

APPENDIX A

Jefferson County's 2019 Community Health Assessment

- Qualitative Report
- Quantitative Report

JEFFERSON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT: QUALITATIVE FINDINGS FROM COMMUNITY INPUT, MAY 2019

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Introduction

In 2019 Jefferson Healthcare and Jefferson County Public Health conducted a Community Health Assessment (CHA) to inform the development of the next Jefferson County Community Health Improvement Plan (CHIP). In addition to the primary CHA activities involving quantitative data collection on indicators of health status, behaviors and outcomes, we solicited qualitative input from the community to gain a richer understanding. This report summarizes findings from the community input activities, involving two community forums and twelve key informant interviews. We describe overall key findings as well as indicator-specific insights that supplement the quantitative CHA indicators.

Methods

The primary qualitative data collection methods were key informant interviews and community forums . We used the existing quantitative data collection tools (e.g. community survey) to identify a complementary qualitative approach. We adapted materials from neighboring counties to develop discussion questions to achieve the following aims:

- 1) Describe the main health concerns of Jefferson County residents
- 2) Understand specific concerns regarding behavioral health outcomes and services
- 3) Identify significant gaps in resources and coordination related to those concerns
- 4) Explore key elements that promote the health and safety of Jefferson County residents

KEY INFORMANT INTERVIEWS

The CHIP/CHA leadership identified key informants based on their community involvement, leadership roles, representation of a health service provider, and/or direct involvement with a sub-group or population. Twelve key informants were identified and all participated in the interviews. Key informants represented stakeholder perspectives including emergency services, the justice system, healthcare providers, affordable housing, public health, public schools, local government, social services and others.

For consistency, all interviews were conducted in May 2019 and by the same individual. Each lasted 45-60 minutes. Eleven interviews occurred in person, and one was conducted over the phone. We audio-recorded and transcribed all interviews for accurate collection of responses. Key informants provided written consent prior to participating.

COMMUNITY FORUMS

To gather input from different populations across the county, we identified three areas to host community forums: Port Townsend, Quilcene and Chimacum. The forums were promoted through email, local newspaper, flyers and existing community meetings. One forum attracted only two participants; both were able to provide input in individual conversations. The other two forums each hosted approximately fifteen participants. Participant age, gender, community of residence, and length of residence in Jefferson County varied within each group.

Both forums were held in May 2019 and took place in centrally located community buildings. The same individual facilitated each 60-minute forum. We audio-recorded and transcribed one forum, and a note-

taker documented the other forum due to technical difficulties. All community members provided written consent prior to participating.

We used Otter.ai, a voice recognition and transcription software, to transcribe the audio recordings from the interviews and forums. We used Dedoose software (Version 8.2.14, 2019) to analyze the transcripts and notes. Indicators from the quantitative data informed the analysis framework and coding.

This project was considered a public health surveillance activity for the purpose of directly informing local health improvement efforts and was therefore exempt from review by the Washington State Institutional Review Board.

Key Findings

Key informants and community members broadly identified **access to health care** as the main driver of health concerns in Jefferson County. Health care access concerns were identified across the healthcare system: youth and adult behavioral health services (mental health and substance use), preventive care, geriatric services, crisis stabilization and emergency medical care, dental care, and medical and behavioral specialists. Most respondents considered mental illness and substance use as significant health concerns in the county.

The most commonly cited **barriers to accessing care** included limited county-wide public transportation, hours of clinic operation, care options with Medicaid and Medicare, provider capacity, awareness of available services, as well as having to travel beyond the county for specialty care and feeling stigmatized for seeking behavioral health care. While respondents from Port Townsend and rural communities alike mentioned health care access as a priority concern, it appeared to be a stronger need in rural communities. Key informants also identified significant need for senior care and independent living options to support the large aging population in Jefferson County.

Recent advances towards increasing health care access in the county Mobile youth dental services, school based health clinics and the new dental clinic were noted as. Community members were supportive of telehealth as an opportunity to further increase access to care. Women's health, pregnancy services, and Jefferson Healthcare's responsiveness to community needs were identified as strengths of the healthcare system.

A second major concern among respondents was **affordable housing**. Respondents felt that housing was unaffordable for many populations, including working class county residents, young families, seniors, people seeking mental health treatment and people in the therapeutic court system seeking transitional housing. Growing socioeconomic disparities within the county, cycles of poverty, and adverse childhood experiences were recognized as underlying factors to the issue of affordable housing in addition to unit availability. Other significant concerns related to this were **affordable childcare and support for families with young children**. One key informant shared a common challenge for young families:

"Housing is really difficult. [...] It's that part of getting into that hole, and then trying to dig yourself out. So they might have had a history of poor credit, or some kind of criminal background, which then prevents them from being able to even start at any kind of level of looking [for housing]. So there's that personal piece, as well as just the overall availability of units. So I think that combination is not helpful. Some of us often talk about being able to have

some kind of support network for young families that could help provide some of those things like housing and childcare, and so then the parents are able to actually go out and work, or look for work, without having to worry about who's watching their kid and those kinds of things. Those support resources are just really minimal.”

In addition to affordability, **rural infrastructure challenges** were noted as barriers to housing. Key informants cited limitations in certain rural communities, including no sewer system, internet access, and limited public transportation. **Aging in place** was another significant health-related housing concern. Key informants felt the county is not developed to support an aging population which requires varying levels of assisted living, specialty care, transportation services, and mobility access in the build environment. Affordable, independent and assisted living facilities for the senior population as well as county-wide infrastructure changes were among the priority needs.

A third overarching health concern was the need for better **coordination across behavioral health, medical, justice and emergency response systems**. Attributed partly to underfunded and siloed behavioral health agencies, respondents identified gaps in the behavioral health care system that result in crisis-oriented care and limited capacity to treat moderate, common conditions that help prevent such crises. Key informants felt it is challenging to reach vulnerable populations at risk for health crises (e.g. people experiencing homelessness, mental illness or substance use disorders) until they are admitted to the Emergency Department (ED) or county jail. Key informants expressed need for an alternative to these endpoints. They suggested improving linkages between agencies to help provide care and services efficiently. One key informant reiterated the need to coordinate limited services:

“If we don't consciously collaborate, we'll end up competing and duplicate what we're doing; we'll end up kind of trying to market ourselves to the same populations. And just at this level, at this scale of a rural community, that's a very wasteful thing to do. We just do not have the abundance of resources that allows that kind of competition--you can get away with it in urban areas, where you have excess capacity and have sort of a survival of the fittest kind of thing.”

Another respondent expressed the need to integrate behavioral health care with medical care to prevent emergency department (ED) admissions:

“If you want to reduce ED utilization, particularly unnecessary ED utilization, you have to get ahead of mental health issues. Because otherwise, when you don't, the ED is the result. And that's not just directly for the suicide attempts that come in, but the person who doesn't control their diabetes or heart failure because their mental health issues are not controlled. They're going to end up in your hospital--it's going to look like it's a physical health issue, but a lot of times it's driven by mental health, or substance abuse, or things like that. So, some of the work is not necessarily recognized as something a critical access hospital should do, but yet, if you want to improve the health of community, you want to get more upstream.”

Furthermore, navigating the behavioral health system appeared to be challenging for residents seeking care. Common concerns included few providers accepting Medicaid, long waits for referrals, transportation to clinics, and lack of inpatient treatment in the county. Key informants felt that system-wide behavioral health integration as well as employing more social workers and navigators would begin to address these concerns. The recently added navigator role with law enforcement, provision of

Medically Assisted Treatment (MAT), and increased number of school counselors were noted as strong points in the behavioral health system.

Community members and key informants felt positively about access to healthy foods and physical activity opportunities in Jefferson County. Proximity to farms and fresh produce, outdoor recreation, and fresh, clean air were considered key elements that promote the health and wellbeing of residents. However, some disparities in healthy food access and indoor recreation opportunities were recognized in rural, remote communities.

Additional health concerns, gaps, strengths and quotes relating to the 2019 Community Health Assessment indicators are provided below in the **Themes** and **Findings** columns. The purpose of presenting these results is to supplement quantitative indicators with community voice.

2019 Jefferson Community Health Assessment – Key Informant Interview and Community Forum Themes and Findings

THEMES	FINDINGS
Part 1. Demographics, Socioeconomics, Community Safety	
Section A: Population	
Older population	<p><u>Infrastructure and wellbeing of an aging population</u></p> <p>As seniors begin losing their functional capacity, key informants suggested improving social infrastructure, or better options for socialization and support, to help prolong their ability to thrive as active community members.</p> <p>“And you're seeing the age-related illness, and 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.”</p> <p>“There are some home care options, we've got home health, nursing, private, and through Jefferson [Healthcare]. So these things are good, but they tend to be targeted for specific episodes of care: you just came out of the hospital, you just got through kind of a recent illness. Maintenance care is a different story.”</p> <p><u>Retired population a significant resource to the community</u></p> <p>Respondents considered the retiree population in Jefferson County as a valuable resource regarding volunteer capacity and community engagement. Respondents were supportive of additional efforts to engage retired residents in helping to fill community service gaps.</p>
Growing retiree population	
Section B: Education	
School districts differ by parental support, involvement	<p><u>Public schools serve as rural community centers</u></p> <p>Schools were considered central hubs in rural communities and successful outreach points for increasing access to health services and fostering social support. There were clear disparities in school performance and health outcomes across the county.</p> <p>“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.”</p> <p>Providing health care services through the schools was considered a successful model because parents are often outreached directly by the schools, costs are low, and transportation is mitigated. Examples include school based health clinic, Smile-mobile, immunization clinics, vision screenings, and mental health counselors. Community members and key informants expressed strong need for continued and expanded provision of behavioral health and preventive care in the schools.</p> <p>Assistance programs for students including the Fresh Fruit and Vegetable Program, summer food assistance, and transportation support were considered successful and well utilized in rural communities.</p>
limited funding	

Section C: Employment		
Health of low-wage workers – homeless	<u>High turnover in health services</u>	Key informants expressed concern about staff turnover in health care and behavioral health facilities, which were attributed to high volume workload, burnout, and unaffordable housing. One key informant mentioned that many people who work in Jefferson County live in a neighboring county. Recruiting health care professionals to fill positions was a challenge as well. This raised concerns about the health system’s ability to provide adequate hours of care and services to meet the needs of residents.
Employees not living in JC – unaffordable		
HIGH turnover in health services jobs		
	<u>Poor working class</u>	
	Respondents shared that many community members may be unaware that working class residents experience homelessness and live out of their cars because of the high housing costs.	
Section D: Income and Poverty		
Poverty	<u>Social determinants of health</u>	Key informants and community members felt that poverty and socioeconomic disparities were the main “upstream” factors to many health concerns in Jefferson County. “It’s really kind of a social fabric issue where 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. We have a lot of substance use in our adult population, so kids are seeing that. And then, you know, get into addiction. And it’s the criminal response to that. [...] 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?”
Social determinants of health		
Rural poverty vs. Port Townsend		
Working poor		
Homelessness		
Child poverty		
Section E: Household Composition and Marital Status		
Older adults living alone	<u>Isolation in the aging population (See Part I. A)</u>	Many respondents identified the health and safety of the aging population 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.
Isolation		
Section F: Housing		
Affordability	<u>Affordable housing (See Part I. C, working poor)</u>	
Homelessness		

	<p>Affordable housing was considered 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.</p> <p>Barriers to affordable housing 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 was also a barrier.</p> <p>“Housing is really difficult. [...] It's that part of getting into that hole, and then trying to dig yourself out. So they might have had a history of poor credit, or some kind of criminal background, which then prevents them from being able to even start at any kind of level of looking [for housing]. So there's that personal piece, as well as just the overall availability of units. So I think that combination is not helpful. Some of us often talk about being able to have some kind of support network for young families that could help provide some of those things like housing and childcare, and so then the parents are able to actually go out and work, or look for work, without having to worry about who's watching their kid and those kinds of things. Those support resources are just really minimal.”</p>
<p>Section G: Community Safety</p>	
Property theft	<p>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.</p> <p>Some community members mentioned property theft as a consequence of substance use and mental health issues observed across the county.</p> <p>In general, 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.</p>
Domestic violence	
Child abuse	
<p>In general, 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.</p>	
<p>Part II. Quality of Life</p>	
<p>Section A:</p>	
Quality of life	<p><u>Wellbeing of an aging population (See Part I. A)</u></p>
Elderly quality of life, Older adults living alone, isolation	<p>Community members and key informants identified the aging population as 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 declines.</p>
Rural quality of life	
Poverty and quality of life	<p>Respondents suggested a more purposeful network of social services to support aging in place efforts. In particular, collaborations between churches and the healthcare system could be stronger to foster a network of support senior health needs.</p>
ACEs	
	<p><u>Limited disability services</u></p> <p>Respondents commonly cited the lack of care options for children with developmental disabilities or specialized medical care. Schools had limited ability to provide learning disability support.</p>

		<p><u>Transportation</u> Transportation was widely considered a major barrier to health care, financial stability, and overall quality of life. Many respondents mentioned the infrequent (e.g. twice daily) public transportation available in and out of Port Townsend or to larger cities for care. Residents of rural communities had the most hardship, as a trip to Port Townsend could take a whole day on the bus. Access to personal transportation was financially limiting.</p> <p><u>Health and social services outreach</u> Public libraries were regarded as “second responders” in the community in terms of direct engagement with vulnerable populations, particularly seniors and people experiencing homelessness. Key informants reported success in helping clients learn about available services and providing informational assistance.</p> <p>Key informants felt it is challenging to communicate and conduct health outreach across the county. There are pockets of communication networks, but not a central platform. For example respondents mentioned multiple newspapers, inconsistent internet, and multiple radio stations. They saw this as a contributing factor to some residents being unaware of existing services.</p> <p>ACEs (See Part I. D)</p>
Food Insecurity		
	Healthy food affordability	<p><u>Food insecurity</u> Respondents felt that residents of remote, rural communities are more likely to experience food insecurity. Living far away from a grocery store with fresh produce was a main reason, combined with transportation challenges.</p> <p>Existing food banks were considered very successful and substantial resources for food insecure individuals. The ability to use SNAP benefits at farmers markets also was considered helpful to addressing food insecurity. Furthermore, schools have been successful in securing funding to provide healthy food assistance programs.</p> <p>Community members and key informants would like to explore additional partnering opportunities with local farmers and farmers markets to increase access in remote communities.</p>
	Healthy food access	
	WIC, SNAP	
Part III. Health Care		
Section A: Health Care Coverage		
	Health care access	<p><u>Medicaid uncertainties</u> Key informants and community members felt that Medicaid expansion through the Affordable Care Act benefited many residents in Jefferson County, particularly young adults. 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. Residents who barely do not qualify for Medicaid were noted as high risk for not seeking care or obtaining health insurance due to cost barriers.</p>
	Medicaid	
	Insurance coverage-- Medicaid: dental Medicaid dental - youth	
	Insurance coverage-- Medicaid: MH, end of life	

	<p>“I think a lot of our kids are on Medicaid. And so that takes away some of the financial fear. But there are still some mysteries, you know, and they're still, you know, once you go to the doctor, then you got to get your prescription filled, and then, you know, getting just regular maintenance care is tough.”</p> <p>The new dental clinic is considered a significant success regarding increasing Medicaid coverage for dental care.</p>
Section B: Health Care Access	
Health Professionals	<p><u>Health care access</u></p> <p>Access to health care was broadly considered a main health concern in the county. Access issues included:</p> <ul style="list-style-type: none"> – Traveling beyond the county for care – Limited specialty care (especially 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) <p>Mobile clinics, school based health clinics, dental care, and integrated behavioral health services in law enforcement were noted as recent advances towards increasing health care access in the county. Women’s health and pregnancy services were also identified as strong points in the healthcare system.</p> <p>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.</p> <p><u>Geriatric Services</u></p> <p>Respondents felt that senior care was particularly difficult to access. Many seniors do not drive, especially at night. Public transit is very limited and does not run at night. Furthermore, respondents felt that geriatric specialty services were not available in the county to address the needs of an aging population.</p>
Mental health professional shortage	
Mental health professional burnout	
Geriatric care	
Cost barriers	
School Based Health Clinic	
Part IV. Pregnancy and Births	
Section A	
Access to contraception	<p><u>Minimal services and support for young families</u></p> <p>Community members and key informants alike felt that there is minimal support for families with young children.</p> <p>“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 with, you know, many things often do not rise to the top of community concern. 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. And so I think that families with children just don't see as many of the schools sizes have decreased.”</p>
Education about services	
WIC well used	
Services for families with young children	
Child care	
Social support	

	<p><u>Childcare</u> Childcare was a major need. There were thought to be only three licensed childcare providers in the county. Additional programs and social support activities would benefit this population as well.</p> <p>“Childcare providers, that's a huge gap in our early childhood wellness and family wellness, and fitness. 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. That actually is a huge gap right now.”</p>
Part V. Behaviors, Illness, Injury, Hospitalizations, Deaths	
Section A. Communicable Diseases	
	N/A
Section B. Immunizations	
Anti-vaccine	<p>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 County.</p> <p>The traveling immunization clinics that visit schools were considered a strength in promoting health and safety among residents.</p>
Traveling vaccine clinic	
Section C. Chronic Disease	
physical activity outside--recreation activities for kids	<p><u>Physical Activity</u> Community members and key informants felt that having access to outdoor recreation, including hiking trails, hunting and fishing are key elements to promoting physical activity in the community. However, respondents reported challenges in the winter when indoor facilities are unavailable.</p> <p>“It's hard to get adequate exercise when lots of days in the winter, when I get home, it's already dark, and I think our students are like that, too. By the time we get them dropped off in the buses or when they get home, it's already dark. We don't live in proximity to any facilities that have health clubs or any other facilities within an hour drive. [...] There are months where it's kind of hard, it's wet, it's cold, it's dark. So those are challenges, I think for me and also for the community.”</p> <p>In rural communities, residents would like to use community centers, school gyms, and/or leverage healthcare system resources to rent existing spaces for exercise classes to address physical activity challenges in the winter. Building a pool, a basketball court, renovating the community center were also mentioned as strategies for improving physical activity.</p>
Farm to table	
Access to fresh foods (good and bad in diff areas)	

	<p><u>Healthy Food Access</u> Proximity to farms and an active farmers market network were considered key elements that provide access to healthy food in Jefferson County. Some disparities in healthy food access were recognized in rural, remote communities.</p> <p>Schools help bridge the gap in low-income communities: “Access to fresh foods is also a challenge. We're lucky to have a really great food bank for our families. They do a good job of trying to bring in produce and things like that. But we just got the local store. And that's chips, a loose apple or loose orange, or your big trips to Poulsbo or Sequim to shop. [...] And I think that puts pressure on us at school to try to do a good job with foods, make sure we've got salads and fruits and veggies and things like that.”</p>	
Section D. Tobacco & Vaping		
Substance use	<u>Youth</u>	
Alcohol	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).	
teen tobacco		
teen 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.”	
Section E. Alcohol Use		
	<u>Adult alcohol use</u>	
	Community members felt that alcoholism is a big problem in the community. They are concerned about a lack of support services, especially in the rural communities.	
	<u>Youth alcohol use</u>	
	One key informant felt that among youth, it seems that marijuana use is going up, and alcohol use is going down.	
Section F. Drug Use		
Harm reduction	Overall, community members and key informants believed substance use and mental health were significant health concerns in the county. A major treatment concern was the lack of inpatient substance use and mental health treatment facilities. Respondents felt it is a barrier to treatment to have to travel outside of the county, as well endure long wait times for treatment referrals or beds to become available.	
Opioid treatment		
Therapeutic Court is a success		
Drug-related hospitalizations		<u>Opioid use and treatment</u>
ER admissions for drug or alcohol/ EMS transports		Respondents were supportive about recent additions of medically assisted treatment (MAT) services available in Jefferson County. Respondents were also supportive of existing harm reduction efforts in the community, including needle exchanges and sharps containers installed in public restrooms.
Coordination of services		

	<p>One key informant shared that healthcare providers were slow to uptake MAT and support its provision in clinics and hospitals:</p> <p>“It's been very difficult getting the primary care providers to embrace medication assisted treatment. I mean, it's happening. But there's just a lot of, you know, kicking and screaming [...] I think part of it is, they're very busy. So it's seen as taking on another really challenging, complicated problem--which really is much easier to do than a lot of the stuff you're doing. This is heroin addiction, much easier to treat than diabetes, or congestive heart failure or a lot of other things. And I think they lack experience in that realm. So, the key is to get them to dive in. And once they do, and I know this from working on some projects, 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. And it's not complicated. It's all been worked out. The science is all there. But we've been slow to embrace it.”</p> <p><u>Drug-related hospitalizations/EMS transports</u> Hospitalizations and arrests due to behavioral health crises were common concerns regarding access to health care and behavioral health treatment. Key informants explained in crisis situations, there is no 24/7 accessible alternative to stabilize patients than at the Emergency Department or county jail. 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.</p> <p>“We just started with a navigator program, which is a social worker, mental health worker embedded with police department. [...] You know, we're asked to respond to people in crisis for these things and try and work with it. So, we have training, triage-type training, just like we have first aid training for medical things. [...] But 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, because a lot of these contacts don't end up going to the ER or jail, or they may get released.[...] I think coordination is there--what we lack is the resources from beginning to end.”</p> <p><u>Agency coordination, behavioral health integration</u> Respondents experienced gaps as well and redundancies in the services offered by behavioral health agencies and non-profits. They felt that some agencies seem to be seeking the same clients, while also not having enough capacity to meet all clients' needs. Key informants suggested additional efforts to coordinate funds, services, linkages to address gaps and sustain existing programs.</p>
Section G. Mental Health and Suicide	
Youth mental health services	<p>Community leaders and members considered mental illness and substance use as significant health concerns in the county. Barriers and challenges to getting treatment included:</p> <ul style="list-style-type: none"> – Limited outpatient options with Medicaid/Medicare coverage – Long referral periods; limited walk-in opportunities – Minimal treatment options for youth – Stigma associated with needing/seeking mental health care – High staff turnover, inconsistent case management and care – Adverse childhood experiences, inter-generational trauma
Adult mental health services	
Suicide	
Mental illness hospitalizations	
Medicaid coverage	
Repeat clients	
Justice system, recidivism	

Youth and adolescent mental health

Respondents expressed specific concerns about mental health care for adolescents, which they felt is lacking in the county. Respondents were supportive of existing efforts to provide services in schools and they requested additional efforts in this area. Existing mental health programs such as Jumping Mouse were considered successful and effective in the community.

“In poverty, sometimes there's a sense of hopelessness, and sometimes there's depression, with the parents and the kids, and accessing care for that is a challenge [...] The problem with that care is, 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.** [...] And 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.”

Other respondents felt that community programs and activities play a key role in preventing mental illness and substance among youth, especially in transition periods after high school graduation. Respondents encouraged additional efforts to create community support and activities for active engagement.

Behavioral health integration

Many respondents spoke favorably about integrating behavioral health care in the health system to meet access needs. Key informants mentioned clear links between mental health and emergency department utilization, and suggested that continued efforts to provide services, prevent debilitating mental illness, and save costs. It was felt 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.

“The big problem is that the regional and the state system just are not to the point that they offer the kind of support, and another big problem is because of their history, the sort of endless crisis and lack of resources. The community behavioral health systems really tend to focus on the most severe problems. [...] **They have to put all their resources into that highest need population, they really don't have resources for much more common problems, you know, anxiety disorders, and bipolar disorder and things that are not disabling but are very life disrupting. And a high functioning system does both.** Because there's a lot of treatment opportunities there. 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. So that [is] what a behavioral health system should do. Financial integration is the least important thing. It's this sort of functional integration as the goal.”

Mental health and justice system

Mental health was a significant concern for populations in the justice system and therapeutic courts. Key informants believed strongly that behavioral health services integrated in the jails, and in the re-entry transition period, would reduce recidivism and help this population successfully rejoin the community. One key informant felt that the services offered currently in the jails are minimal and inconsistent; a greater focus on accountability and sustainability was a common concern regarding effectiveness of mental health care.

	<p>“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 and that's a huge challenge for us. 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.”</p> <p><u>The case for providing MH services in the jails:</u> “So, you would prefer to avoid the jail. But once they're there, once you've identified the--and it's sort of like once someone's had a heart attack, they're more likely have another heart attack--and when we treat that population the same way, you know, we're not going to let you have another hard time, we're going to do everything we can to try and avoid you failing and so you don't end up back here. And those folks need unity, obviously, need social services, they often need medical care, they often need mental health care, a lot of substance use disorder treatment. The problem, they lose their insurance when they go into jail, which means that there's not much incentive for healthcare systems or providers to work with them because the reimbursement has to come through the county budgets, and county budgets don't have the money to spend on health care for their inmates. But then you release them and you don't have a plan, and you've missed your opportunity.”</p>
Section H. Injuries	
	N/A
Section I. Hospitalizations	
	<p>Respondents reported common hospitalizations due to mental illness and substance use crises, as well as senior populations living in unsafe, isolated conditions.</p> <p>“Where 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.”</p>
Section J. Deaths	
	N/A

APPENDIX A

Jefferson County's 2019 Community Health Assessment

- Qualitative Report
- Quantitative Report

JEFFERSON COUNTY COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment (CHSA) is a compilation of indicators of demographics, socioeconomics, environment, behaviors, and health status, which together inform the answer to these questions:

"How healthy are our residents?"

"What does the health status of our community look like?"

October 22, 2019

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

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IA12		RACE & ETHNICITY OF STUDENTS ENROLLED IN PRIVATE SCHOOL	39
IA13		GEOGRAPHIC MOBILITY IN THE PAST YEAR	39
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IB1		POPULATION AGE 25+ WITH MORE THAN A HIGH SCHOOL EDUCATION	40
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**JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
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I. DEMOGRAPHICS, SOCIOECONOMICS, & COMMUNITY SAFETY								30 to 64
IA.	POPULATION							30 to 39
IA1	TOTAL POPULATION AND GROWTH RATE		31,590		2018	↑		30
IA2	TOTAL POPULATION BY ZIP CODE AREAS		See report					30 to 31
IA3	TOTAL POPULATION BY SCHOOL DISTRICT AREAS		See report					31
IA4	COMPONENTS OF POPULATION GROWTH							31 to 33
IA4	ESTIMATED MIGRATION RATE		440	1.4%	2017	↔	↑	
IA5	BIRTH RATE		187	6 per 1,000	2018	↓	↓	33
IA6	DEATH RATE		375	576 per 100,000	2017	↓	↓	34
IA7	POPULATION BY GENDER AND AGE GROUP		See report					35
IA8	POPULATION BY AGE GROUP OVER TIME		See report					36
IA9	MEDIAN AGE		60		2017	↑	Highest in WA	36 to 37
IA10	RACE AND ETHNICITY							37 to 38
IA10	WHITE, NON-HISPANIC		27,834	88%	2018	↑		
IA10	BLACK, NON-HISPANIC		291	1%	2018	↑		
IA10	AMERICAN INDIAN/ALASKAN NATIVEN, NON-HISPANIC		695	2%	2018	↑		
IA10	ASIAN, NON-HISPANIC		575	2%	2018	↑		
IA10	NATIVE HAWAIIAN/PACIFIC ISLANDER, NON-HISPANIC		77	0.2%	2018	↑		
IA10	2 OR MORE RACES, NON-HISPANIC		1,048	3%	2018	↑		
IA10	HISPANIC		1,070	3%	2018	↑		
IA11	RACE & ETHNICITY OF STUDENTS ENROLLED IN PUBLIC SCHOOL							38 to 39
IA11	WHITE, NON-HISPANIC		2,268	82%	2017-18			
IA11	BLACK, NON-HISPANIC		29	1%	2017-18			
IA11	AMERICAN INDIAN/ALASKAN NATIVEN, NON-HISPANIC		45	2%	2017-18			
IA11	ASIAN, NON-HISPANIC		42	2%	2017-18			
IA11	NATIVE HAWAIIAN/PACIFIC ISLANDER, NON-HISPANIC		9	0.3%	2017-18			
IA11	2 OR MORE RACES, NON-HISPANIC		180	7%	2017-18			
IA11	HISPANIC		209	8%	2017-18			
IA12	RACE & ETHNICITY OF STUDENTS ENROLLED IN PRIVATE SCHOOL							39
IA11	WHITE, NON-HISPANIC		166	90%	2017-18			
IA11	BLACK, NON-HISPANIC		n<10		2017-18			
IA11	AMERICAN INDIAN/ALASKAN NATIVEN, NON-HISPANIC		n<10		2017-18			
IA11	ASIAN, NON-HISPANIC		n<10		2017-18			
IA11	NATIVE HAWAIIAN/PACIFIC ISLANDER, NON-HISPANIC		n<10		2017-18			
IA11	2 OR MORE RACES, NON-HISPANIC		n<10		2017-18			
IA11	HISPANIC		n<10		2017-18			

**JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
SUMMARY**

Section #	Section Name	Indicator Name	Annual number of residents affected	Most recent value	Most recent year	Jefferson's statistical trend or year to year comparison	Statistical comparison of Jefferson to WA State	Page #
IA13		GEOGRAPHIC MOBILITY IN THE PAST YEAR	See report					39
IB	EDUCATION							40 to 43
IB1		POPULATION AGE 25+ WITH MORE THAN A HIGH SCHOOL EDUCATION	18,438	74%	2013-17	↔	↑	40
IB2		CHILDREN AGE 3-4 ENROLLED IN SCHOOL	45	51%	2013-17	↔	↑	40 to 41
IB3		HIGH SCHOOL 5-YEAR GRADUATION RATES	195	82%	2017-18	↔	↔	41 to 42
IB4		HIGH SCHOOL DROP OUT RATES	35	15%	2017-18	↔	↔	42
IB5		PUBLIC SCHOOL ENROLLMENT (K-12)	2,664		2018-19	↓		42 to 43
IB6		PRIVATE SCHOOL ENROLLMENT (K-12)	153		2017-18	↑		43
IC	EMPLOYMENT							44 to 46
IC1		UNEMPLOYMENT RATE	708	6%	2018	↔	↑	44
IC2		EMPLOYMENT STATUS	See report					44 to 45
IC3		POPULATION NOT IN THE LABOR FORCE	14,780	55%	2013-17	↑	↑	45
IC4		EMPLOYMENT BY OCCUPATION	See report					46
ID	INCOME AND POVERTY							47 to 50
ID1		PER CAPITA PERSONAL INCOME		\$48,975	2017	↑	↓	47
ID2		MEDIAN HOUSEHOLD INCOME		\$54,904	2018	↑	↓	47
ID3		AVERAGE EARNINGS PER JOB		\$50,651	2017	↑	↓	48
ID4		POVERTY	3,799	13%	2013-17	↔	↔	48 to 49
ID5		POPULATION LIVING BELOW 200% FEDERAL POVERTY LEVEL	9,242	31%	2013-17	↔	↔	49
ID6		FREE & REDUCED MEAL PROGRAM ELIGIBILITY	1,305	49%	2018-19	↑	↑	50
IE	HOUSEHOLD COMPOSITION							51
IE1	HOUSEHOLD COMPOSITION							51
IE1		MARRIED, NO CHILDREN <18		41%	2013-17	↔	↑	
IE1		MARRIED, CHILDREN <18		11%	2013-17	↔	↓	
IE1		SINGLE PARENT		5%	2013-17	↔	↓	
IE1		OTHER FAMILY		5%	2013-17	↔	↔	
IE1		NONFAMILY		38%	2013-17	↔	↔	
IE2		OLDER ADULTS LIVING ALONE	2,263	23%	2013-17	↔	↔	51

**JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
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Section #	Section Name	Indicator Name	Annual number of residents affected	Most recent value	Most recent year	Jefferson's statistical trend or year to year comparison	Statistical comparison of Jefferson to WA State	Page #
IF	HOUSING							52 to 58
IF1		BUILDING PERMITS	172	5.5 per 1,000	2017	↔	↔	52
IF2		MEDIAN HOUSE PRICES		\$371,800	2018	↑	↑	52
IF3		MEDIAN MONTHLY RENT		\$895	2013-17	↑	↓	53
IF4		HOUSING AFFORDABILITY GAP		\$44,243	2018	↔	↑	53
IF5		HOUSING AFFORDABILITY INDEX		90.1	2019 Q1	↔	↓	54
IF5		HOUSING AFFORDABILITY INDEX - FIRST TIME HOME BUYERS		59.4	2019 Q1	↔	↔	
IF6		FORECLOSURES	665	21.1	2018	↓		55
IF7		HOUSING OCCUPANCY & TENURE FOR OWNERS & RENTERS						55 to 56
IF7		OWNER OCCUPIED	10,211	56%	2013-17	↔	↔	
IF7		RENTER OCCUPIED	3,692	20%	2013-17	↔	↔	
IF7		VACANT	4,392	24%	2013-17	↔	↔	
IF8		HOUSING COSTS (30% OR MORE OF MONTHLY INCOME)	4,529	34%	2013-17	↔	↔	56 to 57
IF9		HOMELESSNESS (POINT-IN-TIME)	102	3 per 1,000	2019	↔	↔	57
IF10		PUBLIC SCHOOL STUDENTS EXPERIENCING HOMELESSNESS	90	34 per 1,000	2017-18	↑	↓	57 to 58
IG	COMMUNITY SAFETY							59 to 64
IG1		YOUTH BULLYING	55	29%	2018 10th grade	↔	↑	59
IG2		YOUTH FEEL UNSAFE AT SCHOOL	34	18%	2018 10th grade	↔	↔	60
IG3		CHILD ABUSE & NEGLECT ACCEPTED REFERRAL RATE	182	45 per 1,000	2017	↔	↑	61
IG4		DOMESTIC VIOLENCE OFFENSE RATE	163	5 per 1,000	2017	↔	↓	61 to 62
IG5		PERSONAL CRIME RATE	283	9 per 1,000	2017	↓	↓	62
IG6		PROPERTY CRIME RATE	606	19 per 1,000	2017	↓	↓	63
IG7		RATE OF CRIMES TO SOCIETY	113	4 per 1,000	2017	↔	↓	63
IG8		TOTAL CRIME RATE	1,234	39 per 1,000	2018	↓	↓	64

**JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
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II. QUALITY OF LIFE								65 to 72
IIA QUALITY OF LIFE								65 to 72
IIA1		LIFE EXPECTANCY AT BIRTH		82 years	2017	↑	↔	65
IIA2		ADDITIONAL YEARS OF HEALTHY LIFE EXPECTED AT AGE 20		49 years	2016	↔	↔	65
IIA3		ADULTS REPORT EXCELLENT, VERY GOOD OR GOOD GENERAL HEALTH	22,664	84%	2015-17	↔	↔	66
IIA4		ADULTS REPORT ACTIVITIES LIMITED BY POOR PHYSICAL/MENTAL HEALTH	16,333	60%	2017	↔	↔	66 to 67
IIA5		POPULATION WITH A DISABILITY	5,104	17%	2013-17	↔	↑	67
IIA6		ADULTS WITH 3 OR MORE ADVERSE CHILDHOOD EXPERIENCES	8,162	32%	2011		↔	68
IIA7		YOUTH WHO ARE HIGHLY HOPEFUL	73	38%	2018 10th grade		↔	68
IIA8		FOOD INSECURITY	3,970	13%	2017	↔	↑	68 to 69
IIA8		FOOD INSECURITY - CHILD	850	21%	2017	↔	↑	
IIA9		YOUTH FOOD INSECURITY	21	11%	2018 10th grade		↔	69
IIA10		DENSITY OF SUPERMARKET & GROCERY STORES	10	32 per 100,000	2016	↔	↔	70
IIA11		DENSITY OF FAST FOOD & CONVENIENCE STORES	18	55 per 100,000	2016	↔	↔	70
IIA12		DENSITY OF SNAP AUTHORIZED FOOD STORES	21	66 per 100,000	2019		↔	71
IIA13		DENSITY OF WIC AUTHORIZED FOOD STORES	4	13 per 100,000	2018	↔	↔	71
IIA14		WIC USE OF FARMERS MARKET VOUCHERS	384	76%	2018		↑	71
IIA15		SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM PARTICIPATION	5,090	16%	2017	↑	↓	72
III. HEALTH CARE								73 to 86
IIIA HEALTH CARE COVERAGE								73 to 76
IIIA1		ADULTS WITHOUT HEALTH INSURANCE	1,971	8%	2013-17	↓	↔	73
IIIA2		INSURED ADULTS BY HEALTH INSURANCE TYPE						74
IIIA2		PRIVATE ONLY		46%	2013-17			
IIIA2		MEDICARE ONLY		10%	2013-17			
IIIA2		MEDICARE/PRIVATE		16%	2013-17			
IIIA2		MEDICARE/MEDICAID		3%	2013-17			
IIIA2		MEDICAID ONLY		13%	2013-17			
IIIA2		OTHER PUBLIC-ONLY		1%	2013-17			
IIIA2		OTHER PUBLIC/PRIVATE COMBINATIONS		12%	2013-17			

**JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
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IIIA3		ADULTS ADEQUATELY INSURED	22,286	82%	2015-17	↔	↔	74 to 75
IIIA4		CHILDREN ENROLLED IN APPLE HEALTH	2,375	59%	2018	↔	↑	75
IIIA5		ADULTS WITH DENTAL INSURANCE COVERAGE	11,630	43%	2015-17	↔	↓	76
IIIA6		HOSPITAL CHARITY CARE	\$1,437,426	0.7%	2017	↓	↓	76
IIIB	HEALTH CARE ACCESS							77 to 86
IIIB1		PRIMARY CARE PHYSICIAN RATE	27	8.7 per 10,000	2016	↔	↔	77
IIIB2		DENTIST RATE	15	4.8 per 10,000	2017	↓	↓	77
IIIB3		MENTAL HEALTH PROVIDER RATE	105	33.2 per 10,000	2018	↑	↔	78
IIIB4		HEALTH PROFESSIONAL SHORTAGE AREAS	See report					78
IIIB5		ADULTS REPORT HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER	21,610	80%	2015-17	↔	↔	78 to 79
IIIB6		ADULTS UNABLE TO SEE A DOCTOR BECAUSE OF COST	3,435	13%	2015-17	↔	↔	79 to 80
IIIB7		ADULTS WITH A ROUTINE MEDICAL CHECK UP IN PAST YEAR	17,850	66%	2015-17	↔	↔	80
IIIB8		YOUTH WITH A ROUTINE MEDICAL CHECK UP IN PAST YEAR	134	70%	2018 10th grade	n/a	↔	80 to 81
IIIB9		SCHOOL BASED HEALTH CLINIC VISITS		1,713	2018-19	↔		81 to 82
IIIB10		ADULT ACCESS TO PREVENTIVE/AMBULATORY CARE (MEDICAID)		75%	FY 2018			82
IIIB11		CHILD & ADOLESCENT ACCESS TO PRIMARY CARE (MEDICAID)		89%	FY 2018			82
IIIB12		WELL CHILD VISITS (AGE 3-6) (MEDICAID)		58%	FY 2018			82
IIIB13		ADULTS WITH A ROUTINE DENTAL VISIT IN PAST YEAR	15,783	59%	2014-16	n/a	↓	83
IIIB14		YOUTH WITH A ROUTINE DENTAL VISIT IN PAST YEAR	136	71%	2018 10th grade	↔	↓	83 to 84
IIIB15		MEDICAID DENTAL UTILIZATION	2,185	24%	2018	↔	↓	84 to 85
IIIB16		OAAA SURVEY RESPONDENTS DEFERRING DENTAL CARE DUE TO COST		34%	2019			85
IIIB17		EMERGENCY MEDICAL SERVICES (EMS) TRANSPORTS		108	2018	↔		85 to 86

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IV. PREGNANCY AND BIRTHS								87 to 96
IVA	PREGNANCY AND BIRTHS							87 to 96
IVA1	PREGNANCY RATE		209	61 per 1,000	2017	↔	↓	87
IVA2	BIRTH RATE		187	6 per 1,000	2018	↓	↓	87 to 88
IVA3	BIRTH FACILITY - HOSPITAL		167	89%	2018	↔	↔	88 to 89
IVA4	CIVILIAN MEDICAID-PAID BIRTHS		99	54%	2018	↔	↑	89
IVA5	SMOKING DURING PREGNANCY		23	14%	2017	↓	↑	90
IVA6	PRENATAL CARE ACCESS IN FIRST TRIMESTER		128	79%	2017	↔	↔	90 to 91
IVA7	LOW BIRTH WEIGHT		6	3%	2013-17	↔	↓	91
IVA8	PREMATURE BIRTHS (LESS THAN 37 WEEKS GESTATION)		12	7%	2013-17	↔	↔	92
IVA9	DELIVERY METHOD OF BIRTHS		See report					93 to 94
IVA10	GESTATIONAL DIABETES		14	8%	2015-17	↑	↔	94
IVA11	GESTATIONAL HYPERTENSION		10	6%	2015-17	↔	↔	95
IVA12	BREASTFEEDING AT BIRTH		166	93%	2016-18	↔	↔	95 to 96
IVA13	PERCENT OF INFANTS BORN SERVED BY WIC		427	53%	2018	↔	↑	96
V. BEHAVIORS, ILLNESS, INJURY, HOSPITALIZATIONS & DEATHS								97 to 163
VA	COMMUNICABLE DISEASES							97 to 99
VA1	CHLAMYDIA CASE RATE		46	146 per 100,000	2018	↔	↑	97
VA2	GONORRHEA CASE RATE		12	39 per 100,000	2014-18	↑	↓	97
VA3	HIV INCIDENCE RATE		0	0 per 100,000	2017			98
VA4	RATE OF PEOPLE LIVING WITH HIV INFECTION		41	131 per 100,000	2017			98
VA5	TUBERCULOSIS		0	0 per 100,000	2014-18			98
VA6	CHRONIC HEPATITIS B		n<10		2017			99
VA7	CHRONIC HEPATITIS C		31	99 per 100,000	2017	↔	↔	99

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VB	IMMUNIZATIONS							100 to 103	
VB1		ADULTS GETTING A FLU SHOT IN PAST YEAR	10,386	38%	2015-17		↔	100	
VB2		ADULTS AGE 65+ GETTING A PNEUMONIA VACCINE IN PAST YEAR	8,791	82%	2015-17	↑	↔	100	
VB3		CHILDREN AGE 19 TO 35 MONTHS WITH COMPLETE IMMUNIZATIONS	135	51%	2018		↓	101	
VB4		KINDERGARTENERS WITH COMPLETE IMMUNIZATIONS	115	67%	2017-18	↔	↓	101 to 102	
VB5		ADOLESCENTS AGE 13 TO 17 WITH COMPLETE IMMUNIZATIONS	403	26%	2018		↓	102 to 103	
VB6		SIXTH GRADERS WITH COMPLETE IMMUNIZATIONS	112	72%	2017-18	↑	↓	103	
VC	CHRONIC DISEASE							104 to 115	
VC1		ADULTS WITH ANY LEISURE TIME PHYSICAL ACTIVITY	24,531	91%	2015-17	↑	↔	104	
VC2		YOUTH PHYSICALLY ACTIVE AT RECOMMENDED LEVEL	104	54%	2018 10th grade	↔	↔	104 to 105	
VC3		ADULT DAILY FRUIT & VEGETABLE CONSUMPTION	7,675	28%	2017	↔	↔	105 to 106	
VC4		YOUTH DAILY FRUIT & VEGETABLE CONSUMPTION	43	24%	2018 10th grade	↔	↔	106	
VC5		ADULTS AT A HEALTHY WEIGHT	11,440	42%	2015-17	↔	↔	107	
VC6		YOUTH AT A HEALTHY WEIGHT	132	69%	2018 10th grade	↓	↔	107 to 108	
VC7		YOUTH EVER TOLD THEY HAVE ASTHMA	39	20%	2018 10th grade	↔	↔	108 to 109	
VC8		ADULTS WITH A CHRONIC CONDITION	7,167	27%	2015-17	↔	↔	109 to 110	
VC9		FEMALE AGE 50+ BREAST CANCER SCREENING	7,371	79%	2011-16		↔	110	
VC10		FEMALE AGE 18+ CERVICAL CANCER SCREENING	8,197	43%	2016	↓	↓	111	
VC11		ADULTS AGE 50 TO 75 COLORECTAL CANCER SCREENING	10,536	70%	2014-16		↔	111 to 112	
VC12		CANCER INCIDENCE	375	562 per 100,000	2016	↓	↔	112	
VC14		TOP 5 CANCERS BY INCIDENCE	See report						113
VC14		CANCER DEATHS	96	135 per 100,000	2017	↓	↔	114	
VC15		TOP 5 CANCERS CAUSING DEATH	See report						115

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VD	TOBACCO & VAPING							116 to 121
VD1		ADULTS WHO HAVE EVER SMOKED	14,659	54%	2015-17	↔	↑	116
VD2		ADULTS CURRENT SMOKING	5,409	20%	2015-17	↔	↔	116 to 117
VD3		ADULT SMOKERS ATTEMPTING TO QUIT IN PAST YEAR	3,299	57%	2013-17		↔	117
VD4		ADULT CURRENT E-CIGARETTE USE	Data unreliable		2017			117
VD5		YOUTH CURRENT SMOKING	28	15%	2018 10th grade	↔	↑	118
VD6		AGE OF INITIATION INTO TOBACCO USE - FIRST PUFF		14 years old	2018 12th grade	↔	↔	119
VD6		AGE OF INITIATION INTO TOBACCO USE - WHOLE CIGARETTE		14 years old	2016 12th grade	↔	↔	119
VD7		SALES OF TOBACCO TO MINORS - FAILED COMPLIANCE CHECKS	14	14%	2013-17	↔	↔	120
VD8		YOUTH CURRENT VAPING	71	37%	2018 10th grade		↑	120 to 121
VE	ALCOHOL USE							122 to 130
VE1		ADULT BINGE ALCOHOL DRINKERS	6,302	23%	2015-17	↔	↔	122
VE2		AGE OF INITIATION INTO REGULAR ALCOHOL USE		16 years old	2018 12th grade	↔	↔	122 to 123
VE3		YOUTH EVER USED ALCOHOL	144	75%	2018 10th grade	↑	↑	123 to 124
VE4		YOUTH CURRENT ALCOHOL USE	59	31%	2018 10th grade	↑	↑	124 to 125
VE5		YOUTH BINGE ALCOHOL USE	21	11%	2018 10th grade	↓	↔	125 to 126
VE6		ALCOHOL-RELATED ARRESTS	91	3.4 per 1,000	2017	↓	↓	126
VE7		ALCOHOL-RELATED HOSPITALIZATION RATE	72	193 per 100,000	2015	↔	↔	127
VE8		ALCOHOL-RELATED DEATH RATE	5	9 per 100,000	2013-17	↔	↔	127 to 128

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VE9		YOUTH REPORTING DRINKING AND DRIVING	Data unreliable		2018 10th grade			128
VE10		YOUTH REPORTING RIDING WITH SOMEONE WHO WAS DRINKING ALCOHOL	58	30%	2018 10th grade	↔	↑	129
VE11		ALCOHOL-RELATED TRAFFIC FATALITIES	0	0 per 100	2017	↔	↓	130
VF	DRUG USE							131 to 141
VF1		YOUTH CURRENT MARIJUANA USE	77	40%	2018 10th grade	↑	↑	131
VF2		YOUTH USING MARIJUANA AND DRIVING	70	37%	2018 10th grade		↔	132
VF3		YOUTH RIDING WITH SOMEONE WHO WAS USING MARIJUANA	70	36%	2018 10th grade	↑	↑	133
VF4		AGE OF INITIATION INTO MARIJUANA USE		15 years old	2018 12th grade	↔	↔	134
VF5		DRUG LAW VIOLATIONS	59	2.2 per 1,000	2017	↓	↔	134 to 135
VF6		SYRINGE EXCHANGE		94,140 syringes	2018	↑		135
VF7		YOUTH EVER USED HEROIN	0	0%	2018 10th grade		↔	136
VF8		YOUTH CURRENT HEROIN USE	0	0%	2018 10th grade		↔	136 to 137
VF9		YOUTH CURRENT PRESCRIPTION DRUG (PAINKILLER) USE TO GET HIGH	Data unreliable		2018 10th grade			137 to 138
VF10		OPIOID OVERDOSE HOSPITALIZATION RATE	8	22 per 100,000	2013-17	↔	↔	138
VF11		OPIOID OVERDOSE DEATH RATE	3	8 per 100,000	2013-17	↔	↔	138 to 139
VF12		DRUG OVERDOSE HOSPITALIZATION RATE	35	100 per 100,000	2017	↔	↔	139
VF13		DRUG OVERDOSE DEATH RATE	5	14 per 100,000	2013-17	↔	↔	139 to 140
VF14		ALCOHOL- OR DRUG-RELATED DEATHS AS A PROPORTION OF ALL DEATHS	37	10%	2017	↔	↓	140
VF15		EMERGENCY DEPARTMENT VISITS FOR DRUGS OR ALCOHOL	42	115 per 10,000	2019 Q1	↔	↓	141

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VG	MENTAL HEALTH AND SUICIDE							142 to 153
VG1		ADULT AVERAGE NUMBER OF POOR MENTAL HEALTH DAYS		4 days	2016-17	↔	↔	142
VG2		ADULTS REPORT MENTAL DISTRESS	1,091	12%	2015-17	↔	↔	142
VG3		ADULTS REPORT DEPRESSION	5,025	18%	2017	↔	↔	143
VG4		MENTAL HEALTH TREATMENT PENETRATION (MEDICAID)		55%	2017		↑	143 to 144
VG5		MENTAL HEALTH PROFESSIONAL PROVIDER RATIO	105	300:1	2018	↑	↑	144
VG6		SCHOOL BASED HEALTH CLINIC MENTAL HEALTH VISITS	157	7 visits/day	2018-19			144 to 145
VG7		YOUTH REPORT DEPRESSIVE FEELINGS	98	51%	2018 10th grade	↑	↑	145 to 146
VG8		YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS	55	29%	2018 10th grade		↔	146 to 147
VG9		YOUTH REPORT SERIOUSLY CONSIDERING SUICIDE IN PAST YEAR	62	32%	2018 10th grade	↔	↑	147 to 148
VG10		YOUTH REPORT MAKING A SUICIDE PLAN IN PAST YEAR	69	36%	2018 10th grade		↑	148
VG11		YOUTH SELF-REPORTED SUICIDE ATTEMPTS	Data unreliable		2018 10th grade			149
VG12		SUICIDE NON-FATAL HOSPITALIZATION RATE	24	48 per 100,000	2016-17	↔	↔	150
VG13		SUICIDE DEATH RATE	10	30 per 100,000	2013-17	↔	↑	151
VG14		MENTAL ILLNESS HOSPITALIZATION RATE	125	491 per 100,000	2017		↔	151 to 152
VG15		DISCOVERY BEHAVIORAL HEALTH CLIENTS	1,472		2018			152
VG16		CO-OCCURRING DEPRESSION AND/OR SUICIDE AND DRUG/ALCOHOL USE	76	40%	2018 10th grade		↑	153

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VH	INJURIES							154 to 157
VH1	CHILD INJURY AND ACCIDENT HOSPITALIZATION RATE		8	202 per 100,000	2013-15	↓	↔	154
VH2	ADULT WOMEN AGE 18+ INJURY AND ACCIDENT HOSPITALIZATION RATE		132	986 per 100,000	2017	↔	↑	155
VH3	LEADING CAUSES OF ACCIDENT/UNINTENTIONAL INJURY HOSPITALIZATIONS		See report					155 to 156
VH4	LEADING CAUSES OF ACCIDENT/UNINTENTIONAL INJURY DEATHS		See report					156 to 157
VI	HOSPITALIZATIONS							158 to 159
VI1	ALL CAUSE HOSPITALIZATION RATE		3,219	7,681 per 100,000	2017	↔	↓	158
VI2	LEADING CAUSES OF HOSPITALIZATIONS		See report					159
VJ	DEATHS							160 to 163
VJ1	DEATH RATE		375	576 per 100,000	2017	↓	↓	160
VJ2	LEADING CAUSES OF DEATH		See report					161
VJ3	YEARS OF POTENTIAL LIFE LOST DUE TO PREMATURE DEATH		865	4,283 per 100,000	2017	↔	↑	162
VJ4	YEARS OF POTENTIAL LIFE LOST BY CAUSE		See report					163

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

DATA NOTES AND SOURCES

DATA NOTES

RATES

Most measures are proportions (%) or rates per 1,000 or per 100,000 residents. Age-adjusted rates are used to compare over time or between places to adjust for differences in gender or age distribution of the population.

SUPPRESSION OF DATA

Numbers are not displayed when counts are less than 10 due to risk of violation of a person's right to confidentiality. Rates and percentages are not calculated when the relative standard error is over 25%, indicating that the data may be unreliable due to small numbers and/or large amounts of variability. In any of these cases, * is displayed, which indicates that the numbers are small and the rate is unreliable.

TRENDS

Statistical trends over time are calculated using Joinpoint Regression Program version 4.7.0.0, February 2019. Statistical trends over time are only calculated for those indicators for which data are available for multiple and consecutive years. When trends over time are not available, statistical differences are calculated between two points in time using 95% confidence intervals and the X^2 test.

COMPARISON TO WASHINGTON STATE

Jefferson County statistical comparisons to Washington State were calculated using 95% confidence intervals and the X^2 test. Rarely, direct comparisons were made without the use of any statistical test, in these cases, the indicator simply reads 'Comparison: Jefferson vs. Washington'.

Note: Although some proportions/rates appear to be different over time or when compared, in this report, differences are only identified if they have been detected with 95% confidence using a statistical test. In general, the larger the numerator and denominator, the more likely a statistical difference or trend will be detected. Therefore, because of the larger numbers, a trend was detected much more often for the state than for the county, even when the state and county appear to have similar differences.

SUB-COUNTY REGIONS

Depending on the data source, sub county regions were determined by grouped zip codes or school district designations. Census/ACS, DSHS Risk and Protection Profile and OSPI use school districts; Vital Statistics and BRFSS use zip codes.

Sub-county regions by zip code designation:

Port Townsend area	98368			
Jefferson tri-area	98325	98339	98358	98365
Jefferson South	98320	98376		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

DATA NOTES AND SOURCES

POVERTY LEVEL GUIDELINES

In 2019, a one-person household earning less than \$12,490 or a family of 4 earning less than \$25,750 were considered to be living below 100% of the Federal Poverty Level. These guidelines are used to determine eligibility for many publically funded programs.

year	1-person	each additional person	4-person family
2000	\$8,350	\$2,900	\$17,050
2010	\$10,830	\$3,740	\$22,050
2015	\$11,770	\$4,160	\$24,250
2019	\$12,490	\$4,420	\$25,750

DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is an annual telephone survey conducted continuously throughout the year. It is a collaborative effort of the Centers for Disease Control and the WA State Dept. of Health. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about individual adult health. The survey uses a sampling methodology to create a representative sample for a given location. Because the survey is self-report, some data may be under or overestimated. In 2011, cell phone data were first included and sample methods were changed so comparisons to survey results prior to 2011 are no longer possible.

Bureau of Economic Analysis

A Bureau of the United States Department of Commerce that contains state and county economic data.

County Health Rankings

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003. Each year, rankings are produced for nearly every county in the US for 35 indicators representing health outcomes and health factors.

Healthy Youth Survey

The Healthy Youth Survey is conducted every two years among youth in grades 6, 8, 10 and 12. It is a collaborative effort of the Office of the Superintendent of Public Instruction, the WA State Dept. of Health, the WA State Dept. of Social and Health Service's Division of Behavioral Health and Recovery, Educational Service Districts and local health departments. The survey is voluntary and anonymous. The survey gathers reliable and current data about the perceptions, behaviors, and influences of youth on key topics affecting them. These data have some limitations: 1) results may not represent youth as not all students choose to participate; and 2) the survey relies on respondent's own report therefore some data may be under or overestimated.

Olympic Area Agency on Aging

The O3A participates in the Washington State Senior Farmers Market Nutrition Program and tracks participation, use of vouchers distributed, and dollars spent.

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

DATA NOTES AND SOURCES

Washington State Association of Sheriffs and Police Chiefs, Uniform Crime Report

Produced annually, the Crime in Washington report is compiled from monthly reports submitted by individual law enforcement agencies. These data have several limitations: 1) the amount and type of crime reported may differ due to reporting practices, law enforcement policies, population characteristics, and attitudes; 2) crime may not be accurately depicted, as the varying severity of offenses is not taken into account; 3) tribal law enforcement jurisdictions do not report their data. The reporting system changed in 2012 from the Summary Reporting System to the National Incident Based Reporting System (NIBRS) and therefore reports prior to 2012 are not comparable to those from 2012 and later.

Washington State Department of Commerce, Point in Time Count

The Homeless Housing and Assistance Act requires that each county in Washington State conduct an annual point in time count of sheltered and unsheltered homeless persons usually conducted during a 24-hour period in late January. This census is conducted in accordance with the requirements of the U.S. Department of Housing and Urban Development (HUD).

Washington State Department of Health, Center for Health Statistics, Vital Statistics Databases

The Washington State Department of Health maintains vital statistics databases with information about all county resident births and deaths. Data are obtained every year from the Department of Health for analysis. A limitation of vital statistics data is that some information may be missing from the reporting forms and therefore from the database. Death data are limited by the inconsistency and incompleteness of reported causes of death (usually done by the attending physician).

Washington State Department of Health, Chronic Hepatitis B and Chronic Hepatitis C Surveillance Report

Contains state and county level chronic hepatitis data. Chronic Hepatitis B and C are notifiable conditions.

Washington State Department of Health, Community Health Assessment Tool (CHAT)

CHAT is a community health assessment tool with an on-line platform provided and maintained by the Washington State Department of Health for the purpose of community health assessment. The data provided in CHAT come from many sources, including the Vital Statistics databases, Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health - Cancer Registry, notifiable conditions and others.

Washington State Department of Health, HIV/AIDS Surveillance Report

Contains the most up-to-date, comprehensive data about people diagnosed with HIV in Washington and provides state and county-level data.

Washington State Department of Health, Office of Immunization and Child Profile

WA State Immunization Information System is maintained by the Washington State Department of Health Immunization Program and is an online immunization registry. Data that can be accessed include numbers of children entering kindergarten, by county, with a complete, conditional, out of compliance (incomplete) immunization series, or exempt status. A new law took effect in July 2011 that requires a licensed health care provider to sign the Certificate of Exemption for a parent or guardian to exempt their child from school and child care immunization requirements.

Washington State Department of Health, Washington Tracking Network

An online system with indicators tracked over time by Department of Health and available at the state and county level.

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DATA NOTES AND SOURCES

Washington State Department of Health, Synar Compliance Check Database

The FDA conducts inspections of tobacco product retailers to determine a retailer's compliance with federal laws and regulations, including The Federal Food, Drug, and Cosmetic Act, as amended by the Tobacco Control Act, and rules and regulations.

Washington State Department of Health, WIC Annual Summary Data

Data about WIC participation, services provided and dollars spent are made available to the general public each year. All reports are for the October through September Federal Fiscal Year (FFY).

Washington State Department of Social and Health Services, Risk & Protection Profile for Substance Abuse Prevention

Risk and Protection Profile for Substance Abuse Prevention is produced annually at the state, county and school district levels, and includes indicators of child, family, adult and community well-being. Data relating to crime reporting may have limitations as not all law enforcement jurisdictions, such as the tribes, report their data.

Washington State Health Care Authority

Number of individuals eligible for Medicaid dental services and number of individuals accessing services.

Washington State Office of Community Health Systems, Rural Health Section, Health Professional Shortage Areas

Health professional shortage areas as determined by surveys to identify numbers of health professionals in an area.

Washington State Office of Financial Management

The Office of Financial Management produces annual population estimates based on Census data by age, gender and race at the state and county levels. Through the Small Area Estimates Program, select data is also available at the school district level. OFM also produces counts of available housing within the county and state.

Washington State Office of Superintendent of Public Instruction

The Office of the Superintendent of Public Instruction provides data for enrollment, graduation and drop-out rates, academic achievement as measured by standardized statewide exams, and the number of students eligible for free and reduced-priced meals (FRL). FRL data have some limitations: 1) eligible students might be underrepresented depending on the time of year that statistics are collected, e.g. students may not yet be signed up in October; 2) eligibility status might change during the school year resulting in an under or overestimate of program participants; 3) data do not include children who are not enrolled in school, are home-schooled, or attend private schools.

Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book

The Washington Statistical Analysis Center (SAC) is a center within the Washington State Office of Financial Management and part of a network of similar centers supported by the Justice Research and Statistics Association and the Bureau of Justice Statistics. The SAC conducts and publishes objective, policy-relevant research and analysis on justice issues, provides technical assistance, and maintains a clearinghouse of state justice-related data.

University of Washington - Center for Real Estate Research

Statistics on the housing market in Washington State, available by county.

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DATA NOTES AND SOURCES

U.S. Census and American Community Survey

The Census and American Community Survey collect data about population, housing and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually in communities with populations of >60,000. Using ACS data for a combined five-year period allows for analysis of data from smaller populations. Previously, 3-year estimates were produced but are no longer available.

U.S. Census State and County Business Patterns

Data for registered establishments by industry including number of establishments, number of employees, and payroll data. Excludes self-employed individuals, employees of private households, railroad employees, agricultural production employees, and most government employees.

U.S. Department of Agriculture (USDA), Food Research Atlas and Food Environment Atlas

These reports contain food environment factors, such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics at the state and county level.

U.S. Department of Agriculture (USDA), Food and Nutrition Service

The Food and Nutrition Service provides a SNAP Retail Locator, so that people using SNAP benefits can look up stores that accept them.

U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics

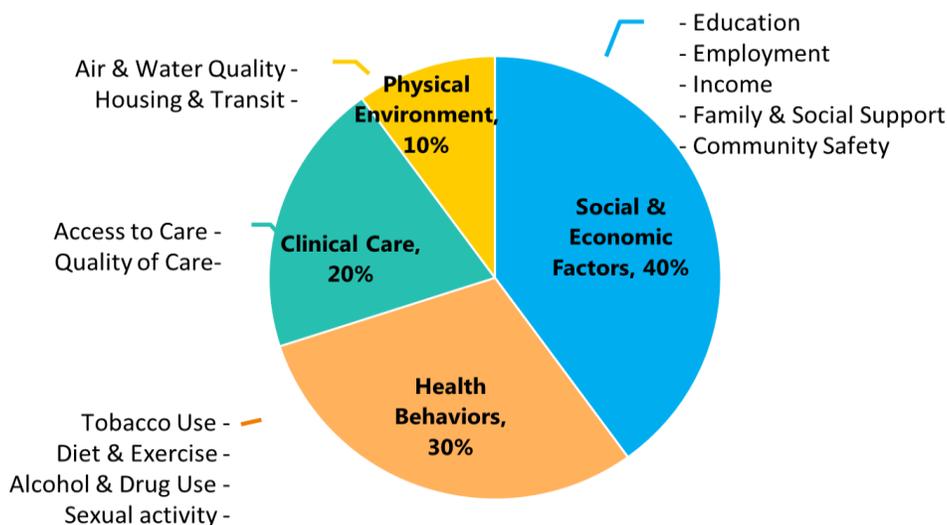
Employment statistics by State and County.

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WHAT IS COMMUNITY HEALTH?

Community health encompasses the health experiences of all individuals and the community context into which people are born and live their lives. Health is not only determined by health care, personal behaviors and genetics, but also by social, economic and environmental factors.

Diagram of the Factors Influencing Health



The County Health Rankings & Roadmaps has a model that describes the amount of influence the above factors have on health (<http://www.countyhealthrankings.org/our-approach>):

These factors which influence health result in measurable health outcomes, including morbidity (quality of life) and mortality (length of life).

This compilation of community health measures contains data about demographics, socioeconomic, the environment and 'health', including health behaviors, health care and health outcomes, for Jefferson County and Washington State. It is not intended to be a comprehensive report of all community health measures as there are many others; however, these measures were chosen due to their standard use, the availability and reliability of data and the ability to track the measures over time and to compare across geographies. These data will hopefully be reviewed and discussed, along with the experiences of those living and working in Jefferson County, in a collaborative process to improve health that:

- identifies community issues,
- prioritizes community issues and,
- drives decision-making around these issues.

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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

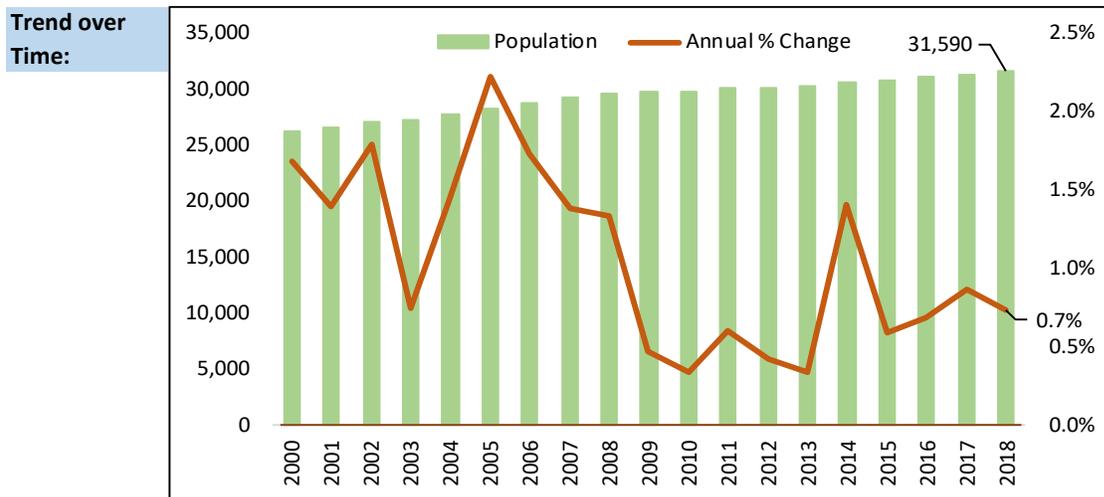
SECTION IA. POPULATION

TOTAL POPULATION AND GROWTH RATE

Source: US Census and WA State Office of Financial Management, Population Estimates

Summary: The population of Jefferson County has increased 20.1% since 2000 to approximately 31,590 in 2018. Following highs in 1981 and the early 1990s, the annual increase in population in Jefferson has been lower in the 2000s. Since 2000, the annual percent growth has remained below 2% every year except for 2005. From 2017 to 2018, the annual population increase was 0.7%.

	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
Jefferson County	26,299	29,872	31,590	Increasing	Annual change: 1%
Washington State	5,894,143	6,724,540	7,427,570	Increasing	Annual change: 1%



TOTAL POPULATION BY ZIP CODE AREAS

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: The population growth has been very similar across the three zip code areas. The population in the Port Townsend area (zip code 98368) makes up about half of the entire population of Jefferson County, while the tri-area is about 35% and the south is about 11%. About 4% of the population of Jefferson County is outside of these zip code areas.

Note: The sub-county zip code areas are comprised of the following zip codes:

- Port Townsend area** 98368
- Jefferson tri-area** 98325, 98339, 98358 and 98365
- Jefferson South** 98320 and 98376

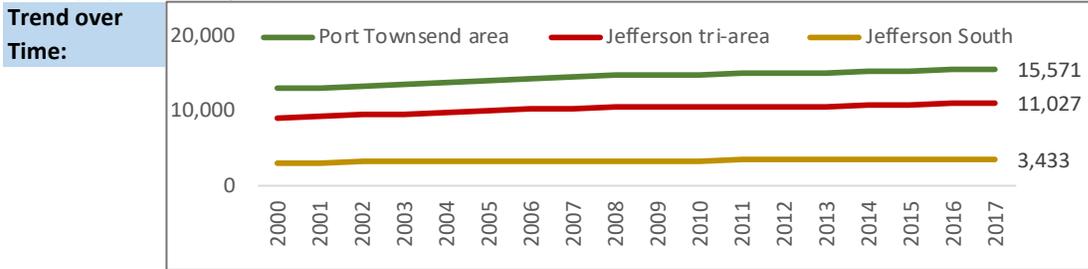
	2000 #	2017		Statistical trend since 2000	
		#	%		
Jefferson County	26,299	31,360	100%	Increasing	Annual change: 1%
Port Townsend area	13,055	15,571	50%	Increasing	Annual change: 1%
Jefferson tri-area	9,070	11,027	35%	Increasing	Annual change: 1%
Jefferson South	2,920	3,433	11%	Increasing	Annual change: 1%

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Total population by zip code areas continued:

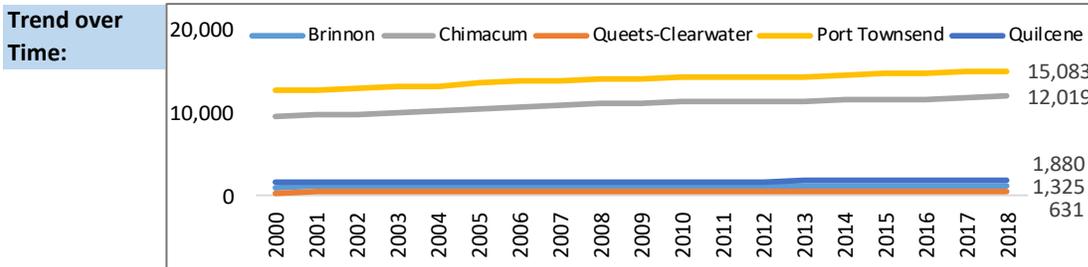


TOTAL POPULATION BY SCHOOL DISTRICT AREAS

Source: WA State Office of Financial Management, Population Estimates, Small Area Estimates Program

Summary: The majority of the population lives in the Port Townsend and Chimacum School Districts. Population in all school districts has been increasing since 2000, however, unlike the other school districts, the population in Queets-Clearwater has decreased slightly from 2015 to 2018.

	2000	2018		Statistical trend since 2000	
	#	#	%		Annual change:
Jefferson County	25,670	31,590	100%	Increasing	1%
Brinnon	1,197	1,325	4%	Increasing	1%
Chimacum	9,555	12,019	38%	Increasing	1%
Port Townsend	12,721	15,083	48%	Increasing	1%
Queets-Clearwater	600	631	2%	Increasing	0.4%
Quilcene	1,597	1,880	6%	Increasing	1%



COMPONENTS OF POPULATION GROWTH

Natural change rate is the percent increase or decrease in population due to births and deaths combined. Estimated migration rate is the percent increase or decrease in population due to movement of people into or out of the area.

Source: US Census and WA State Office of Financial Management, Population Estimates; WA Department of Health, Center for Health Statistics, Vital Statistics Databases

Summary: The annual number of births in Jefferson County has been decreasing, while deaths are increasing. The annual number of deaths is higher than the annual number of births, which means that natural change is negative. Migration into the county, however, is slightly higher than the difference between deaths and births, resulting in an overall slight population increase annually.

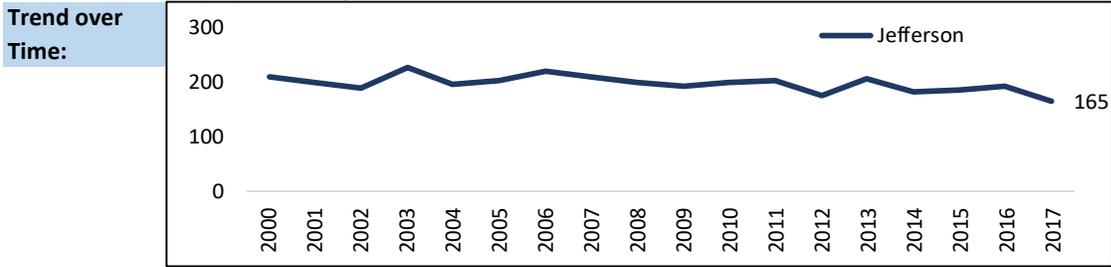
BIRTHS	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2017		Annual change:
Jefferson County	211	199	165	Decreasing	-1%
Washington State	81,004	86,480	87,508	Increasing	1%

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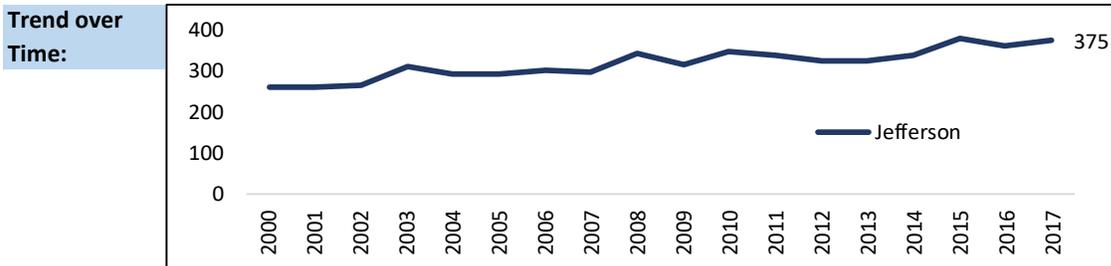
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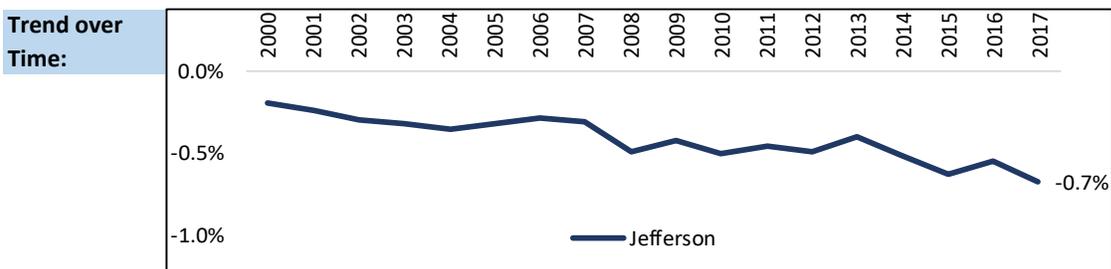
Components of population growth, births continued:



DEATHS	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	261	349	375	Increasing	Annual change: 2%
Washington State	43,902	47,981	57,012	Increasing	Annual change: 1%



NATURAL CHANGE RATE	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	-0.2%	-0.5%	-0.7%	Decreasing	Annual change: -6%
Washington State	0.6%	0.6%	0.4%	Decreasing	Annual change: -2%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson County residents:			-210		



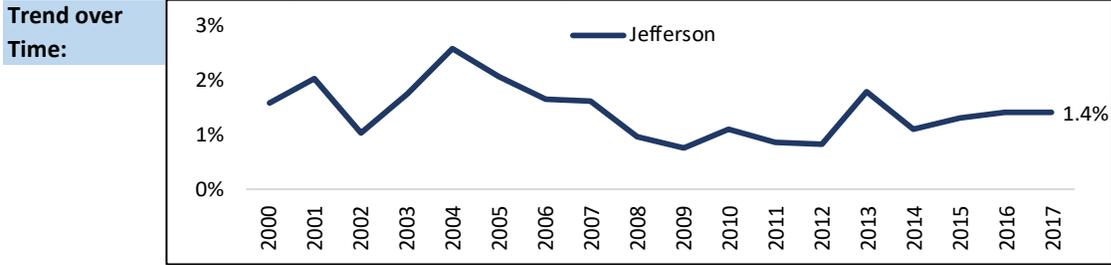
ESTIMATED MIGRATION RATE	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	1.6%	1.1%	1.4%		n/a
Washington State	0.7%	0.1%	1.2%		n/a
Statistical comparison: Jefferson vs. Washington:			Higher		
Estimated number of Jefferson County residents:			440		

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Population growth components, estimated migration rate continued:



BIRTH RATE RATE PER 1,000

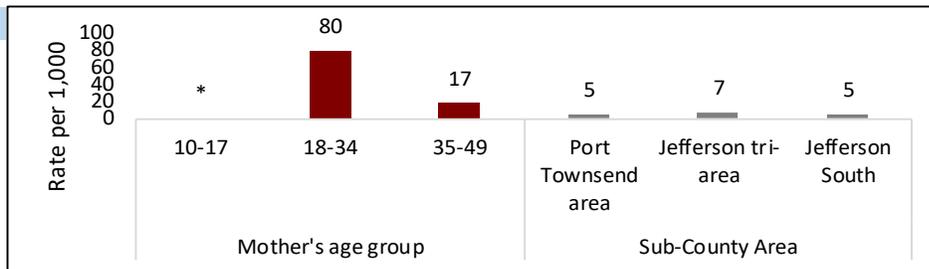
Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: The birth rate in Jefferson County has been decreasing since 2000 at about 2% per year, and is lower than the state's rate. The highest birth rate is in the Jefferson tri-area.

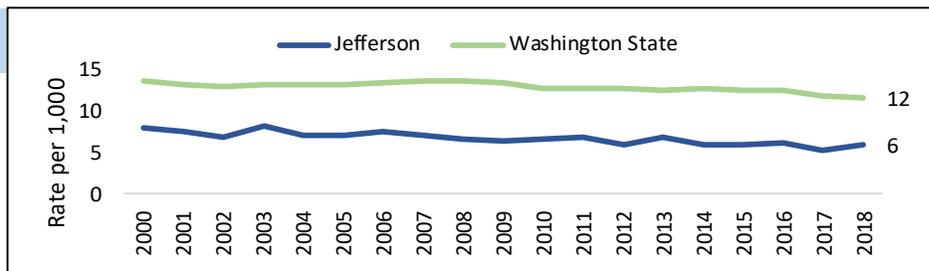
Rate per 1,000	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
Jefferson County	8	7	6	Decreasing	Annual change: -2%
Washington State	14	13	12	Decreasing	Annual change: -1%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			187		

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



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DEATH RATE

AGE-ADJUSTED RATE PER 100,000

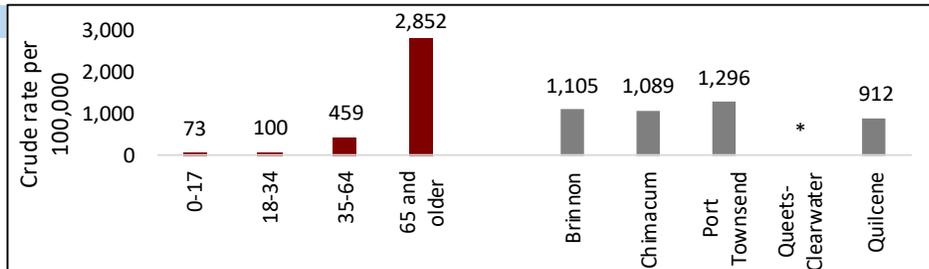
Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: While the actual number of deaths has been increasing on average about 2% a year from 2000 to 2017, the age-adjusted death rate from all causes in Jefferson County has been decreasing. Age-adjusting the death rate helps to account for the older and aging population in Jefferson, in which death is more likely statistically. Given that the population is aging, it is expected that the number of deaths will increase. After adjusting for age, the actual death rate is not as high as we would expect given the age makeup, so the death rate is decreasing and lower than the state's rate, after accounting for age. Port Townsend area has the highest death rate of any geographic area in Jefferson.

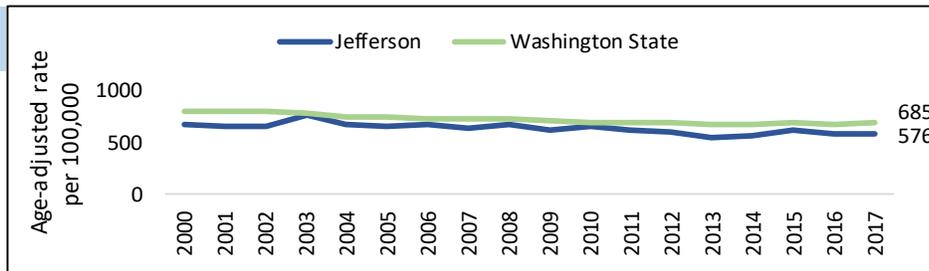
Age-adjusted Rate per 100,000	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	682	664	576	Decreasing	Annual change: -1%
Washington State	804	690	685	Decreasing	Annual change: -1%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			375		

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



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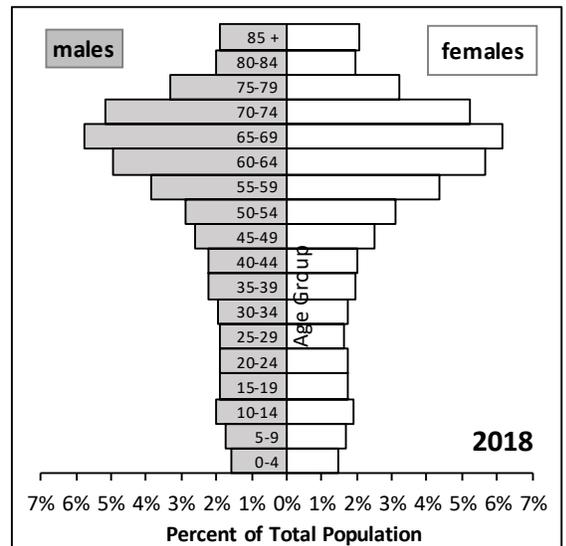
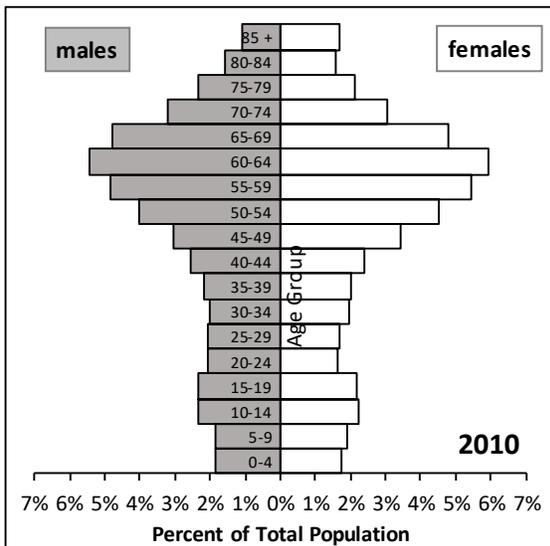
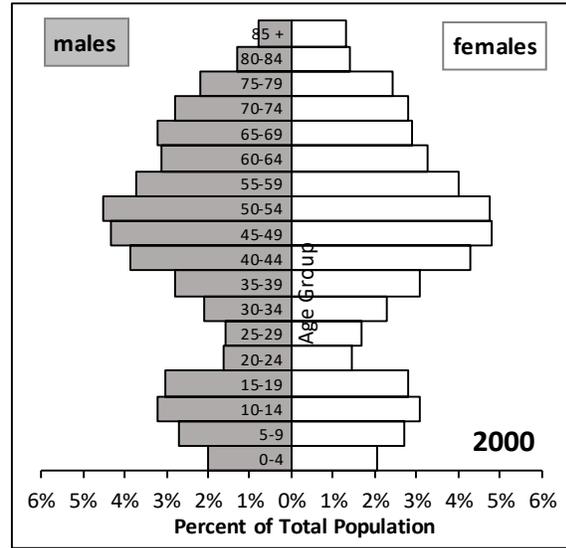
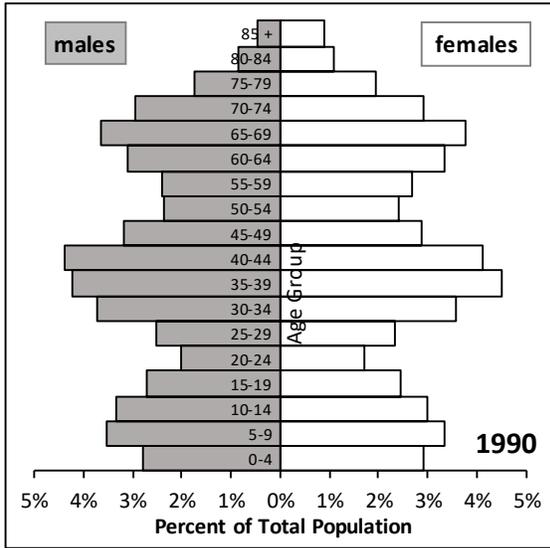
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SECTION IA. POPULATION

POPULATION BY GENDER AND AGE GROUP

Source: US Census and WA State Office of Financial Management, Population Estimates

Summary: The population as a whole in Jefferson County is aging. The population age 0-19 has decreased more than 22% since 2000, while the population age 50 and older has increased more than 66%.



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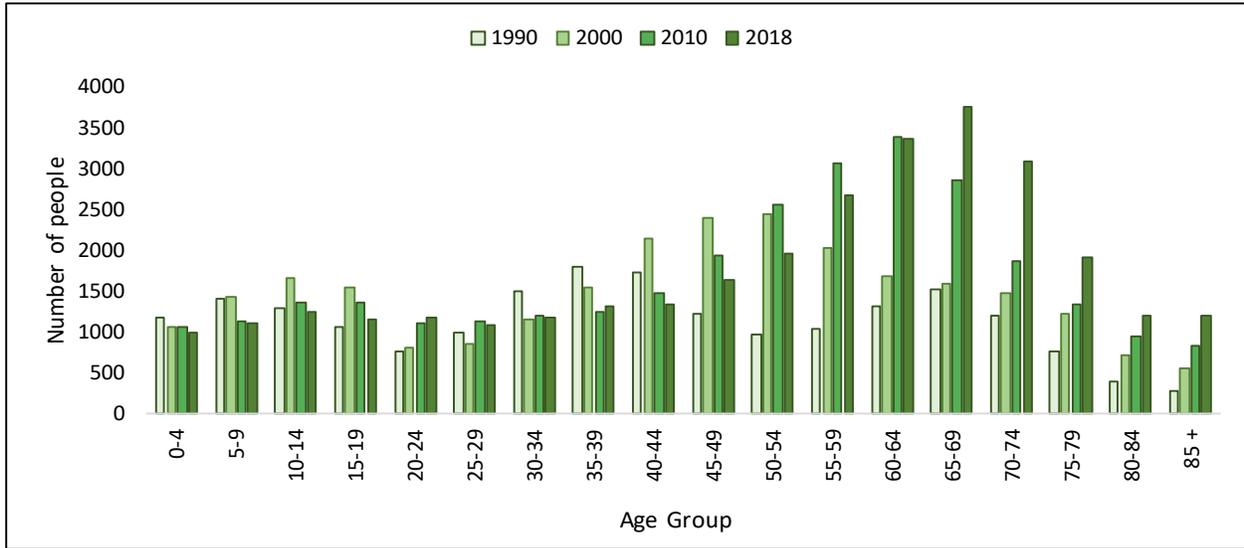
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SECTION IA. POPULATION

POPULATION BY AGE GROUP OVER TIME

Source: US Census and WA State Office of Financial Management, Population Estimates

Summary: More than half (62%) of Jefferson's population was age 50 or older in 2018. The population age 20 to 49 made up about a quarter (24%) and children age 0 to 19 made up 14%.



MEDIAN AGE

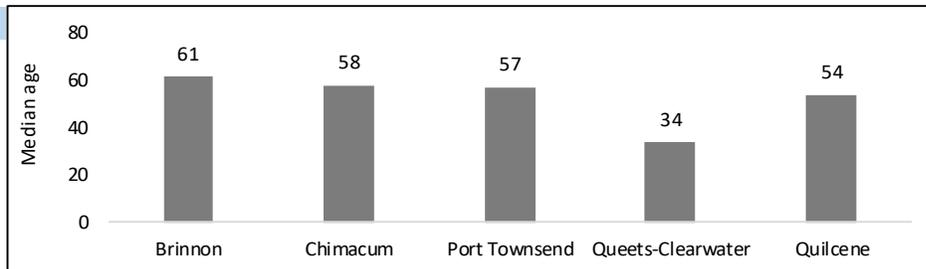
Source: US Census and American Community Survey

Summary: Overall from 2013-17, Jefferson County had the highest median age of any county in Washington. Since 2000, Jefferson's median age has been increasing faster than the Washington median age. Brinnon has the highest median age in Jefferson (61), while Queets-Clearwater has the lowest (34).

	Early year		Recent year	Statistical	
	2000	2010		trend since 2000	
Jefferson County	47	54	60	Increasing	Annual change: 1%
Washington State	35	37	38	Increasing	Annual change: 0.4%
Jefferson County ranking within Washington (2013-17):			1st highest		

Sub-Groups:

Jefferson
2013-17



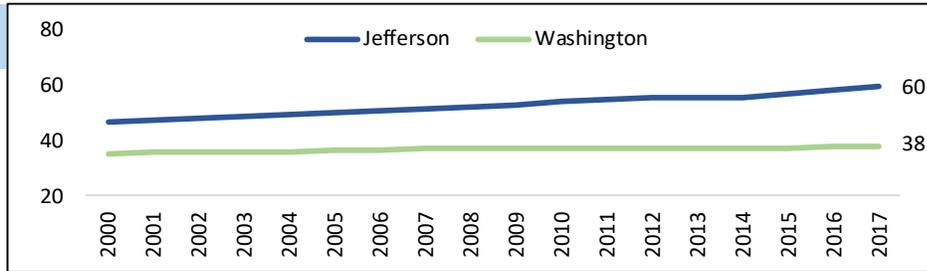
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Median age continued:

Trend over Time:



RACE AND ETHNICITY

Percentage

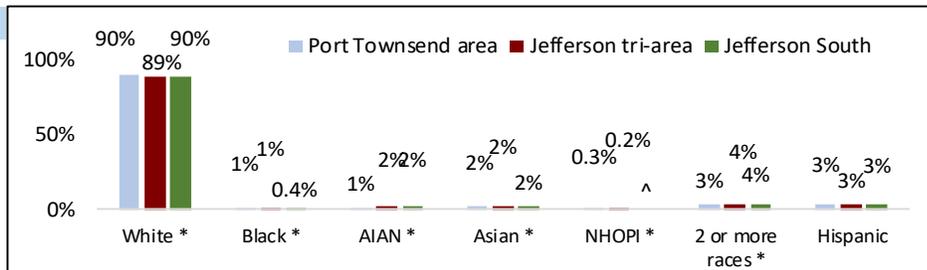
Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: Jefferson County is predominantly non-Hispanic White. American Indian/Alaska Native and White populations are not growing as fast as other racial populations.

Percentage	2005	2018		Statistical trend since 2005	
	#	#	%		
Jefferson County	28,356	31,590	100%		
White*	25,650	27,834	88%	Increasing	
Black*	196	291	1%	Increasing	Annual change: 3%
AIAN*	619	695	2%	Increasing	Annual change: 1%
Asian*	392	575	2%	Increasing	Annual change: 3%
NHOPI*	50	77	0.2%	Increasing	Annual change: 3%
2 or more races*	719	1,048	3%	Increasing	Annual change: 3%
Hispanic	730	1,070	3%	Increasing	Annual change: 3%

Sub-Groups:

Jefferson 2017
^ = data unreliable



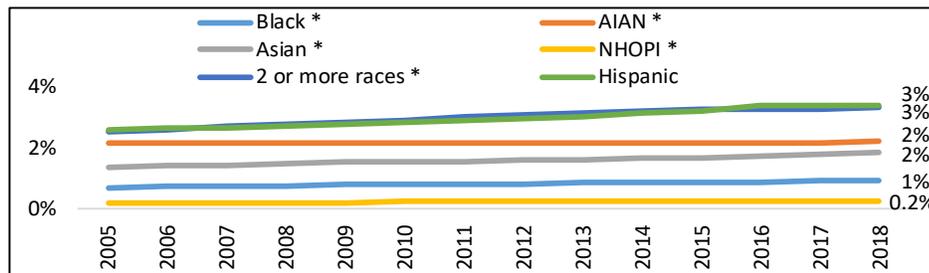
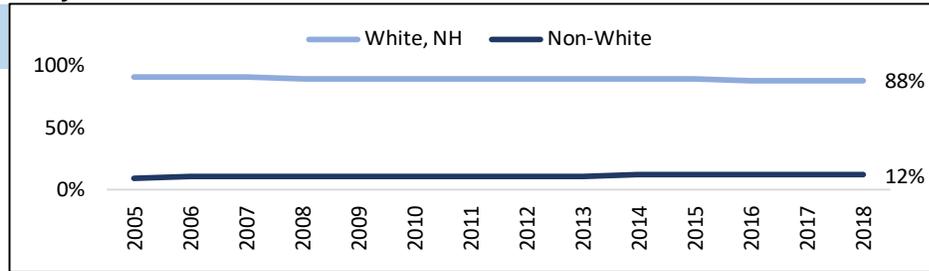
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SECTION IA. POPULATION

Race and ethnicity continued:

Trend over Time:
NH = not Hispanic



* All races are non-Hispanic. AIAN = American Indian/Alaska Native, NHOPI = Native Hawaiian/Other Pacific Islander

RACE AND ETHNICITY OF STUDENTS ENROLLED IN PUBLIC SCHOOL

Percentage

Population by race (White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and 2 or more races) and ethnicity (Hispanic).

Source: Office of Superintendent of Public Instruction

Summary: Jefferson County's public school students are predominantly non-Hispanic White, but less so than the general population. There are higher percentages of Native Hawaiian/Pacific Islander, Hispanic and 2 or more races in the public school student population than in the general population.

Percentage	2017-18	
	#	%
Jefferson County	2,782	100%
White*	2,268	82%
Black*	29	1%
AIAN*	45	2%
Asian*	42	2%
NHOPI*	9	0.3%
2 or more races*	180	7%
Hispanic	209	8%

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Race/Ethnicity of Public School Students, continued:

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

* All races are non-Hispanic. AIAN = American Indian/Alaska Native, NHOPI = Native Hawaiian/Other Pacific Islander

RACE AND ETHNICITY OF STUDENTS ENROLLED IN PRIVATE^ SCHOOL Percentage

Population by race (White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and 2 or more races) and ethnicity (Hispanic).

Source: Office of Superintendent of Public Instruction

Summary: Jefferson County's private school students are predominantly non-Hispanic White.

Percentage	2017-18	
	#	%
Jefferson County	185	100%
White*	166	90%
Black*	<10	*
American Indian*	<10	*
Asian*	<10	*
Hispanic	<10	*

^Private schools include Cedarbrook Adventist Christian, Jefferson Community School, Sunfield Waldorf School and Swan School.

* All races are non-Hispanic.

GEOGRAPHIC MOBILITY IN THE PAST YEAR Percentage

The percentage of the entire population by their geographic movement in the past year.

Source: US Census and American Community Survey

Summary: Seven percent of the population in Jefferson moved within Jefferson County from 2013 to 2017. An additional 5% moved into Jefferson County from another Washington county, 5% moved from another state and 0.3% moved from abroad. The median age was youngest among those who moved from abroad.

Percentage	2013-17		
	#	% of county	Median Age
Moved within Jefferson	2,243	7%	35
Moved from different WA county	1,637	5%	45
Moved from other state	1,515	5%	45
Moved from abroad	91	0.3%	31

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SECTION IB. EDUCATION

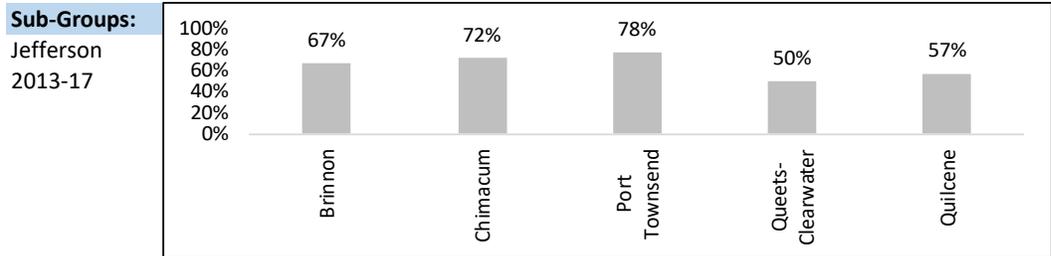
POPULATION AGE 25+ WITH MORE THAN A HIGH SCHOOL EDUCATION Percentage

The percentage of the population age 25 and older who have at least some college education.

Source: US Census and American Community Survey

Summary: Almost 3 in 4 adults age 25 or older in Jefferson County have more than a high school education, which is unchanged from 2008-12, but higher than the state. Port Townsend area has the highest percentage of adults with more than a high school education, while Queets-Clearwater has the lowest percentage.

Percentage	Early year 2000	2008-12	Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17	
Jefferson County	64%	71%	74%		n/a
Washington State	62%	66%	68%		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents each year:			18,438		



CHILDREN AGE 3-4 ENROLLED IN SCHOOL Percentage

The population age 3 to 4 enrolled in school (preschool).

Source: US Census and American Community Survey

Summary: Jefferson County has a higher overall percentage of children age 3 to 4 enrolled in preschool than Washington State, with half (50%) of Jefferson's children age 3 to 4 enrolled. The percentage is highest in Brinnon School District, where it is estimated that all 3- to 4-year-olds are enrolled in school, but the percentages in the rest of the county are highly unreliable due to low survey participation and small numbers.

Percentage	Early years 2005-09	Recent years 2013-17	Statistical trend since 2005-09	
Jefferson County	54%	50%		n/a
Washington State	41%	42%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents per year:			45	

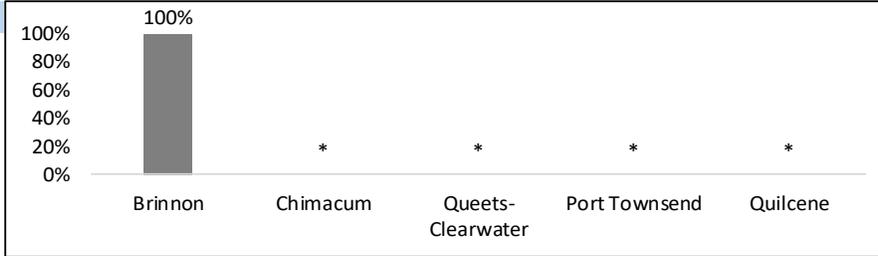
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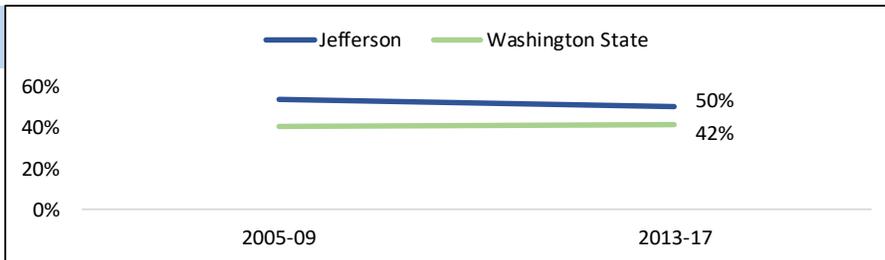
SECTION IB. EDUCATION

Children age 3-4 enrolled in school continued:

Sub-Groups:
 Jefferson
 2013-17
 * = data
 unreliable



Trend over Time:



HIGH SCHOOL 5-YEAR GRADUATION RATES

Percentage

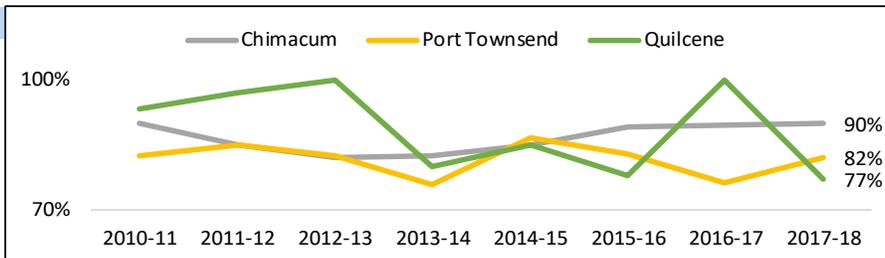
The percentage of public high school students who graduate within a five-year timeframe after entering 9th grade.

Source: WA State Office of Superintendent of Public Instruction

Summary: Eighty-two percent of Jefferson's class of 2017 graduated by the end of the 2017-18 school year. The percentage of Jefferson high school students graduating within 5 years after starting 9th grade has not changed statistically significantly since 2010-11 and is not statistically significantly different than Washington State's percentage (83%). Chimacum had an estimated 90% of students from the class of 2018 graduate within 5 years, followed by Port Townsend with 82% and Quilcene with 77%.

Percentage	Early year 2010-11	Recent year 2017-18	Statistical trend since 2010-11	
Jefferson County	86%	82%		n/a
Washington State	78%	83%		Annual change: 1%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:				
		195		

Sub-Groups:
 Jefferson



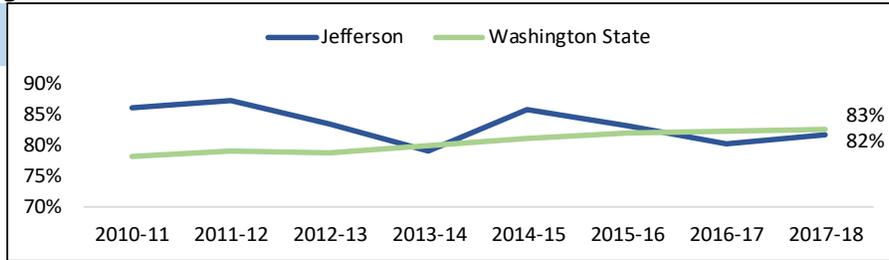
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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IB. EDUCATION

High school graduation rates continued:

Trend over Time:



HIGH SCHOOL DROP OUT RATES

Percentage

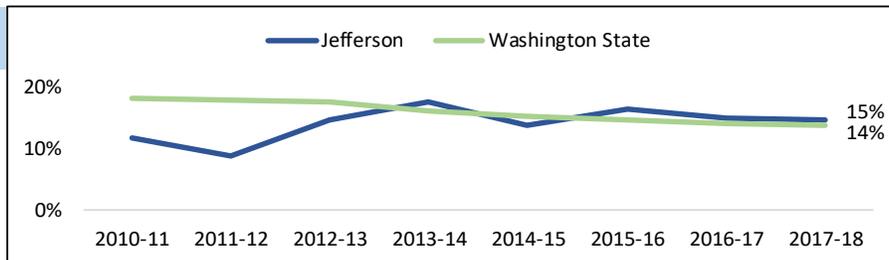
The percentage of high school students who drop out of school within a five-year timeframe after entering 9th grade.

Source: WA State Office of Superintendent of Public Instruction

Summary: About 15% of Jefferson high school students from the class of 2017 (35 students) dropped out within 5 years of starting 9th grade. The percentage is unchanged since 2010-11 and about the same as the state's percentage (14%). The remainder that did not drop out or graduate continued taking high school classes beyond 5 years.

Percentage	Early year 2010-11	Recent year 2017-18	Statistical trend since 2010-11	
Jefferson County	12%	15%		n/a
Washington State	18%	14%		Annual change: -4%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		35		

Trend over Time:



PUBLIC SCHOOL ENROLLMENT (K-12)

The population enrolled in public school kindergarten through 12th grade.

Source: WA State Office of Superintendent of Public Instruction

Summary: Overall, there has been a decreasing trend in public school enrollment (Kindergarten through 12th grade) in Jefferson County from the 1998-99 school year to 2018-19. However, since the 2010-11 school year, the decrease in enrollment has slowed and is no longer statistically significant. There were 2,664 students enrolled in public school in Jefferson County in the 2018-19 school year. Port Townsend has the highest number enrolled, followed by Chimacum and Quilcene, reflecting their larger populations.

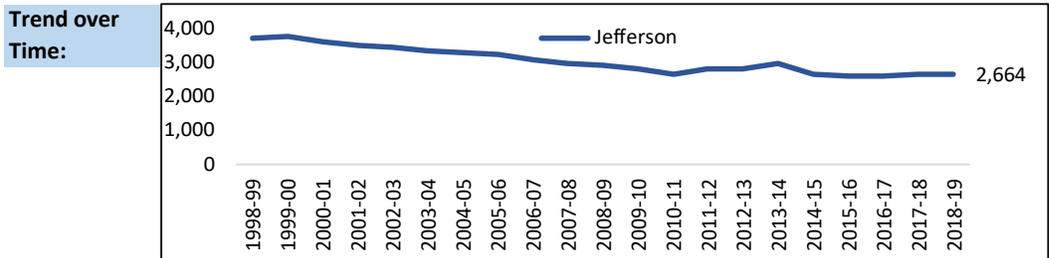
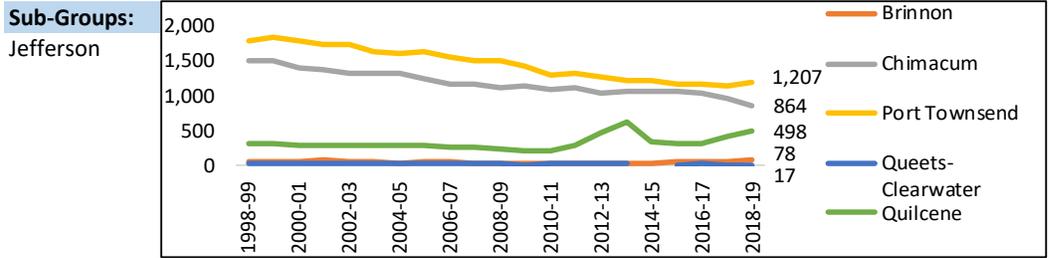
	Early year 1998-99	2010-11	Recent year 2018-19	Statistical trend since 1998-99	
Jefferson County	3,739	2,673	2,664	Decreasing	Annual change: -2%
Washington State	999,616	1,041,892	1,138,071	Increasing	Annual change: 0.6%

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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IB. EDUCATION

Public school enrollment continued:



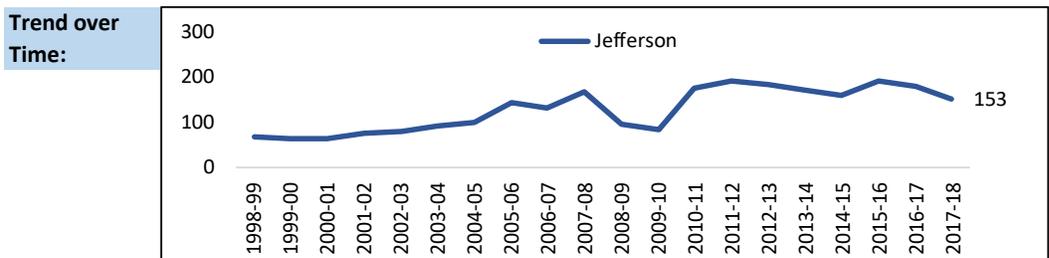
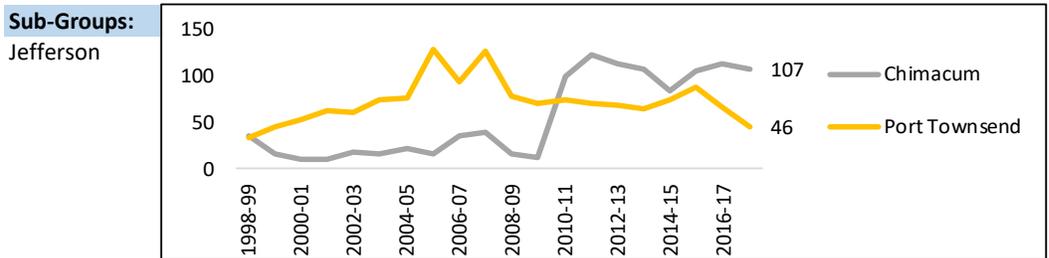
PRIVATE SCHOOL[^] ENROLLMENT (K-12)

The population enrolled in private school kindergarten through 12th grade.

Source: WA State Office of Superintendent of Public Instruction

Summary: Private school enrollment has been increasing in Jefferson County about 6% per year from 1998-99 to 2017-18. Port Townsend has had relatively stable private school enrollment, but Chimacum saw a rapid increase in number of private school students in 2010-11.

	Early year 1998-99	2010-11	Recent year 2017-18	Statistical trend since 1998-99	
Jefferson County	68	175	153	Increasing	Annual change: 6%
Washington State	73,880	72,690	81,943	No change	n/a



[^]Private schools include Cedarbrook Adventist Christian, Jefferson Community School, Sunfield Waldorf School and Swan School.

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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IC. EMPLOYMENT

UNEMPLOYMENT RATE

Percentage

The percentage of people in the labor force and unemployed.

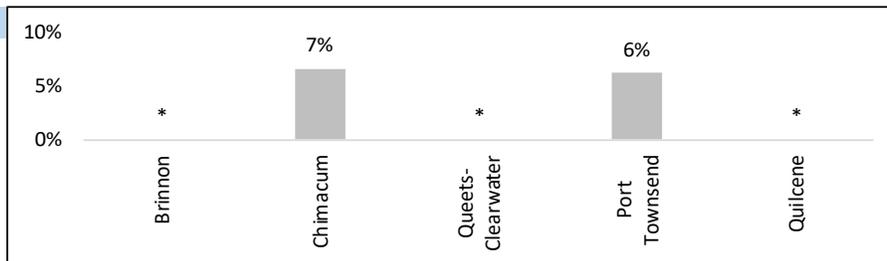
Source: US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; sub-groups: US Census and American Community Survey

Summary: In 2018, about 6% of Jefferson residents in the labor force were unemployed. Because the ups and downs average themselves out, there is no statistically significant trend over the entire time from 1998 to 2018. However, there has been a statistically significant decreasing trend from 2010 to 2018 for both Jefferson and Washington.

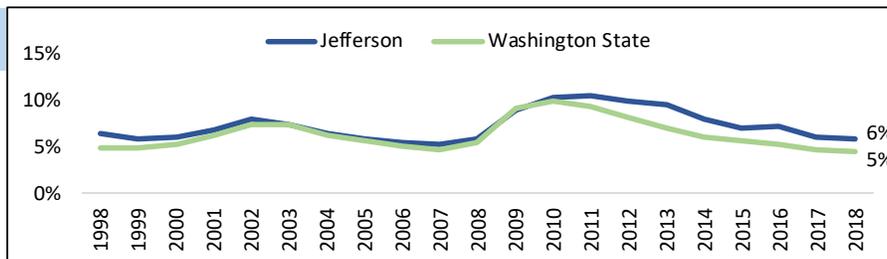
Percentage	Early year 1998	2010	Recent year 2018	Statistical trend since 1998
Jefferson County	6%	10%	6%	n/a
Washington State	5%	10%	5%	n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:			708	

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



EMPLOYMENT STATUS

The percentage of people who are not in the labor force, employed and unemployed out of the total population.

Source: US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; sub-groups: US Census and American Community Survey

Summary: From 2013-17, less than half of Jefferson's entire population was employed (42%), lower than Washington State's 60% who were employed. But Jefferson has a much higher percentage of people not in the labor force (55%) than Washington State (36%). While Jefferson's unemployment rate (percentage of labor force that is unemployed - see *previous indicator*) is slightly worse than the state, Washington has a slightly higher percentage of unemployed out of the entire population than Jefferson does.

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

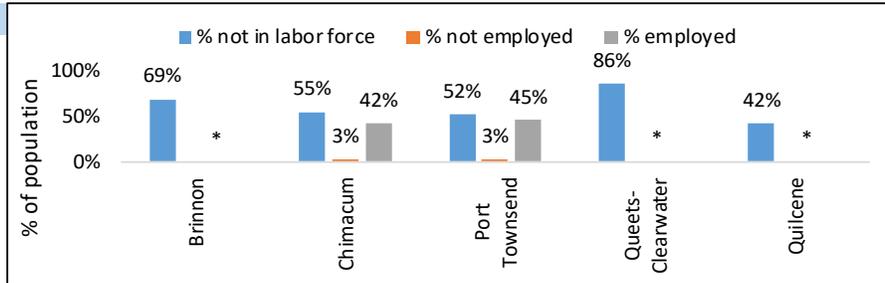
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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IC. EMPLOYMENT

Employment status continued:

Sub-Groups:
Jefferson
2013-17



* indicates that at least one of the estimated percentages is highly unreliable, so both unemployed and employed have been suppressed.

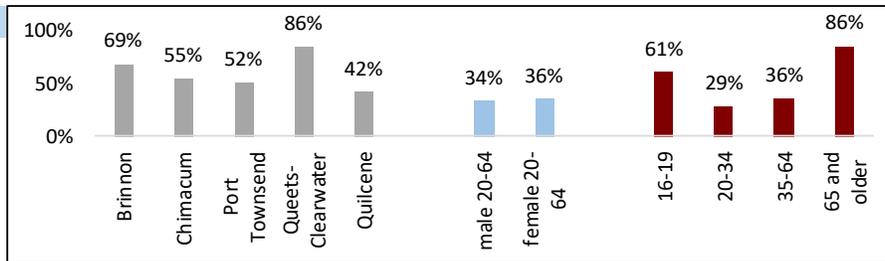
POPULATION NOT IN THE LABOR FORCE Percentage

The percentage of people age 16+ not in the labor force. Gender subgroups are only for people age 20 to 64.
Source: US Census and American Community Survey

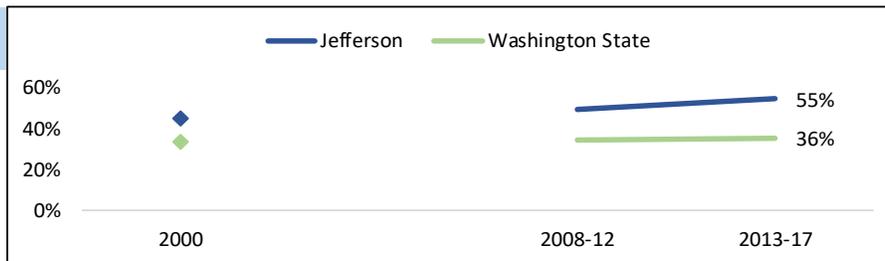
Summary: More than half of the population in Jefferson County (55%) was not in the labor force in 2013-17. The percentage not in the labor force in Jefferson has been increasing statistically significantly from 2008-12 to 2013-17 and is higher than the state. This accounts for about 14,780 residents. Approximately equal percentages of men and women ages 20 to 64 are not in the labor force, but higher percentages of those age 65 and older and those under age 20 are not in the labor force.

Percentage	Early year		Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17	
	2000	2008-12			
Jefferson County	46%	49%	55%	Increasing	n/a
Washington State	34%	34%	36%	Increasing	n/a
Statistical comparison: Jefferson vs. Washington:			Higher		
Estimated number of Jefferson residents each year:			14,780		

Sub-Groups:
Jefferson
2013-17



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IC. EMPLOYMENT

EMPLOYMENT BY OCCUPATION Percentage

The percentage of civilian residents age 16+ who are employed by occupation.

Source: US Census and American Community Survey

Summary: In 2013-17, the occupations employing the highest percentage of civilian Jefferson County residents age 16 and older were educational services, health care and social assistance.

Percentage Jefferson County	Statistical comparisons:			
	Early year 2008-12	Recent years 2013-17	2008-12 & 2013-17	Jefferson vs. Washington
Educational services, health care and social assistance	21%	22%	Same	Same
Arts, entertainment, recreation, accommodation and food services	9%	12%	Same	Same
Professional, scientific, management, administrative and waste management services	11%	11%	Same	Same
Retail trade	12%	11%	Same	Same
Other services, except public administration	6%	9%	Same	Same
Construction	9%	7%	Same	Same
Manufacturing	7%	7%	Same	Same
Public administration	7%	6%	Same	Same
Transportation, warehousing, and utilities	4%	5%	Same	Same
Finance, insurance, real estate, rental and leasing	6%	4%	Same	Same
Agriculture, forestry, fishing, hunting and mining	4%	3%	Same	Same
Information	4%	2%	Same	Same
Wholesale trade	1%	1%	Same	Lower

Employment by occupation continued:

Washington State

Educational services, health care and social assistance	21%	22%	Same	
Arts, entertainment, recreation, accommodation and food services	9%	9%	Same	
Professional, scientific, management, administrative and waste management services	12%	13%	Increasing	
Retail trade	12%	12%	Same	
Other services, except public administration	5%	5%	Same	
Construction	7%	6%	Same	
Manufacturing	11%	10%	Same	
Public administration	6%	5%	Decreasing	
Transportation, warehousing, and utilities	5%	5%	Same	
Finance, insurance, real estate, rental and leasing	6%	5%	Decreasing	
Agriculture, forestry, fishing, hunting and mining	3%	3%	Same	
Information	2%	2%	Same	
Wholesale trade	3%	3%	Same	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

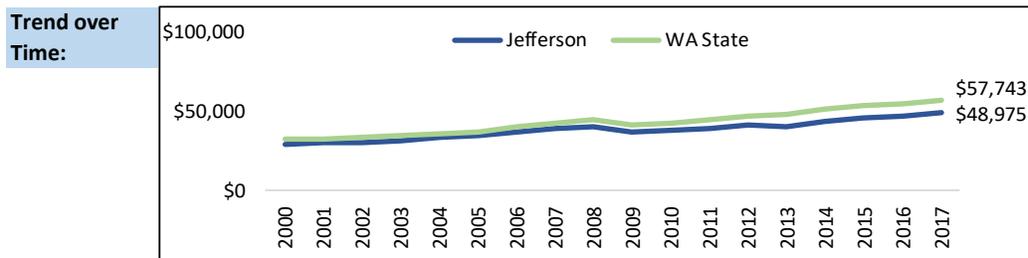
SECTION ID. INCOME AND POVERTY

PER CAPITA PERSONAL INCOME

Source: Bureau of Economic Analysis

Summary: Per capita personal income has increased since 2000 in Jefferson County, almost as rapidly as in Washington State overall. In 2017, per capita personal income in Jefferson was \$8,768 less than in the state.

	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	\$28,952	\$37,980	\$48,975		Annual change: 2.8%
Washington State	\$32,858	\$42,524	\$57,743		Annual change: 3.4%
Comparison: Jefferson vs. Washington:					

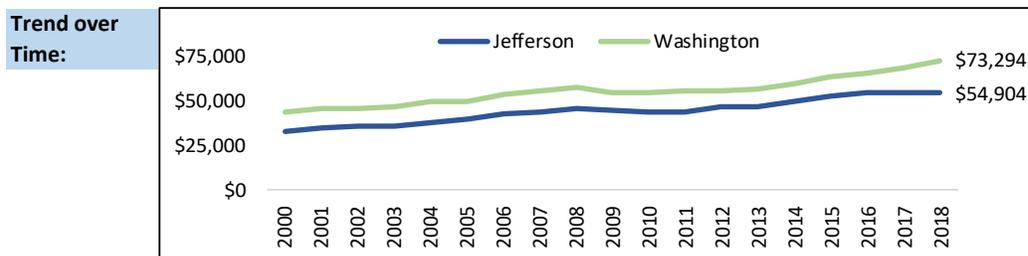
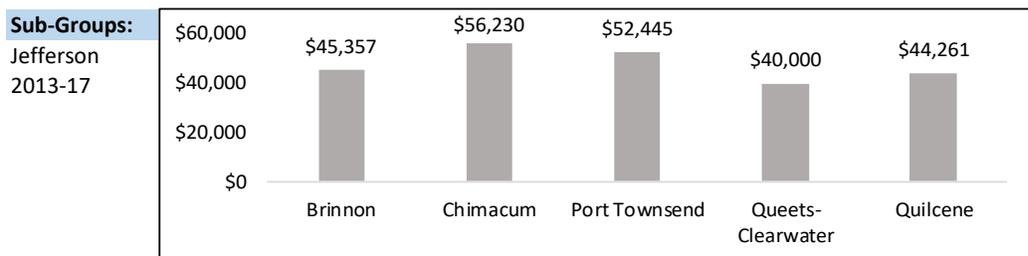


MEDIAN HOUSEHOLD INCOME

Source: Office of Financial Management (single year estimates); US Census and American Community Survey (multi-year estimates)

Summary: The median household income in Jefferson County has remained below that of Washington State from 2000 to 2018. Jefferson's median household income had been increasing slightly faster than Washington State's from 2000 to 2016. However, since 2016, there has been very little change to Jefferson's while Washington State's has continued to increase.

	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
Jefferson County	\$33,565	\$43,814	\$54,904		Annual change: 3%
Washington State	\$44,120	\$54,888	\$73,294		Annual change: 2%
Comparison: Jefferson vs. Washington:					



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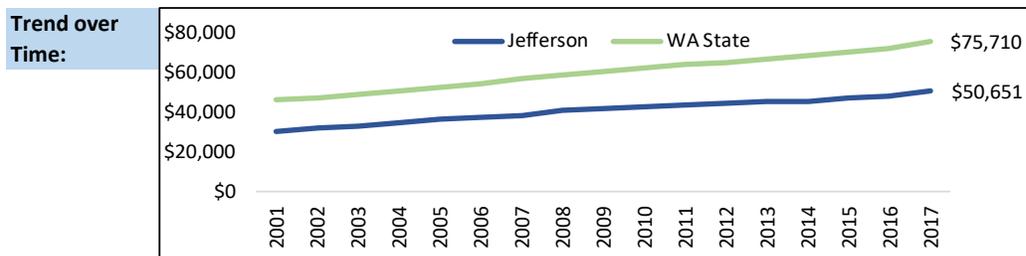
SECTION ID. INCOME AND POVERTY

AVERAGE EARNINGS PER JOB

Source: Bureau of Economic Analysis

Summary: The average earnings per job in Jefferson County has been increasing at about 3% per year since 2001. The average earnings per job was about \$25,059 less in Jefferson County than in the state overall in 2017. The highest paying industries in Jefferson County are mining, quarrying and oil and gas extraction, professional, scientific and technical services, and wholesale trade, while the lowest paying are accommodation and food services, other services, and retail trade.

	Early year 2001	2010	Recent year 2017	Statistical trend since 2001
Jefferson County	\$30,306	\$42,755	\$50,651	Annual change: 3%
Washington State	\$46,265	\$62,089	\$75,710	Annual change: 3%
Comparison: Jefferson vs. Washington:				



POVERTY

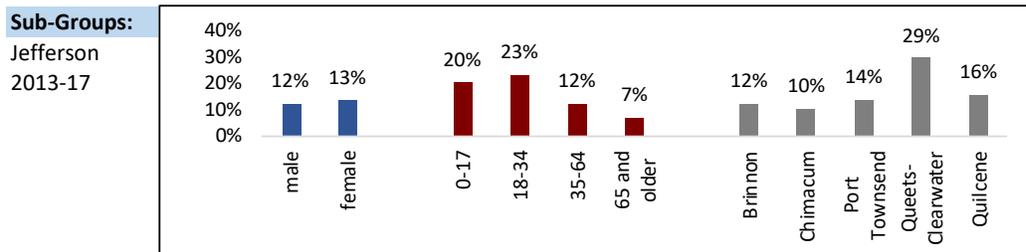
Percentage

The percentage of the population living at or below 100% of the federal poverty level. In 2017, the federal poverty level was \$24,600 for a family of four or \$12,060 for an individual.

Source: US Census and American Community Survey

Summary: The proportion of the Jefferson County population living in poverty has remained relatively unchanged since 2000 and is the same as the state. A higher proportion of younger people live in poverty. Chimacum School District has the lowest percentage of people living in poverty, while Queets-Clearwater has the highest.

Percentage	Early year 2000	2008-12	Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17
Jefferson County	11%	14%	13%	n/a
Washington State	11%	13%	12%	n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents per year:			3,799	

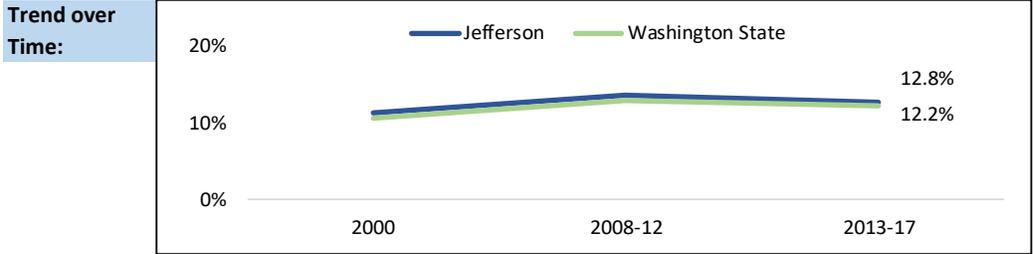


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SECTION ID. INCOME AND POVERTY

Population living in poverty continued:



POPULATION LIVING BELOW 200% FEDERAL POVERTY

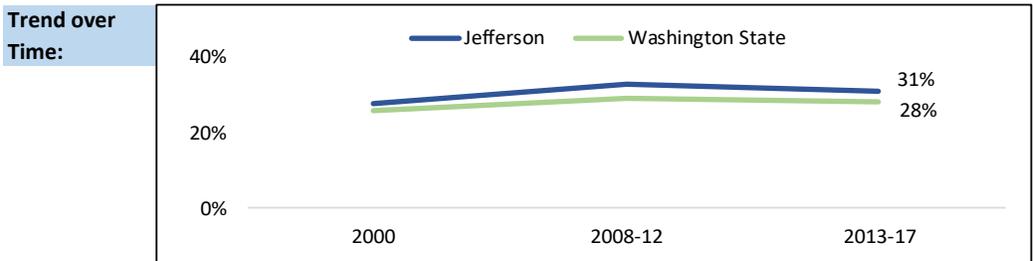
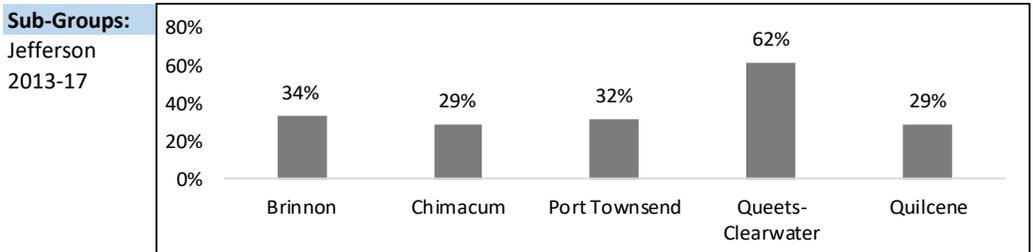
Percentage

The percentage of the population living at or below 200% of the federal poverty level. In 2017, a household of 4 making less than \$49,200 was living below 200% of the federal poverty level.

Source: US Census and American Community Survey

Summary: Almost 1 in 3 Jefferson County residents live below 200% of the poverty level. The percentage is unchanged since 2000 and the same as Washington. Queets-Clearwater School District has the highest percentage with almost two-thirds of the population living below 200% of the poverty level.

Percentage	Early year		Recent years	Statistical comparison of 2008-12 and 2013-17	
	2000	2008-12			
Jefferson County	28%	33%	31%		n/a
Washington State	26%	29%	28%		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents per year:			9,242		



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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION ID. INCOME AND POVERTY

FREE AND REDUCED MEAL PROGRAM ELIGIBILITY Percentage

The percentage of the public school students receiving free or reduced-price meals in October of the school year. Eligibility for Free or Reduced Lunches is 185% of the federal poverty level.

Source: WA State Office of Superintendent of Public Instruction

Summary: Almost 1 in 2 public school students in Jefferson County receive free or reduced-price meals. The percentage has been increasing 2% per year on average since the 2000-01 school year and is higher than the WA State rate.

Percentage	Early year		Recent year	Statistical trend since 2000-01	
	2000-01	2010-11	2018-19		
Jefferson County	33%	49%	49%		Annual change: 2%
Washington State	31%	44%	43%		Annual change: 2%
Statistical comparison: Jefferson vs. Washington:					
Number of Jefferson County students:					
			1,305		

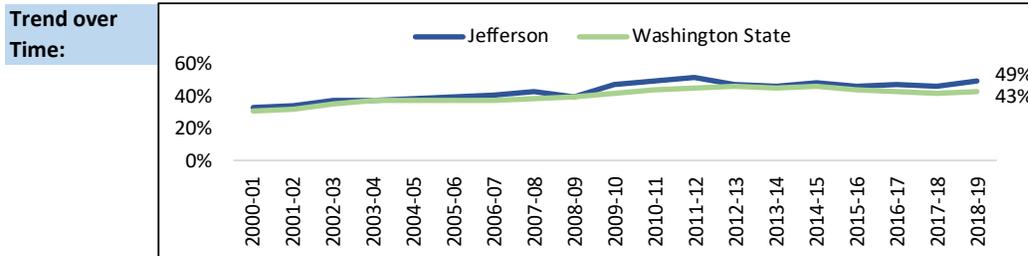
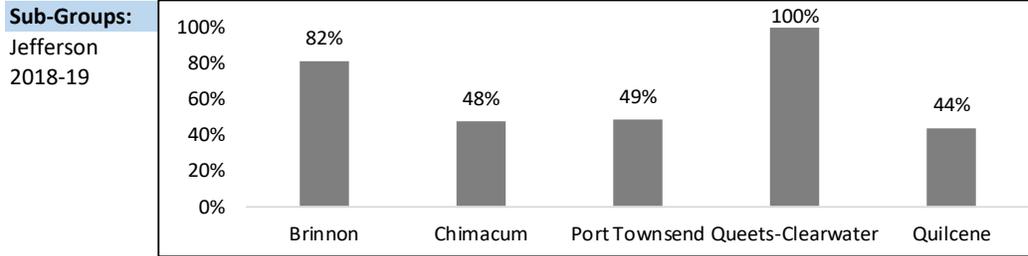


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SECTION IE. HOUSEHOLD COMPOSITION AND MARITAL STATUS

HOUSEHOLD COMPOSITION **Percentage**

Source: US Census and American Community Survey

Summary: While none of the trends are statistically significant in Jefferson County, household composition trends have been similar to Washington State overall from 2005-09 to 2013-17. The percentages of married couples with no children and other family households are increasing while households with children (both married couple and single parent) are 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
Washington State					
Total households	2,271,398	2,512,327	2,755,697		
Married, no children <18	28%	28%	29%	Increasing	
Married, children <18	24%	23%	21%	Decreasing	
Single parent	9%	10%	9%	Decreasing	
Other family	5%	4%	5%	Increasing	
Nonfamily	34%	36%	35%	Same	

Note: Other family are family households where the householder has no spouse and no children under age 18. Nonfamily households are either people living alone or unrelated groups of people living together with the householder not being married and not having children.

OLDER ADULTS LIVING ALONE **Percentage**

Source: US Census and American Community Survey

Summary: While not statistically significant, the percentage of older adults age 65+ living alone has decreased in Jefferson County from 2008-12 to 2013-17. Washington State has also seen a decrease, and, because of the larger numbers involved, the state's decrease is statistically significant.

Percentage	Early year		Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17	Comparison: Jefferson vs. Washington:
	2000	2008-12			
Jefferson County					
Total population age 65+	5,461	7,912	10,062		
Of persons age 65+, those living alone	27%	27%	23%	Same	Same
Comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents per year:			2,263		
Washington State					
Total population age 65+	662,162	837,220	1,020,940		
Of persons age 65+, those living alone	28%	28%	26%	Decreasing	

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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IF. HOUSING

BUILDING PERMITS

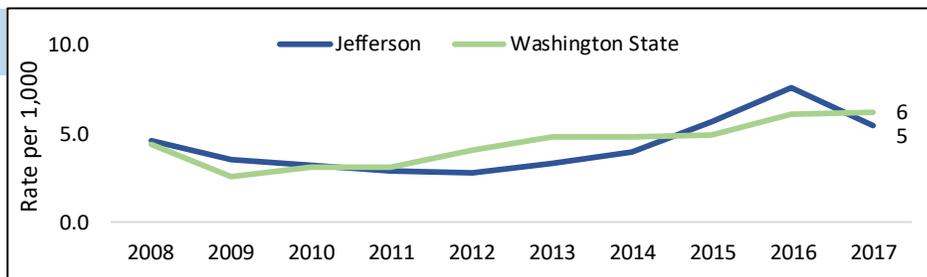
Rate per 1,000

Source: Center for Real Estate Research, University of Washington. Accessed in: WA DSHS Risk and Protection Profile for Substance Abuse Prevention

Summary: Jefferson County experienced a small spike in the rate of building permits in 2016, which fell again in 2017, but overall there has been no statistically significant change since 2008. More than 95% of building permits from 2008 to 2017 in Jefferson County were for single family homes.

Rate per 1,000	Early year 2008	Recent year 2017	Statistical trend since 2008	
Jefferson County	5	5		n/a
Washington State	4	6	Increasing	Annual change: 8%
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson County permits:		172		

Trend over Time:



MEDIAN HOUSE PRICES

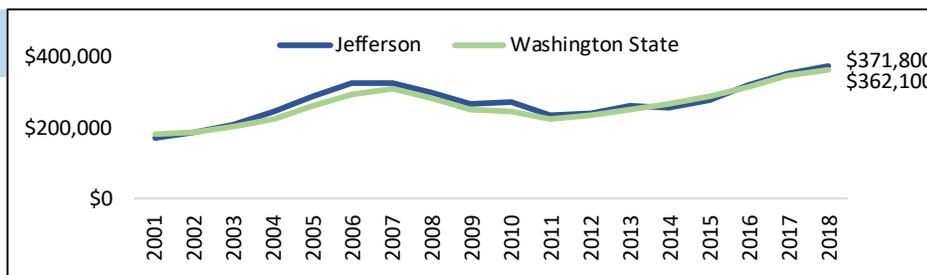
The median home price based on the sale of existing homes.

Source: Center for Real Estate Research, University of Washington

Summary: Jefferson County's trend in home prices very closely mirrors Washington State's overall. Jefferson had a slightly higher median home price than Washington State in 2018, after increasing about 3% annually since 2001.

	Early year 2001	2010	Recent year 2018	Statistical trend since 2001	
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		

Trend over Time:



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PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IF. HOUSING

MEDIAN MONTHLY RENT

Source: US Census and American Community Survey

Summary: Jefferson County's median monthly rent has increased from 2008-12 to 2013-17 to \$895, but remains lower than Washington State's overall.

	Early year 2000	2008-12	Recent year 2013-17	Statistical comparison of 2008-12 and 2013-17	
Jefferson County	\$595	\$796	\$895	Increasing	n/a
Washington State	\$663	\$951	\$1,120	Increasing	n/a
Comparison: Jefferson vs. Washington:			Lower		



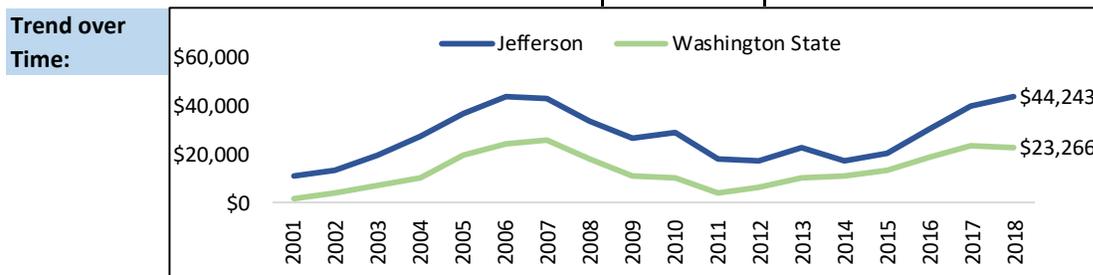
HOUSING AFFORDABILITY GAP

Housing affordability measures the gap between what it would take to purchase an average priced home in Jefferson County given the average income of Jefferson County residents. The formula assumes that a purchaser will be able to put 20% down and that the remaining 80% of the price of the home is not more than three times the purchasers income.

Source: Center for Real Estate Research, University of Washington; WA State Office of Financial Management

Summary: The housing affordability gap in Jefferson increased from 2001 to 2006, then decreased until 2012, and has been increasing since. In 2018, the income needed to afford a median priced home was approximately \$44,243 more than the average income of residents.

	Early year 2001	2011	Recent year 2018	Statistical trend since 2001	
Jefferson County	\$10,914	\$18,372	\$44,243		n/a
Washington State	\$2,212	\$4,207	\$23,266		n/a
Statistical comparison: Jefferson vs. Washington:			higher		



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SECTION IF. HOUSING

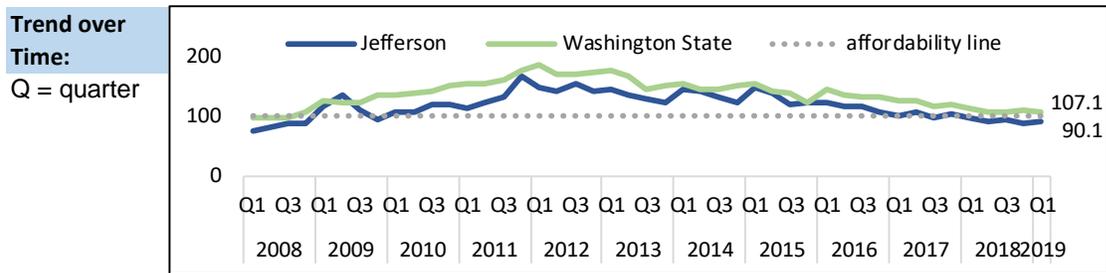
HOUSING AFFORDABILITY INDEX

Index

Housing is less affordable when index is below 100, more affordable when index is above 100.
 Source: Center for Real Estate Research, University of Washington

Summary: Housing became more affordable in Jefferson County from 2008 to 2012. Since then, it has been becoming progressively less affordable and is less affordable than the state overall in quarter 1 of 2019.

Index	Early year 2008 Q1	Recent year 2019 Q1	Statistical trend since 2008 Q1	
Jefferson County	75.1	90.1		n/a
Washington State	95.2	107.1		n/a
Comparison: Jefferson vs. Washington:		Less affordable		



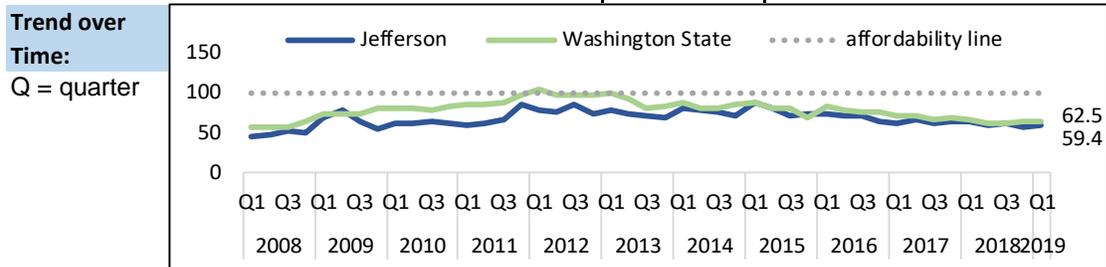
HOUSING AFFORDABILITY INDEX - FIRST TIME HOME BUYERS

Index

Housing is less affordable when index is below 100, more affordable when index is above 100.
 Source: Center for Real Estate Research, University of Washington

Summary: Housing for first time home buyers in Jefferson has remained below the affordability line from 2008 to 2019, and has been on a more affordable trend since 2014, very closely mirroring the state overall.

Index	Early year 2008 Q1	Recent years 2019 Q1	Statistical trend since 2008 Q1	
Jefferson County	43.3	59.4		n/a
Washington State	56.1	62.5		n/a
Comparison: Jefferson vs. Washington:		Same		



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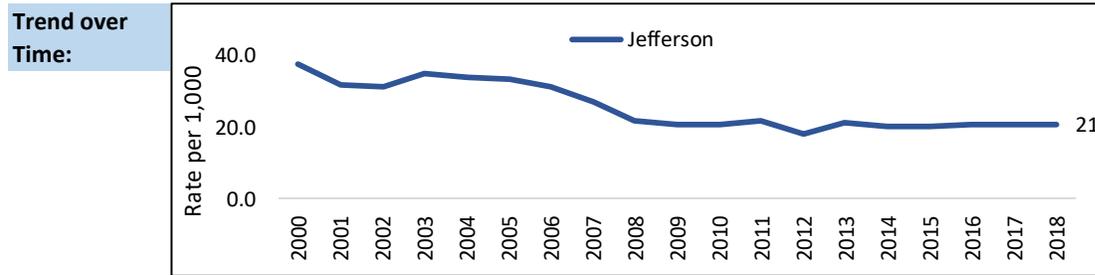
SECTION IF. HOUSING

FORECLOSURES Rate per 1,000

The rate of foreclosures on houses for every 1,000 residents.
 Source: Jefferson County Auditor's Office

Summary: In Jefferson County, there were approximately 21 foreclosures from every 1,000 residents in 2018. This rate has been decreasing statistically significantly since 2000 at about 4% per year.

Rate per 1,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2018		
Jefferson County	38	21	21		Annual change: -4%
Number of Jefferson County foreclosures:			665		



HOUSING OCCUPANCY AND TENURE FOR OWNERS AND RENTERS Percentage

The proportion of houses that are owner occupied, renter occupied and vacant.
 Source: US Census and American Community Survey

Summary: Although there has been no statistically significant change since 2000, the percentage of owner occupied housing in Jefferson has been decreasing while the percentage of vacant housing has been increasing. The percentage of renter occupied housing has remained relatively stable.

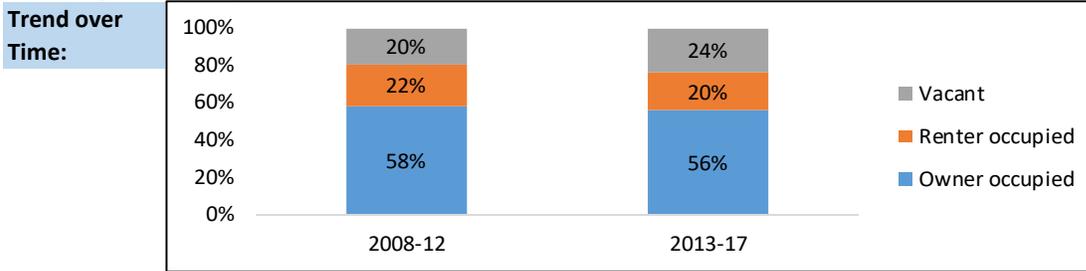
Owner occupied	Early year		Recent years	Statistical comparison	
	2000	2008-12	2013-17		
Jefferson County	63%	58%	56%		n/a
Washington State	60%	58%	57%		n/a
Statistical comparison: Jefferson vs. Washington:			Same		
Est. Jefferson owner occupied housing units per year:			10,211		
Renter occupied	Early year		Recent years	Statistical comparison	
	2000	2008-12	2013-17		
Jefferson County	20%	22%	20%		n/a
Washington State	33%	33%	34%		n/a
Statistical comparison: Jefferson vs. Washington:			Same		
Est. Jefferson renter occupied housing units per year:			3,692		
Vacant	Early year		Recent years	Statistical comparison	
	2000	2008-12	2013-17		
Jefferson County	18%	20%	24%	Increasing	n/a
Washington State	7%	9%	9%		n/a
Statistical comparison: Jefferson vs. Washington:			Higher		
Est. Jefferson vacant housing units per year:			4,392		

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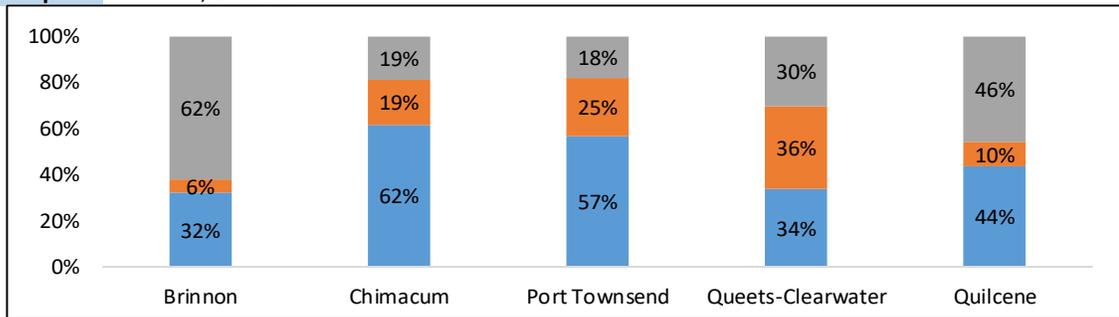
PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IF. HOUSING

Housing occupancy and tenure continued:



Sub-Groups: Jefferson, 2013-17



HOUSING COSTS

Percentage

The proportion of households that spend 30% or more of their monthly income on housing.

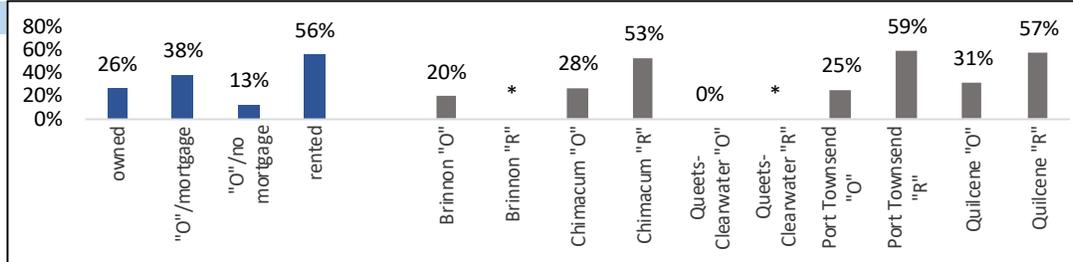
Source: US Census and American Community Survey

Summary: From 2013 to 2017, approximately 1 in 3 Jefferson County households spent 30% or more of their monthly income on housing. Households renting their housing are more likely to spend 30% or more of their monthly income than those who own their home.

Percentage	Early year		Recent years	Statistical comparison	
	2000	2008-12	2013-17	of 2008-12 and 2013-17	
Jefferson County	32%	57%	34%		n/a
Washington State	32%	50%	34%		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson households per year:			4,529		

Sub-Groups:

Jefferson
2013-17
"O" = owned
"R" = rented
* = data
unreliable



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IF. HOUSING

Housing costs continued:



HOMELESSNESS

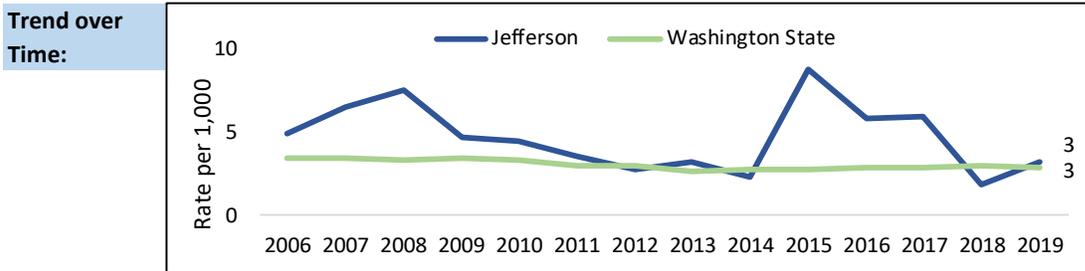
Rate per 1,000

The Point-In-Time Count is a one-day annual count in January of individuals in Jefferson County experiencing homelessness, calculated as a rate per 1,000 population.

Source: WA State Department of Commerce, Point in Time Count

Summary: The population experiencing homelessness in Jefferson County, as documented by the annual point in time count, was lower during the 2019 count than it had been in 2006. There were 102 Jefferson residents counted in 2019.

Rate per 1,000	Early year 2006	Recent year 2019	Statistical trend since 2006	
Jefferson County	5	3		--
Washington State	3	3		Annual change: -2%
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson County residents:		102		



PUBLIC SCHOOL STUDENTS EXPERIENCING HOMELESSNESS

Rate per 1,000

The rate of students who "lack a fixed, regular, and adequate nighttime residence" per 1,000 public school students.

Source: WA State Office of Superintendent of Public Instruction

Summary: Since 2007-08, the rate of public school students experiencing homelessness has increased 9% per year on average in Jefferson County. Chimacum School District had the highest number and rate of students experiencing homelessness during the 2017-18 school year.

Rate per 1,000	Early year 2007-08	2010-11	Recent year 2017-18	Statistical trend since 2007-08	
Jefferson County	12	28	34		Annual change: 9%
Washington State	18	25	36		Annual change: 8%
Comparison: Jefferson vs. Washington:					
Estimated number of Jefferson students:			90		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

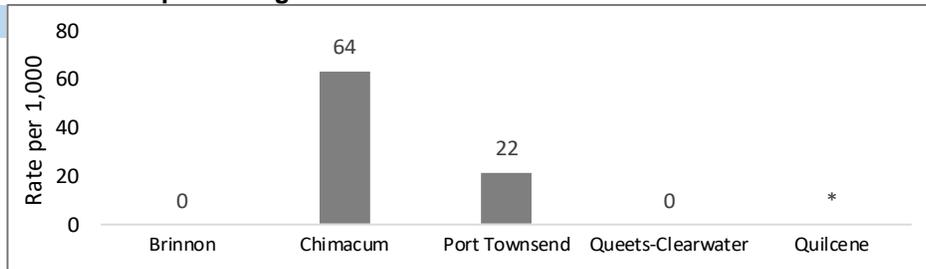
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Public school students experiencing homelessness continued:

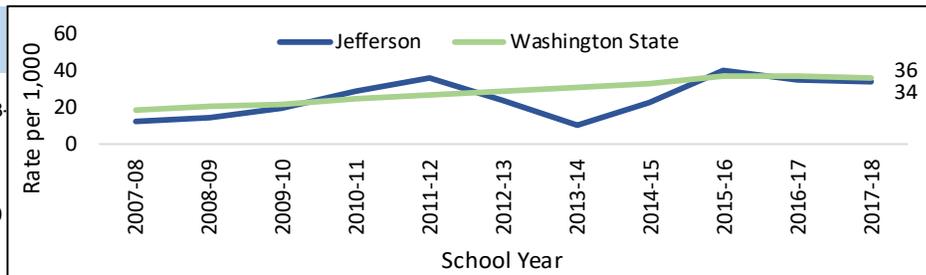
Sub-Groups:

Jefferson
2017-18
* = data
unreliable



Trend over Time:

Note: From 2013-14 to 2016-17, rates exclude school districts with less than 10 students experiencing homelessness.



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IG. COMMUNITY SAFETY

YOUTH BULLYING

Percentage

The percentage of students who report being bullied in the past month. Bullying is defined as another student, or group of students, saying or doing nasty or unpleasant things to someone, or teasing repeatedly in a way he or she doesn't like.

Source: Healthy Youth Survey

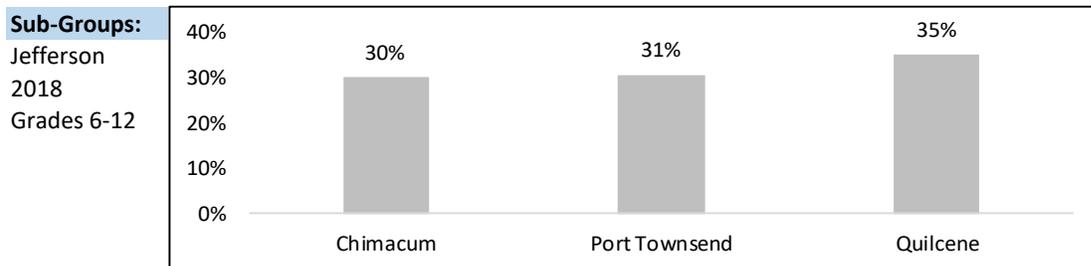
Summary: More than 1 in 3 Jefferson 8th graders and more than 1 in 4 Jefferson 10th graders reports being bullied in the past month, both statistically higher than Washington State. The percentage peaks in 8th grade and drops slightly by 12th grade to about 1 in 5 12th graders, about the same as the state. Quilcene School District has a slightly higher percentage of students in grades 6-12 reporting being bullied than Chimacum or Port Townsend.

Percentage	Early year	Recent year	Statistical comparison	
6TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	39%	33%		n/a
Washington State	30%	31%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		66		

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	42%	38%		n/a
Washington State	31%	27%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		85		

Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	34%	29%		n/a
Washington State	25%	19%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		55		

Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	14%	21%		n/a
Washington State	18%	17%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		44		



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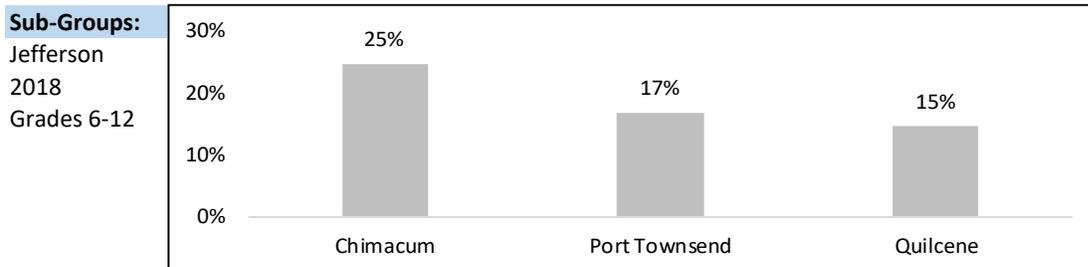
SECTION IG. COMMUNITY SAFETY

YOUTH FEEL UNSAFE AT SCHOOL Percentage

Source: Healthy Youth Survey

Summary: In 2018, more than 1 in 4 Jefferson 8th grade students report feeling unsafe at school, about the same as the state. Across all grades in Washington State overall, there has been an increase in percentage of kids feeling unsafe at school from 2012 to 2018. Chimacum has a slightly higher percentages of students in grades 6-12 reporting feeling unsafe at school compared to Port Townsend or Quilcene.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	16%	19%		n/a
Washington State	12%	15%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		38		
Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	14%	27%		n/a
Washington State	16%	20%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		59		
Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	20%	18%		n/a
Washington State	15%	21%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		34		
Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	16%	*	n/a	
Washington State	13%	20%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a		* = data unreliable
Estimated number of Jefferson students:		n/a		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART I. DEMOGRAPHICS, SOCIOECONOMICS, COMMUNITY SAFETY

SECTION IG. COMMUNITY SAFETY

CHILD ABUSE AND NEGLECT ACCEPTED REFERRAL RATE Rate per 1,000

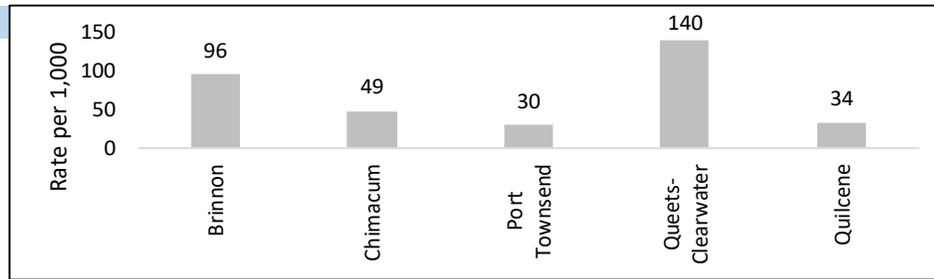
Source: WA State Department of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

Summary: The Jefferson County rate of child abuse and neglect referrals per 1,000 children younger than 18 is higher than the state's rate and has remained relatively unchanged from 2004 to 2017. Queets-Clearwater has very low numbers, but the highest rate of any geographic area in Jefferson.

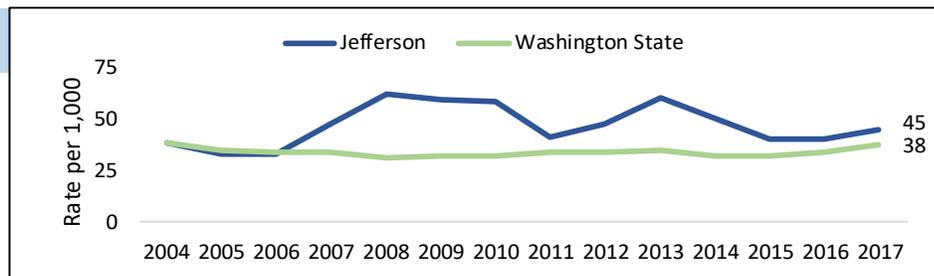
Rate per 1,000	Early year		Recent year	Statistical trend since 2004	
	2004	2010	2017		
Jefferson County	38	59	45		n/a
Washington State	38	32	38		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson children:			182		

Sub-Groups:

Jefferson
2015-17



Trend over Time:



DOMESTIC VIOLENCE OFFENSE RATE Rate per 1,000

Source: WA State Department of Social and Health Services, Risk & Protection Profile for Substance Abuse Prevention

Summary: The rate of domestic violence offenses in Jefferson County has remained statistically significantly unchanged from 2004 to 2017. In 2017, the rate of domestic violence offenses in Jefferson County was lower than the state's rate. From 2015 to 2017, the area within Jefferson with the highest rate is the Port Townsend area.

Rate per 1,000	Early year		Recent year	Statistical trend since 2004	
	2004	2010	2017		
Jefferson County	6	7	5		n/a
Washington State	6	6	8		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson offenses:			163		

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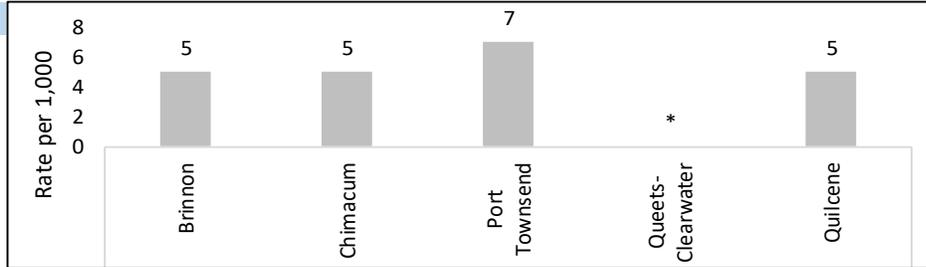
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Domestic violence offense rate continued:

Sub-Groups:

Jefferson
2015-17
* = data
unreliable



Trend over Time:



PERSONAL CRIME RATE

Rate per 1,000

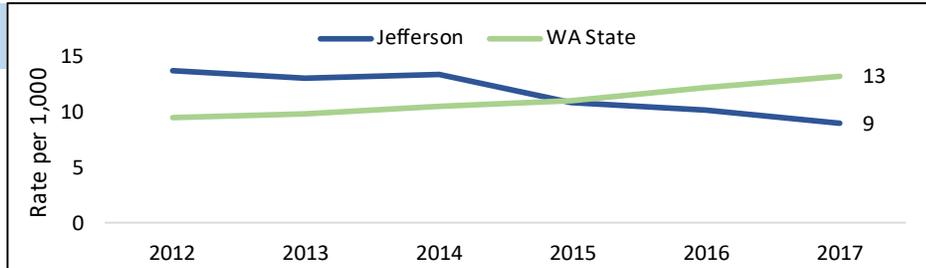
Personal crime is offenses against people, such as murder, assault and kidnapping.

Source: Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book

Summary: Unlike the state overall, personal crime in Jefferson has been decreasing from 2012 to 2017. The personal crime rate in Jefferson was statistically significantly lower than the state in 2017.

Rate per 1,000	Early year 2012	Recent year 2017	Statistical trend since 2012	
Jefferson County	14	9		Annual change: -8%
Washington State	10	13		Annual change: 7%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson offenses:		283		

Trend over Time:



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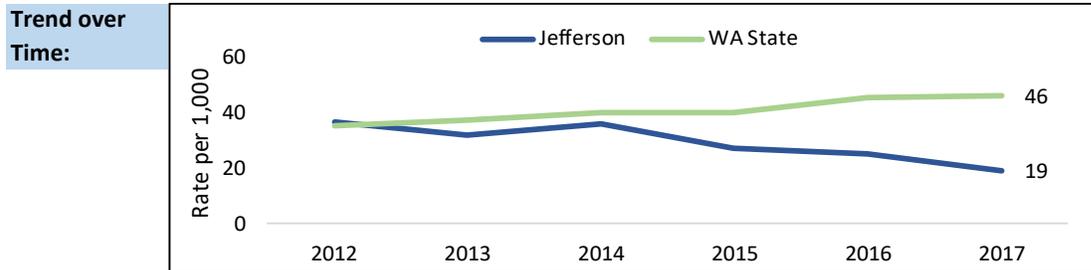
SECTION IG. COMMUNITY SAFETY

PROPERTY CRIME RATE Rate per 1,000

Property crime is offenses targeted at property, such as robbery, arson and destruction of property.
 Source: Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book

Summary: Unlike the state overall, crimes targeted at property have been statistically significantly decreasing from 2012 to 2017 in Jefferson County. The Jefferson rate was statistically significantly lower than the state's rate in 2017.

Rate per 1,000	Early year 2012	Recent year 2017	Statistical trend since 2012	
Jefferson County	36	19		Annual change: -11%
Washington State	35	46		Annual change: 6%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson offenses:		606		

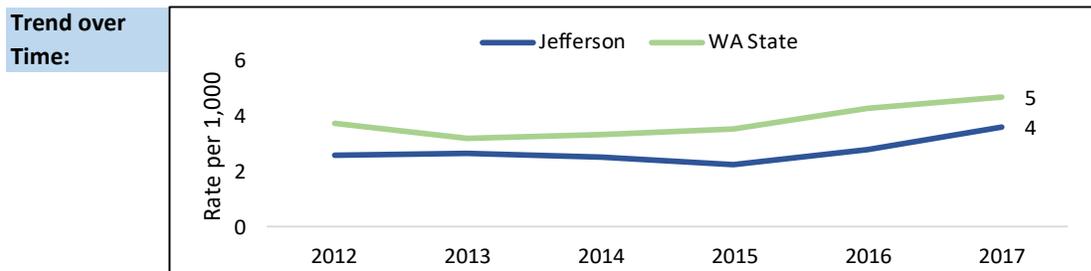


RATE OF CRIMES TO SOCIETY Rate per 1,000

Crimes to society include drugs, weapons, gambling and pornography offenses.
 Source: Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book

Summary: Like the state overall, there has been no statistically significant change in the rate of crimes to society from 2012 to 2017 in Jefferson County. Jefferson's rate was lower than the state's in 2017.

Rate per 1,000	Early year 2012	Recent year 2017	Statistical trend since 2012	
Jefferson County	3	4		n/a
Washington State	4	5		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson offenses:		113		



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SECTION IG. COMMUNITY SAFETY

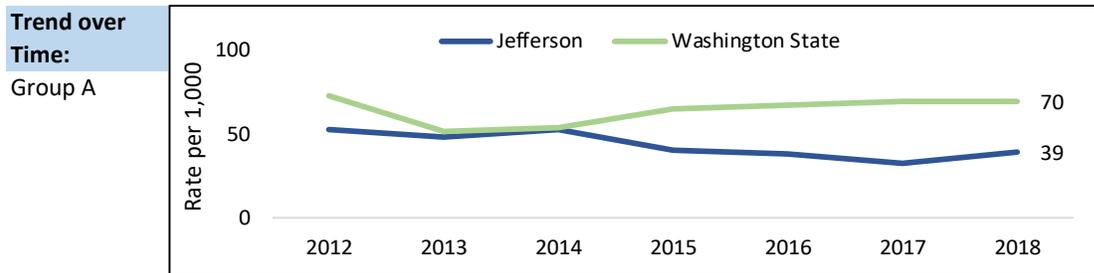
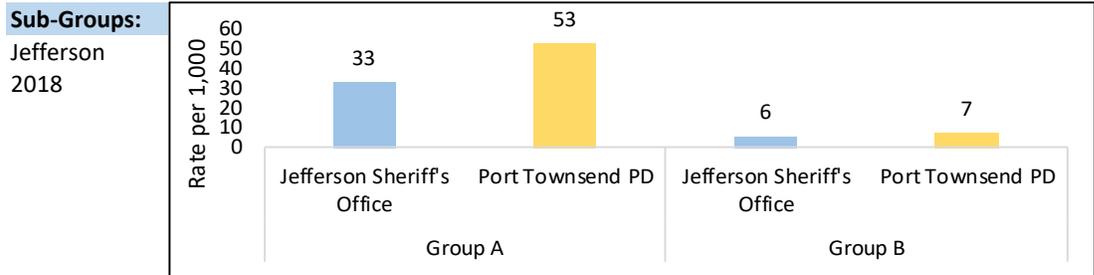
TOTAL CRIME RATE Rate per 1,000

Total crime includes both group A and B offenses. Group A offenses include 49 offenses grouped in 23 crime categories, such as murder, robbery, prostitution and arson. Group B offenses include 10 offenses such as DUI, trespass and disorderly conduct.

Source: WA State Association of Sheriffs & Police Chiefs, Uniform Crime Report

Summary: The reporting system changed in 2012 from the Summary Reporting System to the National Incident Based Reporting System (NIBRS), which divides crime into group A crimes and group B crimes. Both Group A and Group B crimes in Jefferson County have been decreasing statistically significantly since 2012. The Group A crime rate in Washington has remained unchanged from 2012 to 2018, and is higher than the rate in Jefferson. Port Townsend Police Department reports a higher rate of Group A crimes for their population than the Jefferson Sherriff's Office.

Rate per 1,000	Early year 2012	Recent year 2018	Statistical trend since 2012	
Jefferson County	68	45		Annual change: -9%
Group A	53	39		Annual change: -7%
Group B	15	5		Annual change: -16%
Washington State				
Group A	73	70		n/a
Statistical comparison: Jefferson vs. Washington (Group A):				
Estimated number of Jefferson Group A offenses:		1,234		
Estimated number of Jefferson Group B offenses:		173		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

LIFE EXPECTANCY AT BIRTH

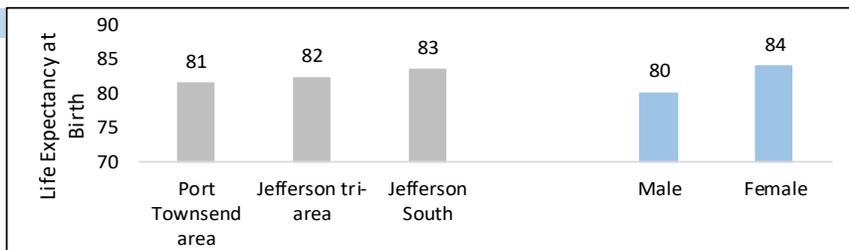
Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: At birth, a Jefferson County baby can expect to live about 82 years. Life expectancy in Jefferson has increased about 0.2% annually since 1990, and was about the same as the state in 2017. There is little difference in life expectancy across geographic areas within Jefferson, but females have about 4 more years of life expectancy than males on average.

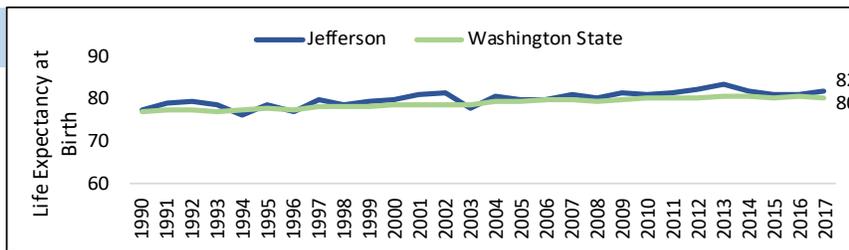
	Early year 1990	2010	Recent year 2017	Statistical trend since 1990
Jefferson County	77	81	82	Annual change: 0.2%
Washington State	77	80	80	Annual change: 0.2%
Comparison: Jefferson vs. Washington:				

Sub-Groups:

Jefferson
2013-17



Trend over Time:



ADDITIONAL YEARS OF HEALTHY LIFE EXPECTED AT AGE 20

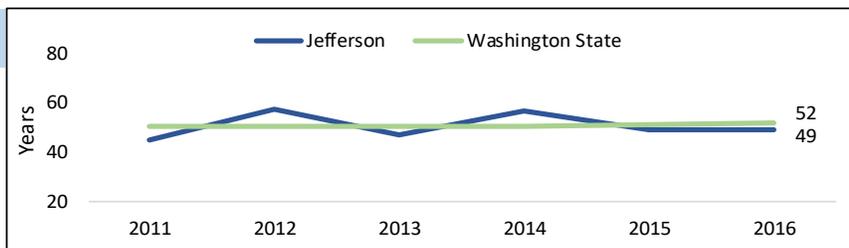
Additional years a 20 year-old is expected to live in good, very good or excellent health.

Source: WA Department of Health, Local Public Health Indicators, Washington Tracking Network

Summary: In Jefferson County in 2016, a 20 year-old can expect to live another 49 years in good, very good or excellent health, which is approximately 3 years less on average compared to the state.

	Early year 2011	Recent year 2016	Statistical trend since 2011
Jefferson County	45	49	n/a
Washington State	50	52	Annual change: 0.5%
Comparison: Jefferson vs. Washington:			

Trend over Time:



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PART II. QUALITY OF LIFE

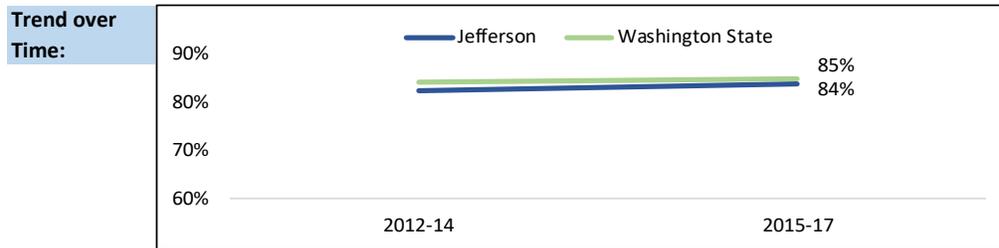
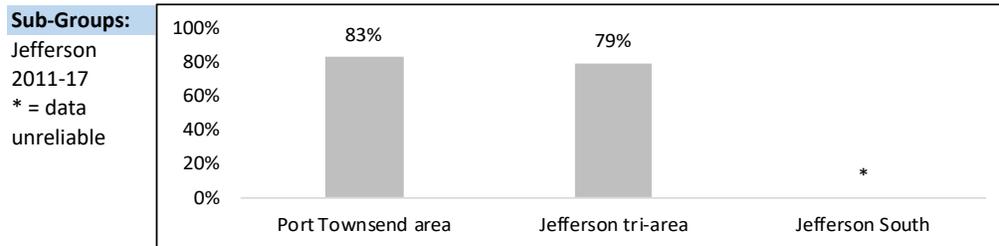
PART II. QUALITY OF LIFE

ADULTS REPORT EXCELLENT, VERY GOOD, OR GOOD GENERAL HEALTH Percentage

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: During 2015-17, more than 4 in 5 Jefferson adults (84%) reported excellent, very good or good general health. This percentage was statistically unchanged from 2012-14 and approximately the same as the state.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	82%	84%	n/a
Washington State	84%	85%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents each year:		22,664	



ADULTS REPORT ACTIVITIES LIMITED BY POOR PHYSICAL/MENTAL HEALTH Percentage

Adults who report that their activities have been limited by poor physical or mental health on at least one day in the past month.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: In 2017, over half of Jefferson County adults (60%) reported that their activities were limited by poor physical or mental health on at least one day in the past month. The percentage has been variable from 2010 to 2017, but has not shown a statistically significant upward or downward trend in either Jefferson or Washington.

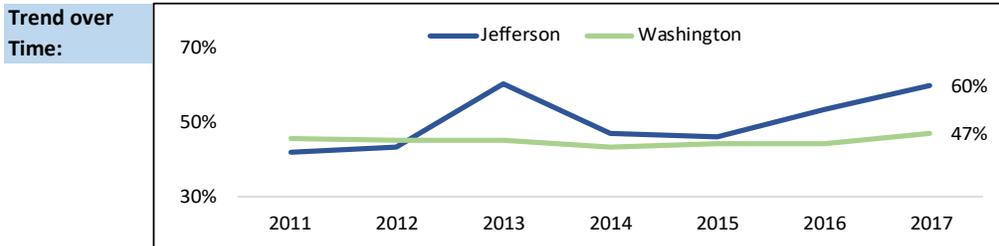
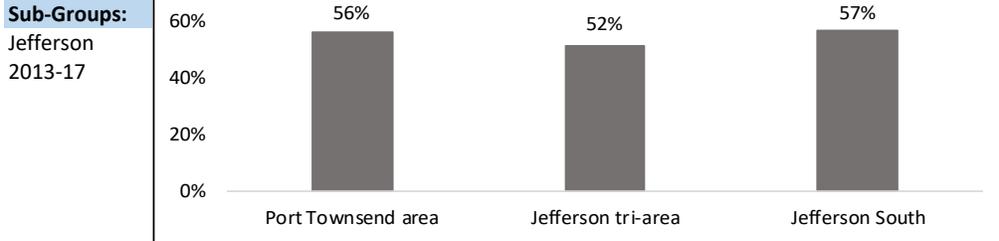
Percentage	Early year 2011	Recent year 2017	Statistical trend since 2011
Jefferson County	42%	60%	n/a
Washington State	45%	47%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson County residents:		16,333	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

Adults report activities limited by poor physical/mental health continued:

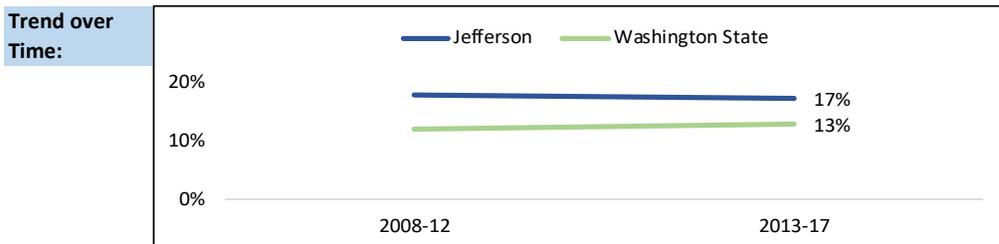
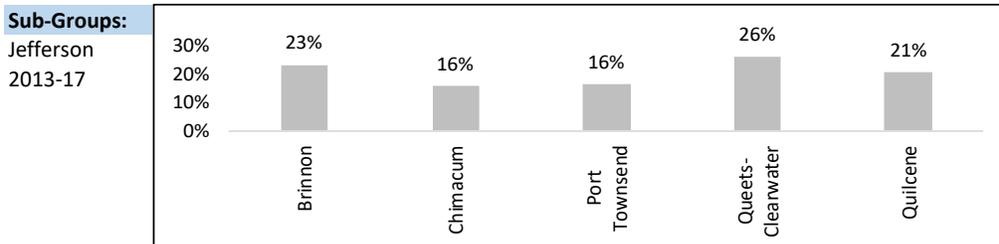


POPULATION WITH A DISABILITY Percentage

Source: US Census and American Community Survey

Summary: About 17% of Jefferson residents had a disability from 2013-17, which is higher than Washington State, but unchanged from 2008-12. Percentages of residents with a disability varied within Jefferson from 16% in Chimacum and Port Townsend to 26% in Queets-Clearwater.

Percentage	Early year 2000	2008-12	Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17
Jefferson County	19%	18%	17%	n/a
Washington State	18%	12%	13%	n/a
Comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents each year:			5,104	



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PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

ADULTS WITH 3 OR MORE ADVERSE CHILDHOOD EXPERIENCES Percentage

Adverse Childhood Experiences (ACEs) include 8 possible experiences during childhood: living with someone with: mental illness, substance abuse, or incarceration event; witnessing domestic violence; parental separation/divorce; experiencing physical, verbal or sexual abuse.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: In 2011, about 1 in 3 Jefferson adults reported having had 3 or more adverse childhood experiences, not statistically significantly different from the state. This accounts for about 8,162 Jefferson adults. The question was not asked again until 2019, and the 2019 data is not available at this time.

Percentage	Recent year 2011
Jefferson County	32%
Washington State	26%
Comparison: Jefferson vs. Washington:	
Estimated number of Jefferson residents:	8,162

YOUTH WHO ARE HIGHLY HOPEFUL Percentage

Based on 4 questions from the Children's Hope Scale, an assessment of agency (ability to initiate and sustain action towards goals) and pathways (capacity to find a means to carry out goals). Hope reflects a future orientated mindset and motivational process by which an individual expects to attain a desired goal. Research has linked hope with overall physical, psychological, and social well-being.

Source: Healthy Youth Survey

Summary: In 2018, almost 5 in 10 Jefferson 8th, 4 in 10 Jefferson 10th and 6 in 10 Jefferson 12th graders reported being highly hopeful. There is no difference between Jefferson and Washington for 8th, 10th, or 12th graders.

Percentage	Recent year 2018	8TH GRADE	10th GRADE	12th GRADE
Jefferson County		48%	38%	58%
Washington State		52%	47%	51%
Statistical comparison: Jefferson vs. Washington				
Estimated number of Jefferson students:		108	73	125

FOOD INSECURITY Percentage

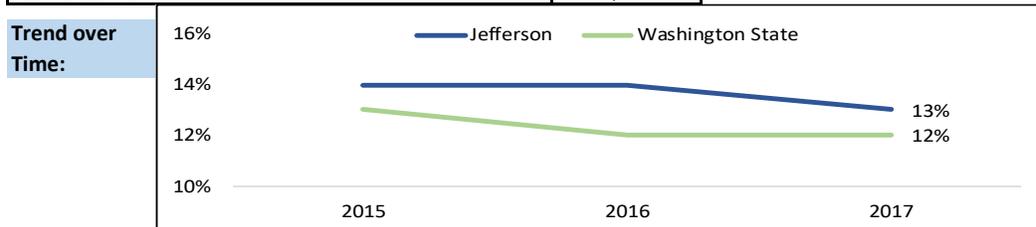
Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Source: Feeding America, Map the Meal Gap

CHIP METRIC

Summary: Overall, about 13% of residents of Jefferson County in 2017 were food insecure. For children, the percentage increased to 21%, just over 1 in 5. There has been no change in Jefferson from 2015 to 2017, but Jefferson has a higher percentage than Washington State, both overall and for children.

Percentage	Early year 2015	Recent year 2017	Statistical comparison of 2015 and 2017	
OVERALL				
Jefferson County	14%	13%		n/a
Washington State	13%	12%		n/a
Comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		3,970		



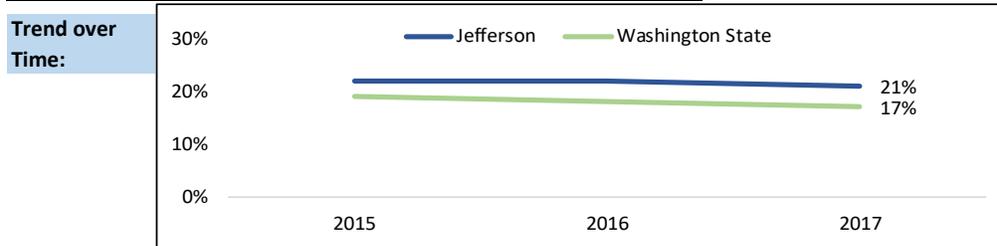
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PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

Food insecurity continued:

Percentage CHILD	Early year 2015	Recent year 2017	Statistical comparison of 2015 and 2017	
Jefferson County	22%	21%		n/a
Washington State	19%	17%		n/a
Comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		850		



YOUTH FOOD INSECURITY

Percentage

The percentage of students who report having to cut meal size or meals because there was no money any time in the past year.

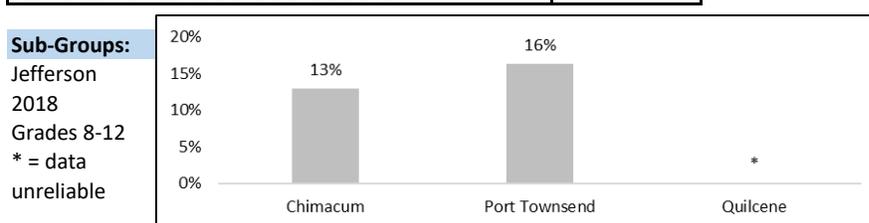
Source: Healthy Youth Survey

Summary: In 2018, almost 1 in 5 Jefferson 8th and 12th graders reported having had to cut meal size or meals because there was no money at least once in the past year. About 1 in 10 Jefferson 10th graders reported having to cut meals.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	17%	17%		n/a
Washington State	17%	10%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		37		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	11%	n/a	
Washington State	18%	12%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		21		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	19%	n/a	
Washington State	21%	16%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		42		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART II. QUALITY OF LIFE

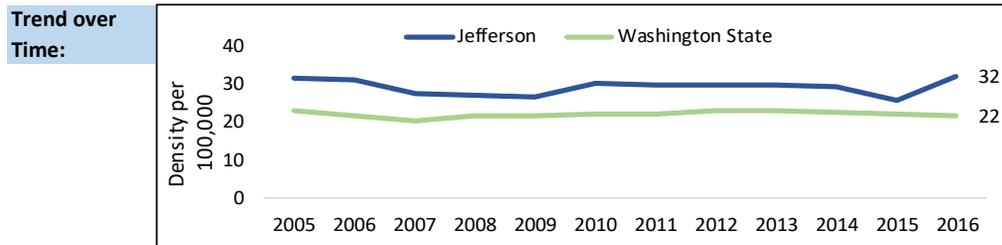
PART II. QUALITY OF LIFE

DENSITY OF SUPERMARKET AND GROCERY STORES Rate per 100,000

Source: US Census State & County Business Patterns

Summary: The density of supermarket and grocery stores in Jefferson County has remained unchanged since 2005 and is about the same as the state.

Rate per 100,000	Early year 2005	2010	Recent year 2016	Statistical trend since 2005	
Jefferson County	32	30	32		n/a
Washington State	23	22	22		n/a
Statistical comparison: Jefferson vs. Washington:					
Number of Jefferson establishments:			10		



DENSITY OF FAST FOOD AND CONVENIENCE STORES Rate per 100,000

Source: US Census State & County Business Patterns

Summary: The density of fast food and convenience stores in Jefferson County has remained unchanged since 2012 and is about the same as the state.

Rate per 100,000	Early year 2012	Recent year 2016	Statistical trend since 2012	
Jefferson County	66	58		n/a
Washington State	78	75	Decreasing	Annual change: -1%
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson establishments:			18	



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

DENSITY OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, FORMERLY FOOD STAMPS) AUTHORIZED FOOD STORES Rate per 100,000

Source: USDA, Food and Nutrition Service, SNAP Retail Locator, as of 8/21/2019

Summary: The density of SNAP authorized food stores in Jefferson County is roughly the same as the state. Jefferson has 21 SNAP authorized food stores as of August 21, 2019.

Rate per 100,000	Recent year 2019
Jefferson County	66
Washington State	64
Statistical comparison: Jefferson vs. Washington:	
Number of Jefferson establishments:	21

DENSITY OF SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) AUTHORIZED FOOD STORES Rate per 100,000

Source: Washington Department of Health, Maternal and Child Health, personal communication, analysis by Kitsap Public Health District

Summary: Jefferson County Public Health reports there are 5 retailers in Jefferson County that accept WIC vouchers in 2019, a density of 16 per 100,000 residents. From 2014-18, there were 4 retailers, a density of 13 per 100,000 residents, just slightly higher than Washington State's density overall of 10 per 100,000 residents.

Rate per 100,000	Early year 2014	Recent year 2018	Statistical trend since 2014	
Jefferson County	13	13*		n/a
Washington State	11	10		n/a
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson establishments:		4*	* 2019 - there were 5 retailers in Jefferson, rate of 16 per 100,000.	

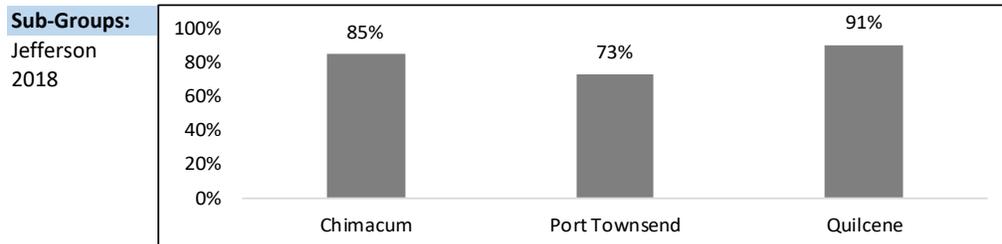
WIC USE OF FARMERS MARKET VOUCHERS Percentage

The percentage of WIC farmers market nutrition program checks redeemed.

Source: Washington Department of Health, Maternal and Child Health, personal communication

Summary: In Jefferson County, approximately 76% of farmers market nutrition program checks were redeemed in 2018, a higher percentage than Washington State overall (61%).

Percentage	Recent year 2018
Jefferson County	76%
Washington State	61%
Statistical comparison: Jefferson vs. Washington:	
Number of Jefferson checks:	384



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART II. QUALITY OF LIFE

PART II. QUALITY OF LIFE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPATION

Percentage

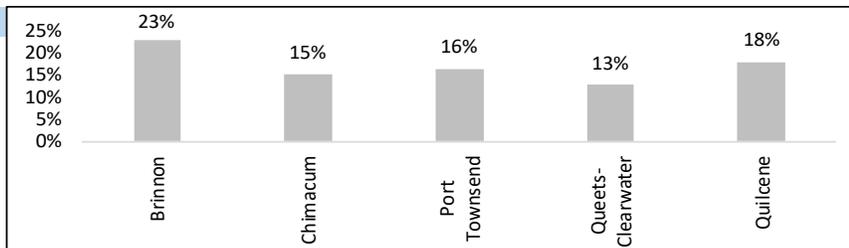
Source: WA State Department of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

Summary: The percentage of the population receiving SNAP in Jefferson County was 16% in 2017 and has been just below (but statistically significantly below) the state's percentage from 2000 to 2017. In Jefferson, Brinnon is the area with the highest percentage of residents receiving SNAP benefits (almost 1 in 4).

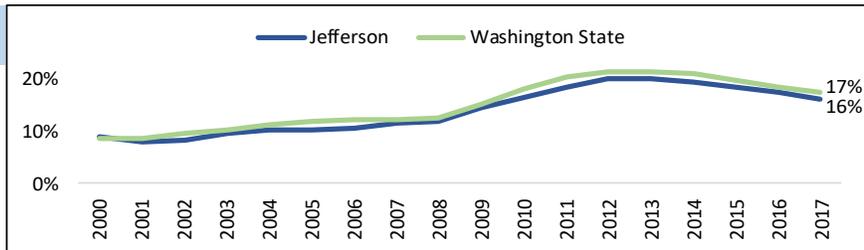
Percentage	Early year		Recent year	Statistical trend since 1999	
	1999	2010		2017	
Jefferson County	11%	16%	16%	Increasing	Annual change: 5%
Washington State	10%	18%	17%	Increasing	Annual change: 6%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			5,090		

Sub-Groups:

Jefferson
2017



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

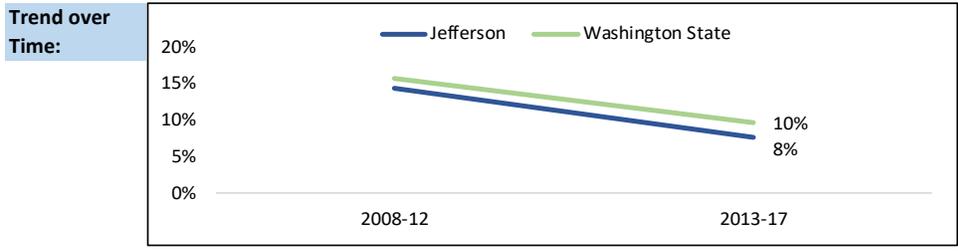
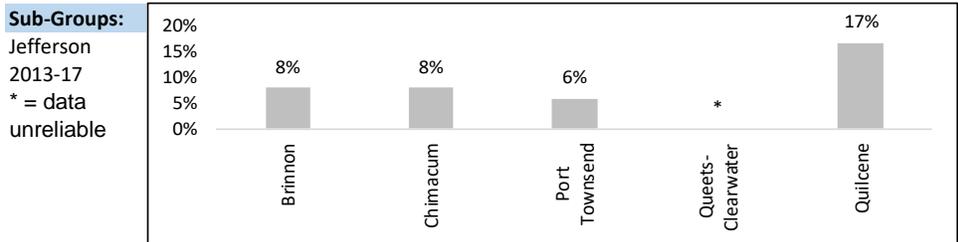
SECTION IIIA. HEALTH CARE COVERAGE

ADULTS WITHOUT HEALTH INSURANCE Percentage

The percentage of civilian non-institutionalized adults (age 18+) who do not have health insurance. For 2013-17, the age changed to adults 19+. Source: US Census and American Community Survey

Summary: From 2008-12 to 2013-17, the proportion of uninsured adults in Jefferson County (and in Washington State) decreased substantially, likely due in large part to the implementation of the Affordable Care Act. However, the age range for measuring adults with no health insurance also changed during this time from 18+ to 19+, which may have affected the percentage as well. During the 2013-17 period, Jefferson had about the same percentage of residents who were uninsured as the state. In Jefferson, the Quilcene area had the highest percentage of uninsured.

Percentage	Early years 2008-12	Recent years 2013-17	Statistical comparison of 2008-12 to 2013-17	
Jefferson County	14%	8%		n/a
Washington State	16%	10%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:				
		1,971		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

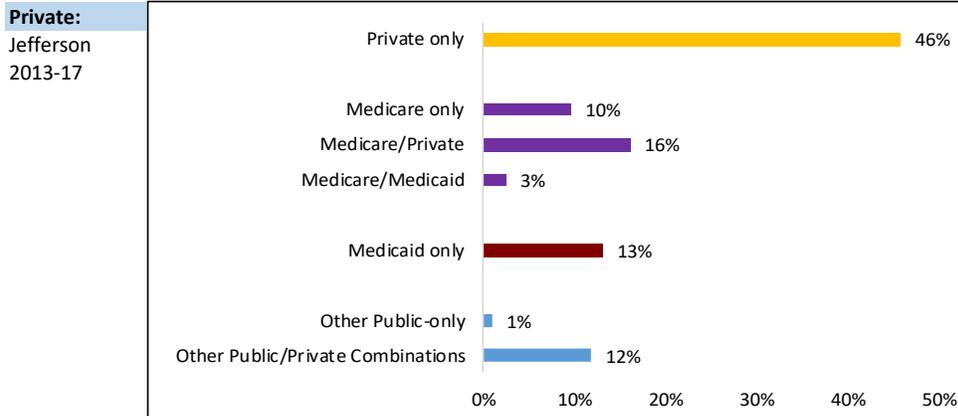
SECTION IIIA. HEALTH CARE COVERAGE

INSURED ADULTS BY HEALTH INSURANCE TYPE Percentage

The percentage of civilian non-institutionalized adults (age 19+) by their type of health insurance. Individuals may have more than one type, and therefore each chart is unduplicated percentages, but individuals may appear in more than one chart (i.e. in the Medicaid chart and in the Medicare chart).

Source: US Census and American Community Survey

Summary: From 2013-17, approximately 46% of Jefferson adults age 19+ had only private health insurance. Another 16% had private insurance and Medicare, 10% had only Medicare and 3% had Medicare and Medicaid. About 13% had only Medicaid, 1% had other publicly funded combinations and 12% had other types of combinations.



ADULTS ADEQUATELY INSURED Percentage

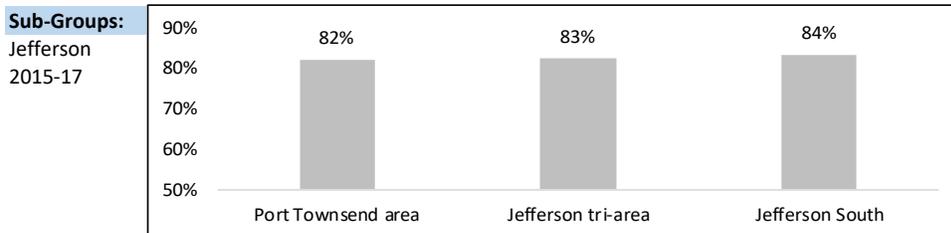
The percentage of adults who report they have health insurance and have not been limited in seeing a doctor because of cost.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

CHIP METRIC

Summary: From 2015 to 2017, the proportion of insured adults in Jefferson County who said they had not been limited in seeing a doctor because of cost was 82%, the same as Washington State. There has been no change from 2012-14 to 2015-17 and there is very little difference across geographic areas within Jefferson.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	82%	82%	n/a
Washington State	77%	82%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		22,286	

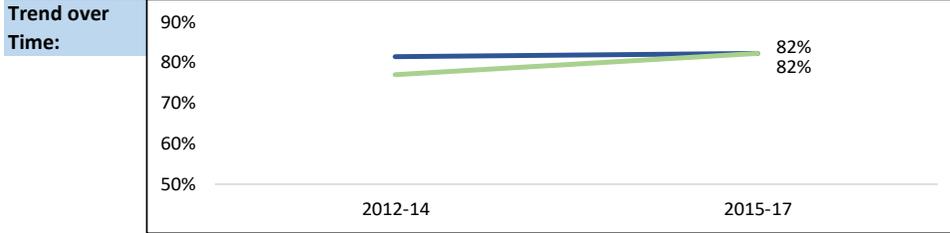


JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIA. HEALTH CARE COVERAGE

Adults adequately insured continued:



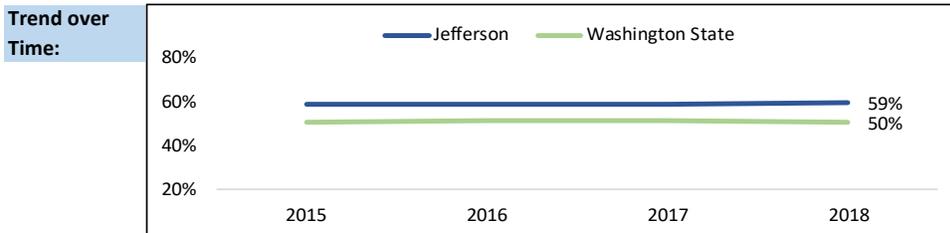
CHILDREN ENROLLED IN APPLE HEALTH* Percentage

The percentage of children under age 18 who are enrolled in Apple Health out of the total population of kids age 17 or younger.

Source: Health Care Authority, Healthier Washington Dashboard, Analytics Research & Measurement (ARM) Dashboard Suite, Washington State Medicaid Explorer **CHIP METRIC**

Summary: From 2015 to 2018, the proportion of Jefferson children age 17 or younger who were enrolled in Apple Health (Medicaid) remained unchanged, with about 3 out of every 5 enrolled. Jefferson's percentage was statistically significantly higher than the state overall.

Percentage	Early year 2015	Recent year 2018	Statistical trend since 2015	
Jefferson County	59%	59%		n/a
Washington State	50%	50%		n/a
Statistical comparison: Jefferson vs. Washington:		Higher		
Estimated number of Jefferson residents:		2,375		



* "Apple Health for Kids" includes children financed by Medicaid and State Children's Health Insurance Program (CHIP) and state-only financed coverage for children that do not qualify for Medicaid or CHIP.

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

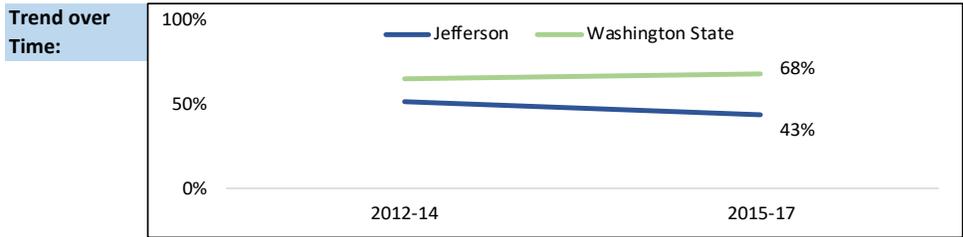
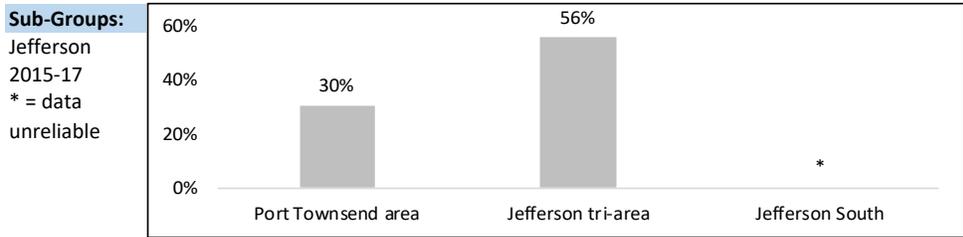
SECTION IIIA. HEALTH CARE COVERAGE

ADULTS WITH DENTAL INSURANCE COVERAGE Percentage

The proportion of adults reporting that they have any kind of insurance that pays for some or all of their routine dental care.
 Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015 to 2017, less than half of adults in Jefferson County reported having any kind of insurance that pays for some or all of their routine dental care. Jefferson's percentage was unchanged from 2012-14 and statistically significantly worse than the state. The percentage of adults reporting dental insurance was lower in the Port Townsend area than in the Jefferson tri-area region.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	51%	43%		n/a
Washington State	65%	68%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		11,630		

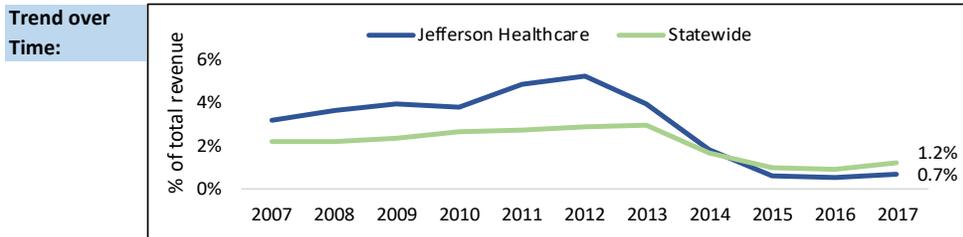


HOSPITAL CHARITY CARE Percentage

Source: Washington State Department of Health, Patient Information and Charity Care, Annual Charity Care Reports

Summary: In 2017, Jefferson Healthcare's charity care amounted to 0.7% of their total revenue, or approximately \$1,437,426. Jefferson Healthcare had historically had a much higher percentage of charity care than the state, but since 2014, Jefferson's percentage has been lower than the state.

Percentage	Early year		Recent year	Statistical trend since 2007	
	2007	2012	2017		
Jefferson Healthcare	3.2%	5.3%	0.7%	decreasing	n/a
Washington State	2.2%	2.9%	1.2%	decreasing	n/a
Statistical comparison: Jefferson vs. Washington:			lower		
Estimated dollar amount:			\$1,437,426		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

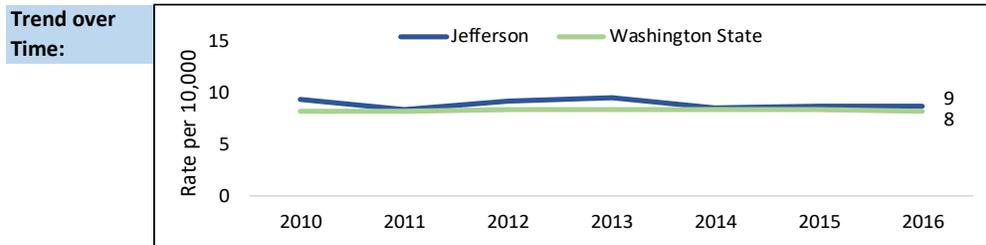
SECTION IIIB. HEALTH CARE ACCESS

PRIMARY CARE PHYSICIAN RATE Rate per 10,000

Number of primary care physicians per 10,000 population.
Source: County Health Rankings

Summary: There were 27 primary care physicians in Jefferson County in 2016. Jefferson's primary care physician rate is unchanged statistically since 2010 and the same as the state.

Rate per 10,000	Early year 2010	Recent year 2016	Statistical trend since 2010	
Jefferson County	9	9		n/a
Washington State	8	8		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson PCPs:		27		

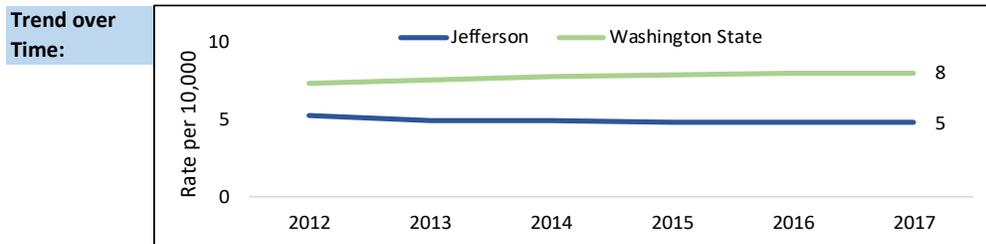


DENTIST RATE Rate per 10,000

Number of dentists per 10,000 population.
Source: County Health Rankings

Summary: There were 15 dentists in Jefferson County in 2017. The number of dentists in Jefferson has remained the same from 2013 to 2017, while the population has grown, resulting in a worsening rate. Jefferson's rate of dentists was not statistically different from the state in 2017.

Rate per 10,000	Early year 2012	Recent year 2017	Statistical trend since 2012	
Jefferson County	5	5		n/a
Washington State	7	8		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson dentists:		15		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

MENTAL HEALTH PROVIDER RATE

Rate per 10,000

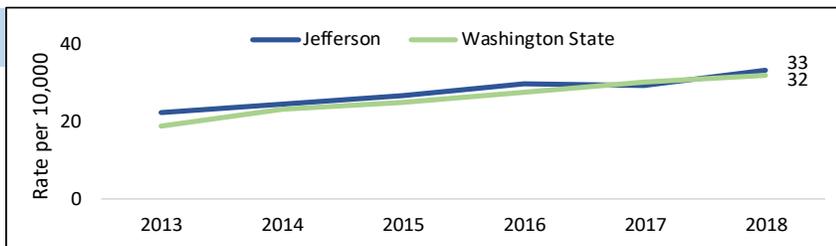
Number of mental health providers per 10,000 population.

Source: County Health Rankings

Summary: There were 105 mental health providers in Jefferson County in 2018. Jefferson's primary care physician rate is improving since 2013 and the same as the state.

Rate per 10,000	Early year 2013	Recent year 2018	Statistical trend since 2013	
Jefferson County	22	33		n/a
Washington State	19	32		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jeff. mental health providers:		105		

Trend over
Time:



HEALTH CARE PROFESSIONAL SHORTAGE AREAS (HPSA)

Source: WA State Office of Community Health Systems, Rural Health Section

Summary: Jefferson County has been designated a health care professional shortage area because of high needs geographically for mental health. West Jefferson, Port Townsend and Quilcene have been designated health care professional shortage areas for dental care. West Jefferson and the low income/homeless population in Jefferson have been designated health care professional shortage areas for primary care, as have South County Medical Clinic and Port Townsend Family Physicians.

	HPSA	Date	Type
Jefferson County	South County Medical Clinic	2003	Primary Care
	Port Townsend Family Physicians	2003	Primary Care
	West Jefferson	2014	Primary Care
	Low Income/H-Port Townsend/Quilcene - Low income Homeless Population	2017	Primary Care
	Jefferson County - High Needs Geographic	2014	Mental Health
	Port Townsend/Quilcene - Geographic Population	2017	Dental Health
	West Clallam and West Jefferson Counties	2017	Dental Health

ADULTS REPORT HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER

Percentage

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, approximately 4 out of 5 Jefferson residents reported having a personal doctor, unchanged from 2012-14 and about the same as the state.

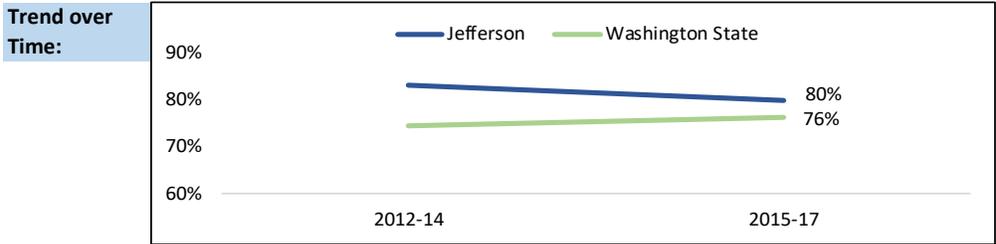
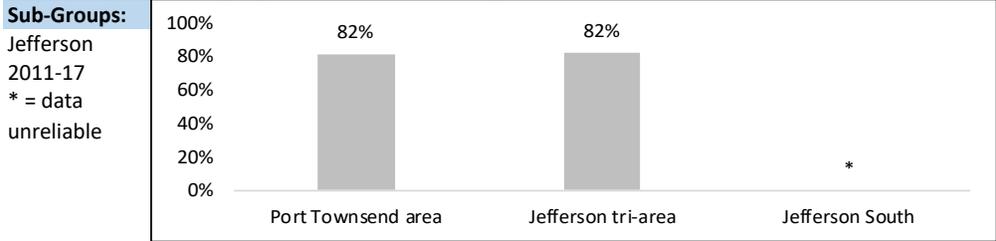
Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	83%	80%		n/a
Washington State	74%	76%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents each year:		21,191		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

Adults report having a personal health care provider continued:



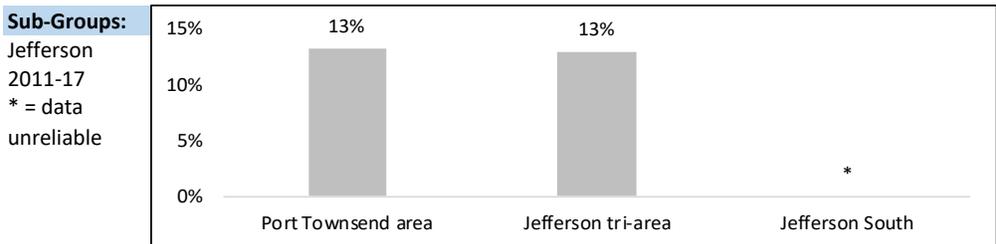
ADULTS UNABLE TO SEE A DOCTOR BECAUSE OF COST Percentage

The proportion of adults reporting that there was a time they needed to see a doctor but could not because of the cost.

Source: Behavioral Risk Factor Surveillance System (BRFSS) **CHIP METRIC**

Summary: Thirteen percent of Jefferson respondents reported not being able to see a doctor because of the cost from 2015 to 2017, approximately the same percentage as Washington State overall. There was no change in Jefferson's percentage from 2012-14 to 2015-17. Based on this estimate, almost 3,500 Jefferson residents are not able to see a doctor because of cost each year.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	13%	13%	n/a
Washington State	15%	12%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents each year:		3,435	

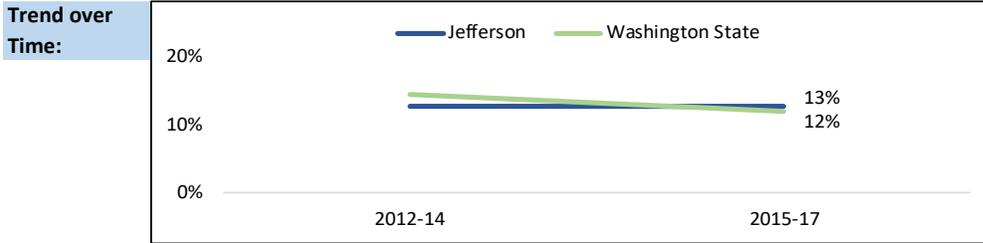


JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

Adults unable to see a doctor because of cost continued:



ADULTS WITH A ROUTINE MEDICAL CHECK-UP IN PAST YEAR Percentage

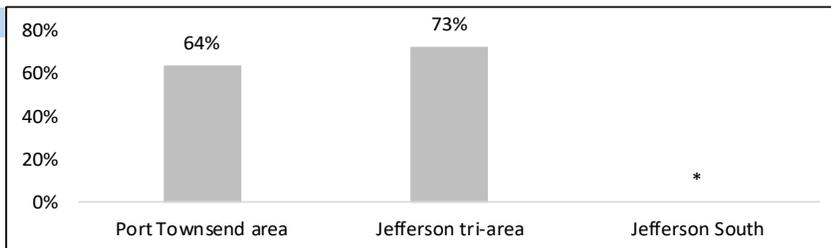
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, 2 in 3 Jefferson adults reported that they had a routine check-up with a doctor within the past year, statistically unchanged from 2012-14 and no different than Washington State overall.

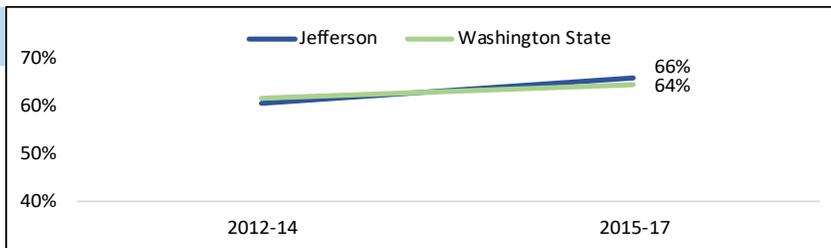
Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	60%	66%		n/a
Washington State	62%	64%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents each year: 17,850				

Sub-Groups:

Jefferson
2015-17
* = data
unreliable



Trend over Time:



YOUTH WITH A ROUTINE MEDICAL CHECK-UP IN PAST YEAR Percentage

Source: Healthy Youth Survey

Summary: In 2018, about 3/4 of 8th graders and 70% of 10th and 12th graders reported having a routine medical check-up in the past year, about the same as the state. This question was not asked in 2012. Port Townsend School District had a slightly higher percentage than Chimacum or Quilcene.

Percentage	Not asked in 2012	Recent year 2018
8TH GRADE		
Jefferson County		75%
Washington State		83%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson students: 169		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

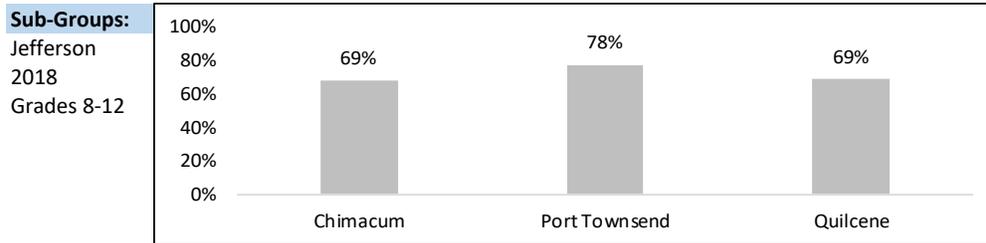
PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

Youth with a routine medical check-up in past year continued:

Percentage 10TH GRADE	Not asked in 2012	Recent year 2018
Jefferson County		70%
Washington State		77%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson students:		
		134

Percentage 12TH GRADE	Not asked in 2012	Recent year 2018
Jefferson County		70%
Washington State		72%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson students:		
		150



SCHOOL BASED HEALTH CLINIC VISITS

Total number of medical and mental health visits to the School Based Health Centers by month, 2018-19

Source: Jefferson County: School Based Health Centers Participation Report, analysis by Kitsap Public Health District

Summary: There has been an unchanging trend in number of visits to the school based health clinic, with 1,713 visits in 2018-19. The highest number of visits was in March, with 232 visits.

	Early year 2012-13	Recent year 2018-19	Statistical trend since 2012-13	
Jefferson County	1,788	1,713		n/a

2018-19	Brinnon Mental Health	Chimacum		Port Townsend		Quilcene
		Medical	Mental Health	Medical	Mental Health	Mental Health
August	0	24	0	13	0	0
September	24	33	5	25	36	11
October	1	35	20	47	60	6
November	38	25	6	31	60	3
December	9	28	6	45	51	0
January	32	33	16	28	71	8
February	39	33	12	27	53	9
March	25	32	44	34	79	18
April	18	33	36	38	53	14
May	25	40	29	23	79	6
June	29	14	1	9	27	4

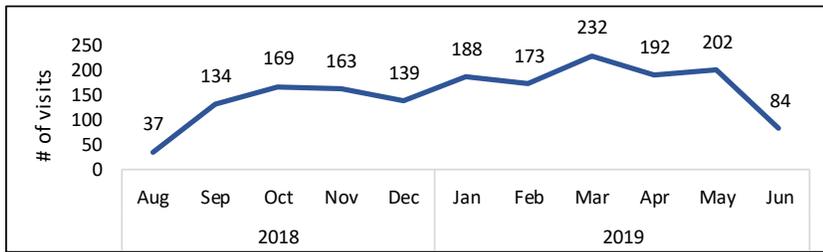
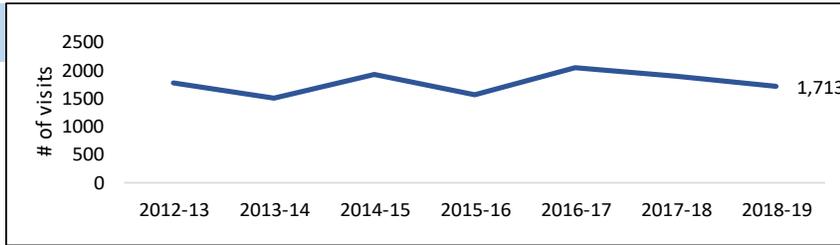
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION III.B. HEALTH CARE ACCESS

School based health clinic visits continued:

Trend over Time:



ADULTS ACCESS TO PREVENTIVE/AMBULATORY CARE (MEDICAID)

Percentage

The percentage of Medicaid beneficiaries age 20+ who had an ambulatory or preventive care visit in the past year.

Source: Healthier Washington Dashboard

Summary: From October 2017 to September 2018, about 3 in 4 Jefferson Medicaid beneficiaries age 20 or older had an ambulatory or preventive care visit. This was about the same as the state overall.

Percentage	Early year FY 2017	Recent year FY 2018	Statistical comparison of FY 2017 to FY 2018
Jefferson County	74%	75%	n/a
Washington State	77%	78%	n/a

CHILD AND ADOLESCENT ACCESS TO PRIMARY CARE (MEDICAID)

Percentage

The percentage of Medicaid beneficiaries 12 months-19 years of age who had a visit with a primary care provider during the year.

Source: Healthier Washington Dashboard

Summary: From October 2017 to September 2018, almost 9 in 10 Jefferson Medicaid beneficiaries age 12 months to 19 years had a visit with a primary care provider. This was about the same as the state overall.

Percentage	Early year FY 2017	Recent year FY 2018	Statistical comparison of FY 2017 to FY 2018
Jefferson County	88%	89%	n/a
Washington State	91%	91%	n/a

WELL CHILD VISITS (AGE 3-6) (MEDICAID)

Percentage

The percentage of Medicaid beneficiaries 3-6 years of age who had one or more well-child visits during the year.

Source: Healthier Washington Dashboard

Summary: From October 2017 to September 2018, only about 3 in 5 Jefferson Medicaid beneficiaries age 3 to 6 had a well child visit. This was lower than the state overall. There was an increase in percentage from FY 2017 to FY 2018, but it was not statistically significant.

Percentage	Early year FY 2017	Recent year FY 2018	Statistical comparison of FY 2017 to FY 2018
Jefferson County	49%	58%	n/a
Washington State	62%	63%	n/a

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

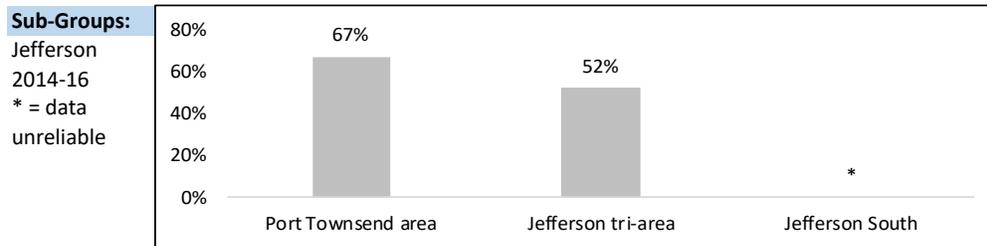
SECTION IIIB. HEALTH CARE ACCESS

ADULTS WITH A ROUTINE DENTAL VISIT IN THE PAST YEAR Percentage CHIP METRIC

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2014-16, just over half of Jefferson adults (59%) reported they had a routine dental visit within the past year, lower than the state overall. The percentage was slightly higher in the Port Townsend area (67%) and slightly lower in the Jefferson tri-area.

Percentage	Not asked in 2013 or 2017	Recent years 2014-16
Jefferson County		59%
Washington State		67%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson residents each year:		
		15,783



YOUTH WITH A ROUTINE DENTAL VISIT IN PAST YEAR Percentage

Source: Healthy Youth Survey

Summary: In 2018, slightly more than 8 in 10 Jefferson 8th graders reported having a dental visit in the past year, approximately the same percentage as the state. A lower percentage of Jefferson 10th graders (71%) reported having a dental visit than in the state overall (83%). Jefferson 12th graders (71%) reported about the same percentage as the state (79%). All grades percentages for Jefferson were statistically unchanged from 2012 to 2018. Quilcene School District had a slightly lower proportion of students reporting having had a dental visit in the past year than did Chimacum or Port Townsend School Districts.

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
8TH GRADE				
Jefferson County	80%	83%		n/a
Washington State	85%	87%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:				
		185		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
10TH GRADE				
Jefferson County	78%	71%		n/a
Washington State	84%	83%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:				
		136		

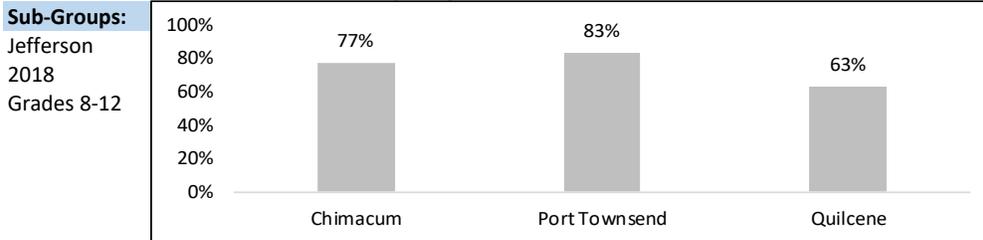
Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
12TH GRADE				
Jefferson County	68%	71%		n/a
Washington State	80%	79%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:				
		154		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

Youth with a routine dental visit in past year continued:

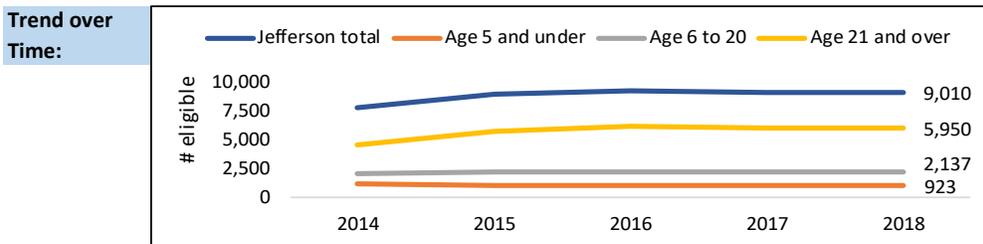


MEDICAID POPULATION ELIGIBLE FOR DENTAL SERVICES Number of individuals

Number of individuals with Medicaid who are eligible for dental services.
Source: WA State Health Care Authority

Summary: The number of Medicaid enrollees in Jefferson County who were eligible for dental services in 2018 was 9,010, statistically significantly unchanged from 2014. The number age 5 and under has decreased slightly, but all other age groups remain unchanged from 2014 to 2018.

Number of individuals	Early year 2014	Recent year 2018	Statistical trend since 2014	
Jefferson County total	7,670	9,010	No change	n/a
Age 5 and under	1,057	923	Decreasing	Annual change: -3%
Age 6-20	2,076	2,137	No change	n/a
Age 21 and over	4,537	5,950	No change	n/a



ELIGIBLE MEDICAID POPULATION USING DENTAL SERVICES Percentage

Percentage of Medicaid population with dental coverage who access dental services.
Source: WA State Health Care Authority **CHIP METRIC**

Summary: Less than 1 in 4 people who have dental coverage through Medicaid in Jefferson County actually accessed dental services in 2018, a lower percentage than the state overall. The lowest percentage of people who use their dental coverage is among those age 21 and older.

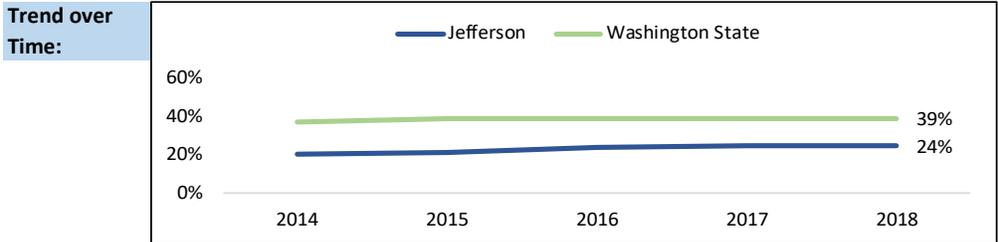
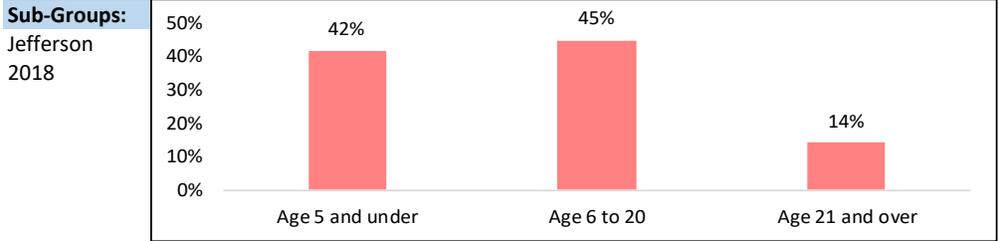
Percentage	Early year 2014	Recent year 2018	Statistical trend since 2014	
Jefferson County	20%	24%		n/a
Washington State	37%	39%		Annual change: 1%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		2,185		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION IIIB. HEALTH CARE ACCESS

Eligible Medicaid population using dental services continued:



OAAA SURVEY RESPONDENTS DEFERRING DENTAL CARE DUE TO COST Percentage

Percentage of OAAA's survey respondents who said they had ever skipped paying for dental care because of family finances.

Source: Olympic Area Agency on Aging, personal communication

Summary: In 2019, 34% of respondents to the Olympic Area Agency on Aging's survey reported that they had ever skipped paying for dental care because of family finances.

Percentage	Recent year 2019
Ever skip paying for dental care because of family finances	34%

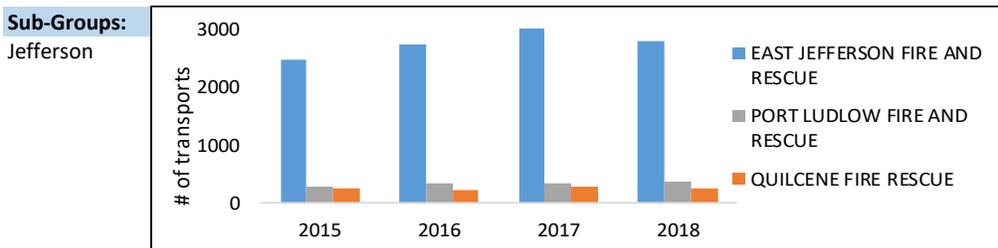
EMERGENCY MEDICAL SERVICES (EMS) TRANSPORTS RATE PER 1,000

The number of people transported by EMS, including both 9-1-1 generated and hospital (inter-facility) transports, for East Jefferson Fire and Rescue, Port Ludlow Fire and Rescue and Quilcene Fire Rescue.

Source: East Jefferson Fire and Rescue, personal communication; Port Ludlow Fire and Rescue, personal communication; Quilcene Fire Rescue, personal communication

Summary: There have been no statistically significant differences over time in numbers or rates of EMS transports in Jefferson County. There were 3,407 people transported by EMS in Jefferson in 2018.

Rate per 1,000	Early year 2015	Recent year 2018	Statistical trend since 2015
Jefferson County	98	108	n/a



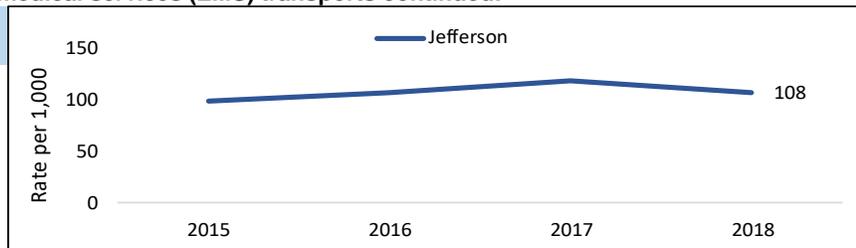
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART III. HEALTH CARE

SECTION III.B. HEALTH CARE ACCESS

Emergency medical services (EMS) transports continued:

Trend over
Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

SECTION IV. PREGNANCY AND BIRTHS

PREGNANCY RATE Rate per 1,000

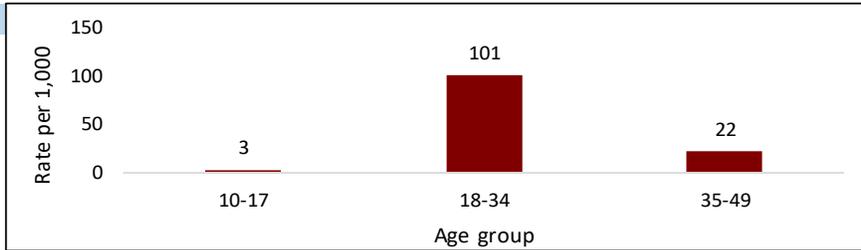
The number of live births, fetal deaths and induced abortions per 1,000 women of child-bearing age (age 15-44).

Source: WA State, Community Health Assessment Tool (CHAT)

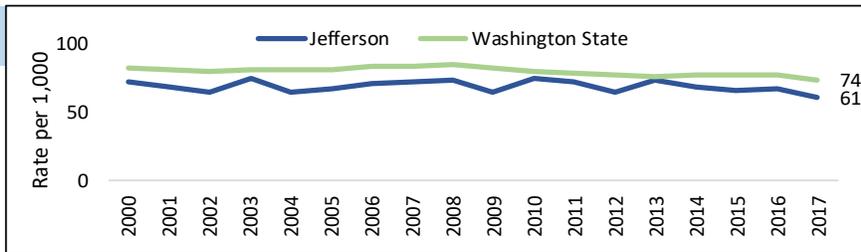
Summary: The pregnancy rate for Jefferson County in 2017 was 61 pregnancies for every 1,000 women age 15 to 44. It has been unchanged since 2000 and was statistically significantly lower than the state in 2017. From 2013-17, the rate was much higher among Jefferson women age 18-34 than it was among women age 35-49, and was extremely low among those age 10-17.

Rate per 1,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2017		
Jefferson County	73	75	61		n/a
Washington State	83	80	74	Decreasing	Annual change: -0.5%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			209		

Sub-Groups:
Jefferson
2013-17



Trend over Time:



BIRTH RATE RATE PER 1,000

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: The birth rate in Jefferson County has been decreasing since 2000 at about 2% per year, and is lower than the state's rate. The highest birth rate is in the Jefferson tri-area.

Rate per 1,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2018		
Jefferson County	8	7	6	Decreasing	Annual change: -2%
Washington State	14	13	12	Decreasing	Annual change: -1%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			187		

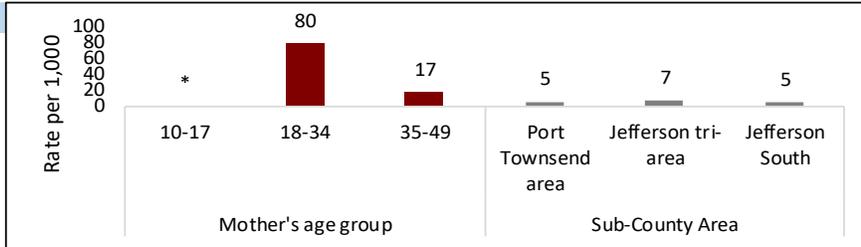
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

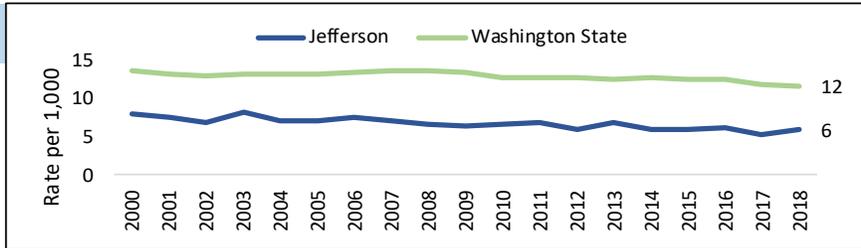
SECTION IV. PREGNANCY AND BIRTHS

Birth rate continued:

Sub-Groups:
 Jefferson
 2013-17
 * = data
 unreliable



Trend over Time:



BIRTH FACILITY

Percentage

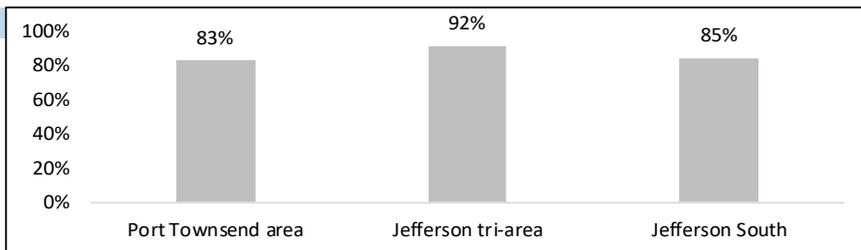
The percentage of births that were delivered in a hospital facility.

Source: WA State Department of Health, Center for Health Statistics, Vital Statistics Databases

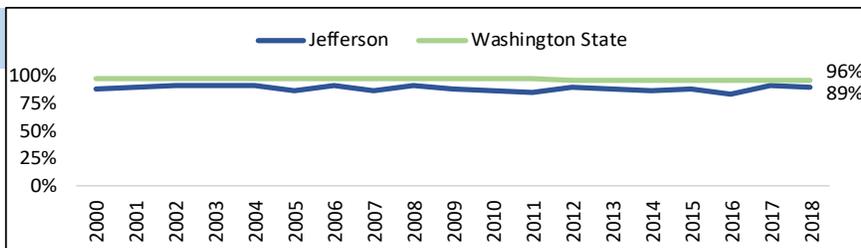
Summary: The percentage of births in a hospital have remained about the same in Jefferson from 2000 to 2018. From 2013-17, the Jefferson tri-area region had the highest percentage of births in a hospital, followed by Jefferson South. About half of births to Jefferson residents were born in Jefferson General Hospital, with an additional 20% born at Harrison Memorial Hospital.

Percentage HOSPITAL BIRTHS	Early year 2000	2010	Recent year 2018	Statistical trend since 2000
Jefferson County	88%	87%	89%	n/a
Washington State	98%	97%	96%	n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:			167	

Sub-Groups:
 Jefferson
 2013-17



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

SECTION IV. PREGNANCY AND BIRTHS

Birth facility continued:

Facility:	Facility Name	% of births
2018	Jefferson General Hospital	51%
	Harrison Memorial Hospital	20%
	Other hospital	18%
	Not in a hospital	11%

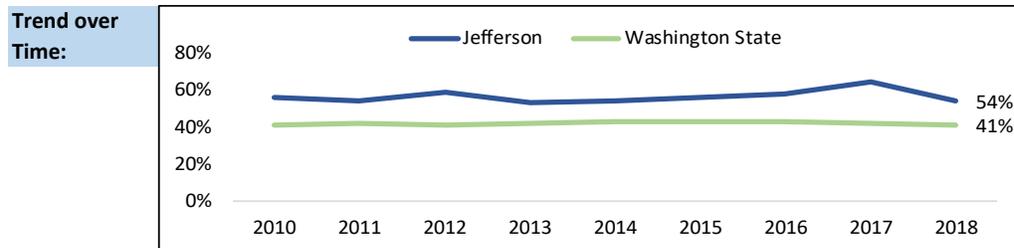
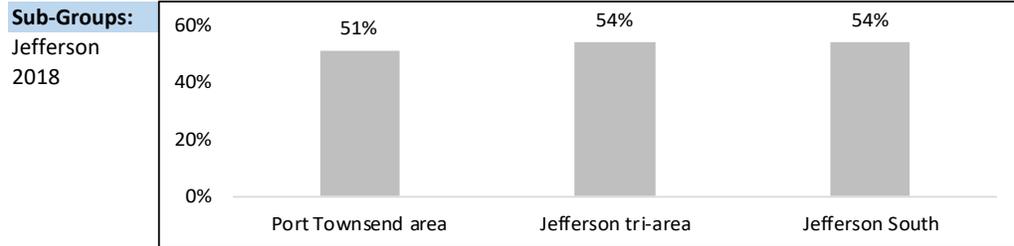
CIVILIAN MEDICAID-PAID BIRTHS Percentage

The percentage of civilian births where the delivery was paid for by Medicaid. Civilian births include all births where the mother and father were not in the military and the birth was not in a federal facility.

Source: WA State Department of Health, Center for Health Statistics, Vital Statistics Databases

Summary: The percentage of Jefferson civilian births paid by Medicaid has remained relatively unchanged from 2010 to 2018, but was higher than the state's percentage in 2018. All geographic areas of Jefferson County had similar percentages.

Percentage	Early year 2010	Recent year 2018	Statistical trend since 2010	
Jefferson County	56%	54%		n/a
Washington State	41%	41%		n/a
Statistical comparison: Jefferson vs. Washington:		Higher		
Estimated number of Jefferson residents:		99		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

SECTION IV. PREGNANCY AND BIRTHS

SMOKING DURING PREGNANCY Percentage

The percentage of women who report smoking while pregnant.

Source: WA State Department of Health, Center for Health Statistics, Vital Statistics Databases

CHIP METRIC

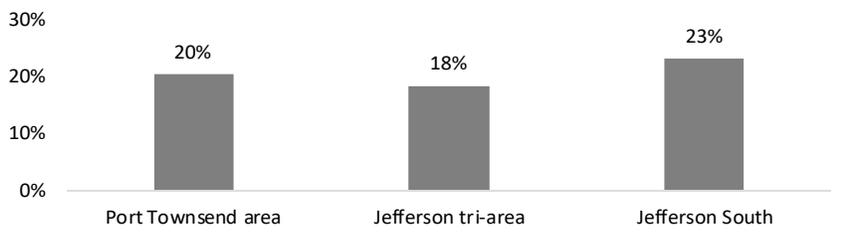
Summary: The percentage of women who report smoking while pregnant has been decreasing about 1% annually since 1990 in Jefferson County, but is still higher than the state. Mothers in Jefferson South have the highest percentage of smokers of any geographic region in Jefferson County.

Percentage	Early year 1990	2010	Recent year 2017	Statistical trend since 1990
Jefferson County	15%	18%	14%	Annual change: -1%
Washington State	20%	9%	6%	Annual change: -4%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson pregnant women:			23	

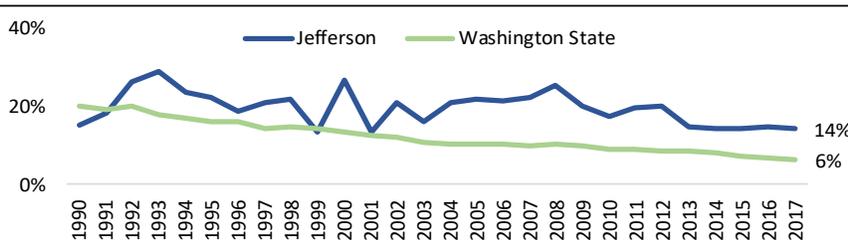
Sub-Groups:

Jefferson
2012-16

* sub-county area
data includes
women who
smoked in the 3
months prior to
pregnancy.



Trend over Time:



PRENATAL CARE ACCESS IN FIRST TRIMESTER Percentage

Source: WA State, Community Health Assessment Tool (CHAT)

CHIP METRIC

Summary: More than 3 out of every 4 pregnant women in Jefferson County (79%) started prenatal care in the first trimester in 2017. There has been no change from 2000 to 2017 in the percentage, and it is similar in all sub-county areas.

Percentage	Early year 2000	2010	Recent year 2017	Statistical trend since 2000
Jefferson County	77%	79%	79%	n/a
Washington State	83%	80%	81%	n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson pregnant women:			128	

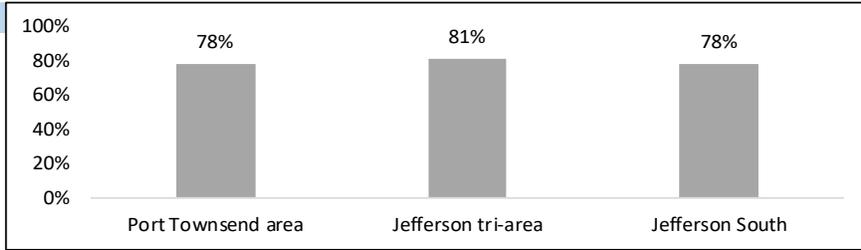
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

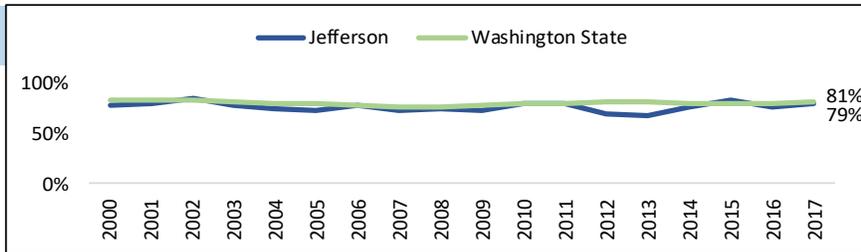
SECTION IV. PREGNANCY AND BIRTHS

Prenatal care access in first trimester continued:

Sub-Groups:
Jefferson
2015-17



Trend over Time:



LOW BIRTH WEIGHT

Percentage

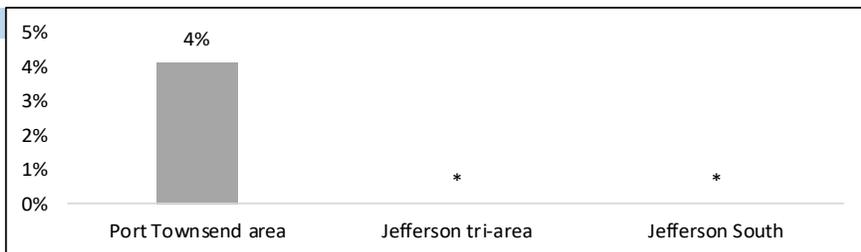
The percentage of singleton live births with a low birth weight (less than 2500 grams or 5.5 pounds).

Source: WA State, Community Health Assessment Tool (CHAT)

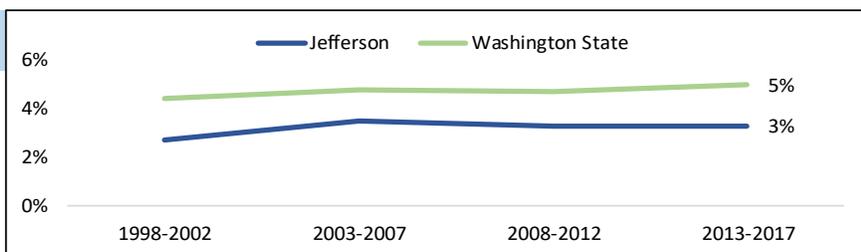
Summary: The percentage of singleton live births in Jefferson County with a low birth weight has been unchanged from 1998-02 to 2013-17. Jefferson's rate is better than the state.

Percentage	Early years 1998-02	Recent years 2013-17	Statistical comparison of 1998-02 to 2013-17	
Jefferson County	3%	3%		n/a
Washington State	4%	5%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson births annually:				6

Sub-Groups:
Jefferson
2013-17
* = data
unreliable



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

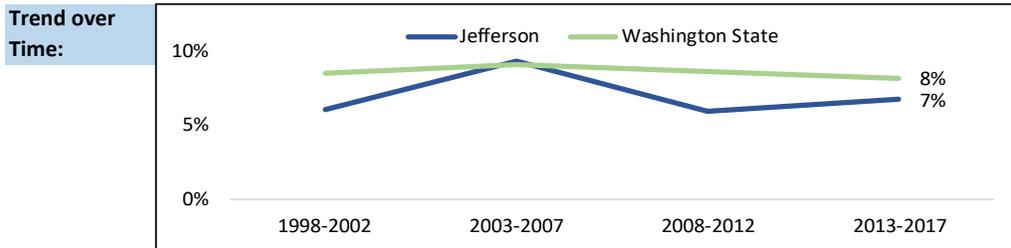
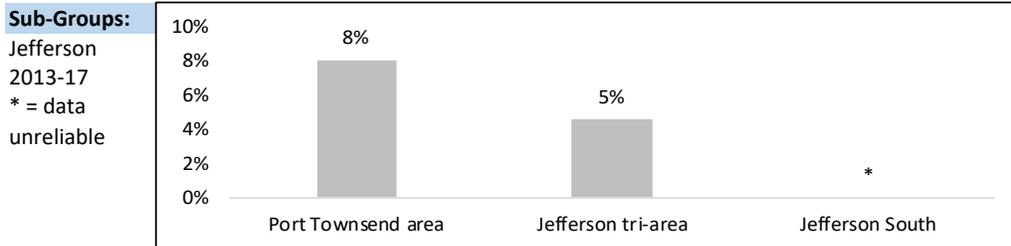
SECTION IV. PREGNANCY AND BIRTHS

PREMATURE BIRTHS Percentage

The percentage of singleton live births that are premature (less than 37 weeks gestation).
 Source: WA State, Community Health Assessment Tool (CHAT)

Summary: The percentage of singleton births that occurred before 37 weeks gestation in Jefferson has remained about the same from 1998-02 to 2013-17 at about 7% of births, and was about the same as the state in 2013-17. The Port Townsend area has a higher percentage than the Jefferson tri-area region.

Percentage	Early years 1998-02	Recent years 2013-17	Statistical comparison of 1998-02 to 2013-17	
Jefferson County	6%	7%		n/a
Washington State	9%	8%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson births annually:				
		12		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

SECTION IV. PREGNANCY AND BIRTHS

DELIVERY METHOD OF BIRTHS Percentage

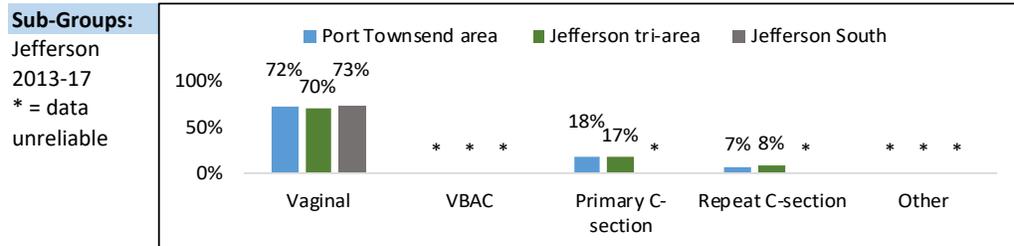
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, 71% of births in Jefferson County were vaginal. An additional 17% were by primary C-section and 8% by repeat C-section. Jefferson County has a higher rate of vaginal delivery compared to Washington State and a lower rate of repeat C-sections. Delivery method did not vary much between sub-county geographic regions.

Percentage	Early years 1998-02	Recent years 2013-17	Statistical comparison of 1998-02 to 2013-17	
Jefferson County				
Vaginal births	74%	71%		n/a
VBAC	2%	2%		n/a
Primary C-section	14%	17%		n/a
Repeat C-section	10%	8%		n/a
Other	0%	*	n/a	
Washington State				
Vaginal births	76%	66%	decreasing	n/a
VBAC	2%	3%	increasing	n/a
Primary C-section	13%	17%	increasing	n/a
Repeat C-section	8%	11%	increasing	n/a
Other	0%	4%	increasing	n/a

	2013-17	
	# of Jefferson Births	Comparison to WA
Vaginal births	665	higher
VBAC	21	same
Primary C-section	159	same
Repeat C-section	73	lower
Other	*	n/a

* = data unreliable



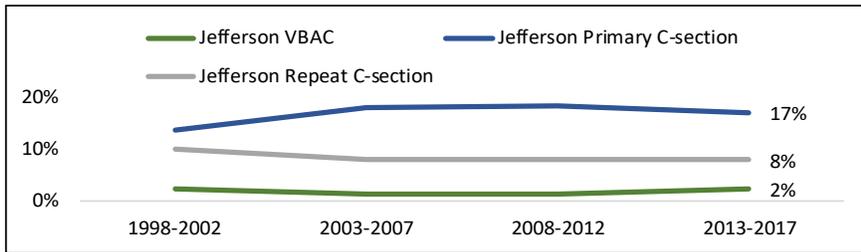
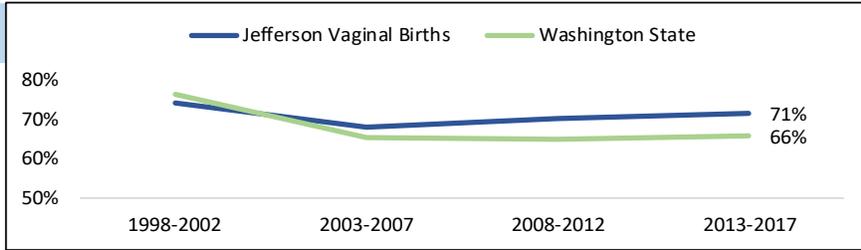
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

SECTION IV. PREGNANCY AND BIRTHS

Delivery method of births continued:

Trend over Time:



GESTATIONAL DIABETES Percentage

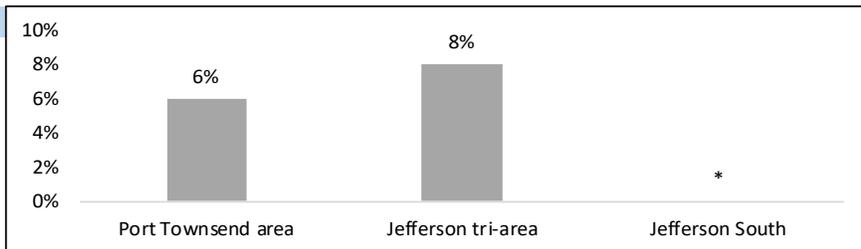
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: The percentage of pregnant women developing gestational diabetes in Jefferson County (8% from 2015-17) has been increasing about 5% annually from 2003-05 to 2015-17, and is about the same as the state's percentage. From 2013-17, the percentage is slightly higher in the Jefferson tri-area region (8%) than it is in the Port Townsend area (6%).

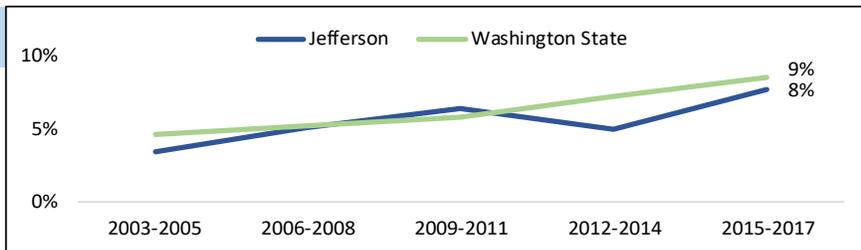
Percentage	Early year 2003-05	Recent years 2015-17	Statistical trend since 2003-05
Jefferson County	3%	8%	Annual change: 5%
Washington State	5%	9%	Annual change: 5%
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents annually:		14	

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

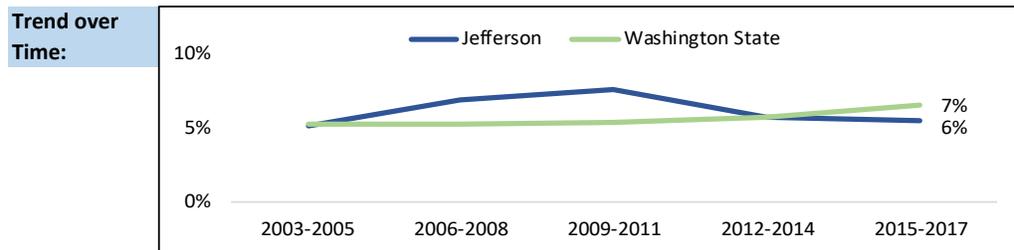
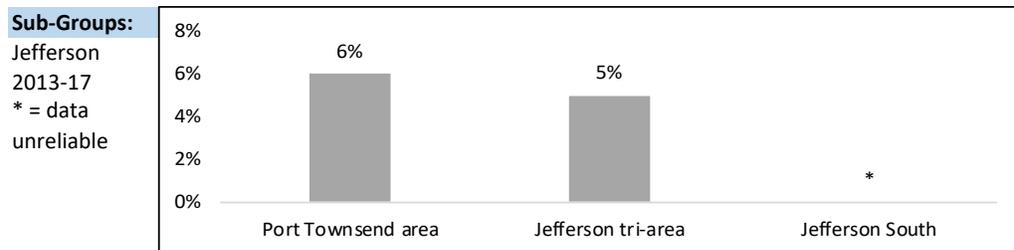
SECTION IV. PREGNANCY AND BIRTHS

GESTATIONAL HYPERTENSION Percentage

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2015 to 2017, approximately 6% of Jefferson pregnant women developed gestational hypertension, about the same as the state (7%) and roughly unchanged from 2003-05. Port Townsend had a slightly higher percentage than Jefferson tri-area region.

Percentage	Early year 2003-05	Recent years 2015-17	Statistical trend since 2003-05	
Jefferson County	5%	6%		n/a
Washington State	5%	7%		Annual change: 3%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents annually:				
		10		



BREASTFEEDING AT BIRTH Percentage

The proportion of women breastfeeding their infants immediately after birth.

Source: WA State Department of Health, Center for Health Statistics, Vital Statistics Databases

Summary: From 2016 to 2018, about 93% of Jefferson mothers breastfed their infants immediately after birth. The state had similar rates of breastfeeding. Port Townsend area had a slightly higher percentage of breastfeeding than Jefferson tri-area region.

Percentage	Early years 2004-06	Recent years 2016-18	Statistical trend since 2004-06	
Jefferson County	94%	93%		n/a
Washington State	90%	94%		Annual change: 0.4%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents annually:				
		166		

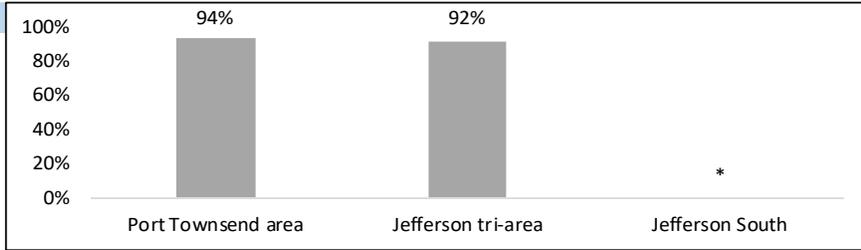
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART IV. PREGNANCY AND BIRTHS

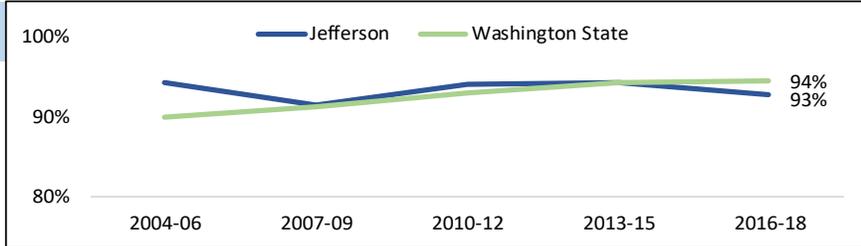
SECTION IV. PREGNANCY AND BIRTHS

Breastfeeding at birth continued:

Sub-Groups:
 Jefferson
 2016-18
 * = data
 unreliable



Trend over Time:



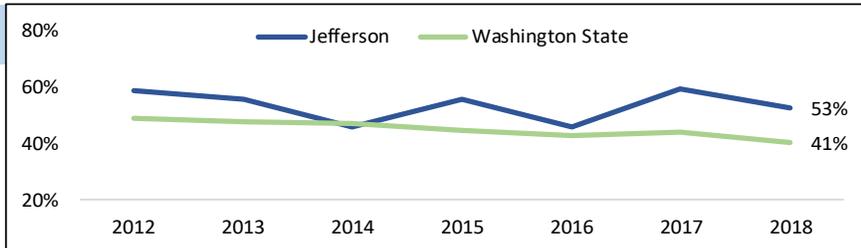
PERCENT OF INFANTS BORN SERVED BY WIC Percentage

Supplemental Nutrition Program for Women, Infants and Children (WIC); eligibility is 185% of the federal poverty level.
 Source: WA State Department of Health, WIC Annual Summary Data

Summary: Over half of all infants born in Jefferson County are served by WIC (53%), a higher percentage than Washington State overall (41%). This accounted for approximately 427 Jefferson infants in 2018.

Percentage	Early year 2012	Recent year 2018	Statistical trend since 2012	
Jefferson County	59%	53%		n/a
Washington State	49%	41%	Decreasing	Annual change: 3%
Statistical comparison: Jefferson vs. Washington:		Higher		
Estimated number of Jefferson infants & children <5:		427		

Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

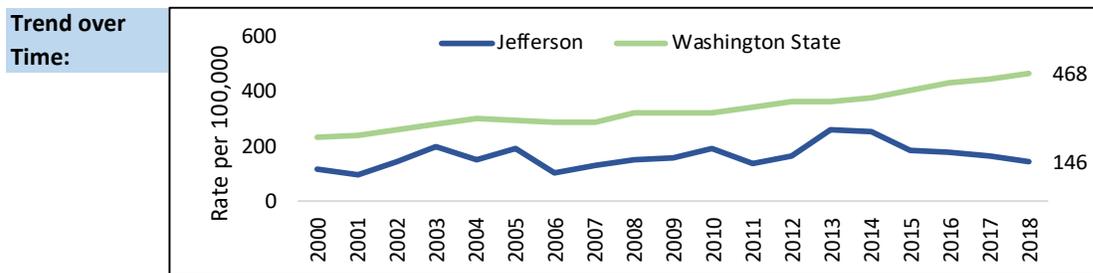
SECTION VA. COMMUNICABLE DISEASES

CHLAMYDIA CASE RATE Rate per 100,000

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2018, there were 46 cases of chlamydia (146 for every 100,000 people) in Jefferson County. This rate is lower than the state rate of 468 for every 100,000 people.

Rate per 100,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2018		
Jefferson County	114	194	146		n/a
Washington State	231	319	468		Annual change: 4%
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents:			46		

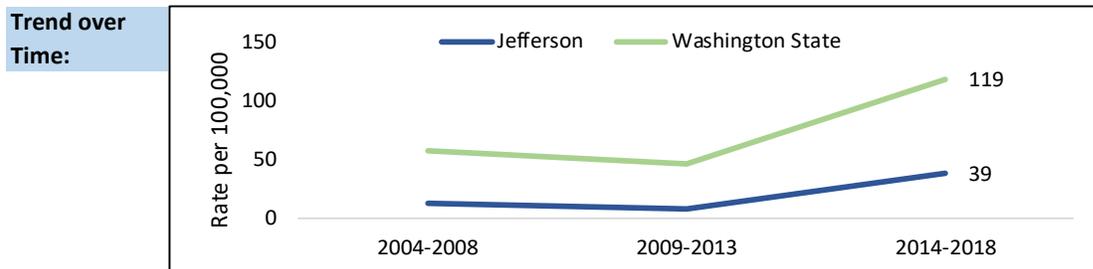


GONORRHEA CASE RATE Rate per 100,000

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2014 to 2018, there were an average of 12 cases of gonorrhea per year in Jefferson County, a rate of 39 per 100,000, which is lower than the state's rate. However, the rate has increased statistically significantly in both Jefferson and the state since 2004-08.

Rate per 100,000	Early years	Recent years	Statistical comparison	
	2004-08	2014-18	of 2004-08 to 2014-18	
Jefferson County	12	39		n/a
Washington State	56	119		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents each year:			12	



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VA. COMMUNICABLE DISEASES

HIV INCIDENCE RATE

Rate per 100,000

Source: WA State Department of Health, HIV/AIDS Surveillance Report

Summary: In 2017, no Jefferson residents were diagnosed with HIV, and from 2013 to 2017, less than 10 residents were diagnosed with HIV.

Rate per 100,000	Early year		Recent year
	2006	2010	2017
Jefferson County	*	0	0
Washington State	9	8	6
Estimated number of Jefferson residents:			0

RATE OF PEOPLE LIVING WITH HIV INFECTION

Rate per 100,000

Source: WA State Department of Health, HIV/AIDS Surveillance Report

Summary: In 2017, there were approximately 41 Jefferson residents living with HIV infection, a rate of 131 per 100,000. The state's rate has been increasing from 2011 to 2017 and was 177 per 100,000 in 2017.

Rate per 100,000	Early year	Recent year	Statistical	
	2011	2017	trend since 1996-2000	
Jefferson County	*	131	n/a	
Washington State	70	177	Higher	n/a
Estimated number of Jefferson residents:		41	* = data unreliable	

TUBERCULOSIS

Rate per 100,000

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2014-18, there were no cases of tuberculosis in residents of Jefferson County. The state's rate has been decreasing from 1999-03 to 2014-18 and was 3 per 100,000 in 2014-18.

Rate per 100,000	Early years	Recent years	Statistical	
	1999-03	2014-18	trend since 1999-03	
Jefferson County	*	0	n/a	
Washington State	4	3		Annual change: -3%
Estimated number of Jefferson residents:		0	* = data unreliable	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VA. COMMUNICABLE DISEASES

CHRONIC HEPATITIS B Rate per 100,000

Source: WA State Department of Health, Chronic Hepatitis B and Chronic Hepatitis C Surveillance Report

Summary: From 2013 to 2017, there were <10 Jefferson residents diagnosed with chronic hepatitis B. The state's rate has been increasing from 2000 to 2017.

Rate per 100,000	Early year 2000	Recent year 2017	Statistical trend since 2000	
Jefferson County	*	*	n/a	
Washington State	10.4	24.4		Annual change: 2%
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson residents:		<10		

CHRONIC HEPATITIS C Rate per 100,000

Source: WA State Department of Health, Chronic Hepatitis B and Chronic Hepatitis C Surveillance Report

Summary: In 2017, there were 31 cases of chronic hepatitis C in Jefferson residents, a rate of 99 per 100,000. The state's rate has been increasing from 2011 to 2017 and was 121 per 100,000 in 2017.

Rate per 100,000	Early year 2011	Recent year 2017	Statistical trend since 2011	
Jefferson County	90	99		n/a
Washington State	75	121		Annual change: 11%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		31		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

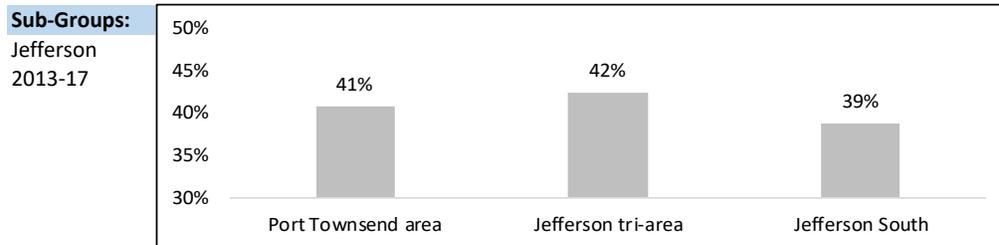
SECTION VB. IMMUNIZATIONS

ADULTS GETTING A FLU SHOT IN PAST YEAR Percentage CHIP METRIC

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015 to 2017, only about 4 in 10 Jefferson adults (38%) reported receiving a flu shot in the past year. The percentage was about the same as the state and very similar in different geographic areas of Jefferson. Note: this question was not asked on the BRFSS survey in 2011 or 2012.

Percentage	Recent years 2015-17
Jefferson County	38%
Washington State	43%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson residents:	10,386

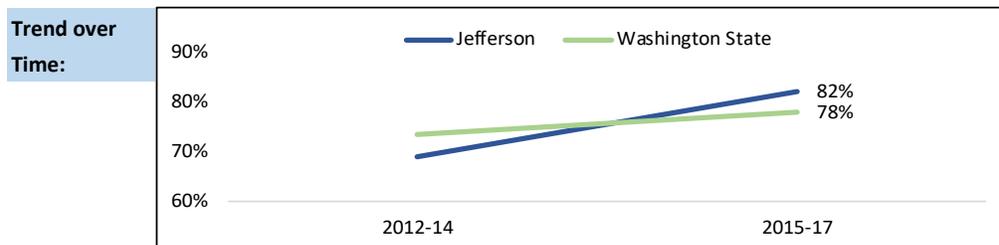
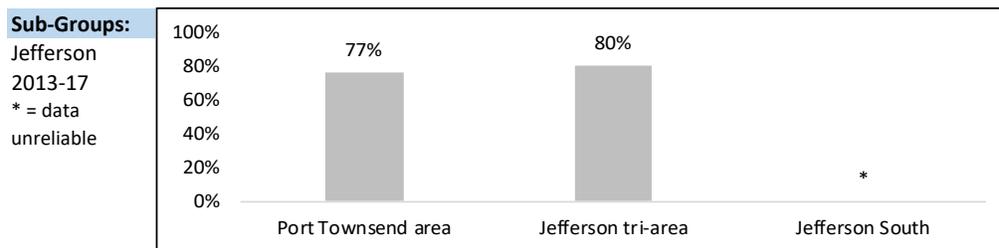


ADULTS AGE 65+ GETTING PNEUMONIA VACCINE IN PAST YEAR Percentage CHIP METRIC

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015 to 2017, about 8 in 10 Jefferson adults age 65+ (82%) reported receiving a pneumonia vaccine in the past year, statistically significantly higher than in 2012-14 and about the same as the state.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
Jefferson County	69%	82%	n/a
Washington State	73%	78%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		8,791	



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VB. IMMUNIZATIONS

CHILDREN AGE 19 TO 35 MONTHS WITH COMPLETE IMMUNIZATIONS Percentage

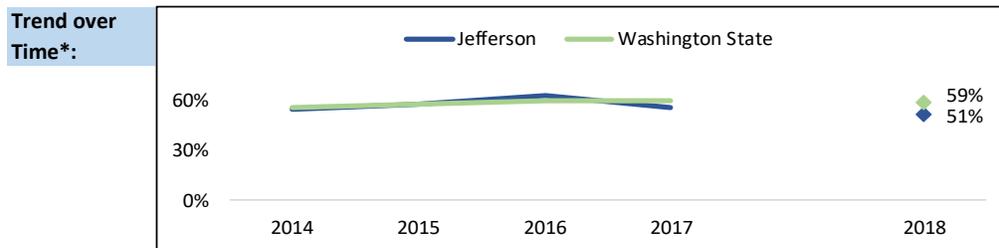
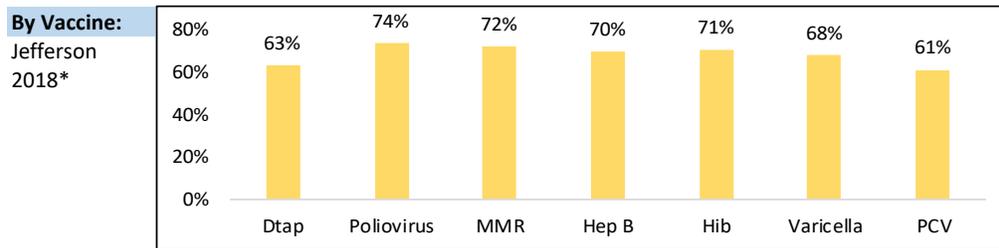
Percent of children 19 to 35 months of age with complete vaccination records on file in the Child Profile Immunization Registry; complete vaccination record includes 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella and 4 PCV.

Source: WA State Department of Health, Office of Immunization and Child Profile; Local Public Health Indicators

CHIP METRIC

Summary: In 2018, just over half of Jefferson's 19 to 35 month old children (51%) had complete vaccination records, which is worse than the state's rate of 59%. 2018's percentage is not comparable to previous year's data.* For individual vaccines, rates are highest for poliovirus (almost 3 in 4), followed by MMR (72%) and Hib (71%). PCV has the lowest individual rate of any vaccine with 61% receiving it.

Percentage	Early year 2014	Recent year 2018*
Jefferson County	55%	51%
Washington State	56%	59%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson residents:		135



*Note: In 2018, there was a change in collection of population data for this indicator, which means that the 2018 percentages are not comparable to previous year's data.

KINDERGARTNERS WITH COMPLETE IMMUNIZATIONS Percentage

Source: WA State Department of Health, Office of Immunization and Child Profile

CHIP METRIC

Summary: In the 2017-18 school year, only 67% of Jefferson kindergarteners had complete vaccination records, which is worse than the state and statistically unchanged from 2004-05 to 2017-18.

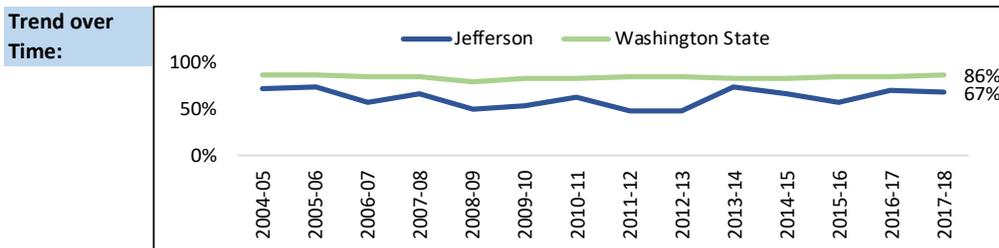
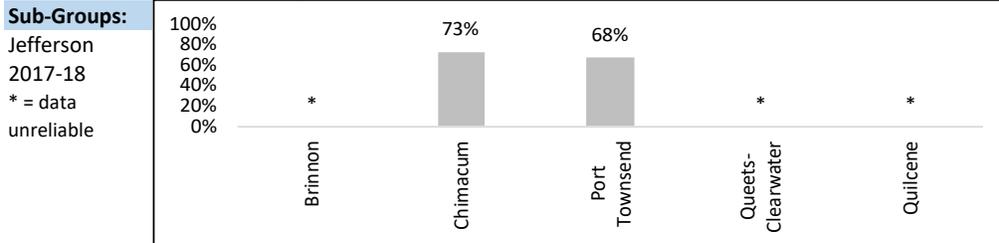
Percentage	Early year 2004-05	2011-12	Recent year 2017-18	Statistical trend since 2004-05	
Jefferson County	73%	47%	67%		n/a
Washington State	87%	85%	86%		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents:			115		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VB. IMMUNIZATIONS

Kindergarteners with complete immunizations continued:



Note: The student immunization status is based on parent reports to public and private schools and may not be verified by a healthcare provider. In school years 2012-2013 and 2013-2014, data for kindergartners and all students in grades K-12 are weighted to account for schools that did not report. Data for other school years for kindergartners and all students in grades K-12 are unweighted. Weighting allows for comparison of Washington State data with data from other states and accurate comparison of multiple years of Washington State data.

ADOLESCENTS AGE 13 TO 17 WITH COMPLETE IMMUNIZATIONS Percentage

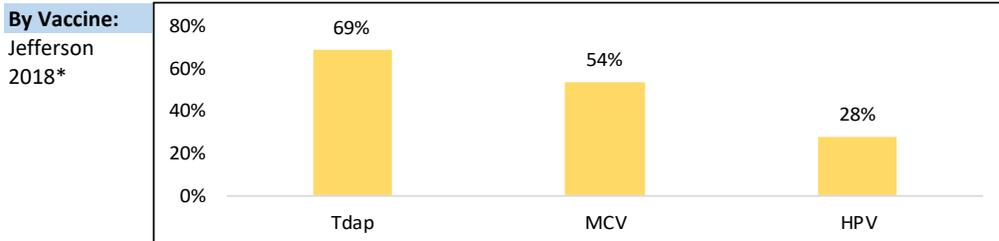
Percent of 13-17 year olds with complete vaccination records on file in the Child Profile Immunization Registry; complete vaccination record includes: 1+ Tdap, 1+ MCV and up-to-date for HPV by their 15th birthday.

Source: WA State Department of Health, Office of Immunization and Child Profile

CHIP METRIC

Summary: In 2018, just over a quarter of Jefferson's 13 to 17 year old children (26%) had complete vaccination records for Tdap, meningococcal and HPV, which is worse than the state's rate of 40%. 2018's percentage is not comparable to previous year's data.* The vaccine with the lowest rate is HPV.

Percentage	Early year 2015	Recent year 2018*
Jefferson County	18%	26%
Washington State	23%	40%
Statistical comparison: Jefferson vs. Washington:		
Estimated number of Jefferson residents:		403

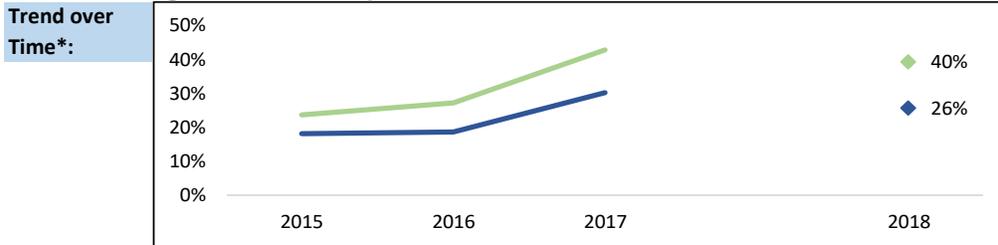


JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VB. IMMUNIZATIONS

Adolescents age 13-17 with complete immunizations continued:



*Note: In 2018, there was a change in collection of population data for this indicator, which means that the 2018 percentages are not comparable to previous year's data.

SIXTH GRADERS WITH COMPLETE IMMUNIZATIONS Percentage

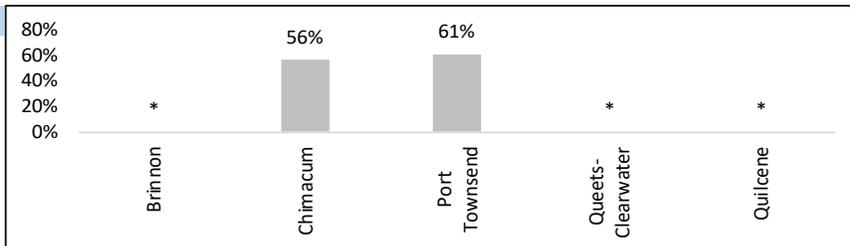
Source: WA State Department of Health, Office of Immunization and Child Profile

Summary: In the 2017-18 school year, just over 6 out of 10 Jefferson 6th graders (62%) had complete vaccination records, which is worse than the state, but has been increasing statistically significantly at about 7% per year since 2013-14.

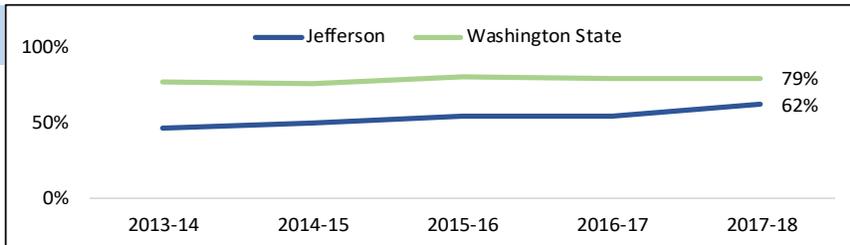
Percentage	Early year 2013-14	Recent year 2017-18	Statistical trend since 2013-14
Jefferson County	47%	62%	Annual change: 7%
Washington State	76%	79%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson residents:		112	

Sub-Groups:

Jefferson
2017-18
* = data
unreliable



Trend over Time:



Note: The student immunization status is based on parent reports to public and private schools and may not be verified by a healthcare provider. Unlike kindergarten data, data for 6th graders is not weighted for any year.

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

ADULTS WITH ANY LEISURE TIME PHYSICAL ACTIVITY Percentage

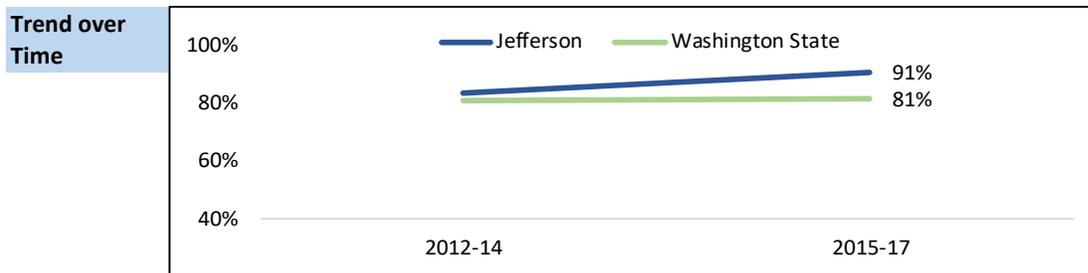
The percentage of adults who report any leisure time (not work related) physical activity in the past month.

Source: Behavioral Risk Factor Surveillance System

CHIP METRIC

Summary: In 2015-17, more than 9 out of 10 Jefferson residents reported some leisure time physical activity in the past month. This was an increased percentage from 2012-14 and about the same as the state's percentage of 81%.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	84%	91%		n/a
Washington State	81%	81%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents per year:		24,531		



YOUTH PHYSICALLY ACTIVE AT RECOMMENDED LEVEL Percentage

The percentage of students who report getting at least 60 minutes of physical activity 5 days or more days per week.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2018, 65% of 8th grade students reported getting at least 60 minutes of physical activity on 5 or more days per week, about the same as the state's percentage. Sixth, 10th and 12th graders reported slightly lower percentages, with 12th graders having the lowest percentage (52%). There were no statistically significant differences for Jefferson students from 2012 to 2018. All School Districts had similar percentages.

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
6TH GRADE				
Jefferson County	57%	58%		n/a
Washington State	58%	55%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		117		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
8TH GRADE				
Jefferson County	56%	65%		n/a
Washington State	56%	55%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		145		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

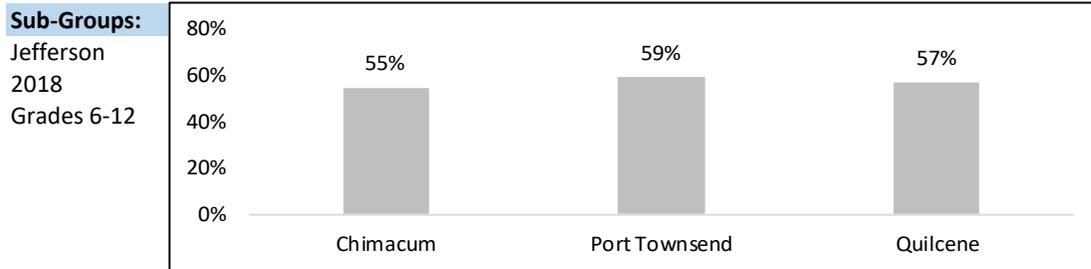
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

Youth physically active at recommended level continued:

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	56%	54%		n/a
Washington State	51%	49%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		104		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	49%	52%		n/a
Washington State	47%	48%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		112		



ADULT DAILY FRUIT AND VEGETABLE CONSUMPTION

Percentage

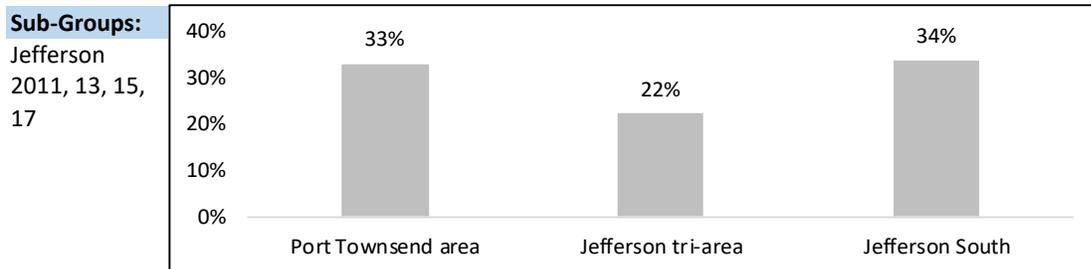
The percentage of adults who report eating the recommended 5 fruit and vegetable servings per day.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

CHIP METRIC

Summary: In 2017, over a quarter of Jefferson adults (28%) reported eating the recommended 5 fruits and vegetables a day. There has been no statistically significant change between 2011 and 2017, and no difference from the state's percentage. Jefferson tri-area reported a slightly lower percentage than other areas.

Percentage	Early year 2011	Recent year 2017	Statistical comparison of 2011 and 2017	
Jefferson County	26%	28%		n/a
Washington State	18%	22%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		7,675		

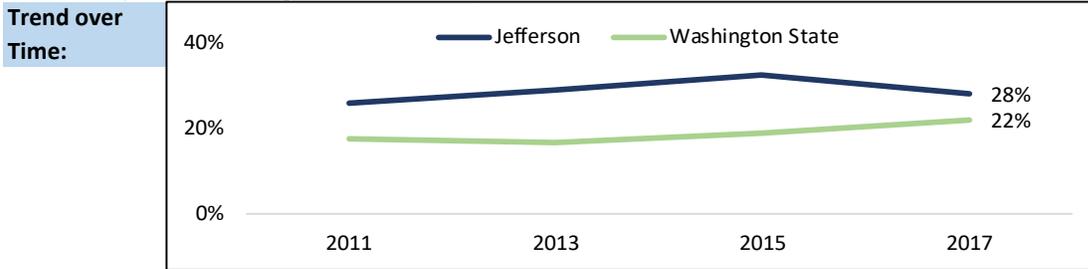


JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

Adult daily fruit and vegetable consumption continued:



YOUTH DAILY FRUIT AND VEGETABLE CONSUMPTION Percentage

The percentage of students who report eating the recommended 5 or more servings of fruits and vegetables per day. CHIP METRIC

Source: Healthy Youth Survey

Summary: In 2018, a statistically significantly higher percentage of 8th and 12th graders in Jefferson reported eating the recommended 5 fruits/vegetables per day than in Washington State overall. Still, only about 3 out of 10 Jefferson 8th and 10th graders reported eating the recommended amount, while only about 1 out of 4 Jefferson 10th graders did. The percentages of students eating the recommended amount have been decreasing from 2012 to 2018 for all Jefferson and Washington grades, except for Jefferson 12th graders, whose percentage stayed the same.

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	33%	31%		n/a
Washington State	26%	20%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		61		
Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	34%	24%		n/a
Washington State	24%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		43		
Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	31%	31%		n/a
Washington State	24%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		63		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

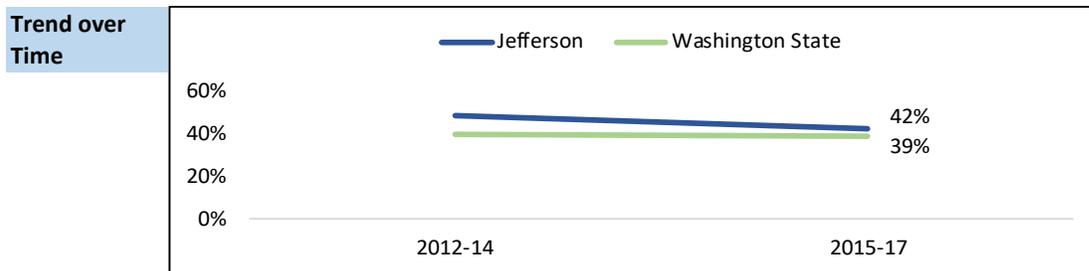
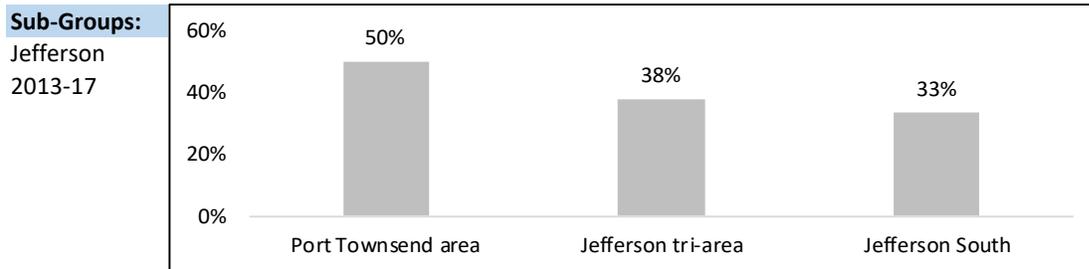
ADULTS AT A HEALTHY WEIGHT (BMI 18.5-24.9) Percentage

The percentage of adults who are at a healthy weight as determined by body mass index (BMI). BMI estimates body fat based on self-reported height and weight. BMI between 18.5 and 24.9 is considered a healthy weight.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, about 2 in 5 adults in Jefferson were maintaining a healthy weight (BMI 18.5-24.9), unchanged from 2012-14 and about the same as the state overall. Adults in the Port Townsend area reported a higher percentage than those in the Jefferson tri-area or South.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	48%	42%		n/a
Washington State	39%	39%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		11,440		



YOUTH AT A HEALTHY WEIGHT Percentage

The percentage of students who are at a healthy weight based on self-reported weight and height for age and gender based on growth charts developed by the Centers for Disease Control and Prevention (2000).

Source: Healthy Youth Survey

Summary: In 2018, 7 in 10 Jefferson 8th graders reported being at a healthy weight. By 12th grade, it was about 6 in 10. The percentage has been decreasing statistically significantly from 2012 to 2018 for 10th and 12th graders in Jefferson and all grades in Washington State. Quilcene School District had a slightly lower percentage of students reporting being at a healthy weight than did Chimacum or Port Townsend.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	71%	71%		n/a
Washington State	75%	71%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		158		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

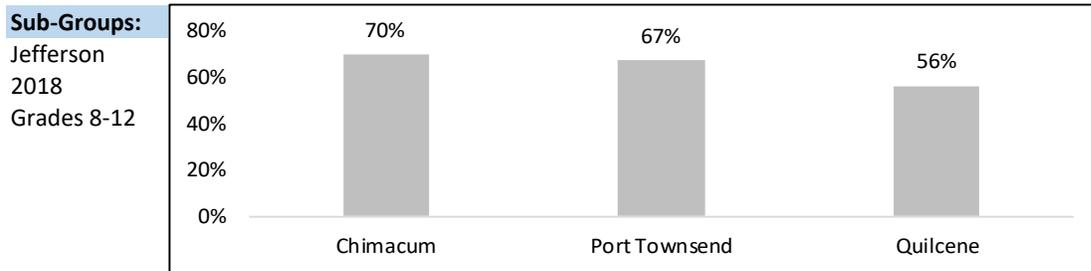
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

Youth at a healthy weight continued:

Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	84%	69%		n/a
Washington State	77%	69%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		132		

Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	85%	58%		n/a
Washington State	77%	64%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		125		



YOUTH EVER TOLD THEY HAVE ASTHMA Percentage

Source: Healthy Youth Survey

Summary: In 2018, only 13% of Jefferson 6th graders reported being told they had asthma. In 8th grade it jumped to 30%, and then decreased to 20% for 10th graders and 22% for 12th graders. All grades were approximately the same as the state. Chimacum School District had a slightly lower percentage than did Port Townsend or Quilcene.

Percentage	Early year	Recent year	Statistical comparison	
6TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	17%	13%		n/a
Washington State	18%	14%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		25		

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	19%	30%		n/a
Washington State	21%	20%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		67		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

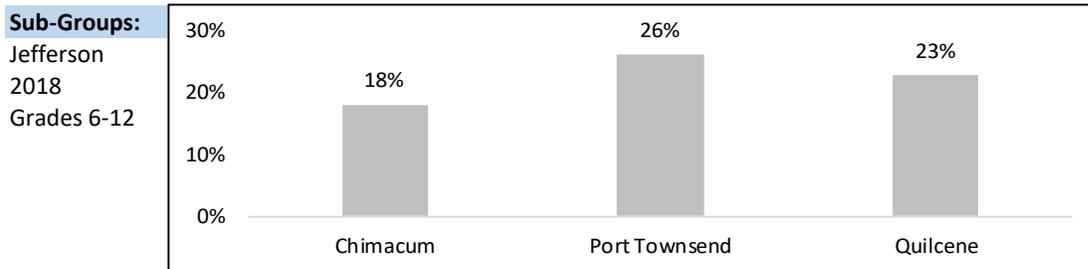
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

Youth ever told they have asthma continued:

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	25%	20%		n/a
Washington State	23%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		39		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	28%	22%		n/a
Washington State	24%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		46		



ADULTS WITH A CHRONIC CONDITION

Percentage

The percentage of adults age 18 and older with at least one of the following chronic conditions: asthma, diabetes, myocardial infarction or angina.
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015 to 2017, more than 1 in 4 adults in Jefferson reported being diagnosed with at least one of the following chronic conditions: asthma, diabetes, myocardial infarction or angina. This percentage was unchanged from 2012-14 to 2015-17 and was about the same as the state. Jefferson South area had a slightly lower percentage (1 in 5) reporting a chronic condition than other areas of Jefferson. Based on these percentages, about 7,167 Jefferson residents had a chronic condition annually from 2015 to 2017.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	28%	27%		n/a
Washington State	25%	26%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		7,167		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

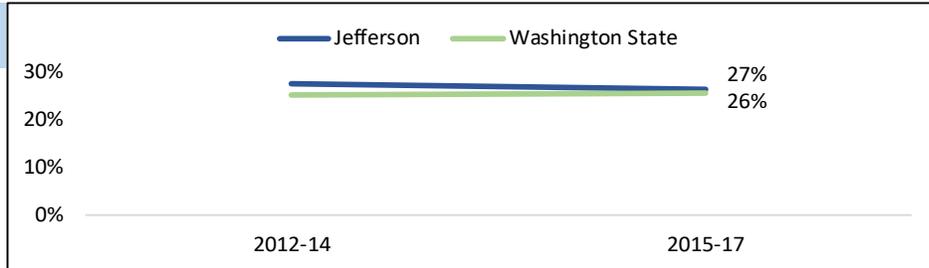
Adults with a chronic condition continued:

Sub-Groups:

Jefferson
2011-17



Trend over Time



FEMALE AGE 50+ BREAST CANCER SCREENING

Percentage

The percent of women age 50+ who have had a mammogram in the past two years.

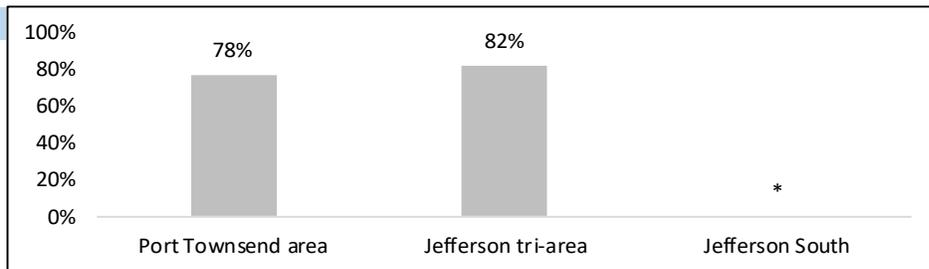
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2011-16, more than 3 in 4 Jefferson females age 50 or older (79%) reported having had a mammogram, which is about the same as the state. There is little difference by sub-county geographic areas. The question was not asked in 2017.

Percentage	Recent years 2011-16
Jefferson County	79%
Washington State	78%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson residents:	7,371

Sub-Groups:

Jefferson
2011-16
* = data
unreliable



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

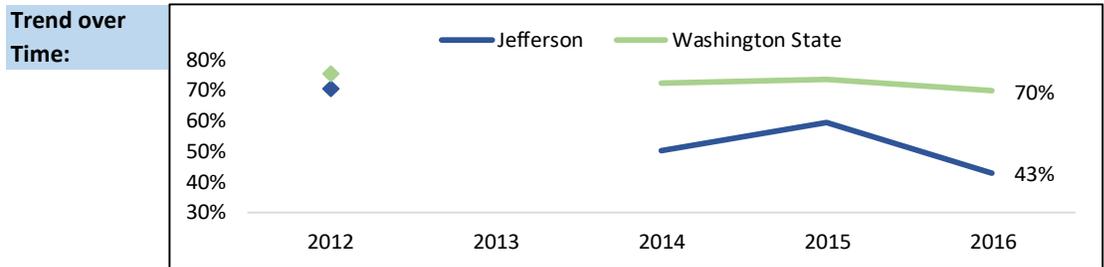
FEMALE AGE 18+ CERVICAL CANCER SCREENING Percentage

The percent of women age 18+ who reported having had a pap smear within the past 3 years.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: In 2016, less than half of females age 18 and older reported having had a pap smear, which is worse than the state. Port Townsend area had a slightly higher percentage of cervical cancer screening than the Jefferson tri-area. The question was not asked in 2013 or 2017.

Percentage	Early year 2012	Recent year 2016	Statistical comparison of 2012 and 2016	
Jefferson County	70%	43%		n/a
Washington State	76%	70%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		8,197		



ADULTS AGE 50 TO 75 COLORECTAL CANCER SCREENING Percentage

Adults age 50-75 have had a blood stool test in past year, blood stool test in past 3 years and sigmoidoscopy in past 5 years, or colonoscopy in past 10 years.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2014-16, 7 out of 10 Jefferson adults age 50 to 75 reported having had a colorectal cancer screening, about the same as the state. Port Townsend area had a slightly higher percentage than the Jefferson tri-area. The question was not asked in 2011, 2012, 2013 or 2017.

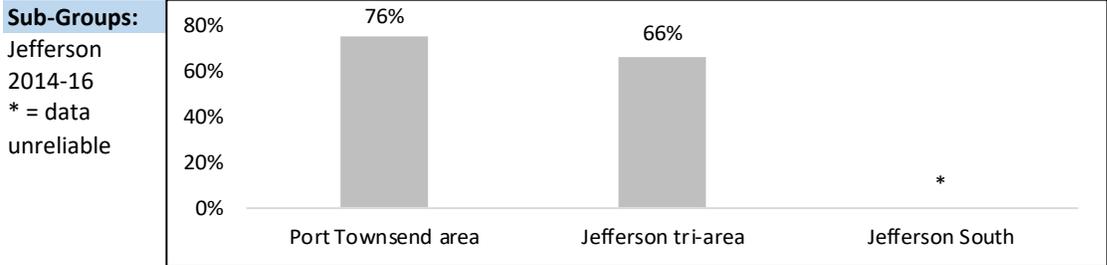
Percentage	Recent year 2014-16
Jefferson County	70%
Washington State	70%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson residents:	
	10,536

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

Adults age 50 to 75 colorectal cancer screening continued:



CANCER INCIDENCE

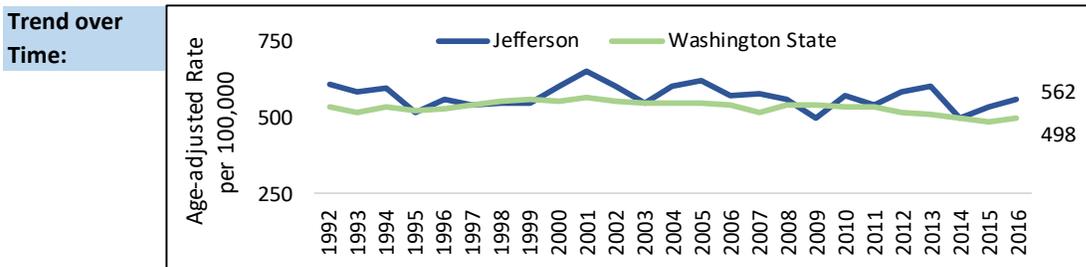
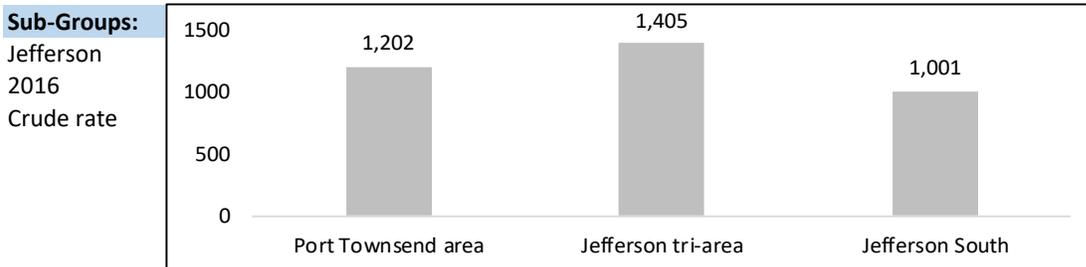
Age-Adjusted Rate per 100,000

The age-adjusted rate per 100,000 of primary diagnosis cancers; subgroups are crude rates.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2016, Jefferson County had an age-adjusted rate of cancer of 562 per 100,000, which has been decreasing at about 1% since 2000 and is about the same as the state. The actual crude rate is much higher and ranges from about 1,000 per 100,000 in Jefferson South region to about 1,400 per 100,000 in the Jefferson tri-area.

Age-Adjusted Rate per 100,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2016		
Jefferson County	603	576	562		Annual change: -1%
Washington State	553	534	498		Annual change: -1%
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents:			375		



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

TOP FIVE CANCERS BY INCIDENCE Rate per 100,000

The five cancer types with the highest crude incidence rates per 100,000. These cancers are the ones affecting the highest number of Jefferson residents and, because Jefferson has a higher median age than Washington State overall, it can be expected that most cancers will have a higher rate in Jefferson compared to Washington.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2016, the top five cancers in Jefferson County residents were cancers of the digestive system, skin cancers, cancers of the male genital system, breast cancers and cancers of the respiratory system, all of which have higher incidence rates than Washington overall. These 5 cancers were the top cancers in all sub-county geographic areas from 2014 to 2016. Jefferson South had very low numbers by type after the top 3.

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

Sub-Groups:

Rate per 100,000	2014-16	
PORT TOWNSEND AREA	#	Rate
Breast	87	189
Digestive System	80	174
Skin (excl. Basal & Squamous)	78	169
Male Genital System	48	104
Respiratory System	40	87
Rate per 100,000	2014-16	
JEFFERSON TRI-AREA	#	Rate
Skin (excl. Basal & Squamous)	73	225
Male Genital System	65	200
Breast	55	170
Digestive System	54	167
Respiratory System	38	117
Rate per 100,000	2014-16	
JEFFERSON SOUTH	#	Rate
Digestive System	24	236
Skin (excl. Basal & Squamous)	18	177
Respiratory System	16	157

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

CANCER DEATHS

Age-Adjusted Rate per 100,000

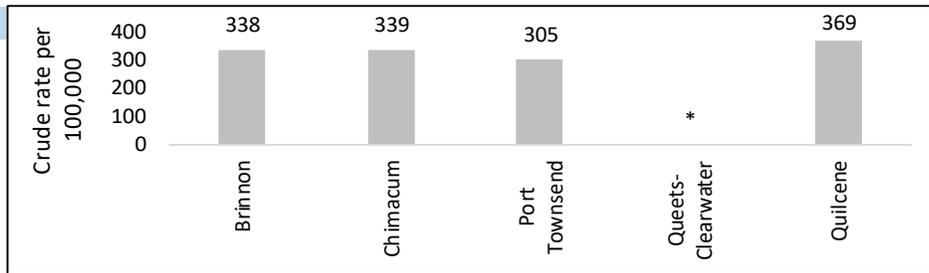
The age-adjusted rate per 100,000 of deaths due to all cancers; subgroups are crude rates.
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, Jefferson County had an age-adjusted rate of cancer death of 135 per 100,000, which has been decreasing at about 2% since 2000 and is about the same as the state. The actual crude rate is much higher and ranges from about 305 per 100,000 in Port Townsend to about 369 per 100,000 in Quilcene.

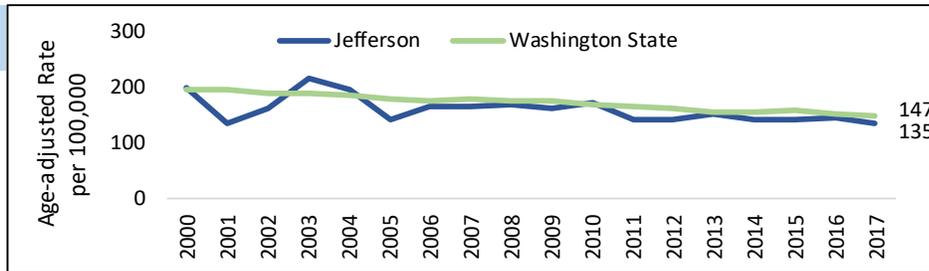
Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Jefferson County	198	171	135		Annual change: -2%
Washington State	196	170	147		Annual change: -2%
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents:					
			96		

Sub-Groups:

Jefferson
Crude rates
2013-17
* = data
unreliable



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VC. CHRONIC DISEASE

TOP FIVE CANCERS CAUSING DEATH

Rate per 100,000

The five cancer types with the highest crude death rates per 100,000. These cancers are the ones causing death in the highest number of Jefferson residents and, because Jefferson has a higher median age than Washington State overall, it can be expected that most cancers will have a higher death rate in Jefferson compared to Washington.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013 to 2017, the top five cancers causing death in Jefferson County residents were cancers of the digestive system, cancers of the respiratory system, cancers of the male genital system, cancers of the urinary system and breast cancers. All of these cancers have higher death rates than Washington overall except for breast cancer.

Rate per 100,000	2013-17		Compared to WA
	#	Rate	
Digestive System	135	87	higher
Respiratory System	105	68	higher
Male Genital System	34	22	higher
Urinary System	29	19	higher
Breast	24	16	same

Sub-Groups:

Rate per 100,000	2013-17	
	#	Rate
PORT TOWNSEND AREA		
Digestive System	70	91
Respiratory System	42	55
Male Genital System	21	27
JEFFERSON TRI-AREA		
Respiratory System	48	89
Digestive System	44	81
JEFFERSON SOUTH		
Digestive System	19	112

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VD. TOBACCO AND VAPING

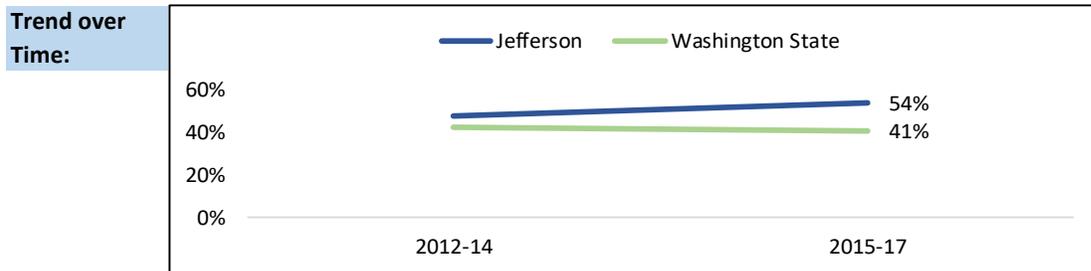
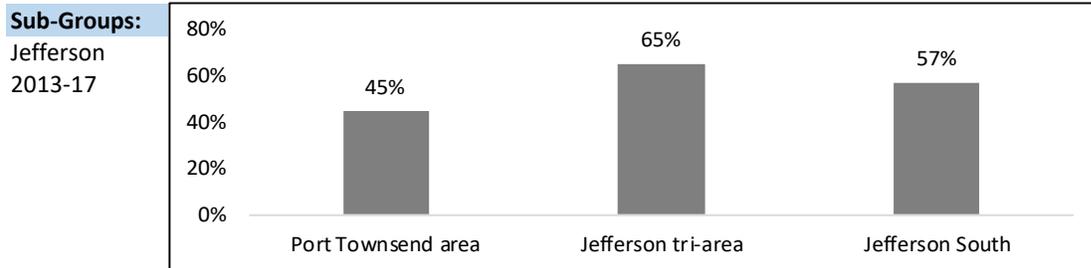
ADULTS WHO HAVE EVER SMOKED Percentage

The percentage of adults who report smoking at least 100 cigarettes in their lifetime.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, more than half (54%) Jefferson adults reported having ever smoked at least 100 cigarettes. Residents of the Port Townsend area had a slightly lower percentage of adults reporting having ever smoked, while almost 1 in 3 residents of the Jefferson tri-area reported having ever smoked.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	48%	54%		n/a
Washington State	43%	41%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		14,659		



ADULT CURRENT SMOKING Percentage

The percentage of adults who report smoking at least 100 cigarettes in their lifetime and smoke every day or some days in past month.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, about 1 in 5 Jefferson adults smoked, which is an estimated 5,409 smokers. Jefferson tri-area had the highest proportion of smokers, almost 1 in 4 adults during 2011-17.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	11%	20%		n/a
Washington State	16%	14%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		5,409		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

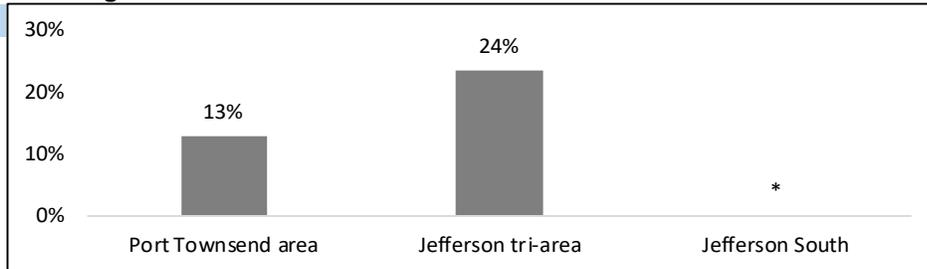
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VD. TOBACCO AND VAPING

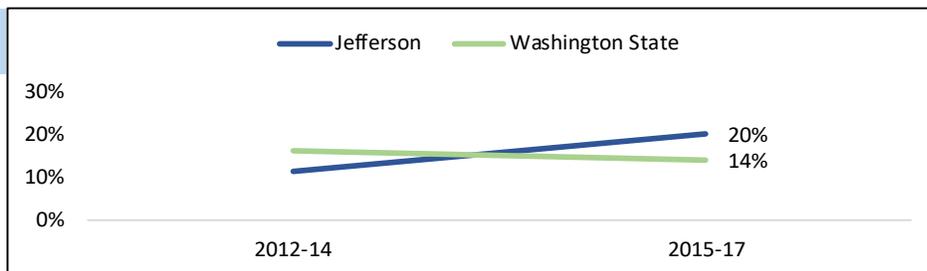
Adult current smoking continued:

Sub-Groups:

Jefferson
2011-17
* = data
unreliable



Trend over Time:



ADULT SMOKERS ATTEMPTING TO QUIT IN PAST YEAR

Percentage

The percentage of adults who ever smoked 100 cigarettes and smoke everyday or some days in past month who report they quit smoking at least one day in past 12 months.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2013-17, more than half (57%) of Jefferson's smokers reported attempting to quit smoking at least one day in the past 12 months (an estimated 3,299 smokers). The percentage of Jefferson smokers attempting to quit is about the same as Washington State's overall.

Percentage	Recent years 2013-17
Jefferson County	57%
Washington State	58%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson residents:	3,299

ADULT CURRENT E-CIGARETTE USE

Percentage

Adults who reported using e-cigarettes or other electronic vaping products every day or some days.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: Survey data regarding e-cigarette use is only available in 2016 and 2017, and over both of these years, less than 10 Jefferson County respondents reported e-cigarette use. In Washington State, less than 1 in 4 residents reported currently using e-cigarettes at least some days.

Percentage	Early years 2016	Recent years 2017
Jefferson County	*	*
Washington State	23%	20%

* = data unreliable

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VD. TOBACCO AND VAPING

YOUTH CURRENT SMOKING Percentage

The percentage of students who report smoking cigarettes in the past month.
Source: Healthy Youth Survey

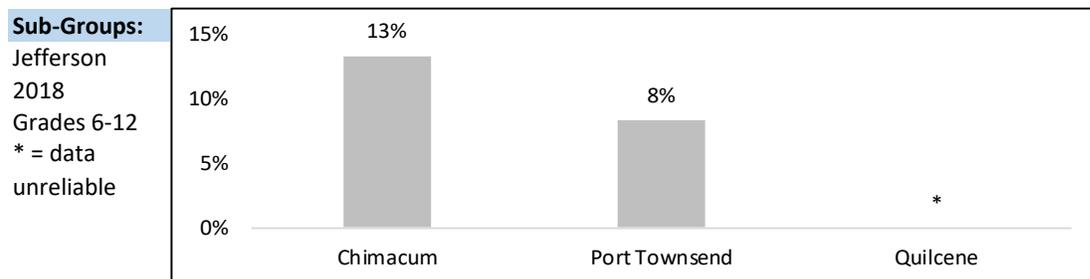
Summary: In 2018, higher percentages of 10th and 12th graders reported having smoked cigarettes in the past month in Jefferson County than in Washington State overall. Percentages of 12th graders reporting smoking have been decreasing from 2012 to 2018 in Jefferson County. Chimacum School District had a higher percentage of students reporting smoking than did Port Townsend.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	1%	1%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	5%	3%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	15%	15%		n/a
Washington State	10%	5%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		28		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	27%	16%		n/a
Washington State	16%	8%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		34		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VD. TOBACCO AND VAPING

AGE OF INITIATION INTO TOBACCO USE, FIRST PUFF

The average age at which students report first smoking a cigarette, even just a puff.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2018, the average age at which Jefferson 12th graders reported first smoking a cigarette, even just a puff, was almost 14 1/2 years. The age has not changed statistically significantly since 2012 and is not statistically significantly different from Washington.

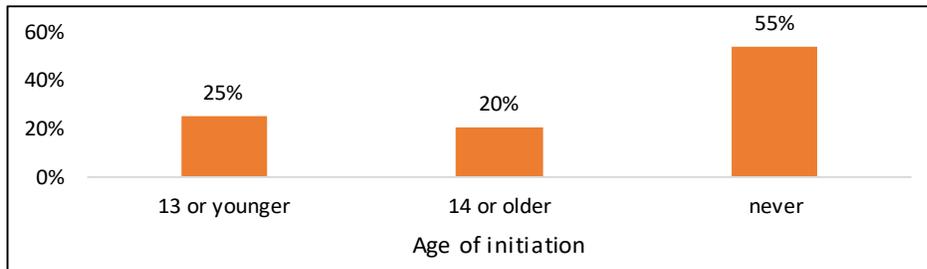
Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	14	14		n/a
Washington State	14	14		n/a
Statistical comparison: Jefferson vs. Washington:				

Sub-Groups:

Jefferson 2018 12th grade * = data unreliable



Jefferson 2018 10th and 12th grades



AGE OF INITIATION INTO TOBACCO USE, WHOLE CIGARETTE

The average age at which students report smoking a whole cigarette for the first time.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2016, the average age at which Jefferson 12th graders reported first smoking a whole cigarette was about 14 years old. The age has not changed statistically significantly since 2012 and is not statistically significantly different from Washington. The question was not asked in 2018.

Percentage 12TH GRADE	Early year 2012	Recent year 2016^	Statistical comparison of 2012 and 2016^	
Jefferson County	14	14		n/a
Washington State	14	14		n/a
Statistical comparison: Jefferson vs. Washington:				

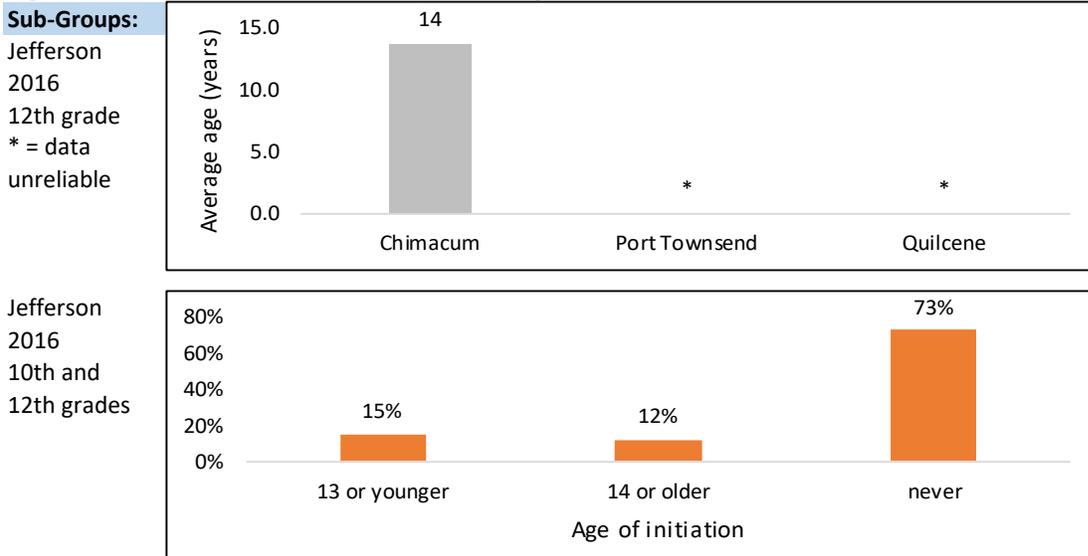
^Note: question was not asked in 2018.

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VD. TOBACCO AND VAPING

Age of initiation into tobacco use, whole cigarette continued:



SALES OF TOBACCO TO MINORS - FAILED COMPLIANCE CHECKS Percentage

The percent of successful attempts by minors to purchase tobacco products from retailers as part of the WA State Synar sample and county oversample.

Source: WA State Department of Health, Synar Compliance Check Database

CHIP METRIC

Summary: From 2013 to 2017, as part of tobacco law compliance checks, approximately 1 out of every 10 attempts by Jefferson minors to purchase tobacco products from retailers was successful (14%), about the same as the state.

Percentage	Early years 2007-11	Recent years 2013-17	Statistical comparison of 2007-11 and 2013-17	
Jefferson County	9%	14%		n/a
Washington State	11%	13%		n/a
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson County sales:		14		

YOUTH CURRENT VAPING Percentage

The percentage of students who report using electronic cigarettes, e-cigs or vape pens in the past month.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2018, more than 1 in 3 10th and 12th graders in Jefferson County reported using e-cigarettes in the past month. In 2016, the numbers reporting using e-cigarettes were so low that the data is unreliable. A much higher percentage of Chimacum School District students in grades 6-12 reported using electronic cigarettes than Port Townsend.

Percentage	Early year 2016	Recent year 2018	Statistical comparison of 2016 and 2018	
Jefferson County	*	*	n/a	
Washington State	1%	3%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

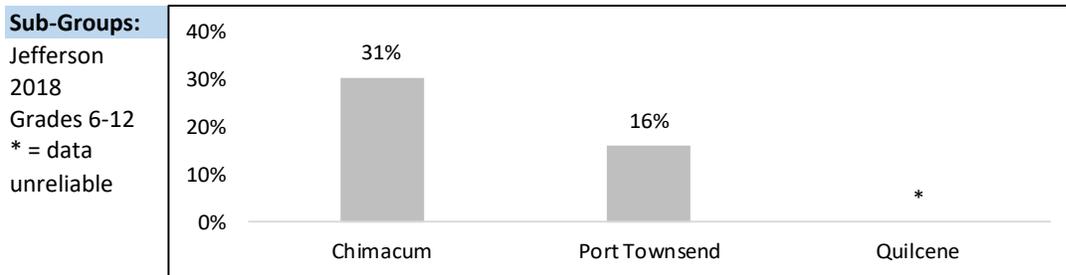
SECTION VD. TOBACCO AND VAPING

Youth current vaping continued:

Percentage 8TH GRADE	Early year 2016	Recent year 2018	Statistical comparison of 2016 and 2018	
Jefferson County	*	*	n/a	
Washington State	6%	11%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 10TH GRADE	Early year 2016	Recent year 2018	Statistical comparison of 2016 and 2018	
Jefferson County	*	37%	n/a	
Washington State	13%	21%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		71		

Percentage 12TH GRADE	Early year 2016	Recent year 2018	Statistical comparison of 2016 and 2018	
Jefferson County	*	39%	n/a	
Washington State	20%	30%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		83		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

ADULT BINGE ALCOHOL DRINKERS Percentage

The percentage of adults who report 5 or more alcoholic drinks on one occasion in the past month.

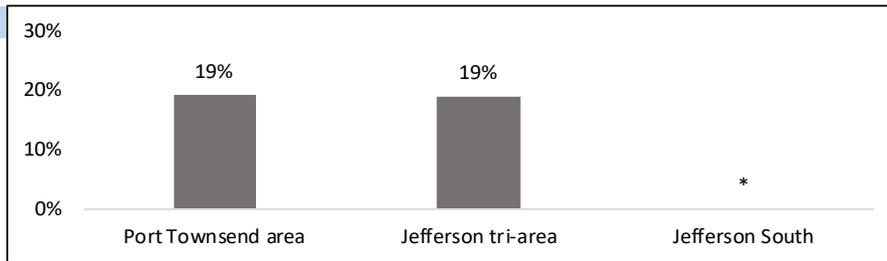
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: More than 1 in 5 Jefferson adults reported consuming 5 or more alcoholic beverages (binge drinking) on at least one occasion in the past month. There has been no statistically significant change over time for Jefferson or Washington State overall. There is no difference between the Port Townsend area and the Jefferson tri-area. Jefferson South had extremely small numbers of adults reporting binge drinking from 2011 to 2017.

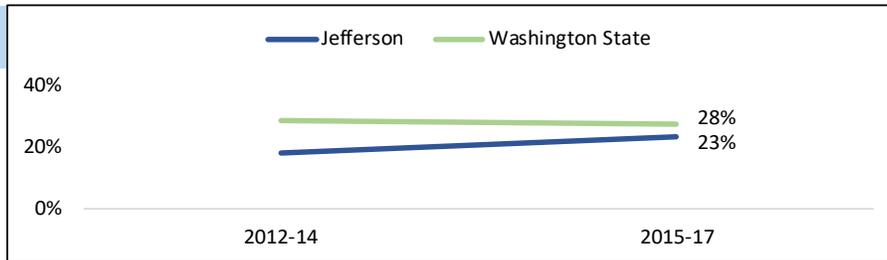
Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	18%	23%		n/a
Washington State	29%	28%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents:		6,302		

Sub-Groups:

Jefferson
2011-17
* = data
unreliable



Trend over Time:



AGE OF INITIATION INTO REGULAR ALCOHOL USE

The average age at which students first began drinking alcoholic beverages regularly, at least once or twice a month.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2018, the average age at which Jefferson 12th graders reported first regularly using alcohol, at least once or twice a month, was almost 16 years. The age has not changed statistically significantly since 2012 and is not statistically significantly different from Washington.

12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	15	16		n/a
Washington State	15	16		n/a
Statistical comparison: Jefferson vs. Washington:				

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

Age of initiation into regular alcohol use continued:

Sub-Groups:

Jefferson
2018
12th grade
* = data
unreliable



Jefferson
2018
10th and
12th grades
* = data
unreliable



YOUTH EVER USED ALCOHOL

Percentage

The percentage of students who report ever having more than a sip or two of beer, wine or hard liquor.

Source: Healthy Youth Survey

Summary: In 2018, more than 2 in 5 Jefferson 6th graders and more than 3 in 4 Jefferson 10th and 12th graders reported having ever had more than a sip or two of beer, wine or hard liquor. Jefferson is statistically worse than the state at every grade. A slightly higher percentage of students in Chimacum School District reported having ever drank alcohol than in Port Townsend or Quilcene.

Percentage	Early year	Recent year	Statistical comparison
6TH GRADE	2012	2018	of 2012 and 2018
Jefferson County	28%	41%	n/a
Washington State	23%	24%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson students:		81	

Percentage	Early year	Recent year	Statistical comparison
8TH GRADE	2012	2018	of 2012 and 2018
Jefferson County	43%	40%	n/a
Washington State	35%	32%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson students:		90	

Percentage	Early year	Recent year	Statistical comparison
10TH GRADE	2012	2018	of 2012 and 2018
Jefferson County	65%	75%	n/a
Washington State	52%	49%	n/a
Statistical comparison: Jefferson vs. Washington:			
Estimated number of Jefferson students:		144	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

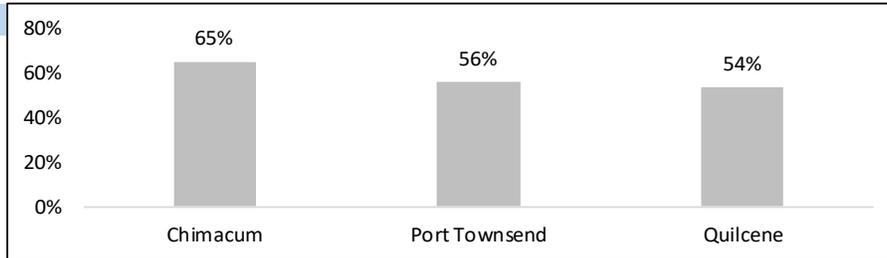
SECTION VE. ALCOHOL USE

Youth ever used alcohol continued:

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	82%	83%		n/a
Washington State	68%	63%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		178		

Sub-Groups:

Jefferson
2018
Grades 6-12



YOUTH CURRENT ALCOHOL USE

Percentage

The percentage of students who report drinking alcohol at least one day in the past 30 days.

Source: Healthy Youth Survey

CHIP METRIC

Summary: In 2018, more than 2 in 5 Jefferson 12th graders reported drinking alcohol at least once in the past 30 days, higher than the state overall. Jefferson has higher percentages of students reporting using currently using alcohol than the state at every grade level, with the exception of 6th graders who have very small numbers of students reporting currently using alcohol. A higher percentage of students reported currently using alcohol in Port Townsend than in Quilcene, and there was an even higher percentage in Chimacum.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	3%	2%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	12%	15%		n/a
Washington State	12%	8%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		34		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	27%	31%		n/a
Washington State	23%	19%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		59		

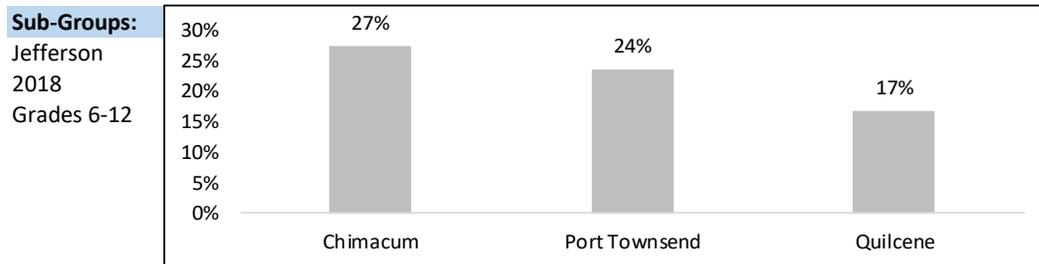
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

Youth current alcohol use continued:

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	57%	43%		n/a
Washington State	36%	28%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		91		



YOUTH BINGE ALCHOL USE

Percentage

The percentage of students who report having 5 or more alcoholic drinks on at least one occasion in the past two weeks.

Source: Healthy Youth Survey

Summary: In 2018, more than 1 in 4 Jefferson 12th graders reported having 5 or more alcoholic drinks on one occasion in the past 2 weeks. This is a statistically significant decrease from 2012, but still worse than the state. Jefferson 10th graders have also seen a statistically significant decrease from 2012 to 2018 and are about the same as the state. A higher percentage of students grades 6-12 in Chimacum School District reported binge drinking than in Port Townsend or Quilcene.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*		n/a
Washington State	1%	1%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*		n/a
Washington State	6%	4%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	18%	11%		n/a
Washington State	13%	8%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		21		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

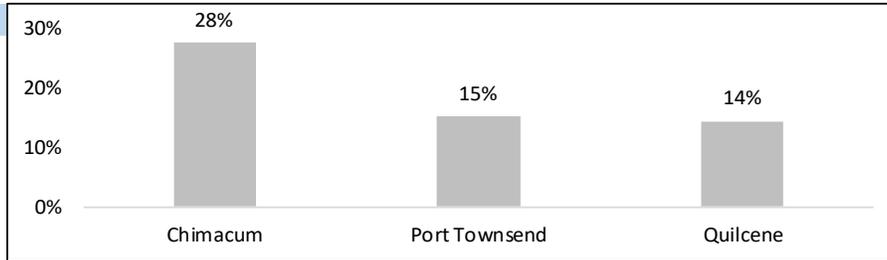
SECTION VE. ALCOHOL USE

Youth binge alcohol use continued:

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	43%	27%		n/a
Washington State	20%	14%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		58		

Sub-Groups:

Jefferson
2018
Grades 6-12



ALCOHOL-RELATED ARRESTS

Rate per 1,000

The rate per 1,000 adults age 18+ of alcohol violations.

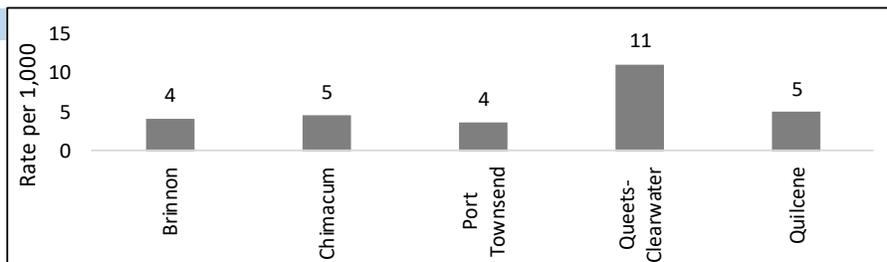
Source: Washington Department of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

Summary: In 2017, there were about 3 arrests related to alcohol for every 1,000 Jefferson residents, lower than the state. The alcohol-related arrest rate has been decreasing in Jefferson and Washington state from 2006 to 2017. Queets-Clearwater area had the highest rate of alcohol-related arrests from 2013 to 2017.

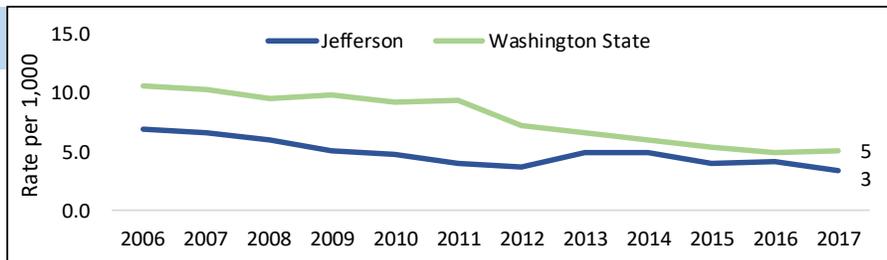
Rate per 1,000	Early year 2006	Recent year 2017	Statistical trend since 2006	
Jefferson County	7	3		Annual change: -5%
Washington State	11	5		Annual change: -7%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson arrests:		91		

Sub-Groups:

Jefferson
2013-17



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

ALCOHOL-RELATED NON-FATAL HOSPITALIZATION RATE Age-Adjusted Rate per 100,000

The age-adjusted non-fatal hospitalization rate per 100,000, where the primary and/or contributing causes were alcohol-related; subgroups are crude rates.

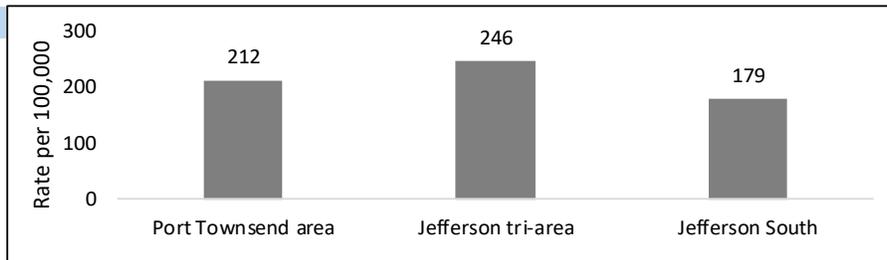
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2015, the age-adjusted alcohol-related hospitalization rate was 193 per 100,000 residents of Jefferson County, which is unchanged since 1990 and about the same as the state. The rate is higher in the Jefferson tri-area than in other areas of Jefferson County.

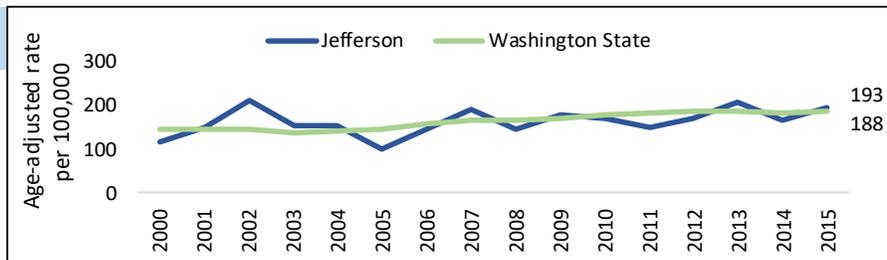
Age-Adjusted Rate per 100,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2015		
Jefferson County	116	170	193		n/a
Washington State	145	177	188		Annual change: 2%
Statistical comparison: Jefferson vs. Washington:					
Number of Jefferson County residents:					
			72		

Sub-Groups:

Jefferson
2011-15



Trend over Time:



ALCOHOL-RELATED DEATH RATE Age-Adjusted Rate per 100,000

The age-adjusted death rate per 100,000, where the primary and/or contributing causes were alcohol-related.

Source: WA State, Community Health Assessment Tool (CHAT)

CHIP METRIC

Summary: From 2013-17, the alcohol-related death rate in Jefferson County was 9 per 100,000, which is an average of about 5 deaths per year between 2013 and 2017. This accounts for about 2% of all deaths in Jefferson County between 2013 and 2017.

Age-Adjusted Rate per 100,000	Early years	Recent years	Statistical comparison	
	2003-07	2013-17		of 2003-07 and 2013-17
Jefferson County	15	9		n/a
Washington State	10	13		n/a
Statistical comparison: Jefferson vs. Washington:				
Average number of Jefferson residents per year:				
		5		
Percent of total deaths:				
		2%		

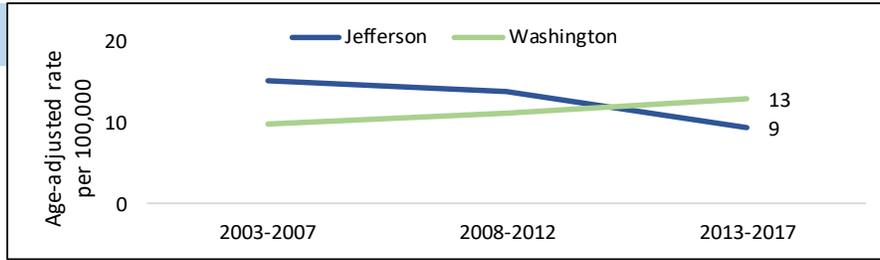
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

Alcohol-related death rate continued:

Trend over Time:



YOUTH REPORTING DRINKING AND DRIVING

Percentage

The percentage of students who report driving a car or other vehicle when they had been drinking at least once in the past month out of all those who report drinking alcohol at least one day in the past 30 days.

Source: Healthy Youth Survey

Summary: In 2012, more than 1 in 4 Washington 12th graders who reported drinking alcohol also reported driving a car after drinking. In 2018, the percentage had dropped to roughly 1 in 6. Jefferson has very small numbers of students reporting drinking and driving every year, less than 10 from every school district.

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
8TH GRADE				
Jefferson County	*	*	n/a	
Washington State	19%	19%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
10TH GRADE				
Jefferson County	0%	*	n/a	
Washington State	18%	17%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
12TH GRADE				
Jefferson County	*	*	n/a	
Washington State	26%	17%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

YOUTH REPORTING RIDING WITH SOMEONE WHO WAS DRINKING ALCOHOL Percentage

The percentage of students who report riding in a car at least once with someone who was drinking alcohol in the past month.
Source: Healthy Youth Survey

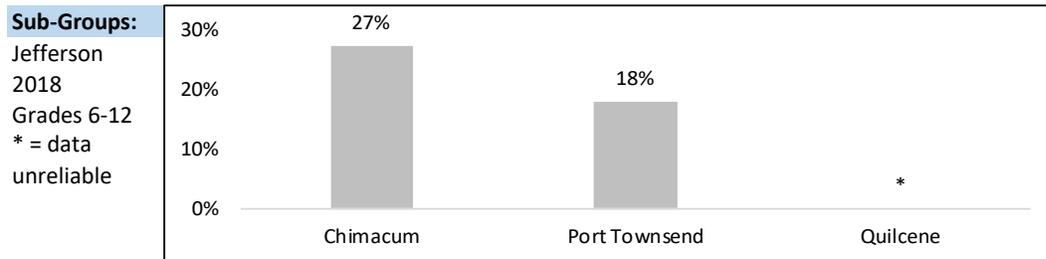
Summary: In 2018, more than 1 in 5 8th and 10th graders in Jefferson reported riding in a car at least once with someone who was drinking alcohol in the past month. A higher percentage of students in Chimacum School District report riding with someone who was drinking than in Port Townsend.

Percentage	Early year	Recent year	Statistical comparison	
6TH GRADE	2016	2018	of 2016 and 2018	
Jefferson County	*	*	n/a	
Washington State	6%	7%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a	Note: 6th graders were not asked in 2012 or 2014.	

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	15%	20%		n/a
Washington State	17%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		46		

Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	22%	30%		n/a
Washington State	19%	17%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		58		

Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	23%	*	n/a	
Washington State	21%	17%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VE. ALCOHOL USE

ALCOHOL-RELATED TRAFFIC FATALITIES Rate per 100

The rate per 100 traffic fatalities of fatal motor vehicle collisions where the officer on the scene determined that at least one driver involved in the accident had been drinking. This is not limited to the legal definition of driving under the influence.

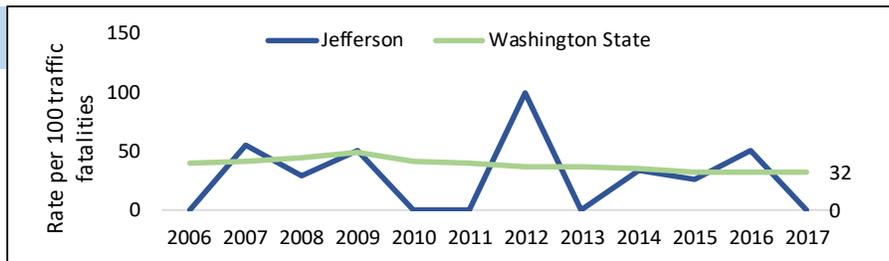
Source: WA State Dept. of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

CHIP METRIC

Summary: From 2006 to 2017, there were 13 traffic fatalities in Jefferson County where the officer on the scene reported that at least one driver had been drinking. In 2017, there were no alcohol-related fatalities in Jefferson County. The rate of alcohol-related traffic fatalities has been decreasing in Washington State from 2006 to 2017 at about 3% per year on average.

Rate per 100 Traffic Fatalities	Early year 2006	Recent year 2017	Statistical trend since 2006	
Jefferson County	0	0		n/a
Washington State	40	32		Annual change: -3%
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson County residents:		0		

Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

YOUTH CURRENT MARIJUANA USE

Percentage

The percentage of students who report marijuana use in the past month.

Source: Healthy Youth Survey

CHIP METRIC

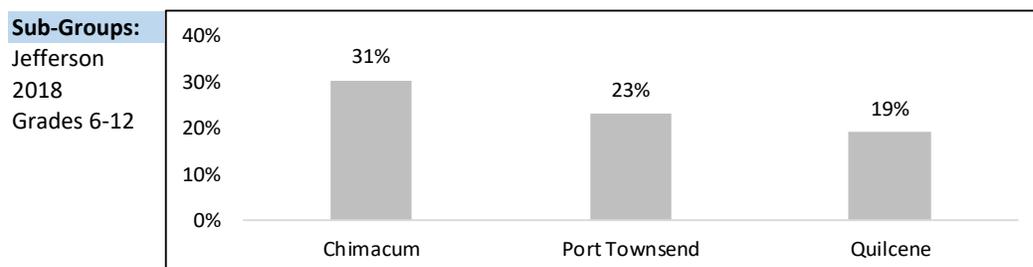
Summary: In 2018, about 2 in 5 Jefferson 10th and 12th graders reported using marijuana in the past month. A higher percentage of students in Jefferson report using marijuana than in the state overall. A higher percentage of Chimacum students in grades 6-12 report currently using marijuana than in Port Townsend or Quilcene.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	1%	1%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		--		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	12%	13%		n/a
Washington State	9%	7%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		29		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	30%	40%		n/a
Washington State	19%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		77		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	35%	40%		n/a
Washington State	27%	26%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		86		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

YOUTH USING MARIJUANA AND DRIVING Percentage

The percentage of students who report using marijuana and driving after using marijuana in the past month out of all those who report using marijuana in the past 30 days.

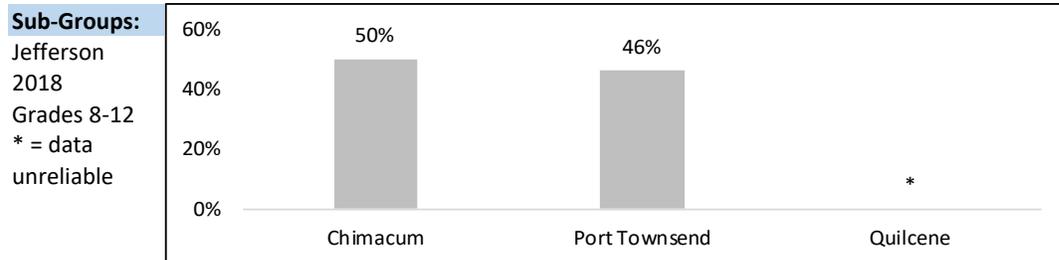
Source: Healthy Youth Survey

Summary: In 2018, more than half of the 12th graders in Washington who reported using marijuana also reported driving after using marijuana. Jefferson County had very low numbers of students reporting driving after using marijuana, but in 2018, almost 2 in 5 Jefferson 10th graders who reported using marijuana also reported driving after using marijuana, about the same as the state. There has been no statistically significant trend in driving after using marijuana in Washington State. Almost half of Chimacum and Port Townsend students in grades 8-12 who use marijuana report driving after using marijuana in the past month.

Percentage 8TH GRADE	Early year 2016	Recent year 2018	Statistical comparison of 2016 and 2018	
Jefferson County	*	*	n/a	
Washington State	39%	35%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a	Note: 2014 data not available for 8th graders due to low participation.	

Percentage 10TH GRADE	Early year 2014	Recent year 2018	Statistical comparison of 2014 and 2018	
Jefferson County	*	37%	n/a	
Washington State	35%	32%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		70		

Percentage 12TH GRADE	Early year 2014	Recent year 2018	Statistical comparison of 2014 and 2018	
Jefferson County	*	*	n/a	
Washington State	52%	53%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

YOUTH RIDING WITH SOMEONE WHO WAS USING MARIJUANA Percentage

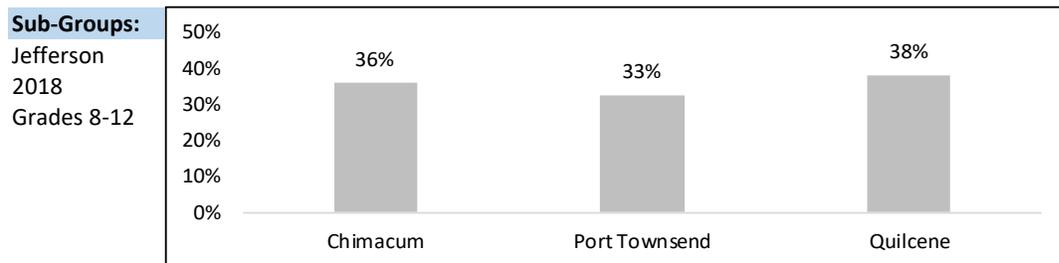
The percentage of students who report riding in a car at least once with someone who was using marijuana in the past month.
Source: Healthy Youth Survey

Summary: In 2018, more than 1 in 3 Jefferson 10th and 12th graders in Washington reported riding with someone who was using marijuana. The percentage has increased for 10th graders and remained unchanged for 12th graders since 2014. Unlike Jefferson, Washington State overall has had a decreasing trend for both grades from 2014 to 2018. The percentage is about the same between Chimacum, Port Townsend and Quilcene School Districts.

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2016	2018	of 2016 and 2018	
Jefferson County	22%	*	n/a	
Washington State	11%	11%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a	Note: 2014 data not available for 8th graders due to low participation.	

Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2014	2018	of 2014 and 2018	
Jefferson County	24%	36%		n/a
Washington State	19%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		70		

Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2014	2018	of 2014 and 2018	
Jefferson County	34%	37%		n/a
Washington State	26%	24%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		79		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

AGE OF INITIATION INTO MARIJUANA USE

The average age at which students reported first using marijuana.
Source: Healthy Youth Survey

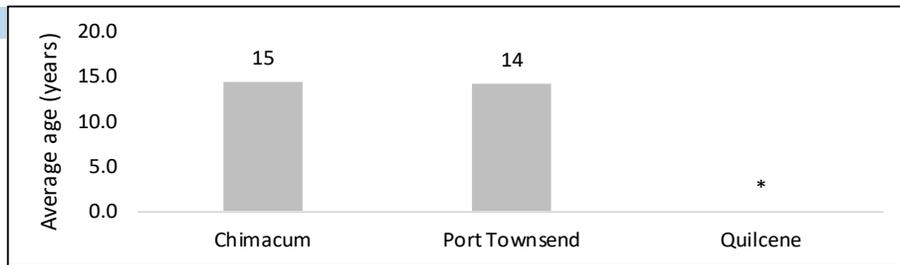
CHIP METRIC

Summary: In 2018, the average age at which Jefferson 12th graders reported first using marijuana was 14 ½ years. The age has not changed statistically significantly since 2012 and is not statistically significantly different from Washington. Age does not vary much between Chimacum and Port Townsend School Districts.

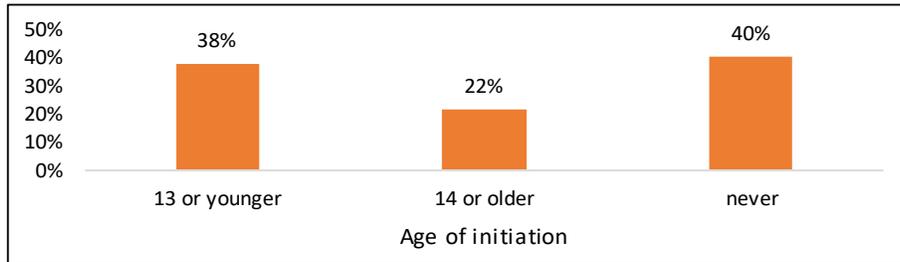
Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	14	15		n/a
Washington State	15	15		n/a
Statistical comparison: Jefferson vs. Washington:				

Sub-Groups:

Jefferson 2018 12th grade
* = data unreliable



Jefferson 2018 10th and 12th grades



DRUG LAW VIOLATIONS

Rate per 1,000

The rate per 1,000 adults age 18+ of drug law violations.
Source: Washington Department of Social and Health Services Risk & Prot

Summary: In 2017, there were about 2 arrests for drug law violations for every 1,000 Jefferson residents, about the same as the state. The drug law violation rate has been decreasing in Jefferson and Washington state from 2006 to 2017. Queets-Clearwater area had the highest rate of drug law violations from 2013 to 2017.

Rate per 1,000	Early year 2006	Recent year 2017	Statistical trend since 2006	
Jefferson County	6	2		Annual change: -12%
Washington State	6	3		Annual change: -10%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson arrests:		59		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

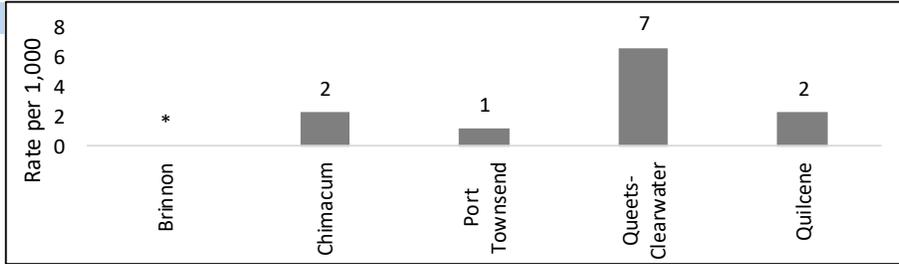
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

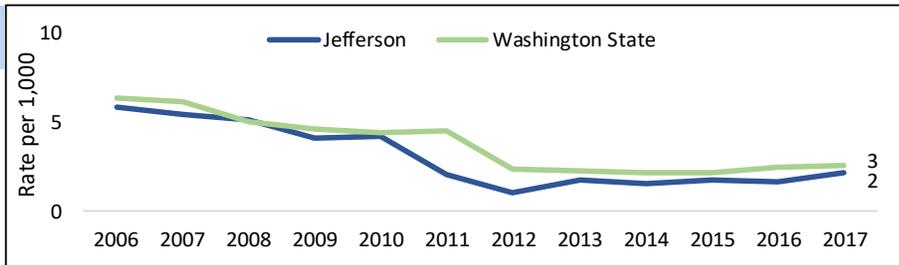
Drug law violations continued:

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



SYRINGE EXCHANGE

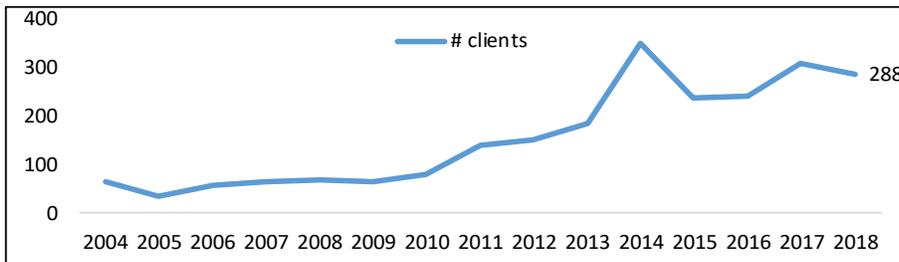
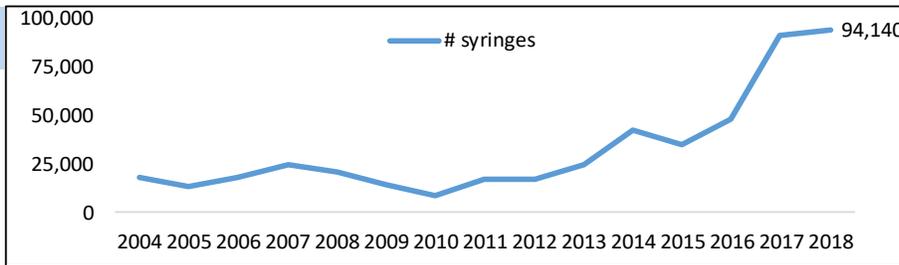
Jefferson County

Source: Jefferson County Public Health, Syringe Exchange Program Annual Report 2018

Summary: In 2018, there were over 94,000 syringes exchanged at Jefferson County Public Health and there were 288 syringe exchange clients, with some exchanging for multiple people. Since 2004, the number of syringes exchanged has increased 13% per year, while the number of clients has increased 17% per year.

	Early year 2004	Recent year 2018	Statistical trend since 2004	
# of Syringes	18,060	94,140	Increasing	Annual change: +13%
	Early year 2004	Recent year 2018	Statistical trend since 2004	
# of Unduplicated clients	64	288	Increasing	Annual change: +17%

Trend over Time



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

YOUTH EVER USED HEROIN Percentage

The percentage of students who reported ever using heroin.
Source: Healthy Youth Survey

Summary: In 2018, no student in Jefferson County reported having ever used heroin. The trends for ever having used heroin in Washington State overall are decreasing from 2012 to 2018 for all grades.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	0%	n/a	
Washington State	3%	2%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		0		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	0%	n/a	
Washington State	4%	2%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		0		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	0%	n/a	
Washington State	5%	3%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		0		

YOUTH CURRENT HEROIN USE Percentage

The percentage of students who reported using heroin in the past year. This question was asked for the first time in 2018.
Source: Healthy Youth Survey

Summary: In 2018, no student in Jefferson County reported currently using heroin.

Percentage 8TH GRADE	Recent year 2018
Jefferson County	0%
Washington State	1%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson students:	
	0

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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

Youth current heroin use continued:

Percentage 10TH GRADE	Recent year 2018
Jefferson County	0%
Washington State	2%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson students:	0

Percentage 12TH GRADE	Recent year 2018
Jefferson County	0%
Washington State	2%
Statistical comparison: Jefferson vs. Washington:	
Estimated number of Jefferson students:	0

YOUTH CURRENT PRESCRIPTION DRUG (PAINKILLERS) USE TO GET HIGH **Percentage**

The percentage of students who reported using prescription drug painkillers to get high in the past 30 days. Note: Jefferson percentages suppressed due to low numbers in every grade.

Source: Healthy Youth Survey

Summary: In 2018, very small numbers of Jefferson students reported using painkillers to get high. For all grades 8-12, about 8% of students in Chimacum School District and 7% in Port Townsend reported using painkillers to get high.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	3%	2%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a		
Estimated number of Jefferson students:		n/a		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	6%	4%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a		
Estimated number of Jefferson students:		n/a		

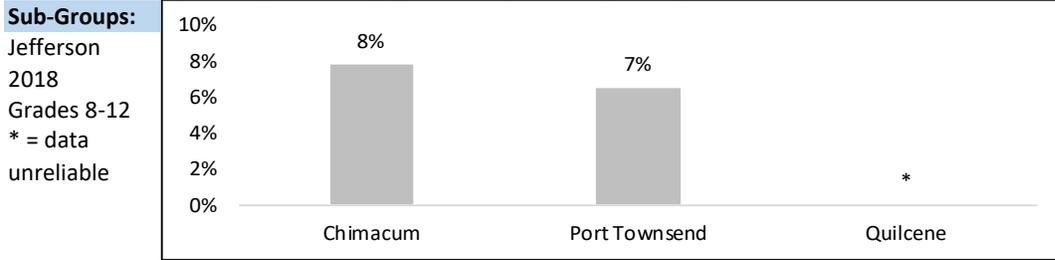
Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	8%	4%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a		
Estimated number of Jefferson students:		n/a		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

Youth current prescription drug (painkiller) use to get high continued:



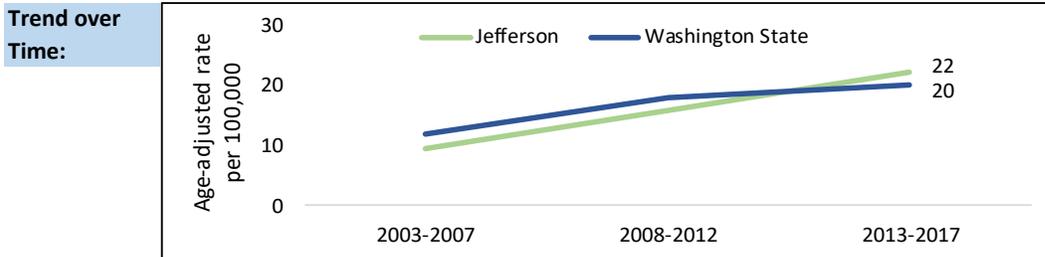
OPIOID OVERDOSE NON-FATAL HOSPITALIZATION RATE Age-Adjusted Rate per 100,000

The age-adjusted hospitalization rate per 100,000, where the primary and/or contributing causes were opioid-related.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the age-adjusted opioid overdose non-fatal hospitalization rate was 22 per 100,000 people in Jefferson County, about the same as the state. On average from 2013 to 2017, about 8 Jefferson residents were hospitalized each year for opioid overdoses.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17	
Jefferson County	10	22		n/a
Washington State	12	20		n/a
Statistical comparison: Jefferson vs. Washington:				
Average number of Jefferson residents per year:		8		



OPIOID OVERDOSE DEATH RATE Age-Adjusted Rate per 100,000

The age-adjusted death rate per 100,000, where the primary and/or contributing causes were opioid-related.

Source: WA State, Community Health Assessment Tool (CHAT)

CHIP METRIC

Summary: From 2013-17, the opioid overdose death rate in Jefferson County was 8 per 100,000, about the same as the state. This accounted for about 3 deaths to Jefferson residents each year from 2013 to 2017.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17	
Jefferson County	16	8		n/a
Washington State	9	9		n/a
Statistical comparison: Jefferson vs. Washington:				
Average number of Jefferson residents per year:		3		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

Opioid overdose death rate continued:

Trend over Time:



DRUG OVERDOSE NON-FATAL HOSPITALIZATION RATE

Age-Adjusted Rate per 100,000

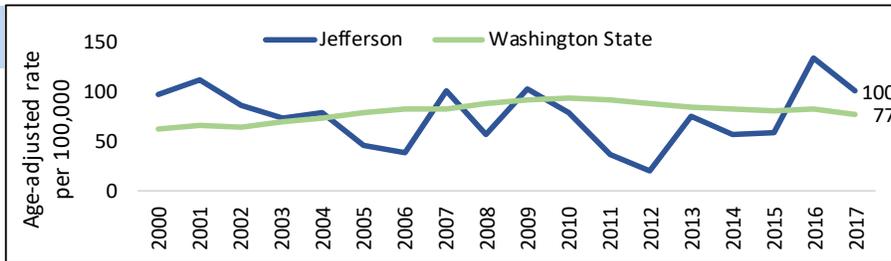
The age-adjusted non-fatal hospitalization rate per 100,000, where the primary and/or contributing causes were drug-related; excludes alcohol, tobacco and marijuana.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, the age-adjusted drug overdose non-fatal hospitalization rate was 100 per 100,000 residents of Jefferson County. Because of the small number of residents hospitalized for drug overdose, the rate is variable over time and not statistically significantly different than Washington State's rate.

Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2017	Statistical trend since 2000
Jefferson County	97	79	100	n/a
Washington State	62	93	77	Annual change: 2%
Statistical comparison: Jefferson vs. Washington:				
Number of Jefferson County residents:			35	

Trend over Time:



DRUG OVERDOSE DEATH RATE

Age-Adjusted Rate per 100,000

The age-adjusted death rate per 100,000, where the primary and/or contributing causes were drug-related; excludes alcohol, tobacco and marijuana.

Source: WA State, Community Health Assessment Tool (CHAT)

CHIP METRIC

Summary: From 2013-17, the drug overdose death rate in Jefferson was 14 per 100,000. This is an average of 5 deaths to Jefferson residents every year from 2013 to 2017, or about 1% of all deaths during this time.

Age-Adjusted Rate per 100,000	Early years 2003-07	Recent years 2013-17	Statistical comparison of 2003-07 and 2013-17
Jefferson County	18	14	n/a
Washington State	13	14	n/a
Statistical comparison: Jefferson vs. Washington:			
Average number of Jefferson residents per year:		5	
Percent of total deaths:		1%	

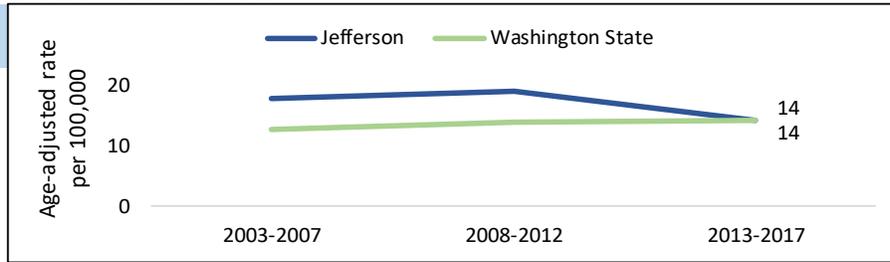
JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VF. DRUG USE

Drug overdose death rate continued:

Trend over Time:



ALCOHOL- OR DRUG-RELATED DEATHS AS A PROPORTION OF ALL DEATHS PERCENTAGE

Deaths with alcohol- or drug-related causes per 100 deaths, including all contributory causes of death for direct and indirect associations with alcohol and drug abuse.

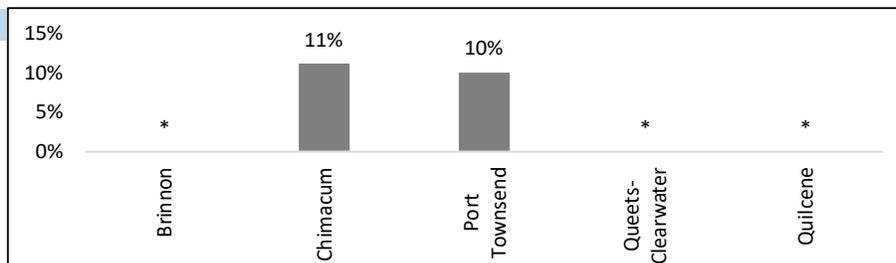
Source: WA Department of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

Summary: In 2017, the proportion of Jefferson deaths that were related to drugs or alcohol was statistically significantly lower than Washington State overall, but still accounted for about 1 in 10 deaths.

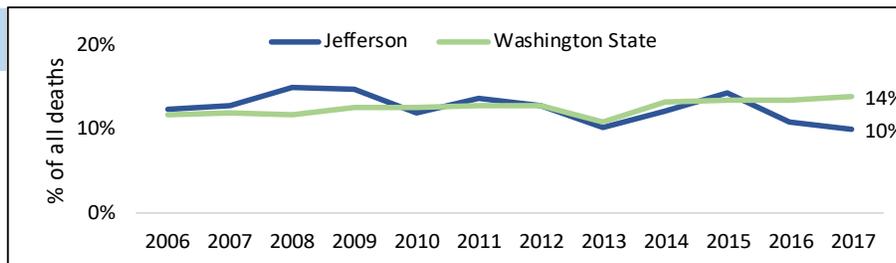
Percentage	Early year 2006	2012	Recent year 2017	Statistical trend since 2006
Jefferson County	12%	13%	10%	n/a
Washington State	12%	13%	14%	Annual change: 1%
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson deaths:			37	

Sub-Groups:

Jefferson 2013-17
* = data unreliable



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

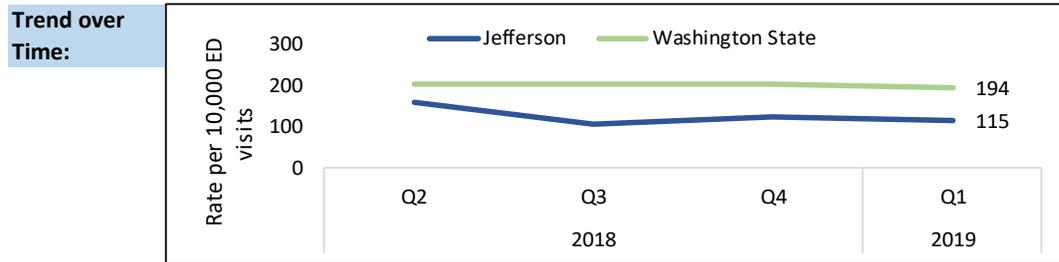
SECTION VF. DRUG USE

EMERGENCY DEPARTMENT VISITS FOR DRUGS OR ALCOHOL RATE PER 10,000

The rate per 10,000 emergency department visits of visits for drug or alcohol-related causes.
 Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Version 1.21 (Fall 2017), accessed 7/1/2019.

Summary: During the first quarter of 2019, there were approximately 115 emergency department visits related to alcohol use or poisoning by drugs for every 10,000 total emergency department visits for Jefferson residents. Washington State's rate is statistically significantly higher (194 per 10,000).

Rate per 10,000	Early year 2018 Q2	Recent year 2019 Q1	Statistical trend since 2018 Q2	
Jefferson County	158	115		n/a
Washington State	204	194		n/a
Statistical comparison: Jefferson vs. Washington:			Q = quarter of the year	
Estimated number of Jefferson visits:		42		



Note: Washington visits include only visits to emergency departments that are participating in ESSENCE. Data is current as of 7/1/2019 but subject to change as more visits are uploaded and coded.

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

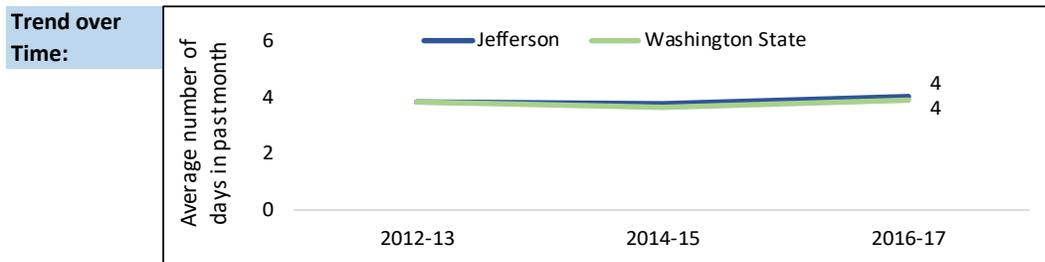
ADULT AVERAGE NUMBER OF POOR MENTAL HEALTH DAYS Average

The average number of poor mental health days in the past month as reported by adults.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2016 to 2017, Jefferson adults reported an average of 4 poor mental health days in the past month, unchanged from 2012 to 2013 and no different from adults in Washington State overall.

Average	Early year 2012-13	Recent year 2016-17	Statistical comparison of 2012-13 to 2016-17	
Jefferson County	4	4		n/a
Washington State	4	4		n/a
Statistical comparison: Jefferson vs. Washington:				



ADULTS REPORT MENTAL DISTRESS Percentage

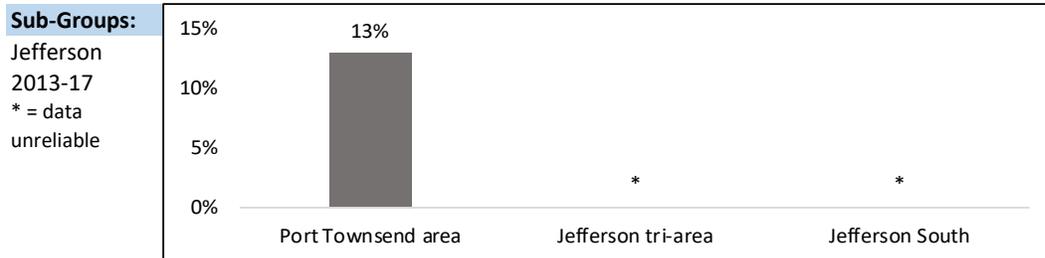
Adults report 14 or more poor mental health days in past month.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

CHIP METRIC

Summary: From 2013 to 2017, over 1 in 10 Jefferson County adults (12%) reported having 14 or more days with poor mental health in the past month. Even over a 5-year period, only the Port Townsend area had large enough numbers of survey respondents reporting poor mental health to produce a reliable estimate at the subcounty level.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17	
Jefferson County	13%	12%		n/a
Washington State	11%	12%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson residents per year:		1,091		



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

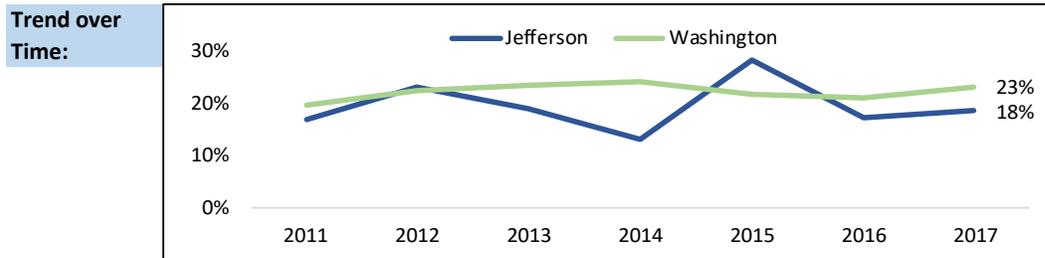
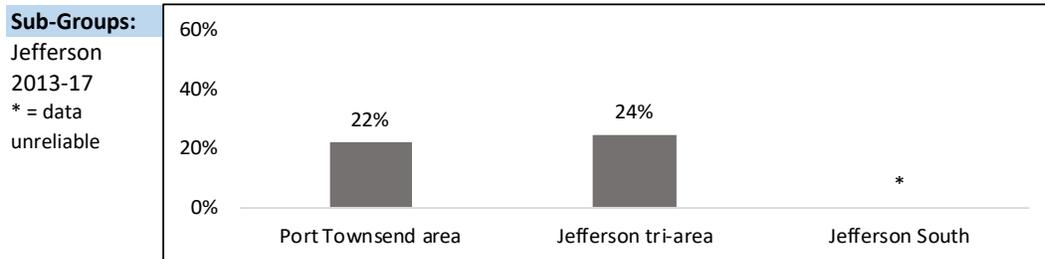
SECTION VG. MENTAL HEALTH AND SUICIDE

ADULTS REPORT DEPRESSION Percentage

Adults report ever being told by a doctor that they have depression.
 Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: More than 1 in 6 Jefferson adults (18%) report ever being told by a doctor that they have depression, which is unchanged since 2011 and the same as the state.

Percentage	Early year 2011	Recent year 2017	Statistical trend since 2011	
Jefferson County	17%	18%		n/a
Washington State	20%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson County residents: 5,025				



MENTAL HEALTH TREATMENT PENETRATION (MEDICAID) Percentage

The percent of Medicaid beneficiaries age 6 and older with a mental health service need identified within the past 2 years, who received at least one qualifying service during the measurement year.
 Source: Washington Health Care Authority, Healthier Washington Dashboard

Summary: Of Jefferson Medicaid beneficiaries age 6 and older with a mental health service need identified in the past 2 years, 55% received at least one qualifying service from January to December 2017, higher than Washington State overall. Children age 6 to 17 had slightly higher rates of treatment than adults age 18 to 64.

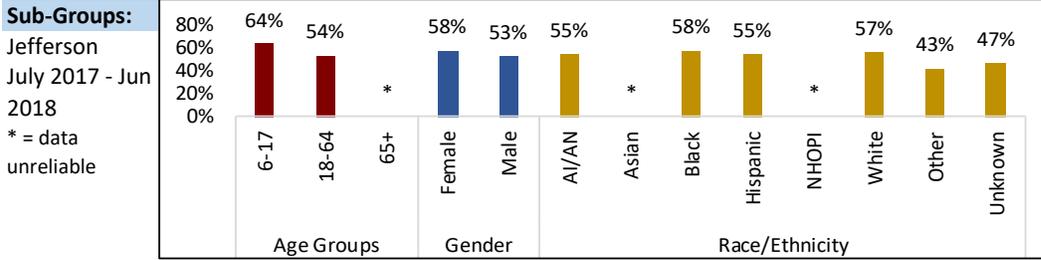
Percentage	Early year 2016	Recent year 2017
Jefferson County	54%	55%
Washington State	50%	51%
Statistical comparison: Jefferson vs. Washington:		

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

Mental health treatment penetration (Medicaid) continued:



MENTAL HEALTH PROFESSIONAL PROVIDER RATIO Ratio

Ratio of population to mental health providers.
Source: County Health Rankings

Summary: There were about 105 mental health providers working in Jefferson in 2018, or approximately 1 for every 300 residents. Since 2013, there has been an increase in mental health providers in Jefferson by about 9% annually.

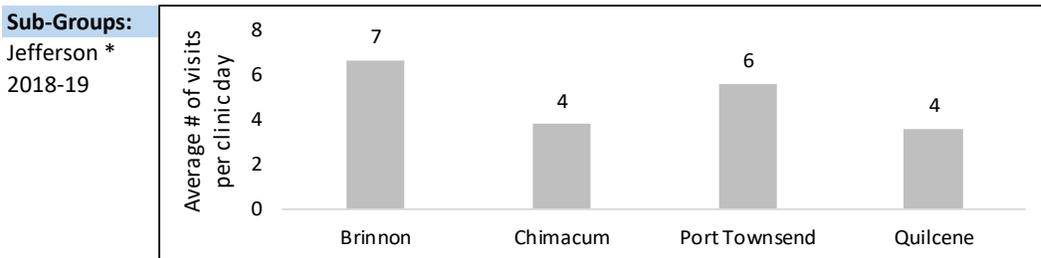
Ratio (Population: providers)	Early year 2008	2013	Recent year 2018	Statistical trend in number of mental health providers since 2013
Jefferson County	2,114:1	446:1	300:1	Annual change: 9%
Washington State	2,513:1	544:1	310:1	Annual change: 12%
Comparison: Jefferson vs. Washington:				
Number of mental health providers in Jefferson:			105	

SCHOOL BASED HEALTH CLINIC MENTAL HEALTH VISITS *

Source: Jefferson County: School Based Health Centers Participation Report, analysis by Kitsap Public Health District

Summary: During the 2018-19 school year, there were an average of 7 Jefferson student visits to the school based health clinics for mental health reasons every day that the clinic was open. Quilcene had a slightly lower average number than other school districts, however there are a lot of factors involved, including different numbers of hours per day that the clinician is available, that make directly comparing the school districts inaccurate. Similarly, changes in hours and the addition of Brinnon in fall 2016, make comparing the trend over time inaccurate.

Average # of visits per clinic day	Early year 2012-13	Recent year 2018-19
Jefferson County	5	7
Number of Jefferson County SBHC clients:		157



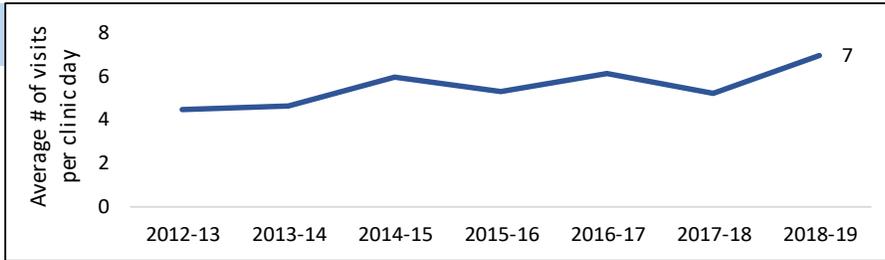
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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

School based health clinic mental health visits continued:

Trend over Time: *



* **Note:** Brinnon did not have services prior to the 2016-17 school year. Hours per day at school districts varied and therefore average # of visits per day is not directly comparable between school districts. Statistical trend over time is likely unreliable for the same reason.

YOUTH REPORT DEPRESSIVE FEELINGS

Percentage

The percentage of students who report feeling so sad or hopeless for two or more weeks in a row that they stopped doing their usual activities at least once during the past year.

Source: Healthy Youth Survey

CHIP METRIC

Summary: From 2012 to 2018, the percentage of students reporting depressive feelings has increased dramatically in all grades in Jefferson County and in Washington State, but in 2018 Jefferson has higher percentages of 8th and 10th graders reporting depressive feelings than Washington. In 2018, about half of all Jefferson students reported having had depressive feelings in the past year. A lower percentage of students in grades 8-12 in Quilcene School District reported having depressive feelings than in Port Townsend or Chimacum.

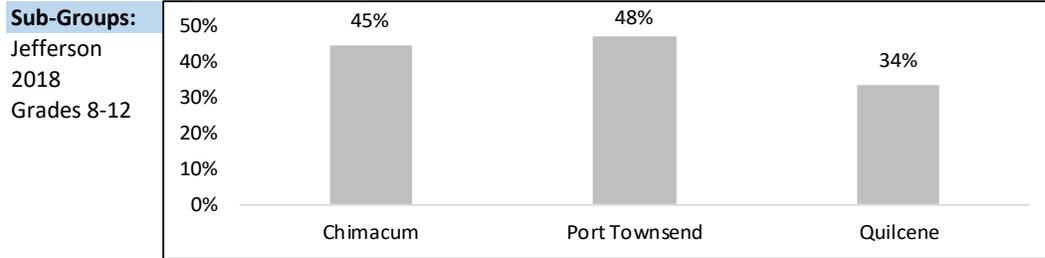
Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	25%	42%		n/a
Washington State	26%	32%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		94		
Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	35%	51%		n/a
Washington State	31%	40%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		98		
Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	32%	49%		n/a
Washington State	30%	41%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		106		

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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

Youth report depressive feelings continued:



YOUTH DO NOT HAVE AN ADULT TO TURN TO WHEN SAD OR HOPELESS Percentage

The percentage of students who report they do not have an adult to turn to for help when they feel sad or hopeless, excluding those who never feel sad or hopeless and those who are unsure if they would have an adult to turn to.

Source: Healthy Youth Survey

Summary: In 2018, almost 3 out of every 10 Jefferson 10th graders reported they do not have an adult to turn to when they feel sad or hopeless, which is similar to the state. The numbers of respondents for 6th, 8th and 12th grade were very low. For Washington State overall, there has been an increasing trend of students reporting not having an adult to turn to from 2012 to 2018 for 6th, 10th and 12th graders. About 1 out of every 5 students in grades 6-12 in Chimacum and Port Townsend report not having an adult to turn to when sad or hopeless.

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
6TH GRADE				
Jefferson County	*	*	n/a	
Washington State	12%	13%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
8TH GRADE				
Jefferson County	*	*	n/a	
Washington State	20%	20%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
10TH GRADE				
Jefferson County	*	29%	n/a	
Washington State	20%	25%		n/a
Statistical comparison: Jefferson vs. Washington:			* = data unreliable	
Estimated number of Jefferson students:		55		

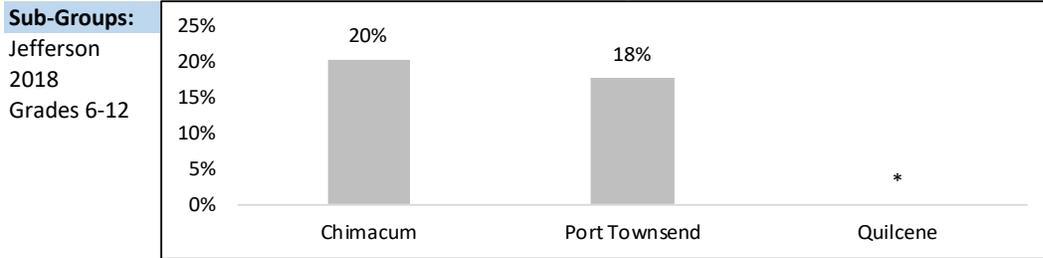
Percentage	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
12TH GRADE				
Jefferson County	*	*	n/a	--
Washington State	19%	22%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a		
Estimated number of Jefferson students:		n/a		

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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

Youth do not have an adult to turn to when sad or hopeless continued:



YOUTH REPORT SERIOUSLY CONSIDERING SUICIDE IN PAST YEAR Percentage

The percentage of students who report seriously considering committing suicide in the past 12 months. (6th graders are asked if they "seriously thought about killing themselves".)

Source: Healthy Youth Survey

CHIP METRIC

Summary: From 2012 to 2018, there has been a statistically significant increase in Jefferson and Washington students reporting seriously considering suicide in every grade except 10th for Jefferson, however Jefferson's 10th graders had the highest percentage of any grade and a statistically significantly higher percentage than Washington 10th graders. In 2018, more than 1 in 4 Jefferson students reported seriously considering suicide in all grades, with almost 1 in 3 reporting considering suicide in 10th grade. There is a slightly lower percentage of students in grades 8-12 in Quilcene who reported seriously considering suicide than there is in Chimacum or Port Townsend.

Percentage	Early year	Recent year	Statistical comparison	
6TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	17%	25%		n/a
Washington State	14%	22%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		50		

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	15%	26%		n/a
Washington State	17%	20%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		58		

Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	24%	32%		n/a
Washington State	19%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		62		

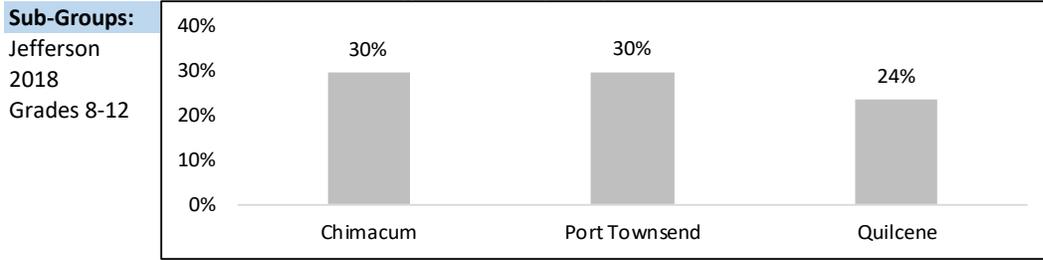
Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	19%	29%		n/a
Washington State	17%	23%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		62		

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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

Youth report seriously considering suicide in past year continued:



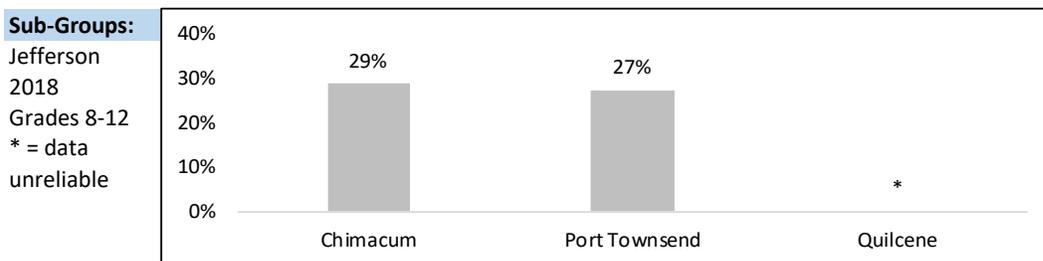
YOUTH REPORT MAKING A SUICIDE PLAN IN PAST YEAR Percentage

The percentage of students who report making a plan in the past 12 months about how they would attempt suicide.

Source: Healthy Youth Survey **CHIP METRIC**

Summary: From 2012 to 2018, there has been a statistically significant increase in Washington students reporting making a suicide plan for every grade. Jefferson County had very low numbers of students reporting making a suicide plan in 2012, however in 2018, the percentage of Jefferson students reporting making a suicide plan ranged from almost 1 in 5 in 8th grade to more than 1 in 3 in 10th grade.

Percentage	Early year	Recent year	Statistical comparison	
8TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	15%	18%		n/a
Washington State	14%	16%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		40		
Percentage	Early year	Recent year	Statistical comparison	
10TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	*	36%	n/a	
Washington State	14%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		69	* = data unreliable	
Percentage	Early year	Recent year	Statistical comparison	
12TH GRADE	2012	2018	of 2012 and 2018	
Jefferson County	*	23%	n/a	
Washington State	14%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		50	* = data unreliable	



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

YOUTH SELF-REPORTED SUICIDE ATTEMPTS Percentage

The percentage of students who report attempting suicide at least once in the past year. (6th graders are asked if they "ever tried to kill themselves".)
 Source: Healthy Youth Survey **CHIP METRIC**

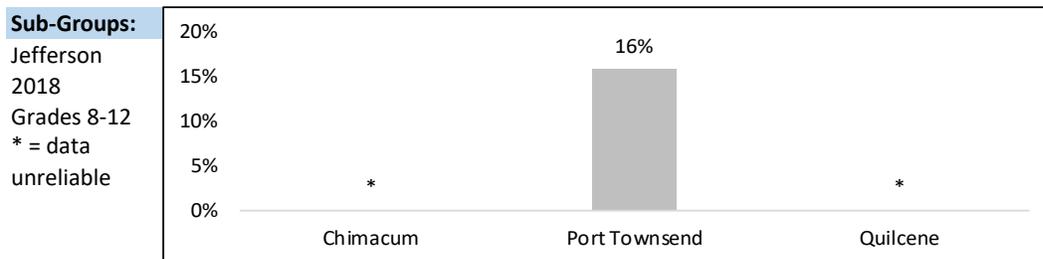
Summary: Jefferson County has less than 10 students in each grade reporting attempting suicide in the past year. From 2012 to 2018 in Washington, the percentages of students reporting attempting suicide have been increasing in every grade. In 2018, approximately 1 in 10 students in Washington State reported attempting suicide at least once in the past year. Port Townsend School District has the highest percentage of students in grades 8-12 reporting attempting suicide at least once in the past year.

Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	5%	8%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	8%	10%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	8%	10%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	*	n/a	
Washington State	6%	9%		n/a
Statistical comparison: Jefferson vs. Washington:		n/a	* = data unreliable	
Estimated number of Jefferson students:		n/a		



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

SUICIDE NON-FATAL HOSPITALIZATION RATE Age-adjusted rate per 100,000

The age-adjusted rate per 100,000 of injury hospitalizations where the injury was self-inflicted, excluding fatal outcomes; subgroups are crude rates.
 Source: WA State Department of Health, Community Health Assessment Tool (CHAT) **CHIP METRIC**

Summary: The 3-year age-adjusted rate of non-fatal suicide hospitalizations has remained unchanged from 1998-2000 to 2013-15. From 2016 forward, the data are not comparable to years prior to 2016. In 2016-17, there were 24 non-fatal hospitalizations in Jefferson County, which is a rate of 48 per 100,000 residents and not statistically significantly different than the state.

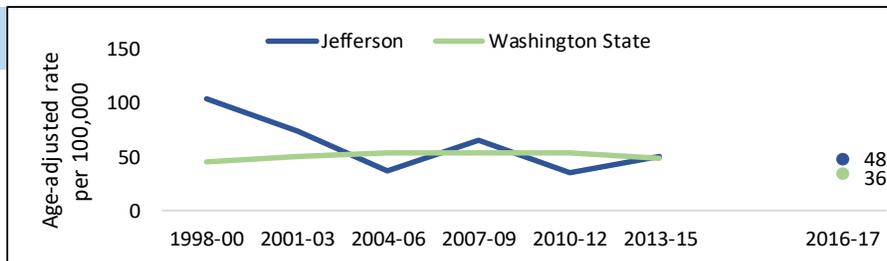
Age-adjusted rate per 100,000	Early year 1998-2000	Recent years 2016-17 [^]	Statistical trend from 1998-00 to 2013-15	
Jefferson County	105	48		n/a
Washington State	46	36		n/a
Statistical comparison: Jefferson vs. Washington:				
Average number of Jefferson residents per year:				
		24		

Sub-Groups:

Jefferson
 2011-15
 * = data
 unreliable



Trend over Time [^]:



^ IMPORTANT DISCLAIMERS: To handle the mid-year code conversion from International Classification of Disease (ICD) version 9 to 10, the 2015 Hospitalization data is comprised of 2015 Washington Hospitalization data for the first 9 months, and 2014 Washington Hospitalization data for the last 3 months. In addition, the data for 2015 and previous years are not directly comparable to the data from 2016 and subsequent years; a statistical analysis of the trend over time is not appropriate.

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SECTION VG. MENTAL HEALTH AND SUICIDE

SUICIDE DEATH RATE

Age-adjusted rate per 100,000

The age-adjusted rate per 100,000 of self-inflicted injury deaths; subgroups are crude rates.

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

CHIP METRIC

Summary: On average, there were 10 Jefferson County resident suicides each year from 2013 to 2017. The age-adjusted mortality rate for suicide in Jefferson County is higher than the state.

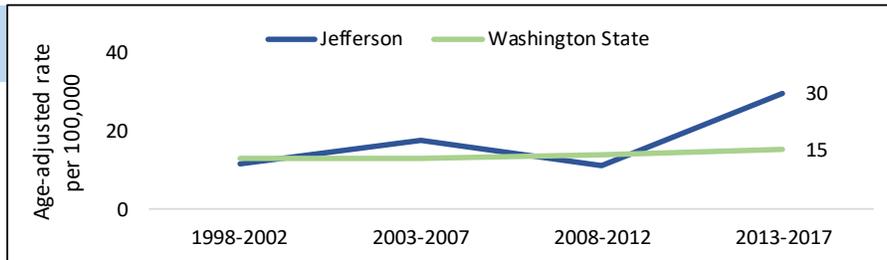
Age-adjusted rate per 100,000	Early years 1998-02	Recent years 2013-17	Statistical trend since 1998-02	
Jefferson County	11	30		n/a
Washington State	13	15		n/a
Statistical comparison: Jefferson vs. Washington:				
Average number of Jefferson residents per year:		10		

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



MENTAL ILLNESS HOSPITALIZATION RATE

Age-adjusted rate per 100,000

The age-adjusted rate per 100,000 of mental illness hospitalizations, including fatal outcomes; subgroups are crude rates.

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: In 2017, there were 125 Jefferson residents who were hospitalized for mental illness-related reasons, including self-inflicted injuries, suicide ideation and suicide attempts.

Age-adjusted rate per 100,000	Early year 2000	Recent year 2017*
Jefferson County	447	491
Washington State	526	494
Statistical comparison: Jefferson vs. Washington:		
Number of Jefferson County residents:		125

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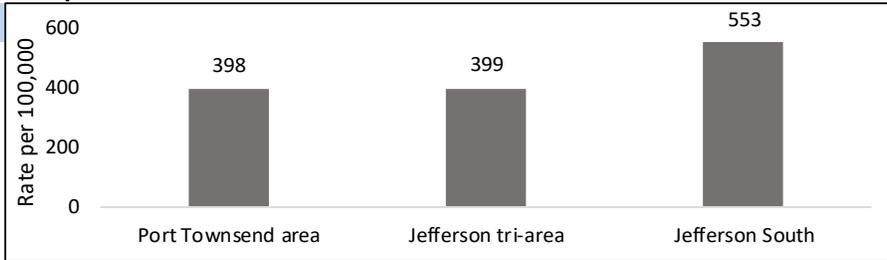
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

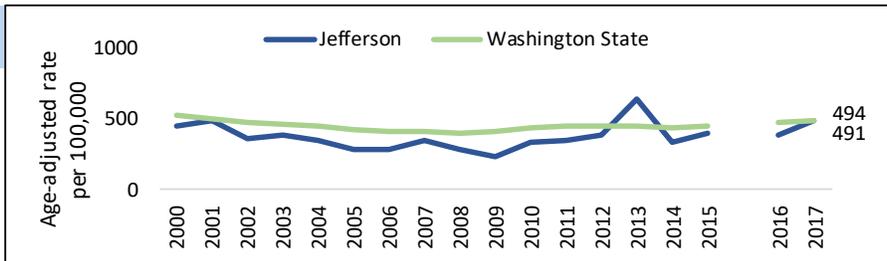
Mental illness hospitalization rate continued:

Sub-Groups:

Jefferson
2017



Trend over Time*:



* **IMPORTANT DISCLAIMERS:** To handle the mid-year code conversion from International Classification of Disease (ICD) version 9 to 10, the 2015 Hospitalization data is comprised of 2015 Washington Hospitalization data for the first 9 months, and 2014 Washington Hospitalization data for the last 3 months. In addition, the data for 2015 and previous years are not directly comparable to the data from 2016 and subsequent years; a statistical analysis of the trend over time is not appropriate.

DISCOVERY BEHAVIORAL HEALTH CLIENTS

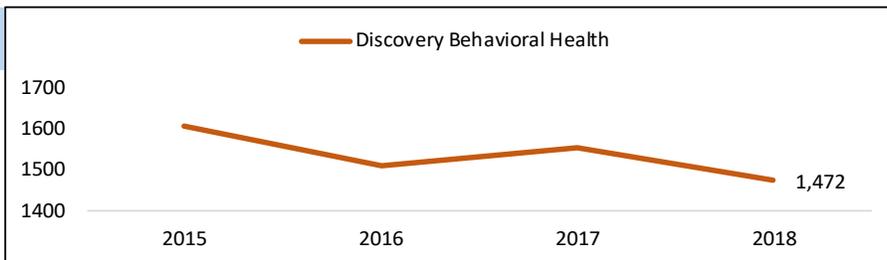
The number of unduplicated individuals served by Discovery Behavioral Health.

Source: Personal communication, Natalie Gray, Chief Executive Officer, Discovery Behavioral Health

Summary: In 2018, Discovery Behavioral Health served 1,472 clients. Based on data collected, about 20% of the clients seen were dually diagnosed with substance use disorder and mental health diagnoses.

	Early year 2015	Recent year 2018	% dually diagnosed with SUD and Mental Health Diagnoses
Discovery Behavioral Health	1,606	1,472	20%

Trend over Time:



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VG. MENTAL HEALTH AND SUICIDE

YOUTH CO-OCCURRING DEPRESSION/SUICIDE AND DRUG/ALCOHOL USE Percentage

The percentage of students who both use alcohol or drugs and have depressive or suicidal thoughts. Drugs/alcohol could include one or more of the following:

- smoking cigarettes in the past 30 days,
- using e-cigarettes in the past 30 days,
- drinking alcohol in the past 30 days,
- used marijuana in the past 30 days,
- using painkillers to get high in the past 30 days.

Note: students have to answer all of the drug, alcohol, suicide and depression questions to be included.

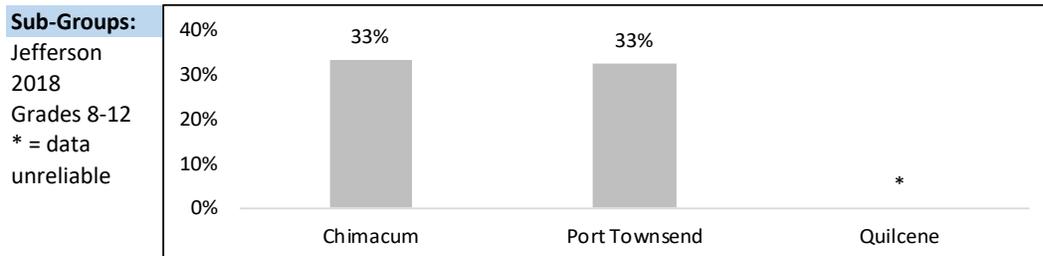
Source: Healthy Youth Survey

Summary: In 2018, more than 1 in 3 Jefferson 10th and 12th graders reported having used drugs or alcohol AND having depressive or suicidal thoughts. For 8th graders, the ratio was 1 in 5. All grades were higher than Washington State, although 12th grade was not statistically significantly higher. In Washington State, there was a statistically significant increase in percentages of 10th and 12th graders reporting both from 2012 to 2018. Chimacum and Port Townsend both had one third of students in grades 8-12 in this category.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	20%	n/a	
Washington State	10%	11%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		45		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	*	40%	n/a	
Washington State	16%	18%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		76		

Percentage 12TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Jefferson County	27%	35%		n/a
Washington State	18%	25%		n/a
Statistical comparison: Jefferson vs. Washington:				
Estimated number of Jefferson students:		76		



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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VH. INJURIES

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

CHILD INJURY AND ACCIDENT HOSPITALIZATION RATE Rate per 100,000

The age-specific hospitalization rate per 100,000 children ages 0-17 for all injuries including fatal discharges.

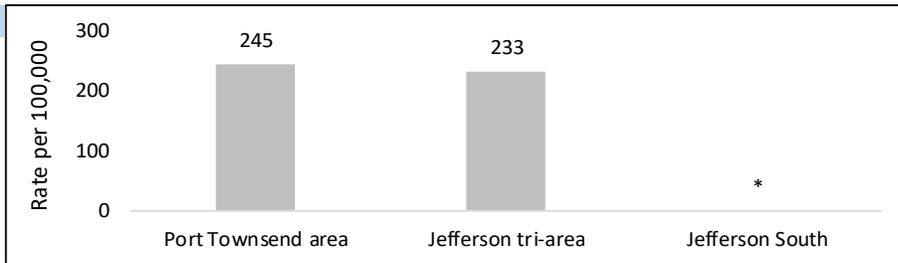
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2013-15, the age-specific injury hospitalization rate for children ages 0 to 17 was 202 per 100,000 in Jefferson County. Because of the ICD-9 to ICD 10 code conversion in 2015, 2016 and later data is not comparable to previous years. 2016 and 2017 data combined has too small numbers to be reliable.

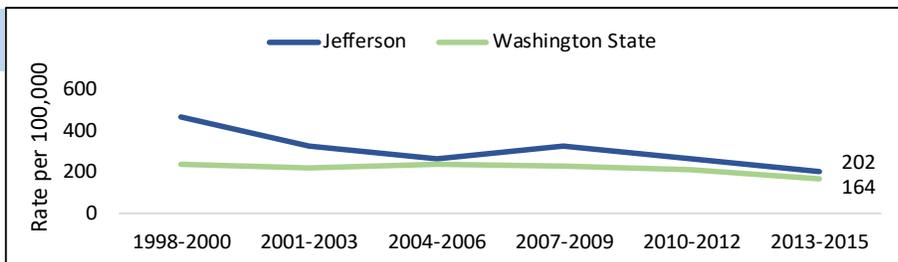
Rate per 100,000	Early years		Recent years 2013-15	Statistical trend since 1998-2000	
	1998-00	2004-06			
Jefferson County	464	265	202		3-year change: -4%
Washington State	235	237	164		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents each year:			8		

Sub-Groups:

Jefferson
2011-15



Trend over Time:



IMPORTANT DISCLAIMER: To handle the mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, the 2015 Hospitalization data is comprised of 2015 Washington Hospitalization data for the first 9 months, and 2014 Washington Hospitalization data for the last 3 months.

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PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VH. INJURIES

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

ADULT WOMEN AGE 18+ INJURY AND ACCIDENT HOSPITALIZATION RATE Rate per 100,000

The age-specific hospitalization rate per 100,000 women age 18+ for all injuries including fatal discharges.

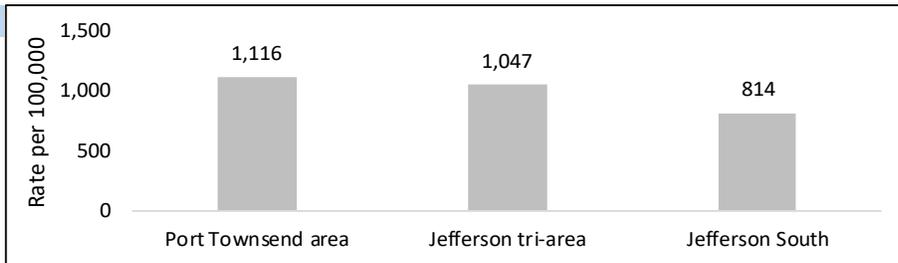
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, the age-specific injury hospitalization rate for adult women age 18 and older was 986 per 100,000 in Jefferson County. This rate was statistically significantly higher than the state overall. Because of the ICD-9 to ICD 10 code conversion in 2015, 2016 and later data is not comparable to previous years. The 2013-15 rate was slightly lower in the Jefferson South area than in other areas of Jefferson County.

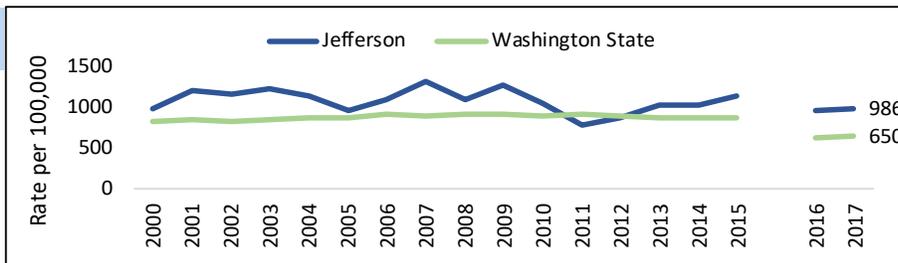
Rate per 100,000	Early year		Recent year 2017	Statistical comparison of 2016 to 2017	
	2000	2010			
Jefferson County	986	1,040	986		n/a
Washington State	830	895	650		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents each year:			132		

Sub-Groups:

Jefferson
2013-15



Trend over Time:



LEADING CAUSES OF ACCIDENT/UNINTENTIONAL INJURY HOSPITALIZATIONS Rate per 100,000

The leading causes of hospitalization for injuries with unintentional intent that have the highest crude hospitalization rate per 100,000 including fatal discharges. Unintentional injury hospitalization data for injuries due to fire, bite/sting, overexertion, natural environment, suffocation and poisoning are not currently available, and are not represented in this data.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2016-17, the leading causes of unintentional injury hospitalization in Jefferson County were due to falls, motor vehicles and being struck by or against something. These were the top 3 leading causes for all sub-county geographical areas.

Rate per 100,000	2016-17		Compared to WA
	Annual Average #	Rate per 100,000	
Falls	186	622	higher
Motor Vehicle-Traffic	26	87	higher
Struck By/Against	13	42	higher

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VH. INJURIES

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

Leading causes of accident/unintentional injury hospitalizations continued:

Sub-Groups:

Rate per 100,000	2016-17		
	Annual Average #	Rate per 100,000	
PORT TOWNSEND AREA			
Falls	105	673	* = data unreliable
Motor Vehicle-Traffic	13	84	
Struck By/Against	*	n/a	
Rate per 100,000	2016-17		
	Annual Average #	Rate per 100,000	
JEFFERSON TRI-AREA			
Falls	61	557	* = data unreliable
Motor Vehicle-Traffic	*	n/a	
Struck By/Against	*	n/a	
Rate per 100,000	2016-17		
	Annual Average #	Rate per 100,000	
JEFFERSON SOUTH			
Falls	21	600	* = data unreliable
Motor Vehicle-Traffic	*	n/a	
Struck By/Against	*	n/a	

* indicates that the estimated number of hospitalizations is highly unreliable.

LEADING CAUSES OF ACCIDENT/UNINTENTIONAL INJURY DEATHS Rate per 100,000

The leading causes of death for injuries with unintentional intent that have the highest crude death rate per 100,000.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, rates of unintentional injury death in Jefferson County were very low. Deaths due to falls had the highest rate, about 27 per 100,000 residents, followed by deaths due to poisoning and deaths due to motor vehicles in traffic. Each of the geographic regions within Jefferson County had the same top 3 causes of unintentional injury death, although each had very small numbers of cases from 2013 to 2017.

Rate per 100,000	2013-17		Compared to WA
	Annual Average #	Rate per 100,000	
Falls	8	27	higher
Poisoning	<5	10	same
Motor Vehicle-Traffic	<5	9	same

Sub-Groups:

Rate per 100,000	2013-17		
	Annual Average #	Rate per 100,000	
PORT TOWNSEND AREA			
Falls	5	33	* = data unreliable
Poisoning	< 5	*	
Motor Vehicle-Traffic	< 5	*	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019
PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VH. INJURIES

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

Leading causes of accident/unintentional injury deaths continued:

Rate per 100,000	2013-17		
	Annual Average #	Rate per 100,000	
JEFFERSON TRI-AREA			* = data unreliable
Falls	<5	*	
Poisoning	<5	*	
Motor Vehicle-Traffic	<5	*	
Rate per 100,000	2013-17		
JEFFERSON SOUTH	Annual Average #	Rate per 100,000	
Falls	< 5	*	* = data unreliable
Poisoning	< 5	*	
Motor Vehicle-Traffic	< 5	*	

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

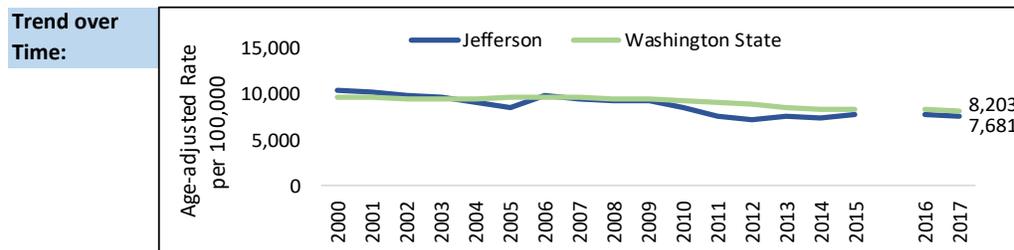
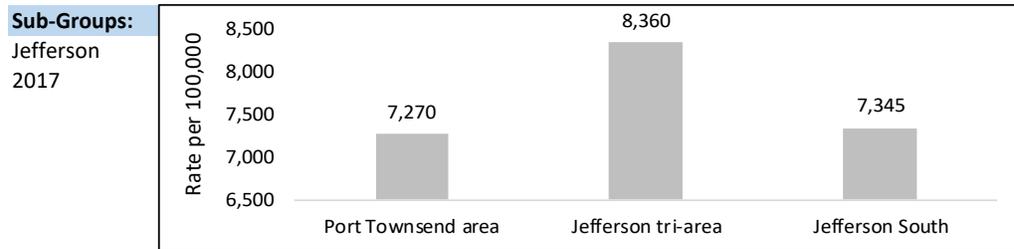
SECTION VI. HOSPITALIZATIONS

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

ALL CAUSE HOSPITALIZATION RATE	Age-Adjusted Rate per 100,000	
The age-adjusted hospitalization rate per 100,000 for all causes including fatal discharges; subgroups are crude rates.		
Source: WA State, Community Health Assessment Tool (CHAT)		

Summary: In 2017, the age-adjusted all cause hospitalization rate was 7,681 per 100,000 in Jefferson County. Because of the ICD-9 to ICD 10 code conversion in 2015, 2016 and later data is not comparable to previous years. There was no statistical difference between 2016 and 2017 in Jefferson, but Jefferson was statistically significantly lower than the state in 2017. There is a slightly higher rate of all cause hospitalization in the Jefferson tri-area than in Jefferson South or the Port Townsend area.

Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2017	Statistical comparison of 2016 to 2017	
Jefferson County	10,472	8,503	7,681		n/a
Washington State	9,715	9,268	8,203		n/a
Statistical comparison: Jefferson vs. Washington:					
Estimated number of Jefferson residents:			3,219		



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VI. HOSPITALIZATIONS

IMPORTANT DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, 2016 and later hospitalization data is not comparable to previous years.

LEADING CAUSES OF HOSPITALIZATIONS **Rate per 100,000**

The leading causes of hospitalization with the highest crude hospitalization rates per 100,000 including fatal discharges. The leading causes are the causes affecting the highest number of Jefferson residents and, because Jefferson has a higher median age than Washington State overall, it can be expected that causes that tend to affect older individuals will have a higher rate in Jefferson compared to Washington.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2016-17, the leading causes of hospitalization in Jefferson County were diseases of the circulatory system, musculoskeletal system and digestive system, all of which have higher rates than the rate for Washington overall. These were the top 3 causes for the Port Townsend area and Jefferson tri-area, but Jefferson South had a slightly higher rate for injury and poisoning than for diseases of the digestive system.

Rate per 100,000	2016-17		Compared to WA
	Annual Average #	Rate per 100,000	
Diseases of the circulatory system	622	2,080	higher
Diseases of the musculoskeletal system and connective tissue	363	1,212	higher
Diseases of the digestive system	326	1,089	higher
Injury and poisoning	309	1,034	higher
Diseases of the respiratory system	271	906	higher
Infectious and parasitic diseases	191	639	same
Neoplasms	171	572	higher
Complications of pregnancy; childbirth; and the puerperium	160	533	lower
Certain conditions originating in the perinatal period	155	517	lower
Mental Illness	116	388	lower

Sub-Groups:

Rate per 100,000	2016-17	
	Annual Average #	Rate per 100,000
PORT TOWNSEND AREA		
Diseases of the circulatory system	327	2,103
Diseases of the digestive system	177	1,137
Diseases of the musculoskeletal system and connective tissue	176	1,134

Rate per 100,000	2016-17	
	Annual Average #	Rate per 100,000
JEFFERSON TRI-AREA		
Diseases of the circulatory system	238	2,168
Diseases of the musculoskeletal system and connective tissue	147	1,337
Diseases of the digestive system	117	1,068

Rate per 100,000	2016-17	
	Annual Average #	Rate per 100,000
JEFFERSON SOUTH		
Diseases of the circulatory system	58	1,698
Diseases of the musculoskeletal system and connective tissue	40	1,171
Injury and poisoning	34	981

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VJ. DEATHS

DEATH RATE

AGE-ADJUSTED RATE PER 100,000

Source: WA State, Community Health Assessment Tool (CHAT)

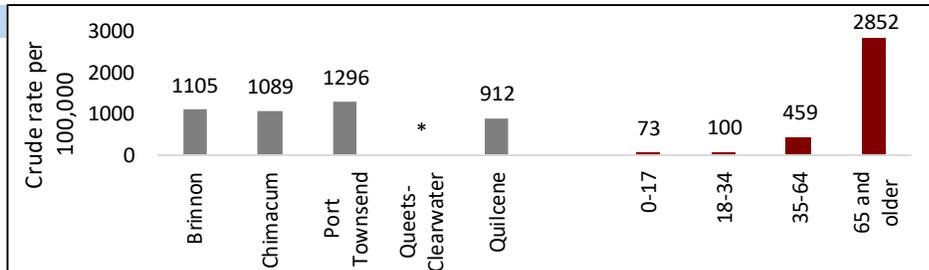
Summary: While the actual number of deaths has been increasing on average about 2% a year from 2000 to 2017, the age-adjusted death rate from all causes in Jefferson County has been decreasing. Age-adjusting the death rate helps to account for the older and aging population in Jefferson, in which death is more likely statistically. Given that the population is aging, it is expected that the number of deaths will increase. After adjusting for age, the actual death rate is not as high as we would expect given the age makeup, so the death rate is decreasing and lower than the state's rate, after accounting for age. Port Townsend has the highest death rate of any geographic area in Jefferson.

Age-adjusted Rate per 100,000	Early year		Recent year 2017	Statistical trend since 2000	
	2000	2010			
Jefferson County	682	664	576	Decreasing	Annual change: -1%
Washington State	804	690	685	Decreasing	Annual change: -1%
Statistical comparison: Jefferson vs. Washington:			Lower		
Estimated number of Jefferson residents:			375		

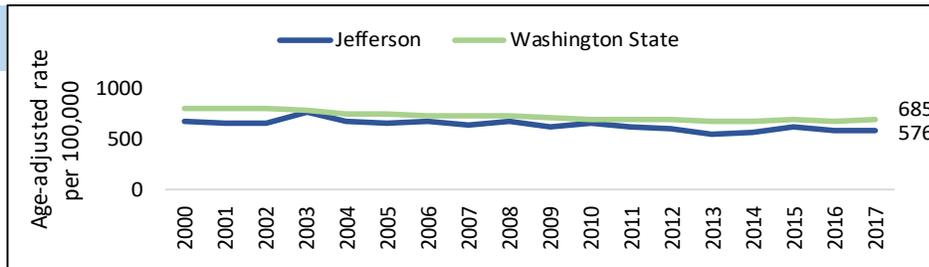
Death Rate, continued:

Sub-Groups:

Jefferson
2013-17
* = data
unreliable



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VJ. DEATHS

LEADING CAUSES OF DEATH Rate per 100,000

The leading causes of death with the highest crude mortality rates per 100,000. The leading causes are the causes affecting the highest number of Jefferson residents and, because Jefferson has a higher median age than Washington State overall, it can be expected that causes that tend to affect older individuals will have a higher rate in Jefferson County compared to Washington.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the leading causes of death in Jefferson County were major cardiovascular disease, malignant neoplasms and chronic lower respiratory diseases, all of which have higher rates in Jefferson than in the state overall.

Rate per 100,000	2013-17		Compared to WA
	Annual Average #	Rate per 100,000	
Major cardiovascular diseases	99	322	higher
Malignant neoplasms	97	316	higher
Chronic lower respiratory diseases	19	63	higher
Accidents	18	60	higher
Alzheimer's disease	18	58	same
Intentional self-harm (suicide)	10	32	higher
Diabetes mellitus	<10	28	same
Parkinson's disease	<10	20	higher
Influenza and pneumonia	<10	14	same
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	<10	12	higher

Sub-Groups:

Rate per 100,000	2013-17	
	Annual Average #	Rate per 100,000
PORT TOWNSEND AREA		
Major cardiovascular diseases	56	368
Malignant neoplasms	46	297
Alzheimer's disease	13	86

Rate per 100,000	2013-17	
	Annual Average #	Rate per 100,000
JEFFERSON TRI-AREA		
Malignant neoplasms	38	355
Major cardiovascular diseases	33	309
Chronic lower respiratory diseases	<10	59

Rate per 100,000	2013-17	
	Annual Average #	Rate per 100,000
JEFFERSON SOUTH		
Malignant neoplasms	12	348
Major cardiovascular diseases	<10	212
Accidents	<10	100

JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VJ. DEATHS

YEARS OF POTENTIAL LIFE LOST (YPLL) DUE TO PREMATURE DEATH Rate per 100,000

YPLL estimates the number of years a person would have lived if they had not died prematurely before the age of 65. The rate is YPLL per 100,000 residents.

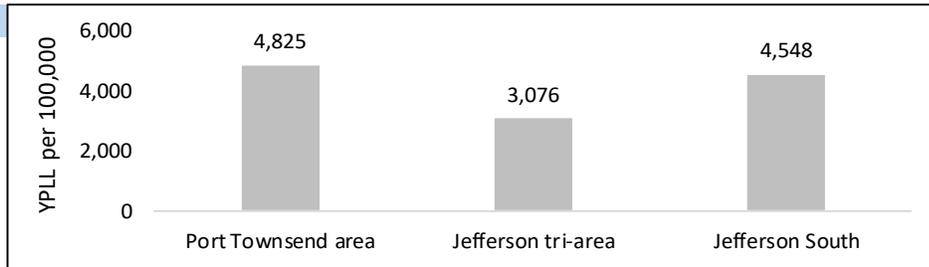
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, there were more than 850 years of potential life lost (YPLL) in Jefferson County due to premature death (death before the age of 65), a rate of more than 4,200 years for every 100,000 residents, which is worse than the state. The Port Townsend area had the highest rate, while the Jefferson tri-area region had the lowest.

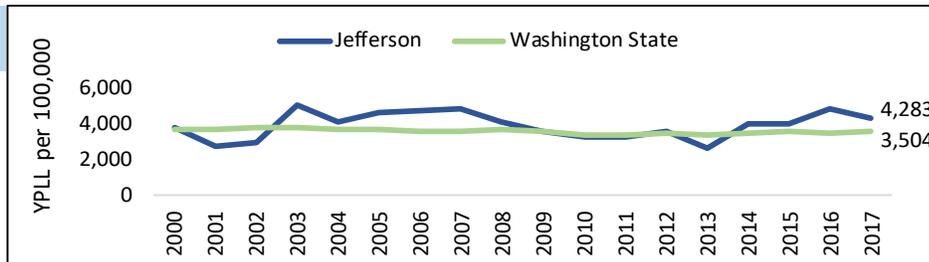
Rate per 100,000	Early year		Recent year 2017	Statistical trend since 2000	
	2000	2010			
Jefferson County	3,783	3,191	4,283		n/a
Washington State	3,694	3,356	3,504		Annual change: -1%
Statistical comparison: Jefferson vs. Washington:					
Estimated number of years lost:			865		

Sub-Groups:

Jefferson
2017



Trend over Time:



JEFFERSON COUNTY HEALTH STATUS ASSESSMENT, 2019

PART V. BEHAVIOURS, ILLNESS, INJURY, HOSPITALIZATIONS AND DEATHS

SECTION VJ. DEATHS

YEARS OF POTENTIAL LIFE LOST (YPLL) BY CAUSE Rate per 100,000

YPLL estimates the number of years a person would have lived if they had not died prematurely before the age of 65. The rate is YPLL per 100,000 residents.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2013-17, the leading causes of years of potential life lost (YPLL) in Jefferson County were accidents, malignant neoplasms and suicide. On average each year, 141 years of life are lost for Jefferson residents due to accidents, or about 683 years for every 100,000 residents. Suicide was the biggest cause of YPLL for Port Townsend area residents, while malignant neoplasms were for the Jefferson tri-area and accidents were for Jefferson South.

Rate per 100,000	2013-17		Compared to WA
	Annual Average # of Years	Rate per 100,000	
Accidents	141	683	same
Malignant neoplasms	137	662	higher
Intentional self-harm (suicide)	130	631	higher
Major cardiovascular diseases	70	340	lower
Certain conditions originating in the perinatal period	39	189	same
Congenital malformations deformations and chromosomal abnormalities	26	126	same
Diabetes mellitus	22	109	higher
Chronic liver disease and cirrhosis	15	72	lower
Pregnancy childbirth and the puerperium	15	71	higher
Chronic lower respiratory diseases	11	54	same

Sub-Groups:

Rate per 100,000	2013-17	
	Annual Average # of Years	Rate per 100,000
PORT TOWNSEND AREA		
Intentional self-harm (suicide)	85	822
Malignant neoplasms	65	624
Accidents	49	476

Rate per 100,000	2013-17	
	Annual Average # of Years	Rate per 100,000
JEFFERSON TRI-AREA		
Malignant neoplasms	54	791
Accidents	53	777
Intentional self-harm (suicide)	26	372

Rate per 100,000	2013-17	
	Annual Average # of Years	Rate per 100,000
JEFFERSON SOUTH		
Accidents	33	1,417
Malignant neoplasms	15	632
Major cardiovascular diseases	14	606