

The Health Status of Kittitas County: Social and Mental Health



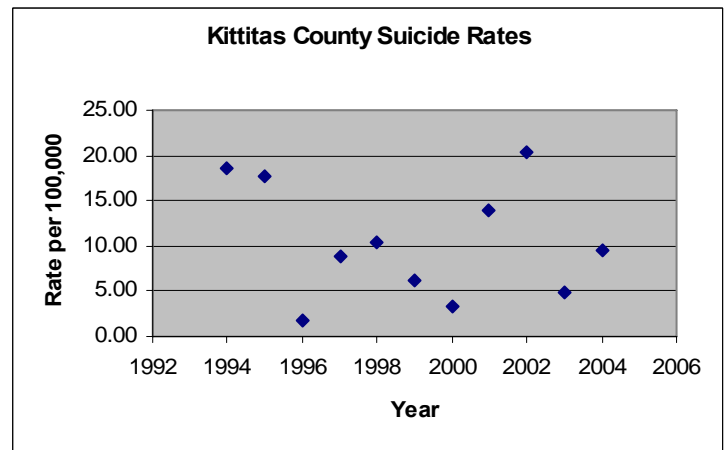
Social and Mental Health are key components of a healthy community, as they contribute to Quality of Life and one's ability to function within that community. Mental Health includes all mental conditions such as depression, panic, and paranoia, while social health includes safety measures, violence, and crime. Strong social health in a community can waylay negative events, such as domestic violence or crime. Mental health is affected by a plethora of conditions and is less environmentally linked.

Symbol Key:

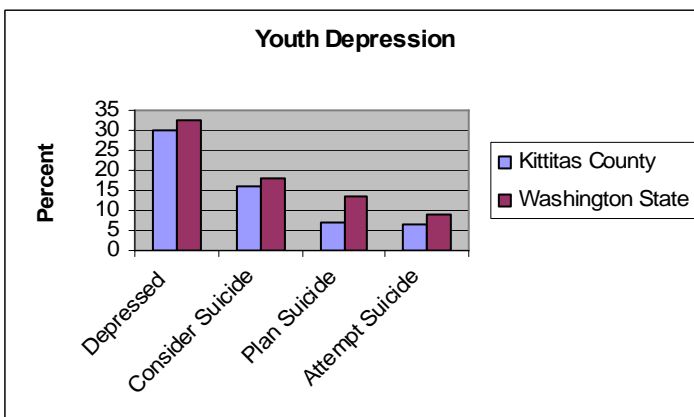
- improving from previous years
- worsening from previous years
- neither worsening nor improving
- 😊 Healthy People (HP) 2010 Target met
- ☹️ Healthy People (HP) 2010 Target unmet

	Kittitas County Rate	Washington State Rate	HP 2010 target
Self reported poor mental health past 30 days	● 40.4%	● 37.4%	N/A
Child death rate due to abuse and neglect per 100,000	● 8.6	● 14.8	☹️ 1.4
Intentional injury suicide rate per 100,000	● 4.81	● 13.03	😊 6.0
Total crime rate per 1,000	● 64.0	● 52.9	N/A
Violent crime rate per 100,000	● 1.8	● 3.47	😊 3.2
Youth domestic violence rate per 1,000	● 7.7	● 8.8	☹️ 3.3
Community Risk and Protective Factors	● *	● *	N/A

****Details and explanations of the data on the back of this page****



Overall, suicide rates have decreased from 1994 to 2004, but this is not statistically significant. The small population base in Kittitas County results in dramatic rate changes for each small change in actual incidence.



For more information, please contact Sara Burnet at the Kittitas County Public Health Department:
sara.burnet@co.kittitas.wa.us or 509-933-8265

Data Sources and Statistics

Self reported mental health past 30 days (adult): Answered by the question “Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” 40% of Kittitas County adults reported at least one day of poor mental health in the last month, while only 37.4% of Washington adults answered the same. (Source: BRFSS 2004)

Child death rate due to abuse and neglect: The aggregate 1997-2001 injury death rate in Kittitas County is 8.6 per 1,000 population, while the State rate is 14.8. Aggregate rate information is used because actual numbers are too small to draw a comparison. In 2001 there were 38,275 accepted referrals to CPS for child abuse and neglect in Washington, involving 45,420 different children (equivalent to a rate of 30 referrals per 1,000 children). (Source: County Data: Injury Deaths by County of Residence, Washington Children Ages 0-17, 1997-2001: Data Source: Vital Registration System. Annual Statistical Files, Death Certificate Data: Washington State Department of Health, Center for Health Statistics, 1980-2001.)

Intentional Injury Deaths (Suicide): Measured by number of deaths from suicide or intentional injury. The Kittitas County rate of intentional injury deaths for 2004 was 4.81 per 100,000 population. The Washington State rate was 13.03 per 100,000 population. The Healthy People 2010 Target is 6 deaths per 100,000 population. While Kittitas County appears to be below the state rate, the small population of the county makes this rate very variable. One additional suicide would change the rate dramatically. (Source: Washington State Department of Health, Center for Health Statistics Fatal Injury Data 2000-2004)

Total Crime: Kittitas County's Crime Index rate in 2005 was 64.0 per 1,000 population, down from 65.3 in 2004. This is higher than the state rate of 52.9. However, 97% of the reported crime in Kittitas County is property crime. Property crime includes vandalism, trespassing, larceny, and burglary. (Source: Crime in Washington 2005 Annual Report – Washington Association of Sheriffs and Police Chiefs.)

Violent Crime: There were no homicides in Kittitas County in 2005. There were 204 homicides in Washington State in 2005 for a violent crime rate of 3.47 per 1,000 population. The violent crime rate in Kittitas County is 1.8 per 1,000 population. As with suicide rates, small numbers in Kittitas County can dramatically change this rate. (Source: Crime in Washington 2005 Annual Report – Washington Association of Sheriffs and Police Chiefs.)

Domestic Violence Rate (youth): 10th graders answered the question “During the past 12 months, did your boyfriend or girlfriend ever limit your activities, threaten you, or make you feel unsafe in any other way?” 7.7% of Kittitas County 10th graders and 8.8% of Washington state 10th graders answered in the affirmative. This is well above the Healthy People 2010 target of 3.3% (Source: Healthy Youth Survey 2004)

****Community Risk and Protective Factors:** This is measured by a series of questions on the Healthy Youth Survey that ask 10th graders about risk factors such as mobility and transition, perceived availability of drugs, handguns, enforcement of laws, and school performance. It also asks about protective factors such as access to social activities, and family and school support systems. In almost every category, Kittitas County 10th graders responded that they had **strong support systems and access to pro-social activities, scoring higher than the state.** However, Kittitas County 10th graders also reported **easier access to drugs, alcohol, and handguns, less law enforcement, and more favorable parental attitudes toward drug and alcohol use.** With stronger risk factors, but also stronger protective factors, we can surmise that Kittitas County youth have plenty of opportunity to engage in productive and safe, or risky, behaviors. (Source: Healthy Youth Survey 2004)



Q: Are 10th graders really representative of all youth?

A: No, but it's as close as we can get. Research shows that the younger youth begin using alcohol and drugs or engaging in other risky behaviors, the more likely they are to have problems later in life. By 10th grade, many of these problems have already started to develop.

While using 12th graders would show an increased prevalence in risky behaviors among youth, the data would not be as accurate. By 12th grade, many of the highest risk youth have already dropped out of school, and are therefore not included in the Healthy Youth Survey, the source for most youth data.

Therefore, the 10th grade becomes a nice balance between age of behavior initiation and drop out rates.