

Columbia County

Community Health Report 2018



ACKNOWLEDGEMENTS & PARTNERS

Greater Columbia Accountable Communities of Health
Community Council
Providence St. Mary's Medical Center

Aging & Long Term Care	Providence St. Mary Medical Center
Alzheimer's Association	Shakespeare Walla Walla
Baker Boyer Bank	SonBridge Community Center
Blue Mountain Action Council	The Health Center
Blue Mountain Land Trust	Umatilla County Public Health
Blue Mountain Land Trust	Union Bulletin
Catholic Charities	Visit Walla Walla
Children's Home Society	Walla Walla Community College
City of College Place	Walla Walla County
City of Milton-Freewater	Walla Walla Police Department
City of Walla Walla	Walla Walla Public Library
Columbia County Public Health	Walla Walla Public Schools
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Comprehensive Healthcare	Walla Walla Valley Chamber of Commerce
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Social Determinants of Health

in Columbia County

Health
Outcomes

- Cardiovascular Disease
- Cancer
- Diabetes

Risk
Factors

- Substance Use
- Mental Health
- Communicable Disease
- Weight Status
- Teen Pregnancy
- Environmental Factors

Social
Determinants

- Education
- Income
- Housing
- Social Context
- Community Engagement
- Access to Care

GENETICS

DEMOGRAPHICS

People	County	State
Population:	4,047	7,407,743
Percent Female:	50.8%	50.0%
Median Age:	51.6	37.7
Under 18:	17.8%	22.4%
Over 65:	28.3%	14.8%

Source: U.S. Census Bureau Quickfacts 2017

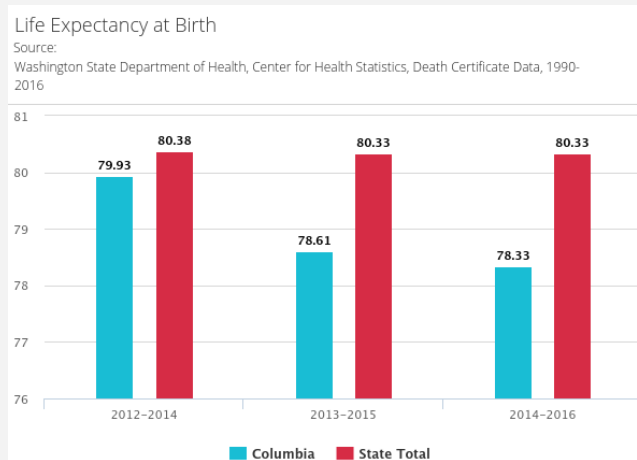
Ethnicity	County	State
White:	93.6%	69.5%
Black:	0.8%	4.1%
AI/AN:	1.7%	1.9%
Asian/Pacific Islander:	1.4%	9.4%
Hispanic/Latino any Race:	7.5%	12.4%

Source: U.S. Census Bureau Quickfacts 2017

Life Expectancy

The life expectancy at birth in Columbia County is just over 80 years. This is lower than the average for the state of Washington and has decreased over time.

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2016



Social Determinants of Health



Healthy People 2020 defines [Social Determinants of Health](#) as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

For this report, indicators for education, income, housing, social context, community engagement and access to care have been selected to give an overview of social determinants of health affecting our diverse populations and where interventions have potential for equitable outcomes.

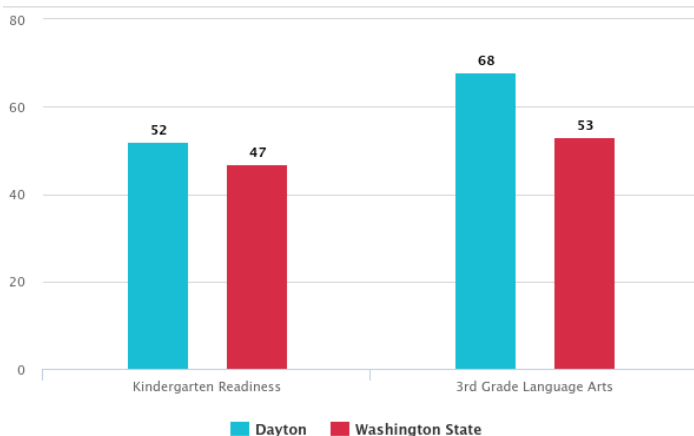
EDUCATION

Education is an important determinant of health. People with more education tend to live longer lives and obtain employment more successfully. Higher educational attainment is correlated with lower rates of serious health problems such as diabetes and heart disease.

Elementary Education

Columbia County was above the state average for both 3rd Grade reading and Kindergarten Readiness. Percentages may be unreliable due to small enrollment numbers.

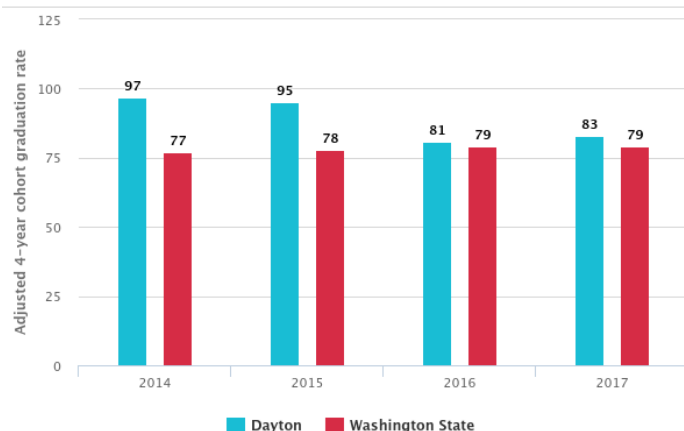
Education Outcomes 2015-2016
Source: Office of Superintendent of Public Instruction Report Card



Educational Attainment

Four-year high school graduation rates in Columbia County high schools were also below the statewide average. The high school graduation rate in Columbia County has declined from 97 percent to 83 percent from 2014 to 2017.

Four-year Graduation Rate by Year
Source: Office of Superintendent of Public Instruction, Dropout and Graduation Reports 2016-2017



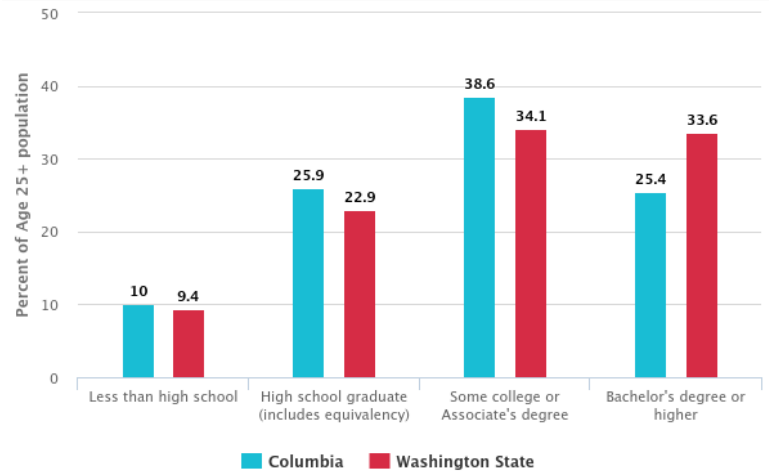
Twenty-five percent of Columbia County residents had a Bachelor's degree or higher, as compared to a statewide average of 34 percent.

Educational attainment differed considerably between non-Latino whites and Latinos. The majority white residents have received at least some college education whereas a significant proportion of Latinos have not earned a high school degree or equivalent.

[Research shows](#) that Americans with fewer years of education have poorer health and shorter lives. People with lower levels of educational attainment have higher rates of diabetes, smoking, and other serious health problems. This correlations suggests that education is important not only for higher paying jobs and economic productivity, but also for saving lives and improving quality of life for Columbia County residents.

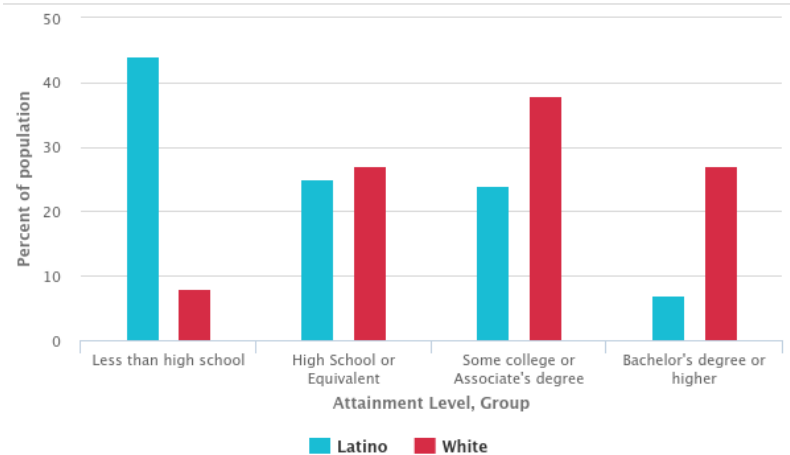
Educational Attainment

Source: U.S., Census Bureau, 2012-2016 American Community Survey 5-Year Estimates



Educational Attainment for non-Latino Whites and Latinos, Columbia County, 2016

Source: ACS 2012-2016



INCOME

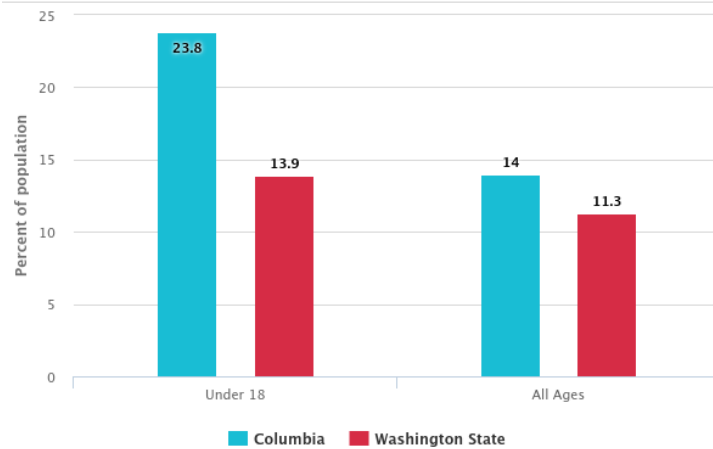
Poverty

There is a strong and consistent link between poverty and poor health outcomes both globally and within Columbia County. Due to cultural and social barriers, the cost of treatment, fewer education opportunities, poor living conditions, and many other factors, those living in poverty often have significantly worse health outcomes and shorter lifespans. These poor outcomes include higher rates of motor vehicle accidents, drug-induced death, coronary heart disease, binge drinking, and adolescent pregnancy.

The Federal Poverty Line is issued each year based on household income and size to determine who qualifies for federal programs such as Medicaid, Food Stamps, and the National School Lunch Program. In 2016, fourteen percent of Columbia County residents lived below the federal poverty line, as compared with 11 percent for

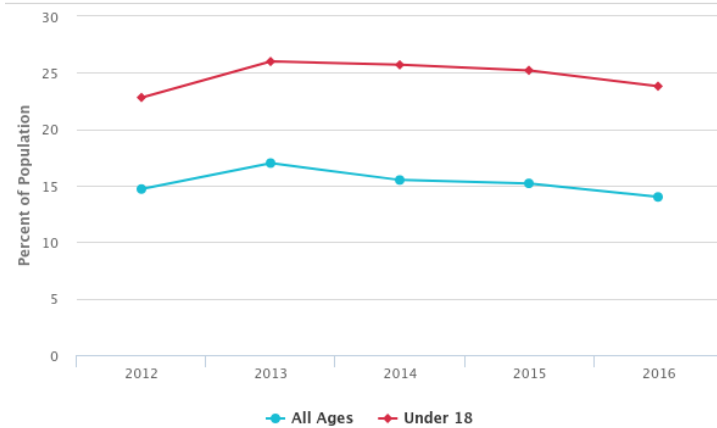
Washington State. 24 percent of youth in Columbia County lived below the poverty line compared to 14 percent in the state as a whole. This rate has decreased in recent years, but remains high compared to the state average.

Population below Federal Poverty Line
Source: U.S. Census Bureau, 2012-2016 Small Area Income and Poverty Estimates



Population below Federal Poverty Line by Year, Columbia County
Source: U.S. Census Bureau, 2012-2016 Small Area Income and Poverty Estimates

Change Filter: [Columbia](#)



In Columbia County, 52 percent of children were eligible for free or reduced lunch, compared to 54 percent for the state overall.

In order to reduce health disparities in the community it is important to increase awareness that the disparities are problems that can be resolved. There is a need for interventions and greater re-allocation of resources in order to close gaps in health outcomes between those with average and higher than average incomes versus those below the federal poverty line.

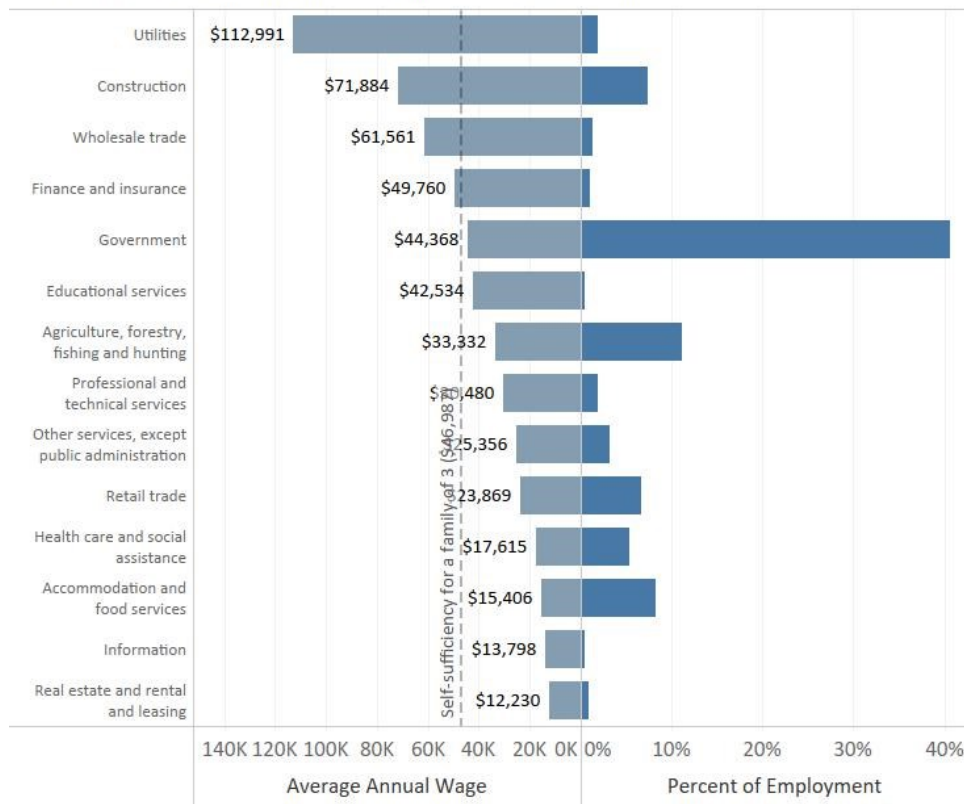
Income

The median household income in Columbia County was \$42,083 per year as compared to the Washington State median of \$62,848 per year.

There is a need for more employment in Columbia County that pay a living wage. More higher paying jobs will help alleviate poverty in Columbia County, leading to improvements in overall health.

Average Annual Wage and Percent of Employment by Industry for Columbia County, 2016

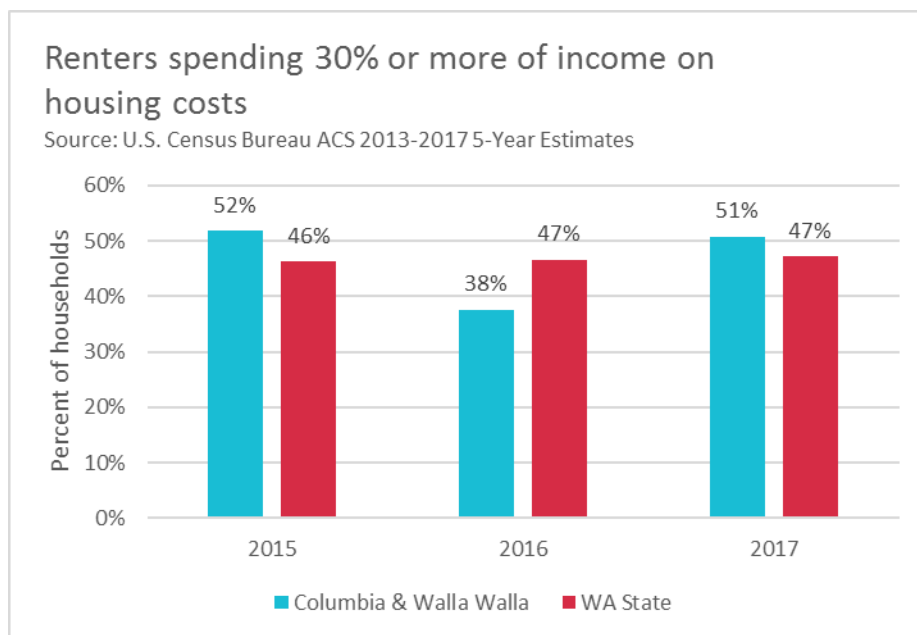
Source: Washington Employment Security and Bureau of Labor Statistics



HOUSING

Poor health can lead to homelessness when unhealthy people have insufficient income to afford housing. Homelessness, both living on the street, and in shelters, can cause or exacerbate health problems. When people have stable housing, they have more time to manage their health and may be better able to follow medical advice. Estimates from a 2018 count approximate that there were 2 homeless individuals in Columbia County at a given time.

In Walla Walla and Columbia Counties, 51 percent of renters paid 30 percent or more of their income toward housing. This rate was lower than that of Washington State (45%).

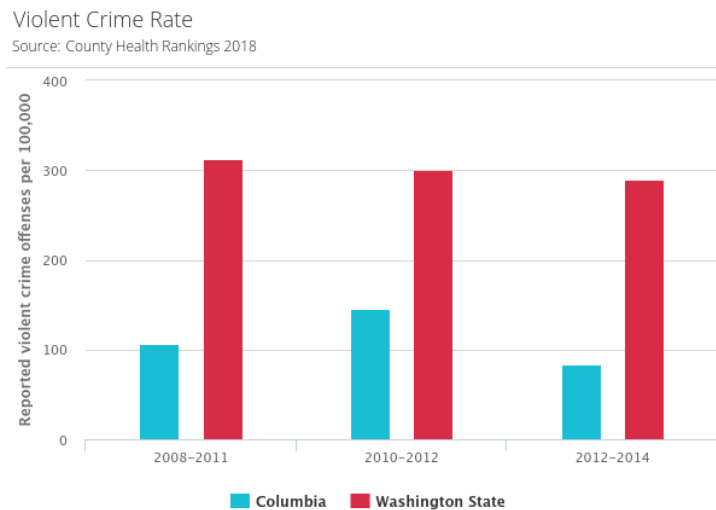


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INJURY & VIOLENCE

Violence

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. Exposure to crime and violence can increase stress and deter residents from pursuing health behaviors, like exercising outdoors. The violent crime rate in Columbia County was 83 per 100,000. This was lower than the state of Washington. Fifty-one percent of crimes against people in Columbia and Walla Walla Counties involved domestic violence.

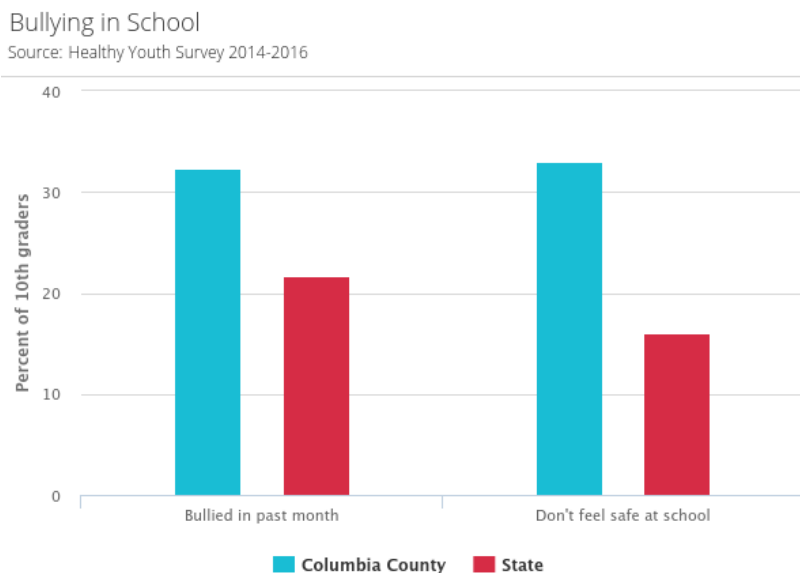


Violence is known to worsen health disparities. Rates of violence tend to be highest in populations that are already disadvantaged and marginalized. Its presence in a neighborhood is linked to increases in poor mental health and chronic disease, and violent neighborhoods discourage physical activity, which leads to many health problems.

INJURY & VIOLENCE

Bullying

Bullying is a type of youth violence that threatens young people's well-being. Thirty-four percent of 10th graders and 25 percent of 12th graders reported being bullied in the past month. Thirty-seven percent of 10th graders and 17 percent of 12th graders didn't feel safe at school. While these numbers were higher than the state average, Columbia County has low n, which is important to remember in analyzing data.



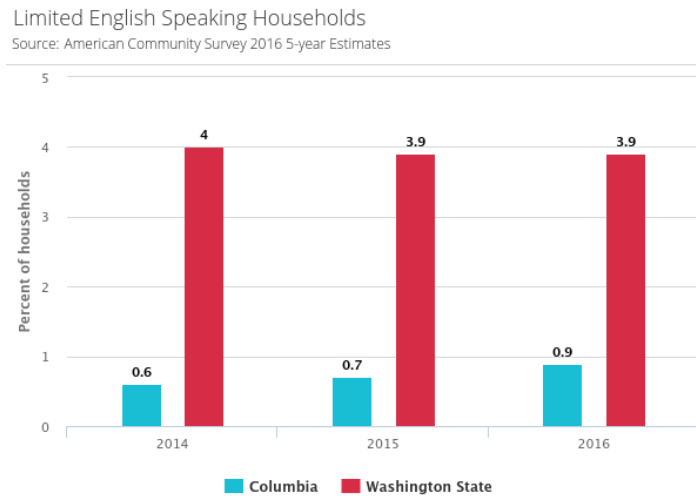
Bullying can result in physical injuries, social and emotional problems, and academic problems. The harmful effects of bullying are frequently felt by friends and families and can hurt the overall health and safety of schools, neighborhoods, and society.

Kids who are bullied are [more likely](#) to experience depression and anxiety, issues that may persist into adulthood. They also experience decreased academic achievement and are more likely to be absent from or drop out of school.

Kids who bully others are also more likely to engage in risky behaviors such as substance abuse, early sexual activity, and domestic violence.

COMMUNITY ENGAGEMENT

A limited English-speaking household is one in which all members 14 years and over have at least some difficulty with English. According to 2016 American Community Survey estimates, less than one percent of the population of Columbia County faced linguistic isolation. This rate was lower than the Washington State rate. Linguistic isolation can create barriers to employment and other forms of community engagement, which is important to community health.



The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."

It is important for the voices of all community members to be heard in order to solve problems and ensure the health and wellbeing of all.

ACCESS TO CARE

Health Insurance

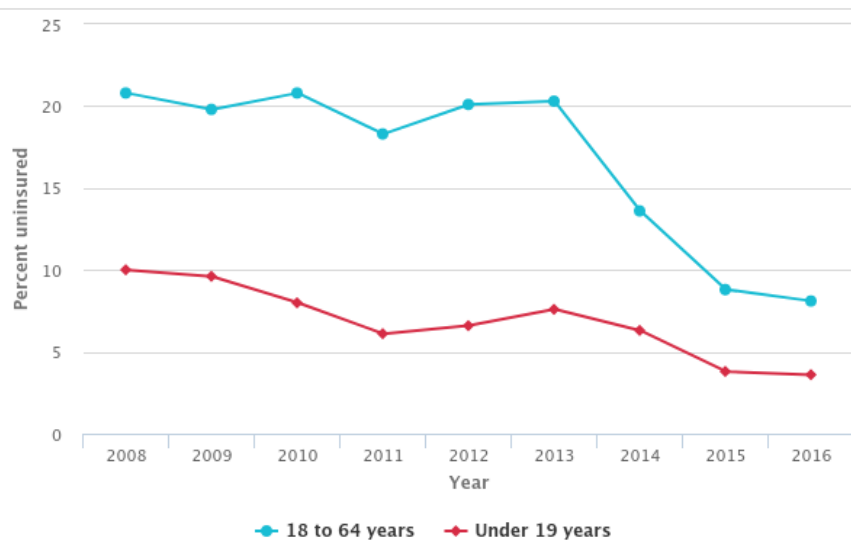
Ninety-two percent of Columbia County residents and 96 percent of children and teens in the county had health insurance coverage.

These rates of coverage were not significantly lower than the statewide averages, but fell short of the Healthy People 2020 goal of 100 percent. The main source of coverage for people under 65 was private

employer-sponsored insurance, which is typical. Private health insurance can also be purchased on an individual basis, either directly through a licensed producer or through the Washington Health Benefit Exchange, usually during open enrollment periods. Public programs such as Medicaid (e.g. Apple Health) provide coverage for many low-income children and adults.

Health insurance coverage can be an important indicator of health status. Due to concern over potential high-cost medical bills, the uninsured are more than twice as likely to delay or forgo needed care as the insured. This can lead to the development of serious health problems that might be prevented. An increase in health care coverage amongst children and adults in Columbia County might significantly reduce both health problems and subsequent health-related costs.

Percent Uninsured by Age Group, Columbia County
Source: U.S. Census Bureau's Small Area Health Insurance Estimates 2008-2016



ACCESS TO CARE

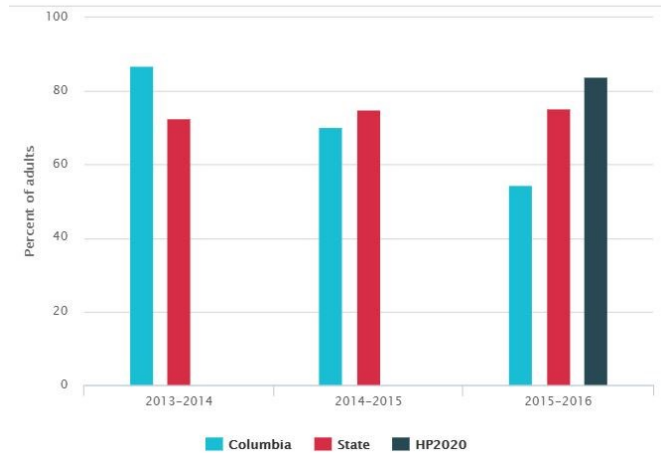
Provider Availability

Seventy percent of adults had a checkup in the past year, which was similar to the Washington State average. Eight percent of adults did not see a health care provider within the previous year due to cost, which was lower than the statewide average. This data may be unreliable due to small survey numbers.

Fifty-four percent of Columbia County had a personal care provider. This rate was lower than the overall statewide average and lower than the Healthy People 2020 target. Robert Wood Johnson Foundation's County Health Rankings reports that Columbia County had 76 Primary Care Physicians per 100,000 population, which was not significantly lower than the Washington State average. It should be noted that this number does not account for those not accepting new patients and does not include part-time practitioners.

Adults with a Personal Care Provider

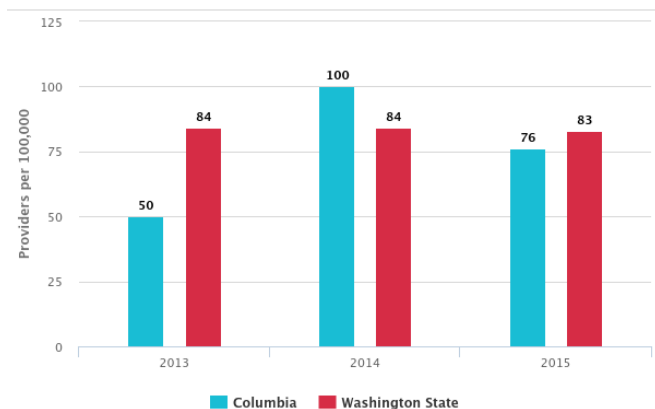
Source: Behavioral Risk Factor Surveillance System 2013-2016



Having a primary care provider manage, coordinate, and deliver the majority of one's care is extremely important for the health of adults and the provision of wellness and prevention services. Adults having a primary care provider tend to receive better management of chronic diseases and have lower overall healthcare costs. Although many hesitate to see a primary personal care provider due to long appointment wait-times, particularly for non-urgent conditions, it is important to access primary care services first in order to help prevent the exacerbation of many serious chronic health conditions and to reduce inappropriate downstream utilizations (i.e. Emergency Room).

Primary Care Physicians per 100,000 Population

Source: County Health Rankings 2018



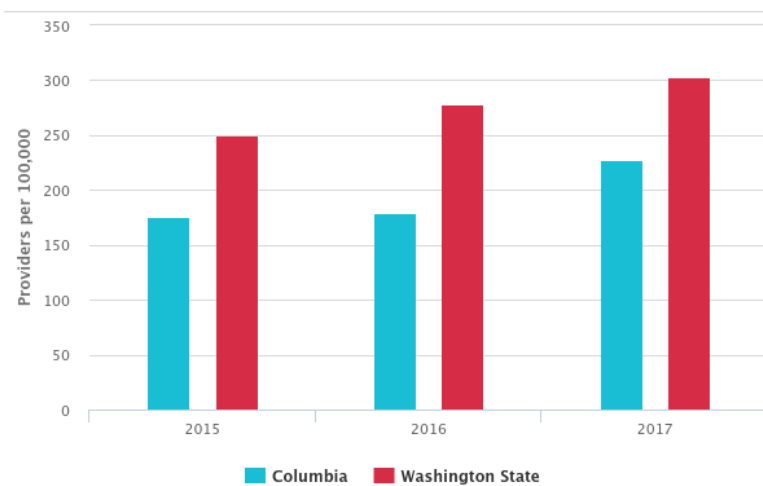
Mental Health

Mental health counselors played a critical role in helping people who were experiencing mental or emotional conditions get their lives back on track. While primary care can sometimes manage circumstantial and routine anxiety and

unipolar depressive disorders, behavioral health providers are better suited to assess, diagnose and treat people struggling with severe mental health issues, including bipolar disorder, eating disorders, schizophrenia, post-traumatic stress disorder or other severe conditions. There were 227 mental health care providers per 100,000 population in Columbia County, which was lower than the Washington State average of 330 per 100,000.

Mental Health Providers per 100,000

Source: County Health Rankings 2018



Adults with dental care

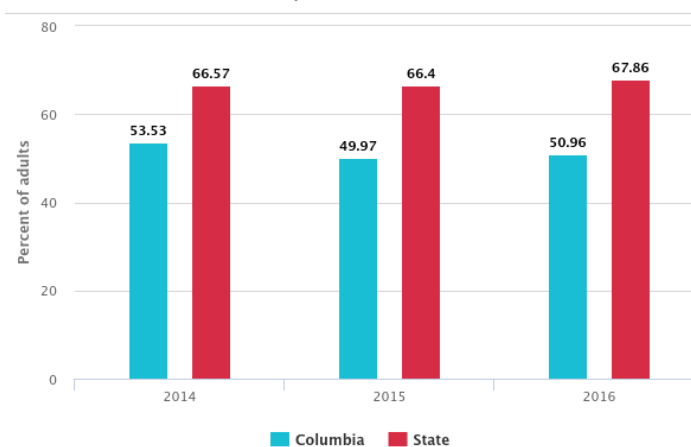
Fifty-one percent of adults received dental care in the past year in Walla Walla County. This rate was below the statewide average and the Healthy People 2020 standard.

[Oral health](#) is essential for overall health.

Complications such as tooth decay and gum disease can worsen existing health conditions like diabetes and negatively impact quality of life and mental health. Regular dental exams help prevent these common problems, and linking oral health to primary care can help increase awareness of oral health's importance to healthy development and aging.

Adults Having a Dental Exam in the Past Year

Source: Behavioral Risk Factor Surveillance System, 2014-2016

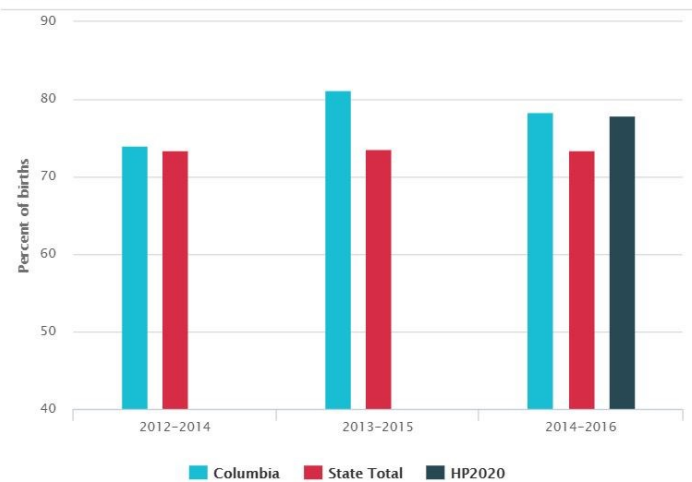


Adults with first semester prenatal care

Seventy-eight percent of pregnant women in Columbia County accessed first trimester prenatal care. This rate was not significantly higher than the statewide average of 73 percent and met the Healthy People 2020 recommendation of 78 percent. First semester visits are very important for a baby's health and can lead to the identification of potential risk factors. Women with first semester prenatal care tend to have better birth outcomes than women who do not.

Prenatal Care within First Trimester

Source: WA State Department of Health Birth Certificate Data, 2012-2016



HIV Screening Rate

In Columbia County nearly 74 percent of adults had never been screened for HIV. This was higher than the average rate for adults never screened in the state of Washington.

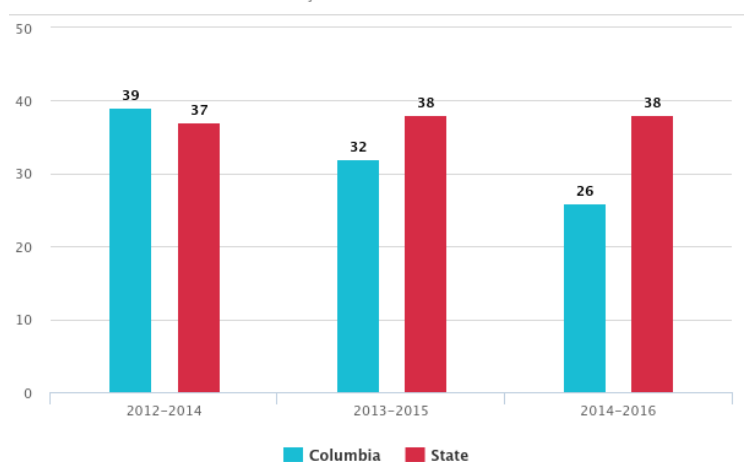
The [CDC](#) estimates that 15 percent of people living with HIV in the United States are unaware that they are infected. It is recommended that all adolescents and adults get tested at least once in their lives for HIV infection and that gay and bisexual men be tested more frequently.

Testing is a very important way to prevent transmission. Those who test positive can begin an effective treatment program that will allow for a long, healthy life.

People who do not get tested and let the disease progress tend to be less likely to have positive outcomes when beginning treatment at a later stage of the disease. Knowing your HIV status is very important way to protect yourself and your community.

HIV Screening Rate

Source: Behavioral Risk Factor Surveillance System 2012-2016



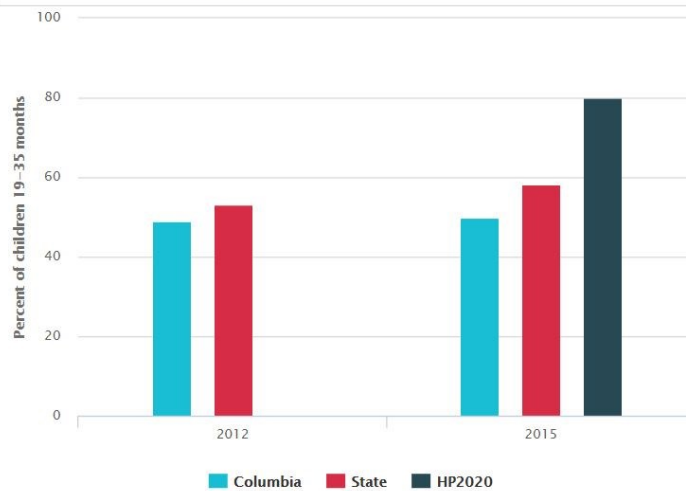
Child Immunization

The child immunization rate is defined as the percentage of 2-year-old children receiving vaccinations for 4 doses-DPT, 3 doses-Polio, 1 dose-MMR, 3 doses-Hib, 3 doses-HepB, and 1 dose-Varicella. In Columbia County, the child immunization rate was 50 percent, which was not significantly lower than the Washington state rate of 58 percent, but far below the Healthy People 2020 goal of 80 percent.

Vaccinations are crucial because just a few cases of vaccine preventable diseases can rapidly spread among unvaccinated children to become hundreds of thousands of cases. Immunizations are an extremely important way to protect yourself and others from contracting of serious diseases.

Child Immunizations

Source: WA State Immunization Information System 2012, 2015



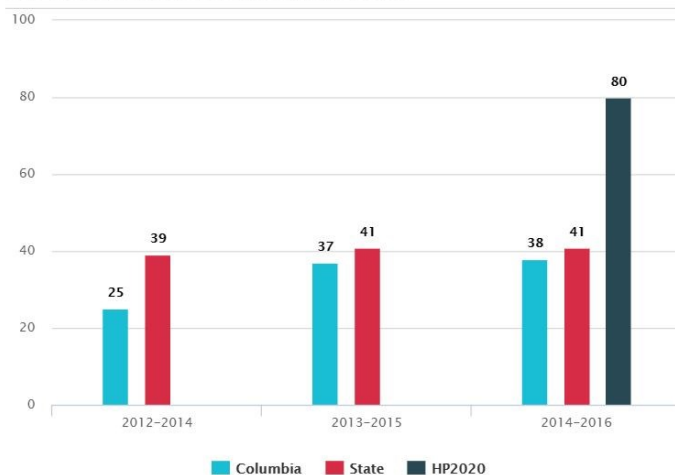
Adult Flu Vaccination

The Adult Flu Vaccination rate in Columbia County was 38 percent. This rate was not significantly lower than the Washington State rate, and has increased in recent years. These rates fell far below the Healthy People 2020 guideline of 80 percent.

Every flu season is different, in terms of the numbers of individuals infected, and the [CDC](#) estimates that flu results in between 140,000 and 710,000 hospitalizations each year and 12,000 to 56,000 influenza-associated deaths in the United States.

Adult Flu Shots

Source: Behavioral Risk Factor Surveillance System 2012-2016





Risk Factors

The World Health Organization defines a risk factor as 'any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.' Included in this report are indicators affecting diverse populations within our community or which have a high impact on health and include substance use, mental health, weight status, communicable disease, teen pregnancy and environmental factors. These indicators are subject to interventions with potential for equitable outcomes.

SUBSTANCE USE

Tobacco

[Cigarette smoking](#) is the leading cause of preventable death in the United States and accounts for nearly one in five deaths nationwide each year. Smokers are at a higher risk of coronary heart disease, stroke, lung cancer, and other serious health conditions. At 26 percent, the adult cigarette smoking rate in Columbia County was higher than the Washington State rate.

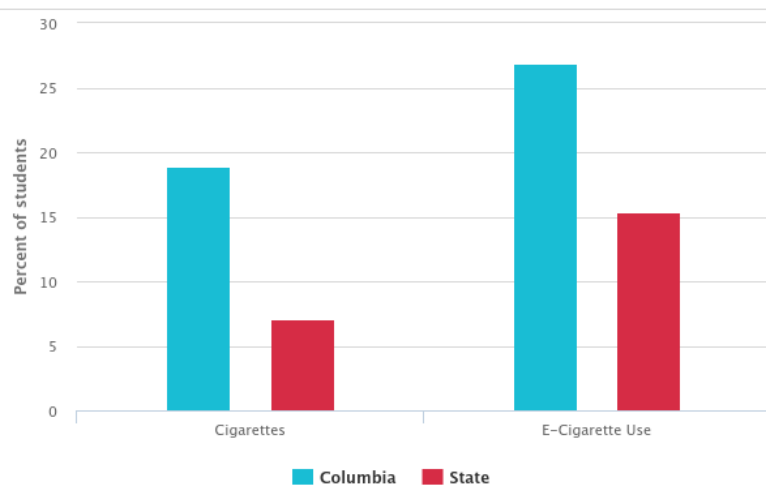
Tobacco use was a significant issue among teenagers in Columbia County. According to the 2014 and 2016

Healthy Youth Surveys, 19 percent of 10th graders smoked cigarettes. In 2016, thirty-three percent of 12th graders in the county smoked cigarettes, which was significantly higher than the statewide rate

of 11%. E-cigarette use was 22% amongst 10th graders and 23% amongst 12th graders. While these numbers are higher than the Washington state rates, they are not statistically significant differences due to the small sample size in Columbia County. Caution should be used when analyzing all Healthy Youth Survey results for Columbia County due to the relatively low number of participants.

While E-cigarettes are less harmful than regular cigarettes, the liquid nicotine they contain is still highly addictive and can harm adolescent brain development which continues into the early to mid-20s. E-cigarette use is closely related to use of other tobacco products, and youth who use multiple tobacco products are at a higher risk for

Youth tobacco use, 2014-2016
Source: Healthy Youth Survey 2014-2016



developing nicotine dependence and are more likely to continue using tobacco into adulthood. [Smoking of any kind](#) is particularly dangerous for this age group as there is a correlation between youth smoking and depression, anxiety, and stress. Lowering the acceptance and tolerance of tobacco among peer groups in the community is an effective way to decrease smoking among youth.

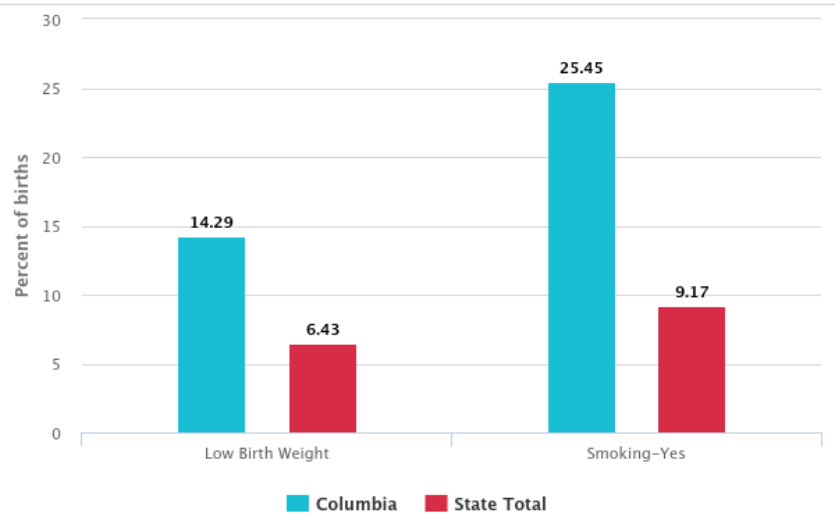
From 2014-2016, twenty-five percent of mothers in Columbia County reported smoking during their pregnancy.

[Maternal smoking](#) is very dangerous as it can lead to premature delivery, low birth weight, stillbirth, and SIDS. Increased education and awareness of the health risks of maternal smoking are needed to reduce this rate.

Encouraging any smoker to quit can prevent the onset of many medical problems. The CDC

estimates that 2 to 5 years after a person quits smoking their risk of stroke drops to the same level as that of a non-smoker. Ten years after quitting, a person's risk of lung cancer may be reduced by half. Deaths due to cigarette smoking are completely preventable and lowering the smoking rate will make for a much cleaner and healthier community.

Smoking during pregnancy and low birth weights
Source: WA State Birth Certificate Data 2014-2016

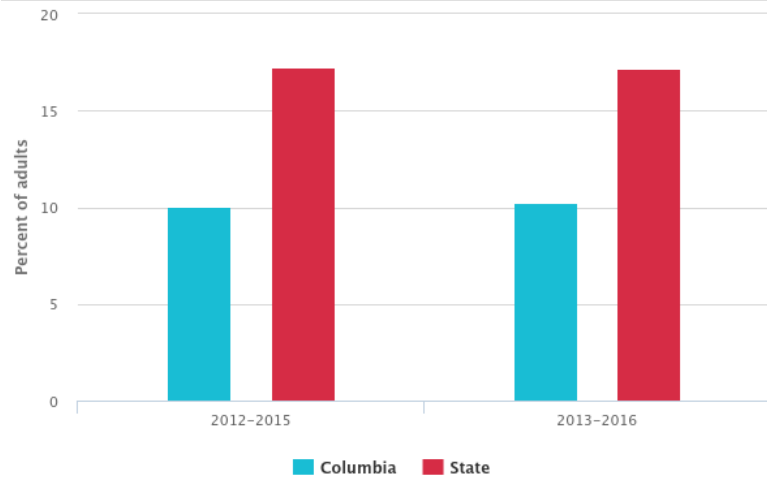


Alcohol

[Binge drinking](#) is defined as the consumption of four drinks or more for a woman and five drinks or more for a man within a 2 hour period on at least one occasion in the past 30 days. Columbia County had a binge drinking rate of 10 percent, which was lower than the Washington state rate. Binge drinking presents many problems to the community, as national data reveals its frequent association with injuries, sexual assault, unwanted pregnancy, violence, and chronic diseases.

Adult Binge Drinking

Source: Behavioral Risk Factor Surveillance System 2012-2016



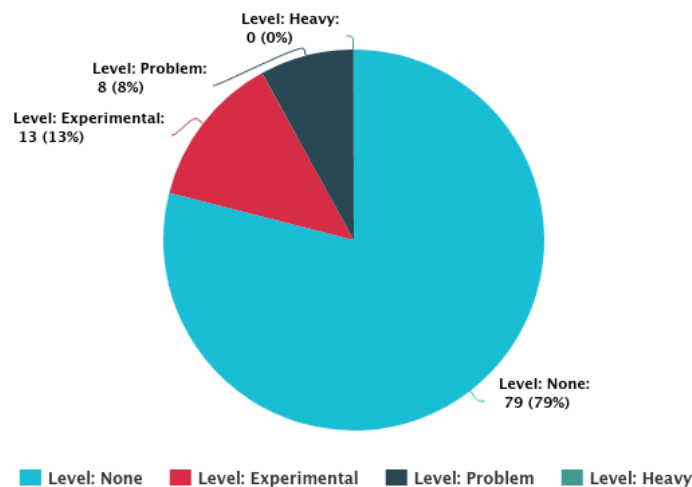
The 2016 Healthy Youth Survey results revealed that 21 percent of 10th graders and 54 percent of 12th graders in Columbia County reported having consumed alcohol in the past 30 days. Five percent of 10th graders and 46 percent of 12th graders reported binge drinking over the past 30 days. These numbers may be unreliable due to small sample size. [Alcohol use among teenagers](#) is a particular concern as it places them at risk for

emotional and social problems, lesser academic performance, and abnormal changes in brain development.

Youth who begin drinking at an early age are also more likely to develop alcohol dependence later in life than those who begin drinking at age 21 or later.

Drinking level in 10th graders, Columbia, 2016

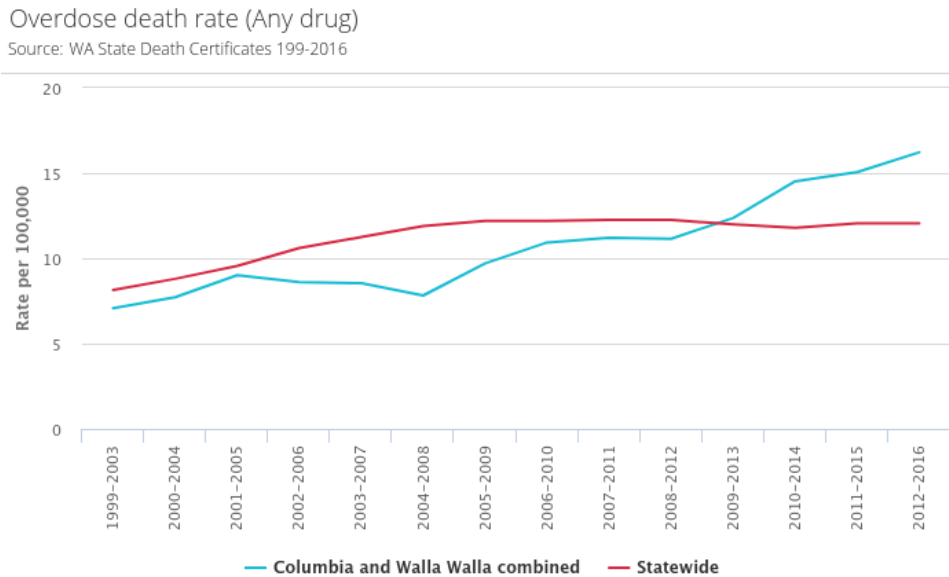
Source: Healthy Youth Survey 2016



Opioids

Drug overdose is a significant problem in the United States. Deaths from Opioid use have increased rapidly since 1999, and mortality data reflected the same trend in Walla Walla and Columbia Counties.

The opioid epidemic has become fast-moving and complex. Partnering with healthcare providers and social service providers, encouraging consumers to make safe choices about opioids, and raising overall awareness of the opioid crisis will help better coordinate efforts to prevent opioid overdoses and deaths.

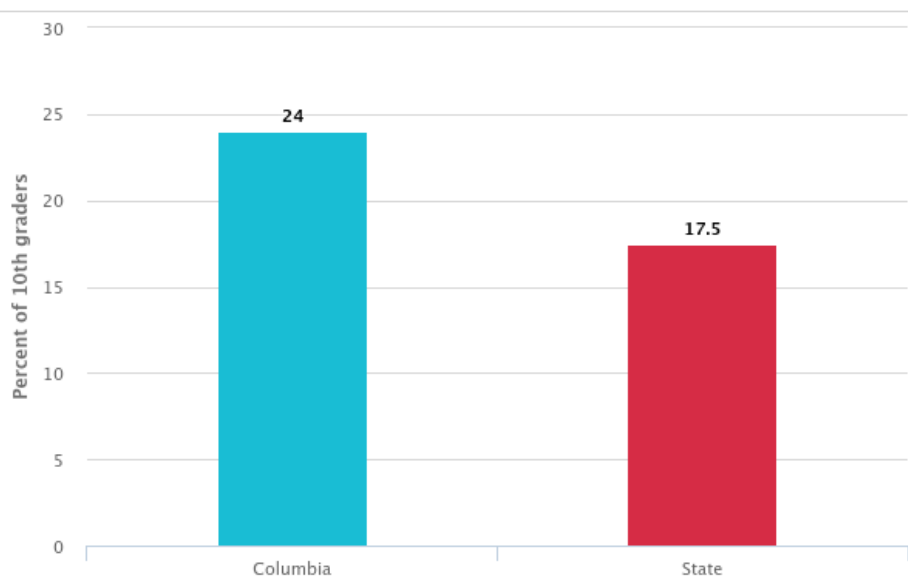


Marijuana

Twenty-four percent of 10th graders and 38 percent of 12th graders reported having used marijuana in the past 30 days. This rate was higher than the Washington State rate of 17%. Because the brain is still developing well into a person's third decade of life, marijuana use is dangerous for adolescents. Its effects include memory and learning impairment, interference with ovulation and pre-natal development, impaired immune response, and possible adverse effects on heart function. The use of marijuana may also lead teenagers to use other, more risky drugs.

Youth current marijuana use

Source: Healthy Youth Survey, 2014-2016



MENTAL HEALTH

Adults with Poor Mental Health

Mental health disorders are treatable medical conditions that inhibit the way a person feels, thinks, or functions in society. While mental illnesses can affect anyone, risk factors include a family history of mental illness, stressful life conditions, a traumatic experience, use of illegal drugs, and childhood abuse or neglect. Examples of mental health disorders include depression, bipolar disorder, obsessive-compulsive disorder, and post-traumatic stress disorder.

Eight percent of adults in Columbia County reported having poor mental health for 14 or more days within the previous month. While this was not significantly lower than the state rate, poor mental health among adults is increasing over time in Columbia County.

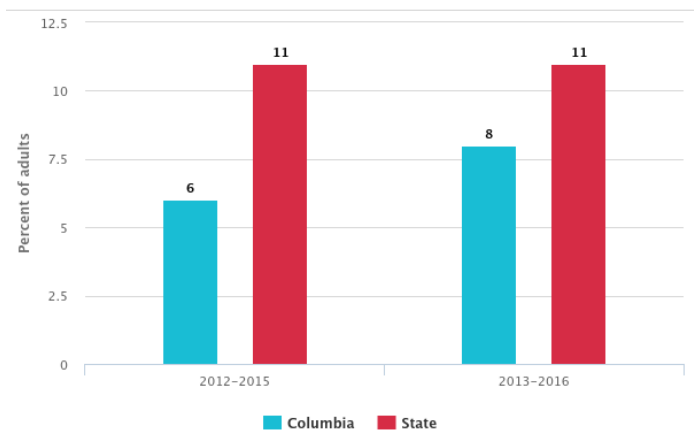
Treatment can be difficult due to the shame and stigma that prevent people from seeking mental health care, leaving many cases of poor mental health untreated in the community. Data may be unreliable due to small numbers.

Suicide Rate

Risk factors for suicide include a family history of suicide, child maltreatment, alcohol and substance abuse, mental disorders, and feelings of isolation and loss. At 15 deaths per 100,000 deaths, the suicide rate in Columbia and Walla Walla Counties was the same as Washington State's and did not meet the goal set by Healthy People 2020 of 10.2 per 100,000. Washington State has a higher rate of suicide deaths compared to the U.S. (13 per 100,000).

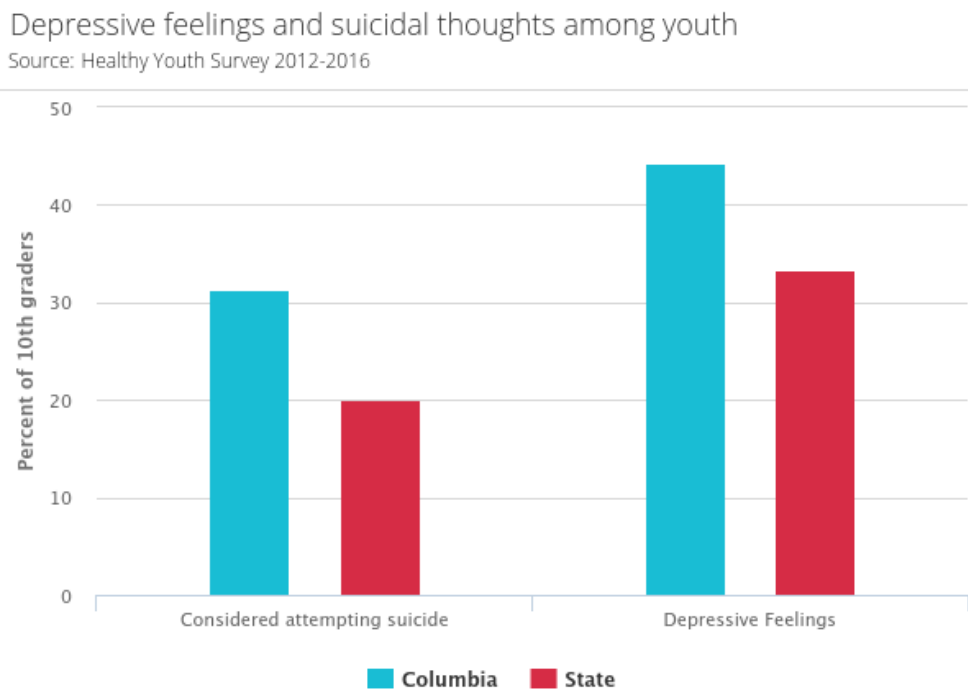
Adults with Poor Mental Health

Source: Behavioral Risk Factor Surveillance System 2012-2016



Suicidal thoughts are also a serious concern amongst youth as 31 percent of 10th graders and 14 percent of 12th graders reported seriously considering suicide in the past year.

Factors that protect against suicide include effective clinical care for mental, physical, and substance abuse disorders, as well as social support..



Youth Depression

Forty-four percent of 10th graders and 34 percent of 12th graders in Columbia County reported feeling sad and hopeless, which is higher than the overall state average. Depression in adolescence is associated with the use of drugs and alcohol, school dropout, and engagement in promiscuous sexual behavior. Healthy People 2020 set a goal of reducing the number of adolescents who have a major depressive episode and of increasing depression screening by primary care providers.

WEIGHT STATUS

Physical Activity

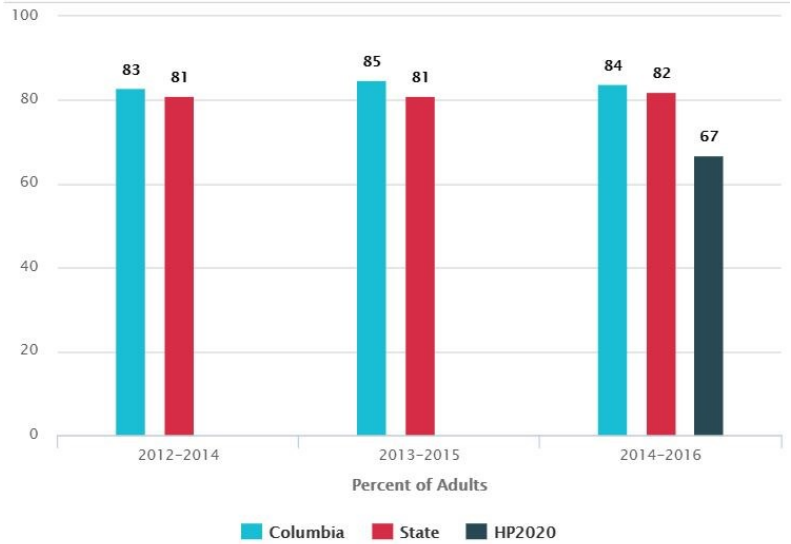
Forty-two percent of adults in Columbia County reported regular physical activity, which was lower than the Washington State rate of 57 percent. 83 percent of adults report leisure-time physical activity, which was similar to the overall state rate and exceeded the Healthy People 2020 goal of 67 percent.

Only 19 percent of tenth graders and 20 percent of 12th graders in Columbia County reported 60 minutes or more of physical activity per day, which were not significantly lower than the Washington State rates.

Physical activity is important because it can greatly reduce obesity, which in turn lowers risk for many serious and often fatal health problems. The Centers for Disease Control recommends 150 minutes per week of moderate-intensity aerobic activity (such as brisk walking, aqua aerobics, or gardening), or 75 minutes a week of more vigorous activity (such as jogging/running, singles tennis, aerobic dancing, or swimming laps). Two or more days a week of muscle strengthening activities is also recommended.

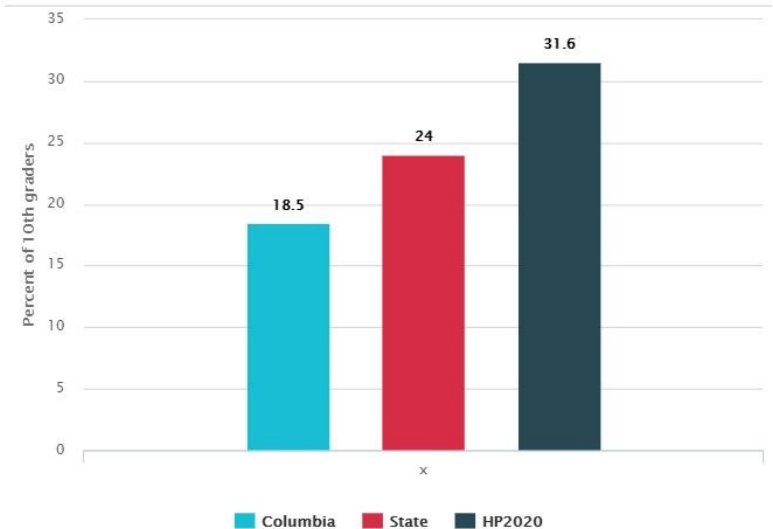
Adults engaging in leisure time physical activity

Source: Behavioral Risk Factor Surveillance System 2012-2016



Youth meeting physical activity recommendations

Source: Healthy Youth Survey 2014-2016



Overweight/ Obesity

Thirty-three percent of adults in Columbia County were obese. The obesity rate was higher than the Washington State average and has increased slightly over the past five years.

Amongst students in Columbia

County, 12 percent of 10th graders and 15 percent of 12th graders were obese.

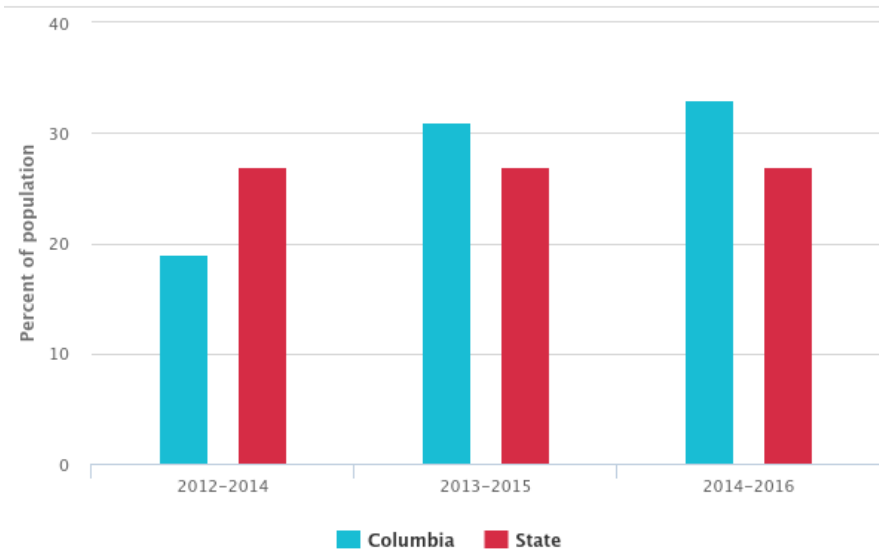
A BMI (weight to height ratio) of 25 to 25.9 is considered overweight, while a BMI of 30 and above is considered obese.

Obesity results from an energy imbalance involving eating too many calories and not getting enough physical activity. Obesity-

related conditions include heart disease, stroke, and Type II diabetes. These are some of the leading causes of preventable death both in Columbia County and nationwide. Exercise and healthy eating habits are two of the most important ways to decrease obesity rates and improve many areas of a person's health.

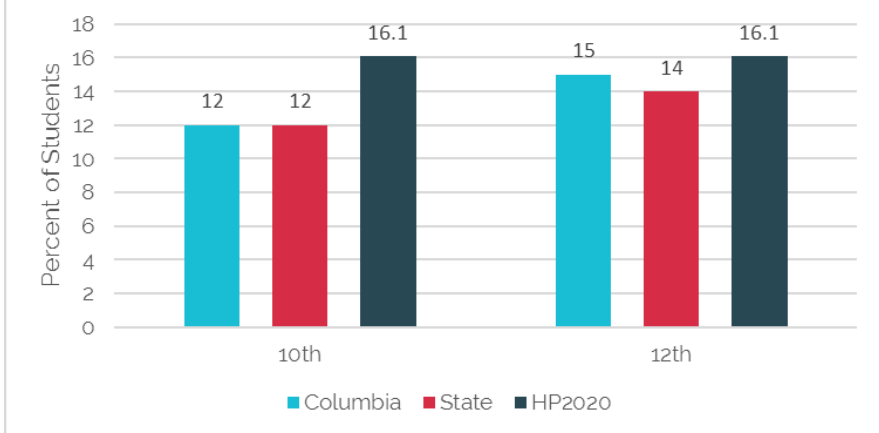
Adult Obesity

Source: BRFSS 2012-2016



Youth Obesity by Grade - Columbia County

Source: Healthy Youth Survey 2016



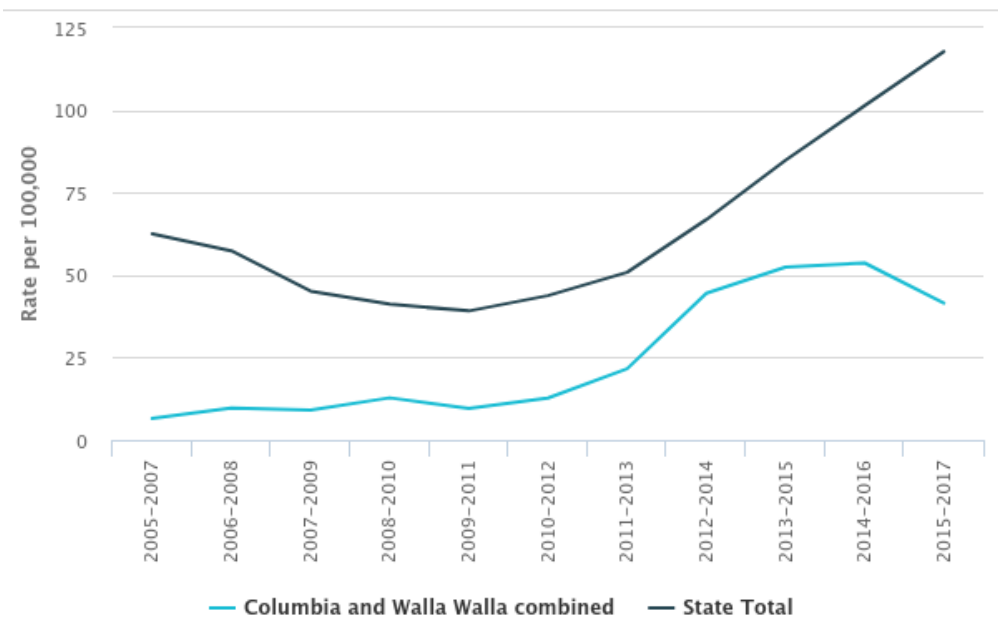
COMMUNICABLE DISEASE

Gonorrhea

The gonorrhea rate has decreased in recent years and is currently 42 cases per 100,000 people. Gonorrhea is a sexually transmitted infection that can infect both men and women. It is spread through vaginal, oral, and anal sex and can be passed from mother to child during childbirth. Gonorrhea can be cured with treatment but can cause serious damage including Pelvic Inflammatory Disorder if left untreated.

Gonorrhea rate over time

Source: WA State STD Services Section 2005-2017



Chlamydia

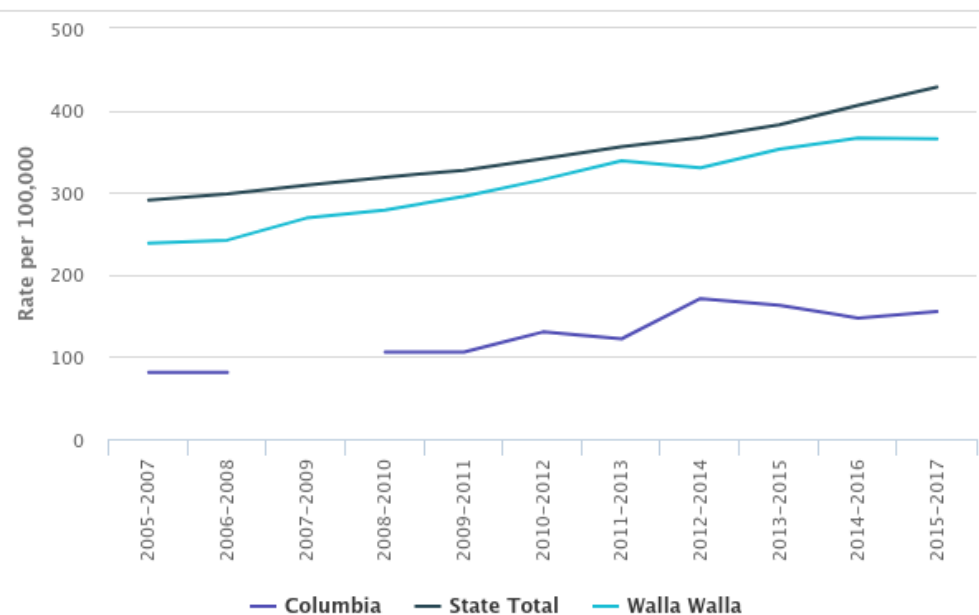
Chlamydia is a sexually transmitted infection that can infect men and women through unprotected vaginal, oral, or anal sex. The chlamydia rate in Columbia County has increased over time, but remained fairly steady in recent years. Like gonorrhea, it can be passed from mother to child during birth. Young people who are sexually active are at a higher risk for chlamydia and should be tested each year. The infection is easily cured with treatment but can damage a female's reproductive system, making it difficult for her to get pregnant later in life if left untreated. Many times, the condition is asymptomatic.

It is important to increase knowledge around chlamydia, gonorrhea, and other common STDs in Columbia County. While abstinence is the only way to ensure

avoiding these infections, proper use of latex condoms can also prevent infection. Yearly testing among young, sexually active people is very important in the recognition and treatment of, chlamydia, gonorrhea and other sexually transmitted infections.

Chlamydia rate over time

Source: WA State STD Services Section 2005-2017



TEEN PREGNANCY

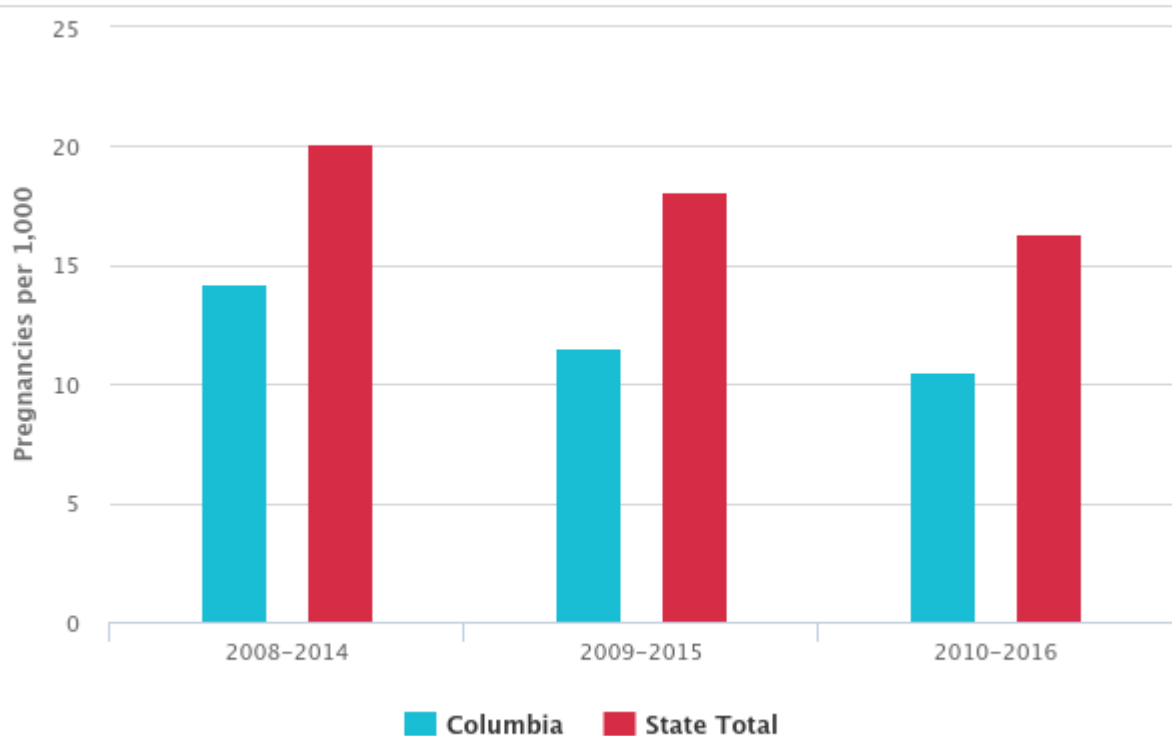
Teen Pregnancy

At 11 per 1,000 births (2010-2016), the rate of teenage pregnancy in Columbia County was lower than the state's overall rate and was well within the 36 per 1,000 target set by Healthy People 2020.

Young women who become pregnant as teenagers are at a higher risk of negative health outcomes later in life. They are less likely to complete high school and typically have lower levels of educational attainment than their peers. The children of teenage mothers are also at higher risk for health problems and are more likely to face poverty and other adverse conditions later in life. Research shows that teenage pregnancy rates are effectively reduced when teenagers have an appropriate perception of the risks involved with sexual activity and communicate with parents or other adults about sex, condoms, and contraception.

Teen Pregnancy

Source: Washington State Department of Health Vital Statistics - Birth Certificates, 2008-2016



ENVIRONMENTAL FACTORS

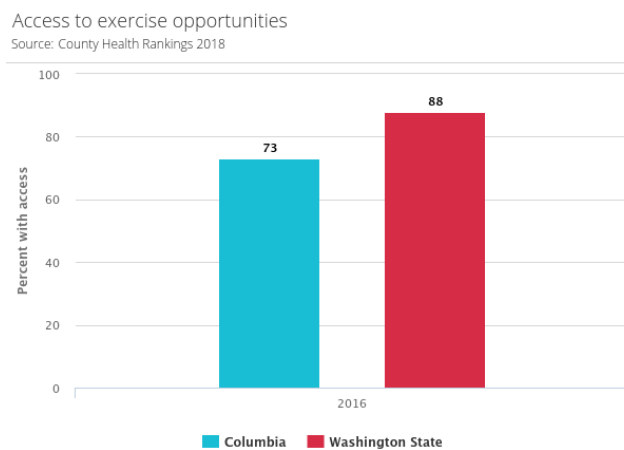
Physical Environment:

Three percent of Columbia County residents used public transit to commute to work, as compared to six percent for the state overall. Seventeen percent of the county walked or biked to work, while 4.5 percent of Washington residents overall did so.

Exercise opportunities were accessible to 73 percent of Columbia County compared to 88 percent of the state overall. This measure cannot be compared to previous years due to changes in how it is calculated. "Access to exercise opportunities" measures the

percentage of individuals in a county who live reasonably close to a location for physical activity including recreational facilities and local, state, and national parks. Better access to recreation facilities and safe places to walk and exercise has the potential to facilitate healthier lifestyle choices for residents of Columbia County.

There is a need for additional data on how Columbia County's residents interact with their Physical Environment. Additional data could include feelings of safety in neighborhoods, type and frequency of exercise, and satisfaction with the environment.



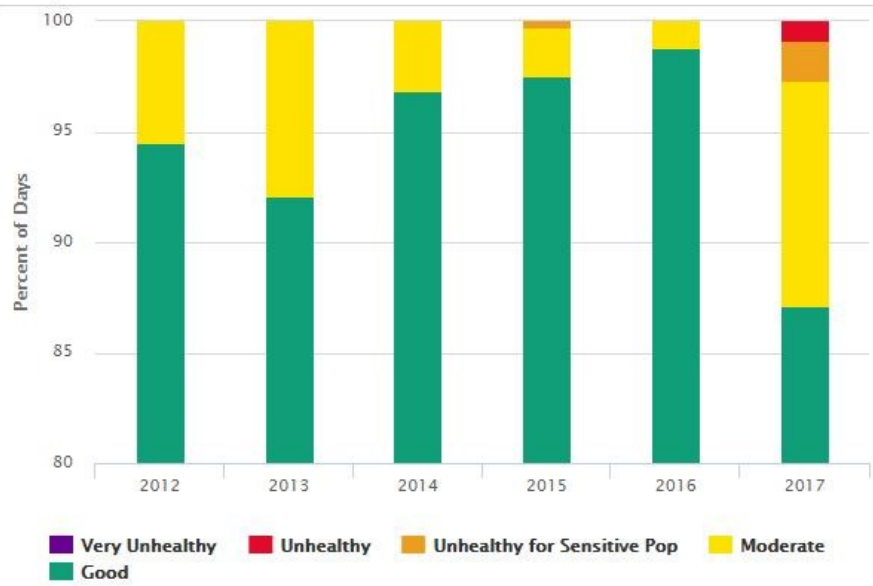
Environmental Quality

Columbia County had good environmental air quality. There was likely a lower proportion of “Good” days in 2017 due to wildfires in the area. Columbia County met AQI standards (Good or Moderate) 97 percent of days in the past year.

Air Quality

Source: US Environmental Protection Agency Air Data, 2012-2017

Change Filter: Columbia



Tucannon River water quality had increased over time.

The [quality of water](#), whether used for drinking, domestic purposes, food production or recreational purposes has an important impact on health. Water of poor quality can cause disease outbreaks and it can contribute to background rates of disease manifesting themselves on different time scales.

Water Quality Index: Walla Walla River and Tucannon River

Measures: fecal coliform bacteria, oxygen, pH, suspended solids, temperature, total persulf nitrogen, total phosphorus, turbidity. Adjusted for flow.

Source: WA Dept. of Ecology





Health Outcomes

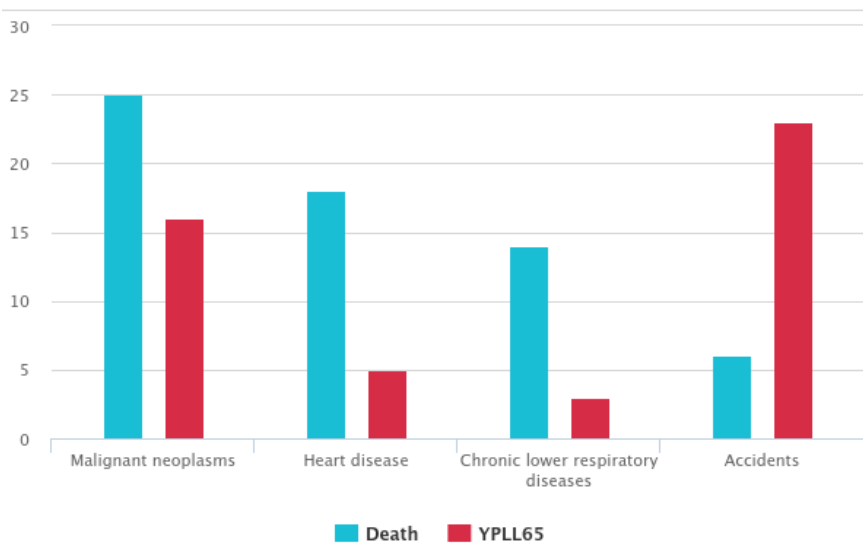
A community health assessment would not be complete without examining health outcomes. Indicators such as Leading Causes of Death in Columbia County and Years of Potential Life Lost relative to age 65 give a snapshot of morbidity and mortality, leading to indicators for cardiovascular health, cancer and diabetes as specific targets of equitable interventions.

LEADING CAUSES OF DEATH

The top causes of death in Columbia County between 2014-2016 were malignant neoplasms (cancer), heart disease, and chronic lower respiratory diseases. Major cardiovascular diseases (heart disease and cerebrovascular diseases) are sometimes reported as a single cause of death, but are reported separately here to align with how leading causes are reported in the Washington State Health Assessment. YPLL 65 is defined as the years of potential life lost relative to age 65 per 100,000 population. YPLL 65 is a measure of premature death that focuses on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

Leading Causes of Death - Columbia County

Source: WA State Death Certificate Data 2014-2016



CARDIOVASCULAR HEALTH

[Cardiovascular disease](#) is the leading cause of death in the United States. High blood pressure, high LDL cholesterol, and smoking are the three most significant risk factors for cardiovascular disease, followed by diabetes, obesity, poor diet, and excessive alcohol use.

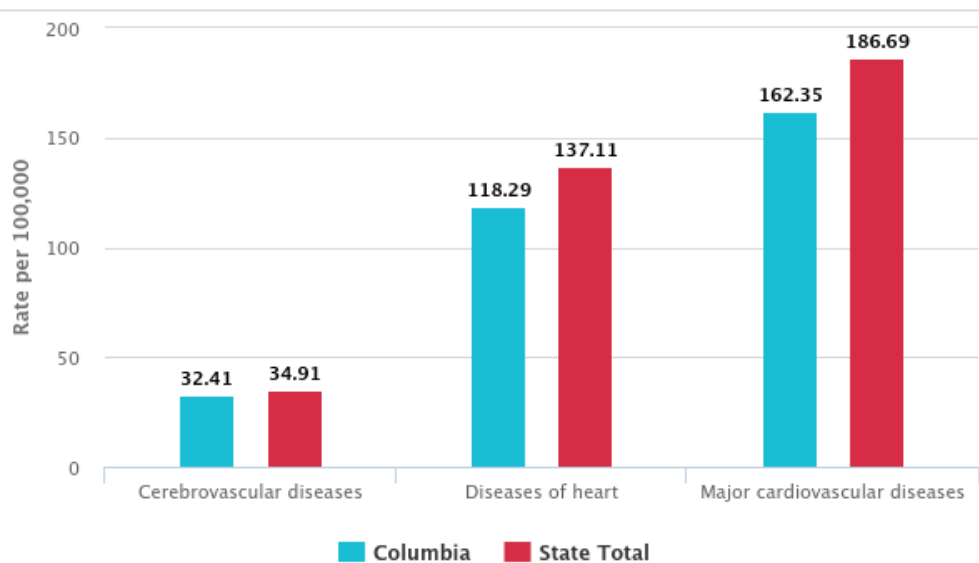
Major cardiovascular diseases were leading causes of death in the Columbia County community. There were 40 major cardiovascular disease-related deaths in Columbia County between 2014 and 2016 and heart disease was the second leading cause of death overall. While not statistically significant, the death rate due to cardiovascular disease appeared lower in Columbia County than the overall rate in the state of Washington.

Preventive measures include eating a healthy diet, exercising, limiting alcohol use, not smoking, and maintaining a healthy weight.

Cardiovascular Disease Mortality Rate

Source:

Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014–2016



CANCER

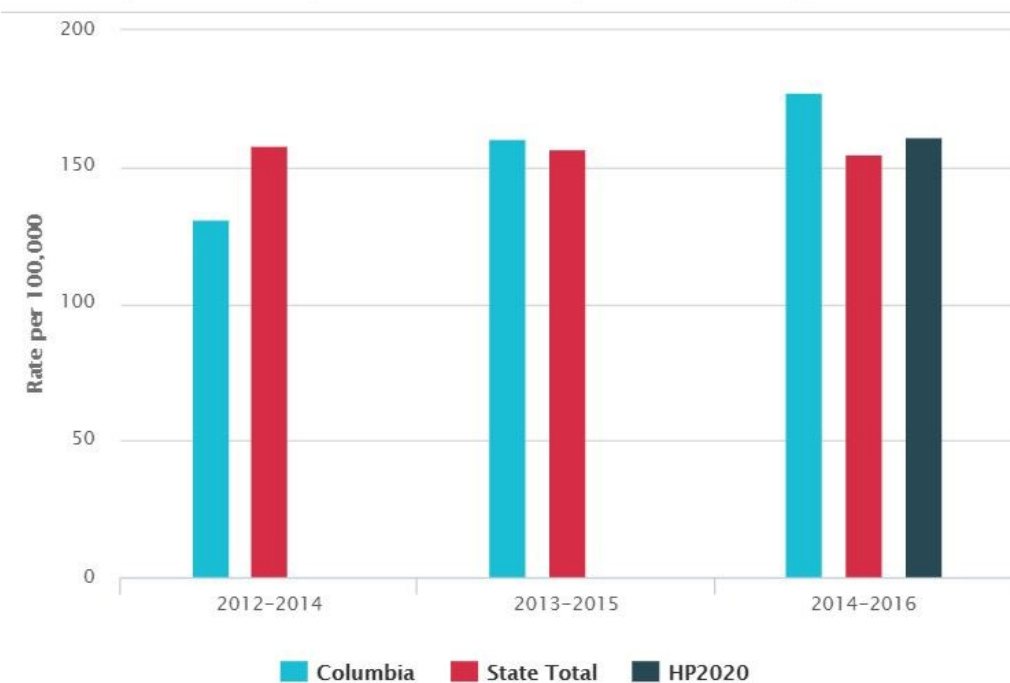
Cancer Mortality

Malignant neoplasms (cancerous tumors), were the leading cause of death in Columbia County. The cancer mortality rate was 177 deaths per 100,000 people between 2014 and 2016. This rate was slightly above the Washington State rate and did not meet the Healthy People 2020 standard of 161 per 100,000.

Cancer Mortality Rate

Source:

WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2013-2016

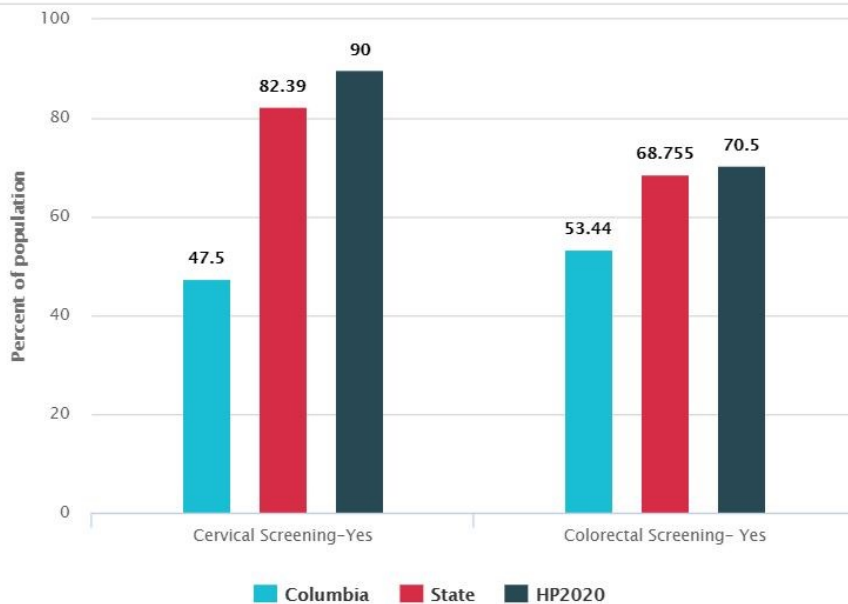


Cervical Cancer Screening

The cervical cancer screening rate in Columbia County was 48 percent. This rate fell below the state average and the Healthy People 2020 goal of 90 percent. It is [recommended](#) that every woman between the ages of 21 and 29 years have a Pap test every three years and women between the ages of 30 and 65 years have a combination Pap testing and HPV testing every 5 years. Pap tests can identify possibly treatable irregularities on the cervix that may be cervical cancer or its precursor. The test detects cervical cancer in its initial states, leaving time for effective treatment to be given.

Cancer Screening

Source: Behavioral Risk Factor Surveillance System 2012-2015 (Cervical), 2014-2016 (Colorectal)



Colorectal Cancer Screening

The colorectal cancer screening rate in Columbia County was 53 percent. This rate was below the statewide rate and the 71 percent goal set by Healthy People 2020.

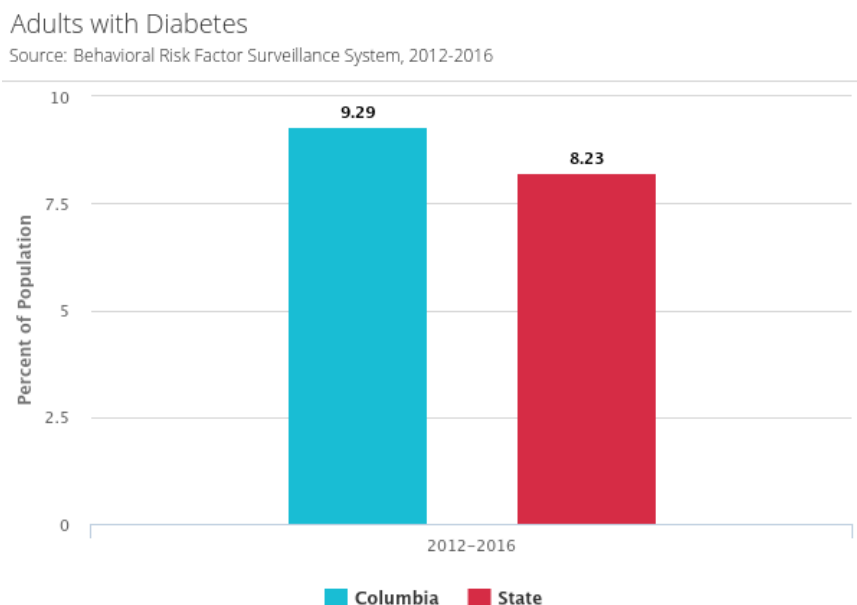
Adults between 50 and 75 years should be initially [screened](#) for colorectal cancer, while the decision to screen after 75 should be made on an individual basis and with the advice of a physician. Colorectal screening searches for pre-cancerous polyps in the colon or rectum that can then be removed before they become cancerous. Screening can also detect colorectal cancer at an early stage, while it is still very treatable. Screening is important because early-stage colorectal cancer can be asymptomatic.

DIABETES

Nine percent of adults in Columbia County had diabetes. This rate was not significantly higher than the Washington State rate.

[Diabetes](#) is a serious, progressive chronic illness in Columbia County and across the United States. It affected 30.3 million people in the USA, or approximately 9.4 percent of the US population. People with diabetes are at higher risk of serious health complications including blindness, kidney failure, heart disease, stroke, and loss of toes, feet, or legs. People with diabetes are twice as likely to have heart disease or a stroke as people without diabetes—and at an earlier age.

There are three types of diabetes. Type I diabetes is an autoimmune disease that is not preventable and can develop at any stage in a person's life. Type II diabetes is much more prevalent and usually develops later in life. It is typically preventable through lifestyle modifications. Being overweight and having a family history of diabetes are two major risk factors for Type II diabetes. Staying active, eating healthy, and maintaining a healthy weight are three important ways to prevent its onset. Gestational diabetes develops in pregnant women who have never had diabetes and usually relinquished following pregnancy. Gestational diabetes increases both the mother and child's risk of developing type 2 diabetes later in life.



CLOSING SUMMARY AND NEXT STEPS

Strengths and Weaknesses

The process used to select indicators for this report was collaborative and inclusive, drawing participation from a wide variety of community organizations. Using a collaborative indicator selection process generated interest among community members, and allowed for valuable discussion about the meaning of data included in this report. While the process revealed a lack of recent data for many topics. Participants identified a need for more data in many areas including mental health, physical environment, healthy aging, wait times for appointments, transportation, food choices throughout the community, civic participation, economic diversity, and accessibility. Further discussion of these needs will occur through “Next Steps” outlined below.

Next Steps

This assessment will be used to base the community's health priorities over the next three to five years. Columbia County will undergo an extensive Community Health Improvement Planning (CHIP) process that will involve stakeholders from throughout the community. Recommendations identified in the CHIP will be used to drive community action over a period of three to five years.

Contact

To participate in the Community Health Improvement Plan, please contact Martha Lanman at Martha_Lanman@co.columbia.wa.us. For more information on this assessment, please contact Morgan Linder at mlinder@co.walla-walla.wa.us.

DATA SOURCES

Demographics	Demographics: <i>U.S. Census Bureau Quickfacts 2017</i>
	Life Expectancy: <i>Washington State Department of Health, Center for Health Statistics, Death</i>
Education	Kindergarten Readiness, 3rd Grade Reading: <i>Office of Superintendent of Public Instruction</i>
	Four-Year Graduation Rates: <i>Office of Superintendent of Public Instruction Graduation and Dropout Statistics Annual Report 2016-2017</i>
	Educational Attainment: <i>U.S. Census Bureau American Community Survey 5-Year Estimates</i>
Income	Population below Federal Poverty Line: <i>U.S. Census Bureau, Small Area Income and Poverty</i>
	SNAP Utilization, Free and Reduced Lunch: <i>DSHS Research and Data Analysis Division</i>
	Median Household Income: <i>U.S. Census Bureau American Community Survey 5-Year</i>
	Wage by Industry: <i>Employment Security Department, Quarterly Census of Employment and</i>
Housing	Renters paying 30% or more: <i>U.S. Census Bureau American Community Survey 5-Year</i>
	Homelessness: <i>Washington State Department of Commerce Point in Time Count 2018</i>
Social Context	Violent Crime Rate: <i>County Health Rankings 2018</i>
	Domestic Violence: <i>Washington State Association of Sheriffs and Police Chiefs</i>
	Bullying: <i>Healthy Youth Survey 2016</i>
Community Engagement	Limited English-speaking households: <i>U.S. Census Bureau American Community Survey 5-Year Estimates 2012-2016</i>
Access to Care	Health Insurance coverage: <i>U.S. Census Bureau's Small Area Health Insurance Estimates 2016</i>
	Adults having checkup in past year, Adults not seeing provider due to cost: <i>Behavioral Risk</i>
	Adults with Personal Care Provider: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
	Primary Care Providers: <i>County Health Rankings 2018</i>
	Mental Health Providers: <i>County Health Rankings 2018</i>
	Adults having dental exam in past year: <i>Behavioral Risk Factor Surveillance System 2016</i>
	Prenatal Care: <i>Washington State Department of Health, Center for Health Statistics (CHS),</i>
	HIV Screening Rate: <i>Behavioral Risk Factor Surveillance System 2016</i>
	Child Immunization: <i>Washington State Immunization Information System, 2015</i>
	Adult Flu Vaccination: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
Substance Use	Adult cigarette smoking: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
	Youth tobacco use: <i>Healthy Youth Survey 2014-2016</i>

Substance Use	Smoking during pregnancy, low birth weights: <i>Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 2014–2016</i>
	Adult binge drinking: <i>Behavioral Risk Factor Surveillance System 2015-2016</i>
	Youth alcohol use: <i>Healthy Youth Survey 2016</i>
	Overdose death rate: <i>Washington State Department of Health, Center for</i>
	Overdose hospitalization: <i>Washington State Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 2012-2016</i>
	Youth marijuana use: <i>Healthy Youth Survey 2014-2016</i>
Mental Health	Adults with Poor Mental Health: <i>Behavioral Risk Factor Surveillance System</i>
	Suicide Rate: <i>Washington State Department of Health, Center for Health</i>
	Provider Knowledge: <i>Walla Walla Suicide Prevention Work Group Mental</i>
	Youth depressive feelings and suicidal thoughts: <i>Healthy Youth Survey 2012-2016</i>
Weight Status	Adult leisure time physical activity, Adults meeting activity recommendations: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
	Youth meeting activity recommendations: <i>Healthy Youth Survey 2014-2016</i>
	Adult Obesity: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
	Youth Obesity: <i>Healthy Youth Survey 2016</i>
Communicable Disease	Gonorrhea and Chlamydia: <i>Washington State Department of Health, STD Services Section, 2015–2017</i>
Teen Pregnancy	Teen Pregnancy: <i>Washington State Department of Health, Center for Health Statistics, Vital Statistics System–Washington State Certificate of Live Birth, 2015–2017</i>
Environmental Factors	Commuting to work: <i>U.S. Census Bureau American Community Survey 2012-</i>
	Access to exercise opportunities: <i>County Health Rankings 2018</i>
	Air Quality: <i>U.S. Environmental Protection Agency Air Data, 2017</i>
	River Quality: <i>Washington State Department of Ecology River Water Quality Monitoring Network 2017</i>
Leading Causes of Death	Leading Causes of Death, YPLL65: <i>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014–2016</i>
Cardiovascular Disease	Cardiovascular disease mortality rate: <i>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014– 2016</i>
Cancer	Cancer mortality rate: <i>Washington State Department of Health, Center for</i>
	Cervical Cancer screening: <i>Behavioral Risk Factor Surveillance System 2012-</i>
	Colorectal Cancer screening: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>
Diabetes	Adults with Diabetes: <i>Behavioral Risk Factor Surveillance System 2014-2016</i>