

OUR GIRLS

State of Women and
Children Report 2.0
MAY 2023



women
HELPING
women
FUND

Dedication

Our collective dream is that this report will contribute to improving our lives, our community, and our world in ways large or small. This report is dedicated in solidarity with all women who call Spokane County home. Together we are a community of “Our Girls” and we deserve opportunities to live our best lives.



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Fail Safe: www.fail safeforlife.org

Lumen: www.lumenhighschool.org

Health and Justice Recovery Alliance:
www.healthjusticerecoveryalliance.org

Providence Rise Program:
[www.providence.org/locations/wa/holy-family-hospital/
rise-behavioral-health-program](http://www.providence.org/locations/wa/holy-family-hospital/rise-behavioral-health-program)

Maddie's Place: www.maddiesplace.org

Providence Medical Apprenticeship:
www.providenceiscalling.jobs/medical-assistant

SRDVC: endtheviolencespokane.org

Communities in Schools: spokane.ciswa.org

Treehouse: www.treehouseforkids.org

Handle with Care

DV Court

The ZoNE: thezonespokane.org

The Learning Project: www.facebook.com/tlptalk

Indigenous Birth Justice

Project Funders



END THE VIOLENCE

Spokane Regional Domestic
Violence Coalition



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SETTING THE STAGE



BACKGROUND AND ACKNOWLEDGEMENTS

Women Helping Women Fund (WHWF) was founded in 1992 by six pioneering women passionate about developing a philanthropic fund focused on improving the lives of women and children in Spokane County. Their legacy continues today with a board of directors and staff who bring their collective experience and enthusiasm together with other funders, business, nonprofits, and a community of strategic givers to elevate the needs of women and children in our community.

In 2019, WHWF partnered with the Spokane Regional Health District's Data Center to publish a report and data visualization dashboard referred to as the State of Women and Children in Spokane County. The first publication represented a significant shift for WHWF as an organization, positioning WHWF as a data and information provider and advocacy force for women's and children's issues and needs. WHWF continues to evolve in response to philanthropic trends, societal change, and most importantly, to improve responsiveness to community voice.

While the overarching purpose of the project remains the same—to foster collaboration and drive change and improvement in the areas of greatest importance to women and children—this report has an enhanced focus on equity and the lived experiences of the women and children in our community. The 2019 report introduced

the story of “Our Girl,” a fictitious baby girl born into adverse circumstances. Though fictitious, “Our Girl” was a powerful way to illustrate how circumstances, policies, and systems—factors largely outside of the control of individuals—have a significant and lasting impact on birth, life, and death. For this report we are honored to include the lived experiences of “Our Girls” who shared their stories with us. These experiences are shared by real women under pseudonyms and some details have been changed or omitted not only to preserve anonymity, but also as a means of acknowledging that there are many, many more women whose experiences remain unshared and unheard, but are equally worthy of knowing. The testimonies shared are examples, and by no means represent the experiences of all women in this community or the express viewpoints of WHWF or the SWAC (State of Women and Children) committee or report funders. However, with this report we sought to elevate the voices of those who are often marginalized in this community, and to honor them by using their words, not ours.

We sincerely hope that you will see yourself or someone you love reflected in these pages through the testimonies or data figures, and that you will share our interest in these topics. We acknowledge that this report has shortcomings, and that even focusing on women and children excludes valuable community members, including those who live outside of a binary view of gender identity. There are additional limitations to be mindful of which we'll briefly note here, but greater detail can be found in the methods and limitations section at the end of this report.





Data can be biased by the ways in which it's collected, by who collects it, and by who is excluded from it. We've attempted to counter this limitation by including both quantitative (countable) data, as well as qualitative (descriptive information from stories, personal narrative). Additionally, we acknowledge that our own lenses—our histories, culture, experiences, and worldviews—have also shaped this report. Consequently, the information contained here may not resonate with all readers.

Nonetheless, we put forth our best effort. We used multiple sources of information to develop this report. We heard from service providers and community members; we reviewed local, state, and national research; and we held conversations with stakeholders about strengths, needs, and concerns in our community. Together, this information pointed the project's steering committee toward core topics to explore through quantitative data and conversations with community members, many of which are included as "Our Girls" stories. The report is structured around those key topics and organized into six broad chapters:

- **What Does Our Community Look Like?**
- **Building a Healthy Foundation for "Our Girls": Basic Needs and Supports**
- **Supporting Behavioral, Emotional, and Physical Well-being: Access to Care**

- **Ensuring a Safe Community for "Our Girls": Community Violence and Safety**
- **Creating a Healthier Community for "Our Girls": Change is Possible**
- **Opportunity Index: Policy Solutions**

Each chapter in the report provides background drawn from conversations with community members and other experts, indicators (data) to help measure differences or changes in certain topics, framing context, and the voices of "Our Girls" where relevant to the subject matter. The following icons are used to help the reader distinguish between the different report features.

-  **Examples, experiences, and quotes from "Our Girls," drawn from interviews with women in Spokane County**
-  **Bright Spots highlighting innovative solutions and supports in our community**
-  **Viewpoints sharing perspectives from literature or local providers**

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INTRODUCTION

When it comes to supporting women and children in Spokane County, Women Helping Women Fund believes in collective collaboration between funders, researchers, community organizations, scholars, and other leaders.



Cooperation is key for a thriving community; just as a strong house is built from a variety of materials, creating wellness requires a collection of community resources, social relationships, and opportunities to thrive. Organizations and people must work together to build physical, emotional, spiritual, social, and mental well-being for everyone in our community. When we understand how relationships, resources, policies, and systems in our community create or block pathways for well-being, we can find opportunities to make improvements and ensure all people can thrive.

This report begins with a “snapshot” of the current state of women and children in Spokane County. Then, we look below the surface to understand the conditions where our children grow by following “Our Girls.” The lived experiences and words of “Our Girls” are woven into this report from the stories shared by real women in our community. They will show us how the unique conditions where they are born and raised create or block their success and well-being, and how those conditions and outcomes can cycle through generations. Their voices also demonstrate the importance of relationships, the ferocious love of a mother, and the incredible strength and resiliency of the human spirit.

“OUR GIRLS”

Li *“Lilly” is a Native American single mom and a kind, passionate community advocate.*

Ta *“Taylor” is a young, hard-working White single mom. She works part-time to pay for child care so that she can attend classes and become a medical assistant.*

Is *“Isabella” is a Latina mother devoted to her children, goal-driven, and determined to continue her own education.*

Ja *“Jasmine” is a multiracial mama and very proud of her lineage and family.*

Aa *“Aaliyah” is an immigrant and proud sole-provider for her children. She escaped domestic violence and was empowered to learn English and find work through her local community center in order to give her children the best possible future.*

Je *“Jessie” is an urban Native daughter, big sister, and future matriarch. She is proud of her culture and dedicated to her family.*

Wi *“Willow” is a multi-racial loving wife and mother and the daughter of divorced parents. Her experience with her son has led her to become an advocate for special education and early learning.*

Na *“Nadia” is a mother of three children and an immigrant. A highly educated woman, she passionately cares for all children, and works to provide love, patience, and kindness to kids experiencing trauma.*

Er *“Erika,” a White woman, has lived and served as a medical provider in Spokane since 1999. Erika is a Christian and devoted wife and mother who has always understood her “why”—her passion and calling to care for babies.*

Do *“Donna” is a Latin Hispanic first-generation college graduate and a proud mother of three children as well as her beloved dogs.*

Di *“Diedre” is a biracial Black woman and a mother. She has a “love-hate” relationship with the place she calls home based on experiences of microaggression and feelings of never quite belonging.*

To illustrate that change is possible, we highlight Bright Spots—programs and services that are working to change our community outcomes through new ways or with a new mindset. We provide examples of local groups whose approach to health equity and social justice centers people in the design of their processes and services,

and whose innovative strategies bridge community goals across organizations and sectors. We conclude with opportunities to empower “Our Girls” and future generations to reach their full potential and contribute to a thriving, vibrant Spokane County.



BRIGHT SPOT

Bright Spots are a sampling of innovative local organizations and programs offering a fresh mindset with a focus on collaboration with those they serve and an enhanced equity focus. Discovering new ways of work often involves testing ideas and learning from experiences, and the examples presented are not intended to serve as ideals or instruction manuals.

We also recognize that many individuals and organizations are taking innovative approaches improving well-being in our community, and we regret that we could not include every great example. We highlight Bright Spots to encourage further innovation, collaboration, shared responsibility, and hope in our community.



SNAPSHOT: WHAT DOES OUR COMMUNITY LOOK LIKE?



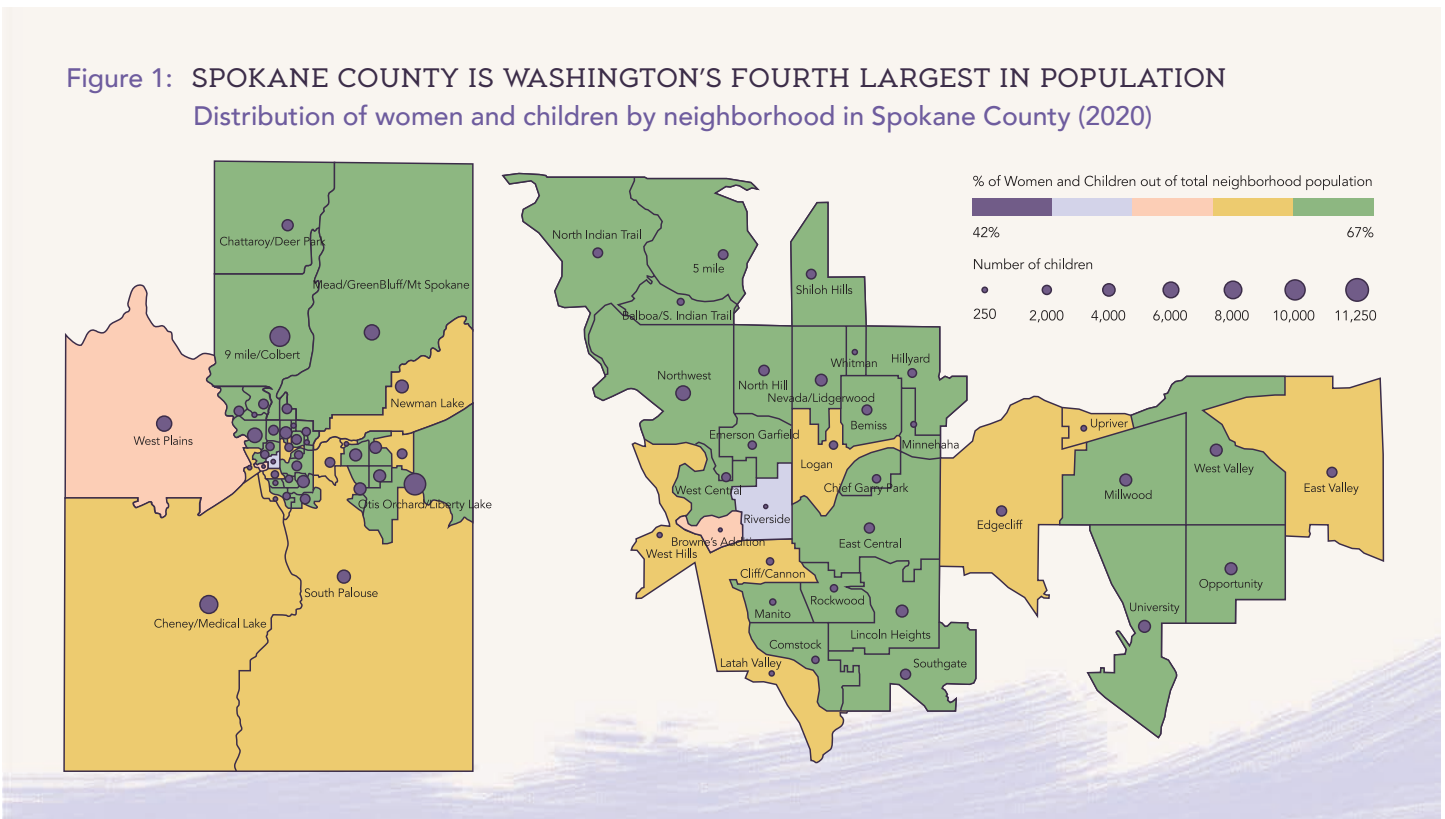
Spokane County sits east of the Cascade Mountain range along Washington’s border with northern Idaho in the traditional land and gathering ground for many indigenous nations, including the Spokane and Kalispel Tribes, Confederated Tribes of the Colville Reservation, and others. Thanks to natural resources surrounding Spokane County, from evergreen forests to the Spokane River to rich mineral deposits and fertile soil, the region has been and remains a hub for business, trade, and culture.¹

In 2020, 62% of the total population of Spokane County were women and children and 23% were children. When

looking at the distribution of women and children among neighborhoods in Spokane County, Riverside had the lowest proportion (42%) of women and children, followed by West Plains (54%) and Browne’s Addition (54%) while 5 Mile had the highest proportion (67%), followed by Bemiss (65%) and Nevada/Lidgerwood (64%). (Figure 1)

In 2020, Browne’s Addition had the lowest number of children (253 children), followed by Riverside and Latah Valley while Otis Orchard/Liberty Lake had the highest number of children (11,180 children), followed by 9 Mile/Colbert and Cheney/Medical Lake.

Figure 1: SPOKANE COUNTY IS WASHINGTON’S FOURTH LARGEST IN POPULATION
 Distribution of women and children by neighborhood in Spokane County (2020)



En *“Our Girl” Erika is a service provider in Spokane, serving some of the most vulnerable people in the community, and through this lens has witnessed some “pretty ugly stuff” associated with Spokane’s challenges, such as homelessness, domestic violence, human trafficking, and substance abuse. Erika acknowledges that as a college-educated White woman with a stable job, her quality of life is good, and Spokane can be a pretty great place to live. Erika also understands and shared that for women without means, quality of life is much harder to achieve.*

“If you don’t have means, and [especially if] you have mental health challenges... I feel like there is a lot of effort being directed into it [helping women], but somehow, we are still missing what women need.”

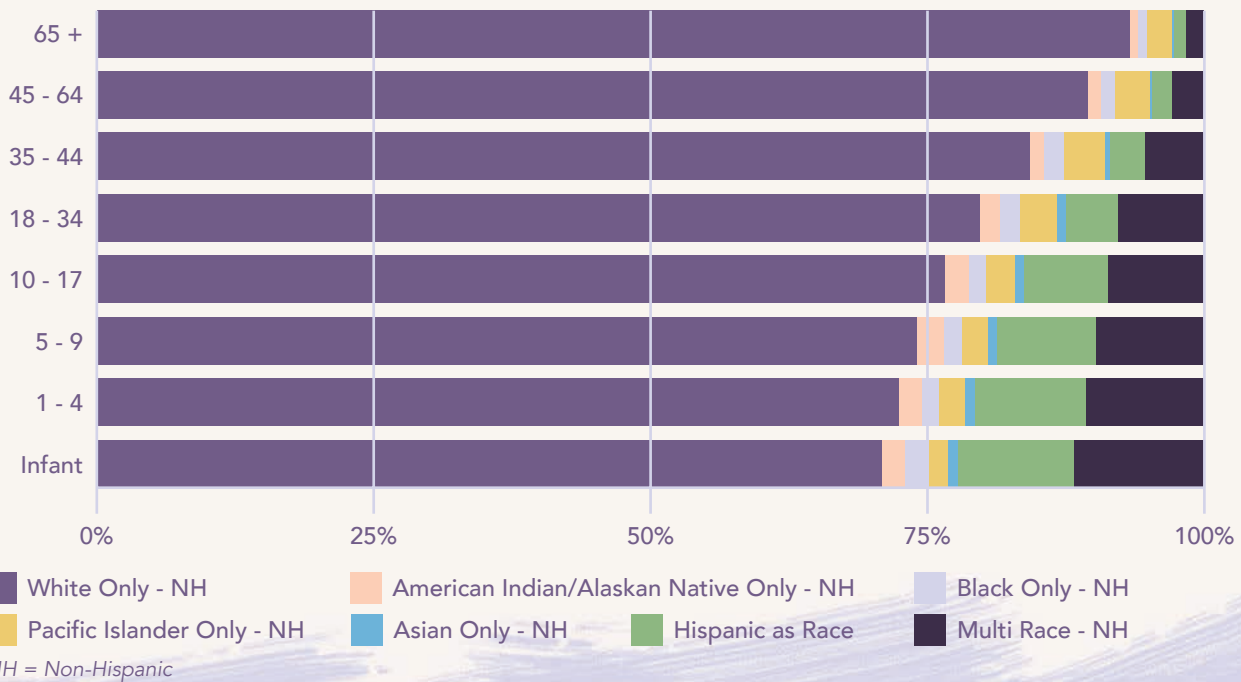
Who Are “Our Girls?”

“Our Girls” are our sisters, mothers, wives, children, and neighbors; they learn, play, worship, work, and live with us. They are descended from ancestors who have lived and gathered in this place from time immemorial, from pioneering families who settled here looking for new opportunities, from individuals brought here against their will, and from households who only recently arrived in Spokane County as immigrants and refugees seeking better futures. “Our Girls” carry the stories and experiences of their mothers and grandmothers in their cultures, family histories, and genetic code.² Many of “Our Girls’” elders survived policies and practices that intentionally separated, harmed, silenced, and tried

to erase people based on their economic status, their gender, or the color of their skin. Some of these policies, and many of their impacts, continue to affect “Our Girls” today from the prenatal period through adulthood and old age.

The collective community of “Our Girls” is made up of women and children from many different walks of life, and different races and ethnicities. Spokane County is home to a higher proportion of White residents than the state of Washington as a whole; however, children and youth—who outnumber older adults—are increasingly racially and ethnically diverse.³ (Figure 2). Thanks to “Our Girls” and their families, the future population of Spokane County is likely to look different than the one they were born into.

Figure 2: SPOKANE COUNTY’S YOUNGER GENERATIONS ARE MORE RACIALLY AND ETHNICALLY DIVERSE THAN OLDER ADULTS⁴
Race/ethnicity by age group, percentage of Spokane County Population (2020)



“Our Girl” Jasmine, of biracial identity, shared that because of the demographics of Spokane she would have experienced Spokane as a predominately White city had it not been for the intentional effort of her parents to ensure that their children grew up with people of color.

Diversity, Equity, and Inclusion

Organizations and communities made up of included, engaged people with different experiences, cultures, abilities, and backgrounds are more innovative than those with little diversity or opportunities for inclusion.⁵ Diversity fosters creativity and innovation by fostering the exchange of different ideas and viewpoints and has been shown to improve the work environment and counter “group think.”^{6,7} But diversity alone isn’t enough; everyone should have the opportunity to feel a sense of belonging and connectedness through shared decision-making, especially in historically excluded communities.⁸

In 2020, 522,600 people called Spokane County home.⁹ Nearly one in four (23%) were children or youth under age 18, and roughly half were women. Over 90% of the Spokane County population aged 65 years or older identified as White, non-Hispanic.¹⁰ By comparison, less than 75% of the Spokane County population younger than ten years of age identified as White, non-Hispanic, and younger generations include an increasing proportion of Hispanic and multi-racial individuals.¹¹

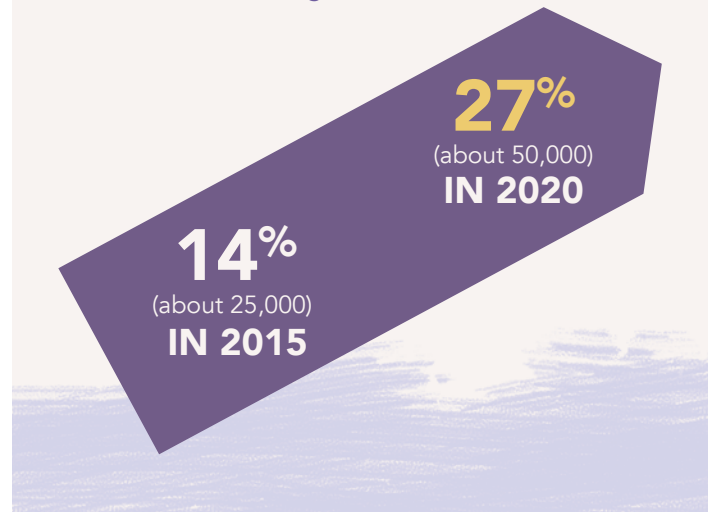
Do *“Our Girl” Donna shared that she felt culture shock and like an outsider after moving to Spokane County from a predominately Hispanic community. She experienced discrimination and microaggressions—small, everyday comments or gestures that intentionally or accidentally hurt people based on their identity, like being followed in stores by security or having people assume you speak a certain language based on your skin color. For a long time, Donna was the only bilingual person in her profession. She shared that her own children are biracial, and she makes an effort to teach them about different cultures.*

“I try to teach my kids that love is love. It doesn’t matter what color they are. [I] try to keep culture and tradition alive as much as we can.”

How Are “Our Girls” Doing?

“Our Girls” as adults, like most people in Spokane County, have a good quality of life overall. About 91% of women—90% of women with children—rated their quality of life as “good,” “very good,” or “excellent,” up from 82% in 2015.¹² But despite recent improvements, some of “Our Girls” and their families found the last few years increasingly stressful. The proportion of women who struggled with poor mental health—meaning they experienced stress, depression, or problems with emotion more than half the time—nearly doubled between 2015 and 2020 from 14% to 27%, and women with children carry the heaviest load regardless of race and ethnicity.¹³

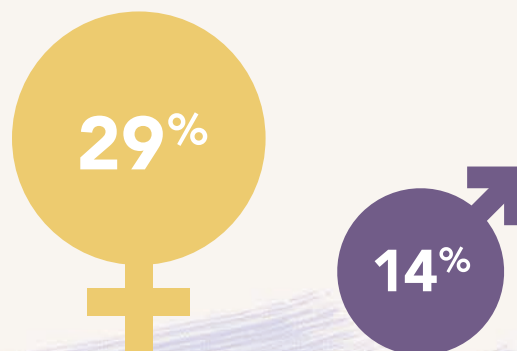
Figure 3: WOMEN WHO STRUGGLE WITH POOR MENTAL HEALTH
Women aged 20 or over



The last few years have been tough for many families and COVID-19 highlighted many existing challenges facing women and families, especially those parenting in the early years and those experiencing long-standing discrimination. Recently, one in seven fathers and around one in three mothers felt that their mental health was poor more than half the time.¹⁴ (Figure 4) Long-term or chronic stress—including feeling discrimination—puts a burden on minds and bodies and increases risk for health problems such as diabetes, depression, and autoimmune disorders.¹⁵

Figure 4: AMONG THOSE WITH CHILDREN, WOMEN WERE TWICE AS LIKELY TO HAVE POOR MENTAL HEALTH THAN MEN¹⁶

Percent of Spokane County residents who self-reported having 15 or more days with poor mental health in the past 30 days, by gender, by households with children (2020)



When parents and caregivers have poor mental and emotional health, their children’s well-being suffers. Depression, low self-esteem, poor impulse control, anxiety, and antisocial behavior in parents increase children’s risk for child abuse and neglect, creating cycles of poor mental and emotional wellness that could impact “Our Girls” and their families for generations.¹⁷

Na *“Our Girl” Nadia is grateful to live in Spokane and expressed appreciation for the kindness she received from people in the community where she lives. Compared to where she emigrated from, Nadia has found her neighborhood to be nice, quiet, and safe. She shared that although her quality of life here is good, she has to work incredibly hard as the sole provider for her children. She talked about the difficulties and burden of responsibility that comes with paying rent and bills and providing necessities like clothing for her kids.*

“Cost of things is high. When Covid came everything stopped, it was horrible. I didn’t know how to pay for important stuff. So hard.”

In 2021 the U.S. Attorney General called for swift action to address our nation’s youth mental health crisis.¹⁸ Mental health challenges, alcohol and substance abuse, a history of abuse, stress, isolation, and access to firearms increase “Our Girls” and other young people’s risk of attempting suicide.¹⁹ Washington State, like others in the northwest, records more teen suicides than most other states. Washington, Oregon, and Idaho rank 14th, 12th, and 9th in the nation, respectively.²⁰ Locally, the proportion of youth seriously considering suicide rose significantly in the last decade, increasing by more than 25% in ten

years.²¹ In 2021, about two in ten 8th, 10th, and 12th grade students (21%) said they had seriously considered attempting suicide in the year prior, slightly more than the state (20%) and the nation as a whole (19%).^{22,23} According to America’s Health Rankings, suicide attempts cost our nation an estimated \$70 billion that year in health care, lost work, and other expenses.²⁴

Je *“Our Girl” Jessie has a young family member who has a hard time in school because of behavioral health issues, and their family has struggled to find the help they need. In Jessie’s experience, our community’s Native youth experience worse mental health. Historical trauma passed through generations, loss of culture and language, changing technology and cyber bullying, alcohol and substance use, and societal expectations contribute to this problem, but Jessie has hope for her community as more young people find their way back to traditional language, roles, and culture.*

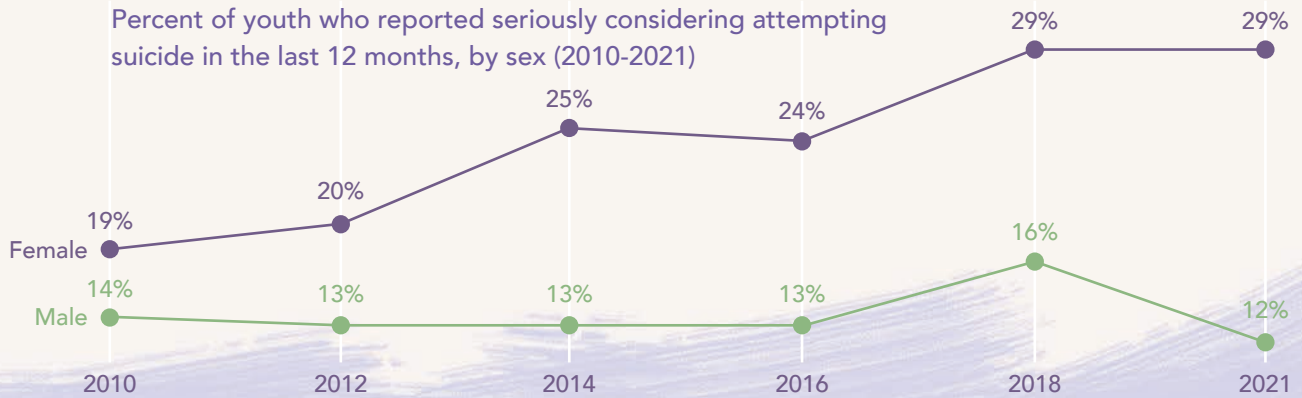
“I continue to see with Native youth high suicide rates, high substance abuse, anxiety, depression, I still see all of that.... But I am seeing programs more often that offer trauma-informed care that is rooted in a foundation around Native culture because that’s what those particular youth need. Addiction to technology is huge because it allows people to become more introverted and isolated. It can bring us together but for youth it can be very detrimental. Cyber bullying is a way for people to be cruel in ways they wouldn’t do in real life. Feeling like they need to be validated by how many likes they have, how many followers they have. It’s easy for them to not create those strong bonds and friendships because they can just stay connected through that source.”

“Our Girls” and their peers were especially likely to face barriers to emotional and mental well-being as they grew if they were Hispanic or Latinx or had mothers who didn’t finish high school.²⁵ “Our Girls” had a startling 30% chance of seriously considering suicide in 2021.²⁶ (Figure 5) Compared to others their age, teenage girls were more likely than any other demographic group to require a trip to the emergency department due to a suicide attempt.²⁷

The Trevor Project reported that suicidal thoughts affect nearly half of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth, with nearly half of transgender and nonbinary young people seriously considering suicide, similar to local trends.^{29,30} Overall, suicide was the second leading cause of death for children and youth in Spokane County in 2021.³¹

Figure 5: GIRLS IN SPOKANE COUNTY ARE INCREASINGLY MORE LIKELY THAN BOYS TO CONSIDER SUICIDE²⁸

Percent of youth who reported seriously considering attempting suicide in the last 12 months, by sex (2010-2021)



ODYSSEY YOUTH MOVEMENT

Odyssey Youth Movement promotes equity for LGBTQ+ youth in the Inland Northwest through youth-driven programs and community education. The core of Odyssey’s work surrounds a drop-in center located in Spokane’s South Perry District. For the last 30 years Odyssey has been providing after school drop-in programs for LGBTQ+ youth

ages 13 to 18 and young adults ages 18 to 24. Drop-In is a chance to gather in a safe space and build community while accessing resources, referrals, a clothing closet, and food. Activities include a communal meal each night, an art room, a nightly check-in, and a formal program that can range from movie nights to healthy relationships and current affairs discussions.



FAILSAFE FOR LIFE

FailSafe for Life is a local nonprofit working to end suicide in Spokane. Founded in 2016, this organization inspires action through education, instilling hope, and connecting communities. Free virtual QPR training has been made available for participants 16 and older thanks to generous donations from supporters and grant funding. QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

“We want to empower our community members to engage in proactive conversations about mental health and suicide, and to help those who are struggling know they are not alone, so together we can break the stigma and shame around these issues and create a more connected community.”

If you are experiencing distress or are worried about a loved one, help is available.

The new 988 Suicide and Crisis Lifeline connects you directly to a trained crisis counselor for free at any time of day. **Call or text the Suicide and Crisis Lifeline at 988 or chat at 988lifeline.org**

As children and youth, “Our Girls” were also at risk of accidents (25% of child deaths) and certain medical conditions found at or before birth like congenital heart disease or chromosomal abnormalities, which are also called congenital anomalies (8% of deaths).³² In Spokane County, the child mortality rate was nearly twice as high for male children than female children (26 vs. 13 per 100,000, respectively). As adults, “Our Girls” have a lower mortality rate than men but a higher mortality rate than other women in our state.³³ As “Our Girls” age, they are more likely to experience issues that affect older adults like cancer, cardiovascular disease, and Alzheimer’s disease. (Figure 6)

Figure 6: ACCIDENTS, SELF-HARM LEAD AS CAUSES OF DEATH FOR CHILDREN AND YOUTH AFTER THE FIRST YEAR OF LIFE³⁴

Top causes of death by age group, Spokane County (2016-2020)

	Under 1	2-17	18-34	35-44	45-64	65+
1	Congenital anomalies	Accidents	Accidents	Accidents	Malignant neoplasms (cancer)	Major cardiovascular diseases
2	Perinatal-labor and delivery conditions	Suicide	Malignant neoplasms (cancer)	Malignant neoplasms (cancer)	Major cardiovascular diseases	Malignant neoplasms (cancer)
3	SIDS	Congenital anomalies	Suicide	Suicide	Accidents	Alzheimer’s disease

Wi *“Our Girl” Willow shared heartbreaking stories of trying to help her child navigate school. She described how her child with special needs had a hard time fitting in and building relationships with peers. Kids with special needs didn’t eat lunch with peers, didn’t share recess, didn’t pass through the halls at the same time. Her child didn’t feel connected or a sense of belonging at school. Her situation reached a critical point when her child became suicidal.*

“I cried all day every day. I didn’t know how to help. I found out how to do a referral. I called [a child psychologist] bawling my eyes out.”

The mortality rate for women in Spokane County has increased between 2011 and 2020.³⁵ Based on death certificates over that decade, older women (over age 65) seemed to be doing better, while middle-aged women (between 45 and 64) were dying at higher rates.³⁶ The exact cause of these trends isn’t clear; however, accidents, chronic liver disease and cirrhosis, and Alzheimer’s disease have been on the rise.³⁷ Alzheimer’s disease was one of the leading causes of death for women over age 65, and the rate of deaths due to Alzheimer’s disease has increased from an average of about 87 per 100,000 people between 2007 and 2011 to about 116 per 100,000 between 2016 and 2020.³⁸ Health issues that affect older

adults, like Alzheimer’s disease and dementia, can add stress for family members who care for them.³⁹

Though some of the statistics facing “Our Girls” are disturbing, we know how to build well-being and support long, healthy lives for all members of our community. Creating community wellness requires a collection of resources, social relationships, and opportunities to flourish across the lifespan. The next section follows “Our Girls” from birth to highlight the maintenance, resources, and supports they need to grow to be socially, financially, mentally, physically, and spiritually healthy.

Mari Clack is a co-founder and past President of Women Helping Women Fund. She has been involved with some of Spokane’s most impactful projects and is a staunch supporter of women in philanthropy.

“Although each of us wants to make a difference for good, it’s important to remember that the service you give is never about you. The women and children who need help are always more important and quite literally, their lives depend upon the commitment of us all. You will never find anything as fulfilling, exciting, challenging or rewarding as helping others thrive.”



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BUILDING A HEALTHY FOUNDATION FOR "OUR GIRLS": BASIC NEEDS AND SUPPORTS



Well-being is built starting from the foundation and requires a variety of systems working together. Just as a strong house is built from a variety of materials, creating wellness for “Our Girls” requires a collection of community resources, social relationships, and opportunities to thrive. Like a new house, their well-being needs a sturdy foundation at the start to prevent later problems and keep it standing through all kinds of weather. Some maintenance and extra scaffolding may be needed from time to time to ensure that all of “Our Girls” can grow socially, financially, mentally, physically, and spiritually.

How Strong Are “Our Girls” Foundations?

Over the last half century, an increasing number of children in the United States have been born into households with one parent for a variety of reasons.⁴⁰ In Spokane County, more than one in four children (28%) lived in a single-parent household in 2020. Of them, about two in three (68%) lived with a single mother.⁴¹ (Figure 7)

Figure 7: ONE IN FIVE CHILDREN AND YOUTH LIVE WITH A SINGLE MOM⁴²



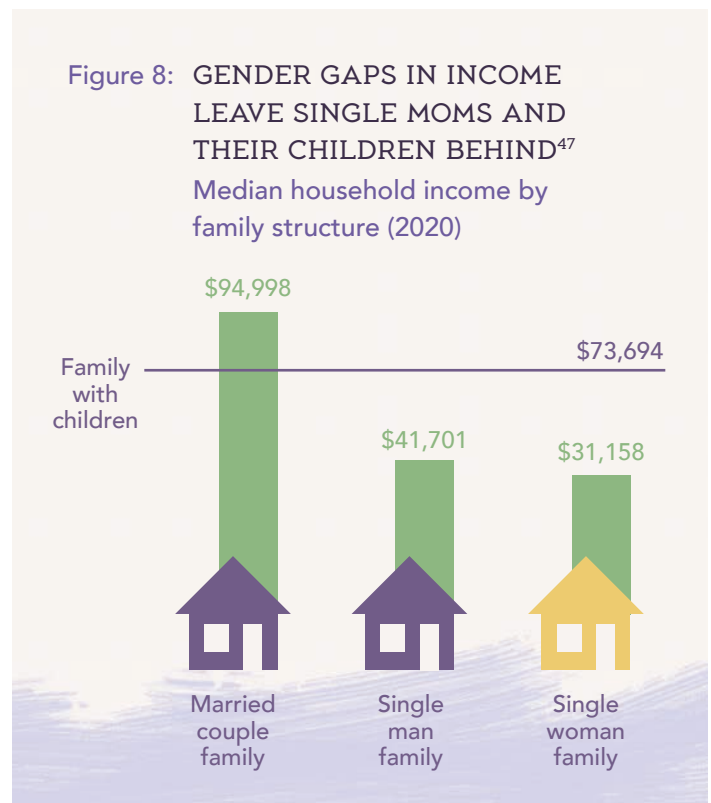
Regardless of “Our Girls” family structure, they can each grow and develop into successful, productive adults when they have strong and stable relationships, mentally and emotionally healthy caregivers, and access to resources.⁴³ Single parents and unconventional households can provide nurturing, stable environments for children to thrive. However, families with two working parents typically earn more money and can afford the nutritious food, dependable transportation, quality child care, and safe housing children need to grow into prepared, productive adults.⁴⁴

Je *“Our Girl” Jessie comes from a long line of matriarchs and community leaders in Spokane. Jessie shared that a lot gets passed between generations: historical trauma and poverty, but also strength, culture, and a sense of community. Her mother raised her as a single mom, which came with a lot of challenges like child care and modeling good behaviors for her younger siblings. Jessie feels fortunate to have a great community of friends and family in Spokane to support her and her family when they need it.*

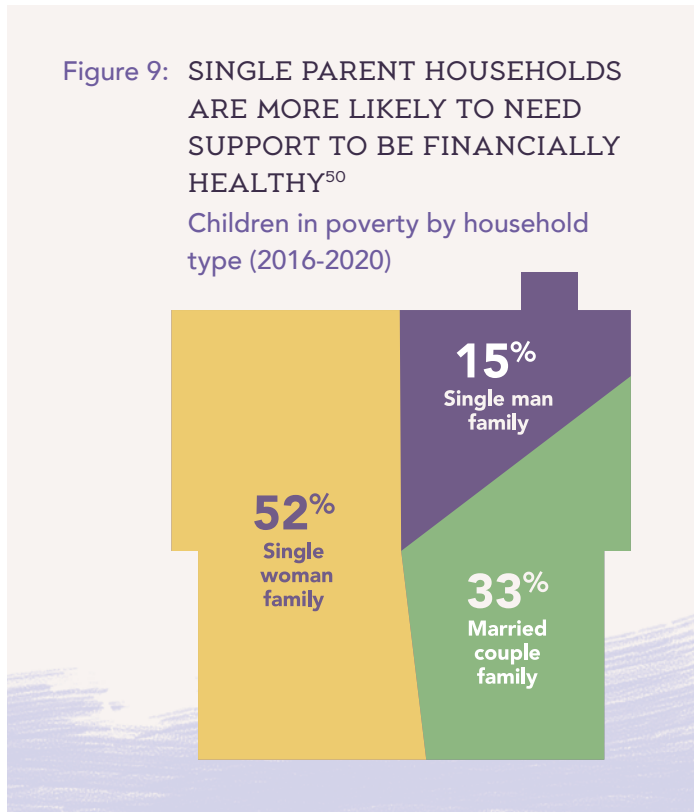
“People have reminded me I’m a future matriarch. Responsibility and pride have been instilled in me since birth, with positive affirmation and sense of community. I wouldn’t get out of bed every day if I didn’t know that—if I didn’t have those expectations and responsibilities.”

Parents, and especially single mothers, face unique challenges to feeling financially healthy and stable. Married parents in Spokane County earned more in 2020 than single-parent households.⁴⁵ Single women with children in Spokane County were the least likely to have jobs with family-sustaining pay, earning less than 75% of the median income of single men with children.⁴⁶ (Figure 8)

Figure 8: GENDER GAPS IN INCOME LEAVE SINGLE MOMS AND THEIR CHILDREN BEHIND⁴⁷
Median household income by family structure (2020)



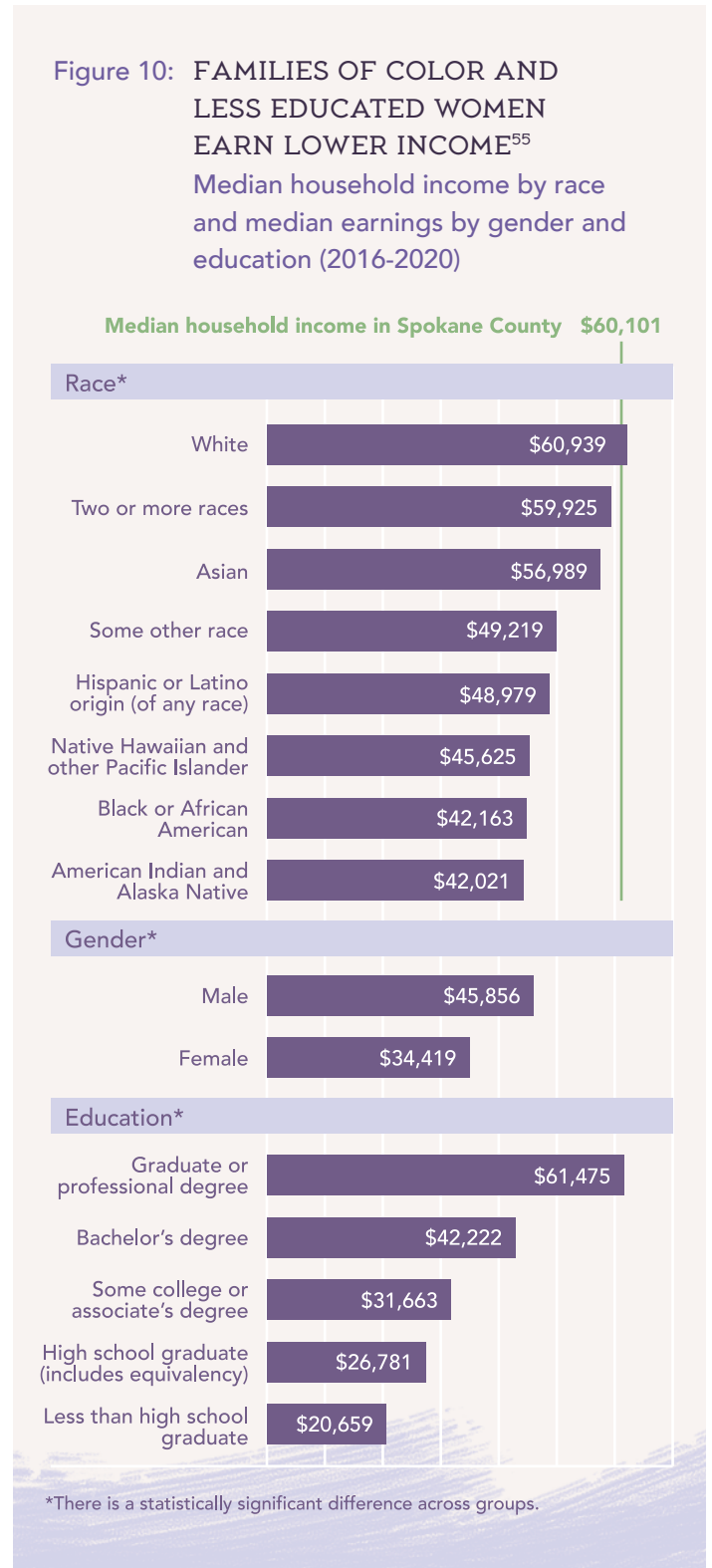
As a result, children living with single moms in 2020 were more likely to be in poverty than children living with single dads (38% compared to 23%).⁴⁸ In fact, households with single mothers represented half of children living in poverty in Spokane County in 2020.⁴⁹ (Figure 9)



The rate of children in poverty in Spokane County has decreased from 19% in 2016 to 15% in 2020, but that rate remains higher than the state as a whole (13%).⁵¹

Race and education are also linked to earnings. National research shows that Black and Hispanic or Latinx people are more likely than White people to face discrimination in hiring; for example, applicants whose résumés include names that sound distinctively Black or Hispanic are less likely to get called for an interview, even when they have the exact same education, experience, and skill level.⁵² People of color are also more likely to live in economically depressed neighborhoods and lack access to good jobs, quality elementary and secondary schools, relevant social networks, and public transit.⁵³ In Spokane County, families

with Black (or African American) and American Indian/Alaska Native householders earned about two-thirds as much as their White counterparts, and women who hadn't finished high school earned only half as much as those with a bachelor's degree in 2020.⁵⁴ (Figure 10)





Several of “Our Girls” shared their perspectives about the importance of education and described their efforts to advance their education or obtain a college degree. “Our Girl” Aaliyah shared that where she emigrated from, women don’t have the same opportunities that many do in the United States. She grew up in a very poor family that couldn’t afford to provide her with an education. Before coming to the U.S., she’d never gone to school and did not speak any English. She committed herself to learning when she came here, though she faced significant challenges and even opposition due to family dynamics.

“I have to learn to work and go to school. I have kids when I come here [and] I study three or four years. My dream [was to] learn English. So hard for me, but when I learn [when I started, applied myself], found it not hard. Just need more time and motivation and listening and focus. I understand now. I’m doing good.”

“Our Girl” Aaliyah uses the newfound strength she gained by pursuing her own education to empower her own children’s success. She proudly shared how well her children were all doing in school. Aaliyah’s children are her priority, and all the work she put into her own education was to make sure her children had a better life.

“Their English is better than me, but I can help by pushing them. If you finish school and college [you’ll have] a good future.”

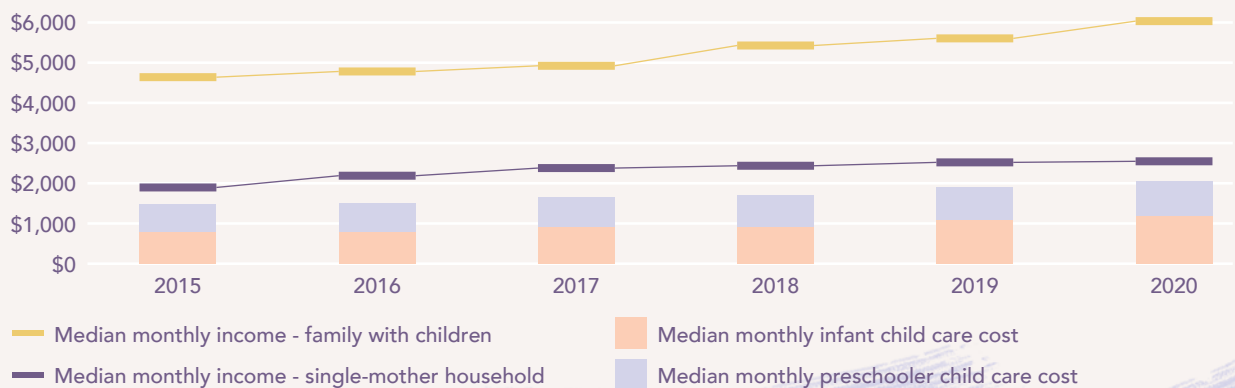
Many families in Spokane County include children young enough to need child care: in 2020, one in four children under 18 were infants, toddlers, and preschoolers (a total of 30,682 children).⁵⁶ Rates for child care range drastically, and some families may find safe, quality child care unaffordable.

Child care is more costly for younger children and at centers (as opposed to family child care), with median monthly costs ranging from \$325 for a school age child in

a family care setting to \$1,175 for an infant in a child care center. Spokane County’s average monthly rate for one infant and one preschooler was \$2,075 in 2021—more than rent or a mortgage for some households (\$394 more than in 2017 at the time of the last SWAC report).^{57,58} (Figure 11) A single mother earning the median salary of \$31,158 a year (about \$2,600 per month) would have just over \$520 left over for food, rent, utilities, and other necessities without the help of programs like WIC, SNAP, and TANF.

Figure 11: CHILD CARE IS INCREASINGLY UNAFFORDABLE FOR SOME FAMILIES^{59,60}

Median monthly child care costs compared to median income by family structure (2015-2020)

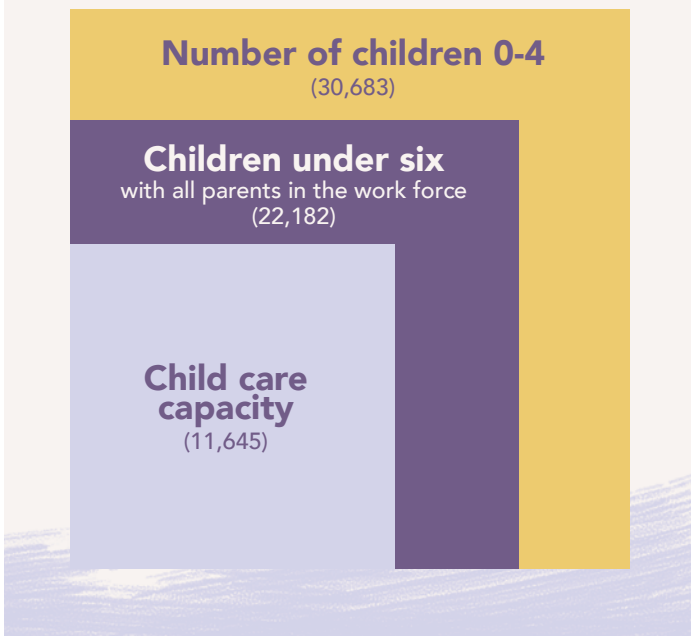


T *“Our Girl” Taylor has had a hard time affording safe, quality care for her young child so she can complete her medical assistant program, so she works part-time at a dental office. A couple of her coworkers and friends have had to quit work due to child care issues. Taylor has had an even harder time since many child care providers closed over the last few years due to new regulations and the COVID-19 pandemic.*

I *“Our Girl” Isabella discussed taking part in an essential skills program based in her neighborhood and eventually going back to work, but her family didn’t qualify for a child care subsidy. She shared that child care is a broad quality of life factor and expressed concerns that there is a shortage of high-quality care available in the neighborhood, especially if you are not able to qualify for supports.*

“Child care is an issue in our community. Couple times I thought about going back to work part-time, but child care is huge issue for us, particularly for my family because we don’t qualify for certain programs, and I don’t feel safe taking my kids to any child care in [this] area.”

Figure 12: CHILDREN POTENTIALLY WITHOUT ACCESS TO CHILD CARE
In Spokane County

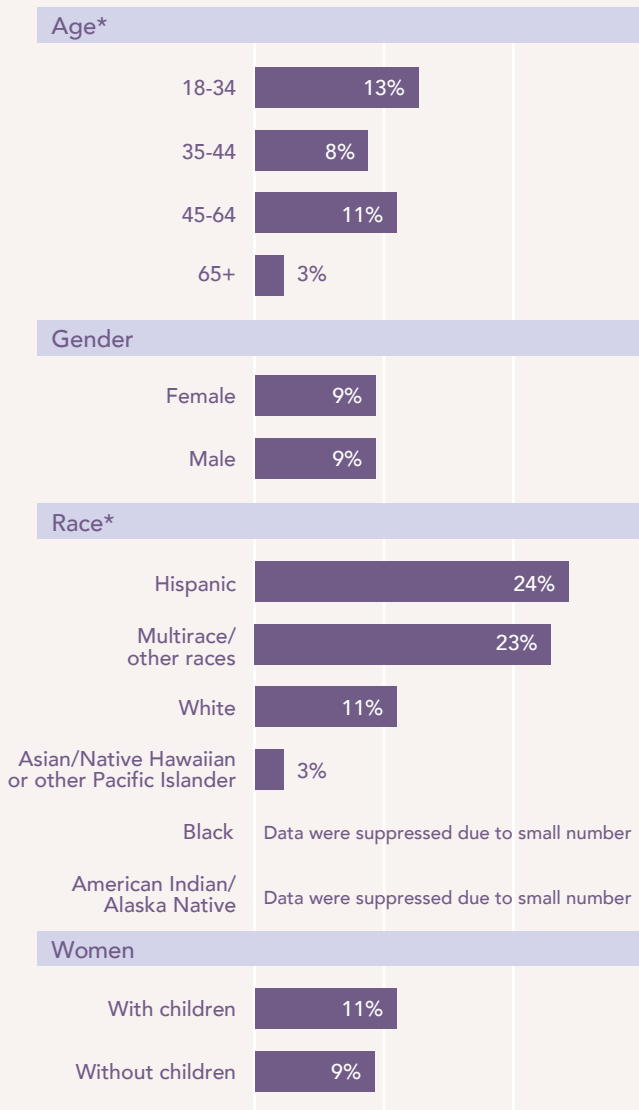


Even families with the financial resources to afford child care may struggle to find an available opening. In Spokane County, the number of child care providers has dropped from 288 providers with capacity for 12,180 children in 2017, to 232 providers with capacity for 11,645 children in December of 2021.⁶¹ That means our community has enough providers to care for only about half (52%) of children under age six who live in homes where their caregivers work, or just 38% of all children under age five.⁶² (Figure 12)

Kids who grow up in homes that are economically stable can develop healthy brains, learn to regulate emotions and deal with life’s challenges, making them more likely to be successful in school and avoid experiences with child welfare and criminal justice systems that could follow them into adulthood.⁶³ Adults who earn a family-supporting income can typically afford expenses for basic needs without having to make tough choices. Parents who earn less than a family-sustaining income may have a harder time accessing food, transportation, quality housing and other basic needs.⁶⁴ Slightly more than one in ten mothers (11%) felt stressed about skipping meals or going hungry in 2020 and about 17% of women—and 18% of women with children—felt stressed about being able to get where they needed to go.⁶⁵ Younger (age 18 to 34 years), Hispanic or Latinx, and multiracial women were most likely to face challenges to accessing food and transportation.⁶⁶ (Figures 13 and 14)

Figure 13: NEARLY ONE IN FOUR HISPANIC AND MULTIRACIAL WOMEN IN SPOKANE COUNTY WORRIED ABOUT GOING HUNGRY IN 2020⁶⁷

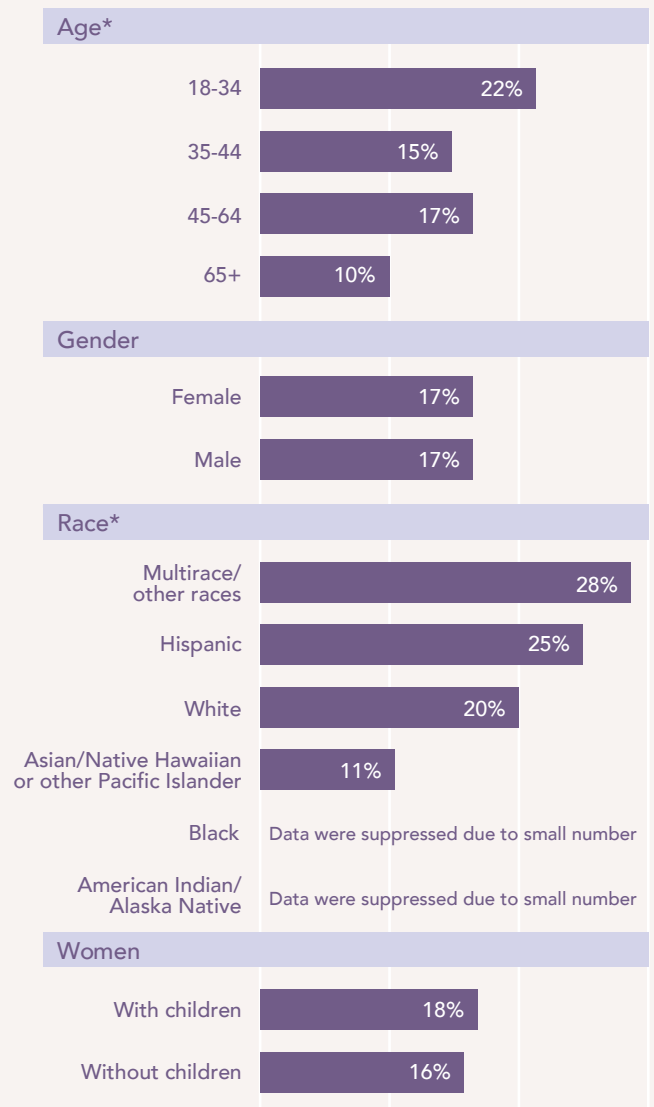
Percent of Spokane County women who self-reported feeling very, somewhat, or slightly stressed about having to skip meals or go hungry (2020)



*There is a statistically significant difference across groups

Figure 14: TRANSPORTATION-RELATED STRESS AFFECTED AT LEAST ONE IN FOUR HISPANIC AND MULTIRACIAL WOMEN IN SPOKANE COUNTY⁶⁸

Percent of Spokane County women who self-reported that they were very, somewhat, or slightly stressed about transportation (loss of vehicle, limited access to bus, etc.) in the last year (2020)



*There is a statistically significant difference across groups

N “Our Girl” Nadia talked about the hardships that she sees with other families in the child care setting where she works. She described that some of the kids she works with do not have sufficient clothing and that she sometimes brings clothes from her own home when she has extra, even though keeping her own growing kids in clothes is challenging. She talked about wanting the kids in her care to be safe and to protect them. She shared that some of the children in her care had challenging home lives, separated from their moms and dads. Her passion for children was apparent. We asked Nadia what she wants for her own future. She talked about wanting more experience and more education to better serve the children under her care.

“I want more experience with my work... more information. I want to know everything about the children. I care about them. They hurt... I want to keep working with children. [Be] patient and kind with them.”

W “Our Girl” Willow works with families from all over the county and knows many families who struggle with transportation. Even when there are services and supports available to families in need, people can’t get where they need to go. She’s seen parents who had to send their children alone on the bus to get services or keep an appointment because kids get to ride the bus free.

All of “Our Girls” deserve to grow up in safe, healthy homes regardless of their race, household structure, or family income. Decent, affordable homes are the foundation for “Our Girls” lives. Homes with pests, leaks, exposed wires, crowded conditions, and hazards put “Our Girls” at an increased risk of emotional and behavioral problems that make it harder to succeed in school and work.⁶⁹ Poor quality, unsafe, and unstable housing also increases stress for parents, adding to worries about food and transportation.⁷⁰

Finding a quality home can be a serious challenge, especially for lower income families who are more likely to rent. In 2021, only 1.8% of rental housing units were vacant in Spokane County, making affordable rentals hard to find.⁷¹ Rent is a major expense for some people, especially lower-income families. Most (about eight in ten) households that earned under \$35,000 a year spent at least 30 cents of every dollar they earned on rent alone.⁷² But fewer than one in ten households that earned over \$50,000 (just 6.7%) spent the same portion of their income on rent.⁷³ A single mother earning a typical income of \$31,158 (about \$2,600 per month) would have to spend more than 40 cents of every dollar to cover median rent in Spokane County (\$1,059 in 2020).⁷⁴

Figure 15: AFFORDABLE RENTALS ARE HARD TO FIND
Rent is a major expense for lower income families (2019)



SPENT AT LEAST **30%** of their income on rent

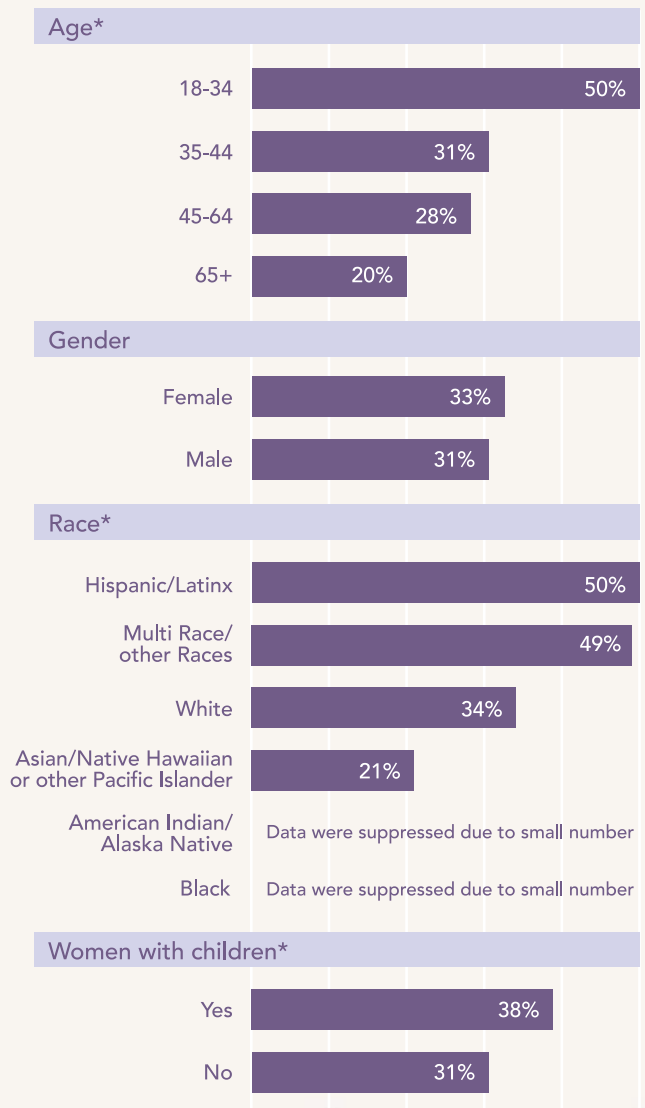


Je *“Our Girl” Jessie remembers her mom working two jobs to support their family while she was growing up. Jessie remembers times when her family had their heat shut off, and times when they were homeless and showered at hotels. Even though life seemed tough on the outside, her mom raised Jessie and her siblings with emotional resilience, patience, and unconditional love.*

For those without stable housing, nearly four in ten women with children (38%) had to double-up with family and friends, skip a rent or mortgage payment or apply for housing assistance, live in their cars, stay at a shelter, or experience other housing-related uncertainty between 2015 and 2020.⁷⁵ “Our Girls” whose mothers were younger, multiracial, or Hispanic were the most likely to grow up in unstable housing.⁷⁶ (Figure 16)

Figure 16: A THIRD OF WOMEN—AND HALF OF YOUNG WOMEN—LIVED IN AN UNSTABLE HOUSING SITUATION⁷⁷

Percent of Spokane County women who self-reported that they experienced at least one unstable housing situation in the last 5 years, including doubling up with family and friends; skipping a home payment or not paying the full amount; moving due to home payments or other bills; using housing assistance; living in a motel/hotel, outside, in a vehicle, or in a treatment program, hospital, or nursing home (2020)



*There is a statistically significant difference across groups

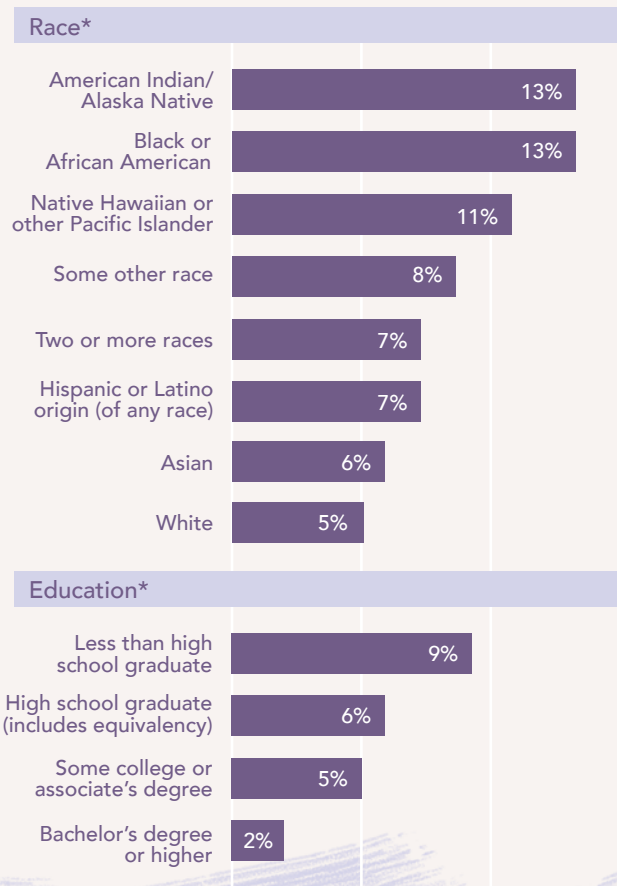
Compared to other kids, children and youth who lived in unstable housing experienced major barriers to succeeding in school. Homeless students in Spokane County were less likely to be ready for kindergarten (59% of homeless students compared to 71% of students with housing) and had a lower graduation rate in 2021 (67% compared to 84%).⁷⁸



People in Spokane County experienced greater obstacles to employment if they were Black, American Indian and Alaska Native, or Native Hawaiian and other Pacific Islanders; had children under age six; had any kind of disability; lived in poverty; or didn't graduate from high school.⁷⁹ (Figure 17) Breaking barriers to well-paying jobs and connecting families to economic supports in tough times would help close gaps in income equality based on race and ethnicity, ability, and family structure.

Figure 17: EMPLOYMENT IS TIED TO RACE AND EDUCATION⁸⁰

Unemployment rate by race and educational attainment (2016-2020)



*There is a statistically significant difference across groups

How Can We Brace “Our Girls” Foundations?

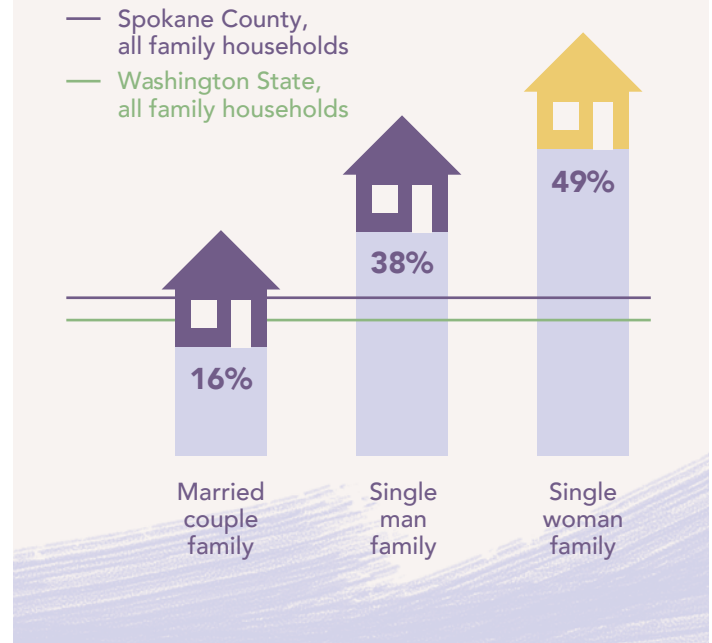
Just as a strong house depends on good construction, “Our Girls” well-being can be threatened if they do not have the social relationships, community resources, and opportunities they need to thrive. When people’s well-being is unstable, one bad break in life—like losing a job or having to care for an aging parent—can be catastrophic. While “Our Girls” with supports can weather life’s storms, those without enough support may struggle to do so.

Aa *“Our Girl” Aaliyah left a relationship where she was verbally and emotionally abused, she found a job to make sure she could give her children the best future. Even with this income, it can be hard to make ends meet and Aaliyah fears she and her children would be homeless without the food assistance support they receive.*

Fortunately, “Our Girls” families have access to programs that can help them afford nutritious food and other basic needs. For example, the federal and state Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) helped over 12,000 infants and children and 4,425 women in Spokane County purchase fruits, vegetables, and other healthy food from October 2021 through September 2022.⁸¹ Over those 12 months, the WIC program helped participants in our community save more than \$6.1 million, including \$1.8 million for fresh fruits and vegetables and \$14,512 exclusively on local produce at farmers markets.⁸²

The Supplemental Nutrition Assistance Program (SNAP) is another option to help families afford fruits, vegetables, and other nutritious food. The Supplemental Security Income program helps low-income and disabled adults and children, and programs like Washington’s WorkFirst help adults stabilize their lives so they can go to work and support their families. One in four families with children (25%) accessed these programs in 2020.⁸³ Of those, about 14% lived with single fathers and about 40% lived with single mothers.⁸⁴ (Figure 18)

Figure 18: SOCIAL SERVICE PROGRAMS HELP FAMILIES BUILD STABLE FOUNDATIONS⁸⁵
Portion of households with children receiving Supplemental Security Income, cash public assistance income, or Supplemental Nutrition Assistance Programs in Spokane County, by family type (2020)



Economic supports like WIC, SNAP, and Temporary Assistance for Needy Families (TANF) help families meet their basic needs in times of instability. However, a small increase in income due to a new job or a raise can mean losing out on this vital safety net—a situation known as the “benefit cliff.”⁸⁶ Families can lose more in benefits than they gain in income, essentially becoming anchored into (rather than lifted out of) poverty.

We can give “Our Girls” the best chance to grow strong bodies and minds by taking steps to buffer or eliminate the impacts of social problems like poverty. Support programs can help to stabilize families, but some of “Our Girls” and their families will still experience emotional, behavioral, and health issues. The next section examines the hurdles “Our Girls” may face to emotional and physical wellness over their lives.



COMMUNITY SERVICE PROVIDER

A community service provider (also an “Our Girl” who experienced the challenges of single parenting) described how many of her clients walk on the razor thin edge of the benefit cliff, defined as “the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings.”⁸⁷ There are many working parents in Spokane County that rely on public benefits to support their families with food, medical care, housing and child

care. Since most public benefits are income-based, even a marginal increase in income can have substantial impacts on the level of benefits received. A family is at risk of losing benefits despite being able to sustain their family and households even with an increase in income. The benefit cliff can effectively discourage recipients from educational or career advancements since associated raises or pay increases are generally not enough to offset the benefits lost.



SUPPORTING BEHAVIORAL, EMOTIONAL, AND PHYSICAL WELL- BEING: ACCESS TO CARE



For our community to prosper in the future, “Our Girls”—like all children—need the opportunity to develop socially, emotionally, and intellectually. Experiences in their earliest months and years shaped the architecture of “Our Girls” growing brains. However, stressful situations like family tension, neglect, or changing caregivers can undermine early brain architecture. Serious, prolonged stress—called “toxic stress”—makes babies’ brains release chemicals that stunt cell growth.⁸⁸ Fortunately, systems that connect babies and their caregivers to early interventions and mental health services can provide scaffolding for solid, sturdy foundations.⁸⁹ Early investments in child development translate to economic payoffs later on; “Our Girls” with solid foundations will grow to become successful, contributing members of our community.



HOSPITAL-BASED BEHAVIORAL HEALTH NURSE

A long-standing community member who serves as a nurse specializing in behavioral health described how the current “fee for service” health care model inhibits an upstream approach to addressing some of our community’s most intractable problems. She believes that our community is suffering, and the suffering starts early on in childhood as more and more children are experiencing challenges that increase their need for mental health care. She explained that as a society, we need to be more focused on getting “upstream” of the core issues our communities are facing, which would have a greater impact on changing intergenerational outcomes. In a population health model, helping a pregnant woman has a positive effect on her unborn child. And once that child is born, that positive effect extends across the child’s whole life.

What Do Moms and Babies Need to Be Emotionally and Physically Healthy?

“Our Girls” will have different experiences and opportunities based on the households into which they are born, and some of “Our Girls” parents will face challenges to providing safe, stable homes for their children as a result of barriers to resources and services, community violence, racism, trauma, or health issues.⁹⁰ “Our Girls” who are born into financially stable homes will have better access to safe housing, healthy foods, and other necessities and be more prepared to engage fully in their communities in the future.⁹¹ However, too many Spokane County families face persistent financial hardship impacting their health and well-being.

Financial instability can cause families enormous stress and anxiety. When parents experience a lot of stress or have to work multiple jobs, it can limit their ability to build strong relationships with their children, which can disrupt their children’s ability to develop positive mental health and the resilience they need to manage life’s future challenges.

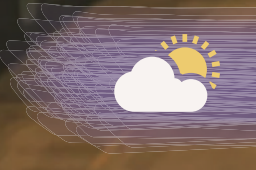
In our current system, younger, less educated mothers are less likely to earn a family-sustaining income. The social and economic costs of becoming a teen mom can have long-term consequences for children, families, and our entire community. Teen mothers are more likely to have to drop out of high school and less likely to complete further education or certificates, which will increase their financial instability.^{92,93} Babies born to teen mothers are more likely to have low birth weight, which can be connected to lifelong learning and physical health challenges.⁹⁴ In 2021, women in Spokane County under age 20 were almost twice as likely to have a baby with low birthweight than women between 25 and 34 years of age (12% compared to 6%).⁹⁵

Having a teen mom makes “Our Girls” more likely to have lower academic achievement, to be incarcerated, and to someday become teen mothers themselves.⁹⁶ Researchers estimate that the increased burdens on the health, foster care, and criminal justice systems related to teen pregnancy cost taxpayers somewhere between \$11 and \$28 billion each year.^{97,98}



"Our Girl" Willow assists other families experiencing challenges navigating systems and services. It was her own experience as a teen mother that set the stage for her later development as a fierce advocate for children and youth.

"I got kicked out [of school]. That's when I realized there are systemic barriers for people who don't follow societal norms."

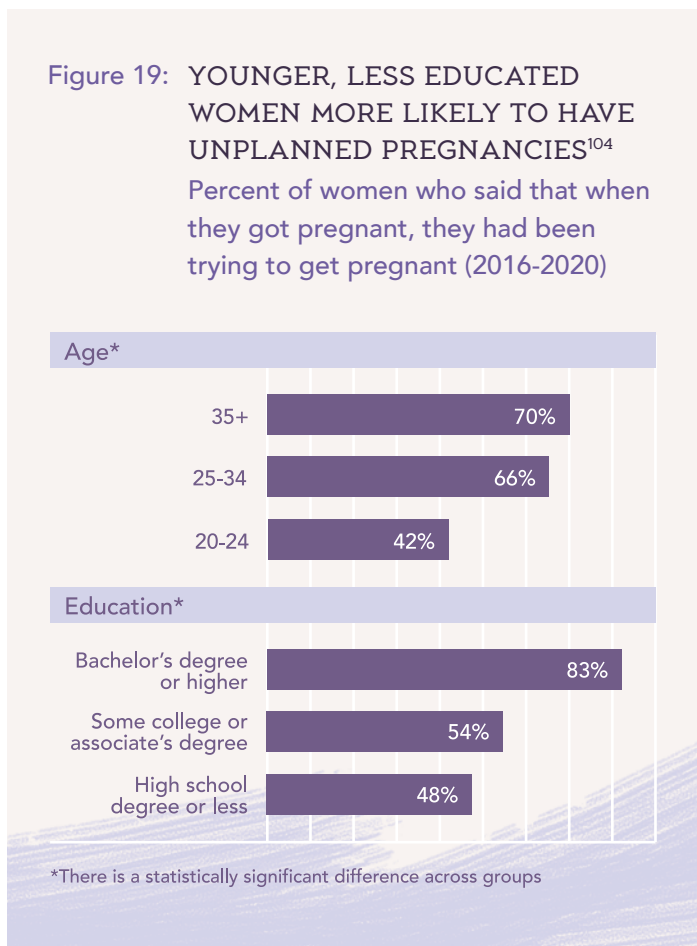


LUMEN HIGH SCHOOL

Lumen High School is a public charter school committed to empowering two generations by providing high academic standards, a specialized early learning center, and wrap around supports to meet the layered needs of teen parents. The school's approach is rooted in belonging, social justice and the empowerment of their staff, their students, and their students' children so that a student's role as a parent will not be at odds with their role as a student. Students at Lumen are motivated to provide the best start and future for themselves and their children, and they understand how important it is to finish their education and plan for the future. Midwife apprentices are co-located in the school and work closely with the students to provide education and support to expecting parents.

The majority of teen pregnancies are unintended.⁹⁹ Nationally, about half of teen parents were not using any method of contraception when they became pregnant and less than 1% used the most effective contraceptive methods, such as an intrauterine device (IUD).¹⁰⁰ Unintended pregnancy also increases a woman's likelihood for postpartum depression.¹⁰¹

Spokane County's teen pregnancy rate has decreased over the last five years from almost 11 pregnancies per 1,000 teen girls in 2016 to fewer than eight in 1,000 in 2020.¹⁰² More than half of young (20-24 years old) moms and those who had not attended college said their pregnancies were unintentional.¹⁰³ (Figure 19)

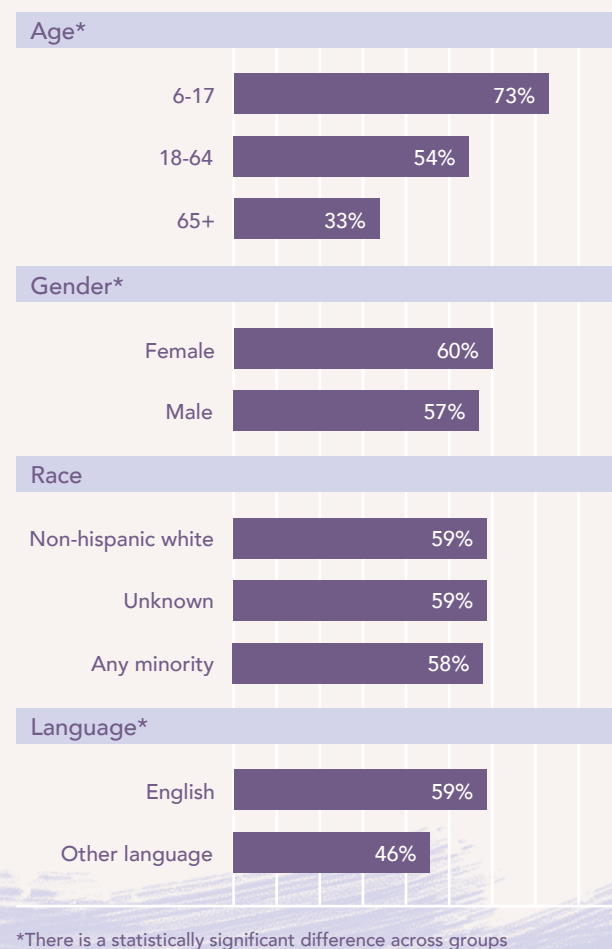


To decrease teen birth rates, efforts are needed to reduce or delay the onset of sexual activity, provide factual information about the conditions under which pregnancy can occur, increase teens' motivation and negotiation skills for pregnancy prevention, improve access to contraceptives, and encourage use of more effective contraceptive methods.

Ta When "Our Girl" Taylor was pregnant, a male medical provider told her that she wouldn't be a good mom as a teenager and encouraged her to get an abortion. Experiences like this left Taylor with a lot of trauma and stress even after her baby was born. Like half of her peers, she was never provided a mental health screening and had to be a strong self-advocate to get the help she and her baby needed to be emotionally and mentally strong.


Figure 20: OLDER ADULTS ON MEDICAID AND THOSE WHO SPOKE A LANGUAGE OTHER THAN ENGLISH WERE LESS LIKELY TO BE ABLE TO ACCESS MENTAL HEALTH CARE¹⁰⁷

Percent of Medicaid beneficiaries with an identified mental health need who received at least one qualifying treatment service (2020-2021)



Washington State’s Apple Health (Medicaid) program—a government health insurance program for people with very limited income and resources—requires providers to screen mothers and caregivers for depression at well-child visits up to six months after birth.¹⁰⁵ Still, many people are missing out on important care. In 2021, only about six in ten Medicaid beneficiaries over the age of six with an identified mental health need received essential treatment.¹⁰⁶ (Figure 20)

In 2020, about 85% of women in Spokane County said their doctor screened them for mental health needs during their prenatal visit.¹⁰⁸ Nationally, untreated mental health conditions around pregnancy and into the first five years of a child’s life carry an estimated societal burden of \$14 billion per year.¹⁰⁹

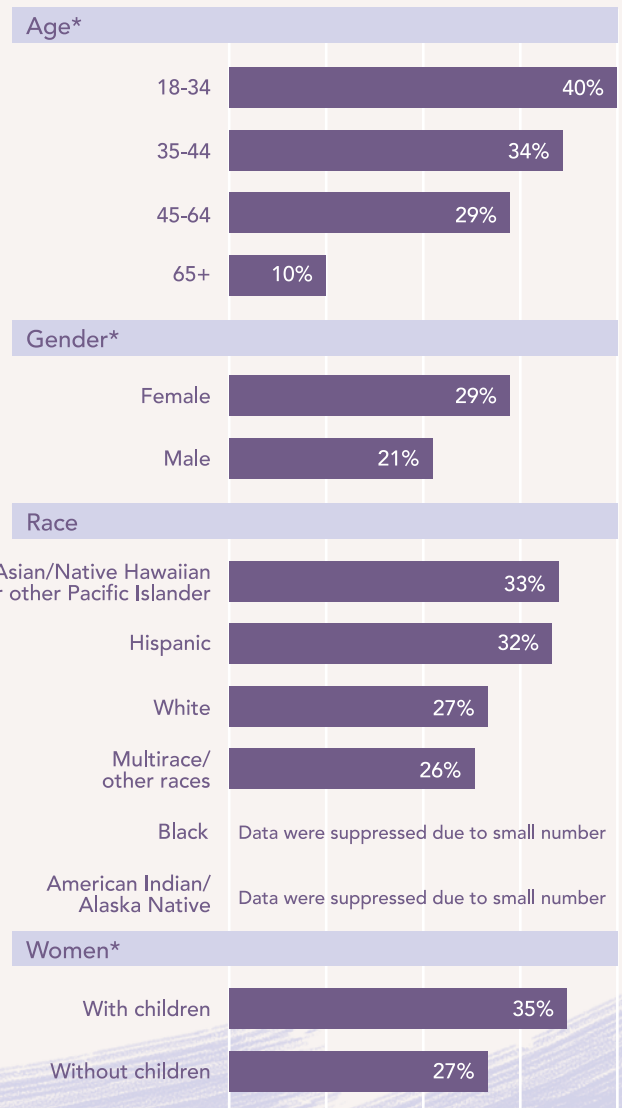


HEALTH & JUSTICE RECOVERY ALLIANCE

The Health & Justice Recovery Alliance works to prevent, disrupt, and support individuals experiencing destabilization and crisis. They do so through a systems approach, working with individuals through a peer service delivery model that centers lived experience and provides supports for navigating complex and siloed systems of care, and holding organizations and systems accountable for improvements. The Health & Justice Recovery Alliance provides an 8-week instructional peer navigator training program. Peer training supports personal and professional development of training participants and is culturally responsive to those in crisis as the peer navigators are able to utilize their lived experience to support others through their challenges. There is a growing body of evidence that supports the benefits and improved outcomes associated with peer support models.¹¹³

In recent years, an increasing number of Spokane County women have faced barriers to mental health treatment. In 2020, three in ten women reported barriers compared to two in ten in 2015.¹¹⁰ (Figure 21) Women were also more likely to face barriers to mental health treatment than men (29% compared to 21%).¹¹¹

Figure 21: MANY ADULTS IN SPOKANE COUNTY FACE BARRIERS TO ACCESSING MENTAL HEALTH CARE¹¹²
Percent of women who self-reported barriers to mental health treatment (2020)



*There is a statistically significant difference across groups

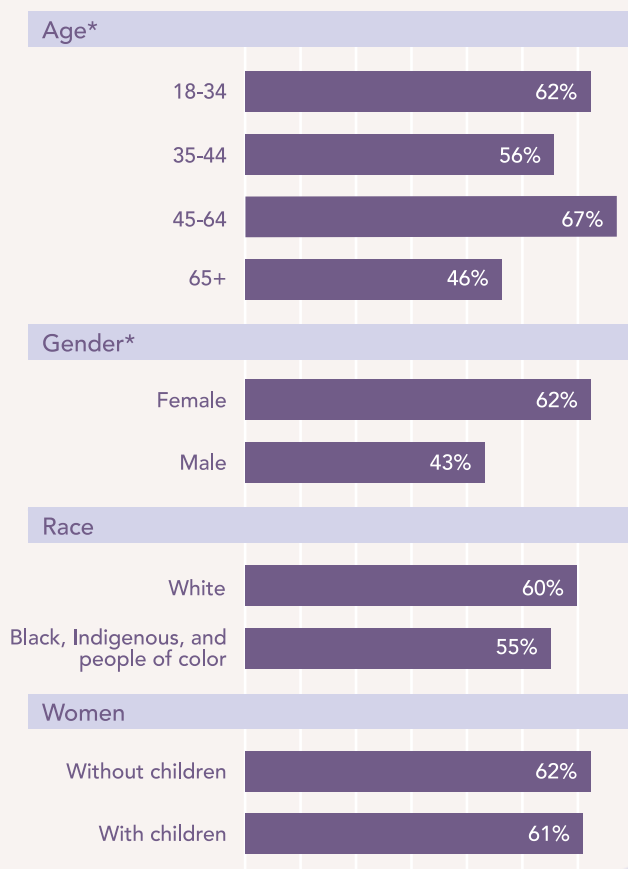
Part of the challenge may be finding a provider. Nationally, more than 156 million Americans live in areas with a shortage of mental health care professionals.¹¹⁴ The Kaiser Family Foundation estimates that Washington state has just 16% of the number of psychiatrists we need.¹¹⁵ In Spokane County, reasons including the cost of treatment, not knowing where to go, and lack of insurance coverage prevented roughly four in ten women and mothers with poor mental health from accessing treatment in 2020.¹¹⁶ (Figure 22)



HOSPITAL-BASED BEHAVIORAL HEALTH NURSE

Health care system reimbursement structures exacerbate workforce shortages for mental and behavioral health providers, especially those serving clients with the greatest need. Fewer than 30% of behavioral health agencies in Washington surveyed in 2021-2022 said they served preschoolers between ages three and five, for example.¹¹⁸ There are few long-term placement options for kids in the state, and workforce shortages make it difficult to staff the growing need for more beds. The state did increase the number of community-contracted Children's Long-Term Inpatient Program (CLIP) beds in the final supplemental budget for the remainder of the 2021-2023 biennium, as well as increased Medicaid reimbursement rates and provided one-time funds to assist behavioral health providers that serve Medicaid and state-funded clients that experienced revenue losses due to Covid-19.¹¹⁹

Figure 22: FOUR IN TEN MOTHERS WITH POOR MENTAL HEALTH MISS OUT ON TREATMENT¹¹⁷
Percent of women with poor mental health who self-reported receiving mental health treatment (2020)



*There is a statistically significant difference across groups

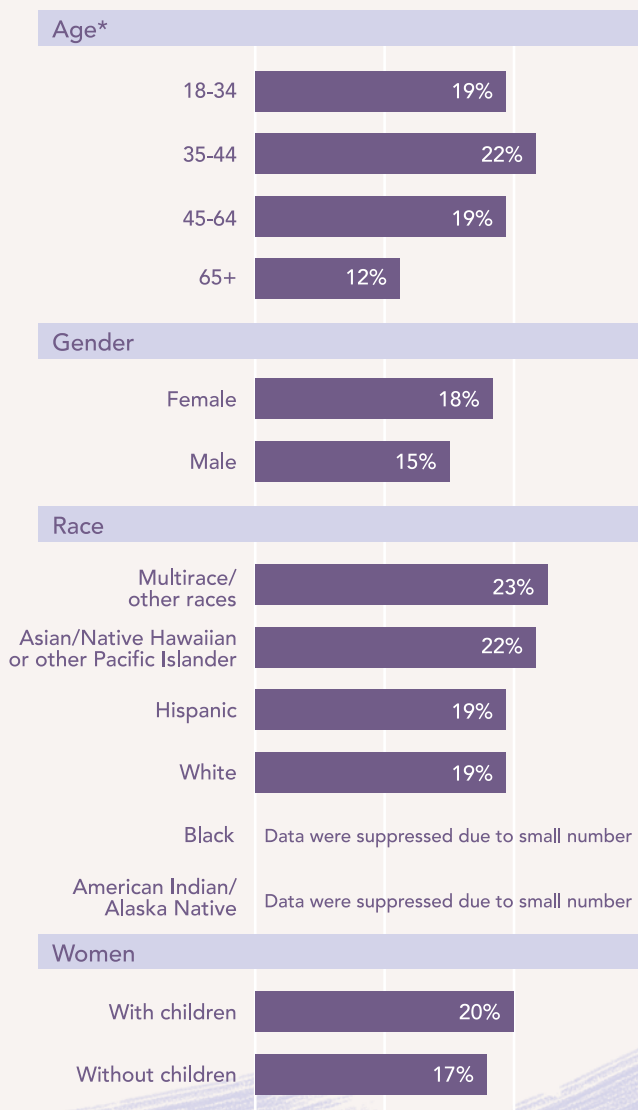
“Our Girls” need dependable, emotionally resilient caregivers to build strong futures on sturdy foundations. Children who can control their emotions, behave in age-appropriate ways, and cope with difficult situations grow into adults with resilient families. Without healthy connections and access to resources, some of “Our Girls” families live with stress, anxiety, and worry that can worsen physical and mental health conditions and increase use of alcohol, tobacco, and other drugs.¹²⁰

Factors like drug and alcohol use can make it hard for parents to regulate their emotions and control their impulses, increasing the risk for abuse and neglect.¹²¹ If “Our Girls” are born to parents who struggle with substance misuse, they are more likely to suffer from a variety of physical, mental, and emotional health problems than their peers. Having parents who misuse drugs and alcohol also increases “Our Girls” chances of emotional, physical, and sexual violence; housing instability; poverty; and physical health issues in the future.¹²²

Substance misuse affects many Spokane County families. In 2020, about one in five moms in Spokane County self-reported that they felt at least slightly stressed about their or a family member's substance misuse in the year prior.¹²³ (Figure 23)

Figure 23: ONE IN FIVE MOMS FEEL STRESSED ABOUT THEIR OWN OR A FAMILY MEMBER'S SUBSTANCE USE¹²⁴

Percent of women who reported feeling very, somewhat, or slightly stressed about substance abuse or misuse by self or a family member (2020)




*There is a statistically significant difference across groups

Exposure to stress, untreated mental health issues, and parental drug use increases “Our Girls’” chances of having a substance use disorder themselves.¹²⁵ Research suggests as many as 60% of youth in community-based substance use disorder treatment programs have another mental illness.¹²⁶ Accessing treatment for these conditions can be a challenge.

Li “Our Girl” Lilly has a young child with tough mental health challenges. During a recent episode, her child was placed in an isolation room when the family tried to find help at the hospital emergency department. After a full day at the hospital, Lilly’s family was sent home without education, resources, or support to help them avoid future situations. Lilly worries there are no available local services for children and youth, and that there is no way to get her child the intensive, culturally-responsive treatment her child needs. Lilly shared that her child is doing better. The turning point came from the relationship, care and advocacy efforts of a family peer mentor.



Despite bright spots like Providence’s Behavioral and Educational Skills Training (BEST) Program—a hospital-based, intensive therapeutic treatment program for children eight to 12 years old that supports children and their families in improving behavior and relationships—there is a shortage of qualified, board certified mental and behavioral health professionals, especially those that specialize in children and youth in Spokane County. Only 17% of Medicaid adolescents between age 12 and 17 who needed substance use treatment received help in 2021.¹²⁷ (Figure 24) Language was also a barrier to accessing substance use disorder treatment.¹²⁸

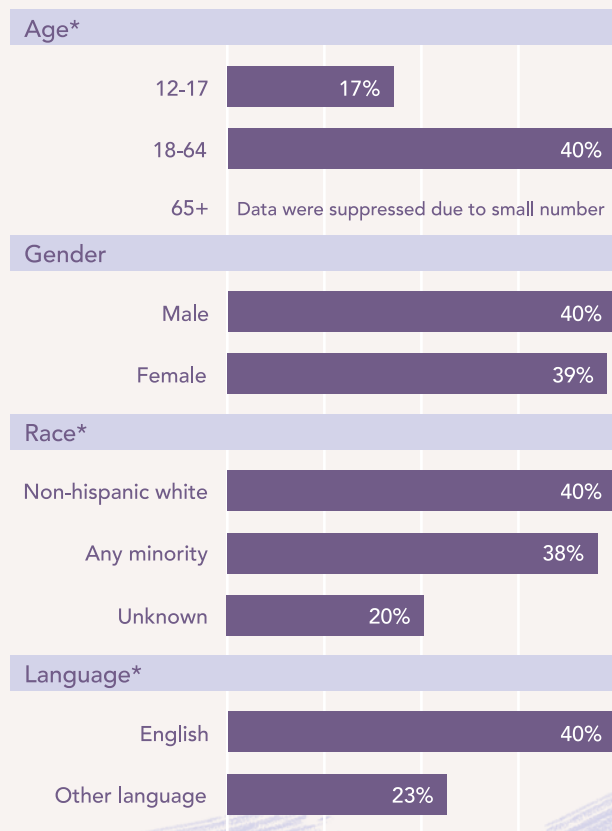


PROVIDENCE RISE PROGRAM

To help address Eastern Washington’s continuing need for behavioral health care, Providence Health Care opened RISE in 2018, an outpatient behavioral health program for adults and adolescents. As a day program, RISE—which stands for Resources, Insight, Support and Empowerment—allows patients to return home at the end of the day to continue building family and community relationships. Located on the Providence Holy Family Hospital campus, RISE will care for patients with services such as counseling, training, yoga, and meditation and reduces the need for hospitalization. RISE provides much-needed access to care and helps fill the gap between traditional outpatient care and hospitalization.

Figure 24: YOUTH AND THOSE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH NEED MORE ACCESS TO MEDICAID SUBSTANCE USE DISORDER TREATMENT¹²⁹

Percent of Medicaid beneficiaries with an identified substance use disorder need who received at least one qualifying treatment or service (2020-2021)



*There is a statistically significant difference across groups

When girls and women with substance use disorders become pregnant, it can be especially difficult to find vital treatment services. Stigma, fear of child welfare involvement, and a lack of access to culturally-responsive and evidence-based services keep many expecting moms from seeking important prenatal medical care and early physical and mental health screenings.¹³⁰ Even women who are able to get help for substance use issues might be separated from their children in our current system.

Racial inequities occur at various decision points in the child welfare continuum; Black and American Indian/ Alaska Native babies and pregnant women are more likely to be referred to child welfare due to implicit biases in the system, and Black parents are less likely to be reunited with their children.^{131,132} Nationally, an infant or toddler is separated from their parents every seven minutes.¹³³

Infants are currently the fastest growing age group in the foster care system nationally, and most placements are associated with parental substance use.¹³⁴ Spokane County was one of the top three counties in Washington for the number of newborns and babies placed in care due to parental substance use in 2021, behind King and

Pierce counties.¹³⁵ In 2021, 83 children under the age of one, including 64 newborns, were placed into foster care in the first 30 days of their life in Spokane County, contributing to about 11% of newborn placements in the state as a whole.¹³⁶ (Figure 25) In total, about 16% of American Indian/Alaska Native newborns and 7% of Black newborns in Spokane County were separated from their parents in the first 30 days of life due to parental substance use.¹³⁷

Primary care providers are often the first resource for identifying mental health needs and connecting women and families to services. Having a regular provider or personal doctor is critical for catching issues early, before they become big problems. In 2020, most women (83%, including 75% of women with children) had a personal doctor.¹⁴⁰ (Figure 26) Women without children were more likely to have a personal doctor than mothers (87% compared to 75%), and young adults (age 18-34) were least likely (71%).¹⁴¹ People without regular doctors or social support are more likely to visit the emergency department for medical care, and the shortage of behavioral health providers can send desperate parents and families to the emergency room for emotional health and substance use issues.¹⁴² A trip to the emergency department is costly, and unnecessary, preventable emergency room visits cost our nation billions of dollars each year.¹⁴³



MADDIE'S PLACE

Services and programs that help parents access treatment while learning positive parenting skills are critical for a strong foundation for all children.¹³⁹ Maddie's Place is a 501(c)3 non-profit, free-standing recovery nursery for babies experiencing withdrawal due to prenatal substance exposure in Spokane County. Maddie's Place believes that low-intervention, highly nurturing care is the best way to help babies through their recovery period and that "Mom is the best medicine." Maddie's Place aims to support moms and babies together by encouraging bonding and attachment and alleviating physical symptoms. Mom and baby stay together at Maddie's Place in a private room. Services and care are provided at no cost to families. Maddie's Place is working to secure sustainable coverage for their services by Medicaid and other state and federal funding sources.

Figure 25: MORE BLACK AND AMERICAN INDIAN/ALASKA NATIVE BABIES ARE SEPARATED FROM THEIR PARENTS¹³⁸

Percentage of newborns placed first 30 days with parental substance use by race in Spokane County (2021)

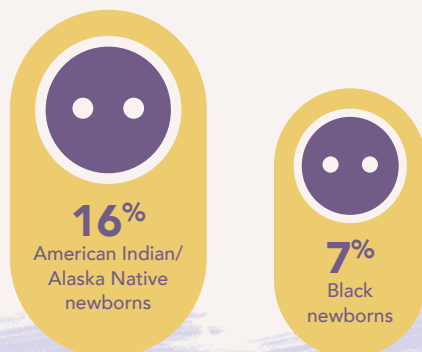
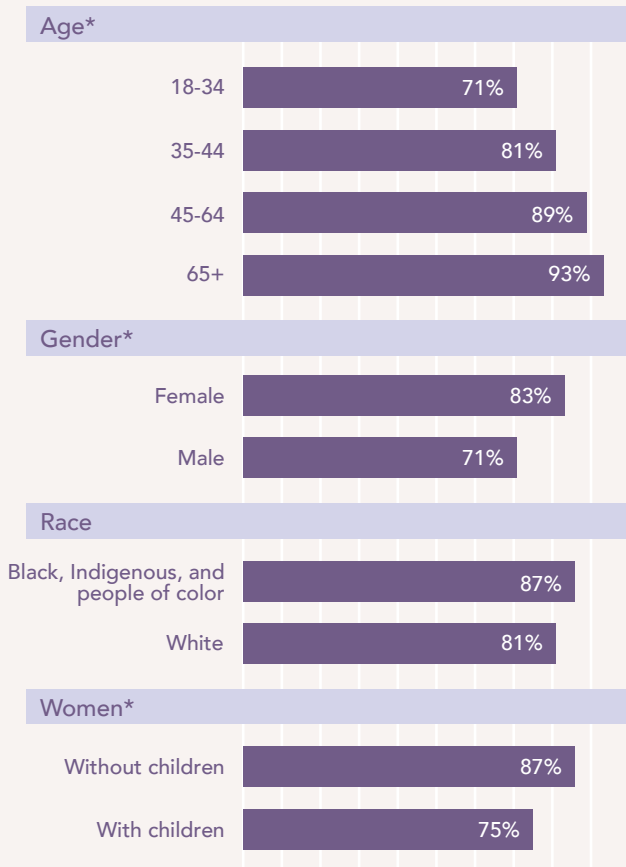


Figure 26: YOUNGER WOMEN AND WOMEN WITH CHILDREN ARE LESS LIKELY TO HAVE A PERSONAL DOCTOR
Percent of women who self-reported having a personal doctor or health care provider (2020)



*There is a statistically significant difference across groups

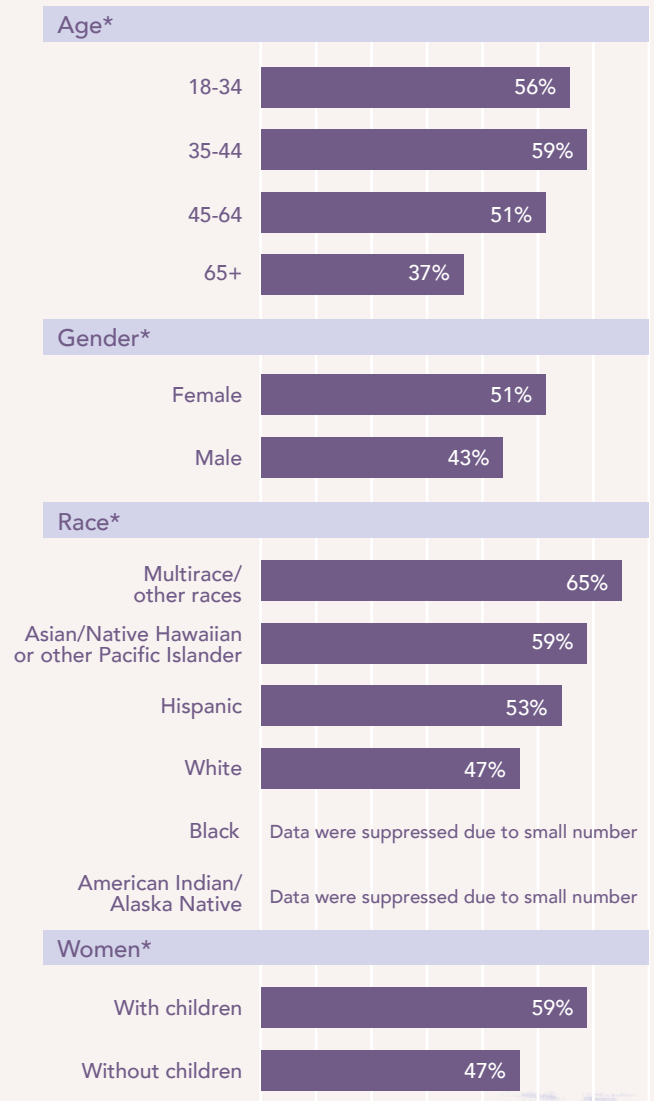
Data needed!

Community service providers believe that the number of babies born affected by prenatal substance use is underreported. Many women fail to seek medical care when they discover they are pregnant or delay care until the last minute, in part because they are afraid that their babies will be taken away. There are also inconsistencies and challenges with screening mothers and babies and accurately capturing diagnoses.

During 2020, many appointments and medical procedures were cancelled due to COVID-19.¹⁴⁴ Half of women in Spokane County (51%) and 59% of women with children said they or a member of their household had difficulty seeing a doctor when they needed one.¹⁴⁵ (Figure 27)

Figure 27: MANY FAMILIES FACE BARRIERS TO SEEING A DOCTOR WHEN THEY NEED ONE¹⁴⁶

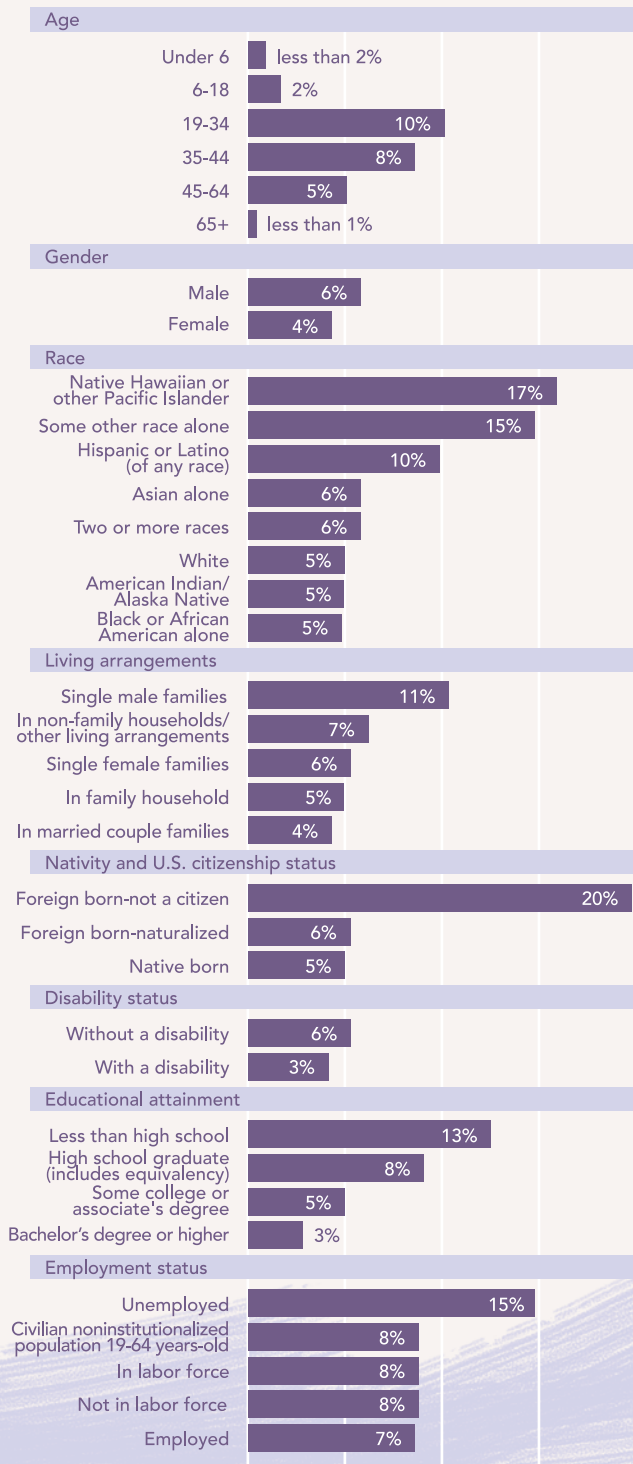
Percent of women who self-reported barriers to medical treatment (2020)



*There is a statistically significant difference across groups

Figure 28: HEALTH INSURANCE COVERAGE TIED TO AGE, CITIZENSHIP, RACE, AND EMPLOYMENT¹⁵⁰

Percent of Spokane County residents without insurance coverage (2016-2020)



Other major barriers keeping “Our Girls” and other Spokane County residents from seeing a doctor that year included long waits for appointments and lack of insurance coverage for the needed treatment.¹⁴⁷ In 2020, nearly all (95%) of Spokane County’s population was covered by health insurance (an improvement from 91% in 2016).¹⁴⁸ However, young adults, people without citizenship status, Native Hawaiians and other Pacific Islanders, and unemployed residents faced challenges accessing health insurance.¹⁴⁹ (Figure 28)



HOSPITAL-BASED BEHAVIORAL HEALTH NURSE

A community service provider shared her belief that disjointed and fragmented medical and social services force additional trauma onto women and children seeking help. This provider described a story of a new mother with substance abuse issues trying to do the right thing for her baby. This new mother sought help but was nonetheless separated from her baby. Her baby was placed in care with one provider, and her with another. The heartache of the mother was apparent to the provider who described a mom wanting to bond with and learn how to care for her new baby, but her own treatment program’s strict rules inhibited her ability to spend time with her newborn.

“The greatest trauma you can put on a baby is to separate them from their mother.”



After finishing her GED, “Our Girl” Taylor found a two-year program where she could learn the skills to be a medical assistant to help support her young family. The program provided a small amount of money for internships in clinics, but it was barely enough to cover the cost of child care for her baby, let alone the cost of books and other supplies she needed.



PROVIDENCE MEDICAL APPRENTICESHIP PROGRAM

In response to a workforce shortage of qualified medical assistant personnel, Providence, partnering with the Washington Association of Community & Migrant Health Centers, created a 12-month medical assistant apprenticeship program to meet the increasing demand for medical staff. Students are required to complete 2,000 hours of paid, on-the-job training with support from an experienced medical assistant coach and an additional 364 hours of supplemental online coursework. In addition to covering the costs of schooling, Providence pays apprentices minimum wage and provides full benefits. The program currently accepts 45 apprentices a year.

Toxic stress, untreated mental illness, and substance use disorder can contribute to generational cycles of trauma and need. Social supports, screenings, and access to services can provide a pathway for “Our Girls” to grow into successful, healthy adults. However, “Our Girls” and their families have additional challenges. Community

and societal factors also determine whether “Our Girls” can access healthy food, safe homes, and quality child care in safe neighborhoods. The next section examines circumstances that help protect “Our Girls” or put them at risk in the future, as well as the ways we can ensure all of “Our Girls” are safe.

ENSURING A SAFE COMMUNITY FOR “OUR GIRLS”: COMMUNITY VIOLENCE AND SAFETY





SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION (SRDVC)

The Spokane Regional Domestic Violence Coalition is an interdisciplinary team of professionals working across sectors and organizations to stop domestic violence and related child and elder abuse in Spokane County. The SRDVC is the driving force behind the End the Violence campaign with a mission to eliminate domestic violence through increased collaboration and partnerships with community agencies focusing on awareness, education, prevention and accountability.

End the Violence Coalition is committed to transforming racialized and discriminatory policies and practices in organizations, institutions, and communities. End the Violence Coalition utilizes its partnerships to increase equitable and culturally responsive treatment by local institutions, advocate for socially just policies, improve equitable access to resources and services, and conduct outreach and education to all communities. This work is changing systems, and in turn outcomes.

The future prosperity of Spokane County depends on how well we invest in children, families, and future generations. “Our Girls” can thrive as responsible, productive adults when they grow up in safe homes where their basic needs are met by emotionally and financially stable caregivers. We have observed how biased systems create unfair differences in income and access to resources based on race, ethnicity, gender identity, and other intrinsic factors. Resulting barriers to resources and services, community violence, racism and discrimination, past trauma, and other issues mean some of “Our Girls” are likely to grow up with unsafe environments and circumstances.¹⁵¹

Ta *“Our Girl” Taylor was raised in a neighborhood in Spokane County that didn’t have enough social and developmental opportunities for kids her age. Children and older youth were left unsupervised during the summer and after school, and one year their home was vandalized by other kids. As a mom, Taylor looks forward to enrolling her child in soccer someday—once they learn to walk!*

How Can We Help Protect “Our Girls” from Harm?

Inclusive policies and engaged communities can create safe, stable environments that “Our Girls” need to thrive. Communities where families can easily access the resources they need—financial support, health care, mental health services, well-resourced schools, safe homes, and quality child care—protect “Our Girls” from violence and trauma over their entire life course.¹⁵² In contrast, historically underserved communities with higher rates of crime, unemployment, food insecurity, housing instability, and few opportunities for social connections or quality education put “Our Girls” at a greater risk of adverse childhood experiences (ACEs), substance use disorder, suicide, and other negative outcomes.¹⁵³ Under-resourced neighborhoods increase stress and instability, raising the risk for depression, anxiety, and other factors that make parenting challenging and increase chances of child neglect and childhood adversity.¹⁵⁴ Childhood adversity increases “Our Girls” risk for premature death, and factors like poverty, crowded housing, and family instability further reduce their life expectancies.¹⁵⁵

What are ACEs?

ACEs (adverse childhood experiences) are potentially traumatic events or patterns that can impact children into adulthood.¹⁵⁶ They include experiences such as:¹⁵⁷

- Losing a parent or household member due to separation, incarceration, or suicide.
- Witnessing or experiencing violence, abuse, or neglect.
- Growing up in a household with untreated mental health and substance use problems.

Without positive childhood experiences to counter them, adults with at least three ACEs are significantly more likely to have serious health problems like heart disease, depression, substance use, poor achievement in school, and early death. Fortunately, ACEs are preventable. We can protect children from adverse experiences by creating and sustaining safe, supportive relationships, and communities for all families.

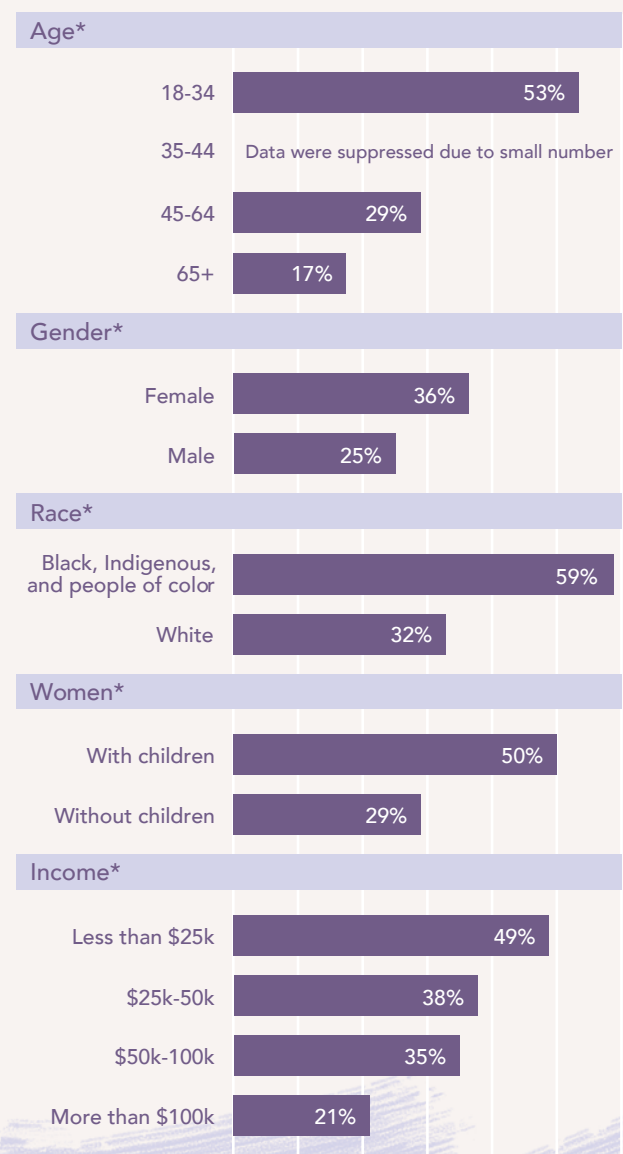
Ta *“Our Girl” Taylor recalls, “My husband and I were working hard to make ends meet when our daughter was born. To add to the stress, our baby needed a special formula that insurance wouldn’t cover. Can you believe we had to resort to buying it off Craigslist and doing sketchy hand-offs in parking lots? It’s crazy how hard it can be to cover the basics sometimes.”*

In 2020, about 36% of women in Spokane County—including half of women with children—said they had at least three ACEs.¹⁵⁸ The most commonly experienced ACEs in Spokane County included:¹⁵⁹

1. Having parents or other adults in the home swear at you, insult you, or put you down.
2. Having parents who are separated or divorced.
3. Living with anyone who was a problem drinker or alcoholic.

Black, American Indian and Alaska Native, and other women of color were the most likely to experience childhood adversity: they were nearly twice as likely as White women to have at least three ACEs (59% compared to 32%).¹⁶⁰ Being younger, female, and having a lower income also made adults more likely to have this experience.¹⁶¹ (Figure 29)

Figure 29: MORE LOW-INCOME ADULTS AND WOMEN OF COLOR CARRY THE IMPACT OF CHILDHOOD ADVERSITY¹⁶²
Percent of women self-reporting an ACEs score of three or greater (2020)



*There is a statistically significant difference across groups

“Our Girls” who have plenty of “pro-social opportunities” in their community—meaning chances to join teams and clubs and build trusting, safe relationships with adults—are less likely to face ACEs and other harmful experiences.¹⁶³ Unfortunately, not all families have the same opportunities to live and engage in resourced neighborhoods. Having a single mother or parents who are Black, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Hispanic places some of “Our Girls” families at a systematic economic disadvantage when it comes to choosing a good neighborhood.

I *The parks in the neighborhood where “Our Girl” Isabella is raising her children always have a lot of trash, and there are frequently signs of drug dealing and prostitution around the bathrooms. Consequently, Isabella does not feel comfortable taking her children there or participating in activities and sports leagues held in the park. She also described her specific neighborhood as quiet and that people generally “keep to themselves,” alluding to community members trying to insulate themselves and their families from the social challenges witnessed day to day and the overall perspective that the community is declining. In contrast, Isabella also described instances where a neighbor went out of their way, deliberately crossing the park to warn her about safety issues there so that she could keep her children safe.*

“First time we were there [at the park] someone stopped, made their way across to come to me and said ‘do not let your kids out of your sight. This is not a place for your kids to be, these people are here to hurt you.’ I was like, hell no, I’m not leaving my kids here. I had planned to drop them off. Next day I brought my lawn chair. Phone in hand and ready to alert [the police].”

Washington State’s Healthy Youth Survey asks middle and high school students about behaviors and situations that contribute to their health and safety. In 2018, 74% of Spokane County students in 8th, 10th, and 12th grade said they lived in communities with prosocial opportunities.¹⁶⁴ By 2021, only 57% said they lived in communities with these kinds of protective factors.¹⁶⁵ COVID-19 changed students’ daily lives dramatically over

the last few years, and we need a few more years to know whether the change in their social engagement is solely related to the pandemic or other factors.¹⁶⁶ In 2021, more White students (61%) lived in neighborhoods providing protective factors than their Black and brown peers, with only about four in ten Hispanic or American Indian and Alaska Native youth having the same community-level opportunities.¹⁶⁷

“Our Girls” are also less likely to experience negative life outcomes if they have opportunities to be involved and included at school.¹⁶⁸ Seven in ten youth (72%) agreed that students in their schools had lots of chances to help decide things like class activities and be part of class discussions and activities in 2021.¹⁶⁹ Fewer Hispanic students (62%) felt involved and included in class.¹⁷⁰



COMMUNITIES IN SCHOOLS

Communities in schools surrounds students with a community of support, empowering them to stay in school and achieve in life. They believe all students, regardless of race, gender, zip code, or socioeconomic background, should have what they need to realize their potential. They work with public schools to identify the unique needs of students and can provide basic needs, behavioral interventions, college and career prep, and family engagement and life skills training. Case-managed students in the program have shown an 87% increase in improved attendance and a 94% increase in improved behavior. What they do works.

Prosocial opportunities at the family level also protect “Our Girls.”¹⁷¹ In 2021, nearly two in three Spokane County students (64%) in 8th, 10th, and 12th grade said they could ask their parents for help with a personal problem and that their parents gave them lots of chances to do fun things with them.¹⁷² Girls were slightly less likely to feel involved in their families than boys (60% compared to 68%), and fewer youth of color lived in families that could provide these protective factors.¹⁷³

I *“Our Girl” Isabella shared her concerns that youth in the community have insufficient opportunities and family supports to promote positive social engagement.*

“I worry about the future, not in particular for my kids but I see our neighbor kids. Parents are involved with work and kids are neglected. Not enough involvement in how they are growing up.”

Protective factors in families, schools, and communities lower the odds that “Our Girls” will experience violence over the course of their lives. Stable families who aren’t worried about affording basic needs typically have more time to spend with their children, model good social and emotional skills, and engage in their communities. But the consequences of growing up in a community with weak social connections and limited access to resources can be traumatic.

Abuse and neglect are serious adverse experiences that affect too many children and youth in Spokane County. It is challenging to accurately report the number of child victims because many cases of child abuse and neglect are never reported.¹⁷⁴ Doctors, nurses, psychologists,



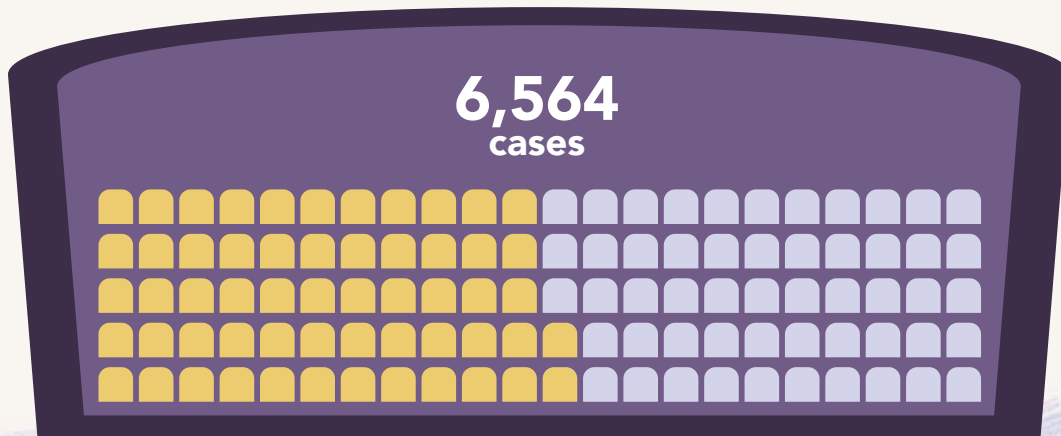
pharmacists, teachers, childcare providers, and social service counselors are mandated to report suspected negligence or harm to Child Protective Services (CPS). CPS reviews these referrals, along with reports from concerned neighbors or other individuals, to determine which cases should be accepted for further action. Some referrals might include more than one child.¹⁷⁵

Er *“Our Girl” Erika, both a provider and foster mother, described how her attitude and views of working with moms and babies changed when she learned to see and be in a relationship with the people served.*

I used to be a classic [provider] with the mentality to “get those kids away from her!” I was angry and mama bearish, and I knew I needed to change. So, I started working in a program. What it did for me was give me an opportunity to spend 2-3 hours with a mom or dad and get to know them. I realized they just need to be heard. I don’t want to say victim, because there is always accountability and being a victim doesn’t help people. But these women have just had crap thrown at them, and honestly what do you expect? God used that experience to motivate me. God changed my heart and I was able to back out of the anger I had and really see.

The rate of CPS-accepted referrals for child abuse and neglect had been steadily climbing in Spokane County and Washington State in the years leading up to 2017, with a total of 6,564 cases in 2017 (a little less than 6% of children in the county).¹⁷⁶ That’s enough children and youth to fill half the seats in the Spokane Arena (Figure 30). In 2020, CPS accepted 5,524 cases (about 5%)—the lowest rate since 2010.¹⁷⁷ That year, decreased in-person contact between children and mandated reporters like teachers and childcare providers due to COVID-19 contributed to an estimated 20%-70% decrease in CPS reports nationally.¹⁷⁸ In 2021, the rate of accepted referrals for child abuse and neglect was 53.4 per 1,000, covering at least 6,223 babies, children, and youth under age 18.¹⁷⁹ The rate of accepted referrals for child abuse and neglect in Spokane County was significantly higher than the state overall (53.4 compared to 35.7 per 1,000).¹⁸⁰

Figure 30: 1 OUT OF 20 CHILDREN SUFFER FROM CHILD ABUSE AND NEGLECT
 Total number of referrals accepted by CPS in Spokane County (2017)



Half the capacity of the Spokane Arena.

After CPS accepts a referral, the local office assigns a social worker to work with the family and provide services and intervention to protect the child or children involved.¹⁸¹ In serious cases of abuse, neglect, or maternal substance use the social worker may find it necessary to remove a child from an unsafe home. The case is then vetted in a court hearing, where a judge determines the best services for the family and decides whether it is safe for the child to return to the custody of one or both parents, or if state custody is needed. As of January 2021, there were 825 children enrolled

in foster care in Spokane County, and a majority of them (over 50%) were age 5 or younger.¹⁸² As a result of social biases that have been codified into our economic, criminal justice, and child welfare systems, a disproportionate number of these children come from Black or American Indian and Alaska Native homes.¹⁸³ Only about half of children in foster care (48%) are placed in the custody of a family member.¹⁸⁴ In 2021, Spokane County youth in foster care were nearly half as likely to have the skills and support they needed to graduate high school than their peers (48% compared to 83%).¹⁸⁵

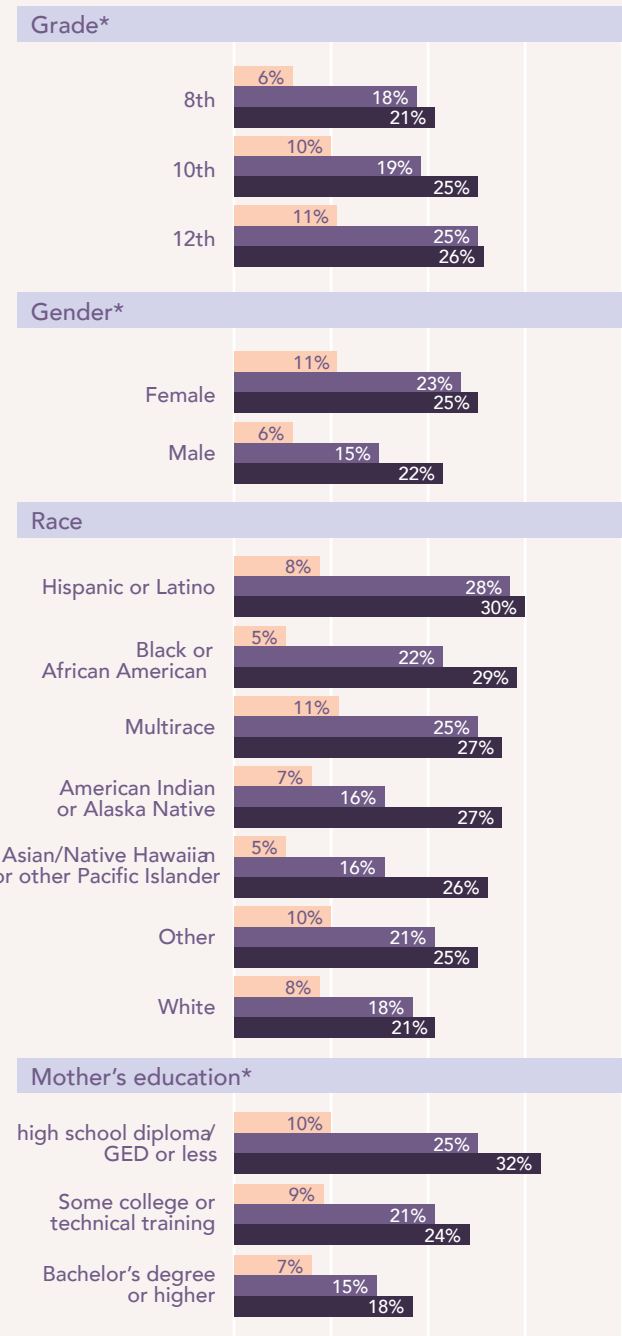


TREEHOUSE

Since 1988, Treehouse, a Washington State nonprofit organization, has worked to give youth in foster care a childhood and a future. Growing up is hard, and foster youth have a unique set of challenges, including trauma, loss and changes in homes and schools that contribute to emotional and academic challenges. That's where Treehouse comes in. Treehouse advances

equity and racial justice in the foster care and education systems. They employ youth-led programming, extracurricular activities, coaching, and mentorship to help youth in foster care complete high school and transition into independence. Treehouse is a statewide presence with operations in Spokane County and has gained a national reputation for innovative practices.

Figure 31: SOCIAL FACTORS AFFECT YOUTH'S EXPERIENCES OF VIOLENCE
 Percent of youth who self-reported intimate partner violence, physical abuse or witnessing adult abuse (2021)



■ % of youth reported experiencing intimate partner violence
■ % of youth reported physical abuse
■ % of youth reported witnessing adult fighting or abuse

*There is a statistically significant difference across groups

The same factors that protect “Our Girls” from child abuse and neglect also reduce the odds that they will face violence as they grow into teens and young adults. Most young people in Spokane County are fortunate not to witness or experience abuse, but still far too many youth have been affected by violence, and factors like generational poverty and trauma mean some youth are more likely than others to be abused or witness abuse. In 2021, nearly one in three 8th, 10th, and 12th grade students in Spokane County experienced verbal abuse at home; nearly one in four said they witnessed adult fighting or abuse; nearly one in five said an adult had physically hurt them.¹⁸⁶ Hispanic and multi-racial youth experienced a higher rate of abuse at home.¹⁸⁷ Boys were 35% less likely to experience verbal and physical abuse than “Our Girls.”¹⁸⁸

Being female also puts “Our Girls” at nearly double the risk for youth intimate partner violence. About 8% of 8th, 10th, and 12th grade youth—including 6% of boys and 11% of girls) said that in the past 12 months someone they were dating limited their activities, threatened them, made them feel unsafe, or physically hurt them on purpose.¹⁸⁹ (Figure 31)

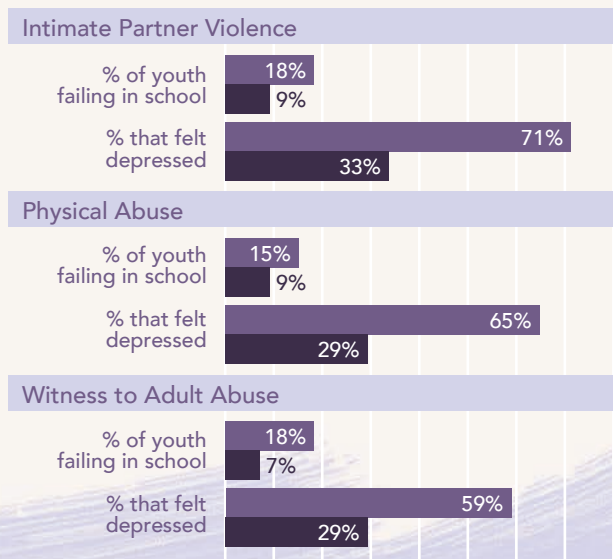
Victims of dating violence and youth who had witnessed or experienced abuse were more likely than their peers to struggle in school and feel depressed.¹⁹⁰ (Figure 32)



Figure 32: VIOLENCE KEEPS MANY YOUNG PEOPLE FROM SUCCEEDING ACADEMICALLY AND EMOTIONALLY¹⁹¹

Percent of youth who reported failing in school or feeling depressed in the past 12 months by exposure to violence (2021)

■ Exposed
■ Not exposed



HANDLE WITH CARE

When kids are exposed to trauma or violence, they struggle to pay attention, focus, learn, and thrive in school. Without a trauma-informed approach, these students may face discipline rather than support. Local data and statements from school district administration indicate that students from certain populations—Indigenous, Black, and Hispanic students, as well as students with intellectual or developmental disabilities—have historically disproportionately received exclusionary discipline.^{192,193}

The Handle With Care program focuses on avoiding exclusionary discipline and addressing needs through evidence-supported, trauma-informed collaboration between school systems and first responders.

In the Handle With Care program, first responders are trained to recognize children and youth on-scene when they respond to trauma calls, such as a domestic violence incident, dog attack, or car crash. As part of their normal reporting, the first responders

notify designated school administrators to “handle with care” the student, so that the school can employ a trauma-informed approach to the student’s reentry. Handle With Care shifts the focus from discipline and exclusion to compassion and alertness to kids who might need extra support.

Spokane Regional Health District worked with Spokane Public Schools and the Spokane Police Department to pilot the Handle With Care program, and the Spokane Regional Domestic Violence Coalition has supported expansion of the program across Spokane County and into Stevens and Yakima Counties. Communities in Kitsap and Clark Counties and Wenatchee, among others, have also been implementing the program, all using slightly different approaches. The Spokane Regional Domestic Violence Coalition convenes local, regional, and statewide stakeholders who are working to implement and improve Handle With Care—including public health agencies, school district partners, social service and victim support organizations, and first responders.

Beyond the imminent consequences to their safety and well-being, experiencing violence as a child or teen increases the odds that “Our Girls” will encounter violence in the future. Victims, perpetrators, and witnesses of abuse have a higher risk of intimate partner and sexual violence, child maltreatment, domestic violence, elder abuse, and suicide.¹⁹⁴ Domestic violence—violence between family and household members—has increased in the last few years from 10.4 domestic violence offenses reported to police per 1,000 people in 2016 to 14.2 per 1,000 people in 2020, nearly double the rate for the state as a whole (7.2 per 1,000).¹⁹⁵ Domestic violence increases the risk of homelessness, mental health issues, emotional issues, and even death.¹⁹⁶ Local law enforcement recorded four domestic violence related homicides in 2021.¹⁹⁷

Aa *“Our Girl” Aaliyah thought she had escaped violence when she fled her home country, but over time her husband became physically and emotionally violent. Aaliyah knew her children deserved a safe home, so she learned English against his wishes and eventually left the abusive relationship. Once she got her driver’s license—she had not been allowed by her husband to drive—she discovered newfound independence and freedom.*

Her abusive ex-husband recently asked her to take him back. Her response: “No thank you I’m done with you.”

Domestic violence in 2021 (including adult and child abuse, neglect and other maltreatment, personal history of abuse) contributed to 594 hospitalizations in Spokane County, costing an estimated \$12 million in medical expenses.¹⁹⁸ Nearly half of hospitalizations (47%) involved children under age 18. American Indian or Alaska Native and Black residents were two and a half to three times more likely than Whites to be hospitalized due to domestic violence.¹⁹⁹

Preventing violence across the lifespan supports healthy brain development in children and sets a stronger foundation for future generations. If we ensure that every community is equipped to support people who have experienced traumatic events like abuse or witnessing

violence, we make resilience a real possibility and offer parents a chance to break generational cycles. When we make investments in children and families, the next generation will pay it back through a lifetime of productivity and responsible citizenship. Fortunately, we know the ingredients for safe, healthy homes and relationships. The next section looks deeper into the kinds of environments and communities we can create to build well-being for “Our Girls” and future generations.

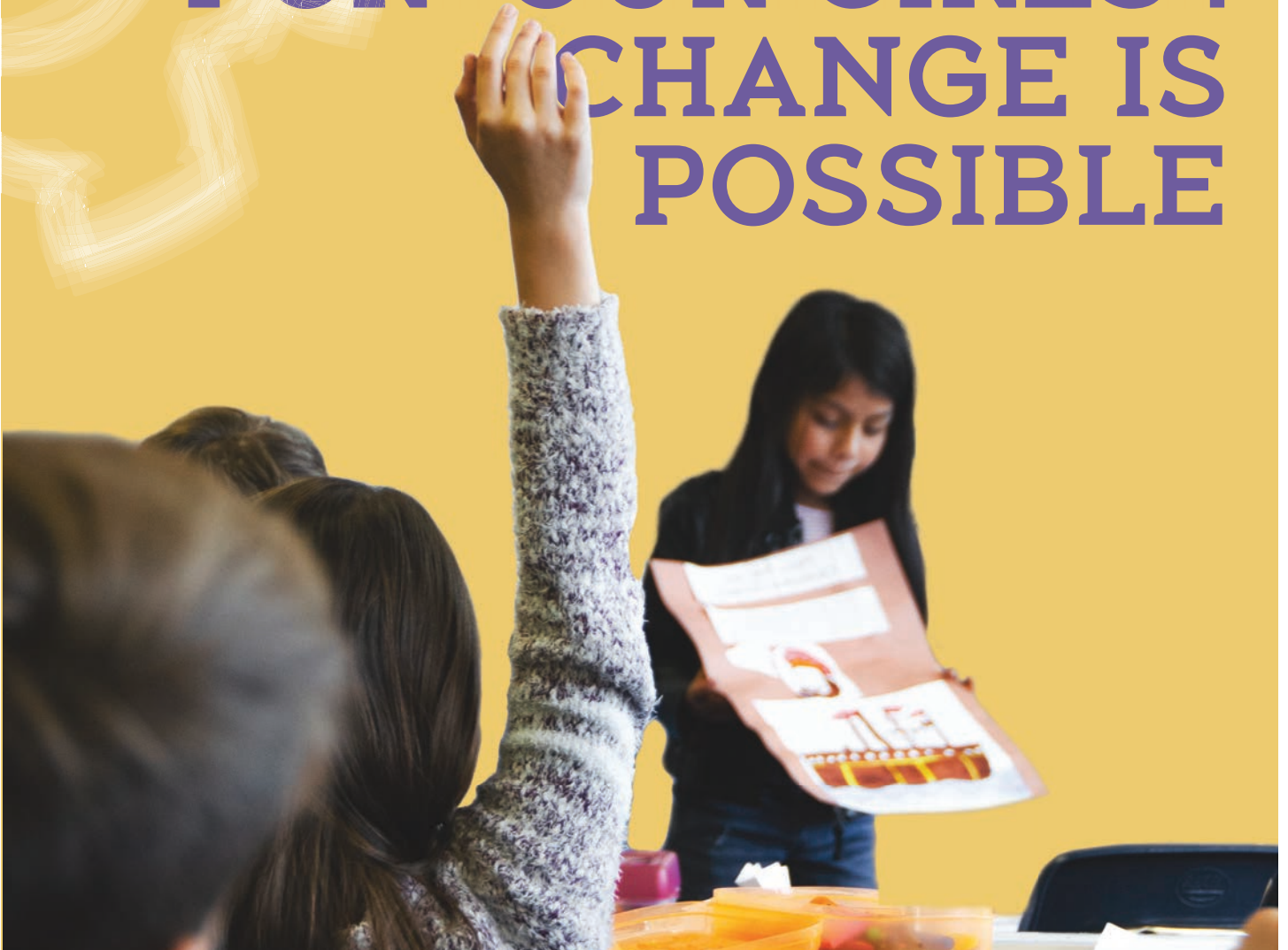


A DOMESTIC VIOLENCE COURT IN SPOKANE

YWCA Spokane, the Spokane Regional Domestic Violence Coalition, and Spokane Superior Court were recently awarded a new grant to bring a specialized court to Spokane focused on addressing domestic violence. Courts that specialize in domestic violence offenses are shown to process cases more efficiently and deliver more consistent rulings about domestic violence statutes. Some domestic violence courts also incorporate the rehabilitation of persons convicted of domestic violence and deterrence of repeat offenses.²⁰⁰ DV Courts can increase accountability for offenders and safety for victims.²⁰¹



CREATING A HEALTHIER COMMUNITY FOR "OUR GIRLS": CHANGE IS POSSIBLE



The strength of “Our Girls” foundations depends on their opportunity to grow up in stable, supported families with emotionally healthy caregivers, access to well-paying jobs, convenient mental and physical health services, and plenty of positive social connections. Throughout the course of their lives, factors like their household structure and parent’s age, gender identity, race and ethnicity, and citizenship have influenced “Our Girls” opportunity to live in homes with family-supporting incomes and communities with accessible resources. Supports can help stabilize families in times of disruption, but we have also seen how income inequities place barriers in the way of “Our Girls” and other women and children accessing vital resources and services like mental and physical health care and help treating substance use disorders. This leaves too many children—especially lower-income children and families of color—stuck in neighborhoods with limited resources, little chance for economic growth, and scarce opportunities for positive social connections.

How Do Communities and Neighborhoods Build or Block Well-Being for Women and Children?

Di *“Our Girl” Diedre shared she had a hard time feeling like she belongs in the spaces where she works and lives. As a biracial woman, Diedre struggles between wanting to voice her discomfort with workplace microaggressions and not wanting to worry about offending her coworkers.*

“When we’re talking about quality of life and living here, my personal life can be as happy as I want it to. But constantly feeling like I don’t belong, even when I just walk a few steps outside [...]. That’s not a high quality of life for anybody. It isn’t a good quality of life to constantly feel on edge and in defense of yourself.”

Diedre shared how she’s had to teach her son at a very early age how to navigate being a person of color in a predominately White community. Like teaching her son where she places her hands when she’s in a store so as not to give the impression that she’s hiding anything, that she’s stealing.

“Even though I’m not stealing, let’s make sure I don’t look like I’m stealing. It’s crazy. It’s based on my past

experience and treatment. You’re still always on edge. Unless you’re able to fully turn that off. I’m not. [...] It’s exhausting.”

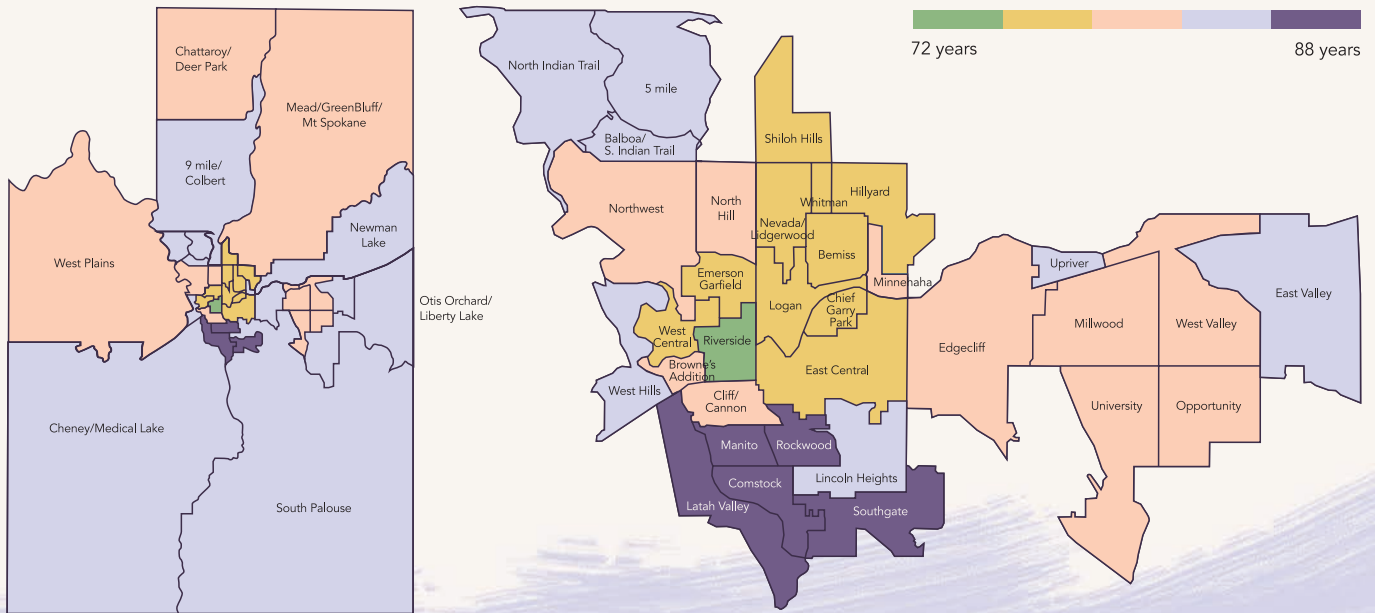
The circumstances “Our Girls” face in their homes, schools, and neighborhoods shape their well-being throughout their lives. Strong, successful communities provide convenient and accessible options for food, transportation, housing, child care, recreation, and social connections. Families in prospering neighborhoods have resources, supports, networks, and emotional stability needed to thrive through stressful times. Children in stable families are more likely to have healthy relationships, helpful emotional skills, and opportunities to succeed personally, academically, and financially as adults. Policies and decisions from the past have left some neighborhoods with more wellness-promoting resources than others.

Generations before “Our Girls” were born, historic policies like “redlining”—which determined where people of color could get financing to buy homes—shaped the neighborhoods where “Our Girls” live today. Black, American Indian or Alaska Native and other people of color moved into neighborhoods that, over time, received fewer resources than more “desirable” areas where White families could afford homes.²⁰²

Je *“Our Girl” Jessie lives in a Northeast Spokane neighborhood that she described as a child care and food desert. It’s particularly hard to find culturally relevant care and foods nearby, especially for immigrant populations.*

Despite concerted efforts of numerous advocates and organizations, we can still clearly see the legacy of these exclusionary policies impacting our neighborhoods.²⁰³ As a result, where “Our Girls” live matters. Women living in Spokane County’s wealthier Southgate neighborhood in 2021 looked forward to a life expectancy of nearly 88 years.²⁰⁴ However, people just miles away in the lower-income and more racially diverse Riverside neighborhood faced an estimated life expectancy of just 72 years—16 years shorter.²⁰⁵ (Figure 33)

Figure 33: HISTORIC POLICIES HAVE LASTING IMPACTS ON “OUR GIRLS” LIFE EXPECTANCY²⁰⁶
 Life expectancy of women in years by neighborhood (2011-2020)



THE ZONE

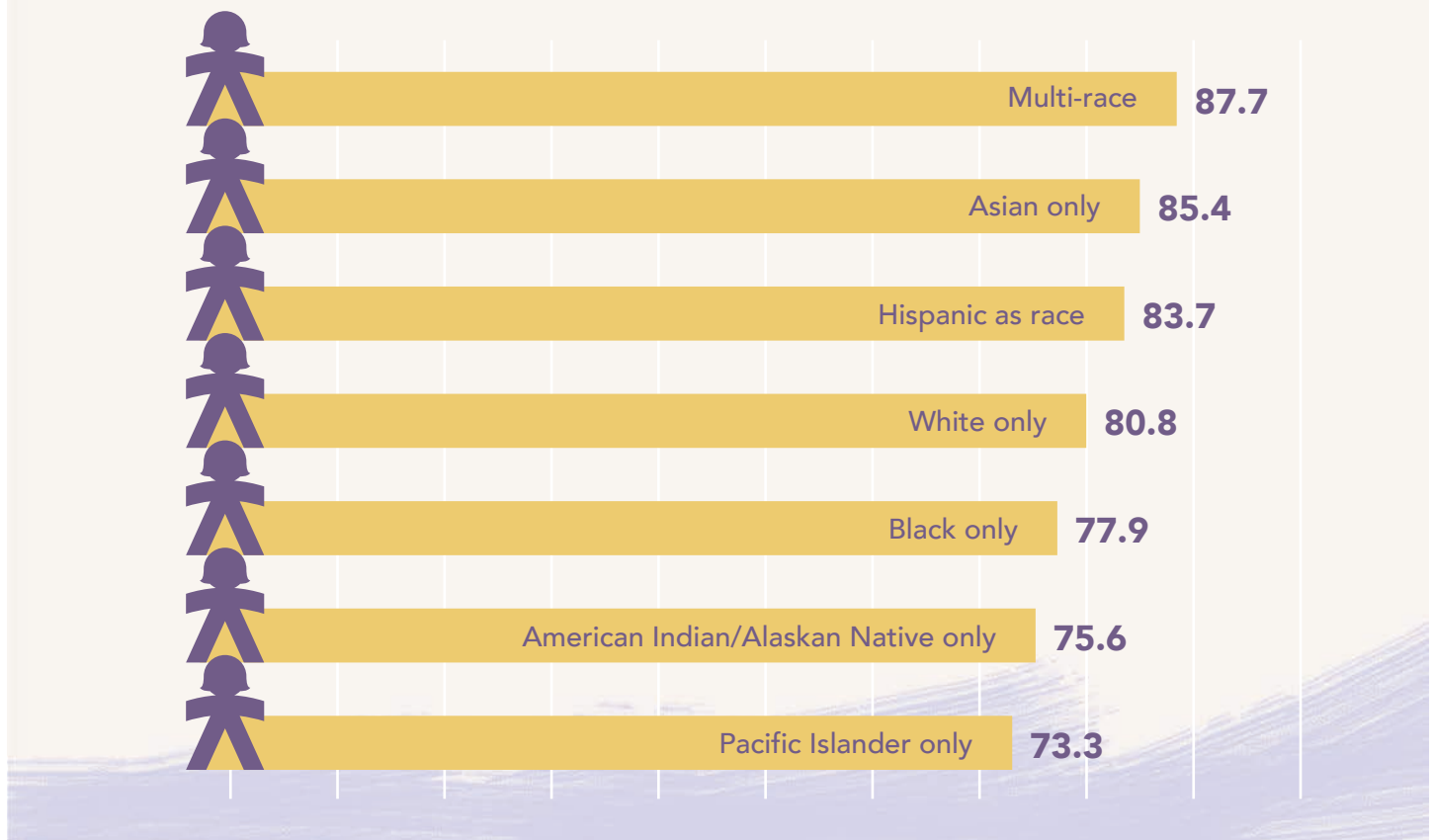
The ZoNE is a partnership of Northeast Spokane residents, schools, and community organizations working to mobilize collective action to improve social connectedness, employment pathways, access to health foods and expanded early learning in Northeast Spokane. Some of their strategies include peer groups, family-school resource coordinators, parenting classes, employment skills classes, and food assistance. The ZoNE is a Bright Spot in Spokane County because of their efforts to build and use inclusive leadership and collaboration with residents, and their work to place data in the hands of the community for decision making.

Supports for families, social connections and inclusion, and emotional resilience equip “Our Girls,” their caregivers, and future generations with the tools to handle stress and bounce back from challenges.²⁰⁷ But many children and youth of color in Spokane County are developing their brains without access to critical resources and opportunities for healthy development due to economic inequities and social disadvantages resulting from a long history of bias, sexism, and racism in policies and systems. Repeated exposure to instability and adverse experiences, or toxic stress, shapes the architecture of developing brains and even changes the way DNA—the instruction manual for life—works in the body.²⁰⁸ This early hurdle and related barriers contribute to a difference in life expectancy of over 14 years based on race and ethnicity.²⁰⁹ (Figure 34)

Wi *“Our Girl” Willow lives in one of the three neighborhoods in Spokane County with the lowest life expectancy for women. She described her overall quality of life and the stark challenges of having low socioeconomic status.*

“[It has] been a big fight. I don’t know what it’s like living in other areas. We have the haves and the have nots. The leap is so large, don’t know if I’ll ever cross it. You have people settle into it (don’t fight it) or you fight the system. I’m not much of a ‘settle into things I don’t like’ [kind of person]. I’m a fighter. My life in Spokane has been a fight.”

Figure 34: BARRIERS ACROSS SYSTEMS MEAN SHORTER LIVES FOR SOME WOMEN BASED ON RACE²¹⁰
Life expectancy of women in years by race (2011-2020)



We can lessen the odds that “Our Girls” will experience violence and trauma throughout their lives by ensuring their families, schools, and communities offer them plenty of opportunities to feel involved and included. But some of “Our Girls” will have a harder time finding safe, welcoming spaces based on characteristics like the color of their skin, the language they speak, or the country where they were born. In 2020, more than one in

ten women in Spokane County (13%)—and nearly three in ten women of color (29%)—carried extra stress due to discrimination.²¹¹ (Figure 35)

Ja *“Our Girl” Jasmine shared her story that illustrates the stress she’s experienced living as a biracial person in a predominately White community. After moving into her home, the alarm system went off and the police showed up. She explained the differences between her reaction as a biracial woman, and her husband as a White man. Based on a history of abuse and trauma, and current examples highlighted in the media showcasing the abuse of people of color by police, her response was very different than her husband’s.*

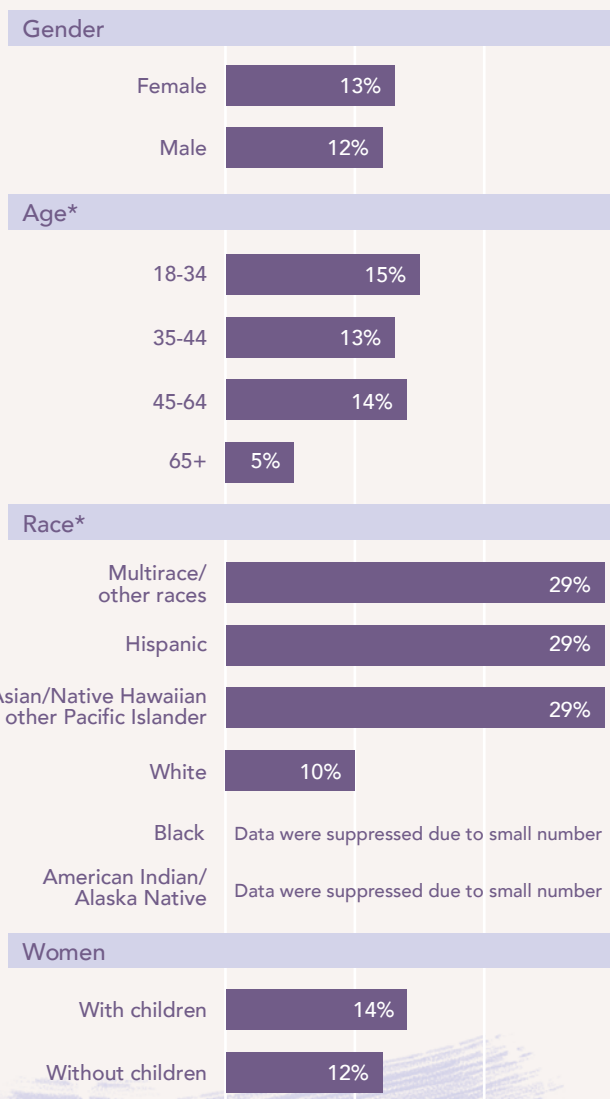
“I am upstairs hiding the kids in the bathroom. Everyone is screaming and I am trying to calm them down. The Spokane Police show up. There is no part of my White husband that thinks there’s any danger in this situation. He’s not worried about our safety. He does not think there’s any chance that this can go in a different direction...even though I’m light skinned and my children are extremely light skinned, there’s this bone memory. Fear of knowing and running through all scenarios of what could happen, how this could turn. Would it be different if it was just me in the house? Or if my dad [a Black man] was here? [These are] things that make [life] hard. Trying to navigate this life of being biracial and raising biracial children in Spokane.”

On top of discrimination, “Our Girls” who are Black, Indigenous, Hispanic or Latinx, or Pacific Islanders are, as a group, more likely to face other challenges to building stable foundations for growing brains and bodies, such as:

- Growing up in homes without equal opportunities for building wealth and accessing basic needs and services.^{213,214}
- Having caregivers with untreated substance use and mental health needs and being separated from their families as infants by the child welfare system.^{215,216}
- Experiencing adversity in childhood and certain types of violence as adolescents and adults.^{217,218}
- Feeling worried about things like food, transportation, housing, and substance use.

Figure 35: WOMEN OF COLOR IN SPOKANE COUNTY FACE ADDED STRESS DUE TO DISCRIMINATION²¹²

Percent of women self-reporting feeling slightly to very stressed about experiencing discrimination (2020)



*There is a statistically significant difference across groups

“Our Girls”’ earliest experiences in life shaped the architecture of their developing brains. Children who grow up in families with sufficient income can expect more stability and less toxic stress.²¹⁹ When “Our Girls” are born into stable homes with emotionally healthy caregivers and positive childhood experiences, they can develop solid foundations for development and learning.

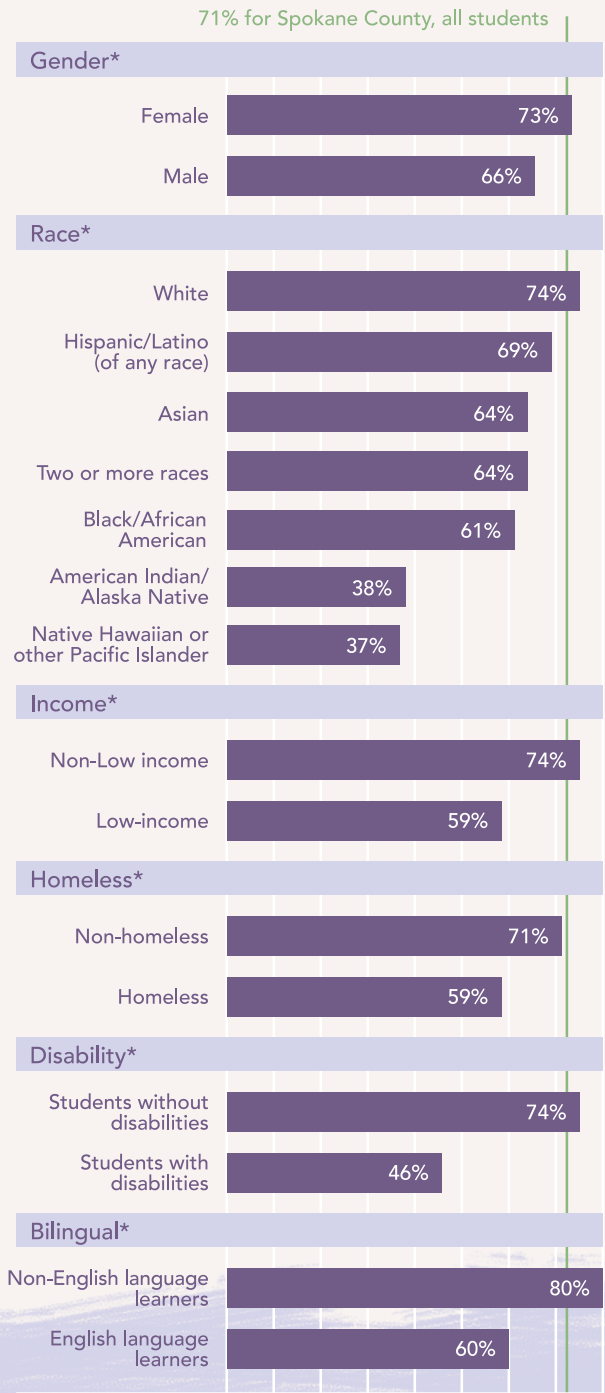
Living in a stable, healthy home in Spokane County increases “Our Girls”’ odds of starting kindergarten ready to learn.²²⁰ “Our Girls” were more likely than boys to start kindergarten ready (73% compared to 66%), and they were at an advantage if they were White.²²¹ Uneven and unfair differences in access to resources and services left fewer than four in ten American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander students prepared to start school.²²² If all families in Spokane County had their basic needs met and lived in communities with vital supports and protective factors—regardless of language, ability, race, or household situation—we could improve outcomes for the almost 30% of children entering kindergarten without the necessary language, math, physical, social, and emotional skills.²²³ (Figure 36).

Je *“Our Girl” Jessie shared her experiences as a Native woman growing up in Spokane. She shared her discomfort shopping in the mall or going to certain restaurants and stores on the South Hill, an area of higher income residents. Jessie grew up feeling excluded because her family didn’t drive the right car and she felt her clothes were never good enough.*

“Most of my friends ended up leaving [their school]. And they were White. It wasn’t just being Native. It’s being poor.”

“Our Native community is a great source of strength. But that being said, it’s really tough being a minority in general. And socioeconomic status makes a big difference. There are clear communities and neighborhoods and places for people that are better off financially. We feel the most healthy, the most loved, in our Native communities.”

Figure 36: CHILDREN WHO ARE WHITE, STABLY HOUSED, AND LIVE IN HIGHER-INCOME, ENGLISH-SPEAKING FAMILIES HAVE AN ADVANTAGE ENTERING KINDERGARTEN
Percent of students with at least four domains ready for kindergarten (2021-2022)



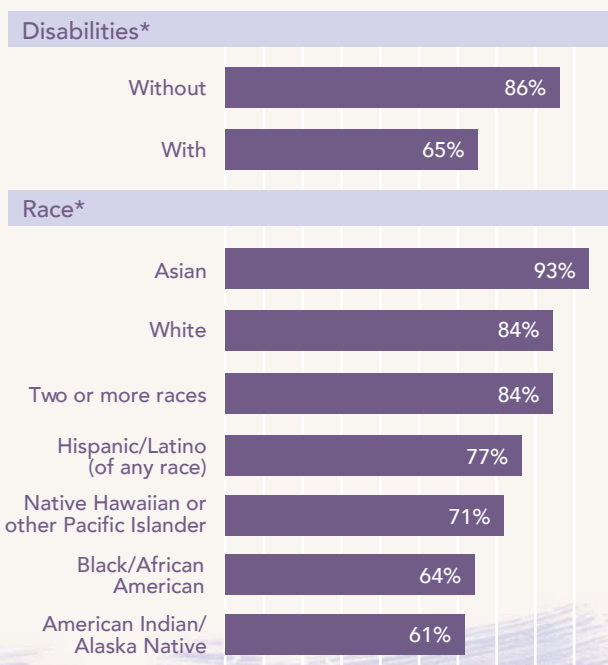
*There is a statistically significant difference across groups

More Spokane County children missed out on education in 2020 than in the four years prior. That year, 3,448 children—including 7% of children between five and nine years old and 3% of youth between ten and 17 years old—were not enrolled in public, private, or homeschool, enough to fill more than 172 classrooms.^{224,225}

The same inequities that are built into the economic systems shaping their household stability follow “Our Girls” as they age through the education system. “Our Girls” were more likely to graduate high school than boys and gender non-conforming youth (86% compared to 80% of boys and 71% of youth who selected “X” for gender).²²⁶ In our current system, Spokane County youth also experienced different outcomes in terms of graduation rates based on race and ability.²²⁷ (Figure 37)

Figure 37: STUDENTS OF COLOR AND WITH DISABILITIES IN SPOKANE COUNTY FACE MORE HURDLES TO GRADUATION

Graduation rate by ability and race (2020-2021)



*There is a statistically significant difference across groups

Similarly, “Our Girls” who have typically faced fewer barriers from birth are likely to do well after high school. If “Our Girls” have their own families someday, these differences in school experiences will impact the lives of their future children. More time spent in education leads to better outcomes. Youth whose mothers had a college or advanced degree had better odds of living in a community and family with protective factors, avoiding abuse and violence over the course of their lives, and experiencing less stress during pregnancy.^{228,229}

If we make sure schools are equipped to support students experiencing instability and apply discipline policies fairly, we can level the playing field for “Our Girls” and future generations.

Wi *“Our Girl” Willow has a son with special needs and relies on public benefits to ensure that he gets the services he needs. Willow understands the value of an education and has long-term goals of completing a degree and securing better employment. But like others of “Our Girls,” Willow faces the challenges of the benefit cliff and carefully watches her income to make sure she doesn’t lose essential medical benefits her son needs. Willow works part-time but volunteers in the community to help other families navigate complicated systems of care.*

“We have to choose between our son getting what he needs or living a comfortable life. We’ve chosen our son.”



How Can We Set the Next Generation of “Our Girls” Up for Success?

The prosperity of Spokane County depends on how well we invest in children, families, and future generations. Each generation of “Our Girls” starts with infinite potential. What happens next depends on the opportunities, supports, and foundations built by the generations before them. When mothers and families are stable and whole, their children can develop into emotionally, physically, mentally, and financially healthy adults. If “Our Girls” decide to have families, their experience becoming mothers can influence the well-being of their babies before they are even born.

Earning a decent wage, living in stable housing, experiencing safe relationships, and reducing feelings of discrimination meant less stress for expecting moms in 2020. That year, however, a little over four in ten women in Spokane County (43%) felt stressed about things like moving, losing a job, or having a very sick family member in the year before their new baby was born, compared to one in four (25%) in the state as a whole.²³⁰

Data Needed!

There is limited data available that evaluates the types and extent of stress that pregnant moms experience. Having more and better data can help providers develop and improve services to address stress. This could have a positive effect on the developing babies as well as the mothers.

Everyone experiences stress, and a little bit of stress can be fine. But stress and depression during and after pregnancy can be detrimental for “Our Girls” and their babies. Depression during pregnancy increases the risk of pre-term birth and puts infants at a higher risk of hospitalization and death within the first year of life.²³¹ In Spokane County, about one in ten babies were born prematurely in 2021.²³² Babies who are born early are more likely to have low birthweight, defined as weighing less than 5 pounds, 8 ounces.²³³ Low birthweight puts babies at a higher risk of health problems as infants and conditions later in life like diabetes, heart disease, and high blood pressure.²³⁴ Stress from discrimination,

racism, and systemic biases mean “Our Girls” of color are more likely to have pregnancy complications like low birthweight.²³⁵ In 2021, about 7% of all babies were born with low birthweight in Spokane County, and outcomes for newborns was different based on race, ethnicity, income, and type of insurance.²³⁶



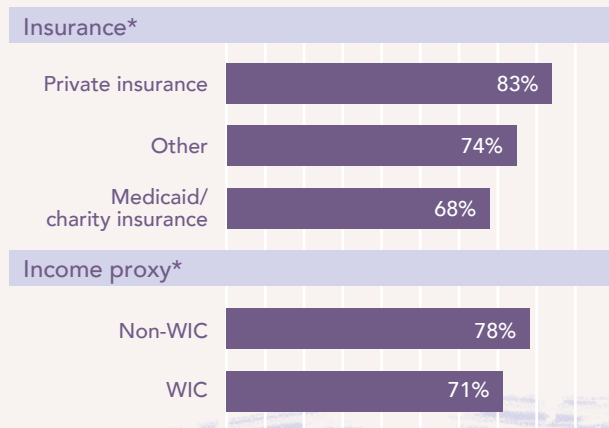
THE LEARNING PROJECT NETWORK | FACEBOOK

The Learning Project's mission is to advocate on behalf of underserved families throughout Eastern Washington. They serve as a multi-purpose educational hub for educators, child care providers and health care providers, centering lived experiences as they work to build community. The Learning Project works to identify health equity strategies through in-person and virtual seminars, art exhibits, and ceremonies that gather people together. Their strategies have included: awareness building, media, research, and leadership development. In response to data showing that Black women are more likely to die from pregnancy than White women, the Learning Project created the “Black Maternal Health Art Exhibit” to provide a venue for Black women to voice concerns from their birthing experiences. Their work advances racial justice for children, families and community through media, research, and leadership development.

Mental health problems are the most common complications of pregnancy and childbirth, and sadly more new mothers in the United States die from suicide and overdose than any other cause.²³⁷ Screening for mental health conditions before and during pregnancy helps parents get help before it is too late, and expanding access to prenatal visits helps close preventable gaps in birth outcomes based on race and income. About three in four expecting moms were able to go to most (at least 80%) of their expected prenatal visits.²³⁸ But some women missed out on important prenatal care based on factors like income and insurance.²³⁹ (Figure 38) Women who access the WIC program—who we know are more likely to be single moms—and those with Medicaid faced more barriers compared to women with more resources.



Figure 38: EXPANDING ACCESS TO PRENATAL CARE WOULD HELP MOMS AND BABIES
Percent of births with at least 80% of expected prenatal visits by insurance and income (2021)



*There is a statistically significant difference across groups

Expecting parents also have hard time accessing prenatal care due to distance and transportation challenges, trouble finding providers who accept the family's insurance, or feeling uncomfortable and unwelcome in clinics or hospitals. "Our Girls" who are Black, American Indian or Alaska Native, immigrants or refugees, or who speak other languages besides English might struggle to find providers who understand and provide culturally informed services.



INDIGENOUS BIRTH JUSTICE

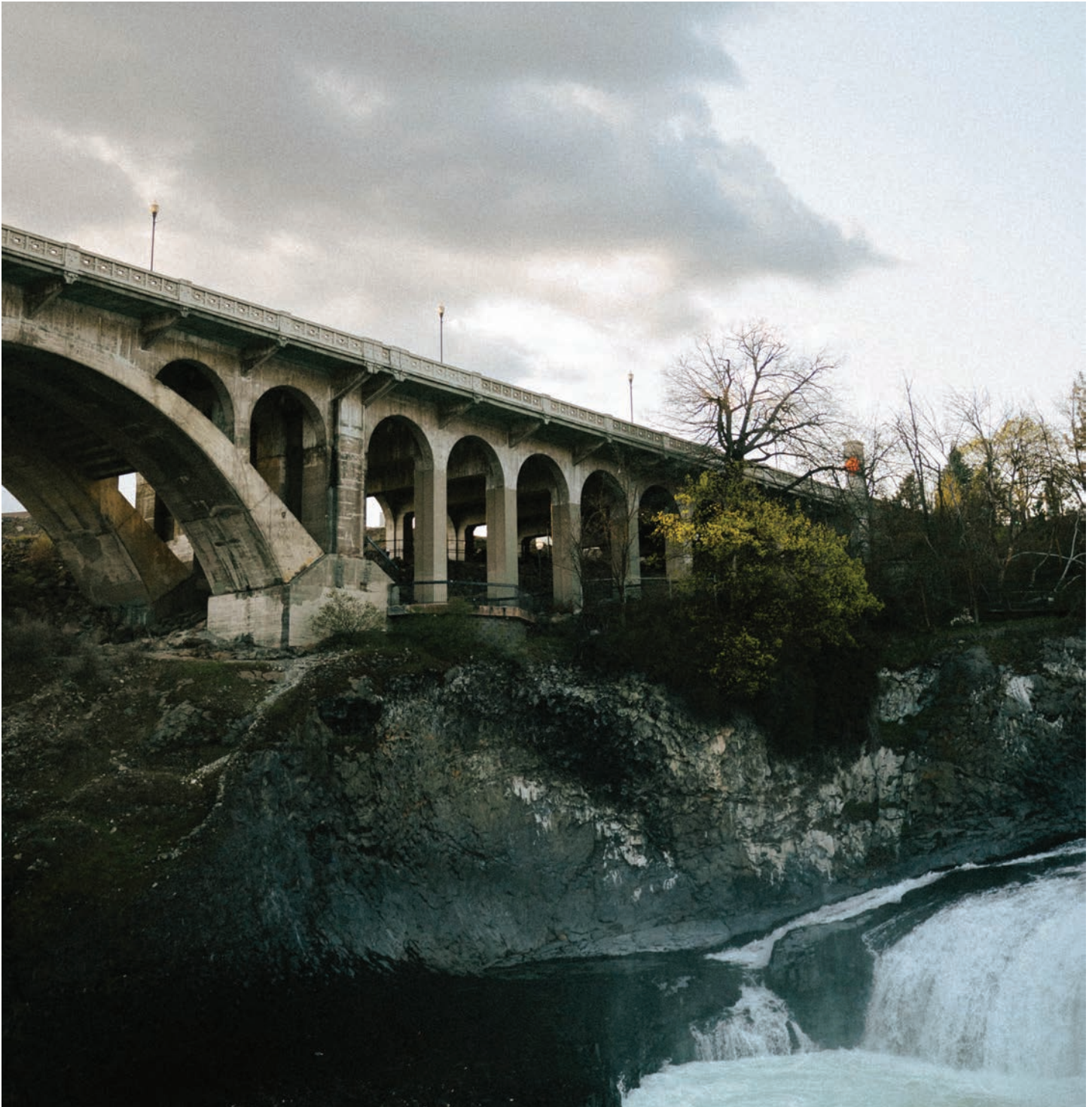
"Indigenous birth justice" means ensuring all American Indian and Alaska Native people have the right to:

- Receive quality care at every stage of their lives and be treated as experts in their own care.
- Access affordable reproductive health care including high-quality, comprehensive, culture-based, inclusive sex education, abortion, contraception, prenatal care, midwifery, doula care, and postpartum care.
- Be free from domestic and gender-based violence and government systems that disrupt the right to parent.

In indigenous birth justice settings, families get help breaking barriers to accessing care; connect with providers who spend more time with families, build trust, focus on overall wellness, and are representative of the Native community or understand cultural differences; receive culture-based childbirth and parenting education and support.

If we make sure “Our Girls” who choose pregnancy have access to quality prenatal care and screenings, we can address treatable mental health conditions, improve birth outcomes, and reduce long-term, negative consequences for their future generations.²⁴⁰ But we can’t stop there. “Our Girls” provide us with a snapshot in time: a look at the ways access, services, and connections shape or block well-being, and how factors like race

and income determine who gets access to the tools and resources necessary to build stable foundations. Each of “Our Girls” should have access to the things they need to grow into healthy adults—opportunity shouldn’t be limited by factors like race or ability. We can make changes now to ensure all children and future generations have the things they need to grow into integral members of our community.



State of Women and
Children Report 2.0

OPPORTUNITIES FOR ALL OF US



What Works

Over time, passionate individuals and organizations have innovated to meet the needs of Spokane County's communities, especially those who were historically marginalized and excluded from the benefits of economic growth and opportunity. What else can our community do to ensure "Our Girls" can build stable foundations and overcome generational challenges? Current trends in our community point to specific areas for opportunity, and fortunately a great body of research can help us identify what works:

Ensure that all families have the same opportunity to afford basic needs and access vital resources.

Stable households with the ability to afford basic needs and access to resources critical for well-being have an easier time raising children who are physically, socially, and emotionally prepared to grow into productive, healthy adults. Data show that some families experience more financial instability based on factors like family structure, race, and education. As a result, convenient transportation, nutritious food, and quality child care are unaffordable for too many households.

- Our community needs more early learning providers and rates their families can afford. Strong scientific evidence demonstrates that child care subsidies increase access to quality child care by helping families pay for tuition.²⁴¹
- Family-sustaining incomes, social support programs, and extra scaffolding through the "benefit cliff" can help close gaps across generations. For example, Earned Income Tax Credits increase employment and income for participating families and improve birth outcomes for babies, and evidence shows these financial supports might help increase children's lifetime academic achievement.²⁴²

Improve access to culturally centered mental health resources for all ages. Too many youth and adults in our community experience poor emotional health and thoughts of suicide. Through conversations with mothers and women in our community, we heard about a need for more providers, especially those who can provide culturally centered care for children and youth.

- The CDC identifies strategies communities can use to prevent suicide, including strengthening economic

supports, creating protective environments, improving access and delivery of care, promoting healthy peer and community connections, teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harms and reducing future risk.²⁴³

- School-based health centers and telemedicine are proven approaches to increase access to care for kids and adults, especially in rural communities.²⁴⁴ Policies related to mental health benefits—such as parity in health insurance, which requires insurers to make mental health care as accessible as physical health care—are evidence-based ways communities can improve access to mental health services and substance use disorder treatment.²⁴⁵



Support programs and policies that help children grow in resilient households and safe communities.

Disorganized, disconnected communities can trap households in cycles of instability which make it hard for families to maintain the sturdy foundations children need to thrive. Scientifically-supported programs and policies can stabilize caregivers and reduce community violence.

- Evidence from well-planned evaluations of Nurse-Family Partnership and other types of early childhood home visiting programs show that these supports reduce child maltreatment and injury, improve cognitive and social emotional skills, build parenting skills and economic security, and improve health outcomes for moms and babies.²⁴⁶ Group-based parenting programs like Circle of Security can help families learn to deal with stress and instability and promote healthy behaviors.²⁴⁷
- There is strong evidence that stricter child access prevention laws—policies that aim to reduce child access to firearms—decrease firearm suicide and deaths among youth.^{248, 249, 250, 251, 252, 253} Partnerships between communities and law enforcement and programs like Neighborhood Watch are also evidence-based ways to prevent neighborhood crime and violence.²⁵⁴

Create opportunities to ensure everyone—especially members of historically excluded communities—feels a sense of belonging and connectedness through shared decision making. Feeling connected and authentically included in families, schools, workplaces, and communities protects children, youth, and women against violence and trauma.

- At the societal level, initiatives to increase voter registration and turnout are scientifically supported ways to increase participation in decision making.²⁵⁵
- At the community level, inclusive classroom strategies and diversity, equity, and inclusion (often called DEI) initiatives in organizations can help ensure every person feels welcome and significant when they are reinforced with active, ongoing commitment and internal reflection.

- Individually, we can inspect our own biases and help call out and break down barriers keeping others from living their best lives. There are many books, presentations, and guides available on inclusion and anti-oppression for individuals, classrooms, and organizations.

Build pathways to communities and resources that support wellness. Historic and current policies and practices exclude some members of our community from well-resourced neighborhoods based on qualities like race and national origin. We can ensure everyone has the same access nutritious food, recreation, safe neighborhoods, and quality schools by investing resources directly into communities where underserved groups live—especially Black, Indigenous, and other people of color; lower-income households; and families with children.

- Maintaining quality, accessible housing in healthy neighborhoods empowers families to grow where their roots are planted. Programs that provide loans and grants for families to afford home renovations and remove health and safety hazards like lead help families stay in their homes and can improve overall neighborhood quality.²⁵⁶
- Homelessness and unstable housing make it hard for children to succeed in school.²⁵⁷ Programs that help people living homeless find supportive housing without barriers increase stability and health outcomes for veterans, chronically homeless individuals, and survivors of domestic violence.²⁵⁸ Housing First programs, for example, provide rapid access to housing, support services, and case management without pre-conditions and are proven to reduce homelessness and unnecessary emergency room use.²⁵⁹

It's worth restating: cooperation is key for a thriving community. Just as a strong house is built from a variety of materials, creating wellness requires a collection of community resources, social relationships, and opportunities to thrive. Sometimes, temporary scaffolding or extra supports are required to weather life's storms.

Opportunities to Get Involved

We must continue to work together to ensure all people have opportunities to achieve their best life—physically, mentally, socially, spiritually, economically, and civically. There is something that each of us can do. There is something that you can do.

Interested in giving your time or talent? Have you considered volunteering but don't know where to start? Reach out to one of the many nonprofits doing great work and ask how you can get involved. Opportunities are shared at volunteerspokane.org

Are you able to give your treasure? Together we're growing a group of local, engaged and strategic givers. Whether you can give a little or give a lot, it all adds up. Giving circles help democratize philanthropy, and

we welcome people of all giving levels to the power of giving. Through our process, donors build strong connections and increase their engagement in the community. Amplify your impact! Find out more at www.whwfspokane.org/donate

Lend your voice. Many organizations are working to develop policies to make changes upstream of key issues. By increasing access to resources and opportunities through policy, we can have a greater impact on the outcomes for women and children. The Washington State Women's Commission works to amplify the voices of women's organizations, other stakeholders with shared values and goals, and the voices of women. Check them out at wswc.wa.gov and subscribe for email updates.

We are women, hear us roar! #MakeYourVoiceHeard



State of Women and
Children Report 2.0

LIMITATIONS AND METHODOLOGY



The purpose of this project is to update the State of Women and Children data to reflect the needs and concerns of greatest importance to the women, children, and families living in the greater Spokane community. There are inherent limitations related to the use of data to investigate the well-being of people and communities. First, it's important to acknowledge that as individuals, each of us understands and explains information or data based on our own particular perspectives, lived experiences, and worldviews. The National Equity Project and other equity-driven groups have used the metaphor of a lens to describe this concept.²⁶⁰ Just as we use sunglasses outside or reading glasses to see small print, sometimes we need different lenses to see and understand social experiences and problems in different ways. A lens represents a perspective or vantage point from which we view and experience the world we're a part of. In the face of community-wide struggle, our solutions are only as good as our understanding of the problem, and problems are usually more complex and contextual than we anticipate. Ethical, sustainable solutions to community struggles must be grounded in the needs and experiences of the people affected, and to that end we have prioritized the lenses and perspectives of those we aim to serve—"Our Girls."

This report draws from multiple sources of information including quantitative data (things we can count) and qualitative findings (things that we feel and hear). Quantitative data help us validate whether an issue is improving or worsening over time, and it can shine light on gaps in situations between different people based on characteristics like age, economic status, or race. When we notice differences in outcomes that are correlated with certain group characteristics, and we can trace those differences back to preventable or unfair causes, we call those differences inequities. Quantitative data draw our attention to issues that disproportionately impact some groups more than others where we need to focus on making sure people who seem to be experiencing the worst outcomes have the same access to important resources and services as those people who seem to be thriving.²⁶¹

It would be erroneous to claim that data points are inherently objective. In most cases, data are collected as responses to questions posed, and the questions we ask can color the answers we receive. For this reason, quantitative data have limitations. For example, service

providers who provide data on their served populations may not gather important information related to race and ethnicity or socioeconomic factors like income and education, so questions about those factors may go unanswered. It's also important to note that the ways in which data are collected and used—and who gathers and owns that information—can affect the completeness and reliability of data and contribute to perpetuating harm and stereotypes against certain people and communities.

"Not everyone has access to data or the skills and resources to use those data to advocate for change. In particular, marginalized communities, including people of color and those with low incomes, are often shut out of opportunities to access data or have been harmed by others who are using data irresponsibly." —Urban Institute²⁶²



Recognizing these limitations, we present quantitative data alongside text, narrative, quotes, visuals, and other qualitative findings in order to examine issues from multiple angles (or through multiple lenses) and illuminate the full context and complexity of the experiences that shape our lives. Qualitative information helps reinforce the value of the lived experiences of human beings, encourages engagement, and helps build trust between the organizations serving people and the people being served.

“In contrast, a qualitative research paradigm centers everyday human experiences and understandings of the world. It is rooted in meaning-making and shines in its ability to capture the richness and depth of the research context. Because of these goals, qualitative research is valuable for situating and interpreting findings in a specific context or capturing how a given issue may be understood from different positions or angles.” –Brookings²⁶³



We drew from multiple sources of information to develop this report. We heard from service providers and community members about strengths, needs, and concerns in our community and reviewed local, state, and national reports to identify the issues of greatest importance in the lives of women and children. Together, this information pointed the project’s steering committee toward core topics to explore through quantitative data and conversations with community members, many of which are included as “Our Girls” stories. The report is structured around those key topics and organized into the six broad chapters:

- What Does Our Community Look Like?
- Building a Healthy Foundation for “Our Girls”: Basic Needs and Supports
- Supporting Behavioral, Emotional, and Physical Well-being: Access to Care
- Ensuring a Safe Community for “Our Girls”: Community Violence and Safety

- Creating a Healthier Community for “Our Girls”: Change is Possible
- Opportunity Index: Policy Solutions

We hope this report meets the needs of a varied audience, but funding, time, and resource constraints limited our ability to answer every question or address all issues important to our community. Our intentional focus on women’s and children’s issues does leave out some groups and voices with important perspectives and interests worthy of addressing. We strive to partner with or support organizations and nonprofits who are mission-aligned and better suited to represent and advocate for the needs of these groups. We also acknowledge, despite our best attempts, that this report is still shaded by the lenses through which we—as board and steering committee members—view the world. We continue to work to diversify our boards and committees. We are all of us imperfect and continuously learning about equity, social justice and what it takes to make our community a better place for all to live, grow, and play.



COMPANION DASHBOARD

In addition to this report, stakeholders and interested readers are invited to visit a complementary online dashboard which hosts a selection of the most currently available data to help track the status of women and children over time and encourage investments in key issues shaping generational poverty and overall well-being. The dashboard, located here www.whwfspokane.org/data-and-research, includes many of the indicators presented in this report as well as some additional information, particularly related to community violence. The data dashboard is updated annually or as data updates are available and can be used by the community as an ongoing source of the most current data.

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State of Women and
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