Health disparities are differences in health outcomes between groups that reflect social inequalities. Since the 1980s, our nation has made substantial progress in improving residents’ health and reducing health disparities, but ongoing racial/ethnic, economic, and other social disparities in health are both unacceptable and correctable.

Thomas R. Frieden, MD, MPH
Director, Center for Disease Control
Fifty people participated in a community health assessment visioning workshop in December, 2010. A smaller group of diehards took the piles of butcher paper and colored stickies generated by participants and drafted the following statement affirming the cultural and geographic diversity of our community, and the expressed mutual commitment of the larger group to a healthy and vibrant future where:

- **Every child** grows in a safe and nurturing environment
- **Every person** has access to comprehensive and integrated health services and social supports across the lifespan and spectrum of needs
- **Every population** shares in the abundance of opportunities for healthy active living, outstanding education, satisfying employment, and meaningful community participation
- **We all** flourish through our connections and commitments to each other and to the air, land and waters that surround and sustain us.
In the fall of 2010, Whatcom County Health Department and PeaceHealth St. Joseph Medical Center launched a comprehensive community health assessment and planning process. Undertaken in collaboration with a wide range of community partners, the overall aim of this work was to identify key areas where the community can take action to improve community health and reduce health disparities. The assessment also fulfills public health accreditation and health care regulatory requirements.

Method

The assessment process is based on the national Mobilizing for Action through Planning and Partnerships (MAPP) model, an evidence-based community-wide strategic planning process for improving community health.

This document is a summary of the four assessments that were completed in a nine month period in 2011.

Leadership

Gib Clarke, Interfaith Community Health Center
Regina Delahunt, Whatcom County Health Department
Susan Given-Seymour, Northwest Indian College
Rosalinda Guillen, Community to Community Development
Mauri Ingram, Whatcom Community Foundation

Liz Mogford, Ph.D., Western WA University
Sue Sharpe, St. Luke's Foundation
Peter Theisen, United Way
David Webster, City of Bellingham
Greg Winter, Opportunity Council

Core Group
Laurie Brockmann, MPH, MSW
Michael Massanari, MD, MS, Critical Junctures Institute
Astrid Newell, MD, Whatcom County Health Department
Chris Phillips, PeaceHealth St. Joseph Medical Center
Summary

Community health status

- People in Whatcom County are generally healthy.
- Despite overall good health, challenges and disparities are hidden among the averages.
- Poverty and adversity threatens the health and well-being of a significant portion of our children and young families.
- Mental health and substance use are frequently identified as high priority issues.
- We are well positioned to respond to federal health care reform, but basic issues of access remain for certain populations.

Forces of change and community themes

- Whatcom County is becoming older and more ethnically diverse.
- Time of profound change for service providers.
- Food and nutrition seen as key focus areas.
- Housing and the built-environment are increasingly recognized as contributing to good health.
- Dynamic tension exists between environmental protection and development interests.
- Communities that are disproportionately impacted by health and social issues have limited voice in community decisions, and have much to offer.

Strategic Areas for Community Health Improvement

- Healthy Children and Families
- Healthy Active Living
- Health Care Access and Service Delivery
- Substance Abuse
- Community Voice and Engagement
- Health Data and Metrics

Next step is to set priorities, goals, objectives and action steps.

The complete assessment report and copies of this document can be downloaded at http://www.co.whatcom.wa.us/health/index.jsp
People in Whatcom County are generally healthy

In 2011, Whatcom County was ranked the sixth healthiest county among 39 counties in Washington State in the annual County Health Rankings, a project of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Whatcom County ranked in the **top 10 best counties in WA state** for health outcomes, (how long people live and how healthy people feel) and health factors (health behaviors, clinical care, social and economic, and the physical environment).

**High life expectancy**

Residents of Whatcom County perceive themselves to be healthier than residents in comparable counties across the nation perceive themselves. The first graphic below demonstrates the proportion of respondents who consider their general health ‘fair’ to ‘poor.’ Note rates that are well below those reported for the nation.

Positive personal assessment of health is affirmed by objective measures of life expectancy that indicate residents, on average, outlive residents in comparable counties in the nation. *

* Assets Contributing to Community Health

  - Beautiful natural environment
  - Abundant recreational opportunities
  - Hardy agriculture and fishing industries
  - Good schools and higher education
  - Major employers plus significant number of small businesses
  - Collaborative nonprofit, and government sectors
  - Vibrant arts scene and varied cultural venues
  - Quality health care services
  - Strong public health and safety systems
  - Sense of place, and civic engagement

* Note: The United States is only 50th in the World in Life Expectancy at 78.37 years. This trails behind other large industrialized nations, including the European Union as a whole (78.82 yrs), South Korea, (79.05-79.92 yrs), Australia (81.07-81.81 yrs), and Hong Kong, Singapore, and Japan (82.04-82.25 yrs).
# Health Rankings summary findings

The table below lists health indicators that were used in determining the annual County Health rankings in 2011. Strengths reflect health indicators that were better than the state and national averages or benchmarks. Indicators listed under “Room for Improvement” were similar to the state averages, but may be areas of concern for some population groups. Challenges reflect areas where Whatcom County is worse than state and national averages and benchmarks, and where additional focus is likely warranted.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Room for Improvement</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td>Low rate of premature death</td>
<td></td>
</tr>
<tr>
<td><strong>Socioeconomics</strong></td>
<td>Unemployment, Affordable housing, Children in poverty, Inadequate social support, Single parent households, Violent crime rate</td>
<td></td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
<td>Liquor store density, Access to healthy foods (grocery stores), Air pollution (particulate matter)</td>
</tr>
<tr>
<td><strong>Health Behaviors and Outcomes</strong></td>
<td>Adult physical activity, Smoking, Obesity, Diabetes, Teen birth rate, Low birth weight, Motor vehicle crash rate</td>
<td>Teen physical activity, Influenza vaccination, Childhood immunization, STDs (Chlamydia rate)</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>Preventable hospital stays, Diabetic screening, Colorectal cancer screening</td>
<td>Uninsured adults, Adults with unmet medical need, Adult dental care, First trimester prenatal care, Availability of primary care providers, Availability of mental health providers, Breast and cervical cancer screening (mammograms and Pap smears)</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings, 2011*

[http://www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Despite overall good health, challenges and disparities are hidden among the averages

3 out of 5 Whatcom County adults are overweight or obese

- Less than half of Whatcom County adults have a healthy weight; 34% are overweight, 26% are considered obese.
- Being overweight is associated with age (50-64, and 65 and older), being male, having annual household incomes over $50,000.
- Obesity is associated with having low annual household income (under $20,000/year), less education, residing in rural areas.

One-third of lower income adults smoke

- Tobacco use is more common in lower income and lower education groups.
- 18% of all adults in Whatcom County are current smokers, compared with 36% of adults with annual household income less than $20,000.

Diabetes is more common in lower income populations

- The prevalence of diabetes has been increasing and is now 6% in Whatcom County.
- While this ranks in the lowest quartile across the nation, the prevalence of diabetes among American Indians is higher than any other ethnic group. Rates are also higher in Hispanics than non-Hispanic Whites.
- Ten percent of adults with low annual household income (<$20,000) have been diagnosed with diabetes compared with only 4% of adults with higher annual household income (> $50,000).

American Indians and Blacks in Whatcom County more likely to die early

Years of potential life lost (YPLL) is a measure of premature death. The younger someone is when they die, the more years of potential life lost. Data from Whatcom County demonstrate that American Indian/Alaskan Natives and Blacks have significantly more years of potential life lost than Whites, Asians, Hispanics. These trends follow similar patterns to the state.
Health status is linked to income, education and ethnicity

Whatcom County data demonstrate **strong associations between income and self-reported health status of adults**, with a significantly greater percentage of people in households at lower income levels reporting poorer health status than those with higher household income.

Individuals who have a **high school diploma or less**, are more likely to have poor or fair health status than individuals with a college degree.

Per capita mean income is highest for Whites. **In particular, individuals of Hispanic/Latino origin have considerably less income** than any other race or ethnicity in Whatcom County.

**Whatcom County Poverty Distribution**

A greater percentage of older adults live in Lynden than other parts of the county. Russian speaking immigrant populations are concentrated in eastern Whatcom County. Hispanic populations are concentrated in agricultural areas of Lynden and Everson/Nooksack as well as in north Bellingham. American Indian tribal populations live primarily on reservation lands on Lummi Peninsula and Deming areas. **Pockets of poverty are distributed throughout the county, however percentages of families living in poverty are higher in the eastern part of the county as well as in central and northern Bellingham and Ferndale.**
Health and well-being of children central community concern

Impact of adverse childhood experiences

Mounting scientific evidence points to the strong connection of childhood experience with health behaviors and conditions. Washington state data demonstrate that individuals who experience adversity (such as abuse, neglect, or family dysfunction) in childhood are more likely to engage in risky health behaviors and to have worse health status as adults.

The risk for poor health outcomes increases for individuals with more adverse experiences.

Relationship of ACE’s to Chronic Conditions in WA

Higher rates of child abuse and neglect than in the state

- In 2010, at least 1,592 children (0-17 years) were victims of child abuse and neglect in Whatcom County. The rate of accepted referrals to Child Protective Services in Whatcom County was 37.72 per 1000 children, compared to the Washington rate of 29.80 per 1000 children. (WA DSHS, 2011) Whatcom County rates of abuse have been consistently higher than state rates since 2004.
- Racial/ethnic minority populations and low income families are disproportionately impacted.
- Parental substance use and mental health issues are often contributing factors to child abuse and neglect.

Poverty and family health

Having adequate, stable financial resources is critical for a healthy family to function, allowing families to meet their basic needs and support healthy child development. Poverty creates stressors that impact all family members, but are especially detrimental to young children.

In Whatcom County, poverty affects:
- More than 6,000 children under age 18 years (16.4% of all children)
- One third (27.9%) of single mothers and two thirds (62.6%) of single mothers with children under 5 years
- More than 40% of American Indian, Black and Hispanic single mothers

Source: US Census Bureau, American Community Survey 2009
Maternal health impacts infant health

The health of women before, during, and after pregnancy is closely tied with the health of their infants. Maternal obesity, substance use, and mental illness are linked to worse health outcomes for both mothers and babies. These conditions are more common in lower income families. Currently, nearly half (46%) of all births in Whatcom County are to lower income women who qualify for Medicaid (185% of Federal Poverty Level). (WA DSHS)

- In 2008, 16.5% of all mothers were obese before pregnancy, increasing risk of pregnancy complications and C-section deliveries. (WA DOH)
- In 2008, 13.3% of pregnant women on Medicaid smoked during pregnancy compared with 7.4% of pregnant women who had other health care coverage. (WA DOH)
- In 2008, 17.4% of pregnant women on Medicaid required treatment for substance abuse. The rate in Washington was 12.6%. (WA DSHS)
- Over the past 5 years (2006-2010), the rate of drug-affected newborns born at PeaceHealth St. Joseph Medical Center tripled from 0.37 to 1.37 (per 100 infants). The rate in Medicaid births was 2.37 (per 100 infants). This disturbing trend follows the growing use of heroin in the community.
- In 2010, 15% of low income pregnant/postpartum mothers enrolled in the Health Department’s WIC program reported symptoms of depression. (WCHD, 2011)

Preventing childhood health conditions

Many serious childhood health conditions, such as obesity, infections, and dental cavities can be prevented. Opportunities exist to improve child health by increasing preventive health behaviors.

**Breastfeeding**

- Approximately 90% of WIC mothers in Whatcom County initiate breastfeeding, but the majority stop earlier than recommended, many within the first weeks of life. (WCHD, 2011)

**Dental Health**

- 61% of 3rd graders have tooth decay experience, 13% are untreated.
- Low income and Hispanic children have more decay and receive less treatment.
- 56% of 3rd graders with dental sealants (higher than Healthy People 2010 target)

**Immunizations**

- Less than 70% of young children fully immunized (National Immunization Survey, MMWR, 2011)
- High rates of vaccine preventable illness (e.g., pertussis)
- School immunization exemption rates consistently worse than the state

Source: Whatcom County Smile Survey, 2010

Source: WA DOH Immunization Program, 2011
Hepatitis C is a viral infection of the liver that may produce chronic, persistent infection associated with cirrhosis, hepatic failure, and death. Hepatitis C is contracted from exposure to contaminated blood (blood from infected patients) and/or sexual contact. The striking increase in incidence of Hepatitis C in Whatcom County is consistent with an epidemic and likely related to increasing IV drug abuse in the county.

High rates of substance abuse

- Illicit drug use is significantly higher in Washington State and the region that includes Whatcom County (9.9%) than the national average (8.1%). (SAMHSA, National Survey on Drug Use and Health, 2006, 2007, and 2008) This is true for all classifications, including marijuana, cocaine, and the non-medical use of pain relievers and other substances. The same is true of alcohol use, with both the State and the county consuming greater amounts than the national average.

- Rates of drug associated health and social problems such as violent crime and hepatitis C are growing. Increasing rates of drug-affected newborns and high rates of child abuse and neglect referrals associated with parental heroin addiction are particularly disturbing.

Drug Trends 2000-2009

The following graphics prepared by the Alcohol and Drug Abuse Institute at University of Washington demonstrate the significant increases in prescription opiate and heroin use (as measured by police evidence data) over the past decade. Heroin use is particularly high in Whatcom County.

Additional Data: [http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-03.pdf](http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-03.pdf)
Alcohol, cigarette and other drug use by school age youth

<table>
<thead>
<tr>
<th>SUBSTANCE USE</th>
<th>GRADE IN SCHOOL</th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>6th</td>
<td>8th</td>
<td>10th</td>
<td>12th</td>
</tr>
<tr>
<td>Cigarettes in past 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whatcom County</td>
<td>0.9%</td>
<td>6.4%</td>
<td>13.8%</td>
<td>18.3%</td>
</tr>
<tr>
<td>WA State</td>
<td>1.7%</td>
<td>6.4%</td>
<td>12.4%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Marijuana use in past 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whatcom County</td>
<td>0.9%</td>
<td>8.8%</td>
<td>22.5%</td>
<td>24.1%</td>
</tr>
<tr>
<td>WA State</td>
<td>1.6%</td>
<td>9.2%</td>
<td>19.0%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Alcohol use in past 30 days</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Whatcom County</td>
<td>2.3%</td>
<td>13.7%</td>
<td>32.3%</td>
<td>40.5%</td>
</tr>
<tr>
<td>WA State</td>
<td>3.8%</td>
<td>14.0%</td>
<td>27.5%</td>
<td>39.9%</td>
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<tr>
<td>Prescription Painkillers (used past 30 days without prescription)</td>
<td></td>
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<td></td>
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<tr>
<td>Whatcom County</td>
<td>3.9%</td>
<td>10.1%</td>
<td>8.1%</td>
<td></td>
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<tr>
<td>WA State</td>
<td>4.2%</td>
<td>8.2%</td>
<td>7.8%</td>
<td></td>
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<tr>
<td>Ritalin (used past 30 days without prescription)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whatcom County</td>
<td>3.1%</td>
<td>4.8%</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>WA State</td>
<td>1.8%</td>
<td>3.6%</td>
<td>4.1%</td>
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</tr>
</tbody>
</table>

Source: WA DOH Healthy Youth Survey, 2010

While Whatcom County rates of school age youth using alcohol, cigarettes and other drugs is consistent with State data, rates of substance use among youth is nevertheless concerning.

In a survey of WWU students:
- 46% report marijuana use
- 36% report binge drinking in the past 2 weeks
- 17% report hallucinogens or recreational drug use

(WWU Student Health Survey, 2010)

Depression and Suicide

- The suicide rate is higher in Whatcom County than the state and nation. The suicide rate for Whatcom County is 19.3 per 100,000 which exceeds the state rate of 13.3 per 100,000 and is significantly higher than peer counties across the nation. (DOH-CHAT 2009) Suicide (attempts and completed) is a particular issue in the Native American/American Indian communities.

- Ten percent of Whatcom County adults reported experiencing poor mental health lasting two or more weeks in the past month. (Whatcom BRFSS 2007) Maternal depression (during and after pregnancy) is common.

- Depression is also prevalent among high school and university students in Whatcom County. One out of four high school students (28.6% of 10th graders)* and one out of five WWU students (18.8%) ** report clinical depression symptoms or history of depression diagnosis. High school rates are similar to the state. The depression prevalence at WWU is higher than rates reported nationally (14.9%).

*High school data: Healthy Youth Survey 2010
**College data: National College Health Assessment 2008 (WWU)
Well positioned for health care reform, but issues of access remain

Despite abundant health care resources, access remains a challenge for some people. Access issues include financial, geographic and cultural barriers. **Dental care** for adults and **behavioral health care** for children and adults are frequently identified as particular problems. Lack of primary care resources in rural and isolated areas are also on the radar.

**An estimated 13% of adults (19-64) lack health insurance**
- The rates are even higher for adults who live within 200% of the federal poverty level. *(OFM, 2011)*

**Most kids are covered**
- Because of more generous state insurance programs for children, only 3% of children are uninsured in Whatcom County. *(Kids Count, 2010)*

**Under insurance a growing problem**
- 46% of all people qualifying for PeaceHealth SJMC financial assistance in 2010 were insured with high deductible health insurance.

**Access to care**
- The percentage of uninsured Interfaith Community Health Center patients has shown steady increase over the last three years. *(ICHIC, 2011)*
- Even when residents have insurance (Medicare, Medicaid) they are not ensured access to medical care as illustrated below. According to the 2010 WA DOH Primary Provider Survey, more than 80% of physicians in the community provide care for patients with publicly funded insurance. However, less than 50% accept new patients when covered only by public insurance.

**Avoidable Emergency Department (ED) visits**
- People without insurance or people who have Medicaid tend to use the ED for non-emergency care more than people who have health insurance as evidenced by 2011 data from PeaceHealth St. Joseph Medical Center.
The Whatcom Alliance for Healthcare Access (WAHA) is leading an effort to develop an “Accountable Care Organization” (ACO) in Whatcom County.

The aim of the ACO is to decrease fragmentation of care, improve patient engagement with their own health, and ultimately to improve the health of all Whatcom County residents. The foundational pieces of such a health system are:

**Patient Centered Medical Homes:** Doctors, nurses and care coordinators are organized into care teams designed to meet the needs of patients;

**Health Information Exchange:** The system delivers electronic health information across care settings and allows population based care management.

**Care coordination:** Medical homes consistently arrange and support chronic disease management, and patients who are frequent users of multiple care systems are provided with appropriate levels of care.

1. The average per capita cost of health care in Whatcom County for 2010 is estimated at $6,208 dollars, around 18% less than the United States average, but twice that of the U.K, Australia, Sweden, and other industrialized nations.
2. Standards of care recommend against the use of MRI in the management of acute low back pain prior to a 30-day trial of symptomatic therapy. In this community 36% of patients presenting with acute low back pain undergo an MRI.
3. Seventy-five percent of health care costs are spent on people in their last two years of life, 32% of total Medicare spending is directed towards these patients, with much of it going toward the cost of multiple re-hospitalizations.

There are no primary care provider clinics that qualify as patient-centered medical homes. However, many area practices anticipate reaching this goal within the next three years.

Nearly all primary care providers use electronic medical records (EMR) to collect and store patient information. However, 20 different EMRs are in use and none have the capacity to talk to each other.

In Whatcom County, 13.8% of people discharged from the hospital will return within 30 days. This is lower than the State rate of 15.6%.

Per capita spending for Medicare patients in Whatcom County ranks in the lowest quartile for the nation. This suggests appropriate utilization of health care resources and is consistent with best practices in the nation. 1

Relative to national standards, care providers in the community over-utilize MRI in the early diagnosis and assessment of acute low back pain. 2

Only one third of patients at PeaceHealth St. Joseph Medical Center over the age of 70 have an Advanced Care Directive in their medical record that documents their preferences for end of life care. 3
Forces of change

Growth

- The population of Whatcom County has been increasing, faster than the state as a whole. There has been a 21% increase in total population from 2000 to 2010 (from 166,814 to 201,140), compared to 14% for Washington State. (U.S. Census, 2010)

- Significant portions of the population have specialized health needs.

Aging of the population

- Over the past decade, the population of middle-aged adults (aged 40-64 years) grew by 31% (compared to 25% for the state), and older adults (65+ years) grew by 37% (compared to 25% for the state).

Ethnic diversity

- Hispanic population increased more than 80% from 2000 to 2010.

- Approximately 5% of the population speaks Spanish at home (8,904 people)

- One percent of the population speaks Slavic languages at home (1,773 people)

- Approximately 3% of the total population is American Indian/Alaska Native

<table>
<thead>
<tr>
<th>Whatcom County populations with special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>Veterans</td>
</tr>
<tr>
<td>People with a disability</td>
</tr>
<tr>
<td>Children with disability</td>
</tr>
<tr>
<td>Seniors (&gt;65)</td>
</tr>
<tr>
<td>People who are homeless</td>
</tr>
</tbody>
</table>

*Sources: ACS 2009; OSPI 2010; Whatcom County Point-in-Time Homeless Count 2011*

<table>
<thead>
<tr>
<th>Relative increase in population per age group between 2000 and 2010.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Numbers in parentheses are the increase in absolute numbers per age group.)</td>
</tr>
<tr>
<td>Washington State</td>
</tr>
<tr>
<td>All ages</td>
</tr>
<tr>
<td>Children (0-19)</td>
</tr>
<tr>
<td>Young adults (20-39)</td>
</tr>
<tr>
<td>Middle-aged adults (40-64)</td>
</tr>
<tr>
<td>Older adults (65+)</td>
</tr>
</tbody>
</table>

*Source: US Census, 2010*

<table>
<thead>
<tr>
<th>Whatcom County race and ethnicity, 2000 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Two or more races</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Other race</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

*Hispanic origin can be of any race.

*Source: US Census, 2010*
**Time of uncertainty and change for service providers**

With economic instability and budget cuts in the overlapping fields of healthcare, public health and social services, we are seeing:

- Reduced availability of public funding, and an increased reliance on private philanthropy
- Emphasis placed on outcomes, i.e. pay for performance by funders
- Increased cross-organizational collaboration; and in some service sectors, accelerated consolidation

**Nearly 70% of respondents indicated that their organization’s viability was threatened to some degree by the current economic climate.**

**Overall the picture for most nonprofits is that demand for services and organizational expenses are increasing at a time when staffing and funding are largely staying level or decreasing.**

Whatcom Funders Alliance survey of area nonprofit organizations, 2010

**Shifting role of public health from service provision to system analysis, facilitation and change agent**

Key challenges for the public health system include maintaining adequate infrastructure for core public health services such as ensuring food and water safety, preventing and responding to communicable diseases, and preparing for and responding to public health emergencies, while also developing and carrying out plans to:

- Increase engagement of community leaders and policymakers
- Expand partnerships with communities that experience disparities
- Enhance the availability and use of data and metrics for community health improvement

**Effectively addressing disparities in health care and health requires a collective effort that includes the full range of public health and health care system stakeholders. Public health agencies can play an important convener role with other organizations and sectors such as communities and community based organizations, the health care delivery system, academe, business and the media.**

Understanding Disparities in Health Care Access – And Reducing Them – Through A Focus on Public Health -- Health Affairs, October 2011
Growing rates of obesity and diabetes among adults and children are a particular concern for population groups, including lower income, Hispanic and tribal populations.

Overweight is an issue for all ages and income groups and most racial/ethnic groups including Whites.

Local obesity trends follow national and global trends and are related to unhealthy food environments and sedentary lifestyles.

Local food issues include:
- concern about equitable access to healthy, culturally appropriate, affordable foods
- hunger and food insecurity
- farm worker health and safety
- development of local food growing and distribution systems.

The map above shows the distribution of grocery stores across the county related to the percentage of households with incomes under $35,000/year. The map demonstrates the lack of access in rural areas, as well as the lack of access in certain impoverished areas such as in the east county area. (Whatcom County Community Food Assessment, 2011)

Safe, healthy homes and neighborhoods provide an important foundation for healthy living. Affordable, safe homes contribute to residents' stability and sense of security. "Families with difficulty paying rent or housing-related bills face increased acute care use and emergency room visits." (SSIR, Summer 2012, vol. 10, no. 3, pg. 30) Walkability and bikeability – the abilities to live reasonably well without a car – have economic as well as physical and emotional health benefits. Even if residents need a car, they can spend less on gas and maintenance if amenities are located in close proximity to their homes. Community design and amenities such as sidewalks, parks, and community centers can create opportunities for positive social interaction and enhanced safety which also contribute to health and well-being.

Affordable housing out of reach for many. Almost half of all Whatcom County residents do not have affordable housing: 55% of Whatcom County renters and 44% of owners with mortgages spend more than 30% of their household income on housing. (US Census Bureau, American Community Survey, 2010)

Access to safe walking and biking variable. There is great variation in Whatcom County between geographic areas in terms of potential “walkability” or “bikeability.” Bellingham is rated as a “Walker's Paradise,” Ferndale is “very walkable”, Lynden is “somewhat walkable,” and all other areas are “car-dependent” as determined by an electronic Walk Score® tool. (Whatcom ACHIEVE, 2009)
A significant portion of community residents believe that planning for land use and growth is very important to assure a high quality of life. Concerns exist about air and water quality (e.g., drinking water from Lake Whatcom) and environmental toxins such as pesticides. Hot button issues in Whatcom County often relate to the interface of community development and growth and the perceived or real impacts of development on the environment. These issues compel active and broad civic involvement in public policy.

Chlorophyll levels (an indirect indicator of phosphorus) have been on a general increasing trend since 1996. Excess phosphorus contributes to algae growth, which increases levels of chemicals needed to treat the water to make it safe for drinking as well as harming fish and wildlife (City of Bellingham, 2011). Eleven tributaries flowing into Lake Whatcom have fecal coliform levels that are too high, typically caused by pet waste and faulty septic systems (Department of Ecology, 2011, 2008).

**Signs of recovery but unemployment still high.**

- Whatcom County’s unemployment rate is continuing to trend downward, but there is a lack of job growth. July 2011 showed a local unemployment rate of 8.4%, compared to 8.5% in June and 9.3% in January-March 2011.
- While the actual number of jobs has not increased in three years. Whatcom County’s jobless rate is lower than the state rate of 9% in July, and the U.S. rate of 9.3% . Historically, the jobless rate in Whatcom County was just 5.0% in 2008.

**Low-paying service sector jobs dominate Whatcom County economy.**

- The service sector has experienced the most growth in recent years in Whatcom County.
- The industry categories with the most workers in Whatcom County in the first quarter of 2011 were 1) government, 2) health care and social assistance, 3) retail trade, 4) manufacturing, and 5) accommodation and food services.
- Retail, accommodation and food service jobs tend to be lower paid (near minimum wage) and without benefits such as health insurance.
Community that are disproportionately impacted by health and social issues have limited voice in community decisions, and have much to offer

In general, people in our community feel a sense of connection and belonging, but this is not true for everyone.

- Common sentiments shared by members of disenfranchised groups include: fear and mistrust of large institutional systems such as health care or government, and feelings of stigmatization, disrespect and shame. Past experiences with the majority culture as well as current challenges (e.g. issues related to immigration) contribute to fear and isolation.
- At the same time, individuals who experience social disparities have valuable insights into community challenges and demonstrate a desire and willingness to identify and participate in solutions that build on their respective communities’ strengths.

People in Whatcom County that experience social disparities include:

- Individuals and families living in poverty, particularly women, children and seniors
- Racial/ethnic minority groups (Hispanic, American Indian, Black)
- Immigrant and migrant populations
- Geographically isolated groups
- People who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- Children and adults with developmental and physical disabilities or challenges
- Individuals with mental illness and/or chemical dependency
- Veterans returning from military service
- Homeless individuals
In March 2012, the Community Leadership Group will be meeting among themselves and with board representatives from sponsoring organizations, area foundations and others to take the next steps in the development of a Community Health Improvement Plan. The purpose of these meetings will be to explore strategic issues and create a set of goals, action plans and evaluation criteria that can help guide the work of sponsoring organizations and inform a set of community-wide initiatives.

<table>
<thead>
<tr>
<th>Strategic Issues</th>
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<tbody>
<tr>
<td><strong>Healthy Children and Families</strong></td>
<td>Community Voice and Engagement</td>
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<tr>
<td>How do we reduce and mitigate adversity in childhood and optimize healthy child, youth and family development?</td>
<td>How do we create a more inclusive community where all people feel that their voices are heard and they can actively participate in community life without fear and stigmatization?</td>
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<tr>
<td><strong>Health Care Access and Service Delivery</strong></td>
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<tr>
<td>How do we reduce barriers to health care and improve service delivery to better meet health needs of vulnerable people?</td>
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<tr>
<td><strong>Healthy Active Living</strong></td>
<td>Health Data and Metrics</td>
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<td>How do we increase opportunities for people to adopt healthy active lifestyles neighborhoods and communities?</td>
<td>How do we better measure and monitor health status and ensure progress towards community health improvement?</td>
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<tr>
<td><strong>Substance Abuse and Chemical Dependency</strong></td>
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<tr>
<td>How do we reduce use and abuse of harmful substances and associated social and health consequences?</td>
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Planning for an equitable community