

# Kittitas County Community Health Assessment and Community Health Improvement Plan Update



**December 2021**



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Kittitas Valley Healthcare provided partial funding for the facilitation and creation of the community health assessment and community health improvement plan.

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### **The Kittitas County Health Network Assessment Work Group**

The Assessment Work Group helped to identify the scope of the project, provide content and data updates, and overall guidance of the community health assessment and the community health improvement plan.

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Sam Pfeifer	HopeSource

### **Additional Support:**

Thank you to the Board of Directors, the Leadership Council, and the Work Groups of the Kittitas County Health Network for providing input and guidance to the Community Health Assessment and the Community Health Improvement Plan.

### **The Residents of Kittitas County**

We would also like to thank the members of the Kittitas County community that took the time to answer our survey questions on-line. Your feedback was essential to the CHA-CHIP process.

## Introduction

The mission of the Kittitas County Health Network (Network) is to improve population health through cross-sector collaboration and systems integration with a vision that all people in Kittitas County are supported in achieving health and wellbeing. Over 40 organizations in Kittitas County have participated in the Network since its creation in 2017. In 2018, Network partners completed a Community Health Assessment and Community Health Improvement Plan which identified the need to address multiple community health issues through the improvement of service delivery, increased cross-sector communication, and the integration of addressing social factors of health along with traditional health services. Several cross-sector workgroups have been implemented to address the health needs of our rural community including the substance use disorders, mental health, adverse childhood experiences and resilience, childcare, and coordination of health, social, and community services.



## Purpose

A Community Health Assessment engages community members and agency partners in the collection and analysis of community health-related information from a variety of sources. The findings of the community health assessment are used to inform community decision-making, the prioritization of health problems, and the development and implementation of a Community Health Improvement Plan. The purpose of the 2021 iteration of the Kittitas County Community Health Assessment is to provide an update to the previous 2018 assessment, inform Kittitas County on the health impacts of COVID-19 on our community, and provide Kittitas Valley Healthcare with a Community Health Needs Assessment that meets their requirements under IRS Section (r) (3) as a charitable hospital organization.

## Methods

Several sources were gathered to compile this assessment including cross-sector Network-based focus groups, a community health survey distributed county-wide, and secondary data collection through a variety of local, regional, state, and national data sources.

### Focus Groups

The Kittitas County Health Network conducted focus groups with existing Network work groups and the Network's Leadership Council which consist of cross-sector local and regional professionals and involved community members or people with lived experience. The website Mentimeter was used to measure real time responses by work group members. Participant/organization lists and questions asked to each group can be found in Appendix A. Responses to open ended questions were coded by theme and rankings were recorded as an aggregate in table form by the website.

### Community Health Survey

The Network utilized the majority of the questions from the previous community health survey conducted in 2017-2018 and included additional questions to explore the impacts of COVID-19 on community members (Appendix A). Survey Monkey® online survey software was used to generate the survey which was distributed electronically to the Kittitas County community. The online survey was emailed out to all Network contacts, posted weekly on Network social media platforms, and shared in community Facebook groups on a weekly basis. A total of 320 responses were received. The survey was generally representative of Kittitas County, however there are certain limitations that should be considered when reviewing the survey data. Proportionally, there were more Ellensburg respondents compared to less populated areas; more female respondents; more respondents with higher incomes, more respondents who identified as white; and more respondents with higher education.

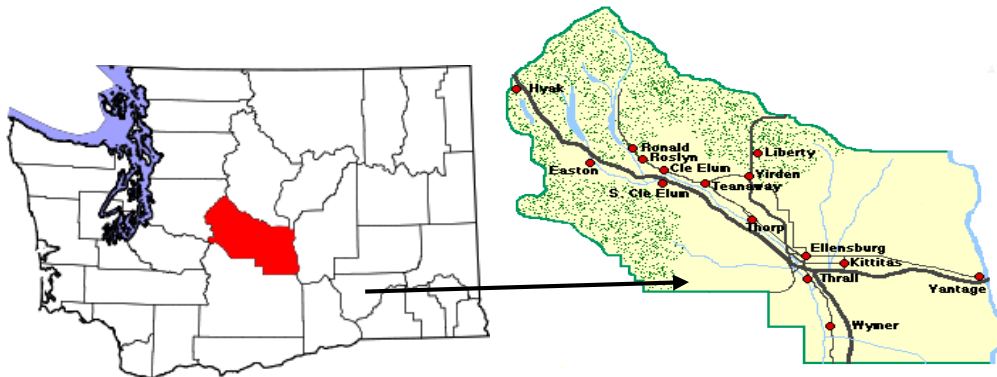
## Additional Resources

- Kittitas County Health Assessment 2017-2018
- HopeSource Community Needs Assessment 2020
- Kittitas County COVID-19 Economic Recovery Reports
- Secondary research on studies measuring the impacts of COVID-19 on rural health
- Review of Washington State Department of Health:
  - Weekly and Monthly Behavioral Health Situation Reports
  - Monthly Behavioral Health Forecasts

## Community Profile

### Geography

Kittitas County is 2,297 square miles<sup>1</sup> and is located in the central region of Washington State. The upper county area contains large portions of the Cascade Mountain range and several lakes and rivers. The lower county area contains a large valley area made up of rolling hills and grasslands that support the county's agriculture industries. The Yakima River flows through the middle of the county and the Columbia River borders it to the east. Adjacent counties include King to the West, Chelan and Douglas to the North, Grant to East, and Yakima to the South. Interstate 90 runs midway through the entire county connecting the major cities of Seattle and Spokane. **Due to this geographical distance and disparity, services face difficulty in providing county-wide coverage.**



### Population

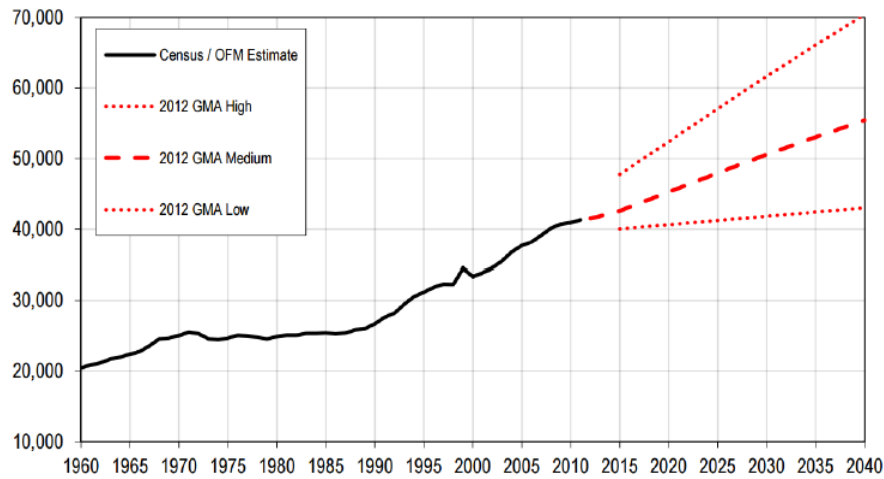
The United States Census Bureau 2019 estimates show that Kittitas County is home to approximately 47,935 residents and growing fast. **According to the U.S. Decennial Census, the county's population grew by 7,025 persons between 2010 and 2019, an overall change of 17.2%.<sup>1</sup>** The Washington State Office of Financial Management (OFM) created a projection model (below) that predicts the Kittitas County population will grow at an average rate of 2.13% annually between the years of 2015 and 2037.<sup>2</sup> A population projection memo by BERK Consulting suggests that Kittitas County may see large increases in population due to three major factors: 1) emergence as a retirement destination 2) increased student enrollment at Central Washington University and 3) transportation improvements allowing easier passage to King County. However, it is also noted that this positive growth trend may be countered by negative trends such as the lack of job growth, water right restrictions, and an increase in climate change related events such as wildfires.<sup>3</sup>

<sup>1</sup> United States Census Bureau, <https://data.census.gov/cedsci/profile?g=0500000US53037> (accessed October 22, 2021)

<sup>2</sup> Washington State Office of Financial Management, <https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/growth-management-act-county-projections/growth-management-act-population-projections-counties-2010-2040-0> (accessed October 25, 2021)

<sup>3</sup> Kittitas County Web Page, <https://www.co.kittitas.wa.us/uploads/cds/comp-plan/twenty-year/Population%20Projection%20Memo.pdf> (accessed October 25, 2021)

## Kittitas County Population and Projected Growth

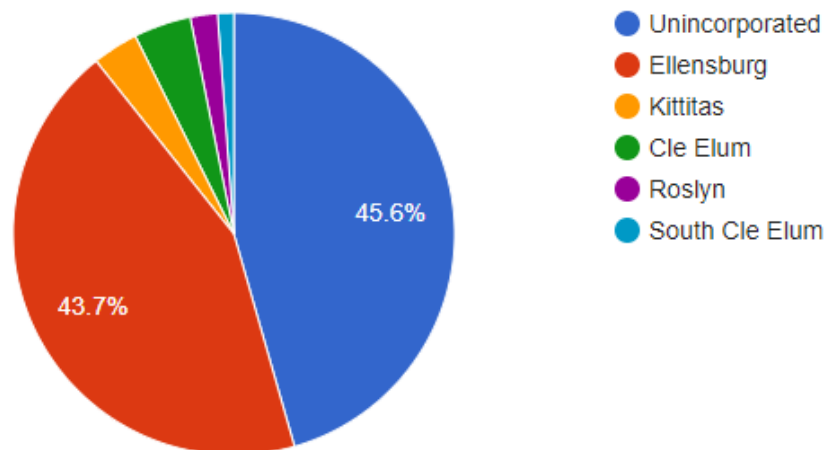


Graphic Source: BERK (2016) <https://www.co.kittitas.wa.us/uploads/cds/comp-plan/twenty-year/Population%20Projection%20Memo.pdf>

## Rural Character

Kittitas County is considered a rural county by the U.S. Census definition. "Rural" is defined as any population, housing, or territory outside urban areas.<sup>4</sup> In Kittitas County, we have one urban cluster, an area containing at least 3,000 and less than 50,000 people in the county seat of Ellensburg.<sup>4</sup> **Nearly half the population lives in unincorporated areas (not governed by a city government but instead by county government).**<sup>5</sup> Unincorporated Kittitas County includes the communities of Vantage, Thorp, Ronald, Easton, Liberty and Snoqualmie Pass.

### Kittitas County Population Estimates<sup>5</sup>



<sup>4</sup> United States Census Bureau, <https://data.census.gov/cedsci/profile?g=0500000US53037> (accessed October 22, 2021)

<sup>5</sup> Kittitas County Web Page, <https://www.co.kittitas.wa.us/about/population.aspx>, (accessed October 20, 2021)



## Age

Kittitas County is a relatively “young” county with a median age of 33.8.<sup>6</sup> The working age group (18-64) makes up 67% of the population.<sup>6</sup> **Between 2010 and 2020, the Kittitas County child population ages 0-14 is estimated to have grown 23%.** The population ages 5-9 grew the fastest (+27%), followed by ages 10-14 (+26%), and trailed by comparatively slower growth among ages 0-4 (+15%). However, the Kittitas County child population growth rates are high compared to the state overall, which only saw an 8 percent increase in the child population over this period.

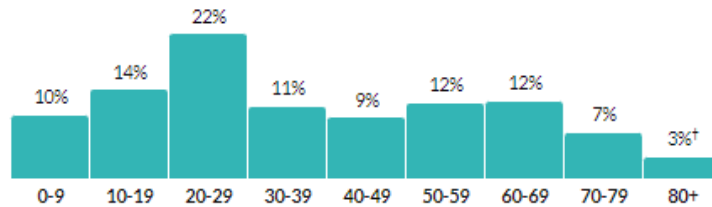
# 33.8

## Median age

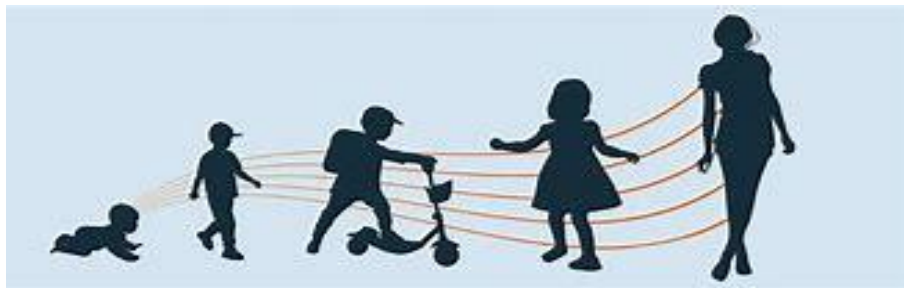
about 90 percent of the figure in Washington: 37.7

about 90 percent of the figure in United States: 38.1

Population by age range

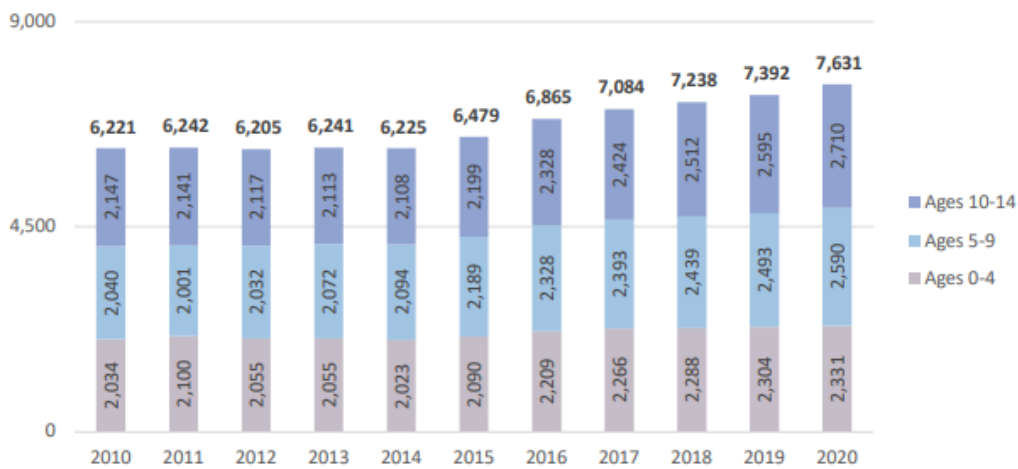


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## 23% GROWTH IN KITTITAS COUNTY CHILD POPULATION BETWEEN 2010 AND 2020

Figure 3. Count of Children by Age Range, Kittitas County, 2010-2020



Source: Small Area Demographic Estimates by Age, Sex, Race and Hispanic Origin, Washington State Office of Financial Management, Forecasting and Research Division, 2010-2020

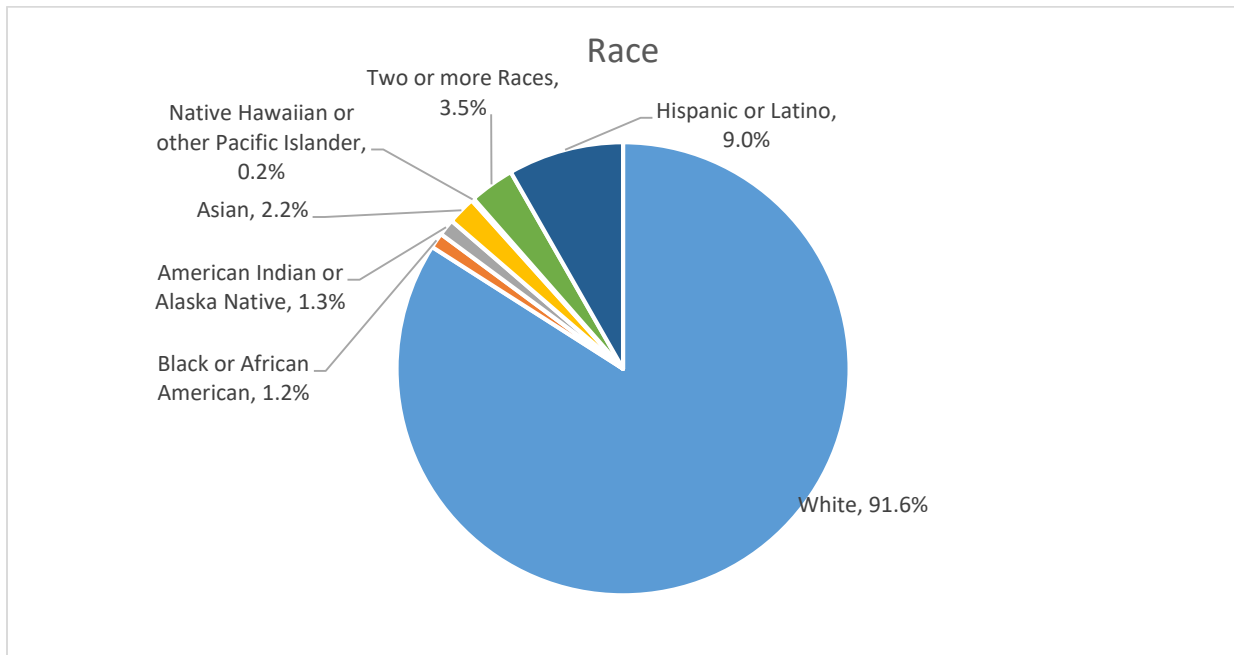
<sup>6</sup> US Census Bureau, *American Community Survey*, 2015-19

## Gender

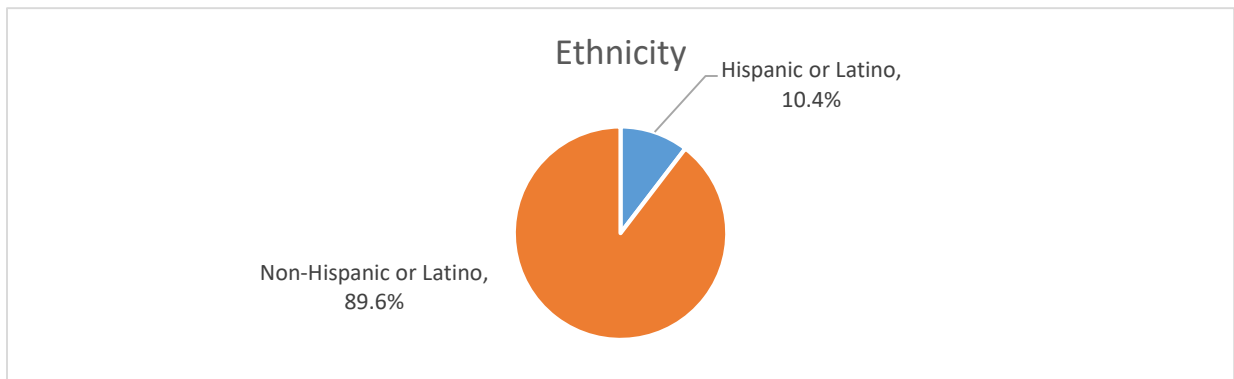
When examining the breakdown of the population, the female population comprised 50.1% of the report area, while the male population represented 49.9%.<sup>6</sup>

## Race and Ethnicity<sup>7</sup>

The U.S. Census Bureau considers race and ethnicity to be two different categories. Race is defined as “as a person’s self-identification with one or more social groups.”<sup>7</sup> The Kittitas County population is predominately Caucasian with 91.6% of county residents identifying as White, 9% as Hispanic or Latino, 3.5% as multiracial, 2.2% as Asian, 1.2% as Black or African American, 0.2% as Native Hawaiian/Pacific islander, and 1.3% as American Indian or Alaska Native.<sup>1</sup>



Ethnicity determines whether a person is of Hispanic origin or not. Hispanics may report as any race. Therefore, population by ethnicity is broken out into sub-categories, Hispanic or Latino and Not Hispanic or Latino.



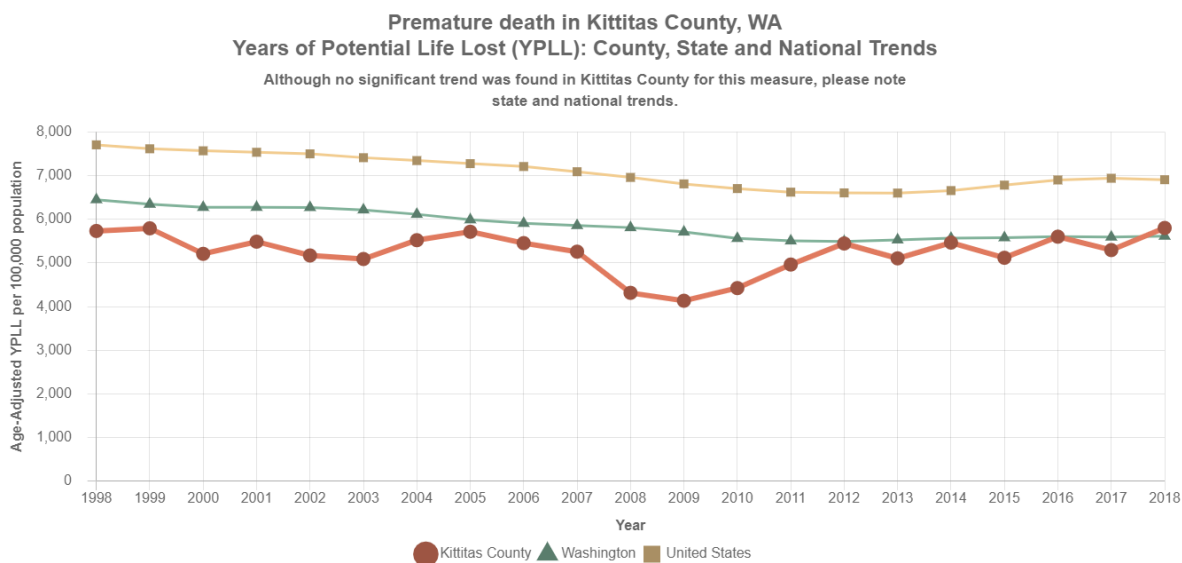
<sup>7</sup> United States Census Bureau, <https://data.census.gov/cedsci/profile?g=0500000US53037> (accessed October 22, 2021)

## Health Outcomes

### Mortality

Mortality indicators look at how early people are dying and the reason for death. **The average life expectancy in Kittitas County is 81.69 years compared to the state average of 80.65 years and national average of 78.79.<sup>8</sup>**

Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if they had not died prematurely.



Notes:  
 Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

The top 10 causes of death in Kittitas County remained mostly unchanged from the 2018 assessment. In 2018 influenza and pneumonia was the 9<sup>th</sup> leading cause, but during this reporting period, chronic liver disease and cirrhosis and other diseases of the respiratory system rated higher. **The only cause of death in which Kittitas County significantly out-paced the state was intentional self-harm (suicide).**

Cause Of Death	Age Adjusted Rate per 100,000 population <sup>8</sup>	
	Kittitas County 2015-2019	WA State 2015-2019
Major cardiovascular diseases	174.13	182.39
Malignant neoplasms (Cancer)	130.84	141.78
All other diseases (Residual)	64.62	82.72
Accidents	42.93	43.65
Chronic lower respiratory diseases	33.78	33.49
Alzheimer's disease	30.24	41.61
Intentional self-harm (suicide)	20.61	16.1
Diabetes mellitus	14.88	20.32
Chronic liver disease and cirrhosis	10.89	12.23
Other diseases of respiratory system	10.47	9.70

<sup>8</sup> Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2019, Community Health Assessment Tool (CHAT), January 2021. (Accessed October 20, 2021)

## Morbidity

Morbidity is the term used to describe rates of disease within a population and the overall experience of health and quality of life. In this assessment, morbidity outcomes are health-related indicators that look at several areas including physical, reproductive, and emotional health.

### Leading Causes of Hospitalization

The top ten causes of hospitalization remained mostly unchanged, although the order was shuffled in the middle. **The one new diagnosis in the top 10 is infectious and parasitic diseases.** The one that did not repeat from the 2018 assessment was diseases of the genitourinary system.



<i>Diagnosis Group</i>	<b>Age-Adjusted Rate per 10,000 2016-2019<sup>9</sup></b>	
	<i>Kittitas County</i>	<i>Washington State</i>
Complications of pregnancy; childbirth; and the puerperium	108.1	118.88
Certain conditions originating in the perinatal period	106.78	125.92
Diseases of the circulatory system	69.41	100.88
Diseases of the musculoskeletal system and connective tissue	51.51	48.29
Injury and poisoning	49.29	59.44
Diseases of the digestive system	44.71	58.08
Diseases of the respiratory system	31.26	48.98
Neoplasms	26.42	29.51
Infectious and parasitic diseases	25.19	52.31
Mental Illness	22.72	50.82

<sup>9</sup> WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2019. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Aug 2021

## Hospitalization Rates in Children

Complications of pregnancy and childbirth remain the leading causes of hospitalization among children 0-17 in Kittitas County. **Diseases of the respiratory system, injury and poisoning, and mental illness are the next most occurring reasons for hospitalization.** The top ten causes did not change from the 2018 assessment.

<b>Children aged 0-17, age specific rate per 10,000 2016-2019<sup>10</sup></b>		
<b>Diagnosis Group</b>	<b>Kittitas County</b>	<b>Washington State</b>
Certain conditions originating in the perinatal period	443.66	493.37
Diseases of the respiratory system	24.87	26.04
Injury and poisoning	14.17	12.27
Mental Illness	12.44	22.05
Diseases of the nervous system and sense organs	11.57	8.84
Diseases of the digestive system	10.12	11.94
Congenital anomalies	9.54	9.2
Endocrine; nutritional; and metabolic diseases and immunity disorders	7.81	8.53
Neoplasms	6.36	7.34
Diseases of the musculoskeletal system and connective tissue	3.76	4.25

## Hospitalization Rates in Young Adults

**Mental illness, diseases of the digestive system, and injury and poisoning are the leading causes of hospitalization for youth ages 18-24 in Kittitas County,** not including pregnancy and childbirth. All diagnosis groups in the top 10 are below the rate for Washington state.

<b>Young Adults aged 18-24, age specific rate per 10,000 2016-2019<sup>10</sup></b>		
<b>Diagnosis Group</b>	<b>Kittitas County</b>	<b>Washington State</b>
Complications of pregnancy; childbirth; and the puerperium	85.93	239.44
Mental Illness	15.91	67.29
Diseases of the digestive system	7.96	19.84
Injury and poisoning	6.9	24.38
Neoplasms	5.57	6.4
Endocrine; nutritional; and metabolic diseases and immunity disorders	4.77	14.77
Diseases of the respiratory system	4.51	10.08
Diseases of the genitourinary system	2.92	5.66
Diseases of the blood and blood-forming organs	1.86	2.76
Infectious and parasitic diseases	1.59	16.08

<sup>10</sup> WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2019. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Aug 2021

### Hospitalization Rates in Adults

Diseases of the musculoskeletal system and connective tissue, diseases of the circulatory system, and diseases of the digestive system were the leading causes of hospitalization for adults aged 25-64 in Kittitas County between 2016 and 2019, not including reasons related to pregnancy and childbirth. The top 10 did not change from the 2018 assessment. **Diagnoses rating higher than the state average were diseases of the musculoskeletal system and connective tissue which had a rate 15 points higher and neoplasms which had a rate 2 points higher.** All other hospitalization categories in the top 10 were lower than the state rates.

<b>Adults aged 25-64, age specific rate per 10,000, 2016-2019<sup>11</sup></b>		
<b>Diagnosis Group</b>	<b>Kittitas County</b>	<b>Washington State</b>
Complications of pregnancy; childbirth; and the puerperium	157.19	171.01
Diseases of the musculoskeletal system and connective tissue	62.01	46.57
Diseases of the circulatory system	60.18	74.93
Diseases of the digestive system	53.62	60.59
Injury and poisoning	50.34	51.5
Neoplasms	32.91	30.92
Mental Illness	29.89	64.36
Infectious and parasitic diseases	25.96	49.32
Diseases of the respiratory system	18.09	33.95
Diseases of the genitourinary system	17.57	18.96

### Hospitalization Rates: Older Adults

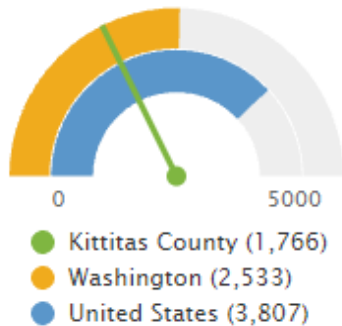
**Diseases of the circulatory system, diseases of the musculoskeletal system and connective tissue, and injury and poisoning are the leading causes of hospitalization for older adults age 65 and older.** Diseases of the musculoskeletal system and connective tissue is the only category where Kittitas County is higher than the Washington state rate (almost 7 points higher). The 9 remaining of the top 10 are all less than the Washington state rate with 3 being approximately half of the state rate (infectious and parasitic diseases, endocrine; nutritional; and metabolic diseases and immunity disorders, and diseases of the nervous system and sense organs).

<b>Older Adult aged 65+, age specific rate per 10,000 2016-2019<sup>11</sup></b>		
<b>Diagnosis Group</b>	<b>Kittitas County</b>	<b>Washington State</b>
Diseases of the circulatory system	346.12	491.5
Diseases of the musculoskeletal system and connective tissue	212.56	205.67
Injury and poisoning	166.47	218.19
Diseases of the digestive system	132.61	176.9
Diseases of the respiratory system	126.03	193.89
Infectious and parasitic diseases	97.19	193.57
Neoplasms	76.5	97.58
Diseases of the genitourinary system	59.57	100.74
Endocrine; nutritional; and metabolic diseases and immunity disorders	31.98	59.46
Diseases of the nervous system and sense organs	23.2	50.44

<sup>11</sup> WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2019. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Aug 2021

## Preventable Hospital Events

Preventable Hospital Events, Rate per 100,000 Beneficiaries



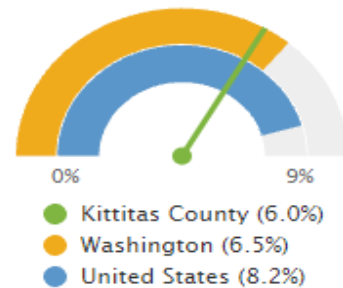
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## Low Birth Rate

This indicator measures percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Low-birth weight babies are at risk for higher incidence of chronic health issues as well as premature death. A higher incidence of low-birth-weight babies also indicates the presence of environmental risk factors that are impacting the mother's quality of life such as low access to care, social and economic stressors, and health risk behaviors.<sup>13</sup> **Kittitas County is in the 10<sup>th</sup> percentile of the top U.S. performers in this area with only 6% of babies being born with a low birth weight.**<sup>14</sup>

Percentage of Infants with Low Birthweight: %



<sup>12</sup> County Health Rankings and Roadmaps. 2018. Available at:

<http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed October 22, 2021).

<sup>13</sup> Hack M, Klein NK, Taylor HG. Long-term developmental outcomes of low birth weight infants. *Future Child.* 1995;5:176-196. Available at: <https://futureofchildren.princeton.edu/publications/journals/article/index.xml?journalid=60&articleid=379>

<sup>14</sup> County Health Rankings and Roadmaps. 2018. Available at:

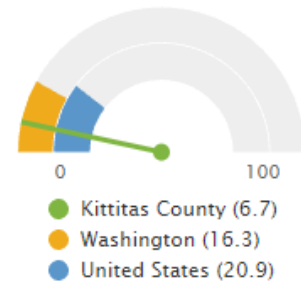
<http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed October 22, 2021).

## Teen Birth Rate

The teen birth rate is the number of births per 1,000 females fifteen to nineteen years of age. Pregnant teens are more likely to have complication with labor and delivery, as well as developmental delays for children and poor socio-economic outcomes for the family.<sup>15</sup> The most recent teen birth rate data shows approximately 8 births per 1,000 Kittitas County teens.

**Kittitas County is above the 10<sup>th</sup> percentile of top U.S. performers in this area.**<sup>15</sup>

Teen birth rate per 1,000 female population, ages 15-19

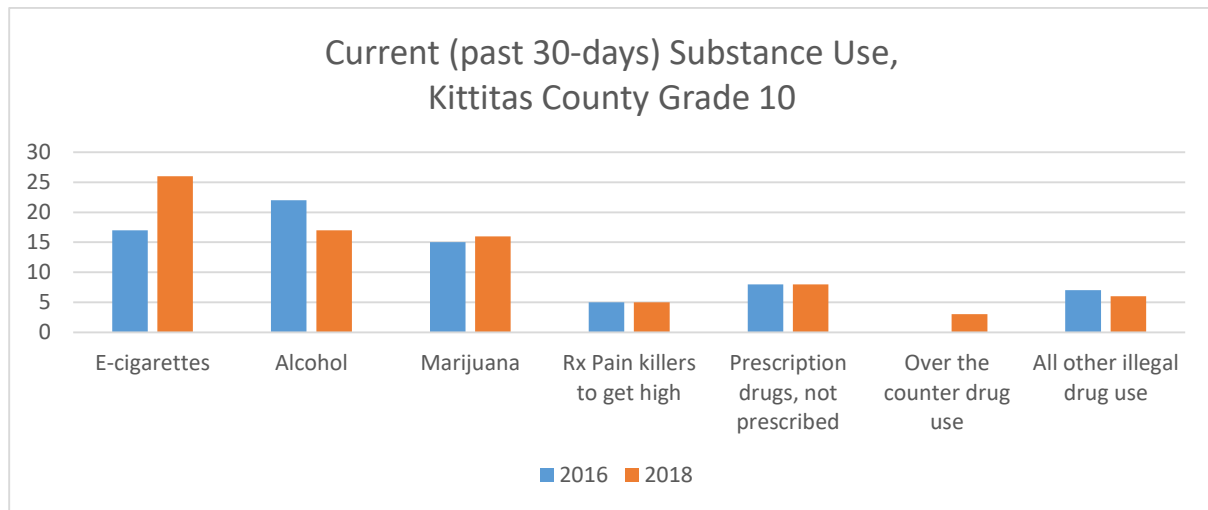


## Health Behaviors

Alcohol and drug use are important determinants of future health due to the significant amount of chronic disease linked to substance abuse.<sup>16</sup> Prolonged substance use can also be a sign of untreated mental and behavioral health needs.<sup>17</sup>

## Youth Substance Use

Most substance use trends over the past decade are consistent or showing a decline for youth in Kittitas County. The one area showing a concerning increase in use is E-cigarettes. The 2020 Healthy Youth Survey was delayed due to COVID-19. The survey was conducted in the fall of 2021 and will provide current use updates.



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<sup>15</sup> Hofferth, Sandra L., Cheryl D. Hayes, and National Research Council. *The children of teen childbearers*. (1987). Available at: <https://www.ncbi.nlm.nih.gov/books/NBK219236/>

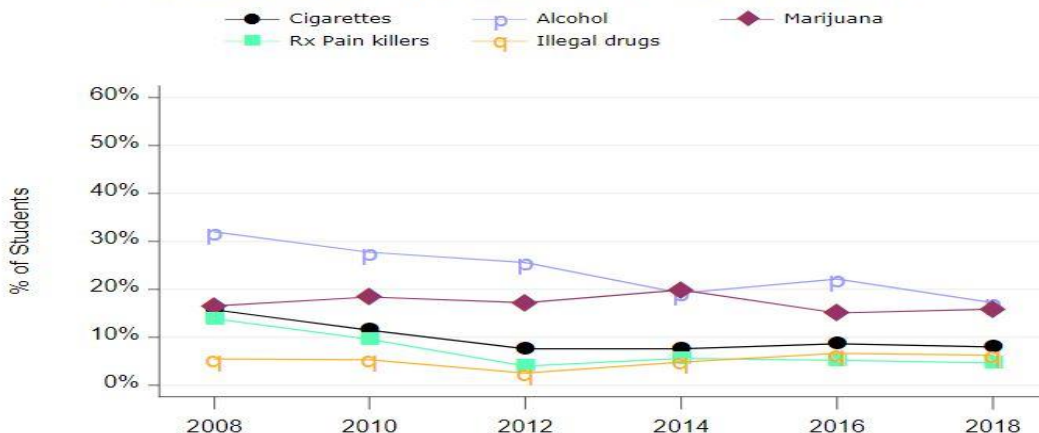
<sup>16</sup> Summit Behavioral Health. *Health Effects of Drug and Alcohol Abuse*. 2018. <https://www.summitbehavioralhealth.com/resources/articles/health-consequences/> (Accessed January 29, 2018).

<sup>17</sup> Saisan, J., MSW, M., MA Smith, L. Robinson, and J., PhD Segal. *Substance Abuse and Mental Health Issues: Dealing with Drug or Alcohol Addiction and Co-Occurring Mental Health Problems*. December 2017. <https://www.helpguide.org/articles/addictions/substance-abuse-and-mental-health.htm> (accessed October 22, 2021.)

<sup>18</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.



### Current (past 30-day) Substance Use Trends, Grade 10

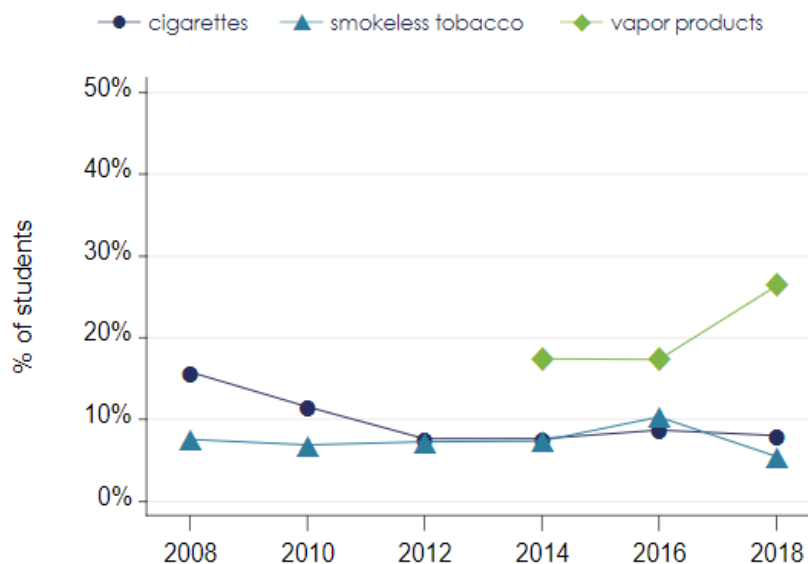


### Youth Tobacco Use

Tobacco use is linked to extremely high rates of chronic disease. Smoking increases the risk of coronary heart disease or stroke by 2-4 times and the risk of lung cancer by 25 times. Smoking is also linked to diminished overall health, increased absenteeism from work, and increased health care utilization and cost.<sup>19</sup> Tobacco use in

adolescence is a strong predictor of tobacco use in adulthood.<sup>20</sup> The 2018 Healthy Youth Survey reports that 8% of Kittitas County’s 10th graders are currently smoking cigarettes. **Trend analysis shows that reported tobacco smoking in 10th graders declined significantly from 2008 to 2018. However, since tracking vapor products began in 2014, reported use of e-cigarettes has risen over 50% (17% to 26%).**<sup>21</sup>

### Current (past 30-day) use trends, grade 10

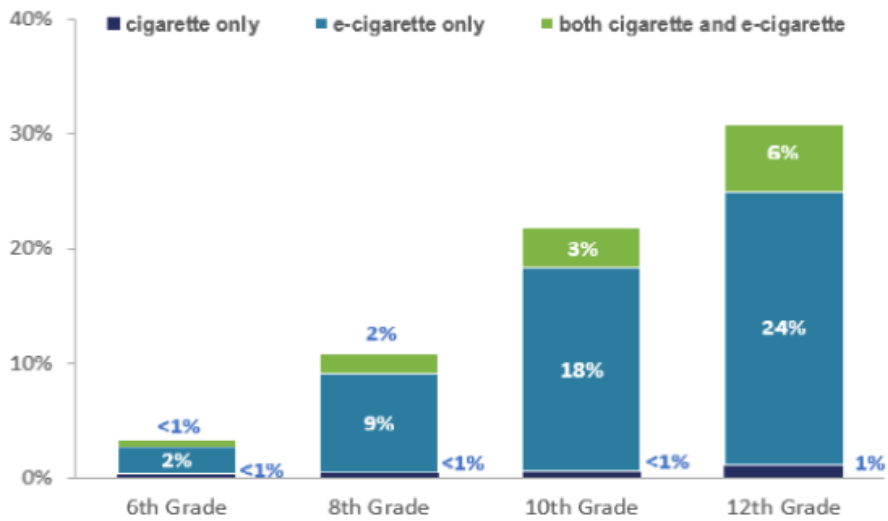


<sup>19</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at: <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

<sup>20</sup> National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, 2012. Available at: <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>

<sup>21</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

### Statewide prevalence of past 30 day e-cigarette, cigarette and use of both among youth by grade

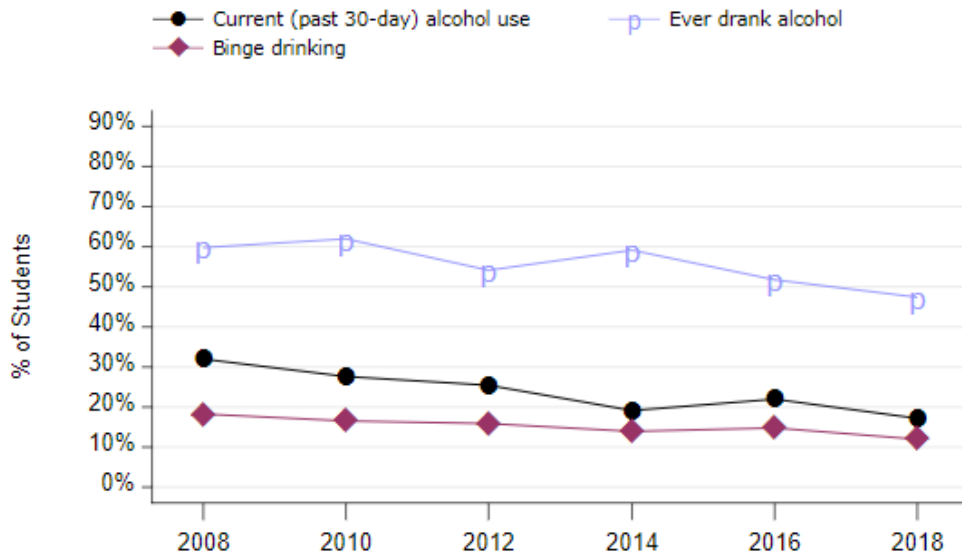


22

### Youth Alcohol Use

Youth alcohol consumption has been trending down over the past decade.<sup>22</sup>

#### Alcohol Use Trends, Grade 10

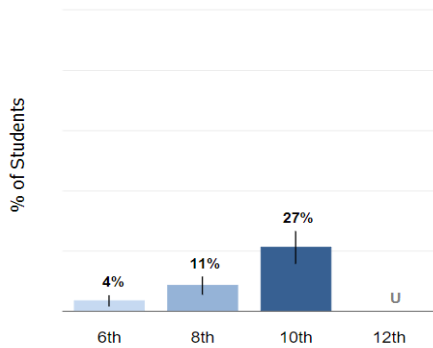


22

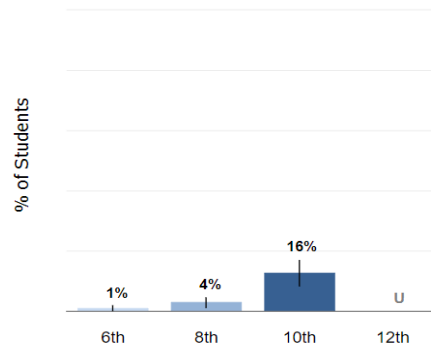
<sup>22</sup> Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report. Olympia, WA: Looking Glass Analytics, 2019.

## Youth Marijuana Use and Perceptions

**Lifetime Marijuana Use**  
"I have used marijuana at least once."

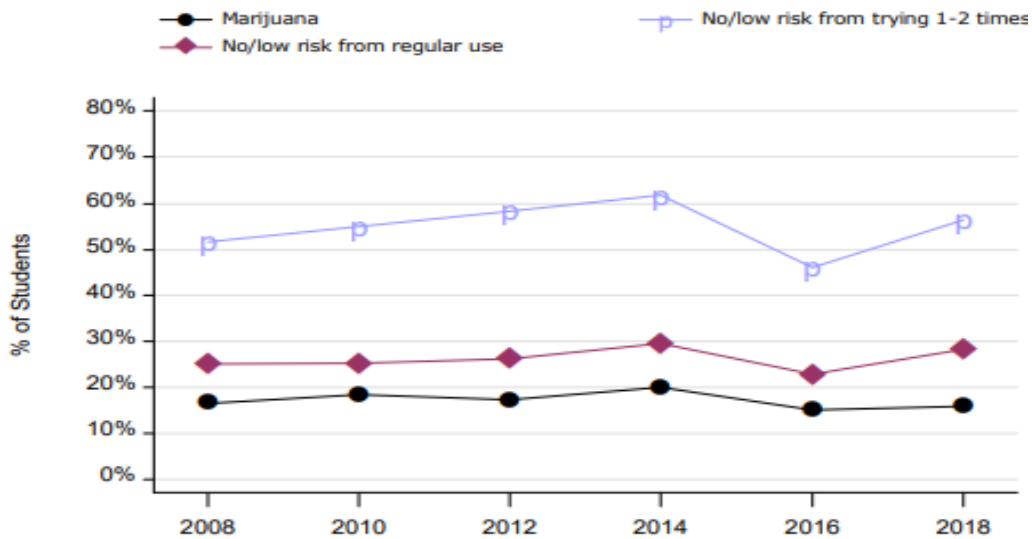


**Current (past 30-day) Marijuana Use**  
"I have used marijuana at least once in the past month."



23

### Marijuana Use and Perception of Harm Trends Grade 10



23

## Adult Alcohol and other Drug Use

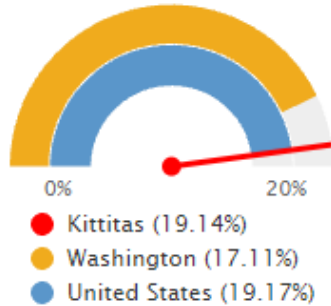
This indicator reports **17.3% of Kittitas County adults aged 18 and older (approximately the same as 2018) self-report heavy alcohol consumption** (defined as more than two drinks per day on average for men and one drink per day on average for women).<sup>24</sup> This indicator is relevant because current drinking behaviors may lead to significant health issues, such as cirrhosis and cancers. Excessive alcohol intake can also be linked to higher rates of

<sup>23</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019

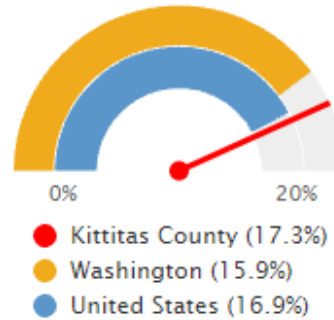
<sup>24</sup> Community Commons. *Community Health Indicator Report*. www.communitycommons.org. 2018. Available at: <https://assessment.communitycommons.org/CHNA/SelectArea.aspx?reporttype=libraryCHNA>

accidents, domestic abuse and sexual assault, all of which can have negative impacts on a community’s health outcomes.<sup>25</sup> **Adult use of marijuana continued to rise, up 2% (20 to 22%) in 2018**<sup>26 27</sup>

Percentage of Adults Self-Reporting Excessive Drinking, 2018



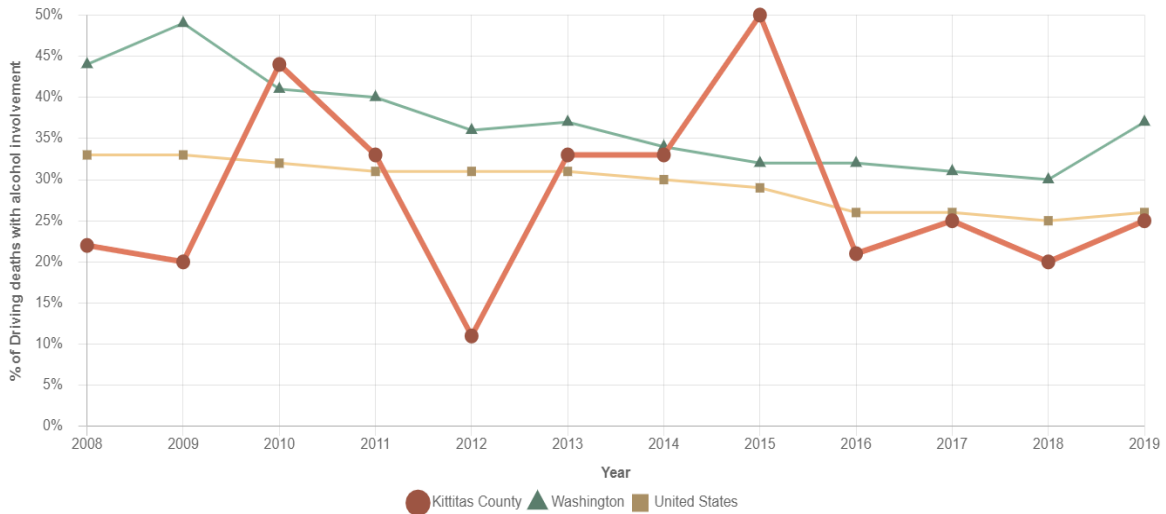
Percentage of Adults Binge Drinking in the Past 30 Days



## Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths in Kittitas County, WA County, State and National Trends

No significant trend was found in Kittitas County for this measure.



28

<sup>25</sup> Centers for Disease Control and Prevention. *Alcohol and Public Health*. January 7, 2013. <http://www.cdc.gov/alcohol/index.htm> (Accessed October 22, 2021)

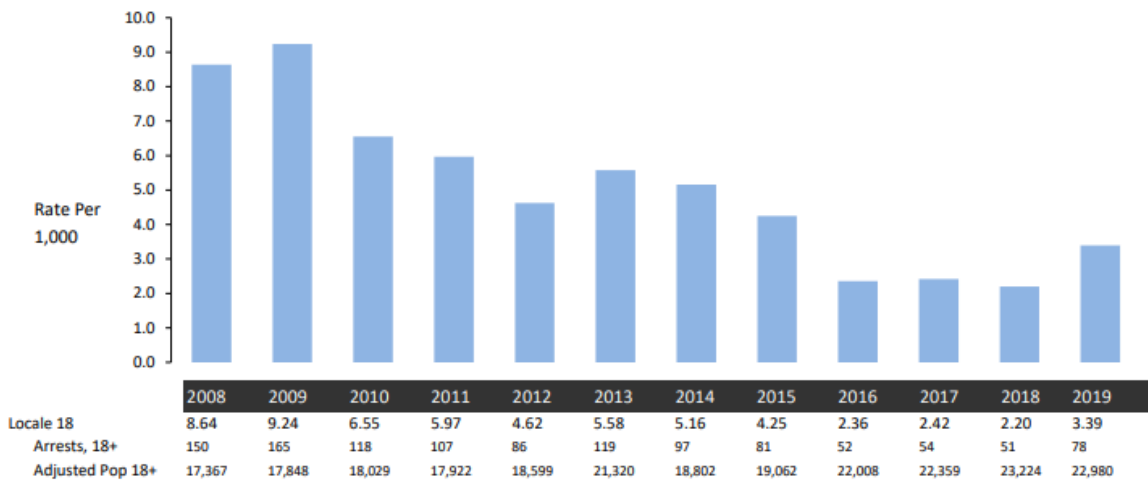
<sup>26</sup> Washington State Department of Health, <https://www.doh.wa.gov/Portals/1/Documents/1000/SHA-MarijuanaUse.pdf> (accessed October 22, 2021)

<sup>27</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

<sup>28</sup> *County Health Rankings and Roadmaps*. 2018. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed January 22, 2018).

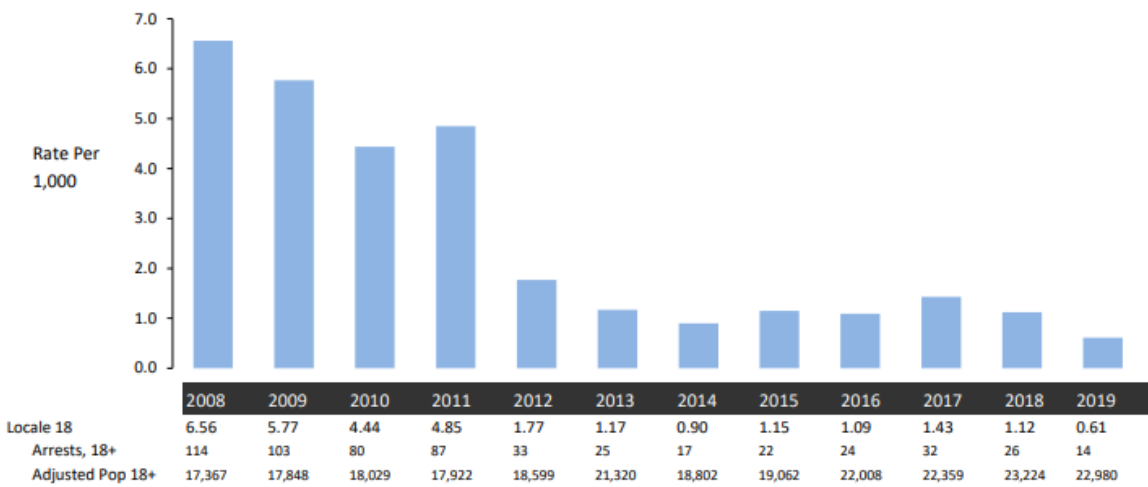
## Drug and Alcohol Related Arrests

### Arrests (Age 18+), Alcohol-Related



29

### Arrests (Age 18+), Drug Law Violation

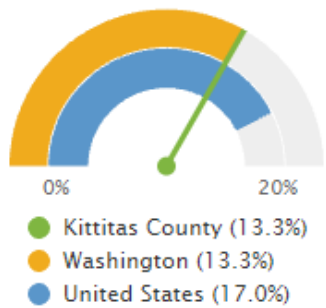


29

<sup>29</sup> Risk and Protection Profile for Substance Abuse Prevention in Locale 18, <https://www.dshs.wa.gov/data/research/research-4.53-18.pdf>, accessed October 20, 2021

## Adult Tobacco Use

Percentage of Adults who are Current Smokers



30

## Drug Overdose Deaths

According to the County Health Rankings and Roadmaps, the number of drug overdose deaths per 100,000 people in Kittitas County for 2017-2019 was 16.

**Kittitas County is the 6<sup>th</sup> lowest county in the state of Washington for this measurement.**<sup>30</sup>

However, overdose has become an increasing concern in Kittitas County with 6 people dying from overdose in the first 9 months of 2021.



## Youth Dietary Behaviors

Poor nutrition has the potential to affect the growth, development, health status and academic achievement of children and adolescents.<sup>31</sup> **In 2018, 74% of Kittitas County 10<sup>th</sup> graders reported eating less than 5 servings of fruits or vegetables a day (down from 82% in 2016)** and 75% drank sweetened beverages in the past week.<sup>32</sup> **Nearly half (45%) reported not usually eating dinner with their families while 42% reported not eating breakfast yesterday.**<sup>32</sup>

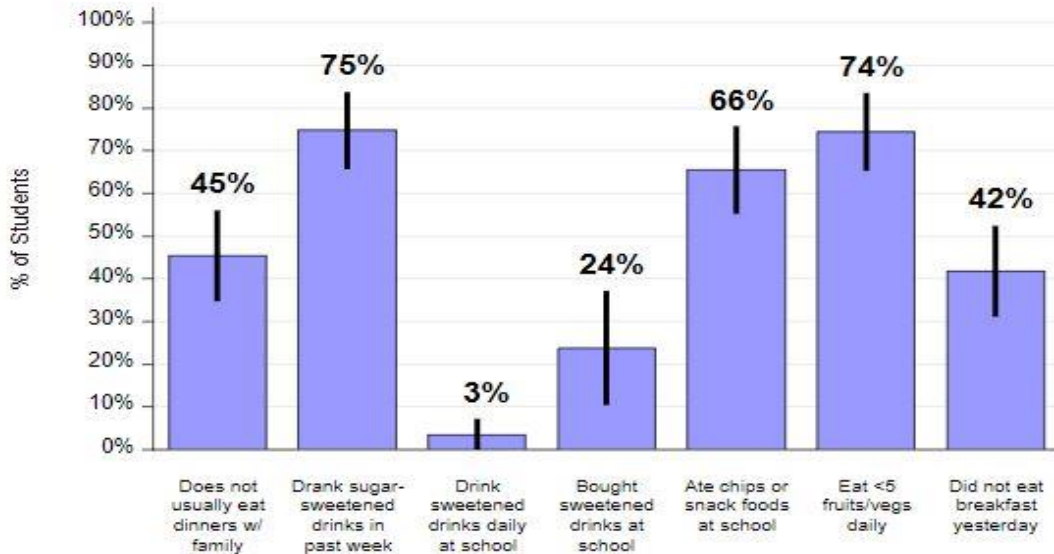


<sup>30</sup> County Health Rankings and Roadmaps. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)

<sup>31</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2015-2020*. 8th Edition, Available at: <https://health.gov/dietaryguidelines/2015/guidelines/> (Accessed October 22, 2021)

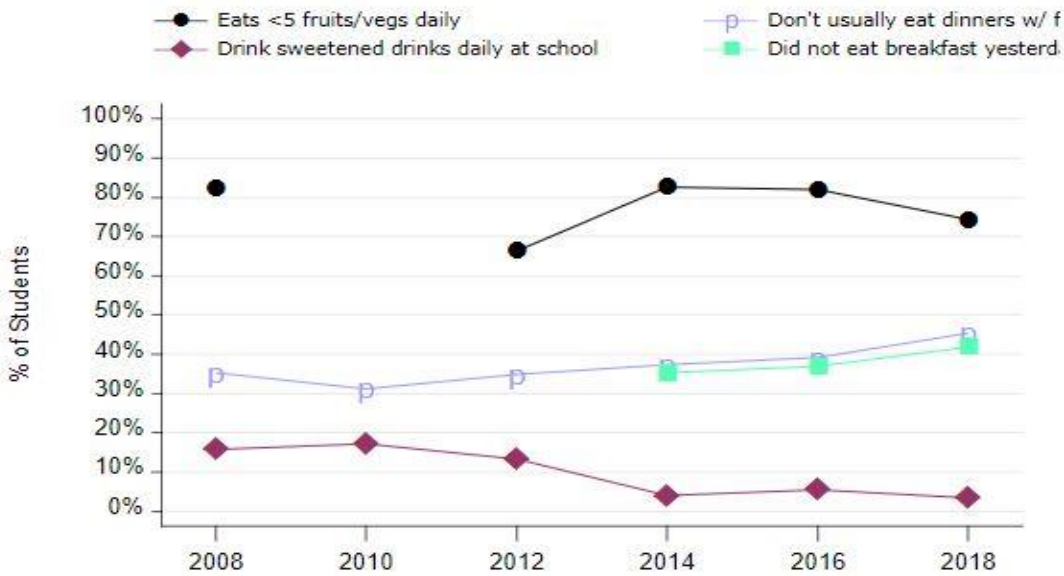
<sup>32</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

### Dietary Behaviors Grade 10, 2018



33

### Dietary Behavior Trends, Grade 10



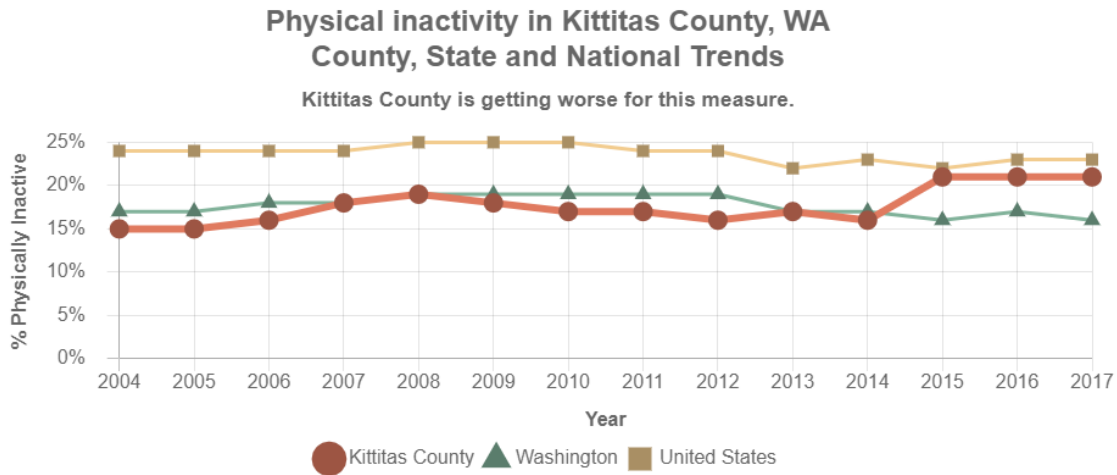
33

### Adult Physical Inactivity

In Kittitas County, **21% of adults aged 20 and older self-reported no leisure time for activity**, based on the Behavioral Risk Factor Surveillance System question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"<sup>34</sup> The percentage is slightly more than the state and less than the nation. However, the flip side of this

<sup>33</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

indicator is that over three quarters (79%) of Kittitas County residents *are* finding time for physical activity outside of work.<sup>34</sup>

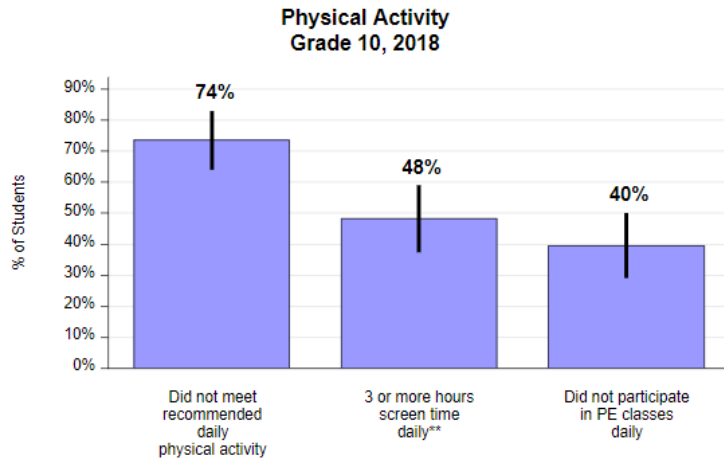


Notes:  
 Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).  
 Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

34

## Youth Physical Activity

The Centers for Disease Control and Prevention recommends that children and adolescents participate in at least 60 minutes of physical activity daily, and muscle strengthening 3 days a week.<sup>35</sup> **In 2018, approximately 74% of Kittitas County 10<sup>th</sup> graders did not meet physical activity recommendations of 60 minutes per day.**<sup>36</sup> In 2018, 48% (down 10% from 2016) of Kittitas County 10<sup>th</sup> graders had three or more hours of screen time daily.<sup>36</sup>



36



<sup>34</sup> County Health Rankings and Roadmaps. 2018. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed January 22, 2018).

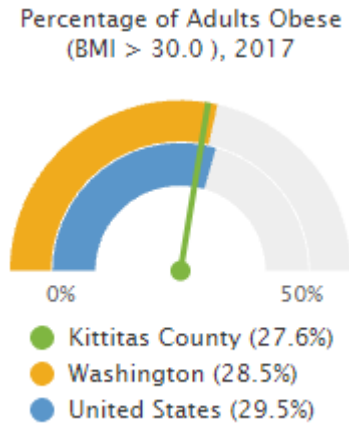
<sup>35</sup> Centers for Disease Control and Prevention. *CDC-Current Physical Activity Recommendations*. [https://www.cdc.gov/cancer/dcpc/prevention/policies\\_practices/physical\\_activity/guidelines.htm](https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm) (accessed October 22, 2021)

<sup>36</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.



## Adult Obesity

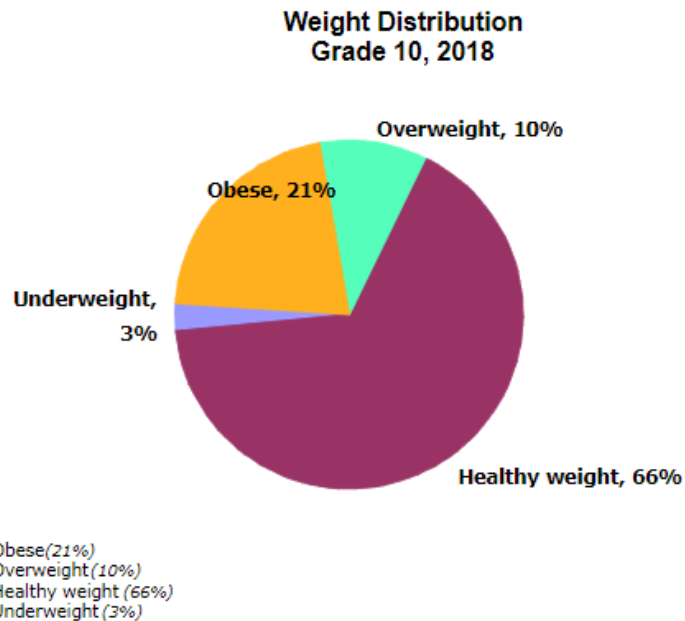
Obesity is a preventable condition that is one of the most costly in terms of its contribution to chronic disease and negative impacts on overall quality of life.<sup>37</sup> **Trend data shows that Kittitas County adults are consistently getting worse in this area over time.**



38

## Youth Obesity and Overweight

According to the 2018 Healthy Youth Survey, 21% of county 10<sup>th</sup> graders were obese, over twice that of the 2016 (10%) survey. The percentage of students being overweight was 16% for both 2016 and 2018 surveys.



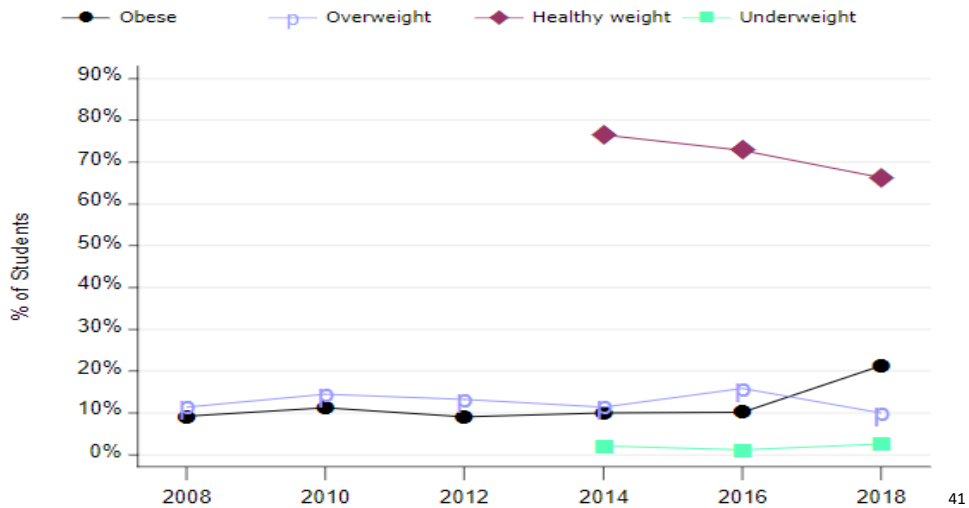
39

<sup>37</sup> Centers for Disease Control and Prevention. *The Health Effects of Overweight and Obesity*. June 5, 2015.

<sup>38</sup> University of Wisconsin Population Health Institute. *County Health Rankings and Roadmaps*. 2018. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed January 22, 2018).

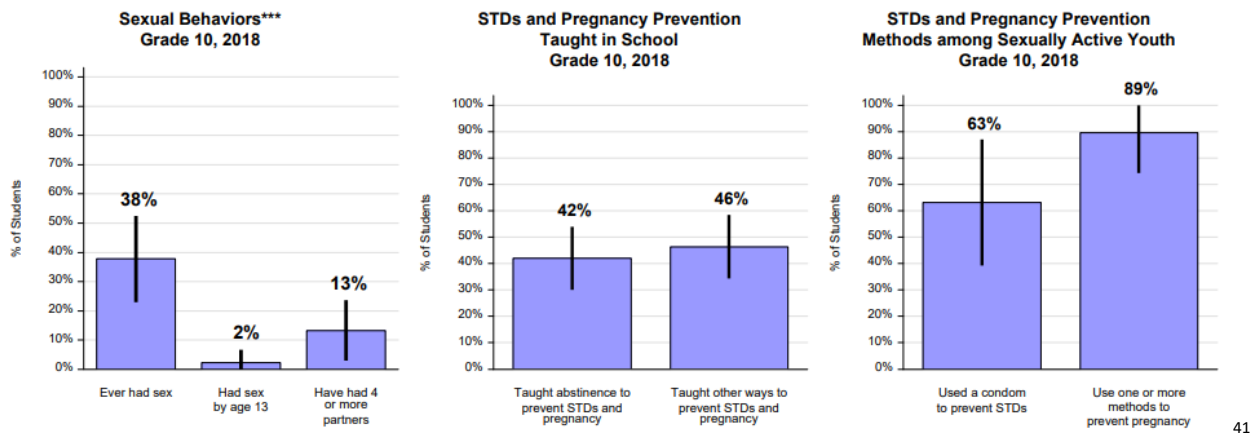
<sup>39</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

### Weight Distribution Trends, Grade 10



### Youth Sexual Activity

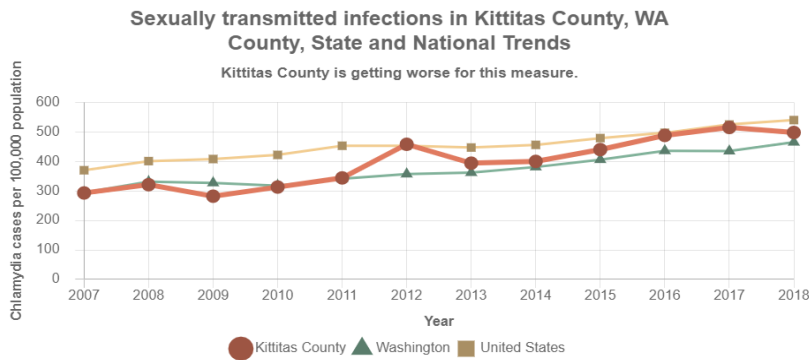
Sexually transmitted infections (STIs) and unplanned pregnancies, often the result of risky sexual behavior, can have lasting effects on health and well-being, especially for adolescents.<sup>40</sup>



<sup>40</sup> Meade, CS, and JR Ickovics. *Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy*. *Social Science & Medicine*, 2005 (60): 661-678. Available at: <https://www.sciencedirect.com/science/article/pii/S027795360400276X>

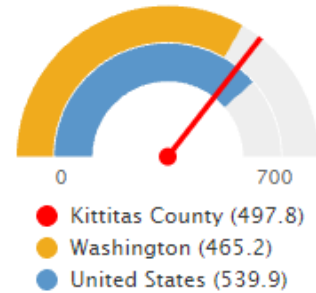
<sup>41</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

## Sexually Transmitted Diseases



Notes:  
Sexually transmitted infections should only be compared across states with caution.

**Chlamydia Infection Rate  
(Per 100,000 Pop.)**



42

42

## Access to Care

The U.S. Department of Health and Human Services defines “Access to Care” as “the timely use of personal health services to achieve the best health outcomes.”<sup>43</sup> Measures of this concept include provider to resident ratios and insurance availability. Monitoring these indicators is important because lack of insurance and providers can result in less preventative care, chronic disease and behavioral health management services.

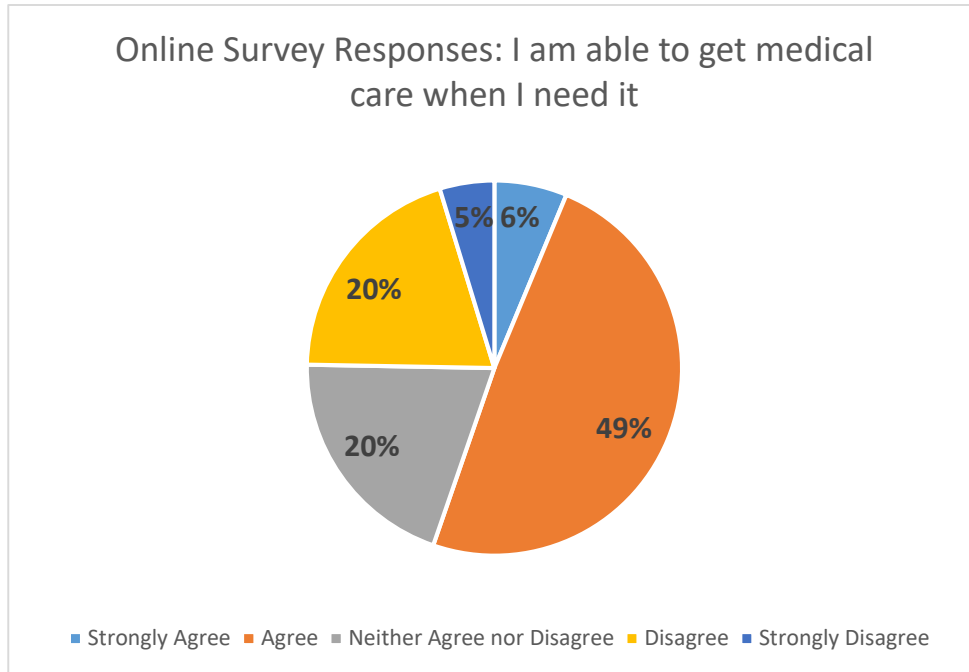
### Access to Providers

Provider Type	Kittitas County	Washington State
Primary Care	<b>1,710:1</b>	1,180:1
Mental Health	<b>610:1</b>	270:1
Dental Health	<b>2,280:1</b>	1,200:1

42

<sup>42</sup> County Health Rankings and Roadmaps. 2018. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed January 22, 2018).

<sup>43</sup> U.S. Department of Health & Human Services, Agency for Healthcare Research & Quality. Chapter 9. Access to Healthcare. AHRQ Archive. October 2014.



**Almost half of survey respondents disagreed (36%) or strongly disagreed (13.7%) when addressing the statement, “I have easy access to the medical specialists that I need.”**

Respondents were given the option to write in the kind of medical specialists that they need or currently see. The responses that occurred more often were:

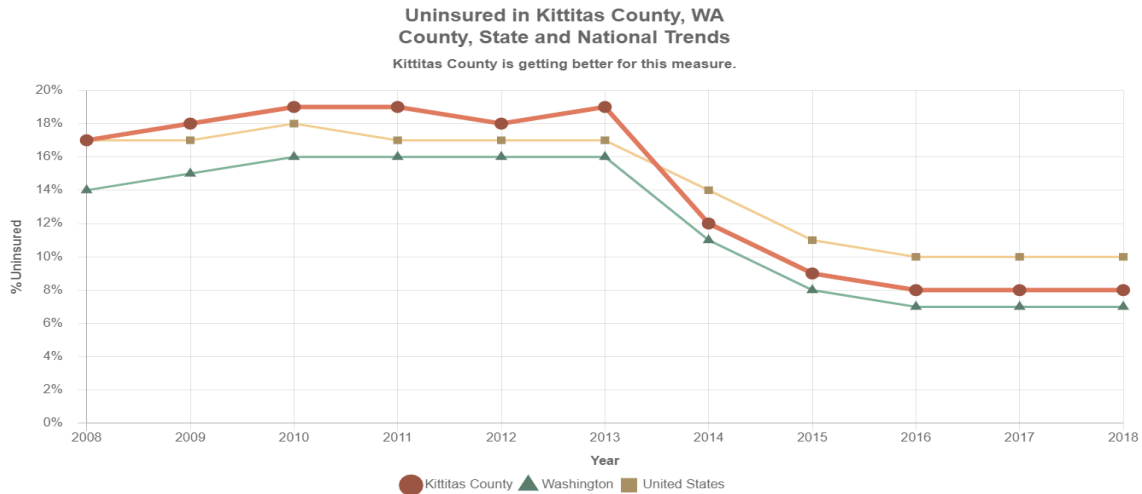
- Dermatologist
- Orthopedics
- Mental Health
- Pediatric specialists
- OBGYN
- Endocrinologist
- Cardiology

### Lack of Insurance

Lack of insurance is a primary factor in the lack of healthcare access. People are far less likely to receive needed healthcare services or engage in preventive medicine without insurance.<sup>44</sup> Approximately 8% of Kittitas County residents are currently uninsured. This number is slightly above the state, however, slightly below the national number.<sup>45</sup>

<sup>44</sup> Robert Wood Johnson Foundation. *What is the link between having health insurance and getting adequate health care?* Health policy snapshot, Princeton: Robert Wood Johnson Foundation (RWJF), August, 2011. Available at: [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwif71437](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwif71437)

<sup>45</sup> *County Health Rankings and Roadmaps*. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)



45

## Mental Health

According to the Health Resources and Services Administration (HRSA), Kittitas County is a Rural Health Professional Shortage Area (HPSA) designated service area for Primary Care, Dental Health, and Mental Health.<sup>46</sup> As an MUP and HPSA Mental Health, Primary Care, and Dental Care designated service area, Kittitas County's health resources are severely limited or at capacity due to lack of available providers. **The ratio of residents to mental health providers is nearly double the ratio in Washington State (610:1 in Kittitas County vs. 270:1 Washington State).**<sup>49</sup> According to the U.S. Census Bureau, young adults 18-29 years of age in Washington were more likely to delay or not receive care (20%).<sup>47</sup> The increased need could be attributed to isolation combined with shifting educational and social experiences.<sup>48</sup>

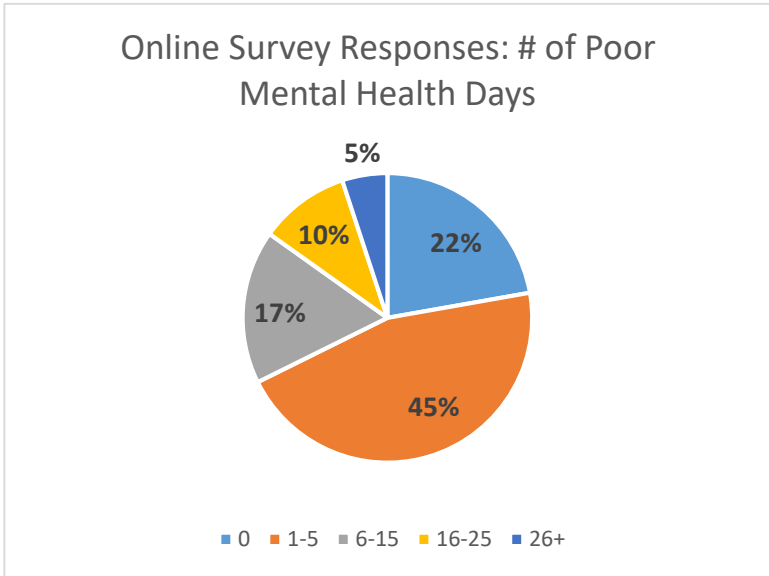
Mental health was a key concern that arose in the 2018 assessment. **More recently, the mental health of community members, treatment and social service providers, and youth continually came up as focus groups discussed the health needs during and following COVID-19.** Isolation early in the pandemic and social division that has occurred add to the declining mental health of our community.

<sup>46</sup> Health Resources and Services Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (accessed October 22, 2021)

<sup>47</sup> Washington State Department of Health, <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-103-BHForecastSummary-20210831.pdf>

<sup>48</sup> Beam, C., Kim, A. (2020). Psychological Sequelae of Social Isolation and Loneliness Might Be a Larger Problem in Young Adults Than Older Adults. University of Southern California Psychological Trauma: Theory, Research, Practice, and Policy. American Psychological Association 2020, Vol. 12, No. S1, S58–S60. ISSN: 1942-9681. <http://dx.doi.org/10.1037/tra0000774>

The national Behavior and Risk Factor Surveillance Survey asks adults, “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” **Kittitas County’s adult respondents reported that their mental health was “not good” an average of 4.3 days of the past thirty compared to 4.0 for Washington state.**<sup>49</sup> This was an increase of one-half day on average compared to the previous assessment.



In the 2021 Kittitas County Community Health Survey, when asked about having a positive view of the future and an optimistic attitude, 68% of respondents agreed to some extent, 19% were neutral, and 14% disagreed to some extent. In addition, 65% reported having someone or someplace to go during times of stress and need, 19% responded neutral, and just less than 16% disagreed with that statement.

Concern for patient mental health was apparent in the focus groups as well. When asked about the greatest impact that the pandemic has had on people in our community, one provider stated, “Less contact with the people we serve. We don’t know what is important to them.”

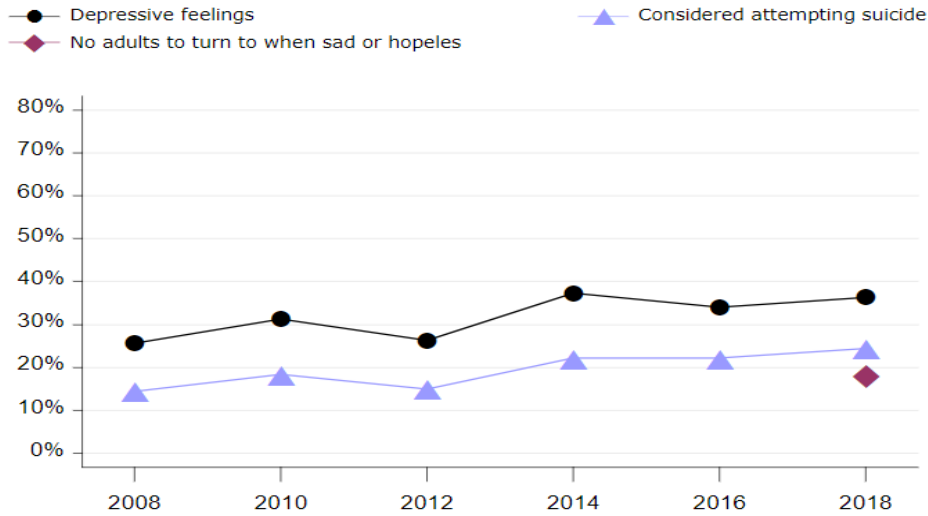
The Healthy Youth Survey has been administered to Washington State’s 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders every even year between 2006 and 2018. **In 2018, over one third (36%) of Kittitas County 10<sup>th</sup> graders reported feeling depressed for 2 weeks or more.**<sup>50</sup> **One fifth (20%) reported having made a suicide plan.** Nearly two-thirds (63%) of 10th grade students reported feeling anxious and over half (53%) reported being unable to stop or control worrying.<sup>47</sup> The percentage of Kittitas County 10th graders reporting that they have thought about attempting suicide has increased steadily since 2006.



<sup>49</sup> *County Health Rankings and Roadmaps*. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)

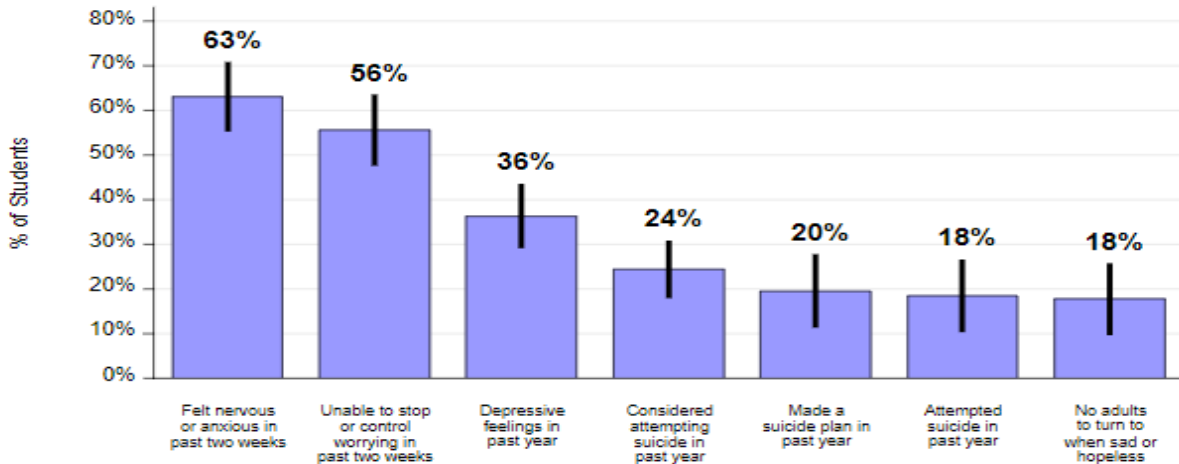
<sup>50</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report*. Olympia, WA: Looking Glass Analytics, 2019.

### Depressive Feelings and Suicide Trends, Grade 10



50

### Depressive Feelings, Anxiety Symptoms and Suicide Grade 10, 2018



51

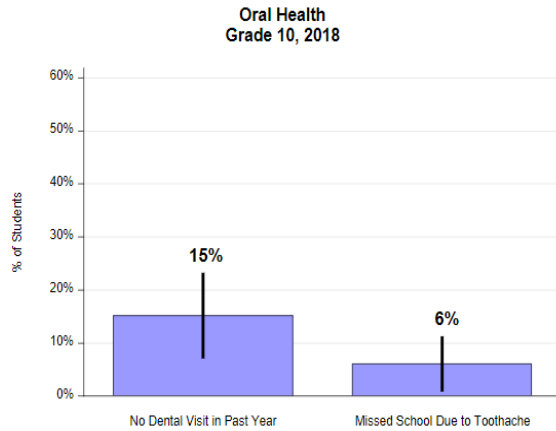
COVID-19 has exacerbated the mental health needs of youth in our community and across the state. **The average number of days for families to access behavioral health care through Washington’s Mental Health Referral Service at Seattle Children’s Hospital’s has increased from 6.2 days in July 2020 to 19.1 days in July 2021,** indicating the difficulty accessing outpatient behavioral health care for children.<sup>52</sup> Treatment and service providers participating in the focus groups identified isolation and division as the two primary impacts of COVID-19 and expressed concern for the subsequent mental health concerns that may result.<sup>53</sup>

<sup>51</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report.* Olympia, WA: Looking Glass Analytics, 2019.

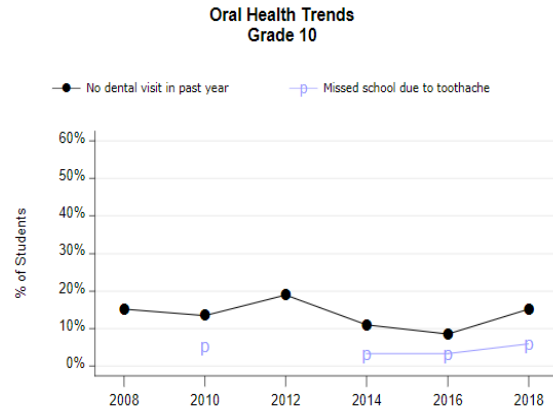
<sup>52</sup> Northwest Healthcare Response Network. (n.d.) <https://nwhrn.org>

<sup>53</sup> KCHN Focus Groups. August 5, 2021, September 9, 2021, and October 20, 2021.

## Dental Care Utilization



*In 2018, 4% of 10th graders in our county reported that they had never been to a dentist.*



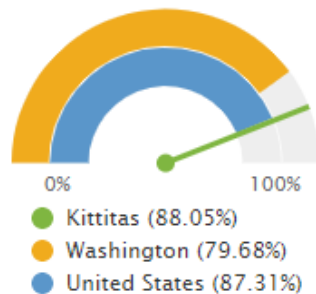
Prevalence	2008	2010	2012	2014	2016	2018
No dental visit in past year	15% ±6	13% ±6	19% ±7	11% ±5	9% ±6	15% ±8
Missed school due to toothache	N/S	6% ±4	N/A	3% ±3	3% ±4	6% ±5

51

## Diabetes Monitoring

This measure captures the percentage of Medicare patients with diabetes who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels. This test must be administered by a healthcare professional to be counted. **In the past year, 90.2 % of Kittitas County Medicare enrollees with diabetes have had an annual exam (which includes the hA1c test).**<sup>54</sup>

Percentage of Medicare Beneficiaries with Diabetes with Annual A1C Test



54

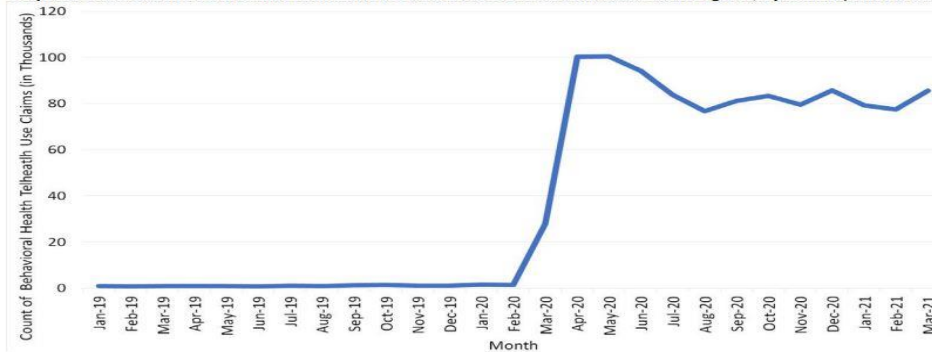
<sup>54</sup> County Health Rankings and Roadmaps. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)



## Telehealth

The significant increase in need for telehealth services resulted in several changes to policies, coverage, and implementation.<sup>55</sup> When discussing telehealth services with cross-sector professionals in the local focus groups, benefits and barriers were both identified. Changes in policies and coverage allowed for increased access in the rural community. This resulted in fewer missed appointments and reduced the distance barrier faced by many individuals living at the edges of the county. In the most recent month reported, March 2021, there was an increase in telehealth behavioral health service claims for individuals 18 and younger.<sup>55</sup> The pivot to telehealth was not without its own barriers. **Providers report a lack of connection with some patients creating an inability to express genuine care and know what is important to them. There were also reports of clients not responding to calls and having voicemail boxes that were not set up or at capacity.**

Graph 7: Count of behavioral health telehealth use claims for WA Medicaid clients under age 18, by month (Source: HCA)



Note: Due to missing or suppressed data, results may be underreported.

55

## Social and Economic Factors

### Employment

Employment is a primary driver of improved health outcomes for a community. **Unemployed individuals are 54% more likely to be in poor or fair health than individuals who are employed, and are likely to suffer from increased stress, high blood pressure, heart disease, and depression.**<sup>56</sup>

The top five Kittitas County sectors in 2019 in terms of employment were:

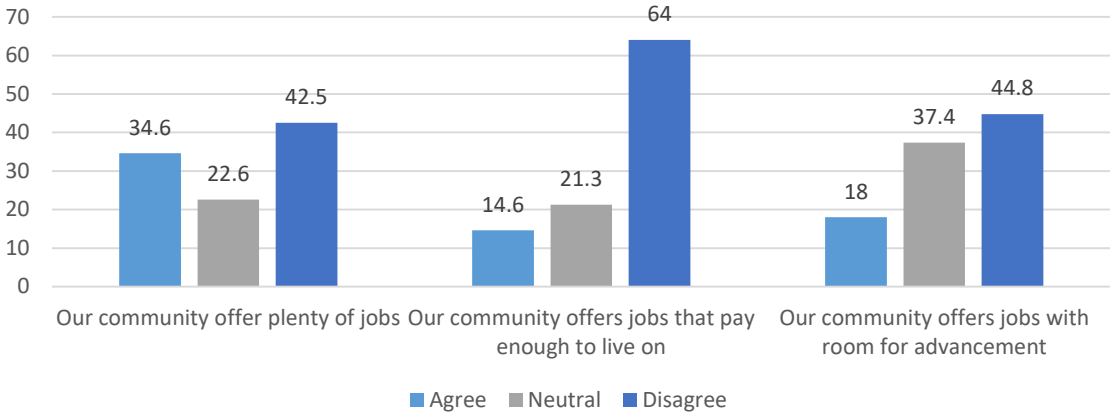
Sector	Number of jobs	Share of employment
1. Accommodation and food services	2,684	17.4%
2. Local government	2,403	15.6%
3. Retail trade	1,827	11.8%
4. State government	1,574	10.2%
5. Health Services	1,396	9.1%
All other industries	5,536	35.9%
<b>Total covered employment</b>	<b>15,091</b>	<b>100%</b>

Source: Employment Security Department/LMEA, QCEW

<sup>55</sup> Washington State Department of Health Monthly COVID-19 updates: Youth Behavioral Health <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-135-YouthBehavioralHealthSitRep-October2021.pdf> (accessed October 20, 2021)

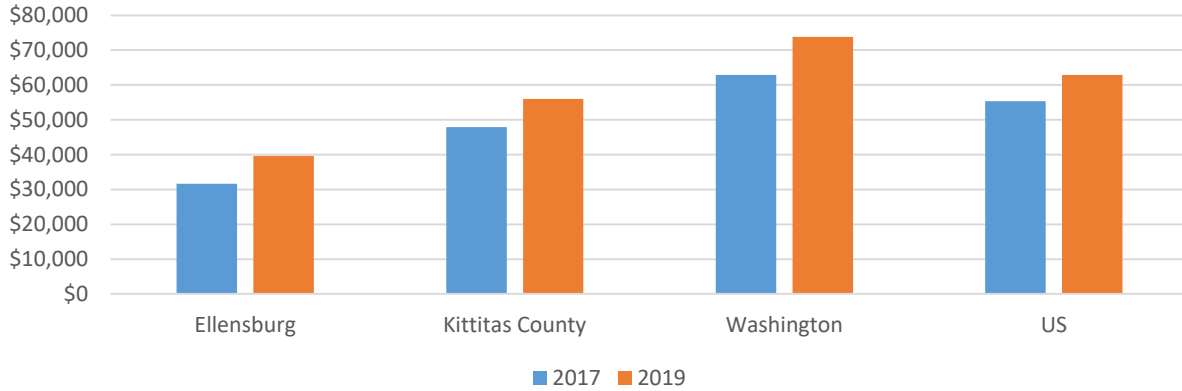
<sup>56</sup> Robert Wood Johnson Foundation. How does employment - or unemployment - affect health? Health Policy Snapshot Issue Brief, Princeton, March 2013. Available at: [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2013/rwjf403360](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360)

### Online Survey Responses: Jobs in Kittitas County

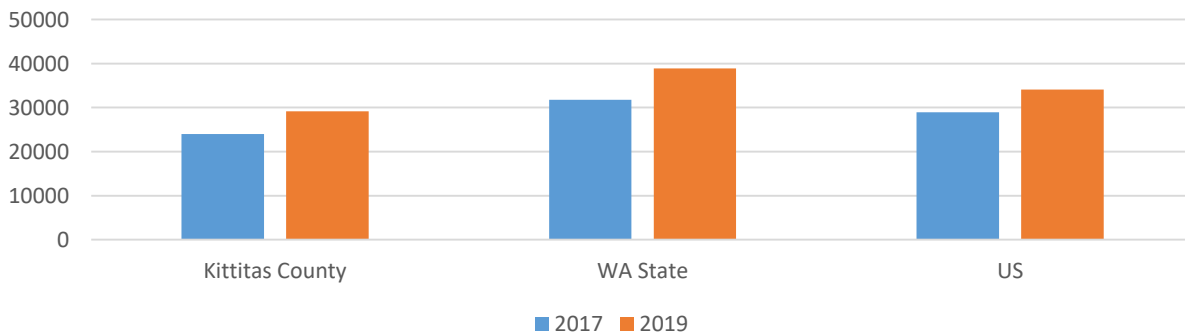


### Income

#### Median Household Income: Ellensburg, Kittitas County, Washington State, and the U.S.

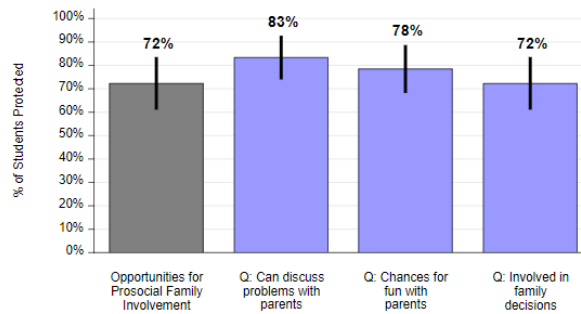


#### Per Capita Income: Kittitas County, Washington State, and the US



## Family and Social Support

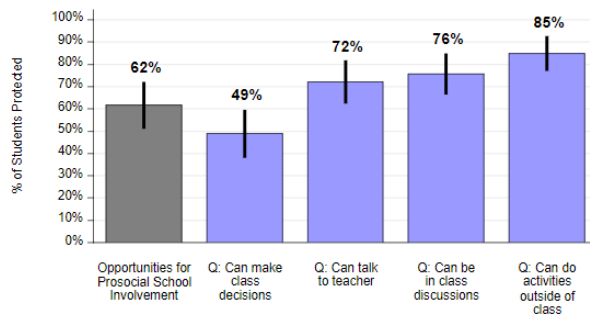
**Protective Factor: Opportunities for Prosocial Family Involvement with Component Questions (Q:) Grade 10, 2018**



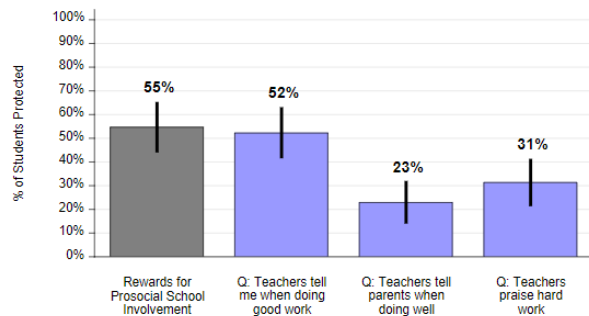
57

## Prosocial Community Involvement

**Protective Factor: Opportunities for Prosocial School Involvement with Component Questions (Q:) Grade 10, 2018**



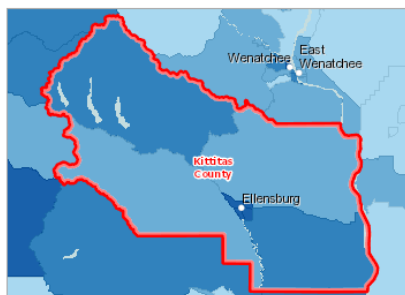
**Protective Factor: Rewards for Prosocial School Involvement with Component Questions (Q:) Grade 10, 2018**



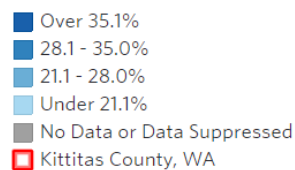
58

## Housing-Cost Burden

Cost burden is where housing costs are 30% or more of total household income. Of the 18,347 total households in the county, 6,530 or **35.59% of the population live in cost burdened households.**<sup>59</sup>



**Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19**



59

<sup>57</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report.* Olympia, WA: Looking Glass Analytics, 2019.

<sup>58</sup> Looking Glass Analytics. *Healthy Youth Survey 2018, Report of Participating Schools: Kittitas County, Grade 10. Results Report.* Olympia, WA: Looking Glass Analytics, 2019.

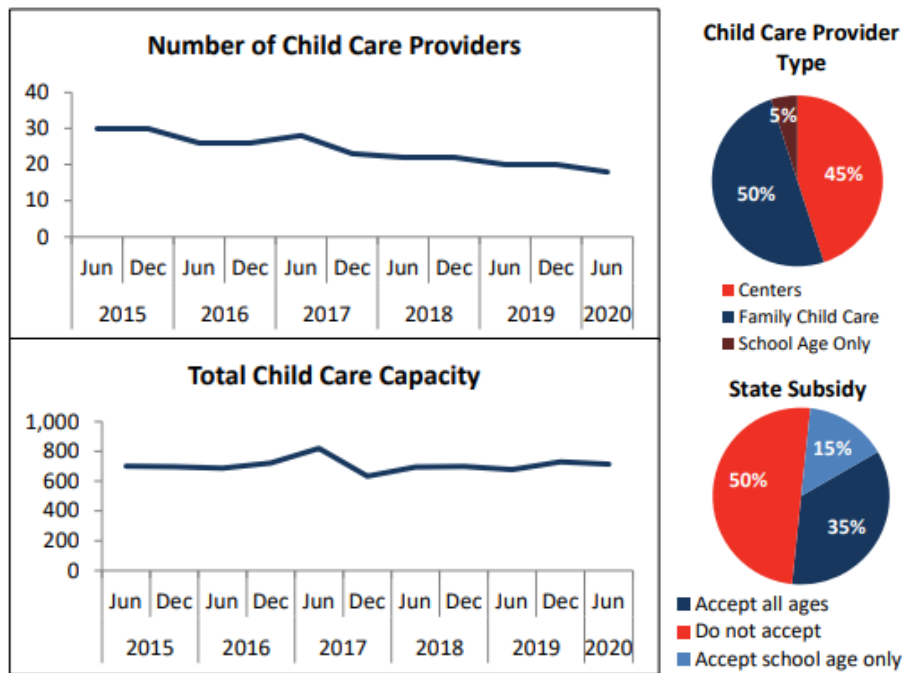
<sup>59</sup> SparkMap, <https://sparkmap.org/report/> (accessed October 25, 2021)

## Licensed Childcare

In most parts of Washington, the number of child care providers declined from 2008-2013, becoming more stable from 2014- 2020 although still in decline at a lesser rate. Capacity for children declined from 2008-2013, however due to more family child care closures than center-based care, capacity rose from 2014-2019. There is a dip in number of providers and capacity in 2020. This may be understated because as of June 2020, 27% of child care capacity was temporarily closed due to COVID and based on our surveys of child care providers, some of these sites will not re-open.<sup>60</sup>



In Kittitas County, the number of child care providers has dropped from 30 with capacity for 700 children in 2015, to 18 providers with capacity for 713 children in June of 2020. While capacity numbers have increased slightly, they have not kept pace with population increases. **Data estimates that only 11% of the child care need is met in Kittitas County.**<sup>61</sup>

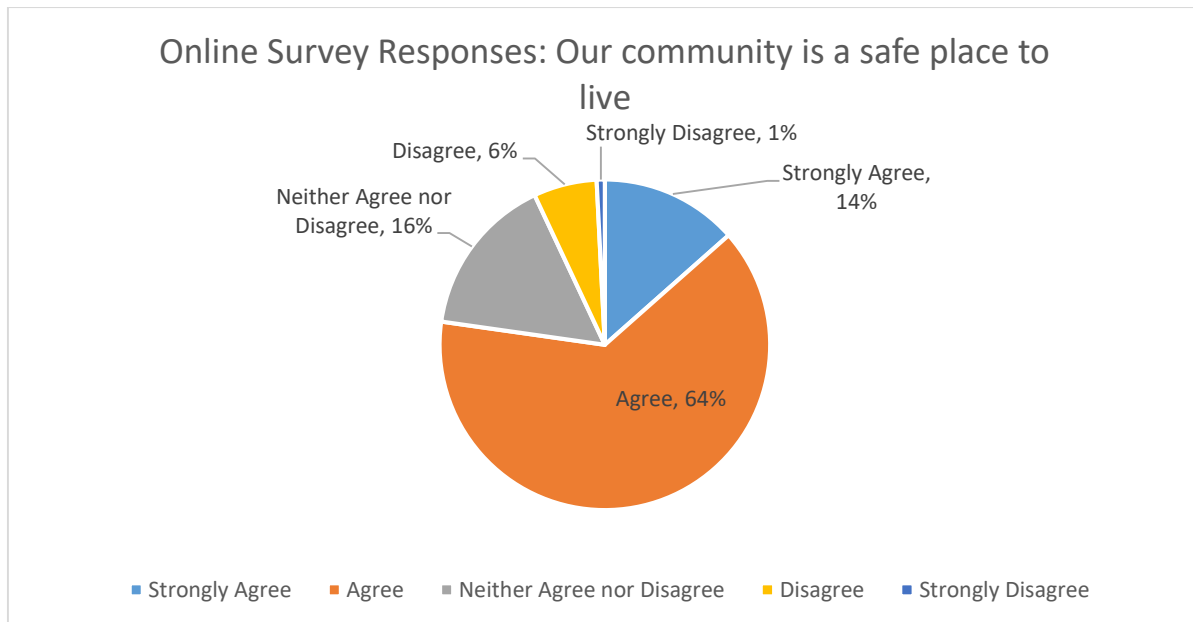


<sup>60</sup> Childcare Aware WA, <https://childcareawarewa.org/wp-content/uploads/2021/01/2020-County-Data-Kittitas.pdf>, (accessed October 25, 2021)

<sup>61</sup> State of Washington, <https://data.wa.gov/Education/Head-Start-Sites/g2jk-dthc>, (accessed on October 25, 2021)

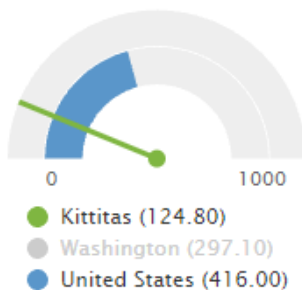
## Community Safety

In the Kittitas County Community Health Survey, **78% of respondents agreed or strongly agreed to the statement, "Our community is a safe place to live."** Only 7% disagreed with the statement to any degree.



## Violent Crimes

Violent Crimes, Annual Rate (Per 100,000 Pop.)



62

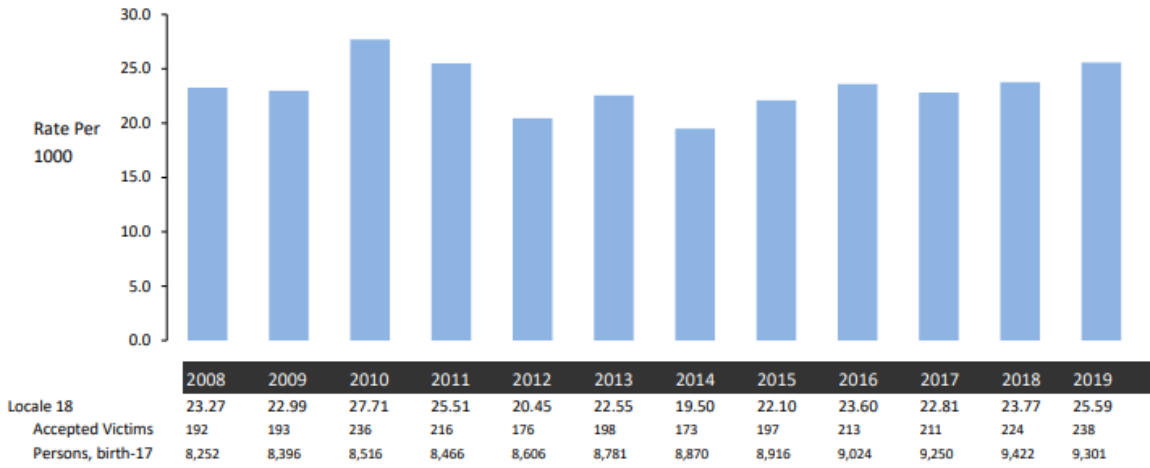
## Child Abuse and Neglect

This measure captures the referrals to Child Protective Services that were accepted for further action, per 1,000 children (ages birth-17). A "referral" is a report of suspected negligent treatment, physical abuse, sexual abuse, or other maltreatment of a child. Child abuse referrals are made by mandated reporters, such as doctors, nurses, psychologists, pharmacists, teachers, child care providers, and social service counselors.<sup>63</sup>

<sup>62</sup> *County Health Rankings and Roadmaps*. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)

<sup>63</sup> Risk and Protection Profile for Substance Abuse Prevention in Locale 18 (Kittitas County), <https://www.dshs.wa.gov/data/research/research-4.53-18.pdf>, accessed October 20, 2021

### Victims of Child Abuse and Neglect in Accepted Referrals



64

Washington saw a nearly 50% reduction in child abuse intakes during the first few months of the COVID-19 pandemic, a concerning statistic regarding mandatory reporting.

### End Harm Line calls and intakes

A breakdown of calls to the state's child abuse hotline and intakes screened in for investigation per week.

- Number of calls
- Number of intakes screened in for investigation



65



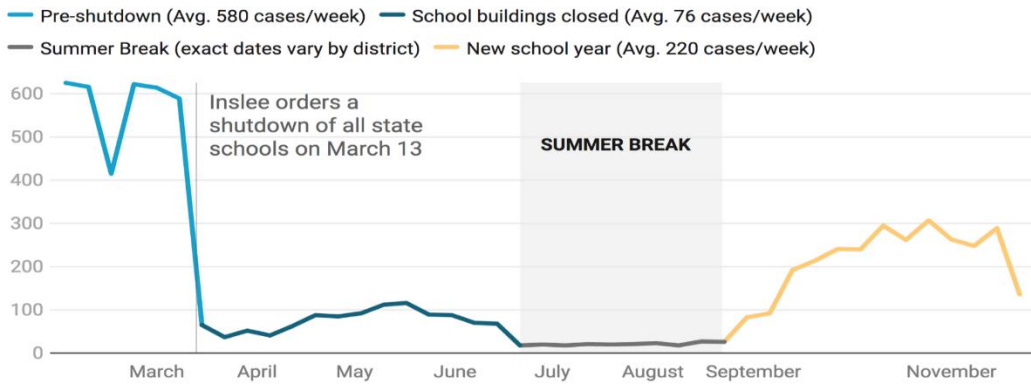
Department of Children, Youth, and Families received 87% fewer calls from concerned teachers, counselors and other mandatory school reporters on average per week through June of 2020 with students largely completing school online. With some school districts returning in a Hybrid model in fall of 2020, reports were still down 59%.<sup>64</sup> National trends are similar with a reduction of 40-60%.<sup>65</sup>

<sup>64</sup> Washington Department of Children, Youth, and Families <https://www.dcyf.wa.gov/coronavirus-covid-19/agency-updates>, accessed October 22, 2021

<sup>65</sup> COVID-19 and Child Welfare available at <https://www.chapinhall.org/research/covid-19-and-child-welfare/> accessed on October 22, 2021)

## Educator referrals to DCYF during the pandemic

Educator calls to the state agency that investigates child maltreatment dropped by about 87% during the final weeks of last school year.

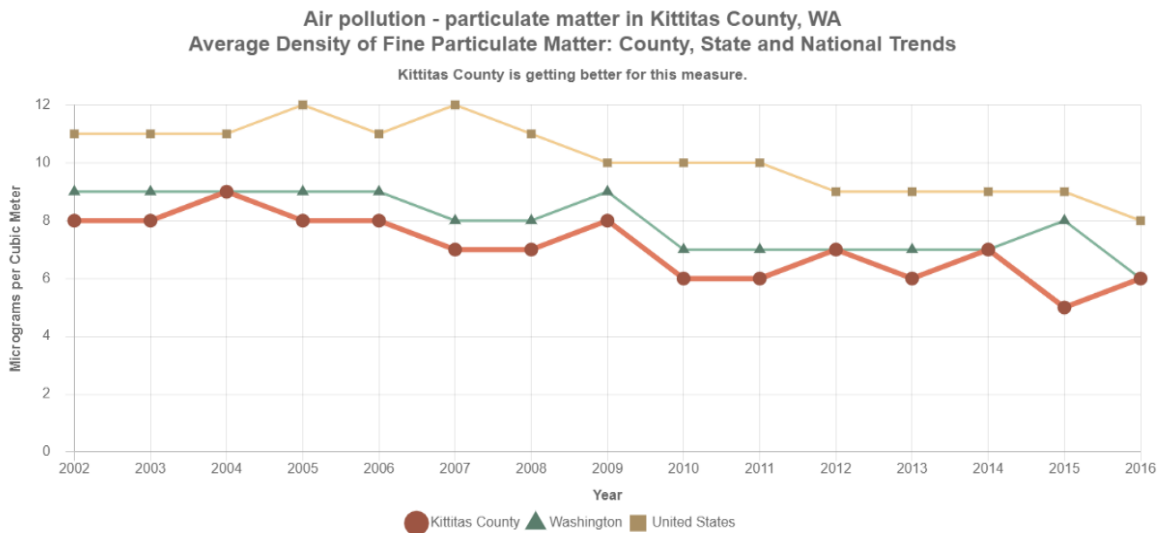


66

## Physical Environment

### Air Quality

According to the CDC's National Environmental Public Health Tracking Network, the average daily density of PM2.5 in Kittitas County air is 6.0 micrograms per cubic meter and the range of averages for all Washington State counties is 4.2 to 10.2.<sup>67</sup>



Notes:  
Data in this trend graph are taken from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 Rankings.

68

<sup>66</sup> Washington Department of Children, Youth, and Families <https://www.dcyf.wa.gov/coronavirus-covid-19/agency-updates>, accessed October 22, 2021

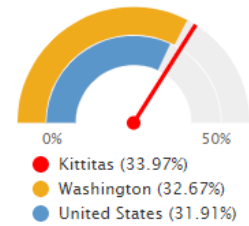
<sup>67</sup> SparkMap, <https://sparkmap.org/report/> (accessed October 25, 2021)

<sup>68</sup> County Health Rankings and Roadmaps. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)

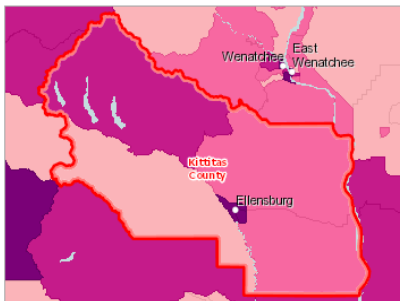
## Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) selected monthly owner costs as a percentage of household income greater than 30%, or 4) gross rent as a percentage of household income greater than 30%. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 18,347 total occupied housing units in the report area, 6,232 or **33.97% have one or more substandard conditions.**<sup>67</sup>

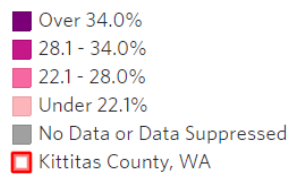
Occupied Housing Units with One or More Substandard Conditions, Percent



69



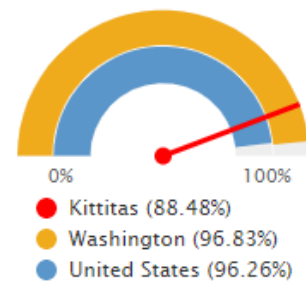
Substandard Housing Units, Percent of Total by Tract, ACS 2015-19



## Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. This data represents both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.<sup>70</sup>

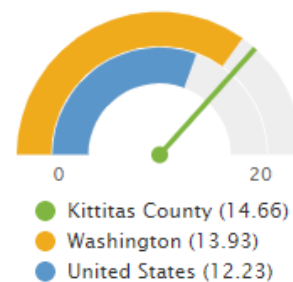
Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)



## Recreational Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The county includes 6 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.<sup>69</sup>

Recreation and Fitness Facilities, Rate per 100,000 Population



<sup>69</sup> SparkMap, <https://sparkmap.org/report/> (accessed October 25, 2021)

<sup>70</sup> County Health Rankings and Roadmaps. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)



## Health Equity

When it comes to health, equality and equity are not the same thing. In other words, giving everyone the same thing (services, programs, education) does not mean everyone will have the same health outcomes. Different individuals need different supports to achieve the same goal. Race or ethnicity, sex, gender identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve health. County health data can help to identify these health inequities in a community by highlighting the differences in health outcomes for certain groups within a population. These differences can reflect gaps in healthcare access, education and other resources. In Kittitas County, there are several groups who may experience poorer health outcomes and should be factored into community health planning. **By ensuring health equity is integrated across all public health efforts, all communities will be stronger, safer, healthier, and more resilient.**<sup>71</sup>



### Hispanic/Latino Population

Hispanic/Latino residents are the largest racial and ethnic minority in Kittitas County making up 8.5% of the entire population.<sup>72</sup> There are some concerning disparities that indicate gaps in resources, healthcare access and education:

	Latino	Non-Latino White
Children in Poverty	12.24%	9.60%
Median Household Income	\$55,816	\$56,970
No High School Diploma	30.22%	7.92%
Uninsured Population	8.04%	5.88%
Teen Birth Rates (per 1,000 pop.)	33.20	9.80
Asthma Prevalence (state)	9.9%	15.4% <sup>73</sup>

<sup>71</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<sup>72</sup> United States Census Bureau, <https://data.census.gov/cedsci/profile?g=0500000US53037> (accessed October 22, 2021)

<sup>73</sup> Salud America Health Equity Report Card: Kittitas County, <https://salud-america.org/health-equity-report-card/?geoid=05000US53037> accessed October 21, 2021.

## Single Parent Families

Children of single parents are more likely to develop issues with substance abuse, mental health and chronic disease.<sup>74</sup> Single parents are also prone to increased risk of mortality and disease.<sup>75</sup> Children in single-parent households are the percentage of children in family households where the household is headed by a single parent (male or female head of household with no spouse present). **In Kittitas County, 15% (down from 25% in 2016 assessment) of households are single parent households.**<sup>76</sup>



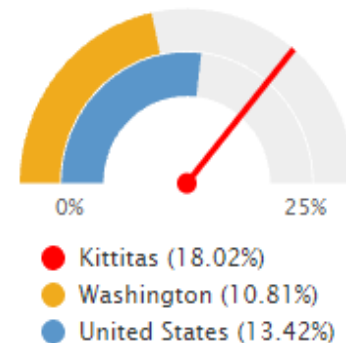
## Medicare Population

In Kittitas County, Medicare eligible residents (age 65 and older) make up 14% of the population. Rates of injury and diseases are much higher for members of the Medicare population. Medicare patients tend to be more costly because of an increase in age-related illness and injury.<sup>77</sup> **Recent trend data shows health care costs (reimbursement for Medicare services per enrollee) have been increasing in Kittitas County.**<sup>78</sup>

## Poverty

Growing up in poverty can have long lasting negative effects on a child's health outcomes as an adult including higher rates of mortality and disease.<sup>79</sup> In Kittitas County, **9.62% or 747 children aged 0-17 are living in households with income below the Federal Poverty Level (\$21,960 for a family of 3, \$26,500 for a family of 4, 31,040 for a family of 5).** This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to health status.<sup>77</sup> Typically, children of non-white families have higher rates of living in poverty, however **in Kittitas County the percentage of children living in poverty is very similar between white and non-white families (17% and 16% respectively).**<sup>77</sup>

Population in Poverty, Percent



<sup>74</sup> Fergusson DM, Boden JM, Horwood LJ. *Exposure to single parenthood in childhood and later mental health, educational, economic, and criminal behavior outcomes.* Archives of General Psychiatry, 2007;64: 1089-1095. Available at: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/482426> (accessed October 22, 2021)

<sup>75</sup> Weitoft GR, Haglund B, Hjern A, Rosén M. *Mortality, severe morbidity and injury among long-term lone mothers in Sweden.* International Journal of Epidemiology, 2002; 31: 573-80. Available at: <http://europepmc.org/abstract/med/12055157> (accessed October 22, 2021)

<sup>76</sup> University of Wisconsin Population Health Institute. *County Health Rankings and Roadmaps.* 2018. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed January 22, 2018).

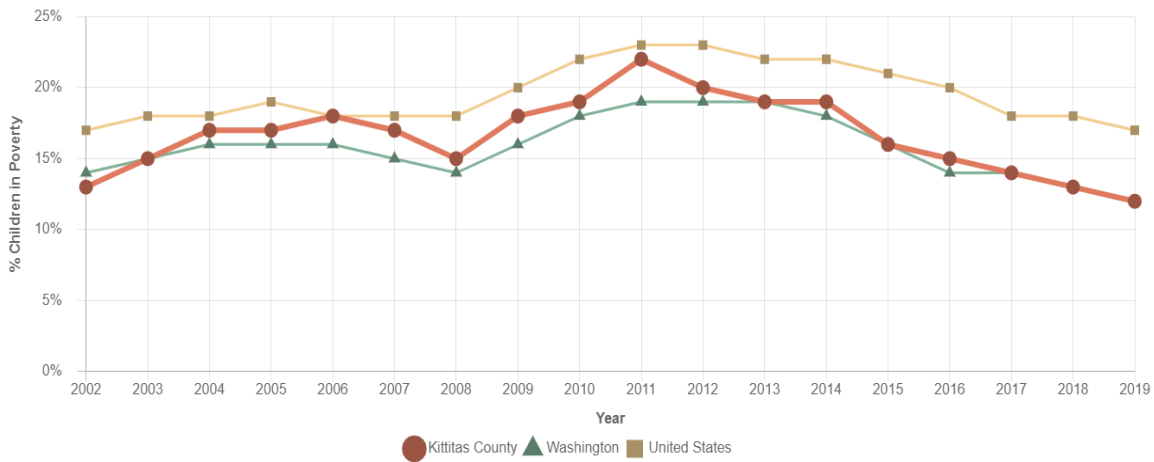
<sup>77</sup> Neuman, T, J Cubanski, and J and Damico, A Huang. *The Rising Cost of Living Longer: Analysis of Medicare Spending by Age for Beneficiaries in Traditional Medicare.* Online Report, Henry J. Kaiser Family Foundation, 2015. Available at: <https://www.kff.org/medicare/report/the-rising-cost-of-living-longer-analysis-of-medicare-spending-by-age-for-beneficiaries-in-traditional-medicare/> (Accessed October 21, 2021)

<sup>78</sup> University of Wisconsin Population Health Institute. *County Health Rankings and Roadmaps.* 2020. Available at: <http://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/factors/overall/snapshot> (Accessed October 21, 2021).

<sup>79</sup> Duncan, Yeung, Brooks-Gunn, & Smith. *How Much Does Childhood Poverty Affect the Life Chances of Children,* [https://www.ijstor.org/stable/2657556?seq=1#page\\_scan\\_tab\\_contents](https://www.ijstor.org/stable/2657556?seq=1#page_scan_tab_contents), (accessed October 25, 2021)

### Children in poverty in Kittitas County, WA County, State and National Trends

No significant long term trend was found in Kittitas County for this measure. However, in recent years the trend has improved.

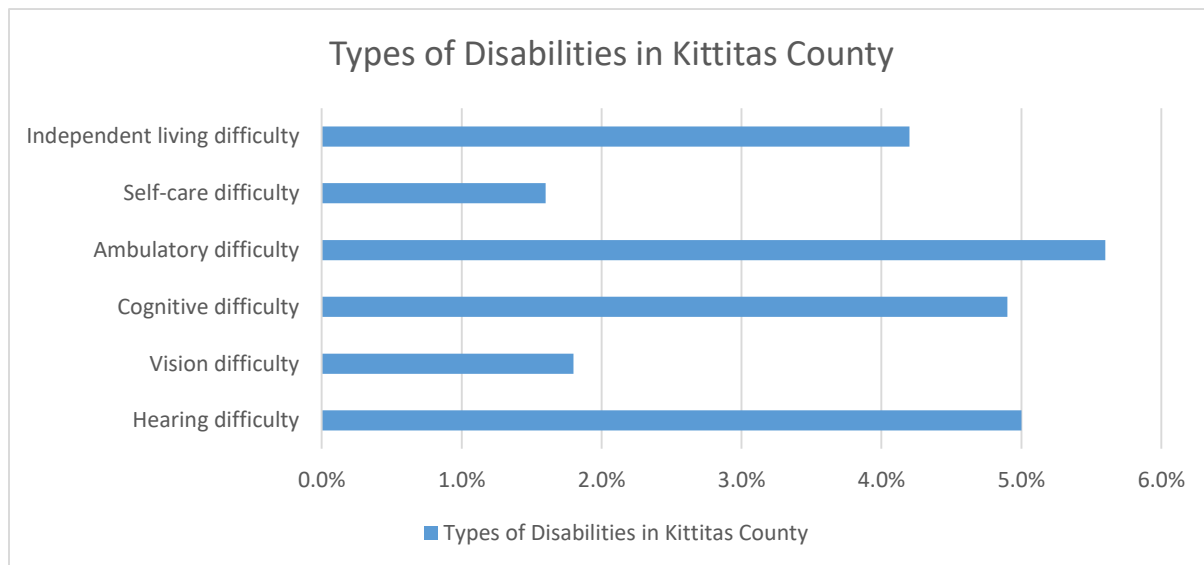


Notes:  
Prior to 2005, children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

80

### People with Disabilities

The Americans with Disabilities Act defines a person with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activity.”<sup>81</sup> In Kittitas County, approximately 13% of the civilian, non-institutionalized population has a disability.<sup>82</sup> This measure is similar to the state and national percentages.<sup>83</sup>



<sup>80</sup> County Health Rankings and Roadmaps. 2020. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed October 25, 2021).

<sup>81</sup> U.S. Department of Justice Civil Rights Division. 2010 ADA Regulations. Available at: [https://www.ada.gov/2010\\_regs.htm](https://www.ada.gov/2010_regs.htm)

<sup>82</sup> US Census Bureau, American Community Survey, (accessed October 25, 2021)

<sup>83</sup> County Health Rankings and Roadmaps. 2020. Available at: <http://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/factors/overall/snapshot> (accessed October 25, 2021).

## LGBTQ+

Lesbian/Gay/Bisexual/Transsexual/Queer+ individuals in rural areas are at risk for health issues related to discrimination, including higher rates of stress-related conditions such as heart disease and obesity. They are also at an increased risk for substance abuse and suicide. They may also face a lack of providers with backgrounds to address specialized issues relating to gender identity.<sup>84, 85</sup> **According to 2018 Healthy Youth Survey results, 18% of Kittitas County students do not identify as themselves as heterosexual.**<sup>86</sup>



## Disconnected Youth

The disconnected youth indicator is the percentage of teens and young adults ages 16-24 who are neither working nor in school. Disconnection in youth is linked to higher outcomes of depression, anxiety and poor physical health.<sup>87</sup> **Kittitas County is ranked second best in the state for low percentage of disconnected youth (9%).**<sup>88</sup>

## Community Perception and Opinion

### Health Concerns

Online survey participants were asked to choose their top three health concerns (of the list below). The choices with the highest percentage of responses in the 2017 Community Health Survey were mental illness, poverty, adequate, safe, and affordable housing. When asked in this year's survey, **substance use/misuse, mental illness, safe and affordable housing, and COVID-19 rose to the top.** This was the first year of including substance use/misuse as a health issue though it has been a topic in the next question regarding risky health behaviors. When isolating responses by demographics, the order of importance changed, but the four leading topic areas stayed consistent regardless of household income, education level, race, or ethnicity. When open-ended question survey responses were analyzed, **the top themes of concern for many Kittitas County residents are obesity and unhealthy diets, COVID-19, and lack of medical health care.**



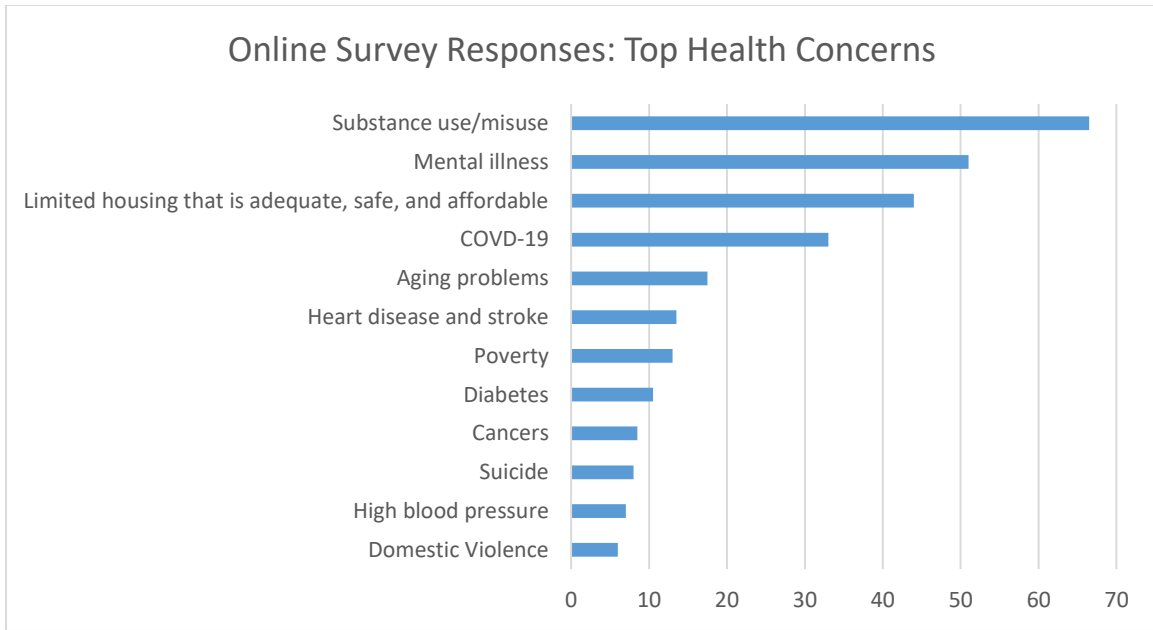
<sup>84</sup> Megan S. Pacey *Gender and Sexual Minority Youth in Nonmetropolitan Communities: Individual- and Community-Level Needs for Support*. 2016. Families in Society: The Journal of Contemporary Social Services: 2016, Vol. 97, No. 2, pp. 77-85. Available at: <http://familiesinsocietyjournal.org/doi/10.1606/1044-3894.2016.97.11?code=afcf-site>

<sup>85</sup> Hafeez, H, M Zeshan, M tahir, M Jahan, and S Naveed. *Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review*. Cureus, 2017 Apr; 9(4)e1184: Published online 2017 Apr 20. doi: 10.7759/cureus.1184. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

<sup>86</sup> <https://www.askhys.net/FactSheets>

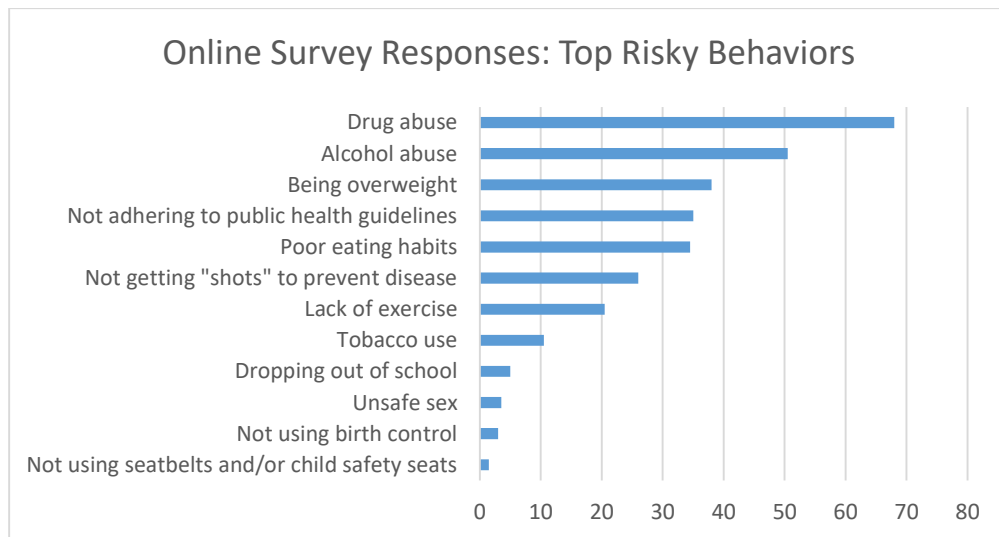
<sup>87</sup> Morrell, S., Taylor, R., & Kerr, C. Jobless. *Unemployment and young people's health*. Medical Journal of Australia, 1998;168(5): 236-240. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/9539904>

<sup>88</sup> *County Health Rankings and Roadmaps*. 2020. Available at: <http://www.countyhealthrankings.org/app/washington/2018/rankings/kittitas/county/factors/overall/snapshot> (Accessed October 25, 2021).



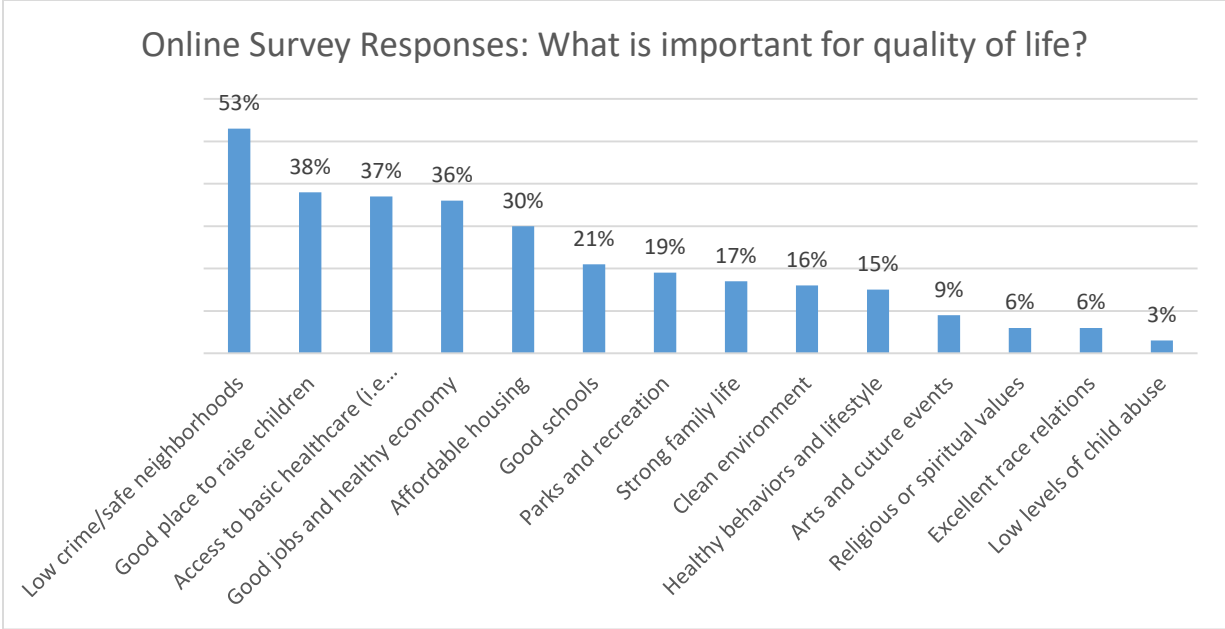
### Risky Behaviors

Online survey participants were asked “Of the list below, what do you see as the three biggest “risky behaviors” in our community?”. **The three health risk behaviors that received the highest percentage of responses were alcohol and drug abuse followed by being overweight.** These were the same as the top three choices from the 2017 online survey.



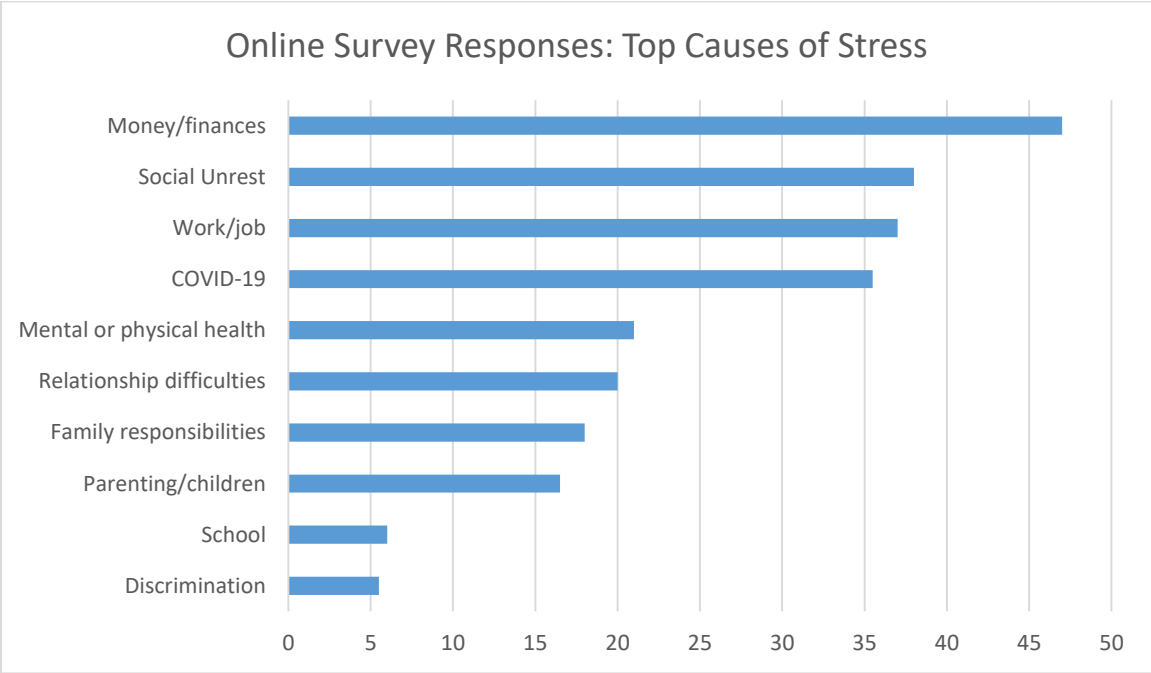
### Quality of Life

According to respondents of the online community health survey, **low crime and safe neighborhoods, a good place to raise children, and access to basic healthcare (i.e. primary care provider) are the most important factors for a good quality of life.** Good jobs and healthy economy, affordable housing, and good schools are also important. When given the opportunity to add a write-in topic to improve quality of life, respondents focused on mental health supports (25), family activities (22), and improved hospital/medical facilities/increase in providers (21).



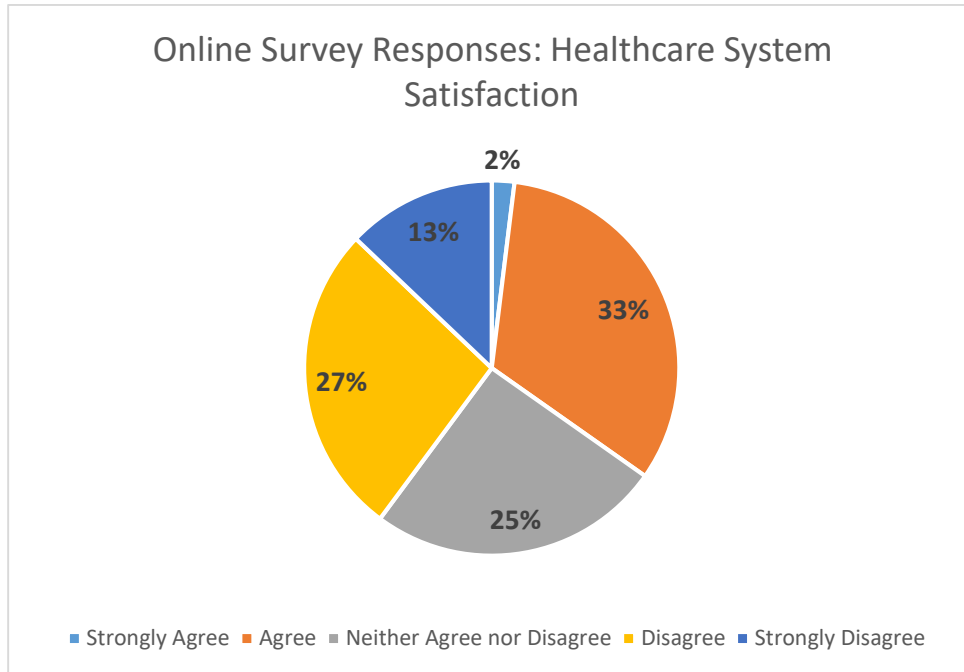
**Causes of Stress**

Online survey respondents were asked “Of the list below, what are the three things that today, at this point in life, cause you the most stress?”. The highest percentage of survey responses named **money, social unrest, work, and COVID-19 as top contributors to stress**. Social unrest was added to the survey after it was identified in focus groups as a growing concern as the COVID-19 pandemic continues. When isolating responses by demographics, money remained the top issue and the order of importance changed for the other three, but the four leading topic areas stayed consistent regardless of household income, education level, race, or ethnicity. According to the focus groups, **COVID-19 has created divisiveness that has led to anger, isolation, and mistrust of systems that function to help people**.



## Healthcare Satisfaction

The ratio of Kittitas County residents to primary care physicians is 1,710:1, which is a much higher ratio in comparison to the State of Washington at 1,180:1. Likewise, the ratio of Kittitas County residents to dentists is 2,490:1; more than twice the ratio of the State of Washington of 1,230:1.<sup>89</sup>

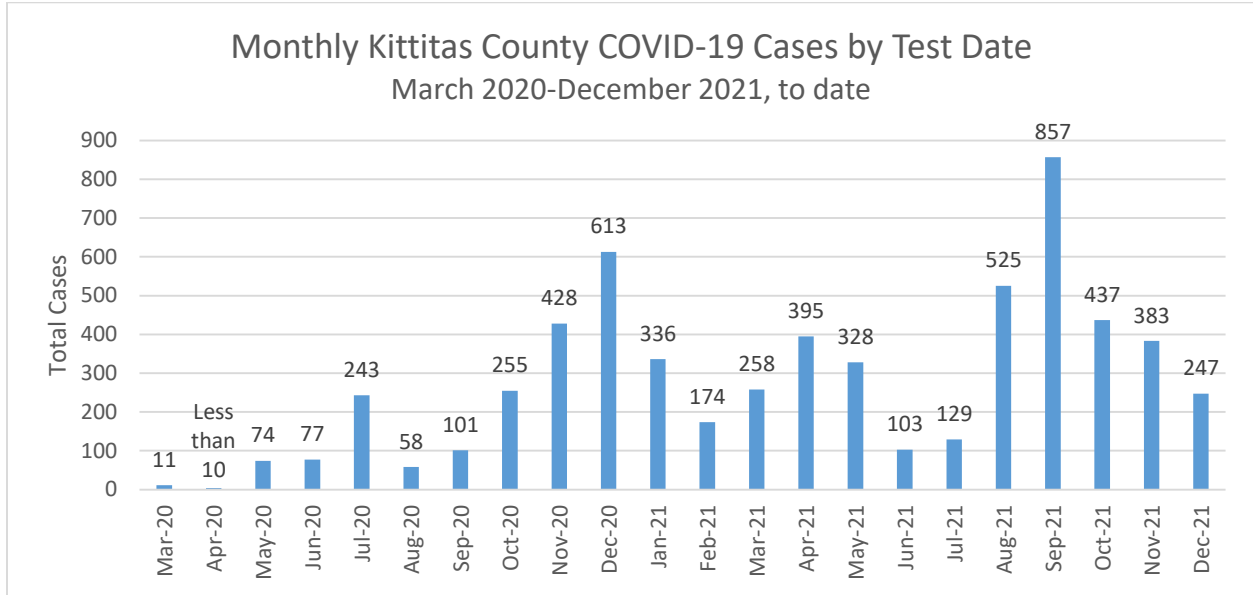


<sup>89</sup> County Health Rankings and Roadmaps. 2020. Available at: <https://www.countyhealthrankings.org/app/washington/2020/rankings/kittitas/county/outcomes/overall/snapshot> (accessed October 20, 2021)

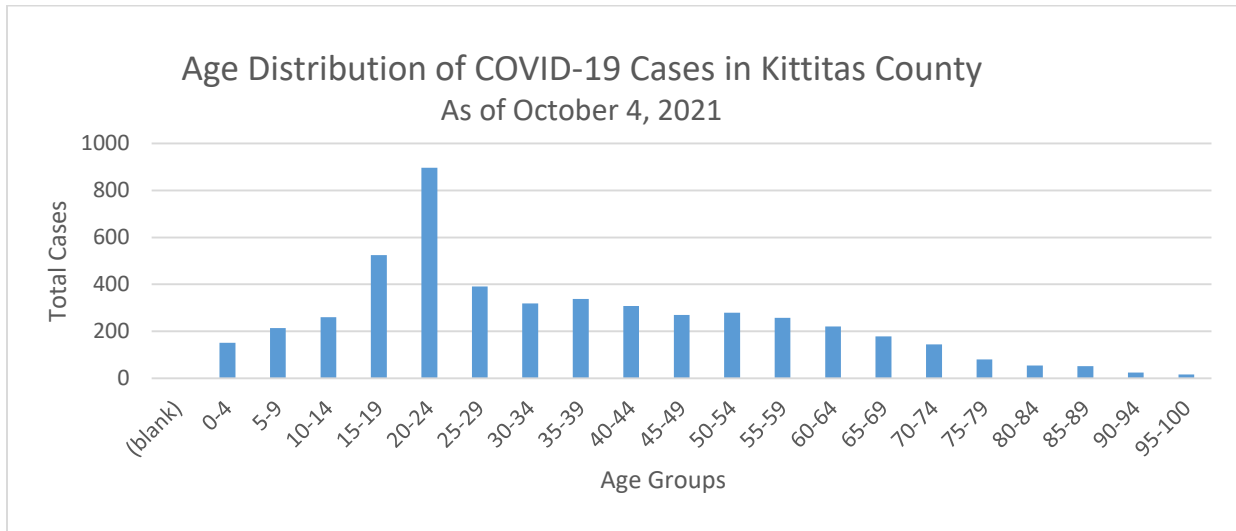
## COVID-19 in Kittitas County

As of December 27, 2021, Kittitas County had a total of 6,036 cases of COVID-19 and 60 deaths<sup>90</sup>.

### COVID-19 Cases in Kittitas County



91



91

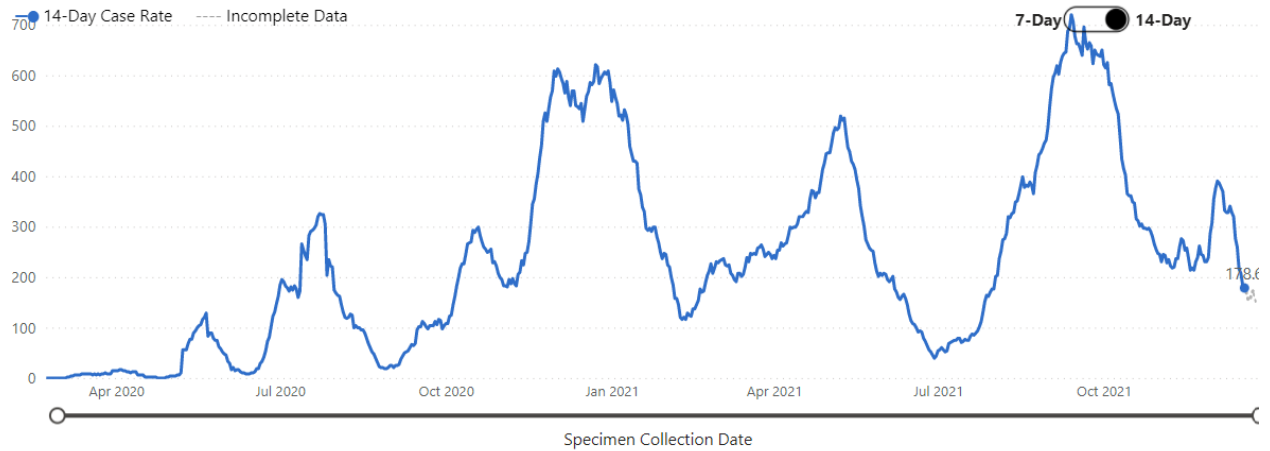
<sup>90</sup> Kittitas County informational dashboard available at <https://www.co.kittitas.wa.us/covid19/data-center.aspx> (accessed December 27, 2021).

<sup>91</sup> Kittitas County Public Health Department. Kittitas County COVID-19 Status update. December 27, 2021.



## Trend Rate for Kittitas County

TREND IN 14-DAY RATE OF NEW COVID-19 CASES PER 100,000 POPULATION



1,783 of 834,235 cases do not have an assigned county. Cases from the last 8 days may yet not be reported.

92

## COVID-19 Vaccination

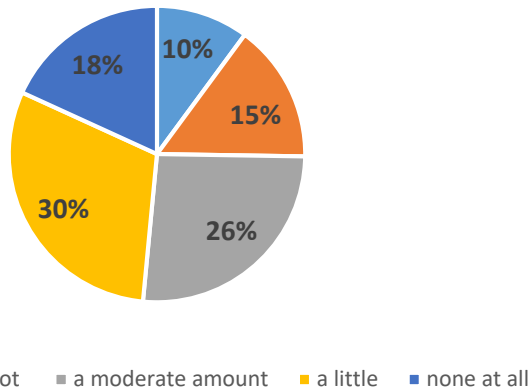
(as of December 25, 2021)

MEASURE	Kittitas County	Washington State
% of Total Population Initiating Vaccination	52.9%	68.3%
% of Total Population Fully Vaccinated	48.3%	62.6%
% of Population 16+ Initiating Vaccination	61.8%	81.5%
% of Population 16+ Fully Vaccinated	56.4%	74.9%
% of Population 12+ Initiating Vaccination	60.5%	80.0%
% of Population 12+ Fully Vaccinated	55.3%	73.5%

92

<sup>92</sup> Kittitas County Public Health Department. Kittitas County COVID-19 Status update. December 27, 2021.

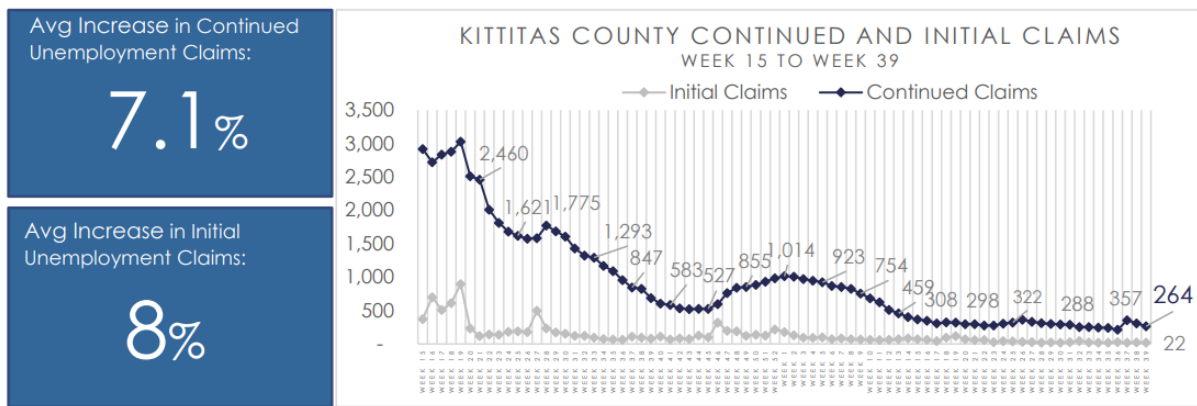
## Online Survey Responses: How worried are you about getting infected with COVID-19?



## Impacts of COVID-19

### Unemployment

The impacts on employment nationwide have been magnified in rural communities that are reliant on outdoor recreation and tourism.<sup>93</sup> In one study of Western rural communities, the pandemic led to a 9.74% increase in unemployment claims.<sup>93</sup> The number of unemployment claims from April of 2020 through October of 2021 in Kittitas County had an average increase of 7.1% in continued claims and an average of 8% increase in initial claims.<sup>94</sup>



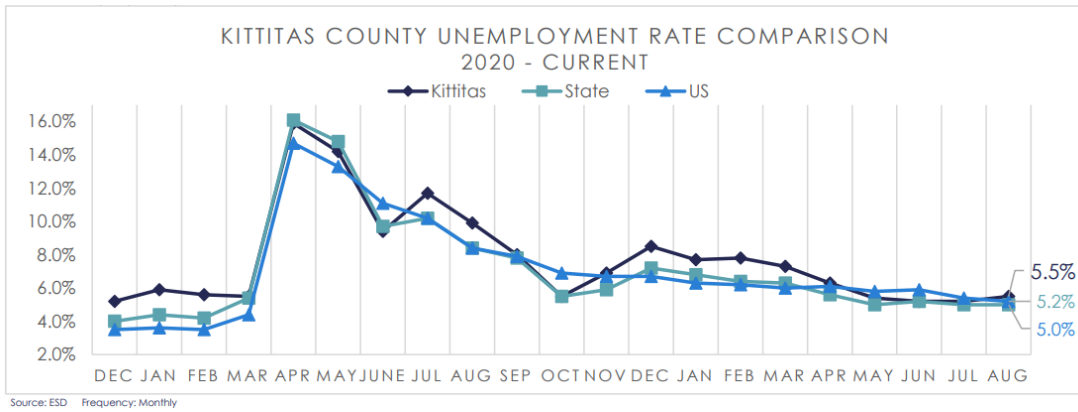
Source: ESD Frequency: Weekly

94

The employment of over 60% of the Kittitas County Community Health Survey respondents was impacted by COVID-19. Of those affected, 4.8% reported losing their job, about 2% were furloughed, and 10% saw a reduction in hours. The largest change respondents reported was adapting to work from home (18%).

<sup>93</sup> Mueller, Et. Al. Impacts of the COVID-19 Pandemic on Rural America. Proceedings of the National Academy of Sciences of the United States of America. January 5, 2021. Available at: <https://doi.org/10.1073/pnas.2019378118>

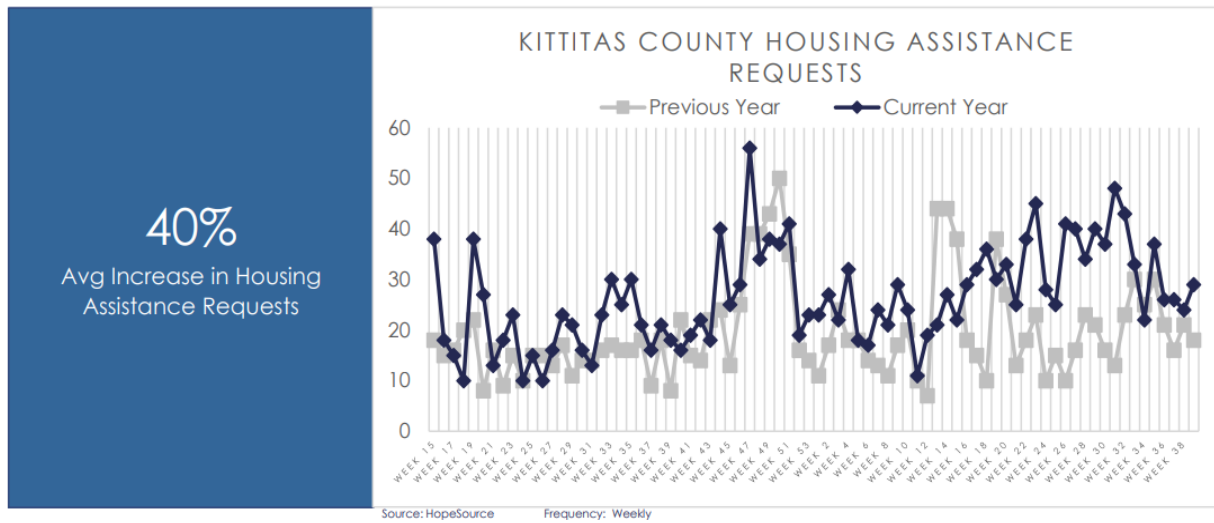
<sup>94</sup> Kittitas County COVID-19 Economic & Community Impact Report, October 14, 2021



93

### Housing Assistance

There was an average increase of 40% in housing assistance requests from April of 2020 through October of 2021.



95

### Social Divide

Another theme that arose from the focus groups, and was confirmed in the online survey, was the social divide/unrest. One individual spoke of this social divide in an open-ended question regarding the impacts of COVID-19 in the online survey, **“Social, political divides creating relational strife in our community - in schools, places of work, churches, and many other groups.”** Similarly, one of our treatment professionals responded to the greatest impact of COVID-19 being, **“Sides are being formed, which impacts relationships negatively.”** This sentiment of social unrest was echoed throughout all aspects of the online survey regardless if the topic was about raising children, supporting aging adults in our community, or the overall quality of living in Kittitas County. This is not an issue that is unique to Kittitas County, the following paragraph was included in the October Update of the Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19.<sup>96</sup>

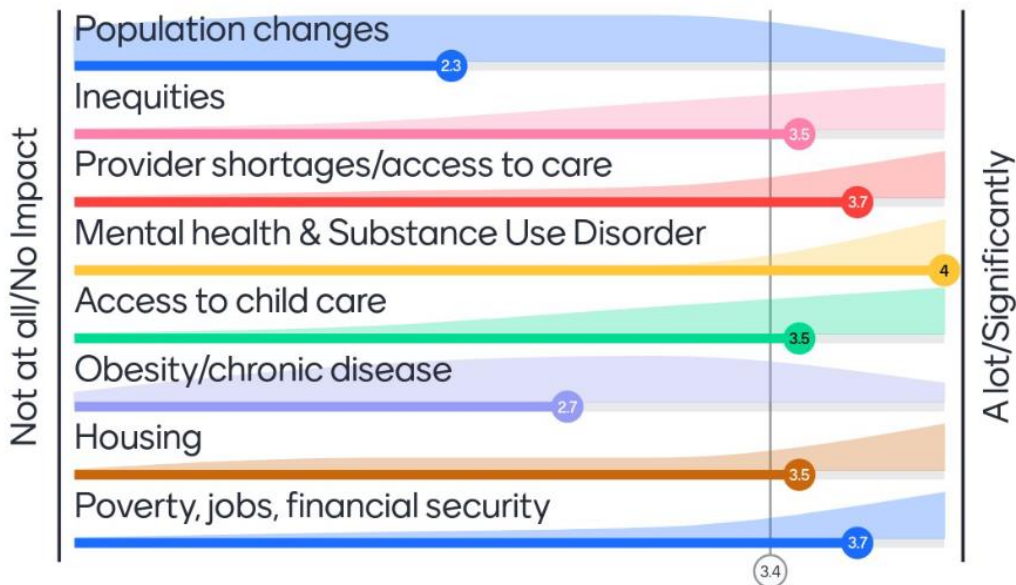
<sup>95</sup> Kittitas County COVID-19 Economic & Community Impact Report, October 14, 2021

<sup>96</sup> Washington Department of Health. COVID-19 Behavior Health Impact Report available at <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-135-YouthBehavioralHealthSitRep-October2021.pdf> (accessed October 21, 2021)

*“Us/Them” or “in-group” and “out-group” thinking behaviors, may also continue to worsen and divide families and co-workers. This has the potential to result in more social aggression or “acting out” against others who are perceived as being part of the “out-group.” As a result, there is a significant need to monitor and carefully weigh choices and behaviors in a social context, so that decision-making is thoughtful and not impulsive or rash. Ambiguity, tension, and even anger related to workplace and social contexts will remain high throughout remaining months of 2021. Feeling overwhelmed and anxious and experiencing interpersonal challenges and generalized discomfort may remain high as well.*<sup>97</sup>

### Impact on Health Concerns

During the 2017-18 Community Health Assessment, 8 key health concerns were identified. The Kittitas County Health Network Leadership Council and Board of Directors, serving as a focus group of cross-sector professionals, identified the impact of COVID-19 on each using polling software from Mentimeter.com. The group identified that COVID-19 impacted all of the indicated health concerns to some degree. **The most impacted were mental health and substance use disorder, poverty/jobs/financial security, and provider shortages/access to care.** When asked about the greatest impact to healthcare as an open-ended question, **provider burnout and delayed preventative/routine care were the most prevalent answers.**



98

<sup>97</sup> Washington Department of Health. COVID-19 Behavior Health Impact Report available at <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-135-YouthBehavioralHealthSitRep-October2021.pdf> (accessed October 21, 2021)

<sup>98</sup> KCHN Focus Group-Leadership Council (October 20, 2021) and Board of Directors (November 10, 2021), via Mentimeter.com.

## Mental Health

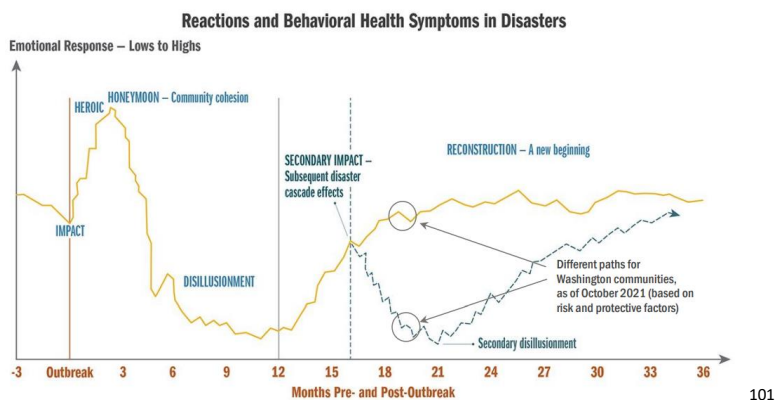
During February and March 2021, suspected suicide attempt Emergency Department visits were 50.6% higher among girls aged 12–17 years than during the same period in 2019; among boys aged 12–17 years, suspected suicide attempt ED visits increased 3.7%.<sup>99</sup> Approximately 65,000 Washington State middle school and high school students were surveyed in the spring of 2021 to assess the impacts of COVID-19. Kittitas County had 450 students participate in the survey and consistently showed increased mental health concerns. Of the Kittitas County students completing the survey, 7.7% reported attempting suicide in the past 12 months; more than twice that of the state (3.04%). In addition, 14.8% reported having a suicide plan compared to the state-wide 10.5%. Just over 50% of Kittitas County participants reported, “feeling depressed or sad MOST days, even if you felt OK sometimes.”<sup>100</sup>

## Telehealth and Healthcare Access

Throughout the assessment process, COVID-19 has been intertwined with all aspects of health. Mentioned in the methodology section, the established work groups of cross sector professionals and community members were utilized as the focus groups for this assessment. Looking back at previous meeting minutes dating back to the adaptations made due to COVID-19, **early themes were expansion of treatment methods due to increased opportunities to utilize telehealth, reduction in missed appointments, and a sense of comradery as all treatment and service providers faced similar challenges.** About a year into the virtual/telehealth pivot, treatment providers reported lack of face to face connection, lack of communication due to unanswered calls, and full voicemail boxes.



## Recovery from COVID-19 Impacts



<sup>99</sup> Center for Disease Control and Prevention. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. Available at:

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

<sup>100</sup> Washington Office of the Superintendent of Public Instruction. COVID-19 Student Survey. Spring 2021. Available at:

<https://www.k12.wa.us/student-success/health-safety/covid-19-student-survey>

<sup>101</sup> Washington Department of Health. COVID-19 Behavior Health Impact Report available at

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-135-YouthBehavioralHealthSitRep-October2021.pdf> (accessed October 21, 2021)

However, with a global pandemic that has been ongoing since early 2020, people are now finding themselves at many different points on the same timeline. Whether someone's job was impacted, when unemployment benefits ended, or when someone's individual life was impacted by the virus could move the impact event and subsequently their own timeline of recovery.

A key component of long-term economic recovery from the pandemic will be the extent to which community returns to pre-pandemic workforce numbers and spending. As of September, 2021, Unemployment (4.1%) is below the pre-pandemic rate of 6.1% in January of 2020. Annual spending has increased in 2021 and can be seen through increases in Ellensburg sales taxes received through retail trade, accommodation, construction wholesale trade, information, real estate & rental. However, there has been a decrease in city of Ellensburg education services tax revenue by 15% and a decrease in city of Ellensburg manufacturing from 2020 by 5%.<sup>102</sup>

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<sup>102</sup> Kittitas County COVID-19 Economic & Community Impact Report, October 14, 2021

## Community Health Improvement Plan: 2021 Update

A community health improvement plan strategically outlines the community health priorities (based on the community health assessment and community input.) The plan also includes how the priority issues will be addressed to improve the health of the community. Results of the assessment were reviewed by the Kittitas County Health Network Board of Directors, Leadership Council and the Assessment Work Group. Both groups were asked to identify primary issues based on current data, community feedback, and capacity to address the issues. **Both groups identified that the existing strategic issues should remain the focus of the Community Health Improvement Plan. However, the goals and strategies were updated to reflect current work and evolving priorities.**

Strategic Issue 1: How can we improve the delivery of community resources and health care services?

### *Background*

This issue came about from concerns about the lack of health care providers, **the need for coordinated care and services and better communication among service providers**, concerns about frequent users of emergency health care services, and unmet behavioral health and chronic disease management needs.

### *Goal A*

People in Kittitas County get the whole-person services, care, and resources they need in the most efficient and effective manner.

*Strategy #1:* Develop a **county-wide community-based care coordination system** among local cross sector partners; which addresses social factors of health as well as access to health care and community services; aims to move upstream providing care for people to prevent crisis; reduces preventable usage of emergency services; improves health outcomes; fosters communication among service providers; and reduces health care costs.

### *Activities:*

- Establish a referral system for people who have complex care needs, are in crisis, are high utilizers of emergency services, or are at risk.
- Engage community paramedics in both making referrals for care coordination and conducting home-based assessments.
- Maintain an interdisciplinary/cross-sector team (A-Team) that meets regularly to review client assessment results, create care plans, and monitor the implementation of the care plans.
- Maintain sufficient paid care coordinator and community health worker staff positions to screen referrals, assist with assessments, and implement care plans.
- Implement technology tools that facilitate the coordination of services, communication amongst service providers, and no wrong door/warm hand off connections with services.
- Engage people with lived experience in the development, evaluation, and quality improvement of the care coordination system and programs.
- With appropriate resources, scale program up by engaging new referral partners and conducting community outreach.

*Strategy #2:* Implement issue-specific **work groups that improve and increase communication and coordination** among cross-sector service providers.

### *Activities:*

- Establish relevant work group charters that define the purpose of each group, group activities, communication methods, meeting guidelines, and roles and responsibilities of participants.
- Recruit additional group participants.

- Foster leadership, facilitation, and collaboration skills amongst participants.
- Establish annual work plans for each group.

*Strategy #3:* Increase access to **prevention, screening, treatment, and recovery services for mental health and substance use.**

*Activities:*

- Increase and maintain sufficient access to medication-assisted treatment services for opioid use disorder.
- Establish coordinated system of mental health and substance use disorder screening, assessment, treatment, and recovery services for people who are incarcerated and/or released from the Kittitas County Jail.
- Reduce public stigma about mental health and substance use disorders through family, community, and service provider education.
- Reduce opioid overdose by increasing access to naloxone coupled with overdose prevention education.
- Increase opportunities to screen, refer, and treat youth and adults at risk of or with mental health and/or substance use disorders.
- Increase and maintain sufficient access to year-round drug take back programs.
- Ensure the mental health and substance use disorder workforce is sufficient for the community need.
- Support services and policies that facilitate substance use disorder recovery.

Strategic Issue 2: How can we address social and upstream factors to improve health outcomes?

*Background*

This issue arose from the recognition that **poverty, unemployment, education, housing, access to child care, stress, and childhood trauma are all concerns in our community** that can lead to negative health outcomes. Additionally, we need to strengthen community systems and policies to better support families and other community members.

*Goal A*

Social factors of health, childhood trauma, and community resiliency are recognized by the community as important to health and well-being.

*Strategy #1:* Increase **awareness of social factors of health, childhood trauma, and community resiliency** among our partners and the community.

*Activities:*

- Assess community and organizational knowledge and need for information about social factors of health, childhood trauma, and community resiliency.
- Ensure social factors of health, childhood trauma, and community resiliency are included, considered, and addressed in all of the work we do.
- Engage and educate multiple sectors of the community (especially youth) in Kittitas County with audience-tailored resources about social factors of health, childhood trauma, and community resiliency.
- Support and participate in efforts that address social factors of health, childhood trauma, and community resiliency.



### Goal B

Quality child care is widely available and easily accessible; improves children’s ability to learn and parents’ ability to support their families; and allows local employers to be appropriately staffed.

*Strategy #1: Increase options for **school-aged out-of-school time care**.*

*Activities:*

- Support school district efforts to offer after-school care opportunities.
- Support designation of camps through the Developmental Disabilities Administration to enable parents to use respite funding for day camps.
- Increase and support outdoor education opportunities during out-of-school times and at existing child cares.

*Strategy #2: **Increase childcare providers and centers** who adequately serve Kittitas County.*

*Activities:*

- Work with local government planning departments to identify and implement policy changes that will reduce barriers to opening or expanding child care facilities.
- Provide technical assistance with child care licensing processes and procedures.
- Seek and support opportunities to expand non-traditional child care options (i.e. part-time, after hours/weekends, drop in, etc.)
- Seek resources to enable child care providers to increase subsidy slots.
- Support efforts to secure funding for additional or expansion of existing child care facilities.

*Strategy #3: **Engage employers in providing child care benefits and supporting childcare opportunities** for their employees.*

*Activities:*

- Promote best practice child care benefit options for employers.
- Support employer efforts to increase child care options for their employees.
- Engage Central Washington University in discussions around increasing child care slots at the on-campus facility.
- Engage the Kittitas County Chamber of Commerce and downtown associations in working with employers to consider child care benefits and employer sponsored child care opportunities.
- Advocate for increased access to quality child care at the local, state, and association levels.

Strategic Issue 3: How can we adequately sustain collaborative community health improvement efforts?

### *Background*

This issue recognizes that if we, as a community, are to sustain community health improvement efforts, we need to **invest in sustainability**.

### *Goal A*

KCHN is a high-functioning, sustainable rural health Network that has an impact on the health and well-being of Kittitas County.

*Strategy #1: **Foster meaningful participation** with our members by strengthening our collaborative capacity.*

*Activities:*

- Implement the principles of the Collective Impact model among Network participants.
- Develop process and system of welcoming and onboarding new participants.
- Establish a Leadership Council charter that describes roles, responsibilities, and relationships.
- Research, consider, and pursue rural health Network funding strategy options.
- Maintain staffing and fiscal structure that is geared toward supporting the goals and needs of the Network.

*Strategy #2:* Develop and utilize **key metrics to show progress and achieve our common goals**.

*Activities:*

- Establish assessment/shared measurement work group to lead the process of developing key metrics, collecting data, and communicating results.
- Utilize an efficient data management platform for ongoing data collection, monitoring, and analysis.

*Strategy #3:* Intertwine **health equity and people with lived experience** in the work we do and advance health equity initiatives in the community.

*Activities:*

- Identify role of the Network in community health equity and identify opportunities to increase health equity and address health disparities.
- Support Network members' knowledge and capacity to advance health equity.
- Engage people with lived experience in the implementation of the Community Health Improvement Plan.
- Implement a health equity rubric that provides guidance for ensuring the consideration of health equity in the work of the Network.

*Strategy #4:* **Share the value and impact** of our work to generate support.

*Activities:*

- Develop and maintain internet and social media communications that regularly engage the general public and partners.
- Develop communication tools that show the value of the Network and include this communication in recruitment efforts for providers.
- Pursue new venues to share the progress and value of our work.

## Appendix A: Focus Groups

Focus Group 1 – Opioid Response Work Group - August 5, 2021

*Facilitator:*

Robin Read, Kittitas County Health Network

*Participants:*

Michelle Cawley, Early Learning Coalition and Community Health of Central Washington

Alicia Ogren, Comprehensive Healthcare Hub and Spoke Program

Pamela Tuggle-Miles, Community Health of Central Washington

Tim Cornia, HopeSource

Becky Starnes, Community Health of Central Washington

Arianna Rhodes, Comprehensive Healthcare

Sue Gunn, Comprehensive Healthcare

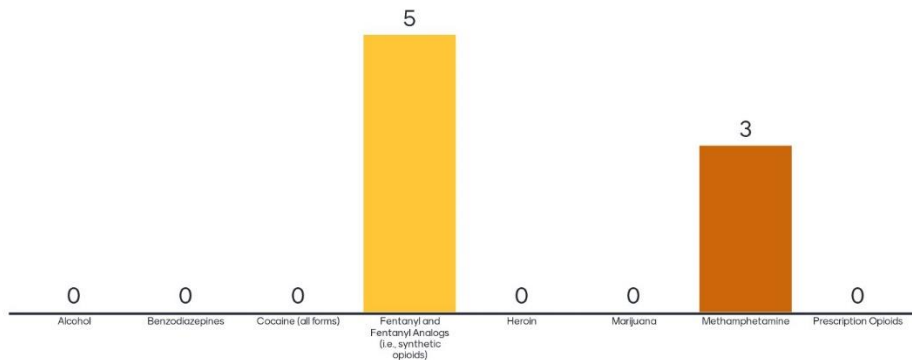
Maggie Usrey, HopeSource

Nicole Matthews, Kittitas County Health Network

*Questions via Mentimeter:*

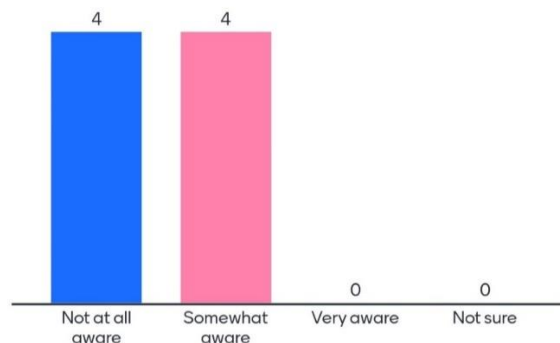
Please select the top two drug types that currently pose the greatest health risk in the community.

Mentimeter



How aware are Kittitas County residents about the services offered for SUDs?

Mentimeter



1. In your opinion, what is the greatest impact that the COVID-19 pandemic has had on people with SUD?
  - People in long term recovery having slips or relapses
  - Isolation due to requests from society to stay home, closed doors to services
  - Realizing that their use has really become a problem
  - Increased overdose calls and deaths
  - Easier to access/reach out for services anonymously via phone or virtual
  - Increase in unemployment resulting in increased relapse. Isolation as well.
  - Isolation which may have contributed to increase in overdoses. People using alone.
  - Increased isolation increased use.
  - Increase in use due to isolation, Barriers to in person treatment for both therapy and in person substance use treatment.
  - Increased stress with less access to support services. Higher alcohol intake especially as a result. Positively, increased use of telehealth which has allowed access to providers despite the pandemic.
  - Pandemic money-ability to buy drugs
  - People not wanting to do virtual services, which limits their ability to get treatment.
  - Not as much interaction to exchange information about services.
  - Hesitation to walk in for services
  - The information regarding Covid-19 vaccine was spread far and wide, getting people in to get the vaccine. I feel this included those with SUD coming to get the vaccine, but also maybe more help.
  - Hesitation to work face to face with people. Sometimes people need to physically see others and see the genuine care.
2. In your opinion, what is the greatest impact that the COVID-19 pandemic has had on SUD services?
  - Limited interaction with patients
  - Much more use of telehealth, both for medical services and counseling services
  - Reduced face to face interaction, Telehealth has been a positive alternative.
  - Staff burnout
  - People not wanting to do Telehealth which limits their ability to get treatment
  - Hesitation to work with people face to face, Some people need to physically see the genuine care.
  - COVID Cares has brought so much \$ in grants and trying to staff and train to meet the need has been challenging, We are all stressed in one way or another
  - Increased telehealth to support rural areas or the jail.
3. In your opinion, what is the greatest impact that the COVID-19 pandemic has had on Kittitas County residents?

Focus Group 2 – Behavioral Health Work Group – August 13, 2021

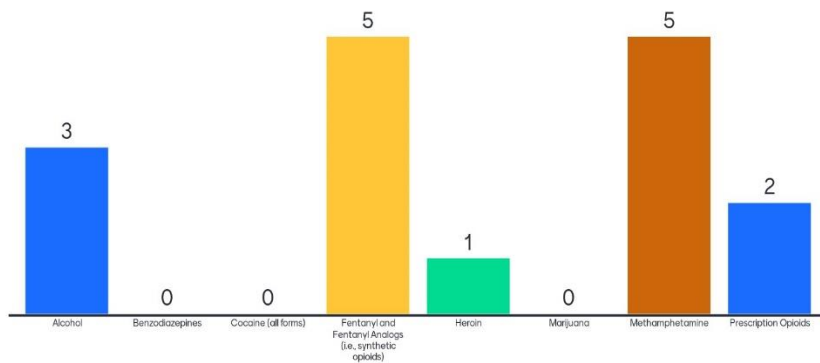
*Facilitator:* Doug Fulp, Kittitas County Health Network

*Participants:*

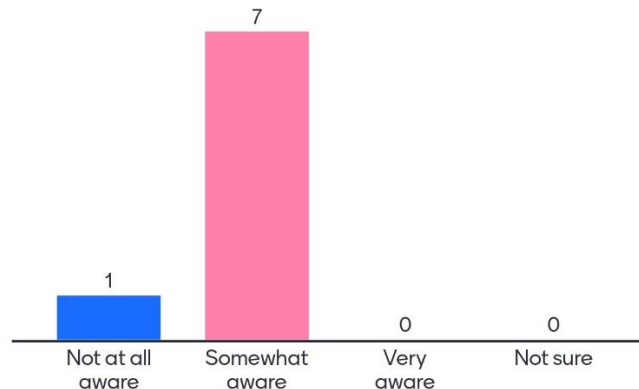
- Jackie Herum, Law and Justice Council and Person with Lived Experience
- Jeff Barnsley, Kittitas County Sheriff's Office
- Greg Aubol, Comprehensive Health Care
- Melissa Denner, Merit Resource Services
- Laura Jones, Thorp School District
- Sue Gunn, Comprehensive Healthcare
- Dede Utley, Kittitas Valley Healthcare
- Mitchell Rhodes, Kittitas Valley Healthcare
- Mel Blair, Thorp School District
- Rich Elliot, Kittitas Valley Fire and Rescue

*Questions via Mentimeter:*

Please select the top two drug types that, in your opinion, currently pose the greatest health risk in the community.



How aware are Kittitas County residents about the services offered for Behavioral Health?



## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on Behavioral Health services?

Mentimeter

Greater availability on tele-health. helps remove issues like transportation	less face to face which can be really hard for some people to not be able to (physically) see genuine care expressed	Just increased emotional issues and lack of capacity to provide services and huge on kiddos
less availability	Decrease participation in SUD treatment.	higher demand
brought to light the inadequate services we have.	In reased anxiety due to isolation from friends and family support.	future of our youth and how the last year and a half will impact them

## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on Behavioral Health services?

Mentimeter

impact on healthcare workers across the board, impact on our educators	future of many will include PTSD	Isolation and fear
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## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on Kittitas County residents?

Mentimeter

created division	Sides are being formed, which impacts relationships negatively.	Isolation and fear
agree...division	economy	youth lacking resources and support
Divisions	supply and demand has definitely been an issue in terms of all services	Fear of the unkown, less activities for kids including sports, gatherings , and emotional releases. Dividing family and friends on issues out of their control.

Focus Group 3 – KCHN Leadership Council – October 13, 2021

*Facilitator:*

Robin Read, Kittitas County Health Network

*Participants:*

- Dede Utley, Kittitas Valley Healthcare
- Audi Martinez, Kittitas County Public Health Department
- Geoff Scherer, Upper Kittitas County Medic One, Hospital District 2
- Lianne Bradshaw, Kittitas County Public Health Department
- Lindsey Boswell, Yakima Valley Community Foundation
- Maggie Usrey, HopeSource
- Michele Cawley, Early Learning Coalition and Community Health of Central Washington
- Tim Cornia, HopeSource
- Teo Bicchieri, FISH Food Bank
- Brissa Perez, Greater Columbia Accountable Community of Health
- Chelsey Loeffers, Kittitas County Public Health Department
- Laura Crooks, Children’s Village
- Dr. Kevin Martin, Kittitas Valley Healthcare
- Sue Gunn, Comprehensive Healthcare
- Stephanie Wickstrom, Allied People Offering Year-Round Outreach
- Sandra Carrillo, APOYO
- Nicole Matthews, Kittitas County Health Network
- Sue Logsdon, Kittitas County Health Network
- Alicia Colasurdo, Kittitas County Health Network

*Questions via Mentimeter:*

**In your opinion, what is the greatest impact that the COVID-19 pandemic has had on people in Kittitas County?**

Mentimeter

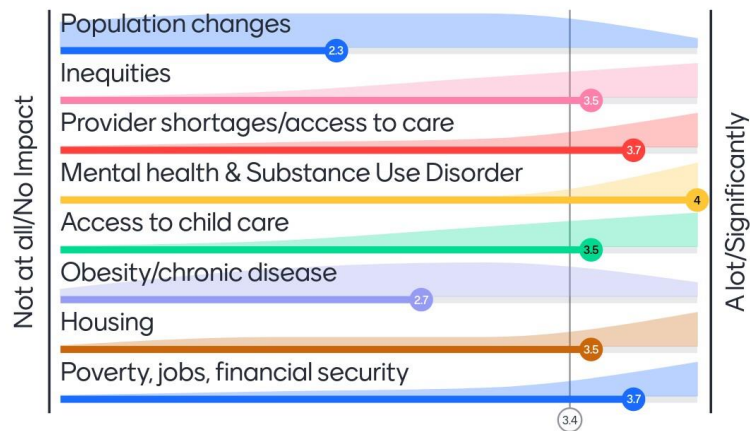
Attitude. I feel at this point, so many residents are "over it" and have no interest in protecting themselves/others by wearing a mask	social and political divide.	Divided the community
Created deviciveness that has lead to anger, isolation, and mistrust of systems that fuction to help people	division of our community	inability to pay rent, owing back rent, and eviction
financial impact	Isolation and all that comes with it.	Mental health

## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on people in Kittitas County?

Mentimeter



## Community health concerns identified in the 2017-2018 CHA included those listed below. How has the COVID-19 pandemic affected these concerns?





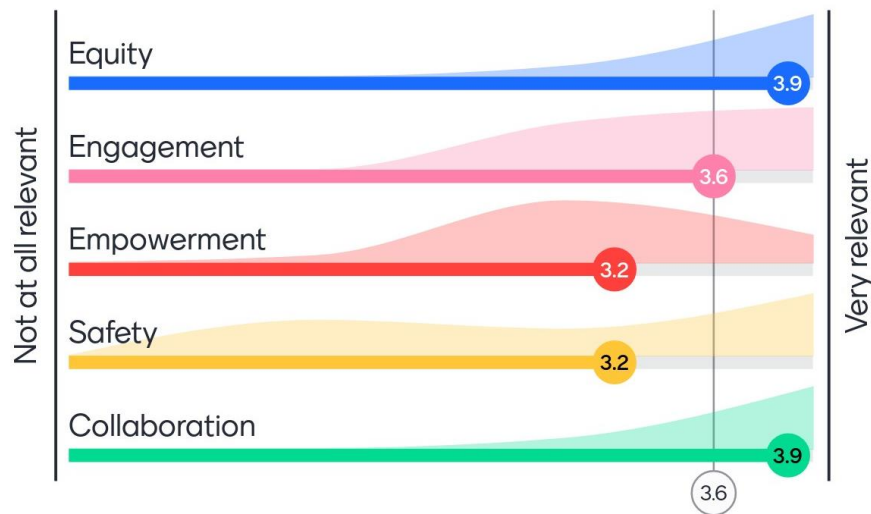
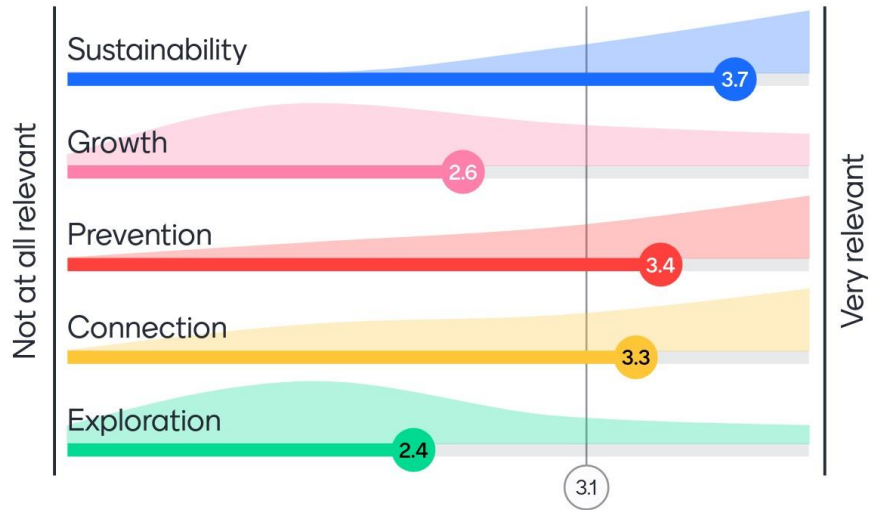
## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on health care?

1. Increased demand. 2. Decreased work force due to burn-out, mandate resistance, etc.		
healthcare worker burn out	Lack of health maintenance due to isolation/fear	Elevation of public knowledge of challenges healthcare providers face
1. Burn out. 2. Shift to use of tech (tele, etc.)	Delayed preventative care	delays in medical care, ie. quarantine, stopped services (non urgent/elective surgeries)
Behavioral health issues compounding physical health and loss of providers	overwhelming services/hospitals	we were already short on health care staff here in our county and the pandemic has made that much worse
Burn out	People not accessing routine care	Delayed care
Burn out of staff	frustration of the community	Not accessing routine care
Institutional stress financially and on staff	Limited access	Preventative health not being used

## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on other community services?

More need out there (social supports, developmental supports etc.), but with distancing people dont know how to access, especially if they do not have all the tech knowledge or equipment	staffing shortage, vaccine mandate issues	
Everyone is burned out	Staffing shortages	lack of face to face interactions, therefore some clients give up rather than working through phone/text
Direct services being delayed/impacted to those most in need	Lack of childcare when schools were closed. Increased need for food and housing	Increased risk
overwhelmed, short staffed	Fatigue worker	social service providers have been slammed, increasing work load while also being short on staffing, more demand and duties, less people to do the work

# How relevant are the following values to the core purpose of KCHN?



*Facilitator:*

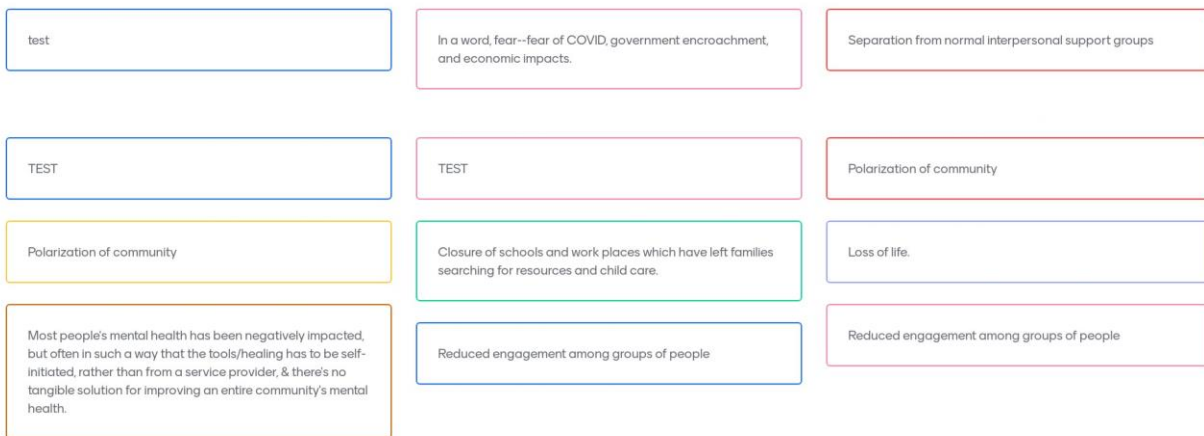
Doug Fulp, Kittitas County Health Network

*Participants:*

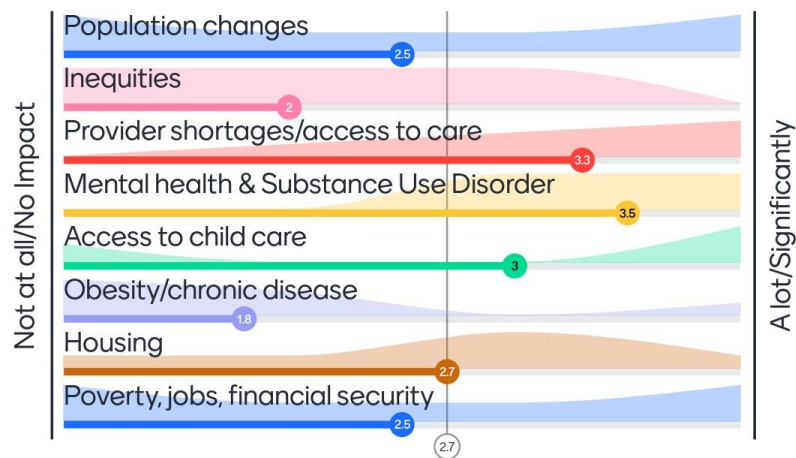
Unknown due to anonymous survey completion

*Questions:*

## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on people in Kittitas County?

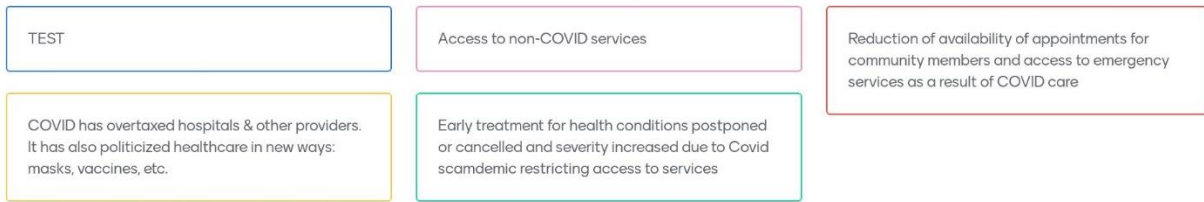


## Community health concerns identified in the 2017-2018 CHA included those listed below. How has the COVID-19 pandemic affected these concerns?



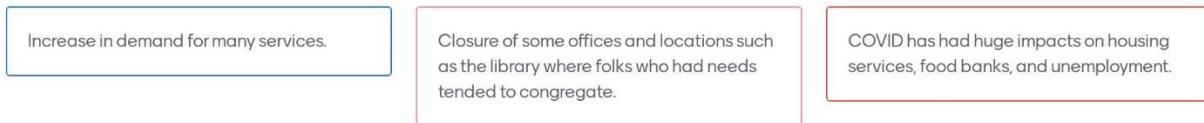
## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on health care?

Mentimeter

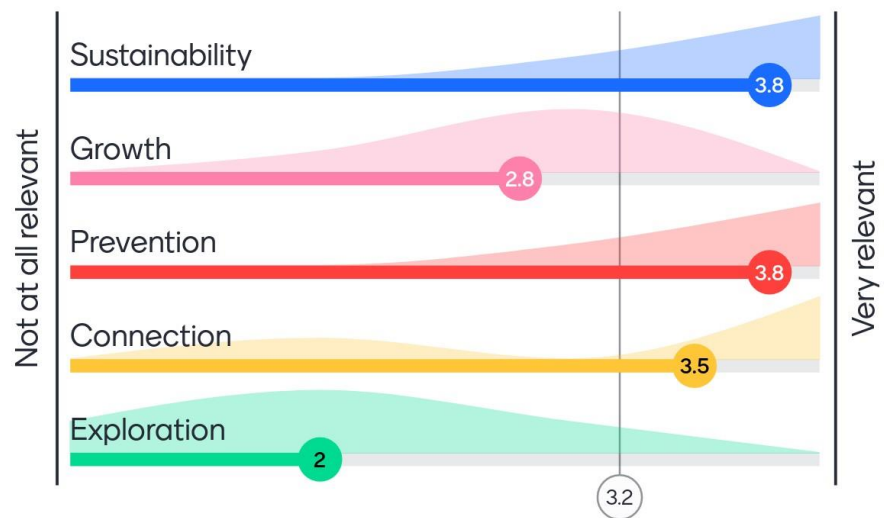


## In your opinion, what is the greatest impact that the COVID-19 pandemic has had on other community services?

Mentimeter



## How relevant are the following values to the core purpose of KCHN?



# How relevant are the following values to the core purpose of KCHN?

