



WALLA WALLA COUNTY HEALTH REPORT 2010

Walla Walla County Health Department



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ABOUT THE COMMUNITY HEALTH REPORT

The 2010 Community Health Report builds on the information gathered and reported on in 2009 by the Walla Walla County Health Department. Like the previous report, it is a summary of key community indicators for Walla Walla County. This report has been expanded by adding six important key community indicators. They are teen obesity rates, child dental care, adults with diabetes, adult poor mental health, children with health insurance and adults with health insurance. All of the indicators included in this report are representative of the health of the county and are worth being monitored.



WHAT ARE KEY COMMUNITY INDICATORS?

“Community Indicators are measuring systems, designed, developed and researched by the community members themselves. Indicators are small bits of information that reflect the status of larger systems.

They are like instrument panels that provide citizens with clear and honest information about past trends and current realities and assist them in steering their communities on their desired course. They help civic leaders clarify key issues and challenges or prioritize spending when budgets are tight.”

From The Community Indicators Handbook by Tyler Norris, Alan AtKisson, et.al. 1997

RATINGS: Each key community indicator was given a rating to represent its status. Individual indicators were given a rating of either *healthy*, *caution*, or *critical*. *

A *healthy* rating means an indicator is the same or better than: 1.) itself in previous years, 2.) the state, 3.) the nation, and 4.) Healthy People 2010 target goals or other similar federal guidelines for the same indicator category when these guidelines are available.

A *caution* rating means an indicator is worse than one of the following: 1.) itself in previous years, 2.) the state, 3.) the nation, and 4.) Healthy People 2010 target goals or other similar federal guidelines for the same indicator category when these guidelines are available.

A *critical* rating means the indicator is worse than two or more of the following: 1.) itself in previous years, 2.) the state, 3.) the nation, and 4.) Healthy People 2010 target goals or other similar federal guidelines for the same indicator category when these guidelines are available.

*Changes discussed in ratings are statistically significant unless otherwise noted.

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THE PEOPLE OF WALLA WALLA COUNTY

PEOPLE	COUNTY	STATE
Population	59,600	6,664,195
Median Age	36.7	36.9
Males	51.5%	49.9%
Females	49.5%	50.1%
65 years and older	15.7%	12%
18 and under	22.4%	23.5%

EDUCATION	COUNTY	STATE
High School Graduates	81.1%	87.1%
Person's 25+ with a Bachelor's Degree	23.3%	27.7%

POVERTY	COUNTY	STATE
Residents Living Below Federal Poverty Line (FPL)	17.7%	11.3%
Residents Under age 17 Living Below FPL	22%	13.4%

GEOGRAPHY	COUNTY	STATE
Land Area (in square miles)	1,270	66,544
Person's Per Square Mile	46	88.6

EMPLOYMENT/INCOME	COUNTY	STATE
Annual Unemployment Rate	6.7%	8.9%
Annual Unemployment Rate Compared with Last Year	up 1.9%	up 3.5%
Median Household Income (projection 2009)	\$41,121	\$52,413

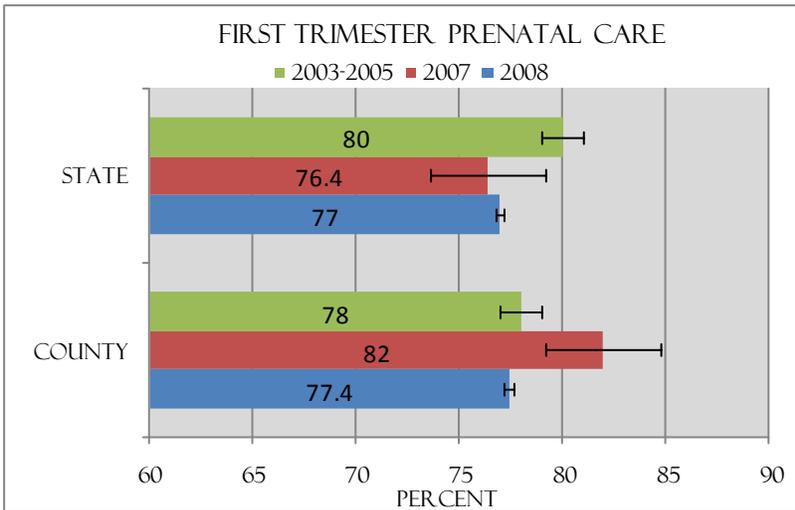
Source: State Office of Financial Management (OFM) website; www.fedstats.gov; quickfacts.census.gov; www.choosewashington.com



Photo: US National Institutes of Health



Indicator: The percent of women who received prenatal care during the first trimester of pregnancy.



CRITICAL RATING

This indicator is given a critical rating because the number of women in Walla Walla County receiving prenatal care in their first trimester has gone down more than 4% between 2007 & 2008, thus we are doing worse than ourselves in the previous year. This is a statistically significant decrease. The county is doing slightly better than the state, but we are not meeting the Healthy People 2010 target goal. That goal is to increase the percent of women seeking early prenatal care to 90 percent.



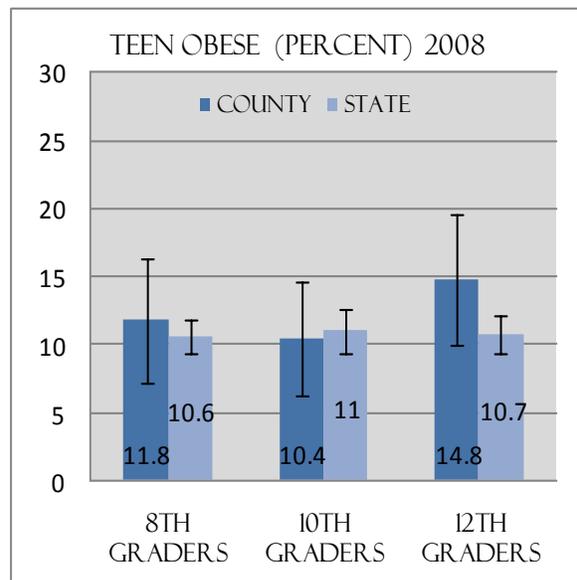
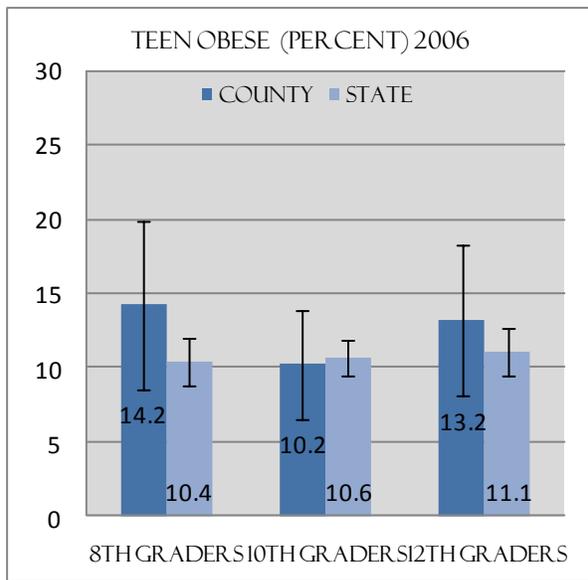
In 2008, 709 women in Walla Walla County sought prenatal care beginning at some point during the course of their pregnancy. Of those 729 women receiving care, 555 of them began receiving it during the first trimester of their pregnancy, 8 received no care, and 20 were unknown if or when they sought care. Overall the number of women beginning care in the first trimester is good however, when looking closely at the data from 2003 through 2008, it is apparent there has been a slight decline in women seeking care in their first trimester. For this reason, an effort should be made to increase this number. So while we in Walla Walla County have a higher percentage than the overall state of women seeking first trimester prenatal care, we need to be advised that we have done better in the past and can improve on this indicator in the future.¹

FACT

THE MARCH OF DIMES REPORTS THAT WOMEN WHO SEE A HEALTHCARE PROVIDER REGULARLY DURING THEIR PREGNANCY HAVE HEALTHIER BABIES AND ARE LESS LIKELY TO HAVE A PRE-TERM DELIVERY. FOR THE HEALTH OF MOTHER AND CHILD IT IS ADVANTAGEOUS FOR MOTHERS TO SEEK EARLY PRENATAL CARE.²

THE MARCH OF DIMES ALSO REPORTS THAT THE AVERAGE COST OF A PRETERM OR PREMATURE BABY IS A STAGGERING \$51,600 COMPARED WITH A VAGINAL DELIVERY WITHOUT COMPLICATIONS WHICH IS \$7,737 AND A CAESAREAN-SECTION DELIVERY WHICH IS \$10,958. THIS IS FURTHER REASON WHY STARTING PRENATAL CARE IN THE FIRST TRIMESTER IS SO IMPORTANT.³





Indicator: The percent teens of who are considered obese. Obese includes students who are in the top 5% for body mass index by age and gender based on growth charts developed by the Centers for Disease Control and Prevention.

CAUTION RATING

This indicator has been given a caution rating. While on average the county is similar to the state in the number of students who are obese, the indicator is considered a caution because it is worse than the Healthy People 2010 target goal of reducing the number of obese children and teens to 5%. *Healthy People 2010* identified overweight and obesity as 1 of 10 leading health indicators but little progress has been made at the county, state or national level toward the target goal.⁵

Nationwide Fast Facts from the CDC:

- ~Percent of adolescents age 12-19 years who are obese: 18% (2007-2008)
- ~Percent of children age 6-11 years who are obese: 20% (2007-2008)
- ~Percent of children age 2-5 years who are obese: 10% (2007-2008)⁶

Childhood overweight is regarded as the most common prevalent nutritional disorder in children and adolescents in the country and is one of the most common problems seen by pediatricians.

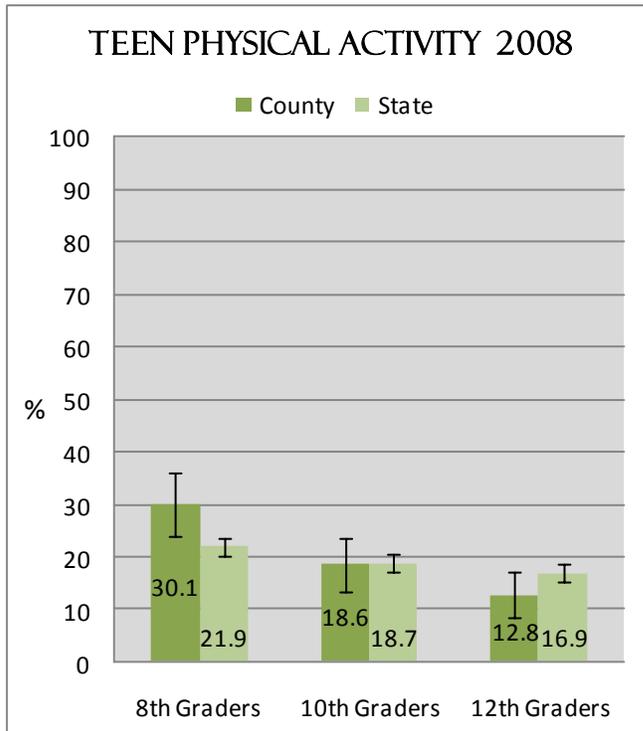
Teens who are overweight or obese are at risk for negative psychological and health outcomes including:

- Depressive symptoms
- Poor body image
- Low self-concept
- Risk for eating disorders
- Insulin resistance
- Type 2 diabetes
- Hypertension
- Sleep apnea
- Early puberty
- Non-alcoholic steatohepatitis (fatty infiltration and inflammation of the liver)⁷



1 in 5 school aged kids has up to 6 snacks a day and food portions are 2 to 5 times bigger than they used to be 30 years ago⁸

Indicator: Percent of teens who engage in 60 minutes of physical activity everyday.



Physical activity is an essential component of a healthy lifestyle. In combination with healthy eating, it can help prevent a range of chronic diseases, including heart disease, cancer, and stroke, the three leading causes of death. Physical activity helps control weight, builds lean muscle, reduces fat, promotes strong bone, muscle and joint development, and decreases the risk of obesity. Research has also found that physical activity is related to improvements in mental health, helping to relieve symptoms of depression and anxiety and increase self-esteem. In addition, some studies show that physical activity is correlated with improved academic achievement. Children need 60 minutes of active and vigorous play every day to grow up to a healthy weight.⁹

CAUTION RATING

According to the *Physical Activity Guidelines for Americans*, developed in 2008 by a committee convened by the U.S. Department of Health and Human Services, all children and adolescents should participate in physical activity at least 60 minutes every day⁹. In Walla Walla County we are not meeting that recommendation set forth by the federal government. The average number of 8th, 10th and 12th graders getting the recommended amount of physical activity is less than 1 in 4 which is why this indicator has been given a caution rating even though 8th graders in the county are doing slightly better than the state, and 10th and 12th graders are consistent with the state.

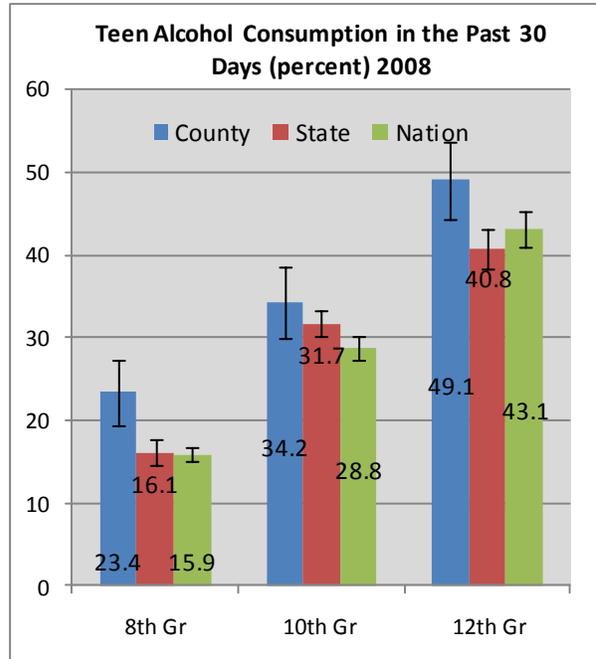
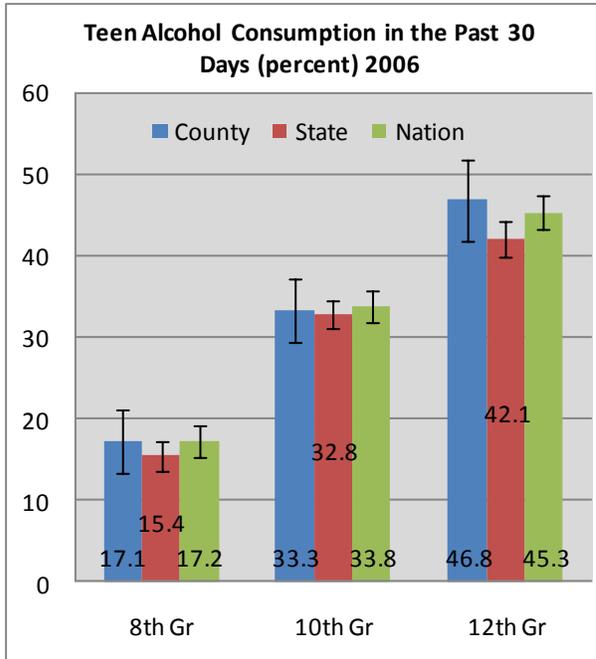


To increase physical activity today's youth need:

- ~Safe routes to walk and bike to school
- ~Clean and safe parks, playgrounds and community centers where they can play after school and be active in sports
- ~Dance or fitness programs that are exciting or challenging to keep them engaged

To increase physical activity schools can:

- ~Add additional physical education classes
- ~Increase physical activity during before and after school programs
- ~Increase recess time
- ~Open school facilities for student and family recreation in the late afternoon and evening⁸



CAUTION RATING In 2006 Walla Walla County was similar to both the state and the nation in 8th grade, 10th grade and 12th grade alcohol consumption rates during a previous 30 day period. In 2008 there has been no statistically significant change in the rates of alcohol consumption among 10th graders in the county compared to 10th graders in the state and nation or with 12th graders in the county compared to 12th graders in the nation. However, there has been an increase in the rate of alcohol consumption among 8th graders in the county compared to 8th graders in the state and nation as well as an increase with 12th graders in the county compared to 12th graders in the state. For this reason a caution rating is given.



Reality Check

The 2009 Youth Risk Behavior Survey found that among high school students, during the past 30 days:

- ~ 42% drank some amount of alcohol.
- ~ 24% binge drank.
- ~ 10% drove after drinking alcohol.
- ~ 28% rode with a driver who had been drinking alcohol.¹⁰

A FEW DANGERS OF UNDERAGE DRINKING

1. DEATH: EACH YEAR AN ESTIMATED 5,000 PEOPLE UNDER THE AGE OF 21 DIES FROM ALCOHOL RELATED INJURIES. ALCOHOL IS A FACTOR IN ABOUT 4 OF EVERY 10 DEATHS FROM CAR CRASHES, DROWNINGS, BURNS, FALLS AND OTHER UNINTENTIONAL INJURIES.

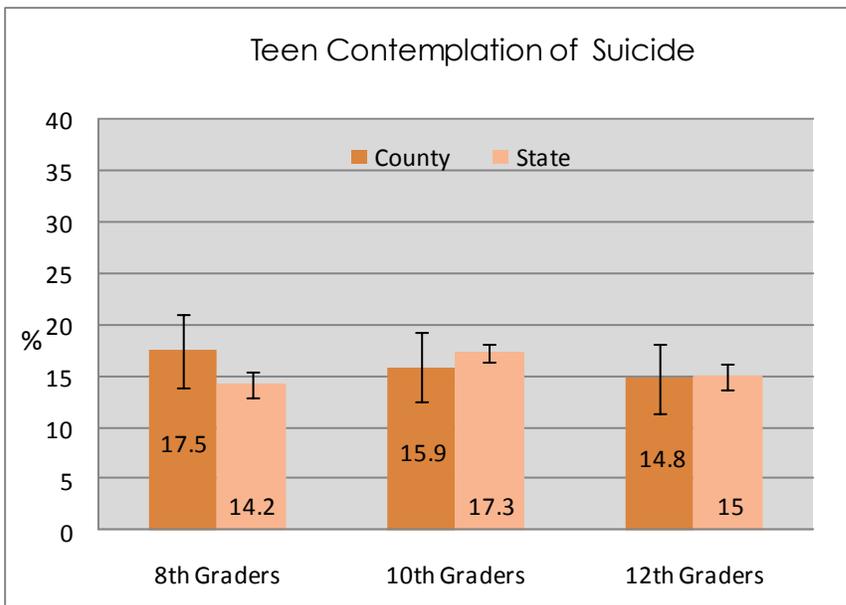
2. ADDICTION: THE YOUNGER YOU ARE WHEN YOU START DRINKING, THE GREATER YOUR CHANCES OF BECOMING ADDICTED TO ALCOHOL AT SOME POINT IN YOUR LIFE. MORE THAN 4 IN 10 PEOPLE WHO BEGIN DRINKING BEFORE AGE 15 EVENTUALLY BECOME ALCOHOLIC.

3. THINKING PROBLEMS: TEENAGE BRAINS ARE STILL DEVELOPING AND NEW RESEARCH ON TEENS WITH ALCOHOL DISORDERS SHOWS THAT HEAVY DRINKING IN THE TEEN YEARS CAN CAUSE LONG LASTING HARM TO THINKING ABILITIES.¹¹

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Unwanted, unplanned, and unprotected sexual activity.
- Physical and sexual assault.
- Higher risk for suicide and homicide.
- Disruption of normal growth and sexual development.
- Abuse of other drugs.¹⁰





Indicator: Percent of teens who contemplated suicide in the past 12 months.

Healthy Rating

This indicator has been given a healthy rating because Walla Walla County is similar to the state when it comes to the percent of teens who have seriously contemplated suicide in the past twelve months. We are consistent with the national statistics as well. The CDC reports that in 2009 14 percent of teens nationwide seriously considered suicide.

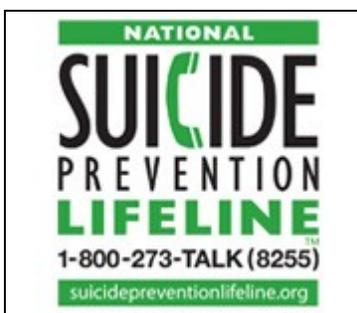
Each week in Washington State an average of two young people die by suicide and another 17 suicide attempts result in hospitalizations.¹²



Nation wide, suicide is the third leading cause of death for young people aged 15-24 and the 4th leading cause of death for young people aged 10-14.¹³

Teen Suicide: Indications of a Suicide Plan

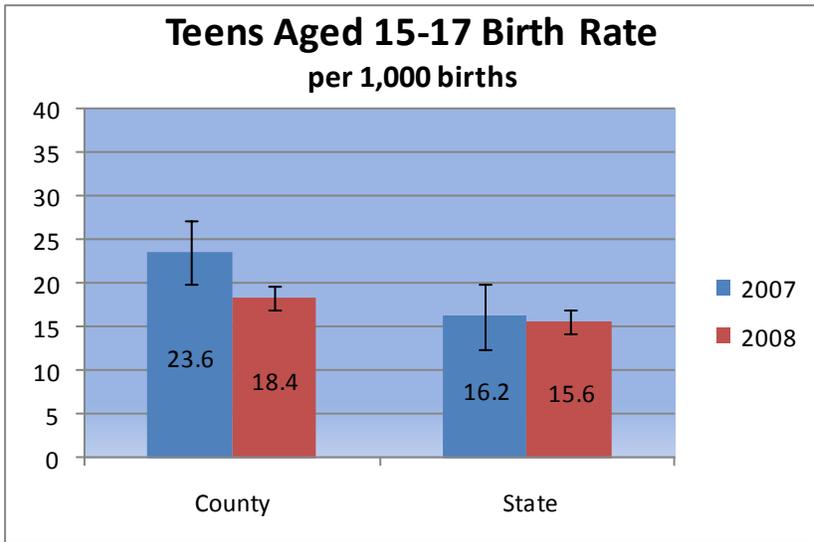
- Actually says, "I'm thinking of committing suicide" or "I want to kill myself" or "I wish I could die."
- There are also verbal hints that could indicate suicidal thoughts or plans. These include such phrases as: "I want you to know something, in case something happens to me" or "I won't trouble you anymore."
- Teenager begins giving away favorite belongings, or promising them to friends and family members.
- Throws away important possessions.
- Shows signs of extreme cheerfulness following periods of depression.
- Creates suicide notes.
- Expresses bizarre or unsettling thoughts on occasion.¹⁴



With many pressures and a variety of emotional, social and family issues to confront, many teenagers find themselves having suicidal thoughts. Part of averting a teen suicide is being involved in your teen's life and watching for teen suicide warning signs. It is also important to note that many of the teen suicide warning signs are also indications of depression.¹⁴



Indicator: Number of live births per 1,000 among teens aged 15-17 years old.

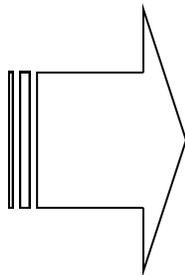


Healthy Rating

When it comes to teens age 15 to 17 years old giving birth, Walla Walla County has seen a reduction between 2007 & 2008. In 2007 & 2008 we were similar to the state which is why this indicator is rated as healthy. Furthermore we are meeting the Healthy People 2010 goal of reducing the number of births among 15-17 year olds to 43 per 1,000 births. It is also important to note that in 2004 the county ranked fourth in the state for highest teen birth rate among women aged 15-17 and in 2008 we have significantly improved our standing. We now rank eleventh among all counties in the state.

PREVENTING TEEN PREGNANCY
 IT HAS BEEN FOUND THAT TEENS WHO HAVE A GOOD RELATIONSHIP WITH THEIR PARENTS ARE LESS LIKELY TO EXPERIENCE A PREGNANCY. GOOD COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN IS THE KEY TO ENSURING CHILDREN MAKE THE RIGHT DECISIONS WHEN IT COMES TO THEIR SEXUAL ACTIVITY.¹⁵

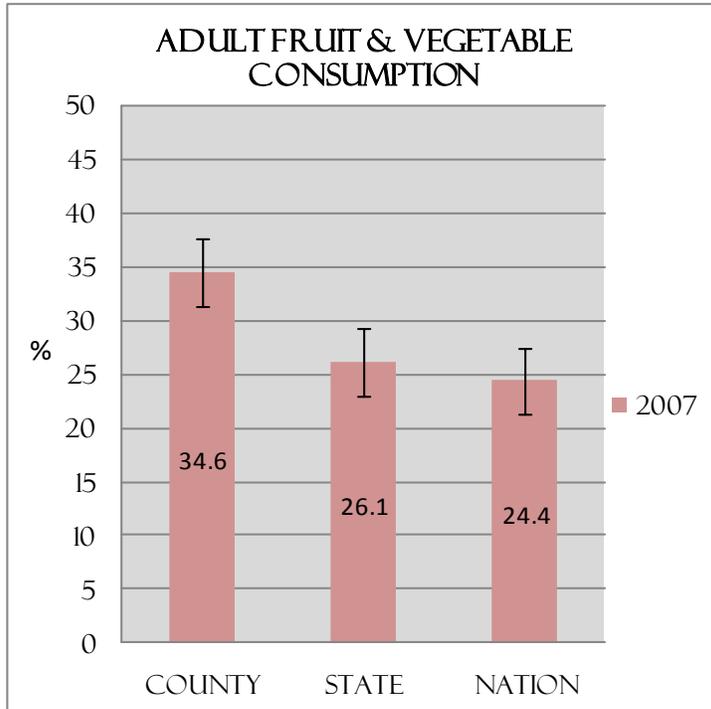
IN THE UNITED STATES, 15 - 17 YEAR-OLD PREGNANCY RATES DROPPED BY AS MUCH AS 23% BETWEEN 1992 AND 2000, WHILE THE RATE FOR 18 TO 19 YEAR-OLDS DROPPED BY 11%.¹⁵



What are the public health implications of teen pregnancy? Early prenatal care is vital for detecting pregnancy risks and assuring healthy birth outcomes. In Washington State in 2005, girls ages 15-17 giving birth received late or no prenatal care almost three times more often than women 20 years and older. Infants born to teen mothers are one and a third times more likely to be born prematurely, and 50 percent more likely to be low birth weight babies (under 5.5 pounds). Low birth weight and prematurity raise the probability of a number of adverse conditions, including infant death, blindness, deafness, mental retardation and cerebral palsy.¹⁶

What are the societal implications of teen pregnancy? Children born to single teenage mothers "are more likely to drop out of school, to give birth out of wedlock, to divorce or separate, and to become dependent on welfare, compared to children with older parents." Sons of adolescent mothers are almost three times more likely to be incarcerated than sons of mothers who delay childbearing until older.¹⁶

ADULT FRUIT AND VEGETABLE CONSUMPTION

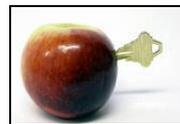


Indicator: Adults 18 years or older who report eating fruits and vegetables 5 or more times per day.

The national *Healthy People 2010* fruit objective and vegetable objective are to increase the proportion of Americans aged at least 2 years consuming daily ≥ 2 servings of fruit to 75% and ≥ 3 servings of vegetables to 50%, respectively. Here are some potential action items that can be implemented at the policy level to increase access, availability and affordability of fruits and vegetables:

1. Provide Financial and nonfinancial incentives to food retailers to open new stores and/or offer healthier food and beverage choices
2. Provide support to farmers markets to purchase wireless electronics benefits transfers (EBT) devices to make it possible for them to accept Supplemental Nutrition assistance (SNAP) and WIC Program EBT cards.
3. Engage in outreach and education to encourage residents in lower income neighborhoods and SNAP and WIC recipients to use farmers markets and farm stands where they are available.¹⁷

HEALTHY RATING This indicator is given a healthy rating because Walla Walla County is doing better than both the state and the nation in the percent of adults consuming fruits and vegetables. The most recent data for the state and nation from the CDC in 2009 indicates that the percent of adults consuming fruits and vegetables at least 5 times a day is 25.1 and 23.4 respectively. This data indicates that both the state and the nation are trending downward in their rates of adult fruit and vegetable consumption. Comparing the most recent local data available, which is from 2007, to this most recent state and national data, the county is still doing better than both the state and the nation. When local data is available for 2009 we are forecasting that the county will improve upon this already healthy rating.



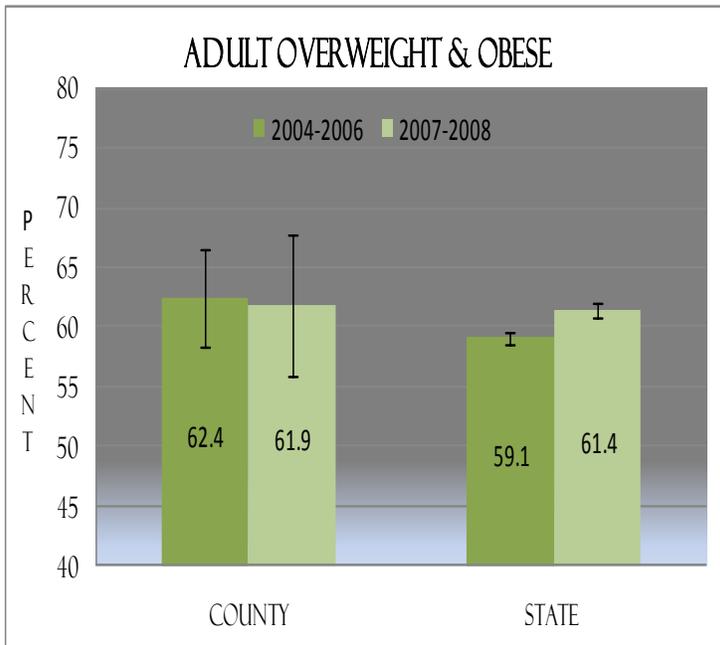
Why eat MORE fruits and veggies?

1. Fruits and veggies add color, texture ... and *appeal* ... to your plate.
2. Fruits and veggies provide fiber that helps fill you up and keeps your digestive system happy.
3. Fruits and veggies are naturally low in calories.
4. Fruits and veggies are rich in vitamins and minerals that help you feel healthy and energized.
5. Fruits and veggies are available in an almost infinite variety...there's always something new to try!¹⁸

Eating a colorful variety of fresh, frozen, canned, and dried fruits and vegetables (including 100% juice) is an easy and positive step in helping to lead a healthy life. Eating more fruits and veggies matters when it comes to maintaining a healthy weight—and it may even reduce your family's risk of many diseases, including heart disease, high blood pressure, and some cancers.¹⁸



ADULT OVERWEIGHT AND OBESE



Indicator: Percent of adults age 18 and older who have a body mass index (BMI) greater than 25.

CAUTION RATING

The county is similar to the state in the number of people who are overweight and obese. The county also has a similar rate of overweight and obese adults in 2004-2006 as in 2007-2008. The Healthy People 2010 target goal is to reduce the rate of adults 20 and older who have a body mass index (BMI) rating of 25 or more to 40 percent and their target goal for 18-19 year olds is to reduce the number of those with a BMI greater than 25 to 5 percent. Based on these recommendations we are not coming close to this goal, thus a caution rating is given.

Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity. Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status. Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.²²



Between 1980 and 2000, obesity rates doubled among adults. About 60 million adults, or 30% of the adult population, are now obese.²¹



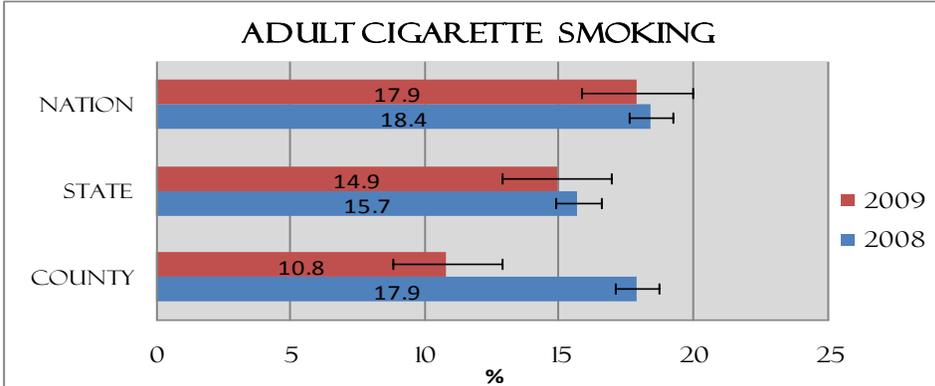
Location	Steps to Help Prevent and Decrease Overweight and Obesity
Home	<ul style="list-style-type: none"> *Reduce time spent watching television and other sedentary activities *Build physical activity into regular routines
Work	<ul style="list-style-type: none"> *Create more opportunities for physical activities at worksite
Community	<ul style="list-style-type: none"> *Promote healthier food choices, including eating more fruits and vegetables and smaller portion sizes *Encourage the food industry to offer more reasonable food and beverage portion sizes *Encourage food outlets to increase the availability of low-calorie, nutritious food items *Create opportunities for physical activities in communities²²

Adverse Childhood Experiences (ACE's) is a study that is currently going on in our community and in other communities across the state and the nation. The study looks at the link between adverse childhood experiences (ACE's) and health related problems later in life. Specifically, ACE's are categorized as experiencing one or more of the following as a child: abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home. Among the outcomes associated with having one or more ACE's is cardiovascular disease and obesity.²³

Viewing child maltreatment and related experiences as a set of exposures that have broad implications for human development and prevention of public health problems is a new concept. In 2009 the ACE questions (ACE module) were added to the Washington BRFFS. Other state health departments are now using these questions as well.²³ We look forward to hearing more about this research project and it's impact on our community and leading health and social problems in the future. For more information email: teri.barila@wwcc.edu

ADULT CIGARETTE SMOKING

Indicator: Percent of adults 18 and older who have smoked 100 or more cigarettes in their lifetime and are current smokers.



HEALTHY RATING

This indicator is given a healthy rating because the county has seen a statistically significant (using standard error) drop in adults who are current smokers, thus we are doing better than ourselves in 2008. Furthermore, we in Walla Walla county currently have a lower rate of adult smokers than the nation which is an improvement for 2009. In 2008 we were consistent with the nation but doing worse than the state. The Healthy People 2010 goal is to reduce the percent of adults who are smokers to 12% and we are currently in range of this goal. We are meeting the state goal of reducing the number of adult smokers to 16.5% or lower by 2010.

In Walla Walla County:

- 6,300 adults smoke
- 700 adults use smokeless tobacco
- 70 infants are born annually to mothers who smoke during pregnancy
- 600 youth smoke
- 200 youth use smokeless tobacco
- 4,800 adults are exposed to secondhand smoke
- 3,700 youth are exposed to secondhand smoke
- 50 cancers diagnosed each year are smoking-related
- 90 adults die annually from smoking-related causes
- 49% of smokers tried to quit in the last year
- 19% of smokers who have health insurance say their insurance covers help in quitting
- Tobacco use costs WW county \$12.4 million in healthcare and lost wages every year²⁴



CDC Fact Sheet for Washington State:

Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding 2 weeks has remained lower in Washington State than in the nation overall. Currently, Washington State ranks 3rd among the states for workplace exposure, at 4.3%.²⁵

In Washington State, 15.7% of the adult population (aged 18+ years)—over 786,000 individuals—are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Washington State ranks 6th among the states.²⁵

Economic Costs Associated with Smoking

*During 2000–2004, cigarette smoking was estimated to be responsible for \$193 billion in annual health-related economic losses in the United States (\$96 billion in direct medical costs and approximately \$97 billion in lost productivity).

*The total economic costs (direct medical costs and lost productivity) associated with cigarette smoking are estimated at \$10.47 per pack of cigarettes sold in the United States.

*Cigarette smoking results in 5.1 million years of potential life lost in the United States annually.²⁶



MAY 31
WORLD NO TOBACCO DAY

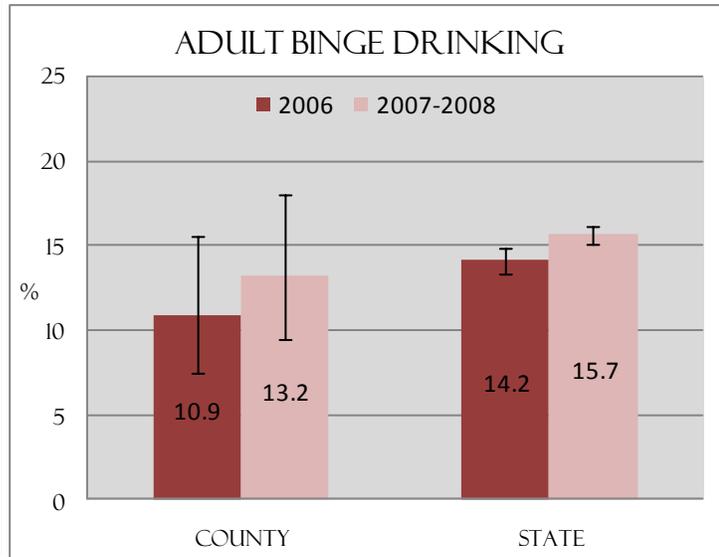
FOR HELP WITH QUITTING: 1-800-QUIT-NOW
WWW.QUITLINE.COM

ADULT BINGE DRINKING

CAUTION RATING

The county has remained similar to the state in the percent of adults who report binge drinking on at least one occasion in the past 30 days. However, neither the county or the state are meeting the goal set forth in the Healthy People 2010 objectives which is to reduce the number of adults who binge drink to 6 percent. This is why a caution rating is given. The most recent data put out by the CDC in 2009 indicates that the national and state rates of adult binge drinking remain steady at 15.8 and 15.2 respectively. When the county 2009 data for this indicator comes out we look forward to comparing our progress with the state and nation in an effort to reduce the number of adults that engage in binge drinking.

Indicator: The percent of adults 18 or older who report binge drinking (5 drinks for men, 4 for women) on at least one occasion in the last 30 days.



CDC FACT SHEET on BINGE DRINKING: Binge drinking is a common pattern of excessive alcohol use in the United States. The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours. Binge drinking is associated with many health problems, including: **1.)** Unintentional injuries (e.g., car crashes, falls, burns, drowning) **2.)** Intentional injuries (e.g., firearm injuries, sexual assault, domestic violence) **3.)** Alcohol poisoning. **4.)** Sexually transmitted diseases **5.)** Unintended pregnancy **6.)** Children born with Fetal Alcohol Spectrum Disorders **7.)** High blood pressure, stroke, and other cardiovascular diseases **8.)** Liver disease **9.)** Neurological damage **10.)** Sexual dysfunction **11.)** Poor control of diabetes.²⁷

EXCESSIVE DRINKING INCLUDES HEAVY DRINKING, BINGE DRINKING OR BOTH.

MOST PEOPLE WHO BINGE DRINK ARE NOT ALCOHOLICS OR ALCOHOL DEPENDENT.²⁸

THERE ARE APPROXIMATELY 79,000 DEATHS ATTRIBUTABLE TO EXCESSIVE ALCOHOL USE EACH YEAR IN THE UNITED STATES. THIS MAKES EXCESSIVE ALCOHOL USE THE 3RD LEADING LIFESTYLE-RELATED CAUSE OF DEATH FOR THE NATION.²⁸

Binge Drinking & Violence: Excessive alcohol use (most often binge drinking) has immediate effects that increase the risk of violence, including intimate partner violence and child maltreatment. About 35% of victims report that offenders are under the influence of alcohol. Alcohol use is also associated with 2 out of 3 incidents of intimate partner violence. Studies have also shown that alcohol is a leading factor in child maltreatment and neglect cases, and is the most frequent substance abused among these parents.²⁸



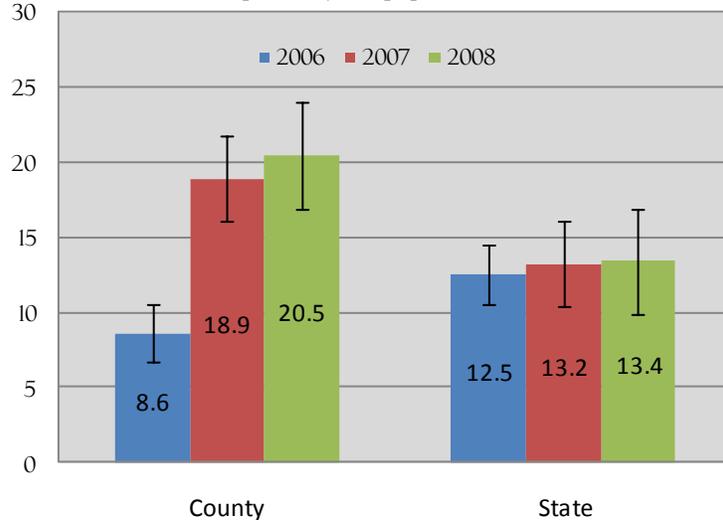
ADULT INTENT SELF-HARM (SUICIDE)

Indicator: Rate of adult suicide per 100,000 population.

CRITICAL RATING

A critical rating is given for this indicator because our rate of adult suicides is slightly higher than the state in 2007 and 2008. Between 2006 and 2008 the rate has also more than doubled in the county. The Healthy People 2010 goal is to reduce the number of adult suicide deaths per 100,000 to 5 percent. Based on the data we have for 2008 in Walla Walla county we are not making positive progress toward this goal.

ADULT INTENT SELF-HARM (SUICIDE)
RATE
per 100,000 population



Myth: "People who talk about suicide are only trying to get attention. They won't really do it."

Fact: *WRONG!* Few people commit suicide without first letting someone else know how they feel. Those who are considering suicide give clues and warnings as a cry for help. In fact, most seek out someone to rescue them. Over 70% who do threaten to carry out a suicide either make an attempt or complete the act.²⁹ **FOR HELP CALL: 1800-273-TALK**



Risk Factors

- 1.) Family history of suicide
- 2.) Family history of child maltreatment
- 3.) Previous suicide attempt(s)
- 4.) History of mental disorders, particularly depression
- 5.) History of alcohol and substance abuse
- 6.) Feelings of hopelessness
- 7.) Impulsive or aggressive tendencies
- 8.) Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- 9.) Local epidemics of suicide
- 10.) Isolation, a feeling of being cut off from other people
- 11.) Barriers to accessing mental health treatment
- 12.) Loss (relational, social, work, or financial)
- 13.) Physical illness
- 14.) Easy access to lethal methods³⁰

Cost to Society:

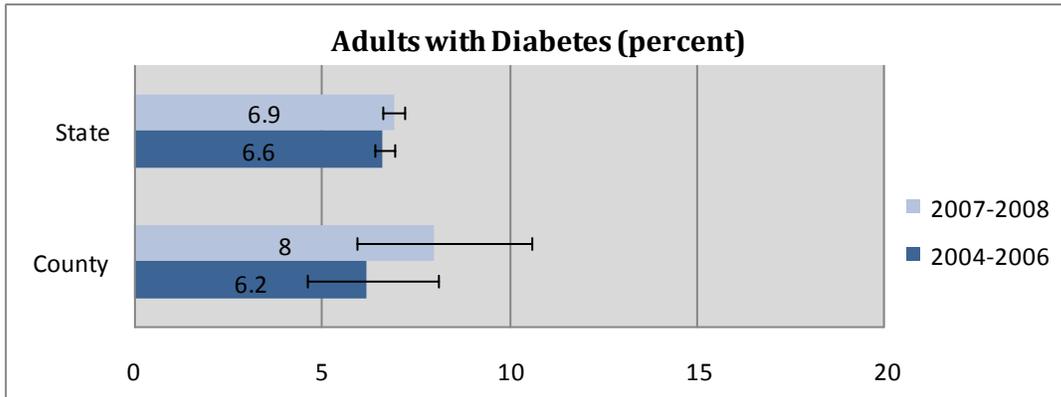
The total lifetime cost of self-inflicted injuries occurring in 2000 was approximately \$33 billion. This includes \$1 billion for medical treatment and \$32 billion for lost productivity³¹

Consequences:

- Suicide is the 11th leading cause of death among Americans
- Over 31,000 people kill themselves each year
- Approximately 325,000–425,000 people with self-inflicted injuries are treated in emergency departments each year³¹



Indicator: Percent of adults age 18 or older who have ever been told by a doctor they have diabetes.



HEALTHY RATING

This indicator is given a healthy rating because we are statistically significantly similar to the state when it comes to the percent of adults who have ever been told by a doctor that they have diabetes. Although it appears Walla Walla county had an increase between the years of 2004-2006 and 2007-2008 it is not a statistically significant increase.

Myth: Diabetes is not that serious of a disease.
Fact: Diabetes causes more deaths a year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke.³²

Cost of Diabetes

\$174 billion: Total costs of diagnosed diabetes in the United States in 2007
 \$116 billion for direct medical costs
 \$58 billion for indirect costs (disability, work loss, premature mortality)
 Factoring in the additional costs of undiagnosed diabetes, pre-diabetes, and gestational diabetes brings the total cost of diabetes in the United States in '07 to **\$218 billion**.³⁴

Type 1 Diabetes Symptoms

- Frequent urination; unusual thirst or weight loss
- Extreme hunger, fatigue and/or irritability

Type 2 Diabetes Symptoms*

- Any of the type 1 symptoms
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections³³

*Often people with type 2 diabetes have no symptoms
 * This does not take the place of medical advice. Please consult a doctor if you experience any of these symptoms.



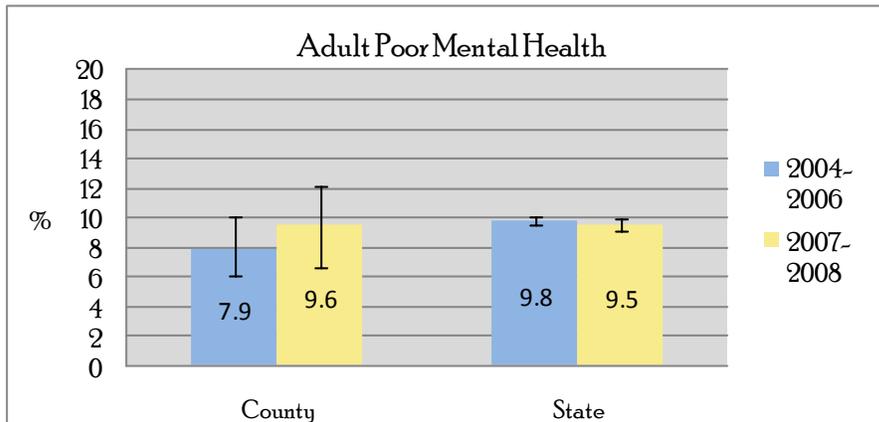
Data from the 2007 National Diabetes Fact Sheet

Diagnosed: 17.9 million people
Undiagnosed: 5.7 million people
Pre-diabetes: 57 million people
New Cases: 1.6 million new cases of diabetes are diagnosed in people aged 20 years and older each year.
Age 20 years or older: 23.5 million, or 10.7% of all people in this age group have diabetes
Age 60 years or older: 12.2 million, or 23.1% of all people in this age group have diabetes
Men: 12.0 million, or 11.2% of all men aged 20 years or older have diabetes
Women: 11.5 million, or 10.2% of all women aged 20 years or older have diabetes³⁴



ADULT POOR MENTAL HEALTH

Indicator: Percent of adults age 18 or older who report 14 or more days of poor mental health in the past month.



HEALTHY RATING

A healthy rating is given for this indicator. The percent of adults in Walla Walla county who report experiencing 14 or more days of poor mental health in the past month has remained similar to the state . While we have seen a slight increase in the county from 2004-2006 to 2007-2008 it is not a statistically significant increase.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental illness* is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.³⁵

Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older – about one in four adults – suffer from a diagnosable mental disorder in a given year. In addition, mental disorders are the leading cause of disability in the U.S. for ages 15-44. Many people suffer from more than one mental disorder at a given time.³⁶

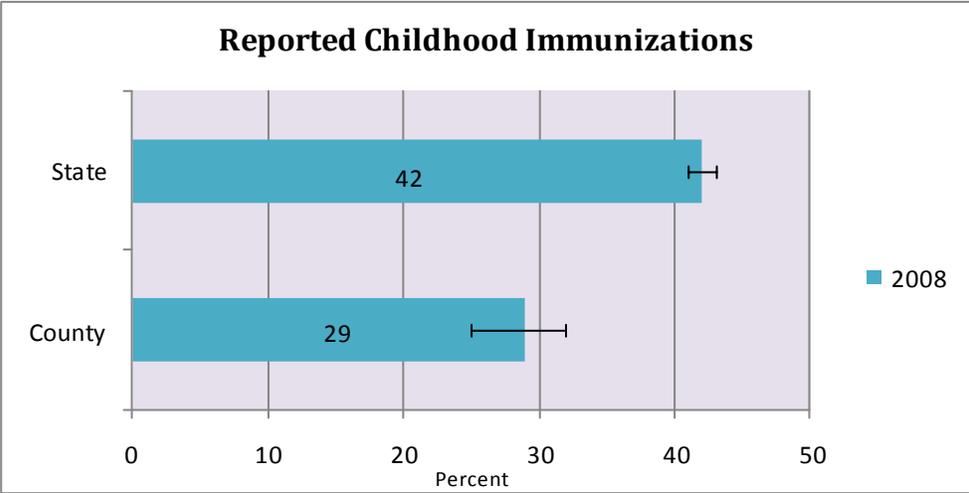


In SFY 2008, 130,661 DSHS clients received mental health services. The average cost per client was \$4,916.³⁷

Services in Walla Walla County
 Approx # of Mental Health Clinicians who Prescribe Medications:
 1 (DSHS clients only)
 1 (WVU students/staff only)
 4(VA hospital only)

Walla Walla County Department of Human Services 1520 Kelly Place Walla Walla; phone: 509-524-2920
Mission: to provide quality intervention, support services, and financial oversight to our community in the areas of Mental Health, Developmental Disabilities and Chemical dependency.
Vision (Adult and Elder Unit): Through intervention and support we strive to promote recovery, instill hope and empower those suffering from mental illness with the intent they become empowered and supported to lead healthy, productive and satisfactory lives within their community. (Crisis Services: 1-509-527-3278)³⁸

Indicator:
Percent of children 19-35 months of age with complete vaccinations records on file in the Child Profile Immunization Registry (4-DTP, 3-Polio, 1-MMR, 3 Hib, 3-HepB, 1-Varicella, 4-PCV).



CRITICAL RATING Walla Walla County has a much lower rate of childhood immunization records completed among children 19-35 months of age than the state. Although this could imply a lower rate of childhood immunizations itself, it could also imply a lower rate of accurate recording and completion of vaccination records on file in the Child Profile Immunizations Registry. The Healthy People 2010 target goal for this indicator is 90 percent. Walla Walla county is well below that recommendation as is the state. It is for this reason that a critical rating is given. Further research is needed to determine if this is an issue of numbers of childhood immunizations or of recording practices in the Child Profile Immunizations Registry.



VACCINE BENEFITS

*Vaccines, which provide artificially acquired immunity, are an easier and less risky way to become immune. Vaccines can prevent a disease from occurring in the first place, rather than attempt to cure it after the fact.

*It is also much cheaper to prevent a disease than to treat it. In a 2005 study on the economic impact of routine childhood immunization in the United States, researchers estimated that for every dollar spent, the vaccination program saved more than \$5 in direct costs and approximately \$11 in additional costs to society.

*Vaccines protect not only yourself but others around you. Similarly, when other people are vaccinated they are less likely to give the disease to you.³⁹

HAVEN'T WE GOTTEN RID OF MOST OF THESE DISEASES IN THIS COUNTRY?

THANKS TO VACCINES, MOST DISEASES PREVENTED BY VACCINES ARE NO LONGER COMMON IN THIS COUNTRY. EVEN THE FEW CASES WE HAVE IN THE U.S. COULD VERY QUICKLY BECOME TENS OR HUNDREDS OF THOUSANDS OF CASES IF WE STOPPED VACCINATING.

IT'S NOT UNCOMMON TO HAVE MEASLES OUTBREAKS, WHOOPING COUGH OUTBREAKS, CHICKENPOX OUTBREAKS, AND OTHER DISEASES WHEN VACCINATION RATES DROP. KIDS THAT ARE NOT FULLY VACCINATED CAN BECOME SERIOUSLY SICK AND SPREAD IT THROUGH A COMMUNITY.⁴⁰

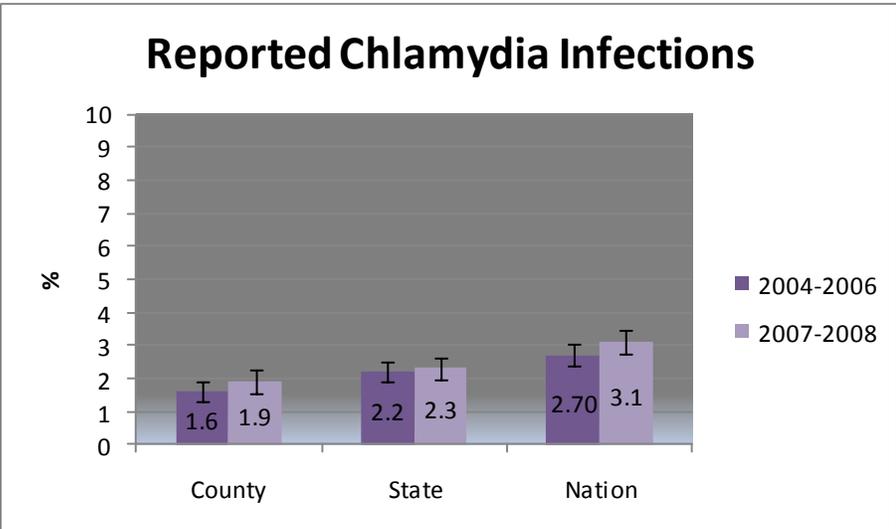


Why you should not wait to vaccinate

Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), you can protect your child from disease and also protect others at school or daycare. Babies get some temporary immunity (protection) from mom during the last few weeks of pregnancy—but only for the diseases mom is immune to. These antibodies do not last long, leaving the infant vulnerable to disease.⁴⁰



Indicator: Percent of reported Chlamydia infections per 100,000 women ages 15 to 24.



HEALTHY RATING Even though it appears we have had an increase in the rate of reported Chlamydia infections it is not a statistically significant increase (using standard error) therefore this indicator is given a healthy rating. This indicator is also rated as healthy because Walla Walla county has a lower rate than the nation when it comes to reported Chlamydia infections and we are similar to the state in reported Chlamydia infections. We are unable to find a comparable national goal for this indicator because the standard way of tracking this indicator nationally is to look at the rate of Chlamydia infections based on the number of clinic visits.

ONE IN FIVE PEOPLE IN THE U. S. HAS A SEXUALLY TRANSMITTED INFECTION⁴¹



CHLAMYDIA INFECTION RATES ARE THE HIGHEST REPORTED SEXUALLY TRANSMITTED INFECTIONS IN WALLA WALLA COUNTY

CHLAMYDIA

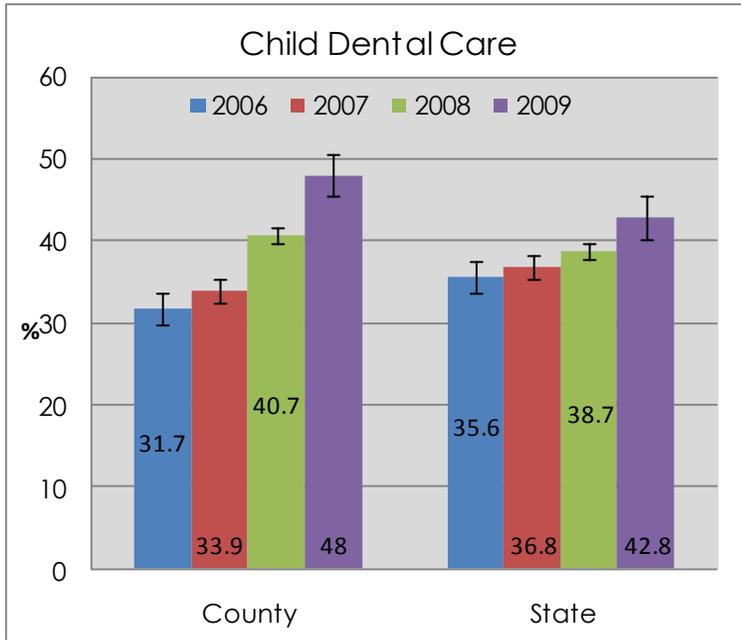
The most commonly reported infectious disease in the United States, Chlamydia, also classifies as one of the most dangerous sexually transmitted infections among women today. The disease is particularly common among teens and young adults. Genital Chlamydia is the leading cause of preventable infertility and ectopic pregnancy, which occurs when the fertilized egg implants in tissue outside of the uterus and the placenta and fetus begin to develop there. Because many Chlamydia infections are asymptomatic and probably chronic, widespread screening with appropriate treatment is necessary to control this infection.

Prevalence: An estimated three million people contract Chlamydia each year.⁴¹

Prevention: You can get and spread Chlamydia through unprotected vaginal, oral and anal sex. Preventing Chlamydia means approaching sexual relationships responsibly: limit the number of sexual partners, use condoms, and if you think you're infected, avoid any sexual contact and visit a local STI clinic, hospital or health care provider to seek treatment. Be sure your partner is treated as well to avoid becoming re-infected. Other preventative measures are limiting the number of sex partners, practicing sexual abstinence and avoiding sexual contact if you think you are infected.⁴¹



Indicator: Percent of Washington State Medicaid population ages 5 years and under who accessed dental services within the last year.



Healthy teeth are important to your child's overall health. From the time your child is born, there are things you can do to promote healthy teeth. For babies, you should clean teeth with a soft, clean cloth or baby's toothbrush. Take them to a dentist as soon as they get their first tooth. Avoid putting the baby to bed with a bottle and check teeth regularly for spots or stains.⁴²



HEALTHY RATING

This indicator is given a healthy rating. The percent of Washington State Medicaid recipients ages five and under who have accessed care in the county has seen increases between 2006 and 2007, 2007 and 2008, as well as between 2008 and 2009. Along with these increases, we have remained similar to the state as well which is also why this is given a healthy rating. Furthermore, in the previous ten year period, Walla Walla County has seen the numbers of this population utilizing dental care more than double from 20 percent in 1999 to nearly 50 percent in 2009.

Cleaning your Baby's Teeth

As soon as your baby's teeth come in you should begin cleaning them with a clean soft washcloth or babies toothbrush. Clean the teeth at least once a day. It is best to clean them right before bed.

At about age two most of your child's teeth will be in. Now you can start brushing them with a small amount of fluoride toothpaste. Young children can not get their teeth clean all by themselves. Until they are 7 or 8 years old you will need to help them brush. Try brushing their teeth first and then let them finish. Be sure to put the toothpaste on the brush for them and only a peas sized amount.⁴³



Walla Walla County's ABCD Dental Program

Who is Eligible:

1. children birth up to 6th birthday
2. with a Medicaid coupon
3. living in Walla Walla County

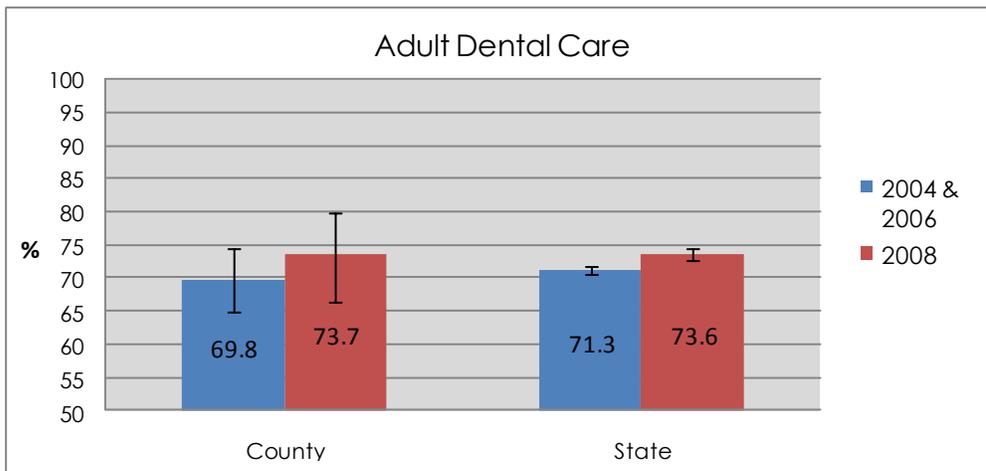
Dental Benefits:

1. 3 fluoride varnish applications yearly
2. 2 dental exams yearly
3. restorative care as needed + more

Contact: Jodi Ferguson, ABCD Coordinator
509-524-2657
jferguson@co.walla-walla.wa.us



Indicator: Percent of adults 18 yrs or older who report visiting a dentist, dental hygienist or dental clinic within the past year.



HEALTHY RATING



This indicator is given a healthy rating because Walla Walla county is consistent with the state when it comes to the percent of adults 18 years and older who report visiting a dentist, dental hygienist or dental clinic in the last year and we are also similar to ourselves in the previous two year period. The Healthy People 2010 objective for oral health is to increase the proportion of children and adults who use the oral healthcare system each year to 56 percent. Based on this recommendation, we are exceeding this goal at both the state and county levels.

Cleaning Your Teeth and Gums

There is a right way to brush and floss your teeth. Every day:

- Gently brush your teeth on all sides with a soft-bristle brush and fluoride toothpaste.
- Use small circular motions and short back-and-forth strokes.
- Take the time to brush carefully and gently along the gum line.
- Lightly brush your tongue to help keep your mouth clean.⁴⁴



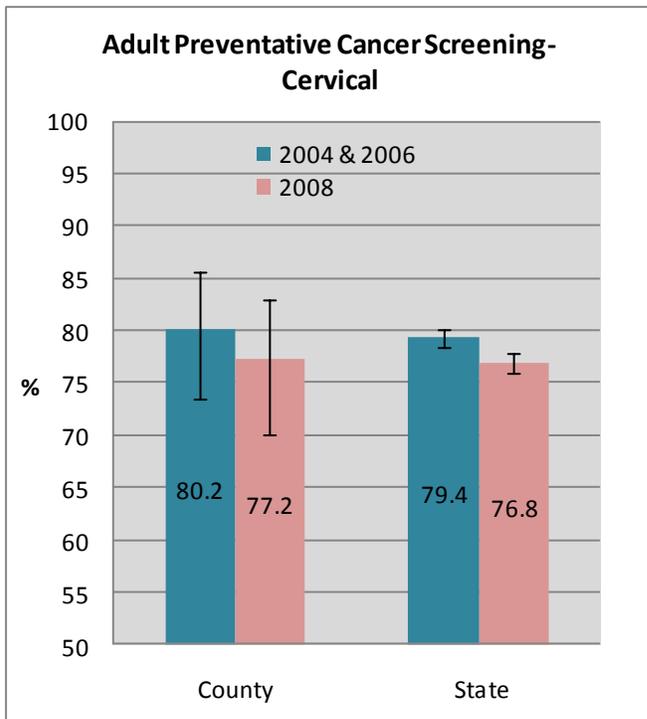
Oral Health Issues

Many persons in the United States do not receive essential dental services. Through increased access to appropriate and timely care, individuals can enjoy improved oral health. Barriers to care include cost; lack of dental insurance, public programs, or providers from underserved racial and ethnic groups; and fear of dental visits. Additionally, some people with limited oral health literacy may not be able to find or understand information and services. To promote oral health and prevent oral diseases, oral health literacy among all groups is necessary as well as available & accessible oral health services.⁴⁵

Oral Health in Adults

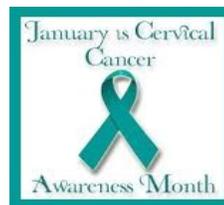
Oral health is an essential and integral component of health throughout life. No one can be truly healthy unless he or she is free from the burden of oral and craniofacial diseases and conditions. Millions of people in the United States experience dental problems, resulting in needless pain and suffering; difficulty in speaking, chewing, and swallowing; increased costs of care; loss of self-esteem; decreased economic productivity through lost work and school days; and, in extreme cases, death. Poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life.⁴⁵





CAUTION RATING In Walla Walla County the percent of women aged 18 and older who report receiving a Pap smear test within the past three years is consistent with the state during 2004 & 2006, and 2008. However, the Healthy People 2010 target objective for this indicator is to increase the proportion of women who receive a pap test in the preceding three years to 90 percent. We in Walla Walla county, along with the state have yet to hit this goal set forth by the federal government which is why a caution rating is given.

Indicator: Percent of women aged 18 and older who report receiving a Pap smear test within the past three years.



Cervical cancer is the easiest female cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

1. The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
2. The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.⁴⁶



When to Get Screened

You should start getting regular Pap tests at age 21, or within three years of the first time you have sex—whichever happens first. The Pap test, which screens for cervical cancer, is one of the most reliable and effective cancer screening tests available.

The only cancer for which the Pap test screens is cervical cancer. It does not screen for ovarian, uterine, vaginal, or vulvar cancers. So even if you have a Pap test regularly, if you notice any signs or symptoms that are unusual for you, see a doctor to find out why you're having them.

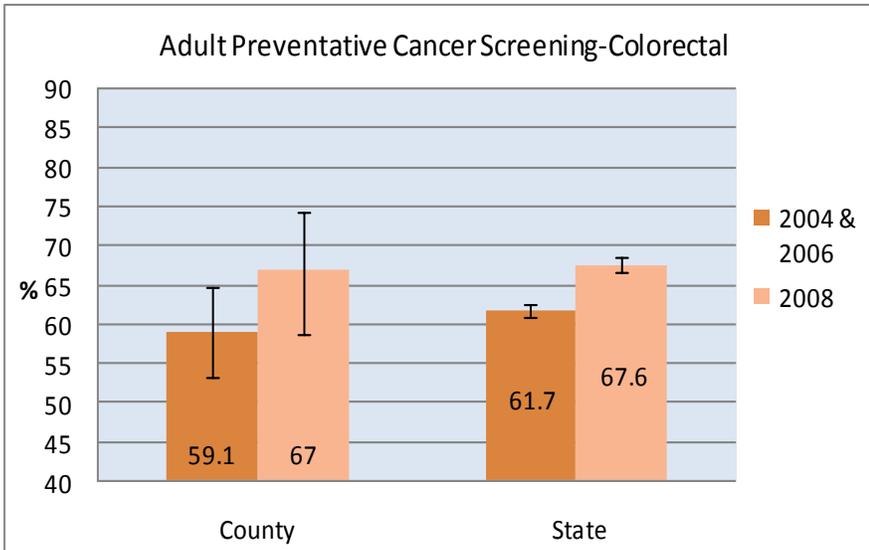
It is important for you to continue getting a Pap test regularly—even if you think you are too old to have a child, or are not having sex anymore.⁴⁶



Cervical Cancer Statistics

Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline largely is the result of many women getting regular Pap tests, which can find cervical precancer before it turns into cancer.⁴⁶

Indicator: Percent of adults age 50 or older who had a blood stool test in the past year, sigmoidoscopy in the past 5 years or colonoscopy in the past 10 years.



HEALTHY RATING A healthy rating is given for this indicator. Walla Walla County has had an increase from 2004 & 2006 to 2008 although it is not statistically significant increase and we are consistent with the state. While the Healthy People 2010 is testing differently for this indicator, their criteria is more broad, we are still ahead in our percent of adults screened. In other words, even with our more stringent criteria, we are exceeding the Healthy People 2010 goal for adult preventative colorectal cancer screening which is 50 percent.

What is colorectal cancer?

Colorectal cancer is a disease in which cells in the colon or rectum become abnormal and divide without control, forming a mass called a tumor. (The colon and rectum are parts of the body's digestive system, which takes up nutrients from food and water, and stores solid waste until it passes out of the body.)

Colorectal cancer cells may also invade and destroy the tissue around them. In addition, they may break away from the tumor and spread to form new tumors in other parts of the body.

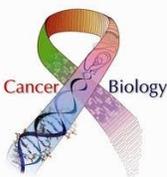
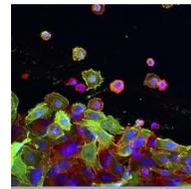
Colorectal cancer is the third most common type of non-skin cancer in men (after prostate cancer and lung cancer) and in women (after breast cancer and lung cancer). It is the second leading cause of cancer death in the United States after lung cancer.⁴⁷

When Should I Begin to Get Screened?

You should begin screening for colorectal cancer soon after turning 50, then continue getting screened at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

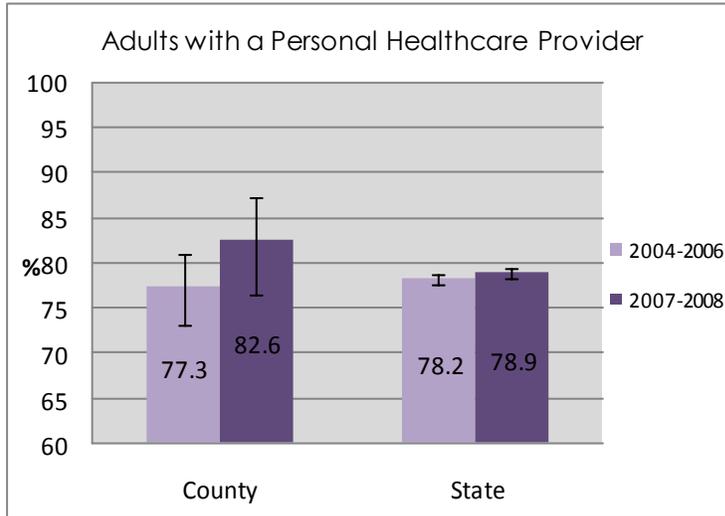
Speak with your doctor about when you should begin screening and how often you should be tested.⁴⁸



Colorectal cancer screening can detect cancer; polyps; nonpolypoid lesions and other conditions. Nonpolypoid lesions occur less often than polyps, but they can also develop into colorectal cancer. If colorectal cancer screening reveals a problem, diagnosis and treatment can occur promptly. In addition, finding and removing polyps or other areas of abnormal cell growth may be one of the most effective ways to prevent colorectal cancer development. Also, colorectal cancer is generally more treatable when it is found early, before it has had a chance to spread.⁴⁷



Indicator: Percent of persons 18 and older who report having a personal doctor or health care provider.



HEALTHY RATING
 The number of adults 18 and older who report having a personal doctor or healthcare provider in Walla Walla County has remained consistent from 2004-2006 to 2007-2008. The county is also similar to the state and so a healthy rating is given for this indicator. Healthy People 2010 has set a target object of increasing the proportions of people with a usual primary care provider to 85% and during 2007-2008 we were in range of that goal.



Having a primary care provider can give you a trusting, ongoing relationship with one medical professional over time. You can choose from several different types of PCPs:

- **Family practitioners:** doctors who have completed a family practice residency and are board certified, or board eligible, for this specialty. The scope of their practice includes children and adults of all ages.
- **Pediatricians:** doctors who have completed a pediatric residency and are board certified, in this specialty. The scope of their practice includes the care of newborns, infants, children, and adolescents.
- **Internists :** doctors who have completed a residency in internal medicine and are board certified, or board eligible, in this specialty. The scope of their practice includes the care of adults of all ages.
- **Obstetricians/gynecologists :** doctors who have completed a residency and are board certified, or board eligible, in this specialty. They often serve as a PCP for women, particularly those of childbearing age.
- **Nurse practitioners (NP) and physician assistants (PA):** practitioners who go through a different training and certification process than doctors. They are often referred to as "physician extenders." They may be your key contact in some practices. All PAs or NPs consult with physicians.⁴⁹

Importance of Having a Primary Care Doctor

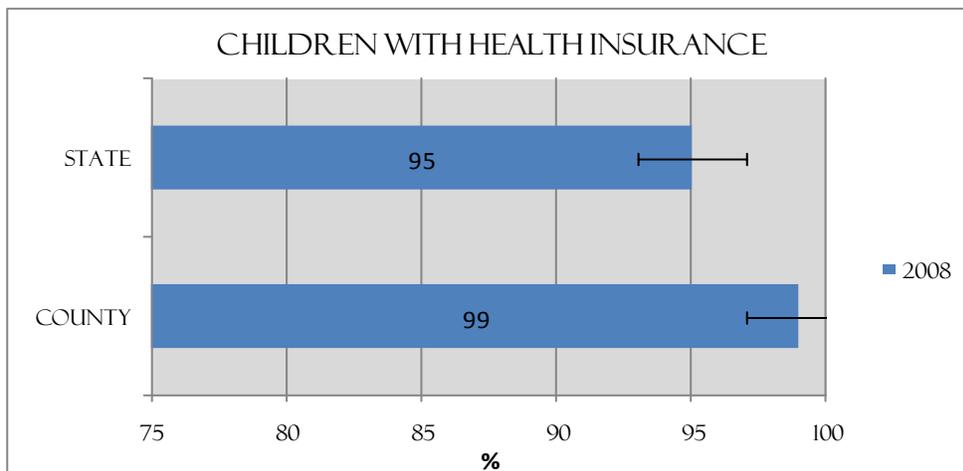
Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations.⁵⁰

A primary care provider (PCP) is a health care practitioner who sees people that have common medical problems.⁴⁹



A PCP is your main health care provider in non-emergency situations.⁴⁹



Indicator: Percent of children ages 0-17 who have health insurance.



HEALTHY RATING
 Walla Walla county is given a healthy rating for this indicator. Nearly 100 percent of the children in our county are covered by health insurance. Walla Walla County is consistent with the state when it comes to our rates of children with health insurance (using standard error calculations). Furthermore, we are in range of the Healthy People 2010 goal to have 100 percent of the population covered by health insurance.



Apple Health for Kids is a new Washington State initiative aimed at streamlining applications for children’s medical. Up to 75,000 Washington children are still uninsured and many families are eligible but they just don’t know it. Call 1-877-543-7669 for more information on **Washington Apple Health for Kids**.⁵¹

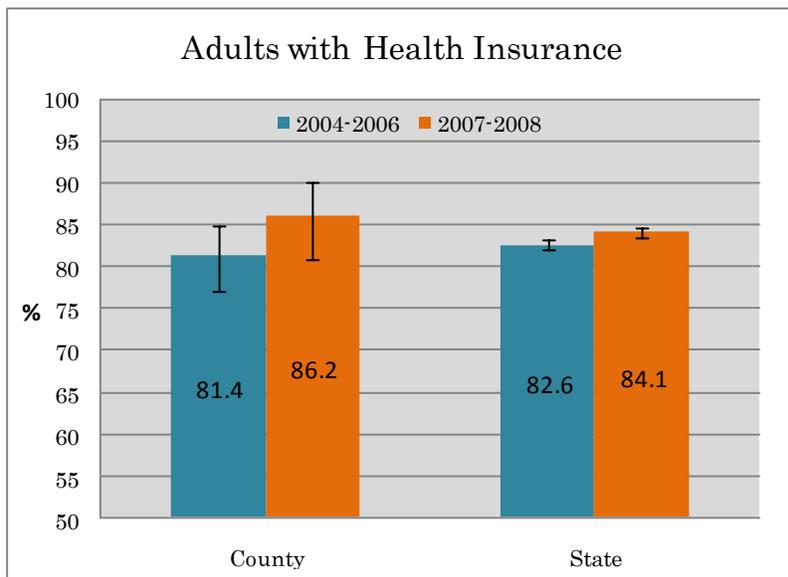
- National Facts:**
- Medicaid and CHIP together served more than 35 million children in 2008
 - CHIPRA added \$33 billion in federal funds for children’s coverage over the next four and one-half years (2009 – 2013)
 - Recently released Census Bureau data indicates that the number of uninsured children in the U.S. decreased from 8.1 million in 2007 to 7.3 million in 2008, the lowest since 1987.
 - Although the uninsured rate for children in poverty decreased to 15.7 percent in 2008, from 17.6 percent in 2007, children in poverty were more likely to be uninsured than all children.
 - Among uninsured children living with a parent, nearly 60% live in two-parent households
 - The vast majority of uninsured children (88.2 %) come from families where at least one parent is working.
 - 71 percent of uninsured children in the U.S. have family incomes below 200% of the Federal Poverty Level (\$36,620 for a family of three in 2009).
 - 88 percent of all low-income uninsured children are eligible for Medicaid or CHIP.⁵²



What is CHIP?
 Originally created in 1997, the Children's Health Insurance Program (CHIP) is a state and federal partnership that provides low-cost health insurance coverage for children in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. States have considerable flexibility to establish income eligibility rules for CHIP, but children enrolling in the program must be otherwise uninsured.
 Within federal guidelines, each state determines the design of its individual CHIP program, including eligibility parameters, benefit packages, payment levels for coverage, and administrative procedures. States have flexibility in designing the benefit package for CHIP, but states are required to cover routine check-ups, immunizations, dental, inpatient and outpatient hospital care, and laboratory and x-ray services. Preventive care must be provided at no cost to the family; but premiums and other cost-sharing may be required for other services, within certain limits.⁵²



Indicator: Percent of adults 18-64 who report having health insurance.



CAUTION RATING

Walla Walla county is similar to the state when it comes to the percent of adults who report having health insurance and we are also similar to ourselves in the previous two year period. The Healthy People 2010 goal is to increase the percent of persons with health insurance to 100 percent. We are not meeting this target goal at either the county or state level which is why a caution rating is given for this indicator.



Access to health services—including preventive care, primary care, and tertiary care—often depends on whether a person has health insurance. Uninsured people are less than half as likely as people with health insurance to:

1. have a primary care provider;
2. have received appropriate preventive care, such as recent mammograms or Pap tests;
3. have had any recent medical visits.

Lack of insurance also affects access to care for relatively serious medical conditions. Evidence suggests that lack of insurance over an extended period significantly increases the risk of premature death and that death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance.

Although the lack of health insurance is clearly a major factor impeding access to care, having health insurance does not guarantee that health care will be accessible or affordable. Significant numbers of privately insured persons lack a usual source of care or report delays or difficulties in accessing needed care due to affordability or insurance problems.⁵⁰

Disparities in Health Insurance Coverage

Substantial disparities remain in health insurance coverage for certain populations. Among the nonelderly population, approximately 33 percent of Hispanic persons lacked coverage in 1998, a rate that is more than double the national average. Mexican Americans had one of the highest uninsured rates at 40 percent. For adults under age 65 years, 34 percent of those below the poverty level were uninsured. Similar disparities exist in access to a specific source of ongoing care. An average of 85 percent of adults identified a specific source of ongoing care in 1998, but the proportions dropped to 76 percent for Hispanics and 77 percent for those below the poverty level.⁵⁰



REPORT OVERVIEW

MATERNAL AND CHILD HEALTH

1. **First Trimester Prenatal Care:** This is given a *critical* rating because the county has had a drop in the number of women seeking care in their first trimester of pregnancy from 2007 to 2008 and we are not meeting the Healthy People 2010 target goal.
2. **Teen Obese:** This is given a *caution* rating because we are two times the recommended goal set forth by the federal government in the Healthy People 2010 report.
3. **Teen Physical Activity:** Again, a *caution* rating is given because we are far below the federal government recommendations for the amount of physical activity teens should get on a daily basis.
4. **Teen Alcohol Use:** This indicator is rated as *caution* because the number of 8th graders and 12th graders consuming alcohol has increased from 2006 to 2008.
5. **Teen Contemplation of Suicide:** A *healthy* rating is given here because the county continues to be similar to the state.
6. **Teen Birth Rate:** This was given a *healthy* rating because again we are consistent with the state wide statistics.

ADULT PREVENTION AND HEALTH PROMOTION

1. **Adult Fruit and Vegetable Consumption:** This is given a *healthy* rating because the county is doing better than both the state and nation in the rate of adults consuming fruits and veggies.
2. **Adults Overweight and Obese:** A *caution* rating is given for this indicator because Walla Walla County is not meeting the Healthy People 2010 target goal.
3. **Adult Cigarette Smoking:** A *healthy* rating is given for this indicator because the county is doing better than the nation which is an improvement and we are consistent with the state .
4. **Adult Binge Drinking:** This indicator is rated as a *caution*. Walla Walla county is not meeting the goal set forth by the federal government in the 2010 Healthy People report.
5. **Adult Intent Self-Harm (suicide):** A *critical* rating is given for this indicator because we are slightly worse than the state and our suicide rates have more than doubled between 2006 & 2008.
6. **Adults with Diabetes:** A *healthy* rating is given for this indicator because Walla Walla County is consistent with both the state and national rates of adult diabetes.
7. **Adults with Poor Mental Health:** Again, a *healthy* rating is given for this indicator. The county is similar to both the state and nation in the percent of adults who report being affected by poor mental health.

COMMUNICABLE DISEASES

1. **Reported Childhood Immunizations:** This indicator is given a *critical* rating. The rate of reported childhood immunizations in the county is much lower than the state and falls way behind the Healthy People 2010 target goal.
2. **Reported Chlamydia Infections:** This indicator is rated as *healthy* because the county has less reported cases of Chlamydia infections than the nation and is consistent with the state.

ACCESS TO CARE

1. **Child Dental Care:** This indicator is given a *healthy* rating because Walla Walla County has seen significant increases in the number of children ages 0-5 accessing dental health services.
2. **Adult Dental Care:** This indicator is given a *healthy* rating. 73.7 percent of adults 18 years and older report seeing a dentist or dental clinic in the past year which is similar to the state.
3. **Adult Preventative Cancer Screening-Cervical:** A *caution* rating is given for this indicator. Walla Walla County is consistent with the state but is not meeting the Healthy People 2010 target goal.
4. **Adult Preventative Cancer Screening-Colorectal:** A *healthy* rating is given because we in the county are consistent with the state when it comes to adults 50 and older who have had a colorectal cancer screening.
5. **Adults with a Personal Healthcare Provider:** This indicator is rated as *healthy* because the county is similar to the state and has also remained steady from '04-'06 to '07-'08.
6. **Children with Health Insurance:** A *healthy* rating is given for this indicator because 99 percent of the children in Walla Walla county are insured and we are similar to the state also.
7. **Adults with Health Insurance:** This indicator is rated as *caution*. The percent of adults who report having health insurance is consistent with the state but, not meeting the Healthy People 2010 goal.

DATA SOURCES FOR EACH INDICATOR

INDICATOR	DATA SOURCE
First Trimester Prenatal Care	WA DOH Website: Birth Data Tables
Teen Obese	WA DOH: Healthy Youth Survey
Teen Physical Activity	WA DOH: Healthy Youth Survey
Teen Alcohol Use	The Monitoring the Future study, University of Michigan; WA DOH: Healthy Youth Survey
Teen Contemplation of Suicide	WA DOH: Healthy Youth Survey
Teen Birth Rate	WA DOH: Birth Data Tables
Adult Fruit and Vegetable Consumption	WA DOH Public Health Indicators: BRFSS; CDC: BRFSS
Adults Overweight and Obese	WA DOH Public Health Indicators: BRFSS
Adult Cigarette Smoking	WA DOH: BRFSS; CDC: BRFSS
Adult Binge Drinking	WA DOH Public Health Indicators: BRFSS; CDC: BRFSS
Adult Intent Self-Harm (suicide)	WA DOH: Center for Health Statistics, Death records 2008 release
Adults with Diabetes	WA DOH Public Health Indicators: BRFSS
Adult Poor Mental Health	WA DOH Public Health Indicators: BRFSS
Reported Childhood Immunizations	WA DOH Public Health Indicators: BRFSS
Reported Chlamydia Infections	WA DOH Public Health Indicators: BRFSS; CDC: STD Interactive Data
Child Dental Care	DSHS Washington State Medicaid: Dental Data
Adult Dental Care	WA DOH Public Health Indicators: BRFSS
Adult Preventative Cancer Screening Cervical	WA DOH Public Health Indicators: BRFSS
Adult Preventative Cancer Screening Colorectal	WA DOH Public Health Indicators: BRFSS
Adults with Personal Healthcare Provider	WA DOH Public Health Indicators: BRFSS
Children with Health Insurance	WA DOH Public Health Indicators: BRFSS
Adults with Health Insurance	WA DOH Public Health Indicators: BRFSS

Abbreviations: DOH (Washington State Department of Health) CDC (United States Center for Disease Control and Prevention) BRFSS (Behavioral Risk Factors Surveillance System) DSHS (Department of Social & health Services)

RESOURCES FOR FACTS & INFORMATION ON EACH INDICATOR

1. WA, DOH; http://www.doh.wa.gov/ehsphi/chs/chs-data/birth/bir_vd.htm
2. March of Dimes; <http://www.marchofdimes.com/>
3. March of Dimes; http://www.marchofdimes.com/aboutus/22663_25389.asp
4. WA, DOH; <http://www.doh.wa.gov/healthyyouth/reports/default.htm>
5. Healthy People 2010; http://www.healthypeople.gov/document/html/uih/uih_4.htm
6. CDC; http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm
7. The Obesity Society; http://www.obesity.org/information/childhood_overweight.asp
8. <http://www.letsmove.gov/>
9. http://www.letsmove.gov/pdf/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf
10. CDC; <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
11. <http://www.thecoolspot.gov/>
12. Youth Suicide Prevention Program; <http://www.yspp.org/>
13. American Academy of Pediatrics; <http://www.aap.org/advocacy/childhealthmonth/prevteensuicide.htm>
14. <http://www.teensuicide.us/articles1.html>
15. http://www.pregnancy-info.net/teen_pregnancy_statistics.html
16. WA, DOH; <http://www.doh.wa.gov/cfh/mch/cahpc/teenpreg2.htm>
17. CDC; <http://www.fruitsandveggiesmatter.gov/downloads/NationalActionGuide2009.pdf>
18. <http://www.fruitsandveggiesmorematters.org/>
19. WA, DOH; http://www.doh.wa.gov/HWS/doc/RPF/RPF_Obs2007.pdf
20. CDC; <http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2009&qkey=4409&state=UB>
21. CDC; http://www.cdc.gov/PDF/Facts_About_Obesity_in_the_United_States.pdf
22. CDC; <http://www.cdc.gov/obesity/causes/index.html>
23. Anda, RF; Brown, DW. (2010) Adverse Childhood Experiences & Population Health in Washington: The Face of a Chronic Public Health Disaster. *Prepared for the Washington State Family Policy Council*. 10, 33.
24. WA DOH; <http://www.doh.wa.gov/Tobacco/other/countydata.htm>
25. CDC; http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/washington/index.htm
26. CDC; http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm
27. CDC; <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>
28. CDC; <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
29. http://www.crisislink.org/resources/suicide/suicide_myths_adult.html
30. CDC; <http://www.cdc.gov/ncipc/dvp/suicide/Suicide-risk-p-factors.htm>
31. CDC; <http://www.cdc.gov/ncipc/dvp/suicide/Suicide-conque.htm>
32. American Diabetes Association website; <http://www.diabetes.org/diabetes-basics/diabetes-myths/>
33. American Diabetes Association website; [http://www.diabetes.org/diabetes-basics/symptoms/?American Diabetes Association;](http://www.diabetes.org/diabetes-basics/symptoms/?American%20Diabetes%20Association)
34. American Diabetes Association; http://www.diabetes.org/diabetes-basics/diabetes-statistics/?utm_source=WWW&utm_medium=DropDownDB&utm_content=Statistics&utm_campaign=CON
35. <http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html#approach>
36. National Institute of Mental health website; <http://www.nimh.nih.gov/health/topics/statistics/index.shtml>
37. Washington Sate Department of Social and Health Services; <http://www.dshs.wa.gov/mentalhealth/>
38. <http://www.co.walla-walla.wa.us/departments/hrs/index.shtml>
39. NIAID website; <http://www.niaid.nih.gov/topics/vaccines/understanding/pages/vaccinebenefits.aspx>
40. CDC website; <http://www.cdc.gov/vaccines/spec-grps/infants/parent-questions.htm>
41. http://www.smartersex.org/stis/sti_stats.asp
42. National Institute of Health website; <http://www.nlm.nih.gov/medlineplus/childdentalhealth.html>
43. National Institute of Health website; <http://www.nidcr.nih.gov/OralHealth/Topics/ToothDecay/AHealthyMouthforYourBaby.htm>
44. National Institute on Aging; <http://www.nia.nih.gov/HealthInformation/Publications/teeth.htm>
45. <http://www.healthypeople.gov/document/HTML/Volume2/21Oral.htm>
46. CDC website; http://www.cdc.gov/cancer/cervical/basic_info/screening.htm
47. National Cancer Institute website; <http://www.cancer.gov/cancertopics/factsheet/Detection/colorectal-screening>
48. CDC website; http://www.cdc.gov/cancer/colorectal/basic_info/screening/
49. National Library of Medicine website; <http://www.nlm.nih.gov/medlineplus/ency/article/001939.htm>
50. Healthy People 2010 report; <http://www.healthypeople.gov/document/html/volume1/01access.htm>
51. <http://hrsa.dshs.wa.gov/AppleHealth/index.shtml>
52. <http://www.insurekidsnow.gov/chip/index.html>

ABOUT WALLA WALLA COUNTY HEALTH DEPARTMENT

The Walla Walla County Health Department is always working for a safer and healthier community. As Walla Walla County's public health leader and partner, we are part of the state and national public health network to protect and promote the health of every resident.



Walla Walla County Health Department

Public Health, WIC, and Public Health Administration
 Public Health and Legislative Building
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 Mail: PO Box 1753
 Walla Walla, WA. 99363

Environmental Health
 Public Services Building
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 Mail: PO Box 1753
 Walla Walla, WA 99362

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 E-mail: health@co.walla-walla.wa.us

Office Hours for Both
 Mon-Tue-Wed 8:00-5:00
 Thurs 9:00-5:00
 Fri 8:00-5:00
 Closed 12:00pm - 1:00pm

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