

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, September 30, 2019
Cotton Building, 607 Water Street, Port Townsend, WA 98368

Call to Order:

The meeting was called to order at 1:00pm by Jefferson County Public Hospital District no. 2 chair, Commissioner Buhler Rienstra. Present were Jefferson County Public Hospital District no. 2 Commissioners Buhler Rienstra, Dressler and Ready. Not present were Commissioners McComas, and Kolff. Present from the Jefferson County Board of Health were Jefferson County Commissioners Brotherton, Dean, and Sullivan, City of Port Townsend, Councilmember Pamela Adams, and Citizen at Large, Denis Stearns. Not present was Citizen at Large, Sheila Westerman. Also present were Mike Glenn, CEO, Jefferson County Public Hospital District No. 2, Tom Locke, M.D., Jefferson County Health Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Jefferson County Public Hospital District No. 2 Vicki Kirkpatrick, Jefferson County Public Health Director, John Nowak, Co- Executive Director of CHIP, Lori Fleming, Co- Executive Director of CHIP, and Alyssa Rodrigues, Administrative Assistant, Jefferson County Public Hospital District No. 2. This meeting was officially audio recorded by Jefferson Healthcare.

Special Session:

The purpose of this special session is a joint board meeting between Jefferson County Public Hospital District No. 2 Board of Commissioners and Jefferson County Board of Health to review the Community Health Improvement Plan (CHIP) progress.

Introductions:

John Nowak, Co-Executive Director of CHIP, welcomed everyone and introductions were made.

Early Community Health Assessment Data Presentation:

John Nowak, Co-Executive Director of CHIP, introduced Siri Kushner, Epidemiologist. Siri presented and explained the early Community Health Assessment Data.

Discussion ensued.

Review of current state and action plan:

John Nowak and Lori Fleming, Co-Executive Directors of CHIP, presented the Community Health Improvement Plan's current state and action plan including metrics and evaluation, activity highlights, community outreach and communication, and upcoming Community Health Assessment- related meetings. They also presented the new CHIP website.

Discussion ensued.

Public Comment:

Public comment was made.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Dean seconded.

Action: Motion passed unanimously.

Meeting concluded at 2:55pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____



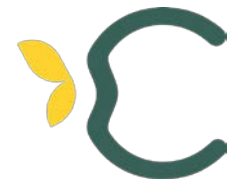
Be Healthy Jefferson

Fall 2019 Update



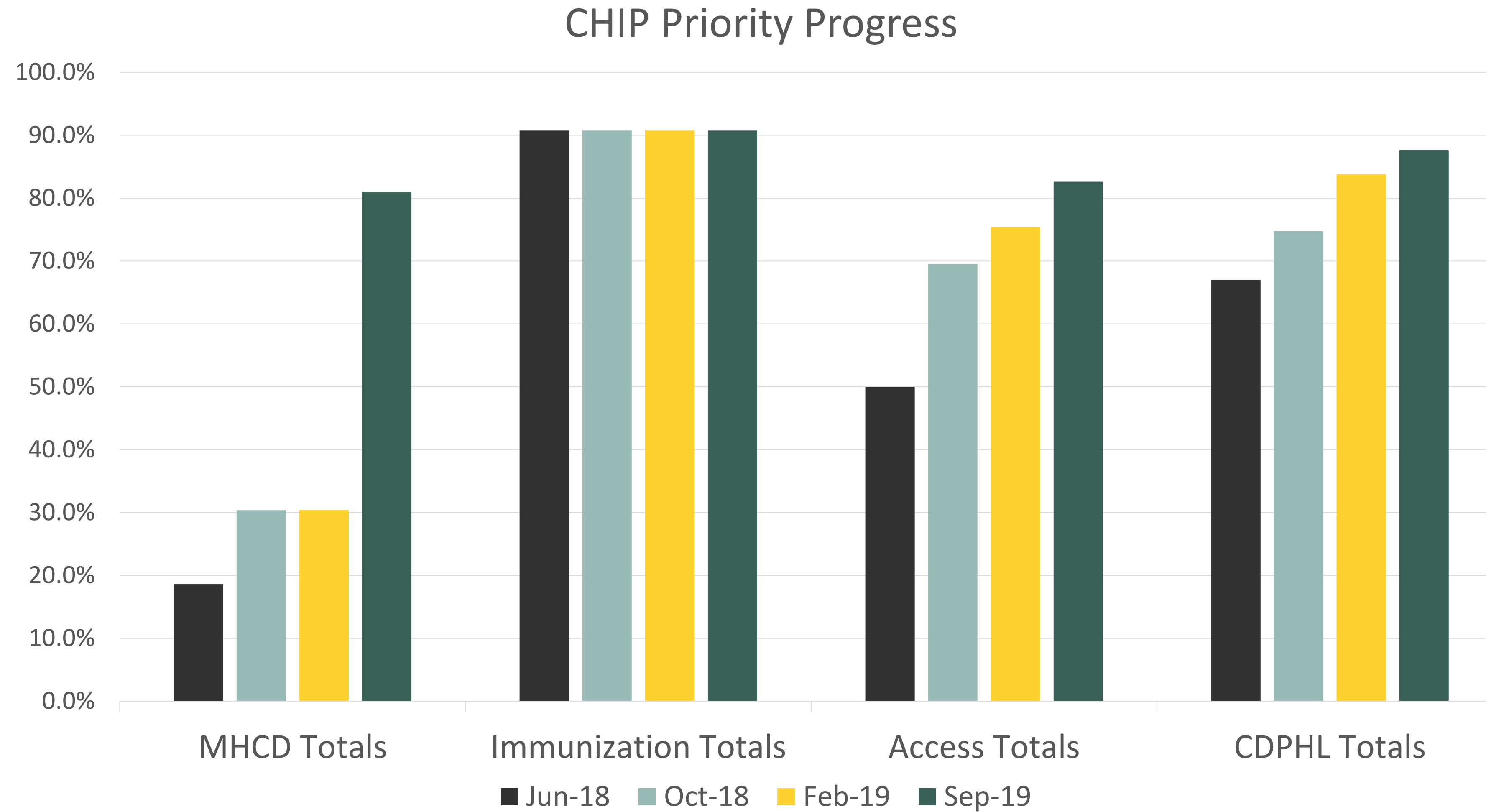
AGENDA

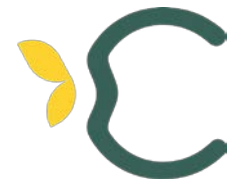
- Early Community Health Assessment (CHA) Data & Discussion – Siri Kushner
- Progress Overview
- Activity Across Spectrum
- Website
- Upcoming CHA-related Stakeholder Meetings and Forums
- Discussion



Progress Overview

East Jefferson County's Community Health Improvement Plan Implementation

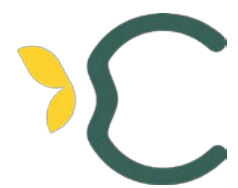




Activity Spectrum

East Jefferson County's Community Health Improvement Plan Implementation

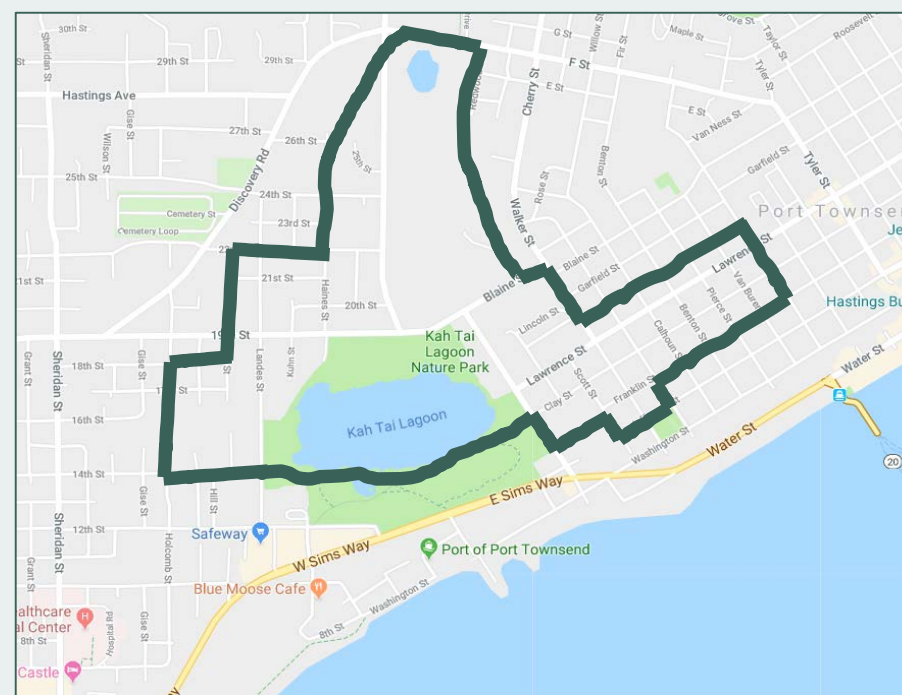
CHIP Did It	Together We Did It	They Did It
<ul style="list-style-type: none">▪ PT Parkways▪ Procured \$300k Funding▪ Procured Vaccine Cooler	<ul style="list-style-type: none">▪ School Based Health Clinic▪ MHFR Next Steps identified▪ PT Exclusion Policy	<ul style="list-style-type: none">▪ Dental Clinic▪ Recovery Café▪ Sequim Healing Campus Funding



PT Parkways

- Checked the “complete” box on multiple priority fronts

CHIP Did It





Grant Funding Procured

- Retained Jody Carona, HFPD
- Formed BH Consortium
- Impacts Access & MHCD Priorities

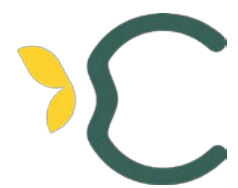
CHIP Did It



Application submitted by Jefferson County Public Health, on behalf of Jefferson County's Community Health Improvement Plan Implementation Team

Grant funds will be used address the opioid crisis in Jefferson County through the expansion of our current Network and the development of a comprehensive plan for a Crisis Stabilization Center to be located in Jefferson County, Washington.

One year/\$200K – June 1st, 2019 – May 31, 2020



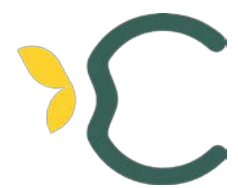
Vaccine Refrigerator Procured

- Equipment facilitates on-site immunization clinics
- Held event last year in Brinnon
- Event is scheduled for Oct 11

CHIP Did It

**NOTHING
SAYS
LOVE LIKE
GETTING
VACCINATED.**

VACCINATED



Quilcene School Based Health Clinic Exploration

- Worked with JCPH team and School Wellness Committee to define next steps
- Supporting JCPH to advance community conversations

Together We Did It

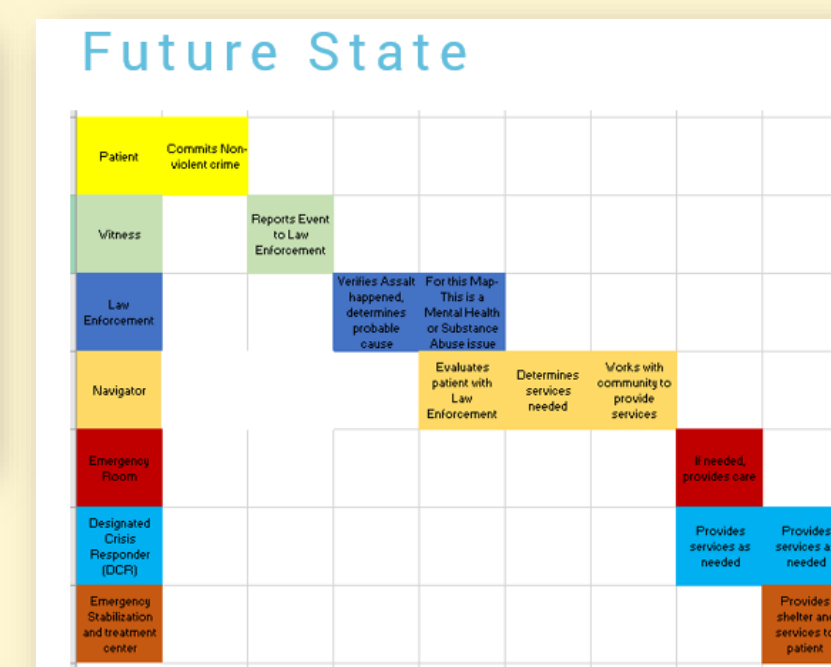
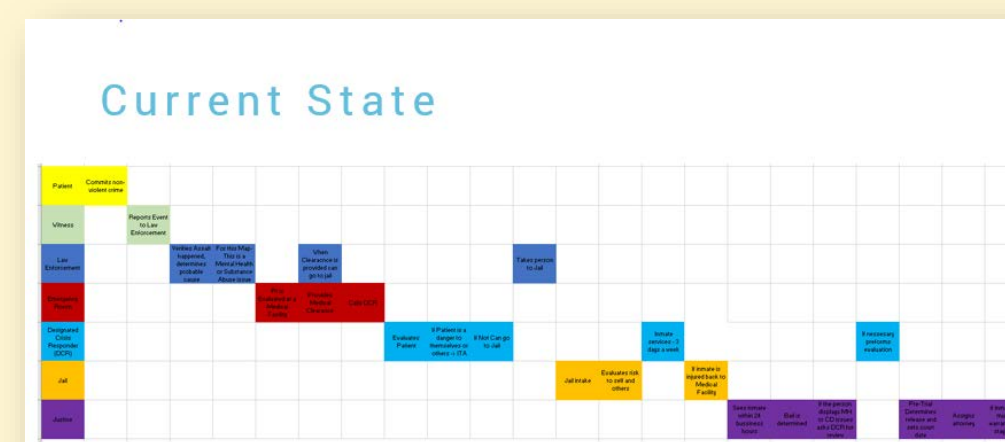


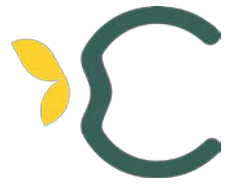


Mental Health Field Response –

- Community Stakeholders gathered in 2018 under the coordination of JCPH’s Anna McEnery to consider the pursuit of a grant to provide Navigation services
- CHIP worked with Community Decision-makers to identify strategies for short and long term positive impact on MH/SUD landscape
- CHIP pursued and was awarded grant funding to address long term goals

Together We Did It





Exclusion Policy

- 2019 will be the first year all our school districts will enforce the 30 day compliance policy.

Together We Did It

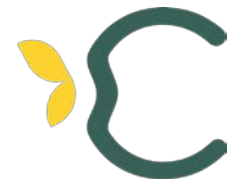
If, by the student's first day of enrollment, a student does not have the required immunization documentation, the student's parent/guardian may submit evidence of having initiated an immunization schedule, which will provide the student "conditional admittance" status. Students may attend under conditional admittance status for a limited time. Within thirty (30) calendar days of the student's first day of attendance, the parent/guardian must provide any missing immunizations(s) and/or provide documentation needed to complete the CIS. If a student needs additional doses to complete a vaccine series, they will remain in conditional admittance status for a maximum of thirty (30) calendar days after the next dose is due until the series is complete. Failure to submit documentation within these timelines will be sufficient cause to exclude the student from school.

If a student is enrolled without proper documentation for immunizations, building staff will make the following contacts:

- The principal will make a phone call and/or email to the family after one week
- The school nurse will make a phone call and/or email to the family after two weeks
- A written notice will be mailed after thirty (30) days

Exemptions from Immunization

Any and all exemptions will be processed and recorded on a Certificate of Exemption (COE) as distributed by the Washington Department of Health (DOH).

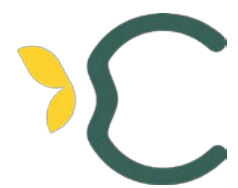


Dental Clinic

- Jefferson Healthcare has opened a dental clinic. Opening this clinic has resulted in better access for Medicaid patients, which completes many activities on the CHIP plan.

They Did It



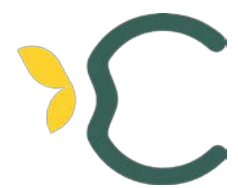


Recovery Cafe

- Full opening end of 2019
- Inaugural Wellbriety meeting on October 4th, 2019 7-8pm
- Once open, will need volunteers to help operate, including assisting cooking meals, being a Café Companion, facilitating Recovery Circles, teaching classes, hosting outside recovery support groups, providing professional services, and more.

They Did It





Sequim Healing Campus

- Planning underway to build the 1st Phase of a new Healing Campus that will provide behavioral health services for patients in Clallam and Jefferson County.

They Did It

EYE ON OLYMPIA

State approves funds for Peninsula-wide behavioral health facility

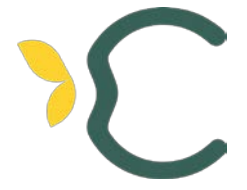
Center to be operated by Jamestown S’Klallam Tribe, Olympic Medical Center, Jefferson Healthcare

By [Paul Gottlieb](#)

Monday, May 6, 2019 2:26pm | [POLITICS](#) [CLALLAM COUNTY](#) [JEFFERSON COUNTY](#)

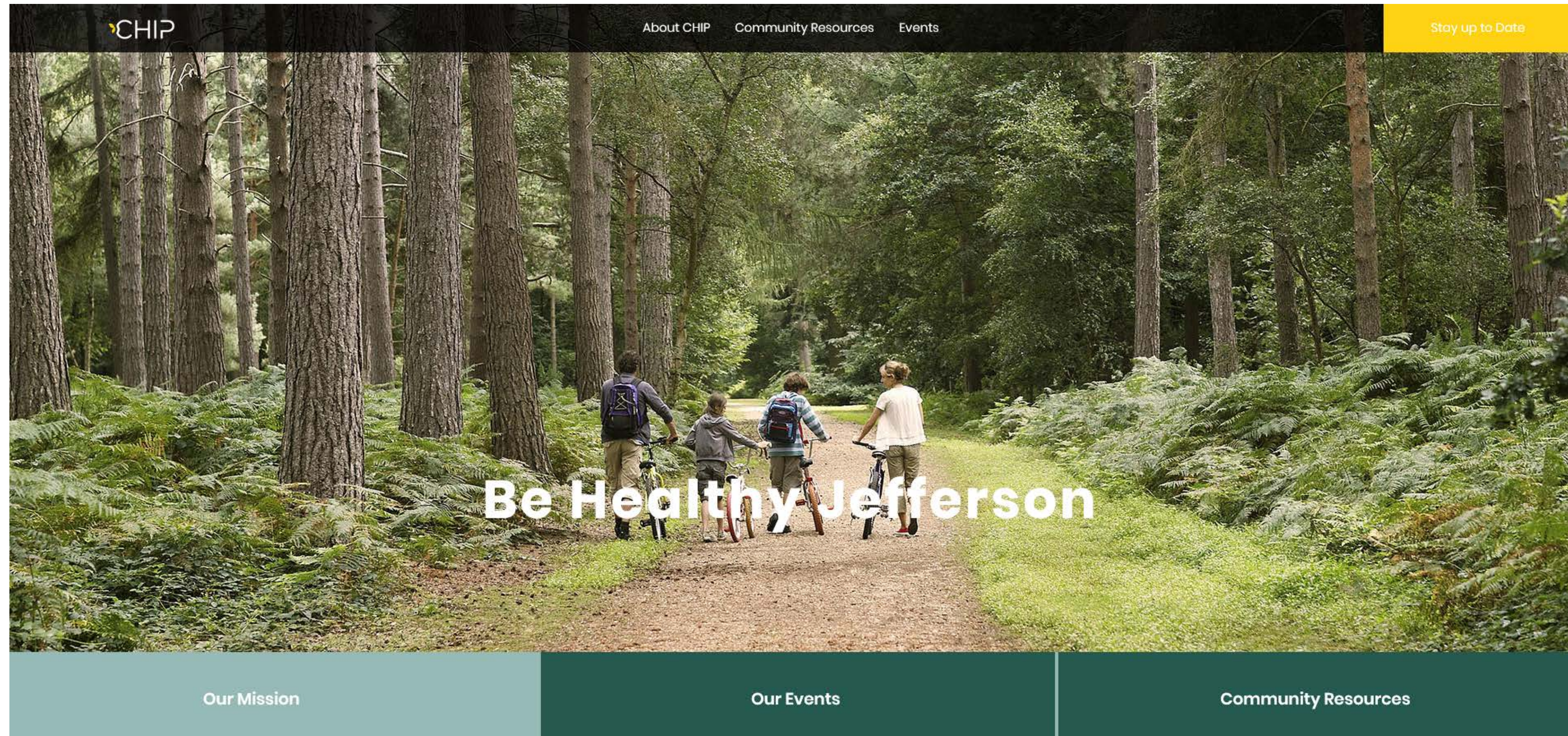


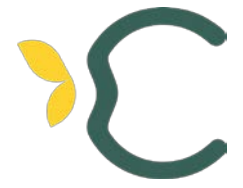
OLYMPIA — State lawmakers have approved \$7.2 million for Phase 1 of a behavioral health center in Sequim that will be jointly operated by the Jamestown S’Klallam Tribe of Blyn, Olympic Medical Center of Port Angeles and Jefferson Healthcare hospital of Port Townsend.



CHIP Website Overview

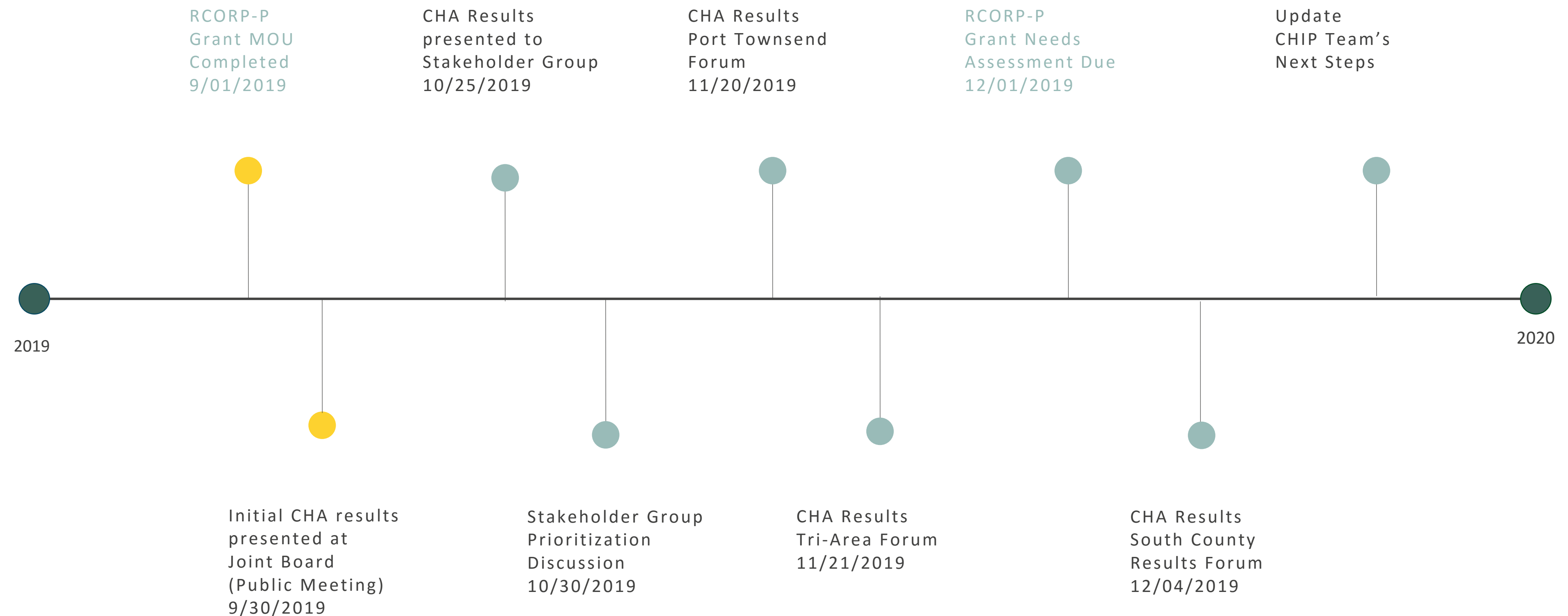
East Jefferson County's Community Health Improvement Plan Implementation

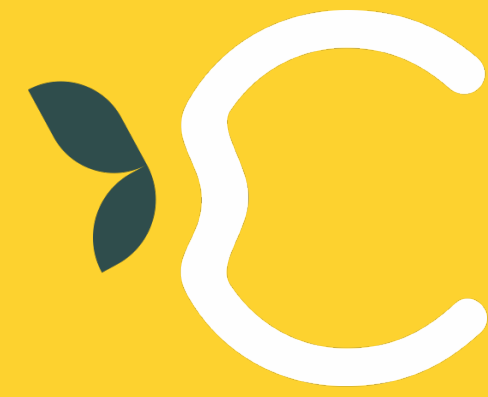




Combined CHA & RCORP-P Grant Timeline

East Jefferson County's Community Health Improvement Plan Implementation

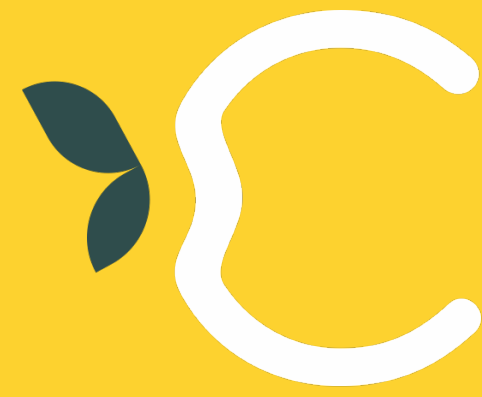




Discussion



Thank you



Discussion

Jefferson County 2019

Community Health Assessment

Presented September 30, 2019

Siri Kushner, Kitsap Public Health District

Acknowledgements

- Thank you to all individuals who took time to provide input
- Leah Neff Warner, UW MPH candidate
- Kari Hunter and Maya McKenzie, KPHD Epidemiologists
- Jefferson CHIP team: Lori, John and Berni

Assessment Elements and Timeline

Community Survey

Online + paper surveys
April 9 - June 18

Community Forums

Port Townsend: May 3
Chimacum: May 15
Quilcene: May 29

Key Informant Interviews

May 2019

Quantitative Indicators

April – September 2019

Data Presentations

Joint Boards: Sept 30
Data review: Oct 25
Prioritization: Oct 30
Community: Nov 20, 21, Dec 4

Methods: Community Survey

- Online – dissemination via email networks, CHIP newsletters, JCPH website, face book, instagram
- Paper - available at service providers and community forums
 - Jefferson County Library
 - Jefferson County Jail
 - Jefferson County public health clinic
 - Discovery Behavioral Healthcare
 - Behavioral Health and Drug Therapeutic Courts
 - Food banks at Quilcene, Brinnon and Port Townsend
 - Community centers in Chimacum, Brinnon, Quilcene, Coyle
 - Community forum in Port Townsend and Quilcene
 - Clinics with WIC programs
 - Some schools
 - Port Ludlow

Community Survey Participants

(% among population)

- 1,107 participants
- 52% reported no prior awareness of CHIP process
- 85% lived in Jefferson County 10 years or more
- 69% female (50%)
- 92% white (88%)
- Ages 30-49, 6-7% above population; ages 70+, 6% below population
- 56% college degree or higher (45%)
- All income brackets within 3% of population
- 35% with children in the household (16%)
- 48% private insurance, 13% Medicaid, 26% Medicare, 3% dual, 4.5% uninsured, 4% other

Methods: Community Forums

- Convenience sample
- Locations in 3 geographic areas
 - Jefferson Healthcare, midday with lunch – 15 participants
 - Chimacum Fire, evening with snacks – 2 people
 - Quilcene school, with SBHC meeting – 18 participants
- Facilitated by UW MPH student
- Questions:
 - How do you define a healthy community?
 - *What comes to mind when you think of a healthy place to live?*
 - Tell me some things in your community that make it easy to be healthy.
 - *What do you think are the strengths/resources of your community that help residents be healthy?*
 - *What makes these aspects so successful?*
 - What are the challenges to being healthy in your community?
 - *What aspects of your community get in the way of health? What could be improved?*
 - Now we will focus specifically on mental health. What challenges does your community face in accessing or receiving mental health care?
 - How would you describe the effectiveness of mental health services in your community?
 - Now we'll shift the focus to substance use, which includes drug, alcohol, marijuana and tobacco use. How significant an issue is substance abuse in your community?
 - *Name the top 3 concerns regarding substance use in your community.*
 - *How significant of an issue is opioid use in your community?*
 - *What challenges does your community face in accessing or receiving treatment services?*
- To wrap up, we will think about the health of your community going forward. What does your community need to be healthy in the next 1-3 years?

Methods: Key Informant Interviews

- Key Informant Interviews
 - Purposeful selection
 - Emergency services (2); Healthcare providers (2); Affordable housing; Public health (2); Public schools; Local government (2); Social services; Community engagement
- Conducted by UW MPH student
- Questions:
 - Briefly, please describe your role and how many years you have been working at [organization].
 - If only a short time in current role: *Are you new or have you come from a different organization working here in Jefferson County?*
 - What are the main concerns you have about the health of Jefferson County residents right now?
 - *How do these concerns compare to the priority areas identified by the Jefferson County Community Health Improvement Plan (CHIP) partnership 5 years ago?*
 - Behavioral Health (mental health and substance use) was identified as the top community health priority in earlier health assessments. Tell me about issues you are specifically aware of related to this topic.
 - *What is going well? What can be improved?*
 - Thinking about the most pressing concern you identified in the previous question, what programs or projects are happening that are relevant to this concern?
 - *What is going well? What can be improved?*
 - What are the most significant gaps in resources and coordination with addressing this concern?
 - *Are there partners who are not engaged and should be? If so, who?*
 - What do you feel are the key elements in Jefferson County that promote health, safety, and the overall strength of the community?
 - Is there anything else you would like to share?


Methods: Quantitative Indicators

- Quantitative Indicators
 - Based off list from 2014, added CHIP monitoring metrics, new data sources
 - Rates and percentages; some counts
 - Current and historical rate; statistical trend over time; statistical comparison to WA State; sub county areas when available (PT, East, South) based on grouped zip codes



Framing



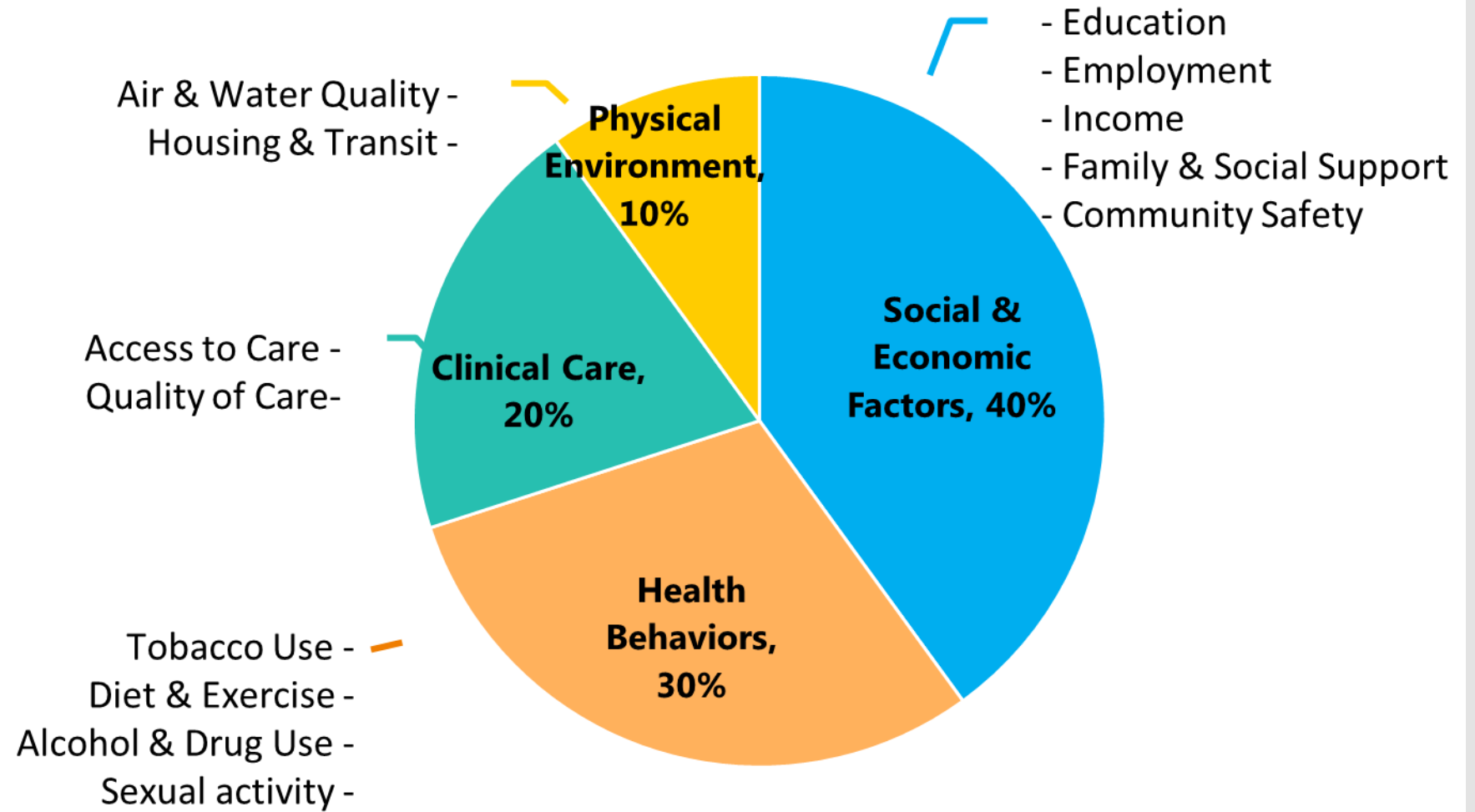


“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

--Preamble to the Constitution of the World Health Organization,
International Health Conference, New York, 19-22 June, 1946



Determinants of Health





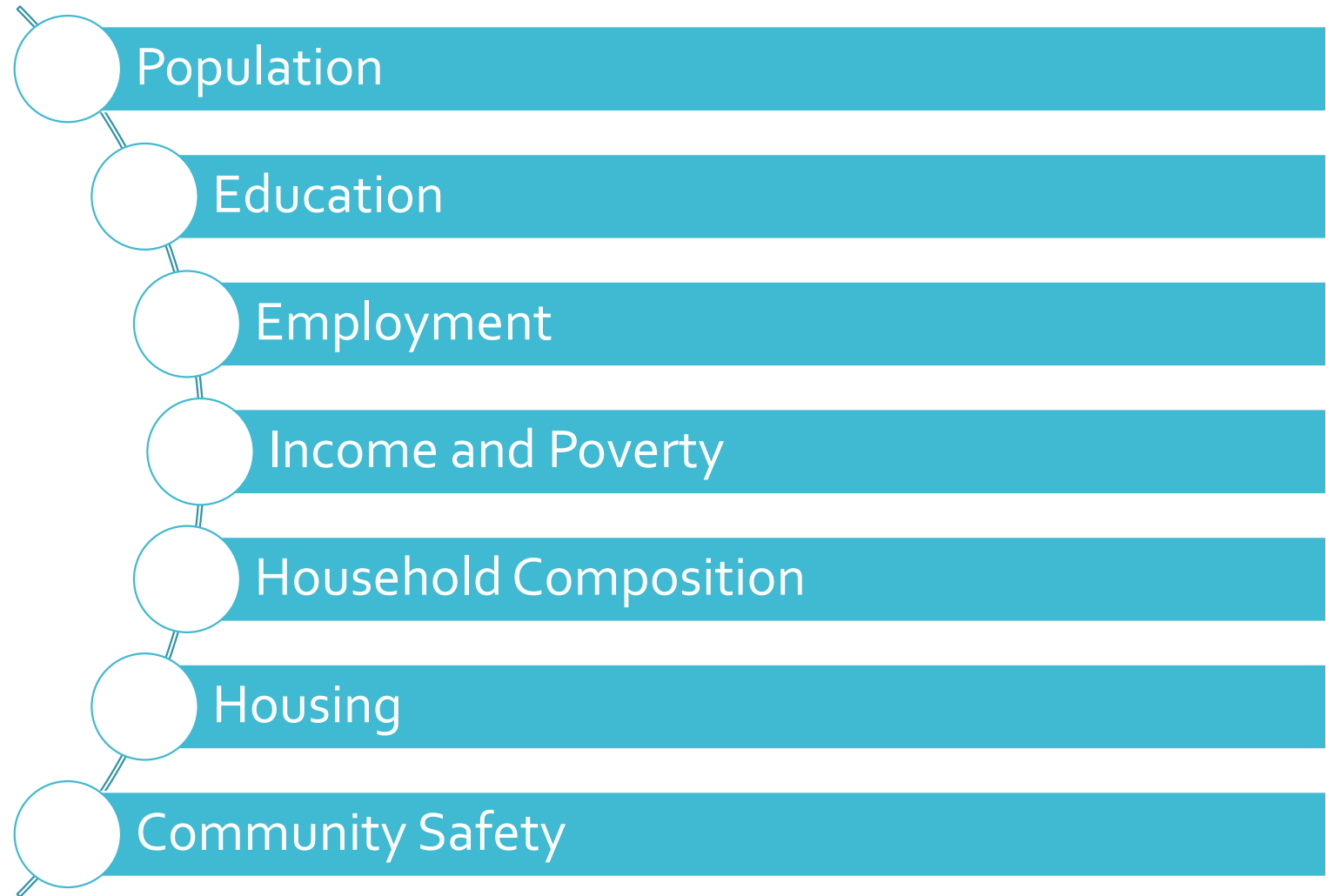
Findings



Outline

- I. Demographics, Socioeconomics & Community Safety
- II. Quality of Life
- III. Health Care Access
- IV. Pregnancy and Births
- V. Behaviors, Illness, Injury, Hospitalizations and Deaths

Demographics, Socioeconomics & Community Safety



Population

Forums/Interviews

- **Infrastructure for and wellbeing of an aging population**

“...they moved here, away from possibly other friends and family, and maybe they established friends, but they don't necessarily have family locally. And what's happening as they age and become more fragile, is you start to kind of reveal, well, it was good place to retire but it's not necessarily fully developed to age in place.”

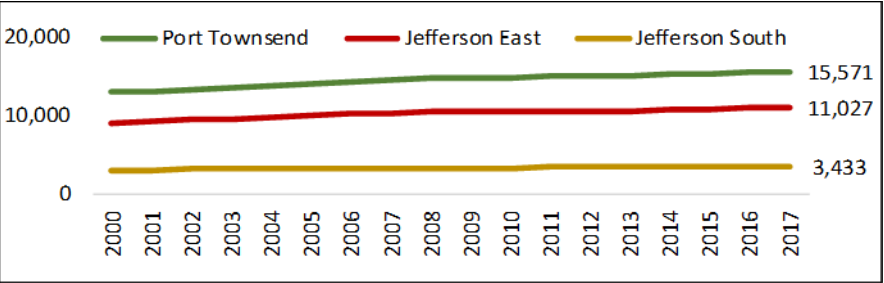
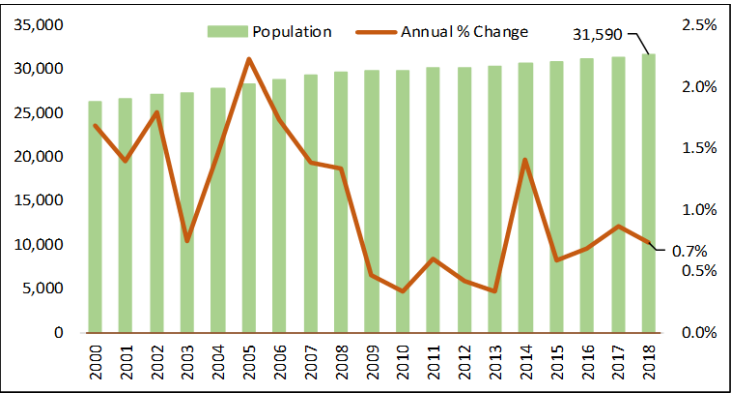
- **Retired population a significant resource to the community**
 - Volunteer capacity, community engagement

Survey

- No specific findings

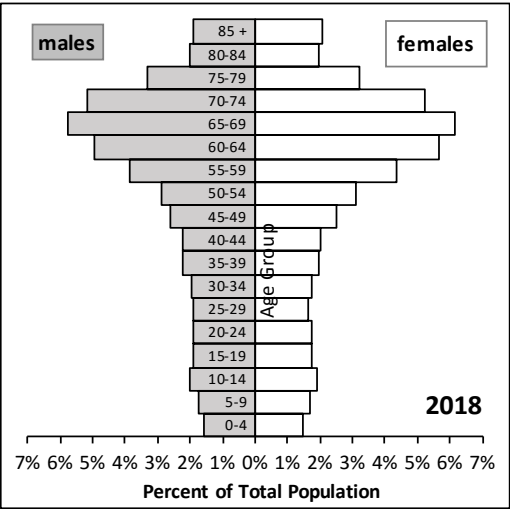
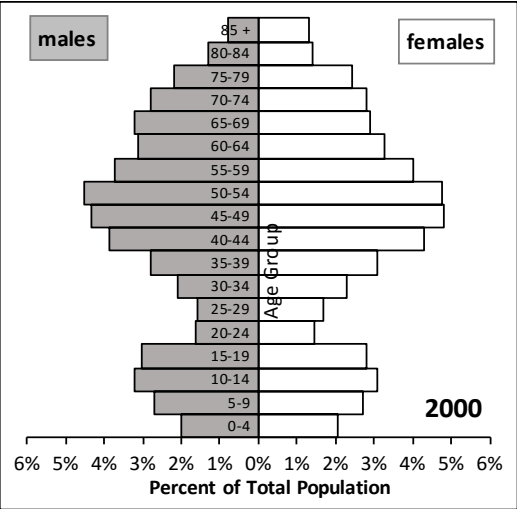
Population increase due to migration; population aging

- 2018 total population
- 2017 population by zip code area

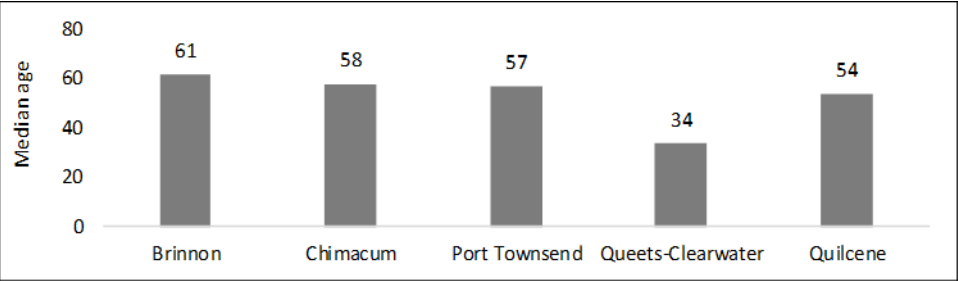


- 165 births, 375 deaths (2017)
- Natural rate of change -0.7%;
- Migration rate 1.4%

- Population by age and gender
- Median age

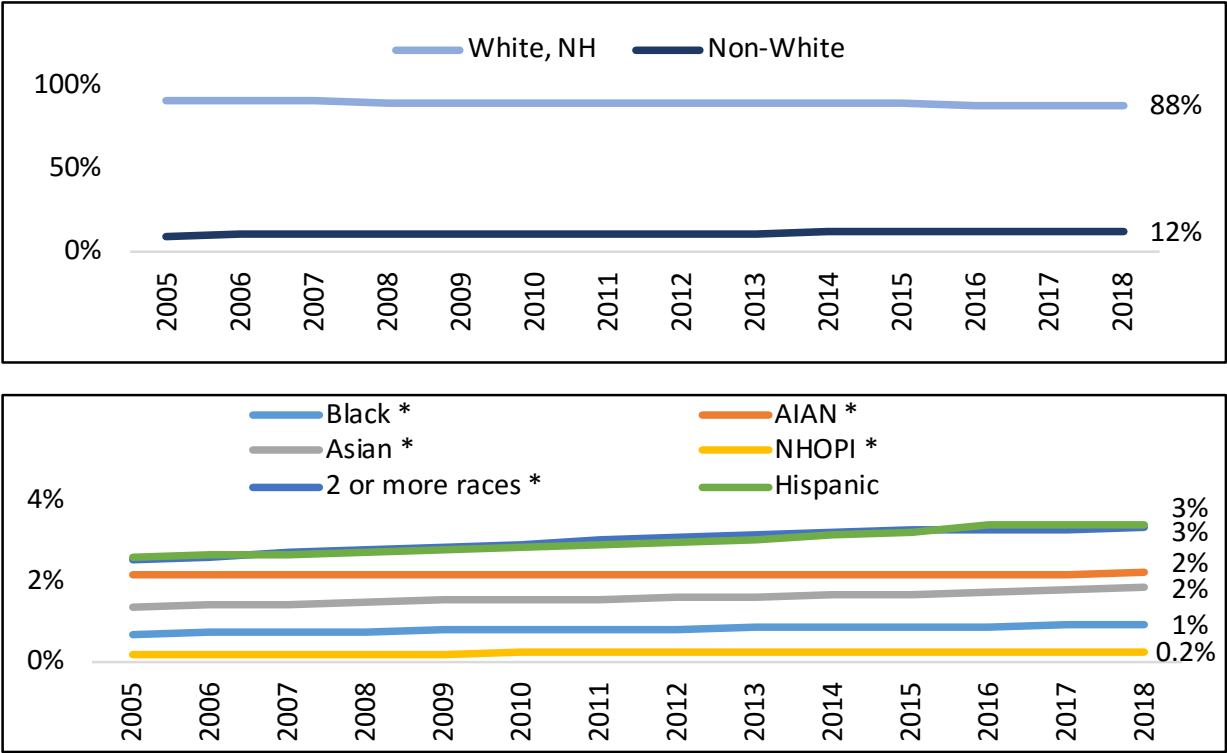


	Early year		Recent year
	2000	2010	2017
Jefferson County	47	54	60
Washington State	35	37	38
Jefferson County ranking within Washington (2013-17):			1st highest





Population becoming more diverse; differs by area



Race/Ethnicity of Public School Students, continued:						
Sub-Groups:		2017-18				
Percentage		Brinnon %	Chimacum %	Queets-Clearwater %	Port Townsend %	Quilcene %
White*		92%	81%	0%	82%	84%
Black*		1%	1%	0%	1%	1.6%
AIAN*		3%	1%	74%	1%	1%
Asian*		0%	1%	0%	2%	1%
NHOPI*		3%	0.1%	0%	0.4%	0.2%
2 or more races*		0%	8%	26%	5%	7%
Hispanic		1%	8%	0%	8%	6%

Education

Forums/Interviews

- **Public schools serve as rural community centers**

"Having strong, healthy, viable school districts is hugely important. We have one school district here that is just rocking it and having success with every turn. And you see what impact that has on families. They feel good about where the kids are going and their prospects for the future versus one school district that is like literally hemorrhaging students, hemorrhaging staff, hemorrhaging administrators. Morale is so low--it's going to be a make or break issue for that small community."

- **Community members and key informants expressed strong need for continued and expanded provision of behavioral health and preventive care in the schools.**

"...if you want to get out of the poverty loop, you need to make sure that you're doing a great job educating the kids to give them opportunities and open some doors for them. But you can see how it's kind of a circle, you know, the behavioral health issues, the mental health issues, holds you back. And you're unable to maximize the education that's being offered, and then you're not able to get yourself out of this loop."

Survey

- 10th biggest challenge for teens: lack of quality education

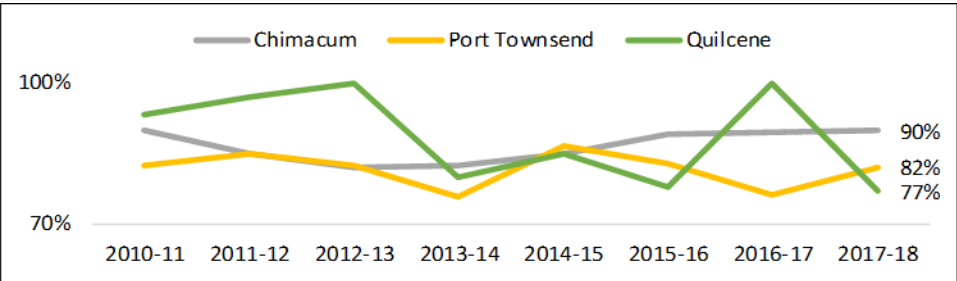
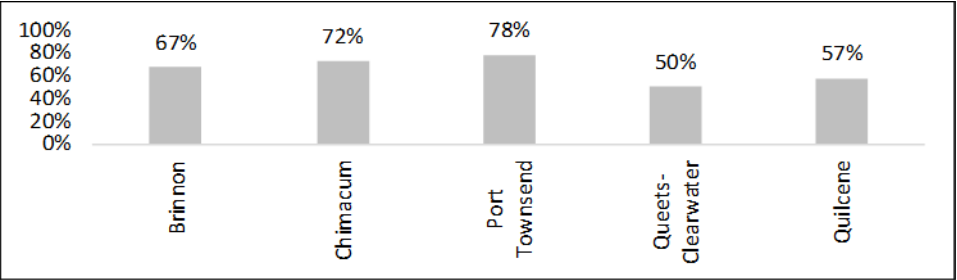
3 in 4 adults have more than high school education; no change in high school graduation rates; differences by area

- Adults age 25+ with more than high school education

Percentage	Early year		Recent years
	2000	2008-12	
Jefferson County	64%	71%	74%
Washington State	62%	66%	68%
Statistical comparison: Jefferson vs. Washington:			

- High school 5-year graduation rates

Percentage	Early year		Recent year	Statistical	
	2010-11			trend since 2010-11	
Jefferson County	86%		82%		n/a
Washington State	78%		83%		Annual change: 1%
Statistical comparison: Jefferson vs. Washington:					



Employment

Forums/Interviews

- High turn over in health services staff attributed to high volume workload, burnout and affordable housing
- Respondents shared that many community members may be unaware that working class residents, people serving coffee, making food, experience homelessness and live out of their cars because of the high housing costs

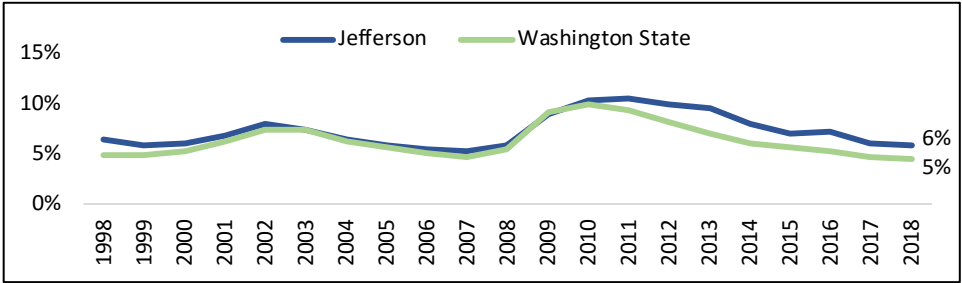
Survey

- 2nd thing would like to see change to improve health and well being: More/better jobs; 5th: less poverty



Unemployment unchanged over time, worse than WA; high rate of population not in the labor force

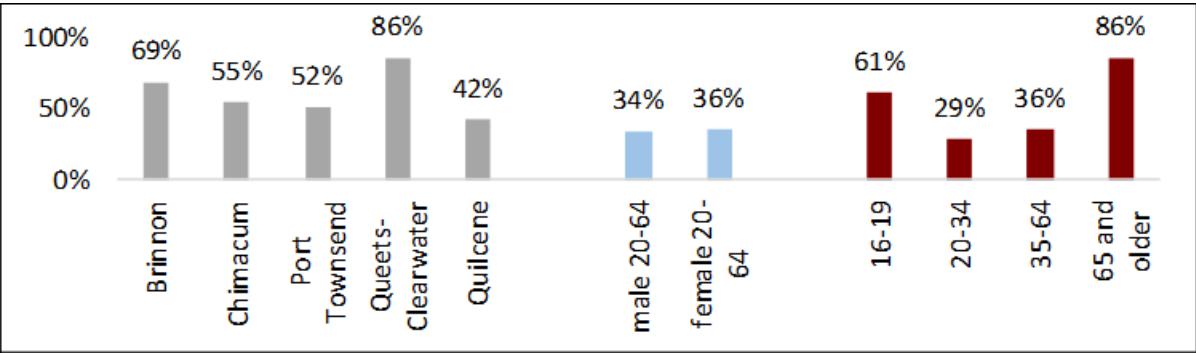
- Unemployment



- Employment status

2013-17	Not in the labor	Employed	Unemployed
Jefferson County	55%	42%	3%
Washington State	36%	60%	4%

- Population age 16+ not in the labor force



Income and Poverty

Forums/Interviews

- Key informants and community members felt that poverty and socioeconomic disparities were the main “upstream” factors to many health concerns in Jefferson County

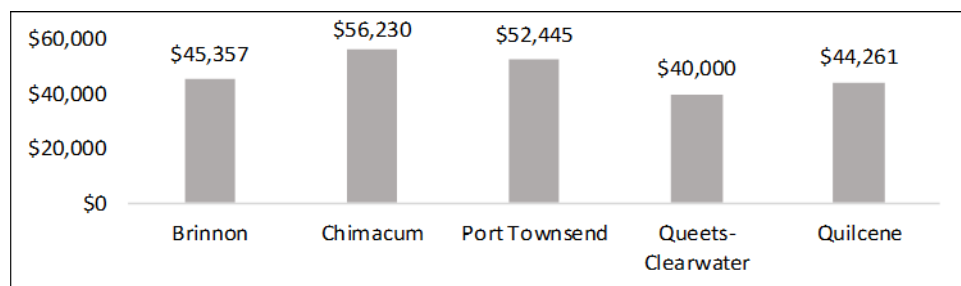
“...families are under stress and having to make tough choices with none of those choices being good choices in terms of health. So, you see a lot of kids who don't have parents around because they have to work three jobs to be able to afford rent here, and don't have time to cook. So, kids aren't eating well. Into to the teenage years, they're home alone a lot, not a lot of activity, and they are very drawn to substance use... **And so it again just puts that onus back on at the policy level of [asking], where are the economic and educational opportunities to change this trend of multi-generational poverty here?**”

Survey

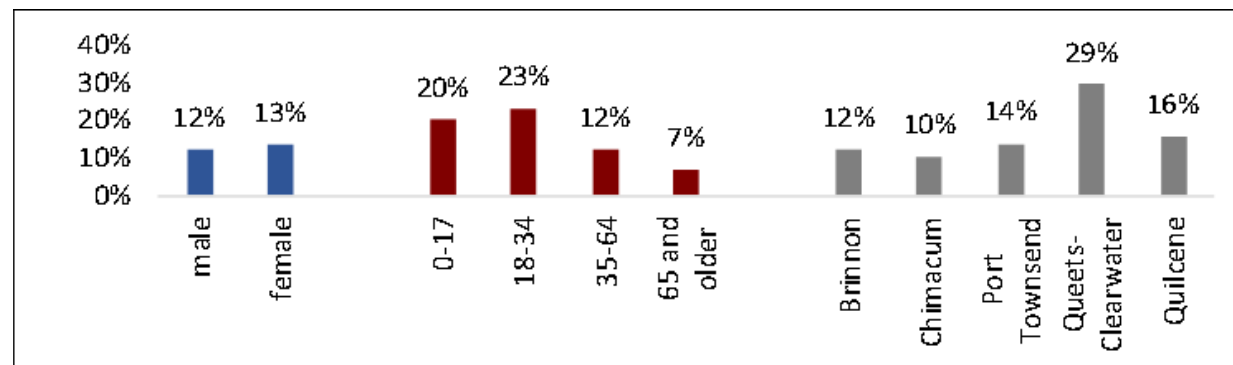
- 5th thing respondents would like to see change in improve health and well-being: less poverty
- 2nd biggest day-to-day challenge for individuals or their family: income
- Biggest challenge for seniors age 65+: living on a fixed income; 3rd cost of needed assistance/care
- 54% of respondents did not have enough money to pay for essentials in past 12 months; 64% in south county
 - All year for ~ 20%
 - Most of the year for ~25%

Household income increasing over time, lower than WA; differs by area. Poverty rates unchanged over time, differs by group

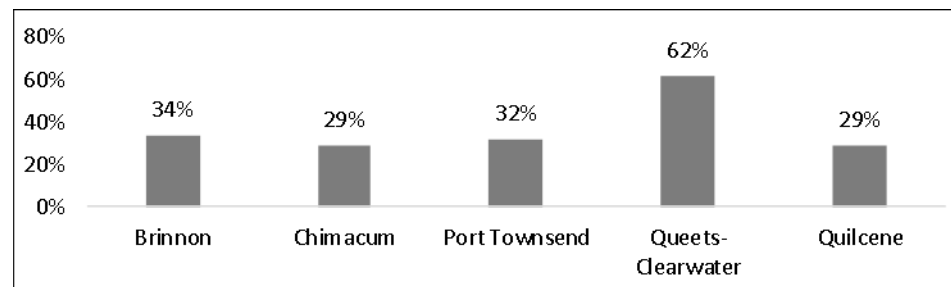
- Median Household Income



- 100% Federal Poverty Level
 - 13%; about 3,800 residents



- 200% Federal Poverty Level
 - 31%; about 9,242 residents



Household composition

Forums/Interviews

- Isolation in the aging population
- Many respondents identified **the health and safety of the aging populating as a priority health concern**. Isolation and living alone were considered risk factors for injury, hospital admission, as well as declining mental health, mobility, and social functioning. Key informants expressed need for a wide range of support services, housing, and infrastructure changes that support mobility and socialization.

Survey

- No specific findings

High proportion of married couple, no children households; 23% of adults age 65+ live alone

- 41% of households are married couple with no children <18
- All household types statistically unchanged over time
- Over 2,200 residents age 65+ live alone (23%)
- Rate similar to WA; appears to be decreasing over time; WA rate is statistically decreasing

Percentage	Early year		Recent years 2013-17	Statistical comparison of 2005-09 and 2013-17	Comparison: Jefferson vs. Washington:
	2000	2005-09			
Jefferson County					
Total households	11,645	13,535	13,903		
Married, no children <18	38%	39%	41%	Same	Higher
Married, children <18	15%	14%	11%	Same	Lower
Single parent	8%	6%	5%	Same	Lower
Other family	4%	2%	5%	Same	Same
Nonfamily	35%	39%	38%	Same	Same

Housing

Forums/Interviews

- Affordable housing
- a priority health concern for many populations in Jefferson County: working class residents, seniors, young families, people seeking mental health and substance use treatment, and people seeking transitional housing in the therapeutic court system
- housing barriers included socioeconomic disparities in the county, cycles of poverty, limited access behavioral health treatment, and infrastructure challenges (e.g. sewage); limited number of available units

Survey

- **Top thing** respondents would like to see change in improve health and well-being
- 5th biggest day-to-day challenge for individuals or their family
- 4th biggest challenge for seniors age 65+; 7th is support to age in place

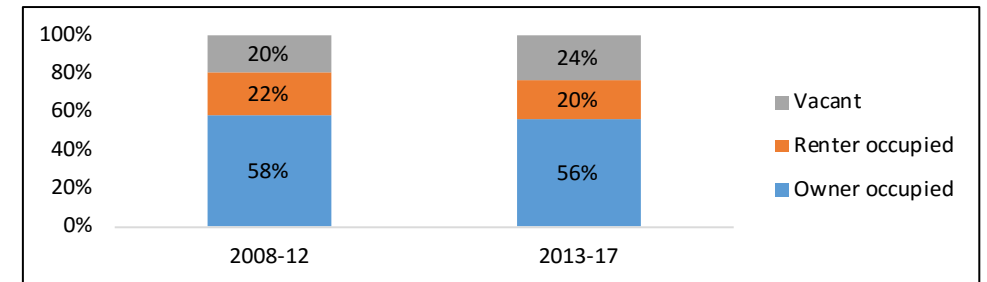
House prices increasing over time, higher than WA. Affordability gap higher than WA. High rates of vacant housing.

- Median House Prices

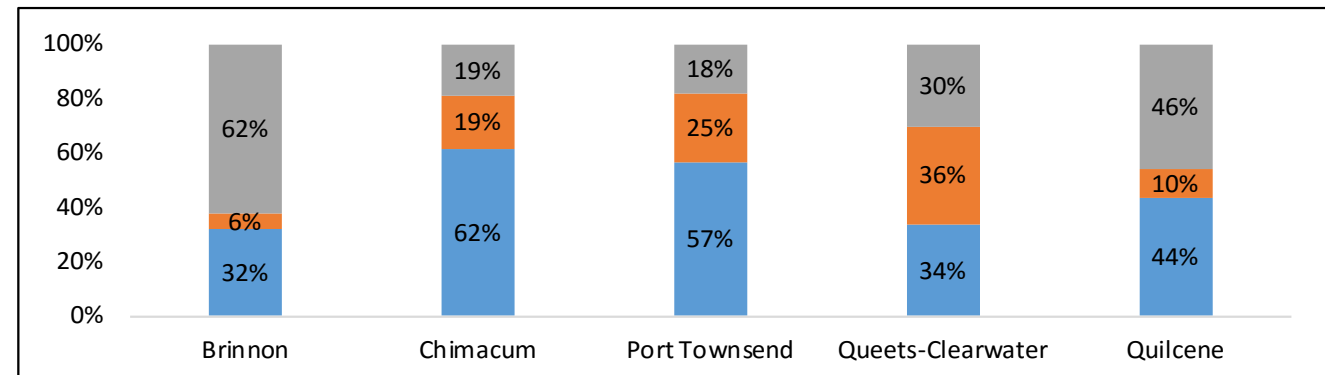
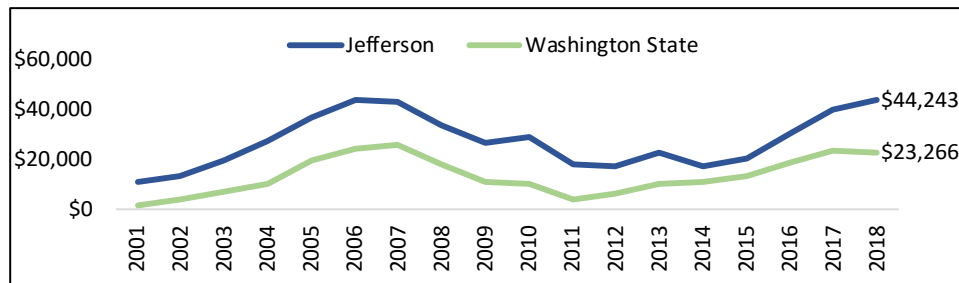
	Early year		Recent year	Statistical trend since 2001	
	2001	2010			
Jefferson County	\$173,300	\$273,000	\$371,800	Increasing	Annual change: 3%
Washington State	\$179,900	\$245,700	\$362,100	Increasing	Annual change: 3%
Comparison: Jefferson vs. Washington:			Higher		

- Housing occupancy and tenure

- WA 57% owner; 34% renter; 9% vacant



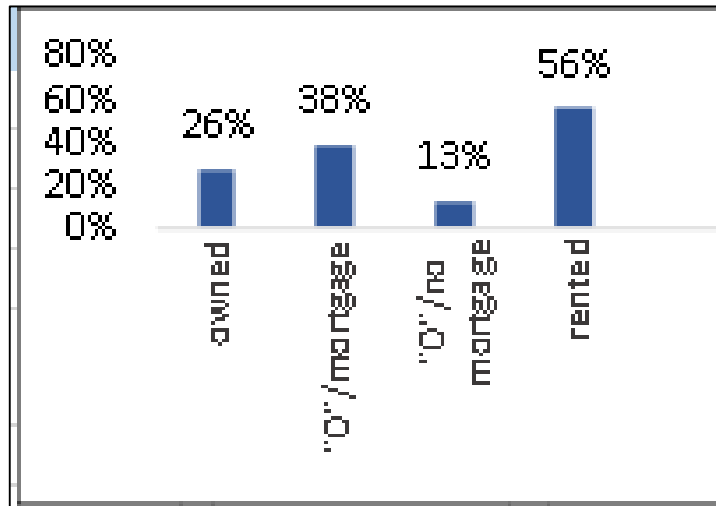
- Housing affordability gap



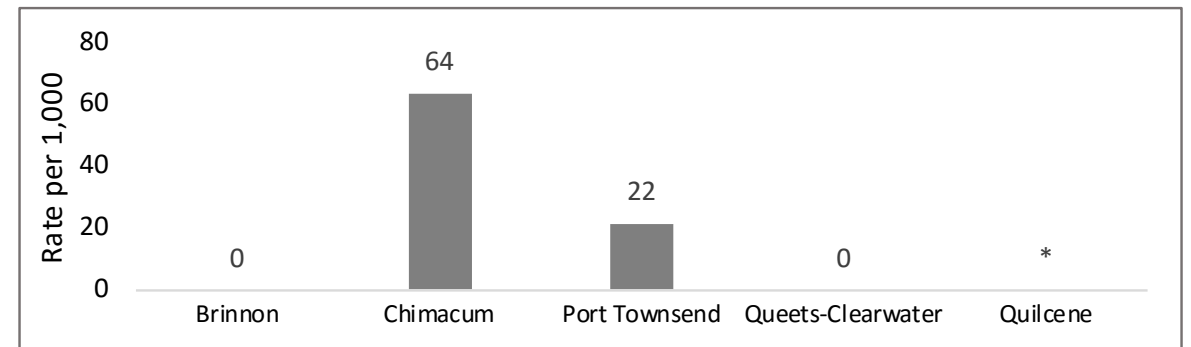
Housing costs statistically unchanged, similar to WA.

Homelessness increasing among public school students.

- 4,529 households (34%) spend 30% or more of monthly income on housing.
- Higher among renters (56%)



- 2019 annual Point in Time Count documented over 100 individuals experiencing homelessness; statistically unchanged over time
- 2017-18 school year, schools worked with 90 students lacking a fixed, regular, and adequate nighttime residence
 - Increasing over time
 - Differs by area



Community Safety

Forums/Interviews

- Community safety and a sense of a **“tight-knit” community were viewed as key elements that promote the health and wellbeing** of Jefferson County residents
- Key informants were concerned about high instances of child neglect and abuse, particularly in rural communities. Child Protective Services sometimes seemed to be understaffed and unable to respond effectively to each report that was filed.
- Some community members mentioned property theft as a consequence of substance use and mental health issues observed across the county.

Survey

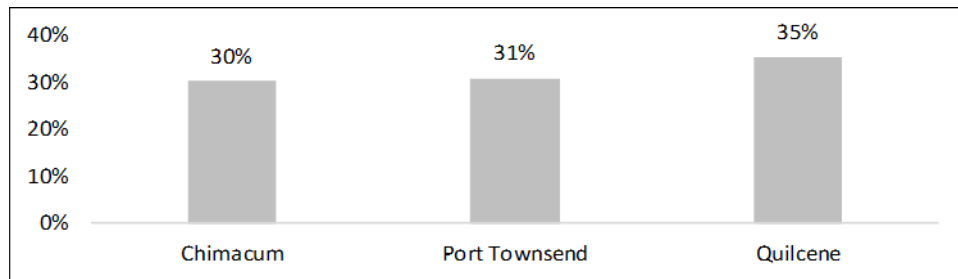
- Unhealthy or unstable home life reported as 2nd biggest challenge for teens; 7th was bullying
- Safety outside the home reported as 10th biggest challenge for seniors age 65+



At least 3 in 10 youth report being bullied in past month; 8th and 10th graders higher than WA. Too many youth do not feel safe at school.

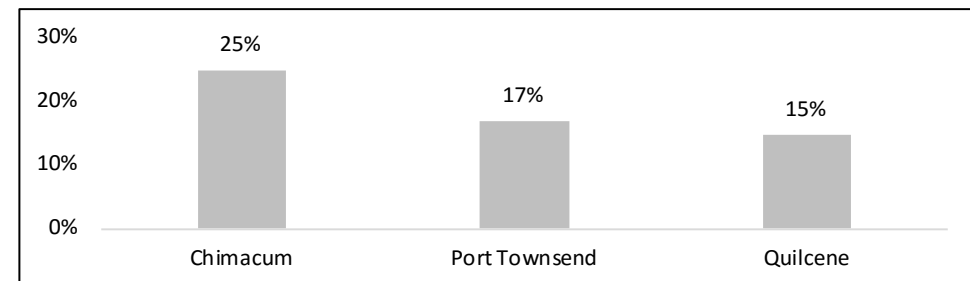
Bullied in the past month:

- 33% of 6th graders
- 38% of 8th graders, higher than WA
- 29% of 10th graders, higher than WA
- 21% of 12th graders



Do not feel safe at school:

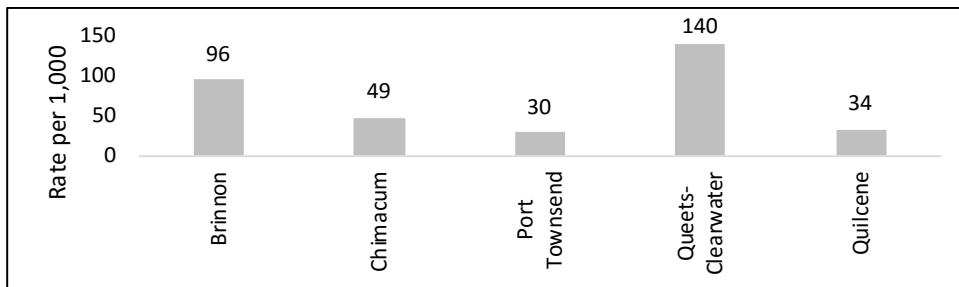
- 19% of 6th graders
- 27% of 8th graders, worse over time
- 18% of 10th graders



Child abuse and neglect referrals too high, higher than WA, differ by area. Overall, crime rates decreasing.

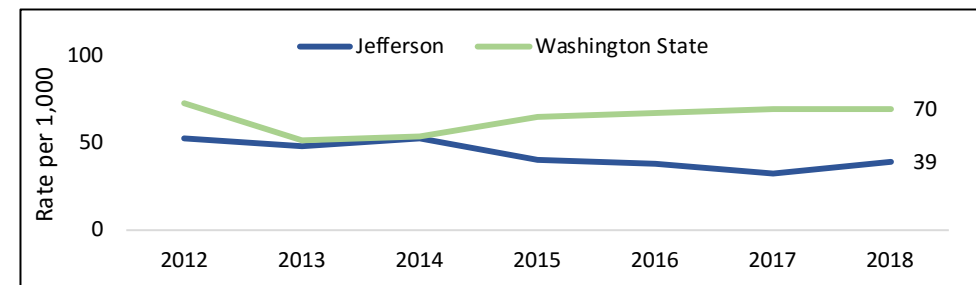
Child abuse and neglect accepted referral rate:

- 182 children in 2017
- Unchanged over time
- Statistically higher rate than WA
- Queets-Clearwater has highest rate and very small numbers



Crime rates:

- Property crime rates decreasing, lower than WA
- Rate of crimes to society (drugs, weapons, gambling, porn) lower than WA
- Total crime rate, group A and B statistically lower over time
- Statistically lower rate than WA



Quality of Life



Quality of Life

Forums/Interviews

- Aging population at risk for declining quality of life. There is **need to provide maintenance care and services that bridge the gap between the "thriving" senior population and the in-home, end of life care needs**. Retirees that moved to Jefferson County experience **isolation and lack of social support** in these transition periods, which can lead to mental and physical health decline.
- Limited disability services – lack of options for children with developmental disabilities or specialized medical care.
- **Transportation widely considered a major barrier to health care, financial stability and overall quality of life.**
- **Public libraries were regarded as “second responders”** in the community in terms of direct engagement with vulnerable populations, particularly seniors and people experiencing homelessness.
- Residents of remote, **rural communities are more likely to experience food insecurity.**
- Existing food banks and schools were considered substantial resources for food assistance

Survey

- Top 5 things to change to improve health and well-being:
 - 1. more affordable housing
 - 2. more/better jobs
 - 3. better access to mental health care
 - 4. Less substance use/abuse
 - 5. Less poverty
- Social isolation or being lonely is 2nd biggest challenge for seniors 65+
- 3% of respondents report not having a support network of friends/family; 22% feel somewhat supported.
- 26% of respondents report being extremely or very stressed on most days

Gaps in life expectancy. Over half of adults report activities limited by poor physical/mental health.

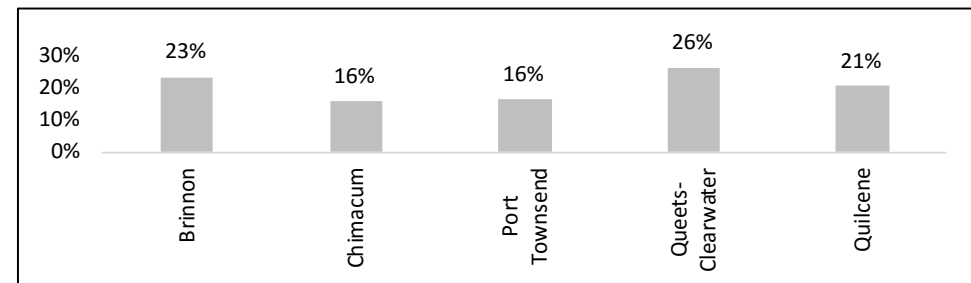
- Steady increase in life expectancy over time; similar to WA.



- 49 additional years of healthy life (good, very good, excellent health) expected at age 20 unchanged over time, similar to WA
 - Statistically increasing in WA

- 60% of adults report activity limitations at least one day in past 30 days.

- About 5,000 residents (17%) have a disability, statistically higher than WA; differs by area



Food insecurity is too common. Many residents supported by WIC and SNAP.

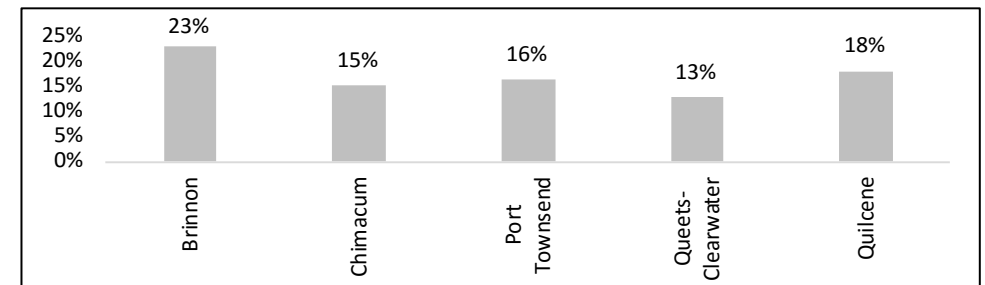
USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate food.

- Nearly 4,000 (13%) Jefferson residents, higher than WA
- 850 (21%) children, higher than WA

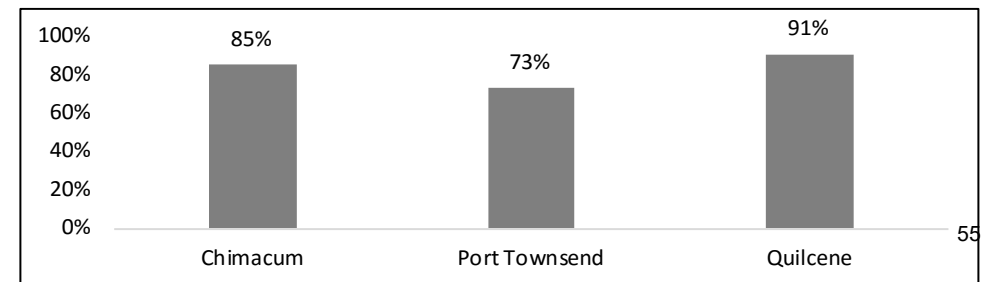
Had to cut meal size or meals because there was no money at least once in the past year

- 17% of 8th graders, higher than WA
- 11% of 10th graders
- 19% of 12th graders

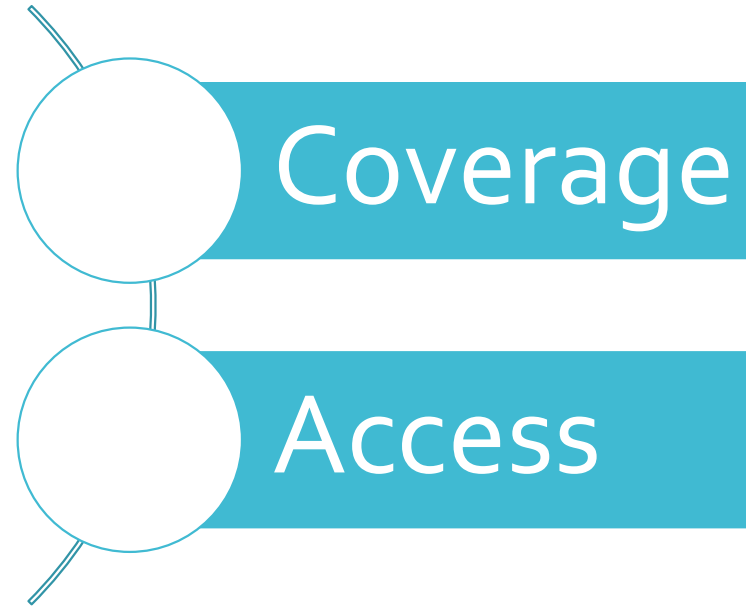
- Supplemental Nutrition Assistance Program (SNAP): Over 5,000 (16%) residents, increasing over time, lower than WA



- 3 in 4 WIC participants redeemed their farmers market program checks, better than WA, differs by area



Health Care



Health Care Coverage

Forums/Interviews

- **Uncertainties about which providers accept Medicaid (e.g. specialty care and behavioral health) was considered a barrier to seeking care.** Prescriptions, referrals, and follow up appointments were also thought to be concerning for Medicaid recipients regarding unexpected costs.
- The new dental clinic is considered a significant success regarding increasing Medicaid coverage for dental care

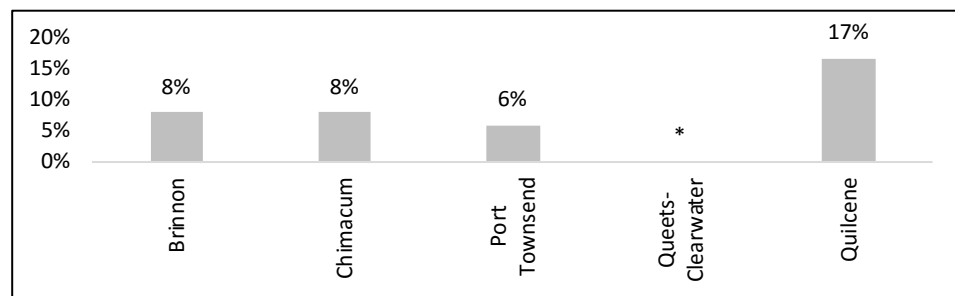
Survey

- No specific findings

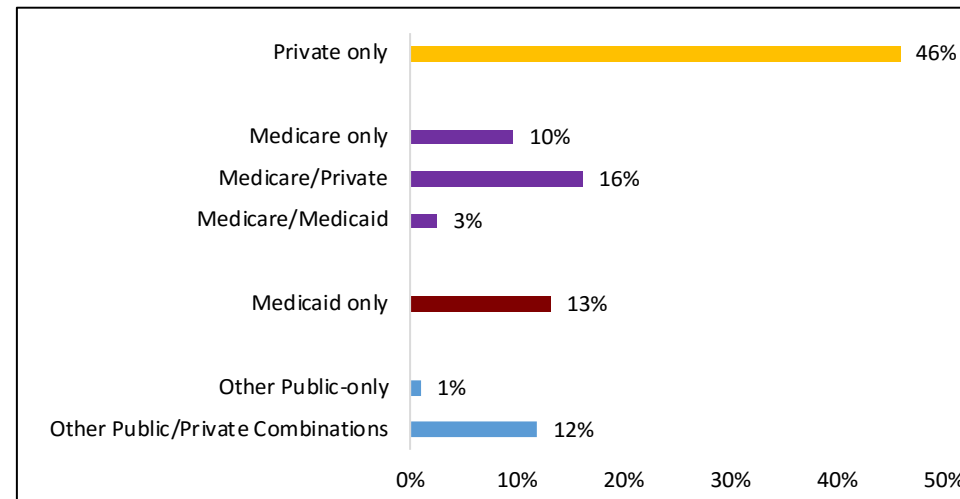


Most adults have health insurance; less than half have dental insurance.

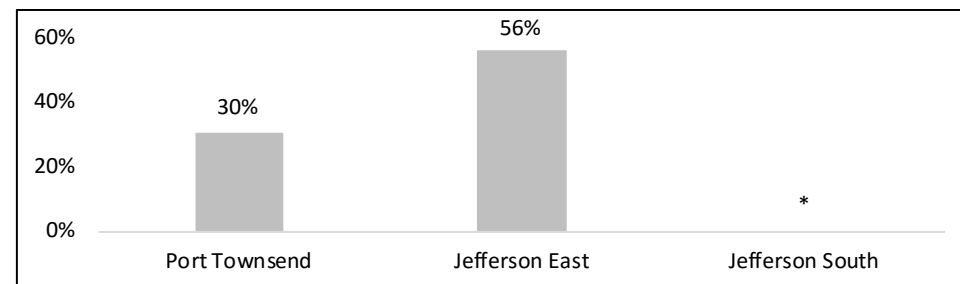
- Nearly 2,000 adults (8%) do not have health insurance; lower over time



- Over 80% of adults report being adequately insured – not limited in seeing doctor because of cost



- 43% of adults have dental insurance, unchanged over time, lower than WA (68%)



Health Care Access

Forums/Interviews

- Access to health care was broadly considered a main health concern in the county.
 - Traveling beyond the county for care
 - Limited specialty care (esp. youth)
 - Limited community clinics
 - Limited provider capacity, long wait times
 - Financial barriers, transportation
 - Stigma (behavioral health treatment)
 - Lack of crisis stabilization center or inpatient treatment facilities
 - Vision services for youth (beyond screening)
 - Geriatric care access and specialty services
- Key informants reported success in leveraging resources from well-funded health care services to support dental, palliative care, other pilot programs and needs voiced by the community

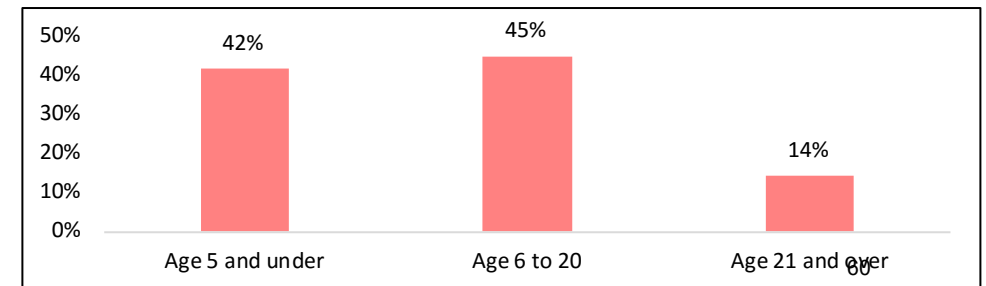
Survey

- 30% of respondents say nothing would prevent them from getting medical check-up in next year
- Top barriers reported for not going to the doctor for a check-up in next year:
 - Too busy
 - Don't need it, feel healthy
 - Too expensive
 - Change or loss of insurance
- 31% of respondents say nothing would prevent them from getting dental check-up in next year
- Top barriers reported for not going to the dentist for a check-up in next year:
 - Too expensive
 - No insurance
 - Too busy
 - Don't have a provider

Rates of accessing routine medical and dental care vary, gaps exist.

- 80% of adults report having a personal doctor or health care provider
- 13% of adults report they were unable to see doctor because of cost
- 66% of adults had a routine check-up in past year
- 70% of 10th graders had routine check-up in past year
 - 78% PT, 69% Chimacum and Quilcene
- 75% of adults with Medicaid accessed preventive/ambulatory care
- 89% of children with Medicaid accessed primary care
- 58% of children with Medicaid ages 3-6 had well child visit

- Dentist rate per 10,000 population lower over time and lower than WA (2017)
- 59% of adults had routine dental visit in past year, lower than WA
 - 67% PT, 52% Jefferson East
- 71% of 10th graders had routine dental visit in past year, lower than WA
 - 83% PT, 77% Chimacum, 63% Quilcene
- 24% of eligible Medicaid population use dental services, lower than WA (39%)



Pregnancy and Births



Pregnancy and Births

Forums/Interviews

- Minimal services and support for young families
- “I feel sometimes that the population [is] almost invisible to the community, that families with young children, and especially the families who are lower income, and struggling... It's really been kind of a shift, I think, in the just the general demographics of the population with so many, people moving into the town that are more of retired age.”
- Childcare was a major need. Additional programs and social support activities would benefit this population as well.
- **“It is often easier for parents to stay home than it is to find affordable childcare that will enable them to move into meaningful long-term work”**

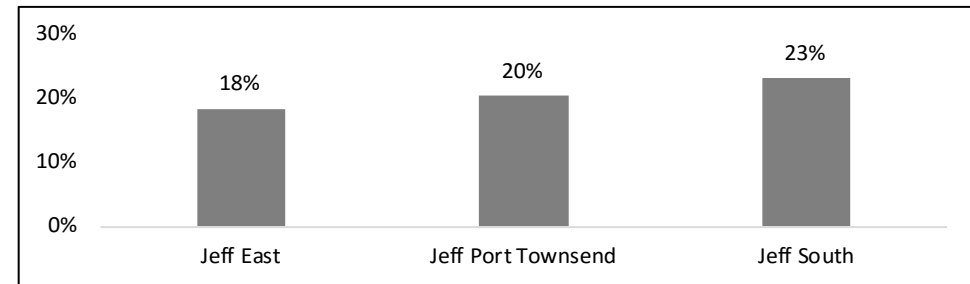
Survey

- No specific findings

Birth rate decreasing and lower than WA. Smoking rate still too high.

- 187 Jefferson resident women gave birth in 2017
 - -2% annual decrease, -1% for WA
 - About half of births occur at Jefferson Healthcare, 20% at Harrison
- 54% of births are Medicaid-paid, statistically higher than WA
- 53% of infants served by WIC, statistically higher than WA
- 8 in 10 women access prenatal care in 1st trimester, unchanged over time, same as WA

- 14% smoking during pregnancy, improving but well above WA (6%)
- 2012-16, differs by place:



- Low birth weight, premature births, gestational hypertension unchanged over time, same as WA
- Gestational diabetes increasing over time, same as WA

Behaviors, Illness, Injury, Hospitalizations, Deaths



Communicable Diseases & Immunizations

Forums/Interviews

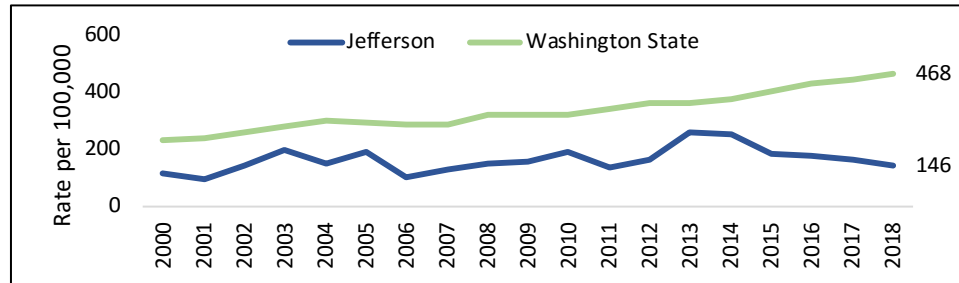
- Community members and key informants expressed some concerns about anti-vaccine views in the county. However, their **outlook was relatively optimistic and they mentioned the recent statewide legislation that they think may increase immunization rates**. Key informants believed that mistrust of government institutions, education, and misinformation were possible drivers of anti-vaccine views in Jefferson.
- The traveling immunization clinics that visit schools were considered a strength in promoting health and safety among residents.

Survey

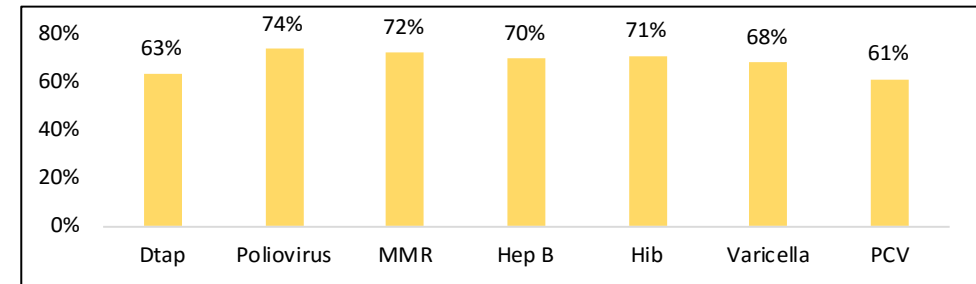
- No specific findings

Persistent rates of sexually transmitted infections; persistently lower than WA immunization rates.

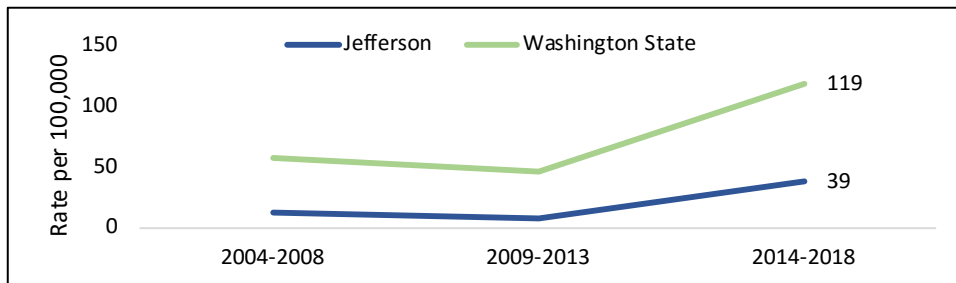
- Chlamydia



- Half of toddlers age 19-35 months have complete immunizations, lower than WA; differs by vaccine



- Gonorrhea



- 2 in 3 kindergarteners starts school with complete immunizations, lower than WA. Chimacum 73%, Port Townsend 68%
- 1 in 4 adolescents age 13-17 has complete immunizations, lower than WA. Tdap (69%), meningococcal (54%) and HPV (28%)
- 62% of sixth graders had complete vaccine records, improving over time, lower than WA. Chimacum (56%), Port Townsend (61%)

Chronic Diseases and Physical Activity, Healthy Eating

Forums/Interviews

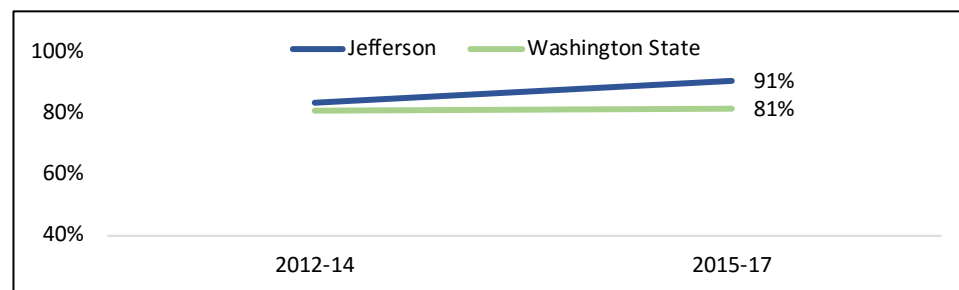
- No specific findings

Survey

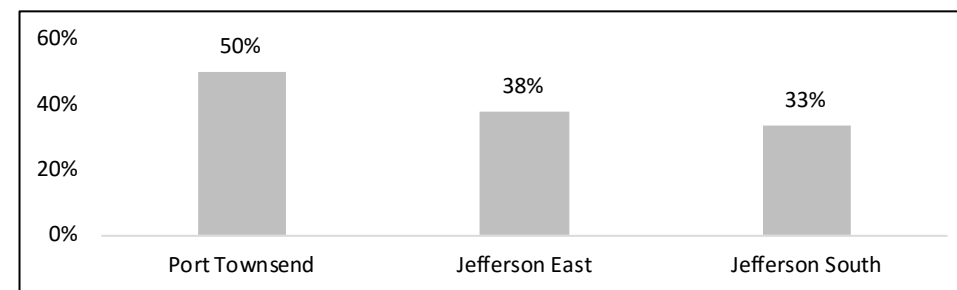
- What would help increase physical activity:
 - 17% indoor options
 - 15% more affordable activities
 - 15% more time
 - 13% more places near home
 - 13% better information about free activities
- What would make it easier/safer to walk, bike, play or be active in neighborhood:
 - 24% shoulders along roadway
 - 22% sidewalks
 - 17% designated bike lanes
 - 12% lighting
- What would make it easier to access healthy food:
 - 36% more affordable
 - 34% nothing, I'm satisfied

Most adults get physical activity; over half of youth meet physical activity recommendations; decrease in healthy weight.

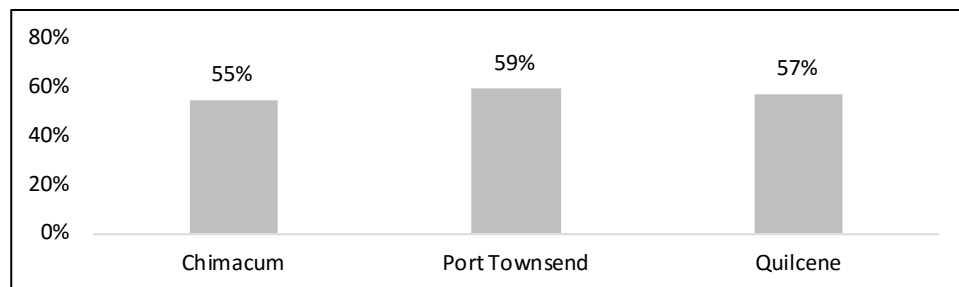
- 9 in 10 adults report leisure time physical activity



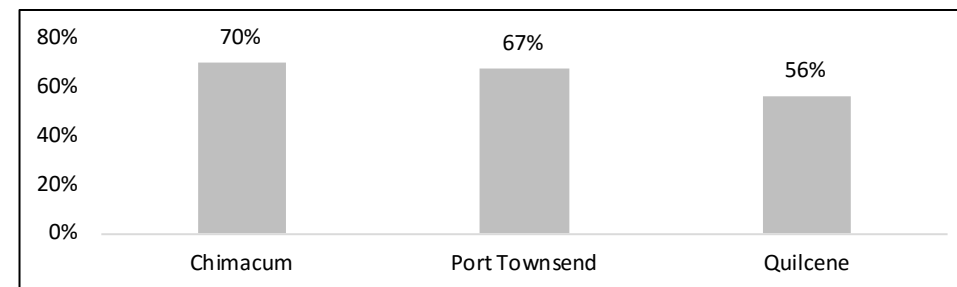
- Fewer than half of adults are at healthy weight, differs by place



- 5 to 6 in 10 youth (grades 6, 8, 10, 12) meet physical activity recommendations, 1 hour every day

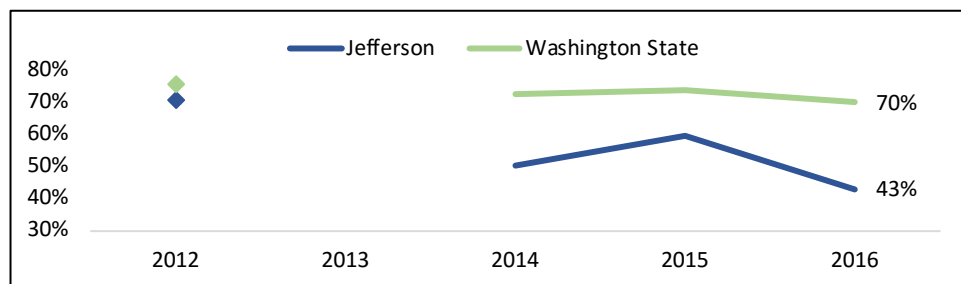


- 7 in 10 eighth and tenth graders, 6 in 10 twelfth graders at a healthy weight. Worsening for 10th and 12th over time; differs by place



More than 1 in 4 adults has a chronic health condition; cervical cancer screenings low.

- Over 7,000 adults (27%) reports at least one of: asthma, diabetes, myocardial infarction, or angina; similar to WA.
- 8 in 10 women meets breast cancer screening recommendation
- 7 in 10 adults (age 50-74) meet colorectal cancer screening recommendation
- Cervical cancer screening worse over time, much lower than WA, differs by place PT 66%, East 56%.



- Crude cancer incidence rates higher than WA likely due to much higher median age in Jefferson

Rate per 100,000	2016		Compared to WA
	#	Rate	
Digestive System	62	199	higher
Skin (excl. Basal & Squamous)	60	193	higher
Male Genital System	49	158	higher
Breast	44	142	higher
Respiratory System	36	116	higher

- Top cancer by place:
 - Port Townsend: breast
 - Jefferson East: skin
 - Jefferson South: digestive
- Age-adjusted cancer death rates same as WA, improving over time – 96 deaths in 2017. Top types: digestive system, respiratory.

Tobacco & Vaping

Forums/Interviews

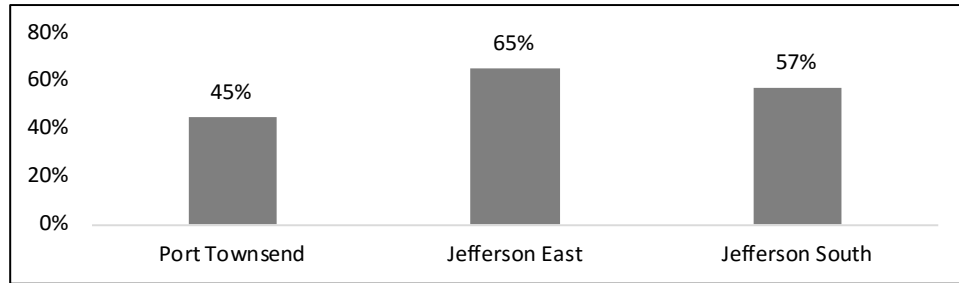
- One key informant felt that rural communities lack activities for kids and there is a need for more focus on prevention of substance use (including tobacco and vaping).
- **“We see a lot of vaping. We know that's a problem in the schools.** We know that there's just not a lot for our kids to do. So, I would have to come back to that preventative piece. Education, prevention, other alternatives, really being able to dive in [...], seeing it as a need that's pressing now, rather than waiting for things to happen”

Survey

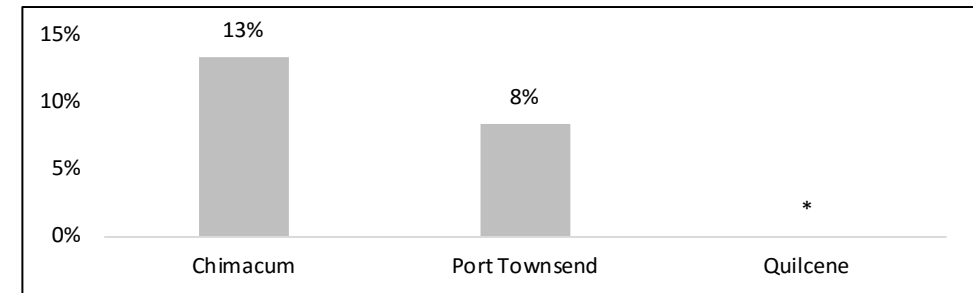
- 13% of respondents report past year cigarette use
- 4% report past year e-cig/vape use

Smoking and vaping rates too high.

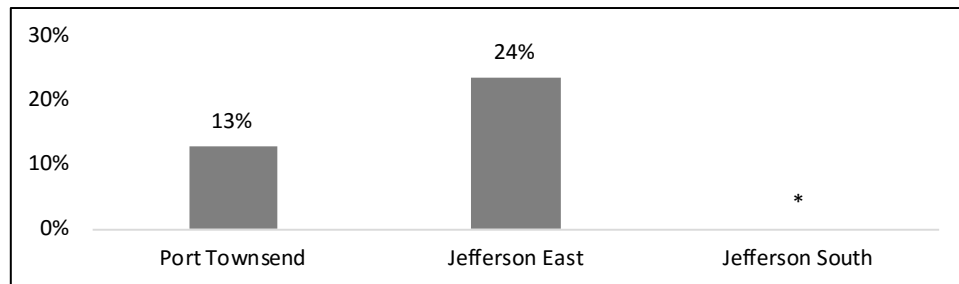
- Nearly 15,000 (54%) Jefferson adults have ever smoked, unchanged over time, higher than WA, differs by place.



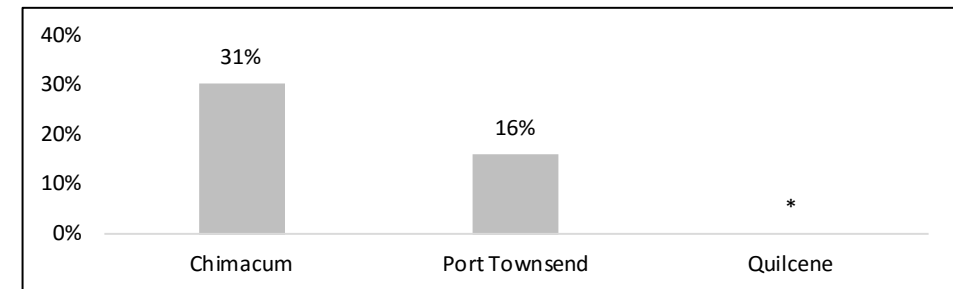
- 15% of tenth and 16% of twelfth graders report smoking in past 30 days, both worse than WA, differs by place.



- Over 5,000 (20%) Jefferson adults report current smoking, unchanged over time, differs by place.



- 37% of tenth and 39% of twelfth graders report vaping in past 30 days, 10th grade worse than WA, differs by place



Alcohol and Drug Use

“we're still not mental health workers or social workers. And that's what these people need to have. Someone with the police that can do that is immensely beneficial”

Forums/Interviews

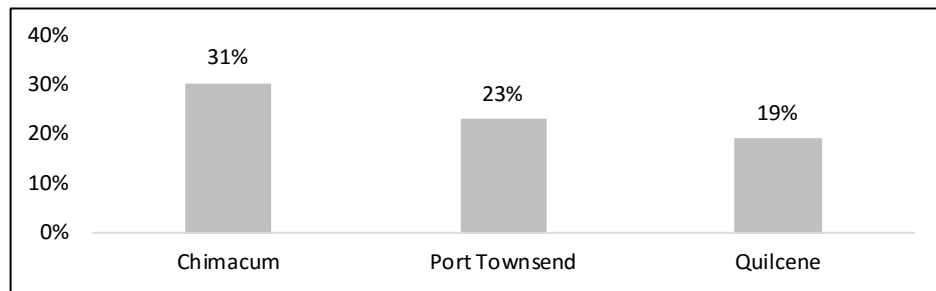
- Community members felt alcoholism among adults is a big problem; lack of support services, especially in rural areas.
- Belief that substance use and mental health are significant health concerns in the county. A **major concern - lack of inpatient substance use and mental health treatment facilities**. It's a barrier to travel out of county, and endure long wait times for treatment referrals or available beds.
- Support for recent additions of medically assisted treatment (MAT) services although “...difficult getting primary care providers to embrace medication assisted treatment...**once you can get them actually seeing patients and seeing results, then it becomes one of their favorite things to do**. Because it's really gratifying”
- Support for existing harm reduction efforts - needle exchanges and sharps containers in public restrooms.
- Key informants expressed a **strong need for crisis stabilization, as well and behavioral health integration in the health care system** to reduce crisis incidents in the first place. Trained mental health and social worker professionals are needed at all steps in the behavioral health, crisis prevention system
- Hospitalizations and arrests due to behavioral health crises were common concerns; **additional efforts to coordinate funds, services, linkages to address gaps and sustain existing programs**. “We just started a navigator program... mental health worker embedded with police department”

Survey

- Less substance use/abuse **#4** thing to change to improve health and well-being
- **#1** biggest challenge for teens
- In past year, 33% of respondents said personally or someone they know struggled with substance abuse and/or mental illness issues; 8% had involvement with ER or law enforcement because of substance use/mental issues

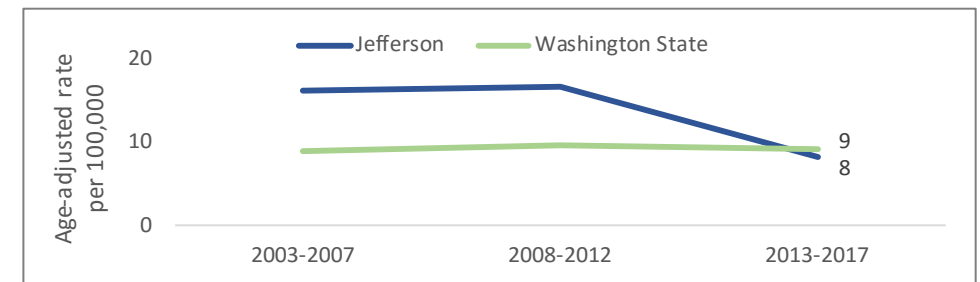
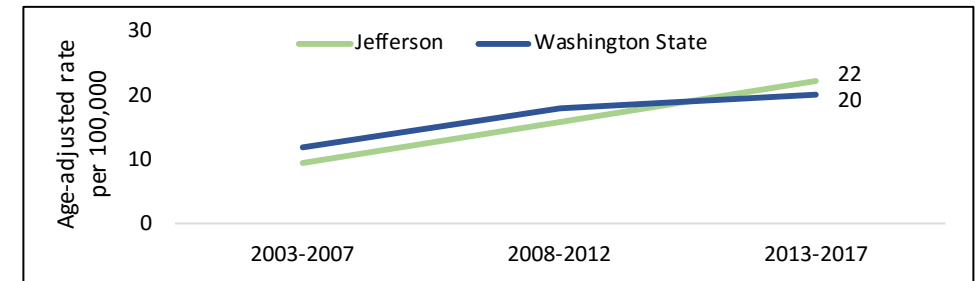
Youth marijuana rates high; opioid and drug hospitalizations/deaths unchanged.

- Youth current marijuana rates higher than WA; differ by place; 10th grade worse over time



- 1 in 3 tenth and twelfth graders report riding in a car driven by someone using marijuana in the past month
- 7-8% of youth report using a prescription drug to get high in past 30 days

- Opioid overdose hospitalizations (non-fatal) (top) and deaths (bottom) statistically unchanged over time; similar to WA
 - 8 and 3 per year on average



- All drug non-fatal hospitalizations and deaths also unchanged over time and similar to WA
 - 35 and 5 per year on average

Mental Health and Suicide

“They have to put all their resources into the highest need population, really don't have resources for much more common problems, anxiety disorders, and bipolar disorder and things that are not disabling but are very life disrupting. And a high functioning system does both. There's a lot of opportunities for community health improvement, and treating conditions before they get disabling. And, in turning around that, that impact on a person's life and their productivity”

Forums/Interviews

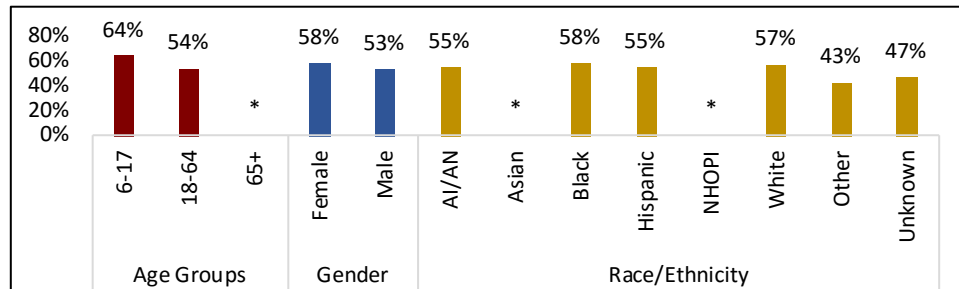
- Mental illness and substance use considered as significant health concerns: limited outpatient options with Medicaid/Medicare; long referral periods, limited walk-in opportunities; minimal youth treatment options; stigma associated with needing/seeking MH care; high staff turnover, inconsistent case management/care; adverse childhood experiences, inter-generational trauma
- Specific concerns about lack of mental health care for adolescents. Support existing efforts to provide services in schools and request additional efforts. Existing mental health programs such as Jumping Mouse were considered successful and effective.
- “...if you have strep throat and you go to the doctor, you can just go once and that it's fixed... but [with mental health care] you have to have a commitment to keep getting there. So **it's super important to bring those services to the school, core to the community. Because it's not going to be it's not a quick fix**”
- Many respondents spoke favorably about integrating behavioral health care in the health system to meet access needs. The behavioral health system needs to move away from crisis-oriented care and increase capacity to address the life disrupting, but not disabling, issues that affect more people.
- “Our county jail is by far the largest mental health facility that we have. We are treating chronically, mentally ill and substance abuse populations there with little training resources as the people in crisis. **We see repeat offenders over and over, because we have very few support services to ensure that they have housing and jobs and, some of the factors of stability that would allow them to stay out of the justice system**”

Survey

- Better access to mental health care **#3** thing to change to improve health and well-being
- Stress **#1** biggest challenge for individuals or their family
- Maintaining emotional health is **#4** biggest challenge for teens; suicidal thoughts or attempts **#9**
- Social isolation or being lonely is **2nd** biggest challenge for seniors 65+

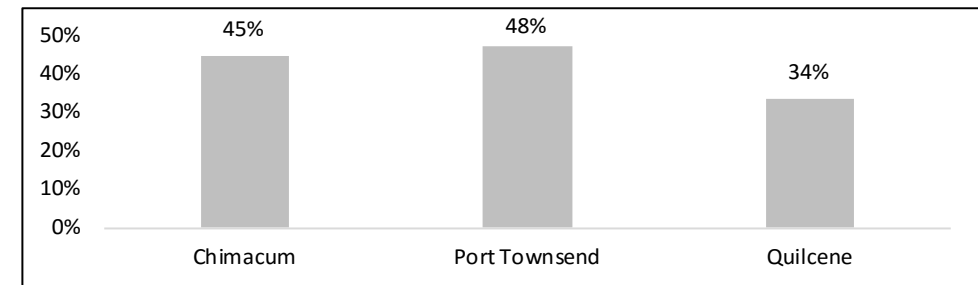
Youth depression rates and trends concerning.

- Adults on average report 4 days of poor mental health in past month; 12% of adults report 14 or more days; both similar over time and compared to WA
- 55% of Medicaid beneficiaries with mental health need received at least one qualifying service, rates differ by group; better than WA



- Ratio of mental health providers (300 residents : 1 provider) improving over time, better than WA

- 42% of eighth and 51% of tenth and 49% of twelfth graders report depressive feelings at least 2 weeks in a row in past year. 8th and 10th statistically higher than WA; **all worse over time**; differs by place.

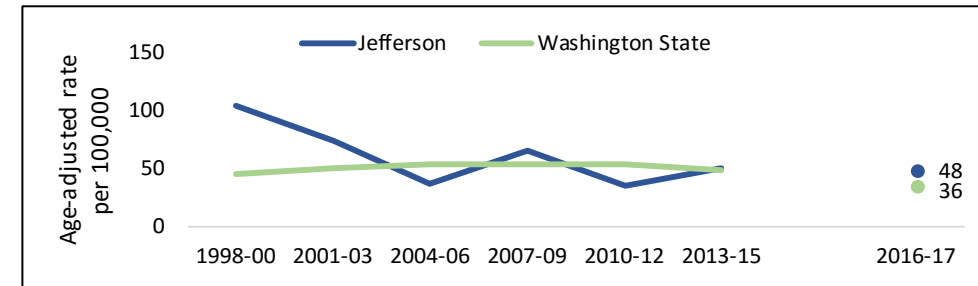


- About 1 in 5 youth report not having an adult to turn to when feeling sad or hopeless
- 1 in 3 youth report co-occurring depression and/or suicide and drug/alcohol use
 - 8th and 10th grade rates statistically higher than WA

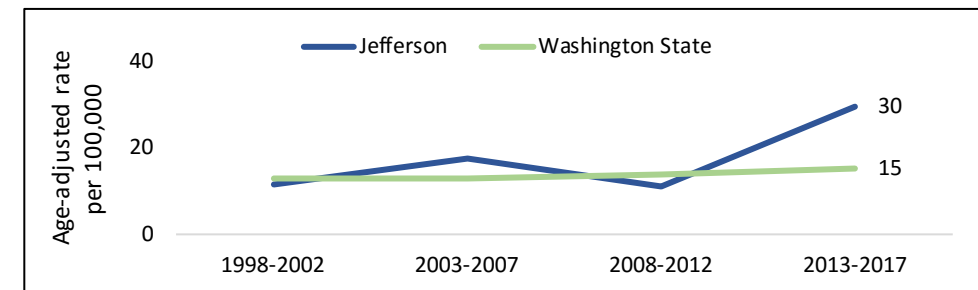
Youth suicide ideation very concerning

- Between 25% and 32% of youth report seriously considering suicide in the past year, worsening over time
- High rates of reports of making a suicide plan in past year: 8th (18%); 10th (36%); 12th (23%)
 - 10th rates of ideation and making a plan statistically higher than WA

- Non-fatal hospitalization rates unchanged over time, similar to WA; about 24 per year



- Suicide death rates unchanged over time, statistically higher than WA, about 10 deaths per year



Injuries

- Nothing from forums/interviews or survey
- Child injury/accident hospitalization rate decreasing over time
- Adult women injury/accident hospitalization rate unchanged over time, statistically worse than WA
- Leading causes of accident/unintentional injury hospitalizations higher than WA
 - Falls, average 186/year
 - Motor vehicle-traffic, average 26/year

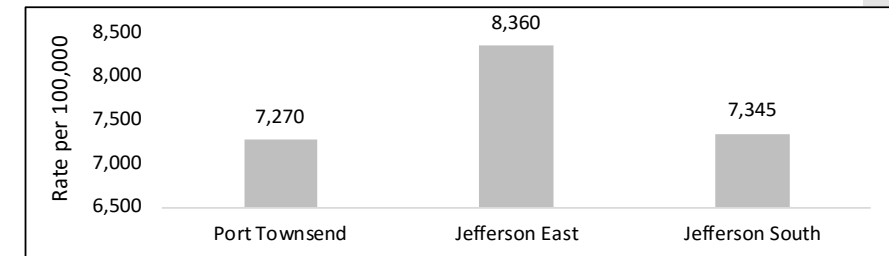
Hospitalizations

Forums/Interviews

- common hospitalizations due to mental illness and substance use crises, as well as senior populations living in unsafe, isolated conditions
- "...we get stuck, and what we see in the hospital a lot is that we get people who come in [...] with moderate dementia, not safe at home, can't discharge them back, and they end up stuck at the hospital [...] because we can't quite find--they don't have the financial resources for one type of facility. [...] So we have these tricky dispositions, and we try to send them back into the community trying to kind of do wraparound services, with intermittent success"

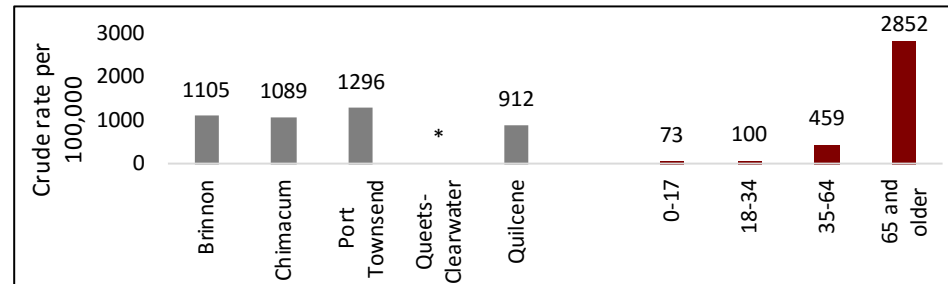
Quantitative Data

- Age-adjusted all cause hospitalization rate unchanged over time, lower than WA; differs by place
- Leading cause circulatory system



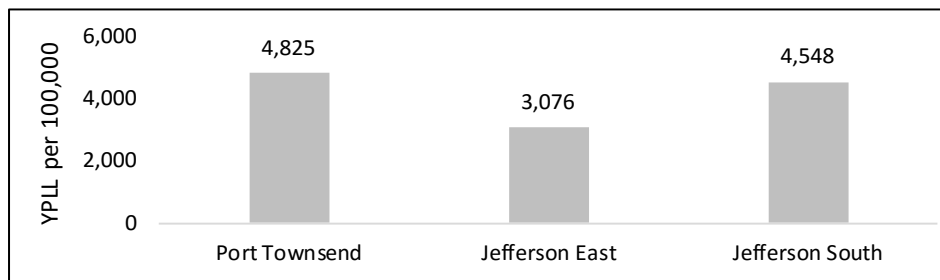
Deaths

- Nothing from forums/interviews or survey
- Age-adjusted all cause death rate decreasing over time, lower than WA; differs by place
- Leading cause major cardiovascular diseases, cancers



Years of potential life lost due to premature death (before age 65)

- 865 years lost in 2017, rate worse than WA; differs by place
- Leading causes accidents, cancers, suicide



Key Informant and Community Forum: Summary of key findings

Access to health care

Behavioral
health;
preventive and
primary care
for
underinsured
and rural;
specialists

Aging in Place

Intermediate
services
between
thriving
retirees and
assisted
living/hospice

Affordable housing

Especially for
seniors, young
families and
working class

Childcare and other support for families with young children

Invisible
population;
need more
affordable and
accessible
activities

Behavioral health system coordination and linkages

Efficient
referrals, case
management,
treatment
spots, fire-
police-medical
linkages; non-
jail or ED crisis
options

Community Survey: Top 5 biggest day-to-day challenges

Individuals
or their
family

	JEFFERSON COUNTY	PORT TOWNSEND	JEFFERSON EAST	JEFFERSON SOUTH
1	Stress	Stress	Stress	Income
2	Income	Income	Income	Stress
3	Physical activity	Physical activity	Physical activity	Health problems
4	Health problems	Health problems	Health problems	Physical activity
5	Housing	Housing	Housing	Health care

Teens

1	Substance use	Substance use	Substance use	Substance use
2	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life	Unhealthy or unstable home life
3	Abuse or misuse of technology (texting, internet, games, etc.)	Maintaining emotional health	Lack of involved, supportive, positive role models	Abuse or misuse of technology (texting, internet, games, etc.)
4	Maintaining emotional health	Abuse or misuse of technology (texting, internet, games, etc.)	Abuse or misuse of technology (texting, internet, games, etc.)	Lack of involved, supportive, positive role models
5	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying	Lack of afterschool or extracurricular activities

Seniors
Age 65+

1	Living on a fixed income	Living on a fixed income	Living on a fixed income	Living on a fixed income
2	Social isolation or being lonely	Social isolation/being lonely	Social isolation/being lonely	Social isolation/being lonely
3	Cost of needed assistance/care	Cost of needed assistance/care	Cost of needed assistance/care	Cost of needed assistance/care
4	Housing	Housing	Housing	Transportation
5	Managing health problems	Managing health problems	Managing health problems	Managing health problems

Community Survey: Top 5 things to change to improve health and well-being

	JEFFERSON COUNTY	PORT TOWNSEND	JEFFERSON EAST	JEFFERSON SOUTH
1	More affordable housing	More affordable housing	More affordable housing	More/better jobs
2	More/better jobs	More/better jobs	More/better jobs	More affordable housing
3	Better access to mental health care	Better access to mental health care	Less substance use/abuse	Less substance use/abuse
4	Less substance use/abuse	More help for residents dealing with stress, mental health,	Less poverty	Better access to dental care
5	Less poverty	Less substance use/abuse	Better access to mental health care	Less poverty

Quantitative Data Summary

Aging population

Lack of affordable
housing

Rates of accessing
medical and
dental care vary

Low
immunization
rates

Concerning
cervical cancer
screening rates

Youth depression
and suicide
ideation

Youth substance
use

Smoking and
vaping rates

Adult physical
activity and
healthy weight

Premature death
rates

Questions and Discussion

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