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Primary Sources of Data

• County Health Rankings
  – www.countyhealthrankings.org

• Behavioral Risk Factor Surveillance System

• Healthy Youth Survey
  – www.askhys.net

• Comprehensive Hospital Abstract Reporting System (CHARS)

• Local Public Health Indicators
  – www.doh.wa.gov – search for “LPHI website”

• American Community Survey
  – www.census.gov/acs

This report is accessible through our website: www.HealthyGH.org
• Online users can “click” on the source at the bottom of each slide to navigate to the source of the data
How to Read our Charts

- Blue generally represents Grays Harbor data
- Green generally represents the Washington state average

- Error bars are shown when possible (using 95% confidence intervals)

  Error bars *that don’t overlap* mean that the difference between Grays Harbor and the State is very unlikely to be due to chance – i.e. it is a *real* difference.

  Error bars *overlap* the difference between Grays Harbor and the state could be “real,” or could be due to chance – *a difference cannot be proven statistically.*
INDICATORS OF OVERALL HEALTH
To measure Health Outcomes, researchers look at data about:

- Premature death
- Physical and mental health
- Low birth weight

To measure Health Factors, researchers look at data about:

- **Health Behaviors**
  - Tobacco use
  - Diet and exercise
  - Alcohol use
  - Sexual activity
- **Clinical Care**
  - Access to care
  - Quality of care
- **Social and Economic Factors**
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- **Environmental Factors**

Source: University of Wisconsin Population Health Institute, County Health Rankings. Retrieved March 2013 from [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Life Expectancy at Birth, 2000-2010

The average life expectancy of Grays Harbor residents has increased by more than 2 years since 2000, but we still live about 3 years less than other Washington residents.

This measure factors in both early death and years of living in poor health. Grays Harbor has the third-lowest years of expected healthy life in the state, but recent studies suggest some possible improvement.
What are we dying from?

<table>
<thead>
<tr>
<th>Top 10 causes of death</th>
<th>REAL causes of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Cancer</td>
<td>Improper diet</td>
</tr>
<tr>
<td>Other diseases</td>
<td>Lack of physical activity</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Alcohol misuse</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>Microbial/toxic agents</td>
</tr>
<tr>
<td>Accidents</td>
<td>Firearm misuse</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Unsafe sexual behavior</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>Motor vehicle crashes</td>
</tr>
<tr>
<td>Liver disease</td>
<td>Use of illicit drugs</td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
</tr>
</tbody>
</table>

• We are sick more and die younger than people in other parts of Washington.
• Science tells us that our level of health is strongly linked to our behavior – meaning that much of what makes us sick can be prevented.

So what? Increasing prevention resources will decrease poor health outcomes and thus decrease the need for costly health care in the future.
Educational Attainment of Adults, 2011

Grays Harbor
- Graduate or Professional Degree
- Bachelor's Degree
- Associate's Degree
- Some college, no degree
- H.S. diploma or G.E.D.
- 9th-12th grade, no diploma
- Less than 9th grade

Washington
- Graduate or Professional Degree
- Bachelor's Degree
- Associate's Degree
- Some college, no degree
- H.S. diploma or G.E.D.
- 9th-12th grade, no diploma
- Less than 9th grade

24% with college or technical degree

42% with college or technical degree

For every $1 earned by Washington residents, Grays Harbor residents earn 72¢.
Unemployment, 1990-2011

Unemployment in Grays Harbor mirrors state and national trends, but at a much higher rate.

Poverty, 2009 & 2011

Federal Poverty Level = an annual income of $10,980 for 1 person; $22,350 for a family of 4

The percent of people estimated to be living on incomes below the Federal Poverty Level increased across Washington state between 2009 and 2011, but the increase was more pronounced in Grays Harbor County.

This peak in early 2008 represents increased enrollment due to expansion of eligibility for those affected by the December 2007 windstorm.

Students Qualified for Free or Reduced Lunch Prices at School, 2011-2012

Eligibility ranges from 39% in our most affluent communities to 90% in the lowest income areas. The percent of student eligible increased by 4% over the previous school year.

1 in 5 students report that their family **cuts meal size or skips meals** because there isn’t enough money for food.

Housing distress is less common in Grays Harbor than elsewhere in the state but has increased 8% in the past decade.
• Overall use rates
  – Grays Harbor County: 46%
  – Washington: 35%

• The traditional resource-based economy which provided family-wage jobs has eroded
• We have less formal education than the state average
• Housing and other costs of living are lower than in other areas, but many are still struggling
• We are more dependent on public assistance programs

So what?

Science shows that these factors are all associated with poorer health status, and this effect on our communities is apparent in the information that follows.
YOUTH & FAMILIES IN CRISIS
Many births result from unintended pregnancy (49% statewide; local data not available).

Most births occur to women aged 25-29.

Premature birth and low birth weight rates are comparable to state average.

Our mothers are younger (11% under age 20 in 2011) and less educated than the state average.

Students Who Have Had Intercourse

12th Graders Reporting Selected Behaviors


1 in 11 12th graders report that they first experienced sexual intercourse at age 12 or younger.
Condom Use, 2012
(Among students who’ve had intercourse)

Teen Pregnancy & the Poverty Cycle, 2007-2011

Live Births Per 1,000 Women Aged 15-17 & 18-19

Early childbearing is associated with a cycle of generational poverty.

Students Living With Poor Family Management, 2012

Calculated based on responses to questions like, “My parents ask if I’ve gotten my homework done” and “When I am not at home, one of my parents knows where I am and who I am with.”

Youth With a Supportive Adult, 2012

Less than half of students say “yes” when asked: “When you feel sad or hopeless, is there an adult you can turn to for help?”

Community Opportunities for “Pro-Social Involvement”, 2012

Most of our older students feel they have opportunities for positive involvement in their communities.

Children in Accepted CPS Referrals, 2011

Students Reporting Family Violence

Ever Been Physically Abused By an Adult, 2012

- About 1 in 5 students

Ever Witnessed Adult-to-Adult Violence, 2010

- 1 in 3 students

Domestic Violence Offenses, 2010

Youth Dating Violence, 2012

These students reported that their boyfriend or girlfriend limited their activities, threatened them or made them feel unsafe in other ways.

Students Reporting Being Bullied Once a Week or More, 2012

Students Reporting Gang Membership In the Last 12 Months, 2012

Adolescent Arrests, 2011

Adult Violent Crime Arrests, 2011

Prisoners in State Correctional System

• Many families are in a cycle of poverty perpetuated by early childbearing
• Many parents lack good role models; there is too much child abuse and neglect
• Young people report a lack of adult mentorship and engagement in their lives
• Family violence is a problem and can be seen perpetuating itself in youth violence and emotional distress
• Our community and schools offer some opportunities but many young people lack the skills or support to benefit from them.

So what?
Without active intervention, the cycle of poverty, family disorganization, will repeat itself. Committed action over time is required to change this picture.
MENTAL HEALTH
When asked “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Grays Harbor’s adults reported an average of 1 day more than adults statewide. While the state average has stayed level, local adults are reporting more poor mental health days than they did in previous years.

Adults: Inadequate Social Support, 2005-10

More than 1 in 5 adults report getting the social support they need “never” “rarely” or “sometimes”

More than 1 in 3 students reported that they felt so sad or hopeless everyday for two weeks or more that they stopped doing their usual activities.
Serious Suicidal Thoughts in the Past 12 Months Among Youth, 2012

• Many adults and youth report poor mental health.
• Many adults report feeling isolated and unsupported.
• Many of our youth have seriously thought about suicide.

Research increasingly suggests that traumatic events, especially in childhood, impact not only mental health and substance abuse risk but also the risk for other chronic diseases.
Health Behaviors

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TOBACCO, ALCOHOL AND OTHER DRUGS
Current Smoking Among Youth, 2012

Our kids start smoking earlier and smoke more at every grade level

Adult Smoking

More than 1 in 5 adults, including pregnant women, smoke

Sources: Washington State Department of Health, Tobacco Prevention and Control Program.
Exposure to Tobacco Smoke, 12th Graders, 2012

More of our students report exposure to secondhand smoke.

Smokeless Tobacco, 2012

More than 1 in 5 8th graders report current use of smokeless tobacco, almost exclusively boys.

Adults: Excessive Drinking, 2005-2011

“Excessive Drinking” defined:
For men – 5 or more drinks on a single occasion or 2 or more drinks per day on average
For women – 4 or more drinks on a single occasion or more than one drink per day on average

Current Alcohol Use Among Students, 2012

More than 1 in 4 10th graders has drunk alcohol at least once in the last 30 days

Current Marijuana Use Among Students, 2012

1 in 5 10th graders has used marijuana at least once in the last 30 days.

Current Use of Any Illegal Drug Among Students, 2012

1 in 5 10th graders has used an illegal drug at least once in the past 30 days.

Current Use of “Painkillers” To Get High Among Students, 2012

1 in 10 12th graders has used painkillers to get high at least once in the last 30 days.

Student Perceptions 2012: How big a deal is youth alcohol and drug use?

Permissive Laws/Norms

About 1 in 3 students report that the adults in their neighborhood don’t think it’s wrong to use drugs and that, if someone did use drugs, they wouldn’t be caught by police.

Low Perception of Risk

Around half of our students believe using drugs and alcohol is NOT risky.

Use Rates for State-Funded Alcohol or Drug Treatment Services, 2010

Adult Drug and Alcohol-Related Arrests, 2010

Arrests per 1,000 population age 18 +

- Grays Harbor
- Washington

Property Crime Arrests By Age, 2010

Arrests per 1,000 population in age group

- Grays Harbor
- Washington


Property crimes are often related to addiction.
• Substance abuse is prevalent and often co-occurs with mental health problems.
• Local youth start using tobacco, alcohol and drugs of abuse earlier than their peers statewide.
• The misuse of prescription drugs is an emerging problem and often results in opiate addiction.
• Substance abuse and mental health issues are inextricably linked to poor family management, adverse childhood events, crime, and chronic disease.

So what?
Direct and purposeful action is required to change family and cultural norms around the use of alcohol and drugs of abuse in order to change this picture.
SAFETY
Youth Bike Helmet Use, 2012

Our students report lower rates of helmet use, and use decreases with age.

Youth Riding in a Car with a Drinking Driver, 2012

About 1 in 10 students report that they rode with a driver who had been drinking alcohol *more than one time* during the past 30 days.

Motor Vehicle Accidents, 2002-11

We experience significantly more hospitalizations and deaths due to motor vehicle accidents.

When asked “If you wanted to get a handgun, how easy would it be for you to get one?” these students answered “very easy”, “sort of easy”, or “sort of hard”.

• **Bike helmet use** appears less consistent than for youth statewide.

• Our youth perceive that **firearms are more prevalent**.

• Injuries are often associated with the use of drugs and alcohol.

**So what?**

Motor vehicle injuries and drowning are a particular concern, and intervention here could save lives. Interventions that reduce family disorganization, violence, and drug and alcohol use could also have an impact.
NUTRITION & PHYSICAL ACTIVITY
Adults Consuming 5 or More Servings of Fruits and Vegetables Per Day, 2009

Only 1 in 5 adults report adequate fruit and vegetable consumption

Adults Meeting Physical Activity Recommendations, 2009

Recommendation: 30 minutes or more of moderate physical activity for 5 or more days per week or 20 minutes or more of vigorous physical activity for 3 or more days per week

A body mass index 30 or greater is considered “obese”. Body mass index is determined by a person’s height and weight. For example, a 5’ 5” person weighing 150 lbs. is overweight; a 5’ 5” person weighing 180 lbs. is obese.

Youth Consuming 5 or More Servings of Fruit and Vegetables Per Day, 2012

Youth Who Are Physically Active at Least 60 Minutes Every Day, 2012

A higher percentage of our kids report adequate physical activity

Youth: Overweight and Obesity, 2012

Percent of Students Who Are Overweight or Obese

“Obese” includes students who are in the top 5% for body mass index by age and gender based on growth charts developed by the Centers for Disease Control and Prevention (2000). “Overweight” includes students who are in the top 15% but not the top 5%.

• Too few youth eat *enough fruits and vegetables*
• Our youth and adults are *more physically active* than their peers statewide
• We are *sick longer and die younger* from chronic diseases related to
  – Poor diet
  – Physical inactivity

So what?  The heavy burden of chronic disease in our communities is not surprising in the context of information about our health behaviors, and changed behavior is the key to reducing this burden.
Health Outcomes

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Age-Adjusted Hospitalization Rates, 2011

<table>
<thead>
<tr>
<th>Leading Causes of Hospitalization, 2011</th>
<th>Percentage of all hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the circulatory system</td>
<td>16%</td>
</tr>
<tr>
<td>Certain conditions originating in the perinatal period</td>
<td>8%</td>
</tr>
<tr>
<td>Complications of pregnancy; childbirth; and the puerperium</td>
<td>9%</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>9%</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>9%</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>8%</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>8%</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>7%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>5%</td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>6%</td>
</tr>
</tbody>
</table>

• We are hospitalized at a significantly higher rate than Washington state.
• Many of our hospitalizations are preventable, such as injuries and chronic disease complications.

So what? Investing in prevention, such as chronic disease management classes, could help reduce our rate of hospitalization.
DEATH RATES
Age-Adjusted Death Rates, 2011

<table>
<thead>
<tr>
<th>Leading Causes of Death, 2011</th>
<th>Percentage of all deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cardiovascular diseases</td>
<td>30%</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>24%</td>
</tr>
<tr>
<td>All other diseases (Residual)</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>9%</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>6%</td>
</tr>
<tr>
<td>Accidents</td>
<td>4%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>3%</td>
</tr>
<tr>
<td>Infectious and Parasitic Disease</td>
<td>3%</td>
</tr>
<tr>
<td>Chronic liver disease and cirrhosis</td>
<td>2%</td>
</tr>
<tr>
<td>Intentional self-harm (suicide)</td>
<td>1%</td>
</tr>
</tbody>
</table>

• We die at a significantly higher rate than Washington state.
• One-third of deaths are due to major cardiovascular diseases, which could be prevented through improved diet and increased physical activity.

So what?

Encouraging healthy eating and physical activity could prevent deaths due to major cardiovascular diseases.
Health Care Access and Utilization

Themes...
Primary Care Physician Coverage Rate, 2011-12

We have a severe shortage of primary care physicians

Adults With Unmet Medical Needs, 2009-10

More than 1 in 6 adults report not seeking health care when needed because they could not afford it.

Health Insurance Coverage, 2009-10

1 in 13 children and 1 in 5 adults aged 18-64 are uninsured.

Medicaid Eligibility, 2012

Payor Mix, Grays Harbor Community Hospital, 2010

Admissions By Payor

- L & I/Workers Comp: 45%
- Commercial*: 24%
- Self Pay: 12%
- Healthy Options**: 13%
- Medicaid: 13%
- Medicare: 5%
- Less than 30% of services are paid by a private insurance company

ED Charges By Payor

- L & I/Workers Comp: 32%
- Commercial*: 13%
- Self Pay: 12%
- Healthy Options**: 16%
- Medicaid: 23%

* Commercial refers to payment by Champus or Regence, Blue Cross, or other private health plans
**Healthy Options is a state-subsidized managed care insurance plan.
Source: Grays Harbor Community Hospital
Prenatal Care Initiation Trends, Grays Harbor County, 2000-2011

In 2011:
1st trimester: 82%
2nd trimester: 13%
3rd trimester: 3%
None: 1%

Preschool Immunization Coverage, 2009

Complete coverage = 4 DTaP, 3 polio, 1 MMR, 3 HiB, 3 hepatitis B, 1 varicella, 4 pneumococcal by 36 months

Sources: Grays Harbor County Public Health Department. Available at http://www.healthygh.org
Well Child Care in the Past 12 Months, 2010

Adults Receiving Recommended Cancer Screenings

Dental Care in the Past 12 Months, Youth 2012

1 in 3 students report inadequate preventive dental care

Adult dental care: Percent of adults who saw a dentist in the past 12 months, 2010

2 in 5 adults report inadequate preventive care

• We have significant populations of people without access to routine health care
• Access to dental care is a serious problem for people on Medicaid and without insurance
• Preschool immunization coverage is better than the state average
• Early prenatal care has been a concern but access appears to be improving in the past few years

So what?
This heavy use of the most expensive health services could be reduced by more resources and attention paid to supporting behavior changes through specific action at all levels - individual, family, systems, and community.