

CHAPTER 6



Health & Wellness Element

OF THE COMPREHENSIVE PLAN (2016 to 2036)

HEALTH & WELLNESS ELEMENT VISION: *Mount Vernon promotes improved health, wellness and resiliency for its residents and Skagit County as a whole. A healthy community is one in which everything works well and in which all citizens enjoy a good quality of life. This means that the health of the community is affected by the social factors of health and progress – the factors that influence individual and community health and development...(full vision statement contained within this Element).*

Adopted September 14, 2016 with Ordinance 3690

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Thank you to the City Councils, Planning Commissions and Citizens from 1960 to the present that have contributed to comprehensive planning efforts of the City. This Health & Wellness Element is built upon the foundation of these original plans.

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HEALTH & WELLNESS ELEMENT VISION STATEMENT:

Mount Vernon promotes improved health, wellness and resiliency for its residents and Skagit County as a whole. A healthy community is one in which everything works well and in which all citizens enjoy a good quality of life. This means that the health of the community is affected by the social factors of health and progress – the factors that influence individual and community health and development.

A healthy community is usually borne out of a struggle to achieve the best for its citizens with the goal to be where visitors and citizens alike want to live or visit here because the environment promotes long term health which impacts our socio-economic status as well as the resources that we surround ourselves with.

The City of Mount Vernon desires to improve the health of the City as well as the stakeholders by providing services (along with some assistance from local partners, and social service workers) which interface with creating better living conditions, better nutrition and a safe setting to enjoy the bounty that Mount Vernon offers. Mount Vernon is a place where you have clean air, open spaces and attractive parks offering a variety of recreational opportunities. The Skagit River is the backdrop to our City which provides even more opportunities for a person to fish, boat and simply relax and take in the beauty surrounding us.

We encourage the citizens and visitors alike to partake in the healthy urban life that is so easy to come by here in Mount Vernon.



INTRODUCTION



This element of the City's Comprehensive Plan is not required by the Growth Management Act (GMA); even so, the City feels strongly that planning for the health and wellness of the community is just as important as planning for other Elements of the Comprehensive Plan.

Long-term health, social, economic, and environmental consequences are impacted by land uses, housing, transportation and capital facility planning.

Years of epidemiological research has confirmed that

mortality and morbidity from chronic and infectious diseases are reduced with improved nutrition and living conditions¹.

Individual behaviors, physical activity patterns and access to resources are influenced by the built environment. For example, obstacles to healthy living can be created by places built exclusively for automobile travel, places lacking parks, open space and trails, or housing that is located near pollution sources. In fact, the World Health Organization in 2006 estimated that 25% of all deaths and disease were attributable to environmental factors².

This evidence reinforces the City's efforts to improve health outcome by addressing strategies aimed at the built environment.

This 2016 Element is intended to be a starting point for Health and Wellness planning efforts for the City of Mount Vernon. The City does not have a Health Department, or other staff, that are specifically tasked with implementing health and wellness planning or other initiatives. Nonetheless, the City can start with small steps and build on this effort.

¹ Willett WC, Koplan JP, Nugent R, et al. Prevention of Chronic Disease by Means of Diet and Lifestyle Changes. In: Jamison DT, Breman JG, Measham AR, et al., editors. *Disease Control Priorities in Developing Countries*. 2nd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2006. Chapter 44. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK11795/> Co-published by Oxford University Press, New York.

² Prüss-Üstün, Annette.

Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease. / Prüss-Üstün A, Corvalán C. 1. Environmental monitoring. 2. Cost of illness. 3. Risk factors. I. Corvalán, Carlos F. II. World Health Organization

1.0

COMMUNITY HEALTH PROFILE



The Population Health Institute at the University of Wisconsin, supported by the Robert Wood Johnson Foundation, has created and published a majority of the health measures data found in Table 1.0. This Table compares health data from Skagit County, Snohomish County, Whatcom County and the State of Washington.

Mount Vernon specific data is not available from the health measures data pool listed in Table 1.0. However, Table 2.0 contains Mount Vernon specific data and compares it to Skagit County.

TABLE 1.0: HEALTH RANKING AND DATA COMPARED¹

HEALTH MEASURES	DESCRIPTION OF MEASURE	SKAGIT COUNTY	SNOHOMISH COUNTY	WHATCOM COUNTY	STATE OF WA
LENGTH OF LIFE					
PREMATURE AGE-ADJUSTED MORTALITY	Number of deaths among residents under age 75 per 100,000 population (age-adjusted). Data is from the CDC 2011 - 2013	280	260	280	290
CHILD MORTALITY	Number of deaths among children under age 18 per 100,000 population. Data is from the CDC 2011 - 2013	40	40	30	50
INFANT MORTALITY	Measures the number of deaths among children less than one year of age per 1,000 live births. Data from the Health Indicators Warehouse 2006-2012	5	5	4	5
QUALITY OF LIFE					
FREQUENT PHYSICAL DISTRESS	Is the percentage of adults who reported that more than 14 days in response to the question, "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" Data from the Behavioral Risk Factor Surveillance System in 2014.	12%	11%	10%	11%

HEALTH MEASURES	DESCRIPTION OF MEASURE	SKAGIT COUNTY	SNOHOMISH COUNTY	WHATCOM COUNTY	STATE OF WA
FREQUENT MENTAL DISTRESS	Is the percentage of adults who reported more than 14 days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?". Data from the Behavioral Risk Factor Surveillance System in 2014.	11%	11%	10%	11%
DIABETES PREVALENCE	Prevalence of diagnosed diabetes. Data from the CDC Diabetes Interactive Atlas in 2012.	9%	8%	8%	10%
HIV PREVALENCE	A measure of the number of diagnosed cases of HIV in a county per 100,000 population. Data from the National HIV Surveillance System in 2012	94	79	113	59
HEALTH BEHAVIORS					
FOOD INSECURITY	Percentage of the population who did not have access to a reliable source of food during the past year. Data from the Map the Meal Gap in 2013.	15%	15%	12%	13%
LIMITED ACCESS TO HEALTHY FOODS	Percentage of the population who are low income and do not live close to a grocery store – in a rural location this means living less than 10 miles from a grocery store. Data from the USDA Food Environment Atlas in 2010.	5%	6%	3%	7%
DRUG OVERDOSE DEATHS	Number of deaths due to drug poisoning per 100,000 population. Data from the CDV 2012 to 2014.	14	8	18	18
MOTOR VEHICLE CRASH DEATHS	Number of deaths due to traffic accidents involving a motor vehicle per 100,000 population. Data from the CDC WONDER mortality data from 2007 to 2013	8	8	7	8
INSUFFICIENT SLEEP	Percentage of adults who reported sleeping less than seven hours per night. Data from the Behavioral Risk Factor Surveillance System in 2014.	32%	24%	33%	32%

HEALTH MEASURES	DESCRIPTION OF MEASURE	SKAGIT COUNTY	SNOHOMISH COUNTY	WHATCOM COUNTY	STATE OF WA
CLINICAL CARE					
UNINSURED ADULTS	Percentage of the population ages 18 to 65 that has no health insurance coverage. Data from the US Census Bureau's Small Area Health Insurance Estimates in 2013.	20%	22%	18%	23%
UNINSURED CHILDREN	Percentage of the population under age 19 that has no health insurance coverage. Data from the US Census Bureau's Small Area Health Insurance Estimates in 2013.	6%	8%	6%	8%
HEALTH CARE COSTS	Price-adjusted Medicare reimbursements (Parts A and B) per enrollee. Data from the Dartmouth Atlas of Health Care in 2013.	\$7,863	\$7,201	\$7,883	\$8,118
OTHER PRIMARY CARE PROVIDERS	Number of other primary care providers per the population of a county including NPs, PAs and clinical nurse specialists. Data from the CMS, National Provider Identification in 2015.	1,369:1	1,447:1	2,254:1	1,254:1
SOCIAL AND ECONOMIC FACTORS					
MEDIAN HOUSEHOLD INCOME	Income at which half the households earn more and half earn less. Data from the US Census in 2014.	\$61,400	\$53,700	\$71,900	\$51,400
CHILDREN ELIGIBLE FOR FREE LUNCH	Percentage of children enrolled in public schools eligible for free lunch. Data from the National Center for Education Statistics in 2012-2013.	38%	34%	31%	48%
HOMICIDES	Number of deaths due to homicide per 100,000 population. Data from the CDC WONDER mortality data in 2007 to 2013	3	2	2	3

¹ Robert Wood Johnson Foundation Program, County Health Rankings & Roadmaps, accessed on June 10, 2016 from www.countyhealthrankings.org

In Table 1.0 we see that Skagit County has higher rates of frequent physical distress, higher incidences of diabetes, more children eligible for free lunch, and a higher rate of homicides than either Snohomish or Whatcom Counties.

TABLE 2.0: MOUNT VERNON/SKAGIT COUNTY DATA COMPARED¹

	MOUNT VERNON	SKAGIT COUNTY
EDUCATION (2014, THOSE AGE 25 AND OLDER)		
Less than 9 th Grade	10.2%	4.2%
9 th to 12 th Grade, no diploma	9.4%	7.1%
High School Graduate or Equivalency	25%	25.7%
Associates Degree	10.1%	10.3%
Bachelor's Degree	13.1%	15.4%
Graduate or Professional Degree	7.2%	9%
POVERTY AND PUBLIC ASSISTANCE (2014)		
Individuals Below Poverty Level	21.7%	14.9%
Families Below Poverty Level	16.6%	10%
Households Using Food Stamps (SNAP)	23.6%	16.4%
OCCUPANCY, HOUSEHOLD SIZE (2014)		
% of Occupants per Room 1.51+	3.1%	1.2%
Average Household Size	2.8	2.57
COST BURDENED HOUSEHOLDS (2014)		
80% AMI and Below, Renters and Owners Spending 30% and 50% of their Income on Housing	54.4%	39%

¹ U.S. Census Bureau. (2014). tables: Educational Attainment, Poverty Status in the Past 12-Months, Selected Housing Characteristics, and Food Stamps/Supplemental Nutrition Assistance Program. Retrieved February 11, 2016, from www.factfinder.census.gov

Table 2.0 shows demonstrates all of the following:

- + Mount Vernon's educational attainment lags behind Skagit County in all of the categories listed.
- + Compared to Skagit County Mount Vernon has significantly more individuals and families below the poverty line and more households using food stamps.
- + Mount Vernon's average household size is larger and a much larger percentage of its households are over occupied.
- + Mount Vernon has 15% more families at 80% of the area median income and below that are paying more than 30% of their income on housing as compared to Skagit County.

2.0

PARTNERSHIPS

The City recognizes that planning for health and wellness will require working together with many different jurisdictions, agencies, organizations and community members to be effective. Cross-sector partnerships that bring together complementary strengths will be essential.

When determining which partnerships the City should dedicate resources to the following criteria could be used to evaluate opportunities:

1. Partnerships that focus on results that align the outcomes sought and prioritize the most pressing challenges.
2. Partnerships that have ways to measure progress and mechanisms for accountability that can be translated to the entire community.
3. Partnerships that include diverse representation across many sectors including, but not limited to, residents, policymakers, community-based organizations, and businesses.





Below are examples of three different partnerships that the City has been part of in the recent past that have (and will continue to) result in benefits to the City of Mount Vernon.

SKAGIT COUNTY POPULATION HEALTH TRUST

Skagit County has created a Population Health Trust Advisory Committee to the County Board of Health that is actively working on a community health plan. **Appendix A** contains a copy of the Community Health Assessment Summary Report released in 2015 by the Population Health Trust Advisory Committee.

SKAGIT REACH

The City was part of the community leadership Team for the Skagit Reach project lead by Sea Mar Community Health Centers. This project focused on creating opportunities for healthy living in Skagit County. **Appendix B** contains additional information about this project.

FARMERS MARKET

The City has actively supported the Farmers Market for years. In 2016 the Market is being hosted at the City's Riverwalk Park Plaza. The Farmers Market brings a variety of fresh, locally grown fruits, vegetables, meat, flowers, and much more to Mount Vernon. The Farmers Market supports local farmers and enhances access to healthy foods.

3.0

COMPONENTS TO STUDY

The American Planning Association has identified six major health topics that could be studied further as Mount Vernon continues its work on health and wellness following the adoption of this document.

These topics are listed below.

1. **ACTIVE LIVING**
 - a. Active Transport
 - b. Recreation
 - c. Injury
2. **EMERGENCY PREPAREDNESS**
 - a. Climate Change
 - b. Natural and Human-caused Disasters
 - c. Infectious Disease
3. **ENVIRONMENTAL HEALTH**
 - a. Air Quality
 - b. Water Quality
 - c. Brownfields
4. **FOOD & NUTRITION**
 - a. Access to Food and Healthy Food Options
 - b. Water
 - c. Land Use
5. **HEALTH AND HUMAN SERVICES**
 - a. Accessibility to Health and Human Services
 - b. Aging
6. **SOCIAL COHESION AND MENTAL HEALTH**
 - a. Housing Quality
 - b. Green and Open Space
 - c. Noise
 - d. Public Safety/Security

Appendix C contains a copy of the APA's Healthy Plan Making that could be used as a resource for policymakers should they decide to prioritize the study of the health topics listed above.

Appendix D contains a copy of the APA's Health in the Development Review Process that could be used as a resource for policymakers should they decide to evaluate how health related measures could be adopted into different development regulations.

Appendix E contains a publication titled, "Designed to Move Active Cities – A Guide for City Leaders" that contains information aimed at City leaders from designedtomove.org that is appended because it contains a great deal of data on why cities should embrace health and wellness initiatives.

4.0

GOALS, OBJECTIVES & POLICIES

The City has created Goals, Objectives & Policies specific to the Health and Wellness Element. These are intended to be a starting point in a conversation with the Mount Vernon community and it is expected that this list will grow and change with public input.

HEALTH & WELLNESS GOAL 1: SUPPORT COMMUNITY HEALTH PRACTICES TARGETED AT IMPROVING THE HEALTH OF MOUNT VERNON RESIDENTS.

- Policy 1.1: Continue promoting and educating the public about the importance of health and wellness.
- Policy 1.2: Continue fostering partnerships with others such as Skagit County Regional Health, Skagit County Public Health and the Mount Vernon Farmers Market to participate in efforts to promote healthy lifestyles and positive health outcomes.

HEALTH & WELLNESS GOAL 2: IMPROVE THE SAFETY OF NEIGHBORHOODS AND PUBLIC SPACES.

- Policy 2.1: Study ways to improve neighborhood involvement in crime prevention, neighborhood beautification, and the reduction of blight throughout the City.
- Policy 2.2: Use Crime Prevention Through Environmental Design (CPTED) principles to make places like abandoned buildings, vacant lots and homes, and underpasses safer for the community.
- Policy 2.3: Strive to enhance resident involvement in neighborhood improvement efforts such as the landscaping of public spaces and community garden projects.
- Policy 2.4: Adopt development regulations that facilitate natural surveillance in public spaces through design, allowed uses and programming.

HEALTH & WELLNESS GOAL 3: PROVIDE ACCESS TO A RANGE OF GOODS AND SERVICES, RECREATIONAL AMENITIES, AND SCHOOLS WITHIN COMFORTABLE WALKING DISTANCE OF HIGHER DENSITY RESIDENTIAL AREAS.

- Policy 3.1: Ensure that high density residential areas are planned and developed in areas where residents can safely and conveniently walk to parks, trails, open spaces, schools, restaurants and grocery stores.
- Policy 3.2: Encourage areas of smaller scale retail uses within walking distance (one-quarter mile) of higher density residential areas.

HEALTH & WELLNESS GOAL 4: PRIORITIZE THE BEAUTIFICATION OF THE CITY.

- Policy 4.1: Consider the adoption of development regulations that endeavor to eliminate concentrations of poverty within residential neighborhoods.
- Policy 4.2: Make streets, trails and other public spaces more visually appealing and comfortable for the public by ensuring that street trees are planted, landscaping is maintained and regularly inspecting and cleaning these areas.
- Policy 4.3: Encourage the placement of public art throughout the City.

HEALTH & WELLNESS GOAL 5: GIVE PRECEDENCE TO THE MAINTENANCE AND CREATION OF A PEDESTRIAN NETWORK WITH THE GOAL OF FACILITATING RESIDENTS SAFELY AND COMFORTABLY WALKING TO THEIR DESTINATIONS.

- Policy 5.1: Prioritize the mitigation of locations with sidewalk deficiencies to improve pedestrian safety and to increase walking. Where sidewalk deficiencies are identified prioritize improvements in areas closest to schools and parks.