CHAPTER __ -- HEALTH AND HUMAN SERVICES Chapter – Draft

Part I. INTRODUCTION

A. Purpose Statement

The way our community develops affects our physical and mental health and the environment. How our community is designed and built in response to population growth creates the conditions in which people live their lives many years into the future. As we look to the future we need to optimize the design of our community in such a way that it protects the health of residents from environmental threats while encouraging healthy behavior. For example, where a school is sited affects how safe it is and how likely children are to walk to school which is in turn an opportunity for them to be physically active. The pattern of development also affects access to and delivery of the full range of health services – the closer people’s homes are to where they need to go, the better their access will be. And the choices we make regarding infrastructure for water supplies, wastewater systems and disposal of our wastes directly affect our water resources, food supplies and public health.

In order for community development to promote good health for our community’s residents, the policies that guide development and manage growth should consider the human health implications. The purpose of this chapter is to define those implications and to plan for the environments and health services that will meet the needs of current and future Thurston County residents while preventing disease and keeping our local population as healthy as possible.

B. Authority and Origins of Planning in Public Health

The authority of the County to do the work of protecting the public’s health and safety is established by the laws of Washington State – namely the Revised Code of Washington (RCW) section 70.05.060 – which set forth the powers and duties of the local Board of Health. The state law for growth management also sets forth the authority of the Board of County Commissioners (the same policy-making body in Thurston County’s government as the Board of Health) to establish this comprehensive plan and its policies. The difference between the two bodies is that the Board of Health has authority to enforce the state’s public health laws and rules established by the state board of health and secretary of health throughout the county – including the cities within the county, whereas the Board of County Commissioners only has jurisdiction for land use and other areas of regulation in the unincorporated parts of the County.

The RCW states that the Board of Health shall:

1. Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
2. Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;

3. Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;

4. Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;

5. Provide for the prevention, control and abatement of nuisances detrimental to the public health

The RCW goes on to note that the Board of Health also has the responsibility to make reports to the state board of health as required, and to set fees for services authorized by law or rules established by the state board of health, as long as they are proportionate to the actual costs of providing the services.

A subsequent section, RCW 70.05.070, describes the powers and duties of the local health officer, reinforcing that this is a means for the board of health to meet its responsibilities. It also adds some specific means of accomplishing public health duties, a selection of which are included here:

- Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;

- Prevent, control or abate nuisances which are detrimental to the public health;

- Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;

- Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;

- Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department.

**History**

Public health was defined by the American public health leader, Charles-Edward A. Winslow, in 1920 as, "the science and art of preventing disease, prolonging life, and
promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health."

During the 1800’s, when the growth of large, very densely populated industrial cities made dealing with human and other wastes through sanitation a major focus of government in order to protect people from infectious diseases and poor air, both planning and public health were born as disciplines. They shared a focus on maintaining or protecting public welfare, particularly health and safety. Scientific understanding of the causes and consequences of diseases was increasing, and early on it established the link between people’s health and their surroundings – particularly the conveyance of clean water for drinking and the need to keep those drinking water sources free of contamination such as sewage.

A century later, understanding of a new threat to the public’s health - chronic diseases, many associated with unhealthy weight and affected by factors of how people eat and how much physical activity they get in their daily lives - has brought about a new appreciation for the importance to health outcomes of design and planning of communities. Opportunities to engage in healthy behaviors are constrained or supported by how areas such as cities or towns are built over time. A major example of this is how the steady increase in childhood obesity closely mirrors the patterns of school siting and design over the last fifty years – with larger school campuses in more remote locations, often in places without the infrastructure to support walking from the nearest residences served by the school. As a result fewer and fewer students have the option of being active (walking or bicycling) for their travel to and from school.

C. Relationship to Other Chapters of the Thurston County Comprehensive Plan and Relevant County Policies

As described above, there are very important links between health and both the built and natural environments. This environment and health connection should be reflected in this comprehensive plan to ensure that it addresses both the need to protect County residents' health and safety, as well as to capitalize on opportunities to promote the public's health. The other parts of this plan, where addressing health objectives would help facilitate this kind of integrative planning to give the best chance of creating healthful environments, include at a minimum the chapters on Housing, Land Use, Natural Environment, Natural Resource Lands, and Transportation.

County-wide Planning Policies 9.1 through 9.8 call for all jurisdictions in the county to recognize their dependence on natural systems and maintain a balance between human uses and the natural environment, protect ground and surface water from
degradation, protect and enhance air quality, minimize high noise levels, promote awareness of cultural and natural heritage, encourage recycling of materials and products and reduction of waste, and to plan for growth in a manner that can be sustained without degrading the county's livability and environmental quality.
Part II. BACKGROUND AND CONTEXT

Our health is affected by a number of factors, known as determinants of health. Understanding these factors helps us to identify the opportunities to achieve disease prevention and health promotion objectives through community planning.

A. Determinants of Health

1) Behavioral - in addition to a person’s genes, how he or she behaves – the things he or she chooses to do - greatly affect his/her health
2) Environmental - the physical surroundings where we live shape our behavior and thus our health
3) Social - the economic and educational conditions we live in affect health outcomes

The understanding of the relative importance of these factors can be summarized in the chart below:

![Pie chart showing 50% Environment, 20% Health Behaviors, 20% Genetics, and 10% Access to Health Care.]

It should be noted that the environment not only has direct impact on health but also shapes the health behaviors determinant, as discussed below.

B. Current Understanding of Interactions between Built Environment and Health

1) Access to Healthy Food – The nutrition environment, from how close by grocery stores are to neighborhoods where many people live to the menus of restaurants
and other food service establishments, constrains or enhances the choices of healthier, nutrient-rich foods available to local residents. Access to healthy food can be improved by allowing or encouraging features like community gardens, farmers markets, and promotions of healthy foods, as well as through governmental and private sector policies.

2) Facilities for Physical Activity – The availability of active, walkable places – destinations, parks, sidewalks and trails near where people live and work, and design of these facilities to be safe and inviting – is strongly associated with levels of physical activity, a key factor in preventing chronic disease. Other main characteristics for creating good access to physical activity opportunities that relate to planning the built environment are density and mix of uses, which bring more destinations for walking or other activity within reach of residents or people at work.

3) Water – There is continued need for managing wastes and pathogens so as to maintain clean drinking water and to protect water quality more broadly. Land uses and activities such as raising animals/keeping pets or pest and weed control can have substantial impacts on water quality.

4) Health Services – Like the infrastructure mentioned above, levels of service for care across a broad spectrum of health conditions (physical, mental, and social) are affected by the demands created by population growth and development of human settlement (urbanization). Those areas that are more rural or even suburban are more difficult and costly to serve than compact communities or neighborhoods.

C. Public Health Priorities in Thurston County

The Thurston County Board of Health, together with the director and staff of the Thurston County Public Health & Social Services department and partner organizations in the community, worked in the first half of 2011 to define key priorities for improving the health of the public in our community. The four main areas of priority chosen include: Access to Health Care / Health Care Reform, Environmental Public Health - Protecting Environment / Reducing Pollution, Healthy Living - Chronic Disease Prevention through Nutrition & Physical Activity Promotion, and Healthy Living – Tobacco Prevention.

❖ Access to Health Care

Disparities in access to health care affect everybody: the individual in need, the insurance companies including public funders, the public safety net, and health care providers. Limited access to quality health care undermines people’s ability to reach their full potential and lowers their quality of life.
If a community has barriers to accessing health services, its residents will suffer from:
- more disease and disability;
- delays in receiving appropriate care;
- inability to get preventive services;
- preventable hospitalizations;
- more costly care;
- reduced life expectancy.

Lack of adequate health insurance makes it difficult for people to get the health care they need and when they do get care, burdens them with large medical bills or requires health care institutions to carry the burden of excessive charity care. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Along with adequate health insurance, however, our community also needs to ensure the availability of enough local health care providers to meet residents' needs.

Clinical preventive services like screening for early evidence of disease, when combined with communities designed to prevent chronic disease, also contribute to a high-quality health care system. The National Prevention Strategy (2011) lays out a long-range strategic plan for ensuring a healthier population across the nation. It focuses, like this chapter, on the leading causes of death and their underlying causes: preventing smoking/tobacco use, promoting nutrition and physical activity, and ensuring healthful community environments in such diverse arenas as housing, transportation, education, and workplaces.

- Environmental Public Health - Protecting Environment / Reducing Pollution

Environmental health is the branch of public health that is concerned with all aspects of the natural and built environment that may affect human health. Environmental health is the study of how environmental factors can harm human health and how to identify, prevent, and control such effects. Environmental health professionals work to:
- maintain a safe supply of food and drinking water;
- discover mechanisms of diseases caused by environmental exposures;
- treat and dispose of liquid, solid and toxic wastes;
- reduce air, water, food, and noise pollution;
- control workplace hazards.

Since the pioneering work of John Snow in the 1850s established the link between contamination by human wastes and waterborne infectious diseases, maintaining a high standard of water quality particularly for drinking water has been a major public health priority and responsibility. The work of maintaining clean water involves not only sound rules and regulations to protect sources of drinking water (aquifer recharge zones and other critical areas), but also appropriate infrastructure and land use on a broader scale so that problems are addressed, and costs kept in control, by design. It is far more expensive to clean up contamination than to prevent it from occurring in the first place.
Some of the impact on water quality is the result of individual or organizational behavior, so education, outreach and technical assistance about how to minimize use of, and properly store or dispose of, potential contaminants must be part of public health efforts.

- **Healthy Living - Chronic Disease Prevention through Nutrition & Physical Activity**

While infectious diseases remain a key focus of public health surveillance and action, diseases that result from poor diet, lack of physical activity and the use of tobacco (mentioned above) have become much more significant in the past century in terms of impact on population health. Obesity and overweight are precursors to long term health conditions like Type-2 Diabetes, and the incidence of unhealthy weight in the population of Thurston County, like the nation, has been increasing. These are preventable conditions, and preventing them depends on more people having easy access to healthier options – more nutritious food choices in neighborhoods, schools and workplaces; more facilities that encourage physical activity like parks and trails nearby where people live, go to school, or work.

- **Healthy Living – Tobacco Prevention**

Tobacco use is the leading cause of death - by far - across the United States, contributing to cancers, heart disease and a host of other chronic or fatal health conditions. Tobacco products contain addictive substances and are marketed heavily, making them an intractable problem. The norms in American life have clearly shifted to the point where smoking is recognized as a detrimental factor in the health of individuals and society as a whole, yet it remains a vexing problem. Once initiated, tobacco use is difficult to quit. The County supports efforts to prevent initiation (starting to smoke), particularly by children and youth, and also tobacco cessation.

Exposure to any amount of secondhand smoke, even when one is not a smoker, is also damaging to one’s health. Thurston County benefits from the Washington State Smoking in Public Places law, passed by citizen initiative in 2005 to ban smoking in “public places” with an emphasis on workplaces (which are required to be 100% smoke free). This law forbids smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve enclosed areas where smoking is prohibited – with the intent of reducing exposures to secondhand smoke. The County supports establishing other smoke-free policies as enhancements to the Smoking in Public Places law, for example with employers and in multifamily housing.
Part III. THURSTON COUNTY COMMUNITY HEALTH INDICATORS

Health Data for Decisionmaking
The local health department maintains extensive data and monitors health status and other indicators regarding the health of the population residing in Thurston County. This section provides summaries of data concerning the public health priority areas introduced above.

Access to Health Care
In 2010, an estimated 29,150 Thurston County adults had no form of health insurance coverage and 54,420 county adults had no dental insurance coverage. ¹

Access to Care Estimates, Thurston County Adults 2010 ¹

<table>
<thead>
<tr>
<th>Access to Medical Care</th>
<th>Low Income</th>
<th>Not Low Income</th>
<th>All County Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Not Have Health Insurance</td>
<td>31%</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>Did Not Get Needed Care due to Cost</td>
<td>34%</td>
<td>5%</td>
<td>13%</td>
</tr>
<tr>
<td>Do No Have a Primary Care Provider</td>
<td>39%</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>Access to Dental Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Have Dental Coverage</td>
<td>51%</td>
<td>14%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Low Income: Annual household income of less than $35,000

Chronic Health Conditions Requiring Medical and/or Behavioral Health Care – Thurston County

<table>
<thead>
<tr>
<th>Youth ²</th>
<th>Thurston</th>
<th>State</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Asthma, 10th Graders</td>
<td>22%</td>
<td>19%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Have Diabetes, 10th Graders</td>
<td>4%</td>
<td>4%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Have Been Depressed, 10th Graders</td>
<td>31%</td>
<td>30%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Abuse Alcohol, 10th Graders</td>
<td>28%</td>
<td>28%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Abuse Prescription Pain Killers, 10th Graders</td>
<td>9%</td>
<td>8%</td>
<td>(2010 Data)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adults ¹</th>
<th>Thurston</th>
<th>State</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Asthma</td>
<td>12%</td>
<td>10%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Have Diabetes</td>
<td>7%</td>
<td>7%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>Have or Ever Had Cancer</td>
<td>11%</td>
<td>11%</td>
<td>(2009 Data)</td>
</tr>
<tr>
<td>Have Coronary Heart Disease</td>
<td>2%</td>
<td>3%</td>
<td>(2010 Data)</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>31%</td>
<td>28%</td>
<td>(2009 Data)</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>34%</td>
<td>39%</td>
<td>(2009 Data)</td>
</tr>
<tr>
<td>Diagnosed with Depressive Disorder</td>
<td>21%</td>
<td>17%</td>
<td>(2008 Data)</td>
</tr>
<tr>
<td>Diagnosed with Anxiety Disorder</td>
<td>15%</td>
<td>12%</td>
<td>(2008 Data)</td>
</tr>
</tbody>
</table>
Environmental Health

Groundwater
Thurston County residents rely almost exclusively on groundwater as their potable water source - that is to say, uses for human consumption including drinking. There are approximately 600 Group B (2-14 service connections) and 300 Group A (15 or more service connections) public water systems in Thurston county. Department of Ecology records show more than 4000 water wells were drilled in Thurston County from 2000-2010.

While groundwater quality is generally very good, pollution from land use activities has significantly affected water quality in some areas. In 2011, elevated nitrate concentrations (above 3.0 mg/l) were found in ground water sampled in 13 areas across Thurston County (Thurston County Geodata). Background nitrate concentrations in groundwater should be less than 2.0 mg/l. Nitrate in people's food or water reduces the ability of red blood cells to carry oxygen, with more serious health effects for infants (methemoglobinemia or “blue baby syndrome”). Our drinking water quality standard (upper limit) for nitrate is 10 milligrams per liter (mg/l). The presence of elevated nitrate levels in ground water indicates it is being polluted by land use activities and are an indication that other pollutants may be present.

The Scatter Creek Aquifer is the potable water source for much of southern Thurston County. The aquifer flows from Tenino westward to Grand Mound and Rochester, and then south to Lewis County. The aquifer is shallow and unconfined - not having an impermeable layer of rock or sediment between it and the surface - and therefore vulnerable to pollution from land use activities. Bacterial and nitrate pollutants have contaminated the aquifer. Sampling conducted from September 2008 through June 2009 found nitrate values in the 120 samples collected ranged from a high of 7.8 mg/l to a low of 1.7 mg/l.

Surface Waters
Marine
Commercial shellfish harvesting takes place along Thurston County shorelines in Totten Inlet, Eld Inlet, Henderson Inlet and along Nisqually Reach. There are approximately 11,857 acres commercial shellfish harvesting areas in Thurston County (using 2008 as base year). Overall water quality conditions improved from 2008 to 2011 so that harvesting restrictions were lifted on 318 acres of commercial shellfish harvesting areas. While water quality improvements were documented in Henderson Inlet and Nisqually Reach, water quality trends in Eld Inlet are declining. Over half of 22 sampling stations
monitored by the Department of Health in Eld inlet showed increased fecal pollution from 2004 – 2009.

Fresh water
Water quality is regularly monitored at 13 sites on the nine largest lakes in Thurston County. A variety of parameters are monitored, including those needed to calculate the Carlson trophic state indices (TSI), namely clarity, chlorophyll a and total phosphorus. Trophic state indices are used to express the degree of productivity, or plant and algae growth, in these lakes. The indices show that our lakes vary from having oligotrophic (Summit Lake) to eutrophic conditions (Capitol Lake and Pattison Lake). Oligotrophic lakes are associated with "good" water quality, ones in which people like to swim and recreate. The most eutrophic lakes have poor water clarity and tend to have frequent and/or prolonged algae blooms. Nutrients associated with land use activities such as nitrogen and phosphorus influence water quality and the trophic state of lakes.

Total Maximum Daily Load (TMDL) studies, which describe overall pollutant quantities, or loading, have been completed for many watersheds in Thurston County, including the Chehalis, Henderson and Nisqually basins. The TMDL reports for Henderson and Nisqually found that pollutant loads to some streams need to be significantly improved before the stream can meet the water quality standards called for in the federal Clean Water Act. Work on the Deschutes River watershed is ongoing. The TMDL process requires states to identify sources of pollution in waters that fail to meet state water quality standards and to develop Water Quality Improvement Reports to address those pollutants.

On-site Sewage Systems
There are approximately 70,000 on-site sewage (septic) systems in Thurston County. While properly designed, constructed and maintained on-site sewage systems (OSS) provide a safe and efficient way to treat and dispose of domestic waste water, failing or improperly used OSS can generate significant levels of pollution that pose public health and environmental concerns. Failing on-site sewage systems in Thurston County have contributed to commercial shellfish area closures and significant levels of ground water pollution. Surfacing sewage poses an immediate threat to people who come in contact with it.

The Environmental Health Division is responsible for reviewing and permitting the installation and repair of OSS with design flows of 3,500 gallons per day or less. Permits are reviewed to ensure compliance with Article IV of the Thurston County Sanitary Code and WAC 246-272A. These regulations require the sewage systems to meet system site, soil and installation standards.

WAC 246-272A requires the OSS owner to take steps to ensure the OSS is properly monitored and maintained to help keep it from failing. Thurston County augments state law by requiring renewable certificates (permits) for OSS that are large, complex or serve food service establishments. Renewable certificates are also required in the
Henderson Inlet and Nisqually Reach watersheds, where OSS were found to be significant pollution sources. Beginning January 1, 2013 approximately 13,500 OSS will be required to have renewable operational certificates, of which 10,000 will be in the special Henderson or Nisqually monitoring and maintenance areas (Marine Recovery Areas).

**Solid and Hazardous Waste**
Thurston County is home to many businesses and industries that use and store hazardous materials or wastes. Since 2000, the County’s hazardous waste program staff has assisted over 1,800 businesses with the management, recycling, and disposal of their hazardous materials. Industry-specific campaigns have enabled the County to provide education about best management practices that includes product substitution, treatment options, new recycling techniques, and removal of hazardous and extremely hazardous chemicals from local schools. The County also assists the Department of Ecology to oversee the cleanup of local contaminated sites. As of October 2009, 193 Thurston County sites were identified by the Department of Ecology and included on the Washington State Confirmed and Suspected Contaminated Sites List and the Leaking Underground Storage Tanks (LUST) List.

In 2011, Thurston County Public Health & Social Services permitted seven public solid waste facilities, including the Thurston County Waste and Recovery Center, Hazo House, and three county-owned transfer stations. Nine privately-owned facilities were also permitted, including the Silver Springs Organics composting facility. Thurston County is responsible for regulating the materials that these facilities handle, including the small quantities of hazardous materials or wastes associated with small businesses and households. A more complete discussion of regulation for these materials and wastes can be found in the Thurston County Hazardous Waste Plan.

In 2008, an estimated 96% of Thurston County adults used chemical products around their home such as weed killers, bug sprays and household cleaners. Of county adults that used household chemical products, 27% never or only sometimes familiarized themselves with the health effects of the product and 10% acknowledged that they do not follow directions for use.¹

Source:
¹ Assessment and Planning Section, TCPHSS; Perception and Practice - Environmental Factors and Lifestyle Choices Survey 2008.

**Healthy Living – Chronic Disease Prevention**

**Nutrition**
In Thurston County, 40% of adults acknowledge that the way they eat is not healthy. Among county adults that have food available on-site at work, 27% describe the food as healthy.¹ In 2009, 23% or an estimated 44,100 Thurston County adults consumed the recommended daily amount of fruit and vegetables compared to 25% for Washington
State. Since 2003, about 1 in 4 county adults consumed enough fruit and vegetables (2003 = 24%, 2005 = 27%, 2007 = 26%). In 2008, 32% of Thurston County 8th graders consumed the recommended daily amount of fruit and vegetables (Washington State = 28%).

Away from Home Food Purchasing, Thurston County Adults 2008

<table>
<thead>
<tr>
<th>Purchased During Past Month</th>
<th>Low Income</th>
<th>Not Low Income</th>
<th>All County Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal at Fast Food Restaurant</td>
<td>56%</td>
<td>59%</td>
<td>58%</td>
</tr>
<tr>
<td>Meal at Sit Down or Buffet Style Restaurant</td>
<td>53%</td>
<td>82%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Low Income: Annual household income of less than $35,000

The early years of a child’s life influences their lifelong food choices. Once established, eating patterns can be difficult to modify. Children prefer what they are used to eating with their family.

Eating Patterns among Middle and High School Students, Thurston County and Washington State 2010

<table>
<thead>
<tr>
<th></th>
<th>Thurston</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th Graders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat Breakfast</td>
<td>81%</td>
<td>77%</td>
</tr>
<tr>
<td>Eat Dinner with Family</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>Drink Regular Pop/Soda (not diet)</td>
<td>31%</td>
<td>35%</td>
</tr>
<tr>
<td>8th Graders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat Breakfast</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>Eat Dinner with Family</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Drink Regular Pop/Soda (not diet)</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>10th Graders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat Breakfast</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>Eat Dinner with Family</td>
<td>57%</td>
<td>60%</td>
</tr>
<tr>
<td>Drink Regular Pop/Soda (not diet)</td>
<td>34%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Source:
1. Assessment and Planning Section, TCHSS; Perception and Practice - Environmental Factors and Lifestyle Choices Survey 2008.
Physical Activity

In 2009, 60% of, or an estimated 114,930, Thurston County adults engaged in the recommended amount of physical activity compared to 54% for Washington State. The county ranked 3rd highest for adults meeting adult physical activity recommendations. Since 2003, nearly 3 in 5 county adults engaged in the recommended amount of physical activity (2003 = 57%, 2005 = 58%, 2007 = 56%). Local decisions and investments have improved the walkability and bicycle-friendliness of Thurston County, however differences remain in levels of physical activity among county residents.

Physical Activity at Home and Work, Thurston County Adults 2008

<table>
<thead>
<tr>
<th>Recent Physical Activity</th>
<th>Low Income</th>
<th>Not Low Income</th>
<th>All County Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went on a Walk Near Home</td>
<td>60%</td>
<td>75%</td>
<td>68%</td>
</tr>
<tr>
<td>Went Bike Riding Near Home</td>
<td>17%</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>[Employed Adults] Went on Walk Near Work</td>
<td>39%</td>
<td>51%</td>
<td>48%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commute to Work</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[Employed Adults] Walked to Work</td>
<td>12%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>[Employed Adults] Bike Riding to Work</td>
<td>15%</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Recent Physical Activity: Specific activity occurred on one or more days during the past month
Low Income: Annual household income of less than $35,000

Life-long health attitudes and behaviors are typically formed during adolescence. Physical activity during adolescence has been shown by research to provide a range of immediate and long term benefits including: promoting psychological well-being by reducing feelings of depression and anxiety, influences weight which connects to development of certain chronic health conditions like obesity, high blood pressure and diabetes. Physical activity declines among county youth as they move from middle school to high school.

Physical Activity, Thurston County Middle and High School Students

<table>
<thead>
<tr>
<th>6th Graders</th>
<th>Thurston 2006</th>
<th>Thurston 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met Physical Activity Recommendation</td>
<td>NA</td>
<td>63%</td>
</tr>
<tr>
<td>Participated in PE Class at School</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Walk to or from School at Least Once a Week</td>
<td>NA</td>
<td>27%</td>
</tr>
<tr>
<td>Bike to or from School at Least Once a Week</td>
<td>NA</td>
<td>13%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8th Graders</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Met Physical Activity Recommendation</td>
<td>51%</td>
<td>62%</td>
</tr>
<tr>
<td>Participated in PE Class at School</td>
<td>68%</td>
<td>63%</td>
</tr>
<tr>
<td>Walk to or from School at Least Once a Week</td>
<td>NA</td>
<td>30%</td>
</tr>
<tr>
<td>Bike to or from School at Least Once a Week</td>
<td>NA</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Thurston</td>
<td>State</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Adult Cigarette Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 2010</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>- 2009</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>- 2008</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>- 2007</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>- 2006</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>- 2005</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>- 2004</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>- 2003</td>
<td>23%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Thurston County cigarette smoking rates are consistently higher than the state. In 2009, 14% of county births were to a mom who smoked cigarettes during pregnancy (compared to 10% for the state). ³

Data prior to 2003 unavailable for Thurston County
Tobacco use has generally declined over the last decade among county middle school and high school youth. However, Thurston County continues to have youth tobacco use rates that are higher than the state.  

**Tobacco Use, Thurston County Middle and High School Students**

<table>
<thead>
<tr>
<th>Current Tobacco Use</th>
<th>Thurston 2002</th>
<th>Thurston 2010</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8th Graders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Smoke cigarettes</td>
<td>9%</td>
<td>7%</td>
<td>In 2010, 8th grade cigarette smokers were less likely to have had a</td>
</tr>
<tr>
<td>- Smoke cigarillos/cigars</td>
<td>6%</td>
<td>3%</td>
<td>parent talk to them about dangers of tobacco products (smokers =</td>
</tr>
<tr>
<td>- Use chew</td>
<td>2%</td>
<td>3%</td>
<td>41% no discussion, non-smokers = 27% no discussion).</td>
</tr>
<tr>
<td><strong>10th Graders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Smoke cigarettes</td>
<td>15%</td>
<td>14%</td>
<td>In 2010, almost half (47%) of 10th grade tobacco users either gave</td>
</tr>
<tr>
<td>- Smoke cigarillos/cigars</td>
<td>15%</td>
<td>11%</td>
<td>money to someone to buy tobacco for them or bought it themselves.</td>
</tr>
<tr>
<td>- Use chew</td>
<td>5%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td><strong>12th Graders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Smoke cigarettes</td>
<td>22%</td>
<td>19%</td>
<td>In 2010, 67% of 12th grader cigarette smokers first tried them</td>
</tr>
<tr>
<td>- Smoke cigarillos/cigars</td>
<td>16%</td>
<td>16%</td>
<td>before leaving middle school (age 14 or younger).</td>
</tr>
<tr>
<td>- Use chew</td>
<td>7%</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>

*Current Tobacco Use: Any use during the past 30 days*

Secondhand smoke from tobacco products has been scientifically shown to cause premature death and disability by increasing a person's risk for a range of cancers, heart disease and respiratory problems. The majority of county adults agree that secondhand smoke creates serious health problems. In 2009, 82% of county adults believed lung cancer was caused by tobacco smoke (12% unsure), 68% believed heart disease is caused by tobacco smoke (25% unsure) and 92% believed respiratory problems among children are caused by tobacco smoke (5% unsure). Among adults who smoke cigarettes, 97% thought breathing secondhand smoke was harmful.  

Over the past decade youth exposure to secondhand cigarette smoke has declined, however further reduction is needed. In 2002, 14% of Thurston County 8th graders were exposed to secondhand smoke *every day* at home. By 2010, that figure declined to 7% which is higher than the state. Though not exposed every day, an additional 26% of county 8th graders were exposed to secondhand smoke at home weekly in 2010.

Source:
Part IV. GOALS, OBJECTIVES AND POLICIES

Access to Care Goals and Policies

The following goals, objectives, and policies aim to ensure that all residents of Thurston County have access to affordable, high quality health care when they need it, and that adequate clinical preventive services are available to prevent illness or progression of illness in the community.

GOAL HHS – AC-1: TO ENSURE ADEQUATE PRIMARY CARE.

OBJECTIVE A: The County should identify and implement strategies to ensure stable, effective community health centers, including urgent care.

OBJECTIVE B: The County should support recruitment of primary care providers.

OBJECTIVE C: The County should identify and implement strategies to stabilize the safety net so that those living in poverty without health insurance have access to affordable medical care.

GOAL HHS – AC-2: TO ENSURE AVAILABILITY OF AND LINKAGE WITH AFFORDABLE HEALTH INSURANCE.

OBJECTIVE A: The County should support organizational capacity in the community to stay abreast of health reform and evolving opportunities for improved health insurance coverage for residents of the county.

OBJECTIVE B: The County should support organizational capacity in the community to link residents with appropriate health insurance.

GOAL HHS – AC-3: TO ENSURE ADEQUATE DENTAL CARE.

OBJECTIVE A: The County should identify and implement strategies to ensure stable, effective community dental care clinics.

OBJECTIVE B: The County should assist in recruiting dental care providers.

OBJECTIVE C: The County should support organizational capacity in the community to refer and link residents with dental providers.
GOAL HHS – AC-4: TO ENSURE THAT A FULL RANGE OF CLINICAL AND COMMUNITY PREVENTIVE SERVICES ARE AVAILABLE AND USED EFFECTIVELY.

OBJECTIVE A: The County should work with health care providers, pharmacies, hospitals, and other health system partners to ensure that immunization services are adequate to make them available to all residents.

OBJECTIVE B: The County should work with local family planning service providers to ensure that reproductive health and family planning services are adequate to make them available to all residents who are in need.

OBJECTIVE C: The County should identify and implement strategies to ensure that clinical screening for high blood pressure, heart disease and cancer are available to all residents, and that follow-up counseling for screening results is available.

Objective D: The County should ensure that the Chronic Disease Self-Management Program is available to foster more effective use of health services by people living with chronic health conditions and help them manage their chronic condition and prevent complications.

GOAL HHS – AC-5: TO SUPPORT MENTAL HEALTH AND REDUCE CHEMICAL DEPENDENCY.

OBJECTIVE A: The County should coordinate care between primary care and behavioral health (mental health and substance abuse), including the development of health homes.

OBJECTIVE B: The County should ensure that the high risk population is served appropriate to level of need.
Note: Part of this Objective includes addressing specialty services to meet the most vulnerable population needs.

OBJECTIVE C: The County should ensure parity of service for all age, language, and geographic groups within the County. Note: the following are important considerations for Objective C:
1) Consider geographic distribution of providers
2) Consider school-based clinics
3) Consider provider specialists for very young (pediatric) and older (geriatric) populations

OBJECTIVE D: The County should work to ensure that resources are equitably distributed for emergent, urgent, treatment, and prevention services.
GOAL HHS – AC-6: TO PROMOTE A REGIONAL APPROACH TO HIGH QUALITY MEDICAL CARE AND SOCIAL SERVICES AT LOWER COST.

OBJECTIVE A: The County should promote a high-quality regional health system by joining the “Regional Health Improvement Collaborative (RHIC)” to ensure that the system of health care is adequate to serve high need clients.

OBJECTIVE B: The County, through its participation in RHIC, should ensure that members of the regional community in need of social services are treated appropriately, avoiding high-cost usage of emergency rooms and county correction systems.

Environmental Public Health Goals and Policies

The following are goals, objectives and policies relating to the maintenance of clean water, a main area of environmental public health action by the County.

GOAL HHS - EH-1: TO PROTECT AND PRESERVE GROUNDWATER QUALITY AND DRINKING WATER SUPPLIES.

OBJECTIVE A: The County should assure ground water resources (aquifers) are protected from land use activities and development.

OBJECTIVE B: The County should assure public water supplies are properly managed and monitored wells produce safe, clean drinking water.

OBJECTIVE C: The County should evaluate regional water quality to identify public health risks.

OBJECTIVE D: The Thurston County Sanitary Code should include standards that ensure new and replacement on-site sewage systems are properly designed, constructed and maintained to reduce risks to public health and surface water resources.

OBJECTIVE E: The County should work to ensure on-site sewage systems in urban communities that cause significant groundwater pollution or pose significant public health risk are converted to sewer.

OBJECTIVE F: The County should ensure that septic systems are properly monitored and managed and failing systems are identified and promptly repaired.

OBJECTIVE G: The County should ensure that wastes are managed so as to protect groundwater resources.
OBJECTIVE H: Thurston County should condition the approval of land use and development permits so they do not adversely affect ground and surface water quality. Proposals should be evaluated for physical, biological and chemical impacts, including pesticides, toxic materials and chemicals of emerging concern.

OBJECTIVE I: Thurston County should work to keep current on the risks to ground and surface water resources posed by human activities and update its rules and policies to manage these risks to protect public health and the environment.

GOAL HHS - EH-2: TO ENSURE SURFACE WATERS ARE PROTECTED FROM POLLUTION SO THEY ARE SAFE FOR WATER RECREATION, AND SHELLFISH HARVESTING.

OBJECTIVE A: The County should assure surface water resources are protected from land use activities, development and non-point pollution.

OBJECTIVE B: The County should evaluate regional water quality to identify public health risks.

OBJECTIVE C: The Thurston County Sanitary Code should include standards that ensure new and replacement on-site sewage systems are properly designed, constructed and maintained to reduce risks to public health and surface water resources.

OBJECTIVE D: The County should ensure that on-site sewage systems in urban communities that cause significant surface water pollution or pose significant public health risk are converted to sewer.

OBJECTIVE E: The County should ensure that septic systems are properly monitored and managed and failing systems are identified and promptly repaired.

OBJECTIVE F: The County should ensure that wastes are managed so as to protect surface water resources.

GOAL HHS - EH-3: TO ENSURE WASTES ARE MANAGED SO AS TO PROTECT PUBLIC HEALTH AND WATER RESOURCES.

OBJECTIVE A: Thurston County should investigate and respond to complaints and take enforcement action as needed to assure solid and hazardous wastes are properly managed.
OBJECTIVE B: Thurston County should permit solid waste facilities and assure they comply with permit conditions and applicable law to assure wastes are properly managed.

OBJECTIVE C: Thurston County should conduct outreach to bring better understanding of environmental health and ways to protect air and water quality to members of the community/Thurston County residents.

OBJECTIVE D: Thurston County should work with businesses (small quantity generators) to improve compliance with rules for proper handling and disposal of hazardous materials.

OBJECTIVE E: Thurston County should provide information about health and environmental hazards associated with household products. Information about safer or lower-risk products should also be provided.

OBJECTIVE F: Thurston County should provide education about the health impacts of improperly disposing of hazardous materials such as herbicides, paints, pesticides, unused medicines, used motor oil, etc.

OBJECTIVE G: Thurston County should support product stewardship advocacy, programs and legislation to reduce the health and environmental impacts of consumer products in their generation, consumption, storage and disposal. Part of this support should include providing information to the public about the importance of product stewardship.

OBJECTIVE H: Thurston County's procurement practices should reflect the goal of reducing the generation of hazardous materials as much as possible. Examples include advancing product stewardship, or more specifically extended producer responsibility, into product procurement contracts and practices whenever feasible, and the development and updating of policies to ensure that the least toxic effective alternatives are purchased and used.

Nutrition Goals and Policies

The following goals and policies aim to promote wellness and reduce the incidence of chronic disease by increasing the proportion of Thurston County residents who eat healthfully. The fundamental goal of these policies is to improve nutrition in accordance with the Dietary Guidelines for Americans 2010.

GOAL HHS-N-1: TO IMPROVE PLACES WHERE PEOPLE PURCHASE FOOD OR EAT IN THURSTON COUNTY, MAKING HEALTHY OPTIONS ACCESSIBLE TO ALL LOCAL RESIDENTS.
OBJECTIVE A: The County should increase the availability and affordability of healthful foods in institutional settings, workplaces, senior centers, and government facilities.

POLICIES:
1. The County should implement farm to institution strategies.
2. The County should support increased availability of fruits and vegetables to employees in their work places.

OBJECTIVE B: The County should increase the accessibility, availability, affordability and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and restaurant initiatives.

POLICIES:
1. The County should promote procurement of more low-sodium and no-sodium foods.
2. The County should promote healthy food and beverage availability and identification.
3. The County should promote placement and promotion strategies.
4. The County should provide incentives for new grocery store development in areas where grocery stores are lacking.
5. The County should provide menu labeling support and promotion for restaurants not covered by federal law.

GOAL HHS-N-2: TO IMPROVE POLICIES AND SYSTEMS REGARDING FOOD AND NUTRITION WHERE PEOPLE LIVE, WORK AND PLAY SO THAT THEY ARE ENCOURAGED TO FIND HEALTHIER FOOD OPTIONS.

OBJECTIVE A: The County should improve jurisdiction-wide nutrition policies in the institutions that serve people in our community,

POLICIES:
1. The County should promote the purchase of fruits, vegetables, and other healthy foods through incentives associated with food assistance programs.
2. The County should support improved nutrition policies in early childcare settings.
3. The County should implement food procurement policies to increase access to low sodium options, decrease access to high sodium options.

4. The County should support improvements to the food distribution system that allow it to more readily supply nutrient rich foods, such as fruits and vegetables, in settings such as schools and food banks.

OBJECTIVE B: The County should work with local schools to improve nutrition quality of foods and beverages served or available in schools consistent with the Institute of Medicine's Nutrition Standards for Foods in Schools.

POLICIES:
1. The County should support school efforts to increase access to fruits and vegetables, and decrease the amount of sodium in foods served at schools.

2. The County should work with schools to ensure availability of plain, cold drinking water throughout the day at no cost to students in schools, and reduce access to competitive low nutrition foods and beverages in schools.

OBJECTIVE C: The County should increase policies and practices to support breastfeeding in health care, community, workplaces, and learning and child care settings. The American Academy of Pediatrics and other health organizations recommend that babies are breastfed exclusively from birth to six months and that breastfeeding continue for at least 12 months and thereafter for as long as mother and baby desire.

POLICIES:
1. The County should encourage breastfeeding supportive policies at workplaces and lactation support programs among employers.

2. The County should encourage breastfeeding education for healthcare providers.

3. The County should support access to International Board Certified Lactation Consultants.

4. The County should increase the number of Baby-Friendly designated hospitals and birthing centers. Baby-Friendly Designation involves policy building, procedure change, and staff education to support optimal infant feeding and successful breastfeeding.
Physical Activity Goals and Policies

The following goals and policies aim to promote wellness and reduce the incidence of chronic disease by increasing the proportion of Thurston County residents who meet the recommendations for daily physical activity.

GOAL HHS-PA-1: TO CREATE ENVIRONMENTS FOR ACTIVE LIVING, FOSTERING CHANGES TO THE COMMUNITY ENVIRONMENT AND ASSOCIATED POLICIES THAT INCREASE PHYSICAL ACTIVITY.

OBJECTIVE A: The County should increase access to free or low cost recreational opportunities for physical activity.

POLICIES:
1. The County shall support creation or enhancement of access to places for physical activity combined with informational outreach activities (examples include walking paths, exercise facilities indoors, improved access to nearby facilities, wayfinding signs, and point-of-decision prompts to encourage use of stairs).
2. The County should promote policies to enhance physical activity opportunities at worksites, including healthcare and school settings.

OBJECTIVE B: The County should support urban planning approaches - zoning and land use – that promote physical activity.

POLICIES:
1. The County should promote increasing density of land use and mix of uses in urbanized areas to create more walkable community environments.
2. The County should require design that increases proximity of residential areas to stores, jobs, schools and recreation areas.

OBJECTIVE C: The County should support complete streets and community design for increased physical activity and active transportation.

POLICIES:
1. The County should build, and require of new developments, connections among trails, paths, neighborhoods and schools, and sidewalks to increase access to opportunities to be physically active.
2. The County should collaborate with the Thurston region’s community development, planning and transportation departments to ensure that activity-
friendly design principles are incorporated into local plans, development codes and design review processes.

3. The County should promote, and provide facilities to support, active commuting to worksites located in Thurston County.

4. The County should consider the establishment of a non-motorized transportation citizen committee that will advise on improvements to roadways and trails that make it easier to walk, bicycle or otherwise be active in meeting transportation needs.

5. The County should address the unique challenges of promoting access to physical activity opportunities in rural areas where roadway infrastructure and land use is not generally supportive of walking or bicycling.

**OBJECTIVE D:** The County should enhance the safety and perceived safety of communities to improve walkability and bicycle friendliness.

**POLICIES**

1. The County should participate in traffic safety and injury prevention efforts with attention to improving physical activity opportunities.

2. The County should support Safe Routes to School projects and other efforts to address safety problems and barriers to physical activity among vulnerable populations (such as inaccessible or hazardous street crossings).

3. The County should establish design guidelines and rules that result in improved safety for people bicycling, walking or engaging in other physical activity.

**GOAL HHS-PA-2:** TO INCREASE LEVELS OF PHYSICAL ACTIVITY THROUGH EDUCATION AND SOCIAL SUPPORTS.

**OBJECTIVE A:** The County should develop a community-wide campaign that encourages physical activity among Thurston County residents.

**POLICIES.**

1. The County should participate in efforts to inform the public on how to be active while staying safe.

2. The County should provide information to the public on the benefits of physical activity.

3. The County should provide information to the public about using the county’s trail systems and other facilities for physical activity.
OBJECTIVE B: The County should promote the development of behavioral and social approaches to fostering more physical activity, such as Chronic Disease Self-Management Program workshops and Safe Routes to Schools walking school buses.

OBJECTIVE C: The County should promote enhanced school-based physical education.

Tobacco Prevention Goals and Policies

The following goals and policies aim to promote wellness and reduce the incidence of chronic disease by preventing the use of tobacco and exposure to secondhand smoke.

GOAL HHS-T-1: TO ELIMINATE EXPOSURE TO SECONDHAND SMOKE.

OBJECTIVE A: The County shall enforce the Washington State Smoking in Public Places law.

POLICIES:

1. The County should provide education to business owners regarding the Smoking in Public Places law.

2. The County should work with local law enforcement to help understand the ability to use the Smoking in Public Places law to respond to individual complaints.

3. The County should collaborate with other local jurisdictions (cities and towns) to enforce the Smoking in Public Places law.

OBJECTIVE B: The County should support the development of smoke-free housing and workplace policies.

POLICIES:

1. The County should encourage apartment owners and managers to adopt smoke-free policies, providing information and resources to assist them.

2. The County should provide information to the public about smoke-free housing.

3. The County should encourage policies that lead to all parks, transit facilities and services, and public housing to become tobacco free.

4. The County should support tobacco free work sites and promote policies that ensure this shift.
GOAL HHS-T-2: TO REDUCE INITIATION OF TOBACCO SMOKING, PARTICULARLY BY YOUNG PEOPLE.

OBJECTIVE A: The County should monitor data about youth and adult smoking rates.

POLICIES:
1. The County shall provide a yearly report to the Board of Health about tobacco use rates as well as prevention and control efforts.

2. The Thurston County Health Officer shall provide a community report on tobacco use by youth and adults, and include resources for quitting.

OBJECTIVE B: The County should support efforts to prevent youth (under age 18) from accessing tobacco products.

POLICIES:
1. The County should support sanctions for businesses that sell to youth.

2. The County should work with local partners, the Washington State Liquor Control Board, and the Washington State Department of Health to control the sale of tobacco products.

3. The County should encourage more frequent compliance checks than the annual Synar checks that are mandated by federal law.

OBJECTIVE C: The County should support development of additional local authority to regulate marketing of tobacco products.

POLICIES:
1. The County should support repeal of preemption laws in tobacco so that local ordinances to regulate tobacco product marketing and promotion can be crafted.

2. The County should pursue legal means of collecting local taxes on the sale of tobacco products.

GOAL HHS-T-3: TO PROMOTE CESSATION OF TOBACCO USE.

OBJECTIVE A: The County should support continuation and extension of tobacco Quitline services to any person seeking to quit use of tobacco products.