2024

Lewis County Family Health Report

LEWIS COUNTY
Washington's First County
est. 1843

Public Health & Social Services

For questions, please contact the Community Servies Division of Lewis County Public Health & Social Services.

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EXECUTIVE SUMMARY
2024 Lewis County Family Health Needs Assessment

The 2024 Lewis County Family Health Needs Assessment aimed to understand community needs, uncover gaps in services, and highlight community strengths. Assessment results will support Lewis County Public Health & Social Services and community partners in prioritizing health projects, informing policy makers, and advocating for funding.

Data sources included:
- o **111 Surveys**
- o **27 Key Informant Interviews**
- o **Existing Quantitative Data**
- o **Data from Past Needs Assessment Reports**
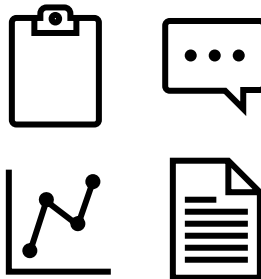
Key Health Priorities

Lewis County residents and providers serving Lewis County who participated in the needs assessment process shared key health priorities for a healthy Lewis County.

Developmental Services   **Behavioral/Mental Health**   **Housing/Financial Security**

Childcare   **Food Security**   **A Healthy Lewis County**
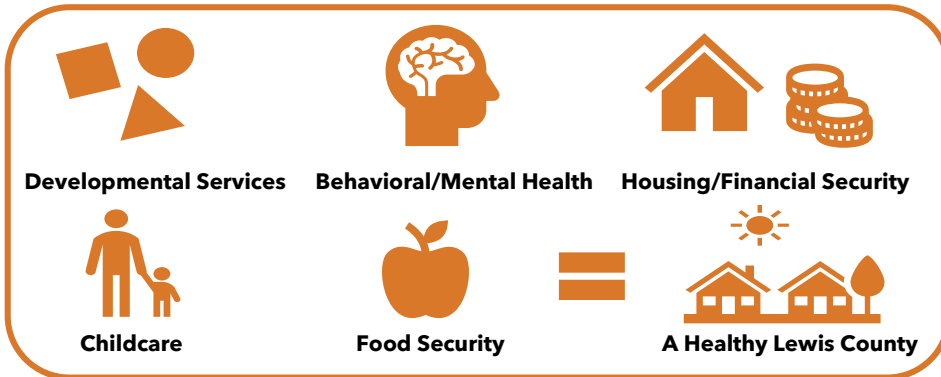
For more information, contact communityservicesdivision@lewiscountywa.gov.

LETTER TO THE COMMUNITY

The efforts behind the 2024 Lewis County Family Health Survey were initiated by the requirements of the Maternal Child Health Block Grant, which is a grant that funds state and local activities to improve the health of women, infants, children, youth, and their families. These are federal funds that the state applies for, and then allocates to local health jurisdictions, such as Lewis County Public Health and Social Services. The funds that we receive go towards local programs such as Children and Youth with Special Health Care Needs and Nurse Family Partnership.

The primary goal of the 2024 Lewis County Family Health Survey was to assess and gain an understanding of the health needs of families in our community so that we can work together with community members, community partners such as healthcare providers and service organizations, and with policy makers, to improve our overall health and well-being. We are striving for an ongoing relationship and conversation with the community as we work towards better health outcomes.

We have done our best to ensure this report contains the best information possible. However, we want to highlight a few limitations. Results should be considered with care and in context. Not all needs were captured. Sociodemographic information (ex. income or insurance status) was not collected on the survey so there was no way, or very limited ability, to assess how this may have impacted how someone responded. While important to our community, other populations, such as seniors, were not the focus of this assessment. In addition, while we worked hard to get broad participation, the results of the survey and key informant interviews reflect the perspectives of the people who participated.

For all of you who took the time to share your experiences and perspectives and who are reading this report, we thank you and look forward to continuing working with you all.

Thank you,
Lewis County Public Health and Social Services

METHODS

Survey Design and Distribution

Five areas of health/groups complementing the Maternal Child Health Block Grant Focus of Work guidance were used to structure survey design of the Lewis County Public Health and Social Services (LCPHSS) 2024 Family Health Survey; these groups included:

 1) children and youth with special health care needs (CYSHCN),

 2) pregnant or people of childbearing age and their partners,

 3) perinatal-infants,

 4) children, and

 5) adolescents and youth adults.

For each of these groups, questions were organized into sections of need. Topics included: pregnancy related health, post-partum support, insurance coverage specific to special healthcare needs, breastfeeding/nutrition, access to care, social/emotional, and environmental issues.

Respondents were asked to prioritize relevant topics for themselves as well as for their community; ranking was done on a three-point scale with high, medium, low, and not applicable (NA). Survey respondents were also asked to provide demographic information such as age, gender, zip code, and to respond to questions related to overall health, food access, and mental and behavioral health. Prior to answering questions related to the five areas of health, participants were asked if they were "parents of …" (e.g., parents of a child or youth with special health care needs) and/or "professionals working with …" (e.g., professionals working with children or youth with special health care needs). If participants responded "no" to both questions, they were not asked to complete the section, to reduce survey fatigue. See Appendix A for the survey instrument.

The survey was conducted May 1, 2024 through June 30, 2024. Surveys were offered electronically through Sogolytics, and in paper form; surveys were offered in English and Spanish. To reach potential participants, fliers advertising the assessment were shared through press releases, social media, email list, in-person distribution to partners such as healthcare facilities, businesses, and daycare facilities, and through tabling opportunities at local events.

The self-administered survey was shared throughout the community using a variety of channels. The flyer, designed for both physical display and digital circulation, contained information about the survey, a QR code to the survey, contact information, and a link to the county webpage. The paper survey provided a self-paced opportunity for the individual to

complete and could be returned to the location of receival for pick up at a designated date. This multimodal approach enabled the survey to reach participants via social media, email, community postings, and distribution by local providers and institutions.

To effectively engage our target population, community partners in contact with families (i.e., schools, healthcare clinics, daycares, etc.) were contacted through phone calls and emails to assist in distributing the surveys. Those reached by phone received a comprehensive overview of the study and were encouraged to prominently display or distribute the flyer within their offices and communal spaces. They were also provided with paper surveys to distribute according to their preferences or policies. Materials were delivered to these organizations, with follow-up calls made to ensure that supplies were adequately stocked and collected upon completion. For organizations contacted via email, a similar educational approach was adopted, with PDFs of all relevant documents attached for printing. Recipients were invited to reach out if they preferred physical documents. Because these organizations disseminated materials in alignment with their preferences or policies, the surveys were accessed by individuals associated with their establishments through newsletters, emails, social media, physical copies, and displays in communal areas, allowing for distribution throughout the community on a variety of platforms to reach the broadest audience.

Survey Participants

There were 111 surveys completed by participants from 15 zip codes across Lewis County. Age of respondents ranged from 18-69 with about 70% aged between 30 and 49 (Table 1).

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Table 1. LCPHSS Family Health Survey participant demographics, 2024.

Group Affiliation	Count	Percent of total unique responses
Parent/guardian	89	80%
Pregnant or of childbearing age	19	17%
Healthcare/allied care/community service provider	22	20%
Childcare/education (K-12) provider	12	11%
Total unique responses	111	
Total responses	145	
Age		
18-29	18	16%
30-39	37	33%
40-49	40	36%
50+	16	14%
Total responses	111	
Gender		
Male	10	9%
Female	100	90%
Something else fits me better	2	2%
Total unique responses	111	
Total responses	112	
Community Identification		
(Did not answer)	70	63%
LGBTQ+ community	9	8%
Hispanic/Latinx community	16	14%
Tribal/BIPOC/other community	21	19%
Total unique reponses	111	
Total responses	116	

Note Total surveys completed = 111; total responses may add to more than total unique responses as respondents may have selected more than one option.

Survey Analysis

Surveys that were completed on paper were entered into Sogolytics, a survey management platform, for data extraction. IBM SPSS Statistics 28.0.1 and Microsoft Excel were used to clean and analyze the quantifiable data. Descriptive analyses and stratification were conducted on the quantifiable data. Thematic analysis was completed on open-ended

questions using Dedoose, a qualitative data program. See Appendix B for the survey code definitions. To ensure understanding and accuracy of the data, 'Priority for yourself' included individuals who identified as a parent/guardian or partner of that group; 'Priority for your community' included parent/guardian or partner and/or people who worked with that group. The possible influence of professionals' responses on the 'Priority for your community,' was examined by separating professionals and parents. The survey analysis was completed by examining the data by survey groups, identities, and zip codes. Zip codes were broken down into 98532 (Chehalis) combined with 98531 (Centralia) and all other zip codes. This was done due to the approximation of zip codes to the interstate and central location of health-related places. Only a slight difference was seen when looking at the difference in health-related priorities when data was separated by zip codes. Data was stratified by community identification (LGBTQ+, BIPOC, Hispanic/Latin, and Tribal), however no major differences were seen between groups and the numbers between groups were not large enough to justify comparisons in analyses. Detailed data tables are available in Appendix C.

Key Informant Interviews

Twenty-seven interviews from community service providers serving youth and families across Lewis County were collected in-person, over the phone, or by email. Interviews were conducted with at least two people from each of these groups:

- parents and/or guardians,
- parents/guardians/advocates of persons with special health care needs,
- LGBTQ+ community members (parents and children),
- BIPOC community members,
- community-based organizations,
- healthcare providers working with families, and
- childcare providers.

Key informant interview questions included those about what families need to live their fullest lives, the biggest unmet needs in the community, how COVID-19 impacted the community, and what public health and government have missed. A full list of key informant questions is available in Appendix A. For most of the phone or in-person interviews, handwritten notes were taken and typed. One focus group, with multiple interviewees was conducted and included as a single interview during analysis.

Key Informant Analysis

Dedoose, was used to analyze interview responses through a thematic analysis and a mix of inductive and deductive coding. Codes were used to identify common themes across the interviews, such as the biggest family needs in the community. See Appendix B for the key informant code definitions. Two staff members reviewed the transcripts and came to a consensus on which codes to apply. In analyzing the results, "code presence" (i.e., the number of interviews in which the code appeared) was used, rather than "code application" (i.e., the number of times the code appeared). This choice was made to prevent the potential for a small number of interviews mentioning a code many times from skewing the results. Detailed data tables are available in Appendix C.

Community Data Review Sessions

In July 2024, two community data review sessions were held via Zoom to present preliminary findings and allow community members to share feedback. To accommodate attendees' schedules, two identical presentations were offered - one during lunch and another in the evening. This review was free and open to all members of the public. A flyer, designed for both display and digital circulation, contained information about the presentation and access link with QR code option (see Appendix A). The mailing list for survey distribution and informant interviews was utilized to share the invitation and recipients were encouraged to display and share the flyer with the community. Additionally, social media and the Lewis County website were utilized to circulate the invitation throughout the county.

The presentation was delivered using PowerPoint, highlighting preliminary insights from both the survey and informant interviews. Attendees received a comprehensive overview of the assessment and were invited to participate in an optional Q&A session following the presentation. Both qualitative and quantitative data were shared in various formats, all clearly explained to accommodate varying levels of experience and familiarity. Visual aids, including pie charts, bar graphs, and a bubble chart, were utilized to illustrate findings, alongside relevant illustrations, and direct quotes. For the Q&A session, prompt questions were posed, such as inquiring about any surprising aspects of the preliminary findings or whether attendees felt that the findings aligned with the community's needs (see Appendix A).

LEWIS COUNTY DEMOGRAPHIC OVERVIEW

Population Distribution by Age

Lewis County, WA, is comprised of an estimated 82,663 residents (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023) (Figure 1). Nearly a quarter of residents in Lewis County are under the age of 18. With 29% of the population being people over the age of 60, Lewis County has an older population compared to Washington State's 23%. For every one male there is one female in Lewis County which is similar to Washington State.

Age	Male	Female
85 years and over	795	1021
80-84 years	847	1031
75-79 years	1443	1692
70-74 years	2377	2414
65-69 years	2903	2816
60-64 years	2917	3526
55-59 years	3004	2571
50-54 years	2540	2431
45-49 years	2353	2249
40-44 years	2194	2280
35-39 years	2791	2555
30-34 years	2617	2488
25-29 years	2528	2351
20-24 years	2277	2050
15-19 years	2684	2217
10-14 years	2616	2561
5-9 years	2522	2283
Under 5 years	2488	2233

Figure 1: Population estimates by age and sex, Lewis County, WA, 2022.
Source U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023.

Race/Ethnicity

Lewis County is comprised primarily of individuals identifying as White 85% (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023). While other races amount for less than 15% of the population (Table 2). Hispanics or Latinos (of any race) represents 11% of the population in Lewis County.

Table 2. Population estimates by race/ethnicity in Lewis County, WA, 2022.

Race/ethnicity	Estimate	Percent
Not Hispanic or Latino:		
White alone	67,101	81.2%
Black or African American alone	429	0.5%
American Indian and Alaska Native alone	502	0.6%
Asian alone	844	1.0%
Native Hawaiian and Other Pacific Islander alone	163	0.2%
Some other race alone	299	0.4%
Two or more races	4,105	5.0%
Hispanic or Latino (of any race)	9,220	11.2%

Note Uses most recent ACS 5-year estimates for 2022
Source U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023.

Education

Almost 90% of Lewis County residents aged 25 and older have a high school education (Figure 2), which is lower than the State of Washington (92%; U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023). Educational attainment is disproportionate in Lewis County. While 91% of White non-Hispanic residents have a high school diploma or higher, only 64% of Hispanic/Latino residents have attained this level of education. Education attainment impacts health factors such as employment. The Lewis County unemployment rate amongst residents aged 16 and older is 6%, which is higher than Washington State's estimated 5%. The unemployment rate for residents ages 25-64 with less than a high school diploma nearly double (10 %) as compared to those with a high school diploma (6%) (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2022).

Category	Percent
Graduate or professional degree	7.0%
Bachelor's degree	12.8%
Associate's degree	12.2%
Some college, no degree	27.2%
High school diploma or higher	89.5%

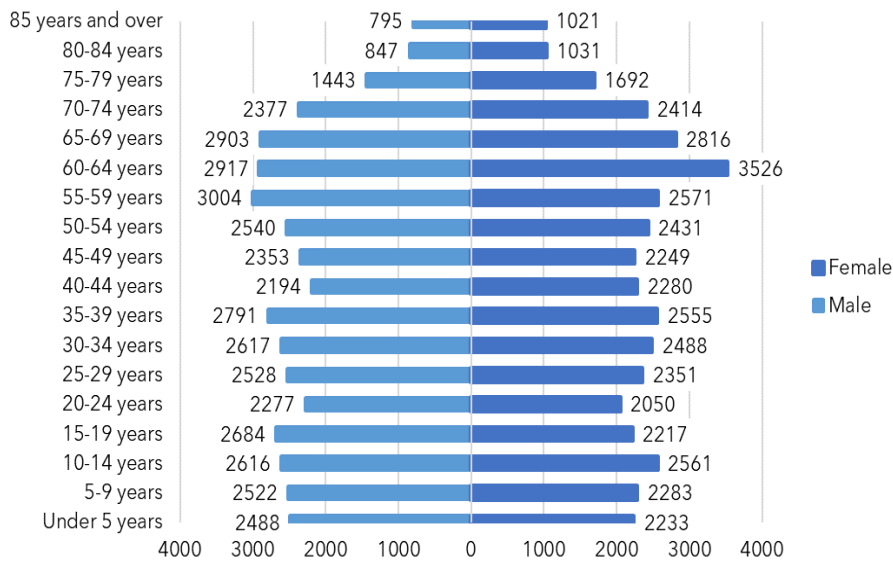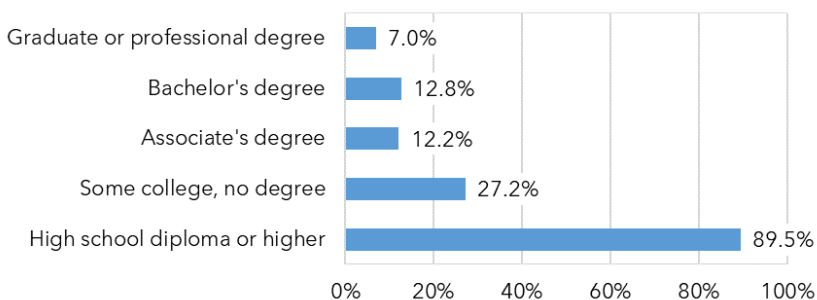*Figure 2. Education attainment estimates amongst residents aged 25 and older, Lewis County, WA, 2022.*
Source U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023.

RESULTS

A person's quality of life is impacted by areas related to both physical and psychological health, relationships, work, and money, among others (Jones & Drummond, 2021). During the survey and key informant interviews, numerous topics emerged as priorities and were thoroughly discussed regarding what families require to be healthy and thrive. Results are grouped by topic area and include needs related to social/emotional needs, employment/housing, and access to care/services and healthy foods.

Housing and Safety

In Lewis County, there are 31,511 households consisting of 20,935 families (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023). Housing plays a crucial role in health. Nearly 25% of households have people under the age of 18. Between 2021 and 2022, Lewis County renters experienced a 9% increase in rent while the median cost of homes increased by 17%. The increase in home prices and rent has led to an increase in housing cost burdens. Individuals are considered burdened by housing costs if they spend 30 percent or more of their income on housing expenses. In Lewis County, 29% of households experience housing cost burdens, this number is even higher for renters (45%).

Housing came up frequently during key informant interviews. Sixty-seven (67%) of key informants cited housing as one the community's biggest unmet needs. Providers used words like "safe" and "affordable" in describing the need. Safe and stable housing allows a person the opportunity to care for themselves physically and mentally, without having to worry about health and safety concerns imposed on them by their housing situation. Substandard and dangerous conditions related to housing can include insufficient structural integrity and occupant exposure to the weather, and plumbing/sanitation defects (RCW 59.18.115). In addition to structural considerations, domestic violence and untreated mental/behavioral health concerns are social/emotional factors that play a role in the safety and stability of a family's housing situation. While respondents ranked intimate partner violence as a high priority for their community, most respondents ranked it as a more moderate priority for themselves (Table 4). A 2016/2017 survey found that half of all women in Washington State (55%) had experienced some form of intimate partner violence at least once in their lives (Smith et. al, 2023).

Table 3. Priority of intimate partner violence, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, Childbearing Age	36%	10%	28%	26%	39	60%	29%	10%	2%	42
Adolescents and YA	23%	23%	23%	33%	40	51%	40%	9%	0%	43

Note Other areas of health/groups were not asked to prioritize intimate partner violence.
Source LCPHSS Lewis County Family Health Survey, 2024.

When surveyed about a family's environmental needs and priorities, safe sleep practices, safe neighborhoods/living conditions, safe streets near schools/parks/recreation, and safe driving were all ranked highly (Table 3). Twenty percent (20%) of survey respondents mentioned safe outdoor spaces, such as parks, as something that helps them be healthy.

Table 4. High-priority areas of need related to environmental health factors, Lewis County, WA, 2024.

Infants	Percent ranking high priority for …			
	… yourself	Total	… your community	Total
Safe sleep practices	57%	*	64%	11

Children 1-9	Percent ranking high priority for …			
	… yourself	Total	… your community	Total
Safety of neighborhood/living conditions	81%	52	70%	54
Adequate physical activity	58%	50	54%	52
Safe streets near schools/parks/recreation	79%	52	70%	53

Adolescents and young adults	Percent ranking high priority for …			
	… yourself	Total	… your community	Total
Safe driving	57%	42	55%	47

* Indicates that the total participation for this question was less than 10 respondents.
Source LCPHSS Lewis County Family Health Survey, 2024.

Employment and Financial Security

The estimated median family income in Lewis County is $67,247 which is 30% lower than the state (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023). While 12% of individuals in Lewis County are living in poverty, 15% of children live in poverty. According to the County Health Rankings (2023), in Lewis County, 59% of children in public schools are eligible for free or reduced lunch.

A stable income that can pay for a family's necessities was significant huge unmet need, especially among rural communities. When survey respondents were asked 'What keeps you from being healthy?', nearly a quarter of people (23%) talked about prices and financial concerns, like financial stress, inflation, the high cost of groceries, health care, or for a gym membership. Fifty-six percent (56%) of key informants also talked about financial challenges affecting families they serve. Insufficient wages and the rising cost of food, groceries, housing, and other necessities were common topics related to struggle for financial security. "The price of goods and services . . . continues to increase at a rate that is far from being matched by most salaries and paychecks of the local population," one provider said.

Recent data suggests that almost a third (31%) of households in Lewis County residents don't make enough money to meet their basic needs

*Almost a third (31%) of households in Lewis County **don't make enough money** to meet their basic needs (Kucklick et al., 2023).*

(Kucklick et al., 2023). This number was calculated based on the Washington State Self-Sufficiency Standard, which is the amount of income required for working families to meet basic needs at a "minimally adequate level" without public benefits. The Washington State Self-Sufficiency Standard factors in cost of living, number of kids, and doesn't include money for entertainment. A single parent with two kids in Lewis County would need to make $48.29 per hour or approximately $100,000 per year to cover basic household expenses (County Health Ranking, 2023).

In addition to having adequate employment and an income that can cover basic needs, family leave policies have a great impact on family health – financially and socially/emotionally. Pregnant and childbearing aged survey respondents were asked to rank access to adequate employment; 69% of respondents ranked access to adequate employment as a high priority for themselves and 76% ranked it a high priority for their community. Survey respondents across all health areas/groups ranked family leave policies as a relatively high priority for themselves and for their community (Table 5). The survey did not assess knowledge or impact of Washington State's Paid Family & Medical Leave program, which provides between 12-18 weeks of paid leave for qualifying events.

Table 5. Priority of family leave policies, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, Childbearing Age	59%	15%	21%	5%	39	62%	17%	19%	2%	42
CYSHCN	75%	0%	25%	0%	*	67%	0%	33%	0%	*
Infants	71%	0%	14%	14%	*	73%	18%	9%	0%	11
Children 1-9	62%	16%	16%	5%	48	53%	24%	16%	8%	51
Adolescents and YA	45%	20%	15%	20%	40	47%	31%	18%	4%	45

Indicates that the total participation for this question was less than 10 respondents.
Source LCPHSS Lewis County Family Health Survey, 2024.

Healthy Eating and Food Access

According to Feeding America's Map the Meal Gap (2022), Lewis County has higher rates of food insecurity and percentages of individuals eligible for food programs, such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) than Washington State (Table 6). Within Lewis County, 17.2% of households receive SNAP benefits, which is 6.1% higher than the state (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023). In Lewis County, 23.2% of 10th grade students report eating 5 servings of fruits and vegetables per day, which is not statistically different from the statewide rate (Heathy Youth Survey, 2023).

Table 6. Food insecurity and food costs, Lewis County, WA, 2022.

	Lewis County, WA	Washington State
Food insecurity (% of population)	14%	12%
% Eligible for Food Assistance Programs	71%	48%
% Not Eligible for Food Assistance Programs	29%	52%
Average meal costs	$4.13	$4.28

Note Numbers are based on income eligibility for SNAP (below 200 percent poverty) and other programs such as WIC (185 percent of poverty).
Source Map the Meal Gap, Feeding America, 2024.

In 2023, WIC provided access to healthy food and nutrition education to 807 Lewis County residents who were pregnant, postpartum, and/or breast/chest feeding, and 2,097 infants and/or children under five, accounting for $1,471,204 WIC food dollars redeemed (Washington State Department of Health, WIC, 2024).

Food-related needs for family health were mentioned in about half the key informant interviews (52%). The survey asked about access to and barriers to healthy foods and healthy

eating; these topics also came up when respondents were asked about what helps them maintain overall health and by professionals participating as key informants. When asked 'What helps you be healthy?', half (50%) of people who answered the question said eating healthy food. What supports healthy eating the most was reported to be cooking at home and access to fresh local food (Figure 5).
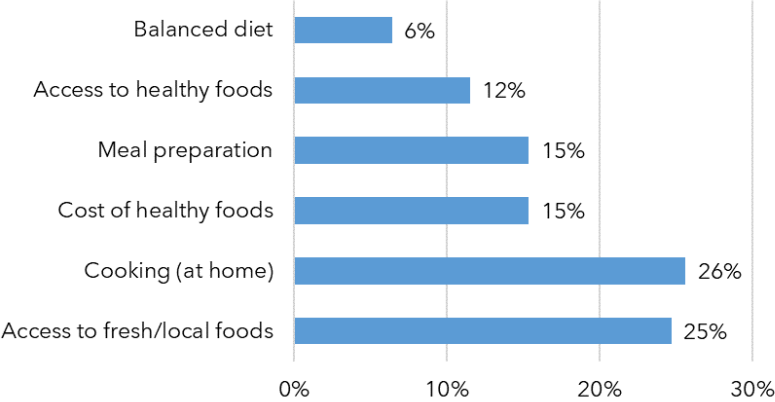
Figure 3. *What supports healthy eating, Lewis County, WA, 2024.*
Note Total responses to the question, "What supports healthy eating in your family?" = 81.
Source LCPHSS Family Health Survey, 2024.

Barriers to Healthy Eating

When asked about the biggest barriers to health eating, over 30% of survey respondents chose cost as a barrier to healthy eating. A little more than a quarter of people (28%) said lack of time or food and diet related issues, like lack of access to healthy foods and poor food choices, are barriers. Over 25% of all survey groups mentioned lack of time with pregnant or of childbearing age (41%) group being the highest percent and adolescents and young adults (26%) being the lowest percent.

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Food Skills Opportunities

Food-related education opportunities, such as cooking and gardening classes, can help increase healthy eating across socioeconomic groups (Garcia et al., 2016). Thirty-two percent (32%) of respondents (out of a total of 98) had accessed at least one learning opportunity in the past year. Out of these respondents, over a third (32%) took a gardening class, nearly a third took (29%) a cooking class, less than a quarter (23%) took a nutrition class, and 17% did not specify. When those who had not taken a food skills opportunity in the last year were asked why they didn't, many of the respondents responded that they did not know about them (47%) or did not have time (31%). Many of the opportunities identified by respondents were put on by local organizations, taken with a desire to build community, and/or suggested by doctors or other professionals. LCPHSS collected data and compiled a separate report on food skills opportunities, which is available on our website at: https://lewiscountywa.gov/departments/public-health/community-health/assessment/.

Access to Care

Access to health care services affects health outcomes in Lewis County. Understanding family health care priorities and provider availability helps leaders, policy makers, and public health to ensure families are adequately served. Throughout the LCPHSS Family Health Survey, access to oral health services including preventative dental, access to mental/behavioral health services, access to developmental screenings, and access to childcare/extracurricular activities, ranked highly. Over 50% of respondents across nearly all groups ranked these as high priority for themselves and for their community (Tables 9-11). Below are additional indicators related to access to care (Table 7). Some indicators, like prenatal and post-partum care, vary quite a bit based on the source. These are best estimates based on available data. When possible, Lewis County data was included but not all data was available at the county level.

Table 7. Available access to Care Indicators, Lewis County, WA, Washington State, and United States, 2020-2022.

Pregnant, childbearing age	Lewis County, WA	Washington State
Breast Cancer Screening[a]	53%	60%
Cervical Cancer Screening[a]	48%	55%
Chlamydia Screening in Women[a]	41%	42%
	Washington State	United States
Routine Check-Up in Past Year[b]	72%	78%
Received a Mammogram within the Past Two Year, Women 40+[c]	67%	70%
Children (Non-CYSHCN)	Lewis County, WA	Washington State
Child and Adolescent Well-Care Visits (Ages 3-11 years)[a]	52%	49%
Child and Adolescent Well-Care Visits (Ages 12-17 years)[a]	46%	43%
Child and Adolescent Well-Care Visits (Total)[a]	43%	41%
Vaccinations for adolescents by age 13[a]	26%	26%
Youth obesity (Self-Reported BMI)[d]	21%	16%
	Washington State	United States
Medical Visit in Past Year[e]	84%	80%
Preventative Dental Visits, One or More in Past Year[e]	88%	78%
Received Both Preventative Medical and Dental Care in the Past 12 Months[e]	70%	62%
Specialist Visit in Past Year[e]	6%	7%
Had a Medical Home[e]	51%	47%
Received Family Centered Care In Past Year**[e]	85%	85%
Did Not Receive Needed Care Coordination[e]	14%	13%
Very Difficult to Get Needed Mental Health Treatment or Counseling[f]	13%*	14.0%
Very Difficult or Impossible to Get Specialist Care[f]	6%*	4.0%
Child's Current Insurance Usually/Always Adequate to Meet Their Needs[e]	79%	74%
CYSHCN	Washington	United States
Medical Visit in Past Year[e]	94%	91%
Preventative Dental Visits, One or More in Past Year[e]	88%	82%
Received Both Preventative Medical and Dental Care in the Past 12 Months[e]	82%	74%
Specialist Visit in Past Year[e]	34%	31%
Had a Medical Home[e]	38%	40%
Received Family Centered Care In Past Year**[e]	77%	81%
Received Services to Prepare for the Transition to Adult Healthcare[e]	28%	23%
Did Not Receive Needed Care Coordination[e]	44%	35%
Very Difficult to Get Needed Mental Health Treatment or Counseling[f]	32%	19%
Very Difficult to Get Specialist Care[f]	13%	9%
Child's Current Insurance Usually/Always Adequate to Meet Their Needs[e]	67%	65%
Infants	Lewis County, WA	Washington State
Hearing Test for Infants (Ages 0-3 Months)[g]	18%	33%
Vaccinations for Children by Age 2[a]	32%	42%
Well-Child Visits (0-15 months)[a]	46%	41%
Well-Child Visits (15-30 months)[a]	57%	47%
Prenatal Care Initiation in the 1st Trimester (NCHS)***[h]	72%	72%
Adequate Prenatal Care (Kotelchuck Index >= 80% of Expected Visits)***[h]	72%	69%
Timeliness of Prenatal Care***[a]	18%	32%
Postpartum Care***[a]	36%	55%
	Washington	United States
Adequate Prenatal Care, Percent of Live Births***[i]	71%	75%
Post-partum Check-up***[j]	93%	91%
Adolescents and young adults	Lewis County, WA	Washington State
Physical Exam in the Past Year (10th Grade)[d]	65%	67%

*Please interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may
**Family Centered Care is based on the following: spends enough time with child, listens carefully to you, sensitive to family values/customs, gives
***Data on and measures of pre-natal and postpartum care varied greatly across different sources. These were all included to reflect the range of
Source [a] NCQA (HEDIS), 2023. Retrieved from Community Check-up, Retrieved from www.wacommunitycheckup.org/; [b] Behavioral Risk Factor Surveillance System (BRFSS), 2023, retrieved from www.cdc.gov/brfss/brfssprevalence/; [c] Behavioral Risk Factor Surveillance System (BRFSS), 2022, retrieved from www.cdc.gov/brfss/brfssprevalence/; [d] DOH, Healthy Youth Survey, 2023, retrieved from Community Check-up, Retrieved from www.wacommunitycheckup.org/; [e] National Survey of Children's Health, 2022, retrieved from www.childhealthdata.org/browse/survey; [f] National Survey of Children's Health (NSCH), 2021-2022, retrieved from www.childhealthdata.org/browse/survey; [g] CDC, 2023, retrieved from Community Check-up, www.wacommunitycheckup.org/; [h] Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 2022, retrieved from Community Health Assessment Tool (CHAT); [i] March of Dimes, Prenatal Data Center, 2022, retrieved from https://www.marchofdimes.org/peristats/; [j] Source March of Dimes, Prenatal Data Center, 2021, retrieved from https://www.marchofdimes.org/peristats/

Dental Services

An estimated 83% of children aged 1-17 years in Washington saw a dentist in the last year (National Survey of Children's Health, 2022). In Washington, 17% of children aged 1-17 years had an oral health problem, such as cavities, in the last year (National Survey of Children's Health, 2022). On the Lewis County Family Health Survey, pregnant and childbearing people and parents of children ages 1-9 ranked dental services a high priority for themselves as well as for their community (Table 8). All groups that were asked to rank dental services ranked them as a high priority for their community.

Table 8. Access to care/health promotion of dental/oral health services, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, childbearing age	67%	26%	5%	3%	39	55%	36%	7%	2%	44
CYSHCN	32%	41%	23%	5%	11	57%	33%	9%	2%	23
Children 1-9	62%	38%	11%	0%	51	62%	32%	4%	2%	50
Adolescents and YA	48%	30%	19%	4%	40	51%	36%	11%	2%	45

Note The health area/group "Pregnant, childbearing age" contained only a broad area of need related to oral health services, whereas other groups represent the average of areas related to access to preventative and other dental services; the health area/group "Infant" did not contain any area of need related to oral health services.

Mental/Behavioral Healthcare Services

In Washington, an estimated 29% of children aged 3-17 have a mental, emotional, developmental or behavioral problem (National Survey of Children's Health, 2021-2022). Nearly 20% of 10th grade students in Lewis County reported seriously considering attempting suicide in the past year (Healthy Youth Survey, 2023). Nearly all surveyed groups ranked access to mental/behavioral health services a high priority for themselves and for their community (Table 9).

Table 9. Access to care/health promotion of mental/behavioral health services, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, childbearing age	67%	8%	21%	5%	39	77%	9%	11%	2%	44
CYSHCN	27%	18%	18%	36%	11	78%	13%	4%	4%	23
Children 1-9	55%	23%	15%	6%	47	66%	18%	14%	2%	50
Adolescents and YA	56%	19%	21%	5%	43	76%	11%	7%	7%	46

Note The health area/group "Infant" did not contain any area of need under "Access to Care/Health Promotion" to mental/behavioral health services, however did survey this topic under the area of need "Social/Emotional"
Source LCPHSS Family Health Survey, 2024.

A sixth (18%) of survey participants who answered the question said stress and mental health concerns were a barrier to health. Many also ranked additional areas of need related

to mental/behavioral health as high priorities (Table 10). When asked what mental health services they would like to see, participants focused on a variety of services with almost a third (28%) of the respondents mentioning youth/child counseling or specialty care, such as psychiatry services.

Table 10. High-priority areas of need related to mental/behavioral health, Lewis County, WA, 2024.

	Percent ranking high priority for …			
Pregnant, childbearing age	… yourself	Total	… your community	Total
Access to mental/behavioral health services	67%	39	77%	44
Post-partum breastfeeding support	55%	38	50%	42
Post-partum mental/emotional health	68%	38	76%	42
Social/emotional support	62%	37	69%	42
Depression/anxiety	56%	39	59%	41
	Percent ranking high priority for …			
CYSHCN	… yourself	Total	… your community	Total
Access to mental/behavioral health services (CYSHCN)	27%	11	78%	23
Adequate insurance coverage - mental/behavioral health	83%	12	88%	25
Parental emotional/behavioral health	*			*
	Percent ranking high priority for …			
Infants	… yourself	Total	… your community	Total
Parental emotional/behavioral health	63%	*	82%	11
	Percent ranking high priority for …			
Children 1-9	… yourself	Total	… your community	Total
Access to mental/behavioral health services	55%	47	66%	50
Parental emotional/behavioral health	46%	46	61%	51
School readiness	55%	50	55%	53
	Percent ranking high priority for …			
Adolescents and YA	… yourself	Total	… your community	Total
Access to mental/behaviorall health services	56%	43	76%	46
Bullying in person	49%	39	61%	44
Bullying via cyber/internet	59%	41	67%	46

* Indicates that the total participation for this question was less than 10 respondents.
Source LCPHSS Family Health Survey, 2024.

Most survey respondents (79%) reported turning to friends/family when they have mental health concerns, followed by local providers/health facilities (71%), and self/personal coping strategies (69%), see (Table 11).

Table 11. Frequency of where people reported going when they have mental health concerns, Lewis County, WA, 2024.

Where people go	Count	Percent
Family/friends	88	79%
Local provider/health facility	79	71%
Self/personal coping	76	69%
Local organization	70	63%
Religious figure	70	63%

Note Percent out of total survey responses = 111
Source LCPHSS Family Health Survey, 2024.

When asked about their experience accessing mental health services on the survey, over 50% of individuals responding wrote about negative experiences including topics such as problems/lack of coverage with insurance, availability of services, and concerns regarding confidentiality. For those who had not used mental health services in Lewis County, many respondents reported reasons related to scheduling and money/insurance (Figure 3). Stigma, the physical and emotional toll, and limited services availability for the respondents' specific needs were also mentioned frequently. Respondents who reported "No need" for mental health services were asked to elaborate. People cited receiving care in other counties, receiving support through other avenues such as primary care, religion, and/or family, as well as confidence that they are mentally healthy or did not believe that their mental health concerns were enough to seek treatment.
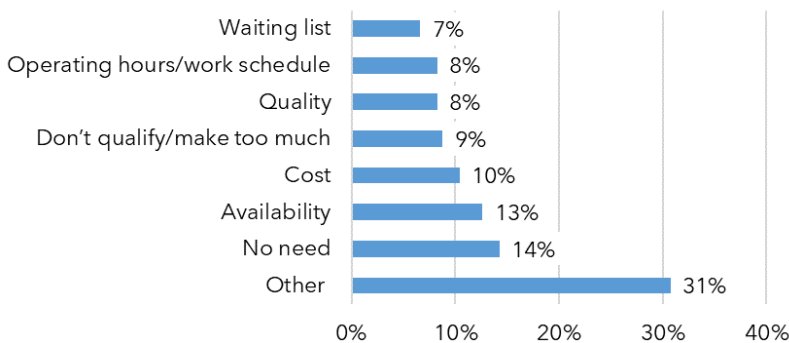

Figure 4. Reasons why individuals have not used mental health services in Lewis County, WA, 2024.

Note "Other" category contains categories that recorded under 10 responses, which contained reasons such as, "Won't take Medicaid", "Physically and emotionally taxing", "Unaware", "Stigma", "No time", "None available for needs".

Note Total number of responses = 182; respondents could select multiple reasons for not having used mental health services in their community.

Source LCPHSS Family Health Survey, 2024.

Over half (59%) of providers participating in the key informant interviews talked about mental and behavioral health, with many articulating a need for more services. These needs were seen as particularly acute after the COVID-19 pandemic. About a fifth of providers

highlighted needs among children. The pandemic reportedly led to social isolation, increased mental health needs, and social deficits. While social isolation was mentioned in other areas throughout the interviews, it was most frequently mentioned in relationship to COVID-19. Isolation "changed lives". One provider mentioned that they see a lot of isolation, social anxiety, and a lack of social skills and relationships especially among adolescents. About a quarter of people (22%) talked about social deficits among kids, especially among young children and teens, because of COVID. Several noted that children aren't where they should be educationally or socially. "Children were greatly impacted by COVID . . . This has set our youth back because the "standard" of where they should be developmentally is delayed a few years," one provider said. Over a quarter (26%) of providers also believe that the pandemic increased mental health needs, including anxiety and depression. "COVID-19 brought out needs that were already there, namely mental health needs. It magnified mental health needs," one provider shared.

Parental Supports

Over a quarter of 10th grade students in Lewis County (28%) are at risk due to poor family management (e.g. parents don't know when they come home or where they are, don't have clear family rules, etc.) (Healthy Youth Survey, 2023). Parental support, in the form of information/advice, parenting/caregiver classes, and/or peer support groups was ranked relatively neutral by respondents for themselves, but higher by respondents for their community (Table 12).

Table 12. Access to parental support services, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, childbearing age (information/advice)	28%	33%	26%	13%	39	43%	40%	14%	2%	42
Pregnant, childbearing age (peer support groups)	26%	23%	46%	5%	39	40%	31%	26%	2%	42
CYSHCN (classes)	25%	17%	25%	33%	12	63%	17%	17%	4%	24
Infant (classes)					*	70%	30%	0%	0%	10
Children 1-9	12%	37%	39%	12%	49	42%	32%	22%	4%	50
Adolescents and YA (classes)	14%	22%	41%	24%	37	48%	20%	27%	5%	44

* Indicates that the total participation for this question was less than 10 respondents.
Source LCPHSS Family Health Survey, 2024.

Developmental & Other Screenings

Developmental screenings were a high priority for CYSHCN, infants, and children aged 1-9 (Table 13). In Washington, 38% of children aged 9-35 months had a developmental

screening in the past year ([National Survey of Children's Health, 2022](#)). The American Academy of Pediatrics recommends developmental screening for all children at 9 months, 18 months, and 30 months as part of their routine check-ups ([Lipkin & Marcias, 2020](#)). For infants, access to other screenings such as metabolic and hearing, in addition to developmental, ranked highly (Table 13).

Table 13. Access to developmental and other screenings, Lewis County, WA, 2024.

Group	Screening Type	Priority for yourself (or partner)					Priority for your community				
		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
CYSHCN	Access to developmental screenings	58%	8%	8%	25%	12	79%	17%	0%	4%	24
Infant	Access to developmental screenings					*	100%	0%	0%	0%	11
	Access to metabolic screening					*	82%	9%	9%	0%	11
	Access to hearing screening					*	82%	18%	0%	0%	11
Children 1-9	Access to developmental screenings	65%	22%	10%	2%	49	69%	22%	10%	0%	51

* Indicates that the total participation for this question was less than 10 respondents.
Note The health areas/groups "Pregnant, childbearing age" and "Adolescents and YA" were not asked about the need to ac developmental screenings.
Source LCPHSS Family Health Survey, 2024.

Childcare

Across all groups, around half (45-55%) of survey respondents reported childcare as a high need for themselves and many more reported it as a high need in their community (Table 14). In Lewis County, 37% of household income is spent on childcare ([County Health Rankings, 2023](#)). There are 5 childcare centers per 1,000 children under age 5 in the county ([County Health Rankings, 2023](#)). According to [DCYF data (2024)](#), only 11% of childcare needs for children ages 0-12 years old are being met in Lewis County. These needs appear to be particularly acute among families with incomes between 60%-85% of the state median income and among parents with infants and school age children ([Washington State Department of Children, Youth, & Families, 2024](#)). Only 6% of infant (0-11 months) childcare needs and 5% of school age (5-12 years) childcare needs are being met in the county ([Washington State Department of Children, Youth, & Families, 2024](#)). Several key informants highlighted the need for childcare services for CYSHCN.

Table 14. Access to care/health promotion of childcare/extracurricular activities, Lewis County, WA, 2024.

Health Area/Group	Priority for yourself (or partner)					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Pregnant, childbearing age	49%	21%	15%	15%	39	67%	20%	11%	2%	45
CYSHCN	55%	18%	0%	27%	11	84%	4%	4%	8%	25
Infant					*	90%	10%	0%	0%	10
Children 1-9	45%	20%	25%	10%	51	67%	22%	10%	2%	51
Adolescents and YA	51%	21%	18%	10%	39	67%	24%	9%	0%	45

* Indicates that the total participation for this question was less than 10 respondents.

Note The health area/group "Adolescents and YA" did not have a need specific to childcare, but a need relat[...] extracurricular activities.

Source LCPHSS Family Health Survey, 2024.

Pregnancy Support/Services

Pregnant/childbearing age people and partners have unique healthcare needs. Among this group, over 50% of respondents ranked the following services as "high": preconception care (55% - self, 64% - community), high-risk maternity services (55% - self, 64% - community), and prenatal care (58% - self, 66% - community). Prenatal care impacts birth outcomes such as delivery weight and infant mortality (Office of Women's Health, 2021). In 2022, 81% of birthing persons in Lewis County initiated prenatal care during their first trimester compared to 76% in Washington State (Community Health Assessment Tool (CHAT); Figure 4).
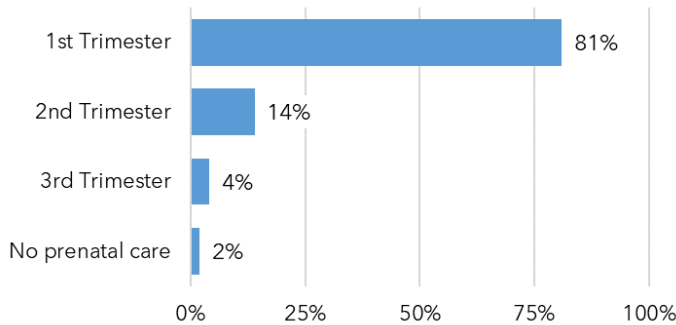

Figure 4. Prenatal care initiation rates by trimester, Lewis County, WA, 2022.

Note Missing information for 19% of population.

Source Community Health Assessment Tool (CHAT), Center for Health Statistics, WA DOH, 2022.

Barriers to Care or Services

During the key informant interview process, many providers (56%) said families need better access to healthcare. They described various obstacles that prevent community members from obtaining necessary medical care and services, particularly affecting low-income, rural, and Hispanic families, as well as CYSHCN.

Lack of Providers

Over a quarter of key informants (26%) talked about a lack of providers—no providers or too few providers to meet the need. "There are not enough providers. People call and there are no appointments," one person said. Several providers mentioned long wait lists for CYSHCN services. According to County Health Rankings (2023), there was one primary care physician for every 2,160 registered residents in Lewis County during 2021 (2,160:1). This number differs greatly to Washington State's ratio of 1,200 registered residents for every primary care physician (1,200:1). Access to dental care services was similarly limited. Lewis County had less access than Washington State with one dentist per 1,450 registered residents (1,450:1), compared to Washington State's rate of one dentist per 1,150 registered residents (1,150:1).

Insurance

Provider options are further limited by insurance barriers. In Lewis County, 6.4% of residents have no insurance (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023); In Lewis County, nearly half of all individuals eligible for Medicaid are children (Washington State Health Care Authority, 2024). Most parents of CYSHCN and CYSHCN service providers reported that adequate insurance coverage for special needs children was a high priority for themselves and their community (Table 15).

Table 15. Percentages of CYSHCN survey respondents ranking insurance coverage specific for special needs, Lewis County, WA, 2024.

Type of care/service	Priority for yourself					Priority for your community				
	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
Medical	67%	17%	17%	0%	12	68%	24%	4%	4%	25
Dental	58%	8%	33%	0%	12	72%	16%	8%	4%	25
Behavioral/Mental Health	83%	0%	17%	0%	12	88%	8%	4%	0%	25

Source LCPHSS Family Health Survey, 2024

Several key informants mentioned that affordable and accessible care is limited among patients without insurance or with Medicaid. Some providers don't accept Medicaid due to low reimbursement rates, and providers that do accept it struggle to cover their costs.

Commented [SB1]: @Marylynne Kostick What is the source of this information? Can you provide a link?

Commented [MK2R1]: Not sure but I will go look

Commented [MK3R1]: Workbook: Client Dashboard - (External version) (wa.gov)

Among Spanish-speaking communities, we heard, "The need is being able to access healthcare." One provider mentioned that Hispanic children have health insurance, but their parents don't. An estimated 74% of Hispanic or Latino people in Lewis County have health insurance compared with 95% of White people (U.S. Census Bureau, U.S. Department of Commerce, & U.S. Census Bureau, 2023b).

Transportation

Due the lack of providers, key informants reported families need to travel outside of the county for care, especially for specialty care, creating challenges with transportation. "These critical appointments were complicated even further, by lack of transportation or funds in the budget to cover the gas to get to the cities" one person said. Transportation was a frequently cited barrier to care for rural communities.

Limited Knowledge of Available Services / Limited Navigation Support

Many providers (37%) report that community members do not know services are available or do not know how to navigate these resources, especially among rural and Hispanic community members. One provider said, "Sometimes they [people] don't realize that their access to healthcare could be at free or low cost and so they go without."

Language Barriers

Service provider report that language barriers limit access to services for Lewis County's Spanish-speaking community. For example, when Spanish speakers come for an appointment, they may be asked to come back when a Spanish-speaking staff member is on site. A lack of translators, including the use of resources such as a language line, was a commonly cited barrier for Spanish-speakers. During our community data review sessions, several people mentioned that hiring translators can be challenging and using a language line is not as effective as an in-person translator in some situations.

Other Barriers to Care

Other barriers key informants talked about included cost and poor quality of care. One provider noted, "Typically, the care provided to lower-income families is rushed and focuses on treating symptoms rather than addressing the root causes." Survey participants also noted quality of care issues when talking about mental health services. Limited service hours may

be another barrier. A provider told us community members "get all this information" but can't take time off work to access available programs. Another stated that "resources also operate under the assumption that there is still one at home parent available to take children to appointments, despite the overwhelming majority of households requiring two incomes to sustain themselves on the barest of levels."

Opportunities for Public Health & Government to Improve

Key informants were asked about what public health and government have missed when collecting information in the past and what we need to hear and do to better serve the community. A theme throughout many of the interviews was that public health and government have not done well with effective community engagement. Providers believe public health and government could better understand some community needs, engage families most affected by issues, support the Hispanic community, effectively share resources and information, or conduct enough outreach. Suggestions on how to address these critiques were provided.

Understanding Community Needs

One critique is that government and public health could better understand community needs, like medical-related trauma and the high cost of living. One provider said:

> *"I think that government entities in the area aren't able to understand how the cost of living across all areas impacts the average citizen within the county. The price of goods and services (healthcare-wise or otherwise) continues to increase at a rate that is far from being matched by most salaries and paychecks of the local population. . . . When citizens have to choose between paying rent or their electricity over getting the groceries or healthcare they need, there's a problem."*

Providers suggested public health and other governmental departments/agencies talk with people and get their input. One suggested focusing on nonpartisan inclusive dialogue to ensure everyone's perspective is heard and valued. Another provider suggested families "be sought out and not simply invited to the table. Find out what they need (childcare, gas, alternate schedule, etc.) and meet those needs so they can actively participate." And, to paraphrase one interviewee, government needs to start thinking about the people affected by decisions--

low income, people on the streets, moms and dads struggling to put food on the table, people that need help, disabled vets who are too proud to ask for help, and young teens wrapped up in drugs because they have no one to turn to.

Engage the Community

Several people talked about a need for more in-person and direct outreach to the community. Public health and other governmental departments/agencies have "missed meeting people where they're at", especially among Hispanic and rural communities.

Providers suggested meeting people where they are by going to schools, churches, fairs, parks, shops, and businesses across Lewis County, including Morton, Pe Ell, and other communities. Several shared that government offices/agencies and public health could better engage with Hispanic and rural Spanish-speaking communities by going to events, finding people already working with the community, using social media, going to local clinics and businesses, and sharing data back with the community were suggested. As one person noted, "Taking time to come out shows people that they're important."

Share Information & Resources

Providers wanted information and resources shared or developed on topics like mental health resources for young children or local disease information. How information is shared can also be improved. "You share resources, but people can't get to resources or don't know how to access them. . ." one provider told us. Participants suggested resource guides, a community resource hub, more agencies with offices in East County, and resources shared more frequently at community events.

*"The families I worked with, who were heavily impacted by COVID-19, were **unaware of available services in their native language** due to inadequate outreach efforts by the county's leadership."*

To overcome some of the barriers to care, trusted messengers could be also used to reach community members with information about health and available services. The most frequently mentioned sources of trusted health information were healthcare-related people or agencies, public health, and community-based organizations. Others get

*". . . There's **not enough due diligence** to ensure that those messages reach the audience that they were meant for."*

information from schools, friends, church, or online sources. For many residents enrolled in SNAP and/or WIC, information on nutrition education is provided to families directly.

Over half of key informants (52%) stated that medical providers or clinics were a trusted source of health and public health information. This included agencies and people working in healthcare, like pediatricians, nurses, care coordinators, and mental health providers. Forty-four percent (44%) said that public health agencies, like Lewis County Public Health & Social Services or the Washington State Department of Health, are a trusted sources of health information. However, this result may be a better representation of providers views rather than community members. When probed further about where their community would go for information during phone or in-person interviews, several people said their community would go to their healthcare provider or another source.

For Spanish-speaking communities, public health can improve by providing materials in Spanish and written at an appropriate reading level, having providers or outreach workers attend cultural events, and working through trusted community service providers. Several providers working with Spanish-speaking communities described families receiving information about services through networks of friends, family, and trusted service providers, who serve as a critical "bridge" in connecting people to resources. Short term funding is sometimes available for service providers to build those trusting relationships but when it ends "it's like the rug . . . [was] pull from underneath them [the community]. And so, then it's having to rebuild that trust all over again with the community." Sustainable funding was described as critical.

In addition, transparency came up in about a quarter of the interviews. Several participants said they would like information about what public health does, what its goals are, and what it provides. "Public Health could use some more transparency as to what its goals are and what it is providing to the community, becoming more of a hub of resources and referrals," one person said.

Community Strengths

Interviews indicated Lewis County's biggest strengths are its diverse community programs and community members' willingness to get involved and help other people. Thirty percent (30%) of providers talked about community-based supports like food banks, church groups, Lewis County Transit, afterschool activities, and school-based programs. "We are building back a solid network of agencies who work together and help get families the services they need," one participant said.

About 41% of providers described people contributing to their community, like volunteering or checking on their neighbors. In Lewis County, "residents pride themselves on close communities and self-reliance" and have "smaller communities of people supporting each other". Strengths also included positive qualities, like "out-of-the-box thinking" and a "desire to build community".

Providers serving the Hispanic/Latinx community described about close knit community where people "support each other" and have a "wealth of knowledge and experience". Highly educated immigrants, like doctors or anthropologists whose degrees aren't recognized in the U.S., bring an "array of academic knowledge that can be leveraged".

CONCLUSIONS & LIMITATIONS

Economic and housing stability, access to adequate healthcare, food security, and social support were identified by residents as part of the foundation for healthy families in Lewis County. Working together, businesses, nonprofits, and public health can help our community reach its optimal health, while also addressing conditions that make people sick rather than continually treating the symptoms of poor health.

Participants throughout the needs assessment process described the desire to see a safe and connected community with strong families and affordable and accessible resources like medical care, food, housing, mental health support, and childcare. Among the most mentioned topics were medical and dental services, housing, food, behavioral health services, and strong resilient families. Many also voiced that they would like to see a variety of other community supports and programs, like free laundry, more recreation, or peer navigational support.

There were limitations to the needs assessment process and report. First, this survey was designed using the Maternal Child Health Block Grant's areas of health and needs. While modifications and additional questions were used in the survey, the middle-aged and elder population weren't targeted. Second, while the structure of the survey encompassed a wide range of specific needs a family may have, it is well understood that not all needs were captured. Finally, while strong efforts were made to acquire a sample population with equal or near representative distribution across areas of health/groups and across zip codes, this was not always achieved; results should be considered with care and in context. It is also understood that since the assessment did not take into account socioeconomic status, it was not possible to assess the impact of factors such as income, housing status, insurance coverage, and others on the prioritization of needs by respondents.

Lewis County Public Health and Social Services asks that all residents of Lewis County please consider taking part in the 2025 Community Health Assessment. This assessment process will be county-wide and will involve all residents. Community participation in the needs assessment process provides residents the power to leverage their voices; by expressing their needs collectively and systematically, residents of our community can influence the direction of community health at all levels.

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APPENDIX A: INSTRUMENTS

Family Health Survey

Lewis County Family Health Survey

Family Health is the foundation of our community. Lewis County Public Health and Social Services is conducting the Family Health Survey to understand health priorities and needs in Lewis County. Your response will help Lewis County and community service providers prioritize health-related services.

Your answers will be kept confidential. The results will be used in a family health needs report and in our 2025 community health needs assessment. These reports will be publicly available. We will provide a summary to the Washington State Department of Health for their maternal and child health needs

<u>Your voice matters</u>! **Without hearing from you, our community services lack community**

Please identify yourself by selecting all that apply!
Family/Personal
- [ ] Pregnant and/or Person of Childbearing Age
- [ ] Current Parent/Guardian of Infant(s)
- [ ] Current Parent/Guardian of Child(ren), Aged 1-9 Years
- [ ] Current Parent/Guardian of Adolescent(s) and/or Young Adult(s), Aged 10-21
- [ ] Parent/Guardian of a Child or Youth with Special Healthcare Needs

Community
- [ ] Healthcare and/or Allied Care Provder Working with Women, Infants, Children, Adolescents, and/or Young Adults
- [ ] Healthcare and/or Allied Care Provider Working with Children or Youth with Special Healthcare
- [ ] Community Service Provider Working with Women, Infants, Children, Adolescents, and/or Young
- [ ] Community Service Provider Working with Children or Youth with Special Healthcare Needs
- [ ] Childcare (including Pre-K) Provider
- [ ] Education (K-12) Provider
- [ ] Other

Age
- [ ] 18-29   [ ] 30-39   [ ] 40-49   [ ] 50-59   [ ] 60-69   [ ] 70+

Gender
- [ ] Female
- [ ] Male
- [ ] Transgender
- [ ] Something Else Fits Me Better

What communities do you identify with (if any)?
- [ ] LGBTQ+_ community
- [ ] Hispanic/Latinx community
- [ ] Tribal community
- [ ] BIPOC community
- [ ] Other (Please specify): _____

Zipcode: _____

If you identified as a provider in the community and wish to share your care and/or service provided, please do! This information will help us account for the provider entities that we have made contact with across Lewis County.

Pregnant & Childbearing Aged

Are you or your partner pregnant or of childbearing age OR do you work with pregnant or people of childbearing age?

YES – please answer the questions below.   **NO – skip to the next page.**

Please prioritize the topics below for yourself (if applicable) and for your community.

	Priority for yourself or partner				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
Access To Care/Health Promotion								
Access to Preconception Care								
Access to High Risk Maternity Services								
Access to Prenatal Care								
Support for out of Hospital Births								
Access to Oral Health Services								
Access to Mental/Behavioral Health Services								
Access to Childcare								
Access to parenting classes for all parents and/or caregivers								
Other (specify)								
Pregnancy Related Health								
Pre-pregnancy Weight								
Early Prenatal Care								
Preterm Births								
Low Birth Weight Deliveries								
Rate of Low-Risk Cesarean								
Maternal Mortality (death)\Severe Morbidity (illness)								
Other (specify)								
Post-Partum Support								
Breastfeeding support								
Mental/Emotional Health Support								
Daily-Life Support (e.g. housecleaning, cooking, sleep)								
Physical Recovery Support (e.g. pelvic floor therapists, cesarean recovery)								
Other (specify)								
Social/Environmental								
Access to adequate employment								
Social/emotional support								
Racial/ethnic discrimination								
Social Class discrimination								
Depression/Anxiety								
Intimate Partner/Domestic Violence								
Access to information/advice on parenting								
Peer support groups								
Family Leave Policies								
Other (specify)								

What else would you like us to know? _____

Children with Special Healthcare Needs

Do you have a child with special healthcare needs OR do you work with children with special healthcare needs?
YES – please answer the questions below.   **NO – skip to the next page.**

Please prioritize the topics below for yourself (if applicable) and for your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
Access To Care/Health Promotion								
Access to medical support at home								
Access to transitional services to adult care								
Access to developmental screenings								
Access to hearing screening								
Access to specialized care for CSHCN								
Access to well-child visits appropriate for CHSCN								
Access to medical home								
Access to Preventive Dental Services in the Community								
Access to Other Dental Services in the Community								
Access to behavioral/mental health services appropriate for CSHCN								
Appropriate vaccinations available								
Identification of CSHCN (CHIF)								
Access to Childcare								
Access to parenting classes for all parents and/or caregivers								
Other (specify)								
Insurance Coverage Specific for Special Needs								
Adequate Insurance Coverage - Medical								
Adequate Insurance Coverage - Dental								
Adequate insurance Coverage - Behavioral and Mental Health								
Other (specify)								
Social/Emotional								
Parental emotional/behavioral health								
School readiness								
Outreach to families								
Inclusion of Family/Caregiver as advocate								
Family Leave Policies								
Other (specify)								
Environmental Issues								
Adequate physical activity								
Ability to access services/activities in community								
Other (specify)								

What else would you like us to know? _____

Infants

Please prioritize the topics below for yourself (if applicable) and for your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
Access To Care/Health Promotion								
Access to metabolic screening								
Access to hearing screening								
Access to developmental screenings								
Access to adequate post-partum care for newborn								
Availability of NICU								
Appropriate vaccination availability								
Access to Home Visiting Services								
Access Childcare								
Access to parenting classes for all parents and/or caregivers								
Other (specify)								
Breastfeeding/Nutrition								
Breastfeeding Initiation								
Breastfeeding Duration								
WIC Services								
Other (specify)								
Social/Emotional								
Parental emotional/behavioral health								
Family Leave Policies								
Other (specify)								
Environmental								
Safe Sleep Practices								
Other (specify)								

What else would you like us to know? _____

Adolescents and Young Adults

Do you have a child who is an adolescent/young adults OR do you work with adolescents/young adults?

YES – please answer the questions below.　　　　**NO – skip to the next page.**

Please prioritize the topics below for yourself (if applicable) and for your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
Access To Care/Health Promotion								
Access to preventive dental services								
Access to other dental services								
Access to behavioral/mental health services								
Appropriate vaccination (HPV, Tdap)								
Comprehensive Sexual Education								
Access to family planning services								
Access to STI prevention services								
Access to School Based Health Centers								
Access to Childcare								
Access to extracurricular activites								
Access to parenting classes for all parents and/or caregivers								
Other (specify)								
Social/Emotional Health								
Bullying in person								
Bullying via cyber/internet								
Racial/ethnic discrimination								
Gender discrimination								
Sexual Identity Discrimination								
Intimate Partner Violence								
Family Leave Policies								
Other (specify)								
Environmental Issues								
Safe driving								
Adequate physical activity								
Other (specify)								

What else would you like us to know? _____

General Health

Below are some general questions relating to health. Your responses to the topics will help Lewis County and local providers prioritize care for our

What helps you be healthy?
_____

What keeps you from being healthy?
_____

What are your biggest health concerns? (provide up to 3)
_____

Have you accessed any food skills opportunities in the past year? (e.g. cooking/nutrition/gardening/preservation/budgeting classes):   YES   NO

If yes, what were they and were they helpful? _____

If no, why? _____

What supports healthy eating in your family?
_____

What are barriers to healthy eating in your family?
_____

Where do you go when you have mental health concerns? (Please rank all that apply)

☐ Friends/Family
☐ Local Organization
☐ Local Provider/Health Facility
☐ Religious Figure
☐ Self/Personal Coping (please describe) _____
☐ Other (please describe) _____

What's been your experience or your family's experience in accessing mental health services in Lewis County?
_____
_____

If you have not used mental health services offered in your community, why not?

☐ No Need	☐ No Time
☐ Don't Qualify/Make too Much	☐ None Available for Needs
☐ Unaware	☐ Physically and Emotionally Taxing
☐ Availability	☐ Wait list
☐ Operating Hours/Work Schedule	☐ Won't Take Medicaid
☐ Cost	☐ None of the above
☐ Quality	☐ Other (Please specify): _____
☐ Stigma	

If you choose "no need" for mental health services. Please explain:
_____

What mental health services would you like to see that don't exist or that you would like to see more of in Lewis County?
_____

What else would you like us to know? _____

Thank you for taking the survey!

Please return completed surveys to Lewis County Public Health & Social Services at:

Email: sara.bumgardner@lewiscountywa.gov
Fax: 360-740-1438
Address: 360 NW North Street Chehalis, WA 98532

We will share the survey results at a meeting in July 2024. For updates, follow Lewis County Public Health and Social Services on Facebook @LCPHSS or visit the Lewis County Maternal & Child Health web page.
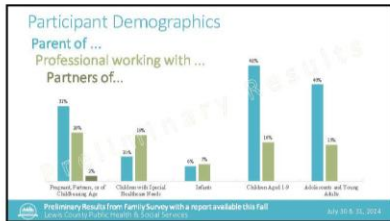
Key Informant Interview Guide

Name: _____   Position Title: _____
Organization Name: _____
Email Address: _____   Phone Number: _____
Date Completed: _____

Hello. Thank you for agreeing to participate in this interview as part of our family health needs assessment! Lewis County Public Health is gathering information on Lewis County family health needs and priorities to support local and state planning and priorities. While we will use a variety of data sources to inform the needs assessment, we rely on input from partners and stakeholders to help inform the process.
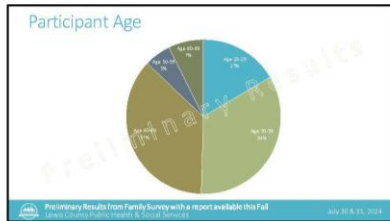
The results from the interviews will be used to develop a Lewis County family health needs report and the results will be shared. We will share a summary with the Department of Health to inform statewide priorities, measures, objectives, strategies, and work plans for the Maternal and Child Health Block Grant. Information collected will be used later in reports and presentations for disseminating information about the needs assessment. <u>Your name, position, and organization will not be linked to comments made during the interviews.</u> Your knowledge is very valuable to the needs assessment and we appreciate you taking the time to participate in the interview. Please email sara.bumgardner@lewiscountywa.gov with any questions or concerns.

1. What zip code(s) do you work or provide services in? _____
2. Which children, parent and caregiver, and family health populations do you currently work with? (CHECK ALL THAT APPLY)
   ☐ Women/Mothers/Birthing People
   ☐ Infants
   ☐ Children (ages 1-9)
   ☐ Adolescents (age 10-21)
   ☐ Children and youth with special healthcare needs
   ☐ Other (If other, please specify) _____
3. What is the most important thing that pregnant and birthing people, infants, children, adolescents, children and youth with special healthcare needs, and families need to live their fullest lives?
4. What are the biggest unmet needs in your community?
5. If you could do one thing to improve the health of your community, what would it be?
6. What are the biggest strengths in your community? When you think of families who are doing well, what stands out?
7. A) How has COVID-19 directly or indirectly impacted needs within your community?   B) In the context of COVID-19 response and community resilience, what strengths or new practices have come out that you would like to see continue or built upon?
8. What have Lewis County Public Health and other government entities missed when collecting this information (i.e. ongoing and emerging needs related to maternal and child health) in the past? What do you think that Lewis County Public Health and other government entities really need to hear to better understand the communities they serve?
9. In your community, who or what are trustworthy sources of health and public health information?
10. What else would you like to share about family needs? [Added question part-way through]
11. Who else should we talk with?

Thank you very much for your time. We appreciate and value the information that you provided today. Please email the completed interview form to sara.bumgardner@lewiscountywa.gov. We plan to share the results in July 2024. Thank you again for your participation.

Data Review Slides

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2

3

4

5

6

Participant Demographics
Parent of …
Professional working with …
Partners of…

7

Participant Age

8

Major Survey Topics

Developmental Services | Behavioral/Mental Health Services | Childcare | Dental Services

9

Notable Topics

10

People think access to developmental services is a high priority for their community.

79% said access to Developmental Services is a High Priority

11

People think access to mental health services is a high priority for their community.

75% said access to Mental Health Services is a High Priority

12

People think access to childcare services is a high priority for their community.

67% said access to Childcare Services is a High Priority

% of respondents

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Lewis County Public Health & Social Services
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People think access to dental services is a high priority for their community.

55% said access to Dental Services is a High Priority

% of respondents

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Lewis County Public Health & Social Services
July 30 & 31, 2024

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People don't access mental health services because of availability and cost.

No Need for Services	30%
Lack of Availability	26%
Cost	22%
Don't Qualify/Make Too Much	18%
Operating Hours & Work Schedule	17%
Quality	17%

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Mental health access could be improved.

This has been a long process and hard to get appointments.

There is a severe need for these services in Lewis County

Many locations I have contacted for myself do not accept my private insurance

MENTAL HEALTH ACCESS

Autism support for teens, counseling and help for school refusal

Adolescent mental health options rooted in positive thinking and empowerment

Lewis County Public Health & Social Services
July 30 & 31, 2024

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Exercise & healthy food, support systems, and safe outdoor spaces help people be healthy.

Staying active, eating healthy, social interaction

The will and desire to live a long life for myself and my family/children.

Safe trails, parks, places to be outside

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Lewis County Public Health & Social Services
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Lack of money & time, food & diet, and poor mental health keep people from being healthy.

Healthy food is expensive. Busy life keeps me from exercising.

Fresh healthy food at a grocery store is 30 min drive away

Stress, anxiety, worry . . .

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Lewis County Public Health & Social Services
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18

45

19

20
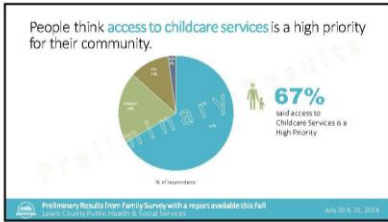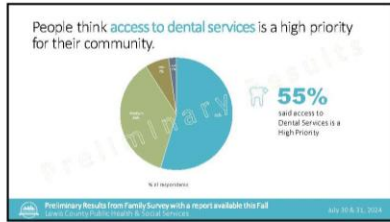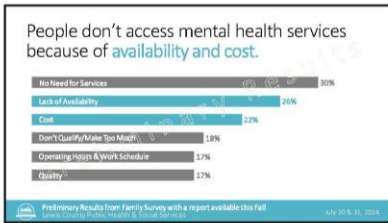

21

22

23

24

46

Cooking at home, fresh & local food, and affordable food & meal planning help people eat healthfully.

> Making dinners at home instead of going out.

> Access to fresh food at low cost.

> . . . meal prep

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Lewis County Public Health & Social Services
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Lack of money, lack time & energy, limited access to healthy foods keep people from eating healthfully.

> . . . after costs of living there's not much left over for healthy foods.

> Lack of time and energy to cook healthy foods

> Availability of good food choices

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Lewis County Public Health & Social Services
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Interviews

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Prioritized Groups

Parents and/or Guardians

Parents/Guardians/Advocates of persons with Special Healthcare Needs

LGBTQ+ Community (Parents and Children)

BIPOC Community Members

Community-Based Organizations

Healthcare Providers Working w/Families

Childcare Providers

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Lewis County Public Health & Social Services
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People said the top family needs are:

Housing

Behavioral & Mental Health

Economic Security

Transportation

Healthcare

Food

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Lewis County Public Health & Social Services
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> People need their basic needs met—food, shelter, and belonging.

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Lewis County Public Health & Social Services
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Discussion Questions:
1. Was there anything surprising that you saw in these results presented to you today? If so, what was it?
2. Do the results align with what you see to be the needs of the community?
3. If you took the survey or were part of the key informant interview process, were there areas or populations that were missed in your perspective?
4. If you did not participate in the process, why? And is there anything that we can do differently next time to ensure that your voice is heard?

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https://survey.sogolytics.com/r/W8TAu0

Preliminary Results from Family Survey with a report available this Fall
Lewis County Public Health & Social Services
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Flyers & Social Media Posts

APPENDIX B: CODE DEFINITIONS

Survey Code Definitions

Theme	Definition	Examples*
What helps you be healthy?		
Motivators/Support System	Mentions of various supports and things that motivated someone to be healthy.	My family motivates me to stay healthy
Healthy Food	Mentions of healthy eating, like eating fruits or vegetables, a good diet, or eating fresh foods.	Fresh foods from my garden
Exercise	Mentions of physical activity, like sports, going to the gym, etc.	I go to yoga
Outdoors/Environment/Safety	Mentions of outdoor spaces and activities.	Safe places to go hiking
What keeps you from being healthy?		
Money	Mentions of financial-related challenges.	Not enough money
Mental Health	Mentions of poor mental health, stress, depression, or anxiety.	Stress
Food	Mentions of food-related challenges, like unhealthy eating.	Binge eating
Subcode: Access	Mentions of challenges in accessing healthy foods or unhealthy foods being easier to access.	No nearby grocery store
Subcode: Behavioral (Nutrition)	Mentions of behavior-related challenges with healthy eating.	I eat too much junk food
Substance Misuse	Mentions of substance use or misuse.	Addiction
Time	Mentions of lack of time or challenges with work-life balance.	No time to cook or exercise
What are your biggest health concerns? (provide up to 3)		
Diet/Healthy Food	Mentions of diet and food-related concerns.	Healthy food is expensive
Cancer	Mentions of cancer.	Don't want to get cancer
Dental	Mentions of dental concerns.	No nearby dentist
Asthma	Mentions of asthma.	Worried about asthma
Healthcare Access	Mentions of concerns related to healthcare.	Need a primary care provider
Mental Health	Mentions of poor mental health, stress, depression, or anxiety.	Stress and anxiety

Metabolic Concerns	Mentions of concerns related to weight, cardiovascular, diabetes, cholesterol, and high blood pressure.	Obesity

What foods skills opportunities did you access and were they helpful?

Cooking	Mentions of cooking or cooking classes.	Attended a cooking class
Gardening	Mentions of gardening.	Growing my own food
Nutrition Classes	Mentions of nutrition related classes.	Support from a dietician

Why didn't you access food skills opportunities?

Money	Mentions of financial concerns as a barrier.	No money
Don't Exist/Don't Know It Exist	Mentions of not needing food skills opportunities.	I didn't know they were offered
Didn't Need It	Mentions of not needing food skills opportunities.	I already know how to cook
Time	Mentions of time as a barrier.	No time to attend

What supports healthy eating in your family?

Cost	Mentions of cost and money.	Being able to afford healthy foods
Balance Diet	Mentions of a balanced diet.	Eating a variety of fruits and vegetable
Cooking (At Home)	Mentions of cooking.	I cook most of my meals
Access	Mentions of access to food.	Easy access to healthy foods
Fresh/Local	Mentions of eating fresh or local foods.	Eating fresh local produce
Meal Prep	Mentions of meal prep.	Weekly meal prep helps me

What are barriers to healthy eating in your family?

Availability/Access	Mentions of lack of availability or lack of access to food.	The grocery store is far away
Money	Mentions of lack of money to buy healthy foods.	Healthy food is expensive
Time (Lack of energy/lazy)	Mentions of lack of time or energy as a barrier to healthy eating.	No time or energy to cook

Experience accessing mental health services in Lewis County

Mental Health Services Access	Lack of providers, waitlist, scheduling, health insurance, etc.	It takes too long to get an appointment
Quality of Care	Mention of good or bad experiences with mental health-related care.	The care I received was great, but others I know did not have a good experience

What mental health services would you like to see or see more of in Lewis County?

Child/Youth Counseling	Mentions of youth mental health services.	Need more services for teens
Psychiatrist (Prescriptions)	Mentions of psychiatrists and mental health providers that can prescribe medication.	More providers who can prescribe medications
Specialty Care	Mentions of services like, group therapy, family therapy, special needs, holistic services.	We need more mental health services that consider the whole person

What else related to mental health services?

Challenges/Barriers to Care/Services: Things that get in the way of accessing care/services (ex. transit, waitlist, knowledge). It's not the specific type of service, like housing or food, but the things that get in the way of accessing those services.

Cost	Mentions of care/services being unaffordable and therefore a challenge or barrier.	I can't afford to go to the doctor
Insurance	Mentions of lack of insurance or navigating existing insurance coverage as a barrier to care/services.	I don't have insurance
Info & Resources to Navigate	Mentions of lack of knowledge among community members of available services as a barrier to care/services.	Want more info on places to go for services
Language Barriers	Mentions of lack of interpreter services and/or materials in their native language as a barrier to care/services.	No info in Spanish
No/Limited Providers	Mentions of having no providers or an inadequate number of providers as a barrier to care/services.	There aren't enough providers
Poor Quality	Mentions of bad experiences when receiving care.	My provider didn't listen to my concerns
Transportation	Mentions of lack transportation or transportation services, such as lack of public transit or ability to pay gasoline costs to get to care/services.	I don't have a car
Wait Lists	Mentions of wait lists to see providers or specialists as a barrier to care/services.	I call and I get put on a wait list
Time	Mentions of time.	No time to get services

Key Informant Code Definitions

Theme	Definition	Example* (Not Actual Quotes)
Challenges and Barriers to Care or Services: Barriers community members experience in accessing healthcare or other services in Lewis County		
Cost	Mentions of care/services being unaffordable and therefore a challenge or barrier.	The treatment is not affordable
Insurance	Mentions of lack of insurance or navigating existing insurance coverage as a barrier to care/services.	Not a lot of providers will take their insurance
Info & Resources to Navigate	Mentions of lack of knowledge among community members of available services as a barrier to care/services.	They don't know what services are available to them
Language Barriers	Mentions of lack of interpreter services and/or materials in their native language as a barrier to care/services.	Families need materials in their language and interpreters for services
No Providers/Limited Providers	Mentions of having no providers or an inadequate number of providers as a barrier to care/services.	Families have to leave the county to see specialists
Poor Quality	Mentions of poor-quality care as a barrier to care/services.	There isn't enough staff and families feel rushed
Transportation	Mentions of lack transportation or transportation services, such as lack of public transit or ability to pay gasoline costs to get to care/services.	Families that live in rural areas are unable to use public transportation to get to appointments
Wait Lists	Mentions of wait lists to see providers or specialists as a barrier to care/services.	People can not access the care they need due to long wait lists
Community Needs: Descriptions of unmet needs in Lewis County.		
Need Internet	Mentions of lack of internet service or reliable internet connection as a need in Lewis County.	Better internet in rural areas would help make Telehealth accessible to more people
Need Housing	Mentions of housing as a need in Lewis County.	Housing security
Need Financial Security	Mentions of economic and financial challenges, such as struggling to make ends meet or struggling to afford basic necessities.	Being able to meet basic human needs
Need Community Support/Programs	Mentions of other community related services or programs	Families need access to hygiene supplies and diapers
Need Behavioral Health/Mental Health Services	Mentions of behavioral health or mental health as a need, including substance use related needs.	We need access to mental healthcare for all ages.

Need SUD Services	Mentions of the need for substance use disorder (SUD) services.	Distribution of testing strips and naloxone is needed.
Need Community Involvement	Mentions of the need for community involvement.	Families need to have a sense of community and have that involvement.
Need Childcare	Mentions of the need for childcare facilities.	Families need affordable childcare.
Need Employment	Descriptions of needing employment.	Many people lost their jobs
Needs Healthcare	Mentions of needing healthcare/healthcare services.	There are not enough providers in our area.
Need Engaged/Supportive Parents	Mentions of needs related to parenting skills	Parents need to spend time with their kids
Needs Food	Mentions of Food and food security as a need in Lewis County.	Families are in need of access to healthy foods.
Needs Transportation	Mentions of the need for private and public transportation within the county.	Our county is lacking public transit in many rural areas.
Need Education for Parents	Mentions of education for parents to help with things such as homework, IEP's, taxes and navigating other systems pertaining to their families.	We see families needing help understanding how to help their children with homework and other school related paperwork.

Community Strengths: Mentions of existing good programs and what is working and currently meeting needs in our community.

Behavioral Health/Mental Health Services	Mentions of existing positive behavioral health/mental health services that are currently meeting needs in our community.	Having mental health providers on staff helps us meet the needs of those experiencing trauma
Community Engagement	Mentions of existing positive Community Engagement currently meeting needs in our community. We included opportunities to be involved (ex. sports) and descriptions of people getting involved in the community (ex. people helping others).	When we have an event at the school, everyone comes together to support the kids
Community-based Supports	Mentions of existing positive Community-Based Support programs currently meeting needs in our community.	We started offering more classes because we saw that the need was there
Family Support/Strong Family Unit	Mentions of families that have a positive impact on each other and their community.	Families that are accepting of each other and support one another
Food Banks/Food Resources	Mentions of food banks and other food resources currently meeting the needs in our community.	There are more food banks to meet people's needs
Good Mental Health/Good Awareness	Mentions of the impact of positive mental health.	Mental health is important, and people are finding ways to thrive and receive care when needed

Effects of COVID-19: How COVID-19 has directly or indirectly impacted needs within the community.

Isolation	Isolation as a result of COVID-19.	Some people continue to be afraid & isolate, they have not reengaged since COVID-19
Mental Health	Mental Health as a result of COVID-19.	There has been an increase in the need for mental health care, people are struggling and there is more depression
Social Deficits	Social Deficits as a result of COVID-19.	Children are very behind, and some basic skills are lacking since COVID-19
Telehealth	Telehealth as a result of COVID-19.	Telehealth makes accessing care much easier for those with transportation issues

Isolation: Isolation not mentioned as a direct impact of COVID-19.

Populations of Focus: Mentions of specific population groups

CYSHCN	Specific mentions of children and youth with special health care needs (CYSHCN) in Lewis County.	Children with special needs rely on specialists for their care.
Hispanic Community	Specific mention of the Hispanic Community in Lewis County.	We need more materials in Spanish for our Spanish speaking community.
LGBTQ+	Specific mentions of Lewis County residents that identify as a member of the Lesbian, Gay, Bisexual, Transgender and Queer + (LGBTQ+) community.	It's important that support is available for the youth in our LGBTQ+ community.
Rural Communities	Specific mentions of the needs of Rural Communities in Lewis County.	It can be hard for rural families to travel so far for care and services.

Opportunities for Improvement: Descriptions of areas of improvement to existing resources in Lewis County.

Trusted Sources of Info: Trusted sources of Health and Public Health information in Lewis County.

Church	Mentions of trust in information coming from faith-based places of worship.	I get information from my pastor at church
Community-Based Organization	Mentions of a variety of community-based organizations providing information. This included granges, community health workers, etc.	I trust the workers at my local food bank and local community clubs for information
Friends/Family	Mentions of trusting the information given by family and/or friends.	They often ask neighbors and family members for information
Gov. Public Health	Mentions of Public Health and other government entities being a trusted source of information.	I get information from Public Health or the WIC program
Medical Provider/Clinic	Mentions of trusting the information provided by a medical provider or clinic.	They ask their family doctor and staff at their medical clinic
Online	Mentions of looking on the internet for information.	Families trust the internet to get their information
School	Mentions of the school providing trusted information.	They get information from their child's high school

What a Family that's "Doing Well" Looks Like: We coded answers to "When you think about families who are doing well, what stands out?" as "ideal/successful family."

What People Want from Public Health/Gov: Desired improvements from Public Health/Government.

Direct Services & Education	Mentions of Public Health/Government providing direct education.	Educate the community on Public Health issues, providing this in different formats
Resource & Information Sharing	Mentions of Public Health/Government sharing public health information & resources within the community.	Share action plans and community resources where it's easy to access
Outreach/Community Engagement	The desire of Public Health/Government to be more involved in direct community interactions.	Visiting different parts of the county to share information and resources shows involvement in the community
Transparency	Mentions lack of Public Health/Government transparency within the community.	Public Health could share information about what services they provide to the county.

APPENDIX C: DETAILED DATA TABLES

Survey Data Tables & Heat Maps

The table below shows the percent of people who answered the question that selected high, medium, low, or not applicable. It also shows the total number of people that answered the question in the "Totals" column. The table also shows a heat map (i.e. a chart that displays the size of the number using colors). The heat map goes from red (low numbers) to green (high numbers).

Parents, Partners, And/or People of Childbearing Age										
	Priority for yourself					Priority for your community				
Q8. Access to Care/Health Promotion	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Access to Preconception Care	55%	18%	21%	5%	38	64%	18%	14%	5%	44
(b) Access to High-Risk Maternity Services	55%	21%	18%	5%	38	64%	20%	14%	2%	44
(c) Access to Prenatal Care	58%	21%	13%	8%	38	66%	25%	7%	2%	44
(d) Support for Out-of-Hospital Births	37%	26%	32%	11%	38	40%	35%	21%	5%	43
(e) Access to Oral Health Services	67%	26%	5%	3%	39	55%	36%	7%	2%	44
(f) Access to Mental/Behavioral Health Services	67%	8%	21%	5%	39	77%	9%	11%	2%	44
(g) Access to Childcare	49%	21%	15%	15%	39	67%	20%	11%	2%	45
(h) Access to Parenting Classes for All Parents and/or Caregivers	49%	21%	15%	15%	38	45%	30%	23%	2%	44
	Priority for yourself					Priority for your community				
Q11. Pregnancy Related Health	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Pre-pregnancy Weight	23%	41%	18%	18%	39	25%	40%	30%	5%	40
(b) Early Prenatal Care	63%	16%	8%	13%	38	65%	23%	8%	5%	40
(c) Preterm Births	47%	11%	18%	24%	38	53%	33%	10%	5%	40
(d) Low Birth Weight Deliveries	42%	13%	24%	21%	38	44%	38%	10%	8%	39
(e) Rate of Low-Risk Cesarean	47%	11%	16%	26%	38	38%	23%	28%	10%	39
(f) Maternal Mortality/Severe Morbidity	47%	8%	24%	21%	38	46%	23%	26%	5%	39
	Priority for yourself					Priority for your community				
Q14. Post-Partum Support	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Breastfeeding Support	55%	21%	11%	13%	38	50%	36%	12%	2%	42
(b) Mental/Emotional Health Support	68%	11%	8%	13%	38	76%	7%	14%	2%	42
(c) Daily-Life Support (e.g. housecleaning, cooking, sleep)	45%	26%	13%	16%	38	38%	38%	19%	5%	42
(d) Physical Recovery Support (e.g. pelvic floor therapists, cesarean recovery)	45%	21%	18%	16%	38	36%	38%	24%	2%	42
	Priority for yourself					Priority for your community				
Q17. Social/Environmental	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Access to Adequate Employment	69%	10%	13%	8%	39	76%	12%	10%	2%	42
(b) Social/Emotional Support	62%	19%	14%	5%	37	69%	17%	12%	2%	42
(c) Racial/Ethnic Discrimination	34%	13%	37%	16%	38	43%	29%	24%	5%	42
(d) Social Class Discrimination	33%	15%	36%	15%	39	41%	34%	20%	5%	41
(e) Depression/Anxiety	56%	23%	15%	5%	39	59%	27%	12%	2%	41
(f) Intimate Partner Violence	36%	10%	28%	26%	39	60%	29%	10%	2%	42
(g) Access to Information/Advice on Parenting	28%	33%	26%	13%	39	43%	40%	14%	2%	42
(h) Peer Support Groups	26%	23%	46%	5%	39	40%	31%	26%	2%	42
(i) Family Leave Policies	59%	15%	21%	5%	39	62%	17%	19%	2%	42

Children and Youth with Special Healthcare Needs										
		Priority for yourself					Priority for your community				
Q22. Access to Care/Health Promotion		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Access to Medical Support at Home	17%	8%	42%	33%	*	67%	21%	4%	8%	24
(b)	Access to Transitional Services to Adult Care	50%	25%	0%	25%	*	71%	17%	8%	4%	24
(c)	Access to Developmental Screenings	58%	8%	8%	25%	12	79%	17%	0%	4%	24
(d)	Access to Hearing Screening	30%	20%	30%	20%	10	42%	29%	29%	0%	24
(e)	Access to Specialized Care For CSHCN	20%	20%	20%	40%	10	61%	30%	0%	9%	23
(f)	Access to Well-Child Visits Appropriate For CHSCN	30%	20%	10%	40%	10	54%	29%	8%	8%	24
(g)	Access to Medical Home	0%	27%	18%	55%	11	46%	29%	21%	4%	24
(h)	Access to Preventive Dental Services in the Community	36%	36%	18%	9%	11	52%	39%	9%	0%	23
(i)	Access to Other Dental Services in The Community	27%	45%	27%	0%	11	61%	26%	9%	4%	23
(j)	Access to Behavioral/Mental Health Services Appropriate For CSHCN	27%	18%	18%	36%	11	78%	13%	4%	4%	23
(k)	Appropriate Vaccinations Available	36%	18%	27%	18%	11	41%	32%	27%	0%	22
(l)	Identification Of CSHCN (CHIF)					*	59%	14%	14%	14%	22
(m)	Access to Childcare	55%	18%	0%	27%	11	84%	4%	4%	8%	25
(n)	Access to Parenting Classes for All Parents and/or Caregivers	25%	17%	25%	33%	12	63%	17%	17%	4%	24
		Priority for yourself					Priority for your community				
Q25. Insurance Coverage Specific for Special Needs		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Adequate Insurance Coverage - Medical	67%	17%	17%	0%	12	68%	24%	4%	4%	25
(b)	Adequate Insurance Coverage - Dental	58%	8%	33%	0%	12	72%	16%	8%	4%	25
(c)	Adequate Insurance Coverage - Behavioral and Mental Health	83%	0%	17%	0%	12	88%	8%	4%	0%	25
		Priority for yourself					Priority for your community				
Q28. Social/Emotional		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Parental Emotional/Behavioral Health					*					*
(b)	School Readiness					*					*
(c)	Outreach to Families					*					*
(d)	Inclusion of Family/Caregiver as Advocate					*					*
(e)	Family Leave Policies					*					*
		Priority for yourself					Priority for your community				
Q31. Environmental Issues		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Adequate Physical Activity					*					*
(b)	Ability to Access Services/Activities in Community					*					*

*An asterisk means that numbers are not displayed because the numbers are too small. However, the heat map is still displayed to give a sense of how survey takers answered the questions.

Infants										
	Priority for yourself					Priority for your community				
Q36. Access to Care/Health Promotion	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Access to Metabolic Screening					*					*
(b) Access to Hearing Screening					*					*
(c) Access to Developmental Screenings					*					*
(d) Access to Adequate Post-Partum Care for Newborn					*					*
(e) Availability Of NICU					*					*
(f) Appropriate Vaccination Availability					*					*
(g) Access to Home Visiting Services					*					*
(h) Access to Childcare					*					*
(i) Access to Parenting Classes for All Parents and/or Caregivers					*					*
	Priority for yourself					Priority for your community				
Q39. Breastfeeding/Nutrition	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Breastfeeding Initiation					*					*
(b) Breastfeeding Duration					*					*
(c) WIC Services					*					*
	Priority for yourself					Priority for your community				
Q42. Social/Emotional	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Parental Emotional/Behavioral Health					*					*
(b) Family Leave Policies					*					*
	Priority for yourself					Priority for your community				
Q45. Environmental Issues	High	Medium	Low	NA		High	Medium	Low	NA	Total
(a) Safe Sleep Practices					*					*

*An asterisk means that numbers are not displayed because the numbers are too small. However, the heat map is still displayed to give a sense of how survey takers answered the questions.

Children Aged 1-9										
		Priority for yourself					Priority for your community			
Q50. Access to Care/Health Promotion	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Access to Developmental Screenings	65%	22%	10%	2%	49	69%	22%	10%	0%	51
(b) Access to Well-Child Visits	71%	16%	8%	6%	51	74%	14%	10%	2%	50
(c) Access to Medical Home	24%	20%	38%	18%	45	49%	20%	20%	10%	49
(d) Access to Preventive Dental Services	69%	25%	6%	0%	52	70%	24%	4%	2%	50
(e) Access to Other Dental Services	54%	34%	12%	0%	50	54%	40%	4%	2%	50
(f) Access to Behavioral/Mental Health Services	55%	23%	15%	6%	47	66%	18%	14%	2%	50
(g) Appropriate Vaccination Availability	49%	20%	20%	10%	49	53%	27%	18%	2%	49
(h) Access to Home Visiting Services	17%	15%	43%	26%	47	38%	28%	22%	12%	50
(i) Access to Childcare	45%	20%	25%	10%	51	67%	22%	10%	2%	51
(j) Access to Parenting Classes for All Parents and/or Caregivers	12%	37%	39%	12%	49	42%	32%	22%	4%	50
		Priority for yourself					Priority for your community			
Q53. Social/Emotional	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Parental Emotional/Behavioral Health	46%	31%	19%	4%	46	61%	24%	14%	2%	51
(b) School Readiness	55%	19%	21%	5%	50	55%	32%	11%	2%	53
(c) Access To Healthy Food	75%	11%	11%	4%	48	63%	23%	12%	2%	52
(d) Family Leave Policies	62%	16%	16%	5%	48	53%	24%	16%	8%	51
		Priority for yourself					Priority for your community			
Q56. Environmental Issues	High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a) Safety of Neighborhood/Living Conditions	81%	13%	2%	4%	52	70%	20%	6%	4%	54
(b) Adequate Physical Activity	58%	34%	4%	4%	50	54%	33%	12%	2%	52
(c) Safe Streets Near Schools/Parks/Recreation	79%	12%	8%	2%	52	70%	21%	8%	2%	53

Adolescents and Young Adults											
		Priority for yourself					Priority for your community				
Q61. Access to Care/Health Promotion		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Access to Preventive Dental Services	53%	28%	18%	3%	40	58%	31%	9%	2%	45
(b)	Access to Other Dental Services	43%	33%	20%	5%	40	44%	40%	13%	2%	45
(c)	Access to Behavioral/Mental Health Services	56%	19%	21%	5%	43	76%	11%	7%	7%	46
(d)	Appropriate Vaccination (HPV, Tdap)	33%	20%	38%	10%	40	42%	38%	16%	4%	45
(e)	Comprehensive Sexual Education	33%	10%	41%	15%	39	47%	27%	22%	4%	45
(f)	Access to Family Planning Services	26%	15%	36%	23%	39	51%	27%	18%	4%	45
(g)	Access to STI Prevention Services	28%	23%	28%	21%	39	53%	33%	9%	4%	45
(h)	Access to School Based Health Centers	26%	21%	38%	15%	39	42%	40%	13%	4%	45
(i)	Access to Childcare	18%	24%	29%	29%	38	54%	39%	7%	0%	46
(j)	Access to Extracurricular Activities	51%	21%	18%	10%	39	67%	24%	9%	0%	45
(k)	Access to Parenting Classes for All Parents and/or Caregivers	14%	22%	41%	24%	37	48%	20%	27%	5%	44
		Priority for yourself					Priority for your community				
Q64. Social/Emotional		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Bullying In Person	49%	23%	15%	13%	39	61%	27%	11%	0%	44
(b)	Bullying Via Cyber/Internet	59%	17%	12%	12%	41	67%	24%	9%	0%	46
(c)	Racial/Ethnic Discrimination	35%	15%	20%	30%	40	43%	33%	24%	0%	46
(d)	Gender Discrimination	33%	15%	23%	30%	40	49%	22%	29%	0%	45
(e)	Sexual Identity Discrimination	33%	13%	26%	28%	39	44%	27%	27%	2%	45
(f)	Intimate Partner Violence	23%	23%	23%	33%	40	51%	40%	9%	0%	43
(g)	Family Leave Policies	45%	20%	15%	20%	40	47%	31%	18%	4%	45
		Priority for yourself					Priority for your community				
Q67. Environmental Issues		High	Medium	Low	NA	Total	High	Medium	Low	NA	Total
(a)	Safe Driving	57%	24%	17%	2%	42	55%	36%	9%	0%	47
(b)	Adequate Physical Activity	44%	39%	12%	5%	41	43%	45%	13%	0%	47

Survey Qualitative Code Presence Chart

"Codes" were used to capture similar ideas or themes within open-ended survey data (i.e. text). The table below shows the number of surveys in which the code appeared. The sum of the subcodes won't add up to the total number of survey responses since some responses had multiple codes applied and not everyone answered the open-ended questions.

Theme	Total*	% of Survey Responses (111)	Theme	Total*	% of Survey Responses (111)
1. What helps you be healthy?	82	74%	6. What supports healthy eating in your family?	81	73%
Motivators/Support System	17	15%	Cost	12	11%
Healthy Food	41	37%	Balance Diet	5	5%
Exercise	32	29%	Cooking (At Home)	20	18%
Outdoors/Environment/Safety	11	10%	Access	9	8%
Answer not captured by any other subcodes	16	14%	Fresh/Local	20	18%
			Meal Prep	12	11%
2. What keeps you from being healthy?	80	72%	Answer not captured by any other subcodes	20	18%
Money	25	23%			
Mental Health	14	13%	7. What are barriers to healthy eating in your family?	82	74%
Food	23	21%	Availability/Access	10	9%
Food Subcode: Access	11	10%	Money	37	33%
Food Subcode: Behavioral (Nutrition)	6	5%	Time (Lack of energy/lazy)	27	24%
Substance Misuse	4	4%	Answer not captured by any other subcodes	16	14%
Time	19	17%			
Answer not captured by any other subcodes	17	15%	8. Experience accessing mental health services in Lewis County	76	68%
			Mental Health Services Access	33	30%
3. Biggest health concerns (provide up to 3)	72	65%	Quality Of Care	18	16%
Diet/Healthy Food	12	11%	Answer not captured by any other subcodes	31	28%
Cancer	5	5%			
Dental	7	6%	9. What mental health services would you like to see or see more of in Lewis County?	53	48%
Asthma	2	2%	Child/Youth Counseling	16	14%
Healthcare Access	6	5%	Psychiatrist (Prescriptions)	6	5%
Mental Health	20	18%	Specialty Care	16	14%
Metabolic Concerns	25	23%	Answer not captured by any other subcodes	19	17%
Answer not captured by any other subcodes	18	16%			
			10. What else related to mental health services?	26	23%
4. What foods skills opportunities did you access and were they helpful?	28	25%			
Cooking	9	8%	Codes: Challenges/Barriers to Care/Services	24	22%
Gardening	10	9%	Cost	3	3%
Nutrition Classes	7	6%	Insurance	11	10%
Answer not captured by any other subcodes	9	8%	Lack Of Knowledge	2	2%
			Language Barriers	1	1%
5. Why didn't you access food skills opportunities?	37	33%	No/Limited Providers	7	6%
Money	3	3%	Poor Quality	9	8%
Don't Exist/Don't Know It Exist	17	15%	Transportation	0	0%
Didn't Need It	8	7%	Wait Lists	2	2%
Time	12	11%			
Answer not captured by any other subcodes	1	1%			

Key Informant Code Presence Chart

"Codes" were used to capture similar ideas or themes within the qualitative interview data (i.e. text). The table below shows the number of interviews in which the code appeared. The sum of the subcodes won't add up to the code total since some responses had multiple codes applied.

Theme	Total*	% of Interviews	Theme	Total*	% of Interviews
Challenges/Barriers to Care/Services	17	63%	Effects of COVID-19	26	96%
Cost	4	15%	Isolation	7	26%
Insurance	4	15%	Mental Health	7	26%
Info & Resources to Navigate	10	37%	Social Deficits	6	22%
Language Barriers	5	19%	Telehealth	9	33%
No Providers/Limited Providers	7	26%	Answer not captured by any other subcode	11	41%
Poor Quality	4	15%			
Transportation	4	15%	Isolation	2	7%
Wait Lists	3	11%			
Answer not captured by any other subcode	1	4%	Populations of Focus	19	70%
			CYSHCN	6	22%
Community Needs	27	100%	Hispanic Community	7	26%
Need Internet	3	11%	LGBTQ+	4	15%
Need Housing	18	67%	Rural Communities	12	44%
Need Financial Security	15	56%	Other populations	4	15%
Need Community Support/Programs	11	41%			
Need Behavioral Health/Mental Health Services	16	59%	Opportunities for Improvement	16	59%
Need SUD Services	4	15%			
Need Community Involvement	4	15%	Trusted Sources of Info	24	89%
Need Childcare	3	11%	Church	2	7%
Need Employment	3	11%	Community-Based Organization	9	33%
Needs Healthcare	15	56%	Friends/Family	2	7%
Need Engaged/Supportive Parents	2	7%	Gov. Public Health	12	44%
Needs Food	14	52%	Medical Provider/Clinic	14	52%
Needs Transportation	8	30%	Online	1	4%
Need Education for Parents	6	22%	School	4	15%
Answer not captured by any other subcode	0	0%	Answer not captured by any other subcode	1	4%
Community Strengths	26	96%	What a Family that's "Doing Well" Looks Like	13	48%
Behavioral Health/Mental Health Services	4	15%			
Community Engagement	11	41%	What People Want from Public Health/Gov	27	100%
Community-Based Supports	8	30%	Direct Services & Education	4	15%
Family Support/Strong Family Unit	6	22%	Resource & Information Sharing	10	37%
Food Banks/Food Resources	4	15%	Outreach/Community Engagement	11	41%
Good Mental Health/Good Awareness	5	19%	Transparency	7	26%
Answer not captured by any other subcode	7	26%	Answer not captured by any other subcode	7	26%

Key Informant Interview Code Co-Occurrence Heat Maps

"Codes" were used to capture similar ideas or themes within the qualitative interview data (i.e. text). The table below shows a heat map (i.e. a chart that displays the size of the number using colors) that reflect the number of times codes co-occurred (i.e. the number of times two codes were used on the same section of text). The heat map goes from red (low numbers) to green (high numbers). The colors in the heat maps are relative to the highest and lowest numbers within the charts. Heat maps were used due to small numbers

Populations				
Challenges/Barriers to Care/Services	CYSHCN	Hispanic	LGBTQ+	Rural
Cost				
Insurance				
Info & Resources to Navigate				
Language Barriers				
No Providers/Limited Providers				
Poor Quality				
Transportation				
Wait Lists				
Community Need	CYSHCN	Hispanic	LGBTQ+	Rural
Need Internet				
Need Housing				
Need Financial Security				
Need Community Support/Programs				
Need Behavioral Health/Mental Health Services				
Need SUD Services				
Need Community Involvement				
Need Childcare				
Need Employment				
Need Healthcare				
Need Engaged/Supportive Parents				
Need Food				
Need Transportation				
Need Education for Parents				

	Community Need													
Community Need	Need Internet	Need Housing	Need Financial Security	Need Community Support/Programs	Need Behavioral Health/Mental Health Services	Need Sud Services	Need Community Involvement	Need Childcare	Need Employment	Need Healthcare	Need Engaged/Supportive Parents	Need Food	Need Transportation	Need Education for Parents
Need Internet														
Need Housing														
Need Financial Security														
Need Community Support/Programs														
Need Behavioral Health/Mental Health Services														
Need SUD Services														
Need Community Involvement														
Need Childcare														
Need Employment														
Need Healthcare														
Need Engaged/Supportive Parents														
Need Food														
Need Transportation														
Need Education for Parents														