

physical activity

personal
goals

responsibility

exercise

managing
weight

education

hope

healthy food

balance

wellness

Chronic Disease

Reducing the burden

In Grays Harbor County...

75%

Increase in diabetes deaths
over the past 10 years¹

1 in 5

adults currently
smoke.¹

1 in 3

high school students is
obese or overweight²

4 in 5

adults don't get
enough fruits and
vegetables in their
diet¹

Grays Harbor County residents live shorter, less healthful lives compared to the rest of Washington state.¹ Many of our friends and family must cope with chronic diseases such as diabetes, heart disease, and asthma.

These diseases place a tremendous burden on our community, including diminished quality of life, decreased productivity in the workplace, and increased medical costs.

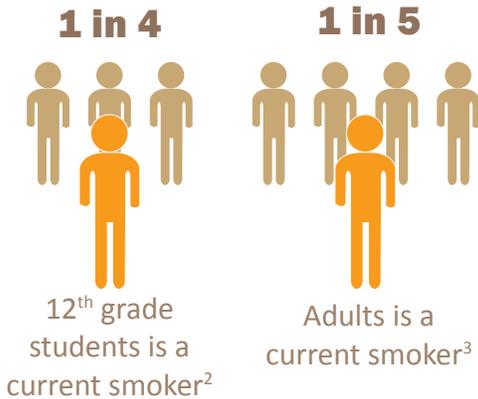
This pamphlet examines steps we can take as a community to reduce the impact of chronic disease and make Grays Harbor as healthy as it can be.

The first wealth is health. - Ralph Waldo Emerson

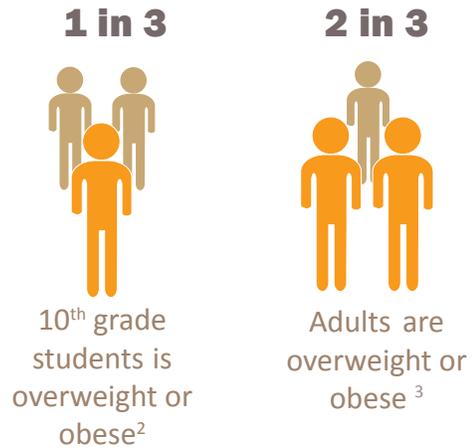


The Burden of Chronic Disease in Grays Harbor County

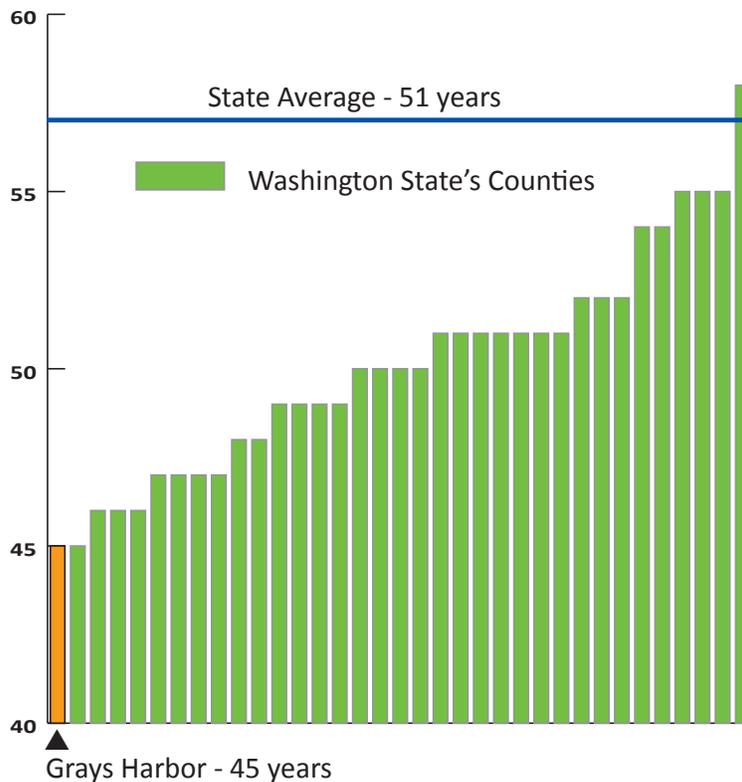
Smoking



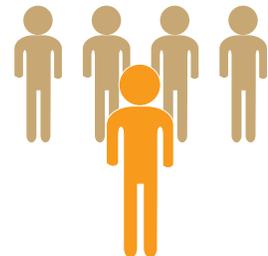
Obesity



Years of Healthy Life Expected at Age 20¹¹

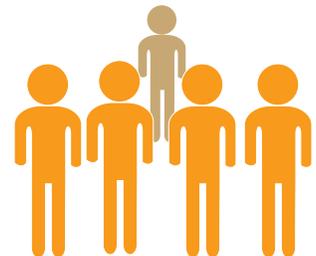


Perception of Health 1 in 5



Adults describe their health as being only "fair" or "poor"³

Physical Inactivity 4 in 5



12th grade students do not get enough exercise²

These data are taken from a variety of sources, as referenced in endnotes. For more information about the health of Grays Harbor County, go to www.HealthyGH.org

Chronic diseases

are the leading causes of death Grays Harbor County, accounting for two-thirds of all deaths.¹

THAT'S THE BAD NEWS.

The good news is that these diseases are preventable. Modifiable health risk behaviors are responsible for much of the illness, suffering, and early death related to chronic disease. Research shows that people can live longer if they practice at least one healthy lifestyle behavior - not smoking, eating a healthy diet, getting regular physical activity, and limiting alcohol.⁴

Preventing chronic disease is an investment that pays off handsomely. It is estimated that for every dollar spent in chronic disease prevention, \$5.60 is saved in medical costs.⁴ Further savings are seen in increased worker productivity, reduced absenteeism, and enhanced quality of life. With this in mind, the CHIP Task Force sees three ways we can turn the tide on chronic disease in Grays Harbor.

What We Want for Our Health



Goal 1: INCREASE physical activity by motivating and supporting each other.

Too few people get the recommended amount of physical activity. Those who would benefit the most from physical activity need motivation and encouragement.



Goal 2: HELP people with diabetes and other chronic diseases attain and maintain optimum health.

Too many people are living with diminished quality of life, which could be greatly improved by screening and education.



Goal 3: DECREASE the number of kids who start using tobacco and **INCREASE** the number of smokers who quit.

Too many people use tobacco or suffer effects of second-hand smoke. Eliminating or preventing tobacco use can improve health for everyone – for their whole life.

Goal 1: Increase physical activity



It is recommended that adults get about 22 minutes of moderate-intensity aerobic activity every day and do muscle-strengthening activities 2 or more days a week. Children need 60 minutes of physical activity each day.⁴

Half of the adults and about three-quarters of the children in Grays Harbor County do not get enough physical activity, putting them at risk for developing heart disease, diabetes, and other chronic ailments.^{2,3}

Proven strategies for increasing physical activity are described below. For more strategies, see Appendix A.

Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it. - Plato

Evidence-Based Practices: What Works

Community-wide campaigns⁵

Purpose: Increase physical activity and improve physical fitness among adults and children.

Description: Community-wide campaigns to increase physical activity are interventions that involve many community sectors, have highly visible, broad-based, multi-component strategies (e.g., social support, risk factor screening or health education), and may also address other cardiovascular disease risk factors.

Current efforts: The YMCA, our youth sports organizations and schools provide important activity opportunities, reaching many young people. There are some informal running and hiking clubs, but there could be many more.

Grays Harbor Healthy Communities is a local work group of citizens from businesses, agencies, and the private sector who promote a variety of activities that encourage people to engage in physical activity. Their efforts include: promoting an indoor walking track at the South Shore Mall, maintaining an online calendar of local opportunities for physical activity, coordinating a county-wide physical activity challenge and developing resources for worksite wellness initiatives.

Estimating scale: Using estimates from the 2010 Healthy Youth Survey, there are about 4,634 students in grades 6-12 that do not get the recommended amount of physical activity. In addition, the Behavioral Risk Factor Surveillance System estimates that 29,220 adults in Grays Harbor County do not meet physical activity recommendations.

This means the target population for a community-wide campaign would be the 34,000 adults and adolescents in Grays Harbor County who are not getting the recommended amount of physical activity.

A community-based program, like Grays Harbor's Healthy Communities effort, can be expanded to achieve lasting results: Albert Lea, Minnesota, a town of 18,000, initiated an AARP Blue Zones Vitality Project. More than 3400 people joined neighborhood walking programs; restaurants expanded healthy meal choices; parents and schools teamed up for "walking school buses." With an intense six-month campaign, Albert Lea had put on-going programs in place and was already showing strong results for weight loss, physical activity and improved health. (Source: AARP, January & February, 2010.)

Social support interventions in community settings⁶

Purpose: Increase time spent being physically active and increase frequency of physical activity among adults.

Active for Life

The American Cancer Society provides a web-based program, called Active For Life, to encourage physical activity and better health behaviors. The program works well for large groups, especially in worksites. It's has been proven to help people start positive health habits that they can maintain, even after the 10 week program ends. People usually participate in teams, for a bit of friendly competition, but individuals set their own goals and track their own accomplishments. Grays Harbor Public Health and Social Services staff tried the program in 2010, and this year the effort expanded: It was available for all county employees and 18 businesses. (Source, <http://www.cancer.org/Healthy/MoreWaysACSHelpsYouStayWell/active-for-life-description>)

Description: These social interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support).

Current efforts: Grays Harbor YMCA offers their Get Real program to YMCA members at a cost of \$90. Get Real (formerly Biggest Loser) focuses on weight loss through improved nutrition and increased physical activity and includes group support.

The Olympians Hiking Club organizes weekly hikes and walks of varying intensity throughout the county. Participation is open to adults age 18 and older and there is no cost to participate.

Estimating scale: The Behavioral Risk Factor Surveillance System estimates that 29,220 adults in Grays Harbor County do not meet physical activity recommendations.

Suggestions from **Grays Harbor Community Leaders**

Establish worksite wellness programs.

Build “physical-activity friendly” infrastructure, like trails, sidewalks, and bike lanes.

To change our identity from unhealthy to healthy, so that we believe: “We are a community that values health and we are healthy.”

Create more walking clubs for specific groups who have something in common: moms with strollers, older adults, challenges or contests for teens.

Who Can Help?

- YMCA of Grays Harbor
- Schools
- G H Community Hospital
- GH Public Health & Social Services
- The Daily World
- Jodesha Broadcasting
- Grays Harbor Radio
- Chambers of Commerce
- Local Service Clubs: Rotary, Kiwanis, Lions

Goal 2: Help people manage their chronic disease



People living with chronic disease can learn to manage their condition and take control of their health. This improves their quality of life and reduces medical expenses, because people stay healthier and require fewer doctor visits and hospital stays.⁸

Proven strategies for helping people manage their chronic disease are described below. For more strategies, see Appendix A.

Effective health care depends on self-care; this fact is currently heralded as if it were a discovery - Ivan Illich

Evidence-Based Practices: What Works

Chronic disease self-management (CDSM) program⁷

Purpose: Increase health-management skills of those living with one or more chronic diseases.

Description: Developed by researchers at Stanford, the “Living Well with Chronic Conditions” course offers proven results. Workshops are given for two and a half hours, once a week for six weeks in community settings such as senior centers, churches, libraries, and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. Subjects covered include: 1) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 2) appropriate use of medications, 3) techniques to deal with problems, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and 6) how to evaluate new treatments.

Current efforts: The Olympic Area Agency on Aging and Grays Harbor County Public Health

and Social Services team up to offer the chronic disease self-management program. Classes are held at various locations, about once every six to 12 weeks.

Estimating scale: Chronic disease causes major limitations in daily living for 1 out of 10 Americans.⁴ That means that about 5,500 adults in Grays Harbor County could benefit from the chronic disease self-management program. At about 20 people per class, we could benefit from 275 classes.

GH Public Health/OAAA

Chronic Disease Self Management

The chronic disease self-management program requires two leaders who receive special training for about one week. The model counts on using “lay leaders” or volunteers working with a limited number of leaders who are health professionals. The idea is that we can all help each other learn the basics and volunteers provide peer support. Each program cohort can accommodate about 20 people. The course workbook costs about \$20.

Self-management education in community gathering places for adults with Type 2 diabetes⁸

Purpose: Increase health-management skills of adults living with Type 2 diabetes.

Description: Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve for clients the best possible quality of life, while keeping costs at an acceptable level.

Current Efforts: Grays Harbor Community Hospital provides classes and individual support for diabetes management. The Quinault Tribe also provides diabetes education and support groups.

Estimating scale: Approximately 6,000 adults in Grays Harbor County have diabetes. In 2009, there were 103 hospitalizations and 9 deaths due to diabetes-related complications in Grays Harbor County.¹

Standards for diabetes self-management education

The Task Force to Review and Revise the National Standards for Diabetes Self-Management Education Programs has updated and revised the standards by which diabetes self-management programs are expected to adhere. These provide guidelines we could adopt in expanding local offerings for diabetes management. To review these standards, please visit http://care.diabetesjournals.org/content/25/suppl_1/s140.full

Suggestions from **Grays Harbor Community Leaders**

Have local physicians routinely refer patients into chronic disease and diabetes education classes – setting a community standard that every newly diagnosed person gets a referral, and a follow-up invitation.

Provide chronic disease self-management classes that are free, accessible to all, and can be accessed by self-referral or a simple provider referral.

Tie chronic disease self-management classes to hospital discharge planning.

Who Can Help?

- YMCA of Grays Harbor
- G H Community Hospital
- GH Public Health & Social Services
- Local health care practices
- Chiropractic, physical therapy, dental offices
- Sea Mar Community Health Clinic
- Olympia Area Agency on Aging
- Behavioral Health Resources

Goal 3: Decrease tobacco use

1 in 4 12th grade students, 1 in 5 adults, and 1 in 5 pregnant women in Grays Harbor County smoke. Grays Harbor consistently reports the highest rates of tobacco use state-wide.^{2,3}

Tobacco use is linked to lung cancer, heart disease, strokes, and many other chronic diseases.⁹ Helping people quit tobacco is one of the most effective ways we can improve our community's health.

Proven strategies for helping people quit tobacco are described below. For more strategies, see Appendix A.



Smoking is hateful to the nose, harmful to the brain, and dangerous to the lungs. - King James I

Evidence-Based Practices: What Works

Provider reminders¹⁰

Purpose: Prompt health care providers to discuss and/or advise clients about quitting tobacco.

Description: Provider reminder systems include efforts to identify clients who use tobacco products. Providers may receive these reminders through chart stickers, vital sign stamps, medical record flow sheets, and checklists. Provider reminders are often combined with other approaches and physicians can help patients obtain quit-aids such as nicotine replacement gum or patches.

Current efforts: In 2009 Grays Harbor County Public Health and Social Services updated their client encounter forms to include questions about tobacco use and interest in quitting. These changes resulted in 99% of clients being asked about their tobacco use and 99% of

clients who currently smoke being advised to quit and referred to the Tobacco Quitline.

Estimating scale: There are about 40 primary care providers in Grays Harbor County. On average, about 20% of patients seen by providers are likely to smoke, providing many opportunities for provider reminders

Chart stickers

Chart stickers placed prominently on each patient's chart allows physicians to quickly identify a patient as a smoker or non-smoker. Research shows that this results in an increase of provider-delivered advice to quit tobacco. Because even brief provider advice to quit has been shown to increase tobacco cessation, increasing delivery of advice by providers will increase the number of patients who quit.

Multi-component interventions that include telephone support¹⁰

Purpose: Provide people who use tobacco with cessation counseling via telephone.

Description: Telephone support can be reactive (tobacco user initiates contact) or proactive (provider initiates contact or user initiates contact with provider follow-up). Telephone support includes the use of trained counselors, health care providers, or taped messages in single or multiple sessions. Sessions usually follow a standardized protocol for providing advice and counseling, and the telephone support component is usually combined with other interventions, such as client education materials, individual or group cessation counseling, or nicotine-replacement therapies.

Current efforts: The Washington State Quitline offers counseling and nicotine-replacement therapy to people on certain Medicaid Managed Care plans.

Estimating scale: Approximately 11,000 adults in Grays Harbor County currently smoke.³ It is estimated that 70% of smokers want to quit⁴, which means about 7,700 adults in Grays Harbor County could use cessation counseling.

Tobacco Quitline

Recent cuts to the Washington State Tobacco Quitline have dramatically reduced the availability of telephone-based tobacco cessation services. However, services are still available to those on certain Medicaid Managed Care plans. Referrals to the Quitline can be made by anyone. Although referral materials are no longer available from Washington State Department of Health, GH Public Health has a limited supply of referrals cards and posters. Agencies can also print their own referral materials.

Suggestions from Grays Harbor Community Leaders

Increase and promote tobacco cessation.

Establish smoke-free parks.

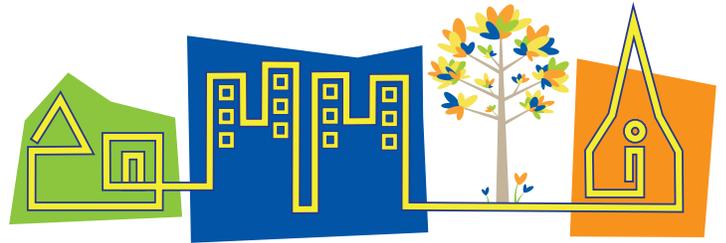
Establish smoke-free campuses surrounding workplaces.

Make quit-smoking messages abundant in the local environment.

Who Can Help?

- YMCA of Grays Harbor
- G H Community Hospital
- GH Public Health & Social Services
- Primary care providers
- Sea Mar Community Health Clinic
- All worksites; every local business
- Behavioral Health Resources
- Printers (for materials)
- Schools
- Service Organizations

Recommendations:



What should we do first and who could help?

This space is for your thoughts - we look forward to hearing them on October 17!

INCREASE physical activity by motivating and supporting each other.

HELP people with diabetes and other chronic diseases attain and maintain optimum health.

DECREASE the number of kids who starting using tobacco and
INCREASE the number of smokers who quit.

Appendix A: Additional Best Practices

Additional strategies for increasing physical activity, helping people manage their chronic disease, and reducing tobacco use are briefly described below. Please visit WWW.THECOMMUNITYGUIDE.ORG for more information about these strategies.



INCREASING PHYSICAL ACTIVITY

- Individually-adapted health behavior change programs
- Enhanced school-based physical education
- Community-scale urban design and land use policies
- Creation of or enhanced access to places for physical activity combined with informational outreach activities
- Street-scale urban design and land use policies
- Behavioral interventions to reduce screen time
- Multi-component coaching or counseling interventions to reduce weight and maintain weight loss
- Worksite programs



CHRONIC DISEASE SELF-MANAGEMENT

- Case management interventions to improve glycemic control
- Disease management programs
- Self-management education in the home for children and adolescents with Type 1 diabetes



REDUCING TOBACCO USE

- Mass media campaigns combined with other interventions
- Smoke-free policies
- Incentives and competitions to increase smoking cessation

References

- 1 Washington State Department of Health, Center for Health Statistics.
- 2 Washington State Department of Health. Healthy Youth Survey 2010.
- 3 Washington State Department of Health, Center for Health Statistics. Behavioral Risk Factor Surveillance System.
- 4 United States Department of Health and Human Services, Centers for Disease Control and Prevention.
- 5 Guide to Community Preventive Services. Campaigns and informational approaches to increase physical activity: community-wide campaigns. www.thecommunityguide.org/pa/campaigns/community.html. Last updated April 4, 2011.
- 6 Guide to Community Preventive Services. Behavioral and social approaches to increase physical activity: social support interventions in community settings. www.thecommunityguide.org/pa/behavioral-social/community.html. Last updated April 4, 2011.
- 7 Stanford School of Medicine. Retrieved September 2011 from <http://patienteducation.stanford.edu/programs/cdsmp.html>
- 8 Guide to Community Preventive Services. Diabetes prevention and control: self-management education interventions. www.thecommunityguide.org/diabetes/selfmgmteducation.html Last updated January 26, 2011.
- 9 American Cancer Society. Guide to Quitting Smoking. Retrieved September 2011 from <http://www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/guide-to-quitting-smoking-why-quit>
- 10 Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 2001;20(2S):10-5.
- 11 Washington State Department of Health. 2009 Local Public Health Indicators.



The Community Health Improvement Plan (CHIP) Task Force, a group of community leaders, believes that the strategies described here are key to helping the people in Grays Harbor County reach their optimal health.

You can help by becoming involved in community efforts to support these goals.

Investing in prevention and doing what has worked in other communities can improve lives, save money, and make our community a better place for all of us to live.

educational
success

empathy

self-respect

confidence

hope

positive identity

healthy boundaries

personal
goals

responsibility

Giving Kids

A Healthy Start

In Grays Harbor County...

1 in 4 Kids live in poverty.¹

1 in 4 Kids report depression.²

1 in 10 Students report being bullied once a week or more.²

1 in 20 Kids are involved in an accepted CPS referral.³

92 Teens became mothers in 2009.⁴

The statistics at left paint a disquieting picture - and suggest that a lot of kids on the Harbor are hurting.

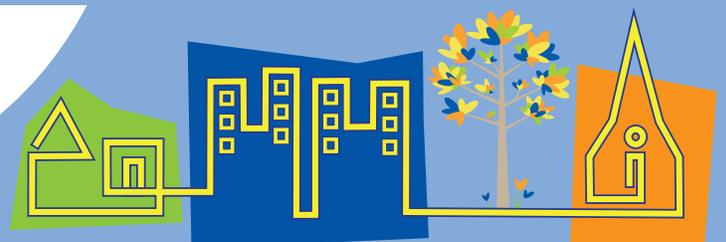
In addition, examination of Healthy Youth Survey data reveals that kids on the Harbor are more involved than their peers statewide in risky behaviors such as tobacco use, drug and alcohol use, and early sexual activity.

These behaviors are strongly related to the health problems that cause the most preventable death and disability in the U.S.

This pamphlet examines steps we can take as a community to give our children the very best start in life.

We cannot always build the future for our youth, but we can build our youth for the future.

- Franklin D. Roosevelt



Grays Harbor Youth Face Challenges That Have Life-Long Consequences

Drug Use: High School Seniors In the last 30 days...

1 in 3



have smoked pot²

1 in 10



have gotten high using prescription drugs²

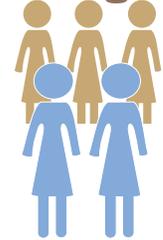
Depression: 10th graders

1 in 4 boys

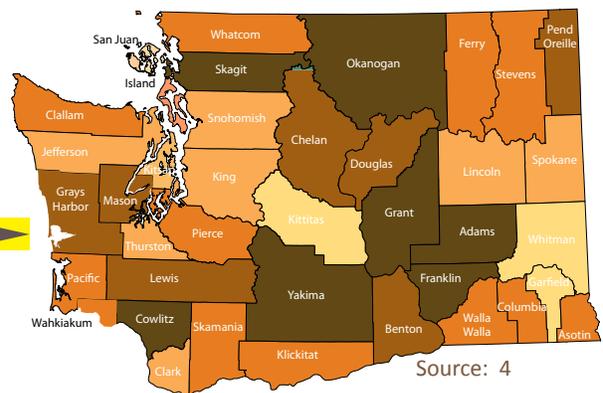
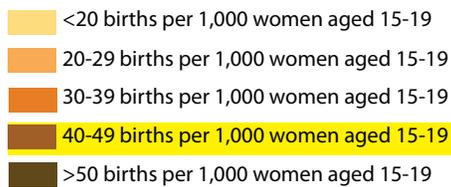


report depression²

2 in 5 girls



Teen Parenting



Family Violence

1 in 3



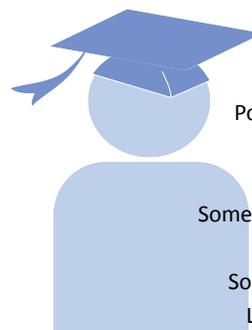
Students have witnessed adult-to-adult violence²

1 in 5



Students have been physically abused by an adult²

Educational Attainment, Adults 25+



	Grays Harbor	Washington State
Postgraduate degree	5%	11%
Bachelor's degree	8%	20%
Associate degree	10%	9%
Some college, no degree	30%	25%
HS diploma or GED	32%	24%
Some HS, no diploma	11%	6%
Less than 9th grade	4%	4%

Source: 1

These data are taken from a variety of sources, as referenced in endnotes. For more information about the health of Grays Harbor County, go to www.HealthyGH.org

It has long been understood that poverty and lack of formal education are associated with poorer health outcomes. Increasingly, research suggests that adverse experiences in childhood also have a strong association with an increased risk of poor health behaviors and the associated disease outcomes in adulthood.⁵

Many local families live in a cycle of generational poverty. Too frequently, kids leave school early to start a family and don't complete the education that would position them for a good job. Many parents have not had the support and positive role models that they need. Too many families are affected by mental health problems and substance abuse. With tragic frequency, these problems erupt in domestic violence. Too often, this cycle continues into the next generation.

For these reasons, the CHIP Task Force believes health improvement for youth must include efforts to improve their most basic experiences during these critical formative years.

What We Want for Our Youth



Goal 1: INCREASE student success and educational attainment

Too many students drop out; too few go on to complete a post-secondary course of study.



Goal 2: HELP families succeed

Families are stressed. Abuse and neglect are too common. Parents feel isolated and lack positive role models and community support.



Goal 3: PREVENT risks like violence and teen pregnancy.

Young people need skills to resist risky choices and avoid negative consequences.



Goal 4: PROVIDE more adult support

Too many young people report that they lack a positive adult role model.

Goal 1: Increase student success

More education equals more opportunity - that has never been more true in our society. Grays Harbor lags far behind the state average in the percent of adults who have finished a four year degree. A few generations ago, the local economy offered many living wage jobs that were available to workers with a high school education. Now most of these jobs are gone and an increasing number of families face deprivation.

Students whose parents did not receive education beyond high school are less likely to have serious plans about attending college.

They are less likely to have the necessary assistance from parents to make the decisions and complete the tasks required to be a successful college student.⁶ Helping these students access and succeed in higher education is a keystone to improving the lives and health of Grays Harbor families.



He who opens a school door closes a prison -Victor Hugo

Evidence-Based Practices: What Works

Supporting First-Generation College Students

Purpose: To increase the proportion of students who enroll in college or technical school and complete a course of study.

Description: Efforts begin with K-12 students, and the most effective of these programs involve parents early and provide exposure to the idea of college as a goal and to specific information about costs, admission process, academic requirements, and how to plan ahead. At the college level, the most effective programs provide a key person who monitors students over a long period of time, a supportive peer group, financial assistance and incentives, and high quality instruction and access to the most challenging courses.⁶

Current efforts: Local primary and secondary school programs vary by district and include AVID, World Class Scholars, and Running Start. Grays Harbor College offers the TRIO program for first-generation college students. The program boasts a high degree completion

TRIO Program

The student assistance program at Grays Harbor College currently provides support and process education to about 160 officially enrolled students who are first-generation, low-income, or disabled and who have a desire to obtain a Bachelor's degree. It also provides assistance as needed to other students, often in the form of help with financial aid application processes. The program has a staff of 2 full-time Master's-prepared education specialists and a .75 FTE administrative assistant. The Program Director estimates that if the programs's capacity were expanded, they could potentially be appropriately serving about 1/2 of the college's 1700 enrolled students - or 850 people.

rate but has limited resources and capacity.

Estimating Scale: Of the approximately 900 8th graders in the county in 2010, 79% reported that their mother did not complete any post-secondary education, and 79% also reported this for their father - so over 600 members of the class of 2013 could be potential first-generation college students.

High school dropout prevention programs

Purpose: Increase high school completion rates by early identification and support of students at risk of dropping out.

Description: The most effective proven programs are highly personalized and provide a lot of attention to each student. In addition to these services, the school makes efforts to provide extra engagement, monitoring and support to students during the “transition” years which begin junior high and high school.⁷

GRADS Program

GRADS is a drop-out prevention program targeted specifically to pregnant and parenting teens. There is currently a GRADS program at Harbor High in Aberdeen which serves 35-60 students and about 35 infants and toddlers each year. The program is heavily supported by community organizations such as domestic violence, public health, and sexual assault agencies. It employs 2.5 professional FTE and is administered by the Aberdeen School District. The program is currently understaffed in family services, case management, and outreach.

Harbor High serves teen parents of all grade levels, representing several birth-year cohorts. Given an average of 34 births among 15-17 year olds each year, we can estimate a potential target population of more than 90 teens.

Current efforts: Alternative schools offer students who have barriers to success in traditional high school settings an opportunity to complete their courses in a more flexible way. The Elma and Aberdeen Districts currently have alternative school programs in place. The Hoquiam School District offers Homelink, which supports home schooling.

Sizing up need: a very rough idea: There are approximately 10,750 students enrolled in the county’s public schools. In 2009-10, an estimated 22% of the cohort in grades 7-12 cohort was lost (about 1140 students). 22% of the county’s total enrollment is 2365 - a conservative estimate of students at risk of dropping out.

Suggestions from Grays Harbor Community Leaders

Create a program in high schools to provide practical information and skills-building to prepare for the first year college experience.

Develop an award system with scholarships for study in a field that is needed in the community and require a commitment to return to work in the community for a period after graduation.

Expose students early to the expectation of post-high school education to increase the perceived value and expectation of learning.

Support students in developing a media campaign designed to increase the perceived value of education. Provide students with volunteer mentors who are marketing professionals.

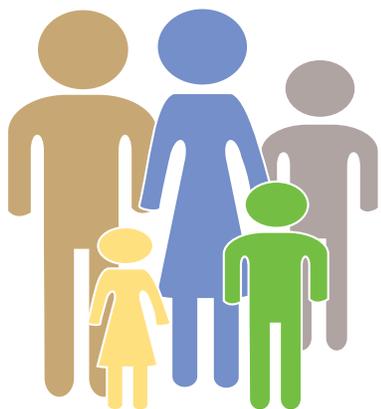
Increase the number of kids who participate in the World Class Scholar and College Bound programs.

Who Can Help?

- Schools
- Headstart/ECEAP
- Grays Harbor College
- Grays Harbor College Foundation
- Grays Harbor Community Foundation
- YMCA of Grays Harbor

Goal 2: Help families succeed

Other things may change us, but we start and end with the family. - Anthony Brandt



Adverse childhood experiences are all too common. Adults who experienced abuse or other trauma during their youth are more likely to experience poor mental health or substance abuse issues. They are also more likely to smoke, eat a poor diet, and be physically inactive and to experience the chronic diseases related to these behaviors.⁵

Unfortunately, these adults are also likely to experience the same poor family functioning when they become parents. Breaking this cycle offers a better chance that future generations will escape these negative influences.

It is easier to build strong children than to repair broken men. -Frederick Douglass

Evidence-Based Practices: What Works

Person to Person Intervention To Improve Caregivers' Parenting Skills

Purpose: To achieve positive effects on sexual behavior, violence, delinquency, self-harm, alcohol, tobacco, and other drug use, behaviors related to motor vehicle safety, and teen pregnancy by improving parenting skills.

Description: The most effective programs include an education component, a discussion component, and an opportunity for the caregiver to practice new skills. There are various curricula with proven effect. The strongest positive effects were seen for sexual behavior and violence. Programs may be individual or group-based, and may or may not include an adolescent component.⁹

Current efforts: Public Health has partnered with schools to provide a few of these curricula in the past;. Although the programs are effective, it has been very difficult to get active parent participation.

Estimating Scale: There are about 4050 4th-8th grade students enrolled in the county's public schools. If the desire is to target high risk, one could consider that 1/3 to 1/2 of students report that they lack a supportive adult in their lives. A key challenge will be engaging parents and caregivers.

Guiding Good Choices

Guiding Good Choices is a drug use prevention program that provides parents of children in grades 4 through 8 with the knowledge and skills needed to guide their children through early adolescence. It is a five-session curriculum that has demonstrated positive outcomes in substance use, parenting behaviors and family interactions, delinquency, and symptoms of depression in adolescents.

The basic cost to deliver the intervention to a group of 10 parents is approximately \$968. The curriculum kit must be purchased for about \$850 and each family guide costs \$13.99.

Home visitation to prevent child maltreatment

Purpose: To reduce violence by caregivers against children.

Description: The most effective programs use professionals, especially nurses, to provide frequent home visiting to new mothers. Duration of the program is long; most studies provided services for at least 2 years and the strongest study provided 5 years of service.⁸

Current efforts: There are currently no home visiting programs that provide the dose or duration of services that have been associated with a demonstrable decrease in family violence. First Steps, a Medicaid-funded education and support program for pregnant women, provides limited education and case management services for one year. This program is currently provided to a small number of families by Grays Harbor Public Health and Social Services Department. Funding for this program has eroded and its capacity has diminished significantly in recent years.

Estimating Scale: In 2009, there were 826 live births to women living in Grays Harbor, and 249 of these were to first-time mothers. 67% of all county births in 2008 were paid by Medicaid, evidence that the mother is low-income. This would

indicate a potential cohort of about 166 families each year. Program acceptance is generally about 50%, so a likely maximum number of new families served each year would be approximately 80, with a potential total caseload of about 200 families.

Nurse-Family Partnership

The Nurse-Family Partnership is an intensive home visiting program for low-income, first time parents. Services begin at or before 28 weeks gestation and continue until the child's 2nd birthday. Nurses providing service are BSN-prepared and require intensive training. Home visits occur weekly or bi-weekly depending on the stage of services. Each full-time nurse can carry a caseload of no more than 25 families.

Proven benefits include improvements in women's prenatal health, reductions in children's injuries, fewer subsequent pregnancies, greater intervals between births, increases in fathers' involvement, increases in employment, reductions in welfare and food stamps, and improvements in school readiness.

According to the Washington State Institute for Public Policy, with implementation costs at \$9118 per family and estimated public financial benefit of \$26,298 per family, there is a return on investment of \$17,180 per family.

Suggestions from Grays Harbor Community Leaders

Provide mentoring and intensive skills building for parents.

Provide a *centralized directory* of services and resources for parents.

Teach parenting skills through the lifespan, starting prenatally.

Provide *home visiting* to all new parents.

Who Can Help?

- GH Public Health & Social Services
- Children's Advocacy Center
- Child Protective Services
- Grays Harbor Community Hospital
- Faith Communities
- YMCA of Grays Harbor

Goal 3: Prevent risks like violence and teen pregnancy



Many young people lack the adult guidance that is necessary to support the development of decision-making skills, a strong sense of self, and the ability to set personal goals and work through the steps to achieve them. Bullying, inappropriate or risky sexual behavior, dating violence, and failure to engage with and succeed in school are just a few of the poor outcomes that these young people may experience. Helping young people develop personal efficacy through education, discussion, and practice can support the development of the skills they need to be more successful in every aspect of their lives.

Making good decisions is a crucial skill at every level - Peter Drucker

Evidence-Based Practices: What Works

School-based violence prevention programs

Purpose: To prevent or reduce violent behavior among students preschool through grade 12.

Description: School-based curricula that are applied universally to all students, regardless of history of violence or other risk factors. There is strong evidence of effectiveness; among all grades combined, a 15% relative reduction in reducing violent behavior has been observed. Improvements were also reported for social behavior more broadly, and for substantial improvements in school attendance and achievement.¹⁰

Current efforts: Vary by school and district.

Estimating Scale: There are about 10,000 students enrolled in Grays Harbor's public schools, and an average of 750 per grade level.

Programs are available for all grade levels and schools are encouraged to implement those programs which are mostly likely to be successful in their environment.

Violence Prevention Programs

A variety of school-based violence prevention programs have been evaluated for effectiveness. The programs with the largest positive impact are:

- A cognitively-oriented approach
- Directed to students of low socioeconomic status
- Implemented with younger students
- Provided to students with a high risk of violent or disruptive behavior
- Delivered in the classroom setting (vs. students being "pulled out" for the program)
- Longer in duration with more sessions per week.¹¹

Comprehensive risk reduction for adolescents

Purpose: To reduce risky sexual behavior, and prevent pregnancy and sexually transmitted infections.

Description: The use of various curricula that provide comprehensive, medically accurate sexuality education. Can be school or community-based. It is estimated that every dollar invested in comprehensive risk reduction programs yielded between \$2.70 and \$3.70 (2008 U.S. dollars) in returns based on savings in healthcare costs related to pregnancies, HIV, and STIs and improvement in income associated with higher educational attainment.¹²

Current efforts: The implementation of risk reduction efforts varies by school and district. Washington's Healthy Youth Act of 2008 requires that all schools that elect to provide sexuality education use a curriculum that is medically accurate and scientifically correct, but many of these curricula lack the intensity of the evaluated programs.

Estimating Scale: There are about 2500 students enrolled in grades 6-8 in Grays Harbor County.

Making Proud Choices

Making Proud Choices! is a curriculum that provides small groups of young adolescents (ages 11-13) with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted diseases (STIs), HIV, and pregnancy by abstaining from sex or using condoms if they choose to have sex.

The curriculum has eight hours of content divided into eight one-hour modules. It can be implemented in eight sessions of 60 minutes each or in four two-module sessions. In community settings, it can be implemented in a two-, four- or eight-day format.

Educators who are knowledgeable about HIV/STI prevention and experienced in sexuality education require 16 hours of training before implementing the curriculum. Educators without this experience require 24 hours of training.

Suggestions from **Grays Harbor Community Leaders**

Increase attention to bullying; involve parents.

Create and support peer conflict resolution programs in schools

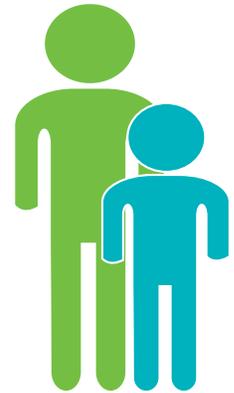
Who Can Help?

- GH Public Health & Social Services
- Mentoring Roundtable
- Grays Harbor Community Foundation
- Scouting
- Faith Communities
- Schools

Goal 4: Provide more adult support



Young people need adult guidance to help them learn about themselves and the world, develop relationship skills, and many other critical developmental tasks. Positive, enduring interaction with a supportive adult outside the family - whether part of a structured program or more interpersonally based - is important for all youth, but is especially critical for youth whose families do not offer adequate positive, supportive, and stable relationships with adults.



The greatest good you can do for another is not just to share your riches but to reveal to him his own. --Benjamin Disraeli

Evidence-Based Practices: What Works

Volunteer Adult Mentoring Programs

Purpose: Positive effects on outcomes such as academic achievement, substance abuse, and emotional health.

Description: The most effective models include significant administration, including ongoing mentor training, structured activities for mentors and youth and occur in a community setting outside school. Mentors with specific skills and abilities, particularly those with a helping role or profession are most effective when engaged in youth-centered relationships that last 12 months or more.¹⁴

Current Efforts: There are no comprehensive or long-term organized approaches to mentoring currently in practice. Many organizations offer short-term, structured mentoring opportunities such as elementary school “lunch buddies”. The Mentoring Roundtable has representation from many youth-serving organizations and has organized events and worked to provide information about the importance of

Across Ages

Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. It pairs older adult mentors with young adolescents, specifically those making the transition to middle school. The four intervention components are (1) a minimum of 2 hours per week of mentoring by older adults who are recruited from the community, (2) 1-2 hours of weekly community service by youth, (3) monthly weekend social and recreational activities for youth, their families, and mentors; and (4) 26 social competence training lessons taught weekly. The program requires a full-time project coordinator, a part-time outreach coordinator, and one mentor for every one or two students.

mentoring and to connect potential mentors to organizations where they can serve.

Estimating Scale: There are about 4000 9-13 year olds living in Grays Harbor County. About 1000 of these students are living in poverty and about 680 were born to mothers who were less than 20 years old when they were born.

Youth development behavioral interventions

Purpose: Reduce risky sexual behavior; prevent pregnancy and sexually transmitted infections.

Description: A holistic approach to adolescent health that may or may not include components that are focused directly on pregnancy and STI

prevention. Generally involves ongoing positive interaction with adult leaders and facilitated peer-support and discussion activities. The most effective models are associated with community service activities in settings such as nursing homes, hospitals, and homeless shelters. These experiences provide extended opportunities for adolescents to interact with adults in the community and have a sense of membership in a group with explicit rules and responsibilities.¹³

Teen Outreach Program

The Teen Outreach Program is a youth development program designed to prevent adolescent problem behaviors by helping teens develop a positive self-image, effective life management skills, and achievable goals. The focus is to engage young people in a high level of community service learning that is closely linked to classroom-based discussions of future life options. The program consists of supervised community service learning (at least 20 hours per year per participant) and classroom-based discussions that occur at least once per week throughout the school year (about 36 hours per year).

As a basis for comparison, the Girls, Inc. program offered by Grays Harbor Public Health employs one full-time health educator. During the 2009-10 school year, 95 girls from two school districts were served with about 14 hours per participant and no community service component. Additionally, the program required about 0.1 FTE to complete minimal evaluation processes.

Current Efforts: A youth development program for girls age 11-18 has been implemented in the Aberdeen and Lake Quinault school districts by Grays Harbor Public Health and Social Services. These services are less intense than proven interventions and do not include a community service component. Funding constraints prevent increased intensity or expansion to other districts at this time.

Sizing up need: a very rough idea: There are about 6600 youth aged 12-18 in Grays Harbor County. In estimating those at risk or living in disadvantaged circumstances, the following could be considered: 1643 living in severe poverty, 329 involved in accepted CPS referrals, and about 1117 who were born to mothers less than 20 at the time of their birth.

Suggestions from Grays Harbor Community Leaders

Develop a *mentoring database* to support community-wide mentoring opportunities. Support and market mentoring through websites and other media.

Develop and maintain a *centralized system for mentors* and mentees to make it easier for them to connect.

Who Can Help?

- GH Public Health & Social Services
- Mentoring Roundtable
- Grays Harbor Community Foundation
- YMCA of Grays Harbor

Recommendations:

What should we do first and who could help?



This space is for your thoughts - we look forward to hearing them on October 17!

INCREASE student success and educational attainment

HELP families succeed

PREVENT risks like violence and teen pregnancy.

PROVIDE more adult support

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The Community Health Improvement Plan (CHIP) Task Force, a group of community leaders, believes that the strategies described here are key to helping young people in Grays Harbor County fulfill their potential.

You can help by becoming involved in community efforts to support these goals.

Investing in prevention and doing what has worked in other communities can improve lives, save money, and make our community a better place for all of us to live.

coordinated
integration
timely

collaborative
safety

access
wellness
cost-efficiency

DRAFT

equity

Helping *everyone*

get the **Right Care**

at the **Right Time**

In
Grays Harbor County...

1 in 6

Adults did not get health care because of cost.²

1 in 3

Adults and children do not get adequate dental care.

1 in 8
1 in 5

Children and adults don't have health insurance.⁴

1 in 10

Adults has asthma, diabetes, or heart disease.

38th of 39

Grays Harbor's ranking among Washington counties for overall health factors

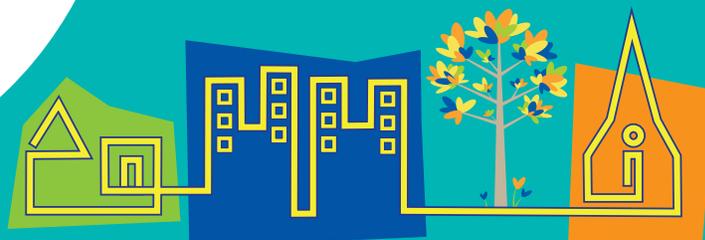
"Health care reform" signals a time of change. Some current systems will be disrupted and some new pathways to care will be laid. There will be both good and bad impacts from the changes that come. At least for awhile, there will be ambiguity about which new ideas will be funded and about who, or what entity, will make the decisions.

Unprecedented budget problems may scuttle many of our best ideas while hospitals, private providers and non-profit organizations struggle to meet increasing demands with diminishing resources. Whatever the road ahead for the health system, we can be sure it will be somewhat rocky.

This pamphlet examines some of the steps we can take to create a smoother transition into the health care system of the future.

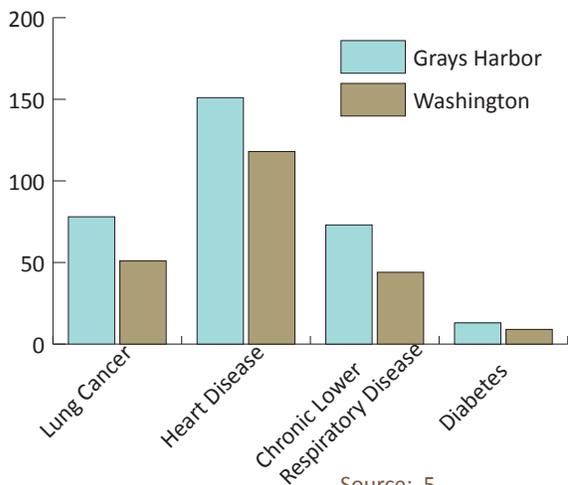
America enjoys the best health care in the world, but the best is no good if folks can't afford it, access it and doctor's can't provide it.

- Bill Frist -

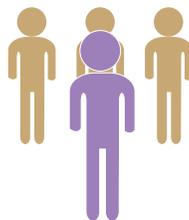


High Need: Insufficient Capacity

Age-Adjusted Death Rates, Chronic Disease, 2009



More than 1 in 4 (28%)



People are eligible for Medicaid, compared to 19% statewide. Sometimes it is very hard to locate a doctor or dentist who will accept this form of payment.⁶

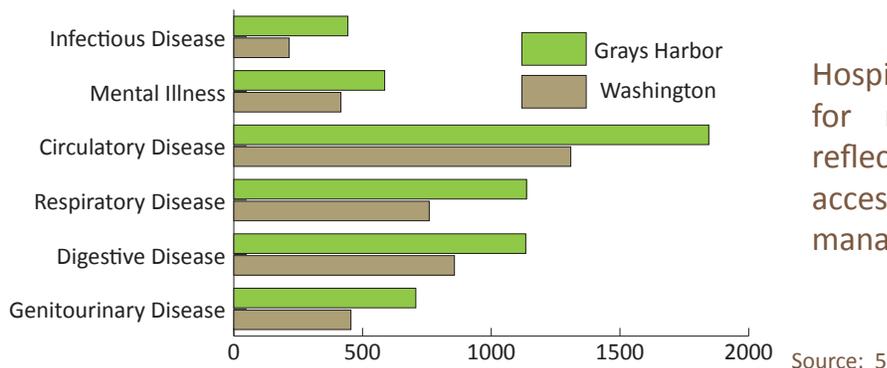
More than \$200 million



The amount written off, provided as charity care or lost to bad debt by Grays Harbor Community Hospital has climbed steadily from less than \$150 million in 2007 to more than \$200 million in 2010.⁷

Grays Harbor County has been designated by the federal government as a shortage area for primary care, dental, and mental health professionals.

Age-Adjusted Hospitalization Rates, Select Causes, 2009



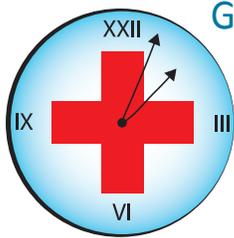
Hospitalization rates are higher for many conditions, which reflects a lack of sufficient access for early care and disease management.

These data are taken from a variety of sources, as referenced in endnotes. For more information about the health of Grays Harbor County, go to www.HealthyGH.org

Grays Harbor County will face special challenges as we approach an uncertain health care future: We already lack the basic capacity we need in many areas of health care, such as providers for primary care, mental health and dental care. Our population is more poor and less healthy than others in the state, so we are starting from a point of health deficit. With higher rates of unemployment and poverty, a greater proportion of our population is uninsured, so many people have difficulty accessing and paying for health care.

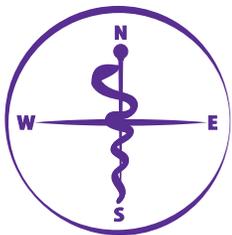
Given this, are there actions we can take that will improve our chances of healthier life and a more robust health care system? The task force believes there are.

What we want for our health resources...



Goal 1: People get the care they need - when they need it.

People often go without health care when there are not enough local providers or when they fear they cannot pay. That translates into more serious illness and more expensive hospital care. Better access can increase health and reduce costs.



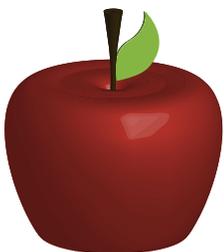
Goal 2: Patients and providers can navigate the system easily.

Seeking healthcare can be complicated. Families are often bewildered as they juggle unfamiliar requirements of hospitals, multiple physician offices, laboratory appointments and various therapies. When services are fragmented, they may use resources inefficiently: too many emergency room visits, or failure to follow up on referrals.



Goal 3: Information technology supports patient safety and efficient care.

One of the greatest contributors to medical errors and inefficiency in healthcare has been the lack of centralized, electronic medical records. To increase patient safety and reduce costs, every provider needs timely access to secure and accurate records.

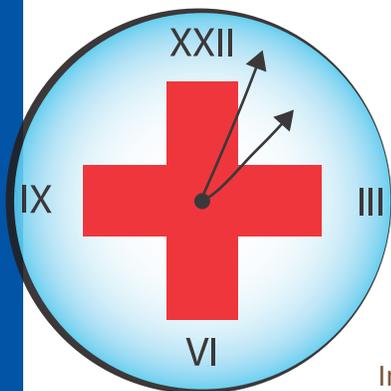


Goal 4: Prevention is the first investment.

Treating illness is expensive. If we make greater investments in prevention throughout the health care system at every stage of intervention, we will succeed in keeping people healthier, and our healthcare resources will stretch to cover more people at less cost.

Goal 1: People get the care they need

- when they need it.



Grays Harbor County is designated as a “primary care shortage area” for low-income people by the federal government.

In 2009, Grays Harbor County had 43 practicing physicians who were in a primary care specialty. Between them they provide 30.1 primary care physician FTEs (full-time equivalents) to the community.* In addition, the county had 12 “mid-level” providers. Mid-level providers represent another 9.0 FTEs of primary health care.

When our resources are viewed as a ratio, we had 54 primary care providers per 100,000

population in 2009. These figures are far below the “Goldsmith Standard” for primary care coverage of 62.5. When physicians alone are included, the ratio is 42 per 100,000.

In 2009, the county had 16.2 dentist FTEs. The county is designated as a dental care shortage area for low-income people, and access is especially difficult for low-income adults. For mental health care, the entire county is designated a shortage area without regard to income level.

Grays Harbor County needs to recruit and retain more primary care providers, more dentists, and more mental health professionals. Low income status and payment source need to be removed as barriers to health care access.

Be not slow to visit the sick. - Ecclesiastes

Barriers to Access

- People without insurance may avoid seeking care until they are very sick. When they do seek care, they may use very expensive hospital-based emergency care, which diverts resources away from where they are really needed. Doctors and local hospitals provide significant amounts of “charity care” and have large amounts of bills that patients do not pay.
- People with Medicaid (publicly-paid care) may be denied access in some offices. The reimbursement rates are low and that places providers in a quandary - can they provide care if their costs are not covered? For years, Medicaid banked on having private insurance rates subsidize its low rates but in today’s health care market, that doesn’t work. All rates are low and there is great pressure on cost containment.

Managed Care

In “managed care” a per-person payment is designed to cover all the health needs of an insured population. The state seeks to place more people under this arrangement with the ideas that the managed care company has a financial incentive for efficiency, wellness and prevention. Our local environment is currently “fee for service” where each service is paid for separately, according to established rates.

Grays Harbor Community Hospital has established an LLC, a business that helps providers by setting salaries and then managing the administrative portion of their practice. This could support a transformation toward a new model of practice that benefits both patients and providers – but it must be financially sound.

(*19 family practice, 1 general practice, 12 internal medicine, 4 general pediatrics and 4 OB/GYN. Some respondents did not pick a specialty. Mid levels include ARNP, PA-C, LM, CNM-ARNP).

What Works?

Primary care physician and mid-level recruitment

- Payment of educational loans for people who practice in a shortage areas. The National Health Service Corps is one example.
- Establishment of rural health clinics, an official designation. RHCs can claim higher reimbursement rates. With community-level work, we may be able to link independent practices together in some manner to establish RHCs.

Administrative simplification

- Reducing administrative burden can reduce costs and access barriers. One example is the “ABCD” program to help more children see a dentist. Participating dentists can earn enhanced reimbursement from Medicaid, while public health workers reduce the administrative burden by arranging appointments.

Coordination of efforts

- Volunteer-based medical practices have sprung up in some parts of our region, including Thurston County’s Free Clinic and Specialty Referral Network. A structure is established to manage patient scheduling, basic office functions and support services, while volunteer providers donate their time.
- Establish a health resource assessment council or review board to ascertain where we are achieving progress or falling behind in terms of health access goals. This group could also coordinate efforts to bring grants to the community to stabilize or enhance health resources.

Suggestions from Grays Harbor Community Leaders

Develop a “prescription plan” to refer people into chronic disease self management and other health education and wellness support programs.

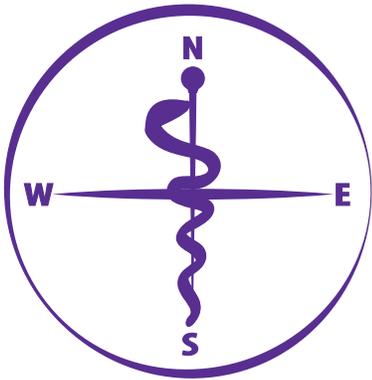
Create a basic primary care “Free Clinic” for adults.

Develop a forum to integrate services and the exchange of information across local hospitals, primary care offices, public health and other community support resources so that people get needed services.

Increase collaboration among local dentists in order to expand access to oral health care, especially among adults.

Seek reimbursement policies that provide payment to providers for prevention efforts and patient education.

Goal 2: Patients and providers can navigate the system easily



Patients often feel at a loss to make the right choice about health care. Is this problem an emergency - or can it wait? If I follow up on a referral, will I have to pay more? Why do I have to go to so many different appointments? Why does the advice seem to differ from one place to the next? Whether for you or a family member, the answers are hard to find in today's complicated network of health care resources.

When patients cannot get information that they can use to help them make good choices, they may forego needed care or they may over-use the resources that are available. Both options are expensive.

Promising Practices: What Works

Patient navigators

Purpose: Help patients and family members make good choices in seeking care. Ensure they are not “lost in the system” or confused about next steps and appropriate options so that they use healthcare wisely.

Description: Some health insurance companies have developed a “warm line” so that people with health concerns can call for guidance, especially outside of normal office hours. The idea of a patient navigator goes some steps further: It helps patients navigate the complex medical system to make the right appointments and locate resources for financial support, language help, transportation and education. This model, often linked to cancer care, could be expanded to include all types of health care and provide links to many community services.

Medical Homes

Mark Reed's Medical Home Program

Clinicians at Mark Reed's medical clinic participated in a “medical home” program as part of a pilot with the state Department of Health. The medical home, or patient-centered care, model places greater emphasis on a single physician maintaining an ongoing relationship with the patient, coordinating the actions of other members of the health care team, and focusing on the whole person rather than a single, specific medical issue. While the model might require new ways of paying healthcare staff, it is seen as one strategy to lower costs.

Integration of behavioral health and primary care

People with serious mental illness have an average life expectancy that is 25 years less than the general population. The underlying reasons stem from the high number of chronic health conditions that are often experienced along with mental illness, and from the fact that many mentally ill people have not been able to access needed medical care. A current goal is to integrate or align treatment efforts so that mental and physical illnesses are managed in a complementary fashion for each patient. Current payment systems have kept these services separate. The new approach could

mean having basic medical resources as a part of a behavioral health clinic, or adding mental health professionals to primary care offices.

ER Consistent Care Model (CHOICE)

CHOICE Regional Health Network operates in five western Washington Counties and carries out a program called the “ER Consistent Care Model” directed toward patients who have made unnecessary visits to the hospital emergency room. The goal is to decrease ER visits by helping people access routine medical care on a consistent basis. The program served 94 people on Grays Harbor in just one quarter of 2010, and reduced ER use by 55% in that group.

The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated. - Plato

Suggestions from Grays Harbor Community Leaders

Establish a formal patient-navigator system to serve all of the community, not linked to a single insurer or practice.

Provide patients with a centralized phone and web resource to help them navigate the local healthcare system and seek appropriate referrals.

Establish a web resource for primary care practices and other providers so they can quickly access community resources for their patients, including how to obtain public assistance, housing, and behavioral health support.

At the provider level, coordinate human services and non-profit resources with medical care efforts through websites, regular in-person forums, and routine information exchange.

Goal 3: Information technology supports patient safety and efficient care



Adopting electronic health records (EHR) throughout the medical field is seen as one of the most important steps to be taken to improve the quality of care and to reduce its cost. Implementing EHR systems is a requirement of the current health reform law, and dates are set for accomplishing the transition.

Fast access to a patient record allows the provider to understand a patient's full range of medical issues and past treatment experience, providing a better and safer basis for decisions. The record can contain comprehensive information such as basic patient statistics (weight, allergies), radiology images, laboratory results, and billing information.

The EHR can reduce the need for duplicative tests and information can be transferred quickly to any site, removing the time delays from collecting and transferring paper.

Procuring an EHR can be expensive and the greatest savings are found when a single system is used to serve a large organization, or across many medical practices. Having a common system available within a community could be less expensive, overall, and would reduce the number of systems that health providers had to learn as they move between hospital, office or other related services.

Promising Practices: What Works

Common electronic health records in the community

Some communities are looking for opportunities to implement common systems – or at least EHRs that are complementary. That option can lower the investment needed by each office and allow for coordinated training of many personnel. It could also assure that records can be easily transferred within the area where most care is provided and that privacy standards are consistent throughout the system.

Adoption of systems and software that allows appropriate electronic interaction between patient and provider

The EHR provides a resource for patients and family members to manage their care, with diagnoses, drugs, lab reports and provider names ready at hand. They can also serve as a link to reliable health education materials and offer new options for communication with providers – through web pages, email and scheduling programs, for example.

Use community-level information to pinpoint problems with access and prioritize areas of needed change

Adoption of EHRs will provide access to an unprecedented amount of information that can be viewed at the community or regional level, in aggregate and without patient identity. Currently, there is little information available about the volume or type of healthcare used, outside of hospital care. We will have a powerful tool for community planning when health information captures ambulatory care in addition to hospital data. We will have the ability to:

- monitor the health of the population and detect emerging health problems;
- identify populations at high risk for disease;
- determine the effectiveness of treatment(s); quantify prognoses;
- assess the usefulness of diagnostic tests and screening programs;
- influence policy through cost-effectiveness analysis;
- support administrative functions; and
- monitor the adequacy of care

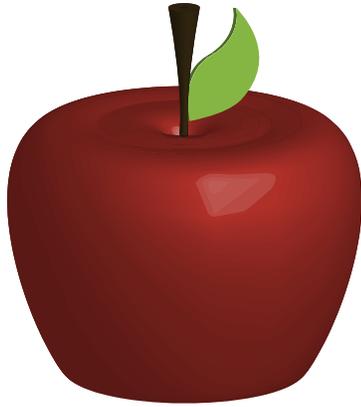
Source: Monograph: Using Electronic Medical Records to Bridge Patient Care and Research. www.FasterCures.org

Current efforts: Some individual offices have adopted electronic records. Some use a few electronic tools, but not a full EHR. Grays Harbor Community Hospital is currently exploring the notion of making a single system available community-wide, a major and multi-year undertaking.

*With tens of thousands of patients dying every year from preventable medical errors, it is imperative that we embrace available technologies and drastically improve the way medical records are handled and processed. –
Jon Porter*

Suggestions from **Grays Harbor Community Leaders**

Increase integration among providers, hospital and public health, including electronic health information exchange.



Goal 4: Make a significant investment in prevention

We want to see more people remain as healthy as they can be throughout their lives. To accomplish this, **prevention** needs to be a foremost goal throughout our health system, so that everyone uses care at the least intensive level that is appropriate.

As a community, we can set health goals and monitor progress toward them by combining the knowledge and efforts of health providers, community groups and policy makers.

The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease. ~Thomas Edison

Promising Practice

Setting a Health Agenda

Improving health is not the purview of any single organization on Grays Harbor. Rather, there are opportunities for health improvement throughout all parts of our community – schools, churches, businesses, medical practices and government.

We are likely to make our best gains toward health improvement by setting forth a formal agenda and creating a structure to monitor and respond to health issues. By sharing information about our health, and what we are doing to improve it, we can inspire others to join in the effort. We can expand our prevention effort over time.

A forum for promoting good health, with prevention as a cornerstone, could be organized to bring together leaders from many sectors so that they have the opportunity to identify areas of potential collaboration.

Currently, most work is done in well-recognized “silos” with few formal links between them, although people share many common concerns. For example: physicians, schools and the courts are all responding to problems related to substance abuse – yet there is not a convenient forum in which members of these groups can share information and ideas. By teaming up, they will have a better chance of developing consistent and effective community strategies.

The chart at right illustrates just some of the many opportunities we have to improve health. It involves strategies that extend from programs for individuals, to efforts that address government policy-setting – and much in-between.

To set an agenda and accomplish it will require involvement of many people, plus an organized structure to support activity. Across the country, communities are establishing formal groups to set and attain health agendas. Examples are found in the CDC’s “Putting Prevention to Work” success stories, the YMCA-CDC partnership, “Pioneering Healthy Communities” and many initiatives supported by the Robert Wood Johnson Foundation, including “Active Living” and “Healthy Eating” and “Priority populations.”

As a result of this type of national sponsorship, communities have access to many tool kits, helpful materials and data, and examples of successful interventions. There are many emerging networks by which communities are providing assistance and advice to one another – as they increase the power of prevention.



Suggestions from **Grays Harbor Community Leaders**

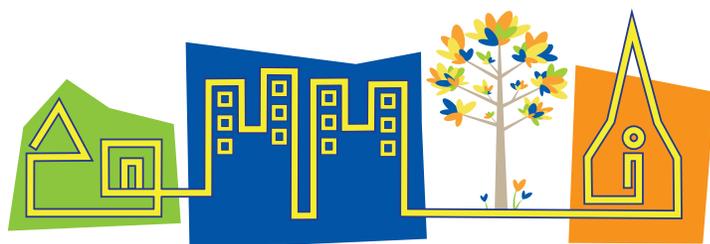
We need to meet and talk more, across our silos. (Physicians to others. Schools to others.)

We need to have an ongoing review of our health, so we stay tuned to the problems and work to overcome them. It’s not enough to say “we are unhealthy” and leave it at that.

A website for referrals and tools would be very helpful.

Recommendations:

What should we do first and who could help?



This space is for your thoughts - we look forward to hearing them on October 17!

People get the care they need - when they need it.

Patients and providers can navigate the system easily.

Information technology supports patient safety and efficient care.

Prevention is the first investment.

References

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- 7 Grays Harbor Community Hospital, March 2011



The Community Health Improvement Plan (CHIP) Task Force, a group of community leaders, believes that the strategies described here are key to improving health care access for all people in Grays Harbor County.

You can help by becoming involved in community efforts to support these goals.

Investing in prevention and doing what has worked in other communities can improve lives, save money, and make our community a better place for all of us to live.



support dignity success family safe community
 stable recovery

Recovering Hope

Addressing Mental Health and Substance Abuse

In Grays Harbor County...

1 in 3

Adults report binge drinking in the past 30 days.¹

1 in 5

Adults don't have enough social support.¹

1 in 3

Kids report depression.²

112

Grays Harbor residents died from suicide in the past 10 years.³

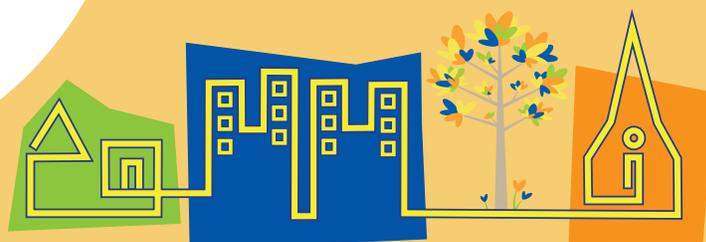
Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. They occur on a continuum of severity and can result in a diminished ability to cope with the ordinary demands of life. Mental illness is widespread, affecting **1 in 4 families**. Serious mental illness affects approximately 1 in 17 people.⁴

Alcohol and drug addiction is also a widespread problem, estimated to affect **11% of families** in the U.S. Drug and alcohol abuse are related to many personal and social problems including violence, unintentional injury, automobile crashes, homelessness, and an estimated 80% of crime.⁵

Mental illness and substance use disorders often occur in the same individual. About 45% of people with a diagnosed mental disorder also have a substance abuse disorder⁴, and almost 60% of people with a diagnosed drug or alcohol disorder also have a mental disorder.⁵

Mental health and substance use disorders **can** be treated and recovery **can** be achieved. This pamphlet examines things we can do as a community to prevent these disorders and support recovery.

*He who has hope has everything.
 - Arabian proverb -*



Personal Distress; Community Challenge

Barriers to Treatment

2 in 3 youth



Who qualify for substance abuse treatment don't get it because of funding limitations.

3 in 4 adults



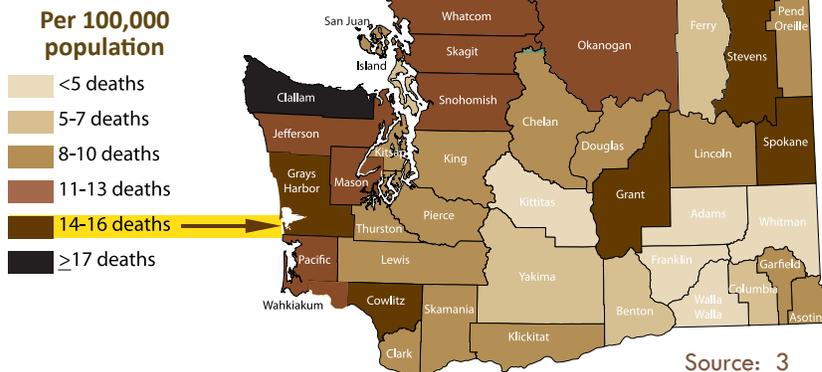
Grays Harbor has higher death rates from alcohol and substance abuse, but access to treatment is limited. Untreated illness creates a burden for the whole community.

Zero

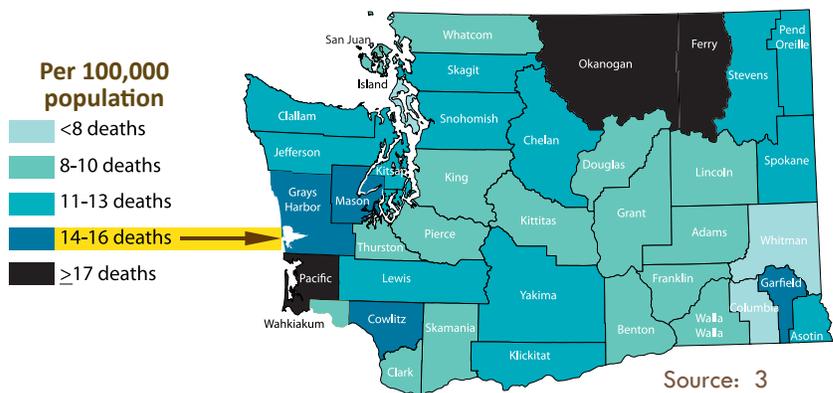


There are no local resources for opiate detox for low-income people or opiate substitution therapy

Opiate-related Deaths, 2000-09



Alcohol-related Deaths, 2000-09



These data are taken from a variety of sources, as referenced in endnotes. For more information about the health of Grays Harbor County, go to www.HealthyGH.org

What we want for successful recovery

Mental health and substance abuse disorders have complex and far-reaching impacts on individuals, families, and communities. The Task Force focused its discussion on both the need for prevention efforts to break the generational cycle of substance abuse and the need to significantly increase and improve the services that are available to help people achieve recovery.



Goal 1: PREVENT youth drug and alcohol use.

Too many kids use alcohol and other drugs and they start using earlier than their counterparts statewide. Prescription drug abuse is an emerging problem. Young people need information, skills, and messages throughout the community to reduce their likelihood of early use.



Goal 2: PROVIDE easy, timely access to the right services.

In Grays Harbor County accessing treatment for mental illness and substance use disorders is not easy. Access requires both having a provider willing to treat your condition and the funding to pay for it. We have a shortage of mental health providers, so finding providers willing to work with your insurance is difficult. For the uninsured access to services can be impossible.

We need to streamline our system for routing those in need to services, and ensure that those who request help get it quickly.



Goal 3: INCREASE community knowledge and decrease stigma.

One-third to one-half of people with a mental disorder don't seek treatment, and more than half of people who need treatment for a substance use disorder don't get it because of funding limitations. Mental illness and substance abuse are often accompanied by shame. Helping people understand that these disorders are an illness could decrease barriers to recovery.

Goal 1: Prevent Youth Drug and Alcohol Use



Research demonstrates that the early initiation of drug or alcohol use is strongly associated with an increase in the risk of addiction. Grays Harbor's youth start using tobacco, alcohol, and other drugs earlier than their peers statewide. The use of marijuana is particularly prevalent. Early initiation and the ready availability of drugs, combined with the prevalence of substance abuse in families and the surrounding community, put our young people at very high risk for substance use disorders. Preventing or delaying the use of tobacco, alcohol and other drugs is key to breaking this generational cycle.

Prevention is better than cure. - Desiderius Erasmus

Evidence-Based Practices: What Works

Prevention education for youth

Purpose: Prevent and delay the onset of drug and alcohol use. Usually targeted to pre-adolescents or young adolescents.

Current efforts: Grays Harbor Public Health provides prevention education using the Keep a Clear Mind and Project Alert curricula. During the 2010-11 school year, 390 5th graders in 15 classrooms and 550 6th and 7th graders in 21 classrooms received this education in county schools. State and federal funding for these efforts is currently eroding.

Description: Often delivered to classroom sized groups. Generally changes in knowledge, attitude, and intention are accomplished by developing positive ideals that do not fit with high-risk behavior, creating a belief in conventional norms, and building strong personal commitments.

Estimating Scale: There are about 2400 5th, 6th and 7th graders enrolled in Grays Harbor County schools. For services to reach most students in these grades, effort would have to at least double.

Project Alert

Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.⁶

Enhanced enforcement of laws prohibiting alcohol sales to minors

Purpose: To reduce the availability of alcohol to minors.

Description: These programs initiate or increase the frequency of retailer compliance checks using underage “operatives” who attempt to buy alcohol. Violators receive legal or administrative sanctions. Compliance checks are often conducted as part of a multi-component community-based effort to reduce underage drinking, and include strategies to increase the perceived risk of detection by publicizing activities.

Sizing up need: a very rough idea There were 237 licensed alcohol retailers in the county in 2009.⁷ Operations are typically conducted by a partnership between the state liquor control agency and the law enforcement of jurisdiction (often on overtime hours).

Current efforts: Past efforts by Public Health have been funded by a grant specifically dedicated to that purpose which is no longer available. The funds were used to pay overtime for law enforcement involved in the operation

The state liquor control agency currently reports no regularly scheduled compliance checks in Grays Harbor County.

Who Can Help?

- Law Enforcement
- Liquor Control Agency
- True North - ESD 113
- Health care providers
- GH Public Health & Social Services
- Schools
- Social and youth-serving agencies
- Juvenile justice

Suggestions from Grays Harbor Community Leaders

Reduce supply

Create a local forum for providers to establish agreed-upon practices in prescribing controlled substances and an electronic database to highlight abuse potential.

Establish a pain management resource to help decrease the prevalence of narcotic use.

Educate the public to lock up or dispose of narcotic drugs in the home.

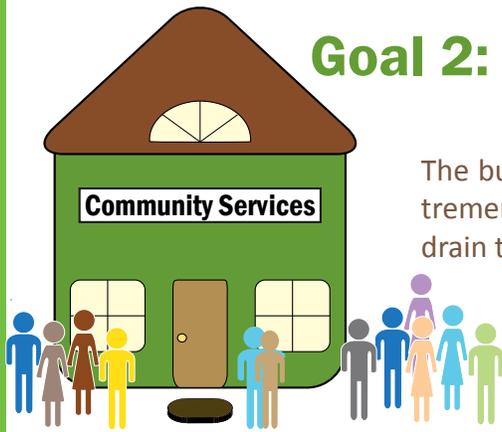
Increase resistance among youth

Increase youth education about substance abuse at all grade levels and outside of school. Use social media campaigns.

Increase mentoring and all other efforts that connect with youth and help keep them healthy and drug-free.

Increase education targeted to parents about risks and consequences of youth substance use and effective parenting practices.

Goal 2: Provide easy, timely access to the right services



The burden of substance abuse and mental illness in our community is tremendous. The associated costs perpetuate human pain and loss and drain the community's resources.

At least half of the time, people needing treatment for a mental disorder also need treatment for substance abuse, but these two treatment systems are just beginning to provide the integrated services needed for success.

A shortage of treatment providers and lack of funding limit access to care - and that leads to over-use of the hospital Emergency Department or behavior that escalates and leads to jail. For recovery, we need more community support like detox, expanded treatment options, and housing support to stabilize people.

Treatment works! After individuals receive treatment medical costs are reduced, earnings increase, rearrests are lowered and families stabilize.

Locally-developed Community Solution

Adequate and integrated services (no wrong door)

Purpose: To decrease the community burden from untreated mental illness and substance use disorders by (1) improving the visibility of and access to timely treatment interventions; (2) investing in evidence-based treatment to address co-occurring disorders; and (3) enhancing community support including stable supportive housing and linkages to primary care.

Description: The initiative proposes to implement three coordinated interventions as demonstrated below:



Current efforts: Grays Harbor Regional Support Network has sought input about how to improve our service system from treatment providers, physicians, law enforcement and social services. They agree that this three-pronged approach would help people into recovery-oriented services and reduce the overall costs of untreated illness in our community. Community supports, especially housing, can be the key to keeping people out of institutions. Although treatment budgets are threatened, these groups believe we can use available resources more efficiently - and are seeking permission from state agencies to pilot new efforts.

Estimating Scale: About 700 people receive Medicaid-paid services at any given time. Private insurance use is unknown. People without insurance may access short-term crisis services, but little else, and the state funds available for this group are eroding quickly.

Evidence-Based Practices: What Works

Integrated Dual Disorder Treatment (IDDT)

Purpose: In IDDT the client participates in one program that provides treatment for both mental illness and substance use disorders.

Description: The disorders are treated by the same clinicians, trained in treatment strategies for both mental and substance use disorders. Clinicians offer substance abuse treatments tailored for clients who have severe mental

disorders. The integrated services occur at the same location and take a long term perspective on recovery. The treatment advocates for sustained abstinence with services and supports to decrease vulnerability to relapse. The treatment is recovery focused, meaning that it promotes more than symptom relief. It encourages the development of a meaningful life and participation in the community.

IDDT

The training program for Integrated Dual Disorder Treatment takes about 40 hours to complete. A team of three clinicians is needed to serve a caseload of up to 15 individuals. Even with this level of intensity the program is cost effective in that it is shown to reduce institutionalization, symptoms, suicide, violence, victimization, and legal problems. IDDT also has been shown to improve physical health, functioning, ability to work, and family relationships.

Grays Harbor Public Health and Social Services recently piloted a co-occurring disorder treatment program through a partnership with Behavioral Health Resources. The response has been outstanding and the program is currently full. Unfortunately it is only available to a limited number of persons with Medicaid funding.

Current efforts: Grays Harbor Regional Support Network, in collaboration with the Division of Behavioral Health and Recovery, the Washington Institute of Mental Health Research and Training and Sea Mar Community Health Center have begun training a team of local clinicians to provide IDDT for a small number of high-intensity clients. The services will be limited to individuals with Medicaid as currently designed.

Estimating scale: Each year over 120 individuals from Grays Harbor are hospitalized for mental illness. Designated Mental Health Professionals estimate that over half of these hospitalizations are precipitated by untreated substance use disorders.

Who Can Help?

- MH and SA professionals/agencies
- Mark Reed Hospital
- Grays Harbor Community Hospital
- Prosecutors/Courts
- Health care providers
- Oxford Homes
- NAMI
- GH Public Health & Social Services

Suggestions from Grays Harbor Community Leaders

Create a mental health network using donated services to provide increased access for the medically indigent.

Create a community wellness center with information about what services are available and how to access them.

Increase the availability of services for mental health, substance abuse, and co-occurring disorders.

Provide mental health services at juvenile detention and in jails.



Goal 3: Increase Community Knowledge and Decrease Stigma

According to U.S. Surgeon General Dr. David Satcher's 1999 report on mental illness, "Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces patients' access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results

in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society."

Twelve years later despite growing knowledge of how to diagnose and treat mental illnesses, myths and misconceptions about these disorders persist. Nearly two-thirds of people needing mental health treatment do not seek it, and stigma is among the many barriers involved. Concern appears to be heightened in rural areas in relation to larger towns or cities, and may also be an issue that varies by age. Reducing stigma is an essential component of improving behavioral health care.

Mental illness is nothing to be ashamed of, but stigma and bias shames us all. - Bill Clinton

What Works

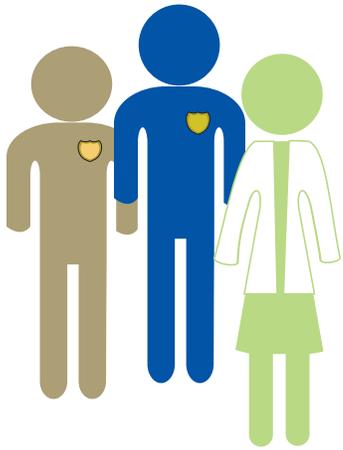
In the Community

There are no defined "best practices" for stigma reduction at the community level nor is there likely any simple or single answer to the problem. With regard to serious mental illness, research is beginning to demonstrate that negative perceptions about severe mental illness can be lowered by furnishing science-based information on the association between violence and severe mental illness - media reports exaggerate the dangers. Campaigns to educate health care providers and the community about the millions of people in successful substance abuse recovery efforts can also help. Overall approaches to stigma reduction involve programs of advocacy, public education, and contact with persons in recovery through schools and other social venues.



In the Criminal Justice System

Crisis Intervention Teams (CIT) are a collaborative effort between law enforcement and mental health professionals and family and consumer



advocates to improve police training and procedures in response to mental illness. It involves 40 hours of training for law enforcement officers that includes basic information about mental illnesses and how to recognize

them, information about the local mental health system and local laws. It also includes the first-hand experiences of consumers and family members and training in verbal de-escalation techniques. The community collaborates to determine the

community's needs and agrees on strategies for meeting these needs. It also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage. Successful programs prevent officer injuries, consumer deaths and tragedy for the community. CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery.

Current efforts: In 2010 and 2011, 23 officers from 7 police departments and correctional facilities received CIT training. The Grays Harbor Crisis Clinic has provided education and information on how to access crisis services to jails, courts, Department of Corrections, hospitals, tribes, police departments, and Child Protective Services.

A message from Ted Genengels, President of National Alliance on Mental Illness (NAMI)-Washington Coast.

"NAMI's mission is to provide advocacy, support and training for consumers, family, and community members. Our vision is to be the local beacon of hope for those struggling with mental illness and their relatives and friends. Our target audience is the population experiencing serious mental illness in Grays Harbor County. Through the current block grant NAMI Washington Coast provided 23 meetings/Monthly Education Nights in Ocean Shores and 20 in Aberdeen; participated in eight Crisis Intervention Trainings for police officers and provided three Family to Family trainings. Funds also cover consumer and advocate participation in the annual Washington Behavioral Healthcare Conference and NAMI State Convention, NAMI Day in Olympia, Peer to Peer support groups, educational materials and our quarterly newsletter.

Who Can Help?

- NAMI
- Jails
- Law Enforcement
- CPS
- DSHS/Aging Services
- Crisis Clinic
- GH Public Health & Social Services
- GH Community Hospital
- Mark Reed Hospital
- Local Media
- Faith Communities
- Schools

Suggestions from Grays Harbor Community Leaders

Create a public campaign that breaks community stigmas about substance abuse and mental health issues.

Recommendations:



What should we do first and who could help?

This space is for your thoughts - we look forward to hearing them on October 17!

PREVENT youth drug and alcohol use

PROVIDE easy, timely access to the right services

INCREASE community knowledge and decrease stigma

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