

# CHANGING OUR FORECAST

State of Women and Children in Spokane County



give  
support

abuse

food

poverty

money

family



women  
HELPING  
women  
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## LETTER FROM WOMEN HELPING WOMEN FUND BOARD

Women Helping Women Fund (WHWF) was founded in 1992 by six pioneering women passionate about developing a philanthropic fund focused on improving the lives of women and children in Spokane County. Their legacy continues today with a board of directors and staff who bring their collective experience and enthusiasm together to drive change for our region's most vulnerable citizens.

This report signifies a shift in focus for our organization. We have always taken our responsibilities to our donors very seriously and read diligently over grant applications, conduct robust site visits and ask a million questions. But while doing so, we kept asking ourselves, "Are we making a difference? How can we know where we can make the most difference? Where should we focus our attention to make a lasting and deep impact on issues facing women and children?"

It became quickly apparent that we had access to health, economic and non-profit data from many, many different organizations. We asked — what if we synthesized that data through a lens focused on women and children? Not only would we be able to see where the greatest need was and adjust our funding to strategically and proactively tackle issues, we could also track need over time to see if we were helping to actually make a difference. In addition, we could share this information with non-profit agencies, city and county officials, and other organizations to help focus on areas that the data indicated were gaps and needed attention.

In 2016, WHWF established a Community Needs Working Group and partnered with Spokane Regional Health District's Data Center to develop a report and data visualization dashboard focused on those indicators that most clearly impacted women and children. A Steering Committee was assembled to leverage the expertise of stakeholders from the public, private and non-profit sectors. Steering Committee members included representatives from WHWF, Spokane Regional Health District, Innovia Foundation, MultiCare Health System, Providence Health Care, and Eastern Washington University.

This project is bounded by optimism, focused on Spokane's many attributes that can positively contribute to a better future for all children and women who live here. The county boasts an engaged business community and a municipal government that is investing in infrastructure and affordable housing. The area features multiple Spokane-based universities and institutes of higher education that collaborate with decision-makers on innovative community-based partnerships. A group of generous local philanthropists continue to demonstrate their commitment to investing in the well-being of all Spokane's citizens. Last but not least, there are many non-profit organizations and initiatives focused on improving the lives of women and children here.





This project was truly a collaboration across a multitude of talented and skilled team members from Spokane Regional Health District, Innovia Foundation, MultiCare Health System, Providence Health Care, and Eastern Washington University. It is with profound gratitude that we thank every one of you. Your contributions were critical and we could never have gotten to this point without your support.

Finally, we offer this report to the community of Spokane in the hope that this will shine a light on data that will drive informed decision-making in regards to the situation of women and children. This report is not the end. This is only the beginning. We will continue to update the indicators and report annually on areas where we know we can make a difference.

And as the report shows, we have a lot of work to do. But we know that we can do it together.

Heather Hamlin  
*Executive Director, WHWF*

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 Proxy for Adverse Childhood Experiences (ACEs)

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# Introduction

The health and well-being of women and children are essential to vibrant and productive communities. This led WHWF to ask, *how are Spokane County women and children doing?* That is the question at the heart of this project.

- What are the factors that impact their quality of life?
- How do income and poverty, and their multiple physical and psychosocial stressors, affect women and children?
- Are there additional impacts on people of color?
- What about education?
- Do all women have equal opportunity?

All of these factors converge to impact the financial security of women and children and public perceptions of social status and class in this community.

*"I would like to have it be that when you meet someone, no one passes judgment, if we could get to a society where we don't pass judgment."*

*~Discussion participant*

This project confirms that social and economic factors in Spokane County are key in determining the quality of life for women; by extension, they strongly influence the lives of children and families here. Opportunity and privileges are unequal. Therefore, life experiences, and health and well-being, especially among those living in poverty, are unequal. The data tell a story of intergenerational poverty and adversity, leading to an unhappy forecast — a future — that is bleak for some women and children unless their circumstances change.

The story of "Our Girl" is used to illustrate the data. Our girl could be any girl, but born into adverse circumstances, her forecast is more likely to be dim.

## Who is "Our Girl" Born To?

More than 1 in 7 children in Spokane County are born to a low-income single mom who has a high-school degree/GED or less.



FIGURE 1. BIRTHS IN SPOKANE, BY MOTHER'S CHARACTERISTICS, 2017

Source: DOH, Birth Certificate Data

In many ways, Spokane County is a vibrant, thriving community — there are numerous initiatives particularly focused on helping women and children reach their full potential. There are many positive examples to build on, to bring together for greater combined impact. These examples draw upon the collective goodwill and collaborative nature of this community. Yet, many women and children in our community are still struggling, and there is so much more to be done.

***Opportunity: Understand and appreciate that all are not equal in Spokane County. Encourage equitable opportunity for all.***

Consider a baby girl born in present-day Spokane County. What circumstance is she born into? Chances are our girl is born to a mom with only a high school degree. Considering that 49% of children born in the county are to low-income mothers†, there's a 50/50 chance that she is born into a household challenged by poverty. Chances are her single, working mom earns approximately three-fourths that of her male peers.† There is a good chance her mom is struggling to afford basic necessities like food and housing. The data in this report will follow that girl — the one starting out in life with the odds against her.

***Opportunity: Invest in programs that strive to increase prenatal care and supports for pregnant women.***

Accordingly, even before she was born, it's probable her mom had challenges accessing adequate prenatal care. There's also the possibility that while pregnant, her mom, like many women in Spokane County regardless of income, was a victim of domestic violence. Or, she struggled with substance misuse as a coping mechanism for difficulties experienced in her own childhood or stressors she's currently experiencing.

***Opportunity: Examine policies that support greater availability of affordable, quality child care, and those that help new parents, like family-friendly workplace policies.***

After our baby girl is born, her mom, like many others, will likely have to return to work too soon, during a period in baby's development where bonding is crucial. If her mom can find an open child care slot, it may not be quality, nor affordable — consider that the median monthly cost of child care in Spokane for one preschooler and one infant in 2017 was \$1,521.† The median monthly income of married-couple

families with children during that year was \$3,080, meaning they could be spending 49% of their income on child care alone.†

***Opportunity: Support efforts to mitigate the effects of trauma; encourage policy and changemakers to invest in efforts to prevent family violence, in all its forms.***

There's also a chance our girl was a victim in one of the **50,000 cases** of abuse or neglect in the county in the past decade†, and/or was further traumatized by witnessing domestic violence in her home. From what she's learned from her experiences so far, and without examples of healthy relationships, the stage is set for her to enter into abusive relationships as an adult, continuing the cycle.

If trends do not improve, by the time this child enters kindergarten, she will probably not be ready, especially if she is a child of color, validating national research that children receive dramatically different educational opportunities depending on their race and social class.<sup>1</sup>

***Opportunity: Champion inclusive, quality early childhood programs and wrap-around supports, as all children deserve to start school ready, regardless of the color of their skin.***

She will join a collective of kindergartners with some of the lowest immunization rates in the nation†, having been placed at risk for preventable and serious infectious diseases. Compounding this vulnerability is the fact 60% of Spokane children have dental decay† — the most common chronic condition of childhood. Tooth decay can further impact our girl's self-esteem and success in school, something easily prevented if the water she had access to was fluoridated.

***Opportunity: Get involved in community and neighborhood, be a supportive adult in a child's life or support programs that help make these connections.***

If present-day circumstances do not change, she and many baby girls will be at higher risk to be bullied than their male peers. If trends remain, there is a one in three chance she will become depressed, more so if she is a child of color. Compared to boys her age, she may be twice as likely to seriously consider suicide.†

If nothing changes soon, if she is low-income, our girl's chances of graduating high school are less than those of her peers — if she is Alaskan Native or American Indian, there is only a 50% chance she will graduate. It is also 50/50 if she will have the opportunity to pursue some form of higher education. Without a bachelor's degree or graduate/professional degree, she is likely to have significantly lower earnings than her peers with degrees. She will be hard-pressed to afford basic necessities, as median earnings for a woman in Spokane County with only a high school diploma/GED are \$25,600.†

**Opportunity: Build a foundation of trust by standing up with women and survivors of violence. Collectively invest in and bolster community resources that empower and enable women to leave abusive relationships.**

As an adult in Spokane, if something doesn't change, especially if she's been exposed to violence in her home, she is likely to be a part of Spokane County's significantly higher rate of domestic violence compared to the state, potentially caught in the very same cycle as her mom. By this time, her adverse childhood experiences score (see sidebar) will be unacceptably high, as it is for 30% of Spokane County adults.

**Opportunity: Advocate for more, and better access to, behavioral health services.**

The compounding stress of our girl's life thus far might make her part of the nearly one in four Spokane County women who receive some form of assistance or treatment for emotional or mental health issues — that's if she can find a provider who takes her insurance or a way to get to and from the appointments.†

If there are not improvements in opportunities for our girl, the forecast for her future may remain dim, and if she becomes pregnant, her child may have similar challenges. In the absence of significant factors that provide a buffer against adversity, like quality services or caring people intervening along the course of her life, our girl may follow the path of many women like her, perhaps that of her own mother. With less education and lower income our girls' own children will be born into poverty and their future may be equally dim, as the entire cycle begins again.



Childhood trauma is of significant interest to project sponsors.

## Adverse Childhood Experiences (ACEs)

are stressful or traumatic events, including exposure to violence, and are linked to lifelong health and opportunity.

For details, see next page.



Proxy for Adverse Childhood Experiences (ACEs)



# Report Organization

This report is organized into four key developmental stages — birth, early childhood, youth and young adult. These sections are further divided by issues, or topical areas, of primary interest identified by stakeholders — Spokane area experts and nonprofit organizations focused on women and children. These stakeholders were surveyed about their work and interest in women’s and children’s issues. Their input was used to identify and prioritize the four key interest areas that guided the selection of indicators included in this report. The issues are:



Poverty



Education



Safety



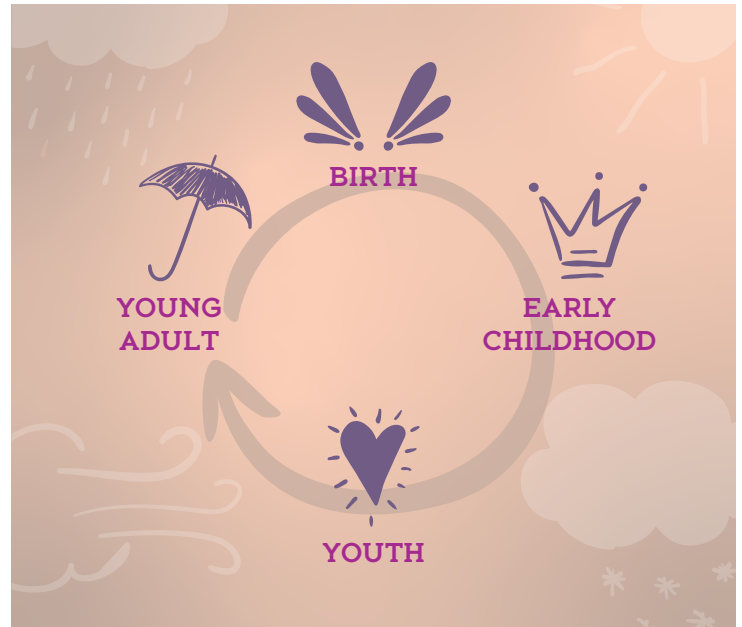
Health

*(Including Mental Health and Substance Use)*

Many different indicators in these four categories were analyzed during the development of this report. What stood out across the multiple data points analyzed was the relationship between poverty and other issues evaluated. Due to the importance of these findings and the expressed interest of stakeholders, the authors attempted to frame this report in a way that demonstrates the importance of poverty and childhood adversity and their potential to cycle across generations. Select indicators are included that show this linkage and are framed within the key developmental stages of early life to young adulthood.

## Key Stages of Human Development

The four key developmental stages in this report were selected due to their significance to the perpetuation of generational poverty and childhood adversity.



## Adverse Childhood Experiences

Childhood trauma was found to be of significant interest to project sponsors and surveyed stakeholders, as well as many other organizations and individuals in Spokane County. Some of the indicators shown were chosen as proxies for, or as indicative of, Adverse Childhood Experiences (ACEs). ACEs are stressful or traumatic events, including exposure to violence, and are linked to lifelong health and opportunity. Centers for Disease Control and Prevention (CDC) found associations between ACEs and risky health behaviors, chronic health problems, lower earnings potential and earlier death. There are 10 types of ACEs, typically subdivided into three main categories of 1) abuse (physical abuse, sexual abuse and emotional abuse); 2) household challenges (mental illness of a household member, substance abuse by a household member, parental separation/divorce, incarceration of a household member or domestic violence toward a parent) and 3) neglect (emotional neglect and physical neglect).

One's ACEs score is a measure of one's cumulative exposure to these adverse childhood conditions. As ACEs scores increase, so does the risk for adverse outcomes in adulthood. Yet, there is no singular, reliable source of information about the level of ACEs in a community. Therefore, throughout this report readers will see the symbol ☁️ to call out indicators that are proxies (provide helpful perspective) of ACEs. These are meant to prompt the reader's consideration of how the "not ok things" in the lives of children and women, which are also largely beyond their control, perpetuate poor outcomes in health and well-being.

### Income Proxies

Income levels are not always available for all types of data. In many data sources, however, there are proxies, or data points that are considered indicators of poverty/low income. When income data were not available, the following proxies were used to indicate poverty/low income:

- *Free/Reduced-Lunch Eligibility (FRL)* — children/youth are eligible for free or reduced lunch when their family receives Temporary Assistance for Needy Families, or Basic Food Program benefits through Department of Social and Health Services; all foster children and other children in that household; homeless students, migrant students in Early Childhood Education and

Assistance Program/Head Start, and households at or below 150% of Federal Poverty Level (FPL).

- *Medicaid/Government-Supported Health Care* — households are eligible for Medicaid with incomes at or below 138% FPL.

### What We Heard

To help illustrate the data with the lived experiences of women in Spokane, discussions were held with eight female residents of Spokane County. Though not exhaustive or representative of all women in Spokane County, the discussions were designed to gather information relative to:

- Perceptions of a fulfilling life
- Opportunities here for achieving a fulfilling life
- Obstacles in Spokane County to achieving a fulfilling life

Summary findings and quotes from the women who participated can be found throughout the report.

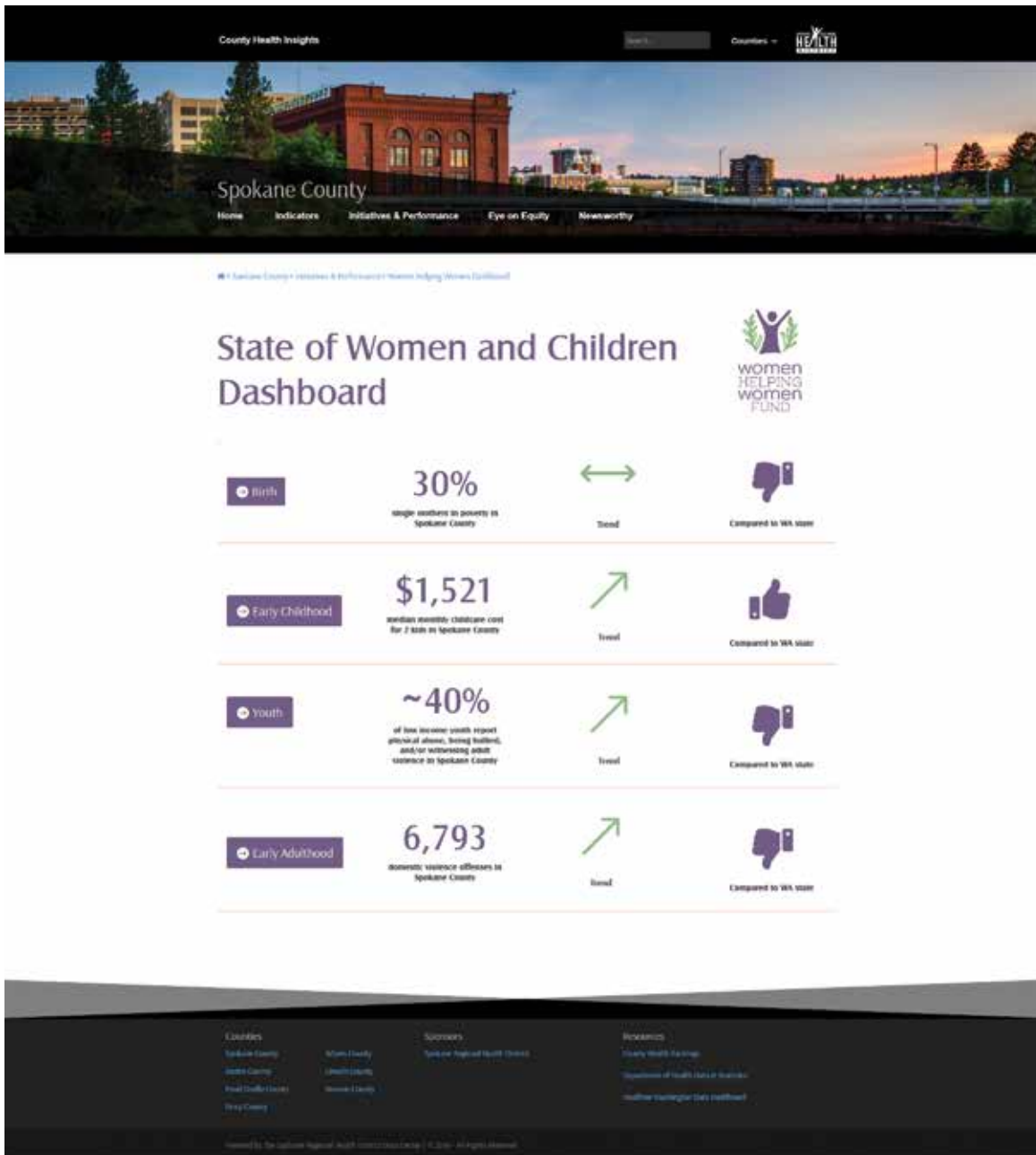
### Acronyms

Acronym descriptions can be found on page 65 of this report.



# Companion Dashboard

Project stakeholders are interested in tracking the status of women and children over time and encouraging investments in key issues impacting generational poverty and overall well-being. In addition to this report, a complementary online dashboard hosts a selection of the most currently available data. It can be found at [whwfspokane.org/changing-our-forecast](http://whwfspokane.org/changing-our-forecast). The data dashboard can be used by the community as an ongoing source of reliable information.



# Section 1: Birth

This section examines the conditions before and when a baby is born in Spokane County. To view this in the same lens as our introduction, we're looking at the days leading up to our baby girl's birth and her fledgling days that follow, both in terms of family income and education, as well as opportunity generally. By combining a focus on these factors, as well as on trauma, it offers a rich and layered understanding of how her health and quality of life may develop over time.

Ideally, her mom was able to attain education beyond high school and is earning a livable wage. In a perfect world, her mom is safe from physical abuse and other stressors, and free from opioid and other substance use during her pregnancy. Hopefully, she was able to access adequate prenatal care.

## KEY FINDINGS

- Fifteen percent of Spokane families (approximately 19,280 households) fell below FPL. Another 25% (31,720 households) could not afford a 'bare bones' living standard, as defined by United Way's Asset-Limited, Income Constrained, Employed (ALICE) Project.†
- Opioid addiction put some babies in Spokane County at risk of lasting developmental damage. There were 78 opioid-exposed infants born in 2017.
- Accessing adequate prenatal care continued to be a struggle, in particular for low-income women, with only 69% of these mothers receiving adequate prenatal care, compared to approximately 85% of higher-income women.



## Poverty

A child's future health and well-being are affected by the economic class into which they were born. Any child born into poverty is more likely to have poorer health, lower educational attainment, and face more adversities than a child born into an economically stable family.<sup>2</sup> The share of Spokane families who are struggling with low income has not changed, even though the unemployment rate has declined.<sup>3</sup> Living in poverty impacts women and children in a variety of ways; in this section, both FPL and ALICE measurements of poverty are considered.

## FEDERAL POVERTY LEVEL

FPL is used to measure a household's poverty status and is adjusted each year for inflation. Note that FPL is issued yearly to determine eligibility for certain programs and benefits; FPL for households of one to four members in the lower 48 states for the past three years are shown in Table 1.

TABLE 1. FEDERAL POVERTY LEVEL GUIDELINES

| Household Size | 2016 FPL Guidelines | 2017 FPL Guidelines | 2018 FPL Guidelines |
|----------------|---------------------|---------------------|---------------------|
| 1              | \$11,770            | \$12,060            | \$12,140            |
| 2              | \$15,930            | \$16,240            | \$16,460            |
| 3              | \$20,090            | \$20,420            | \$20,780            |
| 4              | \$24,250            | \$24,600            | \$25,100            |

Source: U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, Poverty Guidelines

Annual household income at this level is considered by federal authorities "adequate to meet basic necessities."<sup>4</sup> Figure 2 shows that in 2017, 15.2% of all Spokane County families (one or more adults with one or more children) live at or below FPL.<sup>4</sup>

When looking at families with married adults, 8.3% are in poverty, while nearly 30% of single-female-headed families live in poverty.

*"I deal with [poverty] every day with my job, so it impacts me on a daily basis. Poverty looks like anyone. It could be you because of divorce, losing everything."*

~Discussion participant

poverty



social determinants



neglect



connection

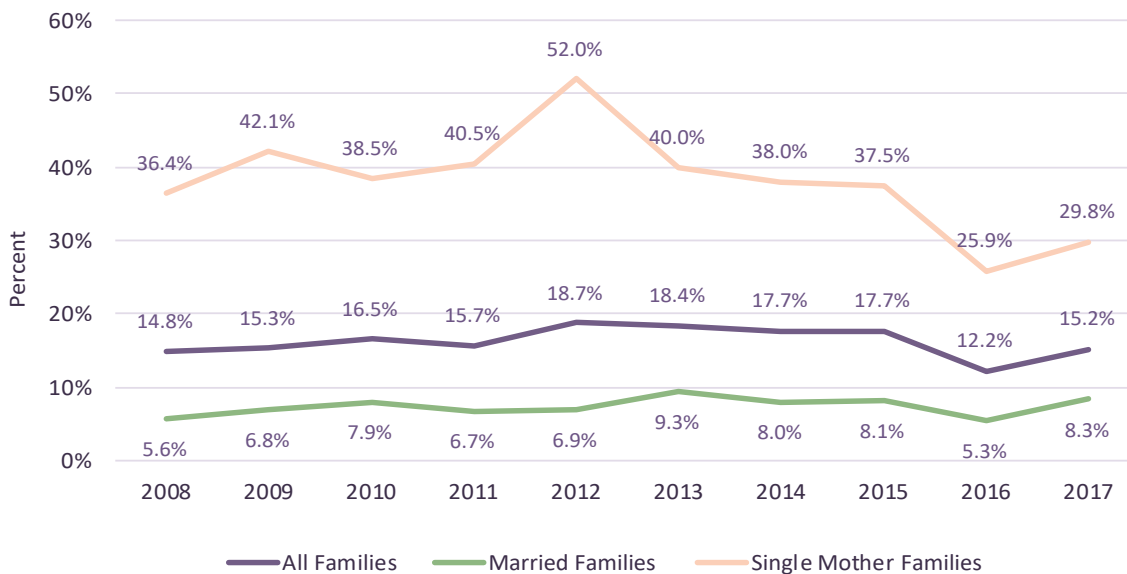
Love

joy



sCarCity

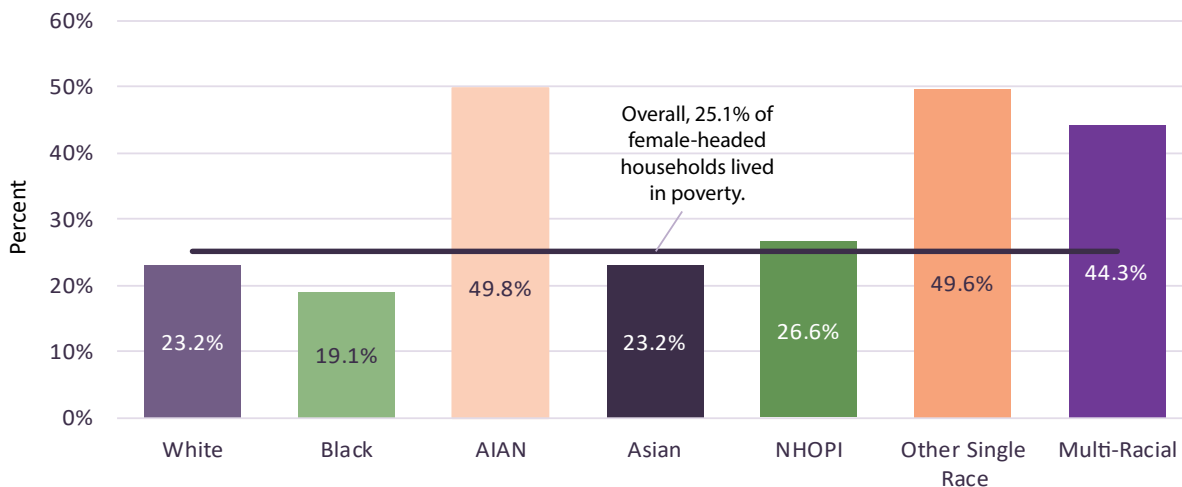
**FIGURE 2. FAMILIES LIVING IN POVERTY, SPOKANE COUNTY**



Source: U.S. Department of Commerce: U.S. Census Bureau — American Community Survey (ACS)

Consider that the median monthly housing cost in Spokane County in 2017 was \$11,640.<sup>5</sup> A single mom of two children making \$20,420 would have to spend about 57% of her annual income just on housing, leaving very little for other basic necessities.

**FIGURE 3. SINGLE-FEMALE-HEADED HOUSEHOLDS (WITH OR WITHOUT CHILDREN) LIVING IN POVERTY BY RACE, SPOKANE COUNTY, 2013-2017 (5-YEAR AGGREGATE)**



Source: U.S. Department of Commerce: U.S. Census Bureau — ACS

A closer look at single-female-headed households (with or without children) showed distinct inequities by race. Aggregating five years of data, Figure 3 shows that single-female households of color — except for blacks and Asians — are more likely to live in poverty than white single-female-headed households.

Many public agencies and policymakers acknowledge that FPL underestimates the number of struggling American families. It is not surprising, then, that many federal programs allow families up to 200% of FPL to access benefits and subsidies

designated for low-income populations. For example, children in families below 185% FPL are eligible for free- or reduced-price lunches. In Washington state, Medicaid is granted to adults with income less than 130% FPL.<sup>6</sup>

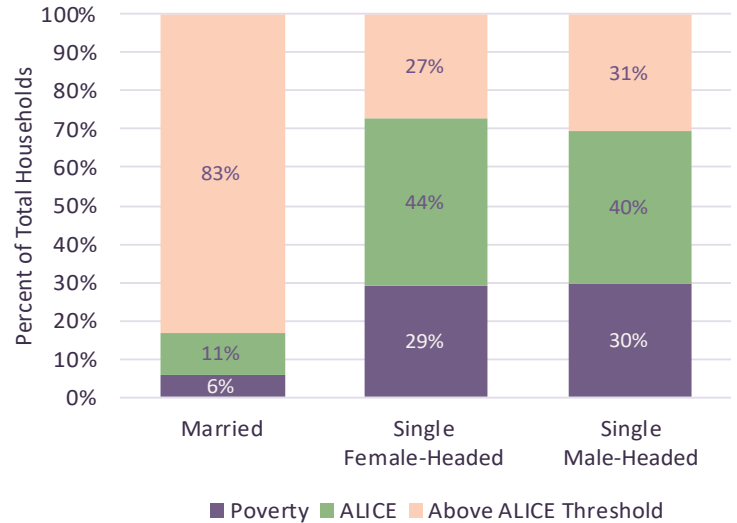
## ALICE PROJECT

The United Way undertook a project to determine a more “real-life” model of the income needed for “bare bones” living standards. The ALICE Household Survival Budget Project uses numerous data sources around actual cost of living in a given county or metropolitan area to determine a more realistic cost of basic necessities. It then re-calculates the percent of families whose income (including public and nonprofit assistance) falls at or below the threshold of minimum income to meet basic needs.<sup>7</sup>

ALICE calculations indicate that in 2016 (most recent data available), a family of four (two adults, two children) in Spokane County would need to make \$58,968 annually to meet basic needs, based on median prices for child care, food, housing, etc. Compare this to a 2016 FPL of \$24,250 for a family of four.

Figure 4 shows that approximately 6% of married families were in poverty according to FPL in 2016, but ALICE indicates that another 11% would be under its threshold and unable to meet the cost of basic needs. The situation is significantly worse for single-adult-headed households: almost three-fourths of single-female-headed households fall below the ALICE threshold, and 70% of single-father-headed households. This means about 15,150 single-female-headed households could not afford basic needs in 2016.

**FIGURE 4. FAMILIES WITH CHILDREN LIVING IN POVERTY/BELOW ALICE THRESHOLD, SPOKANE COUNTY, 2016**



Sources: United Way: The ALICE Project — Washington Counties; U.S. Department of Commerce: U.S. Census Bureau — ACS



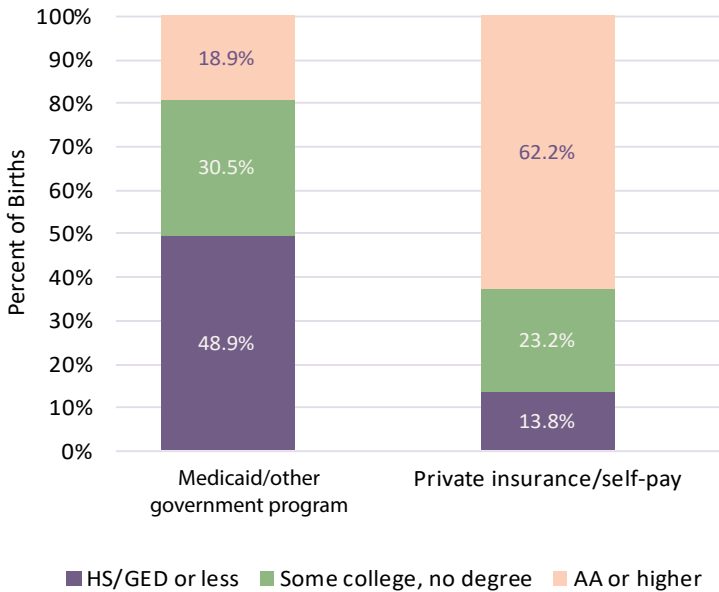
## Education

### BIRTHS BY MOTHER’S EDUCATION

In 2017, one-third of all births were to mothers with a high school/GED degree or less, but if a mom were unpartnered/unmarried, there was a 52% chance she had a high school degree or less.<sup>8</sup>

Forty-nine percent of births in Spokane County were to mothers utilizing Medicaid as a source of payment.† Figure 5 shows that mothers with lower educational attainment are significantly more likely to use payment sources such as Medicaid or other government assistance.

**FIGURE 5. BIRTHS BY MOTHER'S EDUCATION AND SOURCE OF PAYMENT, SPOKANE COUNTY, 2017**



Source: Birth Certificate Data, Washington State DOH

Why does this matter? Maternal education is linked to a number of birth outcomes that can contribute to infant death<sup>9</sup> and have impacts lasting into early childhood and beyond.<sup>10</sup> Low birth weight, preterm birth and infant mortality are higher among women with lower education in Spokane County.<sup>11</sup>

## Safety

Safety is a critical factor that impacts every stage of development and can shape overall well-being throughout life. Consider Maslow's Hierarchy of Needs — safety is the second basic need after physical needs such as food, air, water and shelter. Research consistently shows how risks to safety during childhood deeply affect mental, emotional, intellectual and social outcomes through impacts on brain development.<sup>12</sup>

### SAFETY DURING PREGNANCY

Additional research links maternal stress to fetal development. In other words, a mother's stress during pregnancy can interfere with her unborn baby's developing brain.<sup>13</sup> Stress during pregnancy, along with other factors, is monitored through the Pregnancy Risk Assessment

Monitoring System (PRAMS) survey, which defines 'feeling unsafe during pregnancy' as one or more of the following situations:

- Being threatened or made to feel unsafe in some way by a husband/partner
- Being frightened for their own or their family's safety because of anger or threats from a husband/partner
- Feeling controlled in daily activities by a husband/partner
- Being forced to take part in unwanted touching/sexual activity by a husband/partner

During 2012-2015, approximately 3% of Spokane mothers reported feeling unsafe during pregnancy.<sup>14</sup> Given that approximately 25,000 women gave birth in the county during that time period, this means 750 or more pregnant women felt unsafe.†

There is also data for women who report being physically abused in the year prior to getting pregnant. For 2006-2010 (latest data available), 2.2% of births in Spokane County occurred to mothers who reported such abuse by a husband or partner.<sup>14</sup> This represents about 680 women reporting physical abuse in the year before pregnancy.

## Health (Including Mental Health and Substance Use)

Protecting and maintaining health during pregnancy is important to the birth and future development of the unborn child. Nutrition, Exercise, substance use, folic acid intake, exposure to infectious diseases and other factors can all impact fetal development.<sup>15</sup> Medical professionals can help women who are pregnant, or planning to become pregnant, understand healthy steps to take to prevent adverse birth outcomes.

### PRENATAL CARE

Adequate prenatal care is defined as receiving at least 80% of all recommended prenatal visits and having begun at least by the fourth month of pregnancy.<sup>16</sup> Prenatal care is important to reduce pregnancy complications and increase the likelihood of a healthy birth.<sup>17</sup>

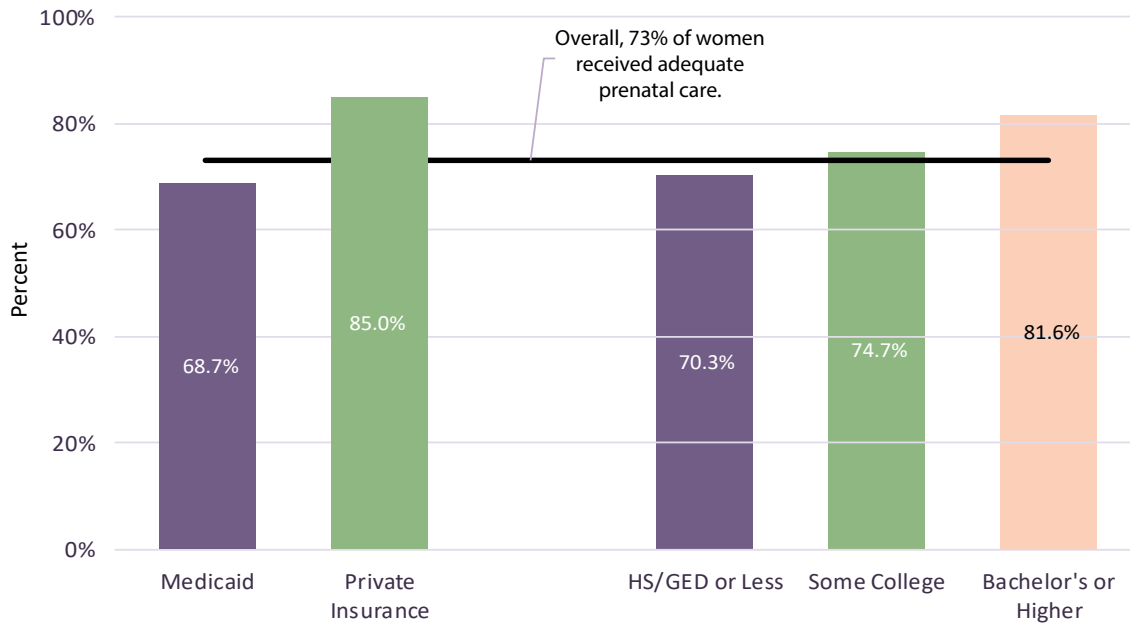
In 2016, 73% of all Spokane County mothers met the standard for adequate prenatal care. The rate dropped slightly from 2007 to 2016, but not significantly.†



However, low-income mothers (defined as those who utilized Medicaid for hospital costs) were significantly less likely to receive adequate prenatal care than higher income women — only 69% of low-income mothers received adequate prenatal care, compared to the 85% of privately insured mothers. Since 49% of Spokane County births in 2016 were to mothers who used Medicaid for hospital costs, this indicates that over 940 mothers using Medicaid did not receive adequate prenatal care, compared to about 510 mothers with private insurance.

Educational attainment was also related to adequate prenatal care — 82% of women who had a bachelor's or higher received adequate prenatal care, compared to 70% of women with a HS/GED or less. Figure 6 shows these disparities.

**FIGURE 6. MOTHERS WHO RECEIVED ADEQUATE PRENATAL CARE, BY SOURCE OF PAYMENT, SPOKANE COUNTY, 2016**



Source: Hospital Discharge Data CHARS, Washington State DOH



## SUBSTANCE USE DURING PREGNANCY ☁️

Prenatal substance exposure can increase risk for poor outcomes. Common adverse birth outcomes include:<sup>18</sup>

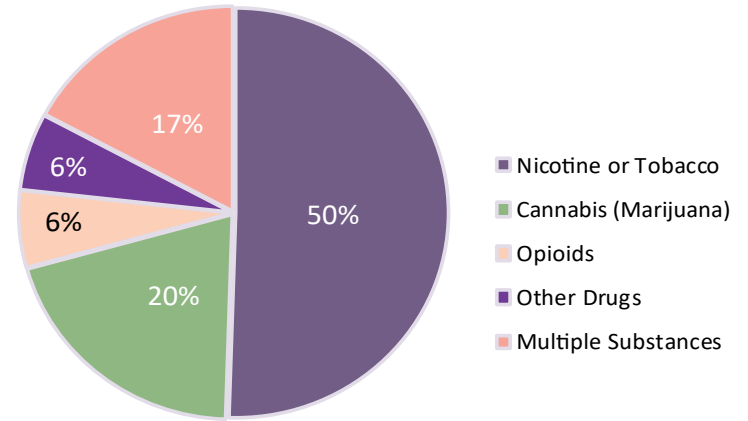
- Increased risk of miscarriage
- Stillbirth and infant mortality
- Low birth weight
- Preterm birth
- Placental abruption
- Infant cognitive impairment
- Being small for gestational age
- Neonatal abstinence syndrome (NAS) (opioid use only)
- Fetal alcohol syndrome (FAS) (alcohol use only)

Other long-term effects of maternal substance-use on children include:<sup>19, 20</sup>

- Adverse cognitive and behavioral effects
- Adverse speech and language outcomes
- Deficits in executive function
- Psychosocial consequences into adulthood
- Higher rates of respiratory issues and ear infections
- Higher rates of sudden infant death syndrome
- Long-term impact on developing brains

Among maternal hospital births in Spokane County in 2016, 11% were diagnosed with substance use-related conditions. Of the 494 individuals diagnosed with substance use during hospital stays for delivery, 247 (50%) were identified as solely using tobacco or nicotine, 100 (20%) were related solely to marijuana use, 32 (6%) were related to opioid use, 32 (6%) were related to the use of other drugs, and 83 (17%) were identified as having used multiple substances. See Figure 7.

**FIGURE 7. MATERNAL SUBSTANCE USE BY TYPE IDENTIFIED DURING DELIVERY, SPOKANE COUNTY 2016**



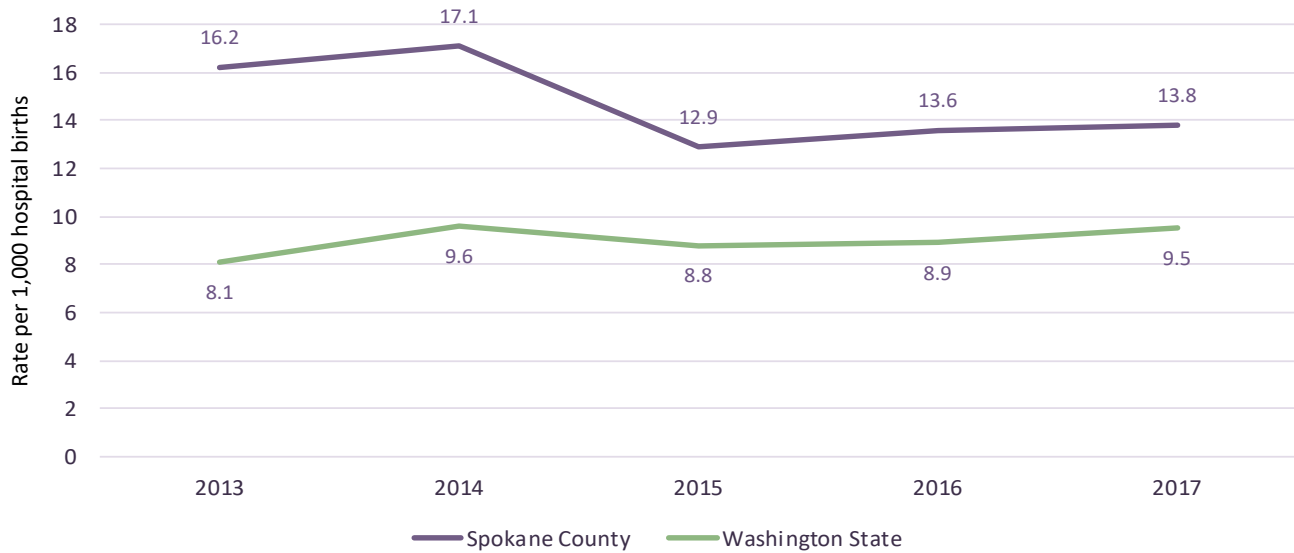
Data source: Washington State DOH, Center for Health Statistics, Comprehensive Hospital Abstract Reporting System (CHARS) 2016

## NEONATAL ABSTINENCE SYNDROME (NAS) ☁️

While all forms of substance misuse can harm individuals and communities, the rapid rise in opioid misuse nationally is at the forefront of health concerns. One aspect of opioid misuse is NAS, where opiate exposure in utero results in infant withdrawal syndrome after birth.<sup>19</sup>

The number and rate of NAS births in Spokane County dropped slightly since 2013, but remains 1.4 times higher than Washington's rate. Figure 8 shows the number of births per 1,000 in which infants were suffering from NAS. In 2017, 78 infants were born with NAS in Spokane County — a rate of 13.8 per 1,000 hospital births.

**FIGURE 8. NEONATAL ABSTINENCE SYNDROME RATES PER 1,000 HOSPITAL BIRTHS, SPOKANE COUNTY**



Source: Hospital Discharge Data, Comprehensive Hospital Abstract Reporting System (CHARS), Washington State DOH

From a national study, it was estimated in 2012 that newborns with NAS averaged 17 days in the hospital versus two days for non-affected newborns. This resulted in an estimated additional \$1.5 billion in costs to hospitals,<sup>20</sup> showing the impacts of NAS to be broader than just the physical or health implications to newborns. There is an economic burden posed as well.

# Section 2: Early Childhood

The indicators in Section 2: Early Childhood follow our baby girl's development from birth toward adolescence and examine whether Spokane County offers her opportunities to be adequately prepared to enter school. Early childhood development is a critical time of growth. Her family's income and financial stability will continue to affect her experiences and her health. Exposure to adversity and violence during this period may have lasting consequences into her adolescence and adulthood, unless these issues are mitigated by caring people and she's provided quality services and intervention.

Optimally, her environment would support her regardless of the color of her skin or her family's income. Ideally, she would not have suffered any abuse or resulting trauma. In a perfect world, she is healthy and prepared to learn, free of cavities and fully immunized to protect her against contagious disease. These factors are all foundational to her continued health and development as she grows. We look again to income and education, as well as access and affordability of child care, to make determinations on how well Spokane is supporting her.

## KEY FINDINGS

- A higher proportion of Spokane's youngest lived below FPL compared to any other age group. The worst rate was for children under 5 years (19%) and the second worst was the rate among 5- to 17-year-olds (15.9%).
- In Spokane County, the average cost of child care (estimated for two children under 5 years of age) was about 25% of the median income for a two-earner household and about 60% of the median income for a single mom.
- There was a critical shortage of child care slots in Spokane County – about a 40% shortage for children of working parents. Availability for low-income women was severely constrained as Washington state child care subsidies cover less than half the average costs of care. As a consequence, many child care centers could not afford to make slots available to women receiving subsidies.
- 62% of Spokane kindergartners were 'kindergarten ready', the lowest rate for the past six school years. Disparities by race/ethnicity and income were

marked: about half of multiracial, Hispanic and Asian kindergartners demonstrated readiness; only 36% of black children entering kindergarten were ready. Only one in every two low-income or homeless children were kindergarten ready.

- Spokane's child abuse rates were significantly higher than the state average, continuing a trend evident over the past decade. DSHS Child Protective Services (CPS) accepted referrals for more than 6,500 cases of abuse or neglect in 2017.
- Child immunization rates were lower than the state average, which was already among the lowest immunization rates in the country.
- 60% of Spokane children had dental decay, a much higher rate than an average metropolitan area. Dental decay is the most common chronic health condition in children, has impacts on children's ability to learn<sup>21</sup>, and is easily preventable through access to fluoridated water.



## Poverty

Early childhood is a critical period for cognitive, emotional, social and physical development. As with prenatal exposure, trauma and socioeconomic stressors during the first years of life, if not mitigated, can have lasting effects on later development and long-term health.<sup>10,22</sup>

## CHILDREN LIVING IN POVERTY

Poverty in childhood is correlated with lower school achievement, and poorer cognitive, behavioral, and attention-related outcomes.<sup>23</sup> While *Section 1: Birth* focuses on circumstances (family status) at birth, this section focuses on early childhood. Using FPL standards, in 2017, nearly 17% of all children 0-17 years, and 19% of all children 0-5 years lived in poverty. Figure 9 shows that the percent of children in poverty increased slightly since 2016.



scary



play



ABC

123



fear

family

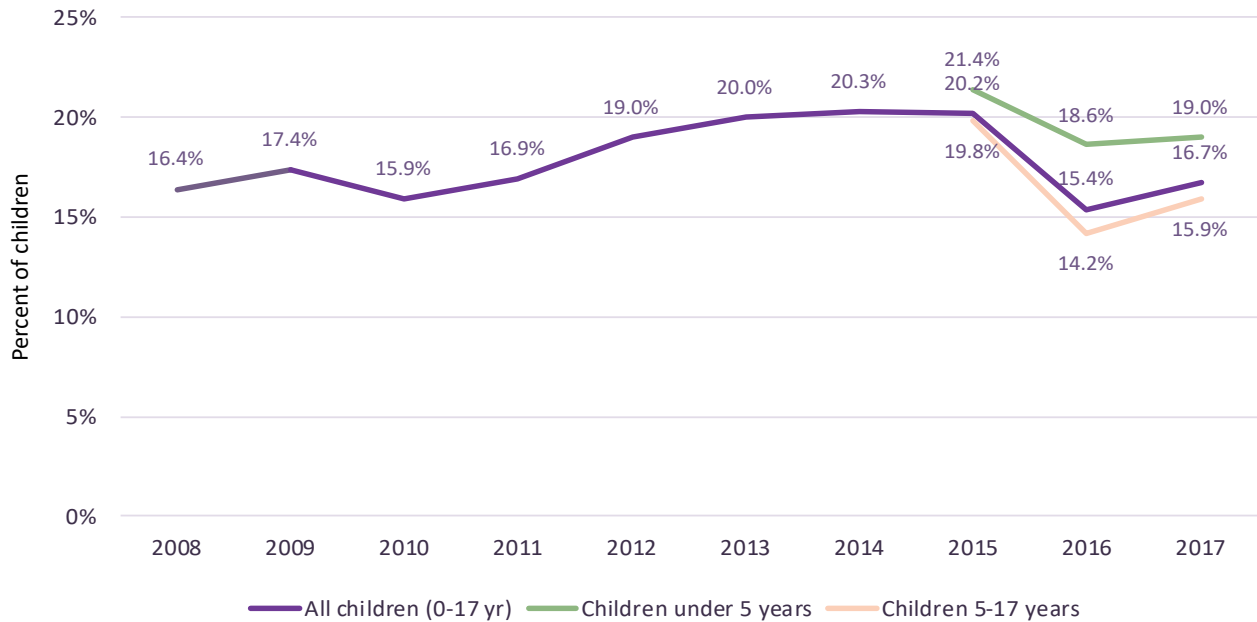
monsters



tears



**FIGURE 9. CHILDREN LIVING IN POVERTY, SPOKANE COUNTY, 2008-2017**



Source: U.S. Department of Commerce: U.S. Census Bureau — ACS

## CHILD CARE COSTS

Child care costs are consistently cited as one of the largest expenses for families with preschool-aged children. Washington ranks among the 10 least affordable states for child care.<sup>24</sup> Figure 10 shows that over the last few years, nearly half of the median income of a single-female householder in Spokane County was necessary to pay the median cost of child care for two children under 5 years of age.

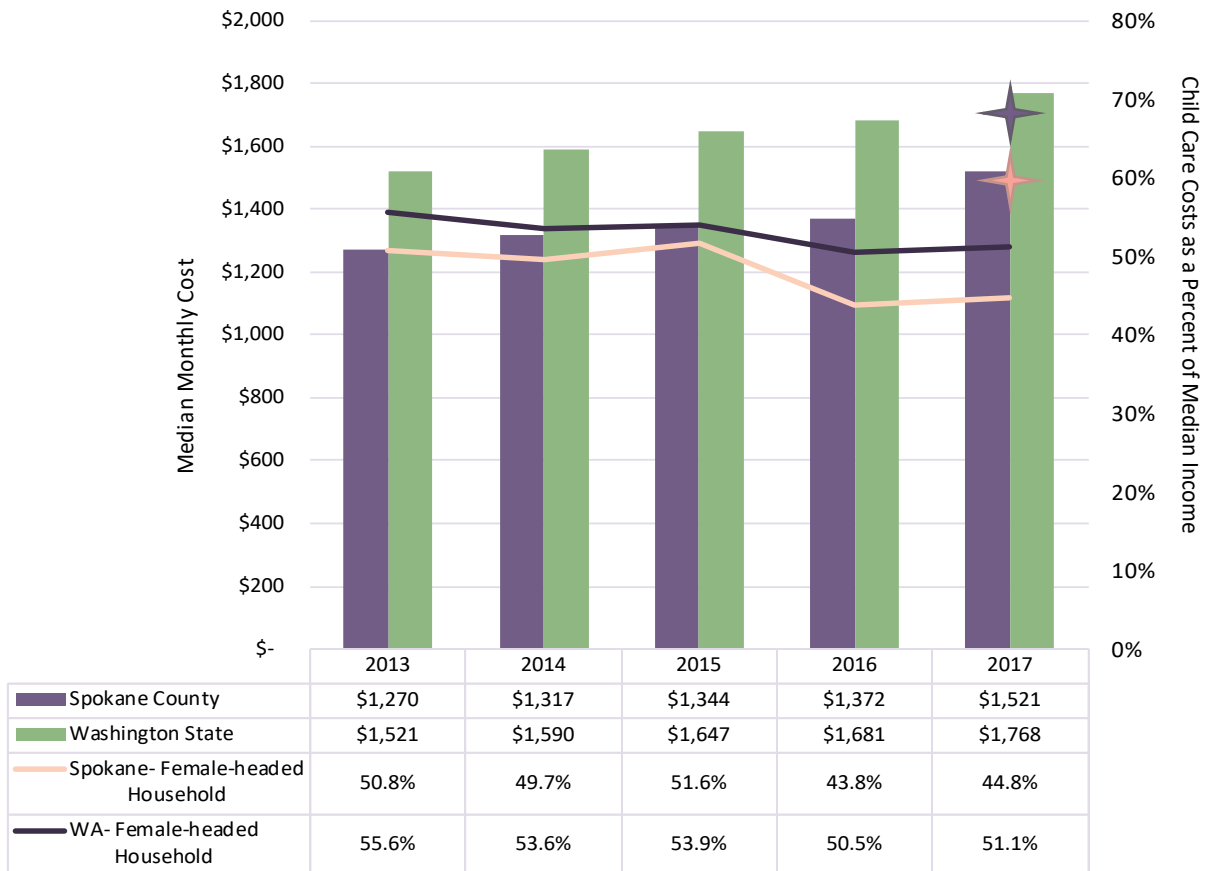
*"I stay home with my kids so I don't have to [use] day care. But if I had to go that route, the cost of child care is a problem all over. I couldn't afford to work full time. My friends tell me they pay thousands of dollars for child care. It's cheaper to stay home."*

*~Discussion participant*

Figure 10 shows the median monthly cost for child care for one infant plus one preschooler for Washington and for Spokane County, and the cost of child care as a percent of the median income for female-headed households. (Note: median income is for ALL female-headed households, not just those with children.)

Federal guidelines suggest that no more than 7% of income be spent on child care,<sup>18</sup> but statistics show that even married families in Washington (including Spokane County) spend on average slightly over 25% of the median monthly income on child care costs for one infant and one preschooler.† Single mothers end up spending 43% to 60% of their median monthly income.

FIGURE 10. MONTHLY CHILD CARE COSTS FOR ONE INFANT AND ONE PRESCHOOLER, 2013-2017



★ WA - Single mother household: 68.5%   ★ Spokane County - Single mother households: 59.6%

Sources: ChildCare Aware: 2017 State Child Care Facts in the State of Washington, U.S. Department of Commerce: U.S. Census Bureau — ACS

In 2017, U.S. Census data (used as the denominator to calculate data in table 2) were made available differently than in previous years. Data for single women with children became available separate from all single-female-headed households. These data points are marked with a ★ and showed that 59.6% of the median income of a Spokane County single-mother-headed household go to child care costs for two children, compared to previous calculations that evaluated all female-headed households in the denominator (44.8%). What this showed is that the economic burden of child care for female-headed households with children (i.e. single moms) was much greater than historically viewed.

In the past 10 years, Washington state child care vouchers for low-income families did not bridge the gap between the actual cost of care and the median income of Spokane families. Through 2018, Washington reimbursed only 35% percent of the average cost of child care.<sup>25</sup>

*“And you’re trying to pay for child care and you realize you make \$50 too much to qualify [for subsidies].”*

*~Discussion participant*

As of 2019, reimbursement for child care subsidy base rates for licensed center providers will increase to at, or above, 45% of the average rate of child care costs, still well under half the costs.<sup>20</sup>

In addition to hardships faced by families with regard to costs of child care, availability is also challenging. The availability of child care in both Spokane County and Washington was consistently limited over the last five years. Table 2 also shows the total child care capacity (number of “slots”) available for children aged 0-5 years in Spokane County, followed by the total number of children aged 0-5.<sup>26, 27</sup>

Since not all those children may need outside-the-home child care, the number of children in that age group whose single parent or both parents work was calculated to give a more accurate estimate of the number of children who might need care. From this table it appears that the number of slots for child care were well short of potential need.

**TABLE 2. CHILD CARE CAPACITY AND ESTIMATED SHORTAGE, SPOKANE COUNTY 2013-2017**

| Year | Total Child Care Capacity (estimated number of “slots”) | Estimated Number of Children 0-5 Years | Estimated Number of Children 0-5 (with all parents in the work force) | Estimated Capacity Shortage (% of children without a “slot”) |
|------|---|--|---|--|
| 2013 | 11,112  | 29,723                                 | 15,645  | 4,533 (29.0%)  |
| 2014 | 10,996  | 29,543                                 | 16,455  | 5,459 (33.2%)  |
| 2015 | 10,768  | 29,457                                 | 15,936  | 5,168 (32.4%)  |
| 2016 | 11,906  | 29,944                                 | 19,314  | 7,408 (38.4%)  |
| 2017 | 12,028  | 31,210                                 | 19,912  | 7,884 (39.6%)  |

Sources: ChildCare Aware: 2017 State Child Care Facts in the State of Washington, U.S. Department of Commerce: U.S. Census Bureau — ACS



## Education

Early childhood development can impact health and well-being across a lifetime, and access to quality, early childhood education can improve the cognitive and social development of children.<sup>28</sup>

### KINDERGARTEN READINESS

An early indicator of educational success is kindergartner readiness, a system of measurement across six domains tracked by Washington State Office of Superintendent of Public Instruction (OSPI). The six domains include social-emotional, physical, language, cognitive, literacy, and math skills. Children who show readiness in four or more domains are more likely to be successful in kindergarten and are deemed “kindergarten ready.”

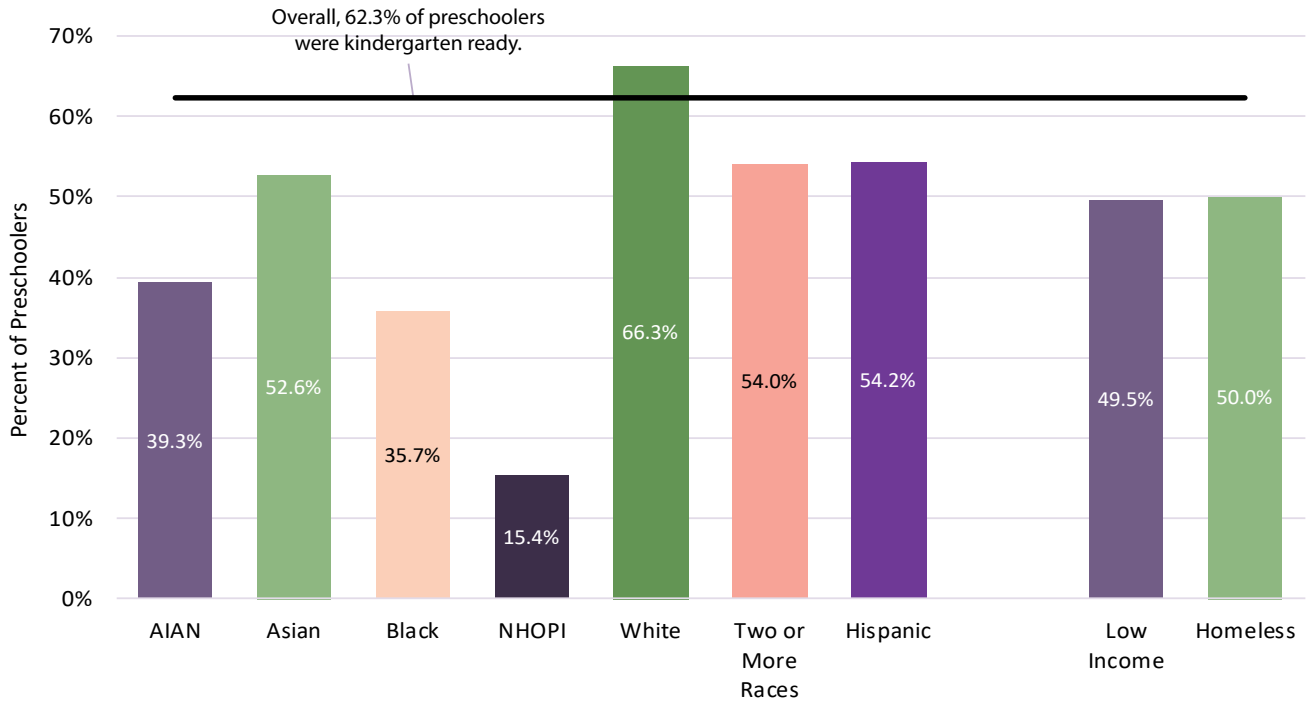
The share of Spokane County kindergartners showing readiness was at its highest (79%) in 2013-2014, but dropped to 62% in 2017-18. Since the 2013-14 school year, there was consistently a lower percent of Spokane County children entering kindergarten ready than the state average (73.3% in 2017-18).<sup>29</sup>

In looking at disparities, data for the most recent academic year shown in Figure 11 were examined by race/ethnicity and income. Low-income children were defined as eligible for free- or reduced-price school meals (up to 185% of FPL). While 62%



of total children were kindergarten ready in Spokane County, Figure 11 shows only 50% of low-income or homeless children were kindergarten ready. By race/ethnicity, 66% of white children were kindergarten ready compared to 52-54% of Asian, Hispanic, or multiracial children. The most significant disparity was among black children: 36% were kindergarten ready. As mentioned earlier, there is substantial research showing that early learning and other opportunities that prepare children for school are unequal between different children depending on their race and ethnicity, and social class.<sup>30</sup>

**FIGURE 11. PRESCHOOLERS WHO WERE KINDERGARTEN READY BY RACE/ETHNICITY AND INCOME, SPOKANE COUNTY, 2017-2018**



Source: OSPI



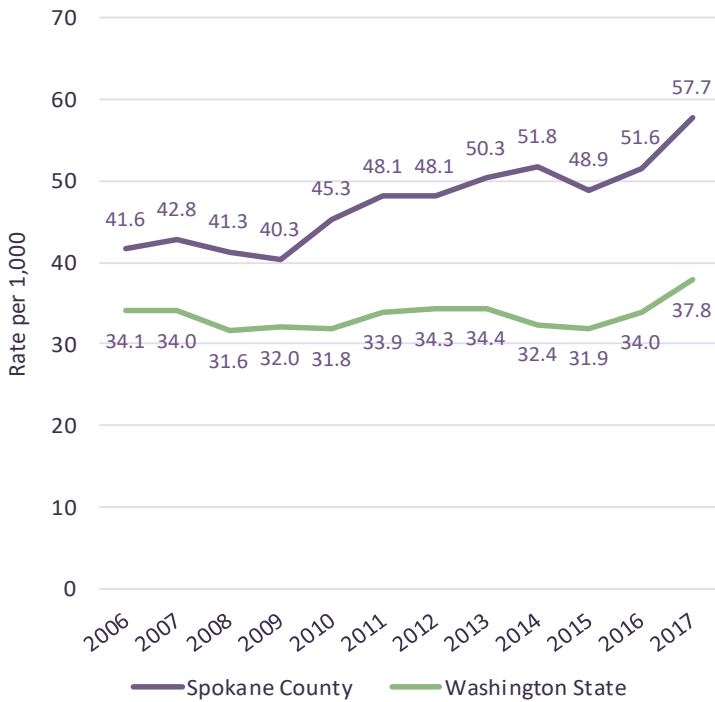
## Safety

### CHILD ABUSE AND NEGLECT

Child abuse and neglect are ACEs that impact brain development and are pressing issues both locally and nationally. While child abuse and neglect may be underreported,<sup>31</sup> the best current measure is the “rate of accepted referrals” by CPS. A “referral” is a report of suspected child abuse, but each single report may have more than one victim. Mandated reporters such as doctors, nurses, psychologists, pharmacists, teachers, childcare providers, and social service counselors notify CPS if they suspect a child is in danger of negligence, abuse or other maltreatment. Other concerned individuals may report suspected abuse cases. If CPS determines the referral has sufficient merit, it is accepted for further action.

In 2017, there were 6,564 accepted referrals for child abuse/neglect for children ages 0-17 in Spokane County. This was a rate of 57.8 per 1,000 children, which was significantly higher than the state average for each year over the past decade. Figure 12 shows the rate per 1,000 children of accepted referrals for the county and the state.

**FIGURE 12. CPS-ACCEPTED REFERRALS FOR CHILD ABUSE/NEGLECT**



Source: Washington State Department of Social and Health Services: Research and Data Analysis Division. Risk and Protection Profile for Substance Abuse Prevention in Spokane County, 2018

Graphic 1 shows the calculated number of children this rate could represent, based on U.S. Census numbers for children aged 0-17 in Spokane County. Note that this may be an underestimate, as an accepted referral may have more than one victim; for this calculation, each report was considered as only one potential victim.

**GRAPHIC 1.**



Sources: Washington State Department of Social and Health Services: Research and Data Analysis Division. Risk and Protection Profile for Substance Abuse Prevention in Spokane County, 2018; U.S. Department of Commerce: U.S. Census Bureau — ACS



## Health

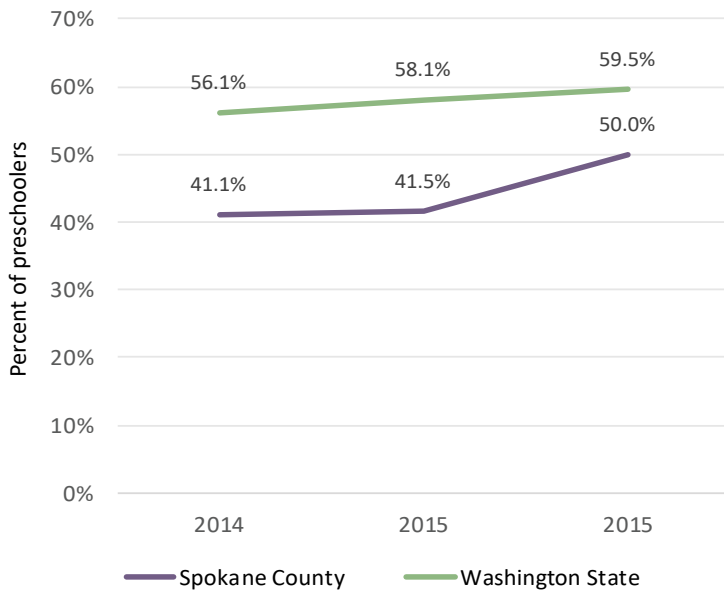
(Including Mental Health and Substance Use)

Relatively few data sources are available to illustrate health among young children. This report evaluates immunization levels and oral health status to serve as indicators of access and utilization of preventive healthcare services, and readiness for school.

### IMMUNIZATION

Childhood vaccination is the most effective way to protect children against serious, preventable illnesses — some of which have no cure or treatment. Washington state law requires all public and private schools with any students in grades kindergarten through 12<sup>th</sup> to complete and file an Immunization Status Report by November 1 of each school year.<sup>32</sup> Based on data in these reports, many children do not receive complete vaccination courses. The complete vaccination course includes 4 diphtheria-tetanus-pertussis, 3 polio, 1 measles-mumps-rubella, 2 influenza type b, 3 hepatitis B, 1 varicella (chickenpox), and 4 pneumococcus vaccines. State records indicated that less than 60% of Washington preschoolers were fully immunized. Spokane County fared even worse, with only half of preschoolers who completed the recommended course. Figure 13 shows the percentage of preschoolers in Spokane County who were fully immunized; while rates have improved, there were still half of Spokane County preschoolers who were at risk of suffering from preventable infectious diseases.

**FIGURE 13. PRESCHOOL IMMUNIZATION RATES**



Source: Washington Immunization Information System, DOH

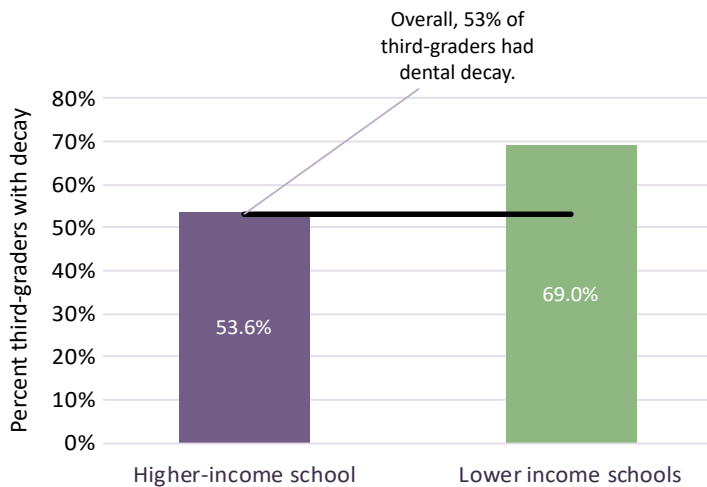
### DENTAL DECAY

Another preventable health concern in early childhood is poor oral health. Untreated dental issues in children affect a child's ability to eat, sleep and function well. Poor oral health can lead to painful tooth decay, which, unless prevented or treated in its early stages, can become irreversible. Without appropriate treatment, tooth decay will lead to infection of teeth, gums and eventually to tooth loss.<sup>33</sup>

Dental (tooth) decay is defined as evidence of caries (cavities) in one or more primary or permanent teeth. It affected 53% of Spokane third-graders in 2015. Disparities can be considered by looking at decay experience for elementary students who

attend schools with high free- and reduced-lunch eligibility (considered low-income schools) versus those who attend schools with fewer eligible students. At higher poverty schools, 69% of students had evidence of dental decay, significantly higher than the 53% of students with such evidence at higher-income schools. Figure 14 shows the percentage of third-graders with evidence of dental decay.

**FIGURE 14. DENTAL DECAY AMONG THIRD-GRADERS, BY INCOME, SPOKANE COUNTY, 2015**



Source: Washington State DOH, Smile Survey.

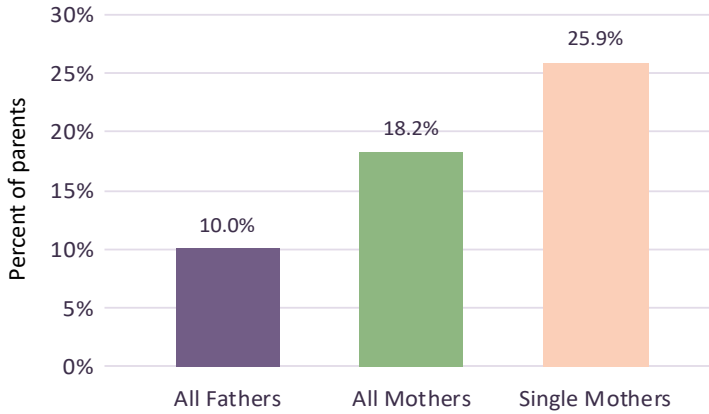
Data on mental health status among young children are extremely limited, but living with an adult with mental health issues is considered an ACE. Given what is known about the effects of stress, depression, and emotional duress, it is reasonable to assume that children living with individuals experiencing such issues could suffer detrimental effects.<sup>34</sup> Evaluation over a five-year period showed that about 17.2% of all parents report receiving treatment for mental health concerns. † Research has shown single mothers to be at greater risk of mental health disorders than partnered mothers, as single mothers are likely to have fewer family or social supports in place.<sup>35</sup> Figure 15 shows that single mothers were significantly more likely to receive mental health treatment than partnered mothers or fathers. More than one in four single moms received mental health treatment, versus less than one in five of all mothers, and one in 10 of all fathers.

## PARENTAL MENTAL HEALTH ☁️

*“Right now my husband’s job is four months of swing shifts and it’s been very hard because he gets home after the kids go to bed. And he sleeps until way after the kids have been up and gets to stay home an hour. So, that’s affected me because I love him and want to spend time with him. And I get crabby and take that out on my kids because I’ve had to put them to bed and make dinner by myself every night. It’s been hard and I really have to check myself and have a better attitude.”*

*~Discussion participant*

**FIGURE 15. PARENTS WHO RECEIVED TREATMENT FOR MENTAL HEALTH, SPOKANE COUNTY, 2012-2016 (FIVE-YEAR AGGREGATE)**



Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

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1 in 4 single moms receive treatment for mental health concerns in Spokane County.

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# Section 3: Youth

The measures examined in Section 3: Youth follow our adolescent girl as she makes her way through her teen years and enters and exits high school. As we examine the opportunities afforded to her, we look to rates of students graduating from high school in Spokane County, how many enroll in higher education and how many subsequently graduate from college. Our notion of “health” is expanded to include such aspects as food insecurity, and social measures specific to bullying and mental health.

At this phase in her life, our girl would ideally have low or no ACEs. In an ideal world, she is free from abuse or witnessing it and her chances of being bullied are not higher simply because she is a girl. Even though her mom was not afforded an opportunity to go to, or graduate from, college, hopefully our girl will have the chance. Her likelihood of graduating high school and college should be the same as anyone else’s.

## KEY FINDINGS

- 14% of Spokane County youth reported having cut/skipped meals due to lack of household money for food.
- 81% of students graduated on time. Of particular concern is the disparity in graduation rates for low-income students (73.3%) and some racial/ethnic groups (e.g. 50% for Alaskan Natives/American Indians).† Only 55% of all Spokane high school graduates went on to some form of higher education within a year of graduating.
- Bullying was the most prevalent form of abuse among Spokane County youth. One in four youth self-reported being bullied. This represents a significant increase since 2008 and was significantly higher than Washington state.† Girls were significantly more likely to be bullied than boys.†
- One in five youth reported physical abuse by an adult. Abuse of low-income youth (using food security as a proxy for income) was higher — 40% of food insecure youth reported such abuse.
- There was a disturbing trend as depression rates continue to rise among Spokane’s young people. One in three reported depression, a marked increase. Girls were significantly more likely to report depression than boys. Other statistically significant disparities were apparent by race/ethnicity, income and mother’s educational level.†

- The rate of suicides and suicide attempts in Spokane County was higher than the state average. Girls reported seriously considering suicide at almost twice the rate of boys (24.3% girls vs. 13.3% boys).



## FOOD INSECURITY

Another way of measuring poverty is to look at food insecurity, defined as those who cut or skip meals because of lack of money. The Healthy Youth Survey (HYS) is the largest source of information about middle and high school students in the state. It is an extensive survey of a large representative sample of eighth, 10th and 12th graders conducted every two years. One of the questions asks students how often they had to cut or skip meals in the past year due to not having enough money for food. Figure 16 shows the combined percentage of students in these grades who reported skipping/cutting meals at all in the past year.

*“It’s hard if you don’t have enough money, if you don’t have the income and you have to figure it out. It can be embarrassing when you go to ask for help at a food bank. I’ve been on both sides before and I sometimes feel like they are there to help you. But they sometimes make you feel bad for asking for help. It’s like you need this help, it’s okay to ask but... and other times they are happy to help.”*

*~Discussion participant*



Broken Promise

safety

movies

Love

homework

friends

music

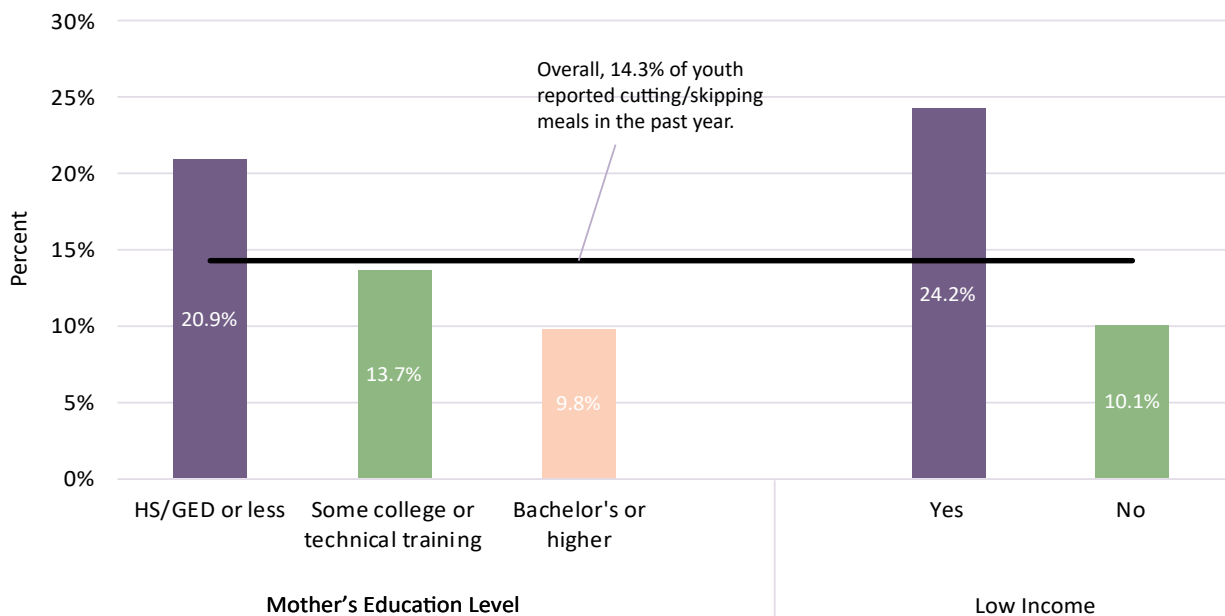
sports

RISK

sleep



**FIGURE 16. YOUTH REPORTING SKIPPED MEALS BY MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



Source: Washington State HYS

Using U.S. Census 2016 numbers for Spokane County youth ages 10-19, the 14.3% of youth who cut or skipped meals represented about 9,400 youth periodically hungry.† Additionally, there were disparities. While rates did not differ significantly by race, the chance of food insecurity increased significantly if the youth's mother had a high school education or less. Figure 16 shows that in 2016, youth with less educated mothers had a 21% incidence of cutting/skipping meals, versus a 10% rate among those whose mothers had a college degree or higher. Eligibility for free/reduced lunch (FRL) is used as a proxy for low-income, as explained in the introduction. Figure 16 also shows that youth from low-income families were over twice as likely to have skipped/cut meals in the past year. This disparity in food security by mother's education level and by FRL eligibility reflects the relationship between education and poverty — the less educational achievement, the lower the income, thus less money for food and other basic necessities.



## Education

### ACADEMIC PERFORMANCE

Academic performance in high school is usually an indicator of one's progress toward higher education and potentially higher-paying jobs. With the focus on educational attainment, it is relevant to note any disparities in student achievement by mother's education level. Youth who are struggling in school are less likely to achieve advanced education, and are subsequently more likely to live in poverty as adults. These data are shown to help illustrate this linkage and its generational cycle.

Poor academic performance was defined as 'mostly Ds and/or Fs', as self-reported by students, and was evaluated by mother's education level. In 2016, only 3% of youth whose mother graduated from a four-year college or higher experienced academic failures versus 10% of youth whose mother had a high school degree or less.†



1 in 10 youth whose mothers had a high school degree or less were struggling academically.

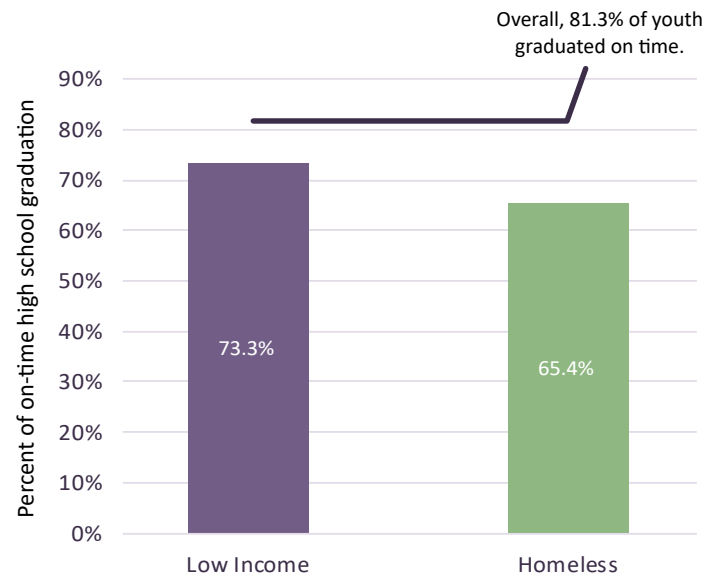


## HIGH SCHOOL GRADUATION

Educational attainment plays a significant role in future opportunities for income achievement and advancement. On-time graduation from high school is considered a measure of early educational achievement. It is defined as graduating within four years from entering ninth grade. While it can be used as a measure of school performance, it may also be an indicator of whether needs were met for students with risk factors. The on-time graduation rate for Spokane County youth has hovered near 81% since 2011, remaining 2-4% above statewide rates.†

Yet, in Spokane County in 2017, low-income students (defined as those eligible for free- or reduced-lunch) and homeless students had on-time graduation rates below average. Figure 17 illustrates these disparities.

**FIGURE 17. ON-TIME GRADUATION RATE BY INCOME AND HOMELESSNESS, SPOKANE COUNTY, 2017**



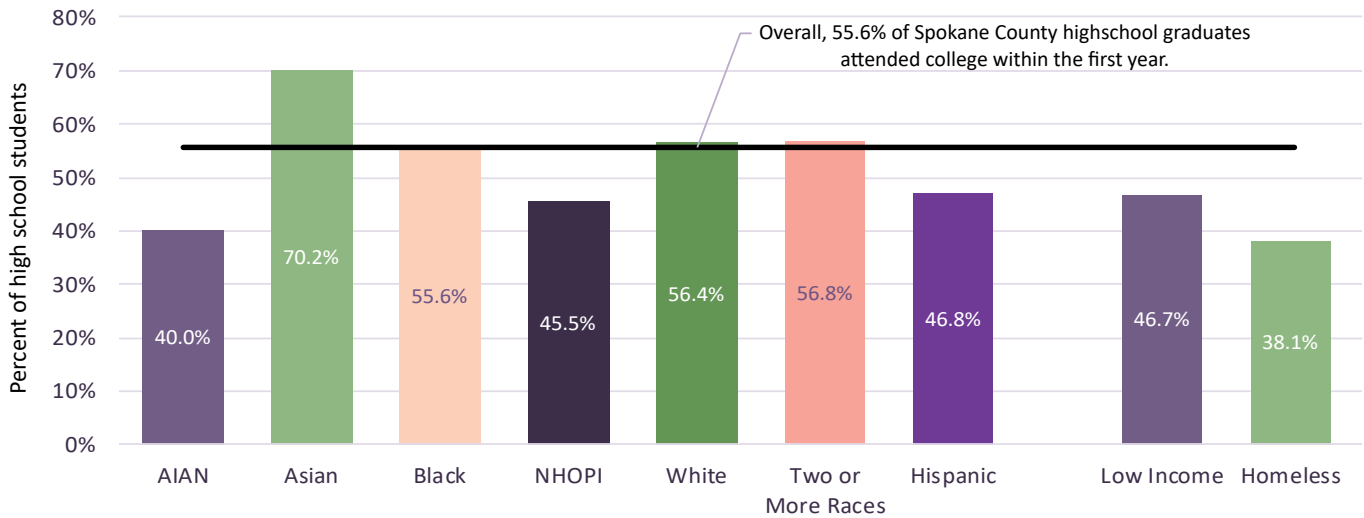
Source: Washington State OSPI

High school dropout rates showed a similar disparity for low-income and homeless students. While the dropout rate for all Spokane County students for 2016-2017 was 9.9%, 15.4% of low-income students and 17.3% of homeless students dropped out.<sup>36</sup> Though not shown here, there were additional disparities by race and ethnicity. In Spokane County in 2017, less than half of Native Hawaiian/Other Pacific Islander students were graduating on time; American Indian/Alaska Native, black, and Hispanic students also had lower on-time graduation rates than the average.

## HIGHER EDUCATION

Another educational measure of achievement is the rate at which graduates attend college. An available measure of this is the percent of public high school students who attended higher education institutes within one year of high school graduation. While approximately 81% of Spokane County students graduated high school on time, less than 56% attended college within a year, at rates consistently lower than the state average.† Figure 18 shows the share of students who attended college within a year of graduating.

**FIGURE 18. SHARE OF PUBLIC HIGH SCHOOL STUDENTS WHO ATTEND HIGHER EDUCATION INSTITUTES WITHIN THE FIRST YEAR AFTER HIGH SCHOOL GRADUATION, SPOKANE COUNTY, 2015**



Source: Washington State OSPI

In the most recent year for which data was available (2015), more Spokane County females than males entered higher education institutions.† However, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and Hispanic students had lower rates of higher education enrollment than the average. Low-income and homeless students also enrolled at much lower rates. Figure 18 shows these disparities. Again, opportunities aren’t equal for all. As shown in the data so far, and given adversities experienced in early development, acquiring an advanced education is more challenging for some, perpetuating a cycle of poverty across generations of women, especially for some women of color.

## BULLYING ☁️

HYS defines bullying as “when another student or group of students say or do nasty or unpleasant things” to another student. It also included “when a student is teased repeatedly in a way he or she doesn’t like.” Consistently about one in four students in eighth, 10th, and 12th grades combined reported being bullied in the past month, a rate slightly higher than the state’s.†

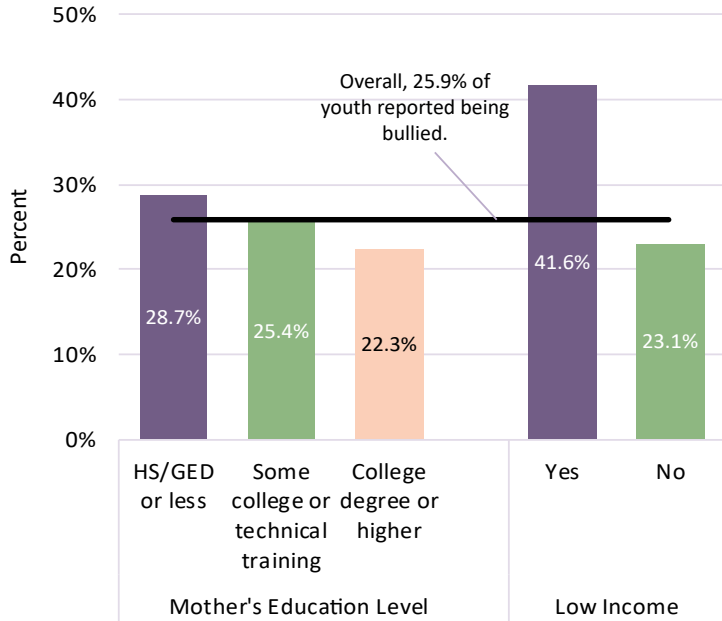
Youth who received free- or reduced-price lunch, and those whose mothers had a high school education or less were more likely to have experienced bullying. Figure 19 demonstrates these disparities.



## Safety

Beyond Spokane County’s high rate of child abuse/neglect, there are other types of abuse and violence that are correlated with risky behaviors in youth, suicide risk, and other adverse childhood events that have long-term effects.<sup>37</sup> HYS provides data around youth experiencing events such as bullying, intimate partner abuse and exposure to violence.

**FIGURE 19. YOUTH WHO WERE BULLIED BY MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



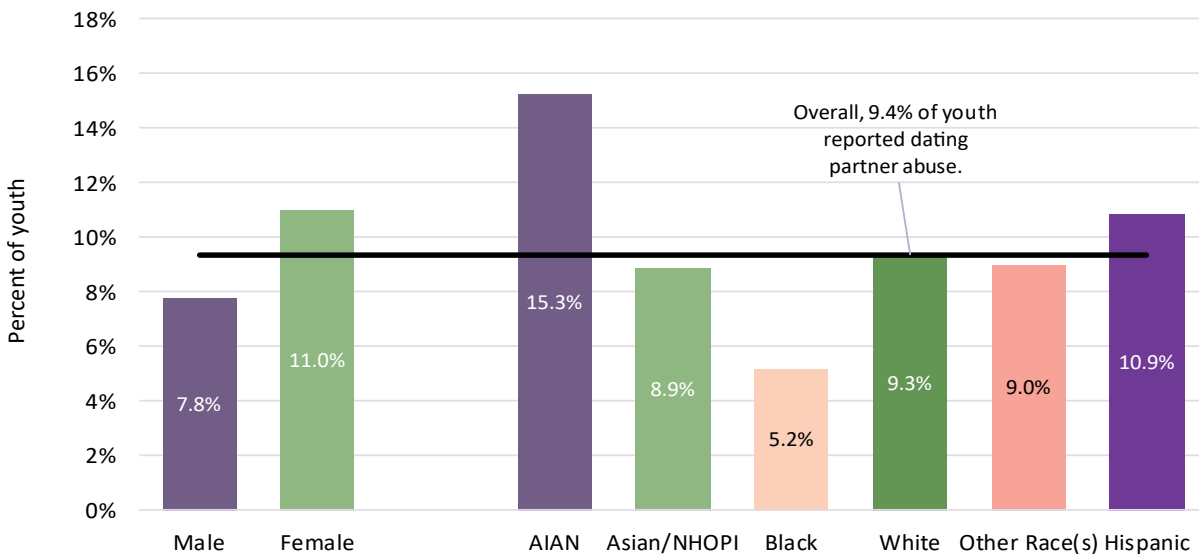
Source: Washington State HYS

## DATING ABUSE ☁️

In addition to bullying, some youth experienced dating partner abuse. This involved being physically hurt or feeling unsafe, threatened or controlled by a dating partner. Youth reports of dating partner abuse have been steadily declining in Spokane County, falling from 16% in 2008 to 9.4% in 2016. †

However, inequities persist. As with bullying, females were more likely to report dating partner abuse than males. American Indian/Alaska Native youth were significantly more likely to report dating partner abuse, while black youth were much less likely to report it. Figure 20 shows these disparities.

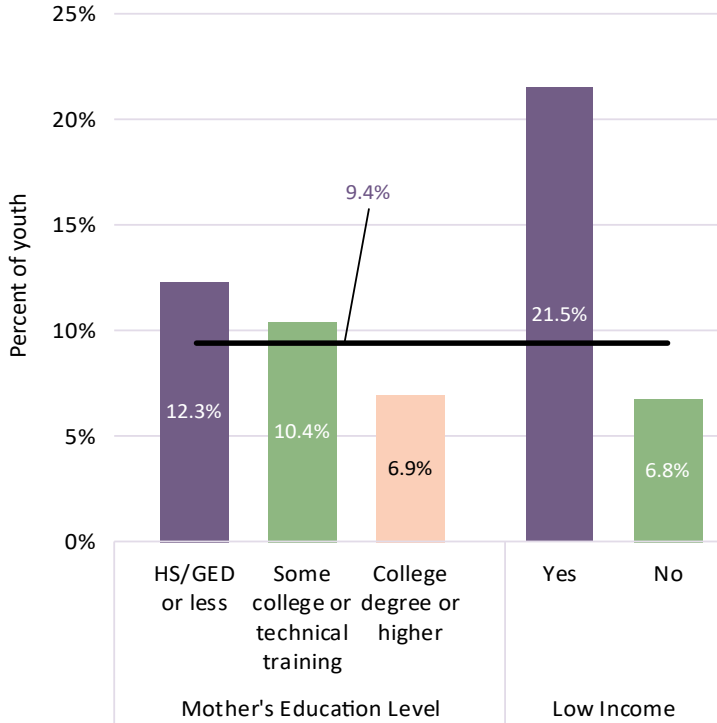
**FIGURE 20. YOUTH REPORTING DATING PARTNER ABUSE, BY GENDER AND RACE/ETHNICITY, SPOKANE COUNTY, 2016**



Source: Washington State HYS

Mother's education and income were also associated with risk of experiencing dating abuse; youth receiving free/reduced price lunch were at much greater risk. Youth whose mothers had a high school degree/GED or less were also more likely to report dating abuse, as seen in Figure 21. Over one in five low-income youth reported dating partner abuse, compared to one in 10 youth overall.

**FIGURE 21. YOUTH REPORTING DATING ABUSE BY MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



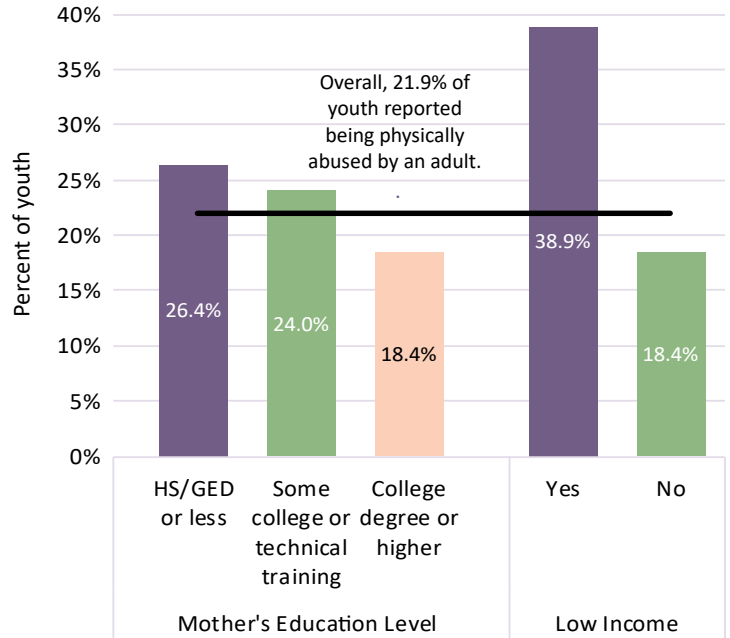
Source: Washington State HYS

## YOUTH EXPERIENCING AND/OR WITNESSING VIOLENCE

ACEs include both abuse by an adult and witnessing/experiencing other violence in the home. HYS provides some insights into rates of youth in both categories. In 2016, 22% (more than one in five) of Spokane County youth reported being physically abused by an adult, a rate that was up from 17% in 2010.†

Mother's education level and low income were again associated with higher risk of experiencing physical abuse. Figure 22 shows that youth with these factors were more likely to have experienced physical abuse.

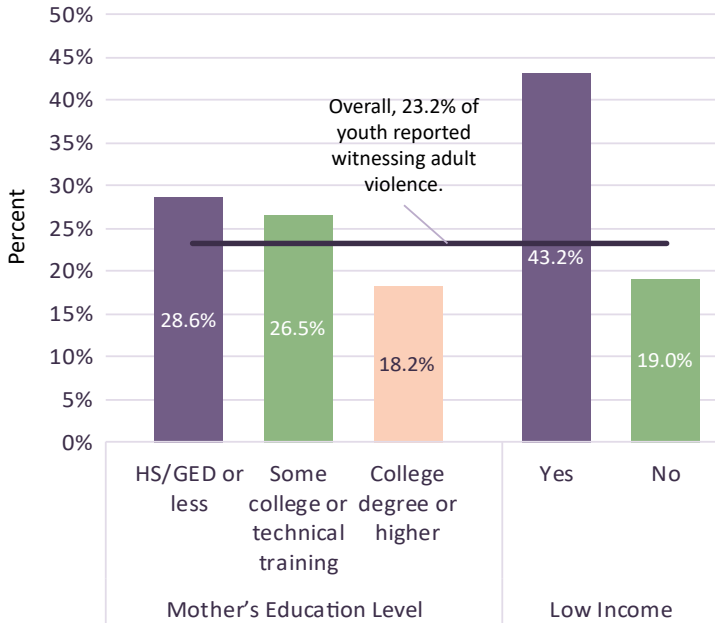
**FIGURE 22. YOUTH REPORTING PHYSICAL ABUSE BY AN ADULT BY MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



Source: Washington State HYS

ACEs include exposure to violence in childhood; HYS asks students if they have witnessed an adult physically hurting another adult. In 2016, nearly one in four (23%) youth in Spokane County reported seeing such incidents. However, there were again disparities by mother's education level and income, reinforcing current theories that adversity and violence experienced during childhood correlates with family stressors and unequal opportunity (e.g. food security, sufficient income) that have lasting effects on well-being.<sup>38, 12</sup> Figure 23 illustrates these disparities.

**FIGURE 23. YOUTH REPORTING WITNESSING ADULT VIOLENCE, BY MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



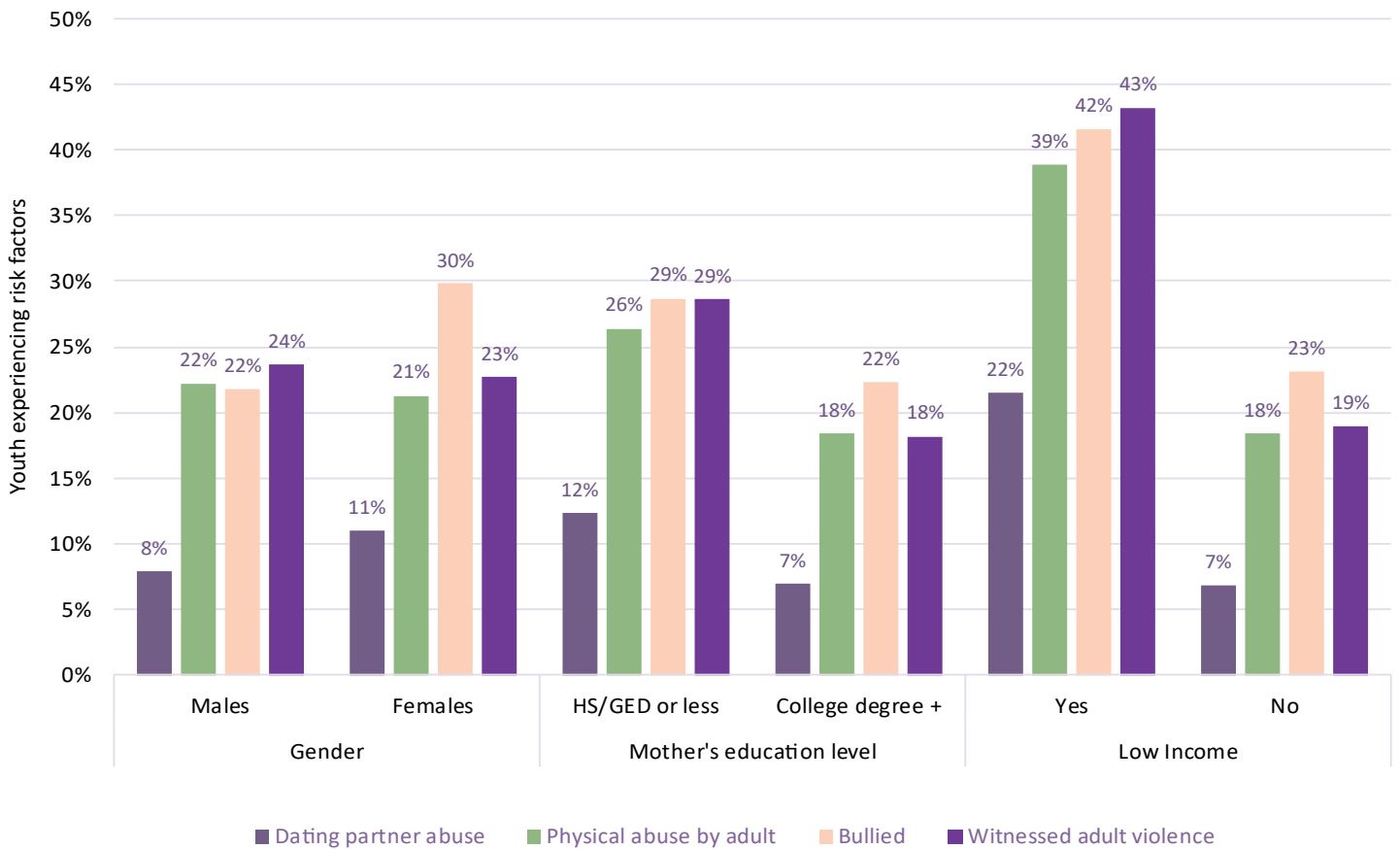
Source: Washington State HYS

It is clear that experiencing risk factors for ACEs differs greatly depending on circumstances. Prior figures demonstrated mother's education level and income were clearly related to risk of experiencing such factors. Figure 24 provides a summary comparison for four risk factors — dating partner abuse, physical abuse by an adult, being bullied, and witnessing adult violence — as experienced by gender, mother's education level and income.





**FIGURE 24. DISPARITIES IN RISK FACTORS, BY GENDER, MOTHER'S EDUCATION, AND INCOME, SPOKANE COUNTY, 2016**



Source: Washington State HYS



## Health

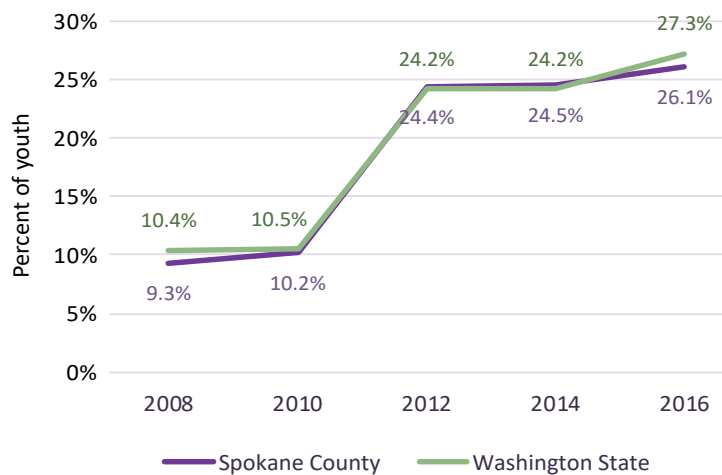
(Including Mental Health and Substance Use)

### OBESITY

Children with obesity are at higher risk of having other chronic health conditions such as asthma, type 2 diabetes, and bone and joint problems.<sup>39</sup> There is also evidence that overweight and obese children are bullied and teased more often than their peers, and are more likely to suffer from depression and low self-esteem.<sup>40</sup> Additionally, a child with obesity is more likely to become an obese adult with the associated higher risks of developing heart disease, type 2 diabetes and many types of cancer.<sup>41</sup>

The rate of overweight or obese youth in both Spokane County and Washington has more than doubled from 2008 to 2016, as seen in Figure 25.

**FIGURE 25. YOUTH IN 8TH, 10TH, 12TH GRADES WHO ARE OVERWEIGHT OR OBESE**

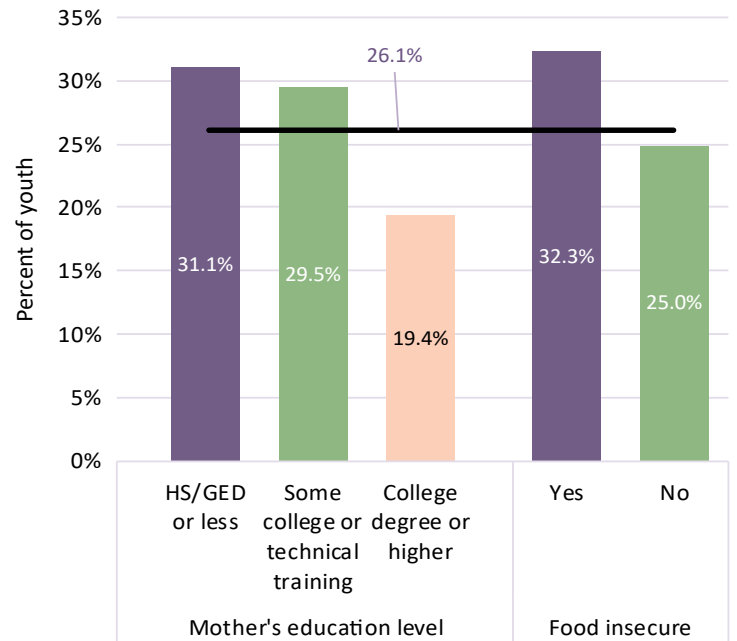


Source: Washington State HYS

Males were more likely than females to be overweight or obese (29% vs. 23%). When considering race, only white and Asian/Native Hawaiian and Other Pacific Islander (NHOPI) were below the overall average of 26.1% of youth being overweight or obese.†

As with other issues discussed in this report, mother’s education level and income correlate with the risk of youth being overweight or obese, as seen in Figure 26.

**FIGURE 26. YOUTH WHO ARE OVERWEIGHT OR OBESE BY MOTHER’S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



Source: Washington State HYS

### SUBSTANCE MISUSE

Substance misuse remains an area of concern at all age levels. Youth, in particular, may be vulnerable to such risky behaviors due to stressful social experiences associated with major adolescent transitions, such as entering middle or high school. In addition to physical changes experienced during adolescence, social, emotional and educational challenges may create stress. Furthermore, exposure to drug availability is more common.<sup>42</sup>

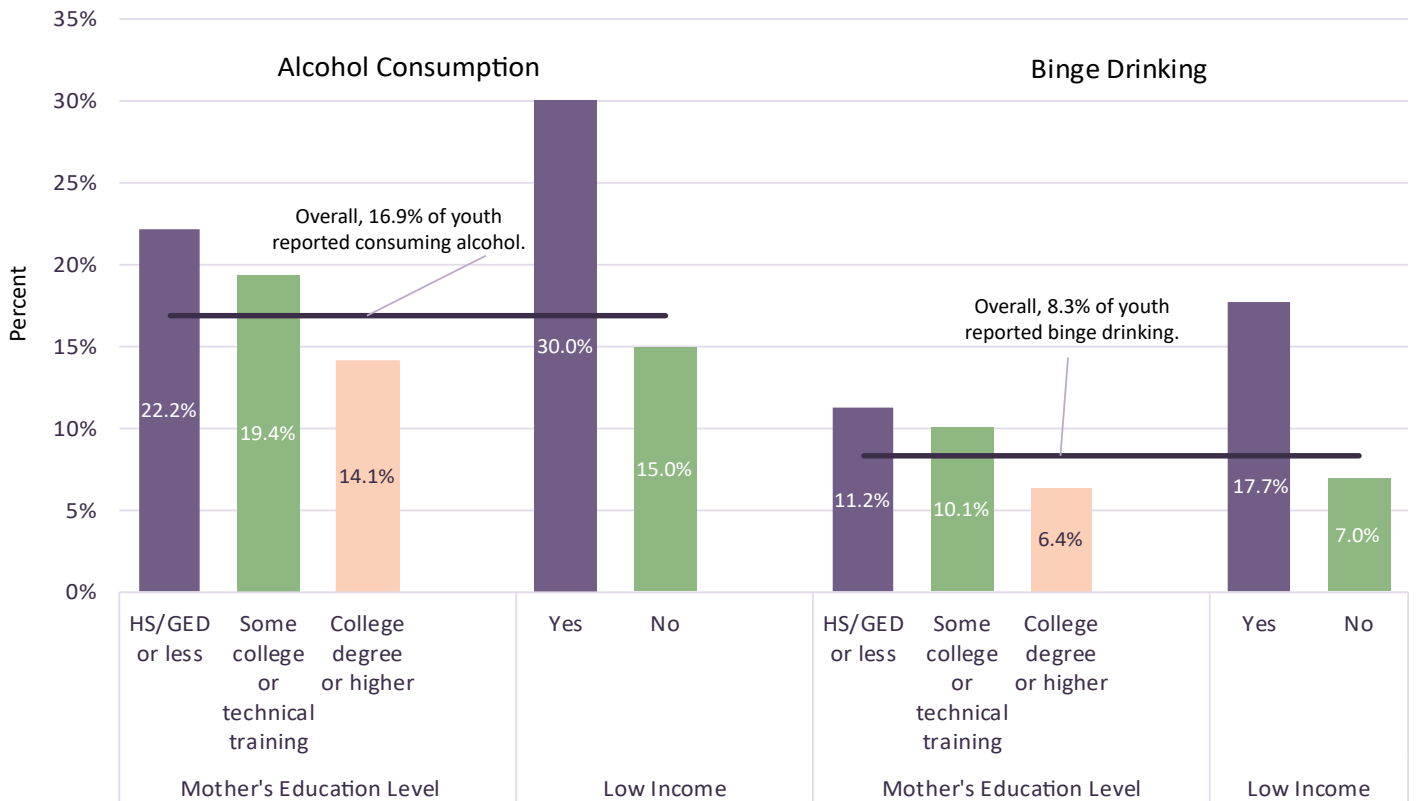
Besides the typical challenges of youth, the risk for substance misuse and other adverse behaviors increases as the number of ACEs increase. Poverty, child abuse and neglect, and peer rejection are all factors associated with increased likelihood of youth substance abuse, especially when risk factors are of prolonged duration — from early childhood continued through adolescence.<sup>43</sup>

## ALCOHOL CONSUMPTION

HYS asks students about alcohol use in the past 30 days, including binge drinking (having five or more drinks in a row). In 2016, the percentage of youth who reported any alcohol use (17%) and the percentage who reported one or more binge drinking incidents in the past month (8%) were significantly lower than in past years, trending down from a high of 32% and 19% in 2008, respectively.†

Mother’s education level and household income were related to likelihood of consuming alcohol or binge drinking. Low-income youth (FRL eligible) were about twice as likely to have consumed or binged on alcohol. Figure 27 shows these disparities.

**FIGURE 27. YOUTH REPORTING ALCOHOL CONSUMPTION OR BINGE DRINKING, BY MOTHER’S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**



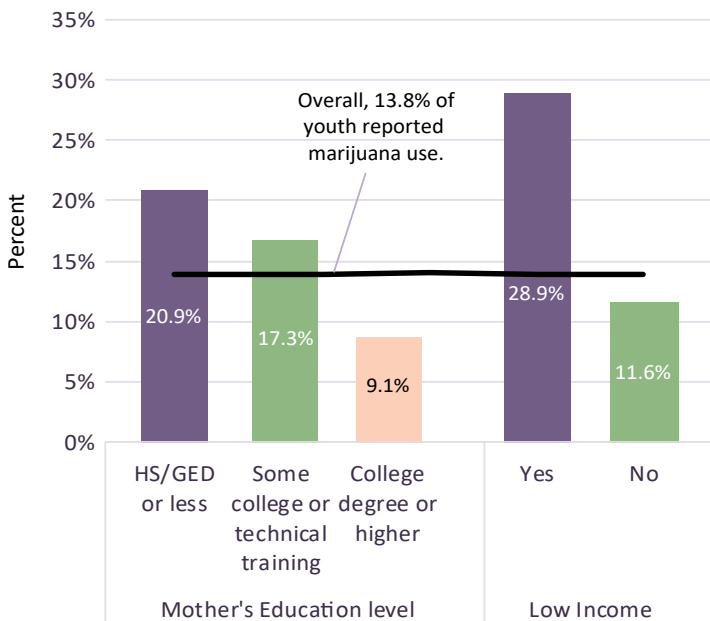
Source: Washington State HYS



## MARIJUANA

In 2016, 13.8% of youth reported marijuana use in the past 30 days, dropping slightly from past years (about 17%). As with alcohol consumption and binge drinking, mother’s education level and income were associated with significantly higher incidence of marijuana use. Figure 28 shows these disparities.

**FIGURE 28. YOUTH REPORTING MARIJUANA USE, BY MOTHER’S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY, 2016**

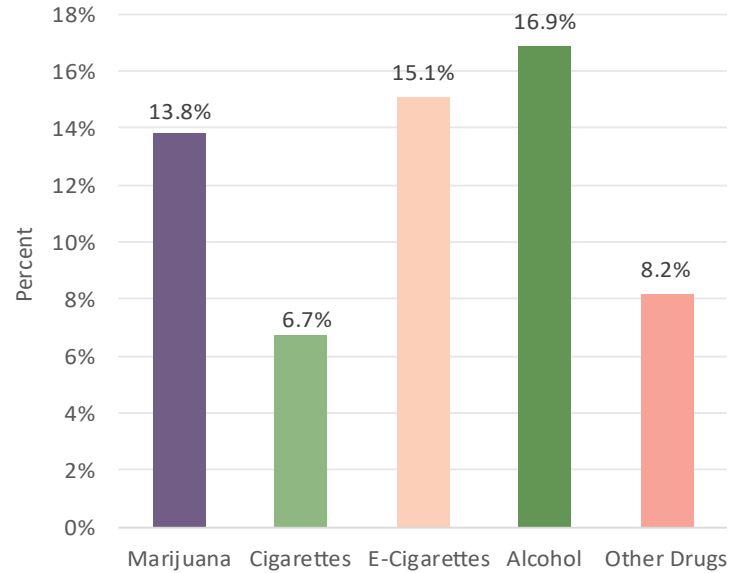


Source: Washington State HYS

## SUMMARY OF YOUTH SUBSTANCE MISUSE

Use of cigarettes, e-cigarettes, marijuana, alcohol and other substances by youth are of major concern. Not only is there the risk of addiction and long-term health issues if such use continues, but use of some substances greatly affects judgment, risk taking and other behaviors that could impact health and longevity.<sup>44</sup> Figure 29 shows the percentage of youth reporting use of these substances in 2016.

**FIGURE 29. YOUTH USE OF MARIJUANA, CIGARETTES, E-CIGARETTES, ALCOHOL, AND OTHER DRUGS, SPOKANE COUNTY, 2016**



Source: Washington State HYS

## EMERGING ISSUE: TEENAGE VAPING

While a relatively recent phenomenon, e-cigarette use, or vaping, is an emerging issue of concern among youth (and adults). There is yet to be significant research in this area, but nonetheless there are concerns regarding underage vaping. In 2016, 15.1% of Spokane County youth (approximately 4,600), reported using e-cigarettes. In the same year, only 6.7% of youth (approximately 2,000) Spokane County youth reported using cigarettes.

Despite being advertised as safer, there is often nicotine still present in e-cigarettes. Nicotine is one of the most addictive chemical substances, and research shows that youth exposure increases the likelihood of lifelong addiction to nicotine, including serving as an introductory product for teens to go on to use other tobacco products.<sup>45</sup>

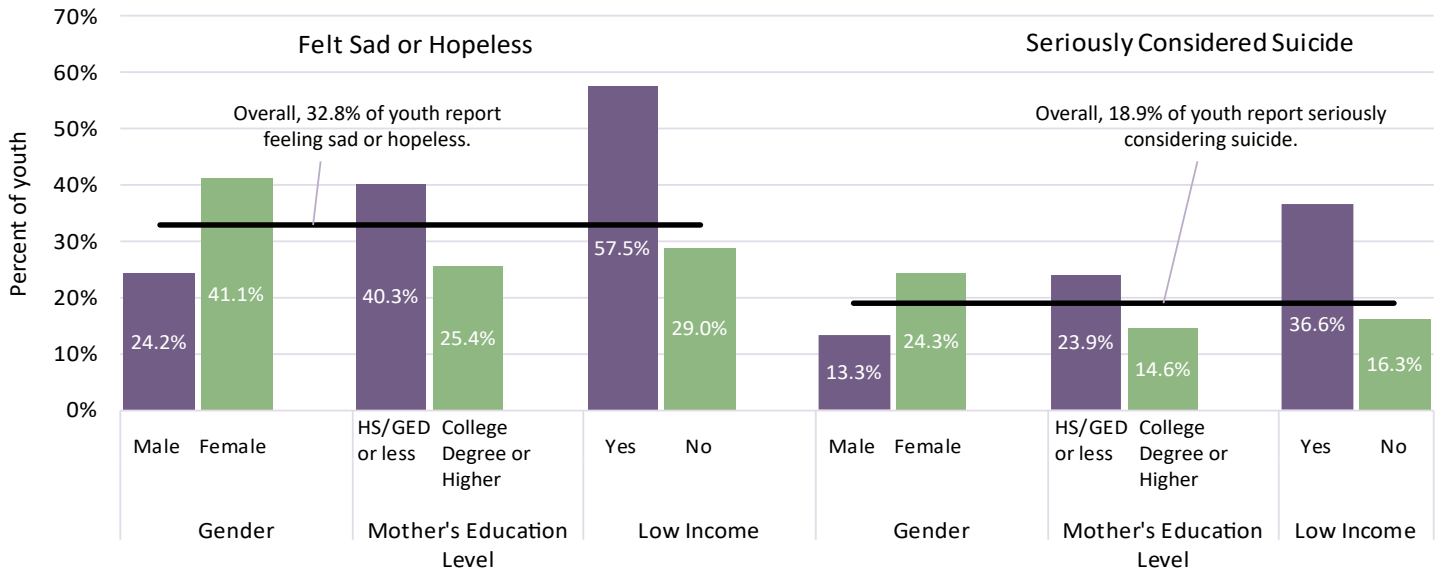
## DEPRESSION AND SUICIDAL THOUGHTS ☁️

Depression and related emotions such as hopelessness, anxiety and suicidal thoughts have been on the rise nationally and locally. Diagnoses of anxiety and depression among children 6-17 increased from 5.4% in 2003 to over 8% in 2012.<sup>46</sup> HYS asks youth whether they felt sad and hopeless for two weeks in a row, whether it led them to stop participating in activities, and whether they have thought about or attempted suicide.

The share of youth reporting feeling sad or hopeless for two or more weeks rose steadily since 2008.† One in three (32.8%) of youth reported feeling sad or hopeless in 2016 .

Suicidal thoughts increased among Spokane County youth. HYS asks students if they have seriously considered attempting suicide. Such ideation trended upward from 15.4% in 2008 to 18.9% in 2016. Figure 30 shows disparities very similar in both factors — females, low-income youth and those whose mothers were less educated were more likely to have felt sad or hopeless, and to have considered suicide.

**FIGURE 30. YOUTH REPORTING FEELING SAD OR HOPELESS, OR CONSIDERING SUICIDE BY GENDER, MOTHER'S EDUCATION LEVEL AND INCOME, SPOKANE COUNTY 2016**

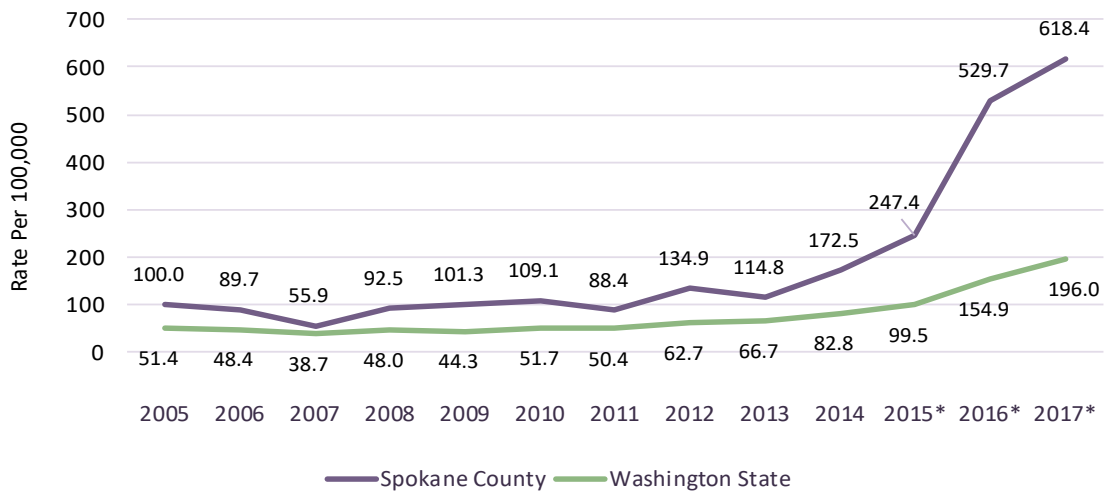


Source: Washington State HYS

## SUICIDE AND SUICIDE ATTEMPTS ☁️

The risk factors covered in this section led authors to look at whether suicide and attempted suicide among youth were increasing. The rate of attempted suicides was determined by hospital admissions data that included suicide-related medical codes. The rate of suicides and suicide attempts by Spokane County youth aged 10-17 was consistently higher than the rate for Washington state, and sharply increased in recent years as seen in Figure 31.

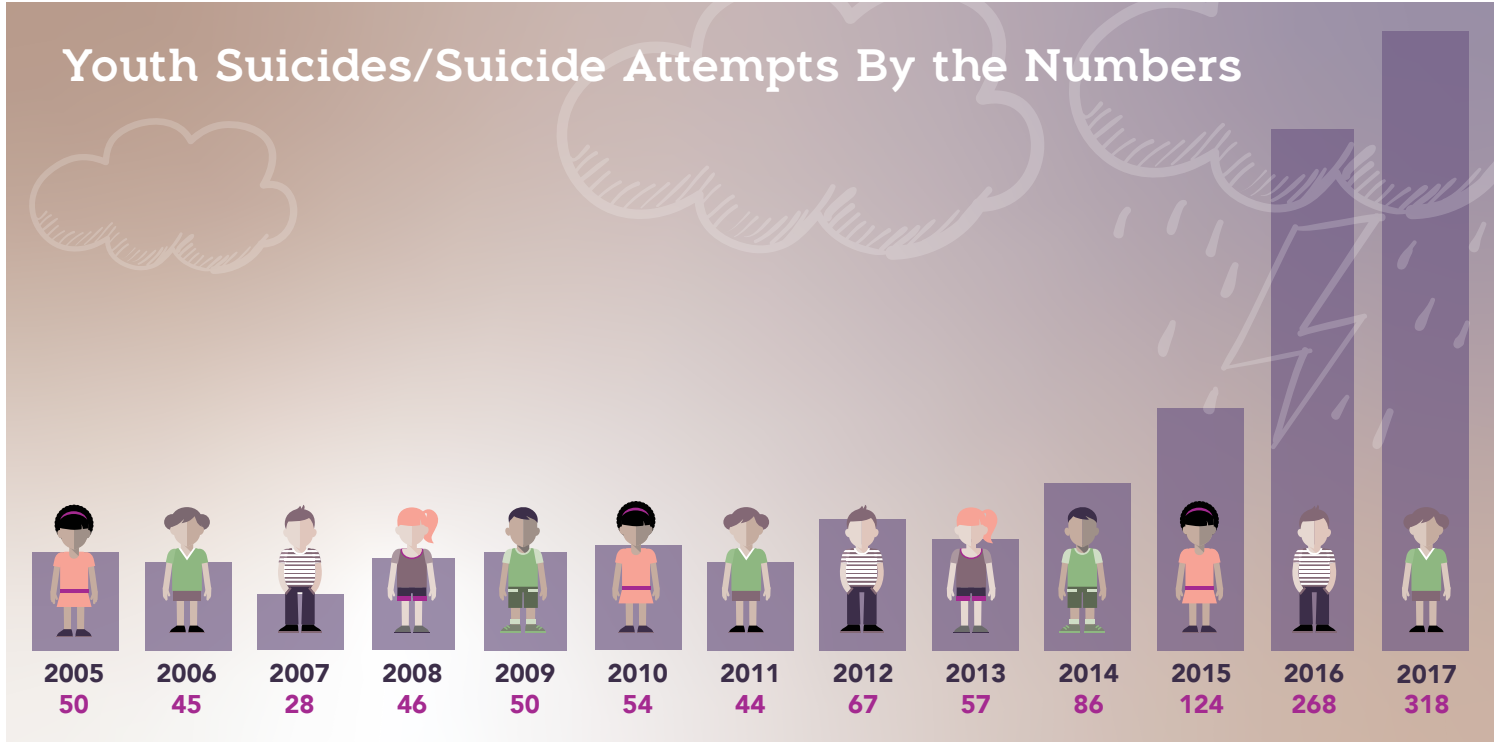
**FIGURE 31. SUICIDE AND SUICIDE ATTEMPTS (AGE 10-17), 2005-2017**



Sources: EWU Institute for Public Policy and Economic Analysis, Spokane Community Indicators; Washington State DOH, Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS); DOH, Center for Health Statistics, Death Certificate Data; Washington State Office of Financial Management, Forecasting Division  
\*Indicates reporting methodology change.

Graphic 2 below translates the rate per 100,000 into an estimate of the actual number of youth affected, based on U.S. Census data for the corresponding years.

**GRAPHIC 2.**



Sources: Washington State DOH, Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS); DOH, Center for Health Statistics, Death Certificate Data; U.S. Department of Commerce: U.S. Census Bureau — ACS

Mental disorders, alcohol and substance abuse, and sexual orientation are key risk factors related to youth who seriously considered attempting suicide.<sup>47</sup> In contrast, there are key factors that, when present, can mitigate risk. Social support from family, friends and peers is a key protective factor to buffer youth from suicidal thoughts.<sup>48</sup>

# WHAT CAN WE DO TO PREVENT SUICIDE?



**Provide financial support to individuals in need**

**States** can help ease unemployment and housing stress by providing temporary help.



**Strengthen access to and delivery of care.**

**Health care systems** can offer treatment options by phone or online where services are not widely available.



**Create protective environments.**

**Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.



**Connect people within their communities.**

**Communities** can offer programs and events to increase a sense of belonging among residents.



**Teach coping and problem-solving skills.**

**Schools** can teach students skills to manage challenges like relationship and school problems.



**Prevent future risk.**

**Media** can describe helping resources and avoid headlines or details that increase risk.



**Identify and support people at risk.**

**Everyone** can learn the warning signs for suicide, how to respond, and where to get help.

## Know the Suicide WARNING SIGNS

- Feeling like a burden
- Being isolated



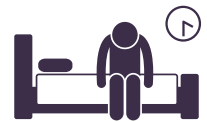
- Increased anxiety
- Feeling trapped or in unbearable pain

- Increased substance use
- Looking for a way to access lethal means



- Increased anger or rage
- Extreme mood swings

- Expressing hopelessness
- Sleeping too little or too much



- Talking or posting about wanting to die
- Making plans for suicide

## 5 STEPS to Help Someone at Risk

1. Ask
2. Keep them safe
3. Be there
4. Help them connect
5. Follow up

# Section 4: Young Adult

This section covers some critical measures specific to a girl's transition into adulthood in Spokane County and her preparedness for success in work, family and life.

Consider our girl coming into adulthood now in Spokane. With any luck, she graduated from college and is earning the same wages as her male peers. Hopefully she is not caught in a generational cycle of domestic abuse. Ideally, she is free from emotional or mental health issues and has access to medical care when and where she needs it. As she considers if she would like to start a family, in an ideal world, Spokane offers opportunities to help ensure her baby gets the very best start. If at all possible, her baby will be surrounded by quality services and caring people who ensure the baby's long-term health and well-being.

## KEY FINDINGS

- Women with a bachelor's degree or graduate/professional degree in Spokane had significantly higher median earnings than those with less educational attainment.
- Spokane County's rate of domestic violence was significantly higher than the state's at 10.4 offenses per 1,000 people.
- More than one-third of Spokane women delayed medical care due to barriers to access, such as inability to find a provider who took their insurance or lack of transportation.
- Nearly one in four Spokane County women received some form of assistance for emotional or mental health issues, a significant increase over the previous five years.

## Poverty and Education

In *Section 1: Birth*, the economics of poverty were introduced by primarily showing disparities around income for single mothers and female-headed households. There were a significant portion of these residents who faced daily challenges in affording adequate food, shelter and basic necessities — about 36,050 single-mother-headed households in 2016.<sup>49</sup> In *Section 3: Youth*, food insecurity (FRL eligible) was used as an indicator for low income, and the disparities for experiencing risk factors were evident.

Given the close relationship of income to education, these factors are examined together in *Section 4: Young Adult*.

*"It's hard to get higher education with kids and a job and this and that. [University] has classes, but that gets you into the cost, and I don't want to do anything that is a cost for my family."*

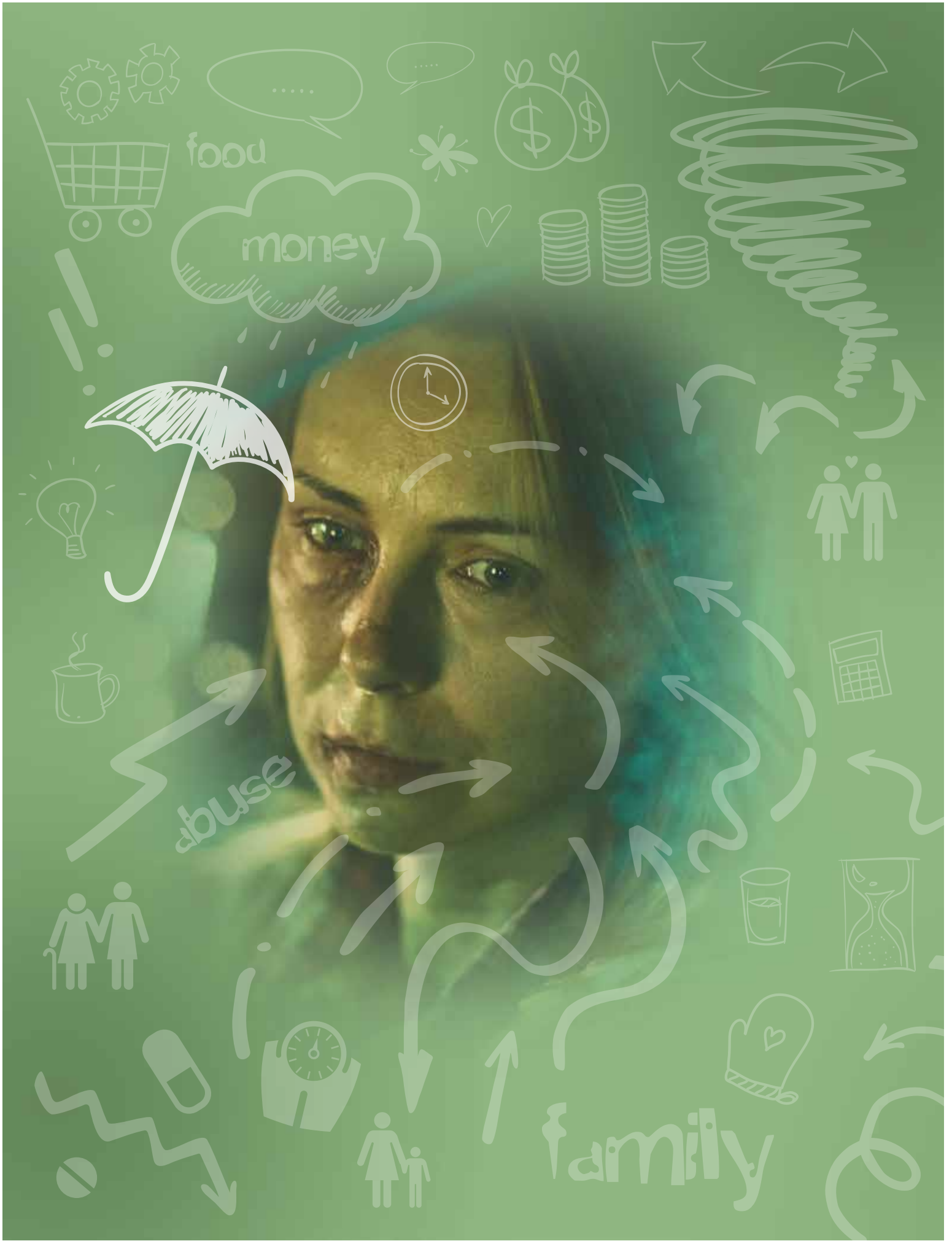
~Discussion participant

To demonstrate the link between educational levels and income, U.S. Census data around education and gender were examined. As indicated in *Section 1: Birth*, it was evident that a single-female-headed household was more likely to live at or below the FPL. Here, the median income for women by educational attainment was compared to men's earnings. Figure 32 shows earnings difference by educational attainment, but even more telling was that, at every educational level, men's median earnings exceeded women's.

---

At every educational level, women earn about 25% less than men in Spokane County.

---



food

money

abuse

family

money

**FIGURE 32. ANNUAL MEDIAN EARNINGS FOR ADULTS AGED 25+, BY GENDER AND EDUCATIONAL ATTAINMENT, SPOKANE COUNTY, 2017**



Source: U.S. Department of Commerce: U.S. Census Bureau — ACS

Income disparities for women of color were explored at the national level. Black women were paid 61 cents for every dollar paid non-Hispanic white men, 58 cents for Native women, and 53 cents for Hispanic women.<sup>50</sup> In the U.S., the gender wage gap for women of color increased in 2017.<sup>50</sup>

Though the national gender pay gap for all women decreased in the last decades, at the current rate, it's projected that the gender wage gap for women in Washington state won't close until the year 2059.<sup>51</sup>

Women's average income, nationally and statewide, remains well below that of men's for several reasons. Factors affecting income disparities included: hours worked (part-time vs full-time), accessibility and affordability of child care, family income and earning potential, and distribution of types of jobs. It is true that women typically take more time away from work for child rearing. However, it is often due to differential earning power: a wife's wages are generally lower than her husband's, thus losing her salary has less impact on family income than losing his.<sup>52</sup> Research showed that subsidizing child care costs and providing paid parental leave

would help women return to work sooner and men to more equally share care duties.<sup>53</sup> When accounting for all full-time workers, females still made only 80.5 cents for every dollar earned by men in 2017.

Another factor in the wage gap is the type of jobs generally dominated by a gender. From data gathered from 25 countries, women earned 98% of the wages of men who were in the same role at the same employers. However, women outnumbered men in lower-wage jobs, such as secretarial and administrative support positions. Men tended to predominate in higher-tier positions with higher wages. In America, the four jobs where women predominated — teacher, nurse, secretary, and health aide — were at least 80% female. All these jobs tended to have lower pay than jobs where men predominate.<sup>54</sup> In conclusion, there are apparent disparities in earnings for women, particularly women with children. Though these disparities are influenced by numerous factors, the research studies show that just by being a mother, women's opportunities for earning power shrink.



“Same thing with my job. I have all my kids and this and that trying to work full time and to get up to a [promotion] I need a bachelor’s degree. I don’t have time to get it. I haven’t found a way to make it happen.”

~Discussion participant



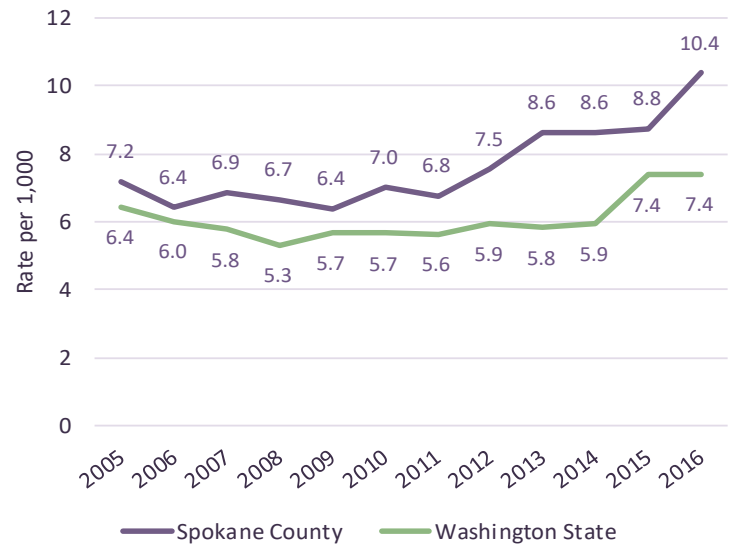
## Safety

### DOMESTIC VIOLENCE

In *Section 3: Youth*, about 23% of adolescents reported witnessing adult violence. However, that single measure does not reflect all domestic violence. Accurate data can be hard to obtain due to differing definitions of domestic violence.

For this report, the rate of domestic violence-related offenses are provided, as reported incidents by the Washington Association of Sheriffs and Police Chiefs: Uniform Crime Report. The definition of domestic violence “includes any violence of one family member against another family member...spouses, former spouses, parents who have children in common..., adults who live in the same household, as well as parents and their children.”<sup>55</sup> Figure 33 shows the rate per 1,000 residents.

**FIGURE 33. DOMESTIC VIOLENCE OFFENSES PER 1,000 RESIDENTS**



Sources: Washington Association of Sheriffs and Police Chiefs: Uniform Crime Report, National Incident Based Reporting System; Washington State Office of Financial Management, Forecasting Division

Note: these were reported incidences and do not necessarily mean that an arrest took place or that charges were filed.



## Health

(Including Mental Health and Substance Use)

### ACCESS TO HEALTH CARE

It’s well established that the largest contributors to health are social determinants, like education, income and place.<sup>56</sup> Yet, access to health care remains important. The uninsured rate in Washington decreased, but 4.3% of residents remain uninsured per the latest figures.<sup>57</sup> Even with health insurance, many people struggle to access health services. People without access to care, or without medical insurance, are more likely to skip or delay routine medical care, increasing the risk for serious health conditions, and often resulting in burdensome medical bills.<sup>58</sup>

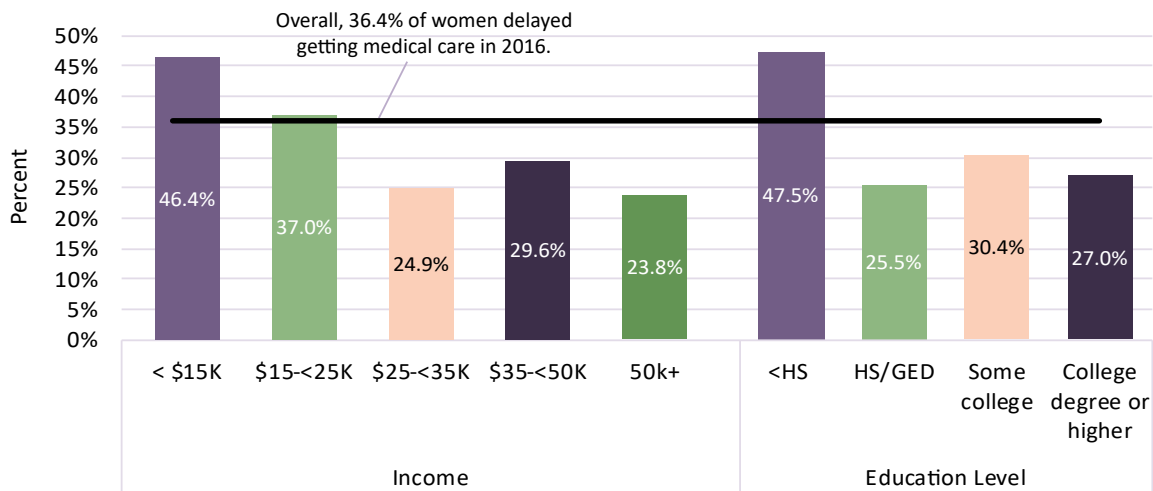
People may have trouble accessing medical care for many different reasons, including lack of insurance, no transportation, lack of available providers, unable to afford care, as well as other barriers.<sup>†</sup> In 2016, over one-third of women (36%) reported delaying medical care, and there were clear disparities by income and education. Figure 34 shows these disparities.

*“We were on state insurance and a lot of the providers we wanted to see didn’t take state insurance for specialists and chiropractor places we wanted to go in Spokane. And I understand why. They don’t get paid for people who get state. But I think it’s a statewide issue, but it’s touted as, “State, it’s great!” but sometimes you’re on wait lists or can’t get seen at all.”*

*~Discussion participant*

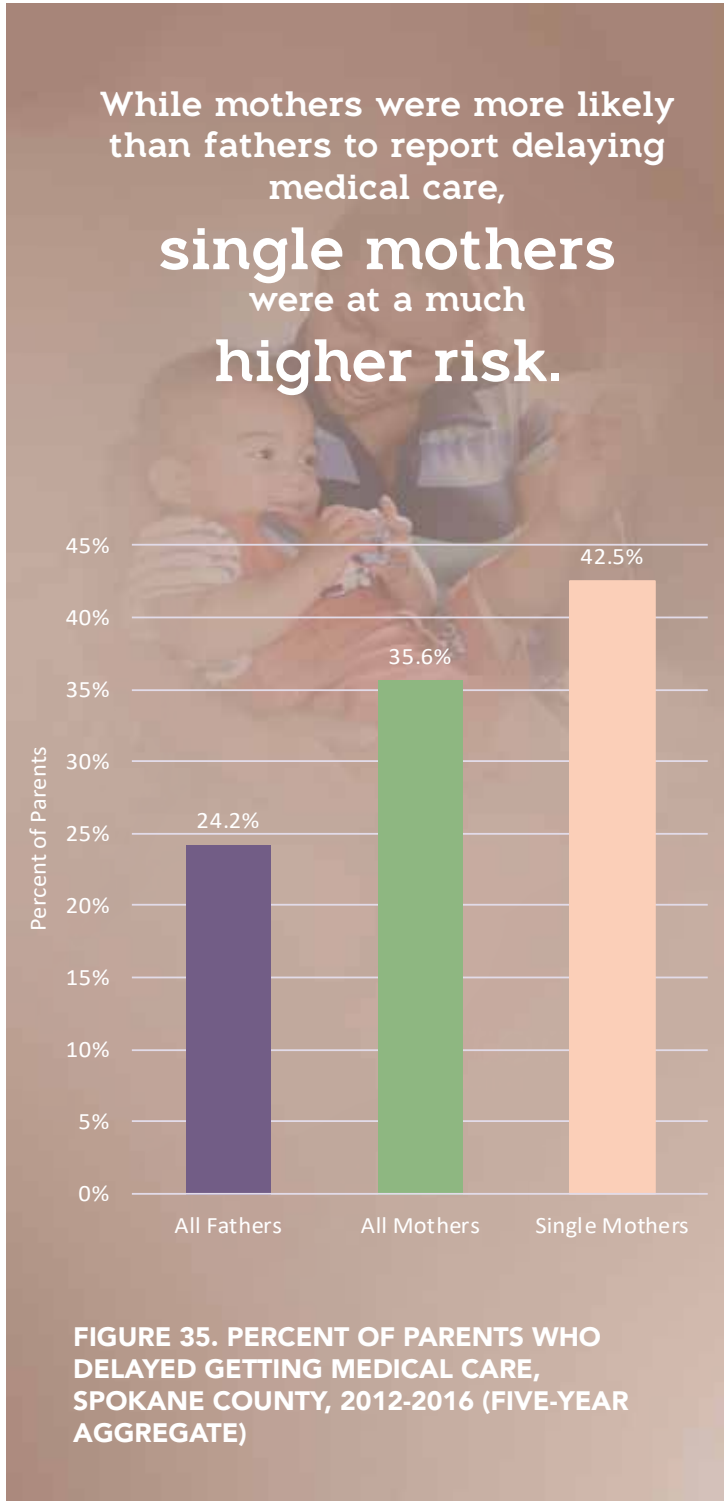


**FIGURE 34. WOMEN WHO DELAYED GETTING MEDICAL CARE BY INCOME AND EDUCATION LEVEL, SPOKANE COUNTY, 2016**



Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

To determine any differences in this indicator by parental role, a five-year aggregate average was used. Figure 35 shows that, while mothers were more likely than fathers to report delaying medical care, single mothers were at a much higher risk of such delays.

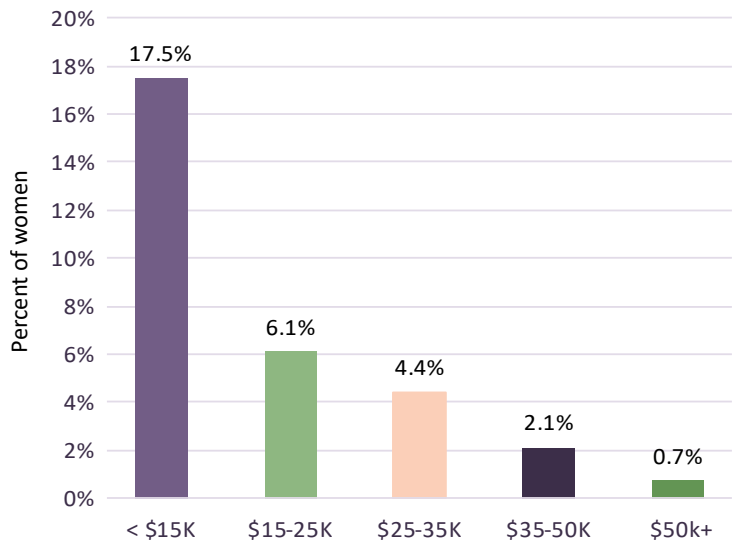


Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

## MENTAL HEALTH AND EMOTIONAL DISTRESS

Mental health issues are of concern to all members of a community. Mental and emotional distress was considered significant if a person reported 14 days or more of stress, or mental and emotional duress, in the past 30 days. BRFSS asks participants whether they have experienced stress, significant emotional disturbances, or other mental distress in the past month — and for how many days. Although this was self-reported and not reflective of official diagnoses, it reflected how individuals perceive their emotional and mental health. Figure 36 reports a five-year aggregate that shows women who were in the lowest income level were significantly more likely to report such distress than women of higher income. Of note, poverty in adulthood was linked to depressive disorders, anxiety disorders, psychological distress and suicide.<sup>59</sup>

**FIGURE 36. WOMEN REPORTING SERIOUS MENTAL/EMOTIONAL DISTRESS, BY INCOME, SPOKANE COUNTY, 2012-2016 (FIVE-YEAR AGGREGATE)**



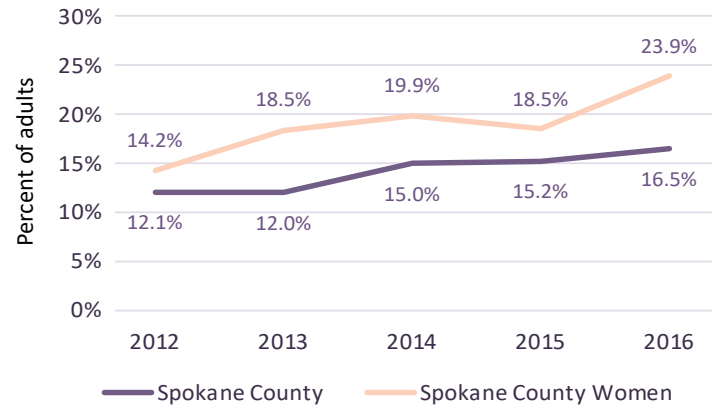
Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

Since this is self-reported, an additional perspective is provided by looking at the percentage of individuals reporting receiving mental health treatment. Figure 37 shows the percentage of all Spokane County adult residents reporting mental health treatment, compared to the percentage of women receiving such treatment. It is clear that a higher percentage of females were seeking and receiving treatment than the average for all adults; additionally, the numbers were increasing.

*"[Poverty] affects me directly as well, being recently divorced and losing my house. Trying to find affordable housing is impossible... So trying to get emotional problems figured out without resources for legal and emotional help, you're lost."*

*~Discussion participant*

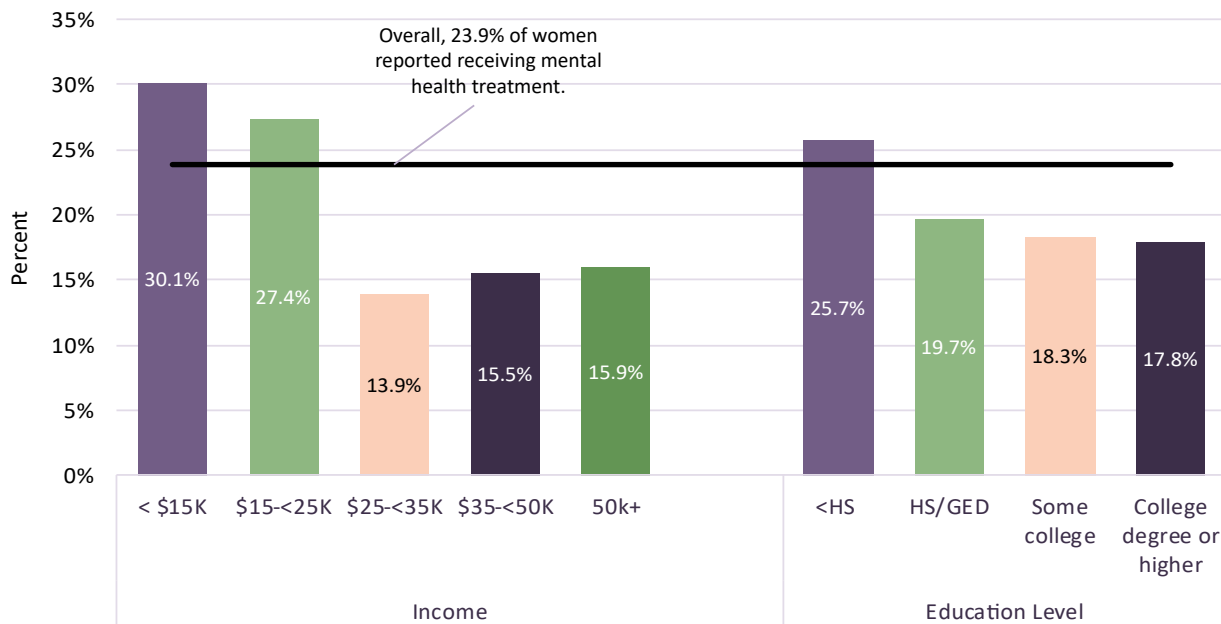
**FIGURE 37. ADULTS RECEIVING MENTAL HEALTH TREATMENT, SPOKANE COUNTY**



Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

To illustrate disparities, Figure 38 shows the percentage of women receiving treatment by household income and by education level.

**FIGURE 38. WOMEN RECEIVING MENTAL HEALTH TREATMENT BY INCOME AND EDUCATION LEVEL, SPOKANE COUNTY, 2016**



Source: Washington State DOH, Center for Health Statistics, BRFSS, supported in part by CDC, Cooperative Agreement U58/DP006066-01.

Lower income women, and women with less educational attainment were more likely to be receiving mental health treatment.

## EMERGING ISSUE: HUMAN TRAFFICKING

In recent years, numerous stakeholders expressed concern regarding human trafficking in Spokane County. The National Human Trafficking Hotline provides the following definition: “Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against his/her will.”<sup>60</sup>

Statistics on human trafficking are difficult to obtain, in part, due to “sex trafficking” not being the label used for people forced into prostitution. Data are hard to obtain too, as acts go undetected and therefore underreported. The Bureau of Justice Statistics reported nationally that in fiscal year 2015, 1,923 suspects were referred with human trafficking as the lead charge, of which 59% were prosecuted in U.S. district courts.<sup>61</sup> The National Human Trafficking Hotline (NHTH) also provides some statistics about human trafficking in Washington state as it receives “calls” (via telephone, email and various forms of web postings) from people who suspect human trafficking is taking place. A call is counted as a “case” if there are enough indicators of common trafficking scenarios and evidence of force, fraud or coercion.<sup>62</sup> For the state of Washington, NHTH reported the following numbers of calls and cases:

**TABLE 3. HUMAN TRAFFICKING CASES IN WASHINGTON**

| Year                | Calls Received | Human Trafficking Cases Reported |
|---------------------|----------------|----------------------------------|
| 2018 (through 6/30) | 266            | 99                               |
| 2017                | 500            | 163                              |
| 2016                | 553            | 169                              |
| 2015                | 419            | 130                              |
| 2014                | 512            | 128                              |
| 2013                | 554            | 133                              |
| 2012                | 89             | 342                              |

Source: Washington State Task Force against the Trafficking of Persons  
(Washington State Department of Community, Trade & Economic Development)

Human trafficking is a criminal industry built on the same economic principles of supply and demand as legally obtainable products or services. It is fueled by two primary factors: (1) the vulnerability of key populations, and (2) demand for cheap labor and commercial sex that leads to the exploitation of these victims.<sup>62</sup>

Though anyone can be a victim, populations at particular risk include:<sup>62</sup>

- Youth who’ve been estranged from family, especially homeless youth
- Adults involved in prostitution, many of whom were trafficked as youth and who are addicted to alcohol or other substances
- Adults and especially women who lack economic independence
- Immigrants

For further information on efforts to address human trafficking, refer to the Statewide Human Trafficking Report – Washington State Department of Commerce.

# The Lived Experiences of Some Women in Spokane County: What We Heard

To complement the quantitative data and national research cited in this report, eight total female residents of Spokane County were divided into two focus group discussions lead by Eastern Washington University. The focus groups were conducted to provide contextual information from the lived experiences of local women. The discussions were designed to gather information from the participants relative to three primary categories:

- Perceptions of a fulfilling life
- Opportunities here for achieving a fulfilling life
- Obstacles in Spokane County to achieving a fulfilling life

## PERCEPTIONS ON THE CHARACTERISTICS OF A FULFILLING LIFE

Discussion Summary: Participants identified and reiterated universal attributes for a fulfilling life. Key themes included family, happiness with what you're doing, faith and church, economic security, gratitude and acceptance, and perseverance.

## PERCEPTIONS ON OPPORTUNITIES IN SPOKANE COUNTY FOR A FULFILLING LIFE

Discussion Summary: Participants identified both personal and generally praised attributes of Spokane County they find attractive. Key themes included volunteer opportunities, nearby outdoor and recreational opportunities, "biggest small town" atmosphere, high(er) minimum wage, resources for those in need, independent local businesses and nearness to family.

## PERCEPTIONS ON THE OBSTACLES IN SPOKANE COUNTY TO ACHIEVING A FULFILLING LIFE

Discussion Summary: Inadequate, costly, sparse housing options surfaced most often relative to unique Spokane County challenges. Key themes included housing, wages,

finding a job, day care for children, transportation costs, the high cost of higher education, ageism, managing work at low wages while hoping to return to school, the need for health support, residents' attitudes about abuse survivors and the working poor, and incompatible regulations at the shelters.

## IMPACT OF A CHALLENGING CHILDHOOD

Discussion Summary: Not every respondent elected to answer this question, but those who did contributed freely. Key themes included prejudice against families for past reputations, inadequate services for children and more resources needed for families.

## IMPACT OF POVERTY IN SPOKANE

Discussion Summary: Participants sometimes related to this question personally; others chose to identify regional causes and impacts. Key themes included joblessness, ageism, homelessness, addiction, affordable housing, mental health issues, the working poor and inadequate resources for legal and emotional help.

## IMPACT OF FOOD INSECURITY

Discussion Summary: This question, too, was very animating for participants. Those who did not have personal experiences with food insecurity offered their perspectives on potential sources of food for those in need. Key themes included homelessness and access to food banks, suitability of food offered at food banks, the stigma of using food banks, co-ops for sharing fresh vegetables and food that goes wasted.

## IMPACT OF EDUCATION ON ABILITY TO MANAGE CHALLENGES

Discussion Summary: Instead of addressing the question about the impact of education in their ability to address challenges they face, all but one of the participants indicated a desire for more education as a way to manage challenges. Additionally, of those who responded about the value of



more education, participants also identified significant barriers to achieving more education. Key themes included inadequate skill-level training, difficulty in balancing education with other demands on their time and financial constraints.

#### **CHALLENGES RELATED TO HEALTH AND ACCESS TO HEALTH CARE**

Discussion Summary: This question generated personal responses from every participant. Each had something to say about the state of health care and issues of access and cost. Key themes included inadequate access to mental health services, inadequate access to obstetrics/gynecology services, state insurance constraints and obstacles, the high cost of health care, inadequate access to dental and alternative care providers and a need for “culturally-based providers.”

#### **CHALLENGES RELATED TO SAFETY**

Discussion Summary: The common response was that safety is relative — to the location, context, circumstance, and past experience with unsafe encounters. Some participants cited specific Spokane neighborhoods and locations where they do not feel safe. All participants except one indicated that safety is not something they can take for granted in Spokane County. Key themes included fear of losing a sense of safety, fear of being in the wrong place at the wrong time, loss of a feeling of safety in the region over time and willingness to confront people threatening their safety.

#### **CHALLENGES THAT MOTHERS FACE AND THE IMPACT ON THEIR CHILDREN**

Discussion Summary: One participant identified a positive impact on her children because of the challenges their mother faced. Even so, all mothers expressed some degree of regret or guilt about the impact on their children and located the responsibility for that impact within themselves. Key themes included the impact on children of the mother’s undiagnosed mental illness, the difficulty of planning for the future while children are in the home, concerns about an adult child who continues to worry about her mother’s security, children growing up fast and learning independence in a single-parent home, and children bearing the brunt of a mother who raises them primarily alone while her spouse works swing shifts.

# Conclusion

This report followed the early life of “our girl” as shown by walking through the relevant data. We followed her to her young adult life, when her circumstances and compounded experiences of adversity set the stage for the next generation as she prepared for children of her own. What will be the future of our girl and of her children? The data point to a discouraging quality of life and uncertain future for our girl, and reflects the very real experience of many of the most vulnerable in our community – especially the women and children caught in a cycle of poverty.

*“I think at different (times) of my life there would be different answers, but now my answer is: security in my home, family, being a grandma, having everything come full circle with children and grandchildren and being in a house with security.”*

*~Discussion participant*

However, the forecast for women and children can change — cycles can be broken, adversity can be overcome. Many women have, and will continue to, confront adversity and overcome challenging circumstances and limited opportunity. But, their chances of succeeding are far greater when others care, when communities help.

With the help of this community, which we all call home, women and children like “our girl” can, and do:

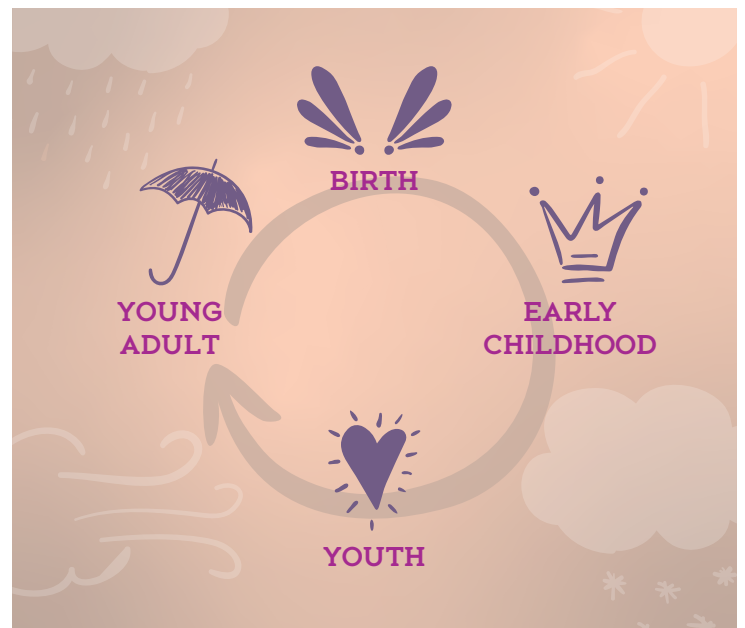
- Obtain enough income to keep themselves and their children out of poverty and protect them against the many factors associated with poverty.
- Obtain a quality education that increases their earning power, and that of their children.

- Experience safe and nurturing family environments, and the support to leave abusive relationships.
- Access services to protect their physical and emotional health and well-being.

Though many women and children manage to overcome adversities, interventions and quality support for women and children in this community need to be bolstered and sustained.

## What More Can Be Done?

There are several excellent resources that provide a blueprint for community stakeholders interested in improving the lives of women and children.<sup>63,64,65,66</sup> A selection of these recommendations follows.



### BIRTH

- Voluntary, evidence-based, home visiting programs for new and expectant families at risk for poor child outcomes
- Access to quality and culturally competent prenatal care
- Sufficient family leave that enables new mothers to stay at home during the critical early months of life
- Supports for the most vulnerable mothers to protect against stress and substance use





*“That’s an idea for women helping women. When I was in the shelter, you’re in survival mode. But, [it would be good] to have a mentor program with a volunteer woman who becomes your buddy.”*

*~Discussion participant*

## EARLY CHILDHOOD

- Quality, affordable child care for those most in need
- Equitable opportunities for early learning
- Access to needed health services and mitigated barriers to access, including income and other determinants
- Prevention and family support programs for children at risk of abuse and neglect

## YOUTH

- Opportunities for young women to pursue advanced education in higher paying fields
- Programs and services, like mentoring, that connect adolescents with caring adults
- Access to adolescent-focused, high quality health care and mental health services
- Treatment and/or intervention for adolescent victims and perpetrators of violence

## YOUNG ADULT

- Flexible workplace policies that enable working mothers and fathers to balance work and family obligations
- Fair-wage policies and practices that promote gender equity
- Opportunities for women in leadership
- Effective outreach and enrollment in programs that promote family economic stability and parent participation in higher education

You care, and you can make a difference by joining forces with many others to help the women and children in this community. The following is a list of commitment statements from project planning committee members.

# Who's Helping Women and Children?

## WOMEN HELPING WOMEN FUND

WHWF promotes and funds programs that remove the social, economic and educational barriers preventing women from reaching their full intellectual and vocational potential. By doing so, WHWF contributes to impacting the cycle of generational poverty, helping make the lives of future generations of children brighter. WHWF is committed to championing and providing a voice for women and children in Spokane County. We will continue to strive toward data-driven investments, partnering to consolidate resources and efforts, and monitoring the success of our efforts over time.

## SPOKANE REGIONAL HEALTH DISTRICT

Provision and assurance of sufficient and quality maternal and child health programming is a foundational goal of public health. Research continues to build that demonstrates that infants and children with healthy starts achieve brighter futures. The role of public health is to work with community partners to create environments so that children are born healthy and have resilient families who can help them achieve their maximum potential.<sup>67</sup>

## INNOVIA FOUNDATION

Innovia Foundation is committed to supporting efforts that drive community transformation. This project brings together community partners dedicated to this goal as well. The project represents an important step in improving the lives of women and children in our region. By utilizing shared data to identify the most pressing needs, we can adopt targeted strategies that truly make a lasting impact.

## MULTICARE INW COMMUNITY PARTNERSHIP FUND

The project will help inform the allocations process for the MultiCare INW Community Partnership Fund and its implementation strategies for community health needs assessment priorities. Staff will also take it under advisement as they prioritize for the MultiCare INW Foundation.

## PROVIDENCE HEALTH CARE

Providence Health Care supports the work of the Women Helping Women Fund and its efforts to develop this report to learn from and rally around the needs of women and children in our community. Aligned with our mission to serve those who are poor and vulnerable, Providence partners with others in the community to address these challenging issues and create healthier communities, together.

## EASTERN WASHINGTON UNIVERSITY

Part of our College mission is 'to engage the community in ways that empower local peoples and institutions', which is why it was important for us to participate in this Task Force. This report also provides information to guide community-based research.

There are many ways to support women  
and children in Spokane County.

## WHAT CAN YOU DO?

Can you volunteer your

### TIME

at one of the many nonprofit organizations  
serving people in this community?

Can you share your

### TALENT

by mentoring a woman or child who needs  
a positive influence in their life?

Can you give your

### TREASURE

and fund efforts to enhance programs and  
services making a difference?

To help improve the forecast for women  
and children in Spokane County, visit

[whwfspokane.org/ways-to-support](http://whwfspokane.org/ways-to-support)

and/or use the social media hashtag

[#ourgirlspokane](https://www.instagram.com/ourgirlspokane)

# Methodology

## INDICATOR SELECTION

There are as many different approaches to the study of the well-being of women and children as there are different U.S. geographic areas that have taken on such a task. Foundations such as the Annie E. Casey Foundation and Kaiser Family Foundation pioneered data dashboards such as the KIDS COUNT database.<sup>67</sup> The Institute for Women's Policy Research conducted numerous state-specific status reports on women and girls, including the one for the Women's Funding Alliance of Washington State,<sup>68</sup> which focuses on Washington women in the workforce, the gender wage gap, women's political participation and economic security for women and families.

In assessing the status of women and children in Spokane County, this project investigates the conditions into which people are born, grow, live and age. The project team started simply by identifying a broad set of available population-based measures of well-being. These helped clarify the broad status of women and children in Spokane. Spokane area stakeholders and nonprofit organizations that focus on women and children were surveyed to further refine an index of well-being. Their input was used to identify and prioritize the four key topics/issues of interest that then guided the selection of indicators included in this report.

Once the indicators were selected and the data analyzed, project team members discussed if the results provided useful information to the community. The ultimate purpose of the project being to utilize meaningful information to raise awareness on key aspects of life for women and children, and to make better collective decisions and where to expend resources and efforts to improve. Due to the substantial findings linking multiple experiences and outcomes to poverty, and the cyclical nature of poverty, authors chose

to frame the data in terms of a modified life course model, using key developmental stages of early life:

- Birth
- Early Childhood
- Youth
- Young Adult

In sum, the following selection criteria were used to identify the data included in this report:

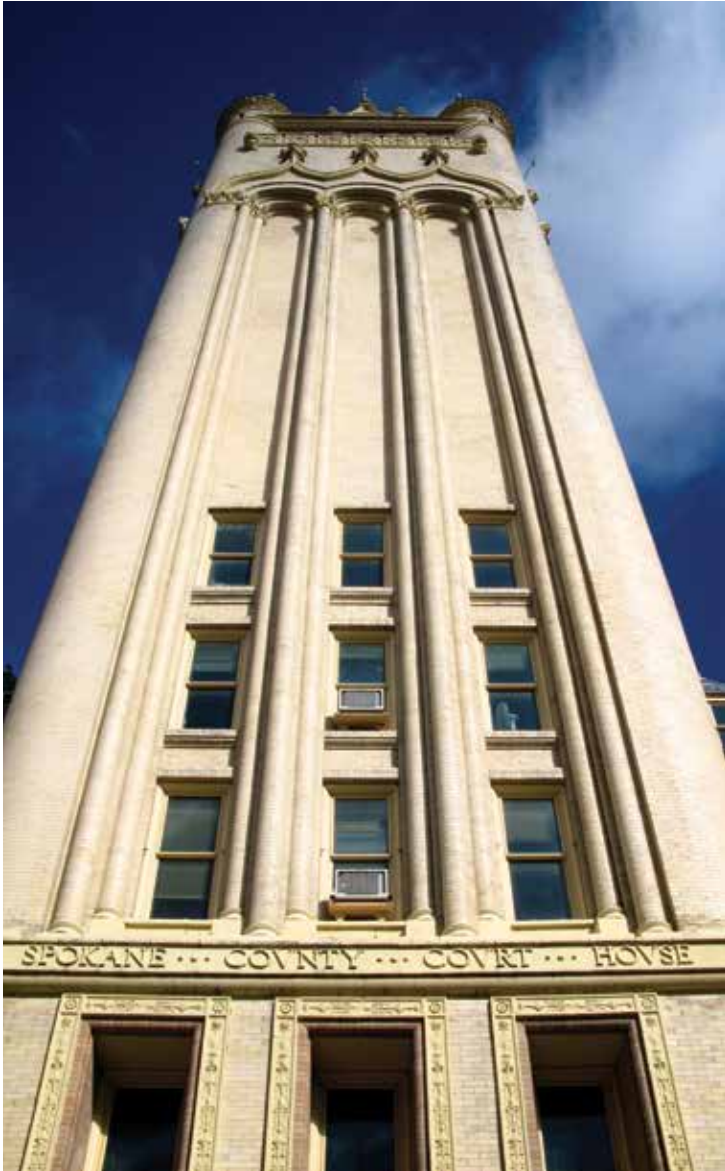
- Indicators that are strongly related to the goals and priorities of project partners, stakeholders and community leaders.
- Data that are available at the county-level and permit comparison with state or national rates.
- Data that were available to communicate key developmental stages for women and children that also demonstrate the cyclical nature or intergenerational transmission of key community problems, like poverty, stress and violence.
- The significance, or merit of the results of the data analysis, in terms of providing useful information to the public.

## QUALITATIVE INFORMATION

To complement the quantitative data and national research cited in this report, two focus group discussions with 8 women residents of Spokane County were conducted by Eastern Washington University. The focus groups were conducted to provide contextual information and the lived experiences of local women to support their statistical analyses and are not intended to be representative of all women in Spokane County. The discussions were designed to gather information from the participants relative to three primary categories:

- Perceptions of a fulfilling life
- Opportunities here for achieving a fulfilling life
- Obstacles in Spokane County to achieving a fulfilling life

† This symbol in the text indicates data analysis by the SRHD Data Center. Data sources included the following:  
ACS (U.S. Census Bureau), ALICE Project (United Way), Washington State DOH data, Washington State DSHS data, ChildCareAware (2017 State ChildCare Facts), CHARS, HYS, Quality of Life Survey (SRHD 2017), CHAT, U.S. Department of Justice: Bureau of Justice Statistics-Sourcebook of Criminal Justice Statistics Online, Washington Association of Sheriffs and Police Chiefs Uniform Crime Report, National Incident-Based Reporting System.



Following Institutional Review Board protocols and using pre-approved questions, the researchers conducted 75-minute focused interviews. Every effort was made to remove identifying information. Focus group questions were:

1. What do you think is most important to a fulfilling life?
2. What are unique challenges in Spokane County related to achieving a fulfilling life?
3. What are unique opportunities here related to achieving a fulfilling life?
4. How do you think a challenging or difficult childhood could have a lasting impact on a person's ability to create a fulfilling life in Spokane County?
5. How does poverty in Spokane County impact you?
6. How does food insecurity impact you?
7. How has education impacted your ability to manage the challenges you face here?
8. What would you identify as your greatest health challenge and the obstacles you face when accessing health services in Spokane County?
9. What challenges do you face related to safety?
10. What is the impact of challenges mothers face on their children's lives?
11. Is there anything else you would like to add as an opportunity or challenge to a fulfilling life in Spokane County?

The responses were thematically analyzed. A brief summary of findings are included in this report. Select participant quotations are also included throughout the report, where authors felt that the lived experiences discussed added rich insight into report topics.

## COMPANION WEBSITE

In addition to this report, a complementary online dashboard hosting a selection of the most currently available data can be found at [whwfspokane.org/changing-our-forecast](http://whwfspokane.org/changing-our-forecast). The data dashboard can be used by the community as an ongoing source of reliable information to track these issues over time.

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\*This “symbol” in the text indicates data analysis by SRHD Data Center, data sources included: BRFSS, OSPI, CHAT, WA State DOH, WA State HYS, CHARS





## **Acronyms List**

|         |  |
|---------|--|
| ACS:    | U.S. Department of Commerce: U.S. Census Bureau – American Community Survey        |
| AIAN:   | American Indian or Alaska Native   |
| ALICE:  | Asset Limited, Income Constrained, Employed  |
| BRFSS:  | Behavioral Risk Factor Surveillance System, Washington State Department of Health  |
| CHARS:  | Comprehensive Hospital Abstract Reporting System                                   |
| CPS:    | Child Protective Services  |
| DOH:    | Washington State Department of Health  |
| DSHS:   | Washington State Department of Social and Health Services                          |
| FPL:    | Federal Poverty Guidelines   |
| FRL:    | Free/reduced lunch eligible (proxy for low income)                                 |
| HS/GED: | High school diploma or general education diploma (level of educational attainment) |
| HYS:    | Healthy Youth Survey, Washington State Department of Health                        |
| NAS:    | Neonatal Abstinence Syndrome   |
| NHOPI:  | Native Hawaiian or Other Pacific Islander  |
| OSPI:   | Office of the Superintendent of Public Instruction, Washington State               |
| PRAMS:  | Pregnancy Risk Assessment Monitoring System, Washington State Department of Health |
| SRHD:   | Spokane Regional Health District   |
| WHWF:   | Women Helping Women Fund   |



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Page 53: ACF HHS, Human Trafficking Awareness

Page 57: Adam Baker, Zac & Grandma

Page 61: Frank Fujimoto, Spokane County Courthouse

Page 63: Metropolitan Transportation Authority of the State of New York

CTA Mets Pizza Bet Delivery

### **Symbol Note**

† This symbol in the text indicates data analysis by the SRHD Data Center. Data sources included the following:

ACS (U.S. Census Bureau), ALICE Project (United Way), Washington State DOH data, Washington State DSHS data, ChildCareAware (2017 State ChildCare Facts), CHARS, HYS, Quality of Life Survey (SRHD 2017), CHAT, U.S. Department of Justice: Bureau of Justice Statistics-Sourcebook of Criminal Justice Statistics Online, Washington Association of Sheriffs and Police Chiefs Uniform Crime Report, National Incident-Based Reporting System.



hope



support

fear



family

poverty



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