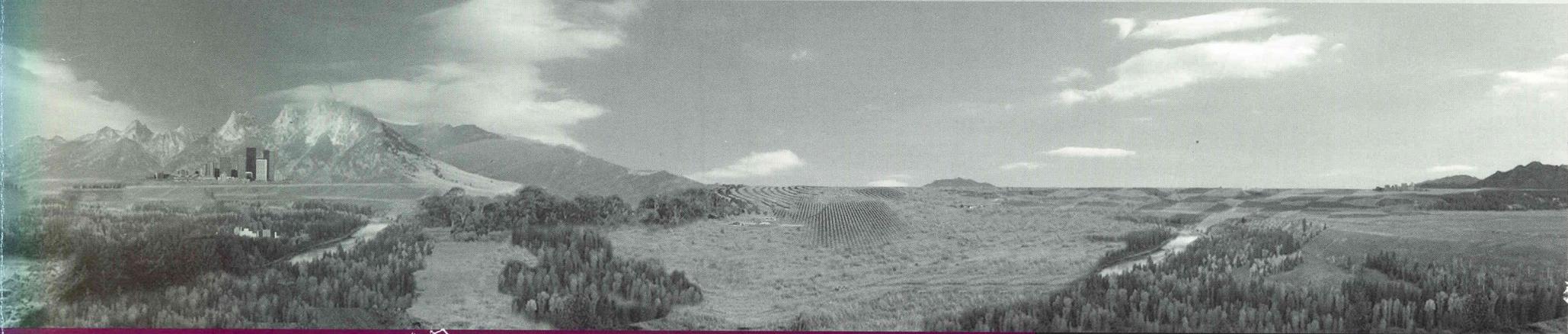
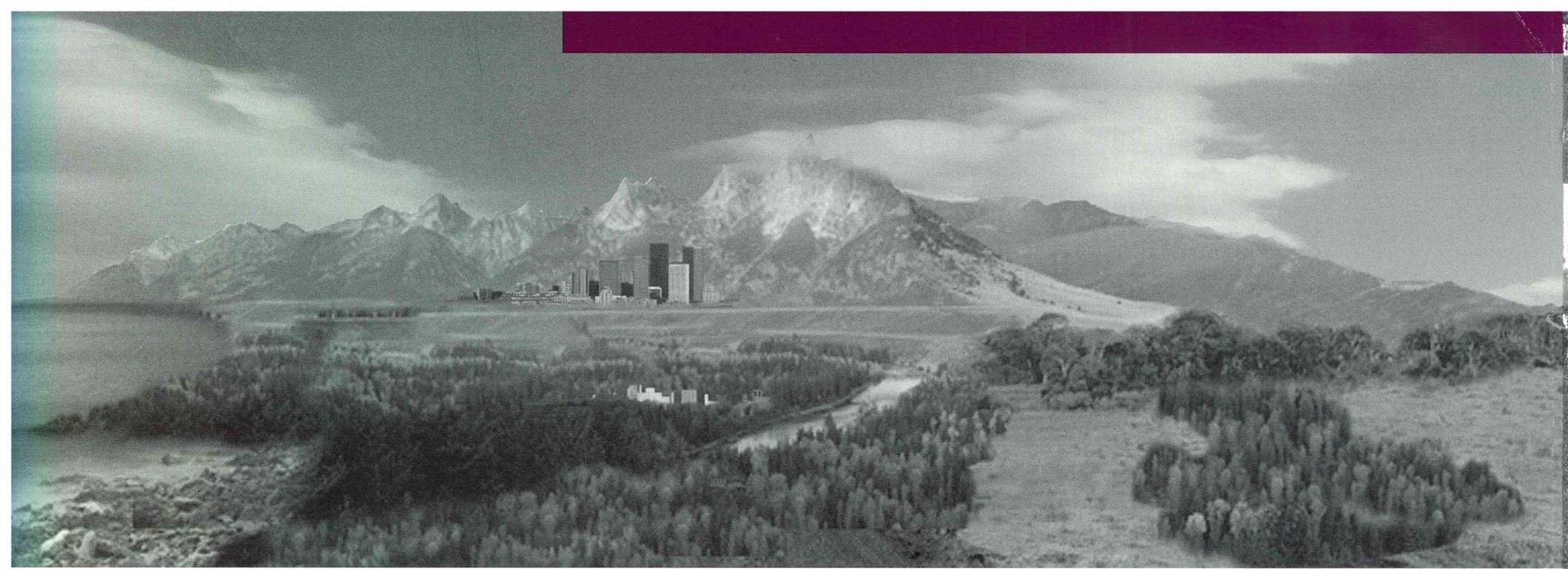
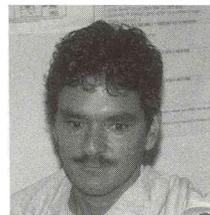


# 1998 Public Health Improvement Plan



*Across Washington,  
the public health system  
works to protect you  
and your community.*





# 1998 Public Health Improvement Plan

December 1998



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December, 1998



*“With state and local government working together, we have made significant strides toward improving our public health system.”*

The public health system is essential in every community. It works to protect people from exposure to disease and environmental hazards and to prevent illness, promoting the healthiest possible lives for all. Without public health protection, we would pay enormous costs in terms of disease, health care needs, environmental contamination, and quality of life.

The Legislature has directed the Washington State Department of Health, working with local and state health officials, to create a biennial Public Health Improvement Plan designed to strengthen the public

health system in our state. This document, the third edition of the plan, addresses:

- Why the public health system is essential and trends that will affect our health in the future
- What we are doing statewide and in communities to meet public health challenges
- What needs to be done to protect and improve the health of people in Washington.

People place high value on public health services and expect that basic public health protection and pre-

vention will exist in every community in the state.

With state and local government working together, we have made significant strides toward improving our public health system. We must keep this momentum as we move into our 21st century. By investing in prevention today, we can enjoy a healthy future.

Sincerely,

A handwritten signature in cursive script that reads "Mary C. Selecky".

Mary C. Selecky,  
Acting Secretary  
Washington State  
Department of Health

# Public Health Improvement Plan

## Other Important Resources

### **The Public Health Improvement Plan, 1994**

### **The Public Health Improvement Plan, 1996**

The initial plan and update, which describe the core functions of public health, provide a framework for development of the future public health system, outline basic capacity standards that should be met at the state and local levels, and provide a tool to help local health jurisdictions assess their capacity to meet public health needs in terms of core functions.

### **The PHIP in Action, 1998**

A detailed description of projects supported by Local Capacity Development Funds during the 1998-2000 biennium, with staff contacts.

### **The Health of Washington State and 1998 Addendum**

A detailed description of health status indicators, with discussion of the problem, comparisons of rates by county, and summaries of effective interventions for each indicator.

To obtain copies, call or write:

Washington State  
Department of Health  
PO Box 47890  
Olympia, Washington, 98504-7890

(360) 236-4010  
FAX (360) 586-7424

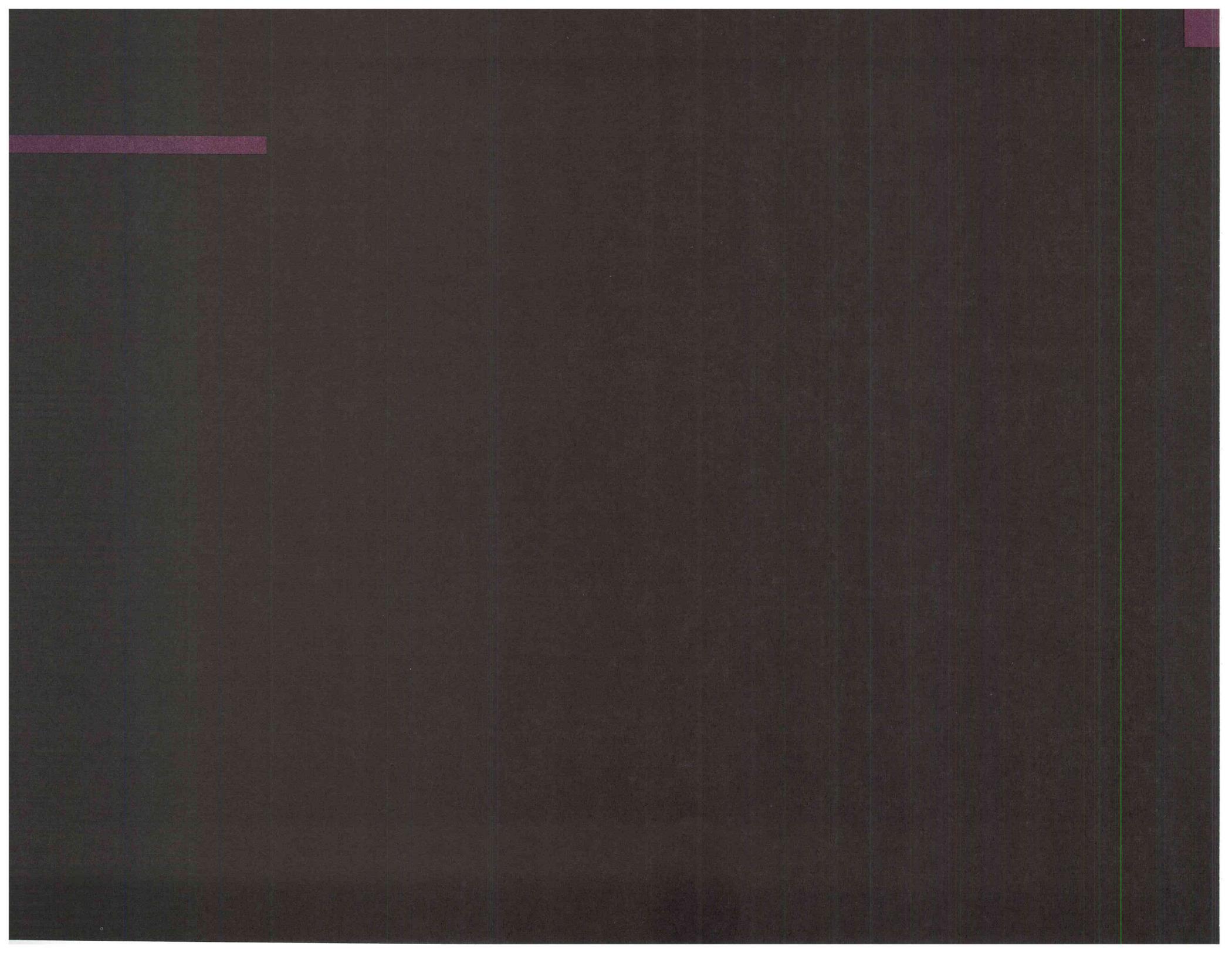
### **Local Health Assessments**

Individual publications by each local health jurisdiction, reviewing locally selected health indicators and comparing them with state and national rates. Many incorporate the results of Behavioral Risk Factor Surveys. These documents lay the groundwork for local communities to set priorities for health improvement strategies.

Contact the local health jurisdiction to obtain copies of community health assessments.

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# Executive Summary

The public health system — local, state, and federal agencies and their private partners — works around the clock to protect people from harmful conditions and to promote healthy behaviors. Through a broad range of critical activities, from fighting epidemics to safeguarding drinking water, the public health system reduces disease and injury, as well as the health care costs associated with them.

The public places high value on public health services and expects that government will ensure that the public health system can provide basic protection and prevention all the time.

Prevention and protection save huge costs to society, yet public health programs have been critically underfunded. Nationally, population-based public health services amount to only about 1% of the trillion dollars spent annually for health care. Today, population

growth and funding pressure throughout government jeopardize public health protection just when it is most needed.

If we fail to invest in an adequate public health system, we will pay a high price in the future, as old diseases return, and new health threats emerge. But if we invest in prevention today, we will avert high costs of illness and environmental degradation — and enjoy healthier lives.

Since the Legislature initiated the Public Health Improvement Plan in 1993, Washington has made significant investments to strengthen its public health system at the state and local levels. Today, health officials throughout the state participate in a vastly enhanced communication network that provides instant information about public health threats. Laboratory innovations provide more rapid identification of causes of disease when an outbreak occurs. New partnerships increase the effi-

cient use of funds. Every local health jurisdiction has completed a community health assessment to set local priorities for action and uses funds the Legislature has provided for community-based health improvement initiatives.

Much is being accomplished, but much more remains to be done. Serious challenges to our health remain, and Washington's public health officials have identified actions we can take now that will determine how healthy we will be in the future.

In this report, we outline significant challenges that will affect our health in the future, describe accomplishments to date, and provide action plans to address those challenges at a statewide level. We also describe how local communities are putting public health improvement ideas to work throughout the state and the unique local challenges they see for the years ahead.

---

*If we invest in prevention today, we will avert high costs of illness and environmental degradation — and enjoy healthier lives.*

---

# Investing in a Healthier Washington

The 1998 Public Health Improvement Plan describes specific action plans and illustrates why they are important. The following three steps will help us create a healthier future.

## 1. Strengthen the public health system (page 26).

- Track health problems and outcomes using a core set of health indicators, creating a “report card” for Washington’s health that can be monitored on a continuous basis.
- Set basic standards for all public health agencies so that all residents are guaranteed a basic level of public health protection.
- Address barriers that keep people from getting the health care they need.

## 2. Invest in strategies to improve our health (page 28).

- Promote healthy aging.
- Make child care safe and healthy.
- Protect the public from emerging and antibiotic-resistant diseases.
- Improve food safety in the home and in commercial settings.
- Assure safe, adequate, and reliable drinking water.
- Promote safe and effective student health services.

## 3. Support community-level health improvement (page 37).

- Provide flexible funding so that communities can meet their most pressing needs, involving a broad range of partners in setting and achieving health improvement goals in such areas as —
  - drinking water
  - communicable disease
  - child care
  - dental care
  - family support
  - on-site sewage
  - health care access
  - health education

*Washington’s public health officials have identified actions we can take now that will determine how healthy we are in the future.*

# Chapter 1: Public Health Is Essential

No one who knows what a public health system does would want to live in a community without one. The public health system — local, state, and federal agencies and their private partners — works around the clock to protect communities from harmful conditions and promote healthy behaviors. Through a broad range of critical activities, from fighting epidemics to safeguarding drinking water, the public health system reduces disease and injury as well as the health care costs associated with them.

We can thank improved public health practices for most of the 30-year gain in average life expectancy the United States has achieved in

this century. In communities throughout Washington and the nation, we have local and state health departments to thank when a measles outbreak is averted, when a dangerously polluted drinking water source is identified and corrected, and when food is handled and prepared safely.

Public health protection is a basic government responsibility. In contrast to medical care, which helps one individual at a time, public health helps entire communities. This “population-based” approach reaches large groups of people by preventing health problems. While both population-based prevention and individual care are essential parts of the health care system, ef-

fective public health prevention programs can reduce health care costs.

To keep people healthy, public health agencies carry out **prevention** — of injury, illness, and disability — by efforts such as encouraging people to use bicycle helmets or to stop smoking, and providing services that help young families get a healthy start in life with good nutrition. Another key practice is **protection** from health threats. Making vaccines available, responding to disease outbreaks, and requiring sanitation measures are examples of public health protection. Public health agencies also conduct **surveillance** to learn how diseases and other health problems occur so they can be prevented.

---

*Through a broad range of critical activities, the public health system reduces disease and injury as well as the health care costs associated with them.*

---

## What Does Public Health DO?

These are some typical areas where public health agencies provide services. Local, state, and federal agencies...

- provide and promote immunizations
- provide and promote good nutrition
- provide maternal and infant care
- provide family planning programs
- protect food safety
- protect shellfish beds
- protect drinking water quality
- prevent infectious diseases

...continued on page 11

## How the Public Health System Works

A united effort by public agencies, private organizations, and professionals, operating on the local, state, and federal levels makes the public health system work.

At the **local** level, 34 independent local health jurisdictions have primary responsibility for keeping communities healthy. Each has its own Board of Health; nearly all Board of Health members are elected officials who give their time to local public health issues. In addition, 27 federally recognized American Indian tribes have authority to maintain public health systems. The work of the local jurisdictions includes providing services to individuals and families, community-wide health promotion, control of diseases, regulatory activities to protect the public, data collection, and community-level planning.

Also working primarily at the local level are public health's **community partners**, who are playing increasingly important roles in pro-

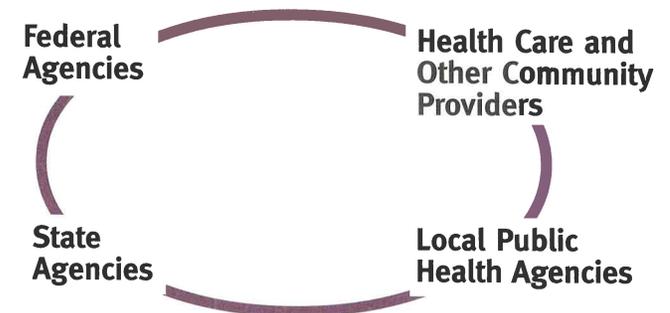
moting healthy behavior and in providing individual treatment. In recent years, public health agencies have sought to reduce the amount of individual clinical service they provide to make up for gaps in the health care system. The goal is to have people receive comprehensive medical care from other providers and to direct public health resources toward prevention efforts in the community.

At the **state** level, the Washington State Department of Health administers funds for health programs provided by Congress and the Legislature, develops and oversees health policy, collects and shares health

information, enforces environmental regulations, and regulates health care providers and facilities. The Department supports community-level efforts with funding, consultation, and technical assistance. It works closely with other state agencies and the State Board of Health.

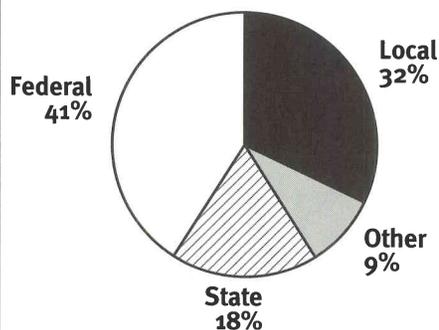
At the **federal** level is the U.S. Department of Health and Human Services, including the National Institutes of Health and the U.S. Centers for Disease Control and Prevention (CDC). These and other agencies develop policy, set standards, administer funds appropriated by Congress, conduct research, and provide technical assistance.

### The Public Health System



All parts of the public health system must work together to protect and improve health.

### Government Investment in Public Health



This chart shows funding sources for state and local health departments in Washington State. The combined government expenses of the public health system in 1997 were about \$434 million. Local government contributions and fees make up nearly a third of all funding. Federal contributions include grants for categorical programs and reimbursement for clinical services. State funds from the Department of Health and other agencies support a broad range of public health activities. Other sources are primarily state fees that support state-administered programs, such as health facility and professional licensing.

(Source — FY 1998 DOH data, 1997 BARS)

To finance its activities, the public health system receives federal, state and local funding. The above chart shows how state and local public health agencies are funded. Congress and the Legislature earmark most public funds that go to communities for specific public health activities — commonly called categorical programs — such as immunizations and programs to protect drinking water.

Public health is essential, and it's a bargain. But it's often invisible. People cannot see the disease outbreaks, injuries, and early deaths that don't occur. And to perform

this essential yet invisible work, public health agencies need resources to maintain a constant state of readiness by monitoring threats to health, communicating critical information rapidly, and assessing and diagnosing problems. Often, the public overlooks the necessity to finance this critical public health "infrastructure."

Nationwide, population-based public health services amount to only about 1% of the trillion dollars spent annually for health care. But this small share is a remarkably cost-effective investment for health. Public health shifts resources from problems to prevention — "going

upstream" to get to the source of problems. By preventing the high costs to society that come with epidemics, polluted water systems, and other health risks, the public health system saves resources every year in health care and social costs.

When public health emergencies take place, the work of the public health system suddenly becomes visible. Over the next two pages, we show how the partners and resources of the entire public health system have worked together to address one type of emergency: outbreaks of E.coli 0157:H7.

continued from page 10...

- prevent HIV/AIDS
- prevent injuries
- prevent violence
- prevent heart disease, cancer, and diabetes
- prevent toxics exposure
- prevent unintended pregnancies
- prevent tobacco use
- prevent diseases spread by animals
- prevent contamination from on-site sewage
- promote physical activity

This **is not** a complete list, because there isn't one. Threats to health emerge all the time, and the public health system must be ready to respond.

# Public Health in Action: E.coli 0157:H7 Outbreak at the Puyallup Fair

In the past decade, Washington has had three significant outbreaks of E.coli 0157:H7, a life-threatening bacterium that is particularly dangerous to children. In September 1998, a case was suspected of being linked to the Puyallup Fair, visited by more than a million people over two weeks. A team of epidemiologists, disease investigators, environmental health specialists, nurses, and public information staff took fast action — because every hour counts in fighting a communicable disease outbreak.



**Saturday,  
September 19  
8pm**

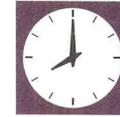
An infectious disease nurse at Tacoma’s Mary Bridge Hospital calls the Department of Health’s 24-hour disease reporting number and tells a state epidemiologist that a young child hospitalized with symptoms of bloody diarrhea has a confirmed case of E.coli 0157:H7. The nurse notes that the child attended the Puyallup Fair on September 13. The epidemiologist asks the Tacoma-Pierce County Health Department’s infectious disease coordinator to contact local emergency rooms and hospital laboratories; her quick scan finds no other cases. The local

department’s food safety program is alerted about the possibility of E.coli linked to the fair.



**Sunday,  
September 20  
10am**

As the gates of the fair open, local health department food safety inspectors are on hand to redouble efforts to make sure the hamburger and other food items are being properly handled and cooked. An epidemiologist from the Seattle-King County Department of Public Health interviews the sick child’s parents and finds three possible sources of exposure: the petting zoo, a water ride, and a hamburger. Public health officials encourage fair goers to use a handwashing station set up by the petting zoo.



**Monday,  
September 21  
8am**

The state epidemiologist gets word that a second child with suspected E.coli was seen the previous night at Providence St. Peter Hospital in Olympia. He arranges to have a bacteria sample delivered to the State Public Health Laboratory near Seattle. The second child’s family reports that members attended the fair, visited the petting zoo, and ate hamburgers. The Department of Health’s food safety manager asks the U.S. Department of Agriculture to coordinate an investigation of bacteria sources at the fair.



**Tuesday,  
September 22  
2am**

Overnight lab work confirms the second case as E.coli. The Public Health Laboratory runs a state-of-the-art procedure to identify the specific DNA “fingerprint” of the bacteria strain. If the two finger-

prints match, it will confirm that a common source is responsible. Local, state, and federal disease investigators comb the fairgrounds, taking animal, food, and water samples that are sent to the lab for bacteria culturing. By e-mail and fax, the state epidemiologist warns public health officials, health care providers, and news media across the state about a possible E.coli outbreak.



**Wednesday,  
September 23  
noon**

The DNA fingerprints of the two cases are an exact match. Medical providers report five other cases of E.coli-like symptoms. The search for the common source of the disease intensifies as the story gets nationwide news coverage.



**Thursday,  
September 24  
9am**

A third child hospitalized in Pierce County becomes ill with E.coli. Her family also went to the fair on September 13. Testing confirms this

case to be a close, but not an identical, DNA fingerprint match.



**Friday,  
September 25  
5pm**

Several other cases of E.coli-like illnesses are reported, but lab testing does not confirm any new cases. Samples are sent to the federal Centers for Disease Control laboratory in Atlanta for further analysis.



**Sunday,  
September 27  
10pm**

The Puyallup Fair closes for another year. Rapid response in identification of E.coli, combined with effective disease prevention measures put in place before the fair opened, averted what could have been a massive disease outbreak. Federal and state microbiologists continue to search for the bacteria source. The child with life-threatening symptoms is discharged after 29 days in the hospital.

## Learning from Experience

It was more than luck that restricted the 1998 outbreak of E.coli 0157: H7 to a few cases. Epidemiologists, disease investigators, and medical workers in our state have learned to fight the disease during three previous outbreaks.

In 1986, 37 cases of E.coli, mostly among adults, occurred in Walla Walla. The public had little awareness of the disease, which had been officially recognized only four years before. Public health investigators had limited capacity to identify the disease, but they later found fast-food taco meat to be the source.

In January 1993, during the nation's largest E.coli outbreak, public health officials identified more than 600 cases in Washington, resulting in the death of three children. Investigators found a regional chain of fast-food restaurants that served undercooked hamburger, and more than a quarter-million hamburger patties were destroyed.

In 1996, public health officials linked 70 cases in Washington, British Columbia, California, and Colorado to a brand of unpasteurized apple juice tainted with E.coli bacteria. Within nine days of identifying the first case, the source was found to be a juice that was later withdrawn from grocers' shelves. DNA fingerprinting, a brand-new laboratory technology, was instrumental in enabling Washington State to lead the way in stopping the outbreak.

---

*With the Public Health Improvement Plan, Washington lawmakers directed the state's public health system to determine what capacity would be needed to protect the health of entire communities.*

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## **Redirecting Public Health Policy**

An influential report by the Institutes of Medicine in 1988, *The Future of Public Health*, pointed out a dangerous trend among the nation's public health agencies: They were focusing activities and resources on categorical programs and clinical services — while their basic infrastructure was eroding, and their primary mission of community-level disease prevention and health promotion was being neglected. The report predicted grave consequences if there were an epidemic or other major health threat to which the public health system could not respond.

In Washington, health policy makers recognized that many of the same issues undermined the state's public health system. Some of the most important public health needs and

opportunities in Washington were not being addressed, because resources were focused on very specific problems. Not enough attention was paid to how well the system worked as a whole.

Beginning in 1993, the Washington Legislature set direction and provided resources to begin modernizing and improving the state's public health system. With the Public Health Improvement Plan, Washington lawmakers directed the state's public health system to determine what capacity would be needed to protect the health of entire communities. They required a focus on the “core functions” of public health to ensure that the basic mission of the public health system would be met.

National leaders defined the core functions of public health — and the 10 essential services of a public health system — as follows:

### **Assessment**

- monitoring health status of the community
- diagnosing and investigating health problems and hazards
- informing and educating people about health issues

### **Policy Development**

- mobilizing partnerships to solve community problems
- supporting policies and plans to achieve health goals

### **Assurance**

- enforcing laws and regulations to protect health and safety
- linking people to needed personal health services
- ensuring a skilled public health workforce
- evaluating effectiveness, accessibility, and quality of health services
- researching and applying innovative solutions

Emphasis on the core functions has guided how Washington's public health agencies recognize health threats and how they work with public and private partners to respond to them.

The Legislature has provided state funds that do not carry categorical restrictions, recognizing that each community has urgent and unique public health needs. For the first time, communities can decide for themselves how best to use some of the state funds. Local agencies have used these funds to build needed infrastructure, support assessment activity, and expand programs in environmental health and personal health services.

The State Department of Health has used non-categorical funds to support local action and strengthen the public health system through en-



hanced communication, technical assistance programs, and modernized laboratory services. Many of the local public health achievements that we present in this report have been possible only because of the resources and flexibility provided through this approach.

Washington's efforts have brought about significant accomplishments at the state and local levels. We have begun a process of changing public health practice so that resources are used more efficiently, and local

communities can better meet their needs. Continued effort toward these goals is crucial in order to have the healthiest possible future.

### Looking Ahead

The next section outlines challenges facing the public health system today. Chapter 2 looks at how we are responding to these trends – our accomplishments to date and our plans for action at the state level. Chapter 3 looks at how local health jurisdictions are working toward public health improvement today and outlines specific challenges that face these communities.

## The Public Values Public Health

In a 1996 Harris poll, participants identified health practices that are “very important” to them.

- 93% identified “prevention of the spread of infectious diseases” such as tuberculosis, measles, AIDS, and the flu.
- 90% identified “immunizations to prevent diseases.”
- 82% identified “making sure people are not exposed to unsafe water supply, dangerous air pollution, or toxic waste.”
- 72% identified “encouraging people to live healthier lifestyles.”

When asked who should be “mainly responsible” for public health programs, 57% answered, “government.”

---

## Public Health Challenges

- Infectious diseases are emerging.
  - A growing population imperils the environment and our health.
  - Our aging population raises costly health issues.
  - Our health habits must improve.
  - Disparities in income are causing differences in health status.
  - Our health care system is changing.
  - More families need child care services.
  - Schools now face complex health issues.
  - Eroding resources jeopardize our public health infrastructure.
- 



### Trends That Affect Our Health

In this section, we examine nine trends that will significantly affect how healthy we will be in the next few decades. Each represents a long-term challenge for the entire public health system. These trends will affect different communities in different ways, and we will need to pay attention to their effects at both the community and the state level.

#### Infectious diseases are emerging.

This century has brought widespread use of antibiotics and cures

for many diseases, but it has become clear that the bacteria and viruses that cause disease are fighting back. In this era of swift travel, increased migration, and importation of food, any pathogen can be transported halfway around the world in less than a day. At the same time, widespread use of antibiotics has contributed to emergence of resistant strains of common diseases. Health care providers try to find effective therapies for diseases that have grown resistant to commonly used drugs. This involves both new treatments and restraint in using antibiotics when the body's own defenses will suffice.

Two examples of emerging infections are as follows:

**Hantavirus:** Hantavirus, which causes a respiratory disease that often kills people quickly, was first detected in the Southwest United States in 1993. Public health officials have tied the disease to rodents, and carriers are now found in all the western states. Of Washington's nine confirmed cases, six have been fatal.

**HIV:** The virus that causes AIDS spread through the past three decades, infecting more than 30 million people worldwide and at least 15,000 persons in Washington. Millions of public and private dollars are being spent in Washington State to find a cure, treat people who are infected, and educate people about how they can prevent infection.

Two examples of resistance are the following:

**Tuberculosis:** A century ago, TB was America's deadliest disease, responsible for one of every five deaths. Although effective drugs and massive TB control efforts proved successful, the organism continued to thrive in some parts of the world. As a result, there is growing worldwide concern about new, drug-resistant TB strains. In Washington, more than one of every eight tuberculosis cases is resistant to at least one TB drug.

**VRE:** A hospital that discovers it is housing "vancomycin-resistant enterococci" — medical shorthand for an organism that has grown resistant to the most powerful antibiotics in our drug arsenal — must immediately modify its services and may have difficulty transferring or treating patients. The number of confirmed cases of VRE resistance is growing.

To respond to the challenge of emerging infections, we must make sure health care providers have current information and that they are

linked through electronic information systems so that they can quickly consult with disease experts. They also need state-of-the-art laboratories. We need broad-scale public education about antibiotic use, as well as practices that control resistant disease strains.

### **A growing population imperils the environment and health.**

Washington State's population — now more than 5.6 million — has doubled since 1959, and today's

population will grow by another third by 2020. More people means more pressure on our natural resources, such as the water, land, and clean air we need to be healthy.

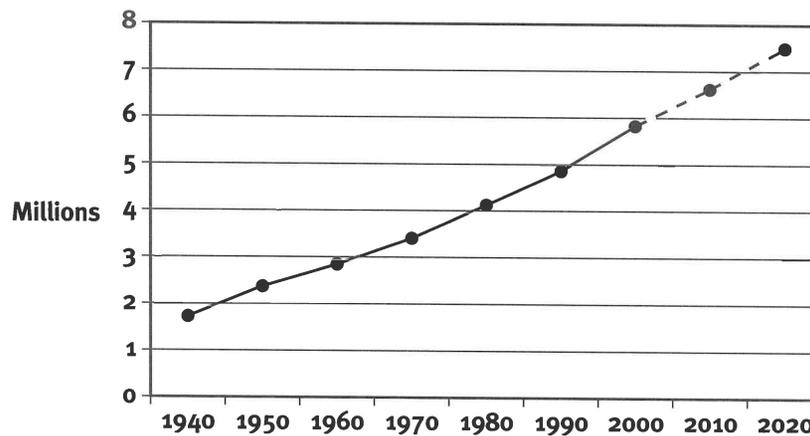
Maintaining an adequate supply of safe drinking water to serve this growing population is a daunting challenge to policy makers, water companies, and property owners. In much of Washington, we are accustomed to abundant water supplies for drinking, food preparation, agri-

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*More people means more pressure on our natural resources, such as the water, land, and clean air we need to be healthy.*

---

**Washington State Population, 1940-2020**



(Source — Washington State Office of Financial Management Forecasting Division)

*Half of our deaths are premature — linked to preventable illness from behavior and the environment.*

culture, and hydroelectric power. As we develop more land and tap into available water supplies, we expose more water to contamination or depletion. Also, restoring natural salmon runs will increase debate about how water supplies should be used.

Today more than 83% of Washington's residents depend on 16,000 public water systems, many of which are very small, for drinking and household use. The remainder depend on private wells. All of these water sources are at potential risk of contamination from pesticides and other chemicals, farming waste, failing septic tanks, and industrial byproducts. Keeping these water supplies clean and safe will require careful consideration of how we use the lands from which water is drawn and constant monitoring of water supplies.

Air quality is also of growing concern to public health officials. Despite the Northwest's reputation as a pristine environment, the impact of a growing population will be felt

in the air as we drive more cars, more densely populate our cities, burn more wood, and expand our industries. Both indoor and outdoor air pollution — from automobiles and building, industrial, or agricultural practices — can cause health problems. Scientists have already linked air pollution to chronic respiratory disease.

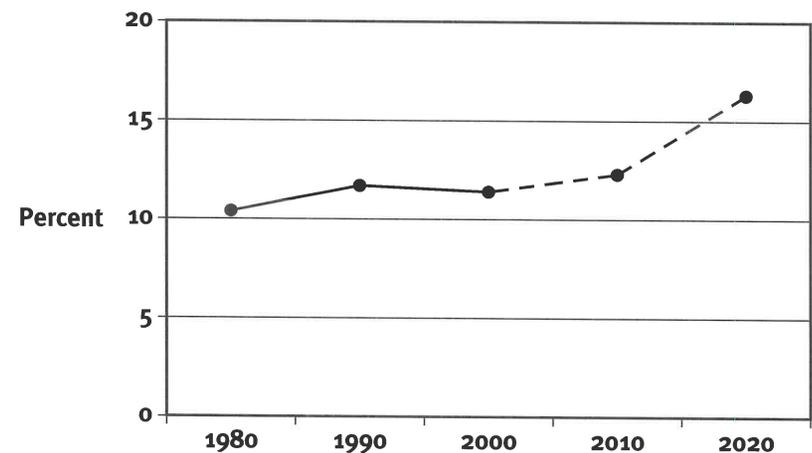
The most important need for coping with the tough choices presented by

population growth is to communicate reliable information to policy makers and the public. Good information about air and water quality depends on establishing strong monitoring systems, maintaining adequate laboratory and testing capacity, and communicating results clearly and broadly.

### **Our aging population raises costly health issues.**

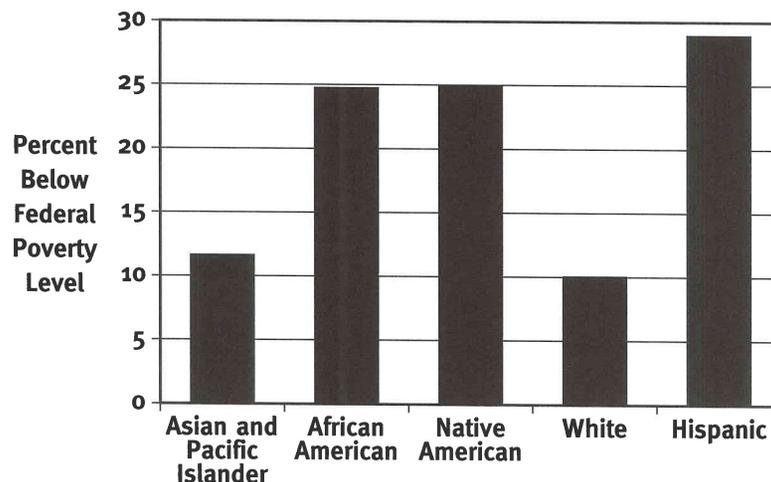
About one of every nine Washingtonians was 65 years or older in 1997.

**Share of Population 65 and Older  
Washington State, 1980-2020**



(Source — Washington State Office of Financial Management Forecasting Division)

### Poverty by Race and Ethnicity Washington State, 1998



( Source — Current Population Survey)

By 2020, more than one of every six will be 65 or older. Our aging population affects our health care system. Nationally, health care for the elderly accounts for 36% of the health care dollar, and this share is also growing. These costs are largely borne by younger workers through federal programs such as Medicare. As the demographic bulge of “baby boomers” ages, there will be proportionately fewer workers to subsidize medical care. It is in everyone’s interest to have an older population that is as healthy as possible.

#### Our health habits need to improve.

The leading causes of premature death and disability are often listed as heart disease, cancer, cerebrovascular disease, and unintentional injuries. Public health experts focus on the underlying causes of these deaths, including tobacco use, improper diet, lack of physical activity, and alcohol misuse.

The greatest contributors to high medical costs for older adults are linked to lifestyle — smoking, poor

diet, and physical inactivity. Unhealthy habits gradually develop into medical problems, including cardiovascular disease, diabetes, osteoporosis and emphysema. Despite healthy images in the media, health behaviors of typical Americans have not changed enough to eliminate widespread smoking, obesity, and alcohol misuse. Americans are increasingly overweight and sedentary. Half of our deaths are premature — linked to preventable illness from behavior and the environment.

Prevention is the most important step in extending healthy, indepen-

dent life and reducing the high costs of health care predicted for the coming decades. Healthy behaviors should be learned early in life, and they should be reinforced by families, schools, the news media, the workplace, and health care providers.

#### Disparities in income are causing differences in health status.

As our population grows, we are becoming more racially and ethnically diverse. Many of Washington’s communities have experienced

#### Battles Against Tobacco

Tobacco is the leading cause of preventable death in the United States. Each year, more than 400,000 Americans, including 8,000 Washington residents, die from tobacco-related illness. Tobacco consumption costs Washington \$705 million annually in increased medical costs.

But public health agencies are winning battles against tobacco use. Since passage of the state’s 1993 Minors’ Access to Tobacco Act, youth are able to purchase cigarettes in only 15% of attempts, compared with 60% before the law. A National Cancer Institute survey shows that 65% of people work in smoke-free environments. In November 1998, Washington and 45 other states reached a preliminary settlement with the tobacco industry which provides funding for tobacco prevention and restrictions on advertising.

*Public health agencies face more complicated decisions than ever before about how they can best influence the health care system to improve and protect people's health.*



profound demographic changes over the past decade, including a rising share of residents born in other countries who speak a language other than English.

A disproportionate share of people of color are poor. From a public health perspective, income statistics are significant because of disparities in health status. Throughout history, people with higher incomes have been healthier for many reasons: better diet, better housing, more physical safety, and better access to health care and preventive services. Improving over-all health status means addressing the health disparities that exist within each community.

### **Our health care system is changing.**

Washington has made significant strides since 1990 in improving financial coverage of health care by expanding Medicaid, by subsidizing health insurance through the Basic Health Plan, and limiting the ability of health insurance plans to turn down applicants. But the health care market is changing rapidly. Because managed care and prepaid health insurance helped restrict increases in insurance premiums, they became the norm for both private and public health care purchasers.

Today, the insurance premiums are turning upward again. Several health

insurance plans have withdrawn from participation in publicly supported programs, citing insufficient revenues to cover costs. Public health officials are closely monitoring trends affecting access to care. Some local health jurisdictions remain clinical care “providers of last resort” for health services such as family planning and immunizations. Public health agencies face more complicated decisions than ever before about how they can best influence the health care system to improve and protect people’s health.

### **More families need child care services.**

Another sweeping social change in communities in Washington and across the nation is a growing need for child care. Today more children live in homes where a single parent or both parents must work to support a family, making child care

imperative. The 1996 federal welfare reform law, which put more single parents in the regular workforce, has increased the pressure for quality child care. Mounting scientific evidence shows that balanced nutrition and active stimulation are essential for children's full cognitive, physical, social, and emotional development. It will be important to develop the resources to assure that high quality, safe, and healthy child care environments are available to families who need them.

### **Schools now face complex health issues.**

Changes in families have made the time students spend in school an increasingly important part of their lives. Growing numbers of children with disabilities now attend regular public school programs. Throughout the state, thousands of children with special needs receive health services in school settings, sometimes from staff with inadequate training. In addition, schools daily address a range of public health issues, includ-

ing violence, indoor air quality, playground safety, and staffing of school health clinics. Public health must work in partnership with schools to provide healthy environments where students can learn and teachers can teach.

### **Eroding infrastructure jeopardizes our public health.**

Urgent public health issues do not come one at a time, in logical order. They pop up quickly, often simultaneously, and demand expert handling by physicians, epidemiologists, health educators, health policy makers, and others. Their professional skills are part of the "infrastructure" of public health.

In 1995, the Washington Legislature asked that public health agencies develop performance standards to assure that citizens in every community can be confident that their local health departments are fully prepared and equipped to protect health. All public health jurisdictions must be able to do the following:

- identify health problems and threats
- control disease outbreaks
- prevent environmental risks to health
- promote healthier lives through services, education, and policies
- assure that needed health services are available and safe

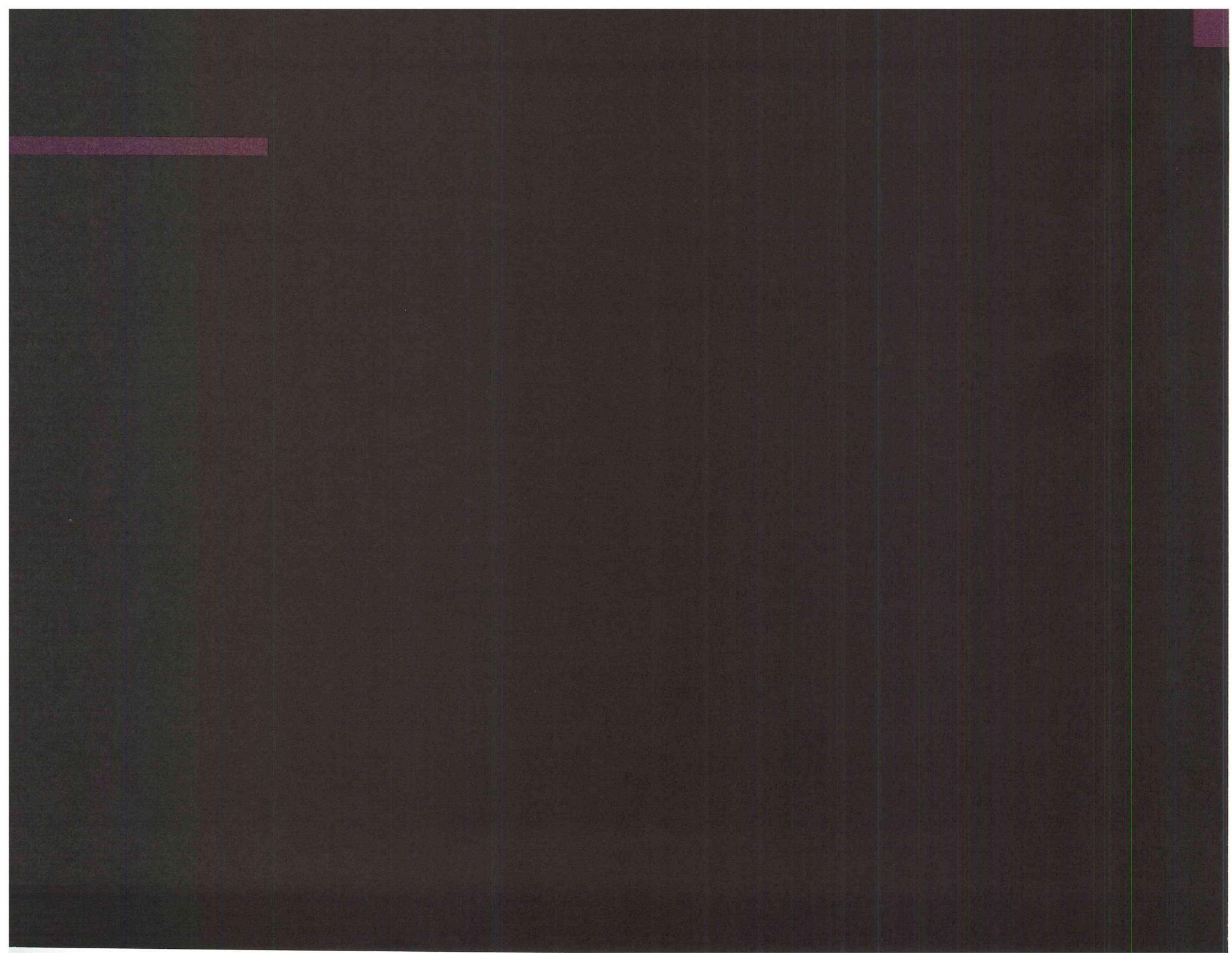
Paying attention to the system as a whole is key to maintaining strong public health protection. But Washington's public health system has been jeopardized by fragmentation as it has tried to plug the gaps in health services delivery and cope with funding pressure that stems from other governmental needs, such as growth management and criminal justice.

As we show in the following chapters of this report, Washington's public health system has made progress in solving these problems. But significant work must be accomplished in the years ahead.

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*Urgent public health issues do not come one at a time, in logical order. They pop up quickly, often simultaneously, and demand expert handling.*

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# Chapter 2: Health Improvement Across the System

Since 1994, the Public Health Improvement Plan has provided a comprehensive framework to improve health by linking all parts of the public health system with available resources. This fundamental idea has transformed many parts of Washington's public health system. Washington's local and state public health agencies have won national prominence by developing and implementing a broad range of public health system improvements. The benefits will continue to grow in years to come.

In this chapter, we look at public health improvement on a broad level, throughout the state. We report on what we have accomplished

across the system and what still has to be done. In Chapter 3, we look at public health improvement at the community level, in each of Washington's local health jurisdictions, and we explore the remaining challenges each of these communities faces.

## **What We Have Accomplished Across the System**

Washington's 34 local health jurisdictions operate independently of one another, each as a part of its county government or as a district within the county. In four cases, multiple counties have combined to form a larger health district. Each local jurisdiction is unique in terms

of services, staffing, and budget, making it very difficult to compare one locale to another. Yet together, along with the Washington State Department of Health, these local health jurisdictions comprise the system that we all count on for public health protection.

Public health issues, such as infectious disease or groundwater pollution, do not stop at the county line. In the first few years of Washington's public health improvement efforts, public health officials have worked to strengthen this local-state system, so that statewide or cross-county action is timely and well-coordinated. What follows are some accomplishments that have improved the system overall, as well as actions that still need to be taken.

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*In the first few years of Washington's public health improvement efforts, public health officials have worked to strengthen this local-state system, so that statewide or cross-county action is timely and well-coordinated.*

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## Washington's Encyclopedia of Health

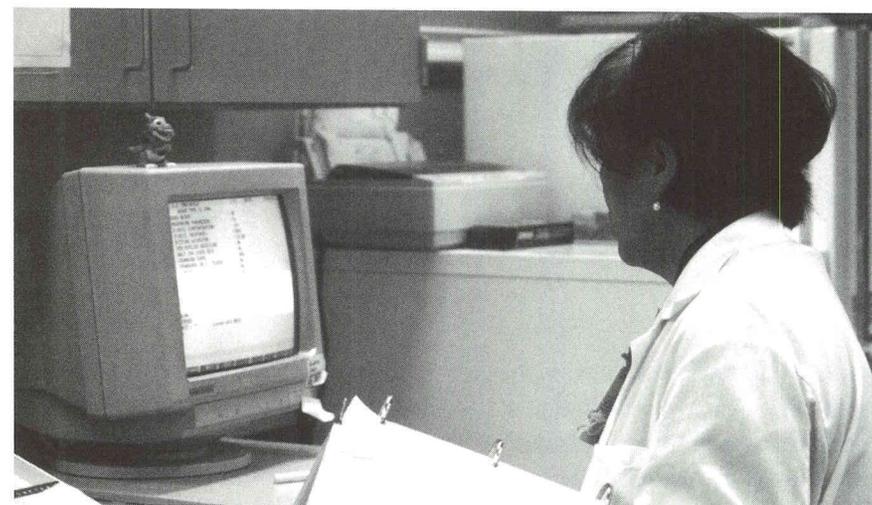
*The Health of Washington State*, published biennially by the Department of Health, is a statewide assessment of health status, health risks, and health systems. It reports on whether trends are improving or worsening, how our state compares with the nation as a whole, and effective prevention interventions. *The Health of Washington State* represents the single most comprehensive collection of information about the health of our population, but it also shows that many gaps exist in giving a full picture. As data improve and more is known about the factors affecting health, some new indicators will be added.

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### Uniting efforts among health officials

Communication is essential to making the public health system work. Washington's local and state health officials meet often to outline common goals for Washington's public health system and to make plans to achieve these goals in a coordinated fashion. Few states in the nation can equal Washington's accomplishment in bringing together local and state officials to set and achieve health improvement goals.

Our health officials have worked to improve contracting, analyze funding, and communicate about health concerns. They have taken a strong advocacy stance on many issues to promote effective public health policy. Local Boards of Health have passed innovative ordinances for public health protection, such as limits on tobacco advertising. Collaborative efforts by Washington's American Indian tribes have included establishment of the American Indian Health Commission and



completion of a health care delivery plan. The phrase "public health improvement" has become a by-word for accomplishing change.

### INPHO: Linking health officials online

The award-winning Information Network for Public Health Officials (INPHO) is a high-speed computer network that links all public health officials in state and local government and in key academic institutions. The 1994 PHIP recommended that all health jurisdictions be linked, but at that time, about a third had no computer network and were forced to communicate public health concerns over the telephone or by fax. Today, with funding and

coordination by the Department of Health, all of Washington's public health jurisdictions are in daily contact through e-mail, and they use a variety of list-servers to share public health warnings, opinions about policy options, and experience with interventions. INPHO is developing the ability to transfer data between local and state offices to reduce paperwork and make timely information available online. It is becoming the backbone of communications in Washington's public health system. In addition, installation of INPHO provided the network that is linking county governments and law enforcement agencies, saving them millions of dollars.

## Assessment: An information base for health priorities

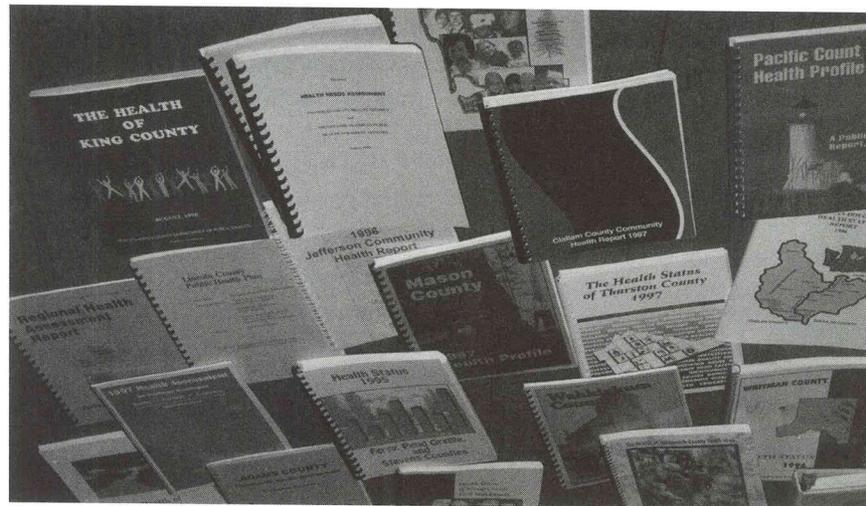
Community health assessment has been the starting point for implementing the public health improvement approach. In 1995, the Department of Health required that each local jurisdiction undertake a detailed community health assessment that would involve community members and prepare them to set local priorities for health improvement. Today, each jurisdiction has published an assessment report, circulated it throughout the community, and begun to implement strategies based on the assessment findings. In doing so, the local health jurisdictions have become credible sources of health data in their communities and key leaders in helping communities set and accomplish local health improvement goals. Each document reflects the unique concerns and priorities of the local area. The most important aspect of this has been giving people in communities a chance to evaluate their health status and de-

cide what has to change. Washington is the only state to have systematically achieved this goal.

## Partnerships: Stretching public resources

Beginning in 1995, \$1 million per biennium of PHIP funding was set aside to support partnerships between local health jurisdictions and community-based organizations and increase efficiency across the public health system. Grant funds have been used to support 35 partnerships to expand the reach of public

health activities, to close system gaps, and to support community-wide participation. In addition to these formal partnerships, the public health improvement focus has encouraged new community collaborations, as well as partnerships among state agencies. The partnerships have helped local health jurisdictions to work with local businesses, schools, Indian tribes, health care providers, and non-profit organizations to address many of the findings identified in the community health assessments.



## Spotting Health Trends with VISTA

VISTA is a computer program that incorporates data from many sources, sorts it by county, and provides a choice of statistical methods for analysis. It makes health data easily available to public health workers throughout the state.

VISTA was developed by the Seattle-King County Department of Public Health, but it has been made available to every local health jurisdiction along with training in how to use it for community health assessment. The state Department of Health, working with Seattle-King County's program developers, disseminates timely statistics on CD-ROM so that work that would have taken hours to accomplish can now be completed in minutes.

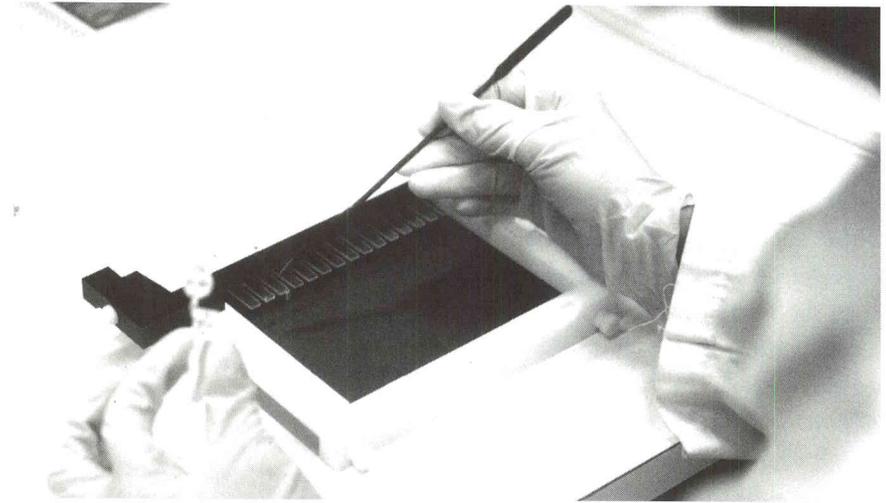
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*New laboratory techniques provide faster responses to foodborne illness by reducing testing time and increasing certainty about the kind of organism responsible.*

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### **State laboratory methods: Speeding response to disease outbreaks**

When a disease outbreak is at hand, state and local public health officials work around the clock — as detectives — seeking the cause. New laboratory techniques provide faster responses to foodborne illness by reducing testing time and increasing certainty about the kind of organism responsible. A new scientific technique for DNA fingerprinting, developed in the Department of Health's Public Health Laboratory, produces more rapid identification of biological clues about the origin of disease outbreaks and the specific strain of micro-organism responsible. Another new technique allows determination of whether the cause of a foodborne illness is viral or bacterial — knowledge that can improve public health or medical responses.



### **What We Need to Accomplish Across the System**

There is much work still to do system-wide in meeting the goals of the Public Health Improvement Plan. Three steps that will strengthen the public health infrastructure in Washington follow.

#### **1. Track health problems and outcomes.**

We can learn whether health improvement efforts are making a difference over time by collecting information, observing the trends, and analyzing the results. To accomplish this, we need an updated list of reportable disease conditions and

environmental health indicators, reliable and efficient methods of collecting data, and the skills to interpret and communicate this information. Public health officials working in very different parts of Washington, with very different interests, must agree what to track, what targets to set, and how to measure progress. To produce a reliable and accurate “report card” to monitor Washington’s health, the public health system must, in the next two years, accomplish the following:

- update the list of reportable diseases and conditions and review available environmental indicators

- involve many people in selecting the indicators to be tracked over time
- select state and local targets for health improvements
- set up routine data collection systems, and report results on a regular basis

Appendix A provides an action plan and timeline.

## **2. Set basic standards for all public health jurisdictions.**

To guarantee that all people have an adequate level of public health protection, minimum standards must be set for local and state health jurisdictions. Current public health laws and regulations speak to specific diseases, rather than to public health agency functions. We need a simple set of basic standards to delineate local and state level public health responsibilities.

Washington's public health improvement legislation has called for minimum standards for local health jurisdictions and asks that they be used in performance-based contracts. Minimum standards will describe what every health jurisdiction must be able to do and how to measure its performance. State and local health officials and members of Boards of Health will work together to develop them in these basic public health areas:

- community health assessment
- communicable disease prevention
- environmental health protection
- health promotion for families, children, teens, and communities
- health services access and quality assurance

A schedule for adopting basic standards is presented in Appendix B, along with a sample set of standards. The actual standards will be developed in a collaborative process.

## **3. Track health care access and build links with managed care.**

Rapid changes in the health care system present public health agencies with new challenges as well as opportunities for partnership.

When access to health care is a problem, public health workers are often the first to see the effects across their communities. Public health agencies must track and communicate evidence of health care access problems and involve health plans and providers in prevention efforts, improved surveillance, and joint planning to address community health needs.

By building strong links with providers and insurers, public health agencies can help ensure that prevention efforts are supported throughout the health system, such as through programs that address tobacco use.

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*To guarantee that all people have an adequate level of public health protection, minimum standards must be set for local and state health jurisdictions.*

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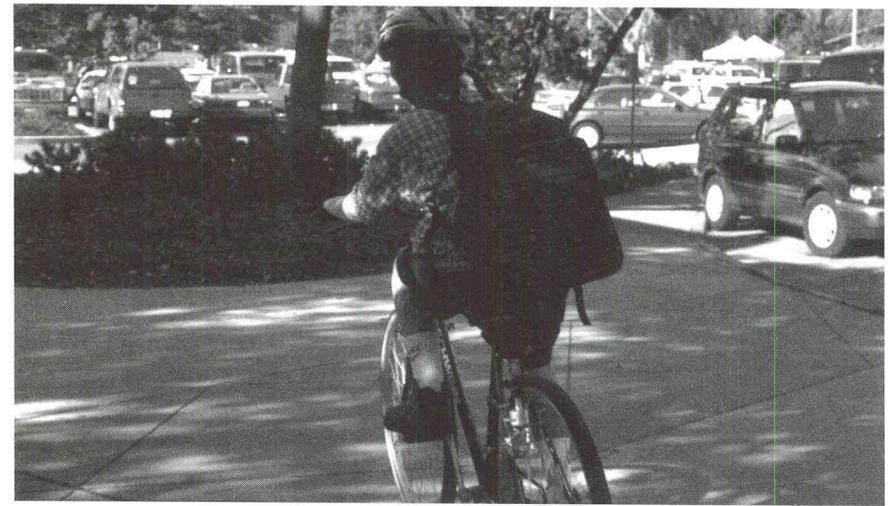
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*The Washington State Department of Health has selected six strategic initiatives to improve health protection over the next two to four years.*

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### **Setting a Course for a Healthier Future: Six Strategic Initiatives**

Washington's public health officials are developing strategies to meet the emerging trends that we identify earlier in this report. The Washington State Department of Health has selected six strategic initiatives to improve health protection over the next two to four years. These initiatives address pressing public health needs. They were selected for two fundamental reasons: importance — whether they are major health issues with the potential to have a positive impact; and strategic timing — whether they afford special opportunities to make a difference through concerted efforts in the next few years.



The Department of Health has begun to implement an action plan for each initiative, but it cannot do this work alone. Each action plan requires support and participation by other public agencies, private organizations, businesses, and communities. In many cases, the initiatives build on actions already underway in local health jurisdictions and state agencies. A description of the six initiatives follows, along with a description of what we have accomplished in each area and an action plan for the future.

### **The issue: Promote healthy aging of the population.**

In the first 20 years of the new century, the number of Washington residents 65 and older will grow by 84%. As our population continues to age, the impact on personal health will be felt at every level of our society — by older people, among family caregivers, in health care financing, and in our economy. Many of the major causes of functional limitation, death, and hospitalization for people ages 65 and

older — including disabling injuries, heart disease, stroke, and diabetes — can be traced back to preventable events such as fat consumption, limited activity, falls, and adverse reactions to medications. These areas of prevention are more important than ever, because chronic disease is replacing infectious disease as the nation's leading cause of death and disability.

There are no “quick fixes” for chronic disease burdens. Long-term investment in prevention is key.

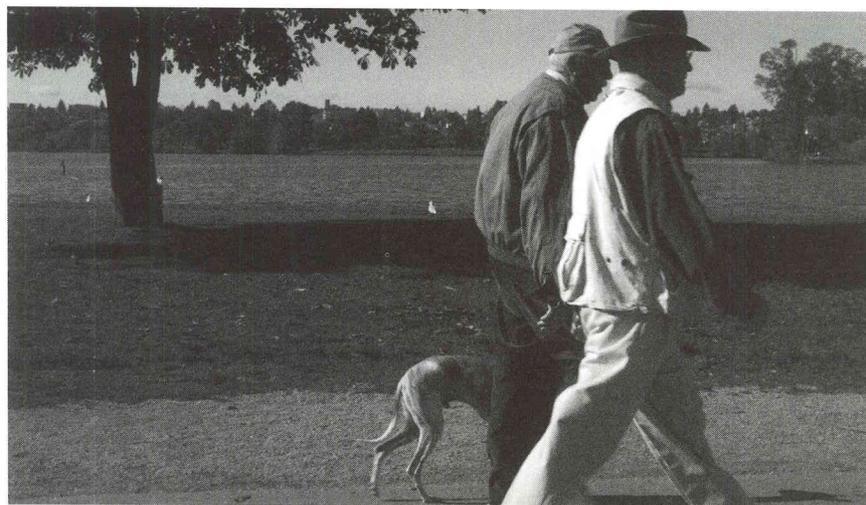
### What we are doing

The Department of Health has collected better information on physical activity and nutrition to help public health officials prevent chronic disease among older adults. The state agency has also received federal funding to prevent fire-related injuries (a high risk for older adults) among low income people. The Department is supporting a statewide coalition to promote the benefits of physical activity, and it is collaborating with the Seattle-King County Department of Public

Health in a pilot campaign to promote medication safety for women 45 and older.

### What needs to be done

- Promote the long-term health benefits of physical activity for people ages 40-65 and, in collaboration with the state's Aging Network, increase the availability of programs offering age-appropriate physical activity opportunities to the senior population.
- Develop and conduct promotional campaigns to improve the diets of older adults by
  - decreasing fat consumption to less than 30% of total caloric intake and increasing fruit and vegetable consumption to at least five servings per day.
  - Support community efforts to reduce falls and fire-related injuries occurring in the home environment among older adults, and identify major outdoor and infrastructure safety risks for the senior population.
  - Create awareness of the dangers of multiple medications.
  - Promote adult immunization.



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*Prevention is more important than ever, because chronic disease is replacing infectious disease as the nation's leading cause of death and disability.*

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*Child care is a cornerstone for learning, and safe child care settings greatly reduce children's risk of injury, illness, diseases, and death.*

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### **The issue: Make child care safe and healthy.**

Child care is a cornerstone for learning, and safe child care settings greatly reduce children's risk of injury, illness, diseases, and death. More than a third of Washington's 230,000 infants and toddlers are in child care. Recent research shows that early influences on young children shape the brain and build the foundation for later learning. But many child care settings offer minimal learning opportunities.

#### **What we are doing**

The Washington State Departments of Health and Social and Health Services are developing an inter-agency agreement that specifies their responsibilities for inspecting, licensing, and overseeing health con-

ditions in child care centers. The Department of Health is also working with local public health agencies to develop funded pilots for evaluating local roles in health and safety certification of the centers. In addition, the Department of Health is working with local health jurisdictions to implement local consultation to child care providers on health and safety.

#### **What needs to be done**

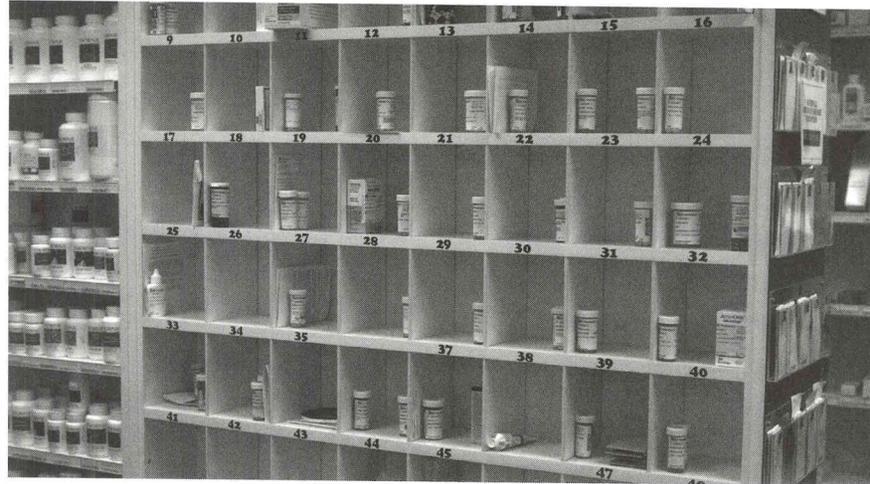
- Develop a comprehensive approach to child care regulatory compliance among state departments and local health jurisdictions.
- Develop or revise child care regulations and interpretive guidelines to reflect current health and safety trends and to incorporate brain development research.
- Create and strengthen community partnerships that provide consultation to parents, child care providers, and health care professionals in the areas of early childhood brain development, mental and physical health, environmental health, infection control, and other areas of growth and development.



## The issue: Protect the public from emerging and antibiotic-resistant disease.

Anyone, anywhere can fall victim to a new disease, an old one that suddenly stops responding to antibiotics, or an epidemic such as influenza. Some people — the elderly, the young, the seriously ill, and those people who live in institutions — are at a higher risk for infectious diseases.

Stopping the spread of communicable disease requires constant vigilance. Experience has shown that if we relax our efforts, old diseases will come back — often in forms resistant to available medications. Protecting the public from threats posed by emerging and antibiotic-resistant diseases requires appropriate use of antibiotics, continuous



monitoring of disease trends, and quick responses to emergencies.

### What we are doing

Medical directors of 12 health plans have worked with the Department of Health and health care professional associations to promote guidelines for judicious use of antibiotics in treating common childhood infections. These guidelines, along with public and professional education, are expected to slow the rapid growth in antibiotic-resistant forms of micro-organisms.

### What needs to be done

- Reduce antibiotic use and misuse by educating the public and health care providers
- Prepare for effective response to a disease pandemic or other biologic emergency by improving disease reporting and laboratory testing to provide early warning and implementing more coordinated communications systems and response plans.
- Improve incentives for providers to use diagnostic tests appropriately and report infectious diseases.

about the extent of antibiotic resistance and its impact on care and health outcomes; promote well-documented guidelines for appropriate use of antibiotics.

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*Stopping the spread of communicable disease requires constant vigilance. Experience has shown that if we relax our efforts, old diseases will come back — often in forms resistant to available medications.*

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*Sometimes public health improvement steps are very simple. The best example is handwashing. This is the single most important public health protection anyone can take to prevent the spread of disease.*

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### **The issue: Improve food safety in the home and in commercial settings.**

More than 250,000 people in Washington state become ill from eating contaminated food each year, at a cost of more than \$160 million for medical treatment, time lost from work, public health responses, and discarding food that may be unsafe.

Food handling practices are critical, but sometimes public health improvement steps are very simple — they just need to be practiced consistently. The best example is handwashing. This is the single

most important public health protection anyone can take to prevent the spread of disease.

#### **What we are doing**

State rules that are scheduled for adoption in June 1999 are expected to increase the consistency of programs to train and test food workers. The Department of Health and food industry groups are working together on public education and materials, and the Department is developing a clearinghouse of food safety information that will later be added to an Internet catalogue of health information materials.

#### **What needs to be done**

- Initiate handwashing education programs, particularly in schools.
- Standardize commercial food worker training through partnerships between the food industry and local health jurisdictions.
- Improve the foodborne illness investigation and laboratory support systems within Washington State.
- Ensure that food safety education messages are consistent and accessible to the public and the food service industry.
- Work with the food service industry and others to provide timely information on the handling of fresh fruits and produce, targeting those who offer foods to high risk individuals: schools, child care centers, hospitals, and housing and care facilities for the elderly.



## The issue: Assure a safe, adequate, and reliable supply of drinking water.

Drinking water is not as clean or abundant as most people in our state think it is. Each year, thousands of people in Washington are exposed to levels of bacteria, nitrates, and chemicals in their drinking water that exceed health standards. More than a half million people in Washington use single-family wells as their primary source of drinking water — wells in which water quality is often unknown and unmonitored. In addition, many of our state's 16,000 public water systems are old, and many communities are struggling to upgrade their systems to stay ahead of the health risks posed by growth and pollution.

### What we are doing

The Department of Health is providing funds for local authorities to improve the safety of non-residential water systems, such as those serving some schools and restaurants. The Department is working with other agencies to develop the state's salmon recovery efforts,



which will affect allocation of water among drinking, fish habitat, irrigation, and other uses. The Department of Health also has used its rule-making authority to clarify several portions of federal regulations, maintaining public health objectives while reducing the burden of federal regulation.

### What needs to be done

- Implement key provisions of recent amendments to the federal Safe Drinking Water Act to support public understanding and effective oversight of safe, reliable, and adequate supplies of drinking water.
- Assure that Washington's residents and visitors have safe drinking water away from

home, focusing on non-residential water systems and water used in food production.

- Address nitrate contamination by exploring a surveillance system for health effects, communicating nitrate risks to pregnant women and others, expanding outreach to private well owners, and supporting public water systems' efforts to address contamination.
- Assure optimal use of state water resources by promoting water re-use, developing the water conservation component of the State Salmon Recovery Strategy, and participating in local watershed planning efforts.

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*Each year, thousands of people in Washington are exposed to levels of bacteria, nitrates, and chemicals in their drinking water that exceed health standards.*

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*Schools need trained public health personnel, a variety of models for deploying them effectively, and funding for student health services.*

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### **The issue: Promote safe and effective student health services.**

Student health care needs must be met so that teachers can focus on teaching, and students can focus on learning. To make this happen, schools need trained public health personnel, a variety of models for deploying them effectively, and funding for student health services.

By teaming up with public health professionals, educators can obtain guidance on how health care needs can be addressed, what level of health workers is needed, and how health services can be linked with other community resources.



### **What we are doing**

For the first time, the Department of Health and the Office of the Superintendent of Public Instruction (OSPI) have agreed on joint work tasks, including student health. Working with the Department of Social and Health Services and local school administrators, the agencies are identifying successful models for staffing and funding school health services. OSPI and local public health jurisdictions are working more closely to collect and interpret information about the health risks of adolescents.

### **What needs to be done**

- Increase availability of trained and available personnel to meet students' health care needs in school settings.
- Improve data available to describe health needs of the school-age population to improve academic success.

## Looking Ahead

Putting public health improvement efforts to work combines two vital perspectives: what to do across the system, at the state level, and what to do at the community level.

In Chapter 2, we have examined accomplishments across the system and outlined what we have to do, system-wide, to improve health by

strengthening the public health infrastructure and by taking action to address specific problems from the state level.

In Chapter 3, we look at examples of community-level accomplishments and the unique challenges that each local public health jurisdiction faces. Each community represents a system of its own. Each has

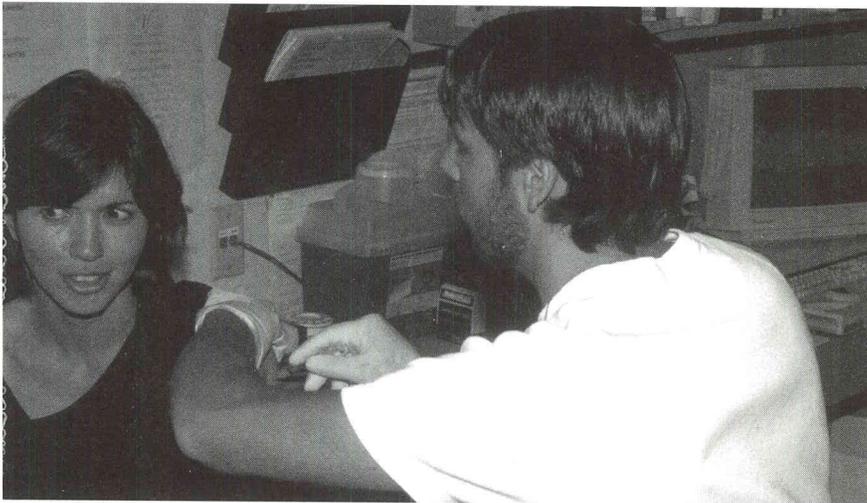
people, resources, and values that must be brought together if the community is to undertake and sustain health improvement efforts.

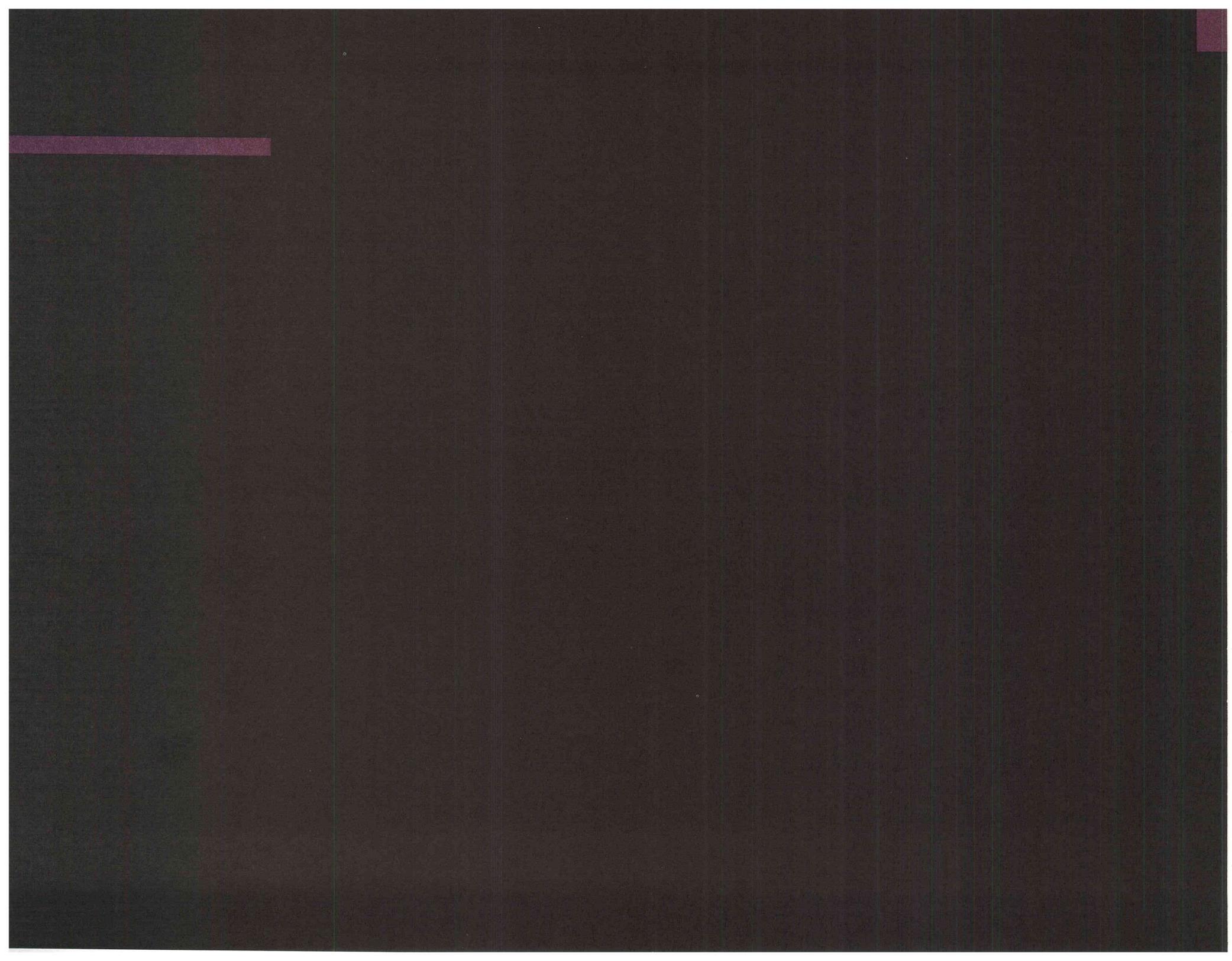
Neither the system-wide nor local perspective is sufficient alone. Communities depend on the state to provide resources and establish a strong policy framework for addressing health issues. The state depends on communities to contribute resources and take action. Public health is a shared responsibility among state and local partners.

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*Putting public health improvement efforts to work combines two vital perspectives: what to do across the system, at the state level, and what to do at the community level.*

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# Chapter 3: Health Improvement in Communities

When the Washington Legislature approved the state mandate to develop a Public Health Improvement Plan, it presented an extraordinary challenge to the state's local health jurisdictions to change the way they serve communities.

In this section, we provide examples of how each of Washington's 34 local health jurisdictions has met the challenge to develop community-specific strategies for health improvement and what they view as critical remaining challenges. Space limitations restrict us to providing only a few examples for each community.

Keeping public health improvement strategies open to local determination has been an important underlying goal in Washington's public health improvement. Each local

jurisdiction faces unique public health concerns, and each has different resources to address problems. Throughout the state, they are changing how they approach their work, particularly how they gather and convey information and how they work with community partners to initiate changes that will produce a healthier population.

Local public health agencies must direct their activities and resources to population-based activities in a health care environment that has still not achieved universal access to services. Until Washington's health care system can achieve this elusive goal, its public health system will remain, at least in part, a direct provider of services such as immunizations and family planning.

## Setting Local Priorities for Action

After decades of responding to direct service demands and categorically funded grants from state and federal government, local health officials were asked to step back and look carefully at the over-all health of their communities. They sought to engage their communities in changing the conditions that imperil health by committing to prevention at every level—with help from health clinics, schools, law enforcement agencies, non-profit organizations, businesses, and families.

Every local jurisdiction began its public health improvement work by conducting a detailed community health assessment. This process involved gathering health and environmental data from federal, state,

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*Keeping public health improvement strategies open to local determination has been an important underlying goal in Washington's public health improvement.*

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*Local public health agencies value the authority to make common-sense decisions in response to local needs and to change course as they learn what strategies are most effective.*

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and local sources and bringing community groups together to contribute to the findings. From their assessments, the local public agencies learned where they could most productively spend both local funds and state-provided local public health improvement funds. Most jurisdictions have continued to expand their health assessment capacity, and staff have provided important information and analysis for local Boards of Health and other local policy makers.

### **The local work underway**

Today, nearly 200 local initiatives supported by public health improvement funds are underway, but these represent only a fraction of the work that local health jurisdictions are carrying out. Most of these initiatives are subsidized by local funding from the health jurisdiction or other agencies. There are many additional



initiatives planned and supported entirely with local funds.

(Work that is supported in whole or part by public health improvement funds is described in detail in a companion report, *1998 Public Health in Action*.)

### **The remaining challenges**

Despite the successes achieved with a small proportion of funds, local health officials point to many remaining challenges faced by their communities. These challenges are summarized on the next page. Each represents an opportunity to promote health and prevent unneces-

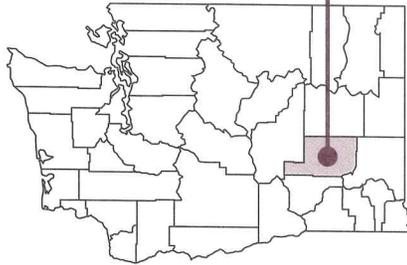
sary costs, illness, and environmental risk. Meeting these challenges would take considerable additional investment in public health improvement in the years to come, but this investment will lower costs to society in the future.

When asked what they need, local public health officials invariably cite additional resources that work flexibly, like the public health improvement funds. Reporting requirements keep the programs accountable, but the local public health agencies value the authority to make common-sense decisions in response to local needs and to change course as they learn what strategies are most effective.

# Challenges Facing Local Public Health Jurisdictions

<b>The Challenge:</b>	<b>What Is Needed:</b>
Drinking Water	Staff, equipment, and data systems to do a better job of water quality monitoring and source protection
Communicable Disease	Staff and training resources for public education, disease tracking, and follow-up
Funding Basic Programs	Stable funding for core areas of protection to respond to public health threats
Family Support	Staff and funding to support home visits and other services for families at risk, infants who need special care, adolescents, and new parents; and community-wide programs to prevent violence and drug and alcohol abuse
Child Care	Programs to provide consultation on safety and child development to child care providers, assessment of children's health needs, and referral to services
Dental Care	Resources to pay for services for children and adults who cannot access dental care
Health Care Access	Assurance so that health insurance restrictions don't act as a barrier for people who need care, including family planning services and other primary care services
On-site Sewage	Staff, data systems, and equipment to improve monitoring of on-site sewage systems, including whether they are polluting groundwater
Public Health Workforce	Training and adequate salary levels to be able to recruit and retain a skilled public health workforce
Health Education	Staff and equipment to communicate better about public health issues and to improve the effectiveness of prevention programs
Injury Prevention	Programs to prevent injuries and disability, especially among the elderly and infants

## Adams County Health District



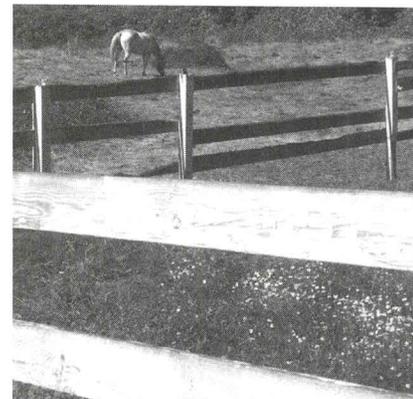
*One of the most important activities for the Health District is securing access to health care for low income residents.*

Adams County is very rural, with 16,000 people spread across one of the larger counties in Southeast Washington. All three of the county commissioners and representatives from each of its five incorporated towns serve on the Board of Health.

From its offices in Ritzville and Othello, the Health District monitors many health issues, including issues tied to its agricultural base, such as problems with service access in geographically isolated areas, adequate housing for farm workers, and meeting the needs of the growing Hispanic population — now 38% of county residents — that

finds employment primarily in the irrigated crop lands of eastern Adams County.

Most District staff worked on the county's community health assessment at various times, and completion of this work produced a community assessment document that serves as a health data source. The



District now works with several community groups, including the Oversight Committee for Washington's Medicaid managed care program (Healthy Options), the county Interagency Coordinating Council, and the Lions Club. The District also partners with other local health jurisdictions through such efforts as the Geographic Information System Partnership.

Adams County has lower household income and higher poverty rates than the Washington average. One of the most important activities for the Health District is securing access to health care and public health services for low income residents. The District participates in a local Dental Health Coalition, and it works with the federal Columbia Basin Health Association to provide a public health nurse to conduct home visits to post partum women.

## Sustaining services for children with special health care needs

When school is out during the summer, many children with special health care needs have limited access to the services, therapy, and treatment they receive through the public schools. Often, children lose ground between the end of the school year in the spring and the beginning of school in the fall. The Adams County Interagency Coordinating Council (of which the Health District is the lead agency) and the Othello School District in 1997 and 1998 jointly sponsored a summer

play group for children with special needs. The Washington State Department of Social and Health Services financed the project. Children receive education and therapy during this summer program. In 1997, there were 4 participants; a year later, enrollment had increased to 12.

## Building a water quality partnership

Adams County residents rely upon groundwater as their drinking water source. Some of the groundwater in the Columbia Basin shows contamination from chemicals such as nitrates. In response, the Health District is an active member with Adams, Grant, and Franklin coun-

ties and state and federal environmental agencies, in a groundwater management area. In that area, more than 700 local wells have been tested for nitrate contamination. The Health District has developed a good working relationship with the Adams County Building Department to ensure that building permits are issued only to those projects and developments that can provide adequate sewage disposal systems and for those that have access to drinkable water supplies.



## Remaining Challenges

Among the unmet needs in Adams County:

**Dental access for children**

**Access to health care, especially for residents with language barriers**

**Adequate housing**

### Adams County Health District

108 West Main  
Ritzville, WA 99169

Phone: (509) 659-3315  
Fax: (509) 659-4109

## Asotin County Health District



*The Health District has developed its assessment capability and is now a highly regarded source of health status data and technical support.*

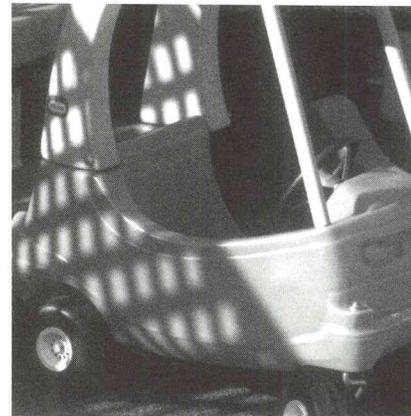
A community of 20,000 people in the Southeast corner of Washington, Asotin is a true border county. The Health District is located in the town of Clarkston, but it has a close relationship with its larger sister city of Lewiston, Idaho, the industrial and commercial base for the region. Many of the health care providers who serve Asotin County's population reside in Lewiston, and the Asotin County Health District contracts with Idaho's North Central Health District for surveillance and treatment of sexually transmitted diseases (STDs).

The arrangement extends the reach

of the Asotin County Health District, but it generates problems in gauging the county's health status and public health needs. The two jurisdictions use different methods to track and report data, a situation that complicates activities such as monitoring immunization rates. Fortunately, the Health District

during the past five years has developed its assessment capability and is now a highly regarded source of health status data and technical support for community groups conducting prevention and wellness activities. The District works with the local Tri-State Hospital, St. Joseph's Regional Medical Center, and other health care providers to survey Asotin residents about what health issues they consider to be important and how they should be met. In another collaboration, the Clarkston School District asked the Health District for assessment data to support an application for a teen pregnancy prevention grant.

To prepare staff for a greater leadership role in the community, the District has conducted cross-training so that staff can help each other in providing services. This has facilitated a merging of some environmental health and communicable disease activities. For example, nursing staff are now able to assist in rabies control and other traditional environmental health areas.



## Putting assessment findings to work

The Asotin County Health District takes pride in acting directly to address some of the major findings of its community health assessment. Two examples are support for single mothers and smoking prevention. The assessment revealed that Asotin County has a high number —about 65% — of mothers who are heads of household. The District has responded by developing more comprehensive services for this population through the First Steps Program. The District is also using its Women, Infants, and Children

(WIC) nutritional program clinics to reach single mothers with more services, including referrals for GED education programs. Another assessment finding was that about 25% of Asotin County mothers reported smoking during pregnancy, a higher share than the state average. The District has applied to the Eastern Washington chapter of the March of Dimes Birth Defects Foundation for resources to develop a smoking cessation program for pregnant WIC clients.

### Asotin County Health District

431 Elm St.  
Clarkston, WA 99403

Phone: (509) 758-3344  
Fax: (509) 758-8454

## Screening for special needs children

A Health District nurse who specializes in services for children with special health care needs coordinates a monthly “Focus Screen” to identify children birth to three years old who have a potential for developmental delay. Parents can self-refer their children to the screening. The children are screened by an occupational therapist, a speech therapist, and a developmental interventionist. If the screening identifies concerns, a family resource coordinator guides the child and family through further evaluation. About 300 children have been served since the program’s inception in 1992.



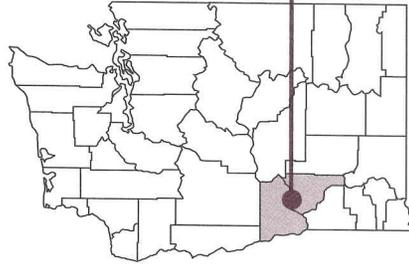
## Remaining Challenges

Among the unmet needs in Asotin County:

**Injury prevention activities, such as encouraging use of bicycle helmets**

**Dental care access**

**Education for day care providers**



## Benton-Franklin Health District

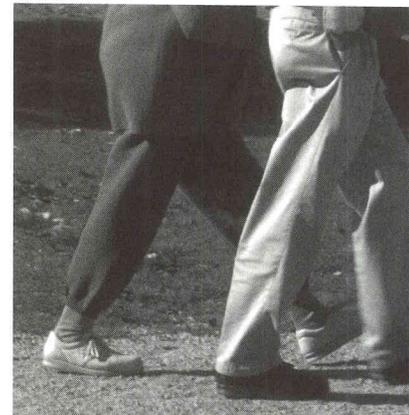
*The Health District and many local partners are working together to provide the services that residents say they need, expect, and value.*

Located at the confluence of the Columbia, Snake, and Yakima rivers, Benton and Franklin counties embrace 2,945 miles, nine cities, and a population of 181,900 with an additional 30,000 seasonal farm workers. In the 1990s, the area's economy and population have become more diverse, with emphasis shifting away from the federal Hanford Nuclear Reservation. As the community grows and changes, the Benton-Franklin Health District is working with its community partners to protect and promote good health.

Publication of the comprehensive public health assessment report was the first project of the Tri-County Health Care Task Force, which is made up of physicians, hospital

administrators, insurance representatives, and business leaders and chaired by the District's health officer. The group is addressing specific health concerns by involving others in activities such as a business-backed fluoridation campaign, youth tobacco prevention, and teen pregnancy prevention.

To understand better the public's



concerns about health issues, a poll was conducted with responses from 500 people in the two counties. The findings show that local residents support services to reduce major public health risk factors, such as smoking, alcohol and drug abuse, accidents, violence, and environmental hazards resulting in premature death, chronic disease, disability, and environmental degradation.

The Health District and many local partners are working together to provide the services that residents say they need, expect, and value. Combining public health improvement funds with local efforts, the District has been able to implement urgently needed services for vulnerable groups, including children in day care, school-age children who need dental care, and women who need breast and cervical cancer outreach. In addition, the District has conducted public awareness surveys that document the public's needs, expectations, and use of public health services, and it is developing strategies for expanded partnerships on topics of high concern.

## Stepping up to environmental health education

When the Health District determined that more than 60% of residents taking a written food handlers test failed it the first time, it hired a health educator, who developed a slide show and brochures to present food safety and sanitation issues to the community in both English and Spanish. The failure rate after the training dropped to less than 1%. By the District's estimate, the health educator — who now covers additional issues including handwashing, hantavirus, and drinking water safety — receives more than 10,000 community contacts a year.

### Benton-Franklin Health District

506 McKenzie  
Richland, WA 99352

Phone: (509) 943-2614  
Fax: (509) 546-2916

<http://www.calbro.com/benton-franklin/regional.htm>

## A day care immunization project

A 1992 study showed that only 46% of the Health District's two year-olds were properly immunized. In response, the Health District used public health improvement funds to support a child care project including immunization review, vision, hearing, and dental screenings as well as public health nursing consultation on food, communicable disease, and other health issues. The immunization rate in Benton and Franklin counties is now higher than 80%. A local community service organization has provided an optical screening camera as part of the visual examination for early detection of vision problems.

## Identifying seniors' service needs

With a growing population age 55 and older, the Health District is looking at emerging health concerns affecting the area's senior citizens. The District uses its special flu and pneumonia vaccine clinics to find out what health issues most concern seniors and to establish what community health services they want. Topping their list of health worries are heart disease, cancer, and stroke. Seniors value screening programs and wellness programs such as exercise classes. This information will help guide the community's choices about service development.



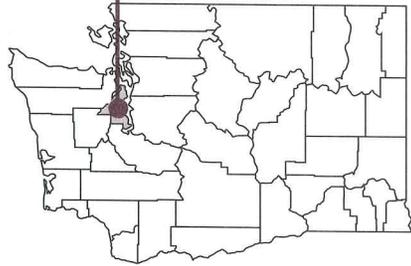
## Remaining Challenges

Among the unmet needs in Benton and Franklin counties:

**Prevention incorporated as a priority in the health care system**

**Successful health education programs to stimulate healthier behaviors**

**Safe, healthy environments for all at work, home, and for recreation**



## Bremerton-Kitsap County Health District

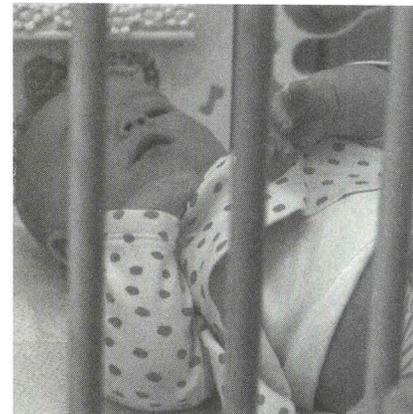
*From its assessment, the District has set priorities including environmental health, tobacco, oral health, and domestic violence.*

Covering 396 square miles on the southeastern portion of the Olympic Peninsula, Kitsap County is one of the smallest counties in Washington. With 230,000 people and rapid population growth, it is also the state's second-most densely populated county. Kitsap County has 228 miles of shoreline, two Indian tribes (Suquamish and Port Gamble S'Klallam), a substantial federal presence in the Puget Sound Naval Shipyard and Department of Defense, 27 public beaches containing shellfish for public harvest, four incorporated cities, and five offices of the Bremerton-Kitsap County Health District.

To protect the health of the booming community of Kitsap County, the Health District has since 1993 expanded its assessment capacity by collaborating with Group Health Cooperative of Puget Sound, the local Harrison Memorial Hospital, the Kitsap Physicians Service, and more than 100 community mem-

bers. The process has produced two health status reports, a series of fact sheets on public health topics, and a popular web site. Using the assessment findings, the District has set eight priorities, including environmental health (water quality and waste management), tobacco, oral health, and domestic violence.

The Bremerton-Kitsap County Health District has succeeded in implementing health protection efforts that reach across its immediate borders. Its aggressive Tobacco and Youth Program participated in the Smoke Free Ferries Campaign that culminated in a new regulation, effective June 1998, to limit smoking sections on all Washington State ferries to the aft outside areas.



## Preventing child abuse and neglect

Each year more than 3,000 Kitsap County children are referred to Child Protective Services (CPS). In response to what appeared to be high rates of child abuse and neglect, the Health District launched the Child Health Advocate Program with "urgent needs" funds from the state Department of Health and seed money from CPS. All newborn referrals are triaged by the parent-child health nursing staff. The newborns with the highest risk of abuse and neglect are referred to the Child Health Advocate Program. A public

health nurse makes contact with families; those who agree to participate receive weekly home visits, parenting education, and links to other health and social services. The Health District reports that the number of Kitsap County children placed in CPS foster care has declined since implementation of the program. One example of the program's success is the story of a 16-year-old mother, a high school dropout, who was attempting to raise her daughter and her younger siblings in poverty and isolation. The Child Health Advocate Program helped her receive a high school diploma and, while working part-time, to receive training in medical transcription at Olympic College. Today the young woman has a full-time job and is raising her daughter without public assistance.

### Bremerton-Kitsap County Health District

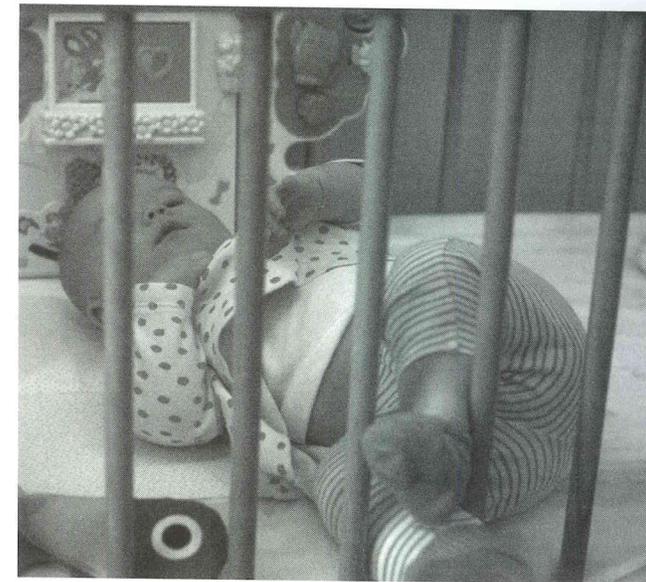
109 Austin Dr.  
Bremerton, WA 98312

Phone: (360) 337-5235  
Fax: (360) 337-5298

<http://www.wa.gov/kitsaphealth/>

## Working together to protect water quality

With the Kitsap County Department of Public Works and the Kitsap Conservation District, the Health District supports a comprehensive Surface and Storm Water Management Program that protects local waters from pollution. The program identifies water quality problem areas, and it provides an early warning system of health risks at recreation and shellfish harvesting sites. Citizen volunteers assist with monitoring water quality at public beaches from April through October. Through this activity, the Health District was alerted to nine potential public health emergencies before illness occurred. The Health District also inspects public swimming beaches. In July 1998, the District was quickly able to identify an intestinal virus as the cause of an outbreak of illness affecting 200 swimmers at Long Lake. Along with the Kitsap County Parks Department, they implemented new policies to prevent a similar outbreak in the future.



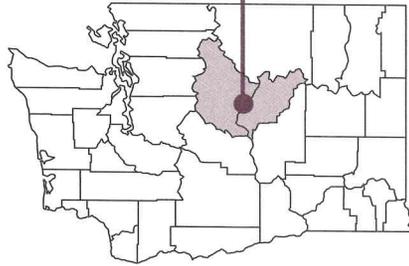
## Remaining Challenges

Among the unmet needs in Kitsap County:

**Replacement of obsolete, inadequate main office facilities**

**Programs to prevent unintended pregnancies**

**Environmental health community education programs**



## Chelan-Douglas Health District

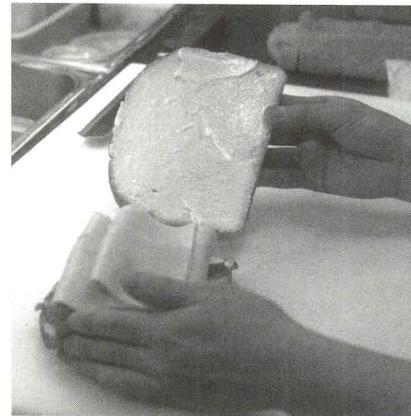
*Chelan and Douglas counties' economic issues, together with their rural setting, create special challenges for the Health District.*

The Central Washington counties of Chelan and Douglas stretch over highly variable terrain, from the forested eastern slopes of the Cascade range and Lake Chelan to the sage hills that extend eastward from the Columbia River. Fields of apples, peaches, and cherries in Chelan's central valley give way to wheat farms on the highlands of Douglas County.

Communities in these counties are highly dependent on agriculture and tourism, both of which generate seasonal fluctuations in the work force and low pay scales for a significant share of workers. The re-

sulting economic pressure is keenly felt among young families. The counties' median income lags behind the rest of Washington, and two-thirds of births in the counties are covered by Medicaid. The region's economic issues, together with its rural setting, create special challenges for the Health District.

The Chelan-Douglas community has long had a significant Hispanic population that traditionally has performed seasonal agricultural work. During the 1980s and '90s, many seasonal farm workers have elected to settle permanently in the area, so the region's resident population is now estimated to be about 20% Hispanic throughout the year. The Chelan-Douglas Health District strives to provide all information and services in both Spanish and English, whether talking over water system plans with landowners, processing birth certificates, or following up on special health care concerns.



## Reaching isolated communities

Isolation is a special concern in the Chelan-Douglas region. Several small towns and other populated areas exist in very rural parts of the county, where many people do not have the transportation, language skills, or knowledge they need to access services. In response, the Health District has developed an Access-Outreach program that brings District services into 16 separate sites around the counties and serves more than 3,500 people every year. Services include immunizations (3,600 of the 15,000 im-

### Chelan-Douglas Health District

316 Washington St.  
Wenatchee, WA 98801

Phone: (509) 664-5306  
Fax: (509) 664-5478

<http://www.televar.com/-storyg/cdhd.htm>

munizations the District provides each year), tuberculosis screening and follow-up, blood pressure screening, food handler employment tests, and help with paperwork associated with birth certificates. The outreach clinics provide a place for District staff to meet people, often paving the way to needed medical referrals, home visits, oral health screening, and child care assistance.

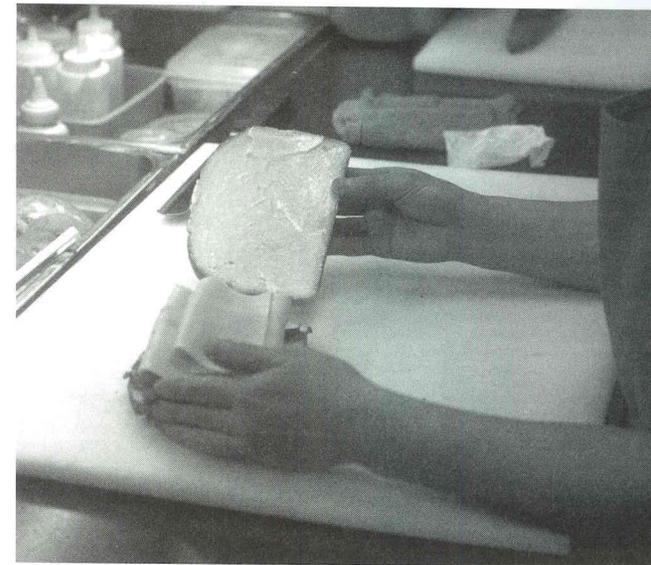
## Teaching safe food-handling

Food safety is a vital concern for a region where the economy depends on tourism and food production. The Chelan-Douglas Health District has strengthened its education and outreach to more than 650 food service managers in the area through regular newsletters, surveys, and visits. For some 9th graders in the Lake Chelan School District, prevention education goes

hand-in-hand with preparation for summer jobs; in class, they learn about safe food-handling and have the opportunity to take a test and earn their food handlers' card. The District keeps a database of food service managers, information that can be critical in an emergency where there is a suspected case of foodborne illness.

## Correcting failing septic systems

The Health District has on five occasions provided local dollars to residents who have failing septic systems on their property near surface water but lack the financial resources to repair the problem. This way, the problem is quickly corrected, the District avoids becoming entangled in drawn-out squabbles over title and responsibility, and property owners can pay back the District's outlay on a schedule they can afford.



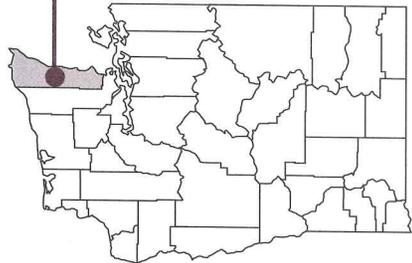
## Remaining Challenges

Among the unmet needs in Chelan and Douglas counties:

**Support to help families raise healthy, happy children and to prevent teen pregnancy**

**Quality child care for infants and toddlers, the demand for which will grow with welfare reform**

**Management of drinking water sources in the face of rapid local population growth**



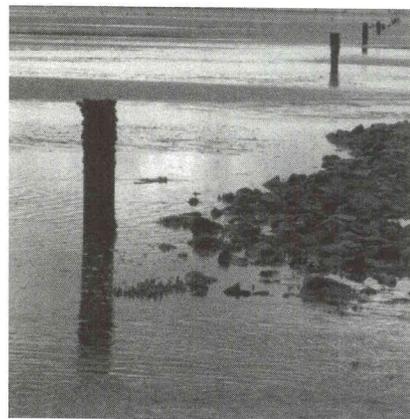
## Clallam County Health Department and Environmental Health Division

*The Health Department has been increasingly recognized as an important local source of unbiased health information and technical expertise.*

From its very dry “banana belt” in the east to its temperate rain forests in the west, Clallam County is a study in contrasts. The western part of the county is in recession as jobs in the logging and fishing industries decline, but development and service industries grow in the eastern county with in-migration of retirees with comfortable incomes. The county’s 67,000 residents include rising numbers of middle-age and elderly residents (more than 20% of the county’s population is 50 years and older), and members of four Indian tribes representing about 5% of the population: the Makah, Jamestown S’Klallam, Lower Elwha

Klallam, and the Quileute. Outside of the communities of Forks, Port Angeles, and Sequim, nearly two-thirds of the county’s land area is unincorporated.

In such a setting, environmental health protection is of great importance. Providing these essential services is complicated by the fact that



environmental health programs are housed not in the Health Department but in the Clallam County Department of Community Development. This separation, which occurred in 1985, challenged county staff to work doubly hard to maintain the link between public health and environmental health activities. The two have recently cooperated on the county’s health assessment.

Since publication of the assessment in 1997, the Clallam County Health Department has been increasingly recognized as an important local source of unbiased health information and technical expertise. One result of this enhanced community role is the Department’s participation in a new partnership with the local Olympic Memorial Hospital, Virginia Mason Medical Clinic, United Way, and the community’s Public Health and Safety Network to support prevention programs. The Washington Health Foundation is providing technical assistance to develop and sustain the alliance.

## Heeding an early warning to protect shellfish

Dungeness Bay is an important tourist destination for the recreational harvest of crab and clams, as well as a commercial source of crab and oysters. When the Washington State Department of Health in October 1997 warned Clallam County that deteriorating water quality could cause the state to close down the bay's shellfish growing areas within two years, several local entities initiated a "Shellfish Closure Prevention Strategy" to identify, quantify, and remedy pollution sources to avert a state-mandated

closure. The "co-leaders" of this effort are the Clallam County Environmental Health Division and the Jamestown S'Klallam Tribe. Members of a technical review group to identify potential sources of contamination include the National Resource Conservation Service, the Washington State University Extension Service, the Puget Sound Action Team, and the Washington State Departments of Health, Energy, and Fish and Wildlife. The long-term goals are to ensure that the area's harvest meets all national and state guidelines to protect public health, to protect shellfish habitat, and to maintain the bay's economic viability.

### Clallam County Health Department and Environmental Health Division

223 East Fourth St.  
PO Box 863  
Port Angeles, WA 98362-0149

Phone: (360) 417-2274  
Fax: (360) 417-2519

<http://www.wa.gov/clallam/hhs/index.html>

## Supporting children with fetal alcohol syndrome

Equipped with a grant from the federal Centers for Disease Control and Prevention and a new screening tool developed at the University of Washington, the Clallam County Health Department in 1992 began screening for prevalence of fetal alcohol syndrome in first-graders. A task force identified 21 children with the condition. It provided training through schools, helped connect families with respite care, and assisted children in qualifying for special education and services through the public schools. Three members of the task force have written a nationally distributed assessment and resource guide for those treating children with FAS.



## Remaining Challenges

Among the unmet needs in Clallam County:

**Drinking water protection programs**

**Programs to fight emerging infectious diseases**

**Food safety activities**



## Columbia County Public Health District

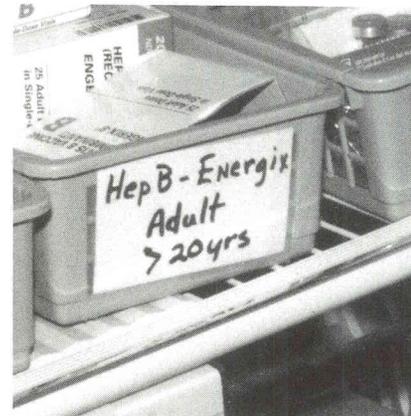
*The Columbia County Public Health District offers a scope of services comparable to that of much larger health jurisdictions.*

The Columbia County Public Health District serves a community of 4,100 that is experiencing economic and demographic transition. A decline in agricultural business has brought a diminished tax base. Service industries and recreation are emerging as an important part of the local economy. In the eastern part of the county, visitors hike, hunt, and ski in the Blue Mountains. Still, the county must cope with lower annual wages, and higher poverty rates, than the Washington average. Welfare reform is forcing many low income families to relocate to larger communities with greater job opportunities.

The Columbia County Public Health District offers a scope of services comparable to that of much larger health jurisdictions. From its offices in Dayton, the Health District performs personal and environmental health services, develops and coordinates health education presentations and training, and in-

creasingly collaborates with community groups to address local problems.

The Health District helped establish a local Health Planning Council to study issues and set local priorities for action. The District's 1997 community health assessment provided valuable guidance for the council by making available detailed health status data for the first time. Efforts by the District and the council to mobilize the county around prevention include publishing a newsletter on health issues and resources, providing more services to the small community of Waitsburg, recruiting additional dental services into the county, and participating in a broad range of community coalitions.



## Outreach to Hispanic families

The Hispanic community in Columbia County has grown during the 1980s and '90s, to about 12% of the county's year-round population. More families who come to the region to work in seasonal agricultural jobs settle there. In partnership with the public schools, the District expanded outreach to Hispanic families by conducting school physicals for migrant students, and it used the opportunity to extend efforts for tuberculosis screening, treatment, and prevention. In 1993, the District hired bilingual staff to

facilitate outreach to these families. As a result of this outreach effort, the District is used more often as a resource for families and as providers for a range of health needs. And the District has developed lasting collaborative partnerships with the schools and the Columbia Family Clinic, which took responsibility for the physicals in 1996.

## Teaming up for quality services

Columbia County's Health Planning Council has provided opportunities for partnership among the Health District, the hospital, and other local service and health care providers. The District and the hospital

have worked together on issues such as blood-borne pathogens training and immunizations. As more private partners perform immunizations, the District is working closely with local community clinics to provide technical assistance on the proper handling, storage, and administration of vaccines. To improve the quality and efficiency of its services, the District has also collaborated with other local health departments — primarily in Asotin, Whitman, and Garfield counties — on assessment activities and administrative policy and procedures such as personnel issues, budgeting, and tracking program activity.



## Remaining Challenges

Among the unmet needs in Columbia County:

**Community education on environmental and personal health issues**

**Continued work in assessment and community mobilization**

**Maintaining and improving access to quality health care services for all county residents**

### Columbia County Public Health District

221 East Washington  
Suite 101 PH  
Dayton, WA 99328

Phone: (509) 382-2181

Fax: (509) 381-2942

Environmental Health: (509) 382-3048



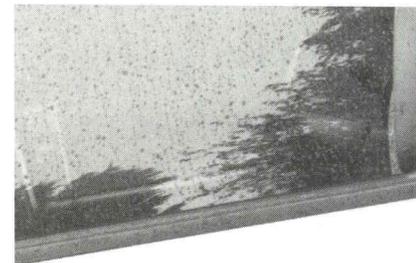
## Cowlitz County Health Department

*The Health Department's community assessment brought together local leaders to improve the health and well-being of Cowlitz County.*

Profound physical and economic changes have shaped Cowlitz County during the 1980s and '90s. The volcanic eruption of Mt. St. Helens in 1980 altered the county's physical landscape and created a tourist attraction that draws thousands of visitors a day. Perhaps more important to the county's 93,000 residents have been the economic changes caused by the regional demise of the wood products industry. The upheaval has brought periods of high unemployment that have caused many residents to lose health insurance.

To lead its way through this transformation, the Cowlitz County Health Department, which in 1994

split off from a health district with Wahkiakum County, has relied on the community health assessment that it completed in 1997. The assessment brought together community leaders with the Pathways 2020 Leadership Committee to improve the health and well-being of the county. The Health Department provided technical assistance and



HEALTH DEPT.

facilitation services to expedite the Committee's work. The Committee identified strategic goals to improve the county's health status in four areas: promoting health and healing; nurturing youth; strengthening individuals and families; and increasing the self-sufficiency of county residents. For each issue, the Committee developed action and marketing plans and a community "report card." Department staff say the effort has produced clear results, including a campaign to immunize all county children by age two.

The Community Health Partnership is another example of Health Department collaboration since Washington lawmakers approved the Public Health Improvement Plan mandate in 1993. The partnership is a coalition of competitive health plans and major health care providers that has developed community-based programs such as mall-sited immunization clinics for people of all ages and user-friendly educational kits to improve children's oral health.

## Zeroing in on Hepatitis

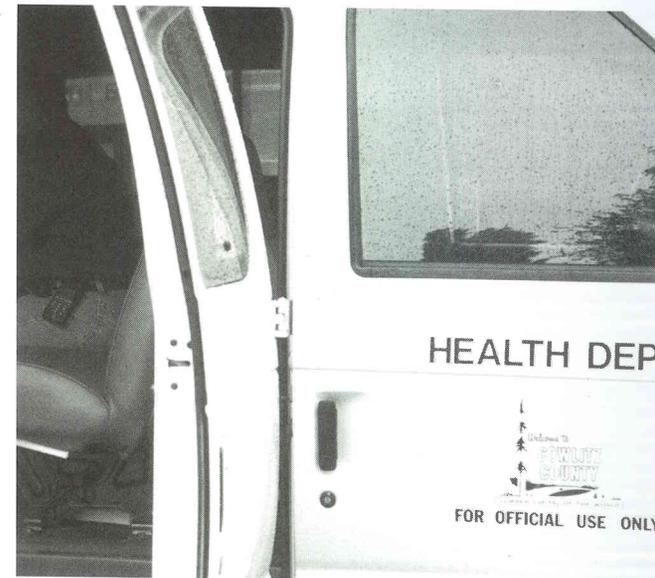
Having learned from its community health assessment that Cowlitz County has high rates of Hepatitis B and C, the Health Department responded by providing public information as well as clinical services including immunizations for Hepatitis A and B. The Department sends out a van to test for Hepatitis B and C and HIV at locations — such as community service offices and the Salvation Army — that provide other services to high-risk individuals. Clients who test positive for these diseases are referred to a public health nurse for follow-up, coun-

seling, and referral to local physicians. For Hepatitis C, a viral disease for which there is currently no vaccine, the Department runs a monthly support group for patients and their families.

## Offering health screens to older women

Cowlitz County's health assessment revealed high local cervical cancer rates. In response, the Health Department participates in a local consortium, launched with federal and state grant funds, that provides screening, diagnosis, and treatment of breast and cervical cancer. This

collaborative effort has provided annual health screens to more than 200 women ages 40 and older who would otherwise not have accessed annual women's health exams. Among the Department's community partners in this effort are the local Community Action program, the Family Health Center, and the American Cancer Society. The Department has collected data through the program that it has shared with local cancer clinicians.



## Remaining Challenges

Among the unmet needs in Cowlitz County:

**A comprehensive management information system**

**Capacity to address increasing incidence of bloodborne diseases**

**Accidental and occupational injuries prevention programs**

### Cowlitz County Health Department

600 Broadway, 3rd Floor  
PO Box 458  
Longview, WA 98632

Phone: (360) 414-5599  
Fax: (360) 425-7531

## Garfield County Health District

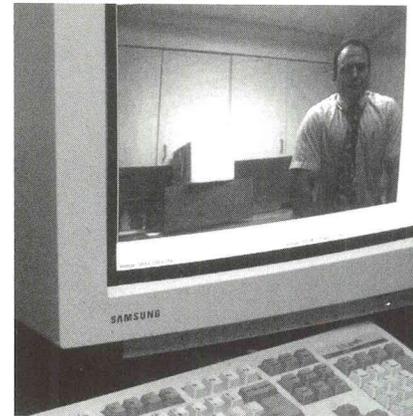


*The Health District helped develop a resource guide that links residents with more than 100 local service providers and organizations.*

Located in the heart of the South-eastern Washington high prairie region called The Palouse, the Garfield County Health District is the only health jurisdiction in Washington to operate out of a public school: the Pomeroy Elementary School. District staff have characteristically turned the unusual arrangement to their advantage by using the location to secure a close relationship with the Pomeroy School District. To stretch its staff of seven people, only two of whom are full-time, this Health District has learned to use its relationships with

other community-based health organizations, local health care providers, and the neighboring public health jurisdictions of Columbia and Whitman counties.

These partnerships are essential in a remote community of 2,400 people with no public transportation — in fact, with no stoplights. With only



one local physician, one local dentist, and one local hospital, access to health care is a continuing problem. The closest urban community, the Clarkston-Lewiston area, is about 30 miles from Pomeroy. Staff must travel considerable distances to receive continuing education in their fields. In recent years, the Health District has worked to establish its assessment capability — a real challenge in a community with few cases to track in many areas — to improve its administrative tools in the fiscal and program areas, and to recognize the issues it can address through population-based programs and services.

One of the Health District's most productive partnerships has been with the Garfield County Inter-agency Coordinating Council and the Asotin/Garfield Community Network. The two organizations developed a Community Resource Guide to link residents with more than 100 local service providers and organizations, and they have also worked together on issues including youth violence and teen pregnancy.

## Providing for local consultation

Garfield County's hospital district received a grant from the University of Washington in 1996 to purchase and install telecommunications equipment in Garfield County Memorial Hospital to use for training, education, and consulting. In 1997, the new equipment was mobilized to assist the family of a seven-year-old resident with Downs syndrome. The child needed assessment, evaluation, and a therapy plan, all of which were beyond the reach of local providers. The Health District worked with the hospital and the

school district to link the family with a UW psychologist. The tele-session yielded a workable therapy plan and recommended changes in medication, all without requiring the family to travel across the state.

## Making cancer awareness a community affair

The Garfield County Health District receives both state and federal funding to perform breast and cervical cancer screening and follow-up primarily for low income and ethnic women. The program includes a mobile mammogram unit that pro-

vides monthly screenings. To recognize Breast Cancer Awareness Month in October 1998, the District hosted 170 women at a "Ladies Night Out" for a catered dinner and health education program presented by representatives of the American Cancer Society and local health care providers.



## Remaining Challenges

Among the unmet needs in Garfield County:

**Maintaining adequate public health professional and technical resources to be ready to respond when needed**

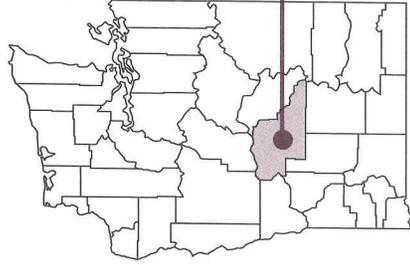
**Ability to assess community health needs on an ongoing basis**

**Access to health care and other support services**

### Garfield County Health District

10th and Columbia  
PO Box 130  
Pomeroy, WA 99347

Phone: (509) 843-3412  
Fax: (509) 843-1935

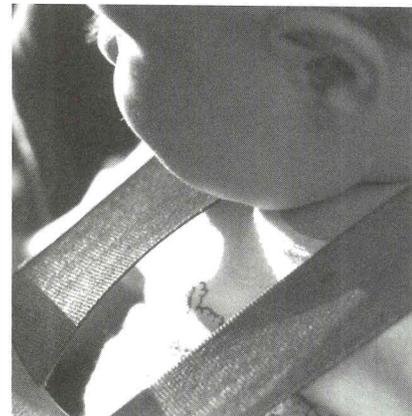


## Grant County Health District

*The Grant County Health District has recently acquired new equipment to test for parasitic diseases and emerging infectious diseases.*

Grant County is one of the few rural counties in the state to show substantial population growth during the 1990s. Its population has increased by 3% each year since 1990, making it the third fastest-growing county in the state. The county's 69,400 people now reflect a rich mix of age and ethnicity. More than two-thirds of the county's growth has occurred among the Hispanic population, which now makes up 26% of Grant County's residents. The foreign-born population of Grant County has increased dramatically over the past decade, and as a result, there are now ethnic population pockets of Russians and Ukrainians.

The population growth, in addition to a continuous influx of seasonal workers, has put extreme pressure on the local infrastructure. The problem is particularly acute in the central and southern regions of the county, where housing, water systems, and sewage disposal facilities have not been able to keep pace. An



example of the strain has been seen firsthand by the Governor and state legislators through tours of the town of Mattawa, in the southern part of the county. Partnerships among the community of Mattawa, public health, and state government have provided opportunities to address farmworker housing and sewage disposal issues.

From its main office in the city of Ephrata, the Health District is also working to address a significant rise in communicable disease incidence, particularly for Hepatitis A, salmonella, and tuberculosis. The District has also recently acquired new equipment to test for parasitic diseases and emerging infectious diseases, such as hantavirus.

In other areas, the Health District is busier than ever conducting community outreach efforts. For example, the District currently provides services to more than 200 local children with special health care needs, compared with about 70 who were served five years ago.

## Keeping children safer in cars

Motor vehicle crashes are the leading cause of death for young children in Grant County. The Health District is responding to the problem with a program to offer car safety seats for small children at reduced cost. At least three local children have been involved in car accidents during which they were strapped into Health District-provided car seats that probably saved their lives.

### Grant County Health District

County Courthouse  
1st and C Streets NW  
PO Box 37  
Ephrata, WA 98823

Phone: (509) 754-6060  
Fax: (509) 754-0941

## Creating a guidebook of services

Working with the Family Policy Network of Grant County, the Health District has published a detailed, 27-page Community Resource Inventory, which lists the names of more than 400 community groups, non-profit organizations, and public agencies serving county residents, along with descriptions and contact information. With community input, the Health District is continually updating the list, which runs from the American Association of Retired Persons to

the Youth Partnership Task Force of Moses Lake. The inventory has proven to be an effective method for making the community aware of the range of health and social services available. It has even produced a successful spin-off: the *Resources for Families* booklet that the Health District developed with the Grant County Interagency Coordinating Council, the Rotary, and other local groups. More than 1,800 copies of this booklet — written in both English and Spanish — were distributed in the summer of 1998. Both documents are accessible through the District's internet site.



## Remaining Challenges

Among the unmet needs in Grant County:

**Adequate and affordable housing for temporary workers and others**

**Injury prevention from motor vehicle accidents and recreational drowning incidents**

**Assurance that public concerns about groundwater quality and safety are addressed**



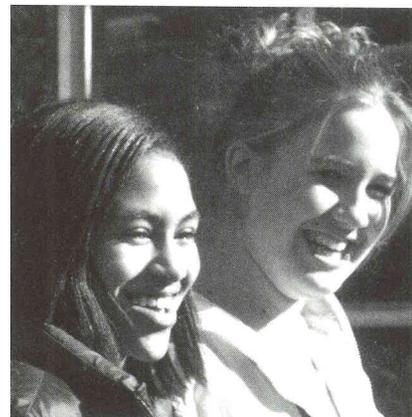
## Grays Harbor County Public Health and Social Services Department

*Department staff look for creative ways to reach all who need public health services in this sprawling region on the Olympic Peninsula.*

The forests, rivers, and streams of Grays Harbor County once generated enough jobs to support a high standard of living. Today, with the decline in jobs linked to local resources of lumber and fish, about one of every five of the county's 67,900 residents is eligible for Medicaid, and one of every ten working-age adults is unemployed. The county's population is growing, including increasing numbers of residents who don't speak English. Its ocean beaches, hunting and hiking areas, and historic seaport in Aberdeen attract legions of tourists each year.

From its main office in Aberdeen, a satellite office in Montesano, and a teen clinic in Elma, Health Department staff look for creative ways to reach all who need public health

services in this sprawling region on the Olympic Peninsula. The Department's public health nurses make maternal and child health home visits throughout the county. Another tool the Department uses to connect with the widely dispersed population is to place public health nurses and other staff at De-



partment of Social and Health Services (DSHS) community service offices, where they answer questions and provide referrals to state agencies.

Because Grays Harbor County has no pediatric specialists, many children with special health care needs must travel out of the area — often as far as Tacoma or Seattle — to obtain needed services. This is very difficult for many families with financial and time constraints. To assist them, the Health Department has partnered with a pediatric neuro-developmental specialist from Tacoma, who travels monthly to hold clinics at the Health Department. The clinics significantly increase access to care for children with special needs in Grays Harbor County, and the service has proved to be useful for local pediatricians, family practitioners, and school personnel who need consultations. The Health Department has also worked with the Grays Harbor College nursing department to provide continuing physician and nurse education through satellite downlinks from the U.S. Centers for Disease Control and Prevention.

## Preventing Hepatitis B

Grays Harbor's community health assessment identified Hepatitis B among high-risk populations as a significant local problem. Community groups asked the Health Department to coordinate a project to provide the complete series of immunizations to county residents in jail, the local homeless mission, and other gathering places for populations at high risk of contracting the disease. The Health Department has also focused many of its outreach activities on vaccinating teens against Hepatitis B. Staff work di-

rectly with local schools to identify teens who need the shots and to locate recent graduates who have not completed the series of immunizations.

## Helping teens celebrate good health

The Health and Social Services Department has made a special effort to encourage Grays Harbor's teenagers to protect their health and avoid risky behaviors. The Health Department sponsored a "Teenfest" in May 1998, which was organized by local teenagers who participate in

a school-based teen pregnancy coalition. The youth planned the event themselves and, with staff, operated booths on Hepatitis B (20 students were started on their series), mental health, tobacco prevention, pregnancy prevention, substance abuse (using special goggles to simulate different levels of drunkenness), seatbelt use, and other topics. In all, nearly 100 teens participated in the activities, which were broadcast on a local radio station. County businesses participated with prizes and other support.



## Remaining Challenges

Among the unmet needs in Grays Harbor County:

**Flexible funding to address public health core functions**

**Community involvement in improving the health status of residents**

**More bilingual staff or interpreters**

### Grays Harbor County Public Health and Social Services Department

2109 Sumner Ave.  
Aberdeen, WA 98520

Phone: (360) 532-8665  
Fax: (360) 533-1983



## Island County Health Department

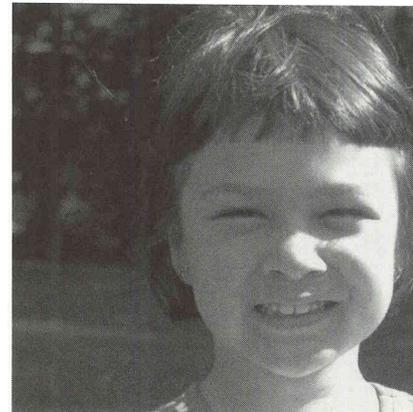
*Island County residents are committed to community-based planning and were active participants in the county's health assessment.*

Whidbey and Camano Islands make up Island County. They are set in the Puget Sound, with sweeping views of the San Juan Islands and the Olympic and Cascade mountain ranges. With these vistas, it is no wonder that the citizens of Island County place a very high value on the policies that will preserve their resources and maintain their pristine environment. Asked in the course of their community health assessment to name elements of a "healthy Island County" a generation from now, residents mentioned clean air, clean water, and protected natural beauty.

On islands surrounded by salt water, maintaining a safe and abundant water supply is another constant

concern. Groundwater serves as the drinking water source for three-fourths of the islands' 72,500 residents.

Although widely considered a retirement and recreation community, the assessment revealed a far more complex picture. The county is growing rapidly — its population increased



by about 25% from 1990-95. The growth puts pressure on all local resources, including land, schools, transportation, and child care. The newcomers are often younger families; children and youths ages 0-17 now make up 26% of the county's population.

Island County residents have a strong commitment to community-based planning that was evidenced in their active participation in the county's health assessment. The county's community health advisory boards presented assessment findings to more than 60 organizations across the islands, and it surveyed residents to set health priorities based on the assessment findings. More than 800 residents responded and identified top areas of concern. On Camano Island, they expressed a need for a comprehensive health center, an integrated community center, and a comprehensive disaster plan. Whidbey Island residents asked for community support for youth and programs to prevent alcohol abuse and domestic violence.

## Supporting community-based decisions

Island County residents are spread across four distinct population centers: North Whidbey, Central Whidbey, South Whidbey, and Camano Island. In addition to the county's shared vision for a healthy future, each population center has unique local needs. The Health Department and the Community Health Advisory Board have developed a strategy that assists each geographic area in developing partnerships to identify and address local community health issues. The strategy has yielded some creative

### Island County Health Department

Courthouse Annex  
PO Box 5000  
Coupeville, WA 98239

Phone: (360) 679-7350  
Fax: (360) 679-7390

<http://www.islandcounty.net/health/>

local planning efforts. On Camano Island, residents are involved in identifying what services the Camano Healthcare Center should provide. A "windshield survey" conducted on the island had 30 community members driving the island roads and contributing what they learned to help the community decide what activities would be most important. And a county-wide Youth Summit yielded agreement on 14 "community imperatives" to develop resources, implement programs, and link existing resources.

## Closing a gap in oral health care

The Island County Health Department conducted a "SMILE Survey" that documented a prevalent need for dental care among children of grade school age. The Department followed up by participating in a multi-agency effort funded by a grant from the Washington Dental

Service Foundation to provide dental services. The North Whidbey Family Resource Center now staffs a dental clinic three days a week, providing services to low income families as well as children and adults who are covered by Medicaid. In addition, the Department has integrated dental screening into many other services, such as WIC and home visits, so that children who need care are identified early and receive services promptly. The Department's oral health screening services and referral methods have been published in a manual that is offered to surrounding health departments for training.



## Remaining Challenges

Among the unmet needs in Island County:

**More basic prevention programs: tobacco, injuries, child abuse, and violence**

**More basic health protection, such as responding to communicable diseases and monitoring food safety and water quality**

**More attention to core public health functions such as health assessment, priority-setting, and community mobilization**



## Jefferson County Health and Human Services

*The Health Department will conduct an assessment of the water quality, habitat, and other characteristics of all local watersheds.*

Jefferson County is a community in transition. During the past 15 years, this largely rural county on the Olympic Peninsula has seen a dramatic increase in population. But the share of residents ages 15-24 has dropped, while there has been an increase in people 65 and older. Seniors now make up more than 20% of the population of about 27,000. About 3% of the population are Indian tribal members, including the Hoh, the Queetz, and the Jamestown S'Klallam tribes. As employment in the paper mill and other wood products jobs has dropped, the county's economy has rebounded with increases in small retail businesses, home construction, and tourist visits to the county's share of the Olympic Mountains and the Victorian sea-port city of Port Townsend.

During the past five years, Jefferson County Health and Human Services has refined its skills at collecting and analyzing data about its community and in sharing this information with local groups to help address the county's most important problems. For example, when the county health assessment revealed that births to 15 to 17-year-olds had

doubled as a share of local births from 1984-94, the local Board of Health directed the Department to begin providing family planning services. Since 1994, the Health Department has operated a family planning clinic four days a week at its main offices in Port Townsend and in two satellite sites. Currently, the clinic provides services to 800 clients a year.

A new water resource program with other public agencies, the tribes and fisheries groups also draws on the Department's assessment expertise. The Health Department, financed by a grant from the state Department of Ecology, will work with stakeholder groups and participating governments to conduct an initial assessment of the water quality, habitat, and other characteristics of local watersheds, and it will follow up by developing strategies to address the findings. The purpose of the study is to develop water systems to meet growing population needs while minimizing environmental impacts. Jefferson County has the only Health Department in Washington to be the lead agency in such an effort.



## Preventing a measles outbreak

The Jefferson County Health Department was responsible for preventing a major measles outbreak in 1996. The Department had recently formed a Communicable Disease Team consisting of its health officer, three environmental health specialists, and five public health nurses. The team was referred a call from the mother of a young adult who had a rash that, two physicians insisted, was not associated with measles. The mother called the Health Department to ask what type of rash it was. A public health/com-

### Jefferson County Health and Human Services

Castle Hill Center  
615 Sheridan  
Port Townsend, WA 98368

Phone: (360) 385-9400  
Fax: (360) 385-9401

municable disease nurse determined that the rash did indeed indicate measles. Since the young adult was a student at Western Washington University in Bellingham, the nurse contacted the Whatcom County Health and Human Services Department, which contained the outbreak by conducting mass vaccinations at the school.

## Helping teens finish school

The Department's health assessment revealed that a large number of pregnant and parenting teens in Jefferson County were not attending school. In response, the Department staff and a community advisory board known as "Friends of Family Planning" began working directly with local school districts to bring the young women back into the classroom. The Department's assessment coordinator broke down birth data by district and shared it

with the schools. With grant support, the Department helped launch a school-based program, which now operates in four school districts. State funds provide transportation, a church provides day care space, the local Community Action agency provides day care services, and a public health nurse is on staff. The teens take parenting classes and participate in a curriculum approved by the state Office of the Superintendent of Public Instruction.



## Remaining Challenges

Among the unmet needs in Jefferson County:

**A coordinated community strategy to improve access to care**

**Assurance that sufficient quantities of water are available to meet the competing needs of salmon recovery and population growth**

**Systems, education, and funding to track countywide immunization status**



## Kittitas County Health Department

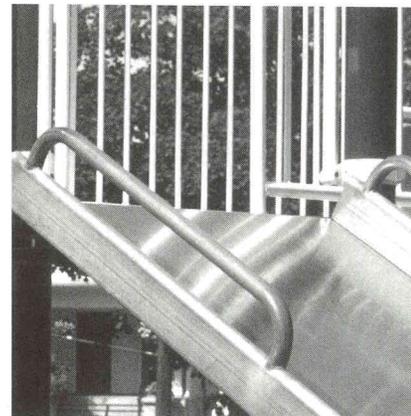
*The Department's assessment of Kittitas County's health status and services identified a strong need for programs for young children and families.*

Residents of Kittitas County, a community of 31,000 people in the very center of Washington, say that they are independent and resourceful. Although some of the more rural parts of the county are economically depressed, residents traditionally do not access many of the health and social services that government programs make available. In the past, this local characteristic, combined with a lack of public transportation in many areas, impeded the reach of Health Department activities.

But Health Department policies and programs have changed markedly during the 1990s. For example, the Department's own assessment of the county's health status and services identified a strong local need for programs for young children and families. Unlike many rural counties in Washington, children make up a considerable (25%) share of Kittitas

County's population. The Health Department has responded with programs that supply helmets and car seats for children in child care, provide Hepatitis vaccine in the schools, present information to high-risk youth about AIDS and sexually transmitted diseases, and support other youth-focused efforts. The county's WIC program now reaches about 670 people.

Public health staff and the County Board of Health are now bringing services directly to the places where they are most needed: to schools, hospitals, child care centers, neighborhoods, and — through talk shows and interviews — to radio stations. In the process, the Health Department is collaborating with other health and social service agencies to build community-wide solutions to local health problems.



## Preventing playground injuries

Based partly on the Health Department's research, local physicians concluded that children in Kittitas County were particularly vulnerable to playground injuries. A group of physicians met with the Board of Health to request that Health Department staff be trained and certified to perform playground inspections. Today the Department's environmental health staff includes a nationally certified playground inspector who visits city parks and schools and works with their staffs to make playgrounds safer.

### Kittitas County Health Department

507 Nanum St.  
Ellensburg, WA 98926-2898

Phone: (509) 962-7515  
Fax: (509) 962-7581

## Providing a training ground

A rural public health department offers a rich training venue for health professionals. By arrangement with the University of Washington School of Public Health and Community Medicine, the Kittitas County Health Department routinely expands its staff by serving as a training ground in preventive medicine for physicians seeking careers as public health officers. The Department also draws students from Central Washington University in Ellensburg who are studying health education, nutrition, community relations, and biology. Public health nurses provide continuing education to local nurses and physicians regarding immunizations, vaccines, and communicable diseases. Further efforts have resulted in bi-monthly meetings among the school nurses in the county.

## Protecting child care quality

Child care safety is a priority of the Washington State Department of Health as well as the Kittitas County Health Department, which in 1993 implemented a Child Care Health/Injury and Disease Prevention Program. Staff have conducted outreach to child care providers, offering continuing education in areas such as health and safety, brain development, CPR, and first aid. The Department has designated an Infant Nurse Consultant to be a direct contact for child care centers and homes.



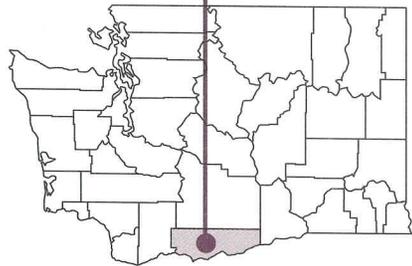
## Remaining Challenges

Among the unmet needs in Kittitas County:

**Outreach and off-site services**

**Environmental health education component**

**Ability to meet community needs in the face of decreased funding**



## Klickitat County Health Department

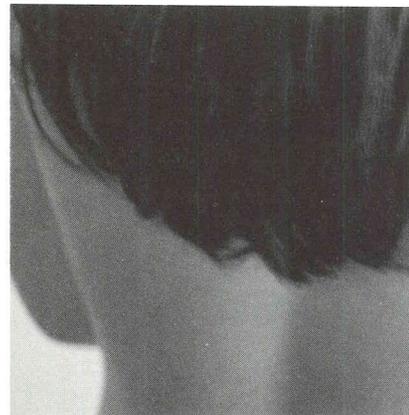
*The transition to a single-county Health Department requires a greater commitment of local resources to public health activities.*

Barely a year old, the Klickitat County Health Department is Washington's newest local health jurisdiction. It was part of the Southwest Washington Health District until January 1, 1998. Local citizens and elected officials determined that having their own local health jurisdiction would be best in dealing with public health concerns facing the largely rural community. The county's Board of Health now consists of five members, one from the town of Goldendale, one nominated jointly by the towns of Bingen and White Salmon, and three Klickitat County commissioners.

About 19,000 people live in Klickitat County, with the majority living in rural areas. The population builds in the summer months as

tourists come to enjoy the beauty of the Columbia River Gorge. Although the tourist industry is growing, the county's over-all economy is struggling because of jobs lost in the timber industry.

The new Klickitat County Health Department still contracts with the Southwest Washington Health District for services such as assessment



and technical support for surveillance of a regional landfill. The transition to a local county department requires a greater commitment of local resources before all public health activities can be self-provided. The two local hospitals and other health care providers, who were active in creating the new Department, are working closely with the Department in promoting flu shots, immunizations, and breast and cervical cancer screening programs. Because of the high share of low-income people in Klickitat County, the Health Department still performs many clinical services, including family planning and maternity support services. Staff also work to enroll eligible residents in health care plans through Medicaid and the Basic Health Plan.

During its first year, the Klickitat County Health Department has worked to develop the capacity to operate efficiently on its own. Integration into local services such as land use planning and building permitting is a high priority.

## Putting assessment findings to work

A community health assessment was conducted for Klickitat County when it was still part of the Southwest Washington Health District. Among the priority issues identified were higher rates of breast cancer than the state average. Staff are now sharing these findings with community groups. The Klickitat Valley Hospital has responded by applying for a grant to expand breast and cervical cancer screening.

### Klickitat County Health Department

228 West Main St.  
MS CH-14  
Goldendale, WA 98620

Phone: (509) 773-4565  
Fax: (509) 773-5991

## Measuring water quality

The new Department's environmental health division is working with the state Department of Ecology and other agencies to evaluate groundwater in the Centerville area, where sampling of drinking water from wells has revealed nitrate contamination levels two to four times greater than state and federal standards. The Department is informing citizens which wells exceed safe nitrate levels. With local water treatment retailers and well-drillers, it is also recommending options to reduce or eliminate exposure.

## Listening to the community

The Health Department is linking with Klickitat County's 12 community councils, a local network that is used to communicate about available public health services and to elicit citizen concerns. It was by working with the councils that the Department became involved in assessing sewage disposal problems in Dallesport, a community located on the Columbia River. The community has a high failure rate for single-family, on-site sewage systems. The Department is now working with the community council and county and state agencies to resolve the problem of surfacing sewage.



## Remaining Challenges

Among the unmet needs in Klickitat County:

**Refining data gathering and reporting procedures**

**Attracting and retaining qualified professional staff**

**Developing community support to reduce the high rate of unintended pregnancy**



## Lewis County Public Health Department

*The Lewis County Public Health Department is focusing on community collaboration, dental health access, and access to prenatal care.*

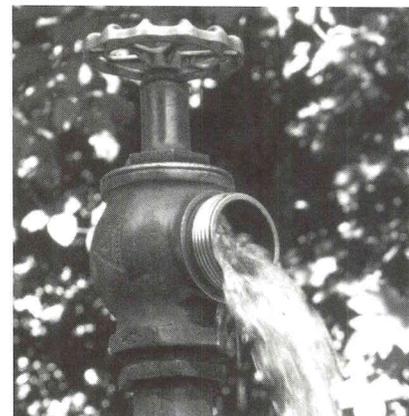
Lewis County grew along river corridors for native canoes and paddle-wheel steamers. Today its population of 68,600 is carved nearly in half by Interstate 5, which runs through the county's largest cities, Chehalis and Centralia. For the Lewis County Public Health Department, the sectioning of the county has real implications for access to health care and public health services. The overwhelming share of local providers are concentrated in the two cities.

Staff have used the county's health assessment as a guide in targeting new programs at community needs.

One example is the county's Post Partum/Newborn Partnership, through which public health nurses conduct voluntary home visits for every family with a newborn. When the assessment revealed that 48 babies died in Lewis County from 1989-93, the Department joined with Providence Hospital and

Morton General Hospital to offer education and support for new parents leaving the hospital, sometimes at only six hours post partum. The public health nurses visit the hospital every day to offer the home visits to new mothers and explain their benefits. In several cases, the home visits have identified families whose babies have health problems, but who had not been receiving care because they lacked medical coverage.

The assessment identified three areas of focus for the Department's activities: collaboration with other agencies and community groups; dental health access, particularly in the underserved east and west parts of the county; and improving access to timely prenatal care.



## Monitoring spring water safety

Some Lewis County residents believed that water from Mineral Road Springs had special, healing properties. A concrete fountain with a spigot that pumped out the water at roadside was a popular stop for visitors in recreational vehicles and logging trucks. But when a retired Tacoma couple who filled their RV tanks with water from the fountain got sick, the Health Department tested a water sample and found fecal coliforms, including E.coli, and several other contaminants. Department environmental staff followed a

pipe from the fountain to its source: a hollow between a split old growth cedar log. The pipe rested in a muddy pool of spring water. The Health Department ordered that the fountain and springs be permanently decommissioned.

## Promoting good nutrition and growth

Recognizing that the first years of life are critical to brain development and that normal brain development is dependent on over-all growth, the Health Department in 1995 developed an Infant-Toddler Growth Clinic and Feeding Team for children three years and younger who demonstrate growth delays in the absence of any known medical

cause. The Growth Clinic brings together health department staff — a registered nurse, registered dietitian, and a social worker — with a local pediatrician for clinic visits, in-home assessments, and telephone follow-up. The Department developed the Feeding Team to assist families with the challenges of feeding a child with special needs. Team members provide expertise in nutrition, nursing, social work, and occupational, speech, and physical therapy. Among the children and youth ages 0-21 who have benefited from the program are children with autism, cerebral palsy, developmental delays, and blindness.



## Remaining Challenges

Among the unmet needs in Lewis County:

**Educational programs for seniors to reduce unintentional injuries**

**Program to provide consultation to licensed child care providers on health and safety topics**

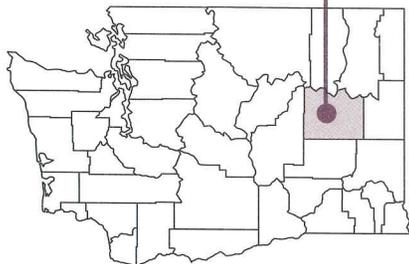
**Dental care for low income families**

### Lewis County Public Health Department

Health Services Building  
360 NW North St.\MS: HSD03  
Chehalis WA 98532

Phone: (360) 740-1223  
Fax: (360) 740-1472  
Toll-free (public only): 1-800-562-6130

## Lincoln County Health Department



*The Department partners with the Lincoln County Public Health Coalition to provide community-based public health services.*

One of the largest counties in Washington (more than 2,300 square miles) with one of the smaller populations (9,800 people), Lincoln County has characteristics common to many of the state's rural counties. These include a still-agriculturally based economy, and a health services delivery system that is spotty in some geographically isolated areas. Also in common with other rural counties, Lincoln County has a relatively high share of elderly; more than 18% of the county's residents are 65 years or older, compared with a state average of about 12%.

Before the changes in state public health policies that began in 1993, the Lincoln County Health Department provided nearly all services out of the town of Davenport. Lincoln County did not have the staff and other resources to perform effective outreach programs. This left many residents, such as the

elderly and those unable to travel, beyond the reach of needed public health services.

To improve outreach, the Department has forged community partnerships. One significant partnership has been with the Lincoln County Public Health Coalition, a collaboration of Lincoln County, the Lincoln Hospital District, and the Odessa Memorial Hospital District. The non-profit organization, which is currently managed as a joint venture by the hospital districts, has contracted with the Lincoln County Health Department to provide community-based public health services in every community in the county. In 1994, the coalition received a National Rural Health Association grant to purchase a mobile clinic, which is now the backbone of the Department's outreach efforts. The Health Department and the Coalition work closely to conduct health screenings at community events, to provide health education in different settings, and to serve as a bridge between public health and private health care.



## Getting dental care to low-income children

A community health task force identified lack of dental services for low-income children as a major problem in Lincoln County. In response, the Department developed a partnership between the Public Health Coalition and volunteer dentists to work with the school districts to provide care to 150 children during 1997. The Department mails notices to every family in the county receiving Medicaid, announcing that free dental services are available and including forms for parents to schedule children for visits at their

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Public Health Coalition**  
Phone: (509) 725-1001

schools. Dentists — most of whom volunteer — perform screenings, and they take X-rays in the mobile clinic. Dental assistants follow up as needed to do cleanings and apply sealant. Such is the need for preventive dental care in Lincoln County that the dental assistants may work as long as four weeks to provide these services to children in a single location.

## Celebrating motor vehicle safety

The task force noted that Lincoln County in the mid-1990s had a death rate from motor vehicle accidents that was higher than the state average. The Lincoln County Environmental Health Department and the Public Health Coalition worked with the Washington State Patrol, the Department of the County Sheriff, and the state Department of Transportation to initiate an education program targeting seat belt use

and directed at elementary age children. The program included a coloring activity that concluded with an oath to buckle up. More than 600 children took the oath and received prizes of food donated by 35 local retail establishments. The National Rural Health Association recently awarded the Department a grant to conduct a detailed analysis of local motor vehicle injury data and to develop a crash prevention program.

## Making schools safer

The Department's school safety program has persuaded local school districts to make several modifications in their facilities to remove potential hazards to children. Schools have modified playgrounds, installed safety showers and emergency shut-off switches, improved ventilation, removed or locked up pointed scissors and paper cutters from K-3 classrooms, removed chemicals from food storage areas, and educated teachers in classroom safety.



## Remaining Challenges

Among the unmet needs in Lincoln County:

**Health promotion for seniors**

**Dental health care access**

**Monitoring water quality**



## Mason County Department of Health Services

*The Mason County Department of Health Services has maximized limited resources by shifting focus from individual to population-based services.*

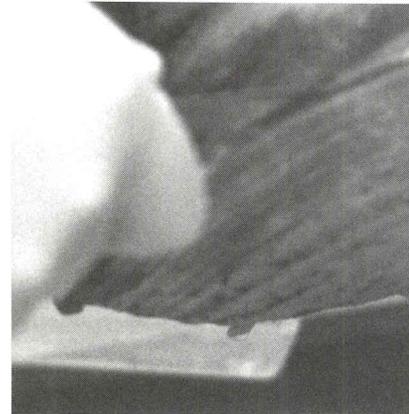
Mason County offers waterfront properties for retirees, proximity to Hood Canal for vacationers, and affordable housing within commuting distances to Olympia and Bremerton for working-age adults. Not surprisingly, it is growing. From 1990-98, the county's population increased by a fifth, to 48,300 people. But the county lacks the expansion in industry and tax base that is needed to accommodate the population growth. In 1996, the average annual wage for Mason County (about \$23,000) was 20% lower than the state average. The county's social and health services agencies struggle with issues, such

as crime and domestic violence, that may be related to economic problems.

Since 1993, the Mason County Department of Health Services has worked to maximize its use of limited resources by shifting its focus from individual to population-based services. Part of this change has

involved turning many of the personal services it used to provide — such as WIC, well baby clinics, childrens' sports physicals, and foot care for the elderly — over to providers in the community. The transition has proceeded smoothly because local health care providers had the capacity to offer these services.

The transition has reduced the size of the Department, but it has also freed staff and other resources to launch or participate in initiatives, including a local immunization coalition and immunization tracking program. HIV outreach provided in Spanish is planned. Department staff are also using new computers and software to support programs in the community more efficiently. The Department "product line" includes a newsletter informing physicians about epidemiological issues and another about public health information for child care providers.



## Improving water quality on the Lower Hood Canal

Mason County is a major shellfish producer, but the region during the late 1980s was plagued by a series of closures of shellfish areas because of water contamination. Nearly 1,600 acres of the Lower Hood Canal were closed to shellfish harvesting. During the early 1990s, the Health Department began to transform its environmental health activities from purely regulatory to those that emphasized collaboration with community members to address water quality issues. Working with three community-based groups, two Clean

Water District Advisory Committees, and the Mason County On-site Sewage Advisory Committee, the Department conducted sanitary surveys and developed on-site sewage policies. Through these efforts, more than 960 acres have been reopened for shellfish harvesting and another 570 acres have been upgraded from “prohibited” to “restricted.” Other ad hoc advisory groups work with the Health Department and the larger community on specific issues such as food, solid waste, and drinking water programs.

### Targeting community problems

Through its community health assessment process, the Department has worked with the county’s health planning council, “Mason Matters: Creating a Healthy Future.” Other council members include the local Mason General Hospital, the state Department of Social and Health

Services, schools, Mason-Thurston County Community Services, and many other community members. Using members’ personal knowledge of their community as well as data collected through the county assessment, the council has established local health priorities. The “first tier” priorities are domestic violence and teen pregnancy (though improving, the pregnancy rate for school-age women in Mason County is considerably higher than the state average). “Second tier” issues are water quality protection, support for public schools, drug and alcohol issues, and economic development. The group received a \$50,000 partnership grant from the state Department of Health to mobilize the community and invest in developing solutions for the problems it identified.



## Remaining Challenges

Among the unmet needs in Mason County:

**Implement on-site septic operation and maintenance program**

**Maintain a competent, well-trained workforce**

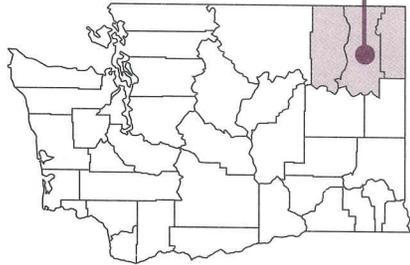
**Transition the local health planning council to a truly community-based, securely financed effort**

### Mason County Department of Health Services

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## Northeast Tri-County Health District



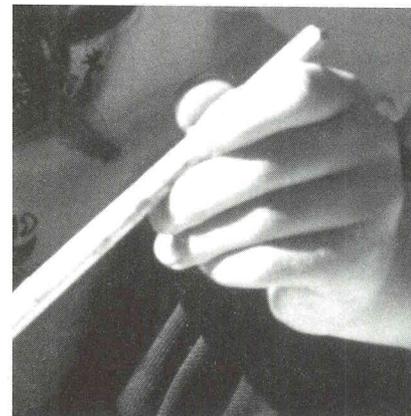
*The Health District has developed and implemented population-based programs that reach effectively across Ferry, Pend Oreille, and Stevens counties.*

The Northeast Tri-County Health District encompasses nearly 6,300 square miles, three counties (Ferry, Pend Oreille, and Stevens), 55,000 people, 12 incorporated communities, and three sovereign nations (the Colville Confederated Tribe, the Spokane Tribe of Indians, and the Kalispel Tribe). As if this weren't enough for the Health District to look after, this mountainous region on the U.S.-Canada border has some severe socioeconomic problems. These include a resource-based economy that produces the lowest per capita income among Washington counties, with poverty, suicide, and school dropout rates that are higher than the state average.

The staff of the Northeast Tri-County Health District say that recent changes in public health policy brought about by the Public Health Improvement Plan and health system reform have helped them to meet these challenges. Local managed care organizations have taken on many of the clinical ser-

vices the District once provided. Instead of responding to clients one at a time, the District has developed and implemented population-based programs that reach more effectively across the three counties, often in partnership with the region's health care providers, neighboring counties, Washington State University, and state and federal agencies.

The District's community assessment identified cardiovascular disease as the region's leading cause of death. The District has responded by building up its tobacco use prevention programs, conducting a Heart Health Community Project that provides family-oriented education about risk factors through the local news media, individual counseling, group education sessions, and other targeted programs. Assessment data have assisted the local Board of Health in identifying the six priority issues for the region: food safety, tobacco use prevention, dental care access, timely immunizations, septic inspection, and curbing alcohol-related health problems.



## Sustaining healthy environments for children

In its programs for children and families, the Northeast Tri-County Health District has demonstrated a smooth transition from providing personal health services to conducting community-wide assurance. When a vaccine for Hepatitis B became available for infants, the District worked with hospitals and other providers to ensure that all newborns in the region received it. The District created a reminder system so that parents would know when to take their children in for follow-ups. It also increased immu-

nization levels for Hepatitis B vaccine in school-age children by coordinating and conducting immunization clinics at schools. The Health District conducts walk-in parenting classes, helps to publish a local calendar of parenting education activities for families, and participates in a local coalition (including the Washington State Department of Social and Health Services and Head Start) to improve children's dental access. The District participates in the N.E.W. Family Coalition, a federally funded project to educate low income families on self-sufficiency and education readiness. By request of the local medical community, the District also performs family planning services.

## Building environmental health capacity

Before 1993, the Health District's resources were particularly stretched from May through October in meeting the seasonal demand

for temporary food booths at events such as fairs and rodeos, while responding to permit applications for on-site sewage systems. New state funding provided the resources to hire more environmental health staff dedicated solely to the food program. This enabled the Health District to explore creative approaches to inspection, enforcement, and education. The environmental health staff were able to monitor wells, lagoons, and septic systems for water quality following floods during the Spring of 1997. When revised state regulations required a new type of septic system in 1995, the change resulted in three times the normal number of permit applications. The Health District developed a "designer" program to help reduce the cost of newer systems by providing an alternative to hiring engineers to design these systems. This alternative is estimated to reduce the cost of designing the system by about 50%.



## Remaining Challenges

Among the unmet needs in the Northeast Tri-County District:

**Health educator to support all programs**

**Protect the public's health in a quality-based mode: balancing mandates, community needs, and responsibilities as the public health provider**

**Continued collection and application of information to help communities make informed decisions about health status and the health system**

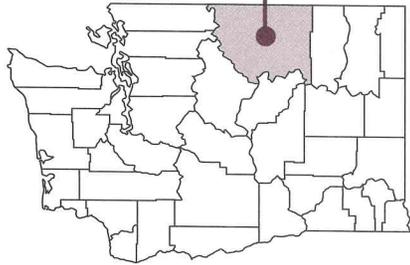
### Northeast Tri-County Health District

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<http://www.plix.com/~com/netchd>

## Okanogan County Health District



*When economic conditions forced a 25% reduction in staff, the District sought ways to use volunteers and forge collaborative arrangements.*

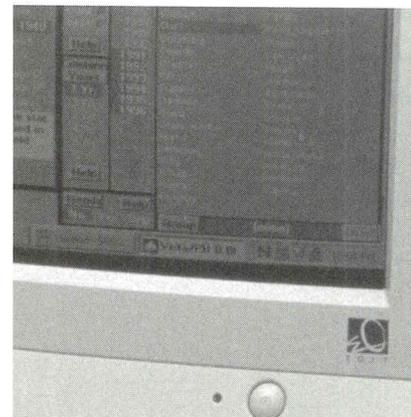
Okanogan County in North Central Washington covers the largest geographic area of any county in the state. With 36,000 people, it has a population distribution that makes it very rural, bordering on a “frontier” classification. In addition to its traditionally timber and agriculture-based economy, Okanogan County is experiencing growing tourism with services to support hunting, fishing, and skiing. The trend is raising demand for both public and private water and sewer systems.

More than half of the county’s residents live in areas that are difficult to reach, and with no public transportation, service delivery presents

a challenge for the Okanogan County Health District and other agencies. Unemployment exceeds the state average, and many existing jobs leave families classified as working poor. Of the county’s population, 15% are enrolled in Medicaid, and 78% of the births in the county are financed by Medicaid, compared with a 42% share

statewide. The county is ethnically diverse, with 11% of residents Native American and 18% of Hispanic ethnicity.

With its community health assessment serving as catalyst, the Okanogan County Health District has been shifting its role more toward education and community involvement in health issues. When economic conditions forced a 25% reduction in staff, the District sought ways to use volunteers and forge collaborative arrangements with medical providers and other service agencies. The District has greatly decreased provision of direct client care. For example, five years ago the Health District provided 14% of all childhood immunizations. Today, public health nurses deliver vaccines to all medical clinics and provide consultation and technical advice. They give only 1% of the childhood immunizations.



## Making recordkeeping fast and efficient

Completing a community-wide assessment required the Health District to develop data-gathering and analysis skills. The Health District now has more accurate records about all environmental and health services provided in 13 towns, and it uses staff more efficiently. Vaccine accounting records are no longer hand-tabulated but are easily tracked by computer. Beginning in 1998, coliform test results from the water laboratory are stored electronically, making it possible to access results more efficiently to gen-

### Okanogan County Health District

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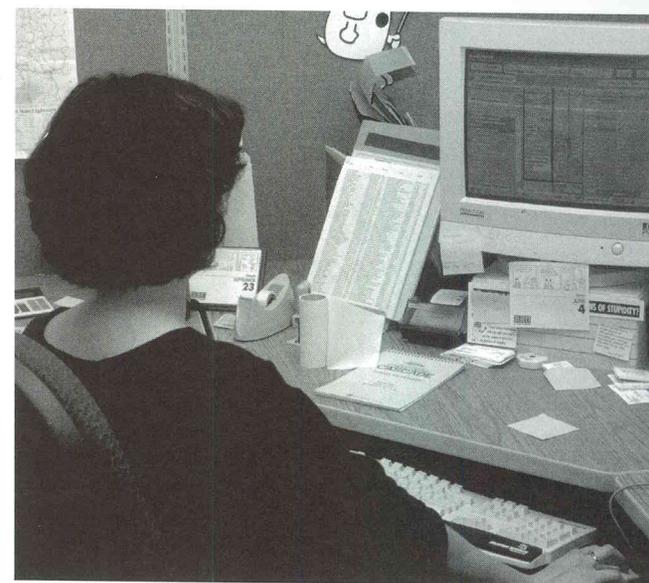
<http://okanogancounty.org/ochd/>

erate a record for a particular system. Information from sewage permits is added to a valuable database, and volunteers are adding historical information so that the District, and people who purchase land in Okanogan County, will have ready access to past analyses of the local water supplies and septic systems. The District participates in a Geographical Information System Partnership with other counties in Eastern Washington that allows it to map water and sewer systems.

## Promoting healthy breastfeeding

Babies who breastfeed receive a healthy start in life, with fewer infections and illnesses, and other health benefits that last to adulthood. Research also suggests that mothers who nurse their babies have lower rates of some cancers and bond better with their infants. In Okanogan County, public health

officials reported that more than 75% of new mothers nursed, but by four months of age, only 38% of infants are still breastfeeding. Lack of education and experienced mothers, plus workplace challenges, all contributed to the high drop-out rate. To increase both the rate and duration of breastfeeding, the Health District provided support for breastfeeding advocacy: working with local clinics, hospital staff, and volunteers to provide research-based education about breastfeeding. As the medical community became more involved in providing breastfeeding support to their clients, the District gradually decreased financial support for this effort. Today, three local clinics provide lactation consultation services. A volunteer group of professionals and consumers have formed the Breastfeeding Coalition to seek innovative ways to reach out and support new mothers.



## Remaining Challenges

Among the unmet needs in Okanogan County:

**Long-term capacity to provide public health home visits to young families**

**Attention to conditions leading to alcohol abuse, violence, suicide, and depression**

**Capacity to evaluate the safety of recreational, private, and public beaches**

## Pacific County Health Department



*Because Pacific County has a shortage of primary care providers, the Department still performs most immunizations and family planning services.*

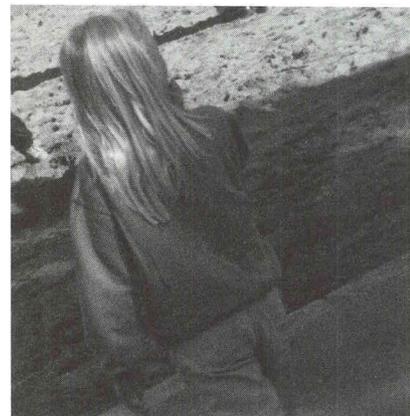
From some of its earliest settlements in the 1860s, the history of Pacific County has been one of boom and bust. Its reliance on local resources of timber and fish make it economically vulnerable, as does its location in a scenic yet isolated corner of Southwest Washington.

Today Pacific County still produces half of all the oysters consumed in Washington. Its rugged coastline, and particularly the Long Beach Peninsula, is attracting increasing numbers of tourists. But since 1990, the county has experienced more deaths than births, and its population of 21,500 is now one of the oldest in Washington, with a

median age of 40, compared with 34 for the state. Its residents are also poorer than the state average.

As Pacific County also has a shortage of primary care providers (with fewer than 1 licensed physician or advanced nurse practitioner for every 1,200 residents), the Health Department still performs most

local immunizations and provides most maternal and child health services as well as family planning services. In addition to this continuing responsibility, the Department has become a local leader in providing information about the health and well-being of county residents and in working with community groups to identify, prioritize, and implement strategies that address a wide range of local needs. The Department's activities have led to creation of the Partnership for Improved Health, whose members include Willapa Harbor Hospital, private providers, the local Crisis Support Network, Tri-District Family Services, Willapa Counseling Center, and the state Department of Social and Health Services. The Partnership provides a venue to create innovative strategies to increase the efficiency of local health care delivery. Initiatives include an infant-toddler play group, community education forums, a drug and alcohol prevention puppet show, and after-school activities.



## Creating a place to go after school

Pacific County's Youth Behavioral Risk Factor Survey generated some disturbing findings: one of every three Pacific County children come home from school with no adult present at home; more than 40% of local 6th-graders are growing up in single-parent families; and seven of every 10 youths report hanging out with friends after school with nothing to do. With support from several funders and community partners, the Health Department established an after-school program serving 7 to 14 year-olds from South Bend,

### Pacific County Health Department

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Raymond, and the Willapa Valley. The program, held at two local elementary schools every school day until 6pm, provides a safe place to stay, positive adult role models, and a range of activities including homework help, computer access, outdoor sports, and arts and crafts. The cost per day is \$2 per child, and financial assistance is available.

## Providing a local water laboratory

The Pacific County Health Department's Environmental Health Division operated a small water quality laboratory in the early 1990s to provide a local option for evaluation and assessment of water samples, including testing for coliform bacteria. The lab was

closed in 1993 because of lack of funds. After the closure, the county's Department of Community Development conducted a survey of local public water systems that showed that county residents encountered difficulties testing water samples at certified labs within the time restrictions established by water sampling regulations. As a result, the Department warned, many local systems could be out of compliance. The Division reopened the Pacific County lab in 1997. The local lab gives the county the capacity to respond to local public health threats. When a popular local creek suddenly became discolored and foul-smelling, the local lab provided timely testing and investigation to identify the source of contamination to correct the problem before it posed a health risk.



## Remaining Challenges

Among the unmet needs in Pacific County:

**Drug, alcohol, and tobacco prevention for youth and adults**

**Programs to protect water quality in shellfish beds and to meet new state on-site sewage operation and maintenance guidelines**

**Capacity to respond to communicable disease outbreaks**



## San Juan County Health and Community Services

*The county's assessment revealed that residents place a high value on their clean environment and will support policies to preserve it.*

San Juan County encompasses more than 170 islands, only 14 of which are inhabited year-round. Most of the county's 12,000 residents live on four islands served by ferries. Health Department staff make regular visits to at least a dozen islands, often traveling by small boat. Transportation and time-consuming trips are significant barriers in providing public health services.

San Juan County participated in a multi-county partnership to conduct its community health assessment, an effort that pooled resources and brought a higher level of expertise to the project than if

the county had worked alone. The assessment revealed a strong local commitment to environmental protection. Residents place a high value on their clean environment and will support policies to preserve it. Protecting drinking water quality is a key concern for the department's environmental health staff.



San Juan County has a greater share of people in retirement age than does Washington as a whole; about 21% are 65 and older. But the assessment served as a reminder that the islands are home to many young families and low income people who have difficulty traveling to services and jobs. Licensed child care is in short supply, as are resources to support fragile families who have problems with parenting, finances, and coping with violence. Based on assessment findings, citizens on two different islands are creating Family Resources Centers to identify gaps in child care, expand early childhood education programs, and lend volunteer assistance to parents in ways that stretch service system resources.

## Reaching out to newborns

San Juan County is often viewed by outsiders as an affluent community. But of the 100-some annual births in the county, close to 60% are to families with incomes that qualify them for WIC benefits. With no hospitals in the county, nearly all births take place out of the county. Recognizing the challenges young parents face in bringing new babies home to rural islands, the health department began a universal outreach program that provides telephone calls and home visits to families with new babies. The program

### San Juan County Health and Community Services

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offers early identification of any special needs for support, teaches about breastfeeding and newborn care, enrolls babies in an immunization reminder and tracking program, and screens for special health problems. In the course of four of the home visits this year, staff identified medical problems that could have had profound consequences if they had not been discovered in a timely manner.

## Setting drinking water standards

Water resources in San Juan County must be carefully managed to avert salt water intrusion and pollution. The county has a higher than expected incidence of Giardia, a para-

site that causes illness when it finds its way into drinking water supplies. Oversight is a challenge across more than 20 islands that maintain drinking water and sewage disposal systems, including hundreds of water systems that the department must regulate and thousands of individual wells. In 1996, the county passed a local drinking water ordinance that will help assure clean drinking water for the future through stronger standards for water system installation and regular monitoring of drinking water quality.



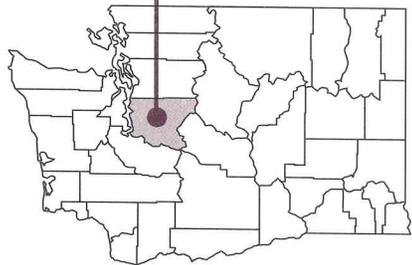
## Remaining Challenges

Among the unmet needs in San Juan County:

**Implementation of rules to protect water resources**

**More resources to promote availability and protect the quality of licensed child care centers**

**Prevention programs for fragile families having problems with parenting, finances, and coping with violence**



## Seattle King-County Department of Public Health

*The Public Health Department's scope is extensive and includes environmental, primary care, preventive, and emergency health services.*

When changes occur in Washington's health services system, the greatest impact is felt in King County.

Home to 1.6 million people, nearly a third of Washington State's population, King County ranks as the 12th most populous county in the nation. Diversity, both demographic and geographic, is a key community characteristic. King County envelops urban, suburban, and rural areas. In addition to the region's urban core around Puget Sound and nearby large lakes, King County includes 37 suburban cities. As a result, the Public Health Department's scope is extensive and includes environmental, primary care, preventive, and emergency health services. Community partnerships to elimi-

nate health disparities is a focal activity.

King County's location on the Pacific Rim, and its active port, contribute to its strong multicultural make-up. Fully 20% of the county's population consists of people of color, and this share is growing. With such a large, diverse, and growing population, providing af-



fordable, accessible public health services is a continuing and shifting challenge for the Public Health Department. In addition, rapid changes in the health care industry during the 1990s — including the emerging role of managed care, the number of people eligible for subsidized health insurance, partnerships, and financial arrangements among agencies — have affected these efforts.

King County has a 14-member Board of Health, comprised of elected officials and appointed health professionals. The Board and the Public Health Department have forged many alliances in order to identify and prevent public health problems and to assure adequate care and services for the residents of King County. The infrastructure for health services in the county includes public health and emergency medical services, a network of community health care clinics, alcohol and other substance use prevention programs, mental health care agencies, more than 20 hospitals, and many private medical clinics and regional referral centers.

## Mobilizing resources to improve community health

The King County Health Action Plan aims to improve community health care through a voluntary catalytic approach being taken by more than 40 private and public partners. The plan uses agency partnerships, mutual responsibility and follow-through on identified problems, innovative strategies, and voluntary action by participants. Priorities have been set, and action is being taken, in the following areas: system monitoring and creation of a “community benefits” program to

### Seattle-King County Department of Public Health

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Seattle, WA 98104

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Fax: per division or section  
<http://www.metrokc.gov/health>

assist vulnerable populations to improve worsening health trends; outreach efforts to improve access to health care among the uninsured; elimination of discrimination in health insurance coverage for behavioral health services such as mental health and chemical dependency; and amplification of teen “assets” to decrease risk-taking behaviors.

## Removing environmental hazards safely

The Public Health Department is a key agency in King County’s Local Hazardous Waste Management Program, which has been working effectively for more than eight years to protect the environment and the public’s health from the consequences of improper handling and disposal of hazardous waste materials. In 1997, the program collected more than 2.6 million pounds of hazardous waste for disposal, saved businesses more than \$1 million in disposal costs, and conducted more than 2,300 inspections and educational consultations with small businesses. One particular effort managed by the Public Health Department

helps residents dispose of hazardous materials safely by putting these leftover products to good use elsewhere. It benefits everyone when paint gets diverted from a landfill to the walls of a community center.

## Providing medical respite for sick, homeless teens

The Public Health Department and several local partners are developing MedRest, a medical respite program for homeless youth. This program will provide a safe and healthy environment where homeless youth can rest and recuperate from illness. Modeled after similar successful programs for adults, MedRest participants will receive a comprehensive medical exam, daily nursing visits, case management, and other needed services. Besides meeting acute health needs, this program will also enable service providers to help youth address chronic problems, such as drug abuse, and help them find longer-term, safe housing.



## Remaining Challenges

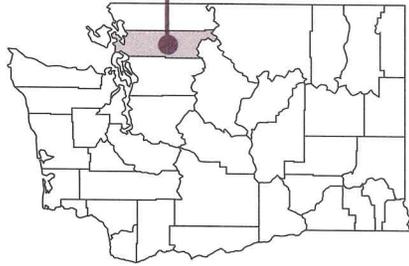
Among the unmet needs in King County:

**Health insurance and health care access for people who do not speak English**

**Solutions for environmental justice issues for communities of color bearing a disproportionate burden of hazards**

**Prevention of risky behaviors of youth, including tobacco use, alcohol and other drug use, and unprotected sex**

## Skagit County Department of Health



*Department staff are stakeholders in local boardrooms, provide parent education in homes, and monitor water quality in neighborhoods.*

When the local news media want to know what's going on in Skagit County, they call the Health Department. This is a source of pride to the Department staff, who recognize the challenge of monitoring the health status of a growing community with increasingly diverse demographics. Since 1980, the county's population has grown by a third, to 98,700. And although still primarily agricultural, with tulip fields and scenic farms that draw thousands of visitors every year, the county is also home to large communities of im-

migrants, artists, former loggers finding their places in the region's new economy, and well-off retirees.

During the 1990s, the Health Department has worked to keep pace with the county's growth and changes and to partner with all manner of community groups – local service organizations, non-

profits, churches, employers, hospitals, and schools – to develop practical solutions to the county's health and environmental problems. Department staff perform this work largely through individual relationships, and they are visible throughout the county: serving as community "stakeholders" in boardrooms, providing parent education in homes, monitoring water quality in neighborhoods, encouraging smoking cessation in schools, and inviting every Skagit resident to a Health Department Open House.



## Putting shellfish beds back in business

The commercial shellfish beds of Samish Bay are a significant element of the local economy. But by the early 1990s, they were being threatened by failing septic systems and other pollution. When a 1994 viral gastroenteritis outbreak was linked to consumption of raw oysters from the bay, the state Department of Health determined that the beds did not meet federal sanitation guidelines, and they were restricted from commercial production. The Skagit County Health Department joined with local residents and state and

### Skagit County Department of Health

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federal environmental agencies to repair and replace many of the failing septic systems and to build a new community sewer system. The beds were recently upgraded.

## Fighting tuberculosis

Skagit County draws large numbers of immigrants to work in its agriculture and shellfish industries. In rare cases, the new residents bring communicable diseases such as tuberculosis. Since 1990, the number of TB cases in Skagit County has dropped two-thirds – down to three cases – in part because of the Health Department's commitment to aggressive preventive therapy. The Department has taught effective methods of TB prevention and therapy in workplace settings. It has tapped the services of a local, Russian-born physician to help communicate the necessity for continuing treatment to new Russian-

speaking residents and to teach Department staff how to address the cultural barriers that may impede the fight against communicable diseases.

## Connecting with teens

In part to avoid the often tragic outcomes of teen pregnancy, including poor birth outcomes and high poverty rates, the Skagit County Health Department now provides clinical services and administrative support to three health clinics for teenagers. The facilities also receive support from local hospitals, schools, and churches that donate space, materials and even home-baked cookies to the effort. In 1998, the clinics are expected to provide services to 500 students, many of whom would not access health care elsewhere. The Health Department's attention to teens' access to care reflects a community-wide effort that is beginning to show results; since 1994, teen pregnancy rates in Skagit County have dropped.



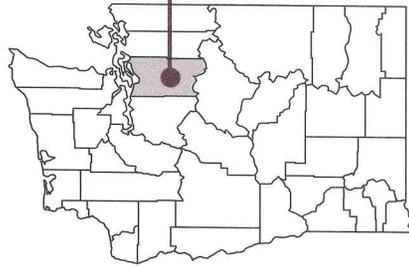
## Remaining Challenges

Among the unmet needs in Skagit County:

**Prevention of unintended pregnancy through expanded teen clinic availability and coordinated efforts of the Teen Pregnancy Prevention Group**

**Dissemination of assessment information in a way that is meaningful to the community**

**Child care consortium that addresses both parents' and providers' concerns**



## Snohomish Health District

*With the community providing most clinical services, the Health District participates in more assessment and outreach activities on behalf of children.*

The berry farms and dairies are disappearing from Snohomish County, making way for suburbs and 20 incorporated cities. Today, barely 6% of this once-agricultural community is still farmland. Young families are moving in fast, seeking affordable housing. They work for local employers such as The Boeing Company and the military, or commute to jobs in King County. The influx has made the county's 570,000 population younger than the state average, with high concentrations of children and working adults.

As the county's population and vistas are changing, so is the work of the Snohomish Health District. Since 1993, the Health District has been scaling back some personal health services and turning them over to providers in the community. One example of this transition is in clinical health services for children.



Until 1993, the Snohomish Health District provided a range of well-child health care, including about 50% of all immunizations in the county. Today, the District is no longer operating the well child clinics. Private providers perform more than 80% of the immunizations in the county. The Health District participates in an immunization education and tracking program called CHILD Profile, as well as providing vaccine, training, and quality assurance to providers.

With the community providing most clinical services, the Health District now participates in more assessment and outreach activities on behalf of children. This is essential in Snohomish County, where the number of preschool- and school-age children is growing faster than the state average. By increasing its capacity to identify health problems, and by promoting the sharing of resources among community groups, the Health District is keeping pace with the county's growth and reaching more residents than ever before.

## Safeguarding child care facilities

Rapid development and the growing numbers of preschool-age children in Snohomish County encouraged the Health District to develop a unique method for inspecting child care facilities that teams up public health nurses with environmental specialists. Staff call the approach “reconnaissance” of day care homes and centers. When a farm in the county recently applied to the state Department of Social and Health Services for a license to operate an infant care center, DSHS asked the Snohomish Health District for an

evaluation. The District sanitarian and nurse spotted a serious potential danger on the farm: the well water was contaminated with nitrates, which poses a significant threat to infants. It is likely that no other inspector or health agency would have caught this problem — including DSHS, because that agency does not have the means to test and evaluate water systems. The team routinely finds other problems of a similar nature, including water contaminated with arsenic, failing septic tank drainfields, food mishandling, and playground safety problems.

## Finding common ground with the Tulalip Tribes

The Tulalip Reservation is located in Snohomish County, and the Health District has achieved successful outreach there that has helped bring a TB outbreak under control. The Tulalip Tribes’ Government and

Health Clinic were instrumental partners in controlling an outbreak of 16 TB cases that bridged the Everett and Tulalip communities. The Tribes’ contribution extended from assistance with education, outreach, and screening to providing directly observed therapy and enlisting the cooperation of noncompliant cases. Since 1996, a District public health nurse has been part of the staff of the tribal clinic. This partnership — which has circumvented jurisdictional issues among local government and the Tribes — has worked to develop such projects as a diabetes program that features one-on-one counseling and a tribal gym.



## Remaining Challenges

Among the unmet needs in Snohomish County:

**Child care facility monitoring**

**Tobacco use prevention programs**

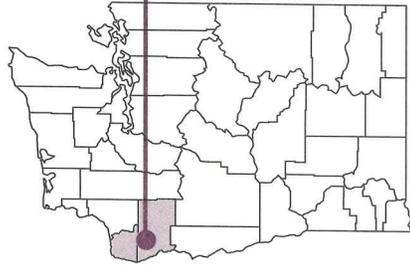
**Food safety in the home**

### Snohomish Health District

3020 Rucker Ave., Suite 300  
Everett, WA 98201-3971

Phone: (425) 339-5210  
Fax: (425) 339-5216

<http://healthlinks.washington.edu/inpho/counties/snohomish>

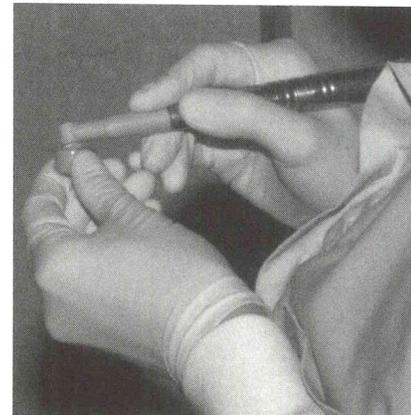


## Southwest Washington Health District

*In addition to accommodating the diverse needs of Clark and Skamania counties, the Health District recognizes the region's close affiliation with Portland.*

Although knit together by the Southwest Washington Health District, Clark and Skamania counties present startling contrasts. Urban Clark County, with 317,000 people, is the fastest-growing county in Washington, and it is experiencing such predictable consequences of growth as housing shortages, increased traffic, and stress on the local medical care system. Skamania County, which is officially designated as "frontier" because its 9,900 residents are spread across the county at a density of less than 1 person for every 7 square miles, is struggling economically from the decline in the timber industry and is only beginning to bounce back with rising tourism at the Columbia Gorge.

In addition to accommodating the diverse needs of the two communities from seven locations, the Health District recognizes the region's close affiliation with Portland. Vancouver is part of the Portland metropolitan area, and more than a third of Clark County adults are employed and pay taxes in Oregon. The connection



provides residents of Clark and Skamania counties access to a wide range of health services. The two cities also share a common infectious environment and air and water quality concerns. At times, the Health District collaborates with public health agencies in Oregon on disease control and environmental health activities.

The District was one of the state's leaders in restructuring its activities to focus on the core functions of public health. Beginning in 1993, the District began shifting personal health services such as well child care, family planning, and travel clinics to private providers, with public health nurses offering quality assurance to physicians and others. At the same time, the District has responsibility for bringing data to the community decision-making process on matters affecting health. A new health promotion unit provides health education, outreach, and linkage between assessment data and public health services throughout the two counties.

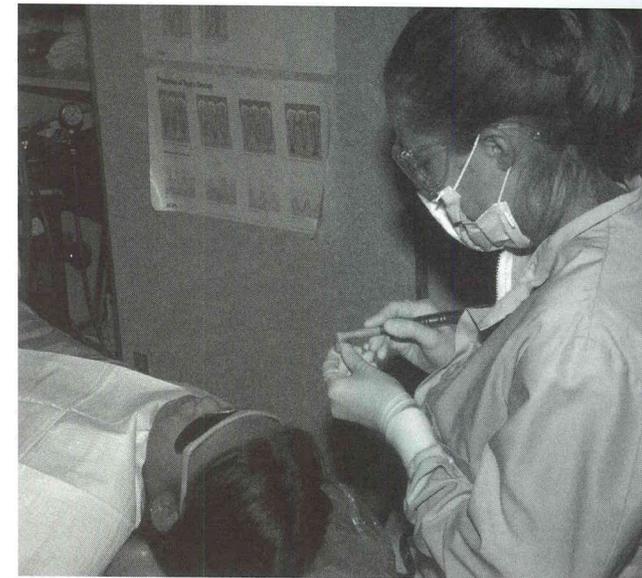
## Uniting the community to improve health status

In 1993, the Health District convened Community Choices 2010, a project directed at improving the health of Clark County by fostering civic engagement and community-based efforts. With support from the Southwest Washington Medical Center, Kaiser-Permanente, Clark County, the City of Vancouver, and the U.S. Centers for Disease Control and Prevention, "CC 2010" began with a community health assessment and followed with a strategic agenda. That agenda focuses on prevention activities in six

priority areas: health of adults (especially tobacco use and heart disease); health of children (especially immunization of preschoolers and prevention of tobacco, alcohol, and substance abuse); the economy; education (school readiness); environmental health (clean air and water); and violence. In the five years since its inception, CC 2010 has involved many public and private entities and hundreds of volunteers, and the project's success is measured by indicators including increased resources and improved health outcomes.

## Making a community dental clinic reality

The Health District was a partner in the Clark County Oral Health Coalition's effort to launch the SWIFT Community Dental Clinic, which conducted more than 1,300 patient visits in the six months after it opened in February 1998. The clinic, which received grants from the Southwest Washington Independent Forward Thrust (SWIFT) and the Washington State Department of Health, among other funders, provides dental exams, diagnosis and treatment, and emergency care to low income people.



## Remaining Challenges

Among the unmet needs in Clark and Skamania counties:

**Access to primary care**

**Tracking immunizations for children ages 0-2**

**Monitoring water quality**

### Southwest Washington Health District

2000 Fort Vancouver Way  
Vancouver, WA 98663

PO Box 1870  
Vancouver, WA 98668

Phone: (360) 397-8215  
Fax: (360) 397-8424

## Spokane Regional Health District



*The Health District provides a range of services to a region that encompasses most of Eastern Washington, as well as parts of Idaho and Canada.*

Spokane County is a hub: for health care, for transportation, and for all the commerce that Eastern Washington's primary urban locale generates. The county's more than 410,000 residents live in rural, suburban, and urban communities, including 11 incorporated municipalities ranging from Latah (population 201) to the city of Spokane (180,000). Its Regional Health District provides technical assistance, consultation, a state-of-the-art laboratory, personal services, and community connections for a region that encompasses most of Eastern Washington, as well as parts of Idaho and Canada.

The Spokane Regional Health District is a state leader in collecting information about the health of its community and sharing it with local partners to address issues and problems. As part of its assessment, the District conducted a general survey of the county's population on issues affecting health outcomes. The sur-



vey revealed, among other findings, that Spokane residents recognize the impact of poverty on health status of the entire community. The survey found primary concerns are for personal and family safety. Continued assessments are underway to refine these findings.

To address specific problems identified by the assessment, the District is a key participant in the Health Improvement Partnership (HIP), a not-for-profit collaboration of health care providers, local businesses, and citizens that works to improve the health status of the county. The HIP now supports eight local initiatives, addressing issues such as job preparedness, services for people with disabilities, and access to mental health care. District staff participate in each initiative to help link community projects to expertise and resources.

## Fighting a disease outbreak

The Spokane Regional Health District and its community partners met a classic public health emergency when an outbreak of Hepatitis A took off in Spokane County in 1997. Within a year, more than 500 of the county's 400,000 residents had confirmed cases of the disease, which causes severe flu-like symptoms and jaundice. The District battled the epidemic with support from the local food industry and news media. Restaurants and other food establishments were encouraged to vaccinate employees. The

### Spokane Regional Health District

1101 West College Ave.  
Spokane, WA 99201-2095

Phone: (509) 324-1500  
Fax: (509) 324-1507

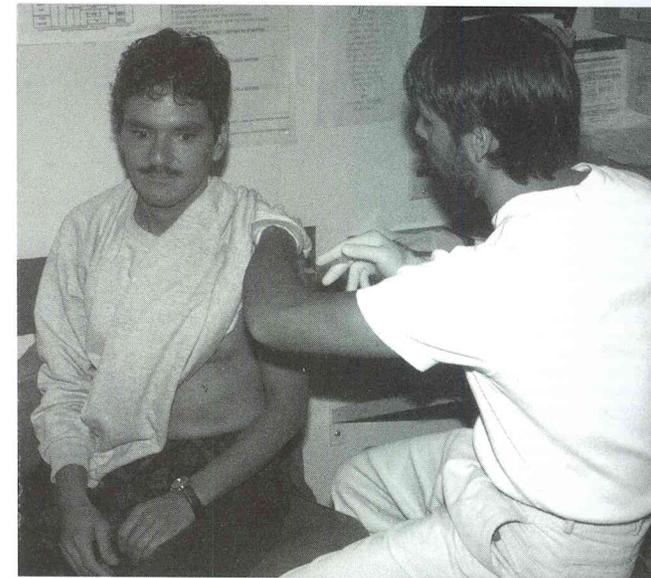
<http://www.spokanecounty.org/health>

state Department of Health provided emergency funding for a targeted Hepatitis A vaccination program to reach the community's illicit drug-using population, and it also conducted outreach in the county's jails, juvenile detention centers, and drug treatment centers. In the course of the epidemic, more than 25,000 Spokane County residents were vaccinated against Hepatitis A.

## Supporting healthy seniors

The Health District's assessment findings have led to several local programs for the more than 50,000 people in Spokane County who are 65 years and older. Healthy Seniors 2000, an inter-divisional project that coordinates all of the District's programs for seniors, includes health screening, health education, injury prevention, and nutrition programs. It provides services

across 36 community sites. Among recent programs have been a "pick-up day" for hazardous materials during which local community groups collected 2,000 pieces of household waste, programs to help elderly people cross the street and to receive smoke alarms, and nutrition checks and presentations on healthy eating for people with diabetes and heart disease. The District also conducts about 50 health assessments a month for home-bound seniors, each of which yields an average of two referrals to other providers.



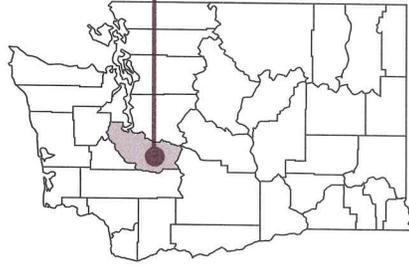
## Remaining Challenges

Among the unmet needs in Spokane County:

**Community water fluoridation**

**Removal of tobacco advertising from its prominence in the community**

**Improved child care access, health, and safety**



## Tacoma-Pierce County Health Department

*All Department activities must be community-based, prevention-oriented, cost-effective, and integrate activities across traditional boundaries.*

The Tacoma-Pierce County Health Department serves the second-most populous county in the state and encompasses 690,000 people, an urban core, 20 small cities and towns, the Puyallup Tribe, some very rural areas, and two major military bases, McChord Air Force Base and Fort Lewis. Pierce County is also characterized by ethnic and racial diversity, new industries, an expanding international port, and a growing branch campus of the University of Washington.

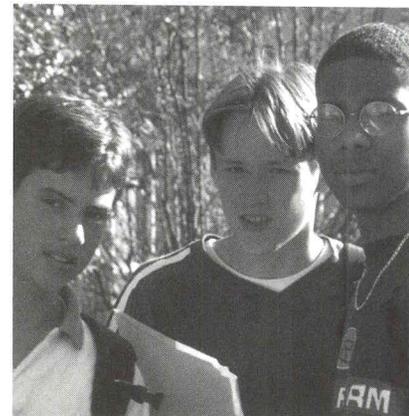
Under the direction of its Board of Health, the Department since 1993 has shifted its focus to emphasize the core functions of public health — assessment, policy development, and assurance. The Board also identified four guiding values for Department activities: that they

be community-based, prevention-oriented, and cost-effective, and that they integrate activities across traditional boundaries. This approach has led to collaborations with community-based organizations and to public-private partnerships for direct clinical care. The

result has been increased access for immunizations, tuberculosis treatment, STD treatment, family planning, and children's mental health.

The shift has allowed the Department, through leveraging of funds, to increase service levels while decreasing the number of employees and maintaining a flat budget.

Community partnerships have made it possible for the Department to shift its emphasis and funding to prevention activities. In 1998, based on epidemiological and community assessment data, the Board of Health set three major priorities for Department prevention activities over the next decade: tobacco, alcohol, and violence. The Department is developing both countywide and community-specific efforts to reduce these unhealthy behaviors.



## Fighting communicable disease

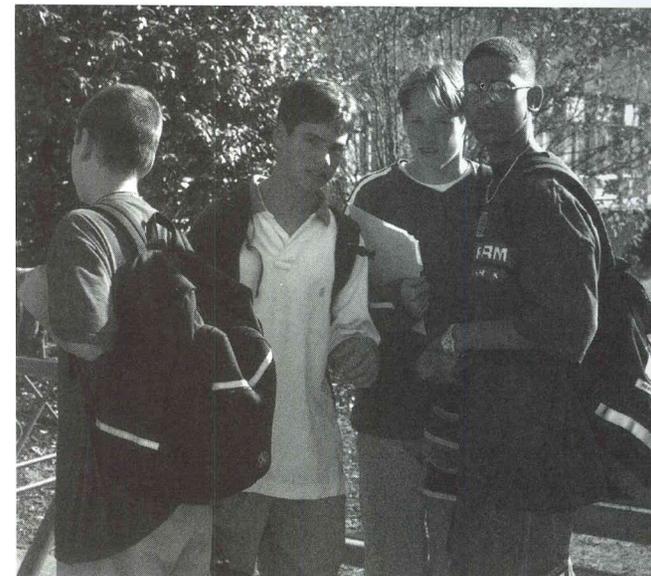
Shifting the treatment of major communicable disease to community partners has allowed the Department to double its disease investigation staff for fieldwork and case follow-up. The outreach staff identify, provide education, and if necessary, refer to treatment people in the early stages of contagious and infectious diseases and those demonstrating risky and unhealthy behaviors such as unsafe sexual practices and sharing of needles. The Department has developed a cadre of nurses who work with the private

provider community to offer information updates, technical assistance, and quality assurance by chart reviews. Through these relationships, private physicians are becoming more aware of the importance of reporting all communicable disease. In some cases, reporting has increased fivefold. The U.S. Centers for Disease Control and Prevention is considering the Department's approach as a possible national model.

## Preventing teen violence and gangs

The Health Department has engaged with the juvenile justice system to develop a gang reduction and intervention program. Public health nurses work with children and their younger siblings, providing family assessment and resources. One positive effect of this program is that the juvenile justice system now provides interventions to teens who

are less heavily involved in the legal system. Another effect has been a program for teens who have not yet been involved in the legal system. The Department developed this Middle School Program with local school districts, and it has been working successfully with children who are at risk due to poor connection to school and poor school performance.



## Remaining Challenges

Among the unmet needs in Pierce County:

**Full implementation of three population-based prevention focuses: tobacco, alcohol, and violence**

**Adjustment of funding base to meet the needs of the increasing number of incorporating communities within Pierce County**

**Greater flexibility in using categorical funding from the state or federal government for communicable disease control**

### Tacoma-Pierce County Health Department

3629 South D St.  
Tacoma, WA 98408

Phone: (253) 798-6500  
Fax: (253) 798-7627

<http://www.healthdept.co.pierce.wa.us>



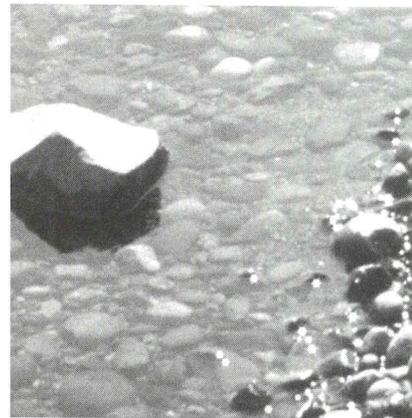
## Thurston County Public Health and Social Services Department

*The Department convened the Thurston County Community Health Task Force to identify clinical, environmental, and social issues needing attention.*

By the time the Washington Legislature approved the Public Health Improvement Plan mandate in 1993, the Thurston County Public Health and Social Services Department had already begun reshaping its operations consistent with the new policy direction. Beginning in 1991, the county had participated in a statewide planning process called the Assessment Protocol for Excellence in Public Health, which focused the Department's attentions on developing a strong epidemiology section for communicable disease reporting and management. The process also directed the Department to consider the commu-

nity-wide impact of any proposed programs or services, and to integrate its policies with those of Thurston County's entire health services delivery system.

Thurston County encompasses the state capitol in Olympia, three Indian tribes (the Nisqually, the Squaxim Island, and the Chehalis)



and part of Fort Lewis and its off-base housing. Recognizing that no single agency, organization, or provider was solely responsible for the health of the community's nearly 200,000 residents, the Department in 1994 convened the Thurston County Community Health Task Force. The group identified 14 clinical, environmental health, and social issues that required immediate community-wide attention, including air and water quality, injury prevention, mental health, and nutrition. Although the Department staffs the task force, the responsibility for addressing the problems has been delegated to ten coalitions, which address issues ranging from immunizations to playground safety.

The Department has developed a powerful database for communicable disease tracking at the local level, the "CD Log." Other local health jurisdictions have implemented the system, which monitors disease incidence and simultaneously produces all necessary reporting forms.

## Preventing toxic waste pollution

One significant shift in the Department's operations is that staff believe they are most effective when they are performing an advisory — rather than an enforcement — role. The Department recently was awarded a consolidated prevention grant from the Washington State Department of Ecology to prevent toxic materials from polluting groundwater. These local toxic grants are normally issued as “clean-up” grants, but the Department argued that the resources are more urgently needed for pollution pre-

### Thurston County Public Health and Social Services Department

529 West 4th Ave.  
Olympia, WA 98501-8210

Phone: (360) 786-5581  
Fax: (360) 786-5594

<http://www.halcyon.com/thurston/tchd>

vention activities. The program provides technical assistance to businesses to ensure practices are implemented that will prevent chemicals from reaching drinking water sources, rather than waiting for spills to occur and investing resources in clean-up.

## Expanding dental care access

Many local providers were shocked to learn from Thurston County's 1994 health assessment that access to dental care services was a severe problem for the county's low-income families. The news helped launch the local Children's Dental Health Coalition, consisting of local dentists and hygienists, Group Health Cooperative, Providence St. Peter Hospital, and other community agencies. The Health Department worked with the coalition to set up a dental screening clinic at a local grade school, to lobby state

legislators to increase Medicaid reimbursement to dentists, and to secure resources to increase access to restorative dental care for low-income children through the Providence St. Peter Hospital Community Care Dental Clinic. The coalition has since expanded its agenda to include providing sealants through the schools, preventing “baby bottle” tooth decay, and working for fluoridation of municipal water supplies in the county.



## Remaining Challenges

Among the unmet needs in Thurston County:

**Access to primary health care for people who are uninsured or underinsured**

**Development of flexible public health capacity to meet changing needs and issues over time in ways that are not categorically driven**

**Drinking water protection**



## Wahkiakum County Health Department

*To meet its myriad responsibilities with limited resources, the Department has partnered whenever possible with other local health jurisdictions.*

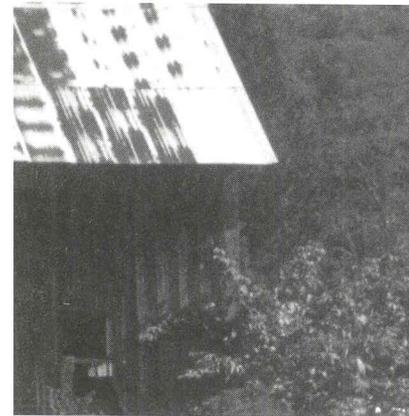
Wahkiakum County, a largely rural community of 3,900, is bordered on the north by commercial timberlands and on the south by the Columbia River. It features one incorporated city (Cathlamet, population 545) and a local economy in transition. Many younger families have left the area as logging, fishing, and agricultural employment have declined. Adults of retirement age have been moving in. Although the county's population has stabilized, about 21% of Wahkiakum County is now age 65 or older, compared with a state average of about 12%.

The Wahkiakum County Health Department came into existence in 1994, when it split from a district it

shared with Cowlitz County. Over the past four years, the staff of four — administrator, public health nurse, environmental health specialist, and a secretary — has struggled to build a public health system from scratch. To meet its myriad responsibilities with limited resources, the Department has partnered when

possible with other health departments. Lewis, Cowlitz, and Wahkiakum counties share a health officer to save costs and improve expertise. And to conduct its community assessment, the county collaborated under a Department of Health Partnership Grant with the health departments of Grays Harbor, Lewis, Mason, and Pacific counties.

Since 1994, the Wahkiakum County Health Department has implemented environmental health programs and community and family programs to provide direct services for children and families. The county's WIC program now reaches 85 residents a month, more than three times the number in the early 1990s. The Health Department is now working to extend Medicaid coverage to more low income pregnant women and families. And the county, which once relied on a one-day-a-month staff member for environmental health, now has a full-time environmental health specialist to direct its programs to monitor food safety, water quality, and on-site sewage.



## Solving a 50 year-old sewage problem

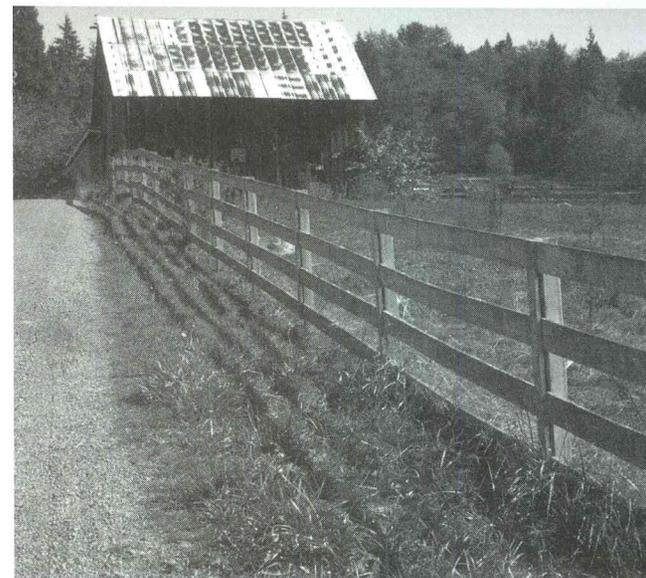
When the Wahkiakum County Health Department was created in 1994, its staff was informed that they were inheriting a long-term health and housing problem caused by failing septic systems in Skamokawa, an unincorporated community of about 45 homes in the south central part of the county. Soil conditions near Skamokawa Creek and small lot sizes provided few options for suitable repair or replacement of existing on-site sewage disposal systems. Repair and replacement systems routinely failed

soon after construction was completed. Sewage discharge to the ground surface and to Skamokawa Creek caused a significant environmental and public health concern. By 1996, the new Department received a federal Centennial Clean Water Grant to finance a feasibility study and design a community wastewater treatment and disposal facility. Preliminary system designs have been completed, and the Department is working with community residents to select a final design and find financing to allow construction of the system.

### Wahkiakum County Health Department

64 Main St.  
PO Box 696  
Cathlamet, WA 98612

Phone: (360) 795-6207  
Fax: (360) 795-6143



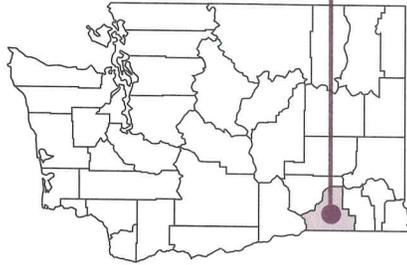
## Remaining Challenges

Among the unmet needs in Wahkiakum County:

**Family planning services**

**Water quality protection**

**Adequate infrastructure to meet community public health needs**



## Walla Walla County-City Health Department

*Walla Walla's health assessment has encouraged cooperation among the county's two hospitals and other health care providers.*

Many rural health departments partner with other local government agencies to meet public health responsibilities. The Walla Walla County-City Health Department, whose jurisdiction stretches along the Columbia River, also partners with colleagues across the Oregon border. This relationship has become necessary because of a dearth of medical providers and environmental health staff throughout the Southeast Washington-Northeast Oregon region. Many Oregonians travel to Walla Walla to access direct public health services and to consult

with the County-City Health Department on drinking water and a variety of personal health issues.

Not that the Health Department doesn't have considerable commitments of its own. The Department still performs a large volume of personal services on a walk-in basis, including WIC and STD screening



and treatment. In a county whose 54,600 population is about 20% Hispanic, the Department strives to offer bilingual services when needed, such as a food-handling class conducted in Spanish.

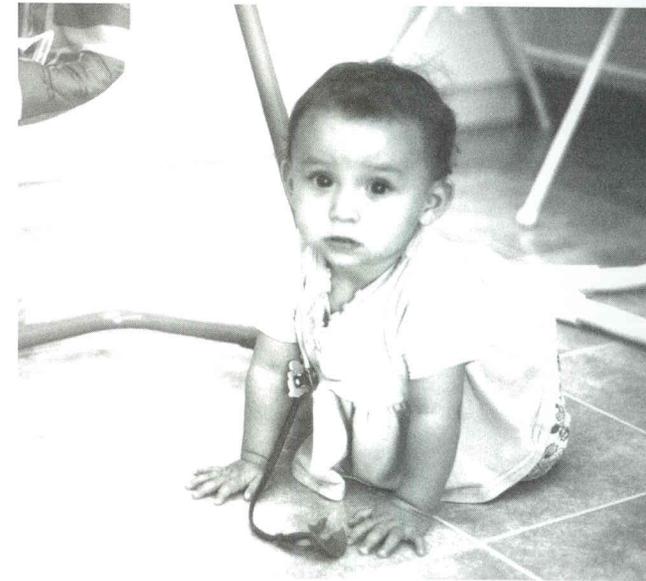
Since 1993, the Health Department has expanded its health promotion and education activity. Department staff report that Walla Walla's community health assessment has led the way in identifying the county's most serious health problems, including substance abuse and youth and domestic violence. The process has also brought about cooperation among the county's two hospitals, Walla Walla General and St. Mary's Medical Center, and among other local health care providers. The assessment report has made more county residents aware of all the Health Department's activities, and it has been in such demand that it recently underwent a second printing.

## Protecting infants from unsafe water

A recent expansion of the Walla Walla County-City Health Department's water lab staff has made it possible for the Department to develop a model for local health jurisdictions to test for nitrates in the drinking water of high-risk populations. These are typically low income families, including pregnant woman and very young children, who live in rental housing. Nitrates, which reach the water supply via fertilizers, are a growing problem for drinking water quality in agricultural areas such as Walla Walla County,

particularly those drawing from the private wells that are technically outside of the purview of public health inspectors. High levels of nitrates can cause a life-threatening condition for very young children, commonly called "blue baby syndrome." The Health Department's model links the county's environmental health division with its WIC program, so that the wells used by WIC clients can receive free water testing. More than one in five of the tested wells has been revealed to have dangerous levels of nitrates. Nearly one in three of the tested wells reveals high levels of coliforms

— bacteria that, when found in water systems, can cause a variety of gastrointestinal illnesses. Based on the test results, the Health Department used WIC resources to put babies in families drawing from polluted water systems on breast milk or to identify safe water sources to mix with infant formula. The model has been applied by other rural health departments to protect their communities' drinking water.



## Remaining Challenges

Among the unmet needs in Walla Walla County:

**Quarantine of noncompliant tuberculosis patients**

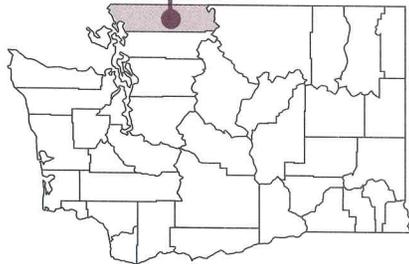
**Dental care access**

**Emergency funding to curtail disease outbreaks**

### Walla Walla County-City Health Department

310 West Poplar  
PO Box 1753  
Walla Walla, WA 99362

Phone: (509) 527-3290  
Fax: (509) 527-3264



## Whatcom County Health and Human Services Department

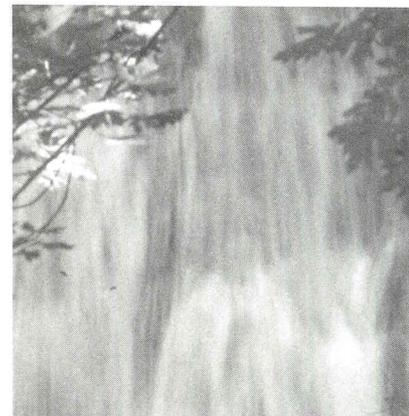
*Health officials frequently work with their Canadian counterparts to respond to communicable diseases and to address pollution threats.*

Whatcom County has a population of about 157,000 whose perspectives encompass those of farmer, university student, environmental protection advocate, small-town resident and city-dweller, land developer, and tourism proprietor. Any community meeting is guaranteed to bring forth a host of opinions, reflecting this diversity.

Located on the U.S.-Canada border and bisected by Interstate 5, Whatcom County residents are also reminded that health concerns travel just as easily as people. Health officials frequently have to consult with their counterparts in Canada to respond to reported cases of measles or other communicable diseases, and they must work to-

gether to address pollution threats that affect shared groundwater and lakes.

Two community meetings were held to set priorities for a healthier Whatcom County. The notion that health is a countywide concern is evidenced by an active Community Health Partnership (CHP) invested



in setting strategies that will move the county along a path to healthier lives for families. The CHP is made up of a cross-section of community leaders from government, business, health care, environmental groups, and education.

The CHP is pursuing three projects for 1998: an Early Parent Education and Family Support Service that will link parents and caregivers through education programs; a domestic violence initiative to establish a commission that will develop local interventions; and a team to look at ways to influence residents in choosing healthy behaviors and avoiding behaviors — such as smoking, poor diet, and lack of exercise — that undermine their health. These projects will receive strong technical support from the Health Department, but they will be carried out by people in the community.

## Protecting drinking water for tomorrow

Water quality protection is an overriding concern for Whatcom County. Surface and groundwater supplies are vulnerable to pollution. In the northern part of the county, the land provides only a shallow, sandy covering for a large drinking water aquifer that has already been affected by agricultural practices. Nearly half of the wells in this part of the county show elevated nitrate levels, and some wells also have elevated levels of pesticides. Lake Whatcom, which is the drinking water supply for more than 65% of

### Whatcom County Health and Human Services Department

509 Girard St.  
PO Box 935  
Bellingham, WA 98227

Phone: (360) 676-6720  
Fax: (360) 676-7646

<http://www.nas.com/health/index.html>

the county's residents, is under pressure from increased development and recreational use. The Department is coordinating state and local efforts to resolve the county's drinking water issues. It has created a centralized database to share water quality information with other agencies and homeowners who are concerned about pollution. The Department staff have also developed the capacity to map well and water quality information with the Geographic Information System.

## Injury prevention for all ages

Injuries are expensive — causing pain, disability, and high health care costs. They are also largely preventable. To begin to lessen the burden of injury, Whatcom's public health staff began by asking where, how, and to whom injuries occur. Injury patterns change with age, so prevention strategies had to be tailored to the specific risks for each group. To date, actions have targeted car seat use and home safety tips for infants and toddlers, playground and water

safety for young children, motor safety for children, motor vehicle safety for youth, and suicide prevention. The next work will focus on preventing falls among the elderly and people with disabilities.

## Teaming up for quality child care

Parents, children, and caregivers all benefit from Whatcom County's public health nurse consultation to participating child care centers. The public health-caregiver partnership has resulted in important successes, such as finding children who need special care very early, often preventing or reducing developmental problems. The nurses are available to consult when special problems crop up, and they regularly visit the centers to provide advice on topics such as child development, nutrition, hygiene, and immunizations. Environmental health specialists are also available to assess playground safety and food preparation. Increasingly, parents are relying on caregivers for advice and referrals to local resources, which makes the public health nurse a valuable resource for caregivers.



## Remaining Challenges

Among the unmet needs in Whatcom County:

**Long-term solutions for residents with contaminated wells**

**Stronger programs to address serious risks to youth such as injection drug use, unintended pregnancy, peer violence, and dropping out of school**

**Access to mental health and dental care**



## Whitman County Health Department

*The Department provides a nurse to treat inmates in the county jail and school nurses that visit the county's 13 schools at least weekly.*

Situated on the Columbia Plateau in Southeast Washington, Whitman County is home to vast wheat and lentil farms, to the cities of Colfax and Pullman, to the land-grant Washington State University, and to 14 incorporated rural communities that residents say have their own personalities and values. More than 40% of its 41,400 population are WSU students.

In this fertile and complicated environment, the Whitman County Health Department works out of two central offices (in Colfax and Pullman) and three outreach offices. The Department also provides a nurse to treat inmates in the county

jail – one of the few local health jurisdictions that still works in this venue – and school nurses who visit the county's 13 schools at least weekly during the school year.

As Washington's public health policies have changed in the past five years, the Whitman County Health Department has worked to change

its local image as simply a provider of health services for indigent people. Staff now work with community partners to address region-wide health issues. For example, in Whitman and other rural counties, it is difficult for residents to find long-term caregivers. The Health Department, working with a local health promotion partnership to which both hospitals have contributed resources, hired a health educator to conduct quarterly trainings on long-term care. When the Department's health assessment revealed that breast cancer is a leading cause of death in the county, the partnership worked with the American Cancer Society to develop a service guide for women who are seeking care.



## Making health education fun for kids

In March 1998, the Health Department invited all of the 3<sup>rd</sup>-graders in Whitman County to WSU's Beasley Coliseum for an assembly about good nutrition, exercise, and healthy lifestyles. The high point of the event was a "body walk" through a huge model with health educators positioned at such "stops" as the heart and lungs. The entire trip took about an hour, and the 800 children who participated were so enthusiastic that the Department plans to make the body walk an annual event.

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## Performing user-friendly inspections

The Department has reorganized its environmental health division to link education with enforcement at every opportunity. One example is a local pools inspection program. The Health Department has assumed this responsibility, providing inspection and licensing in a timely manner and at less cost than the state had charged to carry out this responsibility. The savings has helped some of the pools to stay in business. And the Health Department has used the opportunity to provide education about pool health and safety at all sites.

## Simplifying access to services

The Whitman County Health Department participates in a local group of social service agencies, the Alliance, which works to focus local resources on the region's most important issues and to avoid duplication of services. A long-term goal of the Alliance is to develop a universal intake form so that whenever a person enters the county's social service system, he or she would automatically be connected with all of the Alliance members without additional paperwork. In another practical effort to stretch public health resources as far as possible, the Whitman County Health Department has linked up with the Columbia County Health District and the Garfield County Health District to share administrative expertise, procedures, and computer skills.



## Remaining Challenges

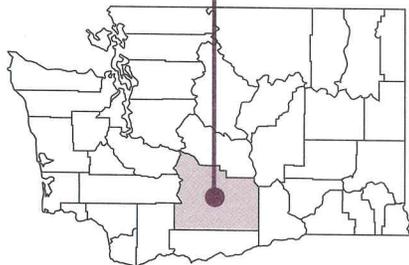
Among the unmet needs in Whitman County:

**Partnership with the state Department of Social and Health Services for treatment and surveillance of sexually transmitted diseases**

**A funded staff position for environmental health**

**More effective tracking of tuberculosis and other communicable diseases in the Washington State University population**

## Yakima Health District



*The Board of Health has set priorities for health improvement, including communicable disease control and access to health care services.*

Yakima County stretches from the Cascade mountains in the west to the arid deserts of Eastern Washington. The region is a vital agricultural producer for the state, providing hops, fruit, wine, and dairy products. Of the county's 210,000 people, 40% live in Yakima City. The area has a large number of people of Hispanic descent, some of whom speak only Spanish. The Yakama Indian Nation is home to about 8,800 Native American residents.

The Yakima Health District's nine-member Board of Health includes County Commissioners as well as elected representatives from four of the county's 14 incorporated cities. The Board maintains a unique management contract with Yakima Valley Memorial Hospital. The Maternal and Child Health contract for the

county is also coordinated by the hospital. Based on findings of the District's community health assessment and an assessment coordinated by the Health District and Yakima County United Way, the Board of Health has set priorities for health improvement, including communicable disease control and access to health care services.

Yakima's income levels are low compared with the rest of Washington, reflecting both a relatively high unemployment rate of 10.2% and low wages earned by the many residents who are migrant farmworkers. About 70% of children born in the county qualify for Medicaid benefits.



## Mobilizing *abuelas* for good health

In 1997, an outbreak of Salmonella Typhimurium affected nearly 100 people and prompted the U.S. Centers for Disease Control and Prevention to conduct a case control study. The research implicated *queso fresco*, a homemade soft cheese traditional to Mexico, as the source. The cheese is usually made with unpasteurized milk, an ingredient that gives it a distinctive flavor but is prone to bacterial contamination. Seeking a way to combat the illness, Health District staff worked with members of the Hispanic commu-

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nity and a wide variety of other agencies, including the Washington State University Cooperative Extension Service, and the state Department of Agriculture. WSU scientists developed and tested a safe alternative recipe that was tested by 15 Hispanic women. The *abuelas* — Spanish for grandmothers or respected elders — were assisted by community-wide education campaigns in Spanish and English, explaining the problems caused by cheese made with unpasteurized milk. Since the project's inception, the local case rates for this particular type of Salmonella have dropped from 34 per 100,000 to only two cases per 100,000. More than 225 people have attended the cheese-making classes, and more than 500 people have requested the recipe, including representatives from health and agriculture agencies throughout the country.

## Assuring access to health care

Yakima County's community health assessment revealed low Medicaid usage rates, even though the number of available health care providers was increasing locally. The Board of Health entered into a series of contracts with the Washington State Department of Social and Health Services to assure access to a continuum of health care services for all eligible residents. The Yakima County Health Council, a citizen advisory body to the Board of Health, initiated a study of access issues that confirmed the assessment's findings. Through a continuing process of assessment and client advocacy with community partners, the District is changing its role from limited service provider to that of facilitating community members' access to health care services. The project will monitor progress using client-service data and "parameters" of community health.



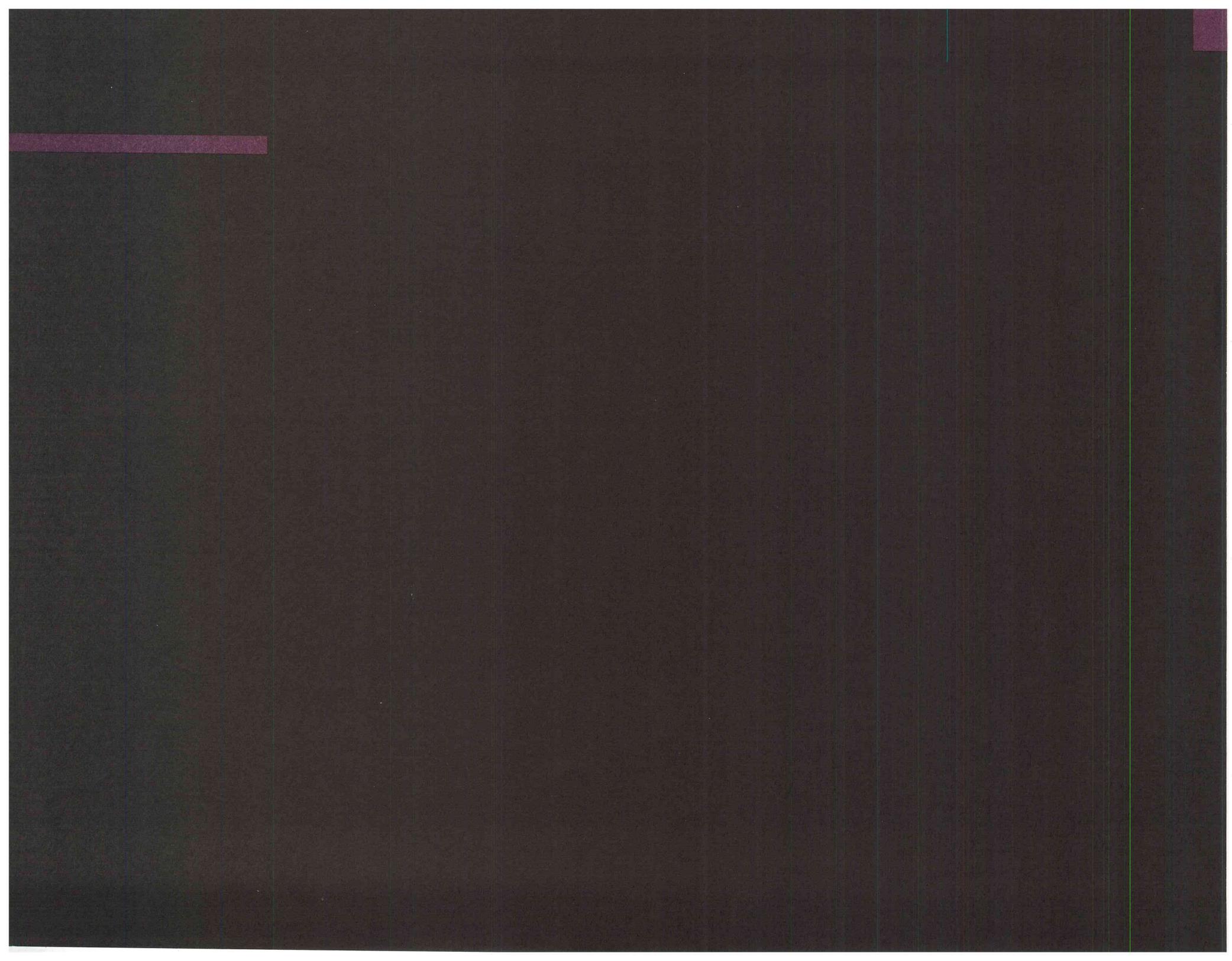
## Remaining Challenges

Among the unmet needs in Yakima County:

**Improved communicable disease surveillance and response**

**Access to preventive and restorative oral health care for children**

**Access to and assurance of quality child care**



## Appendix A — Tracking Health Problems and Outcomes

### Background

The 1995 Public Health Improvement Implementation Act (RCW 43.70.580) directs the Department of Health to “identify, as part of the public health improvement plan, the key health outcomes sought for the population and the capacity needed by the public health system to fulfill its responsibilities in improving health outcomes.” Key health outcomes are defined as “those health problems, conditions and risk factors where public health should be directing resources and action to improve the over-all health of the state population.”

### Action Plan

The Department of Health will:

- Complete updating of the list of reportable diseases and conditions in WAC and review environmental health indicators.
- Involve many people in the selection of the core set of indicators to be tracked by state and local public health agencies. Draw upon the “Healthy People 2010” objectives, *The Health Of Washington State*, and local health assessments in selecting the indicators.
- Identify state level targets for the core indicators.
- Set up routine data collection systems and report state and local results on a regular basis. Issue a “health report card.”

### Timeline

Select indicators by December 1999. Publish initial report card by December 2000.

## Appendix B — Setting Standards for Public Health Protection

### Background

The public health improvement laws call for the creation of minimum standards for local health agencies (1993) as a basis for performance based contracts between state and local jurisdictions (1995).

### Action Plan

The Department of Health, working with state and local agencies, will:

- Develop and adopt minimum performance standards for local health jurisdictions and the state Department of Health.
- Use these standards as a basis for contracts between the state and local health departments by the year 2000.
- In years following, use the standards as a basis for certifying that local health departments meet required standards.

### Content

Measurable standards will be created for each of these areas:

- Community Health Assessment
- Communicable Disease Prevention
- Environmental Health Protection
- Community Health Promotion: Families, children, teens, community
- Assuring Health Services Access and Quality

### Timeline

Develop by June 1999; broad review by October 1999; in contract for Year 2000.

### Principles

- Performance Standards will represent the level of public health protection that all citizens have a right to expect.

- Performance Standards will be used to describe what *every* local health jurisdiction and the state Department of Health must be able to *do* and how their performance can be measured or demonstrated.
- Performance Standards statements will be clear and simple, not technical.
- Performance standards will not be used to replace existing RCWs or WACs.

### Format for Example

One example follows. It was created by a subcommittee of local and state health officials. It is offered only to illustrate the level of detail intended for minimum set of standards and the ways that meeting the standards could be measured. The standards will receive broad review and revision. The key idea of each standard is in **bold** print and the possible measure is underneath.

### Local Example:

#### Communicable Disease

*Every Local Health Jurisdiction must be able to:*

1. Maintain a **24-hour capability for response** to public health emergencies.
  - Response information is distributed to police, schools, medical providers, service agencies, and the public.
  - Public health officials are on-call at all times.
2. Establish local disease **surveillance and reporting** systems.
  - Clear written protocols are maintained for receiving reports and reporting results.
  - Private medical providers receive regular communications about reportable conditions.
  - Records of reported conditions are on file, with summary charts for time periods.

## Example Only

3. **Investigate and respond** to each reported case of a notifiable condition.

- Written protocols define steps to identify the source and possible exposures.
- Laboratory services are readily available.
- Up-to-date protocols define how to handle specimens, contact individuals, trace contacts, and follow-up treatment.
- Staff records, or contract arrangements, confirm that needed expertise is available.
- Protocols define clear notification steps for state offices and others involved in investigation.

4. **Manage cases** of notifiable conditions.

- Protocols define how to manage notifiable conditions.

- Records demonstrate protocols are followed.
- Trained staff are available to manage cases.

5. **Assume authority** needed for outbreak control.

- Protocol defines how to contact all local medical providers rapidly.
- Up-to-date lists are maintained of schools, medical providers, restaurants, hospitals, water system operators, law enforcement agencies, local media, and state program contacts.
- An emergency response plan lists personnel to assume authority, in order by availability.
- Responsibilities for personnel when an outbreak occurs are outlined.
- A health officer is available for contact at all times.

- Contract or personnel roster indicate that trained staff are available to intervene rapidly.

6. Implement **community education** programs needed for outbreak control, other emergency response, and to allay citizens' concerns.

- Up-to-date list of media contacts is maintained.
- A distribution plan for community notification exists.
- Fact sheets (including Web sites) for frequently asked questions are available.

7. Carry out **individual education** for people exposed to a communicable disease.

- Contract or personnel roster indicate that trained staff are available.
- Protocol defines individual education, screening, and prophylaxis for exposed persons.

8. Ability to carry out **enforcement** procedures for specific threats that derive from the environment or from individual behavior.

- Procedures for enforcement actions are written, approved by Board of Health, and maintained.
- Responsibilities of law enforcement and health jurisdiction staff are written and shared with law enforcement agencies.
- An attorney is available to assist with preparation of court orders.
- A health officer is available for contact at all times.

## PHIP Subcommittee on Performance Standards

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