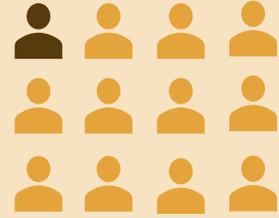


# 308

people responded  
to the survey.

That is  
**1 out of every  
12 adults**  
in our county



Out of the 46 categories in the survey, these are our community's

## **top 10 health priorities:**

- 1. Mental health**
- 2. Affordable housing**
- 3. Access to primary care**
- 4. Drug use / abuse**
- 5. Good jobs & healthy economy**
- 6. Alcohol use / abuse**
- 7. Overweight/obesity**
- 8. Diabetes**
- 9. Domestic violence / sexual assault**
- 10. Physical activity**

# How do priorities vary by demographic group?

This and the next page provides the top five (5) health priorities broken down by demographic group, along with the total number of surveys received from each group. This can help us understand the priorities of different types of people in our community. To protect confidentiality, we are not reporting survey responses for demographic groups with fewer than seven (7) total surveys. This means that we are not reporting results for respondents with “Other” gender, or respondents who are Asian, Black, or Multi-race.

## Gender

### Females

(199 surveys)

**Mental health**

**Affordable housing**

**Access to primary care**

**Drug use/abuse**

**Alcohol use/abuse**

### Males

(102 surveys)

**Mental health**

**Access to primary care**

**Affordable housing**

**Drug use/abuse**

**Overweight/obesity**

## County region

### Cathlamet/Puget Island

(235 surveys)

**Affordable housing**

**Mental health**

**Access to primary care**

**Drug use/abuse**

**Alcohol use/abuse**

### East County

(7 surveys)

**Mental health, child abuse & neglect (tied)**

**Affordable housing, alcohol use/abuse, good jobs & a healthy economy, domestic violence & sexual assault, cancer, teen pregnancy & birth (tied)**

### Skamokawa

(41 surveys)

**Mental health**

**Drug use/abuse**

**Affordable housing**

**Access to primary care, good jobs & a health economy, and overweight/obesity (tied)**

### West County

(19 surveys)

**Mental health**

**Drug use/abuse**

**Access to primary care**

**Affordable housing, alcohol use/abuse, and Alzheimer’s Disease/dementia (tied)**

# How do priorities vary by demographic group?

## Level of education

### Didn't graduate high school (12 surveys)

**Mental health**  
**Affordable housing, alcohol use/abuse (tied)**  
**Access to primary care, diabetes, and domestic violence/sexual assault (tied)**

### High school diploma (90 surveys)

**Mental health**  
**Affordable housing**  
**Drug use/abuse**  
**Access to primary care**  
**Alcohol use/abuse**

### Some college (93 surveys)

**Mental health**  
**Access to primary care**  
**Drug use/abuse**  
**Affordable housing**  
**Alcohol use/abuse**

### Bachelor's degree or higher (94 surveys)

**Access to primary care**  
**Affordable housing**  
**Mental health**  
**Drug use/abuse, good jobs & a healthy economy (tied)**

## Age

### 18- to 34 year-olds (41 surveys)

**Drug use/abuse, alcohol use/abuse (tied)**  
**Mental health**  
**Affordable housing**  
**Overweight/obesity & suicide (tied)**

### 35- to 49 year-olds (69 surveys)

**Mental health**  
**Drug use/abuse**  
**Access to primary care**  
**Affordable housing, good jobs & a healthy economy (tied)**

### 50- to 64 year-olds (90 surveys)

**Affordable housing**  
**Mental health, access to primary care (tied)**  
**Drug use/abuse**  
**Good jobs & a healthy economy**

### 65- to 79 year-olds (91 surveys)

**Access to primary care**  
**Affordable housing**  
**Mental health**  
**Drug use/abuse**  
**Good jobs & a healthy economy**

### 80+ year olds (12 surveys)

**Access to primary care**  
**Affordable housing**  
**Mental health, falls (tied)**  
**Drug use/abuse, good jobs & a healthy economy, overweight/obesity, cancer, and drinking water quality (tied)**

## Race/ethnicity

### White (263 surveys)

**Mental health**  
**Affordable housing**  
**Access to primary care**  
**Drug use/abuse**  
**Alcohol use/abuse**

### Hispanic (11 surveys)

**Access to primary care**  
**Affordable housing, alcohol use/abuse (tied)**  
**Overweight/obesity, tobacco use/vaping, automobile crashes (tied)**

### American Indian/ Alaska Native (7 surveys)

**Tobacco use/vaping, mental health, Alzheimer's disease, suicide (tied)**  
**Overweight/obesity, automobile crashes, diabetes, good jobs & a healthy economy, heart disease, stroke (tied)**

# What is a Community Health Assessment?

A Community Health Assessment is a process that communities can use to identify their health priorities.

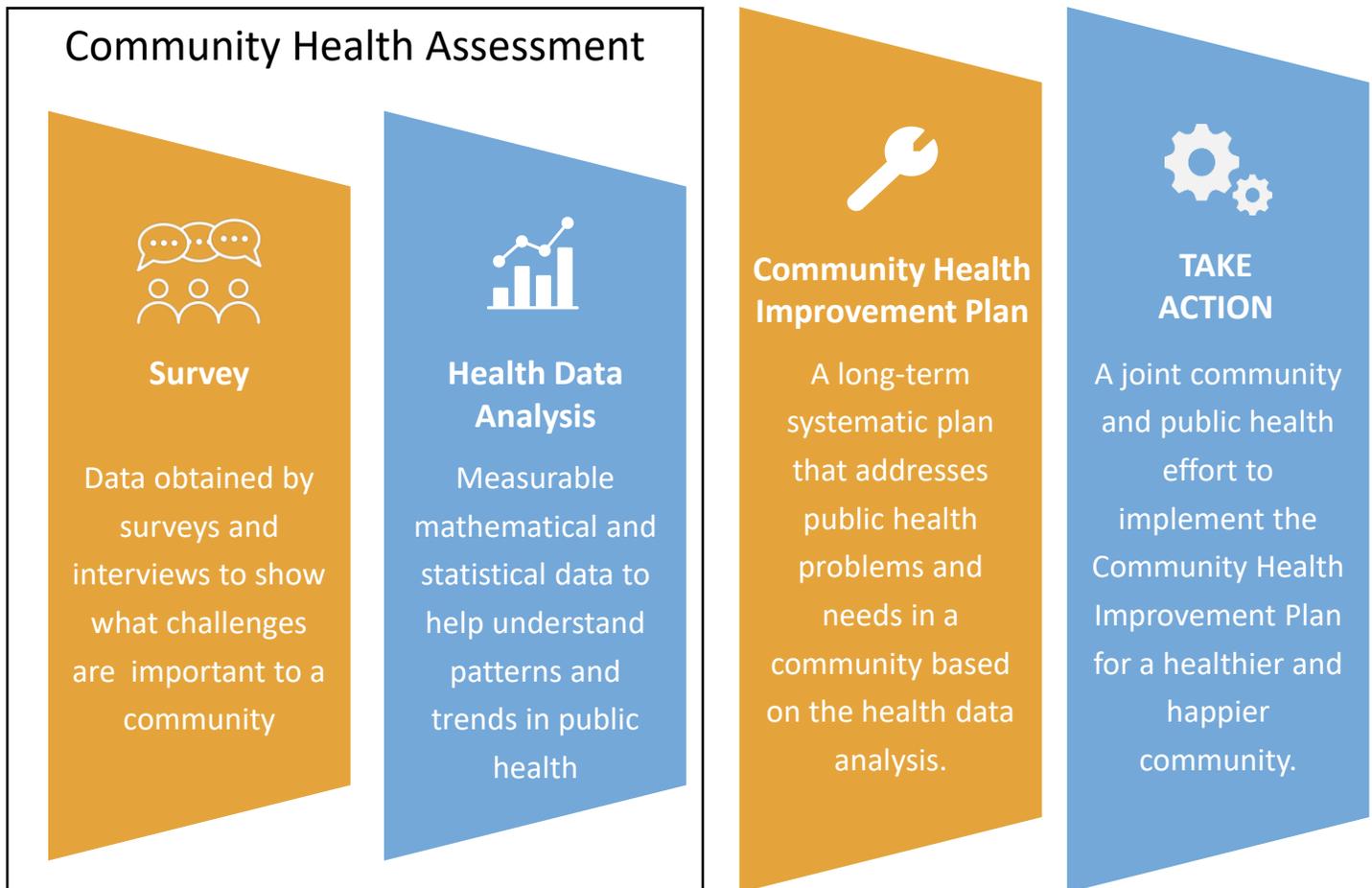
The first step is gathering information from the community about what health priorities they are most concerned with. We did this through our Community Health Needs Assessment Survey; those findings are included in this report.

Based on the priorities identified in this report, we will analyze data related to these priorities, to

better understand the issues.

The next step will be compiling the Community Health Improvement Plan, where we identify ways to address the most pressing concerns identified in the data.

The whole community will be involved in implementing the Community Health Improvement Plan.



# How is our Community Health

## Assessment different?

Community Health Assessments are sometimes led by the organizations conducting them – the organizations decide what data to include, and how to present it.

Our Community Health Assessment is driven by the community throughout the entire process. We start by asking the community what health topics are important to them, and end with the whole community being involved in implementing the Community Health Improvement Plan.

This will help us identify and address concerns for the entire community, including those in our most rural areas, and our smallest demographic groups.

By encouraging active participation by community members, we hope to build trust with our community.

### Wahkiakum Community Health Assessment

### Other Community Health Assessments

#### DATA COLLECTION

#### UNIQUE

- › Community-led assessment data and Community Health Improvement Plan process.
- › Data collected on small population numbers and rural community.

#### COMMON

- › Organization-led assessment data that overlooks what the community thinks is important to them.
- › Data analysis focuses on larger and/or regional populations.

#### BENEFITS

#### GOALS

- › Building trust between public health and its community members.
- › Focus on unique rural and small population needs and challenges.

#### PROS/CONS

- › Data can show what is happening with the state overall without much community involvement.
- › Small populations' concerns and health priorities are not identified.

# How did we collect this information?

Wahkiakum County Health & Human Services created a Community Health Needs Assessment survey to gather information from community members about their most pressing health priorities in the community. We included common public health topics in Washington State as well as researching topics and other Community Health Needs Assessment s from surrounding counties that could be unique to Wahkiakum’s rural nature. We also included a write-in option if a particular topic of personal importance was not included in our list. In addition to the Community Health Needs Assessment topics, we collected survey respondents’ age, sex, zip code location, ethnicity and education level. Respondents could opt out of any questions they did not wish to answer. The survey was open to all residents aged 18 and older.

## Wahkiakum’s Community Health Needs

Assessment was distributed both physically and electronically (via Survey Monkey) to community member between March and July 2023. The electronic version of the survey was posted on social media websites, such as the local Facebook community pages, published in the local newspaper, and distributed via email. The electronic survey was accessible through a weblink and/or QR code that directed individuals to the online survey. Community members could fill out the paper survey on-site, mailing it in after completing it at home, or use the QR or Weblink to answer the survey online. Physical copies of the survey were distributed by attending group community events and meetings and conducting community events and inviting community members to join the event. Some businesses agreed to keep copies of the survey in an easily accessible location within their businesses for community members.

The Community Health Needs Assessment was presented to the following community groups, key leaders, and community partners:

Building and Planning	Johnson Park	Wahkiakum County Assessor’s office
Cathlamet Pharmacy	Key Leader Event	Wahkiakum County Auditor’s office
Cathlamet Women’s Club	Local business owners	Wahkiakum County Health and Human Services
Chamber of Commerce	Prosecutor’s office	Wahkiakum County Treasurer’s Office
Church groups	Public works	Wahkiakum Public Library
Community Garden	Recovery Navigators	Wahkiakum School District
Community Network	Resource Fairs (both west end and east end)	Washington State University Extension office
Dispatch and Corrections	Senior lunches (both west and east end)	
District Court	Sheriff’s Department	
Fair Board	St. James Family Center	
Family Health Center	Superior Court	
Health & Human Services Advisory Board	Town of Cathlamet	

# How did we collect this information?

Community members outside of these groups were met through resource fairs, face-to-face interactions and interviews, targeted advertisement as well as entertainment and recreational establishments. Wahkiakum HHS was present during two major events held in Wahkiakum County – PIGYS and Bald Eagle’s Day festival. Surveys were handed out in person at these events as well as an electronic survey was available on County iPads.

Wahkiakum County Health & Human Services partnered with Wahkiakum Community Network and hosted a Key Leader event where the survey and Community Health Assessment & Community

Health Improvement Plan information was presented. Key Leaders along with their friends and family members attended the event.

In addition to questions about respondents’ health priorities, we collected information about their demographic characteristics – age, gender, region of county they live in, race/ethnicity, and level of education. By comparing survey responses against population estimates, we could identify demographic groups with relatively low response rates. This allowed us to see which groups were harder to reach for us to be able to put more focus on reaching those groups.



# How did we analyze these data?

We received a total of 313 surveys. Five (5) surveys listed a zip code outside of Wahkiakum county. We excluded those surveys to ensure that we heard only from community members of Wahkiakum County so that the Community Health Improvement Plan can address this community's specific needs that are important to them without having to share the concern with the bigger surrounding counties as a region.

To avoid excluding Wahkiakum residents who did not want to provide their zip code on the survey, we included the six (6) surveys that did not report a zip code. Of note: even if all these surveys were from residents of an outside county, they only represent 2% of the total surveys and are unlikely to impact our findings significantly.

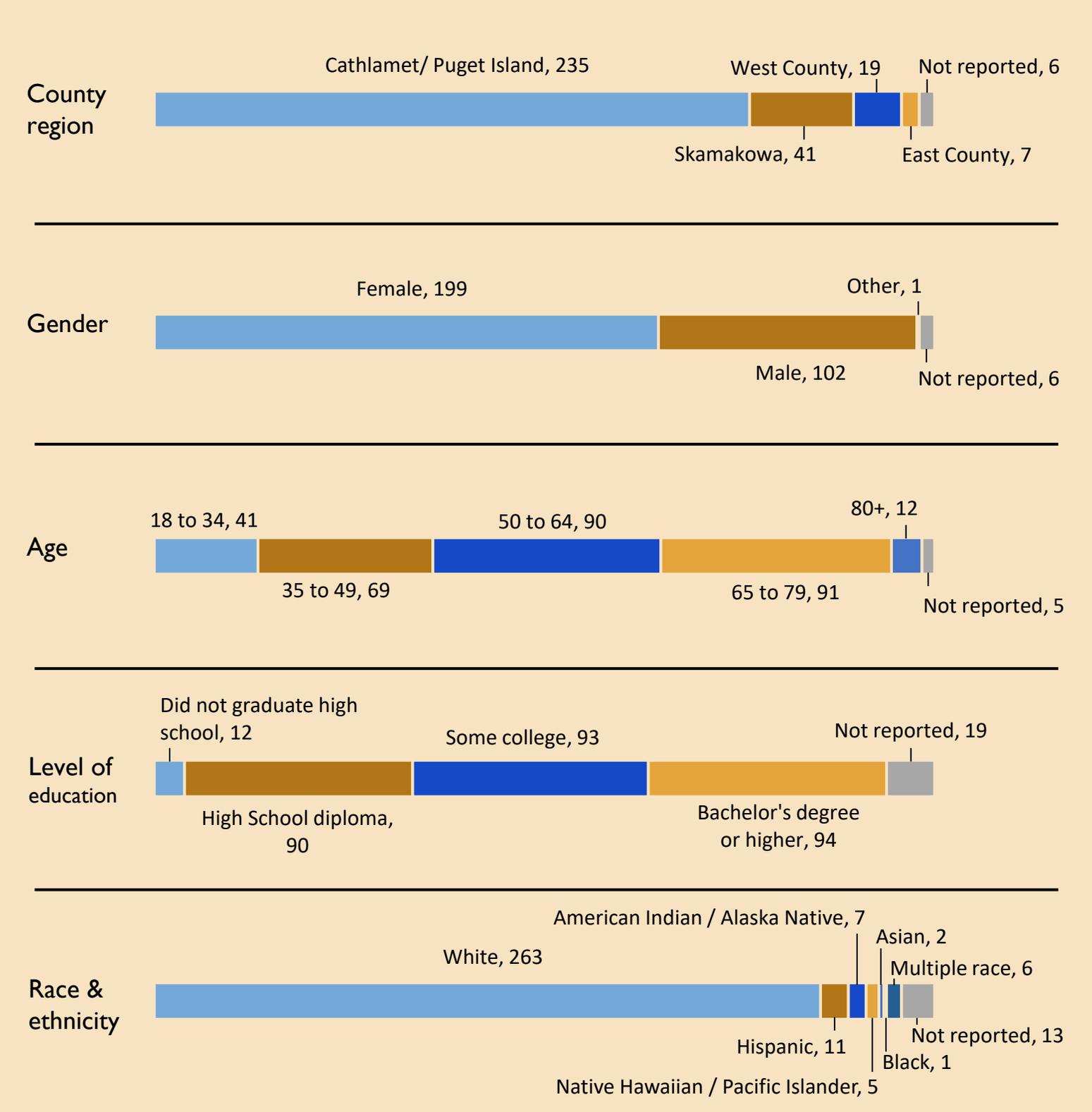
After identifying surveys to include in our analysis, we tallied the number of surveys that marked each health topic. In addition, we listed the top 5 health priorities for demographic groups with at least ten (10) surveys,

Zip codes were combined into four county regions:

- Cathlamet / Puget Island – 98612
- East County - 98632
- Skamokawa – 98647
- West County – 98621, 68638, 98643

# Who responded to our survey?

This page provides the number of people in each demographic group who responded to the survey. This helps us understand the type of people that are included in our data.



# How well do our survey results represent the whole county?

This page provides the percent of the adult population (aged 18+) that responded to the survey, both overall and by demographic group. This can help us understand how well our results represent the whole county.

	Surveys	Population estimates*	Estimated percent of population that responded to the survey
Total adult population	308	3,557	9%
Bachelor's degree or higher	94	681	14%
Some college	93	1,553	6%
HS diploma	90	1,054	9%
No HS diploma	12	276	4%
Cathlamet / Puget Island	235	3,032	8%**
West County	19	868	2%**
Skamokawa	41	499	8%**
East county	7	23	30%**
18-34	41	510	8%
35-49	69	518	13%
50-64	90	970	9%
65-79	91	1,167	8%
80+	12	392	3%
Female	199	1,792	11%
Male	102	1,765	6%
Other	1	not available	-
White	263	3,262	8%
Multi-racial	6	105	6%
Hispanic	11	103	11%
Asian	2	41	5%
American Indian	7	37	19%
Black	1	7	14%
Pacific Islander	5	5	100%

Based on their population size response rates, our overall findings likely lean towards the views of residents who have a **Bachelor's degree or higher**, live in **Cathlamet or Puget Island**, are **middle-aged**, or are **female**.

Race/ethnicity figures are too small to draw strong conclusions.

Because of this, we've broken down survey responses by demographic group when possible, to help the reader better understand our community's priorities.

\*Population data for demographic groups were not available from one data source; we used the most current and accurate source we could find for each demographic group. Because population estimates come from different sources, the sum of estimates for each demographic may not match each other, or the total adult population. Level of education figures were taken from American Community Survey data (5-year estimates, 2016-2020). All other demographic group figures, and the total adult population estimate, were taken from the Washington State Office of Financial Management's 2020 population estimates.

\*\*County region data were not available by age group, so this percent represents the percent of the entire population and is not comparable to the other demographic group figures.

# How many surveys marked each health topic?

This page provides number of surveys with the health topic checked, using the exact verbiage from the survey, along with the percent of surveys, organized from the most to the least number of votes.

	Votes	Percent of surveys		Votes	Percent of surveys
Mental health	206	67%	Teen pregnancy & birth	44	14%
People being able to afford / lack of affordable place to live	196	64%	Oral health	43	14%
Access to primary care (being able to see a doctor or nurse for checkup or when you are sick)	189	61%	Stroke	36	12%
Drug use / abuse	181	59%	Outdoor air quality	34	11%
Good jobs and a healthy economy	151	49%	Access to prenatal care (being able to see a doctor or nurse when a woman is pregnant)	34	11%
Alcohol use / abuse	150	49%	Drowning	34	11%
Overweight/obesity	128	42%	Pesticide exposure	33	11%
Diabetes	112	36%	Sexually transmitted infections & HIV	32	10%
Domestic violence & sexual assault	102	33%	Racism	32	10%
Physical activity (exercise)	97	31%	Unintended pregnancy	30	10%
Heart disease	96	31%	Lung diseases	29	9%
Alzheimer's disease / dementia	92	30%	Bone issues / Osteoporosis	28	9%
Tobacco use / vaping	89	29%	Indoor air quality	19	6%
Cancer	87	28%	Sexual Health - preventing STDs and unwanted pregnancies	16	5%
Falls	82	27%	Food borne illness (getting sick from food contaminated germs)	14	5%
Drinking water quality	80	26%	Hepatitis	14	5%
Child abuse / neglect	77	25%	Traumatic brain injury	13	4%
Suicide	75	24%	Gun-related injuries	12	4%
Nutrition	73	24%	Infant mortality (dying before 1st birthday)	10	3%
Automobile crashes	72	23%	Homicide	9	3%
Vaccines	64	21%	Prematurity	7	2%
How much education people have	63	20%	Low birth weight	6	2%
Crime	58	19%	Tuberculosis	3	1%

# What health topics did respondents write in?

In addition to a list of health topics to choose from, we provided a space for respondents to write in health topics that weren't included. This table displays those write-in responses, along with the number of people who wrote them in.

	Votes	Percent of surveys
Support for elderly population - caregiving, transportation, etc.	4	1.0%
Access to naturopathic medicine	3	1.0%
Availability of rental housing	2	1.0%
Parking	2	1.0%
Activities for teens & preteens	2	1.0%
Food insecurity	2	1.0%
Resources for autism	1	0.3%
More pro-life advocacy	1	0.3%
LGBTQ+ issues, radicalization of youth	1	0.3%
Transportation outside of city limits	1	0.3%
Availability of health insurance plans for seniors	1	0.3%
Why are people having so many twins	1	0.3%
Access to gym	1	0.3%
Access to a community center	1	0.3%
Truth about the dangers of the COVID vaccine	1	0.3%
Infectious disease	1	0.3%
Influence of social networks in the criminal justice system - if you aren't part of those networks, you aren't treated fairly	1	0.3%
Lack of resources	1	0.3%