

Regional Plan for Sustainable Development

Health and Human Services Panel

White Paper

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EXECUTIVE SUMMARY

Overall, Thurston County is a healthy and safe community. It was easy for the panel members to identify many things that work well here. There are many health and human services providers in our community doing great work and contributing to the betterment of Thurston County. Systems in place include supportive and cooperative agencies and individuals – which contributes positively to the health of our community.

The panel agreed that “health” is a broad sense of well being. The references to “health” in this paper connote medical and health care services inclusive of the social and environmental supports necessary to reach that sense of well being.

However, there are also many challenges. Thurston County has one of the highest tobacco use rates among adults and youth in the State of Washington. Many of our children and our adults are overweight and at risk for developing chronic diseases. Our water quality is at risk of contamination because of land use activities. We do not have enough health care providers for the population, and this fact limits our ability to care for those in our community with the greatest risks of disease and disability.

We must develop robust, sustainable funding for evidence-based, promising practices to maintain health and human services. While we have systems in place to support children and young people, our community must advance a stronger focus on older people (due to our aging population) because of the looming impact of this demographic shift on the health care and human service systems. We need to continue to advance community efforts to move toward prevention-focused systems to improve health and decrease costs for service delivery in health and human services.

The panel agreed that investment in health and human services infrastructure and programs will avoid costs in education, jails, and health care. Such investments are necessary to sustain our community well being and our individual health.

The connections between health, housing, economics, environment, and food systems are vital to the ongoing sustainability of our community. Similarly, the challenges faced in the urbanized areas are somewhat different than those faced in the rural areas of our County. The lists of issues identified in the various sections of the paper are not in priority order – rather they speak to the inter-related issues that were identified during our deliberations. Without addressing these issues, we will never be able to do more than provide temporary solutions to the difficult problems facing our communities and the health system.

There are structures in place from the federal, state, regional, and local levels that can support our efforts. We will continue to work together, collaborating among the various health and human services programs to improve our environment and the mental, physical, and oral health of our community, and to decrease our problems associated with chemical dependency. Our children, youth, seniors, and families deserve no less.

INTRODUCTION

Regional Plan Overview

In late 2010, Thurston Regional Planning Council, representing a consortium of 29 partners, received a grant to develop a Regional Plan for Sustainable Development (Plan). The Sustainable Communities Regional Planning Grant was made available through a new Federal partnership of the Office of Housing and Urban Development (HUD), Environmental Protection Agency (EPA), and the Department of Transportation (DOT).

As one of the fastest growing regions in the state, the Thurston County population is expected to grow by over 170,000 by the year 2040.

Total population:

- ▶ 252,400 in 2010
- ▶ 319,000 in 2020
- ▶ 373,000 in 2030

Population growth between 2006 and 2010:

- ▶ Birth to 4 years: 11%
- ▶ Age 18 to 24: 8%
- ▶ Age 65 and up: 17%

Currently living in:

- ▶ Cities and Urban Growth Areas: 67%
- ▶ Rural areas: 33%¹

In 2009 (most recent figure available) 11% or approximately 27,760 people were living below the federal poverty level in Thurston County². We understand that the federal poverty level is a poor measurement of economic security. We know that many more individuals and families are struggling.

We are becoming more racially diverse. We have a relatively low unemployment rate – Thurston County at 8.3% compared to the State at 8.8% in May 2011³. The Median Household Income is \$55,085. About the same number of children live in poverty (14% age birth to 17 years), compared to Statewide. About the same number of people complete high school (32% of those age 25 and up have not graduated from high school), compared to Statewide.⁴

¹ Thurston Regional Planning Council

² Thurston Regional Planning Council

³ Washington State Employment Security

⁴ Thurston Regional Planning Council

Regional Plan for Sustainable Development

Just a few miles outside Thurston County is the largest Army installation in the western United States - Joint Base Lewis-McChord (JBLM). Its presence is recognized throughout Thurston and Pierce Counties. Thurston County is a major community resource for military personnel and families by providing housing, schools, and recreation, health and human services - including all public and government services.

The United States Congress and Department of Defense actions have enhanced JBLM's position as a "Power Projection Platform" and acknowledge the significant population growth to support its mission. The estimate of total population growth for JBLM is 136,000 by 2016. This growth will significantly affect the regions' ability to provide even the most basic services and infrastructure. From health care and associated human services to housing, transportation, and education, local support and infrastructure will be stressed. The projections for increases in both civilian and military populations are substantial and will impact the Thurston County community. See [Appendix A](#) for a description of the veteran military population.

This planning effort comes at an important time, allowing us to shape how our community grows. It is important to everyone who lives, works, shops, and recreates in Thurston County.

The overall project goal is to articulate a community-defined sustainable future, along with the actions and responsibilities to achieve it. The work will be completed in phases:

- During 2011, this and other panels will develop baseline information for the community. This will then be presented to residents and stakeholders with the goal of achieving an understanding of the major vision for the future of the Thurston County region.
- In 2012, a series of meetings will be held to gain a data-based understanding of the implications of current growth patterns, and develop a range of growth alternatives. Results of this phase will envision the most likely future for the region given "business as usual," and community-based alternatives reflecting the Phase 1 vision.
- In 2013, residents and stakeholders will review a preferred growth alternative, the Regional Vision and Plan for Sustainable Development, a Regional Housing Plan, a Regional Economic Strategy, Implementation Steps, and a List of Projects of Regional Priority. These will result in a community-based series of Regional Plans, Strategies, Implementation Steps, and Projects of Regional Priority that articulate a community-defined sustainable future, and the actions and responsibilities to achieve it.

Health and Human Services Panel

The Health and Human Services Panel met to articulate issues related to health and human services in Thurston County. Panel members enumerated what is working and identified challenges and opportunities. They considered facts/data related to health and human services and connections to other panels. The scope of discussions included all things connected with "health": Health promotion, Disease prevention, Health care delivery and chronic care management, Environmental public health (food, water, waste, and air), Behavioral health (mental health, chemical dependency) and other human services (basic welfare and other needs of society) necessary for individual well being and a healthy community. Human services included all things connected to children, youth and seniors as they relate to health.

Panel members met four times. First to understand expectations and examine baseline data, assumptions, and expectations; second to consider a wide range of aspects of health and human services and discuss what is working, the challenges and opportunities within the health and human services sectors of our community; third to review overall work, and finally to produce this “white paper” – a report of the panel. Throughout the process panel members considered how this work should interface with other Sustainability panels. See [Appendix B](#) for identified connections.

Who was involved?

Panel Members

Albrecht, Steve	Primary Care Physician
Cooper, Jim	TOGETHER!
Greenwood, Holly	CHOICE Regional Health Network
Knox, Paul	Thurston County United Way
Larkin, Vickie	Thurston County Commissioners’ Office
Mahar, Dennis	Lewis, Mason, Thurston Area Agency on Aging
Masterson, John	Behavioral Health Resources
Nelson, Sandy	ESD 113 Sound to Harbor Head Start/ECEAP
Petrie, Mark	Thurston County Utilities
Pratt, Cynthia	Lacey City Council
Shelan, Charles	Community Youth Services
West, Kristen	CHOICE Regional Health Network
Wolfe, Cathy	Thurston County Commissioner/ Board of Health
Worf, Laura	Olympia Master Builders

Thurston County Public Health and Social Services Department Staff

Allen, Deborah	Personal Health Division
Freedman, Mark	Social Services Division
Hawkins, Chris	Chronic Disease Prevention
McDonald, Sherri	Director
O’Garro, Mary Ann	Epidemiologist
Starry, Art	Environmental Health Division

Thurston Regional Planning Council Staff

McCormick, Kathy	Senior Planner
Parkhurst, Karen	Senior Planner

Who would add value?

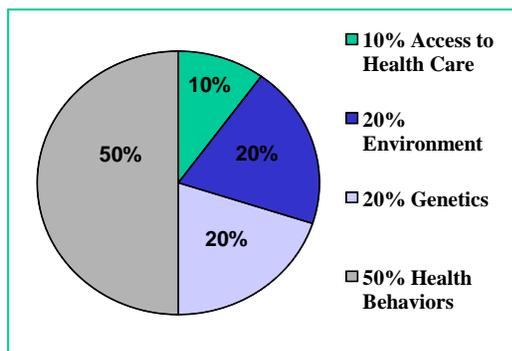
Although others besides those listed above were invited to participate in the panel’s discussions, a variety of important organizations and groups operating within Thurston County did not participate in this part of the project. These include: Nisqually Indian Tribe, Confederated Tribes of Chehalis Reservation, Providence St.

Peter Hospital, Capital Medical Center, Group Health Cooperative, businesses, practicing dental professionals, private practicing mental health professionals, providers of chemical dependency services, and people that live and work in the rural areas of the County. While these important sectors of Thurston County were not represented on the Health and Human Services panel, those present sought to represent, as best they could, the interests of these sectors and organizations.

Panel Assignment: Identify what works, challenges, and opportunities

The panel members first reviewed data related to mental health, physical health, chemical dependency, environment, and oral health in our community. The panel reviewed the “Determinants of Health” as identified by the Centers for Disease Control and Prevention.

Determinants of Health



This graph is based on the determinants of health, as identified by Bill Foege and the CDC. Environment refers to the social and cultural environment as well as physical environmental conditions.

The panel then used two primary methods to gather opinions of what works within Thurston County in the sector of health. First an electronic survey was sent to panelists to gather ideas. Staff then synthesized the responses and presented them to the panel members. The members then discussed and modified the lists. The results of that deliberation are contained in the following pages.

WHAT WORKS?

Panel members were asked to think specifically about mental health, medical care and physical health, oral (dental) health, environmental public health, chemical dependency (drugs and alcohol), and other health related issues. First the members identified what worked – programs or services that contribute positively to the health of our community.

We have many health and human services providers in our community that do great work and contribute to the betterment of Thurston County. The systems include supportive and cooperative agencies and individuals – which contributes positively to the health of our community.

What works - Physical and Oral Health:

- ▶ Prescription assistance programs are available to help low income people access medications.
- ▶ There is a wide array of alternative medical providers for people that prefer non-traditional health-related treatment and prevention.
- ▶ Regional efforts to standardize stroke and cardiac triage protocols among hospitals, Emergency Medical System, and other providers to improve patient outcomes and referral efficiencies.

What works for physical and oral health?	Related Data
<ul style="list-style-type: none"> ▶ Providence St. Peter Family Medicine Residency program trains physicians in family practice and is expanding from six training slots to seven training slots. 	<ul style="list-style-type: none"> ▶ In 2011, five of six graduating family practice physicians trained in our community will continue to serve within the region. <p>Source: Providence St. Peter Family Practice Residency</p>
<ul style="list-style-type: none"> ▶ Many private providers contribute, as part of their practice, to individuals that are in need of care regardless of ability to pay. This generosity is extremely valuable within our community. Professionals that contribute in this manner include physicians, dentists, mental health providers, and many others. 	<ul style="list-style-type: none"> ▶ Thurston Dental Access Network donated \$600,374 of dental care at no cost to the patients in 2010. ▶ Project Access documented \$2,025,301 of medical care provided at no cost to patients in 2010. ▶ Capital Medical Center provided \$1,275,476 of charity care in 2010. ▶ Providence St. Peter Hospital provided \$10,292,000 of free and discounted charity care in 2010. ▶ Mental Health Access Project provided \$ 92,478.00 of mental health counseling at no cost to patients in 2010. ▶ Access to Baby and Child Dentistry (ABCD) provided care for 275 children age 6 years and younger in 2010. ▶ Group Health Cooperative provided \$2,023,000 of charity care in 2010. ▶ Behavioral Health Resources provided \$343,520 of charity care in 2010. <p>Sources: Washington State Department of Health; CHOICE Regional Health Network; Behavioral Health Resources; Group Health Cooperative, Capital Medical Center, Providence Health & Services Southwest Washington Service Area</p>
<ul style="list-style-type: none"> ▶ Regional Emergency Department Consistent Care Program which connects frequent emergency room visitors with appropriate primary care services and develops shared plan of care. 	<ul style="list-style-type: none"> ▶ Reduced emergency room visits by 55%.
<ul style="list-style-type: none"> ▶ If an individual or family has employer-based insurance (medical or dental), access to a medical or dental provider is easier. ▶ Dental access for children enrolled in Access to 	<ul style="list-style-type: none"> ▶ 19% of Thurston County adults under age 50 were uninsured; 81% of adults had medical insurance. ▶ 8% of Thurston County adults age 50-64 are

What works for physical and oral health?	Related Data
<p>Baby and Child Dentistry (ABCD) (Medicaid) is relatively easier than without this enrollment.</p>	<p>uninsured; 92% had medical insurance. Source: 2009 Behavioral Risk Factor Surveillance Survey</p>
<p>▶ Medical facilities located in Thurston County serve as regional medical facilities, helping to bolster support for specialized care that might otherwise not be available in our community.</p>	<p>▶ 84% of pregnant women in Thurston County received prenatal care in the 1st trimester. Source: Washington State Department of Health</p> <p>▶ CHOICE has connected over 80% of low-income people to medical care. Source: CHOICE Regional Health Network</p>
<p>▶ The public health system follows up on notifiable condition reports from hospitals, laboratories, and medical providers to interrupt communicable disease in our community.</p>	<p>▶ We have about the same number of reported communicable diseases as other Counties.</p> <ul style="list-style-type: none"> • 10 Cases of active Tuberculosis • 830 cases of new sexually transmitted diseases • 40 animals tested for rabies due to human exposure <p>Source: Thurston County Public Health & Social Services</p>

What works - Mental Health:

What works for mental health?	Related Data
<p>▶ Acute/Crisis intervention programs including Crisis Response System and Volunteer Line.</p>	<p>▶ The Thurston Mason Regional Support Network serves approximately 5,000 people enrolled in Medicaid in Thurston County each year due to their serious mental illness.</p> <p>▶ Mental Health Crisis Services provided response to:</p> <ul style="list-style-type: none"> • 2,661 clients in 2008 • 2,012 clients in 2009 • 1,959 clients in 2010 <p>Source: Thurston Mason Regional Support Network</p>

What works - Chemical Dependency:

- ▶ Chemical Dependency prevention programs in the urban area and targeted at English-speaking youth.
- ▶ In 2007, Thurston County enacted a 1/10 of 1% sales tax to support mental health and chemical dependency programs to keep people from continuing involvement in the criminal justice system. This sales tax will sunset in December 2016 unless continued by the Thurston County Board of County Commissioners.
- ▶ Thurston County has operated a syringe exchange program for nearly twenty years. Access to clean syringes has helped to keep the transmission of blood borne diseases at a low rate in our community, and has increased the enrollment in chemical dependency treatment programs. See Appendix C for data associated with this program.

What works for chemical dependency?	Related Data
<ul style="list-style-type: none"> ▶ Therapeutic Courts (Drug/DUI, Mental Health/ Veterans, Family Dependency/ Juvenile Drug) help to improve the welfare of individuals and families and decrease criminal justice costs. 	<p>In 2010, Therapeutic Courts served many individuals and families:</p> <ul style="list-style-type: none"> ▶ Mental Health/Veterans Court served 74 adults. ▶ Drug/DUI Court served 152 adults. ▶ Family Dependency and Juvenile Drug Court served 16 adults and 33 youth. <p>Source: Thurston County Treatment Sales Tax Evaluation Summary Report, 2010</p>

What works - Environmental Public Health:

- ▶ Identification, tracking, and clean up of hazardous waste sites.
- ▶ Environmental monitoring of water quality of surface and groundwater (within resources).
- ▶ A strong multi-disciplinary group of providers and interested individuals are working on senior fall prevention programs.

What works for environmental public health?	Related Data

What works for environmental public health?	Related Data
<ul style="list-style-type: none"> ▶ County, City, Town, and Tribal attention to environmental protection. 	<p>Our environment is relatively healthy compared to other Counties.</p> <ul style="list-style-type: none"> ▶ National air quality standards for criteria air pollutants were all met for the past decade. ▶ Even though there are about 70,000 onsite septic systems in the County, Public Health has programs in place to identify where they are located and the type of system installed. ▶ There are about 600 small public water systems (serving 3 to 15 connections and about 300 public water systems (serving >15 connections) that are permitted and offered technical assistance to provide safe drinking water. <p>Source: Thurston County Public Health & Social Services; Olympic Region Clean Air Agency</p>
<ul style="list-style-type: none"> ▶ Identification, tracking, and monitoring of commercial and temporary food service establishments. 	<p>There are > 1,000 permanent food service establishments and >600 temporary food service establishments that are inspected and permitted each year.</p>
<ul style="list-style-type: none"> ▶ Our trail system is accessible by walking and biking. 	<p>More of us are physically active compared to our state peers.</p> <ul style="list-style-type: none"> ▶ 6th graders walk or bike to school: 34% ▶ 8th graders get enough physical activity: 52% ▶ Age 18 and up get enough physical activity: 60% <p>Source: Healthy Youth Survey; Behavioral Risk Factor Survey</p>

What works for environmental public health?	Related Data
<p>▶ Shellfish Protection Districts are working to improve water quality in Henderson and Nisqually watershed protection areas.</p>	<p>Since 2008 more shellfish acreage is approved for harvest; fewer areas have conditions placed on harvest, and fewer acres are restricted from harvest .</p> <ul style="list-style-type: none"> ▶ In 2008: <ul style="list-style-type: none"> • Approved⁵ for harvest: 9,479.9 acres • Conditional⁶ harvest: 296.5 acres • Prohibited⁷ from harvest: 1,472.8 acres • Restricted⁸ harvest: 12.0 acres • Unclassified: 561.2 acres ▶ In 2011: <ul style="list-style-type: none"> • Approved for shellfish harvest: 9,798.2 acres • Conditional harvest: 50.1 acres • Prohibited from harvest: 5,944.8 acres • Restricted harvest: 0.0 acres • Unclassified: 529.2 acres

⁵ “Approved” means that shellfish can be harvested without restrictions.

⁶ “Conditional” means that the area is closed under certain conditions, like “Closed for 5 days following 1 inch of rainfall in a 24-hour period.” If shellfish are harvested without following this restriction they could cause disease if eaten.

⁷ “Prohibited” means the shellfish cannot be harvested at any time and could cause disease if eaten.

⁸ “Restricted” means that the shellfish within that area must be relayed out of that area and relocated to an "approved" area for a specified period of time to purge before they can be harvested for consumption. If shellfish are harvested without following this restriction they could cause disease if eaten.

What works - Generally:

- ▶ Our County has a robust, collaborative human services delivery infrastructure that includes services for children, youth, adults, and seniors.
- ▶ We have a strong aging and disability core infrastructure that serves people in our community.
- ▶ Evidence-based and promising practice programs are valued by our community.
- ▶ Neighborhood Associations connect people and contribute to healthier communities. Activities undertaken by Neighborhood Associations across the County include: neighborhood safety, improved walkability, safe routes to school education and encouragement programs, and disaster preparedness.

What works - generally?	Related Data
<ul style="list-style-type: none"> ▶ Head Start and Early Childhood Education and Assistance Program (ECEAP) provide comprehensive early learning for 408 children, increasing kindergarten readiness for both the child and the family. ▶ The objective of Child Health and Development Services is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs. 	<ul style="list-style-type: none"> ▶ 44% of eligible children are enrolled in Head Start or ECEAP. ▶ Assessment data indicates children enter the program up to one year delayed, and over 95% exit the program at age level in developmental and kindergarten ready skill levels. <p>Source: Head Start/ECEAP</p>
<ul style="list-style-type: none"> ▶ There is a wide diversity of early childhood programs in the county for families at all income levels, including public, private and fee for service options. 	<ul style="list-style-type: none"> ▶ 183 Licensed Family Child Care Homes; 31 are rural ▶ 92 Licensed Child Care Centers; 12 are rural <p>Source: Childcare Action Council</p>
<ul style="list-style-type: none"> ▶ Volunteer efforts: mental health treatment, medical care, dental treatment. There are a wide variety of volunteer efforts in our community that serve those unable to access care and the aging and disability community. 	<p>See Appendix D for a list of examples.</p>

CHALLENGES

Panel members were asked to think specifically about mental health, medical care and physical health, oral (dental) health, environmental public health, chemical dependency (drugs and alcohol), and other health related issues. Second, the members identified challenges – issues that contribute negatively to the health of our community.

Challenges - Physical and Oral Health:

- ▶ Economic effect on families of long-term illness: Cost of health care is the number one reason for bankruptcy filings. People that file for bankruptcy for this reason tend to be less healthy and spend more on health care.
- ▶ Even with insurance, access to durable medical equipment for treating conditions and restoring function is limited and expensive.

Challenges for physical and oral health	Related Data
<ul style="list-style-type: none"> ▶ Too few providers: medical, dental, psychiatry, and chemical dependency. Even though Thurston County does not qualify under the federal definition of an under-served area, the demand for services due to the regional service area puts a great strain on the system, particularly for general practice providers. ▶ Providers in rural areas: an even more pressing need than in urban areas. ▶ As our population ages, our providers are also aging and retirements will decrease the number of providers available in future years. ▶ Low reimbursement to providers from Medicare, Medicaid, and Tri-Care (military families): <ul style="list-style-type: none"> • Medical, Dental, Mental Health, Chemical Dependency reimbursements are lower for publicly-subsidized insurance. • Few providers accept Tri-Care, Medicare or Medicaid for service payment for new patients. • Too few people have dental insurance. 	<ul style="list-style-type: none"> ▶ 5% of primary care physicians in a Thurston County practice plan to leave their current practice within the next 6 months or retire within the next 3 years. <small>Source: Thurston County Public Health & Social Services Department. Preliminary 2010 Health Care Professional Shortage Area Survey data</small> ▶ 27,000 or 14% of Thurston County adults, who needed care, did not go to the doctor because of cost. ▶ 40,600 or 21% of Thurston County adults did not have a doctor or health care provider (usual provider of care). ▶ 66,700 or 35% of Thurston County adults do not have insurance coverage for routine dental care. ▶ 51,100 or 27% of Thurston County adults had not seen a dentist in the past year. ▶ 27% of Thurston County 8th graders had not seen a dentist in the past year. ▶ 16% of Thurston County kindergarten children have unmet dental needs (statewide 12%). <small>Source: 2008 & 2009 Behavioral Risk Factor Survey, 2008 Healthy Youth Survey, 2010 Smile Survey</small>
<ul style="list-style-type: none"> ▶ Our community is at risk for resurgence of vaccine-preventable diseases. 	<ul style="list-style-type: none"> ▶ In 2008, an estimated 67% of children younger than 3 years of age were fully vaccinated compared to 69% of children in King County and 63% of all US children. ▶ In the 2009-2010 school year the school immunization exemption rate for Thurston County children was 9% compared to 5.9% for Washington State. Washington State has the highest state exemption rate in the United States.

Challenges for physical and oral health	Related Data
	Source: Washington State Department of Health
<ul style="list-style-type: none"> ▶ We lack prevention services intended to support healthy weight for adults, youth, and children. ▶ We are overweight and obese. 	<ul style="list-style-type: none"> ▶ Age 18 and up overweight or obese: 61% ▶ In 2010, 25% of Thurston County 8th grade students are overweight or obese. 8th graders are usually age 13-14. <p>Source: Washington State Department of Health, Behavioral Risk Factor Survey and Healthy Youth Survey</p>

Challenges - Mental Health:

Challenges for mental health	Related Data
<ul style="list-style-type: none"> ▶ Un-diagnosed and un-treated depression in seniors; un-diagnosed and un-treated depression in youth. ▶ Early intervention for mental health issues is lacking; the reimbursement systems, both public and private, do not attend to prevention or early intervention for mental health issues. 	<p>Thurston County middle and high school students are similar to their peers across the state for suicide, depression, and dating violence:</p> <ul style="list-style-type: none"> ▶ 26% of 8th graders reported they experienced depression. ▶ 12% of 12th graders reported they have experienced dating violence <p>Source: 2008 Healthy Youth Survey</p> <ul style="list-style-type: none"> ▶ On average 33 Thurston County adults commit suicide each year. ▶ Between 2005 and 2009, 165 Thurston County adults committed suicide. ▶ The suicide death rate for Thurston County adults is higher when compared to the state (Thurston County 18.2 per 100,000, Washington State = 17.0 per 100,000). <p>Source: Washington State Department of Health, Death Certificates</p>

Challenges - Chemical Dependency:

Challenges for chemical dependency	Related Data
<ul style="list-style-type: none"> ▶ People in our community have fewer resources available to help with quitting tobacco use. 	<ul style="list-style-type: none"> ▶ In July 2011, the Tobacco Quit Line will no longer be available to assist anyone that calls to quit; only individuals enrolled in Medicaid will be eligible for this assistance. <p>Source: Washington State Department of Health</p>
<ul style="list-style-type: none"> ▶ Prescription pain killers are misused in our community. ▶ Suicide and unintentional poisoning is of concern in our community. 	<ul style="list-style-type: none"> ▶ Current prescription pain killer abuse among Thurston County middle school and high school youth has remained relatively unchanged. About 1 in 10 county high school students abuse prescription pain killers: <ul style="list-style-type: none"> • 8th graders: 4% (2006), 4% (2010) • 10th graders: 10% (2006), 9% (2010) • 12th graders: 11% (2006), 9% (2010) ▶ In Thurston County, about 2,100 adults abused prescription pain killers in 2009. ▶ Lifetime heroin use among Thurston County middle school and high school youth has remained relatively unchanged: <ul style="list-style-type: none"> • 8th graders: 2% (2006), 2% (2010) • 10th graders: 4% (2006), 3% (2010) • 12th graders: 4% (2006), 3% (2010) ▶ Between 2005 and 2009, 119 Thurston County residents died as a result of unintentional poisoning. Prescription and illegal drugs were involved in the majority of these deaths. ▶ Thurston County had the 24th highest unintentional poisoning death rate in the state for the 2005-2009 time period (Thurston County = 9.4 per 100,000, Washington State = 11.7 per 100,000). <p>Source: Washington State Department of Health: Healthy Youth Survey, Behavioral Risk Factor Survey, Death Certificates</p>

Challenges - Environmental Public Health:

- ▶ As a society, we have forgotten the reason for creation of public health protection measures and the connection to individual and community health and prevention of disease - we lack understanding of health impacts from our environment including:
 - Land use and built environment effects
 - Drinking water pollution
 - Septic system impacts on water resources
- ▶ There is great concern about chemicals in products that get into food and water. There are not adequate monitoring systems and associated public notification to protect vulnerable people from these impacts.
- ▶ Air quality is at risk of continued degradation due to vehicle emissions and residential wood smoke. These air quality effects, while monitored, are not regulated effectively to protect public health, especially in relation to small particulate matter that can negatively influence health of the very young, the very old, and those with chronic health conditions.
- ▶ Shellfish Protection Districts, and associated actions, have been shown to improve water quality. There are several areas of the County that have not received this level of attention and are at great risk of degraded water quality.

Challenges - Generally:

- ▶ Our community is significantly over-reliant on volunteer efforts to serve people that do not have access to care.
 - There is a great deal of concern about burnout and sustainability of various volunteer clinics and resources – especially if our economy continues to suffer and demand for these services increases.
 - The capacity of volunteer efforts is quite limited, particularly in relation to demand and need.
- ▶ State budget cuts combined with federal budget woes are cutting deeply into the Medicaid system of care and will result in more stress for providers such as SeaMar Community Health Center, Providence St. Peter Hospital and Capital Medical Center emergency departments and other providers who have traditionally treated Medicaid patients.
- ▶ Individuals are treated in piecemeal fashion: physical, mental, dental are all separate systems with separate reimbursement requirements and records.
- ▶ Our community lacks capacity in the psychiatric care, chemical dependency treatment, and primary medical care systems, particularly for individuals with public insurance (Medicare, Medicaid, and Tri-Care (military)).
 - There are long waiting periods (weeks to months) for inpatient treatment for chemical dependency treatment, sometimes leading to the individual refusing treatment when available.
 - Individuals in need of involuntary commitment for mental health care are sometimes detained in emergency departments or homes (8% in 2010) due to treatment beds being full; therefore, not available.
 - Individuals new to our community have difficulty finding primary care providers.

Regional Plan for Sustainable Development

- ▶ The health and human services delivery system is under great stress due to the reduction of public and private resources including local, State, and Federal funding and reductions in volunteer giving as the economy has worsened. There will likely be continued reductions from State and Federal sources for the next several years. Sustainability of programs and services is limited.
- ▶ Newly-poor families: workers recently laid off from family-wage jobs that used to be the resource base for non-profit organizations.
- ▶ Public transportation is limited to the urban core of the County; availability of information about transportation options is limited; there is no central information and referral system for transportation options. This is a barrier for accessing services from the rural areas of the County.
- ▶ Administrative and regulatory barriers exist for public/private partnerships and volunteer efforts, even for projects with clear community benefit.
- ▶ Preventive parent education for low-income families with children birth to five is generally limited to families who are involved with Child Welfare and Family Court.

Challenges – generally	Related Data
<ul style="list-style-type: none"> ▶ 56% of Children ages 3 -5 living in poverty cannot attend Head Start or ECEAP due to lack of funding. This results in most of these children entering kindergarten “not ready”. 	<ul style="list-style-type: none"> ▶ 526 of an estimated 1,038 children age 3 – 5 living at 100% Federal Poverty Level are “un-served”. ▶ 408 children are enrolled in centers located in all jurisdictions in the County. <p>Source: Head Start/ECEAP</p>
<ul style="list-style-type: none"> ▶ The rate of child abuse and neglect has increased in recent years. 	<ul style="list-style-type: none"> ▶ The number of victims in child abuse referrals is increasing in Thurston County. In 2008, 1166 children were potential victims of child abuse or neglect compared to 1,210 in 2009. This represents a 4% increase. <p>Source: Washington State Department of Social and Health Services, Research & Data Analysis</p> <ul style="list-style-type: none"> ▶ The number of Thurston County juvenile dependency filings has increased since 2010. In calendar year 2010, an average of 9 filings occurred each month. Between January-May 2011, 16 filings occurred each month. <p>Source: Administrative Office of the Courts, Caseloads of the Court</p> <ul style="list-style-type: none"> ▶ The number of young Thurston County children hospitalized due to assault is increasing. Between 2007 and 2009, 12 children age birth-9 were hospitalized due to assault compared to 2 for the 2004-2006 time period. For the 2007-2009 time period, Thurston County had the 3rd highest assault hospitalization rate in the state for children age birth-9. Only Skagit and Spokane counties were higher. <p>Source: Washington State Department of Health, Hospitalization Discharge Data</p>

OPPORTUNITIES

We are asking for changes at the local, State, and Federal government levels and philanthropic organizations.

Panel members were asked to think specifically about mental health, medical care and physical health, oral (dental) health, environmental public health, chemical dependency (drugs and alcohol), and other health related issues. Then the members identified opportunities – programs or services that might mitigate the challenges and build on the strengths and improve the health of our community.

The panel determined that investment in health and human services infrastructure and programs will avoid costs in education, jails and other criminal justice system components, and health care. Such investments are necessary to sustain our community well being and our individual health.

Opportunities - Physical and Oral Health:

- ▶ There are a number of opportunities associated with the Affordable Care Act (federal health reform) outlined in a subsequent part of this paper. Opportunities include development of health homes, better coordination and communication using information technology, and integration of services.
- ▶ MedMAN: a program to develop a common approach and shared resources for treating patients with complex medication management needs. The ultimate outcome will be a system that equips providers to deliver more consistent, effective and comprehensive care. Anticipated activities include support for primary care providers to manage patients with chronic pain; support for the limited number of pain specialists to provide effective consultation to primary care providers; and development of a way to share prescription histories and other clinical information related to patients with complex, medication management needs who see multiple providers. This program is not currently funded.
- ▶ St. Peter Family Medicine Residency expansion: The program is currently training a total of twenty physicians at a time. Expansion could improve the number of family practice physicians available for people in our community.

Opportunities - Mental Health:

- ▶ Integration of behavioral health and primary care: health homes that include treatment and prevention activities of primary care, mental health, chemical dependency, and oral health.

Opportunities for mental health	Related Data
<ul style="list-style-type: none"> ▶ PEARLS Program is a program developed at the University of Washington. It is a highly effective method designed to reduce depressive symptoms and improve quality of life in older adults and in all-age adults with epilepsy. During six to eight in-home sessions conducted by trained volunteers, and focus on brief behavioral techniques, PEARLS Program counselors empower individuals to take action and to make lasting changes so that they can lead more active and rewarding lives. 	<ul style="list-style-type: none"> ▶ http://www.pearlsprogram.org/Our-Program.aspx ▶ The Lewis, Mason, Thurston Area Agency on Aging is working to develop a local program.

Opportunities - Chemical Dependency:

Opportunities for chemical dependency	Related Data
<ul style="list-style-type: none"> ▶ Therapeutic Court expansion and connection to treatment for mental health or chemical dependency or co-occurring disorders. 	<ul style="list-style-type: none"> ▶ Current funding is a mix of County general funds, Treatment Sales Tax, and State funds. <p>Source: Thurston County Public Health & Social Services</p>
<ul style="list-style-type: none"> ▶ Reduction of tobacco use: improve dental health and overall physical health, and reduce medical system costs. ▶ Youth programs to intervene or stop initiation of tobacco use ▶ More aggressive development of tobacco restrictions in sales and use. 	<p>More people in Thurston County use tobacco than in Counties statewide.</p> <ul style="list-style-type: none"> ▶ Smoke during pregnancy: 14% ▶ Age 18 and up smoke cigarettes: 17% ▶ 6th graders exposed to 2nd hand smoke: 31% ▶ 6th graders have asthma: 14% <p>Source: Washington State Department of Health; Youth Risk Survey; Behavioral Risk Factor Survey</p>

Opportunities - Environmental Public Health:

- ▶ Continue work to protect water quality by aligning regulations and supporting conversion from onsite septic systems to sanitary sewers in the incorporated cities and within the Urban Growth Boundaries of Thurston County.
- ▶ Continue to support and expand efforts to consider “built environment” that supports active communities and healthier individuals.
- ▶ Continue to support and develop new incentives for green (or LEED) buildings, both commercial and residential.
- ▶ As land use regulations are revised, keep in mind the connection between land use and health and the effects that regulations can have on both – people care about the environment and also care about their health.

Opportunities - Generally:

- ▶ Robust, sustainable funding for evidence-based, promising practices to support health and human services is necessary to support current programs that will significantly improve the health of our community. Our community must work with our partners at the regional, State, and Federal levels to achieve this goal.
- ▶ Inclusion of health and human services in the County and Cities Comprehensive Plans will help draw attention and focus efforts to sustain and improve our community.
- ▶ Development of public/private partnerships within Thurston County, including municipalities, and the five-County region including Grays Harbor, Lewis, Mason, and Pacific Counties – because of our medical service delivery area – could lead to better access to resources for our area. Development of a Regional Health Association might be a result of these efforts.
- ▶ Our community must develop a stronger focus on older people (due to our aging population) because of the looming impact on the health care and human service systems. Examples of health issues to be considered include:
 - Dementia: increasing numbers being diagnosed as our population ages.
 - Long-term chronic diseases.
 - End of life issues including quality and cost.
- ▶ Work with communities and school systems to increase student success in schools to improve health and provide economic success.
- ▶ Use the available mapping capability within County Geographic Information Systems to target programs to improve health. Maps can be developed to show issues such as: risk factors, provider locations, program impacts, and many others.
- ▶ Continue to support community efforts to move toward prevention-focused systems to improve health and decrease costs for service delivery in health and human services.

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- ▶ Seek to collaborate more with Joint Base Lewis McChord. Our proximity to the military and resources such as child care training and family volunteer mentality (families are predisposed to volunteer in the community) could bring additional resources to serve our community.
- ▶ Violence as a public health problem: The Thurston County Public Health & Social Services (PHSS) Department recently completed a strategic planning process with the Thurston Coalition for Women’s Health. The resulting Strategies for Action 2011-2016 Plan identified abuse and violence prevention as a top priority for our community in order to foster the health of women so that they will be ready for childbearing, when they choose, and for the long term health of our community. The promising practice identified as the best fit for our community to address this priority is a program called “Girl’s Circle”. A 2007 study indicates that Girls Circle groups are very beneficial to girls' well-being. Significant findings include: decreases in alcohol use, decreases in self-harming behaviors, increases in attachment to school, and increases in self-efficacy: <http://www.girlscircle.com/>.
- ▶ The PHSS Department, University of Washington School of Medicine and Coalition partners submitted an application in June 2011 for continued funding from the U.S. Department of Health & Human Services Office on Women’s Health that, if awarded to PHSS, would allow implementation of this plan.
- ▶ Parent education for all parents, located at neighborhood schools and offered by topic area
 - Parents respond to parenting classes that focus on the child, not the parent, in the marketing.
 - Parents usually do not commit to a series of classes, but will attend “a class” that addresses their immediate parenting challenges.

Opportunities - generally	Related Data
<ul style="list-style-type: none"> ▶ Increase early prevention with children: birth to age 5, child care and schools. ▶ Expansion of home visitation programs focused on low-income parents with children birth to three. 	<ul style="list-style-type: none"> ▶ Nurse Family Partnership, targeting very young, first time mothers, serves fewer than 100 women each year. <p>Source: Thurston County Public Health & Social Services</p>
<ul style="list-style-type: none"> ▶ The Washington State Legislature funded a small expansion of ECEAP with Federal childcare funding. 	<ul style="list-style-type: none"> ▶ An additional 24 ECEAP children will be enrolled in Thurston County in 2011-2012, which will result in more children and families being ready for kindergarten. <p>Source: Head Start/ECEAP</p>
<ul style="list-style-type: none"> ▶ Thurston County Asset-Building Coalition: Single information access point for people that need services; concept of “no wrong door” when need is identified or assistance is requested. <p>The Coalition is comprised of leadership from human and social services, financial institutions, micro-enterprise, workforce development, economic and community development agencies. The Thurston County Asset-Building Coalition has forged a strong working partnership established under the philosophy of a long-range strategy to assist in building individual’s assets and improving the quality</p>	<ul style="list-style-type: none"> ▶ http://www.thurstonabc.org/.

<p>of life found throughout the community.</p>	
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ROLES AND RESPONSIBILITIES

Roles and responsibilities of organizations/groups/agencies that could make a difference

Federal Government

The **United States Department of Health and Human Services (HHS)** is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. It is comprised of the Office of the Secretary and the following operating divisions:

- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services
- Indian Health Service
- National Institutes of Health
- Office of the Inspector General
- Substance Abuse and Mental Health Services Administration

The HHS agencies perform a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others.

The **Centers for Disease Control and Prevention (CDC)** serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC's Center, Institute, and Offices (CIOs) allow the agency to be more responsive and effective when dealing with public health concerns. The CIOs are:

- Center for Global Health
- National Institute for Occupational Safety and Health
- Office of Infectious Diseases (includes immunizations, zoonotics (animal to human transmission))
- Office of Noncommunicable Diseases, Injury and Environmental Health (includes developmental disabilities, chronic disease, and injury prevention)
- Office of Public Health Preparedness and Response
- Office for State, Tribal, Local and Territorial Support
- Office of Surveillance, Epidemiology, and Laboratory Services (includes health statistics)
- Office of Minority Health and Health Equity

State Government

The **Washington State Department of Health (DOH)** works with its Federal, State and local partners to help people in Washington stay healthier and safer. Programs and services help prevent illness and injury, promote healthy places to live and work, provide education to help people make good health decisions and ensure our State is prepared for emergencies.

- Essential programs for improving health: Helping prevent illness is a cornerstone of public health. Work includes health improvement through disease and injury prevention, immunization, and newborn screening for prenatal disease programs.
- Information that works: The Washington State Department of Health works with many partners to provide educational and training programs, as well as health and safety information to help people make healthy choices.
- Working to protect you and your family every day: By licensing health care professionals, investigating disease outbreaks and preparing for emergencies, we help ensure a safer and healthier Washington.

The 10-member **Washington State Board of Health** provides a citizen forum for the development of public health policy. It recommends strategies and promotes health goals to the Legislature and regulates a number of health activities including drinking water, immunizations and food handling. The Board is housed with the Washington State Department of Health; although it is an independent entity.

The **Washington State Department of Social and Health Services (DSHS)** is an integrated organization of high-performing programs working in partnership for statewide impact to help transform lives. The Department's mission is to improve the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships.

Each year, more than 2.2 million children, families, vulnerable adults and seniors receive services including protection, comfort, food assistance, financial aid, medical and behavioral health care and other services.

The Department is organized by these divisions:

- Aging and Disability Services Administration
- Children's Administration
- Division of Vocational Rehabilitation
- Economic Services Administration
- Juvenile Rehabilitation Administration
- Office of the Deaf and Hard of Hearing

The Mission of the **Washington State Department of Ecology (DOE)** is to protect, preserve and enhance Washington's environment, and promote the wise management of air, land and water for the benefit of current and future generations. In order to fulfill the mission and move Washington forward in a global economy, the Department of Ecology has three goals:

- Prevent pollution

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- Clean up pollution
- Support sustainable communities and natural resources

The **Washington Department of Early Learning (DEL)** helps Washington's children get ready for school and life. Created by Governor Chris Gregoire in July 2006, DEL is the first Cabinet-level agency of its kind in the nation. The work focuses on children's earliest years of life, offering information and resources for children's first and most important teachers – parents. With almost half a million children in Washington ages birth to six, the Department has a tremendous opportunity to prepare all of our youngest citizens for success. The Department of Early Learning has four strategic goals:

- Provide high-quality, safe, and healthy early care and education opportunities for all children.
- Partner with and inform parents, families and communities about early learning.
- Support early learning professionals with professional development and technical assistance.
- Promote excellence and hold the system accountable for results.

The **Office of The Superintendent of Public Instruction's (OSPI)** division of Student Support assists schools and districts to develop and improve systems that support student academic success, and collaborates with other agencies around the needs of children, families, and communities. Programs support students, their families, and school districts to achieve success in learning. Specific to health and human services, OSPI offers:

- Programs in literacy,
- Direct health care to students,
- Early alcohol, tobacco, other drug prevention and intervention services,
- Consultation regarding health, safety and the provision of nursing care at school,
- Guidance regarding homeless youth and the school district's responsibility to serve them,
- Support for children of incarcerated parents,
- Partnerships and capacity to address priority health and safety needs of students, technical assistance to K–12 education programs within county-operated juvenile detention centers and group homes,
- Comprehensive dropout prevention, intervention and retrieval systems,
- Digital tools for learning,
- Coordinated protocols, procedures, and legal interpretations to serve children in the foster care system,
- Support for those unable to attend school for long periods due to illness,
- Support for children before, during and after the military deployment of a parent or loved one,
- Programs to help all children begin school ready to learn.
- Some schools are able to provide space for local mental health providers to come to the school in support of children.

Regional Resources

CHOICE Regional Health Network is a non-profit coalition of rural and urban hospitals, practitioners, public health, clinics, community health centers, behavioral health providers and other partners dedicated to improving the health of our community. The community includes residents of Mason, Grays Harbor, Pacific, Lewis and Thurston counties - Central Western Washington.

CHOICE meets its mission by bringing together owners of the community's diverse health care organizations who are committed to building a better, more coordinated system of patient care through regional planning and action. Initiatives include:

- Help more people access health care services
- Improve the quality and delivery of health care for all
- Lower the cost of health care

The **Thurston County Asset Building Coalition** is comprised of leadership from human and social services, financial institutions, micro-enterprise, workforce development, economic and community development agencies. The Coalition has forged a strong working partnership established under the philosophy of a long-range strategy to assist in building individual's assets and improving the quality of life found throughout the community.

Members of the Thurston County Asset Building Coalition have identified critical work to be accomplished that will make a significant impact upon the community's low-income adults and families within the genre of asset building. The work effort is focused directly on the issue of terminating the cycle of poverty and lack of financial resources that historically plagues this underserved population. The Asset Building Coalition programs, when enacted, will combine outreach campaigns with an implementation strategy that focuses resources towards those individuals in need and at financial risk.

The **Thurston County Safety Net Council** coordinates leaders of major safety-net clinics and programs to recruit and retain providers, find homes for endangered programs affected by budget cuts, develop access points for at-risk populations, and coordinate efforts to garner the most benefit from limited capacity. Our purpose is to define and implement a vision for safety-net health care capacity in our county. We continue to improve access to comprehensive safety-net services by optimizing the capacity of current safety-net providers, identifying gaps and working together to remove barriers to growth of those services.

Local Government

BOARD OF HEALTH AND HEALTH OFFICER

Local Boards of Health derive their responsibilities and authority from RCW 70.05.060 which states: “Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction ...”. The Board of Health is responsible to enforce state laws, enact local rules, control and prevent disease, abate nuisances, and can charge fees for licenses and permits. The powers and duties of the Board of Health extend to both incorporated and unincorporated areas of the County – inclusive of city or town jurisdictions, and only exclusive of Federal Tribal Lands.

In addition to the local Board of Health, the local Health Officer, appointed by the local Board of Health, derives responsibility and authority from RCW 70.05.070. This statute states that the Health Officer shall enforce state and local regulations, control and prevent disease, inform the public about disease prevention and health promotion, control nuisances, inspect public water systems, maintain health and sanitation of the County, and “...Take such measures as he or she deems necessary in order to promote the public health ...”.

THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

The Department is governed by the Board of Health. The mission of the Department is to make a positive, significant and measurable difference in the environmental, physical and mental health, safety and well being of our community. The Department is funded from a variety of local, State and Federal sources. Programs and services are operated to promote and protect the public's health. The Department is organized into four main divisions: Administration, Environmental Health, Personal Health, and Social Services.

The Department oversees the health of the entire community. In that role, it acts as a neutral convener and participates in a number of groups that implement projects and programs to protect and improve the health of everyone.

PRIORITIES FOR HEALTH IMPROVEMENT

Panel members also discussed priorities of local and national organizations that are concerned about the health and well-being of communities. The Centers for Disease Control and Prevention (CDC) “Winnable Battles”. The current Winnable Battles have been chosen based on the magnitude of the health problems and our ability to make significant progress in improving outcomes. Information can be found at:

<http://www.cdc.gov/winnablebattles/>. In addition, the Health and Human Services (HHS) Strategic Plan was viewed. Every three years, HHS updates its strategic plan, which describes its work to address complex, multifaceted, and ever-evolving health and human service issues. More information can be found at: <http://www.hhs.gov/secretary/about/priorities/priorities.html>.

Thurston County Board of Health Priorities

In 2011, the Thurston County Board of Health, who also serve as the Board of County Commissioners, considered a wide variety of issues. After much discussion and consideration of health data for Thurston County, the Board declared the following as priorities.

- Healthy Living: Tobacco reduction and cessation.
- Chronic Disease Prevention: access to healthy food (nutrition) and an environment that supports safe physical activity (“built environment”).
- Access to Care and Affordable Care Act (federal health reform) opportunities.
- Protect environment, reduce pollution to protect public health (air, water, food, land).

These topics are routinely part of Board of Health agendas and will be described within the Health and Human Services chapter of the Thurston County Comprehensive Plan.

Council for Children and Youth Priorities

The Thurston Council for Children and Youth is comprised of the Leadership Council and the Community Council. The Leadership Council is a cross-jurisdictional representation of policy makers and elected officials. The Community Council is made up of service providers from the former Partners for Children, Youth and Families (an advisory body to the Thurston County Board of Commissioners) and the Communities That Care coalition.

The report of the Thurston Council for Children and Youth (the Council) is the result of a community assessment of systems that serve children and youth in Thurston County. This report was published in October 2010 and looks at services for children and youth in Thurston County from a systems standpoint. It is intended as a tool for policy makers and other community leaders to use when setting priorities and for assessing which type of programs to fund that benefit our children and youth. The Council has identified these three priorities for policy makers and professionals investing in the children and youth of our community:

- Reduce food insecurity among our children and youth.
- Increase access to affordable health care, including mental, physical and dental health and chemical dependency treatment.

- Increase access to and improve the quality of the Early Learning System.

Affordable Care Act (federal health reform)

On March 23, 2010, President Obama signed into law the Affordable Care Act. The purpose of this law is to make health care more affordable, make health insurers more accountable, improve the health care system, and increase access to care for more individuals. Disparities in access to health care affect everybody: the individual in need, the insurance companies including public funders, the public safety net, and health care providers. Limited access to quality health care undermines people's ability to reach their full potential and lowers their quality of life.

If a community has barriers to accessing health services, its residents will suffer from:

- more disease and disability;
- delays in receiving appropriate care;
- inability to get preventive services;
- preventable hospitalizations;
- more costly care;
- reduced life expectancy.

Lack of adequate health insurance makes it difficult for people to get the health care they need and when they do get care, burdens them with large medical bills or requires health care institutions to carry the burden of excessive charity care. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Along with adequate health insurance, however, our community also needs to insure enough local health care providers to meet residents' needs. See [Appendix D](#) for details of the Washington State response to the Affordable Care Act.

There are a number of opportunities for our community embedded in the Affordable Care Act. While some opportunities are several years away, the system has begun to change in response to the new law.

- ▶ **Prevention and Public Health Trust Fund:** this portion of the Act is specifically constructed to fund activities that support prevention of chronic diseases and strengthen the infrastructure of the public health system. The first opportunity for funding from this competitive source is available in the fall 2011 for efforts to be undertaken to decrease tobacco use, improve access to nutritious foods and safe and active environments, and improve clinical preventive services. The Washington State Department of Health has prepared an application, and the five-County area of Grays Harbor, Lewis, Mason, Pacific, and Thurston has been designated a "prevention hub" as part of this application.
- ▶ **Integration of services:** medical, behavioral health, oral health – treat the entire person. This is an aspect of the law that many refer to as the Accountable Care Organization. Many iterations of this have been discussed, and include the formation of the Regional Health Authority. Models are being formed in several states including Oregon, and in Washington State including Whatcom County and Southwest Washington (Clark, Cowlitz, and Skamania Counties).

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- ▶ Federally Qualified Health Center system: SeaMar Community Health Centers located in Thurston County. The Affordable Care Act contains increased funding for this system.
- ▶ Electronic records: appropriate sharing of information among providers to increase appropriate care and referrals and decrease costs to the system. Several initiatives are being undertaken including large investments by the Providence Health System, Behavioral Health Resources, and Group Health Cooperative, as well as several private medical practices. There is investment in a prescription monitoring program by the State government. Opportunities for care coordination and care management across systems abound.
- ▶ Regional partnerships: within Thurston County boundaries and across the five Counties including Grays Harbor, Lewis, Mason, Pacific, and Thurston to take advantage of the proposal for the Community Transformation Grant. This grant, from the Centers for Disease Control and Prevention, is funded through the Prevention and Public Health fund and is aimed at the community/medical care interface with clear intent to create cross-system interface to improve the overall health of the community.

CONCLUSION

The Health and Human Services Panel appreciates the Thurston Regional Planning Council's attention to the future of our community. We look forward to assisting in creating a sustainable future.

Appendix A

Veteran Data Tidbits: Thurston County

Active Duty, 2010 Estimates

- ▶ An estimated 3,435 county adults are active duty armed forces personnel.
- ▶ Thurston County has the 5th largest population of active duty military residents in the State.
- ▶ The number of active duty military residents living in Thurston County increased by 74% during the last decade (2000-2010).

Source: Washington State Office of Financial Management

Note: Active duty includes armed forces personnel with the U.S. Army, Navy, Air Force, Marine Corps and Coast Guard.

Civilian Veteran (Not Currently Active Duty), 2009 Estimates

- ▶ An estimated 27,856 county adults are veterans.
- ▶ About 1 in 10 county veterans are women (about 2,944).
- ▶ About 1 in 3 county veterans are age 65 and over (about 8,911).
- ▶ About 1 in 4 county veterans have a service-connected disability rating (about 7,049).
- ▶ About 29% of county veterans served during the Gulf War era (about 8,212).
- ▶ An estimated 876 county veterans under age 65 are unemployed.

Source: U.S. Census Bureau

Note: Civilian veteran is a person 18 years old or over who has served (even for a short time), but is not now 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 military 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. All other civilians 16 years old and over are classified as non-veterans.

Health of Veterans, 2007 Estimates

- ▶ About 14% of county veterans are in fair or poor health.
- ▶ About 18% of county veterans do not have a primary health care provider.
- ▶ About 9% of county veterans have a health problem that requires use of special equipment (e.g. cane, wheelchair).

Source: Behavioral Risk Factor Surveillance Survey

Note: Veteran is an adult that served in the armed forces on active duty at any time (e.g. in Army, Air Force, National Guard, reserve unit).

Appendix B

Connections between Health & Human Services Panel and:

- Economic Development Panel
 - Income is a predictor of health status; improving median income is associated with improved community health status.
 - Higher educational attainment is also a predictor of improved economic and health status.
 - Reduction in force of state government leading to loss of medical and dental insurance for families and workers.
- Housing Panel
 - Stable housing is essential for health; decreasing homelessness and improving housing stock will improve overall community health status.
 - Support for buildings of LEED status is thought to be of greater health benefit.
 - Rehabilitation for older housing, both owner occupied and rented, is important for the health of those occupying the structure.
- Water Infrastructure Panel
 - Clean drinking water is basic to health; people expect their tap water to not cause disease.
 - People expect that sewage is properly managed so that ground and surface water resources are clean and protected
- Emergency/Fire Services Panel
 - Community access to adequate emergency and fire service is a basic expectation for overall community health.
 - Special needs populations (those with physical, developmental, or mental challenges) may need more intensive services particularly during an emergency.
- School Siting and Design Panel
 - Appropriate school siting and design must include safe routes to school for all students; community health will be improved by increased use of biking and walking to schools and decreased use of individual automobile transportation.
 - Schools are sited, built and maintained so that student and employee exposure to toxic and harmful materials is minimal.
- Local Food Systems Panel
 - Safe, affordable, nutritious food is basic to health; people expect their food to not cause disease.
 - Access to healthier foods, such as fruits and vegetables, can be improved through changes to nutrition environments and policies – for example, vending machines should offer nutritious foods (low in salt, low in calories, high in fiber); workplace meeting food policies; land use rules that favor growing of food by residents and farms within the county.
 - Nutritional education must be supported in a variety of sectors: WIC clinics, food banks, grocery stores, farms, etc.
 - There is great concern about chemicals (pesticides and herbicides) used to grow food. Protection from chemicals in food is important.

- Land use, transportation, climate change/energy conservation Workgroup
 - Increased use of community transportation systems (especially walking, bicycling and transit) will improve overall community health status by increased exercise.
 - Land use activities have direct impacts on ground and surface water sources used for drinking water, food production and recreation, which is expected to be clean and not cause disease. Improved land use (such as greater density and mix of uses) is also associated with increased physical activity.
 - Activities that limit energy use and lessen impact on climate change will lessen the impact on public health emergencies including those caused by storm events and disease-carrying insects and animals.
 - “Dial-A-Ride” is very limited; Transportation district for Intercity Transit is limited to the urban area of the County and is not well connected to planned communities.
 - Presence of hazardous waste in our soils is of concern – people must be protected from exposure, particularly during land development. There is a need for resources to assist in clean up of hazardous waste.
 - Effects of noise from land use must be considered and mitigated.
 - Proper disposal of unwanted drugs is necessary to protect the groundwater and keep these substances from illicit uses.
- Public Outreach and Education Panel
 - Public outreach must include targeted outreach to low income, non-English speaking, and vulnerable populations not easily reached by “usual” media (print, radio) or public meetings.

Appendix C

Thurston County Public Health and Social Services Department 2010 Syringe Exchange Program Summary

Total Syringes Exchanged	762,610	
Number of Syringes Exchanged by Client ZIP		
(data for July 1, 2010 through December 31, 2010 only)		
Thurston	210,860	58.9%
Lewis	68,223	19.0%
Grays Harbor	55,794	15.6%
Mason	20,103	5.6%
Other	3,179	0.9%
Total Number of (duplicated) Client Contacts	2,833	
Number of Drug Treatment Referrals	162	
Client Demographics		
Gender		
Male	1,896	66.9%
Female	927	32.7%
Transgender	10	0.4%
Age		
19 or under Male	75	2.6%
19 or under Female	70	2.5%
19 or under Transgender	8	0.3%
20-29 Male	851	30.0%
20-29 Female	398	14.0%
20-29 Transgender	2	0.1%
30+ Male	970	34.2%
30+ Female	459	16.2%
30+ Transgender	0	0.0%
Race		
American Indian/Alaska Native	136	4.8%
Asian	27	1.0%
Black or African American	27	1.0%
Native Hawaiian or Other Pacific Islander	8	0.3%
White	2466	87.0%
More than one race	169	6.0%

Appendix D

Examples of Thurston County Access Points for People of Low Income Medical, Dental, Mental Health

Clinic/Group	Location	Who is Served?	Staffing	Capacity	When open?	How to access	Cost: Patients, Operations
The Olympia Free Medical Clinic	Downtown Olympia (Family Support Center)	Primarily adults for acute medical conditions – no insurance	Volunteer physicians, nurses, social workers	30 per week	Wednesdays 5:30 to 8:30 p.m.	Walk in	Free to patients Paid director
Olympia Union Gospel Mission Chronic Disease Primary Care Clinic	Downtown Olympia (413 Franklin Street)	Primarily adults for chronic medical conditions: diabetes, hypertension, heart disease, COPD and asthma	Volunteer physicians, nurses	Provide 6-9 months of support for a patient to better control their chronic illness.	weekly	Referral and appointment only	Free to patients at or below 200% FPL Paid staff support
Olympia Union Gospel Mission Dental Clinic	Downtown Olympia (413 Franklin Street)	Primarily adults for restorative care; limited preventive care – no access	Volunteer dentists, hygienists	Varies	3 days/ week for treatment; 5 days/week for screening and referral	Walk in and appointments	Free to patients at or below 200% FPL Paid staff support
Thurston Dental Access Network	Private dental offices	Primarily adults for restorative care; limited preventive care	Dentists	Varies	Varies with practice	Appointment only – must be referred by OUGM Dental Clinic	Free to patients at or below 200% FPL Paid OUGM coordinator
Olympia Union Gospel Mission Vision Clinic	Downtown Olympia (413 Franklin Street)	Primarily adults – no insurance	Volunteer optometrists	5 – 6 patients per clinic	Every Monday evening and alternate Tuesday evenings	Walk in and appointments	Free to patients at or below 200% FPL
Mental Health Access Project	412 Lilly Road NE	Only adults >18, primarily anxiety and depression	Volunteer psychologists	8 – 10 clients each week (treatment is 4 - 12 visits)	Wednesdays 5:30 to 8:30 p.m.	Appointment only; self referral accepted	Free to patients Paid clinic coordinator
Project Access	Private medical offices	Primarily adults for specialty medical care 18 or older, uninsured, at or below 200% FPL	Primarily specialty physicians; limited primary care	Depends on available referral and practice slots	Varies	Appointment only – must be referred by participating medical provider and enrolled by CHOICE	Free to patients Paid enrollment staff

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Clinic/Group	Location	Who is Served?	Staffing	Capacity	When open?	How to access	Cost: Patients, Operations
Bridge to Primary Care	Private medical offices	Primarily adults for primary medical care	General practice physicians	Current pilot phase: Goal = 5,000 from Basic Health Plan waiting list	Varies	Appointment only	Free to patients Coordination costs
Access to Baby and Child Dentistry	Private dental offices	Medicaid enrolled children up to age 6 years	General practice dentists	13 trained dentists; depends on available practice slots	Varies	Appointment only – must be enrolled by CHOICE	Free to patients Dentists paid by Medicaid Paid enrollment staff
SeaMar Community Health Center	Dental, Medical, Mental Health	All ages	Paid medical, dental, mental health staff	Unlimited	Monday – Saturday	Appointment for most services; Saturday Urgent Care Clinic = walk in	Sliding fee scale for patients
SeaMar at CYS	Downtown Olympia (711 State Ave)	Primarily youth – up to age 22	SeaMar staff	Varies	Weekly	Walk in and appointments	Free to patients Paid SeaMar staff
Behavioral Health Resources	E&T on Mary Elder Road	Primarily adults	Paid psychologist staff	Total 25 beds	24/7	Appointment and walk in	Medicaid and Sliding fee for treatment; crisis services free; limit 4 visits for immediate care
CHOICE Regional Health Network	2409 Pacific Ave; some enrollment at PSPH	Medicaid enrollment for children	Paid enrollment staff	Unlimited	Mon – Fri; 8am to 5pm	Appointment and walk in	Free to clients Paid enrollment staff
Chronic Disease Self Management: CHOICE and Physicians of Southwest Washington	Community locations	Adults with chronic conditions	Trained in evidence-based model	Enrollment limit 16 per class	Varies	Appointment necessary	Some free, some small fee
Family Caregiver Support Program	4419 Harrison Ave, Olympia	Serving those 18+ unpaid family caregivers	Resource Managers	no limit on access	Open M-F 8-5 (off lunch hour)	Calls or walk-in	Services are free to unpaid family caregivers
Senior Information and Assistance	4419 Harrison Ave, Olympia	Serving those Over 60	Information Specialists provide service	no limit on access	Open M-F 8-5 (lunch Hour closed)	Calls, walk-in and visits sites out of the office	Service is free to 60+

Appendix E

Affordable Care Act and Health Innovation for Washington State

On April 29, 2011, Governor Chris Gregoire transmitted a proposal to the U.S. Department of Health and Human Services (DHHS) outlining the next phase of bold action to transform Washington State's health care system. The original title for this proposal, *Global Medicaid Modernization Initiative*, has been reformulated to HEALTH INNOVATION FOR WASHINGTON. Governor Gregoire set a goal of reducing the overall trend in health care spending in Washington State to no more than four-percent annual per capita growth by 2014, while maintaining or improving patient health outcomes. The requests presented to DHHS, and the opportunities for our community could include:

- ▶ VALUE-BASED BENEFIT AND PAYMENT REFORM with the Intent of creating a health care system where public and private payers and providers test, confirm, then adopt new, common business models that sustain a strong primary care base and promote the delivery of value-based, patient-centered care.
 - This could result in shared savings or other incentive based payment system that rewards coordinating the continuum of care and optimizing value.
 - This could result in additional supplemental benefits for children, pregnant women, individuals with disabilities, and elderly adults.
 - This could include the possibility of pooling Medicaid and the Basic Health Plan option in a common risk pool for managed care coverage.

- ▶ DELIVERY SYSTEM REFORMS with the intent to create a health care system where care is integrated, culturally competent and responsive to the varying needs of rural and urban settings, where providers respond to routine reporting that highlights efficient and inefficient practices and where consumers, providers, and payers make informed decisions for more effective and efficient use of health care resources.
 - This could result in all Medicaid adults and children, and individuals dually eligible for Medicare and Medicaid to be enrolled in a health home that will provide safe, effective, person-centered, timely and accessible health care. This could include enrollment in a health plan that would be contractually required to provide the health home.
 - This could result in policy and financing models to support the “secondary health homes” model. Items for discussion include greater flexibility in the Money Follows the Person program, integrated waiver approaches that focus on individual needs rather than eligibility categories around which delivery silos are built – senior citizens, people with developmental disabilities, or people with mental health conditions -- and financing models that incent and reward collaboration with primary care health homes including shared savings.
 - This could result in expanded health home and health team models for targeted populations of Medicaid adults and children with chronic medical conditions and/or serious and persistent mental illness.
 - This could result in the development and implementation of standardized training systems for public health nurses, community health workers, and other appropriate team members to coordinate care and linkages over a broad range of health services.

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- This could result in funding to coordinate practice improvement strategies that focus on tobacco cessation within the integrated health home, specifically by reaching out to clinics and providers that primarily serve the Medicaid and uninsured patients.
 - This could result in expansion of Chronic Care Management (CCM) for high cost/high risk people engaged in the Aging and Disabilities Services Administration's community-based service system.
 - This could result in funding to expand the Prescription Monitoring Programs (PMP) to include all prescription drugs to enhance coordinated medication therapy management and improved patient outcomes.
 - This could result in determination of the level of behavioral health needs that can be met through the emerging primary care base health homes and establish the linkages and capacity to integrate behavioral health supports into them.
- ▶ CONSUMER ENGAGEMENT with the intent to create a health care system where consumers are informed and incented to take greater responsibility for managing their own health and where they have easy access to health facts, comparative information on costs and quality and available care options.
- This could result in point-of-service variable cost-sharing on the part of Medicaid patients to encourage informed consumer behavior, promote utilization of primary and preventive care benefits, promote adherence to treatment regimens and discourage inappropriate use of specialty care for primary and preventive care purposes.
- ▶ PREVENTION AND WELLNESS with the intent to connect prevention-focused health care and community efforts to increase preventive services. Both clinical and community-based prevention are central to improving and enhancing health. Clinical and community prevention efforts need to be mutually reinforcing – individuals need to receive appropriate preventive care in clinical settings (for example, primary care providers should counsel their patients about the benefits of not smoking or of quitting if they do smoke) and also be supported by community-based resources (such as telephone quit lines that help people stop using tobacco). Identifying and supporting preventive clinical efforts in a variety of sectors, e.g., worksites, is an important component to the early identification of health problems and to enhancing health.
- This could result in regional Centers for Excellence to promote community-based solutions aimed at preventing chronic disease and addressing the risk factors of chronic disease that contribute to high costs of health care.
- ▶ ADMINISTRATIVE SIMPLIFICATION with the intent to reduce administrative costs for public and private health care entities through timely and efficient processing of business transactions between providers, payers and government. Simplify eligibility and enrollment processes to facilitate initial and continuing health care coverage for individuals.
- This could result in Modified Adjusted Gross Income (MAGI) methodology (rather than the current Federal Poverty Level) to be used for determining eligibility for adults eligible for Medicaid, Basic health option and subsidized coverage in the state's Health Benefits Exchange.
 - This could result in initiatives which will improve the accuracy and efficiency of health care data: (1) implementation of a secure provider portal to access information and systems of multiple payers; (2) creation of a single source of provider credentialing; and (3) development of an electronic process that would allow medical providers to submit requests for prior authorization of payment for services.

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- ▶ **STAKEHOLDER INVOLVEMENT:** As Washington State engages with HHS/CMS in negotiating the HEALTH INNOVATION FOR WASHINGTON proposal, it will seek the input of Medicaid consumers and their representatives, Tribes, public and private providers including health plans and Regional Support Networks, other public purchasers, local government and the general public. An organized process for receiving input from and transmitting information to stakeholders will be employed. Frequent opportunities for review and input including use of focus groups and opportunities to comment on draft materials will be provided. Regular updates and reports will be provided to the Joint Legislative Select Committee on Health Reform Implementation.