



# COMMUNITY HEALTH NEEDS ASSESSMENT

NEWPORT HOSPITAL & HEALTH SERVICES

## 2025



*We are dedicated to serving our  
community with integrity and  
exceptional quality care.*



**Newport Hospital & Health Services**

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## Executive Summary:

In collaboration with the Pend Oreille Health Coalition and Northeast Tri County Health District, Newport Hospital and Health Services (Pend Oreille County Public Hospital District #1) releases its 2025 Community Health Needs Assessment (CHNA). Now post-pandemic, the lenses we used to perceive the community health landscape of the past have changed. While continued focus on overall health improvement is paramount, access to immediate healthcare and behavioral healthcare remain significant.



## About Newport Hospital & Health Services (NHHS):

Pend Oreille County Public Hospital District #1 is a municipal corporation established in 1954 and authorized to provide for “the health care needs of District residents and other persons.” Located in Newport, Pend Oreille County, Washington, the District owns and operates:

- Newport Hospital & Health Services, including Newport Community Hospital
- River Mountain Village Advanced Care (72-bed enhanced care Assisted Living Facility)
- River Mountain Village (42-unit Assisted Living Facility)
- Newport Health Center (Primary Care Clinic) - includes behavioral health and Express Care clinic
- Seeber’s Pharmacy - retail
- 24-bed Acute Care
- 24-hour Emergency Department
- Diagnostic Imaging (Radiology)
- Physical and Rehabilitative Therapy
- General, Orthopedic, Podiatric, and Gynecological Surgical Services
- Obstetrics Unit and 2 Private Birthing Rooms
- Laboratory Services
- Respiratory Therapy Services
- Outpatient & Wound Care Services

## NHHS Mission & Values:

***We are dedicated to serving our community with integrity and exceptional quality care.***

***At NHHS, we provide exceptional C.A.R.E. (Compassion, Accountability, Respect, Excellence).***

## NHHS Service Area & Community:

The NHHS service area encompasses Pend Oreille County Public Hospital District #1 and a portion of Bonner County (Idaho). The target population includes every individual from birth to end-of-life. The NHHS average payer mix in 2024 was 20% Medicaid, 46% Medicare, 32% commercial, and 2% self-pay.

The median age in Pend Oreille County is 50 years old (Pend Oreille County, WA, 2022), with 27% of the population 65 years or older. Pend Oreille County is not racially diverse (Pend Oreille, WA, 2024). Among county residents, 87% were white, 5% were Hispanic, 4% were American Indian/ Alaska Native, 6% were of two or more races, while all other groups reported <1% to 1% of the population. Pend Oreille County is a high-poverty county and classified as economically distressed (Distressed areas list, 2024).

As a distressed rural county (Distressed areas list, 2024), the public depends on local services to meet their healthcare needs. Lack of access to services increases health equity gaps for rural residents. “Traveling to receive healthcare services places the burden on patients. For individuals with low incomes, no paid time off of their jobs, physical limitations, acute conditions, or no personal transportation, these burdens can significantly affect their ability to access healthcare services,” (Healthcare Access in Rural Communities 2021).



## About Pend Oreille Health Coalition:

The Pend Oreille Health Coalition (POHC) was developed in 2014 with the intent to break down operational silos affecting the ability of community partners to improve health and quality of life in Pend Oreille County. Member organizations (listed below) represent and serve a broad population that includes medically underserved, low-income, and minority populations who live in Pend Oreille County. Now into its eleventh year, the POHC includes representatives from:



Newport Hospital and Health Services  
Kalispel Tribe of Indians & Camas Center Clinic  
Pend Oreille County Counseling Services  
Pend Oreille County Commissioners  
Northeast Tri County Health District  
Rural Resources  
Cusick School District  
Newport School District  
Selkirk School District  
City of Newport  
Better Health Together (Accountable Community of Health)  
Family Crisis Network  
NEW Health Programs Association

Youth Emergency Services (Y.E.S.)  
Washington State Health Care Authority  
Aging & Long Term Care of Eastern WA  
Wellpoint  
Molina Healthcare  
Coordinated Care  
Community Health Plan of Washington  
Local law enforcement, fire & rescue  
Faith-based organizations  
Local media and many more organizations...

## CHNA Survey - Audience & Methodology:

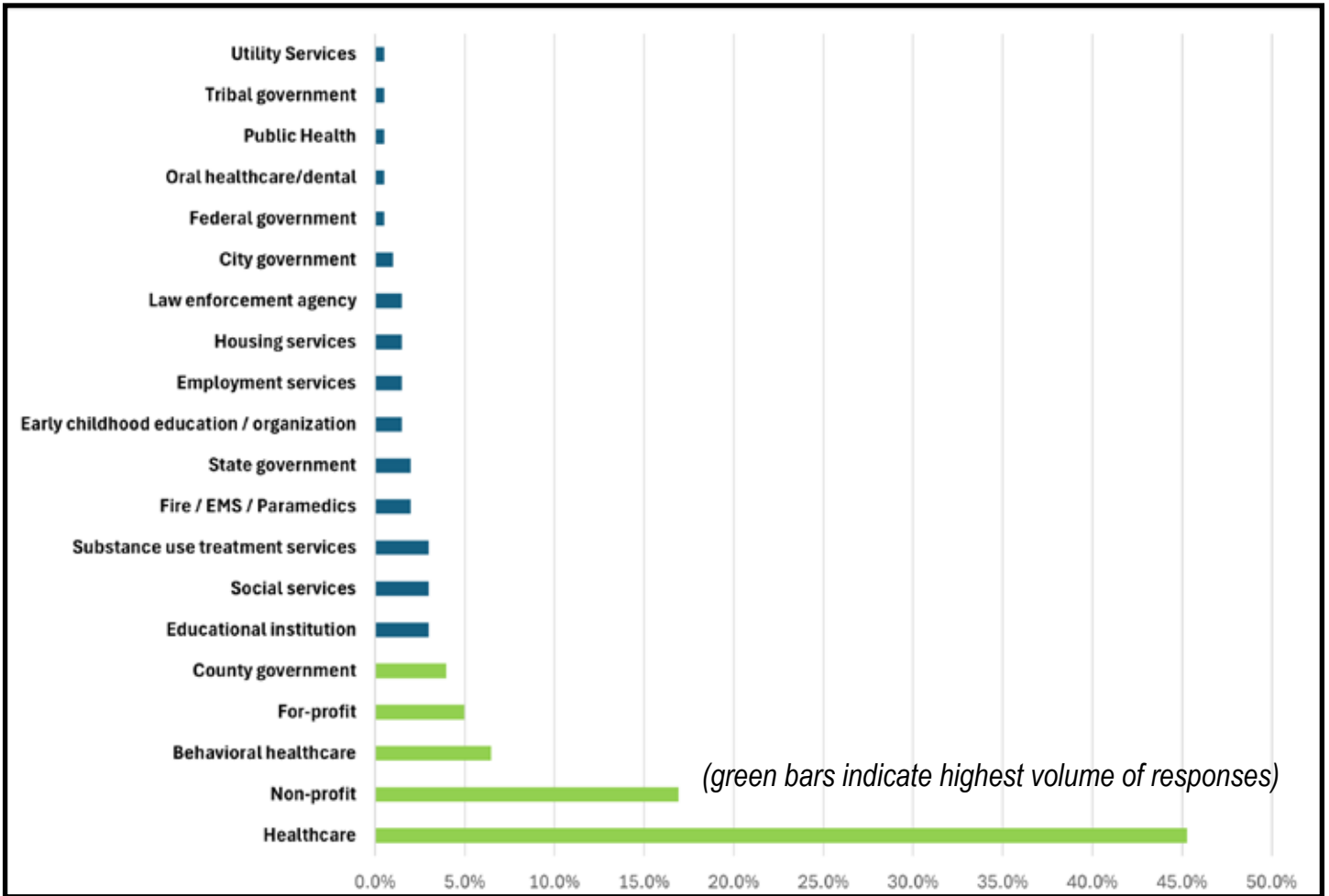
The 2025 Community Health Needs Assessment Survey includes responses from 125 community leaders representing 19 industries in (or providing service to) Pend Oreille County. The survey was designed to capture information about the clients served by each organization and their access to healthcare, behavioral healthcare, social drivers of health, and community health wellness needs. The survey was released to the Pend Oreille Health Coalition organizations for internal distribution to their program leaders. While not all organizations responded, the information gathered represents a broad spectrum of individuals served by NHHS and Pend Oreille Health Coalition member organizations.

- **Delivery:** 1) Online survey platform; 2) Digital PDF; 3) Paper copy returned via email or in-person
- **Time-frame:** October 8, 2024 - November 19, 2024

While the healthcare industry represented highest with responses (78%), the next highest industry response rate was Non-profit (28%), followed by Behavioral Healthcare partners (11%). Remaining leader responses represented for-profit organizations, county government, substance use treatment, social services, and educational institutions (Question 1). The chart below represents the areas of service that each respondent represents, and they were allowed to mark all that apply (Question 18).

Open-ended responses were graphed according to response category, which varied across all responses. Due to this variance, response data did not often provide clear distinctions among responses. Other responses were graphed using survey platform survey analysis tools, various charts and graphs.

**Figure 1 (CHNA Survey: Question 18)**  
**Survey Respondent Industry Representation**

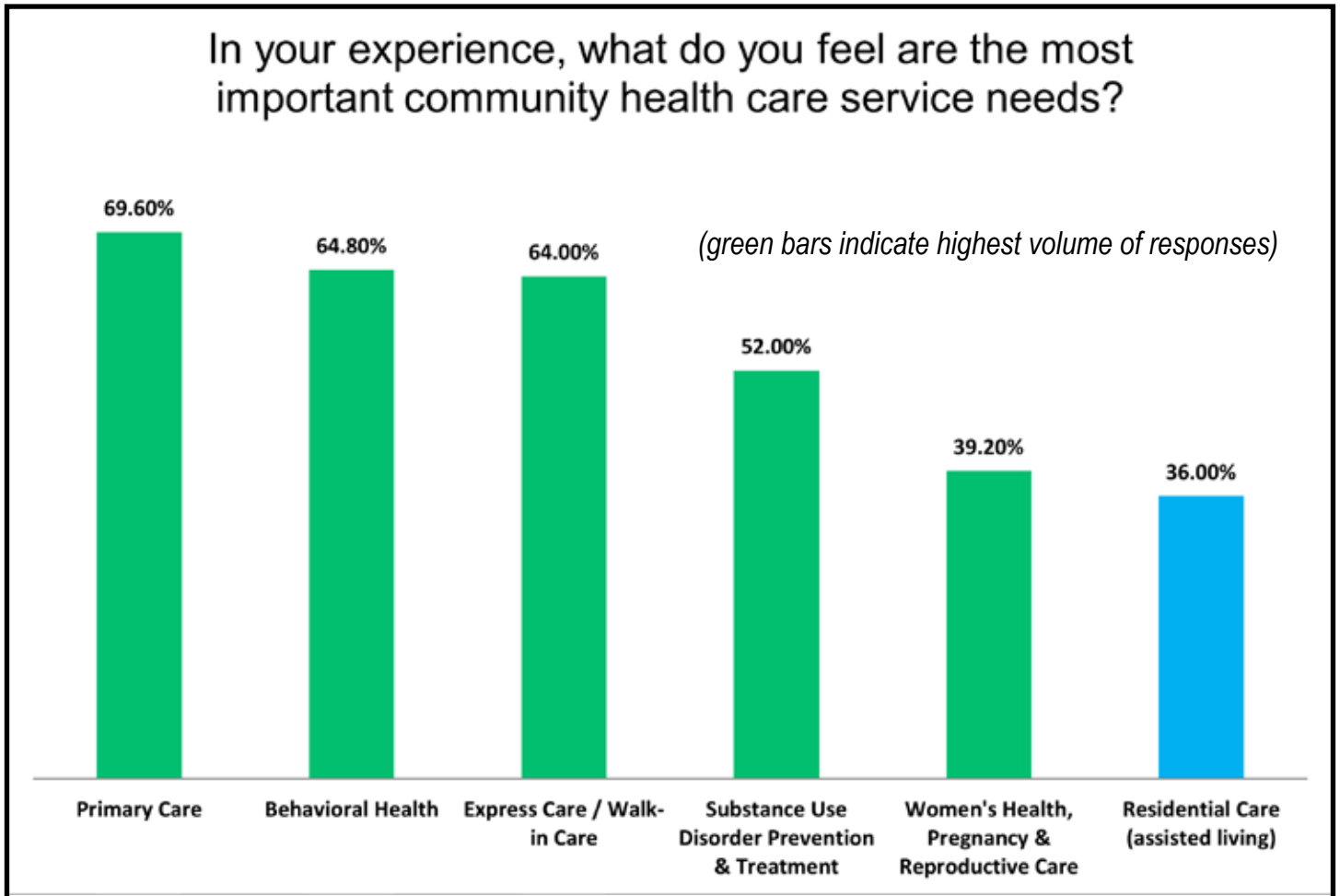


Aerial view of Newport, Washington and Oldtown, Idaho



**Figure 2 (CHNA Survey: Question 2)**

*As a community partner in the Pend Oreille River Valley, you have a familiarity with the needs of our residents. In your experience, what do you feel are the most important community healthcare service needs?*

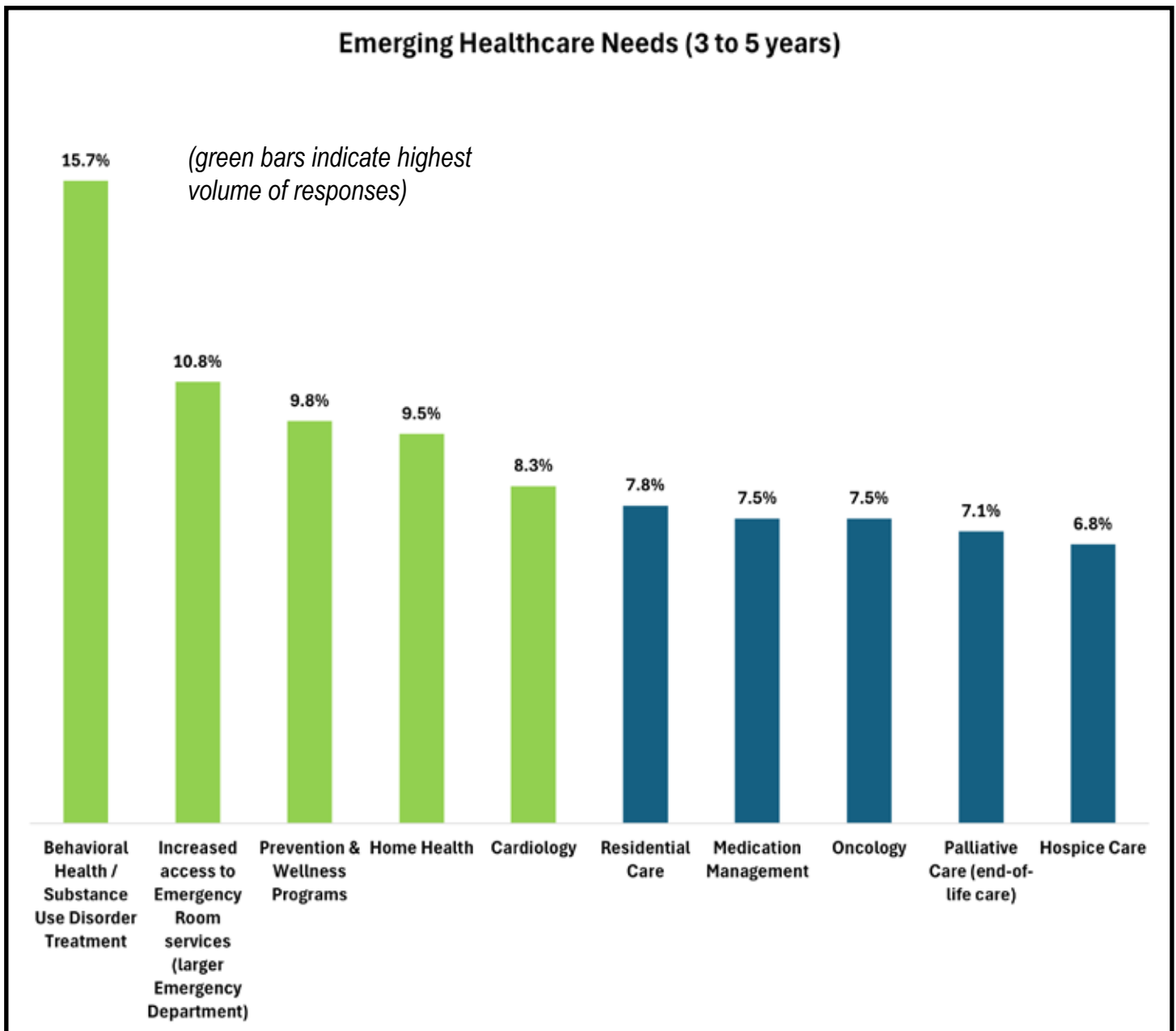


**Figure 3 Insights:** For this question, respondents were able to choose up to five (5) of the 20 options available. *Primary Care, Behavioral Health, and Express Care* needs consistently received the most responses (64% to 69.6%). *Substance Use Disorder Prevention & Treatment* and *Women's Health Pregnancy & Reproductive Care* completed the top five. *Residential Care*, while not in the top five, still received 36% of responses.



**Figure 3 (CHNA Survey: Question 3)**

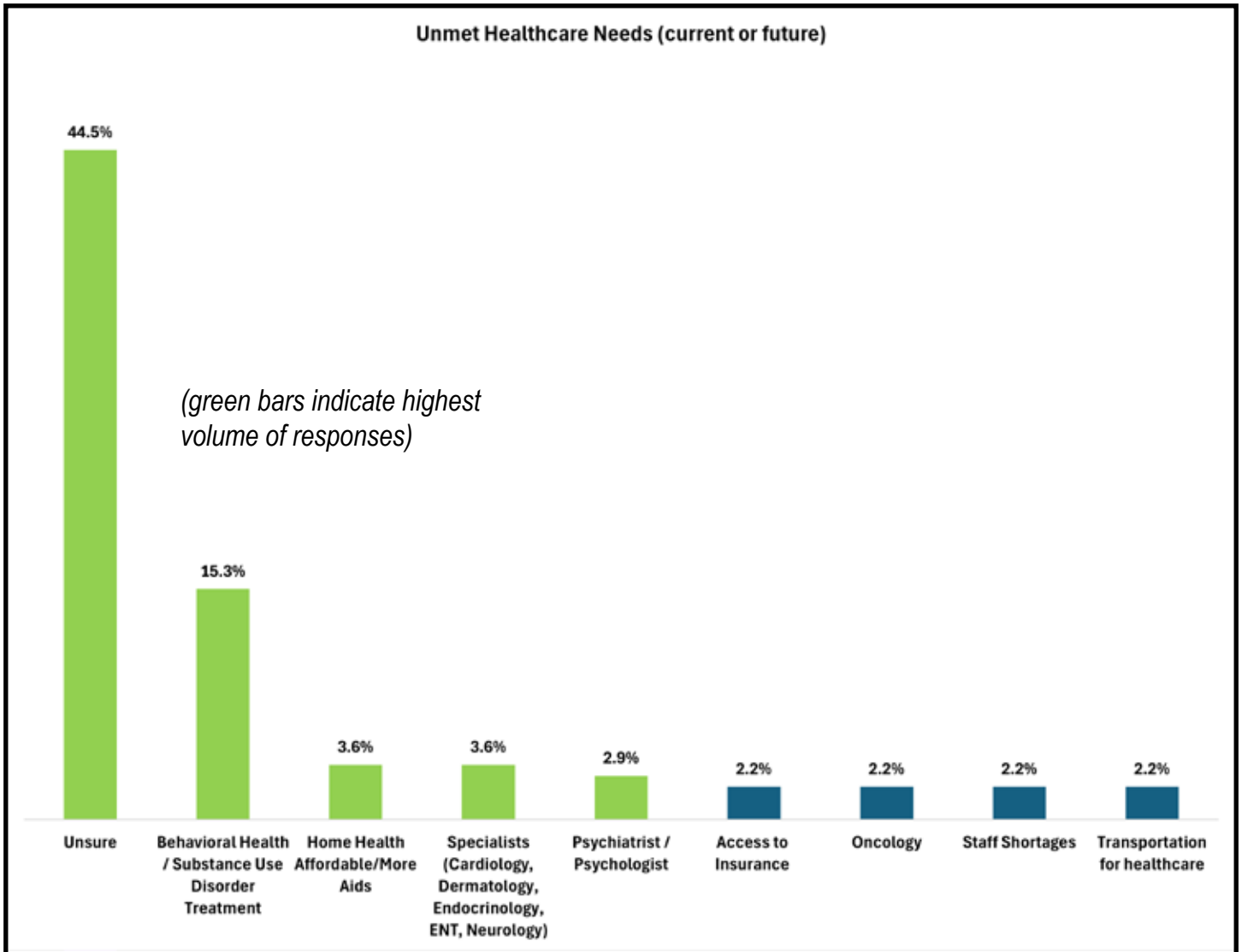
*Looking toward our future (3 to 5 years), what do you feel are the most important emerging healthcare needs for the community?*



**Figure 3 Insights:** Access to care is represented in survey responses, although there were 21 separate categories analyzed in Question 3. The highest response was 15.7% (n=99) for *Behavioral Health / Substance Use Disorder Treatment*, which is an increase from the 2021 survey. The next highest responses included *Increased Access to Emergency Room Services* at 10.8% (n=68) and *Prevention & Wellness Programs* 9.8% (n=62).

**Figure 4 (CHNA Survey: Question 4)**

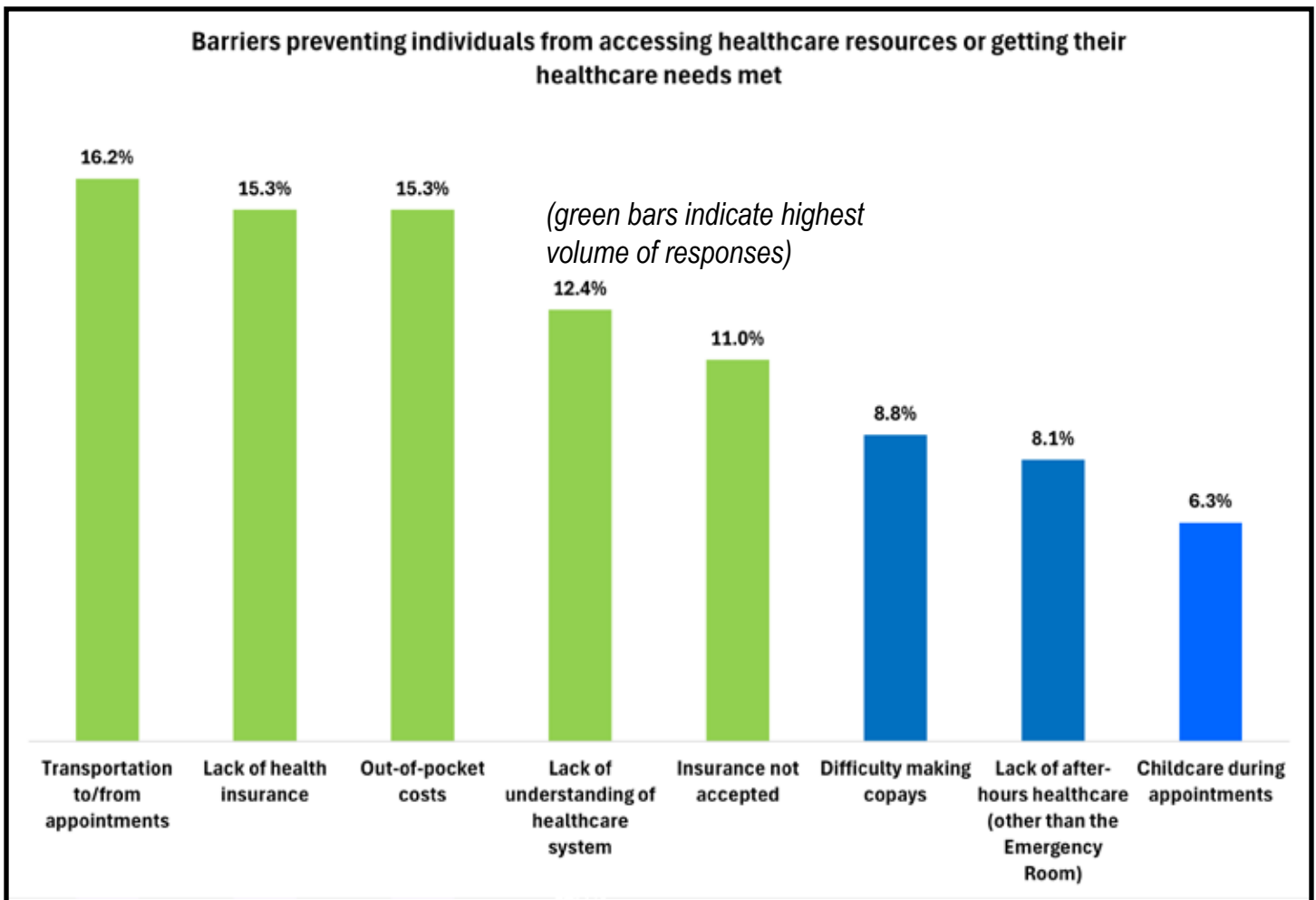
*Are there any healthcare needs of the community that are unmet at the present or that you feel may arise as unmet needs in the future?*



**Figure 4 Insights:** 44.5% respondents (n=61) indicated they were unsure. *Behavioral Health / Substance Use Disorder Treatment* received 15.3% (n=21); *Home Health* (n=5) and *Specialists* received 3.6% (n=5). There were 25 separate categories analyzed in Question 4.

**Figure 5 (CHNA Survey: Question 5)**

*Please list any specific barriers that you feel prevent individuals from accessing healthcare resources or getting their healthcare needs met.*



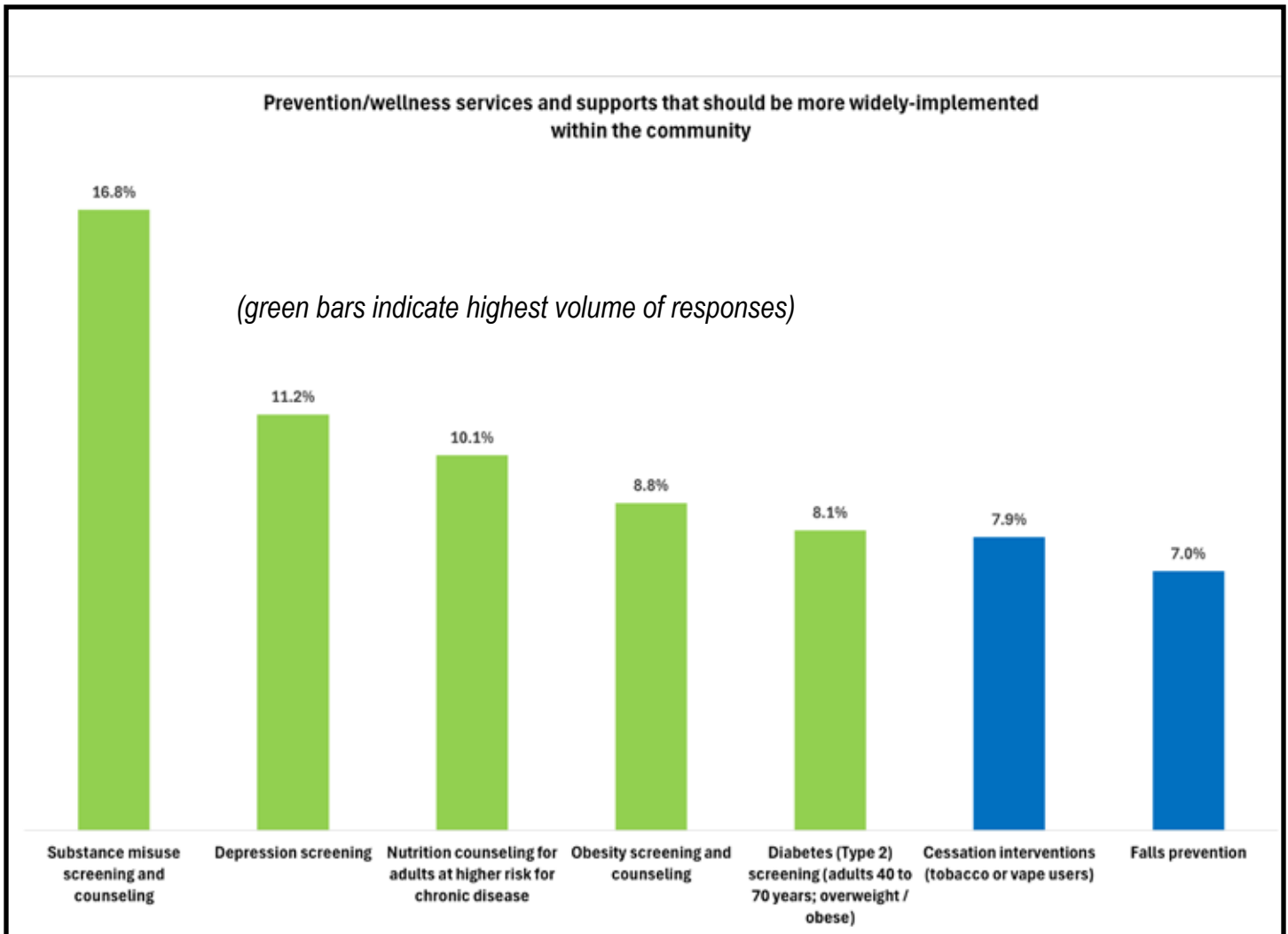
**Figure 5 Insights:** *Transportation to/from Appointments* received 16.2% (n=90); *Lack of Health Insurance* received 15.3% (n=85); *Our-of-pocket Costs* received 15.3% (n=85). There were 13 separate categories analyzed in Question 5 (including open-ended responses); the above figure represents the top eight (8) responses received in these categories.

Currently, there is no public transportation in Pend Oreille County. Although there is some transportation for medical appointments, it is difficult to obtain and only available to residents receiving Medicaid coverage. Additionally, *Lack of Health Insurance* and *Out-of-pocket Costs* (both 15.3%) are rising concerns.

**Corresponding Populations (Q6):** This question requested respondents to identify corresponding populations most affected by these barriers: **Older Adults/Elderly (37%; n=44); Individuals with Substance Use Disorder / Behavioral Health Conditions (18%, n=22); Individuals Experiencing Homelessness or Poor Housing Conditions (16%, n=19);** and *Low Income Populations* (6%, n=7). Other populations mentioned: *Youth, Disabled Individuals, Individuals Lacking Transportation, Uninsured/Underinsured Individuals,* and the *Working Class*.

**Figure 6 (CHNA Survey: Question 7)**

**Select the prevention/wellness services and supports you would like to see more widely-implemented within the community. (Select ALL that apply.)**

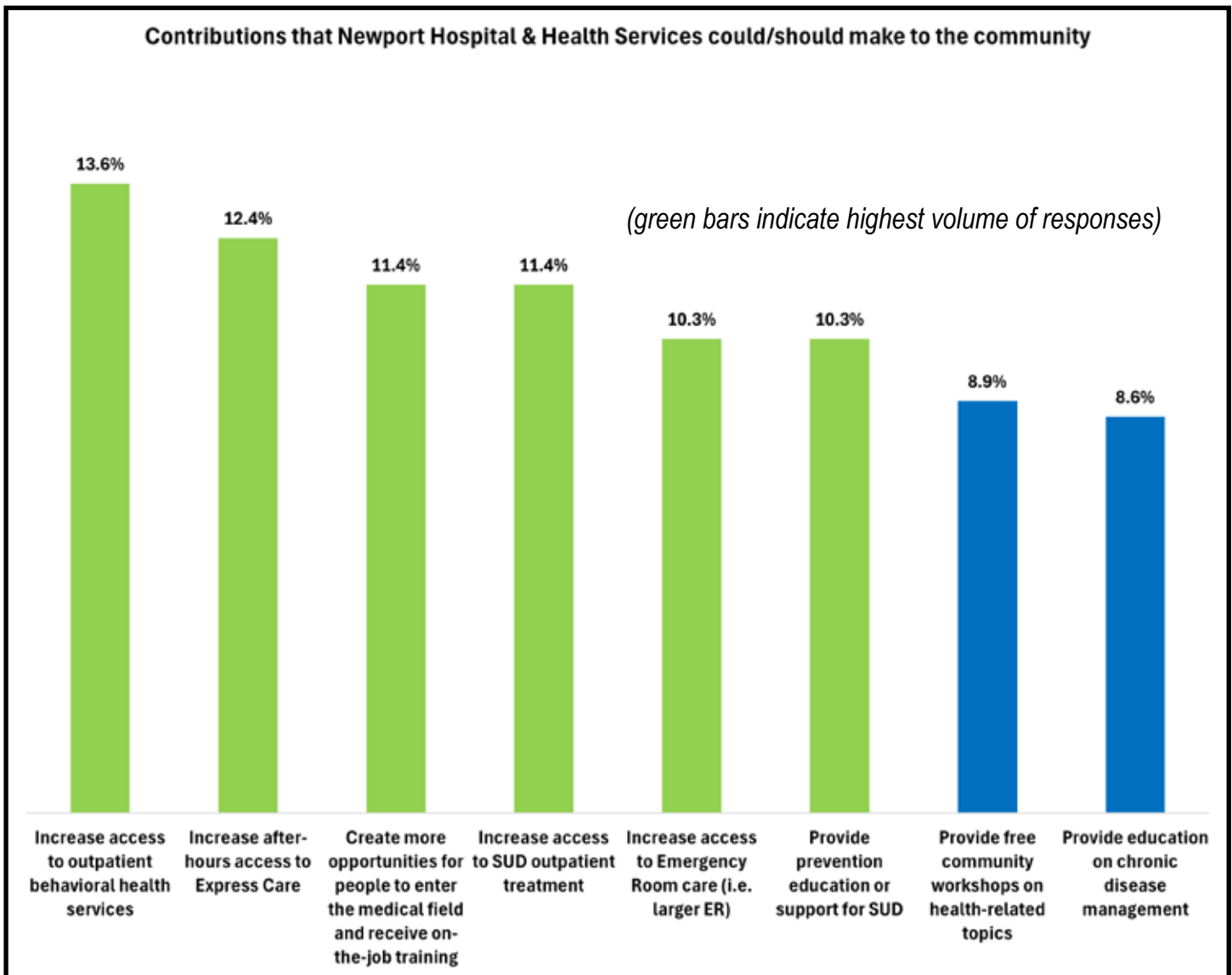


**Figure 6 Insights:** *Substance Misuse Screening and Counseling* received 16.8% (n=91); *Depression Screening* received 11.2% (n=61); and *Nutrition Counseling for Adults at Higher Risk for Chronic Disease* received 10.1% (n=55). *Obesity Screening* received 8.8% (n=48) and *Counseling and Diabetes (Type 2) Screening* received 8.1% (n=44).

There were 22 separate categories analyzed in Question 7 (some were open-ended responses) with 543 total responses; the above figure represents the top seven (7) responses received in these categories.

**Figure 7 (CHNA Survey: Question 8)**

***What contributions do you feel Newport Hospital & Health Services could/should make to the community?***

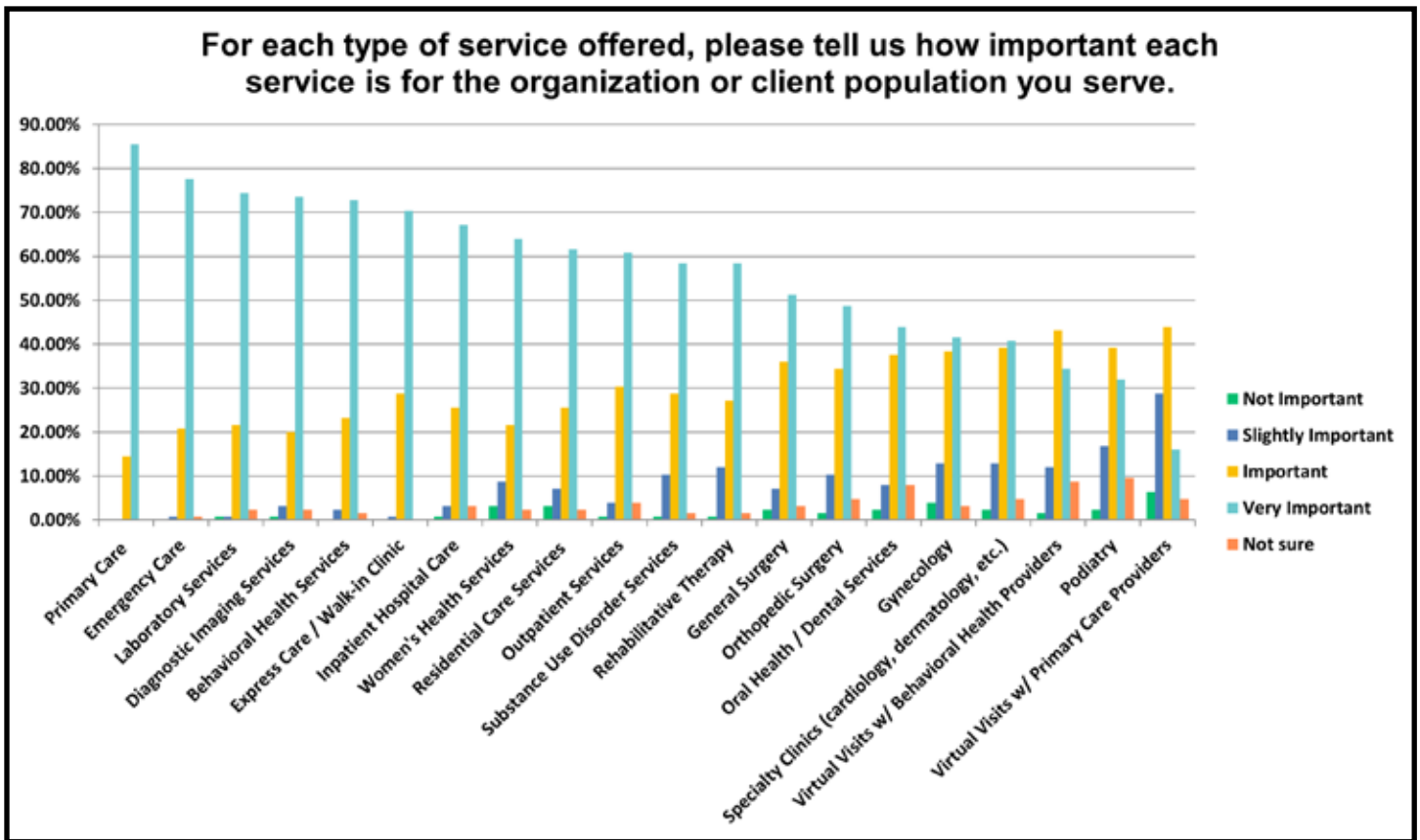


**Figure 7 Insights:** *Increased Access to Outpatient Behavioral Health Services* received 13.6% (n=81); *Increase After-hours Access to Express Care* received 12.4% (n=74). *Create More Opportunities for People to Enter the Medical Field* received 11.4% (n=68); *Increase Access to SUD Outpatient Treatment* also received 11.4% of responses (n=68); *Increase Access to Emergency Room Care* received 10.3 % (n=61), as did *Provide Prevention Education or Support for SUD*. There were 17 separate categories analyzed in Question 7 (including open-ended responses) with 595 total responses; the above figure represents the top eight (8) responses received in these categories.

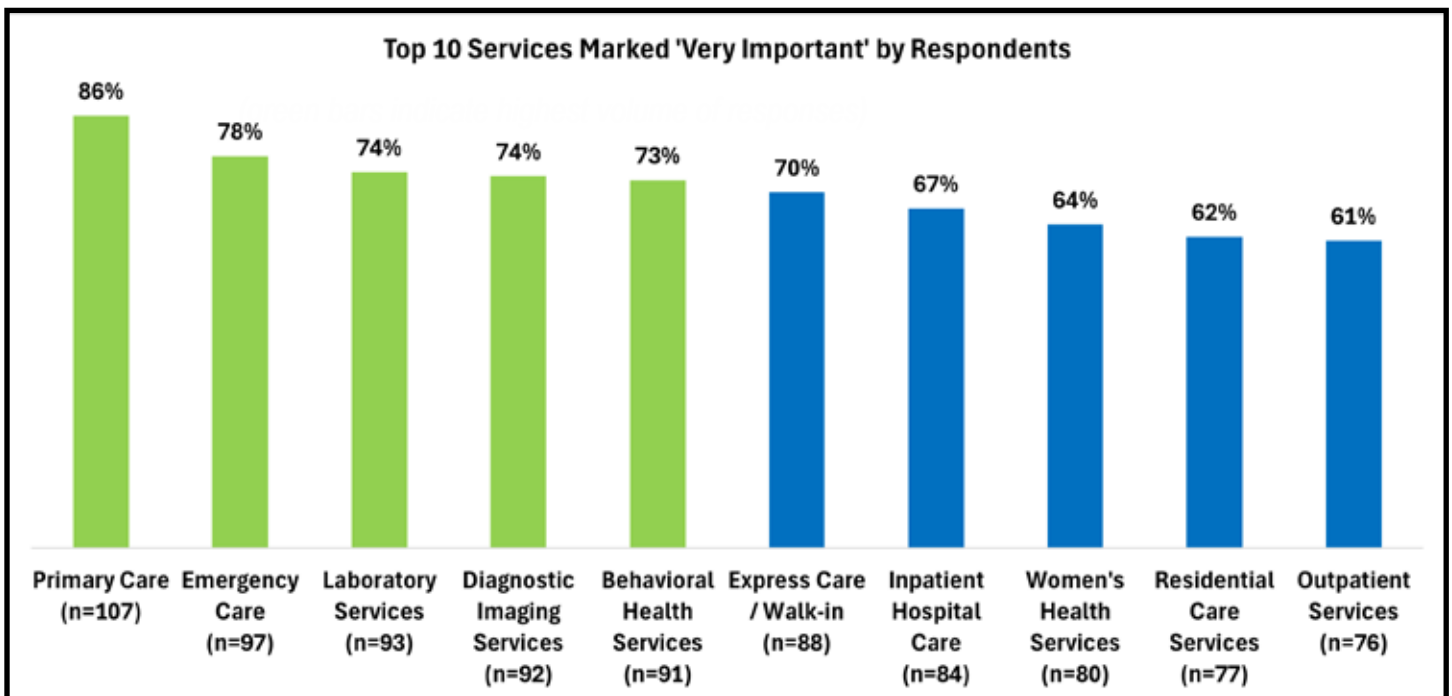


**Figure 8 (CHNA Survey: Question 9)**

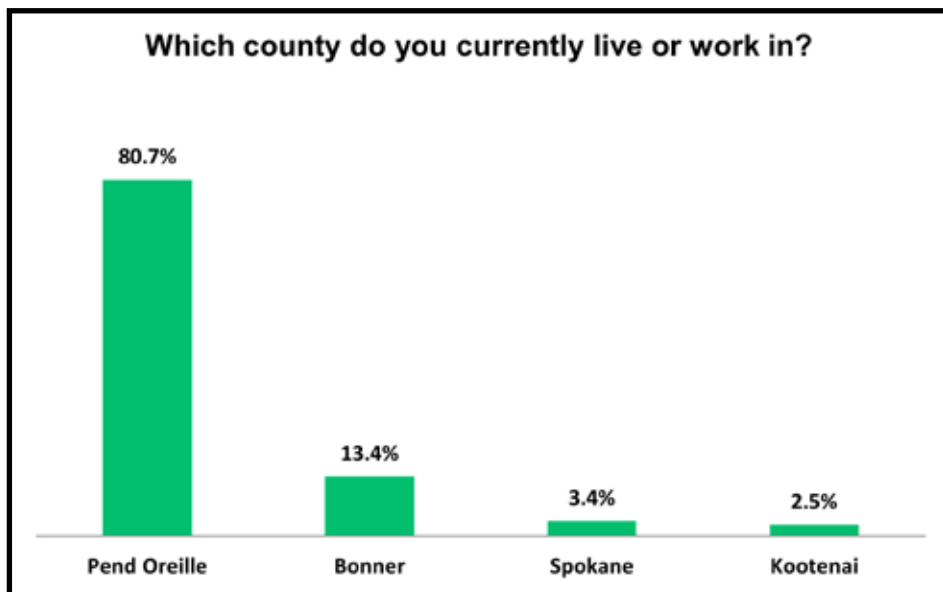
*For each type of service offered, please tell us how important each service is for the organization or client population you serve.*



**Figure 9 (CHNA Survey: Question 9)**

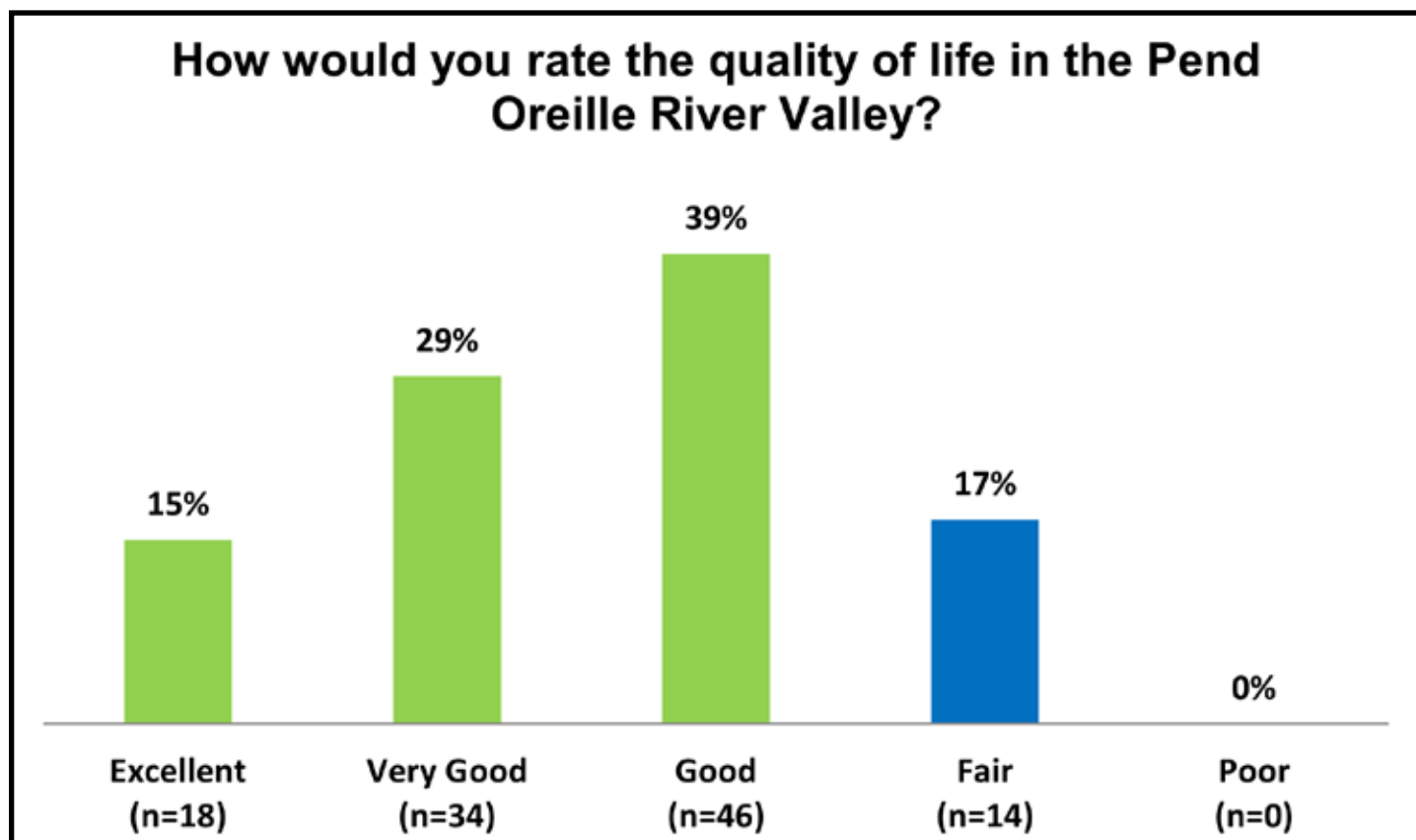


**Figure 10 (CHNA Survey: Question 10)**



**Figure 10 Insights:**  
80.7% of survey respondents live or work in Pend Oreille County. The remaining 19% live in Bonner, Spokane, or Kootenai County.

**Figure 11 (CHNA Survey: Question 11)**

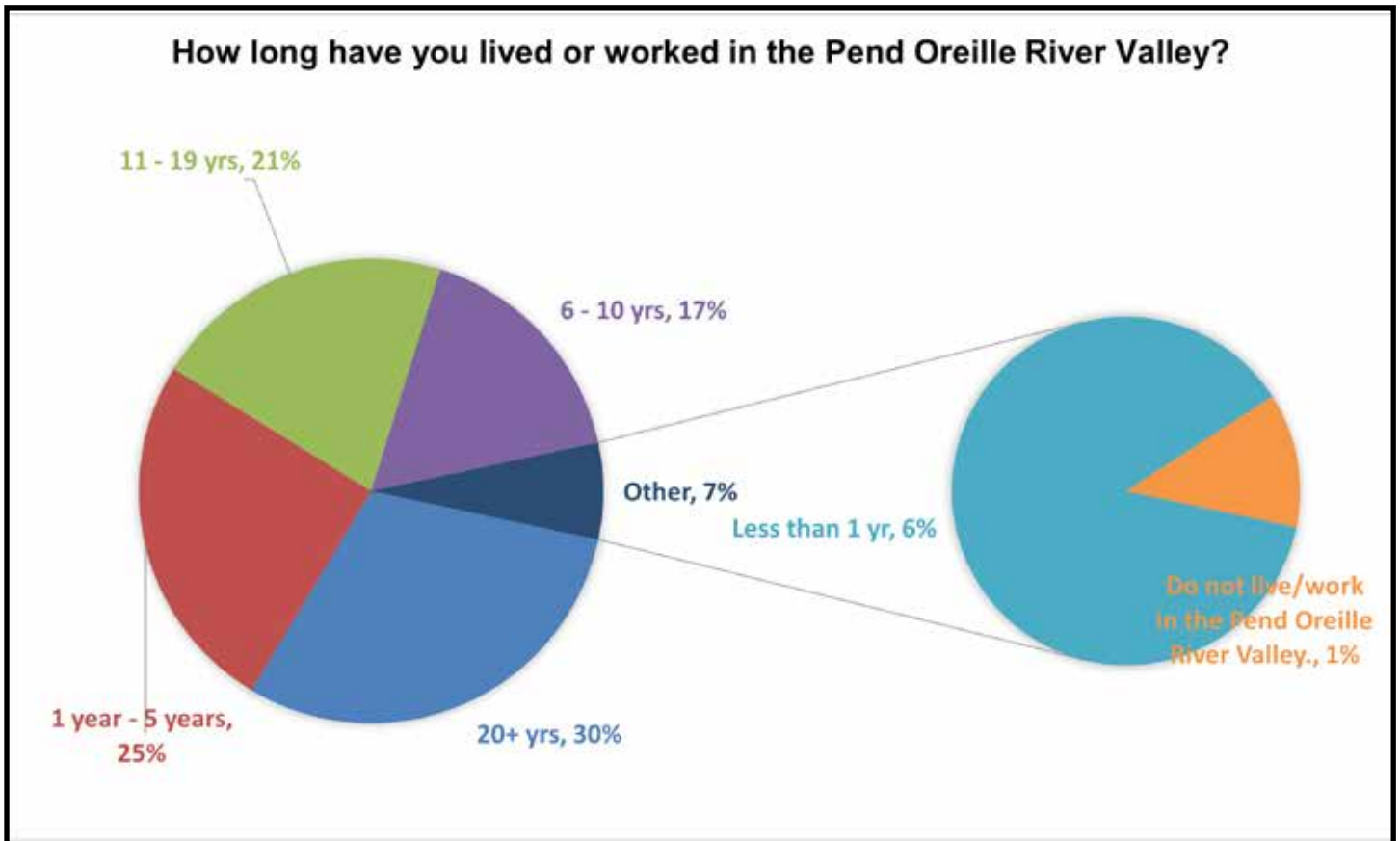


**Figure 11 Insights:**

68% Of survey respondents rated the quality of life in the Pend Oreille River Valley as *Very Good* or *Good*. 15% Rated quality of life in the Pend Oreille River Valley as *Excellent*.

**Figure 12 (CHNA Survey: Question 12)**

*How long have you lived or worked in the Pend Oreille River Valley?*



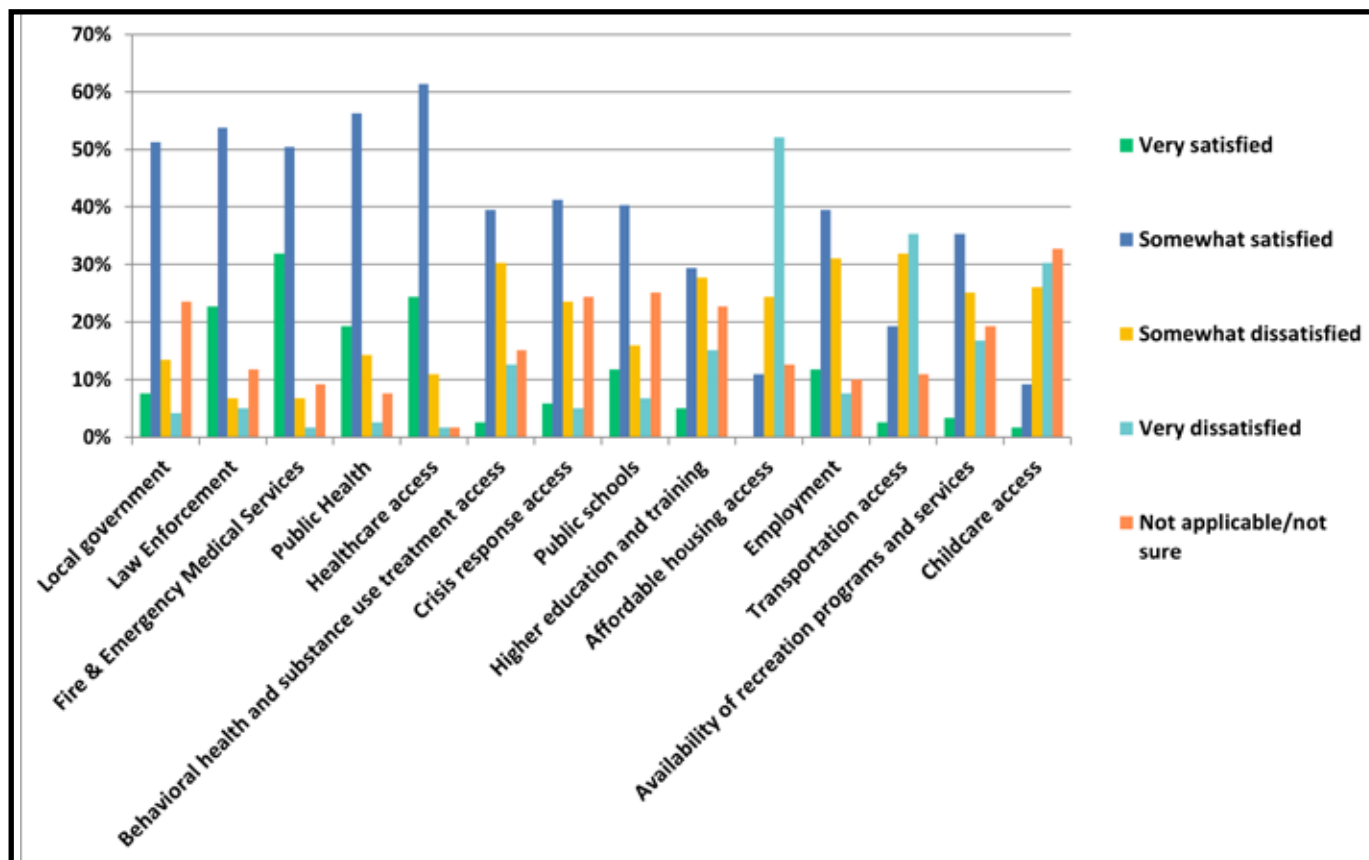
**Figure 12 Insights:** 51% of survey respondents have lived or worked in Pend Oreille County for more than 10 years. 25% have lived or worked in Pend Oreille County for 5 years or less.



Bead Lake at dawn

**Figure 13 (CHNA Survey: Question 13)**

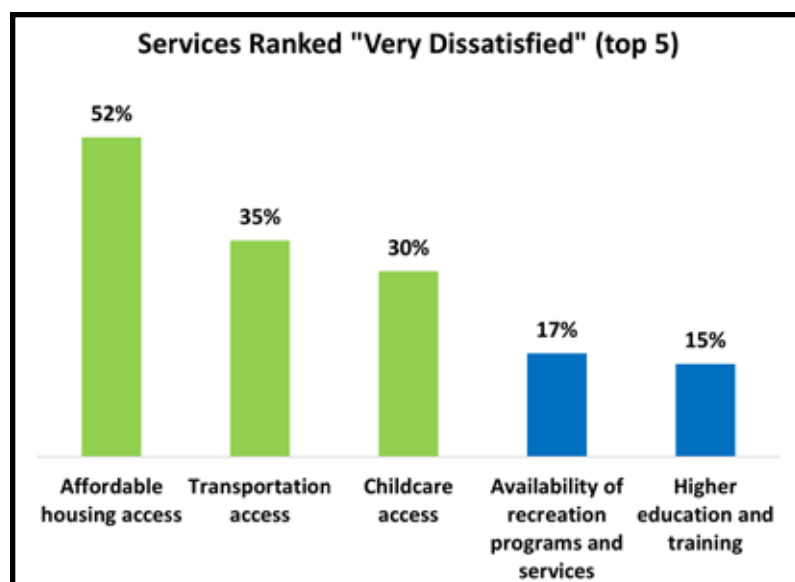
*How satisfied are you with the following services in the Pend Oreille River Valley?*



**Figure 13 Insights:** 55% (combined) of respondents said they are “very satisfied” with *Police, Sheriff, Fire & Emergency Services* in Pend Oreille County. 24% said they are “very satisfied” with *Healthcare Access*. Conversely, *Affordable Housing Access, Transportation Access, and Childcare Access* rated highest under “very dissatisfied.”

**Figure 14 (CHNA Survey: Questions 13 & 14)**

*Please elaborate if Pend Oreille River Valley Services did not meet your satisfaction.*

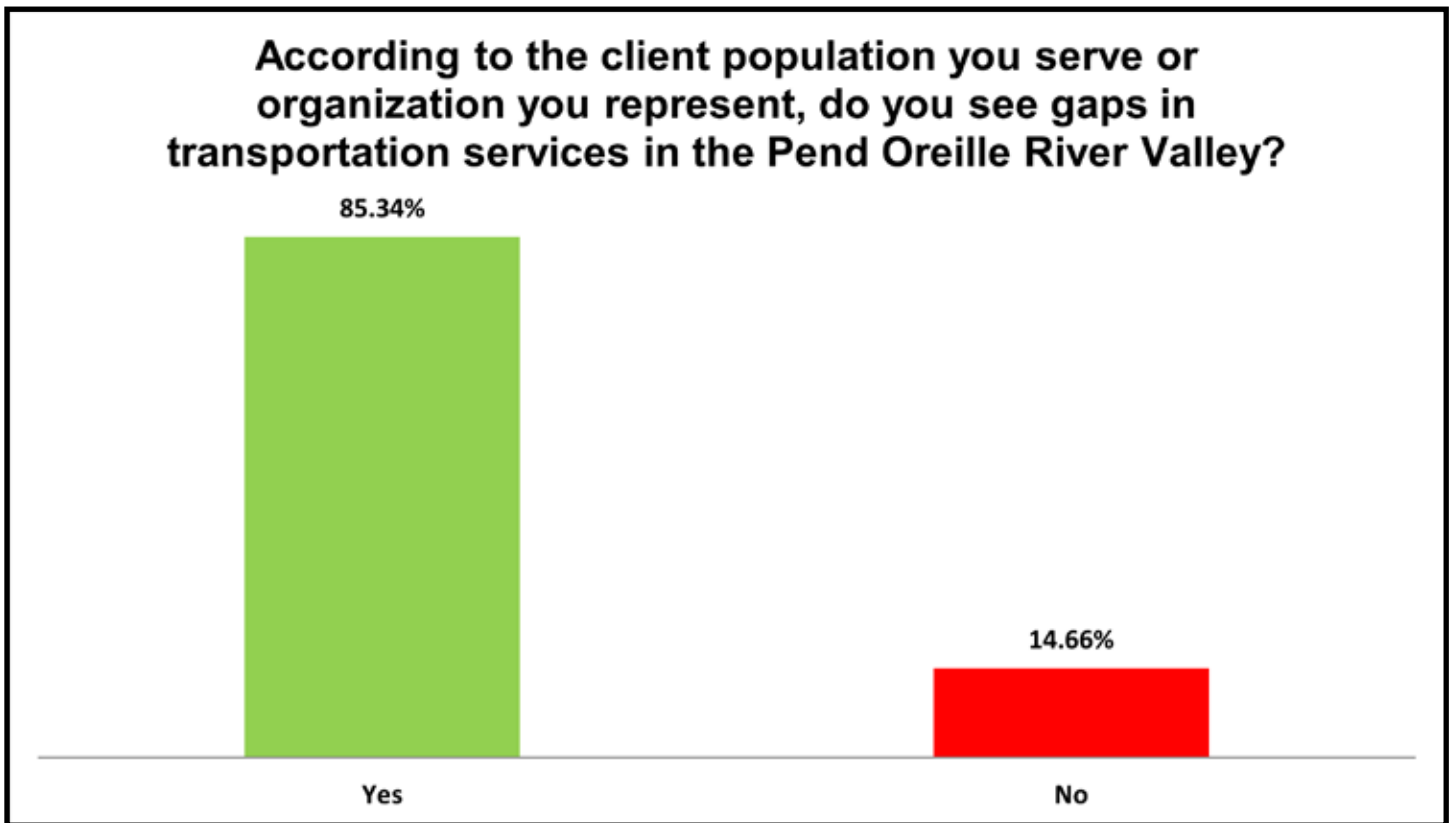


**Figure 14 Insights:** Additional areas of dissatisfaction include:

- *Youth Extracurricular Activities*
- *Behavioral Health Education*
- *Education Opportunities*
- *Availability of Supplemental Insurance Options locally (Medicare)*
- *Bullying in Schools*

**Figure 15 (CHNA Survey: Question 15)**

*According to the client population you serve or organization you represent, do you see gaps in transportation services in the Pend Oreille River Valley?*



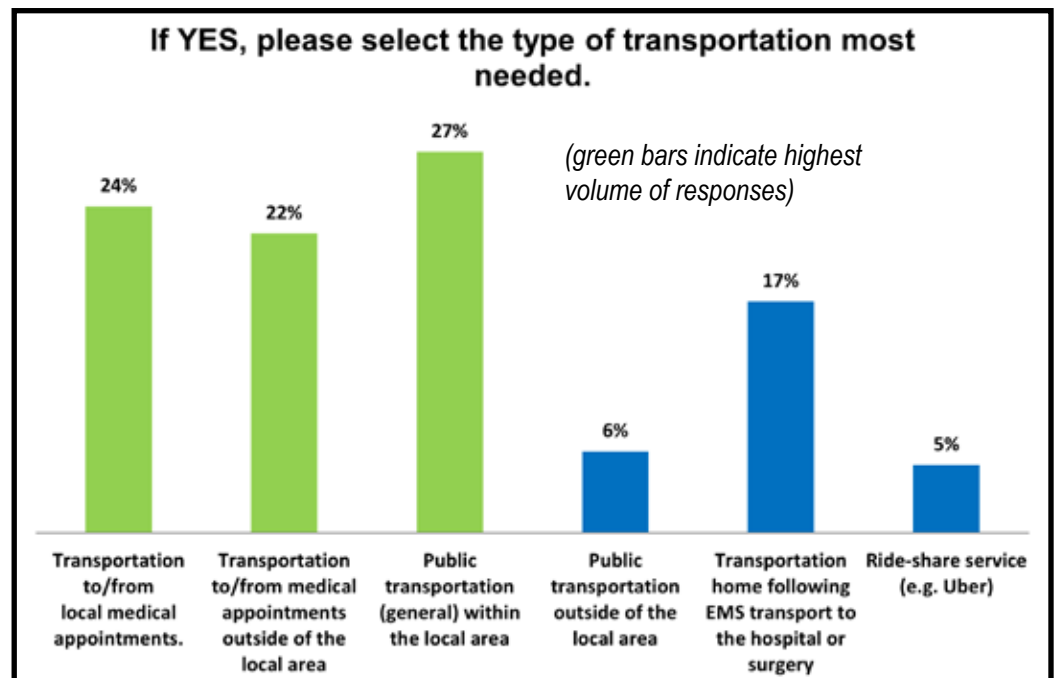
**Figure 16 (CHNA Survey: Question 16)**

*Please elaborate on the types of transportation needed.*

**Figure 16 Insights:**

27% of respondents listed a need for *Public Transportation / General* (n=28), while a combined 46% (n=46) listed transportation *To/From Medical Appointments* (local and outside of the area). The next highest level of response included *Transportation Home Following EMS Transport to the Hospital or Surgery* (17%, n=17)

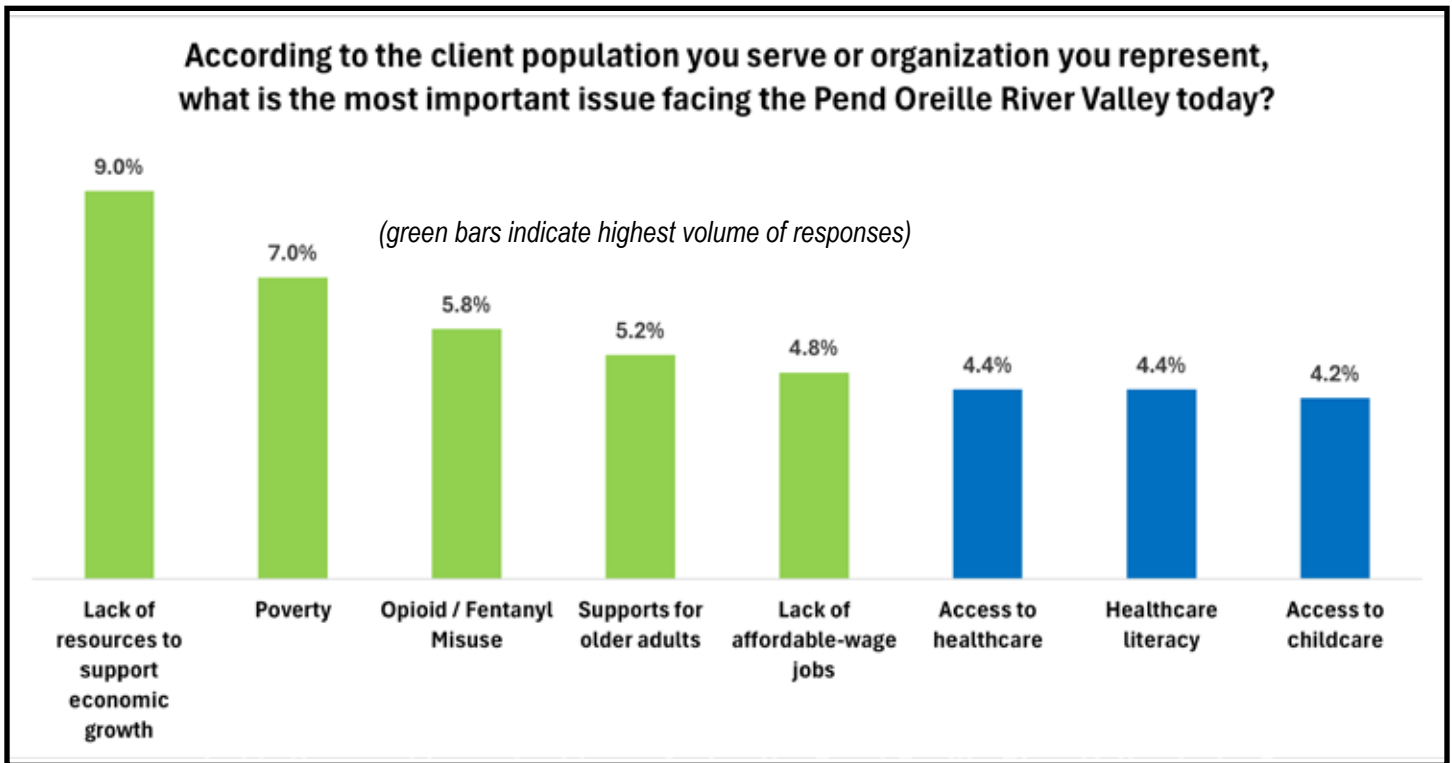
There were 102 total responses for this question.





**Figure 17 (CHNA Survey: Question 17)**

**According to the client population you serve or organization you represent, what is the most important issue facing Pend Oreille County today?**



**Figure 17 Insights:** 9% (n=45) of respondents listed *Lack of Resources to Support Economic Growth*, while 7% (n=35) listed *Poverty*.

Additional responses listed:

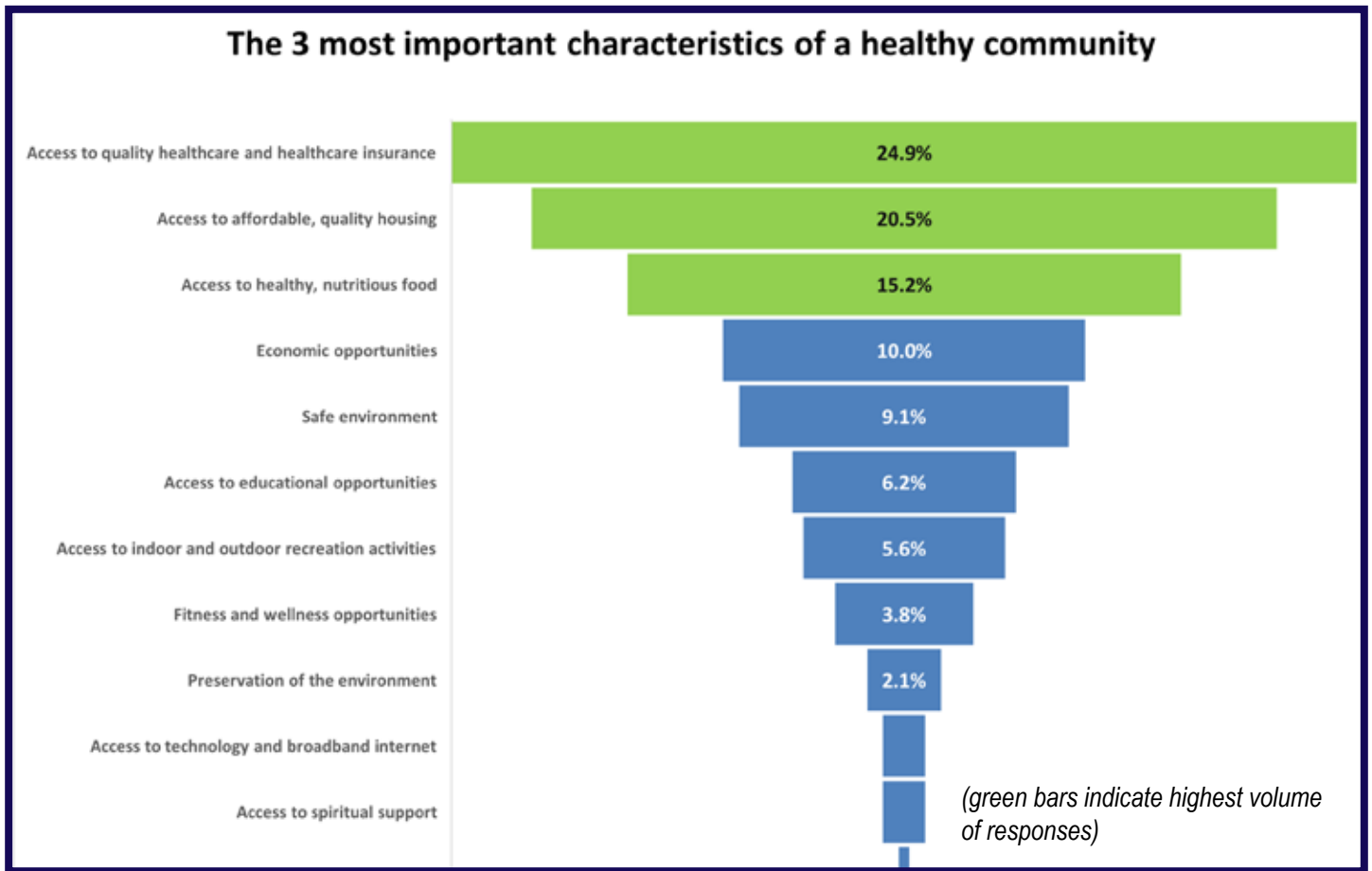
- Access to affordable housing (4.0%)
- Access to affordable, nutritious food (4.0%)
- Support / Communication between resource agencies (4.0%)
- Lack of recreation activities in town (3.8%)
- Transportation (3.8%)
- Anti-vaccine sentiment (3.4%)
- Comprehensive wellness supports / prevention (3.4%)
- Domestic abuse (including sexual abuse) (3.4%)
- Access to broadband internet (3.2%)
- Adult homelessness (3.2%)
- Ambulance / Emergency Medical Services (3.2%)
- Child abuse (including sexual abuse) (3.2%)
- Lack of local training opportunities (3.2%)
- Lack of tourism (3.2%)
- Political adversity and divisiveness (3.2%)

- Youth homelessness (3.2%)
- Behavioral Health Services
- Long Term Care planning

*NOTE: The responses listed without percentages represent one (1) response in that category.*

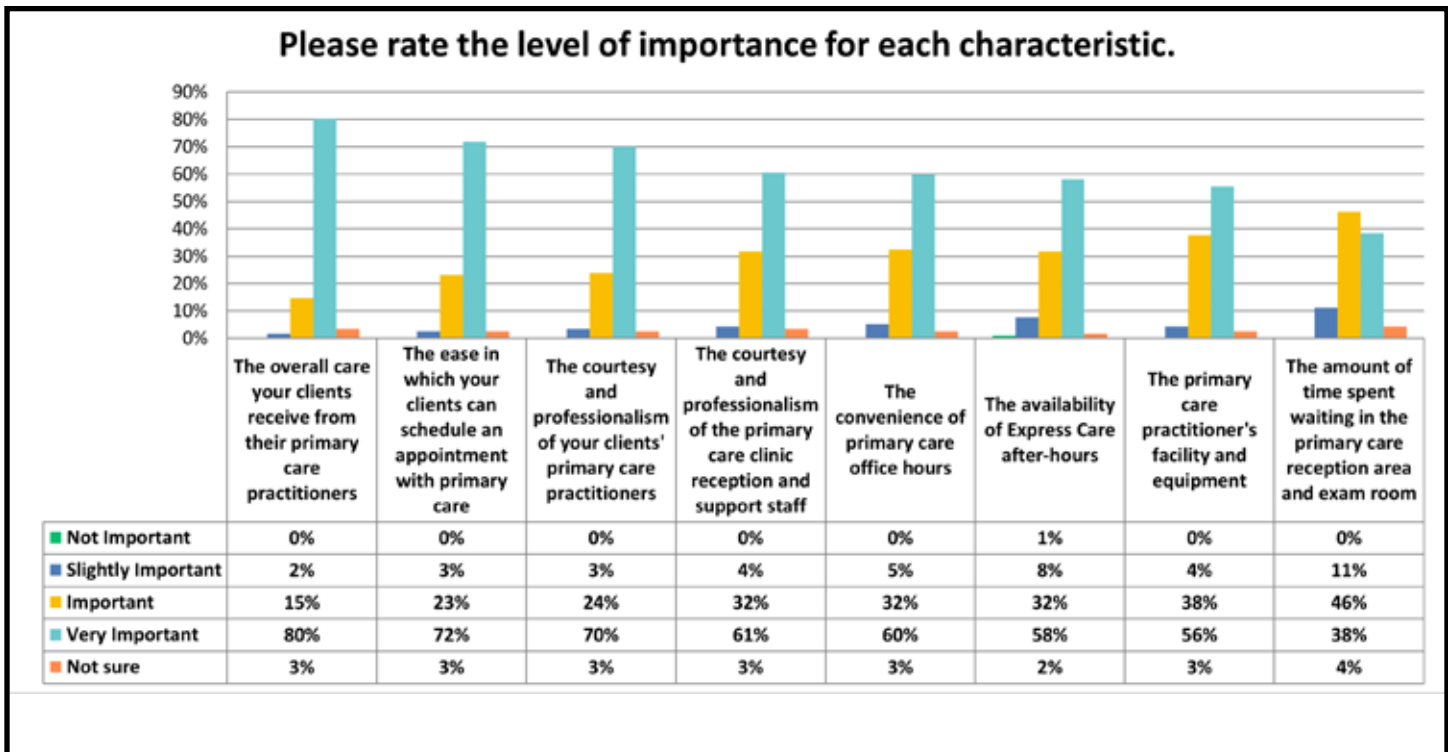
**Figure 18 (CHNA Survey: Question 23)**

**Considering the organization / population you serve, select the 3 most important characteristics of a healthy community.**



## CHNA Survey: Primary Care Access

**Figure 19 (CHNA Survey: Question 19)**  
**Level of Importance Rating - Primary Care Characteristics**



**Figure 18 Insights: Characteristics marked “very important” include:**

- Overall care your clients receive from their practitioners (80%; n=94)
- Ease in which your clients can schedule an appointment (72%; n=84)
- Courtesy and professionalism of your clients' practitioners (70%; n=82)
- Courtesy and professionalism of the reception and support staff (61%; n=71)
- Convenience of primary care office hours (60%; n=70)
- Availability of Express Care after-hours (58%; n=68)
- The primary care practitioner's facility and equipment (56%; n=65)
- Amount of time spent waiting in the reception area and exam room (38%; n=45).

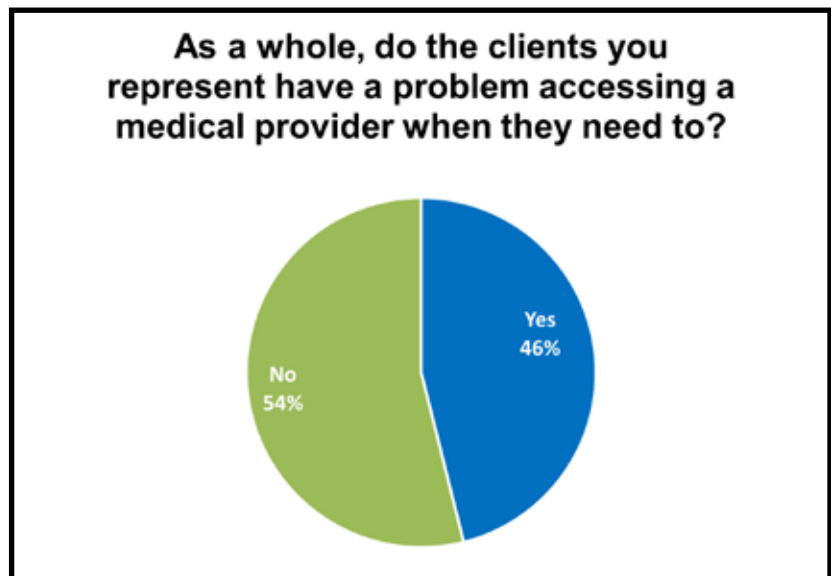
117 Respondents answered this question.

**Figure 20 (CHNA Survey: Question 20)**

**As a whole, do the clients you represent have a problem accessing a medical provider when they need to?**

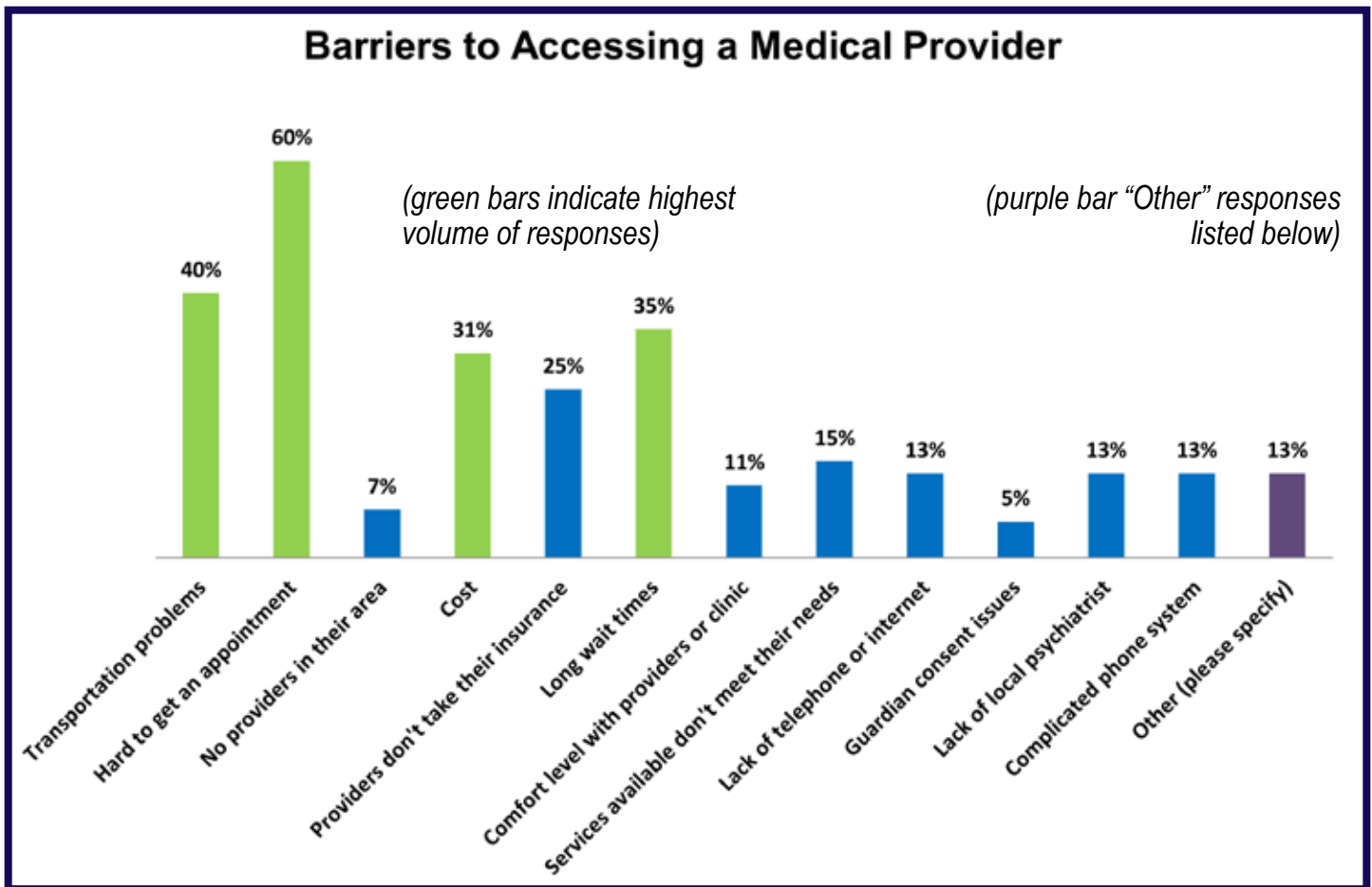
**Figure 20 Insights:** There were 115 responses to this question. 46% (n=53) answered “yes” and 54% (n=62) answered “no.”

**NOTE:** In 2022, 82% said the clients they represent had problems accessing a medical provider when they needed to.



**Figure 21 (CHNA Survey: Question 21)**

*If you answered “Yes” in Question #20, what are the reasons for problems? (Mark all that apply)*



**“Other (please specify)” summary of reasons in Question 21 (13% of responses)**

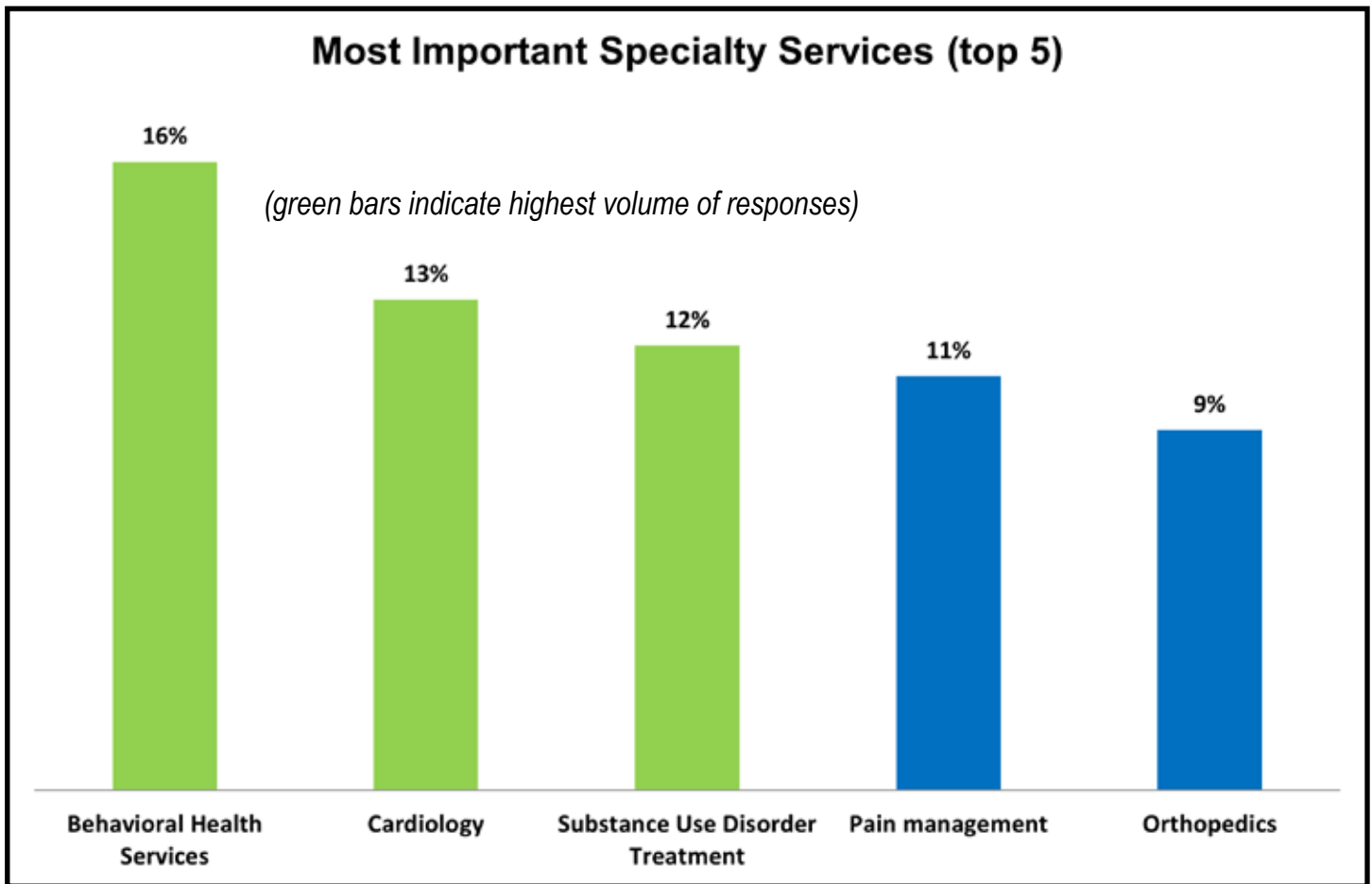
- Patients complain of long wait times for the clinic call center and length of time it takes to get a call response.
- A percentage of the patient population solely relies on community transportation to get to appointments.
- Lack of specialists
- Need to transfer medical records for new patients prior to making the first appointment.

**Newport Health Center (family practice clinic)**



**Figure 22 (CHNA Survey: Question 22)**

**Which specialty services do you believe to be the most important for the clients you serve (that they may be most likely to utilize) in the community? (Check the TOP 5 most important.)**



**Figure 22 Insights:** This question had 115 responses. In addition to the ratings above, other specialty services included in the ratings were:

- Gynecology (7%; n=35)
- Oncology (5%; n=25)
- Ear, Nose and Throat (4.6%; n=23)
- Urology (4.4%; n=22)
- Nephrology/Dialysis (3.8%; n=19)
- Gastroenterology (3.8%; n=19)
- Pulmonology (3.0%; n=15)
- It would depend upon the MD/group (2.4%; n=12)
- Dermatology (2.2%; n=11)
- Opthamalogy (1.4%; n=7)
- Nurse Mid-wife (1.0%; n=5)
- None. (0.2%; n=1)

NOTE: In 2022, Cardiology was ranked #5.

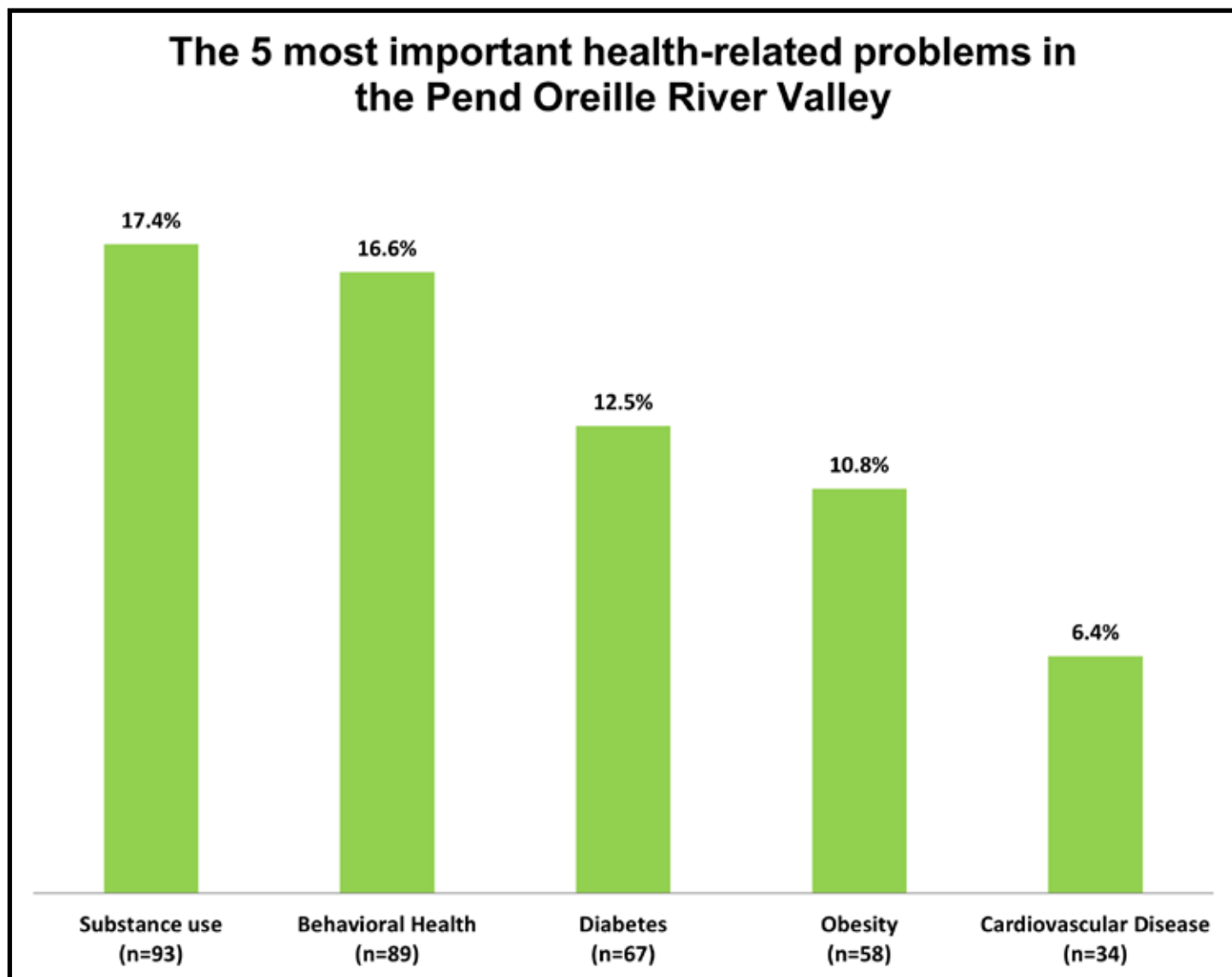
When considering specialty service needs, it's important to compare these responses with those listed in Questions 3 and 4 which also address the need for:

- Oncology
- Psychiatry
- Palliative Care (end-of-life care)
- Hospice Care
- Residential Care
- Home Health
- Medication Management



**Figure 23 (CHNA Survey: Question 24)**

*What are the 5 most important health-related problems in the Pend Oreille River Valley? (i.e. those problems which have the greatest impact on overall community health). Select only 5.*



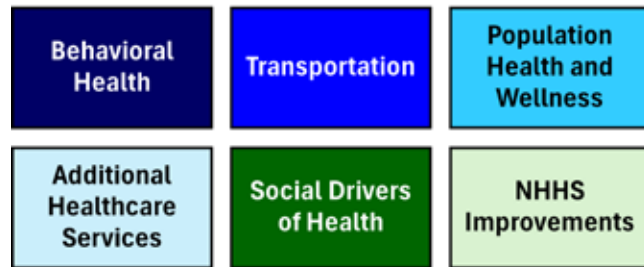
**Figure 23 Insights:** The responses to Question 24 align with earlier trends seen in this report and provide insight into potential community health education and treatment programs such as:

- Substance Use Treatment Access
- Substance Use Prevention
- Behavioral Health Access
- Behavioral Health Education - mental health first aid; stigma reduction
- Diabetes Management Education
- Diabetes Prevention and Weight Management
- Heart Health and Cardiovascular Disease Prevention

**Figure 24 (CHNA Survey: Question 26)**

*Is there anything else that should be considered as we are evaluating the healthcare needs of the local area?* (open-ended responses)

*The open-ended responses to Question 26 were grouped into the following categories →*



**Individual Responses**

Behavioral Health Treatment Access
Substance Use Disorder Treatment Facility
Suicide Prevention
Medical Transportation
Transportation - shopping / errands
Smoking / Vaping Cessation Programs
Chronic Disease Prevention & Wellness Education
Diabetes (Type II) Reversal Education
Oncology Services
Employment Opportunities (affordable wage)
Affordable driver's education to aid employment
Housing
Childcare
Foster Care & Parenting Education
Health Insurance Contracting (more Medicaid / Medicare plans)
More insurance coverage for Behavioral Health / Substance Use Treatment
Patient-centered Focus
Right-size Healthcare Staffing
Improved Call / Wait Times (hospital/clinic)
Improved Hospital Facilities

[NOTE: Suggestions listed above are in no particular order.]

## 2022 CHNA Significant Health Needs of the Community (prioritized)

- 1. Access to primary care services:** We will 1) Improve NHHS phone system trees; 2) Evaluate feasibility of urgent care / walk-in visits, and 3) Improve community education around telehealth access
- 2. Access to behavioral healthcare and Substance Use Disorder treatment services:** We will increase patient access to behavioral health visits in our rural health clinic.
- 3. Immunizations:** We will work with Northeast Tri County Health District and through the School-based Primary Care program to address solutions at all age levels.
- 4. Food Insecurity:** We will look at possible expansion of Healthy Kids Snack Bags program for children in Pend Oreille County.

[NOTE: Other significant needs identified in the survey included transportation, homelessness, and economic development. These are not feasible for NHHS to address alone. We will continue to work with our community partners to collaborate on improvements in these areas.]

## Newport Hospital & Health Services 2022 CHNA Implementation Plan

***Based on NHHS's 2022 Community Health Needs Assessment, the District developed a collaborative plan across service lines and directly with the Pend Oreille Health Coalition.***

### Continuing projects:

1. Youth Mental Health Equity Project
2. School-based Primary Care Project - officially kicked off primary care visits in November 2021.
3. Integrated Medication Management Project

### New / Updated projects:

- 1. Bi-directional Integration of Medical / Behavioral Healthcare -**
  - » Working with Premera and University of Washington AIMS Center to train providers on the Collaborative Care Model (CoCM) implementation in the primary care clinic. Goals include:
    - Build an NHHS based integrated care program using the CoCM model to improve measurable mental health and clinical outcomes.
    - Train to CoCM Care Team best practices and integrate said throughout NHHS service delivery; improve/expand Behavioral Health / Substance Use Disorder service, access, and knowledge in our community.
- 2. Chronic Disease Management -**
  - » By December 31, 2022, NHHS will monitor Emergency Department utilization reports for up to 50 established patients of Newport Health Center with certain chronic conditions and attempt to form care coordination relations to better manage their health.
  - » By July 31, 2022, NHHS will attempt to improve patient understanding and education for specific disease states (e.g. Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Diabetes, Hypertension, Dementia, Heart Disease, and Depression) through enhanced communication.
- 3. Addressing the Opioid Crisis -**
  - » By July 31, 2022, attempt to identify Opioid Use Disorder and Substance Use Disorder screening tool and place it within the electronic chart for patient completion during annual wellness visits.
  - » By July 31, 2022, identify and distribute "naloxone distribution and use" patient education to at least 50 patients.
- 4. COVID-19 Operations**
  - » Based on the 2022 CHNA, we will be improving patient signage and communications regarding testing, vaccines, and public safety measures. Our main partner in this work is Northeast Tri County Health District (NETCHD).
  - » We will also work with NETCHD to address testing and vaccine access issues noted in this report.

## 2025 CHNA Significant Health Needs of the Community (prioritized)

- 1. Access to behavioral healthcare and Substance Use Disorder treatment services:** We will increase patient access to behavioral health visits in our rural health clinic.
- 2. Access to healthcare services:** We will 1) Explore Express Care expanded hours; 2) Evaluate and explore Emergency Room expansion, and 3) Improve community education regarding primary care.
- 3. Access to chronic disease prevention, especially cardiovascular disease and Type II diabetes.** We will 1) Increase prevention education; and 2) Explore increased access to cardiology services, obesity management (including prevention and nutrition education).
- 4. Access to workforce education:** We will explore and expand healthcare career education partnerships.

*[NOTE: Other significant needs identified in the survey included: affordable housing access, transportation, and childcare access. While these may not be feasible for NHHS to address alone, we will continue to work with our community partners to collaborate on improvements in these areas.]*

## Newport Hospital & Health Services 2025 CHNA Implementation Plan

**Based on NHHS's 2025 Community Health Needs Assessment, the District developed a three year collaborative plan to address significant health needs across NHHS service lines.**

### **Continuing projects from 2022:**

1. Youth Mental Health Equity Project (sunsetting in 2025)
2. School-based Primary Care - this service line is now sustainable and ongoing; explore expansion.

### **New / Updated Service Focus:**

- 1. Behavioral Health -**
  - » Explore increased access to outpatient behavioral health services. Goals include:
    - Recruit and hire Behavioral Health Nurse Practitioner
    - Explore remodel primary care clinic to allow for additional behavioral health treatment space.
  - » Launch behavioral health community education, including Mental Health First Aid, and depression education and management.
- 2. Emergency, Primary Care, and Urgent Healthcare Access -** Goals include:
  - » Explore expanded hours in Express Care (walk-in clinic)
  - » Evaluate and explore expansion of Emergency Department.
  - » Evaluate, expand, and contract with additional insurance carriers, especially those serving Medicaid and Medicare patients.
- 3. Chronic Disease Prevention -** Goals include:
  - » Explore expanded access to cardiology services and heart health education.
  - » Diabetes Prevention and Weight Management
    - Explore collaboration with community partners to improve access to healthy, nutritious food, including shopping and cooking techniques.
    - Explore expansion of obesity management services.
- 4. Healthcare Workforce Education -** Goals include:
  - » Create additional opportunities for people to enter the medical field.
    - Expand partnerships and collaborations with medical schools, nursing schools, community colleges, and high schools to increase on-the-job training and internship opportunities.
    - Expand in-house training and workforce education for existing employees to enter specialized fields.

## Sources

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Data Center. (2022). Indicators Summary: Pend Oreille County, WA. Spokane: Spokane Regional Health District. Retrieved November 4, 2024, from County Health Insights: <https://countyhealthinsights.org/county/pend-oreille/indicators/>

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Pend Oreille, WA. (2024). (University of Wisconsin Population Health Institute) Retrieved January 22, 2025, from County Health Rankings & Roadmaps: <https://www.countyhealthrankings.org/health-data/washington/pend-oreille?year=2024#health-factors>



## APPENDIX A

*NOTE: This is the most recent data available through Northeast Tri County Health Department and Spokane Regional Health District Data Center. Appendix A will be updated as soon as the new Demographics Report is released.*

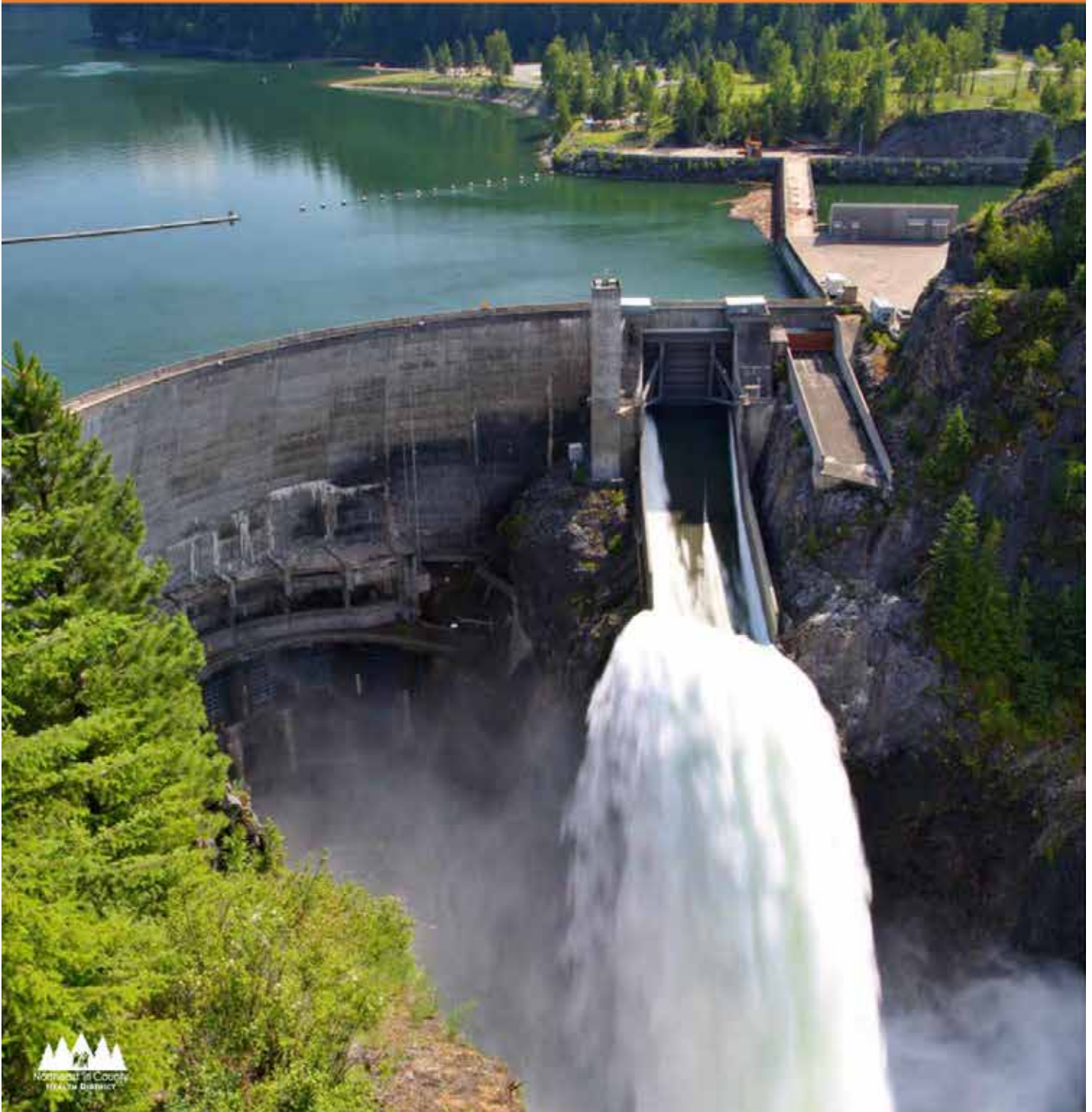


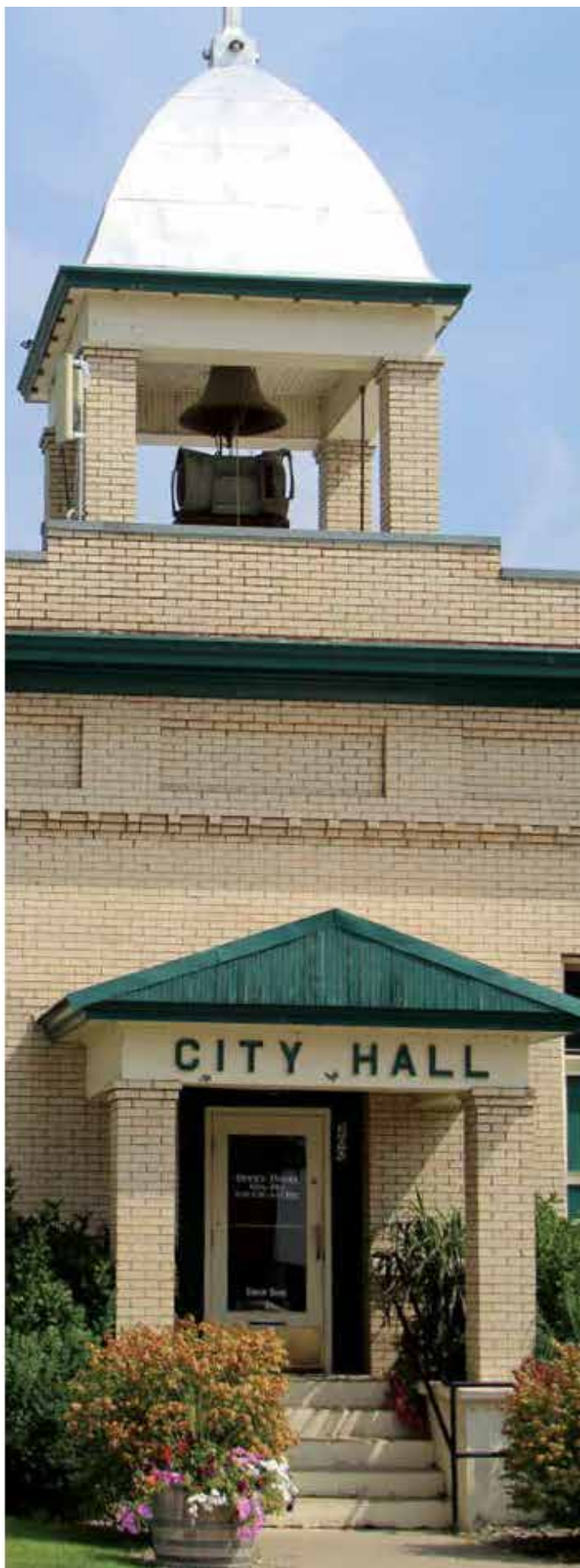


# DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Pend Oreille County, WA

2022





**Data Center**

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**Author:**

*Morgan Rosengrant, Research Scientist 2*

*October 2022*



# POPULATION

Pend Oreille County is located in the northeast corner of Washington State bordering Canada to the north. In 2021, Pend Oreille County was the thirty-third most populous county in the state with 13,625 individuals. This accounted for less than 1% of the state's population. Most of the population lives in unincorporated Pend Oreille, with only 16% living in the county's largest city, Newport. Of the 39 counties in Washington State, Pend Oreille County had the seventh lowest population density with a density of 9.62 individuals per square mile. The Washington State density for all counties was 116.88 individuals per square mile.<sup>1</sup>

In 2021, adults 20 to 34 made up the smallest proportion of Pend Oreille County's population. Pend Oreille County had smaller proportions of adults ages 20-34 and higher proportions of seniors ages 65 years or older than Washington State.

## Population by Age Group, 2021

	Pend Oreille County	WA State
0-19 years	21.1%	24.0%
20-34 years	10.9%	20.5%
35-64 years	38.6%	38.0%
65+ years	29.2%	17.3%

Source: Washington State Office of Financial Management – April 1, 2021  
Official Population Estimates

According to 2021 data, Pend Oreille County was not racially diverse. Among county residents, 87.4% were white, 2.8% were American Indian/ Alaska Native, 5.1% were of two or more races, while all other groups made up less than 1% of the population. Hispanics comprised 3.5% of the population, far lower than the statewide population with 14.2% identifying as Hispanic. Hispanics are included in all race categories.

## Population by Race Alone, 2021

	Pend Oreille County	WA State
White	87.4%	72.8%
Black or African American	0.5%	4.3%
American Indian and Alaskan Native	2.8%	1.9%
Asian	0.5%	9.9%
Native Hawaiian or other Pacific Islander	0.1%	0.9%
Two or more races	5.1%	10.2%

Source: Washington State Office of Financial Management – April 1, 2021  
Official Population Estimates

## Population 15 Years of Age and Older by Marital Status, 2016-2020

	Pend Oreille County	WA State
Total	13,476	100%
Married	6,355	47.2%
Widowed	689	5.1%
Divorced	1,416	10.5%
Separated	164	1.2%
Never married	2,938	21.8%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1201

## Population by Nativity and Citizenship Status, 2016-2020

	Pend Oreille County	WA State
U.S. citizen, born in the U.S.	13,014	95.8%
U.S. citizen, born in Puerto Rico or U.S. island areas	0	0.0%
U.S. citizen, born abroad of American parent(s)	74	0.5%
U.S. citizen by naturalization	343	2.5%
Not a U.S. citizen	157	1.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table B05001



## Geographical Mobility in Past Year for Current Residence, 2016-2020

	Count	Percent
Same house 1 year ago	11,951	88.3%
Moved within same county	337	2.5%
Moved from different county within same state	597	4.4%
Moved from different state	643	4.8%
Moved from abroad	0	0.0%

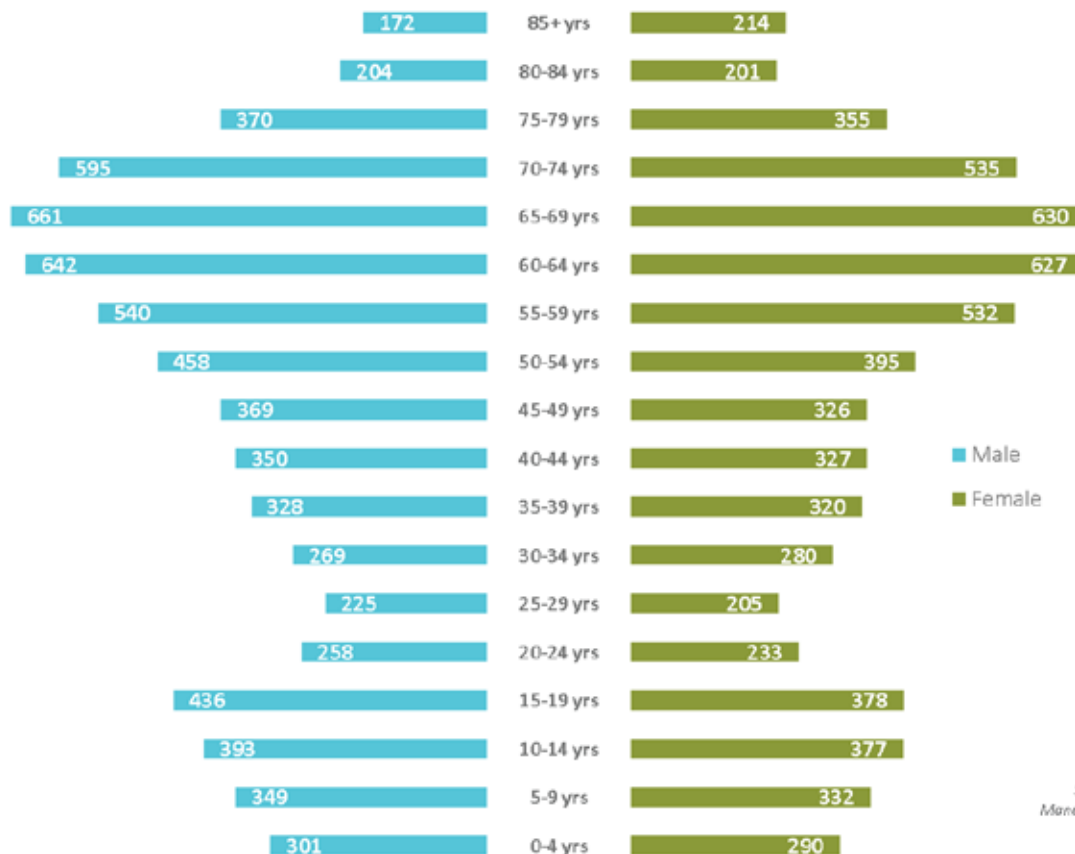
Source: U.S. Census Bureau, American Community Survey, 2016-2020, Table B07001

## Language Spoken at Home by Ability 2016-2020

	Pend Oreille County	WA State
<b>Total Population 5 years and over</b>	<b>10,176</b>	<b>100%</b>
English only	9,889	97.2%
Language other than English	287	2.8%
Speak English less than "very well"	107	1.1%
Spanish	120	1.2%
Other Indo-European languages	101	1.0%
Asian and Pacific Islander languages	62	0.6%
Other languages	4	0.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, Table DP02

## Distribution of Population by Age and Sex, Pend Oreille County, 2021



Source: Washington State Office of Financial Management – April 1, 2021 Population Estimates

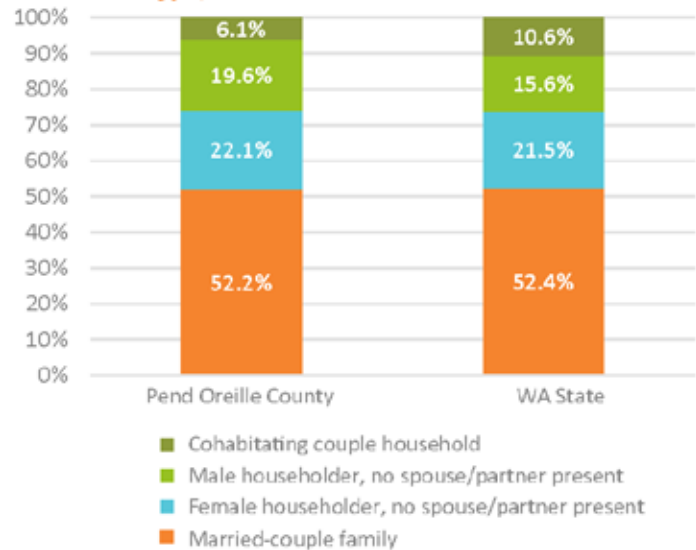
## FAMILY STRUCTURE

### Households by Type, Pend Oreille County, 2016-2020

<b>Total Households</b>	<b>5,798</b>	<b>100%</b>
Married-couple family	3,028	52.2%
Cohabiting couple household	353	6.1%
Male householder, no spouse/partner present	1,136	19.6%
Householder living alone	724	12.5%
65 years and over	261	4.5%
Female householder, no spouse/partner present	1,281	22.1%
Householder living alone	681	11.7%
65 years and over	350	6.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table DP02

### Families with Children Younger than 18 Years of Age by Household Type, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table DP02

## EDUCATION

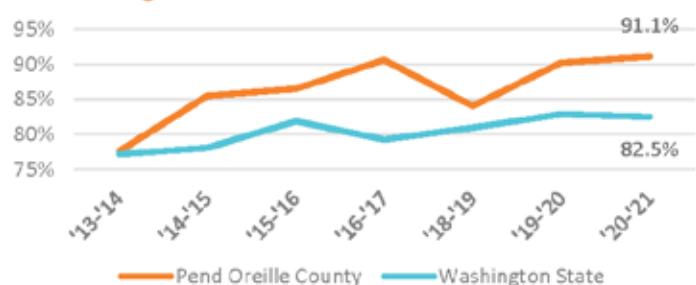
### Educational Attainment among Adults 25 Years of Age or Older, 2016-2020

	Pend Oreille County		WA State
<b>Population 25 years of age or older</b>	<b>10,071</b>	<b>100%</b>	<b>100%</b>
Less than ninth grade	230	2.3%	3.5%
Ninth-12th grade, no diploma	708	7.0%	4.8%
High school graduate/ GED	3,267	32.4%	21.8%
Some college, no degree	2,638	26.2%	23.1%
Associate's degree	1,106	11.0%	10.1%
Bachelor's degree	1,354	13.4%	22.8%
Graduate or professional degree	768	7.6%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1501

Among students who began ninth grade, 91.1% graduated from high school on time during the 2020/2021 school year. Another 2.0% continued high school beyond the traditional graduation date. Statewide, 82.5% of students graduated on time. Since the 2013/2014 school year, Pend Oreille County has consistently performed better than Washington State.

### On-Time High School Graduation Rate



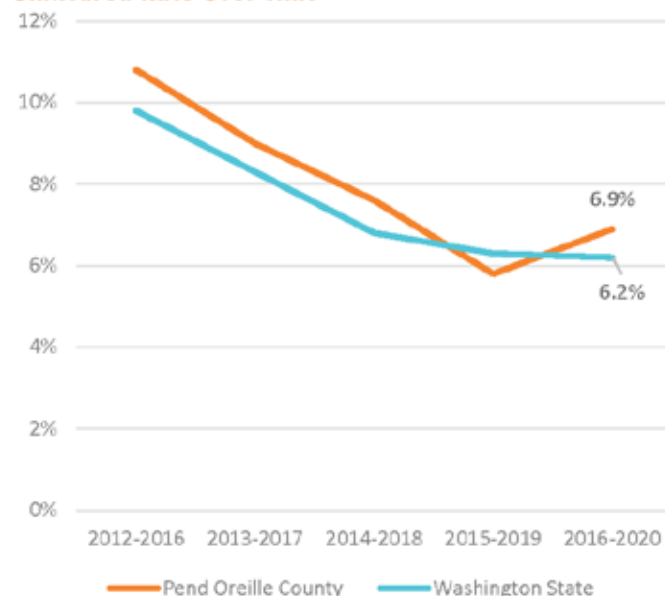
Source: Washington State Office of Superintendent of Public Instruction – Data and Reports, 2021

# HEALTH INSURANCE AND DISABILITY

For the 2016-2020 American Community Survey (ACS) estimate period, approximately 6.9% of Pend Oreille County's population was uninsured. Those who were 19 to 64 years of age, female, and Asian alone had the highest proportion of being uninsured in their respective demographic categories. The uninsured rate in Pend Oreille County was higher than Washington State.

In Pend Oreille County for the 2016-2020 ACS estimate period, 18.9% of the population had a disability. Disability includes those with hearing, vision, cognitive, ambulatory, self-care, or independent living difficulties. Among those with a disability, 41.6% were 75 years of age or older. Overall, Pend Oreille County had higher disability rates than the state.

## Uninsured Rate Over Time



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2701

## Percent of Uninsured, 2016-2020

### BY AGE

	Pend Oreille County	WA State
Under 19 years	7.9%	2.8%
19-64 years	9.3%	8.9%
65+ Years	1.1%	0.7%
<b>Total</b>	<b>6.9%</b>	<b>6.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2701

### BY SEX

	Pend Oreille County	WA State
Male	6.5%	7.1%
Female	7.3%	5.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2701

### BY RACE

	Pend Oreille County	WA State
White	4.8%	5.1%
Black or African American	0.0%	7.6%
American Indian and Alaska Native	23.4%	13.6%
Asian	24.6%	4.8%
Native Hawaiian and Other Pacific Islander	0.0%	10.6%
Some other race	23.8%	22.6%
Two or more races	20.2%	6.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2701

## Percent of Population with a Disability by Age, 2016-2020

	Pend Oreille County	WA State
Under 5 years	8.3%	0.7%
5-17 years	7.6%	5.6%
18-34 years	9.6%	7.2%
35-64 years	19.2%	12.4%
65-74 years	27.6%	24.6%
75+ years	41.6%	50.2%
<b>Total</b>	<b>18.9%</b>	<b>12.7%</b>

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1810

## INCOME AND POVERTY

Estimates of median household income were based on the U.S. Census Bureau's American Community Survey (ACS) estimates for 2016-2020 and the Washington State Office of Financial Management from 2021.

The projected median household income in Pend Oreille County for 2021 was \$63,007, compared to \$81,998 statewide. The median household income has been increasing since 2017. For the 2016-2020 ACS estimate, approximately 14.2% of individuals in the county lived below 125% federal poverty level (FPL), and 28.4% lived below 200% FPL. The proportion of Pend Oreille County residents living in poverty (below 200% FPL) was higher than the statewide proportion (24.1%).

### Median Household Income Estimates

	Pend Oreille County	WA State
2010	\$37,005	\$54,888
2011	\$37,234	\$55,500
2012	\$37,755	\$56,444
2013	\$42,043	\$57,284
2014	\$39,886	\$60,153
2015	\$41,111	\$63,439
2016	\$42,391	\$65,500
2017	\$42,276	\$69,288
2018	\$43,299	\$72,297
2019	\$51,950	\$78,674
2020 Preliminary estimate	\$57,212	\$80,319
2021 Projection	\$63,007	\$81,998

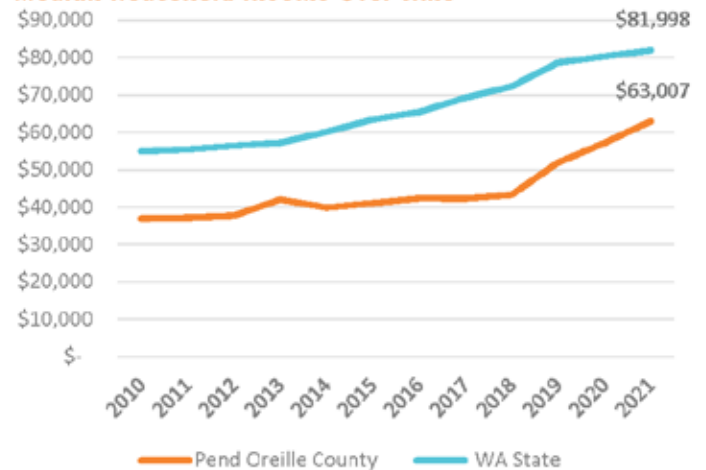
Source: Washington State Office of Financial Management – Median Household Estimates by County, April 2021

### Families with Children Living at or Below 100% FPL, 2016-2020

	Pend Oreille County	WA State
All Families	5.5%	6.5%
Married-Couple Families	4.4%	3.3%
Single Mothers	15.8%	21.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1702

### Median Household Income Over Time



Source: Washington State Office of Financial Management – Median Household Estimates by County, April 2021

### Individuals Living at or Below 100% FPL by Age Group, 2015-2019

	Pend Oreille County	WA State
<18	7.8%	12.6%
18-64 Years	12.9%	10.0%
65+ Years	4.8%	7.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1701

### Population Living at or Below Various FPL, 2016-2020

	Pend Oreille County	WA State
50% FPL	4.7%	4.7%
125% FPL	14.2%	13.4%
150% FPL	19.3%	16.7%
185% FPL	25.7%	21.8%
200% FPL	28.4%	24.1%
300% FPL	49.5%	39.3%

Disclaimer: Percentages do not add up to 100% because categories may overlap.

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1701



## Individuals Within Race and Hispanic Ethnicity Categories Living at or Below 100% FPL, 2016-2020

	Pend Oreille County	WA State
White	9.9%	8.9%
Black or African American	0.0%	17.5%
American Indian and Alaskan Native	5.5%	22.0%
Asian	7.6%	9.2%
Native Hawaiian and other Pacific Islander	0.0%	12.6%
Some other race	14.9%	18.6%
Two or more races	8.8%	12.7%
Hispanic ethnicity	15.4%	16.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1701



## EMPLOYMENT

Of the estimated 5,135 individuals in the civilian labor force in Pend Oreille County in 2021, there were 4,744 individuals employed. The average unemployment rate in Pend Oreille in 2019 was 7.6%, compared to 5.2% in Washington State.<sup>2</sup>

### Occupation of the Civilian-Employed Population 16 Years of Age or Older, 2016-2020

	Pend Oreille County	WA State
<b>Total</b>	<b>5,016</b>	<b>100%</b>
Management, business, science, and arts occupations	1,644	32.8%
Service occupations	876	17.5%
Sales and office occupations	824	16.4%
Natural resources, construction, and maintenance occupations	844	16.8%
Production, transportation, and materials moving occupations	828	16.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2401

Compared to Washington State, Pend Oreille County had a lower proportion of workers in sales and office and management, business, science, and art occupations. Pend Oreille County had a higher proportion of workers in natural resources, construction and maintenance and production, transportation, and materials moving occupations.

## Industry of the Civilian-Employed Population 16 Years of Age or Older, 2016-2020

	Pend Oreille County		WA State
<b>Total</b>	<b>5,016</b>	<b>100%</b>	<b>100%</b>
Educational services, and health care and social assistance	983	19.6%	21.6%
Construction	463	9.2%	7.0%
Retail trade	523	10.4%	11.6%
Arts, entertainment, and recreation, and accommodation and food services	483	9.6%	9.0%
Public administration	370	7.4%	5.0%
Manufacturing	500	10.0%	9.5%
Professional, scientific, and management, and administrative and waste management services	439	8.8%	13.6%
Transportation and warehousing, and utilities	379	7.6%	5.5%
Finance and insurance, and real estate and rental and leasing	268	5.3%	5.3%
Agriculture, forestry, fishing and hunting, and mining	323	6.4%	2.5%
Other services except public administration	155	3.1%	4.5%
Information	107	2.1%	2.2%
Wholesale trade	23	0.5%	2.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2403

## HOUSING

For the 2016 to 2020 American Community Survey (ACS) estimate period, there were an estimated 8,323 housing units in Pend Oreille County. Of those, 30.3% were vacant. The majority of occupied housing were owner-occupied (63.3%) while the remaining housing units (36.7%) were renter-occupied. The homeowner vacancy rate was 1.1%, while the rental vacancy rate was 6.7% during this period.

The proportion of occupied housing lacking complete plumbing facilities and complete kitchen facilities was slightly higher in Pend Oreille County compared to Washington State. In Pend Oreille County, 1.0% of occupied housing lacked complete plumbing facilities and 1.7% lacked complete kitchen facilities. This is compared to only 0.4% of occupied housing in Washington State lacking complete plumbing facilities and 1.1% of occupied housing lacking complete kitchen facilities.<sup>3</sup>

In 2022 Quarter 1, the median price of homes in Pend Oreille County was \$296,400 compared to \$563,600 in Washington State. In 2021 Quarter 4, estimates were not available. Estimates of median home prices vary greatly in smaller

areas. The median price of home sales in Pend Oreille County varied between \$192,900 to \$317,100 between 2020 Quarter 1 and 2022 Quarter 1. Housing affordability slightly decreased in Pend Oreille County while slightly increasing in Washington State. Housing affordability was estimated based on the National Association of Realtors' Housing Affordability Index, defined as the ability of a middle-income family to carry the mortgage payments on a median price home. Housing was consistently more affordable in Pend Oreille County than Washington State.<sup>4</sup>





## Year Housing Units were Built, 2016-2020

	Pend Oreille County		WA State
<b>Total Housing Units</b>	<b>8,323</b>	<b>100%</b>	<b>100%</b>
Built 2014 or later	153	1.8%	4.8%
Built 2010 to 2013	239	2.9%	3.6%
Built 2000 to 2009	1,438	17.3%	15.0%
Built 1990 to 1999	1,192	14.3%	16.7%
Built 1980 to 1989	1,025	12.3%	12.9%
Built 1970 to 1979	1,382	16.6%	15.5%
Built 1960 to 1969	639	7.7%	9.3%
Built 1950 to 1959	848	10.2%	7.3%
Built 1940 to 1949	403	4.8%	4.7%
Built 1939 or earlier	1,004	12.1%	10.0%

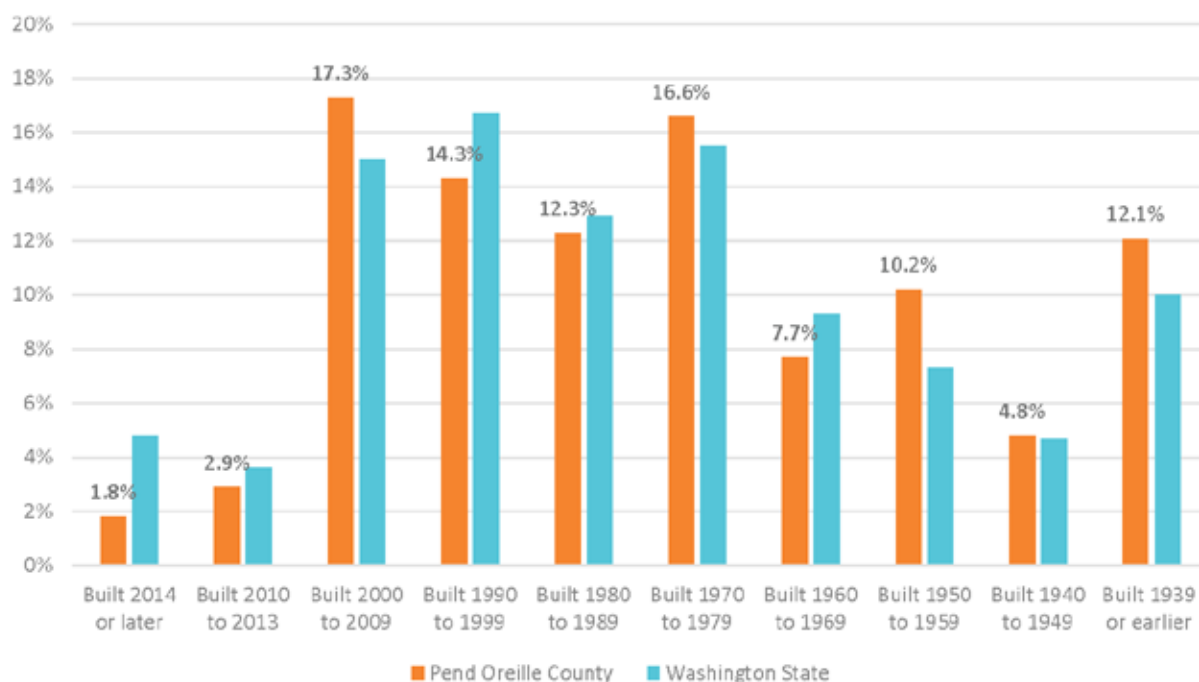
Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table DP04

## House Heating Fuel in Occupied Housing, 2016-2020

	Pend Oreille County		WA State
<b>Total occupied housing units</b>	<b>5,798</b>	<b>100%</b>	<b>100%</b>
Utility gas	115	2.0%	34.2%
Bottled, tank, or LP gas	142	2.4%	3.1%
Electricity	3,830	66.1%	56.2%
Fuel oil, kerosene, etc.	16	0.3%	1.7%
Coal or coke	0	0.0%	0.0%
Wood	1,491	25.7%	3.9%
Solar energy	0	0.0%	0.1%
Other fuel	165	2.8%	0.5%
No fuel used	39	0.7%	0.5%

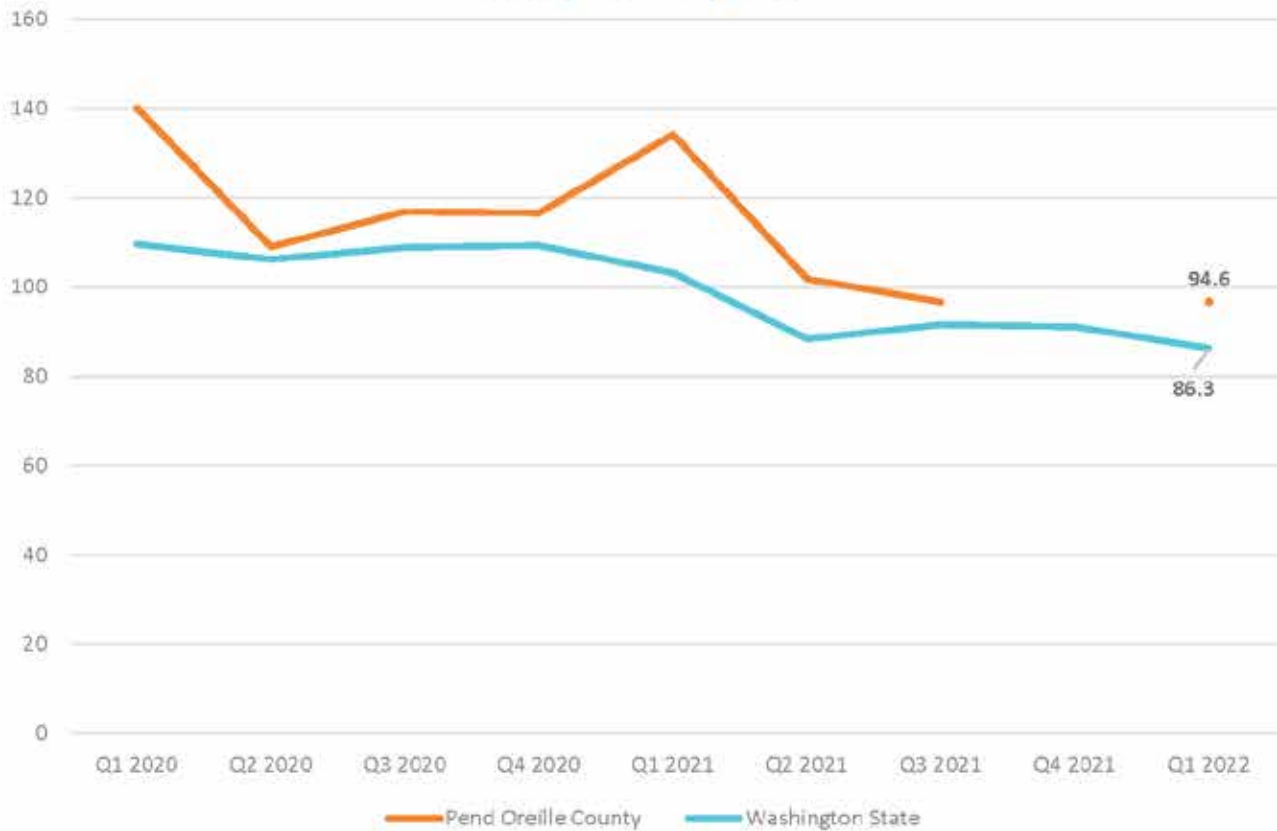
Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S2403

## Age of Housing Stock



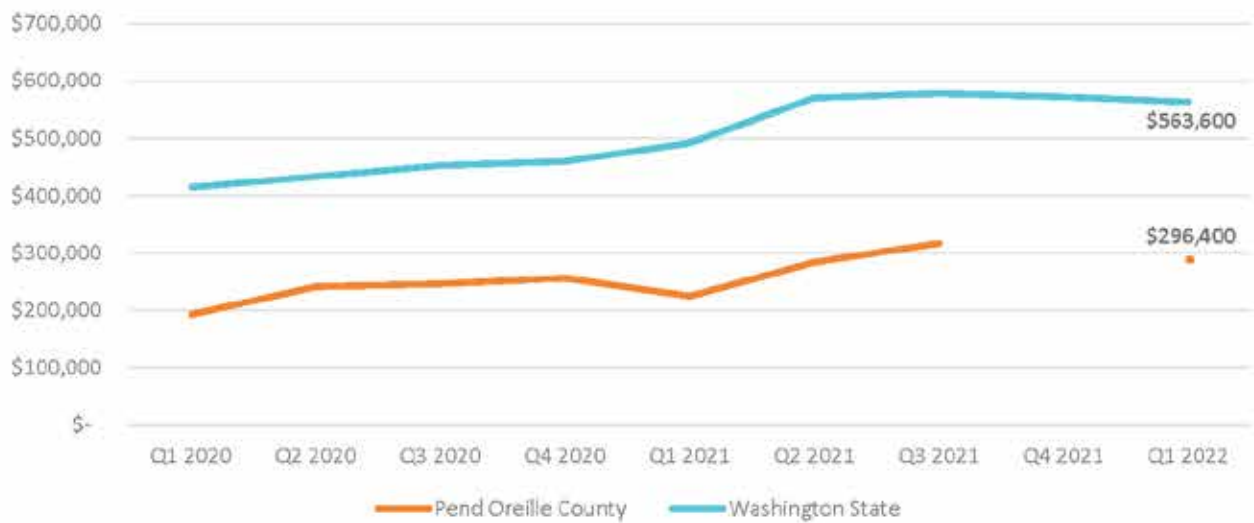
Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table DP04

## Housing Affordability Index



Source: Runstad Center for Real Estate Studies, University of Washington. 2022 Q1  
Disclaimer: Q4 2021 is missing data.

## Median Home Prices



Source: Runstad Center for Real Estate Studies, University of Washington. 2022 Q1  
Disclaimer: Q4 2021 is missing data.

#### Endnotes

1. Source: Washington State Office of Financial Management – Estimates of April 1, 2021 Population Density and Land Area by County
2. Source: Washington State Employment Security Department: Local Area Unemployment Statistics, accessed August 10, 2022.
3. Source: U.S. Census Bureau, American Community Survey, 2016-2020, Table DP04
4. Source: Runstad Center for Real Estate Studies, University of Washington. 2022 Q1



#### Data Center

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#### Photo Credits

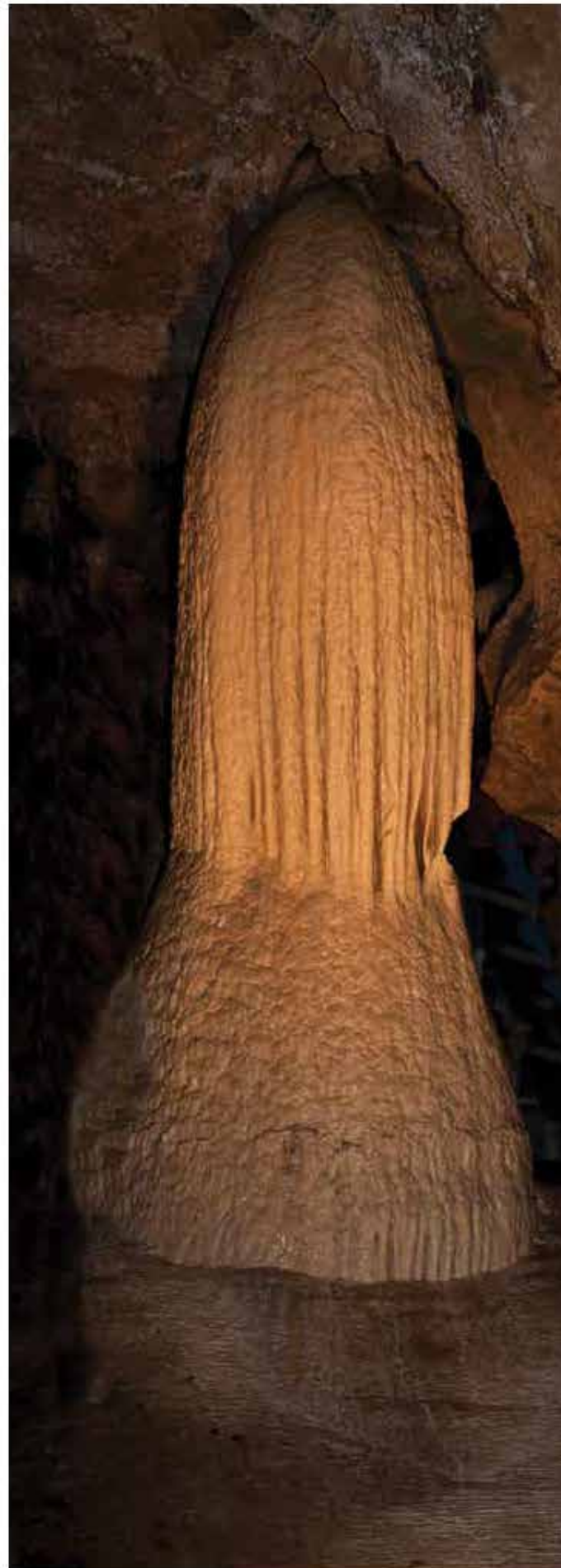
Cover: Boundary Dam (Pend Oreille County, Wash.) | [iStock.com/Anadia](https://www.istock.com/photo/Anadia)  
Boundary Dam is a concrete arch gravity-type hydroelectric dam on the Pend Oreille River, in the U.S. state of Washington. The dam is located in the northeast corner of Washington state, just south of the border with British Columbia, Canada.

Page 2: Newport City Hall (Pend Oreille County, Wash.) | CIMH

Page 8: Encanto Family Grocery | Kaiser Rangwala

Page 9: Ransom Quixote Village | Community Frameworks

Back Cover: Crawford State Park (Pend Oreille County, Wash.) | [iStock.com/Anadia](https://www.istock.com/photo/Anadia)  
Stalactites and rimstone pools make interesting formations in underground caves in Crawford State Park in NE Washington.



## APPENDIX B

*NOTE: This is the most recent data available through Northeast Tri County Health Department and Spokane Regional Health District Data Center. Appendix B will be updated as soon as the new Indicators Report is released.*

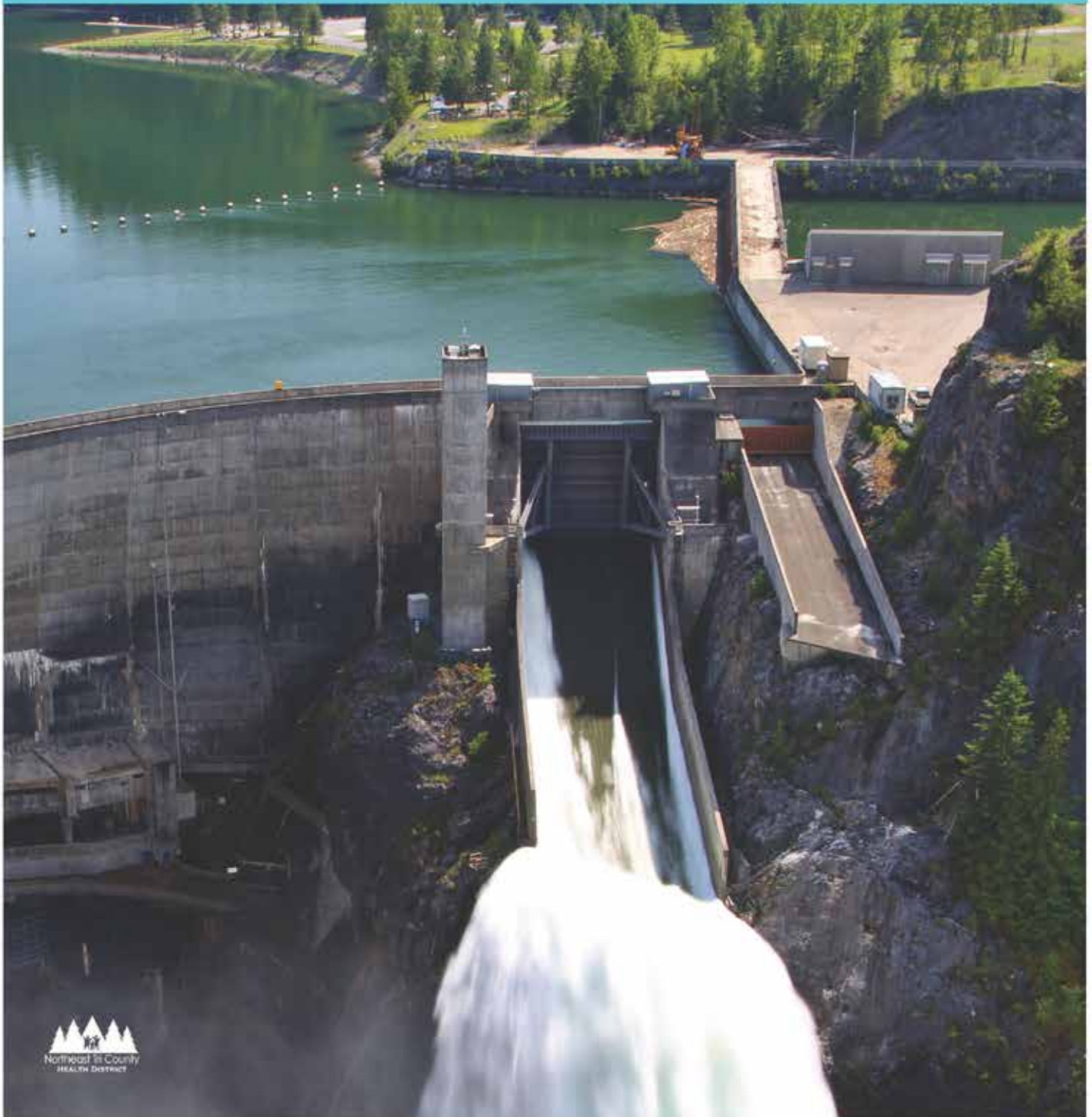




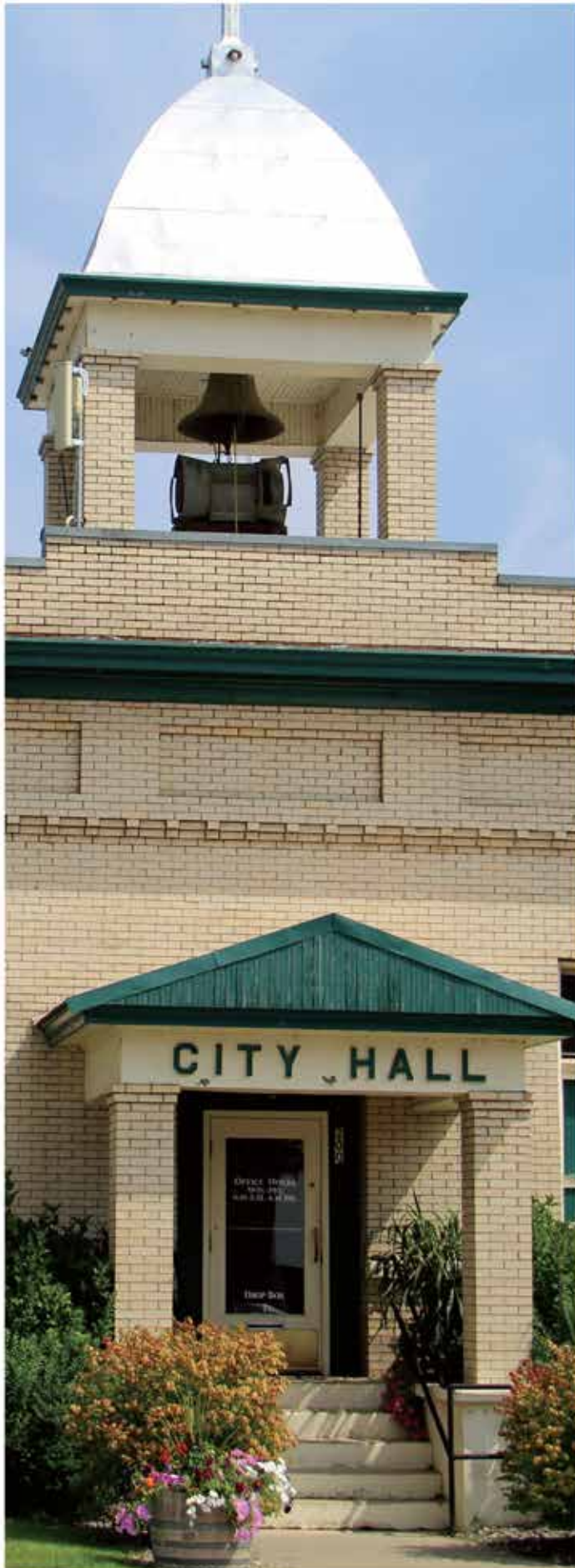
# INDICATORS SUMMARY

Pend Oreille County, WA

2022







#### Data Center

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#### Author:

*Morgan Rosengrant, Research Scientist 2*

*October 2022*

## OVERVIEW

Pend Oreille County Indicators Summary provides data demonstrating the health status of Pend Oreille County residents and some individual risk behaviors that contribute to health outcomes. The indicators in this report are used to monitor the population's health and are updated as new data becomes available.

Pend Oreille County Indicators Summary demonstrates changes within Pend Oreille County over time and, when available, make comparisons between Pend Oreille County, Washington State, and the United States. Additionally, lower socioeconomic status is often associated with poorer health outcomes. When available and appropriate, health indicators were analyzed by age, sex, race, education, and income to identify disparities.

The information in this document provides the community and local agencies information on health issues and affected populations. The information may help direct health and social interventions to areas of greatest need and build support for health policies, as well as educate the public, community organizations, and policymakers on the community's health and well-being.

Up-to-date data, reports, and other information can be found at [countyhealthinsights.org/county/Pend-Oreille](https://countyhealthinsights.org/county/Pend-Oreille).

High score or not meeting expectations	FLU SHOT (ADULT)	14
	PRESCHOOL IMMUNIZATION	14
	BULLIED (YOUTH)	13
	DEPRESSION (YOUTH)	13
	MAMMOGRAM	13
	SIGMOIDOSCOPY/ COLONOSCOPY	13
Intermediate score	BINGE DRINKING (YOUTH)	12
	DIABETES (ADULT)	12
	ILLICIT DRUG USE (YOUTH)	12
	OVERWEIGHT (YOUTH)	12
	PERSONAL DOCTOR (ADULT)	12
	PHYSICAL ABUSE (YOUTH)	12
	SMOKERS (ADULT)	12
	TEEN IMMUNIZATION	12
	TOOTH LOSS (ADULT)	12
	VAPING (YOUTH)	12
	WELL WATER	12
	BREASTFEEDING	11
	CHILDHOOD DISABILITY	11
	DENTAL CHECK-UP	11
	GENERAL HEALTH (ADULT)	11
	MATERNAL SMOKING	11
	OBESITY (ADULT)	11
	PHYSICAL ACTIVITY (ADULT)	11
	POOR MENTAL HEALTH (ADULT)	11
	YEARS POTENTIAL LIFE LOST AGE 65	11
	BINGE DRINKING (ADULT)	10
	CHILD ABUSE	10
	DEATHS	10
	FRUIT AND VEGETABLE INTAKE (YOUTH)	10
	INSURED (ADULT)	10
	LIFE EXPECTANCY	10
	LOW BIRTH WEIGHT	10
	MARIJUANA USE (YOUTH)	10
	PHYSICAL ACTIVITY (YOUTH)	10
	SCHOOL AGE IMMUNIZATION	10
	SERIOUS MENTAL ILLNESS	10
	SMOKERS (YOUTH)	10
	STROKE (ADULT)	10
Low score or meeting expectations	ABORTION	9
	FOOD INSECURITY (YOUTH)	9
	PREGNANCY	9
	SUICIDE	9
	ASTHMA (YOUTH)	8
	CANCER	8
	DOMESTIC VIOLENCE	7
	DRUG RESISTANT INFECTION	7
	FALLS	7
	FOOD AND WATERBORNE DISEASE	7
	PRETERM BIRTH	7
	SEXUALLY TRANSMITTED INFECTIONS	7
	UNINTENTIONAL INJURY	7
	VACCINE PREVENTABLE DISEASES	7

## ENVIRONMENTAL

Food and waterborne disease .....	Disease rate for campylobacteriosis, E. coli, giardiasis, listeriosis, salmonellosis, and shigellosis.
Well water .....	Proportion of population using a private water system.

## HEALTH BEHAVIOR

Binge drinking (adult) .....	Percent of adults who binge drank in the last 30 days (5+ for men, 4+ for women).
Binge drinking (youth) .....	Percent of youth who had 5+ drinks in a row in the last 2 weeks.
Breastfeeding .....	Percent of births where the mother initiated breastfeeding.
Fruit and vegetable intake (youth) .....	Percent of youth who ate fruit and vegetables 5+ times per day.
Illicit drug use (youth) .....	Percent of youth who used illicit drugs in the last 30 days.
Marijuana use (youth) .....	Percent of youth in grades 6, 8, 10, and 12 who have used marijuana one or more times in the last 30 days.
Maternal smoking .....	Percent of births where the mother smoked during pregnancy.
Physical activity (adult) .....	Percent of adults doing 150 minutes or more of physical activity per week.
Physical activity (youth) .....	Percent of youth physically active 60 min/day on 5+ days per week.
Smokers (adult) .....	Percent of adults who smoke cigarettes.
Smokers (youth) .....	Percent of youth who smoke cigarettes.
Vaping (youth) .....	Percent of youth who used an e-cigarette or vape pen in the last 30 days.

## HEALTH CARE

Dental check-up .....	Percent of adults who visited the dentist in the last 12 months.
Insured (adult) .....	Percent of residents currently with medical insurance.
Mammogram .....	Percent of women 40 years of age or older who have had a mammogram in the last year.
Personal doctor (adult) .....	Percent of adults with a personal doctor or healthcare provider.
Sigmoidoscopy/colonoscopy .....	Percent of adults 50+ years of age who have ever had a colonoscopy or sigmoidoscopy.

## HEALTH STATUS

Asthma (youth) .....	Percent of youth who currently have asthma.
Cancer .....	Incidence of new cases of cancer.
Childhood disability .....	Percent of children with a disability.
Depression (youth) .....	Percent of youth who felt so sad or hopeless almost every day for 2 weeks or more in a row, that they stopped doing some of their usual activities.
Diabetes (adult) .....	Percent of adults who have been diagnosed with diabetes.
Food insecurity (youth) .....	Percent of youth who had to skip or cut the size of a meal in the last year.
General health (adult) .....	Percent of adults reporting their general health status as excellent or very good.
Obesity (adult) .....	Percent of adults with a BMI=30+.
Overweight (youth) .....	Percent of youth that are overweight or obese.
Poor mental health (adult) .....	Percent of adults with 14+ days of poor mental health in the last 30 days.
Serious mental illness .....	Percent of adults who scored 10 or more on the Kessler 6 questions to identify serious mental illness.
Stroke (adult) .....	Percent of adults that ever had a stroke.
Toothloss (adult) .....	percent of adults missing 6+ teeth due to decay.



**INFECTIOUS DISEASE**

Drug resistant infection .....	Rate of inpatient hospitalizations with infection with drug-resistant microorganisms (V09 and MRSA, diag 1-9).
Flu shot (adult) .....	Percent of adults who received a flu immunization in the last 12 months.
Preschool immunization.....	Percent of children 19-35 months of age with complete vaccination records on file in the Child Profile Immunization Registry (4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella, 4-PCV).
School age immunization .....	Vaccination personal exemption rate among school age children.
Sexually transmitted diseases.....	Rate of reported cases of chlamydia, gonorrhea, syphilis, and human immunodeficiency virus.
Teen immunization .....	Percent of youth 13-17 years of age with complete vaccination records on file in the WA Immunization Information System (WAIS) (1-Tdap, 1-MCV, 1-HPV).
Vaccine preventable diseases.....	Rate of cases of haemophilus influenza, acute hepatitis A, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and meningococcal disease.

**INJURY AND VIOLENCE**

Bullied (youth).....	Percent of youth that have been bullied in the last 30 days.
Child abuse .....	Rate of accepted CPS referrals for abuse or neglect among children 0-17 years of age.
Domestic violence .....	Rate of DV offenses reported to law enforcement.
Falls.....	Rate of hospitalizations for a fall.
Physical abuse (youth).....	Percent of youth who report an adult ever physically hurt them on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury.
Suicide .....	Rate of deaths from suicide.
Unintentional injury .....	Rate of unintentional injury hospitalizations.

**REPRODUCTIVE HEALTH**

Abortion .....	Percent of pregnancies that are terminated by an induced abortion.
Low birth weight .....	Percent of births with a birth weight <2500g.
Pregnancy.....	Rate of births, abortions, and fetal deaths.
Preterm birth.....	Percent of births with an estimated gestation age <37 weeks.

**SUMMARY MEASURES OF HEALTH**

Deaths .....	Rate of deaths from all causes.
Life expectancy.....	Number of years an individual is expected to live from birth.
Years Potential Life Lost Age 65 .....	Number of years of potential life lost due to death before age 65 years.

	Measure	Trend score	State score	HP 2030 score	Disparities score	Magnitude score	Total score (missing = 2)
<b>Environmental</b>							
Food & Waterborne Disease	29.1 per 100,000	2	2		1	0	7
Well Water	72%					4	12
<b>Health Behavior</b>							
Binge Drinking (Adult)	10%	2	2	1	2	3	10
Binge Drinking (Youth)	9%	2	3	3	2	2	12
Breastfeeding	96%	2	2	1	2	4	11
Fruit And Vegetable Intake (Youth)	20%	2	2		1	3	10
Illicit Drug Use (Youth)	10%	2	3	3	1	3	12
Marijuana Use (Youth)	9%	2	3		1	2	10
Maternal Smoking	9%	2	3	3	1	2	11
Physical Activity (Adult)	64%	2	2	1	2	4	11
Physical Activity (Youth)	66%	2	1		1	4	10
Smokers (Adult)	19%	2	2	3	2	3	12
Smokers (Youth)	4%	2	3	1	2	2	10
Vaping (Youth)	13%	2	3		2	3	12
<b>Health Care</b>							
Dental Check-Up	59%	2	2	1	2	4	11
Insured (Adult)	95%	2	2	1	1	4	10
Mammogram	36%	2	2	3		4	13
Personal Doctor (Adult)	85%	2	2		2	4	12
Sigmoidoscopy/Colonoscopy	64%	2	2	3	2	4	13
<b>Health Status</b>							
Asthma (Youth)	9%	1		2	1	2	8
Cancer	480.4 per 100,000	2		2	2	0	8
Childhood Disability	4%	2		3	2	2	11
Depression (Youth)	44%	3		2	2	4	13
Diabetes (Adult)	11%	2	3	2	2	3	12
Food Insecurity (Youth)	7%	1	3	2	1	2	9
General Health (Adult)	46%	2		2	1	4	11
Obesity (Adult)	29%	2	1	2	2	4	11
Overweight (Youth)	37%	2	3	2	1	4	12
Poor Mental Health (Adult)	12%	2		2	2	3	11
Serious Mental Illness	3%	2		2	2	2	10
Stroke (Adult)	8%	2		3	1	2	10
Tooth Loss (Adult)	22%	2		3		3	12

## INDICATORS SUMMARY

	Measure	Trend score	State score	HP 2030 score	Disparities score	Magnitude score	Total score (missing = 2)
<b>Infectious Disease</b>							
Drug Resistant Infection	36.2 per 100,000	2	2		1	0	7
Flu Shot (Adult)	43%	2	3	3	2	4	14
Preschool Immunization	35%	2	3	3		4	14
School-Age Immunization Exemption	6%	1	3			2	10
Sexually Transmitted Infections	223.8 per 100,000	2	1		2	0	7
Teen Immunization	26%	1	3			4	12
Vaccine Preventable Diseases	21.8 per 100,000	2	2		1	0	7
<b>Injury &amp; Violence</b>							
Bullied (Youth)	32%	2	3		2	4	13
Child Abuse	55.9 per 100,000	2	3	3		0	10
Domestic Violence	7.3 per 100,000	1	2			0	7
Falls	397.1 per 100,000	1	2		2	0	7
Physical Abuse (Youth)	27%	2	3		1	4	12
Suicide	24.3 per 100,000	2	2	3		0	9
Unintentional Injury	635.4 per 100,000	1	2		2	0	7
<b>Reproductive Health</b>							
Abortion	9%	2	2		1	2	9
Low Birth Weight	5%	2	2			2	10
Pregnancy	68 per 1,000	2	2		2	1	9
Preterm Birth	8%	2	1	1	1	2	7
<b>Summary Measures</b>							
Deaths	1,278 per 100,000	2	3		2	1	10
Life Expectancy	79.1 Years		2		2		10
Years Potential Life Lost Age 65	9,171 Years		3		2		11

### Key

High Score or Not Meeting Expectations
  Intermediate Score
  Low Score or Meeting Expectations

<b>Trend</b>	(1) getting better	(2) no change	(3) getting worse		
<b>Compared to WA</b>	(1) POC better	(2) same	(3) POC worse		
<b>Compared to HP 2030</b>	(1) POC better	(2) same	(3) POC worse		
<b>Disparities</b> <i>(out of available demographic categories)</i>	(1) none	(2) up to half	(3) more than half		
<b>Magnitude</b> <i>(total population impacted)</i>	(0) <0.01% (1/10,000)	(1) 0.01%-0.9%	(2) 1%-9.9%	(3) 10%-24.9%	(4) >25%





## Data Center

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### Photo Credits

*Cover: Boundary Dam (Pend Oreille County, Wash.) | [iStock.com/4nadia](https://www.istock.com/photo/4nadia)  
Boundary Dam is a concrete arch gravity-type hydroelectric dam on the Pend Oreille River, in the U.S. state of Washington. The dam is located in the northeast corner of Washington state, just south of the border with British Columbia, Canada*

*Page 2: Newport City Hall (Pend Oreille County, Wash.) | CMH*

*Back Cover: Crawford State Park (Pend Oreille County, Wash.) | [iStock.com/JoanBudal](https://www.istock.com/photo/JoanBudal)  
Stalactites and rimstone pools make interesting formations in underground caves in Crawford State Park in NE Washington.*

