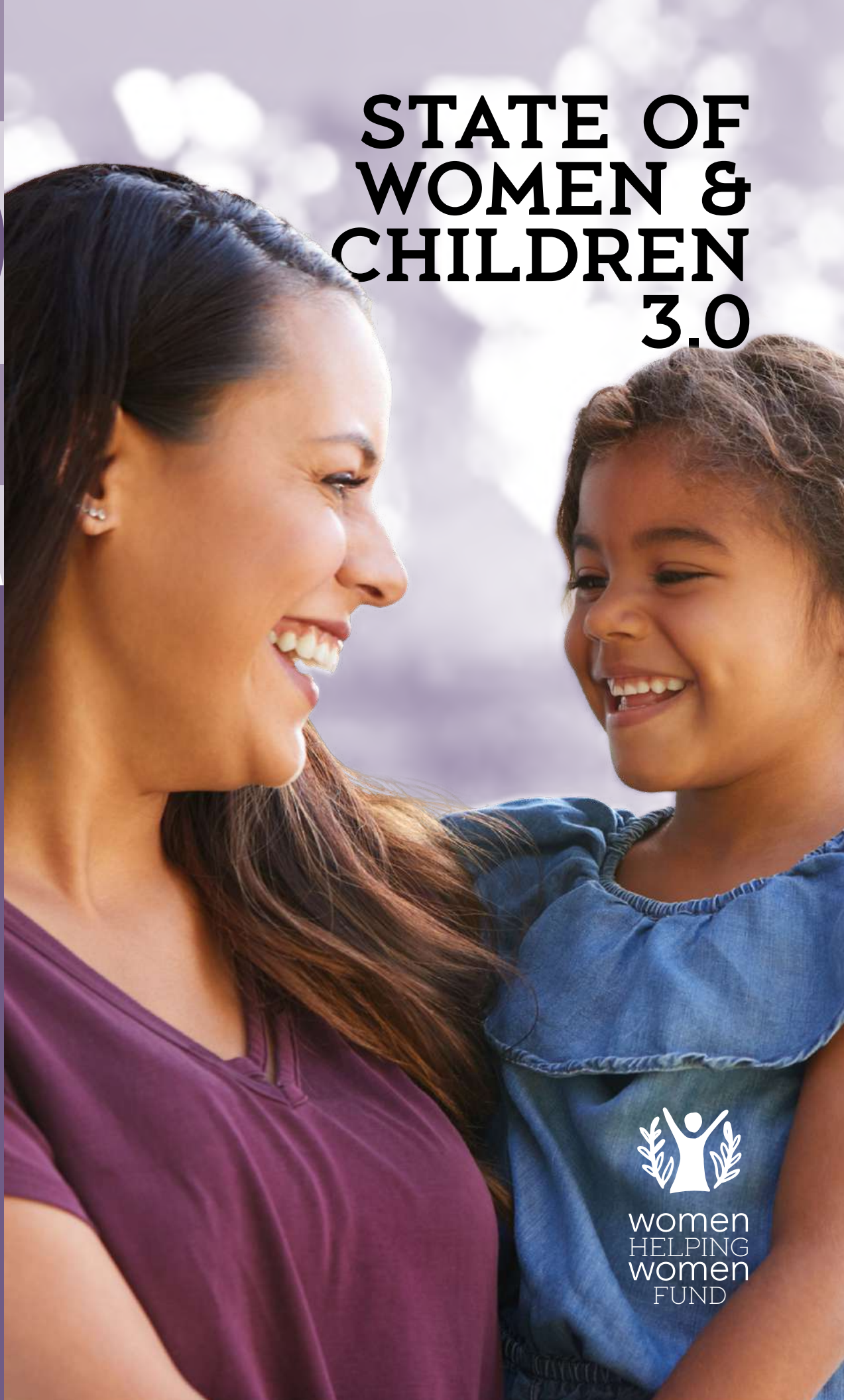
STATE OF WOMEN & CHILDREN 3.0

OCTOBER 2026 REPORT



women HELPING women FUND

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BACKGROUND

This report provides a high-level overview of the key issues impacting the well-being of women and children in Spokane County. The purpose of this report is to update the 2023 Women Helping Women Fund (WHWF) report, "Our Girls: State of Women and Children 2.0." With this update, we aim to improve our understanding of the lived experiences of women and children – our neighbors, friends, mothers, grandmothers, sons and daughters —particularly sources of resiliency and opportunities to drive improvements in well-being within our community.

Well-being includes not only subjective feelings like happiness and living with a sense of meaning and purpose, but also objective health and external factors like safe environments and access to resources like education and housing. This report reflects the World Health Organization's (WHO) holistic conceptual framework for the well-being of women, children, and adolescents,[1,2] which focuses on the following domains: healthy women and children, including optimal physical, mental, emotional, and spiritual health; safe, stable, supportive families and communities, including supportive relationships, connections, and safe and stable environments; and basic needs and education, including personal autonomy.

Data for this summary wasv pulled from available national, state, and local sources, a survey of 62 community members and clients, and 55 partners (administered in October of 2025), nine key informant interviews with organizational leaders and service providers, and four focus groups conducted with 25 community members in Spokane County.

Direct quotations in the report are presented as spoken by participants from these interviews and focus groups.

Women's experiences of well-being are shaped by multiple, intersecting identities and life circumstances. Throughout this report, we recognize that factors such as race and ethnicity, disability, age, income, caregiving responsibilities, immigration status, geography, and other social and structural conditions influence access to opportunities, resources, and health.

The women in our community are resilient and unique in their life experiences, perspectives, and skill sets. They hold many complex roles and have hopes, dreams, and plans for themselves and their families. Although this report provides a snapshot of women and children's well-being, we would also like to acknowledge the important work of "well-becoming" in our community – the work of setting and reaching goals for a future desired state of well-being.[3,4]

The following reflections from women in Spokane County offer insight into their aspirations and the barriers they have encountered in their journeys. Across their diverse experiences, there is a common desire to create bright futures for themselves and their children.

These aspirations are deeply personal, but achieving them often requires access to opportunities, resources and support, whether related to safety, community connections and relationships, finances, or education.[4] Although well-being is often measured at the individual level, it is a macro-level resource for population health;[5] the well-being of a community's individual members is linked with better community outcomes of health, longevity, prosocial behaviors, and productivity.[5,6]



WE START THIS REPORT BY HIGHLIGHTING THE VARIED GOALS AND ASPIRATIONS OF SOME OF THE WOMEN WHO CALL SPOKANE COUNTY HOME:

"I love to go to school to learn, but because my son is so young, I can't. If there was a volunteer...that takes care of the kids, we can learn English."

"[One small support that would make a difference is] a lot of women want to cook and have their own small business and make baked goods, but first, they don't know how to get the license to start that practice."

"[One small support that would make a difference is] a financial class, and stuff that we don't get to know how to do, but stuff that would set so many of us up and pull us out of poverty. I'm wanting the financial and legal stuff to set us up for success or set our kids up for success."

"I was part of this [Essential Skills] group. I got some really great technology skills that went on to change my life, even just the basics."

HEALTHY WOMEN & CHILDREN

Painting a complete picture of well-being requires going beyond death and disease to examine emotional, mental, and behavioral health. Physical and mental health are interconnected factors underlying well-being. Mental disorders like depression predict higher prevalence of chronic disease, and in turn, chronic disease may worsen existing mental health conditions.[7-9] Good health begins early in life, shaped by the environment, caregiver relationships, and access to affordable, high-quality medical care during the first few years of life.[10]



LIFE EXPECTANCY

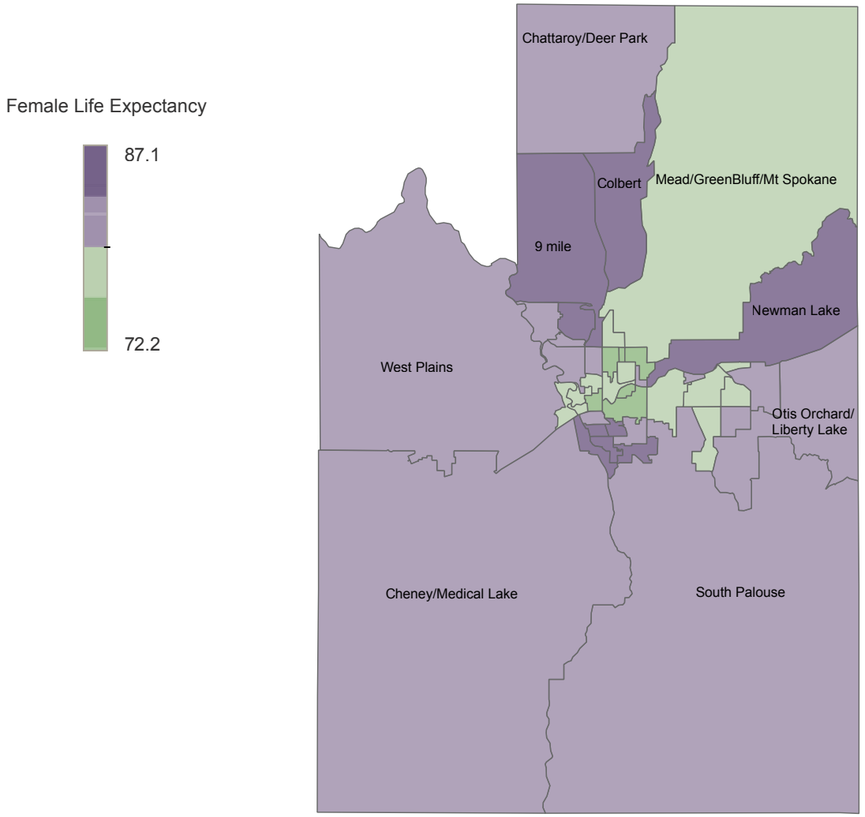
The life expectancy for women in Spokane County was 80.9 years in 2024.[11] However, this varied by neighborhood; there was as much as a 15-year gap in life expectancy (from 72 to 87 years) depending on where women lived (Figure 1).

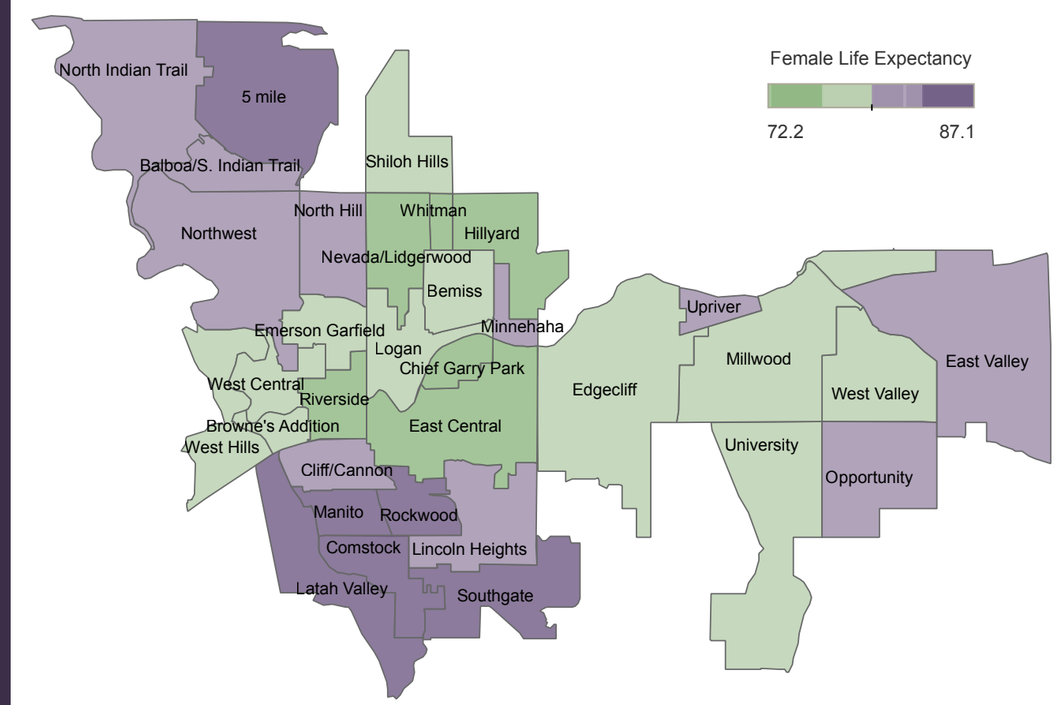
FIGURE 1: FOR WOMEN IN SPOKANE COUNTY, THERE WAS A

15-YEAR DIFFERENCE IN LIFE EXPECTANCY

BASED ON WHICH NEIGHBORHOOD THEY LIVED IN.

Life Expectancy of Women in Years by Spokane County Neighborhood, 2024





Source: Washington State Department of Health, Center for Health Statistics, Death Certificates



LEADING CAUSES OF DEATH

For women ages 65 and older, the leading causes of death from 2020-2024 were heart disease, cancer, and Alzheimer's Disease, while accidents (e.g., falls, drownings, poisonings, traffic incidents, and other unintentional injuries) were a top three cause of death from childhood through mid-to-late adulthood.[11] Suicide remained a leading cause of death for children and teens ages 2-17 and young women ages 18-34 (Figure 2), accounting for 11% (14) of all deaths in children and teens and 10% (22) of deaths in young women.[11] Although the rate of deaths by suicide was higher among men, the rate of suicide attempt-related emergency department visits was higher among women in 2025 (31.0 per 10,000 visits for women vs 26.3 per 10,000 visits for men).[12] Youth ages 5-17 also had a higher rate of emergency department visits related to suicide attempts relative to adults ages 18-44 (93.0 per 10,000 visits vs 38.5 per 10,000 visits, respectively).[12]

FIGURE 2: Accidents were a leading cause of death among children and women of nearly all ages, but suicide was a top cause of death for children and younger women ages 18-34.

Leading Causes of Death for Children and Women by Age Group, Spokane County, 2020-2024

UNDER 1	2-17	18-34	35-44	45-64	65+
Congenital Anomalies	Accidents	Accidents	Accidents	Cancer	Heart Disease
Perinatal - Labor and Delivery Conditions	Cancer	Suicide	Cancer	Heart Disease	Cancer
Prematurity	Suicide	Cancer	Heart Disease	Accidents	Alzheimer's Disease

Source: Washington State Department of Health, Center for Health Statistics, Death Certificates

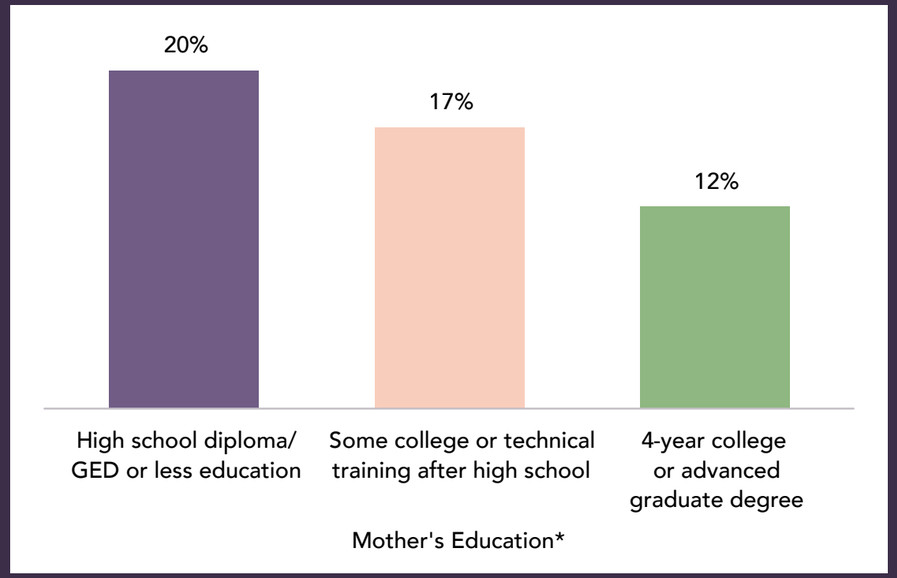
MENTAL & BEHAVIORAL HEALTH

In 2025, more than one in four women in Spokane County reported at least 14 days of poor mental health in the last month.[13] Compared with men, women were significantly more likely to report poor mental health (28% of women versus 20% of men). Women under the age of 65 also disproportionately experienced poor mental health relative to women ages 65 and older. Similarly, among youth in 2025, more than one in four adolescents (27%) in 8th, 10th, and 12th grades reported feeling sad or hopeless almost every day at some point during the past year, while one in six adolescents (16%) seriously considered suicide.[14] Girls had a significantly higher prevalence than boys of both depressed mood (37% versus 18%, respectively) and seriously considering suicide (21% vs. 11%, respectively).

Higher maternal educational attainment was associated with a lower prevalence of suicidal ideation among adolescents; youth whose mother had some college, professional or advanced degrees had a lower prevalence of considering suicide (12%) compared with those whose mothers had a high school diploma/GED or fewer years of education (20%) (Figure 3).

FIGURE 3: Teens in Spokane County whose mothers had higher educational attainment were less likely to contemplate suicide.

Percentage of Adolescents in 8th, 10th, and 12th Grades who Seriously Considered Suicide in the Last Year by Mothers' Education, Spokane County, 2025



Source: Washington Healthy Youth Survey, 2025. *There was a statistically significant difference across groups.

IN 2024, OPIOID OVERDOSES ACCOUNTED FOR

1 IN 3 DEATHS

AMONG YOUNGER ADULTS AGES 18-44 IN SPOKANE COUNTY.[11]



Substance use also affected women and children. In 2024, opioid overdoses accounted for 1 in 3 deaths among younger adults ages 18-44 in Spokane County.[11] There was some improvement in 2025, with rates of opioid overdose deaths and emergency medical services responses beginning to decrease. [11, 15] Although rates of overdose deaths, hospitalizations, and emergency medical response incidents were higher among men than women in 2025,[11, 12, 15] substance use also impacted the well-being of families and loved ones.

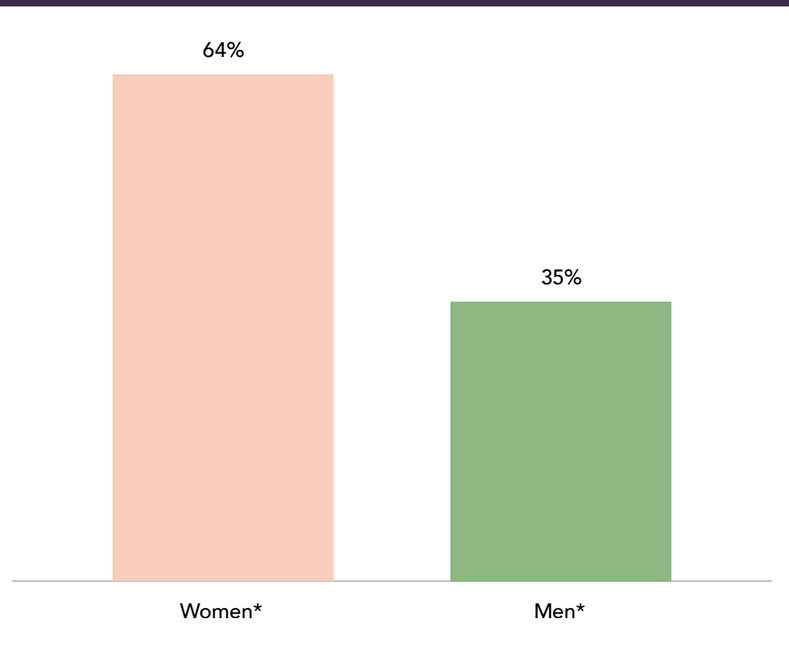
In 2025, nearly one in four women with children under the age of 18 living at home reported feeling stressed about substance misuse or abuse either by themselves or by a family member.[13] Early exposure to and use of substances in childhood or adolescence are also risk factors for later-life mental health disorders and substance misuse.[16] In 2024, 95 infants under two years-old entered out-of-home care in Spokane County, and most of these infants (60%) were placed due to substance use by a parent or caregiver.[17] In 2025, 7% of adolescents reported using an illegal drug during the past month.[14]

> *Again, youth whose mothers received a four-year college or advanced graduate degree reported a lower prevalence of illegal drug use [4%] relative to youth whose mothers received a high school diploma/GED or less education.*

Access to care and coping resources are a critical factor for the mental health of women and children. In 2025, nearly two-thirds of women with poor mental health had received some type of treatment (counseling, medication, or other treatment) during the last year, and they accessed treatment at a higher rate relative to men (Figure 4).[13] Still, barriers to accessing mental health care were widely reported by one in four women who needed treatment. The most cited barriers were cost, lack of available and in-network providers, difficulty fitting treatment into everyday life and schedules (e.g., work and childcare), long waitlists with poor follow-up and coordination from clinics, and not knowing where to go.[13]

FIGURE 4: Women in Spokane County were more likely than men to access mental health treatment – medication, counseling, or another treatment.

Percentage of Adults with Poor Mental Health who Received Mental Health Treatment During the Last 12 Months by Sex, Spokane County, 2025



Source: SRHD Quality of Life Survey, 2025. *There was a statistically significant difference across groups.

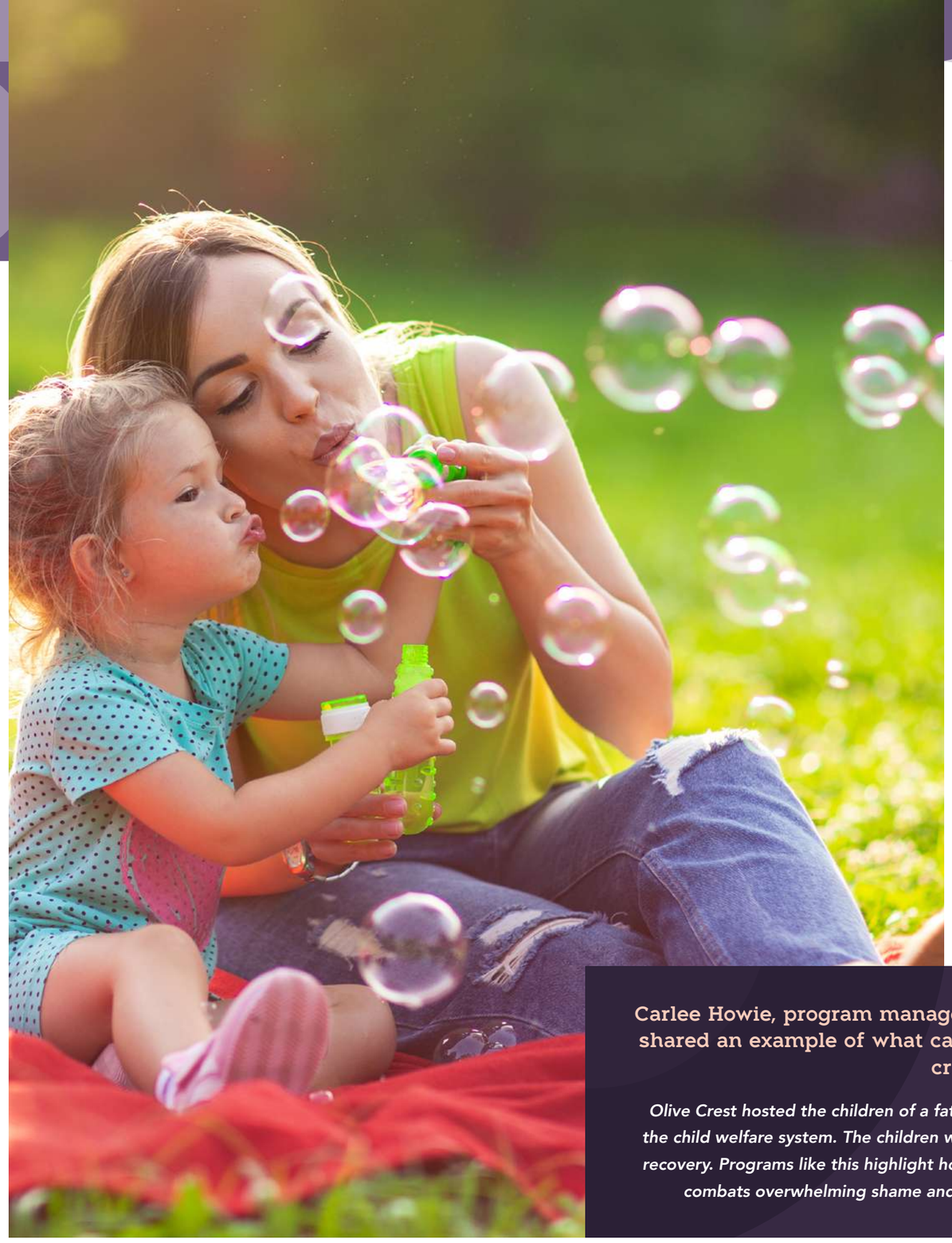
Lived Experience

Community members and service providers discussed the impacts of stress— particularly financial stress related to increased cost of living and housing instability—on families' and households' mental health and ability to cope with adversity. Many families are experiencing daily challenges in affording basic needs such as food, gas, rent, and childcare. The stress that comes from trying to survive and meet basic needs can impact women's mental health.

Colette Currier, service coordinator at Take Up the Cause, a nonprofit organization that provides affordable housing and support services to families, spoke to the disproportionate impacts of this economic stress on women:

> *"Economically, things are harder for a lot of families right now - housing costs, food prices, and general instability are all adding pressure. That stress shows up in different ways, especially for women who are often holding a lot of responsibility within the household."*

Community service providers also spoke to the importance of prevention or early support for families with financial strain to help them build resiliency, and how without this support, stress can negatively impact the way that caregivers cope. For some families, caregivers turn to alcohol and other substances to cope. One provider shared that when support is not in place, providers end up responding when families are already in crisis, which can make it even more challenging to help them.



Community Strengths & Opportunities

While these challenges are significant, Spokane County has many organizations working to strengthen families and prevent crises. Resources for stabilization and support for the entire family unit are critical. Partners with Families and Children is an example of a local organization that supports the entire family system. Their Guiding Good Choices program focuses primarily on supporting parents and caregivers struggling with substance use disorders by helping them gain the tools to attain sobriety, addressing trauma, and building skills for healthy parenting. Olive Crest is another nonprofit organization that provides family preservation, crisis support, foster care, and host family programs for children and families in Spokane County. Olive Crest's Strong Families program supports families in crisis by connecting them to host homes where children can stay while parents and caregivers stabilize or go through recovery. The goal is to provide a safe alternative to child welfare custody.

Carlee Howie, program manager of Olive Crest's Strong Families program, shared an example of what can happen when families receive support in critical moments:

Olive Crest hosted the children of a father who had overdosed, preventing them from entering the child welfare system. The children were later able to reunite with their mother, who is now in recovery. Programs like this highlight how positive encouragement and having someone check in combats overwhelming shame and stigma, which can improve mothers' mental health.

SAFE, STABLE, SUPPORTIVE FAMILIES & COMMUNITIES

For children, having nurturing relationships, particularly with their caregivers, and growing up in safe and supportive environments is important for their long-term health and life opportunities.[18-20] For adults, the quality of personal relationships and social support predicts better health and coping with stress.[21] Cycles of poverty, violence, discrimination, and other unsafe conditions within communities create instability and limit women and children's ability to thrive.[22,23] Conversely, feeling safe and secure and being socially connected with support from family, friends, partners or community are strong protective factors for well-being.[24,25]

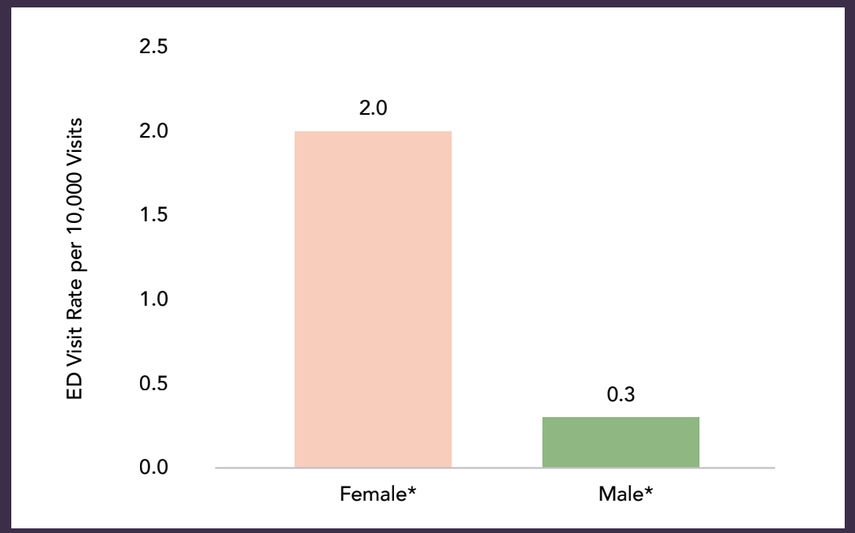


VIOLENCE & ABUSE

Community violence continues to impact women and children. Although the rate of emergency department visits related to intimate partner violence (IPV) among women was low, women continued to be disproportionately impacted (2.0 per 10,000 visits for women vs 0.3 per 10,000 visits for men in 2021-2025) (Figure 5).[12] The rate has fluctuated for the last five years with no significant trend. However, it is important to note that this data does not tell the complete story of intimate partner violence. Many instances go unreported for various reasons, including fear of retaliation and other contextual factors. Data from the National Crime Victimization Survey (NCVS) between 2011-2015 revealed that less than half (44%) of women self-reported their IPV experience to law enforcement.[26]

FIGURE 5: Intimate partner violence disproportionately impacts women in Spokane County.

Intimate Partner Violence (IPV) Related Emergency Department Visit Rate by Sex, Spokane County, 2021-2025



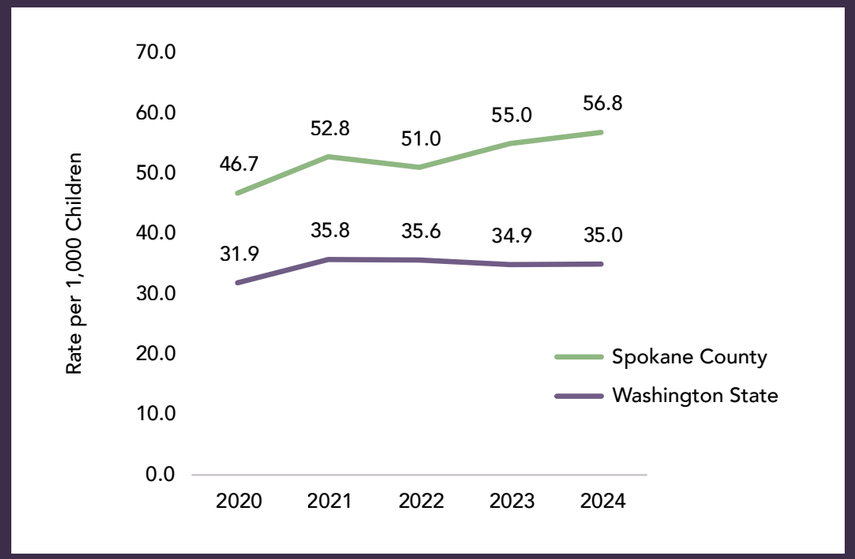
Source: WA DOH Rapid Health Information Network (RHINO) Program. 5-year aggregate rates were reported due to small numbers. To protect patient privacy, rates calculated from counts less than 10 are not reported.
*There was a statistically significant difference between groups.

In 2025, child abuse and neglect-related visits in emergency departments remained higher among Spokane County residents than statewide (64.1 per 10,000 visits vs 35.9 per 10,000 visits, respectively), and girls had higher visit rates than boys (75.8 per 10,000 visits vs 53.2 per 10,000 visits, respectively).[12] In 2025, sexual violence-related emergency department visits among children and teens in Spokane County were also higher than visits statewide (29.5 per 10,000 visits vs 23.6 per 10,000 visits, respectively).[12] Child Protective Service referrals for child abuse and neglect have increased since 2020 (from 46.7 per 1,000 children in 2020 to 56.8 per 1,000 children in 2024) (Figure 6).[27]



FIGURE 6: Child Protective Service (CPS) referrals for child abuse and neglect in Spokane County increased from 2020-2024.

Victims of Child Abuse and Neglect in Accepted Child Protective Service (CPS) Referrals per 1,000 Children, Spokane County and Washington State, 2020-2024

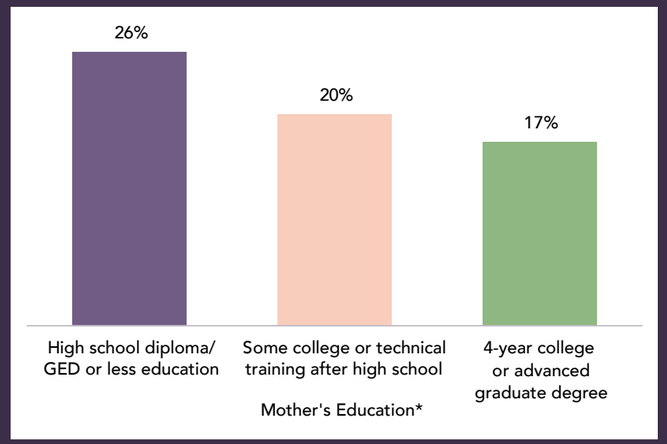


Source: Washington State Department of Social and Health Services (DSHS), 2026. Risk and Protection Profile for Substance Abuse Prevention in Spokane County.

The proportion of adolescents who have been bullied has increased; in 2025, more than one in five (22%) adolescents reported experiencing bullying in the most recent month.[14] Youth whose mothers had higher educational attainment were less likely to experience bullying (Figure 7).

FIGURE 7: Teens whose mothers had higher educational attainment were less likely to experience bullying.

Percentage of Adolescents in 8th, 10th, and 12th Grades who Had Been Bullied in the Last 30 Days by Mother's Education, Spokane County, 2025



Source: Washington Healthy Youth Survey, 2025.
*There was a statistically significant difference across groups.

CAREGIVING STRESS

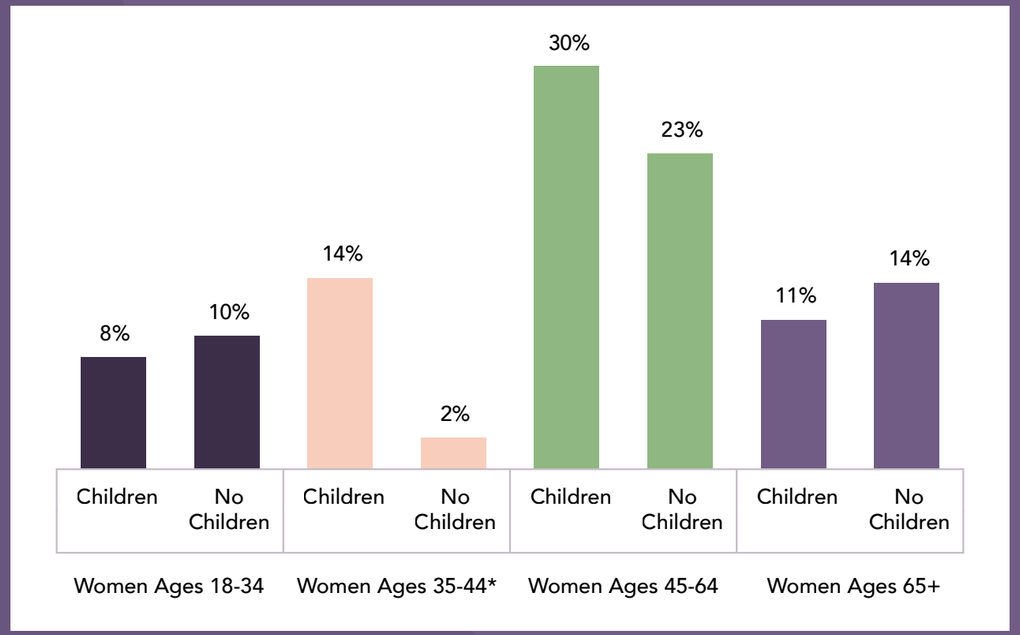
Caregiving for another adult in the home was another stressor for women. Family caregivers are more likely to experience poor mental and physical health outcomes (e.g., depression and burnout), as well as social isolation and financial strain, relative to non-caregivers.[28,29] These burdens disproportionately impact women, as women in the U.S. are more likely to provide unpaid care to a family member than men.[30] They are also more likely to face the additional burden of working full-time with less flexible working conditions while also spending more hours providing unpaid care.[30,31] In 2025, 16% of women in Spokane County experienced stress due to becoming responsible for the care of an older adult in the last year; this was particularly the case among women ages 45-64 .[13]

Among women ages 35-44, those with children at home were significantly more likely to experience stress from adult caretaking than women in this age group without children (Figure 8). As more U.S. women are choosing to have children later in life, this age group is part of the "Sandwich Generation" of adults who are raising their children while caring for aging parents.[32,33] Among households with children, women reported more stress than men (15% of women vs 10% of men); whereas in households without children there was no substantial gender difference (16% of women vs 18% of men).[13]



FIGURE 8: Women ages 45-64 were most likely to report stress related to caring for another adult in the home. Among women ages 35-44, those with children in the home were more likely to experience caregiving stress relative to those without children.

Percentage of Women who Experienced Stress Related to Becoming Responsible for the Care of an Older Adult by Age Group and Children at Home, Spokane County, 2025



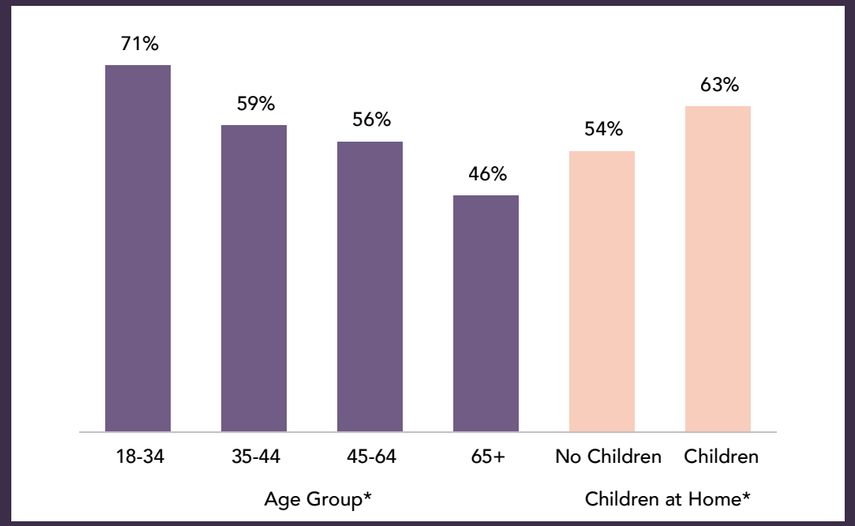
Source: SRHD Quality of Life Survey, 2025. *There was a statistically significant difference between groups.

SOCIAL BELONGING, SUPPORT, & ISOLATION

Many women and children reported feeling socially connected and supported by their communities. Specifically, nearly two-thirds of women felt a strong sense of belonging to their neighborhoods or communities (61%) or knew people in their community they could turn to for help at least some of the time (64%).[13] However, community support was closely linked with women's age; younger women ages 18-34 were significantly less likely to report a strong sense of belonging or have people to turn to in their community relative to women ages 65 and older (47% of young women vs 72% of women 65 and older reporting a strong sense of belonging, and 55% of young women vs 78% of women 65 and older reporting community to turn to). Sense of belonging also differed by neighborhood, and there were differences in community support by ethnicity; non-Hispanic women were more likely to feel like they had community to turn to as compared with Hispanic women (65% vs 44%, respectively). Social isolation was an issue for 59% of women in Spokane County, particularly younger women and women with children under 18 in the home (Figure 9).[13]

FIGURE 9: Young women ages 18-34 and those with children in the home were most likely to feel socially isolated.

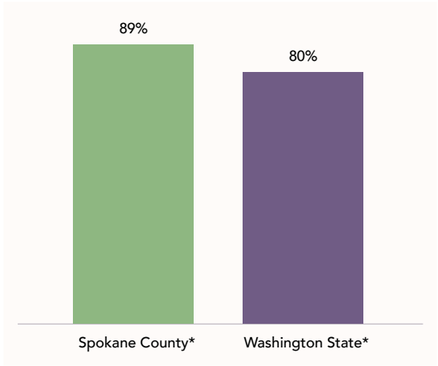
Percentage of Women who Reported Feeling Isolated from Others "Some of the Time" or "Often" by Age Group and Children at Home, Spokane County, 2025



Source: SRHD Quality of Life Survey, 2025. *There were statistically significant differences across groups.

FIGURE 10: Caregivers of young children ages 0 to 5 in Spokane County reported significantly higher levels of day-to-day emotional support in raising their children than caregivers in the rest of Washington State.

Percentage of Parents or Caregivers of Young Children Ages 0-5 who Reported Having Someone to Turn to for Day-to-Day Emotional Support with Parenting or Raising Children, Spokane County and Washington State, 2024



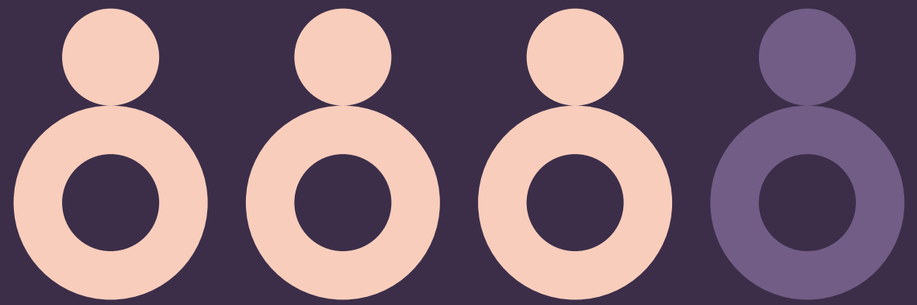
Source: Washington State Department of Health, Child Wellness Survey, 2024. *There was a statistically significant difference between groups.

Among caregivers of young children ages 5 or younger (men and women), 9 out of 10 reported having day-to-day emotional support with raising their children, a significantly higher proportion than caregivers in the rest of Washington State (Figure 10).[34] Despite higher levels of general community support and emotional support in child-raising, isolation remained an issue for women, and other types of support (e.g., practical support, resources and information, leisure and fun) may still be needed for young women and mothers. Among adolescents, most (75%) reported having an adult they could turn to for help when they felt sad or hopeless, but few— only 14% — reached out to school professionals like teachers or school counselors; they were much more likely to seek help from their peers or from their parents and caregivers.[14]

> ***The proportion of youth reporting an available supportive adult increased along with the educational attainment of their mothers.***

3 IN 4 ADOLESCENTS

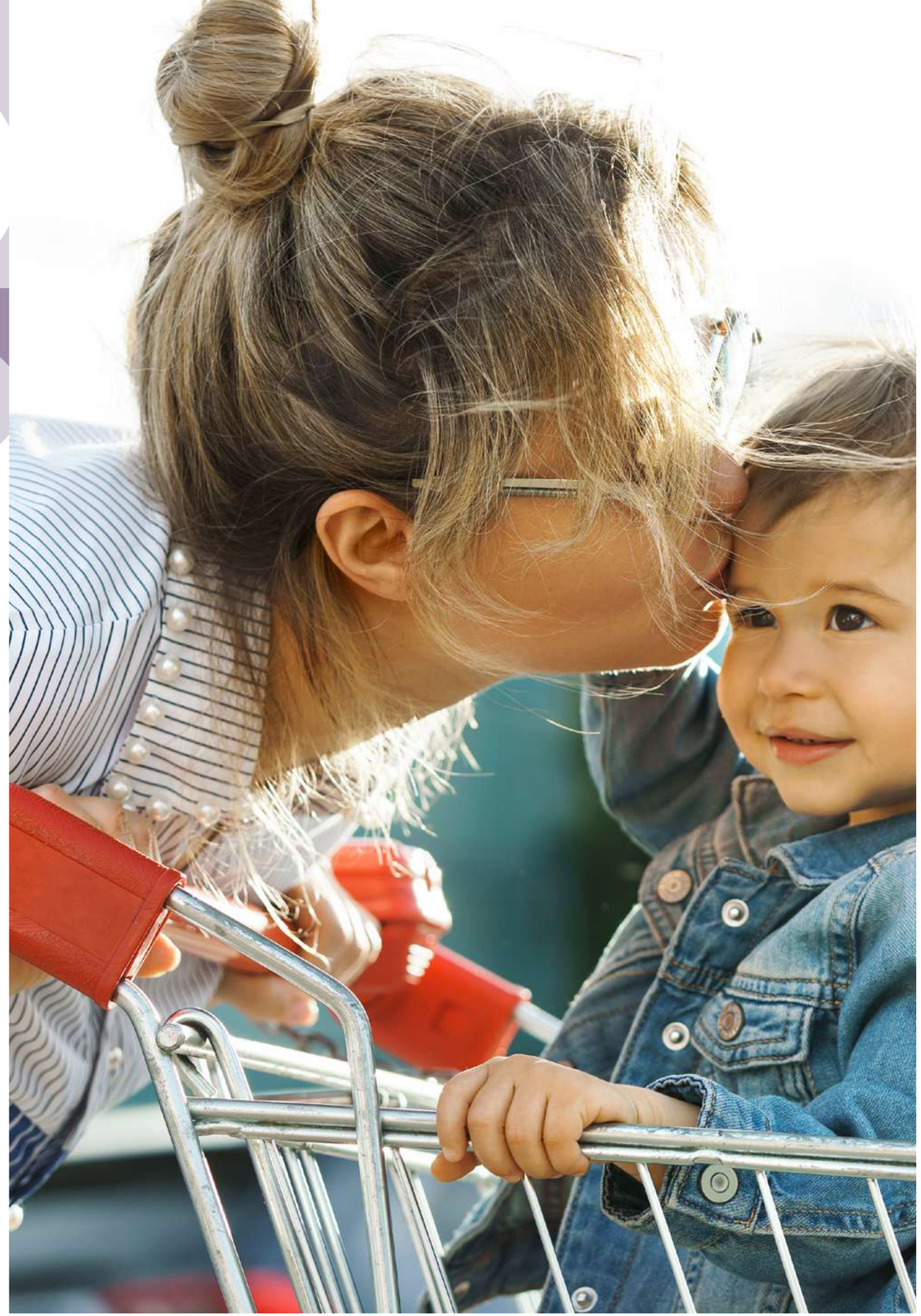
REPORTED HAVING AN ADULT THEY COULD TURN TO FOR HELP WHEN THEY FELT SAD OR HOPELESS.[14]



Lived Experience

Although women and families continue to face increasing financial pressure, protective factors such as strong family relationships, social support, and community connections help them to remain resilient. Caregivers across Spokane County were asked to reflect on the strengths that keep their families connected and strong. Caregivers described how open, curious, empathetic communication and active listening helped their children to trust and rely on them. Having shared goals, collaborative decision-making within the family, and mutual support brought a sense of togetherness that helped them to weather challenges. They also spoke of advocating for one another, seeking help through counseling, and relying on faith, spirituality, and community as important sources of connection and resilience. Several caregivers described how envisioning a positive future helped them to persevere:

> *"Whenever times get hard or I'm just in a sad situation, I like to just think about the future and that always makes the situation better for me... I just like to think about future careers...and my daughter getting older."*



Women also described how supportive relationships and meaningful connections were significant sources of resilience that helped to buffer the mental and emotional challenges of navigating adversity. They shared how their informal networks of friends, family members, and "chosen family" showed up for them in tangible ways. One mother described what this support looks like in her life:

> *"If she [my best friend] doesn't hear from me, she's like, 'Hey girl, I'm checking in. Do I need to come over there and get you out of your pajamas?' So, it's that accountability, like checking on me, even when I don't know I need to be checked on."*

Despite having positive relationships, social support, and other sources of resiliency to draw from, social isolation was a challenge for some groups of women. Women exposed to violence often face isolation. Many women reported that they experienced domestic violence, and some service providers noted there are communities where domestic violence is more prevalent than others, but it is not openly talked about.

Caregivers of children with developmental disabilities or medical complexities are another group that experiences social isolation, in part due to lost work time and financial strain. Julie German-Murrey is the executive director and co-founder of the Rosalie Murrey Memorial Foundation, an organization whose mission is to create more inclusive and accessible early learning environments for children with disabilities. German-Murrey stated that these caregivers miss on average 14 hours of work each month due to medical appointments, having to pick up their child from school or childcare due to behavioral issues, or other factors. These families can experience a lot of isolation and need more support such as workplace flexibility or receiving additional income as paid caregivers.

Community Strengths & Opportunities

Culture is a critical consideration in creating safe and stable communities, because it fosters a sense of identity, belonging, and connection. Across Spokane County, many organizations, Tribal communities, and community leaders are working to strengthen belonging through culturally grounded programs and practices. One example is the Salish School of Spokane, which is improving their community's sense of belonging and social connection through cultural preservation and the revitalization of the Salish language. Language revitalization is inextricably linked to community building and development that is rooted in relationships. For a community that has experienced genocide, colonization, continued discrimination and trauma, the Salish School believes building relationships through the school is essential for healing and good health. They see their work as countering the social isolation and disconnection that many in their community experience.

The Salish School of Spokane is also a hub for employment opportunities, adult language learning classes, and community support. Chris Parkin, the school principal, points to the outstanding academic outcomes of their students as a direct result of investment in students, embedding them and their families in a network of care and relationships so they can thrive. Parkin emphasized that there is emerging research showing that Indigenous kids who grow up with a strong Indigenous identity, who are engaged in their Indigenous speech community, and who are engaged in ceremony and cultural practice experience better wellness, social-emotional intelligence, and academic outcomes.

Parkin also highlighted the power of relationships and how they are vital in substance use recovery:

> *"Because absence of addiction isn't non-addiction. It's embedded relationships. Using the traditional language and culture to build embedded relationships will leverage any intervention in the Native community like nothing else will."*

Creating spaces for belonging means seeing the inherent value, potential, and aspirations in other people. One organization putting this principle into practice is Manzanita House, which works to create a welcoming community for immigrants and refugees. Their vision is to build a community where families have the freedom and support to explore what life in a new country looks like so that they can build healthy lives and pursue their own hopes for the future. They help immigrants and refugees achieve greater stability and security by providing immigration legal aid and building skills and knowledge that equip them to navigate essential needs, such as employment, healthcare, and stable housing. They also create spaces for connection and belonging; for example, they host support groups called Cafecitos and teatimes where women and their families gather over tea to build relationships and learn new skills. Manzanita House builds strong partnerships with other organizations to deepen partners' cultural competence and build practices for listening to the communities they serve. Through these partnerships, Manzanita House is asking the community to invest in immigrants' and refugees' well-being, belonging, and ability to thrive.



BASIC NEEDS & EDUCATION

Economic stability and being able to afford basic needs like stable housing, nutritious food, medical care, and access to childcare and early education are critical components of women and families' well-being. Financial, job, and housing stability allow caregivers to access safe, supportive environments and education opportunities for themselves and their children.[35] The benefits of education start early in life, with access to high-quality childcare and early childhood education increasing school readiness,[36] higher math and reading literacy,[37] and higher academic achievement, particularly among socioeconomically disadvantaged students.[38] The benefits of education and economic stability are also multi-generational; mothers' employment and educational attainment are consistently associated with well-being outcomes for children.[39-41]

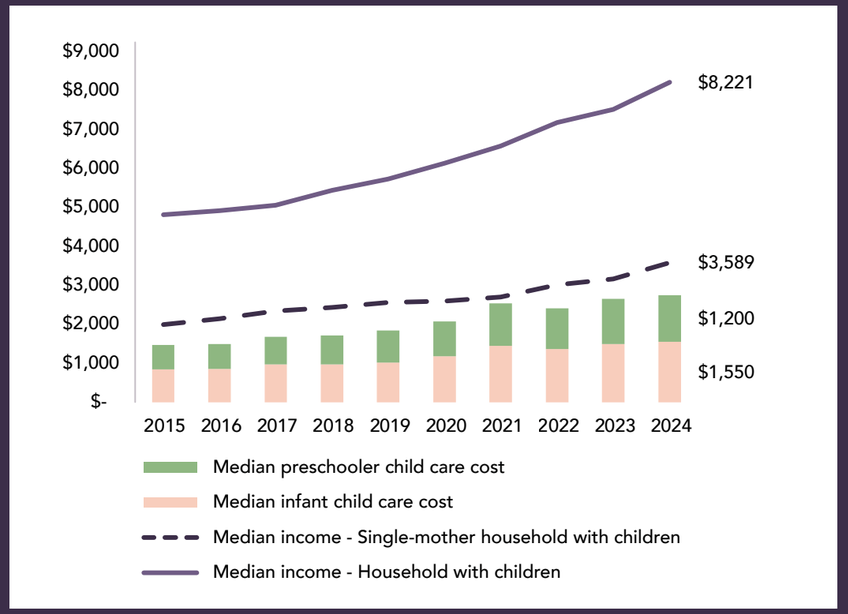


POVERTY, FINANCIAL STRAIN, & BASIC NEEDS

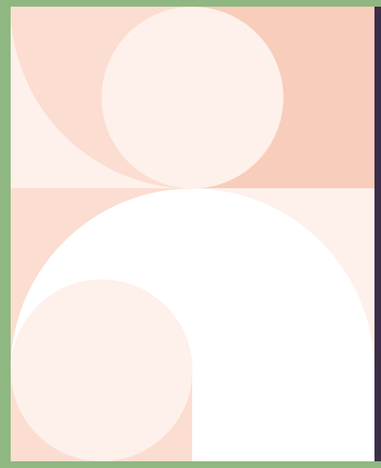
Family structures in Spokane County are varied. In 2024, more than one in four children (27%) in Spokane County lived in a single-parent household, and of these, most (68.8%) were single-mother households.[42] In 2024, more than one in ten children (13%), or 14,575 children, lived in households with an income below the poverty level.[42] The rate of child poverty in Spokane County has significantly decreased over the last five years, down from 15% in 2020. Still, a gender gap in earning a living wage remains. More than half of children living in poverty (58%) were in a single-mother household, and single mothers had the lowest median income relative to all other household types, earning less than half of the median income for all families with children (Figure 11).[42, 43] The burden of childcare costs has also increased for families. In 2024, families with two children, a preschooler and infant, earning median income[42] and paying the median cost for childcare[43] would need to spend a third of their monthly income on childcare; whereas a single mother would need to spend more than three-quarters (76.7%) of her monthly income (Figure 11).

FIGURE 11: Childcare has become increasingly unaffordable for all families in Spokane County, but especially for single mothers.

Median Monthly Income and Share of Median Childcare Costs Among Households with an Infant and Preschooler by Year and Household Type, Spokane County, 2015-2024



Source: Child Care Aware of Washington, 2024. Child Care Data Report in Spokane County.
U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates (s0901)



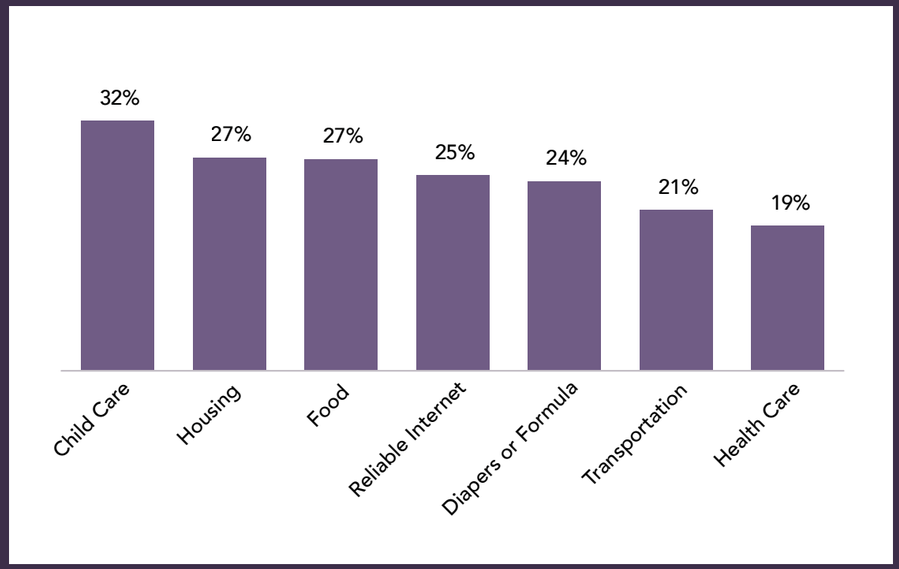
IN 2024

51% OF SPOKANE COUNTY CAREGIVERS

WITH YOUNG CHILDREN AGES 0 TO 5 REPORTED AT LEAST ONE UNMET BASIC NEED DURING THEIR CHILD'S LIFETIME.[34] CHILDCARE WAS THE MOST COMMON UNMET NEED, FOLLOWED BY HOUSING AND FOOD (FIGURE 12).

FIGURE 12: Childcare was the most common unmet basic need among parents or caregivers of young children ages 0 to 5 in Spokane County. Nearly one in three caregivers were unable to afford childcare at least some of the time.

Percentage of Parents or Caregivers of Children Ages 0 to 5 Unable to Afford Basic Needs "Some of the Time" or "All the Time" During their Child's Lifetime, Spokane County, 2024



Source: Washington State Department of Health, Child Wellness Survey, 2024



CHILD CARE & EARLY LEARNING

Although childcare capacity increased in 2024,[44] it was still outpaced by demand. There was a 45% shortage of childcare openings for children ages 0 to 5 in households with all caregivers working (Figure 13).[44,45]

FIGURE 13: Childcare capacity increased in 2024, but there was still an estimated shortage with 45% of children ages 0 to 5 not having spots available.

Child Care Capacity and Estimated Shortage, Spokane County, 2020-2024

YEAR	TOTAL CHILD CARE CAPACITY	ESTIMATED # OF CHILDREN AGES 0-5	# OF CHILDREN AGES 0-5 (ALL PARENTS IN THE WORKFORCE)	ESTIMATED CAPACITY SHORTAGE
2020	11,357	35,310	22,182	10,825
2021	11,645	36,041	22,675	11,030
2022	11,981	35,327	21,879	9,898
2023	11,910	35,128	22,381	10,471
2024	12,070	35,131	22,100	10,030

Sources: Total childcare capacity – Child Care Aware of Eastern Washington; Number of children and number of children with parents in the work force – U.S. Census tab DP03 2024 5-year Estimates

Among caregivers with young children ages 0 to 5 who were able to access childcare, more than one in three (35%) reported issues with reliability, having to skip work or school at least once during the last year because their arrangement fell through.[34] However, most families (71%) reported that their primary childcare met their family's language or cultural needs.[34] The importance of access to high-quality early childhood learning is also reflected in children's kindergarten readiness.

DURING THE 2025-2026 SCHOOL YEAR IN SPOKANE COUNTY,

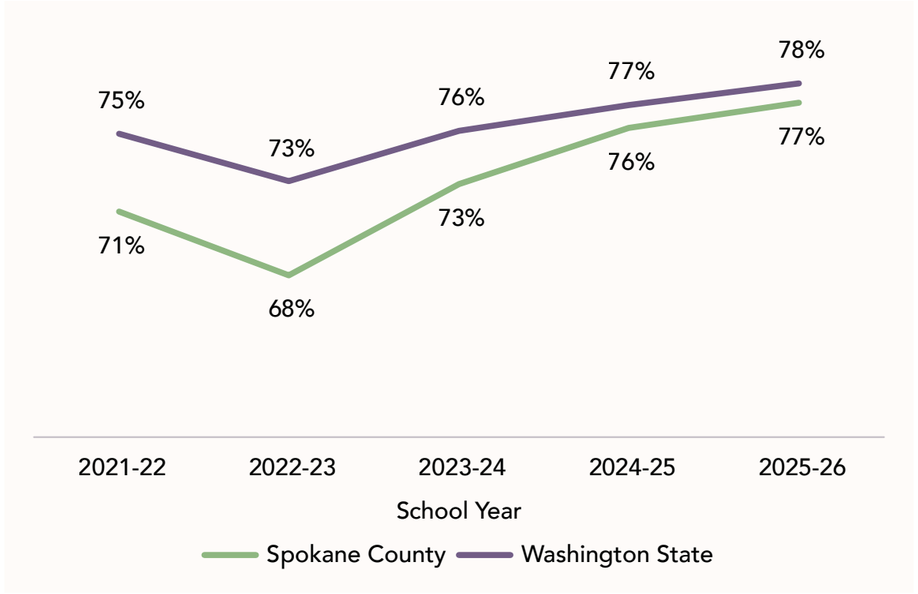
77% OF STUDENTS

HAD ACHIEVED FOUR OR MORE DOMAINS OF READINESS FOR KINDERGARTEN,

REPRESENTING A MEANINGFUL IMPROVEMENT FROM 71% DURING THE 2021-2022 SCHOOL YEAR (FIGURE 14).[46]

FIGURE 14: Kindergarten readiness among children in Spokane County has significantly improved over the last five years.

Percentage of Preschoolers who Achieved Four or More Domains of Kindergarten Readiness by School Year, Spokane County and Washington State, 2021-2026



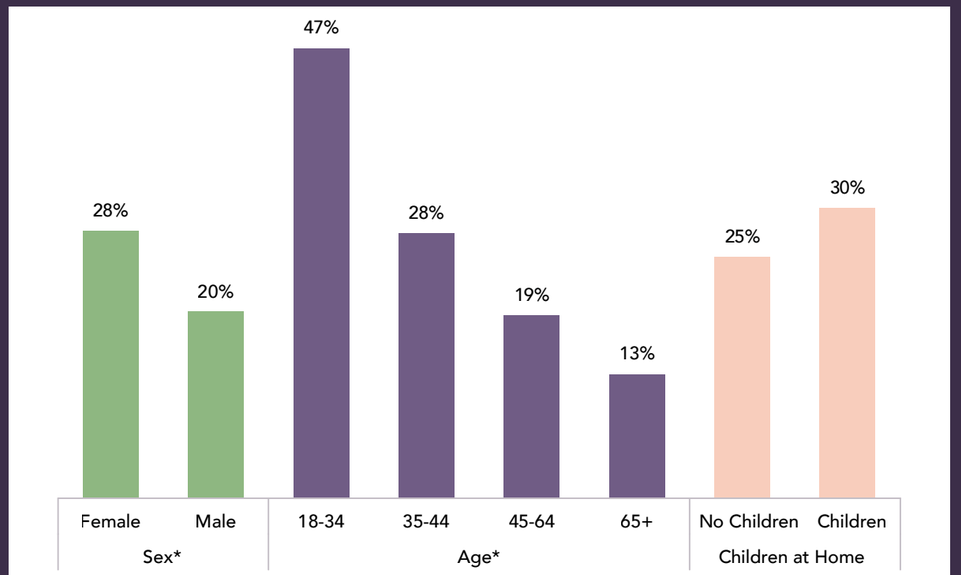
Source: Washington Office of the Superintendent of Public Instruction. (2026). Report Card WaKIDS https://data.wa.gov/education/Report-Card-WaKids-2025-26-School-Year/veeh-ue57/about_data

HOUSING STABILITY & AFFORDABILITY

In 2025, more than one in four women in Spokane County (28%) reported having experienced an unstable housing situation in the last five years; this was particularly the case for younger women (Figure 15).[13] Women were also more likely to experience unstable housing than men (Figure 15). The most reported unstable housing experiences were living with friends or family on a long-term basis, skipping a rent or mortgage payment, not being able to pay the full rent or mortgage amount, and/or having to move because they were unable to afford their rent or mortgage payments.[13]

FIGURE 15: Women were significantly more likely to experience an unstable housing situation than men in Spokane County.

Percentage of Women who Reported Experiencing an Unstable Housing Situation Within the Last Five Years by Sex, Age, and Children at Home, Spokane County, 2025



Source: SRHD Quality of Life Survey, 2025. *There was a statistically significant difference across groups.

Although most women (63%) reported good or better affordability of their current housing, this differed by age.[13] Young women particularly struggled with housing affordability relative to older women, with 55% of women ages 18-34 reporting good or better affordability as compared to 73% of women ages 65 and older.

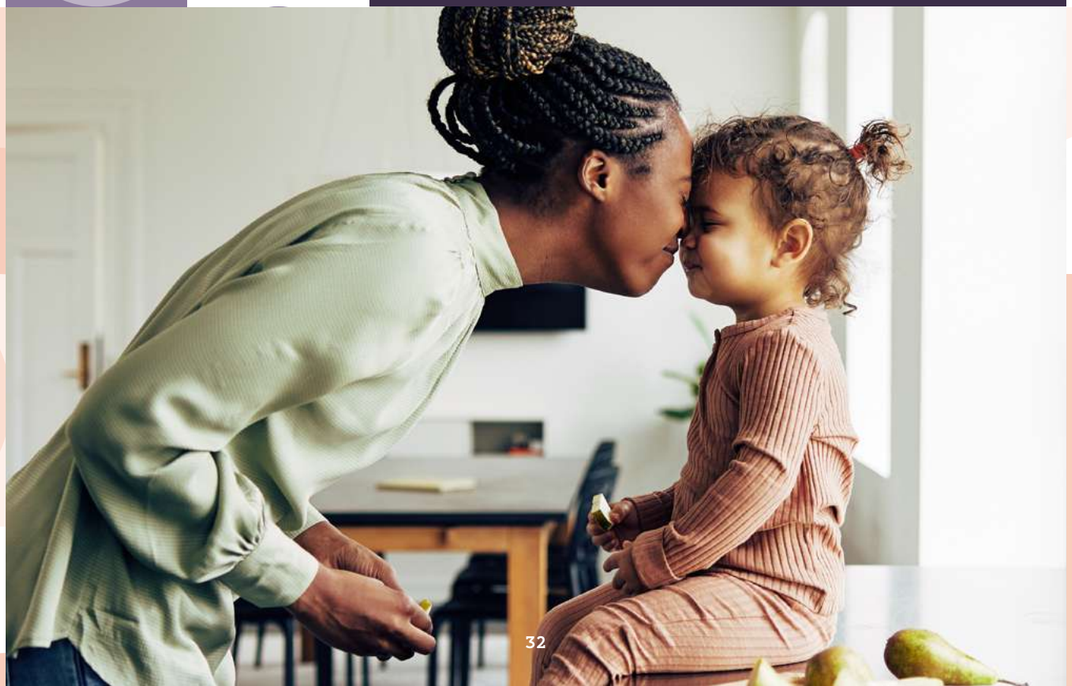
FOOD SECURITY & ACCESS

In 2024, 10% of women in Spokane County reported food insecurity – that the food they bought did not last, and they did not have money to get more "always", "usually", or "sometimes" during the last year.[47] Young women ages 18-34 were significantly more likely to report food insecurity than women ages 65 years and older (17% vs 6%, respectively), as were women with lower educational attainment (19% of women with a high school diploma/GED vs 4% of women with a 4-year college degree). Challenges with food access and affordability also affected women's mental health. In 2025, 17% of women in Spokane County experienced stress due to having to skip meals or go hungry during the last year, an increase relative to 10% of women in 2020.[13]

WOMEN WITH CHILDREN UNDER 18 AT HOME WERE

TWICE AS LIKELY

TO REPORT STRESS FROM HAVING TO SKIP MEALS RELATIVE TO WOMEN WITHOUT CHILDREN AT HOME (22% OF WOMEN WITH CHILDREN AT HOME VS 11% OF WOMEN WITHOUT).[13]



Lived Experience

Supporting the well-being of women and children requires strengthening the protective factors that enable them to thrive, including access to basic needs, education, and other early supports. The experiences shared by caregivers and providers point to the importance of investing in youth and young adults before challenges become entrenched, equipping them with the skills, resources, and opportunities they need to grow and build stable futures.

Shauna Edwards is the director at Lumen, a high school that serves teenage parents. Edwards shared how educational environments can extend beyond academic instruction to address skills and developmental needs that may not have been modeled or learned in early years:

> *"We don't believe in suspending students as a way of teaching them the skills they need... It's not about punishment or bribery, it's about building skills that are missing in a student's brain because long term, if they're in a job and they're escalated, they need tools to regulate. And we all need tools to regulate but some of us have had these protective factors at a younger age, so we're trying to rebuild them now."*

Economic stability is an essential component of well-being, and strengthening it requires helping women and families access the resources they need now while investing in the knowledge, skills, and relationships that can help build greater stability and agency over time. Women across different groups talked about their desire to gain the knowledge needed to build wealth and the skills to become entrepreneurs. They described how empowering and meaningful it was to learn about technology and local resources, and to develop the skills and confidence to become advocates for their own health and the health and well-being of their children.

Betsy Williams, operations director at Take Up the Cause, mentioned how the erosion of safety net services, such as the federal cuts to the SNAP and Medicaid programs, are affecting families' ability to meet their basic needs and maintain stability. Williams stated that through deep engagement with residents, she hears firsthand how race and other factors create even greater disparities among those trying to access services.

Colleen Fuchs has said that during her time as executive director at Joya Child and Family Development, she has seen an increasing number of families Joya has encountered who are experiencing multiple and overlapping crises. Joya Child and Family Development is a center that provides early support services for children with developmental delays and disabilities, and the families it serves are navigating challenges such as housing instability, unemployment, substance use, lack of childcare, and a child needing early developmental support. Providers said that families are more aware of available resources than in the past but still need help to navigate the systems to access them.

Single mothers and caregivers of children with developmental disabilities or medical complexities face added challenges meeting their families' basic needs like stable housing and childcare. One single mother shared that she moved several times after first coming to Spokane because she struggled to afford rent. Despite finding a better paying job, she feels the rise in cost of living has her in the same position. Caregivers of children with developmental disabilities or medically complex conditions face unique challenges in finding childcare that can meet their child's specialized care needs. Without options for childcare, many parents, particularly mothers, are forced to reduce their work hours, change jobs, or leave the workforce altogether to provide full-time care.

Carlee Howie from Olive Crest shared that in her experience working with families, they need more than just one time support but may need ongoing case management and continual support during crisis to maintain housing and stability:

> *"I'm just thinking of a mom that I'm working with right now. It's very difficult for her to navigate not having a place to live and then getting an apartment and then needing to pay the bills. And that piece seems to be incredibly overwhelming, transitioning from homelessness to all of the things that housing requires."*

Colette Currier with Take Up the Cause shared that families who have case management, peer support, and access to wrap-around services tend to be successful.

Community Strengths & Opportunities

Stable housing is central to families' safety and well-being, but securing stable housing can be a complicated process that requires coordination and navigation. Take Up the Cause is a local organization that primarily supports families by connecting them to affordable housing services and creating pathways to homeownership.

Betsy Williams with Take Up the Cause shared the story of a mother and her children whose stay at a shelter was ending, putting them at risk of becoming unhoused.

In a powerful and swift response, the program collaborated with multiple other organizations to coordinate support for the family, working extra hours, completing paperwork, making phone calls, and navigating housing resources. As a result of these coordinated efforts, they were able to secure a stable home for the family at one of Take Up the Cause's properties. Williams emphasized that trusted relationships between organizations are powerful and essential when collaboration is required to help families overcome barriers.



CONCLUSION

Current data and trends highlight community strengths and areas of opportunity to support women and children's well-being. Some women and children in Spokane County experience a high degree of belonging and community support. Still, concerns about social isolation and economic stability remain. Women and children exposed to violence, those living in areas of disinvestment, single mothers, and caregivers of children with complex health and educational needs may need more support to address issues with stress and mental health, financial strain, housing instability, food insecurity, childcare access, and social isolation. Younger women may also need more connection and community support. Community organizations in Spokane County are committed to serving and supporting the whole family system, whether through building knowledge of healthy parenting and relationships, education or skill-building opportunities, connection to cultural practices and language, and stabilization resources including housing and recovery services for mental and behavioral health. Women and children's resiliency and aspirations for "well-becoming"[3,4] for themselves and future generations were evident in the many stories of families reuniting after recovery, connecting with their cultural history, language, and practices, developing positive family relationships and informal support networks, and seeking knowledge and building skills in areas such as language, finance, entrepreneurship, digital literacy, technology, and health advocacy.

These current trends point to the following specific areas of opportunity to improve women and children's well-being, which align with policy recommendations from the National Academy of Medicine and others[48,49]:

1 Ensure access to comprehensive supports that focus on prevention for women and children and include physical, social, and behavioral health. There was an emphasis on the need for early support to build families' resiliency, as opposed to crisis response. Resources and services should be accessible throughout the life course, from the prenatal stages to end-of-life.[48] Needs include ongoing support like case management as opposed to one-time referrals; the creation of safe spaces and activities, particularly for youth, to foster a sense of belonging and reduce social isolation; dedicated programs and resources for abuse and violence prevention; and expanded services and health coverage to address the pressing issues of poor mental health, substance misuse, and suicide. Additionally, children with complex health care needs require integrated care,[48] and caregivers require support for their mental and financial health.

2 Support women and children's access to education, job skills training, and career pathways. Economic stability and education drive long-term stability. The data consistently showed that higher maternal educational attainment was associated with improved mental health and safety for children. However, the high cost of living and challenges meeting basic needs, coupled with caregiving burden, may limit women's access to higher education. Additionally, the need to invest in youth and young adults, through improved access to childcare and early childhood learning environments[49] and expanded educational opportunities that include social-emotional skills (e.g., emotion regulation) and job skills training, was emphasized.

3 Address cycles of poverty and other social drivers of health through cross-sector coordination. Optimizing the health and well-being of women and children requires coordinated efforts across health, education, criminal justice, government, and social service sectors.[48] Examples include flexible paid family leave policies, expansions in childcare, improving access to early childhood education, and expanded nutrition and food access programs in schools and other settings. One local example of such cross-sector coordination is the development of childcare pilot programs in Spokane to address childcare capacity shortages and costs.[50] Local public schools are partnering with the city and childcare providers to use existing free spaces in their schools to operate childcare facilities at a lower cost to families.



HOW CAN YOU HELP?

The community has a role in supporting safe and healthy environments where women and children can access opportunities and thrive. Everyone has a part to play.

Stay Connected & Volunteer.

"Stay connected!" Betsy Williams from Take Up the Cause urges individuals to stay connected to the work that organizations are doing. She encourages people to show up and see what is happening at these organizations, and to volunteer their talents and skills. She says it is at the intersection of the issues that impact us and our passions, that we are powerful agents for change. Other organizations also shared this sentiment of volunteering.

Stephanie Widhalm and Carol Plischke from Partners Children's Advocacy Center share that each of us has a role to play in helping to support the growth and development of children. Being safe, adult role models that kids can connect with can create positive childhood experiences for children and help them to be more resilient. LaRae Wiley, a co-founder of the Salish School of Spokane, speaks to this network of support. ***"...Informally, we call it the auntie and uncle network, in that we're all responsible for each other and building that. Having that idea about responsibility and how can we help each other."***

Get Involved in Your Local Schools.

"Schools for a lot of children are the only safe place that they have. And I think people...sometimes underestimate the impact of schools. It's not all just education. There is a huge social community feeling of belonging that comes from a school."

– STEPHANIE WIDHALM, PARTNERS CHILDREN'S ADVOCACY CENTER

Center Community–Defined Solutions.

"The most effective strategies I've seen are those that are flexible, relationship-based, and culturally grounded. They allow space for people to define what safety looks like for themselves, instead of fitting into a one-size-fits-all model."

– COLETTE CURRIER, TAKE UP THE CAUSE



Build Workplace Flexibility for Families with Complex Health or Educational Needs.

"Families who have kids with additional needs are not rare. This is common. Some children receive early intervention and their needs resolve; others receive a diagnosis that will mean ongoing support. But either way, this is not uncommon. If you are an employer, or simply work with other people, you know someone whose child has additional needs, whether you realize it or not. I think that means granting grace and flexibility when you can, but also becoming educated about how significant this need is for families."

– JULIE GERMAN–MURREY, ROSALIE MURREY MEMORIAL FOUNDATION

Ensure Your Organization's Policies Reflect its Mission.

"Thinking through their policies, their systems, like how Family Promise did...we met with them and they're like, 'Our mission is families in Spokane, and families in Spokane also means a 16- or 17-year-old with a baby, that's a family. And that is what we said we were doing, so we can't have a policy that says we take only 18 and over at the shelter, because then we're not actually serving families in Spokane.' Sometimes it's looking at your organization's mission and making sure that the systems, and the policies and procedures that they have in place really mean that every person who falls under that mission could access it."

- SHAUNA EDWARDS, LUMEN HIGH SCHOOL

Recognize, Affirm, & Celebrate Families' Strengths.

Several providers talked about the powerful impact of encouraging families by highlighting their strengths and reminding them of their inherent value. ***"Some of these organizations have celebrations for the families, like if the families reunite, they have picnics to celebrate, family reunification day, and make it a yearly event. For them, some of the families participate in it knowing, 'we were once here and now, we're here' and now we're celebrating these milestones together."***

– COLETTE CURRIER, TAKE UP THE CAUSE

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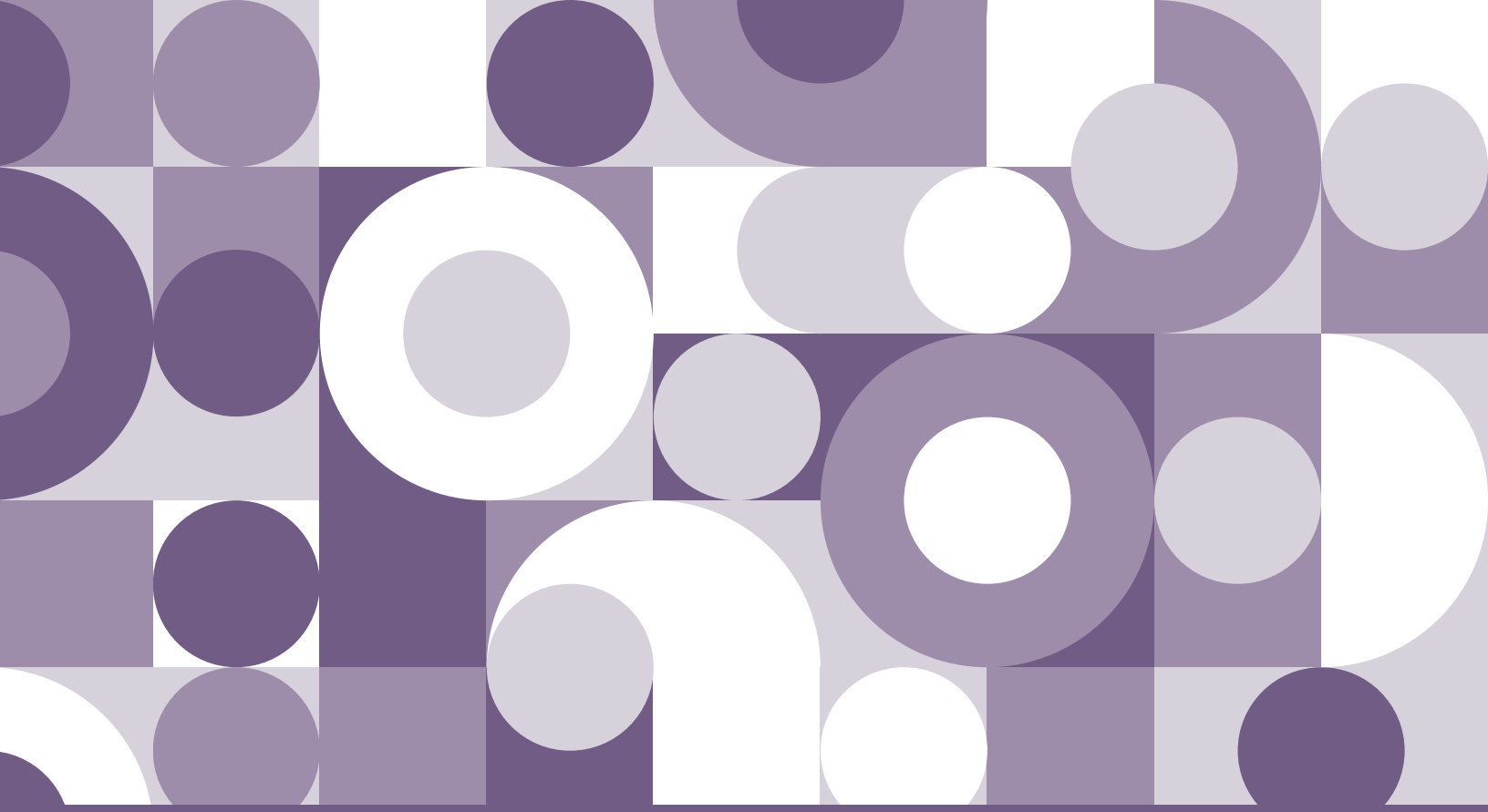
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