

Jefferson County 2019

# Community Health Assessment: Stakeholder Data Review

October 25, 2019

Siri Kushner, Kitsap Public Health District

# Acknowledgements

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

## Today's Outline

1. Overview of the assessment elements/methods
2. Determinants of health framing
3. Review key findings by assessment
4. Review key findings across assessments by section, pausing for reflection
5. Review progress on 2014 CHIP metrics

# Assessment Elements and Timeline

## Community Survey

Online + paper surveys  
April 9 - June 18

## Community Forums

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

## Key Informant Interviews

May 2019

## Quantitative Indicators

April – September 2019

## Data Presentations

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

# Methods: Community Survey

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

# Community Survey Participants

(% among population)

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

# Methods: Community Forums

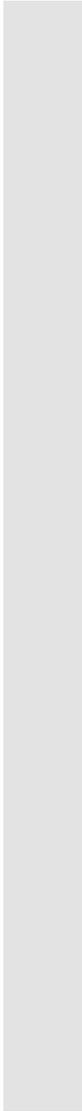
- Convenience sample
- Locations in 3 geographic areas
  - Jefferson Healthcare, midday with lunch – 15 participants
  - Chimacum Fire, evening with snacks – 2 people
  - Quilcene school, with SBHC meeting – 18 participants
- Facilitated by UW MPH student
- Questions:
- How do you define a healthy community?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

# Methods: Key Informant Interviews

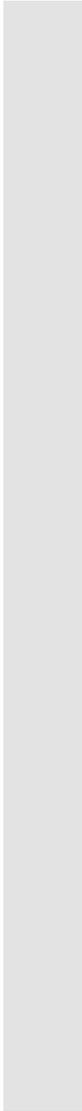
- Purposeful selection of interview participants
  - Emergency services (2); Healthcare providers (2); Affordable housing; Public health (2); Public schools; Local government (2); Social services; Community engagement
- Conducted by UW MPH student
- Questions:
- Briefly, please describe your role and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

# Methods: Quantitative Indicators

- Based off list from 2014, added CHIP monitoring metrics, new data sources
- Rates and percentages; some counts
- Current and historical rate; statistical trend over time; statistical comparison to WA State; sub county areas when available (Port Townsend, Tri-Area, South) based on grouped zip codes
- Sections:
  - Part 1. Demographics, Socioeconomics, Community Safety
  - Part 2. Quality of Life
  - Part 3. Health Care
  - Part 4. Pregnancy and Births
  - Part 5. Behaviors, Illness, Injury, Hospitalizations, Deaths



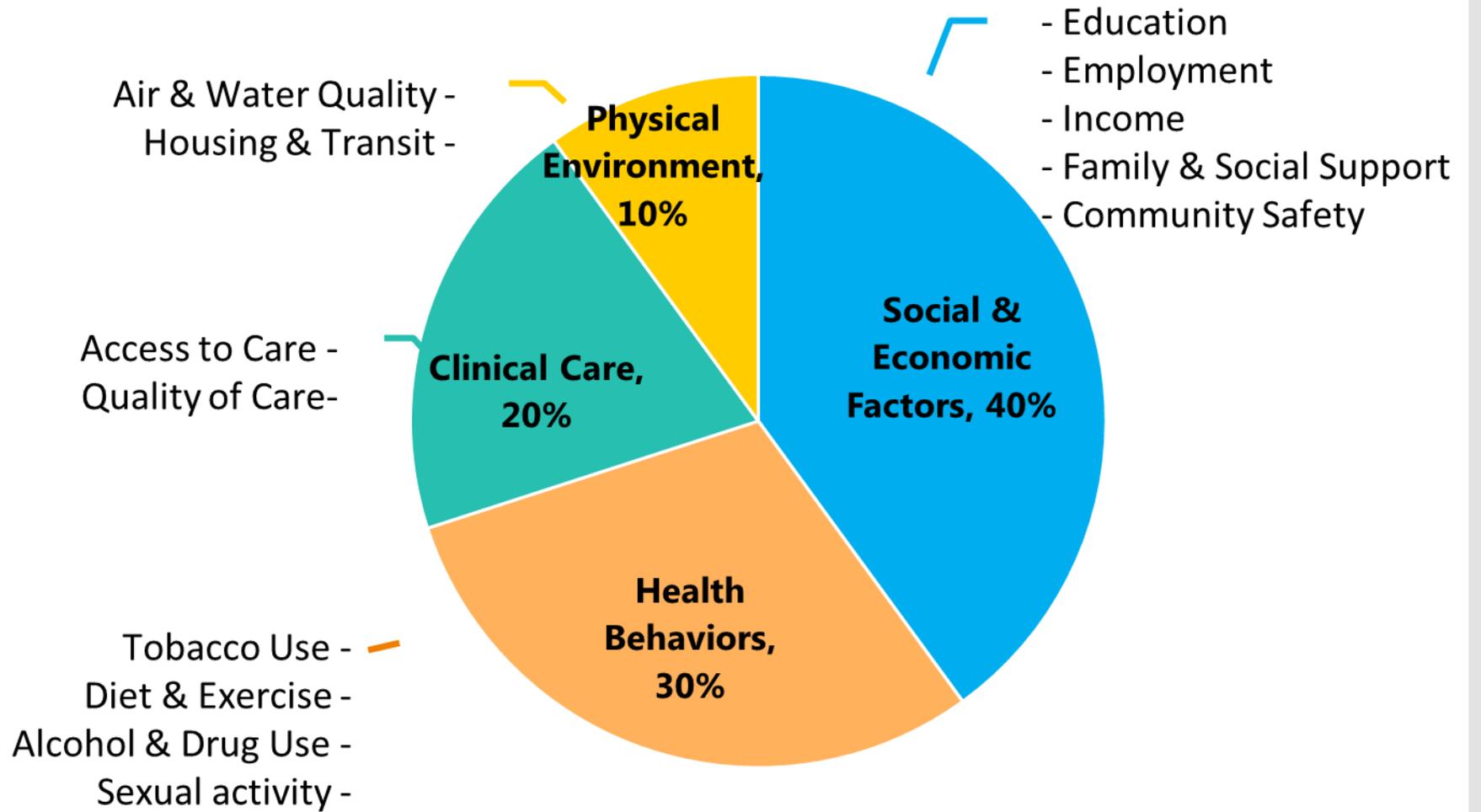
# Framing



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

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

# Determinants of Health

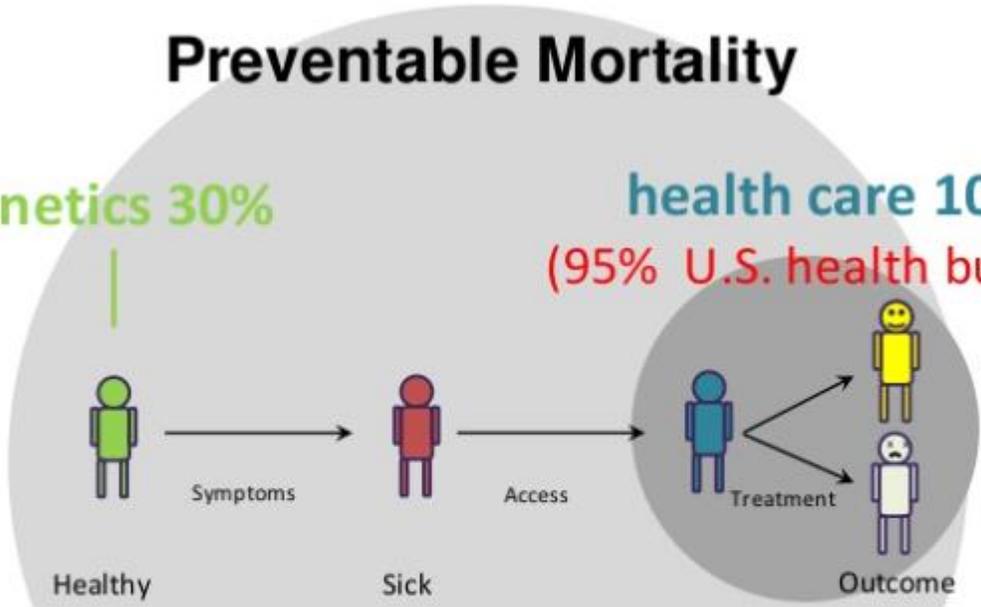


Adapted from: Robert Wood Johnson Foundation in Overcoming Obstacles to Health Stories, Facts and Findings.  
Proportions: County Health Rankings, Robert Wood Johnson Foundation

# Preventable Mortality

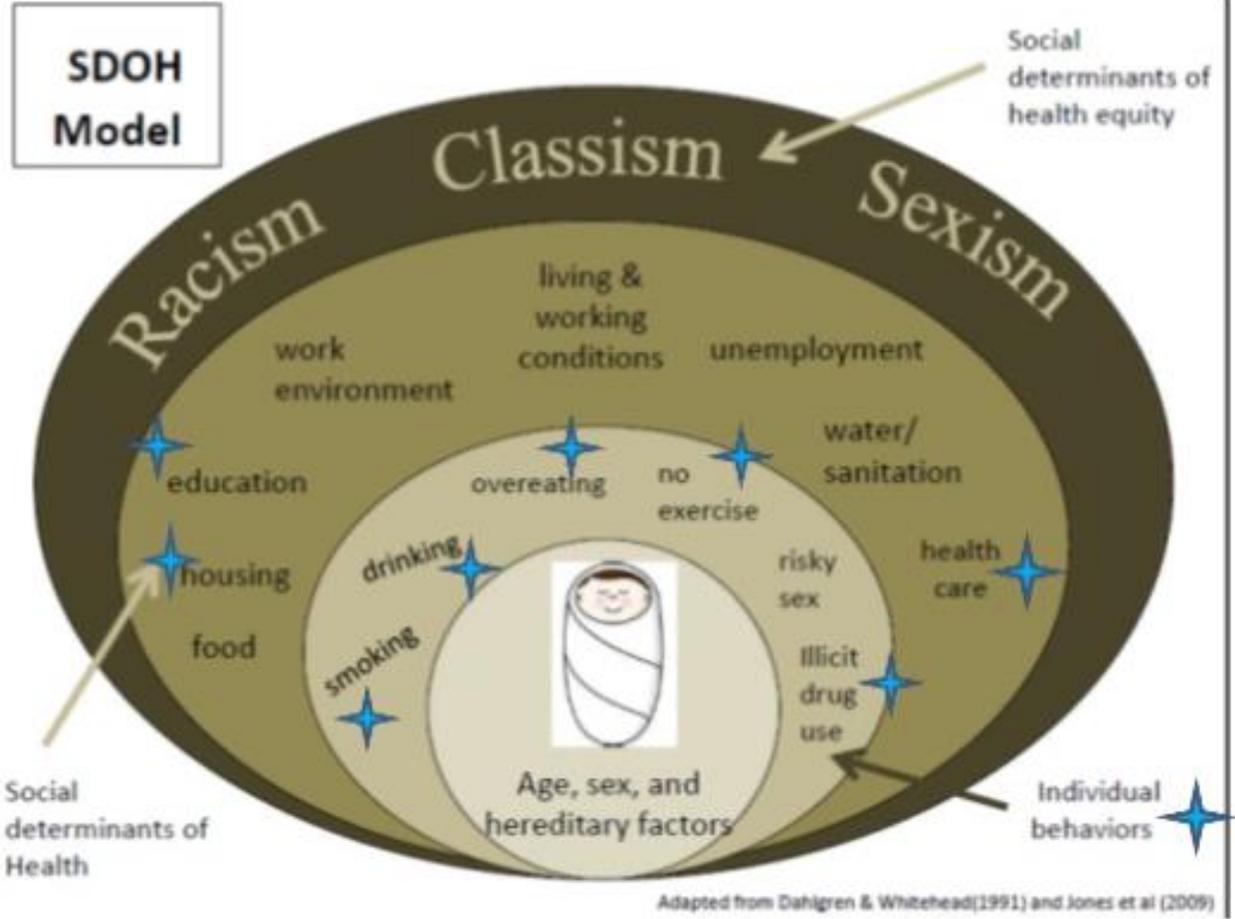
genetics 30%

health care 10%  
(95% U.S. health budget)



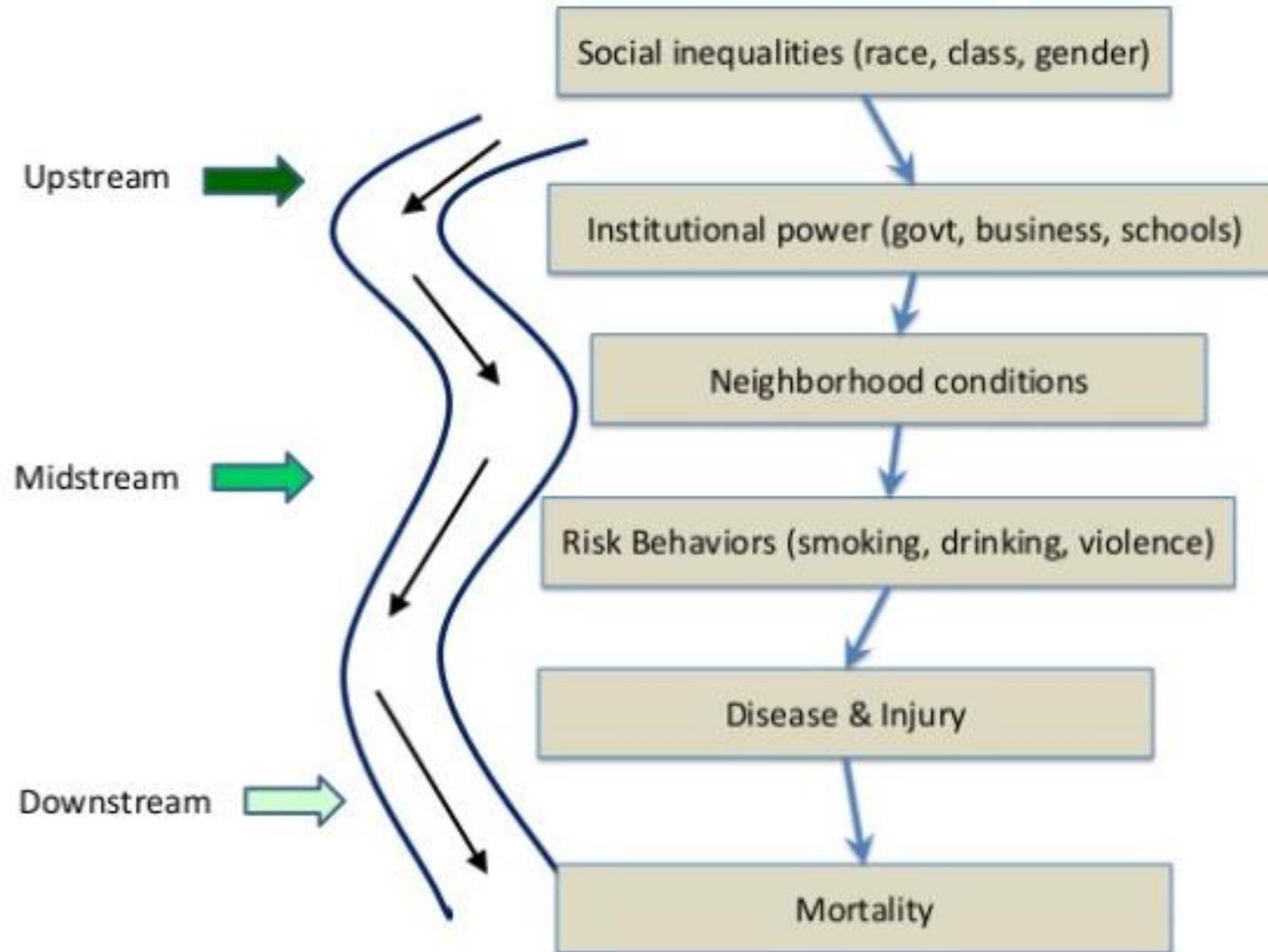
**Societal determinants:**  
**60% of health**  
(5% U.S. health budget)

McGinnis et al, 2002



Adapted from Dahlgren & Whitehead(1991) and Jones et al (2009)

## Moving upstream from behaviors to population health change



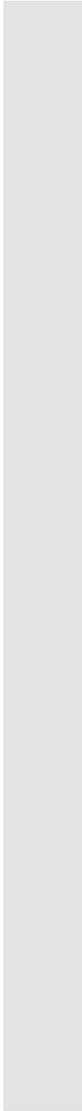


# Key Findings by Assessment

Community Input

Community Survey

Quantitative indicators



# Key Informant and Community Forum: Summary of key findings

## Access to health care

Behavioral health service options; preventive and primary care for underinsured and rural; specialists; transportation

Assets: SBHC; MAT; dental clinic; success leveraging resources

## Aging

Increasing older population; need aging in place; need social supports; intermediate services between thriving retirees and assisted living/hospice

Assets: Retirees a community resource

## Affordable housing

Especially for seniors, young families and working class; rural infrastructure challenges; employees cannot afford to live in Jefferson

Assets: WIC, schools, libraries

## Support for families with young children

Invisible population; need more affordable and accessible activities; child care options; limited options for children with disabilities

Assets: WIC, schools, libraries

## Behavioral health system coordination and linkages

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

Assets: New social worker/mental health worker with law enforcement

## Healthy Eating, Active Living

Disparities in healthy food access and indoor recreation opportunities in rural, remote communities; healthy food unaffordable

Assets: Proximity to farms and fresh produce, outdoor recreation, and fresh, clean air; perception of safe, 'tight-knit' community

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

TOP FIVE BIGGEST DAY-TO-DAY CHALLENGES FOR INDIVIDUALS OR THEIR FAMILY:				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Stress	Stress	Stress	Income
2	Income	Income	Income	Stress
3	Physical activity	Physical activity	Physical activity	Health problems
4	Health problems	Health problems	Health problems	Physical activity
5	Housing	Housing	Housing	Health care

# Community Survey: Top 10 biggest day-to-day challenges

## Teens

RANKED BIGGEST CHALLENGES FOR TEENS:				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Substance use	Substance use	Substance use	Substance use
2	Unhealthy or unstable home life			
3	Abuse or misuse of technology (texting, internet, games, etc.)	Maintaining emotional health	Lack of involved, supportive, positive role models	Abuse or misuse of technology (texting, internet, games, etc.)
4	Maintaining emotional health	Abuse or misuse of technology (texting, internet, games, etc.)	Abuse or misuse of technology (texting, internet, games, etc.)	Lack of involved, supportive, positive role models
5	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying	Lack of afterschool or extracurricular activities
6	Lack of afterschool or extracurricular activities	Bullying	Maintaining emotional health	Maintaining emotional health
7	Bullying	Lack of involved, supportive, positive role models	Lack of afterschool or extracurricular activities	Bullying
8	Access to physical and mental health providers	Access to physical and mental health providers	Lack of quality education	Lack of transportation
9	Suicidal thoughts or attempts	Suicidal thoughts or attempts	Access to physical and mental health providers	Access to physical and mental health providers
10	Lack of quality education	Pressure to succeed	Suicidal thoughts or attempts	Maintaining physical health

## Seniors age 65+

RANKED BIGGEST CHALLENGES FOR SENIORS (AGE 65+):				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Living on a fixed income			
2	Social isolation or being lonely	Social isolation/being lonely	Social isolation/being lonely	Social isolation/being lonely
3	Cost of needed assistance/care			
4	Housing	Housing	Housing	Transportation
5	Managing health problems	Managing health problems	Managing health problems	Managing health problems
6	Transportation	Support to age in place	Transportation	Housing
7	Support to age in place	Transportation	Getting good health care	Lack of recreational or social activities
8	Getting good health care	Getting good health care	Lack of recreational or social activities	Getting good health care
9	Lack of recreational or social activities	Lack of recreational or social activities	Support to age in place	Support to age in place
10	Safety outside the home			

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

## TOP FIVE THINGS INDIVIDUALS WOULD LIKE TO SEE CHANGE TO IMPROVE HEALTH AND WELL-BEING IN JEFFERSON COUNTY:

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

# Quantitative Data Summary

## Population and Socioeconomics

Aging population; Lack of affordable housing; youth homelessness; unemployment unchanged and higher than WA; income increasing but lower than WA; poverty rates unchanged

Assets: increasing diversity; educated adults

## Quality of Life

Youth bullying; child abuse/neglect; food insecurity higher than WA; higher rates of premature death compared to WA

Assets: improvements in crime rates, increasing life expectancy; alcohol and drug arrests are lower

## Health Care

Dental access rates are poor; Concerning cervical cancer screening rates; Low immunization rates

Assets: rate of uninsured has decreased

## Behavioral Health

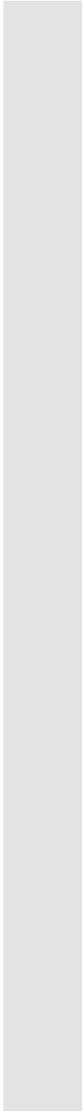
Youth depression and suicide ideation too high; youth alcohol, marijuana and vaping rates too high; pregnancy, youth and adult ever smoking rates higher than WA

Assets: Smoking during pregnancy decreasing; sexually transmitted infection rates lower than WA

## Healthy Eating, Active Living

Most youth and adult physical activity and weight indicators unchanged over time; similar to WA

Assets: cancer incidence and deaths decreasing



# Key Findings Summary Across Assessments

## Reflection Questions

- How do the data presented resonate with your day-to-day experiences, knowledge, and perceptions?
- What surprised you?
- Anything missing?
  - *no guarantee we can fill the gap but we want to know!*
- Where do you see potential opportunities for CHIP?

# Format orientation

2019 Jefferson Community Health Assessment – Key Findings Summary							
<p><i>This column includes themes extracted from community forum and key informant interviews.</i></p>		<p><i>This column is split to present the community survey results from 4 questions, perception of: biggest challenges for teens; biggest challenges for seniors age 65+; top day-to-day challenges for individuals or families; top things to change to improve health and well-being.</i></p>			<p><i>This column includes a summary arrow symbol for each indicator in the section split into 2 sets of results, Jefferson trend over time (left) and Jefferson compared to WA (right).</i></p>		
Part 1. Demographics, Socioeconomics, Community Safety							
Section A: Population							
Community Input Themes (interviews/forums)		Community Survey			Quantitative Indicators (green +; red -; black neutral)		
Section F: Housing							
Community Input Themes (interviews/forums)		Community Survey			Quantitative Indicators (green +; red -; black neutral)		
<p>Affordability - unaffordable for many populations, working class county residents, young families, seniors, people seeking mental health treatment and people in the therapeutic court system seeking transitional housing</p> <p>Homelessness – low-wage workers living homeless due to unaffordable housing</p> <p>Limited number of units</p>		<p>Teens: community perceives top challenge: unhealthy/unstable home environment</p>	<p>Seniors: community perceives second top challenge as: social isolation/being lonely</p>	<p>Top perceived day-to-day challenges associated with housing: 2<sup>nd</sup> income; 5<sup>th</sup> housing</p>	<p>Top things to change to improve health and well-being: more affordable housing, more/better jobs, less poverty</p>	<p>Comparison over time:            ↔↑↑↔↔↔↔↓↔↔            ↔↔↔↔↔↔↑</p>	<p>Comparison to WA:            ↔↑↓↑↓↔↔*↔↔↔↔            ↔↔↔↔↓</p> <p>*no WA data</p>

## Reflection Questions

- How do the data presented resonate with your day-to-day experiences, knowledge, and perceptions?
- What surprised you?
- Anything missing?
  - *no guarantee we can fill the gap but we want to know!*
- Where do you see potential opportunities for CHIP?

# 2014 CHIP Metric Progress: statistical comparison as presented in the CHA

\*some statistical comparisons are to a historical time prior to 2014 CHIP 'current state'

n/a indicates no historical or state data available for comparison

Priority	Comparison over time*	Comparison to WA
Chronic Disease Prevention/ Healthy Living	<p>↑&lt;-&gt;</p> <p>&lt;-&gt;&lt;-&gt;&lt;-&gt;</p> <p>&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;</p> <p>&lt;-&gt;</p>	<p>&lt;-&gt;&lt;-&gt;</p> <p>&lt;-&gt;&lt;-&gt;&lt;-&gt;</p> <p>&lt;-&gt;↑&lt;-&gt;↑</p> <p>↓</p>
Mental Health and Chemical Dependency	<p>&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;</p> <p>&lt;-&gt;&lt;-&gt;↑↓</p> <p>&lt;-&gt;↓</p> <p>n/a</p> <p>&lt;-&gt;↑&lt;-&gt;</p> <p>&lt;-&gt;</p> <p>↓</p> <p>↑↑↑↑</p> <p>&lt;-&gt; n/a n/a</p> <p>&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;↑↑↑&lt;-&gt;</p>	<p>n/a</p> <p>↑↑↑</p> <p>↑↑</p> <p>↑&lt;-&gt;</p> <p>↑↑↑</p> <p>&lt;-&gt;</p> <p>↑</p> <p>&lt;-&gt;&lt;-&gt;↑&lt;-&gt;</p> <p>&lt;-&gt;↑&lt;-&gt;</p> <p>&lt;-&gt;↑&lt;-&gt;↓&lt;-&gt;&lt;-&gt;↑↑&lt;-&gt;&lt;-&gt;</p>
Access	<p>&lt;-&gt;&lt;-&gt;&lt;-&gt;&lt;-&gt;</p> <p>n/a&lt;-&gt;</p>	<p>&lt;-&gt;&lt;-&gt;&lt;-&gt;↑</p> <p>↓↓</p>
Immunizations	<p>&lt;-&gt;n/a n/a n/a ↑</p>	<p>↓↓↓&lt;-&gt;&lt;-&gt;</p>

# Questions and Discussion

For more information: [siri.kushner@kitsappublichealth.org](mailto:siri.kushner@kitsappublichealth.org)