

Quality of Life / Social Context

Fast Facts

- Island County has many of home owners who have lived in their same house for a number of years.
- Island County has a number of homeless families and youth who are affected by issues of employment, domestic violence, physical abuse and neglect, and substance abuse.
- Almost 92% of Island County residents speak English as their primary language.
- Only 2% of Island County residents did not have someone to help them with their emotional needs or provide them social support.

Identified Issues

Consistently, about 5% of Island County residents are concerned about having enough food for themselves or their families.

Background and Introduction

Health often is associated with a person's quality of life. Much of the provision of healthcare or having a health condition affects the social context of one's life. In general, such factors are called social determinants of health. The social determinants of health refer to both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action.¹ Examples are income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to resources linked to health. This chapter explores a number of social conditions that affect the ability of Island County residents to meet a number of basic human needs (housing, nutrition, communication (language), and social support).

Having a home and belonging to a community greatly affect the quality of a person's life. Safe, affordable, housing is essential for community health. Home ownership helps to stabilize families and neighborhoods, creates new jobs and adds to the tax base. The ability to own a home leads to neighborhood ownership, a spirit of community, and a sense of pride.

Shelter is a basic human need. Both families and individuals are in need of affordable and adequate shelter. The groups most commonly challenged by housing are single parent households and working poor, young adults in minimum wage jobs, low income persons including those over age 65, mentally and physically challenged persons, substance abusers, homeless persons, and those receiving public assistance.

Lack of adequate and affordable housing can be a significant problem, especially for low-income families. Families that have to pay a higher percentage of their income for shelter will have little left over for other basic necessities such as food, clothing, and utilities. The ability of low and moderate-income families to find affordable housing can be measured by average wages and housing prices (mortgage and/or rent), homelessness, and shelter use in a community. Average wages are covered in the sociodemographic chapter of this report. This chapter will examine the number of households we have in Island County, average home prices and mortgage/rent payments, residents served by shelters, data about homelessness, and other use of social and housing services that help residents maintain their homes.

Along with safe housing, another of life's basic need is the need for food. Good nutrition is key to human growth and development. There are many components of a poor diet that may contribute to poor health, such as eating too many calories and diets high in saturated fat or salt and low in fruits and vegetables. In 2000, only one-quarter of Washington's adults reported eating fruits and vegetables five times each day. Additional indicators of nutrition show that about one in 20 adults report they were concerned about having enough food in the past month, one in five pregnant women in Washington do not gain the minimum recommended amount of weight during pregnancy and about two-thirds of mothers are breastfeeding at two months postpartum. A national hunger study released in 1999 by the U.S. Department of Agriculture ranks Washington State eighth in the nation in its prevalence of hunger, even though the poverty rate is below the national average. Not surprisingly, concerns about having enough food tend to increase with decreasing income level.

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Social support gives people the emotional and practical resources they need. Receiving affection, companionship, assistance and information from friends and family makes people feel loved, esteemed, cared for, valued,, and secure. These factors have a protective effect on health and wellness. Social conditions are major determinants of health. Social forces acting at a collective level shape individual biology, individual risk behaviors, environmental exposures, and access to resources that promote health. Two areas key to a person's functioning in society are those of social capital and social support.

Social capital. One definition of social capital is "the resources imbedded in social relations among people and organizations that facilitate cooperation and collaborations in communities."² Because it is an attribute of communities, it differs from social support, which is an individual attribute. Communities with high levels of social capital come together readily to work for a common goal. Measures of social capital include social trust and participation in civic and social organizations.

Low levels of social capital have been associated with higher mortality rates.³ In areas with high-income inequality, social trust is low, in part because, as Wilkinson notes, friendship and inequality are not compatible.⁴ Friendship includes the concepts of acceptance, appreciation,

and reciprocity, while social hierarchy involves dominance and subordination, competition, and social comparison. In communities in which most people are social equals, levels of friendship and social trust – and hence, social capital – will be relatively high.

Although social capital is generally considered a community asset, there are examples of cohesive groups with high amounts of social capital that use their cohesion to exclude or discriminate against others. Thus, in fostering social capital, care must be taken that it does not lead to exclusion and discrimination against subgroups within a community.

Social support. People who belong to a social network in which they communicate frequently and share a sense of mutual obligation feel cared for and valued, which greatly affects their health. Individuals with social support have a reduced risk of mortality from specific diseases and recover more quickly from already-diagnosed illness.⁵ Some research shows that people of higher socioeconomic position (SEP) have larger networks of social support and higher levels of perceived social support. However, the evidence that people of lower SEP have less supportive social relationships is not consistent, especially among women.⁶

Spirituality is the part of humanity that looks for a deeper meaning or connection to a higher power or to internal guidance based on a set of beliefs and values. There are many different interpretations of spirituality as there is diversity among people. Some people associate spirituality with a relationship to God or a higher power, others associate it with a relationship to earth and nature, others associate spirituality with the human spirit or a human collective. Spirituality can also combine those beliefs into a philosophy of living. In Island County, there are people who express all of these spiritual beliefs. Even though people have a wide variety of beliefs, many persons link responsibility for the community of their lives with their spirituality and/or belief systems. Most believe they have personal accountability for their actions and can shape their environment and the world through their choices and actions.

Religion is the organization of beliefs. It is a system of thought, feeling, and actions shared by a group. It teaches its members a code of ethics for person and social conduct and a philosophy of life. Usually religion concerns itself with what is beyond the known, the natural, or the expected; and it tries to understand the extraordinary, the mysterious, and the supernatural. Religion can focus on the outward behaviors or rituals and may require some conformity among its members. It is a personal or organized system grounded in such belief and worship.

Most religions recognize the importance of each person and the uniqueness of the individual. People tend to be most healthy when they, too, recognize their unique talents and use them for the betterment of the individual and the community. This is good for the physical, mental, emotional, and spiritual environment of our community.

The foundation of a community is based on ethical codes and values. Ethical codes are often rooted in religion or spiritual belief systems because they provide guidelines for personal interaction. Community members use the ethics and values instilled in them to guide their lives, determine

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their priorities and behaviors, and set community standards.

Religions have different teachings of faith but most value the same principles. These principles, such as honesty, honor, respect for self, others, the earth, hard work, and love are guidelines for personal fulfillment. They also provide guidelines for family life and community responsibility. These common principles can be used to allow community members who have different religions to trust each other and build a healthy community on the basis of shared values.

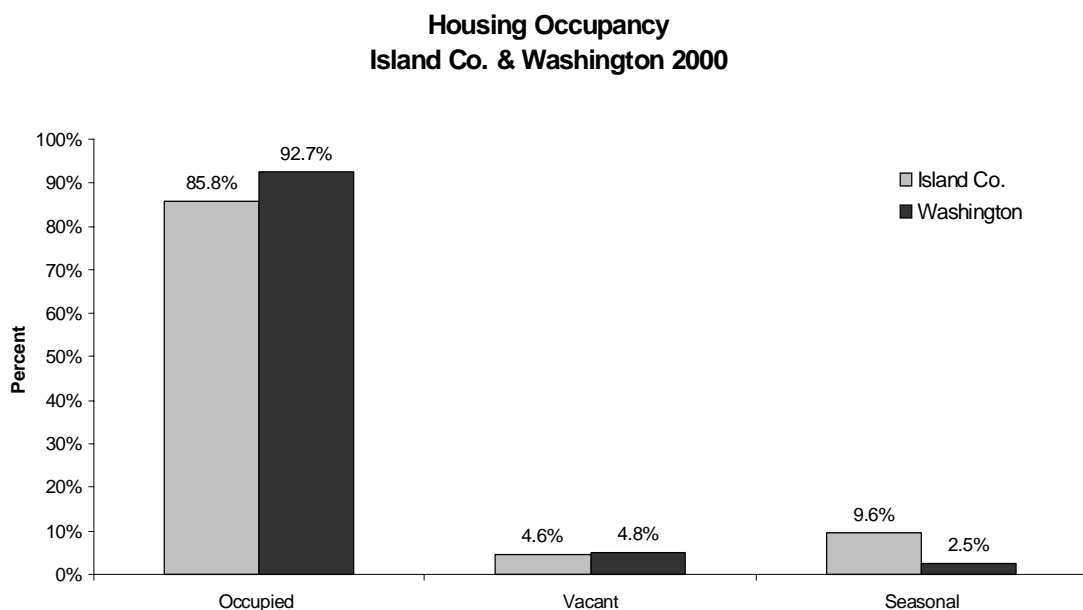
Since religion and spirituality are powerful and provide norms for a community's behavior, religious differences can lead to emotionally charged misunderstandings. Difficulties arise when people or groups do not respect the rights of others to have difference beliefs and lifestyles. Turmoil and confusion can be the result of conflicting belief systems, rapidly changing norms, or when beliefs are not taught at all. This confusion can lead to an increase in violence, substance abuse, crime and depression.

The number of churches in a community can be an indication of the social and religious culture. Island County has a wide range of churches that practice varying religions and denominations. See the Description of Island County Chapter for a listing of the many spiritual assets that are located in Island County.

Local Data and Findings

Housing

A primary source of housing data is the U.S. Census. Island County contained 32,378 housing units in 2000. Of these, 85.8% (27,784) were occupied at the time of the Census. This was considerably lower than the statewide average of 92.7% occupancy. However, this difference is



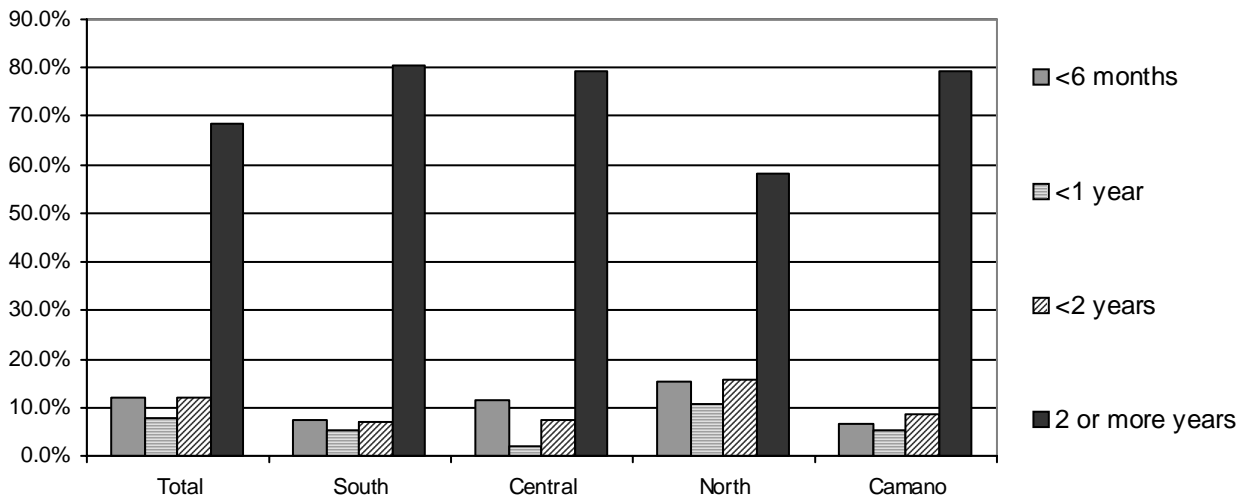
mostly due to the large number of seasonal, recreational or occasional use only units in Island County. These comprised 9.6% of the county’s housing units, compared to only 2.5% statewide. The proportion of vacant housing units in the county that were not for seasonal use was 4.6%, very similar to the statewide average of 4.8%. The vacancy rate among non-rental housing units was 2.2%, somewhat higher than the statewide average of 1.8%. However, the vacancy rate among rental units was lower in Island County than in the state as a whole, 5.1% vs. 5.9%.

Among occupied housing units in Island County, 70.1% were owner-occupied. This was higher than the statewide average of 64.6%. The average household size of owner-occupied units in Island County was 2.5, smaller than the statewide average of 2.65. The median value of an owner-occupied housing unit in Island County was \$174,800, higher than the statewide median of \$168,300. Only 69.4% of owner-occupied units had a mortgage in Island County, compared with 75.4% statewide. The median mortgage payment was \$1,235 per month.

Renters occupied the remaining 29.9% of Island County housing units. Renter-occupied units in Island County tended to have more occupants than was average for the state, 2.57 vs. 2.32. The median rent paid in Island County was \$684 per month, similar to the statewide median of \$663 per month.

Another data source with housing data is the Island County BRFSS (2000-2001). Among BRFSS respondents, two thirds (68%) reported owning their homes and 30% said they rented. The majority of homeowners (85%) said they had lived in their neighborhoods for at least two years. Many fewer renters (33%) reported living at their present addresses for so long.

Island County Responents Time in Present Home
Source: BRFSS, 2000-2001



Safe and Affordable Housing

While a majority of homeowners and renters (79% and 73%, respectively) said that safe and affordable housing was available in their residential areas, renters were more likely than homeowners (24% versus 11%) to say safe and affordable housing was insufficient. Renters were also more likely than homeowners (13% versus 6%) to say that they had been unable to get safe and affordable housing.

Neighborhood Safety (Source: IC BRFSS, 2000-2001)

	Total (n = 952)	Home Owners (n = 647)	Renters (n = 286)
Extremely safe	34%	36%	32%
Quite safe	58	59	55
Slightly safe	7	5	10
Not at all safe	<1	0	1
Don't know/not sure	1	0	1

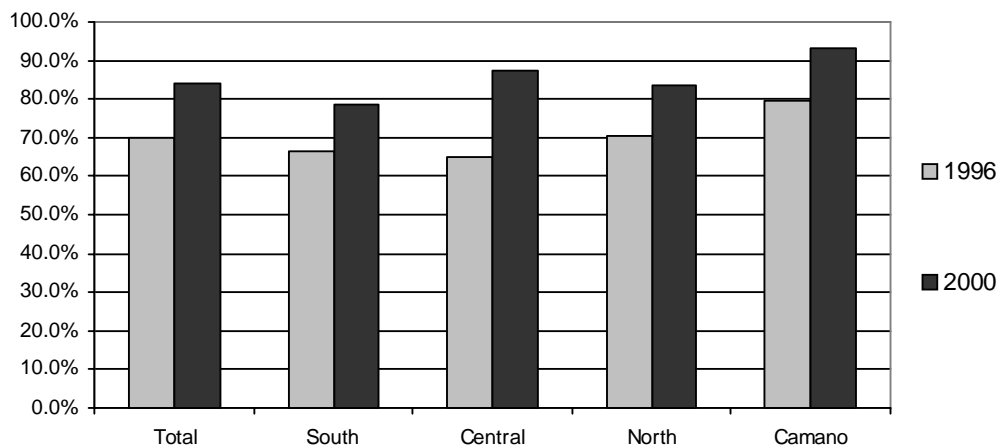
Questions 207-208: How safe from crime do you consider your neighborhood to be? Would you say...? Do you own or rent your home?

Housing Availability (Source: IC BRFSS, 2000-2001)

	Total (n = 952)	Home Owners (n = 647)	Renters (n = 286)
Sufficient safe & affordable housing:			
Yes	77%	79%	73%
No	15	11	24
Don't know	8	10	3
Has been unable to get safe & affordable housing in area:			
Yes	9%	6%	13%
No	87	88	83
Don't know	4	5	3

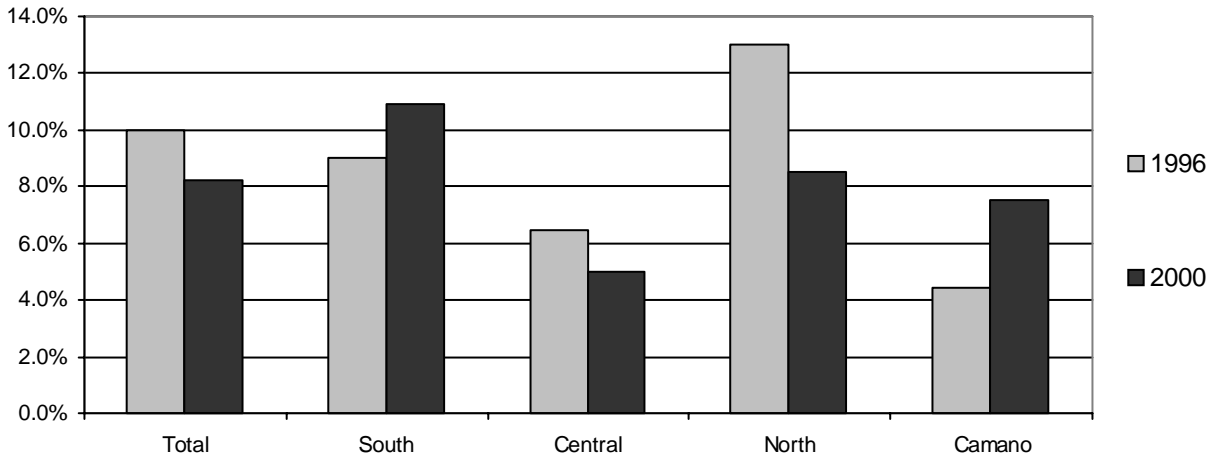
Questions 209a, 209b: In your opinion is there enough safe and affordable housing available in your area? By safe we mean structurally sound such as stable foundation, adequate plumbing, adequate heat and ventilation. Have you ever been unable to get safe and affordable housing?

Island County residents who feel there is enough safe and affordable housing in their area



Source: IC BRFSS, 2000-2001

Inability to find safe and affordable housing



Source: IC BRFSS, 2000-2001

Homelessness

Island County has several sources to turn to in exploring data about homelessness in Island County. A state Emergency Shelter Assistance Program keeps data on the clients who use shelters. The Opportunity Council operates emergency shelters in Island County. Data show a progressive increase in the number of clients using the shelters the past three years as well as growing numbers of clients turned away. Their data is listed in the table below:

Use of Shelters, Island County, 2000-2002			
(Source: Washington State Emergency Shelter Assistance Program)			
	2000	2001	2002
Shelter households	29	84	120
Sheltered families with children	13	20	49
Sheltered individuals	55	102	88
Shelter individuals turned away	68	122	250
# of shelter nights			1856

Island County Readiness to Learn Program conducted a survey about homeless Whidbey Island youth in 2001. Their findings included:

- Whidbey Island has at least 33 homeless youth annually. These youth are on their own without accompanying parents and/or siblings. This estimate was made by Readiness to Learn by assuming such youth had made contact with at least two of the surveyed organizations and were correctly identified and reported as homeless by the McKinney definition.

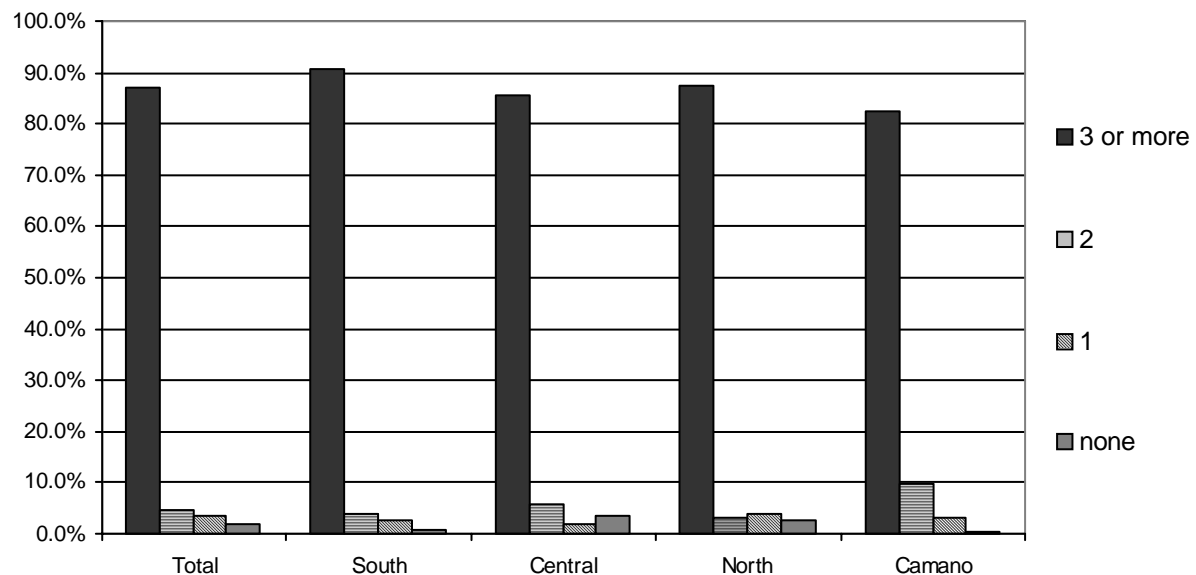
- Whidbey Island has at least 25 families who are homeless annually, including 100 children under 18. 69% of homeless youth were with their parents and 52 siblings (14% were with two parents, 86% were with a single parent—8% male single parent and 92% female single parent).
- Family serving agencies were the best identifiers of homeless youth.
- There did not seem to be any particular season in which homelessness was worst.
- The five factors most reported as leading to youth homelessness are family conflict, drug/alcohol abuse, domestic violence, physical abuse, and parental neglect.
- The five factors most reported as leading to youth with family homelessness are drug/alcohol abuse, domestic violence, lack of affordable housing, under employment/low wages and lack of employment.

The Island County Service Center, run by the Opportunity Council, is Island County’s principle agency that helps prevent homelessness in Island County. They provide rent assistance to qualified low-income households. In 2002 they allocated \$23,938 (average allocation was \$250.00) to provide assistance to 283 individuals and 102 households. They also provide energy assistance and weatherization grants (568 households and 28 families in 2002). Additionally, they served 14 families in transitional housing. Other programs that help make Island County residents more self-sufficient include information and referral, community jobs and community voice mail. Community voice mail assisted individuals with looking for housing, employment, health care and safe communication.

Another agency available in South Whidbey is Friends of Friends. Friends of Friends Medical Fund assist residents with unmet medical needs, thus allowing them to continue to have funding for their other basic needs, such as housing and food.

Social Support

The BRFSS asked respondents “How many close friends or relatives would help you with your emotional problems or feelings if you needed it?” The responses are noted below:



Nutrition

A primary source about a lack of food among Island County residents is food bank data. In Island County, 3,842 households were served by food banks in 2002, up from 3,707 in 2001, but down from 3,871 households in 2000. Children are a primary recipient of food bank donations with 3,988 children and 908 infants served by food banks in 2002. In 2001, 3,821 children and 1,042 infants were served. In 2000, food banks served 4,098 children and 929 infants (County-City-Community Level Information on Kids, Annie E. Casey Foundation).

Approximately \$500,000 was redeemed in local grocery stores in 2001.

ICHD Women, Infants and Children (WIC) Program had a caseload of 745 in 2002. The Navy has a caseload of about 900.

The Island County BRFSS also asks respondents “Whether they had been concerned about having enough food for you or your family in the past 30 days?”. One in twenty (5%) of the respondents said they had been concerned in the past month about having enough food for themselves or their families, the same level as found in 1996. The subgroups most likely to report this were:

- ◆ Respondents with household incomes below \$35,000 (12%) compared to respondents with incomes of \$35,000 or more (2%);
- ◆ Respondents with children at home (8%), compared to those without children at home (2%);
- ◆ Respondents age 25 to 44 (8%) compared to respondents age 55 and older (1%); and
- ◆ North and South Whidbey residents and Camano Island residents (7%), compared to Central Island residents (1%).

Language

Language allows people to communicate with their family, friends, and others in their community. The best source of data about the languages of Island County residents is the U.S. Census. English is the predominate language of Island County residents with 91.8% speaking English only. Almost 5% of residents speak another language and do not speak English well.

Prevention Factors/Effective Interventions:

Intervening to change social, economic, and cultural determinants of health is inherently complex. The literature confirms that social conditions are a major determinant of health. However, poverty, economic inequalities, racial discrimination, childhood deprivation, and work-related stress cannot be addressed only by public health and the health care system. These are social issues, influenced by social policy, not just health policy.⁷ One role for public health is to inform policy makers of the evidence that currently exists linking social conditions and health. In this way, decision makers will have a better understanding of how their decisions will ultimately affect the health of the populations they serve.

In Europe, the World Health Organization (WHO) has launched the WHO Healthy Cities Project, a long-term international development project that has become a major public health movement at the local level. To promote debate about the social determinants of health and to assist policy makers,

members of the project team have developed a booklet which identifies ten major social determinants of health, discusses ongoing research on these determinants, and suggests specific policy proposals for both local and national governments. For example, under “Early Life,” the authors recommend introducing preschool programs to promote educational attainment and to ensure that mothers have adequate social and economic resources to care for their children.

In the US in the mid-1990s, an independent national task force was created to develop a “Guide to Community Preventive Services.” The purpose of the Guide is to summarize what is known about the effectiveness of community-based interventions to improve population health.

The section on the sociocultural environment describes community-based interventions that have been shown to be effective in improving health status by altering factors related to social determinants of health. The task force currently recommends center-based preschool programs, such as Head Start, to prevent developmental delay, and rental vouchers to allow lower income individuals to find housing in safe neighborhoods, and thus reduce intentional injuries associated with crime and violence.⁸

In our state, Public Health – Seattle and King County, along with its public and private partners, has developed a document called “Communities Count” which assesses the well being of people and communities in King County based on a set of community-defined social and health indicators.⁹ The document highlights the importance of social and community factors in individual and community health outcomes. In current and future iterations of “Communities Count,” indicators of social determinants such as income and social capital will be tracked along with health indicators.

Interventions focusing on the social environment can complement traditional prevention programs that emphasize reducing or eliminating risk factors among individuals. Although individual behavioral choices remain important risk factors for many diseases, we can understand these behaviors more fully, and intervene more effectively, when we consider the social context in which they occur.

Healthy People 2010 Goals

The two overarching goals in *Healthy People 2010* are to “increase the quality and years of healthy life,” and to “eliminate health disparities.”¹⁰ *Healthy People 2010* states explicitly that “inequalities in income and education underlie many health disparities in the United States,” and that community, state, and national organizations will need to take a multidisciplinary approach “that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment” if these disparities are to be reduced or eliminated.

Community Resources:

Data Sources

Washington State Death Certificate data, 1980-1999 CD-ROM issued February 2001.

Education Denominators: Washington State Office of Financial Management, 1998 State Population Survey.

Household Food Security in the United States: 1995-1998, U.S. Department of Agriculture, Food and Consumer Service, Office of Analysis and Evaluation, September, 1999.

For More Information

Marmot M, Wilkinson RG, editors. *Social Determinants of Health*. Oxford:Oxford University Press; 1999.

Wilkinson R, Marmot M, editors. *Social Determinants of Health: The Solid Facts*. Geneva: World Health Organization; 1998.

Berkman LF, Kawachi I, editors. *Social Epidemiology*. Oxford: Oxford University Press; 2000.

Institute of Medicine. *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Washington DC: National Academy Press; 2000.

Amick BC, Levine S, Tarlov AR, Walsh DC, editors. *Society and Health*. Oxford: Oxford University Press;1995.

Office of Non-Infectious Conditions Epidemiology, Washington State Department of Health. (360) 236-4246.

End Notes

¹ Krieger N. A glossary for social epidemiology. *J Epidemiol Community Health* 2001; 55:693-700.

² Gittel R, Vidal A. *Community Organizing*. Thousand Oaks, CA: Sage Publications;1998.

³ Kawachi I, Kennedy BP, Lochner K, Prothrow-Stith D. Social capital, income inequality and mortality. *Am J Public Health* 1997;87:1491-1498.

⁴ Wilkinson RG. Putting the picture together: prosperity, redistribution, health and welfare. In: Marmot M, Wilkinson RG, editors. *Social Determinants of Health*. Oxford:Oxford University Press;1999. P.256-274.

⁵ Taylor SE. Health psychology: the science and the field. *American Psychologist* 1990;45:40-50.

⁶ Stansfield SA. Social support and social cohesion. In: Marmot M, Wilkinson, RG, Editors. *Social determinants of health*. Oxford: Oxford University Press;1999. p.155-178.

⁷ Heymann SJ. Health and social policy. In: Berkman LF, Kawachi I, editors. *Social epidemiology*. Oxford: Oxford University Press; 2000. p.368-382.

⁸ The Task Force on Community Preventive Services. *The guide to community preventive services: sociocultural environment*. Available online at URL: http://www.thecommunityguide.org/home_f.html.

⁹ Public Health – Seattle and King County. *Communities count: social and health indicators across King County*. 2000. Available online at <http://www.communitiescount.org>.

¹⁰ US Department of Health and Human Services. *Healthy People 2010* (Conference edition, in two volumes). Washington, DC: January 2000.

Quality of Life/Social Context

Local Resources

FOOD

Gifts From the Heart Food Bank, Coupeville & Greenbank (360) 678-4551
Good Cheer Food Bank, 114 Anthes, Langley (360) 221-6454
Help House Food Bank, 1091 SE Hathaway St., Oak Harbor (360) 675-0681
Food Stamps (DSHS), 656 SE Bayshore Dr., #1, Oak Harbor (800) 735-7037 or (360) 240-4700
Food Stamps, TTY 1.800.346.9257 or 240.4700
or https://www2.wa.gov/dshs/onlineapp/introduction_1.asp
Salvation Army, Seattle (800) 736-7291 or (206) 217-1246
Women, Infants, Children (W.I.C.) food program, 1791 E. 1st Ave., Oak Harbor (360) 240-5554 x7670
Women, Infants, Children (W.I.C.) (for Navy only), Skagit County Community Action (360) 257-8049

EMERGENCY FOOD

South Whidbey – Good Cheer 221.6454
North Whidbey – Help House 675.0681
Camano - Camano-Stanwood Food Bank 629.2789 or Camano Chapel 387.7202

HOUSING

Habitat for Humanity, Oak Harbor (360) 679-9444
Habitat for Humanity, Freeland (360) 331-6272
Helping Hand (family crisis support & referral), 816 Camano Ave., Langley (360) 221-7777
Housing Authority (HUD), 7 NW 6th St., Coupeville (800) 321-0686 or (360) 678-4181
Low Interest Home Loans (first time home buyers only), “House Key” program, Seattle (800) 767-4663
Opportunity Council, 1791 NE 1st Ave., Oak Harbor (800) 317-5427 or (360) 679-6577
Self Help Housing, Mt. Vernon (360) 424-0333

THRIFT STORES

Good Cheer, 114 Anthes, Langley (360) 221-6454
Island Thrift, 600 S. E. Barrington Dr., Oak Harbor (360) 675-1133
Senior Thrift Store, 5518 Woodard Rd., Langley (360) 331-5701
WAIF Thrift Shop, 6115 E. Main St., Freeland (360) 331-2818
WAIF Thrift Shop, 1036 SE Pioneer, Oak Harbor (360) 279-9504

TRANSPORTATION

Airlift Northwest (accepts referrals from authorized personnel) (800) 426-2430 or (206) 521-1599
CHORE for Seniors, Langley (360) 321-1600
Island Transit, Coupeville (360) 678-7771
Medical Assistance Transportation – NW Regional Council (MediAid) (800) 860-6812
SKAT – Skagit County Public Transportation (connected through Island Transit) (360) 757-4433
WA State Ferries (WA & B.C.) (800) 84-FERRY or (888) 808-7977

Opportunity Council: North Whidbey: 679-6577 South Whidbey & Camano: 1.800.317.5427
Information & referral; energy assistance, emergency housing, resources for child care providers or visit their website www.opcco.org

BUS Service: 678.7771 or 1.800.240.8747 or www.islandtransit.org/bus/

HELPFUL INTERNET SITES

Island County Resource Guide: <http://www.nwrcwa.org/rg-island/islandguide.shtml>
King County examples of work in communities at <http://www.communitiescount.org>