



COMMUNITY NEEDS ASSESSMENT

GARFIELD COUNTY
PUBLIC HEALTH DISTRICT

2023



ACKNOWLEDGMENTS

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Table OF CONTENTS

CONTENTS	PAGE
ACKNOWLEDGEMENTS	02
LETTER TO GARFIELD COUNTY RESIDENTS	04
1. ABOUT GARFIELD COUNTY PUBLIC HEALTH DISTRICT	05
2. WHAT IS A COMMUNITY HEALTH ASSESSMENT?	06
3. WHAT MAKES A HEALTHY COMMUNITY?	08
4. ABOUT GARFIELD COUNTY	09
5. COMMUNITY-IDENTIFIED HEALTH NEEDS	14
6. COMMUNITY HEALTH INDICATORS	30
7. HOW WE'VE STARTED ADDRESSING OUR HEALTH NEEDS	46
APPENDIX	48
REFERENCES	57



Letter to Garfield County Residents

DEAR GARFIELD COUNTY RESIDENTS,

Since the last Garfield County Community Health Assessment (CHA) in 2018, our community has experienced many life-altering events, especially during the COVID-19 pandemic. These events changed the way we look at our health and wellbeing, changed how we engage with our community members, and changed the ways we provide community services.

In 2022, Garfield County Public Health District (GCPHD) and many other community partners knew we needed to approach this CHA process differently than in past years.

As part of the CHA planning process, GCPHD and our partners prioritized hearing directly from community members about your experiences over the last three years. We gathered data for the 2023 CHA primarily through interviews, community listening sessions, and community surveys.

We recognize that many factors impact your health and wellbeing beyond medical care. Access to child care, a safe and affordable home, affordable food, and

opportunities for socialization are all important for you to live well. Our report takes a broad look at how we are doing as a community to support everyone's health and wellbeing.

We are awed by the strength and resilience we see in this community. Because you have gone through the hard moments individually and side-by-side with your community members, you know our community and know what our community needs.

You look towards the future with optimism, as seen by your willingness to share your concerns, advocate for better community services, and work with your neighbors.

GCPHD depends on our partnerships with individuals, families, community organizations, and health care providers to solve complex health and social issues. We are committed to continuously engaging our communities as we respond to new challenges. In this way, we can grow healthier communities.

The findings presented in this report reflect your collective voices as we listened to your values, needs, and concerns over the past six months.

MARTHA LANMAN
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1 About Garfield COUNTY PUBLIC HEALTH DISTRICT

Garfield County Public Health District (GCPHD) serves the residents of Garfield County through a wide range of services, programs, and partnerships.

SOME OF OUR MANY PUBLIC HEALTH PROGRAMS INCLUDE:

- | | | | |
|---|---|---|--------------------------------|
|  | Children with Special Health Care Needs |  | Marijuana & Tobacco Prevention |
|  | Communicable Diseases |  | Maternal Health |
|  | Emergency Preparedness |  | SNAP |
|  | Environmental Health |  | WIC |
|  | Hearing & Vision Screening |  | Vital Records |
| | |  | Public Health Nurse |

OUR COMMUNITY ENGAGEMENT PROGRAMS INCLUDE:

- | | | | |
|---|------------------------|---|------------------------------|
|  | Drug Take-Back Day |  | Louise Munday Community Walk |
|  | Farm-to-School program |  | Main St. Trick or Treat |
|  | Garfield County Fair |  | National Night Out |
|  | Hidden in Plain Sight |  | Pomeroy Health Fair |
|  | Life Skills | | |

We do all of this work in collaboration with our many incredible and dedicated community partners.

What is a Community HEALTH ASSESSMENT?



A Community Health Assessment (CHA) is a process of systematic data collection from the community to understand important health needs, uncover gaps, and highlight existing strengths and community assets. Conducting a CHA helps us better understand what health issues need to be addressed and design public health programs to address those needs and improve public health. The CHA report helps Garfield County

Public Health District (GCPHD) distribute resources, advocate for funding, and support policymakers. We included our community in this CHA because we wanted to know more about our community's health needs and assets and because we wanted to hear directly from the people who live in Garfield County. We believe public health should include the public, and you know your community best.

HOW WE CONDUCTED THE CHA

Our CHA consisted of several data collection and analysis activities. When people think about data, they often think about numbers. But numbers only tell part of the story. Numbers help us understand the amounts or quantities. However, we also want to know about the quality and the context of the information. That's why we used both quantitative and qualitative data for this CHA.

QUANTITATIVE:

Percentages, ratios, counts, and other number-based indicators from state and national data sets and the community survey that tell the story of our community's health.

QUALITATIVE:

Community member insights centered around specific questions and themes in the form of interviews and focus groups that help us understand that help us understand how or why community health indicators impact individuals and families.

Using these two types of data collection together helps us view a fuller picture of Garfield County's health. What we learned from these data will be shared in this report. We are grateful to everyone in Garfield County who contributed to this community data collection.

HEALTH INDICATORS

GCPHD first decided on a large list of indicators that are available from the state of Washington and other data sources like the U.S Census Bureau. We then decided which indicators were most relevant to our county. Because Garfield County's population is small, some of the state-level indicators are not very meaningful for us, so we found other ways to report these numbers. We also chose other counties in the state that are like ours to compare with our data.

COMMUNITY SURVEY

We developed a community survey to hear directly from Garfield County residents about the health needs that are most important to them and the local resources they know about. We advertised the survey widely on our Facebook page, in direct mailers to each household in the county, flyers in the post office and in the bank, and through word of mouth. We received 403 responses, roughly 18% of our population, which is an excellent response rate for a community of our size.

COMMUNITY LEADER INTERVIEWS

We reached out to community leaders in Garfield County, including those who work in health care, agriculture, social services, and schools. We conducted 13 interviews with community leaders, and they answered questions about their perception of community values, health needs, community assets and strengths, and the impact of the COVID-19 pandemic on the community.

COMMUNITY FOCUS GROUPS

We conducted four focus groups in Pomeroy with a wide range of community members. Focus groups were centered on topics found through the interviews and early survey data. We had 8 to 12 participants in each group, and we learned a lot of important information about our community's needs and opportunities to support each other.



HOW WE USED THE DATA

After we collected and analyzed the data, we used our findings to create this report. More details about data collection and analysis can be found in the appendix.

Community-reported data can be found in Section 5 of this report, and indicators from state and national data sources can be found in Section 6 of this report.

3 What makes a HEALTHY COMMUNITY?



Good health is more than just going to the doctor or not being sick. Our health is shaped by our community, where we live, what types of food we can access, living wage jobs, our health, if we have safe places for recreation and exercise, and many other factors.

These comprise our social needs, which are our immediate health needs like housing and food; and our social determinants of health, which are the community-wide conditions that influence where and how we work, live, learn, and play as well as the factors that influence those conditions.³



Addressing differences in SDOH makes progress toward health equity, a state in which every person has the opportunity to attain their highest level of health. SDOH have been shown to have a greater influence on health than either genetic factors or access to healthcare services.

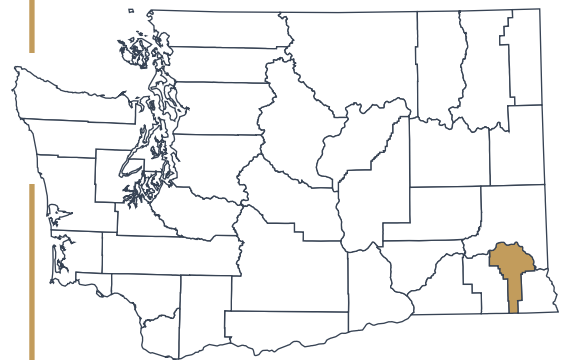
Addressing gaps in social needs and social determinants of health is essential for a healthy, thriving community.

Little or no access to any one of these social needs and social determinants of health leads to inequities in public health.

4 About GARFIELD COUNTY



Garfield County is in southeast Washington State and is situated on the traditional lands of the Cayuse, Umatilla, Walla Walla, Confederated Tribes of the Colville Reservation, and Nez Perce tribes. Garfield County has a diverse landscape that includes rolling wheat fields, rugged lowlands along the Snake River, high plains where wind farm turbines create energy, and the picturesque Blue Mountains and Umatilla National Forest. It is a rural county with an average of 3.2 people per square mile. As a comparison, Washington State has an average of 101 people per square mile.

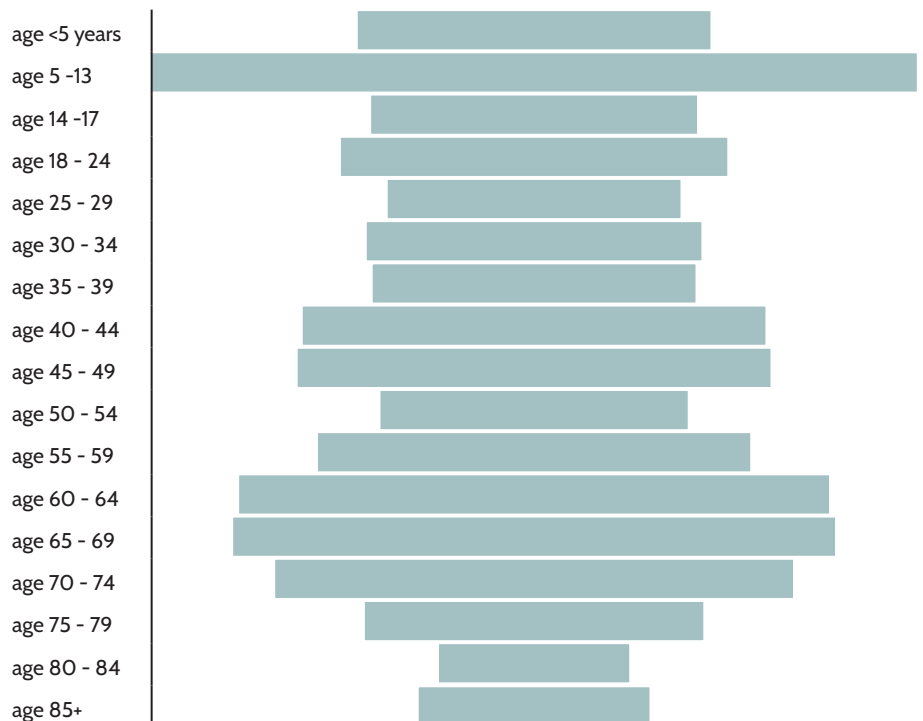


Who We Are

POPULATION⁵

Garfield County has a unique age distribution with a large proportion of the population over age 60, contrasted by a large population of children under age 13. The total population of the county in 2021 was 2,346.

POPULATION BY AGE



Who We Are

RACE AND ETHNICITY⁶



MILITARY VETERANS⁷

Garfield County has a large share of Vietnam Veterans—**nearly 3 times greater than veterans of any other war.**

Proportionally, Garfield County has a larger share of veterans from the Korean War, Vietnam War, and the first Gulf War than the national average.

Where We Live



In 2022, Garfield County had 1,206 housing units.⁸

A housing unit is one or more rooms intended for permanent occupancy as separate living quarters and require a separate entrance, direct to the outside or through a common hall.⁹



Between 2017 and 2021, Garfield County had 1,004 occupied housing units.¹⁰

Although these data were collected differently and at different times, they provide a starting point to learn more about housing in the county.

You can read more about Garfield County housing indicators in Section 6 of this report.



What We Earn

Median earnings in Garfield County are based on the industries listed below. Median does not mean the average earnings but shows the middle number in the data and separates the lower and higher halves of the earnings data.

MEDIAN EARNINGS BY INDUSTRY¹²



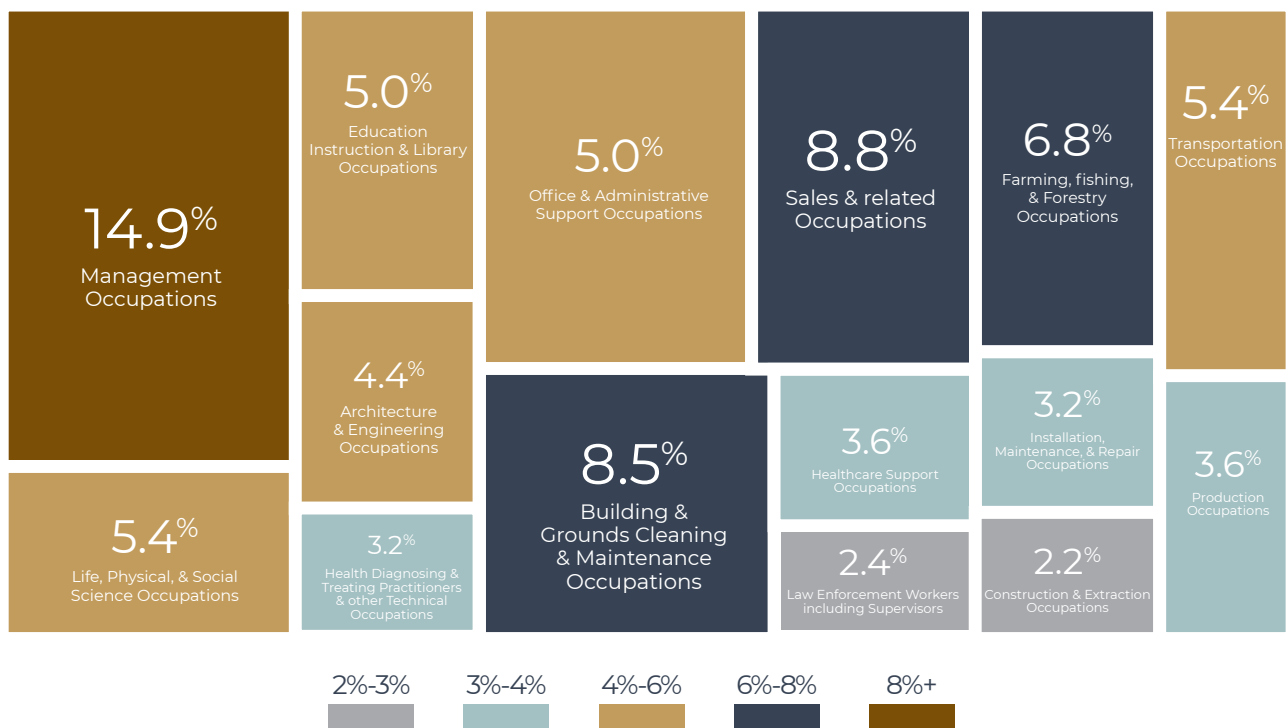
\$42,788
MEDIAN EARNINGS
MEN ± \$11,534



\$29,938
MEDIAN EARNINGS
WOMEN ± \$3,203

Where We Work

Garfield County residents work in a variety of occupations.¹¹



What We Heard from the Community About Living in Garfield County

Through our community survey, which was completed by 403 Garfield County residents, we learned a lot about how community members feel and what is important to them. We will be sharing survey results throughout this report.



Top 3 reasons
Garfield County is a
great place to live:



LOW CRIME IN MY
NEIGHBORHOOD



CLEAN
ENVIRONMENT



PARKS, TRAILS, OR
OTHER PLACES TO
GET OUTSIDE



CHILD CARE



VARIETY OF JOB
OPPORTUNITIES



MORE AFFORDABLE
OPTIONS FOR PLACES
TO LIVE

Top 3 areas for
improvement in
Garfield County:

5 Community-Identified HEALTH NEEDS

We collected information through interviews with community leaders, focus groups with community members, and a community survey. The topics people spoke about the most or shared in the survey are included in the following sections.

THE TOP THREE COMMUNITY-IDENTIFIED HEALTH NEEDS ARE:



The top three barriers to meeting
health needs are:



What We Heard From our Community

HEALTH NEEDS: HOUSING

Housing was the issue of greatest concern for the community.

Residents reported a variety of issues surrounding housing, particularly focused on affordability, quality of available housing, and other access issues. Many people who had once lived in Pomeroy talked about the difficulty in moving back to Pomeroy if they wanted to. Others talked about their children going away to college and the lack of rental opportunities like apartments or houses if their children wanted to move back to town.

RENTAL HOUSING

“ Well, the only thing that I really think about for housing is like after college, like, what am I going to do? If I want to come back here . . . I don't really have a place to go. As much as I love my family. I'm not gonna move back in with them because that's just not what you do. But there's just there's never been a place that I'm like, "Oh, I could rent this apartment," . . . that's just not Pomeroy. So, when I think about my future, mainly I'm not even thinking about Pomeroy a lot because there's just no place for me to go.

- Focus group participant



AFFORDABLE HOUSING


34% reported they were at risk losing their homes in the past two years due of income loss



There's nothing to buy. I mean, if I were a young guy moving to town right now to just start a new job with a family, I would beat my head against the wall trying to find a place. We need to have middle income [housing] just for the average Joe that works for a living that wants a nice home to go to every day. That's going to take some street development and sidewalks and curbing and sewer system and water systems and all that, and that's what we're trying to work in conjunction with the city on, right, to get some of those things funded, so building some new houses is feasible.

- Jim N., Garfield County Commissioner

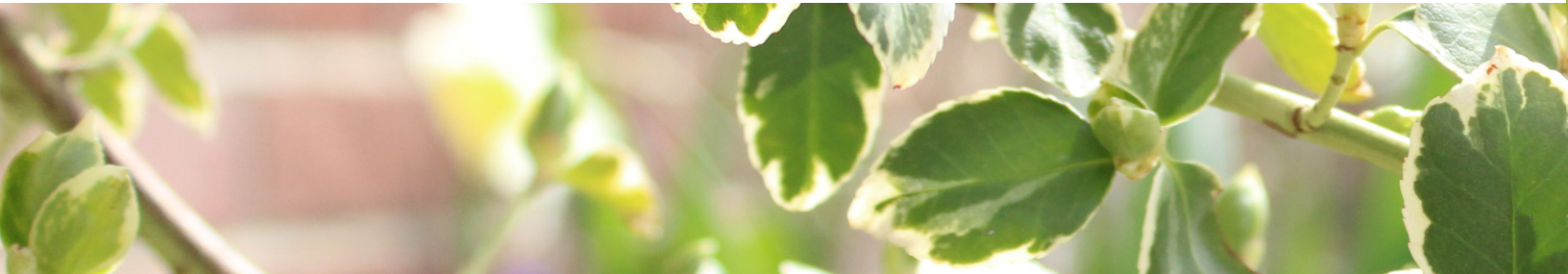
HOUSING QUALITY


 21%

21% of survey respondents reported health or safety concerns about their current home.



We don't have anywhere that is even halfway decent for a low-income person to live. We don't have any just middle of the road, decent apartments. Just don't have any of that. It's awful. - Interview participant



VACANT HOUSING



Respondents described vacant houses in town that are unavailable to rent or buy and often not well maintained.



Another long-term problem we've had, we've been here 30 years, and another really long-term problem we have with housing is there are several houses in town that are on good lots that people will not let go of, and they're long-term family homes and empty. Back in the day they used to have a town home for when the roads out in the country were so muddy or whatever they couldn't get in. And so, these homes are still sitting, and a lot of these homes are sitting on prime lots in town. So, all these prime lots are sitting here with little houses on it that are empty, they're sitting all alone with no one to take care of them all over town.

- Focus group participant



One of my biggest things is the lack of care in the houses on our main streets. I would like to see if it would make, if it would improve things if we had some sort of community outreach program, that we had like an investor.

- Focus group participant

ACCESS ISSUES

Limited water and land access combined with low infrastructure investment makes it difficult to build new housing stock.



There's a water moratorium on the east end of town. There's just low pressure. So, they're in the process, I think at the last city council meeting they voted to take the loan to get things going to put in a booster pump. That's not an overnight thing you know. I mean they have the site location, they have all the engineering done for it, it's just a matter of now getting on the schedule.

- Focus group participant



A few months ago, [there was] an article that was shared all over that Garfield County has the oldest houses in the entire state, which is kind of a cool thing. And then when you dig into it, it's because no houses have been built since the '60s. So, when everyone came [to work on] the dam, like no one's built since then.

- Focus group participant



HEALTH NEEDS: CHILD CARE



Child care and access to child care services in Garfield County was the second issue raised the most by residents. Many discussed the history of child care in Pomeroy and how various child care options had succeeded or failed. Garfield County currently has no state-licensed child care.





*of survey respondents said
child care was hard to find in
Garfield County.*



When you start making decisions on the size of your family... that's a personal decision. When you make that decision based on whether you know you're going to have child care or whether you can afford to have a kid. - Focus group participant



*Nearly 50% of survey respondents
listed child care as the main issue
Garfield County needs to improve.*



They tried to set up [a licensed child care center] in the hospital, for everybody that worked at the hospital and that didn't work out either. And I think there's so many restrictions and so many rules that nobody wants to take it on. It's like to be able to even set one up is cost prohibitive to follow all the rules for the state of Washington.

- Focus group participant

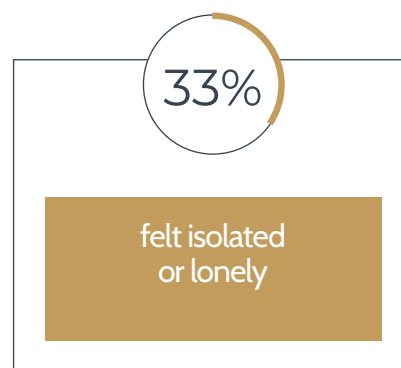
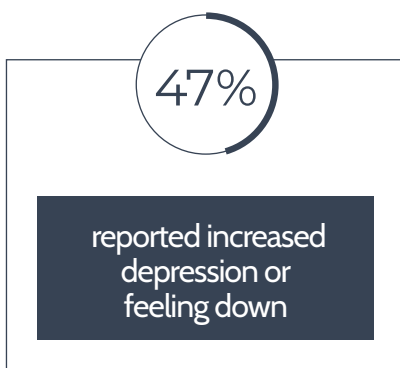
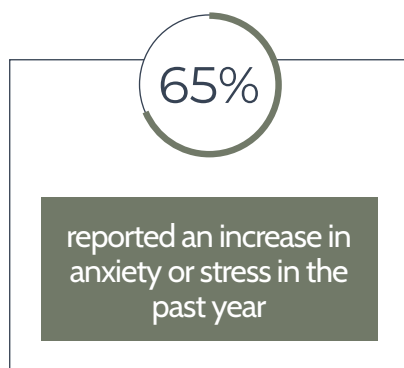
HEALTH NEEDS: MENTAL HEALTH

Mental health awareness and access to support services was the third most discussed issue with community members.



LONELINESS AND DEPRESSION

More than 50% of survey respondents said the pandemic had a negative effect on their mental health.



SEEKING MENTAL HEALTH SUPPORT FOR DEPRESSION AND SUICIDAL IDEATION



At the start of our
Spinners Broomstick Pool

Tournament, one of our members annually remembers some of our past players that are no longer with us. When he spoke about one player specifically, he reminded everyone that [that player] took his own life. He elaborated on it for a moment and sent a strong message that if you need help, ask somebody. There are a lot of us here that are willing to listen or willing to help you and be that person for you. For so many years, society has been ashamed to admit that we need mental health, counseling, or anything of that nature and that you were weak if you did. The entire mentality needs to evolve so we can grow past this stigma and be able to admit if and when you need that help.

- Larry L., Garfield County Commissioner



36% of respondents said they would feel comfortable seeing a mental health professional in person or online.



I know that through the emergency room we have seen an increase in mental health visits overall. We've been tracking them for over a year now with our quality reporting. And then we have seen an increase in the last what four or five months, and adolescent mental health, and we know suicidal ideation is another big one.

- Focus group participant



During the pandemic, I think, isolation created less support for both adults and students. We didn't get to have the same pulse on our kids and our people in our community as we normally do. Because, you know, people weren't attending church, we weren't attending school, we were told to stay home. And so, any checking in was either done via text phone calls, and sometimes that can be great, but that can be a big challenge. I think that being able to really support people was very, very difficult.

- Rachel G., Superintendent and Elementary Principal, Pomeroy School District




16% said they would not feel comfortable seeing a mental health professional at all

HEALTH NEEDS: FARMER MENTAL HEALTH




One particular area of conversation that was relevant for Garfield County was farmer mental health support and suicide prevention.



“ I know a couple of farmers personally and farming is a stressful profession to begin with, but I personally know a couple farmers that have struggled with pretty severe depression issues and even some suicidal ideations. And I think folks like that are really reluctant, often times, to reach out and so maybe more programs that were available just to make it easier for those people to get services anonymously and things like that.

- Jim N., Garfield County Commissioner



“ I think there's a real need for the mental health thing to become more of a reality [for farmers]. I just don't know how you would get engagement in that. I was in the Marine Corps, and it's kind of the same story. I mean, we have huge needs, and you hear all too often about suicides and this and that, but still people just aren't reaching out. So this needs to come to the forefront. I just don't know that you'd have much buy-in even if it [did].

- Interview participant

HOW THE COMMUNITY DEVELOPED A PLAN TO SUPPORT FARMERS

Through discussing mental health in one community focus group, attendees became aware of the need for farmer mental health support and the isolation many farmers experience as part of their job. The result was the development of Farmer Appreciation Day, which is described in Section 7 of this report.



Okay, harvest is coming. How do we celebrate them? How do we be present? To get them to open up, you have to have a relationship with them. You can't just expect them to come speak out. I think something unique with Pomeroy that would work really well is how often we do community events.

You know, we could have a farming day. Like to meet your local farmer, you know, a pre-harvest barbecue event or an after-harvest party. And then in that event, there could be a table that has just information about the depressed farmer. I think that would be an amazing gateway for everybody to get to know the farmers and the farmers might feel important.

- Focus group participant

They might feel recognized and then they might realize it's okay to call my neighbor and tell him that I'm struggling today.



Another thing that you can tack in on is what does health care for a farmer look like? Do they go get their routine colonoscopy? How do they afford health insurance? What are the health insurance options for them? And that could be another barrier when it comes to mental health too. You know, what do they have as far as insurance? A lot of them are recognizing the importance of mental health and stuff, but they may not have that coverage because they had to pick the bare bones of what they can get.

- Focus group participant

HEALTH NEEDS: SUBSTANCE ABUSE AND MISUSE



25% of survey respondents reported help for drug and alcohol issues is hard to find in Garfield County.



I think we have a quiet drug and alcohol issue here.

- Focus group participant



Garfield County Hospital District (hospital and clinic) reported 26 substance use related visits in the last year for all ages.



And [alcohol is] normalized. You can go party out in the woods, you can go up in the mountains or go to somebody's cabin on the weekend...so then it becomes this normalized systemic behavior that isn't healthy, but because that's how the parents grew up they made it okay for their kids to do it. Then trying to break that cycle of it not being okay, and it's something you shouldn't be doing is hard when the parents don't see a problem in it.

- Focus group participant

BARRIERS TO MEETING HEALTH NEEDS



The top three issues community members shared as barriers to meeting health needs were provider turnover, stigma and pride, and awareness of services.

PROVIDER TURNOVER



I just think consistency is the key. If we continually change people that are providing our medical services, then that trust gets lost, and patients feel like they're starting over again. Like they want to have the same person if they can, and I know we're working toward that, but it's not easy to do.

- Rachel G., Superintendent and Elementary Principal, Pomeroy School District

STIGMA AND PRIDE



I would almost say a detriment to our health here is our pride.

I look around and I see a lot of people I think could use help but won't take help. And I think that health-wise, our egos and our pride keep us in a small community from reaching for reaching out for help because we don't want our neighbor to know that we need help. . . . You know, the closeness and the connectiveness is a good thing because we'll help whoever needs help. But oftentimes that closeness also is that people don't want them to know that they need help.

- Interview participant

COMMUNICATION AND AWARENESS OF EVENTS AND SERVICES




I feel like there's a huge dissemination of information issue. When we moved here, we didn't know anything. And so I joined 400 different Facebook groups to try and figure out where we can get the information. And I know even in the last month I've probably seen three separate posts asking about a group in town. Do you know is it still the Episcopal Church? Do we know? Is that still happening? Like nobody knows where to go for like the central information. And so they're asking general Facebook, where does this come from? Even if I have the ability and the strength to ask for help, I don't know who to ask.

- Focus group attendee

ASSETS AND STRENGTHS

ACCESS TO HEALTHCARE SERVICES


 60%

60% of survey respondents reported that going to the doctor is easy to do in Garfield County.



I am hearing people being very satisfied with the providers that we currently have. I know we had a personal experience with my parents, and we had a great experience locally. And I mean such a great experience that my parents are going to switch providers over here and want to stay here locally. So, I think we're making headway there. - Rachel G., Superintendent and Elementary Principal, Pomeroy School District



We have the hospital, which is an absolute asset to the community just because of the ability to have those services so close. The emergency services are on par for the community. What we do here is above and beyond. We have a grant for EMS innovation in the community. So we've been using that to fund a position that is basically going out and doing site visits before patients go home. Making sure that you know safety things are taken care of so they don't get hurt after they get back.
- James C., Fire Chief for Garfield County Fire District 1



I think [farming is], you know, dangerous, it's probably more dangerous. So, the emergency room [in town] is always good from that standpoint.

- John D., owner and operator of a Garfield County farm and ranch

YOUTH-FOCUSED ASSETS: PUBLIC SCHOOL, YOUTH SPORTS, AND CLUBS LIKE 4H AND FFA

MANY RESIDENTS TALKED ABOUT THE PROGRAMS AND ACTIVITIES IN THE COUNTY THAT SUPPORT YOUTH AND YOUTH DEVELOPEMENT.

“...that’s a real asset because it’s not only good for the kids that participate, but the aging population in our community as well. They love going to the games and such, they get out...they’re not shut in. So, it’s really a big deal here.”

- Diana R., Port of Garfield County

“Another value, I think, would be youth. I think the community is very supportive of youth, especially when it comes to sports, but even just like youth in general. I think the community really comes together to support youth. Our community has never failed a levy for the school.”

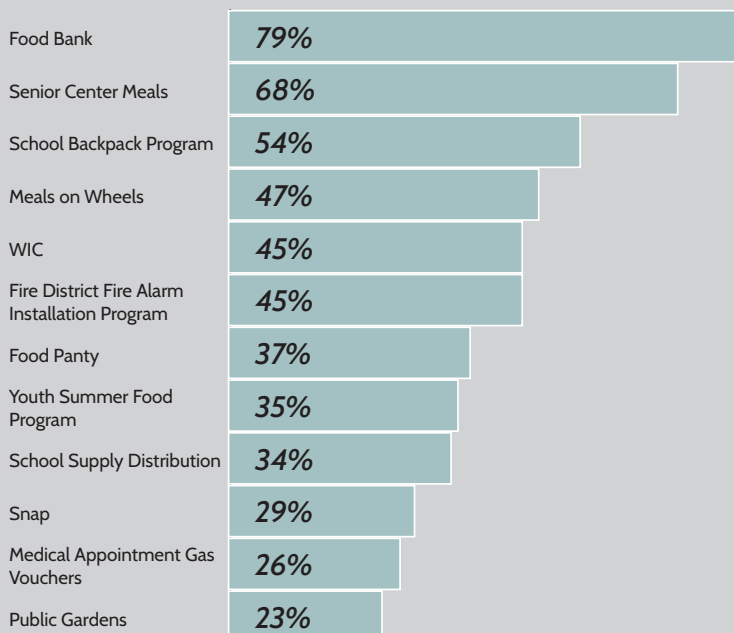
- Sarah M., Director, Pomeroy Partners for Healthy Families Coalition

PROGRAMS THAT SUPPORT THE COMMUNITY

Community members listed many programs they feel are an asset to the community, including social service organizations, elder support services, and churches. For food access in particular, the food bank, senior center meals, and the school backpack program were the most well-known.



People know how to access food more than other resources



COMMUNITY CONNECTION



Many community members talked about how much they valued being part of a tight-knit community where everyone cares for each other.



38% *38% of survey respondents reported relying on friends and family to meet basic needs in the past year.*



I think we value community. There's [a] real sense of belonging and community and tradition and looking out for each other and being friendly with people.

- Sarah M., Director, Pomeroy Partners for Healthy Families Coalition

In the same conversations, people also talked about how their community could feel closed and insular.



The community is very invested, for the most part, in school athletics. Which means if your family is not [invested in athletics], you're an outsider. There isn't that connection. People that don't have kids, people that are empty nesters, or they don't have grandkids or something. You don't have a group, personal connection or group.

- Focus group participant





Community HEALTH INDICATORS

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

Throughout the report we show some data for Garfield County compared to Washington State and some data for Garfield County compared to similar rural counties in our state. We chose to compare data based on 1) what data were available to compare; and 2) how those data tell the story of Garfield County health needs. Some data were not available or useful to compare.

Health Indicators: Housing

Housing was the biggest issue raised by community members in both community leader interviews and focus groups. As mentioned in the community-identified needs, issues ranged from access to available housing, access to affordable housing, and structural limitations like water pressure and land.¹³

	Garfield County's Ranking	Garfield County	Washington State	Columbia County	Ferry County	Stevens County	Wahkiakum County
Vacant Housing Rates	Much higher rate of vacant homes than the state	18%	8%	15%	29%	18%	12%

Garfield county's percentage of homes occupied by someone over age 65 living alone is double the state rate.¹⁴

GARFIELD COUNTY



WASHINGTON STATE



For renters in Garfield County:¹⁶



Percentage of household income spent on rent: 23%

For those with a home mortgage in Garfield County:¹⁵

% of household income spent on a mortgage:



% of households with a mortgage that spend 35% or more of their income on housing:



Rent estimates for a 1-bedroom unit: \$791



Rent estimates for a 4-bedroom unit: \$1,561

Health Indicators: Child Care

Child care availability and access were the second biggest issue raised by community members. Some community members reported driving to other counties to place their child in child care.

The average cost of child care in surrounding counties is presented below compared to Washington State. Since, Garfield County does not have licensed child care, we are not able to make direct comparisons; however, the counties below help show what our neighbors are paying for licensed child care or what Garfield County residents might pay if they travel to a neighboring county for child care.



There are currently no state-licensed child care providers in Garfield County.

COST OF CHILD CARE:

COMPARISON WITH WASHINGTON STATE AND SIMILAR RURAL COUNTIES¹⁷




	Garfield County	Washington State	Ferry County	Stevens County	Asotin County	Walla Walla County	Franklin County
Median cost for toddlers	N/A	\$1,365	\$645	\$827	\$728	\$1,216	\$1,192
Median cost for toddlers as % of median income	N/A	20%	16%	19%	16%	24%	19%



Health Indicators: Mental Health



Indicators related to mental health awareness and access to services are listed below for Garfield County and Washington State.¹⁸

	Garfield County's Ranking	Garfield County	Washington State
<p>ADULT TREATMENT FOR DEPRESSION: Percentage of Medicaid patients aged 18+ who received antidepressant medication, had a diagnosis of major depression, and who received an antidepressant medication treatment</p>	 About the same as the state	64%	61%
<p>ADULT CONTINUED TREATMENT FOR DEPRESSION: Percentage of Medicaid patients aged 18+ who received antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment</p>	 Worse than the state	36%	44%
<p>YOUTH FOLLOW-UP FOR MENTAL ILLNESS: Percentage of emergency department visits for eligible Medicaid beneficiaries aged 6+ with a main diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.</p>	 Much Worse than the state	20%	69%

MENTAL HEALTH VISITS IN THE PAST YEAR

We also obtained data from Garfield County Hospital District, Garfield County Memorial Hospital, and Pomeroy Medical Clinic.

32
VISITS UNDER 18 YEARS

341
VISITS 19-65 YEARS

235
VISITS OVER 65 YEARS



608 Total Visits

ALL AGES

The following mental health and suicide data are self-reported, so instead of showing a number, they are presented here as higher, lower, or the same compared to the state data.

ADULT AND YOUTH MENTAL HEALTH^{19,20}



Garfield County's Ranking Compared to Washington State	
ADULT DEPRESSION	Much better than the state
ADULT POOR MENTAL HEALTH	Much better than the state
YOUTH CONSIDERING SUICIDE	Worse than the state

ADULT DEPRESSION

Prevalence of depression among adults (18+)

ADULT POOR MENTAL HEALTH

Percentage of adults who report 14 or more days of poor mental health in the past month

YOUTH CONSIDERING SUICIDE

Percent of 10th grade students who seriously considered suicide in the past 12 months



In the past year, there were 13 visits to Garfield County Memorial Hospital or Pomeroy Medical Clinic of people who were considering suicide. This includes youth and adults.

Health Indicators: Access to Care

Access to primary care in Garfield County is similar to the state ratio, but access to mental health providers is much lower than both the state and comparison counties.





Garfield County only has 1 mental health provider for every 2,290 potential mental health patients.



POPULATION-TO-PROVIDER RATIOS^{21,22}




The following table shows that Garfield County's primary care physician workforce is about the same as Washington State and other similar counties. However, Garfield County has a very significant shortage of mental health providers.

	 Garfield County's Ranking	Garfield County	Washington State	Columbia County	Ferry County	Stevens County	Wahkiakum County
Population-to-Primary Care Physician (PCP) ratio	About the same as the state and other counties	1,110:1	1,180:1	1,330:1	1,270:1	1,340:1	n/a
Population-to-provider ratio for mental health providers	 Much, much worse than the state and other counties	2,290:1	230:1	310:1	410:1	250:1	300:1

Health Indicators: Poverty & Income Inequality



Garfield County ranks better than the state and comparison counties on poverty levels. Garfield County also has about the same number of higher income households compared to low-income households, and this indicator is about the same as the state average and better than a few comparison counties.


	 Garfield County's Ranking	Garfield County	Washington State	Columbia County	Ferry County	Stevens County	Wahkiakum County
Poverty level: Percentage of people living at or below the US federal poverty level	About the same as the state and other counties	9%	10%	9%	15%	13%	11%
High incomes compared to low incomes: Ratio of household income at the 80th percentile to income at the 20th percentile	 Much, much worse than the state and other counties	3.2	4.4	5.1	6.0	4.4	4.1
Percentage of people under age 18 in poverty	Slightly better underage poverty rate than the state	13%	12%	n/a	n/a	n/a	n/a
Percentage of older adults (65+) living in poverty	 About the same older adult poverty rate than the state	7%	8%	n/a	n/a	n/a	n/a




Health Indicators: Access to Necessary Food

Access to free and reduced meals at school and Supplemental Nutrition Assistance Program (“food stamps”) are important resources for many families in the county. Community members discussed stigma around asking for help and needing food aid. These important resources are a source of nourishment for community members and improve overall community health.

FOOD INSECURITY²⁴

	 Garfield County's Ranking	Garfield County	Washington State
Percentage of people who have food insecurity	Slightly worse than the state	12%	9%
Percentage of children (<18) who have food insecurity	Worse than the state	19%	12%

ACCESS TO FREE AND REDUCED MEALS²⁵

	 Garfield County's Ranking	Garfield County	Washington State
SCHOOL LUNCH: Percentage of children enrolled in public schools who are eligible for free or reduced meals	Slightly more children than the state	65%	52%
Percentage of households receiving SNAP/food stamps in the last 12 months	Slightly more households than the state	14%	11%

WIC BENEFITS²⁶

Women, Infant, Children (WIC) benefits are a crucial part of infant and early childhood nutrition for many families in Garfield County.



51 total WIC participants in the county



35 total infants and children served



16 unique women served



\$22,459 total food dollars redeemed





\$5,504 total food dollars redeemed on fruits/vegetables



Health Indicators: Access to Exercise Opportunities

County health rankings show that Garfield County lacks opportunities for residents to exercise or engage in physical activity.



	 Garfield County's Ranking	Garfield County	Washington State
Percentage of population with adequate access to locations for physical activity	 Much worse than the state	45%	79%

Health Indicators: Preventive Care & Wellness

ROUTINE CHECKUPS²⁸

Garfield County's Ranking	Garfield County	Washington State
Better than the state	50%	46%

Percentage of Medicaid beneficiaries aged 3–21 who had at least one comprehensive well-care visit

DIABETES CARE²⁹

Garfield County's Ranking	Garfield County	Washington State
Much better than the state	100%	82%
Better than the state	50%	41%

Percentage of Medicaid beneficiaries aged 18–75 with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test

Percentage of Medicaid beneficiaries aged 18–85 with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year




CHILDHOOD IMMUNIZATIONS

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



REQUIRED SCHOOL IMMUNIZATIONS (2021-2022 SCHOOL YEAR)³⁰


	 Garfield County's Ranking	Garfield County	Washington State
Kindergarten (% complete)	Better than the state	93%	89%
7th Grade (% complete)	About the same as the state	84%	85%
K-12 (% complete)	Same as the state	92%	92%



RECOMMENDED CHILDHOOD IMMUNIZATIONS (2021)³¹



Lower rates of some immunizations may be in part due to residents seeking pediatric care with health care providers in neighboring counties or the state of Idaho, which means those vaccination data will not be available for Garfield County.

	 Garfield County's Ranking	Garfield County	Washington State
Percentage of children (19-35 months) up to date on 3+ Poliovirus	Much worse than the state	31%	76%
Percentage of children (19-35 months) up to date on 3+ Hib (influenza B)	Much worse than the state	31%	75%
Percentage of children (4-6 yrs) up to date on Series 5:4:4:3:2:2:2:4	About the same as the state	37%	42% (state goal is 80%)
Child Influenza Immunization Coverage	Worse than the state	9%	18%
HPV Immunization Initiation among 13 year-olds	Worse than the state	31%	50%

Health Indicators: Physical Health

Physical health indicators provide data on some of the factors that affect a person's physical body.



Life expectancy for Garfield County is about **77 years**, compared to 80 years for the state average.



The percentage of adults in Garfield County who were told they have asthma is **2X higher** than the state average.



55% of Garfield County women over age 65 reported being up to date on routine preventive services like colon cancer screenings, mammograms, and flu shots compared to 50% of men over age 65.



44 total visits for falls for people over age 65 in the past year were reported at the Garfield County Hospital District (hospital and clinic).




The percentage of **Garfield County residents over age 18 who reported** being told they have **cancer** is about **half of the state average**.

Breast cancer occurs in Garfield County at **about the same rate as the state**.

Disability (Age 65 and Up)³⁸

	 Garfield County's Ranking	Garfield County	Washington State
Percentage of older adult population (65+) with an independent living difficulty	About the same as the state	13%	13%
Percentage of older adult population (65+) with a cognitive difficulty	 Much worse than the state	18%	9%
Percentage of older adult population (65+) with a hearing difficulty	 Much worse than the state	27%	15%





DISABILITY (ALL AGES)³⁷

	 Garfield County's Ranking	Garfield County	Washington State	Columbia County	Ferry County	Stevens County	Wahkiakum County
Percentage of population with a hearing difficulty	Worse than the state and other counties	11%	4%	9%	10%	7%	9%
Percentage of population with a vision difficulty	About the same as the state and other counties	3%	2%	3%	4%	3%	5%
Percentage of population with a self-care difficulty	About the same as the state and other counties	4%	2%	4%	4%	4%	5%
Percentage of population with an ambulatory difficulty	Slightly worse than the state;	11%	4%	9%	10%	7%	9%
Percentage of population with an independent living difficulty	About the same as other counties	10%	6%	10%	15%	10%	9%
Percentage of population with any disability (cognitive, hearing, self-care, vision, ambulator, independent living)	Slightly worse than the state; about the same as other counties	4%	2%	4%	4%	4%	5%

Health Indicators: Substance Use^{39,40}



Substance use data are self-reported, so they are shown here as better, worse, or the same compared to state data.

	 Garfield County's Ranking Compared to Washington State
Percentage of adults (18+) who report binge drinking (5 drinks for men; 4 drinks for women) on at least one occasion in the last 30 days	Better
Percentage of adults reporting heavy alcohol consumption (adult men having 2 or more drinks per day and adult women having 1 or more drinks per day)	 Much worse
Rate of opioid prescriptions	 Much worse
Percentage of adults reporting using smokeless tobacco products	About the same
Percentage of adults who say they are current smokers	 Much worse





7 How We've Started ADDRESSING OUR HEALTH NEEDS



FARMER APPRECIATION DAY

American farmers face unique stressors. Unpredictable weather, financial uncertainties, and isolation stressors can lead to mental health needs. Stigma, lack of access to mental health services in rural areas, and the belief that seeking help is a sign of weakness, farmers may be hesitant to seek help. According to the Centers for Disease control, U.S. suicide rates in agriculture are higher than any other occupation. Farmers in the West were more likely to die by suicide than in other regions of the country.⁴¹

In focus groups, participants discussed the mental health needs of farmers in Garfield County and ways to support local farmers in everyday life. The community wanted to appreciate them and started brainstorming ways, after the focus group, to show support. Farmer Appreciation Day was developed and is now incorporated into the Pomeroy Summer Market. At this event, community members personally invite farmers and their families to attend the summer market, where mental health information will be available. The goal is to launch the "Adopt-a-Farmer" program, where individuals or families sponsor a farmer during the second week in August to shower a farmer with kindness during harvest, their most strenuous time. By creating this program, Garfield County Public Health hopes to bring awareness to the mental health needs of local farmers and break the stigma surrounding mental health.





COMMUNITY CALENDAR

Focus group, interview, and survey data consistently showed that Pomeroy is a tight-knit community that wants its citizens to be involved. However, this closeness has led to unintentional social and communication barriers in the community, particularly when it comes to how information is shared. Social media can help, but it can also be difficult to keep up with each new event.

To address this barrier identified in the CHA data collection process, GCPHD created a community calendar to allow everyone to see every event in one place. This calendar has eight different categories: athletics, community, fundraiser, meeting, religious, school services, and youth. Individuals can filter by category to see what type of event they are looking for. They can see when the Senior Center is hosting cribbage and when the fair board meeting is. There is also a Google form to submit new events, so nothing is missed.

This calendar has allowed individuals in the community to feel more connected and able to take part. Phase 2 of the Community Calendar will involve sending a flyer to each house with information, so each family in Garfield County can access the calendar if they are not able to use web services. Currently, the East Washingtonian newspaper has a community calendar column that GCPHD will also use. In the future, we would like to collaborate with other organizations to allow for even more information sharing.



COMMUNITY HEALTH IMPROVEMENT PLAN

A Community Health Improvement Plan (CHIP) is a strategic plan developed by public health officials, community leaders, and healthcare providers to identify and address the health needs of Garfield County. It will include goals, objectives, and action plans to improve health outcomes and reduce health disparities

locally. The data from this Community Health Assessment will help us assess the community's needs to create a healthier Garfield County. Once the priorities are set, GCPHD will spend the next 5 years striving to close the gaps on health disparities and improving health outcomes locally.

Appendix

SURVEY QUESTIONS

These survey questions were distributed to Garfield County residents between February 27 and April 28, 2023.

1. How would you rate your quality of life in Garfield County?

- Excellent
- Good
- Fair
- Poor
- Very poor

2. If you had to pick three factors that make Garfield County a great place to live, which would you choose?

- Low crime in my neighborhood
- Good schools
- Access to mental health professionals
- Access to health professionals, such as doctors and dentists
- Opportunities to socialize
- Affordable options for places to live
- Good jobs
- Access to grocery stores with affordable, healthy options
- Parks, trails, or other places to get outside
- Public transportation
- Easy access to aid programs such as food pantries or social service programs
- Clean environment

3. We want to know how we can improve. Please choose three areas you think Garfield County Health District should work on next year.

- Reduce crime in my neighborhood
- Improve schools
- Increase access to mental health professionals
- Increase access to health professionals, such as doctors and dentists
- More opportunities to socialize
- Increase affordable options for places to live
- More good jobs
- Increase access to grocery stores with affordable, healthy options
- More parks, trails, or other places to get outside
- Increase public transportation
- Improve access to aid programs such as food pantries or social service programs
- Improve the environment

4. How would you rate your quality of life today compared to what it was before the pandemic?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

Appendix

5. What kinds of health-related experiences did you have during the pandemic? We have included a list of possible experiences, please check all that apply.

- Missed a yearly checkup
- Fear of seeking healthcare services
- Was unable to get healthcare when I was sick
- Had a hard time getting medicine that I usually take
- Missed a recommended medical test (like bloodwork) or treatment (like getting your teeth cleaned)
- Missed elective surgery

6. Did the pandemic have a negative effect on your mental health?

- Yes
- No

7. What kind of mental health-related experiences have you had in the past 12 months? We have included a list of possible experiences, please select all that apply.

- Increase in anxiety or stress
- Increased depression or feeling down
- Suicidal thoughts or self-harm
- Increased alcohol or drug use
- Felt lonely or isolated

8. If you needed mental health support, would you feel comfortable seeing a mental health professional?

- I would feel comfortable seeing a mental health professional online
- I would feel comfortable seeing a mental health professional in person
- I would feel comfortable seeing a mental health professional online or in person
- I would not feel comfortable seeing a mental health professional at all

9. Were you employed during the pandemic?

- Yes
- No
- I was employed at the beginning, but lost my job during the pandemic

10. How well do you feel your community is prepared for future Public Health Emergencies?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

11. Where did you get health information during the pandemic? Pick the top three places you used.

- Centers for Disease Control (CDC)
- Washington State Department of Health
- Garfield County Public Health
- My doctor
- My church
- A family member
- A friend
- Social media (Instagram, Facebook, Tik Tok)

Appendix

SURVEY QUESTIONS CONT.

- Local TV News
- National TV News (CNN, Fox News, MSNBC)
- National news (New York Times, Atlantic, Washington Post)
- Online Blog or newsletter

12. Do you have health insurance?

- Yes
- No

13. In the past year, have you been to the doctor for your yearly checkup?

- Yes
- No

14. If you have not been to the doctor for your yearly checkup, please tell us why.

Check all that apply.

- I forgot to make my appointment
- I do not have a way to get there
- It is too hard to get an appointment on a day that works for me
- I don't have childcare
- I didn't go due to fear of COVID-19 exposure risk
- I can't afford to go
- I haven't been sick
- Other

15. If you saw your doctor in the past year, did you receive or were you offered any of the following? Check all that apply.

- Physical exam & Depression screening
- Updating immunizations such as flu
- Age-appropriate cancer screenings such as prostate cancer screening or breast cancer screening (mammogram)
- Cholesterol screening
- Diabetes screening
- Was not asked
- Do not remember

16. About how far do you have to travel to see your doctor?

- Less than 1 mile each way
- 1-5 miles each way
- 5-10 miles each way
- 10-20 miles each way
- 20+ miles each way

17. Did you, or anyone who lives with you, have a hard time getting to and from places they needed to be in the last two years due to lack of reliable vehicles?

- Yes
- No

18. Did you rely on public transportation in order to go to and from places?

- Yes
- No

Appendix

19. At any time in the past two years, did you feel like you were at risk of losing your housing?

- Yes
- No

20. If yes, what was the cause?

- It was too expensive, even with my income
- Eviction for non-financial reasons
- Lost job and/or income
- Physical illness
- Mental illness
- Language barrier
- Other

21. Are you behind on your rent or house payment?

- Yes
- No

22. Do you have any safety or health concerns about your home right now?

- Yes
- No

23. Are you aware of the following resources in your community, even if you did not use them? Select all that apply.

- Food Bank
- Senior Center Meals
- School Backpack Program
- Meals on Wheels
- WIC
- Fire District Fire Alarm Installation Program
- Food pantry
- Youth Summer Food Program
- School Supply Distribution
- SNAP
- Medical Appointment Gas Vouchers
- Public gardens
- Meals on Wheels
- My household has not used any of the services.
- Other (please specify)

24. In the past year, has your household used any of the following services? Select all that apply.

- Food Bank
- Food pantry
- SNAP
- Senior Center Meals
- Meals on Wheels
- WIC
- Public gardens
- Friends or family

Appendix

SURVEY QUESTIONS CONT.

- My household has not used any of the services.
 - Medical Appointment Gas Vouchers
 - Meals on Wheels
 - Fire District Fire Alarm Installation Program
 - School Backpack Program
 - Youth Summer Food Program
 - School Supply Distribution
 - Other (please specify)
- 25. In the last year have you ever had to skip meals because you didn't have enough food?**
- Yes
 - No
- 26. If you need help, would you know where to go to find food, housing, or other resources?**
- Yes, I know where to find all of these services
 - I know where to find food, but not housing or other resources
 - I know where to find housing, but not food or other resources
 - I don't know where to find any of these services
- 27. What things do you think are hard to get or do in Garfield County? Check all that apply.**
- Childcare (for example, daycare)
 - Seeing the dentist
 - Seeing the doctor
 - Getting help for mental health
 - Family Counseling
 - Getting help for addiction
 - Getting healthy food
 - Affordable food
 - Help escaping violence in a relationship
 - Help escaping violence in a home
 - Getting to and from places easily
 - Legal help
 - Paying for utilities like heating, water, trash, or power
 - Parenting support
 - Preschool education
 - Family planning
 - Going to the library
 - Help paying for the place you live
 - Help paying for gas
 - Other
- 28. What things are easy to get or do in Garfield County? Check all that apply.**
- Childcare (for example, daycare)
 - Seeing the dentist

Appendix

- Seeing the doctor
- Getting help for mental health
- Family counseling
- Getting help for addiction
- Getting healthy food
- Affordable food
- Help escaping violence in a relationship
- Help escaping violence in a home
- Getting to and from places easily
- Legal help
- Paying for utilities like heating, water, trash, or power
- Parenting support
- Preschool education
- Family planning
- Going to the library
- Help paying for the place you live
- Help paying for gas
- Other

29. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

30. How would you describe your gender?

- Man
- Woman
- Non-binary
- Other
- Prefer not to answer

31. What is your race or ethnicity, choose all that apply.

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

32. Do you have children under the age of 18 living in your household?

- Yes
- No

33. How many years have you lived in Garfield County?

- Less than 1 year
- 1-5 years



Appendix

SURVEY QUESTIONS CONT.

- 5-10 years
- 10-20 years
- 20+ years

34. What best describes your employment status? Check all that apply.

- Employed full-time
- Employed part-time
- Self-employed
- Stay-at-home parent or caregiver
- Student
- Retired
- Unemployed and looking for work
- Unemployed, but not currently looking for work
- Unemployed, but cannot work (disabled)

35. What is your average monthly take home pay?

- Less than \$500
- \$500-\$1999
- \$2000-\$3999
- \$4000-\$6000
- More than \$6000
- Prefer not to answer

Appendix

Methodology

COMMUNITY LEADER INTERVIEWS

GCPHD identified a list of local leaders across the county who would provide important and straightforward insights on community health. The leaders included people from the school district, agriculture, local government, health care, and public health. Thirteen community leaders agreed to participate in the interviews. The consultant team contacted each interviewee and scheduled a video call or in-person meeting. Interviewees were notified that video calls would be recorded, and any direct quotes used in the final report would be approved before inclusion in the report. Interviews ranged from 45-60 minutes, with most calls taking ~45 minutes. Interviewees were not provided with a list of questions in advance. The interviewers prepared the interviewee at the beginning of the call by explaining the format and flow of the questions and asking for verbal consent to take part in the interviews and to record each session. Recordings and raw data were not shared with GCPHD. Data were analyzed using Dedoose Version 9.0.90, cloud application for managing, analyzing, and presenting qualitative and mixed method research data (2023). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com.

SURVEY

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

1. Quality of Life
2. Covid-19 – focused on mental health, employment, information access
3. Healthcare Access - focused on insurance, provider access, preventive care
4. Transportation
5. Housing – focused on access and quality
6. Food Access
7. Services Access –focused on self-report of ease/difficulty of accessing services in Garfield County
8. Demographics

Survey questions were distributed to Garfield County residents between February 27 and April 28, 2023, and we received 403 responses to our community survey. The survey was delivered using the SurveyMonkey survey delivery platform and data were analyzed in SurveyMonkey and Excel. You can find the list of survey questions in the previous section of this appendix.

FOCUS GROUPS

Four focus groups were conducted Pomeroy at four different locations; a bakery and café in downtown Pomeroy; the Methodist church; the high school library; and the Nazarene church. Using information gathered from the interviews and survey, the focus groups centered on these key topics: Housing, Child Care, and Living Wage Jobs; Health Care and Mental Health Services; Housing access; and an open topic group which naturally gravitated toward the key areas we'd already identified as community needs and helped further solidify our inclusion of those important health needs. Focus group attendees were also recruited by WCPH and invited to participate. Each attendee was offered a grocery store gift card for participating. Attendees were selected based on either their lived experience or their professional experience as related to the focus group topic area. Participant numbers ranged from 5 -12 attendees. Focus groups



Appendix

were recorded but participants did not name themselves on the recording when they spoke, and no participants were named for the final report. Recordings and raw data were not shared with GCPHD. Data were analyzed using Dedoose Version 9.0.90, cloud application for managing, analyzing, and presenting qualitative and mixed method research data (2023). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com.

INDICATORS

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

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THANK YOU

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

