

Garfield County

Community Health Report 2018

Updated 07/08/19



ACKNOWLEDGEMENTS & PARTNERS

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Social Determinants of Health

in Garfield County

Health
Outcomes

- Cardiovascular Disease
- Cancer
- Diabetes

Risk
Factors

- Substance Use
- Mental Health
- Communicable Disease
- Weight Status
- Teen Pregnancy
- Environmental Factors

Social
Determinants

- Education
- Income
- Housing
- Social Context
- Community Engagement
- Access to Care

GENETICS

DEMOGRAPHICS

People Garfield State

Population:	2,210	7,407,74
Percent Female:	51.1%	50.0%
Median Age:	46.7	37.7
Under 18:	20.2%	22.4%
Over 65:	26.2%	14.8%

Source: U.S. Census Bureau Quickfacts 2017

Ethnicity Garfield State

White:	89.8%	69.5%
Black:	0.1%	4.1%
AI/AN:	0.6%	1.9%
Asian/Pacific Islander:	2.2%	9.4%
Hispanic/Latino any Race:	5.7%	12.4%

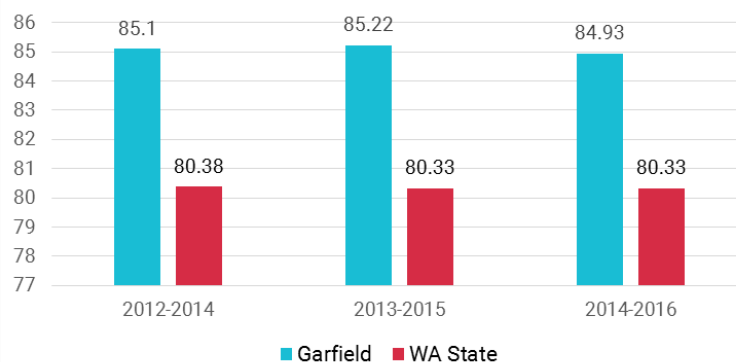
Source: U.S. Census Bureau Quickfacts 2017

Life Expectancy

The life expectancy at birth in Garfield county was nearly 85 years, which was higher than the state average.

Life Expectancy at Birth

Source: WA State Department of Health Death Certificate Data 2012-2016



Social Determinants of Health

A background image showing the silhouettes of two people fishing by a calm lake at sunset. One person is standing and holding a fishing rod, while the other is crouching. Two bicycles are parked on the grassy bank. The sky is a mix of orange, yellow, and blue, with the sun low on the horizon. The water reflects the colors of the sky.

Healthy People 2020 defines [Social Determinants of Health](#) as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

For this report, indicators for education, income, housing, social context, community engagement and access to care have been selected to give an overview of social determinants of health affecting our diverse populations and where interventions have potential for equitable outcomes.

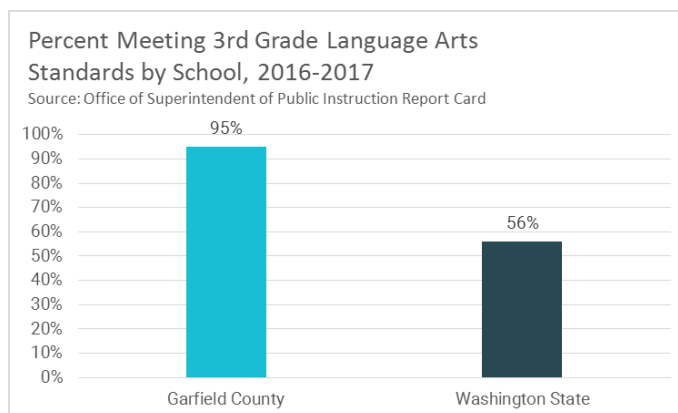
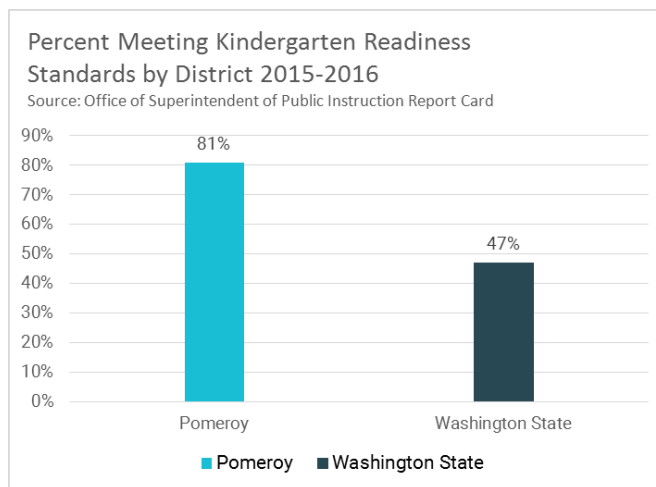
EDUCATION

Education is an important determinant of health. People with more education tend to live longer lives and obtain employment more successfully. Higher educational attainment is correlated with lower rates of serious health problems such as diabetes and heart disease.

Elementary Education

Pomeroy was above the statewide average for Kindergarten Readiness.

Garfield was above the statewide average for 3rd Grade reading. Percentages vary widely between schools partly due to differences in enrollment numbers.



Educational Attainment

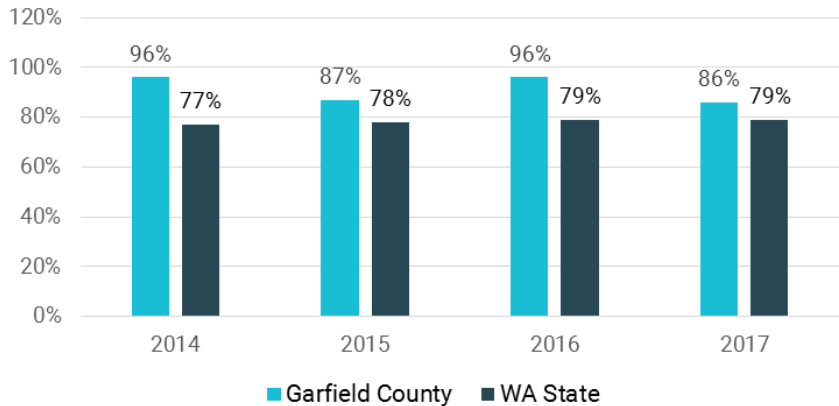
The four-year high school graduation rate in Garfield County was slightly above the state average. The high school graduation rate in Garfield County fluctuated between 96 percent and 86 percent from 2014 to 2017.

24 percent of Garfield County residents had a Bachelor's degree or higher, compared to a statewide average of 34 percent.

[Research shows](#) that Americans with fewer years of education have poorer health and shorter lives. People with lower levels of educational attainment have higher rates of diabetes, smoking, and other serious health problems. This correlation suggests that education is important not only for higher paying jobs and economic productivity, but also for saving lives and improving quality of life for Garfield County residents.

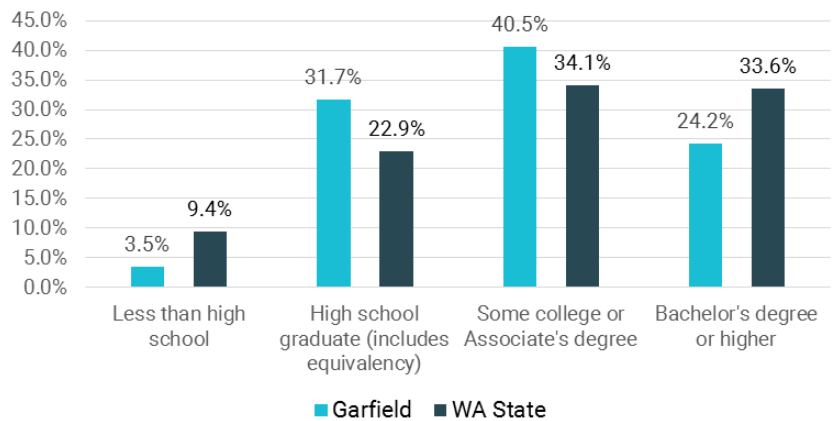
Four-year Graduation Rate

Source: Office of Superintendent of Public Instruction, Dropout and Graduation Reports 2016-2017



Educational Attainment

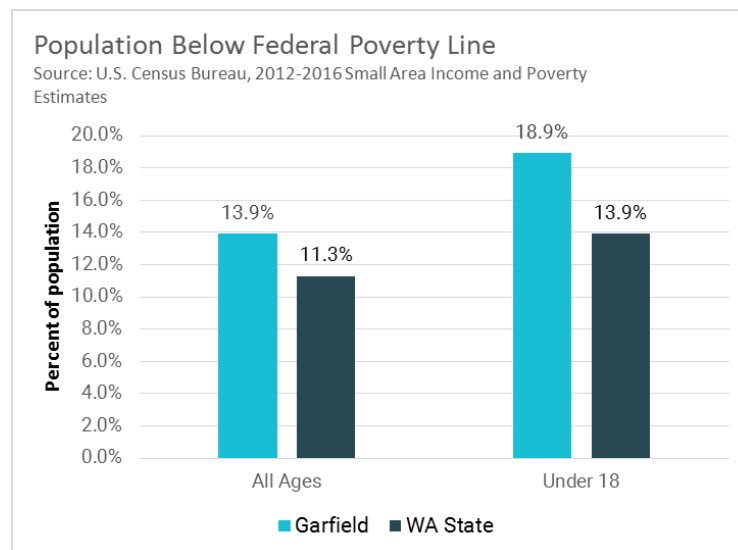
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates



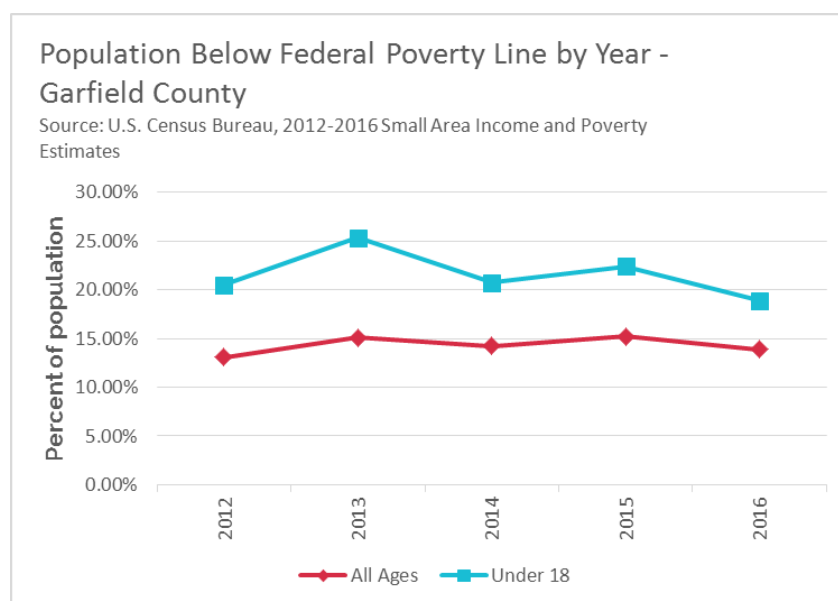
INCOME

Poverty

There is a strong and consistent link between poverty and poor health outcomes both globally and within Garfield County. Due to cultural and social barriers, the cost of treatment, fewer education opportunities, poor living conditions, and many other factors, those living in poverty often have significantly worse health outcomes and shorter lifespans. These poor outcomes include higher rates of motor vehicle accidents, drug-induced death, coronary heart disease, binge drinking, and adolescent pregnancy.



The Federal Poverty Line is issued each year based on household income and size to determine who qualifies for federal programs such as Medicaid, Food Stamps, and the National School Lunch Program. In 2016, 14% in Garfield County lived below the federal poverty line, as compared with 11 percent for



Washington State. 19 percent of youth in Garfield County live below the

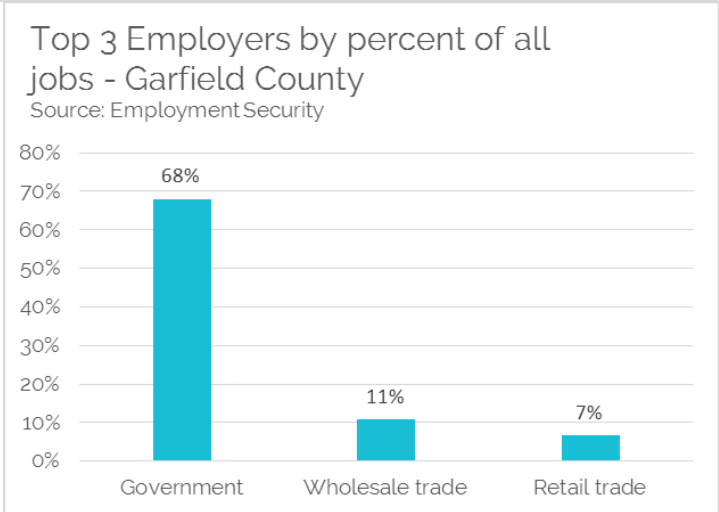
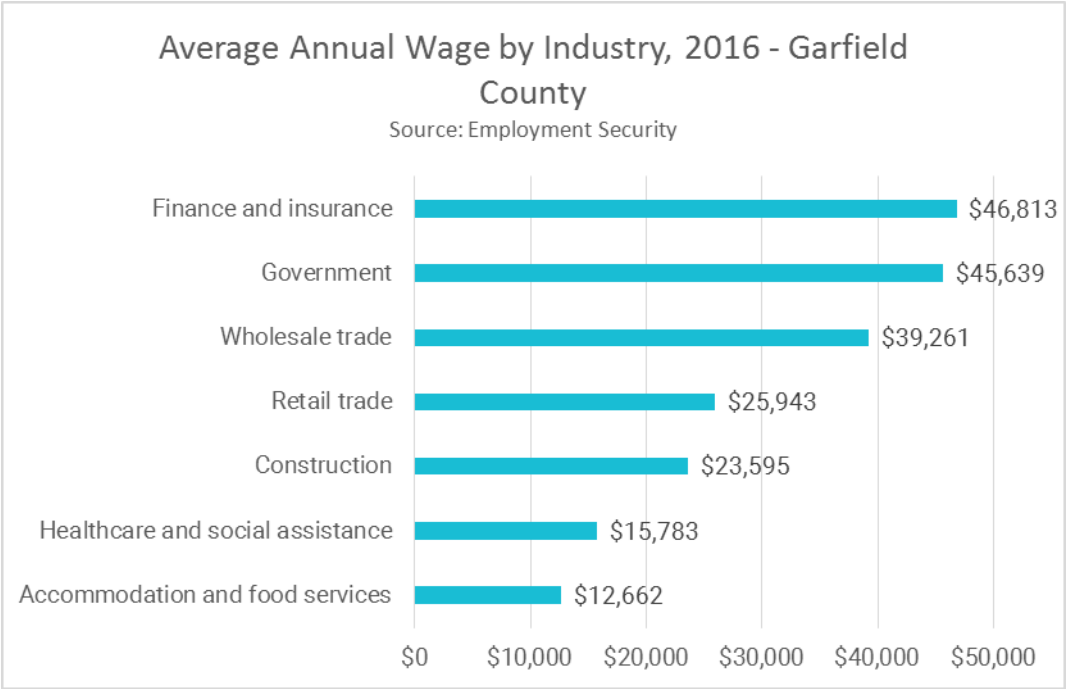
Twenty-one percent of Garfield County used SNAP (Supplemental Nutrition Assistance Program) which was similar to the state average of 19 percent. 51 percent of children in Garfield County were eligible for free or reduced lunch, compared to 54 percent for the state overall.

In order to reduce health disparities in the community it is important to increase awareness that the disparities are problems that can be resolved. There is a need for interventions and greater re-allocation of resources in order to close gaps in health outcomes between those with average and higher than average incomes versus those below the federal poverty line

Income

The median household income was \$51,395 in Garfield County, as compared to the Washington State median of \$62,848 per year.

There is a need for more employment in Garfield County that pays a living wage. More higher paying jobs will help alleviate poverty, leading to improvements in overall health.

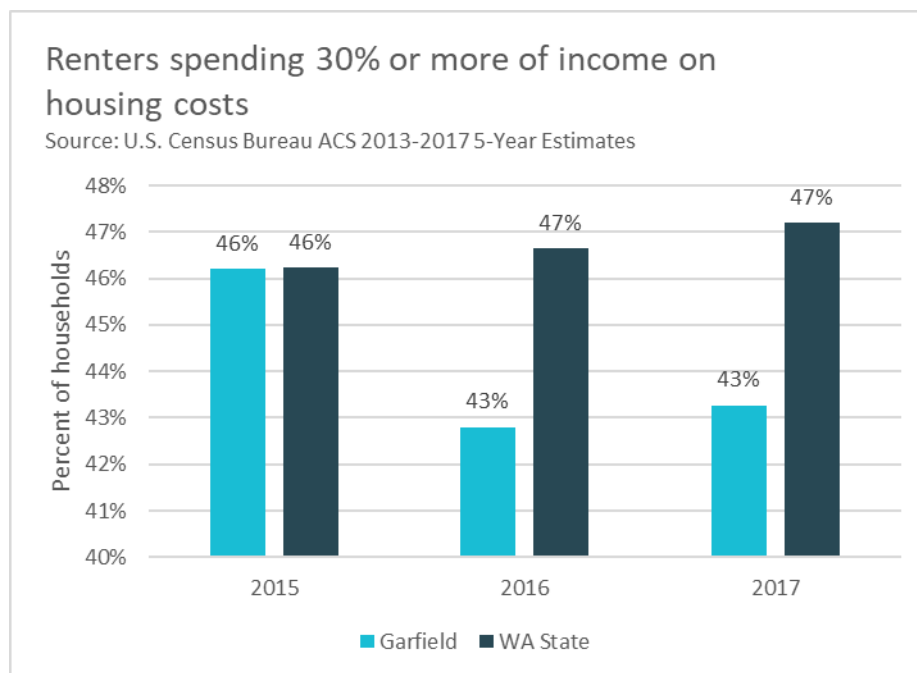


HOUSING

In Garfield County, 43 percent of renters paid 30 percent or more of their income toward housing. This rate was lower than that of Washington State (47%) and has decreased since 2015.

Poor health can lead to homelessness when unhealthy people have insufficient income to afford housing. Homelessness, both living on the street and in shelters, can cause or exacerbate health problems. When people have stable housing, they have more time to manage their health and may be better able to follow medical advice.

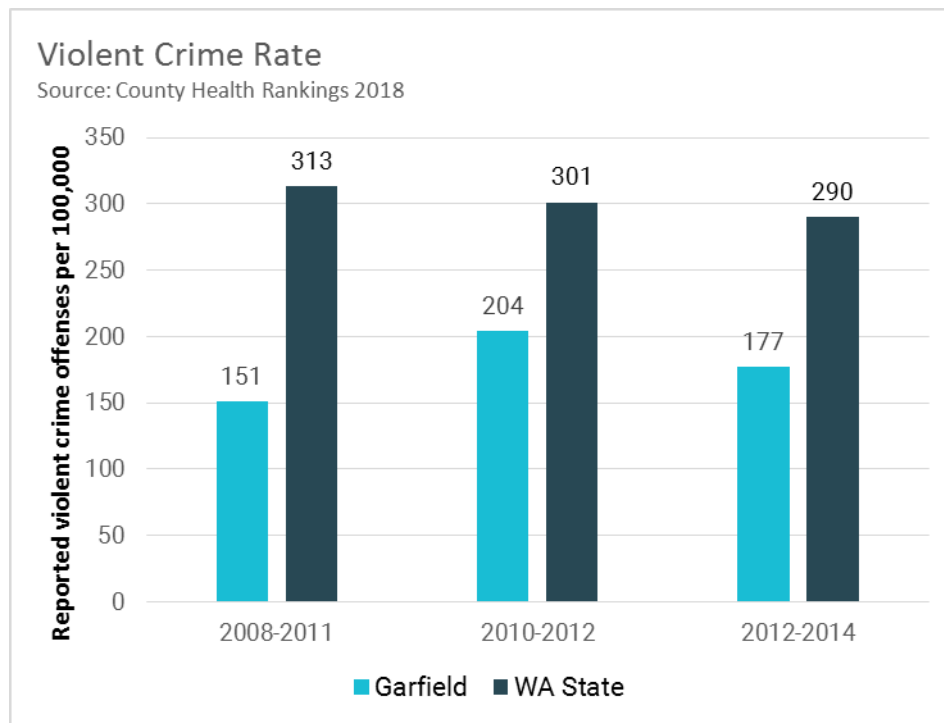
Estimates for Garfield County approximate that there were 2 homeless individuals at a given time, and previous years produced no count or zero counts. Numbers for this measure fluctuate significantly each year due to changes in how this measure is recorded.



INJURY & VIOLENCE

Violence

Violent crimes are defined as offenses that involve face-to face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. Exposure to crime and violence can increase stress and deter residents from pursuing healthy behaviors, like exercising outdoors. The violent crime rate was 177 per 100,000 in Garfield County. This was lower than the state of Washington.



While the violent crime rates were lower than the overall state, The state average violent crime rate is decreasing over time.

Violence is known to worsen health disparities. Rates of violence tend to be highest in populations that are already disadvantaged and marginalized. Its presence in a neighborhood is linked to increases in poor mental health and chronic disease, and violent neighborhoods discourage physical activity, which leads to many health problems.

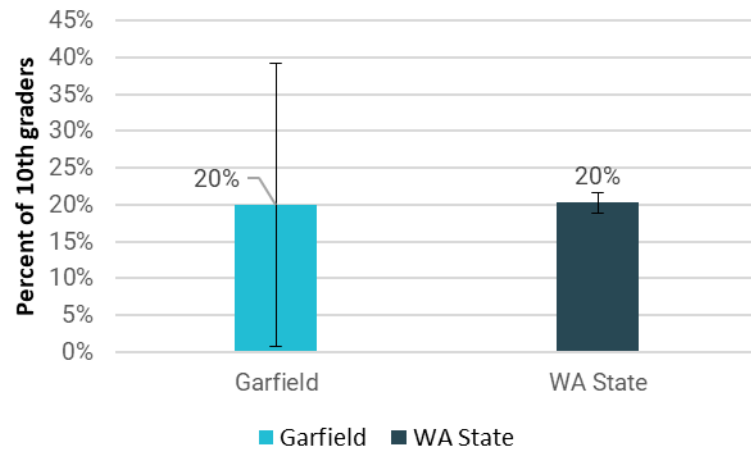
Bullying

Bullying is a type of youth violence that threatens young people's well-being.

In Garfield County, 20 percent of 10th graders and 30 percent of 12th graders reported being bullied in the past month. This measure could not be compared to data from previous years. Five percent of 10th graders didn't feel safe at school and 6 percent of 12th graders didn't feel safe at school, which were lower than the state average.

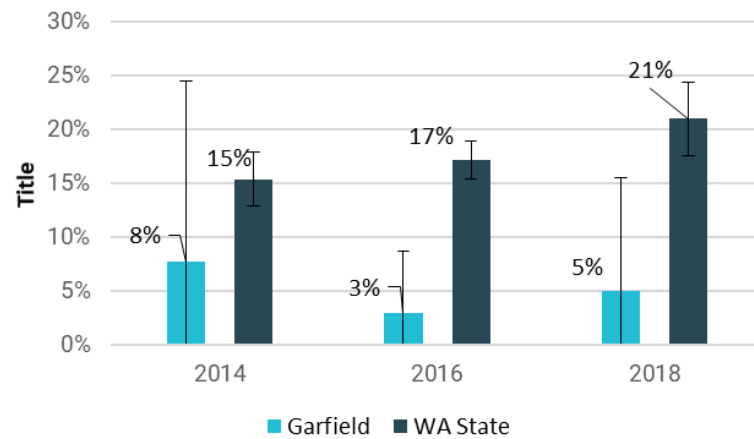
Bullied in past month - Garfield County

Source: Healthy Youth Survey 2018



Don't feel safe at school - Garfield County

Source: Healthy Youth Survey 2014-2018



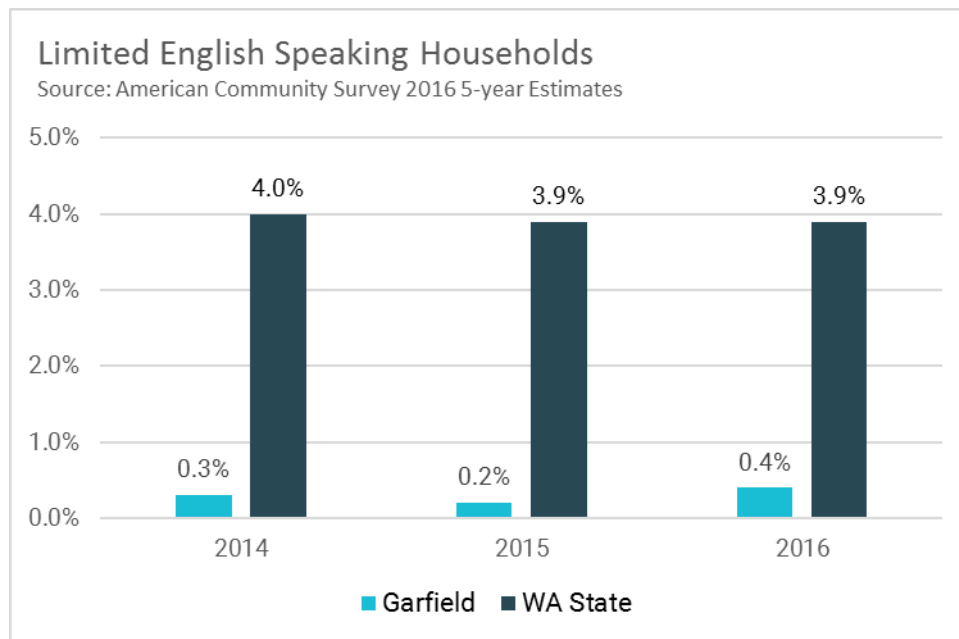
Bullying can result in physical injuries, social and emotional problems, and academic problems. The harmful effects of bullying are frequently felt by friends and families and can hurt the overall health and safety of schools, neighborhoods, and society.

Kids who are bullied are [more likely](#) to experience depression and anxiety, issues that may persist into adulthood. They also experience decreased academic achievement and are more likely to be absent from or drop out of school.

Kids who bully others are also more likely to engage in risky behaviors such as substance abuse, early sexual activity, and domestic violence.

COMMUNITY ENGAGEMENT

A limited English-speaking household is one in which all members 14 years and over have at least some difficulty with English. According to 2016 American Community Survey estimates, under one percent of the population of Garfield County faced linguistic isolation. This rate was lower than the Washington State rate. Linguistic isolation can create barriers to employment and other forms of community engagement, which is important to community health.



The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."

It is important for the voices of all community members to be heard in order to solve problems and ensure the health and wellbeing of all.

ACCESS TO CARE

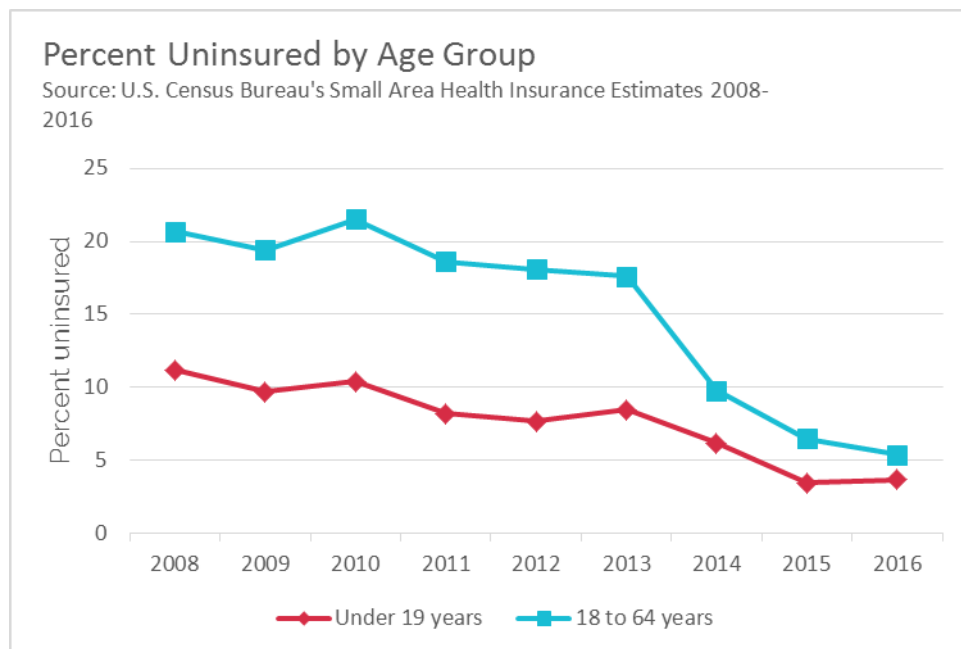
Health Insurance

95 percent of Garfield County residents had health insurance coverage. Ninety-six percent of children and teens in Garfield County had health insurance coverage. These rates of coverage were not significantly lower than the statewide averages, but fell short of the Healthy People 2020 goal of 100 percent. The main source of coverage for people under 65 was private employer-sponsored insurance,

which is typical. Private health insurance can also be purchased on an individual basis, either directly through a licensed

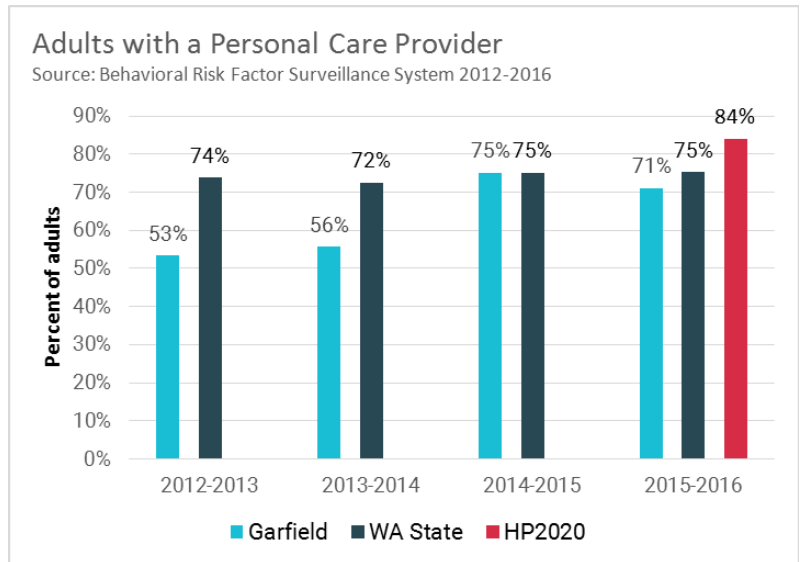
producer or through the Washington Health Benefit Exchange, usually during open enrollment periods. Public programs such as Medicaid (e.g. Apple Health) provide coverage for many low-income children and adults.

Health insurance coverage can be an important indicator of health status. Due to concern over potential high-cost medical bills, the uninsured are more than twice as likely to delay or forgo needed care as the insured. This can lead to the development of serious health problems that might be prevented. An increase in health care coverage amongst children and adults in Asotin and Garfield Counties might significantly reduce both health problems and



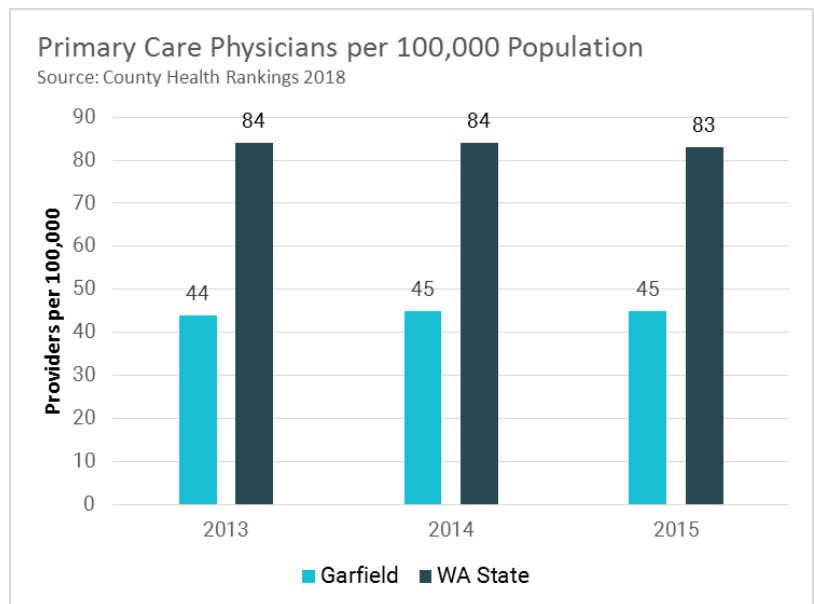
Provider Availability

Eighty percent of Garfield adults had a checkup in the past year, which was higher than the Washington State average of 63 percent. Twenty percent of adults did not see a health care provider within the previous year (2013-2017) due to cost, which was not significantly higher than the statewide average of 13 percent.



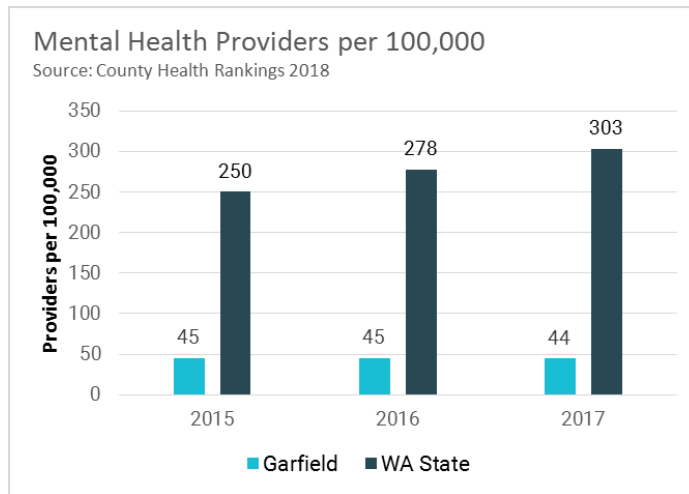
71 percent of Garfield County had a personal care provider. This rate was similar to the state average, but lower than the Healthy People 2020 target of 84 percent. Robert Wood Johnson Foundation's County Health Rankings reports that Garfield County had 45 Primary Care Physicians per 100,000 population, which was lower than the state of Washington. It should be noted that this number does not account for those not accepting new patients and does not include part-time practitioners.

Having a primary care provider manage, coordinate, and deliver the majority of one's care is extremely important for the health of adults and the provision of wellness and prevention services. Adults having a primary care provider tend to receive better management of chronic diseases and have lower overall healthcare costs. Although many hesitate to see a primary personal care provider due to long appointment wait-times, particularly for non-urgent conditions, it is important to access primary care services first in order to help prevent the exacerbation of many serious chronic health conditions and to reduce inappropriate downstream utilizations (i.e. Emergency Room).



Mental Health

Mental health counselors played a critical role in helping people who were experiencing mental or emotional conditions get their lives back on track. While primary care can sometimes manage circumstantial and routine anxiety and unipolar depressive disorders, behavioral health providers are better suited to assess, diagnose and treat people struggling with severe mental health issues, including bipolar disorder, eating disorders, schizophrenia, post-traumatic stress disorder or other severe conditions. There were 44 providers per 100,000 in Garfield County, which was lower than the state average of 330 per 100,000.



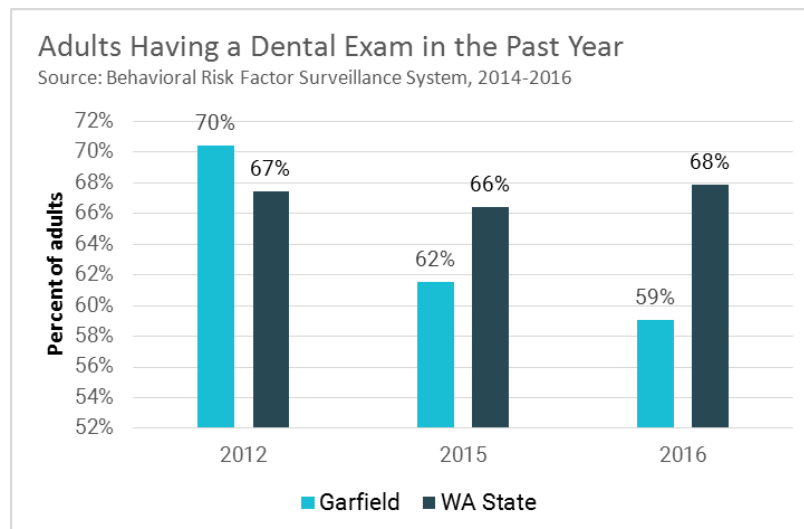
Adults with dental care

59 percent of adults in Garfield received dental care in the past year. These rates were lower than the statewide average.

[Oral health](#) is essential for overall health.

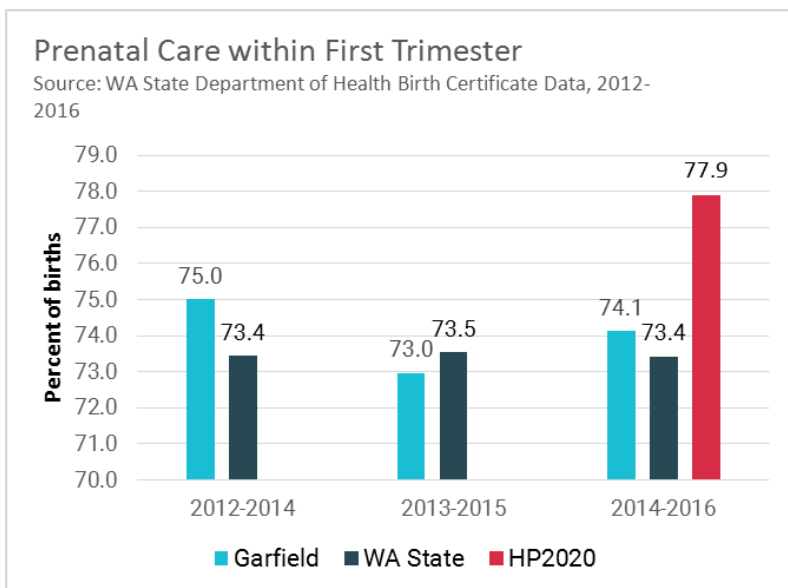
Complications such as tooth decay and gum disease can worsen existing health conditions like diabetes and negatively impact quality of life and mental health. Regular dental exams help

prevent these common problems, and linking oral health to primary care can help increase awareness of oral health's importance to healthy development and aging.



Adults with first trimester prenatal care

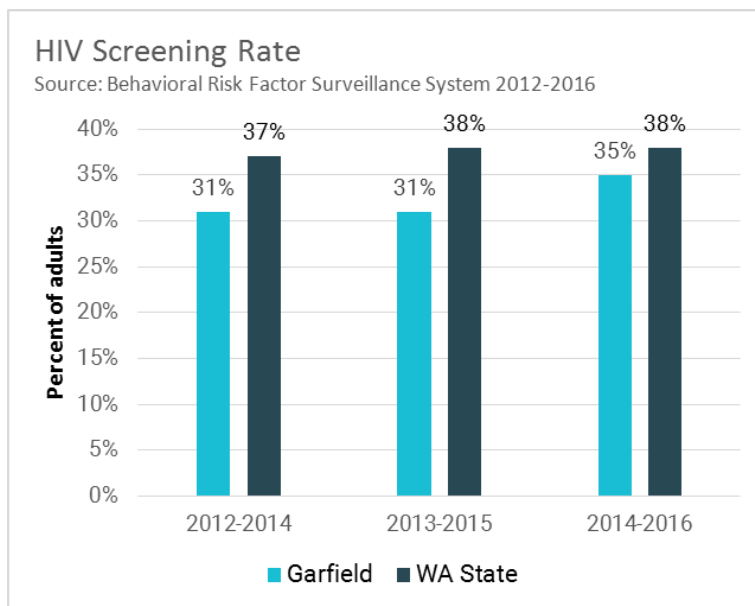
75 percent of pregnant women in Garfield County accessed first trimester prenatal care. This rate was not significantly higher than the statewide average of 73 percent, but fell short of the Healthy People 2020 recommendation of 78 percent. First semester visits are very important for a baby's health and can lead to the identification of potential risk factors. Women with first semester prenatal care tend to have better birth outcomes than women who do not.



HIV Screening Rate

67 percent of adults in Garfield County had never been screened for HIV. This was higher than the state average rate of 62 percent.

The [CDC](#) estimates that 15 percent of people living with HIV in the United States are unaware that they are infected. It is recommended that all adolescents and adults get tested at least once in their lives for HIV infection and that gay and bisexual men be tested more frequently.



Testing is a very important way to prevent transmission. Those who test positive can begin an effective treatment program that will allow for a long, healthy life. People who do not get tested and let the disease progress tend to be less likely to have positive outcomes when beginning treatment at a later stage of the disease. Knowing your HIV status is very important way to protect yourself and your community.

Child Immunization

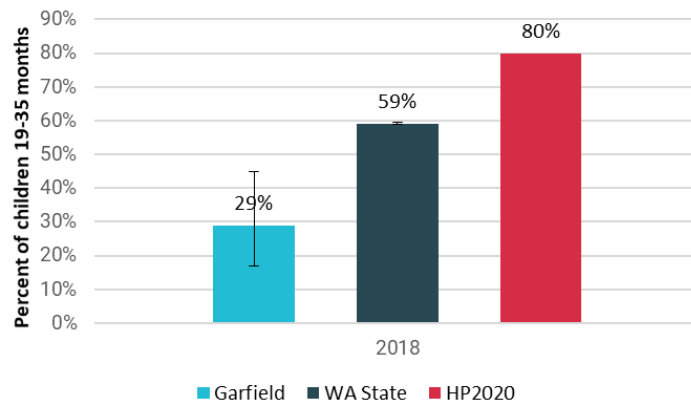
The child immunization rate is defined as the percentage of 2-year-old children receiving vaccinations for 4 doses-DPT, 3 doses-Polio, 1 dose-MMR, 3 doses-Hib, 3 doses-HepB, and 1 dose-Varicella. The child immunization rate in Garfield

County was 29 percent which was lower than the Washington state rate of 59 percent and fell far below the Healthy People 2020 goal of 80 percent. This measure could not be compared to data from previous years.

Vaccinations are crucial because just a few cases of vaccine preventable diseases can rapidly spread among unvaccinated children to become hundreds of thousands of cases. Immunizations are an extremely important way to protect yourself and others from contracting of serious diseases.

Child Immunizations

Source: WA State Immunization Information System 2018

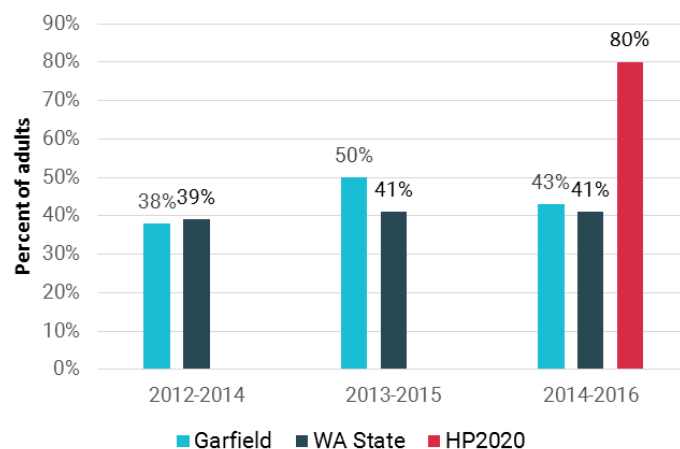


Adult Flu Vaccination

The Adult Flu Vaccination rate in Garfield County was 43 percent. This rate was not significantly different from the Washington State rate, and did not differ significantly from previous years. Both county's rates fell far below the Healthy People 2020 guideline of 80 percent.

Adult Flu Shots

Source: Behavioral Risk Factor Surveillance System, 2012-2016



Every flu season is different, in terms of the numbers of individuals infected. The [CDC](#) estimates that flu results in between 140,000 and 710,000 hospitalizations each year and 12,000 to 56,000 influenza-associated deaths in the United States.



Risk Factors

The World Health Organization defines a risk factor as 'any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.' Included in this report are indicators affecting diverse populations within our community or which have a high impact on health and include substance use, mental health, weight status, communicable disease, teen pregnancy and environmental factors. These indicators are subject to interventions with potential for equitable outcomes.

SUBSTANCE USE

Tobacco

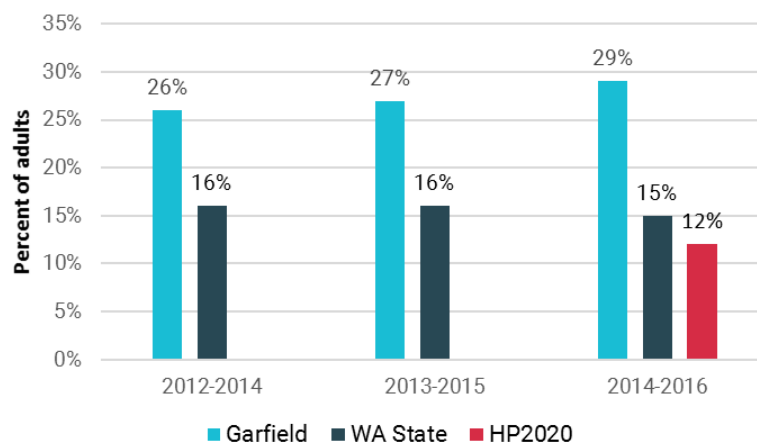
[Cigarette smoking](#) is the leading cause of preventable death in the United States and accounts for nearly one in five deaths nationwide each year. Smokers are at a higher risk of coronary heart disease, stroke, lung cancer, and other serious health conditions. The adult cigarette smoking rate in Garfield County was 29 percent, which was significantly higher than the Washington State rate of 15 percent.

According to the 2016-2018 Healthy Youth Surveys, 0 percent of 10th graders, which was lower than the Washington State rate. Eleven percent 12th graders in the county smoked cigarettes, which was not significantly lower than the state rate. Vapor product use was 17% amongst 10th graders and 35% amongst 12th graders, which were not statistically higher than the Washington state rates. Caution should be used when analyzing Garfield Healthy Youth Survey due to the low number of respondents.

While vapor products are less harmful than regular cigarettes, the liquid nicotine they contain is still highly addictive and can harm adolescent brain development which continues into the early to

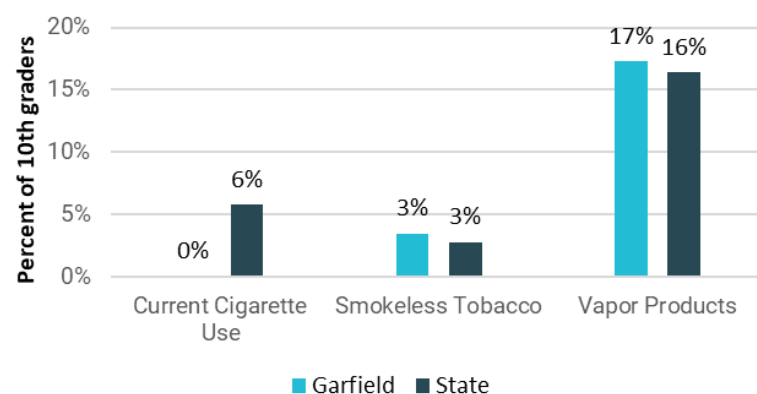
Adult Cigarette Smokers

Source: Behavioral Risk Factor Surveillance System 2012-2016



Youth Tobacco Use

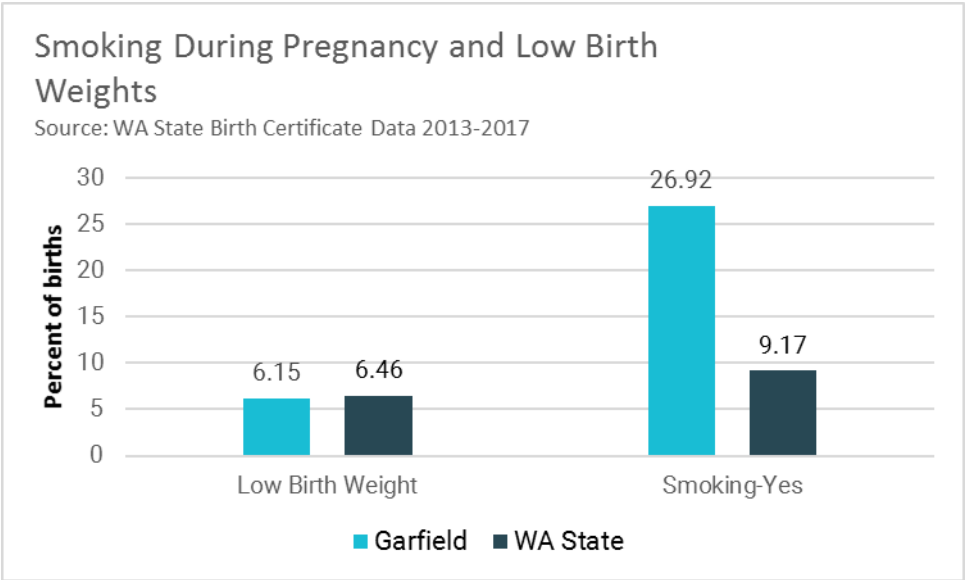
Source: Healthy Youth Survey 2016-2018



mid-20s. E-cigarette use is closely related to use of other tobacco products, and youth who use multiple tobacco products are at a higher risk for developing nicotine dependence and are more likely to continue using tobacco into adulthood. [Smoking of any kind](#) is particularly dangerous for this age group as there is a correlation between youth smoking and depression, anxiety, and stress. Lowering the acceptance and tolerance of tobacco among peer groups in the community is an effective way to decrease smoking among youth.

From 2013-2017, 27 percent of mothers in Garfield County reported smoking during their pregnancy. [Maternal smoking](#) is very dangerous as it can lead to premature delivery, low birth weight, stillbirth, and SIDS. Increased education and awareness of the health risks of maternal smoking are needed to reduce this rate.

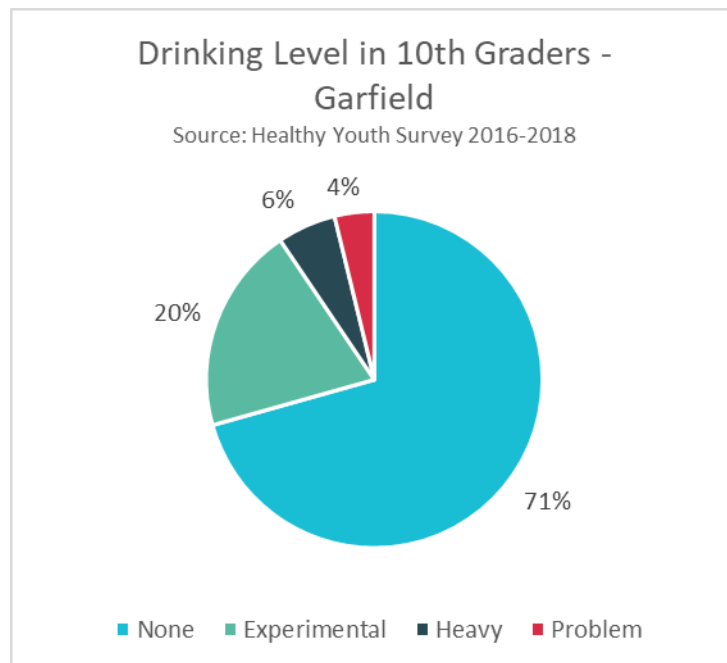
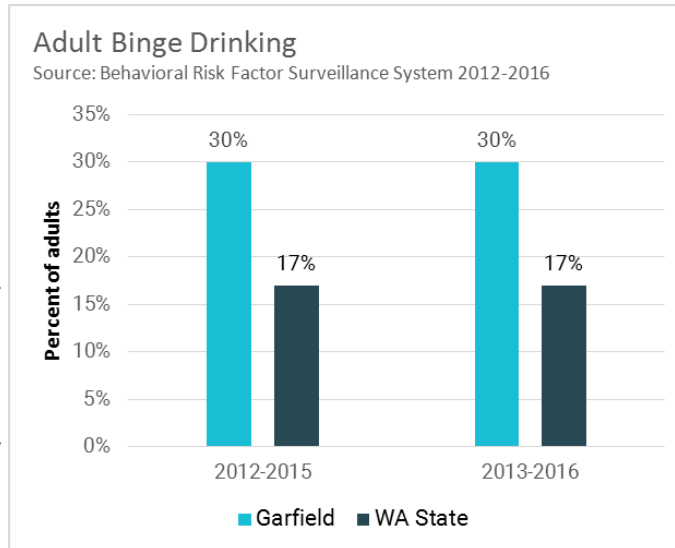
Encouraging any smoker to quit can prevent the onset of many medical problems. The CDC estimates that 2 to 5 years after a person quits smoking their risk of stroke drops to the same level as that of a non-smoker. Ten years after quitting, a person's risk of lung cancer may be reduced by half. Deaths due to cigarette smoking are completely preventable and lowering the smoking rate will make for a much cleaner and healthier community.



Alcohol

[Binge drinking](#) is defined as the consumption of four drinks or more for a woman and five drinks or more for a man within a 2 hour period on at least one occasion in the past 30 days. Garfield had a rate of 30%, which is higher than the state rate of 17 percent. Binge drinking presents many problems to the community, as national data reveals its frequent association with injuries, sexual assault, unwanted pregnancy, violence, and chronic diseases.

The 2018 Healthy Youth Survey results revealed that 29 percent of Garfield 10th graders reported having consumed alcohol in the past 30 days. Zero percent of Garfield 10th graders reported binge drinking over the past 30 days. [Alcohol use among teenagers](#) is a particular concern as it places them at risk for emotional and social problems, lesser academic performance, and abnormal changes in brain development. Youth who begin drinking at an early age are also more likely to develop alcohol dependence later in life than those who begin drinking at age 21 or later.



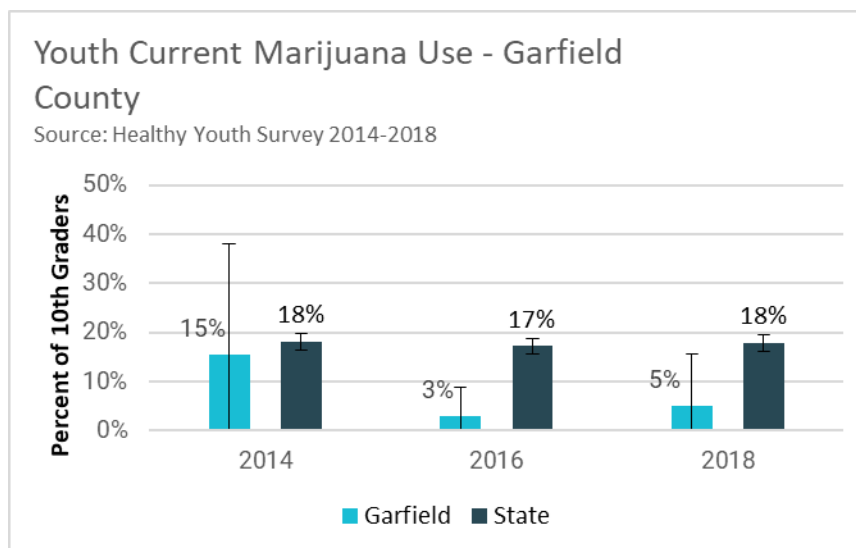
Opioids

Drug overdose is a significant problem in the United States. Deaths from Opioid use have increased rapidly since 1999, and hospitalization and mortality data reflected the same trend in Asotin County. Rates for Garfield County could not be reported due to small numbers.

The opioid epidemic has become fast-moving and complex. Partnering with healthcare providers and social service providers, encouraging consumers to make safe choices about opioids, and raising overall awareness of the opioid crisis will help better coordinate efforts to prevent opioid overdoses and deaths

Marijuana

Five percent of Garfield 10th graders reported having used marijuana in the past 30 days. Numbers increased to 24 percent for Garfield 12th graders. Garfield's rates were not statistically different from Washington State's rates, likely due to small sample size. Because the brain is still developing well into a person's third decade of life, marijuana use is dangerous for adolescents. [Marijuana's effects](#) include memory and learning impairment, interference with ovulation and pre-natal development, impaired immune response, and possible adverse effects on heart function. The use of marijuana may also lead teenagers to use other, more risky drugs.

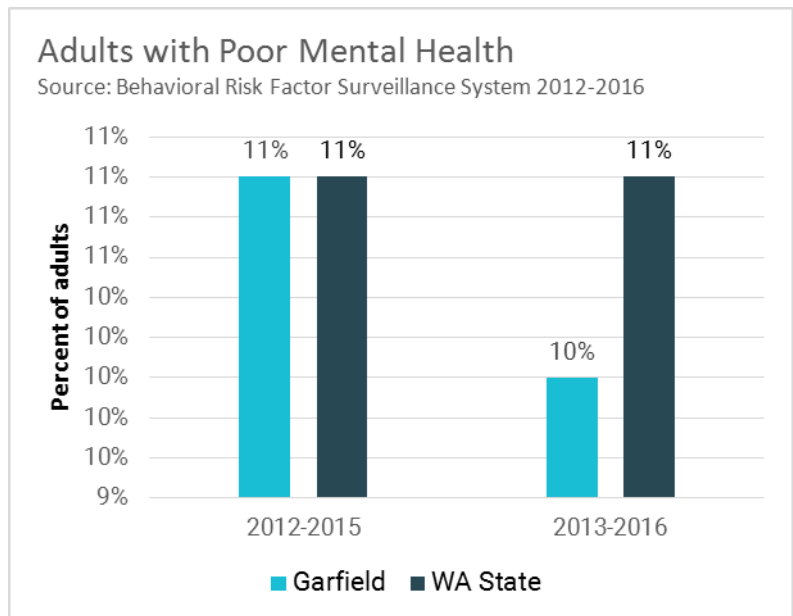


MENTAL HEALTH

Adults with Poor Mental Health

Mental health disorders are treatable medical conditions that inhibit the way a person feels, thinks, or functions in society. While mental illnesses can affect anyone, risk factors include a family history of mental illness, stressful life conditions, a traumatic experience, use of illegal drugs, and childhood abuse or neglect. Examples of mental health disorders include depression, bipolar disorder, obsessive-compulsive disorder, and post-traumatic stress disorder.

Ten percent of adults in Garfield County reported poor mental health, which was similar to the state rate.



Poor mental health was a significant problem in Garfield County. Treatment can be difficult due to the shame and stigma that prevent people from seeking mental health care, leaving many cases of poor mental health untreated in the community.

Suicide Rate

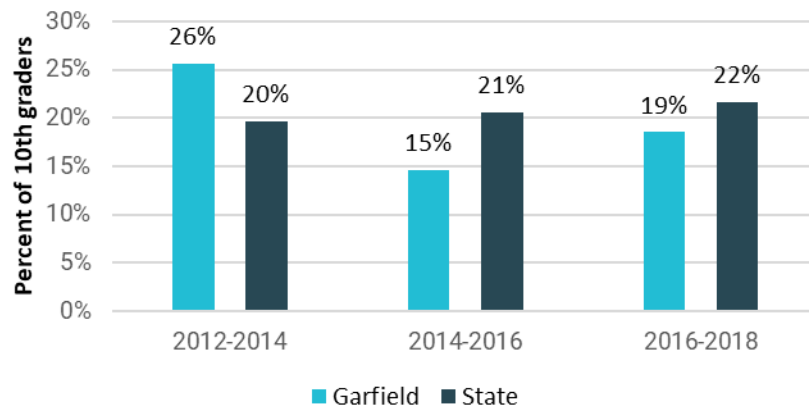
Risk factors for suicide include a family history of suicide, child maltreatment, alcohol and substance abuse, mental disorders, and feelings of isolation and loss. At 15 per 100,000, Washington State has a higher rate of suicide deaths compared to the U.S. (13 per 100,000) and does not meet the Healthy People 2020 goal of 10.2 per 100,000.

Suicidal thoughts are also a serious concern amongst youth as 19 percent of Garfield 10th graders reported seriously considering suicide in the past year.

Factors that protect against suicide include effective clinical care for mental, physical, and substance abuse disorders, as well as social support..

Suicidal Thoughts Among Youth

Source: Healthy Youth Survey 2012-2018



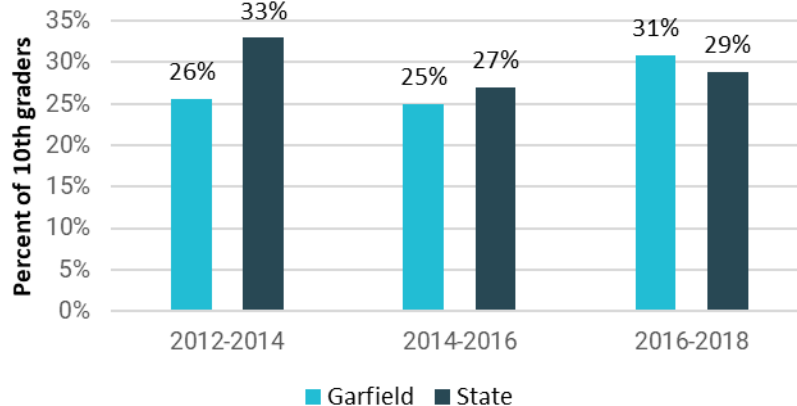
Youth Depression

Thirty-one percent of Garfield 10th graders reported feeling sad and hopeless for 14 or more days in the previous month, which was not significantly higher than the overall state average.

Depression in adolescence is associated with the use of drugs and alcohol, school dropout, and engagement in promiscuous sexual behavior. Healthy People 2020 set a goal of reducing the number of adolescents who have a major depressive episode and of increasing depression screening by primary care providers.

Depressive Feelings Among Youth

Source: Healthy Youth Survey 2012-2018



WEIGHT STATUS

Physical Activity

Twenty-nine percent of Garfield adults reported regular physical activity, but this number may be unreliable. Only 64 percent of Garfield adults reported leisure-time physical activity which was lower than the state rate and does not meet the Healthy People 2020 goal of 68 percent.

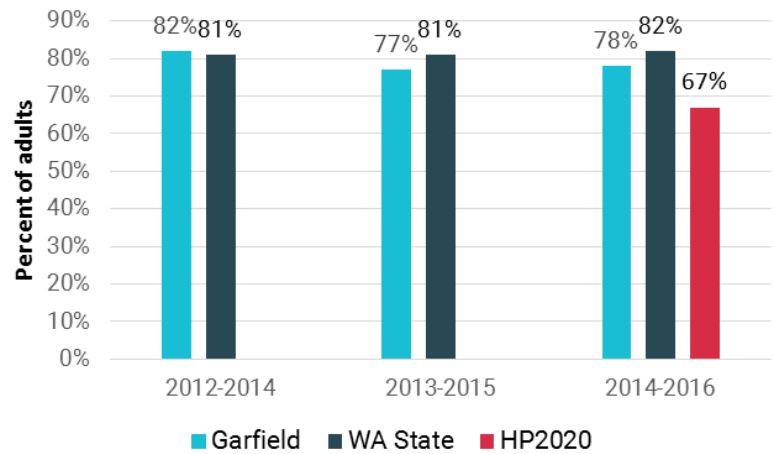
Only 39 percent of tenth graders in Garfield County reported 60 minutes or more of physical activity per day, which was higher than the Washington State rate.

Physical activity is important because it can greatly reduce obesity, which in turn lowers risk for many serious and often fatal health problems. The Centers for Disease Control recommends 150 minutes per week of moderate-intensity aerobic

activity (such as brisk walking, aqua aerobics, or gardening), or 75 minutes a week of more vigorous activity (such as jogging/running, singles tennis, aerobic dancing, or swimming laps). Two or more days a week of muscle strengthening activities is also recommended.

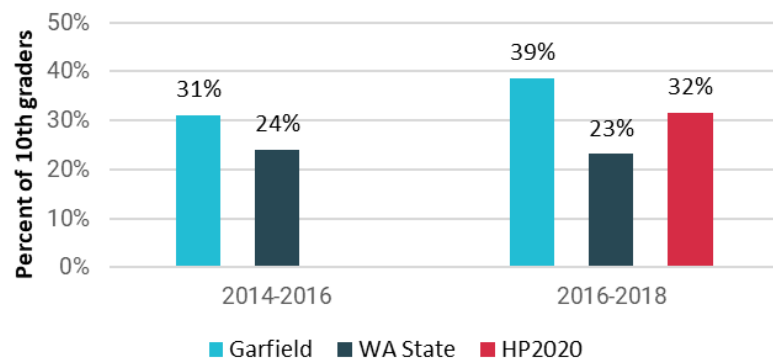
Adults Engaging in Leisure Time Physical Activity

Source: Behavioral Risk Factor Surveillance System 2012-2016



Youth Meeting Physical Activity Recommendations

Source: Healthy Youth Survey 2014-2018



Overweight/ Obesity

Garfield's obesity rate was 29 percent which was similar to the state rate..

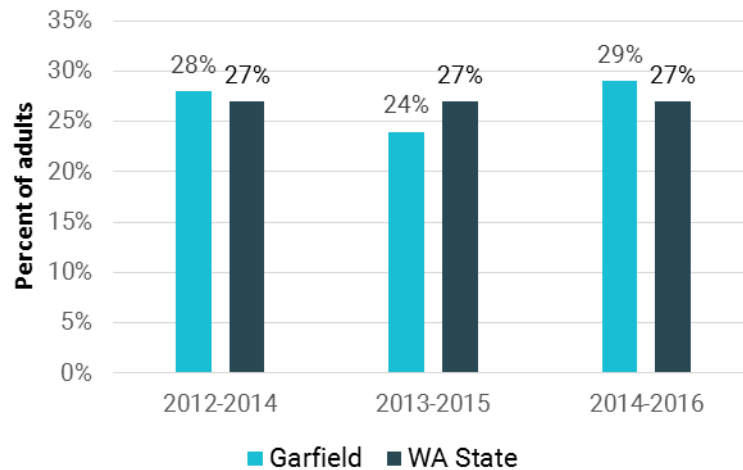
Amongst students in Garfield County, 8% of 10th graders and 9% of 12th graders were obese, which were not statistically lower than the Washington State rate.

A BMI (weight to height ratio) of 25 to 25.9 is considered overweight, while a BMI of 30 and above is considered obese. Obesity results from an energy imbalance involving eating too many calories and not getting enough

physical activity. Obesity-related conditions include heart disease, stroke, and Type II diabetes. These are some of the leading causes of preventable death both in Asotin and Garfield Counties and nationwide. Exercise and healthy eating habits are two of the most important ways to decrease obesity rates and improve many areas of a person's health.

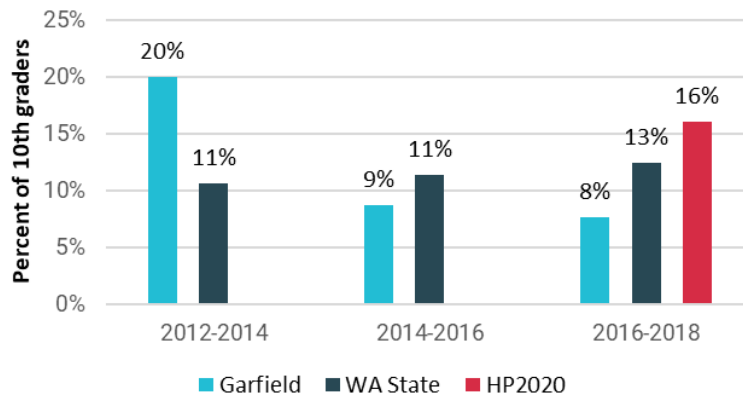
Adult Obesity

Source: BRFSS 2012-2016



Youth Obesity

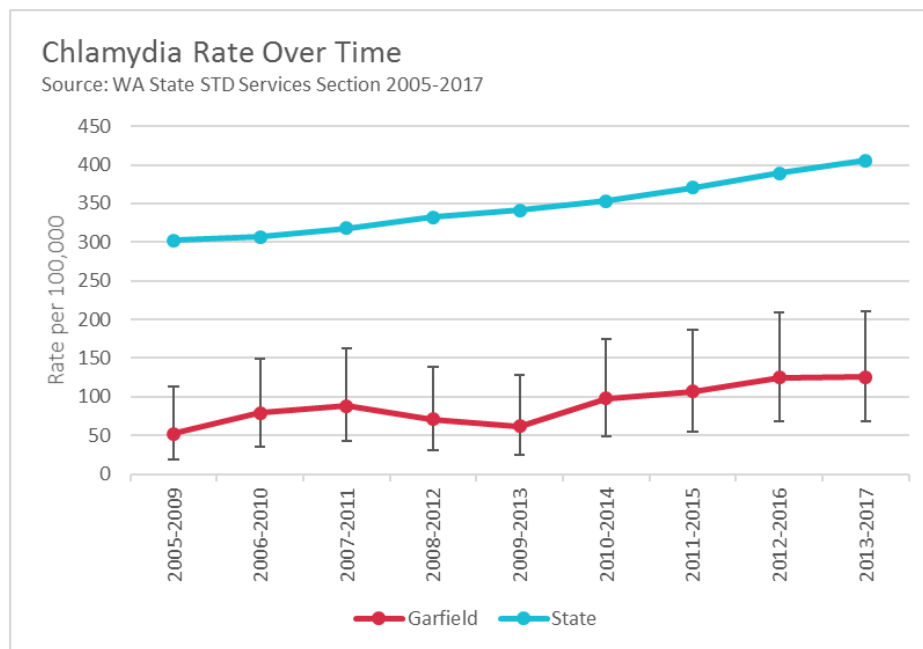
Source: Healthy Youth Survey 2012-2018



COMMUNICABLE DISEASE

Gonorrhea

The gonorrhea rate for Garfield County was not reportable. Gonorrhea is a sexually transmitted infection that can infect both men and women. It is spread through vaginal, oral, and anal sex and can be passed from mother to child during childbirth. Gonorrhea can be cured with treatment but can cause serious damage including Pelvic Inflammatory Disorder if left untreated.



Chlamydia

Chlamydia is a sexually transmitted infection that can infect men and women through unprotected vaginal, oral, or anal sex. The chlamydia rate in Garfield County has increased over time. Like gonorrhea, it can be passed from mother to child during birth. Young people who are sexually active are at a higher risk for chlamydia and should be tested each year. The infection is easily cured with treatment but can damage a female's reproductive system, making it difficult for her to get pregnant later in life if left untreated. Many times, the condition is asymptomatic.

It is important to increase knowledge around chlamydia, gonorrhea, and other

common STDs in Asotin and Garfield Counties. While abstinence is the only way to ensure avoiding these infections, proper use of latex condoms can also prevent infection. Yearly testing among young, sexually active people is very important in the recognition and treatment of, chlamydia, gonorrhea and other sexually transmitted infections.

TEEN PREGNANCY

Teen Pregnancy

The Teen Pregnancy Rate for Garfield County was not reportable.

Young women who become pregnant as teenagers are at a higher risk of negative health outcomes later in life. They are less likely to complete high school and typically have lower levels of educational attainment than their peers. The children of teenage mothers are also at higher risk for health problems and are more likely to face poverty and other adverse conditions later in life. Research shows that teenage pregnancy rates are effectively reduced when teenagers have an appropriate perception of the risks involved with sexual activity and communicate with parents or other adults about sex, condoms, and contraception.

ENVIRONMENTAL FACTORS

Physical Environment:

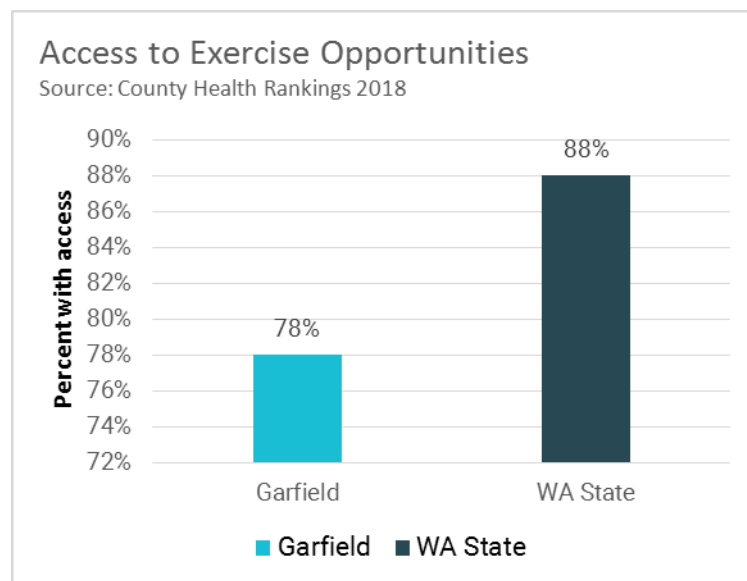
Under one percent of Garfield County residents used public transit to commute to work, as compared to six percent for the state overall. 5 percent of Garfield County walked or biked to work, which was similar to the Washington State rate percent of 4.5 percent.

Exercise opportunities were accessible to 78 percent of Garfield County, compared to 88 percent of the state overall. This measure cannot be compared to previous years due to changes in how it is calculated.

“Access to exercise opportunities” measures the percentage of

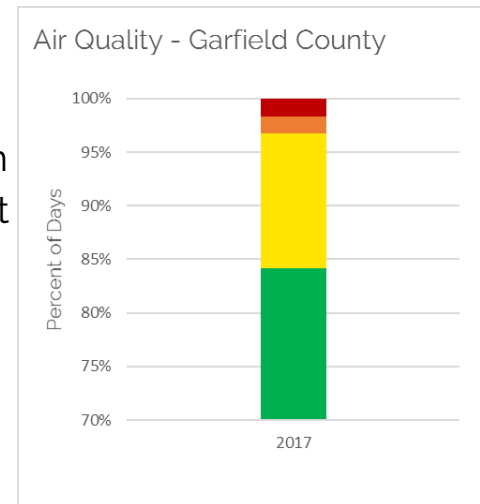
individuals in a county who live reasonably close to a location for physical activity including recreational facilities and local, state, and national parks. Better access to recreation facilities and safe places to walk and exercise has the potential to facilitate healthier lifestyle choices for residents of Garfield County.

There is a need for additional data on how Garfield County residents interact with their Physical Environment. Additional data could include feelings of safety in neighborhoods, type and frequency of exercise, and satisfaction with the environment.

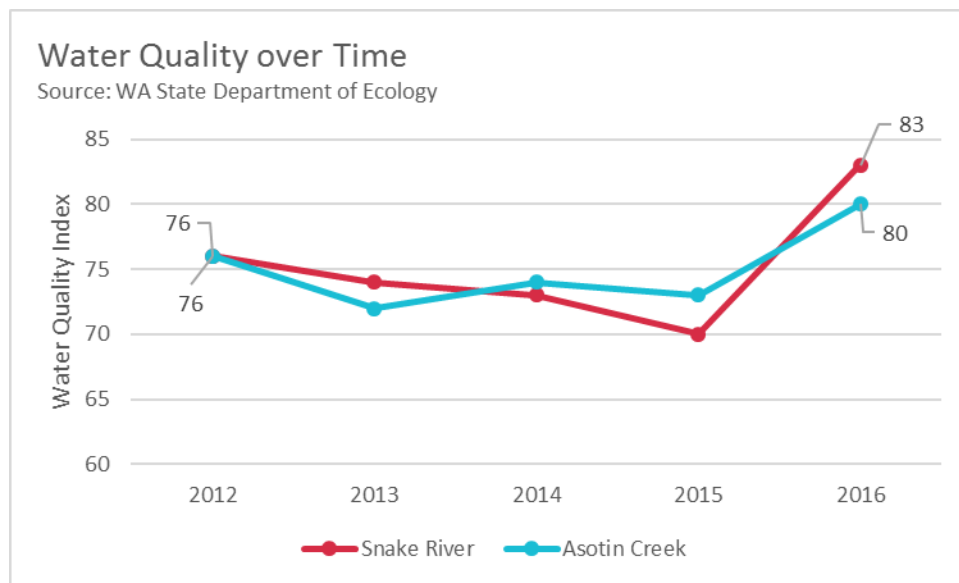


Environmental Quality

Garfield County had good environmental air quality. There was likely a lower proportion of “Good” days in 2017 due to wildfires in the area. Garfield County met AQI standards (Good or Moderate) 97 percent of days in the past year. Data for previous years were not available for Garfield County.



Asotin Creek and Snake River water quality had increased over time. The [quality of water](#), whether used for drinking, domestic purposes, food production or recreational purposes has an important impact on health. Water of poor quality can cause disease outbreaks and it can contribute to background rates of disease manifesting themselves on different time scales.



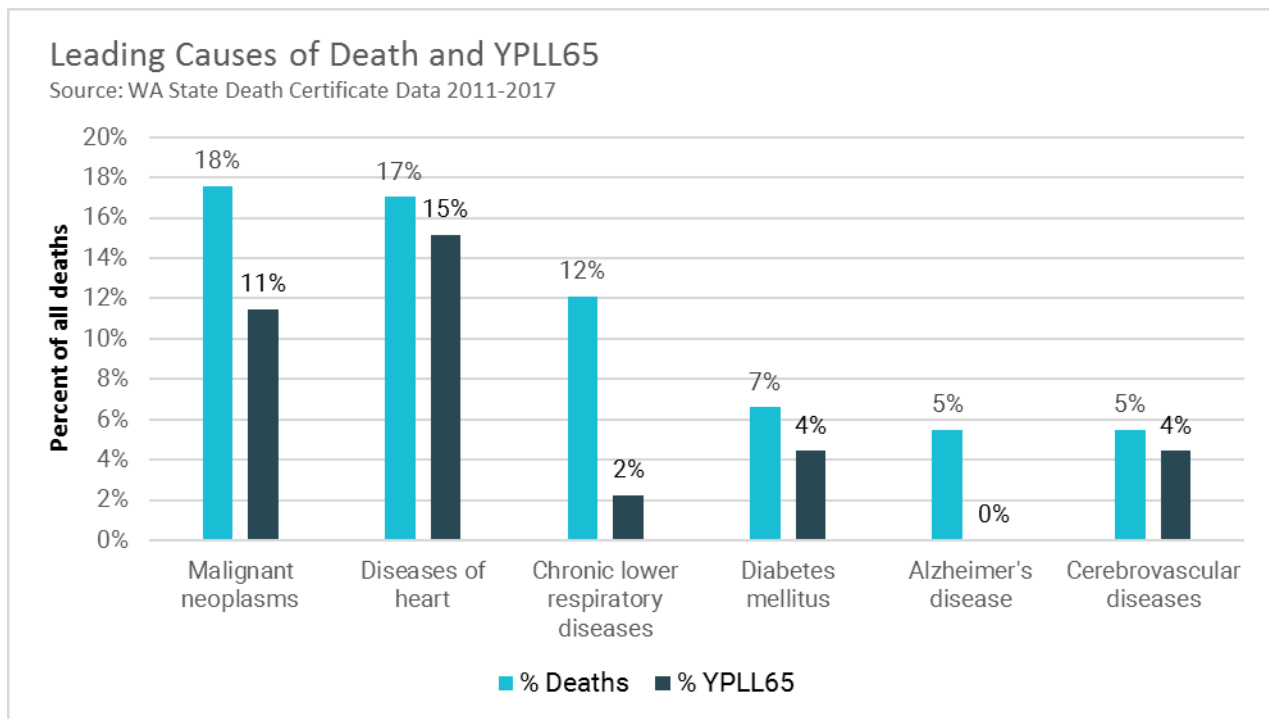


Health Outcomes

A community health assessment would not be complete without examining health outcomes. Indicators such as Leading Causes of Death in Asotin and Garfield Counties and Years of Potential Life Lost relative to age 65 give a snapshot of morbidity and mortality, leading to indicators for cardiovascular health, cancer and diabetes as specific targets of equitable interventions.

LEADING CAUSES OF DEATH

The top causes of death in Garfield County between 2011-2017 were malignant neoplasms (cancer), heart disease, and chronic lower respiratory diseases. Major cardiovascular diseases (heart disease and cerebrovascular diseases) are sometimes reported as a single cause of death, but are reported separately here to align with how leading causes are reported in the Washington State Health Assessment. YPLL 65 is defined as the years of potential life lost relative to age 65 per 100,000 population. YPLL 65 is a measure of premature death that focuses on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.



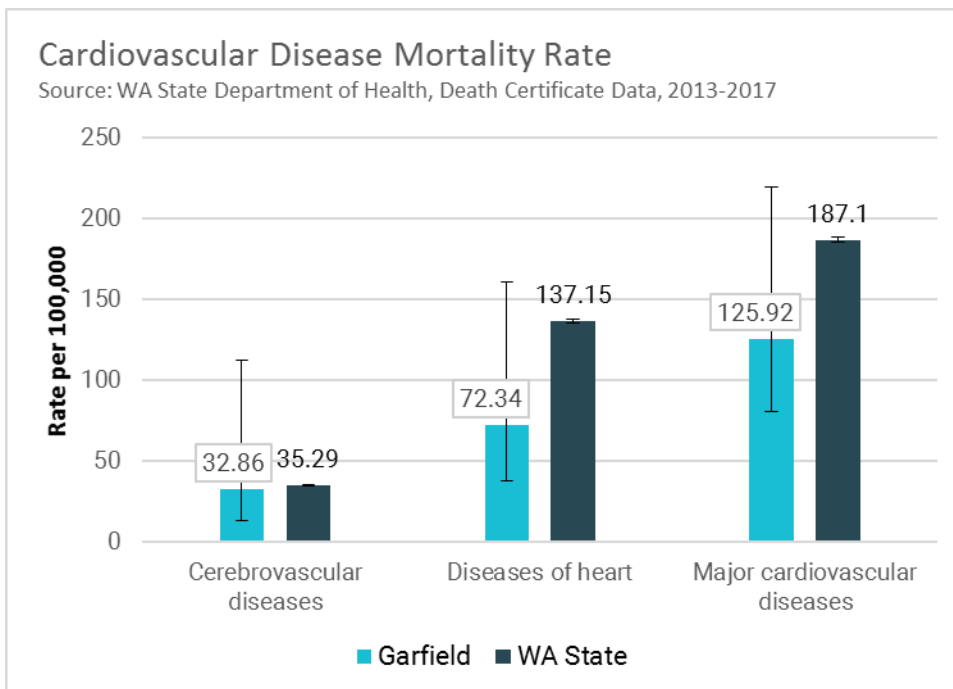
CARDIOVASCULAR HEALTH

[Cardiovascular disease](#) is the leading cause of death in the United States. High blood pressure, high LDL cholesterol, and smoking are the three most significant risk factors for cardiovascular disease, followed by diabetes, obesity, poor diet, and excessive alcohol use.

Major cardiovascular diseases were leading causes of death in the Garfield community. There were 31 major cardiovascular disease-related deaths in Garfield County between 2013 and 2017.

Cerebrovascular disease (stroke) accounted for 26 percent of these deaths and heart disease accounted for 55 percent, and was the second leading cause of death overall. While not statistically significant, the death rate due to cardiovascular disease in Garfield County appeared slightly lower than the overall rate in the state of Washington.

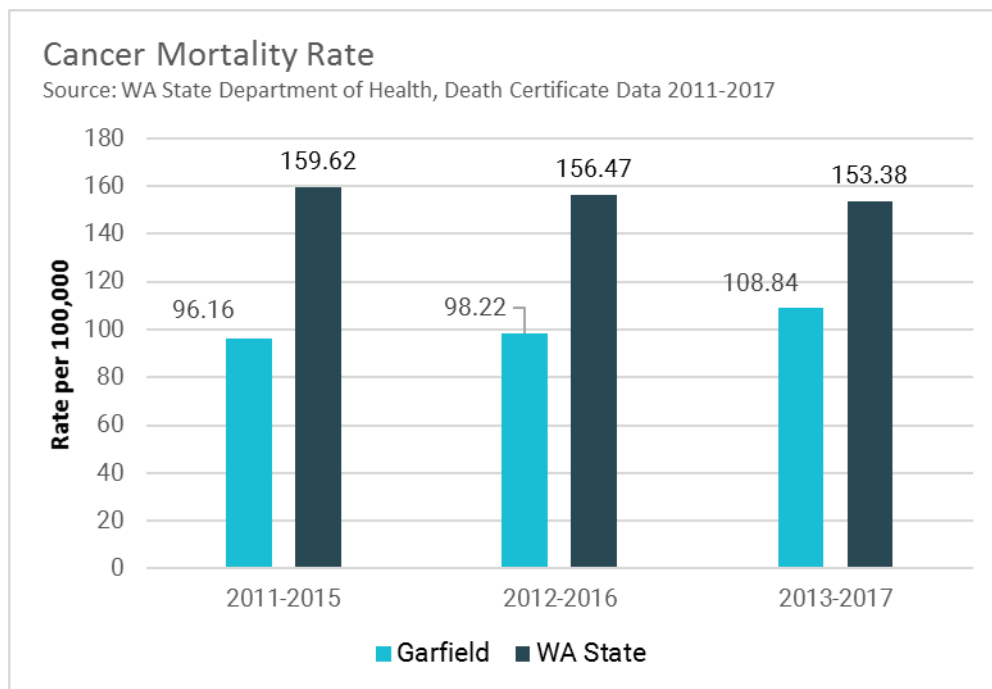
Preventive measures include eating a healthy diet, exercising, limiting alcohol use, not smoking, and maintaining a healthy weight.



CANCER

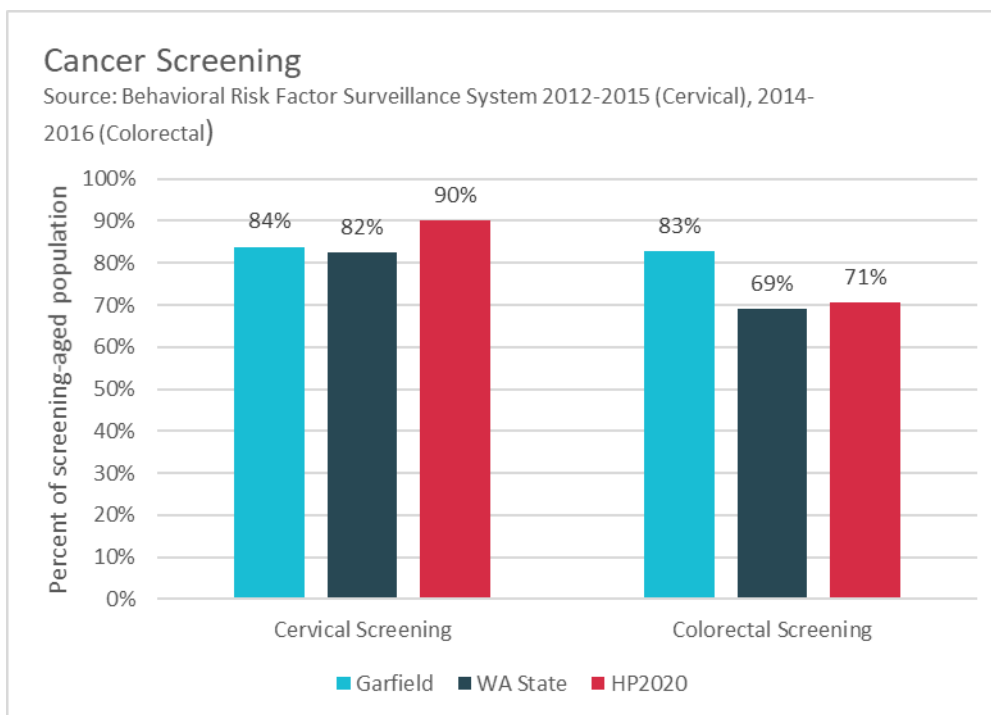
Cancer Mortality

Malignant neoplasms (cancerous tumors), were the leading cause of death in Garfield County. The cancer mortality rate was 109 deaths per 100,000 people between 2011 and 2017. This rate was slightly lower than the Washington State rate and met the Healthy People 2020 standard.



Cervical Cancer Screening

The cervical cancer screening rate in Asotin County was 84 percent in Garfield County, which fall below the Healthy People 2020 goal of 90 percent. It is [recommended](#) that every woman between the ages of 21 and 29 years have a Pap test every three years and women between the ages of 30 and 65 years have a combination Pap testing and HPV testing every 5 years. Pap tests can identify possibly treatable irregularities on the cervix that may be cervical cancer or its precursor. The test detects cervical cancer in its initial states, leaving time for effective treatment to be given.



Colorectal Cancer Screening

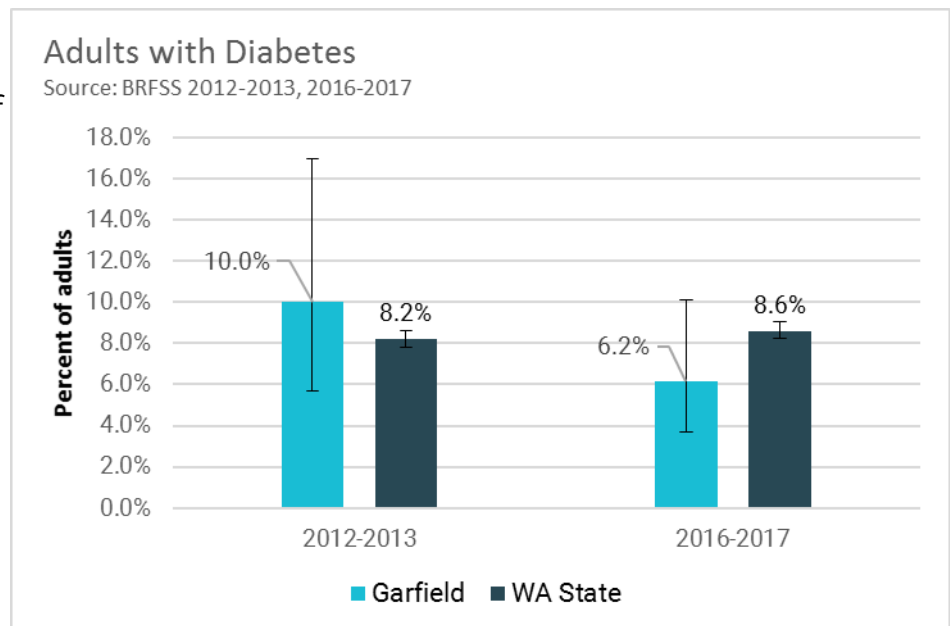
The colorectal cancer screening rate in Garfield County was 83 percent, which was above the statewide rate and the goal set by Healthy People 2020.

Adults between 50 and 75 years should be initially [screened](#) for colorectal cancer, while the decision to screen after 75 should be made on an individual basis and with the advice of a physician. Colorectal screening searches for pre-cancerous polyps in the colon or rectum that can then be removed before they become cancerous. Screening can also detect colorectal cancer at an early stage, while it is still very treatable. Screening is important because early-stage colorectal cancer can be asymptomatic.

DIABETES

Six percent of adults in Garfield County had diabetes in 2016-2017, which was not significantly lower than the Washington State rate. Diabetes was the fourth leading cause of death in Garfield County from 2011-2017. Rates between 2013 and 2016 could not be reported due to unreliable statistics.

[Diabetes](#) is a serious, progressive chronic illness in Garfield County and across the United States. In 2017, it affected 30.3 million people in the USA, or approximately 9.4 percent of the US population. People with diabetes are at higher risk of serious health complications including blindness, kidney failure, heart disease, stroke, and loss of toes, feet, or legs. People with diabetes are twice as likely to have heart disease or a stroke as people without diabetes—and at an earlier age.



There are three types of diabetes. Type I diabetes is an autoimmune disease that is not preventable and can develop at any stage in a person's life. Type II diabetes is much more prevalent and usually develops later in life. It is typically preventable through lifestyle modifications. Being overweight and having a family history of diabetes are two major risk factors for Type II diabetes. Staying active, eating healthy, and maintaining a healthy weight are three important ways to prevent its onset. Gestational diabetes develops in pregnant women who have never had diabetes and usually relinquished following pregnancy. Gestational diabetes increases both the mother and child's risk of developing type 2 diabetes later in life.

CLOSING SUMMARY AND NEXT STEPS

Strengths and Weaknesses

The process used to select indicators for this report was collaborative and inclusive, drawing participation from a wide variety of community organizations. Using a collaborative indicator selection process generated interest among community members, and allowed for valuable discussion about the meaning of data included in this report. While the process revealed a lack of recent data for many topics. Participants identified a need for more data in many areas including mental health, physical environment, healthy aging, wait times for appointments, transportation, food choices throughout the community, civic participation, economic diversity, and accessibility. Further discussion of these needs will occur through “Next Steps” outlined below.

Next Steps

This assessment will be used to base the community's health priorities over the next three to five years. Garfield County will undergo an extensive Community Health Improvement Planning (CHIP) process that will involve stakeholders from throughout the community. Recommendations identified in the CHIP will be used to drive community action over a period of three to five years.

Contact

To participate in the Community Health Improvement Plan, please contact Martha Lanman at Martha_Lanman@co.columbia.wa.us. For more information on this assessment, please contact Morgan Linder at mlinder@co.walla-walla.wa.us.

DATA SOURCES

Demographics	Demographics: <i>U.S. Census Bureau Quickfacts 2017</i>
	Life Expectancy: <i>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2016</i>
Education	Kindergarten Readiness, 3rd Grade Reading: <i>Office of Superintendent of Public Instruction Report Card, 2015–2016</i>
	Four-Year Graduation Rates: <i>Office of Superintendent of Public Instruction Graduation and Dropout Statistics Annual Report 2016–2017</i>
	Educational Attainment: <i>U.S. Census Bureau American Community Survey 5-Year Estimates 2012–2016</i>
Income	Population below Federal Poverty Line: <i>U.S. Census Bureau, Small Area Income and Poverty Estimates 2012–2016</i>
	SNAP Utilization, Free and Reduced Lunch: <i>DSHS Research and Data Analysis Division Client Services Report 2016–2017</i>
	Median Household Income: <i>U.S. Census Bureau American Community Survey 5-Year Estimates 2012–2016</i>
	Wage by Industry: <i>Employment Security Department, Quarterly Census of Employment and Wages, Annual Averages 2016</i>
Housing	Renters paying 30% or more: <i>U.S. Census Bureau American Community Survey 5-Year Estimates 2012–2016</i>
	Homelessness: <i>Washington State Department of Commerce Point in Time Count 2018</i>
Social Context	Violent Crime Rate: <i>County Health Rankings 2018</i>
	Bullying: <i>Healthy Youth Survey 2018</i>
Community Engagement	Limited English-speaking households: <i>U.S. Census Bureau American Community Survey 5-Year Estimates 2012–2016</i>
Access to Care	Health Insurance coverage: <i>U.S. Census Bureau's Small Area Health Insurance Estimates 2016</i>
	Adults having checkup in past year, Adults not seeing provider due to cost: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
	Adults with Personal Care Provider: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
	Primary Care Providers: <i>County Health Rankings 2018</i>
	Mental Health Providers: <i>County Health Rankings 2018</i>
	Adults having dental exam in past year: <i>Behavioral Risk Factor Surveillance System 2016</i>
	Prenatal Care: <i>Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 2014–2016</i>
	HIV Screening Rate: <i>Behavioral Risk Factor Surveillance System 2016</i>
	Child Immunization: <i>Washington State Immunization Information System, 2018</i>
	Adult Flu Vaccination: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
Substance Use	Adult cigarette smoking: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
	Youth tobacco use: <i>Healthy Youth Survey 2016–2018</i>

Substance Use	Smoking during pregnancy, low birth weights: <i>Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 2014–2016</i>
	Adult binge drinking: <i>Behavioral Risk Factor Surveillance System 2015–2016</i>
	Youth alcohol use: <i>Healthy Youth Survey 2018</i>
	Overdose death rate: <i>Washington State Department of Health, Center for</i>
	Overdose hospitalization: <i>Washington State Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 2012–2016</i>
	Youth marijuana use: <i>Healthy Youth Survey 2016–2018</i>
Mental Health	Adults with Poor Mental Health: <i>Behavioral Risk Factor Surveillance System</i>
	Suicide Rate: <i>Washington State Department of Health, Center for Health</i>
	Provider Knowledge: <i>Walla Walla Suicide Prevention Work Group Mental</i>
	Youth depressive feelings and suicidal thoughts: <i>Healthy Youth Survey 2012–</i>
Weight Status	Adult leisure time physical activity, Adults meeting activity recommendations: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
	Youth meeting activity recommendations: <i>Healthy Youth Survey 2016–2018</i>
	Adult Obesity: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>
	Youth Obesity: <i>Healthy Youth Survey 2016–2018</i>
Communicable Disease	Gonorrhea and Chlamydia: <i>Washington State Department of Health, STD</i>
Teen Pregnancy	Teen Pregnancy: <i>Washington State Department of Health, Center for Health Statistics, Vital Statistics System–Washington State Certificate of Live Birth, 2015–2017</i>
Environmental Factors	Commuting to work: <i>U.S. Census Bureau American Community Survey 2012–</i>
	Access to exercise opportunities: <i>County Health Rankings 2018</i>
	Air Quality: <i>U.S. Environmental Protection Agency Air Data, 2017</i>
	River Quality: <i>Washington State Department of Ecology River Water Quality</i>
Leading Causes of Death	Leading Causes of Death, YPLL65: <i>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014–2016</i>
Cardiovascular Disease	Cardiovascular disease mortality rate: <i>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014– 2016</i>
Cancer	Cancer mortality rate: <i>Washington State Department of Health, Center for</i>
	Cervical Cancer screening: <i>Behavioral Risk Factor Surveillance System 2012–</i>
	Colorectal Cancer screening: <i>Behavioral Risk Factor Surveillance System</i>
Diabetes	Adults with Diabetes: <i>Behavioral Risk Factor Surveillance System 2014–2016</i>