We are very pleased to present the Island County Community Health Improvement Plan. This master plan has been specifically developed to improve the health and well-being of individuals who live in our communities. Its publication represents a significant investment of time, expertise and collaboration between health care providers, service agencies and community advocates. Our goal has been to create a viable and strategic road map that will ultimately lead us together toward a healthier future.

Efforts to build the plan began in 2015 when we convened a group of more than 40 community stakeholders to tackle the challenge of identifying how we could help individuals in Island County lead healthier, more productive lives.

Out of this effort, smaller work groups formed and over the next year, they studied multiple sources of data and information, reviewed potential interventions, and explored ways to utilize public health resources for optimal benefit. The results of these efforts led to the creation of the community health improvement plan, which focuses on addressing key priorities over the next three years.

During this time, the recommended health improvement strategies will be periodically reviewed and adjusted to reflect changing needs in our communities. However, the plan will serve as a shared blueprint for county policymakers, health care leaders and advocates in making decisions that will drive lasting health improvements for the future.

The Island County Board of Health would like to express its deep appreciation to the participating organizations and individuals who contributed to this initiative and to our community members who provided input and support. As we begin to implement these improvement efforts, your continued interest and engagement is essential to our shared sustainability and success.

Sincerely,

Helen Price Johnson, Island County Commissioner, District 1
Chair, Island County Board of Health, 2017

CONTACT

Island County Public Health
P.O. Box 5000, 1 N.E. 6th Street
Coupeville, WA 98239
360.679.7350
www.islandcountywa.gov/health

Keith Higman, MPH
Health Services Director
keithh@co.island.wa.us

Laura Luginbill, MS, RD
Assessment and Healthy Communities Director
l.luginbill@co.island.wa.us
What does Island County need to be a healthier place to live, learn, work and play?

The Community Health Improvement Plan is designed to create a healthier future for all who live in a designated region, in this case, Island County. The plan, often called a CHIP, recommends strategies for implementation that are expected to significantly improve the physical health, mental health and well-being of people over time.

The plan is created through a process that relies on collaboration between public health officials, local health organizations, community agencies and individuals. It focuses on concerns that communities define as urgent and it is determined through stakeholder input, community health assessment activities, and evaluation of data from various sources including research, surveys and reports.

Why is the CHIP needed?

The plan is an important tool for guiding health policymakers, in collaboration with community partners, to establish priorities and allocate resources. Across the nation, proactive public health leaders engage in the process for the benefit of those they serve. According to the Centers for Disease Control and Prevention, “The plan defines the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist to improve the health status of that community.”

In Island County, this effort has been initiated to improve health outcomes and increase the well-being of local residents. It will also build on the programs and activities of other community organizations and unite these entities toward a common vision.
What makes us healthy?

Prior to building a community health improvement plan, a community health assessment is completed to provide comprehensive information on the health of a population and the factors that contribute to making it more or less healthy.

Creating a health improvement plan based on a thorough assessment can produce significant benefits which include:

- Increased knowledge about the health of area residents.
- The interconnectedness and effectiveness of local health programs and activities.
- Strengthened partnerships and collaborations within local systems.
- Identified strengths and weaknesses that health improvement efforts must address.
- Defined baselines and benchmarks for health improvements.

How are health improvements measured?

To measure the health of a community, public health professionals begin with gathering data on health indicators. A health indicator is a characteristic of an individual, population or environment that allows for measurement, and can be used to define one or more aspects of the health of an individual, community or population segment.

Indicators may be measurements of illness, injury prevalence, or of individual behaviors such as smoking or getting a flu shot. They may also measure the social and economic conditions and the physical environment of an area.

In 2015, Island County Public Health, with the support of the Island County Community Health Advisory Board, collected data for 145 health indicators for the Community Health Assessment. The data also included analysis of 1100 responses from the Community Health Survey, and responses from eight focus groups that included representation from county populations that were identified at the state or national level as having health disparities compared to the wider population, or were underrepresented in the survey. This data was utilized extensively throughout the prioritization and planning processes.

To see the complete 2015 Island County Community Health Assessment Report, visit www.islandcountywa.gov/Health/AHC/Planning
The following four core priorities emerged from the Community Health Improvement Plan processes.

1. Access to Health Care
2. Housing
3. Interpersonal Abuse
4. Depression and Suicide

These issues are the focus of the community health improvement plan that will be implemented over the next three years.
THINK TANK:
A Collaborative Approach

Once the issues were prioritized, small work groups formed with members who held interest or expertise in each of the respective areas. From 2016 to 2017, the groups met regularly to formulate goals to address the areas of concern. Further, they were asked to develop strategies that would create measurable improvements to the health of residents over a specified period of time. Key questions they considered:

- Is there clear evidence to support the likelihood that a specific intervention or strategy will improve the health of local individuals?
- Does the plan include strategies to impact individual, organizational and policy-level change?
- Does Island County have the resources needed to create and sustain the strategy?
- If not, how might leaders and advocates acquire the needed resources?
- How will public health officials track and measure improvements to population health and evaluate the impact of the intervention strategy?

From this work, the Community Health Improvement Plan was created. The plan includes provisions for periodic review and monitoring by the work groups and stakeholders as it is implemented, tracked and evaluated over the next three years. Indeed, the plan is a ‘living’ document that will be revised and shaped as opportunities arise to maximize improvements to community wellness.

Monitoring Progress

The plan employs measures to track and evaluate the effectiveness of the improvement strategies in addressing the priority areas. Performance measurement will include regular data collection and reporting to assess whether the correct processes are being performed and desired results are being achieved. Population measures will be employed to assess the impact of the strategies and interventions in defined target populations.

The following table provides examples of measures that will be utilized by each of the priority focus areas.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of client intakes at Citizens Against Domestic and Sexual Abuse (CADA).</td>
<td>Citizens Against Domestic and Sexual Abuse, Client Intake Reporting, Oak Harbor, Washington.</td>
</tr>
<tr>
<td>Number of individuals in Island County reporting sleeping unsheltered the night prior.</td>
<td>Island County Point-in-Time Count, Island County Human Services Department, 2013-2017.</td>
</tr>
<tr>
<td>Rate of suicides (age-adjusted per 100,000) by Island County residents.</td>
<td>Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2015, Community Health Assessment Tool, August 2016.</td>
</tr>
</tbody>
</table>

*Goal identified by Healthy People 2020, U.S. Department of Health and Human Services*
Strengthening access to health care improves the well-being of individuals as well as whole communities. This includes prevention and treatment options for physical, behavioral and mental health and related services including locating a service provider, outreach for those living in remote areas, and transportation.

Members of the public health network play a critical role in connecting people to needed health services. Individuals and families can optimize access by planning for a major health issue before it arises and by deepening their knowledge about available resources. Additionally, when individuals can conveniently access the care they need, benefits range from a healthier workforce to active retirees who thrive in their communities.

Research has established that residents of rural areas face greater barriers to accessing health care services and providers than their urban counterparts. Nationally, the rates for uninsured individuals is higher in rural settings than urban areas and the uninsured often have difficulty obtaining care. Difficulties recruiting and retaining health care providers has also resulted in longstanding disparities in rural and urban physician supply.

According to Healthy People 2020, a report issued by the U.S. Department of Health and Human Services, access to health services means the “timely use of personal health services to achieve the best outcomes.” Further, it requires three distinct steps:

1. Gaining entry to the health care system, usually through insurance coverage.
2. Accessing a location where needed health care services are provided.
3. Finding a health care provider whom the patient trusts and can communicate with.

“...very hard when you move here... there aren’t enough entry points for those who want to get established with a doctor.”

Focus Group Participant
Access to quality health care services is critical to good health, yet rural residents face barriers that can have significant consequences including:

- Delays in receiving appropriate care.
- Inability to access preventive services.
- Financial burdens.
- Preventable hospitalizations.
- Inappropriate use of emergency services.

These issues were echoed by participants in the 2015 Community Needs Assessment Survey and focus groups. Concerns most cited included the high cost of health care, inadequate or no insurance coverage, and lack of available services or appropriate providers.

Studies have shown that improving access to health information and information technologies may help reduce health disparities through their potential to promote health, prevent disease and support clinical care. As a result, one of the first areas examined by members of the Access to Care Work Group was how county residents find health care information.

The work group discovered that Island County lacked a centralized resource for comprehensive information about local providers and services. Consequently, they recommended the development of a health care resource center. The center would be staffed with knowledgeable individuals to provide phone and walk-in support, thus ensuring service for all population groups. Further, they suggested that the center would offer a website and online directory, available 24 hours a day to connect residents with needed services and providers.

They also explored the effectiveness of community health outreach programs in rural settings. They found several promising models with documented success in improving access to care. These included expanding the role of emergency medical services (EMS) personnel as a crucial link in the chain of care; and improving outreach through the employment of community health workers. The use of community health workers to overcome ethnic and racial disparities in health care has been well documented and members agreed to investigate both models more fully before finalizing recommendations.

Finally, the group found that local efforts were underway to increase community awareness about the value of advance care planning as part of the overall patient care plan. Advance care planning is defined as making decisions about the care a patient would want to receive if they were unable to speak for themselves. Members identified this work as an opportunity to build on community interests to increase individual engagement in proactive health care planning.

A Matter of Urgency?

Use of an emergency department for conditions that could have been managed by a primary care provider or in another less-acute setting is one health indicator used to evaluate access to health care services in a community. Treatment in an emergency department can cost two to three times more than the same care in a provider’s office. Yet here in Island County, residents receiving Medicaid-funded health care utilize the emergency department significantly more often than their counterparts statewide.

Figure 2

Patient visits to an emergency department for conditions that could have been managed in a primary care or other setting, (Medicaid-funded visits only).

**Goal 1:** Promote education and engagement for patient health planning.

<table>
<thead>
<tr>
<th>Objective 1.1</th>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 2020, Island County residents and health care providers will have access to online and in-person support to identify available health care services in Island County.</strong></td>
<td>Establish a multi-organizational team to develop an operating model to create and sustain a staffed health care resource center, in alignment with regional and state initiatives.</td>
<td>2018</td>
<td>Island County Public Health</td>
<td>Recommended: Primary care and behavioral health providers, medical clinics and hospitals, managed care organizations, senior services, United Way of Island County, local service agencies</td>
</tr>
<tr>
<td></td>
<td>Develop an operating model to create and sustain an online health care resource directory, in alignment with regional and state initiatives.</td>
<td>2018</td>
<td>Island County Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop and maintain a searchable, web-based directory of health care resources in Island County including preventive care, primary care, behavioral health care, home health, and recovery services.</td>
<td>2019</td>
<td></td>
<td>To be determined based on proposed model.</td>
</tr>
<tr>
<td></td>
<td>Establish a staffed health care resource center to provide information and in-person support to the public about available services and providers.</td>
<td>2019-2020</td>
<td></td>
<td>To be determined based on proposed model.</td>
</tr>
<tr>
<td></td>
<td>Develop a process for collecting website usage and navigation data, including user searches, demographics and health care resource needs.</td>
<td>2019-2020</td>
<td></td>
<td>To be determined based on proposed model.</td>
</tr>
<tr>
<td></td>
<td>Promote use of the website directory and health care resource center to: 1. Local health care providers 2. Local health service agencies 3. Community outreach workers 4. Populations identified as having significant barriers to accessing health care through at least two culturally-appropriate methods of communication.</td>
<td>2019-2020</td>
<td></td>
<td>To be determined based on proposed model.</td>
</tr>
</tbody>
</table>
**Goal 2:** Strengthen collaboration and coordination of patient care between providers and agencies.

**Objective 2.1**
By 2020, increase the availability of health care options in Island County through medical outreach that delivers services to individuals in the community.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a multi-organizational team to review the efficacy and feasibility of a health outreach model based on community paramedicine or community health workers; develop implementation plan, in alignment with regional and state initiatives.</td>
<td>2017-2018</td>
<td>WhidbeyHealth, Island County Emergency Management Services, Camano Fire and Rescue</td>
<td>Recommended: Island County Fire and Rescue divisions, medical clinics and hospitals, Veterans Assistance and Administration, veterans</td>
</tr>
<tr>
<td>Improve patient access to care by increasing the use of telemedicine and telepsychology services with expanded locations and hours of availability.</td>
<td>2017-2020</td>
<td>Naval Hospital Oak Harbor, WhidbeyHealth, North Sound Behavioral Health Organization</td>
<td></td>
</tr>
</tbody>
</table>

**Goal 3:** Expand availability of health care services, especially for those at greatest risk (i.e. vulnerable populations).

**Objective 3.1**
By 2020, implement an advance care planning public information and engagement campaign for Island County residents through a network of community agencies.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a multi-organizational team to develop and implement a public information and engagement model to promote advance care planning to county residents of all ages.</td>
<td>2017</td>
<td>WhidbeyHealth, Island Senior Resources</td>
<td>Recommended: Island County Public Health and Human Services Departments, Island County Human Services (Disabilities), Northwest Regional Council, Veterans Assistance and Administration, faith communities, senior services</td>
</tr>
<tr>
<td>Implement a public information and engagement model that provides both online and in-person support to the public for completion of advance care plans.</td>
<td>2018-2020</td>
<td>WhidbeyHealth, Island Senior Resources</td>
<td>Recommended: Island County Public Health and Human Services Departments, Island County Human Services (Disabilities), Northwest Regional Council, Veterans Assistance and Administration, faith communities</td>
</tr>
</tbody>
</table>

**Strategic Alignments**

1. **National Prevention Strategy: Clinical and Community Preventive Strategies**

   **a. Recommendations**
   - Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
   - Strengthen collaboration and coordination of patient care between providers and agencies.
   - Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

   **b. Actions**
   - Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
   - Expand the use of community health workers and home visiting programs.
Voices

“There are a lot of people out there on the streets. It’s not enough for people to pass by and feel sorry for them.”

Focus Group Participant

Perspectives

Current research has clearly demonstrated the connection between safe, affordable housing and good health. A 2011 study published by the Center for the Study of Social Policy found that living in a distressed housing situation magnifies the effects of poverty on an individual in many ways including limiting educational achievement, economic opportunity, health and other indicators of well-being. Poor housing conditions have also been linked to infectious and chronic diseases, injuries, poor child development and mental illness. Examples of conditions include respiratory infections, asthma, cardiovascular disease, cancer, lead poisoning and psychological distress.

Community investments in housing programs can result in significant savings in health care costs, while improving health outcomes. In fact, more than a dozen studies over the past decade have quantified ways in which homeless people with disabilities utilize various public systems, including hospitals, emergency rooms, psychiatric hospitals, shelters, jails and prisons. These studies have come to conclude that leaving vulnerable individuals and families homeless taxes public health systems and places an undue burden on local taxpayers; and that providing these same people with supportive housing saves at least enough money to pay for housing the homeless.

A 2006 cost study based on Seattle’s Housing First program, targeted alcoholic homeless persons and succeeded in saving tax payers $4 million dollars in its first year of operation. The study reported an average savings of 53 percent, or nearly $2500 per month per person in health and social services compared to costs incurred by a control group.
Insights

Housing affordability is a significant problem in Island County and Washington State. The Washington State Affordable Housing Board defines affordability as “when a household pays no more than 30% of its income for all housing costs.” The board commissioned a 2015 report that found that 36% (936,260) of Washington’s households are cost-burdened and more than 390,000 households (15.2%) are severely cost-burdened. In fact, the proportion of the lowest-earning households (earning less than 30% of the state’s median family income) that are severely cost-burdened is greater than those who can reasonably afford their housing.

In Island County, the same study found 8,780 local households making less than the area median income identified as cost-burdened households.\(^{10}\) Compounding this issue is the fact that Island County falls far behind both state and national averages in supply of affordable housing units for households with less than 50% of median family income.

Figure 3

<table>
<thead>
<tr>
<th>Number of Housing Units</th>
<th>Island County</th>
<th>Washington State</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>51</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

The 2015 Island County Community Health Assessment Survey asked respondents about the leading social and economic issues that affect local population health. Lack of affordable housing ranked highest for low income survey respondents and fifth highest for all respondents. The same concern was expressed by focus group participants who said there were not enough housing options to meet current needs.

The Island County Housing Support Center currently has 287 households waiting for housing assistance to become available. One hundred of those households are living unsheltered, in a vehicle, or other adapted shelter. The 2017 Island County Point-In-Time Count identified a rising number of chronically homeless individuals who have been without a home for more than a year, or who have had multiple periods of homelessness over the past several years.

Sheltering the Homeless

Several local initiatives are underway to improve conditions for those impacted by homelessness. Thanks to the leadership of the Whidbey Homeless Coalition and partners Spin Café and Oak Harbor’s faith community, homeless individuals can now access the county’s first overnight emergency shelter where volunteers help connect them with needed services and resources.

Members of the Housing Work Group supported the initiative and recommend conducting further needs assessment efforts to better understand the scope of the problem in other parts of Island County.
Objective 1.1
By 2018, Island County will have a year-round overnight emergency shelter and reduce the number of homeless individuals reporting sleeping unsheltered the night prior by 20%.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a year-round, overnight emergency shelter in Oak Harbor.</td>
<td>April 2017-</td>
<td>Whidbey Homeless Coalition</td>
<td>Island County Human Services, SPIN Café, Oak Harbor faith communities</td>
</tr>
<tr>
<td></td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure long-term sustainable funding to support shelter operation.</td>
<td>Ongoing</td>
<td>Whidbey Homeless Coalition</td>
<td>Island County Human Services, SPIN Café</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate shelter referral into discharge procedures for all jails</td>
<td>2017-</td>
<td>Housing Work Group</td>
<td>WhidbeyHealth, Whidbey Homeless Coalition, Island County Jail, Oak Harbor</td>
</tr>
<tr>
<td>and local emergency department.</td>
<td>Ongoing</td>
<td></td>
<td>Jail</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure transportation to the shelter is available from emergency rooms</td>
<td>May 2017</td>
<td>Housing Work Group</td>
<td>WhidbeyHealth, Island County Jail, Whidbey Homeless Coalition, Oak Harbor</td>
</tr>
<tr>
<td>and jails on evenings and weekends.</td>
<td>Ongoing</td>
<td></td>
<td>Jail</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess need of emergency shelter on Camano Island through data</td>
<td>2018</td>
<td>Island County Human Services</td>
<td>Snohomish County service agencies</td>
</tr>
<tr>
<td>collection from regional shelters. Evaluate associated referral and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>transportation needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Objective 1.2
By 2018, homeless individuals and families will have improved referral and access to support services through the overnight emergency shelter.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer care and harm-reduction interventions and/or referrals for</td>
<td>2018-2020</td>
<td>Island County Public Health</td>
<td>Whidbey Homeless Coalition, Spin Café, WhidbeyHealth</td>
</tr>
<tr>
<td>shelter clients from community medical and dental providers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer care and harm-reduction interventions and/or referrals for shelter</td>
<td>2018-2020</td>
<td>Island County Public Health</td>
<td>Whidbey Homeless Coalition, Spin Café, Compass Health, Island County</td>
</tr>
<tr>
<td>clients from community mental health and substance use disorder</td>
<td></td>
<td></td>
<td>Human Services, WhidbeyHealth</td>
</tr>
<tr>
<td>treatment providers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer shelter clients additional housing support services through</td>
<td>2017-2020</td>
<td>Island County Human Services</td>
<td>Whidbey Homeless Coalition</td>
</tr>
<tr>
<td>referral to the Island County Housing Support Center.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strategic Alignments

1. National Prevention Strategy: Clinical and Community Preventive Strategies

a. Recommendations

- Design and promote affordable, accessible, safe and healthy housing.
- Support implementation of community-based preventive services and enhance linkages with clinical care.

b. Actions

- Support use of retail sites, schools, churches, and community centers for the provision of evidence-based preventive services.
- Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).
### Goal 2: Preserve existing and increase total number of units of healthy affordable housing.

#### Objective 2.1
By 2020, increase the number of affordable and available housing units per 100 households at/or below 50% of area median income.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review existing Island County and city regulations for barriers to development of affordable housing.</td>
<td>2017-2020</td>
<td>City of Langley, Town of Coupeville, Island County Human Services, Oak Harbor Housing Task Force, Island County Planning and Community Development</td>
<td>Recommended: Contractors, realtors, regional affordable housing developers</td>
</tr>
<tr>
<td>Establish an affordable housing data and best practices resource for policymakers and staff in Island County.</td>
<td>2018</td>
<td>To be determined</td>
<td>Recommended: Island County Planning and Community Development staff, housing assistance staff, contractors, realtors, homeowners, renters</td>
</tr>
<tr>
<td>Provide residents with information and educational resources, including comprehensive plan updates, legislative actions and individual actions to increase availability of healthy, affordable housing.</td>
<td>2017-2020</td>
<td>Housing Work Group</td>
<td>Recommended: Whidbey Homeless Coalition, City of Langley, Oak Harbor Task Force, Island County Human Services, Island County Planning and Community Development</td>
</tr>
<tr>
<td>Educate community members and policy makers on the importance of maintaining 100% of current funding for affordable housing development, operation and maintenance. Include recommending removal of the recording fee sunset and preservation of the State Housing Trust Fund.</td>
<td>2017-2020</td>
<td>Island County Human Services</td>
<td>To be determined</td>
</tr>
<tr>
<td>Establish a work group in partnership with Island County Environmental Health to assess housing conditions in the county and development of a ‘Healthy Homes’ program.*</td>
<td>2017-2018</td>
<td>Island County Public Health</td>
<td>To be determined</td>
</tr>
<tr>
<td>Encourage homeowners to maintain long-term rental housing versus short-term vacation rentals by establishing a database of primary and secondary residences, providing education about existing regulations, and identifying incentives for long-term rental unit maintenance.</td>
<td>2017-2020</td>
<td>City of Langley</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

*The Healthy Homes Initiative is a comprehensive and holistic program sponsored by Centers for Disease Control and Prevention to prevent diseases and injuries that result from housing-related hazards and deficiencies.

### Goal 3: Increase availability of permanent, supportive housing units.

#### Objective 3.1
Increase community member support for the expansion of permanent, supportive housing units in Island County.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract completion of a cost-benefit analysis for increasing permanent supportive housing units in Island County, including evaluation of public costs associated with chronically homeless individuals.</td>
<td>2018</td>
<td>Island County Human Services</td>
<td>Recommended: Town of Coupeville, Cities of Langley and Oak Harbor</td>
</tr>
<tr>
<td>Increase feasibility of adding permanent supportive housing units by identifying a development partner or funding strategies to leverage state and federal grants, locations for housing units, and necessary community partners to provide support services.</td>
<td>2018-2020</td>
<td>Island County Human Services</td>
<td>To be determined</td>
</tr>
</tbody>
</table>
Perspectives

The impact of interpersonal abuse on individuals and their communities has far-ranging implications for those working to improve public health. Interpersonal abuse can be defined as a systematic pattern of power and control perpetrated by one family or household member against another. It may include physical violence, sexual violence, psychological violence, exploitation, neglect and emotional abuse. Abuse can happen to anyone at any stage of their lifetime. Consider that:

- Referrals to state child protective services across the U.S. involve 6.6 million children annually; half of those children are subject to an investigated report.11
- More than one in three women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.12
- According to the National Council on Aging, one in ten American adults age 60 or above has experienced some form of elder abuse.13

Compounding this complex issue is the fact that many who experience interpersonal abuse and violence will suffer related physical, mental and emotional health problems throughout their lifetime.

Findings from the Adverse Childhood Experiences Study (ACES) revealed strong links between adverse childhood experiences and engagement in high-risk behaviors, unwanted pregnancy, homelessness, adult onset of chronic illness, and mental illness. This landmark study, conducted in partnership between the Centers for Disease Control and Prevention and Kaiser Permanente between 1995 and 1997, collected detailed data and information from 17,000 people about childhood experiences of abuse, neglect and family dysfunction.

While individuals and families bear the direct impact of abuse, communities and society as a whole experience consequences too. The World Health Organization has estimated the economic impact of child abuse in the U.S. alone results in annual costs of $94 billion. Intimate partner violence costs are estimated at $12.6 billion annually.14

Voices

“Community involvement is key to getting victims of domestic violence the services they need for safety. The first people that most victims reach out to for help is friends and family, not law enforcement, legal or local agencies. Knowing how to support neighbors, friends and family struggling with dangerous relationships is something we all need to know.”

Cynde Robinson, Executive Director, Citizens Against Domestic and Sexual Abuse
Insights

Violence and abuse are critical health problems throughout the United States, however their effects in rural environments such as Island County are often exacerbated by limited access to support services for victims, transportation barriers, the stigma of abuse, lack of availability of shelters and poverty as a barrier to care.

Additionally, small communities may be challenged by an overlap among healthcare providers, law enforcement officers, and abuse victims. Some people may be reluctant to report abuse, fearing that their concerns will not be taken seriously or that their reputations may be damaged.\(^\text{15}\)

From the outset, members of the Interpersonal Abuse Work Group acknowledged concerns about the absence of a community-wide response that addresses the issue of interpersonal violence across the lifespan in Island County.

Healthy Youth Survey results in 2014 revealed that 31.9% of Island County youth in tenth grade said they had ever been physically hurt on purpose by an adult compared to 26.4 % reported statewide. Reports from the Island County Sheriff’s Office yielded that 23% of the county’s assault cases involved domestic violence or abuse, and that current data collections systems likely grossly underestimate the true incidence.

Group members also expressed concern about the lack of available data concerning Island County seniors and reports of abuse, given that 29% of Island County’s population is made up of people age 60 and above.\(^\text{16}\)

As a result, the group determined that they would pursue the creation of a diverse coalition dedicated to addressing abuse in Island County; and to build engagement among these stakeholders to address the issue from a long-term perspective. Additionally, they would adopt a community-wide curriculum and provide training for those working with children and adults, including seniors to increase knowledge about the signs of abuse and recommended strategies to link individuals and families with needed services and support.

---

**Survey Question:** Has an adult ever physically hurt you on purpose, (like kicked, slapped, hit or punched you,) leaving a mark, bruise or injury?  
No further historical data available due to a significant change in the question language.

Goal 1: **Reduce the likelihood and/or impact of interpersonal abuse among residents of Island County.**

### Objective 1.1

**Maintain Community Health Improvement Plan Work Group for implementation of plan initiatives on interpersonal abuse.**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain regular meeting schedule for work group members committed to the Community Health Improvement Plan process.</td>
<td>2018-2020 meetings held quarterly</td>
<td>Island County Public Health</td>
<td>Toddler Learning Center, Citizens Against Domestic and Sexual Abuse, Fleet and Family Services, Island Senior Resources, emergency medical responders, schools, law enforcement agencies, faith communities, Island County Community Health Advisory Board</td>
</tr>
<tr>
<td>Identify service professionals and volunteers countywide to undergo training to develop skills related to recognizing and responding to abuse.</td>
<td>2017-2018</td>
<td>Interpersonal Abuse Work Group</td>
<td>Recommended: Professionals or staff in medicine, dentistry, senior services, counselors, home-visiting programs, family law, and youth service organizations</td>
</tr>
<tr>
<td>Provide training to service professionals and volunteers countywide to identify signs of interpersonal abuse and to help individuals take appropriate next steps.</td>
<td>2017-2020</td>
<td>Interpersonal Abuse Work Group</td>
<td>STOP Task Force *</td>
</tr>
<tr>
<td>Collaborate with other community efforts that work to reduce the likelihood and/or impact of interpersonal abuse among residents of Island County.</td>
<td>2017-2020</td>
<td>Interpersonal Abuse Work Group</td>
<td></td>
</tr>
</tbody>
</table>

*The STOP Task Force is supported by grant funding from Washington State to support the coordination of community response teams to respond to sexual assault, domestic and dating violence and stalking.*

### Objective 2.1

**By 2020, Island County professionals from at least five community sectors* will have enhanced skills to identify harm or risk of harm related to interpersonal abuse.**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop or adapt existing interpersonal abuse curriculum and materials for training community champions.</td>
<td>Identify curriculum and training materials by July 2018</td>
<td>Interpersonal Abuse Work Group</td>
<td>Island County Public Health</td>
</tr>
<tr>
<td>Identify champions from five sectors in the community who will receive training to facilitate educational sessions on recognizing and responding to interpersonal abuse for colleagues, staff, volunteers and other community members.</td>
<td>Training completed by January 2019</td>
<td>Interpersonal Abuse Work Group</td>
<td>Island Senior Resources, Citizens Against Domestic and Sexual Abuse emergency medical responders, Island County Public Health, faith communities, schools</td>
</tr>
<tr>
<td>Champions will conduct trainings for colleagues, staff, volunteers and other community members within their sectors.</td>
<td>2019-2020</td>
<td>Interpersonal Abuse Work Group and identified champions</td>
<td>Island Senior Resources, emergency medical responders, Island County Public Health, faith communities, schools, Citizens Against Domestic and Sexual Abuse</td>
</tr>
</tbody>
</table>

*Sector is defined as a group of professionals or volunteers providing a specific service in Island County.*
Objective 3.1
By 2020, all persons receiving interpersonal abuse training under this initiative will be able to identify appropriate referral services.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
<th>Project Leads</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop materials identifying Island County services available for individuals and families encountering interpersonal abuse.</td>
<td>July 2018</td>
<td>Interpersonal Abuse Work Group</td>
<td></td>
</tr>
<tr>
<td>Distribute referral material at each training conducted and in the context of outreach efforts.</td>
<td>2018-2020</td>
<td>Interpersonal Abuse Work Group</td>
<td>Island Senior Resources, emergency medical responders, Island County Public Health, faith communities, schools, Citizens Against Domestic and Sexual Abuse, Senior Services</td>
</tr>
</tbody>
</table>

Strategic Alignments

1. Washington State Health Improvement Plan 2017
   **Priority 1:** Invest in the health and well-being of our youngest children and families.
   **Goal:** Ensure that families and communities build a strong foundation in the early years for a lifetime of good health, educational success, and economic prosperity.
   **Example of Desired Outcomes:** Decrease rate of child maltreatment/adverse childhood experiences.

2. National Prevention Strategy
   **Recommendation:** Strengthen policies and programs to prevent violence.

3. Healthy People 2020, U.S. Department of Health and Human Services
   **Goal:** Prevent unintentional injuries and violence, and reduce their consequences.
   **Objective IVP-37:** Reduce child maltreatment deaths.
   **Objective IVP-42:** Reduce children’s exposure to violence.
Across the nation, public health officials and advocates are struggling to understand the rising rates of suicide after decades of decline. Depression and suicide are connected health issues that involve related biological, psychological and societal factors.

Untreated depression is the number one cause for suicide. Depression occurs when an individual experiences a prolonged period of sadness that interferes with their ability to function. Depression occurs because of an imbalance of chemicals in the brain and it is treatable. Unfortunately, many people do not receive treatment for depression, and thus are at risk for suicide.

After a period of nearly consistent decline in suicide rates in the United States from 1986 through 1999, suicide rates have increased almost steadily since 1999 through 2014.\(^\text{17}\)

The National Vital Statistics System that monitors mortality has captured several trends that justify renewed concern:

- From 1999 through 2014, the age-adjusted suicide rate in the United States increased 24%.
- Suicide rates increased from 1999 through 2014 for males and females across all age groups.
- The percent increase in suicide rates for females was greatest for those aged 10-14, and for males, those aged 45-64.
- The most frequent suicide method in 2014 for males involved the use of firearms (55.4%), while poisoning was the most frequent method for females (34.1%).

Complicating the problem is the fact that while suicide is increasing, mortality is generally declining, making suicide one of the ten leading causes of death overall.\(^\text{18}\)
From the outset, the Depression and Suicide Work Group acknowledged they would need a committed and multifaceted coalition with expertise in mental health to explore the issue across all age groups. They found the 2016 Healthy Youth Survey provided compelling evidence that county youth were indeed at the same or greater risk for suicide than other youth statewide. Further, they discovered that Island County’s suicide rate was greatest among adults age 24-44 years, and that a significant data gap existed for defining mental health needs in the county’s rising population of older adults.

They also explored the significant changes underway at the state and regional levels to improve health care delivery. Through the Governor’s Healthier Washington initiative, Medicaid-funded physical and behavioral health services are being integrated to address needs from a ‘whole person’ care model. The increased investment of resources to support the initiative is expected to transform health care delivery, including mental health, in the state over the next several years.

Within this changing landscape, work group members recommended developing and implementing a countywide information campaign to increase awareness about the signs and symptoms of depression and suicide risk, and available support services. They also recommended that as state and regional health initiatives gain clarity and momentum, the work group should investigate other potential strategies, particularly if they intersect or build on work underway. Finally, they recommended collaborating with other groups in the community working to improve mental health care and from these collaborations, identify and enlist the support of champions to contribute to future improvement efforts.
Goal 1: To educate the public about the signs and symptoms of depression and suicide and inform them about the resources available for those at risk.

**Recommendations:**
Explore creating a community coalition to develop an agenda for implementation of the following:

- Ensure that access to resources that address depression and suicide are explored through the access to care navigation system.
- Utilize existing media and news information resources to help educate the public about the signs and symptoms of depression and suicide.
- Ensure that the delivery of education, identification of resources and creating awareness about those resources meet the community’s interests and needs.

VISION 2020 KEY TAKEAWAYS

1. The CHIP is a Community Health Improvement Plan, created to improve the health and well-being of residents in Island County over the next several years.

2. The plan addresses four priority areas that have been determined by community members, organizations and public health officials with information and data derived from Community Health Assessment activities. They are:
   - Access to Care
   - Housing
   - Interpersonal Abuse
   - Depression and Suicide

3. Strategies created by community work groups to address each area will be implemented by project leads, partners and Island County Public Health staff to produce measurable health improvements in target populations.
Implementing and Monitoring Progress

Vision 2020 is an ambitious community health improvement plan. Its purpose is to transform health outcomes by addressing the most pressing priorities identified by Island County residents.

Implementation of the CHIP has already begun. For some strategies, project leaders and partners have mobilized and are moving forward. For others, strategy implementation will require building new partnerships, researching best practices, identifying resources and adapting to changing local, regional and national environments.

The plan's implementation will be reviewed and updated annually over the next three years. The CHIP work groups and the Community Health Advisory Board will assist Island County Public Health in tracking and evaluating how well the strategies are addressing goals and objectives. They will also make recommendations if greater impact can be achieved through modifications.

The Public Health Department and its partners will seek to expand the network of agencies and stakeholders committed to supporting the CHIP. New opportunities and alliances must be formed with others working toward improving community health to ensure the plan's success across all sectors.

As this initiative moves forward, public involvement is essential. Opportunities exist to get involved and stay informed.

Contact us at 360.679.7350 or email l.luginbill@co.island.wa.us to find out more about how you can help the CHIP succeed in Island County.

NEXT STEPS

Implementation and Monitoring Progress

HOW YOU CAN HELP

- Learn more about the plan and progress at www.islandcountywa.gov/health/ahc.
- Provide plan feedback or send a suggestion to l.luginbill@co.island.wa.us.
- Explore how you or your organization can contribute to the priority strategies.
- Join one of the priority work groups.
- Host a CHIP training or request a speaker from the CHIP network to present to your group.
Learn more about CHAB

The Island County Community Health Advisory Board (CHAB) is the longest-standing board of its type in Washington State. Members are appointed and act in an advisory capacity to Island County’s Board of Health. A focus of their work is providing leadership and guidance in the development of Island County’s Community Health Assessment and Health Improvement Plan. Members were involved in collecting and analyzing data, planning and participating in the prioritization workshops, and leading priority work groups.

Members received monthly updates on work group progress and played an important role in identifying points of intersect between the priority strategies. Two common barriers that were identified by all priority work groups were education and linkages between existing services; and lack of transportation options to existing services.

Board members also selected additional strategies to increase Island County’s capacity to evaluate the CHIP’s impact and identify health priorities into the future. Specifically, CHAB commits to:

• Advocate for increased transportation options to community service providers.
• Increase CHAB member engagement with local transportation boards and committees.
• Increase Island County’s capacity to collect quality data on older adults, young children and health disparities in Island County.
• Advocate for implementation of the CHIP intervention strategies to the Board of Health, community service providers and regional, state and federal agencies.

For more information about CHAB, please visit www.islandcountywa.gov/health/ahc/chab
Community Health Improvement Plan Work Groups

Many individuals and a wide variety of organizations made important contributions to the development of the Community Health Improvement Plan. We gratefully acknowledge their support, participation and dedication.

Access to Care
Heidi Saunders, Co-Leader
WhidbeyHealth
Kellei Tormey, Co-Leader
CHAB
Laura Luginbill, Co-Leader
Island County Public Health
Keith Higman, Island County Public Health
Jill Johnson, Island County Commissioner
Kara Martin, Community Member
Dana Sawyers, Island County Human Services
Heather Sellers, Naval Hospital Oak Harbor
Charlie Smith, Central Whidbey Fire & Rescue
Chasity Smith, Island Senior Resources
Marcia Stata, South Whidbey School District
Janet St. Clair, CHAB Member
Cheryn Weiser, Island Senior Resources

Housing
Joanne Pelant, Co-Leader
Island County Human Services
Celine Servatius, Co-Leader
CHAB
Laura Luginbill, Co-Leader
Island County Public Health
Tim Callison, City of Langley
Lou Cox, Compass Health
Molly Hughes, Town of Coupeville
Karla Jacks, Camano Community Center
Cathy Niroo, United Way
Lynda Richards, Island County Human Services
Vivian Rogers-Decker, SPIN Café

Interpersonal Abuse
Cynde Robinson, Co-Leader
Citizens Against Domestic and Sexual Abuse
Casey Scott-Mitchell, Co-Leader
Citizens Against Domestic and Sexual Abuse
Holly Grason, Co-Leader
CHAB
Emily Maughan, Co-Leader
Island County Public Health
Sharon Bell, Toddler Learning Center
Celeste Fikjes, Department of Social and Health Services
Carla Grau-Egerton, Community Member
Tara Hixon, Island County Human Services
Jennifer Kapolchok, Fleet and Family Services
Ron Lawler, Oak Harbor Family Bible Church
Pat McMahon, South Whidbey Emergency Medical Services
Jennifer Mouw, Oak Harbor Public Schools
Chris Peabody, Island County Public Health

Depression and Suicide
Catherine VanWetter, Co-Leader
ForeFront
JoAnn Strong, Co-Leader
CHAB
Emily Maughan, Co-Leader
Island County Public Health
Mary Anderson, Oak Harbor Senior Center
Kai Asinsin, Community Member
Catherine Ballay, Town of Coupeville
Betsy Griffith, Island County Human Services
Keith Higman, Island County Public Health
Caitlin Jones, Island County Human Services
Steve King, Oak Harbor Public Schools
Brenda Kovach, Fleet and Family Services
Carla Koege, Fleet and Family Services
Dr. Andrew Mortimer, Naval Air Station Whidbey Island
Ryan O’Donnell, Compass Health
Jay Shapiro, Community Member

Workshop Participants
Annalee Burgoyne, SeaMar Community Health Center
Lisa Clark, Opportunity Council
Deb Crager, WhidbeyHealth
Rick Felici, Island County Sheriff’s Office
Geri Forbes, WhidbeyHealth
Jamiie Hanke, Sunrise Services
Jackie Henderson, Island County Human Services
Caitlin Judd, Citizens Against Domestic and Sexual Abuse
Colleen Keller, Utsalady Elementary School
Gail Lavassar, Readiness to Learn
Steve Marx, Island County Public Works
Robert May, WhidbeyHealth
Janet McWatt, Island County Public Health
Ron Nelson, Economic Development Council
Maureen Pettit, Skagit Community College
Charlene Ray, Island County Human Services
Jim Reinhartd, Camano Fire and Rescue
June Robinson-Fritzt, Department of Social and Health Services
Michael Schick, Camano Fire and Rescue
Jim Shank, Coupeville School District
Michelle Smith, Naval Hospital Oak Harbor
Yolll Stites, Camano Country Club
Helen Taylor, WhidbeyHealth Foundation
Suzanne Turner, Island County Public Health
Dave White, Naval Hospital Oak Harbor
Faith Wilder, Whidbey Homeless Coalition
Bess Windecker-Nelson, Family Touchstone, LLC
Jaemee Witmer, Toddler Learning Center
Jill Wood, Island County Public Health

As we look forward, our continued partnership will be essential to helping us achieve the plan’s goals for healthier people and healthier communities in Island County.

Island County Board of Health
Helen Price Johnson, Chair
Grethe Cammermeyer
Richard M. Hannold
Jill Johnson
Christine Sears
Bob Severns

Island County Health Officer
Brad Thomas, M.D.
REFERENCES


CREDITS

VISION 2020
Island County Community Health Improvement Plan

Island County Public Health
P.O. Box 5000
Coupeville, WA 98239
islandcountywa.gov/health