

Spokane Community Indicators Newsletter: 2018 Q1 (#32)

Indicators in the News:

Search Function is Now Live by Holly Miller



Located in the top right corner of the Spokane Community Indicators website, you will find a completely new feature: a search function. Entering a keyword into the search bar gives quick results on the topic of interest. The feature searches in-site only, and the results show the indicators in which the keyword, or similar terminology was found. For example, typing “air quality” into the search bar results in one indicator found: [4.1.1 Air Quality Days by Severity Level](#). This new feature is very useful to those who have a specific measure in mind, or when lack of time doesn’t allow for a leisurely stroll through the Spokane Community Indicators website.

2017 Growth Management Act Spokane County Population Projections Released by Emily Wavra



The Growth Management Act was adopted in 1990 to help manage and accommodate growth and development in all counties across the state of Washington. Under this act, the Office of Financial Management (OFM) develops population projections for each county in Washington, and the counties use these projections to make decisions on growth and development. The population projections and more information [can be accessed here](#).

When the OFM calculates population projections, they use the most recent census data, in this case, they used the 2010 census and they calculate three different projections: low, medium, and high. The low and high projections represent the upper and lower bounds of the population projection, since estimating population can be uncertain. The medium projection is therefore the most optimal projection and the most likely to occur.

In 2017, OFM put Spokane County’s population at 499,800. Using the medium projection, OFM estimated the county’s population for 2025 at nearly 540,000. That implies a compounded annual growth rate of about 1.0%. This compares to the projected Washington State rate over the period of 1.2%.

The projected County population for the year 2030 is nearly 565,000, implying a compounded annual growth rate from the present to then at about 1.0%. The similar WA rate is 1.2%.

Make room for 40,000 more Spokaneites within the next decade!

After Process, New Indicators Added to Site by Holly Miller



Every four years, Priority Spokane, various community leaders, and EWU's Institute for Public Policy and Economic Analysis gather for a series of meetings to discuss the new priorities for Spokane County. [Priority Spokane](#) is a unique collaboration of organizations working to create a vibrant future for Spokane County. As a result of the recent meetings, there are 69 new indicators on the Spokane Community Indicators website, making a total of 207 indicators. The new indicators are in the following categories: 10 in health, 10 in economic vitality, 8 in public safety, 13 in environment, 4 in housing, 3 in transportation, and 9 in education. There are also 12 new indicators included from the [Quality of Life survey](#).

The following highlights a couple of indicators that were recently voted onto the site. Indicator [5.1.7](#) gives the total opioid-related deaths and the rate per 100,000 residents. Since 2014, the total and rate of opioid-related deaths has rapidly increased in Spokane County. Indicator [2.3.4](#) is the total multi-family residential permits by unit size & the rate per 10,000 residents. The total number and rate have both increased quickly since 2013, reaching a new high in 2016.

Also included are some new indicators from the Quality of Life survey, which is a survey conducted by the Spokane Regional Health District every two years beginning in 2015. Indicator [0.5.8](#) gives the share of Spokane County residents' feeling safe using a local park alone during the day. As of 2017, just below 90% of residents felt somewhat or very safe using a local park alone during the day. Indicator [7.5.3](#) gives Spokane County residents' satisfaction with local police. As of 2017, just over 70% of residents were somewhat or very satisfied with the local police.

Six different groups met to help set the new priorities and decide on the new indicators. During the first set of meetings, the attendees discussed new and existing trends to track that are important to the community. They then got the chance to vote on which trends they wanted to track. The indicators with the top votes were chosen to be on the Spokane Community Indicators site. During the second set of meetings, the attendees discussed the top priority issue facing Spokane and each group came up with a top three. During the third and final meeting on March 27th, all groups will come together to decide on the final priority or two across all community members. This priority will help guide Priority Spokane, Providence, the Spokane Regional Health District, and CHAB to focus their outreach as a part of the community needs assessment.

Indicator Main Articles:

The Tale of Two Markets: Multi-Family Building Permits on the Rise but Some Households May Still Be Left Behind by Brian Kennedy and Dr. Patrick Jones

It's easy to see when taking a drive through Spokane that residential development is happening. From the rise of Kendall Yards, the

renovation of iconic downtown buildings such as the M and the Ridpath, or to the multitude of apartments going up in the Southgate area, it is easy to understand why recent, multi-family residential building permits are now on a growth path unseen in over 10 years. In 2016, these permits hit a level not experienced since the beginning of the trend in 2000.

Several explanations for this jump are likely in order. The permits predict future economic growth and development. Spokane's economy has definitely improved. They could also simply be depicting a generational shift of attitude toward homeownership. Or, the spurt reflects an attempt to address the needs of houses low income housing. While this may seem like a local issue, [Indicator 2.3.4](#) illustrates that Spokane is following a similar trend to that of the Washington State in most cases.

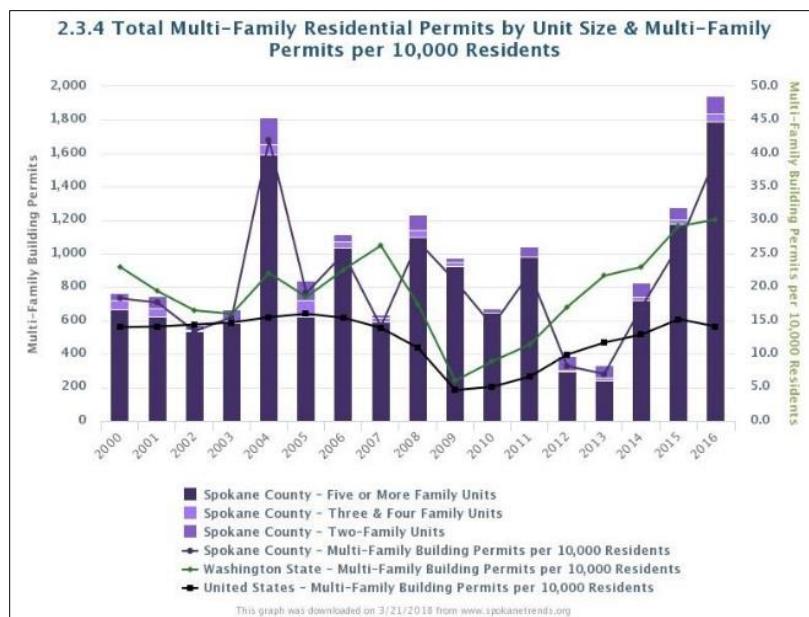
Assuming that building permits are used as a leading indicator of economic growth, this trend is one with the right trajectory. Over all the years from the 2000 start of the indicator, 2016 showed the largest single year number of building permits issued for multi-family residential units. Across the county, 1,945 permits were issued for units in multi-family residences, with

92% of those permits issued going towards projects with five or more units. While 2017 estimates from the U.S. Census Building Permits Survey hasn't yet been released, data from the City of Spokane shows that this trend continued through 2017. The City of Spokane alone permitted 462 units for multifamily residential construction in 2016, a total that grew to 529 units in 2017. These permits were valued at \$52 million in 2016, climbing by 33% to \$69.3 million in 2017. Given that the typical time from permit to construction is roughly 30 to 60 days,

the impacts to the local economy have been and will continue to be felt.

In addition to the direct growth associated with construction spending, the labor market has been impacted. In 2013, the trough year for multi-family permits, there were 9,058 construction workers in the County. Fast forward to 2016 the construction sector grew by 14% to 10,350 workers. This easily doubled the growth of overall labor market by, which sat at 6%. With over 10,000 jobs accounting for nearly \$500 million in wages, it is good to see this sector continuing to pick up. But is it enough? Despite the growth in the labor

market, Joe Frank, CEO and President of Greenstone Homes, states that "the biggest restriction to adding even more units is sub-contractor availability in the area," indicating that there is still some room to grow.



With the more and more multi-family units under construction, how is that growth impacting the market? Well according to the U.S. Department of Housing and Urban Development's [2017 Housing Market Profile](#), there is now an increased propensity to rent among households. The construction downturn following the Great Recession led to increasing prices of entry level homes, all of which are contributing to a tightening of the rental market. Frank further states that "increases in the cost of construction lead people to renting

longer as they cannot afford to buy a home and as the economy has improved, people that used to have roommates can now afford not to, which increases demand without the population actually increasing.”

These conditions have suppressed the vacancy rate to very low levels, putting upward pressure on rents. According to the American Community Survey, the median rent in Spokane County has increased 40% from 2005 to 2016. Yet, median household income has increased just 27% over that same period. While this lag in income growth relative to increasing rental costs is an issue here in Spokane County it is hardly unique to our community. In fact, when looking at the rental housing cost burden [households paying 30% or more of their income on rent](#) here in Spokane County is quite on par with that of the State, both sitting at just above 45% of renting households. However, when looking at the households with severe rental housing cost burdens, [households with 50% or more of income going towards housing costs](#), the gap between the County and the State is a little larger. Spokane County has about 25% of renting housings paying 50% or more, with the State showing 21%. The gap has slowly but steadily widened since 2006.

In light of low vacancy rates and increasing rents, it is not surprising construction of new units has picked up in the County. Even while more permits are being issued, are low income households being priced out? Is the permit growth adequately addressing the needs of all Spokane County residents?

The Spokane Low Income Housing Consortium (SLIHC) conducts research into the availability of housing for low-income families, through organizations managing properties and non-profits, such as Catholic Charities and Spokane Housing Authority. These are households that qualify for subsidies such as section 811. In January 2016, SLIHC reported that the

affordable rental vacancy rate was just 2.26%, nearly 1.5% lower than that of the overall rental vacancy rate supplied by the [U.S. Census in Spokane County](#) (3.7%).

According to Pam Tietz, Executive Director of the Spokane Housing Authority, “most of the multi-family units currently being developed are at the upper end of the market”, not alleviating pressures on the lower end of the market. While numerous housing projects focused on providing affordable housing have recently been completed, such as Donna Hanson Haven and One South Madelia, along with some in development, such as Transitions Cottages and Holy Names, she noted that “they will not address all the needs for affordable housing.”

Tietz cited the [Washington State Department of Commerce Housing Needs Assessment of 2015](#) which stated that Spokane County had 44,625 low income renters with only a supply of 8,682 subsidized rental units and 4,500 available housing vouchers. This implies that only 30% of the low income households that qualify for affordable housing programs have access to them. She further commented that “while some rental units on the lower end of the market are rented by low-income households without subsidy, many of these households remain rent burdened.”

So within the local market there are two diverging stories. First, there is great promise in the expansion of multi-family housing. It is having a strong impact economically in the labor market and overall growth throughout the County. Millions of dollars of development on multi-family residential construction are being injected into the economy with ripple effects felt in other sectors outside of construction. This economic growth can't be understated. There is even a qualitative importance of new development that it gives to citizens when they see and walk through newly revitalized communities.

However, while great for the economy, this growth harbors a missing piece. The County's need for affordable housing is still being under supplied. Low income households are still facing

the consequences: increasing rents, housing burden and low availability. This untapped development has still yet to find its stride.

County Domestic Violence Rate Higher than State By Scott Richter and Dr. Patrick Jones

Violence from one human toward another justifiably generates disapproval and concern. Violence within families or former family members generates outrage. This facet of life has received increasing attention, for good reason.

Domestic violence is defined as violence from any family member toward another, often to exhibit power and control over the victim. In the eyes of the law, family members include (but are not limited to): spouses, former spouses, grandparents, parents who have children in common regardless of marital status, adults who live in the same household, as well as parents and children. As in the case of former spouses, people do not necessarily need to live in the same home to experience domestic violence. It's the previous relationship that fits the parameters for domestic violence, especially when children are involved that force connections between two parties.

According to the National Institute of Justice, between 1,000 and 1,600 women die annually as the result of domestic violence inflicted by male partners. Additionally, many men and children are victims of domestic violence; more commonly, however, the victims are women abused by male partners.

Domestic violence offenses also bring societal costs, some of them long-term, in the form of counseling services, homelessness, remedial education and burdens on the justice system, leading to possible incarceration. Monitoring and reviewing cases of domestic violence and domestic violence-related deaths can help identify and create policies to address the issue, criminal justice intervention strategies, and victim protection services.

Examining the recently added indicator, [Total Domestic Violence Offenses](#), we notice that its most prominent feature is a steady increase starting in 2012. Also, Spokane County has had a rate per 1,000 residents consistently higher than the state. More specifically, during 2011, there were 3,165 domestic violence offenses, climbing to 5,102, or by 61%, by 2016. As a rate per 1,000 residents, this was 9.4 in the county and 7.4 in the state in 2016.

Morgan Colburn, Associate Director of Counseling and Outreach Services with the YWCA of Spokane, said "better responses to victims in the legal and advocacy world have created a community where more people feel safe to report. This could also be due to the fact that we are promoting a wider understanding of what constitutes domestic violence. Physical violence can be part of an abuser's tactics, but so can other crimes--such as stalking, sexual violence, harassment, or destruction of property."

Typically, crime statistics are only counted if law enforcement is aware of the crime. Most often it's when a citizen reports a crime to the police is how they learn of it. Once law enforcement learns of a crime, it then becomes part of the official crime statistics, regardless if an arrest is ever made or if it is successfully prosecuted. Similar to sexual assault crimes, domestic violence can be underreported compared to other crimes. Victims of burglary will almost always report the incident but victims of

domestic violence might be too scared and perhaps even financially dependent on their abuser to contact incidents to the police.

So it is clear that this indicator measures only the domestic violence

offenses law enforcement was made aware of. It does not represent all domestic violence offenses occurring in Spokane County during a given year, but merely the domestic violence incidents reported to law enforcement.

Consequently, if access and the ability to report crimes to law enforcement declines, it will most likely decrease the number of crimes law enforcement is aware of, thereby lowering crime statistics even though the number of crimes might not have changed all that much. The reverse holds as well.

In fact, Colburn believes the "increase is more tied to an increase in victims feeling safe to report, as well as stronger and more consistent

legal responses, rather than an increase in the actual rate of domestic violence."

She added, "It's our belief at the YWCA of Spokane that better responses to victims in the legal and advocacy world have created a community where more people feel safe to report. This could also be due to the fact that we are promoting a wider understanding of what constitutes domestic violence. Physical violence can be part of an abuser's tactics, but so can other crimes--such as stalking, sexual

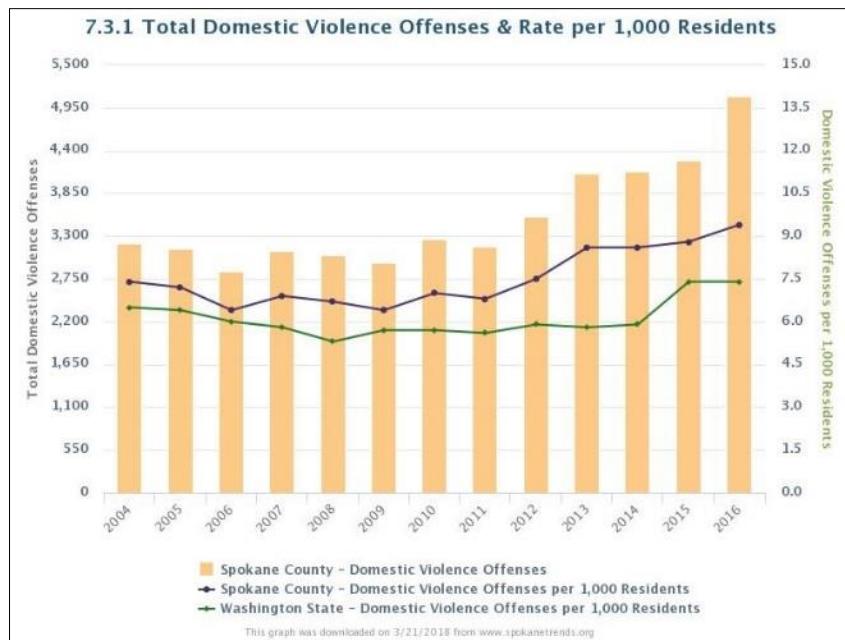
violence, harassment, or destruction of property."

"We have increased our efforts in the community through a campaign called "End the Silence" in which we try to promote community dialogue

around domestic violence education and prevention," said Colburn.

The Spokane Police Department is assisting. Sergeant Jordan Ferguson, with the Spokane Police Department Major Crimes Domestic Violence Unit, says "For the last two years SPD has worked with the YWCA during their 'End The Silence' campaign to bring awareness to the seriousness of domestic violence and removing any stigma attached."

Comprised of one sergeant, two detectives, and three officers, the Domestic Violence Unit, "detectives follow up on felony crimes and assist prosecutors with case preparation and



victim contact,” according to Ferguson. “The officers contact defendants in jail and deliver a letter outlining the seriousness and the repercussions of domestic violence. The officers further explain to them that all reported acts of domestic violence come through our office and if the defendant re-offends we will work with prosecutors to ensure charges are filed.”, said Ferguson.

So is domestic violence in the County increasing, staying the same or declining? Although one might conclude from the graph that it is increasing in Spokane, it could well be that community efforts are simply bringing more people to justice for the same rate of the crime.

Opioid-Related Deaths and Prescriptions Higher in County than the State

By Scott Richter and Dr. Patrick Jones

Opioid related deaths have been a growing concern of health officials, medical providers and families. The [U.S. Centers for Disease Control and Prevention](#) (CDC) reports the opioid-related drug poisoning (overdose) rate nationwide nearly quadrupled from 1999-2011, moving from 1.4 deaths per 100,000 residents to 5.4. In fact, 2016 marks the second consecutive year in a row where life expectancy for the total U.S. population has decreased, due in large part to drug overdose deaths. These are classified as “unintentional injuries” and have become the [third leading cause of death](#) in the U.S. in 2016

Spokane County is not immune to the national trends. Examining the opioid-related deaths indicator, we see during 2016, there were 84 opioid-related deaths in the county, increasing from 10, or by 740% since the beginning of the series in 1995. As the [Total Opioid-Related Deaths and Rate per 100,000 Residents](#) shows, the path from 1995 to the present has followed three phases: a rapid run-up to 2008, then an overall decline to 2014, and now another steep increase.

With drug overdoses now [the leading cause of accidental death](#) in the U.S., local, county, and state governments across the nation have started fighting back. Facing more than 40 lawsuits, as of February 2018, Purdue Pharma, maker of OxyContin, [will no longer promote](#) opioid pain killers to prescribers and has already paid out hundreds of millions of dollars in legal settlements.

While not everyone who uses prescription opioids either legitimately or illegitimately become addicts or progress to heroin, some do. According to the [National Institute on Drug Abuse](#), “Nearly 80 percent of Americans using heroin (including those in treatment) reported misusing prescription opioids first.”

Dr. Matthew Layton, Medical Director, Program of Excellence in Addictions Research and Clinical Professor, in the Department of Medical Education and Clinical Sciences at Washington State University Spokane, says that people who have been cut-off from large doses or lost access to opioid prescriptions often move straight to heroin. Dr. Layton believes the spike in 2008 occurred in conjunction with the final year before pharmaceutical companies changed the formula of opioids. Previously, users could crush up pills allowing all of the time-release properties to be absorbed by the user all at

once which increased the risk of overdosing. This was no longer possible with the new formulation.

Dr. Layton believes the decreases in Spokane County deaths after 2008 had a lot to do with the Affordable Care Act, as it created access for people with an opioid addiction to receive formal medical treatment unavailable previously. The more recent upticks during 2015 and 2016 are primarily due to heroin, in his opinion.

Dr. Bob Lutz,
Spokane
Regional Health
District's Health
Officer says the
“heroin in this
part of the
country is
mostly the
black tar type
that is sticky
and isn't able to
be cut with
fentanyl and
analogs.”

“In other parts of the U.S., the predominate type of heroin is more like a white powder that is able to be cut with substances like fentanyl which are a direct cause of the increased number of people overdosing and dying from using opioids.”, said Lutz.

It is true that while opioid-related deaths are on the increase here in Spokane County, the state and the U.S., there are other places in the U.S. where the opioid-related death rate was higher than Spokane County.

A similar-sized state is Massachusetts. According to the [Kaiser Family Foundation](#), during 2016 the opioid-related deaths per 100,000 people in Massachusetts was just

under 30 deaths compared to slightly more than 9 deaths in Washington State.

Dr. Lutz points out the [Spokane County Medical Examiner 2016 Report](#) shows more people overdosed and died in the county from methamphetamines than did from heroin alone (heroin-related deaths are a subset of opioid-related deaths and are included in the total opioid-related death numbers). However, Dr. Lutz continued, fewer people died of methamphetamine overdoses than the total

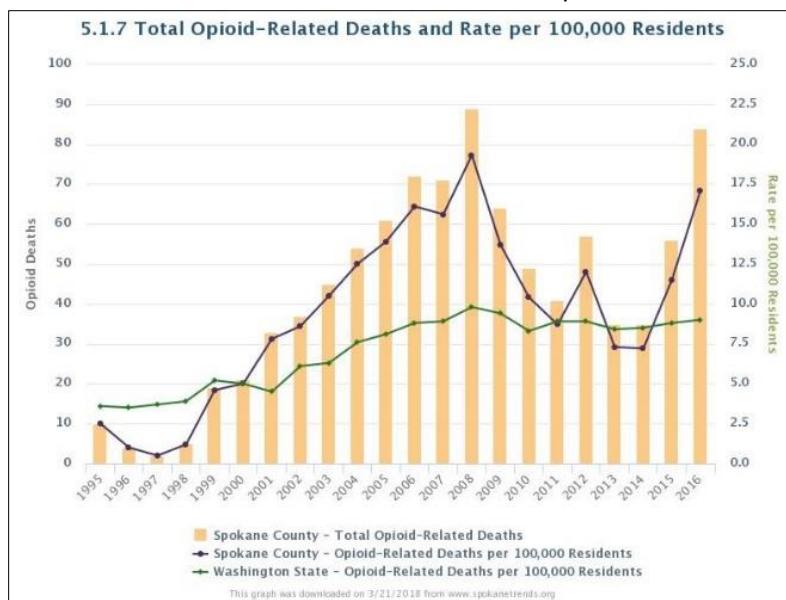
number of opioid-related deaths (opioid-related deaths include all deaths where an opioid was involved).

What have been the responses, nationally and locally? In April 2017 the U.S. Department of Health and Human Services

released a [Five-Point Opioid Strategy](#). The strategy includes prevention and treatment, increasing availability of opioid overdose-reversing drugs like Narcan and Naloxone, improving tracking data, increasing research, and looking into new ways of managing pain while reducing improper opioid use.

Locally, Spokane Fire Department (SFD) Chief Brian Schaeffer says they “are training laypeople that work in frequent response areas how to use Narcan for overdoses just like we used to teach CPR.”

Chief Schaeffer reported the SFD has been acquiring “additional reserve medication in anticipation of decreasing availability, campaigned for at-risk populations, increased



community engagement, and modified responses by creating additional alternative response units."

Since legitimate prescriptions for opioids have played a role in the epidemic, it is important to examine this aspect as well.

People come to Spokane County for many reasons and health care is one of them. Often, they will have their prescriptions filled here too before heading home. Examining the [Opioid Prescription Rate per 100 Residents](#) indicator, understanding Spokane County is a medical hub might help explain, at least in part, why at 83.7 opioid prescription rate per 100 residents, Spokane County is higher than both the overall state (64.9) and U.S. (66.5) benchmarks.

Dr. Lutz also believes this may be the case. However, Dr. Lutz points out the [CDC reports](#) there are four counties in eastern Washington that have much smaller populations yet still have a higher rate per 100 residents of opioid prescriptions than Spokane County: Asotin (150.9), Columbia (119.9), Garfield (119.0) and Pend Oreille (118.0).

In these areas, Dr. Lutz wonders if there is a small number of prescribers who aren't decreasing the number of prescriptions they are writing. He added that prescribers and pharmaceutical companies were part of the cause of the opioid crisis, in combination with the belief treating pain with opioids was appropriate. However, these practices have been changing and will continue to do so.

The CDC has provided clear recommendations for opioid prescribers called the CDC Guideline for Prescribing Opioids for Chronic Pain and [can be viewed here](#).

As prescribing guidelines are updated as new information is learned, Dr. Lutz says, "A week doesn't pass when I receive additional information about prescribing practice and recommendations. As both national and local data demonstrate, the overall number of [prescriptions] has decreased; unfortunately, the amount of opioids still remains higher than appropriate."

5-Questions with: Dr. Bob Lutz - Spokane Regional Health District's Health Officer



1) You have been in your role as chief health officer at Spokane Regional Health for a little less than a year. Before that, you were on the board. What looks different, now that you're on the "inside"?

The two most apparent differences for me have been a more in-depth understanding of the agency's programs and priorities and expanded set of relationships with SRHD's staff. While I believe I was an involved board member, there was never enough time outside of my other obligations to learn about all the great work being done by SRHD. And of course, the great work is being done by great people, many of whom I now know by name.

2) We've known you as a data-savvy person for quite some time. Public health decisions often run on data. What are those trends that you're currently tracking at Spokane Regional Health?

SRHD's data center measures the pulse of our community. For example, *Odds Against Tomorrow* remains a landmark report that raised awareness of social contributors to community health. The *Homelessness* report of a few years ago likewise provided compelling data that assisted in mobilizing community-wide efforts. Recently, *Confronting Violence* and the recently released report on opioids reflect current concerns. Hopefully, these will generate a similar response to their predecessors.

3) The Community Indicators of Spokane portrays many aspects of life that affect health. What are some of the trends outside of the health category that you find most relevant?

Reflecting a bias, I still find many indicators "outside of the health category" impacting the health of our community. To some degree, this is a product of me defining health as a resource allowing an individual to achieve her/his potential. Additionally, social determinants significantly affect an individual's and the population's health. For example, the category of Health and Recreation demonstrates how these indicators affect the quality of living in our community (indirect health effect) as well as access to opportunities to be active (direct health effect). Trends I closely follow include those affecting economic vitality, such as our median household income that's significantly lower than the state's; educational indicators, such as Kindergarten readiness; and our housing market. New indicators, such as those climate-related, are emerging issues we need to monitor closely.

4) You've worked in Spokane for decades as an Urgent Care physician and been taken an interest in activities outside of health. Are there any metrics about the community at large from the Indicators site that jump out at you?

Given my interest in an individual's quality of life, both as how health affects it (aka health-related quality of life) as well as how one's quality of life affects health, the quality of life measures intrigue me - I'd like to better understand these more broadly, as I believe their impact isn't being adequately measured at this time. For example, research has shown the impact of structural and institutional racism on health. While we can measure the physiological changes that occur, e.g., cortisol levels, I'm interested in better understanding how this experience can be mitigated through social change. Currently, safety and violence have been found to be of significant concern. Given this, how does this concern impact health? Are those who've identified it negatively affected by learning it exists in our community?

5) Your role is to recommend policy decisions, work with the healthcare community and inform the public. From your time on the board till now, do you see a greater ability by all parties you deal with to use and understand data?

Generally, I do believe data are being better used to drive decisions. That said, I also find "data-driven decision-making" has become a hackneyed phrase used to justify decisions made that aren't always supported by the data. We know data can be parsed any number of ways, and selectively choosing a data point to support practice is easy, as critical analysis and interpretation isn't always performed. This is both a challenge and an opportunity. Those who work closely with data need to be able to assist those who use it to understand it and the implications of applying it to policies that affect population health. Of course, we also have areas where there are insufficient data, e.g., cannabis and health, gun-related, that need to be researched. Having these data would allow for the development of health-promoting policies.