Community Health Improvement

Whatcom County, WA

2017-2018 Progress Report

October 2018

Whatcom County HEALTH Department

Acknowledgments

The following report was compiled by Whatcom County Health Department staff with gratitude to the many community partners who have spent countless hours addressing health needs in Whatcom County.

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- **Current and Past Public Health Advisory Board Members**: Barry Buchanan, Jon Hutchings, Barbara Juarez, Lindsey Karas, Rachel Lucy, Shari Robinson, Ben Scholtz, Les Seelye, Chi-Na Stoane, Sue Sullivan, Ray Wolpow
- **Partnering Organizations and Groups**: Bellingham Public Schools, Chuckanut Health Foundation, City of Bellingham, Community to Community Development, First Steps Coalition, Lummi Nation, Mt. Baker School District, North Sound Accountable Community of Health, Opportunity Council, PeaceHealth, United Way of Whatcom County, Unity Care NW, Whatcom Alliance for Health Advancement, Whatcom Community Foundation, Whatcom County Planning and Development Services, Whatcom Early Learning Alliance, Whatcom Family and Community Network, Whatcom Taking Action, and Western Washington University
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Shared Vision

We are Whatcom County, a people and a place, culturally and geographically diverse, united in our vision for a healthy and vibrant future where:

- Every child grows in a safe and nurturing environment;
- Every person has access to comprehensive and integrated health services and social supports across the lifespan and spectrum of needs;
- Every population shares in the abundance of opportunities for healthy active living, outstanding education, satisfying employment, and meaningful community participation;
- We all flourish through our connections and commitments to each other and to the air, land, and waters that surround and sustain us.

This vision statement was generated through a community visioning process in December 2010.

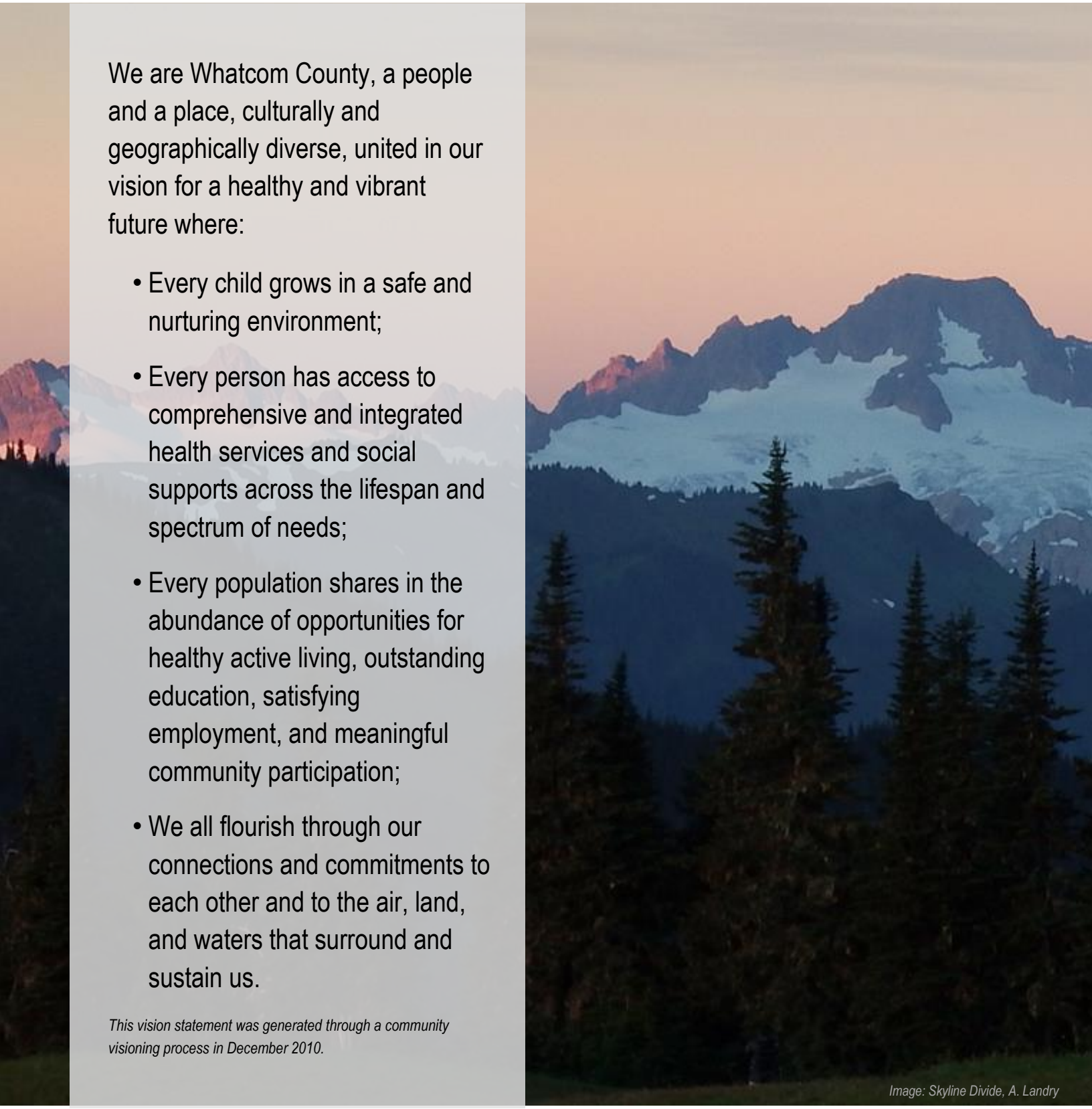


Image: Skyline Divide, A. Landry

Introduction

The purpose of this report is to document progress in achieving goals outlined in the *2012-2017 Whatcom County Community Health Improvement Plan* (CHIP), highlight accomplishments and challenges, and outline opportunities moving into the next cycle of Community Health Improvement (CHI). Each section contains indicators to monitor progress, describes actions taken to implement select CHIP strategies, and lists partners and resources.

The report does not include all strategies highlighted in the CHIP but rather focuses on key initiatives that have evolved from the CHIP strategic priorities. The initiatives described in this annual report involve the collaboration of multiple partners across sectors, as well as policy and systems change strategies. (A complete list of CHIP goals can be found in the *Community Health Improvement 2016 Annual Report.)*

Community Health Improvement Process

The Community Health Improvement Planning process began in late 2010 with a partnership between PeaceHealth St. Joseph Medical Center (PHSJMC) and the Whatcom County Health Department (WCHD). The process followed the evidence-based Mobilizing for Action through Partnerships and Planning (MAPP) framework and was supported by local philanthropic organizations and other key community partners.

Leadership

A Community Leadership Group was established in 2010 to guide the process of developing a comprehensive *Community Health Assessment* (CHA) and *Community Health Improvement Plan* (CHIP). After completing the initial assessment and planning phase, the group reconvened with several new members in 2014 as the CHIP Leadership Council, a multi-sector group tasked with overseeing the implementation and monitoring of the CHIP. In November 2016, the Council decided to disband with the following recommendations and understanding:

- Whatcom County Health Department would move forward with the next cycle of Community Health Improvement and involve interested partners.
- PeaceHealth St. Joseph Medical Center (in collaboration with WCHD) would continue to progress with their Community Health Needs Assessment (CHNA), as required by the Affordable Care Act (ACA).
- Opportunity Council and WCHD would lead the development of an "*Even Start"* initiative. This would include an assessment of child and family needs (prenatal to age 3+) and robust community engagement to address two key priorities: equity and early childhood health and well-being. "Even Start" was later renamed *Generations Forward*.

Despite the dissolution of the Leadership Council, partners continue to work closely together to advance community health priorities and are open to new opportunities to ensure meaningful progress on community health improvement.

Action Areas

The CHIP was developed as a framework for improving community health. It included a large number of potential strategies and indicators organized into four priority action areas: Community Connectedness and Resilience, Child and Family Well-being, Healthy Active Living, and Health Care Access and Service Delivery. The broad scope of the CHIP has made the plan a valuable tool for building community awareness of health issues and as a foundation for organizational change, including support of funding decisions. At the same time, the lack of targeted focus has made it challenging to monitor and evaluate progress.

An Overarching Goal:
Advancing Health Equity

Addressing health disparities and advancing health equity are overarching goals woven throughout the Community Health Improvement Plan and in each action area.

> **"Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care".**
> -Robert Wood Johnson Foundation

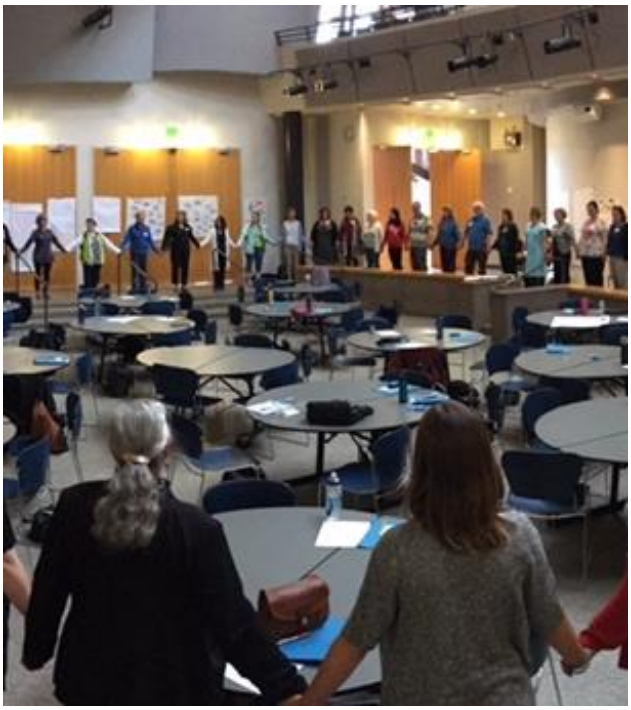


Image: Community Conversation on Resilience and Equity, Whatcom Family and Community Network, March 2016

Over the past several years in Whatcom County, progress has been made on increasing community awareness of equity concerns; holding conversations about equity, racism, classism, and other issues; highlighting cultural, geographic, and socioeconomic disparities; recognizing the role that social and environmental factors, including adverse childhood experiences, play in individual and community health; and embedding equity perspectives into principles and practices of numerous organizations.

However, fundamental challenges remain. Health and social indicators, including measures of life expectancy, economic status, educational attainment, and criminal justice involvement continue to demonstrate evidence of disparities, particularly for non-white populations. Low household income independently contributes to health and social concerns, including impacts on educational attainment. As in many communities across the state, nation, and world, Whatcom County has not yet reached a place where the root causes of these and other disparities and inequities are being collectively and systematically addressed. More work is needed to uncover and alleviate: 1) "**systemic disadvantage** of social groups due to race, ethnicity, gender or gender identity, class, sexual orientation, religion, immigration status or other domains", and 2) "**unequal allocation of power and resources**, which manifest in unequal social, economic and environmental conditions, also called social or community determinants of health"[1].

With this in mind, community partners are investing in broader awareness of equity concerns as well as allocating resources to population groups and geographic areas within Whatcom County that are experiencing higher levels of disadvantage. Examples of investments include place-based initiatives in East Whatcom County area, housing supports for farmworker families, and plans for the development of community health worker models that will expand culturally appropriate care for disadvantaged groups.

[1] Communities in Action: Pathways to Health Equity. https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity

Select Indicators

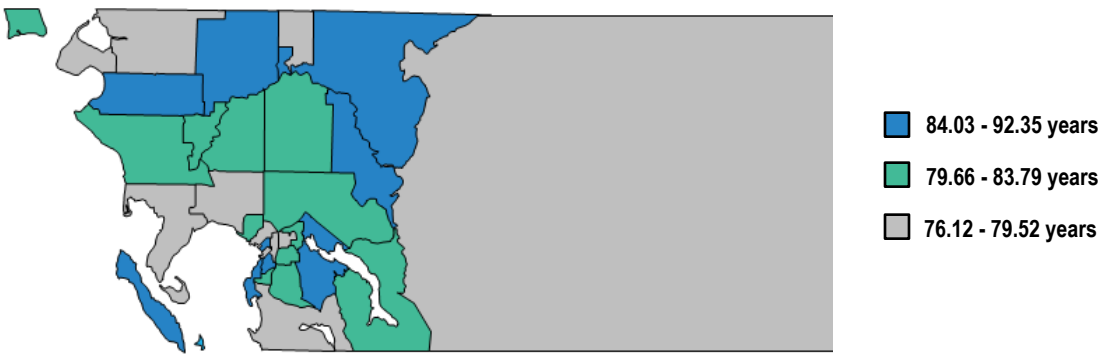
Indicator	Baseline (2010)	2014	2016	CHIP Target
Life expectancy at birth (years)	NA	73.1-81.7 (2013)	76.1-92.3 (2015)	81.7 in all areas (unmet)
Percent population living at or below 100% Federal Poverty Level (by race/ethnicity)	**All-15.8%** WT-14% AS-20% HP-26% BL-26% AI-32%	**All-16.2%** WT-14% AS-19% HP-28% BL-22% AI-32%	**All-16.0%** WT-14% AS-20% HP-24% BL-27% AI-31%	<15% for all groups (unmet)
Percent youth graduating from high school on time (5-year cohort)	**79%** **(Class of 2010)** WT-83% AS-NA HP-57% BL-87% AI-61% Low Income-69%	**79.5%** **(Class of 2013)** WT-83% AS-89% HP-67% BL-53% AI-62% Low Income-69%	**79.8%** **(Class of 2016)** WT-83% AS-85% HP-75% BL-54% AI-55% Low Income-69%	82% for all groups (unmet)
Percent jail population by race/ethnicity vs. percent total population by race/ethnicity	White 67.9% vs. 83.9% Non-white 32.1% vs. 16.1%	White 58.4% vs. 81.6% Non-white 42.6% vs. 18.4%	White NA Non-White NA	Proportional to % of total population

Key: WT-White, AS –Asian, HP-Hispanic, BL-Black, AI-American Indian/Alaska Native
Note: Data interpretation is limited by small sample sizes when disaggregated by race/ethnicity.

Data Highlight: Life Expectancy

Life expectancy at birth refers to the average number of years a newborn is expected to live if mortality patterns at the time of its birth remain constant in the future. Life expectancy at birth is a sentinel measure of potential health disparities within a community. It is closely connected with health conditions, and even small differences in life expectancy values imply important differences in health status.

Life expectancy at birth by census tract, Whatcom County, 2015
Source: Washington Tracking Network



Strategies and Actions

Strategies	Lead & Partners	Actions Taken	Next Steps
Raise community awareness and understanding of equity issues	WCF	Sponsored county-wide delegations to national Equity Summits (2011, 2015, 2018)	• Equity Summit delegation (April 2018) • Continue and expand successful efforts and programs
	WFCN	Hosted Equity and Resilience gatherings with over 100 participants (2016, 2017) and multiple ACEs/ trauma-informed trainings	
	NSACH	Embedding equity focus and trainings in Medicaid transformation projects ("targeted universalism") (2017)	
	WWU	Sponsoring race and justice conversations and developed the Community Engagement Fellows program to strengthen campus to community connections	
Enhance organizational cultural competency and equity focus	OC, PHSJMC, WCHD, WCF	Organizations conducted staff and/or leadership trainings and conversations about equity and cultural competency	• Continue to improve organizational policies and practices to address equity
Engage and support individuals and communities experiencing inequities and high levels of historical and current trauma and stress	WCHD, OC, WFCN, PHSJMC, MHNW, CHS, WHSC, WWU, C2C, WAHA	Developed place-based projects focusing on food access, transportation safety and community connections in East Whatcom County	• Incorporate Community-Based Participatory Research projects into community health improvement process • Develop a community health worker model
		Incorporated trauma-informed practices in schools, health care, and social service systems	
		Expanded tribal/non-tribal community partnerships focusing on health care, opiate response, child well-being (e.g., WCHD-Lummi Tribal Clinic Nurse-Family Partnership collaboration)	
		Expanded service-enriched housing models for farmworker families (e.g., Sterling Meadows, Villa Santa Fe)	
		Increased advocacy and action to combat homelessness, including Housing First model and supportive housing for homeless youth, adults, families, and seniors	

Key Partners and Agents of Change

- **Coalitions and Groups**: League of Women Voters, Racial Justice Coalition, Restorative Justice Coalition, Coalition to End Homelessness
- **Funders:** Chuckanut Health Foundation (CHF), Whatcom Community Foundation (WCF), United Way of Whatcom County (UW)
- **Government:** City of Bellingham (COB), Whatcom County (WCHD)
- **Health Care:** PeaceHealth St. Joseph Medical Center (PHSJMC), SeaMar Community Health Center, Unity Care NW, Lummi Tribal Clinic, North Sound Accountable Community of Health (NSACH), Whatcom Alliance for Health Advancement (WAHA)
- **Higher Education:** Western Washington University (WWU), Whatcom Community College (WCC), Bellingham Technical College (BTC), Northwest Indian College
- **Schools and School Districts:** Bellingham Public Schools (BPS), Nooksack Valley School District, Mt Baker School District, Ferndale School District
- **Social Services/Nonprofits:** Bellingham Food Co-op, Catholic Housing Services (CHS), Communidad a Communidad (C2C), Communities in Schools, Lydia Place, Mercy Housing Northwest (MHNW), Northwest Youth Services, Opportunity Council (OC), Whatcom Dispute Resolution Center (WDRC), Whatcom Family and Community Network (WFCN), Whatcom Literacy Council (WLC)
- **Tribes:** Lummi Nation, Nooksack Tribe

The above list is not complete. Numerous other groups, organizations, and individuals are working to advance equity, and the list will expand in the future as connections are created with additional entities.

Select References

- Equity Summit http://www.policylink.org/equity-summit-2018
- Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health (2015) https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity-%20Metrics%20for%20the%20Determinants%20of%20Health_Executive_Summary.pdf
- Communities in Action: Pathways to Health Equity https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity
- What is Health Equity? What Difference Does a Definition Make? https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343

Community Connectedness and Resilience:
Responding to the Opioid Epidemic

Substance abuse and addiction, particularly the alarming growth in the use of heroin and other opioid drugs, was identified as a priority within the CHIP and remains a pressing issue requiring a collective community response. Over the past five years, the community has taken a number of key steps to address this issue, which has risen to the level of a national public health emergency (2017).

Image: WHATCOM HAS HOPE Prescription Lock Bag , www.whatcomhashope.org

Substance use disorder, including opioid addiction, affects all segments of society but disproportionately impacts populations with high levels of historical trauma and childhood adversity. Infants and children whose parents or caregivers are affected by opioid addiction are at high risk of experiencing maltreatment and household dysfunction, which put them at risk for health and developmental challenges. In Whatcom County, opioid addiction has taken a heavy toll on American Indian/Alaska Native populations. Some geographic areas of the county, such as the rural East Whatcom County area are also more heavily impacted.

As community leaders have wrestled with the epidemic, several priority actions have emerged—increasing awareness of potential harms and reducing stigma associated with opioid use disorder, preventing misuse of prescription opioids (which is often cited as a precursor to use of heroin and other illicit opioid drugs), widely distributing naloxone (an opioid antidote) in the community to prevent death from overdose, and expanding medication-assisted drug treatment. Addressing the impacts of opioid addiction on families with young children has been integrated into broader community efforts to promote child and family well-being through expansion of family support programs and targeted treatment programs for pregnant women experiencing opioid addiction. In addition, the county has coordinated with others at the local, regional, and state levels to develop and align plans and actions. Whatcom County's opioid response initiatives have been coordinated with PHSJMC's 2016-2019 Community Health Needs Assessment (CHNA), the North Sound Accountable Community of Health (ACH) Medicaid Transformation Opiate Project, the Washington State Department of Social and Health Services Community Prevention and Wellness Initiative (opiate focus), and the Washington State Opiate Response Plan.

While concerns about opioids in Whatcom County are far from resolved, indicators suggest that community efforts may be having some positive impacts, including a lower opioid death rate than the state and a high treatment admission rate. Youth use of prescription medications to get high also appears to be going down.

Select Indicators

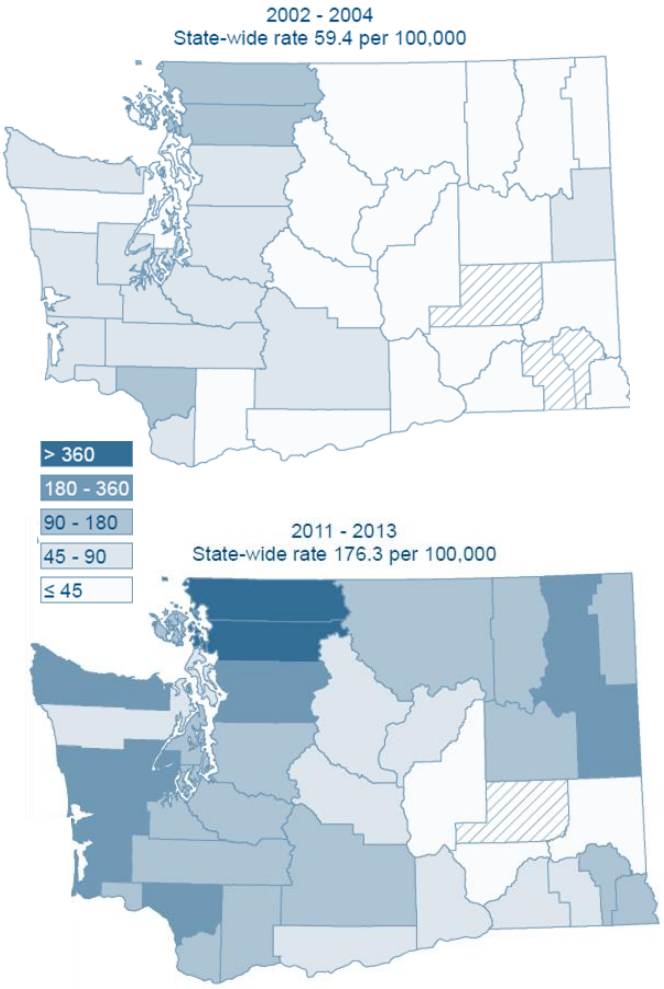
Indicator	Baseline	2014	2016	CHIP Target
Opiate death rate (per 100,000)	6.7 (2002-2004)	8.2 (2011-2013)	7.9 (2014-2016)	<6 (unmet)
Crime lab cases involving any opiate (per 100,000)	59.9 (2002-2004)	133.1 (2011-2013)	103.8 (2014-2016)	Decrease
Opioid overdose hospitalizations (per 100,000)	15.7 (2008-2010)	16.8 (2011-2013)	14.8 (2014-2016)	<10 (unmet)
Publicly funded opiate treatment admissions (per 100,000)	93.1 (2002-2004)	380.5 (2011-2013)	349.8 (2013-2015)	NA
Percent 30-day use of painkillers to get high (10th graders)	10% (2010)	4% (2014)	3% (2016)	0% (unmet)

Data Highlight: Opiate Trends

Opiate Treatment Admissions

Rate of admissions per 100,000 residents, Washington State

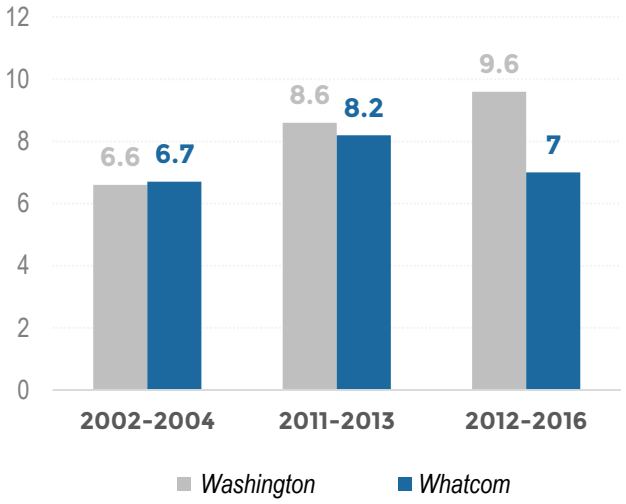
Source: Opioid Trends Across Washington State, ADAI, University of Washington



Deaths from Opiates

Opioid deaths per 100,000 residents, WA vs. Whatcom County

Source: Opioid Overdose Report, WA State Department of Health



Strategies and Actions

Strategies	Lead & Partners	Actions Taken	Next Steps
Coordinate opiate response strategies and increase public awareness	WCHD Marketing Workgroup	Maintained Opiate Taskforce and Committees (since Dec 2014)	• Promote Whatcom has HOPE website
		Developed WC Opiate Response Plan (Mar 2017)	
		Created and launched website: "Whatcom Has HOPE" (Heroin and Other Opioid Prevention and Education) and public service videos (Jan 2018)	
		Shared work with regional partners (NSACH, Regional Opiate Summit Oct 2017)	
		Secured grant funding and launched Mt. Baker Community Coalition focused on youth substance use prevention in the targeted area with a higher level of opiate availability and use (WCHD, WFCN 2017)	
Improve prescription practices to prevent opiate misuse	WCHD Safety Workgroup	Passed County "Secure Medicine Take-Back" ordinance (Dec 2017)	• Implement Take Back program (2018) • Secure funding for additional Rx lock bags
		Partnered with pharmacies to distribute 750 prescription (Rx) lock bags and educational materials (Jan 2018)	
Expand naloxone availability to prevent opiate overdose deaths	WCHD Naloxone Workgroup	Promoted widespread Naloxone distribution and education, including law enforcement, social service agencies, and Syringe Exchange Program	• Continue to expand distribution of Naloxone
Connect people to effective opiate treatment and harm reduction	WCHD, Incarceration Prevention Taskforce (Behavioral Health Committee), Dr. Adam Kartman	Strengthened Syringe Exchange Program through client surveys and onsite Chemical Dependency counseling	• Explore mobile (or) additional syringe exchange sites • Recruit and train more MAT providers • Finalize plans for behavioral health triage center, including public input (Planning phase: 2018)
		Increased number of Medication Assisted Treatment (MAT) providers and developed Cascade Medical Advantage North Sound Hub and Spoke model for improved coordination and low barrier access to treatment	
		Secured $7 million in WA state capital budget for expanded County Crisis Triage Center (in addition to $2.5 million from North Sound Behavioral Health Organization)	

Key Partners and Agents of Change

- **Coalitions and Groups**: Parents Matter, Prevention Coalitions (Bellingham, Ferndale, Mt. Baker), Whatcom Prevention Coalition
- **Funders:** Chuckanut Health Foundation
- **Government:** Bellingham Fire Department, Bellingham Police Department, City of Bellingham, Whatcom County Health Department, Whatcom County Sheriff's Office and Public Defender's Office
- **Health Care:** Adam Kartman, MD, Cascade Medical Advantage, Family Care Network, NW Washington Medical Society, PeaceHealth St. Joseph Medical Center, Phoenix Recovery, Sumas Drug (and other pharmacies), Unity Care NW
- **Schools and School Districts:** Bellingham Public Schools,
- **Social Services/Nonprofits:** Northwest Youth Services, Whatcom Family and Community Network (WFCN)
- **Tribes:** Lummi Nation, Nooksack Tribe

Resources

- Whatcom Has HOPE website: http://whatcomhope.org
- Whatcom County Opioid Response Plan http://whatcomhope.org/wp-content/uploads/Whatcom-County-Opioid-Abuse-Prevention-Response-Plan.pdf
- Secure Medicine Take-Back Ordinance https://www.codepublishing.com/WA/WhatcomCounty/html/WhatcomCounty24/WhatcomCounty2415.html
- Behavioral Health Facility Planning Report (June 2016) http://www.whatcomcounty.us/DocumentCenter/View/19067
- ADAI Report (April 2015): http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2015-01.pdf

Child and Family Well-being:
Supporting Young Children and Families

The importance of protecting the health, well-being, and future of children and families emerged as a consistent theme throughout the CHIP process. Community leaders recognized that reducing early childhood adversity and improving early life conditions, particularly for the most vulnerable children and families, are critical to improve overall community health and advance equity. This focus has led to an expansion of child and family services and programs, such as evidence-based home visiting, parent support programs, and play-and-learn groups throughout Whatcom County.

Image: Generations Forward, WCHD, October 2017

"The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of Washington State. If we want a better future for all of us, we need better results for kids now." – State of Washington's Kids

During the past year, community partners have mobilized for collective action through completion of a child and family needs assessment (prenatal to age 5) and launching the Generations Forward initiative, a multi-sector collaborative working to promote the well-being of young children and their families and close opportunity gaps associated with race, ethnicity, income, and family adversity. Through Generations Forward, partners are working to connect multiple local groups focused on children and families (First Steps Coalition, Whatcom Early Learning Alliance, Whatcom Family and Community Network, Whatcom Taking Action for Children/Youth with Special Health Care Needs) as well as aligning with and informing other local, regional and state initiatives including PeaceHealth CHNA, regional North Sound ACH Medicaid Transformation project planning, and the Washington State Essentials for Childhood Collective Impact and Frontiers of Innovation "First 1000 Days" initiatives.

While considerable attention has now turned to young children and families, select indicators reveal ongoing areas for improvement, including child and family poverty, child maltreatment, parent and child social-emotional well-being, and school readiness. In Whatcom County, one out of two infants is born into a household that qualifies for Medicaid (approximately 200% of poverty level). The rate of accepted referrals for child abuse and neglect has been consistently higher in Whatcom County than in Washington State for at least 10 years, with higher rates noted in the Ferndale and Mt. Baker School District catchment areas. Local Child Protective Services (CPS) staff note that parental substance use is a common underlying factor in abuse and neglect cases. Qualitative data from families and service providers identify lack of affordable child care, lack of affordable housing, and social-emotional challenges as key issues impacting young families in Whatcom County.

Select Indicators

Indicator	2010	2014	2016	Target
Number and percent of births covered by Medicaid per year (185% FPL)	1151 50%	1140 50%	1214 52%	NA
Percent of children under 5 years living in poverty (100% FPL)	16%	19%	16%	12% (unmet)
Rate of child maltreatment accepted referrals (per 1000 children ages 0-18 years)	37.7	42.1	45.8	<34.0 (unmet)
Percent of children ready for kindergarten (social-emotional domain)	81.5%*	80.5%*	69.5%**	90% (unmet)

*Data from a limited number of schools
**Data from all elementary schools

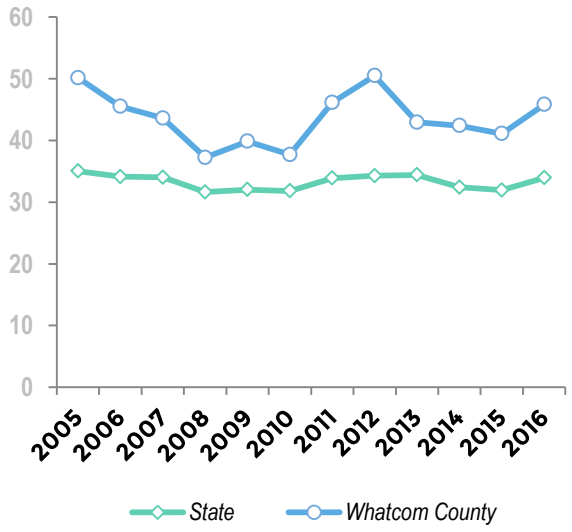
Data Highlight: Child Maltreatment

The rate of child abuse and neglect remains higher in Whatcom County than in Washington State. Young children are more likely to be victims than older children.

Child maltreatment in Whatcom County vs. Washington State, 2005-2016

Victims of child abuse and neglect in accepted referrals, rate per 1,000 children

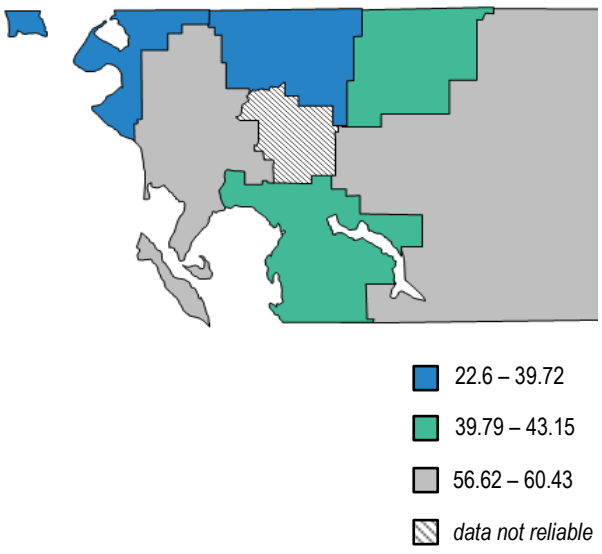
Source: DSHS, Risk and Protection Profile for Substance Use Prevention in Whatcom County



Rate of child abuse and neglect by Whatcom County school district, 2005-2016

Victims of child abuse and neglect in accepted referrals, rate per 1,000 children (10 year average)

Source: DSHS, Risk and Protection Profile for Substance Use Prevention in Whatcom County



Strategies and Actions

Strategies	Lead & Partners	Actions Taken	Next Steps
Build momentum for collective action	OC, WCHD, and funders	Formed "Even Start" Children's Collaborative Core Team (Nov 2016) Completed Child and Family (Prenatal to 5) Assessment (Oct 2017) Planned and hosted 3-day Generations Forward Future Search Conference (Oct 2017) and follow-up meeting (Dec 2017)	• Create infrastructure needed to support ongoing collaboration and community engagement • Explore available financing options, including possible levy and leverage of philanthropic funds • Explore "Children's Village" model for a centralized facility for children's services
Enhance parent and community engagement	WCHD, WFCN	Conducted 6 focus groups (English/Spanish) and 3 community cafés with mothers/parents of young children	• Provide ongoing resources to support parent engagement • Strengthen parent advocacy and leadership capacity
Strengthen services and supports for young children and families	WELA, FSC, WTA	Expanded evidence-based Kaleidoscope Play and Learn groups from 10 to 12 sites Increased home visiting and family support capacity (Nurse-Family Partnership, Parents as Teachers, Early Head Start) from 139 slots to 161 slots in 2017 Launched Perinatal Mental Health Taskforce Expanded Single Entry Access to Services (SEAS) and General Interdisciplinary Developmental Evaluation System (GIDES) programs for children with or at risk of health and developmental issues	• Provide training for providers to identify and address perinatal mood disorders and other family stressors • Enhance coordination and capacity of existing services and supports, including peer-to-peer supports
Advance policy and system change to meet child and family needs	PHAB/ Health Board, NSACH/ RMCH workgroup	Public Health Advisory Board and Health Board adopted 2017 Focus on Young Children & Families Behavioral Health Tax ordinance amended to include early intervention policy goal County launched Infant at Work pilot program and Family-Friendly Workplace webpage Veteran's Fund policy changed to allow the use of funds for child care support Successfully advocated for the inclusion of a focus on children and families in regional Health System Transformation projects	Advocate for policy and system change that increase: • Affordable family housing • Affordable quality childcare • Family economic stability and mobility • Health care access (esp. behavioral health) for children and families

Partners and Agents of Change

- **Parents and Families**
- **Coalitions and Groups:** Public Health Advisory Board, Health Board, Whatcom Early Learning Alliance, First Steps Coalition, Whatcom Taking Action, NSACH/Reproductive and Maternal Child Health Workgroup
- **Funders:** Bellingham Public Schools Foundation, Mt. Baker Foundation, Whatcom Center for Philanthropy (Chuckanut Health Foundation, Whatcom Community Foundation, United Way of Whatcom County)
- **Business and Private Sector:** People's Bank, Phillips 66, Umpqua Bank
- **Faith Community**: First Congregational Church-Bellingham
- **Government and Public Sector:** City of Bellingham, Bellingham City Council, Bellingham Police Department, Bellingham-Whatcom Housing Authority, WA State Department of Human Services Community Services Office, DSHS Children's Administration, DSHS Frontiers of Innovation, WA State Department of Early Learning, *Whatcom County Health Department*,* Whatcom County Library System
- **Health Care:** PeaceHealth St. Joseph Medical Center, PeaceHealth Pediatrics, PeaceHealth Childbirth Center, Family Care Network, Unity Care NW, SeaMar Community Health Center, Mt. Baker Planned Parenthood, Catholic Community Services, The Sendan Center, Kornerstone Kids, Bayside Autism, Endless Potential, Answers Counseling, Bellingham Center for Healthy Motherhood, Whatcom Alliance for Health Advancement, North Sound Accountable Community of Health
- **Schools:** Bellingham Public Schools, Ferndale School District, Meridian School District, Nooksack Valley School District, Lynden School District, Blaine School District, Mt. Baker School District, Birchwood PTA, Bellingham Technical College, Whatcom Community College, Northwest Indian College, Western Washington University,
- **Social Services and Non-profits**: Domestic Violence and Sexual Assault Services, Dominic's Closet, Lydia Place, Whatcom Center for Early Learning, Brigid Collins Family Support Center, Kaleidoscope Play and Learn, YMCA, Whatcom Family and Community Network, Mercy Housing/Sterling Meadows, The ARC of Whatcom County, *Opportunity Council**, Parent to Parent, Rebound
- **Tribes**: Northwest Indian Health Board, Lummi Community Financial Development Institute

**Co-sponsors of Generations Forward Initiative*

Resources

- Whatcom Working Toward Well-being Child and Family Assessment https://www.whatcomcounty.us/DocumentCenter/Home/View/31219
- Family Focus Group/Community Cafe report http://www.whatcomcounty.us/DocumentCenter/View/33439
- Generations Forward report http://www.whatcomcounty.us/DocumentCenter/View/33441
- Whatcom Taking Action https://whatcomtakingaction.org/
- Kaleidoscope Play and Learn Groups https://www.ccanorthwest.org/providers/looking-for-child-care/kaleidoscope-play-and-learn-groups/#
- Behavioral Health Ordinance https://www.whatcomcounty.us/DocumentCenter/View/27722
- Whatcom County Family Friendly Workplace https://www.whatcomcounty.us/2483/Family-Friendly-Employment
- NSACH Medicaid Demonstration Project Plan http://www.northsoundach.org/wp-content/uploads/2017/11/NorthSound_Section1_ProjectPlanNarrative20171116.pdf

Healthy Active Living:

Health and Community Planning

Through the CHIP process, community partners recognized the importance of the built environment in providing opportunities for people to adopt healthy, active lifestyles. Issues such as access to grocery stores or other venues to obtain healthy foods, availability of safe places to walk, bike or play, and access to affordable, quality housing close to reliable transportation and essential services were identified as key issues. Partners also recognized the opportunity to address these issues through community planning, particularly the 2016 City of Bellingham and Whatcom County Comprehensive Plan update processes and in place-based efforts in East Whatcom County, a geographically isolated area with less access to essential services.

Image: Bellingham Farmers Market, Sustainable Connections

The inclusion of new policy goals in the 2016 Comprehensive Plans has provided a solid foundation for progress on a number of fronts, including affordable housing and county food systems planning. In East Whatcom County, the establishment of community partnerships has also led to progress. The Foothills Community Food Partnership (FCFP) has been diligently working to implement the Foothills Food Access Plan, which includes a number of projects that are making a difference for food access in the community. Planning and funding for a new food bank facility are nearly complete. Despite this progress, the recent closure of two full-service grocery stores in Deming (2017) and Sumas (2017) has created new food access challenges in this area of the county. The lack of safe walking and biking facilities has been an ongoing concern for community members in the Kendall/Columbia Valley of East Whatcom County, leading to the formation of the Kendall/Columbia Valley Connectivity Plan Association (KCVCPA). Progress is being made to secure the funding and other supports needed for a pedestrian/bicycle trail, a hopeful sign for the future of this area.

Housing continues to be an issue throughout the county, with 38% of households spending more than 30% of their incomes on housing. High demand and low vacancy rates keep prices up. Positive progress includes successful completion of several new affordable housing and supportive housing projects, with more in the works. The Bellingham Housing Fund has been a key catalyst for affordable housing development in the City of Bellingham. On the other hand, rapidly rising housing costs particularly in the City of Bellingham, have pushed people to locate or move to outlying areas, which increases family transportation challenges and costs, and may limit access to essential services.

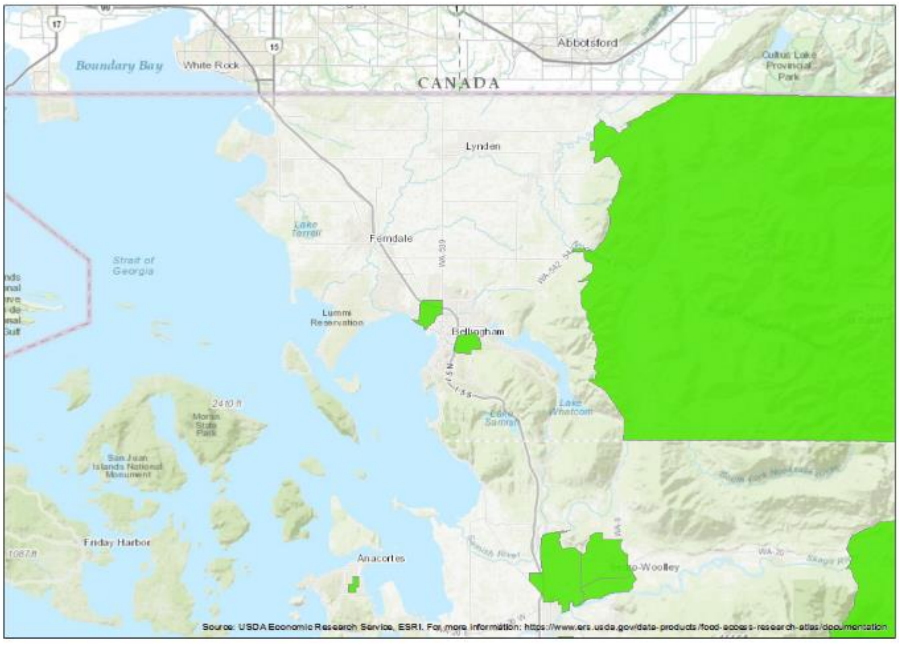
Select Indicators

Indicator	Baseline (2010)	2014	2016	Target
Food Environment Index (% limited access to grocery store and % food insecurity)	7.6	7.3	Not yet available	10 (unmet)
Percent housing cost burdened households (spending >30% income on housing)	40%	39%	38%	35% (unmet)
Housing Affordability Index (for all buyers and first-time (FT) buyers)	**All=130.6** FT HAI=66.6 (Q4 2010)	**All=135.8** FT HAI=75.0 (Q4 2014)	**All=112.5** FT HAI=64.8 (Q4 2017)	100 (Trend worsening)
Percent population with adequate access to locations for physical activity	NA	76%	84%	85% (unmet)

Data Highlight: Food Access

Whatcom County Food access map (2015)

Source: USDA Food Access Research Atlas



Green areas represent food deserts. Food deserts are defined by having both a significant low income population and having no grocery store within 1 mile for urban areas and 10 miles for rural areas.

Three census tracks (East Whatcom County, Birchwood and Puget neighborhoods) are considered food deserts.

Strategies and Actions

Strategies	Lead & Partners	Actions Taken	Next Steps
Incorporate health recommendations into community design and planning	WCHD, PHAB, County and City Planning Departments, Whatcom Food Network (WFN)	Whatcom County Board of Health approved Healthy Planning Resolution (Oct 2015) and WCHD hosted Healthy Planning workshop for staff from other city and county departments (June 2016; 29 participants) County Council adopted Comprehensive Plan health recommendations (Aug 2016) for housing, pedestrian/biking, and food system plan goal The City of Bellingham adopted Comprehensive Plan health recommendations (2016) and named Health as one of 5 overarching priorities	• Hire staff to support Healthy Communities planning and policy development (WCHD) • Develop tools and resources to support Health in All Policies approach • Move forward on county Food System Plan (County/WFN) • Expand planning focus on affordable housing options throughout the county, including renewal of COB Affordable Housing Levy
Expand access to healthy food in East Whatcom County	Foothills Community Food Partnership (FCFP) Foothills Food Bank	FCFP supported: • Elementary school gardens and garden education in classrooms • Winter/spring break pantry program for school children • Emergency food box program • Mobile farmer's market • Mobile food bank and food bank expansion plans • Monthly community meals at East Whatcom Regional Resource Center	• Solidify funding to complete food bank facility at East Whatcom Regional Resource Center • Explore new options for grocery access with the closure of two closest grocery stores • Support efforts in North Bellingham to improve food access (Birchwood neighborhood)
Improve access to safe walking and biking facilities in East Whatcom County	Kendall Columbia Valley Connectivity Plan Association (KCVCPA)	KCVCPA advocated for resources to plan and build Kendall area pedestrian/bicycle trail: • Received $77,250 from State Capital Budget Committee for initial trail engineering (2016) • State budget includes engineering costs (2017)	• Continue advocacy to finance and build the trail

Key Partners and Agents of Change

- **Community Planning:** City of Bellingham: City Council, COB Planning and Community Development; Whatcom County: WCHD, Public Health Advisory Board, Whatcom County Council/Health Board, other Whatcom County Departments (Planning and Development Services, Parks & Recreation, Public Works), Whatcom Council of Governments; Whatcom Food Network: Cloud Mountain Farm, Community to Community, Community Food Co-op, Opportunity Council, RE Sources for Sustainable Communities, Sustainable Communities, Washington Sea Grant, Washington State University Extension, WCHD, Whatcom County Planning and Development Services, Whatcom Farm to School; Funders: Whatcom Community Foundation, Chuckanut Health Foundation
- **East Whatcom Food Access**: Foothills Community Food Partnership (Foothills Food Bank, Bellingham Food Bank, Common Threads Farm, Local Food Works, Northwest Agricultural Business Center, Opportunity Council, Twin Sisters Farm, WCHD, Whatcom Farm-to-School, Whatcom County Libraries-Deming, and North Fork)
- **East Whatcom Safe Walking and Biking:** Kendall Columbia Valley Connectivity Plan Association (Community residents, County, and State officials, Mt. Baker School District, WCHD, Whatcom Fire District #14, Washington State Department of Transportation, National Parks Service)

Resources

- Health Board Healthy Planning Resolution and follow-up presentation (Nov 2016) www.whatcomcounty.us/DocumentCenter/View/23164
- Whatcom Food Network https://whatcomfoodnetwork.org/
- Foothills Food Access Plan:www.foothillsfoodbank.org/wp-content/uploads/2015/09/Foothills-Food-Access-Plan_4.1.15_FINAL.pdf
- Kendall Trail: www.kendalltrail.com;http://wcog.org/wp-content/uploads/Final-KCVCPA-Plan-March-2016.pdf

Health Care Access:
Addressing Complex Health Needs

The initial Community Health Assessment and Improvement Plan were developed in the early days after the passage of the federal Affordable Care Act in 2010. Since then, numerous health care access measures such as insurance coverage and dental access have improved due to the health care law and the hard work of community partners. Given improvements in basic access, partners have turned to **improving systems of care for people (both children and adults) with complex health and social needs.**

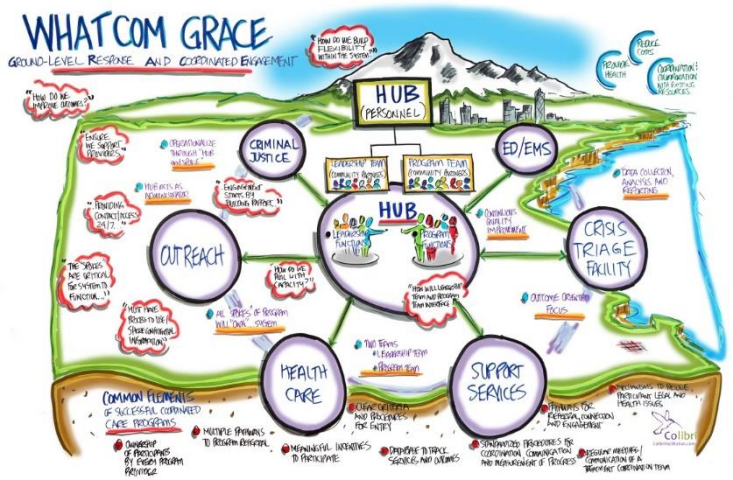


Image: GRACE Program Map (WCHD 4/28/17)

Over the past two years, the following key partnerships have either been launched, expanded or continued in efforts to improve systems of care.

- Whatcom Taking Action for Children and Youth with Special Health Needs (WTA): *Local collaboration focused on creating a cohesive system of services and supports for children and youth with special health needs and their families. Current initiatives focus on early identification of developmental needs, system navigation support for families, and increasing service capacity for developmental and behavioral health needs. Steady growth in referrals to the Single Entry Access to Services phone line established by WTA and managed by Opportunity Council has resulted in significant increases in identification and linkage of children to early intervention services.*

- Ground-Level Response and Coordinated Engagement (GRACE): *Local collaboration working to improve the health and well-being of "familiar faces" (individuals who are frequent users of emergency health and law enforcement services) in order to reduce crisis situations, disruptive behaviors, arrests, and related costs. Current initiatives include developing and implementing a coordinated Hub and Spoke service model.*

- North Sound Regional Accountable Community of Health (NSACH): *Regional collaboration between 5 northern Washington counties (Whatcom, Skagit, Snohomish, Island and San Juan), part of Washington State's Healthier Washington initiative, focuses on improving health outcomes, reducing health care cost, and enhancing patient experience through regional Medicaid transformation projects and behavioral health integration initiatives.*

- Whatcom Coalition to End Homelessness: *Local coalition working on 10 Year Plan to End Homelessness, including centralized housing intake process and supportive housing strategies to address chronically homeless, who often experience concurrent mental health and/or substance use conditions.*

Despite tangible progress and steps toward better system coordination, additional work is still needed. Communication among diverse sectors (law enforcement, medical, behavioral health, social services), access to behavioral health services for both children and adults, and availability of supportive housing options for people with complex needs remain challenges. Community partners have noted that skilled nursing and assisted living options are limited for those that need a higher level of care.

Select Indicators

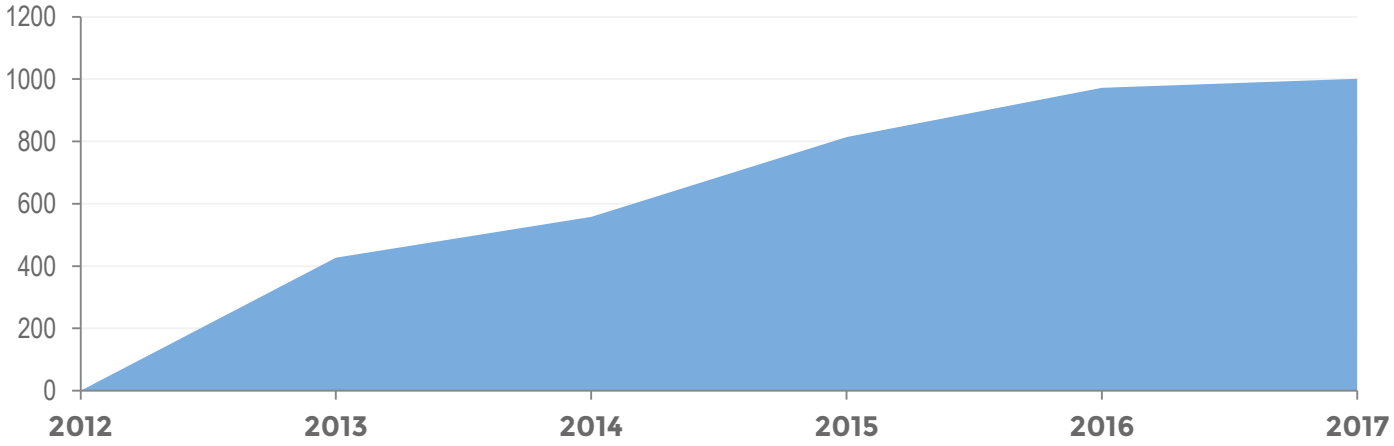
Indicator	Baseline (2010)	2014	2016	Target
Percent uninsured adults (18-64 years)	23%	13.7%	10.7% (2015)	5% (unmet)
Number of children/adults eligible for DSHS Medical Programs (including Medicaid)	41,028	55,618	63,874	NA
Percent potentially avoidable emergency room visit	NA	10%	13%	9% (unmet)
Number of homeless • Percent with mental illness (MI) • Percent with substance use disorder (SU)	851 (2008) MI: NA SU: NA	553 (2014) MI: 33% SU: 12%	742 (2017) MI: 41% SU:16%	Decrease (unmet)

Data Highlight: System Navigation for Children with Special Health Needs

Annual referrals to Single Entry Access to Services (SEAS)

Unduplicated clients ages 0-21 years, 2012-2017

Source: Opportunity Council



Strategies and Actions

Strategies	Lead & Partners	Actions Taken	Next Steps
Improve systems of care for vulnerable populations, including those who are eligible for Medicaid	WAHA, NSACH	Collaborated with regional partners to develop the North Sound Accountable Community of Health Completed initial planning for Medicaid Transformation projects(Nov 2017)	• Ongoing planning and implementation of Medicaid projects (with focus on behavioral-physical health integration, opiates, care coordination)
Expand services for children with special health care needs and their families to ensure timely identification, intervention, and support	Whatcom Taking Action, Funders: CHF, WCF	Added new partners to Whatcom Taking Action collaborative Expanded Single Entry Access to Services (SEAS) model and secured funding to maintain services Implemented General Interdisciplinary Developmental Evaluation System (GIDES)	• Feasibility study of "Children's Village" model (central facility for children's services)
Develop a system of coordinated support for adults with complex health and social needs to reduce the use of crisis services and improve outcomes	WCHD Health Care, Criminal Justice, Law Enforcement, Housing Services, Behavioral Health Services	Convened cross-sector partners and launched Ground-Level Response and Coordinated Engagement (GRACE) project focused on top 50 frequent utilizers of EMS/criminal justice/social services	• Full implementation of GRACE Hub and Spoke model
Expand access to supportive housing for people experiencing homelessness and housing instability	WCHD, Whatcom Homeless Service Center (OC), COB, Whatcom Coalition to End Homelessness	Maintained centralized housing assistance and Homeless Outreach Team through Whatcom Homeless Service Center and partners Convened COB Continuum of Housing and Services Needs Community Solutions Workgroup (CSW) and developed recommendations (Nov 2017)	• Implement strategies outlined in CSW recommendations, including incorporation into 5-year COB Consolidated Plan and future Housing Levy

See also PeaceHealth CHNA 2016-2019:
https://www.peacehealth.org/sites/default/files/new_folder_3/New%20folder%20%283%29/PH_SJMC.Whatcom%20CHNA%202016.pdf

Key Partners and Agents of Change

- **Health Care System:** WAHA, NSACH, WCHD, PeaceHealth St. Joseph Medical Center, Unity Care NW, Mt. Baker Planned Parenthood, NW Indian Health Board, Opportunity Council, NW Justice Project, consumer representatives
- **Children with Special Needs:** Whatcom Taking Action (ARC of Whatcom County, WCHD, Opportunity Council, PeaceHealth Pediatrics, Whatcom Center for Early Learning, Kornerstone Kids, Unity Care NW, SeaMar, Bellingham Public Schools, Lynden School District, Brigid Collins, The Sendan Center, Catholic Community Services, Western Washington University-Woodring College of Education)
- **Complex Needs**: GRACE & Crisis Oversight Partners (WCHD, Northwest Youth Services, Whatcom County Sheriff, Whatcom County Prosecutor's Office, Bellingham Police Dept, Bellingham Fire Dept, City of Bellingham, Ferndale Police Dept, Opportunity Council, Whatcom Homeless Service Center, Volunteers of America, Lummi Nation, PeaceHealth St. Joseph Medical Center, NW Regional Council, North Sound Behavioral Health Organization, Whatcom Alliance for Health Advancement, Compass Health, Pioneer Human Services, Catholic Community Services, Sunrise Community, Unity Care NW, Lake Whatcom Residential Services, Domestic Violence and Sexual Assault Services)
- **Homeless Housing:** Bellingham-Whatcom Housing Authority, Catholic Housing Services, City of Bellingham, Interfaith Coalition, Lighthouse Mission, Lydia Place, Mercy Housing NW**,** Opportunity Council, Whatcom Homeless Service Center, Whatcom County (WCHD), Whatcom County Housing Advisory Committee

Resources

- PeaceHealth Community Health Needs Assessment (2016-2019) www.peacehealth.org/sites/default/files/new_folder_3/New%20folder%20%283%29/PH_SJMC.Whatcom%20CHNA%202016.pdf
- North Sound Accountable Community of Health www.northsoundach.org
- Healthier WA www.hca.wa.gov/about-hca/healthier-washington
- Whatcom Taking Action https://whatcomtakingaction.org/
- GRACE Program www.whatcomcounty.us/2797/GRACE
- Whatcom Coalition to End Homelessness Annual Report (2017): https://www.whatcomhsc.org/wp-content/uploads/2014/03/FINAL-Whatcom-2017-homeless-count-report_07252017.pdf
- Community Solutions Workgroup on the Continuum of Housing and Services Needs Report (2017) https://www.cob.org/Documents/mayor/community-solutions-workgroup/csw-housing-report-of-recommendations.pdf

Community Health Improvement:
Opportunities for Moving Forward

Build on the strengths of the first cycle

- Strong organizational commitment to CHIP, including funding
- Numerous multi-sector collaborations in progress
- Growing focus on community voice and engagement
- Progress on policy, system, and environmental change strategies

Address structural and process challenges

- Clarify leadership and funder roles and responsibilities
- Prioritize data resources to facilitate data-driven decisions
- Narrow topical focus for more targeted action and evaluation
- Expand the involvement of diverse community members throughout the process
- Maintain frequent communication with and among partners

Develop an equity agenda

- Proactively and strategically identify and address conditions that lead to disparities and inequity
- Focus on alleviating systemic disadvantage and unequal allocation of power and resources in Whatcom County
- Adopt and monitor a set of key equity indicators

Focus on identifying and removing obstacles to health and well-being for specific populations and geographic communities

- Young children and families, particularly families with limited income and assets
- People with mental health and substance use challenges
- Seniors
- People with disabilities
- Migrant farmworkers
- American Indian/Alaska Native communities
- Neighborhoods and communities with high social vulnerability, such as East Whatcom County and North Bellingham

Work together to address significant, urgent issues that are impacting the health of populations across the county

- Behavioral health concerns, including opioid misuse and mental health challenges, remain pressing issues. Perinatal, child and adolescent depression and anxiety are areas of growing concern.
- Safe, affordable housing remains a community challenge and also a key opportunity to embed supportive services and healthy community amenities for vulnerable populations.
- Availability of quality affordable child care and elder care (including skilled nursing and assisted living) options are emerging as key community issues.

Appendix A: Indicator Descriptions and Sources

Indicator	Source	Description
Life Expectancy at Birth	Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT). (August 2016). *Death Certificate Data 1990-2015* [data file]. http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/CommunityHealthAssessmentandImprovement/CHAT	Average number of years a newborn is expected to live given current mortality rates by census tract in Whatcom County.
Percent Population Living at or below 100% FPL	US Census Bureau, American Community Survey https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml	Proportion of people in Whatcom County who live in households with income at or below the Federal Poverty Level (FPL). In 2016, FPL is defined as $11,880 for an individual, and $24,300 for a family of four individuals. Data is disaggregated by race/ethnicity.
Percent of Youth Graduating from High School on time (5 year cohort)	WA Office of the Superintendent of Public Instruction (OSPI) http://www.k12.wa.us/DataAdmin/Dropout-Grad.aspx	Proportion of students in Whatcom County who graduate within 5 years of starting 9th grade (Adjusted)
Percent Jail Population by Race/Ethnicity vs. Percent Total Population by Race/Ethnicity	Vera: Incarceration Trends http://trends.vera.org/rates/whatcom-county-wa?incarcerationData=all	Proportion of incarcerated individuals in Whatcom County who are White or Non-White (Native American, Latino, Black/African American or Asian/Pacific Islander) compared to the proportion of the overall county population that is White or Non-white
Opiate Death Rate	Alcohol and Drug Abuse Institute (ADAI), University of Washington, www.adai.uw.edu/wastate	Rate of deaths due to opiates per 100,000 population in Whatcom County
Opiate overdose hospitalizations	Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT).	Rate of hospitalization due to opioid overdose per 100,000 population in Whatcom County
Crime Lab Cases Involving Any Opiate	ADAI, University of Washington www.adai.uw.edu/wastate	Rate of crime lab cases in Whatcom County involving any police evidence of opiates per 100,000. Provides a measure of illicit opiate activity in a community.
Publicly Funded Opiate Treatment Admissions	ADAI, University of Washington www.adai.uw.edu/wastate	Rate of admission to publicly funded opiate treatment in Whatcom County per 100,000 residents.
Percent 30 Day Use of Painkillers to Get High (10th Graders)	WA State Department of Health, Healthy Youth Survey http://www.askhys.net/	Proportion of 10th graders in Whatcom County completing survey who report using painkillers to get high in the past 30 days.
Number and percent of births covered by Medicaid	Washington State Heath Care Authority. Reproductive Health. (2006-2015) Characteristics of Women Who Gave Birth by County [data file]. https://www.hca.wa.gov/assets/billers-and-providers/characteristics-women-whatcom.pdf	Number and proportion of annual births in Whatcom County that are covered by Medicaid at time of delivery.
Percent of children under 5 years living in poverty	US Census, American Community Survey	Proportion of children (age birth-4) in Whatcom County living in households with income at or below 100% of the Federal Poverty Level
Rate of child maltreatment accepted referrals	DSHS, Risk and Protection Profile for Substance Use Prevention in Whatcom County, Dec 2017 https://www.dshs.wa.gov/data/research/research-4.47-whatcom.pdf. Original Source: DSHS, Children's Administration FamLink Data Warehouse.	Whatcom County children (age birth-17) identified as victims in reports to Child Protective Services that were accepted for further action, per 1,000 children (age birth-17).
Percent of children ready for kindergarten (social-emotional domain)	WA Office of the Superintendent of Public Instruction (OSPI) http://www.k12.wa.us/WaKIDS/Data/default.aspx	Proportion of students demonstrating the characteristics of entering kindergartners in social-emotional domain. The WA Kids assessment is an observational tool conducted by teachers across the state with students entering kindergarten to determine school readiness and individual student needs. Measurements are taken in 6 domains (Social-emotional, physical, cognitive, language, literacy, and math). This document reports on social-emotional domain only.
Food Environment Index	County Health Rankings, 2018 http://www.countyhealthrankings.org/app/washington/2018/rankings/whatcom/county/outcomes/overall/snapshot (derived from USDA Food Environment Atlas, Map the Meal Gap from Feeding America)	Identifies census tracts with limited food access. The index ranges from 0 (worst) to 10 (best) and equally weighs two indicators of the food environment 1) Limited access to healthy foods: % low income population that does not live close to a grocery store (<1 mile urban, <10 miles rural) 2) Food insecurity: % of population who did not have access to reliable source of food in past year.

Indicator	Source	Description
Food Access Map	USDA Food Access Research Atlas, https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/	Green areas highlight low income and low food access census tracts.
Percent Housing Cost Burdened Households	Community Commons, https://maps.communitycommons.org/viewer/?mapid=16320	Percent of households in Whatcom County that spend more than 30% of their income on housing (either rent or mortgage).
Housing Affordability Index (HAI)	Runstad Center for Real Estate Studies, University of Washington http://realestate.washington.edu/research/wcrer/reports/	Housing affordability in Whatcom County. The Housing Affordability Index (quarterly) measures whether or not a typical family earns enough income to qualify for a mortgage loan on a typical home at the national and regional levels based on the quarterly price and income data, as well as a look at affordability for first time buyers. 100 is balanced, >100 is more affordable, < 100 is less affordable.
Percent population with adequate access to locations for physical activity	County Health Rankings, 2018 http://www.countyhealthrankings.org/app/washington/2018/measure/factors/132/map	Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreation facilities. Individuals are considered to have access to exercise opportunities if they: reside in a census block within a half-mile of a park, or reside in an urban census block that is within three miles of a recreational facility, or residence in a rural census block that is within three miles of a recreational facility. This measure has changed over time since being introduced in County Health Rankings in 2014, so year to year comparisons may not be reliable.
Percent adults (18-64 years) without health insurance	U.S. Census Bureau, Small Area Health Insurance Estimates https://www.census.gov/data-tools/demo/sahie/sahie.html?s_appName=sahie&s_statefips=53&s_stcou=53073&menu=grid_proxy&s_year=2015,2014,2013,2012,2011&s_agecat=1	Proportion of adults in Whatcom County ages 18-64 years who do not have health insurance coverage
Number of individuals eligible for DSHS Medical programs	Washington State Department of Social and Health Services, Research and Data Analysis, Client Services Database: Client Counts and Direct Service Expenditures: http://clientdata.rda.dshs.wa.gov/Home/ShowReport2?reportMode=0	This measure is a count of individuals in Whatcom County who are eligible for DSHS Medical Programs. Data include both Medically Eligible Title 19 and Medically Eligible not Title 19. Medicaid Title Nineteen of the Social Security Act funds medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services. These services help such families and individuals attain or retain capability for independence or self-care. DSHS Economic Services Administration determines eligibility for these services. Medically Eligible not Title 19 clients are eligible for medical services funded by state and federal programs, other than Medicaid.
Percent potentially avoidable emergency room visit	Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT).	Proportion of emergency room visits at PeaceHealth St. Joseph Medical Center that were potentially avoidable (i.e., service could be provided in less acute setting or service was needed due to lack of prevention or earlier intervention)
Number of homeless % with mental illness % with substance use disorder	Whatcom Homeless Service Center: A Home for Everyone Whatcom County Coalition to End Homelessness Annual Reports https://www.whatcomhsc.org/plans-and-reports/	Annual count of people who are homeless in Whatcom County. Percent with mental illness and percent with substance use disorder represent self-reports, and may underestimate these conditions.
Number of Single Entry Access to Services (SEAS) referrals per year	Opportunity Council, SEAS Data Reports	Annual count of the number of unduplicated children (ages 0-21) who were referred to Single Entry Access to Services phone line at Opportunity Council for support with system navigation and connection to needed health and social services.