

Total Population 791,545

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

42,642

#### **Veterans**

#### 5.4% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

18,026 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

1,841
Military Members
0.2% of total population

**0.2% of total population**Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	93.3%	89.9%	91.0%
Female	6.7%	10.1%	9.0%

A

Congressional District 1 has **280,433** total households, **42,216** or **15.1%** of those are veteran households.

2,082

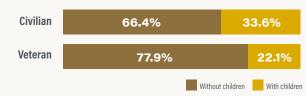
#### **Military Dependents**

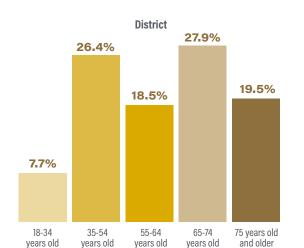
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

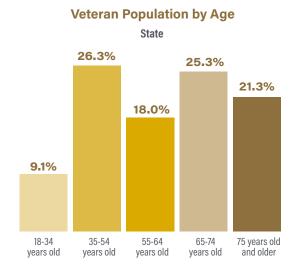
#### Disability

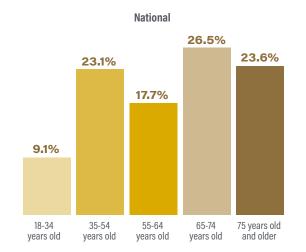
Civilians	10.3%	
Veterans	22.2%	

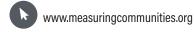
#### **Households and Children**





















# Washington Congressional District 1 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	6.3%	9.8%	11.8%
Veteran Poverty Rate	4.5%	6.2%	6.7%
Child Poverty Rate (18 and younger)	7.5%	12.5%	18.0%
Veteran Uninsured	1.8%	2.1%	3.2%
Unemployment (Feb. 2020)	3.1%	3.8%	3.5%
Unemployment (May 2020)	15.4%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# Low income civilian population living a mile or 27.0% 190,856

**Food Desert** 

more from a supermarket

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from <a href="https://livabilityindex.aarp.org/">https://livabilityindex.aarp.org/</a>
Explore Census Data. (n.d.). Retrieved July 9, 2020, from <a href="https://data.census.gov/cedsci/">https://data.census.gov/cedsci/</a>

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USDA ERS - Rural-Urban Continuum Codes. (n.d.). Retrieved July 9, 2020, from https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx

#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of King, Skagit, Snohomish, and Whatcom in Congressional District 1 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

12.87-24.71 12.87-42.85

In Congressional District 1, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State

51-57 43-57

In Congressional District 1, the counties of King, Skagit, Snohomish, and Whatcom have livability scores that are above average. This indicates that these counties have scored higher on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population **760,064** 

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

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# 56,734

#### **Veterans**

#### 7.5% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

9,906
Military Members
1.3% of total population

Active Duty and Selected Reserve 2019

# Veteran Population by Gender

Gender	District	State	National
Male	90.3%	89.9%	91.0%
Female	9.7%	10.1%	9.0%



Congressional District 2 has **280,757** total households, **52,398** or **18.7%** of those are veteran households.

### 20,114

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

11,619

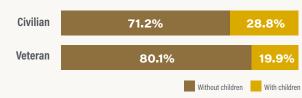
**Military Dependents** 

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians	13.4%	
Veterans	25,0%	

#### **Households and Children**

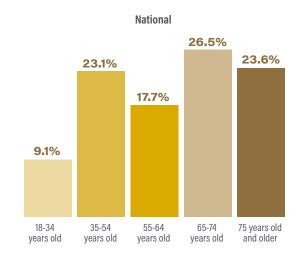


# District 24.0% 20.6% 20.6% 20.1%

years old

years old

#### **Veteran Population by Age** State 26.3% 25.3% 21.3% 18.0% 9.1% 18-34 35-54 55-64 65-74 75 years old years old years old years old years old and older



#### **FIND OUT MORE ONLINE**

years old



years old









# Washington Congressional District 2 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	9.0%	9.8%	11.8%
Veteran Poverty Rate	5.3%	6.2%	6.7%
Child Poverty Rate (18 and younger)	11.0%	12.5%	18.0%
Veteran Uninsured	2.4%	2.1%	3.2%
Unemployment (Feb. 2020)	3.6%	3.8%	3.5%
Unemployment (May 2020)	15.9%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### Households on SNAP benefits



	Percentage	Number
Low income civilian population living a mile or more from a supermarket	18.9%	131,921

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from <a href="https://livabilityindex.aarp.org/">https://livabilityindex.aarp.org/</a>
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USDA ERS - Rural-Urban Continuum Codes. (n.d.). Retrieved July 9, 2020, from https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx

#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of Island and San Juan in Congressional District 2 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

14.58-25.75 12.87-42.85

In Congressional District 2, there are no areas of concern. The digital divide index is a value ranging from 0 to 100,100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State **47-53 43-57** 

In Congressional District 2, Island County has a livability score that is below averege. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 756,675 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

#### 57,791 **Veterans**

#### 7.6% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

20,632

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

2,949 **Military Members** 

#### 0.4% of total population Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	90.8%	89.9%	91.0%
Female	9.2%	10.1%	9.0%



Congressional District 3 has 272,510 total households, **55,192** or **20.3%** of those are veteran households.

# 3,852

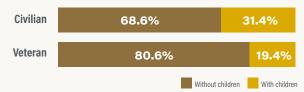
#### **Military Dependents**

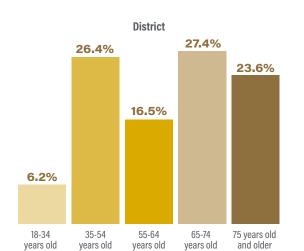
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

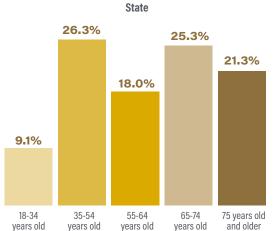
Civilians	14.4%	
Veterans	24.1%	

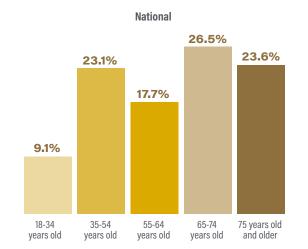
#### **Households and Children**





## **Veteran Population by Age**

















#### **Washington Congressional District 3 Health and Well-Being**

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	10.1%	9.8%	11.8%
Veteran Poverty Rate	6.4%	6.2%	6.7%
Child Poverty Rate (18 and younger)	11.7%	12.5%	18.0%
Veteran Uninsured	1.9%	2.1%	3.2%
Unemployment (Feb. 2020)	5.0%	3.8%	3.5%
Unemployment (May 2020)	14.6%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# **Food Desert**

	Percentage	Number
Low income civilian population living a mile or more from a	23.0%	159,700

supermarket

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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Explore Census Data. (n.d.). Retrieved July 9, 2020, from https://data.census.gov/cedsci/

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According to the Rural Urban Continuum, the counties of Klickitat, Lewis, Pacific, and Wahkiakum in Congressional District 3 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

15.63-40.71 12.87-42.85

In Congressional District 3, areas of concern include the counties of Klickitat, Lewis, Pacific, Skamania, and Wahkiakum. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State 43-57 47-56

In Congressional District 3, Wahkiakum County has a livability score that is below average. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to healthrelated resources and quality healthcare.



**Total Population** 735,797 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

# 38,916

#### **Veterans**

#### 5.3% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

14,921

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

1,663 **Military Members** 0.2% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	93.5%	89.9%	91.0%
Female	6.5%	10.1%	9.0%

Congressional District 4 has 247,832 total households, 38,726 or 15.6% of those are veteran households.

# 1.736

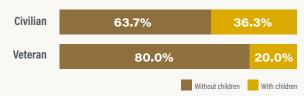
#### **Military Dependents**

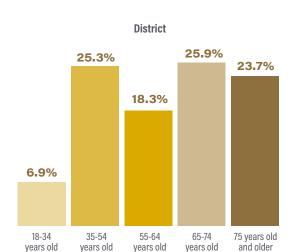
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians		13.7%	
	Veterans	22.2%	

#### **Households and Children**

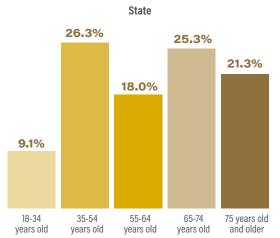


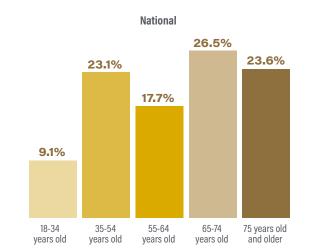


years old

years old

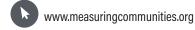
#### **Veteran Population by Age**





#### FIND OUT MORE ONLINE

years old



years old











# Washington Congressional District 4 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	15.1%	9.8%	11.8%
Veteran Poverty Rate	7.4%	6.2%	6.7%
Child Poverty Rate (18 and younger)	18.2%	12.5%	18.0%
Veteran Uninsured	2.7%	2.1%	3.2%
Unemployment (Feb. 2020)	7.2%	3.8%	3.5%
Unemployment (May 2020)	13.0%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# Low income civilian population living a mile or more from a

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

supermarket

#### References

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#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of Adams, Grant, and Okanogan in Congressional District 4 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

16.10-26.7 12.87-42.85

In Congressional District 4, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State

46-55 43-57

In Congressional District 4, the counties of Grant and Yakima have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 734,322

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

59,983

#### **Veterans**

#### 8.2% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

20,545
Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

**5,573**Military Members 0.8% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	87.0%	89.9%	91.0%
Female	13.0%	10.1%	9.0%



Congressional District 5 has **278,464** total households, **53,187** or **19.1%** of those are veteran households.

7,031

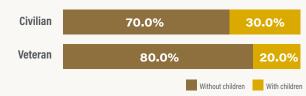
#### **Military Dependents**

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians	15.2%
Veterans	27.0%

#### **Households and Children**

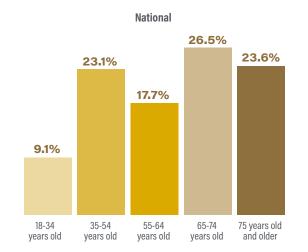


# District 26.3% 26.0% 17.0% 6.9% 18-34 35-54 55-64 65-74 75 years old

years old

years old

#### **Veteran Population by Age** State 26.3% 25.3% 21.3% 18.0% 9.1% 18-34 35-54 55-64 65-74 75 years old years old years old years old years old and older



#### FIND OUT MORE ONLINE

years old



years old











# Washington Congressional District 5 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	14.0%	9.8%	11.8%
Veteran Poverty Rate	7.4%	6.2%	6.7%
Child Poverty Rate (18 and younger)	14.0%	12.5%	18.0%
Veteran Uninsured	2.0%	2.1%	3.2%
Unemployment (Feb. 2020)	5.6%	3.8%	3.5%
Unemployment (May 2020)	13.9%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



#### **Food Desert**

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	20.9%	143,041

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of Ferry, Garfield, Lincoln, and Whitman in Congressional District 5 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

17.92-38.85 12.87-42.85

In Congressional District 5, areas of concern include Lincoln and Garfield counties. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State **43-57** 

In Congressional District 5, the counties of Ferry, Lincoln, and Pend Oreille have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population **726,540** 

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

# 78,100

#### **Veterans**

#### 10.7% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

14,924
Military Members
2.1% of total population
Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	90.1%	89.9%	91.0%
Female	9.9%	10.1%	9.0%



**27,273**Veteran Dependent

**Veteran Dependents** 

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

18,898

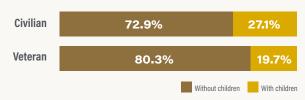
**Military Dependents** 

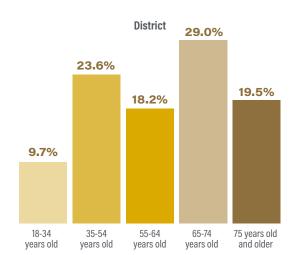
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

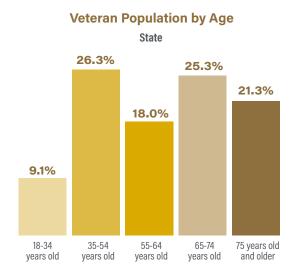
#### Disability

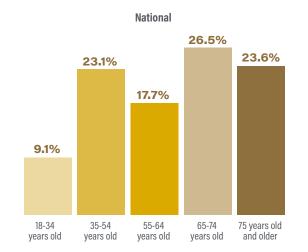
Civilians		15.6%	
Vet	erans	28.4%	

#### Households and Children





















# Washington Congressional District 6 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	8.9%	9.8%	11.8%
Veteran Poverty Rate	6.4%	6.2%	6.7%
Child Poverty Rate (18 and younger)	14.8%	12.5%	18.0%
Veteran Uninsured	2.1%	2.1%	3.2%
Unemployment (Feb. 2020)	5.1%	3.8%	3.5%
Unemployment (May 2020)	15.5%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



## Percentage

29.5%

**Food Desert** 

Number

Low income civilian population living a mile or more from a supermarket

200,916

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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USDA ERS - Rural-Urban Continuum Codes. (n.d.). Retrieved July 9, 2020, from https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx

#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of Clallam, Grays Harbor, Jefferson, and Mason in Congressional District 6 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District

State

14.74-42.85 12.87-42.85

In Congressional District 6, areas of concern include the counties of Clallam, Jefferson, and Mason. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State

47-53 43-57

In Congressional District 6, Mason County has a livability score that is below average. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 817,787 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

# 35,678

#### **Veterans**

#### 4.4% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

8,262 **Veteran Dependents** 

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

1,558 **Military Members** 0.2% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	91.7%	89.9%	91.0%
Female	8.3%	10.1%	9.0%



Congressional District 7 has 337,429 total households, 32,764 or 9.7% of those are veteran households.

# 1,605

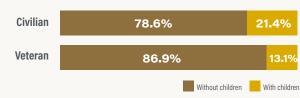
#### **Military Dependents**

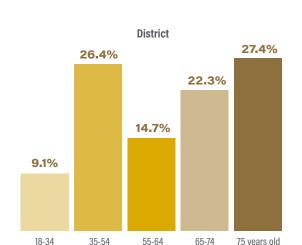
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians	9.6%	
Veterans	14.5%	

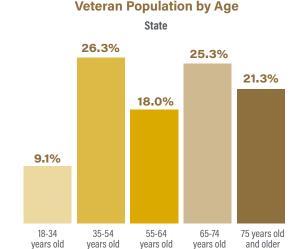


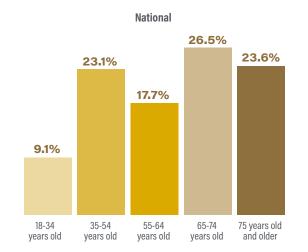




years old

years old





#### FIND OUT MORE ONLINE

years old



years old











# Washington Congressional District 7 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	8.6%	9.8%	11.8%
Veteran Poverty Rate	8.0%	6.2%	6.7%
Child Poverty Rate (18 and younger)	9.4%	12.5%	18.0%
Veteran Uninsured	2.1%	2.1%	3.2%
Unemployment (Feb. 2020)	2.5%	3.8%	3.5%
Unemployment (May 2020)	14.5%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### Households on SNAP benefits





**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of King and Snohomish in Congressional District 7 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

12.87-14.58 12.87-42.85

In Congressional District 7, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State

53-57 43-57

In Congressional District 7, the counties of King and Snohomish have livability scores that are above average. This indicates that these counties have scored higher on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 770,177 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

48,090

#### **Veterans**

#### 6.2% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

18,976 **Veteran Dependents** 

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

7,392 **Military Members** 1% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District State		National	
Male	90.4%	89.9%	91.0%	
Female	9.6%	10.1%	9.0%	

Congressional District 8 has 263,132 total households, 44,895 or 17.1% of those are veteran households.

9,010

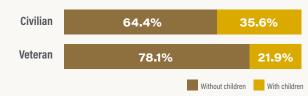
#### **Military Dependents**

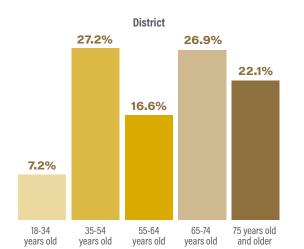
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

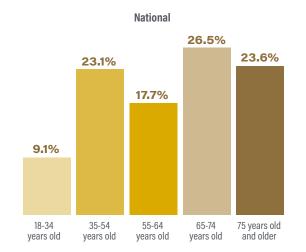
Civilians	11.7%	
Veterans	24.5%	

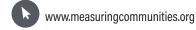
#### **Households and Children**





#### **Veteran Population by Age** State 26.3% 25.3% 21.3% 18.0% 9.1% 18-34 35-54 55-64 65-74 75 years old years old years old years old years old and older















# Washington Congressional District 8 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	7.9%	9.8%	11.8%
Veteran Poverty Rate	3.8%	6.2%	6.7%
Child Poverty Rate (18 and younger)	10.8%	12.5%	18.0%
Veteran Uninsured	1.5%	2.1%	3.2%
Unemployment (Feb. 2020)	3.6%	3.8%	3.5%
Unemployment (May 2020)	14.9%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### Households on SNAP benefits



	Percentage	Number
Low income civilian population living a mile or more from a supermarket	29.5%	208,323

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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USDA ERS - Rural-Urban Continuum Codes. (n.d.). Retrieved July 9, 2020, from https://www.ers.usda.qov/data-products/rural-urban-continuum-codes.aspx

#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, Kittitas County in Congressional District 8 is defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

12.87-24.31 12.87-42.85

In Congressional District 8, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State **49-57 43-57** 

In Congressional District 8, Kittitas County has a livability score that is below average. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population **751,595** 

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

35,918

#### **Veterans**

#### 4.8% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

12,815

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

2,355
Military Members
0.3% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National	
Male	90.7%	89.9%	91.0%	
Female	9.3%	10.1%	9.0%	



Congressional District 9 has **286,740** total households, **34,454** or **12%** of those are veteran households.

2,599

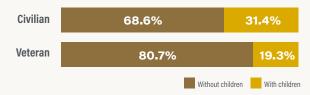
#### **Military Dependents**

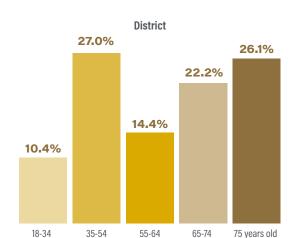
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians		10.2%	
Vet	erans	22.5%	

#### **Households and Children**

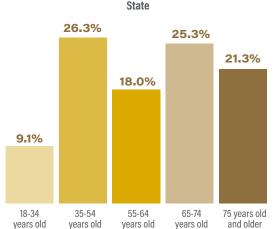


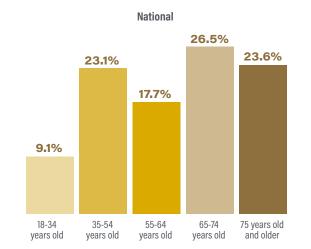


years old

years old

### Veteran Population by Age





#### **FIND OUT MORE ONLINE**

years old



years old











# Washington Congressional District 9 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	8.7%	9.8%	11.8%
Veteran Poverty Rate	7.6%	6.2%	6.7%
Child Poverty Rate (18 and younger)	15.1%	12.5%	18.0%
Veteran Uninsured	2.6%	2.1%	3.2%
Unemployment (Feb. 2020)	2.5%	3.8%	3.5%
Unemployment (May 2020)	14.4%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### Households on SNAP benefits



	Percentage	Number
Low income civilian population living a mile or more from a supermarket	14.5%	102,297

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the counties of King and Pierce in Congressional District 9 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

12.87-14.74 12.87-42.85

In Congressional District 9, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State

52-57 43-57

In Congressional District 9, the counties of King and Pierce have livability scores that are above average. This indicates that these counties have scored higher on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population **770,391** 

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

# 77,588

#### Veterans

#### 10.1% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

35,755

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

23,907
Military Members
3.1% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	85.5%	89.9%	91.0%
Female	14.5%	10.1%	9.0%



Congressional District 10 has **273,716** total households, **69,571** or **25.4%** of those are veteran households.

# 34,403

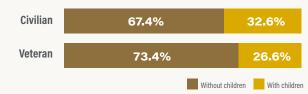
**Military Dependents** 

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

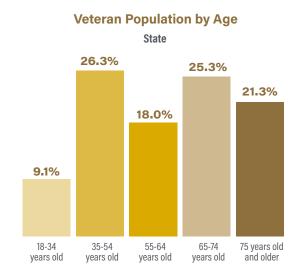
#### **Disability**

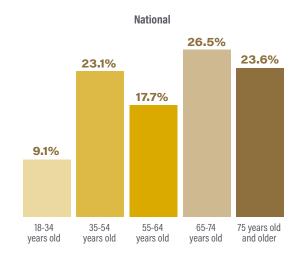
Civilians		13.2%	
	Veterans	36.5%	

#### **Households and Children**



#### 31.2% **District** 21.0% 20.6% 14.6% 12.3% 18-34 35-54 55-64 65-74 75 years old years old years old years old and older years old

















# Washington Congressional District 10 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	9.8%	9.8%	11.8%
Veteran Poverty Rate	5.9%	6.2%	6.7%
Child Poverty Rate (18 and younger)	11.5%	12.5%	18.0%
Veteran Uninsured	2.3%	2.1%	3.2%
Unemployment (Feb. 2020)	4.9%	3.8%	3.5%
Unemployment (May 2020)	15.9%	15.1%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# Low income civilian population living a mile or more from a supermarket Percentage Number 34.6% 242,585

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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#### **Rural-Urban Continuum**

According to the Rural Urban Continuum, Mason County in Congressional District 10 is defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

14.74-32.82 12.87-42.85

In Congressional District 10, areas of concern include Mason County. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State **47-54 43-57** 

In Congressional District 10, Mason County has a livability score that is below average. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.