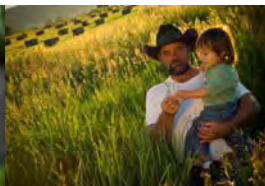


# The Health of Kittitas County



*A profile of health, well-being, and quality of life in our community*

December 2012



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*This document was compiled and the data analyzed by Robin Read, MPH, Health Promotion Supervisor for the Kittitas County Public Health Department. Members of the Community Health Improvement Steering Committee (see page five) provided editing and feedback.*

## Community Health Vision & Values

The community health vision and values were developed by the Community Health Improvement Steering Committee with input from community members, Kittitas County Public Health Department staff, and the Board of Health Advisory Committee.

Kittitas County is a **compassionate** and **safe** community where **essential needs are met** and we are empowered with tools to lead a **purposeful life**.

Everyone in our community has:

- Affordable and stable **housing**
- Healthy and affordable **food**
- Access to adequate **educational opportunities**
- Knowledge about **healthy choices and healthy behaviors**
- Access to health **resources and information**
- Access to affordable, quality **health care**
- An **environment** that promotes health and wellness
- **Social support and connections** to support health
- The ability and desire to **contribute positively to society**



*Members of a sub-committee draft a vision and values statement.*

# Community Health Improvement Process

In previous years, the Kittitas County Public Health Department (KCPHD) published a Key Health Indicator report. The Key Health Indicator report contained health data for a set of indicators chosen by the Board of Health Advisory Committee and KCPHD staff.

This year, KCPHD was one of twelve sites in the nation selected by the National Association of County and City Health Officials (NACCHO) to conduct a community health improvement demonstration project, which includes a comprehensive community health assessment and a community health improvement plan. Funding for the project was awarded by NACCHO with support from the Robert Wood Johnson Foundation.

The **community health improvement project** is a comprehensive approach to assessing community health and developing and implementing action-plans to improve community health through community member and partner engagement. The community health improvement project includes two distinct yet connected processes:

- The **community health assessment** process engages community members and partners to collect and analyze health-related data and information from a variety of sources. The findings of the community health assessment inform community decision-making, the prioritization of health problems, and the development and implementation of a community health improvement plan.
- The **community health improvement plan** is action-oriented and outlines the community health priorities (based on the community health assessment and community input). The plan also includes how the priority issues will be addressed to improve the health of the community.

This document presents the results of the community health assessment that was conducted by KCPHD in collaboration with a Community Health Improvement Steering Committee (see page five for a list of members) which held seven committee meetings and several sub-committee meetings over a ten month period to complete the community health assessment. KCPHD and the steering committee followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework and conducted four different assessments:

- **Forces of Change Assessment** to identify trends, factors, or events that influence health, quality of life, and the local public health system
- **Community Themes and Strengths Assessment** to provide a deeper understanding of the issues important to community residents.
- **Local Public Health System Assessment** to identify strengths and weaknesses of the local public health system.
- **Community Health Status Assessment** to analyze health data showing the health status of the community.

In addition, KCPHD partnered with Central Washington University's Dr. Rebecca Pearson to conduct a health assessment specific to university students, faculty, and staff.

The process was facilitated by KCPHD staff members Robin Read, BA, MPH (Masters in Public Health) and Sarah Bedsaul, BS, CHES (Community Health Education Specialist).

# Community Health Improvement Steering Committee

*“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”—Margaret Mead*

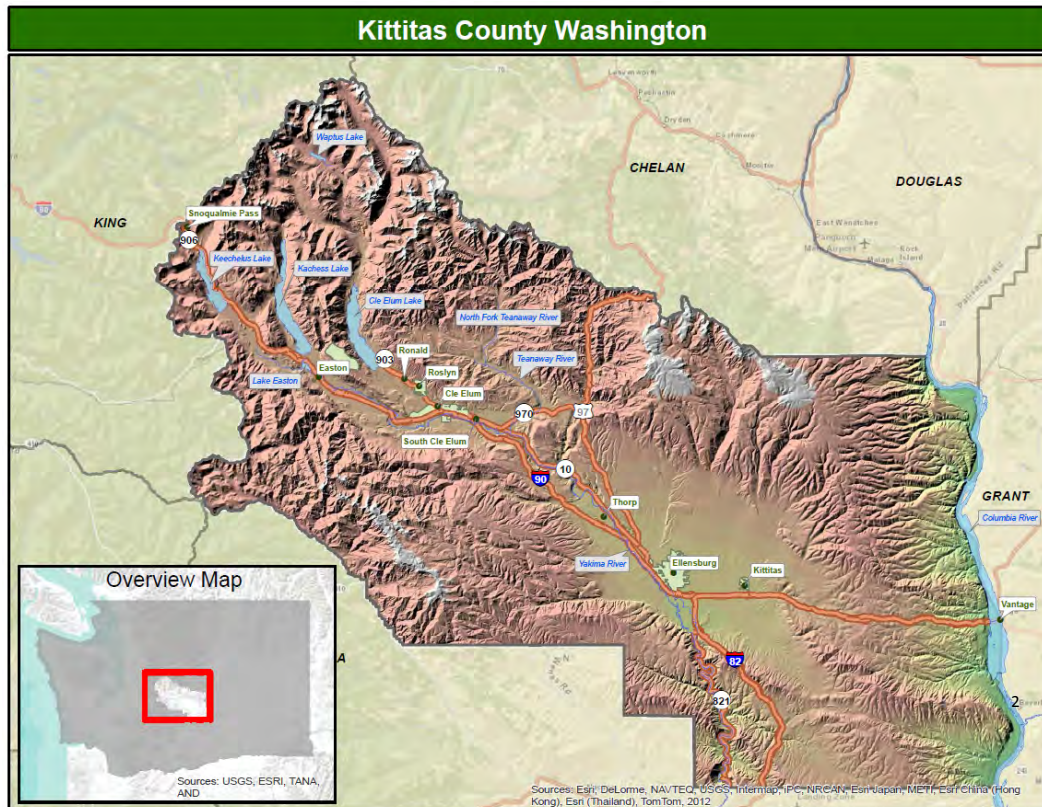
Amy Claussen	Planned Parenthood of Greater Washington and Northern Idaho
Andrew Lyons	HopeSource
Ann Riley	Kittitas County Community Network
Bianca Bailey	FISH Food Bank
Bruce Tabb	Elmview, City of Ellensburg Mayor
Carin Thomas	Central Washington University
Carole Engelstad	Department of Social and Health Services
Cathy Bambrick	Kittitas Valley Community Hospital
Cindy Gregory	Mosaic Counseling
Debbie DeSoer	Ellensburg Public Library
Diane Huckabay	Community Volunteer
Diane Janeschavich	Cle Elum Roslyn School District
Emily Brown	Alcohol and Drug Dependency Services
Gail Farmer	Central Washington University Student Medical and Counseling Clinic
Gene Dana	Kittitas County Sheriff
Geoff Crump	HopeSource
Jason Eklund	Kittitas County GIS Coordinator
Joan Baird Glover	Kittitas Valley Community Hospital Commissioner
Joanne Cortese	Community Volunteer, Retired Senior Volunteer Program
Julia Romanelli	Community Health of Central Washington
Dr. Krista Summers	Valley Clinic
Kristin Karns	Central Washington University Student Medical and Counseling Clinic
Liz Beeles	Bright Beginnings for Kittitas County
Dr. Mark Larson	Kittitas County Public Health Department Health Officer
Mike Stafford	Kittitas County Juvenile Court Services
Misty Ness	Housing Authority of Kittitas County
Monty Sabin	Kittitas School District Superintendent
Patricia Bury	Adult Activity Center of Ellensburg
Paul Farris	Ellensburg School District Superintendent
Dr. Rebecca Pearson	Central Washington University
Dr. Robert Davis	Valley Vision
Roger McCune	FISH Food Bank
Tylene Carnell	Central Washington Comprehensive Mental Health
Wendy Gonsioroski	Cashmere Valley Bank

*“If you want to walk fast, walk alone. If you want to walk far, walk together.”—African proverb*

# Description of Kittitas County

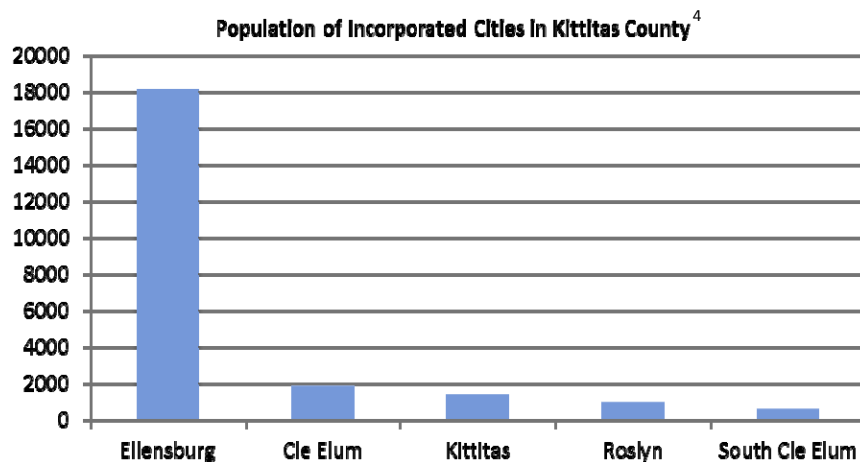
## Geography

Kittitas County is located in the center of Washington State. Its 2,297 square miles and 40,915 residents<sup>1</sup> span from the top of Snoqualmie Pass in the Cascade Mountains to the Columbia River. The Yakima River and Interstate 90 run through the middle of the county.



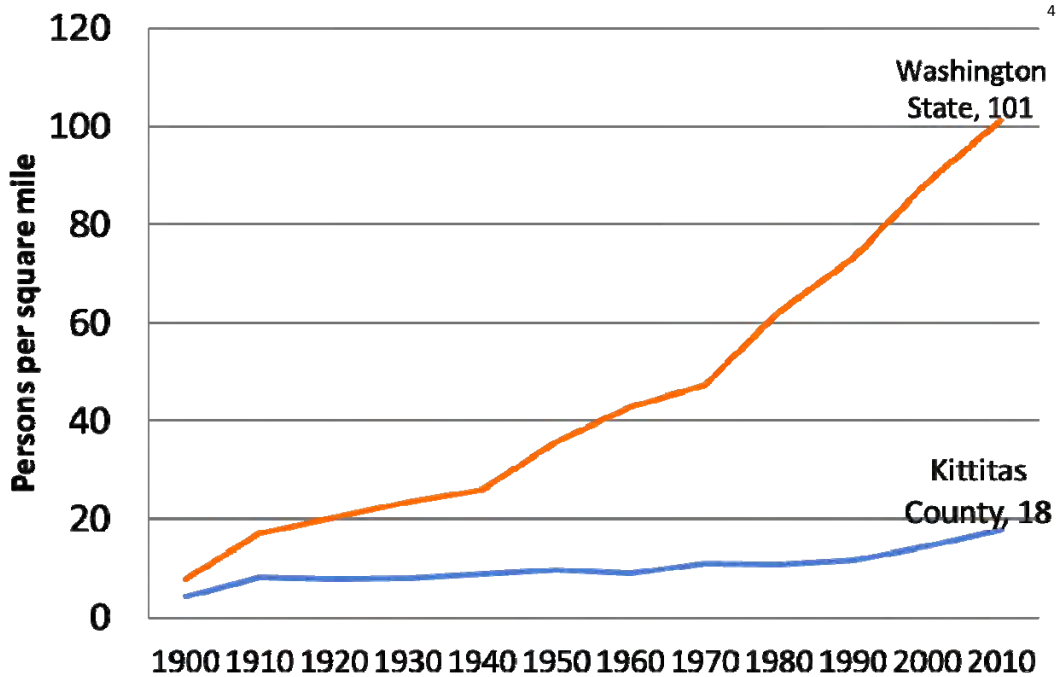
## Population

The county seat is located in the largest town of Ellensburg with a population of 18,174<sup>1</sup> which includes over 9,000 students attending Central Washington University.<sup>3</sup> Other incorporated towns include Kittitas, Cle Elum, South Cle Elum, and Roslyn. Unincorporated communities include Easton, Thorp, Ronald, Liberty, Snoqualmie Pass, and Vantage.<sup>4</sup>



## Rural Character

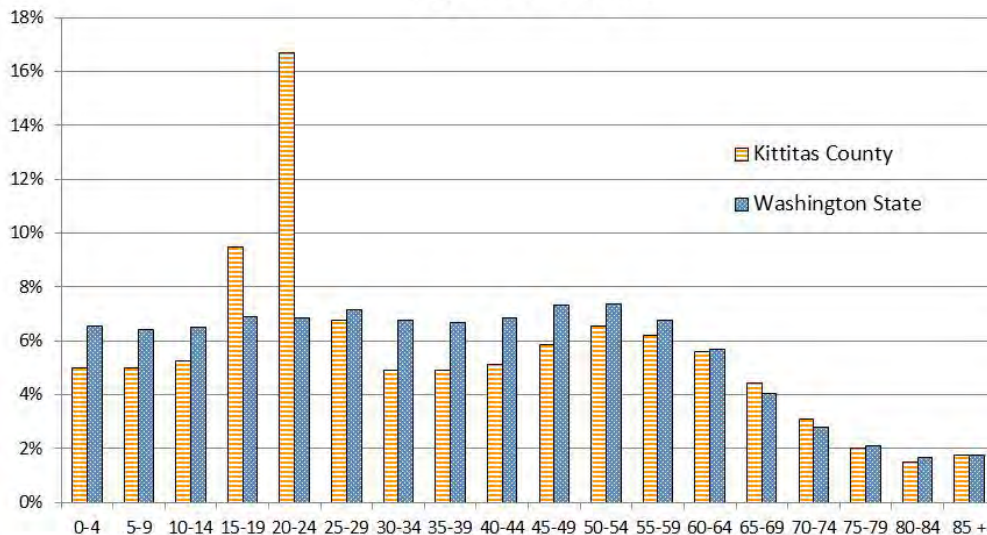
Kittitas County is largely a rural county with 44% of the population living in unincorporated areas compared to 37% statewide. Population density is about 18 persons per square mile compared to 101 statewide. However, Kittitas County is also one of the five fastest growing counties in the state with a 22.6% increase in population between 2000-2010.<sup>4</sup>



## Age Distribution

Because of the presence of a major university in Ellensburg (Central Washington University), Kittitas County has a greater proportion of young adults between the ages of 15-24 compared to Washington State.<sup>4</sup>

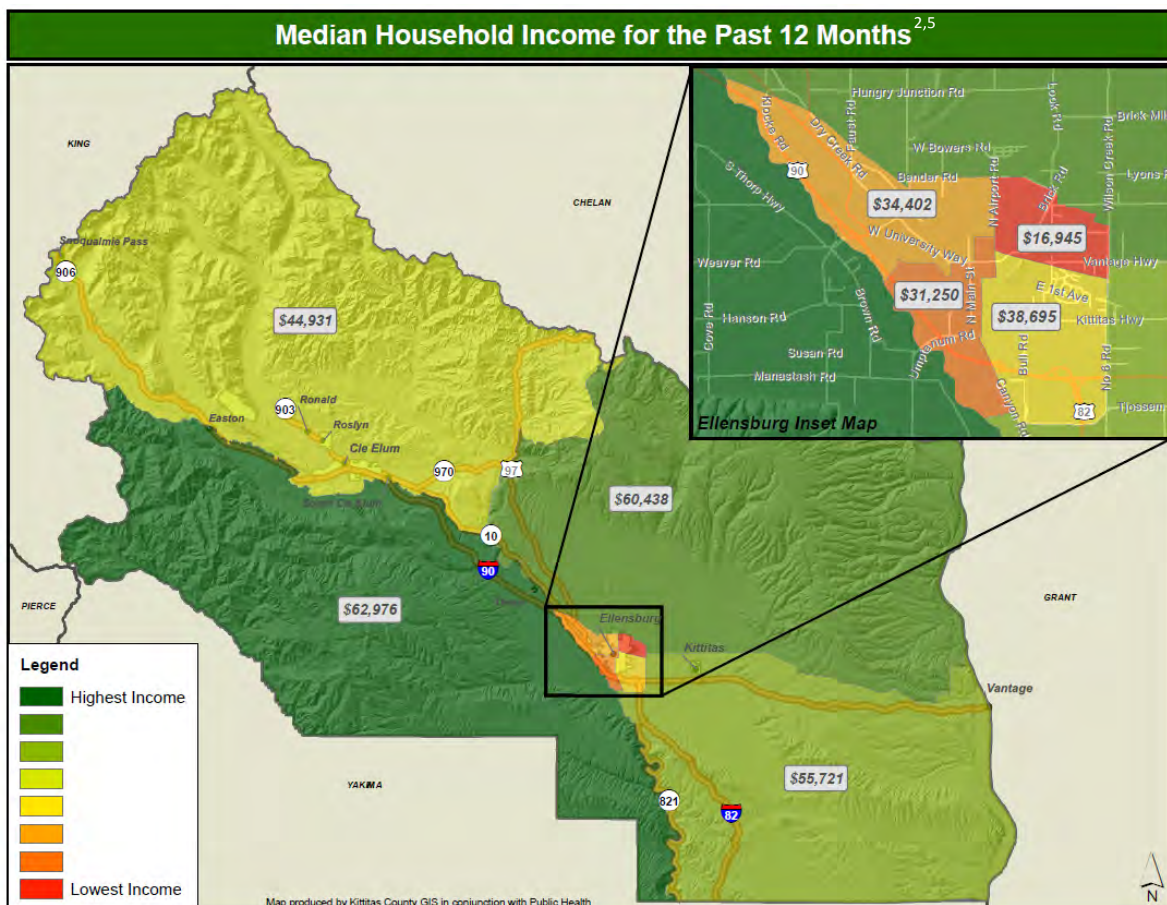
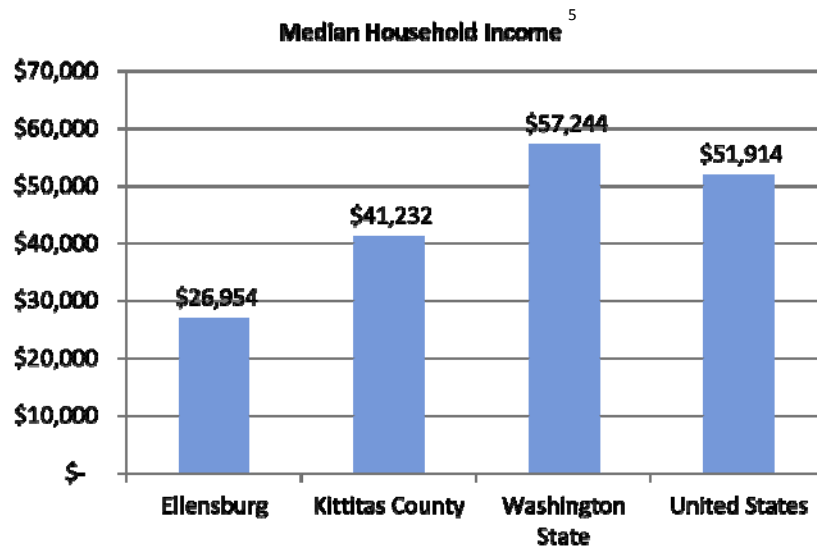
### Age Distribution



# Description of Kittitas County

## Income

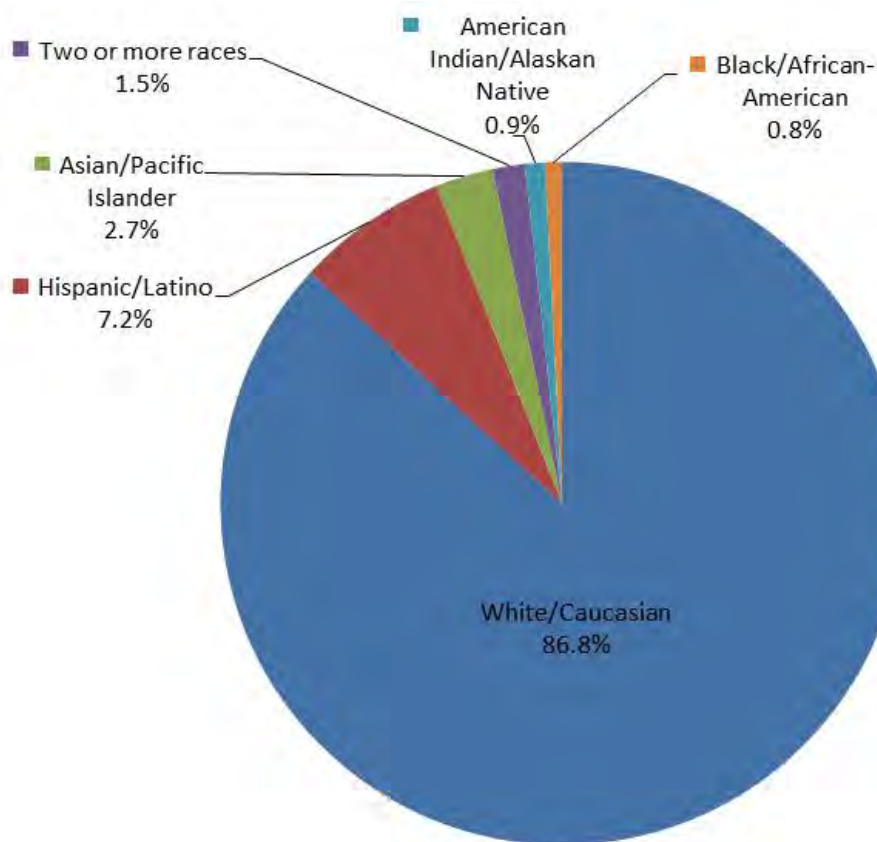
The median household income in Kittitas County is lower than both Washington State and the United States.<sup>5</sup> The population of university students who may not have earned income to report could contribute to a lower median household income in the county, especially considering the geographic distribution of income.





## Race and Ethnicity

Although the county is not as racially and ethnically diverse as many communities in Washington, about 13% of the population reports a race or ethnicity different than white or Caucasian.<sup>4</sup>



Race/Ethnicity<sup>4</sup>

## Conclusion

Kittitas County is comprised of several rural and small, but growing communities. It is home to a medium-sized university which has significant impact on the county's demographics from age distribution to income levels to racial and ethnic diversity.



## Leading Causes of Hospitalization

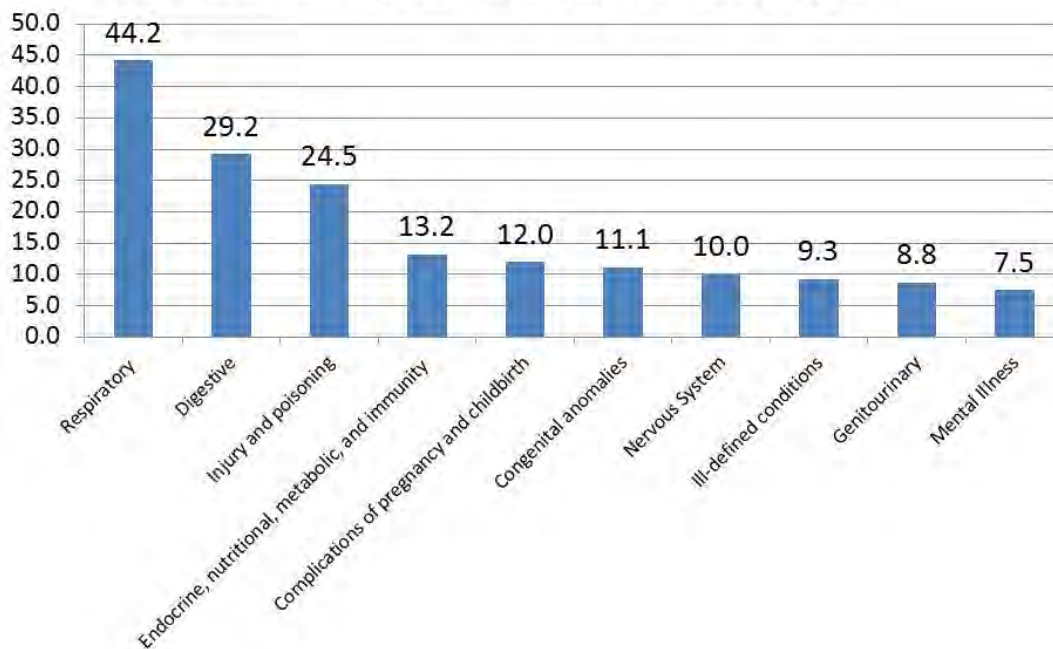
The leading causes of hospitalization (age-adjusted rates) in Kittitas County between 2001-2010 are listed below. These are the same leading causes for Washington State.<sup>6</sup>

1. Conditions originating in the **perinatal** period (newborns)
2. Diseases of the **circulatory** system (heart disease)
3. Complications of **pregnancy, childbirth, and post-partum**
4. Diseases of the **digestive** system (gastrointestinal, appendicitis, gallstones)
5. **Injury** and poisoning (complications of trauma, fractures, complications of medical procedures)
6. Diseases of the **musculoskeletal** system and connective tissue (arthritis, osteoarthritis, back)
7. Diseases of the **respiratory** system (respiratory infections, pneumonia)
8. **Neoplasms** (benign tumors, cancer)
9. Diseases of the **genitourinary** system (urinary infections, diseases of genitalia)
10. **Mental Illness** (mood, depression, and bipolar disorders)

## Children

Diseases of the respiratory system, diseases of the digestive system, and injury and poisoning are the leading causes of hospitalization in Kittitas County among children ages 0 to 17, not counting hospitalizations at birth. Hospitalizations for complications of pregnancy and childbirth, and mental illness are significantly lower in Kittitas County than Washington State for this age group. Other hospitalizations have similar rates to the state.<sup>6</sup>

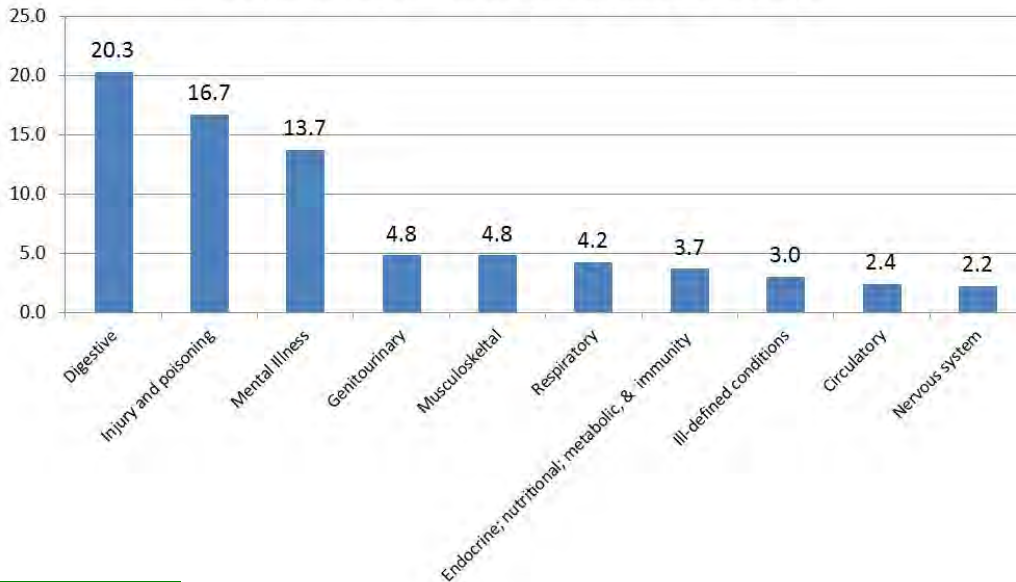
Hospitalization rate per 10,000 children ages 0-17



## Young Adults

Diseases of the digestive system, injury and poisoning, and mental illness are the leading causes of hospitalization in Kittitas County among young adults ages 18 to 24, not counting hospitalizations for pregnancy and childbirth, although they are significantly lower than the state rate. Hospitalizations for all other categories are significantly lower in Kittitas County than Washington State for this age group.<sup>6</sup>

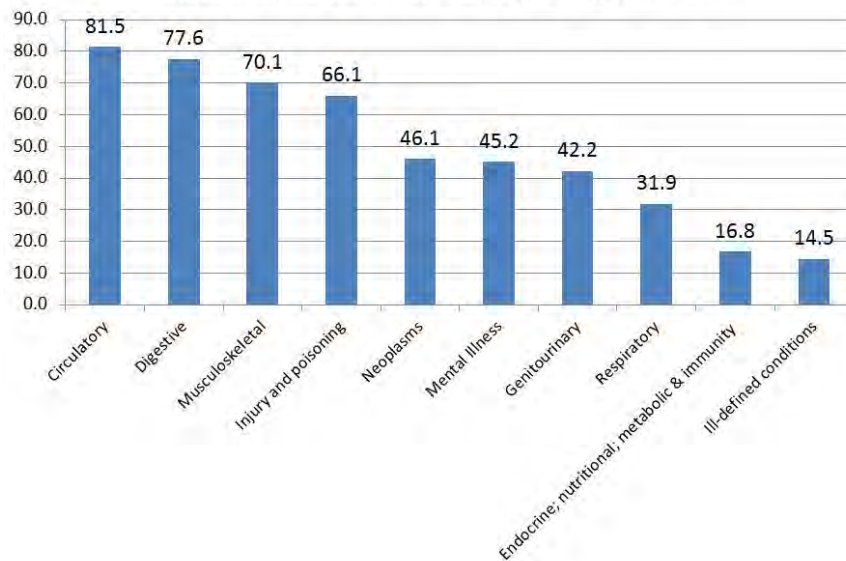
**Rate of hospitalization per 10,000 ages 18-24**



## Adults

Diseases of the circulatory system, diseases of the digestive system, and diseases of the musculoskeletal system are the leading causes of hospitalization in Kittitas County among adults ages 25 to 64, not counting hospitalizations for pregnancy and childbirth, although they are significantly lower than the state rate. Hospitalizations for diseases of the circulatory system; diseases of the musculoskeletal system; diseases of the respiratory system; neoplasms; endocrine, nutritional, metabolic, and immunity diseases; ill-defined conditions; and mental illness are significantly lower in Kittitas County than Washington State for this age group. Other hospitalizations have similar rates to the state.<sup>6</sup>

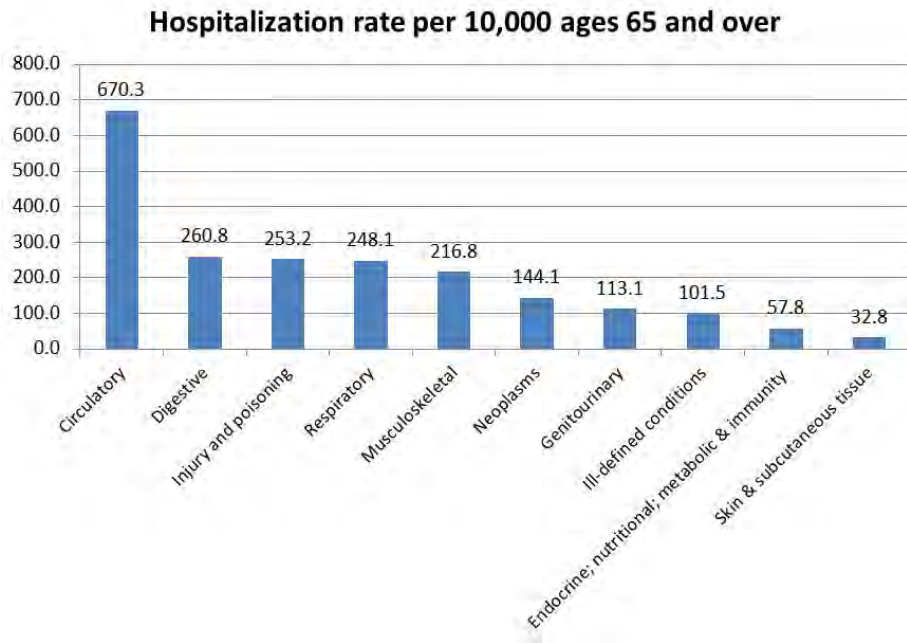
**Rate of hospitalization per 10,000 ages 25-64**



# Description of Kittitas County

## Older Adults

Diseases of the circulatory system, diseases of the digestive system, and injury and poisoning are the leading causes of hospitalization in Kittitas County among older adults ages 65 and over. Hospitalizations for diseases of the circulatory system; diseases of the respiratory system; neoplasms; diseases of the genitourinary system; ill-defined conditions; and endocrine, nutritional, metabolic, and immunity diseases are significantly lower in Kittitas County than Washington State for this age group. Other hospitalizations have similar rates to the state.<sup>6</sup>

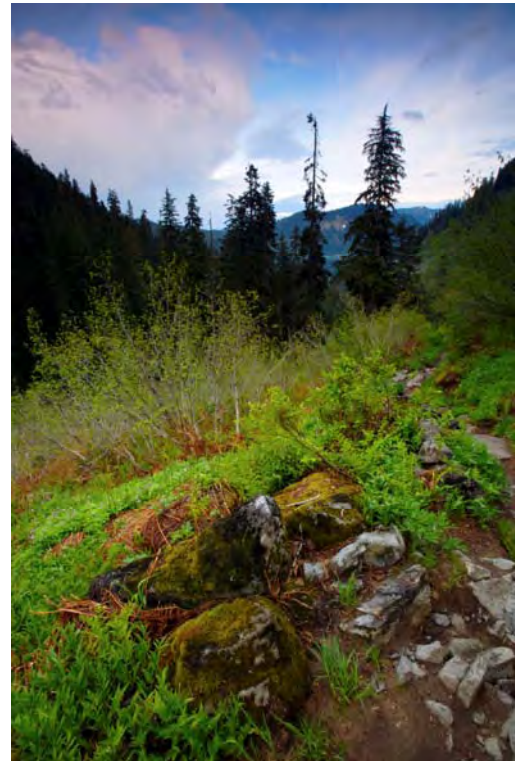


*Kittitas Valley Community Hospital*

## Leading Causes of Death

The leading causes of death or mortality (age adjusted rates) between 2001-2010 in Kittitas County are listed below. Mortality rates for Alzheimer's disease, diabetes, and infectious/parasitic disease are significantly lower in Kittitas County compared to Washington State. The mortality rate for influenza and pneumonia is significantly higher in Kittitas County compared to the state. All other rates are similar to the state. Because of small numbers, mortality rates cannot be broken out by age group.<sup>7</sup>

1. Major **cardiovascular** diseases (heart disease)
2. Malignant **neoplasms** (cancer)
3. All **other** diseases (residual)
4. Chronic lower **respiratory** diseases (bronchitis, emphysema, asthma)
5. **Accidents** (falls, motor vehicle accidents)
6. **Alzheimer's** disease
7. **Influenza and pneumonia**
8. **Diabetes** mellitus
9. Intentional **self-harm** (suicide)
10. **Infectious** and Parasitic Disease (blood poisoning, HIV, hepatitis)



## Conclusion

For the most part, the leading causes of hospitalization and death in Kittitas County are similar to the rest of Washington State. Many hospitalizations rates tend to be significantly lower than the state. However, the common occurrences of hospitalization for circulatory diseases and deaths from major cardiovascular disease is concerning. The significantly higher rate of deaths from influenza and pneumonia in Kittitas County compared to the state is also concerning.

## Forces of Change

The Forces of Change Assessment was conducted by the Community Health Improvement Steering Committee. This assessment identifies **trends, factors, or events that influence the health and quality of life** of the community and the work of the local public health system. It answers the questions: **What is occurring that affects the health of our community? What threats or opportunities may be generated by these occurrences?**

Forces of Change (trends, events, factors)	Opportunities	Threats
<b>CHANGES IN HEALTHCARE</b> <ul style="list-style-type: none"> <li>Health care reform</li> <li>Access to basic physical, dental, and mental health care has improved with an increase in providers but it is still not affordable and accessible to all</li> <li>Health insurance costs are high and coverage is poor</li> <li>Health care is often limited due to being in a rural area</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare reform has the potential to increase access to health services</li> <li>Development of a medical home model in primary care clinics which has the potential to help improve and manage the health of patients</li> <li>Increased access to providers creates the opportunity for an increase in preventive care</li> </ul>	<ul style="list-style-type: none"> <li>State and federal proposed legislation that could negatively affect access to health care</li> </ul>
<b>COMMUNITY DISENGAGEMENT</b> <ul style="list-style-type: none"> <li>Lack of community events, community involvement, and community identity</li> <li>Disengagement with current events and social and political responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Community needs to find local solutions for local issues</li> <li>Create a purpose or reason for people to volunteer</li> <li>Focus on building leaders in unengaged community groups</li> </ul>	<ul style="list-style-type: none"> <li>Lack of engagement may lead to lack of community resources</li> <li>Regular volunteers can become overextended</li> </ul>
<b>CHANGING DEMOGRAPHICS</b> <ul style="list-style-type: none"> <li>Increased cultural and ethnic diversity (Hispanic/Latino, other ethnicities)</li> <li>Increase in retirement population</li> <li>Increase in recreational visitors and part-time residents</li> <li>Increased divide between income levels with people moving here from urban areas</li> </ul>	<ul style="list-style-type: none"> <li>Increases business opportunities positively</li> <li>Greater cultural diversity leads to greater cultural richness</li> <li>Brings more financial resources to the community</li> </ul>	<ul style="list-style-type: none"> <li>Some services are not sufficient to serve the population</li> <li>Concerns about immigration issues</li> </ul>
<b>I-90 CORRIDOR LOCATION</b> <ul style="list-style-type: none"> <li>Drug trafficking present</li> <li>I-90 road improvements</li> <li>An increase in commuting</li> </ul>	<ul style="list-style-type: none"> <li>Ellensburg could be a hub in the state for resources and activities</li> </ul>	<ul style="list-style-type: none"> <li>Proximity to population centers may create an unwanted urban environment</li> <li>Local resources used for non-residents</li> </ul>
<b>ECONOMIC TRENDS</b> <ul style="list-style-type: none"> <li>Increasing unemployment</li> <li>Fewer higher paying jobs</li> <li>High poverty</li> </ul>	<ul style="list-style-type: none"> <li>New collaborations and advocacy groups</li> <li>Larger workforce to choose from</li> <li>Opportunity to identify inefficiencies and increase in community involvement</li> </ul>	<ul style="list-style-type: none"> <li>Services reduced</li> <li>Further loss of jobs and infrastructure</li> <li>Increase in substance abuse trends</li> <li>Increasing homelessness</li> </ul>

# Community Health Assessment

Forces of Change (trends, events, factors)	Opportunities	Threats
<b>POLITICS &amp; GOVERNMENT</b> <ul style="list-style-type: none"> <li>– State and federal differences in laws about drugs</li> <li>– Privatization of alcohol</li> <li>– Recession impedes ability to prioritize health</li> <li>– Governmental budget cuts</li> <li>– Unfunded mandates</li> </ul>	<ul style="list-style-type: none"> <li>– Advocacy and education at all levels</li> </ul>	<ul style="list-style-type: none"> <li>– Continued budget cuts</li> <li>– Increase in levels of drug use and underage drinking</li> </ul>
<b>ENVIRONMENTAL</b> <ul style="list-style-type: none"> <li>– Climate change</li> <li>– Air quality issues</li> </ul>	<ul style="list-style-type: none"> <li>– Potential for clean and renewable energy</li> <li>– Encourage development of non-motorized transportation</li> </ul>	<ul style="list-style-type: none"> <li>– Health concerns due to occasional poor air quality</li> <li>– With climate change, increased flooding</li> </ul>
<b>CHANGES IN LEADERSHIP</b> <ul style="list-style-type: none"> <li>– State government</li> <li>– Local government</li> <li>– Organization leadership</li> </ul>	<ul style="list-style-type: none"> <li>– Develop a formal process for orientation to community services for new leaders</li> </ul>	<ul style="list-style-type: none"> <li>– With elected officials changing, programs and ideas can get lost in the shuffle</li> </ul>
<b>HOME LIFE/FAMILY ENVIRONMENT</b> <ul style="list-style-type: none"> <li>– Increasing stress in families</li> </ul>	<ul style="list-style-type: none"> <li>– Focusing on a positive home life may result in positive health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>– Limited resources to help manage familial stress</li> </ul>
<b>ACCESS TO HEALTHY FOODS</b> <ul style="list-style-type: none"> <li>– Local agricultural support for access to healthy foods</li> <li>– Local foods more available</li> <li>– Local agencies adopting policies and procedures around access to healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>– Education on benefits to local foods and organic farming</li> <li>– Community events that promote access</li> <li>– Local community gardens</li> <li>– More local businesses that promote local foods</li> </ul>	<ul style="list-style-type: none"> <li>– Climate and geography</li> <li>– Local programs don't have as solid of a base as they could have</li> </ul>
<b>EDUCATIONAL INFRASTRUCTURE</b> <ul style="list-style-type: none"> <li>– The future of the middle school site is uncertain</li> <li>– People considering the value vs. cost of higher education</li> <li>– Better identification of developmental disabilities in students</li> </ul>	<ul style="list-style-type: none"> <li>– Public Health giving input on health issues related to a new middle school</li> <li>– More non-traditional career paths</li> <li>– Students with disabilities have more opportunities</li> </ul>	<ul style="list-style-type: none"> <li>– Middle school collapse during seismic event</li> <li>– Higher education costs continue to rise</li> <li>– Students in need slip through the cracks in the system</li> </ul>
<b>LAND USE/DEVELOPMENT</b> <ul style="list-style-type: none"> <li>– Unintentional environmental consequences from development (flooding, erosion)</li> <li>– Well drilling moratorium—impacts ground water</li> </ul>	<ul style="list-style-type: none"> <li>– Establish policy and education on building in flood plains</li> <li>– Develop policy for well drilling in county</li> <li>– Plan better for the future</li> </ul>	<ul style="list-style-type: none"> <li>– Loss of homes and/or life during floods and fires</li> </ul>

## Conclusion

The Forces of Change assessment revealed that several factors, both specific to Kittitas County and shared with other communities, are affecting or could affect the health of our community. Each of these presents important opportunities to improve the community's health or threats that may need to be addressed or considered.

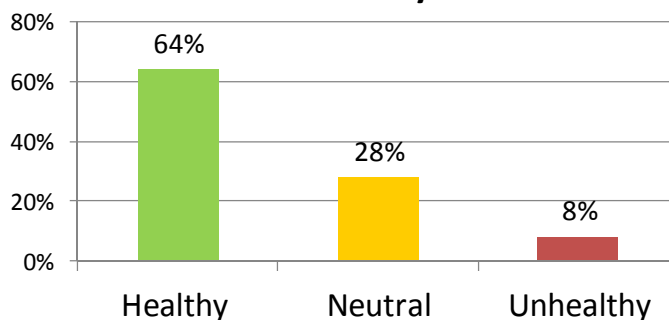
## Community Themes and Strengths

The Community Themes and Strengths Assessment was organized by a sub-committee of the Community Health Improvement Steering Committee. The sub-committee included community members and representatives from Planned Parenthood, HopeSource, and Kittitas County Public Health Department. A community health survey was distributed and analyzed, and a “Journey to a Healthy Community” open house was held. This assessment helps to provide a deeper understanding of **what issues residents feel are important, how quality of life is perceived, and what community assets we have that can be used to improve community health.**

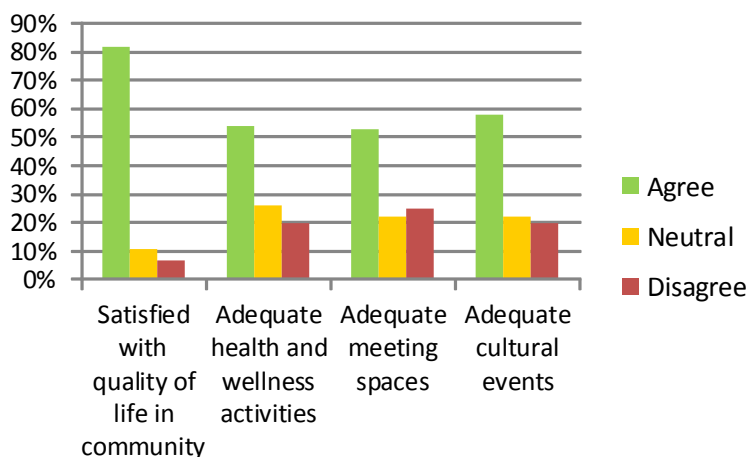
## Community Health Survey

The community health survey was distributed electronically and 526 surveys were completed. The survey asked questions regarding quality of life, health care, children, elderly, economic opportunity, safety, social support, community health, stress, and risk behaviors in the community. Some limitations of the survey’s applicability to the general population are that respondents were disproportionately female, twenty-five or older, with a college degree, and with household income above \$35,000 annually. In other words, men, adults younger than 25, less educated people, and lower income people are underrepresented in this survey.

### How healthy would you rate your community?



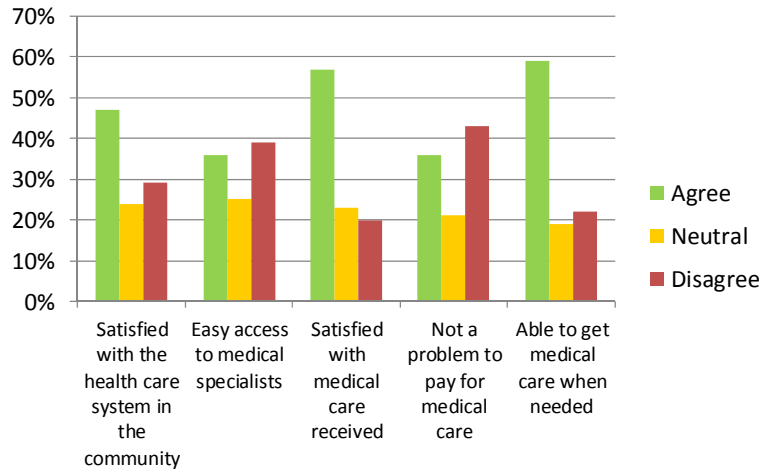
## Quality of Life



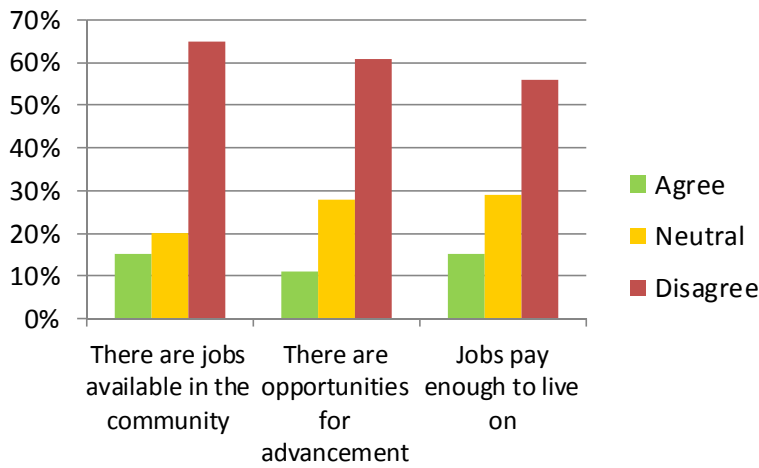


# Community Health Assessment

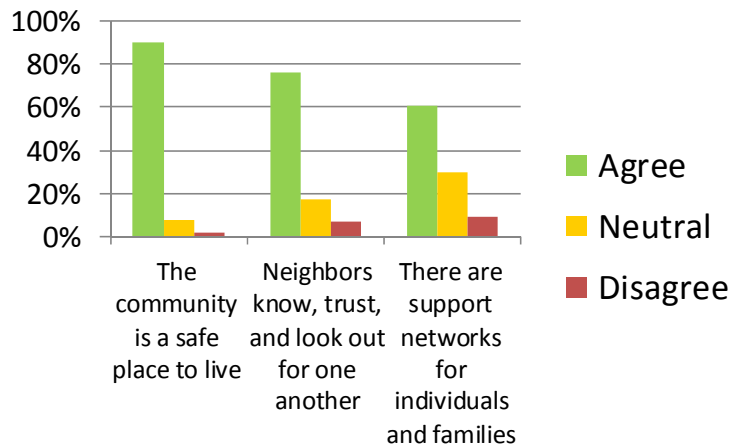
## Health Care



## Economic Opportunity

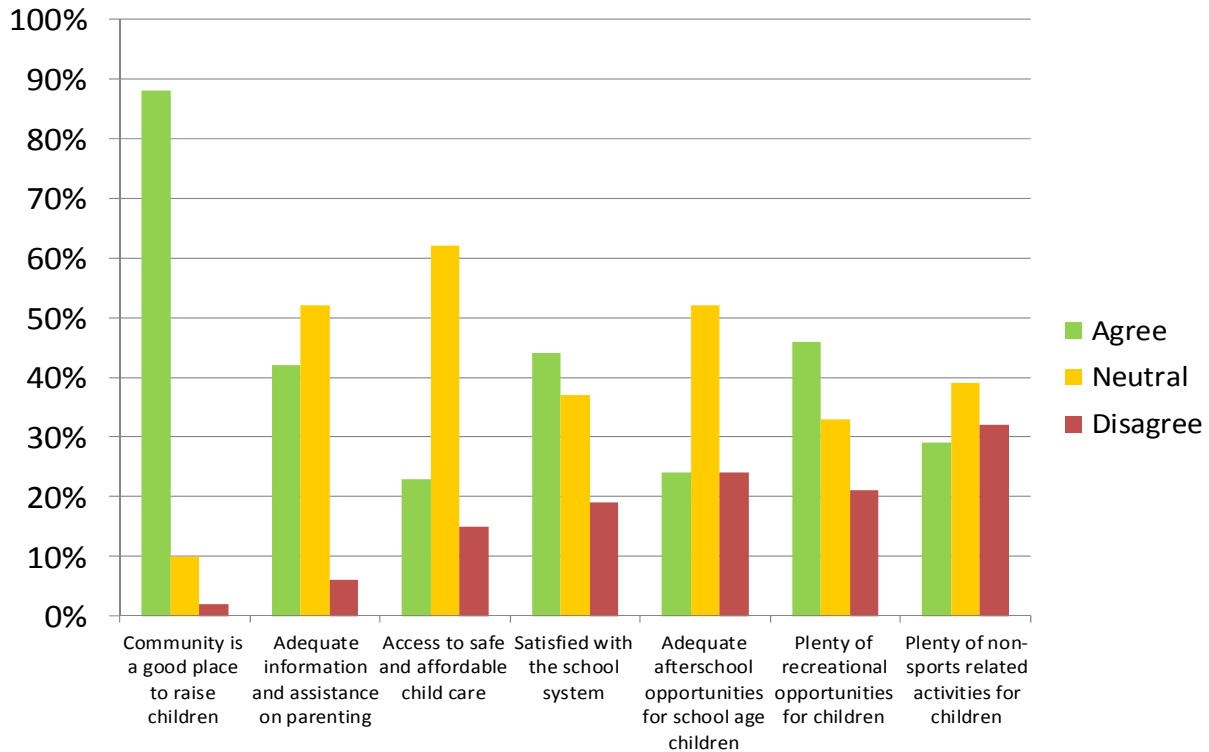


## Safety & Social Support

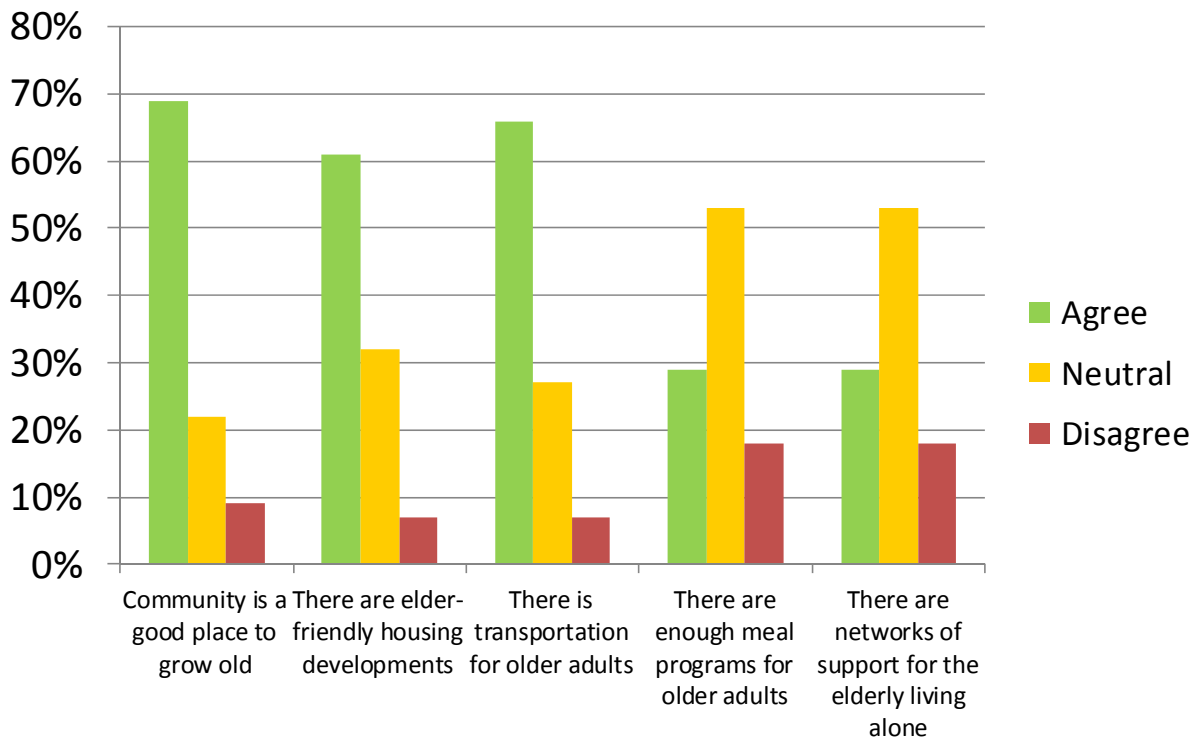


# Community Health Assessment

## Children

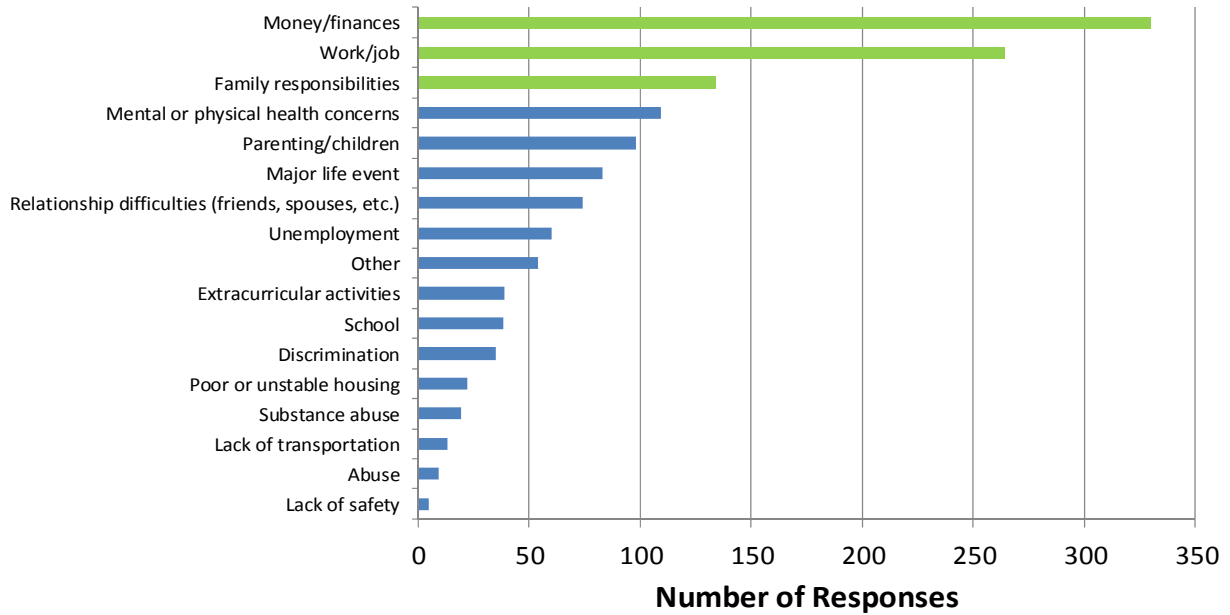


## Elderly

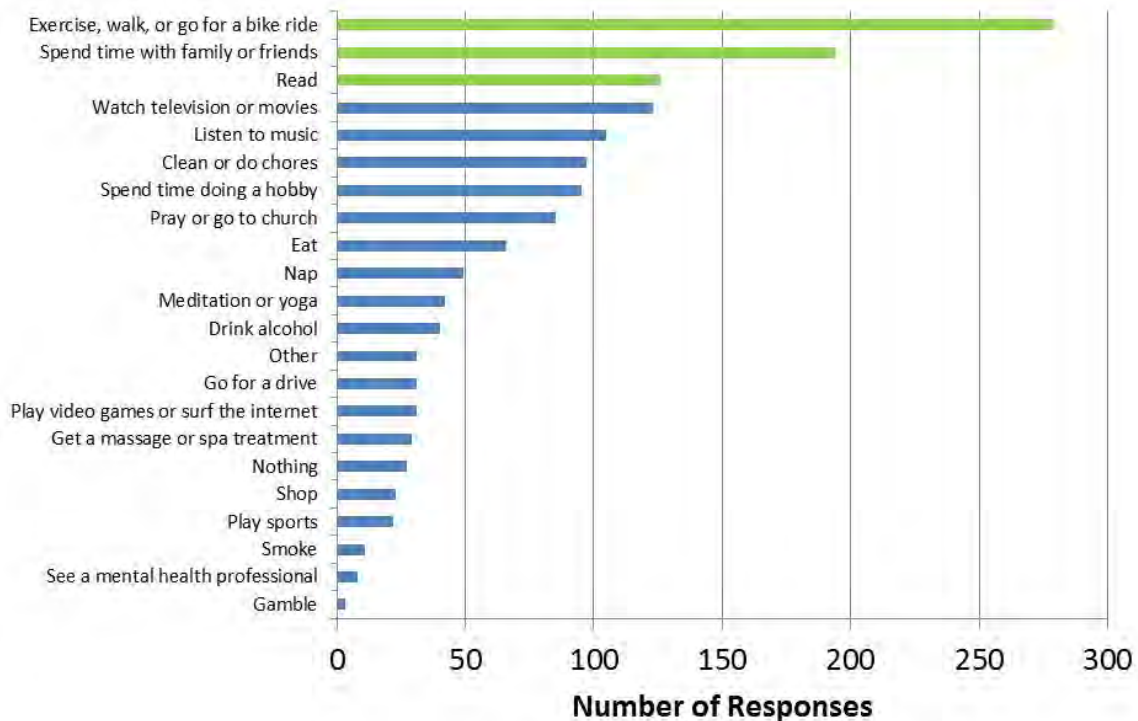


## Stress

What are the three things that cause you the most amount of stress?

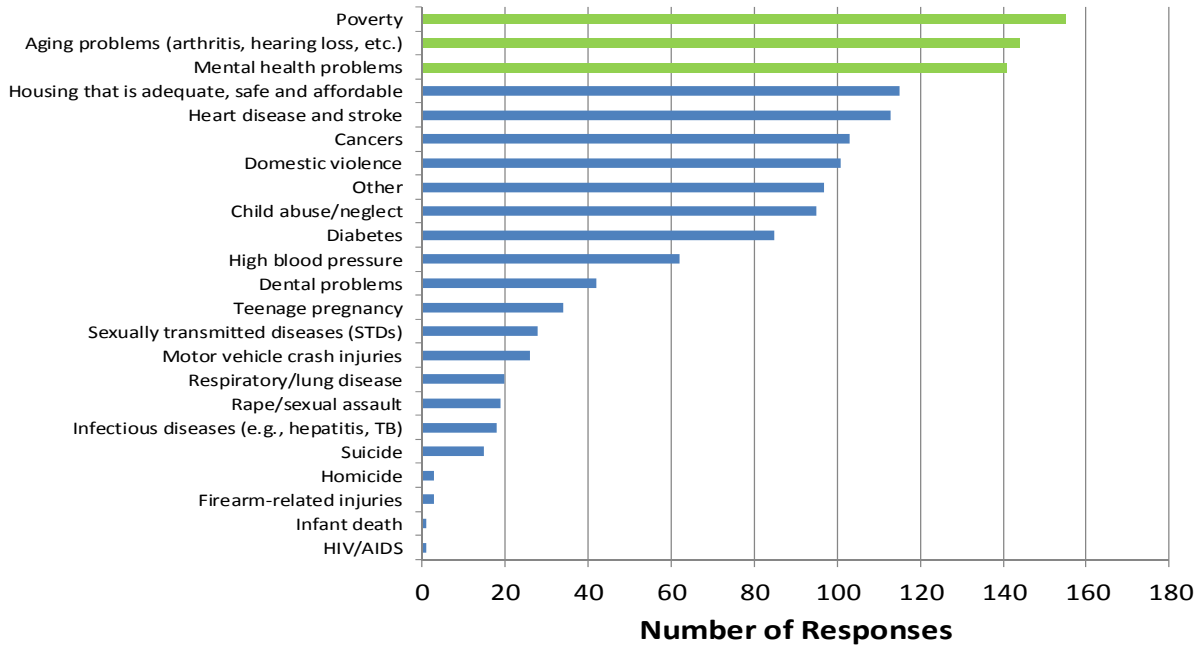


What are the three most common ways you manage your stress?



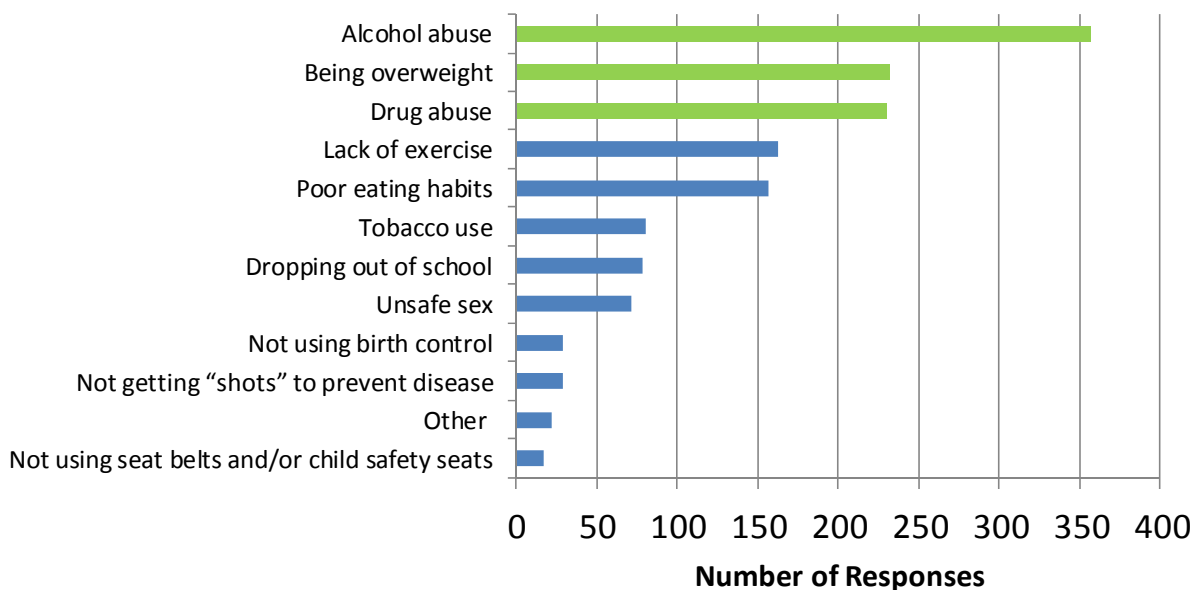
## Health Problems

What do you think are the three biggest “health problems” in our community?



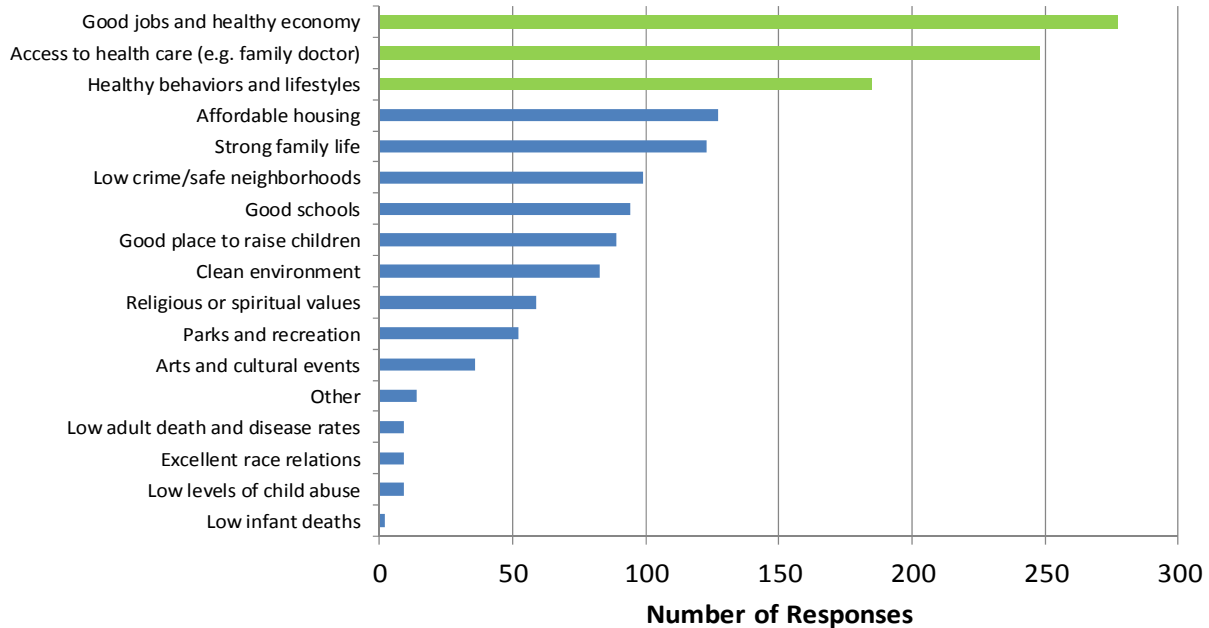
## Risky Behaviors

What do you think are the three biggest “risky behaviors” in our community?



## Quality of Life Factors

What do you think are the three most important factors for quality of life in a “Healthy Community”?



## Conclusion

The community health survey revealed that in general, people who answered the survey feel they have a good quality of life. The community is a good, safe place to raise children and offers good support systems. However, concerns were raised about the lack of economic opportunity and dissatisfaction with health care. Survey respondents are most stressed about money/finances, work/jobs, and family responsibilities. Mental health concerns were also a major source of stress. However, the ways in which people deal with their stress include exercising, spending time with others, or reading. Respondents believe that good jobs and a healthy economy, access to health care, and having healthy behaviors and lifestyles are the most important factors for a healthy community. Yet, poverty, aging problems, mental health problems, drug/alcohol abuse, and overweight were the major concerns in the community.



Participants taking the community health survey during the Journey to a Healthy Community event

# Community Health Assessment

## Journey to a Healthy Community

Journey to a Healthy Community was an open house event with sixty-three attendees.

Attendees participated in different stations answering questions related to quality of life, community assets, health issues, and factors for a healthy community.



## Healthy Community

*What do you think is most important for a healthy community?* In this station, participants were given a bag of beans to vote with. They could place all their “votes” in one healthy community factor, or disperse them however they wished among several factors.

For the most part, answers were very similar to the survey question “What do you think are the three most important factors for quality of life in a healthy community?” The three factors with the most beans were **good jobs and a healthy economy, healthy behaviors and lifestyle, and access to health care.**



## Health Issues

*What do you think are the most important health issues in Kittitas County?* This question was presented as an open ended question and participants responded via text message. Their answers were then displayed anonymously on a big screen at the venue.

The most common themes were **obesity and nutrition, substance abuse and addiction, economy and jobs, and access to health care.**



## Quality of Life

*What do you think contributes to the quality of life in Kittitas County? What do you think would improve the quality of life in Kittitas County?* At this station, participants could write their answers on an easel or have a discussion with one of the facilitators.

Common themes for factors that contribute to the quality of life in Kittitas County included **community and outdoor activities, friendly and supportive community members, and good schools and activities for children.** People also mentioned the **farmer's markets** and **Central Washington University** as community assets.



Common themes to improve quality of life in Kittitas County include more **low-cost and year-round recreational activities and better paying and more professional jobs.** Other ideas mentioned more than once include **improved affordable housing opportunities, a winter farmer's market, more shopping options, and better connections and resources for Upper Kittitas County.**

## Community Assets

*What do you like best about Kittitas County?* Participants were given access to a variety of colored markers and encouraged to write or draw their answer on a large sheet of paper hanging on the wall.

The most notable themes were the **people, the community, and outdoor recreation.** Participants expressed that one of the things they like best is the **friendly, supportive, and caring community.**

Other themes included the **small town atmosphere and the presence of a university.**



## Conclusion

Journey to a Healthy Community revealed several themes about the health of Kittitas County that are consistent with the community health survey. Health concerns and opinions about a healthy community were similar to the survey. Quality of life issues revealed the problem of better paying jobs again as well as the need for affordable housing and more resources and connections with the more remote areas of the county. Several community assets such as the friendly people, the supportive community, and the recreation opportunities were common.

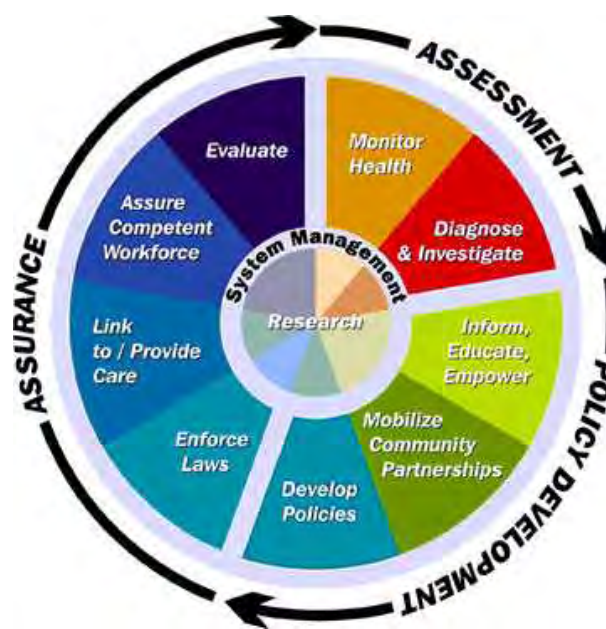
# Community Health Assessment

## Local Public Health System

The Local Public Health System Assessment uses a survey tool from the National Public Health Performance Standards Program that was completed by the Community Health Improvement Steering Committee along with other community members and public health system partners such as Kittitas County Sheriff's Office Emergency Management, Kittitas Valley Community Hospital, Community Health of Central Washington, Bright Beginnings for Kittitas County, and Kittitas County Public Health Department. The tool is based on the Ten Essential Public Health Services and seeks to identify **strengths and weaknesses of the local public health system**. The local public health system is comprised of all the organizations and entities that contribute to public health in a community. This assessment answers the questions: **What are the components, activities, competencies, and capacities of our local public health system? How are the Ten Essential Public Health Services being provided to the community?**

## 10 Essential Public Health Services

The Ten Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. They were developed by the Centers for Disease Control and Prevention (CDC) and the Core Public Health Functions Steering Committee in 1994. The Local Public Health System Assessment asks questions about how a community provides each essential service using a series of "model standards" for each service. There are thirty model standards evaluated with a series of questions for each standard.



## Scoring

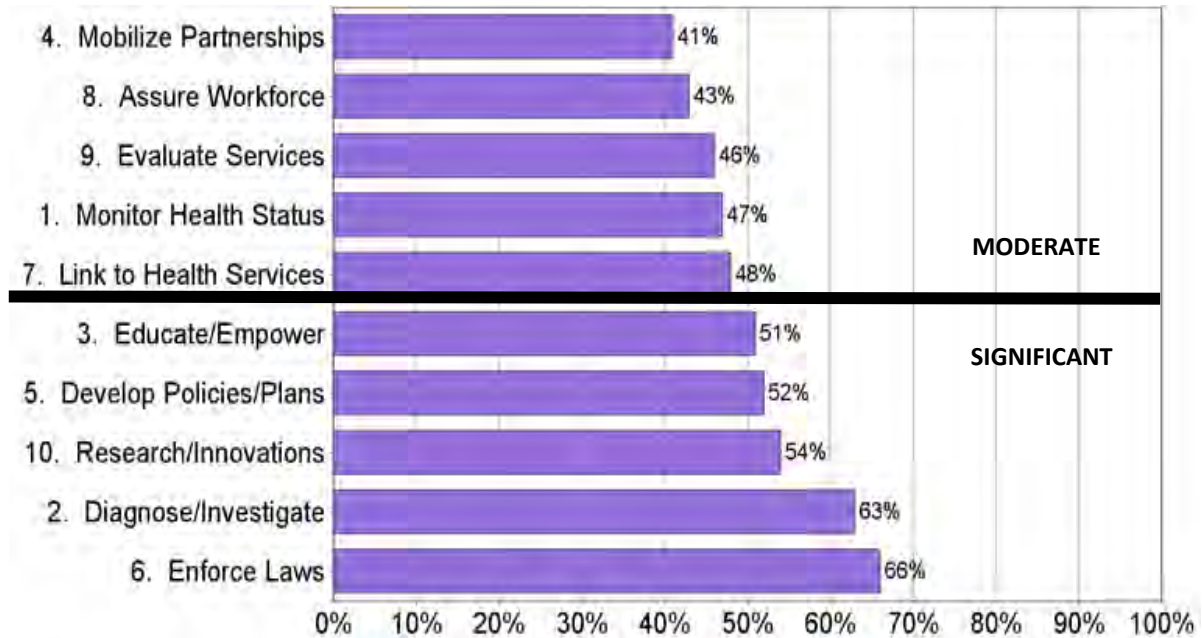
Each question was scored using five categories ranging from No Activity to Optimal Activity. For each question, the participants asked "How well are we doing this activity in our local public health system?"

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.



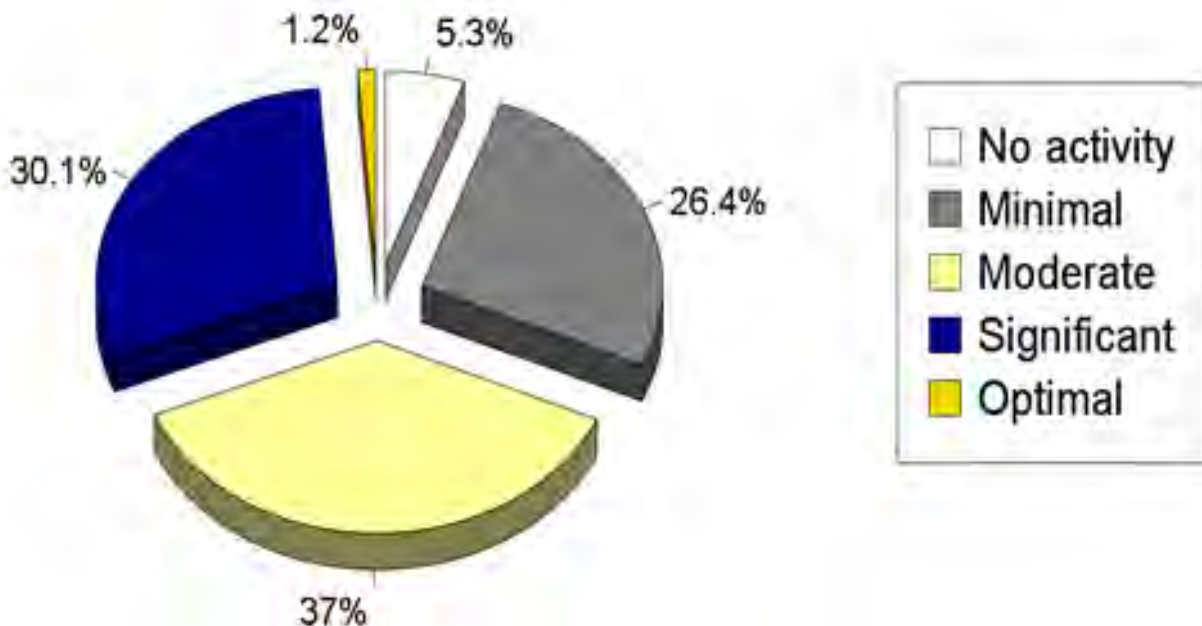
## Essential Services

When each question and model standard scores were averaged, five of the Ten Essential Public Health Services scored in the moderate range of activity (26%-50%) and five scored in the significant range of activity (51%-75%).



## Questions

This breakdown of the scores of the actual questions provides a closer snapshot of the performance of the local public health system.



# Community Health Assessment



Essential Public Health Service (EPHS)	Model Standard	Strengths and Weaknesses
<b>1. Monitor</b> health status to identify and solve community health problems.	<ul style="list-style-type: none"> <li>· Population Based Community Health Profile</li> <li>· Current Technology to Manage and Communicate Population Health Data</li> <li>· Maintenance of Population Health Registries</li> </ul>	<ul style="list-style-type: none"> <li>+ Areas of strength in EPHS 1 include maintaining and contributing to population health registries such as the Washington State Immunization Registry, although this registry is the only one utilized besides required hospital reporting. In addition, the plans for distributing and using a community health profile were considered to be an area of strength.</li> <li>- Areas of weakness include the ability of the local public health system to track data over time, use health data to monitor progress towards health goals, and use community health assessment results to inform policy and planning decisions. However, much of this is currently in progress with the current community health assessment. Other areas of weakness include access to technology and geo-coded data which is challenging in a small community.</li> </ul>
<b>2. Diagnose and investigate</b> health problems and health hazards in the community.	<ul style="list-style-type: none"> <li>· Identification and Surveillance of Health Threats</li> <li>· Investigation and Response to Public Health Threats and Emergencies</li> <li>· Laboratory Support for Investigation of Health Threats</li> </ul>	<ul style="list-style-type: none"> <li>+ The primary area of strength in EPHS 2 is in the area of laboratory support for investigation of health threats. Despite being in a rural community, the local public health system has ready access to licensed and credentialed laboratories for diagnostic, surveillance, and emergency needs. Also, the system in place for reporting, surveillance, and investigation of communicable diseases is strong.</li> <li>- Despite the strong systems in place, resources are limited for disease surveillance and investigation activities and surveillance and investigation protocols need improvement.</li> </ul>
<b>3. Inform, educate, and empower</b> people about health issues.	<ul style="list-style-type: none"> <li>· Health Education and Promotion</li> <li>· Health Communication</li> <li>· Risk Communication</li> </ul>	<ul style="list-style-type: none"> <li>+ For EPHS 3, risk communication plans, resources for rapid communications response, and policies and procedures for public information officers are considered to be strong. Health education and health promotion campaigns are also strengths given that many local public health system partners engage in health promotion activities.</li> <li>- One area of weakness within risk communication was identified to be a lack of crisis and emergency communications training for local public health system partners. Health communication plans or collaboration on plans is also not prevalent.</li> </ul>
<b>4. Mobilize</b> community partnerships and action to identify and solve health problems.	<ul style="list-style-type: none"> <li>· Constituency Development</li> <li>· Community Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>+ Strengths identified in EPHS 4 have to do primarily with the strong engagement of the Community Health Improvement Steering Committee in improving community health and building awareness of public health.</li> <li>- Weaknesses identified include the lack of a directory of partners who comprise the local public health system and lack of a system for reviewing community health partnerships.</li> </ul>
<b>5. Develop policies and plans</b> that support individual and community health efforts.	<ul style="list-style-type: none"> <li>· Governmental Presence at the Local Level</li> <li>· Public Health Policy Development</li> <li>· Community Health Improvement Process and Strategic Planning</li> </ul>	<ul style="list-style-type: none"> <li>+ Areas of strength in EPHS 5 mostly have to do with the strong emergency plans that are in place in the community. There is a functioning emergency management council in which public health partners are actively engaged, and public health emergency and county-wide emergency plans are developed and revised regularly. In addition, the Kittitas County Public Health Department maintains a presence in the community, and a community health improvement plan is currently in progress.</li> <li>- Areas of weakness include a lack of sufficient resources for Kittitas County Public Health Department, public health policy development, and resources to implement the community health improvement plan.</li> </ul>

# Community Health Assessment

Essential Public Health Service (EPHS)	Model Standard	Strengths and Weaknesses
<b>6. Enforce laws and regulations</b> that protect health and ensure safety.	<ul style="list-style-type: none"> <li>Review and Evaluation of Laws, Regulations, and Ordinances</li> <li>Involvement in the Improvement of Laws, Regulations, and Ordinances</li> <li>Enforcement of Laws, Regulations, and Ordinances</li> </ul>	<ul style="list-style-type: none"> <li>+ EPHS 6 was a strong point in the local public health system assessment. There is a strong infrastructure in place to review and evaluate, improve, and enforce laws, regulations and ordinances.</li> <li>- One area of weakness identified was the lack of a system to identify public health issues that can be addressed through laws, regulations, or ordinances.</li> </ul>
<b>7. Link people</b> to needed personal health services and assure the provision of health care when otherwise unavailable.	<ul style="list-style-type: none"> <li>Identification of Personal Health Service Needs of Populations</li> <li>Assuring the Linkage of People to Personal Health Services</li> </ul>	<ul style="list-style-type: none"> <li>+ In EPHS 7, being able to identify people and populations who experience barriers to health care is a strength. Identifying their specific needs and linking to care are areas where there is moderate activity as well.</li> <li>- Providing assistance to vulnerable populations in accessing health services is a weakness in this area.</li> </ul>
<b>8. Assure</b> competent public and personal health care workforce.	<ul style="list-style-type: none"> <li>Workforce Assessment, Planning, and Development</li> <li>Public Health Workforce Standards</li> <li>Life-Long Learning Through Continuing Education, Training, and Mentoring</li> <li>Public Health Leadership Development</li> </ul>	<ul style="list-style-type: none"> <li>+ Areas of strength in EPHS 8 include having clear licensure and certification guidelines and written position descriptions for people working in the local public health system. There is also good interaction with local public health system partners and the local academic institution, Central Washington University.</li> <li>- Areas of weakness include a lack of activity around local workforce assessment and evaluation, recruitment of new and diverse leaders, and opportunities to develop core public health competencies.</li> </ul>
<b>9. Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services.	<ul style="list-style-type: none"> <li>Evaluation of Population-Based Health Services</li> <li>Evaluation of Personal Health Services</li> <li>Evaluation of the Local Public Health System</li> </ul>	<ul style="list-style-type: none"> <li>+ For EPHS 9, evaluation of personal health services against established standards, client satisfaction, and quality improvement is an area of strength in our community.</li> <li>- Evaluation activities for population based health services is limited due to lack of resources. In addition, a local public health system assessment has not been utilized in the past and it is unclear if there will be a system in the future for continuing to evaluate the local public health system.</li> </ul>
<b>10. Research</b> for new insights and innovative solutions to health problems.	<ul style="list-style-type: none"> <li>Fostering Innovation</li> <li>Linkage with Institutions of Higher Learning and/or Research</li> <li>Capacity to Initiate or Participate in Research</li> </ul>	<ul style="list-style-type: none"> <li>+ In EPHS 10, strengths include good collaboration with the academic community and Central Washington University. Innovation is encouraged community wide.</li> <li>- Actual capability to conduct public health research is limited due to lack of resources and lack of a graduate program focusing on public health.</li> </ul>

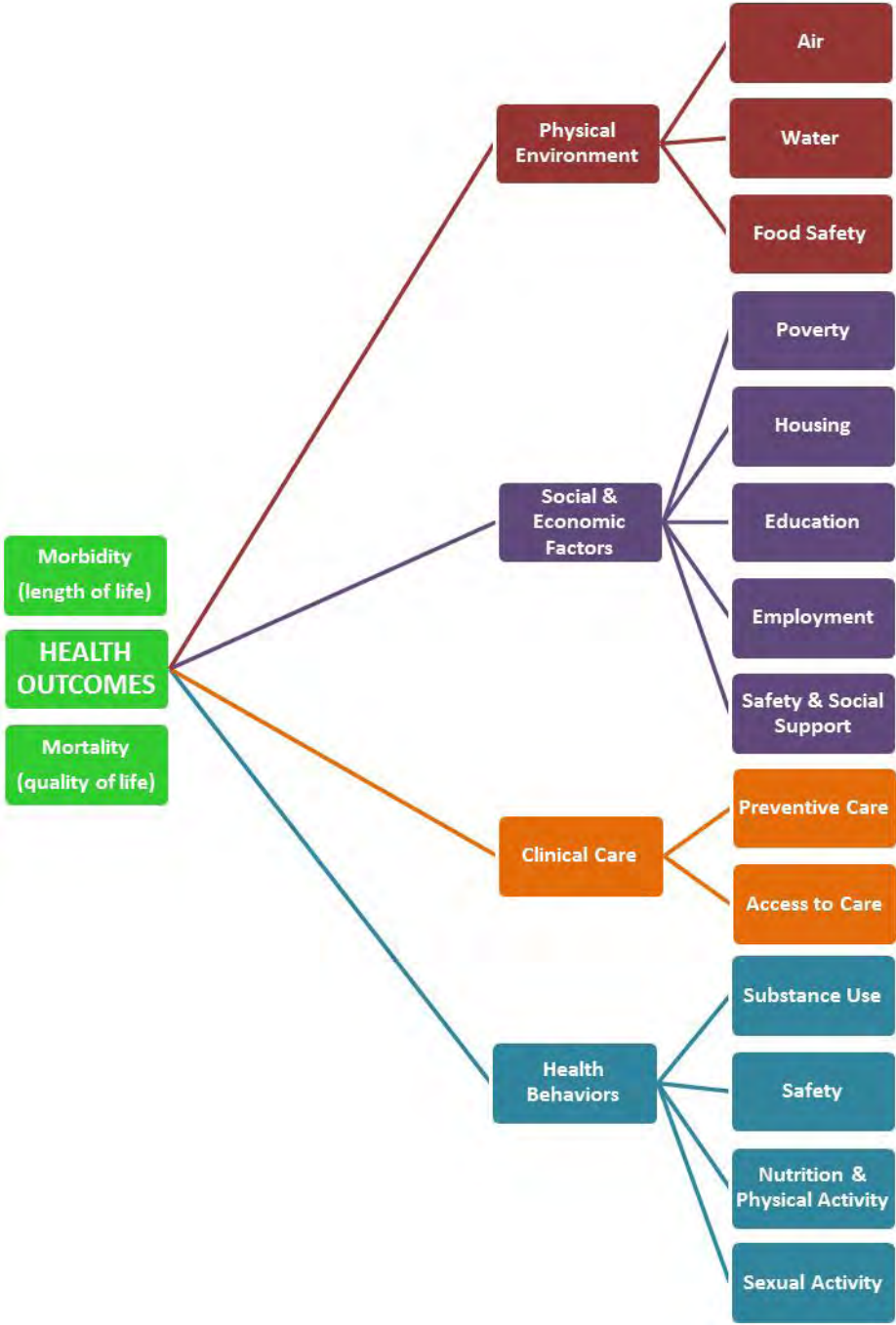


## Conclusions

The Local Public Health System assessment revealed that the local public health system has many strengths as well as weaknesses. Strengths are in the areas of laws and regulations, policies and plans (especially emergency plans), and investigating health problems. Weaknesses are in the area of evaluation, workforce development, and community mobilization. Through the process, much was learned about the various partners in the local public health system and intentional collaboration as a system should be the norm in the future.

## Community Health Status

The Community Health Status Assessment is focused on gathering and analyzing data on health indicators that describe the **health status of the community, quality of life, and behavioral risk factors**. The health indicators chosen to describe the health of Kittitas County were selected using a combination of input from the Community Health Improvement Steering Committee, previously tracked health indicators, and current indicator set models such as the County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)). They are organized into five main groups: **health outcomes, health behaviors, clinical care, social and economic factors, and physical environment**. This assessment answers the questions: **How healthy are our residents? What does the health status of our community look like?** There are additional indicators located in the appendices.



# Community Health Assessment

## Health Outcomes

Mortality and morbidity measures are used to describe health outcomes. Mortality measures describe the length of life (death) whereas morbidity measures the quality of life (injury and illness.)

In the health outcome data shown below, Kittitas County is significantly lower than Washington State in rates of general and asthma hospitalization, babies born with low birth weight,<sup>8</sup> cancer,<sup>9</sup> chlamydia,<sup>10</sup> and number of people living with HIV.<sup>11</sup>

Kittitas County is significantly higher than the state in the rate of hospitalizations in youth ages 0-17 for unintentional injuries and pertussis (whooping cough) rates.<sup>6</sup>

Category	Health Indicator	Kittitas County	Washington State	United States	Target	
Illness (Morbidity)	General Health	Hospitalization rate per 10,000 people <sup>6</sup>	828	948	n/a	745
		Percent of adults reporting fair or poor health <sup>12</sup>	12%	13%	17%	10%
	Mental Health	Percent of adults who report poor mental health for at least 2 weeks during the past month <sup>13</sup>	9%	10%	11%	8%
		Percent of 10 <sup>th</sup> graders who felt sad or hopeless for 2 weeks or more over the past 12 months <sup>13</sup>	31%	30%	26%	28%
	Birth Outcomes	Percent of babies born with low birth weight <sup>8,14</sup>	4.6%	6.4%	8.2%	7.8% *
	Chronic Disease	Percent of adults with diabetes <sup>13</sup>	6%	7%	9%	5%
		Rate of hospitalizations due to asthma per 10,000 people <sup>6,15</sup>	4.9	7.3	11.1	8.6 *
		Cancer rate per 10,000 people <sup>9,16</sup>	41	53.4	45	37
	Communicable Disease	Number of people living with HIV/AIDS per 10,000 people <sup>11,17</sup>	3.4	16.5	38.8	3.1
		Pertussis (whooping cough) rate per 10,000 people <sup>18,19</sup>	2.6	0.7	0.6	0.7
		Chlamydia rate per 10,000 people <sup>10</sup>	28	31	43	25
	Oral Health	Percent of kindergarteners and 3rd grade students with a history of cavities <sup>20</sup>	42.6%	48.6%	43.9%	39.5%
Injury	Rate of hospitalizations due to unintentional injuries per 10,000 youth ages 0-17 <sup>6</sup>	23.6	18.5	n/a	18.5	
Deaths (Mortality)	Premature Death	Years of potential life lost per 10,000 people <sup>21</sup>	558	547	830	547
	Infant Mortality	Rate of live births resulting in death in the first year per 1,000 births <sup>22,15</sup>	4.0	4.8	6.7	6.0 *

\*Target met

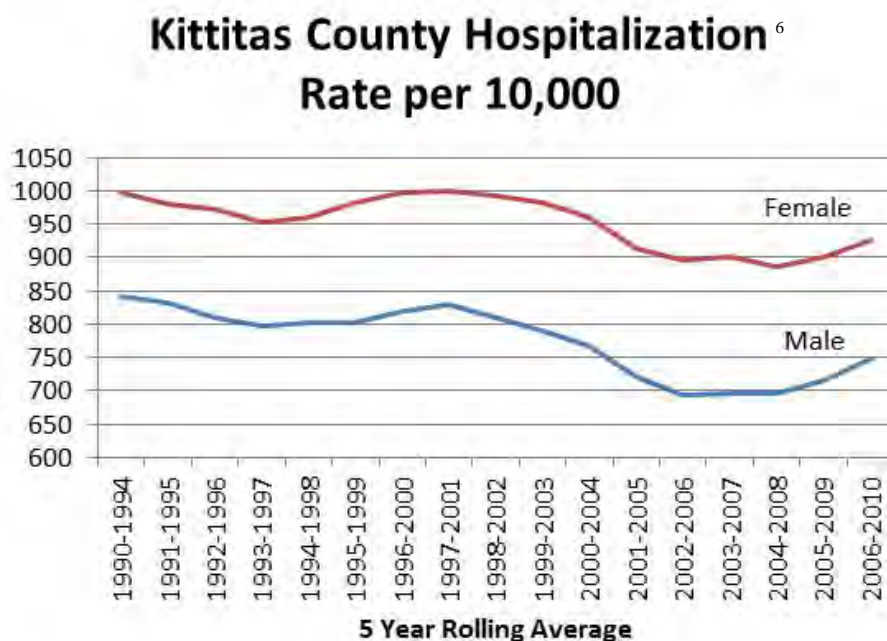
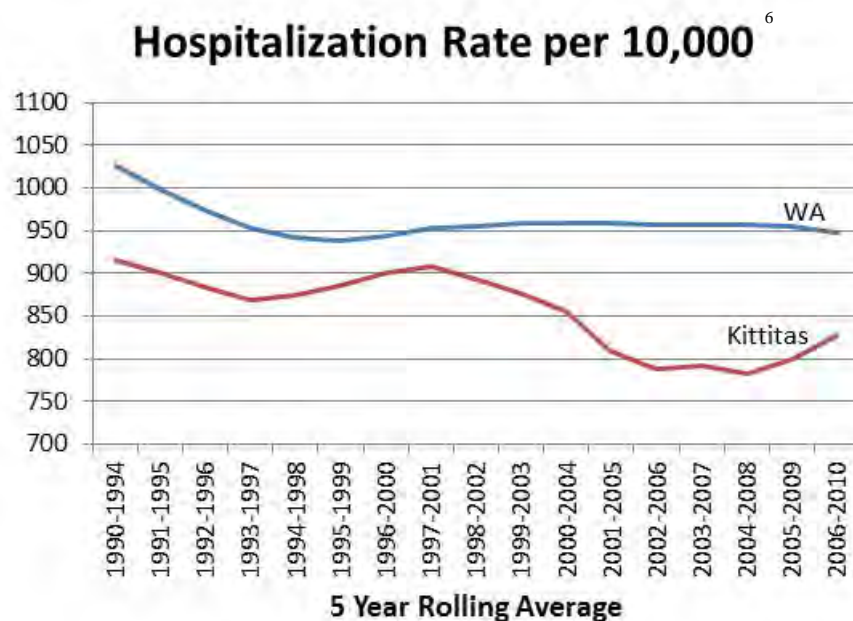
## Health Outcome Trends & Comparisons

Overall hospitalization rates have trended downwards since the 1990s, with Kittitas County's rates mostly staying significantly lower than the Washington State. Female hospitalization rates are consistently higher than male hospitalization rates, mostly due to hospitalizations related to pregnancy and childbirth.<sup>6</sup>

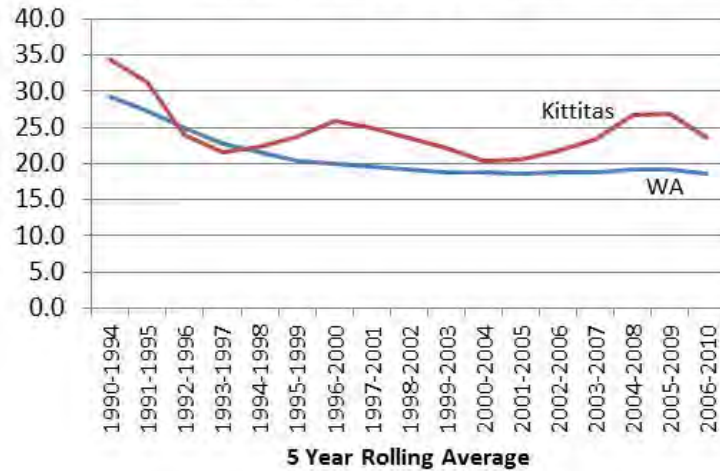
Rates of youth hospitalization due to unintentional injury dropped considerably in the early to mid 1990s, but have fluctuated since, always staying higher than the state rate.<sup>6</sup>

Chlamydia rates have gone up in both males and females, however females are disproportionately affected.<sup>10</sup>

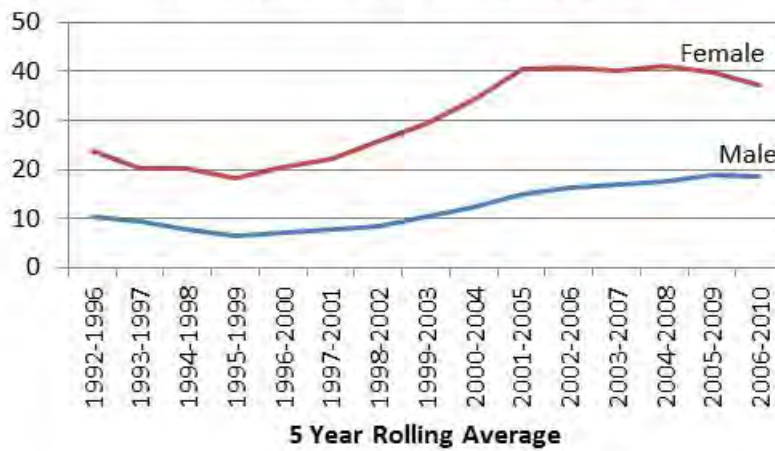
Cancer rates have remained relatively stable, with male rates being higher than female rates.<sup>9</sup>



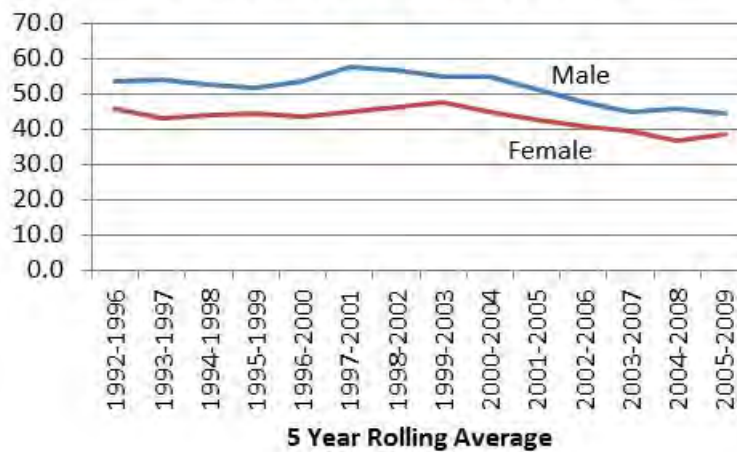
## Rate of Youth (0-17) Hospitalization due to Unintentional Injury per 10,000 <sup>6</sup>



## Chlamydia Rate per 10,000 <sup>10</sup>



## Cancer Rate per 10,000 <sup>9</sup>



# Community Health Assessment

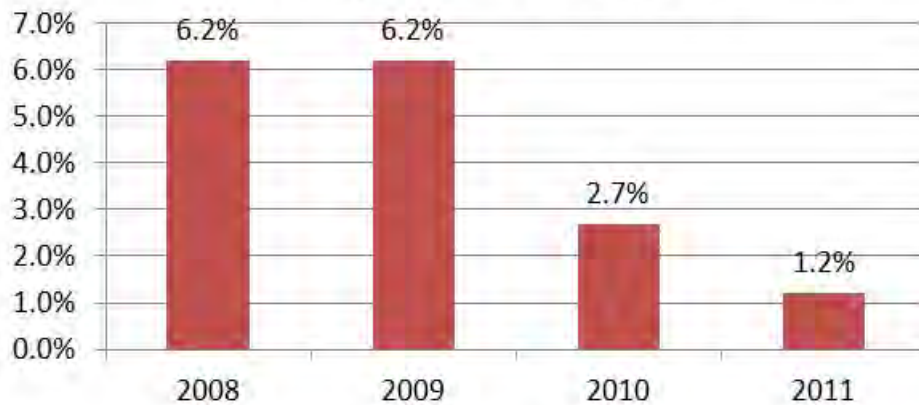
## Physical Environment

To measure the physical environment's impact on health, we examined environmental quality data in the areas of air, water, and food safety. National data is not available for these measures.

Kittitas County had more unhealthy air days than Washington State overall. More of our streams have a pollution control plan in place, and significantly fewer of our food establishments have significant violations.

Category	Health Indicator	Kittitas County	Washington State	United States	Target	
Environmental Quality	Air	Percent of days with unhealthy air quality <sup>23,24</sup>	1.9%	0.4%	n/a	0.4%
	Water	Percent of stream sections with high levels of fecal coliforms and without a pollution control plan in place <sup>25</sup>	17.8%	52.7%	n/a	16.0%
	Food Safety	Percent of routine food establishment inspections with significant violations <sup>26,27</sup>	1.2%	5.0%	n/a	1.1%

### Percent of Routine Food Inspections with Significant Violations<sup>26</sup>





# Community Health Assessment

## Social & Economic Factors

Social and economic factors can lead to excessive stress, difficulty accessing health care, and limited abilities to engage in healthy behaviors. They are considered to be root causes of poor health.

Poverty in Kittitas County is significantly higher than the Washington State average.<sup>28</sup> In addition, child abuse referrals are higher,<sup>29</sup> as well as the percent of people who pay over 30% of their income in housing costs.<sup>28</sup> The violent crime rate is lower than the state.<sup>30</sup>

Category	Health Indicator	Kittitas County	Washington State	United States	Target	
Social & Economic	Poverty	Percent of population living below 200% of the poverty level <sup>28</sup>	38.1%	28.7%	32.8%	34.3%
		Percent of 10 <sup>th</sup> graders who report that they or their family cut meal size or skipped meals some or almost every month in the past year because there was not enough money for food <sup>31</sup>	12.3%	13.9%	n/a	11.1%
	Housing	Percent of occupied rental units where monthly housing costs are more than 30% of household income <sup>28</sup>	63.8%	49.8%	51.7%	57.4%
		Rate of sheltered and unsheltered homeless people per 1,000 people <sup>32,33</sup>	2.1	3.1	2.1	1.9
	Education	Percent of 9 <sup>th</sup> graders who graduate high school in 4 years <sup>34,35</sup>	74.7%	76.6%	74.9%	82.4%
		Percent of population over age 25 with some college education <sup>28</sup>	61.7%	65.9%	56.9%	68.0%
	Employment	Unemployment rate for ages 16 and older <sup>28</sup>	8.8%	8.6%	9.0%	5.4%
	Safety & Social Support	Violent crime rate per 1,000 people <sup>30,36</sup>	1.5	3.0	4.0	1.4
		Rate of children accepted for Child Protective Service action per 1,000 children ages 0-17 <sup>29</sup>	46.5	33.7	48.1	33.7
		Percent of adults reporting that they do not receive the social and emotional support they need <sup>37</sup>	14%	17%	19%	14%*

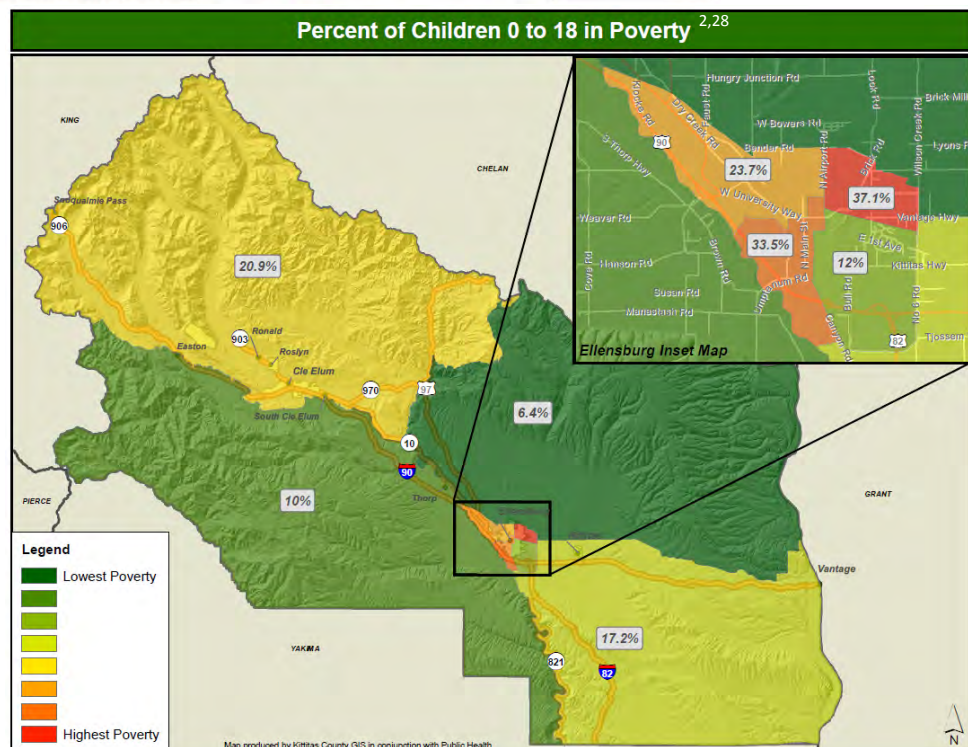
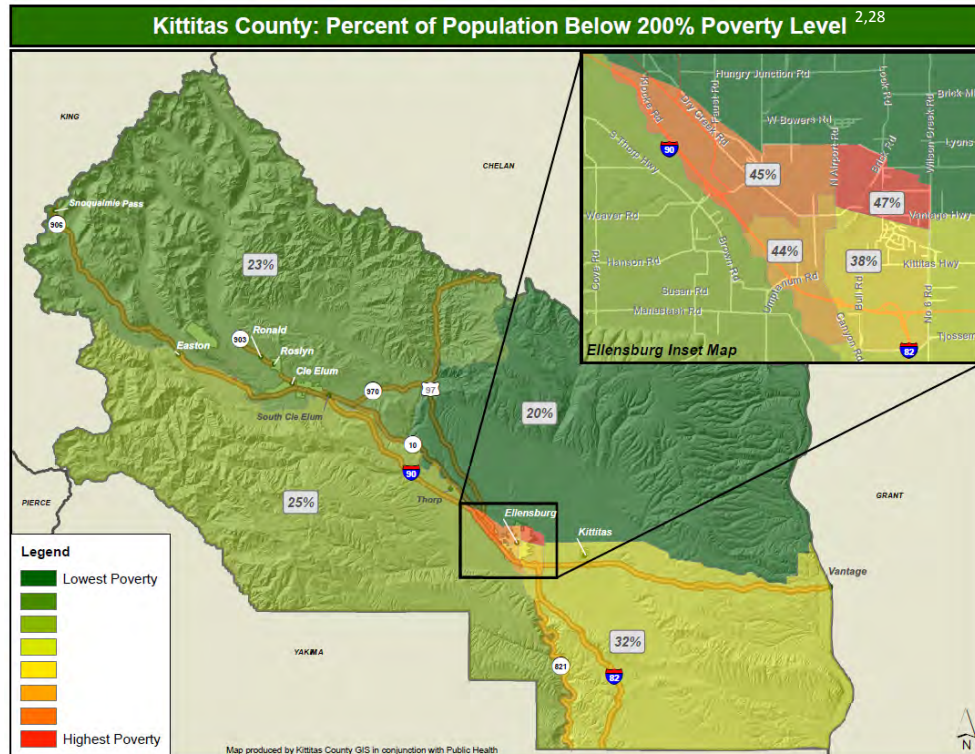
\*Target met



# Community Health Assessment

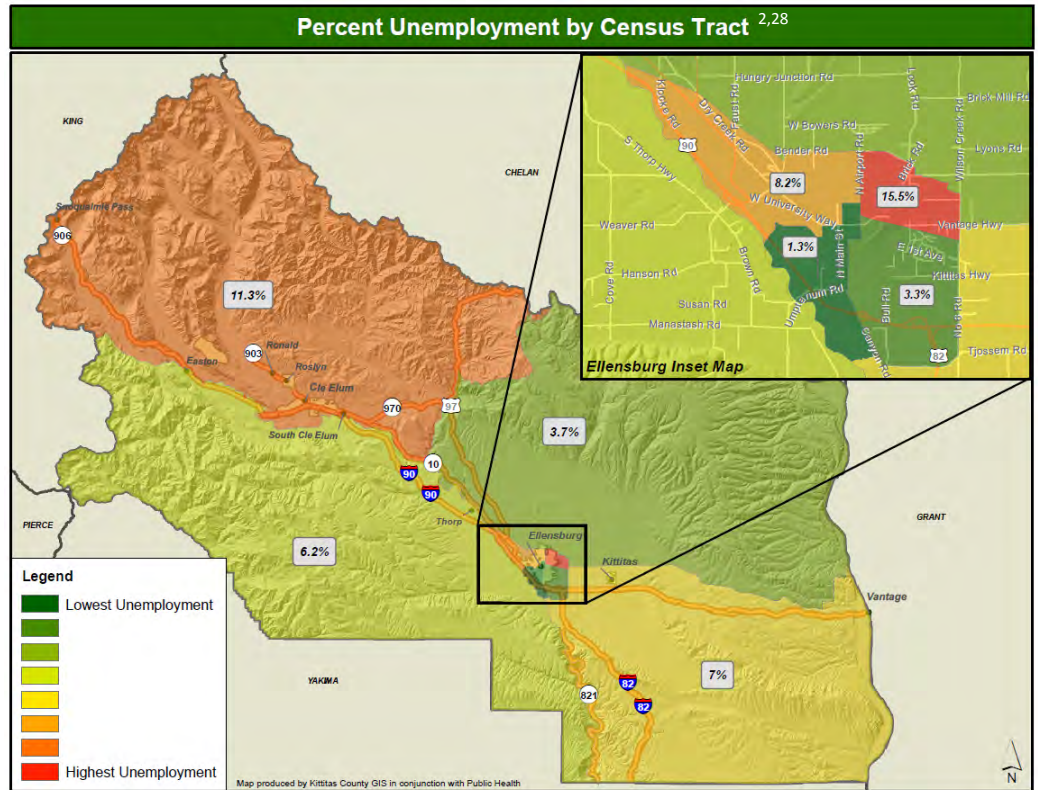
## Poverty

Two hundred percent of the federal poverty level is equivalent to gross income at less than \$46,100 per year for a family of four.<sup>38</sup> As can be seen in the map below, the highest levels of poverty in Kittitas County are located in census tracts within Ellensburg, especially in the northern part. In looking at the percentage of children living below 100% of the poverty level, geographic dispersion is similar. Within Kittitas County, 100% poverty levels are higher in 18-64 year olds (23%) compared to children or older individuals. Levels of 100% poverty are significantly higher than the state in employed individuals.<sup>28</sup>



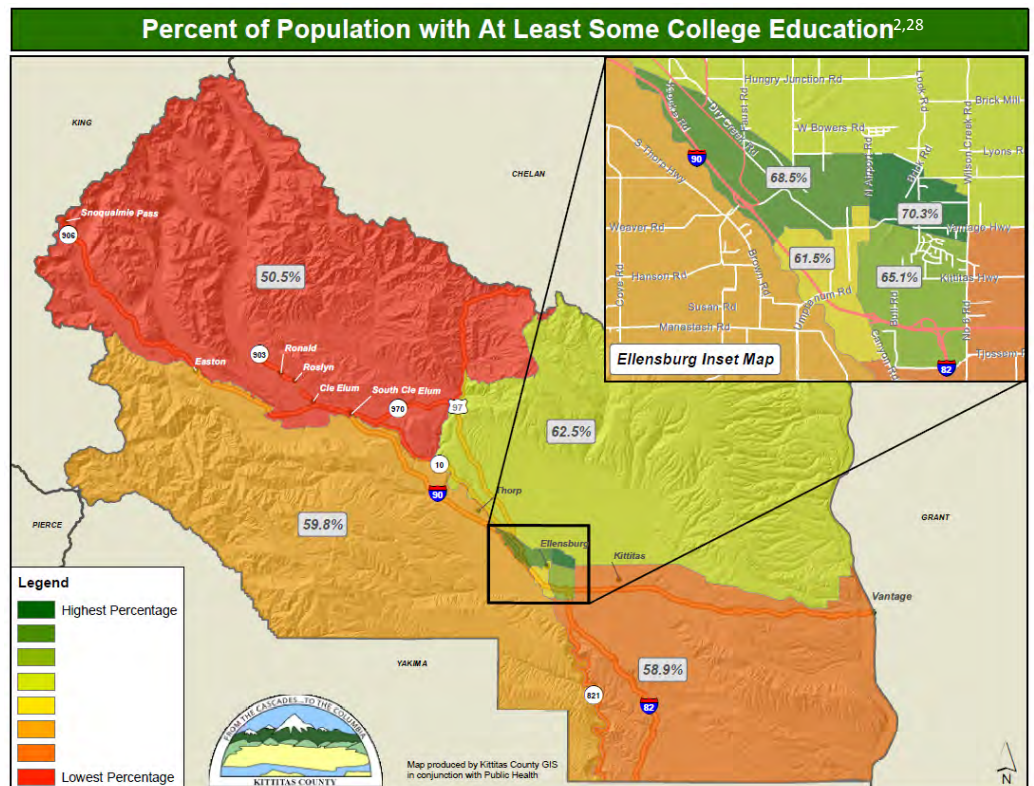
## Unemployment

Kittitas County's unemployment rate is similar to Washington State, however it has not met the national target. Unemployment is significantly lower in people living below poverty level in Kittitas County compared to Washington state, 13.2% and 27.7% respectively. It is also significantly lower compared to the state in people who did not graduate from high school, 2.8% compared to 12.7%. In the map, areas of highest unemployment are in the areas of northern Ellensburg and Upper Kittitas County.<sup>28</sup>



## Education

Having some formal post-secondary education has been shown to correlate with improved health outcomes. This could be because of improved health literacy, higher incomes, less likelihood of unemployment, and/or improved social and psychological factors. In Kittitas County, high school graduation rates and college education rates are statistically similar to Washington State, although national targets have not been met. The map shows geographically the percentage of the population in each census tract who have at least some college education.<sup>28</sup>



# Community Health Assessment

## Clinical Care

In the area of clinical care, Kittitas County is significantly higher than Washington State in cervical cancer screening (pap test) and prenatal care.<sup>13</sup>

Category	Health Indicator	Kittitas County	Washington State	United States	Target	
Preventive Care	Cancer Screening	Percent of women ages 50 and over who have had a mammogram in the past 2 years <sup>13</sup>	77%	78%	78%	81%
		Percent of women ages 21 and over who have had a pap test in the past 3 years <sup>13</sup>	88%	76%	85%	93%
		Percent of adults ages 50 and over who have had colorectal cancer screening <sup>13</sup>	68%	72%	66%	71%
	Prenatal Care	Percent of pregnancies where prenatal care was initiated in the first trimester <sup>8,15</sup>	87.9%	77.9%	70.8%	77.9% *
	Vaccination	Percent of kindergarteners who have documentation all of the recommended vaccinations <sup>39</sup>	77.6%	84.6%	n/a	84.6%
Dental Care	Percent of adults who have been to a dentist in the past 12 months	73%	72%	70%	80%	
Access to Care	Health Insurance	Percent of adults ages 18-64 with health insurance <sup>28</sup>	80.5%	81.9%	79.6%	88.6%
	Health Care Providers	Percent of adults with a personal health care provider (medical home) <sup>13</sup>	78%	78%	80%	86%

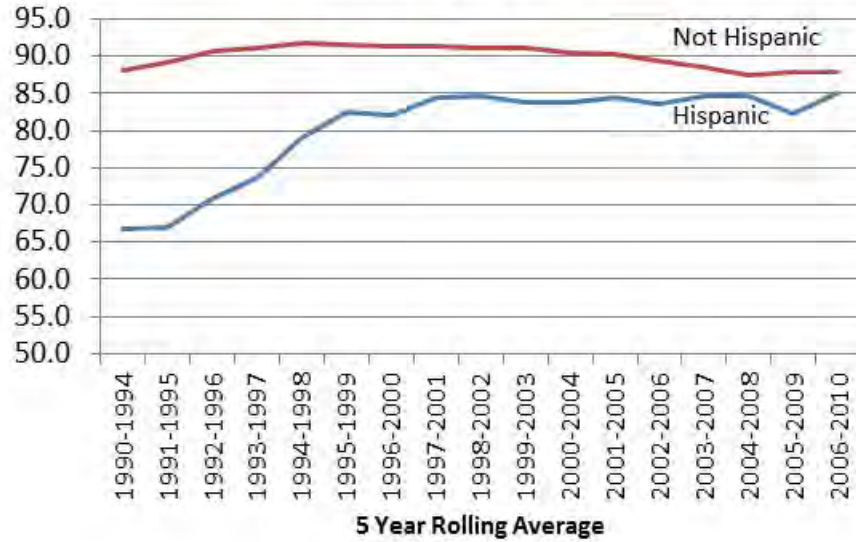
\*Target met



## Prenatal Care

The percent of pregnancies where prenatal care was initiated during the first trimester has consistently been higher in Kittitas County compared to Washington State. In comparing Hispanic versus non-Hispanic, prenatal care improved greatly for Hispanics in the 1990s, but still more non-Hispanics than Hispanics initiate prenatal care in the first trimester of pregnancy.<sup>8</sup>

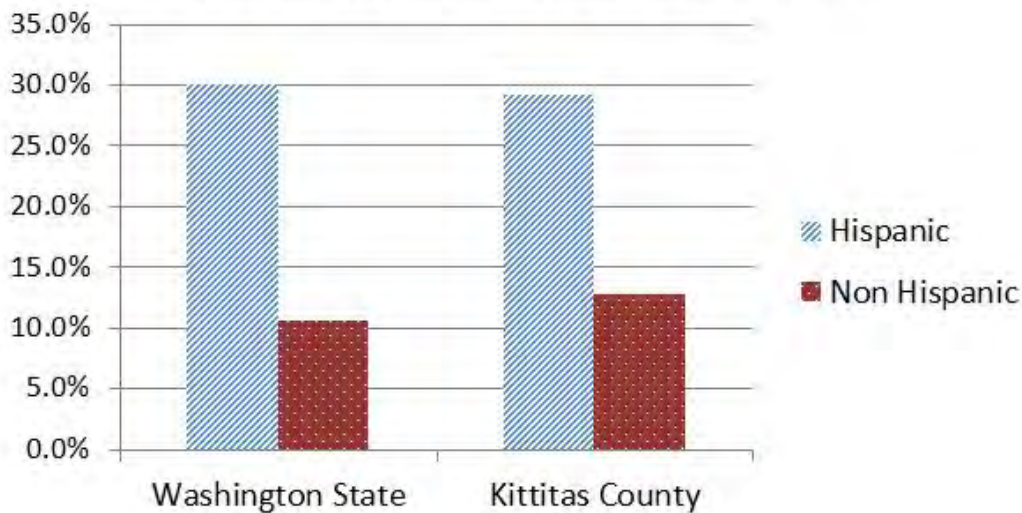
### Percent of Pregnancies Where Prenatal Care Was Initiated During First Trimester<sup>8</sup>



## Health Insurance

Rates of adult health insurance are similar to the Washington State, and may improve in the future with the Affordable Care Act. Kittitas County fares significantly better than the state in rates of health insurance in people whose household income is less than \$25,000 a year, and people who are under 100% of the federal poverty level. For people whose household income is between \$25,000 and \$49,999 a year and people who are employed, the rates of insurance are significantly lower in Kittitas County compared to the state. There is a significant disparity in health insurance rates for Hispanics in both Kittitas County and Washington State.<sup>28</sup>

### Percent Without Health Insurance<sup>28</sup>



# Community Health Assessment

## Health Behaviors

Kittitas County is significantly better than Washington State in bicycle helmet use in youth<sup>40</sup> and teen pregnancy rates.<sup>8</sup> National targets have been met in adult obesity, adult physical activity, breastfeeding, and teen condom use.

Category		Health Indicator	Kittitas County	Washington State	United States	Target
Substance Use	Tobacco	Percent of adults who smoke <sup>13</sup>	13%	15%	17%	12%
		Percent of mothers who smoked during pregnancy <sup>8,15</sup>	11.5%	9.9%	10.4%	1.4%
	Alcohol	Percent of adults who drink excessively <sup>12</sup>	19%	17%	14%	8%
	Illegal Drugs	Percent of 10 <sup>th</sup> graders who report using illegal drugs in the past 30 days <sup>31</sup>	19.6%	20.9%	n/a	17.6%
Safety	Bicycles	Percent of 8 <sup>th</sup> & 9 <sup>th</sup> graders who report riding a bike in the past 12 months and <u>never or rarely</u> wearing a bike helmet <sup>40,41</sup>	39.3%	52.3%	86.6%	35.4%
Nutrition & Physical Activity	Obesity	Percent of adults who are obese <sup>13</sup>	22%	26%	27%	31%
	Physical Activity	Percent of adults who engage in physical activity as recommended <sup>13</sup>	67%	62%	59%	48%
	Nutrition	Percent of adults who report eating fruits or vegetables five or more times per day <sup>13</sup>	26%	25%	24%	29%
		Percent of infants in the Women, Infants, and Children (WIC) program who are breastfed at birth <sup>42,43,44</sup>	88%	85%	74%	82%
Sexual Activity	Sexual Behaviors	Percent of 12 <sup>th</sup> graders who report being sexually active and <u>not</u> using a condom the last time during sexual intercourse <sup>45,41</sup>	19.8%	24.0%	43.7%	17.8%
	Pregnancy	Birth rate per 1,000 females ages 15-19 <sup>8,43</sup>	13	31	34	12

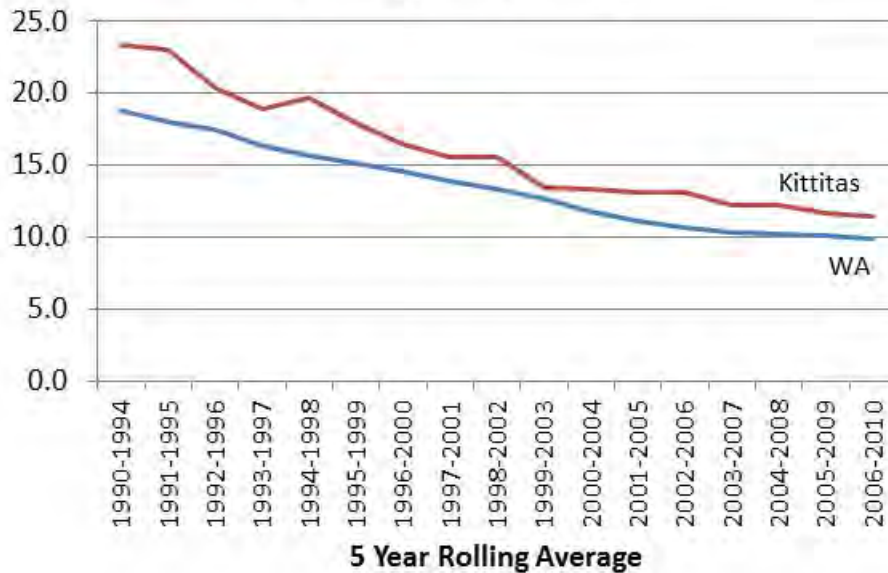
\*Target met



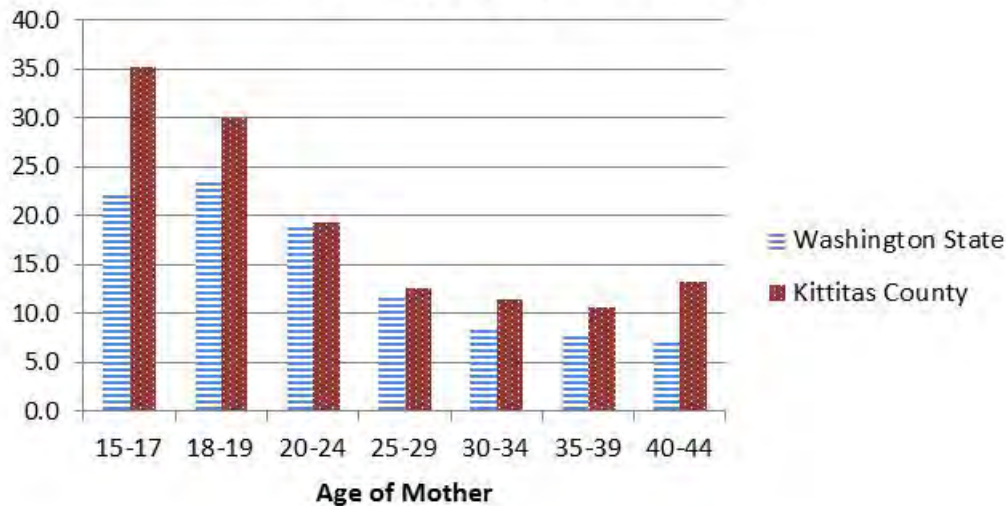
## Smoking During Pregnancy

Although the 2006-2010 data does not show a significant difference between rates of smoking during pregnancy in Kittitas County compared to Washington State, the county has consistently had rates higher than the state. There is also significantly higher rates of smoking during pregnancy in Non-Hispanic White mothers compared to Hispanic mothers. Smoking during pregnancy has been significantly reduced since the early 1990s as shown in the first graph. The second graph shows that smoking during pregnancy is most prevalent in younger mothers. In looking at the rates of smoking during pregnancy by age, Kittitas County's rates are significantly higher than Washington State in ages 15-17, 18-19, 30-34, and 35-39.<sup>8</sup>

### Percent of Mothers who Smoke During Pregnancy<sup>8</sup>



### Percent of Mothers who Smoke During Pregnancy by Age 1991-2010<sup>8</sup>



# Community Health Assessment

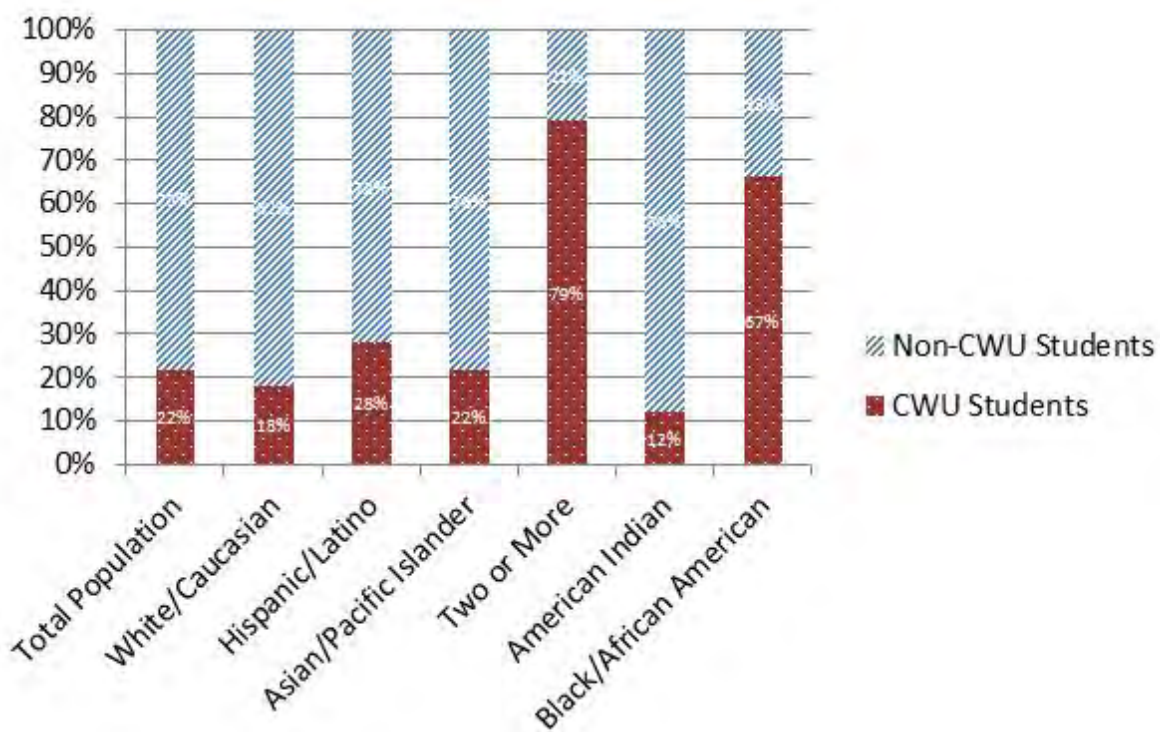
## Central Washington University Assessment

Central Washington University (CWU) is located in Ellensburg. The student population of CWU makes up nearly half of the population of Ellensburg and about 22% of the population of Kittitas County.<sup>3,5</sup> CWU is also the largest employer in the county with about 1,400 non-student employees.<sup>47</sup> The presence of CWU in Kittitas County has a significant impact on the health of the community from being part of the environment, to social factors like employment and income, to influencing health outcomes in the county. This is evident in looking at the maps displaying the geographic distribution of some social and economic factors for health. The places on the maps where there is the highest levels of education, unemployment, and poverty are in areas surrounding CWU where many students live.

## Demographics of CWU Students

The majority of CWU students are undergraduates. During the 2011 enrollment, of the 9,065 total students, only 403 are graduate students. Over 1,500 of the undergraduate students are considered non-traditional either by age, veteran status, marital status, or parental status. Non-traditional students may be more likely to live in the community year-round and/or permanently than traditional undergraduate students who are likely to leave during the summer time and only stay about four years. Graduate students and part-time undergraduates may also be more likely to live in the community year round and/or permanently. Nearly 500 of the undergraduate students are part-time.<sup>3</sup>

Much of Kittitas County's ethnic and racial diversity comes from the presence of Central Washington University students as shown in the graph below.<sup>3,4</sup>





## CWU Student Health Survey

As part of the Community Health Assessment, students in the public health program at CWU conducted a health survey of over 800 of their fellow CWU students. The survey's theme was "A day in the life of a CWU student" and questions were asked about students' health behaviors during the previous 24 hours.

Notable results from the 40 question survey include:

- 32% of students were worried about having enough money for food
- 42% got less than 7 hours of sleep
- 6% consumed 5 servings of fruits and vegetables
- 66% consumed 2 or less servings of fruits and vegetables
- 25% report having no health insurance
- 87% report not drinking in the past 24 hours
- 35% were stressed constantly or often because of finances



## CWU Employee Health Survey

Students in the public health program at CWU also conducted a health survey of about 200 CWU faculty and staff. The survey's theme mimicked the student survey, "A day in the life of a CWU employee" and questions were asked about health behaviors during the previous 24 hours as well as opinions about local health care services.

Notable results from the 53 question survey include:

- 25% of staff use tobacco versus 10% of faculty members
- 14% did not exercise in the past 24 hours
- 27% replied no or somewhat to if they have adequate health insurance coverage
- 48% said health care in Ellensburg is not adequate (Main reasons: can't get into a provider, poor quality of care, misdiagnoses, lack of women's health care, lack of specialties)



## Strategic Issue Process

After completing the assessments, the Community Health Improvement Steering Committee examined each assessment for common themes and discussed what the assessments revealed about the health of our community. Through these discussions and a facilitated process, several strategic issues, or things that need to be addressed in order to achieve the community health vision, emerged. Once those strategic issues were identified and finalized, a sub-committee (community members, Elmview, Kittitas County Community Network, Bright Beginnings for Kittitas County, Central Washington University, and Kittitas County Public Health Department) used a prioritization matrix as a tool for arranging the issues in an ordered list using the following criteria in order of importance:

- How serious is this issue to health? (Degree to which the problem leads to death, disability, and impairs one's quality of life)
- Are there immediate consequences of not addressing this issue?
- How many people does this issue affect?
- Will addressing this issue help to address other issues?
- How important is this issue to the community?
- How feasible is it to address this issue? (Do we have control, resources, knowledge, skills, etc.?)



## Final Strategic Issues

1. **How can we increase availability of LIVING WAGE JOBS?** Jobs, finances, and the economy were common themes throughout several assessments. The Forces of Change assessment revealed concerns about economic trends leading to job loss, homelessness, and substance abuse. Community Themes and Strengths participants expressed concern about the lack of living wage jobs and opportunities in Kittitas County. Demographics and the Community Health Status assessment show that income is low in Kittitas county and poverty is high.
2. **How can we work effectively together to improve the QUALITY AND AFFORDABILITY OF HEALTH CARE?** A major force of change is health care reform and trends in health care. Many people don't have access to affordable health care and health care reform brings about potential opportunities as well as threats. Quality and affordability of health care were issues raised in the Community Themes and Strengths assessment as well as the Central Washington University surveys.
3. **How can we increase utilization of and access to PREVENTIVE CARE and support HEALTHY BEHAVIORS?** Healthy behaviors are an important component to a healthy community according to participants in the Community Themes and Strengths assessment. While Kittitas County meets targets in some healthy behaviors in the Community Health Status assessment, many are far from being ideal. Recreational opportunities in Kittitas County are seen as an asset that could be built upon to encourage healthy behaviors. The Community Health Status assessment also revealed concerns in preventive care areas such as vaccinations.
4. **How can we improve knowledge and capacity to MANAGE STRESS IN A HEALTHY WAY?** Stress is an underlying cause of many preventable health conditions. Familial stress was identified as a force of change in our community and the Community Themes and Strengths assessment showed us the main reasons people are stressed in the community and how they are coping with it.
5. **How can we increase access to AFFORDABLE HOUSING opportunities?** Affordable housing came up as a concern in the Community Themes and Strengths assessment and was verified by the high percentage of people who pay a considerable portion of their income for housing in Kittitas County in the Community Health Status assessment.
6. **How can we strengthen COORDINATION AND COMMUNICATION among local public health system partners?** The Local Public Health System assessment revealed many strengths and weaknesses of the system. Most importantly, as part of the overall process of completing a comprehensive community health assessment has resulted in new connections and collaborations with public health system partners, as well as an awareness of the need to strengthen those partnerships as a public health system.
7. **How can we support ongoing CIVIC ENGAGEMENT efforts and opportunities in our community?** The Forces of Change assessment identified a trend toward community disengagement compared to before, however the Community Themes and Strengths assessment revealed that one of the assets of our county is the sense of community. The sense of community can be leveraged to encourage further community engagement.

## Additional Health Indicators

Category	Health Indicator	Kittitas County	Washington State	
<b>Health Outcomes</b>	General Health	Number of years a 20 year old is expected to live in good health <sup>13</sup>	52	52
	Mental Health	Rate of self-inflicted injury hospitalizations per 10,000 people <sup>6</sup>	2.1	5.5
		Percent of 10 <sup>th</sup> graders who report attempting suicide in the past 12 months <sup>31</sup>	6.2%	7.2%
		Rate of hospitalizations due to mental illness per 10,000 people <sup>6</sup>	29.1	41.5
	Chronic Disease	Rate of hospitalizations due to asthma per 10,000 youth ages 0-17 <sup>6</sup>	8.1	10.5
		Death rate due to cardiovascular disease per 10,000 people <sup>7</sup>	22.9	21.8
	Injury	Rate of hospitalizations due to unintentional injuries per 10,000 youth ages 0-17 <sup>6</sup>	23.6	18.5
		Death rate due to unintentional injuries per 10,000 people <sup>7</sup>	3.2	3.9
	Substance Abuse	Rate of hospitalizations due to unintentional poisoning per 10,000 people <sup>6</sup>	1.8	4.1

<b>Physical Environment</b>	Chemicals	Percent of housing built before 1950 (as an indicator for lead exposure) <sup>48</sup>	20.6%	16.6%
		Yearly average number of pesticide illness cases reported <sup>49</sup>	2.2	N/A
	Water	Number of yearly onsite septic system failures <sup>50</sup>	13	N/A
		Percentage of population with optimal levels of fluoride in drinking water (.8-1.3 mcg) <sup>51</sup>	44%	48%
	Healthy Foods	Percent of restaurants classified as fast food <sup>52</sup>	48%	N/A
	Tobacco & Alcohol	Liquor licenses per 1,000 people <sup>29</sup>	3.9	2.2
		Tobacco retail licenses per 1,000 people <sup>29</sup>	1.6	1.0
	Housing	Percent of housing units located in a flood zone <sup>53</sup>	8.4%	N/A

## Additional Health Indicators

Category		Health Indicator	Kittitas County	Washington State
Social and Economic Factors	Poverty	Percent of the employed labor force below poverty level <sup>28</sup>	16.2%	6.0%
		Percent of K-12 students receiving free and reduced lunch <sup>54</sup>	40.8%	45.6%
		Percent of total population using Basic Food Program services <sup>55</sup>	15%	19%
	Income	Median annual household income <sup>28</sup>	\$41,232	\$57,244
	Illiteracy	Percent of adults lacking basic prose literacy skills <sup>56</sup>	10%	10%
	Health Insurance	Percent of employed labor force (18+) with health insurance coverage <sup>28</sup>	81.7%	85.4%
	Commuting	Percent of population who travels outside the county for work <sup>28</sup>	15.3%	15.4%
	Crime	Total crime rate per 1,000 people <sup>30</sup>	42.7	39.1
		Rate of DUI arrests per 1,000 people <sup>30</sup>	4.9	5.1
		Rate of domestic violence offenses per 1,000 people <sup>30</sup>	7.2	7.1
		Annual average of Superior Court Filings for sex crimes per 1,000 people <sup>57</sup>	0.45	0.34
	Abuse	Number of vulnerable adult abuse cases per 1,000 adults 20 and older <sup>58</sup>	3.3	2.7
	Housing Costs	Average rent <sup>59</sup>	\$709	\$952
Average median home price <sup>59</sup>		\$192,265	\$224,325	

Clinical Care	Vaccination	Percent of adults who have received an influenza vaccination in the past 12 months <sup>13</sup>	41%	41%
	Dental	Percent of 10 <sup>th</sup> graders who have been to the dentist in the past 12 months <sup>31</sup>	81.1%	77.3%
	Health Insurance	Percent of children with health insurance <sup>28</sup>	91.3%	92.9%
	Health Care Providers	Number of people per primary care provider <sup>59</sup>	1444	N/A
		Number of people per mental health provider <sup>60</sup>	4894	2513
		Number of people per dentist <sup>60</sup>	3263	1804
Health Care Costs	Percent of adults with unmet medical need (Couldn't see a doctor because of cost) <sup>13</sup>	14%	13%	

## Additional Health Indicators

Category		Health Indicator	Kittitas County	Washington State
Health Behaviors	Substance Use <sup>31</sup>	Percent of 10 <sup>th</sup> graders who report smoking cigarettes in the past 30 days	11.5%	12.7%
		Percent of 10 <sup>th</sup> graders who report using smokeless tobacco in the past 30 days	6.9%	6.2%
		Percent of 10 <sup>th</sup> graders who have used alcohol in the past 30 days	27.7%	27.7%
		Percent of 10 <sup>th</sup> graders who have had 5 or more drinks in a row in the past 2 weeks	16.7%	16.2%
		Percent of 10 <sup>th</sup> graders who report using painkillers to get high in the past 30 days	9.7%	8.3%
	Overweight & Obesity	Percent of 10 <sup>th</sup> graders who are in the top 15% for BMI (obese or overweight) <sup>31</sup>	25.8%	24.3%
	Physical Activity	Percent of 10 <sup>th</sup> graders who exercised at least 5 of the last 7 days for at least 60 minutes per day <sup>31</sup>	69.6%	51.0%
	Nutrition	Percent of 10 <sup>th</sup> graders who report eating fruits or vegetables five or more times per day <sup>31</sup>	17.8%	25.3%
		Percent of WIC infants still breastfed at 6 months <sup>42</sup>	40.3%	43.0%
	Safety	Percent of 10 <sup>th</sup> graders who report always wearing a seatbelt when riding in a car driven by someone else <sup>31</sup>	71.9%	72.5%



## Target Sources

Health indicator targets come from a variety of sources. Some are targets are set nationally by Healthy People 2020, a national plan for improving the nation's health ([www.healthypeople.gov](http://www.healthypeople.gov)). Others come from the County Health Rankings national targets ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Locally set targets either aim for a 10% improvement or to match the Washington State measurement.

Category	Health Indicator	Target	Target Source	
Illness (Morbidity)	General Health	Hospitalization rate per 10,000 people	745	Local 10% improvement
		Percent of adults reporting fair or poor health	10%	County Health Rankings
	Mental Health	Percent of adults who report poor mental health for at least 2 weeks during the past month	8%	Local 10% improvement
		Percent of 10 <sup>th</sup> graders who felt sad or hopeless for 2 weeks or more over the past 12 months	28%	Local 10% improvement
	Birth Outcomes	Percent of babies born with low birth weight	7.8%	Healthy People 2020
	Chronic Disease	Percent of adults with diabetes	5%	Local 10% improvement
		Rate of hospitalizations due to asthma per 10,000 people	8.6	Healthy People 2020
		Cancer rate per 10,000 people	37	Local 10% improvement
	Communicable Disease	Number of people living with HIV/AIDS per 10,000 people	3.1	Local 10% improvement
		Pertussis (whooping cough) rate per 10,000 people	0.7	Local-Match State
		Chlamydia rate per 10,000 people	25	Local
	Oral Health	Percent of kindergarteners and 3rd grade students with a history of cavities	39.5%	Healthy People 2020
	Injury	Rate of hospitalizations due to unintentional injuries per 10,000 youth ages 0-17	18.5	Local-Match State
Deaths (Mortality)	Premature Death	Years of potential life lost per 10,000 people	547	County Health Rankings
	Infant Mortality	Rate of live births resulting in death in the first year per 1,000 births	6.0	Healthy People 2020

## Target Sources

Category	Health Indicator	Target	Target Source	
Environmental Quality	Air	Percent of days with unhealthy air quality	0.4%	Local-Match State
	Water	Percent of stream sections with high levels of fecal coliforms and without a pollution control plan in place	16.0%	Local 10% improvement
	Food Safety	Percent of routine food establishment inspections with significant violations	1.1%	Local 10% improvement

Category	Health Indicator	Target	Target Source	
Social & Economic	Poverty	Percent of population living below 200% of the poverty level	34.3%	Local 10% improvement
		Percent of 10 <sup>th</sup> graders who report that they or their family cut meal size or skipped meals some or almost every month in the past year because there was not enough money for food	11.1%	Local 10% improvement
	Housing	Percent of occupied rental units where monthly housing costs are more than 30% of household income	57.4%	Local 10% improvement
		Rate of sheltered and unsheltered homeless people per 1,000 people	1.9	Local 10% improvement
	Education	Percent of 9 <sup>th</sup> graders who graduate high school in 4 years	82.4%	Healthy People 2020
		Percent of population over age 25 with some college education	68.0%	County Health Rankings
	Employment	Unemployment rate for ages 16 and older	5.4%	County Health Rankings
	Safety & Social Support	Violent crime rate per 1,000 people	1.4	Local 10% improvement
		Rate of children accepted for Child Protective Service action per 1,000 children ages 0-17	33.7	Local-Match State
		Percent of adults reporting that they do not receive the social and emotional support they need	14%	County Health Rankings



Category	Health Indicator	Target	Target Source	
Preventive Care	Cancer Screening	Percent of women ages 50 and over who have had a mammogram in the past 2 years	81%	Healthy People 2020
		Percent of women ages 21 and over who have had a pap test in the past 3 years	93%	Healthy People 2020
		Percent of adults ages 50 and over who have had colorectal cancer screening	71%	Healthy People 2020
	Prenatal Care	Percent of pregnancies where prenatal care was initiated in the first trimester	77.9%	Healthy People 2020
	Vaccination	Percent of kindergarteners who have documentation all of the recommended vaccinations	84.6%	Local-Match State
	Dental Care	Percent of adults who have been to a dentist in the past 12 months	80%	Local 10% improvement
Access to Care	Health Insurance	Percent of adults ages 18-64 with health insurance	88.6%	Local 10% improvement
	Health Care Providers	Percent of adults with a personal health care provider (medical home)	86%	Local 10% improvement

Category	Health Indicator	Target	Target Source	
Substance Use	Tobacco	Percent of adults who smoke	12%	Healthy People 2020
		Percent of mothers who smoked during pregnancy	1.4%	Healthy People 2020
	Alcohol	Percent of adults who drink excessively	8%	County Health Rankings
	Illegal Drugs	Percent of 10 <sup>th</sup> graders who report using illegal drugs in the past 30 days	17.6%	Local 10% improvement
Safety	Bicycles	Percent of 8 <sup>th</sup> graders who report riding a bike in the past 12 months and <u>never or rarely</u> wearing a bike helmet	35.4%	Local 10% improvement
Nutrition & Physical Activity	Obesity	Percent of adults who are obese	31%	Healthy People 2020
	Physical Activity	Percent of adults who engage in physical activity as recommended	48%	Healthy People 2020
	Nutrition	Percent of adults who report eating fruits or vegetables five or more times per day	29%	Local 10% improvement
		Percent of infants in the Women, Infants, and Children (WIC) program who are breastfed at birth	81.9%	Healthy People 2020
Sexual Activity	Sexual Behaviors	Percent of 12 <sup>th</sup> graders who report being sexually active and <u>not</u> using a condom the last time during sexual intercourse	17.8%	Local 10% improvement
	Pregnancy	Birth rate per 1,000 females ages 15-19	12	Local 10% improvement

## Data Sources and Years of Data

	Source	Years of Data
1	U.S. Census Bureau. <i>State and County Quick Facts</i> . Available at: <a href="http://quickfacts.census.gov/qfd/states/53/53037.html">http://quickfacts.census.gov/qfd/states/53/53037.html</a> Accessed October 24, 2012.	2010
2	Maps courtesy of Jason Eklund, Kittitas County Geographic Information Systems Coordinator.	n/a
3	Central Washington University: Office of Institutional Research. <i>Fall 2011 Ellensburg Undergraduate and Graduate Student Demographics</i> .	2011
4	Washington State Office of Financial Management: Population Unit. <i>2010 Census</i> . Available at: <a href="http://www.ofm.wa.gov/pop/default.asp">http://www.ofm.wa.gov/pop/default.asp</a> Accessed April 30, 2012.	2010
5	U.S. Census Bureau: American Fact Finder. <i>American Community Survey 5 year Estimate</i> . Available at: <a href="http://factfinder2.census.gov">factfinder2.census.gov</a> Accessed October 24, 2012.	2006-2010
6	Washington State Department of Health: Center for Health Statistics. <i>Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987–2010</i> , July 2011.	2001-2010
7	Washington State Department of Health: Center for Health Statistics. <i>Death Certificate Data, 1990–2010</i> , August 2011.	2001-2010
8	Washington State Department of Health: Center for Health Statistics. <i>Birth Certificate Data, 1990–2010</i> , September 2011.	2006-2010
9	Washington State Department of Health: Washington State Cancer Registry. <i>Incidence data for diagnosis years 1992–2009</i> , January 2012.	2005-2009
10	Washington State Department of Health: STD Services Section. <i>PHIMS-STD, 1992–2010</i> , August 2011.	2006-2010
11	Washington State Department of Health: Office of Infectious Disease Assessment Unit. <i>Washington State HIV Surveillance Quarterly Report: First Quarter 2012</i> . Available at: <a href="http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HIVAIDSData/SurveillanceReports.aspx">http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HIVAIDSData/SurveillanceReports.aspx</a> Accessed: June 28, 2012.	2011
12	University of Wisconsin: Population Health Institute. <i>County Health Rankings and Roadmaps</i> . Available at: <a href="http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall">http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall</a> . Accessed October 25, 2012.	2004-2010
13	Washington State Department of Health. <i>Washington State Local Public Health Indicators</i> . Available at: <a href="https://fortress.wa.gov/doh/lphi/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=59">https://fortress.wa.gov/doh/lphi/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=59</a> Accessed October 25, 2012.	2009-2010
14	Martin, Joyce A. et al. <i>Births: Final Data for 2010</i> . National Vital Statistics Reports 61, no. 1 (August 2012). U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. Available at: <a href="http://www.cdc.gov/nchs/fastats/birthwt.htm">http://www.cdc.gov/nchs/fastats/birthwt.htm</a> Accessed October 25, 2012.	2010
15	United States Department of Health and Human Services. <i>Healthy People 2020</i> . Available at: <a href="http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf">http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf</a> Accessed October 25, 2012.	2006-2007

## Data Sources and Years of Data

	Source	Years of Data
16	United States Department of Health and Human Services: National Center for Health Statistics. <i>Health, United States, 2011: With Special Feature on Socioeconomic Status and Health</i> . Available at: <a href="http://www.cdc.gov/nchs/data/hus/hus11.pdf#047">http://www.cdc.gov/nchs/data/hus/hus11.pdf#047</a> . Accessed October 25, 2012.	2008
17	Calculated from Centers for Disease Control and Prevention. <i>HIV in the United States: An Overview</i> . Available at: <a href="http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/us_overview.htm">http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/us_overview.htm</a> . Accessed October 25, 2012.	2008
18	Washington State Department of Health, Communicable Disease Epidemiology Office, PHIMS, 1994–2010, November 2011.	2006-2010
19	Calculated from Centers for Disease Control and Prevention. <i>Pertussis (Whooping Cough) Surveillance and Reporting</i> . Available at: <a href="http://www.cdc.gov/pertussis/surv-reporting.html">http://www.cdc.gov/pertussis/surv-reporting.html</a> . Accessed October 26, 2012.	2011
20	Washington State Department of Health: Oral Health Program. <i>Smile Survey 2010</i> .	2010
21	University of Wisconsin: Population Health Institute. <i>County Health Rankings and Roadmaps</i> . Available at: <a href="http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall">http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall</a> . Accessed October 25, 2012.	2006-2008
22	Washington State Department of Health, Center for Health Statistics, Linked Birth and Death File, 1990–2010, September 2011.	2006-2010
23	Washington State Department of Ecology: Air Quality. <i>Real Time Air Monitoring Data</i> . Available at: <a href="https://fortress.wa.gov/ecy/enviwa/">https://fortress.wa.gov/ecy/enviwa/</a> . Accessed June 7, 2012.	2011
24	United States Environmental Protection Agency: Air Data. <i>Download Daily Data</i> . Available at: <a href="http://www.epa.gov/airdata/ad_data_daily.html">http://www.epa.gov/airdata/ad_data_daily.html</a> . Accessed October 26, 2012.	2011
25	Washington State Department of Ecology: Water Quality. <i>Candidate 2010 Water Quality Assessment and 303(d) List</i> . Available at: <a href="http://apps.ecy.wa.gov/wats/Default.aspx">http://apps.ecy.wa.gov/wats/Default.aspx</a> . Accessed July 24, 2012.	2010
26	Kittitas County Public Health Department: Food Safety Program. <i>Food Establishment Inspection Data</i> .	2011
27	Washington State Department of Health. <i>Washington State Local Public Health Indicators</i> . Available at: <a href="https://fortress.wa.gov/doh/lphi/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=59">https://fortress.wa.gov/doh/lphi/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=59</a> . Accessed October 25, 2012.	2010
28	U.S. Census Bureau: American Fact Finder. <i>American Community Survey 3 year Estimate</i> . Available at: <a href="http://factfinder2.census.gov">factfinder2.census.gov</a> . Accessed October 24, 2012.	2008-2010
29	Barga, Vera, Irina V. Sharkova, and Ron Jemelka. <i>Risk and Protection Profile for Substance Abuse Prevention in Kittitas County</i> . Washington State Department of Social and Health Services: Research and Data Analysis Division. July 2012.	2011, 2009
30	Washington Association of Sheriffs and Police Chiefs. <i>Crime in Washington 2011 Annual Report</i> . Available at: <a href="http://www.waspc.org/files.php?bfid=2626">http://www.waspc.org/files.php?bfid=2626</a> . Accessed June 28, 2012.	2010-2011

## Data Sources and Years of Data

	Source	Years of Data
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32	Washington State Department of Commerce: Housing and Homeless. <i>Annual Point in Time Count</i> . Available at: <a href="http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/Annual-Point-In-Time-Count.aspx">http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/Annual-Point-In-Time-Count.aspx</a> Accessed July 26, 2012.	2010-2012
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34	Washington State Office of Superintendent of Public Instruction: Data and Reports. <i>Graduation and Dropout Statistics for Washington's Counties, Districts, and Schools</i> . Available at: <a href="http://www.k12.wa.us/DataAdmin/default.aspx">http://www.k12.wa.us/DataAdmin/default.aspx</a> Accessed July 26, 2012.	2010-2011
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37	University of Wisconsin: Population Health Institute. <i>County Health Rankings and Roadmaps</i> . Available at: <a href="http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall">http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall</a> Accessed October 25, 2012.	2006-2010
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## Data Sources and Years of Data

	Source	Years of Data
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48	Washington State Department of Health: Washington Tracking Network. <i>WTN Lead Risk and Exposure Query Page</i> . Available at: <a href="https://fortress.wa.gov/doh/wtn/WTNPortal/IndicatorPages/IndicatorPage.aspx?Topic=3&amp;Subtopic=">https://fortress.wa.gov/doh/wtn/WTNPortal/IndicatorPages/IndicatorPage.aspx?Topic=3&amp;Subtopic=</a> Accessed October 26, 2012.	2000
49	Washington State Department of Health: Office of Environmental Health, Safety, and Toxicology. <i>Pesticide Illness Reports</i> .	2000-2009
50	Kittitas County Public Health Department: Onsite Septic Program. <i>OSS Failure Data</i> .	2011
51	Washington State Department of Health: Fluoride in Drinking Water. <i>List of Water Systems with Fluoride</i> . July 2012. Available at: <a href="http://www.doh.wa.gov/Portals/1/Documents/4200/fluoride-data.xls">http://www.doh.wa.gov/Portals/1/Documents/4200/fluoride-data.xls</a> Accessed August 9, 2012.	2012
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53	Kittitas County Community Development Services. <i>Residences in floodplains</i> .	2012
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58	Washington State Department of Social and Health Services: Home and Community Services. <i>Adult Protective Services Reports</i> .	2011
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59	Kittitas Valley Community Hospital. <i>Primary Care Provider Lists</i> .	2012
60	University of Wisconsin: Population Health Institute. <i>County Health Rankings and Roadmaps</i> . Available at: <a href="http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall">http://www.countyhealthrankings.org/#app/washington/2012/kittitas/county/1/overall</a> Accessed October 25, 2012.	2007



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