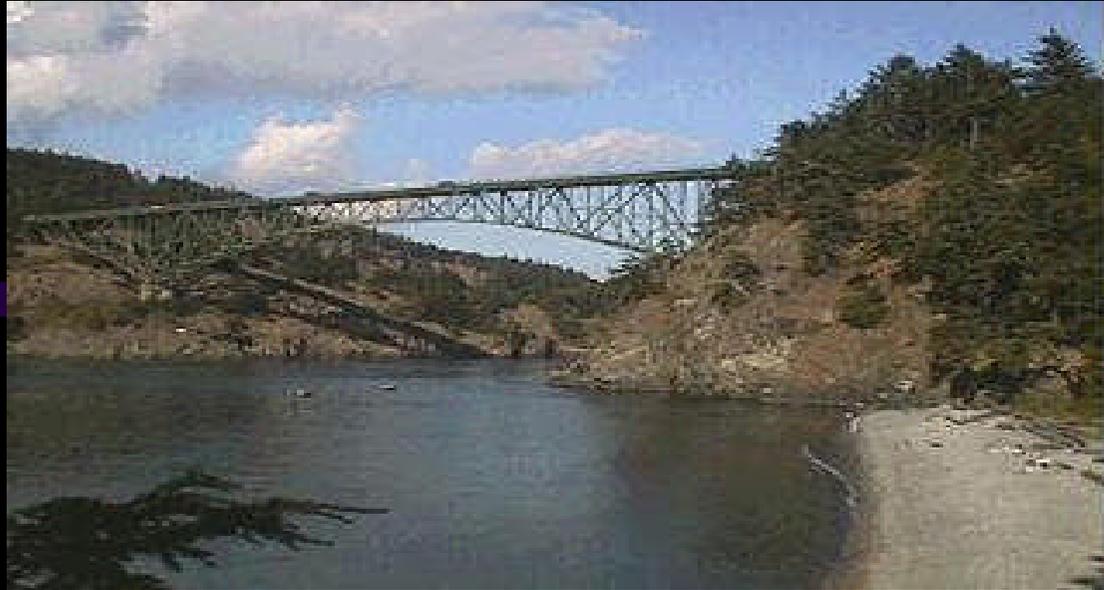


*Prioritizing, Communicating, and
Acting on Health Issues in
Island County*



Island County Community Health
Advisory Board
Presentation to Legislators
December 2, 2003



The Community Health Advisory Board (CHAB) shall assess the needs of community services . . . for local public health, develop policies and procedures by which Island County can address those needs, and assist in assuring the needs identified are met for citizens of Island County . . .

(Island County Ordinance 8.13.020, 1992)

CHAB Structure: Basic Facts

- Membership -
 - Nine to twenty-one persons appointed by the Board of Health plus eight student members
 - Legislation names members meeting certain qualifications
 - CHAB developed a geographic/systems selection process
 - Members serve three years terms
- Officers (Chair, Vice Chair (moves into Chair))
- Staffing
 - Staff & coordination will be provided by the Island County Health Department
- Compensation:
 - All members of the Advisory Board shall serve without compensation

CHAB Basic Facts Continued...

- **Committees:**

All members including student members are encouraged to be active in at least one committee. Specific committees include:

- **Leadership Committee**
- **Membership Committee**
- **Communication Committee**
- **Awards Committee (Health Hero of Island County)**
- **Any special or ad hoc or intermittent committee**
 - Evaluation and Outcomes Task Force
 - Vision Task Force
 - Expanded Board of Health Task Force
 - By-Laws Task Force
 - Environmental Health Assessment Team Steering Committee
 - Budget Task Force
 - Health Action Teams (4)

CHAB Budget Task Force

- At the request of the BOH
- Review the ICHD budget and made recommendations
- Reviewed all programs with support from current expense funds
- Used priority issues as a framework for recommendations

Role of CHAB

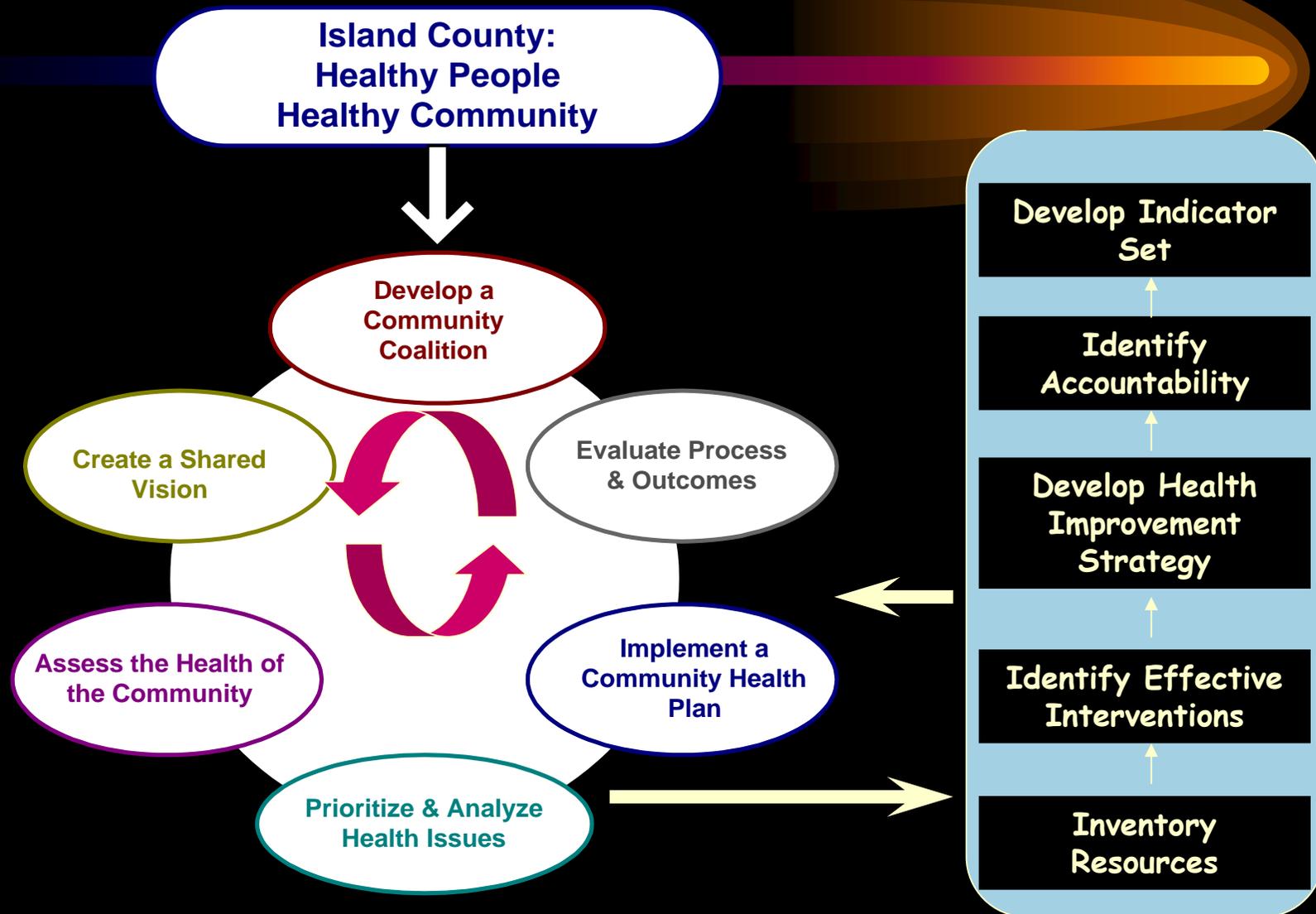
- Advise Board of Health
- Listen to and represent the public's health concerns
- Develop Action Plans
- Recommend Policy
- Write Letters of Support
- Form and/or Participate in Coalitions
- Inform/Educate the Public
- Develop Partnerships
- Make Project/Program Recommendations

What Are We Trying to Do?

- To use data, engaged/knowledgeable community members, and a community process to determine our top health issues
- To document & communicate Island County health issues
- To target our limited health department and community resources to areas of highest needs
- To nurture community partnerships and incent community leaders/agencies to address issues
- To develop new policies and/or programs

CHAB Community Health Process Model

Adapted from the Missouri Department of Health CHART Manual (Community Health Assessment Resource Team)

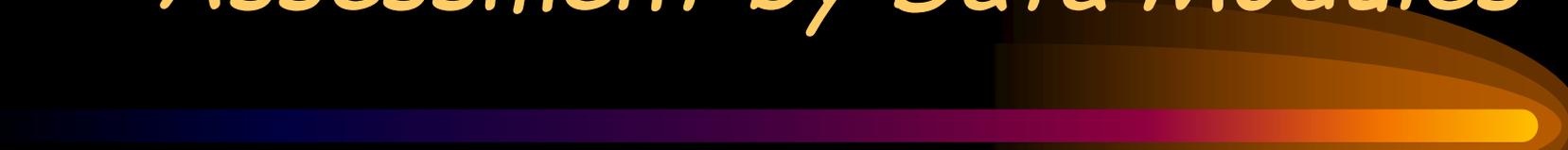


CHAB and the Community Health Process



- Shared Vision
- Assessing Community Health (1996 & 2000-1 BRFSS and other assessments)
- Prioritization (Community Surveys, Youth Summit, Hanlon Method)
- Implementing a Plan (10 Imperatives, 4 Priorities)
- Evaluation (Logic models, Self-evaluation)

Assessment by Data Modules



I. Sociodemographic
Factors

II. Health Care Coverage,
Access and Use

III. General Health
Indicators

IV. Chronic Disease

V. Communicable Disease

VI. Maternal-Child Health

VII. Unintentional Injuries

VIII. Crime & Violence

IX. Mental Health

X. Substance Abuse

XI. Environmental Health

XII. Quality of Life/Social
Context

XIII. Oral Health

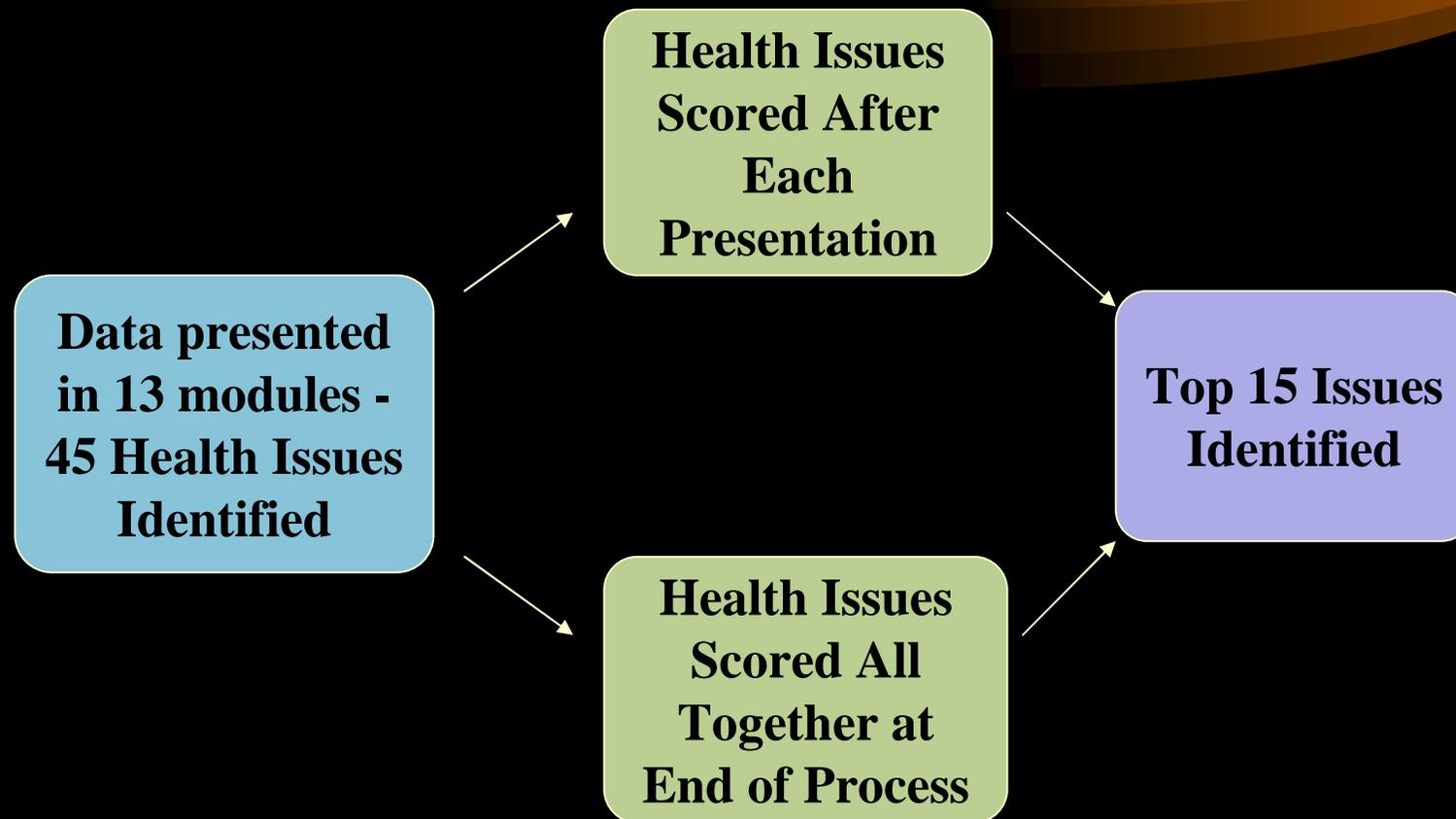
Prioritization Process

Combining Science & Community Sentiment

Health Issue Priority Setting Worksheet

Health Issue	<u>A</u> Size 1 to 10	<u>B</u> Seriousness 1 to 10	<u>C</u> Intervention 1 to 10	<u>D</u> Priority Score $[A + (2 \times B)] \times C$

Scoring of Issues



Top 15 Issues

Scoring Scheme 1

- Need for early infant/parent support
- Physical activity
- Scarce resources for child/adolescent mental health
- Pediatric access to dental care
- Lack of parent support and education
- Scarce resources for mental health prevention services
- Cardiovascular disease
- Overweight/Obesity
- Resource "gap" for working poor and/or uninsured adults
- Hypertension (high blood pressure)
- Cervical cancer screening (Pap Test)
- Colorectal cancer screening (colonoscopy)
- Poverty (income < \$20K/year)
- Demand vs Resources for Mental Health Services
- Diabetes

Scoring Scheme 2

- Hypertension (high blood pressure)
- Need for early infant/parent support
- Adult immunization
- Colorectal cancer screening (colonoscopy)
- Physical Activity
- Resource "gap" for working poor and/or uninsured adults
- Scarce resources for child/adolescent mental health
- Scarce resources for mental health prevention services
- Overweight/Obesity
- Demand vs Resources for mental health services
- Cervical cancer screening (Pap Test)
- STD Rates Very High
- Diabetes
- Depression
- Limited child care choices

CHAB's top four priority areas for Island County...

Early Support for Infants /Parents

- Parent Support
- Parent Education
- Child Care Choice

Mental Health Services & Resources

- Child/Teen
- Uninsured
- Prevention
- Resources
- Depression

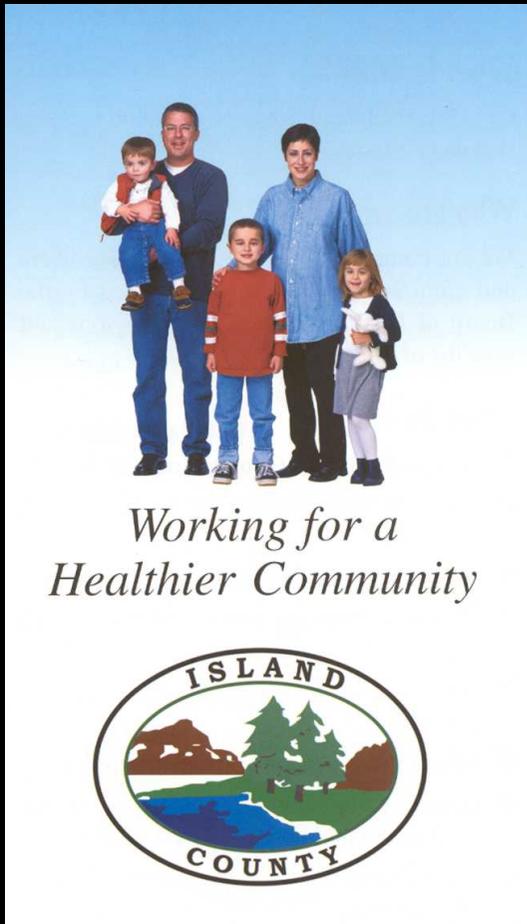
Preventive Health & Screening

- Adult Immunization
- Colonoscopy
- Pap Test
- STD Rates
- Pediatric Dentistry

Physical Activity/Chronic Disease

- Overweight
- Hypertension
- Diabetes
- CVD
- Depression

Community Health Advisory Board CHAB



Priority Health Issues

- Support for Infants & Families
- Mental Health Services

Early Childhood Support & Education



- Parent Support & Education

There is a lack of programs and/or resources available to new parents and/or children in overburdened families ("at risk")

Child Care Findings

- Many families (45.1%) reported having few, one, or none choices for childcare
- Many (16.2%) children being cared for by relatives (.9% in WA)
- 6% report provider doing poor/very poor job responding to child's emotional needs (1.7% WA)
- Poor/very poor safety ratings (6% vs. WA's .9%) and for cleanliness (6.8% vs. WA's .9%)
- Total child care providers and child care "slots" decreased from 1997-1999, while referral calls for care have increased.

Mental Health Services and Resources

- Scarce resources for child/adolescent mental health

Island Mental Health served 490 children in 2000. If we apply federal estimates of children suffering from mental illness, we estimate there are 1.825 children who could use services. There is limited access to child/adolescent mental health professionals in Island County (e.g. hard to find a provider who will accept private insurance)

- Resource "gap" for working poor and/or uninsured adults

There are few mental health professionals able to see persons on a sliding fee scale, and individuals are often unable to pay for services out-of-pocket. Many insurance programs limit their provision of mental health services.

Mental Health Services and Resources



- Scarce resources for mental health prevention services

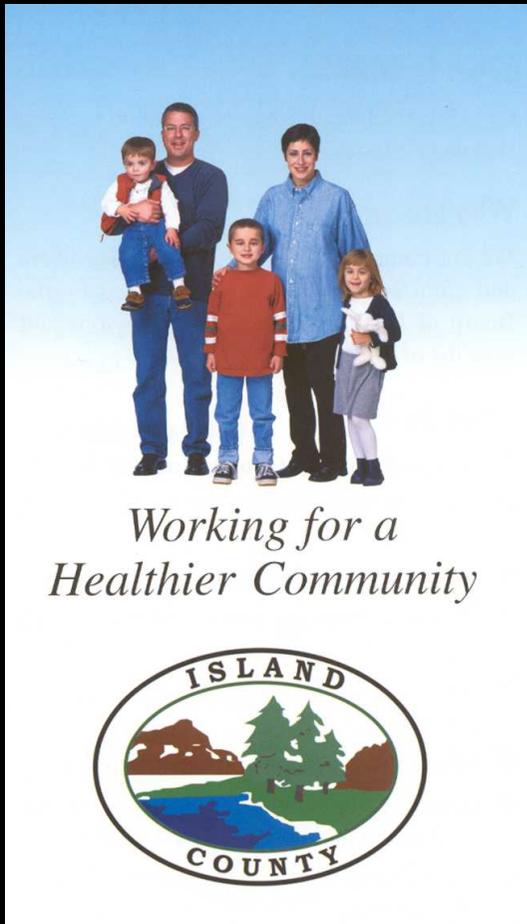
IC has very few support groups and education/outreach resources focused on mental health

- Demand vs. resources for mental health services

- Depression

IC adults with health impairments most frequently reported depression/anxiety/emotional problems (25.8%)

Community Health Advisory Board CHAB



Priority Health Issues

- Prevention & Health Screening
- Chronic Disease & Physical Activity

Causes of Death, Washington vs. Island County

Washington State: (2001)

Island County: (rolling 3-year av.)*

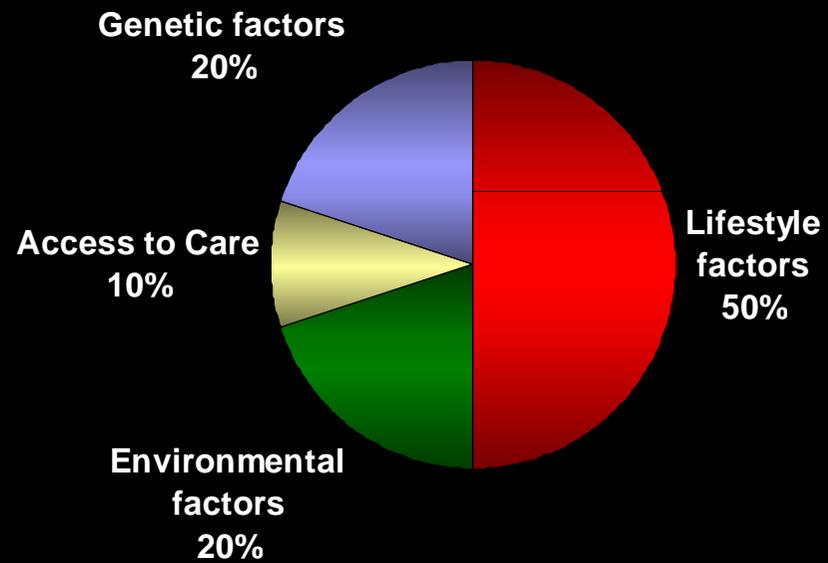
Causes:	Numbers	% of top 10
1. Heart Disease	11,229	25.2
2. Cancer	10,780	24.2
3. Stroke	3,760	8.4
4. COPD	2,636	5.9
5. Injuries (~50% MVA)	2,064	4.6
6. Alzheimer's #8 Nationally	2,051	4.6
7. Diabetes	1,403	3.1
8. Pneumonia / flu	960	2.2
9.* Suicide #11 Nationally	710	1.6
10* Liver Disease* #12 Nationally	571	1.3
All others:	8,399	18.8
Total deaths:	44,563	100.0%

*Nationally:
(9) Nephritis; (10) Septicemia

Causes:	Numbers	% of top 10
1. Heart Disease	158	28.8
2. Cancer	152	27.7
3. Stroke	35	6.4
4. Injury (MVA= 12)	24	4.4
5. Pneumonia / flu	23	4.2
6. COPD	21	3.8
7. Diabetes	17	3.1
8. Suicide	9	1.7
9. Alzheimer's	6	1.1
10. Liver Disease	6	1.1
All others:	94	17.2
Total deaths:	545	100.0%

*Center for Health Statistics, WA DOH (1998-2001 av.)

Etiological Factors Affecting Health



Major Contributing Factors in Disease:

Cause of Death:

1. Heart Disease
2. Cancer
3. Stroke
4. Unintentional Injury
5. Pneumonia
6. COPD
7. Diabetes mellitus
8. Suicide
9. Alzheimer's
10. Liver Disease

Contributing Factors:

1. Lifestyle / Genetics
2. Genetics / Lifestyle / Environment
3. Lifestyle / Genetics
4. Lifestyle / Environment
5. Lifestyle / Environment
6. Lifestyle / Environment
7. Genetics / Lifestyle
8. Access / Environment / Genetics?
9. Genetics? / Lifestyle? / Environment?
10. Lifestyle / Environment / Genetics

Preventive Health/Screening

- **Cervical cancer screening (i.e. Pap Test)**

Women getting their Pap Test has improved in IC since 1996; is still lower (86%) than WA (87.3%) and US (86.8%). Has exceeded HP 2000 goal; trend is in right direction.

- **STD rates very high**

STD rates are higher in IC than the State average... and are rising each of the past 3 years with Chlamydia being by far the most common STD (80% of the cases occurring among those ages 15-24).

- **Pediatric dental care**

Over 10% of families with children wanted dental care for their child in the last two years but were unable to get it

Preventive Health/Screening

Adult immunization

Immunization for seniors: Among BRFSS respondents aged 65 years and older, only 67% received flu shots in the previous year, with 71% having ever received pneumococcal vaccine. (P & I illnesses rank 6th among leading causes of death.)

Tetanus shots: 24% of IC adults either don't know if they are current or know they are not current on their DT shot (recommended every 10 years for adults).

Colorectal cancer screening (i.e. fecal occult blood screening & colonoscopy)

Colon cancer is the 2nd leading cause of death, and is curable when detected early. The HP 2010 goal is for at least 50% of adults over 50 to have a fecal occult blood test every two years. IC reports only 27%. Colorectal Cancer Rates of death from colorectal cancer are higher in IC than WA state.

Physical Activity and Chronic Disease



- **Overweight/Obesity**

Obesity affects 34% of the adult population in IC, and has significantly increased since 1996 (26% → 34%). This rate is significantly higher than HP 2000 and 2010 goals of 20% and 15%. Obesity increases the risk of many chronic diseases..

- **Physical inactivity**

73% of IC residents are at risk for health problems related to lack of exercise. 26 health conditions have been identified as caused or worsened by inactivity, including heart disease, high blood pressure, depression, obesity and some cancers.

Physical Activity and Chronic Disease

- **Hypertension (high blood pressure)**

Hypertension (high blood pressure): High blood pressure affects 28.5% of IC adults; this has increased from 1996 (22.8%). IC levels are above WA (22.1%) and US (23.9%) levels and significantly higher than HP 2010 goals (16%).

- **Cardiovascular Disease**

Cardiovascular Disease: Increases in reported incidence of heart attack (3.8 to 5.4%), angina (2.7 to 5.1%) and stroke (1.9 to 2.6) since 1996.

- **Diabetes**

Diabetes affects 5% of the adult population of IC; has increased since 1996 (from 4.1%); has increased nationally by 33% in the 1990's, reflecting the surge in obesity during the same time period.

Other Health Issues for Island County

Pertussis (whooping cough) Island County still experiences outbreaks of pertussis ('94, '99, and 2000) . . . almost exclusively among unvaccinated children.

Cholesterol: 18% of BRFSS respondents have never had their cholesterol checked.

Smoking / Tobacco consumption is the leading preventable cause of death in the US. 19% of IC adults are at risk for smoking related illnesses.

Adult Asthma: 10.9% of IC adults report that they have been diagnosed with asthma (WA 11.9%, US 10.5%). Is often considered to be an environmental disease and there are well known "triggers" that exacerbate symptoms (tobacco smoke, dust mites, etc.)

Pediatric Asthma: 14% of adults in IC said that they have at least one child that has been diagnosed with asthma. Most common disease of childhood; leading cause of absence from school and 4th leading cause of disability in children

**Maintaining good health is a personal responsibility...
only you can make it happen!**

Stop Smoking . . . ***The single most important preventive measure***

Exercise Regularly . . . At least 3 days per week (at least 45 minutes per day). . . .
Losing weight is a goal, but the exercise is the more important of the two.

Obtain Timely Screening:

- Regular B.P. check
- Pap Smear
- Vascular Screening
- Glaucoma and Retinoscopy screening
- Lab Screen: Blood Sugar - Blood Lipids - Hbg/Hct
- Mammography
- Colonoscopy / hemacult test
- Bone Density for Osteoporosis

Immunizations, stay current: DT – Flu – Pneumococcal (if > 65 y.o.)

Dental check-up: oral health is an often neglected cause of poor health.

Practice Safe Sex: HIV, Hepatitis B, Gonorrhea and Syphilis are still on the rise.

Keep yourself well informed... learn the facts. WGH has regularly scheduled classes on a variety of health topics (class information is on their website, or can be obtained by calling). There are also a host of excellent websites for accurate medical information.

CHAB's Discussion Guideline for Priority Areas



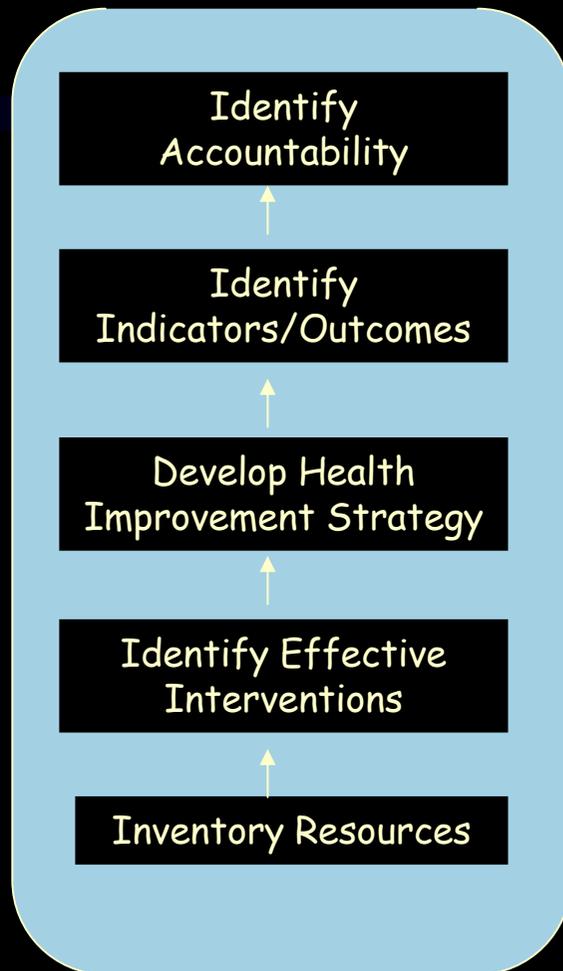
- What can we do something about?
- What can we encourage others to do?
- What should be done?
- What can be done?
- Can issues be grouped together?

Developed Health Action Teams (HATS)

(Framework for Exploring Issues Further)

- Communicate issue (issue paper or fact sheet)
- Policy implications
- Existing resources
- Explore effective, community-based, models for intervention
- Measurable outcomes (evaluation measures)
- Potential partnerships
- Potential for project funding
- Opportunity for social marketing

CHAB Community Health Action Team



• Name accountable partners

• Measurable outcomes (evaluation measures)

• Communicate issue (issue paper/fact sheet)

• Policy implications

• Potential for project/program funding

• Opportunity for social marketing

• Explore effective, community-based, models for intervention

• Existing resources

• Potential partnerships

Health Interventions

- Policy Strategy—Develop ordinances, e.g. a county policy that restricts outdoor burning to reduce dioxin release
- Program strategy—Recommend new programs or projects, e.g. Develop a program model, secure partnerships, and find funding for a new project to explore school and home asthma exposure
- Practice Strategy—Develop a new county-wide tracking system or social marketing strategy; e.g. providers administering flu vaccines will document them on the county immunization registry, public venues will offer healthy food choices
- Communication Strategy: Raise community awareness through issue papers, education, outreach, and/or media coverage

Indicators/Outcomes

- Indicators-component that must be changed or conditions that must be achieved by the actions the community undertakes in order to claim that progress has been made.
- Indicators are usually put in terms of an outcome or output.
- Outcomes include both outcome objectives (measurable, e.g. by 2005, 95% of children by age 4 will have seen a dentist) and process objectives (describe the action to be taken to reach the outcome objective, e.g. a physical coalition will be in place and active)

Where Are We?

- Early Childhood Intervention
 - Health Action Team/Community Partnerships
 - CHAB/BOCC supports home visiting programs (based on past work)
- Mental Health
 - Health Action Team/Community Partnerships
 - Working to support/complement the work of our county Mental Health Advisory Board
 - With WGH, obtained grant to recruit/retain a child-adolescent psychiatrist
 - HAT MD's article throughout community on bipolar condition
- Physical Activity/Chronic Disease
 - Health Action Team /Community Partnerships
 - Partnering with a newly formed Physical Activity Coalition(s)
 - Three activities—targeted at different regions/populations
 - Submitted a grant, not obtained
 - BOH (Mayor of Oak Harbor) phy ed policy recommendation
- Preventive Health/Screening
 - Whidbey General Hospital taking the lead
 - Need for increased accountability
 - Need to plan for increased role and activities

How to Develop a Plan for Getting Community Health Issues on Local Agendas?

- Identify and recruit a planning group (Health Action Team)
- Pick and define your issue carefully (done)
- Plan for a communication campaign, not just for a one-time barrage of information or persuasion
- Address public opinion
- Address unofficial policy
- Address individual responsibility
- Address public policy
- Follow up

How Can Issue Analysis and Policy Development Help Frame Local Agendas?

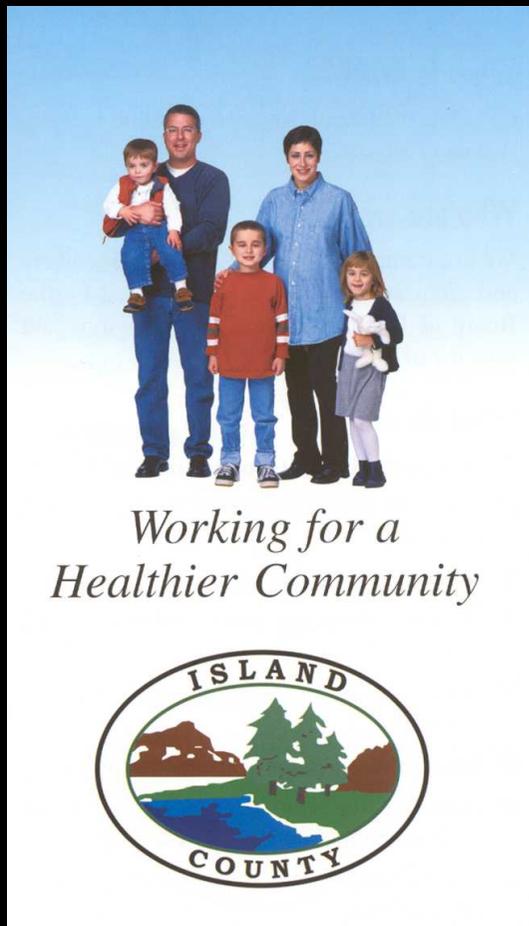
- The resolution of most issues have policy implications
- Policy implies the reallocation of resources or the creation of new resources
- Policy change can involve formal ordinances/laws passed by governing bodies, such as city councils or county boards of health
- It can involve decisions made by local school boards, city councils, other elected officials
- It can include changes in procedures made by other organizations

Accountability?



- Each process objective will have accountability designated, e.g. LHJ will facilitate the implementation of a physical health coalition or physicians will access all adult patients for vaccination
- The accountable parties are responsible for developing an action plan to meet their goals

Community Health Advisory Board CHAB



Review of Health Department Budget

CHAB Budget Task Force



- Request from Island County BOH
- Review the ICHD budget and make recommendations
- Reviewed all programs with support from current expense funds
- Used CHAB Priority Health Issues as framework for recommendations

Program Areas

Children

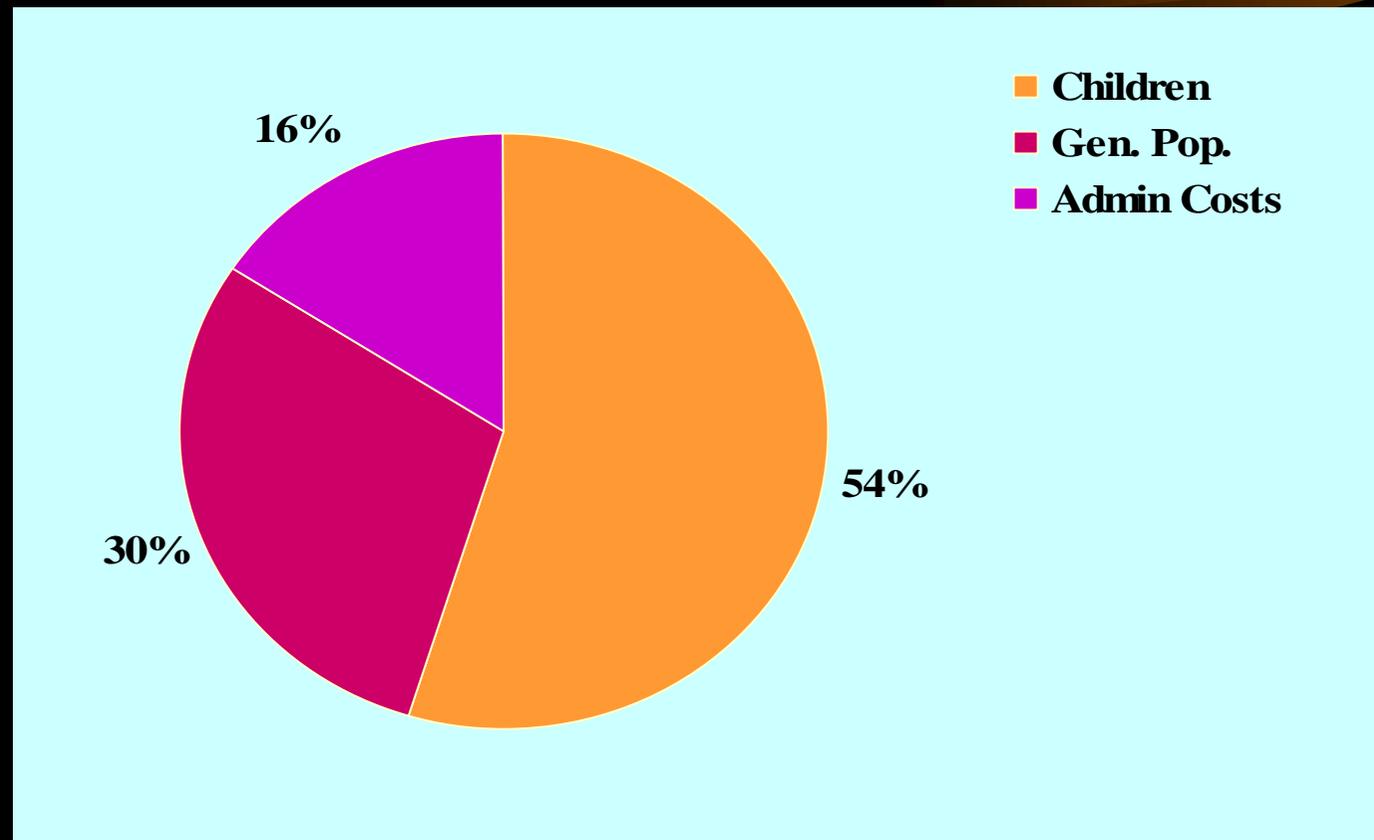
- Young Family Support
- Special Needs
- Abuse Prevention

- Communicable Diseases
- Dental Services
- Nurse Consultations
- Records

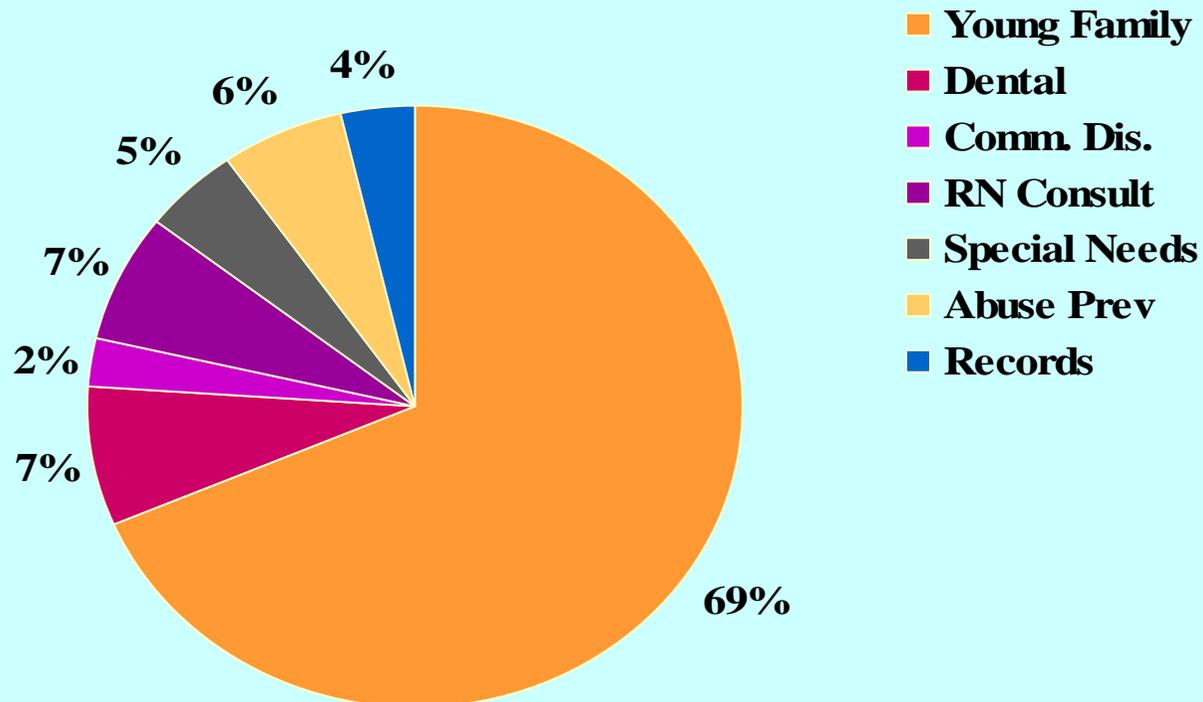
General Population

- Communicable Disease
- Dental Services
- Nurse Consultations
- Records
- Chronic Diseases & Physical Activity

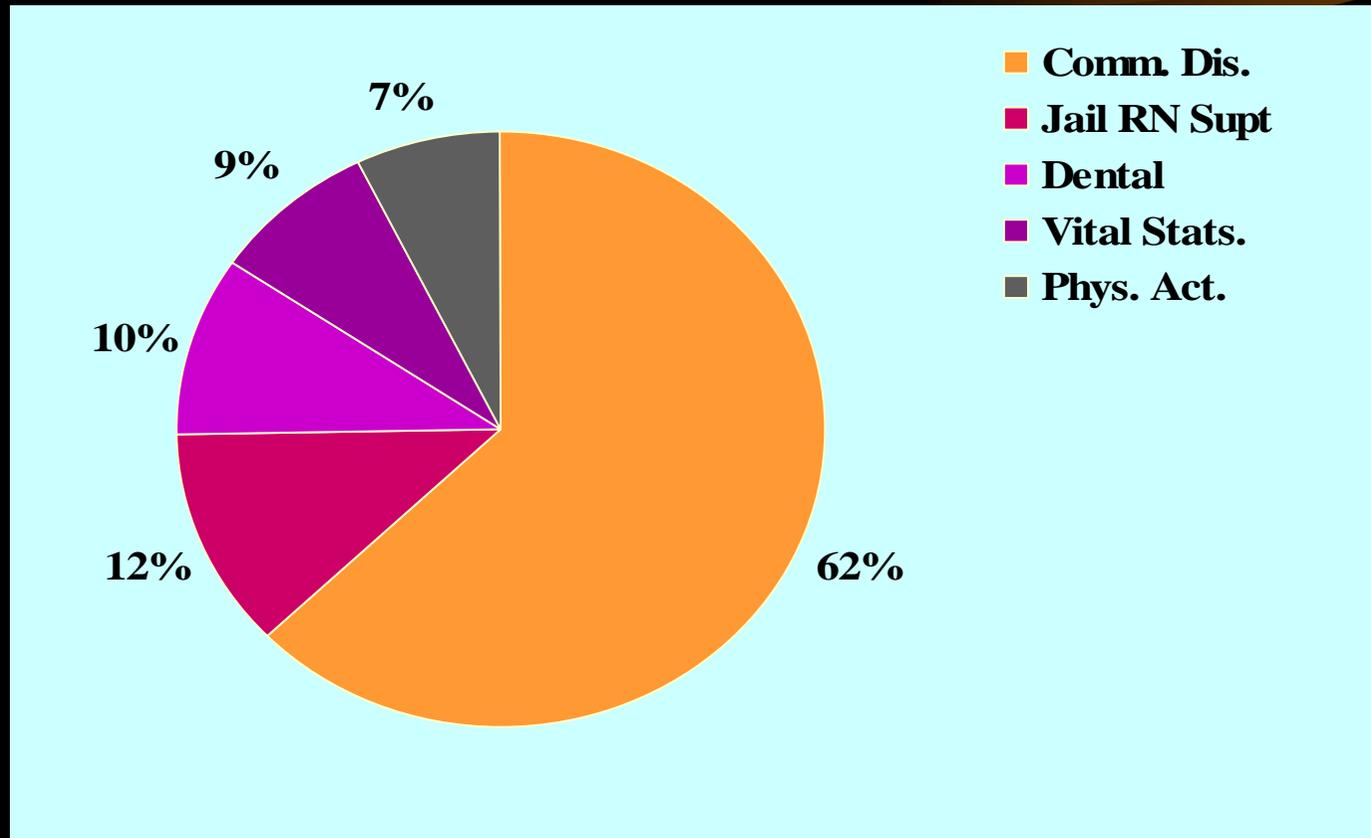
Expenditures by Target Group



Programs for Children & Families



Programs for General Population



Recommendations

Topic Area	Reduce Support	Require to be Self-Sustaining	Maintain Current Funding	Seek Other Funding Sources	Seek Internal Economies and Efficiencies	Consider Increasing Funding	Ensure Contingency Fund
Young Family Support		X	X	X		X	
Abuse Prevention				X		X	
Special Needs			X			X	
Communicable Diseases			X	X	X		X
Dental			X			X	
Nurse Consultation	X	X					
Records			X	X			
Chronic Dis. & Physical Act.		X	X	X		X	
Other Programs			X			X	

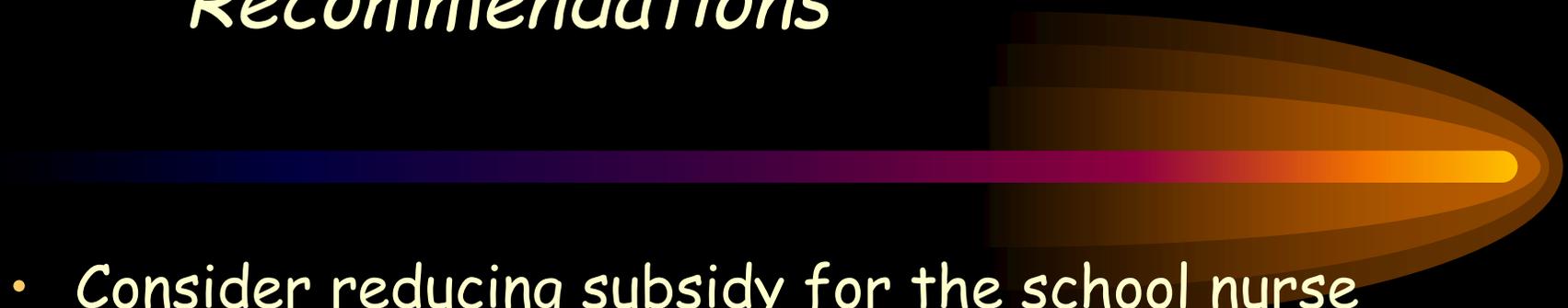
Nurse Consultation Level of Support



Program	Expenditures	County \$	% Nursing Budget
Jail Health	\$43,241.32	\$11,241.32	3.5%
Coupeville Schools	\$13,890.61	* \$1,397.73	1.1%
Skagit/Island Head Start	\$1,665.87	\$0	0.1%
Childcare Consultation	\$6,315.78	\$0	0.5%
Infant/Toddler Initiative	\$25,170.41	* \$3,886.25	2.1%
	<u>\$90,293.99</u>	<u>\$16,525.30</u>	<u>7.3%</u>

* MVET used

Nurse Consultation Recommendations



- Consider reducing subsidy for the school nurse program by current expense funds.
- Consider having other nurse consultation programs completely funded by the agency, or state or federal program, which supports them (*i.e.* count jail, U.S. Government).

Records Level of Support



Program	Expenditures	County \$	% Nursing Budget
Vital Statistics	\$31,088.67	* \$5,842.67	2.5%
Passport	\$24,388.55	* \$1,638.65	2.0%
	<u>\$55,477.22</u>	<u>\$7,481.32</u>	<u>4.5%</u>

* MVET used

Records

Recommendations

- 
- Fees for vital statistics records are set by the State, but amounts do not cover actual costs. Communicate this inadequacy to State lawmakers.
 - Maintain funding for Passport program at no less than current level adjusting for (a) inflation of relevant costs, and (b) imposition of new requirements.

Young Family Support Level of Support



Program	Expenditures	County \$	% Nursing Budget
WIC	\$137,045	* * \$52,023	11.0%
WIC Breast Feed.	\$7,989	\$6,893	0.7%
MCH & M.S.	\$156,643	\$0	12.8%
Family Planning	\$43,323	*\$5,288	3.5%
Healthy Family	\$107,275	\$107,275	8.8%
	<u>\$452,275</u>	<u>\$171,479</u>	<u>36.8%</u>

* * Portion MVET used

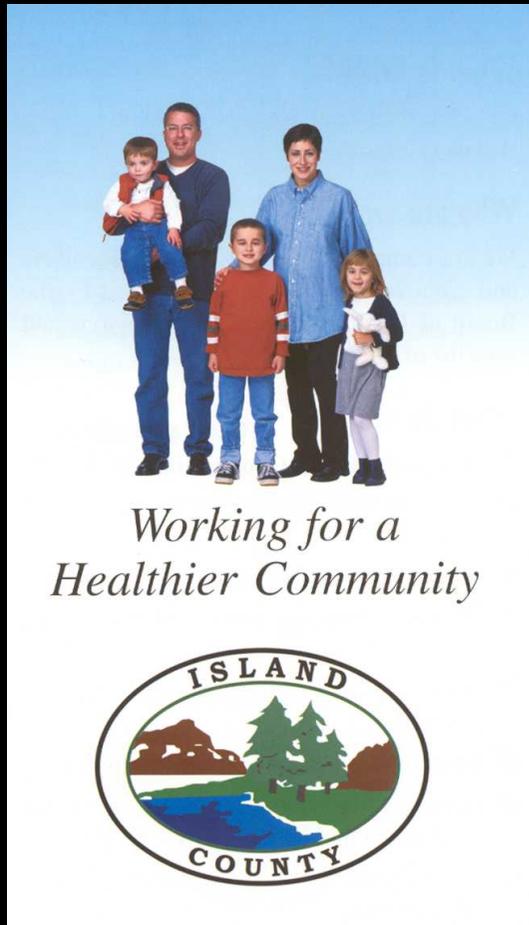
* MVET used

Young Family Support Recommendations



- Search out grant sources to increase level of effort.
- Maintain funding at no less than current levels adjusted for (a) inflation of relevant costs, and (b) imposition of new requirements.
- *WIC, WIC Breast Feeding, & Family Planning*
 - Strive to operate using less current expense funding
 - Continue to advocate to WA State, USDA Congress for increased funding to cover operating costs.
- Consider providing increased current expense funding.

Community Health Advisory Board CHAB



Concluding Remarks

How We Are Defining Success and Tracking Progress?

- Already “successful” in terms of coming to agreement on top health issues
- Future success will be determined by the implementation of intervention strategies, new initiatives/partnerships, and measurable changes in the health state of our population
- Standard data sets and a county-specific BRFSS will help track our progress

What Has Made Our Work Easy/Difficult?



- ↑ Community partners willing to invest money in health assessments/surveys
- ↑ An involved, knowledgeable group of community members (CHAB) willing to devote time and efforts
- ↑ Active, engaged community partners
- ↑ Administrative support and flexibility from ICHD
- ↑ The passions and commitment of all involved
- ↓ Limited staff time and resources for communicating results (\$\$, graphic artist)