



Walla Walla County
Department of
Community Health

2023

Walla Walla County Department of Community Health

COMMUNITY HEALTH NEEDS ASSESSMENT

ACKNOWLEDGMENTS



Walla Walla County Department of Community Health

CHNA team included:

Nancy Wenzel
Administrator

Amy Osterman, MPH
Human Services Division Manager

Adrianna Mitalas
Epidemiologist I

Kylie Maycumber
Communications Coordinator



Community Health Needs Assessment conducted by Heidi Berthoud Consulting

The team included:

Heidi Berthoud, MPH
Principal Consultant, Qualitative Data Lead, Writing Lead

Janessa Graves, PhD, MPH
Quantitative Data Lead

Carmen Gonzalez, PhD
Spanish Qualitative Data Lead

Michelle Chapdelaine, MPH
Qualitative Analysis

Kristina Spaid
Visual Designer

Katie Howard
Editor

Kelly Fonteijn
Proofreader



Letter to Walla Walla County Residents	4
Executive Summary	5
About Walla Walla County Department of Community Health	6
1. WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?	8
2. WHAT MAKES A HEALTHY COMMUNITY?	10
3. ABOUT WALLA WALLA COUNTY	11
4. WHAT YOU SAID ABOUT LIVING IN WALLA WALLA COUNTY	14
5. COMMUNITY-IDENTIFIED DATA	33
6. COMMUNITY HEALTH INDICATORS	36
7. WHAT WE'RE DOING TO ADDRESS OUR HEALTH NEEDS	48
8. APPENDIX	50

TABLE OF CONTENTS

DEAR Walla Walla County Residents,

A lot has happened since the last Walla Walla County Community Health Needs Assessment (CHNA) in 2018. Life changing events such as the COVID-19 pandemic impacted the way we look at our health and wellbeing, impacted engagement with our community members, and impacted how we provide community services.

In 2023, Walla Walla County Department of Community Health (WWCDCH) approached this CHNA process differently than in the past. As part of the CHNA planning process, WWCDCH prioritized hearing directly from community members about your experiences over the last five years. We gathered data for the 2023 CHNA primarily through interviews, community focus group sessions, and community surveys.


The 2023 CHNA report reflects your community voices as we listened to your values, needs, and concerns. We heard and affirmed that many factors impact your health and wellbeing beyond medical care. These factors include child care, housing, disability services, and Substance Use Disorder treatment.

Our report takes a broad look at how we are doing as a community to support everyone's health and wellbeing. We trust that community stakeholders will continue to collaborate and innovate to respond the needs discovered during this CHNA process.

WWCDCH 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 and work for a safer, healthier and thriving Walla Walla County.

Sincerely,


Nancy Wenzel
Administrator


Amy Osterman, MPH
Human Services Division
Manager


Adrianna Mitalas
Epidemiologist I


Kylie Maycumber
Communications Specialist

EXECUTIVE SUMMARY

Our community members identified five key areas of public health need in Walla Walla County.

A community health needs assessment is a process of systematic data collection to understand important health needs, uncover public health gaps, and highlight existing strengths and community assets. This report will support Walla Walla County Department of Community Health to understand where to distribute resources, advocate for program funding, and inform policymakers.

We used multiple sources of data to develop this report.

Data Sources



Community Survey



Community Focus Groups



Health Indicators



Spanish Data Collection



Community Leader Interviews

We include Spanish quotes throughout the report with an English translation next to the quote. This means those data were collected in Spanish first and translated to English second.

We also conducted community focus groups to better understand the key health needs raised by the community.

Focus Group Topics

- Mental Health/ Housing/ Access to Health Care (Spanish)
- Mental Health (English)
- Rural Living- Access to Services, Housing, Child Care (Spanish & English)
- Child Care (English)
- Substance Use (English)
- Housing (English)

Key Health Needs



Mental Health



Specialty Care



Lack of Access to Health Care Services



Housing



Substance Use Disorder Treatment and Support

Results showed five key areas of public health need in Walla Walla County.

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

ABOUT WALLA WALLA COUNTY

Department of Community Health

The mission of the Walla Walla County Department of Community Health is to improve the quality of life and wellbeing of our communities within Walla Walla County through prevention, promotion, and protection.



We provide **THE FOLLOWING SERVICES:**



Behavioral Health

- Tobacco/Marijuana Prevention
- Community Prevention and Wellness Initiative (CPWI)
- Traffic Safety and Injury Prevention
- Suicide and Opioid Prevention



Environmental Health

- Restaurant and Food Inspections, Safety, and Permits
- On-site Sewage and Soil Evaluations
- Recreation Water Inspections
- Zoonotic, Waterborne, and Foodborne Disease Surveillance and Investigation
- Emergency Preparedness



Human Services

- Homeless Housing Program
- Veterans Services
- Developmental Disabilities Program
- Children and Youth with Special Healthcare Needs Program (CYSHCN)
- Epidemiology and Assessment
- Health Education and Communications



Population Health

- SNAP-ED and ABCD
- Clinical and Preventive Services
- Vaccine Management and Depot
- WIC and Peer-Breastfeeding Counseling



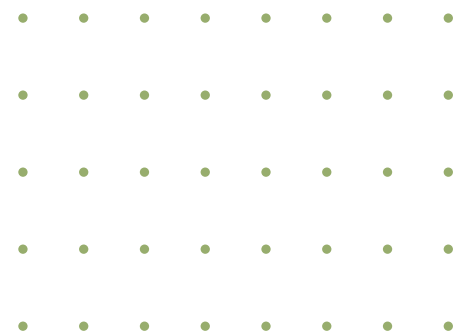
Administrative Department

- Accounting and Finance
- Grants and Contracts
- Vital Records



Advisory Boards, Councils, and Committees

- Accessible Community Advisory Committee
- Walla Walla County Community Health Partnership
- Community Health Advisory Board
- Council on Housing
- Veterans' Relief Advisory Board



1. What is a **COMMUNITY HEALTH NEEDS ASSESSMENT?**

A community health needs assessment (CHNA) is a process of systematic data collection about a defined community to understand important health needs, uncover public health gaps, and highlight existing strengths and community assets. Conducting a CHNA helps our public health department and community better understand what health issues need to be addressed and design programs to address those needs to improve public health.¹ The CHNA report will support Walla Walla County Department of Community Health (WWCDCH) as we distribute resources, advocate for program funding, and inform policymakers.² We included our community in this CHNA because we wanted to hear directly from community members about their health needs and assets.

How We Conducted the CHNA

Our CHNA consisted of several data collection and analysis activities. We included primary data, which is data we collected directly for this report; and secondary data, which is data that has already been collected that we gathered and analyzed. When people think about data, they often think about numbers like statistics, but numbers only tell part of the story. Numbers help us understand the amounts or quantities, but we also want to know about the quality and the context of the information. That's why we collected and analyzed both quantitative and qualitative data for this CHNA.

Quantitative Data

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 Data

Using these two types of data together helps us view a fuller picture of Walla Walla County's health. This report shares what we learned from this process. We are grateful to everyone in Walla Walla County who contributed to this community data collection.

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



Sources of Data

Health Indicators

We compiled 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 of Walla Walla County's small and rural population, some of the state-level indicators may not be very meaningful for us, so we found other ways to report these numbers. We compare our data to counties in the state that are similar to ours.

Community Leader Interviews

We reached out to 30 community leaders in Walla Walla County, including those who work in health care, agriculture, social services, and schools. We conducted 19 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 English, one in Spanish and English, and one exclusively in Spanish. Focus groups were held in Walla Walla and in Burbank. Focus groups were centered on topics we identified through interviews and early survey data. We had 4 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.

Spanish Data Collection

To be Inclusive towards the long-standing and growing Spanish-speaking population in Walla Walla County, and to reflect their community-identified health needs in this report, we collected Spanish-language data in the form of focus groups from two communities. We chose to embed these responses directly into this report instead of creating a separate report to best model inclusivity. You will see Spanish quotes and text throughout the report, accompanied by an English translation.

Community Survey

We developed a community survey to hear directly from Walla Walla 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 who lived outside the city of Walla Walla, at health fairs, and through word of mouth. Respondents were offered the choice to select multiple responses for many of the questions. We offered the survey in English and Spanish, but because of the low response rate in Spanish we are only sharing the English language survey data in this report.

Focus Group Topics



Mental Health/
Housing/Access
to Health Care (Spanish)



Rural Living-
Access to Services,
Housing, Child Care
(Spanish & English)



Child Care
(English)



Housing
(English)



Mental Health
(English)



Substance Use
(English)

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 5 and 6 of this report.

2. What makes a **HEALTHY COMMUNITY?**

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

These factors form our social needs, which are our immediate 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.³

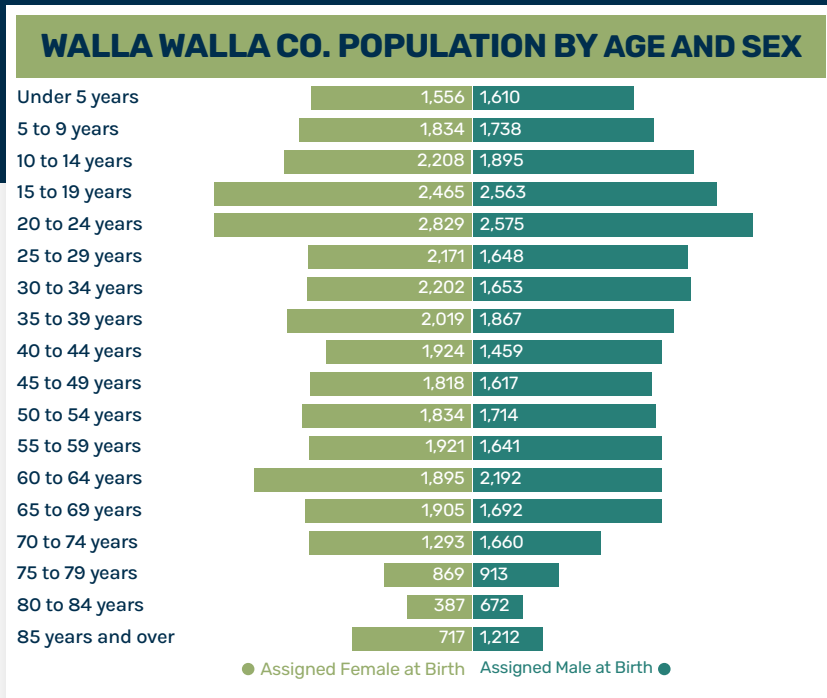
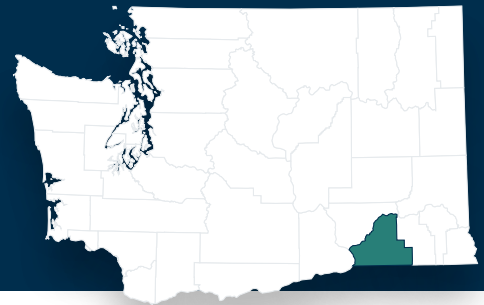
Access to any one of these social needs and social determinants leads to equities in public health.

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



3. About WALLA WALLA COUNTY

Walla Walla County is in southeast Washington State and is situated on the historic lands of the Cayuse, Umatilla, and Walla Walla Tribes as well as the Confederated Tribes of the Colville Reservation. Walla Walla County is a rich agricultural area known for growing wheat and other produce, including the Walla Walla Sweet Onion, and now known for its extensive vineyards and wine culture. The city of Walla Walla is the county seat and has three institutions of higher education: Walla Walla University (located in the adjacent city of College Place), Whitman College, and Walla Walla Community College. The county is surrounded by the Palouse Hills and the Blue Mountains, and it is bordered by the Columbia River. The county is geographically beautiful and an appealing destination for outdoor recreation enthusiasts.



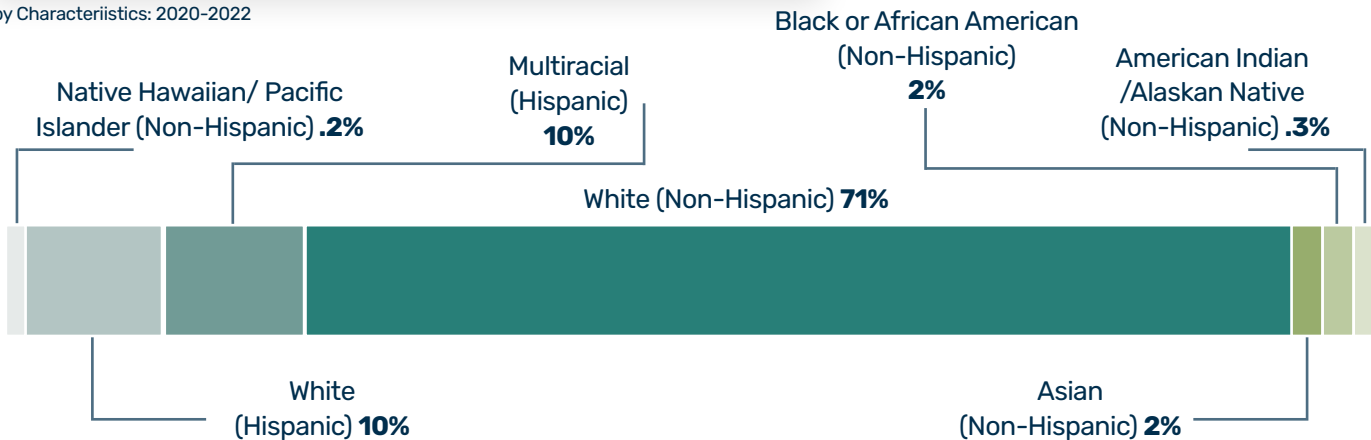
Who We Are⁵

The county had a total population of 60,786 at the last census and despite being known regionally as a retirement destination, the population graph below shows a high number of youth and young adults.

Total county population: 60,786

Median age: 37.5 years

Source: Census.gov County Population by Characteristics: 2020-2022



Source: Data USA. 2020 Demographic and Income Data. * Values represent counts by category

Top Three Languages Spoken at Home Aside from English



Spanish
(16.1%)

Russian, Polish, or other Slavic languages
(0.7%)

German or other West Germanic languages
(0.4%)



In Walla Walla County, **16% of the population** over age 5 speaks Spanish compared to just 9% statewide.



48% of the Spanish-speaking population over age 5 report speaking English “less than very well.”

Source: Data USA. 2020 Demographic and Income Data.

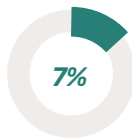


Occupations

The county includes a mix of occupations that range from office and administrative jobs to community and social service jobs. Higher education also plays a key role in county occupations.



Employed population:
26,563



7% of the civilian population aged 16 and older in the county is employed in agriculture, compared to just 3% statewide.

Source: Data USA. 2020 Demographic and Income Data.

TOP 10 OCCUPATIONS BY HIGHEST NUMBERS IN WORKFORCE

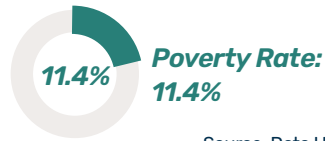


Source: Data USA. 2020 Workforce Data

 **Income**

Earnings are dispersed across a range of incomes and are reflected in the data visualizations below. Health care and technology jobs earn the highest pay in Walla Walla County, while personal care, cleaning, and groundskeeping jobs earn the lowest.

 **Median household income:**
\$60,615



Source: Data USA. 2020 Income and Occupation Data.

TOP 10 OCCUPATIONS BY HIGHEST MEDIAN EARNINGS

Health Diagnosing & Treating Practitioners & Other Technical \$179,459	Computer & Mathematical \$144,688	Life, Physical, & Social Science \$110,090	Legal \$106,492	Health Technologists & Technicians \$101,208
Business & Financial Operations \$141,362	Management \$121,781	Community & Social Service \$97,296	Production \$82,976	Education Instruction, & Library \$78,738

Source: Data USA. 2020 Workforce Data

TOP 10 OCCUPATIONS BY LOWEST MEDIAN EARNINGS

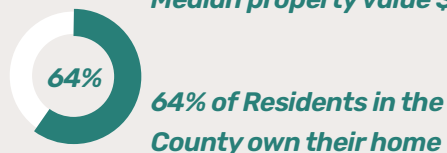
Arts, Design, Entertainment, Sports, & Media Occupations \$64,396	Sales & Related Occupations \$56,920	Healthcare Support Occupations \$52,695	Construction & Extraction Occupations \$47,222
Fire Fighting & Prevention & Other Protective Workers Including Supervisors \$59,853	Food Preparation & Serving Related Occupations \$46,044	Building & Grounds Cleaning & Maintenance Occupations \$36,844	Personal Care & Service Occupations \$27,437
Transportation Occupations \$58,083	Farming, Fishing, & Forestry Occupations \$42,081		

Source: Data USA. 2020 Workforce Data

 **Housing**

Housing cost rates and availability are discussed in greater detail later in this report. Housing is one of the top five health needs named by the community in Walla Walla County.

 **Median property value \$244,400**



Source: Data USA. 2020 Demographic and Income Data.

4. What you said about **LIVING IN WALLA WALLA COUNTY**

We distributed a community survey throughout the county to better understand our community’s perspective on health needs, what’s working well, what could be improved, how community members access health care and housing, and what makes Walla Walla County a wonderful place to live.

TOP 5 THINGS THAT MAKE WALLA WALLA COUNTY A GREAT PLACE TO LIVE



Source: Community Survey, 2023 *n=443
 Respondents could select more than one answer

One noteworthy contrast is that respondents indicated that low crime in their neighborhood is an important community strength, yet reducing crime was also cited as the fifth-highest needed improvement.



TOP 5 AREAS FOR IMPROVEMENT WALLA WALLA COUNTY

More affordable options for places to live

295

Increase access to health professionals, such as doctors and dentist

230

Increase access to mental health professionals

224

More good jobs

112

Reduce crime in my neighborhood

79

Source: Community Survey, 2023 *n=444

Respondents could select more than one answer

4. Community-Identified **DATA**

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

Community-Identified Assets and Strengths

The following assets and strengths were mentioned most frequently in community interviews.

1. Supportive community
2. Strong community collaboration between organizations, especially during the pandemic
3. Abundant nonprofit, philanthropic, and community-focused organizations
4. Resourcefulness ▶

Resourcefulness was often noted as a community asset for addressing changing and evolving community needs and demographics. The following quotation shows the strength of resourcefulness.

“

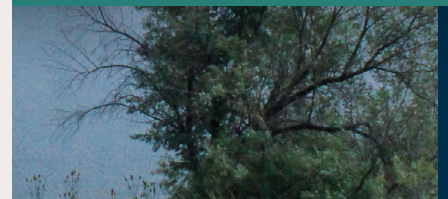
The biggest thing to underscore is the changing demographics in our region. We need to be doing a better job of creating an inclusive community and making sure we're truly serving everyone and planning for future needs, both in terms of our racial and ethnically diverse community. Our school district now has over 50% students of color, and the aging challenges that are also on the horizon and not having enough facilities for people in that space. This community has a long track record of recognizing challenges and coming together and working to tackle them. So, I'm sure we could do it again. - Interviewee, Nonprofit Leader



Community-Identified Values

These were the values mentioned most frequently in community interviews

- | | |
|--------------------------|---------------------|
| 1. Care for others | 3. Collaboration |
| 2. Tradition and history | 4. Self-sufficiency |



INCLUDING SPANISH VOICES

Throughout this report we include quotes from Spanish-speaking focus group attendees to reflect their voices alongside their English-speaking neighbors. Walla Walla County is home to a long-standing and growing Spanish-speaking community. This community's health needs are relevant and necessary to understand if we want to improve community health.



Realizamos dos grupos de enfoque que tenían como objetivo capturar las experiencias de los residentes Latinos en el condado de Walla Walla. Se llevó a cabo un grupo en inglés y español con residentes rurales, y el segundo grupo se realizó en español con una comunidad migrante. En ambos grupos nos enfocamos en cómo estas comunidades acceden a recursos de salud, los desafíos que enfrentan al manejar los crecientes costos de vida, y qué tipos de apoyos ayudarían a los residentes migrantes y rurales a prosperar.

We conducted two focus groups that aimed to capture the experiences of Latino/a/e residents in Walla Walla County. One group was conducted in English and Spanish with rural residents, and the second group was conducted in Spanish with a migrant community. In both groups we focused on how these communities access health resources, what challenges they face in managing increasing costs of living, and what types of supports would help migrant and rural residents thrive.

“

Spanish speaking community members have been here a very long time. But they're not considered and not invited to be part of the community or the community voice. They seem to be kept separated rather than united as a whole community. And I know they feel unwelcome. It's almost like, okay, you have your place, but you stay over there. We don't really need you involved in the big picture.

**- Norma Hernandez,
Executive Director,
The Health Center**

In this report, you will see some quotes in Spanish with an English translation. This means those data were collected in Spanish first and translated to English second.



Community-Identified Health Needs

Five health needs were mentioned most frequently in community interviews and the community survey.

We support these findings with additional information from focus groups in English and Spanish. In addition, interviewees and focus group attendees often raised ideas for improving the community's health or providing community-driven solutions to address health concerns. We highlight these at the end of this section.



Mental Health



Specialty Care



Housing



Lack of Access to Health Care Services



Substance Use Disorder Treatment and Support

We also show quantitative data in the form of community health indicators alongside these key health needs to support and inform the community identified data.

We show some data for Walla Walla County compared to Washington State and some data for Walla Walla County compared to a similar rural, agricultural county in our state.

Additional community health indicators can be found in section 6 of this report.



Mental Health

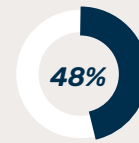
Mental health services and support was the number one community-identified health need in Walla Walla County. This need included awareness of mental health in general and how to talk to each other about it in a destigmatizing way, accessing mental health services and supports such as finding a doctor or a treatment option, and paying for services or finding the right in-network options.



80% of survey respondents reported an increase in anxiety or stress in the past 12 months



51% of survey respondents had increased depression or feeling down



48% felt lonely or isolated



Mental health, number one. Yeah, we're struggling. We're struggling in our schools; we're struggling in our community. Resources are slim to none; we can't get access to help with the needs of mental health. - **Interviewee, Public School Leader**

Overcoming Stigma



A veces es difícil hablar sobre la salud mental por la cultura en que nos criamos. Para ser honesto, a veces como hombre nos dicen un hombre no llora o los hombres no hacen esto... yo he tratado de cambiar esa mentalidad. Platico con mi familia...les digo un hombre también puedes llorar. No por el simple hecho que llores vas a ser menos hombre. O un hombre también puede ayudar en el que hacer de la casa. Eso es algo que a nuestra comunidad nos ha afectado. Somos seres humanos y todos lloramos o estamos tristes.- **Focus Group Attendee**

[Sometimes it's difficult to talk about mental health because of the culture we were raised in. To be honest, sometimes as a man they tell us that men don't cry or men don't do this...I've tried to change that mentality. I talk with my family...I tell them, as a man you can also cry. Just because you cry it doesn't mean you are less of a man. Or a man can also help with household chores. That is something that has affected our community. We are human beings and we all cry or feel sad.]

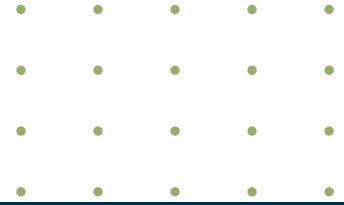
- **Focus Group Attendee**

Access to Mental Health Services and Providers



Having been on the Behavioral Health Council, I think that mental health services have been a bit of a challenge in our county. Being able to provide enough mental health counselors, that's been a little bit tough, I think. And even now, as we're getting out of [the pandemic], we still have those challenges, where people are still recovering, getting back into it, having that sense of community, so that's a challenge for our area.

- Chief Troy Tomaras, College Place Police Department



Tenemos que traer profesionales y hacer charlas de la salud mental. Pero con profesionales. Consejeros familiares. Para que nos desahogemos. **- Focus Group Attendee**

[We have to bring in professionals and organize talks about mental health. But with professionals. Family counselors. So that we can unburden ourselves.] **- Focus Group Attendee**



We can't just send our mental health patients anywhere where there's an open bed—we have to stay within certain regions or boundaries, if you will. So we will keep patients in the ED for days. We need better outpatient or more outpatient services; we need doctors who can prescribe meds. We need a way for them to get these meds for free if they need to. **- Interviewee, Hospital Leader**



Por lo de COVID, pienso que padecemos mucho en lo de la salud mental. Tratamos de buscar ayuda y nos mandaron hasta Yakima o nos ponían en lista de espera de dos o tres meses. Es difícil ver que tu familia se está hundiendo y buscas ayuda, pero esta demasiado lejos o estas en una lista de espera. A veces como Hispanos somos una minoría, todos los recursos están en inglés o en ciudades más grandes. Necesitamos más apoyo de salud mental. Terapia y consejería. **- Focus Group Attendee**



[Because of COVID, I think that we are suffering a lot from mental health. We try to find help and they send us all the way to Yakima, or they put us on a waitlist of two or three months. It's difficult to see that your family is drowning and you look for help, but it's too far or you're put on a waitlist. Sometimes, since as Hispanics we are a minority, all of the resources are in English or in bigger cities. We need more mental health support. Therapy and counseling.] **- Focus Group Attendee**



Thankfully, we have had an increase in psychiatric nurse practitioners in the area in the last couple of years. So that's been good. We still don't have a psychiatrist, which would be really, really awesome. To have at least one psychiatrist. That I know of, there's only one provider that sees kids for psychiatric needs. So basically, our children in particular are severely underserved.

- **Alayna Brinton, Chief Clinical Officer & Owner, Anchor Point Counseling**

Mental Health Crisis Response



We've struggled, getting DCRs [Designated Crisis Responders] to respond. And because they may be on a call and there's usually only one of them working at a time, right, so you'll have a crisis responder dealing with someone else, but they may have an ETA of four hours, which has been a huge problem in our community. And then they are limited in what they can do; they can't transport people. And certainly, the fire department can send someone to help transport, but that's an expense for them. There's a lot of challenges associated with crisis. - **Chief Troy Tomaras, College Place Police Department**

Health Indicator: Mental Health

Mental health was the community health need identified as most important through interviews and survey data. To support those findings, we include detailed quantitative data from various sources to better understand mental health needs in Walla Walla County.

Source: BRFSS|CHAT, 2020.

ADULT DEPRESSION AND SELF HARM

Indicator	Trend	Washington State	Walla Walla County
Age-adjusted prevalence of depression among adults over age 18	Worse than the state	23.7	25.7
Percentage of adults who report 14 or more days of poor mental health in the past month	About the same as the state	14.2%	14.1%
Age-adjusted mortality among adults due to intentional self-harm (suicide) (per 100,000)	Better than the state	16.5	13.9

YOUTH SUICIDE

Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of 10th grade students who seriously contemplated suicide within the past 12 months	Worse than the state and comparison county	19.6%	22.0%	17.6%
Percentage of 10th grade students who actually attempted suicide within the past 12 months	Better than the state and comparison county	8.2%	5.4%	6.9%

Source: Healthy Youth Survey, 2021.

Housing

Housing was the second most frequently raised health need in community interviews. We learned more about this need in focus groups with community housing providers, landlords, and migrant agricultural workers.

Issues raised included: affordability, safety, access to an available home, development of new homes or apartments, and concerns about retaining employees who can't find or afford a home in the county.



Le damos mas prioridad a la renta y la comida, y dejamos lo que es nuestra salud. Porque lo importante es tener donde dormir con nuestros hijos.

- **Focus Group Attendee**



[We prioritize rent and food, and put our health to the side. Because it's more important to have somewhere for our family to sleep.] - **Focus Group Attendee**

Lack of Affordable, Safe, Quality Housing



Hay gente que batalla para conseguir el pago de la renta mes tras mes. Mientras podamos trabajar y haciendo la lucha si sale uno adelante. Pero si es mucho esfuerzo para uno. Tiene que ver mucho también que grande esta donde vives. Es muy caro vivir en una ciudad grande. - **Focus Group Attendee**

[There are people who struggle to make the rent payment month after month. As long as we can work and fight the fight, we can get ahead. But it's a lot of effort. It also has a lot to do with how big of a city you live in. It's very expensive to live in a big city.] - **Focus Group Attendee**



El señor donde yo vivo empezó a subir la renta cada año. Ha multiplicado por tres en los últimos años. Y uno batalla mucho. En la aplicación nos dijeron que el agua estaba incluido. Pero ahora en cada traila pusieron un medidor de agua y estamos pagando aparte el agua. El señor se puso listo y empezó a cobrar. Y nos puso un papel en la puerta en inglés. Pusieron un medidor de agua en cada traila. Y uno nunca espero eso.

- **Focus Group Attendee**

[The landlord where I live started raising the rent every year. It has tripled in the last few years. And it's a real struggle. In the application, they told us that water was included. But now, they've installed a water meter in each trailer, and we're paying for water separately. The landlord got clever and started charging us. And they put a notice on our door in English. They installed a water meter in each trailer. And we never expected that.] - **Focus Group Attendee**

Lack of Affordable, Safe, Quality Housing

“



Yo me pregunto, por qué a los millonarios, por ejemplo, los que construyen los apartamentos, te perdonan el interés, y nosotros los pobres que estamos trabajando, pagas, pagas, pagas porque pagas. Con eso no estoy de acuerdo. Tengamos quien tengamos como presidente, es lo mismo. Y me doy un dolor de cabeza, porque digo, esta gente está trabajando. No es que quiere trabajar, están trabajando. Pero les estamos sacando todo. ¿Queremos vernos todos homeless en este país? Parece que para ese rumbo nos llevan.

- **Focus Group Attendee**

[I ask myself, why do the millionaires, for example, the ones who build the apartments, they get their interest forgiven...and us the poor folks are working and paying, paying, paying. I do not agree with that. It doesn't matter who we have as president, it's the same thing. And it gives me a headache, because I say...these folks are working. It's not that they want to work, but they ARE working. But we are taking everything from them. Do they want to see us all homeless in this country? Because that's the direction they are taking us in.]

- **Focus Group Attendee**

“

There's [houses] that are affordable but not necessarily safe and healthy to live in. - **Norma Hernandez, Executive Director, The Health Center**

“

We have a severe housing shortage. So of the number of houses we have, the cost of those homes is probably a little higher than it should be. The rental market is extremely tight and so the rents are high. The quality of some of the rentals is not good, things of that nature. - **Randy Hinchcliff, Administrator, City of Waitsburg**

“

The Housing Authority has vouchers, but you're waiting 18 months for a unit, and we have wait lists at all affordable housing properties except one that only houses families. - **Focus Group Attendee**

“

When we hire a police officer, they start out at about \$72,000 a year. That's a pretty darn good wage, and with a little bit of overtime, within the first three years most of those officers are right around \$85,000 a year. We can barely get our new officers into a house. They can get into some houses but typically they need some work. We're running into that with our teachers, with our mental health specialists that are all making good wages, but we can't afford to get him into a house. - **Interviewee, Retired Law Enforcement**

Lack of New Development

“

There's no development occurring in Waitsburg even though there's [land available]. The city even went to some effort a few years ago to install some services, mainly water and some access for a road out to a particularly developable part of the city that has yet to be developed mainly related to the cost of infrastructure. It costs a lot of money to put this stuff in. - **Randy Hinchcliff, Administrator, City of Waitsburg**

“

There's very little affordable housing being built here. We don't get any kind of state funding to build apartment units or [affordable] housing. We have to try to convince developers to try to consider doing a percentage of their units as affordable. And land has become very expensive because of the wine industry. It's not financially viable for a developer to do it. So they're building houses in the \$500,000 to \$1 million range now. - **Norma Hernandez, Executive Director, The Health Center**

Homelessness and Housing First



I would love to see a Housing First program here in Walla Walla. I understand that it's hard to wrap your mind around letting people have housing if they're using drugs when other people aren't using drugs may also be homeless. I totally get it. But to get them to stop using drugs [you have] to deal with their housing. - **Everett Maroon, Executive Director, Blue Mountain Heart to Heart**



Housing First is a very important thing, but housing doesn't mean the same thing for all people. And so it's tough because until you stabilize and help people through some of the other things like the behavioral health issues and substance use. The idea of just being turned loose in a subsidized apartment isn't something that comes with a lot of success for many people. But there is a huge need in this community for permanent supportive housing and transitional housing as well, which very much are tied directly to community health. - **Interviewee, Housing Nonprofit Leader**

Health Indicator: Housing

Housing was the second most often mentioned community-identified health need and we include qualitative data here to support that finding.

HOMELESSNESS				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Proportion of children in public schools who are homeless	Same as the state; better than comparison county	▬ 2.8%	2.5%	4.6%
Percentage of Medicaid beneficiaries who were homeless in at least one month during the last year	Better than the state; worse than comparison county	▲ 8%	6%	4%

Source: Healthy Youth Survey, 2021.

HOUSING OCCUPANCY		Total number of housing units in the county: 24,955		
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of housing units that are occupied	Same as the state; better than comparison county	▬ 92.5%	91.9%	76.4%
Percentage of vacant housing units	Same as the state; much better than comparison county	▬ 7.5%	8.1%	20.6%

Source: American Community Survey, U.S. Census, 2021.



HOUSING RENTAL AND OWNERSHIP COSTS					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of rental households that spend 35% or more of their household income on rent	Worse than the state and comparison county	⬇️	38.3%	45.5%	30.3%
Median percentage of household income spent on mortgage	Same as the nation and comparison county	▬	National: 20.9%	20.5%	21.9%
Median percentage of household income spent on rent	Worse than the nation and comparison county	⬇️	National: 29.8%	31.8%	26.4%

Source: American Community Survey, U.S. Census, 2021.

OTHER HOUSING FACTORS					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of owner-occupied households with an owner aged 65+ that spend 30% or more of their household income on housing	Better than the state and comparison county	⬆️	27.5%	17.6%	20.7%
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	Same as the state; worse than comparison county	▬	17%	17%	14%

Source: American Community Survey, U.S. Census, 2021.



Substance Use Disorder Treatment and Support

Substance Use Disorder (SUD) was raised as a topic of community health need during interviews and explored through a focus group with community SUD professionals, advocates, and those in recovery. Identified needs centered around co-occurring conditions, inpatient SUD treatment and supports, and access to services.

Co-Occurring Conditions



I would say the other piece would be the mental health, co-occurring Substance Use Disorder space, because the more and more I talk to folks in our community, I feel like the lack of access either to providers generally in the mental health space and especially the Spanish language or culturally sensitive providers is huge. And then you think about the substance use piece and any access to, like, longer term therapies is really complicated and people have to travel out of area to do that. And then I know from our colleagues at Blue Mountain Heart to Heart that they're just seeing significant increases in terms of drug use and challenges in that space, and they can't expand and meet them fast enough. But they're doing amazing work.

- **Focus Group Attendee**

Need for Inpatient Services



I was visiting our center, which is a homeless transitional shelter, and talking to the staff there. They said they had someone who had been experiencing homelessness who had substance use challenges, who went into Serenity Point, which is an in-patient treatment here, and they were sober for 12 days. The insurance ran out after day 12, which was a Friday, so they released him from the facility. He then he had nowhere to go. So he's back at the homeless shelter and started using that weekend. And that's just a tragedy. It was someone on the right path and the system of care provided did harm to that individual because of how they were released for insurance needs. That's a failure of the system.

- **Interviewee, Nonprofit Leader**

Some interviewees voiced differing opinions about how best to support those with SUD. Ideas included reestablishing state-run mental health institutions and increasing incarceration requirements for those who are caught with substances.

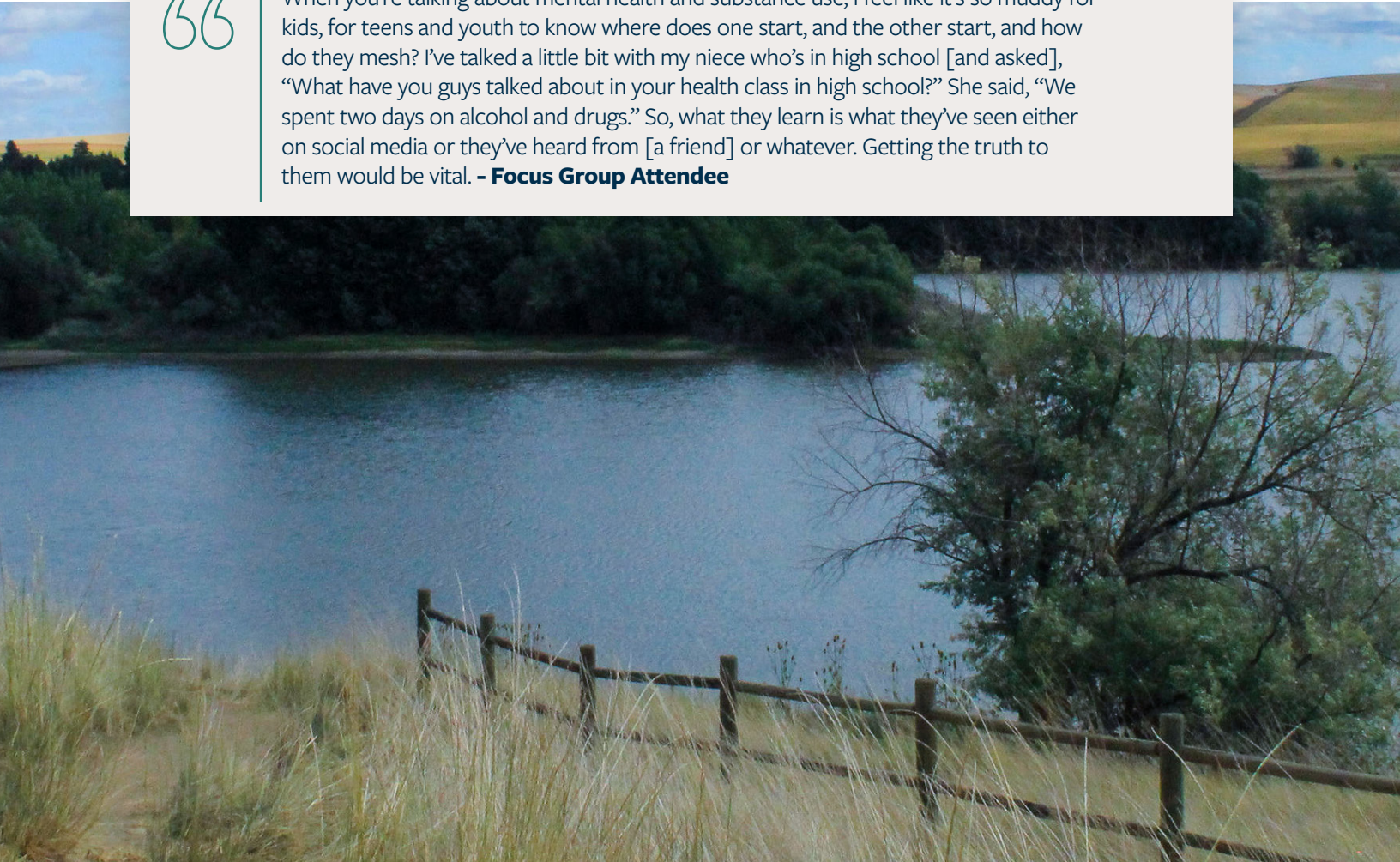
Youth-Specific Issues and Supports

“

[Kids] don't identify as struggling with substances because the majority of them smoke weed, but they don't view it as a drug. Or they'll say well, at least it's not Fentanyl. - **Focus Group Attendee**

“

When you're talking about mental health and substance use, I feel like it's so muddy for kids, for teens and youth to know where does one start, and the other start, and how do they mesh? I've talked a little bit with my niece who's in high school [and asked], "What have you guys talked about in your health class in high school?" She said, "We spent two days on alcohol and drugs." So, what they learn is what they've seen either on social media or they've heard from [a friend] or whatever. Getting the truth to them would be vital. - **Focus Group Attendee**



Impact of Walla Walla's Wine Culture on Youth and Adult Perception of Alcohol Use

“

We live in a wine community, and I think that really impacts the understanding of youth today. I mean, they just think it's a natural thing to drink wine all the time. I think a lot of people who may struggle with Alcohol Use Disorder don't necessarily identify as that because they're just part of the wine community who drinks all the time. - **Focus Group Attendee**

“





You are so cool if you go out on the winery tours and so it's just glorified. - **Focus Group Attendee**

“




I've heard alcoholics say, "I'm not an alcoholic; I only drink wine and beer. I don't drink the hard stuff. So I'm not an alcoholic." - **Focus Group Attendee**

Health Indicator : SUD Treatment and Support

Substance Use Disorder treatment and support was one of the top health needs named by the community. We provide quantitative data here to support this finding.

ADULT TOBACCO AND ALCOHOL USE				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of adults who are current smokers	Worse than the state; same as comparison county	 11.7%	16.8%	15.6%
Percentage of adults who report using smokeless tobacco products	Worse than the state; same as comparison county	 2.7%	5.4%	6.3%
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	Worse than the state and comparison county	 16.4%	21.9%	11.7%
Percentage of adults who report heavy alcohol consumption (adult men having 2 or more drinks per day and adult women having 1 or more drinks per day)	Much better than the state and better than comparison county	 7.2%	3.2%	4.9%

Source: BRFSS, 2020.

OPIOID USE				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Rate of opioid prescriptions per 100	Worse than the state; better than comparison county	 39.5	47.4	58.0
Age-adjusted rate of opioid overdose hospitalizations per 10,000	About the same as the state and comparison county	 1.4	1.5	1.6
Age-adjusted rate of opioid deaths per 10,000	About the same as the state, worse than comparison county	 1.6	1.7	.8

Sources: WA Hospital Discharge Data, 2020; WA Department of Health, 2020.

YOUTH SUBSTANCE USE					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of 10th grade students who used an opioid painkiller to get high in the past 30 days	Worse than the state and comparison county	⚠️	1.0%	2.6%	1.5%
Percentage of 10th grade students who smoked cigarettes or electronic cigarettes (vape) in the past 30 days	Worse than the state and comparison county	⚠️	7.6%	12.9%	10.8%
Percentage of 10th grade students who reported illicit drug use within the last 30 days	Worse than the state and comparison county	⚠️	7.8%	9.9%	8.6%
Percentage of 10th grade students who reported alcohol consumption in the past 30 days	Worse than the state and comparison county	⚠️	8.4%	11.2%	9.1%

Source: Healthy Youth Survey, 2021.



Specialty CARE

Access to specialty health care services in Walla Walla was a concern for many interviewees and was supported through focus group conversations. Concerns consistently centered around the decreasing number of specialists and the increasing need to travel beyond the county, particularly to Spokane or Seattle, to seek specialty care.

“

We have many healthcare facilities in our community, but we struggle with access to medical and behavioral healthcare, despite having multiple large institutions in our Valley. - **Katherine B., Community Member**



Si necesitamos algo más especializado, como extraer las muelas de juicio, tenemos que ir hasta Tri-Cities. Nos mandan lejos. Aquí no hay especialistas. Nos ha tocado ir hasta Toppenish. Y tienes que ir a la primera cita para que te evalúen, y luego regresar otra vez.

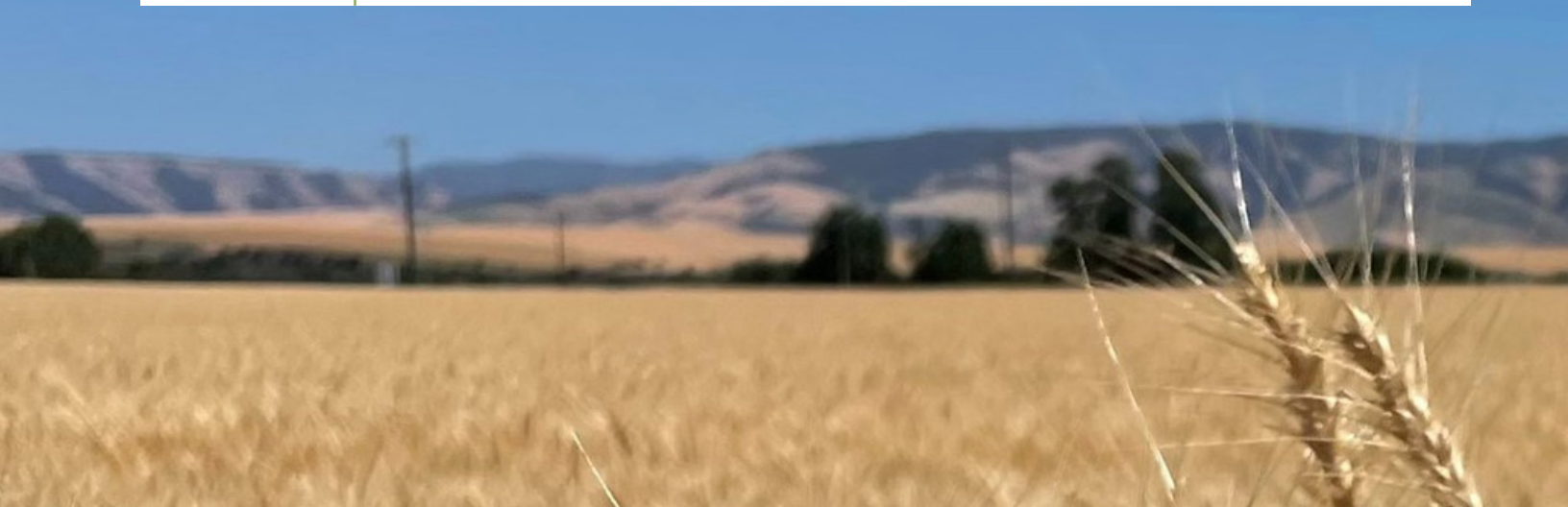
- **Focus Group Attendee**

“

[Yes, we need something more specialized, like wisdom teeth extraction, we have to go all the way to Tri-Cities. They send us far away. There are no specialists here. We've had to go as far as Toppenish. And you have to go to the first appointment for them to evaluate you, and then come back again.] - **Focus Group Attendee**

“

We can't retire here. I don't believe that we can grow old here because we don't have a hospital that can take care of anyone who's got significant health concerns. I don't refer my own patients to St. Mary's. I've got my resources in the Tri-Cities, Spokane, Seattle. And I've got a whole list of people at Mayo Clinic. And we're not going to retire here because I don't feel that health care is safe enough here to stay here. And it makes me sad to be yet again one of those highly skilled health care providers who's going to leave a rural area. Not only because it's hard to work here, but it's hard to get care here. - **Focus Group Attendee**



Health Indicator: Specialty Care

Lack of access to specialists and specialty care was a concern raised by Walla Walla County residents. The table below shows data on the most common specialists or specialists specifically mentioned through interviews and focus groups.

Note that these data show the number of licensed providers within Walla Walla County, the state of Washington, and the comparison county, but do not tell us if those providers are actively practicing and providing services.

NUMBER OF LICENSED PROVIDERS PER 10,000 PEOPLE					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Psych/Mental Health	Lower than the state and comparison county	△ ▼	14.7 per 10,000	5.4 per 10,000	12.0 per 10,000
Respiratory	Same as the state, lower than comparison county	≡	0.5 per 10,000	0.5 per 10,000	1.1 per 10,000
Pediatrician	Same as the state and comparison county	≡	3.8 per 10,000	3.2 per 10,000	3.9 per 10,000
Obstetrics	Same as the state and comparison county	≡	3.3 per 10,000	3.0 per 10,000	3.8 per 10,000
Cardiology	Same as the state, lower than comparison county	≡	0.8 per 10,000	0.5 per 10,000	1.8 per 10,000
Endocrinology	Same as the state and comparison county	≡	0.3 per 10,000	0.3 per 10,000	0.5 per 10,000
Addiction	Same as the state, lower than comparison county	≡	2.2 per 10,000	2.1 per 10,000	5.3 per 10,000

Source: National Plan and Provider Enumeration System (NPPES)

Lack of Access to HEALTH CARE SERVICES

“

I think patients access care wherever it is the most convenient for them. I believe it's the health care system's responsibility to adapt to the needs of our patients and not expect our patients to adapt to us. Healthcare delivery has changed and I think we may need to think about ways that we can adjust how we've always done things to ensure we're meeting the needs of our patients. - **Katherine B., Community Member**



54% of survey respondents say they missed a yearly checkup during the pandemic.

“

I think here, for most people, the ER would be the place to go for anything, which is problematic for the community in terms of what it costs. I think that still becomes the norm for people who don't know. That's one of the major goals, specifically in our outreach with Providence, is trying to connect people with ongoing primary care support to get them out of that [ER] cycle. It means getting them set up with state insurance and all the other pieces, which can be hard. And then once you have state insurance, finding someplace to take it that will accept it can be difficult too. - **Interviewee, Housing Nonprofit Leader**



50% missed a recommended medical test (like bloodwork) or treatment (like getting your teeth cleaned) during the pandemic.

Health Indicator: Access to Health Care Services

COST AS A BARRIER TO ACCESS				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of adults aged 18+ who reported needing to see a doctor within the past year but could not due to cost	Worse than the state and comparison county	9.2%	14.0%	8.5%

Source: BRFSS, 2020.

HEALTH CARE PROVIDER				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of adults who report they have a health care provider	Better than the state and comparison county	73.9%	78.3%	74.5%

Source: BRFSS, 2020.

5. Community-Identified Barriers TO MEETING HEALTH NEEDS

The following barriers were mentioned most frequently in community interviews and in the community survey. We explored these topics further during focus groups in English and Spanish. Many of these barriers were also highlighted in the quotes shared previously in this report, and demonstrate how needs and gaps intersect.

1. Lack of Health Care and Mental Health Providers



Nosotros los adultos también se nos hace muy difícil reconocer cuando tenemos problemas mentales. Y cuando ya reconoces lo que estas pasando y vas a buscar ayuda profesional, siempre te van a poner en lista de espera. Aunque sepas un poquito de inglés, siempre esta lleno y tienes que esperar tu turno. Y mientras lo que está pasando en el momento tienes más y mas necesidad. Pasamos por traumas y es muy difícil obtener ayuda cuando la necesitas. Es difícil reconocer y aceptar esa trauma o hablar cuando al fin estas listo. Y no es por el idioma, simplemente está lleno y tienes que esperar.

- **Focus Group Attendee**



[As adults, it's also very difficult for us to recognize when we have mental health problems. And when you do recognize what you're going through and seek professional help, they always put you on a waiting list. Even if you know a little English, it's always full, and you have to wait for your turn. And while what's happening at the moment, you have more and more need. We go through traumas, and it's very difficult to get help when you need it. It's hard to recognize and accept that trauma or speak up when you're finally ready. And it's not because of the language, it's just full, and you have to wait.]

- **Focus Group Attendee**

2. Bureaucracy and Trouble Navigating or Working with Existing Systems



Es difícil obtener atención medica especialmente...tristemente, sin un estatus legal aquí, aparte de que no podemos agarrar una seguridad, nos la dan carisísima. Y no alcanzamos para eso. Entonces es mucho más difícil para nosotros. Entonces lo que hacemos es cuidarnos para no enfermarnos seguido, o aguantarnos. Una ida al hospital es carísimo. Pasamos años pagando.

- **Focus Group Attendee**

[It's hard] in these rural areas because you don't even know where to start. I know several people out here who have anxiety and other issues and they just won't drive. So, then it's five times as hard to get into town. And you know, if you've already got mental health issues, the barriers to seeking help...that would be a giant problem.] - **Focus Group Attendee**

3. Cost of Living



[My son] wants to go to school and we live in a rural area, so he doesn't have the opportunity here. I wanted to move to Tri-Cities or Walla Walla but it's so expensive. And to buy a house right now, not even in my dreams. And the government says that I earn a lot of money. But I can't afford it. - **Focus Group Attendee**

Community-Identified Barriers TO MEETING HEALTH NEEDS

4. Lack of Awareness of Available Services, Supports, or Opportunities

“

Out here in Burbank, unless you're one of the wealthy families living up in the heights you're not going to college. And teachers and counselors, I hate to say this, but they'll say it to the kids. They'll [say], "Unless you're super smart, or you can get an athletic scholarship, or you're super rich, [you're not going to college.] You're gonna have to get a job when you graduate." And that's it.

- **Focus Group Attendee**

5. Health Insurance Gaps

Interviewees and focus group attendees also talked about the interconnection of several of the community-identified health needs and barriers and how they overlap to make finding help more difficult.

“

[It's difficult to access medical care, especially... sadly, without legal status here, apart from the fact that we can't get insurance, they provide it to us at a very high cost. And we don't have the resources for that. So, it's much more challenging for us. Therefore, what we do is take care of ourselves to avoid getting sick often, or tough it out. A trip to the hospital is very expensive. We spend years saying for it.] - **Focus Group Attendee**

“

I've struggled on and off with mental health and when you're in, like, a depressive spiral, and you have to figure out how to navigate insurance and find a provider who also matches your needs, it's really hard... [there are] interwoven issues. Like the capacity it takes to find a child care slot is really high. If you don't know anyone, if you're new to the area, if you don't have money, if you don't have time, if you don't have high capacity... I mean, it's like, it feels, like, just make a few calls and it's fine. But if you're making calls everywhere and trying to find a place and find a slot, eventually it gets really hard. - **Interviewee**

Community-Driven Interest in Creative Solutions

Community members who participated in interviews and focus groups were interested in finding creative ways to address public health challenges and believed the community can devise solutions to meet our local needs. We've highlighted a few of these comments below.

Opportunity to Move Forward as a Community

“

I feel like there's a desire for forward momentum. But it seems like there's like these different weights holding the community back and some of it is just like maybe overcoming tradition. Some of it might be lack of resources or lack of patience and certain things. And I think that having overtaxed systems here like health care, mental health care, like housing resources.... So I think that having enough margin to be able to institute creative or new solutions is limited, but I do hear a desire. - **Alayna Brinton, Chief Clinical Officer & Owner, Anchor Point Counseling**

Opportunities to Support and Improve Behavioral Health Care

“

I'm interested in how I could find the funding to get another [inpatient recovery] house open. But I've got to be able to sustain that. I've got to find the staff. I've got to be able to find the funding to do that. So yeah, I think it would work in our community. One hundred percent. I think if there was a house for women and children, I think that would totally work. - **Focus Group Attendee**

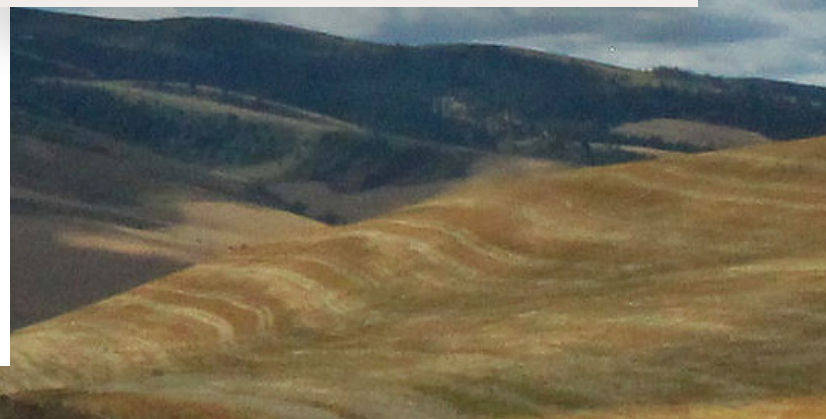
Opportunity to Support Community-Based Health Care

“

There are many great community-based organizations that do hard work not paid for, reimbursed, or Medicaid billable. They're doing really hard stuff that makes all of our lives easier. That is unseen and unappreciated. [Like] community paramedicine, holy cow! Yeah, big difference. Game Changer. It is saving taxpayers so much money and expense and it makes sense all day long. Sometimes you just need to dispatch a really friendly guy in a jeep and talk to someone. Not everybody needs to go to the emergency department. -**Becky Betts, CEO, Greater Health Now**

“

We did an overdose awareness event last year, first time in our community, and a bunch of us organizations did it together, which I think was really good. I think, doing more things like that. It's like there's a community around recovery here. - **Focus Group Attendee**





6. Community Health Indicators

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

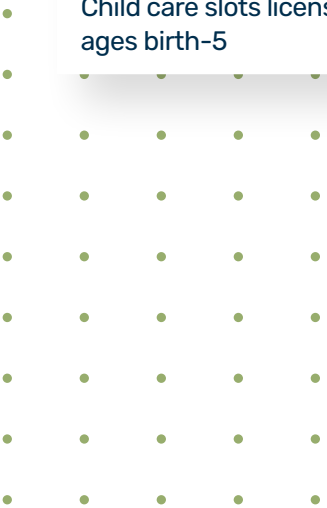
Throughout the report we show some data for Walla Walla County compared to Washington State and some data for Walla Walla County compared to a similar rural, agricultural county in our state. We chose to compare data based on: (1) data available to compare; and (2) how those data tell the story of Walla Walla County's health needs.

Health Indicator: Child Care




Child care was an issue that was raised in conversations with interviewees and in focus groups in relation to overall cost of living, living wage jobs, and affordable housing. Finding and providing high quality, licensed child care is a key factor in attracting and keeping employees. Affordable child care factors into a community's overall cost of living.

CHILD CARE COST AND AVAILABILITY					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Median cost of care at licensed child care centers for infants	Same as the state; more than comparison county	▬	\$1,592	\$1,409	\$1,075
Median cost of care at licensed child care centers for toddlers	Same as the state; more than comparison county	▬	\$1,365	\$1,216	\$900
Number of active licensed child care centers	Less than comparison county	△ ▼	1726	12	17
Child care slots licensed to serve ages birth-5	Less than comparison county	△ ▼	72,014	592	835

Source: Child Care Aware of Washington, 2022.





Health Indicator: Preventive Care

PREVENTIVE CARE VISITS				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Age-adjusted prevalence of adults who report visits to doctor for routine checkup within the past year (18+)	About the same as the state and comparison county	 69.3%	67.6%	68.6%
Age-adjusted prevalence of adult women (65+) who are up to date on a core set of clinical preventive services: flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past two years	About the same as comparison county	 n/a	40.4%	40.1%
Age-adjusted prevalence of older adult men aged 65+ who are up to date on a core set of clinical preventive services: flu shot past year, PPV shot ever, colorectal cancer screening	About the same as comparison county	 n/a	51.6%	52.5%



Source: WA Health Care Authority, 2021.

Health Indicator: Dental Care

PREVENTIVE CARE VISITS				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of Medicaid beneficiaries of all ages who received at least one dental service within the reporting year	Better than the state, worse than comparison county	  40%	45%	51%







Source: WA Health Care Authority, 2021.

Health Indicator: Disability

DISABILITY				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of households with one or more people with any disability	Higher percentage than the state; same as comparison county; More households than the state	  25.5%	32.8%	33.8%





Source: ACS 5-Year Estimates Data Profiles, 2017-2021.

Health Indicator: Immunizations

CHILDHOOD IMMUNIZATIONS					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
School immunization status, K-12 (percentage complete)	Better than the state		90.9%	94.5%	n/a
School immunization status, Kindergarten (percentage complete)	Better than the state		87.6%	91.3%	n/a
Percentage of children aged 11-12 years up to date on routine immunizations	Better than the state; worse than comparison county		33.2%	36.7%	38.3%
Percentage of children aged 4-6 years up to date on routine immunizations	Better than the state; worse than comparison county		41.8%	53.6%	56.3%
Percentage of children aged 13-17 years up to date on routine immunizations	Better than the state; worse than comparison county		54%	57.6%	62.1%
Percentage of children aged 19-35 months up to date on routine immunizations	Better than the state; worse than comparison county		57.4%	61.6%	67.3%






Source: WA DOH Public Health, 2021.

Health Indicator: Disability

DISABILITY- OLDER ADULTS					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of older adult population (65+) with an independent living difficulty	Higher percentage than the state and comparison county		13.0%	17.5%	11.4%
Percentage of older adult population (75+) with a cognitive difficulty	Better than the state		14.1%	12.6%	Not available
Percentage of older adult population (65+) with a hearing difficulty	Higher percentage than the state; better than comparison county		12.9%	22.6%	18.8%
Percentage of older adult population (75+) with a vision difficulty	Higher percentage than the state		9.1%	14.8%	Not available

Source: ACS 5-Year Estimates Data Profiles, 2017-2021.















Health Indicator: Disability

DISABILITY- SELF CARE DIFFICULTY				
Indicator	Trend		Washington State	Walla Walla County
Percentage of child population (under 18) with a self-care difficulty	Higher percentage than the state	 	1.0%	2.4%
Percentage of adult population (18–64) with a self-care difficulty	Same as the state		1.6%	1.4%
Percentage of older adult population (75+) with a self-care difficulty	Higher percentage than the state	 	12.9%	14.5%

Source: ACS 5-Year Estimates Data Profiles, 2017–2021.

Health Indicator: Cancer

All numbers in the section below are age-adjusted. Adjusting for age controls for potential differences in population age distributions.

CANCER INCIDENCE RATES					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Breast cancer incidence rate per 100,000 women	Better than the state and comparison county	 	159.4	97.6	167.6
Skin cancer (excl basal & squamous) incidence per 100,000	Better than the state and comparison county	 	52.0	32.5	71.4
Oral/pharynx cancer incidence per 100,000	Better than the state and comparison county	 	12.4	3.9	11.4
Pancreatic cancer incidence per 100,000	Better than the state and comparison county	 	12.8	11.6	14.1
Leukemia incidence per 100,000	Better than the state and comparison county	 	13.8	6.0	12.9
Lymphoma incidence per 100,000	Better than the state and comparison county	 	20.0	8.9	22.5
All cancer incidence per 100,000	Better than the state and comparison county	 	457.9	264.4	486.7

Source: CHAT (Community Health Assessment Tool)—Cancer incidence module, 2019–2020.

Health Indicator: Chronic Conditions

CHRONIC HEALTH CONDITIONS

All numbers in the table below are age-adjusted. Adjusting for age controls for potential differences in population age distributions.

Indicator	Trend	Washington State	Walla Walla County	Chelan County
Prevalence of chronic kidney disease among adults aged 18+	Same as the state and comparison county	≡ 2.5%	2.7%	2.8%
Prevalence of stroke among adults aged 18+ (cerebrovascular disease)	Same as the state and comparison county	≡ 2.8%	2.7%	2.7%
Prevalence of high cholesterol among adults aged 18+ who have been screened in the past 5 years	Same as the state and comparison county	≡ 27.9%	27.1%	27.1%
Prevalence of high blood pressure among adults aged 18+	Same as the state and comparison county	≡ 28.2%	28.1%	26.9%
Prevalence of angina or coronary heart disease among adults aged 18+	Worse than the state; same as comparison county	△▼ 3.2%	5.6%	5.8%
Prevalence of chronic obstructive pulmonary disease among adults aged 18+	Worse than the state; same as comparison county	△▼ 4.9%	5.8%	5.9%



Source: BRFSS, 2020; Healthy Youth Survey, 2021.

CHRONIC HEALTH CONDITIONS – ASTHMA AND DIABETES






Indicator	Trend	Washington State	Walla Walla County	Chelan County
Prevalence of asthma (self-reported) among 10th grade students	Worse than the state and comparison county	△▼ 16.0%	18.5%	13.4%
Percentage of adults who report they have been told by a doctor, nurse or other healthcare professional that they had asthma	Worse than the state	△▼ 9.6%	11.4%	
Percentage of adults who have been told by a doctor, nurse or other healthcare professional that they have diabetes (excluding gestational and prediabetic)	Worse than the state	△▼ 8.0%	9.8%	

Source: BRFSS, 2020; Healthy Youth Survey, 2021.

Health Indicator: Education



ADULT HIGH SCHOOL AND HIGHER EDUCATION ATTAINMENT					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of adults aged 25+ with high school degree or higher	Worse than the state; better than comparison county		91.9%	88.4%	84.7%
Percentage of adults aged 25+ with bachelor's degree or higher	Worse than the state; same as comparison county		37.3%	28.4%	28.6%

Sources: ACS 5-Year Estimates Data Profiles, 2017-2021.



YOUTH EDUCATION ATTAINMENT					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Average grade level performance for 3rd graders on English Language Arts standardized tests	Worse than the state		3	2.7	
Average grade level performance for 3rd graders on math standardized tests	Worse than the state		3	2.5	
Percentage of teens and young adults (aged 16-19) who were neither working nor in school	Better than the state and comparison county		7%	5%	7%
Percentage of ninth-grade students identified as migrants who graduated in four years	Worse than the state and comparison county		77.2%	64.5%	79.6%
Percentage of ninth-grade cohort that graduated in four years	Better than the state and comparison county		82.3%	84.4%	79.8%

Sources: County Health Rankings, 2018; OSPI Report Card Graduation 2021-2022.













Health Indicator: Food Access

FREE OR REDUCED-PRICE LUNCH					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of children enrolled in public schools who are eligible for free or reduced meals	Higher than the state and comparison county	 	51.9%	70.8%	67.8%

Source: OSPI, 2022-2023.






FOOD INSECURITY					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of people (all ages) who have food insecurity	Same as the state; better than comparison county		8.9%	8.8%	9.9%
Percentage of children (under 18) who have food insecurity	Same as the state; better than comparison county		11.8%	11.6%	14.3%

Source: Feeding America Action, 2021.

WOMEN, INFANT, CHILDREN (WIC)					
Indicator	Trend		Walla Walla County	Chelan County	
Total number of infants and children served by WIC	Less than comparison county	 		1,461	2,842
Total number of WIC participants	Less than comparison county	 		2,008	3,922
Total number of women (pregnant, breastfeeding, postpartum) served by WIC	Less than comparison county	 		547	1,080
Total WIC food dollars redeemed	Less than comparison county	 		\$853,108	\$1,716,133
Total WIC food dollars redeemed on fruits/vegetables	Less than comparison county	 		\$242,255	\$516,645
Percentage of total WIC food dollars redeemed on fruits/vegetables	Less than comparison county	 		28.4%	30.1%



Source: WA State Department of Health, 2022.

Health Indicator: Economic Factors

POVERTY AND PUBLIC ASSISTANCE					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of families with [related] children under 18 living below poverty level	Better than the state and comparison county		10.2%	9.6%	13.0%
Percentage of people living at or below the US federal poverty level	Same as the state and comparison county		10.0%	11.1%	10.7%
Percentage of people under age 18 in poverty	Better than the state and comparison county		12.4%	11.1%	15.1%
Percentage of households receiving Food Stamps/SNAP in the last 12 months	Higher than the state and comparison county		11.7%	12.3%	10.2%
High incomes compared to low incomes: ratio of household income at the 80th percentile to income at the 20th percentile	Same as the state; better than comparison county		4.4	4.4	4.2





Source: CHAT (Community Health Assessment Tool)—Cancer incidence module, 2019–2020.

Health Indicator: Technology Access

Technology Access					
Indicator	Trend		Washington State	Walla Walla County	Chelan County
Percentage of households with broadband internet connection (any type)	Worse than the state; better than comparison county		91.3%	88.0%	86.1%
Percentage of households with a computer	Worse than the state; better than comparison county		95.6%	94.3%	93.3%

Source: ACS 5-Year Estimates Data Profiles, 2017–2021.

Health Indicator: Maternal Health




BIRTH OUTCOMES				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Premature birth: percentage of births with an estimated gestational age under 37 weeks (about 8 and a half months)	Lower than the state 	10.7%	8.4%	
Low birth weight: percentage of births with a birth weight under 2500g (about 5.51 lb)	Higher than the state 	6.9%	7.6%	
Pregnancy rate: number of births plus induced abortions and fetal deaths (all ages)	Lower than the state and comparison county 	55.5	50.6	63.4
Teen pregnancy rate	Higher than the state; lower than comparison county 	1.6	3.2	4.0

Source: CHAT, 2020.

BREASTFEEDING				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Percentage of mothers who have ever breastfed their infant(s)	Lower than the state and comparison county 	94.6%	90.3%	94.9%

Source: CHAT, 2020.

Health Indicator: Environment

AIR QUALITY				
Indicator	Trend	Washington State	Walla Walla County	Chelan County
Average daily density of PM2.5 fine particulate matter	Worse than the state 	8.1	9.1	
Percentage of days with AQI (Air Quality Index) value of "Good"	Better than comparison county 	n/a	85.7%	78.6%
Percentage of days not meeting the Washington State Department of Ecology 24-hour average healthy air goal	Better than comparison county 	n/a	3.1%	5.7%

Sources: County Health Rankings, Environmental Protection Agency, WA Tracking Network, 2018-2020.

Health Indicator: Sexual Activity and Sexually Transmitted Infections

SAFE SEX PRACTICES				
Indicator	Trend	Washington State	Walla Walla County	
Percentage of 10th grade students who used a condom to prevent pregnancy or STIs last time they had sexual intercourse (of sexually active youth)	Same as the state	61%	60%	
Percentage of female Medicaid beneficiaries aged 16–24 identified as sexually active and who had at least one test for chlamydia during the last year	Same as the state	47%	48%	

Sources: Healthy Youth Survey, 2021; WA Health Care Authority, 2021.

STIS (SEXUALLY TRANSMITTED INFECTION)				
Indicator	Trend	Washington State	Walla Walla County	
Rate of reported STIs per 1,000	Lower than the state; higher than comparison county	4.9 per 1,000	4.4 per 1,000	3.1 per 1,000

Source: CHAT–STI module, 2020.



7. WHAT WE'RE DOING TO ADDRESS OUR HEALTH NEEDS



Behavioral Health:

WWCDCH expanded our staff with a Behavioral Health Division Manager and is currently hiring a Suicide/Opioid Prevention Coordinator. Additionally, WWCDCH is running an award-winning social media campaign targeted to suicide prevention, opioid use prevention, and 988 awareness.



Disability:

WWCDCH is expanding our disability staff and coordinating the Healthy Aging Consortium, which focuses on increasing access to resources for older adults in Walla Walla through service promotion provider networking. The Healthy Aging Consortium will be focusing on Falls Prevention beginning in Fall 2023.



Housing:

WWCDCH is currently expanding our Housing staff to allow a more robust response to affordable housing needs and homelessness.

The Walla Walla County Community Health Partnership (WCCCHP—formerly the Blue Mountain Regional Community Health Partnership) meets monthly to identify and prioritize health needs and assess service and resource gaps. With members representing various community sectors, the all-volunteer WCCCHP works together with the WWCDC staff to develop the Community Health Improvement Plan (CHIP) based on the Community Health Needs Assessment (CHNA). The WCCCHP will begin work on the 2023-2027 CHIP in October 2023.



Those interested in joining the WCCCHP should email health@co.walla-walla.wa.us

7. Appendix

Methodology for Survey, Interviews, Focus Groups, Data Workbook

Community Leader Interviews

WWDCH identified a list of 30 local leaders across the county who would provide insights on community health. The leaders included people from the school district, agriculture, local government, health care, and public health. Nineteen community leaders agreed to participate in the interviews. The consultant team contacted each interviewee and scheduled a video call or in-person meeting. Interviewees were notified that video calls would be recorded, and any direct quotations used in the final report would be approved before inclusion in the report. Interviews ranged from 45 to 60 minutes, with most calls taking about 45 minutes. Interviewees were not provided with a list of questions in advance. The interviewers prepared the interviewee at the beginning of the call by explaining the format and flow of the questions and asking for verbal consent to take part in the interviews and to record each session. Recordings and raw data were not shared with WWDCH. Data were analyzed using Dedoose Version 9.0.90, which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.¹²

Survey questions were developed in collaboration with WWDCH 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 or difficulty accessing services in Walla Walla County**

8. Demographics

Survey questions were distributed to Walla Walla County residents in English and Spanish between May 22 and July 17, 2023. We received 444 English responses and 2 Spanish responses to our community survey. The survey was delivered using the SurveyMonkey survey delivery platform and data were analyzed in SurveyMonkey and Excel. The list of survey questions is found in the previous section of this Appendix.

Focus Groups

Four focus groups were conducted in various settings across Walla Walla, including Trilogy Recovery Services, Blue Mountain Action Council, Providence Auditorium, and the Burbank public library. The focus groups centered on these key topics: (1) Health care access; (2) Child care; (3) Mental health services; and (4) Housing access. Focus group attendees were recruited by WWDCH and invited to participate. Each attendee was offered a 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 4 to 12 attendees. Focus groups 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 WWDCH. Data were analyzed using Dedoose Version 9.0.90, a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.¹²

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 CHNA. The nature of each indicator (e.g., percentage, rate per 1,000) 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.

Survey Questions

- 1. How would you rate your quality of life in Walla Walla County?**
 - Excellent
 - Good
 - Fair
 - Poor
 - Very poor
- 2. If you had to pick three factors that make Walla Walla 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 Walla Walla County 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
 - More 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
- 5. What kinds of health-related experiences did you have during the pandemic? We have included a list of 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

Survey Questions

- 7. What kind of mental health-related experiences have you had in the past 12 months? We have included a list of 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. 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
 - Walla Walla Co. Dept. Of Community Health
 - My doctor
 - My church
 - A family member
 - A friend
 - Social media (Instagram, Facebook, Tik Tok)
 - Local TV News
 - National TV News (CNN, Fox News, MSNBC)
 - National news (New York Times, Atlantic, Washington Post)
 - Online Blog or newsletter
- 11. Do you have health insurance?**
- Yes
 - No
- 12. Do you have a doctor you see regularly (at least once per year)?**
- 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
- 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

Survey Questions

18. To do your daily tasks like going to work or school, do you rely mostly on:

- Your own car
- Public transportation
- Car share services like Lyft or Uber
- Walking, biking, or similar

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

- Yes
- No

20. Why do you think you were at risk of losing your housing?

- 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. Did you lose the place you lived in during the last two years?

- Yes
- No

23. Why do you think you lost the place where you lived?

- 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

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

- Yes
- No

25. We have included a list of safety or health concerns, please select all that apply to your current place of residence.

- Overcrowding
- Black mold
- Potential lead exposure
- Non-working bathrooms

- Insect or rodent control problem
- Broken appliances such as refrigerator or furnace
- Non-working utilities such as water, gas, or electricity
- Excessive dirt or trash in or around my home
- Unstable building structure
- Multi-level Accessibility
- Other

26. In the last year have you ever had to skip meals because you didn't have enough food?

- Yes
- No

27. In the past year, has your household used any of the following services for help getting enough food to eat:

- Food Bank
- Food pantry
- SNAP
- Senior Center Meals
- Meals on Wheels
- WIC
- Public gardens
- Friends or family
- Other
- My household has not used any of the services.

28. If you need help, would you know where to go to find food, housing, or other aid?

- Yes, I know where to find all these services
- I know where to find food, but not housing or other aid
- I know where to find housing, but not food or other aid
- I don't know where to find any of these services

29. What things do you think are hard to get or do in Walla Walla County? Check all that apply.

- Childcare
- Seeing the dentist
- Seeing the doctor
- Getting help for mental health
- Family Counseling
- Getting help for addiction
- Getting healthy food
- Finding affordable food
- Finding an affordable place to live
- Finding a safe place to live
- Help escaping violence in a relationship
- Help escaping violence in a home
- Getting to and from places easily
- Legal help

Survey Questions

- 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

30. What things are easy to get or do in Walla Walla County? Check all that apply.

- Childcare
- Seeing the dentist
- Seeing the doctor
- Getting help for mental health
- Family counseling
- Getting help for addiction
- Getting healthy food
- Affordable food
- Finding an affordable place to live
- Finding a safe place to live
- 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

31. What is your age?

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

32. How would you describe your gender?

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

33. 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

34. Do you have children under 18 living in your household?

- Yes
- No

35. How many years have you lived in Walla Walla County?

- Less than 1 year
- 1-5 years
- 5-10 years
- 10-20 years
- 20+ years

36. 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)

37. What is your average monthly take home pay?

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

References

- ¹ Centers for Disease Control. (2018) Community Health Assessments & Health Improvement Planning. CDC - Home - Community Health Assessment - STLT Gateway
- ² National Association of County and City Health Officials. (2023). Community Health Assessment and Improvement Planning. Community Health Assessment and Improvement Planning - NACCHO
- ³ World Health International (WHO). (2023). Social Determinants of Health. Social determinants of health (who.int)
- ⁴ Native-Land.ca | Our home on native land
- ⁵ Data USA. 2020 Demographic Data
- ⁶ Data USA. 2020 Demographic Data
- ⁷ https://data.census.gov/table?q=Language+Spoken+at+Home&g=040XX00US53_050XX00US53007,53071&tid=ACSST5Y2021.S1601
- ⁸ Data USA. 2020 Demographic and Income Data.
- ⁹ Data USA. 2020 Income and Occupation Data.
- ¹⁰ Data USA. 2020 Demographic and Income Data.
- ¹¹ https://data.census.gov/table?q=DP04:+SELECTED+HOUSING+CHARACTERISTICS&g=040XX00US53_050XX00US53071&tid=ACSDP5Y2021.DP04
- ¹² Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com.
- ¹³ Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com.

THANK YOU

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

