



ISLAND COUNTY
PUBLIC HEALTH

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Community Health ASSESSMENT

Acknowledgments

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Island County Board of Health

Island County Human Services

**Opportunity Council of Island
County**

Island Senior Resources

**South Whidbey CARES
Coalition**

Camano Fire & Rescue

Good Cheer Food Bank

**Mission Emanuel Whidbey
Island**

Mission Ministry

Sno-Isle Library

Skagit Valley College

WhidbeyHealth

Camano Island Health System

Local School Districts

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Letter to Island County Residents *from Public Health Director*

Dear Island County Community Members,

We are thrilled to share the Island County Community Health Assessment (CHA), which is the culmination of many months of engagement and research. Our communities have changed significantly since we last completed a CHA in 2016 and the Community Health Improvement Plan (CHIP) in 2018. We approach health assessment as an ongoing process that builds on past efforts through continual engagement, allowing us to adapt and stay responsive.

Our team made extensive efforts to center the voices, values, and experiences of our unique island communities in this project.

The process of community engagement itself holds significant value, providing an opportunity to strengthen partnerships, create new connections, and reconnect with community members. The quality of the report rests on the strength of our partnerships, and we are deeply thankful for the time, energy, and support provided by local organizations and participants.

As a public health agency, we think holistically about health, considering the conditions in which community members live, learn, work, play, and age. Collectively, these factors are called the social drivers of health, and they play a significant role in shaping individual health outcomes. Access to healthcare is a key factor, but health is shaped by so much more. Environmental quality, economic opportunity, educational services, social services, availability of nutritious foods, housing, social connection, and other factors are also essential for a thriving community.

To understand the current status of community health, we looked at available data and prioritized learning directly from community members. Our team understands that health is reflected not only in data, but also in unique lived experiences. We worked with community agencies, including healthcare providers, emergency services, social services, behavioral health providers, food systems partners, schools, and many others. We also connected directly with community members through surveys, interviews, and focus groups. This collaborative effort ensured we heard from a diverse range of voices.

We greatly appreciate everyone who was willing to share their perspectives, challenges, successes, and vision for the future. The collective stories and experiences provide a deeper understanding of the health needs in Island County. Your stories were impactful and inspiring, and they will guide our ongoing efforts to create thriving communities for all.

Sincerely,

Shawn Morris
ISLAND COUNTY PUBLIC
HEALTH DIRECTOR

Taylor Lawson
ASSESSMENT
SUPERVISOR



Executive Summary



Conducting a Community Health Assessment (CHA) helps our public health department and community better understand the community's health needs, design programs, inform policy-makers, support local community-based organizations, and advocate for funding to address those needs to improve public health.

We partnered with our community to understand health needs, gaps, and existing community strengths. We identified 30 local leaders across 14 different fields. We conducted focus groups around the county and aimed to include diverse age groups, racial groups, and socioeconomic groups.

We conducted several data collection activities including:



- 25 community leader interviews in English



- 5 focus groups in English and Spanish



- Community survey in English, Spanish, and Tagalog



- Health indicators from state and national sources

We include Spanish quotes throughout the report with an English translation. This means that information was collected in Spanish first and then translated into English.

OUR TOP FOUR COMMUNITY-IDENTIFIED NEEDS WERE:

- Housing Access and Affordability
- Mental Health Care Service Availability
- Health Care Access and Availability
- Senior Health and Supports

We will use this information to develop our Community Health Improvement Plan and continue collaborating with our dedicated community partners to improve health and health outcomes.

You can read more about work already in progress and next steps at the end of this report.



About ICPH

We are a countywide public health department with staff and offices on Whidbey and Camano Islands. Island County Public Health is responsible for community health services, communicable disease control, environmental health, natural resources, and more. For more information about our department, please visit our website.

MISSION STATEMENT

Island County Public Health is committed to improving the well-being of our unique island communities through innovative programs and partnerships. Working in close partnership with the communities we serve, our dedicated teams deliver essential services, advance drivers of well-being, and strategically plan health improvement.

OUR TEAMS

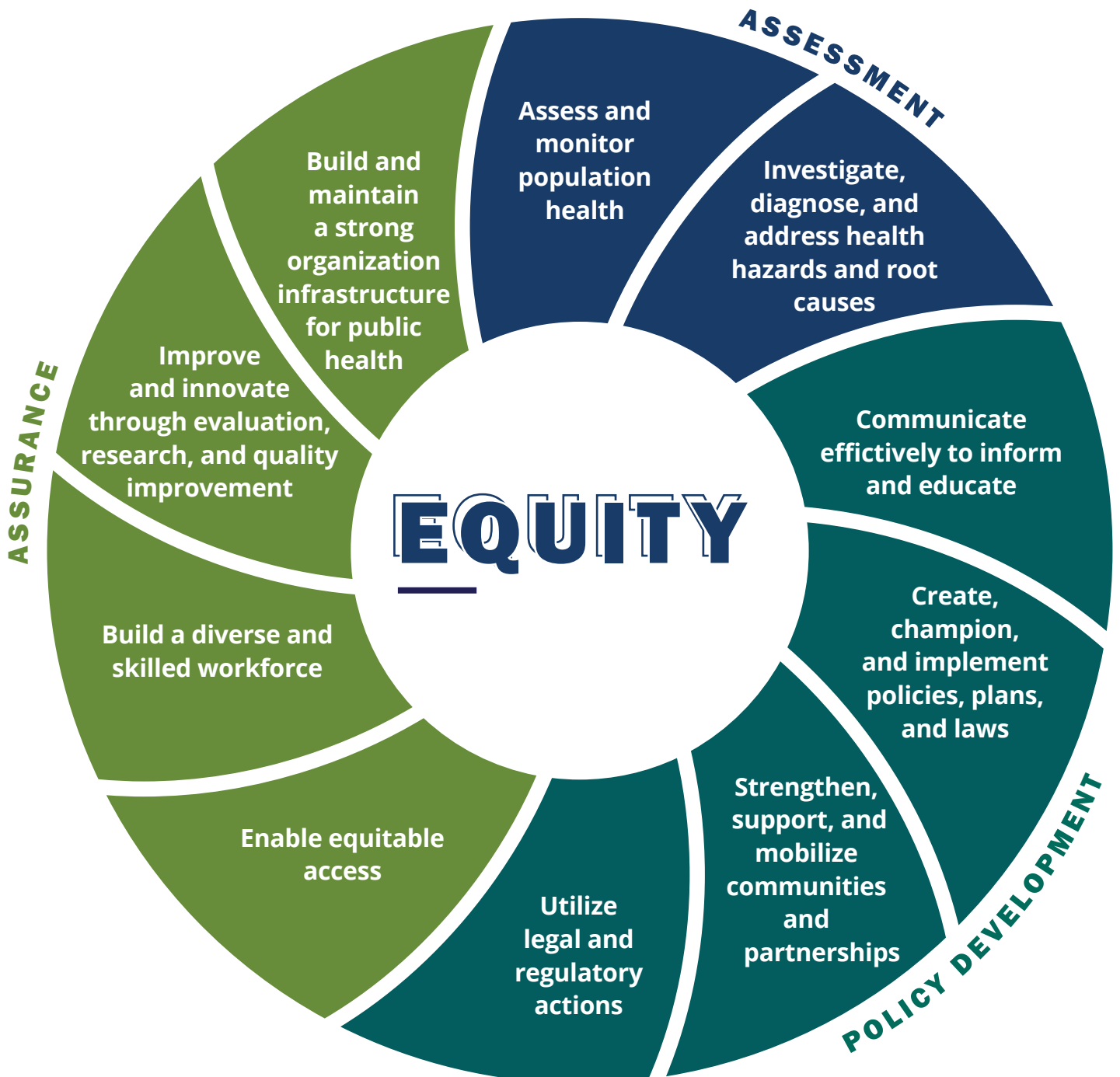
Island County Public Health is composed of four divisions that work together to achieve our mission:

- **Natural Resources:** Supports ecosystem health, biodiversity, and environmental justice through climate adaptation, conservation, restoration, and outreach.
- **Community Health:** Advances a continuum of prevention services, improving health outcomes related to maternal and child health, communicable disease, nutrition, chronic disease, and preventable injuries.
- **Assessment:** Develops a comprehensive understanding of health to guide community decision-making, integrating community voice and values through participatory methods.
- **Environmental Health:** Ensures healthy natural and built environments through outreach, permitting, and regulation, focusing on water resources, septic infrastructure, building safety, food safety, and pollution prevention.

Collectively, our teams ensure delivery of the 10 Essential Public Health functions.



The 10 Essential Public Health Functions that we provide





Services We Provide



COMMUNITY HEALTH SERVICES

- WIC (Women, Infants, and Children) and Breastfeeding Support Services
- New Baby, New Family Maternal & Child Home Visiting Services
- Communicable Disease Surveillance & Investigation
- Senior Falls Prevention Coalition
- Health Education for Chronic Disease Prevention
- Youth Cannabis and Tobacco Prevention



ASSESSMENT

- Community Health Assessment and Improvement Planning
- Public Health Emergency Preparedness
- Community Data Assistance



NATURAL RESOURCES

- Surface Water Quality Monitoring
- Island County Local Integrating Organization
- Shore Friendly Program
- Salmon Recovery
- Watershed Planning
- Conservation Futures Fund
- Noxious Weed Management



ADVISORY BOARDS AND COMMITTEES

- Board of Health
- Community Health Advisory Board
- Marine Resources Committee
- Noxious Weeds Board
- Conservation Futures Advisory Board
- Salmon Recovery Technical & Citizen's Committee



FINANCE AND ADMINISTRATION

- Accounting & Finance
- Grants & Contracts
- Vital Records
- Communications



ENVIRONMENTAL HEALTH

- Food Safety Permitting and Inspections
- Water Resource Management
- Shellfish Biotoxin Monitoring
- On-site Sewage System Permitting
- On-Site Sewage System Operation and Maintenance
- Recreation Water Inspections
- School Safety
- Outdoor Burn Permitting
- Zoonotic, Waterborne, and Foodborne Disease Surveillance & Investigation
- Mobile Home Park Permitting



What is a CHA?

A **community health assessment (CHA)** is a process of systematic data collection about a defined community to understand important health needs, uncover public health gaps, and highlight existing strengths and community assets.

Conducting a CHA helps our public health department and community better understand what health issues need to be addressed and design programs to address those needs to improve public health. The CHA report will support Island County Public Health as we distribute resources, advocate for program funding, and inform policymakers. We included our community in this CHA because we wanted to hear directly from community members about their health needs and assets.

How did we conduct the CHA?

Our CHA consisted of several data collection and analysis activities. We included primary data, which is data we collected directly for this report; and secondary data, which is data that has already been collected that we gathered and analyzed. When people think about data, they often think about numbers like statistics, but numbers only tell part of the story. Numbers help us understand the amounts or quantities, but we also want to know about the quality and the context of the information. That's why we collected and analyzed both quantitative and qualitative data for this CHA.

Hearing community members' insights about specific questions and themes during interviews and focus groups help us understand how or why community health indicators impact individuals and families.



QUANTITATIVE DATA

Percentages, ratios, counts, and other number-based indicators from state and national data sets, and the community survey, which tell the story of our community's health.



QUALITATIVE DATA

Community member insights centered around specific questions and themes in the form of interviews and focus groups, which help us understand how or why community health indicators impact individuals and families.





Sources of Data for this Report



HEALTH INDICATORS

We compiled a list of indicators that are available from the state of Washington and other data sources like the U.S. Census Bureau. We then decided which indicators were most relevant to our county. Because of Island County's small population, some of the state-level indicators may not be very meaningful for us, so we found other ways to report these numbers. We also compared our data between different regions in our county (North Whidbey, Central Whidbey, South Whidbey, and Camano Island).



COMMUNITY INTERVIEWS

The Island County Public Health Assessment Team reached out to 40 community leaders and conducted key informant interviews with 25 of those individuals as part of the Community Health Assessment process. Interviewees came from a variety of backgrounds including medical doctors, child care providers, leaders in nonprofits, educators, and many more, which provided a wide range of perspectives and views of and from the community.



COMMUNITY FOCUS GROUPS

The consulting team conducted five focus groups spread throughout the county and across both islands, including two in Spanish and three in English. Focus group topics were chosen based on the themes we learned from the community interviews. Like the interviews, we aimed to have a mixed representation of race and ethnicities, genders, community engagement, and professions.

FOCUS GROUP TOPICS

- Mental Health
- Housing
- Access to Health Care
- Senior Supports



COMMUNITY SURVEY

The Island County Public Health Assessment Team developed a community survey to hear directly from Island County residents about the health needs that are most important to them and the local resources they know about. The team advertised the survey widely at community events, with local businesses and organizations, through social media—including on their Facebook page, at health fairs, and through word of mouth. Respondents were offered the choice to select multiple responses for many of the questions. The survey was offered in English and Spanish. We received 1,111 responses to the survey. 97% of survey respondents identified as full-time residents of Island County. We also had various responses from across the county, meaning we had a good distribution of information from a variety of locations. A copy of the survey questions can be found in the appendix of this report.



SPANISH DATA COLLECTION

To be inclusive towards the growing Spanish-speaking population in Island County, and to reflect their community-identified health needs in this report, we collected Spanish-language data in the form of focus groups and the community survey. We chose to embed these responses directly into this report instead of creating a separate report to best model inclusivity. You will see Spanish quotes and text throughout the report, accompanied by an English translation.



HOW WE USED THE DATA

After we collected and analyzed the data, we used our findings to create this report. More details about data collection and analysis can be found in the appendix. Community-reported data and indicators from state and national data sources can be found in subsequent sections of this report.



Some notes about the data you'll see in the rest of this report

Per 100,000

What do we mean by “per 100,000”? In the data tables, you’ll see numbers reported as “per 100,000.” The “rate per 100,000” is used to compare data across populations of different sizes. For example, by using this standardized rate, we can compare disease or injury rates between Island County and another county that is much larger, or compare Island County to Washington State as a whole.

How is the “rate per 100,000” calculated?

The rate per 100,000 is calculated by dividing the number of cases (e.g., deaths) by the total population, then multiplying by 100,000.

What about a smaller county with less than 100,000 people, like ours? In a smaller county, the rate per 100,000 can be useful to compare to other counties. However, fewer cases within small counties can make estimates harder to interpret. When looking at rates, it is important to consider the question, context, nature of the data, and specific population characteristics.

AGE-ADJUSTED

What does age-adjusted mean?

Age-adjustment is used to compare rates across different populations or within the same population but over time when the ages of people in the group may have changed. This is important because age can be associated with injury rates (e.g., teens or young adults for car accidents or older adults for falls) or disease risk. By adjusting for age, we can make better comparisons and remove any inaccuracies caused by differences in age distributions.

COMPARISONS

How do you determine the comparisons between Island County and Washington State?

In the data tables in this report, you’ll see a column comparing our county to the state. We use an icon showing higher, lower, or about the same. For any data that are within 2% of each other, we show that they are “about the same.” This starts on page 67.

What makes a **Healthy Community?**



Social Drivers of Well-Being

Good health is more than just going to the doctor or not being sick. Our health is shaped by our community, where we live, the types of food we can eat, the availability of living wage jobs, access to safe places for recreation and exercise, and many other factors. These factors form our social needs, which are our immediate needs like housing and food; and our social drivers of well-being, which are the community-wide conditions that influence where and how we work, live, learn, and play.

Unequal access to any one of these social needs and social drivers of well-being may lead to inequities in the public's health. Addressing gaps in social needs and social drivers is essential for a healthy, thriving community.



Community-Identified Factors for a Healthy Community



In addition to the primary social drivers of well-being, our community identified three key factors they believe contribute to a healthy community.



**ACCESS TO
QUALITY
HEALTH CARE**



**LOW CRIME/
SAFE
NEIGHBORHOODS**



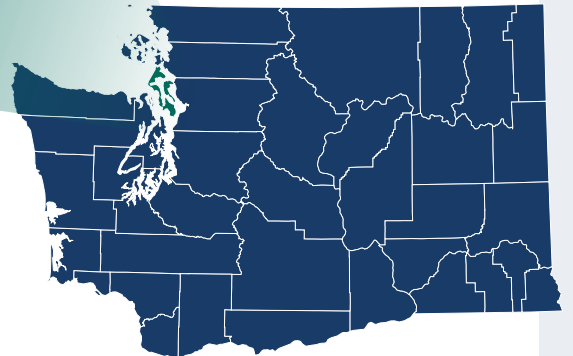
**CLEAN
ENVIRONMENT**



Who we are

Island County is a picturesque region situated in the Salish Sea in Northwest Washington. The landscape includes rolling farmland, serene Puget Sound shoreline, and evergreen forests teeming with wildlife. The county is composed entirely of islands. The two largest are Whidbey and Camano, along with six smaller, uninhabited islands: Smith, Deception, Strawberry, Ben Ure, Minor, and Baby. The Native tribes of the Squamish, Upper Skagit, Tulalip, Sauk-Suiattle, Cayuse, Umatilla, and Walla Walla, amongst others, traditionally explored and harvested from the islands. The county seat is Coupeville, and its largest city is Oak Harbor. Island County is also home to a U.S. Naval Air Station, located in Oak Harbor.

WHERE WE ARE





POPULATION AND AGE DISTRIBUTION

Our islands contain different communities that are sometimes described by their geographic locations like Camano Island, North Whidbey, Central Whidbey, and South Whidbey. By showing our data based on each of these communities we can tell a more thorough story of what health looks like for residents living in different regions in Island County.

North
Whidbey
(40,320)

Central
Whidbey
(13,347)

South
Whidbey
(15,201)

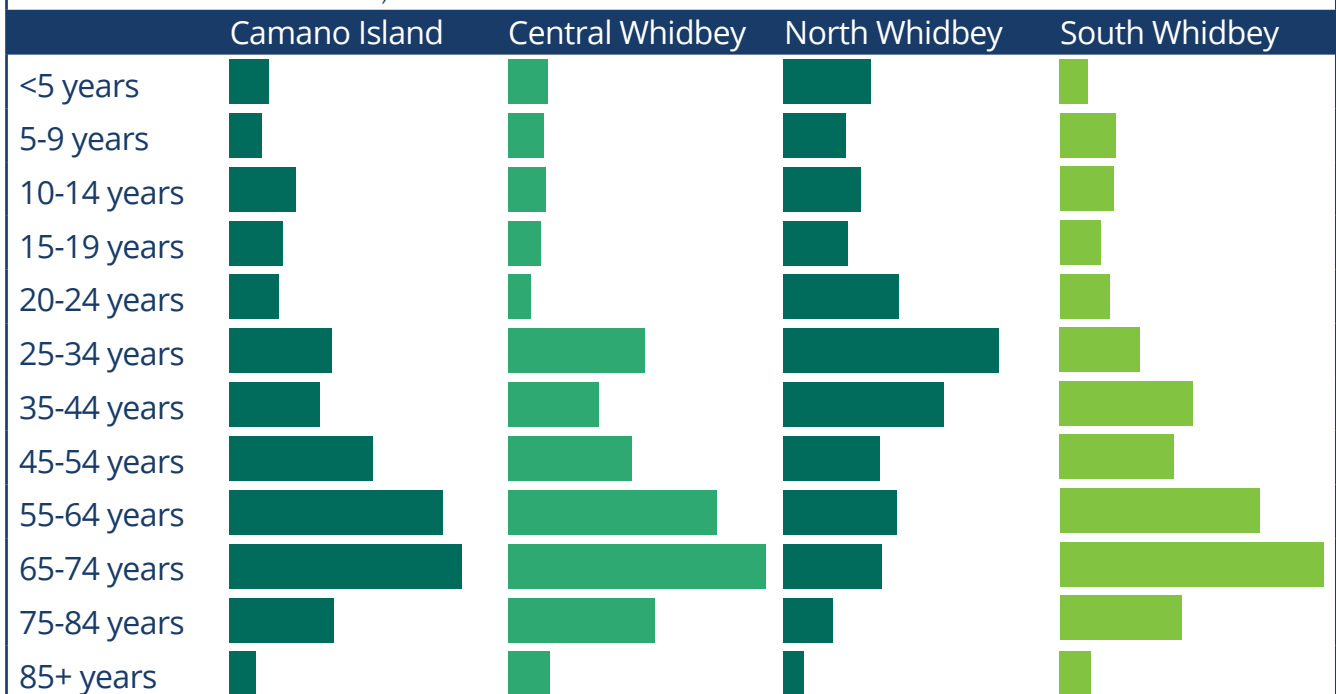
Camano
Island
(17,642)

**ISLAND COUNTY
TOTAL POPULATION**

86,510

SOURCE: US Census Data form DP05 (American Community Survey 5-year estimates)

POPULATION DISTRIBUTION BY AGE IN EACH AGE GROUP, PER REGION



This chart is meant to be a quick way to see the county population. The bars show how the population is distributed across regions and age brackets. Bars correspond to numbers from the census. We did not include the numbers here to keep the chart simple.



**GENDER BY REGION**

	Camano Island	Central Whidbey	North Whidbey	South Whidbey
Female	48%	51%	50%	52%
Male	52%	49%	51%	48%

RACE, ETHNICITY BY COUNTY REGION

	Island County	Camano Island	Central Whidbey	North Whidbey	South Whidbey
Native Hawaiian/Pacific Islander	0%	0%	0%	1%	0%
American Indian/Alaskan Native	1%	0%	1%	2%	1%
Some other Race	2%	1%	2%	3%	1%
Black/African American	3%	2%	1%	4%	1%
Asian	5%	2%	2%	8%	2%
Two or More Races	8%	5%	4%	12%	5%
Hispanic or Latino (of any race)	9%	4%	6%	14%	2%
White/ Caucasian	81%	90%	91%	70%	91%

SOURCE: US Census Data form DP05 (American Community Survey 5-year estimates)





EDUCATION

	Washington State	Island County
Age 25+ with bachelor's degree or higher	38%	35%
Age 25+ with some college, no degree	22%	27%
Age 25+ high school graduate of equivalent, no higher degree	22%	22%
Age 25+ with Graduate or professional degree	15%	14%
Age 25+ with less than 9th grade	3%	1%

SOURCE: ACS table S1501: 5 year estimates. 2017-2022





CHANGE IN NUMBER OF PEOPLE BY INDUSTRY IN ONE YEAR

Management of Companies & Enterprises	27
Agriculture, Forestry, Fishing & Hunting	22
Finance & Insurance	11
Professional, Scientific & Technical Services	6
Accommodation & Food Services	5
Retail Trade	5
Public Administration	5
Wholesale Trade	4
Educational Services	4
Health Care & Social Assistance	3
Construction	1
Information	-1
Administrative Support & Waste Management Services	-1
Manufacturing	-3
Other Services, Except Public Administration	-6
Transportation & Warehousing	-11
Utilities	-11
Arts, Entertainment & Recreation	-15
Real Estate, Rental & Leasing	-25
Mining, Quarrying, Oil & Gas Extraction	-33

SOURCE: Data USA 2022

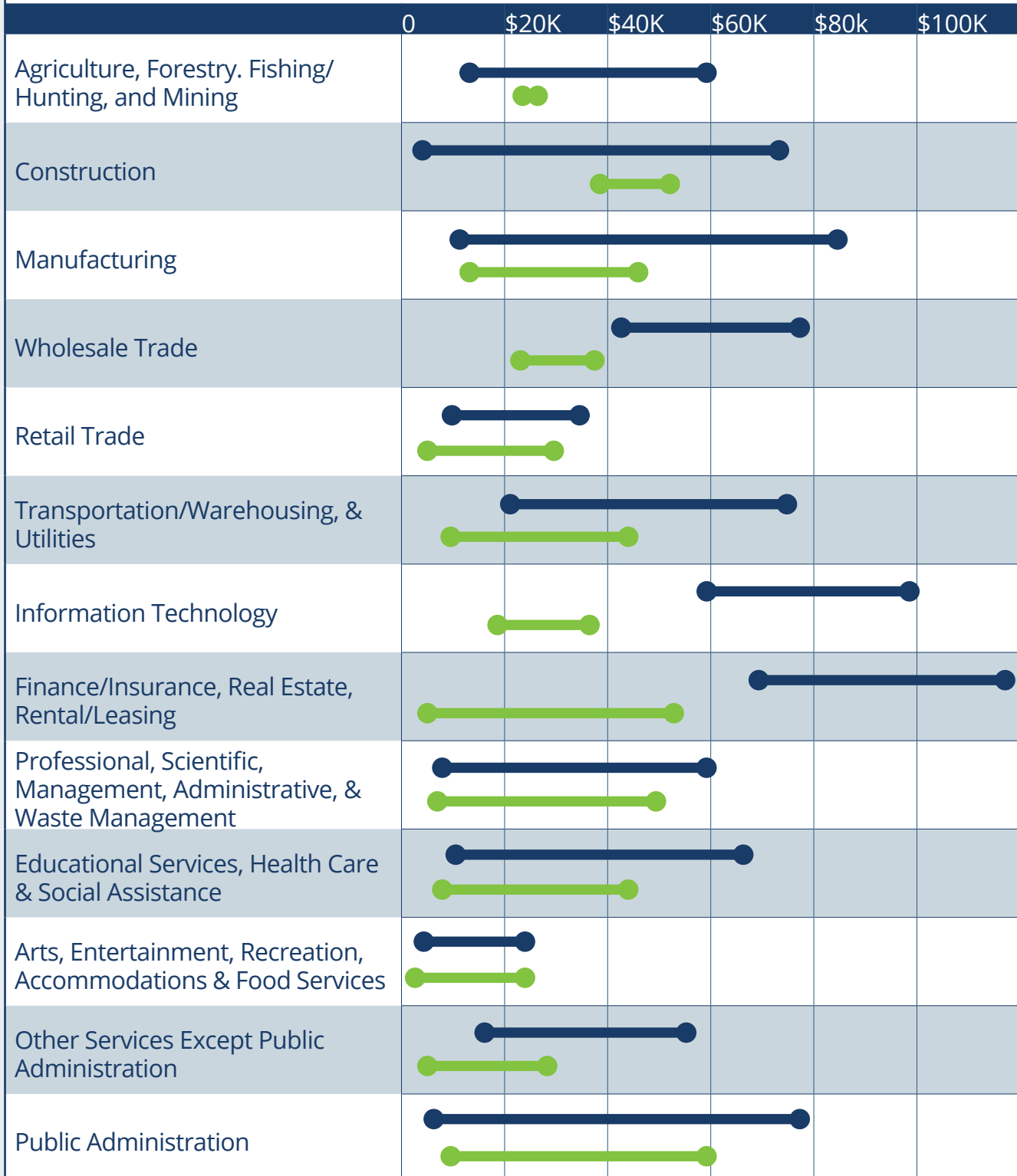




Male
Female

EARNINGS

BY INDUSTRY AND GENDER

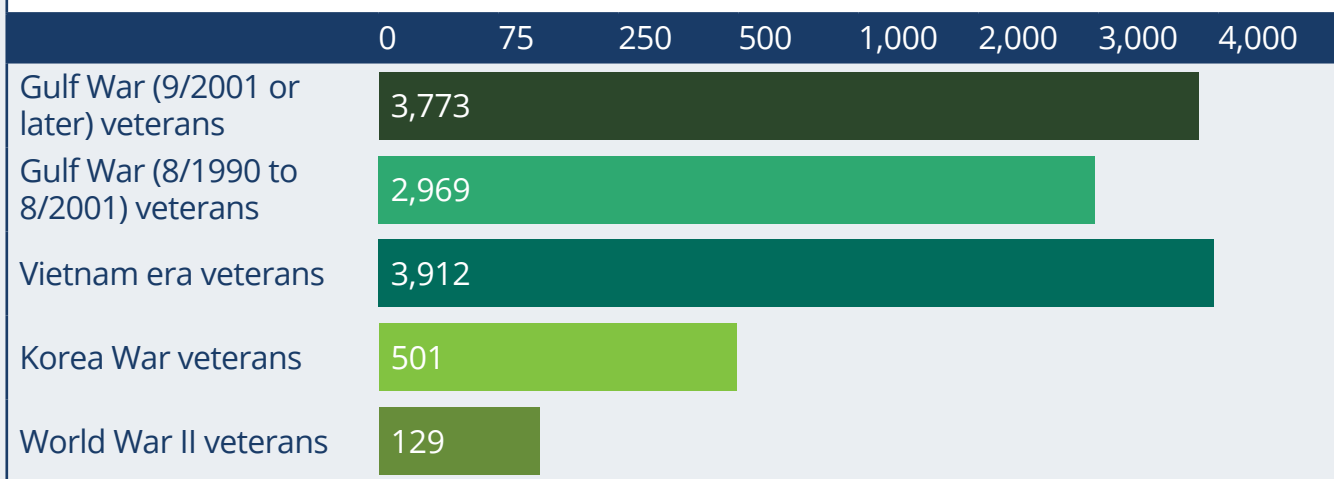


SOURCE: Data USA 2022

Data note: This data set only included labels for male and female, and no options for nonbinary or other identities.



COUNT OF VETERANS BY PERIOD OF SERVICE



SOURCE: Data USA 2023

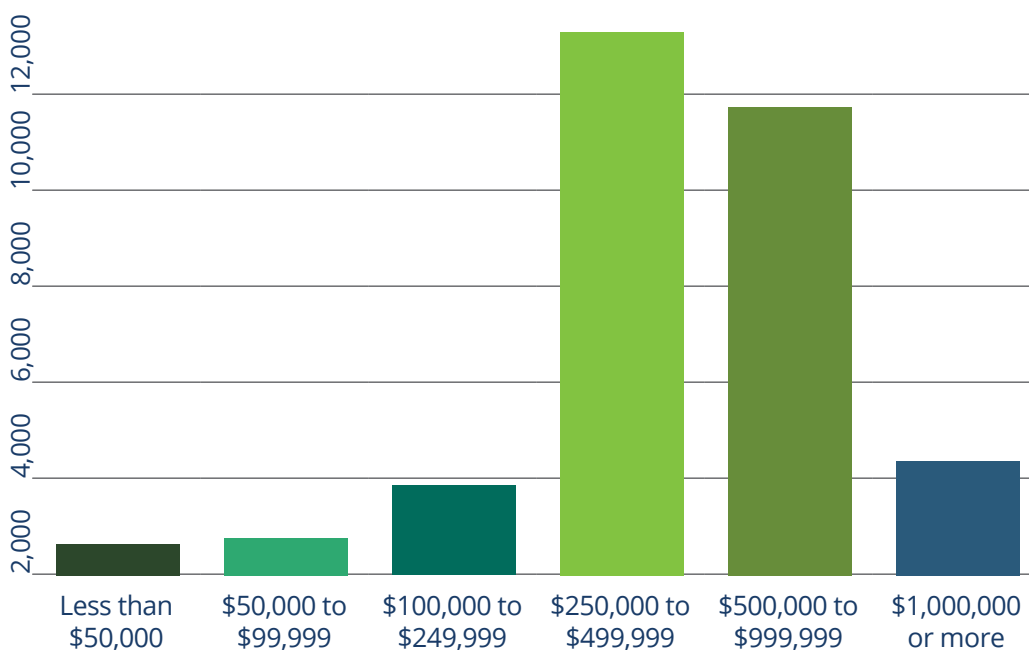
HOUSING

**MEDIAN
PROPERTY VALUE**
\$480,000

**MEDIAN
PROPERTY TAXES**
\$26,207

SOURCE: Census Bureau ACS 5-year Estimate

PROPERTY VALUES BY NUMBER OF HOUSES



We will share more details about housing costs, availability, and community identified housing needs later in this report.

SOURCE: Data USA 2022



Your Community Data

As described earlier in this report, we collected information through interviews with community leaders, focus groups with community members, and a community survey. We will share the findings from this data collection throughout this report.

INCLUDING SPANISH-SPEAKING VOICES

Throughout this report we include quotes from Spanish-speaking focus group attendees to reflect their voices alongside their English-speaking neighbors. Island County is home to a small but growing Spanish-speaking community. This community's health needs are relevant and necessary to understand so we can improve community health.

Realizamos dos grupos de enfoque que tenían como objetivo capturar las experiencias de los residentes Latinos en el condado de Isla. En ambos grupos nos enfocamos en cómo estas comunidades acceden a recursos de salud, qué desafíos enfrentan para encontrar vivienda y qué tipos de apoyos ayudarían a estos residentes a prosperar.

(English translation of the above paragraph)

We conducted two focus groups that aimed to capture the experiences of Latino/a/e residents in Island County. In both groups we focused on how this community accesses health resources, what challenges they face in finding housing, and what types of supports would help these residents thrive.

In this report, you will see some quotes in Spanish followed by an English translation. This means those data were collected in Spanish first and translated to English second.

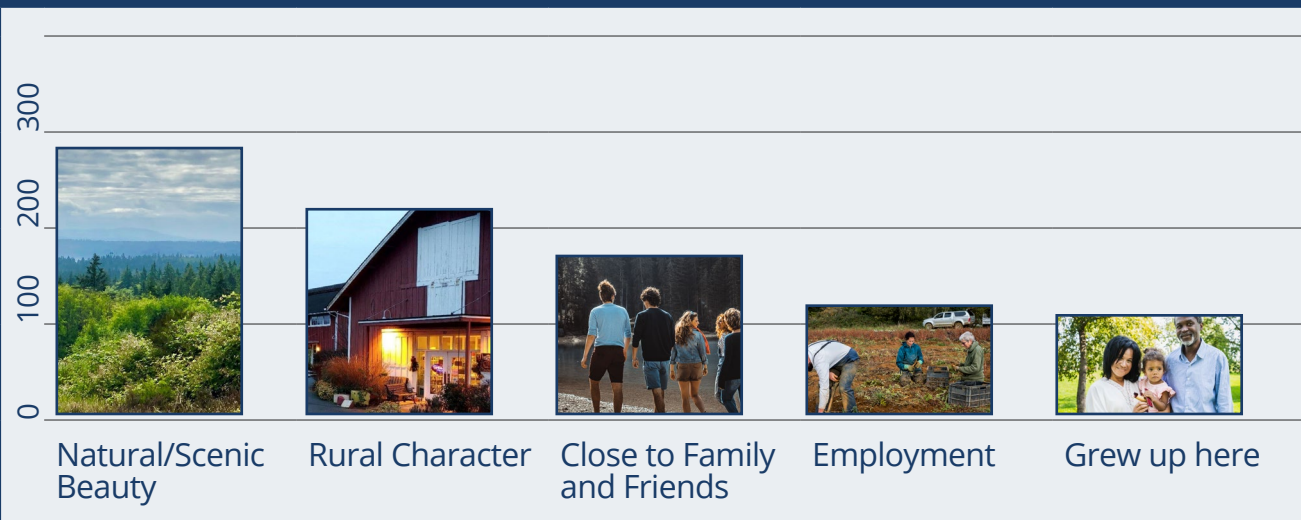




What you said about Island County

We asked you to share with us why you chose to live in Island County, what you think are the greatest strengths and assets, and how you would describe your community's values. We heard from you that home is more than just a physical space. You described home as a place where the natural environment intertwines with cherished friends and family, creating a safe space to gather and grow together.

WHY YOU CHOSE TO LIVE HERE



Footnote: Numbers correspond with survey responses. Source: Island County Community Health Survey 2024

*Rural Character: Through this process we learned that historically for some marginalized communities the term "rural" can have a negative meaning. We learned this after distributing the survey, so we kept that language here but wanted to note our awareness of how this term might be harmful for some.



Assets and Strengths

We asked you to share what you think are the greatest assets, strengths, and values in Island County. Interview data showed these as the top three assets and strengths.



Philanthropy or Charity



Sense of Community



Natural Environment

A strong philanthropic spirit was identified as a key community value alongside a strong sense of community. Interviewees named a sense of generosity and compassion, and highlighted that residents show up for each other to support those in need and invest in initiatives that enrich the community. Island County has a lot of individuals and organizations contributing time, resources, and expertise to uplift those in need.

“In our community, I have observed remarkable generosity in terms of time, talent, and resources dedicated to helping others. Numerous local organizations and committees work tirelessly on fundraising and outreach initiatives to support those in need. This demonstrates a profound generosity of spirit within our community.”

Celine Servatius, MPH, Island County Resident

The community also views Island County's natural environment as a strength and asset. Whether it's lush green spaces or bodies of water, the natural environment forms a crucial foundation for our community's well-being.

“I think that my experience is that there are a lot of opportunities for vitality here. It is a beautiful place to live! I step out my door and I'm excited about what I see nine out of 10 days.” ***Valerie Rosenberry, Case Manager, SPIN Cafe***



**“Este Isla yo haz de cuenta que
llegue al paraíso. Lo describo
así. O sea, aquí tienes todo, aquí
tienes montañas, tienes mar,
tienes todo, tienes todo.”**

Grupo de enfoque, Coupeville

**“This island, I feel I’ve arrived in
paradise. This is how I describe it. I
mean, here you have everything, you
have mountains, you have ocean,
you have everything, everything.”**

Coupeville Focus Group

**“Este es el paraíso para mí.
Es muy tranquilo, no hay
delincuencia, no hubo hasta
ahorita, no he visto racismo. No
tenemos nada de diversión, pero...
me gusta la tranquilidad.**

Grupo de enfoque, Coupeville

**“This is paradise for me. It’s very
quiet, there’s no crime, there
wasn’t until now, I haven’t seen
racism. We don’t have anything
fun, but... I like the tranquility.”**

Coupeville Focus Group



VALUES

Community values supported and mirrored community strengths. Central to Island County values is the concept of connection. Residents feel they are connected to their community, peers, and the land. Respect and stewardship for the natural environment form another value, reflecting a commitment to preserving and enhancing the land in which they live.



Connection to community



Environmental stewardship



Philanthropic spirit

RESOURCES AND COMMUNITY SUPPORTS

Resources and support within a community are vital to community health and resiliency. Creating a space where individuals and organizations join to address common challenges and uplift one another is key. Local schools were identified as being a great resource for community engagement, providing collaboration among educators, families, and local businesses.



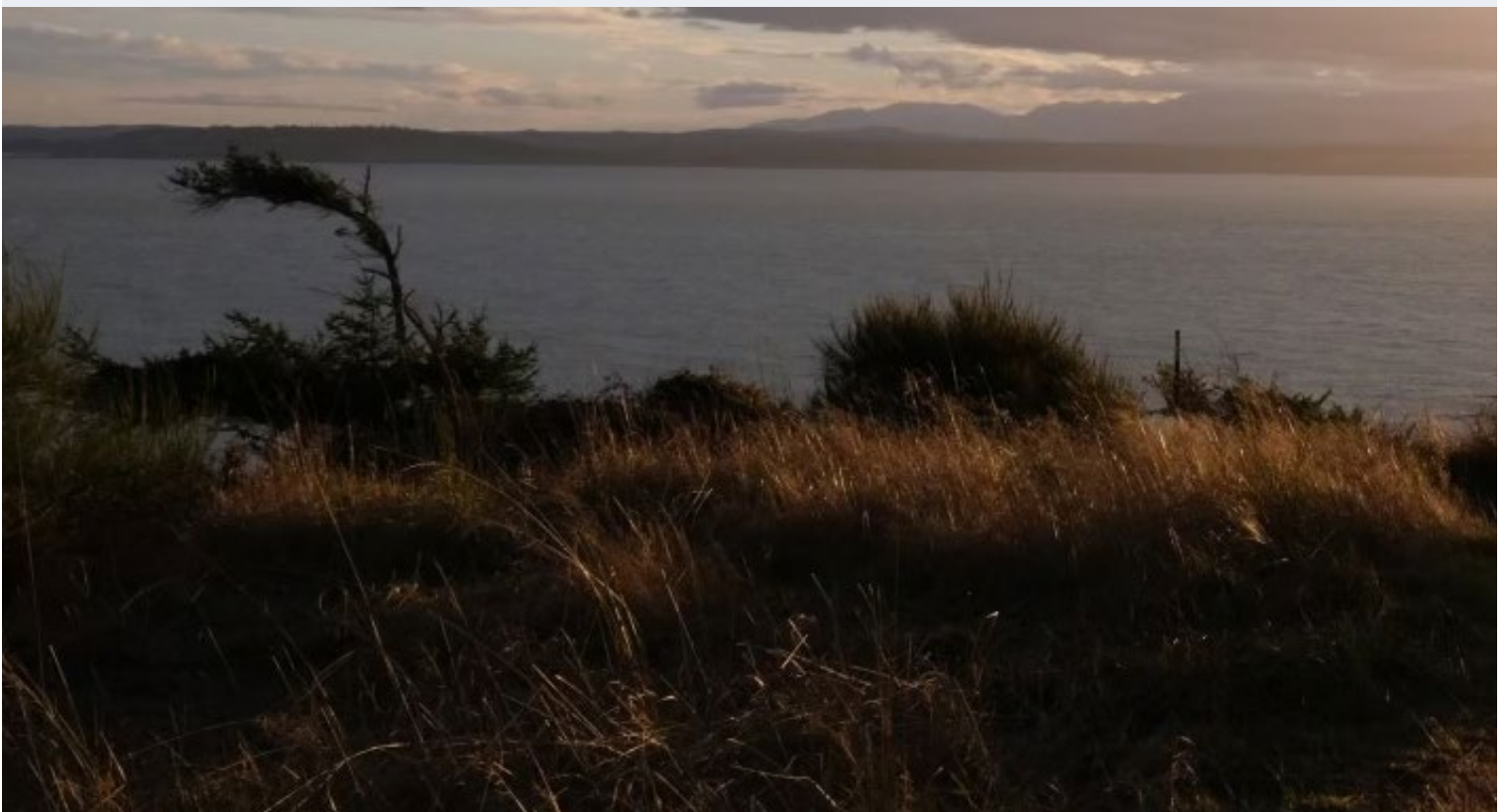
Connection



Collaboration



Schools





UNTAPPED RESOURCES

Respondents also identified valuable assets that exist in Island County but may not be currently used to their fullest. The need for effective community coordination to help support existing community work was identified as an untapped resource. Tourism holds promise for economic growth, drawing attention to local attractions and the natural environment in Island County. Food banks serve as more than just emergency aid; they are community hubs for nutrition education and can help address food insecurity at its root. Lastly, civic engagement was identified as having significant potential given that the county has a lot of residents who care deeply about the future of their community but may not be currently engaged.



**Community
Coordination**



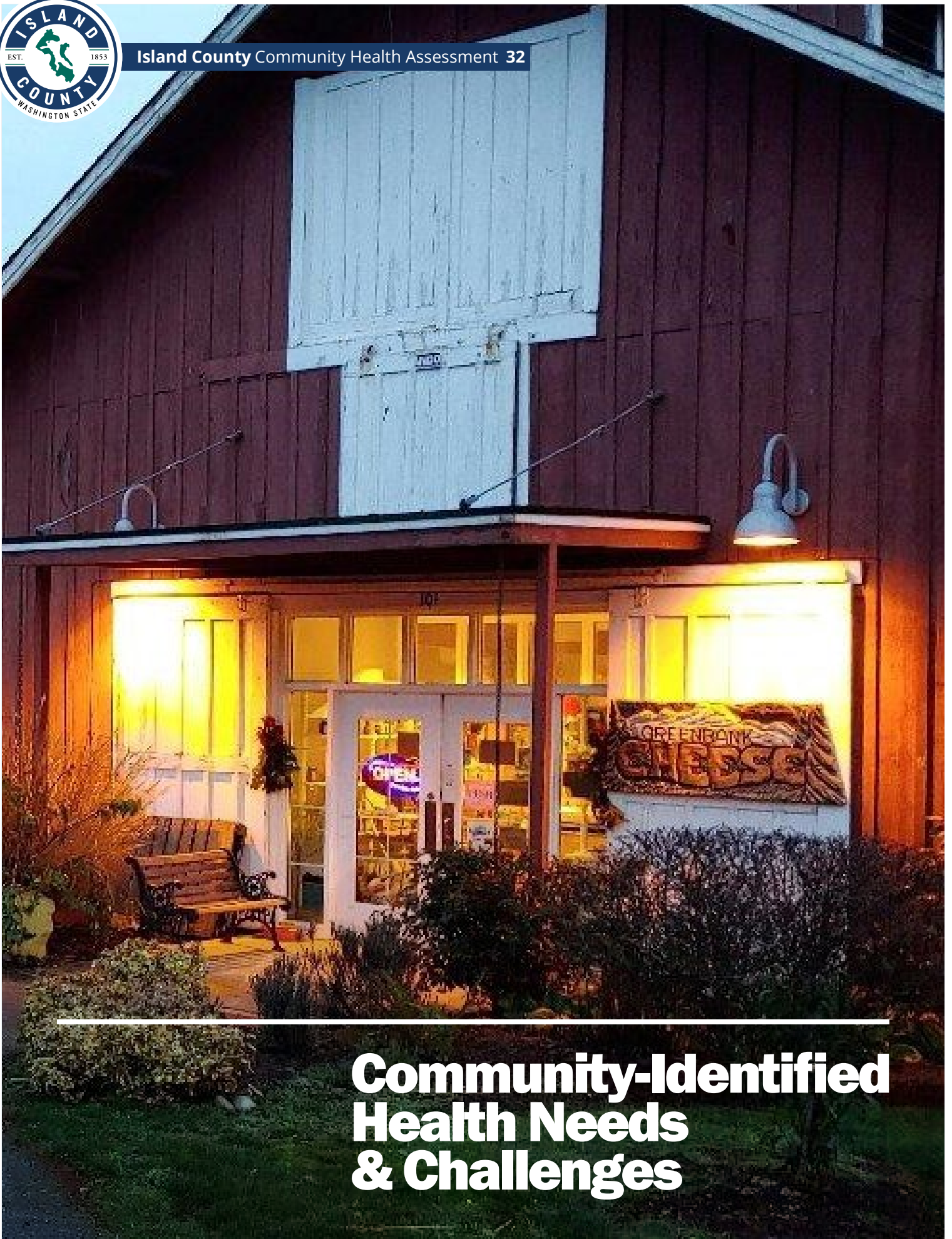
Tourism



Food Banks



**Civic
Engagement**



Community-Identified Health Needs & Challenges



The main community-identified health needs centered on four key topics. We selected these by analyzing the data and comparing the findings across interviews and survey responses. We gained additional community-specific detail about these topics from focus groups in English and Spanish.

In the following sections, we show quantitative data in the form of community health indicators alongside the key community-identified health needs mentioned above. We show some data for Island County compared to Washington State. More community health indicators on key public health focus areas can be found in the health indicators section of this report.



**Housing Access
and Affordability**



**Mental Health
Care Service
Availability**



**Health Care
Access and
Availability**



**Senior Health
and Supports**



Households in the County

**TOTAL NUMBER
OF HOUSEHOLDS**
37,109

**AVERAGE
HOUSEHOLD SIZE**
2.3
PEOPLE

SOURCE: US Census Data Form DP02 (American Community Survey 5-year estimates) 2018-2022

WHO IS IN EACH HOUSEHOLD

	Washington State	Island County
Households with at least one child <18 years	30%	24%
Households with at least one person >65 years	29%	42%
Householders living alone and ≥65 years	4%	9%
Percentage of grandparents raising grandchildren	28%	31%

SOURCE: US Census Data Form DP02 (American Community Survey 5-year estimates) 2018-2022

Unhoused

**NUMBER OF UNHOUSED
PEOPLE IN ISLAND COUNTY**

67
2023

98
2024

SOURCE: Point-in-time count



“There are some beautiful beach homes, second homes, extra houses for folks that live on the island. And then we have some situations where kids are living in really not well-maintained apartments, mobile home parks, in this kind of multi-generational, compound type living where there’s a house and there’re trailers and they’re renting out to people. There are just some unusual living situations that occur because of lack of affordable housing out there that aren’t always safe for kids.”

Community Member Interview

10TH GRADE

HOUSING STATUS

	Washington State	Island County
10th grade students not living in a house, apartment or mobile home	2.0%	1.2%

SOURCE: Healthy Youth Survey. 2023





Costs and Affordability

Community members highlighted the unequal distribution of wealth in the county, which is reflected in housing inequities.



“Bueno, para rentar un apartamento aqui es como 1200 más o menos. Y una casa como 2 or 3 mil al mes. Yo nunca he podido rentar departamento. Vivo en un trailer y pago como 500. Pero rentar un apartamento o una casa es carísima.” Grupo de enfoque, Coupeville

“Ok, to rent an apartment here is like \$1,200 [per month] more or less. A house is like \$2,000 or \$3,000 per month. I have never been able to rent an apartment. I live in a trailer, and I pay like \$500 [per month]. To rent an apartment here is so expensive.” Coupeville Focus Group

MEDIAN HOME PRICE:

WASHINGTON STATE
\$613,000

ISLAND COUNTY
\$597,300

SOURCE: Washington Center for Real Estate Research (WCRER) at the University of Washington 2023.

PROPORTION OF INCOME SPENT ON HOUSING

	Washington State	Island County
Households spending >30% of income on housing	30%	34%

SOURCE: US Census Data Form B25001 & B25004 (American Community Survey 5-year estimates) 2018-2022



Housing Access

Barriers to accessing housing was a big issue raised in both English and Spanish focus groups. The barriers faced by Island County residents in securing housing primarily focused on several factors: scarcity, accessing the limited inventory through personal sources, a difficult process of securing housing, increasing real estate prices that limit affordability, and stigma associated with living in affordable housing. This occurs against a background of few systemic solutions and housing resources being cut back.



“En Mount Vernon tienen una clase de real estate. Del programa first time homebuyer. Aquí hay muchos hispanos que quieren comprar casas. Pero no saben por donde empezar, no saben con quien hablar. A veces como que da miedo hablar con personas que solamente hablan inglés. Hay programas que te ayudan con el down payment, pero no sabemos si calificamos o como.” *Grupo de enfoque, Coupeville*

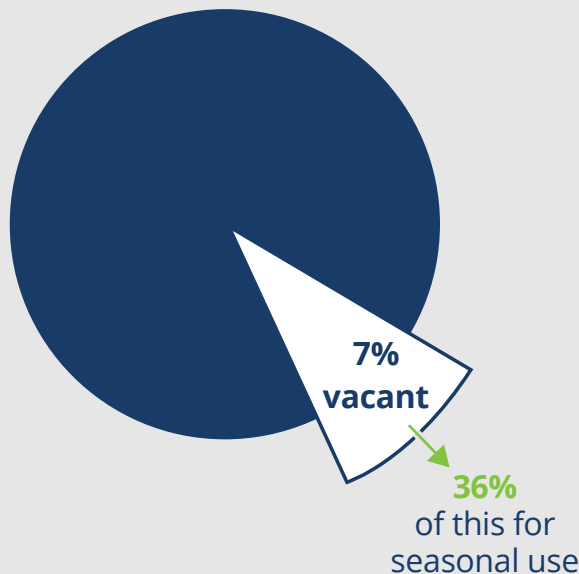
“In Mount Vernon they have a real estate class, for the first-time homebuyer program. Here there are many Hispanics who want to buy houses. But they don’t know where to start, they don’t know who to talk to. Sometimes it’s kind of scary to talk to people who only speak English. There are programs that help you with the down payment, but we don’t know if we qualify or how to apply.” *Coupeville Focus Group*

“I mean, I just by the skin of my teeth, I got into stable housing, and it was the most stressful experience I’ve ever experienced. The process that I went through to have to get into that housing was just horrendous and invasive. And I was going through it thinking like, thankfully, I had a good rental history and no evictions on my record.” *South Whidbey Focus Group*

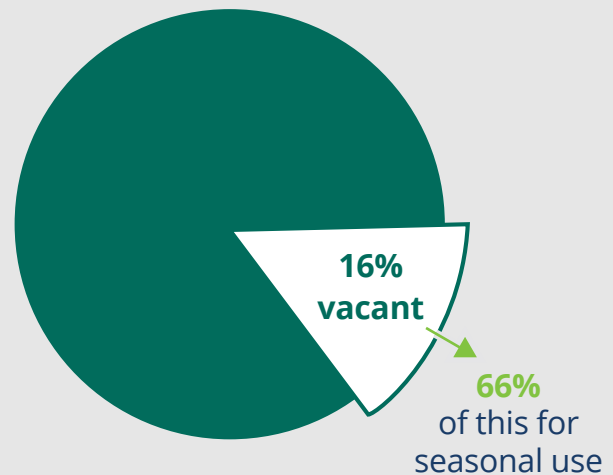


RENTAL, VACATION, AND VACANT HOMES

PERCENT OF WASHINGTON STATE HOMES



PERCENT OF ISLAND COUNTY HOMES



SOURCE: US Census Data Form B25001 & B25004 (American Community Survey 5-year estimates) 2018-2022



“Lo más difícil es conseguir el trailer. Por que no hay de venta. La que compramos nosotros prácticamente era basura, pero no había otra opción. Tuvimos que cambiar el piso, la luz, ventanas, todo. Pero nos teníamos que salir de donde estábamos y no había a dónde irnos. Y así vivimos por un tiempo, y con los niños chiquitos.”

Grupo de enfoque, Coupeville

“The most difficult part is getting the trailer because there aren’t any for sale. The one we bought was basically garbage, but there was no other option. We had to change the floor, the lights, windows, everything. But we had to move out from where we were and there was nowhere else to go. And that’s how we lived for a time, with little kids.”

Coupeville Focus Group



Competing Demands of Housing and Employment

Many community members talked about the competing demands of living wage jobs, securing housing, and hiring staff.

“The island is sort of its own isolated bubble of salary caps. And I think on one side of the continuum, the school district had the experience [where they] wanted to hire a highly qualified candidate who could not find housing anywhere in the county. It wasn’t even that it was unaffordable, it just didn’t exist. On the other side of the continuum, we rely heavily here on tourism. As part of our ethos. And without folks who can provide those professional services, customer service, retail, restaurant serving, and all of those things, grocery, you know, everything that makes this place run and makes it not only run for us who live here, but for folks who come to visit. If those folks don’t exist, then we don’t exist as a community.” *South Whidbey Focus Group*

“Back in 2016 LIHI came here. LIHI is Low Income Housing Institute. They brought them out here because they were going to build a 50-unit building over where the Hilton is being built. And the Downtown Association was there with invisible pitchforks, and they shut it down immediately. Because they didn’t want those people there. And what they don’t understand is that these are their employees. These are the same people that complain that they can’t get employees.”

Oak Harbor Focus Group



Housing Compromises

Because of real estate scarcity and the high cost of housing, community members shared examples of substandard living arrangements that they or the community would otherwise not choose.

“There’s been a lot of families where like, they’ll have an RV parked on their property and one family will live in the house [and the other in the RV].”

Camano Island Focus Group

“Vivir en un trailer es lo más accesible porque la compras y ya nomás estás pagando la renta del terreno. Pero también van subiendo esa renta cada año. Cada año, cada año le suben. Les aumento ya entonces puede llegar al punto que pagas lo mismo por tu tráiler, pero tienes que seguir pagando más y más cada año por la renta [del terreno].” *Grupo de enfoque, Coupeville*

“Living in a trailer is the most accessible because you buy it and you are just paying the rent on the land. But they also raise that rent every year. Every year, every year they raise it. They increase it and then it can get to the point where you pay the same for your trailer, but you have to keep paying more and more every year for rent on the land.”

Coupeville Focus Group

“A few years ago, I heard there was a gentleman who had a large garage-like structure that he changed into apartment-type housing. But he never got officially [approved], so he got shut down. And I had some families that got displaced, because that’s all they could afford.”

Camano Island Focus Group



“I had an employee who was living with her husband. Navy, dual income, both good jobs and all they could afford was living in their trailer, and there’s no space, so they were living in an illegal trailer park that somebody built on their property in the backwoods with others. It’s a terrible situation.” *South Whidbey Focus Group*

“My kids needed to move home, my adult children. And so there’s my daughter, her soon-to-be husband, and their three-month-old baby. That put seven of us in a house for a few months. And then, I mean, all of us were losing our minds. So I purchased a friend of mine’s fifth wheel. And it’s not fun to live in an RV. I mean, there’s nothing glamorous about that.” *South Whidbey Focus Group*

“I’ve been stuck in a very weird and not great landlord situation because I haven’t found anything, and I finally moved to where I’m doing a house share which wasn’t what I was looking for.” *South Whidbey Focus Group*

Military Housing

Focus group attendees shared examples of misunderstandings about military housing and what active-duty service families are provided.

“There’s a misperception that everybody in the military has automatic housing and automatic food and automatic day care... [I don’t know] where that perception comes from. I don’t know..” *Oak Harbor Focus Group*

There was frustration about the Navy’s decision to move military personnel and families from Kaneohe Naval Air Station to Naval Air Station Whidbey Island in 2016 without providing additional housing to support that influx of new people. As a result, Navy families who didn’t have housing on base sought housing in Oak Harbor, further adding to housing stress and lack of availability.



Community-Proposed Suggestions to Improve Housing



This section highlights a few of the solutions identified by residents to address the housing crisis in the county, including co-housing, building more ADUs, creating land trusts, or accessing rental assistance and/or other community supports.

CO-HOUSING AND ACCESSORY DWELLING UNITS (ADU)

“Some friends and I looked at the Camano Island Inn when it was for sale. We could turn that into a really cool co-housing space, 12 bedrooms, common area, and it was actually going for fairly cheap at that point. But we couldn't get the funding in place to do it.”

Camano Island Focus Group

“I don't know what that code is for ADUs. But you know, what a perfect combo. People who have enough money who could build an ADU on their property and have a family who could afford to live in an ADU or a small family, and then provide exchange of services.”

Camano Island Focus Group

SYSTEMS COORDINATION

“There is a huge community awareness [that housing is a problem]. Like nobody's thinking that everything's fine. And there's lots of pockets of people who really care and are moving mountains to find solutions, but there's no systemic solution that's going to stop this from continuing to be a problem.”

South Whidbey Focus Group



Mental Health Care Service Availability

We understand that the term behavioral health is inclusive of both mental health and substance use disorder (SUD); however, we found that many people in the community used the term “mental health.” For that reason, we are using it here, unless there are specific data that talk about Behavioral Health or SUD. The lack of available mental health care was listed as the second biggest health need in the county. Community members talked repeatedly about long wait times for appointments, difficulty finding mental health therapists, and challenges navigating systems, including health insurance and other benefits. This section also highlights specific needs identified for youth and seniors.

COUNTY MENTAL HEALTH DATA

	Washington State	Island County
Ratio of mental health care providers per population. (Does not include physicians employed by the federal government)	1 per 200	1 per 320

COUNTY MENTAL HEALTH DATA

	Washington State	Island County
Rate of non-fatal self-inflicted injuries	49	32
Rate of hospitalizations due to mental illness, per 1,000 population (age-adjusted)	0.6	0.6

COUNTY MENTAL HEALTH DATA

	Washington State	Island County
Percentage of adults ever diagnosed with depression	24%	25%
Percentage of Medicaid beneficiaries aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment (acute treatment)	64%	70%



Accessing Providers and Scheduling Appointments

“Currently, services for mental health and substance abuse are limited on the island. Despite efforts to increase resources, the demand continues to outpace the availability of services both locally and nationwide. When we can’t provide a patient with the necessary services, we often have nowhere to refer them off-island because those resources are also at capacity or limited to county residents. To help meet the community’s growing needs, WhidbeyHealth is expanding its Behavioral Health program with the addition of six new Behavioral Health providers for on-site care, one telehealth provider and three additional support staff” *Curtis Shumate, Executive Director of Nursing, Whidbey Health*



“Yo padezco de ansiedad y duré meche sin poder trabajar. Entonces pues no me quedo de otra más que pues buscar ayuda y no había nadie disponible. Si pusieron aquí una clínica de SeaMar pero no había cita disponible pronto. Me pusieron en una lista de espera muy larga y era también por videollamada solamente. Tuve que esperar dos meses para hablar con una consejera.”
Grupo de enfoque, Coupeville

“I suffer from anxiety, and I went for a while without being able to work. So, I had no choice but to seek help and there was no one available. They set up a SeaMar clinic here but there were no appointments available soon. They put me on a very long waiting list, and it was also only by video call. I had to wait two months to speak with a counselor.”
Coupeville Focus Group

“My husband was deployed last summer, and I was pregnant with our first one. I was just trying to get in with a mental health counselor for like all this stress [and it was really hard].” *Oak Harbor Focus Group*



Service Organization and System Navigation

“I don’t think there’s an easy [way]. It’s like a maze and to try to fight your way into the system and figure out where to plug in is very challenging. I think it would be helpful to have a community map.”

Camano Island Focus Group

Community members talked about limitations in the delivery of health care due to the poor organization of services in the community (e.g., lack of funding, lack of communication between agencies, lack of long-term follow-up, lack of adequate promotion of existing services).

“I volunteer for one of the programs through the Opportunity Council. They work with the county for certain needs and they work with the Department of Veterans Affairs. But then people don’t even know they’re there. And they don’t necessarily communicate with all the other organizations. It’s very difficult to approach an organization that has money and go to another organization with their bucket and ask them to work together. Federally they are given different guidelines. So they have to meet the federal guidelines in the state and the county and city and by the time it’s all said and done well, you can’t really use all the money that you’ve been given here, because you don’t qualify based on your needs.” *Oak Harbor Focus Group*

Spanish Language Access

Having access to someone who can confidentially and professionally provide translation services or conduct a health care visit in Spanish was an issue raised both for accessing mental health care and for health care access in general. We did not interview speakers of other languages, but we assume this issue would be consistent across language groups.



“Aquí no hay consejeros que hablan Español.” *Grupo de enfoque, Oak Harbor*







“Here there are no counselors who speak Spanish.” *Oak Harbor Focus Group*



Youth Mental Health

Youth mental health was a big concern for many community members, particularly educators and those working directly with youth in schools. Data and community voices shared below show the range of issues, both for the English and Spanish speaking communities.

10TH GRADE MENTAL HEALTH

	Washington State	Island County
10th grade student with adults to turn to when feeling sad or hopeless	 59%	 63%
10th grade students feeling sad or hopeless for 2 or more weeks in a row that they stopped doing normal activities	 30%	 33%
10th grade students seriously considering suicide in the past year	 4%	 1%

SOURCE: Healthy Youth Survey 2023



“En el high school se supo de varios chicos que murieron. Eso fue difícil. Con mi hijo yo traté de hablar al respecto, pero él no quería hablar mucho del tema. Traté de abordarlo, pero no me expresaba mucho. Es difícil saber como hablar de estos temas con los jóvenes.”

Grupo de enfoque, Oak Harbor

“At the high school it was known that several kids died. That was difficult. With my son I tried to talk about it, but he didn’t want to talk much about the topic. I tried to approach it, but he didn’t express much. It’s difficult to know how to talk about these topics with young people.”

Oak Harbor Focus Group



“Mental health support, just like everywhere, [there] is a lack of available resources or knowing how to navigate those resources. If kids are not old enough [it’s] getting the adults to go advocate for those resources. It’s very tricky.” *Doug Standish, Teen Director, Community Resource Center of Stanwood-Camano*



“Quisieramos ver así como mas platicas psicológicas de los niños en general en las escuelas. Para que no lo vean como algo diferente o algo raro a un niño que toma una terapia porque cualquier razon. A veces le están haciendo bullying al niño porque recibe ayuda.”
Grupo de enfoque, Coupeville

“We would like to see more general psychological talks for children in schools. So that they don’t see it as something different or strange for a child to receive therapy for any reason. Sometimes the child is being bullied because they receive help.”
Coupeville Focus Group

“I still see kids who are still affected from COVID in the sense that they don’t want to leave their homes or have a hard time at school, and I would imagine that is still true for many of the other communities as well.” *Camano Island Focus Group*





Senior Mental Health

Senior mental health was also raised as a concern, particularly in a community with an aging population and limited resources to support mental health in general. Mental health needs ranged from grief and loss to caregiver fatigue.

“I think I represent the elder populace [at this focus group] and figuring out how to address your needs of grief is a big issue for many different reasons. There’s a lot of grief around having a partner with Alzheimer’s. There’s grief around impending death. There’s grief around health function and loss. There’s grief around, you know, actually losing someone you care about.” Camano Island Focus Group





Community-Proposed Suggestions to Improve Mental Health



This section includes solutions identified by residents to improve mental health care in the community, such as well-trained first responders, organizations with sufficient staff to provide individualized support, and virtual consult offerings.

OUTDOOR SPACES

“Someone posted a journal article that was recently published about green spaces being critical for ages 2-6 for early childhood education and [how] it minimizes risks for anxiety and depression.” *Camano Island Focus Group*

“I think that access to the outdoors is really important because it’s proven that just looking at green things like flowers stress and everything that gets stored up in our brains. Access to the green spaces, public green spaces for kids, I think is really important and for adults, too.” *Camano Island Focus Group*

INTERGENERATIONAL MIXING

“The community center has just blossomed in the last few years. They used to be a community center, and for a while, after having been a senior center and now they’ve reverted back to being a senior center, which I appreciate. I see on this island, the schism between the old and the young, with not much multi-generational mixing and yet there’s so much leavening there to be had for both avoiding mental health, depression, and isolation.” *Camano Island Focus Group*

COMMUNITY CENTERS

“Thank goodness the community center has really picked up and brought some programs online. Like right now I’m [able to be at this focus group] because my husband is at the first ever Tuesday old friends club for people with dementia at the center. It’s huge and he loves it.” *Camano Island Focus Group*

“And that’s always been our mission [at the children’s theater], to offer kids opportunities to be imaginative and creative, and take risks and make mistakes. And so we are a group of professionals who’s very equipped to meet kids where they are.” *South Whidbey Focus Group*

MAKING PERSONAL NETWORKS AVAILABLE TO EVERYONE

“The trick is how do we as a community come together? The person who got me into the [mental health therapist] was my wife’s hairdresser. Learning that subculture to get you into those places is not something that comes naturally to everybody.” *South Whidbey Focus Group*



Health Care Access and Availability

Health care access followed a similar need pattern to mental health care access. Community members talked about the need for primary care, specialty care, and closer options for both. Many who have lived in the county for a long time can recall the changes in access to care that have occurred in their lifetime, particularly as health care providers retire and there isn't anyone to take their place.

“There was a larger pool of medical providers in general [in the county]. There were multiple doctors in one office, and they were all family practitioners and so like your grandma went to them, they birthed your baby, and some did house calls. That’s a lost art.”

South Whidbey Focus Group

HEALTH CARE ACCESS		
	Washington State	Island County
Ratio of primary care physicians per population (Does not include physicians employed by the federal government)	1 per 1200	1 per 2240
Ratio of dentists per population* (Does not include physicians employed by the federal government)	1 per 1150	1 per 1310

SOURCE: County Health Rankings, years 2021 & 2022





HEALTH INSURANCE STATUS

	Washington State	Island County
Adults with a personal doctor or health care provider	76%	81%
Percentage of population eligible for Medicaid coverage	26%	17%
Percentage of adults who did not see a health care provider because of cost	11%	8%
Adults (19-64 years) without health insurance	9%	8%
Children and youth (≤ 19 years) without health insurance	3%	2%
Older adults (65+ years) without health insurance	1%	0%

SOURCE: US Census Data Form S2701 (American Community Survey 5-year estimates) 2018-2022

Hospitals and Urgent Care

Island County has one hospital: WhidbeyHealth Medical Center in Coupeville, which is a critical access hospital. The U.S. Navy used to have a hospital at the Naval Air Station, but that was closed and changed to a clinic serving military families. There are three walk-in clinics on Whidbey Island and no walk-in clinics on Camano Island. There are no urgent care clinics in Island County. The closest options for urgent care are Mt. Vernon or Stanwood.

“Oak Harbor has the largest, most concentrated population of the island and we have literally not a single urgent care. There’s a walk-in clinic but it’s technically like a primary care and then just not open like all the time and some people’s insurance doesn’t work there.” Oak Harbor Focus Group



Accessing Providers and Scheduling Appointments

“Some of our practitioners have been on island for a very long time. They’re reaching retirement age and they’re making a different schedule for themselves. And they’re not being replaced [with new providers].” *South Whidbey Focus Group*

“One health need would really be solid primary care. Consistent primary care providers and access [so that people] are able to get those well visits, well child visits. Somebody who is trained to look and identify that you are going downhill or something is wrong. [Someone who] sees you over time. I think that our community lacks that.” *Tabitha Sierra, Whidbey Health*

“If you have an issue [it’s tough] to wait two or three months to get into a provider, right? So, then there’s over-utilization of emergency and urgent services too, which perpetuates the problem.” *Community Member Interview*

“No sé si es igual en toda la isla, pero si yo necesito una cita en la clinica me la van a dar en dos o tres meses. Entonces esos walk in clinics que pusieron, pues sí nos han servido mucho. Especialmente si de repente necesito llevar a un niño, nos pueden atender mas pronto.”

Grupo de enfoque, Coupeville

“I don’t know if it’s the same all over the island, but if I need an appointment at the clinic, they’ll give it to me in two or three months. So those walk-in clinics they set up have really helped us a lot. Especially if I suddenly need to take a child, they can see us sooner.”

Coupeville Focus Group

“When I got COVID, like a month ago, I could not drive and didn’t want anyone to drive me. I had to call a number on the back of my insurance card and talk to some random person I didn’t know which is... I mean, I got what I needed. But like, because there wasn’t anywhere close to go on a Saturday at 8pm when I tested positive. What am I gonna do?”

Camano Island Focus Group



Limited Specialty Care



Yo tengo una condición en mis ojos y necesito ver un especialista regularmente. Aquí en la isla no hay especialistas para eso, ni en Mount Vernon. Tengo que ir hasta Seattle.

Llevo ocho años viajando casi tres horas hasta Seattle para cada cita de 15 minutos. Si hay una emergencia tengo que ir hasta Harborview para que me atiendan. Tengo la bendición de que puedo usar un plan médico, pero es súper difícil viajar tan lejos. Alguien me tiene que llevar y se pierde todo el día.”

Grupo de enfoque, Oak Harbor

I have a condition with my eyes and I need to see a specialist regularly. Here on the island there are no specialists for that, nor in Mount Vernon. I have to go all the way to Seattle. For eight years I’ve been traveling almost three hours to Seattle for each 15-minute appointment. If there is an emergency, I have to go to Harborview to be seen. I’m blessed that I can use a medical plan, but it’s super difficult to travel that far. Someone has to take me and the whole day is lost.”

Oak Harbor Focus Group





Military Health Care

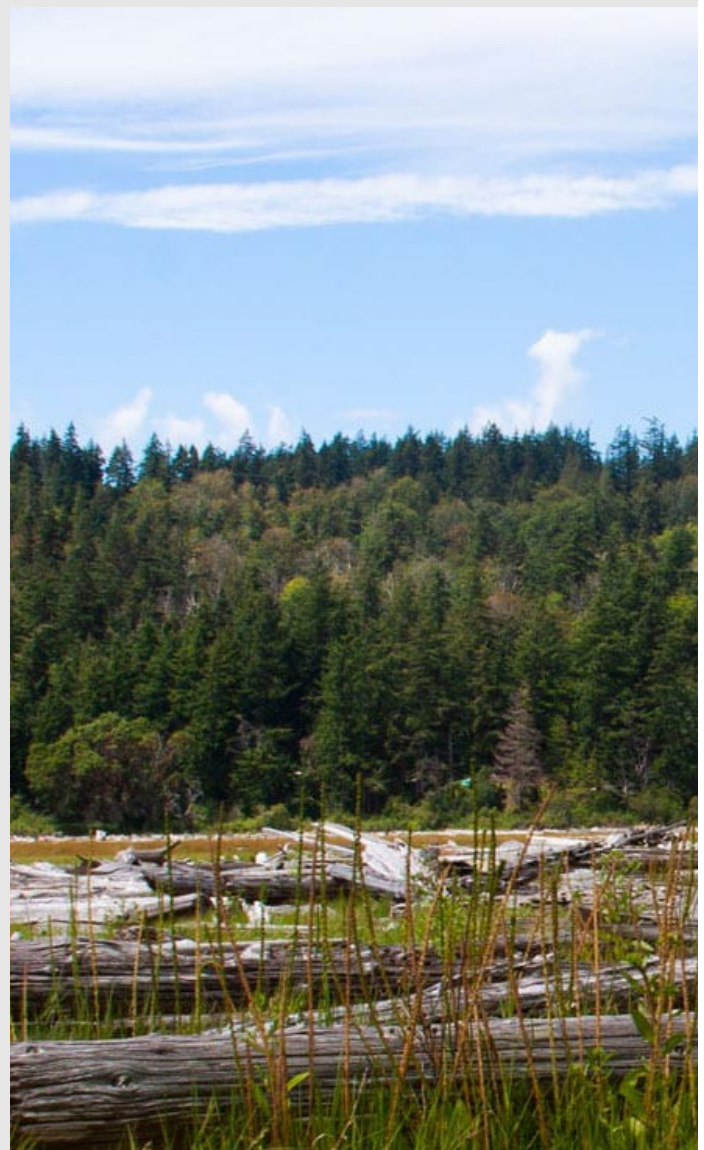
Community members talked about the misperception that free medical care is available on base any time for active-duty families and how Whidbey Naval Air Station (NAS) has cut services, including closing the base hospital and reducing specialty care services. As a result, those military community members also need to use health care services from the same places as civilians.

“Usually, you’re seen on base, but the base has just slashed their services for active-duty folks. There’s OB-GYN, but they will just do like your Pap smears or complaints. They don’t actually do OB anymore or deliver babies. You have to go out in town [off base]. I know a lot of [bases] don’t even have pediatricians anymore.”

Oak Harbor Focus Group

“My husband is a disabled veteran and he has to go to the Seattle VA and then they sent us to American Lake. As far as like medical treatment and stuff we have been sent to Tacoma. We just got back home from American Lake because he had an appointment there. Our children don’t even get services on base at all. So really nothing at all.”

Oak Harbor Focus Group







Senior Health and Support

Senior support was identified as a key need, specifically for maintaining independence for seniors and resource navigation. Concerns centered on isolation, loneliness, living on a fixed income, and home safety and fall risks.

MAINTAINING INDEPENDENCE FOR SENIORS

A majority of interviewees who identified senior support as a need emphasized the growing population of elderly people in their community, noting that they don't think the community can adequately support senior needs like housing, health care, or in-home care.

“As our community ages, as it has rapidly, I know that in South Whidbey the median age has gotten about 15 years older in the past 20 years. So, it's been a problem for a while. [We need] support for people who are aging and want to stay in their homes, which I completely understand.”

Brooke Willeford, Member, South Whidbey School Board

“I think for the older population having access to support like caregivers [is a need]. We hear about it a lot because it's hard to find people to come help in your home. For some it's just too expensive. But for others it's just literally hard to find somebody who's available to help with either caregiving, or mowing your lawn, or helping with home repairs.”

Karen Conway, Program Director, Camano Center





CHALLENGES FOR SENIORS NAVIGATING RESOURCES

Resource navigation was shared as a need in relation to knowing which benefits seniors are eligible for, like tax relief programs or Medicaid.

“I found when I had my crisis, because I actually had a stroke, which caused anxiety and horrible problems, and I didn’t have Medicare Part B, which is like a sin. And so I had to do all my work to go into the emergency room for help. But I got to the point where I was \$200,000 in debt, because I didn’t have Medicare Part B and I make too much to qualify for [DSHS]. Luckily, I finally got United Health and so I had somebody working on my behalf to do that. I couldn’t get basic health for the stroke.” *Oak Harbor Focus Group*

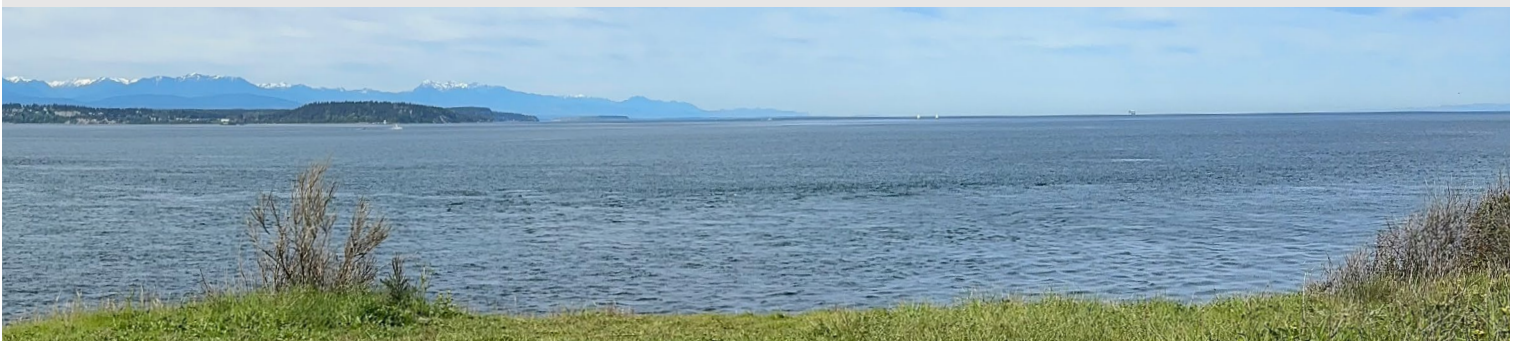
“One of the biggest things I noticed was we would have folks that had a whole wide range of different benefits in terms of whether they’re eligible for Medicaid, or something as simple as a property tax relief program, that they’re income eligible for but they just weren’t aware of these programs and were therefore paying extra.”

*Tyler Howard, Veterans Service Coordinator,
Island County Human Services*

LGBTQ SENIOR CARE

“I’ve been asked about LGBTQ health care for elderly people. There are people who have been out since, like, the 1970s [and] ‘80s. [Then] they go into eldercare, and all of a sudden, they get back into the closet because they don’t feel safe. And I did not know that was a thing until a couple of weeks ago, and the island has a large LGBTQ population of retirees, which I also didn’t know until the first Pride and it was like, so many old queer people!”

Camano Island Focus Group





Community-Identified Success Stories and Opportunities



LACTATION SERVICES

“I just want to brag on something from public health for your report, their lactation services. When I needed that, they were accessible, easy to talk to, they came to my house all for free. My pediatrician said, ‘Oh do you want us to refer you to lactation?’ And I’m thinking, like, sure, but it’s probably this medical thing. But then, once I was texting, it was great to text the nurse instead of calling or emailing. I mean, my son is, like, three days old. My husband was deployed when I had my son. So that was awesome. Texting the nurse. Because when you need help breastfeeding, you need help! It’s urgent! And if a mom wants to switch to bottle feeding, you can have that help from lactation as well. And that helps mom’s mental health, just having that person come in and say, ‘I’m going to help you.’” *Oak Harbor Focus Group*

TRANSPORTATION

“The [Northwest Regional Council] provides medical transportation. And you just pay for gas. They have volunteers who drive.”

Oak Harbor Focus Group

“We actually have semi-decent public transit on [Camano] island, but I don’t think it’s utilized or advertised very well. We took a lot of [my daughter’s] preschool friends that didn’t have afterschool care anymore on little adventures with us on the bus.”

Camano Island Focus Group

RESOURCE COORDINATION

“I think one thing would be improved coordination of services because there are a lot of great things happening on the island. [There are] opportunities that people invent and create because they see a need, but coordinating all of those things is always challenging. As soon as you write a resource list it’s out of date in two days, you know, so it’s like, we need an updated resource list.”

Community Member Interview



Community-Identified Barriers to Meeting Health Needs



The following barriers were mentioned most often in community interviews and in the community survey. We explored these topics further during focus groups in English and Spanish. Many of these barriers were also highlighted in the quotes and data shared previously in this report, showing how needs and gaps intersect.

The high cost of living often presents a barrier, potentially straining families and limiting access to essential services. Moreover, the lack of professionals in important fields like healthcare and education has led to gaps in essential services, making health outcomes worse. Access to health care and behavioral health resources remains an issue for Island County residents, particularly due to the geographic location and difficulties with transportation off the islands.



Cost of living



**Lack of personnel
and professionals
to fill jobs**



**Access and
transportation
off island**



**Navigating
systems and
resources**



Community Survey Responses

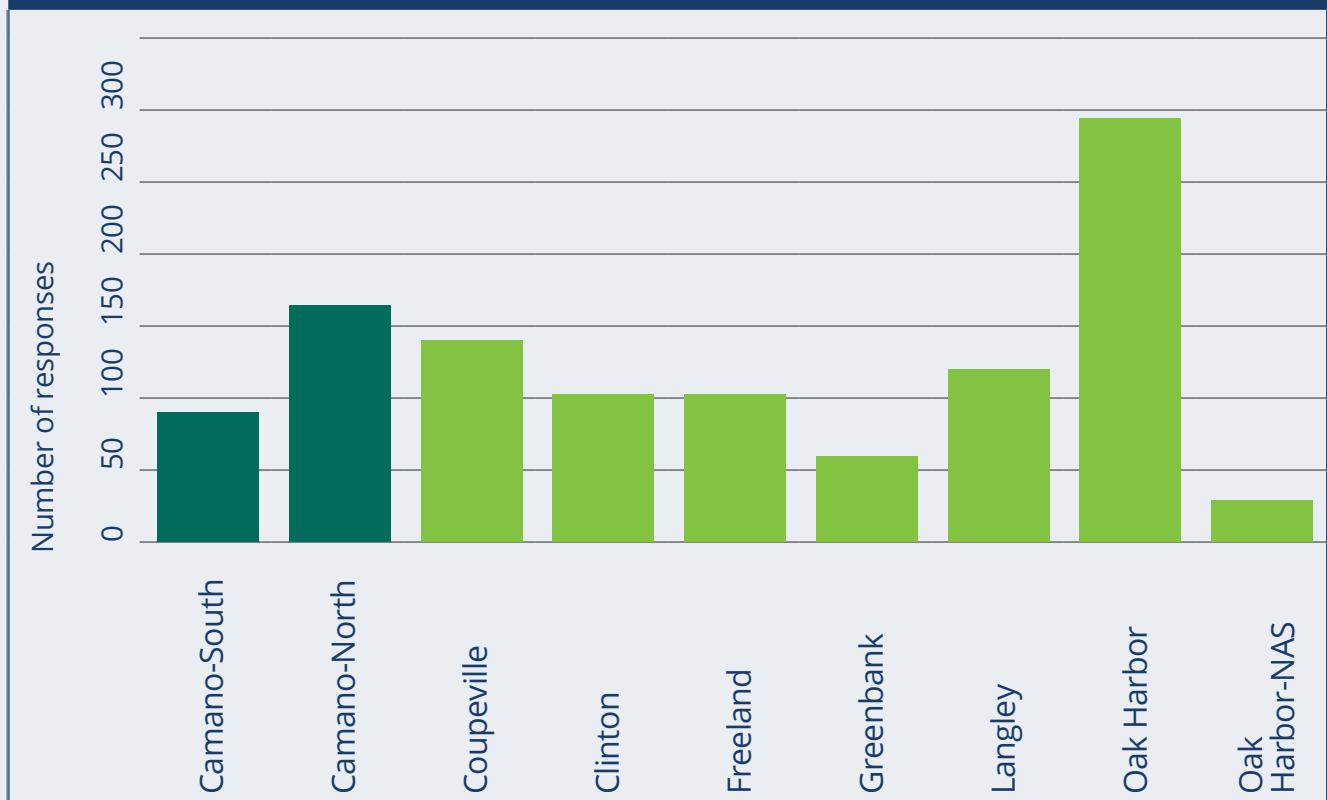
TOTAL NUMBER OF SURVEY RESPONSES

1,095
ENGLISH
RESPONSES

16
SPANISH
RESPONSES

0
TAGALOG
RESPONSES

GEOGRAPHIC DISTRIBUTION OF SURVEY RESPONSES



SOURCE: Community Survey 2024





BIGGEST CHALLENGES FOR COMMUNITY MEMBERS, NUMBER OF RESPONSES

	Parents and Caregivers	Youth (as identified by adults)	Adults and Seniors
Affordable housing	561		432
High cost of child care	375		
Limited child care options	295		
Access to job opportunities and training		318	
Access to mental health care		311	
Drug, tobacco and alcohol use		335	
Access to medical care			416
Living on a Fixed Income			352

Data note for this table: Survey data were only collected from individuals over the age of 18. The majority of survey respondents were between 35-75 years old.

TOP THREE MAJOR MEDICAL OR PHYSICAL HEALTH ISSUES, NUMBER OF RESPONSES

0	50	100	150	200	250	300	350	400	450
Mental health (like depression, anxiety, stress, bipolar disorder)									
Access to medical and behavior healthcare									
Age-related conditions (like Alzheimer's disease)									

TOP THREE MAJOR ENVIRONMENTAL AND SAFETY ISSUES, NUMBER OF RESPONSES

0	50	100	150	200	250	300	350	400	450
Drinking water quality, quantity, and systems									
Access to power and water during weather-related events									
Climate Change									

SOURCE: Community Survey 2024



Health Indicators



Community health indicators are the numbers, percentages, and ratios we obtained from state and national data sources to understand how Island County is doing with health, wellness, and social determinants of health like housing and child care. These numbers are an important companion to the community-identified data we shared earlier in this report. Throughout the report, we show some data for Island County compared to Washington State and some data for Island County alone. We chose to compare data based on: (1) data available to compare; and (2) how those data tell the story of Island County's health needs.

KEY			
Less Than	←	More Than	→
		About Equal	≡
Important to Note			▶

When we have data that we can compare to Washington State, we include arrows to show when an Island County number is 2 points or more higher or lower than the state number. Anything within two points is assigned an equal sign. Anything that is not meaningfully comparable to the state does not have an arrow or equal sign.

Data that we think are particularly important to note we have marked with a green triangle on the left of the indicator.



CHILD CARE

Child care was an issue that was raised in conversations with interviewees and in focus groups. Affordable, high-quality child care options enable parents to pursue work and educational opportunities, while ensuring their children receive adequate care and early education. Interviewees also noted barriers about child care infrastructure, specifically challenges associated with provider compensation, benefits, and staffing, which contribute to ongoing concerns.

“The availability of high-quality, affordable childcare is vital for the sustainability of our community. It is essential for allowing community members to work with the assurance that their children are in secure, nurturing, and developmentally supportive environments.”

Celine Servatius, MPH, Island County Resident

“One of the reasons that we do have such a gap in child care is that the people that have the child care businesses, even the ones running that out of their own homes, or the ones that are being run through state ECEAP, it’s very difficult to attract employees to be paid a minimum wage or barely above minimum wage and expect them to work in an area they can’t even afford to live in. So I feel like that’s a barrier.”

Julie Jackson, Island County Resident



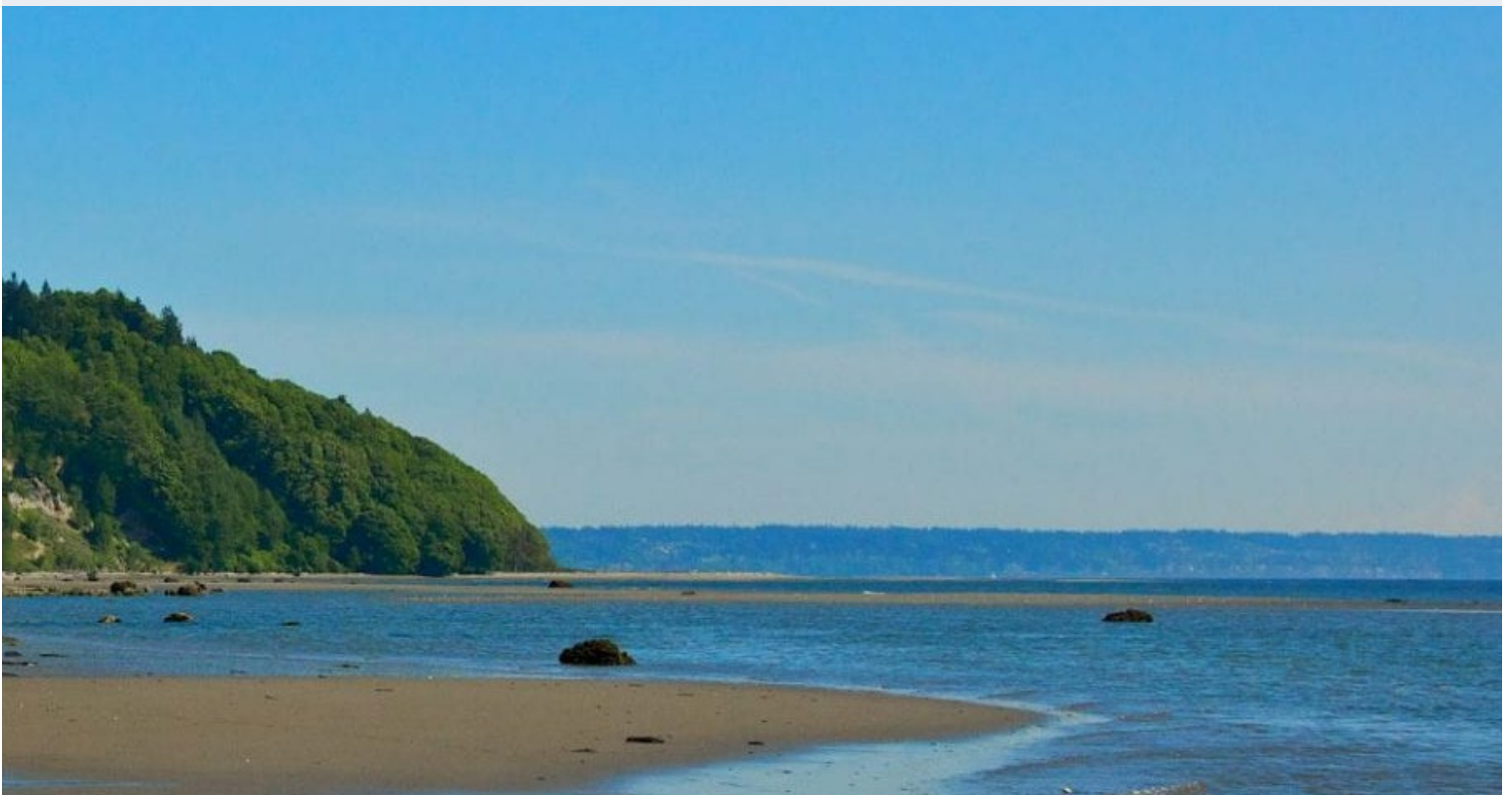
**INDICATORS**

	Washington State	Island County
Number of licensed child care providers (centers & family care)	5862	32
Number of active licensed child care centers (providing services to children birth-5)	720	13

INDICATORS

	Island County
Estimated percentage of child care needs met—Infant care (0-11 mo)	5%
Estimated percentage of child care needs met—Toddler care (12-29 mo)	8%
Estimated percentage of child care needs met—Preschool care (3-5 yr)	22%

SOURCE: Child Care Aware, WA. 2022. DCYF, 2023





FOOD ACCESS

Access to free and reduced price meals at school and the Supplemental Nutrition Assistance Program (SNAP) are important resources for many families in the county. Food support, specifically regarding food insecurity, was identified as a need. Uplifting food support initiatives, such as community food banks or local farmers markets, can alleviate food insecurity, promoting health for all residents.

INDICATORS			
	Washington State		Island County
Food insecurity rate overall	16	←	11
▶ Food insecurity rate among children	4	→	18
Percentage of 10th grade students who reported experiencing food insecurity in the past year	9%	=	9%
▶ Percentage of children enrolled in public schools eligible for free or reduced-price lunch.	50%	←	35%
Percentage of households receiving SNAP/ Food Stamps	11%	←	6%
Percentage of households with SNAP/Food Stamps with one or more people over 60 years	39%	←	36%
Percentage of households with SNAP/Food Stamps with one or more children under the age of 18 years	45%	→	51%

SOURCE: Feeding America, 2022. OSPI, 2023. US Census Data Form S2201 (American Community Survey 1-year estimates) 2022





POVERTY

INDICATORS

	Washington State		Island County	Camano Island	Central Whidbey	North Whidbey	South Whidbey
Percentage of children living at or below 100% of the federal poverty level (FPL)	12%	←	7%	4%	8%	8%	7%
Percentage of adults aged 65+ below FPL	8%	=	6%	5%	7%	4%	8%
Percentage of people aged 18-34 below FPL	12%	←	8%	6%	9%	8%	13%
Percentage of people aged 35-64 below FPL	8%	=	7%	5%	8%	8%	7%
Percentage of people below FPL: Hispanic or Latino origin (of any race)	16%	←	8%	*	*	*	*

SOURCE: US Census Data Form S1701 (American Community Survey 5-year estimates) 2018-2022

* = suppressed due to small numbers





PREVENTIVE CARE AND WELLNESS

INDICATORS				
		Washington State		Island County
Percentage of 10th grade students who had a routine medical check-up in the past year	67%	←		63%
Percentage of Medicaid beneficiaries of all ages who received preventative or restorative dental services	40%	←		34%
Percentage of Medicaid beneficiaries aged 6–14 years who are at elevated risk of cavities who received a topical fluoride application and/or sealants at a dental or oral health service within the year	75%	=		75%
Percentage of Medicaid beneficiaries aged 18–75 years with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test	80%	=		80%
Percentage of female Medicaid beneficiaries aged 50–74 years who had a mammogram	45%	←		41%
Percentage of Medicaid beneficiaries aged 3–21 years who had at least one comprehensive well-care visit	45%	←		40%
Percentage of female Medicaid beneficiaries aged 21–64 years who were screened for cervical cancer	44%	←		41%
Percentage of Medicaid beneficiaries aged 50–75 years who had appropriate screening for colorectal cancer	33%	=		32%
Percentage of women aged 21–65 years who report receiving a Pap smear test within the past 3 years, and who have not had a hysterectomy (age-adjusted)	73%	←		70%
Percentage of adults who report having a routine medical check-up in the past year	65%	=		66%

SOURCE: HYS, 2023. WA HCA, 2022. BRFSS, 2021.



DISABILITY

INDICATORS		Washington State	Island County
Percentage of population (all ages) with a cognitive difficulty	6%	≡	5%
Percentage of population (all ages) with an independent living difficulty	6%	≡	6%
Percentage of population (all ages) with a self-care difficulty	2%	≡	3%
Percentage of adult population aged 18–64 with an independent living difficulty	4%	≡	4%
Percentage of older adults (65+) with a cognitive difficulty	9%	←	6%
Percentage of older adults (65+) with a self-care difficulty	7%	≡	7%
Percentage of older adults (65+) with an independent living difficulty	13%	←	10%
Percentage of older adults (65+) with a cognitive difficulty	9%	←	6%
▶ Percentage of older adults (75+) with a cognitive difficulty	23%	←	16%
Percentage of older adults (75+) with a self-care difficulty	13%	≡	11%
▶ Percentage of veterans with a service-connected disability rating	36%	←	27%

SOURCES: US Census Data Form S1810 (American Community Survey 5-year estimates) 2018-2022



CHILDHOOD IMMUNIZATIONS

Childhood immunization data below include school immunizations, which public schools in Washington State must report to the Department of Health, and other immunizations recommended by pediatricians or other health care professionals to reduce childhood and adolescent disease. Required school vaccines include DPT (Diphtheria, Tetanus, Pertussis), MMR (Measles, Mumps, Rubella), Polio, Hepatitis B, and Varicella (Chickenpox).

INDICATORS				
		Washington State		Island County
K-12 overall compliance	91%	≡		91%
K-12 exemptions	4%	≡		5%
Children 6 months-17 years with complete COVID-19 vaccination	43%	←		29%
Vaccination coverage for the 19–35 month milestone vaccinations	57%	←		45%
Vaccination coverage for the 4-6 year milestone vaccinations	42%	←		25%
Vaccination coverage for the 11-12 year milestone vaccinations	33%	←		21%
Vaccination coverage for the 13-17 year milestone vaccinations	54%	←		36%

SOURCE: WA DOH, 2021-2024. CDC 2021





SUBSTANCE USE

INDICATORS	Washington State		Island County
Cigarette use among 10th grade students (in the past 30 days)	2%	≡	4%
E-cigarette use among 10th grade students (in the past 30 days)	8%	➡	11%
Painkiller use to get high among 10th grade students (in past 30 days)	2%	≡	2%
Marijuana use among 10th grade students (in the past 30 days)	8%	➡	12%
Alcohol use among 10th grade students (in the past 30 days)	9%	≡	10%
Adults who self-report that they currently smoke	12%	≡	14%
Adult alcohol use with a focus on heavy drinking	7%	≡	9%
Rate of opioid prescriptions per 1,000 population	46	≡	47
Treatment of Medicaid enrollees with opioid use disorder (OUD) with any medication for opioid use disorder (MOUD)	38%	⬅	27%

SOURCE: HYS, 2023. BRFSS, 2022. HCA, Q3 2023





CHRONIC HEALTH CONDITIONS

INDICATORS	Washington State	Island County
Breast cancer incidence rate per 100,000 (age-adjusted)	78	87
Prostate cancer incidence rate per 100,000 (age-adjusted)	42	41
Lung cancer incidence rate per 100,000 (age-adjusted)	42	41
Colorectal cancer incidence rate per 100,000 (age-adjusted)	30	26
Hospitalizations due to asthma rate per 100,000	18	6
Hospitalizations due to diabetes with complications rate per 100,000	109	82
Hospitalizations due to diseases of the heart rate per 100,000	412	453

INDICATORS	Washington State	Island County
Percentage of adults who have been told they have diabetes	8%	6%
Percentage of adults who have been told they have COPD, emphysema, or chronic bronchitis	5%	7%
Percentage of adults who reported being obese	28%	27%
Percentage of youth who reported being obese	2%	4%
Percentage of 10th grade students ever told that they have asthma	17%	18%
Percentage of adults with arthritis	22%	25%



WIC (WOMEN, INFANTS, AND CHILDREN)

WIC benefits are a crucial part of infant and early childhood nutrition for many families in Island County.

INDICATORS	
	Island County
WIC participants	2,054
Total food dollars redeemed (not including Farmer's Market Nutrition Program benefits)	\$943,741
Total food dollars redeemed for fresh fruits and vegetables only (not including Farmer's Market Nutrition Program benefits)	\$287,147

SOURCE: WA DOH, 2023

RECREATIONAL ACCESS

INDICATORS	
	Washington State Island County
Acres of parks and open spaces per 100 residents	N/A 12
Percentage of population living within 1/2 mile of a park	71% ← 45%

SOURCE: ICPH, 2022. CDC, 2020.



What We're Doing to Address our Health Needs



WHAT'S ALREADY HAPPENING?

The Community Health Assessment was a grounding and insightful process that helped Island County residents to reconnect. Through conversations and outreach, we heard personal experiences and perspectives of the strengths and challenges that exist in our island communities. We recognize that it is imperative that we center community in not only exploration and understanding, but also in planning programs and services that will uplift assets and address barriers to equitable health for all. We cannot do this alone, and we are looking to longstanding and newly forming partnerships to join us on this journey of health improvement.



FOOD ACCESS & SECURITY

Funding: Island County has an active and motivated agricultural community that is dedicated to evaluating the current state of our food system. ICPH, in partnership with Washington State University, Whidbey Island Conservation District, and American Farmland Trust, submitted a USDA grant to fund this work. The outcome will be shared in September 2024.

Partnerships: In addition to the partners listed above, ICPH works closely with our food safety team, local farmers markets, food-centered nonprofit organizations, local schools, food banks, and environmentally focused committees across the county. These partnerships will be instrumental to the completion of a comprehensive food system study and an actionable food systems plan.



HOUSING

Funding: In Island County, we rely on local document recording fees collected on real estate transactions to fund partner agencies

that provide emergency shelter, transitional housing, and other support services for unhoused households. With real estate transactions down, this funding source has decreased significantly in the past two years. The Washington State legislature stepped in to provide aid for these fees this fiscal year so that local shelters would not have to close. Funding is also distributed to each county through the Washington Department of Commerce Consolidated Homeless Grant. This funding is the main source of rental assistance in Island County and supports Coordinated Entry, Rapid Rehousing, and our Eviction Prevention Program. It also funds low-barrier night-by-night shelters and some emergency motel funding that can be used as an expansion of emergency shelter. Additionally, the Island County Commissioners voted to implement HB 1590 which collects 1/10th of 1% sales tax locally to put towards affordable housing projects. We have created a rolling application for entities to apply for these funds. Earlier this year, we released an RFQ for land acquired with ARPA funds to incentivize affordable housing development in Island County.



HOUSING (CONT'D)

Partnerships: Island County maintains strong partnerships with several local agencies to provide emergency shelter, transitional housing, drop-in day centers, and rental assistance. We value these agencies' commitment to keeping people safe and sheltered and providing resources as they work towards solutions such as permanent housing. We also work closely with schools, food banks, energy assistance programs, and other local resources to assist with other health needs. Island County recently transferred land to a developer and local agency to build 82 units of affordable housing in Oak Harbor. We have also added an Affordable Housing Development Specialist to our Housing Team to build relationships with local developers, landowners, and community members to encourage affordable housing in Island County. We are dedicated to increasing opportunities and partnerships in this area.



BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES)

Funding: Local, state, and federal funding is in place for increased access to behavioral health services for Island County residents in all age groups. Service provision includes counseling, care coordination, family support, and comprehensive behavioral health/criminal justice programming to

include juvenile and adult court diversion, family reconciliation court services, recovery navigator services, and jail behavioral health.

Partnerships: Island County provides and coordinates programs designed to increase access to behavioral health care services for residents. Working with community partners and schools, youth and family services focus on strengthening social-emotional health, promoting positive social experiences, and promoting mental health in youth and families. Behavioral health and criminal justice partnerships are focused on improving mental health and recovery for people who are historically underserved, marginalized, adversely affected by inequality, and disproportionately impacted by crime, violence, and victimization. Island County also partners with local resource centers, schools, behavioral health providers, law enforcement agencies, community foundations, and other community organizations to provide programs and services to promote mental health and reduce substance use in youth and adults across the county.



ACCESS TO CARE

Funding: Island County supports a range of community-based services that support care navigation and culturally affirmative care. State funding supports our Community Health Worker program, which connects underserved populations with



essential healthcare. Local funding supports a maternal and child health home-based nursing program available to all community members. Our Access to Baby and Child Dentistry Program (ABCD) supports dental care access for preventive health. Communicable disease funding supports our tuberculosis treatment program and community-based treatment for sexually transmitted infections.

Partnerships: Island County has a network of partners who are dedicated to addressing this need. For example, we work with Partners for Young Children and Help Me Grow to develop a coordinated care directory, streamlining the referral process for children's healthcare. We regularly collaborate with WhidbeyHealth to support treatment of patients with infectious diseases and community prevention. Our community health workers (CHWs), public health nurses, and WIC staff work with local pediatricians, human services, neurodevelopmental centers, and other providers to ensure clients are connected with healthcare services. CHWs and human services staff assist with transportation, scheduling, and treatment plan review with clients.



SENIOR SERVICES

Funding: Island County continues to support the Island County Falls Prevention Coalition, as we have seen a significant need for prevention work in this area. The funding allocated for this work supports local partners who provide direct support,

exercise and wellness classes, social events, local resource fairs, and home improvement projects for seniors in our community.

Partnerships: Island County partnerships that focus on senior health and support include Island Senior Resources, City of Oak Harbor Parks & Recreation, the Camano Center, WhidbeyHealth, local physical therapists, the Opportunity Council, South Whidbey at Home, long-term care facilities, and more. Programs are underway through these partnerships to provide social enrichment activities such as lunch and learns, resource coordination for seniors and family members, balance and mobility classes, safety and emergency preparedness, food security, and healthcare access, to name a few.

WHAT COMES NEXT?

ICPH will spend the next few months going back to our community to share and receive feedback on the CHA. As we do this, we will begin prioritizing needs and identifying key partners who we can collaborate with on this work. Together, we will develop a Community Health Improvement Plan (CHIP). The CHIP will identify priority areas of improvement, ways to evaluate our progress, and set a path towards creating a healthier community for all in Island County.



Appendix

METHODOLOGY FOR SURVEY, INTERVIEWS, FOCUS GROUPS, DATA WORKBOOK

Community Leader Interviews

ICPH identified a list of 30 local leaders across the county who could provide insights on community health. The leaders included people from 14 different fields. Twenty-five community leaders agreed to participate in the interviews. The ICPH team contacted each interviewee and scheduled a video/phone call or in-person meeting. Interviewees were notified that interviews would be recorded, and any direct quotations used in the final report would be approved before inclusion in the report. Interviews ranged from 45 to 80 minutes, with most calls taking about 45 minutes. The interviewers prepared the interviewee at the beginning of the call by explaining the format and flow of the questions and asking for verbal consent to take part in the interviews and to record each session. Recordings and raw data were kept by ICPH. Data were analyzed using Dedoose which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.⁴

Survey

Survey questions were developed in collaboration with ICPH and the consultant team around key domains:

1. Quality of Life
2. Defining a “Healthy Community”
3. Strengths of Your Community
4. Community Health Challenges by Age, Medical, Social, and Environmental Health Challenges
5. Community and Personal Health
6. Demographics

Tagalog between February 6, 2024, and May 20, 2024. We received 1095 English responses, 16 Spanish responses, and zero (0) Tagalog responses to our community survey. The survey was delivered using the SurveyMonkey survey delivery platform and data were analyzed in SurveyMonkey, Excel, and R. The list of survey questions can be found in the next section of this Appendix.

Survey questions were distributed to Island County residents in English, Spanish, and



Focus Groups

Five focus groups were conducted across Island County by the consulting team and took place at key community meeting locations like the library and community centers. The focus groups centered on the topics listed in the report, including housing, mental health services, health care access and availability, and senior supports. Focus group attendees were also recruited by ICPH and invited to take part. Each attendee was offered a gift card for participating. Attendees were selected based on either their lived experience or their professional experience related to the focus group topic area. Focus group attendance numbers ranged from 4 to 12 attendees. Focus groups were recorded, but participants did not name themselves on the recording when they spoke, and no participants were named for the final report. Recordings and raw data were not shared with ICPH. Data were analyzed using Dedoose.

Indicators

Public health and community indicators were obtained from national, state, regional, and local data sources, including the American Community Survey and the Washington State Department of Health. Comparison county and state rates were also obtained for select indicators. Some indicators may be measured differently across the data sources, time intervals, or geographies, in which cases data were collected from all possible sources to allow for comparison across similar indicators and interpretation of the results in the context of the CHA. The nature of each indicator (e.g., percentage, rate per 1000) was specifically noted; in cases when estimates were too small to report as percentages, indicators were reported as counts. Estimates of variability (e.g., standard errors or confidence intervals) were also provided for all estimates. Data management and analysis were conducted in Microsoft Excel and Stata/MP v15.1.



Survey

Island County Community Health Survey 2024

Introduction

What does Island County need to be a healthier place to live, learn, work, and play?

Island County Public Health, in collaboration with your Community Health Advisory Board, Board of Health, and over 20 other local health partners, is working to complete the 2024 Island County Community Health Assessment. Right now, we are collecting information to better understand the health of our population and the factors that contribute to making us more or less healthy.

How will your opinion make a difference?

The results of this survey will go into the Community Health Assessment report. This report gets distributed widely throughout the county and region, and is used by community leaders, agency directors and staff, service providers, and community groups to help make informed decisions about what health needs exist in our community and what work needs to be done.

The Community Health Assessment is also the first step in our Community Health Planning process and will be used to identify community-wide priorities to improve our health and quality of life.

Thank you for sharing your experience and ideas!



QUESTIONS	ANSWERS					
1. Which best describes your status in Island County?	<input type="checkbox"/> Full time resident <input type="checkbox"/> Seasonal resident <input type="checkbox"/> Frequent visitor <input type="checkbox"/> Other (please specify)					
2. Which area do you live in or closest to?	<input type="checkbox"/> Camano Island – North <input type="checkbox"/> Camano Island – South <input type="checkbox"/> Coupeville <input type="checkbox"/> Clinton <input type="checkbox"/> Freeland			<input type="checkbox"/> Greenbank <input type="checkbox"/> Langley <input type="checkbox"/> Oak Harbor <input type="checkbox"/> Oak Harbor - NAS <input type="checkbox"/> Other (please specify)		
3. What is the primary reason you chose to live in Island County?	<input type="checkbox"/> Rural character <input type="checkbox"/> Employment <input type="checkbox"/> Close to family and/or friends <input type="checkbox"/> Born and/or grew up here			<input type="checkbox"/> Military/stationed here <input type="checkbox"/> Natural/scenic beauty <input type="checkbox"/> Cost of living <input type="checkbox"/> Recreational opportunities <input type="checkbox"/> Other (please specify)		
	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Not sure	Not applicable to me
4. Please rate the following based on your overall opinion of the quality of life in our community: (Choose one answer per statement)	I am satisfied with my quality of life in this community.					
	I am satisfied with the health care system in my community.					
	This is a good place to raise children.					
	This is a good place to retire.					
	There is economic opportunity (jobs, school, etc.) in my community.					
	This is a safe place to live.					
	I can enjoy environmental and natural benefits including access to parks and walking trails, sports, and other outdoor activities.					
	There are support systems/resources for myself and my family during times of stress and need.					
	I can contribute to and participate in our community's quality of life.					
	I think that I can make the community a better place to live.					
	I am able to enjoy clean drinking water, access to working and safe sewage treatment, and homes free of toxins (smoke, lead, mold, etc.).					
	There is an active sense of civic engagement, responsibility, and pride (ex. voting, local government participation, advocacy) in my community.					



QUESTIONS	ANSWERS	
5. What do you think are the top 3 most important parts of a "healthy community"? (Choose up to 3)	<input type="checkbox"/> Access to quality education <input type="checkbox"/> Safe and healthy homes <input type="checkbox"/> Clean environment <input type="checkbox"/> Safe transportation <input type="checkbox"/> Low crime/safe neighborhoods <input type="checkbox"/> Safe places to be active <input type="checkbox"/> Churches and religious organizations <input type="checkbox"/> Access to safe and abundant drinking water <input type="checkbox"/> Access to affordable and healthy food <input type="checkbox"/> Access to quality healthcare <input type="checkbox"/> Access to health insurance <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Access to social support services	<input type="checkbox"/> Diversity (representative and inclusive of all people, cultures, and perspectives) <input type="checkbox"/> Access to affordable quality childcare <input type="checkbox"/> Good place to raise children <input type="checkbox"/> Affordable housing <input type="checkbox"/> Arts and cultural events <input type="checkbox"/> Healthy economy <input type="checkbox"/> Healthy behaviors and lifestyles <input type="checkbox"/> Low adult death and disease rates <input type="checkbox"/> Low infant deaths <input type="checkbox"/> Emergency preparedness (community planning to respond in an emergency)
6. What do you think are the top 3 strengths of your community?	<input type="checkbox"/> Strength #1	
	<input type="checkbox"/> Strength #2	
	<input type="checkbox"/> Strength #3	
7. What do you think are the top 3 challenges that parents/caregivers face in our community? (Choose up to 3)	<input type="checkbox"/> Access to medical care for children <input type="checkbox"/> Access to dental care for children <input type="checkbox"/> Access to mental health care for children <input type="checkbox"/> Access to education/information about parenting and child development <input type="checkbox"/> Access to financial education or support <input type="checkbox"/> Access to early learning resources and preschool <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Access to family-friendly activities and recreational opportunities <input type="checkbox"/> Limited family-friendly workplace policies for parents/caregivers (maternity/paternity leave, flex time) <input type="checkbox"/> Affordable housing <input type="checkbox"/> High cost of childcare <input type="checkbox"/> Limited childcare options <input type="checkbox"/> Transportation to activities and/or appointments <input type="checkbox"/> I don't know/ no opinion



QUESTIONS	ANSWERS	
<p>8. What do you think are the top 3 biggest challenges youth face in our community? (Choose up to 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Access to medical care <input type="checkbox"/> Access to dental care <input type="checkbox"/> Access to mental health care <input type="checkbox"/> Access to health information/ education <input type="checkbox"/> Access to job opportunities and/or training <input type="checkbox"/> Access to quality education <input type="checkbox"/> Bullying <input type="checkbox"/> Connecting with supportive, positive role models <input type="checkbox"/> Other (please specify) 	<ul style="list-style-type: none"> <input type="checkbox"/> Drug, tobacco and alcohol use <input type="checkbox"/> Access to exercise/recreation activities <input type="checkbox"/> Access to after school or extracurricular activities <input type="checkbox"/> Unhealthy or unstable home life <input type="checkbox"/> Transportation to activities and/or appointments <input type="checkbox"/> Accidents or unintentional injuries (car accidents, sports injuries, etc.) <input type="checkbox"/> I don't know / no opinion
<p>9. What do you think are the top 3 biggest challenges adults/ seniors face in our community? (Choose up to 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Access to medical care <input type="checkbox"/> Access to dental care <input type="checkbox"/> Access to mental health care <input type="checkbox"/> Access to disability services <input type="checkbox"/> Access to financial education or support <input type="checkbox"/> Managing chronic health problems <input type="checkbox"/> Access to recreational or social activities <input type="checkbox"/> Access to services to live independently (also known as 'aging in place') <input type="checkbox"/> Other (please specify) 	<ul style="list-style-type: none"> <input type="checkbox"/> Preparing or obtaining healthy food <input type="checkbox"/> Affordable housing Living on a fixed income <input type="checkbox"/> Social isolation/loneliness <input type="checkbox"/> Transportation to activities and/or appointments <input type="checkbox"/> Accidents or unintentional injuries (car accidents, sports injuries, etc.) <input type="checkbox"/> Fall and unintentional injury risk <input type="checkbox"/> I don't know / no opinion
<p>10. What are the top 3 major medical or physical health issues in our community? (Choose up to 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Access to medical and behavioral healthcare <input type="checkbox"/> Accidents or unintentional injuries (car accidents, sports injuries, etc.) <input type="checkbox"/> Age related conditions (Alzheimer's, arthritis, hearing or vision loss, mobility, falls) <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic respiratory disease (like asthma, emphysema, COPD) <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (please specify) 	<ul style="list-style-type: none"> <input type="checkbox"/> Drug and alcohol use <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Hunger/low access to food <input type="checkbox"/> Mental health (like depression, anxiety, stress, bipolar disorder) <input type="checkbox"/> Obesity, eating disorders <input type="checkbox"/> Sexually transmitted infections (like HIV/Aids, Syphilis, Chlamydia) <input type="checkbox"/> Suicide <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> I don't know/ no opinion



QUESTIONS	ANSWERS				
11. What are the top 3 major social and economic issues in our community? (Choose up to 3)	<input type="checkbox"/> Affordable and healthy housing <input type="checkbox"/> Dependable jobs with livable wages <input type="checkbox"/> Lack of accessibility for people with disabilities (like physical, communication, and transportation access) <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Unemployment <input type="checkbox"/> Drug/alcohol use <input type="checkbox"/> Social isolation <input type="checkbox"/> Violence/Crime <input type="checkbox"/> School bullying or violence <input type="checkbox"/> Voter participation <input type="checkbox"/> I don't know / no opinion		
12. What are the top 3 major environmental and safety issues in our community? (Choose up to 3)	<input type="checkbox"/> Climate change <input type="checkbox"/> Drinking water quality, quantity, and systems <input type="checkbox"/> Contaminated soil or bodies of water (such as lakes, shorelines, wetlands, and streams) Septic and sewage quality, quantity, and systems <input type="checkbox"/> Hazardous workplace exposures and safety conditions Housing conditions: indoor air quality, pests, mold/moisture <input type="checkbox"/> Access to power and water during weather-related events		<input type="checkbox"/> Other (please specify) <input type="checkbox"/> Quality of roadways and sharing the road (between motor vehicles, bicyclists, and pedestrians) <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Air quality <input type="checkbox"/> Tobacco smoke outdoors or in public locations <input type="checkbox"/> Tobacco smoke within your residence or building <input type="checkbox"/> Noise pollution (jets, cars/ vehicles, fireworks) <input type="checkbox"/> I don't know/ no opinion		
13. How would you rate the overall health of Island County? (Circle your response)	Very Unhealthy	Unhealthy	Neither unhealthy nor healthy	Healthy	Very Healthy
14. How would you rate your own personal health? (Circle your response)	Very Unhealthy	Unhealthy	Neither unhealthy nor healthy	Healthy	Very Healthy
15. What is your age?	<input type="checkbox"/> 17 years or younger <input type="checkbox"/> 18 to 24 years <input type="checkbox"/> 25 to 34 years <input type="checkbox"/> 35 to 44 years <input type="checkbox"/> 45 to 54 years		<input type="checkbox"/> 55 to 64 years <input type="checkbox"/> 65 to 74 years <input type="checkbox"/> 75 to 84 years <input type="checkbox"/> 85 years or more		
16. What is your gender identity?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary / non-conforming		<input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify)		



QUESTIONS	ANSWERS	
17. What is your race/ethnicity? (Check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify)
18. In what way do you prefer to receive health-related information?	<input type="checkbox"/> Internet <input type="checkbox"/> Printed newsletters <input type="checkbox"/> Bulletin boards <input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Family/friends <input type="checkbox"/> Social media platforms <input type="checkbox"/> Other (please specify)
19. Do you have children living at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. If yes, please share the number of children per age group living at home:	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-12 years <input type="checkbox"/> 13-18 years <input type="checkbox"/> 19+ years	
21. What is your current work status? (Check all that apply)	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed looking for work <input type="checkbox"/> Unemployed not looking for work <input type="checkbox"/> Unemployed but volunteering	<input type="checkbox"/> Disabled/Unemployed unable to work <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Veteran <input type="checkbox"/> Other (please specify)
22. Have you or an immediate family member ever served on active duty in the U.S. Armed Forces? (Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.)	<input type="checkbox"/> Yes, on active duty in the past, but not now <input type="checkbox"/> Yes, now on active duty <input type="checkbox"/> No, never on active duty except for initial/basic training <input type="checkbox"/> No, never served in the U.S. Armed Forces <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify)	
23. In 2023, what was your annual household income from all sources?	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,00 to under \$25,000 <input type="checkbox"/> \$25,000 to under \$50,000 <input type="checkbox"/> \$50,000 to under \$75,000 <input type="checkbox"/> \$75,000 to under \$100,000	<input type="checkbox"/> \$100,000 to under \$150,000 <input type="checkbox"/> \$150,000 to under \$200,000 <input type="checkbox"/> \$200,000 or more <input type="checkbox"/> Prefer not to say



Community-Wide Plans Related to Social Drivers



Island County Comprehensive Plan (2025): <https://www.islandcountywa.gov/209/Comprehensive-Plan>



Island County Comprehensive Economic Development Strategy (CEDS): <https://www.iscoedc.com/assets/pdf/Island+County+CEDS+2024-2028+07022024/>



Island County Child Care Needs Assessment (2021): <https://www.islandcountywa.gov/DocumentCenter/View/6312/Island-County-Child-Care-Needs-Assessment-2021?bidId=>



Island County Homeless Housing Plan (2020 - 2024): <https://www.islandcountywa.gov/DocumentCenter/View/193/5-year-Homeless-Housing-Plan-PDF?bidId=>



North Sound BH-ASO Fall 2022 Assessment of Behavioral Health Needs (2022): <https://nsbhaso.org/news-and-events/north-sound-bhaso-assessment/North%20Sound%20BH-ASO%20Assessment.pdf>



Risk and Protection Profile for Substance Abuse Prevention in Island County (2024): <https://www.dshs.wa.gov/sites/default/files/rda/riskprofiles/research-4.47-island.pdf>



Island County Community Health Improvement Plan (2017-2020). <https://www.islandcountywa.gov/DocumentCenter/View/4103/2018-Community-Health-Improvement-Plan>



Island County Community Health Improvement Plan Update (2022). <https://www.islandcountywa.gov/DocumentCenter/View/4589/CHIP-Updates-2022->





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**Thank you
for your time**