



MASON GENERAL HOSPITAL & FAMILY OF CLINICS

COMMUNITY HEALTH NEEDS ASSESSMENT

December 2013

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Executive Summary

The 2010 Affordable Care Act (ACA) requires that each 501(c)(3) hospital conduct a Community Health Needs Assessment (CHNA) once at least every three years. Mason County Public Hospital District No 1 of Mason County, Mason General Hospital & Family of Clinics (MGH &FC) is a public hospital district (District) that operates a critical access hospital (CAH) and a number of primary care and specialty clinics. The CAH, Mason General Hospital is located in Shelton, Washington. The geographic boundaries of the District include all of south and central Mason County, and covers approximately 80% of the total population of Mason County. Nearly 75% of MGH &FC's patients reside within the District boundaries.

The District, in close collaboration with Mason County Public Health, Mason Matters (a community group dedicated to improving the health and quality of life of the Mason County community through community engagement), local school districts, United Way, Mason County Public Hospital District No 2 of Mason County, transit services and others completed a community health assessment in early 2013. The process involved a comprehensive assessment of local health outcomes and contributing factors and identification of resources to address community health needs. The National Association for County and City Health Officials' "Mobilizing Action through Partnership and Planning" (MAPP) process was used to guide the process. The process culminated in the publication of the Mason County Health Assessment (CHA). The Mason County CHA is seen as the key first step toward making Mason County one of the most healthy and vigorous counties in Washington State. MGH &FC has subsequently utilized the data collected in the Countywide MAPP process to develop its CHNA.

Of the many health indicators examined, Mason County performs well in the areas of communicable disease and alcohol abuse among adults. However the County lags behind the rest of the State in obesity, chronic diseases, smoking rates, alcohol abuse among students, physical activity, teen pregnancy and mental health. Available data confirms that these same trends exist within the District boundaries, a subset of the County.

Social and economic factors—the social determinants of health that can contribute to poorer health are present within the boundaries of the District and Mason County. Residents have lower educational attainment, lower income and are older than residents Statewide. Mason County residents die earlier than those in other areas of Washington

In the face of these challenges, leaders from across many sectors have come together and committed to improving the health of the County. MGH &FC's CHNA incorporates the data and analysis from the Countywide CHA but focuses its additional analysis on those health issues that MGH &FC, by virtue of and its expertise and resources is positioned to support. After reviewing and evaluating the data, MGH &FC identified *creating a healthier community by improving health status and enhancing access to primary*

and specialty health care services as our CHNA focus. Within the umbrella of creating a healthier community, we have identified the following priority needs:

1. **Improve access to health care services and actively outreach to enroll residents in Medicaid expansion:** Increased access to care will provide more opportunities for local residents to obtain timely and coordinated care, and to receive education and support related to healthy lifestyle choices and establishing healthy habits. In addition, chronic conditions can be treated at earlier, less devastating stages and preventive care can help avoid problems from starting.
2. **Increase behavioral health diagnosis and treatment:** Undiagnosed and untreated behavioral health needs in a community causes significant human suffering, compromised health for the patient and often for their family, and results in increased cost to the health and social service delivery systems. Mason County is a Mental Health Provider Shortage Area (HPSA), meaning it lacks an adequate base of providers. Increasing mental health services directly supports several of the Countywide six strategic health priorities identified through the MAPP process including “functional families”.

In addition to the two major priorities identified above, MGH&FC will also play, where feasible, a support role with other District and County providers to:

- **Reduce obesity:** Obesity is expected to be the health challenge of the twenty-first century. Improving nutrition by providing access to healthy foods will reduce the prevalence of diabetes, congestive heart failure, and obesity.
- **Reduce tobacco use:** Reducing the incidence of smoking will ultimately reduce the burden of associated health conditions including lower respiratory disease, cancer and heart disease.

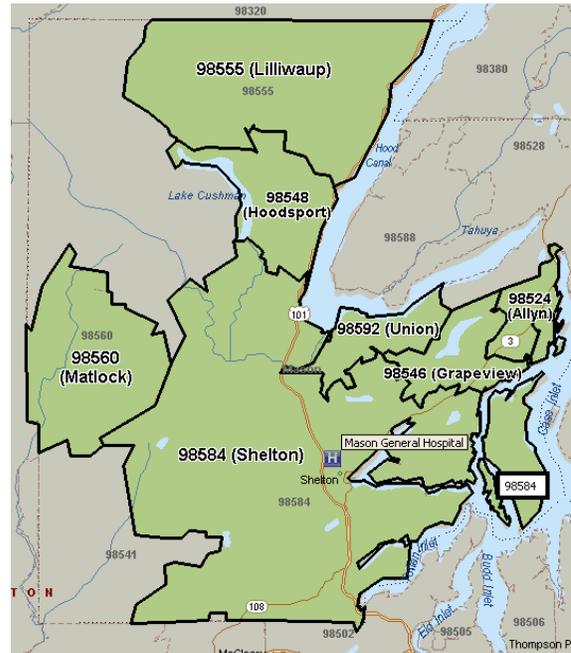
The Board of Commissioners of Mason County Public Hospital District No 1 of Mason County adopted this CHNA and the priorities outlined above at its December 17, 2013 meeting. Next steps include the development and execution of an Implementation Plan.

Study

Study Area

Mason County Public Hospital District No 1 is a critical access hospital located in the Mason County seat of Shelton, Washington. The District's boundaries are seen in Figure 1. Approximately 48,000 people reside within the District with 10,000 making up the population of Shelton¹. Shelton is the only incorporated city in this mostly rural county. The District's legal boundaries represent about 90% of the land area of Mason County and importantly, about 80% of the total population. More than 75% of MGH &FC's patients live within the District's boundaries, and for this reason the District was determined to be the Service Area for this CHNA.

Figure 1: Service Area Map



Assessment Methods

Substantial content for this Community Health Needs Assessment (CHNA) was generated by the county-wide health assessment and was compiled and interpreted with the assistance of Health Facilities Planning & Development, a Seattle based consulting firm that specializes in health planning and data analysis in rural communities throughout the Northwest. When possible, data was collected specific to the Service Area, as defined in Figure 1. When data specific to the Service Area was not available, Mason County level data was referenced. In addition, we utilized BRFSS data for the period of 2000-2010 compiled by the Washington Department of Health for the specific zip codes comprising the District.

Health indicators for this CHNA are those included in the Robert Wood Johnson Foundation's County Health Rankings and the Community Commons' Health Indicator Report 2013. Mason County ranked 33rd healthiest county out of 39 counties in Washington State in the 2013 County Health Rankings Report.

¹ 2011 Data Book, Washington State Office of Financial Management

In the Countywide effort, six Strategic Health Priorities were developed for Mason County as a result of studying health status data and listening to input from Mason County residents. Criteria for designation as a strategic health priority included: data showing that the health issue or factor was worse in Mason County than elsewhere in Washington State, community interest in addressing the issue, existing resources to address the issue, and factors being far enough “upstream” in determining health that improving those factors would impact and improve a large number of health outcomes. The notion of addressing health issues through policies and programs and health factors with the aim of preventing negative health outcomes, has been visually depicted by the Robert Wood Johnson Foundation, in collaboration with University of Wisconsin Population Institute below in Figure 2.

The six strategic health priorities identified through the MAPP process for Mason County are:

- Trained and prepared workforce able to access living wage jobs
- Access to affordable and healthy food
- Safe, affordable, and healthy housing
- Access and appropriate use of health care services
- Built environment that promotes health
- Functional families

Findings

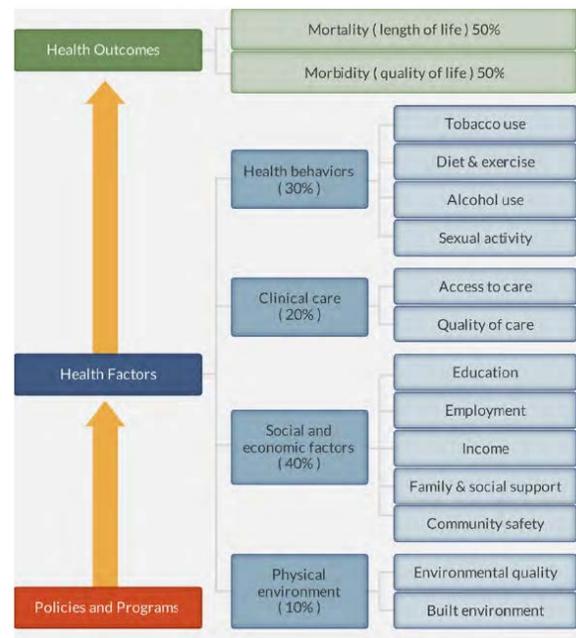
Findings: Demographics

Race/Ethnicity

The Service Area population grew 23% between 2000 and 2010, mirroring the rate of growth for Mason County. 86% of the population identified themselves as White, 4% American Indian or Alaska Native, 3% two or more races, 1% Black or African American, 1% Asian, 1% Pacific Islander, and 3% other races. Approximately 9% of the population reported Hispanic ethnicity, a 60% growth from 2000. As seen in Figure 3, Hispanic school district enrollment is on the rise.

Age Breakdown

Figure 2: 2012 County Health Rankings Model 2012 University of Wisconsin Population Institute



Source: County Health Rankings Report 2012

The largest age group in Mason County is working-age adults between 20 and 64 years of age, comprising 60% of the population. School age children (5-19 years old) are the next largest group (18%), followed by seniors (aged 65 years and older) who make up 16% of the population. The smallest age group (6% of the population) is children aged 0-4 years. Adults aged 45-64 years are the fastest growing population group.²

Seventy-three percent of all Mason County households do not include children under age 18. Of children under 18, 56% live with a male and a female parent, 18% live with a female parent only, and 9% live with a male parent only. 8% live with grandparents, 3% live with other relatives and 4% live in households where they are not related to the adults.² The number of children in the community has remained fairly stable between the last two census periods.

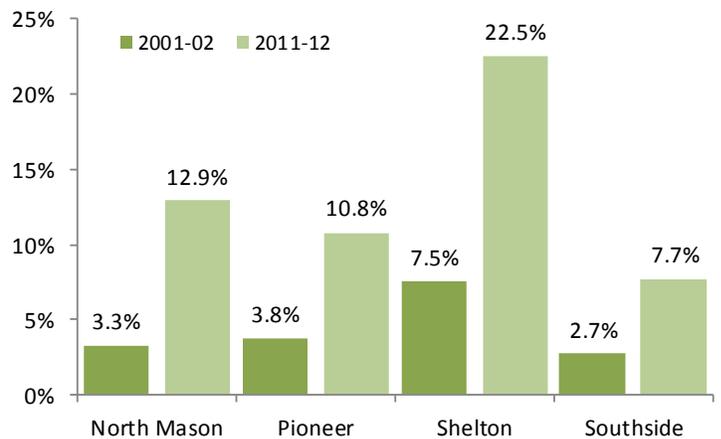
Income/Employment

In 2010, the median per capita income of the Service Area was \$21,962 compared to \$29,733 for Washington State. 12.5% of families in the Service Area fell below the Federal Poverty Level (FPL) in 2010 compared to 7.9% of families Statewide. In 2008-2010, 50% of Mason County mortgage holders spent 30% or more of their income on their mortgage.² Twenty-two percent of Mason County children live in poverty, compared to 19% of children statewide. In 2010, the unemployment rate was also higher in the Service Area (11.1%) than for the State (9.2%).³

Mason County historically employed large numbers of adults in the forestry industry, but those jobs have mostly disappeared over the last 30 years. Some forestry jobs have been replaced with work in the shellfish industry, but only 3.4% of all jobs in Mason County were in the natural resources sector as of 2010. The government jobs that employ 40% of Mason County workers require more education than the forestry jobs that have been lost.³ Shrinking budgets at all levels of government suggest that jobs will not be added in the public sector in the near term. A 2012 community survey of health factors indicated that residents felt an investment in employment opportunities would have the greatest impact of any social factor.³

Figure 3:

Hispanic Enrollment for Select School Districts, 2002-2012



Source: Mason County Data Series, 2011

² Mason County Community Health Assessment, March 2013

Education

Twelve percent of Mason County adults never obtained a high school diploma, compared with 10% of Washingtonians.

Similarly, only 18% of Mason County adults have a bachelor's degree or postgraduate degree while 31% of State residents overall hold college degrees, as shown in Figure 4.

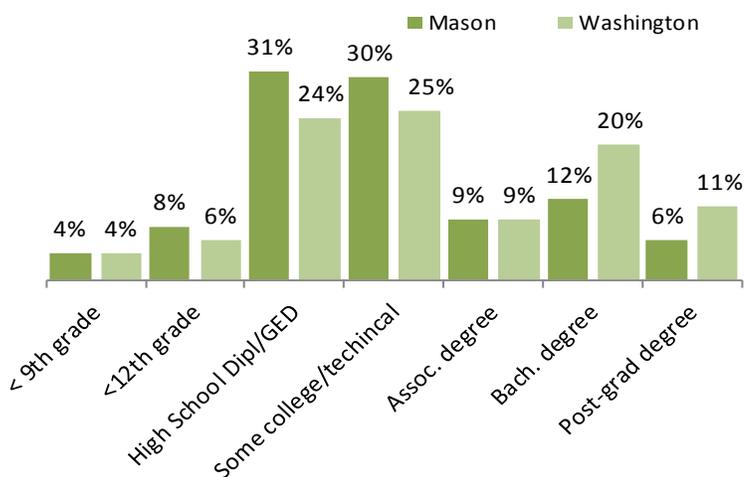
Findings: Health Indicators

Mortality/Causes of Death

The leading causes of death to residents of the Service Area mirror those of Washington State and the nation, except

that the Service Area has substantially higher death rates from heart disease, cancer and accidents. Leading causes of mortality specific to the Hospital District's Service Area are shown below in Table 1.

Figure 4:
Adult Education Attainment Level, 2007-11 average



Source: 2010 US Census American Community Survey

Table 1: Age-adjusted Death Rates, Mason County and Washington State, 2011

Cause of Death	Mason County Rate per 100,000 population	Washington State Rate per 100,000 population	Variance from State
Cancer – all sites	196.9	166.2	+18.5%
Heart Disease	172.8	145.2	+19.0%
Unintentional Injury	55.4	37.9	+46.2%
Chronic Lower Respiratory Disease	45.8	44.7	+2.5%
Alzheimer’s Disease	43.2	44.0	-1.8%
Cerebrovascular Disease	31.0	36.2	-14.4%
Diabetes	18.4	22.4	-17.9%
Suicide	13.6	14.0	-2.9%
Chronic Liver Disease	10.0	10.1	-1.0%
Pneumonia/Influenza	9.4	10.1	-6.9%

Source: 2011 Death Tables by Topic, Washington State Department of Health

Premature death is measured as Years Potential Life Lost (YPLL), the cumulative years per 100,000 population of residents dying before age 75. Mason County’s YPLL for 2008-2010 was 7,114, compared with 5,738 for the state and 6,851 for the nation.³

Chronic Disease Prevalence

Heart disease was diagnosed in 5.5% of Service Area residents, according to their own reports as measured by the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS). The rate among residents of Washington State was 3.4%.⁴

³ Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As Reported in the 2013 County Health Rankings).

⁴ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010 (As Reported in the 2013 Community Commons Health Indicator Report)

Table 2: Service Area Health Indicators.

Service Area Health Status				
Measure	Definition	Service Area	WA State	Variance from the State
Rates of Obesity	BMI >30	31.4%*	25.6%	+22.7%
Current Smoker	Currently smoking status	24.0%*	15.7%	+52.9%
Heavy drinking	More than 1/2 drinks a day every day for 30 days a month	5.9%	5.6%	+5.4%
Low Physical Activity	Insufficient moderate or vigorous exercise	38.6%	37.2%	+3.8%
Physical Inactivity	No moderate or vigorous exercise	12.7%	9.0%	+41.1%
High Blood Pressure	Ever been told you have high blood pressure	33.8%*	25.6%	+32.0%
High Cholesterol	Ever been told you have high cholesterol	43.2%	37.2%	+16.1%
Asthma	Ever been told you have asthma	10.5%	9.2%	+14.1%
Diabetes	Ever been told that you have diabetes	9.0%*	7.2%	+25.0%
Heart Disease	Ever been told you have coronary heart disease or angina	5.5%*	3.4%	+61.8%
Poor Mental Health	Seven or more poor mental health days per month	17.2%	14.6%	+17.8%

* Variance from State is statistically significant.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012

(As Reported in the 2013 County Health Rankings)

Diabetes rates were also slightly higher for Service Area residents than for all adults in Washington, with rates of 9% and 7.2%, respectively.⁵

Service Area adults have higher rates of obesity, high blood pressure and high cholesterol than Washington State residents, as shown in Table 2.

Obesity

Both adults and school age children in Mason County have higher rates of obesity than the statewide average, as shown in Figure 5. Complications of obesity include diabetes, heart disease, stroke, fatty liver disease and cancer.⁶

Communicable Disease

Mason County's communicable disease burden, as measured by common indicators, is lower than the rest of the state. In 2010, Mason County had a lower rate (2,443/100,000) of the most commonly reported sexually transmitted disease, chlamydia, in 2010, compared to the Washington State rate of 2,510/100,000.

⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012 (As Reported in the 2013 County Health Rankings)

⁶ CDC Vital Signs

Although only 37% of adults were immunized against influenza in 2010, compared to 41% of Washington adults, 54% of Mason County children under age 3 were up to date on all their immunizations, compared to 50% in the State overall.

Teen Pregnancy

Teen pregnancy rates in Mason County increased from 33 per 1,000 during the three year time period 2003-2005 to 36 per 1,000 during 2008-2010. At the same time, rates for the State decreased from 28 per 1,000 to 26 per 1,000. See Figure 7.

Mental Health

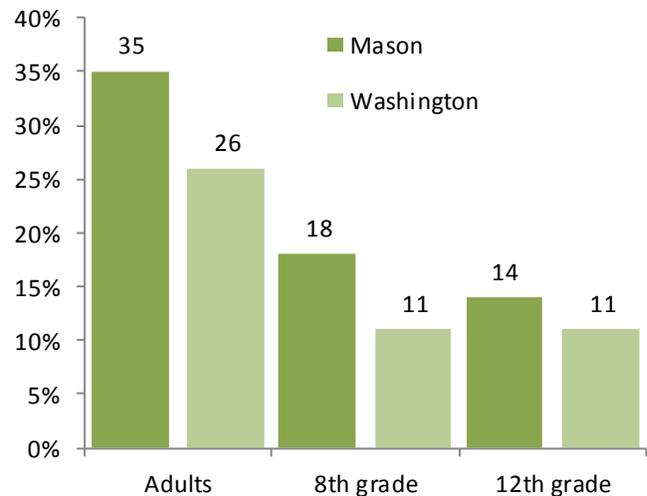
Mental health of residents in the Service Area is substantially poorer than the rest of the State as measured by self-reported poor mental health days. 17.2% of Service Area residents reported seven or more poor mental health days in the last 30 days compared to 14.6% of the State.⁹

Findings: Access to Healthcare

Health Insurance and Cost

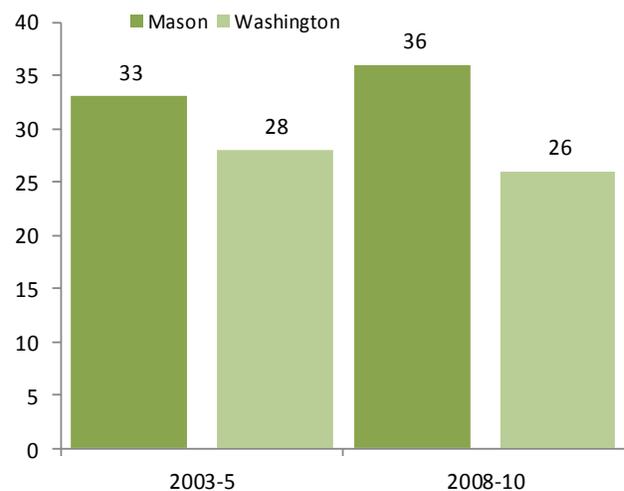
According to the 2013 Mason County Community Health Assessment, 22% of adults and 8% of children did not have health insurance in 2010. During the same time period 19% of adults had an unmet medical need and 16% did not seek health care because of cost. The Health Care Authority aims to enroll 1,430 eligible enrollees into Medicaid by January 1 of 2014. As of mid-November 2013 approximately 499 or 34.9% of the target had been met, which is significantly worse than the State's target enrollment status of 46.7%. MGH& FC will continue the efforts of outreach and enrollment for residents newly eligible to gain healthcare coverage under the ACA's Medicaid expansion.

Figure 5: Obesity Rate in Mason County compared to Washington State



Source: Behavioral Risk Factor Surveillance System, Mason County Health Rankings, 2012

Figure 7: Teen Pregnancy Rates, 2003-05 and 2008-10



Source: Mason County Healthy Youth Survey

Dental Care

Only 62% of Mason County adults reported recently receiving dental care in 2010 compared to 72% of Washington adults overall. Deferred dental care can lead to poor overall health and costly emergency room visits to address acute needs.

Provider Availability

Mason County residents may be challenged to obtain preventive health care because of

Table 3:
Per Capita Health Care Providers

Provider Type	Mason County	Washington State
Primary care physicians	4340:1	1222:1
Dentists	3711:1	1435:1

Source: County Health Rankings, Mason County, 2013

provider shortages in their local area as shown in Table 3. Recent data shows that the ratio of residents to primary care physicians is 4,340:1 in Mason County vs. 1,222:1 in Washington State. The ratio for dentists is 3,711:1 compared to 1,435:1 for the State.

Despite poor access to providers, medical claims data show Mason County residents receive diabetes screening (86% of diabetics enrolled in Medicare) and mammograms (66% of females) at the same rate as all Washingtonians.⁷

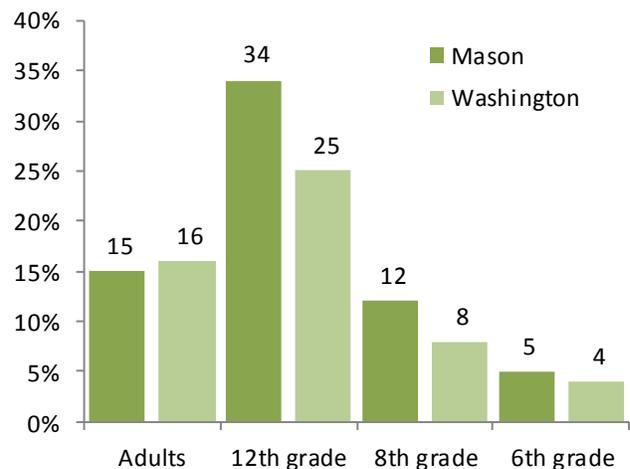
Despite poor access to providers, medical claims data show Mason County residents receive diabetes screening (86% of

Findings: Health Behaviors

Alcohol Consumption

According to 2009 and 2010 BRFSS data, more Mason County students report problem drinking, which includes binge drinking (4 or more drinks in one sitting for women or 5 or more drinks for men) and/or drinking more than 6 days in the past month, than their peers across the State. Binge drinking tapers off in the adult population to a rate for Mason County (15% of adults) that is slightly lower than the State average (16%).³ See Figure 8.

Figure 8:
Binge Drinking Patterns, 2009 and 2010



Source: Mason County Healthy Youth Survey, 2009 & 2010

⁷ County Health Rankings, Robert Wood Johnson Foundation, 2013

Smoking

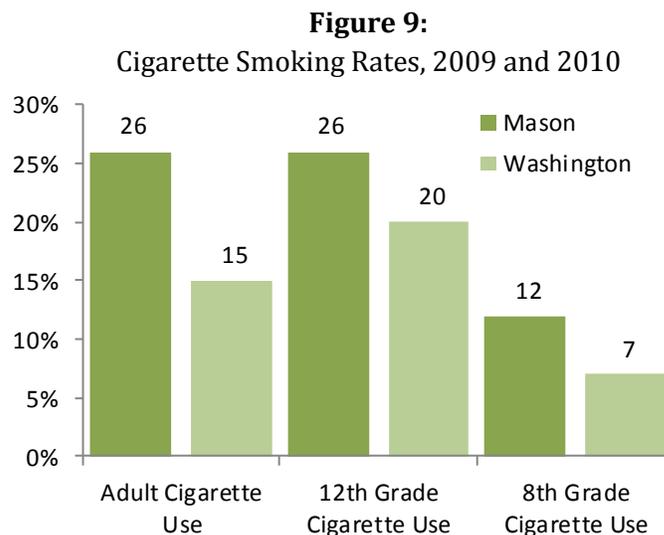
Smoking rates for both youth and adults in Mason County have consistently been higher than the State. As seen in Figure 9, in 2009-2010, 26.0% of adults and youth in the Service Area reported currently smoking compared to 15.7% and 20%, respectively of adults and youth of Washington State.³ Smoking is most common in traditionally disadvantage groups, such as those with mental illness or substance abuse disorders. Smoking contributes to poor health outcomes including lower respiratory disease, cancer and heart disease.

Physical Inactivity

Only 55% of Mason County adults reported getting 30 minutes of physical activity most days, compared to 62% of Washington adults overall.³ Regular exercise protects against heart disease, diabetes, depression and cancer.⁸ As reported in the County Health Rankings, there are only 7 recreational facilities per 100,000 population in Mason County compared to 11 in the State as a whole. Additionally, only 14% of Mason County residents live within one half mile of a park, compared to 49% of Washington State residents.⁹

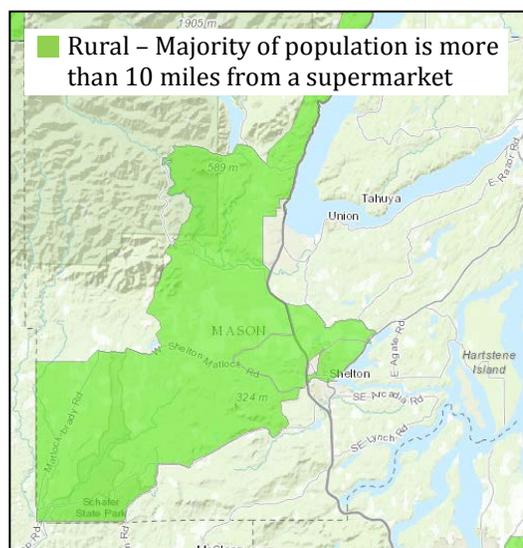
Fruit and Vegetable Consumption

In 2007, only 22% of Mason County adults consumed the recommended 5 or more fruits and vegetables daily. In 2010, 77% of Mason County 10th grade students consumed less than 5 or more fruits and vegetables daily. In 2010, 32% of Mason County 10th grade students were overweight or obese according to the Mason County Healthy Youth Survey. Low-income, underserved communities are at the highest risk for obesity because they often lack supermarkets with fresh produce and nutritious food options in their neighborhoods. As seen in Figure 10, a good portion of Mason County residents live more than 10 miles from a supermarket. Limited access to health foods, including fresh fruits and vegetables, is a major barrier to a healthy diet.



Source: Mason County and Washington State, 2009-2010 Healthy Youth Survey and Washington State Local Public Health Indicators: Mason County Public Health

Figure 10:
Mason County 'Food Desert' Highlight



Source: Food Access Research Atlas, Economic Research Service, United States Department of Agriculture 13

Conclusion

Data indicates that Mason County residents are generally not as healthy as people living in other parts of Washington State. Contributing factors to poorer health status likely include: an older population, lower educational attainment, and lower median income. The Countywide MAPP effort described in the CHNA addresses the benefits of increasing education and wages. While these issues are beyond the scope of MGH&FC's direct influence, we intend to remain an active and engaged participant in community conversations and efforts to improve community health through long-term structural changes.

Based on the hospital's expertise and resources, MGH &FC has identified *creating a healthier community by improving health status and enhancing access to primary and specialty health care services* as our CHNA focus. Within the umbrella of creating a healthier community, we have identified the following priority needs:

1. ***Improve access to health care services and actively outreach to enroll residents in Medicaid Expansion:*** Increased access to care will provide more opportunities for local residents to obtain care in a timely manner. In addition, chronic conditions can be treated at earlier, less devastating stages and preventive care can help avoid problems.
2. ***Increase behavioral health diagnosis, treatment and support services:*** Undiagnosed and untreated behavioral health needs in a community cause significant human suffering, compromised health for the patient and often for their family, and results in increased cost to the health and social service delivery systems. Mason County is a Mental Health Provider Shortage Area (HPSA), meaning it lacks an adequate base of providers. Increasing mental health services directly supports several of the Countywide six strategic health priorities identified through the MAPP process including "functional families". Mental health HPSAs are based on a psychiatrist to population ratio of 1:30,000 and Mason County's geographical designation indicates that residents have extremely limited access to mental health care providers.

In addition to the two major priorities identified above, MGH&FC will also play, where feasible, a role with other District and County providers to:

- **Reduce obesity:** Obesity is expected to be the health challenge of the twenty-first century. Improving nutrition by providing access to healthy foods and increasing opportunities for exercise and healthy activities will reduce the prevalence of both diabetes and obesity.
- **Reduce tobacco use:** Reducing the incidence of smoking will ultimately reduce the burden of associated health conditions including lower respiratory disease, cancer and heart disease.

The Board of Commissioners of Mason County Public Hospital No 1 of Mason County formally adopted this CHNA and the identified priorities in December 2013. Beginning in early 2014, in partnership with other community providers, Mason's leadership team will develop and regularly update an Implementation Plan. The Plan will strategically apply resources and expertise to address the identified community health care needs.

Implementation Plan

MGH& FC's CHNA Implementation Plan is directed at improving access to health care services; specifically primary care and behavioral health. Specific 2015 Implementation Strategies are summarized below.

Strategy # 1: Improve access to primary and specialty health care services by actively supporting enrollment in both Medicaid expansion and the Exchange, and through recruitment of additional primary care providers and retention of current providers.			
Resources <i>Resources committed to the success of the health improvement strategy</i>	Anticipated Impact <i>How the success of the strategy will improve the health of the community</i>	Evaluation Plan <i>How we will determine if we have been successful.</i>	Planned Collaboration <i>Community partners</i>
Support staff in receiving training and certification in certified application counselors and navigators	Reduce the number of uninsured	Number of staff members certified in patient enrollment and education assistance and navigation Number of residents enrolled in Medicaid expansion or in Qualified Health Plans through the Exchange	Washington State HCA to bring additional resources to the community to support enrollment CHOICE Regional network
Recruit new providers and implement programs to retain existing providers, including an expedited hospitalist program	Increase the number of existing practices open to see new patients and decrease the wait times for appointments Improve physician practice satisfaction by reducing call coverage requirements. Increase hours available to see patients in clinic	Physician satisfaction Decreased wait times for first time appointment with a primary care provider at MGH&FC. Reduction in provider turnover	Medical staff

Strategy #2: Improve access to mental health services for individuals and at-risk residents and families by recruiting additional providers, integrating behavioral health into primary care and supporting programs that target at risk populations.

Resources	Anticipated Impact	Evaluation Plan	Planned Collaboration
<p>Expand tele-behavioral health clinic-based consult services</p> <p>Embed behavioral health providers in primary care clinics.</p>	<p>Reduce primary care and emergency room encounters associated with untreated behavioral health needs.</p> <p>Reduce the number of residents reporting poor mental health days (BRFSS)</p>	<p>Net addition of mental health providers in the community</p>	<p>Behavioral Health Resources</p> <p>HealthLink Now</p>
<p>Partner with local school districts to sponsor a community garden for at-risk youth</p>	<p>Reduce the number of youth reporting poor mental health days (Healthy Youth Survey)</p>	<p>Number of youth participating and length of involvement</p>	<p>Shelton and Belfair School Districts</p>
<p>Partner with Shelton School District to provide for future operation of the Shelton pool</p>	<p>Various studies have identified that swimming pool access is an important community resource linked to health and wellbeing. One qualitative study found that pool use was directly linked to reports of relief of stress and isolation, and improved mental health⁸.</p>	<p>Number of residents, by age, using the facility.</p> <p>Monitor poor mental health days reported in Healthy Youth Survey and in BRFSS.</p>	<p>Shelton School District</p>

⁸ [Journal of Epidemiology and Community Health](#). 2003 Sep;57(9):663-7. "Assessing the health impact of local amenities: a qualitative study of contrasting experiences of local swimming pool and leisure provision in two areas of Glasgow".

Strategy # 3: Play a supporting role with other District and County providers to reduce obesity and tobacco use rates:

Resources <i>Resources committed to the success of the health improvement strategy</i>	Anticipated Impact <i>How the success of the strategy will improve the health of the community</i>	Evaluation Plan <i>How we will determine if we have been successful.</i>	Planned Collaboration <i>Community partners</i>
<p>Partner with Shelton School District to provide for future operation of the Shelton pool</p>	<p>In addition to the mental health benefits cited above, a King County study found that swimming represents a lifelong form of physical activity and provides access to other water recreation opportunities, such as kayaking and rowing. Swimming is specifically recommended for people with chronic conditions and obesity (<u>Centers for Disease Control and Prevention, 2013</u>).</p> <p>Learning to swim also reduces the risk of drowning (<u>Brenner et al., 2009</u>). Swimming promotion therefore addresses two public health priorities, obesity prevention and injury prevention, and may have the potential to reduce related disparities.⁹</p>	<p>Number of residents, by age, using the facility.</p> <p>Obesity rates for users and for the community.</p>	<p>Shelton School District</p>

⁹ Health Education Behaviors. 2015 Apr;42(1 Suppl): Everyone swims: a community partnership and policy approach to address health disparities in drowning and obesity.

Appendix 1: Community Health Improvement Planning Committee

Bob Appel, CEO, Public Hospital District #1
Barb Singleton, Mason Transit Authority
Lynn Busacca, Citizen
Patti Case, Green Diamond Resource Company
Diane Cooper, Taylor Shellfish Company
Sherri Dysert, United Way Board of Directors, Green Diamond
Tamra Ingwaldson, E.D., United Way of Mason County
Ross Gallagher, Citizen
Steve Goins, Community Development, City of Shelton
Kathy Haigh, State Representative
Jennifer Helseth, ESD 113 Sound to Harbor Head Start/ECEAP
Mike Hickman, Educational Service District 113
Jayni Kamin, Kamin Construction; Love, Inc
Vicki Kirkpatrick, Director, MC Public Health & Human Services
Patty Kleist, Faith in Action
Wayne Massey, Shelton School District
Theresa McDermott, Olympic College
Dr. Diana Yu, Health Officer, MC Public Health & Human Services
Terry Megiveron, Public Hospital District #1
Brad Patterson, Mason Transit Authority
Donna Obermeyer, Family Alliance
Dawn Pannell, Commissioner, City of Shelton
Debbie Riley, Env. Health, MC Public Health & Human Services
Lynda Ring Erickson, Commissioner, Mason County
Amber Royster, CHOICE Regional Health Network
Marilyn Sayan, Citizen
Dan Teuteberg, WSU Cooperative Extension
Peggy VanBuskirk, Public Hospital District #2
Kristen West, CHOICE Regional Health Network
Jeannie Gruber, United Way of Mason County
Ellen Shortt-Sanchez, United Way of Mason County
Dave Connell, Mason Transit Authority
Jerry Eckenrode, KMAS

Staff:

Kimberley Klint, Ph.D. Mason Matters