

Ferndale

Community Health Snapshot

December 2018

Where you live affects your health.

The 2011 and 2018 Community Health Assessments found that while Whatcom County residents are healthy on average, not everyone experiences the same level of good health or access to healthy opportunities. Income, education, and place are some of the well-known factors that contribute to differences in health.

This report describes what we learned in taking a closer look at the relationship between place and health in the Ferndale area specifically. It summarizes the public health data available for this geographic community, using school district boundaries, as well as feedback from community members about concerns and strengths they feel are important to their community's health.

The information in this report is a companion to the 2018 Community Health Assessment. While not comprehensive, it gives further information about some of the difference in how health is experienced throughout the county.

Both the countywide 2018 Community Health Assessment and the seven Community Health Snapshots, one for each school district area, contribute to a Community Health Improvement process. This process includes developing a Community Health Improvement Plan that ultimately takes action to change the underlying factors that affect the community's health, make health choices easier, improve access to care, and provide everyone with an equal chance at a healthy life.

Why School Districts?

Schools can help create a sense of community for many people. We used school districts as community boundaries in these assessments because people often identify their community in connection to schools and school districts. School districts also have clear geographic boundaries, and some school district-level community health data is readily available.



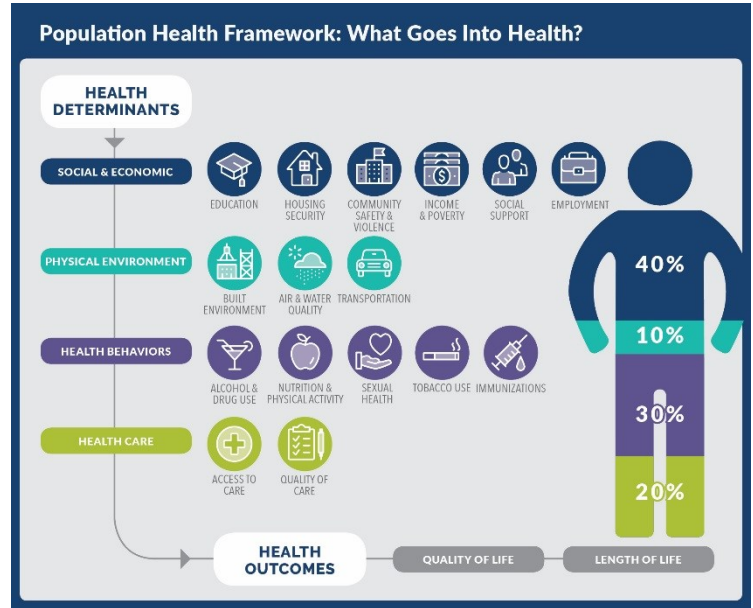
Whatcom County
HEALTH
Department



Population Health Framework: What Goes Into Health?

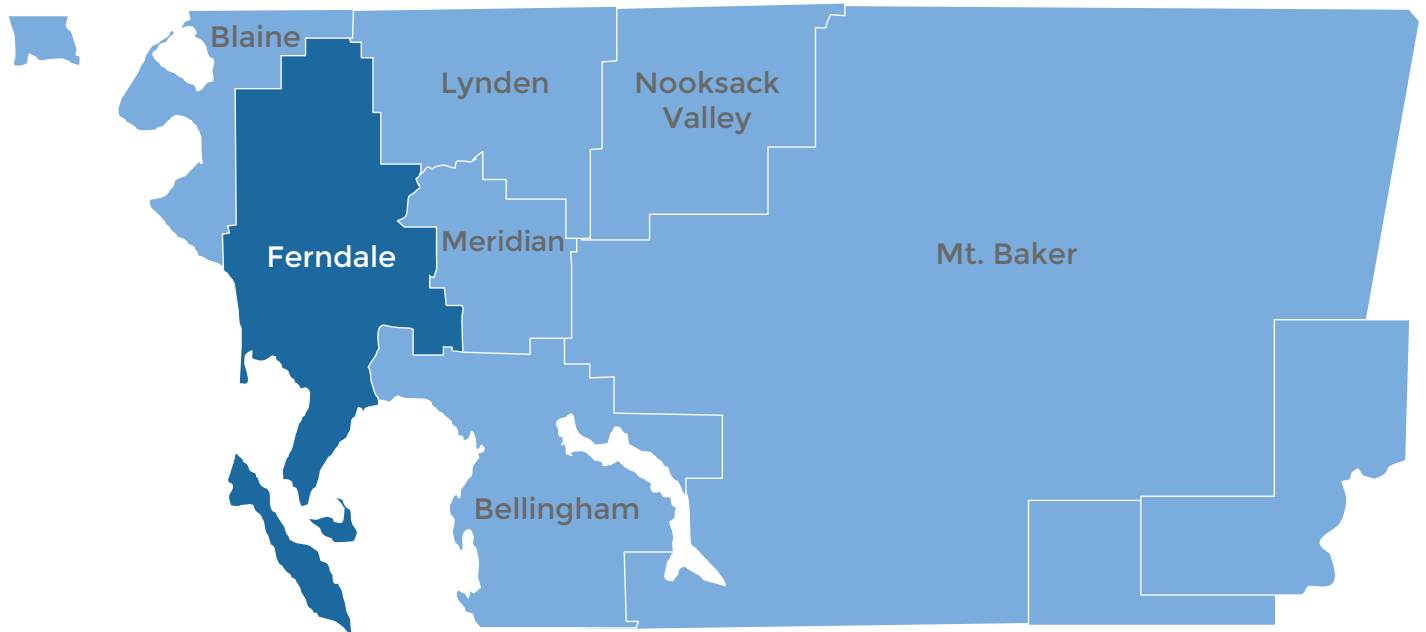
We've used the population health framework shown to the right in our assessment of community health. It demonstrates how health outcomes – the length and health-related quality of one's life – are the result of complex interactions between many factors, or **health determinants**. Health determinants fall into one of four categories: social and economic factors, physical environment, health behaviors, and health care.

The Population Health Framework is adapted from the County Health Rankings population health model. More information can be obtained at <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>



Ferndale Area Overview

This Ferndale Community Health Snapshot includes data and information for Ferndale, Custer, and Lummi Island. Ferndale and Lummi Island share a border with the Lummi Tribe. The area is located in western Whatcom County, along the shores of the Puget Sound.



Measuring and Understanding Population Health

The data and information in this report expands on the 2018 Whatcom County Community Health Assessment by providing greater depth of data on how health is experienced in the Ferndale area compared with Whatcom County.

How to Read the Data Tables

Type of Indicators	Year	Ferndale	Whatcom County
Ferndale data is <u>not statistically</u> different than Whatcom County	2016	↔	28.48
Data is not available for Ferndale	2016	-	80.85
Ferndale data is statistically better than Whatcom County	2016	59.63	77.39
Ferndale data is statistically worse than Whatcom County	2012-2016	19.50%	16.0%
Ferndale data is statistically different than Whatcom County	2012-2016	9.49	11.01
Unable to determine if statistically different than Whatcom County* (Margin of error or confidence intervals not available)	2016	59.54%*	47.82%

Ferndale Area Demographics

Population information assists communities in identifying and meeting current and future health needs, including culturally appropriate and geographically accessible health care and public health services.

Population, 2012-2016	Ferndale	Whatcom County
Total Population	31,492	209,729
<i>Custer</i>	448	
<i>Ferndale</i>	12,666	
<i>Lummi Nation</i>	5,248	
<i>Lummi Island</i>	951	
Age Distribution, 2012-2016	Ferndale	Whatcom County
Median Age	40.3	36.8
Under 5 years	6.0%	5.5%
5 to 14 years	13.0%	11.1%
15 to 24 years	13.8%	18.2%
25 to 44 years	23.1%	24.5%
45 to 64 years	28.1%	25.5%
65+	16.0%	15.5%
Gender, 2012-2016	Ferndale	Whatcom County
Female	51.8%	50.5%
Male	48.2%	49.5%

Race and Ethnicity	Ferndale, 2012-2016	Ferndale School District Students, 2015-2016	Whatcom County
African American/Black	0.8%	0.9%	0.9%
American Indian/Alaska Native	9.4%	8.6%	2.7%
Asian	3.3%	3.3%	4.0%
Native Hawaiian/Pacific Islander	0.4%	0.1%	0.3%
White/Caucasian	73.7%	62.7%	80.1%
Spanish, Hispanic, or Latino Ethnicity (any race)	9.3%	6.0%	8.8%
Two or more races	3.0%	6.0%	3.0%

Households, 2012-2016	Ferndale	Whatcom County
Number of Households	11,618	81,019
Households with Children (Under 18)	33.9%	27.3%
Speak a Language Other than English-Total	12.2%	12.4%
Veterans Population	9.3%	8.2%
Population with a disability	14.6%	13.6%

Health Outcomes

Health outcomes result from the interactions between a variety of factors that affect health. Positive health outcomes include not just the absence of disease and premature death, but also include a sense of functioning well mentally, physically, and socially. Understanding the magnitude of premature death, the leading causes of death, and the causes of preventable death is important for prioritizing interventions aimed to prevent and reduce the burden of disease. Quality of life is affected by disease or disability that prevents someone from attaining their full well-being.

Length of Life	Year	Ferndale	Whatcom County
Unintentional injury death rate per 100,000	2012-2016	↔	28.48
Coronary heart disease death rate per 100,000	2012-2016	↔	77.39
Lung cancer death rate per 100,000	2012-2016	↔	37.05
Stroke death rate per 100,000	2012-2016	↔	37.17
Suicide death rate per 100,000	2012-2016	↔	14.49
Motor vehicle traffic death rate per 100,000	2012-2016	↔	6.58
Alcohol-related death rate per 100,000	2012-2016	↔	14.02
Drug-related death rate per 100,000	2012-2016	↔	12.54
Opioid-related death rate per 100,000	2012-2016	↔	6.45
Alcohol- or Drug-Related Deaths per 100*	2016	-	12.67
Quality of Life	Year	Ferndale	Whatcom County
Infant low birth weight	2012-2016	↔	5.51%
Adults with depression	2016	-	22.6%
Adults reporting ≥14 days per month of poor mental health	2016	-	13.4%
10th grade students reporting depression (in the last 12 months)	2016	-	32.6%
10th grade students seriously considering suicide (in the last 12 months)	2016	-	18.1%
Leading Causes of Death (rate per 100,000)	Year	Ferndale	Whatcom County
Major cardiovascular diseases	2012-2016	↔	185.81
Malignant neoplasms (Cancer)	2012-2016	↔	154.58
Alzheimer's disease	2012-2016	↔	48.49
Chronic lower respiratory diseases	2012-2016	↔	34.01
Accidents	2012-2016	↔	28.48
Diabetes mellitus	2012-2016	↔	20.27
Intentional self-harm (suicide)	2012-2016	↔	14.49
Chronic liver disease and cirrhosis	2012-2016	↔	9.43
Parkinson's disease	2012-2016	↔	9.44
Influenza and pneumonia	2012-2016	↔	9.17

Social & Economic

Social and economic determinants of health include conditions such as poverty, employment, and educational achievement. It is widely acknowledged in public health that these factors affect long-term health both directly and indirectly, through influences on health behaviors, access to resources, and the ability to participate in society.

Community Safety & Violence	Year	Ferndale	Whatcom County
Victims of child abuse and neglect per 1,000*	2016	59.7*	50.9
Domestic violence offenses per 1,000*	2016	7.94*	6.39
Jail incarceration rates per 100,000 (ages 15-64)	2014	-	276.3
Education	Year	Ferndale	Whatcom County
Children who demonstrate readiness skills for kindergarten in all areas*	2016	31.79%*	47.82%
On-time graduation rate*	2016	74.8%*	76.6%
Postsecondary enrollment*	2015	63.4%*	59.3%
Adults ages 18-24 enrolled in college or graduate school	2012-2016	↔	58.1%
Housing Security	Year	Ferndale	Whatcom County
Number of homeless public school students	2015-2016	150	981
All cost burdened households (<i>Housing cost is > 30% of income</i>)	2011-2015	-	37.77%
Homeowner vacancy rate	2012-2016	↔	1.4%
Rental vacancy rate	2012-2016	↔	3.6%
Severe housing problems (<i>1 or more of the following: overcrowding, high housing costs, lack of kitchen or plumbing</i>)	2009-2013	-	21.0%
Income & Poverty	Year	Ferndale	Whatcom County
Median Household Income	2012-2016	\$60,582	\$54,212
Population living below the poverty level	2012-2016	↔	16.0%
Population 18 and under living below poverty level	2012-2016	↔	15.3%
Children eligible for free-reduced lunch per 100 students*	2016-2017	45.2%*	42.8%
Supplemental Nutritional Assistance Program (SNAP)*	2016	22.01%*	17.73%
Temporary Assistance to Needy Families (TANF), per 100 Child Recipients*	2016	4.89*	5.05
Gini Index (<i>income inequality score ranging from 0-perfect to 1-inequality</i>)	2012-2016	0.4085	.4507
Unemployment	Year	Ferndale	Whatcom County
Unemployment rate	2012-2016	↔	7.7%
Social Isolation	Year	Ferndale	Whatcom County
Population 65+ living alone	2012-2016	↔	11.5%
Population that speaks English less than 'very well'	2012-2016	↔	4.7%

Community Views

What we heard...

Education

- **Non-white students are attending high school at lower rates.** Community members wonder about the reasons for this and the school board is focusing on defining and achieving equity in educational outcomes.
- **Community members report that school districts are proactive in getting services, supports and scholarships to students in need.** Additionally in Ferndale, low rates of kindergarten readiness have spurred a focus on early learning.
- **Residents expressed a need for additional school staff training** to ensure that students feel safe at school during a developmental period when they are forming their identity. Residents stress that schools need to feel open and affirming.
- **Early childhood education** opportunities are lacking in terms of availability, affordability, quality and scheduling flexibility. All of these hurdles are experienced more acutely by families of children with special care needs. This childcare gap negatively impacts parents' ability to work and student educational readiness.

Social Support

- **Residents reported community members valuing helping one another,** and that their small size contributed to this sense of community. In Ferndale specifically there is a sense that one person can make a difference, and that roots and friendships are deep in the community.
- **There are negative stigmas in small communities about reaching out for help,** which may deter individuals from getting help they need.
- **There are differences in social and extracurricular curricular activities within communities,** while some residents point to sports and scouting activities, others don't feel there are opportunities for children to be active or involved in their community.
- **Communities point to community events such as the Ferndale Pioneer Days as positively contributing to community** but also may exclude many residents.

Physical Environment

The physical environment includes both the natural environment (water, air, land) and the built environment (buildings, roads, parks, and other infrastructure). Having access to clean water, clean air, and preventing exposure to environmental toxins are foundational to good health. The built environment influences health by providing or limiting opportunities for healthy living, including access to safe areas to be physically active, access to nutritious foods and safe access to work.

Water & Air Quality	Year	Ferndale	Whatcom County
Population served by Community Water Systems (CWS) as sources of drinking water	2016	-	78%
Built Environment	Year	Ferndale	Whatcom County
Adequate access to locations for physical activity	2010 & 2014	-	87%
Population living within a half a mile of a park	2015	-	53%
Commute	Year	Ferndale	Whatcom County
Driving alone to work	2012-2016	84.6%	74.0%
Commuters biking to work	2012-2016	0.2%	1.5%
Commuters walking to work	2012-2016	1.8%	4.8%

Community Views

What we heard...

Built Environment

- **Community members report experiencing lack of food availability, or food deserts.** This makes getting healthy food challenging and some residents are only able to go grocery shopping once or twice per month.

Transportation

- **There are gaps in public transportation,** including inability to do same day medical non-emergency transportation, causing people to delay medical needs until it is an emergency. Lack of early morning coverage is problematic for medical appointments and travelling outside of Whatcom County. At the same time, residents appreciate hourly service seven days per week in some areas.

Natural Environment

- **Many residents site the natural beauty throughout Whatcom County as a major asset and positive contributor to their health.**

Health Behaviors

Behaviors such as exercising, eating healthfully, using substances, or getting vaccines are important factors that directly relate to health outcomes. Many public health and health care interventions focus on changing individual behaviors, and data about personal health behaviors can provide cues for developing effective interventions to promote healthy behavior choices.

Alcohol & Drug Use	Year	Ferndale	Whatcom County
Opiate treatment admissions per 100,000	2013-2015	-	349.8
10th grade students who reported drinking and driving (in the last 30 days)	2016	-	4.1%
Binge drinking among 10th grade students (in the last 30 days)	2016	-	9.0%
Marijuana use among 10th grade students (in the last 30 days)	2016	-	16.3%
Clients of State-Funded Alcohol or Drug Services (Age 18+) per 1,000*	2012-2016	34.23*	15.07
Immunizations	Year	Ferndale	Whatcom County
Personal vaccination exemption rate among kindergarten students	2016-2017	-	7.1%
Nutrition & Physical Activity	Year	Ferndale	Whatcom County
10th grade students eating ≥5 fruits and vegetables per day	2016	-	19.1%
Adults who met aerobic physical activity guidelines	2015	-	62.6%
10th grade students who met aerobic physical activity guidelines	2016	-	22.2%
Sexual Health	Year	Ferndale	Whatcom County
Birth rate per 1,000 population	2012-2016	12.45	11.01
Births to School-Age (10-17) Mothers rate per 1,000	2016	↔	2.54
Chlamydia incidence rate per 100,000	2016	-	325.5
Gonorrhea incidence rate per 100,000	2016	-	47.9
Tobacco Use	Year	Ferndale	Whatcom County
Births where the mother smoked during pregnancy	2012-2016	12.45%	8.87%

Community Views

What we heard...

Nutrition & Physical Activity

- **Nutrition education** is seen as a need by community members.

Mental Health

- **Increased youth anxiety and depression for all students at all ages** are being noticed by families, school and faith-based communities. Social media use is noticed as a driver of anxiety.
- **Community members are concerned about teens considering suicide** and wonder if they are getting the support they need.

Health Care

Access to quality health care is important to maintaining good health. The supply and accessibility of medical facilities and providers, having health insurance, cultural sensitivity in care, and limitations in insurance coverage all affect health.

Access to Care	Year	Ferndale	Whatcom County
First trimester prenatal care	2012-2016	↔	79.94%
Children and youth (≤ 18 years) without health insurance	2012-2016	↔	5.3%
Adults (18-64 years) without health insurance	2012-2016	↔	13.6%

Community Views

What we heard...

Access to Care

- **Residents see the need for additional health care services** in the area, particularly as the population increases.
- **The Lummi Nation provides a range of health care services to support tribal members**, including medical and dental care, preventative care, behavioral and mental health, and family and youth services.

For additional information on this report and other community health assessments go to: <http://www.whatcomcounty.us/2929/Community-Health-Assessment>

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