

Garfield County Health District

2012 Community Health Assessment



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Garfield County Health District

OUR MISSION

We are committed to professional, caring services that motivate individuals to a higher level of physical, mental, and environmental health awareness and responsibility.

The Health District for Garfield County offers many services that are available through programs which impact individual and community health status with direction from Dr. Timothy Moody, Garfield County Health Officer.

The roles of Public Health include:

- Monitor the health status of residents to identify community health trends
- Identify and investigate health issues and hazards in the community
- Inform, educate, and empower people about health issues and trends
- Mobilize community partners to identify and solve health problems
- Develop policies and plans that support individual community health efforts
- Enforce laws and plans that support individual and community health efforts
- Link people to needed personal health and medical services
- Assure a competent public health work force
- Plan and prepare for response to community emergencies
- Evaluate, assess, and reassess our methods to bring them into line with best practice

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DID YOU KNOW GARFIELD COUNTY...



- was formed from a portion of Columbia County on November 29, 1881 as part of territorial legislation.
- is the youngest county in Washington State.
- is named after James Garfield, the twentieth president.
- is located in southeastern Washington and bordered by Columbia County (west), Asotin County (east), Whitman County (north), and the Oregon State line (south).
- spans 712.8 square miles.
- is the seventh smallest county in Washington State.
- is an agricultural community and this serves as the primary economic base.
- is occupied mostly by farms, which make up two-thirds of the community.
- Is one of the region's most productive wheat producing areas, but other grains such as barley and bluegrass are also grown.

INTRODUCTION

This community health assessment examines and explores the health, well-being, demographics, and social characteristics of residents in Garfield County. The information in this report was compiled and assessed by Kate Forand, Garfield County Hospital District AmeriCorps Volunteer, and Garfield County Health District for individuals and organizations in Garfield County who are interested in addressing the health and community needs of its residents.

What is a community health assessment?

Community health assessment refers to the range of activities that our public health system performs to learn about the health of our communities and to plan responses to local needs. Public health agencies conduct assessment – the collection, analysis, and dissemination of information –, which includes, statistics on health status and community health needs and strengths. Through this work, they learn where, when, and how health threats are occurring. With this data, they can prioritize needs, generate resources, make service or program changes, and implement policies that improve public health.

Assessment is one of the three core functions of public health, as defined by national leaders in the 1980s. The core functions of assessment, policy development, and assurance are carried out to ensure that the basic mission of the public health system – keeping communities safe and healthy – is met.

The goal of community health assessment is to improve population health outcomes. If the activities of assessment are carried out effectively, they should contribute to data-driven public health decisions resulting in public health services that are aligned with the health needs of local communities.



KEY FINDINGS

Population

- The population is 1% less than in 2007.
- 22% of the population is 65 years or older.

Demographics

- There are 903 households.
- 70% make \$25,000 or more.
- 92% are high school graduates.

Public Assistance Programs

- Participation in the Food Assistance Program is 5% higher than in 2008.

Crime and Violence

- Violent and property crime decreased from the 2005-2007 time period.
- Theft is the most reported crime.
- Child abuse rates increased by 10% in 2010.

School Performance

- Graduation rates are consistently above Washington State rates.

Health Care

- 80% of residents (adult and child) have health insurance.

Hospitalizations

- Heart disease is about twice the Washington State rate.
- Garfield County Hospital District hospitalizations increased 21% since 2007.

Youth Health

- 26.5% of students, grades 8, 10, and 12 reported they have asthma.
- 30% of students, grades 8, 10, and 12 reported that they have been bullied.
- One out of three youth, grades 8, 10, and 12, reported alcohol use.

Adult Health

- Two-thirds of adults are overweight or obese.
- 36% of adults have hypertension.
- From 2006-2010, 30% of adults received pneumonia vaccinations.
- 72% of adults use alcohol and 22.6% report binge drinking.
- Over 25% of adults use tobacco products.

Seniors

- Heart disease is the leading cause of hospitalizations in seniors 65 years or older.

Maternal and Child Health

- 7.9% of births are to teen mothers.
- In 2010 The Women, Infants, and Children (WIC) participation had increased 26% (from 2006).

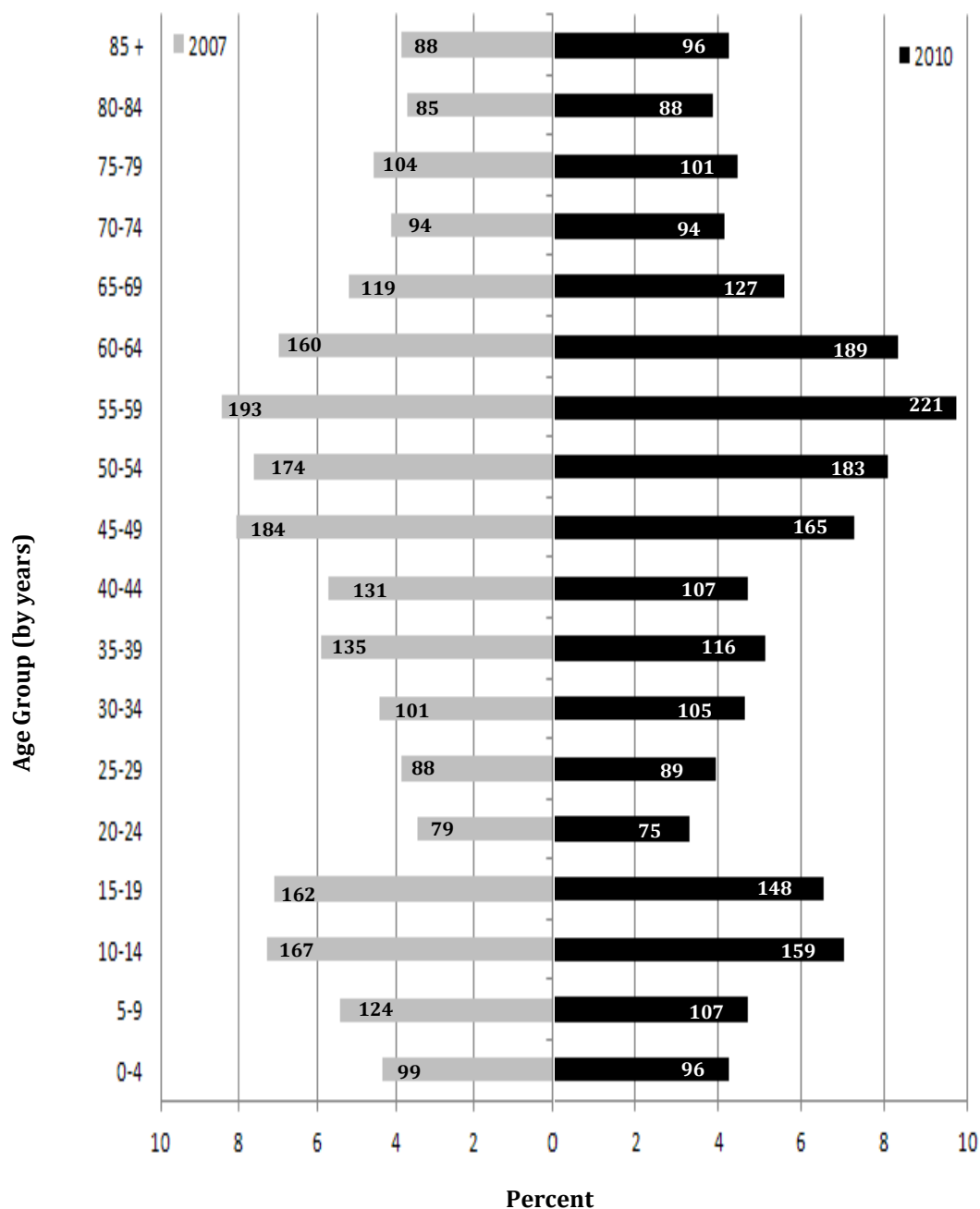
Mortality

- Cancer, the leading cause of death, decreased approximately 50% from 2005-2007.

POPULATION

In 2007, the population of Garfield County was 2,287. Of these residents, 48% were male and 52% female. A 1% decrease in population occurred from 2007 to 2010, when population dropped to 2,266, however the ratio of males and females remained the same. There was no significant change noted in the percentage of population by age group as shown below.

Distribution and Count of Population by Age and Year
Garfield County, 2007 and 2010



Source: Washington State Office of Financial Management

Population by Age and Gender, Garfield County 2006-2010

Age Group	2006			2007			2008			2009			2010		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	102	51	51	99	49	50	100	51	49	99	50	49	96	49	47
5-9	128	63	65	124	60	64	118	58	60	113	55	58	107	52	55
10-14	173	91	82	167	87	80	164	86	78	161	86	75	159	85	74
15-19	168	87	81	162	85	77	163	88	75	152	82	70	148	81	67
20-24	80	45	35	79	44	35	79	45	34	76	44	32	75	43	32
25-29	86	43	43	88	45	43	90	44	46	89	42	47	89	42	47
30-34	98	46	52	101	48	53	101	50	51	102	51	51	105	53	52
35-39	136	72	64	135	72	63	125	69	56	123	68	55	116	64	52
40-44	137	63	74	131	59	72	121	52	69	114	49	65	107	43	64
45-49	193	95	98	184	88	96	178	88	90	173	86	87	165	81	84
50-54	176	90	86	174	89	85	181	93	88	182	95	87	183	97	86
55-59	188	93	95	193	95	98	198	96	102	206	101	105	221	107	114
60-64	151	75	76	160	79	81	172	83	89	180	89	91	189	94	95
65-69	118	62	56	119	63	56	121	66	55	124	68	56	127	70	57
70-74	93	41	52	94	43	51	92	41	51	93	41	52	94	41	53
75-79	105	50	55	104	49	55	101	47	54	100	46	54	101	46	55
80-84	86	34	52	85	35	50	84	35	49	87	36	51	88	37	51
85+	88	30	58	88	30	58	90	31	59	98	33	65	96	33	63
Total	2,306	1,131	1,175	2,287	1,120	1,167	2,278	1,123	1,155	2,272	1,122	1,150	2,266	1,118	1,148

Source: Washington State Office of Financial Management

DEMOGRAPHICS

There are 903 households in Garfield County. The median household income is \$42,269, although 30% report an annual income of \$24,999 or less. Eight percent of adults have less than a high school diploma, while 92% are high school graduates or have further education. About 18% have a bachelor's degree or higher. The unemployment rate in Garfield County is 5.2%, which is lower than Washington State percentage of 7.6%. Two-thirds of Garfield County residents are married and have an average family size of 2.79.

Garfield County

2006-2010

Annual Household Income	Percent
Less than \$10,000	4%
\$10,000 - \$14,999	10.4%
\$15,000 - \$24,999	15.5%
\$25,000 - \$34,999	9.7%
\$35,000 - \$49,999	19%
\$50,000 - \$74,999	18.7%
\$75,000 or more	22.6%
Education	Percent
Less than High school graduate	8.2 %
High school graduate or higher	91.7%
Bachelor's degree or higher	17.7 %
Employment	Percent
In labor force	49.8
Employed	47.1
Unemployment rate	5.2
Marital status	Percent
Married (except separated)	61.1%
Divorced/Separated	9.4%
Widowed	12.7%
Unmarried	16.7%
Average family size	
All ages	2.79
Under 18 years	0.7
18 years and older	2.1

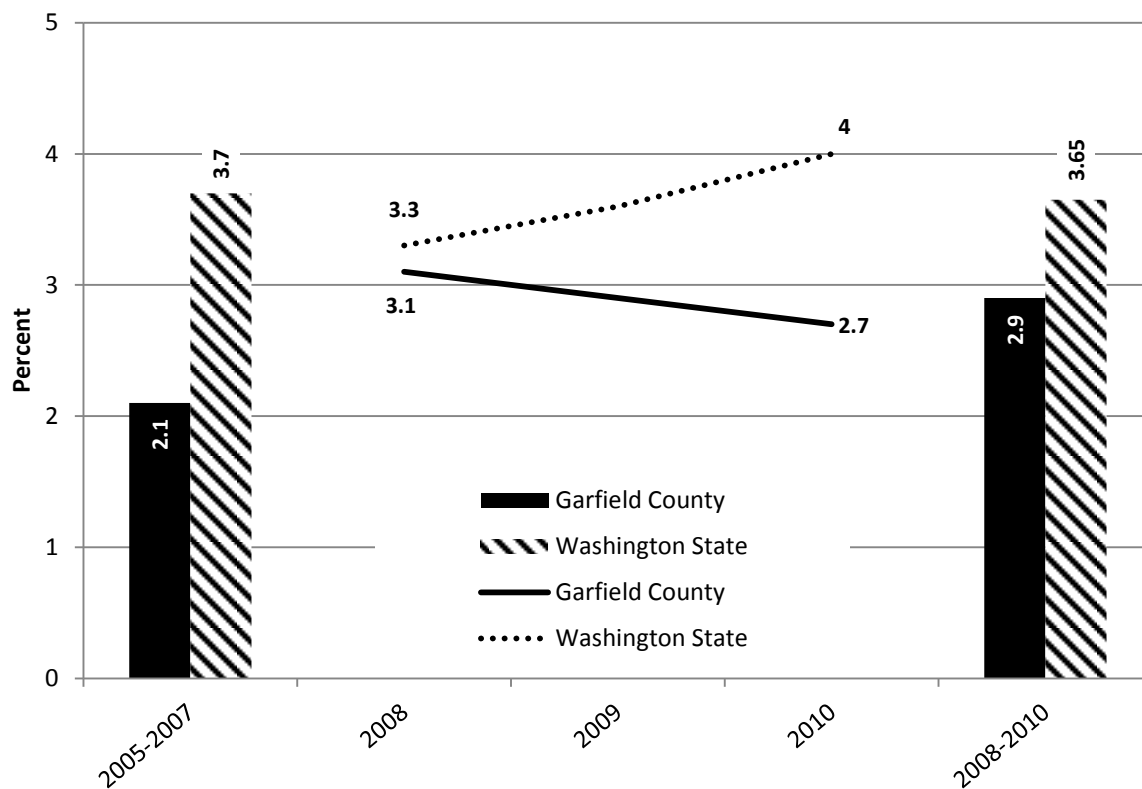
Source: United States Census Bureau, American Community Survey 5-year Estimates

PUBLIC ASSISTANCE PROGRAMS

Temporary Assistance for Needy Families (TANF) provides temporary cash and medical help for families in need. Persons who are residents of Washington State and are ineligible for TANF solely because of eligibility changes due to the Welfare Reform Act may be eligible for State Family Assistance (SFA). Garfield County does not have a local office but individuals can receive assistance online or by phone.

There have been no significant changes in the need for assistance either in Garfield County or Washington State during the time period of 2005-2010. Garfield County has consistently been below the Washington State percentage.

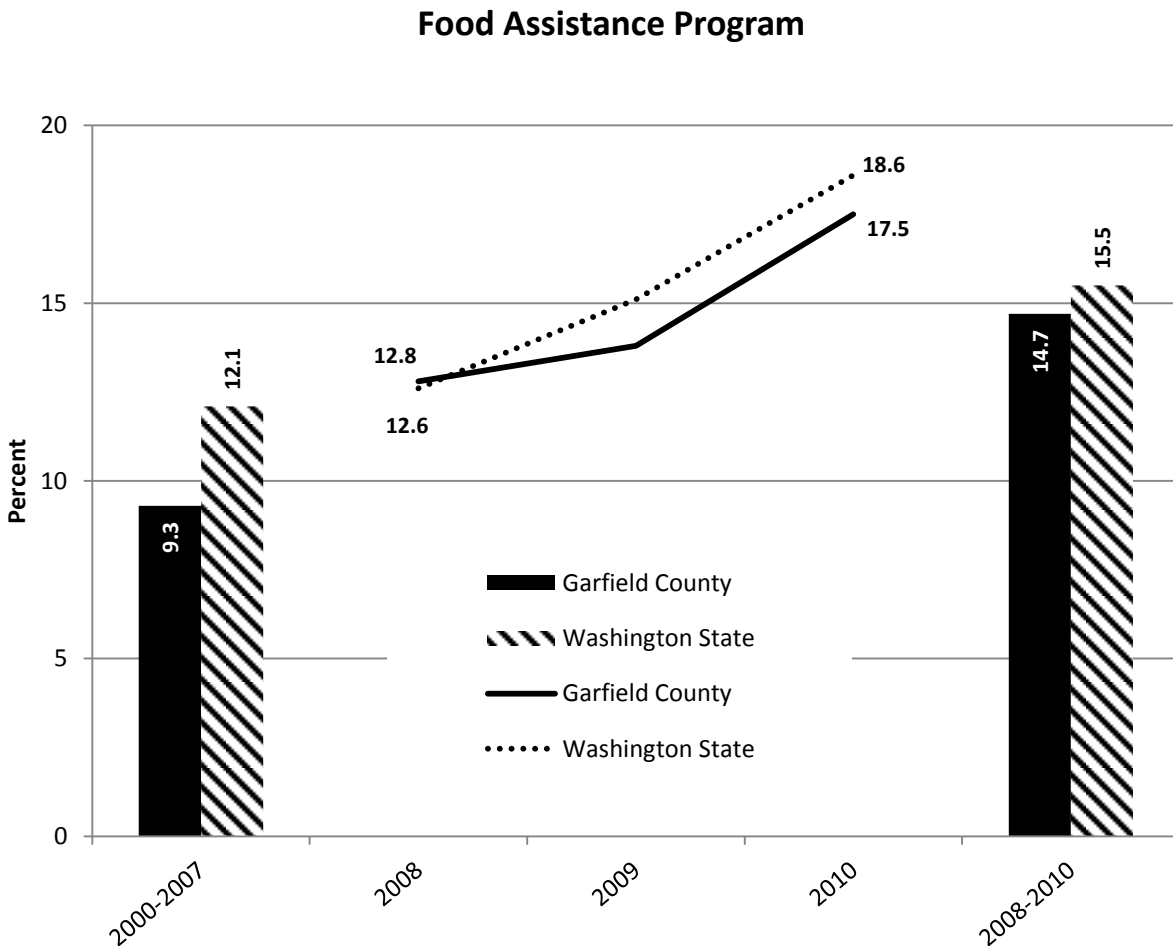
Temporary Assistance to Needy Families (TANF) and State Family Assistance



Source: Washington State Department of Social and Health Services

FOOD ASSISTANCE PROGRAM

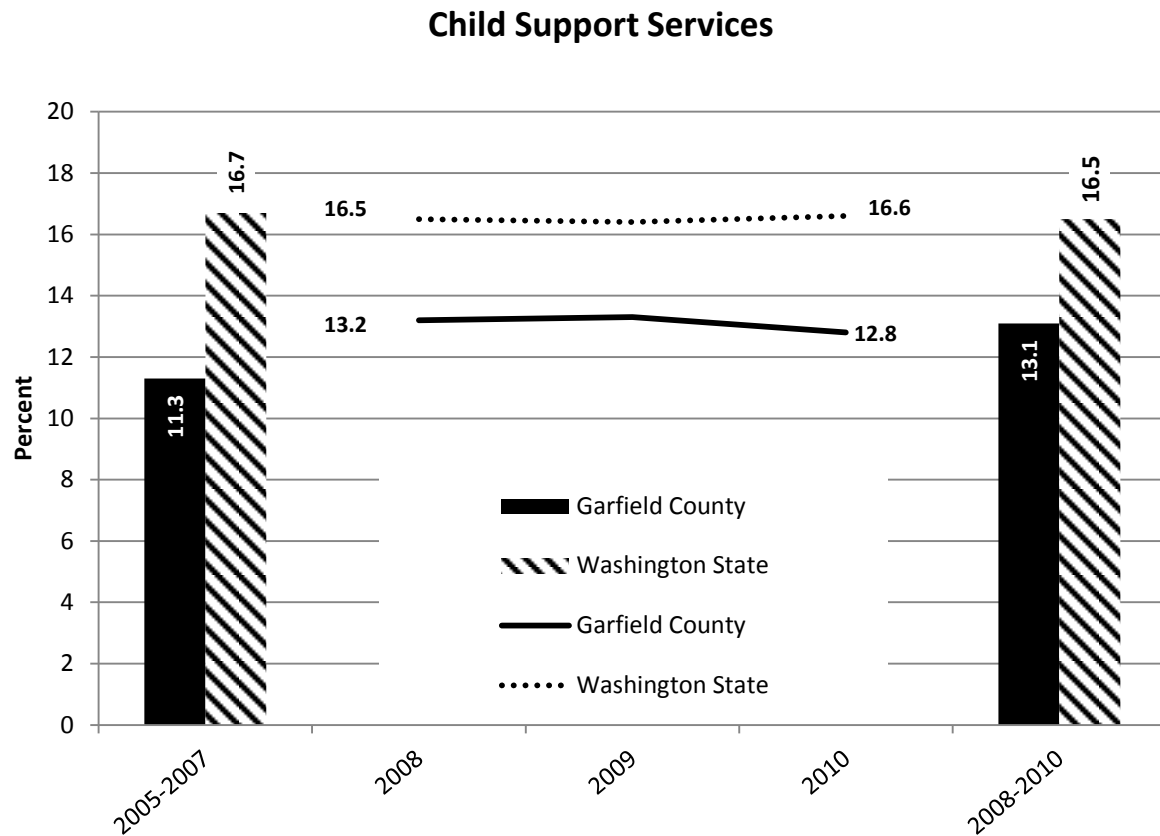
Utilization of the Food Assistance Program in Garfield County rose 5% between the periods of 2005 to 2007 and 2008 to 2010. During that same time period, Washington State saw an increase of 3%. Previously Garfield County was 3% below the Washington State average (2005 to 2007), but now the gap between County and State has decreased to less than 1%.



Source: Washington State Department of Social and Health Services

CHILD SUPPORT

Garfield County residents receiving public assistance and utilized Child Support Services increased 2% from 2005 to 2007 to the current period of 2008 to 2010 while Washington State rates have remained consistent.



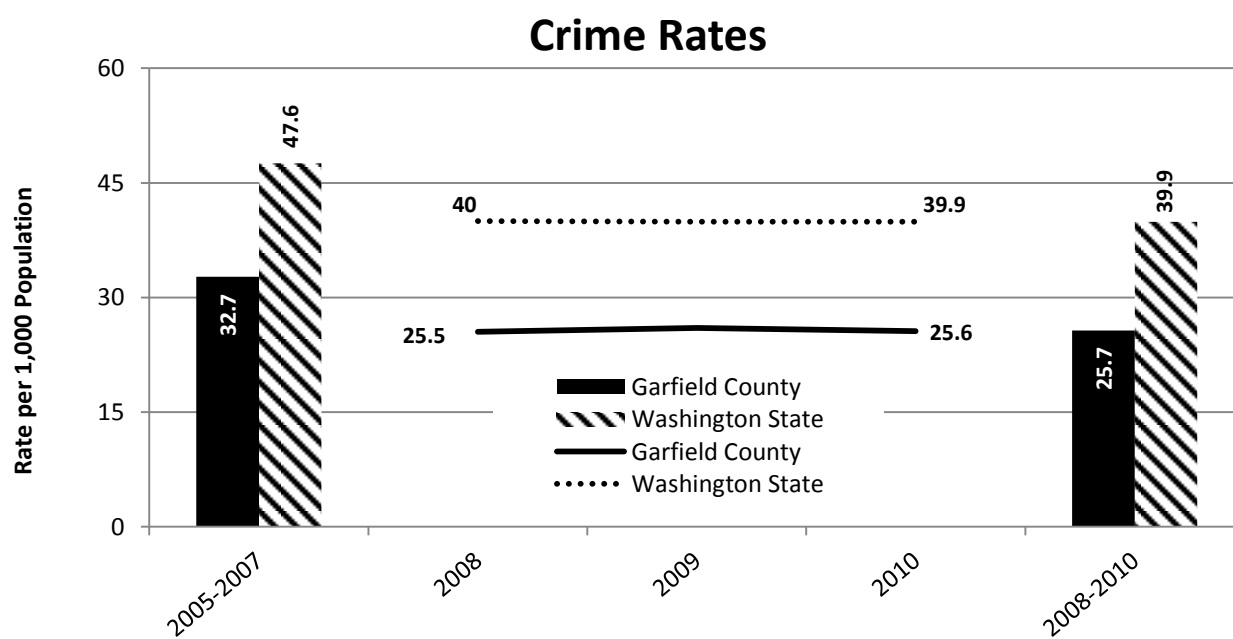
Source: Washington State Department of Social and Health Services

CRIME AND VIOLENCE

CRIME RATE

Both violent and property crimes have decreased in Garfield County from the periods of 2005 to 2007 and 2008 to 2010. Garfield County violent crimes dropped 55% and property crimes dropped 20% with an overall drop in crimes of 23%. Washington State violent crimes decreased 2% and property crimes decreased by 14% during the same time periods with an overall drop of 13%.

Actual Number and Types of Crimes	2005-2007		2008-2010	
Type of Crime	Garfield County	Washington State	Garfield County	Washington State
Violent Crimes	18	64,880	8	63,720
Murder	0	569	0	530
Rape	3	8,000	3	7,572
Assault	15	38,165	5	36,874
Robbery	0	18,146	0	18,744
Property Crimes	208	851,955	167	734,827
Arson	1	6,007	1	4,440
Burglary	32	169,300	47	158,185
Theft	158	545,598	113	495,913
Motor Vehicle Theft	17	131,050	6	76,289
Total	226	916,835	175	798,547

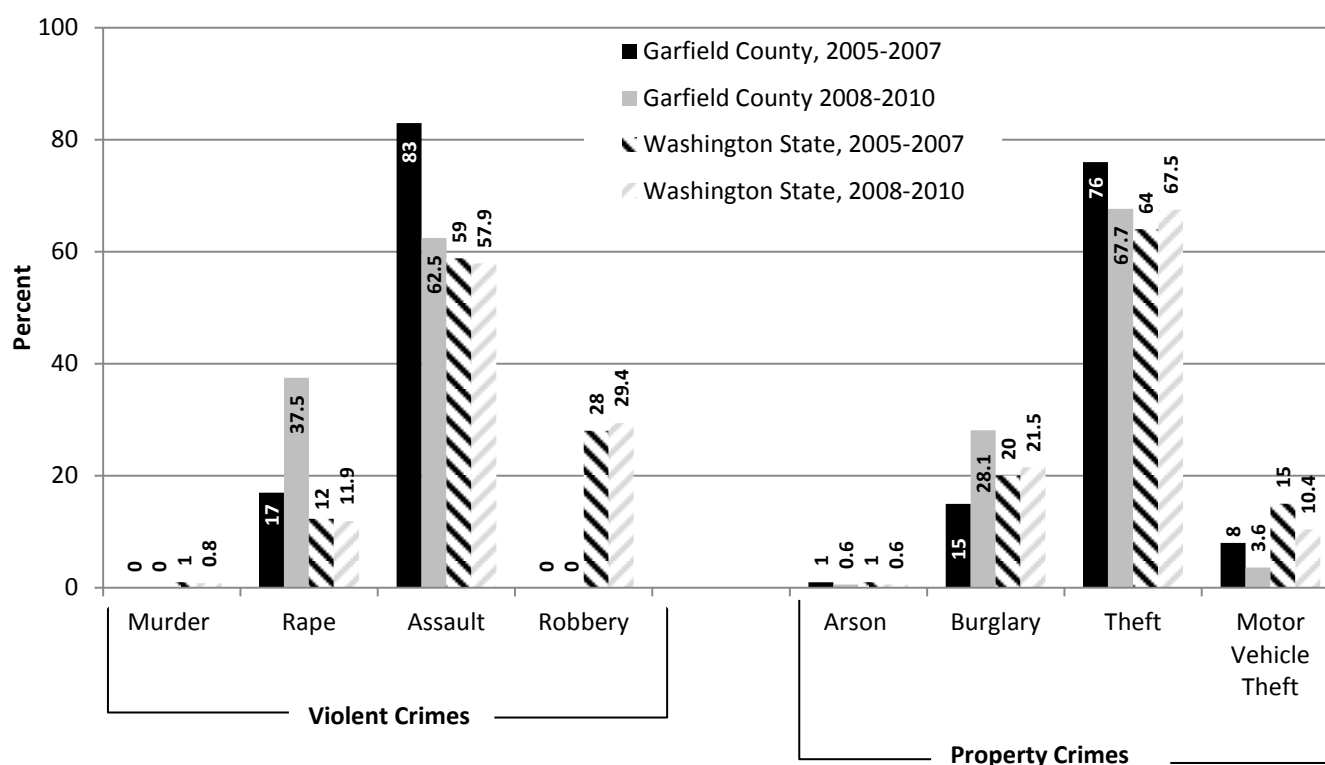


Source: Washington State Office of Financial Management

REPORTED CRIMES

Assault was the highest violent crime in Garfield County at 83% in 2005-2007 while the Washington State violent crime rate was 59% during the same time period. During 2008-2010 Garfield County assaults decreased significantly by 25% while the Washington State level remained the same. The highest property crime for both Garfield County and Washington State was theft, which was significantly higher than the rest of the crimes in this category.

Percent and Type of Crimes, Garfield County and Washington State

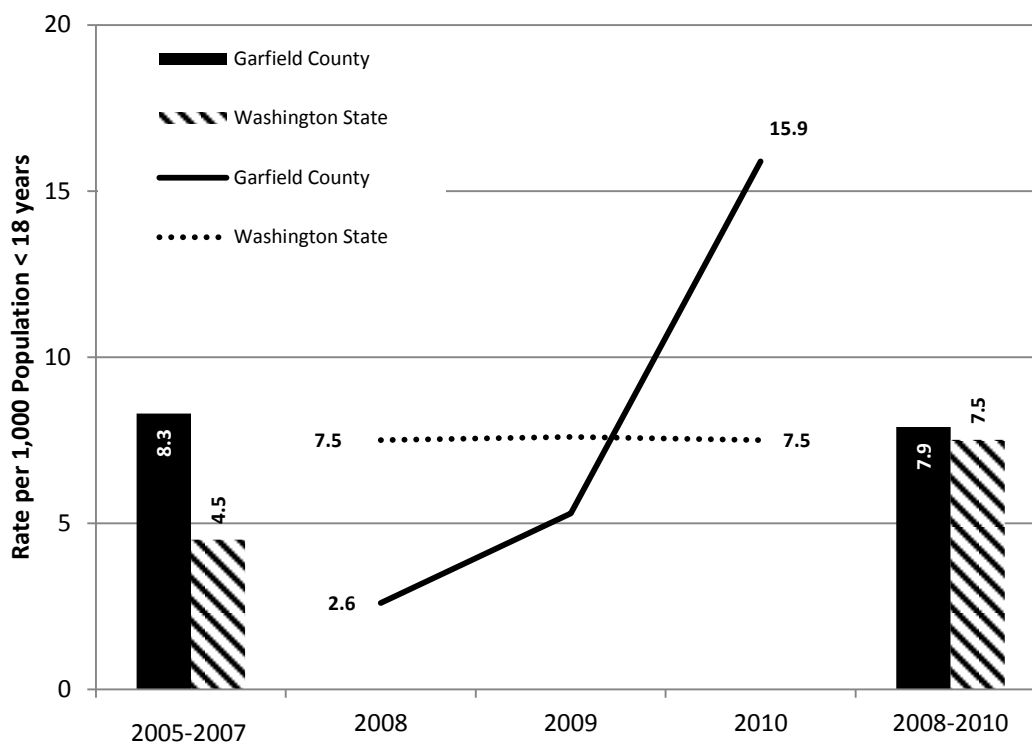


Source: Washington State Office of Financial Management

CHILD ABUSE

Child abuse is physical, psychological, or sexual maltreatment, or neglect of a child. Child abuse is defined as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or the threat of harm to a child. For every incidence of child abuse or neglect that is reported, it is estimated that two others go unreported. Garfield County child abuse rates have remained steady for the years 2005 to 2007 and 2008 to 2010 with the exception of 2010 when the rate was 15.9 cases per 1,000. This is significantly higher than Washington State for the same time period.

Child Abuse Rates for Accepted Victims



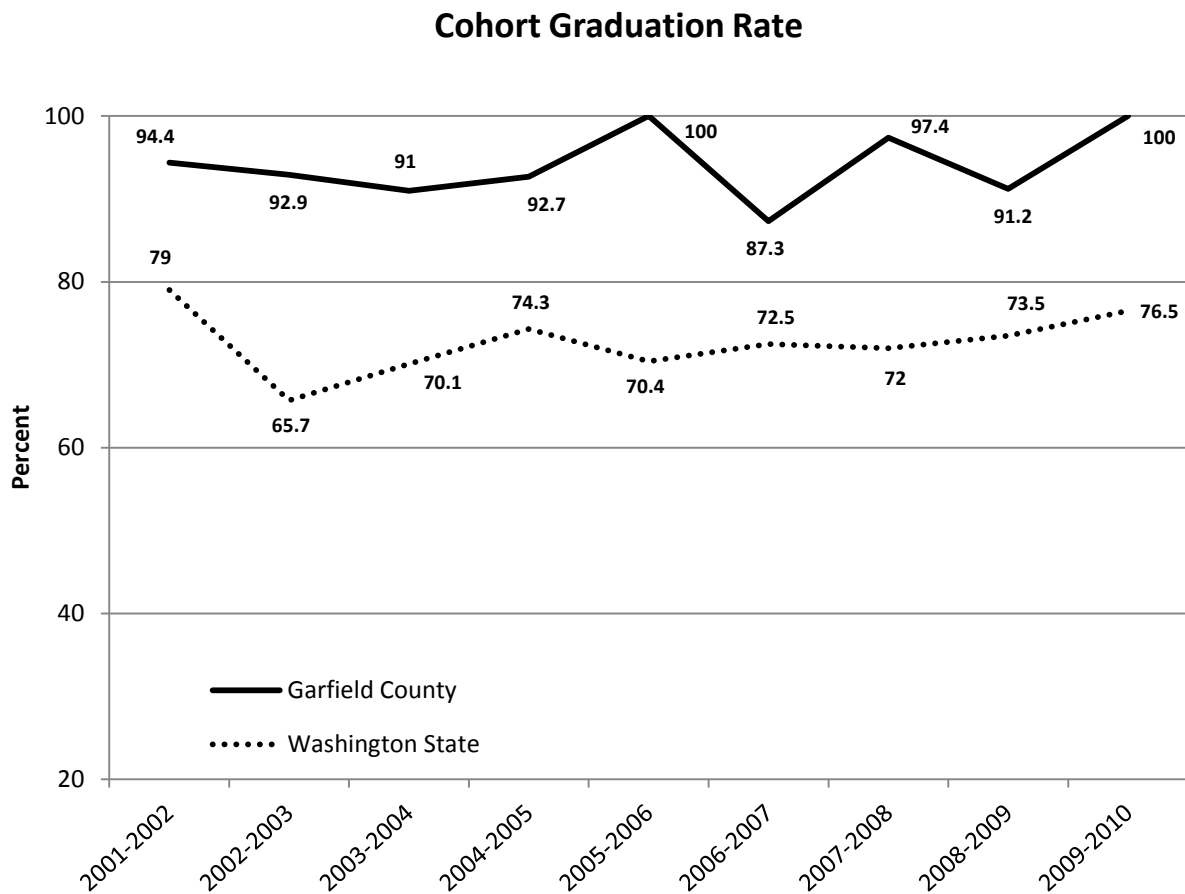
Source: Washington State Department of Social and Health Services

SCHOOL PERFORMANCE

The Office of Superintendent of Public Instruction (OSPI) for Washington State calculates a cohort graduation rate for a given graduation class based on the Public Middle and High School Enrollment Status Form (P-210) submitted annually by the school districts.

GRADUATION RATE

Garfield County cohort graduation rate has remained above the Washington State average for the last 10 years. With the exception of 2006-2007, the rate has consistently been above 91% as compared to Washington State at 65% to 76%.

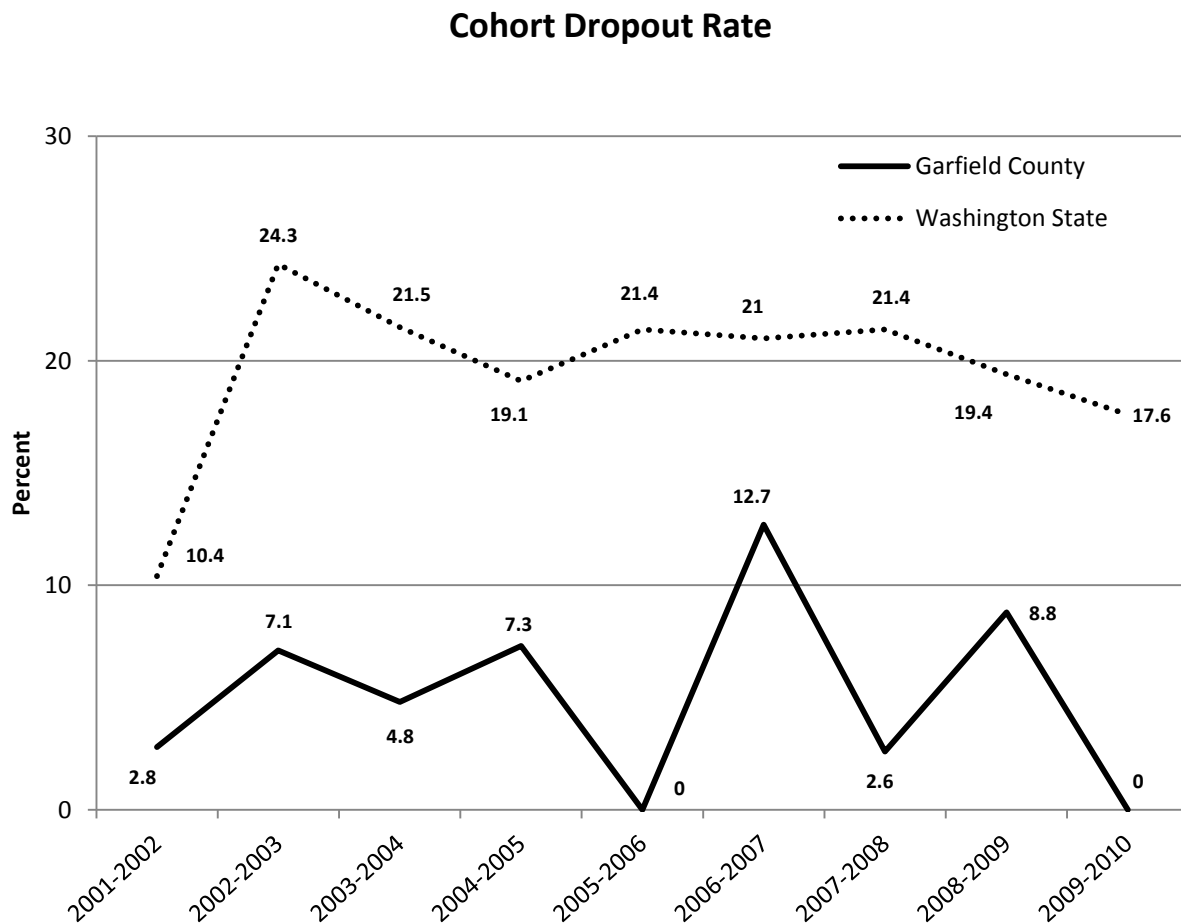


Source: Office of the Superintendent of Public Instruction

DROPOUT RATE

The calculation for a cohort dropout rate is determined by dividing the total number of students, grades 9 through 12 that dropped out during the school year, by the total number of students grades 9 through 12 enrolled for the school year. In the dropout rate calculation dropout includes “dropouts” as well as “moved, not known to be continuing.”

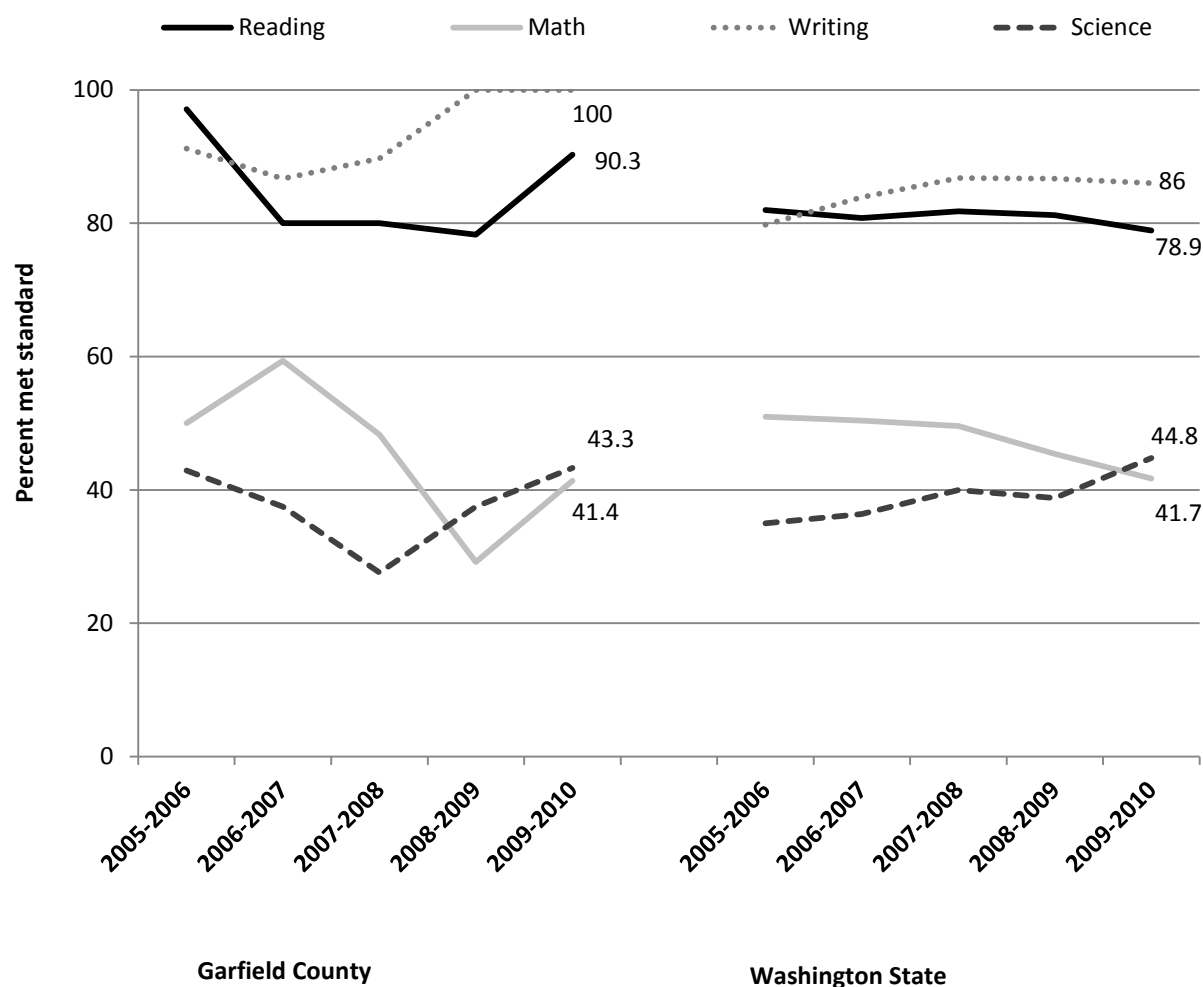
The cohort dropout rate for Garfield County has remained below the Washington State rate since 2002-03. The rate has remained below 9% with the exception of 2006-07. During the time period of 2001-2010 the Garfield County median rate of 5% is lower than the Washington State rate of 20%.



Source: Office of the Superintendent of Public Instruction

THE WASHINGTON ASSESSMENT OF STUDENT LEARNING (WASL)

The WASL measures student learning of skills and knowledge that is important to success in school and life. Currently, students must show they have a certain level of skill in reading, writing, and math to be eligible to graduate. Beginning with the class of 2013, science will also be included in the graduation requirement. Garfield County WASL scores have fluctuated more than Washington State since 2005 to 2006, which has remained fairly stable. Though reading, math, and science scores show a downward trend from years 2005 to 2007, they have recovered significantly in 2009 to 2010. The exception is writing at 100% for 2008 to 2010.



Source: Office of the Superintendent of Public Instruction

ELIGIBLE AND REDUCED LUNCH

Free and reduced lunches for eligible students increased in Garfield County by 13% from 2007 to 2010 while Washington State showed no increase during that time period. In 2009 to 2010 Garfield County showed a higher need than Washington State for free and reduced lunch. Statistics for race and ethnicity in both Garfield County and Washington State were relatively unchanged. In 2009 to 2010, Garfield County showed 9% of students listed as non-white compared to Washington State at 31%.

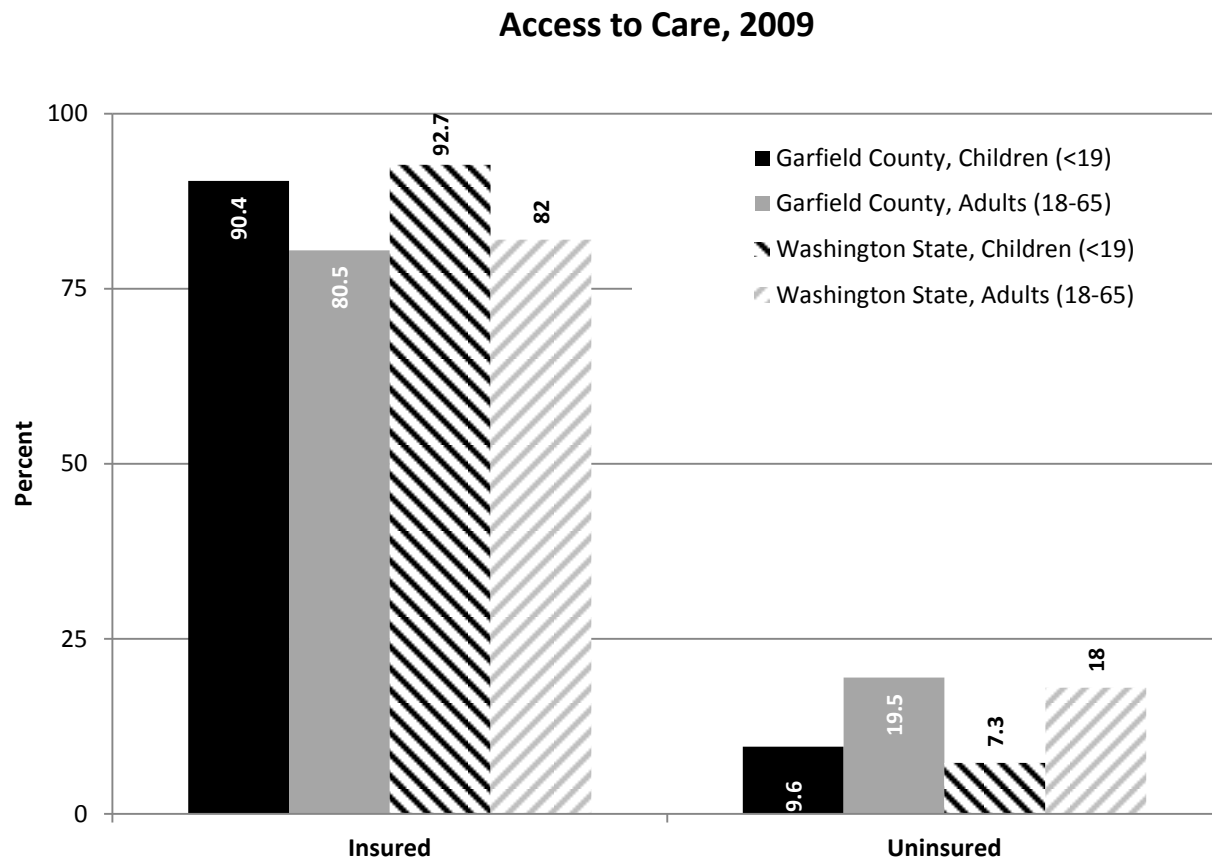
Student Information	2007-08 Garfield County	2007-08 Washington State	2009-10 Garfield County	2009-10 Washington State
Free and Reduced Lunch				
Percent of students eligible for free lunch	29%	32%	40%	33%
Percent of students eligible for reduced lunch	10%	8%	12%	8%
Race and Ethnicity				
White	92%	67%	91%	69%
Black	0%	6%	0%	6%
American Indian Alaskan Native	1%	3%	1%	3%
Asian Pacific Islander	3%	8%	1%	8%
Hispanic	3%	15%	6%	14%
Other	1%	4%	1%	0%

Source: Office of the Superintendent of Public Instruction

HEALTHCARE

Access to Care

In 2009 over 80% of residents, adults and children, had insurance in Garfield County (private or State supplied).



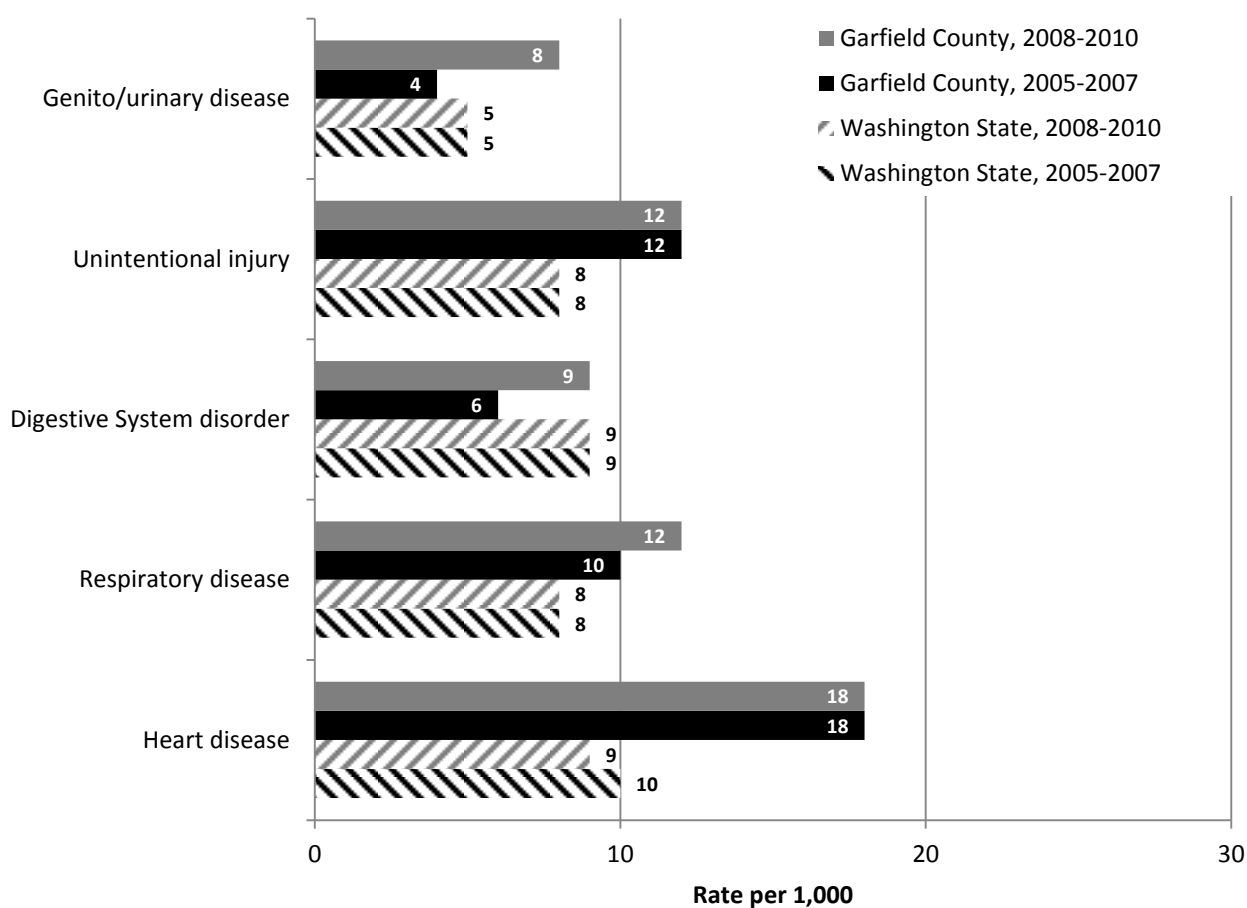
Source: Small Area Health Insurance Estimates, U.S. Census

HOSPITALIZATIONS

LEADING CAUSES OF HOSPITALIZATION

All listed leading causes of hospitalization in Garfield County are equal to or higher than Washington State. Heart disease in Garfield County is about twice the Washington State rate for hospitalizations, but Garfield County's population distribution differs from Washington State as evidenced by 22% of Garfield County population being 65 years or older while the Washington State 65+ population is 12%. The difference in population distribution may in part contribute for the greater hospitalization rates for conditions such as heart and respiratory diseases.

Leading Causes of Hospitalization for Garfield County Compared to Washington State, All Ages



Source: Washington State Department of Health, Community Health Assessment Tool

HOSPITALIZATION LOCATION

In 2010 Garfield County hospitalizations were 21% higher than in 2007. Other local hospitals showed a decrease in hospitalizations. Asotin County showed a 17% drop and Spokane County showed a 4% drop. Since some Garfield County residents chose (or need) advanced medical care they go out-of-state, often Idaho. Not all Garfield County hospitalizations are accounted for in the Washington dataset. This report does not include Idaho hospitalization data.

Location of Hospitalizations Among Garfield County Residents, 2007 and 2010

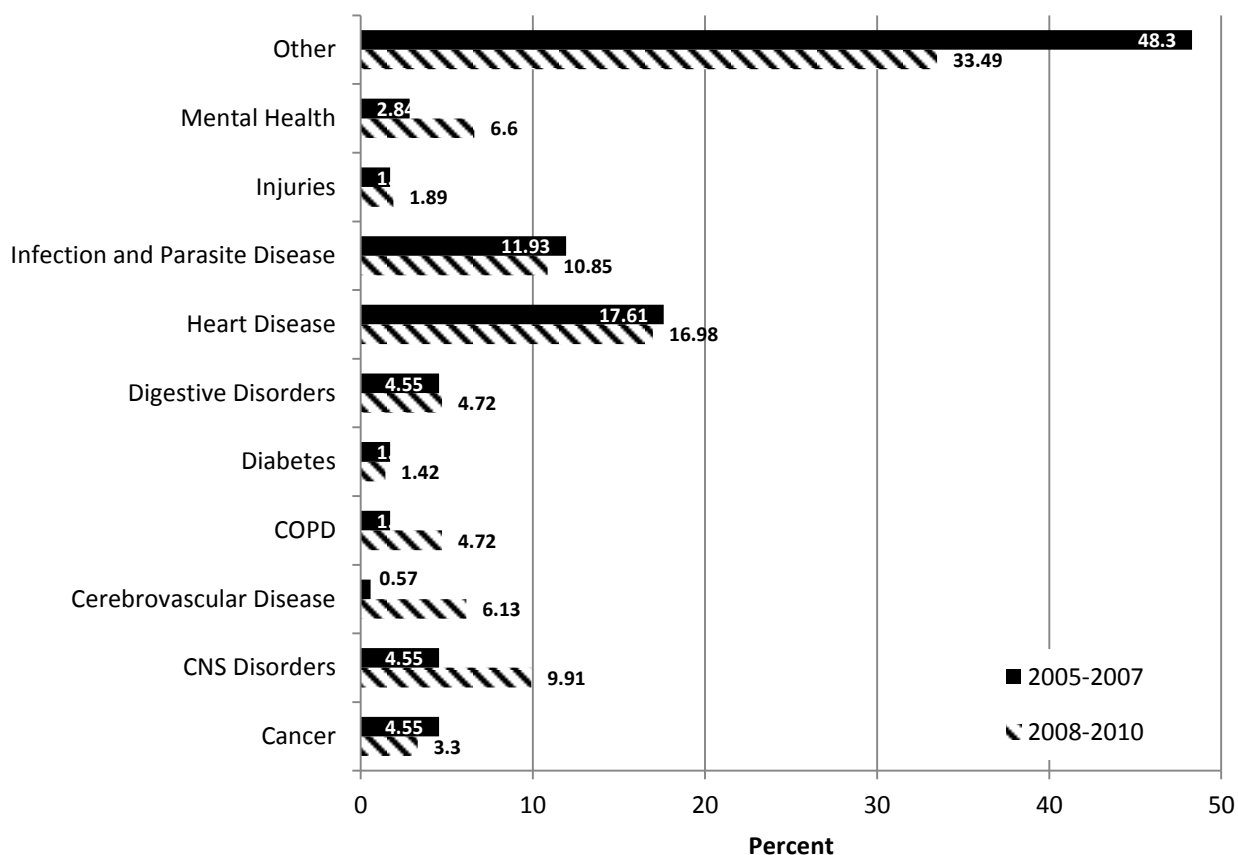
2007	2010	County	Hospital
33.5%	54.6%	Garfield	Garfield County Hospital District
28.3%	11.5%	Asotin	Tri-State Memorial Hospital
23.5%	19.7%	Spokane	Sacred Heart Medical Center Deaconess Medical Center Holy Family Hospital Saint Luke's Rehabilitation Institute Valley Hospital and Medical Center
3.9%	5.9%	Whitman	Pullman Memorial Hospital Whitman Community Hospital
4.8%	1.5%	Walla Walla	Saint Mary Medical Center Walla Walla General Hospital
2.2%	2.2%	King	Harborview Medical Center Virginia Mason Hospital
3.0%	2.6%	Benton	Kadlec Medical Center Kennewick General Hospital Lourdes Counseling Center
0.8%	1.9%	Other	Other

Source: Washington State Department of Health, Comprehensive Hospital Abstract Reporting System

REASON FOR HOSPITALIZATION

In 2007, one-third of Garfield County residents were hospitalized in Garfield County while two-thirds received hospitalization in other regional hospitals. In 2010 over 50% of residents were seeking services from Garfield County Hospital District which shows a significant increase.

Reason for Hospitalization among Garfield County Residents at Garfield County Hospital District



Source: Washington State Department of Health, Comprehensive Hospital Abstract Reporting System

YOUTH HEALTH

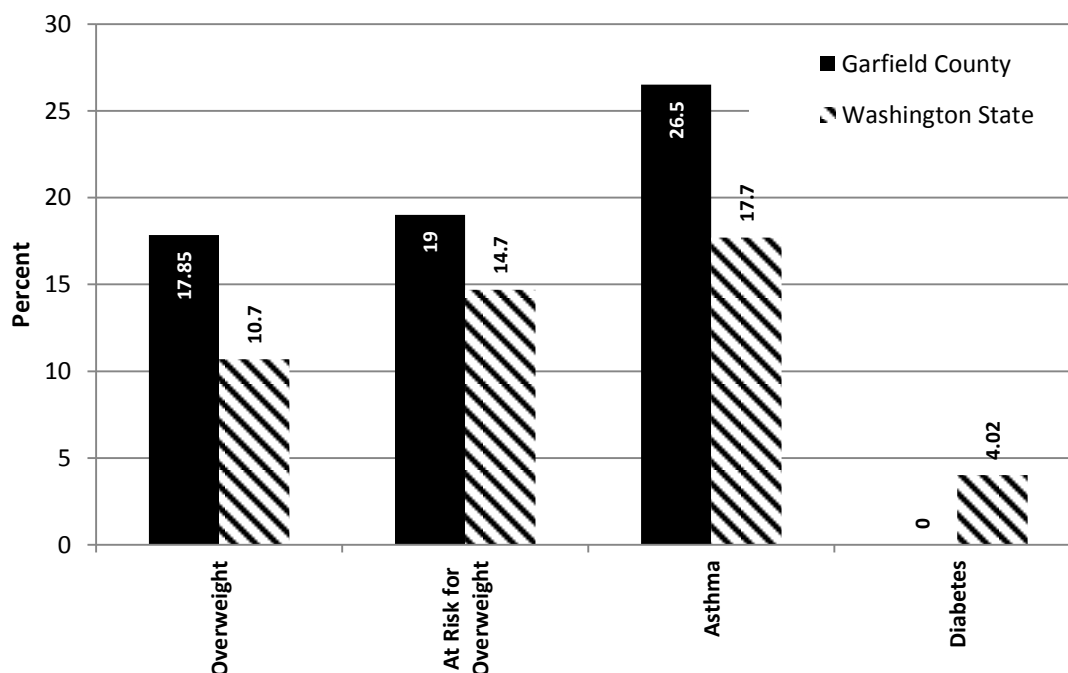
YOUTH HEALTH CONDITIONS

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Department of Commerce, and the Liquor Control Board.

The survey provides important information about youth in Washington. The data is used to identify trends in the patterns of behavior over time. Students in grades 6, 8, 10, and 12 answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

Overall, the chart below shows Garfield County youth at higher risk than Washington State youth, with the exception of diabetes. It is noted that asthma is significantly higher in Garfield County at 26.5% of students in grades 8, 10, 12.

Youth* Health Conditions, 2006-2010



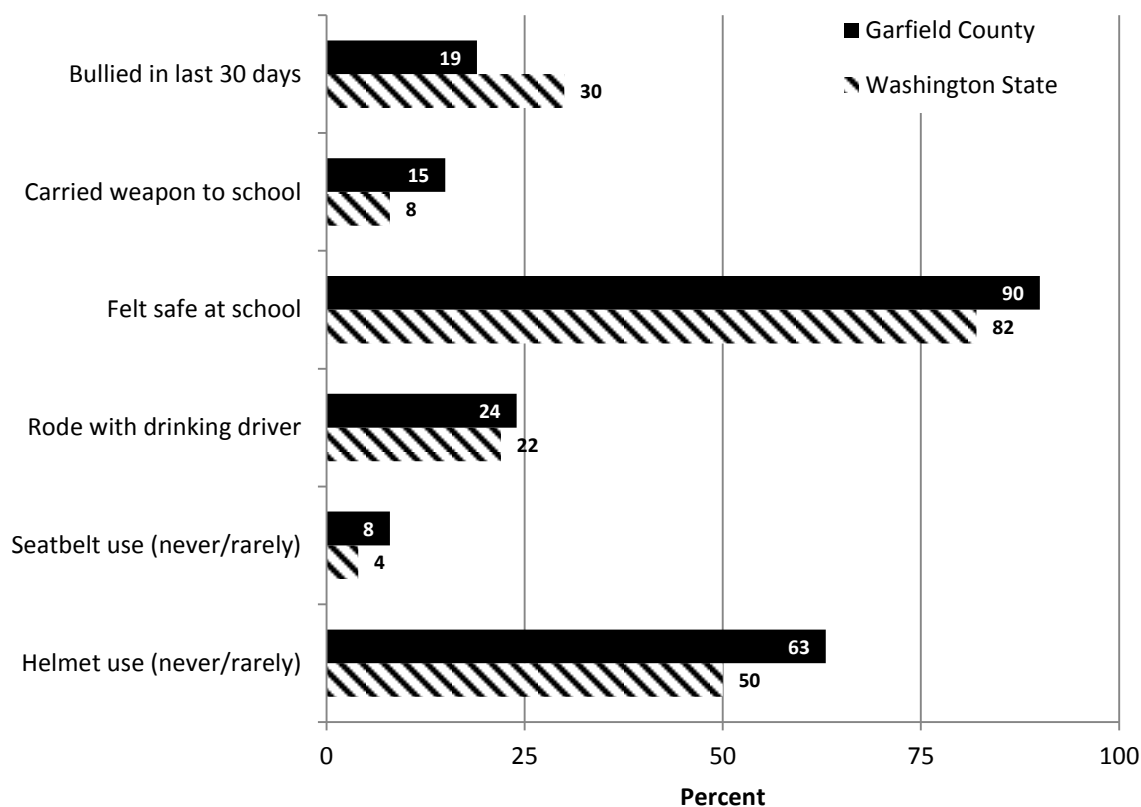
* Grades 8, 10, 12

Source: Healthy Youth Survey

YOUTH SAFETY

The Healthy Youth Survey (HYS) indicated that Statewide youth indicated more incidence of being bullied while 90% of Garfield County Youth reported they felt safe at school. Garfield County youth did report more instances of carrying a weapon to school, riding with a drinking driver, and less helmet youth. No seatbelt use between Garfield County and Washington State youth was insignificant.

Youth* Safety, 2006-2010

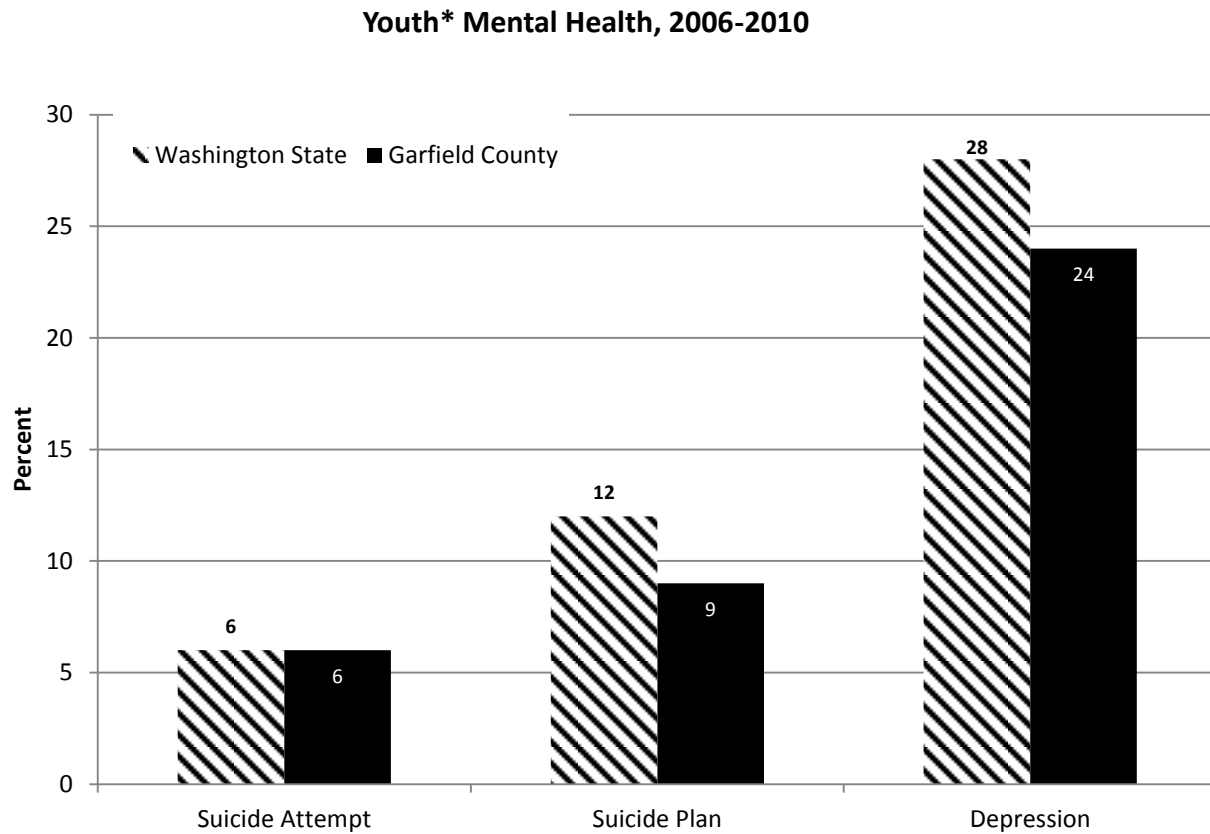


* Grades 8, 10, 12

Source: Healthy Youth Survey

YOUTH MENTAL HEALTH

Garfield County youth reported less depression or creation of a suicide plan than Washington State youth but the actual attempts at suicide for both the County and State youth were 6%.



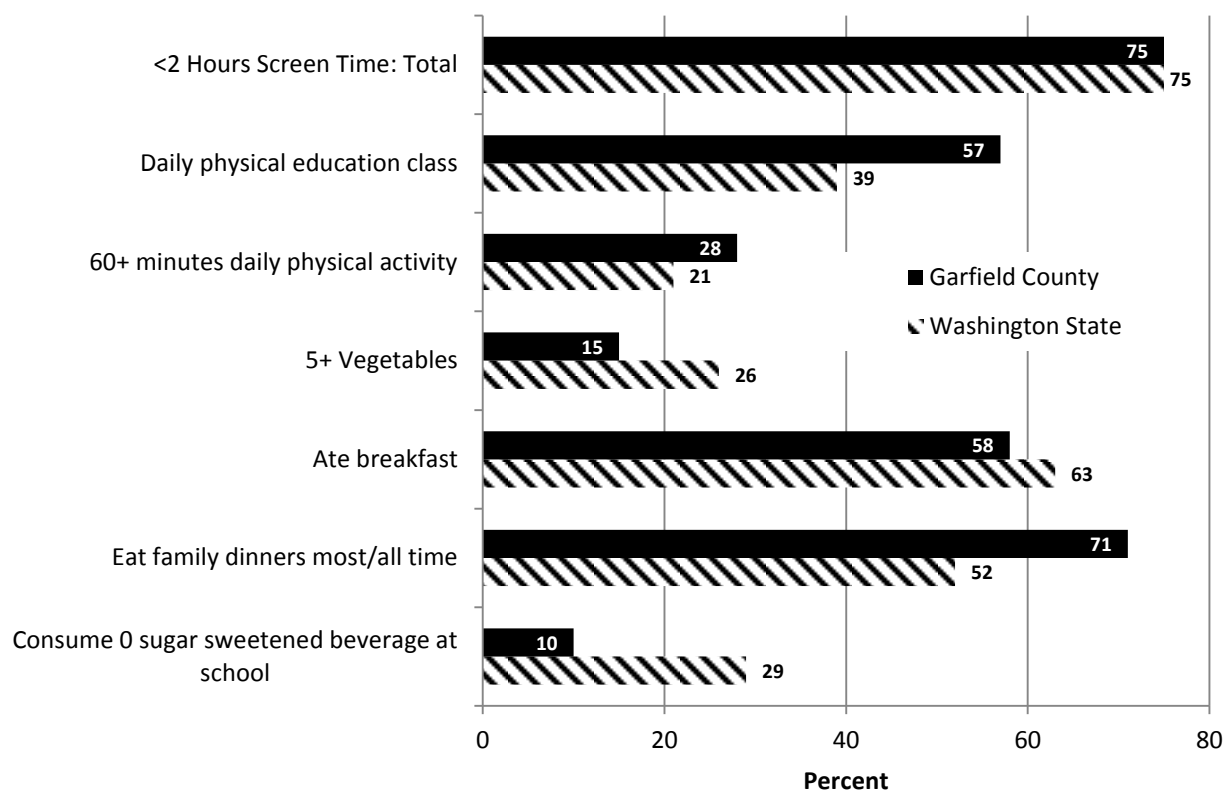
* Grades 8, 10, 12

Source: Healthy Youth Survey

YOUTH HEALTH BEHAVIOR: OBESITY PREVENTION

Over half of Garfield County youth attend a daily physical education class and 28% report at least one hour daily of physical activity. Seventy five percent of both Garfield County and Washington State youth report less than 2 hours of screen time. Nineteen percent of Garfield County youth eat dinner with family, which is 19% above the Washington State average, though 37% reported they did not eat breakfast. Only 15% reported eating 5+ vegetables daily and 10% of students do not drink any sugar sweetened beverages at school.

Youth* Obesity Prevention, 2006-2010



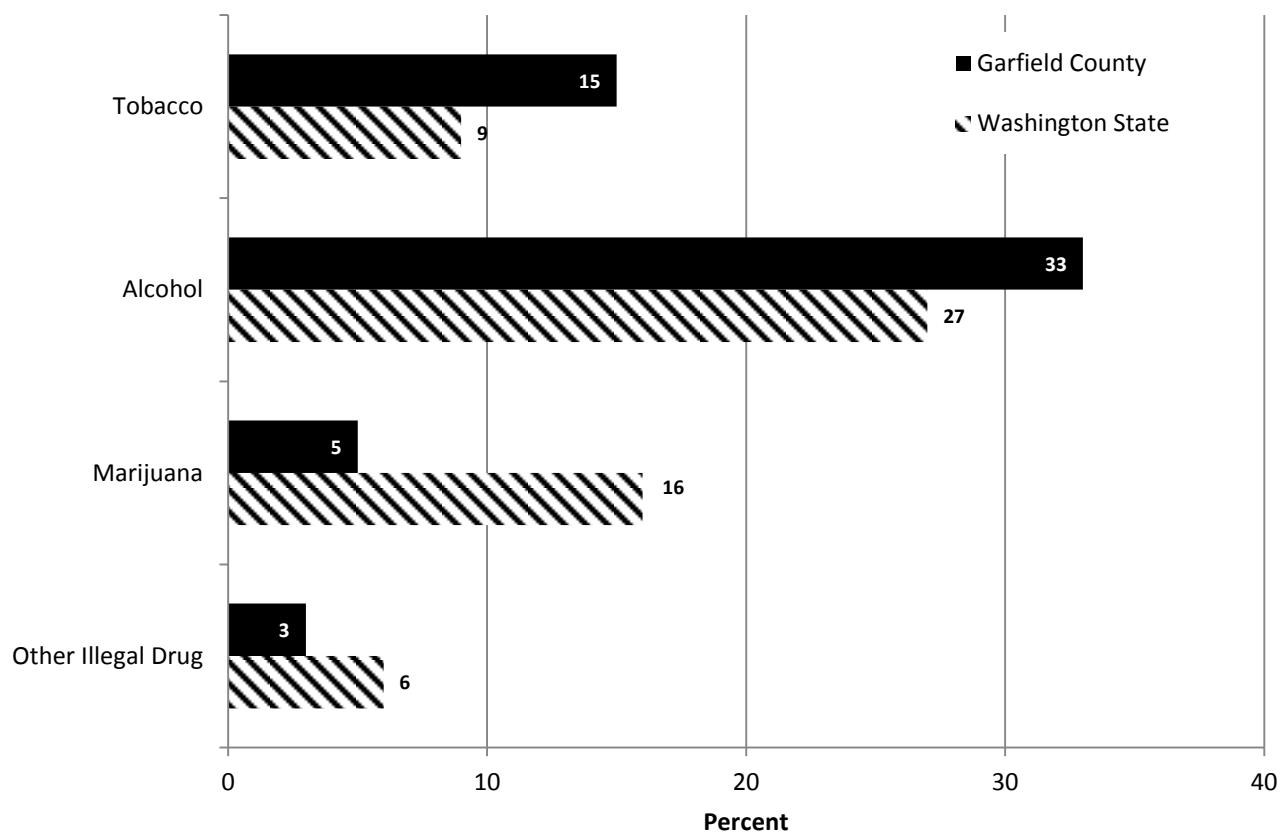
* Grades 8, 10, 12

Source: Healthy Youth Survey

YOUTH SUBSTANCE USE

Youth report that 1 out of 3 in Garfield County use alcohol. This is 6% higher than the Washington State average. Tobacco use is also higher at 15% while Washington State is 6% less. Marijuana and other illegal drugs are significantly below the Washington State level.

Youth* Substance Abuse, 2006-2010



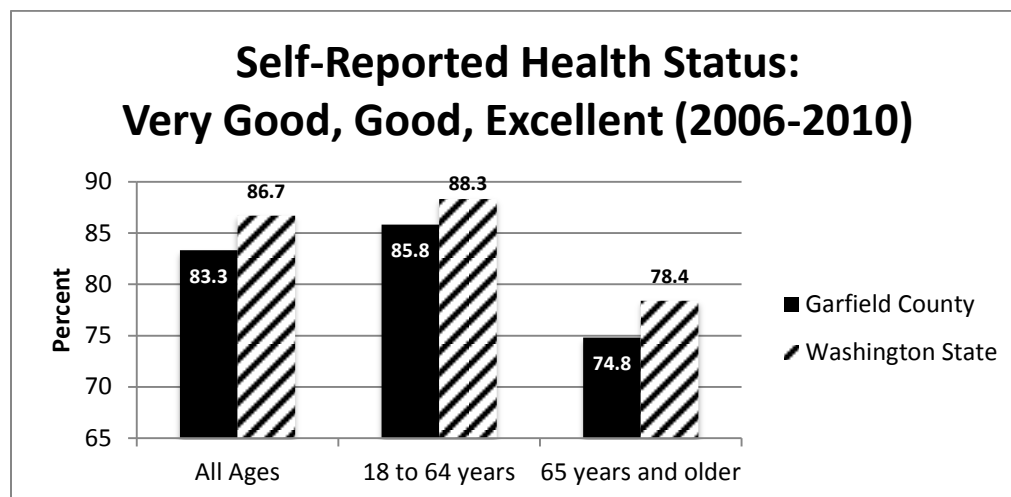
* Grades 8, 10, 12

Source: Healthy Youth Survey

ADULT HEALTH

ADULT GENERAL HEALTH STATUS

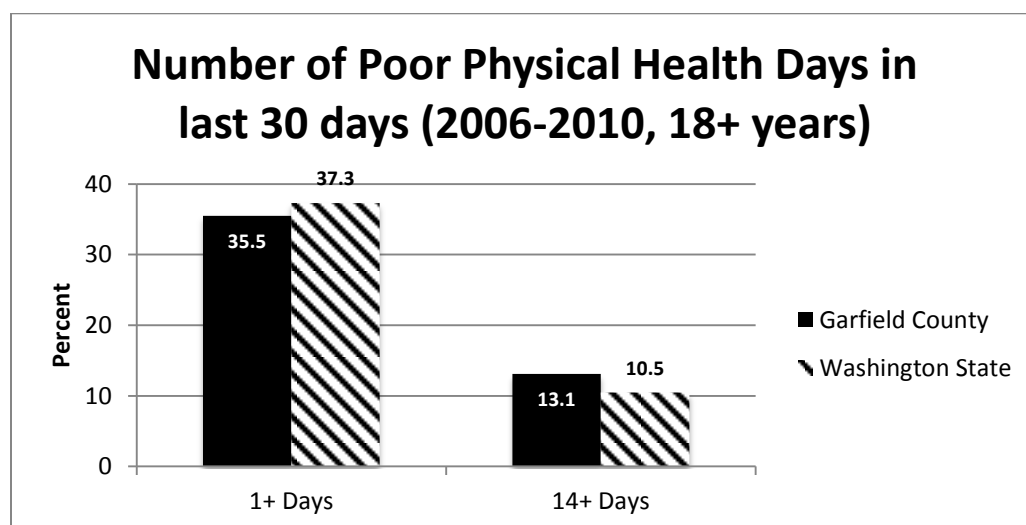
The majority of adults felt their health was excellent, very good, or good. Eighty three percent of Garfield County adults (all ages) reported good to excellent health with Washington State adults slightly higher at 87%. The percentage decreased for adults 65 years and older. Adults 65 years and older in both Garfield County and Washington State had about 10% lower reporting of very good, good, or excellent health status.



Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System

ADULT POOR PHYSICAL HEALTH

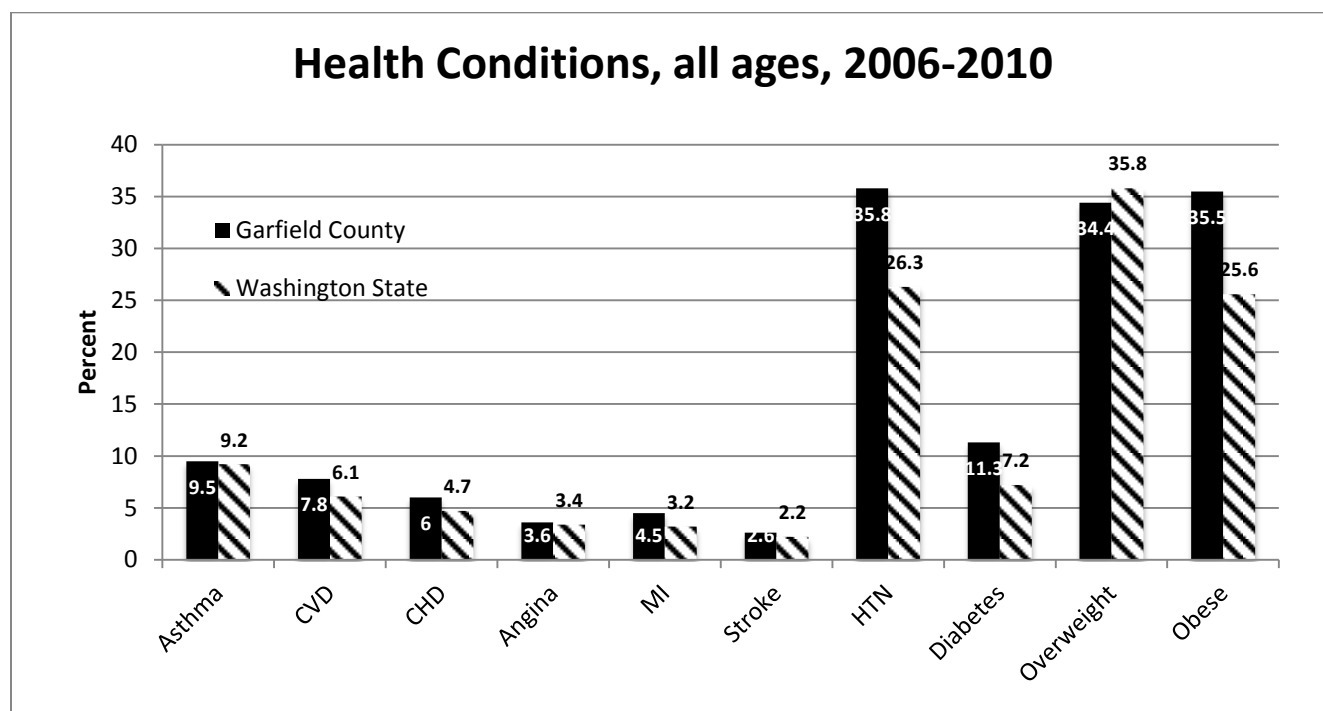
Approximately 1 in 3 Garfield County adults reported at least one day of poor physical health in the last 30 days. Substantial impairment (14 or more days out of 30) was reported at 13.1%.



Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System

ADULT HEALTH CONDITIONS

One in ten Garfield County adults currently have asthma. Approximately 3 to 5% of adults had a cardiovascular event. Nearly 1 in 10 adults have diabetes. Two-thirds of adults are either overweight (Body Mass Index of 25 to 30) or obese (Body Mass Index of ≥ 30). Garfield County's population distribution does differ from Washington State as evidenced by 22% of Garfield County population being 65 years or older while the Washington State 65+ population is 12%. The difference in population distribution may account for higher incidents of cardiovascular conditions than Washington State.

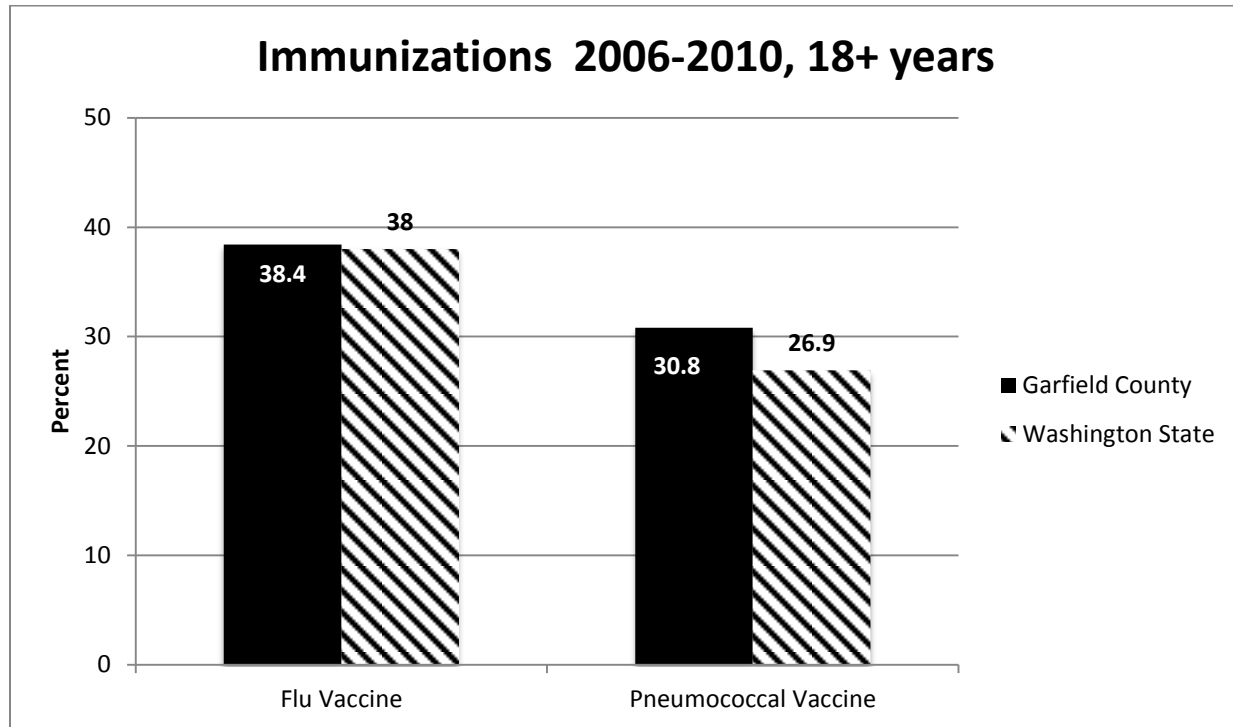


Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System

CVD	Cardiovascular Disease
CHD	Coronary Heart Disease
MI	Myocardial Infarction
HTN	Hypertension

ADULT IMMUNIZATIONS

Approximately 38% of Garfield County and Washington State residents received influenza vaccinations during the years 2006-2010. Over 30% of Garfield County adults have received pneumonia vaccinations. Pneumonia vaccinations are recommended for all adults older than 59 years and or 18 years + if they have risk factors.

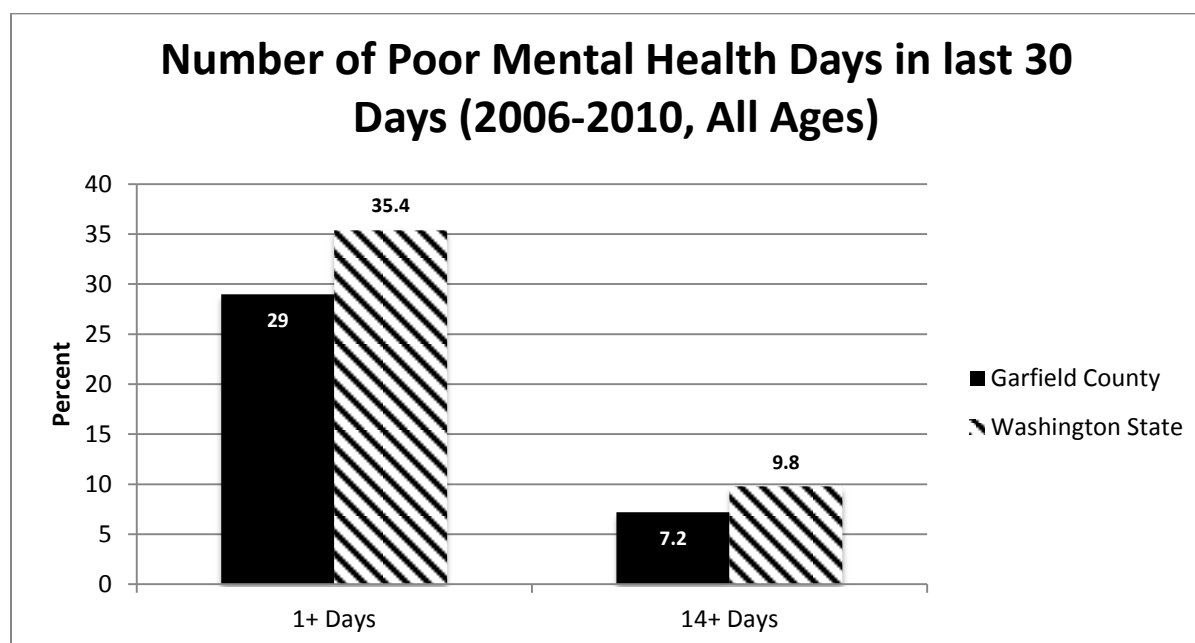


Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System

ADULT MENTAL HEALTH

Twenty-nine percent of Garfield County adults report poor mental health for one or more days in the last 30 days. Just over seven percent reported poor mental health for a period of 14 days or longer. Overall, Garfield County reports of poor mental health are below Washington State.

Chronic poor mental health left untreated can lead to planning, attempting, or completing suicide. From 2008 to 2010 Garfield County had one reported suicide.



Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System

ADULT SUBSTANCE ABUSE

The current need for substance abuse treatment among adult household residents in Garfield County has remained stable from 2006-2010. Seventy two percent of adults report they use alcohol and 27% report tobacco use with 20% being cigarettes. Both alcohol and tobacco are significantly higher than other substance categories. The use of any illicit drug has remained below 9% from 2006 through 2010.

Need for Substance Abuse Treatment And Prevalence of Substance Use (Adult Household Residents) Garfield County

	2006	2007	2008	2009	2010
Need for treatment	9.4%	9.5%	9.6%	9.7%	9.7%
Substance use disorder					
Alcohol	5.6%	5.7%	5.8%	5.8%	5.9%
Drug	1.6%	1.6%	1.7%	1.7%	1.8%
Alcohol or Drug	6.3%	6.4%	6.5%	6.6%	6.7%
Use of substance					
Alcohol	71.8%	71.7%	71.7%	71.7%	71.7%
Binge Alcohol	22.0%	22.1%	22.3%	22.4%	22.6%
Any illicit drug	8.1%	8.2%	8.3%	8.5%	8.6%
Illicit drug other than marijuana	4.0%	4.1%	4.2%	4.3%	4.3%
Marijuana	6.1%	6.2%	6.3%	6.4%	6.5%
Cocaine or Crack	0.9%	1.0%	1.0%	1.0%	1.0%
Any stimulant (includes methamphetamine)	0.5%	0.5%	0.5%	0.5%	0.5%
Methamphetamine	0.4%	0.4%	0.4%	0.4%	0.4%
Hallucinogens	0.7%	0.8%	0.8%	0.8%	0.9%
Heroin	0.1%	0.1%	0.1%	0.1%	0.1%
Opiates other than heroin	1.7%	1.8%	1.8%	1.9%	1.9%
Inhalants	0.1%	0.2%	0.2%	0.2%	0.2%
Tranquilizers	0.6%	0.6%	0.6%	0.6%	0.6%
Sedatives	1.4%	1.4%	1.4%	1.5%	1.5%
Cigarettes	19.8%	19.8%	19.9%	19.9%	20.0%
Any tobacco product	26.5%	26.6%	26.7%	26.7%	26.8%

Source: Washington State Department of Social and Health Services

SENIORS

SENIOR HOSPITALIZATIONS

Heart disease is the leading cause of hospitalization for adults 65 years and older for both Garfield County and Washington State with Garfield County rates remaining significantly higher than Washington State from 2005 to 2010. Respiratory disease and unintentional injury are the second and third leading causes of hospitalization though significantly lower than heart disease for both Garfield County and Washington State.

Leading Causes of Hospitalization for Adult 65 Years of Age and Older

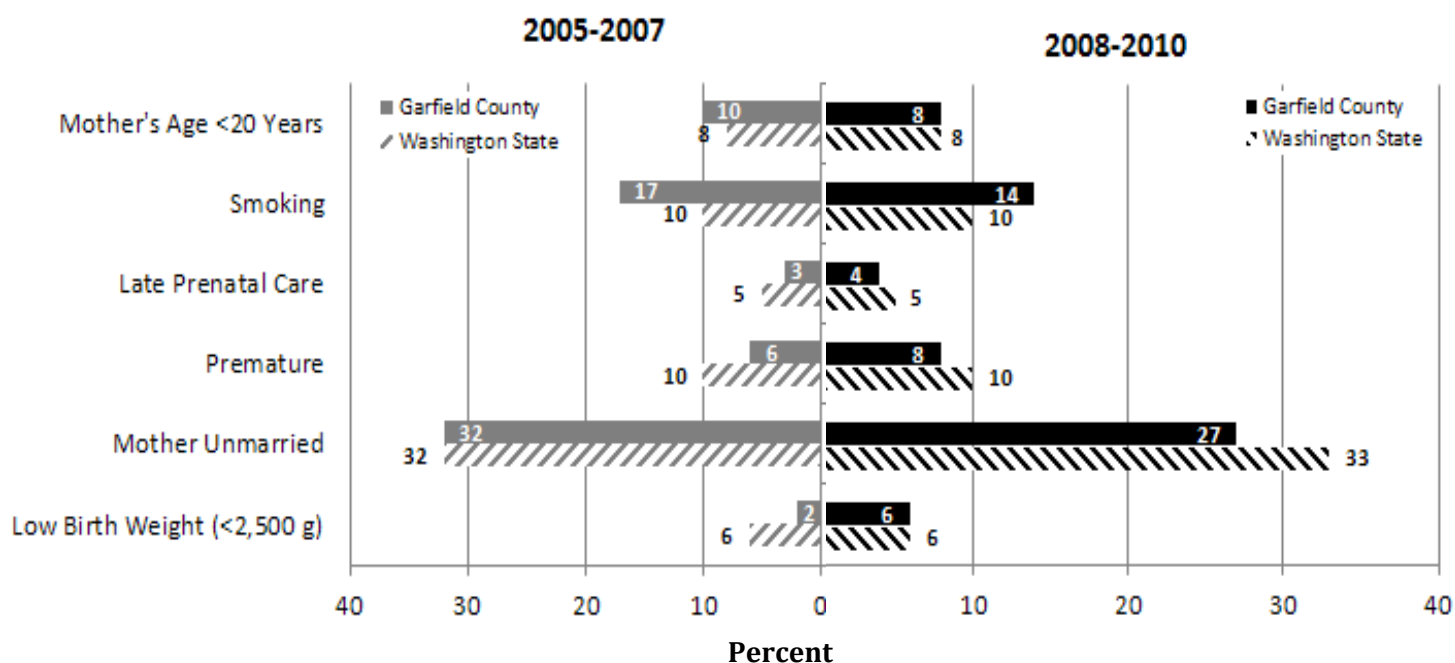


Source: Washington State Department of Health, Community Health Assessment Tool

MATERNAL AND CHILD HEALTH

BIRTH RISK FACTORS

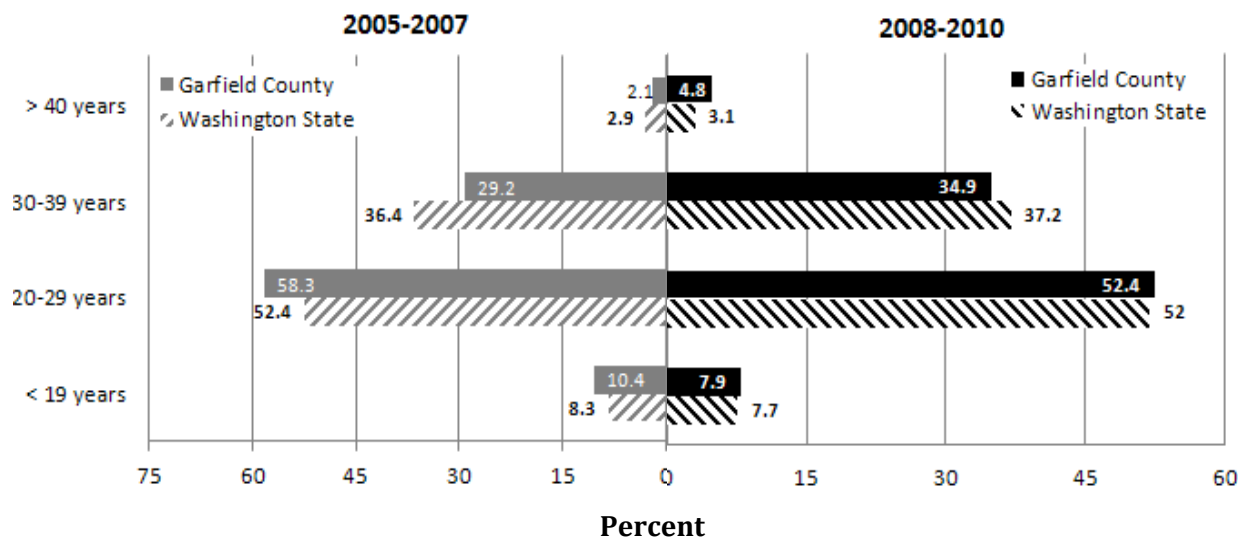
Between the periods of 2005 to 2007 and 2008 to 2010 birth risk factors in both Garfield County and Washington State have remained fairly consistent. It was noted in the 2008 to 2010 period that Garfield County had a 3% decrease in maternal smokers and a 5% decrease in unmarried mothers.



Source: Washington State Department of Health, Community Health Assessment Tool

BIRTHS BY MATERNAL AGE

The majority age range for mothers in Garfield County and Washington State is between 20 and 39 years old. Garfield County had a 6% increase in the 30 to 39 age group during the 2008-2010 time period. The rate doubled in the over 40 year age group. Washington State showed no significant changes between 2005 to 2007 and 2008 to 2010.



Source: Washington State Department of Health, Birth Data

WOMEN, INFANTS, AND CHILDREN (WIC)

Between 2006 and 2010 50% of infants born in Garfield County and Washington State were served by WIC. In 2010 among Garfield County clients served in WIC, 71% of Garfield County WIC clients are infants and children younger than five years of age and 21% are pregnant, breastfeeding, or postpartum women. In 2010 approximately two-thirds of WIC families in Garfield County are working families; however 61% of these working families live in poverty.

Garfield County WIC Facts	2006	2007	2008	2009	2010
Percent of infants born served by WIC					
Garfield County	50%	64%	29%	56%	46%
Washington State	50%	49%	50%	51%	50%
Number of women, infants, and children served –Garfield County					
Total	73	76	79	100	92
Infants and children under five	51	54	54	74	71
Pregnant, breastfeeding, and postpartum women	22	22	25	26	21
WIC families – Garfield County					
Percent working families	67%	68%	66%	70%	66%
Percent families living in poverty	62%	62%	59%	54%	61%

Source: Washington State Department of Social and Health Services

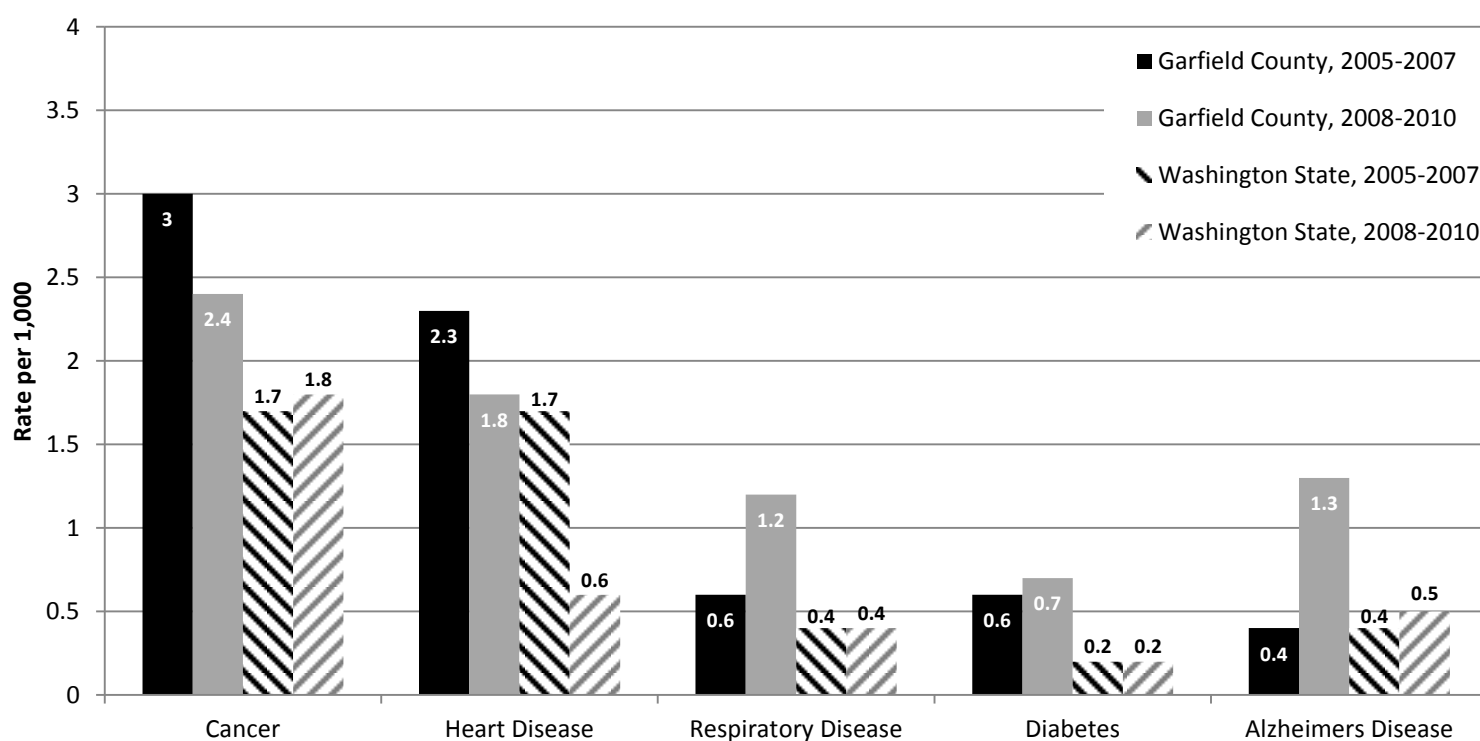
MORTALITY

LEADING CAUSES OF DEATH

Cancer and heart disease account for 48.9% of deaths in Garfield County. The crude death rates for cancer and heart disease were significantly higher in Garfield County, though age-adjusted rates (which account for differences in age distribution) were similar to those for Washington State.

Among those residents of Garfield County who died from cancer: 41% were diagnosed with lung, bronchus, or trachea cancer; 14% were diagnosed with colon cancer; 10% were diagnosed with lymphatic cancer, leukemia, or Hodgkin's disease; 8% percent were diagnosed with prostate cancer; and 6% were diagnosed with breast cancer.

Leading Cause of Death, 2005-2007 and 2008-2010



Source: Washington State Department of Health, Community Health Assessment Tool

APPENDIX A

DATA SOURCES

1. **Washington State Office of Financial Management (OFM)**
 Distribution and Count of Population by Age and Year, Garfield County, 2010,
 Population by Age and Gender, Garfield County 2005-2010,
<http://www.ofm.wa.gov/pop/coagemf/default.asp> (page 5, 6)
 Number and Types of Crimes, 2008-2010 (table)
 Crime Rates, 2008-2010 (graph)
 Percent and types of crimes, 2008-2010 (table)
<http://www.ofm.wa.gov/sac/cjdatabook/default.asp> (pages 11, 12)

2. **U.S. Census Bureau, American Fact Finder**
 Annual Household Income, 2006-2010
 Education, 2006-2010
 Employment 2006-2010
 Marital Status, 2006-2010
 Average Family Size
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (page 7)

3. **U.S. Census Bureau Small Area Health Insurance Estimates**
 Access to Care
<http://www.census.gov/did/www/sahie/data/maps/index.html> (page 18)

4. **Washington State Department of Social and Human Services**
 Temporary Assistance to Needy Families, 2008-2010
 Food Assistance Program, 2008-2010
 Child Support Services, 2008-2010
<http://clientdata.rda.dshs.wa.gov> (pages 8, 9, 10)
 Child abuse rates for identified victims, 2008-2010
<http://www.dshs.wa.gov/pdf/ms/rda/research/4/47/updated/garfield.pdf> (page 13)
 Need for Substance Abuse Treatment and Prevalence of Substance Use
<http://www.dshs.wa.gov/rda/research/4/52/forecast.shtm> (page 31)

5. **Washington State Office of the Superintendent of Public Instruction**
 Graduation Rate
 Cohort Dropout Rate
<http://www.k12.wa.us/DataAdmin/default.aspx> (page 14, 15)
 WASL 10th Grade Performance, 2008-2010
 Eligible and reduced lunch
<http://reportcard.ospi.k12.wa.us/Summary.aspx?groupLevel=District&schoolId=1&reportLevel=State&orgLinkId=68&yrs=2008-09&year=2008-09> (page 16, 17)

6. Washington State Department of Health

Adult General Health Status

Adult Poor Physical Health

Adult Health Conditions

Adult Immunizations

Adult Mental Health

Center for Health Statistics, Behavioral Risk Factor Surveillance System (pages 27, 28, 29, 30)

Leading Cause of Hospitalization (Community Health Assessment Tool or CHAT*)

Leading Causes of Hospitalizations for Adults 60 Years of Age and Older (CHAT*)

Birth Risk Factors (CHAT*)

Leading Cause of Death (CHAT*)

*Requires access from Department of Health (pages 19, 32, 33, 35)

Location of Hospitalization among Garfield County Residents

Reason for Hospitalization

(Comprehensive Hospital Abstract Reporting System or CHARS)

<http://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalDischargeDataCHARS/CHARSStandardReports.aspx> (page 20, 21)

Youth Health Conditions, Youth Safety, Youth Mental Health, Childhood Obesity Prevention, Youth Substance Abuse

<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey/Reports.aspx> (pages 22, 23, 24, 25, 26)

Births by Maternal Age

<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/BirthData/NatalityTables.aspx> (page 34)

Garfield County WIC Facts

<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/WIC.aspx> (page 34)

APPENDIX B

METHODOLOGY

Statistical Analysis

For the charts using leading causes and rates the rates are crude rates. While age-adjusted rates are usually used when comparing two populations the focus of this report is Garfield County so we used crude rates to point out a true rate that looked at the burden of disease in the population. The differences in population distribution between Garfield County and Washington State, as stated in this report, does affect the rates when looking at rates for death, chronic disease, and hospitalizations.

Differences between the indicator rates for Garfield County and those for Washington State were determined by using confidence intervals. If the confidence intervals did not overlap, a significant difference between Garfield County and Washington State was reported.

