

**Strategies for Action – 2011-2016**  
**Thurston Coalition for Women’s Health**

In fulfillment of Phase I, Coalition for a Healthier Community Cooperative Agreement, U.S. Dept. of Health & Human Services Office on Women’s Health

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Yellow highlighting in the table for Section VII. Implementation Plan are amendments made since submission June 1, 2011.

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## II. CONTRIBUTING PARTNERS

The Thurston Coalition for Women's Health is fortunate to have a group of skilled and effective of partners participating in this project. This coalition grew out of the Thurston County Public Health and Social Services Department's initial ASIST2010 public health partnership that fostered cooperation with three key organizations in our community: the Thurston County Chamber of Commerce, Physicians of Southwest Washington, and CHOICE Regional Health Network. The Coalition includes nineteen organizations including our own that are committed to improving the health of women and girls in Thurston County. These include:

- Behavioral Health Resources

Behavioral Health Resources is the main provider of mental health and chemical dependency recovery services to Medicaid-eligible adults and children. They serve Thurston, Mason, and Grays Harbor counties. Traci Crowder, Director of Service Support, represents Behavioral Health Resources on the Coalition.

- CHOICE Regional Health Network

CHOICE Regional Health Network works to provide health care access for uninsured and underinsured adults in our community. They also are the convener of the Thurston County Safety Net Council which aims to address the health needs of the uninsured and underinsured in our region. Holly Greenwood, Community Relations Director, represents CHOICE on the Coalition.

- Community Action Council

Community Action Council provides assistance with basic needs like electricity and weatherization as well as running WIC Clinic Services for women and children.

Jan Naughton, Development Director, represents Community Action Council on the Coalition.

- Community Youth Services

Community Youth Services is one of the only providers of services to homeless youth, mentally ill foster children, and high-risk youth aging out of the foster care system in Thurston County. Dae Shogren, Program Director of Services of High Risk Youth, represents Community Youth Services on the Coalition.

- Family Education and Support Services

Family Education and Support Services provides a variety of services for families such as the Parents as Teachers Program and tobacco cessation classes. They also are the contractor for the Washington State Department of Social and Health Services, Children Services for Kinship Care and court ordered parenting classes. Shelly Willis, Executive Director, represents Family Education and Support Services on the Coalition.

- Group Health Cooperative

Group Health Cooperative is a non-profit coordinated healthcare provider that operates and serves over 600,000 people in Washington and Idaho. Marie Johantgen, MD Obstetrics, represents Group Health Cooperative on the Coalition.

- Physicians of Southwest Washington

Physicians of Southwest Washington is a network of 110 private practice primary care physicians. They help lead the Bridging to Primary Care Committee (preparing for health care reform) for the region. Beverly Roder, RN Utilization Management/Quality Improvement Manager, represents Physicians of Southwest Washington on the Coalition.

- Planned Parenthood

Planned Parenthood provides access to family planning reproductive services and women's health services in our community. Jodi Guenther, Olympia Clinic Manager, represents Planned Parenthood on the Coalition.

- Providence St. Peter Hospital

Providence St. Peter Hospital serves as our local regional medical center. It serves as the largest trauma center in a five county region. It frequently conducts community health assessments and houses innovative programs in diabetes and employee health. Stephanie Kerr, PhD, Employee Wellness Coordinator, represents Providence St. Peter Hospital on the Coalition.

- SafePlace

SafePlace is the only advocacy agency and confidential shelter for survivors of domestic violence and sexual assault in Thurston County. Connie Sue Brown, Program Director, represents SafePlace on the Coalition.

- Sea Mar Community Health Centers

Sea Mar Health Centers provide medical, dental, mental health, and WIC services in Thurston County with a specialization in serving diverse communities especially the Latino community. Rachel Alm, Health Educator, represents SeaMar Community Health Centers on the Coalition.

- South Puget Sound Community College

South Puget Sound Community College is Thurston County's only two year community college and serves more than 7,000 students each quarter. The student body is comprised of 58%

women from ages 16-60. Jolene Stiles, RN, Nursing Faculty, represents South Puget Sound Community College on the Coalition.

- South Sound Breastfeeding Network

South Sound Breastfeeding Network is a local coalition that seeks to promote and encourage breastfeeding in the community. They provide education for regional medical providers about breastfeeding best practices. They also publish and distribute a community Breastfeeding Resource Guide in English and Spanish. Gwen Marshall, RD, IBCLC represents the South Sound Breastfeeding Network on the Coalition.

- Stonewall Youth

Stonewall Youth is one of the only organizations in Thurston County that provides services to lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (LGBTQQIA) young people as its primary mission. Colleen Dixon, Executive Director, represents Stonewall Youth on the Coalition.

- Thurston County Chamber of Commerce

Thurston County Chamber of Commerce is a valuable resource for the business community here in Thurston County and is Washington State's second largest Chamber of Commerce. They have adopted promotion of employee health and wellness as a regular part of their Chamber programming. Sheila Prull, Special Projects Coordinator, represents the Chamber on the Coalition.

- TOGETHER!

TOGETHER! is a local non-profit organization that focuses on the prevention of youth violence and substance abuse. They have been a collaborating partner on tobacco prevention and control activities in our community for a number of years. Meghan Sullivan, Operations Director, represents TOGETHER! on the Coalition.

- United Way of Thurston County

United Way of Thurston County strives to address the economic, educational, environmental, and social conditions faced by Thurston County residents. They fundraise, provide philanthropic leadership and coordinate grant funded projects across a variety of issues. Larry Geri, United Way Board Member, and faculty at The Evergreen State College, represents United Way on the Coalition.

- YWCA of Olympia

YWCA of Olympia operates the “Other Bank” that provides personal hygiene products and other supplies like diapers for low-income individuals and families. They also offer the Girls Without Limits! Program for 9-14 year old girls to help build healthy self-esteem. Karmel Shields, Executive Director, represents the YWCA on the Coalition.

The Coalition also included key staff from other areas of public health.

- Joe Avalos: TCPHSS Chemical Dependency
- Jane Mountjoy-Venning: TCPHSS Environmental Health
- Lesley Wigen: TCPHSS Chronic Disease Prevention

Others who contributed to the development of this project included TCPHSS interns: Leigh Cullen, RN, MPA student, The Evergreen State College, Britt Pomush, MPA student, The Evergreen State College, and Kate Sansom, MHE student, Idaho State University.

### III. EXECUTIVE SUMMARY OF COALITION (OVERALL)

#### A. History

The Thurston Coalition for Women's Health (the Coalition) evolved from the public health partnership that which began under the *WorkWell: Workplace Health Promotion for Men and Women* project funded by the Office on Women's Health *Advancing Systems in Support of Targets for Healthy People 2010* (ASIST 2010) program. The core partnership of the ASIST2010 WorkWell project-- Thurston County Public Health & Social Services Department, Physicians of Southwest Washington and Thurston County Chamber of Commerce -- developed into the Thurston Coalition for Women's Health. Whereas WorkWell focused on diabetes prevention and promotion of preventive behaviors such as nutrition and physical activity, the new project developed from a new coalition process and community needs assessment.

In its transition to the Thurston Coalition for Women's Health, the ASIST2010 WorkWell partnership expanded to include both those partners who had contributed to the success of the WorkWell program (CHOICE Regional Health Network and Providence St. Peter Hospital) as well as those with whom core partners had worked extensively. Before we applied for the U.S. Department of Health and Human Services Office on Women's Health Coalition for a Healthier Community grant, we had added partnerships with South Sound Breastfeeding Network and the YWCA of Olympia. Between September and November 2010, we had official commitment by seven more organizations: Community Action Council, Group Health Cooperative, Planned Parenthood, South Puget Sound Community College, Stonewall Youth, TOGETHER!, and United Way of Thurston County. Finally, at our first Coalition meeting in November 2010, we asked partners to suggest other key organizations from the community. From early November 2010 through January 2011, five additional partners joined our coalition: Behavioral Health Resources, Community Youth Services, Family Education & Support Services, SafePlace, and Sea

Mar Community Health Centers. Our Coalition also includes experts from different divisions (Chemical Dependency and Environmental Health) within our own department.

The current Coalition includes nineteen organizations, including our own, that are formally committed to participating. While Thurston County Public Health's focus was initially on chronic disease prevention, we remained open to the Coalition process and took seriously its mission to address multiple areas of the health of women and girls.

### **B. Vision**

The vision of the Thurston Coalition for Women's Health is to improve the health of local women and girls throughout their lifetime.

### **C. Mission**

The Thurston Coalition for Women's Health collaborates to assure that women and girls are as healthy as possible prior to pregnancy. The mission of the Coalition is to identify the priority health issues of local women and girls, understand the current community capacity to address them, and implement practical, proven strategies that will improve selected health outcomes. The preconception health focus of this project, an area of women's health not previously assessed in a comprehensive manner for our community, was fostered by the opportunity to conduct a community-based planning process under the Coalition for a Healthier Community Cooperative Agreement with U.S. Dept. of Health and Human Services Office on Women's Health from October 2010 to August 2011.

### **D. Relevant Data/Statistics**

From previous assessment activities, we know that cigarette-smoking rates are statistically higher than state rates for pregnant women in our county; we know that many young women are becoming

pregnant while addicted to drugs; and that diabetes death rates of women in Thurston County are statistically higher when compared to women across the state. We also know that many women become pregnant with a high BMI that puts them at risk of gestational diabetes, hypertension, and adverse pregnancy outcomes.

Thurston County is somewhat more likely to be mobile when compared to the nation. In 2008, about 19% of female county residents had moved into the area or to another home within the county during the past year compared to 15% for the nation (*US Census Bureau*). Previous local assessment work on children's issues showed that mobility is a health concern. In 2005, about 1 in 3 babies were born to county mom who moved during pregnancy (*Changing Homes and Schools: Child Mobility, The State of Our Children Series*). During pregnancy, mobile women may encounter greater obstacles in obtaining adequate, timely prenatal care.

## IV. BACKGROUND

### A. Community Analysis

#### 1. Disparity Assessment

Community assessment activities focused on identifying which issues and topic areas contributed to adverse health outcomes among local women and girls. It was determined that experiencing interpersonal violence and mental health issues, particularly depression, were contributing to vulnerability for serious health consequences both now (i.e. injury) and in the future (i.e. stress-related chronic diseases).

- Thurston County women are more likely than women across the state to experience verbal or psychological abuse during childhood (42% compared to 36%). County women are somewhat more likely than women across the state to experienced physical abuse (22% compared to 18%). County women are somewhat more likely to have witnessed domestic violence during childhood (21% compared to 17%). About 1 in 10 female county high school students is currently experiencing dating violence, which mirrors the state.
- Gender-specific factors of concern for interpersonal violence include the perception among adolescents that dating violence is not a crime, the perception that if women experience violence they served as the ‘trigger’ for the response, and the fact that poverty impacts the ability of women to exercise control over their daily living situation.
- Adult Thurston County women are significantly more likely to experience one or more days of poor mental health during the month (no unhealthy days was 58% for women compared to 68% for men). Local data mirrors other research that shows adolescent girls are more likely to experience symptoms of depression. Female 10<sup>th</sup> grade high school students in Thurston

County are significantly more likely than male 10<sup>th</sup> grade students to have experienced depression in the past year (24% compared to 37%). Adult county women age 18-49 are more likely than women age 50+ to have been diagnosed with a depressive disorder (31% compared to 24%).

- Stressful life events often precede depression. Research shows that women respond differently than men to major life events and differentially experience hardships (i.e. abuse, poverty, responsibility to care for others). Women who are depressed are less likely to seek prenatal care during pregnancy. Mothers that experience depression can have difficulty bonding with children. Children of depressed mothers are more likely to experience injury and delays in social, emotional and cognitive development.

## **2. Community Description**

Thurston County, the 6<sup>th</sup> largest in Washington State, is located an hour away from Seattle at the southern end of Puget Sound in the Pacific Northwest. As of Census 2010, the county's total population was 252,264. There are seven incorporated cities within the county ranging in size from 562 to 46,478 residents. Two tribal nations are geographically located on land within Thurston County, the Nisqually and Chehalis. The county has eight school districts of which the two largest, North Thurston and Olympia, operate bilingual education programming that serves children who speak over 20 different languages. Unique features of Thurston County include the area serves as a regional medical center with a 5-county trauma hospital and over 500 primary care and specialty physicians; the county is also home to an estimated 3,334 active duty military personnel stationed at nearby Joint Base Lewis McChord (Army and Air Force) which brings many young women and their families to the county. In 2010, about 1 in 6 county high school students had a military parent or guardian that is/was deployed to a combat zone (Iraq, Afghanistan).

## **B. Population Profile**

### **1. Demographics of population**

The county's female population age 0-49 is sizable and estimated to grow an addition 27% over the next 15 years from 84,453 in 2010 to 107,626 by 2025 (*Thurston Regional Planning Council*). Thurston County's population is ethnically and culturally diverse. Of the county's female residents age 0-49 an estimated: 7% are Hispanic, 7% Asian or Pacific Islander, 5% Multi-racial, 3% Black/African-American and 3% American Indian/Native American (*Washington State Office of Financial Management*). Among county residents who identify themselves as Asian, Thurston County has sizable Filipino, Korean and Vietnamese communities. For residents who are Pacific Islander, the influence of the U.S. territories can be seen as only 29% describe themselves as Hawaiian with the remaining residents saying Guamanian and Samoan. Among county residents who are Hispanic only 58% describe themselves as Mexican and a sizable Puerto Rican community is present (*US Census Bureau*). Additionally, 30 different languages are spoken by children enrolled in Thurston County schools (*Office of Superintendent of Public Instruction*). Nearly 9,000 female county residents are foreign born, of which 28% entered the United States during the last decade. Among foreign-born female residents, girls (73%) are more likely than adult women (40%) not to be a U.S. citizen (*US Census Bureau*). This diversity means that local service agencies must consider a wide array of communities and potential barriers to participation when selecting and implementing public health interventions.

### **2. Size of population**

In 2010, the total population of Thurston County was 252,264 (*US Census Bureau*). The county's female population age 0-49 (reproductive age) is sizable and estimated to grow an addition 27% over the next 15 years from 84,453 in 2010 to 107,626 by 2025 (*Thurston Regional Planning Council*). The female

population age 10-24 (of particular interest to the Coalition upon completion of the planning process) is estimated at 25,407 (*Washington State Office of Financial Management*).

### **3. Median age**

The median age for Thurston County is 38 (*US Census Bureau*). However, median age varies greatly by race/ethnicity with 40 for White residents, 32 for Native American residents, 28 for Pacific Islanders and 25 for Latino residents.

### **4. Average Household Size**

The average household size for Thurston County is 3 (*US Census Bureau*).

### **5. Median Household Income**

As the center for state government employment and associated businesses, the median household income for Thurston County is high at an estimated \$57,988 annually (*Washington State Office of Financial Management*). However, upon closer examination economic disparities are present locally and often mirror the nation. In 2008, 10% of county women age 25 and up lived in poverty compared to 12% for the nation (*US Census Bureau*). For Thurston County and the nation, non-disabled women earned a median income of about \$11,000 less annually compared to non-disabled men. However, disabled county women had a much lower median annual income when compared to disabled men -- \$20,000 less annually. Across the nation disabled women earned less than disabled men, but not to the extent found locally -- \$8,000 less annually (*US Census Bureau*).

## **V. CHC COALITION PROFILE**

### **A. Program Description**

The expanded Coalition began meeting in the fall of 2010. The objectives for the first year were to: 1) Retain and expand membership, 2) Demonstrate member satisfaction and engagement with the process, 3) Develop three reports from the advisory subcommittees to guide further work, 4) Develop plans for the strategic plan and implementation plan that are readable and usable for, and presented for action to, the Coalition members and other interested stakeholders in the community.

The Coalition organized three subcommittees: Community Assessment, Service Capacity, and Evidence-Based Practices. At the November Coalition meeting each member was asked to choose a subcommittee on which to participate. These subcommittees served to inform the process and develop community priorities. Each subcommittee had separate goals and objectives and each developed an individual report to guide further work of the Coalition. Thurston County Public Health & Social Services staff supported each subcommittee's work by scheduling, drafting agendas, providing supporting documents, and compiling minutes.

- The Community Assessment Subcommittee was responsible for preparing the community health assessment report. They established the scope of the health assessment, advised on the presentation of the data and findings, reviewed the findings of the data analysis, and commented on the document prior to finalization. This subcommittee met three times from December 2010 to February 2011. Members of this subcommittee were: Marie Johantgen, MD representing Group Health Cooperative, Jane Mountjoy-Venning representing Thurston County Environmental Health, and Megan Sullivan representing TOGETHER!.

- The Service Capacity Subcommittee was responsible for preparing the service capacity report. This subcommittee established the scope of the community capacity review. Its members advised on the method and tools used to conduct the review. Members also reviewed the findings of the effort and commented on the report prior to finalization. This subcommittee met three times from January to March 2011. Members of this committee were: Connie Sue Brown representing SafePlace, Colleen Dixon representing Stonewall Youth, Jodi Guenther representing Planned Parenthood, Jan Naughton representing Community Action Council, Sheila Prull representing the Thurston County Chamber of Commerce, Karmel Shields representing the YWCA of Olympia, Dae Shogren representing Community Youth Services, and Shelly Willis representing Family Education and Support Services.
- The Evidence-Based Practices Subcommittee was responsible for preparing the evidence-based practices recommendations report. This subcommittee was guided in the selection of evidence-based practices by the Coalition criteria that were adopted by the full Coalition in January 2011. They reviewed the criteria and options for selection. They selected options and then reviewed the findings of the effort along with the report. This committee met three times between February and April 2011. Members of this committee were: Rachel Alm representing SeaMar Health Centers, Joe Avalos representing Thurston County Chemical Dependency Program, Traci Crowder representing Behavioral Health Resources, Larry Geri representing United Way of Thurston County, Holly Greenwood representing CHOICE Regional Health Network, Stephanie Kerr representing Providence St. Peter Hospital, Gwen Marshall representing the South Sound Breastfeeding Network, and Jolene Stiles representing South Puget Sound Community College.

Full Coalition meetings took place in November, January, March, and May. These meetings were outcome-based and allowed the Coalition members time for discussion and group decision making on key aspects of our proposal. Each meeting also included a written meeting evaluation and feedback form for Coalition members to help improve our process.

## **B. Coalition Accomplishments**

### **1. Awards**

#### **a. Honorable Mention**

To-date the Coalition activities have focused on planning. Notable contributions to the community are expected, but have not been recognized by a formal award or designation.

#### **b. Funding**

To-date efforts of the Coalition have been integrated into a May 2011 demonstration grant proposal submitted to the National Association of County and City Health Officials for \$35,000. If funded, an expanded community planning process would occur resulting in a Community Health Improvement Plan (CHIP) for all residents.

### **2. Publications**

To-date, the local planning efforts have not resulted in journal publications.

## **C. Contributing Partners and Capacity Building**

The Coalition's work has attracted substantial interest in the community, having been discussed at Board of Health meetings and appearing in the local news in the form of a "Health Matters" column related to preconception health and chronic disease by the Public Health Officer of Thurston and Mason

counties. Additional organizations have expressed interest in the findings and plans, and one (local chapter of the Postpartum Support International) participated in the Coalition's process.

Current members of the Coalition have shown strong interest in implementing and sustaining the planning work of this past year and many have expressed that they would like to continue to be involved in the Coalition. This prompted our department to identify continued capacity building and development of the Coalition as one of our goals in this plan. Partners are stepping forward to offer their help in implementing the plan – for example YWCA has expressed strong interest in the Girls Circle intervention and has researched whether it is being used by other YWCAs. Partners have begun to discuss ways that the Coalition can continue and to consider roles that they would play.

Thurston County Public Health & Social Services will continue to search for additional resources to sustain the Coalition and the strategies and actions identified in this plan. The immediate actions to sustain the plan include presentations in the last quarter of the Phase 1 grant, a briefing to the Thurston County Board of Health, and additional grant-seeking and other funding development.

## **VI. CHC COALITION PRIORITIES**

### **A. CHC Focus Area(s)**

#### **1. Problem**

The Thurston Coalition for Women's Health is focused on the improvement of the health of women and girls prior to pregnancy. In discussions of the Coalition at the outset of this planning process, through consideration of our community's service capacity and the health assessment data available to us, key themes emerged as the Coalition's areas of highest concern. Abuse and violence against women of all forms were identified as the leading health issues that will need to be addressed as primary prevention to ensure preconception health in our community. Other priorities included access to health services, mental health, nutrition, physical activity, and substance use.

The subcommittees of the Coalition informed this prioritization with several key findings. The Service Capacity Subcommittee identified the fact that though there is a wide array of services available to women and girls in Thurston County, these programs focus on basic health needs and treatment rather than on prevention. The needs and gaps in serving them in the health service systems are likely to widen in the coming years as effects of the national economic situation continue to reverberate through service providers' budgets. Primary prevention is a critical need for the community but is not addressed well and so the subcommittee urged that basic needs be defined to include some fundamental prevention strategies like increasing access to nutritious foods. The Evidence-Based practices committee echoed these findings when it raised concerns about including screening among the interventions when treatment programs may not be adequate to deal with an increasing caseload.

Social determinants of health, particularly income, were also considered very important to the health of women and girls in our community. This did not align with the topic areas that we originally scoped for the planning process, based on U.S. Department of Health and Human Services (HHS) priorities, though

we recognize that work is currently being done by HHS to identify goals and targets for Healthy People 2020 in this area of prevention and health promotion. We will address the issue more completely in later iterations of this plan as we work with the Coalition to identify specific interventions for social determinants in addition to focusing in the current plan on low-income young women. For now, this goal is under development.

The Coalition has favored a comprehensive approach as we developed this plan, intending to address more than one health problem and looking for evidence-based practices that address more than one health issues in an integrated fashion. The goals listed below reflect this interest in maintaining a focus on women's health in our community and the interest of our Coalition partners in continuing to work together to build capacity.

Targets:

The target population for this project initially included women and girls, birth to 49 years of age.

Through the community assessment and Coalition prioritization process we have developed a more specific target population of young adolescent – young adult women and girls (ages 10 to 24). In 2010, there were an estimated at 25,407 county women and girls in this target population. Within this, low-income female residents will be a priority.

Thurston Coalition for Women's Health is focused on preventing abuse and violence of all kinds against women because of its relationship to preconception health, longer term health outcomes such as chronic disease, and a cycle of violence that continues with future generations.

Injury and violence prevention is an area of focus in **Healthy People 2020**, and can be addressed through approaches in areas that affect level of risk including individual behaviors, physical environment, access

to services, and social environment. It is also featured in the National Prevention and Health Promotion Strategy draft. The priorities of the U.S. Department of Health & Human Services, as expressed in these documents and in the HHS Secretary's priorities to Transform Health Care and Advance the Health, Safety and Well-being of the American People, also speak to what is included in this plan, notably Goal 1, Objective C – "Emphasize primary and preventive care linked with community prevention services" and several under Goal 3:

- *Objective A:* Ensure the safety, well-being, and healthy development of children and youth
- *Objective B:* Promote economic and social well-being for individuals, families, and communities
- *Objective D:* Promote prevention and wellness (including a strategic initiative to "Prevent and reduce tobacco use")

In sum, the Thurston Coalition for Women's Health, through this plan and its continuing deliberations on the issues this process has surfaced, endeavors to improve the health of women and girls of Thurston County with a focus on preconception health. The process has identified a need for multiple strategies to address, effectively, the adverse health outcomes that women experience in our community.

## **2. Relevant Data/Statistics**

A set of key health indicators for county women and girls were selected to monitor Coalition activities and change over time. These indicators represent current priority interest areas and connect to goals of the Coalition.

### Pregnancy

- Smoking Cigarettes during Pregnancy, All Women = 14% (2009)
- Late or No Prenatal Care during Pregnancy, All Women = 3% (2009)

### Adolescence

- Abused by an Adult during Childhood, 10th Grade Girls = 21% (2010)

- Experienced Dating Violence, 12th Grade Girls = 10% (2010)
- Being Bullied, 8th Grade Girls = 34% (2010)
- Experienced Depression, 10th Grade Girls = 37% (2010)
- Seriously Considered Suicide, 10th Grade Girls = 23% (2010)
- Drinking Alcohol, 8th Grade Girls = 16% (2010)
- Abusing Prescription Painkillers, 10th Grade Girls = 8% (2010)
- Smoking Marijuana, 12th Grade Girls = 26% (2010)
- Smoking Cigarettes, 12th Grade Girls = 17% (2010)
- Not Eating Breakfast, 8th Grade Girls = 37% (2010)
- Not Getting Enough Physical Activity, 8th Grade Girls = 36% (2010)
- Not Eating Enough Fruit or Vegetables, 8th Grade Girls = 72% (2008)
- Overweight or Obese, 10th Grade Girls = 20% (2010)
- Diagnosed with Diabetes, 10th Grade Girls = 3% (2010)
- Diagnosed with Asthma, 10th Grade Girls = 23% (2010)

#### Adulthood

- Physically Abused during Childhood, Women Age 18+ = 22% (2009)
- Sexually Abused during Childhood, Women Age 18+ = 17% (2009)
- Witnessed Domestic Violence during Childhood, Women Age 18+ = 21% (2009)
- Diagnosed with Depressive Disorder, Women Age 18+ = 28% (2008)
- Diagnosed with an Anxiety Disorder, Women Age 18+ = 22% (2008)
- Poor Mental Health, Women Age 18+ = 11% (2009)
- Not Getting Enough Social Support, Women Age 18+ = 15% (2009)
- Heavy Drinking, Women Age 18+ = 6% (2009)
- Smoking Cigarettes, Women Age 18+ = 17% (2009)

- Not Getting Enough Physical Activity, Women Age 18+ = 45% (2009)
- Not Eating Enough Fruit or Vegetables, Women Age 18+ = 69% (2009)
- Overweight or Obese, Women Age 18+ = 47% (2009)
- Diagnosed with Diabetes, Women Age 18+ = 7% (2009)
- Diagnosed with Asthma, Women Age 18+ = 12% (2009)
- In Fair or Poor Health, Women Age 18+ = 11% (2009)
- Experiencing Activity Limitations due to Health, Women Age 18+ = 23% (2009)
- Uninsured, Women Age 18+ = 13% (2009)
- Have No Primary Health Care Provider, Women Age 18+ = 20% (2009)
- Not Seeking Health Care due to Cost, Women Age 18+ = 12% (2009)

### 3. Causes

The findings and recommendations of the coalition subcommittees provide the basis for the Coalition's understanding of the problem of adverse women's health outcomes. The Service Capacity assessment included the following recommendations:

- **Place a focus of services on low-income as a vulnerable group among the population of women and girls.** The ongoing economic disruption caused by the recession over the past two-plus years is straining the health and social service safety net in our community. It will be difficult to start, much less sustain, programs in this circumstance.
- **Prevention of abuse and neglect should be regarded as a fundamental part of preventing illness in women and girls.** Violence of all kinds (emotional, physical, sexual, etc.) against women is a major public health problem. Lack of access to education and opportunity, and low social status in communities, are linked to violence against women.

- **Basic needs should be defined to include nutrition, safety, access to health care, and accurate, relevant health education.** These needs must be met before women and girls can achieve health and well-being.
- **Invest in the following areas to ensure progress on the health of women and girls in our community:** education & training, empowerment & community involvement, access to health care, and early intervention in child abuse or neglect and other forms of family violence.

The Evidence Based Practices Subcommittee arrived at the following conclusions:

- **Prevention needs to start with girls and younger women.** Addressing programming to younger age groups is vital to improving the health of women/girls. Intervening before the onset of health conditions, a focus on primary prevention, was a significant conclusion of this process.
- **Screening, if not coupled with resources and services, can be more detrimental than helpful.** Screening is an important part of health services, but when considered it needs to be part of a more comprehensive program that offers resources for care.
- **In the topic area Access to Health Services there is a significant gap in our community that affects women and girls.** With the current state of flux in health care reform, there is an increasing need to address this gap. The committee recognizes the urgency of dealing with this gap, but was unable to find options that fit the criteria.
- **In some of the topic areas, particularly physical activity for women and girls, there are programs in development that may be of interest in the future once they have been evaluated.** Focusing on physical activity, particularly certain forms of physical activity (e.g.,

weight lifting) that have traditionally not been gender focused was an area of interest to the committee.

- **There is a need for more programming that uniquely addresses the experiences of women and girls** in each of the topic areas and delves into how to best serve them.

#### **4. Best Practices**

As noted above, Section V. the Coalition used a process of applying agreed-upon criteria to the evidence-based practices available in each of the preconception women’s health topic areas identified at the outset of this project. We evaluated interventions based on their effectiveness, level of evidence, relationship to HHS priorities and various community priorities. The list of criteria developed with the Coalition and applied by the Evidence-Based Practices Subcommittee is shown in the text box below on this page.

A variety of interventions for abuse and other women’s and girls’ preventive health were considered by the Coalition. Those that met rigorous criteria were included in the report of the Evidence-Based Practices Subcommittee and discussed with the full Coalition. The list of the recommended interventions, by topic area, is shown on the next page.

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| <p><b><u>Selection Criteria for Preventive Interventions</u></b><br/><b><u>- Thurston Coalition for Women’s Health</u></b></p> <ul style="list-style-type: none"><li>▪ Scientific basis (evidence-based)</li><li>▪ Can be in place within 6 months</li><li>▪ Costs less than \$75,000 (allowing more than one intervention to occur within a limited budget)</li><li>▪ Return-on -investment, cost-benefit potential</li><li>▪ Sustainable components</li><li>▪ Prevention focused</li><li>▪ Supports funder (HHS) priorities</li><li>▪ Targets women/girls preconception/interconception</li><li>▪ Driven by priorities identified from year 1 planning grant</li><li>▪ Enhance existing services or address gaps in our community</li><li>▪ Show short-term health improvement within 1-2 years</li><li>▪ Can be implemented by community-based organizations</li><li>▪ Addresses more than one area of women’s health</li></ul> |
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## 5. Recommendations

In order to address preconception health and the substantial barriers posed by the problems noted above, particularly in abuse, access to care, mental health and substance use/abuse, we have determined that a multi-sector strategy that addresses healthy relationships and healthy development is what can be most effective. Healthy relationships includes prevention of dating violence, sexuality issues and healthy development addresses depression, alcohol abuse and other substance use, nutrition and eating disorders, and lack of access to care during the transition from child to adult systems. These two areas are embodied in the goals discussed next.

Women's Health Topic Area	Evidence-based Intervention that meets Thurston Coalition for Women's Health Criteria (note: the numbers below do not indicate priority order)
Abuse:	1. Girls Circle
Access to Health Services:	None
Mental Health:	1. ATHENA 2. Girls Circle
Nutrition:	1. BodyWorks 2. Little by Little 3. Supporting breastfeeding
Physical Activity:	1. BodyWorks 2. Commit to Quit
Substance Use:	1. ATHENA 2. Big Brothers, Big Sisters 3. Commit to Quit 4. Girls Circle

### a. Goals

Goal 1. Reduce abuse/violence against women/girls aged 10 to 24 and the trauma associated with it.

Goal 2. Build community and health system capacity to address women's health in Thurston County.

Goal 3. Improve access to health services.

Goal 4. Improve the mental health of young women and girls.

Goal 5. Increase and promote wellness opportunities for young women: Prevent substance abuse and promote active living, and healthy eating.

Goal 6. Address social determinants of preconception health. (in development)

**b. Action Steps/Strategies**

Goal 1 – Prevent Abuse and Violence against Women/Girls - Strategies

- Strategy 1a - Strengthen policies and programs to prevent violence. (fr: National Prevention and Health Promotion Strategy – 2011 Draft) See:  
[http://www.healthcare.gov/center/councils/nphpphc/final\\_nphps\\_draft\\_framework.pdf](http://www.healthcare.gov/center/councils/nphpphc/final_nphps_draft_framework.pdf)
- Strategy 1b - Provide individuals and families with the knowledge, skills, and tools to make safe choices and prevent violence and injuries, especially through building self-efficacy. (fr: NPHPS – 2011 Draft)

Actions - Goal 1:

- Develop resources to fund new interventions in this area – i.e. for implementation of Girls Circle

Goal 2 – Build Community Capacity - Strategies

- Strategy 2a - Maintain and enhance the Thurston Coalition for Women’s Health
- Strategy 2b - Continue quality improvement for the plans and planning process, ensuring that it addresses women’s health more comprehensively
- Strategy 2c – Improve data collection and surveillance of women’s health issues

Actions - Goal 2:

- Identify resources to continue to convene TCWH or develop means of staying connected without meetings
- Invite continued Coalition meetings, retain current members and add new members
- Continue to evaluate meetings and progress on plan implementation and sustainability

- Connect Coalition members with opportunities to partner and implement this plan's intervention strategies
- Identify appropriate indicators for monitoring and tracking progress on key women's health issues

### Goal 3 – Improve Access to Health Services - Strategies

- Strategy 3a – Address the health insurance coverage gaps for young people during transition periods in their lives (pregnancy, moving off parent's insurance, etc.)
- Strategy 3b – Increase access to preventive services (check-ups and medical home for a population that is typically not experiencing the kind of illness/disease that prompts care-seeking).

#### Actions - Goal 3

- Implement suggestions of the Bridge to Primary Care for Thurston County committee as regards health coverage for young adults.

### Goal 4 – Improve Mental Health - Strategies

- Strategy 4a – Increase recognition of mental health issues (such as body image and disordered eating) among target group and support for their ability to resolve them
- Strategy 4b - Increase the services available to prevent, recognize and treat depression and anxiety disorders.

#### Actions - Goal 4

- Develop and otherwise identify resources for improved mental health support, including implementation of programs such as Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA) and Girls Circle.

- Develop and otherwise identify resources for improved prevention of depression and anxiety

#### Goal 5 – Promote Wellness - Strategies

- Strategy 5a - Prevent initiation of substance use among low-income adolescent girls and young adult women
- Strategy 5b - Nutrition: Increase accessibility, availability, affordability and identification of healthful foods where young women in our community live, work and play.
- Strategy 5c - Physical Activity: Increase opportunities for physical activity where young women in our community live, work and play.

#### Actions - Goal 5

- Complete Smoke-free Housing Policy project, tobacco-free Thurston County project and identify ways to sustain these efforts by end of August 2011.
- Develop and otherwise identify resources to implement additional interventions aimed at preventing initiation into substance use or (ATHENA, Big Brothers/Big Sisters, Girls Circle, etc.) or help achieve multiple wellness goals including both tobacco use and nutrition or physical activity (Commit to Quit).
- Identify means of educating about and supporting healthy eating and physical activity through existing programs for girls and young women.
- Modify the environments in which women of this target population live, work or play, or policies that affect behavior those places, to make healthy choices easier – for example workplace meeting food or breastfeeding policies.

#### Goal 6 – Address Social Determinants – Strategies (in development)

## **B. Resources**

The Thurston Coalition for Women's Health has strong interest in sustaining the actions identified in this plan. The lead agency currently has a limited amount of funding to continue the work of Coalition and disseminate the plan locally in the near term. Other partners are willing to commit themselves to implementation of the plan. However, the development of additional resources, in the form of new grants or cooperative agreements, is needed to move from strategy into action that will benefit women and girls in our community.

## VII. IMPLEMENTATION PLAN (Table)

### A. Coalition Objectives

1. Overall Coalition Objectives	Goal 2 Build community and health system capacity to address women's health
<ul style="list-style-type: none"> <li>• Strategy - Maintain and enhance the Thurston Coalition for Women's Health</li> <li>• Strategy - Continue quality improvement for the plans and planning process, ensuring that it addresses women's health more comprehensively</li> <li>• Strategy - Improve data collection and surveillance of women's health issues</li> </ul>	
2. Action Steps	
<ul style="list-style-type: none"> <li>▪ Identify resources to continue to convene TCWH or develop means of staying connected without meetings               <ul style="list-style-type: none"> <li>○ Prepare CHC Phase II grant application (see Goal 1 below).</li> </ul> </li> <li>▪ Invite continued Coalition meetings, retain current members and add new members</li> <li>▪ Continue to evaluate meetings and progress on plan implementation and sustainability</li> <li>▪ Connect Coalition members with opportunities to partner and implement this plan's intervention strategies</li> <li>▪ Identify appropriate indicators for monitoring and tracking progress on key women's health issues</li> </ul>	
3. Contributing Partners	
All members of the current Thurston Coalition for Women's Health plus additional organizations interested in joining during the next few years	
4. Baseline	
18 current members plus lead agency Thurston County Public Health & Social Services (Behavioral Health Resources, CHOICE Regional Health Network, Community Action Council, Community Youth Services, Family Education and Support Services, Group Health Cooperative, Physicians of Southwest Washington, Planned Parenthood, Providence St. Peter Hospital, SafePlace, Sea Mar Community Health Centers, South Puget Sound Community College, South Sound Breastfeeding Network, Stonewall Youth, Thurston County Chamber of Commerce, TOGETHER!, United Way of Thurston County, YWCA of Olympia)	
5. 2016 Goals	
Stable funding for Thurston Coalition for Women's Health, shared among the members Proportion of Coalition members who are involved with implementation increases Community indicators of women's health are complete and regularly updated	
6. 2020 Goal –	
<ul style="list-style-type: none"> <li>• ECBP 10.2 - Increase the number of community-based organizations providing population-based primary</li> </ul>	

<ul style="list-style-type: none"> <li>violence prevention services.</li> <li>• ECBP 10.3 - Increase the number of community-based organizations providing population-based primary mental illness prevention services.</li> <li>• ECBP 10.4 &amp; 5 - Increase the number of community-based organizations providing population-based primary substance abuse (tobacco, alcohol, drugs) prevention services.</li> </ul>	
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B. CHC Focus Area(s)

1.

1. CHC Coalition Objective	Goal 1 Reduce abuse/violence against women/girls aged 10 to 24
<ul style="list-style-type: none"> <li>• Strategy 1a - Strengthen policies and programs to prevent violence. (fr: National Prevention and Health Promotion Strategy – 2011 Final)</li> <li>• Strategy 1b - Provide individuals and families with the knowledge, skills, and tools to make safe choices and prevent violence and injuries, especially through building self-efficacy. (fr: NPHPS – 2011 Draft)</li> </ul>	
2. Action Steps	
<ul style="list-style-type: none"> <li>▪ Define target population and health outcome objectives/hypotheses</li> <li>▪ Develop resources to fund new interventions in this area – i.e. for implementation of Girls Circle <ul style="list-style-type: none"> <li>○ Prepare CHC Phase II grant application – June 2011.</li> </ul> </li> </ul>	
3. Contributing Partners	
<ul style="list-style-type: none"> <li>University of Washington – evaluation partner</li> <li>YWCA of Olympia – implementation partner</li> <li>TOGETHER! – community mobilization partner</li> </ul>	
4. Baseline	
Lack of health services, and specifically those focused on abuse/violence prevention, for middle school age girls – Girls Circle or other evidence-based practices are not currently available.	
5. 2016 Goals	
Serve 400+ middle school age girls (ages 10-14) in the Girls Circle program	
6. 2020 Goal –	
<ul style="list-style-type: none"> <li>• IVP 42 Reduce children’s exposure to violence.</li> <li>• AH 3.1. - Increase the proportion of adolescents who have an adult in their lives with whom they can talk to about serious problems.</li> </ul>	

2.

1. CHC Coalition Objective	Goal 3 Improve access to health services.
<ul style="list-style-type: none"> <li>• Strategy – Address the health insurance coverage gaps for young people during transition periods in their lives (pregnancy, moving off parent’s insurance, etc.)</li> <li>• Strategy – Increase access to preventive services (check-ups and medical home for a population that is typically not experiencing the kind of illness/disease that prompts care-seeking).</li> </ul>	
2. Action Steps	
<ul style="list-style-type: none"> <li>▪ Implement suggestions of the Bridge to Primary Care for Thurston County committee as regards health coverage for young adults.</li> </ul>	
3. Contributing Partners	
4. Baseline	
5. 2016 Goals	
6. 2020 Goal	

3.

1. CHC Coalition Objective	Goal 4 Improve the mental health of young women and girls
<ul style="list-style-type: none"> <li>• Strategy – Increase recognition of mental health issues (such as body image and disordered eating) among target group and support for their ability to resolve them</li> <li>• Strategy - Increase the services available to prevent, recognize and treat depression and anxiety disorders</li> </ul>	
2. Action Steps	
<ul style="list-style-type: none"> <li>▪ Develop and otherwise identify resources for improved mental health support, including implementation of programs such as Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA) and Girls Circle. <ul style="list-style-type: none"> <li>○ CHC Phase II grant application.</li> </ul> </li> <li>▪ Develop and otherwise identify resources for improved prevention of depression and anxiety</li> </ul>	

3. Contributing Partners	
University of Washington, YWCA, and TOGETHER! (see Goal 1 above for details)	
4. Baseline	
5. 2016 Goals	
6. 2020 Goal	

4.

1. CHC Coalition Objective	Goal 5 Increase and promote wellness opportunities for young women
<ul style="list-style-type: none"> <li>• Strategy - Prevent initiation among low-income adolescent girls and young adult women</li> <li>• Strategy - Nutrition: Increase accessibility, availability, affordability and identification of healthful foods where young women in our community live, work and play.</li> <li>• Strategy - Physical Activity: Increase opportunities for physical activity where young women in our community live, work and play.</li> </ul>	
2. Action Steps	
<ul style="list-style-type: none"> <li>▪ Complete Smoke-free Housing Policy project, tobacco-free Thurston County project and identify ways to sustain these efforts by end of August 2011.</li> <li>▪ Develop and otherwise identify resources to implement additional interventions aimed at preventing initiation into substance use or (ATHENA, Big Brothers/Big Sisters, Girls Circle, etc.) or help achieve multiple wellness goals including both tobacco use and nutrition or physical activity (Commit to Quit).</li> <li>▪ Identify means of educating about and supporting healthy eating and physical activity through existing programs for girls and young women.</li> <li>▪ Modify the environments in which women of this target population live, work or play, or policies that affect behavior those places, to make healthy choices easier – for example workplace meeting food or breastfeeding policies.</li> </ul>	
3. Contributing Partners	
Environmental Protection Agency Region X and Office of Children’s Health Protection – provide grant support for Clean Indoor Air at Home and Health Homes for Kids projects. University of Washington, YWCA, and TOGETHER! (see Goal 1 above for details)	
4. Baseline	
5. 2016 Goals	
6. 2020 Goal	

## VIII. RESOURCES

The enclosed plan is a work in progress. The Thurston Coalition for Women's Health will continue to meet and discuss the plan to develop additional details of the specific interventions to be implemented in succeeding years. For instance, though we have a set of top interventions that meet Coalition criteria, we have not yet determined which of these we will implement in our community. Thurston County Public Health & Social Services and the Coalition will continue to draw upon the resources provided by Phase 1 of the U.S. Department of Health and Human Services Office on Women's Health Coalition for a Healthier Community grant to complete this planning work.

In the final quarter of this planning phase, the emphasis of the effort shifts to sustainability – sharing the results of the assessment and the findings and strategies as articulated in this plan with partners and policymakers in our community. We will also focus on developing the funding and other resources needed to turn this plan into action. The Phase 2 funding for Coalition for a Healthier Community is an example of the kind of resource opportunity that our coalition will likely pursue. Already these findings are being used, and we anticipate that this plan will be a resource for near-term health planning processes, like the current effort to establish Health and Human Services goals and policies in local comprehensive community and regional plans, and for the long term health system development for Thurston County.