CASCADE PACIFIC ACTION ALLIANCE
IMPROVING COMMUNITY HEALTH & SAFETY

Problem and Vision Statements – Shared Health Areas

Economic and Educational Opportunities

Problem Statement	Vision Statement
"Social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness." (CDC, www.cdc.gov/socialdeterminants/). In our region, widespread poverty and a lack of education have been identified as major issues driving poor health outcomes. For example, in 2012, high school graduation rates in Grays Harbor and Mason counties were between 7% and 10% lower than the state average of 77.1% (Washington State Office of Superintendent of Public Instruction). Conversely, the median household income for our rural communities is up to almost a third lower than the Washington State average. For instance, the median household income in Pacific County in 2012 was a mere $40,873 compared to $59,374 for all of Washington State (U.S. Census Bureau, 2010-2012 American Community Survey). Not surprisingly, poverty levels are elevated in these communities compared to the state average. The percentage of persons living below the poverty line in our rural communities exceeds the state average of 12.9% by almost 50% in the case of Grays Harbor County (U.S. Census Bureau). Lack of education and high rates of unemployment are contributing to poor health. Five of the seven counties rank in the top ten worst counties for unemployment rates in Washington State (County Health Rankings). Thurston County (the only urban county of the seven counties participating in the CPAA) is the only county whose unemployment rate is better than the state's rate 5.7%. High levels of poverty, noted above, are also prevalent in our rural communities. Additionally, post-secondary education attained is much lower than the state average for all counties in the region except in Thurston. As a result, enhancing economic opportunities through job training, small business development, and an emphasis on completing high-school and post-secondary education have been identified as essential to community well-being.	Our community members have access to economic and educational opportunities (early learning, K-12, higher ed, vocational training) to enable them to live economically secure lives in our communities; including support for our senior citizens, job retraining, and affordable housing. Few people live in poverty. Disengaged children receive help with academic and non-academic issues. High school graduation rates and post-secondary training rates improve.

Health Integration and Care Coordination

Problem Statement	Vision Statement
In a health care system as fragmented as ours, care for individuals with complex health needs is particularly challenging for those served by *multiple* systems (medical, behavioral health, dental, social services and, periodically, criminal justice). In some cases, the coordination or transition of care between systems is not smooth—service providers often do not know each other, information systems do not communicate effectively, important patient needs get lost. In other cases, patients are simply not getting the right care in the right setting—treatment slots are scarce, there are too few providers, funds are limited or, as is often the case, we rely on one setting (like our jails or emergency rooms) to care for patients who would be better served in another setting (like in drug treatment or mental health programs). By way of example, the Thurston County Prosecutor estimates the number of inmates with mental health/chemical dependency issues in county jails is in excess of 70%.[1] These inefficiencies and shortcomings of multiple systems likely results in poorer health outcomes.	Our community members' physical health, behavioral health[2], dental and social support needs are equally considered and holistically addressed to make it possible for most people with behavioral health issues to achieve recovery. Care is coordinated across all elements of the broader health care, behavioral health and social support systems, including criminal justice. Citizens move seamlessly from one care setting and/or "sub-system" to another. Additional capacity is created to ensure that people get the needed care and services resulting in less reliance on the criminal justice system as the "backstop" for treatment and housing.

Improve Chronic Disease Prevention and Management

Problem Statement	Vision Statement
The management of chronic diseases, including obesity and heart conditions, places a huge burden on our health care system. Recent data for our region confirm that Major Cardiovascular Disease is the leading cause of death in our region across all counties (Center for Health Statistics, Washington State Department of Health, 2014 - 2013) and our rural communities struggle with obesity rates well over the Washington State average (34-35% vs. 27%, Washington State Department of Health, Chronic Disease Profiles by County, 2009-2011). Youth obesity rates in particular are worrisome because of the long-term disease and cost burden on our communities. In Lewis and Grays Harbor counties, youth obesity rates are elevated by 4-9 percentage points over the Washington State average, which was 27% in 2010. More than a third of 10th graders in Lewis County are obese (Washington State Public Health Indicators). Likewise, adult smoking rates are higher than the Washington State average in all seven of our counties. In Thurston County, for instance, 19% of adults and 12% of pregnant women smoke, compared to 16% and 9% respectively, statewide. The prevention of chronic diseases thus becomes a focal point for efforts to improve our region's health.	Our communities are educated about health risks and chronic disease prevention. Our community members eat healthy, exercise and practice other healthy lifestyle behaviors (e.g., non-smoking) to prevent chronic diseases, and our workplaces and built environments support them in doing so. Community members who suffer from chronic diseases have the tools and resources to manage their chronic conditions successfully. Policies and motivational support systems will also help to support chronic disease management.

Prevention and Mitigation of Adverse Childhood Experiences

Problem Statement	Vision Statement
There is a growing body of literature linking abuse, neglect, and family dysfunction during childhood, collectively referred to as adverse childhood experiences or ACEs, to increased disease risk in adulthood, shortened lives and diminished quality of life. According to the CDC, "some of our worst health and social problems in our nation can arise as a consequence of adverse childhood experiences." (ACES Study, http://www.cdc.gov/violenceprevention/acestudy/). Our region has a high burden of ACEs which are likely contributing to the prevalence of chronic disease and other poor health outcomes. Reducing adverse childhood experiences for our youth therefore is an important long-term goal for our region. Improving health outcomes in our region will depend on our ability to increase individual and community resilience to mitigate the impact of Adverse Childhood Experiences.	Childhood abuse, neglect and family dysfunction in our communities is reduced; children are raised in a healthy, safe environment. Our communities' resilience to social trauma is strengthened. There are early intervention and prevention services which provide our communities with strong social-emotional, behavioral, and physical health care allowing children and adults to better manage adverse childhood experiences.

Provider Access and Capacity

Problem Statement	Vision Statement
The limited capacity of providers to meet our region's health care needs is a big concern. This extends to a broad range of health care services, including but not limited to primary care and dental services, mental health and chemical dependency treatment, and specialty medical care. Adequate health care access is a problem throughout our region, but is particularly severe in our rural areas where the number of health care providers is well below the Washington State average. For example, the number of	Our communities have access to the right care at the right place at the right time. Our health care providers have the capacity to meet our region's health care needs. There is a sufficiently large work force to meet our region's health care needs. Providers are paid fairly for their work. Training incentives are provided to retain and attract providers.

mental health provider FTEs per 100,000 residents in Lewis County is barely 10% of the Washington State average. The number of dentist FTEs per 100,000 residents in Pacific County is approximately 40% of the Washington State average; and the number of primary care physician FTEs per 100,000 residents in Mason County is a mere 28% of the state's average. Provider shortages exist even in our urban areas; for example, Thurston County falls 19% below the state average of primary care physician FTEs per 100,000 residents (County Health Rankings, 2011).	