



GRAYS HARBOR COUNTY

07-2022

Community
Health
Assessment

Community
Health
Improvement
Plan



ACKNOWLEDGMENTS

This report is the result of over 228 people contributing their time and sharing their expertise to improve community health. Rede Group is genuinely grateful to all community members for their participation.

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City of Cosmopolis
City of Elma
City of Hoquiam
City of Montesano

City of Ocean Shores
Coastal Community Action Program
Dispute Resolution Center of Grays Harbor
Firelands WA
Grays Harbor Community College
Grays Harbor Community Foundation
Grays Harbor County Commissioners
Grays Harbor County Sheriff's Department
Hoquiam High School
Hoquiam Police

Hoquiam Public Schools
Local unions
Olympic Health & Recovery Services
Port of Grays Harbor
Summit Pacific
True North
Twin Harbors Waterkeeper
YMCA of Grays Harbor

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ACRONYMS

BH	Behavioral Health
CBO	Community-Based Organization
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus
CCAP	Coastal Community Action Program
GH	Grays Harbor (in reference to Grays Harbor County)
GHCPH	Grays Harbor County Public Health
LGBTQ+	Lesbian, gay, bisexual, queer and other sexual identities that are not heterosexual <i>(Please note: this only includes sexual orientation, not gender identity)</i>
PA	Physical Activities
PCP	Primary Care Providers
SDoH	Social Determinants of Health
SNAP	Supplemental Nutrition Assistance Program
SUD	Substance Use Disorder
VA	Veterans Affairs
YMCA	Young Men's Christian Association

DEFINITIONS

Behavioral Health	Behavioral health encompasses traditional mental health and substance use disorders, as well as overall psychological well-being. ¹
Primary Data	Data that has been generated by the researchers themselves, surveys, interviews, experiments, specially designed for understanding and solving the research problem at hand.
Qualitative Data	Qualitative data is the descriptive and conceptual findings collected through questionnaires, interviews, or observation.
Quantitative Data	Quantitative data is any set of information that can be numerically recognized and analyzed.
Secondary Data	Data generated by large government Institutions, health care facilities, etc. as part of organizational record keeping. The data is then extracted from more varied datafiles.



ABOUT GRAYS HARBOR COUNTY

- Geography + environment
- Demographics

Geography + Environment

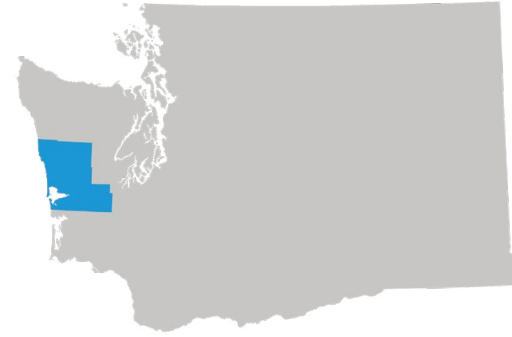
Grays Harbor County is situated along the Washington coast with a population of about 75,000 and spans 2,224 square miles. It is located west of the state’s capitol Olympia and encompasses vast forested land, lush rivers, coastal expanses, and both small and large towns. In comparison, Washington state has a population of 7.5 million people and covers 71,300 square miles.

Demographics

The population of Grays Harbor is 87% White, 1% Black or African American, 6% American Indian or Alaska Native, and 10% Latino/a/x. About 50% of the population is aged 18-64 and the median income is \$50,665 compared to Washington state which is about 79% White, 4% Black or African American, about 2% American Indian or Alaska Native, and 13% Latino/a/x. 56% of the state population is aged 18-64 and the median income is \$77,006.

Other noteworthy comparisons include: those with a disability in Grays Harbor make up about 14% of the population compared to 9% of the state, about 20% of Grays Harbor residents receive Supplemental Nutrition Assistance Program (SNAP) benefits compared to 12% statewide, about 16% of Grays Harborites hold a Bachelor’s degree or higher compared to nearly 37% statewide.

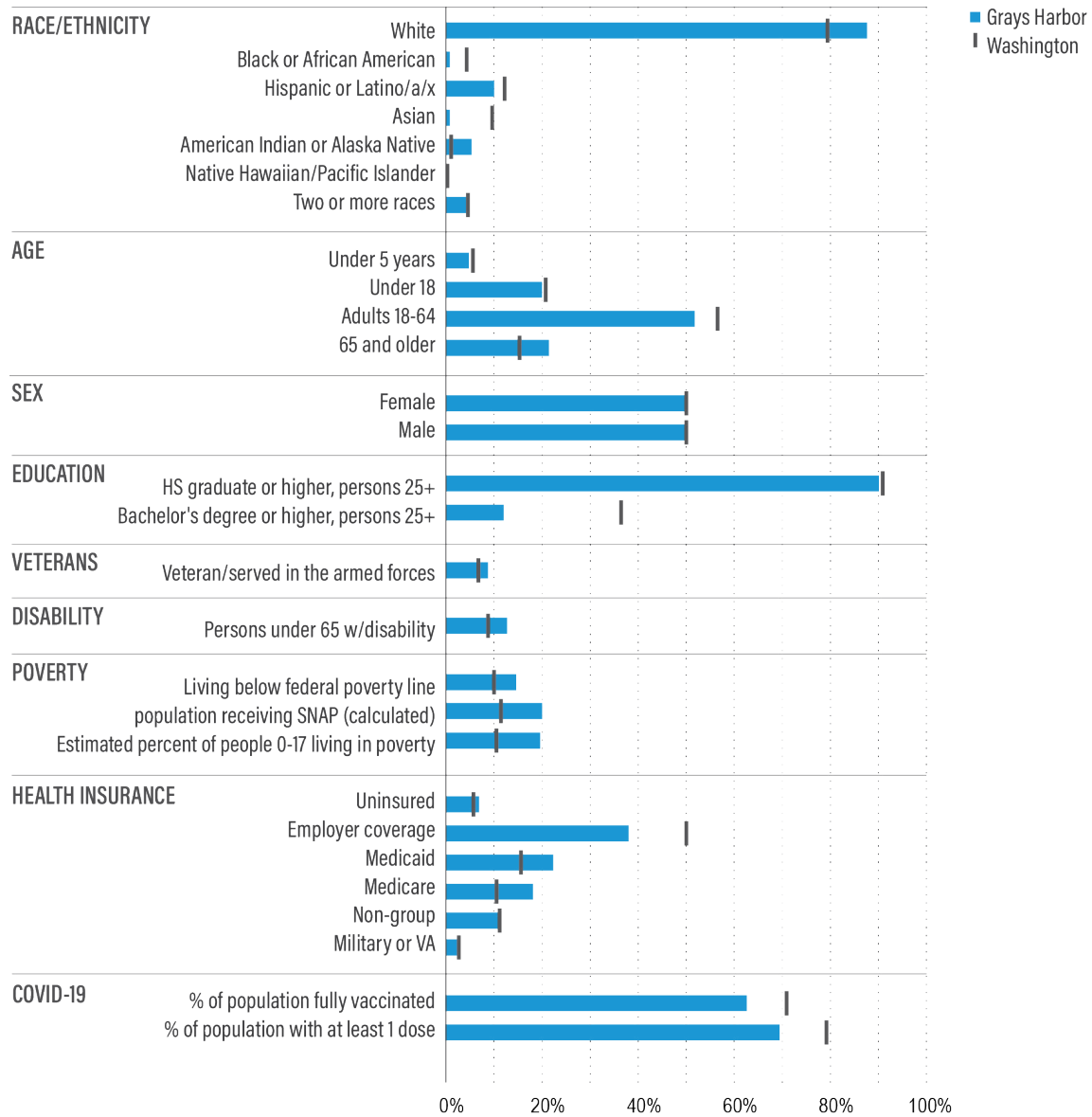
Figure 1: Grays Harbor County overview²⁻⁷



	Grays Harbor	Washington
POPULATION	74,720	7,656,200
DENSITY	38.3 people per sq. mile	101.2 people per sq. mile
MEDIAN HOUSEHOLD INCOME	\$50,665	\$77,006
MEDIAN RENT		
studio	\$541	\$752
1-bedroom	\$653	\$850
2-bedroom	\$820	\$1,070
3-bedroom	\$1,174	\$1,498
4-bedroom	\$1,420	\$1,764

ABOUT GRAYS HARBOR COUNTY: DEMOGRAPHICS

Figure 2: Grays Harbor County demographics overview²⁻⁷





COMMUNITY HEALTH ASSESSMENT

- Introduction
- Methods + analysis
- Limitations
- Storylines + findings

Introduction

Purpose + background

To identify and best plan how to address public health needs, public health departments typically undergo a community health assessment (CHA) and community health improvement planning (CHIP) process every three to five years. Grays Harbor County Public Health (GHCPH) recognized the need for an updated CHA and CHIP to address health concerns in the community. To realize this work, they contracted with Rede Group (Rede) to conduct the CHA and write a CHIP with action-oriented recommendations.

Using this report

This report is structured into a few overarching sections. The first, the CHA, reviews data collection processes and storylines, or findings, from the assessment. In the CHA, you will find figures and visuals representing the data. These are unique to each type of data collected; visuals are tailored to each section and specific data visualizations are used when appropriate for the granularity of data collected. Included in these are causal pathway diagrams, which help us better understand the interdependencies of environment, policy, and other factors that influence health outcomes by identifying drivers of health, impacts to health, and outcomes affecting health. You will also see bar charts and pie charts representing both secondary and primary data. The second part of the report, the CHIP, coalesces the data from the CHA and provides a set of priorities, goals, and strategies to guide public health work. Finally, the appendices provide further details on data collected, data collection tools, and tables with quantitative data.

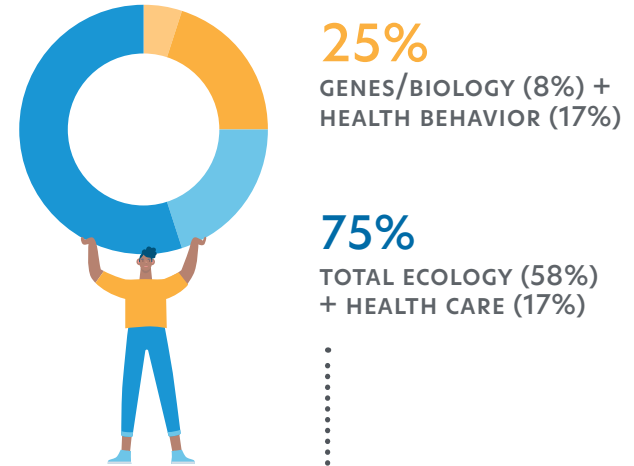
CAUSAL DIAGRAM



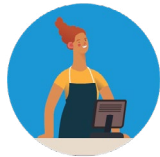
Assessment framework

The Centers for Disease Control estimates that genes, biology and health behaviors, grouped together, influence only about 25% of population health. The rest of population health is determined by a combination of health care and the social conditions and environments where people are born, live, learn, work, play, worship, and age (Figure 3). These Social Determinants of Health (SDoH) have the greatest effect on a wide range of health, functioning, and quality-of-life outcomes and risks.⁸ Rede used the SDoH to inform data collection strategies and questions for this assessment (examples below).

Figure 3: Contributors to population health⁹



SOCIAL DETERMINANTS OF HEALTH



ECONOMIC STABILITY

- Employment status
- Wages
- Cost of living
- Poverty level
- Housing affordability
- Houselessness



EDUCATION ACCESS + QUALITY

- Educational attainment
- Graduation rate



NEIGHBORHOOD + BUILT ENVIRONMENT

- Air + water quality
- Quality of housing
- Access to public transportation
- Access to healthy foods
- Access to safe physical activity



SOCIAL + COMMUNITY CONTEXT

- Positive relationships within families + community
- Community supports
- Cultural norms
- Discrimination



HEALTH CARE ACCESS + QUALITY

- Access to health care
- Cost of health care
- Insurance coverage
- Transportation

Methods + Analysis

To inform this assessment, Rede collected primary data through community leader interviews, community member focus groups, and a community-facing survey to increase understanding of community health. Rede conducted 32 interviews, 6 focus groups (with a total of 37 participants), and received 159 complete survey responses. Through primary data collection, Rede connected with a total of 228 community members and leaders. This assessment also included secondary data from local, state, and national sources to complement information found through primary data collection. After data collection, Rede analyzed data and continued using the SDoH framework to identify conditions that positively and negatively impact community health.



Interviews + focus groups

GHCPH compiled a list of stakeholders and community-based organizations (CBOs) who worked in a variety of sectors within the community as potential interviewee and focus group participant organizations. Additionally, priority populations were identified for the CHA. Outreach and recruitment to the general community and priority populations was aided by the help of CBOs and GHCPH. Priority populations for this assessment included those who identified as:

- American Indian/Alaska Native,
 - Members of the Quinault Indian Nation and the Confederated Tribes of the Chehalis Reservation;
- Black or African American;
- Hispanic or Latino/a/x; and
- Those who lived or worked in a rural area

Community leaders were asked to take part in the CHA by participating in interviews; CBOs were asked to assist in the CHA process by helping to recruit community members to participate focus groups. Interviews and focus groups both took place between March and April of 2022. From this recruitment, Rede interviewed 32 community leaders during 60 minute virtual interviews via Zoom. Leaders were asked questions about community strengths, health issues on The Harbor,

and suggestions to better community health (“The Harbor” is a commonly used phrase for Grays Harbor County locals in reference to their hometown) (see Appendix G). Rede conducted six 90 minute community member focus groups; two in Spanish and four in English. Focus groups ranged from two to 10 participants and aimed to gain insights about resources community members used to be healthy, community strengths, and health resources community members thought were missing from the community (see Appendix C (English) & D (Spanish)). There were a total of 37 focus group participants.

Community survey

Rede developed a 36-question virtual survey, which was available in both English and Spanish and promoted through various networks from mid-April to mid-May 2022. Twelve (12) survey questions collected demographic information to assure the survey captured perspectives from a wide range of Harbor residents and 24 health questions (see Appendix A (English) & B (Spanish)). The survey yielded 159 completed responses. Responses were considered complete if they met the following criteria:

- 80% of non-open ended health questions (not demographic questions) answered
- Respondent indicated they lived in Grays Harbor

- Respondent entered a zip code in Grays Harbor County when asked what zip code they lived in

Data collected from the three primary data collection methods were analyzed separately to identify common themes using best practices for qualitative analysis (interviews and focus groups) and quantitative analysis (survey). Interview and focus group transcripts were analyzed using Dedoose, a qualitative data analysis tool. Survey data was analyzed through Microsoft Excel.

After preliminary analysis, Rede met with stakeholders in Grays Harbor County to share preliminary findings, gain insight about these findings, and further develop recommendations. A summary of the stakeholder engagement session is included in Appendix K.

Limitations

Representation from priority populations

Despite outreach efforts, Rede was unable to reach all priority populations across data collection methods as hoped. There was not sufficient representation in either focus groups or interviews from American Indian/Alaska Native community members, particularly representation from the Quinault Indian Nation and the Confederated Tribes of the Chehalis Reservation. The Hispanic or

Latino/a/x community was overrepresented in the community member survey when compared to Grays Harbor County's demographics.

Missing secondary data points

As described above, secondary health indicator data was collected to supplement primary data collection. There was not comprehensive data available at both the county level and state level to accurately compare all health indicators. For example, county level data may have been represented as percentages and state level data as rates, or there may not have been county level data, but state data was available for certain health outcomes. To partially remedy this limitation, Rede found similar data points for county and state level data compared to the state of Washington. Find this information in Appendix L.

Contradicting themes

Contradicting themes arose in primary data collection related to access to services. Some of these themes included:

- Assessment participants cited the Young Men's Christian Association (YMCA) as a valuable resource for health, but also talked about it's inaccessibility due to cost, despite low cost options
- Participants talked about proximity to the outdoors as a benefit, but also talked about the weather preventing them from recreating outdoors

- Participants mentioned that there was adequate access to activities for youth, but also addressed activities for youth as a community need.

Urban/rural differences

Participants shared different experiences and barriers to accessing services dependent on where they lived in the county. Urban and rural differences affected accessibility of services, but there were limitations defining urban and rural in Grays Harbor County. For the purpose of this assessment, rural is defined as an area that “comprise[s] open country and settlements with fewer than 2,500 residents.”⁹ Rede did not collect zip code data from focus group participants or community leaders who were interviewed, and therefore was unable to stratify responses by geographic area to determine which areas are most lacking access to healthy opportunities. Assessment participants may have been concentrated in certain geographic regions of Grays Harbor, which may have impacted the themes that emerged from focus groups.

STORYLINES + FINDINGS

Throughout the assessment, the data that Rede collected coalesced into stories that represented health in Grays Harbor. These stories were not always the same for each resident, but nonetheless contributed to the overall understanding of health in the community. Rede has pulled out storylines from this larger picture of health.

SDoH Findings summary

The table below summarizes the assessment findings within the SDoH framework that most impact quality of life and health for residents of Grays Harbor. See Appendix L for complete health indicator (quantitative secondary) data and data sources.

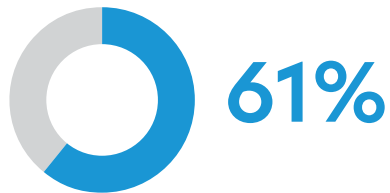
SOCIAL DETERMINANTS OF HEALTH					
	Economic Stability	Education Access + Quality	Neighborhood + Built Environment	Social + Community Context	Health Care Access + Quality
QUALITATIVE	<ul style="list-style-type: none"> - Lack of affordable housing - Inadequate housing stock - Inadequate employment opportunities - Low wages - Substance misuse - Difficulty covering basic needs - Lack of accessible and affordable childcare 	[No significant findings]	<ul style="list-style-type: none"> - Proximity to nature - Access to clean air and water - Abundant access to outdoor recreational activity - Poor housing conditions - Inadequate access to healthy foods - Inadequate access to indoor physical activity 	<ul style="list-style-type: none"> - Supportive small-town community - Sense of togetherness+ social cohesion - Abundance of organizations providing support services - Cultural norm of unhealthy behaviors persisting over generations - Minority populations impacted most by barriers to health 	<ul style="list-style-type: none"> - Lack of physical and behavioral health providers - Affordability of physical and behavioral health care - Insufficient insurance coverage - Travel distance/lack of transportation - Lack of behavioral health resources for youth - Long wait times - Lack of translated materials/use of interpreters
QUANTITATIVE	<ul style="list-style-type: none"> - Higher % population below federal poverty level than state - Higher % of population receiving SNAP benefits than state - Higher houselessness rate than state - People experience houselessness for longer duration than state 	<ul style="list-style-type: none"> - Lower educational attainment among adults 25 year olds and older than state - High school graduation rate slightly higher than state 	[No significant findings]	[No significant findings]	<ul style="list-style-type: none"> - Higher % of population on medicare and medicaid than state - Higher % uninsured than state - Higher % of adults without medical care due to cost than state

COMMUNITY STRENGTHS

When asked about the strengths of their community or what they liked best about Grays Harbor, assessment participants across all three primary data collection methods highlighted the proximity to nature, the small town community, and supports within that community.

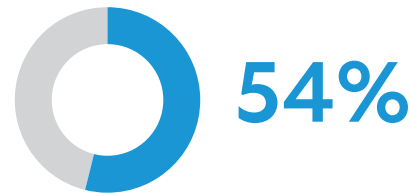
Proximity to nature

Grays Harbor's natural surroundings were lauded as a strength of the community. Proximity to outdoor activities allowed residents to recreate, exercise, and connect with the land and their family and friends. Many mentioned spending time outdoors as a cultural norm for people in Grays Harbor, who recreate by fishing, hiking, clam digging, biking and participating in the many other activities the area offers. Additionally, assessment respondents cited clean air, low pollution, the beauty of surrounding rivers, lakes, beaches, and forests contributing to the health of Harborites.



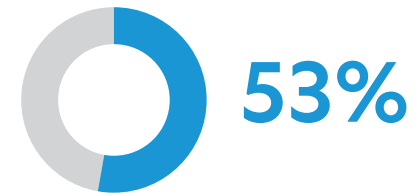
Survey

61% of survey respondents cited the outdoors as a contributor to health and 31% responded that nature was the biggest strength of The Harbor.



Focus Groups

54% of focus group participants described accessibility to outdoor recreation and being in nature as beneficial to the experience of living in Grays Harbor County.



Interviews

53% of interviewees talked about the outdoors and nature as a resource that residents used to improve their health.

Causal diagram: Proximity to nature

DRIVERS

- Proximity to nature/ natural beauty
- Access to outdoor recreation
- Access to clean environment (air, water)

IMPACTS

- Increased physical activity
- Low exposure to pollutants
- Decreased stress
- Connection to place

OUTCOMES

- Improved physical health
- Improved behavioral health

“You can go clam digging, you can go camping, you can go ride your quad in the woods, you can go to the beach, surfing.”

—Focus group participant

“The air quality, the outdoor beauty.”

—Community survey respondent

“Outdoor resources and activities, less congestion, less stress.”

—Community survey respondent

“Outdoor activities readily available.”

—Community survey respondent

“The nature that surrounds the county provides residents great opportunities to be outside and stay active.”

—Community survey respondent

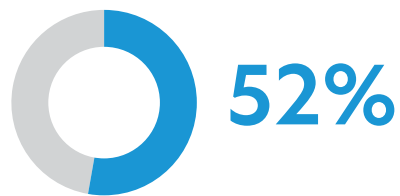
“Area is beautiful, compassionate people.”

—Community survey respondent

COMMUNITY STRENGTHS

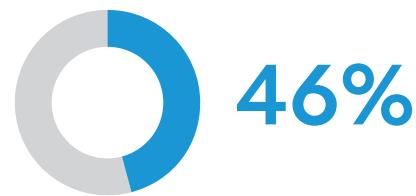
Small town community + cohesion

Assessment participants talked about Grays Harbor as a community where residents help one another, lending a hand whether they are friends or strangers. They noted communitarian values in that community members are supportive of one another by sharing ideas and resources in times of need. Resources included food, health care resources via word of mouth, providing transportation to appointments, and more. It was noted that this is a strength that can be leaned into when implementing projects to benefit the community.



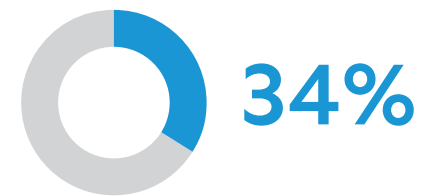
Survey

52% reported community members being kind and helping each other. 25% responded that the community and small-town connection made Grays Harbor a healthy place for people to live.



Focus Groups

46% talked about community togetherness and willingness to help each other as a community strength. 35% explicitly mentioned sharing resources as a strength.



Interviews

34% of interviewees talked about community members supporting each other.

Small town community + cohesion

"I really love the people here. I've had the privilege of being born and raised here, and I found my career here. So, I was able to stay, and see the growth of the community and the connectivity."

—Focus group participant

"There's a real sense of community all throughout Grays Harbor."

—Focus group participant

"People in the community would like to see change and are willing to work towards it."

—Community survey respondent

"Since I moved out here, I found one of the greatest strengths that this community has is not only people wanting to help each other, but also the resources you can find around the community."

—Focus group participant

"Our community is very generous. It is amazing how generous it is."

—Community leader interviewee

"People have grit. They don't give up easily. They are down to earth."

—Community survey respondent

"Just having conversations with people and they'll mention something, and if myself or someone next to me has something that could possibly help them and could be a resource, we provide it. People you've never met are able to help you. They don't know you, but they still want to help you find what you need."

—Community survey respondent

"Area is beautiful, compassionate people."

—Community survey respondent

COMMUNITY STRENGTHS

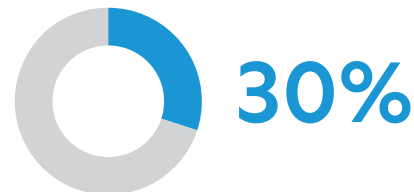
Individual + health services

The individual and health services referred to by assessment participants were resources that contributed to health in a variety of ways. These services helped people maintain their physical health, provided education on a variety of topics, helped meet basic needs, and provided opportunities for residents to be involved in their community. Services were offered by community organizations, nonprofits, and other groups. These services differed from communitarian values in that they were more formalized resources typically offered through established organizations. Complete lists of specific organizations and general services mentioned throughout the assessment process can be found on the following pages.



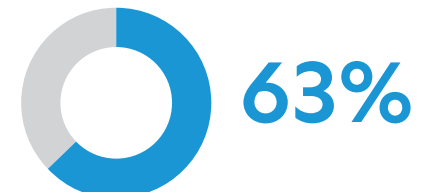
Survey

66% of survey respondents called out specific organizations that provided support and services to the community and another 22% mentioned general services, such as after school programs or food banks.



Focus Groups

30% called out food assistance (formal and informal), 27% of all participants mentioned the YMCA and their services.



Interviews

63% of interviewees specifically called out the YMCA and the wide variety of services they offer. Another 47% mentioned non-YMCA fitness related services, and 41% talked about services churches offer.

Individual + health services

Assessment participants specifically mentioned the following organizations in the county:

Arc of Grays Harbor	Grays Harbor County Public Health (including the Sexual and Reproductive Health Clinic)	Oxford House
Behavioral Health Resources	Grays Harbor Early Learning Coalition	Paratransit
Beyond Survival	Grays Harbor Community Foundation	Parent-Child Assistance Program
Birth to Three	Grays Harbor RISE Coalition	Parents as Teachers Support Program
Catholic Community Services (CCS) (including WISE (Wraparound with Intensive Services) and Feed the Hungry)	Grays Harbor Transit Authority	Parent Child Assistance Program
Chaplains on the Harbor	Grays Harbor Treatment Solutions	Pastors on the Harbor
Chehalis River Mutual Aid Network	Habitat for Humanity	Rain Glow Festival (Aberdeen Art Center)
Child Protective Services	Harbor Include	Red Cross
Coastal Community Action Program	Harbor Kids Dental	Relay for Life
Coastal Harvest	Harbor Regional Health Community Hospital	Salvation Army
Columbia Wellness	Harbor Strong	Sea Mar
Connections: Center for Healthy Families	Head Start	Social Treatment Opportunity Programs
Department of Social and Health Services (DSHS)	Housing and Recovery through Peer Services (HARPS)	SPLASH Festival
Domestic Violence Center of Grays Harbor	Housing and Essential Needs (HEN) Referral Program	Summit Pacific Medical Center
Driven to Opportunity (DTO) Transit/Med Transit	Hoquiam Police Department	Supplemental Nutrition Assistance Program Education (SNAP-Ed)
Elks Lodge	Hoquiam Food and Clothing Bank	Temporary Assistance for Needy Families (TANF)
Eugenia Behavioral Health Center	Housing Authority of Grays Harbor County	Timberland Regional Library System
Flexible Assertive Community Treatment (FACT)/Community Integrated Health Services (CIHS)	Lifeline Connections	TRiO (Upward Bound, Educational Talent Search, and Student Services)
Family Promise of Grays Harbor	Lions Club	Union Gospel Mission (and the Friendship House)
Foundational Community Supports (FCS)	Meals on Wheels	United Way of Grays Harbor
Employment and Housing	Montesano Senior Center	Washington State University (WSU) Extension
GEAR UP Program (Gaining Early Readiness for Undergraduate Purposes)	Moore Wright Group	WHOLE Harbor (Wellness, Health, Outreach, Leadership, Education)
Grays Harbor Community College (including the Running Start Program and Bridge to Native Pathways and Gender and Sexuality Alliance)	Narcotics Anonymous, Alcoholic Anonymous and other 12 step programs	Women, Infants, and Children (WIC)
	NeighborWorks	WorkSource
	Ocean Shores Convention Center	YMCA of Grays Harbor
	Olympic Area Agency on Aging	
	Out & Proud Grays Harbor Coalition	

Individual + health services

Assessment participants mentioned the following general services in the county:

- After school programs
- Charitable organizations or nonprofits
- Churches
- Clothing banks
- Community-based rental assistance
- Community events
- Community parks and trails
- Congregate meal sites
- Daycare centers
- Diaper banks
- Farmers markets
- Early learning programs
- Employment assistance
- Housing assistance
- Fire departments
- Food banks
- Free English as a second language programs
- Free or sliding scale physical, behavioral, and dental health services
- Gyms
- Health care
- Homeless shelters
- Hospice
- In-home caregivers
- Mobile dental clinics
- Mobile vaccination clinics
- Museums
- Neighborhood block watch
- Nutrition education
- Organized sports (youth and adult)
- Physical education
- Police departments
- Rental assistance programs
- Scholarship programs
- Schools
- Senior centers
- Services for homeless
- Services in Spanish
- Social media to share resources
- Social services
- Substance misuse treatment services
- Support groups
- Systems and environment projects
- Therapeutic courts
- Transport services
- Veterans services
- Youth activities, including summer camps, youth groups, parks and rec

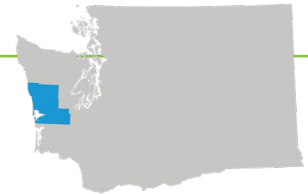
COMMUNITY NEEDS

Assessment participants were asked about community needs and health issues in the community. Needs discussed centered around access to behavioral and physical health care. Availability of providers was at the forefront of focus group and interview conversations and prominent in survey responses, followed by affordability of health care.

Community members acknowledged that lack of housing and affordability of housing compared to wages may prevent clinic's' and hospital's' ability to hire and retain quality providers. They also noted that because community members have trouble accessing primary care, secondary care, such as screenings and early detection for diseases, impacts individual health.

Access to health care providers (behavioral + physical)

Study participants had many concerns around accessing health care; both behavioral and physical. The need to travel to find speciality care was a concern, as was the availability of culturally appropriate providers and translated materials. Participants felt that lack of insurance coverage or high cost of primary care visits led patients to use the emergency department on an as-needed basis for primary care. For behavioral health care, a lack of providers caused some community members to feel that the only way to receive care was to be in crisis. Another concern was a lack of inpatient treatment facilities. Spanish-speaking participants were more likely to share about the lack of behavioral health resources and affordability of these resources. Secondary data showed that Grays Harbor has a higher percentage of Medicare and Medicaid recipients, as well as a higher percentages of uninsured individuals, and a higher percentages of adults without medical care due to cost than Washington state (See Appendix L).



In Grays Harbor, 15% of adults go without medical care due to cost (compared to 13% of adults in the the state).¹¹

Access to health care providers (behavioral + physical)

Survey

- When asked about health care, the majority of survey respondents were most concerned about the availability of behavioral health service providers (73%) and the availability of general health care services (62%), followed by the affordability of both of these services (47%) (Figure 4).
- When asked to rate the need of several health concerns, most survey respondents indicated availability of health care providers as a high need (79%), nearly all indicated availability of behavioral health care services as a high need (87%), and most rated affordability of health care as a high need (63%) (Figure 5).

Focus Groups

- Most participants (59%) identified health care access as a community need that was not being met because of lack of providers, insufficient insurance coverage, or having to travel to appointments.
- Among the 22 participants who discussed issues around health care, most (68%) mentioned that Grays Harbor lacked accessibility in general. Nearly half of participants (45%) mentioned one of the ways they could access health care was by going elsewhere than where they lived. Many participants (40%) mentioned that their accessibility to health care was hindered because of long wait times or the health care wasn't accessible in an expected timeframe.
- Coming predominantly from the Spanish-speaking focus groups, participants mentioned that they couldn't find a provider that accepted their insurance and therefore couldn't access health care necessary for the treatment they were seeking. This

treatment that was denied varied for both mental and physical health. Regarding provider availability, participants made the point that providers don't want to stay in the area because of low wages in the area (32%).

Interviews

- Many explained that lack of primary and specialty care providers caused long wait times and prompted some community members to use the emergency department as primary care.
- Interviewees shared that many community members needed to travel for care, but not everybody could due to age, access to transportation, and other concerns.
- Uninsured community member could not always access adequate behavioral health care.

Figure 4: Survey respondents' top five concerns about health services

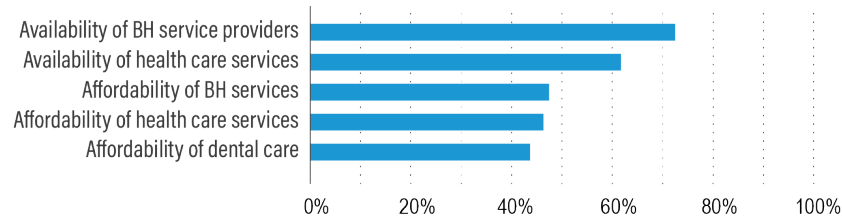
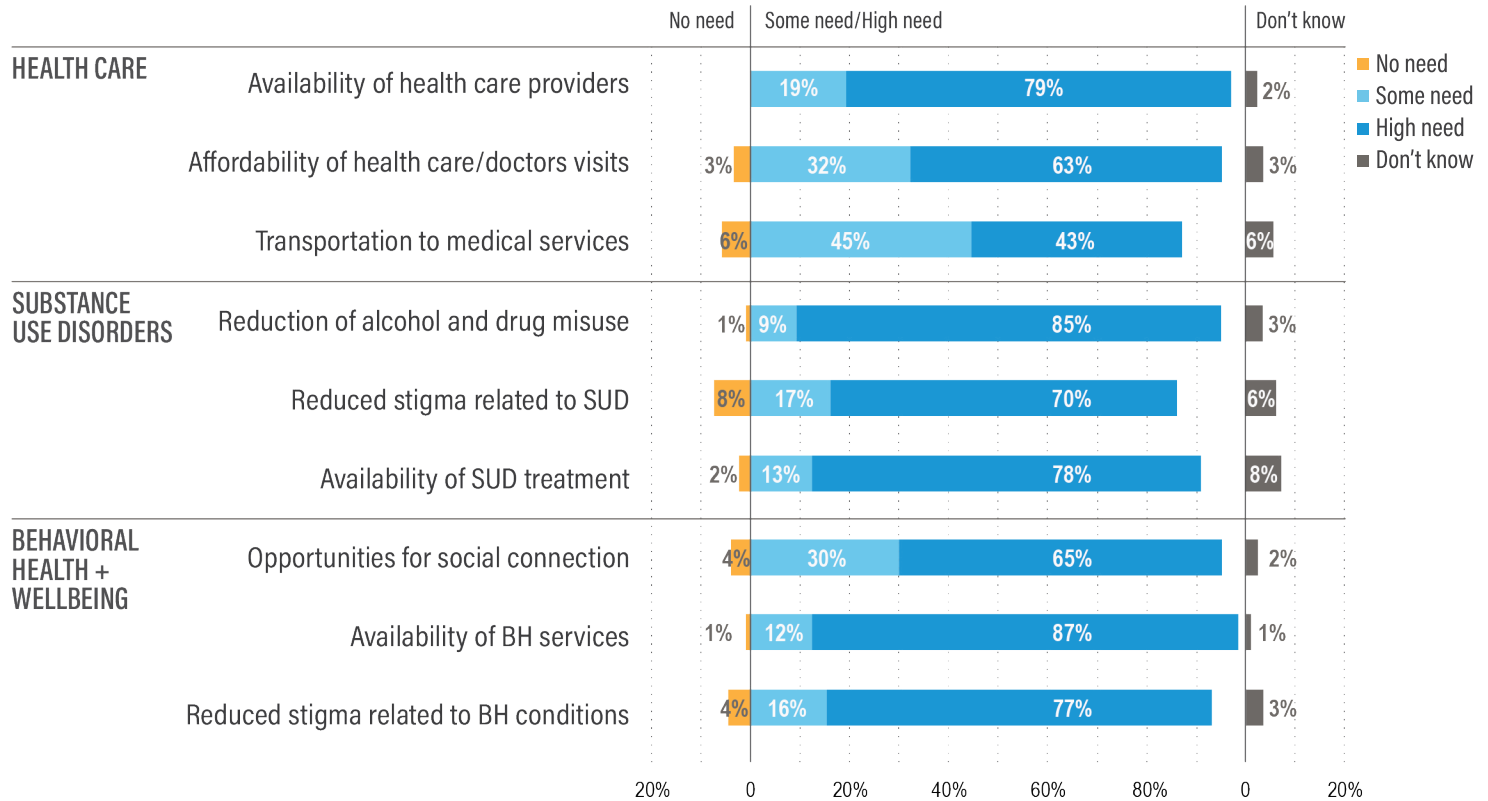


Figure 5: Survey respondents' rankings of community needs



Causal diagram: Access to health care providers (behavioral + physical)

DRIVERS

- Lack of primary care providers
- Lack of behavioral health care providers
- Insurance denial
- Lack of Spanish translated materials

“Our community needs clinics and doctors. It’s really hard to find a pediatrician.”

—Focus group participant

“I was asked to take my son to physical therapy. There aren’t any specialists for children here.”

—Community survey respondent

IMPACTS

- Low health care engagement
- Decrease in preventive care
- Unhealthy coping strategies

“We definitely need more mental health centers. There aren’t many resources for that, particularly in Spanish.”

—Focus group participant

“We need more providers who accept Apple Health.”

—Community survey respondent

OUTCOMES

- Poor physical health
- Poor behavioral health
- Increased substance abuse

“There is a lot of substance use in the community and a lack of resources.”

—Community leader interviewee

“The opportunity to be treated is not here— not with equipment, by physical plan, or by personnel. It’s a tragedy.”

—Community leader interviewee

Access to health care providers (behavioral + physical) and behavioral health care

“You get there and the very first thing they ask you is, ‘Do you have medical insurance?’ Whenever they ask me that, I think to myself, ‘When you get to a medical emergency room, your life is valued by your medical insurance.’”

—Focus group participant

“If you don’t have [health insurance], you’re less valuable because the health care you’re going to get won’t be good. I got a bill for almost \$4000.”

—Focus group participant

“Need a crisis clinic and more mental health locations.”

—Community survey respondent

“We need mental health providers willing to work with individuals in the DDA community trained in dual diagnoses.”

—Focus group participant

“I think attracting any professionals to work in health care in a rural area is a big challenge for lots of reasons. Mostly financial and economic. We just can’t pay what the big hospitals pay.”

—Community leader interviewee

“There are many people who use the emergency room as their regular doctor.”

—Community leader interviewee

“A lot of people end up going outside of the community for specialty care, but not everybody has those resources to do so.”

—Community leader interviewee

“Good doctors keep leaving the Harbor and finding a new one is nearly impossible.”

—Community survey respondent

COMMUNITY NEEDS

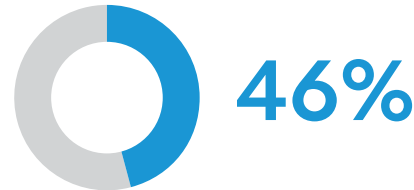
Access to behavioral health care

When talking specifically about behavioral health care, community members were concerned not only with access to providers, but availability of resources for youth experiencing depression, anxiety, and what community members felt was a high rate of suicide. Spanish speaking focus group participants more commonly shared concerns about the prevalence of behavioral health conditions in youth. Study participants were concerned with reducing stigma around behavioral health conditions to help those that felt the burden of this stigma felt safe seeking care.



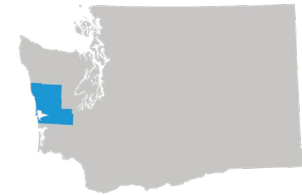
Survey

77% indicated reduced stigma related to behavioral health conditions was a high need. 45% of respondents were concerned about suicide as a health risk.



Focus Groups

46% of focus group participants identified behavioral health as a need in the county.



In Grays Harbor, there are about 20 suicides per 100,000 people compared to about 15 per 100,000 statewide. Of these deaths in Grays Harbor, 47% were currently having a mental health problem.¹²

BARRIERS TO HEALTH

Several barriers impacted community members' ability to get healthy. In addition to accessibility and affordability of behavioral and physical health care providers, cultural norms, physical health, healthy activities, and housing were key barriers.

Cultural norms

Cultural norms around unhealthy eating and sedentary lifestyle were a concern among community members. In particular, interviewees noted the importance of education around healthy lifestyle for youth and the ability to provide that education in a school setting. Many attributed chronic diseases like obesity, heart disease, and diabetes to cultural norms around unhealthy lifestyle.

"I think it's education, but it also could be how people are raised. They don't have a history of somebody that thinks it's important to eat vegetables and so they've grown up that way and have children and it keeps on going."

—Community leader interviewee

"Multi-generational behaviors with unhealthy lifestyles [are a concern]."

—Community survey respondent

"I think there's lifestyle choices that folks make through generational and household patterns [that impact health], and then maybe education."

—Community leader interviewee

BARRIERS TO HEALTH

Physical health + healthy activities

While assessment participants lauded the exercise opportunities that the proximity of outdoor recreation offers to Grays Harborites and resources like the YMCA and local gyms, many mentioned a lack of exercise opportunities. Weather prevented people from taking advantage of outdoor exercise opportunities. Some participants explained that newer residents may not know how to access all of the outdoor activities The Harbor offers. Another barrier was the high cost of gyms, and despite options for low income members, some community members were still not able to afford membership. This included the YMCA and other gyms. English speaking focus group participants talked more about access to gyms than Spanish speaking participants For those living in more rural parts of the county, commuting to a gym posed barriers, particularly those living along the coast. Some mentioned that a lack of childcare prevented them from working out at a gym. Additionally, community members felt there was a lack of alternative exercise opportunities outside of what local gyms offer.

Many hoped for healthy social engagement opportunities in the future, noting a lack of healthy social activities or community events. Some explained that current opportunities for adult social engagement may not always happen in places that are inclusive or safe of all community members. Another strong theme was a need to have more healthy activities for youth, particularly activities to engage the mind and body, giving youth an opportunity to mitigate behavioral health conditions such as depression and anxiety.

“We don’t really have any indoor sporting complex. In the winter months, there’s not really a place to go and get energy out.”

—Community leader interviewee

“There’s a big lack of opportunities for youth to go out and do stuff. There’s just a lack of activities.”

—Community leader interviewee

“If you don’t have the money, you can’t afford housing, you can’t afford going to the gym.”

—Community leader interviewee

BARRIERS TO HEALTH

Housing

The availability, affordability, and conditions of housing were frequently mentioned during primary data collection. Participants called out a lack of availability in both the rental and home buying markets and noted that housing prices were rising more quickly than local wage increases, making housing unaffordable for locally employed community members. Additionally, students and those in recovery had difficulty finding housing. Spanish speaking assessment participants consistently noted poor conditions in rental homes due to lack of upkeep or attention on part of the landlord.

“I think housing, lack of housing, is every bit a public health issue and concern. We are sorely like so many other places, lacking in housing, especially for low income, no income, and people needing transitional housing that comes with support staff.”

—Community leader interviewee

“There’s not enough housing for the providers and their families. We found it hard to move here as well. We could hardly find a place to live the first year we were going to live in the hotel. So having rooms, apartments, condos, affordable housing for those providers.”

—Focus group participant

“I also saw on social media where there’s a nurse who wants to come, and we need them, but they don’t even have a place to stay. It all comes back to housing.”

—Focus group participant

“More housing for lower income people.”

—Focus group participant

BARRIERS TO HEALTH

Inequity

Throughout the assessment process, some populations were identified as being disproportionately impacted by health needs and barriers. Seventy five percent (75%) of interviewees believed that low income populations were most impacted by these needs and barriers, followed by the elderly and Hispanic or Latino/a/x populations. Community members called out the need to be more inclusive of minorities by providing opportunities and materials in multiple languages, particularly Spanish. This included billboards, fliers, educational materials, and transit information. Community members called out a lack of diversity in local governmental leadership. Additionally, some participants believed there was inequitable access to jobs for the Latino/a/x community. As discussed above, minority populations more frequently mentioned poor housing conditions. Also mentioned was a need for LGBTQ+ friendly health care.

“Some families live in fear. They don’t have a legal status. They hide in the community so that they’re not found and for that reason, they don’t seek services or health.”

—Community leader interviewee

“I think one of the community issues is they don’t realize or don’t want to realize how fast the community is growing. It has significantly grown, but resources are the same as they were ten years ago.”

—Focus group participant

“There’s virtually no resources in Spanish.”

—Community leader interviewee

Causal diagram: Inequity

DRIVERS

- Inequitable access to jobs
- Low wage jobs
- Lack of Spanish translated materials
- Lack of adequate use of translators
- Lack of LGBTQ+ friendly health care
- Poor housing conditions/ housing affordability

“Many [medical] offices do not use interpreters and paperwork is not translated.”

—Community survey respondent

“More LGBTQ friendly health care. They discriminate against trans people.”

—Community survey respondent

IMPACTS

- Lack of health information
- Low health care engagement
- Decrease in preventive care
- Unhealthy coping strategies
- Financial vulnerability
- Housing insecurity

“Efforts need to be focused on reducing stigma and mental health services should have cultural/linguistic providers. Interpretation is not enough.”

—Community leader interviewee

OUTCOMES

- Poor physical health
- Poor behavioral health
- Increased substance abuse
- Houselessness
- Generational poverty

“We do have an increase in Latino population in our community. And a lot of advertisements for resources are not in Spanish. So maybe increasing our outreach in different languages, not just Spanish or English.”

—Focus group participant

Other themes of note

Additional themes arose during data collection impacting health. While these themes were not as prominent as the strengths, needs, and barriers discussed above we have included them to complete the story of health in Grays Harbor.

Childcare

Lack of availability and affordability of childcare posed barriers for working parents. Many, 38% of survey respondents cited availability, affordability, and hours of operation as a concern, and 72% believed more childcare resources was a high need in the community. Lack of childcare was also commonly talked about in focus groups.

Transportation

Accessibility to and availability of transportation, particularly to medical appointments, was discussed by assessment participants. 15% of survey respondents recognized it as a challenge in the community and 43% thought transportation to medical appointments was a high need, while 45% thought this topic was of some need. Interviewees shared that transportation or commute was a barrier that prevented community members from getting healthy. With a lack of providers, many community members had to drive to other areas of Washington to receive medical services, and this was prohibitive to community members who could not drive, did not have their own vehicle, or did not have flexible schedules to accommodate for bus schedules or long commutes. Transportation or commute were also barriers to folks living in more rural areas of Grays Harbor County who wanted to access gyms and community events. In focus groups, nearly a quarter of all participants talked about transportation infrastructure problems limiting access to opportunities.

“Childcare is a huge issue, we don’t have enough capacity to handle the children and the kids that need daycare.”

—Focus group participant

“Daycare is not affordable for the Hispanic community.”

—Focus group participant

“All people, whether they are on Medicaid or Medicare, should be able to get transportation to and from appointments.”

—Community survey respondent

COVID

Assessment participants shared about both the positive and negative impacts of COVID-19 for people's health on The Harbor. Remote services helped to partially remedy barriers created by Grays Harbor's rurality and transportation issues. People also began to use outdoor recreation resources more, like parks and nature trails. Additionally, the Grays Harbor community began to grow as remote work allowed people to move to Grays Harbor. However, 66% of interviewees mentioned that the pandemic caused isolation in Grays Harbor and 38% of interviewees mentioned that COVID-19 caused political divisiveness among community members. Many interviewees also stated that the pandemic increased depression and anger. Similar issues were shared by focus group participants and survey respondents; 23% of survey respondents shared that COVID-19 was a health concern.

Employment/wages

Across the assessment, participants shared there were not enough employment opportunities for current and potential residents and that this can pose serious financial concern for many individuals and families. Among focus group participants who spoke about employment, some discussed that there was inequitable access to employment in Grays Harbor, especially for Hispanic or Latino/a/x populations. Many interviewees and focus group participants described the difficulty of retaining local youth or newly trained workers on The Harbor due to lack of industry and competitive wages. Twenty seven percent (27%) of survey respondents shared that lack of employment opportunities was a challenge they were concerned about. Additionally, secondary data showed that there is a higher percentage of the population in Grays Harbor than in Washington state living below the federal poverty level (see Appendix L).

"When it comes to mental health, [COVID-19] has really shifted things."

—Community leader interviewee

"Our community provided hot meals during COVID to anyone who needed them. That kind of help is readily available if you need it."

—Focus group participant

"We have so many people living close to a financial catastrophe."

—Community leader interviewee

"Younger people leave Grays Harbor for better opportunities."

—Community leader interviewee

Substance misuse

Substance misuse included both alcohol and illicit drugs; assessment participants discussed substance misuse in both youth (see Figure 4) and adults. Substance misuse was mentioned as co-occurring with many other issues; such as poor mental health, a lack of providers to help address substance misuse, lack of economic prosperity, and cultural and generational norms. Interviewees mentioned that low income families may receive less support than middle or high income families to address substance misuse, which put these families at higher risk for negative health consequences. This was also a concern among survey respondents; 82% shared that it is a priority for them when thinking about health concerns in the community. Among focus group participants, nearly 37% mentioned substance misuse as a barrier to health, along with the need for in-patient substance use disorder (SUD) facilities. Some shared that the current clean and sober housing available in Grays Harbor is a strong resource for those combating SUDs.

Access to healthy foods

Across the assessment, participants mentioned access to healthy foods. Among survey respondents, 31% indicated that affordability of healthy foods was a general concern for them and 21% indicated that availability of healthy foods was a concern. When asked to rank the need of these issues, 70% ranked affordability of healthy foods as high need, while 51% ranked availability of healthy foods as a high need and 39% ranked it as some need. Additionally, focus group participants talked about access to healthy food as a need for them and their community. Several noted that healthy food was expensive and hard to find in comparison to lower quality foods that are readily available. Interviewees talked about food access in relation to how the community utilized food banks and accessed food with Supplemental Nutrition Assistance Program (SNAP) benefits. Twenty eight (28) specifically mentioned the benefits of food banks. Both were supports that benefit many community members. Secondary data showed that there is a higher percentage of people in Grays Harbor receiving SNAP benefits than the state (see Appendix L).

“There’s generational health patterns, be it smoking, drinking, lack of physical exercise, or even drug use. If that’s in the household, then there aren’t opportunities to see healthy alternatives.”

—Community leader interviewee

“Because of the drug culture, we have a high instance of smoking, which is a risk factor for every major disease.”

—Community leader interviewee

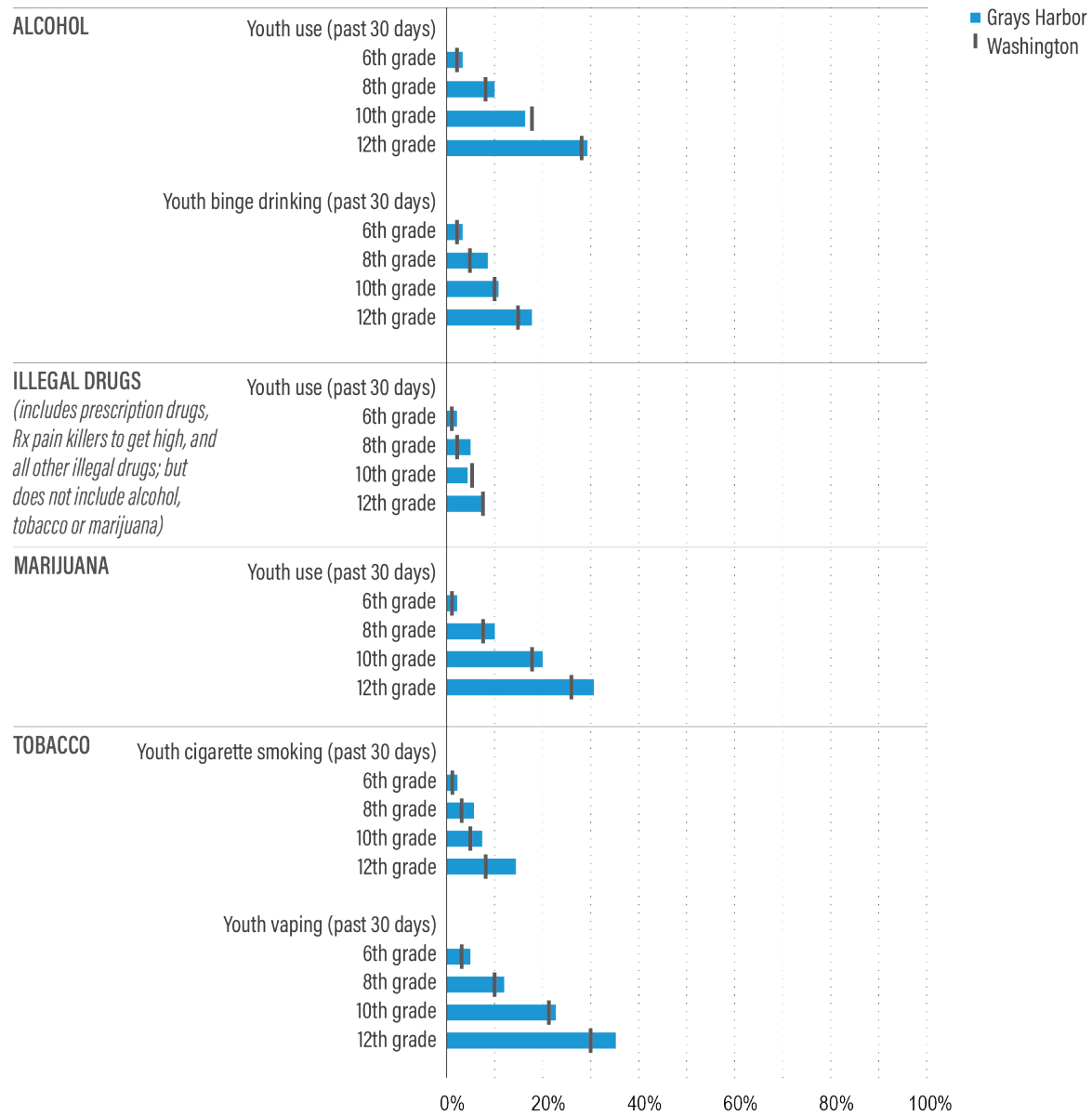
“Groceries are skyrocketing in price.”

—Community survey respondent

“Rural areas need more resources to combat food insecurity.”

—Community survey respondent

Figure 4: Youth substance use¹³





COMMUNITY HEALTH IMPROVEMENT PLAN

- Introduction
- Priority areas + recommendations

Introduction:

The CHA offers critical insights for the development of a CHIP. The strategic priorities, goals and strategies below offer a framework to guide work.

Assumptions:

1. The CHIP is a two to four-year undertaking
2. GHCPH will work internally and with partners to determine a sequence for addressing strategic priorities and the timing for implementing recommended goals
3. GHCPH will convene partners and CBOs to realize work in the CHIP, collectively marshaling resources and directing work to meet community needs
4. The strengths of each partner and CBO will be identified and emphasized when assigning projects to meet goals outlined in the CHIP
5. Repetition of work will be minimized through collective understanding of task and work assignments
6. This framework does not reiterate current strategic initiatives and day-to-day work underway at GHCPH and is not necessarily intended to de-emphasize current work

Strategic Priorities



1. Access to behavioral + physical health services

GOALS

Provide strategic leadership to increase community members' access to health care

- Increase access to behavioral and physical health providers, understanding this includes those without access to transportation and those in rural and remote areas
- Provide culturally appropriate care and translated materials
- Prioritize access to services to address youth mental well-being

STRATEGIES

1. Initiate collective action (among health care providers, CBOs, and public health) to problem-solve methods to improve access to care and develop shared plans for improving
2. Initiate collective action (among health care providers, CBOs, public health, and education) to problem-solve methods to improve access to care and develop shared plans for improving access to services to support youth mental well-being
3. With partners, consider a health care collaborative model

2. Physical activities + healthy activities

GOALS

Improve access to physical activity and positive social engagement

- Expanded access to activities outside of school sports and safe, welcoming places healthy social engagement
- Access to additional indoor physical activities that are affordable and accessible for all community members, with a focus on services that are not already available in the county
- Expanded services to rural/remote areas
- Culturally specific engagement and social opportunities for the community, with an emphasis on activities for the Hispanic or Latino/a/x youth

STRATEGIES

1. Develop policy options for improving built environment
2. Collaborate with partners to create more options for indoor physical activity to 1) increase geographically dispersed indoor opportunities or 2) increase capacity of and transportation to extant indoor recreation facilities
3. Explore community assets to provide recurring social engagement opportunities, potentially hosted by rotating culturally specific organizations and CBOs

3. Access to safe + affordable housing

GOALS

Collaborate with community partners to focus on housing as a SDoH

- Housing to attract new workers, particularly health care providers
- Availability of rental housing for students and those in recovery
- General availability, affordability, and conditions of housing

STRATEGIES

1. Partner with government and CBOs working to improve housing and recognize housing as SDoH
2. Innovate solutions to attract health care professionals and other workers moving to the area
3. Highlight health messages in the effort to improve housing quality especially for immigrant community members
4. Research the feasibility of initiating a public health Healthy Homes/housing program¹⁴ that can support community members in poor quality housing and support policy changes

4. Culturally appropriate mass-reach health communication + education

GOALS

Increase the availability of culturally appropriate mass-reach health communications and health education materials for non-white and Spanish speaking community members

STRATEGIES

1. Continue partnerships with culturally-specific CBOs to co-lead efforts to prioritize, plan, and execute distribution of health education materials
2. Work from a foundation of equity and culturally appropriate health in all policies

END NOTES

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13. Healthy Youth Survey. (n.d.). Retrieved from <https://www.askhys.net/FactSheets>
14. Healthy Homes programs focus on education and advocacy around environmental conditions in housing (often in low cost rental markets) that can exacerbate health conditions such as asthma, upper respiratory infections and disease, and other lower respiratory issues.



APPENDIX

- A. Community Member Survey (English)
- B. Community Member Survey (Spanish)
- C. Focus Group Guide (English)
- D. Focus Group Guide (Spanish)
- E. Focus Group Demographic Survey (English)
- F. Focus Group Demographic Survey (Spanish)
- G. Community Leader Interview Guide
- H. Focus Group Demographic Survey Results
- I. Interviewee information
- J. Survey Demographic Information
- K. Stakeholder Engagement Session
- L. Health Indicator Data

Appendix A: Community Member Survey (English)

Introduction

Grays Harbor County Public Health is working to improve health in the county and wants your input!

Results from this survey will help us assess our overall capacity for addressing the health of the Grays Harbor community. We're asking important questions about what you think of health on The Harbor. The answers from this survey will help us know what to focus on to improve wellbeing in our community.

This survey is confidential. Your responses will not be linked to you individually.

The survey should take approximately 15 minutes to complete. **Your honest responses on this survey are truly valuable.** Thank you for your time!

Qualification page

Are you a resident of Grays Harbor County?*

- Yes
- No

<if no route to disqualification page: “Thank you for your interest in helping us. You must be a resident of Grays Harbor County to participate in this survey.”

Health indicator questions

First off, we’re going to ask some questions about what makes Grays Harbor great and what could be improved.

What do you think makes Grays Harbor a healthy place for people to live? _____

When you think about **challenges** in the community where you live, what are you most concerned about?

(Please select up to 5):

- Availability of healthy foods
- Affordability of healthy foods
- Discrimination: race, cultural, ethnic, LGBTQ+, other
- Availability of social supports
- Clean environment
- Lack of health insurance
- Lack of liveable wage
- Lack of employment opportunities
- Crime in the area/break-ins
- Not having enough money to meet my needs (buying food, paying for rent, etc.)
- People who are experiencing homelessness
- Opportunities for physical activity, safe recreational areas
- Street safety (crosswalks, shoulders, bike lanes, traffic)
- Child abuse/neglect

- Domestic violence
- Teen pregnancy
- Childcare (hours of operation, availability of spaces, affordability)
- Transportation
- Reproductive and sexual health
- Affordable housing
- Language barriers
- Lack of support for seniors
- Lacking a sense of community
- Other: _____

When you think about health problems in Grays Harbor, what are you most concerned about?

(Please select up to 5)

- Overweight/obesity
- Physical inactivity
- Chronic diseases like heart disease, diabetes, and other conditions
- Cancer
- COVID-19
- Substance misuse (drugs, alcohol)
- Suicide
- Tobacco use
- Not able to get a routine checkup
- Risky sexual behavior
- Other (please specify): _____

When you think about health services in Grays Harbor, what are you most concerned about? (Please select up to 5)

- Availability of behavioral health service provider
- Affordability of behavioral health services

- Availability of healthcare services
- Affordability of healthcare services
- Availability of dental care
- Affordability of dental care
- Services for seniors
- Prenatal care/maternal and infant health
- Other (please specify): _____

Now, take a moment to think about community services that benefit people living on The Harbor.

What are the community programs and resources that make a positive impact on the Grays Harbor community? _____

Please rate the need for services in the following areas from “high need” to “no need”.

We are interested in learning about the needs that aren't being met in our community. Please tell us how much of a need there is for each of the following areas by choosing high need, some need, no need, or don't know.

Health care

Availability of health care providers

- | | |
|------------------------------------|------------|
| <input type="checkbox"/> High need | No need |
| <input type="checkbox"/> Some need | Don't know |

Affordability of health care/doctors visits

- | | |
|------------------------------------|------------|
| <input type="checkbox"/> High need | No need |
| <input type="checkbox"/> Some need | Don't know |

Transportation to medical services

- | | |
|------------------------------------|------------|
| <input type="checkbox"/> High need | No need |
| <input type="checkbox"/> Some need | Don't know |

Is there anything else you would like to share about needs around health care? _____

Children and families

More childcare resources

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Affordable housing for families

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Opportunities for physical activity

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Is there anything else you would like to share about needs around children and families? _____

Hunger and nutrition

Availability of healthy foods

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Affordability of healthy foods

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Nutrition education/healthy meal preparation

- | | | |
|--------------------------|-----------|-----------|
| <input type="checkbox"/> | High need | Some need |
|--------------------------|-----------|-----------|

No need Don't know

Is there anything else you would like to share about needs around hunger and nutrition? _____

Substance use disorders

Reduction of alcohol and drug misuse

High need No need
 Some need Don't know

Reduced stigma related to substance use disorders

High need No need
 Some need Don't know

Availability of inpatient and outpatient substance use disorder treatment

High need Don't know
 Some need
 No need

Is there anything else you would like to share about needs around substance use disorders? _____

Mental health and well-being

Opportunities for social connection

High need No need
 Some need Don't know

Availability of mental health services

High need No need
 Some need Don't know

Reduced stigma related to mental health conditions

- | | | |
|--------------------------|-----------|------------|
| <input type="checkbox"/> | High need | No need |
| <input type="checkbox"/> | Some need | Don't know |

Is there anything else you would like to share about needs around mental health and well-being? _____

Now, thinking a little bit more about needs, where do people turn to for support when they fall on hard times? _____

What are the biggest strengths of Grays Harbor? _____

What else would you like to share about health on The Harbor? _____

Demographic questions

You're almost done! We just have a few demographic questions for you. As a reminder, the survey is anonymous and your responses are confidential.

These questions are important because they can help us determine if Grays Harborites are accurately represented in this survey, if people are living in poverty, and other important information.

Which of the following describes your racial or ethnic identity? (Check all that apply)

- | | | |
|--------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> | American Indian/Alaska Native | Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> | Asian | White |
| <input type="checkbox"/> | Black | Other, please specify: _____ |
| <input type="checkbox"/> | Hispanic/Latino/a/x | |

Do you consider yourself to be a part of the Confederated Tribes of the Chehalis Reservation, Quinault Indian Nation, or another tribe?

- | | | |
|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | Yes, the Confederated Tribes of the Chehalis Reservation | Yes, other (please specify): _____ |
| <input type="checkbox"/> | Yes, the Quinault Indian Nation | No |

How old are you?

- 17 or younger
- 18-25
- 26-35
- 36-45
- 46-55
- 55-65
- 65+

What is your gender identity?

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF

Gender Nonconforming

Not listed above, please specify: _____

Prefer not to answer

What is your sexual orientation?

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual/Pansexual

Queer

Not listed above, please specify: _____

Prefer not to answer

Do you consider yourself to have any sort of condition or disability that limits your everyday activities (e.g. having serious difficulty hearing, seeing, concentrating, walking or intellectual disabilities, mental health challenges and/or other identified disabilities)?

- Yes
- No

Which describes your health insurance coverage? (check all that apply)

- Uninsured
- Medicare
- Medicaid or Apple Health

- Insurance through a current or former employer union
 - Insurance purchased directly from an insurance company or Marketplace
 - TRICARE, Community Care or other military health coverage
- VA health care
 Indian or Tribal Health Services
 Other, please specify: _____

What is your primary language?

- English
- Spanish
- Chinese
- Korean
- Other (please specify)

Have you ever served in the U.S. Armed Forces, Reserves, or National Guard?

- Yes
- No

What is your education level?

We'd like to know about your education, although we know that how much education you have doesn't indicate how skilled you are. If you'd like to share more about your skills with us, please do so in the 'Other' category.

- Some high school
 - High school diploma
 - General Educational Development Test or GED
 - Technical or trade school
 - Some college
- Associate's degree
 Bachelor's degree
 Master's degree or higher
 Other, please specify: _____
 Prefer not to answer

How many people are currently living in your household?

Please include all family members. If you live with non-family roommates, include only yourself.

_____ people

What was your household's income in 2021?

Please include all related family members' incomes living together (such as both parents, aunts, grandparents). If you live alone or with non-family roommates, include only your income.

\$ _____

Did you receive Supplemental Nutrition Assistance Program (SNAP or food stamps) benefits in 2021?

What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Full-time student
- Part-time student
- Retired
- Unemployed
- Homemaker
- Other (please specify)

What industry did or do you work in? _____

<apply skip logic from employment status>

What zip code do you live in? _____ *

Thank you for your time and sharing your opinions with us in this survey. If you have any further comments, please feel free to share them with us:

<Free response box>

Appendix B: Community Member Survey (Spanish)

Introducción

El Departamento de Salud Pública del Condado de Grays Harbor está trabajando para mejorar la salud en el condado y quiere su opinión.

Los resultados de esta encuesta nos ayudarán a evaluar nuestra capacidad para mejorar la salud de la comunidad de Grays Harbor. Estamos pidiendo preguntas importantes sobre lo que usted piensa sobre la salud en el condado. Las respuestas de esta encuesta nos ayudarán a saber en qué enfocarnos para mejorar el bienestar de nuestra comunidad.

Esta encuesta es confidencial. Sus respuestas no serán relacionadas con usted individualmente.

La encuesta debería durar aproximadamente 15 minutos. **Sus respuestas honestas en esta encuesta tienen mucho valor.** ¡Gracias por su tiempo!

Esta encuesta también está disponible en inglés: haga clic en este enlace para completarla en inglés:

<https://www.surveymonkey.com/r/BTXS7T2>

Qualification page

¿Es un residente del condado de Grays Harbor?*

- Si
- No

<if no route to disqualification page: “Gracias por su interés en ayudarnos. Hay que ser residente del condado de Grays Harbor para participar en esta encuesta.”

Health indicator questions

Primero, tenemos algunas preguntas sobre lo que hace Grays Harbor un lugar bueno para vivir y lo que podría mejorar.

¿Qué cree que hace Grays Harbor un lugar saludable para vivir? _____

Cuando piensa en los **problemas** de la comunidad en la que vive, ¿qué es lo que más le preocupa?

(Por favor, seleccione hasta 5):

- Acceso a los alimentos saludables
- Accesibilidad de los alimentos saludables
- Discriminación: racial, cultural, étnica, orientación sexual, otras
- Acceso a los apoyos sociales
- Medioambiente limpio
- Falta de seguro médico
- Falta de salario digno
- Falta de oportunidades de empleo
- La criminalidad/los robos
- No tener suficiente dinero para cubrir mis necesidades (comprar comida, pagar la renta, etc.)
- Personas sin hogar
- Oportunidades para la actividad física, zonas recreativas seguras
- Seguridad en las calles (pasos de peatones, bordes, carriles para bicicletas, tráfico)
- Abuso/descuido de niños

- Violencia doméstica
- Embarazo adolescente
- Guarderías (horarios, disponibilidad de espacios, costo)
- Transportación
- Salud reproductiva y sexual
- Vivienda asequible
- Barreras lingüísticas
- Falta de apoyo a las personas mayores
- Falta de sentido de comunidad
- Otro (especifique): _____

Cuando piensa en los problemas de salud de Grays Harbor, ¿qué es lo que más le preocupa?

(Por favor, seleccione hasta 5)

- Sobrepeso/obesidad
- Inactividad física
- Enfermedades crónicas como las cardiopatías, la diabetes u otras afecciones
- Cáncer
- COVID-19
- Abuso de sustancias (drogas, alcohol)
- Suicidio
- Consumo de tabaco
- No poder hacerse un chequeo médico rutinario
- Comportamiento sexual riesgoso
- Otro (especifique): _____

Cuando piensa en los servicios de salud de Grays Harbor, ¿qué es lo que más le preocupa? (Por favor, seleccione hasta 5)

- Accesibilidad del proveedor de servicios de salud mental

- Costo de los servicios de salud mental
- Accesibilidad de atención médica
- Costo de atención médica
- Acceso a los servicios dentales
- Costo de los servicios dentales
- Servicios para la gente de mayor edad
- Atención prenatal/salud materno o infantil
- Otro (especifique): ____

Ahora, tómese un momento para pensar en los servicios comunitarios que benefician a las personas que viven en Grays Harbor.

Ahora, tómese un momento para pensar en los servicios comunitarios que benefician a las personas que viven en Grays Harbor. _____

Por favor, califique la necesidad de servicios en las siguientes áreas desde "alta necesidad" hasta "ninguna necesidad".

Nos interesa aprender de las necesidades que no están satisfechas en nuestra comunidad. Por favor, díganos qué grado de necesidad hay en cada una de las siguientes áreas escogiendo alta necesidad, alguna necesidad, ninguna necesidad o no lo sé.

Atención médica

Acceso a los proveedores de servicios de salud

- | | |
|---|-------------------|
| <input type="checkbox"/> Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> Alguna necesidad | No lo sé |

Costo de la atención médica/visitas al médico

- | | |
|---|-------------------|
| <input type="checkbox"/> Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> Alguna necesidad | No lo sé |

Transporte a los servicios médicos

- | | |
|---|------------------|
| <input type="checkbox"/> Alta necesidad | Alguna necesidad |
|---|------------------|

Ninguna necesidad No lo sé

¿Hay algo más que le gustaría compartir sobre las necesidades en relación a la atención médica? _____

Niños y familias

Más recursos para el cuidado de niños

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

Viviendas asequibles para las familias

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

Oportunidades para la actividad física

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

¿Hay algo más que le gustaría compartir sobre las necesidades en relación a los niños y las familias? _____

El hambre y nutrición

Acceso a alimentos saludable

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

Costo de alimentos saludable

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

Educación nutricional/preparación de comidas saludables

- | | | |
|--------------------------|------------------|-------------------|
| <input type="checkbox"/> | Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> | Alguna necesidad | No lo sé |

¿Hay algo más que le gustaría compartir sobre las necesidades en relación a el hambre y la nutrición? _____

Problemas de consumo de sustancias

Reducción del consumo de alcohol y drogas

- | | | |
|--------------------------|------------------|-------------------|
| <input type="checkbox"/> | Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> | Alguna necesidad | No lo sé |

Reducción del estigma relacionado con los problemas de consumo de sustancias

- | | | |
|--------------------------|------------------|-------------------|
| <input type="checkbox"/> | Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> | Alguna necesidad | No lo sé |

Acceso al tratamiento de los problemas de consumo de sustancias en régimen de hospitalización y externo

- | | | |
|--------------------------|-------------------|----------|
| <input type="checkbox"/> | Alta necesidad | No lo sé |
| <input type="checkbox"/> | Alguna necesidad | |
| <input type="checkbox"/> | Ninguna necesidad | |

¿Hay algo más que le gustaría compartir sobre las necesidades en relación a los problemas de consumo de sustancias? _____

Salud mental y bienestar

Oportunidades para eventos sociales

- | | | |
|--------------------------|------------------|-------------------|
| <input type="checkbox"/> | Alta necesidad | Ninguna necesidad |
| <input type="checkbox"/> | Alguna necesidad | No lo sé |

Acceso a los servicios de salud mental

- | | | |
|--------------------------|----------------|------------------|
| <input type="checkbox"/> | Alta necesidad | Alguna necesidad |
|--------------------------|----------------|------------------|

Ninguna necesidad No lo sé

Reducción del estigma relacionado a las enfermedades mentales

Alta necesidad Ninguna necesidad

Alguna necesidad No lo sé

¿Hay algo más que le gustaría compartir sobre las necesidades en relación a la salud mental y el bienestar? _____

Ahora, pensando un poco más en las necesidades, ¿a dónde busca la gente apoyo cuando pasa por momentos difíciles? _____

¿Cuáles son las mayores fortalezas de Grays Harbor? _____

¿Qué más le gustaría compartir sobre la salud en Grays Harbor? _____

Preguntas Demográficas

Ya casi ha terminado. Sólo te quedan algunas preguntas demográficas. Como recuerdo, la encuesta es anónima y sus respuestas son confidenciales.

Estas preguntas son importantes porque pueden ayudarnos a determinar si los habitantes de Grays Harbor están representados con exactitud en esta encuesta, si la gente viven en la pobreza, u otra información importante.

¿Cuál de las siguientes opciones describe su identidad racial o étnica? (Marque todo lo que aplique)

Indio Americano/Nativo de Alaska Nativo de Hawai/Islands del Pacífico

Asiático Blanco

Negro Otros, especifique: _____

Hispano/Latino/a/x

¿Te consideras parte de las Tribus Confederadas de la Reserva Chehalis, de la Nación India Quinault o de otra tribu?

- Sí, las Tribus Confederadas de la Reserva Chehalis
- Sí, la Nación India Quinault

Sí, otros (especifique): _____
 No

¿Qué edad tiene?

- 17 años o menos
- 18-25
- 26-35
- 36-45
- 46-55
- 55-65
- 65+

¿Cuál es su identidad de género?

- Hombre
- Mujer
- Hombre transgénero/Hombre trans
- Mujer transgénero/Mujer trans

No conforme con el género
 No está en la lista anterior, por favor
 especifique: _____
 Prefiero no contestar

¿Cuál es su orientación sexual?

- Heterosexual
- Gay
- Lesbiana
- Bisexual/Pansexual

Queer
 Si no está en la lista, por favor, especifique:

 Prefiero no contestar

¿Considera que tiene algún tipo de condición o discapacidad que limite sus actividades diarias (por ejemplo, tener dificultades para oír, ver, concentrar, caminar o discapacidades intelectuales, problemas de salud mental u otras discapacidades identificadas)?

- Sí
- No

Prefiero no contestar

¿Qué describe su cobertura de seguro médico? (marque todo lo que aplique)

- | | |
|---|--|
| <input type="checkbox"/> Sin seguro | <input type="checkbox"/> TRICARE, Community Care u otra cobertura médica militar |
| <input type="checkbox"/> Medicaid o Apple Health | <input type="checkbox"/> Atención médica de la Administración de Veteranos (VA) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Servicios de salud indios o tribales |
| <input type="checkbox"/> Seguro a partir de un empleador o sindicato actual o anterior | <input type="checkbox"/> Otros, especifique: _____ |
| <input type="checkbox"/> Seguro comprado directamente a una compañía de seguros o del Mercado | |

¿Cuál es su idioma principal?

- Inglés
 Español
 Chino
 Coreano
 Otros (especifique)

¿Ha prestado servicio en el ejército, como, las Fuerzas Armadas, la Reserva o la Guardia Nacional de los Estados Unidos?

- Si No

¿Cuál es su nivel de educación?

Nos gustaría saber cuál es tu nivel de educación, aunque sabemos que el nivel de educación que tien no indica su nivel de competencia. Si quiere compartir con nosotros más información sobre sus habilidades, hazlo en la categoría "Otros".

- | | |
|---|---|
| <input type="checkbox"/> Algunos estudios preparatoria | <input type="checkbox"/> Algo de universidad |
| <input type="checkbox"/> Título de preparatoria | <input type="checkbox"/> Título de asociado |
| <input type="checkbox"/> Prueba de nivel de educación general o GED | <input type="checkbox"/> Título de licenciatura |
| <input type="checkbox"/> Escuela técnica o de comercio | <input type="checkbox"/> Máestría o más |

Otros, especifique: _____

Prefiero no contestar

¿Cuántas personas viven actualmente en su hogar?

Incluya a todos los miembros de la familia. Si vive con compañeros de piso no familiares, inclúyase sólo a usted.

_____ personas

¿Cuáles eran los ingresos de su hogar en 2021?

Por favor, incluya los ingresos de todos los miembros de la familia que convivan (como los dos padres, las tías o los abuelos). Si vive solo o con compañeros de piso no familiares, incluya sólo sus ingresos

\$ _____

¿Recibió beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP o cupones de alimentos) en 2021?

¿Cuál es su estado de empleo?

- Empleado a tiempo completo
- Empleado a tiempo parcial
- Empleado por cuenta propia
- Estudiante a tiempo completo
- Estudiante a tiempo parcial
- Retirado
- Desempleado
- Dueño de casa
- Otros (especifique)

¿En qué industria trabajó o trabaja? _____

<apply skip logic from employment status>

¿En qué código postal vives? _____ *

Gracias por su tiempo y por compartir con nosotros sus opiniones en esta encuesta. Si tiene algún otro comentario, no dude en compartirlo con nosotros:

<Free response box>

Appendix C: Focus Group Guide (English)

Grays Harbor County Public Health Community Health Assessment Focus Group Guide

Check that the meeting is being recorded.

Prep materials: paper and pen

Hello all, good afternoon, and welcome to our focus group. Thank you for joining us today for this conversation about the health of your community. My name is XXX and this is XXX. I'm going to moderate this discussion today and XXX will be taking notes. We appreciate your willingness to share your time and expertise with us in this focus group. I'm first going to go over a few details before we start. If you have any questions, feel free to ask them as they come up.

A focus group is a gathering of deliberately selected people brought together to participate in a planned discussion to share information and feedback about a particular topic. Today we'll be talking about health in Grays Harbor. Grays Harbor County Public Health is doing a community health assessment, to gather information about health in the county, which will result in a report.

We will be recording this discussion and taking notes. The purpose of recording it is to accurately capture all of your comments. We will only use first names today. Feel free to remove your last name from your Zoom name. There will be no names attached to any comments in the report, but you may be quoted anonymously. Moreover, Rede Group will not use this recording for any other purpose other than developing the report. The recording will not be made available to anyone outside of Rede Group and that includes our client, Grays Harbor County Public Health. What you say here today is confidential. We are interested in hearing your experiences and opinions because your experience is very valuable and represents how the community is feeling.

There are a couple things I want to make sure we do. If you can, turn off your cell phones and place them away from you. It's very important that each of you here today feel confident in your ability to speak about the issues that we're discussing, so our commitment is to keep this conversation confidential in that context. We'd also like you all to keep your cameras on for the entire session. This will help us keep a realistic environment, as we typically meet for focus groups in person. Since this is a remote session, make sure that you are in a private place with no interruptions. I want to ask each of you here today to hold in confidence anything you hear from others. I want to go around and have an affirmation from each of you that you will not share anything outside of this group that's discussed here today.

(Audio confirmation that each participant will keep the discussion private)

Thank you. If you have any questions about this process or this project after today, please don't hesitate to reach out to us. Elizabeth will share our emails (*share emails in chat*). I want to let you know that today we will focus on your experiences, and to that end, I will ask you to only share your experiences and beliefs and not speak on behalf of others. If you agree with what someone says, speak up, rather than nodding your head or gesturing in some other way. This helps us capture agreement in the recording.

We have 90 minutes for our discussion today so I will end this session promptly at 11:00 am. And in order to move the conversation along, I may need to interrupt or redirect conversation. And that's not to be rude. We just want to make sure that we get to all the questions we have to go over. I also may ask people directly if they want to share to make sure that everyone has an opportunity to participate. If you don't, that's fine. But if you do, please take that opportunity.

Thank you all. Do you have any questions before we begin?

Community strengths (25 min)

We have a little over an hour to talk, and I'd like to start with a creative activity. I'd like you to start by thinking about your community and its strengths. You are going to draw a picture that represents **your community and its greatest strengths**. For this activity you'll need paper and a pencil, so feel free to take a moment to gather those materials if needed. We will take five minutes to draw.

Pause, give people ~5 minutes to draw. Facilitator should draw too.

So let's go around in a virtual circle—share your name and tell us about your community and its greatest strengths. We will each have about thirty seconds to share. I'll start.

Facilitator introduces self, models talking about community. Facilitator calls on people to introduce themselves and say a few words about their community.

Thank you all for sharing. That leads into what we're going to talk about next: the health of your community.

Community health (15 min)

Today, we're going to start out by talking about the health of the community. Later we will have lots of time to focus on what is missing and what the community needs, but right now, we're focusing on things that are currently helping the community to be healthy. That's a difficult concept, because it involves two ideas. First, there's **HEALTH**. What do we mean by health? Do we mean freedom from disease? Having enough to eat? Feeling generally good about life? Being financially healthy?

Then there's the idea of **COMMUNITY**. What do we mean by community? Are we talking about each one of you, individually? Are we talking about your friends and family? Your neighborhood? Your church? Your racial or ethnic group? Your town?

We're not going to define these things for you. We're going to keep it open.

Keeping this in mind, I want you all to think on the following question and answer when you're ready.

1. How can you tell when your community is healthy?

Probe:

- a. *You have all spoken about physical health. What about other kinds of health and wellbeing?*

2. **What are the things you like about your community?**
3. **What programs or resources do people like using to stay healthy in Grays Harbor?**

Community needs (30 min)

Alright, thank you all for sharing about what makes a community healthy. Now we're going to talk about what's missing and what people in the community need to be healthier.

1. What's needed? What more could be done to help people in Grays Harbor be healthy?

Probes:

- a. *What's needed for people to be physically healthy?*
- b. *What's needed for people to be emotionally healthy?*
- c. *What's needed to help your community be safe?*

2. What's needed to ensure everybody in the community has access to choices, spaces, and activities that increase health?

If needed: This question explores the idea of equity in your community. We want to know if everybody has the same access to the things we've talked about, like doctors office, gyms, and healthy food. Can certain people not access these things because of how they look, how much money they make, or the language they speak?

Probe:

- a. *What's needed to help the community be inclusive?*

Closing

Thank you again everybody for sharing. We've wrapped up all of our questions. **What else would you like to share with us?**

We have XXX minutes remaining. We are going to put a link to a [confidential survey](#) in the chat that we'd like you to complete. The survey helps us show that we've talked to a wide variety of people and are accurately representing the community in these groups. The survey is anonymous - we won't be sharing your personal information with anyone outside of Rede Group. Please take 5 minutes to complete this survey, then we'll put a link to the [incentive survey](#) so we can mail you your gift cards for participating today.

Appendix D: Focus Group Guide (Spanish)

Guía de la junta de salud de la comunidad del
Departamento de Salud Pública del Condado de Grays Harbor

*Check that the meeting is being recorded.
Prep materials: paper and pen*

Hola, buenas días/tardes, y bienvenidos a nuestra junta. Gracias por acompañarnos hoy en esta conversación sobre la salud de la comunidad. Mi nombre es XXX, y ella se llama XXX. Trabajamos con Rede Group, una empresa que se dedica a la planificación estratégica, la investigación y la evaluación de organizaciones sin lucro y del sector público. Hoy voy a moderar la plática y XXX tomará notas. Agradecemos tu disponibilidad de compartir tu tiempo y experiencia con nosotras en esta junta. Voy a explicar algunos detalles antes de empezar. Si tienen alguna pregunta, no duden en hacerla en cualquier momento.

Una junta como ésta, o un grupo de discusión, es una reunión de personas escogidas a propósito para participar en una plática planificada para compartir información y opiniones sobre un tema específico. Hoy hablaremos de la salud del condado de Grays Harbor. El Departamento de Salud Pública del Condado de Grays Harbor está haciendo una evaluación de salud de la comunidad para obtener información sobre la salud en el condado, de lo cual, se hará un reporte.

Estaremos grabando la discusión y tomando notas. Estamos grabando la discusión para captar con claridad todos sus comentarios. Hoy sólo usaremos los primeros nombres. Siéntanse libres de eliminar su apellido de Zoom. No habrá nombres asociados a ningún comentario en el reporte, pero sí será mencionado de forma anónima. Además, el Rede Group no usará esta grabación para ningún otro motivo que no sea la realización del reporte. La grabación no se pondrá a disponibilidad de nadie fuera del Rede Group y eso incluye a nuestro cliente, El Departamento de Salud Pública del Condado de Grays Harbor. Lo que usted diga hoy aquí es confidencial. Nos interesa escuchar sus experiencias y opiniones porque su experiencia es muy valiosa y representa lo que siente la comunidad latina.

Hay un par de cosas que quiero que hagamos. Si pueden, apaguen sus teléfonos y pónganlos lejos de ustedes. Es muy importante que cada uno de ustedes aquí hoy se sienta seguro de su capacidad para hablar de los temas que estamos platicando, por lo que nuestro compromiso es mantener la confianza de esta conversación en ese contexto. También nos gustaría que todos ustedes enciendan sus cámaras durante toda la sesión. Esto nos ayudará a mantener un ambiente realista, ya que normalmente nos reunimos para estas juntas en persona. Como es una junta virtual, asegúrense de estar en un lugar privado y sin interrupciones. Quiero pedirles a cada uno de los presentes que mantengan en confianza

cualquier cosa que escuchen de los demás. Quiero que cada uno de ustedes confirme que no compartirá fuera de este grupo nada de lo que se discuta hoy aquí.

(Audio confirmation that each participant will keep the discussion private)

Gracias. Si tiene alguna pregunta sobre este proceso o este proyecto después de hoy, por favor no dude en ponerse en contacto con nosotras. XXX compartirá nuestros correos electrónicos (*compartir correos electrónicos en el chat*). Quiero que sepan que hoy nos enfocaremos en sus experiencias, y para eso, les pediré que sólo compartan sus experiencias y creencias y que no hablen en nombre de los demás. Si está de acuerdo con lo que dice alguien, dígalo en lugar de afirmar con la cabeza o hacer algún otro gesto. Esto nos ayuda a captar el acuerdo en la grabación.

Y para que la conversación avance, es posible que pueda interrumpir o redirigir la conversación. Y eso no es por ser grosera. Sólo queremos asegurarnos de que llegamos a todas las preguntas que tenemos que repasar. También es posible que pueda preguntarles directamente si quieren compartir para asegurarme de que todos tengan la oportunidad de participar. Si no lo hacen, está bien. Pero si lo hacen, por favor, aprovechen esa oportunidad.

Gracias a todos. ¿Tienen preguntas antes de que comencemos?

Fortalezas de la comunidad

Tenemos algo más de una hora para hablar y me gustaría empezar con una actividad creativa. Me gustaría que piensen en su comunidad y en sus fortalezas. Durante los próximos 5 minutos, haz un dibujo que represente **a tu comunidad y sus fortalezas más importantes**.

Pause, give people ~5 minutes to draw. Facilitator should draw too.

Vamos en una ronda, por favor todos compartan su nombre y háblenos de su comunidad y de sus fortalezas más importantes. Cada uno tendrá unos treinta segundos para compartir. Yo empezaré y después cada uno de ustedes.

Facilitator introduces self, models talking about community. Facilitator calls on people to introduce themselves and say a few words about their community.

Gracias a todos por compartir. Eso nos lleva a lo que vamos a hablar a continuación: la salud de su comunidad.

Salud de la Comunidad

Hoy vamos a empezar hablando de la salud de la comunidad. Más adelante tendremos mucho tiempo para enfocarnos en lo que falta y en lo que necesita la comunidad, pero ahora mismo, nos centraremos en las cosas que actualmente ayudan a la comunidad a estar sana. Ese es un concepto difícil, porque implica dos ideas. Primero está la **SALUD**. ¿Qué significa salud? ¿Nos referimos a estar libres de enfermedades? ¿Tener suficiente para comer? ¿Sentirse bien en general con la vida? ¿Estar económicamente sano?

Luego está la idea de la **COMUNIDAD**. ¿Qué entendemos por comunidad? ¿Estamos hablando de cada uno de ustedes, individualmente? ¿Estamos hablando de sus amigos y su familia? ¿Su barrio? ¿Su iglesia? ¿Su grupo racial o étnico? ¿Su ciudad?

No vamos a definir estas cosas por ustedes. Vamos a mantenerlo abierto.

Ahora tómate un minuto para pensar en tu comunidad — la comunidad que está representada en su dibujo.

1. ¿Cómo sabe uno cuando la comunidad es saludable?

Probe:

- a. *Todos ustedes han hablado de la salud física. ¿Qué hay de otros tipos de salud y bienestar?*

2. ¿Qué cosas te gustan de tu comunidad?

3. ¿Qué programas o recursos le gusta usar a la gente para mantenerse sana en Grays Harbor?

Necesidades de la comunidad

Muy bien, gracias a todos por compartir lo que hace que una comunidad sea saludable. Ahora vamos a hablar sobre lo que falta y lo que necesita la gente de la comunidad para estar más sana.

1. ¿Qué se necesita? ¿Qué más se podría hacer para ayudar a la gente de Grays Harbor a estar saludable?

Probes:

- a. *¿Qué se necesita para que la gente esté físicamente sana?*
- b. *¿Qué se necesita para que la gente esté emocionalmente sana?*
- c. *¿Qué se necesita para que su comunidad esté segura?*

2. ¿Qué se necesita para garantizar que todos los miembros de la comunidad tengan acceso a opciones, espacios y actividades que mejoren la salud?

Cierre

Gracias de nuevo a todos por compartir. Hemos terminado con todas nuestras preguntas. **¿Qué más les gustaría compartir con nosotras?**

Nos quedan XXX minutos. Vamos a poner un enlace para una encuesta confidencial en el chat que nos gustaría que completaran. [La encuesta](#) nos ayuda a demostrar que hemos hablado con una variedad de personas y que estamos representando fielmente a la comunidad en estos grupos. La encuesta es anónima: no compartiremos su información personal con nadie fuera del Grupo Rede. Por favor, tómese 5 minutos para completar esta encuesta, luego pondremos un [enlace a la encuesta de incentivos](#) para que podamos enviarle por correo sus tarjetas de regalo por participar hoy.

Appendix E: Focus Group Demographic Survey (English)

Demographic Survey

Thank you for participating in this focus group to improve health in Grays Harbor. We have a few demographic questions for you. By answering these questions, you help us show that we've talked with a wide variety of people who make up the Grays Harbor community. This survey is anonymous and your responses will remain confidential. This survey and all questions are optional.

Which of the following describes your racial or ethnic identity? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Hispanic/Latino/a/x | |

Do you consider yourself to be a part of the Confederated Tribes of the Chehalis Reservation, Quinault Indian Nation, or another tribe?

- | | |
|---|--|
| <input type="checkbox"/> Yes, the Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Yes, other (please specify):
_____ |
| <input type="checkbox"/> Yes, the Quinault Indian Nation | <input type="checkbox"/> No |

How old are you? _____ years

What is your gender identity?

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Nonconforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Not listed above, please specify: _____ |
| <input type="checkbox"/> Transgender Male/Trans Man/FTM | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Transgender Female/Trans Woman/MTF | |

What is your sexual orientation?

- | | |
|---|--------------------|
| <input type="checkbox"/> Heterosexual or straight | Lesbian |
| <input type="checkbox"/> Gay | Bisexual/Pansexual |

Queer

Prefer not to answer

Not listed above, please specify:

What is your preferred language? _____

Are you a veteran?

Yes

No

What is your education level? (more options on next page)

We'd like to know about your education, although we know that how much education you have doesn't indicate how skilled you are. If you'd like to share more about your skills with us, please do so in the 'Other' category.

Some high school

Associate's degree

High school diploma

Bachelor's degree

GED

Master's degree or higher

Technical or trade school

Other, please specify: _____

Some college

Prefer not to answer

How many people are currently living in your household? _____ people

What is your total annual household income?

Less than \$10,000

\$70,000 to \$89,999

\$10,000 to \$29,999

\$90,000 to \$149,999

\$30,000 to \$49,999

\$150,000 or more

\$50,000 to \$69,999

Are you a student?

Yes

No

What industry do you work in? _____

Do you consider yourself to have any sort of condition or disability that limits your everyday activities (e.g. having serious difficulty hearing, seeing, concentrating, or walking)?

- Yes No

If you have indicated that you consider yourself to have a condition or disability that limits your everyday activities, please mark all that apply.

- My condition or disability includes blindness, deafness, or a severe vision or hearing impairment.
- My condition or disability substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.
- My condition or disability causes me to have difficulty learning, remembering or concentrating and has lasted 6 months or more
- My condition or disability causes me to have difficulty dressing, bathing, or getting around inside the home and has lasted 6 months or more.
- My condition or disability causes me to have difficulty going outside the home alone to shop or visit a doctor's office and has lasted 6 months or more.
- My condition or disability causes me to have difficulty working at a job or business and has lasted 6 months or more.
- Other, please specify: _____
- I do not have a disability

Which describes your health insurance coverage? (check all that apply, more options on next page)

- Uninsured
- Medicaid
- Medicare
- Insurance through a current or former employer or union
- Insurance purchased directly from an insurance company or Marketplace
- TRICARE, Community Care or other military health coverage
- VA health care
- Indian or Tribal Health Services
- Other, please specify: _____

Appendix F: Focus Group Demographic Survey (Spanish)

Preguntas Demográficas

¿En qué código postal vive? _____

¿En qué código postal trabaja? _____

¿Cuál de las siguientes opciones describe su identidad racial o étnica? (marque todas las que apliquen)

- Indio Americano/Nativo de Alaska
- Asiático
- Negro
- Hispano/Latino/a/x
- Nativo de Hawai/Islands del Pacífico
- Blanco
- Otra, por favor especifique:

¿Se considera parte de las tribus confederadas de la Reservación de Chehalis, la Nación India Quinault, o otra tribu?

- Sí
- No

¿Cuántos años tiene? _____ años

¿Cuál es su identidad de género?

- Hombre
- Mujer
- Hombre Transgénero/Trans Hombre/Mujer a Hombre
- Mujer Transgénero/Trans Mujer/Hombre a Mujer
- Disconformidad de género
- No incluido en la lista, especifique: _____
- Prefiere no responder

¿Cuál es su orientación sexual?

- Heterosexual
- Gay
- Lesbiana
- Bisexual/Pansexual
- Queer

No incluido en la lista, especifique

Prefiere no responder

¿Cuál es su idioma preferido? _____

¿Cuál es su nivel de educación?

Nos gustaría conocer sobre su educación, aunque reconocemos que su nivel de educación no indica su capacidad. Si quieres compartir con nosotros más información sobre tus habilidades, hazlo en la categoría "Otro".

- Algunas clases de secundaria
- Diploma de escuela secundaria
- Escuela técnica o comercial
- Algunas clases de universidad
- Grado de asociado

- Licenciatura
- Maestría o superior
- Otro, por favor especifique:

- Prefiero no responder

¿Cuántas personas viven en su hogar ahora? _____ personas

¿Cuál es su ingreso familiar anual en total?

- Menos que \$10,000
- \$10,000 a \$29,999
- \$30,000 a \$49,999
- \$50,000 a \$69,999
- \$70,000 a \$89,999
- \$90,000 a \$149,999
- \$150,000 o mas

En qué industria trabaja? _____

¿Se considera tener algún tipo de condición o discapacidad que limita sus actividades diarias? (e.g. tener serias dificultades para oír, ver, concentrarse o caminar)?

- Si No

Si ha indicado que se considera con una condición o discapacidad que limita sus actividades diarias, por favor marque todas las opciones que se aplican.

- Mi condición o discapacidad incluye ceguera, sordera o una discapacidad visual o auditiva severa.
- Mi condición o discapacidad limita sustancialmente una o más actividades físicas básicas como caminar, subir escaleras, alcanzar, levantar o cargar.
- Mi condición o discapacidad me hace tener dificultad para aprender, recordar o concentrarme y ha durado 6 meses o más.
- Mi condición o discapacidad me hace tener dificultad para vestirme, bañarme o moverse dentro de la casa y ha durado 6 meses o más.
- Mi condición o discapacidad me hace tener dificultades para salir de casa solo a comprar o visitar la oficina del médico y ha durado 6 meses o más.
- Mi condición o discapacidad me hace tener dificultades para trabajar en un trabajo o negocio y ha durado 6 meses o más.
- Otro, por favor especifique: _____
- No tengo una discapacidad.

¿Cómo describe su cobertura del seguro médico? (marque todas las que apliquen)

- | | |
|---|--|
| <input type="checkbox"/> Sin seguro | <input type="checkbox"/> TRICARE, Asistencia comunitaria u otra cobertura de salud militar |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> El seguro de salud de VA |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Servicios de salud indígenas o tribales |
| <input type="checkbox"/> Seguro a través de un empleador o sindicato actual o anterior | <input type="checkbox"/> Otro, por favor especifique:
_____ |
| <input type="checkbox"/> Seguro comprado directamente de una compañía de seguros o a un mercado | |

Appendix G : Community Leader Interview Guide

Grays Harbor County Public Health Community Health Assessment Community Leader Interview Guide

Check that the meeting is being recorded.

Thank you for agreeing to help us with this project. My name is XXX (*share email in chat*). I work for Rede Group, a company that does strategic planning, research, and evaluation for nonprofit and public sector organizations. I appreciate your willingness to share your time and expertise with me in this interview. I'm first going to go over a few details before we start. If you have any questions, feel free to ask them as they come up.

Grays Harbor County Public Health is doing a community health assessment, or CHA, intended to gain information about health in the county. The purpose of the CHA is to assess the overall state of health in the community and identify areas to address to make Grays Harbor a healthier place for its residents. This includes the capacity to address environmental, social, and economic conditions that impact health. The CHA results in a report, which public health will use to guide its work.

We will be recording this interview. We are taping our discussion to accurately capture all of your comments. We will aggregate results from all interviews and include them in the report. There will be no names attached to any comments in the report, although we may also quote you anonymously. Moreover, Rede Group will not use this recording for any purpose other than developing the report. The recording will not be made available to anyone outside of Rede Group and that includes our client, Grays Harbor County Public Health. What you say here today is confidential. We are truly interested in hearing your experiences and opinions. That said, do you agree to the interview being recorded and potentially being quoted anonymously?

If you have any questions about this process or this project after today, please don't hesitate to reach out to us. Do you have any questions before we begin?

Interview Questions

1. First off, can you state your name for the record? Can you tell me what your position is at, how long you've been in it, and a little bit about what you do?

Capture:

- a. *Current role*
- b. *Length of time in current position*
- c. *Current organization*
- d. *Services offered*

2. How would you define the community your organization serves?

Now we're going to spend some time talking about health in Grays Harbor.

3. What are some of the biggest and most important health issues facing people on the Harbor?

4. *If SDoH not discussed in question 3:*

Thank you for sharing about those health issues. We are interested in hearing about issues related to not only health conditions, but also the social determinants of health. The social determinants of health are the “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes”. Examples include housing, income, and education.

What are the most important social determinants of health that people are facing in Grays Harbor?

Probe: Are there specific populations or groups who are disproportionately impacted by these health issues?

5. What supports and resources do people use in Grays Harbor to stay healthy?

If needed: Supports and resources could mean many things, like a hospital, family members, churches, an after school program, or the food bank. We're not going to define this, but keep it open as anything that helps keep people healthy.

Probe: Are there resources that aren't offered by businesses or government, such as support from social groups?

Probe: Where do people look to for support when they need it?

6. What barriers do people in Grays Harbor face when they want to get healthier?

If needed: barriers might be how far away the hospital is, the cost of joining the YMCA or gym, or something else. We're not going to define this, but keep it open as anything that prevents people from being healthy.

Probe: Are there barriers or gaps in services that disproportionately impact specific populations or groups in the community?

7. How has the COVID-19 pandemic changed people's health on the Harbor?

8. As a person who works with XXX community, what are you looking forward to in the next two to three years?

9. What suggestions do you have for how we can leverage community strengths to address the health concerns that we've talked about?

10. We've wrapped up all of our questions, what else would you like to share with us today?

Thank you again for sharing your time and thoughts with us today, we really appreciate it. If you have any questions after today, please reach out to us.

Appendix H: Focus Group Demographic Survey Results

Description of Racial and Ethnic identity	Number of focus group participants	Percentage n=38*
Asian	0	0.00%
American Indian or Alaska Native	1	3%
Hispanic/Latino/a/x	16	42 %
Black	0	0.00%
Native Hawaiian or other Pacific Islander	0	0.00%
White	21	55%

Age group	Number of focus group participants	Percentage (n=38)
Less than <17 (youth)	1	03%
18-24	4	11%
25-34	9	24%
35-44	14	37%
45-54	6	18%
55-64	4	11%

65+	2	06%
-----	---	-----

Affiliated with a Tribal Nation	Number of focus group participants	Percentage (n=38)
Yes	0	0%
No	38	100%

Sexual Orientation	Number of focus group participants	Percentage (n=38)
Heteorsexual	30	79%
Gay	0	0%
Lesbian	0	0%
Queer	1	03%
Bisexual	1	03%
Preferred to not respond	3	08%
Answer not included	2	06%

Were you a Veteran?	Number of focus group participants	Percentage (n=38)
Yes	2	06%
No	36	95%

Preferred Language	Number of focus group participants	Percentage (n=38)
English	22	58%
Spanish	16	42%

Educational Level	Number of focus group participants	Percentage (n=38)
Some High School	10	26%
High School Diploma	12	31%
GED	1	03%
Some College	8	20%
Tech or Trade School	2	05%
Associates degree	3	08%
Bachelors Degree	4	10%
Masters Degree	0	0%
Prefer not to answer	1	03%

Amount of participants in household	Number of focus group participants	Percentage (n=38)
1	8	20%
2	5	14%
3	3	08%

4	7	19%
5	6	17%
6	2	05%
7	1	03%
8	1	03%

Median Income level	Number of focus group participants	Percentage (n=38)
Less than \$10,000	11	29%
\$10,000-\$29,999	10	26%
\$30,000- \$49,999	8	20%
\$50,000 - \$69,999	5	13%
\$70,000- \$89,999	2	05%
\$90,000-\$150,000	0	0%
\$150,000 +	1	03%

Do you have a disability?	Number of focus group participants	Percentage (n=38)
No	28	74%
Yes	9	24%

Type of insurance	Number of focus group participants	Percentage (n=38)
Uninsured	14	36%
Medicaid/Apple care	11	28%
Medicare	6	15%
Union or work provided insurance	6	15%
Private insurance	4	10%
Tricare	1	03%
Veteran Health Care	0	0%
Native or Tribal Care	1	03%

Appendix I: Interviewee information

Length of time in current position	Number of interviewees (n=32)
<1 year	1
1-2 years	10
3-5 years	4
6+ years	12
Retired	3

Geographic definition of community served		
Counties	Number of interviewees	Percentage of interviewees, n=32
Grays Harbor County; including the county as a whole or specific cities inside county limits (Hoquiam, Aberdeen, etc.)	25	78%
Pacific County	7	22%
Several counties, including Pacific, Grays Harbor, Mason, and others	7	22%

Demographic definition of community served

Race/ethnicity	Number of interviewees	Percentage of interviewees, n=32
Hispanic or Latino/a/x	5	16%
Mostly White	4	13%
American Indian	4	13%
Other (some Asian)	1	3%
Behavioral health diagnosis	Number of interviewees	Percentage of interviewees, n=32
	3	9%
Income	Number of interviewees	Percentage of interviewees, n=32
Low	7	22%
Insurance	Number of interviewees	Percentage of interviewees, n=32
Medicaid/Medicare	4	13%
Housing classification	Number of interviewees	Percentage of interviewees, n=32
Rural	3	9%
Age	Number of interviewees	Percentage of interviewees, n=32
Youth (<18)	9	28%
Adults (18-64)	7	22%
Seniors (65+)	7	22%
Other	Number of interviewees	Percentage of interviewees, n=32

Disabled, tourists	2	6%
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Type of services	Number of interviewees	Percentage of interviewees whose organization provides this type of services (n=32)
Educational services	6	19%
Budgeting, money allocation for the community	5	16%
COVID-19 related services	4	13%
Providing financial aid	4	13%
Behavioral health or substance use disorder (SUD) services	4	13%
Recreational or physical health	3	9%
Health care	3	9%
Emergency services (fire, police, etc.)	3	9%
Housing programs or housing assistance	3	9%
City management	2	6%
Population specific services (Latino/a/x, individuals with intellectual disabilities)	2	6%
Supporting food bank	2	6%

Other (one-on-one connection to resources, leadership, environmental advocacy, childcare)	4	13%
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Appendix J: Survey Demographic Information

Do you consider yourself to be a part of the Confederated Tribes of the Chehalis Reservation, Quinault Indian Nation, or another tribe?		
Survey Options	Number of Survey respondents	Percentage (n=159)
No	152	96%
Yes, the Confederated Tribes of the Chehalis Reservation	0	0%
Yes, the Quinault Indian Nation	2	1%
Yes, other (please specify) Metis (1) Alaska Native (1) Winnebago Tribe of Nebraska (1) Cowlitz (1) N/A (1)	5	3%

How old are you?		
Age	Number of Survey Respondents	Percentage (N=159)
17 or younger	2	1%

18-24	3	2%
25-34	26	16%
35-44	41	26%
45-54	40	25%
55-64	22	14%
65+	25	16%

Do you consider yourself to have any sort of condition or disability that limits your everyday activities (e.g. having serious difficulty hearing, seeing, concentrating, walking or intellectual disabilities, mental health challenges and/or other identified disabilities)?

Response Options	Survey responses	Percentage (n=159)
Yes	42	27%
No	114	72%
Prefer not to answer	2	1%

Which describes your health insurance coverage?

Insurance type	Survey responses	Percentage (n=159)
Uninsured	11	7%
Medicaid or Apple Health	24	15%

Medicare	23	14%
Insurance through a current or former employer or union	102	64%
Insurance purchased directly from an insurance company or Marketplace	15	10%
TRICARE, Community Care or other military health coverage	4	2.5%
VA health care	4	2.5%
Indian or Tribal Health Services	2	1%
Other (please specify) Supplemental insurance (1) Amerigroup (1)	2	1%

What is your primary language?		
Languages	Survey responses	Percentage (n=159)
English	137	86%
Spanish	21	13%
Chinese	0	0%
Korean	0	0%
Other (please specify) N/A (1)	1	0.5%

Have you ever served in the U.S. Armed Forces, Reserves, or National Guard?		
Response options	Survey responses	Percentages (n=159)
Yes	6	4%
No	153	96%

What is your education level? We'd like to know about your education, although we know that how much education you have doesn't indicate how skilled you are. If you'd like to share more about your skills with us, please do so in the 'Other' category.		
Education level	Survey responses	Percentages (n=159)
Prefer not to answer	6	4%
Some high school	7	5%
High school diploma	14	9%
General Educational Development Test or GED	3	2%
Technical or trade school	5	3%
Some college	23	14%
Associate's degree	22	14%
Bachelor's degree	47	30%
Master's degree or higher	27	17%

Other (please specify) Profesora (1) Técnico laboratorista clínicas y hospitalaria (1) Doctorate (1) 222 (1) N/A (1)	5	3%
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Self-reported household poverty level		
Household poverty levels	Survey responses	Percentage (n=159)
Below Federal Poverty Level (FPL)	13	8%
Below 200% of FPL	17	11%
Above 200% of FPL	92	58%
No response	37	23%

Did you receive Supplemental Nutrition Assistance Program (SNAP or food stamps) benefits in 2021?		
Survey options	Survey responses	Percentage (n=157)
Yes	21	13%
No	136	85%

What is your employment status?

Employment Statues	Survey responses	Percentage (n=171)
Employed full-time	104	60%
Employed part-time	14	8%
Self-employed	5	3%
Full-time student	4	2%
Part-time student	3	1%
Retired	21	12%
Unemployed	6	4%
Homemaker	5	3%
Other (please specify) Business owner (1) Disabled (3) Work 4 jobs (1) Work 2 part-time jobs along with school (1) Second job & side jobs (1) Disabled but work very part time computer job from home when able (1) Volunteer/unpaid (1)	9	5%

Which of the following describes your racial or ethnic identity?		
Racial or Ethnic Identity	Survey responses	Percentage (n=172)
American Indian/ Alaska Native	11	6%

Asian	0	0%
Black	2	1%
Hispanic/Latino	32	19%
Native Hawaiian/Pacific Islander	3	2%
White	120	69%
Other (please specify) Large percentage is Caucasian, but all groups are living locally (1) White, Native American (1) Doesn't matter (1) Human (1)	4	2%

What is your gender identity?		
Gender identities	Survey responses	Percentages (n=104)
Prefer not to answer	5	9%
Male	14	13%
Female	78	75%
Transgender Male/Trans Man/FTM	1	1%
Transgender Female/Trans Woman/MTF	0	0%
Gender Nonconforming	3	3%

Not listed above (please specify) Nonbinary (3)	3	3%
--	---	----

What is your sexual orientation?		
Sexual orientations	Survey responses	Percentages (n=104)
Prefer not to answer	5	5%
Heterosexual or straight	83	80%
Gay	2	2%
Lesbian	0	0%
Bisexual/Pansexual	8	8%
Queer	5	5%
Not listed above, please specify: Asexual (1)	1	1%

What Zip Code do you live in?		
Zip code	Survey responses	Percentages (n=159)
98520	61	38%
98537	9	6%

98541	23	14%
98547	1	0.5%
98550	30	19%
98552	1	0.5%
98563	23	14%
98568	1	0.5%
98569	7	4%
98587	1	0.5%
98595	2	1%

Appendix K: Stakeholder Engagement Session

On June 10th, 2022, Rede met with stakeholders in Grays Harbor County to share preliminary findings from primary data collection and get feedback. The feedback given by stakeholders aided Rede’s interpretation of the findings and guided recommendations. Below is a summary of comments shared at the stakeholder engagement session.

Community member survey

- It would be interesting to re-code some of the qualitative survey answers to categorize by “positive”, “neutral” or “negative”. This could be useful for visualizing the Likert scale questions
- Preliminary findings solidified a lot of conversations in community networks and organizations
- It was surprising that more community members who responded to the survey were concerned about behavioral health than about physical health services

- Findings would be helpful for targeting social media campaigns and website messaging. Anecdotally, it was difficult even for those working for the community to identify behavioral health resources and contacts
- One stakeholder shared that community members may believe there are a lack of providers because they are not aware of where to find providers or services

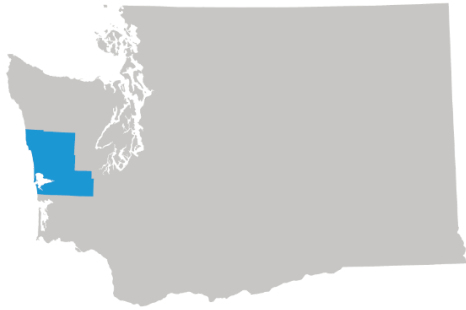
Key informant interviews

- Findings reaffirmed what people have been talking about over the years and confirmed what direction CBOs and local public health need to go in
- One stakeholder pointed out similarities between the survey and interview results and appreciated Rede highlighting themes that seemed to contradict each other
- One stakeholder said that this information was helpful for grant writing

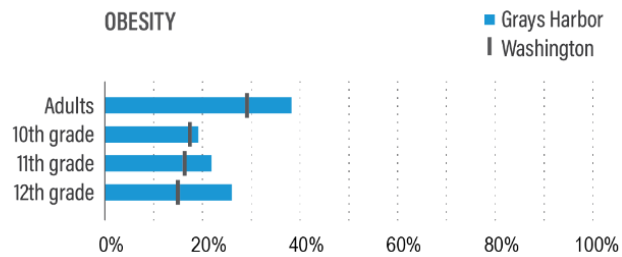
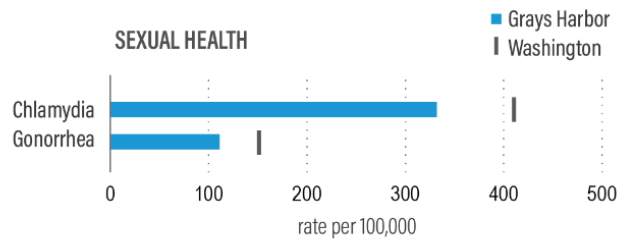
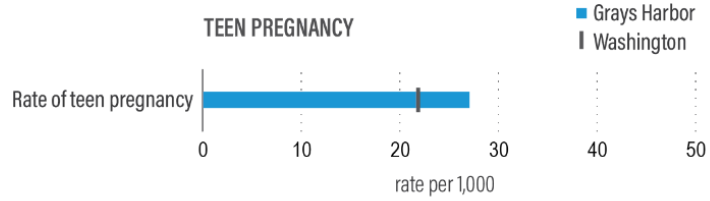
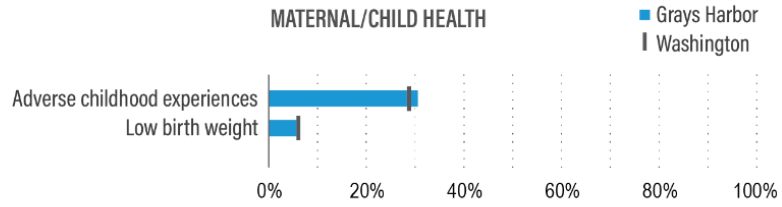
Focus groups

- One stakeholder suggested to include the limitation that focus group participants were not located throughout the entire county, and urban/rural differences may have influenced results
- There were a high amount of uninsured community members involved in focus groups (compared to other data collection methods). Focus group participants may not have been representative of the entire county in that sense
- Stakeholders wanted to respond intentionally to study results to inform future projects and programs

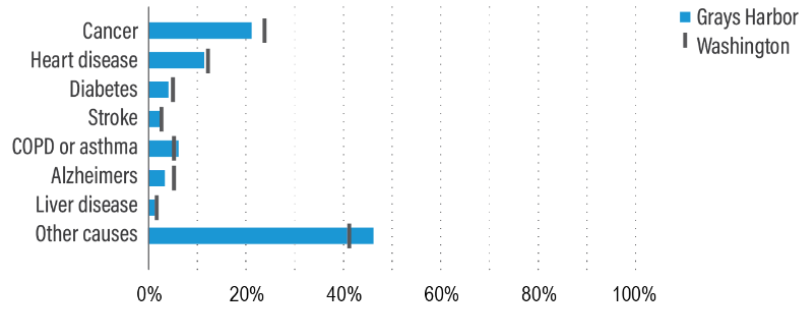
Appendix L: Health Indicator Data



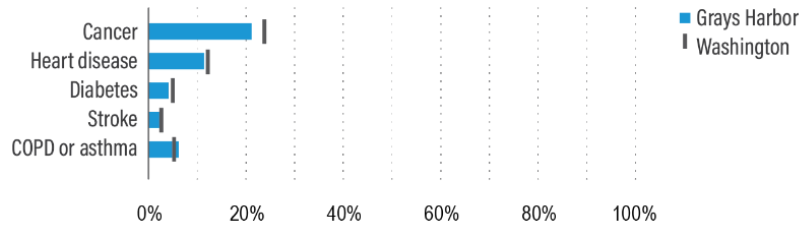
	Grays Harbor	Washington
PERCENT HOUSELESS	4%	3%
AVERAGE DURATION OF HOUSELESSNESS	498 days	261 days
RAPID REHOUSING		
Households entering RR	121	3,631
Exiting to permanent housing	37	2,136
Average duration	53 days	31 days



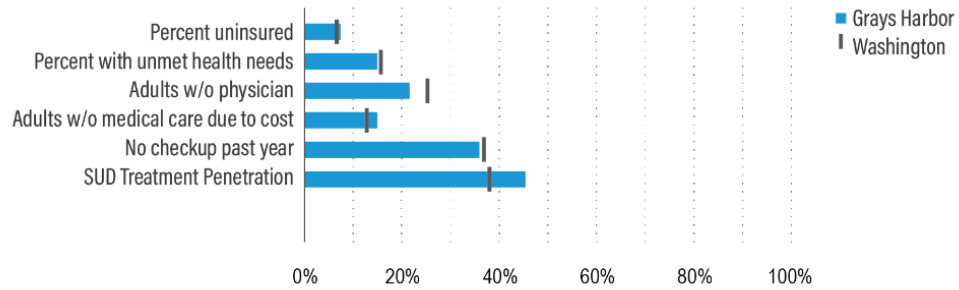
CAUSES OF DEATH



PERCENT OF ALL DEATHS (AGE ADJUSTED)



ACCESS TO MEDICAL CARE



Access to medical care

	Grays Harbor	Washington State	Data Year	Quick-access source(s) ⁵
% uninsured	7.3%	6.4%	2019	https://datausa.io/profile/geo/washington#health
No personal physician (past year, adults 18+)	21%	25%	2013-2015	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//345-271-ChronicDiseaseProfileGraysHarbor.pdf
No medical care due to cost (past year, adults 18+)	15%	13%	2013-2015	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//345-271-ChronicDiseaseProfileGraysHarbor.pdf
No checkup past year	36%	37%	2013-2015	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//345-271-ChronicDiseaseProfileGraysHarbor.pdf
Substance use disorder treatment penetration ⁶	45%	38%	2020-2021	https://hca-tableau.watech.wa.gov/t/51/views/HealthierWashingtonDashboard/Measures?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Cause of death by % of all deaths, age adjusted

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Cancer	21%	24%	2017 ⁷	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.cdc.gov/nchs/pressroom/states/washington/washington.htm , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality

⁵ For full citation source, see the citation list at the end of the tables

⁶ The percentage of Medicaid beneficiaries, 12 years of age and older, with a substance use disorder treatment need identified within the past two years, who received at least one qualifying substance use disorder treatment during the measurement year.

⁷ The webpage containing these data points was last updated in 2017, however it does not explicitly say that the data was from 2017.

Heart disease	12%	13%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
Diabetes	4%	5%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
Stroke	3%	3%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
COPD or asthma	7%	6%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
Alzheimer's	4%	6%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
Liver disease	2%	2%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality
Other causes	46%	41%	2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf?uid=625ef2238cb5e , https://www.livestories.com/statistics/washington/grays-harbor-county-cancer-deaths-mortality

Criminal justice

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Average daily population of jails in Grays Harbor County	105.47	205	2020	https://sac.ofm.wa.gov/sites/default/files/public/cjdb/CrimeStatsOnline.html state; https://sac.ofm.wa.gov/washington-state-county-criminal-justice-data-book-1990-2020
Average length of stay, days	38	16	2020	https://www.waspc.org/cjis-statistics--reports

Geographic disparities

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Population below federal level	15.1%	9.5%	2021 (est)	https://www.census.gov/quickfacts/graysharborcountwashington
Insufficiently physical activity	(10th grade) 72%	(10th grade) 80%		https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf

Population by chronic disease (adults, 18+, self-reported lifetime prevalence)

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Cancer	13%	12%	2016	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf
Arthritis	33%	25%	2016	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf
Heart disease	7%	6%	2016	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf
Diabetes	11%	9%	2016	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf
Asthma	13%	10%	2016	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf

Housing

	Grays Harbor	Washington State	Data year	Quick-access source(s)
# of households entering Rapid	121	3,631	2020	https://public.tableau.com/app/profile/comhau/viz/RAFTWashingtonBalanceofStateHomelessSystemPerformanceRapidRe-HousingDashboard/RRHDashboard

Rehousing project				
% of households exiting Rapid Rehousing project to permanent housing (% of those who entered)	31%	59%	2020	https://public.tableau.com/app/profile/combau/viz/DRAFTWashingtonBalanceofStateHomelessSystemPerformanceRapidRe-HousingDashboard/RRHDashboard
Avg time from enrolling in program to moving into permanent housing	53 days	31 days	2020	https://public.tableau.com/app/profile/combau/viz/DRAFTWashingtonBalanceofStateHomelessSystemPerformanceRapidRe-HousingDashboard/RRHDashboard

Houselessness

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Estimate of houseless population	4%	3%	2021	https://hca-tableau.watech.wa.gov/t/51/views/HealthierWashingtonDashboard/Measures?%3AisGuestRedirectFromVizportal=y&%3Aembed=y
Average length of time houseless	498 days	261 days	2018-2021	https://static1.squarespace.com/static/53ee83dee4b027c34f1b520/t/611d90e0ce0f38366c9ea951/1629327584762/2020-2021+GH+Homelessness+System+Performance+v3.pdf

Maternal/child health

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Adverse childhood experiences (ACEs)	~30% have 3+ ACEs	26% have 3+ ACEs	2011	https://doh.wa.gov/sites/default/files/legacy/Documents/1000/SHA-AdverseChildhoodExperiences.pdf
Rate of teen pregnancy	27 per 1,000	21.8 per 1,000	2009-2011	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/1160-015-MCHDataRptAdolesPreg.pdf

Low birth weight	6.9%	6.7%	2020	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/160-015-MCHDataRptAdolesPreg.pdf
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Mental health

	Grays Harbor	Washington State	Date year	Quick-access source(s)
Mental health treatment penetration ⁸	50%	54%	2020-2021	https://hca-tableau.watech.wa.gov/t/51/view/HealthierWashingtonDashboard/Measure%3AisGuestRedirectFromVizportal=y&%3Aembed=y
Rate of death by suicide	20 per 100,000	15 per 100,000	2010-2019 combined data	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/140-252-SuicideInGraysHarbor.pdf
Percentage of emergency department visit for eligible Medicaid beneficiaries 6yrs+ with a principal diagnosis of mental illness who had a follow up visit for mental illness within 7 days	74%	57%	2020-2021	https://hca-tableau.watech.wa.gov/t/51/view/HealthierWashingtonDashboard/Measure%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Obesity

	Grays Harbor	Washington State	Data year	Quick-access source(s)
% of adults who are obese	38%	29%	State - 2014-2016 Grays Harbor - 2017	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-271-ChronicDiseaseProfileGraysHarbor.pdf https://doh.wa.gov/data-statistical-reports/diseases-and-chronic-conditions/obesity#Table4
Under 18 obesity rate by age	(8th grade) 19% (10th grade) 22% (12th grade) 26%	(8th grade) 17% (10th grade) 16% (12th grade) 15%	2021	https://www.askhys.net/FactSheets

⁸ The percentage of Medicaid beneficiaries aged 6 or older with a mental health service need identified within the past two years, who received at least one qualifying service during the measurement year.

% poverty by race/ethnicity

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Total	14.5%	10.2%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
American Indian/Alaska Native alone	20.4%	22%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
Asian alone	3.4%	9.2%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
Black alone	8%	17.5%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
Native Hawaiian/Pacific Islander alone	21.1%	12.6%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
White alone	14%	8.9%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027
Some other race alone	31%	18.6%	2020	https://data.census.gov/cedsci/table?t=Poverty&g=0400000US53_0500000US53027

Reproductive and sexual health

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Rate per 100,000, by STI				
Chlamydia	331.9	410.4	2020	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-106-STICasesAndRateByCounty2020.pdf
Gonorrhea	111.1	151.2	2020	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-106-STICasesAndRateByCounty2020.pdf
P&S Syphilis	N/a. 13 cases	10.9	2020	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-106-STICasesAndRateByCounty2020.pdf

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Herpes	N/a. 14 cases	18	2020	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-106-STICasesAndRateByCounty2020.pdf

Substance misuse*

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Current drinking ⁹				
6th grade	3% (±2)	2%	2021	https://www.askhys.net/FactSheets
8th grade	2% (±1)	4%	2021	https://www.askhys.net/FactSheets
10th grade	9% (±3)	8%	2021	https://www.askhys.net/FactSheets
12th grade	17% (±4)	20%	2021	https://www.askhys.net/FactSheets
Problem or heavy drinking ¹⁰				
6th grade	4%	2%	2021	https://www.askhys.net/FactSheets
8th grade	4%	3%	2021	https://www.askhys.net/FactSheets
10th grade	7%	7%	2021	https://www.askhys.net/FactSheets
12th grade	12%	14%	2021	https://www.askhys.net/FactSheets

Note: All adult substance misuse data available was reported in a tri-county region format. Tri-county region data has not been used as a replacement for data specific to Grays Harbor County. To view regional data, visit: <https://rdas.samhsa.gov/#/>.

⁹ Students who report drinking at least once in the past month

¹⁰ Students who report drinking 3 or more days in the past month and/or one or more binge drinking episodes. Binge drinking is drinking 5 or more drinks in a row in the past two weeks.

Tobacco

	Grays Harbor	Washington State	Data year	Quick-access source(s)
Smoke cigarettes	23%	15%	2017 ¹¹	https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//345-271-ChronicDiseaseProfileGraysHarbor.pdf
Adolescent cigarette smoking by age, % (within the past 30 days)				
6th grade	2% (±1)	1%	2021	https://www.askhys.net/FactSheets
8th grade	1% (±1)	1%	2021	https://www.askhys.net/FactSheets
10th grade	2% (±1)	5% (±1)	2021	https://www.askhys.net/FactSheets
12th grade	4% (±2)	4% (±1)	2021	https://www.askhys.net/FactSheets

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Cause of death

¹¹ The webpage containing these data points was last updated in 2017, however it does not explicitly say that the data was from 2017.

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