Island County Community Health Improvement Plan

Prioritization Workshop #2 Summary and Discussion

Wednesday, April 13, 2016

Introduction

In 2015, Island County Public Health initiated a community health planning process to assess the health of Island County residents and identify solutions for addressing the most pressing needs. After completing a 'Community Health Assessment' (CHA) in November 2015, Public Health staff and the Island County Community Health Advisory Board (CHAB) staged a series of steps to analyze and prioritize issues assessed within the CHA. The second phase of community health planning – development of the Community Health Improvement Plan (CHIP) -- will describe how public health and the community will work together to improve the health of the population. It is a tool that brings together multiple sectors to address a problem that is too big to address alone and is a form of accountability written and implemented by the community. The process of creating a CHIP sets health-related priorities, identifies programs and policies for implementation, and directs the use of resources.

An initial workshop was held in February 2016, in which data was presented to a broad gathering of 56 community leaders and experts regarding 8 health-related topics. The purpose of this workshop was to interpret and evaluate the presented data and begin to narrow prioritization areas for the CHIP. Results from that workshop included the following:

- 'Access to Health Care' and 'Housing' are clear areas of need and are priorities in the community
- Mental Health, Violence, and Substance Abuse all have significant points of concern, and the priority focus is where 2 or more of those issues interconnect
- Root cause analysis and the mapping of relationships between issues are important next steps for better understanding each priority topic
- Workgroups dedicated to each prioritized topic should be formed, and each group tasked with creating the Community Health Improvement Action Plans.

This second workshop was created to further narrow priorities, and to implement recommendations received from Workshop #1. Specifically, the goals of Workshop #2 were:

- Analyze existing data in four priority areas: Access to Care, Housing, Depression and Suicide, and Interpersonal Abuse
- Identify areas of strength and concern within those priority areas
- Determine single priority issues within those areas
- Conduct a root-cause analysis on each of those priority issues
- Propose next steps/action strategies to address the primary root causes for each priority issue.

Methods

Participation

All participants from Workshop #1 were invited to participate in Workshop #2. CHAB members and Workshop #1 participants were asked to recommend other experts and leaders for the four workshop topic areas. Participation was limited to 8 participants per topic area to facilitate discussion and workgroup cohesion. Participants were assigned workgroups according to their representative population and area of expertise. Workshop facilitation was led by Bess Windecker Nelson, PhD, LMFT of Family Touchstone, LLC.

Data

Data were presented on posters organized by topic. Data included public health indicators, and results from the 2015 Island County Community Health Survey, 2015 Island County Community Focus Groups Report, Opportunity Council Prosperity Project Report, United Way ALICE Project, Island County 2015 Homeless Point in Time Count, and the 2016 Island County Homeless Youth Survey. Copies of the posters are available in Appendix A.

Workshop Tasks

The workshop was structured into six tasks, described below. See Appendix B for the official workshop agenda.

Data Carousel

Workgroups rotate through data presented for the following topics: Access to Care; Housing; Depression and Suicide; and Interpersonal Abuse. Participants write observations on sticky notes, identifying strengths, concerns, and missing data.

Theme/Cluster Observations and Selection of 1 Primary Issue

At their home station, participants cluster/theme observations from the data carousel, and determine one primary strength and one primary concern.

Root Cause Analysis

At their home station, participants brainstorm the "Whys" for primary concern to determine root causes.

Significance/Control Evaluation

At their home station, participants evaluate each root cause on the community's level of control, and the significance of the issue

Mapping

At their home station, participants take all root causes determined to be of "high significance/high control", and map their relationships to each other. This determines what factor(s) have the greatest impact on other root causes, and where actions could have the greatest impact.

Identifying Concrete Steps to Address the Primary Root Cause

At their home station, participants brainstorm what steps can be taken to begin to address the root causes, and which additional people should be recruited to participate in the workgroup dedicated to that issue.

Two opportunities were provided for workgroups to report out to the larger group on their progress and results. Results from each step for each workgroup were documented.

Results

Participation

A total of 39 community representatives participated in Workshop #2, representing 23 organizations. A full list of participants is available in Appendix C.

Topic Area Results

Results from each step of the workshop were recorded for each topic and documented below.

I. Access to Care

Step 1: Data Carousel Results: Strengths and Concerns

Strengths	✓*
73% have visited dentist – higher than US average	
Island County has a higher percentage of dentist visits than Washington State and the United States	✓✓
Dental very better than US average	✓✓
70% of respondents said healthcare is important to them	✓✓
70% reported having a personal physician	
About 60% of adults said they had a medical checkup in the past year	✓✓
Most (91%) said they had health insurance.	✓✓
Medicaid is filling needs of poor people	✓
Whidbey and Camano draws higher income for retirement. Greater income equals greater access.	
Access on par with state and national data	
Concerns	
Whidbey Island residents are not educated optimally about what health care resources are available.	✓✓
Higher rate of people getting regular medical care through the ER. It is 2x higher than Whatcom County and 3x higher than San Juan County.	✓✓✓✓
36% of respondents said dental care was very hard to get.	
30% usual care through ER	✓✓
40% did not have a medical checkup last year	
Many people did NOT have a primary care provider (they use specialty care)	✓✓✓✓
44% didn't get care because of cost	✓✓✓✓✓
Only 42% of families with children report receiving adequate medical care	✓
Fewer medical checkups	
60% medical/dental debt	✓✓✓✓✓ ✓✓✓✓
Cost is a barrier for medical and dental	✓✓✓✓✓
58% of children don't get adequate medical care	✓
Island County residents are less likely to have a personal physician	✓✓

Low-income residents (30%) said access to medical care was a common daily challenge	✓
#2 most common daily challenge for low income	
70% of respondents with income below 100% poverty level are on Medicaid or not insured.	✓
9% with NO coverage	✓
There are ~40 free clinics in WA. Whidbey has NONE.	✓
Increased services needing for aging population.	✓
Other	
I do not see information on 0–18-year-olds for visits/access. (22% of our population)	✓
Need to know number of Medicaid Providers in Island County	
Cost is not the main reason adults didn't see a doctor. What are the other reasons?	✓
Island County coordinating with other health organizations outside Whidbey as well – Camano – Skagit or Providence	
Navy Hospital services reduced impacts WGH and Island Hospital.	✓✓✓

* Other participant groups were encouraged to check the strengths, concerns, and missing data that had been identified by prior groups, rather than create duplicate comments.

Step 2: Theme/Cluster Observations and Selection of 1 Primary Issue

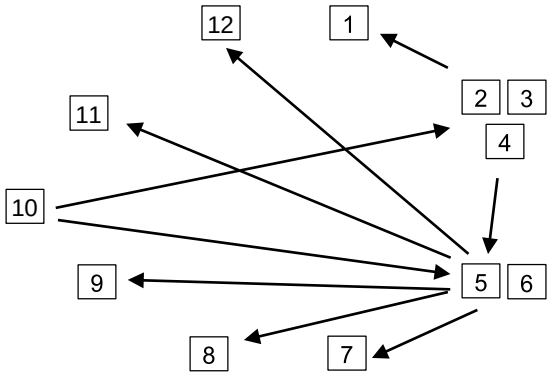
Primary Issue: Appropriate knowledge/awareness usage availability of primary care vs ER

Steps 3 and 4: Root Causes and Control/Significance Analysis

Low Control and Low Significance
Hospital needs to be more involved with outpatient care
Navy has no co-pay, so they have to ER for minor things
High Control and Low Significance
Transportation
Transportation to appointments
Low Control and High Significance
Apathy and procrastination
Cost
Delay care due to concern about co-pay
No mid-level medical access (example: urgent care, clinics, etc.)
Urgent care or Saturday/evening primary care
Need to recruit more providers
Poor reimbursement for prevention
Time – putting it aside before it becomes urgent
Need more primary doctors
No urgent care = go to ER
Need more providers to allow for openings in primary care
Good doctors leave town
No back-up for doctors – always on call
Lack of pediatric doctors causing off-island referrals who in turn are not familiar with our resources

Amount of care givers	
High Control and High Significance	
1	Need outreach to caregivers about resources/assistance/support groups/mental health
2	Central location of information for county-wide resources
3	Need single source of healthcare access info for providers, patients, and agencies
4	We do not have a centralized referral data base – though information may be obtained through insurance company
5	Knowledge of resources available
6	Health literacy
7	No primary care provider goes to ER when it gets bad
8	Uninsured are gaining access through 911 and ER – don't know where to go
9	Go to specialists vs. primary care
10	Collaboration between community agencies
11	Lack culture for primary care
12	Don't know who takes their insurance

Step 5: Mapping of High Significance/High Control Root Cause Relationships



Primary Root Cause: Lack of knowledge/awareness about availability and appropriate usage of primary care vs ER/specialty care for all ages

Step 6: Proposed Action Steps and Identification of Individuals/Organizations for Future Involvement

Action Steps
Coordinate care for patients after they leave ER
Educate doctors and hospital to do better after hospital management
Collaboration between ICPH, UW, WhidbeyHealth, NAS Whidbey, Health Navigators – Resource list: plan to keep it updated, outreach to community regarding importance of insurance, medical provider, when to call 911, SAIL, end of life care, mental health, video clips at offices, library, ER, etc. Posting in Whidbey Times, Mailing outreach, posters
School education about health care system
High school curriculum about programs, Medicare/Medicaid, etc. *Requirements for health education
Info boards, video in waiting rooms with resources in primary languages

Phone book
Multi-pronged outreach – social media, print, visual signs, Channel 10, website
Single resource website maintained by single agency
Distribute info on how to access patient resources
Include and distribute to all organizations: Help House, Elder Care, Senior Center, TLC, other agencies, etc.
Info available at agencies support population that needs services
Info on "What's an Emergency?"
PSAs
TV announcements regarding what an emergency vs routine medical care
Individuals/Organizations Proposed for Future Involvement
WGH
NHOH
Senior Services
Opportunity Council
United Way
Snohomish County
WGH Hospital Administration
Primary care providers
Health Navigators for Insurance – Opportunity Council

II. Depression and Suicide

Step 1: Data Carousel Results: Strengths and Concerns

Strengths	✓
Approximately one-third DO report symptoms	✓
Measurable data about the issue	✓✓
We have 3 publicly funded agencies	✓
Early childhood youth and school-based programs are the #3 reported important prevention program	✓✓
Island County ranked mental health care as a #1 priority for Island County	✓✓
We have school-based mental health counselors	✓✓✓
In 2008 there was a reduction by 6th graders contemplation of suicide	✓
Rate of suicide decreased in 2014 in Island County	✓
Concerns	
Gender – Females are higher in Island and state	✓
People don't know how to access care	✓
Opportunity Council Report – 55% said was cost was a barrier to mental health care	✓✓✓
Limited providers with prescribing medication is a barrier to delivering care	✓✓✓✓✓✓
Medicare providers not available	✓✓
Focus Group Theme 1 – Limited availability of mental health providers	✓✓✓✓

Rate of hospitalization high - double that of Washington State for 0-14 years of age	✓✓✓
Higher rate of suicide contemplation does not seem to be getting better even though hospitalization is higher	✓✓
Variability noted in rate of hospitalization of children for mental health in Island County, vs stable for Washington State	✓
Variability of rates of suicide – general and the rate of youth hospitalized for mental illness	✓
Serious contemplation of suicide increasing for both 6th and 10th graders	✓
Higher rate of suicide contemplation by 10th graders than state or US	✓
3.5% above Washington State in 6th grade contemplation of suicide	✓
Rate of contemplation increases from 6th to 10th grade	✓✓✓
10th grade Island County higher suicide contemplation by 2.3% than Washington	✓✓✓
Other	
No information on mothers/fathers of 0–14-year-olds with depression	✓✓
Is access to mental health care an issue? What are the # of providers?	✓✓
Need to know the relationship between military and the high suicide rate. Need more demographic data	✓✓✓
What is influencing the up and down swings of hospitalization of 0–14-year-olds?	✓
No data on mental health/suicide specific to elders or veterans	✓✓✓✓
No information on adult depression history	✓✓✓✓
What influences rates of suicide?	✓✓

* Other participant groups were encouraged to check the strengths, concerns, and missing data that had been identified by prior groups, rather than create duplicate comments.

Step 2: Theme/Cluster Observations and Selection of 1 Primary Issue

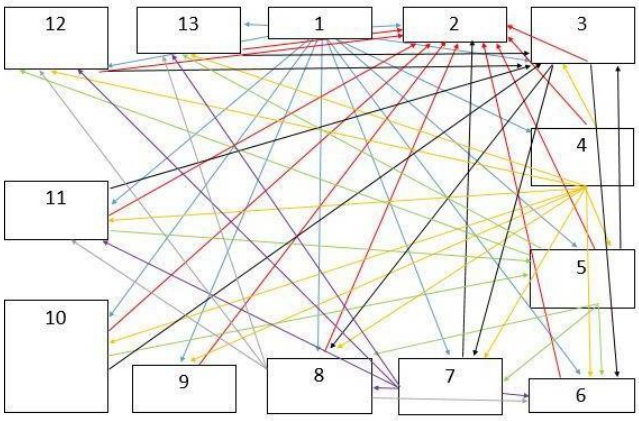
Primary Issue: Current efforts are not positively affecting the rate of suicide contemplation in youth.

Steps 3 and 4: Root Causes and Control/Significance Analysis

Low Control and Low Significance
None noted.
High Control and Low Significance
Rural community with fewer providers
Patients' lack of enthusiasm to see assigned provider
Patients' lack of commitment to receive care
Patients' fear of losing financial state benefits is no longer mentally ill
Low Control and High Significance
Bullying: both in person and on social media
Peer pressure
Use of social media: both the parents' use and the youths' use
Hormones and puberty
Self-esteem and self-worth issues
Neglect and abuse from nuclear family

Permissive or progressive boundaries	
Lack of positive role models for socially acceptable behavior	
Lack of moral/church social structure (values)	
Living with grandparents, aunts, uncles, and legal guardians	
Death of one or both parents	
Military: moving frequently, death or disability of parents, deployment, etc.	
Lack of reimbursement from Medicare and Medicaid to providers	
Limits on health insurance for number of visits Stigma of mental health issues	
Cost of treatment both with and without health insurance	
Lack of community involvement (perception that it is not our, community members, responsibility)	
Cost to health care agencies to provide services	
Cost to healthcare agencies to implement evidence based practice improvements	
High Control and High Significance	
1	Cost of mental health services
2	Cost of mental health treatment services paid by consumers
3	Access to treatment including distance and transportation issues
4	No single-entry point for patients to access mental health services
5	Community lack of awareness of hotlines or who to notify in emergencies
6	Lack of medical home or primary provider
7	Providers lack knowledge or expertise in mental health issues
8	Providers lack knowledge or expertise with prescribing medications for mental health issues
9	Interoperability of medical records
10	Pre-existing conditions (Pervasive Developmental Delays, Mental Retardation, etc.) confounding diagnosis and treatment
11	(Community) Lack of knowledge of signs and symptoms of depression/ suicidal
12	Work schedules of parents to bring youth to appointments
13	Youth missing school to attend appointments

Step 5: Mapping of High Significance/High Control Root Cause Relationships



Primary Root Cause: Lack of mental health counseling resources and the cost of mental health

Step 6: Proposed Action Steps and Identification of Individuals/Organizations for Future Involvement

Action Steps
Hiring or providing more mental health in school
Youth prevention hotline
Single agencies point of contact or Primary care home
Whidbey General Hospital acute care tele-health
Forefront Education Coalitions
Interoperability
Future Involvement
Military officers – NASWI chaplains provide SafeTalk and Assist Suicide Prevention training regularly and invite community representatives
Sea Mar
Veterans Services
State HIE for interoperability
Seattle Children's Hospital
The Everett Clinic Mental Health
Providence Everett Hospital
School District administration
City leaders – Mayors, Clinton Community Council, Freeland Council
State legislature representatives for funding
Senior services
Charlene Ray – Island County Human Services
Compass Health

III. Interpersonal Abuse

Step 1: Data Carousel Results: Strengths and Concerns

Strengths	✓*
Violent crime rates are low in Island County compared to Washington State	✓✓✓✓
Domestic violence services are "extremely important"	✓✓
Island County perceived as a safe place to raise kids	✓✓✓✓
For almost a decade, student bullying was under the state average	
Quality of a healthy community higher on list #7	✓
Concerns	
Domestic violence victims state services are "hard to get"	✓✓✓
10th grade students physically hurt above state average	✓✓✓✓✓✓
Higher rate of domestic violence compared to state	✓✓✓
8th grade bullying is on the rise in Island County	✓✓✓

Crime and violence prevention ranked #3 by 28% of Camano residents	✓✓✓
Domestic violence is ranked as #24 out of 25 health concerns	✓
Domestic violence and students reporting being hurt on purpose by an adult is higher than state percentages	✓
24% of respondents indicated DV services as "hard to get"	
Island County is higher than Washington in most graphs	✓✓
2008 and up there is an upward trend among 12th grade students [reporting they were made to feel unsafe by someone they were dating]	
Shocking: 31.9% of 10th graders reported physically hurt by an adult	✓
Other	
Any correlation between 10th grade students hurt by an adult vs youth living doubled up from the NAEYHE data?	
Lack of data related to this topic, especially seniors	✓
Elder abuse and domestic violence among older adults not reflected in data	✓✓✓✓✓
Elder abuse and financial exploitation	✓✓
How is bullying defined?	
Personal safety vs. domestic abuse?	✓
What are considered "domestic violence victim services?" in the survey	
Is the 2008 and after increase because of reporting or actual crime?	

* Other participant groups were encouraged to check the strengths, concerns, and missing data that had been identified by prior groups, rather than create duplicate comments.

Step 2: Theme/Cluster Observations and Selection of 1 Primary Issue

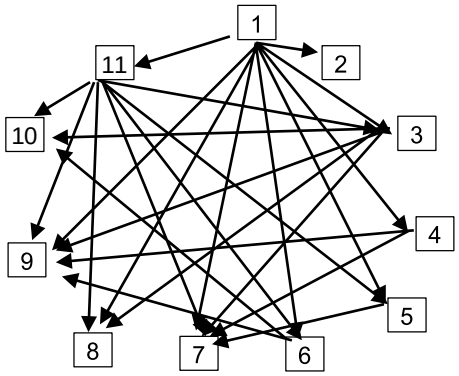
Primary Issue: Youth violence and abuse reported higher in Island County than Washington State and trending upwards.

Steps 3 and 4: Root Causes and Control/Significance Analysis

Low Control and Low Significance
Social pressure
Peer pressure
Social norms that retribution is okay
Economic stress
High Control and Low Significance
None reported
Low Control and High Significance
Lack of school-based resources
Intervention resources
Lack of things for youth activity
Poor role modeling
Fear of repercussions for reporting
Fear of consequences of reporting
Being around unsafe people

Unstable home environments	
Entitlement vs. low self-esteem	
Media influence de-sensitized	
Self-confidence of youth	
Alcohol and substance abuse	
De-sensitization/acceptance of violence	
Lack of family support to school	
High Control and High Significance	
1	Awareness of resources available
2	More is reported due to recognition of programs
3	Parenting skills
4	Student training about responsible use of social media
5	Lack of youth empathy
6	Parents intimidated by social media control
7	Social responsibility to appropriate use of social media
8	Youth education about responsible reporting of abuse
9	Lack of conversation between child and parent about violence
10	Unsupervised access to social media
11	Lack of parent training in citizen awareness

Step 5: Mapping of High Significance/High Control Root Cause Relationships



Primary Root Cause: Lack of parenting training and resources

Step 6: Proposed Action Steps and Identification of Individuals/Organizations for Future Involvement

Action Steps
Parent training to teach their children about healthy relationships (social media, alcohol/drug use, bullying)
Coordinated entry program – Island County
211
Collaborate with school districts to parent/student orientation

Identify different ways to get parents trained
Workgroup/committee to identify and implement actions
Identify access points to provide information
Support groups
Recognize cultural diversity
Future Involvement
NASWI Fleet and Family Services – Tim Schwitalski, Pam Delaney, Kathleen Schofield
All school districts (Coupeville, South Whidbey, Camano Island, Oak Harbor)
CPS
Healthcare Authority
School PTA leaders
Faith Community, including military chaplains

IV. Housing

Step 1: Data Carousel Results: Strengths and Concerns

Strengths	✓*
We have good range of resources according to the ALICE report	✓✓✓
Island County households spent less of their income on housing in 2011-2013 than in 2008-2010	✓
Spending on housing is equitable across the county, state and nation	✓✓
Household spending percentage is comparable to state and nation	✓✓✓✓
More Island County youth are doubled up with a parent than on their own	✓
Concerns	
Chronic homelessness numbers are increasing	✓✓✓✓✓
From the Focus Group data, emergency shelter and supportive housing are needed	✓✓✓
Blurring of shelter and affordable and available housing	✓
Low-income households indicate affordable housing a high concern	✓✓✓
Affordable housing is a #1 and #2 ranked issue for low-income households in the Island County survey	✓✓
Affordable housing units are half of the state and national average	✓✓✓✓
Island County has fewer affordable and available units than the state and national averages	✓✓✓
Lack of affordable housing units	✓✓
Scarce housing options that are affordable and available	✓✓
Less affordable housing in Island County than in Washington or the US	✓✓✓
Household annual survival budget is $56,088 and requires an income of $28.04 per hour.	✓✓
Household survival budget for a family of 4 requires an income equal to the median household income identified by the Census/ACS.	

Household survival budget for a family of 4 requires more income than twice the budget for a single adult.	
Homeless numbers are increasing	✓✓✓✓✓✓
The number of homeless unsheltered increased significantly	✓✓✓✓✓
Point in Time counts are increasing in all categories	✓✓✓
Homelessness increased by more than a third between 2015 and 2016	✓
Other	
Lack of community support and leadership for addressing homelessness and affordable housing	
ALICE report is based on 2013 data	

* Other participant groups were encouraged to check the strengths, concerns, and missing data that had been identified by prior groups, rather than create duplicate comments.

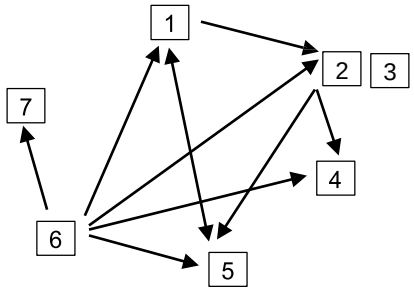
Step 2: Theme/Cluster Observations and Selection of 1 Primary Issue

Primary Issue: Lack of affordable housing availability is driving up the homeless population

Steps 3 and 4: Root Causes and Control/Significance Analysis

Low Control and Low Significance	
Part-time residents	
High Control and Low Significance	
Utilization of houses for full-time use	
Low Control and High Significance	
No federal funding for decades	
Regular real estate market does not create affordable housing – needs subsidies	
Getting funding for affordable housing is complex with application calendars and the need for experienced developers	
High cost of living	
Cost of regulation	
Cost of building materials	
Influx of Navy and population growth	
Lack of infrastructure – limited land, water, septic, and regulations	
Lack of jobs/employment	
High Control and High Significance	
1	County staff and leadership interface with local city and town leadership to collaborate on solutions
2	Zoning – Comprehensive plans
3	How to define affordability
4	Public/Political will
5	Lack of prioritization by leaders
6	Gaps in housing continuum
7	A call to action for advocacy to elected officials and broad community leaders to prioritize this issue

Step 5: Mapping of High Significance/High Control Root Cause Relationships



Primary Root Cause: Low awareness and public/political will regarding the lack of affordable housing driving up the homeless population.

Step 6: Proposed Action Steps and Identification of Individuals/Organizations for Future Involvement

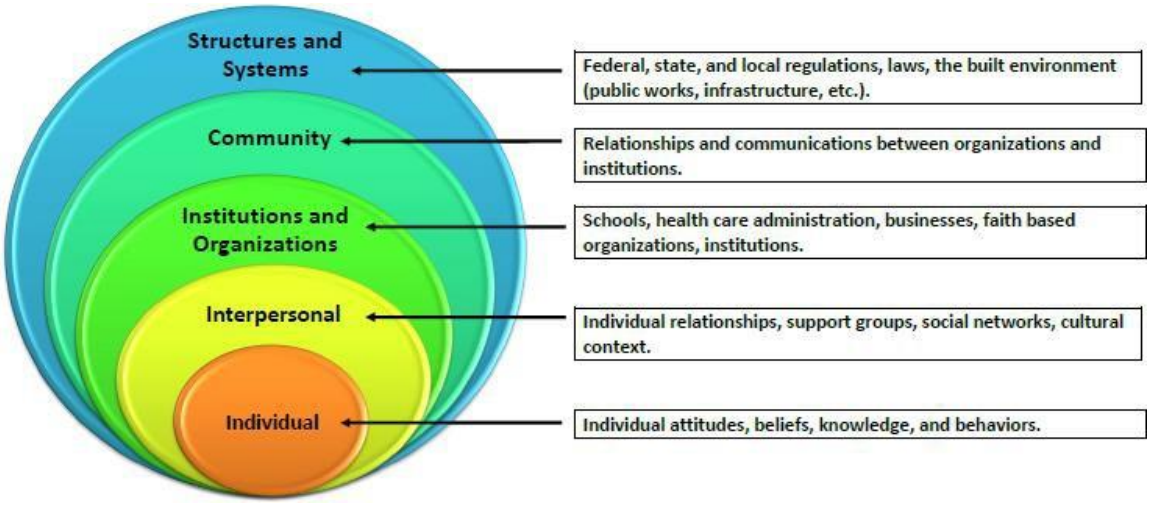
Action Steps
Public campaign: "Got Housing?"
Identify housing inventory
Clarify infrastructure limits
Define affordability – explain how it pencils out
Clarify what elements are in the Housing Continuum
Share human stories – what is the message?
Identify stakeholders to lead
Future Involvement
Senior Services of Island County
City/Town Planners
Medical professionals serving Camano
Stanwood/Camano schools
Faith community
Chamber leaders
Service groups

Discussion

In the mid-20th century, social psychologists began to create models of individual behavior to better understand the widespread unacceptance of disease-prevention activities throughout the population. (Riekert et al 2014; p11). Models developed over the next several decades – known collectively as individual behavior change models – emphasize promoting changes in individual cognition and behavior to improve health. However, as decades have research have revealed, this individual-focused approach to behavior change has limited impact. "To date, we have seen that rigorously designed and theoretically informed behavior change interventions often provide only modest changes in health behavior that have not consistently translated into lasting behavior change or had a population-level impact" (Riekert et al 2014; p 29).

In response to decades of disappointing individual behavior-focused interventions, a new collection of models known as "socio-ecological models" (SEM) have been developed by researchers that account for how people interact with their physical, social, and cultural environments – and how these external factors influence individual behavior. Research continues to reveal the power of these multi-level factors, and the public health system has taken great strides in the past decade to invest in multi-SEM level interventions.

Figure 1. Centers for Disease Control and Prevention (CDC) Diagram of a Socio-Ecological Model.



Source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Available at: http://www.cdc.gov/obesity/health_equity/culturalRelevance.html

A Socio-Ecological Model (SEM) does not disregard the role of individual knowledge and attitudes but places them within a much larger context of influential factors that include social networks, organizations, collaboration between organizations, and policies that impact the physical environment. Interventions that aim to generate widespread, lasting population health change must address all levels. Interventions that only target one or two levels must be realistic about their ability to generate behavior change and set goals that are reasonable for the limited reach and investment.

As workshop participants went through the series of exercises, they were asked to brainstorm root causes for their primary concern, evaluate each root cause on the group's perceived level of control to impact that root cause, and evaluate the level of significance it would have on the primary concern. Participants were then asked to select one root cause they thought would be the most impactful and to brainstorm action steps on how best to generate positive change. Categorizing these primary concerns and root causes by their location on the SEM provides a valuable perspective on participants' behavior change ideology, and on which SEM levels there was perceived control.

Access to Care

The selected primary concern of 'Appropriate use of primary care versus emergency room care' is an individual-level outcome within the SEM. The majority of root causes evaluated by the workgroup as "highly significant" but with "low control" (HSLC) were those causes originating at the "Institution and Organization" level of the Socio-Ecological Model (66%). Root causes evaluated as "highly significant" with "high control" (HSHC) were at the "Community" level (42%) and "Individual" level (50%). Two root cause selected as most impactful were 'Lack of knowledge/awareness about available resources" and "Lack of knowledge/awareness on appropriate use of primary care versus emergency room care'. Both root causes are within the 'Individual' level of the SEM.

Depression and Suicide

'Serious suicide contemplation' was selected as the primary concern for this focus area, and is an individual-level outcome within the SEM. The greatest number of HSLC root causes were within the "Interpersonal" level (44%), followed by the "Institution and Organization" level (33%). HSHC root causes evaluated were at the "Institutional and Organization" level (39%), "Individual" level (30%), and "Community" level (23%). Two root causes were identified as most impactful: 'Lack of mental health resources' and 'Cost of mental health services', both located within the 'Institution and Organization' level of the SEM.

Interpersonal Abuse

The selected primary concern of 'Violence directed toward youth or between youth' in an interpersonal level outcome within the SEM. HSLC root causes were primarily at the Individual level (43%) and Interpersonal level (29%). HSHC causes were also at the Individual level (55%), and the Interpersonal level (27%). The most impactful HSHC root cause selected by the workgroup was 'Lack of parenting training and resources' which could place in either the "individual" or "interpersonal" levels.

Housing

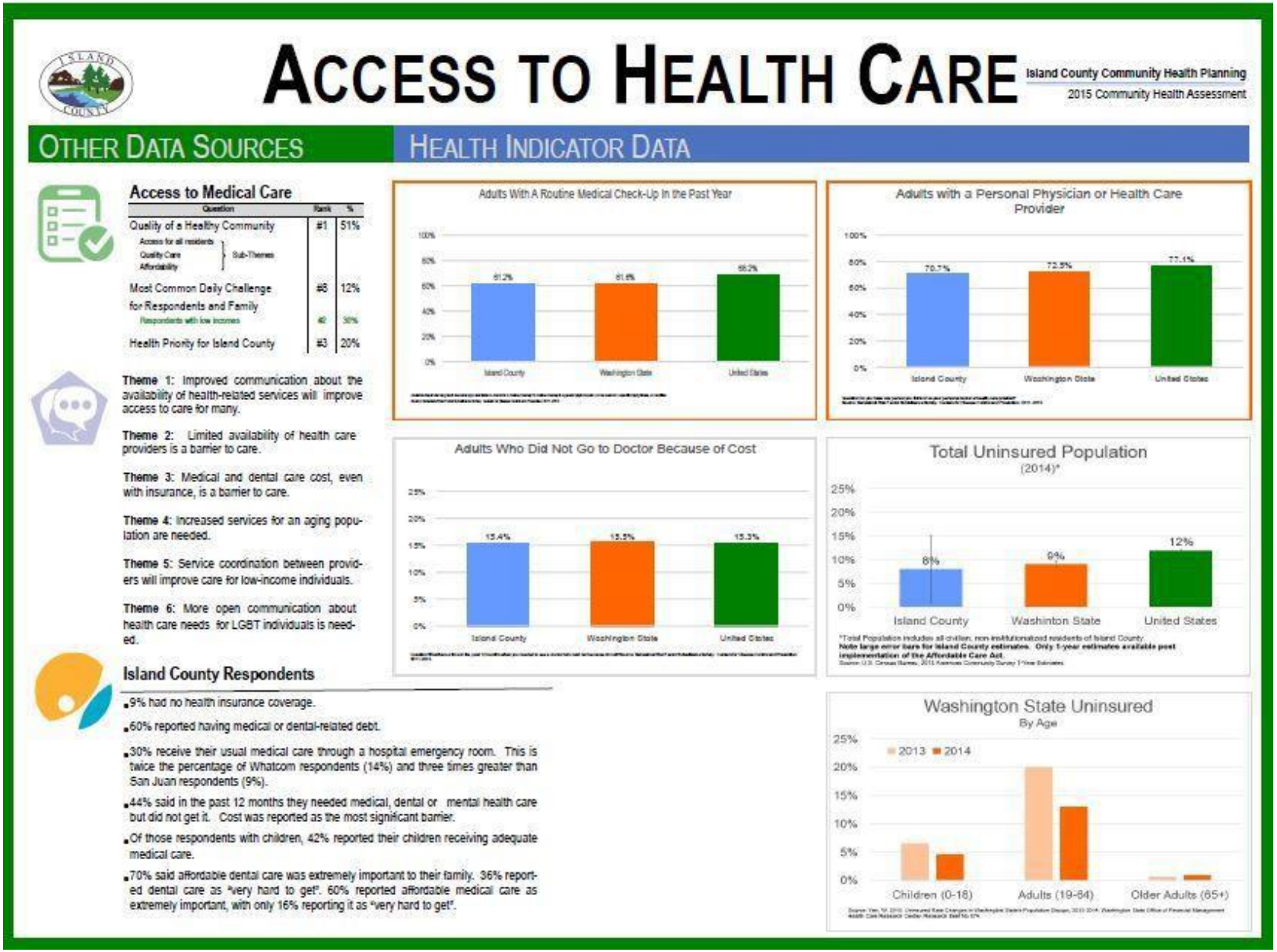
'Lack of affordable housing availability is driving up the homeless population', was the only primary concern at the structures and system levels of the SEM. HSLC root causes were primarily at the Structures and Systems level (56%) and Institution and Organization level (33%). HSHC root causes were evenly dispersed between Structures and Systems (29%), Community (29%), and Institutional and Organization (29%). One root cause was at the Individual level. The most impactful HSHC root cause selected by the workgroup was the one Individual level cause, described as "Public will".

Conclusions

A lack of individual knowledge is at the foundation of all four workgroup's most impactful HSHC root causes. Two groups framed their root cause on the lack of community resources (Institution and Organization level), but the intent of increasing availability of those resources is for education of individuals on the desired behavior. As we have learned from research on individual behavior and socio-ecological models, improving population health does require individual knowledge and attitude change, but cannot stop there. There must be interventions within the interpersonal, institutional and organization, community, and systems and structures levels.

The next step in development of the Island County Community Health Improvement Plan (CHIP) is to establish four workgroups, one for each of the primary issues identified. Each workgroup will be tasked with completing additional evaluation of sub-population data, researching evidence-based solutions, and selecting the most appropriate and feasible interventions. The work completed at Workshop #2 will provide the foundation for that work, and as we have seen, provide valuable recommendations for impacting individual knowledge and attitudes. Future work should also include the evaluation of interpersonal, institutional and organizational, community, and systems level interventions to create a comprehensive approach towards population health improvement.

Appendix A. Workshop Data Posters



SUICIDE & DEPRESSION

Island County Community Health Planning
2015 Community Health Assessment

OTHER DATA SOURCES

Mental Health Care

Question	Rank	%
Quality of a Healthy Community	#16	5%
Most Common Daily Challenge for Respondents and Family	#14	8%
Health Priority for Island County	#1	28%
Respondents with low income	#6	18%

Theme 1: Limited availability of mental health care providers—those that accept publicly-funded insurance and/or are able to prescribe medications—is a barrier to care.

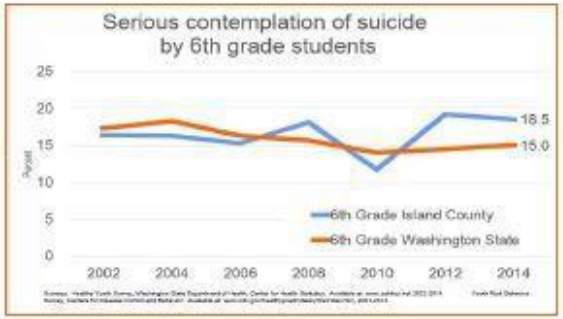
Theme 2: Existing community services are often not able to provide support for clients also experiencing mental illness.

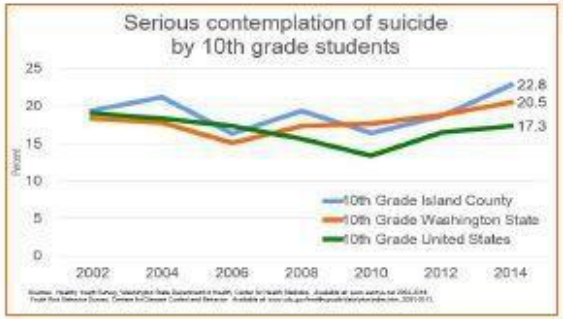
Theme 3: Early childhood, youth and school-based programs are important prevention services in our community.

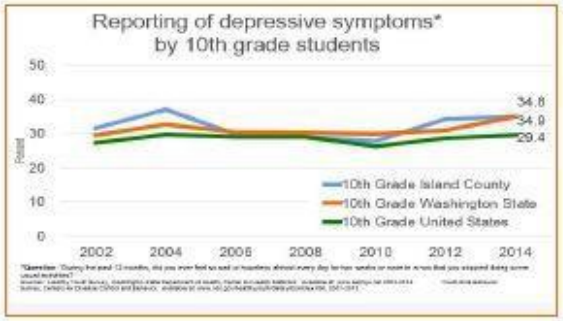
55% of respondents* said the most common reason for not receiving mental health care was cost.*
(includes Whatcom, Island, and San Juan residents)

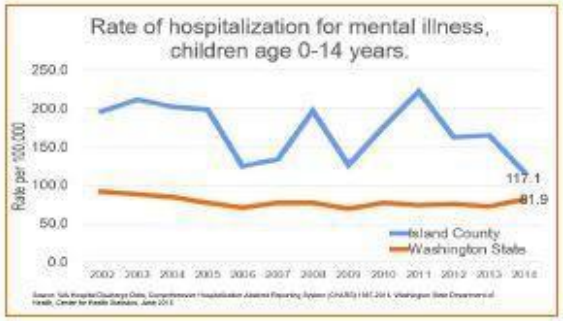
33% of Island County respondents said mental health/counseling was "extremely important" to their household. 17% said these services were "very hard to get."

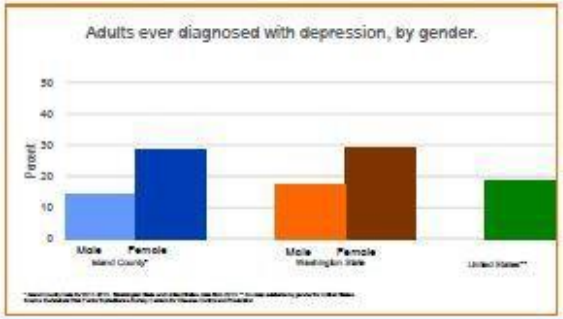
HEALTH INDICATOR DATA

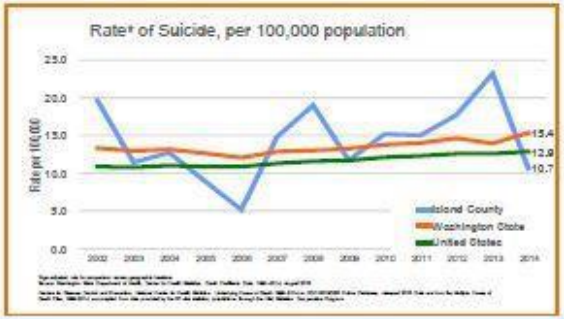












INTERPERSONAL ABUSE

Island County Community Health Planning
2015 Community Health Assessment

OTHER DATA SOURCES

Safety and Violence

Question	Rank	%
Quality of a Healthy Community	#7	14%
Most Common Daily Challenge for Respondents and Family	#13	8%
Health Priority for Island County		
Crime and violence prevention	#11	2%
Adults age 65+ years	#6	14%
Camano Island residents	#3	26%
Domestic violence prevention	#24	4%

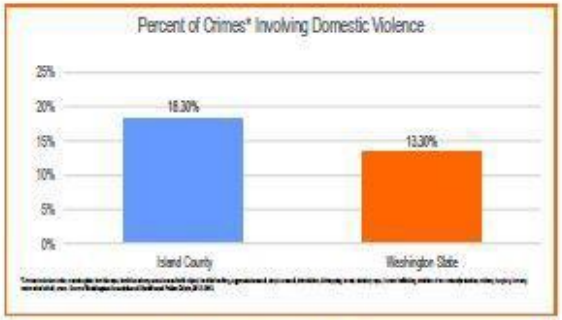
Theme 1: Island County is perceived as a safe place to raise children. Community connections—such as knowing neighbors and community members— is an important factor.

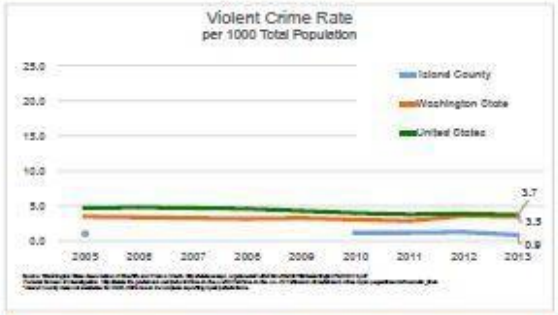
Theme 2: An aging population will impact future law enforcement needs. Domestic violence among older adults is an area of concern.

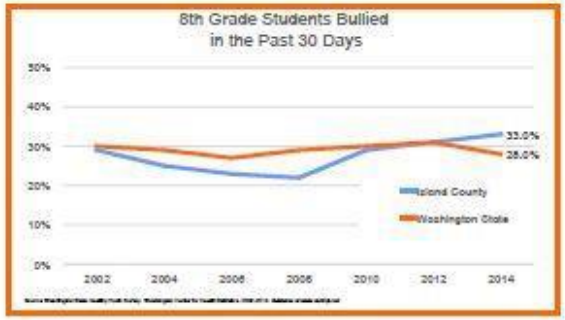
16% of Island County respondents said domestic violence services were "extremely important" to their families.

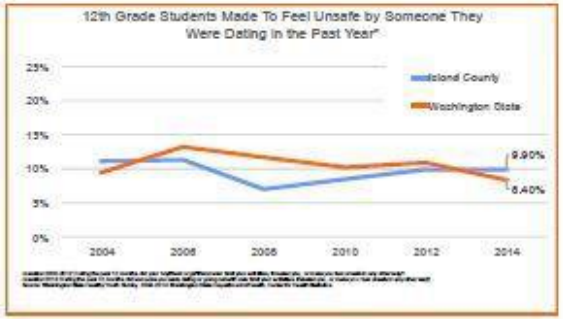
21% of Island County respondents said that domestic violence services were "very hard to get."

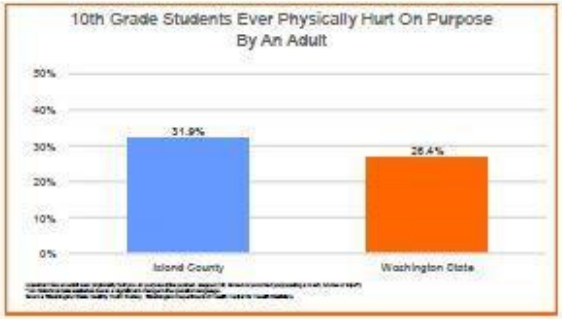
HEALTH INDICATOR DATA











HOUSING

Island County Community Health Planning
2015 Community Health Assessment

OTHER DATA SOURCES

Affordable Housing

Question	Rank	%
Quality of a Healthy Community	#13	6%
Most Common Daily Challenge	#13	8%
for Respondents and Family		
Respondents age 14-44 years	48	25%
Respondents with low income	41	32%
Respondents with children age 13-18 years	48	25%
Health Priority for Island County	#5	19%
Respondents with low income	42	27%

33% of Island County respondents reported having to choose between paying rent and other basic needs.

10% reported being homeless for more than a week in the past year.

5% reported their current housing to be unsafe due to poor conditions.

Theme 1: Lack of affordable housing impacts the provision and effectiveness of many other community services.

Theme 2: Emergency shelter and supportive housing units are very needed. Community organizations and groups do not feel able to meet the existing (and projected) need.

Theme 3: The projected rise in military personnel, and resulting impact on housing availability and cost, is a significant concern.

Theme 4: A lack of community support and leadership for addressing homelessness and affordable housing availability is seen as a significant barrier to meeting the need.

Island County Economic Viability Dashboard

Housing Score = 42 (poor)
Job Opportunities = 45 (poor)
Community Resources = 60 (good)

Island County Household Survival Budget*

	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	$552	$875
Child Care	$-	$1,352
Food	$191	$579
Transportation	$350	$700
Health Care	$119	$474
Miscellaneous	$136	$425
Taxes	$145	$269
Monthly Total	$1,493	$4,674
ANNUAL TOTAL	$17,916 (156% FPL)	$56,088 (238% FPL)
Hourly Wage	$8.96	$28.04

*Bare minimum budget that does not allow for any savings. FPL = Federal Poverty Line

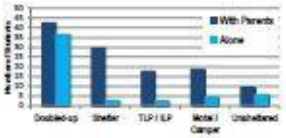
Island County Homeless Point in Time Count

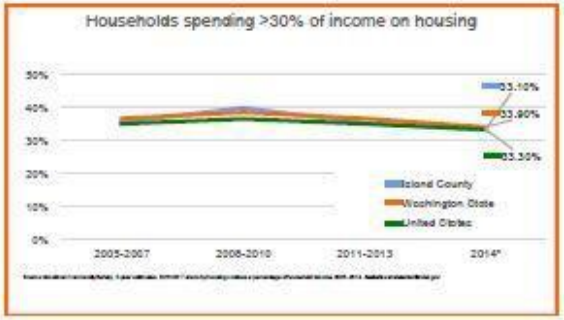
Year	Unsheltered	Sheltered	Total	Chronic Homeless	Doubled-Up
2013	90	36	126	1	285
2014	85	34	119	19	N/A
2015	109	38	147	25	138
2016	163	59	222	39	158

Sleep Location—Unsheltered Homeless

Year	Out of Doors	Vehicles	Abandoned Buildings	Structures Lacking Amenities	Total
2015	28	52	0	29	109
2016	35	54	3	61	153

Island County Homeless Youth Living Situations





Appendix B. Workshop Agenda

Community Health Prioritization Workshop – Round #2
Root Causes, Mapping, and Action Steps

Date: Wednesday, April 13, 2016
Coupeville Recreation Hall, 901 NW Alexander St, Coupeville, WA 98239
10:30-2:30pm

Workshop Agenda

Doors open at 10:15am – Please come early to sign-in, find your group, and get coffee or tea.

START TIME: 10:30 AM

Welcome & Introduction
Keith Higman, Director, Island County Public Health

Island County Community Health Planning Summary
Laura Luginbill, Assessment and Healthy Communities Director, Island County Public Health

Data Carousel
Bess Windecker Nelson, PhD, Family Touchstone, LLC

Lunch Break
Lunch will be provided. This will be a "working lunch". A brief break will be provided, and then group work will resume.

Data Carousel Response
Bess Windecker Nelson, PhD, Family Touchstone, LLC

Root Cause Analysis

Significance/Control Evaluation

Relationship Mapping

Next Steps Brainstorm

Wrap-Up and Concluding Comments
Laura Luginbill, Assessment and Healthy Communities Director, Island County Public Health

END TIME: 2:30 PM

Appendix C. Workshop Participants

Name	Organization	Title	Group
Anania, Teri	Island County Housing Authority	Executive Director	Housing
Ballay, Catherine	CHAB	Chair	Staff
Burgoyne, Annalee	Sea Mar Community Health Centers	Dental Supervisor - Oak Harbor	Access to Care
Callison, Tim	City of Langley	Mayor	Depression and Suicide
Clark, Lisa	Opportunity Council	Executive Director	Housing
Crager, Deb	Whidbey General Hospital	Paramedic	Access to Care
Denman, Rene	Toddler Learning Center	Executive Director	Interpersonal Abuse
Grason, Holly	Johns Hopkins Bloomberg School of Public Health	Associate Professor	Interpersonal Abuse
Hanken, Jamie	Sunrise Services	Clinical Director	Depression and Suicide
Henderson, Jackie	Island County Human Services	Director	Depression and Suicide
Higman, Keith	Island County Public Health	Director	Staff
Jacks, Karla	Camano Center	Executive Director	Housing
Judd, Caitlin	CADA	Community Educator	Interpersonal Abuse
King, Steve	Oak Harbor School District	Assistant Superintendent	Depression and Suicide
Kovach, Brenda	Fleet and Family Support Services	School Liaison Officer	Interpersonal Abuse
Lavassar, Gail	Readiness to Learn	Executive Director	Housing
Luginbill, Laura	Island County Public Health	Assessment & Healthy Communities Director	Staff
Macys, Dave	Island County CHAB	Member	Housing
Maughan, Emily	Island County Public Health	Public Health Coordinator	Staff
May, Robert	Whidbey General Hospital	Lead Paramedic	Access to Care
Mendlik, Lorrie	Sunrise Services	Island County	Interpersonal Abuse

Pelant, Joanne	Island County Human Services	Housing Program Coordinator	Housing
Price, Laura	Island County Law Enforcement	Sergeant	Interpersonal Abuse
Richards, Lynda	Island County Human Services	Assistant Director	Housing
Robinson, Cynde	CADA	Executive Director	Interpersonal Abuse
Robinson-Fritz, June	Social and Health Services (DSHS)	Administrator - Oak Harbor CSO	Interpersonal Abuse
Rogers Decker, Vivian	Oak Harbor School District	Homeless Liaison	Housing
Saunders, Heidi	Whidbey General Hospital	Director of Care Transitions	Depression and Suicide
Servatius, Celine	Naval Hospital Oak Harbor	Preventive Medicine	Access to Care
Smith, Charlie	Central Whidbey Fire and Rescue	Chief Deputy	Access to Care
Strong, Jo	Swedish Medical Center	Pediatric Nurse	Depression and Suicide
Thomas, Brad	Island County Public Health	Health Officer	Access to Care
Tormey, Kellie	Oak Harbor School District	Communications Director	Interpersonal Abuse
VanWetter, Catherine	Forefront - University of Washington	Suicide Prevention Coordinator	Depression and Suicide
Vives, Desiree	Sea Mar Community Health Centers	Northern Dental Regional Manager	Access to Care
Wilder, Faith	South Whidbey Homeless Coalition	Executive Director	Housing
Wood, Jill	Island County Public Health	Environmental Health Director	Housing
Yorioka, Gerald	Washington Academy of Family Physicians	Former President	Access to Care