY

Questions	Answers	
<p>11. If you live in Asotin County, does your home use city sewer or do you have a septic system (on-site sewage)?</p>	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable <input type="checkbox"/> I do not live in Asotin County	
<p>12. In the past year, which resources has your household used? Select all that apply.</p>	<input type="checkbox"/> Food bank <input type="checkbox"/> Local resource guides <input type="checkbox"/> Food pantry <input type="checkbox"/> SNAP/Basic Food <input type="checkbox"/> Senior Center meals <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Free meals from a church or soup kitchen <input type="checkbox"/> WIC <input type="checkbox"/> Public gardens <input type="checkbox"/> Drug Take Back Day <input type="checkbox"/> Medical appointment gas vouchers	<input type="checkbox"/> Fire District fire alarm installation program <input type="checkbox"/> School backpack program <input type="checkbox"/> Public library programs (story time, book club etc.) <input type="checkbox"/> Youth Summer Food program <input type="checkbox"/> School supply donation <input type="checkbox"/> Public transportation <input type="checkbox"/> Interlink or COAST transportation <input type="checkbox"/> Syringe collection at Asotin County Health District <input type="checkbox"/> My household has not used any of these services
<p>13. How is your overall health?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<p>14. Do you have a primary health care provider?</p>	<input type="checkbox"/> Yes, one specific person <input type="checkbox"/> Yes, multiple providers at different locations <input type="checkbox"/> Yes, a clinic or practice where I see multiple providers <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<p>15. Have you experienced any mental health symptoms in the past 12 months? Select all that apply.</p>	<input type="checkbox"/> Anxiety or stress <input type="checkbox"/> Depression <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Self-harm <input type="checkbox"/> Increased drug or alcohol use <input type="checkbox"/> Feeling lonely or isolated <input type="checkbox"/> I did not experience any mental healthy symptoms	

Questions	Answers
<p>16. If you felt you needed mental health treatment or counseling within the past 12 months, did you seek and receive care?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I did not need care <input type="checkbox"/> I needed care but could not get any care <input type="checkbox"/> I needed care but did not seek care <input type="checkbox"/> I needed care but only got some of the care I needed <input type="checkbox"/> I needed care and got all of the care I needed <input type="checkbox"/> Other (please specify)
<p>17. How do you feel about preventive immunizations in general (not including COVID-19)? Preventive vaccines include tetanus, measles, chicken pox, meningitis, flu, etc.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I support all preventive immunizations <input type="checkbox"/> I support most preventive immunizations <input type="checkbox"/> I support some preventive immunizations <input type="checkbox"/> I support a few preventive immunizations <input type="checkbox"/> I do not support any preventive immunizations <input type="checkbox"/> Other (please specify)
<p>18. If you needed mental health support, who would you feel comfortable talking to? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> My primary care doctor <input type="checkbox"/> Mental health professional online <input type="checkbox"/> Mental health professional in person <input type="checkbox"/> My Pastor/Priest/Rabbi/Elder/Bishop, etc. <input type="checkbox"/> Friends or family <input type="checkbox"/> Teacher/Professor/School Counselor <input type="checkbox"/> Other (please specify)
<p>19. In a disaster or emergency, what are the ways you get information? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Social media (Facebook, Twitter, etc.) <input type="checkbox"/> YouTube <input type="checkbox"/> Radio <input type="checkbox"/> Local news (TV) <input type="checkbox"/> National News <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/family <input type="checkbox"/> Text message alert systems <input type="checkbox"/> Other (please specify)
<p>20. In the event of an emergency requiring evacuation (such as a wildfire or flood) do you have an emergency plan for your household, including animals?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes and it meets my needs <input type="checkbox"/> Yes but it does not meet my needs <input type="checkbox"/> No <input type="checkbox"/> Don't know/does not apply <input type="checkbox"/> I do not live in Asotin County

SURVEY

Questions	Answers	
<p>21. In the event of a power outage lasting up to 2 days, do you have an emergency plan and supplies (water, shelf-stable food, flashlight etc.).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
<p>22. Are you interested in learning more about personal preparedness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<p>23. Overall, what were the top challenges you faced throughout the COVID-19 pandemic emergency declaration period? The emergency declaration period was March 2020 to October 2022. Select all that apply.</p>	<input type="checkbox"/> Transportation to medical appointments for COVID-19 <input type="checkbox"/> Access to safe housing <input type="checkbox"/> Transportations for non-medical reasons <input type="checkbox"/> Childcare <input type="checkbox"/> Access to COVID-19 testing <input type="checkbox"/> Unemployment or underemployment <input type="checkbox"/> Ability to isolate or quarantine <input type="checkbox"/> Access to food <input type="checkbox"/> Enrolling or using social services such as WIC, SNAP, or unemployment	<input type="checkbox"/> Access to household goods <input type="checkbox"/> School/daycare closures or schedules <input type="checkbox"/> Access to COVID-19 vaccination <input type="checkbox"/> Paid time off work due to COVID illness or quarantine requirements <input type="checkbox"/> Access to PPE, including masks, face shields and/or gloves <input type="checkbox"/> Non-COVID medical treatment <input type="checkbox"/> I did not experience challenges <input type="checkbox"/> Other
<p>24. What, if any, health care related activities did you postpone or skip due to the COVID-19 pandemic? Select all that apply.</p>	<input type="checkbox"/> Regular physical/check-up/well-child visits <input type="checkbox"/> Vaccinations (not including COVID or flu vaccines) <input type="checkbox"/> Dental treatment or check-ups <input type="checkbox"/> Eye exams or treatment <input type="checkbox"/> Recommended screenings such as mammograms or colonoscopy <input type="checkbox"/> Visits with a specialist out of town <input type="checkbox"/> Mental health treatment	<input type="checkbox"/> Elective surgery (a surgery not covered by insurance) <input type="checkbox"/> Necessary but non-emergency surgery, such as a joint replacement <input type="checkbox"/> Imaging, such as xray, MRI or CAT scan <input type="checkbox"/> I did not postpone anything because nothing was planned <input type="checkbox"/> I was able to access all the care I needed on time

Questions	Answers	
25. Optional: What else would you like us to share about the local COVID-19 response or your experience?		
26. What is your age?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+
27. How do you identify?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe	
28. How do you identify? Select all that apply.	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify)	
29. Which of the following apply to you? Select all that apply	<input type="checkbox"/> I am a veteran <input type="checkbox"/> I am active military <input type="checkbox"/> I live with a veteran <input type="checkbox"/> I live with an active military member <input type="checkbox"/> I am not and do not live with a veteran/active military member <input type="checkbox"/> Prefer not to answer	

SURVEY

Questions	Answers
<p>30. What best describes your employment status? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Stay-at-home parent or caregiver <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed but looking for work <input type="checkbox"/> Unemployed but not currently looking for work <input type="checkbox"/> Cannot work due to disability or illness <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify)
<p>31. What is your total household monthly gross pay? Include income such as retirement, disability (including military), or unemployment. Gross pay is your pay before taxes etc. are taken out.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500-\$999 <input type="checkbox"/> \$1000-\$1999 <input type="checkbox"/> \$2000-\$3999 <input type="checkbox"/> \$4000-\$5999 <input type="checkbox"/> \$6000-\$7999 <input type="checkbox"/> \$8000-\$9999 <input type="checkbox"/> \$10,000+ <input type="checkbox"/> Prefer not to answer
<p>32. Optional: Is there anything else related to community health that you would like to share and we did not address?</p>	

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THANK YOU



We appreciate you reading our report and we hope this information helps us all improve our community's health.