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educational opportunities for children & families

2016 COMMUNITY ASSESSMENT ADDENDUM

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Community Assessment Addendum 2016

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Final Note

Executive Summary – written by Carol Foster, Executive Director

This Community Assessment Addendum was conducted in collaboration with the three grantees, Educational Opportunities for Children and Families (EOCF), Educational Service District 112 (ESD) administering the Early Head Start and Early Childhood Education and Assistance Program (ECEAP) services in the same service area, as well as Innovative Services Northwest (ISNW) administering ECEAP services in Clark County. These three agencies combined resources to update last year’s community assessment addendum. Input includes all agency programs—Early Head Start, Head Start and ECEAP.

The region covered in this Community Assessment Addendum remains unchanged from 2015 and includes the recruitment and service areas of the three grantees serving the area, in addition to the rest of the Southwest Washington region. The region is comprised of six counties: Clark, Cowlitz, Pacific, Klickitat, Skamania and Wahkiakum. EOCF serves Clark and Pacific Counties, and the Woodland School District in Cowlitz County. ESD 112 serves these counties in addition to parts of Klickitat, Skamania and Wahkiakum Counties.

The three agencies reviewed data to determine whether there are any significant changes to note for this addendum. The narrative that begins on Page 7 discusses the most prevalent issues, ongoing challenges and concerns within Southwest Washington.

Major Issues, Trends and Concerns

Overall Impact of the Recession Begins to Lessen Slightly

Southwest Washington was hit hard by the economic downturn that began in 2008. The region continues to see some upturn in a few areas of the economy. A translatable indicator of poverty for our families is the number of free and reduced lunches, on the increase for both Evergreen and Vancouver School Districts. The five rural counties have free and reduced lunch application rates that are much higher than the state average of 42%, and higher rates of child poverty.

Major challenges facing local communities remain a consistent theme with lack of sustainable family wage jobs, affordable housing, homelessness, mental health issues, substance abuse and lack of transportation, particularly in the more rural areas. Many families are very limited in their ability to travel to a location farther away than their local neighborhood to receive child care and education services.

Available and affordable housing is the area with the most change since 2015 and is now an extreme challenge for our families. This factor impacts enrollment and attendance in our early learning classes. Child poverty continues to be high, specifically in the under-6-year-old population. More households are at or below poverty level, including many “new poor” who have recently fallen into and/or remain in poverty due to economic conditions and unemployment.

Feedback from parents, staff, the EOCF Parent Policy Council and Board of Directors, and community agencies consistently confirms an increase in the number of children with health issues, nutrition and mental health needs, dual language children and their families, children with disabilities and grandparents as the primary caregivers.

Child Well-being

Obesity continues to be a concern both nationally and locally. High percentages of children enrolled in Head Start, Early Head Start and ECEAP programs are overweight or obese, and this has steadily maintained or increased over the past several years, even with nutrition education and the implementation of physical activity education and intervention. Children's overall health is expected to continue to decline due to obesity. Families cannot necessarily travel to grocery stores and farmers' markets to obtain fresh fruits and vegetables, which are typically higher priced. Thus, they rely more and more on low-cost, fast food or filling, but less nutritious, food.

EOCF participates with the Clark County Food Bank in the "Growing Healthy Futures" program that includes establishing gardens at some of our early learning sites, as well as grocery shopping, cooking and nutrition activities and education for children and families.

Family Well-being

The majority of families continue to request Parenting and Health Education.

Twenty-five percent of the parents in the Early Head Start program have less than a high school diploma and in 14% of households with both parents, neither is employed. In single parent families in the Early Head Start Program only 40% are employed, and of all single parent families with children in Early Head Start (birth to three) only three parents are in job training or school. The majority of the families served utilize WIC and SNAP benefits to meet their basic needs.

Major challenges facing local communities remain a consistent theme with lack of jobs, affordable housing, homelessness, substance abuse and lack of transportation. Families that reside in the rural counties have to deal with transportation issues and lack of any available services, needing to travel many miles for medical and dental visits.

Affordable and Available Child Care and Preschool Services

The cost of child care in our region continues to rise. Center-based child care continues to cost more than child care in a family-based setting. In Clark County, center-based child care costs have only risen slightly. Family child care provider costs have risen about 10% in Clark County from 2014 to 2015. This includes infant and preschool rates. Of all counties, Pacific County has seen the largest increase in the cost of center-based preschool services. This county saw a 47% increase from 2014 to 2015.

Over three quarters of families enrolled in our programs utilize relatives for child care. Most cannot afford the costs of child care, as they cannot maintain the requirements for child care subsidies. There is a need for affordable and quality child care and preschool programs in high poverty neighborhoods.

Space for early learning services is very scarce given the recent legislation mandating elementary classroom size reduction and mandatory full-day kindergarten. Providers continue to explore space possibilities in the community; however, requisite remodeling to meet Head Start and Early Head Start Performance Regulations and leasing costs are prohibitive, given grantees' federal funding allocation.

The need for early learning services continues to increase; however, state and federal funding for these programs remains fairly flat. EOCF stakeholders continue to strategize a process for creating a diversified revenue portfolio.

Recommendations and Priorities

The following recommendations are based on the work compiled in this Community Assessment, the findings listed previously, and recent discussions among EOCF staff, management, EOCF Board of Directors, Parent Policy Council and community stakeholders.

1. Continue efforts to ensure that services to those most in need are occurring, including children in extreme poverty, children with disabilities, children in foster care, and families who are homeless. Continue to evaluate and emphasize services and activities that address these needs of eligible families.
2. Continue to evaluate classrooms to address the needs of our children and families:
 - To further support child and family services for Dual Language Learners (DLL):
 - Continue to provide additional training for existing staff to increase knowledge of how to specifically work with DLL children.
 - Continue staff recruitment efforts to increase the numbers of bilingual staff.
3. Promote and establish activities to sustain healthy behaviors for children, families and staff. Data from local sources, as well as our own child outcome aggregated data, reveals the need for more focus on physical activity and nutrition. EOCF continues collaboration with the Clark County Food Bank and the “Growing Healthy Futures” program. Families receive nutrition education, access to site-based and community gardens, coaching on effective grocery shopping and other related services and activities, resulting in positive benefits and outcomes.
4. Continue to review the aggregated data that has been compiled for all children attending Head Start, Early Head Start and ECEAP for intentional program improvements in the areas of science and math education. Continue to explore possibilities for collaborating in mutual, reciprocal teacher training with school districts.
5. Continue to enhance a) school readiness goals in alignment with the Head Start Early Learning Framework, the Washington State Early Learning Guidelines and local kindergarten program initiatives, and b) family engagement activities via implementation of the Parent, Family and Community Engagement Framework in all aspects of our early learning programs and activities with families.
6. Continue expanding partnerships with non-traditional and new potential partners to increase collaboration and services for dual language families, as well as establishing facilities and services within neighborhoods for increased accessibility for families.
7. Continue to increase and grow partnerships with training and employment programs, physicians and medical groups and potential “wrap-around one-stop-shop” services for families.

8. Continue with and grow coalition work in Southwest Washington to unify systems and efforts on behalf of the children and families we serve, including Council for the Homeless, the Children Can't Wait initiative, Support for Early Learning & Families (SELF), Southwest Washington Early Learning Regional Coalition (SWEL), Healthy Learning Collaborative (HLC), etc.
9. Continue to explore space possibilities in the community, leveraging combined resources to move early learning sites into neighborhood schools in those areas of greatest need whenever possible.
10. Increase opportunities for father/male engagement, integrating the cultural diversity of our families. Our strategy is to build strong and resilient families and parent leadership and advocacy skills, resulting in long-term family success and academic success of children.

Final Note

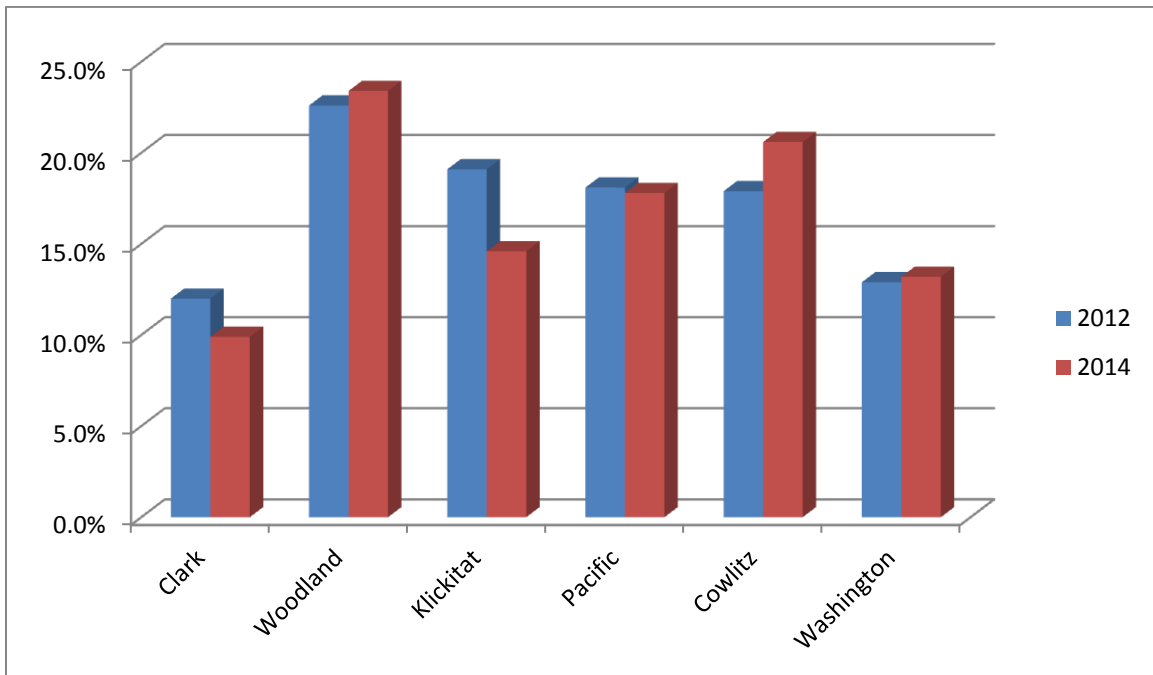
The comprehensive 2011-14 Community Assessment is available on the EOCF website: <http://www.eocfwa.org> for complete information and data on all aspects of Southwest Washington Communities in the counties served by EOCF, ESD 112 and Innovative Services NW.

Collaborative work on the 2017-2020 Comprehensive Community Assessment is scheduled to begin in the fall of 2016.

Narrative

Poverty

Poverty Rate



Location	2012 Poverty Rate	2014 Poverty Rate
Clark	12.0%	9.9%
Woodland	22.6%	23.4%
Klickitat	19.1%	14.6%
Pacific	18.1%	17.8%
Cowlitz	17.9%	20.6%
Washington	12.9%	13.2%

Source: U.S. Census Quick Facts, 2010-2014

Key Findings: The poverty rate in Washington State has risen only slightly between 2012 and 2014. Cowlitz County had the largest increase in poverty rate, jumping almost 3%, while the poverty rate in Clark County decreased by a little over 2%. Woodland, Klickitat, Pacific, and Cowlitz Counties remain at a higher poverty rate than Washington State.

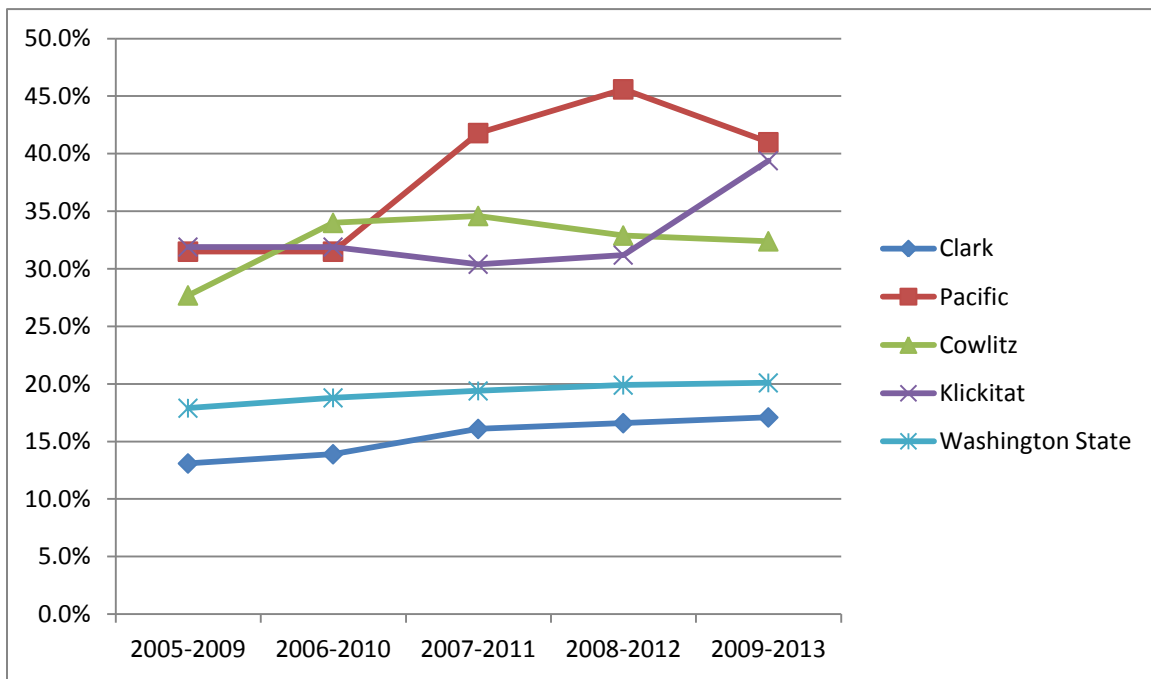
Poverty Rate for City/CDP (Census Designated Place)

Location	Salmon Creek	Battle Ground	Five Corners	Hazel Dell
2012 Poverty Rate	14.8%	12.3%	16.4%	13.5%
2014 Poverty Rate	13.6%	12.2%	13.2%	14.3%

Source: U.S. Census Quick Facts, 2010-2014

Key Findings: The poverty rate in Five Corners decreased by 3.2% from 2012 to 2014. It is now at 13.2%, the same as Washington State. The poverty rates in Salmon Creek and Hazel Dell continue to be slightly higher than the state average.

Child Poverty Rate 0-5



Location	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013
Clark	13.1%	13.9%	16.1%	16.6%	17.1%
Pacific	31.5%	31.5%	41.8%	45.6%	41.0%
Cowlitz	27.7%	34.0%	34.6%	32.9%	32.4%
Klickitat	31.9%	31.9%	30.4%	31.2%	39.4%
Washington	17.9%	18.8%	19.4%	19.9%	20.1%

Source: Washington Kids Count Data Center, 2014

Key Findings: Childhood poverty in Clark County remains consistently lower than the state average. Pacific, Cowlitz, and Klickitat Counties have a significantly and consistently higher rate of poverty than the state average.

Housing

The number of affordable and available housing units continues to decrease in southwest Washington for many families who face a severe housing cost burden. Lower income families that spend the majority of their income on rent and utilities are at great risk of homelessness. They have no cushion against emergencies or dips in income that are typical of earnings in the low wage work force. At the very least, they do not have money to afford housing plus other basic necessities such as food, medicine, transportation, and childcare. Another consequence of an inadequate supply of affordable housing is that poor families are forced to live in substandard units that can be unhealthy and unsafe. Or they must move in (double up) with family or friends, which can result in overcrowding and stress. Some families have to live in areas that are distant from jobs and other services, increasing their transportation costs and reducing time spent with family.

The 2015 Fair Market Rent (FMR) for a two-bedroom apartment is \$1,128 in Washington State. In no state can a minimum wage worker afford a one-bedroom rental unit at Fair Market Rent, working a standard 40-hour work week, without paying more than 30% of their income.

County/ Location	2015 Hourly Wage Necessary to Afford Two-Bedroom @ Fair Market Rate (FMR)	2015 Annual Income Needed to Afford Two Bedroom @ Fair Market Rate (FMR)	2015 Full-Time Jobs at Minimum Wage Needed to Afford Two-Bedroom @ Fair Market Rate (FMR)
Clark	\$18.15	\$37,760	1.9
Pacific	\$14.75	\$30,680	1.6
Cowlitz, City of Woodland	\$14.17	\$29,480	1.5
Klickitat	\$13.08	\$27,200	1.4

Clark County

Currently there are 158,365 total households in the county. Low-income renter households totals 31,890. Subsidized housing units total 6,350. The number of subsidized units available for eligible renter households at different income thresholds varies from 51 units per 100 households for 9,933 households (0%-30% median family income) to 4 units per 100 households for 11,199 households (50%-80% median family income). 25.6% of renters spend \$1,000-\$1,499 per month on rent; 18.2% spend \$1,500-\$1,999 and 15.6% spend \$2,000 or more.

Pacific County

Pacific County is less populated and although rent is somewhat less expensive, income can also be lower. Total households currently number 9,363 with 1,625 of those households designated as low-income renters. Subsidized housing units total 326. 34.7% of renters spend \$500-\$749; 21.8% of renters spend \$750-\$999 and 17.5% of renters spend \$1,000-\$1,499.

Cowlitz County

Cowlitz County is comprised of 39,683 households. 8,935 of those are designated as low-income renter households. Subsidized housing units total 1,256. 28.8% of renters are paying between \$1,000-\$1,499 monthly; 5.1% are paying \$900-\$999 and 9.6% are paying \$700-\$799.

Klickitat County

There are 8,924 households in the county with 1,740 of those designated as low-income renter households. There are 277 subsidized housing units in the county. Renters in Klickitat County include 19.5% who pay \$1,000-\$1,499; 7.1% who pay \$800-\$899 and 8.9% who pay \$700-\$799. Many of the current subsidized housing units throughout the state are scheduled to expire by 2017.

<i>Location</i>	<i>Monthly Housing Cost (Median)</i>	<i>Percentage of Household Income used for Housing Costs</i>
Clark	\$1,190	12%-30%
Pacific	\$ 701	20%-24.9%
Cowlitz, Woodland County	\$1,093	11.3%-13.3%
Klickitat	\$758	10.2%-14.2%

Sources:

- *American Community Survey, U.S. Census, 2014*
- *Office of Financial Management, Washington State, 2014*
- *2015 Housing Needs Assessment, Department of Commerce, Washington State*
- *“Out of Reach 2015” - National Low Income Housing Coalition, www.nlihc.org*

Homelessness

Education Attainment

Drop-Out Rates for the Homeless

Location	2015	2014
Clark	30.2%	31.9%
Cowlitz	27.5%	24.6%
Klickitat	27.8%	33.3%
Pacific	21.9%	45.9%
Washington	28.9%	31.2%

Source: [State of Washington, Office of Superintendent of Public Instruction, 2015 & 2014](#)

Key Findings for Education Attainment: The drop-out rate for the homeless for 2015 is highest in Clark County with 30.2%, which is slightly above the State rate of 28.9%. Pacific County has the lowest drop-out rate for the homeless at 21.9%, significantly lower than the drop-out rate for 2014. Overall drop-out percentages decreased in all counties but Cowlitz County in 2015.

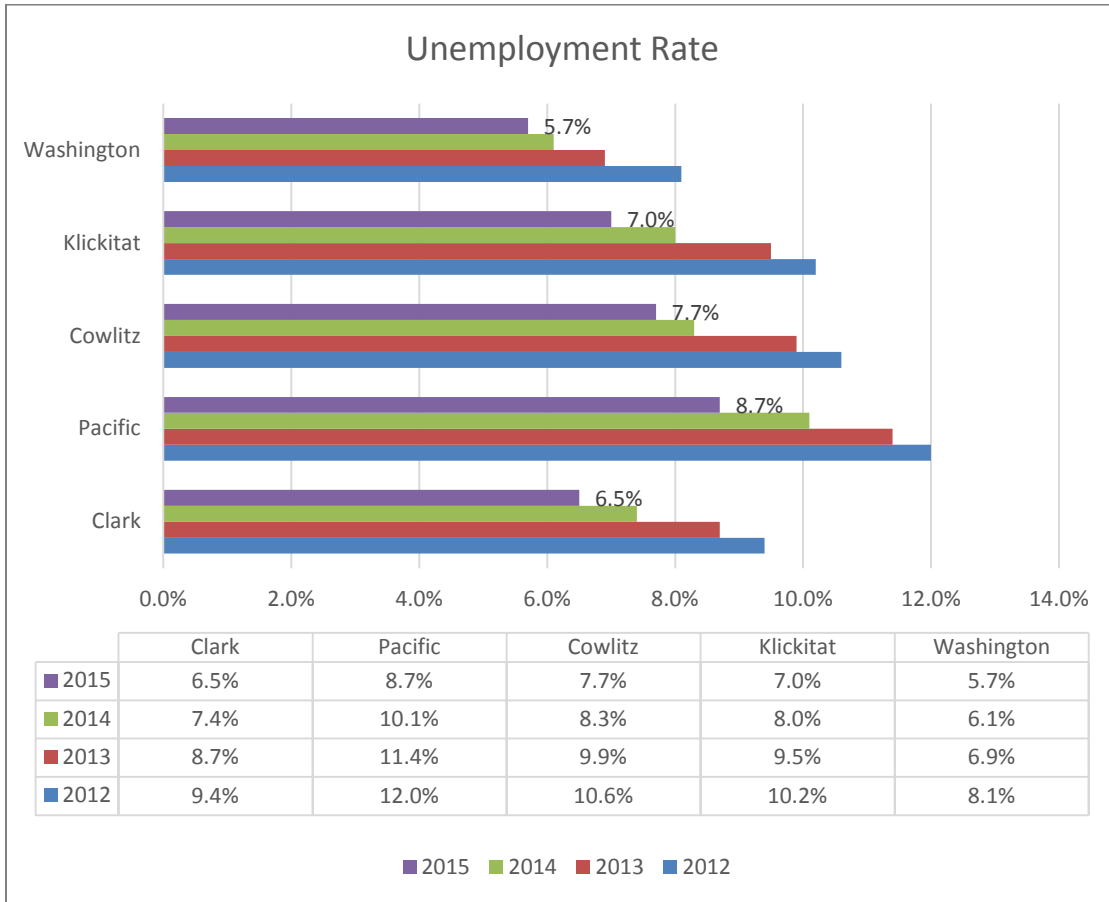
Social Services

Homeless Count Location 2015 (2013 totals)	Total Homeless (Sheltered and Unsheltered) Households with only Minors	Chronically Homeless Individuals (Emergency Shelter, Safe Haven and Unsheltered)
Clark	362 (351)	81 (81)
Cowlitz	150 (150)	59 (39)
Klickitat	33 (20)	2 (1)
Pacific	41 (80)	27 (14)
Washington	6895 (7,142)	2250 (1,925)

Source: [Washington State Point in Time Count of Homeless Persons - January 2015 & 2013](#)

Key Findings: The State of Washington identified approximately 6,895 homeless individuals with minor children in 2015, 247 less than were identified in 2013. The total of the four counties represents approximately 8.0% of the State's total homeless, .4% less than in 2013. There are a total of approximately 169 individuals who are chronically homeless within Clark, Cowlitz, Klickitat, and Pacific counties, 34 more than were identified in 2013.

Employment



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2016

Key Findings: The unemployment rate for Washington State went down .4% from 2014 to 2015. All of the Counties in our service areas had unemployment rates go down even larger than that with Cowlitz .6%, Clark .9%, Klickitat 1%, and Pacific 1.4%. However each of the Counties still has an unemployment rate higher than the State rate.

Median Household Income

Location	2011	2012	2013	2014
Clark	\$54,951	\$56,054	\$57,674	\$59,341
Cowlitz	\$41,406	\$42,752	\$44,058	\$45,403
Klickitat	\$43,104	\$44,825	\$44,274	\$43,731
Pacific	\$37,420	\$38,018	\$39,204	\$40,426
Woodland	\$52,843	\$58,542	\$58,542	
Washington	\$55,500	\$56,444	\$57,554	\$58,686

Source: Washington Kids Count and Bureau of Economic Analysis

Key Findings: Median household income for Clark County is slightly higher than the State average. All other counties are below the State average. Pacific County continues to have the lowest median income. All counties continue to slightly rise each year, with the exception of Klickitat County, which continues to decrease each year.

Median Household Income for Families with Children

Location	2011	2012	2013	2014
Clark	\$60,833	\$63,158	\$65,711	
Cowlitz	\$43,878	\$55,608	\$60,955	
Klickitat	N.A.	N.A.	N.A.	
Pacific	N.A.	N.A.	N.A.	
Washington	\$64,300	\$65,700	\$66,500	\$69,300

Source: Washington Kids Count (no new information by county)

Key Findings: Both Clark and Cowlitz County have lower median household incomes for families with children than the State average. Both Counties' and the State's median household income for families with children has gone up slightly each year.

Childcare

2015 Median Center Child Care Rates- by Age and County				
County	Infant	Toddler	Preschool	School Age
Clark	\$1062	\$901	\$763	\$553
Cowlitz	\$802	\$693	\$628	\$576
Klickitat	Not available	Not available	Not available	Not available
Pacific	\$618	\$585	\$542	\$542

Source: Child Care Aware of Washington-2015

Number of Child Care Programs by Type						
County	(CCC) Exempt School Age Program	(CCC) Summer Camp	Child Care Center	Family Child Care	Preschool Program	School Age Program
Clark	5	20	84	144	47	20
Cowlitz	8	NA	20	20	13	NA
Klickitat	NA	NA	2	6	4	NA
Pacific	NA	NA	6	6	5	NA

Source: Child Care Aware of Washington-2015

Vacancies by County	
County	# of Openings/Vacancies
Clark	1603
Cowlitz	285
Klickitat	16
Pacific	36

Source: Child Care Aware of Washington-2015

KEY FINDINGS: The cost of child care in our region continues to rise. Center based child care continues to cost more than child care in a family based setting. In Clark County, center based child care costs are only risen slightly. Family child care provider costs have risen about 10% in Clark County from 2014 to 2015. This includes infant and preschool rates. Of all counties, Pacific County has seen the largest increase in the cost of center based preschool services. This county saw a 47% increase from 2014 to 2015.

Health

Changes/Updates

Like pre-pregnancy obesity, weight gain above the recommended range during pregnancy can increase risks for mother and child. Well-established risks for the mother include Caesarean delivery and postpartum weight retention, and movement into a higher BMI category. Infant risks include high birth weight and childhood obesity.

Affordable Care Act (ACA). In March 2010, the ACA was signed into law. The majority of the ACA's provisions became effective on or before January 1, 2014. A central focus of the law is to transform and strengthen primary healthcare to improve patient outcomes and lower costs. Additionally, the ACA implemented reforms designed to improve access to care including, but not limited to: allowing adult children to remain on their parents' insurance plan until the age of 26; expanding Medicaid coverage to low-income adults with household incomes up to 38% higher than the federal poverty limit; establishing "essential health benefits" that must be covered by all health insurance plans; and prohibiting insurance companies from denying coverage based on preexisting health conditions. Washington State is working to fully implement the ACA by expanding Medicaid, implementing a health benefits exchange and supporting patient-centered care, in addition to other reforms. The State Health Care Innovation Plan published in December 2013 outlines these efforts in detail.

- ***Medicaid expansion:*** Medicaid is the largest single source of major medical coverage serving low-income residents in Washington State. Currently, Medicaid covers nearly 1.5 million Washingtonians, including children under age six and pregnant women with family incomes up to 38% higher than the federal poverty limit and children ages 6–19 with family incomes up to the federal poverty level. In January 2014, Medicaid expanded to include individuals (parents and adults without dependent children) with incomes up to 38% of the federal poverty limit. During January 1-March 27, 2014, 268,000 newly qualified people in Washington enrolled in Medicaid. This number is expected to reach about 325,000 new Medicaid clients over several years.
- ***Health benefit exchanges:*** In October 2013, Washington State rolled out the "Health Benefit Exchange" as a new marketplace for individuals, families and small businesses to find, compare and enroll in qualified health insurance plans. Plans are offered in the "metallic" tier system characterized by descending levels of benefit—platinum, gold, silver and bronze. Through this marketplace, consumers whose incomes are up to four times of the federal poverty limit can apply for tax credits and financial help for affordable health coverage. Early estimates show that as many as 400,000 Washingtonians may obtain private health insurance through the exchange. As of March 31, 2014, more than 146,000 people purchased health insurance through the exchange.
- ***Medical homes:*** The core idea behind the medical home concept is to enhance patient access to a regular source of primary care, create a stable and ongoing relationship with a personal HCP who directs a care team, and provide timely and well-organized healthcare services that emphasize prevention and chronic condition management. During the past several years, the Washington State medical home plan has expanded from a focus on improving care for children with special healthcare needs to improving care for people of all ages. To set the stage for this transformation towards the medical home concept, Washington has already implemented several successful demonstration projects led by both public and private initiatives. The ACA provides an opportunity to strengthen Washington's primary care and to expand the implementation of the medical home

concept. The law strengthens primary care by giving patients incentives to obtain annual preventive care free of additional charge, and promotes new payment structures that reward positive patient outcomes rather than fee for service. The law specifically encourages the adoption of medical homes by offering states the option to increase reimbursement to primary care sites designated as “health” homes—a concept similar to medical homes—for Medicaid patients.

- **Reimbursement and subsidy programs for safety net clinics, such as rural health clinics and community health centers.** The Rural Health Clinics program was established to stabilize access to outpatient primary healthcare in medically underserved rural areas and to encourage the use of physician’s assistants, nurse practitioners and certified nurse midwives in primary care. Under the program, private and nonprofit clinics can seek certification as a rural health clinic from the U.S. Centers for Medicare and Medicaid Services. These clinics are eligible for enhanced Medicare and Medicaid reimbursement.

Washington’s community health centers are local, nonprofit, community-owned healthcare facilities that serve low-income and medically underserved communities. In 2012, these centers served 789,707 Washington residents, of whom 43% were on Medicaid, 35% were uninsured, and 37% were children.

Health Determinants/Barriers

Social and Economic Position (SEP). The social and economic determinants of health have not changed. Low-income families continue to face barriers to optimum health as well as to appropriate healthcare. Common barriers to care and coverage include low family income, education level, language barriers, lack of permanent housing, frequent moves, lifestyle choices in reaction to stress, legal issues and limited transportation options.

Poverty and unemployment. A major barrier to receipt of primary healthcare is limited financial means. Health insurance is often tied to employment; individuals with no employment or part-time employment are less likely to have health coverage. In turn, this group of unemployed or underemployed individuals is more likely to delay medical treatment because of cost. High deductibles, co-payments and out-of-pocket expenses can also act as deterrents. These barriers likely affect some racial and ethnic groups in Washington more than others. For example, black and Hispanic residents have higher rates of unemployment than white residents. These groups also have higher percentages of individuals living in poverty than white and Asian groups.

Research indicates there is a current shortage of healthcare providers serving low-income communities. These communities are commonly associated with low rates of insurance coverage and high rates of Medicaid enrollment. According to the Office of Financial Management, the rural parts of western and southwest Washington have the highest percent of providers not accepting Medicaid patients.

Early childhood and intergenerational factors. Growing up in poverty or with other early life stressors might not cause immediate health consequences but can significantly affect an individual’s future health. For example, chronic maternal stress alters hormonal regulation during pregnancy. Excess stress hormones like cortisol can cause preterm labor and slow fetal growth, both of which cause low infant birth weight. Recent evidence suggests that low birth weight, which is more common for newborns among women of low compared to high SEP, increases risk of coronary heart disease and diabetes.

A growing body of research also links adverse childhood experiences to altered brain and immune system development affecting lifelong health. Many adverse childhood experiences—for example, child abuse and neglect and exposure to domestic violence—are more common among children of low compared to high SEP.

In addition to social circumstances affecting biology, parental income and education determine children’s housing conditions, food quality and access to educational opportunities. In turn, these factors affect future employment and adult SEP. Other critical life events—such as transitions from school to job to marriage and childrearing to retirement—require material resources that people living in lower SEP households often lack.

Geographic access and transport. More than 14% of the state’s population lives in areas without any form of public transportation, making access to care difficult for many seniors, disabled persons, and those without reliable transportation. In addition, weather-related road closures and long distances to the nearest healthcare facilities can further isolate rural populations.

Limited English proficiency. Language barriers compromise access to consistent high quality care. Language barriers can lead to misunderstanding of diagnosis, treatment, self-care choices and follow-up care plans; inappropriate use of medications; lack of informed consent for procedures; longer hospital stays; and poor patient satisfaction. Linguistically isolated households are defined as no one in the household older than 14 years speaks English “very well.”

Near-poor with health conditions. Individuals in fair or poor health status are more likely to be uninsured compared to those who report being in good or excellent health. This is concerning because those individuals also tend to have greater healthcare needs. Many low-income Washington residents with preexisting conditions and no employer-based health insurance do not qualify for Medicaid. As a result this group’s only option for health insurance is through individual health policies. These policies often have high deductibles and expensive monthly premiums. In some situations, preexisting conditions lead to denial of private insurance. The ACA includes provisions, such as prohibiting insurance companies from denying health insurance based on a preexisting health condition, to solve this problem. It is, however, too early to assess the law’s impact.

Continued Intervention

The Guide to Community Preventive Services (<http://www.thecommunityguide.org/index.html>) recommends the following evidence-based approaches:

- Full-day kindergarten for low-income and minority children to improve reading and mathematics achievement—factors closely related to long-term academic and health-related outcomes, such as reduced teen pregnancy.
- Comprehensive, center-based programs, such as Head Start and Early Childhood Education and Assistance Program, for children ages three through five in low-income families. These programs prevent delays in cognitive development and increase readiness to learn. The Guide notes one such program that assessed participants at ages 19 and 27 and found fewer teen pregnancies and arrests and higher high school graduation rates and earnings compared to similar children who did not participate in the program. These programs also help parents provide stability and stimulation to children and strengthen their ability to meet children’s developmental needs at home.

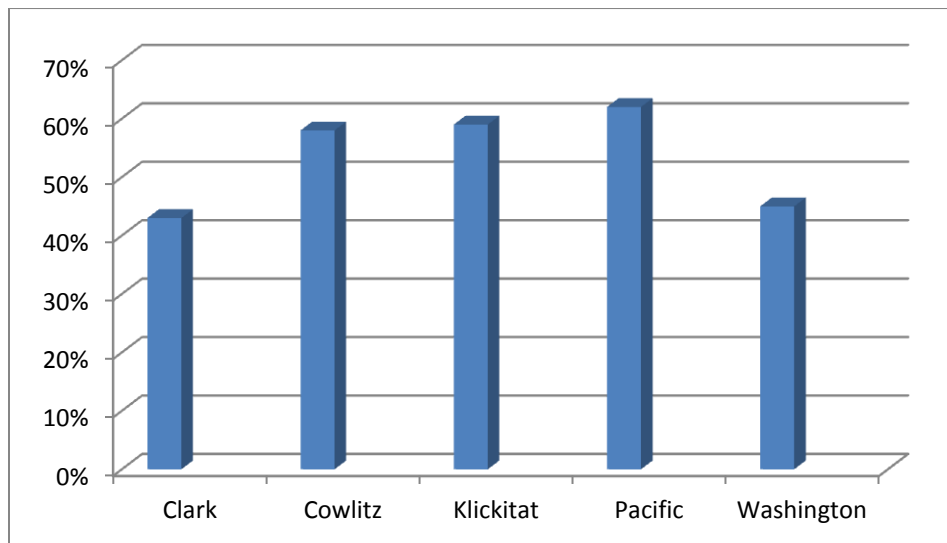
- Tenant-based rental assistance programs to reduce exposure to crime and victimization of low-income individuals.

Source: Washington State Department of Health: www.doh.wa.gov/

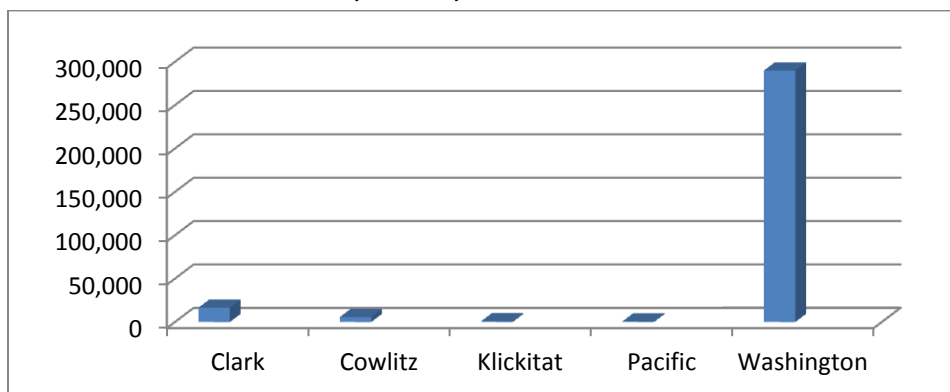
Nutrition

Women Infants and Children Program

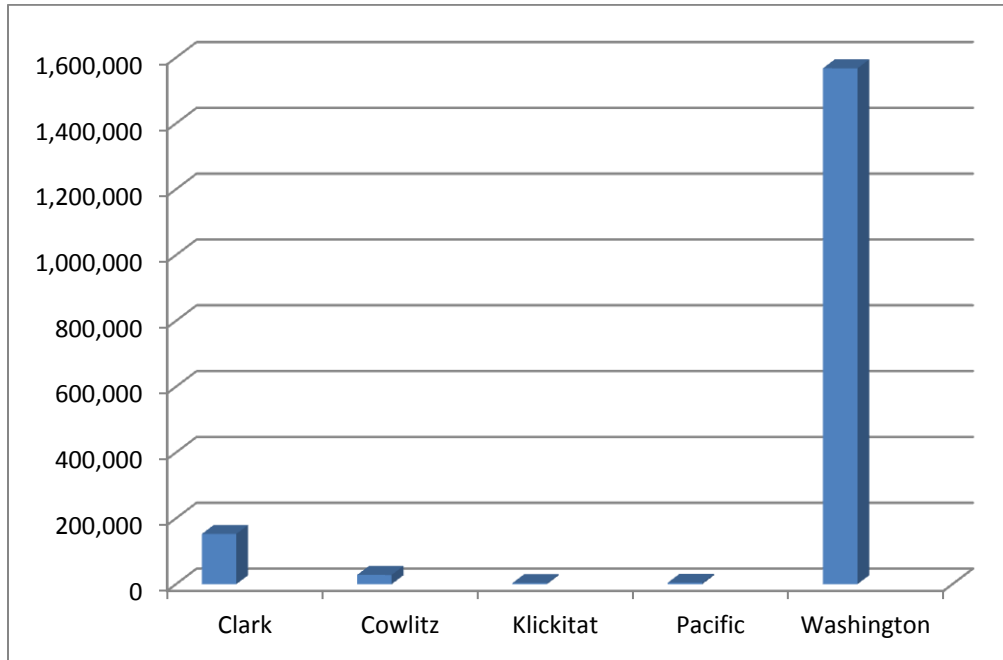
Infants Born Served by WIC %



Women, Infants, and Children Served



WIC Referrals



Location	Infants Born Served by WIC %	Women, Infants, and Children served	WIC Referrals
Clark	43%	16,566	152,617
Cowlitz	58%	5,752	152,617
Klickitat	59%	966	3,223
Pacific	62%	808	4,217
Washington	45%	287,945	1,567,656

Source: Special Supplemental Nutrition Program for Women, Infants and Children 2015

Key Findings: WIC participation is greater than the State rate in all Counties except Clark County, which has the lowest percentage of infants served by WIC. The total number of women, infants and children served represents approximately 18.5% of the state participation rate.

Washington Public Schools Free and Reduced-Price meal Eligibility, 2015

County/District Number	Public School Districts	Oct. 2015 Free	Oct.2015 Reduced	Oct. 2015 Total applications	% of Free and Reduced
06-037	Vancouver SD	9,181	1,582	22,915	47%
06-098	Hockinson SD	221	115	1,872	17.9%
06-101	La Center SD	273	116	1,572	24.7%
06-103	Green Mountain SD	40	18	159	36.5%
06-112	Washougal SD	927	180	3,177	34.8%
06-114	Evergreen SD	9,104	2,240	25,900	43.8%
06-117	Camas SD	742	191	6,836	13.6%
06-119	Battle Ground SD	2,948	1,031	12,469	31.9%
06-122	Ridgefield SD	526	114	2,465	26.0%
Clark County Total		23,962	5,587	77,365	38.2%
08-122	Longview SD	3,430	413	6,704	57.3%
08-130	Toutle Lake SD	192	53	679	37.8%
08-401	Castle Rock SD	468	83	1,191	46.3%
08-401	Kalama SD	272	42	939	30.8%
08-404	Woodland SD	773	119	2,232	40.0%
08-458	Kelso SD	2,15	370	4,990	50.4%
Cowlitz County Total		7,255	1,080	16,705	49.9%
20-094	Wishram SD	68	9	93	82.8%
20-215	Centerville SD	27	9	83	43.4%
20-401	Glenwood SD	17	5	63	34.9%
20-402	Klickitat SD	57	0	74	77.0%
20-404	Goldendale SD	461	71	945	56.3%
20-405	White Salmon Valley SD	467	109	1,306	44.1%
20-406	Lyle SD	168	0	238	70.6%
Klickitat County Total		1,265	203	2,802	52.4%
25-101	Ocean Beach SD	524	104	1,016	61.8%
25-116	Raymond SD	582	0	711	81.9
25-118	South Bend SD	414	0	552	75.0%
25-155	Naselle-Grays River Valley SD	153	38	324	43.2%
25-160	Willapa Valley SD	135	30	382	43.2
25-200	North River SD	32	11	67	64.2%
Pacific County Total		1,840	183	3,052	66.3%

Source: www.k12.wa.us/childnutrition/reports.aspx

Disabilities

Ages 0-2 Special Needs by Type Information – 2015

Types of Disability	Clark	Cowlitz	Klickitat	Pacific	Washington State
Asthma	0	1	0	0	14
Autism	4	0	1	0	207
Cerebral Palsy	4	1	0	0	74
Congenital Anomaly	0	6	2	0	163
Deaf	2	1	0	0	46
Developmental Delay	1	1	4	4	761
Down Syndrome	24	1	0	0	404
Epilepsy	4	3	1	0	41
Failure to Thrive	4	0	1	1	127
Hearing Loss	15	1	1	2	345
Metabolic Disorder	1	0	0	0	8
Microcephaly	2	1	0	0	31
Neurological Impairment	0	4	0	0	41
No Diagnosis	320	212	39	31	8,872
Orthopedically Impaired	1	4	0	0	27
Other	65	26	8	6	1,953
Other Respiratory Disease	0	1	0	0	23
Prematurity	23	13	5	0	921
Severe Injury	1	1	0	0	20
Spina Bifida	2	1	1	0	43
Thyroid Disorder	0	1	0	0	8
Visual Impairment	7	1	1	0	76
Totals	480	280	64	44	14,205

Source: Office of Superintendent of Public Instruction, Special Education 2015

Key Findings: The number of children with disabilities/special needs in the state of Washington continues to increase. Data reports from 2013 through 2015 reflect an increase of 739 children with disabilities/special needs. Developmental delay, Down syndrome, hearing loss and autism reflect the highest percentages. The percentage of children within our counties has decreased each year. The category of 'no diagnosis' has declined over all county-wide, but increased by 1,068 state wide. Children with an 'other' category of disability has decreased slightly for both the counties and state. Total disabilities from each county represent approximately 6.1% of the number of children reflected in the state data.

Special Needs by Type for Children Ages 3-5 Information – 2015

Types of Disability	Clark	Cowlitz	Klickitat	Pacific	Washington State
Autism	45	9	1	1	1,181
Communication Disordered	317	79	15	26	4,322
Deaf/Blind	0	0	0	0	-
Deaf/Hearing Impaired	16	0	1	0	158
Developmental Delayed	497	158	33	31	8,869
Emotionally/Behaviorally Disabled	2	0	0	0	10
Health Impaired	26	1	2	2	579
Intellectual Disabilities	2	0	0	0	17
Multiple Disabilities	10	0	0	0	102
Orthopedically Impaired	3	1	0	0	64
Specific Learning Disabilities	0	0	0	0	6
Traumatic Brain Injury	0	0	0	0	12
Visually Impaired	3	0	0	0	41
Totals	921	248	52	60	15,361

Source: Department of Early Learning

Key Findings: From 2013 to 2015 children with disabilities/special needs increased in the state of Washington from 14,663 to 15,361. That is an increase of 698 or 2.38% annually. Both the county and state data reflects developmental delay, speech and autism affecting the highest number of children ages three to five. Approximately 57.7% of the children being served by the state experience developmental delay disorder. Children experiencing autism is approximately 28.1%. Between 2013 and 2015 children experiencing communication disorder increased by 8.4%.

Mental Health

Key Findings: No significant changes, as identified through data gathering through spring of 2016, were available.

Substance Abuse and Addiction

With the legalization of marijuana, youth and families are less likely to note marijuana as a drug. The use of heroin by youth is rising. Their addiction with heroin typically begins with unsupervised prescription pain medication. Ten years ago it was rare to see youth that would inject drugs. Since the rise of opiate addiction IV it is gaining popularity in youth drug using populations.

Alcohol and Substance Abuse - Youths 0-17	Number of Clients Served	Percentage
Clark	480	0.4%
Pacific	44	1.2%
Woodland	4	0.3%
Cowlitz	209	0.8%

Source: Department of Behavior and Health Resources, within DSHS 2012

ACEs-Adverse Childhood Experiences: Drinking and illicit drug use in Washington State is included in ACEs higher risky health behavior scores. Substance abuse is included in the category of household dysfunction in this assessment process. From the Foundation for Healthy Generations (2015) greater than six (6) adults are nine times more likely to experience life dissatisfaction and 4.6 times more likely to suffer chronic disease and engage in risky behaviors.

According to the 2020 Cowlitz Community Report Card (2016) the ACEs research shows that while the average life span of a child born today is 80 years, a child who has six (6) or more adverse childhood experiences on average will find their life span reduced to 60 years. Drugs and/or alcohol problems are noted as intergenerational ACE transmissions. In Pacific County 27 percent of adults experience three (3) or more ACES (reference Adverse Childhood Experiences).

Impact on Children Served: EOCF is currently serving seven (7) children/families with previous substance abuse and 15 children/families are involved with substance treatment (based on current PIR information). ESD 112 is showing that they are currently serving 15.7 percent of ECEAP families experiencing substance abuse. State average for ECEAP is eight (8) percent.

Available Services for Chemical Dependency

County	Inpatient	Outpatient
Clark	2 (one of which serves youth)	21 (6 serve youth and adults; 1 serves youth only)
Cowlitz	2 (only serving adults)	9 (3 serve youth and 3 serving correctional)
Pacific	2 (only serving adults)	7 (1 serves Native Americans, 1 serves youth corrections and 1 serves youth services)

Source: Directory of certified services in Washington State 9/2014

Treatment Admissions - Heroin 2010				Opioid Trends 2002-2013	
County	1999 Count	2010 Count	2010 rate per 100,000	Publicly funded treatment admissions 2002-4/2011-13 /Inc. % (annual rate per 100,000)	Deaths attributed to any opiate 2002-4/2011-13/increase % (annual rate per 100,000)
Cowlitz	119	336	329.5	117.3/250.1/113%	10.3/17.9/73.9%
Clark	113	714	165.3	48.5/167.8/246%	5/7.9/57.9%
Pacific/Wahkiakum	10	31	122.4		
Pacific Only				62.7/289.8/362.1%	Nothing noted

Clark County

According to the 2015 Community Health Assessment regarding drug related deaths (2010) indicators show a worsening trend of males slightly higher (per 100,000). Community themes and strength assessment shows that mental health and substance abuse treatment are noted as an identified problem.

Cowlitz County

Referring to the 2020 Cowlitz Community Report Card (2016):

The Cowlitz Family Health Center and the Drug Abuse Prevention Center announced early in 2015 that they were merging primary care and treatment for drug and alcohol addiction and these integrated approaches are incorporated with the Lower Columbia Mental Health and the Cowlitz Tribe.

This 2020 report card also shows that continued increases of alcohol and drug related mortality rates have risen steadily from 2001-2013 at 36.7 to 47.5 (per 100,000) compared to the state numbers 22.3-28.2 during that same time frame.

County	6 th Grade Tried marijuana/binge drinking	8 th Grade Tried marijuana/binge drinking	10 th Grade Tried marijuana/binge drinking	12 th Grade Tried marijuana/binge drinking
Clark	1%/3%	8%/5%	19%/12%	27%/20%
Cowlitz	1%/3%	9%/10%	18%/23%	26%/34%
Pacific	2%/2%	7%/2%	23%/13%	28%/20%
Statewide	%/2%	7%/5%	18%/11%	27%/19%

Source: Healthy Youth Survey information

Transportation

In September 2015, C-TRAN began construction on a project that will replace the current service with a new Fourth Plain Bus Rapid Transit System, The Vine. The Vine will utilize larger buses and level boarding stations in order to:

- Reduce travel time
- Improve reliability; and
- Control Costs

The Vine will save riders up to 10 minutes on each trip and the service frequency will increase to 10 minutes per trip in the peak hours compared to 15 minutes today. It will connect downtown Vancouver with Westfield Vancouver Mall to the east, serving Clark College and Fourth Plain Boulevard businesses along the way. It will also provide a unique identity with 34 stations that will offer passengers a safe, secure and reliable transit experience, all while improving the visual and economic climate of the corridor by supporting not only transit riders, but our community as well. The Vine will be constructed with existing local, state and federal funds; which means no tax increase is needed to fund it.

Other than the Vine, there are no significant changes in transportation this year. There is no current data to compare.

Source: *C-Tran.com, Census.gov*

Languages and Culture/Racial Ethnic Characteristics

Clark County

Clark County's racial/ethnic demographics for 2013 were:

- White*: 85% (375,289)
- Hispanic: 8% (37,171)
- Asian*: 4% (18,171)
- Two or more races*: 4% (18,585)
- Black*: 2% (10,319)
- Amer. Indian/Alaska Native*: 1% (3,847)
- Pacific Islander*: 1% (2,945)
- Other*: 3% (14,661)

*Race groups are non-Hispanic.

Language Spoken at Home: In 2013, 86% (355,654) of residents over age 5 spoke English at home. Fourteen percent (59,460) spoke a language other than English at home. Forty-one percent of the people who spoke a language other than English at home speak English *less than* "very well" (24,151) The languages spoken by these people were:

- Indo-European: 8,143 • Spanish: 9,429
- Asian/Pacific Islander: 6,338 • Other: 241

Cowlitz County

Cowlitz County's racial/ethnic demographics for 2014 were:

1. White
2. Hispanic

Language Spoken at Home: The most common non-English language is:

- Spanish
- Russian
- Mon-Khmer, Cambodian

Cowlitz County, WA has a relatively high number of speakers of:

- Mon-Khmer, Cambodian
- Scandinavian
- Russian

Klickitat County

Klickitat County's racial/ethnic demographics for 2014 were:

- White: 81.9%
- Black: 0.6%
- American Indian, Alaskan Native: 2.8%
- Asian, Native Hawaiian, Other Pacific Islander: 1.0%
- Hispanic or Latino, any race: 12.3%

Language Spoken at Home: In 2014 the number of residents over age 5 who spoke Spanish (8.6%); French (0.5%); Other Pacific Island (0.4%); Persian (0.2%); Scandinavian (0.1%); African (0.1%).

Pacific County

Pacific County's racial/ethnic demographics for 2014 were:

- White Non-Hispanic Alone (84.6%)
- Hispanic or Latino (8.0%)
- Two or more races (2.9%)
- American Indian and Alaska Native alone (2.0%)
- Asian alone (2.0%)

Language Spoken at Home: In 2014 the number of residents over age 5 who spoke Spanish (5.9-10.8); Asian-Pacific Islander (2.1-11).

Source: Census Bureau, 2014 ACS 5-year Estimate

Final Note

The comprehensive 2011-14 Community Assessment is available on the EOCF website: <http://www.eocfwa.org> for complete information and data on all aspects of Southwest Washington Communities in the counties served by EOCF, ESD 112 and Innovative Services NW.

Collaborative work on the 2017-2020 comprehensive Community Assessment is scheduled to begin in the fall of 2016.