Clallam County
Community Health Assessment and Improvement Plan

12/31/2013
Clallam County Department of Health & Human Services
223 East Fourth Street, Suite 14
Port Angeles, WA 98362
http://www.clallam.net/HHS/PublicHealth/index.html

Olympic Medical Center
939 Caroline Street
Port Angeles, WA 98362
http://www.olympicmedical.org/
# Table of Contents

**Executive Summary** ................................................................................................................. 4  
**List of Figures and Tables** ........................................................................................................... 6  
**Partners** ...................................................................................................................................... 7  
**Our Process** ................................................................................................................................. 10  
**Modified MAPP Process** .............................................................................................................. 10  
**Participation** ................................................................................................................................. 11  
**Community Health Definition** .................................................................................................... 12  
**Community Health Assessment** .................................................................................................. 13  
**Community Profile: Clallam County** .......................................................................................... 13  
**Four MAPP Assessments** ............................................................................................................. 16  
  **Community Health Status Assessment** ....................................................................................... 16  
  **Community Themes & Strengths and Forces of Change Assessments** ........................................ 18  
  **Local Public Health System Assessment** .................................................................................... 21  
**Six Initial Community Health Issues** ........................................................................................... 25  
**Prioritized Community Health Issues** .................................................................................... 25  
**Early Learning/Healthy Parenting Skills** ..................................................................................... 26  
**Substance Abuse: Opiate, Alcohol, Tobacco** ............................................................................. 26  
**Medical Home/Availability of Primary Care Providers** ............................................................... 27  
**Chronic Disease Prevention/Management** .................................................................................. 28  
**Mental Health: Early Identification, Access to Outpatient Services, Crisis Intervention** .......... 28  
**Oral Health and Dental Access** ..................................................................................................... 29  
**Post-Community Health Summit Survey** .................................................................................... 29  
**Implementation Strategies and Next Steps** ................................................................................ 30  
**Appendix** ..................................................................................................................................... 31  
**Community Survey: the Health of Clallam County** ................................................................... 32  
**A Summary of Results from the Clallam County Community Health Status Assessment** .......... 34
EXECUTIVE SUMMARY

Background: The Clallam County Department of Health and Human Services (HHS) and Olympic Medical Center (OMC) have been collaboratively leading the process resulting in a community health assessment/improvement plan and a community health needs assessment since late 2012. The overall goal of both efforts is to improve community health in a measurable way. HHS and OMC agreed to use the Mobilizing for Action through Planning and Partnerships (MAPP) framework, with minor modifications needed for their process.

Participation: The Leadership Group, comprised of key staff from HHS and OMC, is responsible for guiding and overseeing the process. The Leadership Group invited key stakeholders from across the county to participate in the Partnership Group to review community health assessment data in-depth, offer perspectives on the data and the community’s assets and issues, and complete the initial prioritization of community health issues. Community Participants attended community meetings to review and provide data for the community health assessment and to complete prioritization of community health issues.

Community Health Definition: Community health was defined broadly to include all determinants of health, such as social, economic, and environmental factors and personal behaviors. The County Health Rankings model was shared with participants to illustrate the importance of factors outside of health care that determine health and well-being.

Community Health Assessment: The community health assessment was developed from completing four assessments as described in the MAPP framework. Together these assessments illustrate the community’s health through the use of indicators, and the description of community assets, concerns, weaknesses, and changing factors and local public health system strength and weaknesses. The four assessments include the Community Health Status Assessment, Community Themes & Strengths Assessment, Forces of Change Assessment, and Local Public Health System Assessment.
**Prioritized Community Health Issues:** The Partnership Group reviewed and discussed community health assessment data during two meetings to develop initial community health priorities. Criteria for establishing priorities included: 1) data must show that it is an issue of concern, 2) evidence-based or promising practices must be available in order to address the issue and 3) issues must be measurable in order to assess the impact of any interventions that are implemented. The Partnership Group chose six community health issues, and Community Participants prioritized these community health issues at a community meeting by voting. The following are the community health issues, in order from the issue that received the most votes at the top, to the issue that received the least votes at the bottom:

<table>
<thead>
<tr>
<th>Early Learning/Healthy Parenting Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse: Opiate, Alcohol, Tobacco</td>
</tr>
<tr>
<td>Medical Home/Availability of Primary Care Providers</td>
</tr>
<tr>
<td>Chronic Disease Prevention/Management</td>
</tr>
<tr>
<td>Mental Health: Early Identification, Access to Outpatient Services, Crisis Intervention</td>
</tr>
<tr>
<td>Oral Health and Dental Access</td>
</tr>
</tbody>
</table>

**Implementation Strategies and Next Steps:** During the first part of 2014, community health issue groups will begin to meet to discuss narrowing the scope of the issue and opportunities for addressing these scoped issues. In this process, measurable objectives, strategies, and performance measurements for those strategies will be chosen. The community health improvement process will continue to occur parallel to OMC’s community health needs assessment process. OMC, in its community health needs assessment, will focus on three of the community health issues: Medical Home/Availability of Primary Providers, Chronic Disease Prevention/Management, and Substance Abuse. HHS will focus on the issues that present the best opportunities for strategy implementation based on internal and community partner resources, current or emerging work, and community interest. Reporting on initial progress will be the focus of a Community Health Summit in the fall of 2014. To track progress on implementation, OMC and HHS will develop a Community Health Report Card that will be updated twice yearly.
LIST OF FIGURES AND TABLES

Figure 1. MAPP Process ........................................................................................................................................ 10
Figure 2. Participant Structure and Key Roles ......................................................................................................... 11
Figure 3. Map of Clallam and Jefferson Counties ..................................................................................................... 13
Table 1. Clallam County Population by Unincorporated and Incorporated Areas .............................................. 14
Table 2. Ten Essential Public Health Services ......................................................................................................... 21
Table 3. Number of Votes per Community Health Issue during Community Meeting Prioritization Exercise ........................................................................................................................................ 23
PARTNERS

Leadership Group
Tom Locke, MD, Health Officer, Clallam County Health & Human Services
Eric Lewis, Chief Executive Officer, Olympic Medical Center
John Beitzel, Hospital Commissioner and Board President, Olympic Medical Center
Iva Burks, Director, Clallam County Department of Health & Human Services
Rebecca Corley, MD, Chief Physician Officer, Olympic Medical Physicians
Bobby Beeman, Communications Manager, Olympic Medical Center
Clayton Mork, PhD, Superintendent, Crescent School District
Jody Moss, Executive Director, United Way of Clallam County
Candace Pratt, City of Sequim
Tina Smith-O’Hara, Port Angeles School District
Jeannette Stehr-Green, MD, Clallam County Board of Health
Jennifer Veneklasen, Olympic Peninsula YMCA

Partnership Group
Peter Casey, Executive Director, Peninsula Behavioral Health
Rob Epstein, MD, Family Medicine of Port Angeles
Cherie Kidd, Mayor, City of Port Angeles
Jeanne LaBrecque, Clallam County Board of Health
Larry Little, DMD, Executive Director, Volunteers in Medicine of the Olympics
Kayla Luhrs, Medical Student, University of Washington
Bill McMillan, Chief Executive Officer, Forks Community Hospital
Bryon Monohon, Mayor, City of Forks

We are also grateful to the following Community Participants who reviewed and provided data, helped prioritize health issues, and will work with members of the Leadership and Partnership Groups to implement strategies to improve community health:

Judith Anderson, Clallam County Health & Human Services
Chris Borchers, OlyCap/Early Childhood Services
Lora Brabant, Mosaic
Marlene Bradow, Port Angeles School District
Pamela Brown, West End Outreach Services
Sissi Bruch, Lower Elwha Klallam Tribe
Bonnie Bulach, Clallam County Health & Human Services
Patty Busse, Dept of Social and Health Services
Mervyn Chambers, Lower Elwha Health Clinic
Judi Chapman, Clallam County PUD
Leanna Colby, Lower Elwha Tribe
Jessica Cooley, Olympic Medical Center
Kevin Denton, Port Angeles Fire Department
Rosina DePoe, Makah Tribal Public Health
Doug Dightman, MD, Bogachiel and Clallam Bay Clinics
Sheila Everett, United Way of Clallam County
Lyell Fox, ARNP, Olympic Medical Physicians – Women’s Clinic
Rose Gibbs, Dungeness Valley Health & Wellness Clinic
Audrey Gift, Dungeness Valley Health & Wellness Clinic
Clover Gowing, Planned Parenthood
Patrick Graham, Olympic Personal Growth Center
Leeann Grasseth, Clallam County Health & Human Services
Jean Hordyk, Olympic Medical Center
Tracey Hosselkus, Lower Elwha Klallam Tribe
Christina Hurst, Clallam County Health & Human Services
Jodi Jacobsen, Clallam Juvenile Services
Joshua Jones, MD, Peninsula Behavioral Health
Bill Kintner, MD, Olympic Medical Physician’s Primary Care Clinic
Bryant Kroh, Port Angeles Fire Department
Jeanne LaBrecque, Clallam County Board of Health
Kim Kummer, Makah Tribal Health Center
Aleilah Lawson, Lower Elwha Health Clinic
Brandon Luce, Dept of Social and Health Services- Children Services
Jim McEntire, Clallam County Board of Commissioners
Carey Melmed, Makah Tribal Health Center
John Miller, Quiluete Nation
Judith Morris, U.S. Representative Derek Kilmer’s Office
Phillip Muir, West End Outreach Services
Dale Nachreiner, Volunteers in Medicine of the Olympics
Alex O’Brien-Lawbert, University of Washington School of Medicine
Rob Pinon, Sea Mar Community Health Centers
Missy Prins, Olympic Medical Center Auxiliary
Leanna Ray-Colby, Lower Elwha Klallam Tribe
Judy Reaume, Clallam County Juvenile Services
Marsha Robins, M3 Connections
Clea Rome, Washington State University County Extension Service
Priscilla Schaefer, First Step Family Support Center
Jeremy Schwartz, Peninsula Daily News
Andrew Shogren, Quileute Nation
D. Brent Simcoscky, Jamestown S’Klallam Tribe
Fran Sisson, Olympic Medical Home Health
Susan Sofi, Volunteers in Medicine of the Olympics
Jamie Spence, Clallam County PUD
Jean Stratton, Dungeness Valley Health & Wellness Clinic
Steve Tharinger, Washington State Representative 24th District
Ann Thomas, Olympic Medical Center Auxiliary
Lily Thomson, Port Angeles School District
Deanna Thurston, Olympic Medical Home Health
Kevin Tracy, Volunteers in Medicine of the Olympics

Kip Tulin, MD, Dungeness Valley Health & Wellness Clinic
Norma Turner, Prevention Works
Jennifer Veneklasen, YMCA
Elizabeth Wasson, Makah/Peninsula College Buccaneer
Mary Wegmann, Prevention Works!
Cheryl Williams, Clallam County Health & Human Services
Kim Yacklin, Clallam County Health & Human Services
Jan Yount, New Growth Behavioral Health Services
OUR PROCESS

The Clallam County Department of Health and Human Services (HHS) and Olympic Medical Center (OMC) have been collaboratively leading the process that results in a community health assessment/improvement plan and community health needs assessment. For HHS, voluntary accreditation under the National Public Health Performance Standards Program\(^1\) requires both a completed community health assessment and a community health improvement plan for application. For OMC, full implementation of the Patient Protection and Affordable Care Act in 2014 requires all non-profit hospitals holding a 501(c)(3) designation to complete a community health needs assessment and adopt an implementation strategy to meet identified community health needs.\(^2\) In 2012, the Washington State Legislature enacted ESHB 2341 which underscored and modestly extended the federal community health needs assessment requirement. The joint community health assessment/improvement plan and community health needs assessment efforts of HHS and OMC began in late 2012. The overall goal of both efforts is to improve community health in a measurable way.

Modified MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health (Figure 1).\(^3\) HHS and OMC agreed to use this framework to complete the community health improvement plan and the community health needs assessment.

Organizing for success and partnership development began in late 2012 with HHS and OMC forming the Leadership Group to guide and oversee the process. The MAPP process was modified to fit the needs and timeline of the Leadership Group. The process resulted in a community health assessment and community health improvement plan, produced on behalf of HHS, and a community health needs assessment, produced on behalf of OMC.

---

\(^1\) The Public Health Accreditation Board (PHAB) launched a national voluntary accreditation program in 2011 to advance the quality and performance of public health departments, [http://www.phaboard.org/](http://www.phaboard.org/).

\(^2\) The Patient Protection and Affordable Care Act was signed into law by President Obama in March 2010.

\(^3\) MAPP was created by the National Association of County & City Health Officials (NACCHO), [http://www.naccho.org/topics/infrastructure/mapp/](http://www.naccho.org/topics/infrastructure/mapp/).
Participation

The Leadership Group, comprised of key staff from HHS and OMC, invited participation of stakeholders from varied sectors across the county in the Partnership Group. The role of the Partnership Group was to review the community health assessment data in-depth, offer perspectives on the data and the community’s assets and issues, and to complete the initial prioritization of community health issues. The Partnership Group attended two meetings with the Leadership Group to complete this work in August and September 2013.

Community Participants were invited to participate in two community meetings, a “Report Card on Clallam County’s Health” in November 2012 and a “Community Health Summit” in October 2013. Some targeted invitations for these two meetings were made in addition to advertisement to the entire community by way of local radio, newspaper and posted flyers. The purpose of the November 2012 meeting was to review and collect data for the community health assessment. The purpose of the October 2013 meeting was to complete prioritization of community health issues and begin to discuss potential strategies to address these priorities.

The participant structure and key roles are shown in Figure 2.

Figure 2. Participant Structure and Key Roles
Community Health Definition

At each meeting of the Partnership Group and at each community meeting, the Leadership Group shared the definition of community health to be considered throughout this process. Community health was defined as encompassing the health experiences of all individuals and the community context into which people are born and live their lives. Health is not only determined by health care, personal behaviors, and genetics, but also by social, economic, and environmental factors. The information from the County Health Rankings model was also used to define community health and describe the determinants of health. This model attributes determinant of health categories to contribute to health outcomes at the following estimated proportions:

- **Social & Economic (40%)** includes social support, community safety, income, education, employment
- **Physical Environment (10%)** includes built environment, environmental quality
- **Personal Behavior (30%)** includes diet and exercise, substance use, sexual activity
- **Clinical Care (20%)** includes access to care, quality to care

Health disparities and health equity were also discussed at each meeting, and health disparities were included in the community health assessment for consideration.

---

4 The County Health Rankings are published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation to help counties understand what influences how healthy residents are and how long they will live, [http://www.countyhealthrankings.org/about-project/rankings-background](http://www.countyhealthrankings.org/about-project/rankings-background).
COMMUNITY HEALTH ASSESSMENT

Community Profile: Clallam County

Clallam County occupies the northern portion of the Olympic Peninsula in northwestern Washington State, extending nearly 100 miles along the Strait of Juan de Fuca on its north and more than 35 miles along the Pacific Coast on its west.\(^5\) It has a land area of roughly 1,740 square miles and roughly half of that – including most of the Pacific shoreline – is designated as part of the nearly million-acre wilderness interior of the peninsula, the Olympic National Park or Olympic National Forest. The county is composed of the traditional lands of the Klallam, Makah, and Quileute Native American peoples, who continue to play significant roles in county history. Port Angeles has been the county seat since 1890, the year it incorporated.

Clallam County is bordered on the south and east by Jefferson County, out of which it was created in 1854. The two counties together make up much of the Olympic Peninsula and incorporate more than 3,500 square miles of land. Although the two counties are often considered together as they share many resources, they also have unique differences in their community characteristics. The population of Clallam County is approximately 72,350 while the population of Jefferson County is much smaller at 30,275.\(^6\)

The high mountains, rugged coastlines, deep forests, miles of unspoiled rivers, clean air and water, and mild marine climate of Clallam and Jefferson Counties offer a most unusual combination of environmental attractions. When the cultural, educational, and social amenities available in the cities and towns are considered, along with the range of living styles from small town, to rural, to backwoods, the Olympic Peninsula becomes a uniquely desirable place to live, work and visit.

---

\(^5\) Adapted from the "Olympic Community Action Programs, Community Needs Assessment: Clallam County and Jefferson County, Washington, June 2012", produced by the Kitsap Public Health District

\(^6\) Washington State Office of Financial Management
Clallam County has three incorporated cities; 59% of the total population lives in unincorporated areas. The total population of Clallam County has grown 13% since 2000; the growth has been due to migration into the county and not due to natural change (more births than deaths).\(^7\)

**Table 1. Clallam County Population by Unincorporated and Incorporated Areas**

<table>
<thead>
<tr>
<th></th>
<th>Census 2000</th>
<th>Estimate 2013</th>
<th>% Growth since 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clallam County</td>
<td>64,179</td>
<td>72,350</td>
<td>13%</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>38,328</td>
<td>42,830</td>
<td>12%</td>
</tr>
<tr>
<td>Incorporated (total)</td>
<td>25,851</td>
<td>29,520</td>
<td>14%</td>
</tr>
<tr>
<td>Forks</td>
<td>3,120</td>
<td>3,545</td>
<td>14%</td>
</tr>
<tr>
<td>Port Angeles</td>
<td>18,397</td>
<td>19,120</td>
<td>4%</td>
</tr>
<tr>
<td>Sequim</td>
<td>4,334</td>
<td>6,855</td>
<td>58%</td>
</tr>
</tbody>
</table>

There are three geographic areas that residents identify with due to the location of incorporated cities, geographic features and boundaries, and the provision of many services. These areas are the West End, Clallam Central, and Clallam East. The West End has about 14% of the county’s total population, Clallam Central 50%, and Clallam East 36%.

The median age in Clallam County is 49.5, higher than the median age of 37.8 for Washington State. Since 2000, the Clallam County population age 55-69 has increased 61% and the population age 35-49 has decreased 19%.\(^8\)

Clallam County is less racially and ethnically diverse than Washington State; however, the non-White and Hispanic populations have increased since 1990. The largest minority populations are American Indian/Alaska Native (6%) and Hispanic (5%). There are notable differences in racial and ethnic make-up throughout the county. In the West End of the county, almost 1 in 5 residents is American Indian/Alaska Native and 1 in 7 is Hispanic.\(^9\)

The socioeconomics of Clallam County tend to be lower than those of Washington State. Clallam County has fewer residents age 25+ with more than a high school education, 64% compared to 66%.\(^10\) The proportion of mothers with more than a high school education is also lower than Washington State, 52% compared to 59%.\(^11\) The median income is lower, $41,887 compared to $46,651, and the unemployment

---

\(^7\) Washington State Office of Financial Management; Washington State Vital Statistics Databases (births and deaths)  
\(^8\) Washington State Office of Financial Management  
\(^9\) Washington State Office of Financial Management; Washington State Community Health Assessment Tool (CHAT)  
\(^10\) American Community Survey  
\(^11\) Washington State Vital Statistics Databases (births)
rate is higher, 9.0% compared to 6.8%. More people are living in poverty, and the proportion of people living in poverty has increased since 2000 - over 1 in 7 Clallam County residents is living in poverty. Poverty rates differ by age, race/ethnicity, gender and education; rates are highest for: children, non-Whites and Hispanics, females, and people with low education level.

Government, retail trade, and health care and social assistance are the top three wage generating sectors for Clallam County. About 19 in 20 Clallam County residents age 16+ who are employed work in the county. A total of 3 in 4 workers drive alone to work, 1 in 10 carpool and 1 in 100 take public transportation.

The cost of housing is often excessive for residents. In Clallam County, 45% of home owners and 51% of renters spend more than 30% of monthly household income on housing. The proportion of the population living in owner occupied housing (71%) has decreased and the proportion in renter occupied housing (29%) has increased. There has been an increase in the number of students experiencing homelessness. In the 2011-12 school year, 217 students experienced homelessness.

There are two public hospital districts in Clallam County, District #1 (Forks Community Hospital) and District #2 (OMC). Forks Community Hospital serves west Clallam County and west Jefferson County. Governed by three commissioners, Forks Community Hospital provides two rural health clinics, a 20-bed longer-term care facility, and comprehensive inpatient care such as obstetrics and surgery. Forks Community Hospital works in a joint effort with the Ray Ellis Memorial Ambulance Corp. to provide emergency services to the West End of the Peninsula.

OMC is a designated by Medicare as a sole community hospital and rural referral center. It provides inpatient services at its 80-bed acute-care hospital in Port Angeles, including a level-three trauma designated emergency department. OMC is affiliated with Swedish Medical Center and became the first member of the Swedish Health Network in 2011. A charter network member since 2002, OMC is partnered with the Seattle Cancer Care Alliance, which includes Fred Hutchinson Cancer Research Center, UW Medicine and Seattle Children’s Hospital.

---

12 Bureau of Labor Statistics  
13 US Census Small Area Income and Poverty Estimates  
14 Workforce Explorer Washington; Employment Security Department  
15 American Community Survey  
16 American Community Survey  
17 Washington State Office of Superintendent of Public Instruction
Four MAPP Assessments

A modified MAPP process was used to create the community health assessment. The MAPP process includes the completion of four assessments to describe a community’s health. These four assessments together contribute to the community health assessment and include community health indicators; community assets, concerns, weaknesses, and changing factors; and local public health system strengths and weaknesses. The four assessments are: Community Health Status Assessment, Community Themes & Strengths Assessment, Forces of Change Assessment, and Local Public Health System Assessment.

Community Health Status Assessment

The Community Health Status Assessment included a variety of indicators of community health: physical, mental, and socioeconomic well being; personal behaviors; incidence of disease, health care access, and environmental health. This assessment used data maintained or accessed by project staff, such as standard public health and agency-level data systems. The measures included in the assessment were selected based on standard use, availability and reliability of data, capability to track trend over time, and the ability to compare across geographies. The assessment also contained differences between groups to highlight existing health disparities.

Data were shared with the community for feedback and discussion at a meeting at Peninsula College on November 14, 2012. The assessment was completed in December 2012 and can be accessed at http://www.clallam.net/hhs/. All data sources are noted in the assessment.

The key findings from the Community Health Status Assessment included indicators with a statistically worsening trend over time, indicators that were statistically worse than Washington State during the most recent time period, and indicators with notable disparities.

- Indicators with worsening trend over time:
  - Many socioeconomic factors: poverty, proportion of students receiving free and reduced lunch, residents receiving food stamps, high school dropout rate, unemployment, housing costs as a percentage of income
  - Pregnancy and births: low birth weight, unmarried mothers
  - Substance abuse: adult alcohol and methamphetamine treatment rates, drug and opiate-related hospitalization rates
  - Chronic disease: cardiovascular disease prevalence, diabetes-related hospitalization and death rates, falls hospitalization rate (age 65+)
  - Communicable disease: kindergartners with complete immunizations, kindergartners with an exemption for immunizations
  - Environmental health: illnesses related to unsafe water/food or poor hygiene
• **Indicators worse than Washington State (at most recent time period):**
  o Many socioeconomic factors: poverty, proportion of students receiving free and reduced lunch, unemployment, more than high school education (adults age 25+), high school dropout rate, owned housing cost as a percentage of income
  o Pregnancy and births: smoking during pregnancy, mothers with more than a high school education, unmarried mothers, Medicaid-reimbursed births
  o Substance abuse: adult alcohol and methamphetamine treatment rates, youth alcohol and methamphetamine treatment rates, opiate-related hospitalization rate, drug and opiate-related death rates, injury and poisoning death rate
  o Chronic disease: cardiovascular disease prevalence, asthma hospitalization rate
  o Communicable disease: kindergartners with complete immunizations, kindergartners with an exemption for immunizations, influenza and pneumonia death rate
  o Environmental health: death rate due to accidents, motor vehicle death rate, percentage of food establishments that are safe
  o Quality of life: child abuse and neglect referral rate, arrests to adolescents (age 10 - 17), domestic violence arrest rate, suicide death rate, years of potential life lost (YPLL)

• **Indicators with notable disparities:**
  o Many socioeconomic factors: poverty higher for children, non-Whites and Hispanics, females, those with low education level, and certain school districts (Cape Flattery and Crescent); proportion of students receiving free and reduced lunch higher for the West End; dropout rate higher for Black/African Americans and Pacific Islanders
  o Pregnancy and births: unmarried mothers highest for residents of the West End; smoking during pregnancy highest for women who are younger (age ≤24), have a low education level, are low-income, and residents of the West End; early prenatal care access lower for low-income women and residents of the West End; premature births and low birth weight highest for residents of the West End
  o Health care resources: adults reporting having a personal doctor or health care provider lower for males, younger adults (age 18-44), those with low education level, and those with low-income; adults reporting having health insurance lower for males, younger adults (age 18-44), those with low education level, and those with low-income; adults reporting having a routine check-up in the past year lower for males, younger adults (age 18-44), and those with low-income; adults reporting having a dental visit in the past year lower for younger adults (age 18-44), those with low education level, and those with low-income; West End is a primary care and dental care shortage area; Clallam Central is a primary care and dental care shortage area for low-income persons
Clallam County

Community Health Assessment and Improvement Plan

2013

- Quality of life: adults reporting having ‘good, very good or excellent health’ lower for older adults (age 65+) and those with low-income; adults reporting not having mental distress lower for younger adults (age 18-44), those with low education level, and those with low-income

- Health behaviors: adults overweight or obese higher for males, for older adults (age 45 to 65+), those with low education level, those with low-income and residents in Clallam Central

- Chronic disease: adults reporting they have been told they have high cholesterol higher for females, older adults (age 65+), those with low education level, and those with low-income; adults reporting they have been told they have high blood pressure higher for older adults (age 65+), those with low education level, and those with low-income

Community Themes & Strengths and Forces of Change Assessments

The Community Themes & Strengths and Forces of Change Assessments were completed simultaneously using the same processes and methods. The Community Themes and Strengths Assessment identifies community perceptions about health, community concerns and weaknesses, and community assets. The Forces of Change Assessment examines current events, factors, and trends affecting community health and the potential opportunities and threats that they present. Data for these assessments came from a pre- and post-survey completed at the November 14, 2012 community meeting, an online survey of Partnership Group members, discussions at two Partnership Group meetings, and a telephone survey of 400 households (margin of error +/- 5% with a 95% confidence level) in the hospital district service area (District #2) during the summer of 2013.

Key findings from these assessments included:

- Clallam County residents rated themselves as being “somewhat healthy”
- The top five issues to address to improve community health that were identified in the post-community meeting survey were: education/literacy, drug use, good nutrition, employment/economy, and physical activity
- Barriers in Clallam County that keep people from being as healthy as possible:
  - Poverty/low-income/financial need
  - Access to primary care or other medical care
  - Cost of insurance/lack of health insurance
  - Economy/unemployment
  - Lack of exercise
  - Drug/substance abuse
What people like about Clallam County and what makes people want to live in Clallam County:
- Nature and the environment
- Sense of community
- Rural nature/low population density
- Outdoor and community activities
- Family oriented
- Low crime

What people don’t like about Clallam County:
- Substance use
- Economy/unemployment
- Low-income/high poverty
- Education
- Development/built environment
- Health care access
- Community politics
- High crime

Need for more primary care physicians
- New opportunities for increased health care coverage and access due to Affordable Care Act- will hopefully significantly address existing disparities
- 26% of residents indicated they wanted more access to primary care
- Workforce pipeline issues, lack of interest in rural health
- Need for advanced practice clinicians

Chronic disease is increasing, is the leading cause of death and is a large concern
- 18% of residents indicated they have Type 2 diabetes
- 22% of residents indicated they have heart disease

Substance use is a large concern
- Opiate use and increasing heroin use are particularly worrisome; no opiate substitution program exists
- Youth substance use is concerning; current work on and more opportunities for social norming
- Medical marijuana use and the legalization of marijuana are having known impact but also have unknown future impacts
- Co-morbidities with mental health disease
- Housing needs for patients
- Need to encourage treatment outside of the criminal justice system/keep youth out of criminal justice system to begin with

Funding for social services has not recovered and is inadequate
• The United Way has adopted early learning/parenting skills as a priority focus area because of its broad impact on income and health
  o Great Beginnings program
  o Strategic planning created implementation areas: provide parenting classes, implement universal screening and provide early access to therapy/services, focus on middle school transition, implement mentoring/tutoring program, including 13th year mentoring
  o Consider chronic truancy as risk factor for drop-out
• High school graduation and drop-out rates have worsened dramatically- new online school is counted in the county’s statistics
• Facilities that treat mental health patients, including Olympic Medical Center, are experiencing higher levels of mental health patients
  o With limited mental health beds available in WA, OMC boards those patients until they can either find a bed or can be safely discharged and is not equipped with proper equipment and staff to properly care for mental health patients
  o Increasing early identification and knowledge of adverse childhood experiences (ACEs)
  o 14% of residents indicated they have a mental health problem
  o Have 1/10th of 1% funding dedicated to mental health and chemical dependency
• Dental care access
  o May improve for low-income children in 2014 with Sea Mar purchase of OlyCAP dental facility
  o Controversial issue of advanced dental technicians, not supported by Washington Dental Association
  o Need to decrease emergency department visits for dental
• Population is aging dramatically
  o Dementia will become more prevalent
  o Issues of health care access, long-term care
• It was noted that community education is a common theme for improving community health in all areas
Local Public Health System Assessment

The Local Public Health System Assessment examines the current capacity of the local public health system, considering the activities, competencies and resources of the system as well as assessing how well the system is doing in providing public health services to the community. The Ten Essential Public Health Services are the core public health functions that should be undertaken in every community, and they provide the framework for the Local Public Health System Assessment.\(^\text{18}\)

Table 2. Ten Essential Public Health Services

<table>
<thead>
<tr>
<th>No.</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monitor health status to identify and solve community health problems</td>
</tr>
<tr>
<td>2.</td>
<td>Diagnose and investigate health problems and health hazards in the community</td>
</tr>
<tr>
<td>3.</td>
<td>Inform, educate and empower people about health issues</td>
</tr>
<tr>
<td>4.</td>
<td>Mobilize community partnerships and action to identify and solve health problems</td>
</tr>
<tr>
<td>5.</td>
<td>Develop policies and plans that support individual and community health efforts</td>
</tr>
<tr>
<td>6.</td>
<td>Enforce laws and regulations that protect health and ensure safety</td>
</tr>
<tr>
<td>7.</td>
<td>Link people to needed personal health services and assure the provision of health care when otherwise unavailable</td>
</tr>
<tr>
<td>8.</td>
<td>Assure competent public and personal health care workforce</td>
</tr>
<tr>
<td>9.</td>
<td>Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
</tr>
<tr>
<td>10.</td>
<td>Research for new insights and innovative solutions to health problems</td>
</tr>
</tbody>
</table>

HHS staff completed this assessment by considering their recent and current resources, programs, and collaborations and reviewing the results of the 2011 Washington State Public Health Standards Review. The following agency-level changes were noted:

- Recent budget cuts and their effects:
  - Since 2009, a 22.3% decrease in Operations FTE (14.7 FTE in 2014 budget) and 16.5% decrease in Environmental Health FTE (11.1 FTE in 2014 budget)
  - HHS Operations:
    - Had a full-time nurse at Forks but now only have part-time nurse placed in Port Angeles who goes once per month to do immunizations; Forks facility is now open only three days per week

\(^{18}\) Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” The 10 Essential Public Health Services describe the public health activities that all communities should undertake, [http://www.cdc.gov/nphpsp/essentialservices.html](http://www.cdc.gov/nphpsp/essentialservices.html).
• No longer do other MCH work apart from children with special health care needs (receive MCH block grant funding for this program)
• In Port Angeles decreased from two days per week for immunizations to one day per week
• Syringe Services Program in Port Angeles was moved from evening hours to during regular hours; supplies given were cut to just syringes; funding has completely gone away and cost comes out of fund balance
• Dental services- fluoride varnishes done by dental hygienist- to children in schools has been cut
• Immunization clinics in schools have decreased
• Environmental Health:
  • On-site septic sanitarians decreased from two positions to one position
  • Water quality position and hydrogeologist position have been combined
  • Number of permit technicians to work the counter in the permit center has decreased
  • FTE has not fallen more due to receipt of grants

• Emerging need:
  • Need for crisis center continues to increase; initial facility renovations and program will be funded with monies from the dedicated 1/10th of 1% tax monies (CD/MH task force fund)

• New areas of opportunity:
  • HHS is working with United Way Community Initiative group on use of child check program for mental, emotional, social, behavioral, developmental screens for children to determine school readiness
  • Proposing updated On-site Septic regulations to Board of Health that would include better defined enforcement procedures

HHS went through evaluation of the Washington State Public Health Standards Basic Set in 2011, a program of the Washington State Department of Health that intends to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. With permission from Public Health Accreditation Board (PHAB), the 2010-2011 Standards for Public Health in Washington are based on the PHAB Standards (Beta Test version) as well as recommendations from the 2008 Washington State site reviews. In late 2010 the Public Health Standards Workgroup developed a Basic Set of public health performance standards for the 2010-2011 Standards Review cycle. This set of standards contains approximately 40% of the
measures found in the Washington ‘required’ set of standards. The summarized results of this evaluation were the following:

Strengths:

- Conduct and disseminate assessments focused on populations health status and issues facing the community
- Inform, educate and make information about health risks, health behaviors needs, prevention and wellness available in a variety of ways
- Engage with the community to identify and address health problems
- Enforce public health laws and regulations including making requirements available to the public
- Educate regulated entities and maintaining written policies and procedures for conducting enforcement actions

Areas for Improvement:

- Improve process and protocols to maintain collect data from multiple sources for comprehensive review and analysis of surveillance data
- Demonstrate collaborative engagement with community partners on long-term strategies and goals for community issues identified in the county's health assessment
- Complete components of Strategic Plan: vision, guiding principles/values, or targets (expected products or results) that are measurable and are connected to a time frame
- Environmental health documentation of data via logs or database with analysis and standards for follow-up at each level of the complaint process
- Analysis of patterns, trends and effectiveness
- Increase quality improvement processes, programs staff training and interventions to include completion of QI Plan including analysis and display of data including targets (expected products or results) that are measurable and connected to a time frame

The Standards evaluation showed that while there were some areas of challenge in providing public health services to the community, particularly due to recent budget cuts and continued or emerging needs, the overall performance of HHS is good. HHS has many partners in the community along with a reputation of being trusted and responsive.

---

Additionally, this assessment included consideration of the strategic planning process that OMC was conducting in coordination with the community health needs assessment. OMC finalized its 2014-2016 Strategic Plan in November 2013. Part of their strategic planning process included a Medical Staff Development Plan using a process of interviewing and surveying of residents, medical staff, employees and community partners. This plan identified an urgent need for family practice physicians, internal medicine physicians, gastroenterologists, rheumatologists, and psychiatrists. These identified needs are an important consideration for the local public health system as several of the Ten Essential Public Health Services involve health care.

One of the long-term goals of HHS and OMC’s partnership has been to collaboratively plot a course toward true health system reform- one in which performance is measured by health outcomes rather than volume of health services. The adopted approach for examining this reform is the Institute for Healthcare Improvement’s Triple Aim initiative\(^{20}\), which includes:

- Improving the patient experience of care, including quality and satisfaction
- Reducing the per capita cost of health care
- Improving the health of populations

Improving the health of populations is the key component of both the community health improvement process and the community health needs assessment. The Triple Aim will continue to be a guiding principle for the collaborative efforts of HHS and OMC.

---

\(^{20}\) The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance, [http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx](http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx).
SIX INITIAL COMMUNITY HEALTH ISSUES

At August 12, 2013 and September 24, 2013 meetings, the Partnership Group reviewed and discussed community health assessment data to help guide their prioritization of community health issues. Criteria for establishing priorities were agreed upon and included: 1) data must show that it is an issue of concern, 2) evidence-based or promising practices must be available in order to address the issue, and 3) issues must be measurable in order to assess the impact of any interventions that are implemented.

The Partnership Group prioritized the following six community health issues from a brainstormed list of over twenty issues:

- Mental Health: Early Identification, Access to Outpatient Services, Crisis Intervention
- Chronic Disease Prevention/Management
- Substance Abuse: Opiate, Alcohol, Tobacco
- Early Learning/Healthy Parenting Skills
- Medical Home/Availability of Primary Care Providers
- Oral Health and Dental Access

PRIORITIZED COMMUNITY HEALTH ISSUES

At a October 30, 2013 community meeting at Peninsula College, the “Community Health Summit”, Community Participants reviewed community health data within the six initial health priority areas, heard from community experts working in these areas, and discussed community assets, weaknesses and opportunities to addressing these issues. Community Participants voted for their top three community health priorities. Table 3 shows the number of votes each of the six areas received. Participants were also able to add community issues to the list, but no added issues received more votes than the six initial community health issues.

Table. 3 Number of Votes per Community Health Issue during Community Meeting Prioritization Exercise

<table>
<thead>
<tr>
<th>Community Health Issue</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Learning/Healthy Parenting Skills</td>
<td>37</td>
</tr>
<tr>
<td>Substance Abuse: Opiate, Alcohol, Tobacco</td>
<td>33</td>
</tr>
<tr>
<td>Medical Home/Availability of Primary Care Providers</td>
<td>29</td>
</tr>
<tr>
<td>Chronic Disease Prevention/Management</td>
<td>25</td>
</tr>
<tr>
<td>Mental Health: Early Identification, Access to Outpatient Services, Crisis Intervention</td>
<td>18</td>
</tr>
<tr>
<td>Oral Health and Dental Access</td>
<td>17</td>
</tr>
</tbody>
</table>
The data shared with the Community Participants within each community health issue included the following indicators. One or more of these indicators may be chosen as a measurable objective for each community health issue to track progress after strategies are developed and implemented.

Notes: any data from the Behavioral Risk Factor Surveillance System (BRFSS) cannot be reported for Clallam West End due to small numbers; all data sources are noted in the Community Health Status Assessment, located at http://www.clallam.net/hhs/.

**Mental Health: Early Identification, Access to Outpatient Services, Crisis Intervention**

- Adults *not* reporting mental distress: 89%
- Disparities in not experiencing mental distress: lower for adults age 18-44 (81%), those with lower education level (82%), and those with low-income (75% for income<$25,000)
- Youth experiencing depression in past year: 8th grade 28%, 10th grade 32%
- Youth seriously considering suicide in past year: 8th grade 17%, 10th grade 15%
- Suicide death rate higher in Clallam (21 per 100,000 persons) than WA State; 51 suicide deaths during 2008-10

**Chronic Disease Prevention/Management**

- Risk conditions:
  - Adults overweight or obese: 64%
  - Adults obese: 27%
  - Disparities in overweight and obese: higher for males (67%), those with low education level (67%), those with low-income (68%), and residents of Clallam Central (69% overweight or obese and 27% obese)
  - Low-income preschool children obese: 16%
  - Adults ever told they have high cholesterol: 41%
  - Disparities in high cholesterol: higher for females (43%), adults 65+ (56%), those with low education level (45%), those with low-income (46% for income <$25,000 and 52% for income $25,000-50,000), and residents of Clallam East (46%)
  - Adults ever told they have high blood pressure: 35%
  - Disparities in high blood pressure: higher for adults 65+ (61%), those with low education level (39%), those with low-income (46% for income<$25,000), and residents of Clallam East (38%)
Chronic disease outcomes:
- Adults ever told they have diabetes: 9%
- Diabetes-related death rate has increased (82 per 100,000 in 2008-10); higher for males (102 per 100,000 males) and adults age 65+ (523 per 100,000 adults 65+)
- Adults ever told they have any cardiovascular disease: 11%
- Major cardiovascular disease is the leading cause of death (214 per 100,000 persons in 2008-10)

Substance Abuse: Opiate, Alcohol, Tobacco
- Adults currently smoking: 19%
- Disparities in adult smoking: higher for those with low education level (25%) and those with low-income (36% for income<$25,000)
- Pregnant women smoking: 19%
- Disparities in smoking during pregnancy: higher for age ≤24 (26%), those with low education level (29% for less than high school and 28% for high school/GED only), those with low-income (26%), residents of the West End (26%)
- Adult Medicaid-reimbursed alcohol treatment rate has increased and is higher than WA State (736 per 100,000 adults in 2009)
- Youth Medicaid-reimbursed alcohol treatment rate is higher than WA State (292 per 100,000 youth)
- Port Angeles youth current drinking: 8th grade 20%, 10th grade 31%
- Adult and youth Medicaid-reimbursed methamphetamine treatment rates are higher than WA State (256 per 100,000 adults and 37 per 100,000 youth)
- The drug and opiate-related hospitalization rates have statistically increased (204 and 31 per 100,000 persons, respectively, in 2008-10); opiate hospitalization rate is higher than WA State
- During 2008-11, 17% of all drug-related hospitalizations involved an opioid
- The drug and opiate-related death rates are higher than WA State (26 and 21 per 100,000 person, respectively, in 2008-10)
- During 2008-11, 66% of all drug-associated deaths involved an opioid
- The majority of opiate-related hospitalizations (80%) and deaths (66%) are “accidental”
- From 2008 to Oct.1 2013: 284% increase in needle exchange visits and 290% increase in needles exchanged
- For needle exchange clients heroin is the most common reported drug of choice, followed by methamphetamine
Early Learning/Healthy Parenting Skills

- Mothers giving birth who have more than a high school education: 52%, is lower than WA State
- Mothers unmarried at birth: 43%, has increased and is higher than WA State
- Mothers smoking during pregnancy: see Substance Abuse: Opiate, Alcohol, Tobacco
- Low birth weight: 6%, has increased
- Clallam County adults reporting 3 or more adverse childhood experiences (ACEs): 27%
- Entering kindergartners don’t demonstrate expected math standard: 33%
- Entering kindergartners don’t demonstrate expected language standard: 22%
- 4th graders failed one or more content areas of the MSP21: 60%
- 2011-12 5-year cohort graduation rate: 74%, dropout rate 21% (note: rates do not include the online school)

Medical Home/Availability of Primary Care Providers

- Adults have a personal doctor or health care provider: 84%
- Disparities in having a personal doctor or health care provider: lower for males (80%), age 18-44 (72%), those with low education level (74%), and those with low-income (75%)
- Adults (18-64) have health care insurance: 78%
- Disparities in having health care insurance: lower for males (70%), age 18-44 (70%), those with low education level (70%), and those with low-income (54%)
- Adults have had a routine medical check-up in the past year: 66%
- Disparities in having a routine medical check-up: lower for males (60%), age 18-44 (60%), those with low-income (62%), residents of Clallam East (62%)
- Women who start prenatal care in the 1st trimester: 81%
- Disparities in early prenatal care access: lower for those with low-income and residents of the West End (75%)
- Women age 50+ have had breast cancer screening in past 2 years: 75%
- Adults age 50+ have had colorectal cancer screening as recommended: 75%
- Daily patient loads increased at both Forks Community Hospital and OMC from 2006 to 2011 (10% and 27%, respectively)
- ER visits increased at both Forks Community Hospital and OMC from 2006 to 2011 (11% and 7%, respectively)
- Inpatient stays paid by Medicaid: Forks 36%, OMC 19%: by Medicare: Forks 39%, OMC 62%
- Bad debt increased at both Forks and OMC from 2006 to 2011 (49% and 67%, respectively), and charity care increased 81% at OMC from 2006 to 2011

21 The Measurements of Student Progress (MSP) is Washington state’s exam for students in grades 3-8, http://www.k12.wa.us/assessment/StateTesting/MSP.aspx
Oral Health and Dental Access

- Adults have had a dental visit within the past year: 72%
- Disparities in adult dental visit: lower for adults 18-44 (66%), those with low education level (62%), those with low-income (50% for income <$25,000), and residents of Clallam Central (68%)
- Youth have had a dental visit within the past year: 8th grade 71%, 10th grade 63%
- 3rd graders have had a dental sealant: 57%
- Persons (all ages) eligible for Medicaid dental services who received any services: 31%
- Number of patients who received dental services from Volunteers in Medicine of the Olympics (Aug. 2011 to June 2012): 372

Post-Community Health Summit Survey

All community members who received an invitation to the October 30, 2013 Community Health Summit were emailed a link to a post-summit online survey. The purpose of the survey was to validate the prioritization of community health issues from the community meeting and to assess interest in the next phase of the community health improvement process.

There were a total of 34 responses to the survey. The proportion of survey respondents who attended the October 30, 2013 community meeting was 59%, and the proportion of survey respondents who were Partnership Group participants was 44%. Due to a low response rate, particularly of those who attended the meeting (40%), it was not possible to validate the prioritization of community health issues. Of the respondents, 50% were interested in participating in a community health group on a regular basis to address one of the community health issues, and 35% said they were not sure.
IMPLEMENTATION STRATEGIES AND NEXT STEPS

During the first part of 2014, community health issue-specific groups will begin to meet to discuss narrowing the scope of the issue and opportunities for addressing these scoped issues. In this process, measurable objectives, strategies, and performance measurements for those strategies will be chosen.

The community health improvement process will continue to occur parallel to OMC’s community health needs assessment process. OMC, in its community health needs assessment, is choosing to focus on three of the community health issues. These three issues were selected based on analysis of their resources, their mission, their existing specialties, and existing community resources. OMC, in collaboration with HHS, will identify specific partners in these three priority areas in 2014 to proceed with planning. The three community health issues are:

- Medical Home/Availability of Primary Providers (lead organization: Olympic Medical Center)
- Chronic Disease Prevention/Management (lead organization: Clallam County Health & Human Services)
- Substance Abuse

HHS will focus on the issues that present the best opportunities for strategy implementation based on internal and community partner resources, current or emerging work, and community interest. Reporting on initial progress will be the focus of a Community Health Summit in the fall of 2014. To track progress on implementation, OMC and HHS will develop a Community Health Report Card that will be updated and shared with participants and the community twice yearly.
APPENDIX
What are the biggest issues that Clallam County needs to address to become a healthier place to live? We need your input through this survey to focus health improvements in Clallam County. Thank you!

Please circle the number that corresponds to your opinion in the questions below:

<table>
<thead>
<tr>
<th>How healthy are Clallam County residents?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>How healthy is your family?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How healthy are you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What barriers exist in Clallam County that keep people from being as healthy as possible?

Please circle the five most important issues to address to improve community health in Clallam County:

Able to meet basic needs
Access to dental care
Access to medical care
Access to mental health care
Affordable, safe housing
Alcohol use
Crime/community safety
Community cohesion
Drug use
Early learning (prenatal to age 5)
Education/ literacy
Employment/economy
Environment (air and water quality, pollution)
Good nutrition
Physical activity
Parks and recreation/safe places to be active
Opportunities for social engagement
Tobacco use
Transportation
Other: _____________________________
### Survey PART II: to be completed when instructed at the end of the meeting:

#### What is it about Clallam County that makes you want to live here? What do you like about Clallam County?

#### What don’t you like about Clallam County?

---

After hearing the presentations and discussion at this meeting, would you change any of the five most important issues to address to improve community health in Clallam County: YES / NO

If YES, please circle the five most important issues:

<table>
<thead>
<tr>
<th>Ability to meet basic needs</th>
<th>Education/literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to dental care</td>
<td>Employment/economy</td>
</tr>
<tr>
<td>Access to medical care</td>
<td>Environment (air and water quality, pollution)</td>
</tr>
<tr>
<td>Access to mental health care</td>
<td>Good nutrition</td>
</tr>
<tr>
<td>Affordable, safe housing</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Parks and recreation/safe places to be active</td>
</tr>
<tr>
<td>Crime/community safety</td>
<td>Opportunities for social engagement</td>
</tr>
<tr>
<td>Community cohesion</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Drug use</td>
<td>Transportation</td>
</tr>
<tr>
<td>Early learning (prenatal to age 5)</td>
<td>Other: ____________________________</td>
</tr>
</tbody>
</table>

---

Please tell us about yourself:

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip code of residence:</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td># of people in your household:</td>
<td>______</td>
<td></td>
</tr>
</tbody>
</table>

Your age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18 or under</th>
<th>19 to 29</th>
<th>30 to 39</th>
<th>40 to 49</th>
<th>50 to 59</th>
<th>60 to 69</th>
<th>70 or above</th>
</tr>
</thead>
</table>

Which of the following do you consider yourself? (circle all that apply)

- American Indian/Alaska Native
- Asian
- Black
- Hispanic
- Native Hawaiian/Pacific Islander
- White

**Your highest level of education:** (circle one)

- Less than high school
- High school graduate/GED
- Technical school/college degree
- Professional degree

**Your average annual household income:** (circle one)

- Less than $12,000
- $12,000 to 30,000
- $30,000 to 50,000
- $50,000 to 80,000
- More than $80,000
In December 2012 a Community Health Status Assessment (CHSA) was completed for Clallam County. A CHSA as defined by the MAPP framework* identifies priority community health and quality of life issues by compiling reliable data and assessing notable trends over time and comparisons to other jurisdictions, such as peer counties or the state. The model used for selection of Clallam County’s measures contains a broad definition of community health as described by the County Health Rankings & Roadmaps**. Factors that influence community health are included in the categories of socioeconomics, the physical environment, personal behaviors, and clinical care. These factors result in measurable health outcomes, including morbidity (quality of life) and mortality (length of life). The CHSA contains 186 measures which include both health-influencing factors and measurable health outcomes. Additionally, the CHSA contains data collected from surveys conducted at a November 2012 community presentation about community health (A Report Card on Clallam County’s Health). A survey was conducted both before and after the presentation; a total of 84 “pre-surveys” and 86 “post-surveys” were completed.

Data from the CHSA are intended to be reviewed and discussed, along with the experiences of those living and working in Clallam County, in a collaborative process to improve health in the County by:
- identifying community issues,
- prioritizing community issues, and
- driving decision-making around these issues.

*MAPP stands for Mobilizing for Action through Planning and Partnerships; there are four assessments as part of MAPP, described at http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm
**http://www.countyhealthrankings.org/our-approach
The following table shows only those measures for which there is either a worsening trend over time, the comparison to Washington State is worse, or both. A red arrow signifies a worsening trend or a comparison to WA State that is worse, and the direction of the arrow shows either the direction the measure itself is moving or if the measure is higher or lower compared to WA State. A green arrow signifies that the trend is improving, and the direction of the arrow shows which way the measure itself is moving (note: there are no worsening trends that have a measure that is better than WA State). A gray arrow signifies either no change in trend or no difference compared to WA State. For more information on the statistics and/or data sources of the measures, or to see the details of the measures, please refer to the full Community Health Status Assessment.

<table>
<thead>
<tr>
<th></th>
<th>Trend</th>
<th>Comparison to WA State*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIOECONOMICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop out rate</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Food stamp recipients (all ages)</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Free and reduced lunch</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Population 25+ with more than a high school education</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Population living below 200% of poverty level</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Population living in poverty</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Females</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Males</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Children &lt;5</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Children 5 to 17</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Spend 30% or more of monthly income on owned housing</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Spend 30% or more of monthly income on rented housing</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Unemployment rate (2006 to 2011/2002 to 2011)</td>
<td>↑/↔</td>
<td>↑</td>
</tr>
<tr>
<td><strong>PREGNANCY AND BIRTHS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Medicaid reimbursed births</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Mothers with more than a high school education</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Smoking during pregnancy</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Unmarried mothers</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td><strong>QUALITY OF LIFE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse and neglect referral rate</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Domestic violence offense rate</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Suicide death rate</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Total arrests to adolescents age 10-17</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td><strong>ENVIRONMENTAL HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness commonly related to unsafe water or food or poor hygiene</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Motor vehicle-related death rate</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>% food service establishments that are safe</td>
<td>↔</td>
<td>↓</td>
</tr>
<tr>
<td><strong>HEALTH BEHAVIORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Medicaid-reimbursed alcohol treatment rates</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Adult Medicaid-reimbursed methamphetamine treatment rates</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Children age 19-35 months with complete vaccinations</td>
<td>↔</td>
<td>↓</td>
</tr>
<tr>
<td>Kindergartners with an exemption for immunizations</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Kindergartners with complete immunizations</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>Drug-related death rate</td>
<td>n/a</td>
<td>↑</td>
</tr>
<tr>
<td>Drug-related hospitalization rate</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Opiate-related death rate</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Opiate overdose hospitalization rate</td>
<td>n/a</td>
<td>↑</td>
</tr>
<tr>
<td>Opiate-related hospitalization rate</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Youth Medicaid-reimbursed alcohol treatment rates</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Youth Medicaid-reimbursed methamphetamine treatment rates</td>
<td>↔</td>
<td>↑</td>
</tr>
</tbody>
</table>
ILLNESS AND DEATHS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Trend</th>
<th>Comparison to WA State*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults ever told they have any cardiovascular disease</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Asthma hospitalization rate</td>
<td>↔</td>
<td>↔</td>
</tr>
<tr>
<td>Diabetes-related death rate</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Diabetes-related hospitalization rate</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Falls hospitalization rate for older adults (age 65+)</td>
<td>↑</td>
<td>↔</td>
</tr>
</tbody>
</table>

Leading causes of death (only comparing 1990-92 and 2008-10)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Trend</th>
<th>Comparison to WA State*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>↔</td>
<td>↑</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Suicide</td>
<td>↔</td>
<td>↑</td>
</tr>
</tbody>
</table>

Leading causes of hospitalization (only comparing 1990-92 and 2008-10)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Trend</th>
<th>Comparison to WA State*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the digestive system</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system &amp; connective tissue</td>
<td>↑</td>
<td>↔</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>↓</td>
<td>↑</td>
</tr>
</tbody>
</table>

Years of potential life lost (YPLL) ↔ ↑

*comparison to WA State is for most recent data year(s)

Notes: the following CHSA data area did not have any worsening trends or comparisons that were worse than WA State: Health Care Resources, which includes the sub-categories of Health Care Access, Preventive Screening and Health Care Usage.

Demographics were not assessed for trends or comparisons to WA State.

Data from the November 2012 Community Presentation:

Survey respondents were asked to choose the five most important issues to address to improve community health in Clallam County from a list of 19 issues with an option to write in an issue. Survey respondents chose their five issues at the beginning of the meeting (pre-survey) and again at the end of the meeting (post-survey) after the community health data presentation and discussion:

<table>
<thead>
<tr>
<th>Pre-Survey (n=84)</th>
<th>Post-Survey (n=86)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rank</strong></td>
<td><strong>Issue</strong></td>
</tr>
<tr>
<td>1</td>
<td>Employment/economy</td>
</tr>
<tr>
<td>2</td>
<td>Drug use</td>
</tr>
<tr>
<td>3</td>
<td>Access to medical care</td>
</tr>
<tr>
<td>4</td>
<td>Access to mental health care</td>
</tr>
<tr>
<td>5</td>
<td>Access to dental care</td>
</tr>
<tr>
<td>6</td>
<td>Able to meet basic needs</td>
</tr>
<tr>
<td>7</td>
<td>Physical activity</td>
</tr>
<tr>
<td>8</td>
<td>Education/literacy</td>
</tr>
<tr>
<td>9</td>
<td>Good nutrition</td>
</tr>
<tr>
<td>10</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

Potential priority issues from initial discussions about the Community Health Improvement Plan (CHIP) include:

1) Work force
2) Substance abuse
3) Dental care
4) Mental health
5) Medical home
6) Chronic disease prevention (including diabetes, obesity and tobacco)
This page intentionally left blank.