2019 Community Health Needs Assessment Report

Clallam County, Washington

Prepared for: Olympic Medical Center

By: PRC, Inc.
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<td>Key Informant Input: Access to Healthcare Services</td>
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Introduction
Project Overview

Project Goals
This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Clallam County, the service area of Olympic Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Olympic Medical Center by PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology
This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

Community Defined for This Assessment
The study area for this effort includes Clallam County in Washington. This community definition, determined based on the areas of residence of most recent patients of Olympic Medical Center, is illustrated in the following map.
Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Olympic Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 83 community stakeholders took part in the Online Key Informant Survey, as outlined below:
Online Key Informant Survey Participation

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>16</td>
</tr>
<tr>
<td>Public Health Representatives</td>
<td>1</td>
</tr>
<tr>
<td>Other Health Providers</td>
<td>25</td>
</tr>
<tr>
<td>Social Services Providers</td>
<td>10</td>
</tr>
<tr>
<td>Other Community Leaders</td>
<td>31</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- Avamere Olympic Rehab of Sequim
- Board of Health
- Boys and Girls Clubs of the Olympic Peninsula
- Bridge Builders, Ltd.
- Castell Insurance
- City of Port Angeles
- City of Sequim
- Clallam County
- Clallam County Fire Protection District #3
- Clallam County Fire Protection District #4
- Clallam County Health and Human Services
- Clallam County Sheriff's Office
- Clallam Mosaic
- Clallam Transit System
- Discovery Memory Care
- Dungeness Valley Health and Wellness Clinic
- First Step Family Support Center
- Gellor Insurance, Inc.
- Hermann Bros
- Jamestown Health Clinic
- Jefferson County Public Health
- Lutheran Community Services NW
- North Olympic Healthcare Network
- Olympic Area Agency on Aging
- Olympic Community Action Programs
- Olympic Medical Center
- Olympic Medical Home Health
- Olympic Medical Physicians
- Olympic Peninsula Community Clinic
- Olympic Peninsula Healthy Community Coalition
- Peninsula Behavioral Health
- Peninsula College
- Port Angeles Chamber of Commerce
- Port Angeles Police Department
- Port Angeles Senior and Community Center
- Radio Pacific, Inc
- REdisCOVERY
- Sequim Chamber of Commerce
- Sequim Free Clinic
- Sequim Health and Rehabilitation
- Sequim Senior Services/Shipley Center
- Sherwood Assisted Living
- Steve Methner Insurance
- The Sequim Free Clinic
- United Way of Clallam County
- Volunteer Hospice of Clallam County
Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants’ opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data
A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Clallam County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics
Healthy People 2020
Some indicators allow for comparison to national disease prevention and health promotion goals established in Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Determining Significance
For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps
While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment
Olympic Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Olympic Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Olympic Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.
IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Part V Section B Line 3a</td>
<td></td>
</tr>
<tr>
<td>A definition of the community served by the hospital facility</td>
<td>6</td>
</tr>
<tr>
<td>Part V Section B Line 3b</td>
<td></td>
</tr>
<tr>
<td>Demographics of the community</td>
<td>22</td>
</tr>
<tr>
<td>Part V Section B Line 3c</td>
<td></td>
</tr>
<tr>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>112</td>
</tr>
<tr>
<td>Part V Section B Line 3d</td>
<td></td>
</tr>
<tr>
<td>How data was obtained</td>
<td>6</td>
</tr>
<tr>
<td>Part V Section B Line 3e</td>
<td></td>
</tr>
<tr>
<td>The significant health needs of the community</td>
<td>12</td>
</tr>
<tr>
<td>Part V Section B Line 3f</td>
<td></td>
</tr>
<tr>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>Addressed Throughout</td>
</tr>
<tr>
<td>Part V Section B Line 3g</td>
<td></td>
</tr>
<tr>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>13</td>
</tr>
<tr>
<td>Part V Section B Line 3h</td>
<td></td>
</tr>
<tr>
<td>The process for consulting with persons representing the community’s interests</td>
<td>7</td>
</tr>
<tr>
<td>Part V Section B Line 3i</td>
<td></td>
</tr>
<tr>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>117</td>
</tr>
</tbody>
</table>
Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Lack of Health Insurance (Adults &amp; Children)</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Prevalence</td>
</tr>
<tr>
<td>• Key Informants: Diabetes ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Leading Cause of Death</td>
</tr>
<tr>
<td><strong>Infant Health</strong></td>
</tr>
<tr>
<td>• Infant Deaths</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>• Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>• Suicide Deaths</td>
</tr>
<tr>
<td>• Mental Health Provider Ratio</td>
</tr>
<tr>
<td>• Key Informants: Mental health ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
</tr>
<tr>
<td>• Low Food Access</td>
</tr>
<tr>
<td>• Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
</tr>
<tr>
<td>• Poor Dental Health</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
</tr>
<tr>
<td>• Disability Prevalence</td>
</tr>
<tr>
<td>• Key Informants: Dementias/Alzheimer’s disease ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>• Key Informants: Substance abuse ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
</tr>
<tr>
<td>• Cigarette Smoking Prevalence</td>
</tr>
</tbody>
</table>
Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see “Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Dementia/Alzheimer’s Disease
4. Diabetes
5. Nutrition, Physical Activity, and Weight
6. Access to Health Services
7. Oral Health/Dental Care
8. Tobacco Use
9. Heart Disease and Stroke
10. Infant and Child Health
11. Injury and Violence

Hospital Implementation Strategy

Olympic Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Clallam County. These data are grouped by health topic.

Reading the Summary Tables

- In the following tables, Clallam County results are shown in the larger, blue column.
- The columns to the right of the Clallam County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether Clallam County compares favorably (✔), unfavorably (●), or comparably (≈) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. WA</td>
</tr>
<tr>
<td>Population in Poverty (%)</td>
<td>17.1</td>
<td>12.2</td>
</tr>
<tr>
<td>Children in Poverty (%)</td>
<td>29.1</td>
<td>15.8</td>
</tr>
<tr>
<td>Housing Exceeds 30% of Income</td>
<td>32.4</td>
<td>32.9</td>
</tr>
<tr>
<td>No High School Diploma (% Age 25+)</td>
<td>8.0</td>
<td>9.2</td>
</tr>
<tr>
<td>Unemployment Rate (% Age 16+)</td>
<td>6.8</td>
<td>4.7</td>
</tr>
<tr>
<td>Linguistically Isolated Population (%)</td>
<td>1.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Overall Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Fair/Poor&quot; Overall Health (%)</td>
<td>16.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Access to Healthcare Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured (% Adults 18-64)</td>
<td>14.3</td>
<td>11.8</td>
</tr>
<tr>
<td>Uninsured (% Children 0-17)</td>
<td>7.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>88.0</td>
<td>91.6</td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### Cancer

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>166.0</td>
<td>vs. WA: 155.9, 160.9, 161.4</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>94.7</td>
<td>vs. US: 106.8, 109.0</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>142.6</td>
<td>vs. HP2020: 135.3, 124.7</td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td>63.1</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>39.7</td>
<td></td>
</tr>
<tr>
<td>Cancer Incidence Rate (All Sites)</td>
<td>495.2</td>
<td></td>
</tr>
<tr>
<td>Mammogram in Past 2 Years (% Medicare Women 67-69)</td>
<td>57.7</td>
<td>vs. WA: 60.0, 63.2, 81.1</td>
</tr>
</tbody>
</table>

#### Diabetes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Prevalence (%)</td>
<td>11.0</td>
<td>vs. WA: 8.7, 10.2</td>
</tr>
</tbody>
</table>

#### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease (Age-Adjusted Death Rate)</td>
<td>83.6</td>
<td>vs. WA: 82.6, 99.6, 103.4</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>39.7</td>
<td></td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure Prevalence (%)</td>
<td>30.0</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>27.0</td>
<td>28.2</td>
</tr>
</tbody>
</table>

### Infant Health & Family Planning

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>5.8</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>4.9</td>
<td>6.5</td>
</tr>
<tr>
<td>Births to Adolescents Age 15 to 19 (Rate per 1,000)</td>
<td>32.5</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>29.2</td>
<td>36.6</td>
</tr>
</tbody>
</table>

### Injury & Violence

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>50.1</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>40.1</td>
<td>41.9</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>9.7</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>8.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>262.0</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>289.2</td>
<td>379.7</td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>21.9</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>14.8</td>
<td>13.0</td>
</tr>
<tr>
<td>Mental Health Providers per 100,000</td>
<td>272.9</td>
<td>🌞, ☁️, 🌬️</td>
</tr>
<tr>
<td></td>
<td>vs. WA</td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td>322.6</td>
<td>202.8</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight</td>
<td>Clallam County vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Fast Food Restaurants per 100,000</td>
<td>51.8</td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (%)</td>
<td>40.2</td>
<td></td>
</tr>
<tr>
<td>No Leisure-Time Physical Activity (%)</td>
<td>17.6</td>
<td></td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>Obese (%)</td>
<td>27.3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists per 100,000</td>
<td>88.5</td>
</tr>
<tr>
<td>Poor Dental Health (%)</td>
<td>20.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potentially Disabling Conditions</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Prevalence (%)</td>
<td>20.4</td>
</tr>
</tbody>
</table>
### Respiratory Disease

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>33.7</td>
<td>vs. WA: 39.1, vs. US: 41.3, vs. HP2020: 41.3</td>
</tr>
<tr>
<td>Asthma Prevalence (%)</td>
<td>15.2</td>
<td>vs. WA: 14.7, vs. US: 13.4, vs. HP2020: 13.4</td>
</tr>
</tbody>
</table>

### Sexual Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence Rate</td>
<td>96.3</td>
<td>vs. WA: 208.3, vs. US: 362.3, vs. HP2020: 362.3</td>
</tr>
<tr>
<td>Chlamydia Incidence Rate</td>
<td>273.5</td>
<td>vs. WA: 435.9, vs. US: 497.3, vs. HP2020: 497.3</td>
</tr>
<tr>
<td>Gonorrhea Incidence Rate</td>
<td>24.5</td>
<td>vs. WA: 114.0, vs. US: 145.8, vs. HP2020: 145.8</td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Drinker (%)</td>
<td>13.8</td>
<td>vs. WA: 16.9, vs. US: 16.4, vs. HP2020: 25.4</td>
</tr>
</tbody>
</table>

### Tobacco Use

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clallam County</th>
<th>Clallam County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smoker (%)</td>
<td>18.9</td>
<td>vs. WA: 15.5, vs. US: 17.8, vs. HP2020: 12.0</td>
</tr>
</tbody>
</table>

The symbols represent the comparison between Clallam County and its benchmarks:
- ☀️: better
- ☁️: similar
- 🌪️: worse
Summary of Key Informant Perceptions

Through the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns.

### Key Informants: Relative Position of Health Topics as Problems in the Community

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>73.8%</td>
<td>44.7%</td>
<td>42.1%</td>
<td>54.9%</td>
<td>36.6%</td>
<td>23.1%</td>
<td>22.5%</td>
<td>21.1%</td>
<td>20.3%</td>
<td>11.4%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>72.2%</td>
<td>44.4%</td>
<td>33.3%</td>
<td>54.9%</td>
<td>45.2%</td>
<td>33.8%</td>
<td>33.3%</td>
<td>36.6%</td>
<td>36.6%</td>
<td>26.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Dementia/Alzheimer's Disease</td>
<td>44.7%</td>
<td>42.1%</td>
<td>42.1%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>44.4%</td>
<td>42.1%</td>
<td>42.1%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Nutrition, Physical Activity, and Weight</td>
<td>32.9%</td>
<td>36.8%</td>
<td>42.9%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>31.2%</td>
<td>36.6%</td>
<td>42.9%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Oral Health/Dental Care</td>
<td>27.0%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>26.1%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
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<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Heart Disease and Stroke</td>
<td>25.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Arthritis/Osteoporosis/Back Conditions</td>
<td>21.1%</td>
<td>54.3%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Infant and Child Health</td>
<td>11.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>11.0%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>45.2%</td>
</tr>
<tr>
<td>Immunization and Infectious Diseases</td>
<td>10.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td>9.6%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>8.6%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>8.6%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>7.4%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Hearing and Vision Problems</td>
<td>7.4%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>4.6%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>3.9%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Legend: Major Problem, Moderate Problem, Minor Problem, No Problem At All
Community Description
Population Characteristics

Total Population
Clallam County, the focus of this Community Health Needs Assessment, encompasses 1,738.68 square miles and houses a total population of 73,439 residents, according to latest census estimates.

### Total Population

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clallam County</td>
<td>73,439</td>
<td>1,738.68</td>
<td>42.24</td>
</tr>
<tr>
<td>Washington</td>
<td>7,169,967</td>
<td>66,452.74</td>
<td>107.9</td>
</tr>
<tr>
<td>United States</td>
<td>321,004,407</td>
<td>3,532,315.66</td>
<td>90.88</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.  

Population Change 2000-2010
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Clallam County increased by 6,879 persons, or 10.7%.

- Below the change found statewide.
Change in Total Population
(Percentage Change Between 2000 and 2010)

Sources:

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Clallam County, 17.6% of the population are children age 0-17; another 55.0% are age 18 to 64, while 27.4% are age 65 and older.

- The proportion of older adults (age 65+) is statistically higher than state and national proportions.

**Total Population by Age Groups, Percent**


<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>17.8%</td>
<td>27.4%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>22.5%</td>
<td>14.4%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>22.9%</td>
<td>62.2%</td>
<td>22.9%</td>
</tr>
</tbody>
</table>

*Sources:*
- US Census Bureau American Community Survey 5-year estimates.

Median Age

Clallam County is “older” than the state and the nation in that the median age is higher.
The following map provides an illustration of the median age in Clallam County, segmented by census tract.

Sources:
- US Census Bureau American Community Survey 5-year estimates.
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 88.1% of residents of Clallam County are White, 1.5% are Asian, and 1.2% are Black.

- This is statistically less diverse than the nation and less Asian or Black than the state.

**Total Population by Race Alone, Percent**


![Chart showing population by race](chart.png)

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Ethnicity

A total of 6.0% of Clallam County residents are Hispanic or Latino.

- Below Washington and US proportions.

**Hispanic Population**

(2000-2010)

![Chart showing Hispanic population](chart.png)

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Linguistic Isolation
A total of 1.3% of Clallam County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

- More favorable than both the state and US.

Linguistically Isolated Population

Notes: This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."
Note the following map illustrating linguistic isolation throughout Clallam County.

https://engagementnetwork.org/map-rooms/7/11/2019
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 17.1% of Clallam County total population living below the federal poverty level.

- This proportion is above that found statewide.

Among just children (ages 0 to 17), this percentage in Clallam County is 29.1% (representing an estimated 3,623 children).

- This proportion is above state and US proportions.

Population in Poverty

(Populations Living Below the Poverty Level; 2013-2017)

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clallam County</td>
<td>17.1%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Washington</td>
<td>12.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>US</td>
<td>14.6%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
The following maps highlight concentrations of persons living below the federal poverty level.
Education
Among Clallam County population age 25 and older, an estimated 8.0% (almost 4,500 people) do not have a high school education.

- More favorable than found nationally.
Population With No High School Diploma

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Population with No High School Diploma (Age 25+), Percent by Tract

Map Legend
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

4,447 individuals
Employment

According to data derived from the US Department of Labor, the unemployment rate in Clallam County as of 2017 was 6.8%.

- Less favorable than found statewide and nationally.

### Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

<table>
<thead>
<tr>
<th>Year</th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>5.9%</td>
<td>7.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2008</td>
<td>6.0%</td>
<td>7.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2009</td>
<td>9.0%</td>
<td>8.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>2010</td>
<td>10.0%</td>
<td>9.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>2011</td>
<td>10.5%</td>
<td>9.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2012</td>
<td>9.6%</td>
<td>8.4%</td>
<td>7.0%</td>
</tr>
<tr>
<td>2013</td>
<td>8.4%</td>
<td>8.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2014</td>
<td>7.6%</td>
<td>8.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2015</td>
<td>7.0%</td>
<td>7.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>2016</td>
<td>6.4%</td>
<td>6.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>2017</td>
<td>6.8%</td>
<td>6.6%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>


Notes: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Burden

In Clallam County, 32.4% of households spend more than 30 percent of total household income on housing costs.

- Similar to state and national findings.

### Housing Costs Exceed 30% of Household Income (2013-2017)

10,465 households

<table>
<thead>
<tr>
<th>Year</th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>32.4%</td>
<td>32.9%</td>
<td>32.0%</td>
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<tr>
<td>2014</td>
<td>32.9%</td>
<td>32.9%</td>
<td>32.0%</td>
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<tr>
<td>2015</td>
<td>32.0%</td>
<td>32.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>2016</td>
<td>32.0%</td>
<td>32.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>2017</td>
<td>32.0%</td>
<td>32.0%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>


Notes: This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.
General Health Status
Overall Health Status

A total of 16.9% of Clallam County adults believe that their overall health is “fair” or “poor.”

- Less favorable than the Washington proportion.

Adults With “Fair” or “Poor” Overall Health
(2006-2012)


Notes: This indicator is relevant because it is a measure of general poor health status.
Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

Suicide

Between 2012-2016, there was an annual average age-adjusted suicide rate of 21.9 deaths per 100,000 population in Clallam County.

- Higher than the state and national rates; fails to satisfy the related Healthy People 2020 objective.
Suicide: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower

Clallam County Washington US
0 5 10 15 20 25
21.9 14.8 13.0

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Providers
In Clallam County in 2017, there were 272.9 mental health providers for every 100,000 population.
- Lower than the state rate, though higher than the nation.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2017)

Clallam County Washington US
0 50 100 150 200 250 300 350
272.9 322.6 202.8

Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.
Key Informant Input: Mental Health

More than seven in 10 key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>73.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Access to mental health care—especially if you have private insurance or Medicare. The waitlist and intake process are long and demanding at local community mental health clinic (PBH)- often resulting in drop out. Access to crisis services— one must either have police contact or walk in and ask for help—they are not community based. There are no limited mobile crisis services. Many barriers to accessing crisis respite services- and older adults have a very difficult time getting the care they need due to conflicts re: diagnoses being dementia vs. mental illness, often resulting in no care. There is very little choice for people with Medicaid. — Social Services Provider

There are significant challenges around accessing timely mental health services both for prevention of crisis and in acute crisis management. Delays and hurdles to accessing counseling and medication management often disproportionately impact our most vulnerable and high needs citizens. — Public Health Representative

All patients with acute psychiatric issues needing hospitalization must be sent to Seattle, far from their homes in Port Angeles and Sequim. Many refuse to go if not detained by the DCR's; therefore, not receiving much needed treatment. Patients in acute psychiatric crisis and who are detained involuntarily, can sit at OMC for days or weeks waiting for an accepting hospital bed in Seattle. OMC is not a psychiatric facility and cannot offer the therapeutic milieu desperately needed for these patients. Such delays in service for patients with acute MI or stroke would be considered a breach in the standard of care. A local or closer regional inpatient psychiatric facility is a critical need for this community with post-discharge short term case management. Wraparound services for high-risk individuals is lacking. — Other Health Provider

Lack of access to coordinated care. There are but 2 very part-time psychiatrists in the county, and the local community mental health clinic has erected large barriers for patients to get care. Primary care clinics are putting social workers in the clinics, but reimbursement is poor or non-existent. — Physician

Access to care standards have forced patients to wait far too long to access care. Community mental health is perceived by many as only for the indigent. State regulations for PBH to have bureaucratic process in place that are not patient friendly. — Other Health Provider

Reliable and timely access to mental/behavioral health care. PBH has limited capacity and many barriers to getting patients, particularly those with the greatest need and most challenging problems seen and managed in a timely manner. — Physician

Not enough resources. Biggest challenge is mental health resources for individuals with dementia that may also have a mental health issue. — Other Health Provider
No wraparound services. What are we able to do to support these people in the community before they get to a crisis situation? – Other Health Provider

The access to local care and the conflicting cultural/legal issues around individual rights. – Community Leader

Again, there are too few facilities and doctors able to handle the mental health issues. – Community Leader

Olympic Medical Center needs a psychiatric unit. Persons suffering from mental illness have to be treated at facilities many miles from Clallam County. – Community Leader

Biggest challenge is access to services. PBH and other providers are overwhelmed by need in the community. – Community Leader

Lack of access to services of all types. Stigma compared to physical diseases. Community fear and ignorance and hatred opposing MAT (Medication-Assisted Treatment) clinic. – Community Leader

Appears to be limited resources and major impact on service providers, law enforcement, emergency responders. – Community Leader

Access to services. Many providers do not hire experienced mental health professionals and the community suffers from this lack. Also, mental health professionals are overworked and underpaid. – Other Health Provider

Long waiting lists to get in with PBH. No inpatient treatment. Lack of community support. – Other Health Provider

We don't have enough of the right services or professionals in the area to address the situation appropriately. – Other Health Provider

I think we are only "scratching the surface" in this area. The needs continue to grow. – Other Health Provider

Access to treatment is the single biggest challenge for those seeking MH treatment. – Social Services Provider

Difficulty transferring patients who need inpatient psychiatric care. – Physician

Access, affordability, transportation and consistent care. – Social Services Provider

Lack of resources, places to go for help. – Other Health Provider

Serious lack of inpatient availability locally, also lack of providers. – Community Leader

No inpatient services. Link to homelessness and substance use disorders. – Community Leader

Access to care, stigmatism associated with seeking care, high addiction rates. – Other Health Provider

Access to care that is readily available. – Social Services Provider

There is no presence here... – Other Health Provider

Access to care to include counseling. – Other Health Provider

Very limited resources. – Other Health Provider

Lack of access. – Physician

Lack of Providers

Difficulty to access a provider; months of wait-time prior to intake to services; lack of provider knowledge regarding co-morbidity of mental health concerns and developmental disability; significant draw on mental health resources due to the large numbers of chemical dependency issues within the population; lack of a non-emergency resource for housing individuals in mental health crisis; individuals have to be shipped to facilities outside of the area to be managed and/or end up hospitalized for drawn out periods of time. – Social Services Provider

Not enough counselors/psychiatric prescribers, limited insurance coverage for such services (hopefully will improve with mandatory integration of BH and primary care insurance), high stress levels, high ACEs scores (adverse childhood experiences), addiction, poverty, community partners in silos (just starting to learn how to communicate efficiently/effectively), limited support systems. – Physician

Lack of adequate mental health providers. Lack of inpatient mental health facilities, lack of adequate outpatient programs. – Other Health Provider

Lack of providers, lack of beds for severe cases, and since many people with mental health problems are severely challenged to begin with, lack of a system to facilitate ongoing care/outreach. – Physician

Not enough family counselors/therapists who accept insurance. Not enough options, yet, for MAT (Medication-Assisted Treatment center), instability with behavioral health and SUD providers due to transition to IMC. – Community Leader
Limited access to psychiatrist. PBH limits insurances, hard to refer to PBH in timely fashion. – Community Leader
Regular ongoing full psychiatric and social service supportive care. – Other Health Provider
Lack of sufficient number of highly skilled providers. – Physician

Prevalence/Incidence
It is clear that our community has a growing issue with mental health needs. While Port Angeles seems to have the largest need, it also seems to have the most resources. Sequim has a growing need and Joyce and further west we have not studied. – Community Leader
Depression and isolation are rampant. People don’t talk enough with each other or spend time with other humans enough. Too much alone time or time on computer or phone. Not enough exercise. Those with mental illness seem to fall through the cracks sometimes. – Community Leader
The number of persons who need services, versus the number willing and able to access services. – Community Leader
Suicide. – Social Services Provider

Homelessness
Cycle of mental health, homelessness, crime and poverty in extreme cases, without robust housing programs to provide initial stability that leads to recovery. General access to routine counseling for youth and community members is very limited because of availability of practitioners, stigma, and weak insurance coverage. – Community Leader
We have so many people who are on our streets and sidewalks that seem to be mentally ill. Many are homeless. – Social Services Provider
Getting help to the homeless street people. – Community Leader

Denial/Stigma
Stigma about seeking help, and a community that will support those that are working on their mental wellbeing. – Community Leader
Individuals with mental health needs choosing not to seek help or choosing not to take medication or simply never seeking diagnosis. – Community Leader

Funding
Funding cuts. Not enough experienced and educated folks who can really handle the issues. Lots of excuses for behavior that is due to bad choices as opposed to serious mental health concerns. People not being held accountable for poor choices (again, confusion as to what is truly a mental health problem and what is the bad consequences of poor choices). Community education and stigma placed on mental health. Drug and alcohol use/abuse. – Other Health Provider
Underfunded. – Community Leader

Insurance Issues
Lack of services for those lacking Medicaid or other insurance coverage. – Physician
Death, Disease & Chronic Conditions
Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Washington and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.
Coronary Heart Disease Deaths
Between 2012-2016, there was an annual average age-adjusted coronary heart disease mortality rate of 83.6 deaths per 100,000 population in Clallam County.

- More favorable than the nation; satisfies the related Healthy People 2020 objective.

**Coronary Heart Disease: Age-Adjusted Mortality**
(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 103.4 or Lower

---

**Stroke Deaths**
Between 2012-2016, there was an annual average age-adjusted stroke mortality rate of 39.7 deaths per 100,000 population in Clallam County.

- No significant differences from the state or national rates.
**Stroke: Age-Adjusted Mortality**
(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 33.8 or Lower

![Graph showing stroke mortality rates for Clallam County, Washington, and US](image_url)

**Sources:**
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

---

**High Blood Pressure**

**About Cardiovascular Risk**

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

Three in 10 Clallam County adults (30.0%) have been told at some point that their blood pressure was high.

- Similar to the state and national percentages.
Prevalence of High Blood Pressure
(2006-2012)
Healthy People 2020 = 26.9% or Lower


Notes: This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

Key Informant Input: Heart Disease & Stroke
Just under half of key informants taking part in an online survey characterized Heart Disease & Stroke as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population
Due to the age and health assessment of our community, heart disease and stroke rate high as problems in our rural area. – Community Leader
High population of seniors, lack of awareness on the part of the public. Need to increase preventive approaches. – Other Health Provider
Age of community and former lifestyle choices, nutrition, etc. – Community Leader
Chronic disease, aging, obesity and poor lifestyle habits. – Physician
Elderly population. – Other Health Provider
Lack of Specialists

Stroke care is very limited locally. No inpatient neurology, and wait for neurology consult takes many months. – Other Health Provider

Extremely limited availability. Patients have to be transferred to Seattle or Bremerton. – Other Health Provider

Leading Cause of Death

One of the leading causes of disability and death in America. – Social Services Provider

Number one cause of death. – Other Health Provider

Comorbidities

Very much linked to diabetes and chronic disease management. Many hospitalizations related to these. – Other Health Provider

Contributing Factors

Poor diet/exercise regimes, low socio-economic status, lack of health care. – Other Health Provider

Prevalence/Incidence

Behaviors that are linked to increases in these diseases seem to be rising. – Other Health Provider
Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012-2016, there was an annual average age-adjusted cancer mortality rate of 166.0 deaths per 100,000 population in Clallam County.

- No significant differences to report (similar to state/national data).

Cancer: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

The highest cancer incidence rates are for breast cancer in women and prostate cancer in men.

- Note that 2011-2015 annual average incidence rates by site are each similar to or better than their respective state and national rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)

![Bar chart showing cancer incidence rates by site for Clallam County, Washington, and US.]


Notes: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Mammograms

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among Clallam County women age 67-69 enrolled in Medicare, more than one-half (57.7%) had a mammogram within the past two years.

- Fails to satisfy the related Healthy People 2020 objective.
Mammogram in Past Two Years
(Female Medicare Enrollees Age 67-69; 2015)
Healthy People 2020 = 81.1% or Higher


Notes: This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer
The greatest share of key informants taking part in an online survey characterized Cancer as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.3%</td>
<td>48.6%</td>
<td>21.6%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence
Eventually cancer effects everyone. Many of the specialized treatments require remote treatment facilities. The cost of cancer treatment is frequently incurred outside of healthcare coverage. – Social Services Provider

As a non-profit organization dealing with all sectors of our community, we cross paths with numerous cancer patients and hear stories within and outside of our coalition. Cancer seems to be a more common topic and the age receiving treatment seems to be younger and younger. – Community Leader
The growing number of cancer patients, possibly with aging population of the residents. Services are great locally, just wish so many didn't need them. – Other Health Provider

Doesn't appear to be above the normal cancer rates but is certainly a major problem. – Physician

We see a number of residents that suffer from cancer. – Other Health Provider

I see a lot of it in primary care, breast, colon, melanoma, lung. – Other Health Provider

Cancer rates and usage of oncology facilities seem to be rising. – Other Health Provider

The sheer volume of people diagnosed with cancer. – Other Health Provider

Aging Population

People are living longer and have engaged in lifestyle behaviors that may or may not have led to an uptick in the diagnosis of cancer. Many folks in our community have or have had cancer. – Community Leader

Age demographic and increasing environmental factors that promote cancer cascade. – Community Leader

Age of population. – Community Leader

Affordable Treatment

A lot of elders can’t afford medications for terminal cancer. – Other Health Provider

Vulnerable Populations

Youth (18 and under) must leave the peninsula for cancer treatment and follow-up care. – Social Services Provider
Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Chronic Lower Respiratory Disease Deaths

Between 2012-2016, there was an annual average age-adjusted CLRD disease mortality rate of 33.7 deaths per 100,000 population in Clallam County.


### Chronic Lower Respiratory Disease: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 100,000</td>
<td>33.7</td>
<td>39.1</td>
<td>41.3</td>
</tr>
</tbody>
</table>


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. This indicator is relevant because lung disease is a leading cause of death in the United States.

Asthma Prevalence

A total of 15.2% of Clallam County adults have been diagnosed with asthma.

- Comparable to state and national percentages.

### Prevalence of Asthma

(2011-2012)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Prevalence</td>
<td>15.2%</td>
<td>14.7%</td>
<td>13.4%</td>
</tr>
</tbody>
</table>


Notes: Asked of all respondents. Includes those who have ever been diagnosed with asthma and report that they still have asthma.
Key Informant Input: Respiratory Disease

Key informants taking part in an online survey characterized Respiratory Disease as a “moderate problem” slightly more often than a “minor problem” in the community.

**Perceptions of Respiratory Diseases as a Problem in the Community**

*(Key Informants, 2019)*

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>8.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>44.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>42.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Comorbidities**

- Smoking – Other Health Provider

**Lack of Specialists**

- There is a large population of patients with pulmonary problems and not enough pulmonologists. – Other Health Provider
Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

--- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2012-2016, there was an annual average age-adjusted unintentional injury mortality rate of 50.1 deaths per 100,000 population in Clallam County.

- Significantly above state and national rates; fails to satisfy the related Healthy People 2020 objective.
Unintentional Injuries: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Motor Vehicle Crash Deaths
Between 2012-2016, there was an annual average age-adjusted mortality rate of 9.7 deaths per 100,000 population related to motor vehicle crashes among Clallam County residents.

- Above the rate found statewide, though lower than the US and Healthy People 2020 objective.

Motor Vehicle Crashes: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 12.4 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.
Intentional Injury (Violence)

Violent Crime Rates

Between 2012 and 2014, there were a reported 262.0 violent crimes per 100,000 population in Clallam County.

- Significantly below the national finding.

Violent Crime
(Rate per 100,000 Population, 2012-2014)

Key Informant Input: Injury & Violence

Key informants taking part in an online survey characterized Injury & Violence as a “moderate problem” slightly more often than a “minor problem” in the community.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Socioeconomic Factors

[Instances in the news]. People are afraid to walk on our wonderful trail, as they are scared of some of the homeless population that hang out there—some who have mental health issues and one who hurt a child a couple weeks ago. Also, the alleys in Port Angeles have people doing and selling drugs in them. I see it a lot and know that the police and courts are backed up and it seems like there is not a deterrent available nor resources like housing and case management services that can help people who have decompensated or who are routinely out of control. – Social Services Provider

High level of poverty, substantial alcohol and drug abuse, mental illness, sexual assault, and domestic violence. – Other Health Provider

Access to Programs

Lack of organized programs for injury prevention and gun-related violence. – Physician

Contributing Factors

Rural high-speed roads, family stability, illicit drugs and the crime that they spin off. – Community Leader

Domestic Violence

Particularly domestic violence is a major problem that can be mitigated and reduced by community knowledge and interventions, medical, social, legal. – Social Services Provider
Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 11.0% of Clallam County adults report having been diagnosed with diabetes.

- Higher than the state.

Prevalence of Diabetes

(Adults Age 20 and Older; 2015)


Notes: This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.
Key Informant Input: Diabetes
A high percentage of key informants taking part in an online survey characterized Diabetes as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>44.4%</td>
<td>33.3%</td>
<td>15.3%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sources:  PRC Online Key Informant Survey, PRC, Inc.
Notes:  Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Diagnosis/Affordable Treatment
- Cost of insulin is more than a mortgage or rent for many. Consistent insulin availability and affordability is for the wealthy. – Community Leader
- Early diagnosis and patient education along with comprehensive and coordinated care are not readily available. – Physician
- Minimal time spent with their physician reviewing diet, checking blood sugars, problems with skin/sores. – Other Health Provider
- Affordability of medications and access to dietician. – Other Health Provider
- Access to clear and attainable strategies to control diabetes. – Social Services Provider

Contributing Factors
- This is a very large part of primary care, poor diet, lack of exercise, lack of access to primary care. – Physician
- Age and sugar use by population generally. – Community Leader
- Poor eating habits, lack of exercise. Shortage of primary care. – Community Leader

Lifestyle
- Eating healthy. Misinformation about food and its impact on health. There needs to be a greater focus on changing behavior instead of medication. – Other Health Provider
- Instilling new habits and lifestyle change in the already sick older adults. Also, instilling healthy lifestyle choices in the younger population when it is in the preventative early ages. – Other Health Provider
- Healthy eating. – Other Health Provider

Access to Care/Services
- General care/treatment. – Other Health Provider
- Accessibility to endocrinologist and understanding disease process. – Physician
- No endocrinologists available. – Other Health Provider

Awareness/Education
- Need more community education on Type II diabetes on how to prevent complications of and how to control. – Other Health Provider
Lack of awareness of potential long-term issues presented by untreated diabetes. Also cost of medication for insulin dependents. – Community Leader
Education and management. – Social Services Provider

Obesity

We seem to have so many overweight people and I do not know if they have diabetes, but they are likely to be at risk. Securing the medicine has been an issue, in regard to cost and access for picking it up. – Social Services Provider
The obesity problem in the entire community. – Community Leader
This community looks just as overweight as the nation. – Other Health Provider

Access to Healthy Food

Limited access to or affordability of healthy foods, limited self-management skills (barriers to patients accessing available resources for this), obesity, no endocrinologist in town, poor “walkability” of many rural neighborhoods, insurances not covering nutritionist, primary care providers not referring to available self-management resources. – Physician
Getting healthy foods. Tribal folks on the reservation are basically in a food desert. Junk food and sodas are the choice selections for much of our population. – Community Leader

Prevalence/Incidence

Far too many being diagnosed, but even more undiagnosed with pre-diabetes. – Other Health Provider
It seems that behaviors linked to diabetic risk continue to rise. – Other Health Provider

Prevention

The largest issue we see is diabetes prevention. The number of community members, in the most recent health survey was a much larger percentage than those dealing with opioid abuse. – Community Leader
Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Kidney Disease

More than half of key informants taking part in an online survey characterized Kidney Disease as a “minor problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>10.8%</td>
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<tr>
<td>Moderate Problem</td>
<td>33.8%</td>
</tr>
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<td>Minor Problem</td>
<td>52.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- We don’t have a local Nephrologist. We have one or two that come from Seattle to see patients here. – Social Services Provider
- There is a lack of treatment here. – Other Health Provider
- Referrals several months out. – Community Leader
Comorbidities

Due to the large numbers of patients with multiple medical conditions. – Physician
- Elderly population with diabetes, HTN, obesity. – Other Health Provider

Contributing Factors

People in our community do not have health insurance. People in our community are heavy drinkers and heavy drug use. – Other Health Provider
Potentially Disabling Conditions

Disability

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

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Healthy People 2020 (www.healthypeople.gov)

In Clallam County, one in five adults (20.4%) are reported to have some kind of disability.

- Less favorable than Washington and US proportions.

Disability data come from the American Community Survey (ACS), the Survey of Income and Program Participation (SIPP), and the Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty. Respondents who report any one of the six disability types are considered to have a disability. (US Census Bureau, https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html)
Population With Any Disability
(Total Civilian Non-Institutionalized Population; 2013-2017)


Notes: This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.
Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized Arthritis, Osteoporosis & Chronic Back Conditions as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Major Problem</td>
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<tr>
<td>Moderate Problem</td>
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<td>Minor Problem</td>
<td>28.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

We have a large community of baby boomers who are over the age of 60. With age comes arthritis/osteoporosis/back conditions. – Social Services Provider
Many elderly adults with chronic arthritis conditions and rheumatological disease, but no specialists in rheumatology or spine here in Clallam County. Many use chronic opiates for pain. – Physician
Risk of falling in the elderly. – Physician
The aging demographic of being a retirement town. – Other Health Provider
In Sequim we are dealing with a high percentage of older persons. – Community Leader
The aged population that we have. – Other Health Provider
Age of population. – Community Leader
Elderly population. – Other Health Provider
Risk of falling in the elderly. – Physician

Prevalence/Incidence

I work at the Port Angeles Senior and Community Center, and most of the people I speak with have said that they have some form of arthritis. It's talked about in a way of inevitability. People seem confused about how to avoid or delay the onset and regarding the treatment or management. Arthritis and other illness's that fall under the general label of back conditions seem to have people confused on what to do to help themselves. As someone who has taught fitness classes and then supervised other teachers’ classes I find that individuals that have been given a diagnosis feel limited with what they can do. It's been my experience that they feel uncomfortable pushing themselves to even do the gentlest of exercises. I think physical therapy is wonderful and incredibly helpful but often folks don’t know how to make the transition from physical therapy to a regular exercise routine. – Community Leader
Chronic back pain is very common, and many patients are on opiates. – Other Health Provider
Many with untreated chronic pain. – Other Health Provider
Large numbers of back pain. – Physician

Lack of Specialists

Orthopedics for spinal issues is non-existent, and we do not have an endocrinologist. – Other Health Provider
We do not have rheumatologists out here. The closest ones are in Kitsap County. – Other Health Provider
No rheumatologists. – Other Health Provider

Contributing Factors

This is a major problem because of the epidemic of obesity in the community and increased percentage of older adults. – Physician
Pain management interventions – Physician

Access to Care/Services

Hard to get into a physician when you are really hurting. – Other Health Provider
Vision & Hearing

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)
Key Informant Input: Vision & Hearing

Key informants taking part in an online survey characterized Vision & Hearing as a “moderate problem” slightly more often than a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Major Problem</td>
<td>7.4%</td>
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<tr>
<td>Moderate Problem</td>
<td>39.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>38.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>14.7%</td>
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</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

So many seniors and limited providers, plus no one will come into SNF or ALF to provide care. – Other Health Provider

Lack of Providers

Short [of] doctors. Able to see optometrist, but not doctor for more serious issues. – Community Leader

Medicare Issues

Medicare does not cover these conditions effectively if at all. With the high percentage of very elderly persons increasing, these deficits can lead to other preventable health problems. – Community Leader

Alzheimer’s Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

— Healthy People 2020 (www.healthypeople.gov)
Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* as a “major problem” slightly more often than a “moderate problem” in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2019)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
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<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>44.7%</td>
<td>42.1%</td>
<td>11.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, PRC, Inc.

**Notes:**
- Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

**Due to the average of Clallam County and Sequim, we are severely lacking in the number of gerontologists who specialize in this area. Secondly, the number of beds in all levels of care are inadequate for the need. This includes the SNF’s and in particular the Adult Family Homes. The number of Adult Family Homes in the County is (likely) at an all-time low. Yes, these are generally private pay, but more are needed to care for this vulnerable population. I do see adequate space in Assisted Living Facilities and or retirement homes as I believe most of them would have capacity to assist more. But, of those ALF’s how many of them want to deal with the onerous paperwork to be Medicaid qualified. Clallam County is a prime target for scams involving seniors due to the age and demographics and we hear stories weekly of folks affected by these scams. – Community Leader**

**We have several memory care facilities in our community but there doesn’t seem to be a plan in place that help to work with residents that become aggressive. When this occurs in the memory care or SNF the plan is to send these residents to the ED. This is absolutely the last place these residents should be sent. In many cases this move just escalates the behaviors. – Other Health Provider**

**In an area with scare resources, the demographics are driving growing demand. Especially where retirees come without family, the need for adult family homes is even greater than in other areas of Washington. Adult family homes could address some of this problem, but no one is providing leadership. – Community Leader**

**Minimal resources to provide later stage care. Cost of care is more than many can afford, and people are not educated about Medicaid; they think when they run out of money, a Medicaid bed will be available. Transportation to and from doctor appointments or hospital is difficult for families and facilities do not have the staffing available to provide. Many people are not educated in awareness of dementia. No mental health services locally for individuals with dementia. – Other Health Provider**

**We have few resources for diagnosis and management, including education and housing. We lack education and standardization among primary care providers to diagnose, and when they do diagnose and refer, we have very little social supports to help families and patients. – Physician**

**Patient with significant agitation are very difficult to discharge into the place where there is a safe environment and care givers are comfortable taking care of these patients. – Physician**

**Poor local facilities, growing elderly population, high level of poverty. – Other Health Provider**

**Inadequate resources to diagnose and treat at Olympic Medical Center. – Community Leader**

**There are not enough facilities and doctors that specialize, especially for the individuals that do not have money. – Community Leader**
There is no specialist. – Other Health Provider

No local rehab/limited nursing facilities. – Community Leader

Lack of specialized treatment facilities. – Other Health Provider

Aging Population

Clallam is aging, and access to affordable, reliable, professional home care, and to affordable facility care is a big concern. Age-related cognitive disorder can bankrupt the spouse and family of the patient and can often lead to stress-related health decline of spouses and families. It is a brutal and low-paying profession to be a caregiver, so having a robust and stable workforce is a challenge. – Community Leader

There are many people who are elderly in our area especially in the Sequim area. I personally know many people at this time who are suffering from Alzheimer’s or dementia. This is a huge financial and emotional drain on families to say nothing of the impact on the person who is progressing in these diseases. When we look at how many people are in care here, we can see that it is a big issue. This issue has the possibility of moving middle-income people especially survivors into financial crisis as their love one needs special care that cannot be given at home. – Social Services Provider

Age group of the population and the services are not in place to adequately manage patients with these conditions in a healthy, controlled environment. – Other Health Provider

High average age in PA and Sequim with extremely limited or no resources for advanced cases. – Other Health Provider

Elderly population who reside here and problems placing patients for psych services. The longer length of stay hospital patients often have these issues. – Other Health Provider

We have a primarily older population, and so this demographic experiences this problem more. – Physician

Again, a lot of our seniors have poor health care services. Afraid to seek help, will not admit to having dementia or Alzheimer’s. – Other Health Provider

As we age memory loss is increasing and manifesting at younger and younger ages. – Social Services Provider

Our senior population is growing and so is the dementia/Alzheimer’s problem. Plus, the problems that go along with it. – Community Leader

Elderly population. – Other Health Provider

Prevalence/Incidence

We encounter many families who struggle with a family member with dementia/Alzheimer’s. Additionally, increasing numbers of supporters and family members of staff are in supported living centers. Care and treatment options are long-term and expensive. – Social Services Provider

It seems to be something that affects so many people and is so sad to see. I hope more can be done, especially in-home caregiving so family caregivers can get a break. – Community Leader

We see many patients with this diagnosis and many more that most likely have it, but undiagnosed. – Other Health Provider

High community prevalence. Challenging range of problems associated. No cure available. Significant impact on patient and families. Finding available community resources to help patients, families, and providers deal with the impacts can be challenging and daunting. – Physician

Increase in numbers of people with diagnosis, and the demands it puts on families. – Other Health Provider

There is significant need for meeting the health needs of this population. There’s lack of Medicaid housing/care facilities. – Other Health Provider

Caregiving

Lack of qualified caregivers, and resources for family caregivers. – Other Health Provider

Treatment

It’s very difficult to treat. – Other Health Provider
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey characterized Immunization & Infectious Diseases as a “moderate problem” equally as often as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4%</td>
<td>41.4%</td>
<td>41.4%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Cultural/Personal Beliefs

There is a significant portion of the community that has chosen to not vaccinate their children. This leads to the spread of outbreaks within our community. – Social Services Provider

There are a large number of parents choosing not to immunize. I think that this is a really big potential health problem. It can sweep through quickly and compromise kids really quickly. – Social Services Provider

Low immunization rate due to strong motion of the anti-vaccination in the community. No infectious disease specialist in the community. – Physician

I believe vaccinations should be mandatory to attend public or private schools. OMC has taken massive efforts to reduce the spread of MRSA in the hospital, but I urge them not to relapse into old patterns as this can easily occur at any time with dire consequences, as well as undermining the public’s confidence in OMC as a whole. – Community Leader

Awareness/Education

Herd immunity is not present in all areas of county. Misinformation regarding vaccine side effects is hard to refute. – Community Leader

Urban myths surrounding immunizations linked to various conditions (autism, etc.) and lack of understanding about effects of decisions not to immunize for community as a whole. – Community Leader

The culture war and home schooling are leaving many unable to understand the science behind the need for herd immunity. The level of non-immunized children in local schools is shocking. – Community Leader
Births
Birth Outcomes & Risks

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Infant Mortality

Between 2006-2010, there was an annual average of 5.8 infant deaths per 1,000 live births.

- Significantly higher than the rate found statewide.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 = 6.0 or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clallam County</td>
<td>5.8</td>
</tr>
<tr>
<td>Washington</td>
<td>4.9</td>
</tr>
<tr>
<td>US</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Key Informant Input: Infant & Child Health

Key informants taking part in an online survey characterized Infant & Child Health as a “moderate problem” slightly more often than a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2019)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>21.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>36.6%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>32.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- In our rural and less affluent place, there are many kids exposed to food insecurity, domestic stresses and violence, substance abuse, and instability at home. This presents barriers to long-term academic, health, and stability-of-life outcomes. – Community Leader
- Sadly, the issues of drug-addicted newborns, overweight children, and children with unhealthy food/drinks. We have many young moms who need help and education. Also concerning are the CPS cases and the emotional health of children in those cases. – Other Health Provider
- Number of poor children without adequate insurance. – Community Leader
- Need to make sure our children are cared for. I think immunizations and fluoride are important. – Physician
- High ACE scores. Adverse childhood experiences. Need more understanding of and support for increased resilience. – Physician
- Ongoing funding issues. – Physician

Infant Mortality

- Clallam County has a relatively high infant death rate. This needs to be understood and addressed if systematic. – Community Leader
- Far too high of infant mortality statistics, meaning too many moms seeking care too late in pregnancy. – Other Health Provider
- Our county has one of the highest infant mortality rates in the state. – Other Health Provider
- Infant mortality rates higher than other counties in the state. – Community Leader

Lack of Providers

- Not enough providers. Often need to wait days or week to see provider for issues as they arise. No pediatric orthopedic available either. – Community Leader
- There is almost no child health specialty here. – Other Health Provider

Education/Awareness of Resources

- Connecting mothers, infants and children to healthcare resources is critical to long-term development. Peninsula has a higher than state average negative infant/child health outcomes. – Social Services Provider
Family Planning

Births to Teen Mothers

**About Teen Births**

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2010, there were 32.5 births to women age 15 to 19 per 1,000 women age 15 to 19 in Clallam County.

- Similar to the state and nation.

**Teen Birth Rate**

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2006-2012)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>32.5</td>
<td>29.2</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.

Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>9.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>43.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>31.5%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

**Sources:** PRC Online Key Informant Survey, PRC, Inc.

**Notes:** Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Contributing Factors

- **Family planning and religious preference should not be part of our political debate, but they are. If we are not federally funded for family planning services, screenings, and routine care, we should explore state or locally supported options.** – Community Leader
- **Funding cuts, major misinformation and fear mongering about the purpose and function of this service and the benefit to the community. United Way no longer has Planned Parenthood as an option on their fundraiser to contribute. Seems to be a bit of a taboo subject of conversation.** – Other Health Provider
- **Federal policy is restricting access to family planning services through new restrictions on Title X vendors.** – Physician

#### Access to Care/Services

- **Because I consistently see a serious lack of family planning being employed by many of the people in our community who are on the verge of homelessness due to little or no income and/or substance abuse.** – Social Services Provider
- **Planned Parenthood operates on a shoestring and its funding is threatened at the national level.** – Community Leader

#### Unplanned Pregnancies

- **There seem to be many unplanned pregnancies (not unwanted necessarily, but unplanned). Since taking over family planning, planned parenthood has seemed to get a lot of people protesting at its center. If I were a teen needing birth control, I would be concerned about going to the clinic because of the protesters. I also think that it was a good idea to have a clinic at the school district, but I now understand that they will no longer be running it. Helping people be in control of their reproductive lives is so very important. A pregnancy when there are not enough resources to support that family is a set up for a real hard life.** – Social Services Provider

#### Postpartum Support

- **There is a need for postpartum depression support and treatment in our community.** – Other Health Provider
Modifiable Health Risks
Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

--- Healthy People 2020 (www.healthypeople.gov)
Food Environment: Fast Food

The latest data show that there are 51.8 fast food restaurants in Clallam County for every 100,000 residents.

- More favorable than the rates found statewide and nationally.

### Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>51.8</td>
<td></td>
<td>72.0</td>
<td>77.1</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau, County Business Patterns. Additional data analysis by CARES.

Notes: This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Access to Healthful Food

US Department of Agriculture data show that 40.2% of the Clallam County population (representing almost 29,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

- Far less favorable than the state and national percentages.

### Population With Low Food Access
(Percent of Population Far From a Supermarket or Large Grocery Store, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.2%</td>
<td></td>
<td>23.3%</td>
<td>22.4%</td>
</tr>
</tbody>
</table>


Notes: This indicator is relevant because it highlights populations and geographies facing food insecurity.
Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 17.6% of Clallam County adults report no leisure-time physical activity in the past month.

- More favorable than the US proportion; easily satisfies the related Healthy People 2020 objective.
No Leisure-Time Physical Activity in the Past Month
(Adults Age 20+, 2015)
Healthy People 2020 = 32.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20%</td>
<td>17.6%</td>
<td>16.1%</td>
<td>21.6%</td>
</tr>
</tbody>
</table>

No Leisure Time Physical Activity in the Past Month (Adults Age 20+, 2015) Healthy People 2020 = 32.6% or Lower

Access to Physical Activity
In 2016, there were 16.8 recreation/fitness facilities for every 100,000 population in Clallam County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.8</td>
<td>12.8</td>
<td>11.0</td>
<td></td>
</tr>
</tbody>
</table>

Access to Physical Activity
In 2016, there were 16.8 recreation/fitness facilities for every 100,000 population in Clallam County.

- More favorable than found statewide and nationally.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.8</td>
<td>12.8</td>
<td>11.0</td>
<td></td>
</tr>
</tbody>
</table>
Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.


### Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Category</th>
<th>BMI (kg/m^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Obesity
A total of 27.3% of Clallam County adults age 20 and older are obese.

- No significant differences from the state or national proportions.

Prevalence of Obesity
(Adults Age 20+ With a Body Mass Index ≥ 30.0, 2015)

Healthy People 2020 = 30.5% or Lower

Sources:
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Notes:
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Nutrition, Physical Activity & Weight
Key informants taking part in an online survey most often characterized Nutrition, Physical Activity & Weight as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Nutrition
High calorie food is cheaper and easier to access, it's hard to find safe/easy/affordable places to exercise, society is focused on food/alcohol but not exercise/health, obesity is seen as a weakness (people are blamed for it, they feel embarrassed, the conversation isn't started as often as it should be), providers don't have adequate/effective resources to provide to patients, our area is not “walkable/bikeable” (people usually have to drive to get from place to place, stress level high (poverty, addiction, abuse, and other Adverse Childhood Experiences). – Physician

Choosing the right diet starts with the school system. School food options are not currently healthy and many low-income families only eat at school. – Community Leader

Bad food is readily available and tastes good. People on limited income will gravitate toward less expensive, less healthy foods. People are so attached to electronics, they fail to move and interact with one another. – Other Health Provider

Poor food choices, lack of access to good food, although food banks are really doing a good job. Lack of incentives for people who do not like to move to get out and move. – Social Services Provider

Food insecurity/food deserts- especially on west end of county; policy change to increase activity; high cost of living. – Other Health Provider

Lifestyle
There is too much reliance on sugar drinks and junk food. Physical activity is no longer a requirement in the high school. Everyone drives everywhere instead of walking. Being heavy is an accepted norm. Our community design does not encourage walking. – Community Leader

The default in modern society is a more sedentary lifestyle and “poor food” choices are inexpensive and available. – Other Health Provider

Time to take care of your nutritional and physical needs. It would be a benefit to have a wellness program that businesses supported as a wide network. – Community Leader

Lifestyle, children learning from parents. – Other Health Provider

American diet and lack of exercise. – Community Leader

Diet and time to exercise. – Physician

Awareness/Education
Proper education and support for instilling a healthy eating and exercise lifestyle. Too much demand from employers and mental exhaustion/stress. Not enough time with family, both parents needing to work to make ends meet. What is the easiest thing to do? Grab and go food from somewhere. By the time homework is completed with the children, it is time for bed. Not a focus in education and “pill pushing” medical community to deal with the body’s response and reaction to its stressful environment. Too much stress causes mental health issues, which has an impact on our physical health. We are not robots, yet we must go, go, go.... – Other Health Provider

We are surrounded by resources for physical activity at no cost in our community. A lack of education, finances for healthy food options and awareness seems to be the key to nutrition and weight portion of this question. – Community Leader

Parents in need of education to provide healthy meals for their families and learn of the dangers of unhealthy eating. Schools cutting back on physical education time for students to be active. Parents monitoring amount of screen time for children and themselves. – Other Health Provider

Education, motivation and power to change. – Physician

Insufficient Physical Activity
Port Angeles is a small community, and yet I don't see many people that walk or bike to work. People seem genuinely surprised when others say that they commute via walking or biking. I’ve taught a few fitness classes and ran some exercise-based challenges, and there seems to be a disconnect between the way individuals think about exercise and physical activity. – Community Leader

Motivation and education on healthy choices. Need support groups to help bolster patients wanting to make change. – Other Health Provider

Deconditioning and immobility, particularly in the elderly population. Morbid obesity in the general population. – Other Health Provider
Obesity
This is just an observation that individuals appear to be grossly overweight and do not exercise enough. – Community Leader

Children, teens and adults are observably overweight in our communities. Educating children and families about nutrition and physical activity is inconsistent. – Social Services Provider

Too many of us are obese and do not exercise enough. – Community Leader

Access to Care/Services
This is an almost insolvable problem, even among populations with great health care resources. Once patterns are established, they are very, very hard to break. I would love to see super early education and intervention starting with prenatal care and continuing throughout the early school grades. Roping the parents in is the dilemma. – Physician

We have no resources for nutritional counseling other than OMC. – Other Health Provider

Prevalence/Incidence
Chronic disease associated with diet and physical activity impacts a huge number of residents and has a huge cost to the system; we should fund efforts to address this reality, but most funding typically flows elsewhere, to a more immediately-pressing need. – Community Leader

This is a bigger national issue. – Other Health Provider

Cultural Norms
Culturally acceptable to be sedentary and lack of any nutritional concern. Also, total lack of concern or awareness of how obesity reduces quality of life and leads to chronic conditions. Obesity is now a “generational gift” passed from obese parents to their children. Hard to combat indigenous conditions. – Community Leader
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)
Excessive Alcohol Use

A total of 13.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Below Washington and US percentages; satisfies the related Healthy People 2020 objective.

### Excessive Drinkers
(2006-2012)

Healthy People 2020 = 25.4% or Lower

**Sources:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

**Notes:** This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men, and one drink per day on average for women) or binge drinking (5 or more drinks on a single occasion for men, 4 or more drinks on a single occasion for women).

---

Key Informant Input: Substance Abuse

More than seven in 10 key informants taking part in an online survey characterized Substance Abuse as a “major problem” in the community.

### Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.2%</td>
<td></td>
<td>25.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** PRC Online Key Informant Survey, PRC, Inc.

**Notes:** Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

There are no inpatient detox facilities for alcohol or substance abuse, and there are very few inpatient residential options for continued support after detox. There are no homeless shelters with wrap-around services. For those with dual diagnoses there is limited availability to psychiatry. Lack of recognition of alcohol and marijuana being problem-substances by the community (a lot more focus on opioid addiction). – Physician

The Oxford housing model is very successful in dealing with substance abuse treatment. There are not enough Oxford housing units to address the current need. Folks suffering from substance abuse end up finding themselves homeless. This exacerbates the substance abuse and it is a down-spiraling situation. We have a housing crisis with a long wait list with little affordable housing. – Community Leader

Outpatient addiction treatment and some level of enhanced inpatient expertise, education, coordination for the continuum of this major problem during acute illness and disposition planning. – Physician

There is not enough treatment, in-patient or out-patient, facilities. I believe that this is due to lack of funding. – Other Health Provider

Treatment facility, hopefully the new MAT (Medication-Assisted Treatment) will be built. – Community Leader

These communities have a huge drug problem and there is zero program for it. – Other Health Provider

We don’t have the right resources, enough resources, or professionals to address the problem appropriately. – Other Health Provider

No substance abuse programs either inpatient or outpatient in the area. – Other Health Provider

Treatment on demand still limited although significant progress has been made. – Physician

Access to assessments quickly and available beds/MAT (Medication-Assisted Treatment center) in our community. – Social Services Provider

Lack of services; great need compared to other Washington counties. – Community Leader

Limited capacity on the part of providers, NOHN (North Olympic Healthcare Network), clinics, etc. – Community Leader

Availability of MAT (Medication-Assisted Treatment) facilities for different needs. Inpatient treatment facilities. – Physician

Not enough treatment facilities. – Physician

Access to high quality, sustained treatment programs. – Other Health Provider

Also, too few facilities in the community. – Community Leader

Denial/Stigma

Community refusal to acknowledge problem in the first place. No idea who a typical drug user is. Also, prevention measures are few and seldom employed. – Community Leader

Stigma, stigma, stigma. Many people don’t realize they need help or are not able to walk through the door for assistance. – Other Health Provider

The lack of desire to want help from the patients/community members seems to be the largest barrier. There are resources available. – Community Leader

Abusers not willing to be helped. Overtaxed law and legal system. Appears to be lack of mandatory rehabilitation facilities and program, I’m sure would be very costly. Individuals poor choices. – Community Leader

Stigma. Not enough resources to meet the need. Need additional support for ongoing rehab. – Other Health Provider

Stigma surrounding what an “addict” is. Folks from all walks of life struggle with addiction. The rise in opiate addiction is staggering and feels overwhelming. – Other Health Provider

Stigma around substance abuse being a weakness or moral failure. Angry, weaponized activists, leading to willful lack of compassion and reason. – Community Leader
Medically assisted treatment and rehab available when the person is ready. – Community Leader
Stigma of seeking treatment, lack of qualified providers, state of Washington still allowing abstinence only providers to operate. – Physician

Contributing Factors

Those with chronic addiction often have co-occurring medical needs. Oftentimes, these medical needs prevent the ability to get into detox locally and getting transportation to a medical detox is difficult and is often not completed. Medical detoxes prefer to have clients referred from medical professionals, not self-referred, our ER often will tell people, “the local detox won’t accept you because you have had seizures, you need a medical detox bed.” Then the patient is discharged on their own. This results in no treatment. Insurance coverage is a barrier. Local detox will at times admit someone without it BUT the medications will not be covered so if client cannot pay, they will not get meds. The symptoms of withdrawal will drive them back out. Availability is a barrier, with some when they are ready, they are ready NOW. We do not have same day services. We do not have wraparound services that can be accessed at same stop. Meeting all those requirements overwhelm those already overwhelmed. – Social Services Provider
Lack of directly observed daily dosing models, lack of social services coordination (i.e. a jail social worker) to help coordinate entry to these services, insurance barriers to same day services, locations with limited services – i.e. the West End, community stigma. – Public Health Representative
The prevalence of shops selling marijuana. Regardless of whether pot is a gateway drug or not, the presence of so many locations to purchase marijuana seems to almost promote its use. The prevalence of substance abuse (beyond marijuana) in the community appears to be high, probably, in part, due to the economic depression that the area is experiencing. There is significant resistance from community-members towards the creation of substance abuse treatment solutions such as the MAT (Medication-Assisted Treatment) proposed by the Jamestown Clinic. These individuals perpetuate misinformation about such solutions. – Social Services Provider
Education, stigma and motivation. Absent self-comprehensive rehabilitation program that is facility based. – Physician
Lack of funding, little to no resources especially in-patient treatment options. – Other Health Provider
There seems to be plenty of access, biggest barrier to patient wanting help. – Other Health Provider
Drug addiction and homelessness (crime, etc.) – Other Health Provider
More substance abuse clinics (MAT (Medication-Assisted Treatment)). – Community Leader
Proliferation of widespread marijuana sales and heavy use and physical and mental health effects. – Physician

Awareness/Education

Lack of understanding of the disease (patients, families, providers, community), lack of knowledge and misinformation about available resources (patients, families, providers, community), transportation barriers, homelessness/housing, poverty, stigma. We no longer seem to have a lack of treatment providers. – Physician
Knowledge of programs, funding, and availability. Also, the increased ease of accessibility to legal marijuana, it has become overused. – Other Health Provider
First is to help people not get dependent/addicted, would reduce the need for treatment. Improve pain management options and resources. – Other Health Provider
Knowing what is available and where and how to pay for it. – Community Leader

Prevalence/Incidence

A lot of patients with substance abuse related illness in the hospital availability of counseling is the greatest barrier. – Physician
Opioids, meth, alcohol, polydrug abuse big here. Even though we have MAT (Medication-Assisted Treatment) programs which is good we still have people using. – Social Services Provider
Alcohol/substance abuse addiction. – Physician

Affordable Care/Services

Cost and availability of rehab when needed. – Other Health Provider
Income is the biggest challenge to seeking treatment. – Community Leader
**Diagnosis/Treatment**

I like the concept of the Jamestown Family Medical are proposing for the MAT (Medication-Assisted Treatment) facility in Sequim. As opposed to treating the symptom they are attempting to address the problem from a holistic approach including dental and preventative care to try to get the whole body well. – Community Leader

Prevention and access to services for treatment including counseling. Early prevention/intervention education. – Social Services Provider

**Lack of Providers**

Lack of access to providers, lack of facilities with trained personnel. – Physician

Trained practitioners in SUD and wraparound services are desperately needed in both communities. High volume of ED visits for this diagnosis. – Other Health Provider

**Most Problematic Substances**

Key informants (who rated this as a “major problem”) clearly identified heroin/other opioids and alcohol as the most problematic substances abused in the community, followed by methamphetamine/other amphetamines and prescription medications.

<table>
<thead>
<tr>
<th>Problematic Substances as Identified by Key Informants</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin or Other Opioids</td>
<td>51.1%</td>
<td>26.7%</td>
<td>11.4%</td>
<td>40</td>
</tr>
<tr>
<td>Alcohol</td>
<td>31.1%</td>
<td>17.8%</td>
<td>31.8%</td>
<td>36</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>6.7%</td>
<td>40.0%</td>
<td>25.0%</td>
<td>32</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>8.9%</td>
<td>11.1%</td>
<td>15.9%</td>
<td>16</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2.2%</td>
<td>4.4%</td>
<td>9.1%</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>0.0%</td>
<td>0.0%</td>
<td>6.8%</td>
<td>3</td>
</tr>
</tbody>
</table>
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking Prevalence

A total of 18.9% of Clallam County adults currently smoke cigarettes, either regularly or occasionally.

- Above the Washington percentage; fails to satisfy the related Healthy People 2020 objective.

Current Smokers

(2006-2012)
Healthy People 2020 = 12.0% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Clallam County</th>
<th>Washington</th>
<th>US</th>
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<tbody>
<tr>
<td>18.9%</td>
<td></td>
<td>15.5%</td>
<td>17.8%</td>
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</tbody>
</table>

Sources:

Notes:
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.
Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized Tobacco Use as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.0%</td>
<td>48.6%</td>
<td>20.3%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

- The Board of Health did an assessment not too long ago that indicated this was one of biggest issues, people under the age of 18 using tobacco. There are some studies that correlates the use of tobacco with continued use of other substances—perhaps more dangerous to one’s health. Because of the high numbers of youth using tobacco, we see high numbers of tobacco related diseases locally as well, including mouth and teeth damage. – Social Services Provider
- We have high rates of tobacco consumption and particularly high rates of tobacco consumption among pregnant women, which leads to lifelong poor health outcomes and higher rates of perinatal mortality. – Public Health Representative
- We have high numbers of smokers, especially women who are pregnant who are low-income. – Social Services Provider
- Smoking continues to be a rampant problem, particularly with low-income and community members struggling with mental illness. – Other Health Provider
- Young people continue to take up smoking, despite the obvious health risks. – Community Leader
- Low socio-economic population, bad habits. – Other Health Provider

Prevalence/Incidence

- Similar to many small communities, there are a lot of individuals who use tobacco. An extension of use by adults is the prevalence of use by school age kids, even as young as elementary age. – Social Services Provider
- Large population of smokers in the community. Lack of access to primary care for education. – Physician
- From e-cig to marijuana to tobacco use, very common. – Other Health Provider
- Significant rate of admitted patients due to tobacco-related illness. – Physician
- Smokers still abound in the community, and they all look haggard and unhealthy. – Physician
- It is a major problem everywhere. The best number of patients smoking is zero. – Physician
- Rate of pregnant smoking. – Community Leader

Contributing Factors

- Tobacco cessation program(s) and success has not been high level or well-marketed for years. The growing issue of E-cigarettes and vaping needs aggressive attention soon. – Physician
**Leading Cause of Death**

*Because it kills, and it costs users a tremendous amount to use. This includes vaping, which is a serious threat to our youth.* – Community Leader

**Social Norms**

*It's still acceptable to smoke or vape. It's linked to so many major medical diseases, insurance often doesn't cover tobacco cessation support/meds/counseling/etc.* – Physician
Sexual Health

HIV

**About Human Immunodeficiency Virus (HIV)**

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)
HIV Prevalence

In 2015, there was a prevalence of 96.3 HIV cases per 100,000 population in Clallam County.

- Notably more favorable than statewide and national rates.

**HIV Prevalence**
(Prevalence Rate of HIV per 100,000 Population, 2015)

HIV Prevalence

![Graph showing HIV prevalence in Clallam County, Washington, and the US.]


Notes: This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

More than six in 10 key informants taking part in an online survey most often characterized HIV/AIDS as a “minor problem” in the community.

**Perceptions of HIV/AIDS as a Problem in the Community**
(Key Informants, 2019)

- Major Problem: 4.6%
- Moderate Problem: 23.1%
- Minor Problem: 61.5%
- No Problem At All: 10.8%

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

**Lack of Specialists**

No infectious disease specialist in the community. – Physician
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2016, the chlamydia incidence rate in Clallam County was 273.5 cases per 100,000 population.

The Clallam County gonorrhea incidence rate in 2016 was 24.5 cases per 100,000 population.

- Well below state and national rates.
Key Informant Input: Sexually Transmitted Diseases

More than half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

**Perceptions of Sexually Transmitted Diseases as a Problem in the Community**
*(Key Informants, 2019)*

- 32.3% Major Problem
- 59.7% Moderate Problem
- 6.5% Minor Problem
- No Problem At All

**Top Concerns**

Among those rating this issue as a “major problem,” the following reason was given:

**Contributing Factors**

- Local health jurisdiction has limited resources for case investigation and partner notification.
- Transmission is an ongoing problem. – Physician
Access to Health Services
Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.3% report having no insurance coverage for healthcare expenses.

- A higher proportion of uninsured than seen statewide.

A total of 7.9% of children age 0 to 17 are without healthcare insurance coverage.

- A higher proportion of uninsured children than seen statewide and nationally.

Uninsured Population

Healthy People 2020 Target = 0.0%

<table>
<thead>
<tr>
<th></th>
<th>Children (0-17)</th>
<th>Adults (18-64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clallam County</td>
<td>7.9%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Washington</td>
<td>3.8%</td>
<td>11.8%</td>
</tr>
<tr>
<td>US</td>
<td>5.7%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Sources:
- U.S. Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.

Notes:
- The lack of health insurance is considered a key driver of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.
**Difficulties Accessing Healthcare**

**About Access to Healthcare**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

**Key Informant Input: Access to Healthcare Services**

More than half of key informants taking part in an online survey most often characterized Access to Healthcare Services as a “moderate problem” in the community.

![Perceptions of Access to Healthcare Services as a Problem in the Community](Key Informants, 2019)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.9%</td>
<td>54.9%</td>
<td>12.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Online Key Informant Survey, PRC, Inc.

Notes:  
- Asked of all respondents.

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Lack of Providers**

- Attracting and keeping highly qualified physicians. Lack of behavioral health services, the broad range of those. Lack of availability of information and implementation capacity regarding death with dignity. Tentative support for women’s reproductive services. — Community Leader

- As a community we have struggled to maintain an adequate PCP network, especially for Medicare. It is certainly better now than ever before but I think we still have room for improvement. Specialty services are still quite limited for cardiology, neurology, etc. — Other Health Provider

- Not enough providers or specialists. Veterans have to travel to Seattle if they have anything worse than a cold. Not enough support for those who are homeless or at risk of being homeless and for the severely mentally ill. The cost of insurance is unattainable for a good portion of those who are low-income and those over 50. — Social Services Provider
The community does not have the resources to support the needs of the residents: e.g. no physicians well-versed with care of individuals with special needs. Specialty care provision such as rheumatology, neuroendocrinology, specialty surgery, etc. requires going outside of the county. Emergency care does not manage mental health issues well. Mental health professionals are not able to handle co-morbidity of developmental disability and mental health concerns. Mental health is extremely difficult to access with months of wait time to get a provider. Many primary care providers also carry full caseloads and do not have the ability to take on new patients. – Social Services Provider

Access to healthcare providers is what I see as the major problem currently. Some residents are having to go outside of the area in order to receive service. – Social Services Provider

This response is directed more towards the Sequim area as opposed to Clallam County as a whole: For a number of years, Sequim has had a dire lack of primary care doctors. Over the past several years, a number of doctors have retired or closed their practices, leaving huge numbers without access to primary care. OMC is to be applauded for opening the Olympic Medical Physicians in Sequim, as well as partnering with Swedish where they have residents do a portion of their residency here on the Peninsula. – Community Leader

People can’t find a primary care physician. Those who do have a PCP often have to wait an inordinate amount of time to be seen for even fairly serious health concern issues. – Other Health Provider

Lack of an adequate number of ARNP’s or PCP’s. – Other Health Provider

Not enough primary providers, and cost issues for those with minimal insurance. – Community Leader

Hard to find a physician that is taking new patients. – Other Health Provider

Not enough providers. – Other Health Provider

Lack of providers. – Physician

Need more physicians. – Community Leader

### Barriers Getting an Appointment

Takes months to see a provider. Not enough specialists available. Often referred to Emergency Room in lieu of waiting for appointment, even though we have insurance and, frequently, have already been seen by provider. – Community Leader

The most common complaint I get at the Free Clinic, even from well-insured patients, is that they cannot find a doctor who will take them. – Physician

It is several issues. Takes a long period of time to get in to see a doctor. Many individuals do not have health insurance. Many that live out from rural areas don’t have access to healthcare or have to go a long way to get good health care. – Other Health Provider

Hours of availability that preclude need to go to ER for non-emergent care. Limited access for the homeless/unsheltered population, stigmatization and therefore hesitation to go in, lack of follow through (much of which is dependent on the "patient"). Would be good to get health care to the people in places where the people won’t come to the health care. – Community Leader

Geography and timing. Because of our remote location, many people need to travel significant distances (to Seattle for instance) to get the care they need in a reasonable amount of time. What few primary care physicians we have on the peninsula are booked out months, so seeing a doctor/health care specialist can take 6 months or more. Many people end up relying on the Emergency Room for minor issues that could have been avoided with proper preventative care. – Social Services Provider

### Vulnerable Populations

Low income, at-risk families unable or unaware of how to access care. Usually, a health crisis is too overwhelming for individuals to self-advocate. – Social Services Provider

Therapies developed to support individuals with special needs or utilized highly by this population, e.g. ABA, Sensory Integration Therapy, Occupational Therapy. Obesity. – Social Services Provider

Not enough PCP’s for aging population, difficult to recruit with low level secondary education, i.e. Schools. – Other Health Provider

The gap between employer provided health care and the time Medicare is available due to age. – Community Leader
Contributing Factors

Homelessness. There are no services to offer those experiencing homelessness who are also experiencing acute medical issues. When an individual no longer meets criteria for admission to OMC and they are discharged with instructions to “keep wound clean,” “change dressing every 4 hours,” “stay off foot,” “bed rest,” etc. - It is not realistic, and often those individuals return with higher level needs- at times resulting in a helicopter ride to Harborview. We lack a medical respite alternative. – Social Services Provider

Early initial primary care (MD/DO) following inpatient discharge after serious, acute and complex illness or surgery. – Physician

Early post inpatient care for established patients and those without a provider. – Physician

Insurance Issues

Basic affordability to access health care services. Insurance premiums are just too high and deductible too high. So, the preventive care is missed. – Community Leader

Many people I know lack insurance, and, therefore, cost of services is a limiting factor to access to healthcare. – Community Leader

Underinsured/uninsured community members are sometimes not aware of services available. Limited capacity in specialty care is also a challenge. Rural nature of the area sometimes makes access challenging because of travel times. – Community Leader

Lack of Specialty Care

I believe that it is specialty services. When someone needs care outside of primary care, there are often long waits before an appointment is available. In some cases, I am told that community members are able to get the care they need outside the community much sooner and therefore chose to get this care elsewhere. – Other Health Provider

ENT, no longer in area. – Other Health Provider

Transportation

Transportation and lack of doctors accepting patients. Cost of health insurance. – Other Health Provider

Transportation, lack of specialists in the area. – Physician

Quality of Care

Emergency Room in Sequim. – Community Leader

Telemedicine

Access to broadband for telemedicine options and utilization of technological tools to improve wellbeing. – Community Leader
Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health care as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Medical Care Difficult to Access as Identified by Key Informants</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td>Mental Health Care</td>
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<tr>
<td>Substance Abuse Treatment</td>
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<tr>
<td>Primary Care</td>
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<tr>
<td>Specialty Care</td>
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<tr>
<td>Dental Care</td>
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<tr>
<td>Pain Management</td>
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<tr>
<td>Chronic Disease Care</td>
</tr>
<tr>
<td>Elder Care</td>
</tr>
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<td>Neurosurgery</td>
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Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, there were 64 primary care physicians in Clallam County, translating to a rate of 88.0 primary care physicians per 100,000 population.

- Similar to Washington and US rates.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)


Notes: Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Oral Health

**About Oral Health**

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

--- Healthy People 2020 (www.healthypeople.gov)

**Access to Dentists**

In 2015, there were 88.5 dentists for every 100,000 residents in Clallam County.

- More favorable than the rate found nationally.
Access to Dentists
(Number of Primary Care Physicians per 100,000 Population, 2015)


Notes:  This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Poor Dental Health

One in five Clallam County adults (20.1%) have had six or more of their permanent teeth removed due to tooth decay, gum disease, or infection.

- Significantly higher than state and national percentages.

Adults With Poor Dental Health
(Loss of Six or More Permanent Teeth, 2006-2010)


Notes:  This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.
Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized Oral Health as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2019)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
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<td>31.2%</td>
<td>42.9%</td>
<td>23.4%</td>
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Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Insurance Issues

For adult Medicaid population, limited access to dental care leads to advanced oral disease, tooth decay, gum disease. Increased pain, health consequences. Frequently only place for care is ER -- which is not equipped to manage issues. Poor oral health impacts general health and creates risk for chronic pain and opioid overuse, tooth loss which impacts self-esteem and employability. – Physician

There are limited resources for those on Medicaid. Limited services covered by Medicaid- for example dentures. Keep in mind the people I spend most my time with are either active users or previous users of substances that create tooth decay and are often on Medicaid at least temporarily. – Social Services Provider

Finding providers to accept state insurance is difficult for youth. Even with dental insurance, not all providers will accept the insurance provider. For example, Aetna dental is not accepted at most dental offices; a mid-size employer in our area offers Aetna and very few (one in Sequim) will accept the insurance. – Social Services Provider

Absence of self-dental insurance and lack of education about the importance of dental health and its connection to one’s overall bodily health. – Physician

Dentists in this area do not accept Medicaid. They also do not have the ability to treat an elderly person who is wheelchair bound and unable to transfer to a dental chair. – Other Health Provider

Most people can’t afford dental insurance and wait to seek emergency care when they have intolerable pain. – Other Health Provider

No private dentists accept Medicaid. Dental care is unaffordable for many. – Physician

Affordable Care/Services

Cost and access are major obstacles. Local dentists donate a tremendous amount of time and resources to helping the underserved or poor but are often fixing major problems rather than seeing kids routinely to establish good dental health. – Community Leader

Low-income adults have had limited access to dental care for many years. There are few providers and limited coverage. Poor oral health leads to other health issues. – Other Health Provider

It is not financially feasible for low-income individuals to have to travel to Bremerton for oral surgery to get teeth pulled. We need this service locally. While overall access to dental care is starting to improve, it has a long way to go. – Other Health Provider

Many people cannot pay for proper dental or orthodontic care. Poor teeth are embarrassing and can keep someone from applying for or being hired for a job. Very few options for low-income people. – Community Leader
Even basic dental care is unavailable to people of few means with significant long-term health consequences. Restorative dentistry is even more unreachable. – Physician

Large part of population can’t afford dental services. – Community Leader

Adults with dental care is difficult to find and access locally. Especially for chronic dental problems. – Social Services Provider

Access to Care/Services

Lack of access. – Physician

No services readily available for after age of 16. – Other Health Provider

Lack of Providers

Lack of providers who see poor patients without adequate means of payment. – Other Health Provider

Dental care providers … require extensive wait times to access. In addition … understanding of serving individuals with special needs. Most individuals with significant special needs have to travel to Seattle to access dental care. – Social Services Provider

Public Policies

No fluoride in the public water. – Physician
Local Resources
Healthcare Resources & Facilities

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Clallam County as of December 2018.
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Healthcare Services
- Angel Med Transport
- Behavioral Health Services
- Clinicare of Port Angeles
- Doctor's Offices
- Dungeness Health and Wellness Clinic
- Hospitals
- Jamestown
- Jamestown Family Health Clinic
- Jamestown Dental Clinic
- Jamestown Tribe
- Lower Elwha Community Health Transport
- Lower Elwha Health Clinic
- Manna
- New Growth Behavioral Health
- North Olympic Healthcare Network
- Olympic Medical Center
- Olympic Medical Physicians
- Olympic Peninsula Community Clinic
- Para Transit
- Peninsula Behavioral Health
- Physical Therapy
- Planned Parenthood
- Public Health
- Sequim Free Clinic
- State Insurance Program
- Urgent Care
- VIMO (Volunteers in Medicine of the Olympics) program

### Parks and Recreation
- Parks and Recreation
- Physical Therapy
- Rehab Services
- Wellness Centers
- YMCA

### Cancer
- Cancer Center
- Church
- Doctor's Offices
- Harrison Healthcare
- Hospice
- Jefferson Healthcare
- Olympic Medical Center
- Seattle Cancer Care Alliance
- Seattle-Based Resources
- Sequim Oncology
- Tribal Resources
- VIMO (Volunteers in Medicine of the Olympics) program

### Dementias, Including Alzheimer’s Disease
- A Place for Mom
- Adult Protective Services
- Aging and Disability Agency
- Alzheimer’s Association
- Area on Aging
- Assisted Living Facilities
- Avamere Olympic Rehab
- Day Care Programs
- Discovery Memory Care
- Doctor's Offices
- DSHS Adult Services
- Dungeness Courte Memory Care
- Encore Arts and Minds
- Golden Years
- Harrison Healthcare
- Highland Court Memory Care Center
- Home Health Care
- Hospitals
Jamestown Clinic
Jefferson Healthcare
KWA (Korean Women’s Association)
Locked Medical Unit
Long-Term Care Facilities
Lutheran Church
Memory Care Units
Nursing Homes
OlyCap
Olympic Area Agency on Aging
Olympic Healthcare
Olympic Medical Center
Olympic Medical Physicians
Senior Centers
Senior Community Resources
Senior Information and Assistance
Sequim Health and Rehab
Sherwood Assisted Living
Sherwood Manor
SNF (Skilled Nursing Facilities)

Diabetes

CDSM Diabetes
Diabetes Educator
Doctor’s Offices
Farmer’s Markets
Food Bank
Grocery Stores
Home Health Care
Jamestown
Jamestown Clinic
Jamestown Diabetes Program
Jim’s Pharmacy
LEKT (Lower Elwha Klallam Tribe)
North Olympic Healthcare Network
Nutrition Services
OlyCAP
Olympic Medical Center
Olympic Medical Physicians
Olympic Peninsula Healthy Community Coalition
Parks and Recreation
Sequim Health and Rehab
Shipley Center
VIMO (Volunteers in Medicine of the Olympics) program
YMCA

Family Planning

Doctor’s Offices
Family Planning
Jamestown Clinic
North Olympic Healthcare Network
Olympic Medical Center
Planned Parenthood
VIMO (Volunteers in Medicine of the Olympics) program
Women’s Health Clinic

Vision & Hearing

Costco
Doctor’s Offices

Heart Disease & Stroke

Doctor’s Offices
Dungeness Health and Wellness Clinic
Fitness Centers/Gyms
Olympic Ambulance
Olympic Medical Center
Olympic Peninsula Healthy Community Coalition
Sequim Free Clinic
VIMO (Volunteers in Medicine of the Olympics) program
Wellness and Exercise Programs
William Shore Pool
YMCA

Immunization & Infectious Diseases

Clallam County Health Department
Doctor’s Offices
First Step Family Support Center
Health Department
Lower Elwha Clinic
North Olympic Healthcare Network
Olympic Medical Center
Pharmacies
School System

Infant & Child Health

Doctor’s Offices
Family Planning
Family Support Services
First Step Family Support Center
Food Bank
Health Department
Healthy Families of Clallam County
New Family Services
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<td>Parents as Partners, First Step</td>
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| Substance Abuse | | |
|-----------------|----------------|
| 3CCORP          | AA/NA |
| American Behavioral Health | BayMark Treatment Center |
| Behavioral Health Services | CCHS |
| CDP Services | Cedar Grove Counseling |
| Community Paramedic | Counseling Services |
| Doctor's Offices | Drug Court |
| Drug Court | Drug Rehab Programs |
| Inpatient Treatment Centers | Jamestown |
| Jamestown Health Campus | Jamestown MAT Program |
| Jamestown Tribe | Juvenile Drug Court |
| Klallam Counseling | Lower Elwha Clinic |
| Lower Elwha MAT Program | Medication-Assisted Treatment Programs |
| Mental Health Services | Methadone Clinics |
| NOAN MAT Program | Non-Profits |
| North Olympic Healthcare Network | Olympic Medical Center |
| Olympic Medical Physicians | Olympic Peninsula Community Clinic |
| Olympic Personal Growth Center | OPHS (Olympic Peninsula Health Services) |
| Outpatient Programs | |
Evaluation of Past Activities

Medical Home/Availability of Primary Care Provider

Strategy 1: Continue to recruit and retain primary care physicians and advanced practice clinicians into Sequim and Port Angeles communities to fulfill need as defined by 2017 Primary Care Access assessment.

Evaluation

- Olympic Medical Center has recruited 10 primary care physicians and four advanced practice clinicians and 7,350 new patients have gained access into the OMP Primary Care Clinic in the past three years. In that same time period, four physicians and three advanced practice clinicians have left the practice. A 2019 Primary Care Access assessment showed our community continues to have a need for access to primary care. The assessment showed that 14.7% of Clallam County adults still did not have a primary care provider, translating to roughly 8,792 residents (±3.5%). This is an improvement over access as noted in the 2017 Primary Care Access assessment which showed 16.9% did not have a provider.

- In late 2018, the Centers for Medicare and Medicaid Services (CMS) determined it would implement a site neutral rule that implemented 30% cuts to offsite, hospital-based clinic reimbursement ($1.7 million cut in 2019) and increase that to 60% in 2020 ($3.4 million annually moving forward). As a result, Olympic Medical Center could not move forward with a planned expansion of primary care in Sequim as it is more than 250 yards from the hospital located in Port Angeles. This prohibited Olympic Medical Center’s ability to make any significant impact to primary care access on the eastside of the county (Sequim) specifically.

Strategy 2: Begin Rural Residency Program in partnership with North Olympic Healthcare Network and Swedish Medical Center, with first series of residents in the summer of 2017.

Evaluation

- Currently four rural residents are in the community and practicing out of the North Olympic Healthcare Network clinic.

Goal 1: By 2020, statistically show that at least 95% of residents in greater Port Angeles and Sequim areas have access to a primary care provider / medical home

Outcome: Progress made.
Behavioral Health

Strategy 1: Implement behavioral health management program in the Olympic Medical Physicians primary care settings to leverage OMP provider and electronic health record resources with partner organization specialty providers.

Evaluation
- Behavioral health has been successfully integrated into the primary care setting. Four behavioral health specialists work in clinic along with primary care providers.

Strategy 2: Advocate for behavioral health funding at the federal and state level, particularly to improve access to inpatient beds at mental health facilities.

Evaluation
- Olympic Medical Center supported Washington State Hospital Association initiatives at the state level to successfully advocate for behavioral health funding. Olympic Medical Center continues to work with the state to improve access to inpatient beds at mental health facilities in the state.

Goal 1: Create population-focused primary care management of behavioral health conditions in 2018.

Outcome: Progress made.

Goal 2: Decrease “involuntary treatment act” patient stays by 50% by 2018.

Outcome: No progress made.
Chronic Disease Prevention / Management

Strategy 1: Implement chronic disease management programs in the Olympic Medical Physicians primary care settings to leverage OMP provider and electronic health record resources with partner organization specialty providers.

Evaluation
- Olympic Medical Physicians Primary Care clinics have implemented Medicare’s Chronic Care Management program, with the goal of reducing complications from a variety of chronic illnesses by managing patient(s) care through non-face-to-face means between visits. Nutrition and Diabetes Services are now available in the primary care clinics and the cancer center.

Strategy 2: Ensure Sequim Aquatic and Recreation Center (now a YMCA-run entity) remains viable as it is a key and fragile piece of wellness infrastructure in the city of Sequim. Provide accessible cardiopulmonary and nutrition wellness services to support post-medical interventions.

Evaluation
- The YMCA in Sequim continues to be viable. Olympic Medical Center Wellness Services co-locate at the facility and provides community-based cardiopulmonary wellness services to patients discharged from cardiopulmonary rehabilitation. Other wellness services are available, including smoking cessation, tai chi and balance classes.

Strategy 3: Support and implement wellness programs that have positive long-term implications, including:

- In partnership with all local school districts, fund fitness bands to all fifth-graders (annually) throughout our service area to encourage fitness through game-ification and friendly competition.

- Actively participate in the Olympic Peninsula Healthy Community Coalition, supporting the 5-2-1-0 program.

Evaluation
- Olympic Medical Center successfully funded fitness bands for fifth graders but discontinued it after one year. Olympic Medical Center successfully worked with Olympic Peninsula Healthy Community Coalition (OPHCC) and has built a robust 5-2-1-0 program throughout Port Angeles and Sequim, bringing together many community entities to work towards practical health and wellness goals. Olympic Medical Center and other community partners agreed via MOU to support OPHCC through in-kind and monetary support.
**Goal 1:** Create population-focused primary care management of conditions in endocrinology, rheumatology and other needed specialties by 2019.

**Outcome:** Progress made in diabetes management and cardiology.

**Goal 2:** Support environment in the community that allows for access to fitness and supports healthy habits.

**Outcome:** Progress made.
Substance Abuse – Opioids

Strategy 1: Understand and continue to properly address the prescription of opioids throughout the Olympic Medical Center enterprise. Support Clallam County Health & Human Services efforts to eliminate non-cancer pain prescriptions of opioids.

Evaluation
- Clallam County was the first in Washington State to make opioid overdoses reportable. There were 16 reported fatal ODs in 2016 and only two in 2018. Olympic Medical Center participated in the Washington State Hospital Association and Washington State Medical Association Joint Opioid Safe Prescribing Task Force and advocated for effective policy at the state level and collaborated for improvement in prescribing. Medical Staff also received education for appropriate prescribing and pain management, and our organization instituted new Health Care Authority rules for acute and chronic prescribing. Olympic Medical Center, Jamestown Family Health Clinic and North Olympic Health Network integrated Prescription Drug Monitoring Programs (PDMP) into the Epic electronic health record in 2019.

Strategy 2: Participate in a three-county assessment into the scope of the opioid problem, including an inventory of the solutions already underway.

Evaluation
- Collaborated with the Olympic Community of Health (three-county Accountable Community of Health 3CCORP) to address the opioid crisis. Recently participated in the Third annual Regional Opioid Response Summit.

Strategy 3: As appropriate, work with providers to prescribe Suboxone.

Evaluation
- Olympic Medical Physicians expanded its providers that are certified to prescribe Suboxone to eight, however two are leaving at the end of 2019. Area provider, Jamestown Family Health Clinic, is also embarking on the development of a Healing Campus, which will include a full-service outpatient MAT facility with wrap-around services.

Strategy 4: Support efforts across the country to secure additional Naloxone for first responders.

Evaluation
- Naloxone is widely available to emergency responders, law enforcement and other first responders. Further, there is now a standing order at all pharmacies across Washington State for Naloxone prescriptions.
Strategy 5: In partnership with Clallam County Health & Human Services, North Olympic Healthcare Network and Jamestown Family Health Clinic, perform educational campaign regarding opiate addiction to breakdown stigmas.

**Evaluation**
- Following the release of CDC guidelines in 2017, our physician division drafted a letter to patients notifying them of new opioid prescription practices. OMP worked in tandem with other area providers to give the community a common message and commit to a common practice of opioid prescriptions. This was publicized locally as well.

| Goal 1: Decrease opiate overdoses and deaths as reported by the department of health reportable conditions (this goal is in support of Olympic Community of Health opioid project). |
| Progress: Progress made. |

| Goal 2: Increase number of OMP providers registered to prescribe Suboxone. |
| Progress: Progress made. |

| Goal 3: Assess physician prescription of all OMP and OMC providers to determine prescription habits for opioids. Put in place protocols and policies to ensure evidence-based practice is used in the prescription of opioids in 2017. In 2018, with the goal of zero prescriptions for opiates for non-cancer pain. |
| Progress: Progress made, however, zero prescriptions for opiates for non-cancer pain is not an appropriate or attainable goal. Focus is now on pain-management alternatives, following best-practice protocols for prescribing opioids for pain management and monitoring prescription practices. |