

# General Health Status

## Fast Facts

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■ In the 2000-2001 Island County Behavioral Risk Factor Surveillance Survey (BRFSS), most respondents (61%) rated their health as excellent or very good, while only 10% rated their health as poor or fair.

■ The five most common causes of hospitalization in 1999 were diseases of the heart, unintentional injuries, digestive system disorders, respiratory diseases and genital/urinary diseases.

■ Comparable to state and national data, the principle causes of death in Island County for ages 1-64 years were largely preventable. These included unintentional injury, cancer, injury/motor vehicle injury, heart disease, and pneumonia/influenza.

■ The top five *actual* causes of death are from tobacco use, alcohol use, physical inactivity, nutrition, obesity, and violence.

■ Cancer, motor vehicle injury, unintentional injury, suicide, and heart disease impact citizens the most in terms of death, killing people before or during their most productive years as measured by years of potential life lost (YPLL).

■ One in 5 residents (20%) said they had been kept from their normal activities for at least one day in the past month due to poor physical or mental health. The average number of days lost was 1.8 per person for all respondents. These findings are comparable to those of 1996.

■ It was found that residents with lower incomes, who were older, and/or those who had a health condition lasting greater than one year reported poorer general health.

■ About 10-15% of our population reports that health problems (physical or mental) keep them from doing their usual activities.

■ Family members, versus paid help, are most likely to help with personal and routine care needs. (4.7% had no one to help them with personal health needs.)

■ Disability increases with age: 7.1% of persons ages 5-20 have a disability, 16.5% of those ages 21-64, and 36.7% of persons over age 65.

## Identified Issues

***One top “health issue” emerged from examining general health status data. The issue is that of low income. BRFSS respondents with incomes of less than \$20,000 a year had higher levels of poor/fair health (25%) compared to those earning more than \$20,000 a year (6%). Of Island County persons, 6.6% live below the federal poverty level and 10.4% of all children, which is lower than Washington State residents, (10.2% of adults and 15.2% of children).***

## Background and Introduction

In order to describe the health of a community, factors to explore include self-reported general health status, life expectancy, general health behaviors, causes of hospitalization and death, and years of potential life lost to premature death. For individuals, leading a “healthy life” means feeling in good health, having a full range of functional capacity, being able to have satisfying relationships, engage in activities that are fulfilling, to work and play. From a society perspective, “healthy life” means vital, creative, and productive people who are able to contribute to their families and communities. Island County residents reported their health status by responding to a variety of questions that measured their overall health, physical health and activity limitations.

## Life Expectancy

Life expectancy is the number of years a person born in a given year could expect to live. Historically, life expectancy has increased over time. According to the U.S. Department of Health and Human Services publication *Prevention Report* :

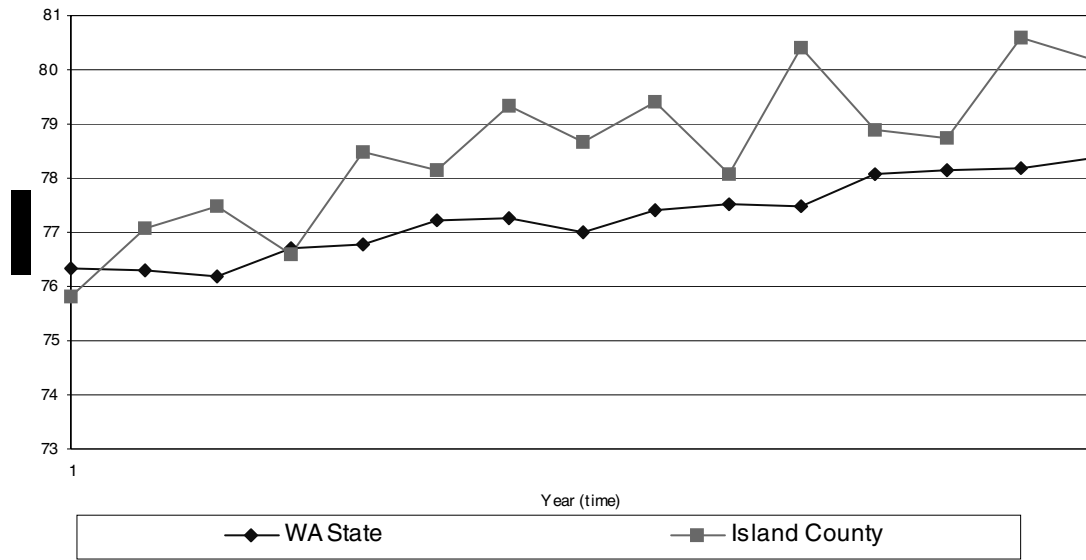
*“At the beginning of the 20<sup>th</sup> century, the average American had a life expectancy of 45 years. Today the average lifespan has increased to 75 years. According to at least one study, 25 years of this 30-year gain in life expectancy can be attributed to public health measures, only 5 years to curative medicine.”<sup>1</sup>*

Major contributors to this increase in life expectancy are the eradication of certain childhood diseases through aggressive immunizations, improvements in water and air quality, and the appropriate management of solid and human waste. Advances in prevention, diagnosis and treatment of acute and chronic illnesses have also contributed significantly to the increase in life expectancy.

The life expectancy of the citizens of Island County increased gradually from 1980 to 2000, as did that of the citizens of the state. In 2000, the average life expectancy for Island County residents was 80.2 years compared to 78.37 years for the state.<sup>2</sup> In 1980, the average life expectancy of county residents was 74.48 years.

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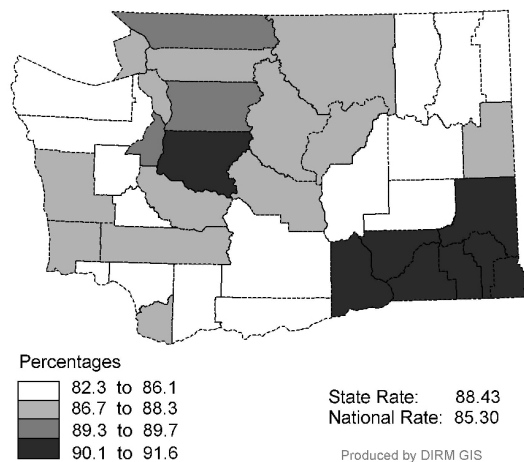
Life Expectancy at Birth, Washington State and Island County  
Source: VISTA/PHw



Data on self-reported general health status have been collected in Washington State since 1993. More adults in Washington State consistently reported good to excellent health than in the United States. The trend in both Washington and the United States is downward: fewer people each year reported good to excellent health. The change is not significant. However, in Island County 90% reported good to excellent health in both the 1996 and 2000-2001 BRFSS.

Because the Washington State BRFSS sample is too small in many parts of the state to represent individual counties, contiguous counties with small populations are combined to form geographic regions large enough for statistically reliable analyses. Data for three years, 1998, 1999, and 2000, are combined. The largest counties make up their own regions. The proportion of people reporting their health as good to excellent ranged from a high of 91.5% ( $\pm 3.4\%$ ) to a low of 82.3% ( $\pm 4.3\%$ ). Shaded regions show quartiles.

**SELF REPORTED GOOD TO EXCELLENT HEALTH**  
Percentage by Region, WA State Adults, 1998-2000



## Annual Household Income

People with annual household incomes less than \$20,000 reported good to excellent health much less often (68%) than those with moderate (94%) or high incomes (97.6%). These differences were significant. Respondents who had ever been told that they had high blood pressure, high cholesterol, asthma, or diabetes were much less likely to report good to excellent health. Smokers, those who were physically inactive, and those who were obese were also much less likely to report good to excellent health. These differences were statistically significant.

One of the two major goals of *Healthy People 2010* is to increase the quality and years of healthy life. Given this goal, it is important to understand the general health status of people in Washington in terms of patterns of disease, disability, and death. Recent research from Centers for Disease Control and Prevention shows that, in general, gaining years of healthy life is best achieved by reducing illness and disability, especially among older people, not just by extending life.

Genetic factors also contribute to a person's general health status. Emerging information about these inherited characteristics and their impact on health might also contribute to increasing years of healthy life. Although it is not currently clear how broadly new information on genetics will affect general health, a short discussion of genetics issues facing public health is included with this module.

Also include in this module is data on mortality, disability, life expectancy, leading causes of death and expected years of life. This data is obtained from the state's vital records system.

## Highlights and Discussion

Age-adjusted rates of non-birth-related hospitalization decreased between 1988 and 1995 and have remained relatively constant since then. However, because Washington's population is both increasing and becoming relatively older, the number of hospitalizations has been increasing since 1994. In 1999, there were 529,665 discharges of Washington residents from non-federal hospitals in Washington and Oregon.

Birth-related diagnoses are the most common causes of hospitalization. After those, the most common causes of hospitalization are heart disease, digestive system disorders, and cancer, with mental health, infectious diseases and injuries also accounting for a substantial proportion of hospitalizations.

Not surprisingly, people 65 years old and older were hospitalized most frequently, with 20% of these hospitalizations due to heart disease, 9% due to digestive system disorders, 7% due to infectious and parasitic diseases, and 6% due to cancer. Because of changes in practice, the number of days patients spent in the hospital (adjusted for age) dropped at the beginning of the decade but has remained stable since then. Inflation-adjusted charges per hospitalization have increased substantially from almost \$7,000 in 1988 to over \$11,000 in 1999.

Washington's age-adjusted death rate has steadily declined from 962 per 100,000 in 1980 to 804 per 100,000 in 2000. This decline is reflected in a gain in life expectancy from 1980 to 2000. Washington's death rate compares favorably with the national death rate of 882 per 100,000 in 2000. Heart disease and cancer accounted for over half of Washington's deaths in 2000. Other leading causes of death include stroke, chronic lung disease, unintentional injuries, Alzheimer's, diabetes, flu and pneumonia, suicide, and chronic liver disease.

## Disparities

As noted previously, people with higher levels of income or education are more likely to report being in good to excellent health. We do not currently have Washington death data by income and education, but nationally, age-adjusted death rates are also consistently lower for those with higher incomes and education.

There were no significant differences in self-reported health status for Washington adults by race or by Hispanic and non-Hispanic ethnicity. Although we do not have current Washington data by race and ethnicity, the 1999 U.S. age-adjusted death rates showed that the average risk of death for the black population was about a third higher than for the white population, meaning that African Americans die at younger ages than whites.

There are disparities in health among counties in Washington. Death rates tend to be higher in the southwestern and northeastern corners of the state, corresponding to relatively lower proportions of people reporting that their health is good, very good, or excellent.

## Years of Potential Life Lost

*Years of Potential Life Lost* (YPLL) before age 65 measures the impact on society of losing members before or during their most productive years. For each death under the age of 65, the number of years between the age of death and age 65 represents the years of potential life lost. As a result, diseases or injuries that cause more deaths among younger persons have a higher weight in YPLL. The rate is determined as years of potential life lost relative to age 65 per

1-14	15-24	25-44	45-64	65 and over
<ol style="list-style-type: none"> <li>1. unintentional injury<sup>1</sup></li> <li>2. cancer</li> <li>3. congenital anomalies</li> </ol>	<ol style="list-style-type: none"> <li>1. unintentional injury<sup>1</sup></li> <li>2. suicide</li> <li>3. homicide</li> </ol>	<ol style="list-style-type: none"> <li>1. unintentional injury<sup>1</sup></li> <li>2. cancer</li> <li>3. suicide</li> <li>4. heart disease</li> </ol>	<ol style="list-style-type: none"> <li>1. cancer</li> <li>2. heart disease</li> <li>3. unintentional injury</li> <li>4. chronic low respiratory disease</li> <li>5. diabetes</li> <li>6. cerebrovascular disease</li> <li>7. liver disease</li> <li>8. suicide</li> </ol>	<ol style="list-style-type: none"> <li>1. heart disease</li> <li>2. cancer</li> <li>3. cerebrovascular disease</li> <li>4. chronic low respiratory disease</li> <li>5. Alzheimer's Disease</li> <li>6. influenza and pneumonia</li> <li>7. diabetes</li> <li>8. unintentional injury</li> <li>9. Parkinson's Disease</li> <li>10. atherosclerosis</li> </ol>

1. This category includes all deaths (minus motor vehicle deaths) of an accidental nature to include accidental poisoning, fall, fire/burn, explosion, and drowning.

2. Due to the significant number of deaths in this category, motor vehicle injury deaths were separated from unintentional injuries and include deaths directly attributed to a motor vehicle.

3. Deaths in this category include all self-inflicted deaths regardless of means of death.

100,000 population in the age range 0-65. Cancer, motor vehicle injury, unintentional injury, suicide, and heart disease impact citizens the most in terms of death, killing people before or during their most productive years as measured by years of potential life lost (YPLL).

## Causes of Death

Identifying the causes of death allows us to determine which deaths were preventable. By doing so, health promotion programs can be targeted to effect changes in lifestyle, diet and exercise that contribute to life expectancy and enhance the quality of life.

In 2001, the Washington Center for Health Statistics, Washington Department of Health reported the ten leading causes of death of Washington residents were diseases of the heart (25.2%), malignant neoplasms (cancer) (24.2%), cerebrovascular diseases (includes stroke) (8.4%), chronic lower respiratory diseases (5.9%), unintentional injury (4.6%), Alzheimer's disease (4.6%), diabetes mellitus (3.1%), influenza and pneumonia (2.2%), intentional self-harm (suicide) (1.6%), and chronic liver disease and cirrhosis (1.3%).

During 1996-1999, the ten leading causes of death in Island County were (in order) heart disease (28.8%), cancer (27.7%), stroke (6.4%), injury (includes motor vehicle accidents) (4.4%), pneumonia/influenza (4.2%), Chronic Obstructive Pulmonary Disease (COPD) (3.8%), diabetes (3.1%), suicide (2.2%), Alzheimer's disease (1.1%), and liver disease (1.1%). All other causes equal 17.2% of deaths.

In younger age groups, unintentional injuries are the leading cause of death, while heart disease and cancer are the leading causes in older adults. The causes of death from early childhood to middle age are largely preventable, except cancer in the 25-44 year group. With increasing age, the causes of death change to reflect lifestyles and genetics. However, unintentional injury remains one of the principal causes of death even in the older age groups.<sup>2</sup>

## True Causes of Death

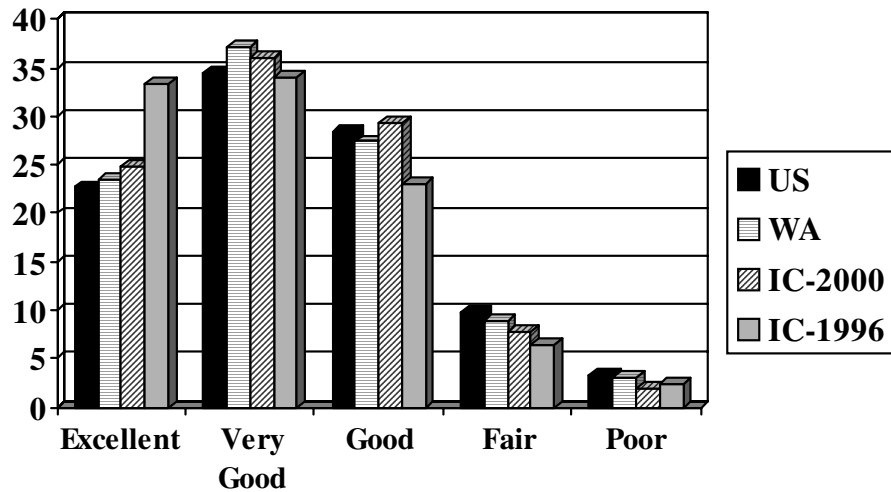
According to McGinnis and Foege, the actual causes of death in the United States in 1990 were tobacco use, diet and activity patterns, alcohol use, infectious agents, toxic agents, sexual risk-taking, motor vehicle accidents, and illicit drug use.<sup>3</sup> The 2000 Island County behavior survey also polled respondents in a number of these areas, see chapters on Chronic Disease and Physical Activity, Substance Abuse, and Unintentional Injury.

## Local Data:

### Self-Reported General Health

The section of this module describes the health status of Island County adults using information reported by respondents to the Behavioral Risk Factor Surveillance System (BRFSS). Self-report of relatively poorer health status is strongly associated with measures of morbidity, such as visits to doctors, and with higher mortality levels. The term "general health" takes into account both quality of life (ability to engage in activities of daily life and perception of one's health) and years of life. An individual's perception of his or her health can offer valuable insight into the health of the community.

In the 2000-2001 Island County BRFSS the respondents were to rate their own health as excellent, very good, good, fair or poor. Most respondents 90.2% rated their health as good, very good or excellent. A high percentage (61%) rated their health as excellent or very good,

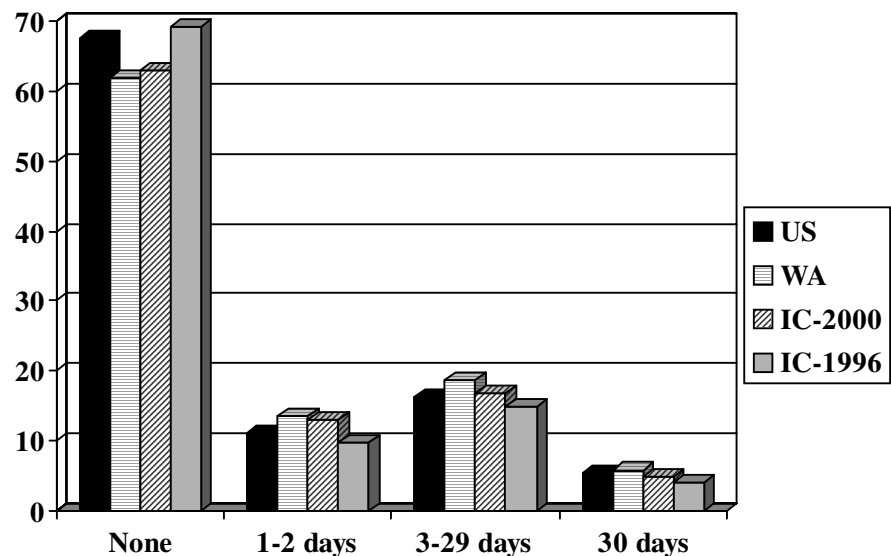


while only 10% rated it poor or fair. There was very little regional variation in the average portion of respondents reporting their general health status. This data is comparable to Washington State data. In 2000, almost 90% of Washington residents reported that in general their health was good, very good, or excellent. In both Washington State and Island County, 80% of BRFSS respondents reported no days of limited activity in the previous 30 days due to poor mental or physical health. In general, people with higher incomes and people with more education reported better health compared to people with lower levels of income or education.

The subgroups of respondents who were most likely to rate their health as poor or fair were respondents 55 and older (of whom 53% rated their health as good, poor or fair), compared to respondents under 55 (32%); almost 25% (24.8%) persons age 75+ rate their health as fair or poor. Fair/poor health is reported most often by persons with lower incomes (31.9% with incomes of less than \$20,000; 14.4% with incomes of \$20,000 - \$35,000).

Additionally, 36% of the respondents said there was at least one day in the past month their physical health was not good, and 32% said there was at least one day when their mental health was not good. One in five respondents (20%) said they were kept from normal activities for at least one day in the past month due to poor physical or mental health.

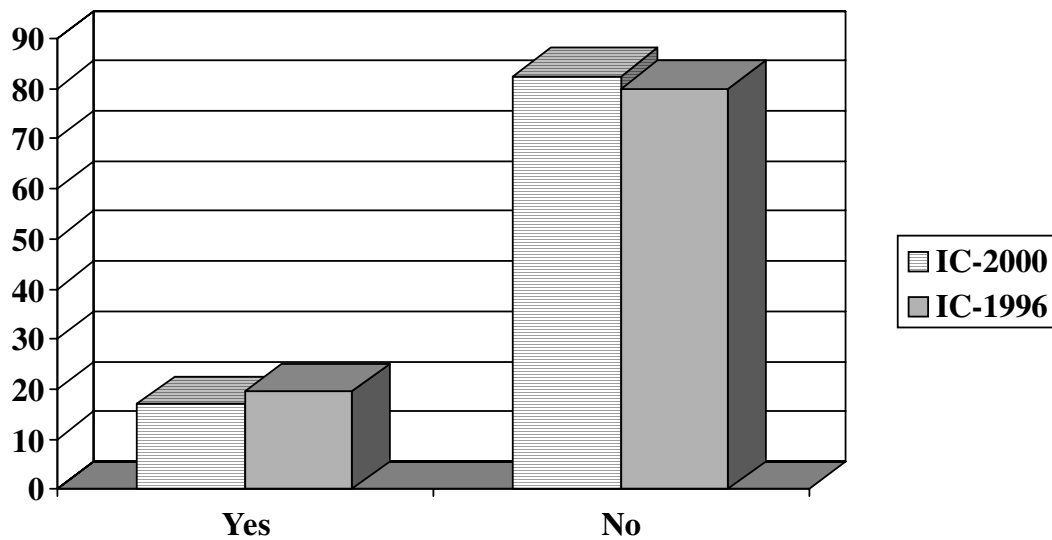
When asked specifically about their when their physical health over the past 30 days was not good, the majority of the respondents reported 0 days (64.2%) or 1-2 days (13.6%). However 16.3% of Island



County residents age 75+ reported poor health all 30 days. In addition, 68.5% of persons with incomes greater than \$50,000 reported no days of poor health, compared to 48.2% of persons with incomes less than \$20,000.

## Sleep Difficulties

The BRFSS asked respondents how often, in the past 30 days, they had not gotten enough rest or sleep? The majority (88.6%) reported always getting enough sleep or having 1-2 days of poor sleep (1.9%). However almost 10% of the respondents reported having slept poorly for 3-29 days (6.4%) or all 30 days (3.1%).



## Disability

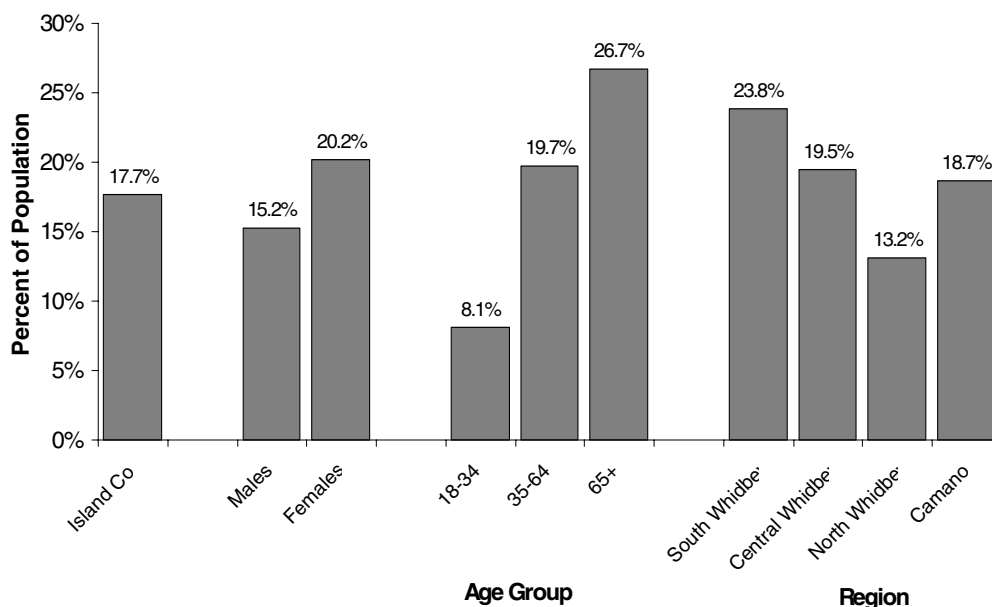
Disability (defined as a limitation in the ability to perform major activities due to chronic health conditions and impairments) affects an increasing number of Americans. According to 1990 census data, Washington counties vary greatly with respect to the percentage of the population with *any disabilities* (from 14.6%-32.9%) and with *severe disabilities* (from 6.7%-16.9%).

As would be expected, census data shows that disability increases with age. In Island County, 7.1% of persons ages 5-20 have a disability, 16.5% of those ages 21-64, and 36.7% of persons over age 65. This is comparable to earlier state ratings that found that 22% of Washington’s population had a disability and about 17.4% of working age adults. The Census also shows that 5.7% of children ages 5-15 has a disability, with 4.3% of those being a mental disability. In 2001, ICHD served 87 children with special health needs, a number of them having a disability.

Among Island County BRFSS respondents, approximately one in six Island County residents (17.7%) said that they experienced limitations in their daily activities due to health problems. This was somewhat lower than in 1996, when 20% of respondents said they had a limitation. Women reported such limitations more often than men (20.2% vs. 15.2%,  $p < .05$ ).

The proportion of people with a limitation increased with age, from 8.1% of persons under 35, to 26.7% of those 65 and over. Residents of South Whidbey were more likely to report a limitation than residents of other parts of the county (23.8% vs. 15.4%,  $p < .006$ ), while residents from North Whidbey were less likely to be limited than those from other regions (13.2% vs. 20.9%,  $p < .003$ ). These differences follow the patterns found in 1996. Due to the small number of people with limitations it was not possible to generate reliable estimates by age, sex or region within this group.

**Limitations to Daily Activities from Health Problems  
Island County BRFSS 2000-2001**



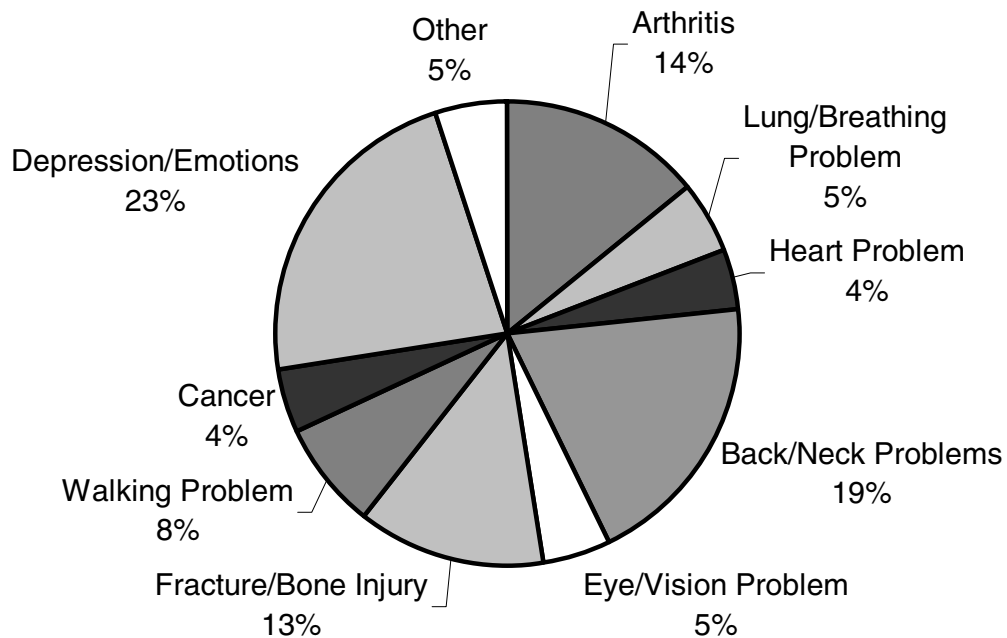
Respondents were asked “How many days, of the past 30, did poor physical or mental health keep you from doing your usual activities?” Activities reflected in this measure include, but are not limited to, working independently performing routine tasks such as household chores or shopping, and independently performing personal care tasks such as bathing and eating.

Income was found to be a factor with 86.2% of persons with incomes >\$50k reported none, compared to 66.6% with incomes less than \$20,000. Of persons with incomes less than \$20,000, 12.4% reported 11-29 days when they were kept from doing their usual activities.

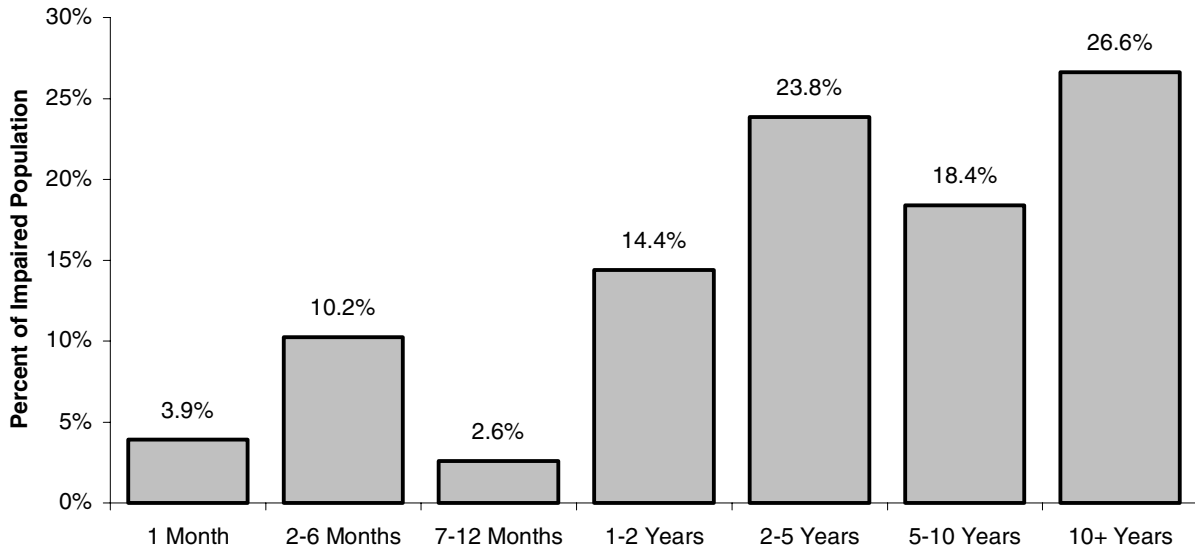
Respondents also reported whether they are limited in any activity because of an impairment or health problem. Limitations are significant in persons older than 45 and with incomes less than \$20,000.

The most common reported health problem that limited daily activities was depression or some other emotional health problem (23%). Back and neck problems were also very common (19%), as was arthritis (14%). These were the most common reasons cited in 1996. However, in that year’s survey depression was not an option that respondents could indicate as the cause of their limitation. Injuries to bones afflicted 13% of those with limitations. Other causes of limitations included problems walking (8%), vision problems (5%), respiratory problems (5%), cancer (4%) and heart problems (4%).

### Health Conditions That Impair Daily Activities Island County BRFSS 2000

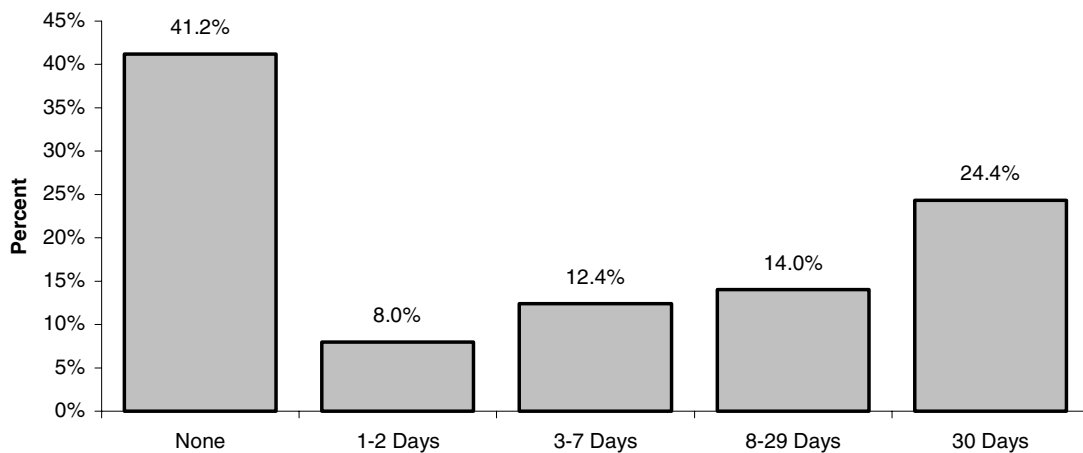


### How Long Daily Activities Have Been Limited Island County BRFSS 2000



Most of the people who reported limitations due to health problems indicated that they had suffered from their problem for years. Over one quarter (26.6%) said that they had been limited for ten years or more, while an additional 18.4% had been afflicted for between 5 and 10 years. Only 16.7% had been limited in their activities for less than one year.

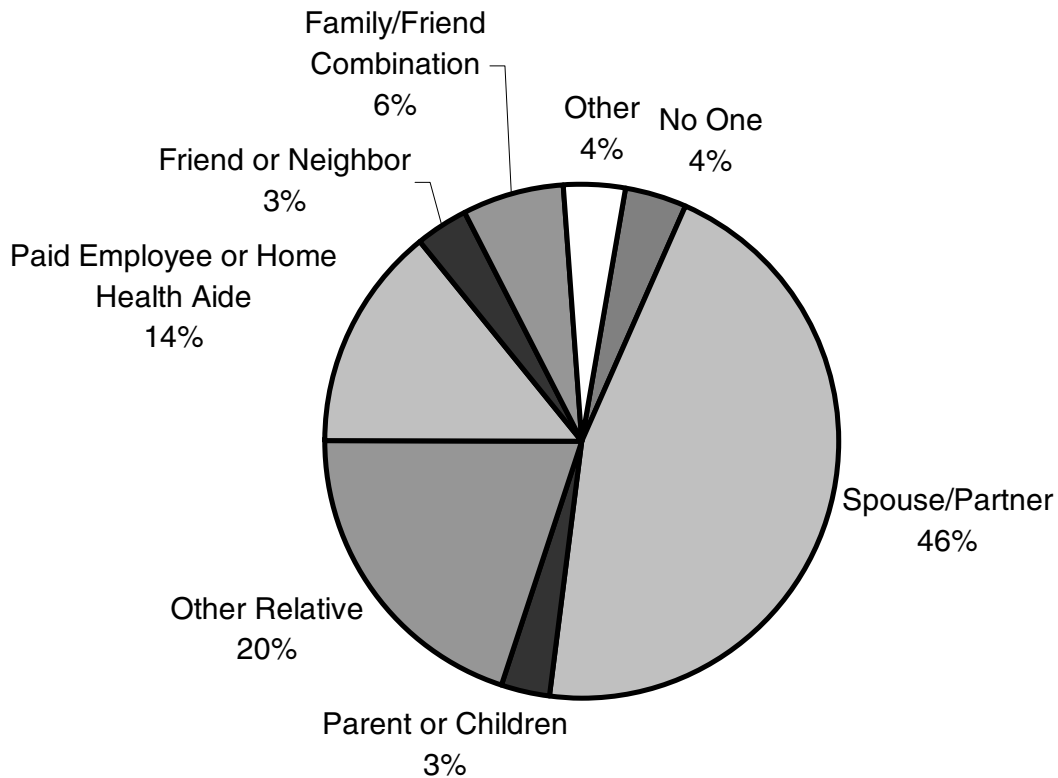
### Number of Days Pain Interfered with Activities in Past Month Island County BRFSS 2000



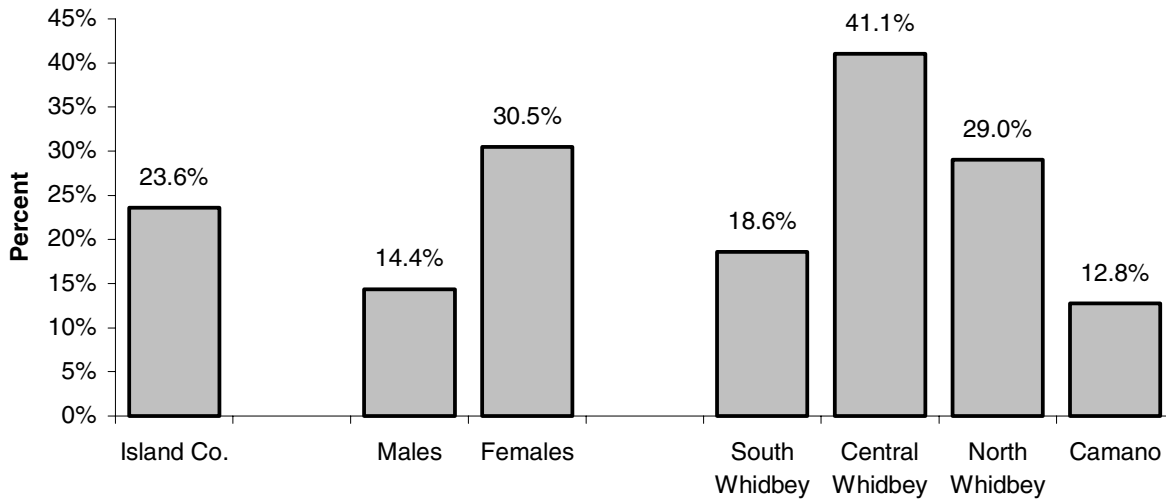
Among respondents with a limitation, most (48.8%) reported that pain interfered with their activities on at least one day in the previous month. One-quarter said that pain interfered 30 days or more (every day).

Among persons with limitations to their activities, 7.7% reported that they needed help with personal care needs (bathing, grooming), which was similar to what was found in 1996 (9%). Approximately one-half of those who needed help with personal care received it from a spouse or partner (46%). Only 3% said they received such care from a parent or child, but 20% indicated care by some other kind of relative. In-home health aides accounted for 14% of those giving help with personal care needs. The quality of care given to those who needed help with personal care needs was overwhelmingly rated as “usually adequate (96.6%), while the remaining 3.4% reported it being only “rarely adequate.” Almost five percent (4.7%) had no one to help them.

### Caregivers for Personal Care Needs Island County BRFSS 2000

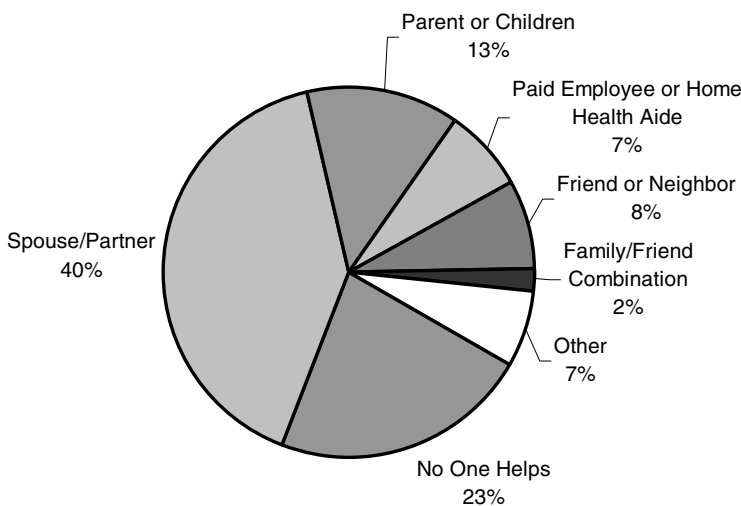


**People with Limitation Who Need Help With Routine Care Needs  
Island County BRFSS 2000**



About one quarter of respondents who had a limitation to their activities said that they needed help with routine care needs (e.g., household chores, shopping, errands, etc.). This was very similar to 1996, when 26% of persons with limitations said that they needed help. Women were more likely to indicate such a need than men (30.5% vs. 14.4%,  $p < .02$ ). Residents of Central Whidbey were more likely to report such a need compared to the rest of the county (41.1% vs. 21.7%,  $p < .05$ ).

**Caregiver for Routine Care Needs  
Island County BRFSS 2000**



The person most likely to be giving routine care was the respondent’s spouse or partner (40.6%). Parents or children rendered help to 13.4%, while friends and neighbors helped 7.6% of those who needed help with their routine needs. However, about one quarter of people who said they needed help with routine needs (22.5%) indicated that there wasn’t anyone to help them. People who needed help with routine care overwhelmingly rated the quality of care as “sometimes adequate” (91%), while 5.6% said that it was “usually adequate” and 3.3% said that it was “rarely adequate.”

## **Pain Findings**

Almost one in five (17%) BRFSS respondents had pain at least 1 day. However, of these; 6.8% reported pain did not make it hard for them to do their usual activities. 1.3% had difficulty 1-2 days, 4.9% 3-29 days, and 4% all 30 days.

## **Hospitalizations**

Hospitalizations data provides information on disease and disability in Island County that is serious enough to require inpatient hospitalization. By providing information on leading causes of hospitalization other than birth, this module provides one perspective on events that can diminish years of healthy life. It also discusses other aspects of hospitalization, such as charges and length of hospital stays. This information helps the reader gain a broader understanding of several health care-related issues in Island County.

The top reasons for hospitalizations in Island County in 1999 were diseases of the heart, unintentional injuries, digestive system disorders, respiratory diseases, and genital/urinary diseases. This is fairly similar to Washington State reports where the leading causes were diseases of the heart, unintentional injury, respiratory diseases, digestive system diseases, and cancer.

## **Prevention Factors/Effective Interventions**

- Programs to help people earn higher incomes. In 2002, Spokane County selected poverty as one of its top health issues and vowed to concentrate on improving the poverty status of its residents.
- Free or reduced-price access for low income persons to gyms, health clubs, and health providers.
- Special health programs for people over 65 or people with chronic health conditions.

## **Healthy People Goals**

- Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed.
- Increase the proportion of adults with disabilities reporting satisfaction with life.
- Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.

## Emerging Issues: Genetic Factors Relating To Health

Cutting edge developments in understanding genetic factors have the potential to influence everyone's health. In addition to lifestyle and environmental factors (such as diet, physical activity, smoking, substance abuse, and pollution), a person's genetic make-up also contribute to years of healthy life.

With the completion of the Human Genome Project, an international collaborative effort that led to the identification and mapping of every gene in the human body, the scientific understanding of how various genes work in combination with lifestyle and environmental influences is expanding rapidly.

*“At the end of the 20th century, most of the genetic tests offered for use in clinical practice are for rare single-gene disorders in people who have clinical symptoms or family histories of genetic diseases. A look at the diseases for which genetic tests are being developed in research settings reveals, however, that tests for additional common conditions are likely to become more prevalent.”<sup>4</sup>*

These common conditions might include heart disease, cancer, stroke, pulmonary disease, and diabetes, diseases that represent the leading causes of death in the United States. However, it is not currently clear how these research findings will be applied. Nor is it clear whether advances in understanding the genetics of these common causes of death will increase years of life at older ages, even though deaths from these or other causes at younger ages might be reduced through advances such as gene therapy and early detection of risk.

As the implications of advances in understanding the role of genetics in health emerge, the public health community anticipates that it will be in a unique position to help move the discoveries gained through sequencing the human genome into appropriate medical and public health practice. Public health professionals have a long track record of working with partners in the health care system, community groups, higher education, local government, schools, and business to improve the health of people. It is these types of partnerships and opportunities for dialogue that will determine how new genetic information can be applied to offer broad-based and cost efficient opportunities for increasing the quality and years of healthy life.

This “new genetics” poses some unique challenges to public health. With this in mind, the Washington State Genetics Advisory Committee has identified the following priority areas to be addressed by public health agencies, and others, in the coming years:

### ***Education.***

The public at large must be scientifically literate, so that they can assess for themselves the risks, benefits, and limitations of available genetic technologies and testing, as well as participate in the development of sound genetic policies.

### ***Access to genetic services.***

Rapid advances in genetics are highly publicized and create an increased demand for quality genetic services. Most consumers expect that their primary care provider will be able to address their questions and concerns.<sup>5</sup> Yet, most primary care providers admit to being unqualified to address their patients' concerns,<sup>6</sup> and it is unclear how many trained medical geneticists or genetic counselors would be necessary to meet future demands for services.

***Quality assurance for both laboratory and clinical services.***

Mechanisms need to be established to monitor the quality and accuracy of genetic services.

***Confidentiality/privacy regulation.***

DOH learned through public forums held in the summer of 1998 that many residents believe existing protections against genetic discrimination are inadequate. Protections need to assure both protection against genetic discrimination and access to information for legitimate public health and research needs.

By addressing each of these priority areas, a bridge can be built between the emerging genetic information and technologies and their appropriate use in public health practice.

## **Endnotes**

<sup>1</sup> Wagener DK, Molla MT, Crimmins EM, Pamuk, Mandans JH. Summary Measures of Population Health: Addressing the First Goal of Healthy People 2010, Improving Health Expectancy. *Healthy People 2010 Statistical Notes*. No. 22, September 2001, p.

<sup>2</sup> Unintentional Injury

<sup>3</sup> McGinnis & Foege

<sup>4</sup> Paula Yoon, et al. "Public health impact of genetic tests at the end of the 20th century," *Genetics and Medicine*, Vol. 3, No. 6, November/December 2001 pp. 405-410

<sup>5</sup> American Medical Association Report, "Genetic Testing: A Study of Consumer Attitudes (March 1998 )" Division of Market Research, Office of Biomedical Science and Clinical Research News and Information

<sup>6</sup> Suchard, MA, Yudking, P, and Sinsheimer, JS, "Are General Practitioners Willing and Able to Provide Genetic Services for Common Diseases?" *Journal of Genetic Counseling*, Vol. 8, No.5, 1999.

## **General Health Status**

### **Local Resources**

#### **DISABILITY RESOURCES**

ARC of Washington .....	(800) 446-4980
Autism Support Group, Oak Harbor .....	(360) 679-1995
Camano Island Family Resource Coordinator (Parent to Parent, Special Needs) .....	(360) 387-1988
Children with Special Health Care Needs (IChD) .....	(360) 679-7351, x5579
Community Services for the Blind & Partially Sighted .....	(800) 458-4888 or (206) 525-0422
DDD / WA State Division of Developmental Disabilities, Oak Harbor .....	(360) 240-4726
HOPE Therapeutic Riding Program, Langley .....	(360) 331-7131
Island County Health Department, Developmental Disabilities .....	(360) 679-7350
Island Paratransit, North Whidbey .....	(360) 678-7771
Island Paratransit, South Whidbey .....	(360) 321-6688
New Leaf, 660 SE Fidalgo Ave. Suite 101, Oak Harbor .....	(360) 675-1989
Parent to Parent (support for parents of special needs children), Oak Harbor .....	(360) 679-5358
Service Alternatives for WA, 206 N. Main, Coupeville .....	(360) 678-0956 or (360) 678-6071
Skagit Valley College, The Literacy Program, Oak Harbor .....	(360) 679-5384
South Whidbey Literacy, Clinton .....	(360) 341-1787
Toddler Learning Center (for special needs children), South Whidbey School District ...	(360) 221-6198 x2232
Toddler Learning Center for special needs children, 950 SE Regatta Drive, Oak Harbor .....	(360) 679-1039
Whidbey Island Alliance for the Mentally Ill (NAMI Whidbey Island), Oak Harbor .....	(360) 675-7358

Momentum Gym in South Whidbey contracts with Group Health Options to provide access to health club facilities for seniors with Group Health Options coverage in their “Silver Sneakers Club.”

### **Helpful Internet Sites**

Aetna IntelliHealth ([www.intellihealth.com](http://www.intellihealth.com)) is a partnership site between Harvard Medical School and the insurance Company Aetna. It has a strong focus on healthy lifestyle, rather than disease.

American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)) for reproductive health issues and other serious health issues.

All Health website at [www.Allhealth.com](http://www.Allhealth.com). This site includes medical information for consumers on breast cancer, childhood asthma, depression and obesity.

American Medical Association at <http://www.ama-assn.org/>

CDC: Centers for Disease Control at <http://www.cdc.gov/>. This site links to health topics, traveler’s health information, data and statistics and more.

Community Tool Box website at <http://ctb.ukans.edu>>. This web site is dedicated to connecting people, ideas, and resources for the work of community health and development. On the CTB, you will find a wealth of practical information for building healthier communities; tools for community assessment, strategic planning, advocacy, leadership, evaluation, and writing grant applications, and dozens of other topics. Everything in the Community Tool Box is there for you to use, they just ask that you credit them by saying, “From the Community Tool Box at <http://ctb.ukans.edu>>.”

DIRLINE website at <http://dirline.nlm.nih.gov/>. This is a directory of thousands of health organizations, support groups, and health hotlines.

Family Village, A Global Community of Disability-Related Resources at [www.familyvillage.wisc.edu](http://www.familyvillage.wisc.edu)

Healthfinders website at <http://www.healthfinder.gov/>. This site links to dependable consumer health information from the federal government and other sources, much of it easy-to-read.

Island County Health Departments web links at [http://www.islandcounty.net/health/Subject\\_Index.htm](http://www.islandcounty.net/health/Subject_Index.htm) and <http://www.islandcounty.net/health/ECP.htm>

Mayo Clinic ([www.mayoclinic.com](http://www.mayoclinic.com)) has information on illnesses and drugs, and health decision guides.

MEDLINEplus website at <http://www.medlineplus.gov/>. This website is the best starting point for all consumer health questions.

National Center for Complementary and Alternative Medicine ([www.nccam.nih.gov](http://www.nccam.nih.gov)) for evaluating alternative treatments and dietary supplement warnings and postings.

Office of Disease Prevention and Health Promotion at <http://odphp.osophs.dhhs.gov>

Providence Everett Medical Center, Family Resource Center at [www.providence.org/everett](http://www.providence.org/everett)

Society for Women's Health Research at <http://www.womens-health.org>

Task Force on Community Preventative Services, Guide to Community Preventive Services (Community Guide) website at <http://thecommunityguide.org/default.html>. This site tries to answer the questions, which deal with community or population based interventions. It addresses a variety of health topics important to communities, public health agencies and health care systems. It is summarizing what is known about the effectiveness and cost-effectiveness of population based interventions designed to promote health, prevent disease, injury, disability and premature death as well as exposure to environmental hazard.

Washington Health Education Resource Exchange (H.E.R.E. in Washington) at <http://www.doh.wa.gov/here/>

WebMD website at [www.webmd.com](http://www.webmd.com). This site includes medical information for consumers on breast cancer, childhood asthma, depression and obesity.

Women's Health at <http://www.4women.gov> or <http://www.allhealth.com/women> or <http://www.mayoclinic.com/findinformation/healthylivingcenter/index.cfm>

Women's Health Information at <http://www.womens-health.co.uk>

Women's Health Interactive at <http://www.womens-health.com>

Women's Health Links at <http://www.ivf.com/womhtml.html>

Women's Place-Health Page at <http://pysmatic.net/women/health.htm>

**For health information in Spanish:**

CDC en Español at <http://www.cdc.gov/spanish/>

Healthfinder's (Spanish pages) website at [healthfinder@Español](mailto:healthfinder@Español) or <http://www.healthfinder.gov/espanol/>.

MEDLINEplus (in Spanish) at <http://medlineplus.gov/spanish/>

NOAH website at <http://www.noah-health.org/spanish/spqksearch.html>. This site is New York Online Access to Health's Spanish health topics pages.