

PLANNING ADVISORY COMMISSION

MEETING AGENDA

January 23, 2017

Mason County Building 1, Shelton

Commissioners Chambers

6:00 PM

1. **Call to Order**
2. **Roll Call**
3. **Regular Business**
 - a. Adoption of Agenda
 - b. Approval of minutes
 - c. Public Comment
4. **Cont. Public Hearing from October 17, 2016 and November 21, 2016 -**
Proposed amendments to Village Commercial District in Allyn Urban Growth Area with respect to Residential Uses.
Presenter: David Windom, Department of Community Services
5. **Public Hearing** – Revisions to Chapter XII (Health and Human Services) of the Mason County Comprehensive Plan.
Presenter: Dave Windom, Department of Community Services
6. **New Business**
7. **Adjournment**



DEPARTMENT OF COMMUNITY SERVICES

BUILDING ~ *Planning* ~ FIRE MARSHAL ~ *Public Health*
Planning Advisory Commission – Code Amendment

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RESIDENTIAL USE RESTRICTIONS IN URBAN MIXED USE DISTRICTS

ALLYN URBAN GROWTH AREA

CHAPTER 17.12 – Commercial Zoning Districts in the Allyn UGA
VILLAGE COMMERCIAL, §17.12.110, 17.12.120 AND 17.12.160

BELFAIR URBAN GROWTH AREA

CHAPTER 17.23 – Mixed Use Zoning Districts in the Belfair UGA
FESTIVAL RETAIL, §17.23.010 AND 17.23.020

STAFF CONTACT

Barbara A. Adkins, AICP
Ext #286

SUMMARY OF PROPOSAL

Proposed amendments to the Village Commercial District in the Allyn Urban Growth Area and the Festival Retail District of the Belfair Urban Growth Area with respect to residential uses. The current regulations require that any residential use in either of those districts be located only on the upper floors; no ground floor residences are permitted.

FIRST REVIEW

The Planning Advisory Commission held a public hearing on October 17, 2016 to consider the proposed amendments subject to this Report. Recommendations from the Commission included revising the residential use to multi-family only, and removing any allowance for single family residences or anything less than four dwelling units. The strategy here is to prevent residential development that is inconsistent with a more urbanized blend with commercial uses. Multi-family housing brings an increase population in a smaller area increasing urban density levels and increasing economic activity for the surrounding businesses.

SECOND REVIEW

The Planning Advisory Commission held a second public hearing on November 21, 2016 to consider revisions added as a result of the October hearing. Planning Commission suggested additional edits to include removing a maximum number of units and limiting the amount of residential development to fifty percent of the zoning district. It was also requested that no edits be made to the Festival Retail district of Belfair, and to address changes to Allyn only. The items is tabled until January of 2017 to allow for completion of other priority items of Mason County business.



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PROPOSED AMENDMENTS

The amendments below are truncated excerpts of the actual code revisions provided in the Draft Ordinance, a copy of which is attached.

ALLYN URBAN GROWTH AREA

CHAPTER 17.12 – Commercial Zoning Districts in the Allyn UGA

VILLAGE COMMERCIAL DISTRICT

§17.12.110

The village commercial district is a pedestrian and transit oriented mixed use district primarily designed as a location for neighborhood, community wide and tourist retail, office, restaurant, entertainment, ~~and service uses, including transient accommodations, and residential uses. Long term occupancy residential uses, both owner occupied and rental, are permitted on the second story.~~

§17.12.120 - Permitted uses.

The following uses, subject to applicable licensing and development regulations, shall be allowed outright within the "VC" district. No more than fifty percent (50%) of the total parcels in this zoning district shall be permitted to develop as residential uses.

- (26) Jewelry store;
- (27) Locksmith;
- (28) Medical offices, clinics, equipment and services (i.e., labs);
- (29) Multi-Family dwelling units (min 4 units)
- (30) Music stores, recordings and instruments;
- (31) Offices;
- (32) Paint and glass shops;

§17.12.160

- (3) Residential.
 - ~~(A) Non-transient residential uses shall be located above the ground floor.~~
 - ~~(B) Required residential parking shall be provided on site.~~

STATE ENVIRONMENT PROTECTION ACT (SEPA)

This proposed amendment is categorically exempt from SEPA review under WAC 197-11-800(19) "Procedural Actions".

PUBLIC NOTIFICATION

All public meeting notices will be mailed to all parties of interest and posted in accordance with MCC 15.07.030.



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SUMMARY AND RECOMMENDATION

Staff would ask that the Planning Advisory Commission recommend approval of this code amendment to the Mason County Board of Commissioners.

TITLE 17 - ZONING

AMENDMENTS TO CHAPTER 17.12, COMMERCIAL ZONING DISTRICTS IN THE ALLYN UGA, ARTICLE I, **VILLAGE COMMERCIAL DISTRICT**, SECTION 17.12.110, PURPOSE, SECTION 17.12.120, PERMITTED USES, AND SECTION 17.12.160 ADDITIONAL DEVELOPMENT AND DESIGN CRITERIA

ORDINANCE amending Title 17, Zoning, Chapter 17.12, Commercial Zoning Districts in the Allyn UGA, Article I, Village Commercial District, Section 17.12.110, Purpose, Section 17.12.120, Permitted Uses, and Section 17.12.160 Additional Development and Design Criteria.

WHEREAS, amendments to Title 17 of the Mason County Code fall under the authority of Chapter 36.70 and 36.70A RCW;

WHEREAS, in an effort to afford some modified mixed uses, the Village Commercial district in the Allyn Urban Growth Area and the Festival Retail district in the Belfair Urban Growth Area allow for all residential uses to be directed to the second or upper floors of new and existing development; and

WHEREAS, changes in mortgage securities have make it inherently more difficult to fully realize development options for this type of mixed use arrangement in a single structure; and

WHEREAS, amending these sections to more traditional forms of side by side mixed commercial and allowing ground floor residences will promote a more feasible pattern of development; and

WHEREAS, this Ordinance amends Chapters 17.12 to remove the regulation preventing residential uses on the ground floor in the Village Commercial zoning district of the Allyn Urban Growth Area; and

WHEREAS, the Mason County Planning Advisory Commission conducted public hearings on October 17 and November 21, 2016 and _____ and recommend adoption of amendments by the Commissioners; and

NOW THEREFORE, BE IT HEREBY ORDAINED that the Board of Commissioners of Mason County hereby amends the Mason County Code Title 17 (Zoning), Sections 17.12.110, 17.12.120, and 17.12.160, with respect residential uses. (See Attachment A)

DATED this ____ day of _____ 2017.

BOARD OF COUNTY COMMISSIONERS
MASON COUNTY, WASHINGTON

ATTEST:

Clerk of the Board

Terri Jeffreys, Chair

APPROVED AS TO FORM:

Kevin Shutty, Commissioner

Tim Whitehead, Chief DPA

Randy Neatherlin, Commissioner

ATTACHMENT A

TITLE 17 – ZONING

CHAPTER 17.12 – COMMERCIAL ZONING DISTRICTS IN THE ALLYN UGA
ARTICLE I. "VC" – VILLAGE COMMERCIAL DISTRICT
SECTION 17.12.110 – PURPOSE

Article I. - "VC"—Village Commercial District

17.12.110 - Purpose.

The village commercial district is a pedestrian and transit oriented mixed use district primarily designed as a location for neighborhood, community wide and tourist retail, office, restaurant, entertainment, ~~and service uses,~~ including transient accommodations, ~~and residential uses. Long term occupancy residential uses, both owner occupied and rental, are permitted on the second story.~~ The district will provide opportunities for transit routes and stops and to provide shared parking opportunities. Physically the district will retain the pedestrian oriented scale and intensity of use of the rest of the village core area. Because of its nature the village commercial district zone may only be located in the village center.

1. Goals of the district are:

- (A) Promote private development and uses, which complement public streetscape, infrastructure and governmental improvements and uses;
- (B) Foster civic pride in the area and thereby stabilize and improve property values and stimulate business investment;
- (C) Encourage new uses and services consistent with the downtown, pedestrian oriented character of the area to achieve a viable and sustainable commercial district;
- (D) Prohibit new uses that are incompatible with the function and purpose of the district and encourage the relocation to other locations in the community, of existing nonconforming uses;
- (E) Encourage efficient land use and investment in the rehabilitation, expansion and use of existing structures and in-fill sites through increased zoning densities and parking allowances and flexibility;
- (F) Encourage the concept of "mixed" commercial, residential and civic uses in order to, provide affordable housing opportunities, provide a diverse market for retail goods and services, promote alternative modes of transportation, maximize the use of public infrastructure investments and foster a greater sense of "neighborhood" within the district;
- (G) Encourage a sense of "ownership" of the village core within all members of the community as the social and cultural heart of the village by providing opportunities for cultural and celebratory events and development of public spaces and buildings;

- (H) Promote a physical environment through architectural, streetscape and open space improvements that are evocative of the historic and natural character of the community;
- (I) Provide shared parking opportunities;
- (J) Promote tourist oriented market opportunities including water-related activities.

CHAPTER 17.12 – COMMERCIAL ZONING DISTRICTS IN THE ALLYN UGA
ARTICLE I. “VC” – VILLAGE COMMERCIAL DISTRICT
SECTION 17.12.120 – PERMITTED USES

17.12.120 - Permitted uses.

The following uses, subject to applicable licensing and development regulations, shall be allowed outright within the "VC" district. [No more than fifty percent \(50%\) of the total parcels in this zoning district shall be permitted to develop as residential uses.:](#)

- (1) Alcoholic beverage sales: package stores and wine shops;
- (2) Antique shops;
- (3) Appliance and communication equipment repair shop and/or sales;
- (4) Art galleries and artist studios;
- (5) Art and craft supplies, retail;
- (6) Vehicle parts store;
- (7) Bakery, with on-site sales;
- (8) Bicycle shops;
- (9) Book stores;
- (10) Banks and financial institutions;
- (11) Barbers and beauty shops;
- (12) Camera shop;
- (13) Catering;
- (14) Clothing sales and rentals and shoe stores;
- (15) Delicatessen;
- (16) Dry cleaners and laundries not including laundromats;
- (17) Fabric and yarn goods;
- (18) Florists;
- (19) Food Stores, retail including groceries, bakers, butchers, health, candy;
- (20) Furniture stores;
- (21) Grocery stores;
- (22) Hotels/motels;
- (23) Household fixtures including plumbing, lighting, heating/cooling;
- (24) Hardware stores;
- (25) Hobby shops;
- (26) Jewelry store;
- (27) Locksmith;
- (28) Medical offices, clinics, equipment and services (i.e., labs);

- (29) [Multi-Family dwelling units \(min 4 units\)](#)
- (30) Music stores, recordings and instruments;
- (31) Offices;
- (32) Paint and glass shops;
- (33) Pharmacy, dispensing;
- (34) Photographic studio;
- (35) Printing, publishing and reproduction;
- (36) Radio and Television broadcasting station;
- (37) Restaurants, cafes and food stands: sit down and walk up;
- (38) Retail shops not otherwise named similar in size, character and impacts;
- (39) Second hand stores and pawn shops;
- (40) Sports related service businesses such as kayak rentals, boat tours, scuba instruction;
- (41) Sporting goods store including equipment rental and repair;
- (42) Stationary and office supply stores;
- (43) Toy stores;
- (44) Theater, live stage;
- (45) Theater, motion picture, one screen and no more than two hundred fifty seats;
- (46) Tourism related retail and service businesses such as travel, tour and event agencies;
- ~~(47) Second floor residential apartment ancillary to first floor commercial use;~~
- ~~(48)(47)~~ Transit stops;
- ~~(49)(48)~~ Dance and music studios.

CHAPTER 17.12 – COMMERCIAL ZONING DISTRICTS IN THE ALLYN UGA
 ARTICLE I. “VC” – VILLAGE COMMERCIAL DISTRICT
 SECTION 17.12.160 – ADDITIONAL DEVELOPMENT AND DESIGN CRITERIA

17.12.160 - Additional Development and Design Criteria.

Development criteria are established to ensure compatibility of uses permitted within the district, to encourage good building and landscaping design, and to ensure the protection of the public health, safety and general welfare. In addition to development regulations found elsewhere in this title the following standards shall apply to development projects within the "VC" district. Additional standards for setbacks are in Section 17.10.460.

- (1) General criteria.
 - (A) Parking. Required parking for the "VC" district shall be as stipulated in Chapter 17.14 "Off-Street Parking" of this title.
 - (B) Signs. Private signage shall be allowed as stipulated in Chapter 17.15, "Signs" of this title.
 - (C) Trash. Exterior trash containers shall be located within enclosures matching design criteria on file with the building and public works department except where placed outside at a designated location for collection the same day as the collection is scheduled.
 - (D) Storage. All exterior storage shall be screened from view behind solid walls or fences no greater than eight feet in height.

- (E) Fencing. Fencing shall be decorative and compatible in design and integrated with architecture of the associated use. Fences, except for storage areas, shall be no more than six feet in height and shall not obstruct line of sight clearance or safety exiting.
 - (F) The address of all buildings and individual units shall be displayed on the exterior of the building, including on alley frontages, in a manner that allows for easy identification by the public and emergency response personnel.
 - (G) Entries. Each building and commercial units within buildings, shall have at least one primary entry on any street frontage unless units with a building share a common entry from which the unit may be accessed during all business hours. Entries shall be clearly defined, oriented to pedestrian travel ways and away from vehicle driveways. Entries shall be provided with weather protection.
 - (H) Structures shall be located proximate to the street to promote store front display, pedestrian activity and a harmonious streetscape while leaving opportunities to create space between building tells and the public sidewalk for exterior uses, sign displays, exterior seating, landscaping, architectural interest such as cantilevered second stories, canopies and esplanades and to provide locations for public art and information.
 - (I) All electrical, mechanical and plumbing equipment, including roof equipment, and appurtenances shall be screened from view or otherwise architecturally treated except those required for safety purposes.
 - (J) Architecture and Aesthetics. (Reserved).
- (2) Commercial.
- (A) All street doors shall be for pedestrian access only.
 - (B) Loading Areas. Loading or pick-up of merchandise or materials shall be restricted to alleyways or designated on-site loading areas.
 - (C) Outdoor Display of Sales of Merchandise. The outdoor sale or display of merchandise, whether on-site or on public property or right-of-way, shall only be allowed as permitted under guidelines approved by the county board of commissioners.
 - (D) Canopies, signs, balconies and other architectural projections may encroach into the public right-of-way with approval of an encroachment permit by the public works director and when an overhead clearance of a minimum of eight feet is maintained.
 - (E) Ground floor frontages shall be provided with large framed display windows above a height of three feet so that at least fifty percent of the frontage wall is transparent between a height of three feet and below eight feet.
- (3) Residential.
- ~~(A) Non-transient residential uses shall be located above the ground floor.~~
 - ~~(B) Required residential parking shall be provided on site.~~

CHAPTER XII

HEALTH AND HUMAN SERVICES

INTRODUCTION

A. Purpose Statement

The policies that guide development and manage growth should consider the human health implications. Healthy communities require that we address the social determinants of health which include transportation, education, access to healthy food, economic opportunities, and more. Responsibility for the social determinants of health falls to many non-traditional health partners, such as housing, transportation, education, air quality, parks, criminal justice, energy, and economic and employment agencies.

The Washington State “Healthier Washington Initiative” summarizes the prevention framework as a framework to “Improve the health of Washingtonians through intentional linkages between public health, health service delivery, and system influencing the social determinants of health”.

What is a Healthy Community?

A Healthy Community provides for the following through all stages of life:

Meets basic needs of all

- Safe, sustainable, accessible, and affordable transportation options
- Affordable, accessible and nutritious foods, and safe drinkable water
- Affordable, high quality, socially integrated, and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient and prepared for emergencies
- Opportunities for engagement with arts, music, and culture

Quality and sustainability of environment

- Clean air, soil and water, and environments free of excessive noise
- Tobacco and smoke free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, greenhouse gas emissions, and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

Adequate levels of economic and social development

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents

- Opportunities for high quality and accessible education

Social relationships that are supportive and respectful

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- Safe Communities, free of crime and violence

The purpose of this Chapter is to plan for the environments and services that will meet the needs of current and future Mason County residents while preventing or controlling disease and keeping the local population as healthy and productive as possible.

This Chapter will describe goals and strategies that promote a healthy living environment.

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 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 has jurisdiction for land use and other areas of regulation only in the unincorporated parts of the County.

ASSESSMENT

Determinants of Health/Health Factors

1. Health Behaviors – 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. Behaviors such as tobacco use, diet and exercise, alcohol and drug use have a significant impact upon the health of individuals, families and even the communities in which we live, work and play.
2. Social and Economic Factors affect health outcome. Social and economic factors include education, employment, income, family and social support and community safety. Taken together health behaviors and social and economic factors account for approximately 70% of a person's health.
3. Physical Environment includes air and water quality, housing, transportation, opportunities for physical activity and access to healthy foods
4. Clinical Care which encompasses both access to care when needed and quality of care received.

Understanding of Interactions between the Built Environment and Health

- Access to Healthy Food –Access to healthy food can be improved by encouraging features like community gardens, farmers markets, healthier food bank donations, and promotions of healthy foods, as well as through governmental and private sector policies.
- Facilities for Physical Activity – the availability of active, walkable places – destinations, parks, sidewalks and trails near where people live and work, and the 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 types of uses, which bring more destinations for walking or other activity within reach of residents or people at work.
- Water – There is continued need for managing wastes and pathogens in order 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.

So how does Mason County Fare: Based on the most recent data available in 2016 following are a few examples:

Health Outcomes*

- Mason County Experiences 7,600 years of life lost due to premature death compared to the state’s average of 5,500.
- 15% of Mason County residents report poor or fair health compared to the State’s 12%.
- Mason County residents report 3.8 poor physical health days in the past 30 days versus the state’s average of 3.9 days.
- Mason County residents report 4.4 poor mental health days in the past 30 days compared to the State’s average of 3.7 days.
- On the more positive side, Mason County experiences only 5.9% of live births with low birthweight compared to the State’s average of 6.0%. 5.9% is the same experience as the top US performing counties.

Health Factors (Health Behaviors, Clinical Care, Social & Economic Factors, and the Physical Environment)*

There are a myriad of factors that influence a person’s over health outcomes. In 2015, Mason County ranked 32nd out of 39 Washington counties in Health Factors.

Health Behaviors*

- Adult smoking rate is 16% while the Statewide average is 15%.
- Adult obesity rate is 33% compared to the State’s 27%
- Food environment index (factors that contribute to a health food environment – 0 – 10) is 7.6 for Mason County versus 7.5 for the State
- Physical inactivity is 24% for Mason County compared to the State’s 18%
- Mason County’s adults that engage in excessive drinking is virtually the same as the State’s.
- 34% of Mason County’s driving deaths involve alcohol while 37% of the State’s driving deaths involve alcohol.

Social and Economic Factors*

- On time graduation rates for Mason County are 73% compared to the State’s average of 78%

- Mason County residents with some college is 55% while the State's average is 67.8%
- Mason County consistently experiences a higher unemployment rate than the Statewide rate.
- 24% of Mason County's children live in poverty versus the Statewide rate of 18%. This has increased from the 22% of children living in poverty in the 2013 report while the State has remained the same.
- 35% of Mason County children live in single parent households while statewide 29% of children live in single parent households.
- Violent Crime per 100,000 population reported in 2015 showed improvement from 336/100,000 reported in 2013 to 285/100,000 in 2015
- Mason County residents experience more deaths by injury (78/100,000 population) than the statewide average (59/100,000).

Physical Environment*

- Air pollution – particulate matter – average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5}) is 10.9 which is slightly better than the statewide average and the US median.
- Mason County experiences No drinking water violation limits
- 77% of Mason County workers drive alone to work compared to the State's average of 73%.
- 47% of Mason County workers drive alone for a long commute (defined as commuting more than 30 minutes) versus 33% of the Statewide average.
 - Many Mason County commuters leave Mason County to work in other Counties such as Kitsap, Thurston, Pierce and King Counties.

These commuting patterns are not unexpected in a rural community, but can be contributing factors in lowering the percentage of citizens exercising routinely.

*2016 National County Health Rankings Report for Mason County

Mason County has one incorporated city (Shelton), and two Urban Growth Areas (Allyn and Belfair), with most of the county population located in the extensive rural areas. Seniors and retirees choose to live in Mason County due to its proximity to large population centers and the relative affordability of local housing.

Between 2010 and 2014 Mason County's population increase was at 2.14% while the State grew at the rate of 3.62%. Mason County is expected to continue to increase its population with a medium level rate as projected by the Office of Financial Management.

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XII-3 ANALYSIS

As a rural community, populations are dispersed and services are limited in many communities. As a result, most county residents are highly dependent upon the automobile as the primary means to access goods and services. This can limit opportunities for walking or bicycling as a

means for exercise. The county could offset this through the development of public trails to promote walking or bicycling, and improving the quality and accessibility of county recreational facilities. The county could also increase efforts to inform the citizenry of the many opportunities for exercise and relaxation within Mason County provided by the numerous County and State Parks, and Olympic National Park.

Within the more densely populated urban growth areas, alternative modes of transportation are encouraged. However, much of the supporting infrastructure is not yet in place. The County has developed a Master Parks Comprehensive Plan in 2013. This plan integrates the parks and public trails called for within the various sub-area plans of the urban growth areas. This should further support the development of walking or biking trails within the urban growth areas, and improve access to the many recreational facilities within Mason County.

Access to local, affordable, quality physical, behavioral, and dental health care is important to promote community health.

However, as in other rural communities, patients regularly travel out of the area to receive these services and treatment. Primary reasons for this include: (1) the limited number of health care providers located in Mason County; (2) recent migrants to the county choose to retain the services of providers they are already familiar with, (3) local providers are not affiliated with the group insurance plans provided by local employers, and (4) lack of access to Medicaid providers – especially dentists. (

. Local access to medical, behavioral, and dental services would likely result in a greater number of residents taking advantage of these services..

Improving local access to medical, behavioral and dental services will be more critical as the proportion of residents over 65 years of age increases, and would support economic development objectives to expand the health care, behavioral health, and dental health care sectors. The State’s Healthier Washington Initiative calls for integration of physical and behavioral health to provide a more “whole person” approach to service provision. It also includes paying for “value” leading to improved health versus a fee for a specific service. This value-based purchasing will change health care and supportive services delivery substantially. Health Plans providing services in their service areas will be required to show adequacy of their network to provide the required services. Medicaid expansion and the Affordable Care Act have significantly increased the number of residents with health insurance and created an even greater demand for services and demand on network adequacy to meet those service needs.

County, regional, state, and non-profit social programs also influence the health of families and the

Community – addressing the social determinants of health. Mason County will, in collaboration with the medical, behavioral, dental, and social sectors, assure the adequacy of resources to address the social determinants of health through increased federal, state, regional, and local investment in sustaining organizations that address the social determinants of health.

These programs need to adequately respond to families and individuals in crisis, but they also are important supportive services that are necessary for improved health. Providing various means of support can have a profound, positive affect on the entire community. Mason

County will strive to promote a community where people can balance work, family, social interaction and support, and community involvement. This can be achieved in part by promoting and supporting a system of practical, functional, and accessible social programs.

It is particularly important that local groundwater and critical aquifer recharge areas are protected in Mason County, as private and small community wells are the source of drinking water for most Mason County residents. A number of policies and programs that help protect critical aquifer recharge areas and assist in the management of watershed areas are already in place and carried out at a local and state level. Group A (public water supply wells) systems are required to perform periodic testing to verify delivered water meets accepted quality thresholds; however, once installed there is no requirement for periodic testing of private wells. Additionally, Group A and B wells are typically deeper than private wells, making these community wells less susceptible to contamination than the more shallow private wells. Thus, by encouraging community water supply systems, the County will increase the likelihood of residents having access to reliable, clean drinking water. Mason County will draft policies that increase the quality and reliability of the water supply system by promoting community wells to reduce the need for less regulated new private wells, and reevaluating countywide storm water management policies as increased development occurs in the urban growth areas.

XII-4 GOALS AND POLICIES

Access to Care Goals and Policies

The following goals, policies and objectives aim to ensure that all residents of Mason County have access to affordable, high quality health care, including behavioral health care, and dental care, and services that address the social determinants of health; and that adequate clinical preventive services are available to prevent illness or progression of illness in Mason County.

Goal 1: Local and Regional Health Planning

Mason County will promote and support local and regional health planning, and ensure health planning focuses on efficient and effective physical, behavioral, and dental health care needs and the social determinants of health..

Policies:

1.1: Mason County will assist in improving public and private sector participation in health and human service planning and implementation activities.

1.2 Mason County will periodically conduct an update to the community health Assessment and the Community Health Improvement Plan as required by national public health standards.

1.3 Mason County will support recruitment of primary care providers.

1.4 Mason County will support local, regional and state planning to ensure network adequacy for the provision of physical, behavioral, dental, and social services in Mason County provide high quality services at the right place at the right time.

1.5 Mason County will identify and implement strategies to create and stabilize a safety net so that those without access to affordable care can get care when needed. 1.6 Mason County will support organizational capacity in the community to stay abreast of health reform and the Healthier Washington Initiative opportunities for improving the health of Mason County residents.

1.8 Mason County will identify and implement strategies to assure stable, effective community dental care and assist in recruiting dental care providers. The County will further support organizational capacity in the community to refer and link residents with dental providers.

Goal 2: Clinical and Community Preventative Services are Available and Used Effectively

2.1 The County will 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.

2.2 The County will work with health care providers to assure that clinical screening for high blood pressure, heart disease, diabetes, and cancer are available to all residents, and that follow-up counseling for screening results is available.

2.3 The County will work with health care providers to assure that Chronic Disease Self Management 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 3: Mental Health and Chemical Dependency – Behavioral Health

3.1 The County will engage on a regional and local basis, first the integration of mental health and chemical dependency, then the integration of medical care with behavioral health care, and finally public health and social services as the Healthier Washington Initiative compels a broader definition of health to include the social determinants of health to effectively improve health.

3.2 The County will collaborate with the provider community to assure that the high risk population and most vulnerable population is served appropriate to the level of need.

3.3 The County will collaborate with the provider community, the funders, and will with funds under County control assure equity of services to meet the needs of all ages, ethnicities, and geographic locations of Mason County residents.

3.4 The County will collaborate with state, regional, and local stakeholders to assure that resources are equitably distributed for emergent, urgent, treatment, and prevention services.

Goal 4: A Regional Approach to High Quality Medical Care and Social Services at Lower Cost

- 4.1 The County will participate in the regional Accountable Community of Health as required in the Healthier Washington Initiative to assure a high-quality health system (including public health and social services) is accessible and adequate to meet the needs of the residents of Mason County.
- 4.2 The County, through its participation in the regional Accountable Community of Health will assure that members of the regional community in need of clinical and social services are able to readily receive treatment services, avoiding the high-cost and inappropriate use of emergency rooms and county corrections systems.

Environmental Public Health Goals and Policies

Environmental Public Health Goals, policies and objectives relate to the maintenance of clean water, safe food, disease protection from vectors, safe recreational waters, and other issues directly related to the impact of the environment on human health.

Goal 1: Protection and preservation of Groundwater Quality and Drinking Water Supplies; Surface Water Quality protection for safe recreation and shellfish harvesting.

- 1.1 The County will work to assure ground water resources (aquifers) and surface water are protected. The County will 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 the public's health.
- 1.2
- 1.3 The County will work to assure that public water supplies are properly managed, monitored wells produce safe, clean drinking water, and surface water is protected..
- 1.4 The County will collaborate with regional and local partners to assure regional water quality and to identify public health risks.
- 1.5 The County sanitary code will 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.
- 1.6 The County will ensure that septic systems are properly monitored and managed and failing systems are identified and promptly repaired.
- 1.7 The County will ensure that wastes are managed to protect groundwater and surface water resources.

1.8 The 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.

1.9

1.10 The County will ensure that on-site sewage systems in urban growth areas that pose significant public health risk are converted to sewer upon availability.

Goal 2: Manage Waste to Protect Public Health and Water Resources

2.1 The County will investigate and respond to complaints and take enforcement action as needed to assure solid and hazardous wastes are properly managed.

2.2 The County will permit solid waste facilities and assure they comply with permit conditions and applicable law to assure wastes are properly managed.

2.3 The County should conduct outreach to bring better understanding of environmental public health and ways to protect air and water quality to Mason County residents.

2.4 The County works with business (small quantity generators) to assure compliance with rules for proper handling and disposal of hazardous materials (this is currently provided by a state-funded position housed in Kitsap County).

2.5 The County should provide education about the health and environmental hazards associated with household products. Information about safer or lower-risk products should also be provided.

2.6 The 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.

2.7 The County should support product stewardship advocacy, programs and legislation to reduce the health and environmental impacts of consumer products in their general, consumption, storage and disposal. This should also include providing information to the public about the importance of product stewardship.

2.8 The County's own procurement practices should reflect the goal of reducing the generation of hazardous materials as much as possible. Policies should be updated periodically 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 Mason County residents who eat healthfully – specifically to improve nutrition.

Goal 1: Improve places where people purchase food or eat in Mason County, making healthy options accessible to all local residents.

1.1 The County will work with stakeholders to increase the availability and affordability of healthful foods in institutional settings, workplaces, senior centers, and government facilities.

1.2 The County will work with stakeholders to increase the accessibility, availability, affordability, and identification of healthful foods in Mason County, including encouraging full service grocery stores, farmers markets, small store initiatives, mobile vending carts, restaurant initiatives, and healthy food bank donation initiatives.

Goal 2: Improve Policies and Systems regarding Food and Nutrition where people live, work and play so that they are encouraged to find healthier food options.

2.1 Improve jurisdiction-wide nutrition policies in the institutions that serve people in Mason County.

2.2 Work with local schools to improve nutrition quality of foods and beverages served or available in schools consistent with the Standards for Foods in Schools.

2.3 Increase policies and practices to support breastfeeding in health care, community, workplaces, and learning and child care settings.

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 Mason County residents who meet the recommendations for daily physical activity.

Goal 1: Create Environments for Active Living, Fostering Changes to the Community Environment and Associated Policies that Increase Physical Activity

1.1 Increase access to free or low cost recreational opportunities for physical activity

1.2 The County will support planning approaches – zoning and land use – that promote physical activity.

1.3 The County will support and encourage complete streets and community design for increased physical activity and active transportation.

1.4 Enhance the safety and perceived safety of communities to encourage walking and bicycling

Goal 2: Increase Levels of Physical Activity Through Education and Social Supports

2.1 The County should develop a community-wide campaign that encourages physical activity among Mason County residents.

2.2 Promote the development of behavioral and social approaches to encouraging more physical activity, such as expansion of Chronic Disease Self-Management programs, Safe Routes to Schools and Walking School Buses.

2.3 Promote enhanced school-based physical education.

3.2:

[

II.Support implementation of the Public Trails Policies and establishment of a network of

pedestrian and bicycle paths within Mason County.

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CHAPTER XII

HEALTH AND HUMAN SERVICES

INTRODUCTION

A. Purpose Statement

The way communities develop affects both physical and mental health and the environment. How a community is designed and built in response to population growth creates the conditions in which people live their lives well into the future. Recognizing the impact of the built environment on the public's health, the design of communities should be optimized 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 in turn is 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. The choices made regarding infrastructure for water supplies, wastewater systems and disposal of wastes directly affect water resources, food supplies, and the public's health.

The policies that guide development and manage growth should consider the human health implications. Healthy communities require that we address the social determinants of health which include transportation, education, access to healthy food, economic opportunities, and more. Responsibility for the social determinants of health falls to many non-traditional health partners, such as housing, transportation, education, air quality, parks, criminal justice, energy, and economic and employment agencies.

Nationally, and in many areas of Washington, there is a growing interest in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. This is described as a "Health in All Policies" approach to improving the public's health by effectively addressing the social determinants of health.

The goal of "Health in all Policies" is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identified the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors. It engages diverse governmental partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creating and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. There is not one "right" way to implement a Health in All Policies approach, and there is substantial flexibility in process, structure, and scope.

A Healthy Community Framework was created and shared nationally. It was developed based upon broad discussions with communities, government, and public health leaders in response to the

question, “What is a Healthy Community?” This led to the concept of a “Health in All Policies” approach to ensuring a healthier population.

The Washington State “Healthier Washington Initiative” summarizes the prevention framework as a framework to “Improve the health of Washingtonians through intentional linkages between public health, health service delivery, and system influencing the social determinants of health”.

What is a Healthy Community?

A Healthy Community provides for the following through all stages of life:

Meets basic needs of all

- Safe, sustainable, accessible, and affordable transportation options
- Affordable, accessible and nutritious foods, and safe drinkable water
- Affordable, high quality, socially integrated, and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient and prepared for emergencies
- Opportunities for engagement with arts, music, and culture

Quality and sustainability of environment

- Clean air, soil and water, and environments free of excessive noise
- Tobacco and smoke free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, greenhouse gas emissions, and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

Adequate levels of economic and social development

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents
- Opportunities for high quality and accessible education

Social relationships that are supportive and respectful

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- Safe Communities, free of crime and violence

The purpose of this Chapter is to plan for the environments and services that will meet the needs of current and future Mason County residents while preventing or controlling disease and keeping the local population as healthy and productive as possible.

The purpose of this section is to describe goals and strategies that promote a healthy living environment for the betterment of the community. A healthy community environment is influenced by many factors. Research focusing upon the interaction between health and the

environment shows that health is not only affected by the direct pathological impacts of various chemical, physical, and biological agents, but also is strongly influenced by factors on broader physical and social environments. These include, urban development and transportation, safe housing, and opportunities for recreation

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 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 has jurisdiction for land use and other areas of regulation only in the unincorporated parts of the County.

The RCW states that the Board of Health shall:

- ~~— 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;~~
- ~~— Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;~~
- ~~— 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;~~
- ~~— Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;~~
- ~~— 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 cost of providing the services.

A subsequent section, RCW 70.05.070, described the powers and duties of the local health officer, reinforcing that this is a means for the Board of Health to meet its responsibilities.

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 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 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.

ASSESSMENT

Determinants of Health/Health Factors

1. Health Behaviors – 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. Behaviors such as tobacco use, diet and exercise, alcohol and drug use have a significant impact upon the health of individuals, families and even the communities in which we live, work and play.
2. Social and Economic Factors affect health outcome. Social and economic factors include education, employment, income, family and social support and community safety. Taken together health behaviors and social and economic factors account for approximately 70% of a person’s health.
3. Physical Environment includes air and water quality, housing, transportation, opportunities for physical activity and access to healthy foods
4. Clinical Care which encompasses both access to care when needed and quality of care received.

Understanding of Interactions between the Built Environment and Health

- Access to Healthy Food –The nutrition environment, from how close by grocery stores are to neighborhoods where many 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 encouraging features like community gardens, farmers markets, healthier food bank donations, and promotions of healthy foods, as well as through governmental and private sector policies.
- Facilities for Physical Activity – the availability of active, walkable places – destinations, parks, sidewalks and trails near where people live and work, and the 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 types of uses, which bring more destinations for walking or other activity within reach of residents or people at work.

- Water – There is continued need for managing wastes and pathogens in order 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.

So how does Mason County Fare: Based on the most recent data available in 20165 following are a few examples:

Health Outcomes*

- Mason County Experiences 7,600 years of life lost due to premature death compared to the state's average of 5,500.
- 15% of Mason County residents report poor or fair health compared to the State's 12%.
- Mason County residents report 3.8 poor physical health days in the past 30 days versus the state's average of 3.9 days.
- Mason County residents report 4.4 poor mental health days in the past 30 days compared to the State's average of 3.7 days.
- On the more positive side, Mason County experiences only 5.9% of live births with low birthweight compared to the State's average of 6.0%. 5.9% is the same experience as the top US performing counties.

Health Factors (Health Behaviors, Clinical Care, Social & Economic Factors, and the Physical Environment)*

There are a myriad of factors that influence a person's over health outcomes. In 2015, Mason County ranked 32nd out of 39 Washington counties in Health Factors.

Health Behaviors*

- Adult smoking rate is 16% while the Statewide average is 15%.
- Adult obesity rate is 33% compared to the State's 27%
- Food environment index (factors that contribute to a health food environment – 0 – 10) is 7.6 for Mason County versus 7.5 for the State
- Physical inactivity is 24% for Mason County compared to the State's 18%
- Percentage of adults with adequate access to locations for physical activity is 69% for Mason County versus 89% for the State.
- Mason County's adults that engage in excessive drinking is virtually the same as the State's.
- 34% of Mason County's driving deaths involve alcohol while 37% of the State's driving deaths involve alcohol.

Social and Economic Factors*

- On time graduation rates for Mason County are 73.67% compared to the State's average of 78.9%
- Mason County residents with some college is 53.6% while the State's average is 67.8%
- Mason County consistently experiences a higher unemployment rate than the Statewide rate.

- 24.8% of Mason County's children live in poverty versus the Statewide rate of 18.9%. This has increased from the 22% of children living in poverty in the 2013 report while the State has remained the same.
- 35% of Mason County children live in single parent households while statewide 29% of children live in single parent households.
- Violent Crime per 100,000 population reported in 2015 showed improvement from 336/100,000 reported in 2013 to 285/100,000 in 2015
- Mason County has fewer opportunities for social engagement/association than the Statewide average.
- Mason County residents experience more deaths by injury (784/100,000 population) than the statewide average (59/100,000).

Physical Environment*

- Air pollution – particulate matter – average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) is 10.9 which is slightly better than the statewide average and the US median.
 - Mason County experiences 100% drinking water violation limits
 - Mason County is experiencing a significant affordable housing gap (affordable housing defined as spending no more than 30% of their family income on housing and utilities (exclusive of telephone). Spending more than 30% of family income on housing is considered “cost burdened” which reflects reduced discretionary income available to households to meet other needs such as child care, insurance, etc.
 - For every 100 households in Mason County earning 0% – 30% of the median family income (MFI) there are only 18 housing units affordable and available. Mason County has 1,170 renter households earning 0% – 30% of the MFI. The number increases to 33 units per 100 households for those earning 0% – 50% of the MFI. Mason County has 1,090 households earning 30% – 50% of the MFI for a total number of 2,260 households earning 0% – 50%
 - More information about Mason County's affordable housing shortage can be found in the Housing Chapter of this Comprehensive Plan.
 - 77.6% of Mason County workers drive alone to work compared to the State's average of 73%.
 - 47.8% of Mason County workers drive alone for a long commute (defined as commuting more than 30 minutes) versus 33% of the Statewide average.
 - Many Mason County commuters leave Mason County to work in other Counties such as Kitsap, Thurston, Pierce and King Counties.
- These commuting patterns are not unexpected in a rural community, but can be contributing factors in lowering the percentage of citizens exercising routinely.
- factors in lowering the percentage of citizens exercising routinely.

*2016-5 National County Health Rankings Report for Mason County

Mason County has one incorporated city (Shelton), and two Urban Growth Areas (Allyn and Belfair), with most of the county population located in the extensive rural areas. Seniors and retirees choose to live in Mason County due to its proximity to large population centers and the relative affordability of local housing.

Between 2010 and 2014 Mason County's population increase was at 2.14% while the State grew at the rate of 3.62%. Mason County is expected to continue to increase its population with a medium level rate as projected by the Office of Financial Management.

- A majority of Mason County residents live in unincorporated parts of the county (**83%**) as compared to 17% in the incorporated area (Shelton).
- Mason County has a larger percent (**16.7%**) of the population that is 65 years of age or older compared to Washington State (**11.3%**)
- Washington's Office of Financial Management is forecasting the percentage of population 65 years of age and older in Mason County will increase to **27.9%** by 2025.

Mason County fares poorly in the death rates (age-adjusted*) from selected diseases when compared to the rest of Washington:

- Death from diseases of the heart: Mason County rate of **2.23/1,000** people compared to state rate of **1.90/1,000**
 - Death from major Cardiovascular Disease: Mason County rate of **2.97/1,000** people compared to state rate of **2.73/1,000**.
 - Death from Influenza & Pneumonia: Mason County rate of **25.7/1,000** people compared to state rate of **18.5/1,000**.
 - Death from Chronic Lower Respiratory: Mason County rate of **58.2/1,000** people compared to state rate of **46.2/1,000**.
 - Death from Chronic Liver Disease: Mason County rate of **17.0/1,000** people compared to state rate of **9.2/1,000**.
- *age-adjusted rate; rate per 1,000 age-adjusted to US 2000 population.

Mason County also fares poorly in terms of death rates for all adults, and life expectancy when compared to the other 38 Washington counties:

- Among all adult over 18 years of age, Mason County has the **10th highest** death rate in the state, with an age-adjusted rate of **1,324/100,000** people as compared to the state average of **985/100,000** people.
- Mason County has the **3rd highest** premature adult death rate in the state.
- Mason County children born in 2001 have a life expectancy of **76 years** compared to **78 years** for state. This is the **5th lowest** life expectancy rate in the state.

Mason County motor vehicle death and non-fatal hospitalization rates are high compared to state figures:

• Mason County's motor vehicle death rate is ~~23.5/1,000~~ people compared to state rate of ~~12.5/1,000~~.

• Mason County's motor vehicle accidents non-fatal Hospitalizations rate is ~~88.2/1,000~~ compared to state rate of ~~47.6/1,000~~.

Research shows that the health of a community is not exclusively determined the quality of the health care system; social determinants of health have been identified as most influential indicators of health. Social determinants of health are associated with income, education levels, and other social factors. On many of the social determinants of health factors, Mason County does not compare favorable to the state average.

• Mason County has the 11th lowest per capita income among Washington counties, with an average of ~~\$24,689~~ compared to a state average of ~~\$33,254~~. (2003)

• The percentage of family households living under the poverty level in Mason County is ~~15%~~ compared to state average of ~~11%~~. (1999)

• For Mason County family households with young children; ~~23%~~ are living under the poverty level, compared to a state average of ~~15%~~ (1999)

There have been significant changes in family structure as well. Between 1990-2000, the number of children living with "other relatives" grew at a faster rate within the county (99% increase) compared to state (56% increase). In 2000, over 12% of Mason County children under the age of 17 years were living in a household that did not include either biological parent, compared to the state average of 8%. Additionally:

• The birth rate of unmarried mothers in Mason County is significantly higher than statewide, ~~41.3%~~ to ~~28.0%~~ respectively (5-year rate 1997-2001).

• Mason County's rate for children served by Children with Special Health Care Needs Program is nearly double the state rate, ~~10.2/1,000~~ children compared to ~~6.0/1,000~~ (2004).

• The number of accepted child abuse and neglect cases rates is greater in Mason county, ~~52.7/1,000~~ children, than the state rate of ~~36.5/1,000~~ (2004)

Although Mason County compares well to the state in percent of adult with some college education, the county does not compare favorable with regard to the percent of adults with a BA degree or higher;

• ~~16%~~ of Mason County residents have a BA degree or higher, compared to the state average of ~~28%~~. (2000)

• Nearly ~~17%~~ of Mason County residents over the age of 25 have not completed high school or it's equivalency, compared to a state average of ~~13%~~. (2000)

In 2005, the National Association of Counties (NACO) through funding by the Federal Office of Rural Health Policy, completed a survey of Mason County residents to learn public opinion and

useful information regarding Mason County's health care system. The survey revealed that over 25% of Mason County residents felt there are not enough doctors in Mason County. This affirms the findings of the US Department of Health and Human Services, which has consistently designated Mason County as a Health Professional Shortage Area (HPSA) for primary care providers, dental care providers and mental health care providers. This survey additionally revealed that:

- In the past 18 months, at least one member of over 64% of Mason County households has been to a specialist.

- Nearly 75% of the patients treated by a specialist cited a referral or health coverage as the reason for selecting this specialist.

Other factors related to life style behaviors (such as physical activity) can be directly influenced by the communities we live in and contribute to the overall health of the community:

- Mason County residents are more reliant of their private vehicles compared to the state: 91% of Mason County residents use private vehicle to travel to work compared to 86% statewide.

- Only 2% walk or bike to work, compared to state average of 4%.

- Only 1% use public transportation, compared to state average of 5%.

- 42% of Mason County work force worked outside the county.

- 32% have commutes that are between 30-59 minutes one way, while 13% travel an hour or more to get to work.

These commuting patterns are not unexpected in a rural community, but can be contributing factors in lowering the percentage of citizens exercising routinely.

XII-3 ANALYSIS

As a rural community, populations are dispersed and services are limited in many communities. As a result, most county residents are highly dependent upon the automobile as the primary means to access goods and services. This can limit opportunities for walking or bicycling as a means for exercise. The county could offset this through the development of public trails to promote walking or bicycling, and improving the quality and accessibility of county recreational facilities. The county could also increase efforts to inform the citizenry of the many opportunities for exercise and relaxation within Mason County provided by the numerous County and State Parks, and Olympic National Park.

Within the more densely populated urban growth areas, alternative modes of transportation are encouraged. However, much of the supporting infrastructure is not yet in place. The County has ~~plans to developed~~ a Master Parks Comprehensive Plan in 2013~~06~~, ~~and should integrate~~ ~~†~~This plan integrates with the parks

and public trails called for within the various sub-area plans of the urban growth areas. This ~~would-should~~ further support the development of walking or biking trails within the urban growth areas, and improve access to the many recreational facilities within Mason County.

Access to local, affordable, quality physical, behavioral, and dental health care is important to promote community health.

However, as in other rural communities, patients regularly travel out of the area to receive ~~medical-these~~ services and treatment. Primary reasons for this include: (1) the limited number of health care providers located in Mason County; (2) recent migrants to the county choose to retain the services of providers they are already familiar with, (3) local providers are not affiliated with the group insurance plans provided by local employers, and (4) lack of access to Medicaid providers – especially dentists., ~~and: (4) Northeast Mason County~~

~~residents (Allyn and Belfair) are closer to emergency and urgent care providers located in Kitsap County than Mason General Hospital.~~ Local access to medical, behavioral, and dental services would likely result in a greater

number of residents taking advantage of these services, ~~thus improving community health.~~

Improving local access to medical, behavioral and dental services will be more critical as the proportion of residents

over 65 years of age increases, and would support economic development objectives regarding expansion to expand of the health care, behavioral health, and dental health care sectors. The State’s Healthier Washington Initiative calls for integration of physical and behavioral health to provide a more “whole person” approach to service provision. It also includes paying for “value” leading to improved health versus a fee for a specific service. This value-based purchasing will change health care and supportive services delivery substantially. Health Plans providing services in their service areas will be required to show adequacy of their network to provide the required services. Medicaid expansion and the Affordable Care Act have significantly increased the number of residents with health insurance and created an even greater demand for services and demand on network adequacy to meet those service needs. Results of the NACO survey should be utilized in the preparation of refined goals, policies, and strategies that address community needs and improve health care services within Mason County. This could include identifying and developing strategies specifically crafted to:

~~– Identify gaps in the health care service and delivery system in Mason County, such as the shortage of primary care providers, and identify strategies to addresses these gaps;~~

~~– Promote and support programs and services that meet the specific health and social needs of the range of households within Mason County;~~

~~– Study the feasibility of establishing a **Medical Savings Account Plan** for Mason County citizens, and;~~

~~– Establish a **Federal Qualified Health Clinic (FQHC)** in Mason County.~~

County, regional, ~~and~~ state, and non-profit social programs also influence the health of families and the

Community – addressing the social determinants of health. Mason County will, in collaboration with the medical, behavioral, dental, and social sectors, assure the adequacy of resources to address the social determinants of health through increased federal, state, regional, and local investment in sustaining organizations that address the social determinants of health. Social programs can offer a range of services, including supplying food to needy families, subsidized child care, and providing leaning aids for developmentally disabled children, to name a few. These programs need to adequately respond to families and individuals in crisis, but they also are important supportive services that are necessary for improved health.; ~~but by~~ providing

various means of support can have a profound, positive affect on the entire community. Mason County ~~should~~ will strive to promote a community where people can balance work, family, social interaction and support, friends and community involvement. This can be achieved in part by promoting and supporting a system of practical, functional, and accessible social programs.

It is particularly important that local groundwater and critical aquifer recharge areas are protected in Mason County, as private and small community wells are the source of drinking water for most Mason County residents. A number of policies and programs that help protect critical aquifer recharge areas and assist in the management of watershed areas are already in place and carried out at a local and state level. Group A (public water supply wells) ~~and Group B (smaller public water supply wells)~~ systems are required to perform periodic testing to verify delivered water meets accepted quality thresholds; however, once installed there is no requirement for periodic testing of private wells. Additionally, Group A and B wells are typically deeper than private wells, making these community wells less susceptible to contamination than the more shallow private wells. Thus, by encouraging community water supply systems, the County ~~would~~ will increase the likelihood of residents having access to reliable, clean drinking water.

Mason County ~~may wish to consider crafting supplemental~~ will draft policies that ~~would~~ increase the quality and reliability of the water supply system by promoting community wells to reduce the need for less regulated new private wells, and reevaluating countywide storm water management policies as increased development occurs in the urban growth areas.

XII-4 GOALS AND POLICIES

General County wide Planning Goals and Policies:

Access to Care Goals and Policies

The following goals, policies and objectives aim to ensure that all residents of Mason County have access to affordable, high quality health care, including behavioral health care, and dental care, and services that address the social determinants of health; and that adequate clinical preventive services are available to prevent illness or progression of illness in Mason County.

Goal 1: **Local and Regional Health Planning**

Mason County ~~will~~shall promote and support local and regional health ~~care~~ planning, and ensure health ~~care~~ planning focuses on efficient and effective physical, behavioral, and dental health care needs and the social determinants of health.~~on the primary local health care needs.~~

Policies:

1.1: Mason County will assist in improv~~ing~~ing public and private sector participation in health and human service planning and implementation activities.

~~human service planning and implementation activities.~~

1.2 Mason County ~~will~~shall periodically conduct an update to the community health Assessment and the Community Health Improvement Plan as required by national public health standards.

1.3 Mason County will support recruitment of primary care providers.

1.4 Mason County will support local, regional and state planning to ensure network adequacy for the provision of physical, behavioral, dental, and social services in Mason County provide high quality services at the right place at the right time.

1.5 Mason County will identify and implement strategies to create and stabilize a safety net so that those without access to affordable care can get care when needed. Mason County has residents who are not eligible for inclusion in the Affordable Care Act and therefore not eligible for the expanded insurance opportunities.

1.6 Mason County will support organizational capacity in the community to stay abreast of health reform and the Healthier Washington Initiative opportunities for improving the health of Mason County residents.

1.7 Mason County will support organizational capacity in the community to link residents with appropriate health insurance.

1.8 Mason County will identify and implement strategies to assure stable, effective community dental care and assist in recruiting dental care providers. The County will further support organizational capacity in the community to refer and link residents with dental providers.

~~[Refer to XII.5 A. for implementation strategies and objectives.]~~

Goal 2: Clinical and Community Preventative Services are Available and Used Effectively

2.1 The County will 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.

2.2 The County will work with health care providers to assure that clinical screening for high blood pressure, heart disease, diabetes, and cancer are available to all residents, and that follow-up counseling for screening results is available.

2.3 The County will work with health care providers to assure that Chronic Disease Self Management 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 3: Mental Health and Chemical Dependency – Behavioral Health

3.1 The County will engage on a regional and local basis, first the integration of mental health and chemical dependency, then the integration of medical care with behavioral health care, and finally public health and social services as the Healthier Washington Initiative compels a broader definition of health to include the social determinants of health to effectively improve health.

3.2 The County will collaborate with the provider community to assure that the high risk population and most vulnerable population is served appropriate to the level of need.

3.3 The County will collaborate with the provider community, the funders, and will with funds under County control assure equity of services to meet the needs of all ages, ethnicities, and geographic locations of Mason County residents.

3.4 The County will collaborate with state, regional, and local stakeholders to assure that resources are equitably distributed for emergent, urgent, treatment, and prevention services.

Goal 4: A Regional Approach to High Quality Medical Care and Social Services at Lower Cost

4.1 The County will participate in the regional Accountable Community of Health as required in the Healthier Washington Initiative to assure a high-quality health system (including public health and social services) is accessible and adequate to meet the needs of the residents of Mason County.

4.2 The County, through its participation in the regional Accountable Community of Health will assure that members of the regional community in need of clinical and social services are able to readily receive treatment services, avoiding the high-cost and inappropriate use of emergency rooms and county corrections systems.

Environmental Public Health Goals and Policies

Environmental Public Health Goals, policies and objectives relate to the maintenance of clean water, safe food, disease protection from vectors, safe recreational waters, and other issues directly related to the impact of the environment on human health.

Goal 12: Protection and preservation of Groundwater Quality and Drinking Water Supplies; Surface Water Quality protection for safe recreation and shellfish harvesting.

- 1.1 The County will work to assure ground water resources (aquifers) and surface water are protected ~~from land use activities and development.~~ The County will 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 the public's health.
- 1.2
- 1.3 The County will work to assure that public water supplies are properly managed, monitored wells produce safe, clean drinking water, and surface water is protected..
- 1.4 The County will collaborate with regional and local partners to assure regional water quality and to identify public health risks.
- 1.5 The County sanitary code will include standards that ensure new and replacement on-site sewage systems are property designed, constructed and maintained to reduce risks to public health and surface water resources.
- 1.6 The County will ensure that septic systems are property monitored and managed and failing systems are identified and promptly repaired.
- 1.7 The County will ensure that wastes are managed to protect groundwater and surface water resources.
- 1.8 The 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.
- 1.9 ~~The County will 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 the public's health.~~
- ~~The County will work with stakeholders to assure surface water resources are protected from land use activities, development and non-point pollution.~~
- 1.10 The County will ensure that on-site sewage systems in urban growth areas that ~~cause significant surface water pollution or~~ pose significant public health risk are converted to sewer upon availability.

Goal 2: Manage Waste to Protect Public Health and Water Resources

2.1 The County will investigate and respond to complaints and take enforcement action as needed to assure solid and hazardous wastes are properly managed.

2.2 The County will permit solid waste facilities and assure they comply with permit conditions and applicable law to assure wastes are properly managed.

2.3 The County should conduct outreach to bring better understanding of environmental public health and ways to protect air and water quality to Mason County residents.

2.4 The County ~~should assure continued~~ works with business (small quantity generators) to assure compliance with rules for proper handling and disposal of hazardous materials (this is currently provided by a state-funded position housed in Kitsap County).

2.5 The County should provide education about the health and environmental hazards associated with household products. Information about safer or lower-risk products should also be provided.

2.6 The 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.

2.7 The County should support product stewardship advocacy, programs and legislation to reduce the health and environmental impacts of consumer products in their general, consumption, storage and disposal. This should also include providing information to the public about the importance of product stewardship.

2.8 The County's own procurement practices should reflect the goal of reducing the generation of hazardous materials as much as possible. ~~For example extending producer responsibility into product procurement contracts and practices whenever feasible.~~ Policies should be updated periodically 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 Mason County residents who eat healthfully – specifically to improve nutrition ~~in accordance with the Dietary Guidelines for Americans 2010.~~

Goal 1: Improve places where people purchase food or eat in Mason County, making healthy options accessible to all local residents.

1.1 The County will work with stakeholders to increase the availability and affordability of healthful foods in institutional settings, workplaces, senior centers, and government facilities.

~~1.1.1 The County will support increased availability of fruits and vegetables to employees in their work places.~~

~~1.1.2 The County will collaborate with stakeholders to implement farm to institution strategies.~~

1.2 The County will work with stakeholders to increase the accessibility, availability, affordability, and identification of healthful foods in Mason County, including encouraging full service grocery stores, farmers markets, small store initiatives, mobile vending carts, restaurant initiatives, and healthy food bank donation initiatives.

~~1.2.1 Promote procurement of more low sodium and no sodium foods.~~

~~1.2.2 Promote healthy food and beverage availability and identification.~~

~~1.2.3 Promote Placement and promotion strategies~~

~~1.2.4 Provide incentives for new grocery development in areas where grocery stores are lacking.~~

~~1.2.5 Support menu labeling and promotion for restaurants not covered by federal law.~~

Goal 2: Improve Policies and Systems regarding Food and Nutrition where people live, work and play so that they are encouraged to find healthier food options.

2.1 Improve jurisdiction-wide nutrition policies in the institutions that serve people in Mason County.

~~2.1.1 Promote the purchase of fruits, vegetables, and other healthy foods through incentives associated with food assistance programs.~~

~~2.1.2 Promote improved nutrition policies in early childcare settings.~~

~~2.1.3 Promote food procurement policies to increase access to low sodium option, decrease access to high sodium options.~~

~~2.1.4 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.~~

2.2 Work with local schools to improve nutrition quality of foods and beverages served or available in schools consistent with the Standards for Foods in Schools.

~~2.2.1 Support school efforts to increase access to fruits and vegetables, and decrease the amount of sodium in foods served at schools.~~

~~2.2.2 Work with schools to ensure availability of plain, cold drinking water throughout the day at no or low cost to students in schools, and reduce access to competitive low nutrition foods and beverages in schools.~~

~~2.3 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 be 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.~~

~~2.3.1 Encourage breastfeeding supportive policies at workplaces and lactation support programs among employers.~~

~~2.3.2 Encourage breastfeeding education for healthcare providers.~~

~~2.3.3 Support increased access to International Board Certified Lactation Consultants.~~

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 Mason County residents who meet the recommendations for daily physical activity.

Goal 1: Create Environments for Active Living, Fostering Changes to the Community Environment and Associated Policies that Increase Physical Activity

1.1 Increase access to free or low cost recreational opportunities for physical activity

~~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, and point of decision prompts to encourage use of stairs.~~

~~Promote policies to enhance physical activity opportunities at worksites, including healthcare and school settings~~

1.2 The County will support planning approaches – zoning and land use – that promote physical activity.

~~Promote increased density of land use and mix of uses in urban growth areas and local areas of more intense development to create more walkable community environments.~~

~~— The County will support and encourage (including incentives) design that increases proximity of residential areas to stores, jobs, schools, and recreational areas.~~

1.3 The County will support and encourage complete streets and community design for increased physical activity and active transportation.

~~— The County will build and provide incentives for new development to provide connections among trails, paths, neighborhoods and schools, and sidewalks to increase access to opportunities to be physically active.~~

~~— Promote and provide facilities to support active commuting to worksites located in Mason County~~

~~— The County should consider tasking the Parks and Trails Advisory Committee to advise on improvements to roadways and trails that make it easier to walk, bicycle, or be otherwise active while meeting transportation needs.~~

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

1.1.1 ~~1.3.5 Mason County will work with Washington Department of Transportation during the the~~

1.1.2 ~~planning of state highway upgrades to build safe bike/pedestrian pathways in desired locations.~~

1.4 Enhance the safety and perceived safety of communities to encourage walking and bicycling

~~— Participate in traffic safety and injury prevention efforts with attention to improving physical activity opportunities.~~

~~— Support Safe Routes to School projects and efforts to address safety problems and barriers to physical activity among vulnerable populations (such as inaccessible or hazardous street crossings) particularly in and around urban growth areas and local areas of more intense rural development.~~

~~— Establish design guidelines and rules that result in improved safety for people bicycling, walking or engaging in other physical activity.~~

Goal 2: Increase Levels of Physical Activity Through Education and Social Supports

2.1 The County should develop a community-wide campaign that encourages physical activity among Mason County residents.

2.1.1 Participate in efforts to inform the public on how to be active while staying safe.

2.1.2 Provide information to Mason County residents on the benefits of physical activity.

2.1.3 Provide information to Mason County residents about using the county's trail systems and other facilities for physical activity.

2.2 Promote the development of behavioral and social approaches to encouraging more physical activity, such as expansion of Chronic Disease Self-Management programs, Safe Routes to Schools and Walking School Buses.

2.3 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 reducing the use of tobacco and preventing exposure to secondhand smoke.

Goal 1: Eliminate Exposure to Secondhand Smoke and Support the Development of Smoke-free Housing

1.1 Support the development of smoke-free housing

1.1.1 Encourage apartment owners and managers to adopt smoke-free policies.

1.1.2 Maintain all County parks and trails as smoke-free.

1.1.3 Encourage and support policies that lead to smoke-free transit facilities and services and public housing to become smoke-free.

Goal 2: Reduce Initiation of Tobacco Smoking, Particularly by Youth

2.1 The County should monitor data about youth and adult smoking rates.

2.1.1 Provide periodic updates to the Board of Health about tobacco use rates as well as prevention and control efforts in the community.

2.1.2 The Mason County Health Officer will provide periodic community reports on tobacco use by youth and adults and include resources for quitting.

~~2.2 The County should support efforts to prevent youth (under age 18) from accessing tobacco products.~~

~~2.2.1 Support sanctions for business that sell to youth.~~

~~2.2.2 Monitor the effectiveness of the work of the Washington State Liquor Control Board and the Washington State Department of Health to control the sales of tobacco products to youth.~~

Goal 3: The County will support efforts to Promote Cessation of Tobacco Use

~~Mason County shall support policies and practices that promote safer drinking water.~~

~~[Refer to XII.5 B. for implementation strategies and objectives.]~~

~~Goal 3:~~

~~Mason County shall promote and support policies and programs that improve local access to public trails and recreational facilities.~~

~~Policies:~~

~~3.1: Mason County will advocate for new road development and road upgrades that will accommodate safe bike/pedestrian pathways.~~

~~3.2: Mason County will work with Washington Department of Transportation during the planning of highway upgrades to build safe bike/pedestrian pathways in desired locations.~~

~~3.3: Mason County will support policies that advocate alternative (non-automobile) access to community amenities.~~

~~3.4: Mason County shall evaluate and improve methods advising residents of the abundant county, state, and federal recreational facilities within Mason County.~~

~~[Refer to XII.5 C. for implementation strategies and objectives.]~~

XII-5 IMPLEMENTATION STRATEGIES AND OBJECTIVES

Strategies and Objectives to promote a healthier living environment:

related
ensure
A. Mason County shall develop an action plan to determine which human and health-
planning processes/efforts will benefit from County participation and input, and will
ensure
that the County is appropriately represented in these planning activities. Methods and
objectives would include:

1. To work with the community to identify gaps in health care service and delivery system, and identify strategies to addresses these gaps.
2. To identify on-going planning processes, identify the lead agency, and evaluate the role of County representation in the planning process.
- care
3. To consider establishing a Community Health Care Task Force to address health
issues.
- human
4. To complete an inventory of county staff involvement in on-going health and
service planning activities.
- that
5. To identify the most appropriate stakeholders to represent the county, and ensure
that representative has the needed information/data to properly advocate for the
community, as a whole.
6. Mason County will use its political capital to encourage absent stakeholders and
critical partners to participate in county-wide planning activities to achieve healthier
lifestyles.

OTHER STRATEGIES

I.B. Evaluate existing programs and policies regulating lands within critical aquifer recharge areas;
consider establishing policies and programs encouraging community water supply systems,
and consider updating countywide storm water management policies . Considerations would
include:

1. Reducing the number of new private wells within the urban growth areas by promoting the development of infrastructure (drinking water, sewer, transportation) that is necessary to support the development of high density housing in designated areas.

- ~~2. Exploring strategies (policies, incentives, and/or practices) that encourage multiple party wells.~~
- ~~3. Exploring and implementing strategies (policies, incentives, and /or practices) that encourage Multiple party on site treatment systems or community sewer systems.~~
- ~~4. Consider periodic updates to the countywide storm water management policies and programs that address potential negative effects of increased urban style development.~~

~~II.C. Support implementation of the Public Trails Policies and establishment of a network of pedestrian and bicycle paths within Mason County. Components may include:~~

- ~~1. Supporting and promoting pedestrian oriented development that provides access to community amenities (like shopping, social/health service facilities, places of worship, schools, and recreational facilities) within designated portions of the urban growth areas.~~
- ~~2. Carefully consider the need and anticipated usage of trails when prioritizing county funded trails projects.~~
- ~~3. Consider establishing unimproved trails (i.e. gravel or decomposed granite) and evaluating usage over a period of time prior to committing funds for paving or constructing other trail improvements.~~