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The Health of Clallam County

2017

Community Health Assessment

Engaging the community and partners for a measurably healthier Clallam County.

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Summary

Background

Clallam County Health and Human Services and its partners produced this Community Health Assessment (CHA) to better understand the health needs of Clallam County residents. The purpose of the CHA is to review key health indicators and issues—through both quantitative and qualitative data—and to use this information to identify assets and problems. Ultimately, the goal of this process is to address community health priorities in a Community Health Improvement Plan (CHIP) to strengthen the health of Clallam County residents.

Methods

The Clallam County CHA included four assessments, following a process developed by the National Association for City and County Health Officials (NACCHO) called Mobilizing for Action through Planning and Partnerships (MAPP). The four assessments are:

- *Community Health Status Assessment*—a comprehensive analysis of more than 100 health indicators.
- *Community Themes and Strengths Assessment*—a survey of residents and partners to identify health needs and resources.
- *Forces of Change Assessment*—focus groups of community partners in east, central and west Clallam County to identify potential factors that may impact the future of their communities' health.
- *Local Public Health System Assessment*—also conducted through the community partner focus groups to identify public health resources and gaps.

Key Findings

Findings from the four assessments revealed five key issues that present both concerns and opportunities for Clallam County:

1. **Housing Availability & Affordability**
2. **Access to Health Care**
3. **Alcohol, Tobacco & Other Drugs**
4. **Youth Access to Healthy Foods**
5. **Poverty**

Significant inequities exist among low-income residents and non-white residents in Clallam County. Examples include:

- Non-white residents are twice as likely to live in poverty compared to white residents.
- American Indian/Alaska Native residents have the lowest life expectancy among all race groups (71 years). The next lowest are white residents at 80 years.
- Residents with a high school degree or less were four times more likely to be without health insurance compared to residents who graduated from college. Non-white residents were twice as likely to be without health insurance compared to white residents.
- Residents with a high school degree or less were almost three times more likely to report binge drinking compared to residents with a college degree.



Introduction

In December 2016, Clallam County Health and Human Services invited community partners to help guide a comprehensive and community-based health assessment process. These partners formed the Clallam County Community Health Assessment (CHA) Steering Committee.

As an initial step, the Steering Committee developed a vision statement:

“Engaging the community and partners for a measurably healthier Clallam County.”

The committee identified key participants and partners in the CHA process and conducted a community engagement process to gather qualitative and quantitative data. The goal was to gain a comprehensive picture of health in the community. The framework of this assessment helps communities prioritize public health issues, identify resources for addressing those issues and take action to improve conditions that support healthy living ((NACCHO)).

Methods

The NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) philosophy recommend four assessments to provide a comprehensive picture of health in a community.

The Four Assessments

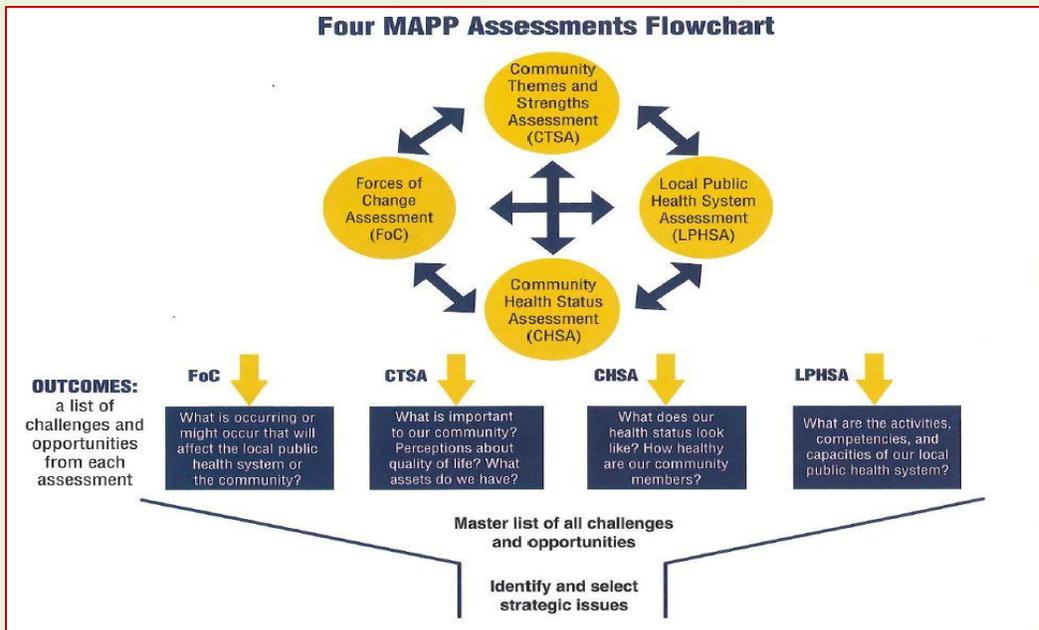
Community Themes and Strengths

Assessment (CTSA) – Steering Committee members distributed a confidential electronic survey to community members. Survey questions included:

- How would you rate your community’s overall health?
- How satisfied are you with the quality of life in your community?
- How connected do you feel to your community?
- What are your three biggest concerns impacting your community?
- Do you have children in your household age 18 or under? If yes, what are your three biggest concerns impacting youth in your community?
- Name one example of people working together to improve your quality of life in your community. This can be anything that helps you or others have a better life.

Forces of Change (FoC) and Local Public Health Systems Assessments (LPHSA) -

Public Health Centers for Excellence (Centers) staff conducted focus groups with key leaders from three regions of Clallam County – east, central and west. Each of the three focus groups included four to eight participants and was 90 minutes in length. We randomly selected participants from a larger list of 50 key leaders provided by the Steering Committee. These key leaders represented diverse sectors and demographic and social groups, such as education, business, law enforcement, tribal leadership, medicine, pharmacy,



health administration, media and local government. (Representatives from faith-based organizations, Latino/Hispanic communities and youth were invited but absent.)

We analyzed notes from the focus groups using thematic analysis. This means we assigned codes to units of meaning within responses to questions and then looked for patterns or common themes. We labeled themes “common” if two or more focus groups discussed the issue and prioritized it as a key concern. After analysis, we shared common themes with focus group participants to give them the opportunity to accept or revise the findings. This step helps ensure we captured their discussion and experiences accurately.

FoC assessment questions included:

- What has occurred in the past year that is impacting (or may impact) the health of our community?
- What threats (challenges) and opportunities are generated by these occurrences?
- What may occur in the future to impact the health of our community?
- What threats (challenges) and opportunities are generated by these occurrences?

LPHSA questions included:

- Where are there gaps in public health services in Clallam County? (For example, are there laws to ensure everyone’s safety? Do we have competent health care staff? Are policies being developed to support community health?)

Community Health Status Assessment (CHSA) – Kitsap Public Health District (KPHD) epidemiologists collected data from various sources to analyze the status of the health of Clallam County residents. Sources included the Behavioral Risk Factor Surveillance System, Washington State Department of Health—Center for Health Statistics’ Birth and Death Records, County Health Rankings, Healthy Youth Survey and many other Washington state and national health databases. KPHD collected more than 100 data indicators among the following categories: demographics, socioeconomic, environmental health, pregnancy and births, health care resources, quality of life, health behaviors and illness and deaths.

KPHD staff calculated Clallam County rates compared to Washington state rates using 95% confidence intervals and the X^2 test. They calculated statistical trends over time using Joinpoint Regression Program for those indicators where data were available for multiple and consecutive years. When trends over time were not available, they calculated statistical differences between two points in time using 95% confidence intervals and the X^2 test.

The Steering Committee selected weighted criteria to synthesize and score findings from all four assessments. Centers staff applied the criteria and weights to each finding. We considered both opportunities and threats associated with each health issue or theme to identify CHA key findings.



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Assessment Results

Community Themes and Strengths Assessment

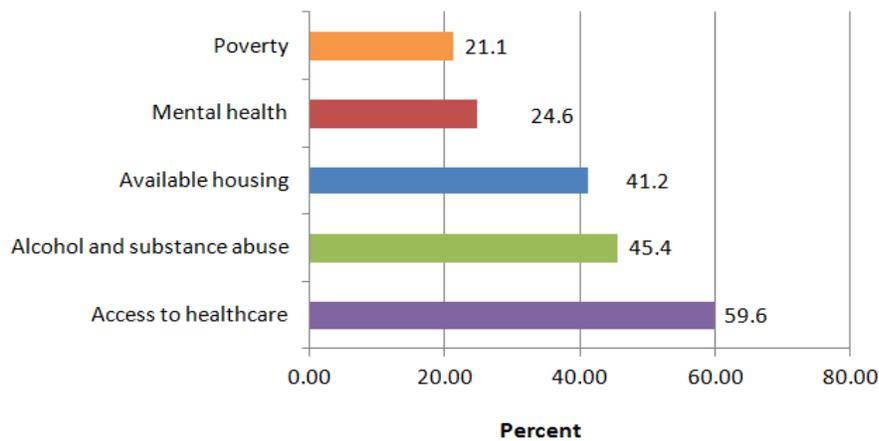
A total of 1,353 respondents completed the survey. Compared to Clallam County demographics, survey participants were more likely to:

- Be women (71.6%)
- Be older (57.8% 60 years and older)
- Be white (94.5%)
- Speak English at home (99.5%)

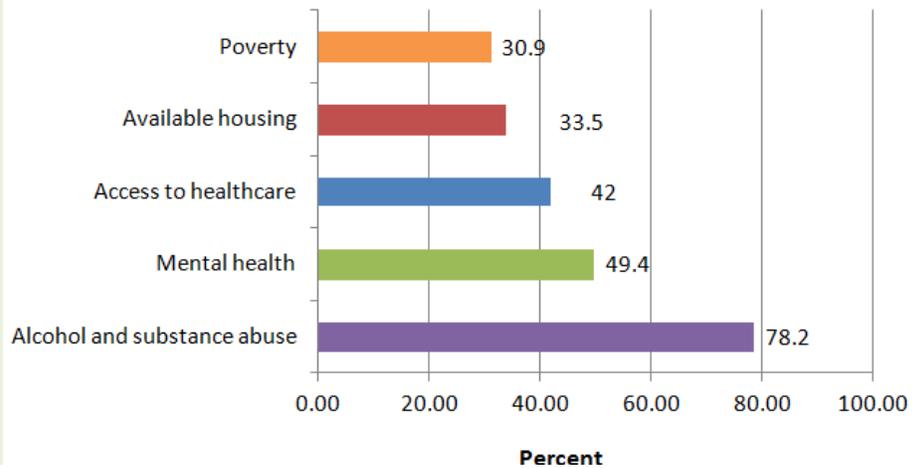
Survey respondents lived mostly in central and east regions of the county (about 46% each), while less than 10% of respondents lived in the west region.

When asked about the biggest concerns impacting their community, west and central Clallam County survey participants stated alcohol and substance abuse as their top concern. Access to health care was the primary concern for survey participants who lived in east Clallam County. (Public Health Centers For Excellence)

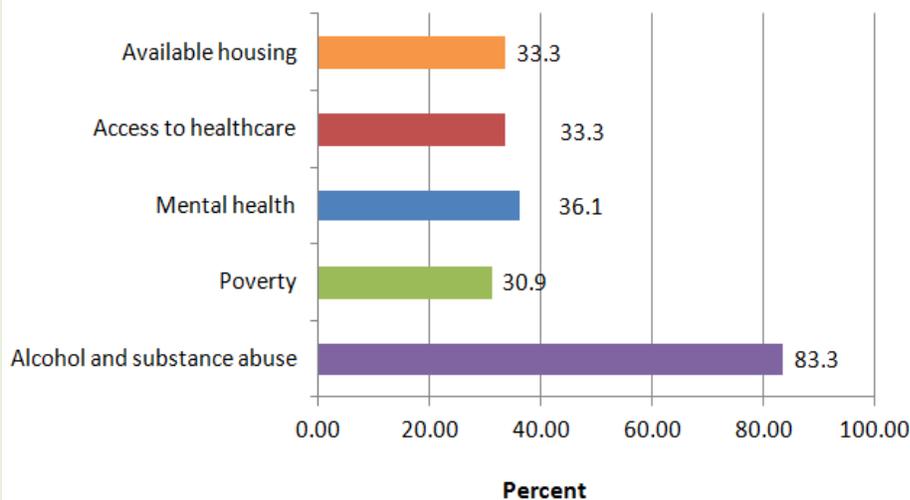
Biggest Concerns Affecting Your Community, East Clallam County



Biggest Concerns Affecting Your Community, Central Clallam County



Biggest Concerns Affecting Your Community, West Clallam County



Survey participants shared examples of people working together to improve the quality of life in their community. The question asked respondents to list anything that helps them or others have a better life.

The top responses are below:

Category	Number
*Non-Profit	201
Healthcare Services/Clinics	95
Faith-based Organizations/Churches	84
Food Access/Farmer's Markets	84
Senior Services	69
Neighborhood Events	62
Outdoor Events/Physical Activity	54
Volunteer Work	44

*Non-Profit responses shown in the next table by category.

Survey participants who named non-profit organizations as an example listed a wide variety of agencies and focus areas. The types of responses within the non-profit category are:

Category	%
Housing	14%
Service Clubs	12%
YMCA	11%
Local Grassroots	10%
Family Support Services	10%
Environmental Advocacy	6%
Coalitions	4%
Civic Engagement	3%
Political	3%
Mental Health Services	1%
Disabilities	1%
Misc.	22%

FoC and LPHS

Key leaders within the three regions of Clallam County identified the following issues as most concerning. These issues either have impacted the health of residents in the past or could potentially do so in the near future:

- Increase in housing costs (Past and Future).
- Opioid epidemic, specifically a surge in opioid-related deaths (Past).
- Diminished living wage jobs (Past).
- Cuts to education funding (Past and Future).
- Affordable Care Act (ACA) repeal and replace (Future).
- Climate change (Past and Future).
- More stringent environmental regulations (Past and Future).
- Response to homelessness (Past).
- Immigration legislation (Future).



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Focus group participants discussed both threats and opportunities for each “force of change” in this assessment. (See Appendix C for detail.) In addition, key leaders identified gaps in the following local public health systems: mental health services; emergency medical care; policies that support affordable housing and job creation; and a regional provider shortage (Public Health Centers for Excellence).

Opportunity “. . . [the opioid epidemic] used to seem insurmountable and now has positive solutions, either being implemented or in the works. The difference is a coordinated community response by all partners, coming together with open minds.”

Threats “People won’t put down roots in Forks because of the economy...”

“Spouses can’t find a job once someone is recruited to the community.”

CHSA

The analysis of more than 100 indicators for the CHSA identified many areas where Clallam County residents have worse outcomes compared to the Washington state average. Data analysis also revealed where the Clallam County trend has worsened compared to previous years. For each health indicator, the CHSA reports the most recent value, number of residents impacted, the statistical trend and the statistical comparison to the state average. (See appendix C for full summary tables.)

For many of these indicators, inequities exist among residents with lower education levels and among non-white residents in Clallam County. Examples include:

- Non-white residents are twice as likely to live in poverty compared to white residents.
- Non-white residents are less likely to report having good, very good or excellent health status compared to white residents.
- American Indian/Alaska Native residents have the lowest life expectancy among all race groups at 71 years. The next lowest are white residents at 80 years.
- Pregnant women with a high school education or less are almost twice as likely to smoke compared to pregnant women with at least some college education.

- Non-white residents are less likely to obtain prenatal care within the first trimester compared to white residents.
- Women with a high school degree or less were less likely to breastfeed their babies compared to women with at least some college education.
- Residents with a high school degree or less were four times more likely to be without health insurance compared to residents who graduated from college. Non-white residents were twice as likely to be without health insurance compared to white residents.
- Non-white residents were less likely to have a personal doctor or health care provider compared to white residents.
- White residents were almost twice as likely to have had a routine dental visit in the past year compared to non-white residents.



Photo Credit: VisitSunnySequim.com

- Residents with a college degree were two times less likely to report mental distress compared to residents with a high school degree or less.
- Residents with a high school degree or less were almost three times more likely to report binge drinking compared to residents with a college degree.

Here is a sample CHSA Summary Table showing outcomes for health indicators related to Alcohol, Tobacco and other Drug use: (See Appendix C for full summary tables.)

Indicator Name Subsection Numerator or Name	Number of residents affected in most recent year	Most recent value	Most recent year	Clallam's Statistical trend or year to year comparison	Statistic comparison of Clallam WA Stat
YOUTH CURRENT E-CIGARETTE USE: 10th grade	132	12%	2016	↓	same
ADULT BINGE DRINKING	14,689	24%	2011-15	—	same
6TH GRADERS EVER USED ALCOHOL	136	22%	2016	↓	same
YOUTH CURRENT ALCOHOL USE: 8th grade	46	7%	2016	↔	same
YOUTH CURRENT ALCOHOL USE: 10th grade	240	22%	2016	↓	same
YOUTH BINGE DRINKING: 8th grade	25	4%	2016	↔	same
YOUTH BINGE DRINKING: 10th grade	124	11%	2016	↔	same
YOUTH CURRENT MARIJUANA USE: 8th grade	47	8%	2016	↔	same
YOUTH CURRENT MARIJUANA USE: 10th grade	199	18%	2016	↔	same
YOUTH CURRENT PRESCRIPTION DRUG (PAINKILLERS) USE TO GET HIGH: 10th grade	39	4%	2016	↔	same
BEHAVIORAL HEALTH TREATMENT NEED AMONG MEDICAID POPULATION BY TYPE					
DISABLED	1,000	72%	FY2016	↔	same
CLASSIC	1,345	55%	FY2016	↔	higher
EXPANSION	3,878	46%	FY2016	↑	higher
CHILDREN	1,501	19%	FY2016	↔	higher
ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES	1,346	22.4 per 1,000	2015	↔	higher
YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES	108	18.7 per 1,000	2015	↔	higher
HEALTH DEPARTMENT SYRINGE EXCHANGE	--	234,270 syringes	2016	↑	--

Summary of Key Findings

Scoring

We scored indicators and themes from all four assessments based on five criteria:

1. Scope of issue affects more than 15,000 residents (1 pt).
2. Clallam County is worse compared to Washington state average (1 pt).
3. Clallam County trend is getting worse (1 pt).
4. Community survey respondents identified as top concern (1 pt).
5. Key leader focus group participants identified as key theme (1/2 pt).

The following key findings scored the highest, based on the selected criteria and weights:

Issue	Scope	Trend	Comparison	Focus Groups	Survey	Total
Housing Availability & Affordability	X	X	X	X	X	4.5
Access to Health Care	X	X	X	X	X	4.5
Alcohol, Tobacco & Other Drugs	X	X	X	X	X	4.5
Poverty	X	X	X	X	X	4.5
Youth Access to Healthy Foods	X	X	X		X	4

Specific indicators and themes associated with each issue include:

1. Housing Availability & Affordability

HOUSING STOCK
OWNER OCCUPIED HOUSING
RENTER OCCUPIED HOUSING
INCREASED RISK OF LEAD EXPOSURE IN HOUSING (BUILT BEFORE 1980)
HOUSEHOLD SPENDS 30% OR MORE OF MONTHLY INCOME ON HOUSING
HOUSING AFFORDABILITY GAP
YOUTH REPORT LIVING WITH FAMILY IN OWN HOME/APARTMENT: 8th grade
YOUTH REPORT LIVING WITH FAMILY IN OWN HOME/APARTMENT: 10th grade



2. Access to Health Care

ADULTS WITHOUT HEALTH INSURANCE
MEDICARE ENROLLMENT
PRENATAL CARE ACCESS IN FIRST TRIMESTER
MEDICAID ENROLLMENT
ADULTS UNABLE TO SEE DOCTOR BECAUSE OF COST
ADULTS WITH UNMET HEALTHCARE NEEDS
ADULTS REPORT HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER
ADULTS HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN THE PAST YEAR
YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 8th grade
YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 10th grade
EMERGENCY DEPARTMENT VISITS BY MEDICAID POPULATION BY TYPE
RATE PER 1,000 MEMBER MONTHS
MENTAL HEALTH PROVIDER RATE
BEHAVIORAL HEALTH TREATMENT NEED AMONG MEDICAID POPULATION BY TYPE
ADULTS HAVE HAD ROUTINE DENTAL VISIT WITHIN THE PAST YEAR
YOUTH HAVE HAD DENTAL VISIT WITHIN PAST YEAR: 8th grade
YOUTH HAVE HAD DENTAL VISIT WITHIN PAST YEAR: 10th grade
THIRD GRADERS WHO HAVE HAD DENTAL SEALANTS
MEDICAID POPULATION ELIGIBLE FOR DENTAL SERVICES
ELIGIBLE MEDICAID POPULATION USING DENTAL SERVICES
PRIMARY CARE PHYSICIAN RATE
DENTIST RATE
ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES
YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES

3. Alcohol, Tobacco & Other Drugs

ADULT CURRENT SMOKING
YOUTH CURRENT SMOKING: 8th grade
YOUTH CURRENT SMOKING: 10th grade
YOUTH TOBACCO COMPLIANCE CHECKS RESULTING IN A SALE
YOUTH CURRENT E-CIGARETTE USE: 8th grade
YOUTH CURRENT E-CIGARETTE USE: 10th grade
ADULT BINGE DRINKING
YOUTH BINGE DRINKING: 8th grade
YOUTH BINGE DRINKING: 10th grade
6TH GRADERS EVER USED ALCOHOL
YOUTH CURRENT ALCOHOL USE: 8th grade
YOUTH CURRENT ALCOHOL USE: 10th grade
YOUTH CURRENT MARIJUANA USE: 8th grade
YOUTH CURRENT MARIJUANA USE: 10th grade



ALCOHOL-RELATED HOSPITALIZATION RATE
ALCOHOL-RELATED DEATH RATE
SMOKING DURING PREGNANCY
SMOKING CESSATION DURING PREGNANCY
ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES
YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES
DRUG-RELATED HOSPITALIZATION RATE
DRUG-RELATED DEATH RATE

4. Poverty

POPULATION LIVING IN POVERTY
POPULATION LIVING BELOW 200% OF POVERTY LEVEL
PUBLIC SCHOOL STUDENTS WITH FREE AND REDUCED LUNCH
HOUSEHOLDS WITH CHILDREN UNDER AGE 18 RECEIVING PUBLIC ASSISTANCE
FOOD STAMP/SNAP RECIPIENTS
FOOD BANK USE
PERCENT OF INFANTS BORN SERVED BY WIC

5. Youth Access to Healthy Foods

LOW ACCESS TO SUPERMARKET/GROCERY STORE
DENSITY OF SUPERMARKET AND CONVENIENCE STORES
DENSITY OF SNAP (FORMERLY FOOD STAMPS) AUTHORIZED FOOD STORES
FARMERS MARKETS
WIC USE OF FARMERS MARKET VOUCHERS
YOUTH MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLES: 8th grade
YOUTH MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLES: 10th grade
YOUTH DRINK 0 SUGARY BEVERAGES DAILY: 8th grade
YOUTH DRINK 0 SUGARY BEVERAGES DAILY: 10th grade
YOUTH OVERWEIGHT: 8th grade
YOUTH OVERWEIGHT: 10th grade
YOUTH OBESE: 8th grade
YOUTH OBESE: 10th grade
LOW-INCOME PRESCHOOL OBESITY RATE

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Clallam County Community Health Assessment

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★ Key Findings ★



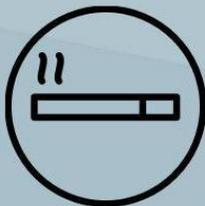
Housing Availability & Affordability

Low housing stock & renter occupied housing. High % of income spent on housing.



Access to Care

Low rates with health insurance & oral health care. Physical/behavioral provider shortage.



Alcohol, Tobacco & Other Drugs

Adult/youth smoking, youth binge drinking & marijuana use, smoking during pregnancy, drug-related hospitalization and death rates.



Youth Access to Healthy Foods

Low access to grocery stores. Low youth consumption of fruits/vegetables. High sugary beverages consumption. Youth obesity.



Poverty

High % of population living in poverty, students receiving free & reduced lunch, & families receiving public assistance.



Limitations

All data collection systems and assessments have limitations and potential bias that can impact interpretation of the results. This assessment is no different.

The results of the community engagement portion of this assessment are not entirely generalizable, and there are limitations to the strength of the conclusions. For example, survey respondents and focus group participants did not completely represent Clallam County residents. Survey respondents were more likely to be over age 60, white and female and were more likely to speak English. Populations not represented in focus groups included Hispanic/Latino and youth. Although our original sample size for focus groups included six to eight key community leaders, one focus group had only four participants due to last-minute cancellations.

Next Steps

This report provides foundational information for Clallam County residents, community partners, elected officials, public health staff and others to use as they work together on priority health issues. Steering Committee members can use this information strategically and share this information broadly. County residents can take an active role in understanding how issues intersect and what role they may have in finding the most effective actions to address the most important problems.

The Steering Committee and its partners will next determine what issues are critical to the success of the local public health system and what policy choices or critical challenges must be addressed in order for the community to achieve its vision.

References

NACCHO, National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP) Framework. 2017. 26 May 2017
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Public Health Centers for Excellence. Clallam CHA Forces of Change and LPHS Assessment Findings. Tacoma, WA, 2017.

Public Health Centers For Excellence. Clallam County Community Health Survey. Tacoma, WA, 2017.

Appendix A: Community Themes & Strengths Assessment Survey

The purpose of this survey is to find out what you think about the overall health, strengths and needs of your community. Your answers are anonymous.

This survey should take no more than 10 minutes to complete. Thank you!

1. How satisfied are you with the quality of life in your community? (Community can mean a neighborhood, school, family, church, etc.)

- Very satisfied
- Somewhat satisfied
- Neither satisfied or unsatisfied (neutral)
- Somewhat unsatisfied
- Very unsatisfied

2. How would you rate your community's health overall?

- Very healthy
- Healthy
- Somewhat healthy
- Somewhat unhealthy
- Very unhealthy

3. How connected do you feel to your community? By connected we mean being involved with others in your community (ex. Such as a church or other spiritual association, neighborhood group, your child's school, sports, etc.).

- Very connected
- Somewhat connected
- Somewhat unconnected
- Very unconnected

*4. What are the THREE biggest concerns affecting your community?

- Access to healthcare
- Discrimination (culture, language, race, etc.)
- Obesity (adult and child)
- Alcohol and substance abuse
- Access to education
- Access to healthy food
- Illness/disease
- Available housing
- Poverty
- Safety
- Mental health
- Something else (fill in blank below)

5. Name one example of people working together to improve your quality of life in your community. This can be anything that helps you or others have a better life.

Write your example here



6. Do you have a child in the household under the age of 18?

Yes

No

*7. What are the THREE biggest concerns for children and youth in your community?

- Drug and alcohol use (including tobacco and marijuana)
- Mental illness
- School violence (including bullying)
- Child abuse and neglect
- Gun related injuries
- Suicide
- Childhood disease and illness
- Access to healthy food
- Teen pregnancy
- Education
- Internet safety
- Healthy parenting
- Obesity
- Car crashes
- Children not getting medically recommended vaccines
- Lack of opportunities for exercise
- Something else (fill in blank below)

8. Which gender do you identify as?

- Female
- Male
- Other
- Choose not to answer

9. What is your age?

- 18 - 29
- 30 - 44
- 45 - 59
- 60 +

10. Are you of Hispanic, Latino or Spanish origin?

- Yes
- No
- Multiple ethnicity / Other (please specify)

11. What is your race (Mark all that apply)?

- White
- Black or African American
- American Indian or Alaska Native
- Asian/Pacific Islander
- Some other race

12. In what zip code do you live

ZIP:

13. What language do you mainly speak at home?

- English
- Spanish
- S'klallam
- Xinca
- Other

Appendix B: Forces of Change and Local Public Health Systems Assessment Findings

Executive Summary

The Public Health Centers for Excellence conducted focus groups with key community leaders as part of the Clallam County Community Health Assessment. Our intent is to take a closer look at what factors may impact Clallam County residents’ health. National Association of County and City Health Officials Mobilizing for Action through Planning (MAPP) and Partnerships recommends two qualitative assessments:

- **Forces of Change** – Identify past, present and future changes that impact community health.
- **Local Public Health Systems** – Determine the activities, competencies and capacities of the local public health system.

Key leaders within three regions of Clallam County (West, Central and East) identified factors that most impact community health:

Forces of Change	Impact (Past/Present/Future)
Increase in housing costs	Past, Present and Future
Opioid epidemic - specifically a “surge in opioid-related deaths.”	Past
Diminished living wage jobs	Past
Cuts to education funding	Past, Present and Future
ACA repeal and replace	Future
Climate change	Past, Present and Future
More stringent environmental regulations	Past, Present and Future
Response to homelessness	Past
Immigration legislation	Future

In addition, key leaders agreed that gaps exist in the following local public health systems: Mental health services; emergency medical care; policies that support affordable housing and job creation; and, there exists a regional provider shortage. The results from this assessment will be synthesized into the overall Clallam County Community Health Assessment, to inform priorities and actionable results.

Methods

Centers for Excellence conducted three focus groups with key leaders from three regions of Clallam County – West, Central and East. Each focus group had between 4-8 participants and was 90 minutes in length. We provided participants a background of the project and asked the same questions. This prompted a group discussion. All participants consented to audio recording and confidentiality. We provided participants a \$10 gift card to Starbucks and lunch during the meeting.

We analyzed focus group data using thematic analysis. This means we assigned codes to units of meaning within textual responses, then examined them for patterns or common themes. Themes were deemed common if two or more focus groups discussed the issue at length and prioritized it as a key concern. The common themes were then shared with participants who were given the opportunity to accept the findings, to ensure we captured their discussion and experiences accurately.

Forces of Change Assessment Questions

- What has occurred in the past year that is impacting (or may impact) the health of our community?
What threats (challenges) and opportunities are generated by these occurrences?
- What may occur in the future to impact the health of our community?
What threats (challenges) and opportunities are generated by these occurrences?

Local Public Health System Assessment Question

- Where are there gaps in public health services in Clallam County?
 - Are there laws to ensure everyone's safety? Do we have competent health care staff? Are policies being developed to support community health?

Forces of Change: Common Themes

1. Increase in Housing Costs

Participants from all three focus groups commented on the increase of housing costs in the county, which poses both opportunities and threats to the health of the community. Some attributed the increase to economic growth in the region, and people relocating from the city – which they agreed has the potential to strengthen the local economy and increase tourism. Participants referenced that approximately, “70% of housing is owner-occupied,” in Clallam County, resulting in a lack of rentals and low-income housing. Two groups also commented on the impact this has on the college to attract students into their “allied health” fields with little housing available.

2. Opioid Epidemic - specifically a “surge in opioid-related deaths.”

All three focus groups discussed the impact opioid addiction has had on the community in the past year. Participants agreed the opioid epidemic continues to pose threats to community health through: 1) a rise in childhood trauma related to parent’s substance abuse (for ex. suicide ideation among 2nd and 3rd graders), 2) an increase in overdoses and deaths, and 3) an increase in property crime and petty theft.

Two groups commented on the opportunities this change has created including improved collaboration among residents, service providers, and law enforcement to share resources, information and expertise (for ex. Mental health professionals and law enforcement are now co-responding to cases). Harm reduction models have also become more embraced by these partners, and there is opportunity for more medication-assisted treatment.

“ . . . [The opioid epidemic] used to seem insurmountable and now has positive solutions - either being implemented or in the works. The difference is a coordinated community response by all partners, coming together with open minds.”

3. Diminished Living Wage Jobs

According to key leaders in all three focus groups, living wage jobs have diminished over the past year in Clallam County, resulting in higher unemployment and poverty. The jobs that are available, especially in healthcare, are difficult to fill and have resulted in a regional provider shortage. Participants discussed how new residents do not stay long, especially if they can seek more competitive salaries outside the region:

“People won’t put down roots in Forks because of the economy...”

“Spouses can’t find a job, once someone is recruited to the community.”

Key leaders agreed that this poses a unique opportunity for existing residents to help new employees/families transition to the area to support retention.

4. Cuts to Education Funding – ex. McCleary decision. (Past and Future)

Two focus groups discussed how State cuts to education funding have led to less trade-school/post-secondary education options for students locally. Peninsula College did not receive funding to build dorms, making it difficult to attract new students without affordable housing options. Participants saw this force of change as something that could continue to impact the lives of County residents in the future under current legislation. (Groups did not present specific opportunities for this issue).

5. ACA repeal and replace. (Future)

Key leaders from all focus groups agreed Clallam County has the potential to be heavily impacted by a repeal and/or replace of the Affordable Care Act due to the percentage of the population on Medicare

and Medicaid and the potential loss of funding for social services (e.g. 2/3 of Makah Tribe members are on Medicaid). Participants in one group discussed how the current uncertainty is stressful for senior citizens and impacting their mental health. (Groups did not present specific opportunities for this issue).

6. Climate change. (Past and Future)

Two focus groups discussed climate change and its past and future impact on health, safety and the fishing industry in Clallam County. Key leaders specifically discussed how ocean acidification is impacting fish species, and how the weather this year delayed the fishing season entirely. Others commented on the changing weather leading to a harsh winter this year and concern for safety due to more snow and ice on the roads. (Groups did not present specific opportunities for this issue).

7. More stringent environmental regulations. (Past and Future)

According to participants, more stringent environmental regulations have led to job and revenue loss to the region. Although participants agreed regulations present an opportunity to protect our environment including vital fish species, the result is often less funding for things like public health services and education.

“The \$2M that went to upgrading the water treatment plant required by the feds now can’t go to something else...”

8. Response to homelessness. (Past)

Key leaders from the county’s Eastern region spoke positively of the community’s response to homelessness over the past year. Participants shared that a shift in community attitudes toward the homeless has improved overall response to provide individuals with basic needs, “instead of just imposing the law,” and harm reduction models are more embraced. (Groups did not present specific threats for this issue).

9. Immigration legislation. (Future)

Key leaders from two focus groups discussed how future changes in immigration legislation under a new administration may impact the region negatively. Participants agreed undocumented residents currently contribute to the workforce and economy, and that racial and ethnic diversity has a positive impact on students and families in the community. If undocumented residents were forced to leave the area, this could threaten the local economy due to the sheer numbers of immigrants living in the area (e.g. there are 200-300 students in Quillayute Valley School District alone).

Local Public Health System Assessment: Common Themes (gaps in services)

1. Mental Health Services

- a. Issues: No psych beds in Clallam County (The closest facility is in Bremerton). Lack of State funding for behavioral health services.
- b. Opportunities/Assets: None discussed.

2. Provider Shortage

- a. Issues: Positions are left unfulfilled for as long as 6 months. Lack of specialists.

- b. Opportunities/assets: Shared-services. For example, the Makah tribe is in discussion about sharing an ARNP with two other tribes.
- c. Create a “fast-track provider training at Peninsula College.” There are current plans to expand allied health training programs.

3. Emergency Medical care

- a. Issues: Distance to Emergency Department. No urgent care in Sequim.
- b. Opportunities/assets: Stand Alone Emergency Rooms. The new Olympic Medical Center walk-in clinic may divert emergency department primary care cases.

4. Policies that support affordable housing (and job creation)

- Issues: Lack of low-income housing, and rentals. Hard to attract new residents and students.
- Opportunities/Assets: Economic - People want to move to Clallam, rent or buy houses, be in nature, etc. There is an opportunity to attract new students, and keep local kids here at the college to train into the healthcare workforce.

Appendix C: CHSA Summary of Health Indicators

#	Section Name Subsection Indicator Name	Number of residents affected in most recent year	Most recent value	Most recent year	Callam's Statistical trend or year to year comparison	Statistical comparison of Callam to WA State
DEMOGRAPHICS						
TOTAL POPULATION AND GROWTH						
	TOTAL POPULATION AND GROWTH RATE	73,410	1%	2016	↑	--
	POPULATION GROWTH COMPONENTS	SEE REPORT				
	POPULATION PROJECTIONS	SEE REPORT				
	POPULATION DENSITY	--	42 per square mile	2016	↑	less dense
POPULATION BY SUBGROUP						
	AGE-GENDER PYRAMID	SEE REPORT				
	POPULATION BY AGE GROUP OVER TIME	SEE REPORT				
	MEDIAN AGE	--	51	2015	↑	higher
	POPULATION BY INCORPORATED AREA	SEE REPORT				
	POPULATION BY ZIP CODE AREA	SEE REPORT				
	POPULATION BY SCHOOL DISTRICT AREAS	SEE REPORT				
	RACE/ETHNICITY	SEE REPORT				
LANGUAGE						
	LANGUAGE AT HOME (AGE 5+): ENGLISH	65,320	95%	2011-15	↑	higher
	NON ENGLISH SPEAKERS WHO SPEAK ENGLISH LESS THAN 'VERY WELL'	1,399	38%	2011-15	↔	lower
	STUDENTS IN TRANSITIONAL BILINGUAL LANGUAGE PROGRAM	227	2%	2015-16	↔	--
SOCIOECONOMICS						
HOUSEHOLDS						
	HOUSEHOLD COMPOSITION	SEE REPORT				
	NONFAMILY HOUSEHOLDS	12,806	41%	2011-15	↑	higher
	OLDER ADULTS LIVING ALONE	5,243	28%	2011-15	↑	higher
	FAMILY HOUSEHOLDS WITH CHILDREN	6,529	21%	2011-15	↓	lower
ECONOMIC WELL-BEING						
	MEDIAN HOUSEHOLD INCOME	--	\$44,929	2015	↔	lower
	MEDIAN EARNINGS FOR FULL-TIME, YEAR ROUND CIVILIAN WORKERS	--	\$40,513	2011-15	↑	lower
	PER CAPITA PERSONAL INCOME	--	\$39,738	2015	↑	lower
	AVERAGE WAGE PER JOB	--	\$48,938	2015	↑	lower
	POPULATION LIVING IN POVERTY	10,682	15%	2011-15	↑	higher
	POPULATION LIVING BELOW 200% OF POVERTY LEVEL	24,621	35%	2011-15	↑	higher
	PUBLIC SCHOOL STUDENTS WITH FREE AND REDUCED LUNCH	4,351	52%	2015-16	↑	higher
	PERCENT OF INFANTS BORN SERVED BY WIC	1,797	56%	2015	↔	higher
	HOUSEHOLDS WITH CHILDREN UNDER AGE 18 RECEIVING PUBLIC ASSISTANCE	4,548	35%	2011-15	↑	higher
	FOOD STAMP/SNAP RECIPIENTS	16,242	22%	2015	↑	higher
	HOUSEHOLDS RECEIVING ENERGY ASSISTANCE	1,256 households			↔	--
	FOOD BANK USE	pending				
EMPLOYMENT						
	UNEMPLOYMENT RATE	2,146	8%	2015	↓	higher



ID	Section Name	Sub-section	Affiliator Name	Number of residents affected in most recent year			Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State
				Most recent value	Most recent year	Most recent year		
				30,219	49%	2011-15	↑	higher
				25,556	93%	2011-15	↔	higher
				SEE REPORT				
EDUCATION								
				808	57%	2011-15	↔	higher
				676	--	2016-17	↑	--
				10,480	--	2016-17	↔	--
				197	31%	2016	↔	same
				547	49%	2016	↔	higher
				309	49%	2016	↔	same
				518	47%	2016	↔	same
				287	45%	2016	↔	same
				356	32%	2016	↔	lower
				588	84%	2015-16	↑	same
				96	14%	2015-16	↓	same
				346	57%	2013	↓	higher
				290	47%	2013	↓	same
				413	36%	2013	↓	higher
				34,935	64%	2011-15	↑	lower
				404	61%	2015	↑	same
HOUSING								
				--	36,689	2016	↑	--
				--	215 permits		↓	same
				21,854 units	61%	2011-15	↓	higher
				9,457 units	27%	2011-15	↑	lower
				18,220 houses	51%		↔	higher
				--	\$242,500		↑	lower
				--	\$850	2015	↑	lower
				10,368 households	34%	2011-15	↑	lower
				--	--	quarter 4 2016	↑	better
				--	--	quarter 4 2016	↑	better
				--	\$16,480	2016	↑	lower
				610	97%	2016	↔	same
				1,045	94%	2016	↓	same
				512	49 per 1,000	2015-16	↑	higher
				293	4 per 1,000	2016	↓	higher
ENVIRONMENTAL HEALTH								



#	Section Name	Sub-section	Metric or Name	residents affected in most recent year	Most recent value	Most recent year	Statistical trend or year to year comparison	Statistical comparison of Callam to WA State
NATURAL AND BUILT ENVIRONMENT								
			FOOD SERVICE PERMITS ISSUED (PERMANENT)	429		2016	↓	--
			FOOD SERVICE PERMITS ISSUED (TEMPORARY)	174		2016	↓	--
			FOOD SERVICE INSPECTIONS (PERMANENT & TEMPORARY)	660		2016	↓	--
			FOOD HANDLER CARDS ISSUED	3,539		2016	↑	--
			% FOOD SERVICE ESTABLISHMENTS THAT ARE SAFE	--	100%	2013	↔	higher
			ON-SITE SEPTIC SITE REGISTRATIONS AND PERMITS	540		2016	↑	--
			ON-SITE SEPTIC OPERATION AND MAINTENANCE REPORTS RECEIVED	2,896		2016	↑	--
			% OF FAILED ON-SITE SEWAGE SYSTEMS WITH TIMELY CORRECTION	--	100%	2014	↔	higher
			% OF DAYS WITH LOW AIR POLLUTION	341 days	93%	2014	↔	--
			DENSITY OF ARTS, ENTERTAINMENT AND RECREATION ESTABLISHMENTS	40 establishments	55 per 100,000	2014	↔	same
			LOW ACCESS TO SUPERMARKET/GROCERY STORE	44,354	61%	2015	↑	higher
			DENSITY OF SUPERMARKET AND CONVENIENCE STORES	16 stores	22 per 100,000	2014	↔	same
			DENSITY OF SNAP (FORMERLY FOOD STAMPS) AUTHORIZED FOOD STORES	61 stores	83 per 100,000	2016	--	same
			FARMERS MARKETS	2 markets	3 per 100,000	2016	--	--
			WIC USE OF FARMERS MARKET VOUCHERS	2,100 vouchers	35%	2016	↓	lower
			SENIOR USE OF FARMERS MARKET VOUCHERS	5,950 vouchers	76%	2016	↑	lower
TRANSPORTATION								
			EMPLOYED RESIDENTS COMMUTING BY MEANS OTHER THAN DRIVING ALONE	5,147	20%	2011-15	↓	lower
			YOUTH WALK TO SCHOOL AT LEAST ONE DAY A WEEK: 8th grade	262	42%	2016	↔	higher
			YOUTH WALK TO SCHOOL AT LEAST ONE DAY A WEEK: 10th grade	381	34%	2016	↔	same
			YOUTH BIKE TO SCHOOL AT LEAST ONE DAY A WEEK: 8th grade	57	9%	2016	--	higher
			YOUTH BIKE TO SCHOOL AT LEAST ONE DAY A WEEK: 10th grade	51	5%	2016	--	same
			MOTOR VEHICLE-RELATED HOSPITALIZATION RATE	37	56 per 100,000	2015	↓	same
			MOTOR VEHICLE-RELATED DEATH RATE	8	9 per 100,000	2013-15	↓	same
PREGNANCY AND BIRTHS								
BIRTH, FERTILITY, AND PREGNANCY RATES								
			PREGNANCY RATE PER 1,000 WOMEN AGE 15-44	799	79 per 1,000	2015	↔	same
			TEEN PREGNANCY RATE PER 1,000 WOMEN AGE 15-17	18	17 per 1,000	2015	↓	same
			BIRTH RATE: BIRTHS PER 1,000 RESIDENTS	672	9 per 1,000	2015	↓	lower
			FERTILITY RATE: BIRTHS PER 1,000 WOMEN AGE 15-44	672	66 per 1,000	2015	↔	same
			ABORTION RATE PER 1,000 WOMEN AGE 15-44	121	12 per 1,000	2015	↓	same
BIRTH RISK AND PROTECTIVE FACTORS								



OH#	Section Name	Subsection	Indicator Name	Number of residents affected in most recent year	Most recent value	Most recent year	Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State	
			PRENATAL CARE ACCESS IN FIRST TRIMESTER	493	76%	2015	↓	same	
			SMOKING DURING PREGNANCY	112	17%	2015	↓	higher	
			SMOKING CESSATION DURING PREGNANCY	15	14%	2015	↔	same	
			GESTATIONAL DIABETES	37	6%	2015	↔	lower	
			GESTATIONAL HYPERTENSION	42	6%	2015	↔	same	
			DELIVERY METHOD OF BIRTHS	SEE REPORT					
			PREMATURE BIRTHS	73	11%	2015	↑	same	
			LOW BIRTH WEIGHT	49	7%	2015	↑	same	
			BREASTFEEDING AT BIRTH	619	94%	2015	↑	same	
HEALTH CARE RESOURCES									
HEALTH CARE ACCESS									
			ADULTS WITHOUT HEALTH INSURANCE	5,078	7%	2015	↔	higher	
			INSURED ADULTS BY HEALTH INSURANCE TYPE	SEE REPORT					
			MEDICARE ENROLLMENT	24,378	33%	2016	↑	same	
			MEDICAID ENROLLMENT	Total	22,306	30%	Mar-2017	--	higher
				Adult	13,640	23%	Mar-2017	--	higher
				Children	8,666	62%	Mar-2017	--	higher
			ADULTS UNABLE TO SEE DOCTOR BECAUSE OF COST	6,980	12%	2011-15	--	same	
			ADULTS WITH UNMET HEALTHCARE NEEDS	18,999	31%	2015	--	same	
			ADULTS REPORT HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER	50,790	84%	2015	↔	same	
			ADULTS HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN THE PAST YEAR	39,906	66%	2015	↔	same	
			YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 8th grade	452	72%	2014	--	same	
			YOUTH HAVE HAD ROUTINE MEDICAL CHECK-UP WITHIN PAST YEAR: 10th grade	741	67%	2014	--	same	
			EMERGENCY DEPARTMENT VISITS BY MEDICAID POPULATION BY TYPE	SEE REPORT					
			RATE PER 1,000 MEMBER MONTHS	DISABLED	2,002	13 per 1,000	FY2016	↔	higher
				CLASSIC	2,535	10 per 1,000	FY2016	↓	higher
				EXPANSION	5,589	7 per 1,000	FY2016	↔	higher
				CHILDREN	2,990	4 per 1,000	FY2016	↔	same
			ADULTS HAVE HAD ROUTINE DENTAL VISIT WITHIN THE PAST YEAR	38,773	64%	2015	↔	same	
			YOUTH HAVE HAD DENTAL VISIT WITHIN PAST YEAR: 8th grade	536	85%	2016	↔	same	
			YOUTH HAVE HAD DENTAL VISIT WITHIN PAST YEAR: 10th grade	903	81%	2016	↔	same	
			THIRD GRADERS WHO HAVE HAD DENTAL SEALANTS	SEE REPORT					
			MEDICAID POPULATION ELIGIBLE FOR DENTAL SERVICES	25,254	--	2016	↑	--	
			ELIGIBLE MEDICAID POPULATION USING DENTAL SERVICES	7,333	29%	2016	↔	lower	
			HEALTH CARE PROFESSIONAL SHORTAGE AREAS	SEE REPORT					
			PRIMARY CARE PHYSICIAN RATE	64 PCPs	88 per 100,000	2014	↔	same	
			DENTIST RATE	65 Dentists	88 per 100,000	2015	↔	same	
			MENTAL HEALTH PROVIDER RATE	180 MH Providers	245 per 100,000	2016	↔	lower	
			HEALTH CARE USAGE	SEE REPORT					
			LOCAL PROVIDER CAPACITY AND USAGE	SEE REPORT					

Section Name Subsection Indicator or Name	Number of residents affected in most recent year	Most recent value	Most recent year	Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State
QUALITY OF LIFE					
SAFETY AND VIOLENCE					
TOTAL CRIME RATE (GROUP A)	4,923 crimes	68 per 1,000	2015	↔	higher
PERSONAL CRIME RATE	1,227 crimes	17 per 1,000	2015	↔	higher
PROPERTY CRIME RATE	3,392 crimes	47 per 1,000	2015	↔	higher
RATE OF CRIMES TO SOCIETY	304 crimes	4 per 1,000	2015	↓	higher
DOMESTIC VIOLENCE OFFENSE RATE	840	12 per 1,000	2015	↑	higher
CHILD ABUSE AND NEGLECT REFERRAL RATE	709	56 per 1,000	2015	↑	higher
TOTAL ARRESTS: ADOLESCENTS AGE 10-17	143	26 per 1,000	2015	↓	same
TOTAL ARRESTS: ADULTS	1,745	29 per 1,000	2015	↓	higher
ADULT PRISONERS IN STATE CORRECTIONAL SYSTEMS	466	6 per 1,000	2015	↑	higher
YOUTH FEEL UNSAFE AT SCHOOL: 8th grade	100	16%	2016	↔	same
YOUTH FEEL UNSAFE AT SCHOOL: 10th grade	223	20%	2016	↓	same
YOUTH HAVE BEEN BULLIED IN PAST MONTH: 8th grade	209	33%	2016	↔	higher
YOUTH HAVE BEEN BULLIED IN PAST MONTH: 10th grade	320	29%	2016	↓	higher
YOUTH IN A PHYSICAL FIGHT ONCE OR MORE WITHIN THE PAST YEAR: 8th grade	184	29%	2016	↓	same
YOUTH IN A PHYSICAL FIGHT ONCE OR MORE WITHIN THE PAST YEAR: 10th grade	249	22%	2016	↔	same
YOUTH MADE TO FEEL UNSAFE BY A BOY/GIRLFRIEND IN PAST YEAR: 8th grade	92	15%	2016	↔	same
YOUTH MADE TO FEEL UNSAFE BY A BOY/GIRLFRIEND IN PAST YEAR: 10th grade	190	17%	2016	↔	same
YOUTH HAVE EVER BEEN PHYSICALLY ABUSED BY AN ADULT: 8th grade	132	21%	2016	↔	same
YOUTH HAVE EVER BEEN PHYSICALLY ABUSED BY AN ADULT: 10th grade	258	23%	2016	↔	same
PHYSICAL AND EMOTIONAL WELL-BEING					
ADULTS REPORT EXCELLENT, VERY GOOD, OR GOOD GENERAL HEALTH	46,704	77%	2015	↔	same
ADDITIONAL YEARS OF HEALTHY LIFE AT AGE 20	--	47 years	2014	↔	lower
LIFE EXPECTANCY AT BIRTH	--	79 years	2015	↑	lower
ADULTS WITH 3 OR MORE ADVERSE CHILDHOOD EXPERIENCES	19,788	33%	2011	--	same
POPULATION WITH A DISABILITY	14,545	20%	2011-15	↓	higher
ADULTS REPORT ACTIVITIES LIMITED BY POOR PHYSICAL/MENTAL HEALTH	32,871	54%	2015	↔	same
ADULTS REPORT MENTAL DISTRESS	7,284	12%	2011-15	--	same
ADULTS REPORT EVER BEING TOLD THEY HAVE DEPRESSION	12,566	21%	2015	↔	same
YOUTH SO SAD OR HOPELESS THEY STOPPED DOING USUAL ACTIVITIES: 8th grade	158	25%	2016	↔	same
YOUTH SO SAD OR HOPELESS THEY STOPPED DOING USUAL ACTIVITIES: 10th grade	414	37%	2016	↔	same
YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS: 8th grade	117	19%	2016	↔	same
YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS: 10th grade	262	24%	2016	↔	same
YOUTH SERIOUSLY CONSIDERED SUICIDE IN PAST YEAR: 8th grade	108	17%	2016	↔	same

Section Name Subsection NMBR/Bar or Name	Number of residents affected in most recent year	Most recent value	Most recent year	Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State
YOUTH SERIOUSLY CONSIDERED SUICIDE IN PAST YEAR: 10th grade	252	23%	2016	↔	same
SUICIDE NON-FATAL HOSPITALIZATIONS	20	28 per 100,000	2015	↓	same
SUICIDE DEATH RATE	21	24 per 100,000	2013-15	↔	higher
HEALTH BEHAVIORS					
NUTRITION, ACTIVE LIVING, AND WEIGHT					
ADULTS MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLE INTAKE	14,317	24%	2015	↔	same
YOUTH MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLES: 8th grade	183	29%	2016	↔	same
YOUTH MEET RECOMMENDED 5 A DAY FRUIT/VEGETABLES: 10th grade	300	27%	2016	↔	same
YOUTH HAVE 2 HOURS OR LESS OF DAILY SCREEN TIME: 8th grade	280	44%	2016	↔	same
YOUTH HAVE 2 HOURS OR LESS OF DAILY SCREEN TIME: 10th grade	512	46%	2016	↑	same
YOUTH PHYSICALLY ACTIVE AT RECOMMENDED LEVEL: 8th grade	434	69%	2016	↔	higher
YOUTH PHYSICALLY ACTIVE AT RECOMMENDED LEVEL: 10th grade	521	47%	2016	↔	same
YOUTH DRINK 0 SUGARY BEVERAGES DAILY: 8th grade	145	23%	2016	↔	same
YOUTH DRINK 0 SUGARY BEVERAGES DAILY: 10th grade	216	19%	2016	↔	same
ADULTS WITH ANY LEISURE TIME PHYSICAL ACTIVITY	49,125	81%	2015	↔	same
ADULTS PHYSICALLY ACTIVE AT RECOMMENDED LEVEL (150 MINUTES/WEEK)	44,674	71%	2015	↔	same
YOUTH REPORT TAKING PHYSICAL EDUCATION CLASS: 8th grade	458	73%	2016	↑	same
YOUTH REPORT TAKING PHYSICAL EDUCATION CLASS: 10th grade	321	29%	2016	↓	lower
YOUTH REPORT SPENDING MORE THAN 30 MINUTES EXERCISING IN PE CLASS: 8th grade	525	83%	2016	↑	higher
YOUTH REPORT SPENDING MORE THAN 30 MINUTES EXERCISING IN PE CLASS: 10th grade	866	78%	2016	↔	same
YOUTH REPORT PARTICIPATING IN AFTER SCHOOL ACTIVITIES OR SPORTS: 8th grade	410	65%	2016	↔	same
YOUTH REPORT PARTICIPATING IN AFTER SCHOOL ACTIVITIES OR SPORTS: 10th grade	735	66%	2016	↔	same
YOUTH REPORT AVAILABILITY OF SPORTS: 8th grade	578	92%	2016	↑	same
YOUTH REPORT AVAILABILITY OF SPORTS: 10th grade	1,035	93%	2016	↔	same
YOUTH REPORT AVAILABILITY OF SPORTS AT SCHOOL: 8th grade	579	92%	2016	↔	same
YOUTH REPORT AVAILABILITY OF SPORTS AT SCHOOL: 10th grade	1,049	94%	2016	↔	same
ADULTS OVERWEIGHT OR OBESE (BMI 25+)	44,910	74%	2015	↔	same
ADULTS OBESE (BMI 30+)	15,749	26%	2015	↔	same
YOUTH OVERWEIGHT: 8th grade	105	17%	2016	↔	same
YOUTH OVERWEIGHT: 10th grade	165	15%	2016	↔	same
YOUTH OBESE: 8th grade	74	12%	2016	↔	same
YOUTH OBESE: 10th grade	120	11%	2016	↓	same
LOW-INCOME PRESCHOOL OBESITY RATE	9	9%	2016	↔	–
SUBSTANCE USE					
ADULT CURRENT SMOKING	9,430	16%	2015	↓	same
YOUTH CURRENT SMOKING: 8th grade	35	6%	2016	↔	higher
YOUTH CURRENT SMOKING: 10th grade	141	13%	2016	↔	higher
YOUTH TOBACCO COMPLIANCE CHECKS RESULTING IN A SALE	8	29%	2016	↔	higher
YOUTH CURRENT E-CIGARETTE USE: 8th grade	47	7%	2016	↔	same



Section Name Sub-section Metric or Name	Number of residents affected in			Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State
	most recent year	Most recent value	Most recent year		
YOUTH CURRENT E-CIGARETTE USE: 10th grade	132	12%	2016	↓	same
ADULT BINGE DRINKING	14,689	24%	2011-15	--	same
6TH GRADERS EVER USED ALCOHOL	136	22%	2016	↓	same
YOUTH CURRENT ALCOHOL USE: 8th grade	46	7%	2016	↔	same
YOUTH CURRENT ALCOHOL USE: 10th grade	240	22%	2016	↓	same
YOUTH BINGE DRINKING: 8th grade	25	4%	2016	↔	same
YOUTH BINGE DRINKING: 10th grade	124	11%	2016	↔	same
YOUTH CURRENT MARIJUANA USE: 8th grade	47	8%	2016	↔	same
YOUTH CURRENT MARIJUANA USE: 10th grade	199	18%	2016	↔	same
YOUTH CURRENT PRESCRIPTION DRUG (PAINKILLERS) USE TO GET HIGH: 10th grade	39	4%	2016	↔	same
BEHAVIORAL HEALTH TREATMENT NEED AMONG MEDICAID POPULATION BY TYPE					
DISABLED	1,000	72%	FY2016	↔	same
CLASSIC	1,345	55%	FY2016	↔	higher
EXPANSION	3,878	46%	FY2016	↑	higher
CHILDREN	1,501	19%	FY2016	↔	higher
ADULT MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES	1,346	22.4 per 1,000	2015	↔	higher
YOUTH MEDICAID-REIMBURSED ALCOHOL OR DRUG TREATMENT RATES	108	18.7 per 1,000	2015	↔	higher
HEALTH DEPARTMENT SYRINGE EXCHANGE	--	234,270 syringes	2016	↑	--
OPIOID OVERDOSE REPORTS	--	9 overdoses	Quarter 1 2017	--	--
IMMUNIZATIONS					
CHILDREN AGE 19-35 MONTHS WITH COMPLETE VACCINATIONS	448	46%	2016	↔	lower
KINDERGARTNERS WITH COMPLETE IMMUNIZATIONS	505	78%	2015-16	↓	lower
SIXTH GRADERS WITH COMPLETE IMMUNIZATIONS	487	72%	2015-16	↔	lower
ADULTS HAVE GOTTEN FLU SHOT IN PAST YEAR	24,772	41%	2015	↔	same
ADULTS AGE 65+ HAVE GOTTEN PNEUMONIA SHOT IN PAST YEAR	14,566	72%	2015	↔	same
ILLNESS AND DEATHS					
INFECTIOUS DISEASE					
CHLAMYDIA CASE RATE	187	257 per 100,000	2015	↑	lower
HIV INCIDENCE RATE	< 5	5.5 per 100,000	2015	↔	same
RATE OF PEOPLE LIVING WITH HIV AND AIDS	72	99 per 100,000	2015	↑	lower
TUBERCULOSIS	< 5	0.8 per 100,000	2011-15	↔	lower
CHRONIC HEPATITIS B	< 5	1.4 per 100,000	2014	↔	lower
CHRONIC HEPATITIS C	77	106 per 100,000	2014	↔	same
CHRONIC DISEASE					



Section Name Sub-section Indicator Name	Number of residents affected in most recent year	Most recent value	Most recent year	Callam's Statistical trend or year to year comparison	Statistical comparison of Callam to WA State
ADULTS EVER TOLD THEY HAVE PRE-DIABETES	6,313	10%	2011-14	--	same
ADULTS EVER TOLD THEY HAVE DIABETES	5,827	10%	2011-15	--	same
ADULTS EVER TOLD THEY HAVE HIGH CHOLESTEROL	23,927	39%	2015	↔	same
ADULTS EVER TOLD THEY HAVE HIGH BLOOD PRESSURE	22,975	38%	2015	↔	same
ADULTS EVER TOLD THEY HAVE ANY CARDIOVASCULAR DISEASE (MYOCARDIAL INFARCTION, CORONARY HEART DISEASE OR STROKE)	5,949	10%	2011-15	--	higher
ADULTS EVER TOLD THEY HAVE ASTHMA	9,495	16%	2015	↔	same
YOUTH EVER TOLD THEY HAVE ASTHMA: 8th grade	133	21%	2016	↔	same
YOUTH EVER TOLD THEY HAVE ASTHMA: 10th grade	284	26%	2016	↔	same
CANCER DIAGNOSES AND DEATHS					
FEMALE (AGE 50+) BREAST CANCER SCREENING	12,651	64%	2015	↔	lower
FEMALE (AGE 21+) CERVICAL CANCER SCREENING	14,182	47%	2015	↔	lower
ADULT (50+) COLORECTAL CANCER SCREENING	15,859	66%	2014-15	--	same
LUNG CANCER INCIDENCE	96	64 per 100,000	2014	↔	same
COLORECTAL CANCER INCIDENCE	46	37 per 100,000	2014	↓	same
BREAST (FEMALE ONLY) CANCER INCIDENCE	116	183 per 100,000	2014	↔	same
LUNG CANCER DEATH RATE	61	42 per 100,000	2015	↓	same
COLORECTAL CANCER DEATH RATE	19	14 per 100,000	2015	↓	same
BREAST (FEMALE ONLY) CANCER DEATH RATE	18	24 per 100,000	2013-15	↔	same
HOSPITALIZATIONS					
ALL CAUSE HOSPITALIZATION RATE	8,008	8,844 per 100,000	2015	↓	higher
UNINTENTIONAL INJURY HOSPITALIZATIONS	573	542 per 100,000	2011-15	↔	same
LEADING CAUSES OF HOSPITALIZATION	SEE REPORT				
LEADING CAUSES OF UNINTENTIONAL INJURY HOSPITALIZATION	SEE REPORT				
ALCOHOL-RELATED HOSPITALIZATION RATE	207	234 per 100,000	2015	↔	higher
DRUG-RELATED HOSPITALIZATION RATE	472	742 per 100,000	2015	↑	higher
OPIOID-RELATED HOSPITALIZATION RATE	217	345 per 100,000	2013-15	↑	higher
DIABETES-RELATED HOSPITALIZATION RATE	1,369	1,180 per 100,000	2015	↑	same
ASTHMA HOSPITALIZATION RATE	29	37 per 100,000	2015	↓	same
FALLS HOSPITALIZATION RATE FOR OLDER ADULTS (AGE 65+)	239	1,186 per 100,000	2015	↔	lower
DEATHS					



A#	Section Name Sub-section Title/Bar or Name	Number of residents affected in most recent year			Clallam's Statistical trend or year to year comparison	Statistical comparison of Clallam to WA State
		Most recent value	Most recent year			
	ALL CAUSE DEATH RATE	957	720 per 100,000	2015	↓	same
	INFANT MORTALITY RATE	5	8 per 1,000	2011-15	↔	higher
	YEARS OF POTENTIAL LIFE LOST (YPLL)	3,141 years	5,963 years per 100,000 people	2015	↔	higher
	LEADING CAUSES OF DEATH	SEE REPORT				
	LEADING CAUSES OF UNINTENTIONAL INJURY DEATH	SEE REPORT				
	ALCOHOL-RELATED DEATH RATE	16	17 per 100,000	2011-15	↑	higher
	DRUG-RELATED DEATH RATE	16	22 per 100,000	2011-15	↔	higher
	OPIOID-RELATED DEATH RATE	8	13 per 100,000	2011-15	↔	higher
	DIABETES-RELATED DEATH RATE	112	79 per 100,000	2015	↑	same
ADDITIONAL INFORMATION						
COUNTY HEALTH RANKINGS						
	HEALTH OUTCOMES RANK AMONG WASHINGTON COUNTIES:	21 of 39				
	HEALTH FACTORS RANK AMONG WASHINGTON COUNTIES:	20 of 39				

