

LEWIS COUNTY COMMUNITY HEALTH ASSESSMENT SUMMARIES

The attached reports are summaries of the Lewis County community health assessments conducted from January through April 2014. These three summaries reflect the main findings from four assessments completed as part of a community health improvement process. The comprehensive assessments provide community information from which strategic issues, strategies, and goals will be built, resulting in the development of a Lewis County Community Health Improvement Plan (CHIP).

What is a Community Health Assessment?

A community health assessment is a comprehensive description of the health status of a population, accomplished by using a collaborative process of collecting and analyzing information in partnership with community members and organizations. It is one phase within the community-driven strategic planning process Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is the model being used for the Lewis County CHIP process and was launched in late 2013 by the Lewis County CHIP Committee in partnership with Lewis County Public Health & Social Services.



What are the three assessment summaries Included in this report?

The assessment summaries and the issues they address are described below:

1. The **Community Health Status Assessment** utilizes available data to quantify community health issues.
2. The Community Health Priorities Summary includes the following two assessments:
 - The **Community Themes and Strengths Assessment** provides information on the issues that residents feel are important.
 - The **Forces of Change Assessment** identifies locally-identified forces or changes that may affect the community and its public health system.
3. The **Local Public Health System Assessment** focuses on organizations and entities that contribute to the public's health.

The complete findings for all four assessments can be found in the **2014 Lewis County Community Health Assessment Report** posted on the Lewis County Public Health & Social Services website. For questions about the CHIP or the assessment findings, please contact John Abplanalp at: John.Abplanalp@lewiscountywa.gov or (360) 740-2787.

1. LEWIS COUNTY COMMUNITY HEALTH STATUS

This summary report provides an overview of the main findings from the 2014 Lewis County Community Health Status Assessment (CHSA). The 2014 CHSA takes a comprehensive look at the health status of Lewis County and helps identify emerging health issues. The assessment answers the questions, “How healthy are our residents?”, “What does the health status of our community look like?”, and “How is the health status of our community changing over time?” It provides an understanding of the health of the community through a collective review of quantitative data for a number of indicators over nine broad-based categories. Those categories include:

- Demographic characteristics
- Socioeconomic characteristics
- Health resource availability
- Behavioral risk factors
- Communicable disease
- Death, illness and injury
- Maternal and child health
- Social and mental health
- Environmental health indicators

Health indicators used in the CHSA were chosen with the input of community stakeholders. Key data comes from secondary data that include national, state, and local data sources. When appropriate, 5-year age-adjusting rolling rates were used to report health outcome data to provide greater accuracy. The following is a summary of the key findings from the 2014 Lewis County CHSA:

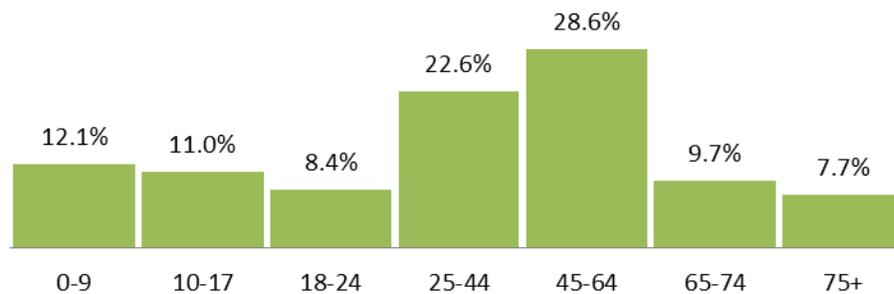
2014 CHSA Key Findings for Lewis County

- The population age 65 or older is substantially greater in Lewis County compared to Washington and is projected to increase over the next two decades.
- From 2000 to 2010, Lewis County experienced a substantial increase in the proportion of residents who are Hispanic. The proportion of residents that are black and Asian also increased significantly, but still makes up less than 2.5 percent of the population.
- Lewis County’s smoking rate is higher than the state, nation and national goal. Tobacco use during pregnancy has remained higher than the state since 1998.
- Being obese or overweight continues to be a health problem. Overweight / obesity rates for 10th graders have been steadily increasing since 2002.
- The number of residents admitted for heroin abuse treatment has increased, from 29 in 1999 to 188 in 2010.
- There has been a decline in domestic violence rates over time, but rates have remained higher than the state’s rates since 2002.
- Lewis County has a high rate of teen births and does not reflect the national decreasing trend in teen births.
- Heart disease remains the leading cause of death in Lewis County, contributing to 31.4% of total deaths in 2011.
- Lung cancer is the most common cause of cancer death for both male and female Lewis County residents.
- Accidental poisoning accounted for 37.5 percent of unnatural deaths in Lewis County (18 deaths) in 2011.

Demographic and Socioeconomic Characteristics

The 2010 US Census places the population of Lewis County at 75,455 residents. Lewis County has a slightly older population than that of Washington. Individuals who are over the age of 65 represent 17.4 percent of the Lewis County population, which is notably higher than the state average of 12.3 percent. Over the next two decades, it is estimated that the population over 65 will increase to 24 percent (or 20,458) of the county's total population.

Figure 1: Population by age range, 2010



Race and Ethnicity

Lewis County is predominately white (92.8%). Between 2000 and 2010, Lewis County experienced increases in all racial groups with the biggest increases in the proportion of residents who are black or Asian. However, these groups still comprise only 1.0 and 1.5 percent of the total population respectively.

Hispanics (who may be of any race) represent 8.7 percent of the county's population. In 2000, there were 3,684 residents who identified as Hispanic. By 2010, the number increased to 6,527 representing a 77 percent increase over 10 years.

Income and Poverty

In 2012, 15.9 percent of residents were living at or below the poverty threshold, which is higher than the Washington state rate (13.5%).

Poverty rates exceed the county average for the following groups of people: female householder families, people age 18 and under, blacks, American Indians/Alaska Natives, and Hispanics (based on 2008-2012 5-year estimates).

Education

In the year 2012, 86.4 percent of the adults over the age of 25 in Lewis County have obtained a high school diploma or higher education, which is lower than the state rate of 90.4 percent.

The four year graduation rate was 70.8 percent for the Class of 2013. High school graduation rates vary by race and gender. Hispanics, blacks, Native Hawaiian/Pacific Islanders, and American Indian/Alaska Native have graduation rates that are lower than the county's average. Female students continue to graduate at a higher rate than male students; the gap between the two genders is 12.1 percentage points compared to 7.6 percentage points between Washington male and female students.

Unemployment

In 2012, Lewis County's annual unemployment rate was 12.4 percent. Over the last decade, the unemployment rate in Lewis County has been higher than the average in Washington.

Health Insurance

In 2012, about one out of every four Lewis County adults aged 18-64 (23.0%) do not have health insurance coverage compared to 19.6 percent in Washington. Among young adults aged 19 to 25, 30.9 percent do not have health insurance.

Behavioral Risk Factors

Tobacco Use

In Lewis County, one out of every four adults (25.0%) smokes. This is higher than the state rate of 17.0 percent and the nation (19.0%).

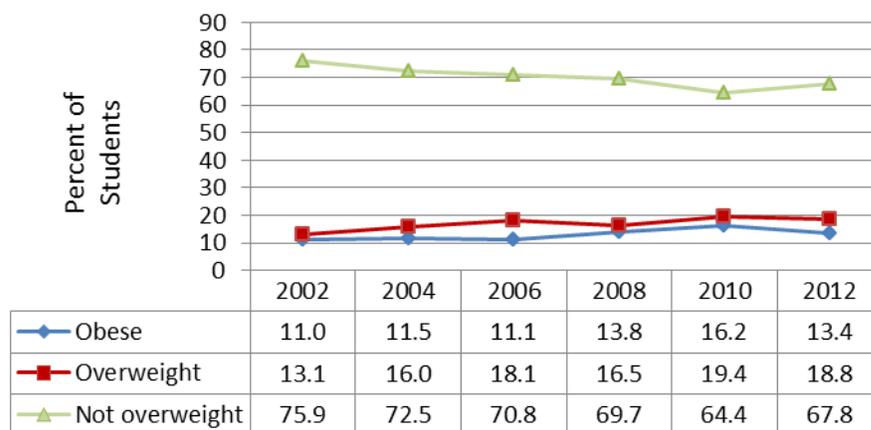
A high proportion of mothers reported smoking during their pregnancies; this rate is significantly higher than the state's since 1998. Among pregnant teens, 17.7 percent reported smoking during their pregnancies, which is significantly higher than the state rate of 12.7 percent.

Obesity

About 40 percent of Lewis County adults are obese; however, two out of every 3 adults (66%) met both the aerobic and muscle strengthening recommendations for physical activity.

Lewis County's rate of overweight 10th graders (18.8 percent) is significantly higher than the state rate of 12.9 percent. When overweight and obesity is combined, one out of three (32.2 percent) 10th graders was overweight or obese and this is significantly higher than the state rate of 22.9 percent. There was a significant increasing trend for both obesity and overweight among Lewis County 10th graders between the years 2002 and 2012.

Figure 2: Weight Distribution Trends, Grade 10



Reported Mental Health

Fourteen percent of Lewis County adults reported experiencing poor mental health, which includes stress, depression, or problems with emotion, lasting two or more weeks in the past month. Depression

is also high among high school students. One of three high school students (34.9% of 10th graders) reported symptoms of depression over the past year. Female students (44.5%) were significantly more likely to be depressed than males (24.6%).

Domestic Violence

Rates for domestic violence have decreased significantly over the last ten years from a rate of 7.8 per 1,000 residents in 2002 to a rate of 6.4 per 1,000 residents in 2011, but have remained higher than Washington state's rate since 2002.

Substance Abuse

Like much of the United States and Washington, Lewis County has seen increases in the use of and harms associated with heroin. Police evidence data over the past decade shows that heroin use is high in Lewis County (See Table 1). The number of first time admission to treatment for prescription opiate and heroin use among Lewis County residents has increased dramatically since 1999. From 1999 to 2010, the number of residents admitted for heroin treatment increased six times; from 29 residents seeking treatment to 188. As well, the number of deaths involving prescription opiate use has increased over the last decade. Lewis County data for 2009-2011 indicate 26 prescription opiate involved deaths, up from 8 in 2000-2002.

Table 1: Police Evidence Testing Positive for Prescription Opiates and Heroin, average annual rate per 100,000

	Rx Opiates		Heroin	
	2001-2002	2011-2012	2001	2012
Lewis County	5.1	68.1	17.4	124.9
Washington State	5.5	16.7	14.5	34.3

Source: Washington State Patrol, Forensic Laboratory Services Bureau, 2001-2012

Maternal and Child Health

Although Lewis County fares well overall in the areas of prenatal care and birth outcomes (rating at or better than state outcomes and national goals), the county remains high in risk factors for poor birth outcomes, specifically in teen births, births to unmarried mothers, and the percent of mothers who smoke during pregnancy.

Lewis County has a higher teen birth rate than Washington. This rate (18.5 births per 1,000) has remained steady since 2001 while teen births have been decreasing nationally and in Washington State. The teen birth rate is significantly higher among Hispanic teens. In Lewis County, Hispanic teens are three times as likely to give birth as white, non-Hispanic teens.

Death, Illness and Injury

In 2011, there were 830 deaths in Lewis County. Table 2 shows the leading causes of death. The top five leading causes of death are the same for both males and females, though the ranking varies by gender. The first and second cause of death for males is heart disease, followed by cancer. This order is reversed for females. Accidents (unintentional injuries) are the third leading cause of death for males, but the

fifth leading cause for females. This category includes motor vehicle accidents and any other unintentional injury death that occurs as a result of a fall, drowning, firearm or other accidental cause.

Table 2: 2011 Leading Causes of Death in Lewis County

CAUSE OF DEATH	NUMBER OF DEATHS	PERCENT OF TOTAL DEATHS
All Causes	830	100.0%
1. Heart Disease	261	31.4%
2. Cancer	194	23.4%
3. Alzheimer's Disease	64	7.7%
4. Chronic Lower Respiratory Disease	60	7.2%
5. Accidents	48	5.8%
6. Diabetes	21	2.5%
7. Influenza/Pneumonia	13	1.6%
8. Suicide (tied)	9	1.1%
9. Parkinson's Disease (tied)	9	1.1%
10. Chronic Liver Disease and Cirrhosis	7	0.8%

Source: Death Certificate Database, WA State Dept of Health Center for Health Statistics, 2011

Lung Cancer

Lung cancer is the most common cause of cancer death among both men and women, accounting for 27.8 percent of all cancer deaths in Lewis County during 2011. Cigarette smoking is the number one risk factor for lung cancer. The lung cancer mortality rates for Lewis County have remained relatively steady over time, while the rates for Washington have decreased significantly from 2001 to 2011.

County Health Rankings

The Robert Wood Johnson Foundation in partnership with the University of Wisconsin Population Health Institute have developed health rankings for every county in the nation by looking at a variety of

measures that influence health. Counties are ranked relative to the health of other counties in their state on the following summary measures:

- I. Health Outcomes – represents how healthy a county is based on how long people live and how healthy people feel while alive.
- II. Health Factors – represents what influences the health of a county based on four types of factors:
 - a. Health Behaviors
 - b. Clinical Care
 - c. Social and Economic
 - d. Physical environment

In the year 2014, among 39 counties in Washington, Lewis County ranked 21st overall for health outcomes and 28th overall for health factors (see Table 3).

Lewis County’s lowest rank was in the area of health behaviors, which includes smoking, obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen birth rate. Lewis County fares significantly worse than the state of Washington as a whole on adult smoking and teen births. More data and information on the rankings can be found at www.countyhealthrankings.org.

Table 3: County Health Rankings, Lewis County, 2014

CATEGORY	RANK
Health Outcomes	21
Length of Life	23
Quality of Life	21
Health Factors	28
Health Behaviors	31
Clinical Care	28
Social and Economic Factors	30
Physical Environment	13

2. LEWIS COUNTY COMMUNITY HEALTH PRIORITIES

The purpose of this summary report is to provide an overview of the main findings from two Lewis County community engagement assessments conducted between February and April, 2014. The complete findings for the *Community Themes and Strengths Assessment* and the *Forces of Change Assessment* can be found in the **2014 Lewis County Community Health Assessment Report**. These two assessments have been combined to help identify Lewis County's Community Health Priorities. These findings are based on feedback given by assessment participants who shared their observations, opinions and experiences living and working in Lewis County. To obtain statistical data around health priorities, please refer to the 2014 Community Health Status Assessment.

From the combined assessments, the following top themes emerged:

- The Top Lewis County health concerns selected by survey respondents:
 1. Substance abuse
 2. Mental Health
 3. Obesity
- The top risk behaviors impacting Lewis County selected by survey respondents:
 1. Alcohol and drug use
 2. Dropping out of school
 3. Unsafe driving, especially texting and driving
- The top community factors that respondents felt could impact Lewis County community health:
 1. Lack of jobs, living wage jobs, and economic opportunities
 2. Access to quality health care
 3. Inadequate public transportation system
- Top trends, factors or events that respondents believe could impact Lewis County (not in any ranked order):
 1. Legalization of marijuana
 2. The passing of the 1/10th of 1% Sales and Use tax
 3. Enactment of the Affordable Care Act
 4. Geographical disparities within Lewis County
 5. Shift in employment industries/loss of jobs
 6. Demographic trends and changes

For all of these top themes, there was an overarching concern within the community that these issues need to be addressed particularly in the youth/young adult populations and in vulnerable populations at risk for experiencing health challenges at disproportionate rates.

A summary of the findings from the two assessments follows and are reported by assessment title.

Assessment I. Community Themes and Strengths Summary

The purpose of this assessment is to identify the community issues and concerns that will be prioritized and then addressed by the Lewis County Community Health Improvement Plan (CHIP). It will also help identify the community assets that must be leveraged and the community challenges that the CHIP must overcome.

The Community Themes and Strengths Assessment asks the following questions:

- a. What factors do residents believe are most important to our community's health?
- b. What assets does Lewis County have that can be used to improve community health?
- c. What challenges exist in Lewis County that must be addressed to improve community health?
- d. What do residents believe are the most important health issues and risky behaviors impacting our community?

To conduct this assessment, the CHIP Committee administered an online and paper survey during March and April of 2014. The survey was completed by 570 individuals who either live or work in Lewis County. The following summary of community themes and strengths highlights results from the survey and results from seven community engagement meetings and four key leader interviews. The data that support this summary are included in the **2014 Lewis County Community Health Assessment Report**.

a. What is important to our community's health?

When asked to rate a list of factors according to how important they are to community health, survey respondents rated the following as most important (in order of number of response):

- Good jobs and healthy economy
- Low crime and safe neighborhoods
- Good schools and quality education
- Good place to raise children
- Access to quality health care

In addition to the above survey responses, community meeting attendees and interviewees said that the following were also important:

- A welcoming community in which people and organizations are involved in making it a better place to live
- Access to recreational, social and cultural activities
- Public/social services and systems in place that support and promote community health

As part of the assessment, community engagement activities focused on reaching youth/young adults, elderly populations and Hispanic/Latino community members. Survey responses, once ranked and themed, were filtered by age and ethnicity to compare how different populations responded. Their answers are in tables 1-3 and show that different populations have common concerns and expectations of what a healthy community should be.

Table 1: 2014 Lewis County Community Health Survey results

What is important to our community's health by subgroups? <i>(factors below that are different from the overall combined responses are in bold)</i>		
<u>Youth and young adults</u> <u>(under 18 to 24 years)</u>	<u>Elderly population</u> <u>(over 65 years)</u>	<u>Hispanic population</u>
<ul style="list-style-type: none"> ▪ Low crime and safe neighborhoods ▪ Good place to raise children ▪ Good schools and quality education ▪ Good jobs and healthy economy ▪ Low level of child abuse 	<ul style="list-style-type: none"> ▪ Low crime and safe neighborhoods ▪ Good jobs and healthy economy ▪ Good place to raise children ▪ Good schools and quality education ▪ Access to health care 	<ul style="list-style-type: none"> ▪ Low crime and safe neighborhoods ▪ Good jobs and healthy economy ▪ Good place to raise children ▪ Health behaviors and lifestyles ▪ Good schools and quality education

b. What assets does Lewis County have that support and improve community health?

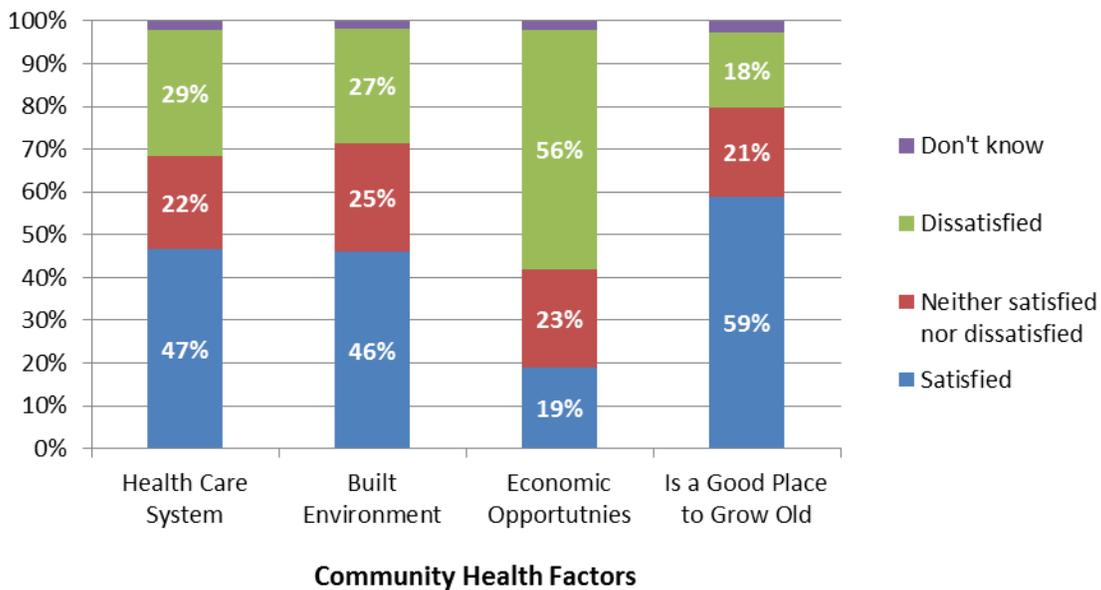
The majority (more than 60%) of Lewis County survey takers reported that:

- Their personal health is “healthy to very healthy.”
- They are satisfied to very satisfied with the quality of life in Lewis County.
- They are satisfied to very satisfied with the natural environment in Lewis County.
- They are satisfied with the community support given to those in need.
- Lewis County is a safe place to live and raise a family.
- Residents feel that they can make the community a better place to live.

In addition to the above, community meeting participants and interviewees expanded on the above themes and included the following community health assets:

1. **The natural environment:** inviting outdoor recreation opportunities, access to nature and natural spaces.
2. **Access to health care:** accessibility to Providence Centralia Hospital, Valley View Health Center, Morton General, and rural clinics.
3. **Good community, people and families:** Lewis County is a community that works well in the height of crisis and during times of need; it has a sense of community; people help people; people are involved in the community.
4. **Social and public resources and systems:** there are a number of services provided by local public health, non-profits, faith-based organizations, schools, hospitals, and libraries.
5. **Education:** there are good educational opportunities within public schools and libraries. Centralia Community College in Centralia and Morton provides academic and job training opportunities.

c. What gaps or challenges exist within our community that must be addressed to improve community health? Or what factors exist that keep the community from being healthy?

Figure 1: Lewis County Community Health Survey results

Survey data from the graph in figure 1 shows:

- Nearly one-third said they were dissatisfied with the health care system in Lewis County.
- Just over one-fourth said they were dissatisfied with the built environment in Lewis County.
- Over half said that they were dissatisfied with the economic opportunities in Lewis County.
- One in five reported not being satisfied with Lewis County as a good place to grow old.

Other questions about community health (survey data not shown in graph):

- One-fourth rated Lewis County as an overall “unhealthy” to “very unhealthy” community.
- Nearly one in three residents reported that they do not “always” have enough money to pay for basic essentials such as food, housing and medicine.

In addition to the above survey responses, community meeting attendees and interviewees expanded on the above themes:

1. **Lack of jobs and economic opportunity:** there are limited jobs, lack of living wage jobs, need for more locally owned successful businesses, and an undiversified economy (i.e. decrease in logging industry but increase in lower paying retail /service jobs). This especially includes opportunities for youth and young adults.
2. **Inadequate public transportation system:** there is a lack of infrastructure for safe walking and bicycling (shoulders, sidewalks and bike lanes), long commutes traveling in and out of the county to get to resources and jobs, limited public transportation (buses, shuttles, etc.), and geographical isolation that is made worse by lack of transportation (private and public).
3. **Built environment deficits:** this factor limits healthy living opportunities such as trails, parks, sidewalks, and bike lanes. It can be a barrier in connecting people to nature. It limits access to safe and affordable places to be active and healthy. There is also a lack of safe recreational opportunities within the built environment for family activities and youth recreation when the weather is not good.

4. **Disconnections in the social/public health systems:** there is a lack of collaboration and communication between health care, public health, social services, faith-based organizations, non-profits, law enforcement and public officials. Many residents and other service organizations are unaware of what resources and services are in the community. There is a need to establish a community system for continuity of care and the need for community collaboration around a shared vision and priorities.
5. **Availability of quality health care:** although there are a number of health care assets in Lewis County, there is a gap when it comes to specialized services (not general practice and emergency care), specifically mental health, substance abuse treatment and medical subspecialties. There is also a **lack of access to affordable health care and health insurance.** This limits access to medical care, and especially to mental health, substance abuse treatment and dental/oral health care. There is also a lack of coordination between healthcare providers and other services.
6. **Education/Skill training:** there is a lack of educational programs in high school to prepare students for college or prepare them for good paying trade jobs. Local employers report that there is an inadequate job-ready workforce. There is a need to strengthen the community college’s efforts in helping youth/young adults transition into the workforce (business programs, technical training and trade skills). There is also a gap in job training for older adults when a major labor industry leaves the community and new skills are needed. Rural communities in particular lack adequate educational and job training resources.

d. What are the most important health problems and risky behaviors that impact our community’s health?

The Lewis County health concerns that were chosen most by survey takers:

- Alcohol/Drug abuse
- Mental Health
- Obesity
- Child abuse/Neglect
- Housing that is inadequate, unsafe or unaffordable

Table 2: 2014 Lewis County Community Health Survey result

What are the most important Health problems in Lewis County by survey subgroups? <i>(factors below that are different from the overall combined responses are bolded)</i>		
<u>Youth and young adults</u> <u>(under 18 to 24 years)</u>	<u>Elderly population</u> <u>(over 65 years)</u>	<u>Hispanic population</u>
<ul style="list-style-type: none"> ▪ Alcohol/Drug abuse ▪ Child abuse/neglect ▪ Housing (inadequate, unsafe or unaffordable) ▪ Bullying ▪ Teenage pregnancy 	<ul style="list-style-type: none"> ▪ Alcohol/Drug abuse ▪ Obesity ▪ Cancers ▪ Diabetes ▪ Mental Health 	<ul style="list-style-type: none"> ▪ Alcohol/Drug abuse ▪ Bullying ▪ Obesity ▪ Mental Health ▪ Sexually transmitted diseases

The risky behaviors that were chosen the most by survey takers for having the greatest impact on community health:

- Alcohol/drug use
- Dropping out of school
- Texting/cell phone use while driving
- Poor diet
- Inactivity

Table 3: 2014 Lewis County Community Health Survey results

What are the most risky behaviors by survey subgroups? <i>(factors below that are different from the overall combined responses are bolded)</i>		
<u>Youth and young adults</u> <u>(under 18 to 24 years)</u>	<u>Elderly population</u> <u>(over 65 years)</u>	<u>Hispanic population</u>
<ul style="list-style-type: none"> ▪ Alcohol/Drug use ▪ Dropping out of school ▪ Unsafe sex ▪ Texting/cell phone use while driving ▪ Poor diet 	<ul style="list-style-type: none"> ▪ Alcohol/Drug use ▪ Texting/cell phone use while driving ▪ Dropping out of school ▪ Tobacco use or e-cigarette use ▪ Inactivity 	<ul style="list-style-type: none"> ▪ Alcohol/Drug use ▪ Dropping out of school ▪ Texting/cell phone use while driving ▪ Poor diet ▪ Inactivity

Assessment II. Forces of Change Summary

The purpose of the Forces of Change Assessment is to lay the foundation for identifying strategies that will help address Lewis County's community health priorities, leverage opportunities and avoid threats.

The Forces of Change Assessment (FOC) answers the following questions:

- a. What trends, factors, or events are occurring or might occur that affect Lewis's community health or the local public health system?
- b. What are the specific opportunities created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event improve community health in Lewis?
- c. What are the specific threats created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event do damage to community health in Lewis?

To conduct this assessment, participants at the seven community engagement meetings and four key leader interviews completed a FOC worksheet or answered interview questions. Their responses were themed and the FOC factors that were most closely associated with the health concerns from the *Community Themes and Strengths Assessment* are in this summary. Additional factors noted, including natural disasters; lack of political diversity; built environment needs; and rapidly changing technology, can be found in the **2014 Lewis County Community Health Assessment Report**.

Table 4: Lewis Forces of Change Themes

Trends, factors, or events	Opportunities created	Threats created
1. Legalization of marijuana (Washington Initiative 502)	Opportunities for jobs and revenue (tax and business) due to retail and growing operations. It also may reduce impact to the legal system (fewer arrests, court appearances and jail time).	Increase in government regulation. It is a gateway to other drugs and could increase impaired driving, youth access, substance abuse and addiction. Social problems may occur caused by use and addiction.
2. 1/10th of 1% Tax (Lewis County Chemical Dependency- Mental Health - Therapeutic Courts Sales and Use Tax)	Dedicated funds for mental health and substance abuse treatment (out/ in-patient). With a dedicated advisory board, more thought will be put into program functions. Services could be available in jails and courts.	It could cause competition for funding between programs and services. A decrease in tax revenues will impact funding for services (tax dependency).
3. Affordable Care Act (ACA)	Will provide greater access to health insurance, more people will be covered. There could be growth in the healthcare industry, in turn more jobs. There will be behavioral health integration into the ACA resulting in more screenings.	There could be a provider shortage. There may be fewer benefits and increase in private costs, lower reimbursements and higher deductibles. A possibility of having increases in psychiatric holds and not enough in-patient beds.
4. Geographical disparities (Rural vs. Cities)	Consider different means to providing medicine in rural communities.	Access to services is a problem (issues with transportation). There is inequity in the amount of resources for cities vs. rural communities. There are fewer economic opportunities for rural communities. Rural communities have to run public water systems on tighter budgets. There is social and economic isolation for individuals in rural communities.
5. Shift in employment industries due to closures and market changes (ex. from higher paying skilled labor like logging to lower paying retail/ service industries)	TransAlta Centralia could bring solar power jobs. The logging industry provides jobs, but with layoffs, employees need opportunities to be retrained for other jobs. Educational opportunities and skill training to better prepare the workforce for higher paying labor and tech jobs.	Closure of TansAlta, resulting in loss of jobs. Reduction on logging jobs is an on-going event. Logging can be dangerous and unstable resulting in high unemployment rates. This overall trend can impact job and economic opportunities.

<p>6. Demographic trends (changes in populations by age and ethnicity)</p> <p>Migration of young adults out of the community, and increases in aging populations and minority residents.</p>	<p>The aging and increasingly diverse population creates opportunity for new partnerships, and can create</p> <ul style="list-style-type: none"> ▪ chances to explore job training and education opportunities that would keep young adults in the area. ▪ need for jobs and services to provide specialized care for aging population. ▪ cultural diversity and promotion of tolerance. 	<p>The aging population may result in increased health care costs, a different workforce, increased social isolation, and impact individual mobility. With the migration of young adults, there is less of a replacement workforce for skilled labor/ technical jobs. More minorities and immigration may increase difficult-to-reach populations who have language and culture barriers that keep them from accessing community resources and jobs.</p>
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3. LEWIS COUNTY PUBLIC HEALTH SYSTEMS ASSESSMENT

The purpose of this summary report is to provide an overview from the Lewis County Local Public Health Systems Assessment conducted between March and April, 2014. This assessment is one of the four recommended assessments that are part of the **Mobilizing for Action through Planning and Partnerships (MAPP)** framework. These comprehensive assessments gather information to drive the identification of strategic issues. The complete findings for all four assessments can be found in the **2014 Lewis County Community Health Assessment Report**.

The Local Public Health System Assessment (LPHSA) answers the following questions:

- How are the Essential Services being provided to our community?
- What are the components, activities, and capacities of our local public health system?

When gauging the public health system within a community, the community must identify the different entities that contribute to public health and how they address essential services. The 10 Essential Public Health Services outlined in this report describe the public health activities that all communities should undertake, per the National Public Health Performance Standards.

There are many different individuals, organizations, and agencies that contribute to a local public health system. The Centers for Disease Control and Prevention (CDC) defines this system as “all public, private, and voluntary entities that contribute to the delivery of essential public health services.”

Summary of Assessment Findings:

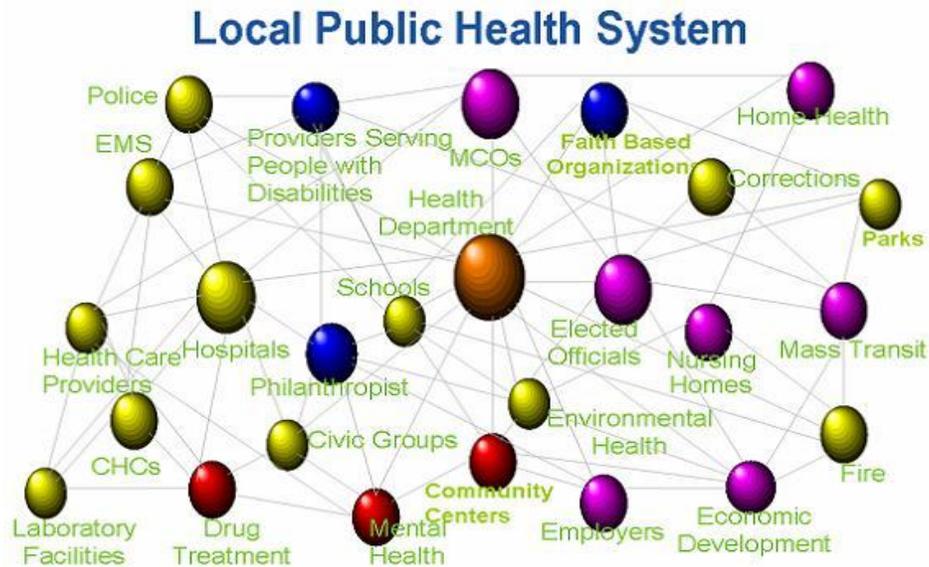
Strengths: The Lewis County public health system encompasses a wide web of critical service providers and partners (see figure 1 on page 2). Overall, Lewis County has a strong, well-connected public health system that includes the local public health agency and numerous community partners.

Currently Lewis County Public Health & Social Services (LCPHSS) has close working relationships with health, social service, and other government sectors. There may be additional opportunities to expand and strengthen partnerships and connections with education, business, media, community advocacy, faith-based organizations and other groups to address public health issues.

Challenges: As with other service systems, the public health system in Lewis County has experienced significant impacts due to the economic recession and budget reductions. This has led to program and staff reductions throughout the system and decreased the availability of health services and social supports during the past several years. Given the reductions and economic impact to the community, residents may not be aware of the services that are available or how to access them; this is especially true for those who have never had to access social and public health services before.

Lewis County Local Public Health System

Figure 1: Lewis County Local Public Health System



Local Public Health System Illustration, CDC, <http://www.cdc.gov/od/ocphp/nphpsp/>

It takes more than healthcare providers and public health agencies to address the social, economic, environmental and individual factors which influence health in Lewis County. The local public health system is comprised of agencies, organizations, individuals and businesses that work together to create conditions for improved health in a community.

The public health system also includes

- Public health agencies at state and local levels
- Social service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations

During community engagement activities, participants identified the following agencies that address the Ten Essential Public Health Services. (This is not an extensive resource list but instead a list of partners and assets identified during the LPHSA exercise). For a complete community resource guide, go to: <http://mobile.4people.org/countydocs/Lewis.pdf>

1. Monitor Health Status to Identify Community Health Problems

- Hospitals/Medical care: Valley View Health Center, Providence Centralia Hospital, CHOICE Regional Health Network, and Morton General Hospital (through their Electronic Medical Records)
- Lewis County Public Health & Social Services
- Public school nurses
- Private clinics

2. Diagnose and Investigate Health Problems and Health Hazards

- Lewis County Public Health & Social Services
- Hospitals' Infection Control

3. Inform, Educate, and Empower People about Health Issues

- Lewis County Public Health & Social Services
- Public schools
- Centralia College
- Hospitals
- Fitness/Sports programs and organizations
- Private businesses
- Insurance companies
- Non-profits
- Libraries
- United Way of Lewis County

4. Mobilize Community Partnerships to Identify and Solve Health Problems

- Lewis County Community Health Partnership
- Lewis County Public Health & Social Services
- Community Health Improvement Plan Committee
- Coalition for Alcohol & Substance Abuse Prevention in Morton
- East Lewis County Community Consortium (ELC3)
- Mental Health Coalition

5. Develop Policies and Plans that Support Individual and Community Health Efforts

- Lewis County Public Health & Social Services
- Hospitals

6. Enforce Laws and Regulations that Protect Health and Ensure Safety

- Lewis County Public Health & Social Services
- Law enforcement
- Lewis County Community Development

7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- Catholic Community Services
- Valley View Health Center
- Providence Centralia Hospital-they have navigators and translators
- Morton General Hospital
- Lewis County Public Health & Social Services

8. Assure a Competent Public and Personal Health Care Workforce

- Providence Centralia Hospital
- Morton General Hospital
- Centralia College
- Chamber of Commerce
- Lewis County Thrives
- Lewis County Public Health & Social Services

9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

- Valley View Health Center
- Providence Centralia Hospital
- Washington State Department of Health (DOH)
- Parish nurses
- Public school nurses
- Lewis County Public Health & Social Services

10. Research for new Insights and Innovative Solutions to Health Problems

- Lewis County Community Health Partnership
- Providence Centralia Hospital
- Lewis County Public Health & Social Services

Lewis County Public Health & Social Services

The public health system has the responsibility to protect, promote and improve the health of residents and visitors in the community. A strong public health system is critical to address current and emerging health issues, including public health emergencies—such as disease outbreaks, natural disasters, bioterrorism, and mass casualty events.

Lewis County Public Health & Social Services is located in Southwest Washington in the County seat of Chehalis and serves a population of over 75,000 residents. The total area of Lewis County is 2,436 square miles. The Department is comprised of five divisions as listed below along with their programs:

Community Services: Women, Infants, and Children (WIC), Immunizations, Maternal and Child Health, Emergency Preparedness, Communicable Disease Response, Chronic Disease Prevention, Assessment.

Environmental Services: Food Safety, Water Quality, On-Site Sewage, Solid Waste, Code Compliance.

Administrative Services: Vital Records, Customer Service, Notary Public, Personnel, Board of Health, Department Contracts, Veterans Relief Fund.

Social Services: Housing, Substance Abuse Prevention, Chemical Dependency Treatment, Community Mobilization, Mental Health, Developmental Disabilities, DUI Traffic Safety and Senior Services.

Animal Shelter: Animal Intake, Animal Adoptions, Reuniting Lost Animals with Owners.

For more information on Lewis County Public Health & Social Services, please refer to their 2013 Annual Report at: <http://lewiscountywa.gov/publichealth/2013-public-health-social-services-annual-report>

Lewis County Local Public Health System Performance

Method of obtaining community participation

Four key leader interviews were conducted involving six community leaders and service providers, a survey was completed by 570 individuals who either live and/or work in Lewis County, and seven community engagement meetings were held around the county. The following are a summary of themes and strengths from the community participation activities pertaining to the local public health system.

a. Awareness

Even if the service is provided, do people know about it?

Those interviewed were unsure about what services their Local Public Health & Social Services agency provides. They could identify some basic services such as immunizations, food safety, and veterans services. Agencies that provide referrals to health and social services reported challenges with finding needed services; they acknowledge that they may be out there, but are unaware of them. Residents also may not be aware of the services that are

“I don’t know what the health department does in rural communities.”

Key Leader Interview Participant

available or how to access them; this is especially true for those who have never had to access social and public health services before.

b. Involvement

Are public health services provided within the system in a coordinated and efficient manner?

[Over 60% of survey respondents are satisfied with the community support given to those in need.]

Those interviewed thought it was encouraging that the health system partners were collaborating on this type of community-wide assessment and health improvement plan. There was general agreement that health care providers and other partners were involved with coordinating care. Although, there is still the need to establish a community system for continuity of care and to collaborate around a shared vision and priorities.

c. Quality and Comprehensiveness

Is the service or activity provided a comprehensive manner and based on established need?

[Nearly one-third of survey respondents were dissatisfied with the health care system in Lewis County.]

In general, residents felt that there was quality care for family practice, general medicine, and emergency care, but reported a lack of specialized care and services. Services for mental health, oral health, substance abuse treatment and specialized medical testing were the gaps most often mentioned.

“We have a wonderful facility, wonderful doctors, they live in our community and you know your doctors.”

Key Leader Interview Participant

d. Usability

Is the service provided across the county and is it dispersed among programs or organizations?

[Access to quality health care was selected by survey takers as one of the top factors for a “healthy community.”]

Community members at both the community meetings and interviews identified accessing services within the public health system as an issue. One of the reasons mentioned was due to the distance that rural community members have to travel to get to services either in Centralia or Chehalis, or having to leave the county altogether to access services. Lack of both private and public transportation to services was a big issue. The complexity of health care insurance and systems was also mentioned as a barrier in using services.