

Bellingham

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 Bellingham 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.



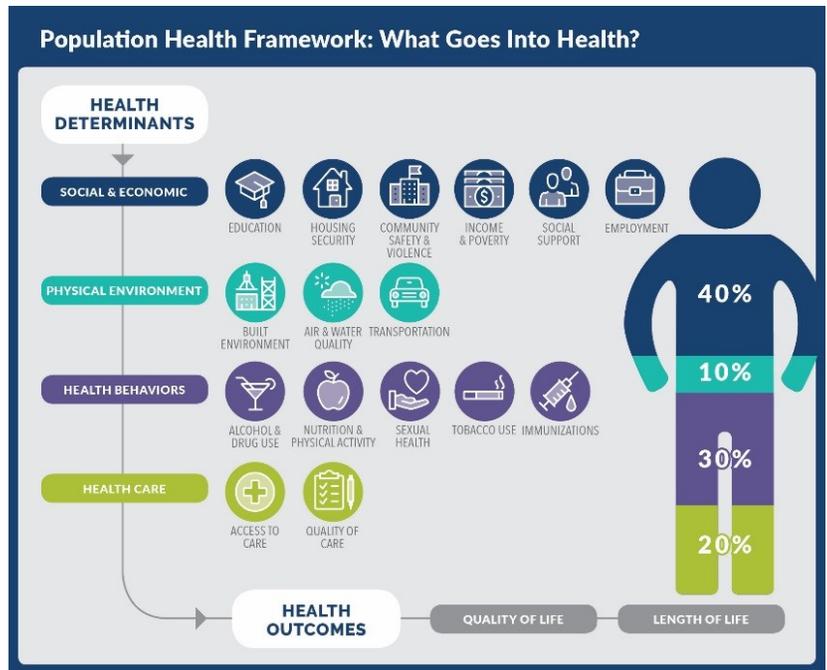
Whatcom County
HEALTH
Department



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>



Bellingham Area Overview

The Bellingham Community Health Snapshot includes data and information for the city of Bellingham, the county's most urban community. The Marietta-Alderwood and Sudden Valley areas are included in the Bellingham School District. This includes over half of the Whatcom County total population. The city of Bellingham is located in southwestern Whatcom County along the shores of Bellingham Bay, south of Ferndale and Meridian, and west of the Mt. Baker area.



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 Bellingham area compared with Whatcom County.

How to Read the Data Tables

Type of Indicators	Year	Bellingham	Whatcom County
Bellingham data is <u>not statistically</u> different than Whatcom County	2016	↔	28.48
Data is not available for Bellingham	2016	-	80.85
Bellingham data is statistically better than Whatcom County	2016	59.63	77.39
Bellingham data is statistically worse than Whatcom County	2012-2016	19.50%	16.0%
Bellingham 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%

Bellingham 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	Bellingham	Whatcom County
Total Population (2017)	114,289	221,404
City of Bellingham (2017)	89,044	
Marietta-Alderwood (2012-2016)	4,492	
Sudden Valley (2012-2016)	6,818	
Age Distribution, 2012-2016	Bellingham	Whatcom County
Median Age	33.1	36.8
Under 5 years	4.7%	5.5%
5 to 14 years	9.4%	11.1%
15 to 24 years	23.7%	18.2%
25 to 44 years	26.0%	24.5%
45 to 64 years	22.0%	25.5%
65+	14.2%	15.5%
Gender, 2012-2016	Bellingham	Whatcom County
Female	50.4%	50.5%
Male	49.6%	49.5%

Race and Ethnicity	Bellingham, 2012-2016	Bellingham School District Students, 2015-2016	Whatcom County
African American/Black	1.1%	1.5%	0.9%
American Indian/Alaska Native	1.5%	1.1%	2.7%
Asian	5.2%	5.6%	4.0%
Native Hawaiian/Pacific Islander	0.3%	0.4%	0.3%
White/Caucasian	80.4%	68.0%	80.1%
Spanish, Hispanic, or Latino Ethnicity (any race)	8.0%	15.9%	8.8%
Two or more races	3.4%	7.5%	3.0%

Households, 2012-2016	Bellingham	Whatcom County
Number of Households	42,143	81,019
Households with Children (Under 18)	23.1%	27.3%
Speak a Language Other than English- Total	12.3%	12.4%
Veterans Population	6.8%	8.2%
Population with a disability	13.1%	13.6%

Community Views

What we heard...

- **Bellingham has a larger percentage of young adults** due to the presence of the university, community college, and technical college.
- **Whatcom County is experiencing a demographic shift toward younger generations that are more racially and ethnically diverse.** This “racial generation gap” creates the potential for residents to feel disconnected from their community and government services.
- **Community members report that it’s harder for people of color to get jobs and housing,** and without addressing this disparity, marginalization and racism remain present within our communities.

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	Bellingham	Whatcom County
Life expectancy at birth (years)	2016	-	80.85
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	28.36	37.05
Stroke death rate per 100,000	2012-2016	28.31	37.17
Suicide death rate per 100,000	2012-2016	↔	14.49
Motor vehicle traffic death rate per 100,000	2012-2016	2.29	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
Quality of Life	Year	Bellingham	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	Bellingham	Whatcom County
Major cardiovascular diseases	2012-2016	↔	185.81
Malignant neoplasms	2012-2016	116.67	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	Bellingham	Whatcom County
Victims of child abuse and neglect per 1,000*	2016	51.5*	50.9
Domestic violence offenses per 1,000*	2016	5.9*	6.39
Jail incarceration rates per 100,000 (ages 15-64)	2014	-	276.3
Education	Year	Bellingham	Whatcom County
Children who demonstrate readiness skills for kindergarten in all areas*	2016	59.54%*	47.82%
On-time graduation rate*	2016	82.6%*	76.6%
Postsecondary school enrollment*	2015	72.1%*	59.3%
Adults ages 18-24 enrolled in college or graduate school	2012-2016	↔	58.1%
Housing Security	Year	Bellingham	Whatcom County
Number of homeless public school students	2015-2016	559	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	Bellingham	Whatcom County
Median Household Income	2012-2016	\$50,732	\$54,212
Population living below the poverty level	2012-2016	19.50%	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	35.3%*	42.8%
Supplemental Nutritional Assistance Program (SNAP)*	2016	16.59%*	17.73%
Temporary Assistance to Needy Families (TANF), per 100 Child Recipients*	2016	5.87*	5.05
Gini Index (<i>income inequality score ranging from 0-perfect to 1-inequality</i>)	2012-2016	↔	.4507
Unemployment	Year	Bellingham	Whatcom County
Unemployment rate	2012-2016	↔	7.7%
Social Isolation	Year	Bellingham	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

- **School nurses are finding many students lack basic needs** including consistent meals and housing security that is impacting their ability to sleep at night and learn during the school day. Schools vary in terms of need, but there are pockets of extreme poverty impacting all of our schools.
- **School administrators, service providers, and residents see that race, sexual orientation, and English language proficiency all impact student success** and there is a need to address these issues and provide support for staff and students to improve equity.
- **Racism in education continues to present in our communities** as children of color are more often labeled as needing special education or behavioral interventions, which can chip away at their academic success. Non-white students are attending high school at lower rates.
- **Quality childcare and early childhood education** have impacts on family income, stress, and future educational attainment. Residents expressed that affordability, availability, quality of childcare and early childhood education, as well as staff training and compensation, are problems in their community. All of these hurdles are experienced more acutely by families of children with special care needs.

Housing Security

- **Housing affordability, availability, quality, and homelessness** are concerns voiced by community residents. Affordability is straining family resources, and residents see the negative impact of homeless on individuals, families and the community as a whole.
- **Community members report that housing affordability and isolation impact sense of community**, and residents moving to farther parts of the county for less expensive housing can result in social isolation.

Income & Poverty

- **Community members stressed the relationship of access to jobs with housing, food, and basic needs**, impressing the stress of poverty as a root cause of health issues.
- School nurses report housing insecurity and basic needs being at the forefront of their work rather than medical concerns.

Social Support

- **Bellingham residents consider community facilities, groups, and events** as assets to improving community health and creating strong communities. Residents expressed valuing such resources as community libraries, the food bank, Meals on Wheels, senior center meals and activities, and youth supported by Boys and Girls clubs and the YMCA. Positive events include Bellingham's Ski to Sea, Friday art walks, summer music nights, and many others.
- **In Bellingham, neighborhoods create social networks and fabric within the city** and help some community members find a sense of place and safety.
- **Community members report a lack of support for parents with youth transitioning between elementary and middle school** during an important time in adolescent development.

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	Bellingham	Whatcom County
Population served by Community Water Systems (CWS) as sources of drinking water	2016	-	78%
Built Environment	Year	Bellingham	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	Bellingham	Whatcom County
Driving alone to work	2012-2016	65.8%	74.0%
Commuters biking to work	2012-2016	2.7%	1.5%
Commuters walking to work	2012-2016	6.9%	4.8%

Community Views

What we heard...

Built Environment

- **Urban planning in some areas within Bellingham has supported the development of walk and bike friendly areas** promoting physical activity and enjoyment of the natural environment. Residents report that greenspaces are well used and that outdoor recreation is part of the culture of the community.
- **Community members desire urban planning that is supportive of health** to promote access to food, walkable areas, parks and natural spaces, and a sense of safety in all of our communities and neighborhoods. Additionally, some community members expressed concern for a built environment that seems to be counter to promoting health, such as pawn shops, alcohol outlets, marijuana dispensaries, and vape shops.
- **Community members report many areas of the community experience lack of food availability or food deserts.** This makes getting healthy food challenging.

Natural Environment

- **The natural environment and beauty is** regularly cited as a community asset, a positive contributor to their health, and that local farmers in Whatcom County are a healthy source of food for many residents.

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	Bellingham	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	12.45*	15.07
Immunizations	Year	Bellingham	Whatcom County
Personal vaccination exemption rate among kindergarten students	2016-2017	7.5%	7.1%
Nutrition & Physical Activity	Year	Bellingham	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	Bellingham	Whatcom County
Birth rate per 1,000 population	2012-2016	9.49	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	Bellingham	Whatcom County
Births where the mother smoked during pregnancy	2012-2016	↔	8.87%

Community Views

What we heard...

Alcohol & Drug Use

- **Alcohol and drug use, including opioids and heroin, is a big problem** in urban and rural parts of the county, and are perceived to be intertwined with issues of depression and hopelessness, and also contributing to theft and community safety issues.
- **Some community members voiced concern about Bellingham's drinking culture and the growing number of breweries, whereas others expressed an appreciation for the potential to model healthy relationships with alcohol.**

Nutrition & Physical Activity

- **Residents report that good food is expensive** and that many community members don't have the resources to buy it.

Tobacco Use

- **Community members are concerned about e-cigarettes and vaping,** both the high rate of use and availability.

Mental & Behavioral Health

- **High rates of youth depression and suicide contemplation** are a concern for residents and being noticed by school nurses and other service providers. Professionals working in school settings find that this issue is often more acute for youth who are bullied and/or identify as LGBTQ.

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	Bellingham	Whatcom County
First trimester prenatal care	2012-2016	↔	79.9%
Children and youth (≤ 18 years) without health insurance	2012-2016	↔	5.3%
Adults (18-64 years) without health insurance	2012-2016	11.6%	13.6%

Community Views

What we heard...

Access to Care

- **School nursing staff is limited and stretched thin.**
- **Specialty health care needs often cannot be addressed in Whatcom County**, and transportation to Seattle is a challenge. Catholic Community Services has been utilizing telehealth to address this issue.

Quality of Care

- **Residents find that mental health services are insufficient** to address problems related to depression, anxiety, and suicidality in youth and adults and prevent problems related to substance use.

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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