

Skagit County COMMUNITY HEALTH ASSESSMENT

2025



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

SKAGIT COUNTY PUBLIC HEALTH, HEALTH OFFICER REMARKS

WE BEGAN WORK ON THE COMMUNITY HEALTH ASSESSMENT (CHA) in October 2024. As we started the CHA, we were both returning to normal and recognizing that some things would never be the same after COVID. This CHA gives us an in-depth look at data from 2023, the most recent year data was available.

The process took over a year to complete and involved many community agencies and individuals in a broad and inclusive way. Once the data was collected, it was then validated, explained, and updated, but it still could only reflect that moment in time. And times were changing.

We conduct a CHA every five years. While these assessments are valuable for setting direction and guiding decisions, their relevance can diminish over time. Abrupt changes in both policy and funding, such as cuts to SNAP, WIC, Medicaid, education and behavioral health grants can dramatically shift circumstances in a matter of days, weeks, or months. Thus, in our current rapidly changing environment, results can be out of date by the time they are published.

Even so, we must recognize the CHA provides a critical foundation for our work. While some data and situations may be out of date, they still offer valuable context and insight. Information in this report must be re-evaluated in real time to ensure that any proposed actions remain relevant. We must be flexible and innovative to provide high-quality public health services to our community and to protect our most vulnerable populations.

Howard Leibrand, MD
Skagit County Public Health Officer

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Photo by Jennifer Landhal



Population Health Trust Members

POPULATION HEALTH TRUST

THE POPULATION HEALTH TRUST (PHT or Trust) is the community advisory board to the Skagit County Board of Health. Members represent a broad spectrum of organizations and together they work to establish and implement a common agenda in support of community health. The Trust is responsible for the CHA and for strategic planning to ensure that all community members have equitable access to opportunities for health and wellness.

VISION
MISSION

Growing Healthy Communities

Working Together to Improve Health for ALL

“ONE OF THE TOUCHSTONES OF COLLECTIVE IMPACT WORK IS THE DEVELOPMENT OF SHARED MEASURES OF SUCCESS. HAVING SHARED METRICS ENSURES THAT OUR EFFORTS REMAIN ALIGNED ACROSS ORGANIZATIONS, CONTRIBUTE TO COLLECTIVE IMPACT, AND SUPPORT OUR MISSION: WORKING TOGETHER TO IMPROVE HEALTH FOR ALL.”

– Dr. Maureen Pettitt, PHT Member

PURPOSE

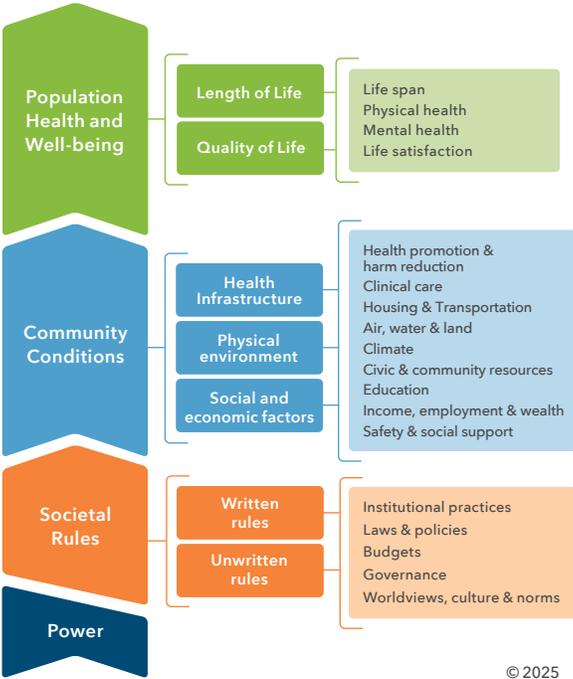
EVERY FIVE YEARS, Skagit County conducts a Community Health Assessment (CHA). This process provides an opportunity to identify our community’s health-related strengths and challenges. It can also help us better understand the factors that influence health outcomes and develop strategic approaches to improving health for everyone.

FRAMEWORKS

THERE ARE TWO FRAMEWORKS that guide the Trust’s data collection and understanding of community health.

Social Determinants of Health

The first comes from the University of Wisconsin/Robert Wood Johnson Foundation (RWJF) and helps us understand that health happens in the places where people live, work, play, and age. There are many factors that contribute to both the quality and length of life. Known as the **Social Determinants of Health** (SDOH), these conditions, such as access to education, employment opportunities, housing, and quality healthcare, influence health outcomes. Power and societal rules, both written and unwritten, determine who has access to resources like quality education, safe neighborhoods, and living-wage jobs. These resources create the conditions for good health.



2025 University of Wisconsin
Population Health Institute
Model of Health

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Health Equity

Health Equity also drives the Trust’s understanding of population health. Health equity means that everyone in our community has a fair and just opportunity for healthy living. We want a community free of systemic, avoidable, predictable, and unjust health inequities. This requires the elimination of barriers to good health that come from poverty, race, gender, and other factors that marginalize people and groups.

To better understand our community’s needs, whenever possible, we reviewed data to see how different groups are doing compared to the health outcomes we hope to see. Of particular interest was the health of Hispanic/Latino, LGBTQ+, and migrant youth, as well as how easily Spanish-speaking community members can access health care.

TERMINOLOGY

- AI/AN Acronym for American Indian/Alaska Native populations.
- BIPOC Acronym for Black, Indigenous, and People of Color. A more specific alternative to terms like “minority” or “marginalized”
- Hispanic/Latino/a Refer to different aspects of identity related to people from Latin America and Spanish-speaking communities.
- LGBTQ+ Acronym aiming to capture the breadth of gender and sexual expression.



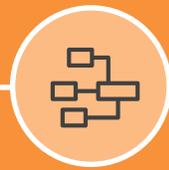
REVIEW
relevant
quantitative data



**COLLECT
AND ANALYZE**
quantitative data



IDENTIFY
themes and create
issue statements



DETERMINE
root causes



HEAR
from the
community

PROCESS

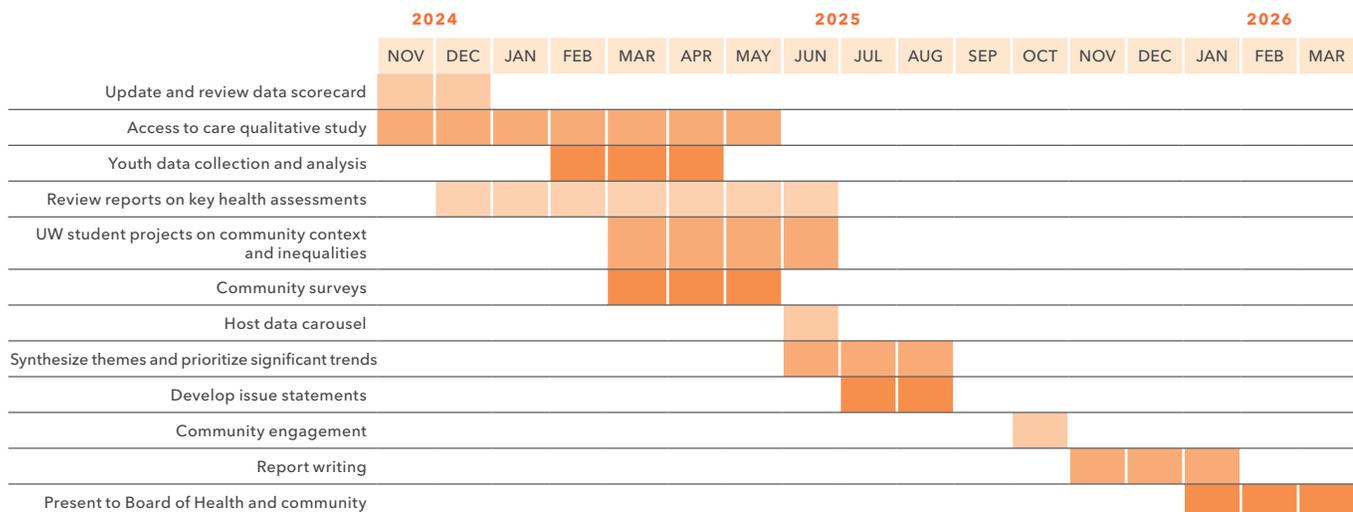
THE CHA BEGAN WITH a review of relevant and available data. Data related to nutrition and physical activity, access to health care, child and youth health, economics, affordable housing, and behavioral health, among others, were collected and analyzed.

While a lot can be learned about health through this process, we also wanted to hear directly from the community about their health-related concerns and priorities. This additional information was gathered through focus groups, panel presentations, interviews with community leaders, and surveys at local events.

Once the data was compiled, reviewed, and analyzed, five key themes emerged from the process: Economic Stability, Housing, Health Care Access and Outcomes, Adult Behavioral Health, and Child and Youth Wellness.

As a final part of the process, initial findings were shared with the community through a series of listening sessions. During these sessions, community members provided input on the findings and shared their observations regarding health in Skagit County.

Community Health Assessment 2024-26 Timeline

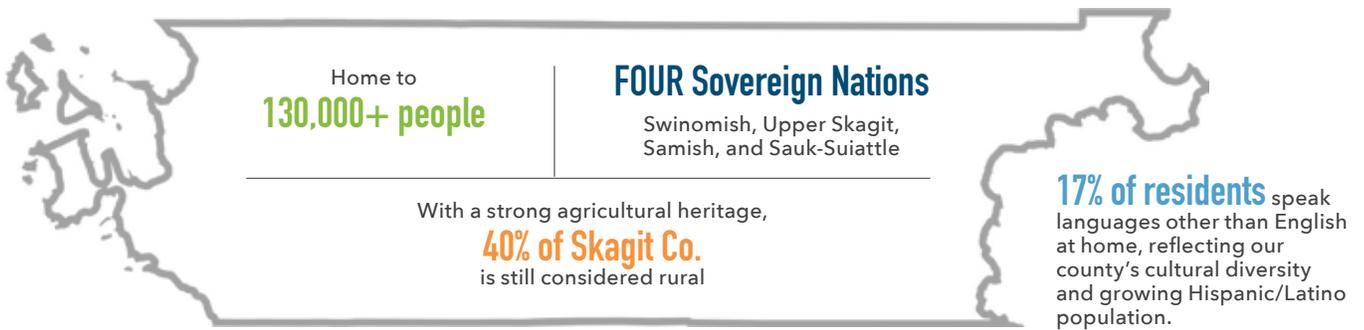


The Trust was also interested in understanding the root causes contributing to health outcomes.

By understanding the underlying sources of a range of health challenges and inequities, we can trace many of the identified issues back to the policies and practices, social conditions, and cultural norms and myths that direct our lives.

<p>Inequity is built into all our systems, and federal cutbacks are undoing efforts toward health for all.</p>	<p>Historical traumas, discrimination, and racism within systems of education, medicine, and housing impact health.</p>	<p>A lack of access to capital, poverty, and lack of generational wealth are key economic factors that prevent health and wellness.</p>	<p>Systems based on the privileged status of a minority, as well as implicit biases, keep many residents from achieving a life free from anxiety, fear, loneliness, and illness.</p>	<p>Addressing the stigma toward behavioral health, poverty, educational attainment, immigration status, and identity could influence health outcomes.</p>	<p>Prevention-based work must be a part of the response to every issue area.</p>
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DEMOGRAPHICS OF SKAGIT COUNTY

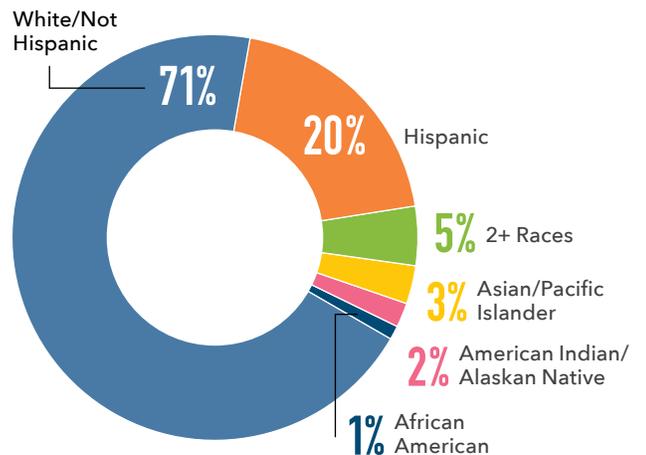
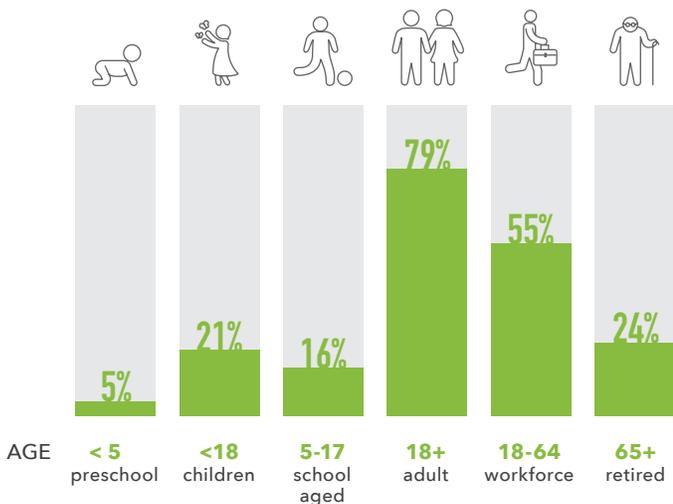


Home to **130,000+** people

FOUR Sovereign Nations
Swinomish, Upper Skagit, Samish, and Sauk-Suiattle

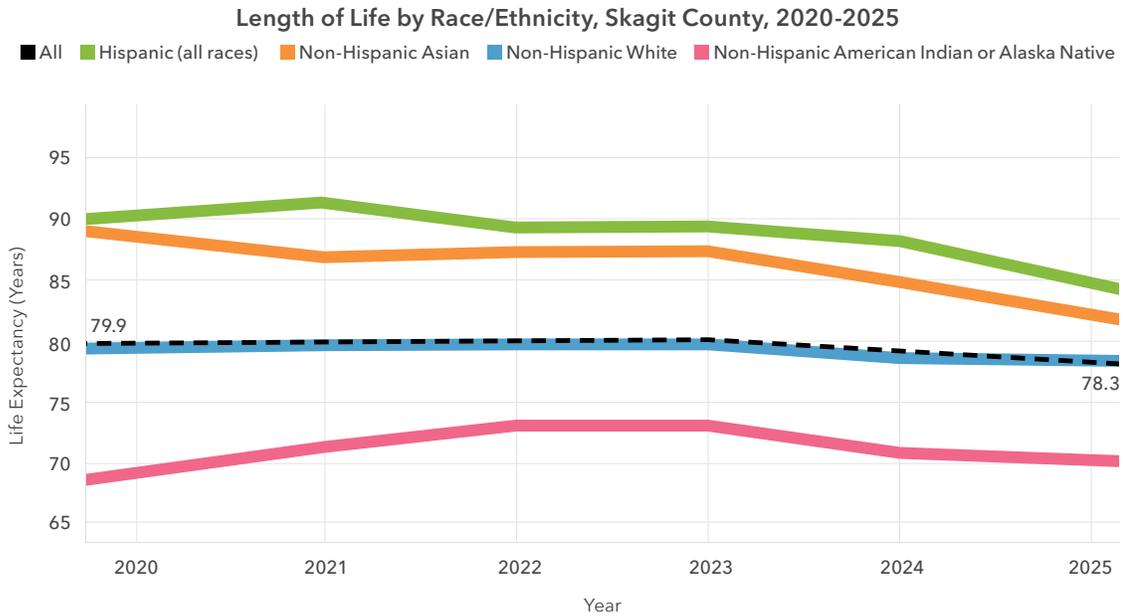
With a strong agricultural heritage, **40% of Skagit Co.** is still considered rural

17% of residents speak languages other than English at home, reflecting our county's cultural diversity and growing Hispanic/Latino population.



Life Expectancy

From 2020 to 2025, life expectancy was generally stable, reaching 78.3 years in 2025. However, not everyone in the community has the same lifespan. American Indian and Alaska Native (AI/AN) residents tend to have the shortest life expectancy, while Asian and Hispanic residents tend to live the longest.

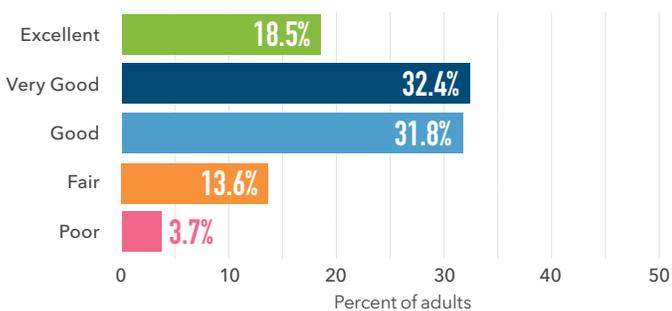


County Health Rankings and Roadmaps. (2025). *Life Expectancy- Skagit County*. Data source: National Center for Health Statistics - Natality and Mortality Files. www.countyhealthrankings.org. Accessed on August 13, 2025.

Quality of Life

Self-reported health gives us a sense of how people feel about their health, which considers more than just the absence of disease. It helps us understand how upstream factors influence health perceptions and outcomes. It can also reveal health disparities within our community.

Self-Reported Health Among Skagit County Adults
(5-year age-adjusted estimate, 2019-2023)



Centers for Disease Control and Prevention. (2025). Data source: Behavioral Risk Factor Surveillance System (BRFSS): [GENHLTH], [2019-2023]. Accessed on August 13, 2025.

“YOU CAN CERTAINLY SEE IN A CYCLICAL WAY THE STRUGGLES PEOPLE HAVE IN RELATION TO JUST EMPLOYMENT AND UNEMPLOYMENT. AND ANY OF THOSE THINGS THAT HAPPEN IN A FAMILY ARE ADDITIONAL STRESSORS WHICH AFFECT NOT JUST MENTAL HEALTH, BUT PHYSICAL HEALTH TOO.”

- Focus group participant

THEME SUMMARIES



The rising cost of living in Skagit is eroding residents' ability to thrive. Wide wage gaps, high child-care expenses, and ongoing food insecurity leave many households without a stable financial footing. This lack of economic security is deeply connected to the health and well-being of families and communities.

Economic Stability

Skagit County now has more jobs than it did before COVID-19, with an unemployment rate around 5%.¹ Wages have gone up by almost 21% since the pandemic, from \$54,133 to \$65,461 annually.² However, like many places in Washington, the cost of living is rising. Right now, a single adult with one child would need to make about \$45.62 per hour just to cover their basic expenses, more than what many earn.³ In Skagit County, the top 10% of earners make more than three times what the bottom 10% earn—a 3-to-1 income ratio that points to ongoing income inequality in the community.⁴

Overall, poverty has fallen in Skagit County. In 2023, an estimated 9% of people lived at or below the poverty level, similar to the state's rate (10%).⁵ Though wages have increased, many families are struggling to keep up with rising costs. In 2023, 1 in 4 households in Skagit fell below the ALICE (Asset Limited, Income Constrained, Employed) threshold.⁶ These are households that earn more than the federal poverty line but still struggle to afford essentials such as housing, food, child care, and transportation.

Today, about 13% of people receive Supplemental Nutrition Assistance Program (SNAP) benefits, and over 4,500 Skagit families qualify for the Women, Infants, and Children Nutrition Program (WIC).^{7,8} Yet 19% of youth reported lacking reliable access to enough food.⁹ Though food insecurity dropped briefly in 2021, potentially due to increased funding for food banks and free school meals during the COVID-19 pandemic, much of that emergency support has ended.

Additionally, child care is one of the biggest expenses for families with young children. On average, a household with one child spends about 18% of its income on child care in Skagit County.^{3,10} Plus, finding a slot can be tough; the county has just four licensed child care centers per 1,000 children under age 5, roughly 20% fewer than the state average.¹¹ Although the number of providers has grown since 2021, it still falls short of local demand.



A key concern for Trust members is the growing gap between the types of housing the community needs and what the housing system can provide. This is especially true for lower-income residents.

Housing

Housing is the largest expense for most people, and in Skagit County, affordability is an increasing challenge. Currently, 40% of residents are considered housing-cost burdened, meaning they spend over 30% of their income on housing. Skagit County ranks third in the state for most housing-cost burdened.¹²

While the rental vacancy rate in Skagit County improved to 3% by the end of 2024, it remains below the 5% benchmark for a healthy rental market.¹³ Since 2012, rents have surged by 77%, with the average two-bedroom apartment now costing \$1,657 per month.¹⁴ This puts significant pressure on household budgets, forcing many families to choose between paying rent and meeting other basic needs.¹⁵ In 2023, nearly one in four renters spent more than half their income on housing alone.¹⁶ Housing instability among students is also on the rise, with 38 out of every 1,000 students lacking stable housing since 2021.¹⁷

High housing costs and a shortage of available housing are affecting the entire community, with 60% of respondents in a Community Health Assessment (CHA) survey ranking housing as a top challenge in Skagit County.¹⁸ Without adequate housing, people are more at risk of chronic disease, hospitalization, injury, poor educational outcomes, and are unable to reliably participate in the workforce. Having a safe, stable, and affordable place to live is essential to the overall well-being of individuals and the community.

“THE LANGUAGE IS ONE THING, BUT CULTURE IS ANOTHER.
WHERE I COME FROM, IT’S VERY SENSITIVE TO AGREE TO AN INTERVENTION.
WE NEED TIME TO CONSIDER – ESPECIALLY OLDER ADULTS.”

- Focus group participant

Healthcare Access & Outcomes

Access to health care is essential for a healthy, thriving community. Our community is fortunate to have several health care systems, but many still struggle to get the care they need. Common barriers include high costs, wait times, lack of reliable transportation, and difficulties navigating a complicated system. For some groups, like immigrants, those who speak English as a second language, or people without insurance, these challenges can be even harder.

Around 7% of people in Skagit don’t have insurance, which makes health care even more expensive.¹⁹ Given the cost of care, many choose to skip regular check-ups or wait until a health issue becomes more serious, or even life-threatening, before seeking help. Without affordable, timely, and culturally respectful care, preventable health problems can escalate into emergencies and place additional strain on the health care system.

For some community members, language barriers and a lack of culturally responsive care add to the problem. In focus groups with Spanish-speaking community members, we learned that it can be difficult to get interpreter services or to feel truly understood during medical appointments. Due to the cost of care, many do not seek preventive and/or dental care. This challenge is reflected in a recent statewide survey conducted by the Washington Immigrant Solidarity Network. Over half of the respondents said they couldn’t access dental care, and more than one-third couldn’t get primary or preventive care.²⁰ The top reasons noted in the survey were the lack of insurance and the high costs of care. Similar barriers have been cited among Black, Indigenous, People of Color (BIPOC) groups across Washington State.²¹

These barriers to accessing care, along with factors like economic stability, significantly influence overall health outcomes. In Skagit County, life expectancy for the majority population has declined over the past five years. During this period, AI/AN residents experienced the lowest life expectancy, while Hispanic/Latino/a and Asian residents had the highest. Disability rates among Asian and AI/AN residents appear to have risen in recent years, which could suggest disparities in their long-term health outcomes.²²



Many in our community cannot access basic, preventative care. This is especially true for those without insurance or who speak a language other than English. The expansion of culturally responsive care is also needed.

“I THINK ANOTHER BARRIER IS PREVENTIVE CARE. LIKE WE WAIT UNTIL WE ARE SICK BEFORE WE GET HELP. IN MY CASE, THE DOCTOR RECOMMENDED I GO EVERY SIX MONTHS FOR MY BLOOD PRESSURE, BUT I CAN’T AFFORD THAT. SO, I WAIT UNTIL THE BLOOD PRESSURE PILLS RUN OUT BEFORE I GO BACK IN.”

- Focus group participant

There have been some improvements in accessing care. In part due to expanded Medicaid coverage, only 3% of kids are now uninsured.²³ Data from 2023 showed that over 91% of local youth had a health check-up in the previous two years, exceeding the Healthy People 2030 target goal of 82.6%.^{24,25} There has also been progress for adults. More people are getting regular check-ups, and local health systems have improved language access, offering more translated materials and interpreter services.

Adult Behavioral Health

Each year, many adults in Skagit County face emotional and mental health challenges. Over one-third (37%) often feel lonely, and 30% report that they lack adequate emotional support.^{26,27} Nearly one in five (18%) experience frequent mental distress.²⁸ These figures point to a pressing need for connection, belonging, and stronger community support.

Even with more mental health providers, about one for every 180 residents, many still struggle to access behavioral health care.²⁹ Barriers include high costs, complex healthcare systems, and limited services for people without insurance, those who speak a language other than English, and immigrants.

Some of our community members are experiencing very serious behavioral health crises. Recent data show that there are 18 suicides and 42 fatal opioid overdoses per 100,000 people annually.^{30,31} These losses highlight persistent gaps in crisis response and underscore the need for stronger coordination across behavioral health systems.

Despite these challenges, progress is being made. Overdose education and free Naloxone (Narcan), a life-saving medication that can reverse opioid overdoses, is widely available.

In 2024, Naloxone was administered in 87% of reported overdose events in Skagit County.³² There's also growing support for treatment options like Medications for Opioid Use Disorder (MOUD), along with community outreach programs and tools focused on connecting people to care and resources.



Building a stronger sense of connection, strengthening local systems, and expanding community outreach can improve mental health outcomes and foster a more resilient Skagit County.

OVER ONE-THIRD (37%) [OF SKAGIT COUNTY ADULTS] OFTEN FEEL LONELY, AND 30% REPORT THAT THEY LACK ADEQUATE EMOTIONAL SUPPORT. NEARLY ONE IN FIVE (18%) EXPERIENCE FREQUENT MENTAL DISTRESS.



Child and Youth Health

The COVID-19 pandemic disrupted everyday routines that help youth learn and grow, and Skagit County is still feeling the effects. In focus groups with doctors, social workers, and community leaders working closely with youth, a clear picture emerged: young people are navigating a complex web of challenges, many intensified by the pandemic.

Mental health emerged as one of the most common concerns, particularly stress, anxiety, and depression. In 2023, nearly half of 10th graders reported feeling anxious and unable to stop worrying.³³ About one-third reported symptoms consistent with generalized anxiety disorder, and 10% expressed low levels of hope for the future.^{34,35} These mental health challenges are often deeply intertwined with other struggles, including substance use, trauma, and difficulties accessing mental health care.

Healthy Youth Survey (HYS) results highlight urgent mental health challenges among sexually and gender diverse (SGD) youth. In Skagit County, more than half (58%) of SGD 10th graders report having a mental health condition, over twice the rate of their non-SGD peers (23%).³⁶ Alarming, SGD youth were about five times more likely to report a suicide attempt than their non-SGD peers in the past year.³⁷

These mental health disparities are part of the broader set of challenges youth are experiencing. In 2023, nearly 30% of 10th graders in Skagit expressed more accepting views toward drug use, and more than 40% exhibited patterns of unhealthy or excessive internet use.^{38,39} Additionally, about 1 in 6 reported not eating any fruits or vegetables each day, and only about half were getting the recommended levels of physical activity each week.^{40,41}

Closely connected to these mental health concerns is the role of family support and capacity. In focus groups, professionals highlighted how parental attitudes, stress, and access to support resources shape youth well-being. Positive social connections, skill-building opportunities, and parent support groups were seen as important for all families, helping to build trust, create safe spaces, and strengthen the social safety net for youth.

Concerns extend to even the youngest children in Skagit County. In 2024, just 41% of children were ready for kindergarten in all six domains (social/emotional, physical, language, cognitive, literacy and math).⁴² While it's been improving since the pandemic, it is still below the statewide average of 53%. Focus groups echoed these concerns, stressing the need for early intervention and better coordination among community resources to meet the needs of young children and families.

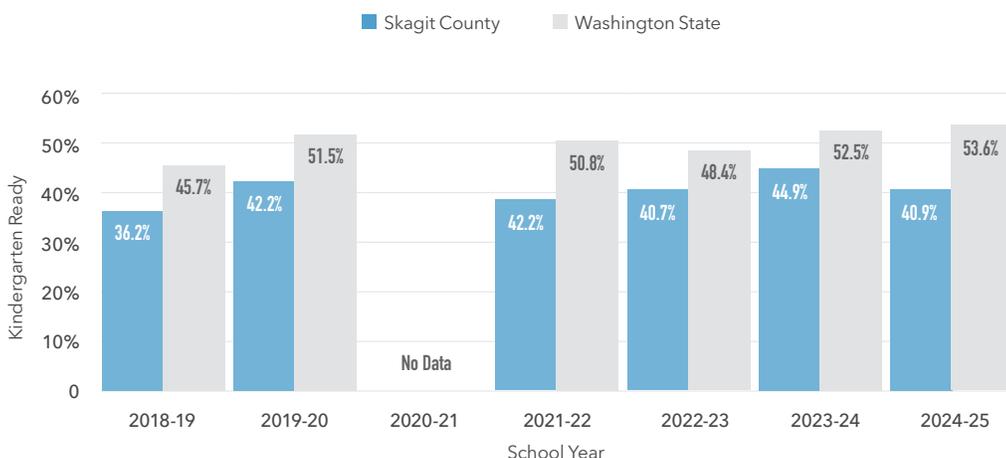
"BEHAVIORAL HEALTH COMES TO MIND, WE ARE NOT SEEING RESILIENCY AMONG KIDS RIGHT NOW. NOT SURE WHY, BUT SOME POTENTIAL FACTORS COULD BE, SOCIAL MEDIA, NOT ENOUGH ACCESS TO SERVICES, AND INSUFFICIENT FUNDING FOR BEHAVIORAL HEALTH SERVICES."

- Focus group participant



The Trust remains concerned that **kindergarten readiness in Skagit continues to lag behind the state average**. At the same time, **youth anxiety is rising and hopefulness is declining**, signaling the need for continued focus on youth well-being.

Kindergarten Readiness: Skagit County v. Washington State
Percent of students ready in all six developmental domains





skagitcountytrends.org

**EXPLORE SKAGIT COUNTY TRENDS
FOR INSIGHTS INTO COMMUNITY HEALTH!**

Skagit County Trends offers a comprehensive collection of data on the health and well-being of Skagit County residents. The site features more than 170 community indicators across various categories, including agriculture economics, housing, health, and more.

This information is designed to assist community members and leaders in making informed decisions to enhance local health and prosperity.

NEXT STEPS

THE FINDINGS IN THIS COMMUNITY HEALTH ASSESSMENT (CHA) guide meaningful community-level change. The issues identified in the CHA are complex and require significant effort, collaboration, and commitment from many organizations. By bringing together community partners with diverse expertise, we can work towards a shared vision of improved health and wellness for all in Skagit County.

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Health Equity in Skagit County

In seeking to understand the historical and structural drivers of health disparities in Skagit County, the Population Health Trust worked with three students from the University of Washington Bothell School of Nursing and Health Studies on their final Master of Science capstone projects. The students developed comprehensive health assessment reports that focused on historical and current health equity issues in our community. They examined systemic racism and the social determinants of health for specific populations.

The following chart provides high-level summaries of their work to understand health equity issues for the Hispanic migrant, Russian/Ukrainian immigrant, Indigenous, and Japanese American communities in Skagit County.

	HISTORICAL TRAUMAS	HEALTH CHALLENGES/ ACCESS BARRIERS	RECOMMENDATIONS
JAPANESE	During WWII internment Japanese Americans lost homes, generational wealth, and community bonds. Following WWII, they experienced housing discrimination and labor exploitation. During internment and in post-war years, Japanese Americans received limited and inadequate medical care.	Historical traumas and the intergenerational impacts of displacement have contributed to depression and anxiety. There are current challenges in accessing health care due to language and cultural differences, distrust of providers, financial limitations, and lack of insurance. For some, there are feelings of shame associated with accessing behavioral health support.	Community Health Workers (CHWs), multilingual education and outreach programs and culturally sensitive messaging could help increase access to care. The expansion of trauma-informed care along with more culturally responsive models of care could improve health outcomes. The inclusion of displaced individuals in public health research and planning is also needed.
UKRAINIAN	Periods of war-driven displacement have contributed to re-settlement stress. Many refugees arrive in the US with limited financial resources and experience uncertain immigration status.	There are high rates of anxiety among refugees, especially those that lack community and/or supportive immigration services. In general, there is cultural stigma against seeking behavioral health support. Additional barriers in accessing care are due to language and cultural differences, a lack of insurance, economic hardship and need for transportation to providers.	Bilingual staff and/or professional interpreters, Community Health Workers, free group mental health sessions, outreach through trusted sources, and peer-mentorship programs could help to encourage access to behavioral health supports. Also beneficial could be multilingual outreach programs and trauma-informed and culturally sensitive health messaging. The voices of displaced individuals should be at the forefront of public health research and planning for this population.
INDIGENOUS	Dispossession of land, treaty violations, and resource restriction with European arrival caused trauma. The forced assimilation of indigenous peoples through the criminalization of traditional practices and mandatory boarding school attendance for youth contributed to cultural erasure and further traumatized the population.	Current health challenges include high rates of suicide, rates of Post Traumatic Stress Disorder (PTSD), and a lower life expectancy when compared to other racial groups. Challenges in accessing care are partially due to an underfunded and limited Indian Health Services (IHS).	The prioritization of culturally appropriate health interventions such as traditional healing methods and cultural therapeutic practices, especially those that honor historical and intergenerational traumas could contribute to positive health outcomes. Indigenous-led health services and coordination of care would also benefit the population. Utilizing the CARE Principles for indigenous data collection and the centering of indigenous voices should also be prioritized.
LATINX	The Bracero Program encouraged immigration to the US for employment opportunities. Upon arrival, many immigrants experienced racial discrimination, unsafe working conditions, substandard living conditions, discrimination from health authorities, and minimal access to health services.	For many, working conditions are unsafe with frequent exposure to pesticides/herbicides and other environmental hazards. Changing immigration policies and fears of deportation are a barrier to accessing care. Additional barriers to accessing care include language and cultural differences, racial discrimination, limited financial resources, and lack of health insurance.	Family-friendly, evidence-based health interventions, along with expanded access to culturally familiar mental health and substance use disorder treatment could improve health outcomes. The development of short, multilingual messages and easy to understand graphics when communicating about health are also encouraged.

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